POSHAN
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VIKAS SAMVAD

Sharing Untold Insights on Nutrition for Public Health: Knowledge Forums on Nutrition (Poshan Samvad) in Madhya Pradesh

Report

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ABOUT POSHAN

POSHAN (Partnerships and Opportunities to Strengthen and Harmonize Actions for Nutrition in India) is a 4-year initiative that aims to build evidence on effective actions for nutrition and support the use of evidence in decisionmaking. It is supported by the Bill & Melinda Gates Foundation and led by IFPRI in India.

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Acronyms and Abbreviations

ANM	auxiliary nurse midwife
ASHA	accredited social health activist
AWC	*anganwadi* center
AWW	*anganwadi* worker
CDPO	child development project officer
ICDS	Integrated Child Development Services
km	kilometer
MIS	management information system
MUAC	mid-upper arm circumference
NRC	Nutrition Rehabilitation Centre
OPD	outpatient department
Rs.	Indian rupees
SAM	severe acute malnutrition
SHG	self-help group
THR	take-home ration

1. What Is PoshanSamvad?

PoshanSamvad (hereinafter referred to as "the Knowledge Forum") is a forum of and for frontline workers who are engaged in the domain of nutrition for public health. The Knowledge Forum is aimed at enabling these workers to come together to freely share and discuss among their peer and counterpart groups their ideas, perceptions, reflections, problems, prospects, issues, and concerns pertaining to the realities of combating malnutrition. The Forum is envisaged to go a long way towardresponding to their questions and concerns. The consultations at the Forum will enhance and sustain the effectiveness of service providers by providingknowledgeable, articulated insights into the immediate and perturbing challenges they often confront toward achieving an informed resolution.

Though the Knowledge Forum is primarily for the providers of the Integrated Child Development Services (ICDS) program—i.e., *anganwadi*workers (AWWs), supervisors, and child development project officers (CDPOs)—its key characteristic is that it is also an open-ended, inclusive, and process-centered entity that seeks and welcomes the participation of counterparts from other related sectors, particularly those from the Department of Public Health and Family Welfare,Government of Madhya Pradesh. As explained in this document, the Knowledge Forum dwells on the significance of engagement with the health functionaries—i.e., auxiliary nurse midwives (ANMs), accredited social health activists (ASHAs), lady health visitors, male supervisors, and medical officers.

THE KNOWLEDGE FORUM'S PURPOSE

It is contemplated that the Knowledge Forum would provide forand facilitate continuing dialogues that can increasethe knowledge and morale of the field-level service providers who play vital roles in improving public health and nutrition,and would afford a newer dimension for developing their personalities. It is believed that a heightened sense of confidence can be instilled among these crucial functionariesby sharing the latest information and studies in the field of nutrition and public health.By increasing providers' overall knowledge of health and nutrition at the national and global levels, the Forum is expected to make their programs more vital and constructive, and to play a central role in framing results-oriented policy and programming in the field of health-focused nutrition.

WHAT IS THE RATIONALE FOR A KNOWLEDGE FORUM?

Issues of nutrition and health cannot be viewed in isolation. While these issues are complementary to one another, they are also intertwined with the aspects of food security, safe and clean drinking water, sanitation, livelihood, and individual dignity.

To effectively deal with the menace of malnutrition and its serious adverse effects on health, it is crucial to bring about coordination at every level across the host of concerned government departments from the standpoints of systems, thoughts, and practices. Thus, measures for combating malnutrition and promoting and securing nutrition must be based on a broad, knowledge-embedded perspective.

Today's plethora of emerging evidence and studies pertaining to malnutrition ranges from definitions of malnutrition, methods of anthropometric measurements, growth monitoring, assessment of nutritional status, and community participation to community-based management of malnutrition. Vast experiences have been emerging at both the academic and the implementation levels. However, despite extensive knowledge on malnutrition, the field-level functionaries of the ICDS program and the public health system are not wellequipped or up to date with that knowledge.

Given the unavailability of a foundation on which they can rely, these service providers are unable to satisfy the unending questions of their service recipients. At times,they find themselves unable to effectively resolve these queries and apprehensions. Further, theyfeel a need for a framework where they can freely share and consult on experiences and challenges they have faced while implementing the program.One of the objectives of theKnowledge Forum is to endow the functionaries with a heightened ethical sense, so that they may better value the importance of their worthy roles.

Dialogues with service providers at the district and block levels and with the AWWs at the village level indicate that they require wide-ranging information and answers to many of their queries on a host of topics pertaining to nutrition and health issues, so that they can better perform their roles. They believe a continued dialogue would greatly enhance the quality of their services, and would produce effective, results-based programs.

In this context, it is proposed that the Department of Women and Child Development take the lead inestablishing a Knowledge Forum on the subject of nutrition and health at the block level under the aegis of the ICDS program.

MORE THAN AN ACADEMIC COMMITMENT

Some people dismiss the concept of a Knowledge Forum as an academic mechanism that is unfit for being implemented in the programmatic architecture currently in place, while othersbelieve there is no need for a forum like the one being contemplated. Instead of being dissuaded by prejudices and impressions,we at VikasSamvadchose to give the concept a fair chance. We wanted to examine the nature of processes that are currently in vogue under the ICDS program management structure,and whether they provide an opportunity for the program functionaries tokeep up to date with the latest information, share experiences, and offer advice or suggestions when policies are formulated and programs are established.

Keeping these considerations in view, we facilitated a formative dialogue with a set of ICDS functionaries in three face-to-face meetings held over a period of 3 months at Shivpuri, Khandwa, and Gwalior. These functionaries included 12 AAWs, 37 supervisors, 13 CDPOs, and 1 joint director. They came forth to render a worthy first-hand account of their perceptions and experiences pertaining to the issue of combating malnutrition.

2. Knowledge Forum Process, Objectives, and Methodology

PROCESS

The process for organizing district-level Knowledge Forums is focused on finding the answers totwo questions:

1. Undoubtedly, it is believed that frontline workers, supervisors, and managers under the Department of Women and Child Development play the most crucial role at the district level. The question arises: Does any platform (formal or informal) at the district or any other level exist for these service providers to exchange their thoughts?
2. If no, where do these people obtain their information or clarification? And if yes, what is the exact format or structure of the platform?

OBJECTIVES

The key objective of entering into the Knowledge Forum exercise was to understand the infield knowledge-mobilization systems, explore possibilities for mutual learning, and identify ways for ensuring access to knowledge and a dynamic platform for dialogue.

METHODOLOGY

The Knowledge Forum was initiated to answer the above questions.As a first step in the process, the concept of "PoshanSamvad"—i.e.,dialogue on nutrition—was defined, to make it clear to governmentofficials and representatives. As a next step, the Knowledge Forum meetings were organized at both the district and the divisional levels, in close coordination with and shared leadership by district- and divisional-level officials. The purpose of the meetingswas to provide a platform for the frontline workers' and supervisors'to share their experiences, knowledge, and concerns. The whole process revolves around

- Building understanding and trust among the functionaries.
- Articulating clear objectives that define the process as mutual learning.
- Participating inthe Forum by sharing personal views and experiences.
- Developing faith in and understanding of the importance of the Forum, and using it for personal growth.
- Facilitating participationin the Forum.
- Contextualizingcase studies.
- Providingthe functionariespersonal space to build their confidence.
- Capturing every statement.
- Documenting the process.
- Using constructive and affirmative language while raising critical issues.
- Sharing the brief meeting report in local languages with the concerned organizations, individuals,and Panchayati Raj institutions atthe local level.
- Sharing the draft report with key district officials.
- Sharing thefinal report with state-level organizationsand individuals.

PARTICIPANTS IN AND LOCATIONS OF KNOWLEDGE FORUM MEETINGS

Participants (Number)	Locations
Anganwadiworkers (81) Supervisors (37) Child development project officers (13) District program officers (4) Joint director (1) Representatives of partner civil serviceorganizations (16)	Shivpuri Khandwa Balaghat Gwalior

THIS REPORT

This reportidentifies the broad dimensions and options for the emergent terms of reference for the proposed Knowledge Forum, as a process-centric mechanism or entity.The run-up to these broad checkpoints is provided by the documentation of thoughts, feelings, and possibilities that were shared in these formative dialogues. Care has been taken to recount those expressionswithout being judgmental about them.

VikasSamvad believes that while presenting this documentation, ideas should take precedence over individual identities.Accordingly, this report consolidatesthe proceedings during the formative dialogues. However, it also offers a concomitant commentary through footnotes, providing leads to the emerging lessons from these consultations. In fact, the lessons reinforce the rationale for establishing the Knowledge Forum.

In the end, theessentialobjectiveoftheseconsultationshasbeentosurfacethelatentfeelingsandchallengesthatcould be inhibitingtheICDS margorpfrom achieving its primary goal—i.e., combatingmalnutrition.

3. A Snapshot of the Consultations

PRACTICAL PROBLEMS AND THE LACK OF A FORUM

TheKnowledge Forum deliberations commenced by asking the AWWs and supervisors what they do when they face an issue in implementing the ICDS program or where they discuss it. All of them said that they have no platform to for discussing issues. Mostly, they turn to their peers for advice on day-to-day operational issues, or approach senior staff. There is currently no systematic mechanism or platform to support access to new knowledge, provide solutions to queries, and offer technical advice on how to deal with new interventions.

Interestingly, one supervisor tried to gauge the majority response to a query, and accepted that as a valid answer. When questioned whether the majority answer would be the right one at all occasions, the AWWs and supervisors had no opinion. This raisesa serious issue that, in the absence of an appropriate forum, even a wrong practice could become a regular practice.

As an example,a supervisor had recently been given new forms to be completed, whichdid not contain any guidelines. Althougha training had been organized toassist participants with completing the forms, a few things were not clear to them. They were apprehensive about whether, in filling out the forms, the information they provided on the quantity of supplementary nutrition had to be about cooked food or raw food. Until then,the answer was not clear. We are now assuming the responseshould be cooked food, whichis what the majority of the participants also decided.

Where supervisors and AWWs have access to project and program officers who are available to discuss and understand their problems, some of these issues can be raised to a certain extent with them. However, the answers will not necessarily be available to them.

It also became clear from these deliberations at the Knowledge Forum dialogues that often people do not ask questions or share their dilemmas because,when they did so in the past, they did not obtain the solutions they were seeking. Therefore,they became reluctant to ask for clarification or share their concerns, as they see these efforts as being fruitless. As a result, they become increasingly indifferent. The ICDS program is an example of how the status quo fails major endeavors and initiatives. This (gradually) built-in resistance to change is a formidable challenge that can be effectively addressed with a sustained process of open and informed communication.

Participants in the dialogues agreed that an environment where officials and staff at different levels of the ICDS program can ask questions, identify problems, and discuss possible solutions, potentially on topics outside of ICDS, would be helpful. While it was recognized that not every problem has a solution, the ability to call on a technical expert would still be highly valued. Participants did not propose a specific platform, but did suggest that regular meetings between representatives from all levels would enable a question-and-answertype of discussion.

Problems are not only arising at the lower levels. The functionaries at the project and district levels are also facing the dilemma as to with whom theyshould share their concerns.Speaking of the recently launched ICDS Mission 5,a district woman and child development officershared a few examples:

"A training program was organized in this regard at NIPPCD [National Institute of Public Co-operation and Child Development], Indore. We were told in the training program that a provision has been made for rupees (Rs.) 500 for buying a weighing scale for the *anganwadi*center. However, the weighing scale has to be purchased only from the LaghuUdyog Nigam [Small Industries Corporation]. And the price for a weighing scale has been kept at Rs. 1,253. There is a difference of Rs. 753 per machine. How will this difference be bridged? This machine is meant for 5 years. When we are not able to buy it now, how we will be able to do so after 5 years? How can we solve this problem?"

During the meetings, the supervisors revealed that they had asked the Department of Women and Child Development whether their job is only to comply with instructions, or whether they have the freedom to improvise as needed. They got the impression that the mission does not provide much flexibility for taking a creative initiative that reflects the local situation. An example was cited for buying a small chair to replace the bag in the Salter weighing scale at a little additional cost, so that the child doesn't cry while being weighed. However, the supervisors lamented that Mission 5 doesn't provide for such flexibility. The general impression is that no one will assume the responsibility for allowing a change like this, which implies that the system is not ready to take on the process of joint responsibility. Thus, even if innovations develop as a result ofdeliberation and brainstorming, they will not necessarily be approved by higher officials.

Another example was cited about the state government's claim that the management information system (MIS) is absolutely foolproof and cannot be compromised. The participants complained that they were not asked to give their views on this, otherwise they could have told the officials that there are many places in the new MIS where the information can be held back or hidden, or where even false data can be entered into the system. It was pointed out that, formerly,information about the malnourished children was to be entered by the name of each child, but now the names are not required.This opens up the possibility for errors. Earlier, every child had to be followed up by name. Now, no one will know which childrenare being followed up and which are not.

Another directive instructs service providers to make entries in pencil. While this will facilitate modifying entries as needed, it also presents challenges to ensuring the correctness of the data being entered and not being tampered with. Some other perceptions that were shared are as follows:

- Until recently, the AWW has been referring to a ready reckoner on weight for age. She would weigh the child, refer to the ready reckoner, and make an entry in the register. This has been easy for her. Ideally, she has to complete the growth chart for every child and observe the growth curve. Now, an order has been issued that directs all the ready reckoners to be confiscated immediately. This order has created disillusionment for the AWW, who is used to the ready reckoner. The participants said:"There is no option for us to oppose the move, and we were not consulted about this changeover."After some discussion, it was agreed that using a ready reckoner is an easy way out and is not an appropriate methodfor monitoring growth, as it doesnot let the AWW determine whether the child is moving correctly on the growth curve.
- At present, the state government has initiated a pilot for feeding the third mealto children withsevere acute malnutrition(SAM). However, the AWWs havenot been consulted with regard to the introduction of this meal. The scheme would be implemented straightaway, without regard to such practical considerationsas whether the community is ready for this. The participants believe that the pilot should first be tried out for a limited period to determine its acceptability before being scaled up.
- The take-home ration (THR) packet carries the inscription *laddoo*(a semi-solid spherical sweet made from gram flour and other additives), which creates a certain traditional image in the minds of the community. However, when the recipients open the packet, they do not find the *laddoo,* as it gets brokenin transportation. This shakes their confidence in the government program. Similar questions arise about the product *barfi*(a square-shaped sweet made from milk and other products and additives), which usually is out of shape. The participants say that the THR process has been centralized, which doesn't leave any scope for dialogue. Theyasked whether food can be made available at the local level to replace the THR. However, they felt that do not have the authority to start such an initiative at the local level.
- The government has directed that all AWWs should have the necessary provisions of water container, nail cutter, towel, soap, broom, and wall writing materials. Ameager contingency fund of Rs. 300/year (or Rs. 25/month) is providedfor these items. This allocation has not been increased for years. As a result, it is insufficient to make these provisions available on a continuing basis. The participants asked to whom they should speak regarding this problem.

Therefore, the following points are important:

- When no answers are being provided to our questions and those of the functionaries down the line, why should we ask questions?
- If the “response rate” improves, the “question rate” will also go up.
- No one does his or her own work, which makes others suffer.

4. Practical Assessment of the Need for a Knowledge Forum

We learned from our consultations that sensitive issues like nutrition and malnutrition call for meaningful dialogues at all levels. These dialoguesgive us the opportunity to obtain first-hand accounts of on-the-ground realities, to share the debates with the field functionaries that occur at the district and higher levels, andto receive feedback that shows the way forward. A subject like malnutrition, which requires coordination among a host of departments, calls for all concerned to sit together, share difficulties, and talk about one another's achievements. However, the existing mechanism doesn't afford any scope for such a consultation.

India'sICDS structurefor addressing the development and nutrition needs of children up to 6 years of age is unique:no other country in the world hasa similar structure. Current needs require us to examine as how to best use this structure in the most creative and participatory manner.Although numerous national and internationalstudies have been conducted, their findings and emerging knowledge have not been fully shared, particularly withservice providers who need this information most for engaging in dialogues with the children's families and the community. As a result,(1) **they do not havethe necessary skills, and (2) no platformsare in place where they can enrich their knowledge and skills.**

The Knowledge Forum meeting participants also confirmed that the training of the AWWs does not include use of educational resources and messages that have local context with nutrition and malnutrition. While photographs of pears and papayas appear in the educational resources, the localcontextual information is missing, so the two-way communication doesn't occur.

AWW—A DIFFICULT AND CHALLENGING ROLE!

At times,the AWW faces a very difficult situation. Someone asks, "Why should I send the child to the Nutrition Rehabilitation Centre [NRC]? The child has no fever. And if they [mother and child] go to the NRC for 14 days, he [the male member—the head of the family] will not be able to get cooked meals."

Some people say they have to attend a family function, like a wedding, and that they will go to the NRC after the function ends. Others say they cannot go because their buffalo has delivered a calf, and that no one else is available to look after her.

One thing is apparent: women want their children to be treated at the appropriate NRC, but the family support is lacking.

Meetings in Shivpuri and Khandwa revealed that there are important issues that call for consultations, but no platform is available for this purpose. To address this gap, a divisional level meeting was held in which functionaries at all levels—i.e.,joint director, district officer, project officer, supervisor, and AWWs—participatedto discuss issues at different levels, as well as those emerging fromcollective concerns, and to explore how work being done at the policy and planning levels can be better appreciated by the functionaries at those levels.The participants askedwhether a formal structure should be created.

One of the major hurdles to open dialogue has been the tendency for negating the existence of malnutrition, from the family level to the higher state government level. This is despite widespread knowledge that illnesses spreads if we try to hide it, be it a cough or something more serious. The question then arises as to why we have failed toincorporate this principle in addressing the issue of malnutrition, and why are continuing to do so.

The meeting participants also said that often the structure doesn't help, but that doesn't mean that no initiativeshould be taken. Clearly, we must look for ways and means to take new initiatives.

AN AWW SUPERVISOR'SEXPERIENCE

"I noticeda child who was in a serious condition and was severely malnourished. Along with the AWW, I discussed the child's condition with his parents. However, the parents cited livelihood issues and were reluctant to take the child to the Nutrition Rehabilitation Centre [NRC].

"The child's grandmother was also around at that time, and we could speak to her as well. The grandmother was convinced and said that if no one would go, she would take the child to the NRC. Following this, the child was kept at the NRC for 14 days with his grandmother. The elderly lady observed and learned every care and treatment being given to the child at the NRC. On returning home, she continued to feed the child as was done at the NRC, and the child improved. Afterwards, when the grandmother left the village to visit relatives, the child's condition started todeteriorate.

"We observed that the child had a good bondage with his grandmother, who cared for him effectively. Now, we look for similar bondages in the family in other cases of treatment too. The closeness has value and shows the positiveimpact."

EXPERIENCES OF FUNCTIONARIES AT THE DISTRICT AND DIVISIONAL LEVELS

Malnutrition is a major challenge before us. However, the current tendency to negate it is more perturbing. It needs to be acknowledged that malnutrition is an issue for all—the family, society, and the government. Currently, the entireresponsibility to combat malnutrition has been confined to separate silos, wherein it is thrust either upon a particular department, or upon the government,which holds the community and the family responsible for dealing with the problem. If we seek to look at the mechanism, we do not find any nucleus of responsibility. Now that the AWW is at the lowest rung in the structure, the entire responsibility is placed upon her. Instead of seeking to find out the causes of failure in combating malnutrition and to act on them, the attempt is made to disown accountability and hold someone else accountable.

In this entire process, the missing link is dialogues within and between departments, from the village to the block level, and from there to the state and National Rehabilitation Centre (NRC) levels. One dialogue that appears to be taking place is between the AWW and the children and, at times,the mothers of the children as well.

Not only must we extend the dialogue at many levels,we must also ensure the frequency and the quality of dialogue. We must move away from the trap of singular activity, and reflect as to how to make this dialogue an integral part of our work. Because our roles interfere with this approach, to move forward, we should be ready to redefine our roles.

Commenting on the way the Department of Women and Child Developmentworks at present, these functionaries said that all these years the department has not been able to take the issue of malnutrition beyond the sphere of mothers, and thus has failed to engage with fathers and with fathers- and mothers-in-law. There are two reasons for this:(1) the program's design doesn't provide for extending the scope beyond mothers, and (2) the department hasn't and doesn't want to think beyond this scope.

THEY GAVE UP THE RENTALCCCOMMODATION!

"It is not always the case that communities are easily persuaded to send their children to the NRC. In Morena, when an AWW tried to exert pressure for shifting a child with severe acute malnutrition to the NRC, the family vacated its rental accommodation and moved elsewhere to avoid admitting the child to theNRC."

At times, it is said that families themselves are not sensitive to the children. Some participants disagreed with this belief. One participant recalled: “When I was posted as the CDPO, a man brought a SAM child along with its mother. The mother carried a piece of iron with her. On being asked why she was carrying a piece of iron rod, she replied that it will help in warding off evil spirits from the child. The mother was concerned that her SAM child must be protected from the evil spirit.” The participant asked how the family could be blamed for being insensitive toward the child. In fact, the example showed not only that the family had brought the child for treatment at the hospital, but also thatit sought to take other measures as per their beliefs. He opined that often we are in a hurry and, without investing enough time, tend to be dismissive and cast the blame upon the family.

In many situations, the ASHAs can communicate better. They should also be integrated into the dialogue. Men should also be incorporated into this entire process, as they are essential constituents, yettheycontinue to be left out. The gender context goes through avicious cycle of discrimination against girls, poor maternal care, and a discrimination-based process of women’s food insecurity. This implies the necessity to have a dialogue across the entire chain of issues.

Consultations with the district women and child development program officers shed light on many topics that are directly related to policy development and implementation. The moot question before them is whether they are able to formulate a comprehensive action plan to address an important issue like monitoring children’s growth. Some places lack the funds for procuring the weighing scales, resulting in the inability to meet the program’s needs.

Another point emerging from the consultations is that the lack of intra-and interdepartmental coordination has an adverse effect on the program. The absence of any meaningful linkage with departments of health, public health engineering (safe and clean drinking water), and hygiene and sanitation (rural development) renders the Department of Women and Child Development incapableof breaking the nexus between illness and malnutrition.

The program officers clearly stated that the ICDS program cannot be implemented as a technical or mechanical body of work. Every village—and, for that matter, every family—encourages field functionaries to be innovative in their work. Thus, theyneedto be endowed with moral support, dignified behavior, and a message that can raise their self-confidence. If the AWWis afraid of speaking to the program officers, there would be no scope for any dialogue with her, becausethey are devoid of opportunities for dialogues. While call centers have been established in every district under the Atal BalArogya Mission, they are not being used, andsome program officers acknowledged that they do not remember the call center number.

The Department of Women and Child Developmentrecognizes the need to initiate a new effort for establishing dialogue based on the principles of human relations. We need a Knowledge Forum where we can confront all kinds of questions, because at present we are all looking for answers, while we are ignorant about the questions. While the Knowledge Forum could be formal, the consultations must be informal.

These functionaries accept that the work pertaining to malnutrition and child development cannot be pursued with a narrow perspective. And if the perspective must be broadened, other departments will have to accept their roles, which at present appear to be nonexistent. In addition, questions about coordination between the departments of health and women and child development also arose. This is a formidable challenge toward which not much effort has been made.

During these consultations, examples of successful endeavors—like the BalChoupal program in Shivpuri and mothers completing the growth charts and carrying out growth monitoring in Morena—were also discussed. It thus emerged that in the absence of a forum for dialogue, the colleagues within the Department of Women and Child Developmentremain ignorant about such innovations.

Some supervisors expressed their apprehension that such dialogues will turn out to be fruitless. They went on to say that the time they would “waste”participating in the dialogues could be better spentcompleting their monthly progress reports, which they considered to be more important. They lamented as to who would appreciate their views, as they perceive that people generally consider them to be “dishonest.”

5. Emerging Issues

The consultations at the formative dialogues raised a host of issues confronting the enormity of the task of combating malnutrition in Madhya Pradesh. These issues may be grouped into three subsets:

- Systemic, attitudinal, and operational challenges
- Aspects related to intersectoral convergence
- Policy and programming issues

SYSTEMIC, ATTITUDINAL, AND OPERATIONAL CHALLENGES

It is generally believed that the ICDS field functionaries are not sufficiently competent to identify SAM-affected children. However, coordination between the Department of Women and Child Development and the Department of Public Health and Family Welfare is not perceptible, becausethe necessary organically intellectual and lively linkages have not been built between these two departments.

As an example, a child from the district Khandwa was identified as being affected with SAM. In accordance with ICDS guidelines, the AWW took the child to the NRC, and the child was then referred to Maharaja Yeshwantrao (M.Y.) Hospital, Indore. However, it was not made clear as to what arrangements would be available for shifting the child to the hospital. There was no clarity on the role of the district health administration. The parents of the child who had been referred to Indore had never been to the M.Y. Hospital. For them, reaching the hospital itself was a big challenge. At the hospital, the parents were given directions, such as go to the first floor, go right from the front gate, go to the second floor. This environment was very threatening for these parents.

The AWWs believe that if anything untoward happens to the child, they are blamed, while no one helps them reach the appropriate care in time. They ask, “Where and to whom do we speak?”

The point is that probably this hospital in Indore will have the facility for the required health care, but the moot questionsare:Is the facility accessible?Are the staff and doctors at the hospital informed about the protocol for treatingSAM children and how they should deal with people from tribal areas? In this example being discussed here, it took as many as 6 hours for the child to reach the appropriate point of care in the Indore hospital.

Indore’s hospital is a distance of 7 hours from the Khalwa block of the Khandwadistrict. But it took the SAM-affected child and his family a total of 23 hours to reach the hospital. Therefore, identifying the resources available for reaching the hospital is an issue for consultations. Generally, the AWW and the supervisor have to spend their own moneyto provide this referral support. In the case cited here, the supervisor gave the familyRs. 1,000 so it could stay at the hospital for the required treatment.

The matter doesn’t end here. The first question that the parents were asked at the hospital was whether they have the DeendayalAntyodayaUpcharYojana health card (a scheme of the Department of Public Health and Family Welfarefor free treatment of patients below the poverty line). If not, the family will have to make arrangements for blood and medicines. While this confirms that the conditions for eligibility are in force, the hospital doesn’t render the advice in a dignified way.

In another case, the AWW had brought a child from theChhegaonMakhan block of the Khandwa district to the hospital in a serious conditionat 1.15 p.m. No doctor was available at the hospital, as the morning shift of outpatient departments (OPDs) ends at 1:00 p.m. Since only one of fivedoctorswas available, he declined to attend to the child. The evening OPD shift commences at

5:00 p.m. Until then, the child remained unattended without any treatment. The government publicizes that sick and SAM-affected children should be brought to the hospital for treatment. In this hospital in the district, 40 children were brought, but only one doctor was on duty. After examining 15 children, the doctor got annoyed and asked, “Who called these children here?”

The Department of Public Health and Family Welfarehas a scheme of organizing health camps in some villages occasionally. In this campaign, staff members from the Department of Women and Child Development are assigned to bring children, pregnant women, and lactating mothers to the camps. The issue is that if these patients have to be taken to the campsite 15 kilometers (km) away, it requires resources for supporting their mobility, which are not available. Generally, it is said that the Village Health Committee has the fundsthat can be used for this purpose. However, most of the funds have been used for construction and maintenance purposes, rather thanfor the treatment of children’s malnutrition or illness. Further, the AWW doesnot have the right to make spending decisions and is not involved in decisions pertaining to expenditures from this fund.

Now that their awareness is rising and pressure for services is mounting, people have reached the health camp. However, they became severely disillusioned when they saw only one doctor was responsible for the entire camp. Lack of coordination was evident in carrying out the responsibilities in a results-based manner. The ground-level functionaries (AWW and the supervisor in the Department of Women and Child Development, and the ASHAs and ANMs in the Department of Public Health and Family Welfare) perform central roles in the programs. However, the architecture of governance doesn’t have any system for benefiting from their experiences and suggestions or listening to them.

During the Knowledge Forum meeting held at Khandwa, highly constructive thoughts and ideas emerged from the conversations with the supervisors when they were closely listened to. They spoke of the gifts that are given to the eligible girls under the MukhyamantriKanyadanYojana under implementation in Madhya Pradesh. According to them, these gifts may have some importance from the point of view of religious customs. However, they say that so far, they have not been able to relate any significance of these gifts to social change.

Recognizing that en bloc marriages of 30, 40, or 50 girls are solemnized under the scheme, the supervisorsopined that it would be have been better if arrangements were made for organizing counseling for the newlyweds and their relatives. In fact, the event could be a platform for disseminating messages on family planning, reproductive health, joint discharge of family responsibilities, gender disparity, and issues like violence against women. In the absence of such an influencing counsel, the girls become pregnant soon after their marriage, even though they are only 19–20 years old. Generally, low-birth-weight children are born to women who are married at an early age. However, the society doesn’t seem to be concerned about the risks of children born with low birth weight.

In fact, we can take a concrete initiative in bringing about desired change in social behavior by pursuing an integrated approach in working together.Family planning andpopulation stabilization are priority programs of the government. Toward this end, targets are laid down 4–5 years in advance for certain numbers of family planning cases.[1]These targets are fixed at the higher level for the lower-level functionaries, and ultimately it becomes the responsibility of ASHAs, ANMs, AWWs, and ICDS supervisors to motivate couples to adopt sterilization. Based on our experiences, we find that people do not want to adopt the permanent methods[2] for limiting births because of a host of

[1]Largely, these are permanent family planning methods aimed at female sterilization.

[2]VikasSamvad would like to intervene here to say that when it comes to adoption of family planning methods, what is important is to give informed choice to the couples with regard to both temporary methods for spacing births as well as permanent methods for limiting births. In this context, the dialogue forum should necessarily promote the concept of informedchoice with a cafeteria approach to selection of methods according to individual preference and suitability, with an emphasis on reproductive rights, with a loud NO to coercion in any form.

factors—namely, social reasons, lack of knowledge and information, or unavailability of the right counsel.

When we bring these factors pertaining to family planning to the attention of higher officials, we are told to motivate the families to adopt permanent methodsof sterilization, and promote the incentive that those who adopt would have their names added to the below poverty line or related scheme for sanctioning loans for entrepreneurship. After people opt to be sterilized, they approach the motivators—i.e., the AWWs and ASHAs—to receive the promised benefits. When they learn that no such provisions or rules are in force and theAWWs and ASHAsare unable to provide the benefits, the credibility of the field functionaries suffers and the affected peoplemay also become hostile toward them. Under these circumstances, how would we bring about social change?

The community doesn't consider malnutrition to be a problem or an illness. In contrast, if a child develops a fever, everyone gets together for treatment. What people cannot see with their eyes is not considered to be a problem. In such a situation, the question is:How we can make malnutrition an issue for the community?

Experiences of the Nutrition Rehabilitation Centres

Of course, we cannot make a sweeping statement that the entire society or the family is insensitive toward the children. Society and families have their own challenges. What is required is that we extend support to each family by keeping these challenges within our sharp focus. If it is being assumed that only by creating the NRCs or the *anganwadi*centers(AWCs) can the issue of malnutrition be resolved, then this is probably not the right assumption.

Situations may arise at times when parents have to choose whether to take one child to the hospital or think about the other two children who are left at home. Thinking on the grounds of morality would prompt us to say that the child suffering from illness should be taken to the hospital. But at the same time, moral consideration requires us to make arrangements for the well-being of the rest of the children at home. In these circumstances, the family would need support in addition to the counsel or advice. The required 14-day duration of stay at the NRC appears to be too high. The families do not stay at the NRC for this long, and mothers also become weary with a prolonged stay. This 14-day duration needs to be curtailed, because mothers find it difficult to stay at the NRC, and many have to tell lies to keep staying away from home.

Cases of malnutrition should be examined against the backdrop of the local context. While at work in the urban areas, we notice that the source of drinking water goes past the drainage in the slum areas. We cannot ignore this situation while working on children's issues. Children affected with SAM were identified in and around such slums, and when we sought the families of these children, they asked us to provide for clean and safe drinking water and hygiene. They said that once that was done, the children would not fall ill. These families do not need to be told as much about the significance of hygiene and clean drinking water. It is clear that it is up to us to take the initiative.

CREATIVEAPPROACHES TO OBTAINING NEEDED TREATMENT

In one family, the husband was reluctant to take the child to the NRC fortreatment,but the child's mother was keen to get the child treated there. She asked her husband for permission to visit herparents. However, instead of visiting her parents, she took her child to the NRC for treatment. Her parents supported her in thisaction. She asked the AWW and the supervisor to reduce the treatment duration to 7 days, as she didn't want her unrelenting husband to know that she was visiting the NRC with the child under the guise of visiting herparents.

Turning to another important issue, the supervisors informed us that the compensation amount being given to the guardians and parents who bring the children for admission to the NRChas not been revised for the last 6 months, whereas prices have gone up many times. Further, when the tribal families haven't yet opened their bank accounts, how would they receive the money? Most of

the supervisors informed us that many people have returned their checks, and that some have torn them up. The problem is not limited to this extent. Families that did not receive the money have started condemning the NRC. This is creating a formidable situation for the AWWs and supervisors to encourage the community to use the services of NRC for the SAM-affected children.

Our program provides for numerous activities involving women. However, no activitiesare designed for involving fathers. We believe that the fathers hold the key, as they dissuade the mothers from going to the NRC.

In one instance, a father was quoted as questioning why he should send the child to the NRC when the child has no fever, and if the mother went away for 14 days, who would cook for him.

Take-Home Rations

Most of the field functionaries cited a significant problem with transporting THRs,which are ready-to-cook food given to AWWs for distribution to families. The AWWs said that the scheme doesn't provide an adequate amount of money for transporting THRs. The present meager provision of Rs. 50 per quintal for transporting THRsto the AWC is independent of the distance involved in transportation. This means that whether the AWC is 5 km or 80 km away from the AWC warehouse, the AWW gets only Rs. 50 per 100 kilograms.

The supervisors complain that transporting THRs from the warehouse to remote areas is very cumbersome and costly. The transportation entails a host of expenses, including loadingthe material onto a handcart or rickshaw, paying charges for its transit from the warehouse to the bus stand, loading the material onto the bus, transporting it from the town to the village, unloading it from the bus, loading it ontoa hand cart, and finally reaching the AWC. The fixed transportation allowance of Rs. 50 has to cover all of these expenses.In the last 4 months, the contractors have excused themselves from undertaking the door-to-door delivery of THRs for this meager amount. This has resulted in numerous difficulties for the AWWs, as no one is willing to transport the THRsfor this prescribed paltry sum.

Functionaries said that when they vehemently raised the issue, the Department of Women and Child Development issued an order and suggested working out an average of all transportation costs. This meant that the transportation cost was kept at the same rate as the Rs. 50 provision, since the charges for transportingTHRs for the AWCs closer to the warehouse would be lower, and, the remaining amount would be used to make up for transportation costs paid for the AWCs located at longer distances. The issue was not dealt with properly, and the senior managers expressed their inability to do anything further in this regard. The supervisors lamented that they have to bear the maximum brunt. This sets the stage for a dialogue, so that ground-level realities can be surfaced.

In addition, field-level experiences associated with the whole concept of THRs are being repeatedly ignored. The THR is distributed once in a week. However, without demonstrating the importance of food, nutrition, and the purpose of giving THRs to families who do not consider malnutrition a problem, the entire ration is being cooked and consumed in a single sitting by the entire family, including children and adults in many households. Often, the food packets also are spoiled.

Another question arose as to whether children of all ages and beneficiaries should be given hot, cooked food at the AWC. On this issue, all participants disagreed in one voice. They argued that the women's self-help groups (SHGs) consist of women who are below the poverty line and do not have capital of their own. The SHGsneither receive the ration free of cost nor are given any funds as an advance. In these circumstances, how can they cook better supplementary food?

It also emerged in the meeting that functionaries in the ICDS program's supervision and implementation are not represented in the debate that is currently going on across international and national levels. The ongoing debate on malnutrition at the national level is not accessible to these ground-level functionaries. Also, it is not perceived as an important prerequisite at the level of the

Department of Women and Child Development, because the architecture of program management works on the premise that all must comply with the directives and orders issued at the highest level atstate headquarters.

Use of MUAC Tape

A question was posed to all the participants in the meeting as to how to define malnutrition. How is it measured? All participants said that they consider all methods as essential, whether the child is underweight, low weight-for-height, measure of edema, or measure of the mid-upper arm circumference (MUAC). Although all participants were unanimous in considering underweight to be the primary measure of malnutrition,none of them has equipment for measuring the height of children. All functionaries consider the measure by the MUAC tape to be the proper one.

Some of the challenges related to budgetary provisions for AWCs were also shared. A provision of Rs. 500 is allotted for a Salter scale for each AWC. However, the actual price of a Salter scale is more than Rs. 1,200. No untied funds are available to the AWC to cover the remaining balance. Furthermore, the untied funds from the Gram Panchayat are not utilized for any such expenses at the AWC. Within the ICDS program, an annual contingency fund of Rs. 300 is available to each AWC, which is usually spent on purchasing water containers, soap, brooms, etc.

Educational Level of Field Functionaries

While discussing the proper methods to assess the nutritional status of children, the supervisors hinted that the AWWs are unable to comprehend and apply these methods, owing to their low educational level. All of them said that the educational level of the AWWs is not commensurate with their ability to understand the requisite technical aspects. At the same time, the supervisors were of the view that the AWWs should be neither overqualified nor less educated.The reason being was that the overqualified AWWs would not like to stay in the village and may not perform duties well owing to higher aspirations and opportunities. Likewise, less educated AWWs might face numerous problems in undertaking their desired roles.

The supervisors also acknowledged the element of political pressure in the entire process of recruitment of AWWs. The emphasis on selecting local candidates interferes with their ability to hire the better candidates.

Arrangements for Serving Hot, Cooked Food

The group highlighted that the women's SHGs provide hot, cooked meals to both the AWCs (the ICDS program) and the schools (the Mid-Day Meal Scheme) under the SanjhaChulha (community kitchen) program. However, a significant difference between the two programs on budgetary and material provisions for providing full meals to schoolchildren (under the Mid-Day Scheme) and serving supplementary nutrition (under the ICDS program) has not surfaced: the two schemes cater to children in different age groups with different needs.

Additionally, both the departments that administer the programs observe different criteria in managing the respective schemes. The Department of Rural Development, which administers the Mid-Day Scheme, gives advance funds to the SHGs.In contrast, the Department of Women and Child Development's ICDS program reimburses the SHGs,which takes 2–3 months. Under the Mid-Day Meal Scheme, the SHGs receive food grains, wheat, and rice from the Food Corporation of India, whereas under the ICDS program, payment for foodgrains must be made from the allotted funds. In addition, the kitchenused for providing full meals to schoolchildren is within the school premises, whereas the AWCsused for serving supplementary nutrition are situated far from the schools, which affects proper program management.

Many similar issues of practical consideration should be discussed. A question then arises as to whether these types of issues should be discussed in any forums or consultations. And even if dialogues were held, would honest attempts be made to address these practical problems?

Since the responsibility for cooking and distributing nutritious food is entirely assigned to the SHGs under the SanjhaChulhaprogram, certain other practical aspects merit attention. The supervisors reported that these cooks have not been trained on maintaining hygiene and best cooking practices, and have not been educated about the concept and principles of nutrition. They also asked—and in a sense demanded—why a cook is not provided for the ICDS program, when funds are provided for the cook under the Mid-Day Meal Scheme.

The supervisors noted that the two programs havedifferent menus.Further, they questioned how the AWWs and SHGs can work together, since the existing scheme of food preparation doesn't allow for communication between them due to long distances.

Thesupervisors also rationally observed that preparing food of adequate quality and quantity for a sum of Rs. 2 per capitais infeasible in the existing environment of rising prices. Noting that today an ordinary *roti* (wheat bread) is not available even for Rs. 5, they question how it is possible to provide the full meal of required calories for just Rs. 2. At this stage, the Odisha model was also discussed, in which advance amounts and training are provided to the SHGs. Thesupervisors lamented that there, the groups are formed at the district level, whereas the inverse is true in their situation.

Documentation—A Major Challenge

The persistent challenge of documentation was also raised by participants. The instructions from state headquarters to maintain 12 registers is posing difficulties in the absence of proper guidelines. The block-level participants noted that these registers have to be filled by the AWWs, who, in many cases, do not have adequate literacy skills. Also, it should be recognized that training alone does not help. In addition, the format of registers and the focus of the programsalso keep changing, andthe officials find these changes difficult to adapt to.

Most of the supervisors acknowledged that they have to complete and update two to three registers, as well as all the formats. Here, another debate arosethat pertained to the supervisors' ignorance of the requirements for giving precedence to local candidates in hiring the AWWs. Emphasis is placed on hiring local AWWs because theyare seen as belonging to the local community, they can converse in local dialect, theyare easily accessible, and they would be better disposed toward the children and would have a stronger sense of familiarity and community. However, this concept and the entire debate around it does not appear to be accorded any significance at the ground level.

At present, the mini AWCs have been separated, where only the *sahayikas*(*anganwadi*helpers) are posted. Most of the times, these helpers are illiterate, thus requiring the supervisors to complete the entries in the registers and formats at the mini AWCs and keep them updated. State-level directives require the completion of the registers,but with no clerical staff available at the district, block, or project level, the supervisors are asking:Who will maintain these registers? Should they complete the registers, or focus on fieldwork, or attend essential and nonessential meetings of the department? The supervisorsthus feel helpless and do not know where they should raise all these issues. Should they bring these problems to the same state-level officials who originally initiated these arrangements? Wouldn't the officials have thought aboutthese conflicts when they instituted such arrangements?Why didn't they send the directives to the districts and projects for compliance?

ASPECTS RELATED TO INTERSECTORAL CONVERGENCE

Given that having only one department working on child health and malnutritionissues limits potential achievements in this arena, there is a need for strong interdepartmental coordination. The participants emphasized the importance of converging departmental responsibilities and capabilities, considering that health and nutrition should be addressed together, while recognizing that such issues as food security, access to clean water, sanitation, livelihoods, and migration are equally important and are closely related to the challenge of combating malnutritionin Madhya Pradesh.

Throughout this entire process, the roles of the Department of Women and Child Development and Department of Public Health and Family Welfare are crucial in relation to their mandates and from the standpoint of intersectoral convergence. Coordination with the Department of Public Health and Family Welfare is particularly crucial for the delivery of three services to beneficiaries: health checkups, immunization, and referral. Withoutthis coordination, the beneficiaries will be adversely affected.

Immunization

With regard to the service of immunization, it is being reported that on many occasions the AWW mobilizes children and pregnant women at the appointed time on the scheduled day and keeps them present for the entire day.But the ANM who administers the immunization arrives late or not at all, and no informationis given about whether the ANMwill show up. The women and childrenare made to wait for her. In such situations, they becomedisappointed and leave for their homes. If the ANM arrives after they have left, the AWW is castigatedfor not stopping the children from leaving, and is asked to collect the children again. Further, if the ANM is visiting the AWC, she doesn't examine the malnourished children who are already there, and doesn't give any advice either, even she is responsible forprovidingcounseling services.

Some questions arise: Is it not the responsibility of the ANM to report on time? And if she does not come at the scheduled time, should she go into the community to carry out the immunization?If the immunization does not take place, the AWW is held responsible. But, more important, the children are deprived of getting the immunization at the right time, and the image of the service providers becomes tainted in the community.

The supervisor contends that the ANM is assignedeight to ten villages, and that despite her wish to be punctual, she cannot always arrive on time. In addition, she has to attend to the services at the sub-health centers as well. In these circumstances, both the Department of Women and Child Development and Department of Public Health and Family Welfarehave to work together to produce a solution.

Admission of Children to the NRC

Another important issue of coordination concerns the admission of children to the NRC. If the mother takes the child back home on the day of admission or after a few days (without being formally discharged), the health staff members refuse to take any responsibility. They call up the supervisor and the AWW, complain and intimidate them,and tell them that their responsibility concluded when they admitted the children to their facility.

Another concern highlighted by supervisors was the lack of childcare services for mothers who need to stay at the NRC for 14 days with their severely malnourished child. Mothers are not comfortable leaving their other children unattended at home, particularly if they are still being nursed. In such cases, despite the wide range of benefits, including treatment for malnourished children and monetary incentives, some mothers leave the NRC to attend to their other children.

At times the difference in age between two siblings is so small that both of them are on breastfeed. In such a situation, one more child accompanies the mother and the malnourished child to the NRC. There is no provision in the NRC for feeding the other child, and pressure is exerted on the mother to remove the other child. Faced with such a dilemma, the mother and the children are forced to flee the NRC. The question arises: Can the interdepartmental coordination provide for securing food and shelter for the second child?

At times, another problem crops up. When the malnourished child is admitted in the NRC and his pregnant mother goes intolabor, the staff of the NRC calls up the AWW and supervisor and asks them to take away the woman. Some questions arise:Is it not the responsibility of the health department to take care of the woman? How can the two departments address such situations through improved coordination?

Dispensing of Expired Medicines

Other issueswere also raised, including the dispensing of expired medicines from the Arogya Kendra at the AWCs. It was said that the ANM provides general medicines to the Arogya Kendra at AWCs from time to time, and those medicines are later dispensed locally by AWWs. It was reported that the medicines often expire on the shelves, and are not removed on subsequent visits by the ANM. The group discussed the lack of clarity over whose responsibility it should be to regularly remove expired medicines and ensure that medicines nearing expiration are disposed of appropriately.

Health Camps

The supervisors also spoke about the challenges pertaining to health camps. They organize the camps and mobilize the community to avail of the services to be delivered at the camps, but the doctors report at the camps accordingto their own timing. Also, the doctors give same kinds of tablets and medicines to all patients.Sharing an example of the doctors' lack of sensitivity,the supervisors complained that the doctors do not even raise their head and look at the patient. Instead, they just ask about the problems and complete the prescription.

In such situations, the community subsequently questions the quality of healthcare services being dispensed at the health camps. In a perturbing example, a doctor saw a child during the day at the camp, and said the child did not needany medicines. Later in the evening, the same child was shown to the doctor on fees. This time, the doctor prescribed medicines worth about Rs. 600, and gave extensive advice about the child's care. "The community chastised us with regard to such wrong practices at the camps," the supervisors lamented.

Gender Discrimination

It appears that our policymakers believe that only the girls need to know more about home and family.The supervisors believe that, while they work with the adolescent girls, their experience tells them to work with adolescent boys, also keeping in view the issues of child rearing and birth spacing in a larger perspective. They thinkIt is essential that we also run intensive programs in schools and with adolescent boys, so as to remove gender discrimination.

The supervisors also pointed out that the lateral departments do not accord priority to the Department of Women and Child Development. Thesupervisors attribute this to the deprived state of women and children, the weakest sections of the society. They believe this department should be given the highest priority.

Intradepartmental Coordination

Regarding problems within the Department of Women and Child Development, no policyis in place for motivating the AWWs.All AWWs are treated alike with just one yardstick, regardless of the quality of their work. The supervisors say that they are told to ensure that not even a single malnourished child should be in their community. On the other hand, supervisors can do no more than verbalize their appreciation for the better-performing AWWs.

The state-level authorities consider the governance at the lower levels—namely, district, block, and AWW—to be only the implementation unit. However, service providers at these levels have 20–25 yearsof ground-level experience. Until now, no consultations have been held with these providers about their learning, understanding, insight, and experiences. The supervisorsare irritated that consultants are hired who frame policies at the higher levels,with which the supervisorsmust comply, regardless of whether the directives and policies are erroneous.

Officials at the district level also complain about the lack of clear guidelines for resolving sticky problems or streamliningthe daily work routine.

While the counsel of the district collector is helpful, it is infrequent.The Department of Women and Child Development provides no mechanism for regular support from the district collector. And in the

event of being unable to resolve a problem, even the district collector wouldn't own any responsibility, as it is not provided in the department's structure. As a result, the supervisors bear the brunt.

Every department has a host of experts and specialists. For example, the Department ofPublic Healthand Family Welfare has specialists for breastfeeding, tuberculosis, etc. However, a huge department like Women and Child Development has no experts or specialists.

Interdepartmental Coordination

The concerned departments have a major problem of internal coordination and harmony. Not having adequate knowledge about each other's programs often results in duplication of work among departments and agencies.

For example, the Department of Tribal Development had the AWC constructed in the village according to its plan, without consulting the Department of Women and Child Development. The latter department also constructed an AWC in the same village,because it had received approval for the project. Only when the two buildings were ready did it emerge that both were for the same purpose. Had the two departmentscoordinatedtheir efforts, two villages (rather than one) would have hadanAWC. In the same vein, the building constructed by the Department of Tribal Development was located in an outside hamlet that the children cannot reach.

In a similar example, when the ANM (the lowest-level functionary of the Department ofPublic Healthand Family Welfare) visits the village, she does not inquire as to how many children have been immunized. Instead, she only immunizes the children who have reported at the NRC. In addition, if the child has returned from the NRC, despite being in the same village, the ANM is not responsible for child's follow-up examination, even thoughsuch examinationsaccelerateretурning malnourished children to normal status.

When the schools are closed during the summer holidays in May and June (as per the directions of the Department of School Education), the Mid-Day Scheme automatically stops (except in the drought-affected areas). Now that the supplementary nutrition under the ICDS program is linked with the SanjhaChulhaprogram, supplementary nutrition availability also comes to a standstill for about 2 months in such circumstances, without any prior notice. Had there been coordination with the Department of School Education, this situation would not have arisen. These are all problems that can be resolved with coordination among the concerned departments.

Issues of coordination also placed some more problems on the supervisors' shoulders. As an example, the district collector ordered themto secure housing benefits for the families of malnourished children under the Indira AwaasYojana from the Department of Rural Development. The supervisors believe that the Department of Rural Development should instead be responsible for obtaining the list of malnourished children's families from the AWC and providing them the housing support.

Thesupervisors felt that it is good that consultations have revealed that there is no register for coordination in documentation within the ICDS program. They pointed out that it highlights the low priority that is given to coordination within theDepartmentof Women and Child Development,possibly because no clear guidance is in place as yet on this concept.

The AWWshad no knowledge of the association between malnutrition and tuberculosis, or of the April 2013order issued by the Department of Public Health and Family Welfare concerning this association. The order provides for compulsory investigation of tuberculosisfor all children who are admitted in to the NRC. While the department will make medicines available for children found to be suffering from primary signs of tuberculosis, the AWWs do not know that they are responsible for administering the medicine to these children.Given that this order is more than a year old,the AWWs' lack of knowledge about it shows that the situation is quite bad.

In addition, issues like drinking water, sanitation, and livelihood call for an honest and coordinated initiative. We are all aware that availability of clean and safe drinking water is a major challenge facing malnutrition. However, the Department of Public Health Engineering never plans out the location of hand pumps in consultation with the ICDS program. Likewise, if there were coordination with the Department of Rural Development, the list of malnourished children could have been shared with the department,so that the families of malnourished children could get more—or at least some—work under Mahatma Gandhi National Rural Employment Guaranteescheme, thus preventing their migration in search of livelihood. Coordination becomes all the more necessary, because the condition of the malnourished child of the migrating family could become more severe, and could be fatal as well.

Similar arrangements in coordination are called for while working with the departments dealing with the Public Distribution System, horticulture, and agriculture. While the arrangements appear to be carved out at the state level, they are not mirrored in a practical sense at the district, block, and village levels.

POLICY AND PROGRAMMING ISSUES

Program Management and GovernanceIssues

The group unanimously voiced its major concern with the changes in implementation activities and strategiesoccurring too rapidly. There are clear instructions that the AWWs should not be assigned any work not related to their role in nutrition and health. However, these orders are not being complied with. The AWWs are still assigned additional duties,such as raising voter awareness, counting village animals, and conducting economic surveys, which compete with the time they need to address malnutrition. Some AWWs felt the program has moved away from the ICDS focus of addressing malnutrition.

The group raised another important matter.At the state level, the Department of Women and Child Developmenthas been bifurcated into two themes:women's empowerment and integrated child development. With this, while higher-level officials and staff have made the changes, the project officers and supervisors are required to work in both wings. It implies that the department's work has been distributed, but the ground-level workers have been burdened with dual workloads.

The AWWsreported that, to maintain the village's confidence, sometimes they have to distribute food packets to elderly women, destitute women, or adolescents who have different abilities. TheAWWs can't say no to these people. This service being provided by the AWW should be the responsibility of the state. Therefore, the state government must take an initiative at the policy level to make this clear. In fact, the government has instituted schemes, like the Social Security Scheme, for the aged and differently abled people. However, either these women may not be receiving their old age pension,or even if they are receiving it, the allocatedRs. 275/month is too meager to be able to make ends meet under any circumstances. A question arises: Shouldn't there be coordination at the village or slum level under such situations?

Sharing their experiences at the nutrition dialogue in Balaghat, the AWWs said that while they are asked to solicit support from rural and urban organizations for addressing the cause of combating children's malnutrition, they do not know how to go about it. They lament that the members of these organizations (Gram Panchayat or Nagar Panchayat) do not take them seriously. Children and their malnutrition are apparently not issues in the eyes of these organizations. Such a perception appears to be the root cause of their indifference.

The dialogue also surfaces an important concern that the field and program functionaries have been saying the same things to the community over the years in the same manner. Consequently, the participants felt that the community has gotten used to their rhetoric and does not take them

seriously. They pointed to the need to consider innovative approaches in communicating with the community, lest the status quo be maintained.

Many suggestions were put forth in this regard. For example, a suggestion was made that films may be screened wherein the cast hero and the heroine share their own experiences on the issue of malnutrition. A CDPO cited the telecast of Amir Khan's program on malnutrition as a simple, message-focusing approach. The group felt that an initiative like this could be taken up. However, it wondered as to how to go about it. Some saw a few problems in adopting the approach. These included the lack of electricity at the AWC; lack of adequate space, even if one had the electricity; or even lack of a film projector. They said that even the project officer does not have a film projector. Further, they noted that even if a film projector were available, they did not know how they would be able to screen the film across the jurisdiction of the entire project.

On another issue, the AWWsof Balaghat district were aggrieved that, while they were asked by the state officials to weigh the children, they were unable to do so,because the weighing scales were not available, even though they were ready for weighing the children. They asked whether taking the measure with the MUAC tape gives erroneous results. They appeared to be unanimous on erroneous results given by the MUAC on many occasions, and wondered why they should use it for assessing the level of malnutrition, in the wake of the erroneous results. The unsatisfactory answer to this predicament was simply that the "orders had come from the higher-ups." Most of the AWWsdid not even know the complete name of the tape.

Thisdiscussion revealed that those who are directly responsible for taking care of the children are ignorant of the advantages and limitations of the MUAC measure. These ground-level key functionaries apparently do not have a forum where they can obtain the correct knowledge and techniques. Likewise, none of the AWCs in the district has MUAC tape or a scale for measuring the children's height. Furthermore, no one among these functionaries knows how children's height is associated with the extent and severity of their malnutrition.

The AWWsalso reported that the supplementary food being provided by the Madhya Pradesh State Agro Industries Development Corporation was the worst in quality. They said that the Agro food packets supplied emitted a foul smell as soon as they were opened. The AWWslamented that the supplies come from the "higher-ups," who never acknowledge the poor quality of such supplies.

Need for Creating a Dignified and Conducive Work Environment

If we want to ensure that, in accordance with our intent, our programs truly bring about a transformational change in the poor status of nutrition and health, we must secure an equally dignified status for our field functionaries (AWWsand the supervisors). Today, it is perceived that the work of the Department of Women and Child Development is not of a technical nature. It is said that the work of ANMs has an element of technical speciality because they use a stethoscope and administer injections. But the AWW only weighs, feeds, or plays with the children.Both the community andthe lateral departments have this perception.

The issue is that we neither have accorded this subject a worthy position in our education system, nor have emphasized in our training system the significance of sensitivity and skill demonstrated in the body of work relating to nutrition, growth monitoring,and child rearing. Workers tend to lose morale in the face of such repeated indifference. Whenever people visit the AWC, they behave as an inspector and not as a partner,and theyrarely look into the registers to understand the status of children. More often than not, they flip through the pages to prove that wrong entries have been recorded. Nobody wants to ask or know why the wrong entries are made in the AWC's records.

SOME BASIC ISSUES CALLING FOR A UNIFORM PERCEPTION

- If we have a problem, whom do we approach? Sometimes, a senior project officer is able to guide, and on some occasions, she or he is not able to. Often, the project officer is not aware of the solution.
- We do not have the weighing scale and are asked to furnish data on malnutrition. In the absence of the weighing scale, how can we furnish the data?
- The format of registers and the focus of the programs keep changing, and the officials find these changes difficult to adapt to.This provides some indication of the difficulties that the frontline workers like the AWWs face. Currently, theAWWsare required to fill 12 registers.
- Every few days, directives are changed. By the time, we are able to understand the guidelines, the new set of directives arrives. For example, at present, we have the stress of maintaining 12 registers.
- Our duties are assigned arbitrarily, and are often unrelated to our primary roles,yet we cannot refuse to perform them. We were assigned the duty of conducting an economic survey of Datia Nagar Panchayat. When we showed the circular from our department saying that we could not be moved away from our primary roles and responsibilities, the mockingresponse was:“We know what and how much work you do.”In addition tobeing been subjected to this degradation of our work, we were forced to comply with the assigned duty. When we raised this issue with the project officer, he had said that there was no option. We were also assigned to election duty this year.
- Issues about social insecurity and about the aged and elderly and differently abled people come to our attention.Doesn’t the ICDS program have responsibility for addressing these issues?
- There is lack of convergence of programs on the ground level, and the various local departments do not communicate with one another, leading to uncoordinated responses to local health and nutrition issues.

6. Options Emerging from the Knowledge Forum

The Knowledge Forum, or platform, will render significant benefits in facilitating open and free discussions on a host of issues pertaining to the vital need to combat malnutrition. It will also help identify solutions at the local level, as well as those for follow-up at the state and national levels.

Regarding the Knowledge Forum's structure, it could be formal but should also support informal dialogue. The Forum will facilitate dialogue and openly discuss local issues related to convergence, including examples of successful coordination.

A proposal for setting up a call center, whereby contacts can be made with the block or project level, can also be considered. The callcenter could work along the lines of Samadhan Online, so that the functionaries' questions are presented and authoritative solutions are provided by competent personnel. In cases wherethey cannot provide the solution, they will secure the solution from someone else at their level, and present it to thefunctionaries. This call center should be located at the lower level as well.

The participants at the Balaghat meeting appreciated the role of a Knowledge Forum and its institutional processes, andacknowledged the significance of its work. They also praisedthe reference material that was provided at the meeting, which theyfound tobevery helpful. They recognized the Forum as being the need of the hour. They felt that alongside their routine work, they must keep themselves abreast with the latest developments in the area of nutrition. They appreciated that the recent departmental examination included 80 percent of the questions that were sourced from the reference material rendered by the VikasSamvad.

The participants look forward to further assistance from the upcoming dialogues on emerging topics. They think that the Forum will be of immense use and assistance to them at all levels, because it helps them share their problems, solutions, and prospects. Their parting words were: "We will be glad to have forum consultations convened in quick succession."

The Knowledge Forum will go a long way toward maintaining the continuity of results-based dialogue for and among the program functionaries, while strengthening and enhancing their sense of self-confidence and self-respect. This process can also be taken forward through a toll-free number and an online e-group. However, it is important to note that about 90 percentof the supervisors and about all of the AWWs do not have access to these means of communication. Hence, it is better to consider having a platform for direct communication that, in turn, can draw upon electronic resources.

Some caveats follow:

- All participants agree that it is not necessary that every meeting or dialogue should occur in a school class mode. This dialogue should be in the form of mutual conversation.
- During a dialogue, some questions may remain unanswered. In such situations, those responsible for managing the dialogue will try to secure the correct answers and provide them to the participants. This dialogue is also intended to provide guidance and facilitate discussion or debate.
- While participation in the dialogue will not be mandatory,we will have to impart a message that it is a serious participatory endeavor.
- It should also be clear that in addition to questions,the dialogue should encourage sharing and exchanging of experiences, innovations, and suggestions.
- Many AWWs are performing highly notable work. It is important that they have opportunities to share their efforts and experiences.

- This process should have linkages with training and learning materials, so that they can be updated and further developed.

7. Conclusion

PoshanSamvad, a reverberating Knowledge Forum for field functionaries, has huge potential in supporting the interface between the community and the program management architecture. It could empower the frontline workers and also inform the policymaking and program design, implementation, monitoring, and research organizations as to how to successfully bringing about transformational change in a community's nutritional status and healthy well-being. By enabling the field functionaries to communicate among themselves and with their counterparts, the Knowledge Forum should be seen as a welcome initiative of Madhya Pradesh in enhancing their individual and joint roles in combating malnutrition.

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