



Stepping up to India's Nutrition Challenge: The Critical Role of Policy Makers

*A Report of two-day Workshop for District
Administrators from India's Aspirational
Districts*

6-7 August 2018
National Gender Centre, LBSNAA,
Mussoorie

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Acknowledgements

The two-day workshop was organized through joint collaboration of the International Food Policy Research Institute (IFPRI) and the National Gender Centre (NGC) of the Lal Bahadur Shastri National Academy of Administration (LBSNAA) in Mussoorie.

The core training expert group included Purnima Menon and Rasmi Avula, from IFPRI, along with Arti Ahuja and Aswathy Sivadas, from LBSNAA.

Alok Kumar, from NITI Aayog, gave the opening remarks.

Neeraj Trivedi, from EPoD, conducted an engagement exercise on clickers and supported with the Google Forms for feedback from participants.

Esha Sarswat, from IFPRI, Anjali Chauhan, and Sangeeta Bisht, from NGC, assisted in course design & logistics.

We gratefully acknowledge the contributions of the participants during the workshop.

Abbreviations and Acronyms

ANM	Auxiliary Nurse Midwifery
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AWW	Anganwadi Worker
BCC	Behavior Change Communication
C2IQ	Coverage, Continuity, Intensity & Quality
ECD	Early Child Development
EPoD	Evidence for Policy Design
FLW	Frontline Worker
HBNC	Home-based Nutrition Care
ICDS	Integrated Child Development Services
IDCF	Intensified Diarrhoea Control Fortnight
IEC	Information, Education and Communication
IFPRI	International Food Policy Research Institute
IYCF	Infant and Young Child Feeding
JSY	Janani Suraksha Yojna
LBSNAA	Lal Bahadur Shastri National Academy of Administration
MGNREGS	Mahatma Gandhi National Rural Employment Guarantee Scheme
MWCD	Ministry of Women and Child Development
NGC	National Gender Centre
NHM	National Health Mission
NITI	National Institution for Transforming India
NNM	National Nutrition Mission
NRC	Nutrition Rehabilitation Centre
PDS	Public Distribution System
PMMVY	Pradhan Mantri Matru Vandana Yojana
POSHAN	Partnerships and Opportunities to Strengthen and Harmonize Actions for Nutrition in India
POSHAN	PM's Overarching Scheme for Holistic Nourishment
SAG	Scheme for Adolescent Girls
SAM	Severe Acute Malnutrition
UT	Union Territory
VHSNC	Village Health Sanitation & Nutrition Committee
VHSND	Village Health Sanitation and Nutrition Day

About the Workshop

First in a series of four, the workshop was designed to align with the mandate of the recently launched National Nutrition Mission (NNM), which aims to create a synergy between the various schemes affecting the nutritional status of children and pregnant and lactating women and focus the action at district level.

This workshop (*Annexure 1 – Course Agenda*), therefore, focused on the district administrators (*Annexure 2 – List of Participants*) of the aspirational districts (*Annexure 3 - About Aspirational Districts of India*). It highlighted the critical role of gender-related issues throughout the sessions, emphasizing not just how gender relates to malnutrition but how gender-related issues play out in the context of current policy interventions for malnutrition in India.

The **goal** of this workshop was to highlight the significance of nutrition in the overall development of these selected districts and equip the district administrators with knowledge and skills to identify and address nutrition-related issues with the use of data and evidence.

Key Objectives

Key **objectives** of the workshop included:

- Integrating ideas about nutrition from cause to consequence to intervention to building commitment
- Helping the participants marshal the latest evidence better to accelerate malnutrition reduction
- Inspiring and energizing each other in the fight against malnutrition.

Expected Outcomes

It was **expected** that at the end of the workshop, through interactive diagnostic exercises for individual districts, the participants would examine the nutrition related data for their specific districts, analyze their [District Nutrition Profile](#), identify the key vulnerabilities and start the journey towards developing district-focused plans of action for improving the status of nutrition in their own district.

Day 1

A Vision for a Malnutrition-free India

In the opening session of the workshop, Purnima Menon, from IFPRI, shared the outline of the course (*Annexure 4 – Workshop Presentations*). She explained why it is important to integrate ideas about nutrition, from cause to consequence to intervention to building commitment, and the critical role of policy makers in it. She talked about the many shifts in the nutrition landscape in India over the last two decades. Much has been done but more action is needed, on an urgent basis, for India to meet the global targets.

Alok Kumar, from NITI Aayog, shared a vision for a malnutrition-free India (*Annexure 4 – Workshop Presentations*). Nutrition is a prime concern for governments because almost half of all child deaths in the world are from poor nutrition. There is a good economic rationale for the governments to invest in nutrition. Cost-benefit analysis shows that for every single dollar invested in nutrition programs, there is a return of 16 dollars.

In the past, malnutrition has usually been invisible and there has been weak commitment for nutrition because families and governments do not recognise the human and economic costs of malnutrition. Governments generally do not know that there are faster interventions for combating malnutrition than economic growth and poverty reduction or that nutrition programs are affordable.

Because there are multiple organisational stakeholders in nutrition, it is difficult to come to a consensus about how to intervene against malnutrition, and it can often fall between the cracks. Governments sometimes claim that they are investing in improving nutrition, but the programs they finance have little effect on it. There is a vicious circle - lack of commitment to nutrition leads to underinvestment in nutrition, which leads to weak impact, which reinforces lack of commitment since governments believe nutrition programmes do not work.

National Nutrition Mission

With a targeted focus, Government of India has set up the [National Nutrition Mission](#) (NNM, or POSHAN Abhiyaan) with a three-year budget of Rs. 9046.17 crore commencing from 2017-18. The goals of NNM are to achieve improvement in nutritional status of children from 0-6 years, adolescent girls, pregnant women and lactating mothers in a time bound manner during the next three years beginning 2017-18.

The NNM has a comprehensive approach towards raising nutrition level in the country on a war footing. It will comprise mapping of various schemes contributing towards addressing malnutrition, including a very robust convergence mechanism, ICT based Real Time Monitoring system, incentivizing states/UTs for meeting the targets, incentivizing Anganwadi Workers (AWWs) for using IT based tools, eliminating registers used by AWWs, introducing measurement of height of children at the Anganwadi Centres (AWCs), social audits, setting-up Nutrition Resource Centres, involving masses through Jan Andolan for their participation on nutrition through various activities, among others.

A flagship programme of the Ministry of Women and Child Development (MWCD), POSHAN Abhiyaan (National Nutrition Mission), aims to ensure convergence with various programmes i.e.,

Anganwadi Services, Pradhan Mantri Matru Vandana Yojana (PMMVY), Scheme for Adolescent Girls (SAG) of MWCD, Janani Suraksha Yojana (JSY), National Health Mission (NHM), Swachh-Bharat Mission, Public Distribution System (PDS), Department Food & Public Distribution, Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) and Ministry of Drinking Water & Sanitation.

Convergence and Community Engagement for Nutrition

Nutrition is an issue that encompasses food, health, sanitation, agriculture and multiple other overlapping and interconnected issues. Despite some policy and implementation concerns, Government of India has various schemes and programs to address the overarching issue of nutrition. However, to achieve a malnutrition-free India, it is imperative to ensure that in the implementation of these initiatives there is adequate coverage, continuity, intensity and quality (C2IQ). High impact interventions need to be implemented such that they cover 80-90 percent of eligible populations in a C2IQ framework and are monitored on a quarterly basis. For example, there have been intensive efforts in Uttar Pradesh during IDCF in the pre-monsoon season to curb diarrhoea.

National platforms and campaigns can be used for outreach purposes. For example, in Chhattisgarh, the National Breastfeeding Week is celebrated with great fervor. VHSNDs can be used as a service delivery platform for IEC/BCC campaigns, counselling on IYCF, growth monitoring, immunization, distribution of IFA, Calcium, Vitamin A, community monitoring and feedback. In Assam, there is community screening of SAM children. There is an active referral mechanism to NRCs and a strong community-based management mechanism. Through women's groups and field workers there are regular follow-ups of SAM children. Common problems can be resolved through simple solutions if there is community engagement.

Data Monitoring and Evaluation

Data landscape in India comprises periodic surveys, including National Family Health Survey (NFHS), Comprehensive National Nutrition Survey (CNNS), National Sample Survey Organization (NSSO), and quarterly surveys in aspirational districts; and routine management information systems, including Health Management Information System (HMIS), ICDS-monthly progress report, ICDS-CAS dashboard, and state-specific monitoring systems.

However, for a district collector, who has over 145 committees in the district to manage, data monitoring and evaluation is a tough challenge. Along with it, there are problems of data doubling and other logistical challenges. Therefore, it is important to see the interlinkages, draw the correlations and bring it all together into a system thinking to effectively implement interventions, and monitor them. In his presentation, Alok Kumar listed the key steps for moving towards a malnutrition-free India (Box 1).

Box 1 Key Steps for Moving Towards a Malnutrition-free India

- Community Engagement in a Campaign Mode: a contextualized SBCC focussing on determinants of nutritional outcome
- Package of interventions: Ensure at least 80-90% coverage in the C2IQ framework with 0 Stock-outs
- Use VHSNDs as a platform for convergent action, service delivery, IEC & BCC activities
- Enhance the capacities of frontline workers through ILA training. Recognition & Incentives to good performers
- Use ICDS CAS-RTM / RCH portal for better quality data
- Quarterly Review of all Schemes/ Programmes related to Nutrition.

(Source: Opening Presentation [#IndiaAgainstMalnutrition](#); Alok Kumar, NITI Aayog)

Adopting Systems Thinking for Achieving Optimum Maternal and Child Nutrition

After the participants had looked at the complex and interrelated nature of the nutritional challenge, Arti Ahuja, from LBSNAA, gave some insights into systems thinking and highlighted the need of breaking silos that hinder departments and ministries to talk to each other (*Annexure 4 – Workshop Presentations*). For a systems thinking, we need to first identify the issue, understand the causal factors and their interactions, and then draw the interrelationships. It is important to identify the immediate and underlying factors.

For example, for ensuring optimal maternal and child nutrition and development, the immediate and underlying factors include food security, feeding and caregiving resources and practices, breastfeeding, health services and hygienic environment and low burden of infectious diseases. There are numerous nutrition-specific and nutrition-sensitive interventions through which these causes can be addressed, as depicted in Figure 1.

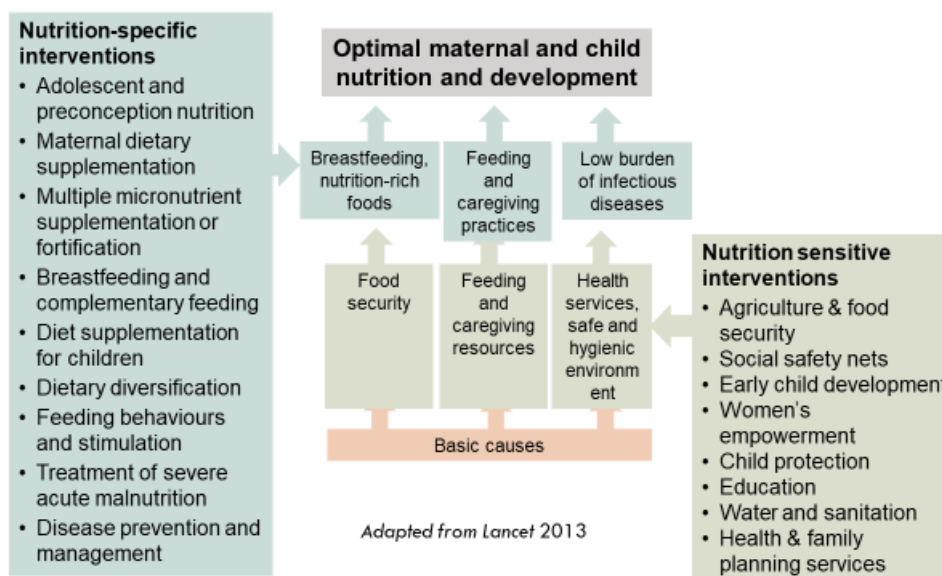


FIGURE 1 Causes and possible interventions to ensure optimal maternal and child nutrition and development

An analysis of factors contributing to differences in stunting in 2016 (Figure 2), shows that differences in stunting prevalence between low and high burden districts of India are explained by differences in women's low body mass index (19 percent of the difference), education (12 percent), children's adequate diet (9 percent), assets (7 percent), open defecation (7 percent), age at marriage (7 percent), antenatal care (6 percent), and household size (5 percent).

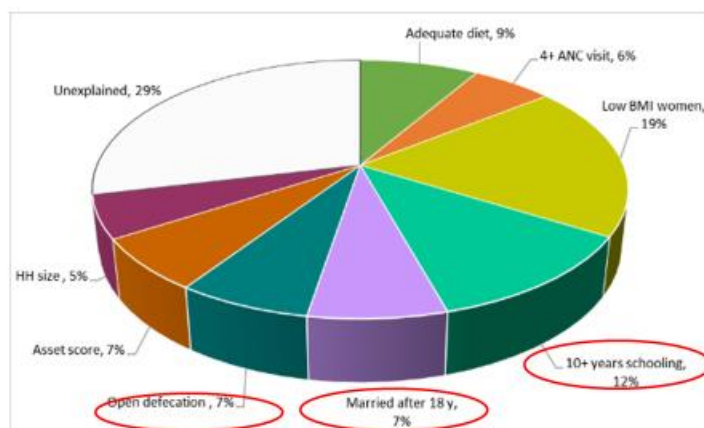


FIGURE 2 Factors contributing to differences in stunting between low and high burden districts of India

(Source: *Understanding the geographical burden of stunting in India: A regression-decomposition analysis of district-level data from 2015–16*; Authors: Purnima Menon, Derek Headev, Rasmi Avula & Phuona Hona Nauven)

Based on this knowledge, we need to consider what are the interventions that are impacting these factors. How are these interventions part of a system and what are the interlinkages? After this discussion, participants did a mapping exercise in systems thinking. They looked at data for their district and identified the immediate and underlying drivers of malnutrition and made causal loop diagrams to depict the interrelationships (Box 2).

Box 2 Mapping Exercise in Systems Thinking

Participants were given data sets and their individual [District Nutrition Profiles](#). They were asked to look at the data, identify the immediate and underlying drivers of malnutrition and make causal loop diagrams to depict the interrelationships. Here are some of the factors they identified.



- Child marriage
- Poverty
- Lack of employment, labour and working conditions
- Financial insecurity
- WASH, sanitation, hygiene
- Home and surrounding environments (danger of sepsis)
- Poor IYCF delivery
- Lack of awareness on] available government schemes for health and education
- Poor female literacy
- Poor counselling
- Home deliveries over institutional deliveries
- Prevalence of anaemia among mothers
- Immunization [incomplete or not received at all]
- Poor HBC
- Low birth weights
- Poor or no EBF practices
- Lack of quality education
- Lack of monitoring of child [services] programs
- Lack of skilled FLWs/mid-wives/ASHAs/ANMs/AWWs; lack of capacity building
- Poor ANC and PNC

After this mapping exercise in systems thinking, participants discussed some of the institutional/systemic solutions. They shared about what has worked/not worked in their specific district. Based on their experience, they talked about some of the roadblocks to systems thinking in administration, and brainstormed ideas for building convergence and breaking silos. Some of the ideas that emerged were:

- use existing capabilities for achieving scale;
- work on a clear vision or goal for the intervention to have significant impact;
- establish and support drivers, such as catalysts, champions, ownership, incentives;
- choose contextually relevant pathways for scaling up;
- build operational and strategic capacities;
- assess for adequacy, flexibility, stability of financing;
- establish adequate governance structures and systems;
- identify indicators to monitor the process of a child's nutrition over a period of time;
- establish mechanisms for learning and accountability; and
- understand how to use national and sub-national-level data in order to assess whether 100 percent coverage is being achieved – or whether each child is being reached, or not.

Tackling the Immediate Drivers of Malnutrition with Nutrition-specific Interventions

Purnima Menon, from IFPRI, talked about nutrition-specific interventions that mainly target the immediate causes of malnutrition (*Annexure 4 – Workshop Presentations*). They fall in the domains of food, health, and care. These are proximal to the goal of achieving optimal nutritional outcomes and can be delivered in the short-term.

Nutrition-specific interventions primarily focus on preventive behaviors through facilitating optimal child infant feeding practices including breastfeeding and complementary feeding, child stimulation, as well as ensuring low disease burden and promotion of hygienic practices. In addition, there are interventions aimed at treatment to ensure care during illness.

There is an entire process to identifying the set of these nutrition-specific interventions. The global guidance uses evidence reviews and recommendations put forth by Lancet series. All these interventions are based on global evidence and are expected to be adapted to the local context. In the Indian policy framework, some of the nutrition interventions at different stages of pregnancy and childbirth are shown in Figure 3. These may be product-based, information-based or incentive-based interventions.

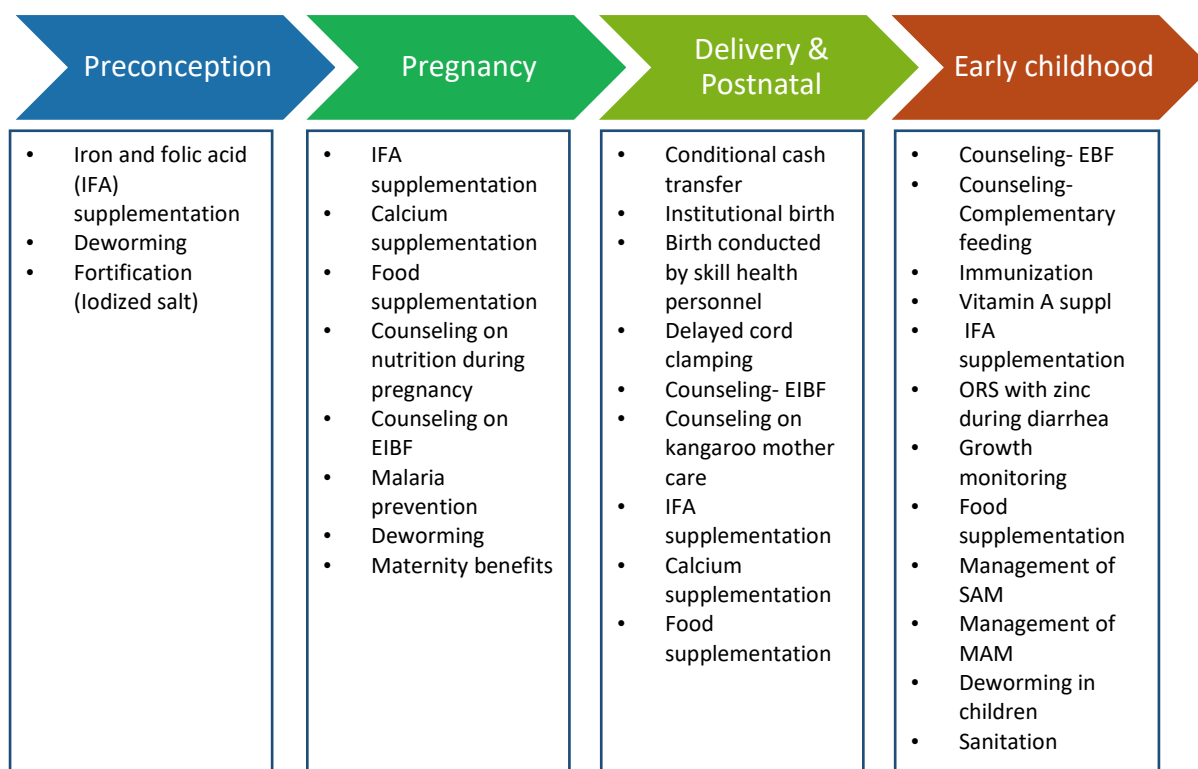


FIGURE 3 Evidence-informed nutrition interventions in the Indian policy framework

Accelerating Nutrition Actions in India

This is an unprecedented time for accelerating nutrition actions in India. There is a vision to address malnutrition in the country by leadership at the highest-level. In 2017, NITI Aayog launched the [National Nutrition Strategy](#), which has set targets and provided roadmaps for implementation with a strong focus on convergence and advocates for focusing on vulnerable women and children.

[National Nutrition Mission](#) (or POSHAN Abhiyaan) was launched in 2017 and in March 2018 India's Prime Minister formalized it as a Jan Andolan and called for multi-sectoral action. Funds have been released to roll out the mission. On India's nutritional landscape, we have a broad array of programs. The structures are in place to enable the delivery of the interventions. There are mechanisms for learning and accountability, for example, district review committees and quarterly reviews. After a hiatus of 10 years, now we have got the National Family Health Survey data.

If we bring it all together - the clearly set vision, a baseline status of nutrition, a strategy and a well-laid mechanism to deliver the interventions – and successfully turn commitments to impact, we can expect improved nutrition in India by 2022. At this stage, however, the big challenge is about turning the commitments to impact.

Day 2

Addressing the Multiple Determinants of Malnutrition & Building an Enabling Environment for Nutrition in India

Purnima Menon, from IFPRI, and Arti Ahuja, from LBSNAA, talked about addressing the multiple determinants of malnutrition and building an enabling environment for nutrition in India (*Annexure 4 – Workshop Presentations*). The burden of malnutrition in India remains high, despite some progress. There are multiple forms of malnutrition – with several common drivers – health, food and physical environments. There is tremendous inter-state and inter-district variability and multiple drivers of disparity. Stunting differences are not explained by any single factor, but rather by a multitude of economic, health, hygiene and demographic factors.

Overall, it was seen that there is no policy vacuum for most of the nutrition-specific or sensitive interventions in India. There are several food security/poverty programs in place. For women and girls there are several cash transfer schemes and programs to keep girls in school. However, an all-out effort is needed to address early child-bearing and limit fertility. Efforts for sanitation are ramping up. There are efforts for changing behaviors of adults and children in the household, and subsidies and toilet-building programs in place. The challenge of multisectoral action lies in implementation and bringing it all together for the ultimate convergence. And the big question is whether all of these together can address the critical nutritional needs of adolescents, pregnant women and children?

For an enabling environment, the basic requirements are leadership, commitment, capacity, and accountability. For understanding nutrition's enabling environment, it is important to understand the policy processes that go in behind the action to tackle undernutrition. District administrators are in a unique position to do so, as it emerged from a participant engagement exercise (Box 3).

Box 3 For an Enabling Environment for Nutrition Interventions to Succeed:

- Many systems need to work simultaneously
- Strengthening VHSND is very important
- In addition to training on data gathering, entry and behaviour change communications, FLWs must be sensitized towards the needs of the communities they are targeting in malnutrition initiatives
- Each department will have to be accountable to the other
- While there is no dearth of money for the funding of certain interventions, others that are linked do not receive the kind of attention that is needed
- Need support in the form of funding from state-levels for newly designed district specific interventions
- Cash transfer model could make a difference in encouraging and monitoring mothers/beneficiaries
- There is the underpinning issue of child rights - naming and shaming children, or their families, for poor practices would also discourage them and their communities from approaching the government.



FIGURE 4 Participant engagement exercise, 7 Aug 2018.

Understanding Stunting Declines in Chhattisgarh

There are some success stories across India. States like Odisha, Chhattisgarh, and Arunachal Pradesh are among the high performers on stunting reduction. Rasmi Avula, from IFPRI, made a presentation on the success story of Chhattisgarh (*Annexure 4 – Workshop Presentations*). She talked about the factors that have contributed to the rapid and large declines in stunting in Chhattisgarh. Chhattisgarh started early on state health reforms to expand coverage, increase resources and strengthen outreach through innovations, often involving the community.

Taking it Forward

In a participant engagement exercise for designing a mock proposal for their relevant state governments, participants came up with some of the ‘lynchpin’ factors, which, they felt, needed to be focussed on in order to make substantial improvements in the systems around malnutrition and overall health indicators (Box 4).

During the exercise, participants looked closely at their individual [District Nutrition Profiles](#), and conducted a diagnostic exercise to ascertain the nutritional status of their own district. They identified the key vulnerabilities and developed district-focused plans of action for improving the status of nutrition. These were presented to a panel of experts and discussed by the larger group.

Box 4 Individual Points of Intervention, or lynchpins
(as identified by participants)

- Better coordination between key departments and agencies
- Better training and capacity-building of human resources/frontline workers
- Better convergence of departments on child health and welfare
- Better community engagement
- Increased community uptake - creation of *jan andolan* (as part of the National Nutrition Mission)
- Increased community awareness on communicable and non-communicable diseases linked to malnutrition - need for monitoring, registration, regular check ups
- Increased motivation of healthcare and frontline workers
- Prioritization of multi-department/disciplinary nutrition programmes
- Increased focus on follow ups/monitoring
- Improved ANC-based registration
- Targeting of anaemia (understanding distinction between iron deficiency and sickle cell anaemia prevalence)
- Health camps to identify prevalence and raise awareness, creation of a direct communication channel between the community and various health stakeholders (including DMs, DCs, CDOs, etc)
- Identifying anaemia trends and full treatment
- Full provision of supply of supplements, medications
- Provision of nutritious meals to adolescent girls in schools
- Reward-based incentives for ASHAs and AWWs
- Training on correct data entry
- Creating awareness on POSHAN Abhiyan activities through village communities, self-help groups and youth clubs
- Awareness of social and cultural practices
- Awareness and mobilization of migrant communities
- Sensitization and accountability for Anganwadi workers and other FLWs
- Focus on early breastfeeding
- Women's awareness/education
- WASH systems
- Improved mobilization of resources, including funding human resources.

Three concerns that kept surfacing in most discussions during the workshop were related to accuracy and quality of data measurement, lack of skilled and trained human resources, and the need to focus on the provision of interventions from the supply-side while ensuring their uptake from the demand-side.

An enabling environment for nutrition is determined by the political and policy processes that build and sustain momentum for the effective implementation of actions that reduce undernutrition. The vital factors for converting momentum into impact are knowledge and evidence, politics and governance, capacity and financial resources. District administrators acknowledged the need to keep looking for research evidence that would enable them to address the nutritional challenges in their district.

It was also recognized that for making a difference and bringing about change, individual capacity is as vital as community, organizational and systemic capacity. In the fight against malnutrition, capacities of everyone, from FLWs till the district administrators, and everyone in between, is essential. District administrators agreed to bring nutrition on their list of priorities and use their power of choice prudently.

The workshop concluded on an upbeat note where the participants were geared-up for taking their districts from aspiration to action, for ensuring sustained progress in the area of maternal and child nutrition. Based on insights from this workshop, organizers discussed the plans for having next three workshops in 2019.

Annexure 1

Course Agenda

6th -7th August 2018

National Gender Centre, LBSNAA, Mussoorie

SESSION	DAY 1: 6 TH AUGUST 2018	DAY 2: 7 TH AUGUST 2018
9:00-10:45 hrs	Opening session <ul style="list-style-type: none"> -Welcome (Aswathy Sivadas and Arti Ahuja) - Outline of course (Purnima Menon) -Who we are: introductions of participants, conveners (Esha Sarswat) - A vision for a malnutrition-free India: Opening speech (Alok Kumar, NITI Aayog) 	Nutrition-Sensitive Interventions – Addressing the Underlying Drivers of Malnutrition in India <p>(Purnima Menon)</p> <ul style="list-style-type: none"> -Why underlying drivers matter - What's the evidence on nutrition-sensitive interventions and where do they fit in India's policy responses to malnutrition Stop and reflect <ul style="list-style-type: none"> - Individual diagnostics - Group discussion
10:45-11:00 hrs	Tea/coffee	
11:00-1:00 hrs	Nature of the Problem and its Distribution and Causes: Why Nutrition is a Perfect Systems Issue <p>(Purnima Menon and Arti Ahuja)</p> <ul style="list-style-type: none"> -Key terms and measurement -Burden and distribution -Immediate and underlying causes -Framing malnutrition as a systems issue Stop and reflect <ul style="list-style-type: none"> • Individual diagnostics • Group discussion 	Building an Enabling Environment for Nutrition <p>(Arti Ahuja & Purnima Menon)</p> <ul style="list-style-type: none"> -Leadership, Politics & Policy -Accountability -Financing -Capacity Group reflections on creating an enabling environment for multisectoral action against malnutrition <ul style="list-style-type: none"> - Opportunities - Challenges
1:00-2:00 hrs	Lunch	
2:00-3:30 hrs	Tackling the Immediate Drivers of Malnutrition (Nutrition-specific Interventions) <p>(Rasmi Avula)</p> <ul style="list-style-type: none"> -Evidence-informed nutrition-specific interventions -Where evidence-informed interventions lie in India's policy response (ICDS, NHM and more) 	Nutrition stories of success in India: <i>Understanding stunting declines in Chhattisgarh</i> [45 mins] <p>(Rasmi Avula, Purnima Menon)</p>
	Nutrition stories of success in India: <i>Scaling up health and nutrition interventions in Odisha</i> <p>(Rasmi Avula, with Aswathy Sivadas and Arti Ahuja)</p>	Taking it forward: Bringing nutrition actions together at the district-level (<u>small groups</u>) [45 mins]
3:30-3:45 hrs	Tea/coffee	
3:45-5:00 hrs	Scaling up interventions, district-by-district: What will it take? <p><i>Individual diagnostics with district-specific data on coverage of interventions</i></p> <p><i>Group discussion on closing coverage gaps in key nutrition and health programmes</i></p>	Taking it forward: Identifying critical and specific actions at the district-level (<u>plenary feedback</u>) – 45 mins
		Closing reflections – 30 mins
Evening	Dinner	Closing dinner

Annexure 2

List of participants


**Workshop
on
Stepping up to India's Nutrition Challenges:
The Critical Role of Policy Makers
from 06 - 07 August, 2018
LBSNAA, Mussoorie**

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26.	Shri A. Sivagnanam, IAS District Collector, Collectorate, Virudhunagar - 626002	Ph. No.- 04562 - 252525 Mob. No.-09444341856 Email- collrvnr@nic.in sivagnanamias@gmail.com
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28.	Shri Prashant Patil Jeevan, IAS Komaram Bheem Asifabad-504293	Mob. No.- 09676801111 Email- collector-kb@telangana.gov.in

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29.	Shri Navneet Singh Chahal, IAS District Magistrate, Collectorate, Chandauli-232104	Ph. No.05412-262557 Mob. No.- 09454417066 Email- dmchn@nic.in
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Annexure 3

About Aspirational Districts of India

In an attempt to ensure inclusive growth for all and raise the living standards of its citizens, the Government of India has launched a 'Transformation of Aspirational Districts' programme. For this, NITI Aayog has identified aspirational districts, at least one from each state, using a composite index of key data sets that include deprivation enumerated under the socio-economic caste census, key health and education sector performance and state of basic infrastructure. Click [HERE](#) to know more about the Aspirational Districts Programme.

Annexure 4

Workshop Presentations

Presentations made at the workshop can be accessed at POSHAN SlideShare. Topics and links are given below.

Day 1

1. **Course Introduction**
Purnima Menon, IFPRI
<https://www.slideshare.net/IFPRI-POSHAN/1-day-1-session-1-intro-final>
2. **Opening Presentation**
A vision for a malnutrition-free India
Alok Kumar, NITI Aayog
<https://www.slideshare.net/IFPRI-POSHAN/0-day-1-final-presentation-6818-niti-aayog>
3. **Nature of the Problem and its Distribution and Causes: Why Nutrition is a Perfect Systems Issue**
Arti Ahuja, LBSNAA
<https://www.slideshare.net/IFPRI-POSHAN/2-day-1-session-2-causes-and-systems-thinking>
4. **Tackling the Immediate Drivers of Malnutrition (Nutrition-specific Interventions)**
Purnima Menon, IFPRI
<https://www.slideshare.net/IFPRI-POSHAN/3-day-1-session-3-nutrition-specific>

Day 2

5. **Addressing the multiple determinants of malnutrition: the role of nutrition sensitive programmes and policies**
Purnima Menon, IFPRI
<https://www.slideshare.net/IFPRI-POSHAN/4-day-2-session-1-nutrition-sensitive-programs-and-policies>
6. **Building an Enabling Environment for Nutrition**
Purnima Menon, IFPRI & Arti Ahuja, LBSNAA
<https://www.slideshare.net/IFPRI-POSHAN/5-day-2-session-2-enabling-and-leadership>
7. **Nutrition stories of success in India: Understanding stunting declines in Chhattisgarh**
Rasmi Avula, IFPRI
<https://www.slideshare.net/IFPRI-POSHAN/6-day-2-session-3-chhattisgarh-soc-final>