

Stories of Change in Nutrition

A RESEARCH SUMMARY SEPTEMBER 2016

Country Brief



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Odisha, India

Background

The Stories of Change (SoC) research project aims to capture experiential learning from policy makers and implementers in countries with high burdens of malnutrition to understand how changes in nutrition outcomes were achieved in particular contexts. In India, due to inter-state variability in development outcomes (including nutrition), as well as differences in the political and policy environment, SoC focused on one state, Odisha.

Odisha, a state of 42 million people in eastern India, has high levels of poverty. It has faced several development challenges over the years, including insurgent movements, large pockets of extreme deprivation, social disparities, and natural disasters, as well as a relatively late fiscal turnaround (in 2004–2005) in comparison with other states. Despite these challenges, Odisha has demonstrated significant commitment to reducing undernutrition, has expanded nationally sponsored nutrition-specific programmes, and has launched state-led initiatives relevant to improving nutrition.

This commitment in the face of adverse circumstances has paid off, to some extent. The state has made significant progress in reducing child undernutrition and, while less than India as a whole, this progress has been more rapid than many other richer states. How has Odisha achieved these improvements and what is holding it back from accelerating progress?

This study documents changes in outcomes and determinants of nutrition, changes in programmes and policies and aims to understand what contributed

to those changes. Given the multiple short- and long-term consequences related to undernutrition, learning lessons from Odisha's success to date in reducing undernutrition is important for the state and for other states in India as well as for countries facing similar nutritional challenges.

For the study, a 25-year timeline was developed, from 1991 to 2015, using various data sources including content analysis of documents stakeholder interviews at the state level (government staff, civil society members) and community members (mothers and frontline workers). The timeline was used to examine the changes in nutrition outcomes and to understand what has driven changes, what changes have taken place in the policy and programme processes, and how policy and programme changes affected the communities.

Key findings

Understanding Odisha's reductions in maternal and child undernutrition requires close examination of changes in immediate, underlying and basic determinants, and the enabling environment surrounding those changes. The data from Odisha show that many of the immediate determinants of nutrition improved, supported by scaling up of the policies and programmes associated with them.

▲ Mothers and children in Odisha with a survey worker.

The increase in coverage was supported by a strong emphasis on integration of services at the point of delivery, decentralisation of service delivery through self-help groups and strategic focus on equity of access to interventions.

On the other hand, several underlying and basic determinants, especially sanitation, early marriage and poverty improved less over the years.

Increased coverage of nutrition-specific interventions

Odisha performed better in reducing undernutrition compared to richer states, and has seen improvements in most immediate determinants of nutrition such as early initiation of breastfeeding, exclusive breastfeeding and children with diarrhea receiving ORS. Impressive gains have been achieved in the uptake of interventions during pregnancy such as antenatal care, institutional deliveries, health professional assisted births, immunisation, and vitamin A supplementation. The improvement in coverage of health and nutrition interventions has been possible due to several factors. **The goal to reduce infant mortality rate, overarching policy support, financing at the national- and state-level, political and bureaucratic leadership, and supportive development partners and civil society, contributed significantly to expansion of nutrition-specific programmes.** Financial restructuring in the early 2000s provided a springboard to improve social sector programmes in Odisha and electoral stability for the political party in power enabled reforms in health and nutrition programmes to continue uninterrupted. Alongside this, an assured adequate tenure for bureaucrats and a culture of innovation and learning at the bureaucratic level led to an enabling environment for scaling up of the health and nutrition programmes. **The increase in coverage was supported by a strong emphasis on integration of services at the point of delivery, decentralisation of service delivery through self-help groups and strategic focus on equity of access to interventions.**

Despite gains in coverage of nutrition-specific interventions, significant coverage gaps remain, especially related to stretched capacity of frontline nutrition workers, the poor state of complementary feeding, incomplete screening for severe malnutrition, and iron folate supplementation in pregnancy (which is actually declining over time). These gaps must be closed to enable and sustain full delivery of all critical interventions to all women and children in the state.

Improved interventions for food security and rural infrastructure

The Public Distribution System (PDS) is India's primary food security programme that distributes food at a lower price to eligible populations. In response to high levels of food insecurity and starvation deaths in the 1990s and early 2000s, Odisha had taken several steps to streamline the PDS by improving access, strengthening delivery systems, creating community awareness and plugging leakages. The Chief Minister's initiative to reach the most vulnerable populations was also facilitated through the launch of national schemes under the government of India.

Interestingly, improvements in infrastructure were perceived to be one of the major drivers of change



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in that they enabled access to and from remote areas. Significant investments were made to improve roads, drinking water resources and expand rural electrification. However, although progress was observed in the expansion of roads and drinking water, questions have arisen about the quality of water and the coverage of rural electrification.

▲ Children playing at an Anganwadi Center in Keonjhar district, Odisha.

Sanitation gaps remain a key challenge

A significant gap in the drivers of undernutrition in Odisha is the extremely low access to improved sanitation and resulting high rates of open defecation, an issue that

is only slowly being elevated to high levels of political awareness and commitment.

Unlike other social sector programmes, state backing and ownership for sanitation were more limited over the years; sanitation programmes focused primarily on toilet construction and less on behavior change. Indeed, the department of rural development, which was responsible for sanitation and roads, tended to prioritise road construction over building toilets.

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Not enough progress on women's education and early marriage

Improvements in female literacy and the rise of state-led initiatives like Mission Shakti (a state-wide women's self help group programme) and the *Mamata* programme (a conditional cash transfer programme for pregnant women) were seen as positive inputs for women's empowerment and financial inclusion in the state. Civil society struggles related to land ownership and education were perceived to have supported women's empowerment in the state. The Chief Minister put in place mechanisms to ensure women's rights to asset ownership and work participation. However, high rates of early marriage among women and lingering gaps in female secondary school education remain major concerns with nutrition implications.

Poverty and geographic/social disparities persist

Poverty reduction has been slower in Odisha compared to the rest of India, and income inequality is high. Both these drivers are potentially holding back the rate of improvements in nutrition outcomes. Most job creation in the state has been due to services and capital-intensive industries. Combined with this, issues related to land rights have been a long-term challenge for Odisha and may have led to migration.

Across the state, there are disparities between different social-economic groups and groups categorised by geographic divisions in the state. These disparities pertain to poverty and social indicators as well as to the uptake of nutrition interventions. The unevenness in progress across different parts of Odisha, therefore, is seen as an impediment to progress in nutrition.

Community findings echo state-level findings

The changes brought about in health and nutrition related policies and programmes are well reflected in the community stories. The perceptions of the community confirm the changes seen in the last two decades in infrastructure (notably roads and drinking water facilities), care-seeking behaviors, access to care, availability of services, and increased demand for, and awareness of services. Concrete roads and the availability of vehicles were perceived to have increased access to medical facilities. **Mothers and frontline workers also attribute change to the overall improvements in the reach, quality of services and incentives for using the services.** However, a persisting caste system is viewed as a major impediment to developmental outcomes in villages.

Progress and future challenges

The overarching story of change in nutrition for Odisha has highlighted major progress on scale-up of health and nutrition programmes, and to some extent on PDS and infrastructure. This has been enabled by several factors such as high-level support for programme innovations, the use of diverse pathways of scaling up, leadership at all levels from Chief Minister

to leaders in key government departments, adequate financing through multiple sources, and important collaborations with committed development partners.

Despite the progress, many challenges remain to achieving further improvements in nutrition outcomes. First, capacity constraints may undermine the quality of nutrition-specific delivery across the board and **significant coverage gaps remain for some key interventions** such as counseling for complementary feeding, screening and treatment for severe malnutrition and iron-folate supplementation during pregnancy. Second, **actions are needed to improve underlying and basic drivers of nutrition, especially sanitation, girl's education and early marriage**, as improving nutritional outcomes will be an almost insurmountable challenge if these are not addressed. Finally, **poverty, inequality and the issue of land rights are seen as impediments to any further progress.**

As Odisha looks ahead to improving nutrition, creating goals for nutrition, building on existing technical and system capacities and capitalising on existing high level support for such initiatives is crucially important. Additionally, actions are needed to engage other government departments such as those responsible for education and sanitation, to ensure that some of the known social determinants are tackled on an urgent basis.

The Odisha story is a success story waiting to burst out of the straightjacket imposed on it by less than stellar improvements in underlying and basic determinants. Our analysis has highlighted that these indicators are absolutely imperative for Odisha's policy and programme community to invest in.

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TERRY ROOPNARINE

◀ Mother washing her child's hands in Keonjhar district, Odisha.

Urgent areas of action that are recommended for Odisha

- A clear vision and goal to reduce infant mortality was a key driver to scale up health and nutrition interventions in Odisha. *Odisha now needs to capitalise on existing commitment to health outcomes such as mortality to also set a specific vision and targets for nutrition outcomes.*
- Although political and bureaucratic leadership have been catalysts to scale up health and nutrition programmes, the support of development partners and civil society has been equally valuable. *This system-wide commitment and leadership needs to continue and indeed, must extend to closing gaps in the basic and underlying drivers of nutrition such as sanitation, early marriage for girls, poverty and food security.*
- Odisha has successfully scaled up nutrition specific programmes, but gaps remain in coverage, both for specific interventions like counselling for complementary feeding, and across socio economic groups. *A focus on closing coverage gaps for all interventions and across all geographic and social groups needs to be strengthened through a continued social equity lens.*
- The scale up of the public distribution system has expanded over the years, but coverage is not enough. *The state must, therefore, continue to strengthen system capacities and monitor performance.*
- To ensure progress on nutrition outcomes it is imperative to engage other government departments such as education and rural development. Strategies to improve hygiene and sanitation, reduce early marriage among girls, and reduce poverty and geographic/social equity are now crucial. *A results-focused multi-sectoral framework for action is essential to progress.*
- In the new national fiscal landscape of devolution, *Odisha must continue to invest in health and nutrition programmes and other social sector and development interventions.* Specific financing needs include ensuring adequate frontline worker remuneration, hiring and placing adequate numbers of frontline workers; continued investments in rural roads, and the quality and functionality of water, sanitation, and rural electrification.
- Last, but not least, the existing culture of learning and use of data to implement health and nutrition programmes has been positive for Odisha. Efforts are now needed to *support research and evaluation efforts on the impacts of Odisha-specific innovations* such as providing eggs, improving coverage of weighing and screening for severe malnutrition and other planned innovations. Strengthening monitoring of coverage and outcomes and thus improving programme learning by *improving district level data collection* is also critical to success in closing geographic gaps.

Credits

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Further reading

www.transformnutrition.org/stories_of_change
<http://nourishingmillions.ifpri.info>



Stories of Change in Nutrition are a series of structured case studies in 6 countries: Bangladesh, Nepal, Odisha (India), Ethiopia, Senegal and Zambia. These 'stories' aim to improve our understanding of what drives impact in reducing undernutrition, and how enabling environments and pro-nutrition policy and implementation processes can be cultivated and sustained. The Stories of Change project is funded by CIFF and DFID through Transform Nutrition. Additional support to the Odisha study was provided by the Bill & Melinda Gates Foundation through POSHAN (Partnerships and Opportunities to Strengthen and Harmonize Actions for Nutrition in India).

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