

PART 3: POLICY DESIGN - SETTING INTENTIONS RIGHT

CHOSSEN POLICY	Adding iron supplements to the mid-day meals of school children.
Reason	Children have the right to education. Introducing a nutrition scheme (targeted to reduce anaemia) in an institution like a school, where attendance is mandatory, will help push for the consumption of iron syrup. Mid-day meals is a scheme implemented in government schools, to make them nutritionally dense and help bring the children's iron levels to the optimal level, iron syrup will be provided with these meals. Adding to an existing scheme aids a seamless transition (guaranteeing efficacy), rather than introducing an entirely new system. This fulfils the children's iron requirement in school rather than transferring the burden of adequate nutrition to their homes. Therefore, the root cause of the issue at hand is addressed.

REASONS FOR ELIMINATION OF OTHER POLICIES

1. Provide iron supplements at ration shops to create awareness about the availability of the supplement.

Availability doesn't equal consumption. Another facet of the policy is introduced, and awareness among the people purchasing ration must be created. There are barriers to entry, a BPL card is necessary to avail the services of the ration shop. This will lead to unequal distribution, alleviating anaemia among a selected few. In an attempt to avail these services, people may

create fake/duplicate BPL and/or Aadhaar cards. So this creates unnecessary layers of barriers to address the root cause.

Data Source: (Dey, 2015)

2. Create partnerships between state and non-state actors for financial commitment.

In the long term, the motive of the non-state actors could become impure as in they might just fund the policy for impure altruism. But in Jharkhand, already non-state actors are contributing to the efficiency of the Mid-day meal scheme. Examples of non-state actors being involved in policies regarding anaemia includes the Tata Steel partnership with the Government of Jharkhand and ISKCON Food Relief Foundation to roll out a Mid-Day Meal Scheme for underprivileged school-going children in East Singhbhum and Saraikela-Kharsawa districts of Jharkhand. Funds are provided by altruistic private actors which are then mobilised by the state. Hence both actors work to their strengths, leading to the rolling out of effective schemes.

Data Source: (कनेक्शन, 2023); (Hungama Digital Services, n.d.)

3. Monitor and evaluate the implementation of already existing anaemia control programmes i.e. Anaemia Mukt Bharat.

The existing Anaemia Mukt Bharat scheme, launched in 2018, failed to implement its objective effectively. According to the data collected by NFHS, anaemia has been on the rise since the implementation of this scheme. There are around 6 policies under this, violating the assignment principle. So, as a whole, this policy has failed to achieve its goal.

Data Source: International Institute for Population Sciences (IIPS) and ICF. 2021. National Family Health Survey (NFHS-5), 2019-21: India: Volume II.

4. Basic hygiene reduces the risk of infection; therefore, water and sanitation interventions can be integrated to reduce nutritional losses incurred by infection and inflammation.

In Jharkhand, about 30% (i.e. 1.2 cr) of habitations have partial facility of drinking water. All habitations do not have safe drinking water as the source contains Fluoride, Arsenic & Iron.

Provision of menstruation/sanitary products would be too costly, the government may face trouble trying to get it subsidised from the private actor.

Solving this problem is important, however, it is not in line with the objective of anaemia reduction. It would improve overall health, but not have a direct impact on the anaemia levels in

the state. The efficacy of this scheme for the specified objective is low, something more specific and targeted would make sense

Data Source: (Department of Drinking Water and Sanitation, n.d.)

5. Fortifying food can be achieved through mass fortification, where iron is added to essential foods.

For mass fortification, the government will have to focus on the cultivation of fortified crops. The issue with the cultivation of fortified crops is that it requires a large amount of funds and has a long gestation period. This would improve the general health of the children but would not specifically target their iron levels. This would make it difficult to assess the success of the scheme vis-a-vis our objective. Under NFSR only rice, wheat and some grains are subsidised, this is an issue since proper diversity in a person's diet is important.

Data Source: (Chaudhary et al., 2022)

6. Create awareness campaigns at schools (along with their parents) once a month.

Merely raising awareness does not guarantee proactive measures. Organizing monthly workshops would be impractical. Even if executed, the longevity of such program is questionable. Repeated workshops alone do not address the underlying issue of anaemia. They would only serve as initial step towards the proposed policy.

Moreover, altering the mindset of parents who rely on traditional methods to combat anaemia poses a significant challenge, as they may resist embracing change. This would again be an add-on responsibility on the government to respect the society's belief and at the same time spread awareness as per the policy design.

7. Conduct regular check-up drives in village schools.

Here we are focusing on giving de-worming doses to the children with previous individual diagnosis. So, this policy doesn't impact anaemia specifically, instead, it focuses on the general health of the child. To realise the long-term benefit of deworming and improve the general health of the populace, the state needs proper sanitation, clean water, and clean toilets, which it lacks. Also, it would create an additional layer of work for the government to check if the student has

any requirement of de-worming or not, keeping in mind that the de-worming differs for every age category.

Data Source: (Interventions, n.d.-a)

8. Subsiding the prices of cast iron utensils

Subsidies on cast iron utensils could distort the production of utensils made with other materials in the market. Producers would shift most of the production to cast iron utensils and decrease the production of other products. In addition to this, firms who are not using/producing cast iron utensils for the government schools offering mid-day meals may also demand subsidies.

ASSIGNMENT PRINCIPLE

Policy	Targeting anaemia prevention among children aged 6-14 years in government schools of Jharkhand.
Instrument	Adding iron supplements (in the form of syrups) to the mid-day meal scheme.
Objective	Reducing anaemia among children aged 6-14 years in government schools of Jharkhand.

Note: The Iron supplement will be given for 6months to the children in a year as per the guidelines provided by World Health Organisation.

SUBSIDIARITY PRINCIPLE

	LEVEL	REASON
FUND	District level	The accumulation of funds occurs at the district level. The distribution of the funds

happens at the base level. With fewer layers involved in the process, we have less scope for corruption. With the existing scheme of mid-day meal provision by Isckon Trust kitchen support by the Tata group. This restructuring of this existing scheme will help us achieve the ultimate goal of anaemia level reduction. Directing the funds provided by these groups can help us easily accomplish the target. To bifurcate the provision of funds, out of the two main providers of the funds for mid-day meals for Isckon kitchen the provision remains the same as it already is carrying out. For Tata Group, instead of relying on their monetary considerations we could leverage their available network and distribution channels. Tata Group holds majority stakes in the company 1 mg, this could be used to provide iron supplements to the schools directly. The method of provision is discussed further in the report.

Data Source (why are we taking Isckon and Tata):
(कनेक्शन, 2023)

FUNCTION	District level	<p>The main collection will be done at the district level from the Jamshedpur warehouse of Tata 1 mg company. For the operations part of the policy, we describe it as a two-fold process. The distribution occurs in two stages, one from the warehouse to the government dispensaries of the respective districts, at the second stage, a representative from the schools at the block or village levels can visit the dispensary once in six months. The representative of the school has to make sure his collection of iron supplements is registered in the records of the dispensary. To restrict the cost if, in one district, there are five schools they can contact each other and only 1 person can go and collect the medicines together.</p>
FUNCTIONARY	Block level	<p>The check-up post-delivery as well as consumption of the dosage will be conducted at the block level, after the completion of the dosage after six months. The check-ups/blood tests will be conducted to determine how much further amount of supplements is needed to reduce the anaemia level to avoid over-dosage. The</p>

		day-to-day accountability will be undertaken by individual schools and teachers of the respective schools. The school authorities will be mandated to submit a report to the authorities at the dispensary they collected the medicines from after the completion of one dose cycle (six months).
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SUMMARY PLAN (From Policy Evaluators Perspective)

SHORT TERM

- To begin with, we aim to expand the distribution done by Tata group for the iron supplements as till now they only supply to 2 districts of Jharkhand.
- The primary objective is to evaluate the distribution channel and identify potential bottlenecks. So we can develop an assessment sheet to monitor the distribution of iron supplements, ensuring they reach students as intended rather than being returned to pharmacies for resale purpose at inflated prices.
- We also aim to streamline feedback collection from the stakeholders such as school administration, teachers, and healthcare professionals to facilitate a thorough evaluation process.

MEDIUM TERM

- Now in response to short-term feedback, we can prioritize assessing the efficacy of our policy instrument, with a focus on enhancing the local capacity. This involves deeper integration into the existing healthcare structure and leveraging lessons from previous errors to potentially restructure our policy instrument if necessary. This would also help us keep checks and balances.
- Keeping a regular check would prevent the schools giving overdose of iron supplement as excessive dosage of the same can have extremely harmful effects on a person's liver. The human body does not know how to get rid of iron very easily.

- Moreover, we should consider implementing training programs for officials involved in executing this scheme.

LONG TERM

- Ensuring the sustainability of the policy is crucial, especially considering that girls typically begin menstruating around the age of 11, requiring consistent iron supplementation during the initial years of adjustment to this biological change.
- Additionally, by collaborating with the health department of the Jharkhand government, we can assess the progress in children's health compared to when only mid-day meals were provided.
- Addressing cultural stigma within communities within communities is also imperative, as some may be hesitant to adopt new interventions or may rely on traditional remedies for anaemia that contradict supplementation efforts.

SUMMARY PLAN (From Outcome Perspective)

PHASE	OUTCOMES	POSSIBLE CHALLENGES
SHORT TERM	With these improved channels, we anticipate an increase in iron intake among recipient children. This could lead to potential short-term improvements in energy levels and cognitive function, particularly for those with existing iron deficiency	Possible initial digestive issues for some children adjusting to iron supplements.
MEDIUM-TERM	Significant reduction in anaemia prevalence among children receiving supplements consistently. Improved school attendance	Ensuring consistent consumption of supplements throughout the program. Monitoring iron levels and potential side effects.

	and academic performance due to better health.	
LONG RUN	The reduction in healthcare burden associated with anaemia and the improvement in long-term health outcomes for children could have a profound impact on future generations. As children become more aware, they also become vigilant about sanitation practices within their households, thereby educating their families and society at large. Additionally, increased school enrollments are anticipated as a result.	Potential supply chain disruptions must be anticipated and managed proactively. Additionally, contingency plans should be in place if the support from the ISKCON group is withdrawn.

CONCLUSION

In India, policies are often designed with the entire population in mind, yet they frequently lead to bottlenecks at various levels. As a collective, we aim to enhance the health of children in Jharkhand by proposing an additional component to the existing Mid-Day Meal scheme. We suggest incorporating iron supplements into the mid-day meals served across all 192 government schools in Jharkhand, located in 24 districts. Our objective is to introduce this intervention in a minimally intrusive manner, staying within the governmental capacity while significantly improving children's health and raising awareness about anaemia, which is a silent epidemic in India.

Throughout the policy development process, our focus remained on augmenting the Mid-Day Meal scheme of Jharkhand without altering its core structure. We aimed to offer a feasible implementation strategy to the government, ensuring that the proposed addition benefits the targeted consumers with minimal opportunities for corruption and bureaucratic hindrances.