
Program type
Large scale programmes

Cost
Community health workers (CHWs) for TINP I was reported as 1:150 households, or 40;1000 households. Resource intensity was previously estimated as US$ 9.50/household per year.

References
WHO (2013) Essential Nutrition Actions ? Improving maternal, newborn, infant and young child health and nutrition, which provides a compact of WHO guidance on nutrition interventions targeting the first 1000 days of life. Part I presents the interventions currently recommended by WHO, summarizes the rationale and the evidence, and describes the actions required to implement them. Part II provides an analysis of community-based interventions aimed at improving nutrition and indicates how effective interventions can be delivered in an integrated fashion. It shows how the essential nutrition actions described in the first part have been implemented in large-scale programmes in various settings, what the outcomes have been, and to examine the evidence for attribution of changes in nutritional outcomes to programme activities. This summary of TINP is retrieved from the ENA Part II where TINP I is one of 32 large-scale community-based programs that has been reviewed in detail and evaluated.
http://www.who.int/nutrition/publications/infantfeeding/essential_nutrition_actions/en/

Implementing organisations

Funding sources
- Bilateral and donor agencies and lenders
  - The World Bank

Action data
Fecha de inicio
Pais(es):
India
Estado:
Completed
Area:
Rural
Tópico:
Nutrition education and counselling
Entrega:
Community-based
Nivel de cobertura:
approximately 46 % coverage by areas (173/373 rural blocks in 11 districts)
Indicador(es) de resultado:
<p>Underweight</p>
Sistema de monitoreo y evaluación:
<p>Among TINP participants, there was an approximate 1.25 to 2.40 ppt/ year decline in underweight prevalence. In TINP areas, there was an approximate 0.83 to 1.12 ppt/year decline in underweight prevalence as compared with non-TINP areas where an approximate 0.26 to 1.12 ppt/year decrease in underweight prevalence was observed. &nbsp;The estimated underlying trend for the whole of India during this time was a 0.7 ppt/year decrease in underweight prevalence. Thus an estimated one</p>
quarter to one half of the decrease in underweight prevalence is attributable to the project.

There are important issues related to data sources. Data on residents in TINP and non-TINP areas (rather than on TINP participants) come from the National Nutrition Monitoring Bureau (NNMB) while data on TINP participants comes from programme monitoring records. NNMB estimates are from an 11-year period (1979-1990) while TINP estimates are from an 8-year period (1982-1990). Furthermore, NNMB surveys consistently produce higher estimated underweight prevalence than TINP surveys because NNMB surveys cover entire areas rather than only programme participants. This may reveal differences between participants and non-participants.

### Typical problems | Solutions

<table>
<thead>
<tr>
<th>Other actions from same programme</th>
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<tr>
<td>Tamil Nadu Integrated Nutrition Project I (TINP I) - Growth monitoring and promotion - Infants and young children</td>
</tr>
<tr>
<td>Tamil Nadu Integrated Nutrition Project I (TINP I) - Food distribution/supplementation - Infants and young children</td>
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<tr>
<td>Tamil Nadu Integrated Nutrition Project I (TINP I) - Vitamin A supplementation - Infants and young children</td>
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