POSHAN Abhiyaan: Toward a kuposhan mukt Bharat

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India continues to have a high burden of undernutrition.

Source: NFHS-3; NFHS-4 and RSOC for low birth weight.
Many states did better on stunting reduction than national average
Some basics
**NORMAL**

- GDP loss
- IQ loss
- Excess mortality
- Excess morbidity

**WASTED** (Thin)  **STUNTED** (Short)

- 2005-05: 48% Stunting, 20% Wasting
- 2015-16: 38% Stunting, 21% Wasting

- GDP loss
- IQ loss
- Excess mortality
- Excess morbidity
First 1000 days of life are the key
UNDERNUTRITION TREND BY AGE

6 months to 24 mo crucial: adult height is set at 2 years of age

Height at 2 years determines productivity and income

NFHS 4: 2015-16
Length increase
First 1000 days of life are the key

- Period of rapid brain growth and maturation: 80% by 2 years
Building the brain in first 1000 days

- During late pregnancy the brain starts to wire itself forming connections.
- In the months after birth over 1,000-10,000 new connections are made every second.
- First 1000 days determine the sensory, language and cognitive development.
Human Brain Development
Synapse formation dependent on early experiences

- Sensory Pathways (vision & hearing)
- Language
- Higher Cognitive Functions

Age in Months
Conception to Birth 0 1 2 3 4 5 6 7 8 9

Age in Years
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19

Sensory Pathways (vision & hearing) Language Higher Cognitive Functions
1000 days are the key

- Undernutrition occurs in the first and the second year
- First 1000 days determine the sensory, language and cognitive development
- Linear growth failure in this period is associated with adult short stature
- **Consequence:** Less strong, less smart child
  - Compromised cognition, learning, IQ
  - Low productivity, income
  - Lower offspring birthweight (females)
1. Small size at birth determines childhood undernutrition

~20% Stunting and ~30% wasting is contributed to by small size at birth
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Care and education of the girl child: Beti bachao, beti padoa</td>
</tr>
<tr>
<td>2.</td>
<td>Adolescent girl care: Food, micronutrients, healthcare, life style, preparation as adult</td>
</tr>
<tr>
<td>3.</td>
<td>Right age for child birth: Marriage after 18 years, childbirth after 20 years</td>
</tr>
<tr>
<td>4.</td>
<td>Pre-pregnancy care: Food, micronutrients, contraception</td>
</tr>
<tr>
<td>5.</td>
<td>Birth spacing: Gap between births more than 3 years</td>
</tr>
<tr>
<td>6.</td>
<td>Antenatal care: checks for complication detection, food, iron-folic acid, tetanus immunization, birth preparedness, treatment of complications</td>
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<tr>
<td>7.</td>
<td>Skilled birth attendance and emergency obstetric care: Facility birth, emergency obstetric care</td>
</tr>
</tbody>
</table>
2. Childhood infections

Diarrhea contributes to ~25% of undernutrition; pneumonia, measles, TB, other infections - add further risk

What works

Prevention
- **Swachh**: Sanitation, safe water, Hand washing
- Immunization to avert diarrhea, measles, TB and pneumonia
  - Rotavirus
  - Pneumococcal
  - HiB, Measles, BCG

Treatment
- Early detection, care seeking
- ORS and **ZINC** for diarrhea
- Antibiotics for pneumonia
**WASH interventions can eliminate 15% stunting**

**Review of health data in selected ODF and non-ODF districts under the SBM (Report of Findings)**

<table>
<thead>
<tr>
<th></th>
<th>Total children covered</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>2437</td>
<td>2548</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>A. Health status – Morbidity</strong></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>1 Prevalence of diarrhea in the last 2 weeks preceding the survey</td>
<td>2437</td>
<td>9.3</td>
<td>2548</td>
</tr>
<tr>
<td>2 Prevalence of diarrhea in the last one month preceding the survey</td>
<td>2437</td>
<td>15.1</td>
<td>2548</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>B. Nutritional status - Anthropometric</strong></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Children who were stunted (Height for age below -2SD WHO standard)</td>
<td>2393</td>
<td>33.7</td>
<td>2518</td>
</tr>
<tr>
<td>2 Children who were wasted (Weight for height below -2SD WHO standard)</td>
<td>2380</td>
<td>21.7</td>
<td>2498</td>
</tr>
<tr>
<td>3 Children who were underweight (Weight for age below -2SD WHO standard)</td>
<td>2433</td>
<td>28.3</td>
<td>2546</td>
</tr>
<tr>
<td>4 Women whose Body Mass Index (BMI) was below normal (BMI &lt; 18.5 kg/m2)</td>
<td>1989</td>
<td>19.6</td>
<td>1997</td>
</tr>
</tbody>
</table>

* p value less than 0.05 denotes significant difference at 95% confidence interval
*
# The total children covered were from 2000 ODF and 2000 non-ODF households
Newborn and child

<table>
<thead>
<tr>
<th>HEALTH / ICDS</th>
<th>Swachh</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Complete immunization: Including rotavirus vaccine</td>
<td>• Swachh: Sanitation, safe water, Hand washing, toilet use (mother) and safe disposal of feces</td>
</tr>
<tr>
<td>2. Early detection and care of illness: For diarrhea (including ORS and zinc), pneumonia (including antibiotics) and other illnesses; referral</td>
<td></td>
</tr>
<tr>
<td>3. Supplements:</td>
<td></td>
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<tr>
<td>• Iron – folic acid</td>
<td></td>
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<tr>
<td>• Vitamin A supplementation</td>
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<tr>
<td>4. Deworming</td>
<td></td>
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<tr>
<td>5. Early stimulation</td>
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</tbody>
</table>
3. Sub optimal feeding
Only 50% of the problem

- Lack of knowledge of what to feed, when to start / augment
- Lack of support
- Food insufficiency at home – small part. THR available
Newborn and child FEEDDING

1. Newborn care:
   • Care at birth, hygiene, cord care
   • Breast feeding: within one hour, exclusive for six months, continuing for 2 years or more

2. Extra care of low birth weight baby
   • Kangaroo mother care
   • Care of the sick and small neonate

3. Breast feeding upto 2 years and more

4. Complementary feeding: From 6 months onward; culturally appropriate recipes, hygienic, increasing amount, adequate in nutrition

5. Growth monitoring

6. Care of the undernourished child

Care at facility

Home Based Newborn Care
0-6 weeks

Home-based Young Child Care
(Nutrition and health counseling, early stimulation)
3-15 months

ICDS
Feeding low birth weight babies

- Need extra care in feeding
- Fed expressed breast milk
- HWs need additional skills
खाना क्या, कितना और कितनी बार

6 महीने से 1 साल
1 कटोरी आहार दिन में 3 बार

1 से 2 साल
1½ कटोरी आहार दिन में 5 बार

बहला कर खिलाने के तरीके

माँ लाड़ से खिलाए आहार एक दिन में बार-बार
### Energy density

#### Table: Energy Density Chart

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Amount of Food</th>
<th>Energy Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 months to 1 year</td>
<td>3 meals a day</td>
<td>Low to Medium</td>
</tr>
<tr>
<td>1 to 2 years</td>
<td>1 meal a day</td>
<td>Low</td>
</tr>
</tbody>
</table>

**Notes:**
- Ensure balanced intake of nutrients.
- Consult a healthcare professional for personalized advice.

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**Bhujre Thali: A Healthy Diet**

- Include a variety of food groups.
- Balance proteins, carbohydrates, and fats.
- Essential for optimal growth and development.

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**A Word of Advice**

- Regular check-ups are recommended.
- Stay hydrated by drinking plenty of water.
- Avoid excessive sugar and salt intake.

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**For More Information:**

- Contact the nearest health center.
- Visit our website for comprehensive guides.

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**Image: Food Portions**

- Visual representation of recommended food portions.
- Helps in planning meals effectively.
POSHAN Abhiyaan (2018 – 2021) | Objectives

Prevent & Reduce Stunting in Children (0-6 years) @2% per annum. Reduce stunting to under 25%.

Prevent & Reduce Under-Nutrition (Underweight Prevalence) in Children (0-6 years) @2% per annum

Reduce Low Birth Weight (LBW) @2% per annum

Reduce Prevalence of Anaemia amongst Young Children (06-59 months) @3% per annum

Reduce Prevalence of Anaemia amongst Women and Adolescent Girls (15-49 years) @3% per annum
POSHAN Abhiyaan

Total funding: Rs.9046.17 crore

Pan India Coverage in a Phased Manner

Mission as ‘Jan Andolan’
POSHAN Abhiyaan: What is the focus

I. Intense focus on first 1000 days of life: Prevention

[Maternal care, Home Based Newborn Care, Home Based Young Child Care, Immunization in High burden Districts- Rotavirus & Pneumococcal, Diarrhea/pneumonia prevention/treatment, IYCF promotion]
Unprecedented use of IT:
Let no woman and child be left behind
POSHAN Abhiyaan: What is the focus

I. Intense focus on first 1000 days of life: Prevention

[Maternal care, Home Based Newborn Care, Home Based Young Child Care, Immunization in High burden Districts- Rotavirus & Pneumococcal, Diarrhea / pneumonia prevention/treatment, IYCF promotion]

II. Use of Technology (ICT)

III. Real convergence

IV. ‘Jan Andolan’
Program packages of Interventions for first 1000 days: for health, nutrition and development

Enablers: Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA), Janani Suraksha Yojana (JSY) Pradhan Mantri Maatru Vandana Yojana (PMMVY), Janani Shishu Suraksha Yojana (JSSY), Rashtriya Bal Suraksha Karyakram (RBSK)
UNDERNUTRITION TREND BY AGE

6 months to 24 mo crucial: adult height is set at 2 years of age

Height at 2 years determines productivity and income

NFHS 4: 2015-16
Immediate determinants (2006-2016): *Limited* progress on IYCF and child health

![Graph showing trends in early initiation of breastfeeding, exclusive breastfeeding, timely introduction of complementary foods, and adequate diet from 2006 to 2016.](chart)

Source: NFHS-3; NFHS-4
We do not feed our children enough: changes in adequacy of complementary feeding for children 6-24 months of age, 2006-2016, by state

Adequate diet = child 6-24 fed either breastmilk/source of dairy; and age-appropriate number of food groups and age-appropriate number of meals per day

NFHS-3 indicator calculation by IFPRI; NFHS-4 indicator as reported in fact sheets.

90% of our young children are nutrition hungry
Six visits in the case of institutional delivery (Days 3, 7, 14, 21, 28 and 42),

Seven visits in the case of home delivery (Day 1, 3, 7, 14, 21, 28, and 42).
Feeding low birth weight babies

- Need extra care in feeding
- Fed expressed breast milk
-HWs need additional skills
New program under POSHAN Abhiyan

Home Based Young Child Care (HBYC)

Home Visits by ASHAs supported by AWWs:
3 months to 15 months
Program packages of Interventions for first 1000 days: for health, nutrition and development

- Birth spacing-pregnancy care
- Antenatal Care
- Immunization
- Home Based Newborn Care
- Facility Based Newborn Care
- Delivery
- Integrated Management of Neonatal and Childhood Illnesses
  - Home-based Young Child Care
    - Nutrition and health counseling, early stimulation

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Program packages of Interventions for first 1000 days: for health, nutrition and development

Swachh: Safe water, hand washing, toilet use, safe disposal of feces

Supplementary nutrition: mother >>> baby

Feeding counseling: breast feeding and complementary feeding

Growth monitoring: stimulation and care of the malnourished child

Iron-folic acid; Vitamin A; Deworming

Care for severe acute malnutrition

Integrated Management of Neonatal and Childhood Illnesses

Home-based Young Child Care (Nutrition and health counseling, early stimulation)

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Total Participants

25.4 Crore

Female 40% 8.7 Crore
Male 18% 3.8 Crore
Girls 22% 4.8 Crore
Boys 20% 4.4 Crore

Total Participation
25.4 crore

3.7 crore Without Gender Disaggregation
Convergence

32 PER CENT of the overall 22.5 LAKH ACTIVITIES were conducted jointly by field functionaries.

4.8 Lakh Converged Inter-Ministerial Activities of Overall Activities

21%
e-Samvad
11th September 2018

http://pmindiawebcast.nic.in/11sep18.html
“…..Main bechain hoon. Hamare desh ke bacchon ke vikas mein, kuposhan ek bahut bari rukawat bana hua hai, ek bahut bara bottleneck bana hua hai. Mujhe mere desh ko kuposhan se mukt karana hai. Is liye mein bechain hoon…..”
Key points

• POSHAN Abhiyaan has the highest political commitment to nutrition ever

• POSHAN Abhiyaan encompasses all the evidence – based interventions
  – It has enlarged the interventions beyond food

• POSHAN Abhiyaan has succeeded in convergent action and jan bhagidari
Thank you