

POSHAN Abhiyaan:

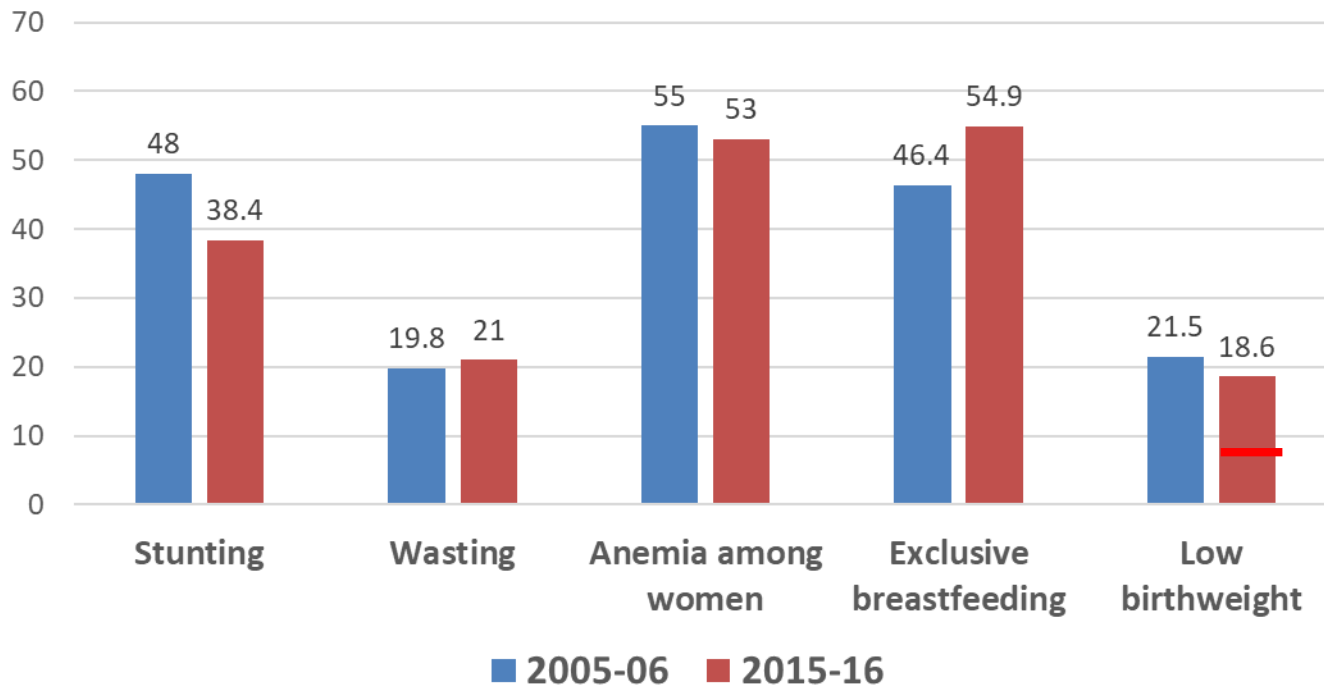
Toward a kuposhan mukt Bharat

Vinod Paul

MD, PhD, FAMS, FNASc, FASc, FNA

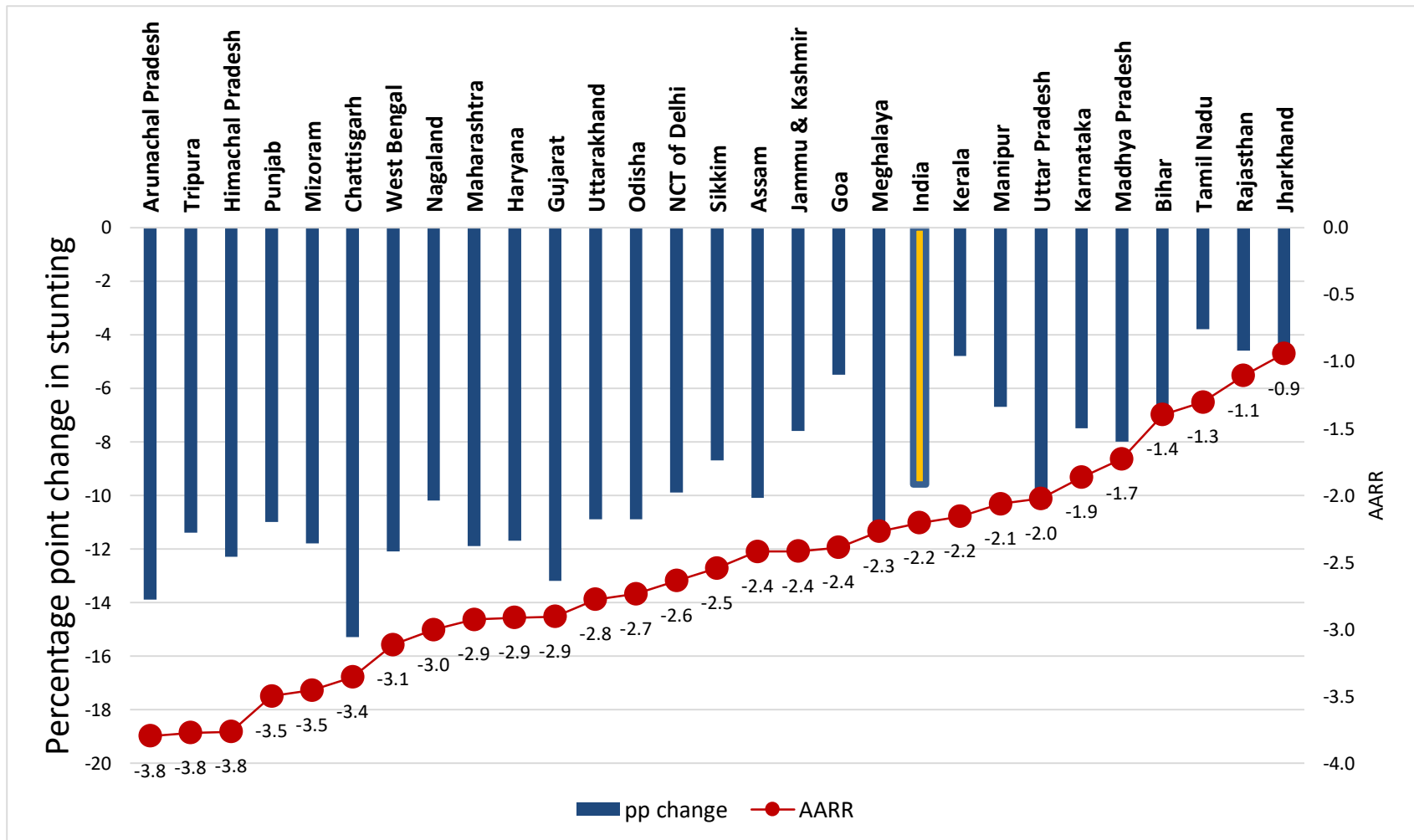
Member, NITI Aayog, Government of India

India continues to have a high burden undernutrition

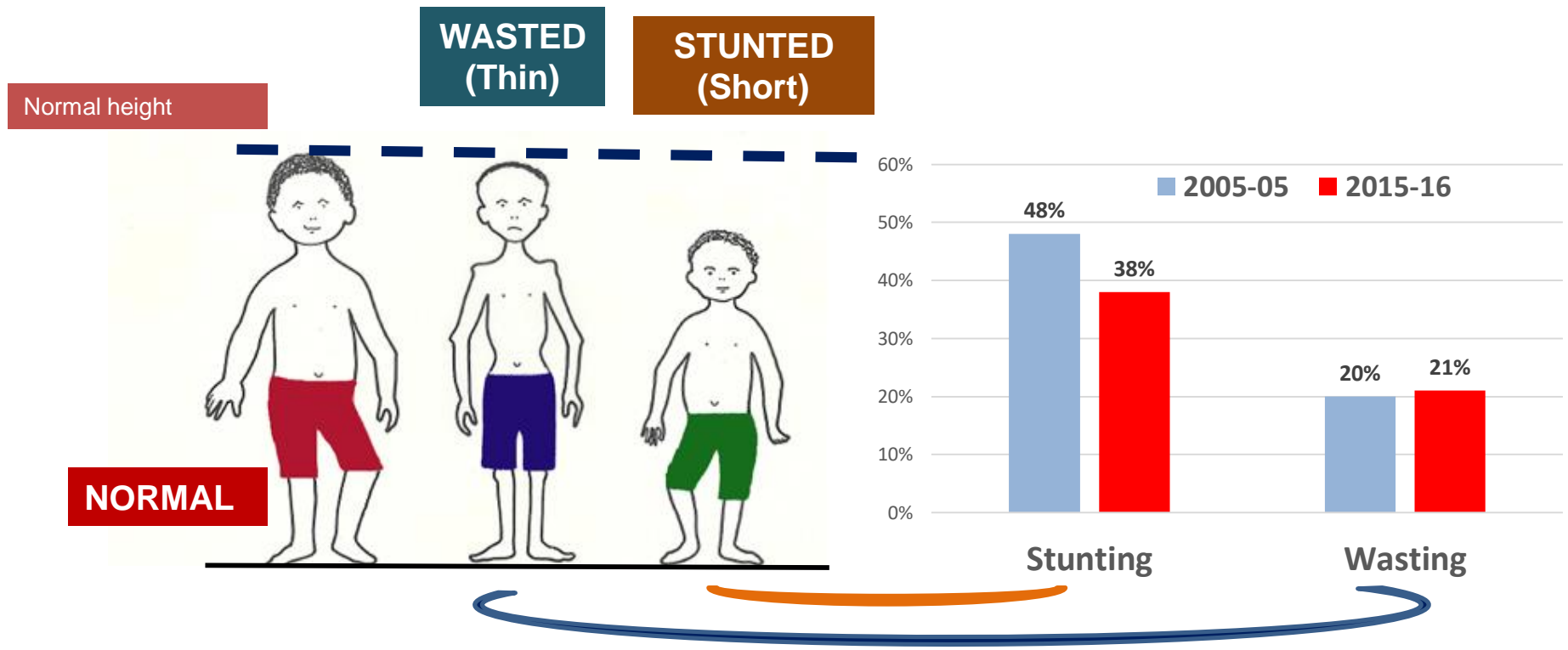


Source: NFHS-3; NFHS-4 and RSOC for low birth weight

Many states did better on stunting reduction than national average

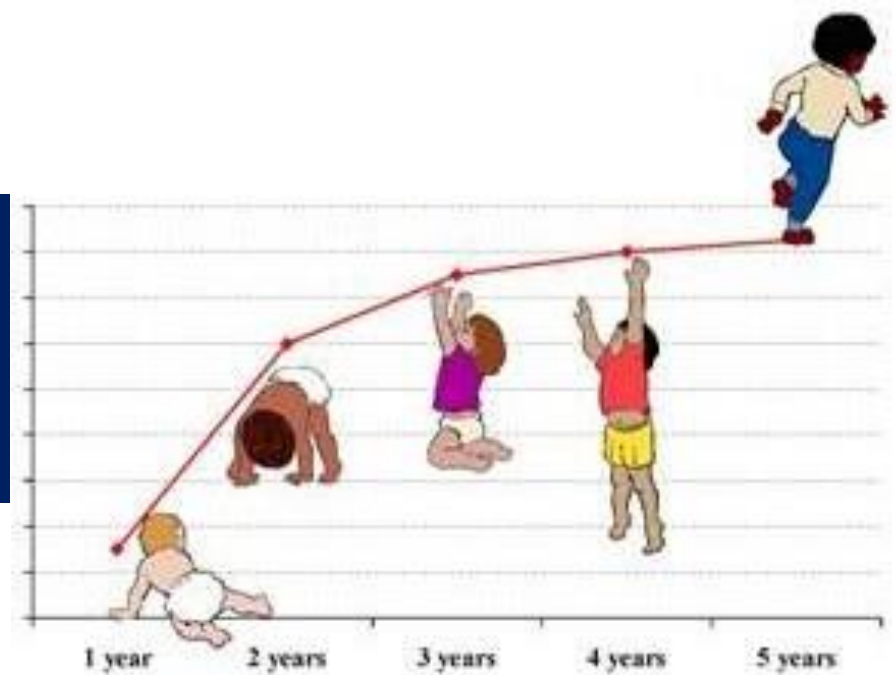


Some basics



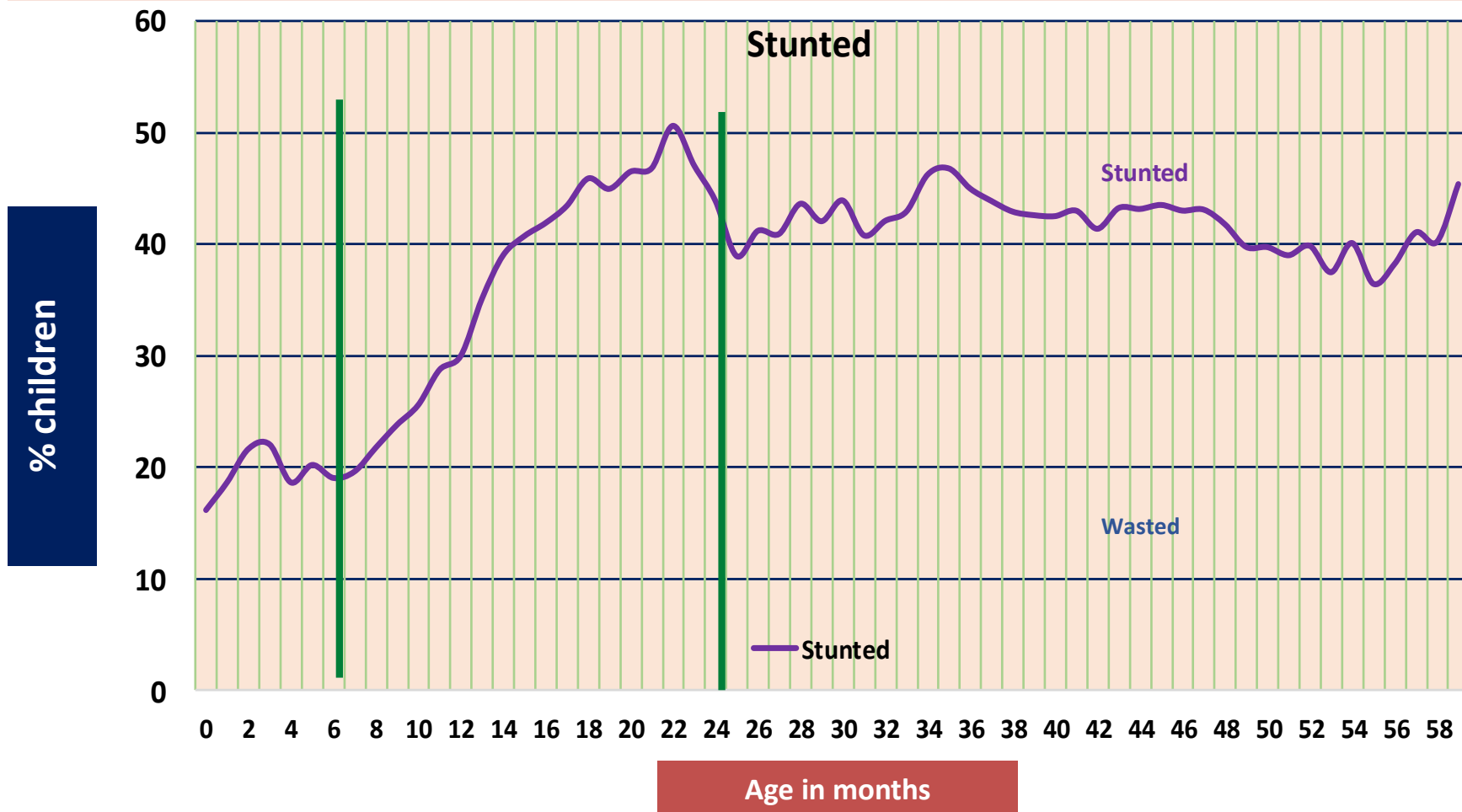
- GDP loss
- IQ loss
- Excess mortality
- Excess morbidity

First 1000 days of life are the key



UNDERNUTRITION TREND BY AGE

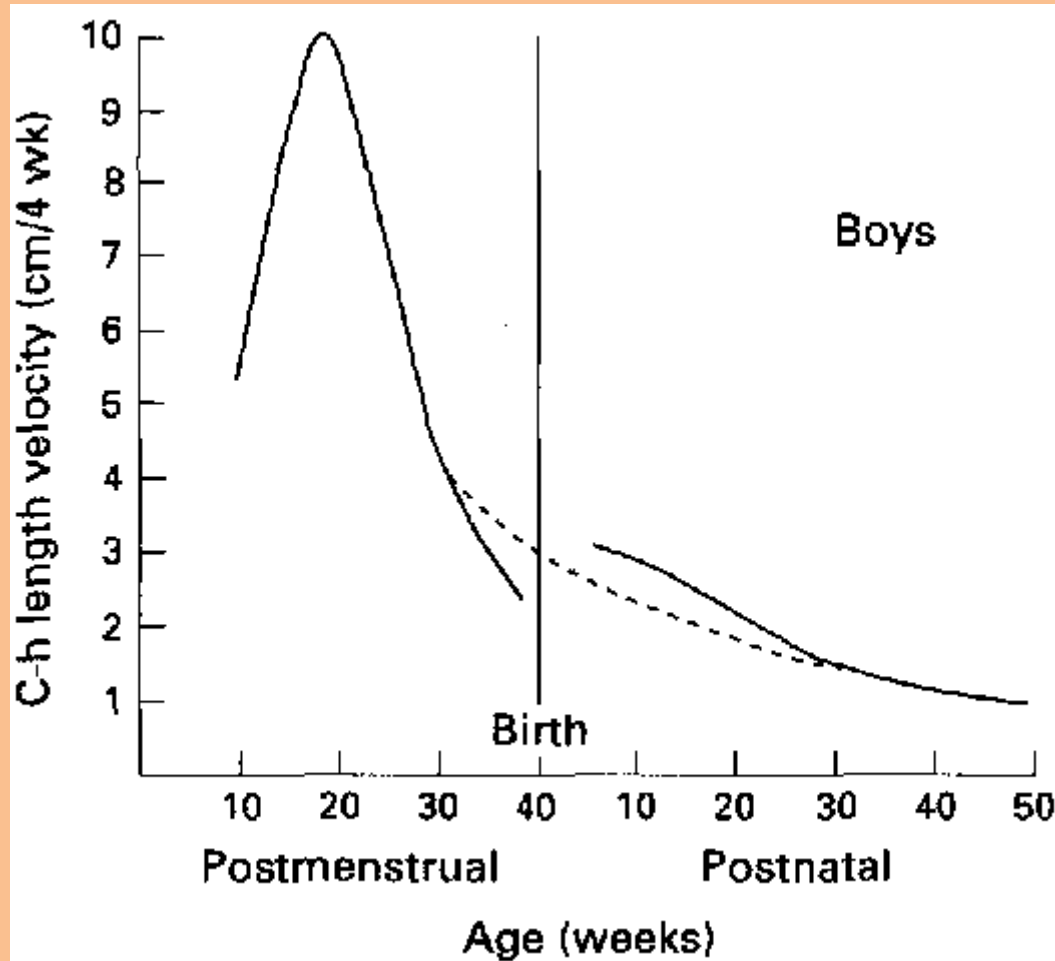
6 months to 24 mo crucial: adult height is set at 2 years of age of age



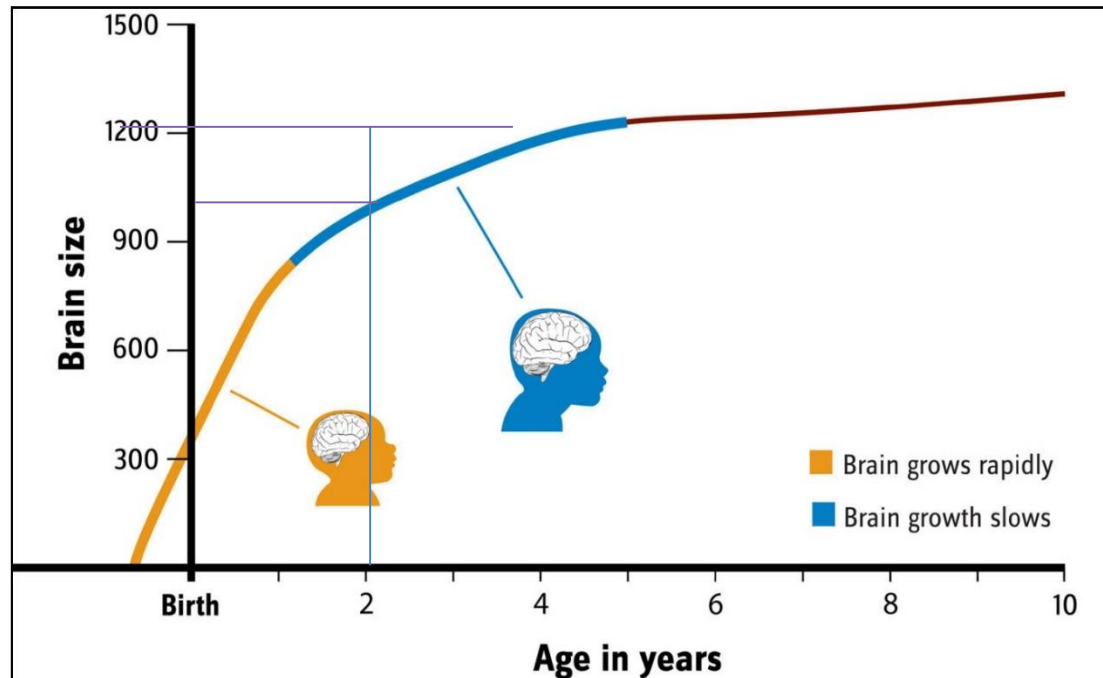
Height at 2 years determines productivity and income

NFHS 4: 2015-16

Length increase

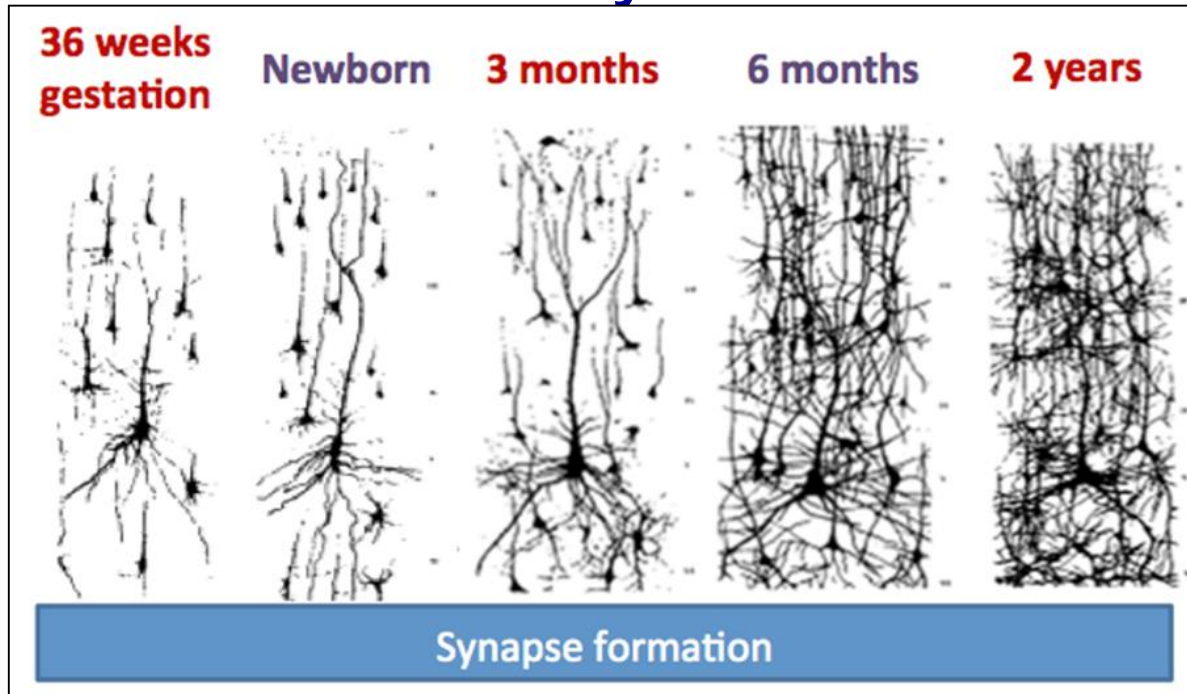


First 1000 days of life are the key



- **Period of rapid brain growth and maturation: 80% by 2 years**

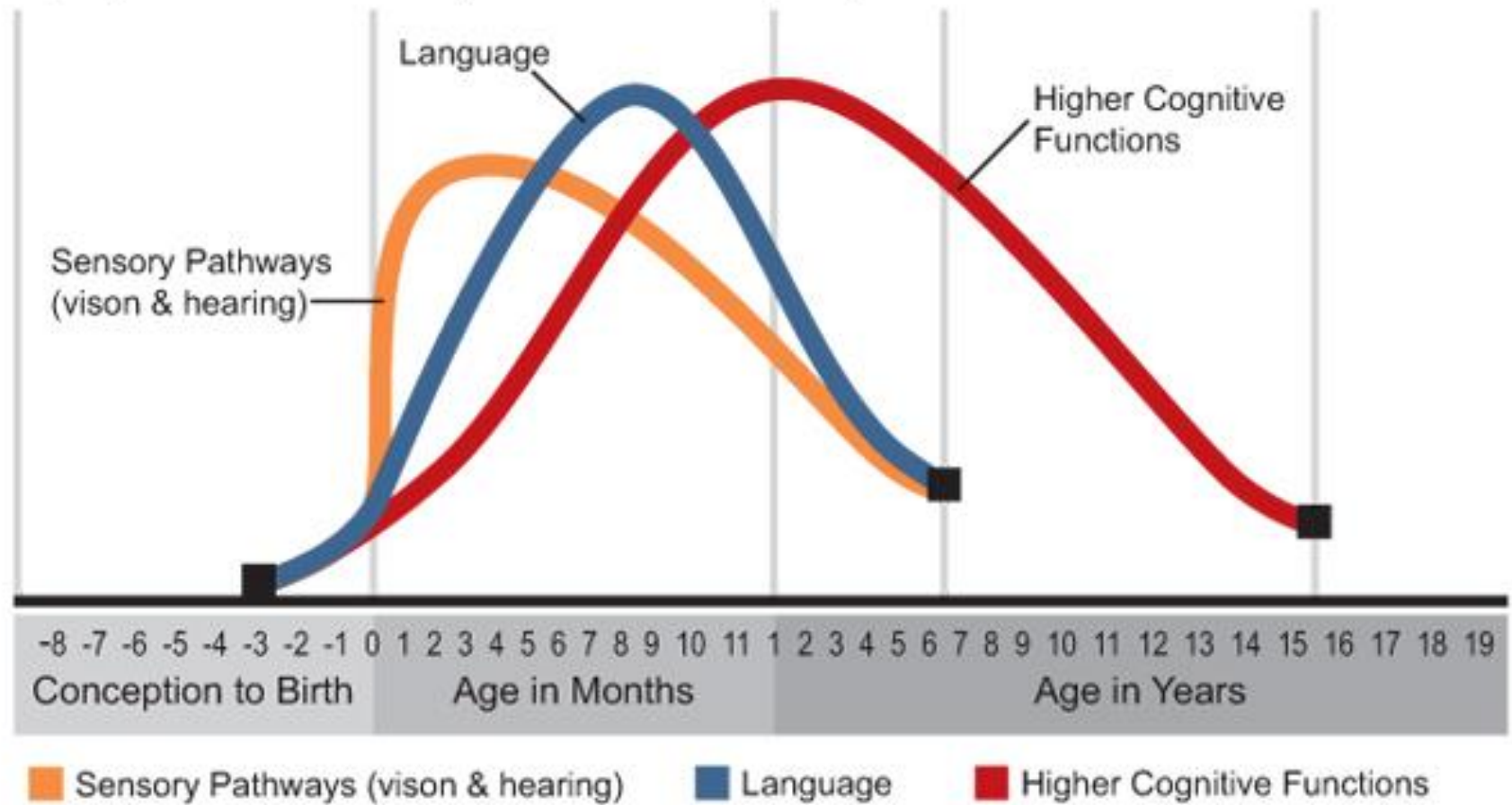
Building the brain in first 1000 days



- 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

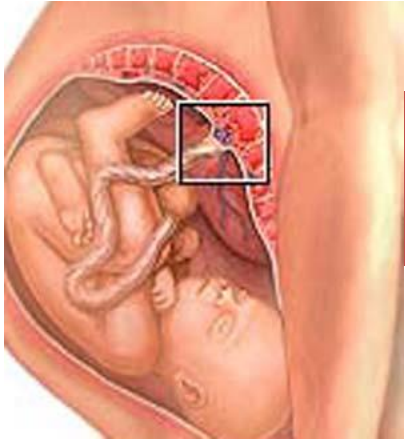
Synapse formation dependent on early experiences



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



Girl / adolescent / woman

1. **Care and education of the girl child:** Beti bachao, beti padao
2. **Adolescent girl care:** Food, micronutrients, healthcare, life style, preparation as adult
3. **Right age for child birth:** Marriage after 18 years, childbirth after 20 years
4. **Pre-pregnancy care:** Food, micronutrients, contraception
5. **Birth spacing:** Gap between births more than 3 years
6. **Antenatal care:** checks for complication detection, food, iron-folic acid, tetanus immunization, birth preparedness, treatment of complications
7. **Skilled birth attendance and emergency obstetric care:** Facility birth, emergency obstetric care

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

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

1	Total children covered	2431		2548		
A. Health status – Morbidity						
		N	%	N	%	p value*
1	Prevalence of diarrhoea in the last 2 weeks preceding the survey	2437	9.3	2548	13.9	0.0006
2	Prevalence of diarrhoea in the last one month preceding the survey	2437	15.1	2548	22.1	0.0001
B. Nutritional status - Anthropometric						
1	Children who were stunted (Height for age below -2SD WHO standard)	2393	33.7	2518	39.6	0.2595
2	Children who were wasted (Weight for height below -2SD WHO standard)	2380	21.7	2498	34.3	0.0000
3	Children who were underweight (Weight for age below -2SD WHO standard)	2433	28.3	2546	41.2	0.0001
4	Women whose Body Mass Index (BMI) was below normal (BMI < 18.5 kg/m ²)	1989	19.6	1997	29.0	0.2247

* 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

WASH interventions can eliminate 15% stunting

HEALTH / ICDS

- 1. Complete immunization:** Including rotavirus vaccine
- 2. Early detection and care of illness:** For diarrhea (including ORS and zinc), pneumonia (including antibiotics) and other illnesses; referral
- 3. Supplements:**
 - Iron –folic acid
 - Vitamin A supplementation
- 4. Deworming**
- 5. Early stimulation**

- **Swachh:**
Sanitation,
safe water,
Hand
washing,
toilet use
(mother)
and safe
disposal of
feces

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**

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

Give oral feeds
by cup/spoon/
paladai



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

दूध में रोटी

खिचड़ी

दूध में भावल

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

बच्चों के लिए आहार सम्बन्धित मुद्दाव की रूपरेखा कार्य सहायक पत्रिका

	6 महीने से छोटे	6 महीने से 1 साल	1 से 2 साल
स्तनपान	जन्म के तुरन्त बाद शुरू करें, 24 घंटे में कम से कम 8 बार लक्षर मिलाने केवल माँ का दूध दें	जारी रखें	जारी रखें
ऊपरी आहार		6 महीने पर नीचे दिए गए आहार में से 1/2 कटोरी आहार दिन में 3 बार दें (माँ के दूध के साथ साथ) या 5 बार दें (यदि बच्चा माँ का दूध न पीता हो)। धीरे-धीरे मात्रा बढ़ाकर 9 महीने की आयु तक 1 कटोरी आहार कर दें।	नीचे दिए गए आहार में से 1 1/2 कटोरी आहार दिन में 5 बार दें
बाह्य देना		बच्चे को रोध में बैठकर अपने हाथ से खाना मिलाने	बच्चे के पास बैठकर पूरा खाना खाने और साथ करने में मदद करें
सम्बद्धता		हर बार खाना मिलाने से पहले अपने और बच्चे के हाथ साबुन से लक्षर धोएं	हर बार खाना मिलाने से पहले अपने और बच्चे के हाथ साबुन से लक्षर धोएं
दीवार बच्चा	स्तनपान करते रहें	पहले की तरह ही सही मात्रा में सभी खाना मिलाने रहें	पहले की तरह ही सही मात्रा में सभी खाना मिलाने रहें

आहार सम्बन्धित मुद्दाव की सूची

- पीनी वाले बिना पानी मिले दूध में मसाली हुई रोटी या भावल या बैट व किचुट मिला कर दें
- सी या तेल मिली सजी दाल में मसाली हुई रोटी या भावल या बैट मिलाकर दें या सी या तेल मिली खिचड़ी दें। आहार में सब्जियाँ भी मिलाने।
- दूध में कनी बेकिंगी या दलिया या जलदा या सीर या दूध में कनी कुनरी छोड़ें दें
- उबले या लगे हुए आनु या बिना चिर्ब वाली आनु की सब्जी मसालकर दें
- केला या किचुट या पीन्डू या आम या ज्योला बीच बीच में दें
- 1 से 2 साल के बच्चों को पर में बना सब खाना मिलाने

जच्छा बच्छा काऊडे

बेहतर पोषण एवं स्वास्थ्य को और

स्तनपान और ऊपरी आहार सम्बन्धी तरीकों में सुधार

श्री का नाम _____
 पिता का नाम _____
 पता _____
 आसने का पता _____
 मोबाइल _____
 जन्म तिथि _____



Jhunjunu, Rajathan, March 8, 2018

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

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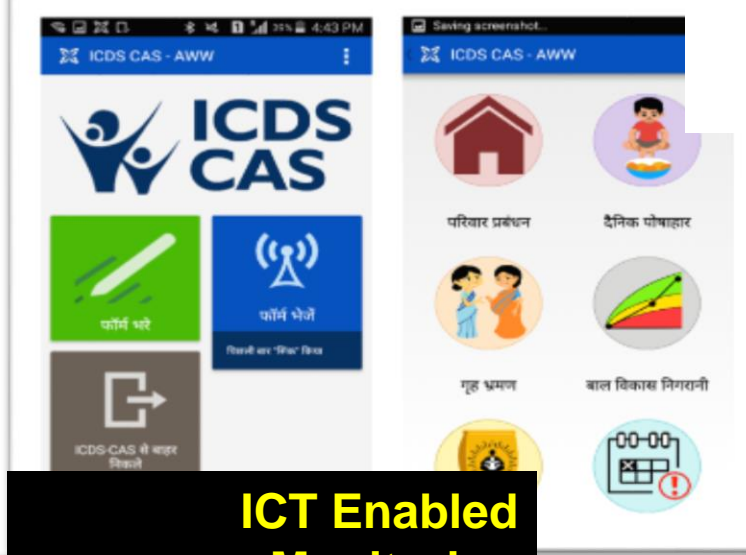
II. Use of Technology (ICT)

III. Real convergence

IV. 'Jan Andolan'



Nutritious Food



ICT Enabled Monitoring

Under POSHAN Abhiyaan



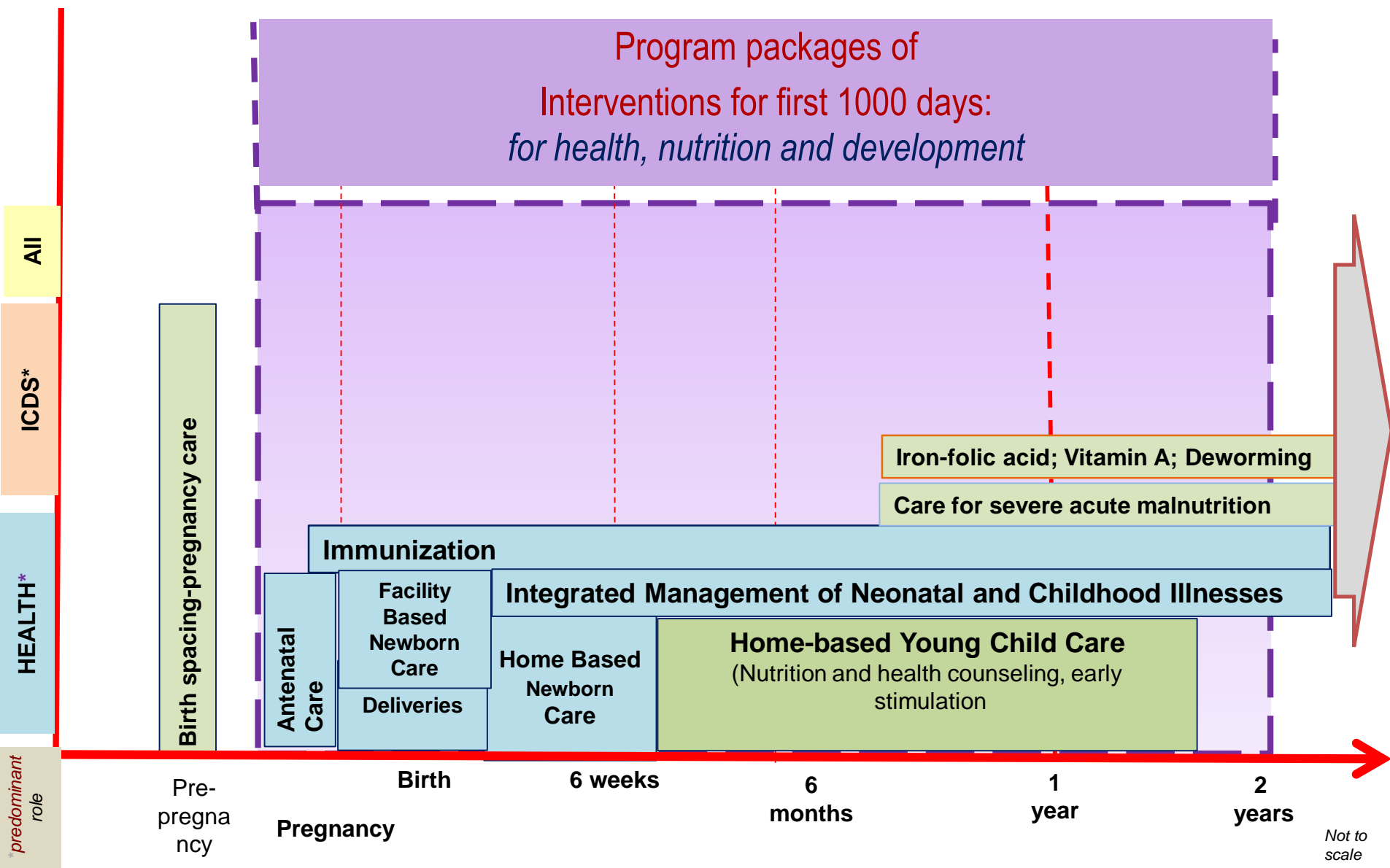
Take Home Ration



BCC/ Counselling



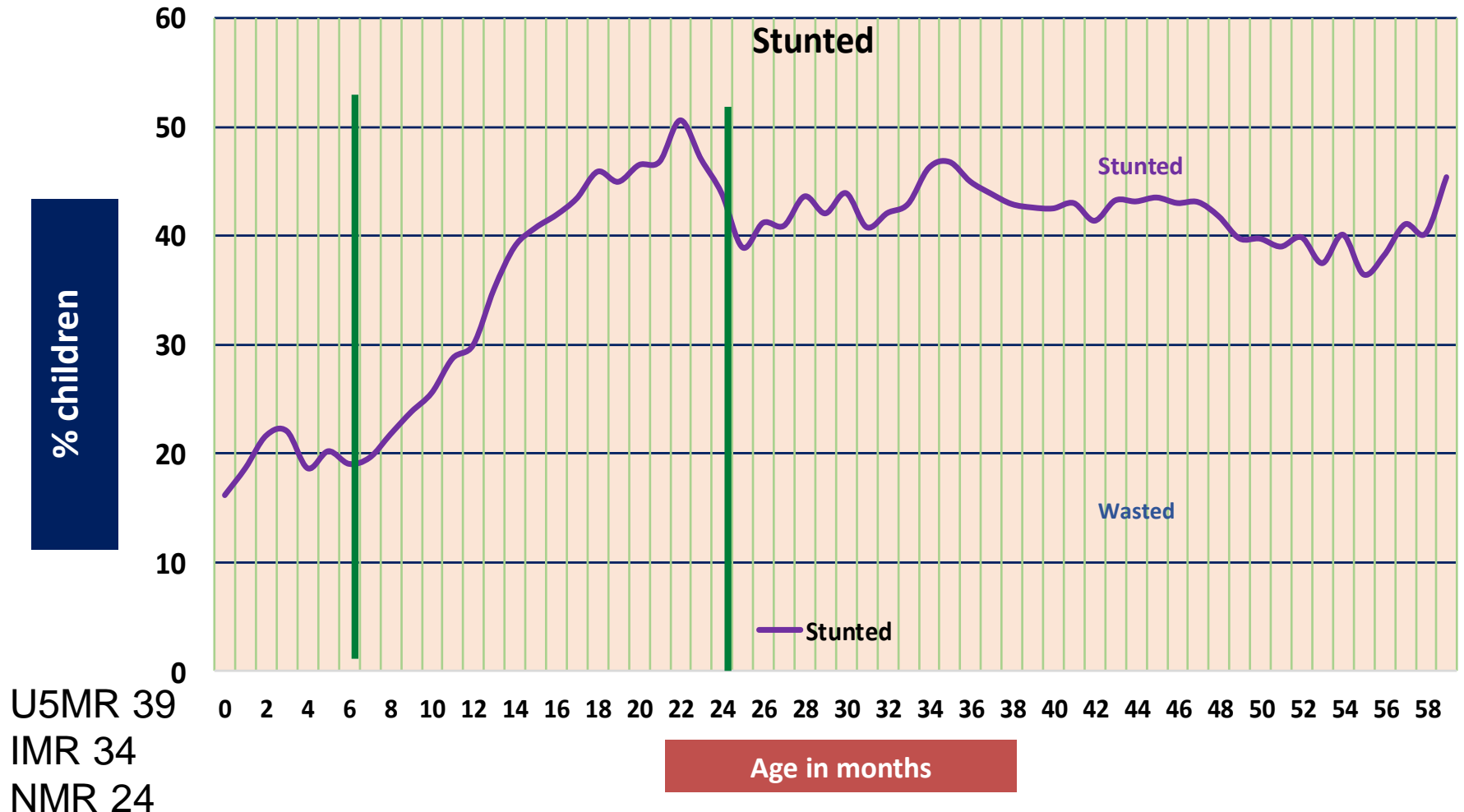
Growth Monitoring



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

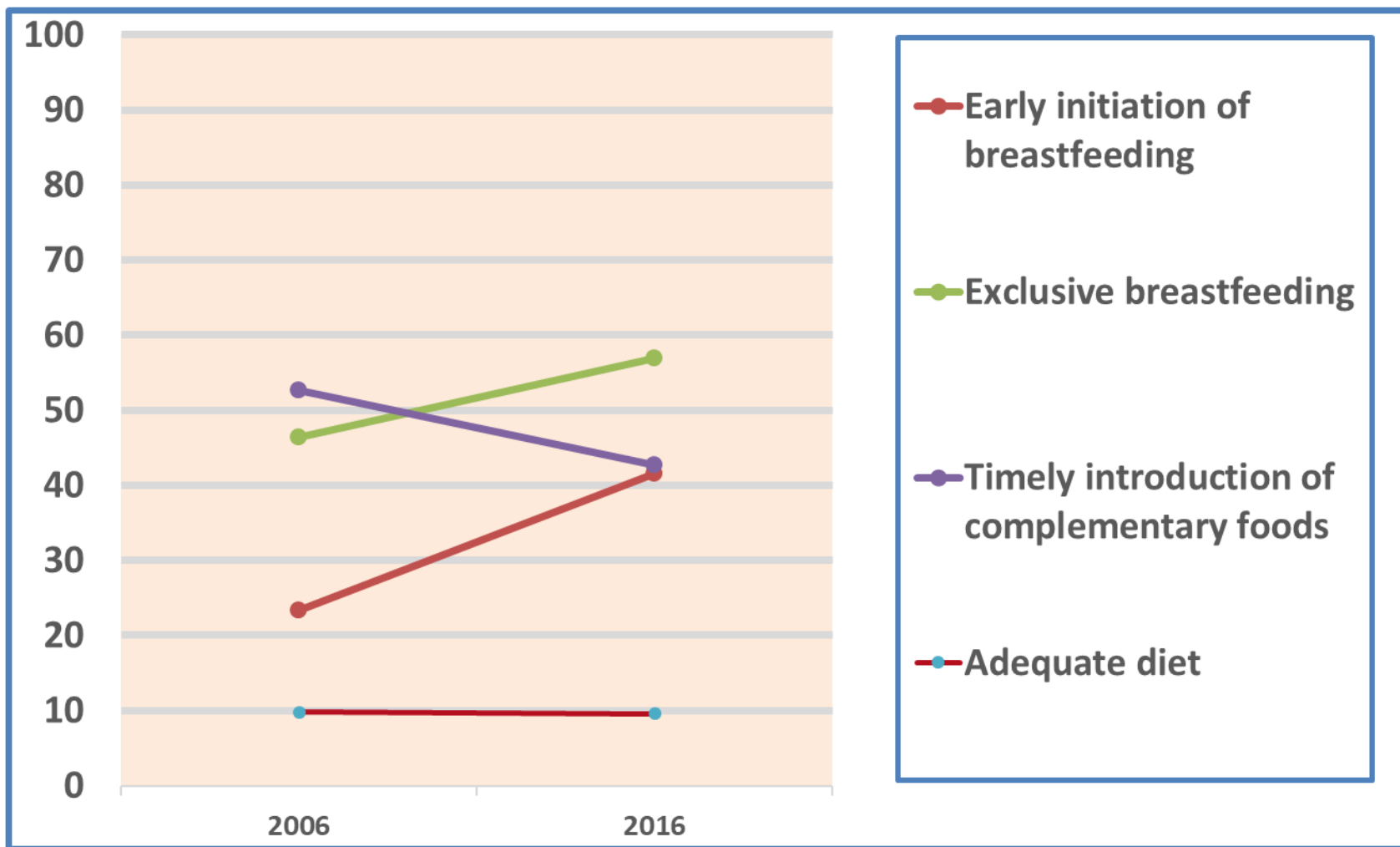
6 months to 24 mo crucial: adult height is set at 2 years of age of age



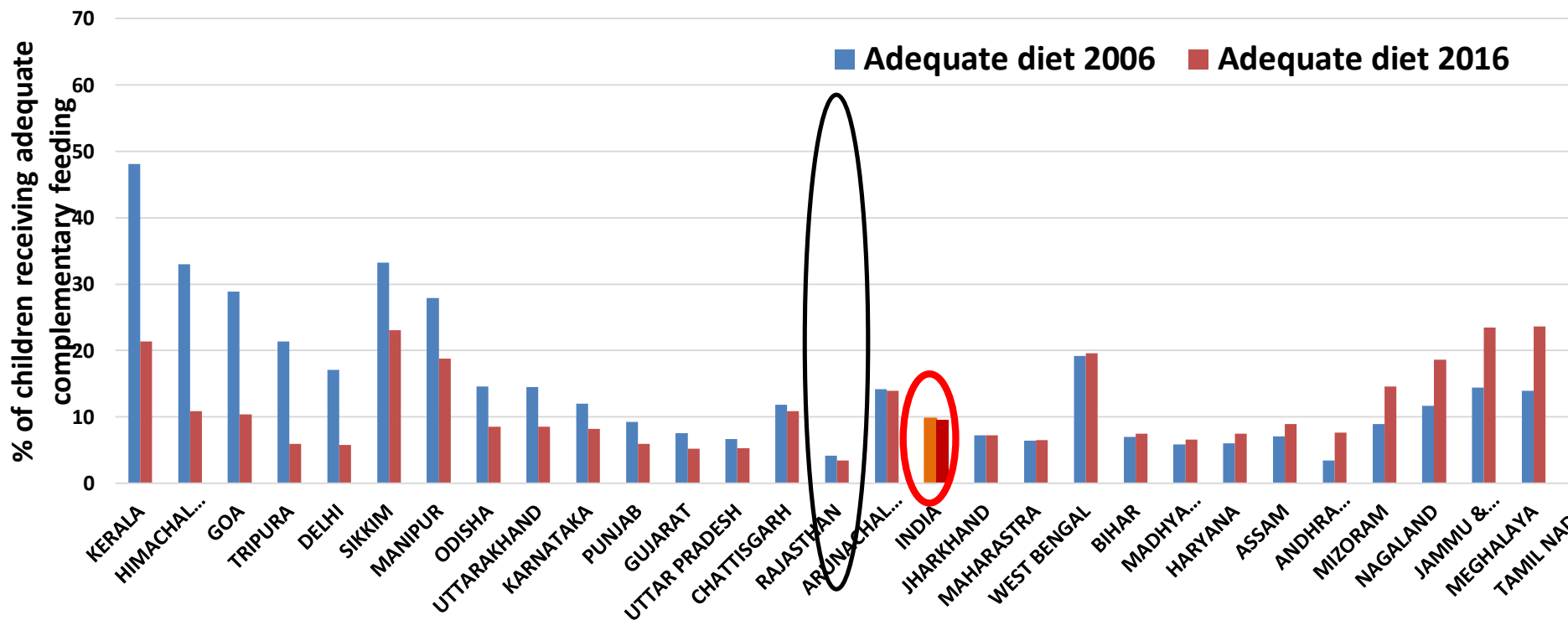
Height at 2 years determines productivity and income

NFHS 4: 2015-16

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



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



HOME BASED NEWBORN CARE Operational Guidelines (Revised 2014)



Ministry of Health and Family Welfare
Government of India



2.2 Key activities in HBNC

The key activities in HBNC constitute the provision of:

1. Care for every newborn through a series of home visits by a ASHA in the first six weeks of life. In most state contexts this health worker is the ASHA.
2. Information and skills to the mother and family of every newborn to ensure better health outcomes.
3. An examination of every newborn for prematurity and low birth weight.
4. Extra home visits for preterm and low birth weight babies by the ASHA or ANM, and referred for appropriate care as defined in the protocols.
5. Early identification of illness in the newborn and provision of appropriate care at home or referral as defined in the protocols..
6. Follow up for sick newborns after they are discharged from facilities.
7. Counselling the mother on postpartum care, recognition of postpartum complications and enabling referral

- 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

Give oral feeds
by cup/spoon/
paladai

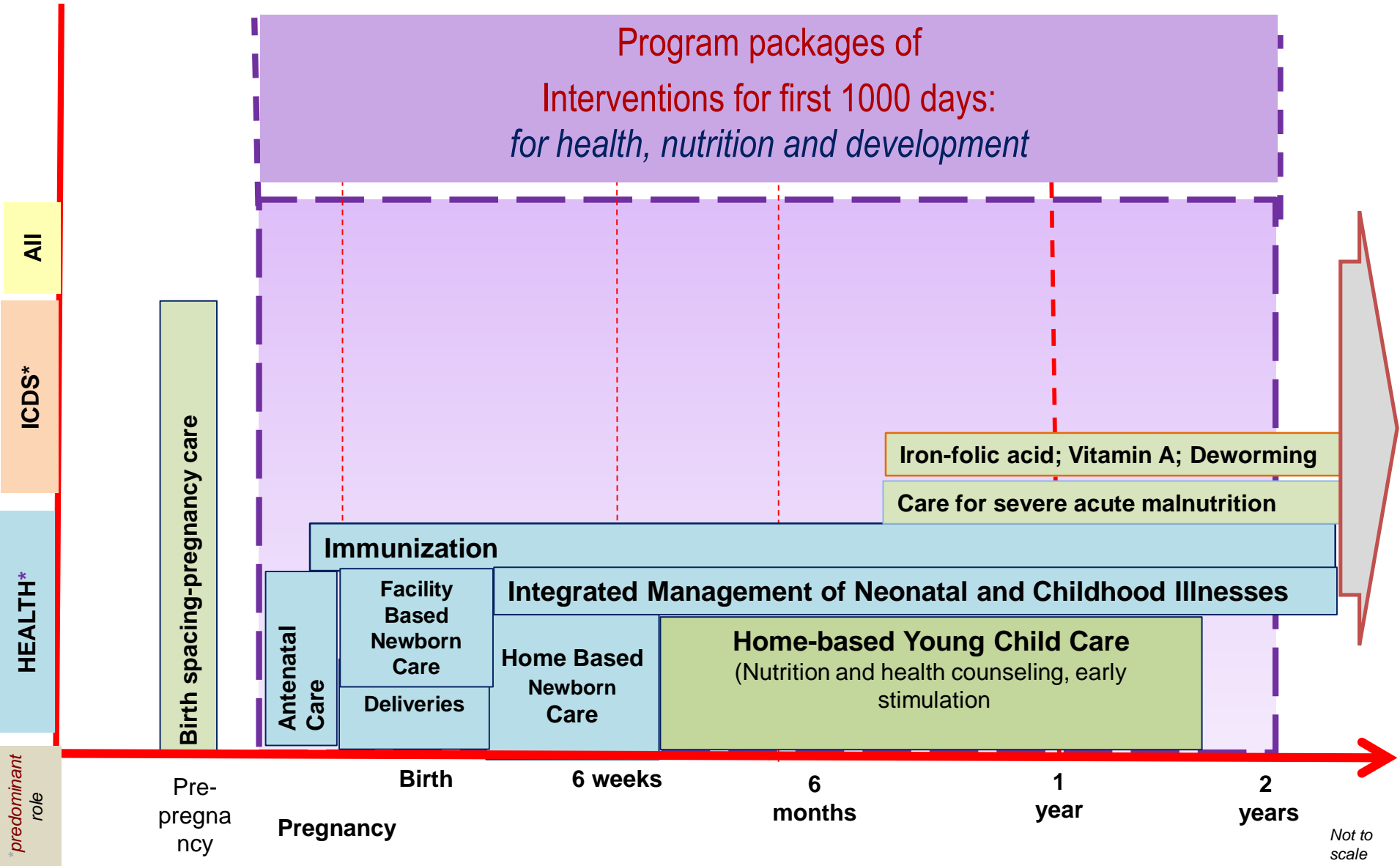


New program under
POSHAN Abhiyan

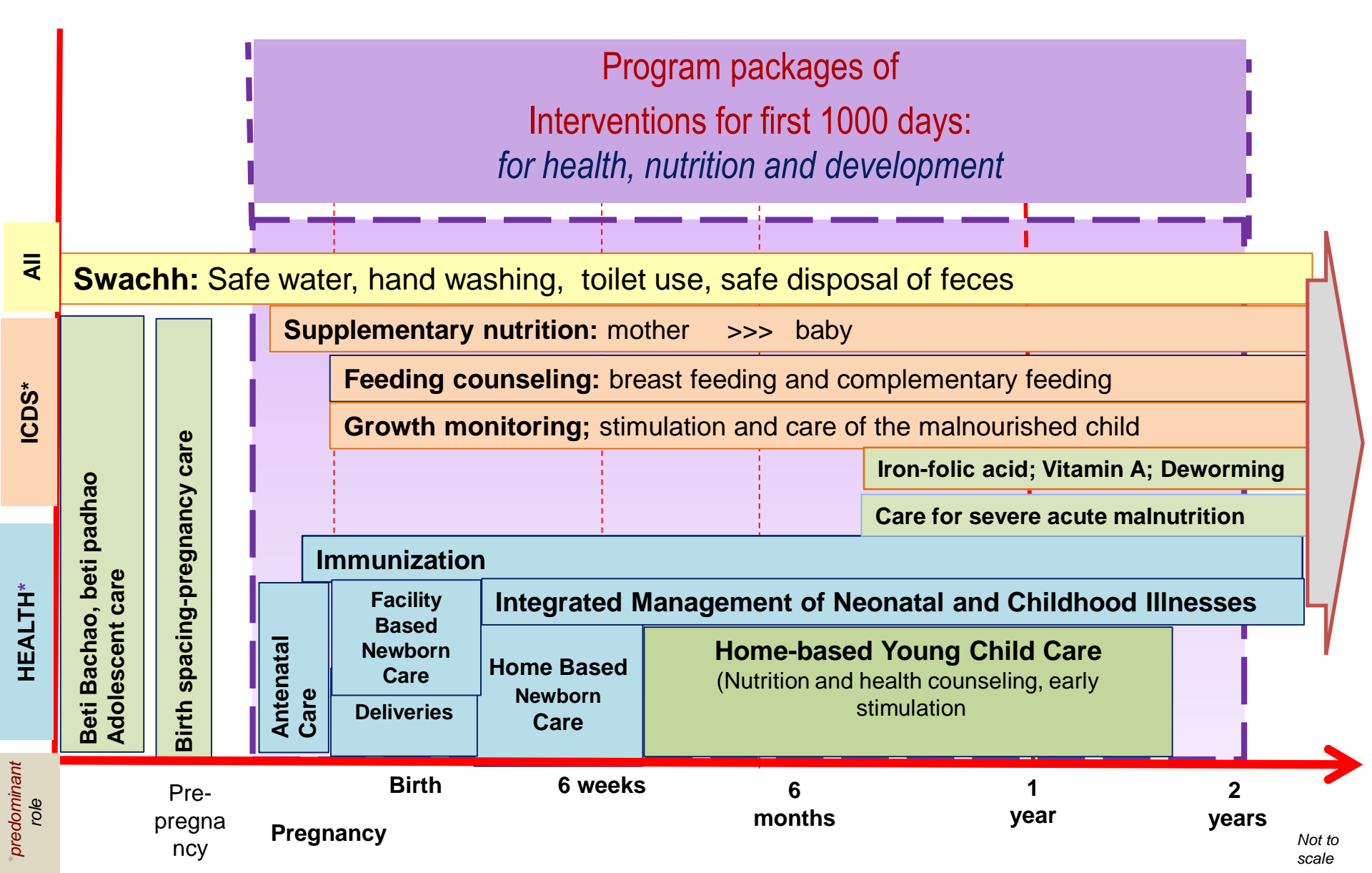
Home Based Young Child Care (HBYC)

Home Visits
by **ASHAs**
supported by
AWWs:
3 months to 15
months





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)



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Jan Andolan

Poshan Maah
September 2018



Ministry of Women and Child Development
Government of India



#PoshanMaah

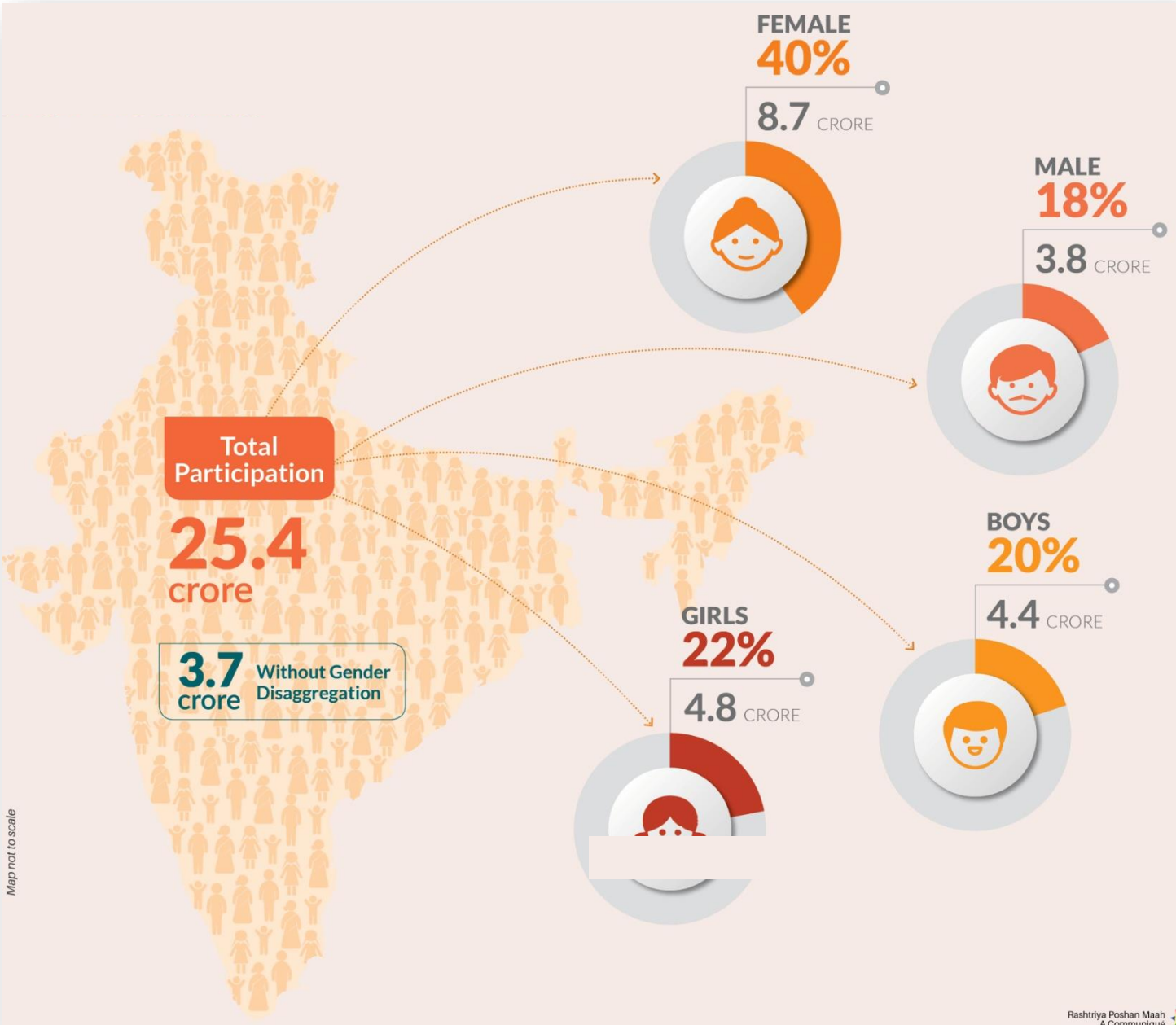


Progress Report



Total Participants

25.4 Crore



Map not to scale

Activities

Select

Themes

Select

From

01-09-2018

To

02-10-2018



State

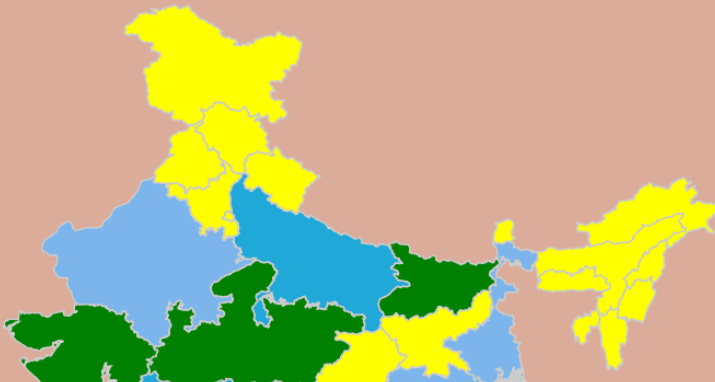
Select

District

Select

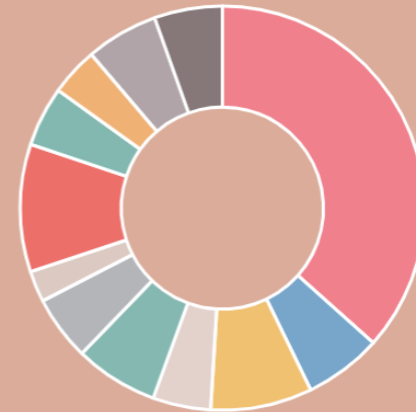
GO

PERFORMANCE BY ACTIVITIES



THEMES

- Poshan (Overall Nutrition)
- Breastfeeding
- Compl. Feeding
- Immunisation
- Growth Monitoring
- Food Fortification & Micronutrients
- Diarrhoea
- Hygiene, Water, Sanitation
- Anemia
- Adolescent Ed, Diet, Age of Marriage
- Antenatal Checkup
- ECCE



PARTICIPATION

27,82,35,769 *

Total Participation

Adult



Male

4,23,26,550





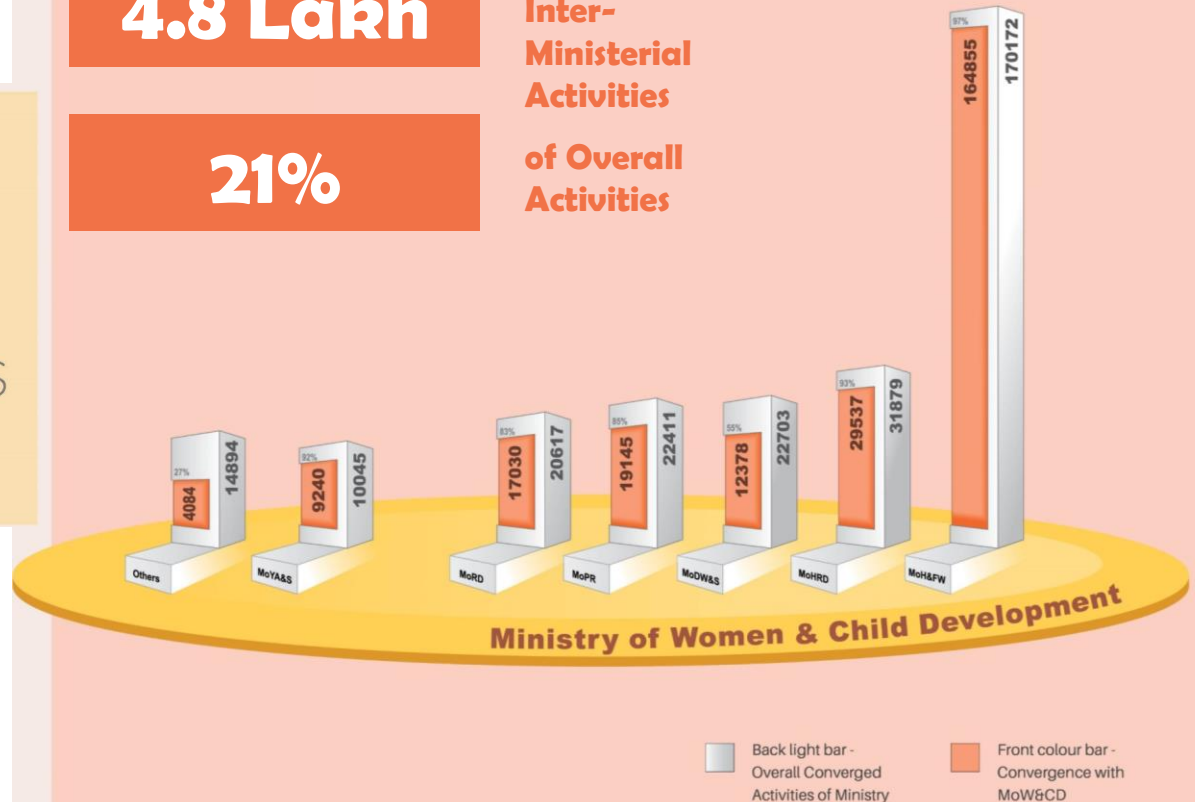
Convergence

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

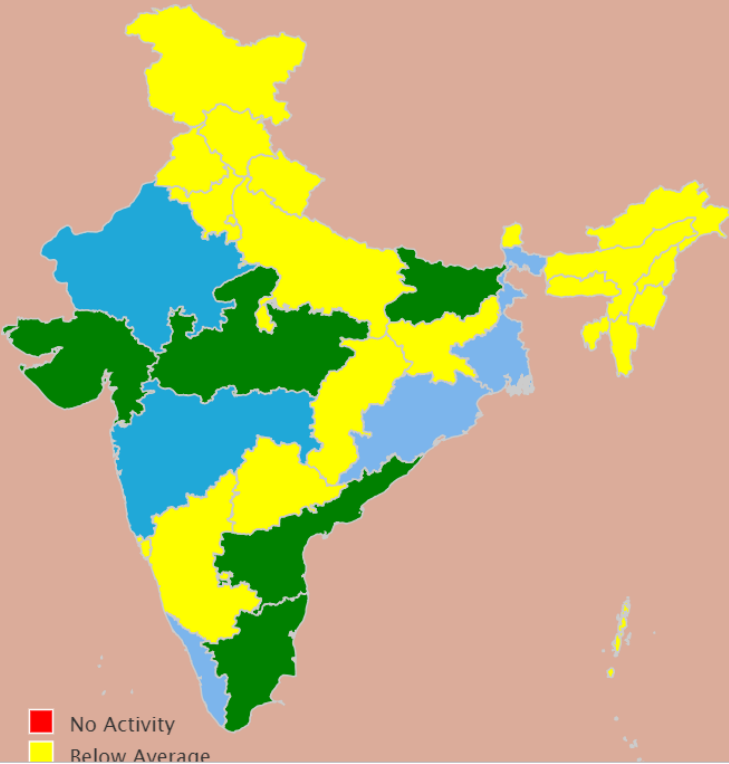
4.8 Lakh

21%

**Converged
Inter-
Ministerial
Activities
of Overall
Activities**

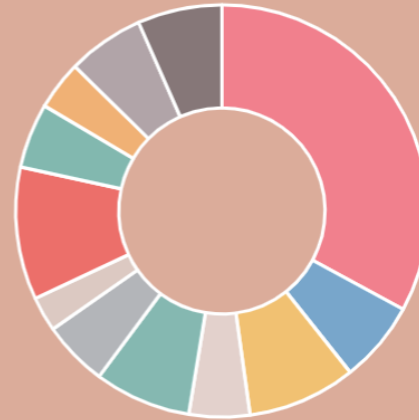


PERFORMANCE BY ACTIVITIES



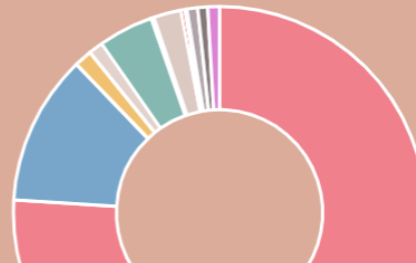
THEMES

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- ECCE



MINISTRIES

- MoW&CD
- MoHFW
- MoDW&S
- MoPR
- MoRD
- MoHUA
- MoHRD
- MoIR
- MoA&FW
- FSSAI



PARTICIPATION

38,14,96,733 *

Total Participation

Adult



Male

6,04,50,688



Female

12,91,29,787

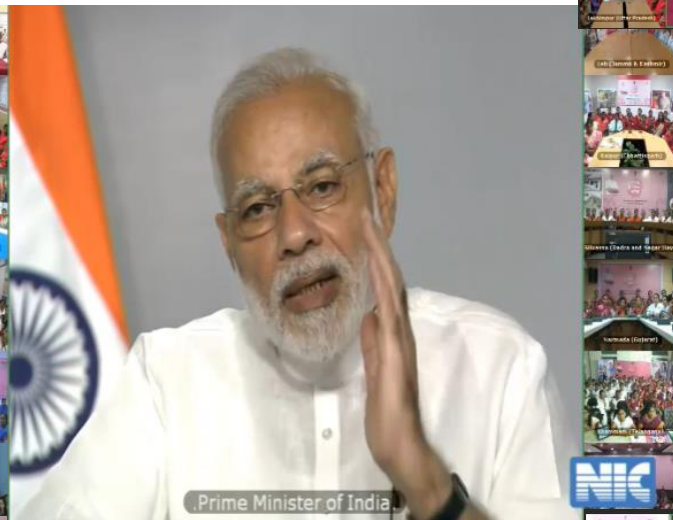
Child



Male

6,86,03,689





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

