TRANSFORMATION OF BACKWARD DISTRICTS

CHALLENGES AND BROAD STRATEGY FOR 115 DISTRICTS

JANUARY 4, 2018
NATIONAL NUTRITION MISSION

SUSTAINABLE EFFORTS TOWARDS PREVENTING & REDUCING UNDER-NUTRITION AND OTHER RELATED PROBLEMS IN INDIA

SUPOSHIT BHARAT
NATIONAL NUTRITION MISSION

- Launch: **Scheduled shortly**
- All States and Union Territories- Targeted in a phased manner

<table>
<thead>
<tr>
<th>Year</th>
<th>States/districts to be covered</th>
</tr>
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<tbody>
<tr>
<td>2017-18</td>
<td>315 common districts identified in the descending order of prevalence of stunting from amongst 201 districts identified by NITI Aayog on the basis of National Family Health Survey-4 data, 162 SSNIP districts and 106 districts of Scheme for Adolescent Girls.</td>
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<tr>
<td>2018-19</td>
<td>235 districts based on the status of under-nutrition in various States/UTs to be identified generally based on prevalence of stunting.</td>
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<tr>
<td>2019-20</td>
<td>Remaining districts of all 36 States/UTs.</td>
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Nutrition in India: The BIG Picture

• Current nutrition levels – biggest development challenge
• It has implication for current as well future generation
• Improvement in last decades, but below acceptable standards
• Many well funded programmes: Funding is not critical problem
• Detailed deliberations over last two years
  o WCD consultation with States and stakeholders
  o NITI consultation and strategy paper
  o CEA special consultation on nutrition
Current Status: Snapshot

• One in every 2 women is Anaemic
• One in every 3 children is Stunted
• One in every 3 children is Malnourished
• One in every 5 children is Wasted
• Moreover,
  o 37 of 1000 babies do not complete one year
  o There are 167 maternal deaths per 1,00,000 live birth
Districts with Highest Prevalence of Child Stunting

Range: 41.7% to 65.1%

<table>
<thead>
<tr>
<th>State</th>
<th>No. of districts</th>
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<tbody>
<tr>
<td>Uttar Pradesh</td>
<td>53</td>
</tr>
<tr>
<td>Bihar</td>
<td>36</td>
</tr>
<tr>
<td>Madhya Pradesh</td>
<td>27</td>
</tr>
<tr>
<td>Jharkhand</td>
<td>17</td>
</tr>
<tr>
<td>Rajasthan</td>
<td>11</td>
</tr>
<tr>
<td>Gujarat</td>
<td>10</td>
</tr>
<tr>
<td>Karnataka</td>
<td>9</td>
</tr>
<tr>
<td>Odisha</td>
<td>8</td>
</tr>
<tr>
<td>Maharashtra</td>
<td>7</td>
</tr>
<tr>
<td>Assam</td>
<td>5</td>
</tr>
<tr>
<td>Chhattisgarh</td>
<td>5</td>
</tr>
<tr>
<td>Meghalaya</td>
<td>4</td>
</tr>
<tr>
<td>Haryana</td>
<td>2</td>
</tr>
<tr>
<td>West Bengal</td>
<td>2</td>
</tr>
<tr>
<td>Andhra Pradesh</td>
<td>1</td>
</tr>
<tr>
<td>Arunachal Pradesh</td>
<td>1</td>
</tr>
<tr>
<td>Jammu &amp; Kashmir</td>
<td>1</td>
</tr>
<tr>
<td>Nagaland</td>
<td>1</td>
</tr>
<tr>
<td>Sikkim</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>201</strong></td>
</tr>
</tbody>
</table>

Source: NFHS-4, 2015-16
Goal and Objectives

Prevent and reduce Stunting in Children (0-6 years) @2% per annum

Prevent and reduce Under-nutrition (Underweight prevalence) in Children (0-6 years) @2% per annum

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

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

Reduce the prevalence of Anaemia amongst Women and Adolescent Girls (15-49 years) @3% per annum
Key initiatives to reduce Malnutrition...What are we doing?

- Food – accessible and affordable – NFSA, mid-day meals, supplementary nutrition under ICDS
- Water and Sanitation – NRDWP and Swachh Bharat
- Compensate wage loss during pregnancy – Pradhan Mantri Matru Vandana Yojana
- Full immunization – Mission Indradhanush and roll out of Rotavirus (9 States) and Pneumococcal vaccines (3 States)
- Deworming initiative
- Initiation of Early Breastfeeding – MAA National Breastfeeding Programme
- Delaying the age of marriage and ensuring gap between pregnancies – Beti Bachao Beti Padhao and National Health Mission IEC
- Weekly Iron Folic Acid (IFA) Supplementation
What are the gaps?

- Priority- If malnutrition is defined as a priority, States, Districts will devise local strategies

- Data- 10 year gap between NFHS 3 and NFHS 4- we need credible year-on-year data

- Technical Support for emerging issues- decision just taken to set-up a group under Member NITI Aayog

- Monitoring systems-Manual- therefore Aanganwadi or District level data us never analyzed for real time interventions.

- Incentives- At this point, incentives aligned to procuring and serving food, not reducing malnutrition.
**ICDS System Strengthening – Improved Service Delivery**

**Growth Monitoring**
- Early registration & weight monitoring during pregnancy - mother
- Monthly Weight
- Quarterly Height / Length
- Auto Growth Plotting
- Negative Growth – SMS Alerts

**Convergence – Service Delivery**
- Immunization
- Institutional Delivery
- Drinking Water + Sanitation
- Monthly VHSND
- Efficient Service Delivery

**Use of Information & Communication Technology (ICT)**
- Real Time Monitoring
- 6-Tier Dashboard
- Convergence – ICDS + Health + Water & Sanitation
- Nutrition Mapping
- Data Analysis – Connecting Gaps

**Infant & Young Child Feeding (IYCF) Promotion**
- Behaviour Change
- Multi-media creatives
  - Exclusive breastfeeding
  - Early initiation of breastfeeding
  - Complementary feeding
Use of ICT Interventions for addressing Under nutrition

Ministry of WCD has rolled out ICT interventions to strengthen the Service Delivery System and create mechanism for Real Time Monitoring (RTM) for nutritional outcomes.
### Structure of National Council on Nutrition Challenges

- **National Council on India’s Nutrition Challenges** is proposed as per following structure:

<table>
<thead>
<tr>
<th>Chairman</th>
<th>• Vice Chairman (NITI Aayog)</th>
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</thead>
</table>
          | • State Chief Ministers (5 on 2 years rotation basis)  
          | • CEO (NITI Aayog)  
          | • Secretary – Health Research & DG, ICMR |
| Member Convenor | • Secretary (MWCD) |
| Special Invitees | • Secretary – DoFP, DoE, MHF&W, MDW&S, DoRD, MoUD, MoIB, MoPR  
                  | • Chairman – FSSAI  
                  | • Director – NIN |

- National Council will submit the progress report to the Prime Minister on a **bi-annual basis**
Course of Action

NITI AYOG / MWCD to be Driver

- Launch National Nutrition Mission
- Involve CMs of key States who under chairmanship of the Vice-Chairman, NITI Ayog to provide guidance to this Mission

State Level Convergence Committee
Headed by Chief Secretary

| Secretary, WCD | Secretary, Health | Secretary, Water & Sanitation |

District Level Convergence Committee
Headed by District Collector

| District Programme Officer-ICDS | District Medical Officer-Health | District Officer-WASH & ODF |
## INITIATIVES FROM STATES

<table>
<thead>
<tr>
<th>State</th>
<th>Details of the Initiative</th>
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</table>
| Assam         | • Adolescent girls groups: Formed and trained to develop Kitchen Gardens  
• Pratham Aahar: Create awareness among community about the benefits of timely initiation of complementary feeding. |
| Chhattisgarh  | **Nava Jantan**  
• Scheme initiated in January 2012 with involvement from SHGs; Mahila Mandals & corporate organizations.  
• Includes: Identification of severe malnourished children and ensuring required services (advice/referral/medicine etc.) under Mukhyamantri Bal Sandarbh Yojna |
|               | **Vajan Tyohar**  
• Organized on the same day at all the AWCs in the state.  
• Coverage: All children up to 5 years of age  
• Goal: To identify malnourished children. Apart from weight, height and MAUC is also taken. |
### INITIATIVES FROM STATES

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| Gujarat       | **Doodh Sanjeevani Yojna**  
  • Initiated in collaboration with Tribal Department in 10 blocks of 6 tribal districts.  
  • 100 ml flavored; double toned pasteurized milk: Provided to children 3-6 yrs twice a week.  
  **Third Meal**  
  • Provided to moderate and severely underweight children among 3-6 years to increase calorie and protein for weight gain among those children.  
  **Mobile Anganwadis**  
  • Thirty Six Mobile Anganwadis operational in all districts of Gujarat  
  • Supplementary Nutrition provided: Beneficiaries of NREGA, children of Agariya - migrant workers from Balmandir - children, pregnant women, nursing mothers and adolescent girls. |
| Karnataka     | **Mathrupoorna Scheme**: Designed to meet the nutritional needs of pregnant and lactating women in rural areas, provided with one nutritious meal daily for 25 days in a month |
| Tamil Nadu    | Mothers of children coming to AWC: Encouraged to send their children with one vegetable each and drop it in a common container, used while cooking meals at AWC. |
## MOVING TOWARDS PRIORITIZING NUTRITION

<table>
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<tr>
<th>Focus Areas</th>
<th>Action Point</th>
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<tr>
<td>Quarterly Review Meeting</td>
<td>Dedicated focus on improving nutritional outcomes: 10th January/10th April/10th July &amp; 10th October</td>
</tr>
<tr>
<td>National De-worming Day</td>
<td>Targeted intervention to improve overall well-being of children- Next round on 10&lt;sup&gt;th&lt;/sup&gt; February, 2018</td>
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<tr>
<td>Mahila Shakti Kendras</td>
<td>Promoting the convergent model for women empowerment</td>
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<tr>
<td>National Nutrition Mission</td>
<td>Formal launch scheduled shortly</td>
</tr>
<tr>
<td>Emphasizing convergence</td>
<td>MoWCD + MoHFW + MoDWS</td>
</tr>
<tr>
<td>Beti Bachao Beti Padhao Scheme</td>
<td>Pan- India expansion</td>
</tr>
</tbody>
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THANK YOU