

# POSHAN ABHIYAN : TOWARDS HOLISTIC NUTRITION

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Acknowledging malnourishment as a major challenge, POSHAN Abhiyaan was launched by the Prime Minister in March, 2018 with the aim of improving nutritional outcomes for children, pregnant women and lactating mothers. It is an ambitious Mission that targets prevention and reduction of undernutrition across the life cycle - as early as possible, especially during the first two years of life. Through a targeted approach, technological interventions and convergence, the program strives to address malnutrition holistically.

In the last decade, India has made some improvements in tackling malnutrition. For instance, stunting has declined from 48% in 2005-06 to 38.4% in 2015-16. Similarly, underweight prevalence has reduced by 0.68 percentage points from NFHS-3 to NFHS-4. However, gaps remain. According to the National Family Health Survey-4 (NFHS-4), over one-third of all under-five children are stunted (low height for age), every fifth child is wasted (low weight for height), and more than 50% children are anaemic. Further, half of women in the reproductive age-group are anaemic and only 10% of children between the ages of 6 and 23 months are receiving an adequate diet.

A 2017 report published by Save the Children indicates that over two-third of the world's stunted children live in 10 countries. In this list of 10 countries, India is ranked at number 1 with an estimated 48.2 million stunted children.<sup>1</sup>

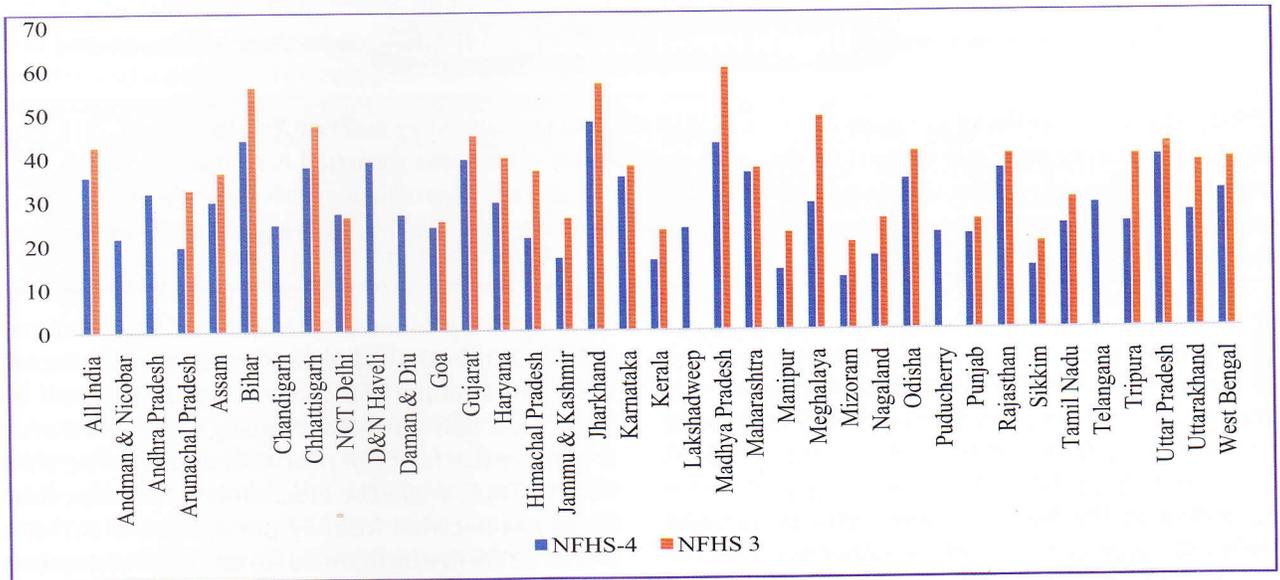
A World Bank estimate<sup>2</sup> indicates reducing

stunting in the country can raise the GDP of India by 4-11%. On the other hand, the Global Nutrition Report estimates a return USD 16 for every USD 1 spent on health and nutrition.<sup>3</sup> Additionally, undernutrition is the prime risk factor in over 40% of under-five child deaths. Thus, while the India's Infant Mortality Rate (IMR) has declined from 37 per 1,000 live births to 34 per 1,000 live births in 2016, tackling malnutrition will be crucial for bringing the IMR down further and accelerating the rate of decline.

Another challenge is that there is a large disparity in nutritional outcomes between states (Figure-1) as well as population groups. For instance, according to NFHS-4 data, the states which have the maximum population of undernourished people are Bihar and Madhya Pradesh. The problem of overweight people, on the other hand, is more acute in Andhra Pradesh, Sikkim and Goa. Anaemia levels in women range from 45% in Karnataka to 63% in Haryana.



Figure 1: Underweight prevalence in children (0-5 years)



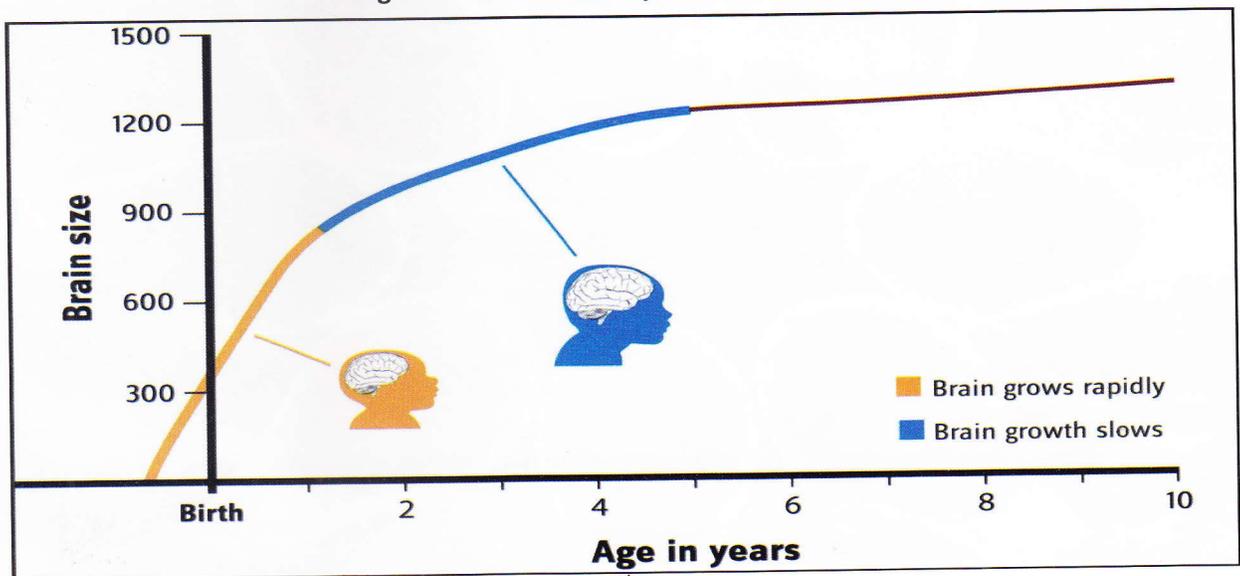
Early onset of malnutrition causes irreversible damage with reduced cognitive and physical growth and development, increased susceptibility to diseases, diminished capacity to learn, poor performance in school and a lifetime of lost earning potential. This, in order to fully realize the potential of our children, capitalize on our demographic dividend and catalyse economic growth, urgent measures are necessary as nutritional deficiencies in childhood have a compounding effect in adulthood, both in the short and long term.

**Determinants of Malnutrition:**

There are several underlying determinants of

malnutrition including lack of access to health services, safe drinking water, sanitation and household food security as well as unhealthy behavioural practices. As a result, both direct and indirect interventions in areas like agriculture, education, drinking water, sanitation and gender equity, impact outcomes in nutrition. For instance, several studies have highlighted the link between inadequate sanitation, diarrhoea and stunting in children. Similarly, a greater influence of women in household decisions plays a major role in the nutritional choices made by households. This means that implementing programs in a fragmented manner can contribute significantly to the persistence of malnutrition. A comprehensive

Figure 2: The first two years of life are the key<sup>4</sup>



and coordinated approach is therefore necessary for addressing the multiple and inter-related determinants of malnutrition across the life cycle of an individual.

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### Pillars of the *Abhiyaan*:

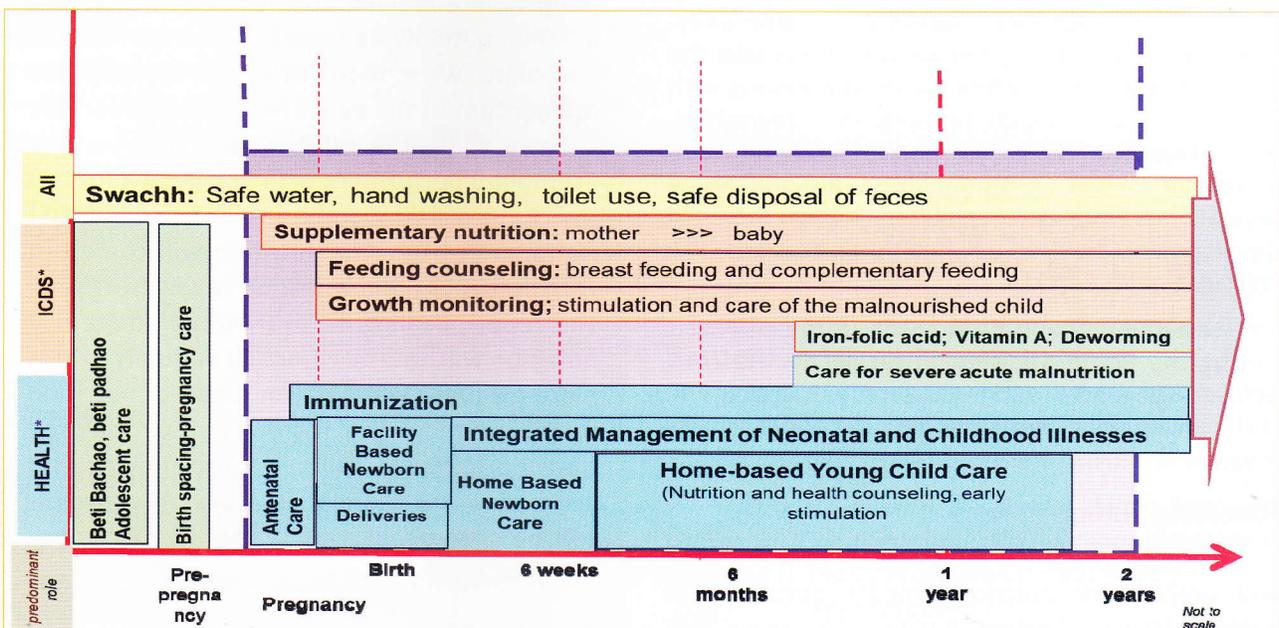
One of the most important pillars of the *POSHAN Abhiyaan* is **programmatically convergence** for enabling the development of a shared understanding of roles and responsibilities as well as mutual accountability mechanisms across sectors. For instance, agriculture plays a crucial role in enabling the availability of nutritious food. However, within the policy arena, agriculture and nutrition are largely treated as separate issues. Similarly, although women play a key role in providing good care within the household, including nutritious food, gender-related policies rarely emphasise these vital linkages. Further, linkages with programs in sanitation are critical because although the percentage of the population defecating in the open has reduced, the density of open defecation

has increased, resulting in an enhanced exposure to disease causing pathogens. Such an approach would draw upon various programs in health, sanitation and gender, among other sectors.

Another key aspect of the *Abhiyaan* is **focusing on the first 1,000 days of a child's life by providing health and nutrition services in an intensive manner**. Studies indicate that 80% of the brain development occurs during this stage (Figure 2). Home visits would be conducted by frontline health workers, thereby shifting the approach from centre-based to outreach-based. This will enable the entire family to be sensitized, instead of being restricted to mothers who visit *Anganwadi* Centres. Thus, in addition to ensuring the availability of age-appropriate complementary foods, counselling families about the importance of feeding practices will be a critical element of the *POSHAN Abhiyaan*. It will ensure compliance with infant and young child feeding practices and the ability to take early corrective action, as required. Further, there will be an emphasis not just on food but a range of essential healthcare measures (Figure 3), including birth spacing, delaying age of marriage, exclusive breastfeeding for 6 months and immunization (Rota Virus and Pneumococcal).

For optimal nutritional outcomes, coordination among the different frontline workers (Accredited Social Health Activists, Auxiliary Nurse Midwives and *Anganwadi* Workers) is essential. To enable this, the *Abhiyaan* will also focus on providing **joint**

Figure 3: Package of interventions to be provided during the first 1,000 days of a child's life<sup>5</sup>



**incentives to motivate the frontline workers** for improving nutrition outcomes. This will allow them to develop a shared understanding of the tasks at hand. Moreover, they will be provided with the relevant technology tools for real-time monitoring as well as feeding information up to the state and central levels.

**Incentives will also be provided to states and districts** based on the improvements to the nutritional status of their respective populations in the form of both high absolute levels of achievement as well as positive changes in key indicators. Further, **greater flexibility will be given to states** so that they can focus on health and nutrition interventions that best address their needs. The geographic spread and diversity of India calls for customized interventions. The sub-group of Chief Ministers set up to review Centrally Sponsored Schemes had universally recommended a flexible component in every scheme besides decentralized decision making by states on the pattern of the *Rashtriya Krishi Vikas Yojana*. Additionally, the success of the *Atal Bal Mission* in Madhya Pradesh which provided some untied funds at the district level from state resources to supplement grants under the Integrated Child Development Services is a case in point.

Another important pillar of the *POSHAN Abhiyaan* is **enabling the scaling up of innovative and impactful service delivery models across states**. For instance, some states have adopted innovative approaches for home-based counselling and tracking of pregnant and lactating mothers as well as children under three years. In Chhattisgarh, *Suposhan* volunteers were assigned to look after a group of undernourished children at the community-level. Similarly, in Bihar, female volunteers take the responsibility of counselling and linking families with ICDS and related health services. In Maharashtra, the interaction between health and nutrition functionaries was institutionalised for addressing several under-nutrition in children through the Child Development Centres in health institutions like Primary Health Centres.

Last, but perhaps, most crucial, is the emphasis laid by the Prime Minister on taking the *POSHAN Abhiyaan* beyond a routine Government programme and making it a *Jan Andolan*, a people's mass movement.

### **Educating Communities:**

Household choices with respect to food types and preparatory practices impact outcomes in nutrition to a great extent. A major challenge is that

### **National Nutrition Month (Poshan Maah) witnesses overwhelming People's participation**

September was celebrated as the Rashtriya Poshan Maah across the country to address the malnutrition challenges and sensitize our countrymen regarding the importance of holistic nutrition. Poshan Maah aimed at making people aware of the importance of nutrition & giving individual access to government services to support supplement nutrition for their children & pregnant women /lactating mothers.

Ministry of Women & Child Development as the nodal agency, launched Rashtriya Poshan Maah or National Nutrition Month, across the length and breadth of the country on the 01st of Sep 2018. With wide range of activities focussing on antenatal care, anaemia, growth monitoring, girl's education, diet, right age of marriage, hygiene and sanitation, eating healthy as themes were organised during the Poshan Maah. Entire range of themes were exhibited and showcased in form of food melas, rallies, school level campaigns, anaemia tests camps, recipe demonstration, radio & TV talk shows, seminars all across country. As per latest reports, 23 lakhs activities across the country were recorded on Jan Andolan Dashboard wherein approximately 27 crore people were reached through these activities in this nationwide exercise, out of which one third were men. In order to keep the momentum of the awareness being generated country wide, the Ministry will be awarding Exemplary performers with Poshan Awards on the 10th of this October. He also added that National Institute on Nutrition will come out with Status of India Nutrition report next year. This report, dealing with various parameters of nutrition will now be compiled annually to give more frequent feedback on status of nutrition in the country. The secretary also disclosed that the ICDS-CAS rollout is also moving at a good pace and more than 4 lakh Anganwadis will be covered by this IT tool by December this year.

families are often unaware that the young infant is slipping into malnutrition until it becomes patently visible. Educating communities about nutritious food, effective and hygienic food preparation and storage as well as improved water and sanitation is important for enabling them to make more informed choices. The success of the nutrition effort in other countries including Thailand, Peru, Brazil and Zimbabwe has been attributed at least partially to their ability to involve local communities. Greater community ownership can enhance awareness of nutrition-related issues, improve practices and expand outreach to the most vulnerable groups.

The month of September was celebrated as the National Nutrition Month (*Rashtriya Poshan Maah*) to take the message of nutrition to the last household. Going forward, it is important that a simple, common, comprehensive Social and Behavioural Change Communication (SBCC) strategy is developed which is jointly owned by all ministries and departments. This strategy would be implemented by field workers for driving social and behavioural change at the field level.

Platforms such as the monthly Village Health and Nutrition Days need to be utilised for providing counselling services to mothers and children. Further, it will be important to promote the ownership of nutrition initiatives by *Panchayati Raj* Institutions and Urban Local Bodies. These institutions have the potential to strengthen program implementation and monitoring by increasing the involvement of local communities, ensuring accountability of functionaries and facilitating programmatic convergence. Approximately 6.4 lakh Village Health Sanitation and Nutrition Committees (VHSNCs)<sup>6</sup>, recognized as sub-committees of *Panchayats*, provide a platform for convergence at the field level among various initiatives including the National Health Mission, ICDS and *Swachh Bharat*. This can help to address the multiple determinants of undernutrition synergistically.

The active involvement of *Panchayats* has been a key factor in changing societal norms and entrenched behaviour patterns in the successful implementation of campaigns such as *Swachh Bharat* and *Beti Bachao Beti Padhao*. They can play a similar role in encouraging local communities to adopt nutritious feeding practices as well as address gender-related discriminatory behaviours such as allowing the female members of the household to consume food only after all the male members have finished eating.

Despite significant economic growth over the last two decades and the consequent social gains it has engendered, the prevalence of pernicious and often invisible malnutrition continues to present a daunting challenge. While progress has been made, we are still lagging behind other emerging economies such as Brazil (stunting – 6.1%, wasting – 1.6%), China (stunting – 6.8%, wasting – 2.1%) & Mexico (stunting – 13.6%, wasting – 1.6%) which fare far better than us on key nutritional outcomes.

A recent World Bank report<sup>7</sup> estimates that about two-thirds of the workforce in India earns on average 13% less than what they would have if they had not been stunted during childhood. Another World Bank study<sup>8</sup> calculates that malnutrition costs India's GDP between 2 and 3 percentage points every year. With the launch of the *POSHAN Abhiyaan*, we have a historical opportunity to change these statistics and conquer malnutrition.

Disclaimer: The views expressed are of the authors alone.

#### Footnotes:

- 1 <https://www.savethechildren.in/sci-in/files/d1/d14f6726-6bca-431c-9529-ce3b316ea136.pdf>
- 2 <http://www.worldbank.org/en/news/feature/2016/06/29/india-investing-in-a-childs-early-years-for-a-stronger-economy>
- 3 [https://www.globalnutritionreport.org/files/2017/11/Report\\_2017.pdf](https://www.globalnutritionreport.org/files/2017/11/Report_2017.pdf)
- 4 Image sourced from Dr. Vinod Paul, Member (Health and Nutrition), NITI Aayog
- 5 Image sourced from Dr. Vinod Paul, Member (Health and Nutrition), NITI Aayog
- 6 <https://nrhm-mis.nic.in/Pages/RHS2014.aspx?RootFolder=%2FRURAL%20HEALTH%20STATISTICS%2F%28A%29%20RHS%20-%202014&FolderCTID=&View={131616BC-2B52-434A-9CB2-F7B1E4B385B4}>
- 7 <http://documents.worldbank.org/curated/en/528901533144584145/The-aggregate-income-losses-from-childhood-stunting-and-the-returns-to-a-nutrition-intervention-aimed-at-reducing-stunting>
- 8 [http://siteresources.worldbank.org/SOUTHASIAEXT/Resources/223546-1147272668285/India\\_Undernourished\\_Children\\_Final.pdf](http://siteresources.worldbank.org/SOUTHASIAEXT/Resources/223546-1147272668285/India_Undernourished_Children_Final.pdf)

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