Nutrition Related SDG
(Two Core Targets)

• **2.1** By 2030, *END hunger* and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round

• **2.2** By 2030, *END all forms of malnutrition*, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons
National Development Agenda: Government of India Vision 2032

**SDGs**

**Conceptual Framework**

**Programme Outcomes**

<table>
<thead>
<tr>
<th>SDG 3, 5</th>
<th>SDG 2, 5</th>
<th>SDG 6, 5</th>
<th>SDG 4, 5</th>
<th>SDG 5, 8, 16</th>
</tr>
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<tbody>
<tr>
<td>Reproductive and Child Health</td>
<td>Child Development and Nutrition</td>
<td>Water and Sanitation</td>
<td>Education</td>
<td>Child Protection</td>
</tr>
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</table>

**Early Childhood Development (3-6 yrs) and Adolescent Empowerment (10-19 yrs)**

**Programme Effectiveness**: Programme Planning, Monitoring and Reporting; Advocacy and Communications; External Relations; Social Norms and Gender; Disaster Risk Reduction; Cross-sectoral Strategies (Knowledge Management, Innovations, Supply and Operations)
Nutrition Programming
Global, National and state

- 2008: PM’s National Council formed on India’s Nutritional Challenges
- 2012: Adoption of World Health Assembly Goals
- 2015: Launch of Andhra Pradesh State Nutrition Mission
- 2016: Adoption of SDGs
- 2018: Launch of National Nutrition Mission
Present Context: India

**Hunger:** Global Hunger Index, 2017 places India at a score of 31.4 with **alarming level of food insecurity.** Globally ranking India at 100\(^{th}\) position (of 119 countries).

**Stunting:** Nearly 4 out of 10 children are stunted (38%)

**Wasting:** Nearly 2 out of 10 children are wasted (21%)

**Anemia:** 5 out of 10 children & women are anemic (53% & 50%)
INDIA: Child stunting

State-wise

District-wise

NFHS-4, 2015-16
Stunting! Too Short for Age!!

Stunting is defined as children having low height for age. It indicates that children haven’t developed as they should, physically or cognitively.

Stunting is irreversible after 24 months of child’s life.

India

46 million (38%)

underfives are stunted
Nutritional Scenario Andhra Pradesh: Children 0-5 years

- Underweight (Low weight for age): 30 (NFHS-3) vs 31.9 (NFHS-4)
- Stunted (Low height for age): 38 (NFHS-3) vs 31.4 (NFHS-4)
- Wasted (Low weight for height): 15 (NFHS-3) vs 17.2 (NFHS-4)
- Severe Wasting: 4.3 (NFHS-3) vs 4.5 (NFHS-4)

Underweight: 6.4
Stunted: 17.3
Wasted: 14.5
Severe Wasting: 4.6
ASDHA PRADHESI: Big Gains

NMR
- 43 (SRS 2012)
- 27 (SRS 2016)

MMR
- 110 (SRS 2012)
- 74 (SRS 2016)

STUNTING
- 38 (NFHS3, 2005-06)
- 31.4 (NFHS4, 2015-16)

IMMUNIZATION
- 46% (NFHS3, 2005-06)
- 65% (NFHS4, 2015-16)

INSTITUTIONAL DELIVERY
- 68.6% (NFHS3, 2005-06)
- 91.5% (NFHS4, 2015-16)
Global Stunting Prevalence (%) along with ranks

Andhra Pradesh – 31 % (11 Lakh)
Prevalence and estimated number of stunted children under-five by district

Anantapur, Kurnool, and East Godavari account for 34 per cent of the 11 lakhs stunted children in the State.
Andhra Pradesh – 17% (6.1 Lakh)
Wasting and stunting impact on each other

There is mounting evidence that a wasted child is more likely to become stunted and a stunted child is more likely to become wasted. We find that periods of being wasted, or having fluctuating weight, increase the risk of becoming stunted later (7, 8). Other research also indicates that during a period of being treated for severe wasting, a child’s growth in height slows down until their weight has recovered (1). These findings strongly indicate that the body adjusts to inadequate weight gain by slowing height growth (9); this is important as it underlines the role that preventing and treating wasting may play in promoting height growth in children.

*Due to malabsorption, altered metabolism, anorexia, nutrient losses and requirements to fight infection

Andhra Pradesh – 60 %
(82 Lakh)
Among **16.3 Million** girls 10-19 years old

**Adolescent girls**

**Nutritional Status of Adolescent girls 10-18 years (NFHS, 2016)**

- **39.5 m** severely thin
- **18.9 m** moderately thin
- **8.3 m** Overweight
- **2 m** Obese

**6.4 m** undernourished

**1.6 m** overnourished

Based on BMI categories; categorization based on NFHS. Numbers from Census 2011 Andhra Pradesh data for 2017.
5.8 lakh pregnant women in Andhra Pradesh

Nutritional Status of Pregnant Women (NFHS, 2016)

- 4.3 l anemic
- 0.17 l severely anemic

Based on BMI categories; categorization based on RSOC.
Numbers from Census 2011 India data for 2017
Stunting and other forms of under nutrition reduce a child’s chance of survival, while also hindering optimal health and growth. Stunting is associated with suboptimal brain development, which is likely to have long-lasting harmful consequences for cognitive ability, school performance and future earnings. This in turn affects the development potential of nations.
Prenatal Brain Development

- Brain begins as a fluid-filled neural tube about three weeks after conception.
- The neural tube is lined with stem cells.
- Neural stem cells divide and multiply, producing neurons and glial cells.
- Top of tube thickens into three bulges that form the hindbrain, midbrain, and forebrain.
  - Hindbrain structures are first to develop.
  - Followed by midbrain structures.
  - Forebrain structures develop last, eventually surrounding and enveloping the hindbrain and midbrain structures.

During peak periods of brain development, new neurons are being generated at the rate of 250,000 per minute.
Stunting- Impact on first 1000 days

- In India, the prevalence of stunting reaches a peak around 18-24 months, after which age corrective interventions do not have an effect.

- As per WHO report stunting can reduce countries GDP by up to 3%.

** WHO/NMH/NHD/14.3
Maternal Nutrition:
Spot Feeding, WIFS, Anemia Mukt Bharat System, Strategy & Functioning
6 core maternal nutrition package - at-scale:

1. Micronutrient supplementation (IFA, Calcium)
2. Maternal deworming
3. Gestational weight gain monitoring and screening of at nutritional risk
4. Insecticide treated bed nets in malaria endemic areas
5. Facilitate woman gets ICDS Services
6. Counsel for diet, breastfeeding, non-use of tobacco and family planning advice and others

These are already a part of GOI policy
The RED is a part of GoI Health Systems
Anemia Mukt Bharat: 6 interventions

1. Prophylactic iron folic acid supplementation
2. Periodic deworming of children, adolescents, women of reproductive age and pregnant women
3. Intensified year-round behavior change communication campaign including ensuring delayed cord clamping
4. Testing of anemia using digital methods and point of care treatment
5. Mandatory provision of iron and folic acid fortified foods in public health programmes
6. Addressing non-nutritional causes of anemia in endemic pockets, with special focus on malaria
#StopChildMalnutritionandhrapradesh

Much has to do with behavior – the **BIG 7**:  
1. **Exclusive Breastfeeding** - No drinking water is need during first 6 months  
2. **Dietary Diversity** - Prepare nutrient rich foods from 6 months  
3. **Meal Frequency** - 3-4 meals and 1-2 snacks  
4. **Hygiene** - Wash hands and utensils  
5. **Micronutrient (IFA, Calcium & Vitamin A) Supplementation with Deworming for Women & Children.**  
6. **Routine Weight Gain Monitoring for Women & Children**  
7. **Behavior Change Practices focused on Feeding & Hygiene Practices.**
Andhra Pradesh, Anganwadi Services Scheme under umbrella of ICDS

Mandatory services to be rendered by Anganwadis

• Supplementary Nutrition Program for children adolescent girls and women
• Immunization in coordination with health dept
• Pre-School Education to children 3-6 years age group
• Maternal and child health checkups in coordination with health dept
• Referral for maternal and child health care services
• Health and Nutrition Education (counseling at home and at AWC)
Andhra Pradesh, Anganwadi Services Scheme under umbrella of ICDS

<table>
<thead>
<tr>
<th>S.No</th>
<th>Area</th>
<th>Projects</th>
<th>AWCs (main)</th>
<th>AWCs (Mini)</th>
<th>Total</th>
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<tr>
<td>1.</td>
<td>Rural</td>
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<td>4957</td>
<td>46899</td>
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<td>2.</td>
<td>Urban</td>
<td>33</td>
<td>4248</td>
<td>62</td>
<td>4310</td>
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<td>3.</td>
<td>Tribal</td>
<td>24</td>
<td>2580</td>
<td>1818</td>
<td>4400</td>
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<tr>
<td></td>
<td>Total</td>
<td>257</td>
<td>48770</td>
<td>6837</td>
<td>55607</td>
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<table>
<thead>
<tr>
<th>Field Functionaries</th>
<th>Sanctioned</th>
<th>In Position</th>
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<tbody>
<tr>
<td>No. of CDPOs/ACDPOs</td>
<td>410</td>
<td>317</td>
</tr>
<tr>
<td>No. of Supervisors</td>
<td>1951</td>
<td>1447</td>
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<tr>
<td>No. of AWWs (Main)</td>
<td>48770</td>
<td>47538</td>
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<tr>
<td>No. of AWWs (Mini)</td>
<td>6837</td>
<td>6372</td>
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<tr>
<td>No. of AWHs</td>
<td>48770</td>
<td>45590</td>
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</table>

Beneficiaries Coverage

- Pregnant Women: 3.8 lakhs
- Lactating mothers: 2.7 lakhs
- Children: 23 lakhs
- Total: 29.5 lakhs

Source: ICD, MIS
Ongoing nutrition program for **Pregnant and Lactating women**

**Noon Meal:**
- Rice, Dal, Vegetables, Oil, Egg & Milk

- **40% of the RDA**
- **1053 Calories**
  - 33 gms Protein
  - 500 mg Calcium

**GoI+ GoAP:** Rs.9.5/- (50:50)
**GoAP:** Rs.10.5/- (additional cost)

**Counselling on Calcium and Iron & Folic Acid (IFA) tablet consumption**

The programme initially implemented in 104 ICDS Projects up to 2016-17 and has been **extended to remaining 153 ICDS Projects w.e.f 01-Jul-2017**

Presently, the program has coverage of 6.58 lakh pregnant and lactating women in the state.
# Ongoing nutrition program for children and Adolescent Girls

## <3 yrs

**Balamrutham, weaning food**

fortified with micronutrients

<table>
<thead>
<tr>
<th>Ingredients</th>
<th>Parts (g)</th>
<th>Energy (kcal)</th>
<th>Protein (g)</th>
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<tbody>
<tr>
<td>Roasted Wheat</td>
<td>55</td>
<td>190.3</td>
<td>6.4</td>
</tr>
<tr>
<td>Bengal Gram</td>
<td>5</td>
<td>18.0</td>
<td>1.0</td>
</tr>
<tr>
<td>Skimmed Milk Powder</td>
<td>10</td>
<td>35.7</td>
<td>3.6</td>
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<tr>
<td>Sugar</td>
<td>20</td>
<td>80</td>
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<tr>
<td>Oil</td>
<td>10</td>
<td>90</td>
<td>0</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>100</strong></td>
<td><strong>414.0</strong></td>
<td><strong>11.0</strong></td>
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## 3-6 yrs

4 days per week morning boiled egg, daily mid day hot cooked meal and snack in the evening

GoI+ GoAP: Rs.8/- (50:50)

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**Scheme for Adolescent Girls (SAG),** 7,000 Adolescent Girls (out of school, aged 11-14) are being provided take home ration [3 Kgs Rice, 1Kg RG Dhal, ½ liter P.Oil, 16 eggs]
Fortification of commodities under SNP

- Rice with Iron
- Oil with A& D
- Milk with A, D
- Balamrutham with Micronutrients
- Salt with Iron & Iodine
Poshan Abhiyaan Components

1. ICDS- CAS
2. Training & Capacity Building (ILA)
3. Behavioural Change Communication (BCC)
4. Innovation
5. Incentives
6. Jan Andolan
7. Convergence (CAP)
Prevent and reduce Stunting in children (0-6 years) • Target: ↓ by 6% @ 2% per annum.

Prevent and reduce under-nutrition in children (0-6 years) • Target: ↓ by 6% @ 2% per annum.

Reduce the prevalence of Anaemia among Children (6-59 months) • Target: ↓ by 9% @ 3% per annum.

Reduce the prevalence of Anaemia among Women and Adolescent Girls in the age group of 15-49 years • Target: ↓ by 9% @ 3% per annum.

Reduce Low Birth Weight (LBW) • Target: ↓ by 6% @ 2% per annum.

Figure 2: Targets of the POSHAN Abhiyaan
Poshan Abhiyaan
This is a sample text.

Tool for decision making
Build skills based on understanding of priorities among frontline workers, through a learning-by-doing approach;

- Strengthen supervisory structures and skills through a similar approach;
- Enable coordinated functioning of ICDS and health programmes to achieve common goals.
This is a sample text.

Poshan Abhiyaan

BCC

• To sensitize and create awareness among pregnant women and mothers of children up to 2 years of age and their key influencers on key health, nutrition and child care practices in order to strengthen positive practices related to survival, growth and development of children;

• To create awareness about the benefits available to pregnant women and lactating mothers (PW & LM) under PMMVY and JSY;

• To improve health seeking behaviour among the pregnant women (PW) and lactating mothers (LM);

• To enhance community participation in promoting good nutrition and health behaviours.
Poshan Abhiyaan

Related to

- Convergence services
- IYCF
- BCC
- Reduction of anaemia
- SAM management at community
- Nutrition gardens etc
This is a sample text.

Poshan Abhiyaan

- AWWs
- ASHA-AWW-ANM
This is a sample text.

Poshan Abhiyaan

Mass awareness
This is a sample text.

Poshan Abhiyaan
The state has launched “Multi-Sectoral Nutrition Action Plan”
‘Convergence’

Convergence approach

Civil Supplies

Municipal Admn

Horticulture

Health

Tribal Welfare

Panchayath Raj & RD

School Education

Higher Education

Universities

Planning and e-Pragathi
Vulnerable pockets

Figure 1. Prevalence of stunting among children at age 1, 5, 8 and 12 years

www.younglives-india.org
In the field of ‘Economic Sciences’, in Memory of Alfred Nobel 2000 was divided equally between James J. Heckman "for his development of theory and methods for analyzing selective samples" and Daniel L. McFadden "for his development of theory and methods for analyzing discrete choice."

• The financial case for investing in children’s early moments is strong. The rate of return on investing in early childhood programs can be about 13.7 per cent.
• The benefits are reaped in better education and health outcomes, lower crime and higher individual earnings.
• Investing in early childhood development also benefits nations – supporting a more skilled workforce that is better prepared to take on the future challenges of a global and digital economy.
Early Childhood care and Development

The following broad decisions have been taken during the workshop:

• Developing ICDS Project level Resource Centres
• Decentralize training of Anganwadi workers on pre-school activities
• Focus on child development at Anganwadi and through prioritized home visits

District level Resource Group
Project Resource Group
Sector level review and monitoring
THANK YOU!
What we can do??

Hello everyone