



IMPROVING THE NUTRITIONAL STATUS OF DHALAI THROUGH 'POSHAN ABHIYAAN'

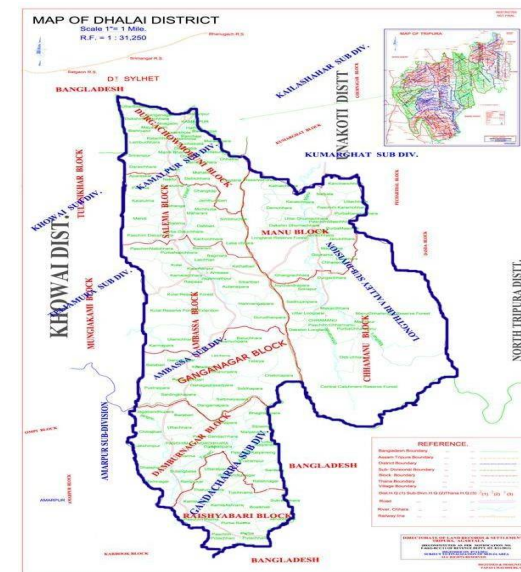
Presented by:

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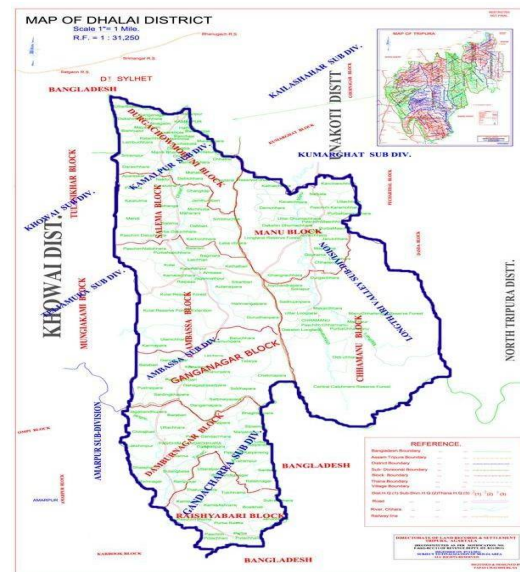
Date: 10th October, 2018

DISTRICT PROFILE - DHALAI

PARAMETERS	PARTICULARS	
YEAR OF FORMATION OF DISTRICT	1995	
NO. OF SUB-DIVISIONS	4 NOS.	
NO. OF BLOCKS	8 BLOCKS	
NO. OF NAGAR PANCHAYAT WARDS/MC	KAMALPUR NAGAR PANCHAYAT – 11 NOS. AMBASSA MUNICIPAL – 13 NOS.	
NO. OF GRAM PANCHAYATS (GP)	41	
NO. OF ADC VILLAGES (VC)	110 NOS. (INCLUDING 14 NEWLY FORMED)	
NO. OF REVENUE VILLAGES	154 NOS. [REVENUE CIRCLE – 7 NOS. & T.K.– 24 NOS.]	
NO. OF ROFR BENEFICIARIES	31843	
NO. SUB-DIVISION WISE ROFR BENEFICIARIES	AMBASSA	8449
	KAMALPUR	4310
	GANDACHERRA	8625
	LONGTHARAI VALLEY	10459
NO. OF HABITATIONS	1224	
NO. OF APL/BPL ANTADOYA CARDS	Priority Group Household (BPL)	53352
	APL	28652
	Antodaya	16374
	Total	98378



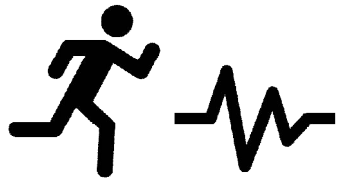
PARAMETERS	PARTICULARS
BLOCK-WISE MGNREGA JOB CARD	AMBASSA : 9241 , CHAWMANU : 8673 DUMBURNAGAR : 9500 , GANGANAGAR : 3306 MANU : 18431 RAISHYABARI : 4255 SALEMA : 10134 DURGACHAUMUHANI : 15140 TOTAL : 78680
TOTAL NO. OF SCHOOLS	JB SCHOOL : 517
	SB SCHOOL : 239
	HIGH SCHOOL : 27
	HIGHER SECONDARY SCHOOL : 27
	TOTAL : 837
NO. OF ANGANWADI CENTRE	1281 NOS. (INCLUDING ADC)
TOTAL POPULATION	407119 [PROJECTED POPULATION For 2016-17] 377988 [POPULATION AS PER CENSUS 2011]
TOTAL NO. & % OF ST POPULATION	2,47,210 (58%) [as per census 2011]
LITERACY RATE	94.77% [PROVISIONAL]
TOTAL GEOGRAPHICAL AREA (IN HA)	2312.29 SQUARE KM
LENGTH OF INDO-BANGLADESH BORDER (IBB) FENCING	Total : 175.53 KM, Fenced-125.24 KM, Unfenced- 49.29 KM (to be completed by Dec, 2017)



Why should we care about malnutrition?



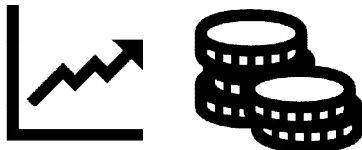
1. Major contributor to child survival



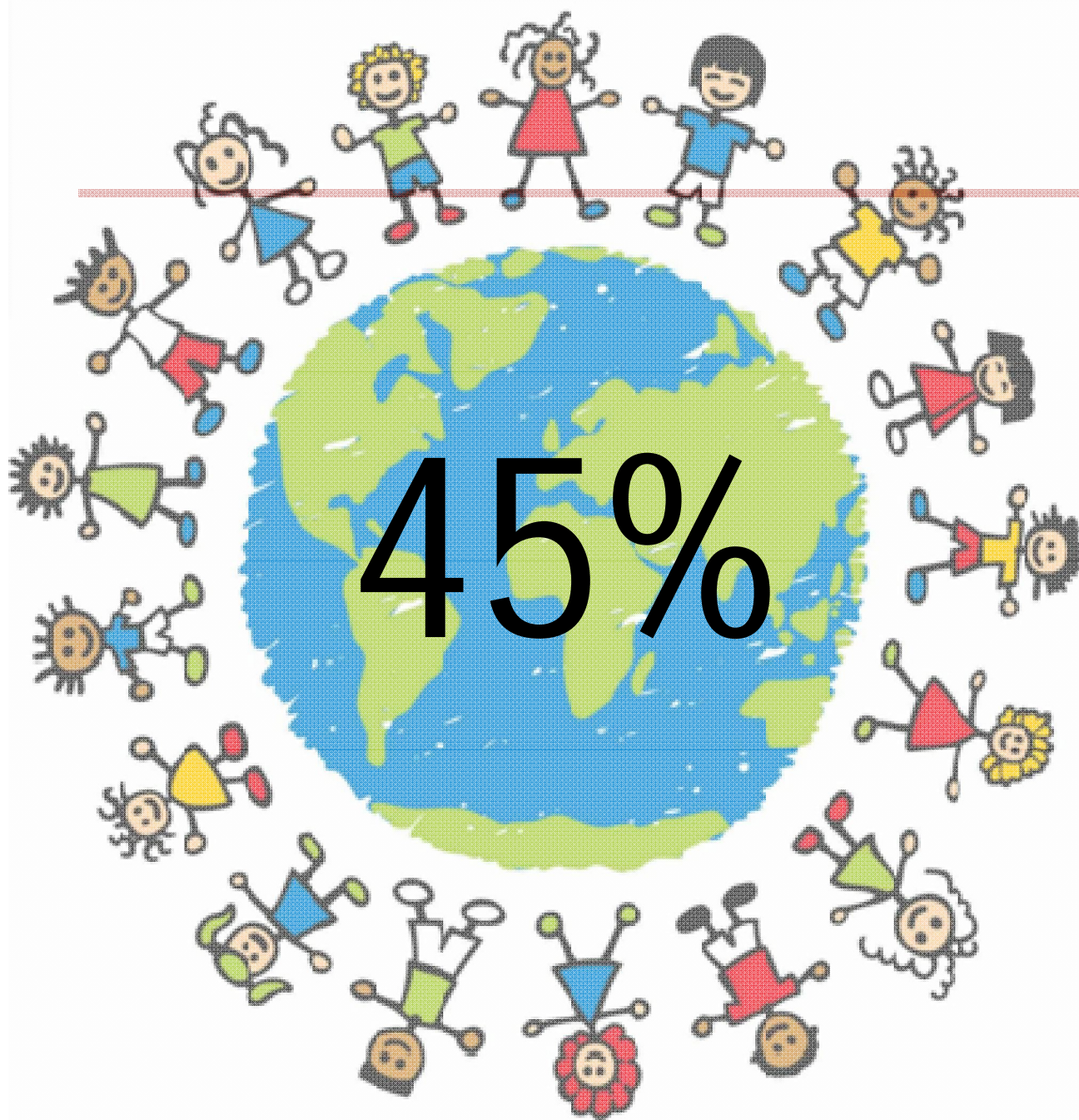
1. By far the biggest driver of the burden of disease
2. Global epidemic of non-communicable disease (NCDs)



1. Cognitive impairment
2. Intergenerational impacts of poor nutrition



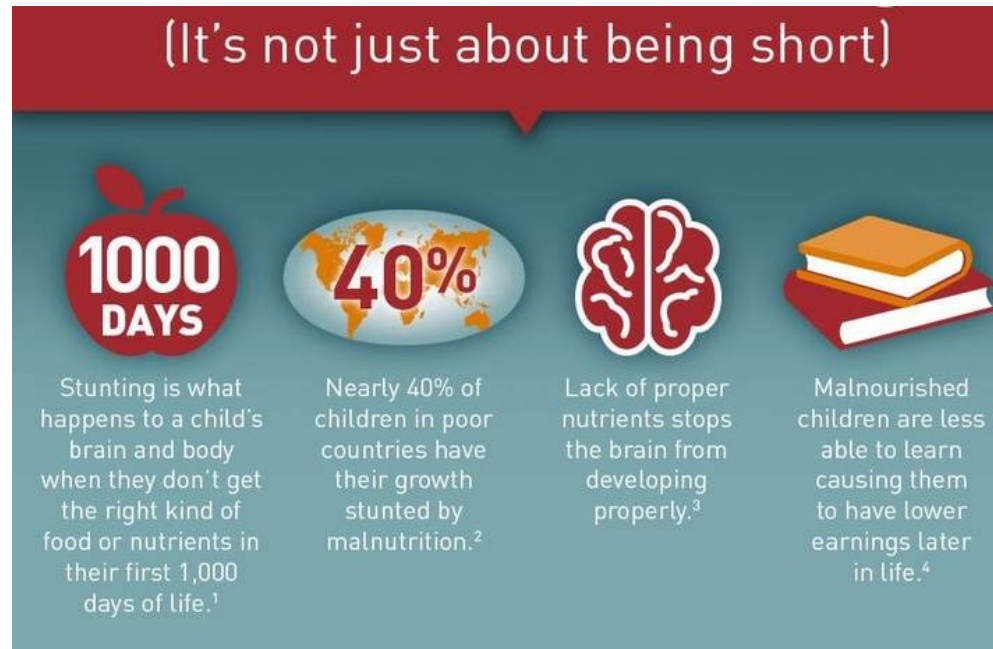
1. Lost income-earning potential
2. Annual GDP losses



Almost
half of all
child
deaths
from
poor
nutrition

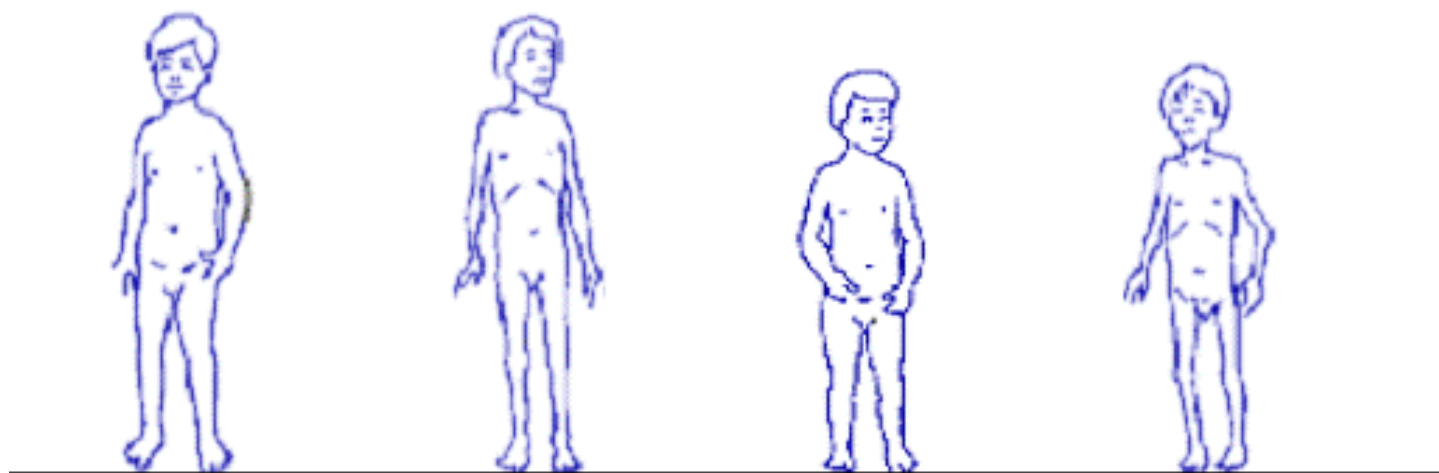
Black et al. 2013. Lancet paper 1

Stunting and it's Economic Outcomes



In INDIA investing **\$1** in nutritional programs
leads to an outcome of **\$ 34.1**

How do we measure malnutrition ?



Normal
Normal weight
and height

Wasted
Thinner than
normal

21 % of
children
(<5y) in
India are
wasted

Stunted
Shorter than
normal

38.4%
children (<5y)
in India
are
stunted

Wasted and stunted
Thinner and shorter
than normal

What is POSHAN Abhiyaan ?



POSHAN Abhiyaan is a holistic approach to reduce child malnutrition and Anemia among Children and mothers. It was launched in Jhunjhunu, Rajasthan on 8th March, 2018.

Indicators	India	Dhalai	Tripura
Children under 5 years who are Stunted	38.4 %	33.8 %	24.3 %
Children under 5 years who are Wasted	21.0 %	24.7 %	16.8 %
Children under 5 years who are Underweight	35.7 %	27.2 %	24.1 %
Children aged 6-59 months who are Anemic	58.5 %	51.2 %	48.3 %
Women aged 15-49 years who are Anemic	53.0 %	56.9 %	54.5 %

NFHS-4 Statistics

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 among young Children(6-59 months)** @ 3% per annum.

Reduce the prevalence of **Anaemia among Women and Adolescent Girls** in the age group of 15-49 years @ 3% per annum

Targets of Poshan Abhiyaan

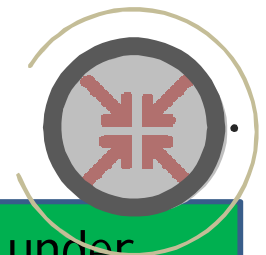
Key components of POSHAN Abhiyaan

Behavioral Change Communication (CBE, Jan Andolan, IEC)



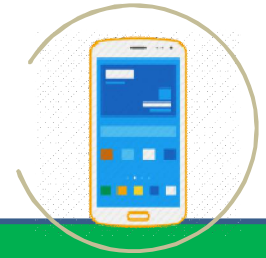
- Monthly conduct of Community based events (such as Annaprasan, Godh Bharai, Suposhan Diwas at all AWC's in the District.
- Celebration of 'Rashtriya Poshan Maah' to induce Jan Andolan among the masses.

Convergence :



- District Convergence meeting involving all stakeholder line departments under the chairmanship of DM & Collector, Dhalai.
- Block Convergence Meeting involving all stakeholder departments under the chairmanship of SDM's.

ICDS-CAS



- For real time monitoring of data.
- Smart phones for all Anganwadi Workers.
- Training of Anganwadi Workers in the District by Master Trainers.

Incremental Learning Approach(ILA)



- To enhance the capability of Frontline Workers(Anganwadi and ASHA Workers)
- 21 Modules to be taught to the Frontline Workers over a period of 21 months.

Launch of POSHAN Abhiyaan in Dhalai

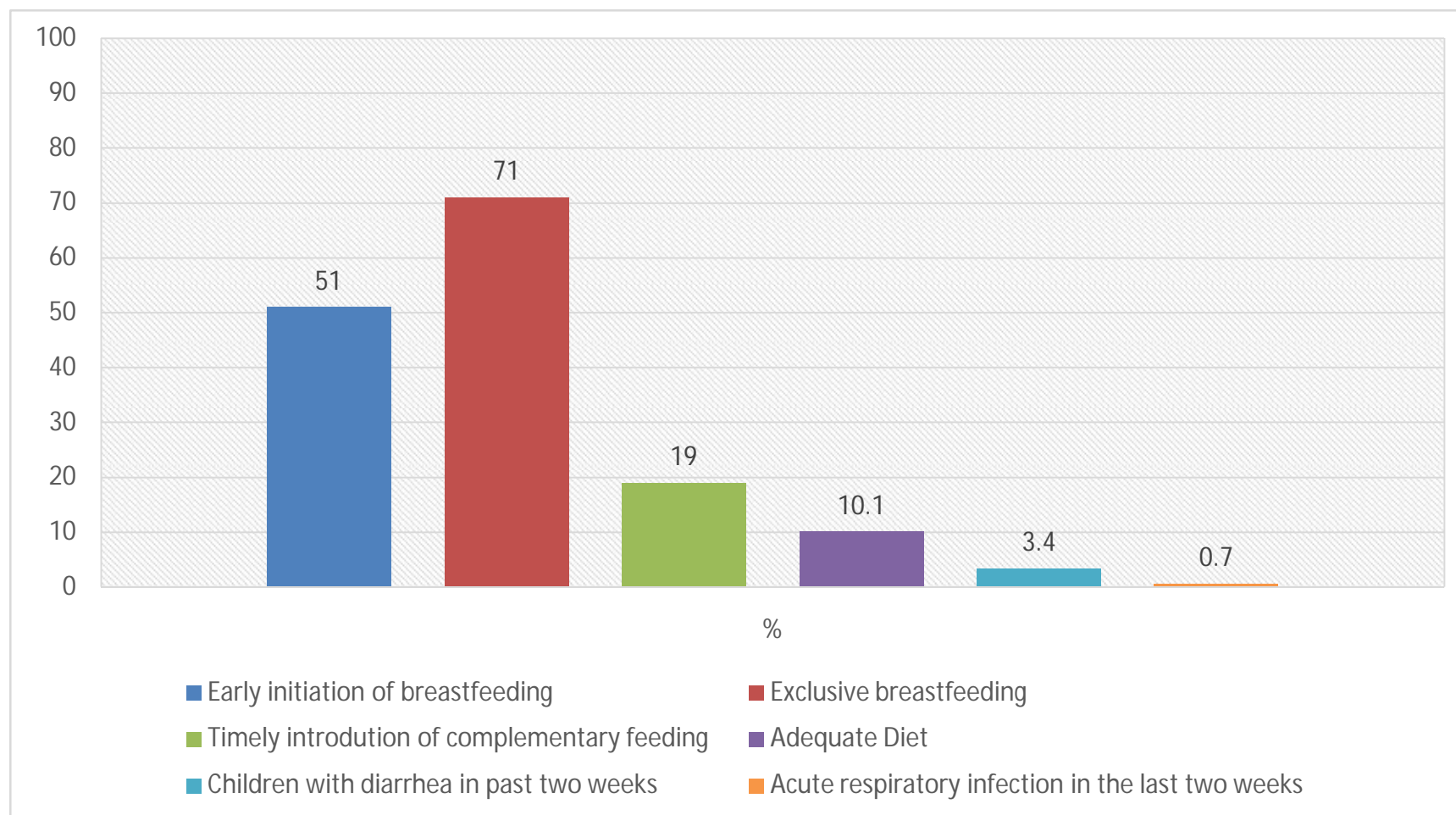
Poshan Abhiyaan was officially launched in Dhalai on **13th July, 2018** by the **Hon'ble Minister of Social Welfare & Social Education, Smt. Santana Chakma** by addressing Anganwadi Workers in Ambassa Town Hall.



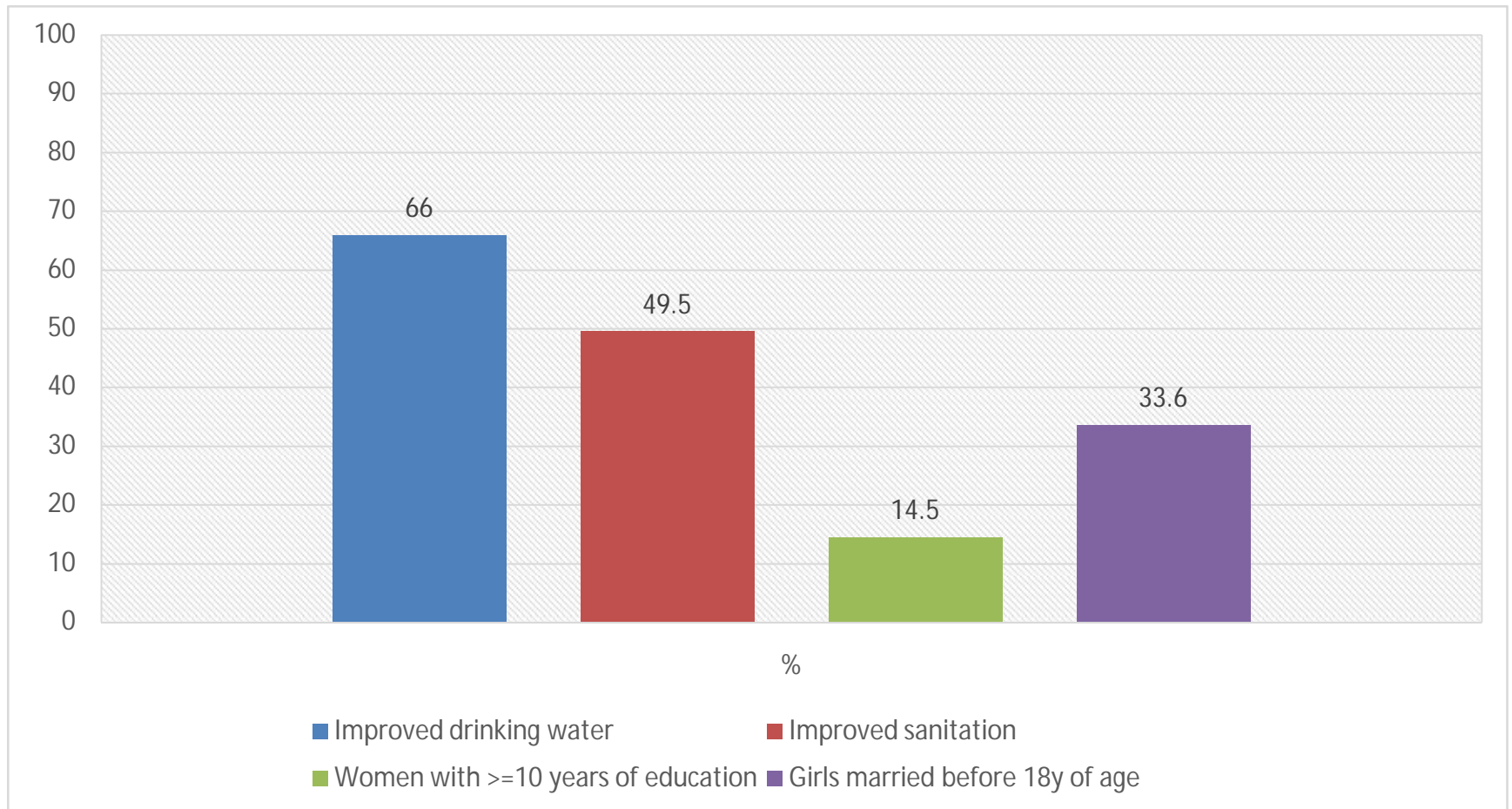
NUTRITIONAL STATUS INDICATORS OF DHALAI (DIRECT & INDIRECT)

NFHS-4(2015-16)

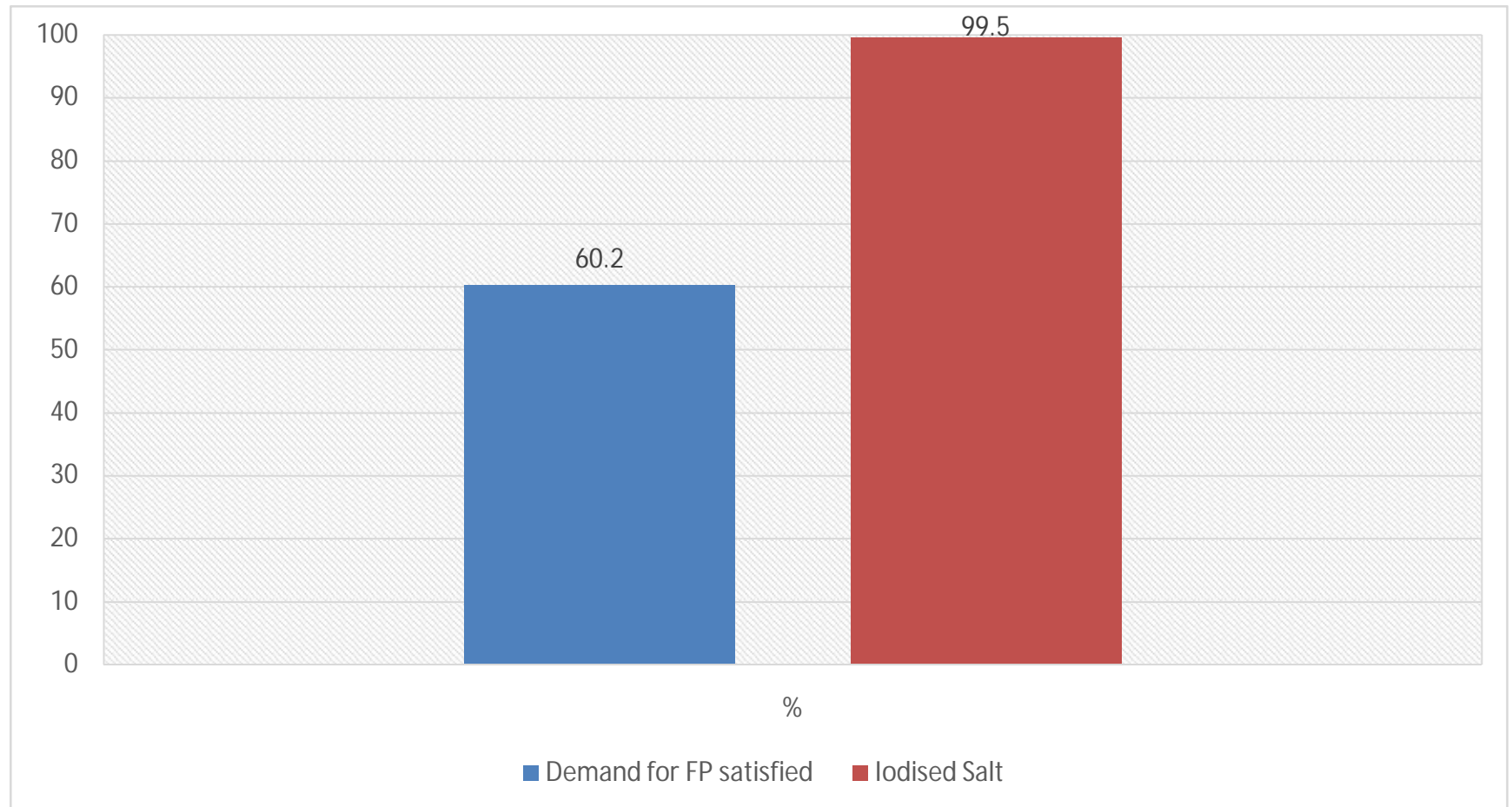
Immediate causes of child malnutrition(DIRECT IMPACT)



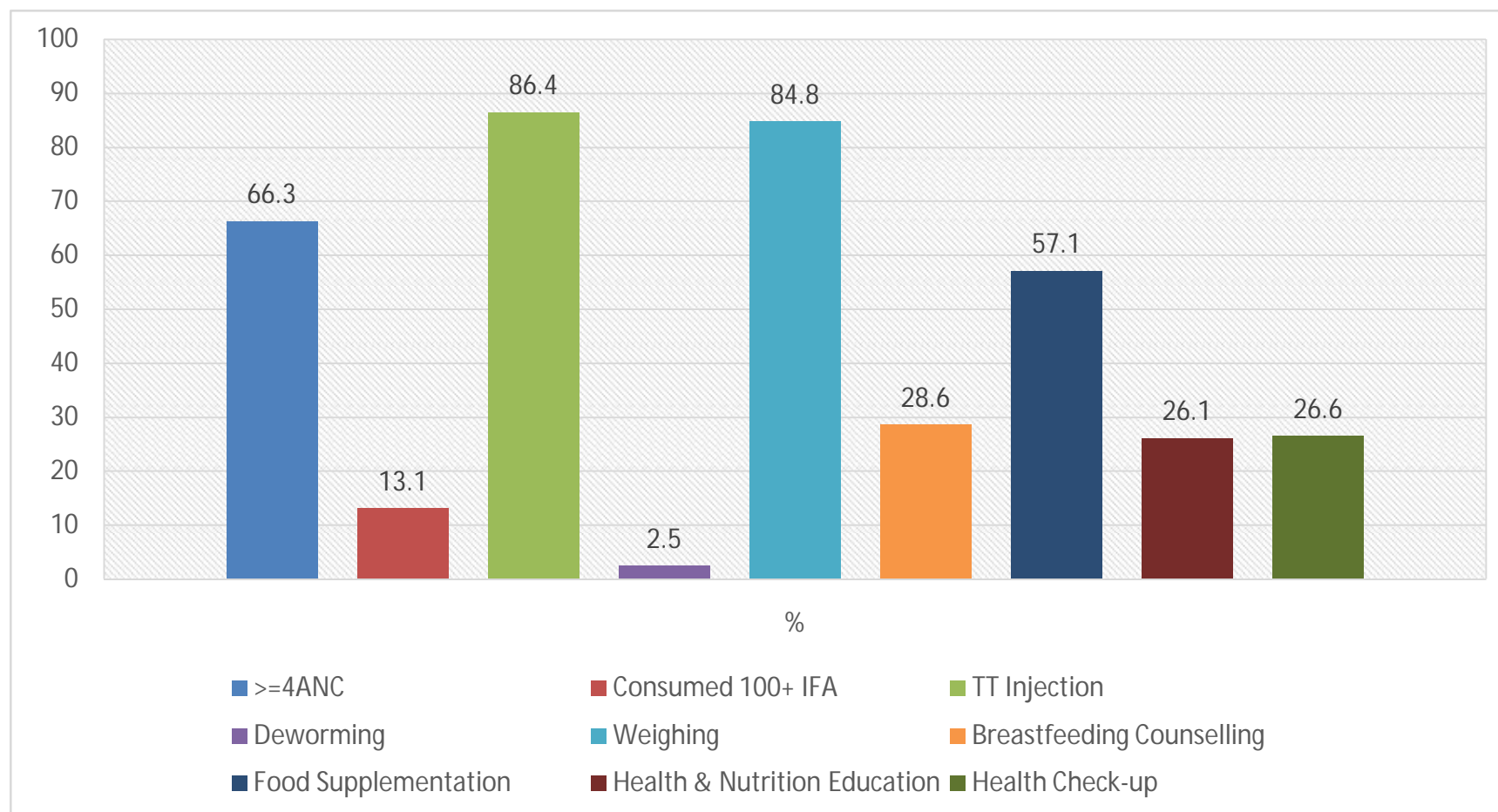
Underlying causes of child malnutrition(INDIRECT IMPACT)



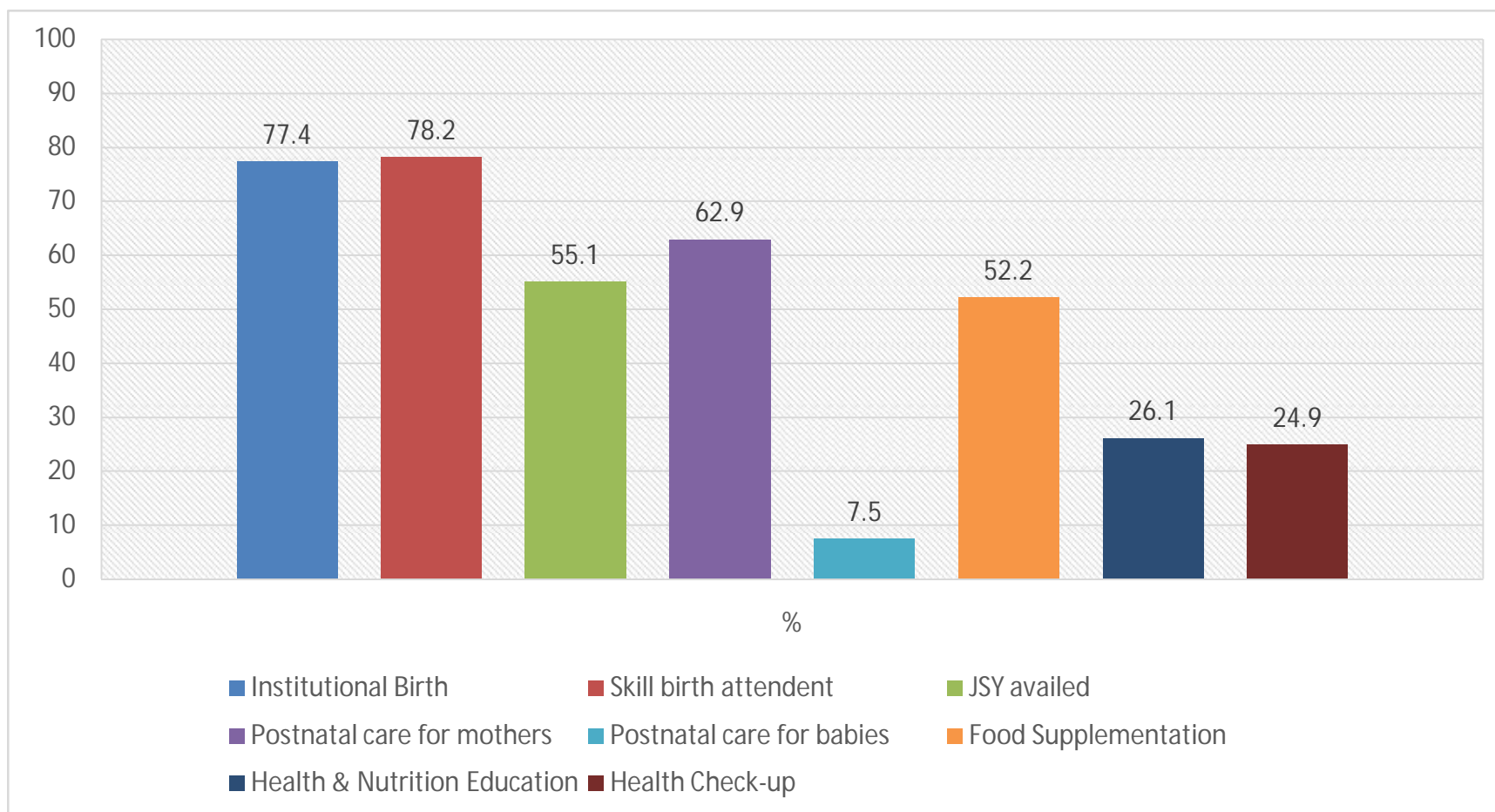
Status of Dhalai – Pre-pregnancy



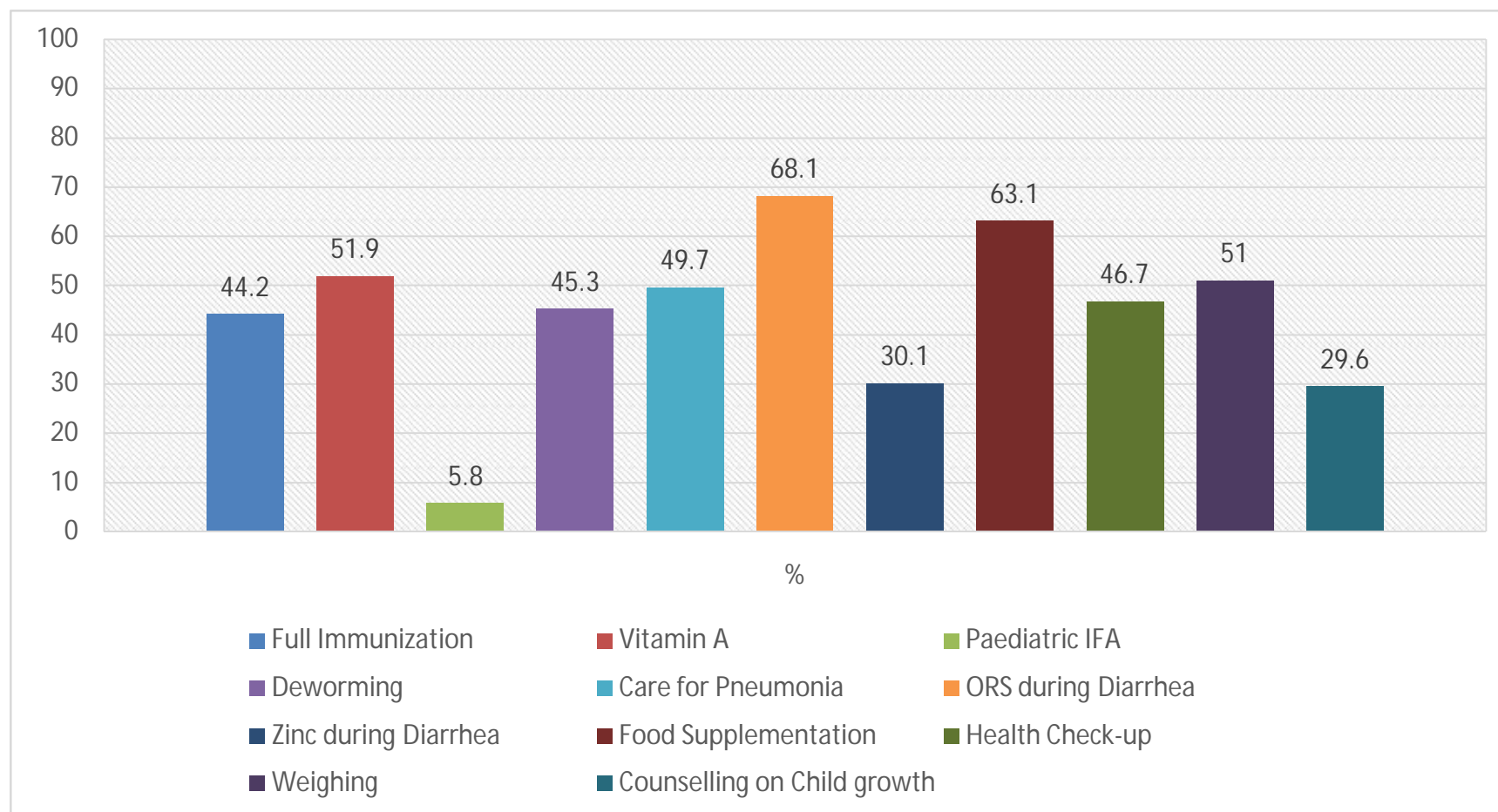
Status of Dhalai – Pregnancy



Status of Dhalai – Delivery & Postnatal



Status of Dhalai – Early Childhood



INTERVENTIONS & ACTIONS to
bring about
'BEHAVIORAL CHANGE'
through 'POSHAN ABHIYAAN'

COMMUNITY BASED EVENTS

Community Based Events are conducted **once in a month** in all Anganwadi Centers across the District to induce **behavioral change and for counseling of Target Beneficiaries**(Children, Pregnant Women and Lactating Mother) and their **family members(fathers, mother-in-law)**

Community Based Events are conducted on one of the following themes:

Annaprasan-
Complementary feeding

Godh Bharai-
Maternal nutrition and health

Suposhan Diwas-
Orienting male guardians of the child

General discussion on
nutrition, health & sanitation

Annaprasan(Initiation of Complementary feeding)

1. To initiate complementary semi-solid food after 6 months of birth.
2. Counseling on adequate nutrition & micro-nutrients.
3. Involvement of Village Council Members and SHG's during celebration.



Annaprasan of a child being conducted by DM & Collector, Dhalai in Manu ICDS Project

Impact upon '**Timely introduction of Complementary feeding**' parameter which is critical to child malnutrition !

Godh Bharai

1. Focuses on Maternal nutrition, diet and well being.
2. Counseling on Institutional delivery, ANC, PNC, Home Based New born Care(HBNC), Anemia.
3. Ensuring that the pregnant woman receives all government benefits she is entitled to, such as PMMVY, JSY etc.
4. Involvement of Village Council Members and SHG's during celebration.



**Godh Bharai of a Pregnant Woman
under Chawmanu ICDS Project**

Impact upon the '**Underlying Causes**' of Child malnutrition!

Suposhan Diwas(Orienting male guardians of a child)

To orient the male guardians of the child(father, grandfather etc.) regarding Prenatal Care, Institutional delivery, Exclusive breastfeeding, breastfeeding within first hour of birth(colostrum),HBNC.



**Suposhan Diwas under Manu
ICDS Project**

Impact upon the '**Underlying Causes**' of Child malnutrition!

WASH and Sanitation

To inculcate the practice of hand-washing & use of proper sanitary toilets among children, PW & LM.

Reduces cases of diarrhoea which is a major setback for healthy growth of the child.



WASH conducted under Salema ICDS Project

Impact upon the '**Underlying Causes**' of Child malnutrition!

COUNSELING/SENSITIZATION of SELF-HELP GROUPS

1. Self Help Groups are an excellent platform which can be used to percolate the message of nutrition to the Target beneficiaries.
2. SHG Members are influential in their respective villages and thus can leverage their influence to bring about behavioral change among the community members.



Sensitization of SHG's

Has a huge potential to impact the nutritional outcomes in a district

Involving PRI Bodies to influence Nutritional Outcomes

1. Panchayat members are crucial to implement village level convergence and to ensure conduct of VHSND's and CBE's.
2. Discussion with PRI bodies were held at both District and Block Level to mobilize them to take health & nutrition as an agenda during their Gram Sabha meetings.



Meeting with Panchayats at District Level

Discussion with Adolescent Girls

1. Discussions were held with adolescent girls throughout the district on issues related to health, nutrition & menstrual hygiene.
2. This directly impacts the health status of adolescent girls which in turn impacts the health status of their next generation.
3. Discussions on IFA supplements, education, right age of marriage etc.



DM & Collector, Dhalai distributing IFA tablets to Adolescent Girls during Poshan Mela

Essential intervention to reduce Anemia among women !

POSHAN MELA

1. POSHAN Melas were organized in 'Hard to reach areas' of the District with focus on TTADC(Tripura Tribal Autonomous District Council) regions to mobilize community members regarding nutrition and health.
2. Stalls were setup displaying various nutritious indigenous food and interactive sessions were organized to sensitize community members.



**Poshan Mela under Ganganagar
R.D. Block**

Use of 'INFLUENCERS'

- Using Elected political representatives(MLA/ BAC Chairman) to influence community members is critical to the nutritional challenge.
- High ranking government officials in the District also can influence masses.



**Poshan Rally led by BAC
Chairman, Ganganagar Block**

'INNOVATIVE' steps to propagate the
message of 'NUTRITION'

District level '**POSHAN QUIZ**' for school going students- '**CHILD AMBASSADORS**'

A Poshan Quiz was organized by the Education Department in collaboration with the Social Education Department. A total of 26 schools participated in the event, and the event registered a total participation of 72 students.



Winners of the Quiz Competition

The winners of this quiz were nominated as '**Child Ambassadors**' of POSHAN Abhiyaan in the District

The 'Child Ambassadors' will propagate the message of 'Poshan Abhiyaan' to all schools and as many households in the District in a phased manner



Child Ambassadors conducting Home Visits

Complementary Food 'Cooking Competition'

Complementary food cooking competition among Pregnant Women and Lactating mothers in Anganwadi Centers.

Encourages women to take up nutrition as a **'household agenda'**.



Complementary food cooking competition among mothers under Salema ICDS Project

Use of Mass media and Local media
to to propagate the message of
'NUTRITION'

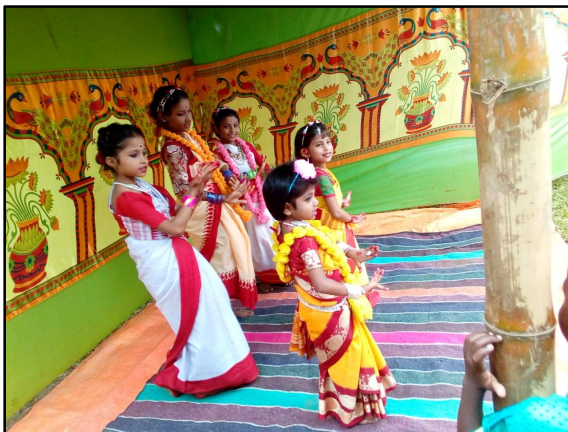
Road announcements by ICA Department



Nukkad Natak



Cultural Programs



Poshan Rallies



Use of 'Mass Media'

Newspapers to increase awareness and to mobilize communities.

Paid advertisements to propagate the message of nutrition



Newspaper articles to spread awareness

'Specific Interventions' to achieve
targets in a time bound manner
through Convergence

Ensuring availability and consumption of **Pediatric IFA Syrup** through N.H.M.

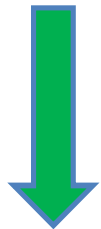
Pediatric IFA is critical to reduce child anemia.

Thus ensuring supply chain of Pediatric IFA must be ensured to reduce child anemia.



IFA Syrup being administered to children under Ambassa ICDS project

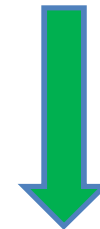
Ensuring 100% Weighing efficiency of children (< 6 years) during September and screening them based upon their 'Nutritional Status'



SAM Children referred to the NRC by the CDPO/Supervisor

Ensuring Double Ration for SAM Children

Ensuring 100% Home Visits by ASHA/ANM in a specified format.



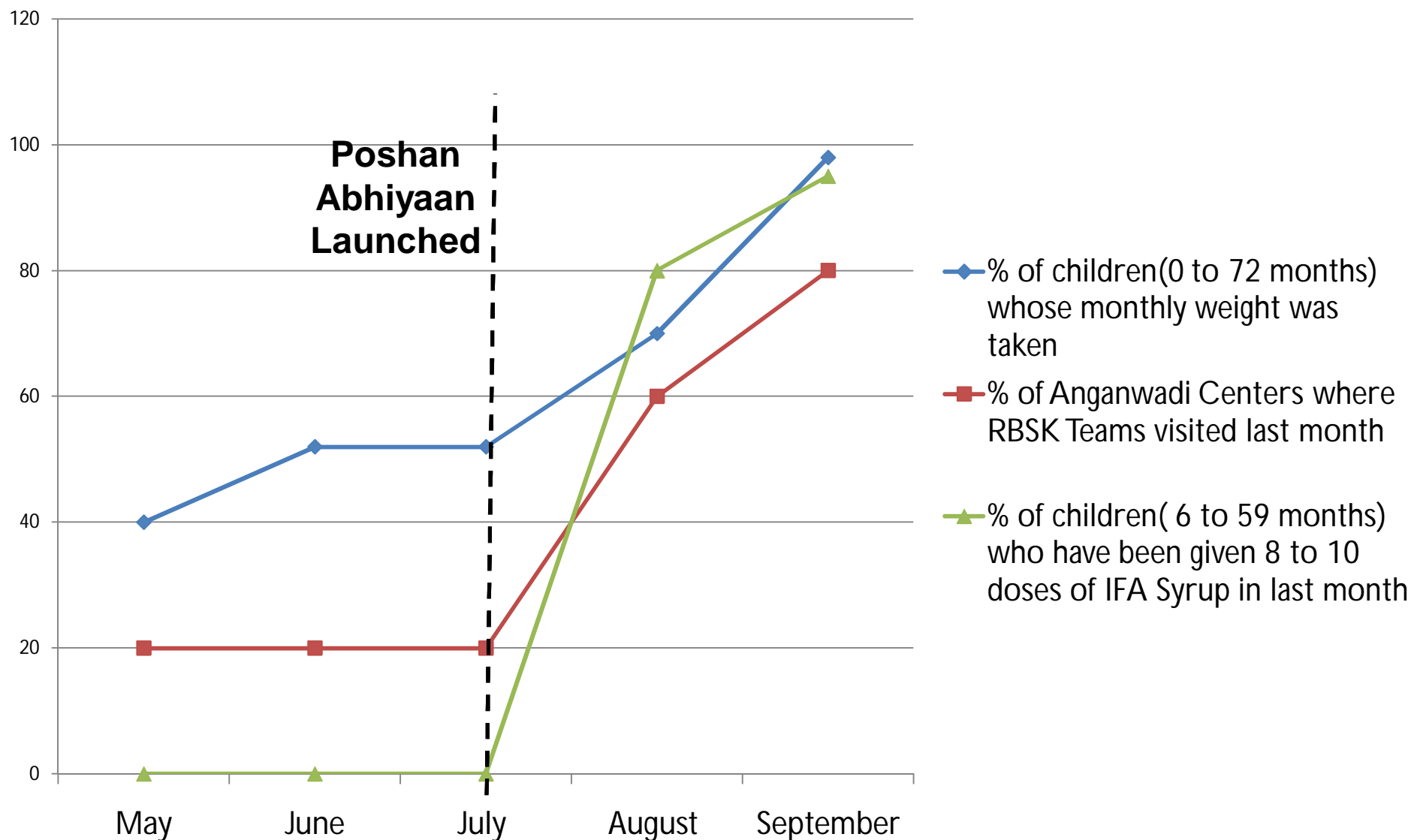
Follow-up initiated based on the gaps that are found.

Ensuring 100% coverage of RBSK Teams in AWC's in a time bound manner.



RBSK Team visit to Chawmanu ICDS Project

'Outcomes on Parameters' (May to September)



Vulnerabilities in Dhalai District

- **Vulnerable Tribal families** (Reang Communities, Mog Communities) including PTG(Primitive Tribal Groups) & BPL practising Jhum Cultivation.
- **Geographical isolation, remote and unconnected location**, kutcha house.
- Location in **Malaria and Diarrhoea endemic zones** with high percentage of Anemia.
- Strong belief in Local Ojhas, Superstition.
- Poor sanitation and hygiene and **non availability of potable water**.
- Low breastfeeding practices and complementary feeding.
- Lack of functional literacy.

Plans for the future

- To implement real time based monitoring system to track malnourished children.
- To standardize conduct of VHSND in a Convergence Mode.
- To reduce Malnutrition and Anemia by the target points set for 2022.

THANK YOU