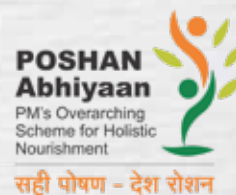




NITI Aayog



TRANSFORMING NUTRITION IN INDIA: POSHAN ABHIYAAN

**A PROGRESS REPORT
DECEMBER 2018**



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Foreword

India is at the cusp of major transformation. Yet, it faces a development paradox. On the one hand, it is hailed as the fastest growing large economy in the world. On the other, it is still home to an unacceptably large number of malnourished children. While tremendous progress has been made, significant challenges remain - every third child is stunted, every fifth child is wasted, every third child is underweight, and more than 50% of children under 5 years of age are anaemic. It is in this context that the Hon'ble PM launched the *POSHAN Abhiyaan* on April 8, 2018 to tackle the issue of malnutrition in a mission mode. Subsequent to the launch, a National Nutrition Mission has been established to ensure necessary convergence across central ministries and state governments. It is a critical step by the Government of India aligned with the Prime Minister's motto of "*Sabka Saath Sabka Vikas*".

The National Nutrition Mission chaired by Vice Chairman, NITI Aayog has been leading the efforts for eliminating the scourge of malnutrition in the country. This is the first progress report prepared by NITI Aayog. It analyses the preparedness of states for implementing the *POSHAN Abhiyaan* and provides recommendations for its more effective implementation. The report will hopefully encourage states to better appreciate gaps in their preparedness and learn from the good practices adopted by others States. It is clear that continued commitment at all levels of government, multi-sectoral convergence, capacity building, as well as ensuring full coverage, continuity, intensity and quality of implementation will be crucial for the programme's success. Lastly, transformation will not be possible unless nutrition is made into a *Jan Andolan*. Therefore, we must endeavour to build upon the resounding success of the first *Rashtriya POSHAN Maah* in September, 2018.

I thank the central union ministries, state governments and union territory administrations, for sharing information as well as several other stakeholders for sharing necessary data & information and for providing their valuable comments on the draft of the report. These suggestions have helped to strengthen and refine the document considerably. Let us join our efforts, energies and resources to achieve the targets envisaged under the *POSHAN Abhiyaan* and make India malnutrition free.

(Rajiv Kumar)

Place : New Delhi
Dated : 21st December, 2018



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Foreword

As per the NFHS- IV data, India is a home to one third of its population which is malnourished, as measured by being stunted, wasted or underweight. Every second woman is anemic and every third women is undernourished in India.

Several programmes across Ministries and Departments have been tackling the issues of malnutrition and anemia for more than 40 years. Though these Schemes have made a dent, however, these initiatives have not been able to achieve the desired goals and targets. India embarked on an ambitious effort in 2018 – the Prime Minister’s Overarching Scheme for Holistic Nourishment (POSHAN) Abhiyaan -- to address multiple forms of malnutrition. POSHAN Abhiyaan on one hand looks to synergise all these efforts by leveraging technology to achieve the desired goals and on the other, intends to convert Nutrition Awareness into a “Jan Andolan” or “People’s Movement”. To give Jan Andolan on Nutrition a head start, September 2018 was celebrated as Poshan Maah, which has been able to touch more than 27 crore people across the Country. This was achieved through meaningful partnerships and the invaluable contribution of all.

The Stakeholders’ Bi-annual Report on POSHAN Abhiyaan has been prepared by taking detailed feedback from all stakeholders and it does offer constructive recommendations to accelerate the effectiveness of POSHAN Abhiyaan in the coming months. We hope that this Report serves as a useful resource for Ministries, Departments and States/UTs for evolving effective strategies to address issues pertaining to Health and Nutrition and achieving the POSHAN Abhiyaan targets in times to come.


(Vinod K. Paul)

Place: New Delhi
Dated: 21st December, 2018



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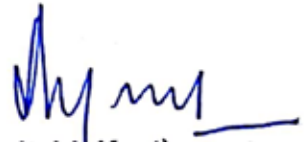
Foreword

With the launch of POSHAN (PM's Overarching Scheme for Holistic Nourishment) Abhiyaan on April 8th, 2018, India has embarked on an ambitious journey to improve the nutritional outcomes of children, pregnant women, and lactating mothers. It is flagship Programme which targets to reduce stunting, under-nutrition, anaemia (among young children, women and adolescent girls) and reduce low birth weight by 2%, 2%, 3% and 2% per annum respectively, and achieve Malnutrition Free India by 2022.

NITI Aayog has been at the forefront to bring transformational change in reducing malnutrition. From launching the National Nutrition Strategy in 2017, NITI Aayog has always played a critical role in shaping POSHAN Abhiyaan and resolving the bottlenecks and ensuring its smooth implementation before its launch. As part of the mandate, NITI is entrusted with the task of monitoring and producing bi-annual Reports to analyse the implementation and progress of POSHAN Abhiyaan. This is the first Report on the Implementation Status of POSHAN Abhiyaan which attempts to evaluate the current readiness of States & UTs to effectively implement the Abhiyaan.

I hope the States and UTs and other key implementers will find the Report useful to understand their strengths and weaknesses and accordingly further strengthen the implementation of the Programme. It is my request to the State and UT Governments to extend continued political commitment and leadership for the Programme and continue to provide an enabling governance climate for the smooth implementation of the Programme. Cross-ministerial and geographic convergence will be key to ensuring quality implementation of POSHAN Abhiyaan. And lastly, we must not forget the power of outreach and behaviour change and thus must put in our efforts to make Nutrition a people's movement.

I would like to take this opportunity to extend my appreciation to all those who contributed in this Report. I look forward to this Programme positively impacting the women, mothers and children of India and help in achieving the goal of inclusive development and a healthy India that our forefathers envisioned of.


(Amitabh Kant)

Date: 19th December, 2018
New Delhi



AUTHORS

This report was prepared by a team at NITI Aayog, led by **Advisor, Health**

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Aayog also gratefully acknowledges the responsiveness of State Governments who provided inputs on the questionnaires sent out to assess implementation readiness and/or attended video conferences. NITI Aayog also acknowledges support from the International Food Policy Research Institute in data validation for the preparedness score and other related inputs.



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ABBREVIATIONS

ANM	Auxiliary Nurse Midwifery
ASHA	Accredited Social Health Worker
AWC	Anganwadi Centre
AWW	Anganwadi Worker
BRG	Block Resource Group
C2IQ	Coverage, Continuity, Intensity, Quality
CAS	Common Application Software
CBE	Community Based Event
CDPO	Child Development Project Officer
DAY- NRLM	Deendayal Antyodaya Yojana – National Rural Livelihoods Mission
DRG	District Resource Group
DWS	Drinking Water and Sanitation
EBF	Early Breast Feeding
H&FW	Health & Family Welfare
HR	Human Resource
ICDS	Integrated Child Development Scheme
IEC	Information, Education and Communication
IFA	Iron and Folic Acid
IFPRI	International Food Policy Research Institute
ILA	Integrated Learning Approach
ISSNIP	Integrated Child Development Services (ICDS) Systems Strengthening and Nutrition Improvement Program
LBW	Low Birth Weight
MAM	Moderate Acute Malnutrition
NFHS	National Family Health Survey
NHM	National Health Mission
PFMS	Public Financial Management System
PMMVY	Pradhan Mantri MatruVandanaYojana
PMO	Prime Minister's Office
POSHAN	Prime Minister's Overarching Scheme for Holistic Nutrition
RD	Rural Development
SAM	Severe Acute Malnutrition
SBCC	Social and Behavioral Change Communication
SHG	Self Help Group
SNRC	State Nutrition Resource Centre
TSU	Technical Support Unit
UT	Union Territory
VHSND	Village Health Sanitation Nutrition Day
WCD	Women and Child Development

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EXECUTIVE SUMMARY



EXECUTIVE SUMMARY:

India embarked on an ambitious effort in 2018 – the Prime Minister’s Overarching Scheme for Holistic Nourishment called POSHAN Abhiyaan -- to address multiple forms of malnutrition. Recognizing that malnutrition levels in India are high and have been slow to change over the last decade, this National Nutrition Mission attempts to address **key essential** components recognized to be critical in the fight against malnutrition– *leadership and an enabling environment, delivery of high impact interventions, including behaviour change communication at scale, multisectoral convergence to address underlying drivers, adequate financing, monitoring to track progress and learn and leveraging technology.*

POSHAN Abhiyaan takes explicit cognisance of the nutrition outcome concerns in India. With a budget of Rs. 9046 crore, POSHAN Abhiyaan is designed to cover all the States/UTs and districts in three phases i.e., 315 districts in 2017-2018, 235 districts in 2018-2019 and remaining districts in 2019-2020. While POSHAN Abhiyaan in itself has an earmarked three year budget of Rs. 9046.17 crore commencing from 2017-18, it really is an overarching framework that seeks to leverage funds, functionaries, technical resources and IEC activities from existing programs and schemes such as the Integrated Child Development Services (ICDS), Pradhan Mantri Matru Vandana Yojana (PMMVY), National Health Mission (NHM), Swachh Bharat Mission (SBM), National Rural Livelihood Mission (NRLM), National Rural Employment Guarantee Assurance (NREGA) and the Public Distribution System (PDS). The idea is to align the efforts of every stakeholder in a direction that could positively impact nutrition outcomes.

The overarching objective of POSHAN Abhiyaan is to tackle the issue of multi-dimensional factors affecting malnutrition through cross-sectoral convergence and contextualized planning at each level of implementation process. Also, it aims to direct the attention of the country towards the problem of malnutrition and address it in Mission-mode, with a vision to ensure attainment of “*Suposhit Bharat*” i.e. Malnutrition Free India by 2022.

Background and Methodology

1. National Institution for Transforming India (NITI) Aayog is at the forefront to bring transformational change in reducing the problem of malnutrition: NITI Aayog has played a critical role in shaping POSHAN Abhiyaan through the development and launch of the National Nutrition Strategy (NNS) in 2017. POSHAN Abhiyaan focuses on the revised package of interventions with a focus on the first 1000 days of a child’s life and on cross-sectoral convergence to emphasize the multidimensional nature of malnutrition and real time monitoring through ICDS-CAS. As a part of POSHAN Abhiyaan Guidelines, NITI Aayog has been entrusted with the task of closely monitoring the Abhiyaan and undertaking periodic evaluations over time. Further, it has been mandated with the task of preparing bi-annual Reports to capture on implementation of POSHAN Abhiyaan.

This is the first progress Report on the Implementation Status of POSHAN Abhiyaan. As the Abhiyaan was launched recently (in March, 2018). The report evaluates the current readiness of States & UTs to effectively implement the Abhiyaan.

2(ii) Data was collected from States and various Ministries and validated by an Independent Validation Agency: a multi-pronged strategy for data collection has been adopted where NITI Aayog reached out to several Ministries, States & UTs and development partners to collect information. Information was sought from the key Ministries ((Ministry of Women and Child Development (MWCD), Ministry of Health and Family Welfare (MoHFW), Ministry of Rural Development (MoRD), Ministry of Human Resource Development (MHRD), Ministry of Panchayati Raj Institutions (MoPRI) and Ministry of Drinking Water and Sanitation (MoDWS)) at the Central level on their various initiatives launched within the ambit of POSHAN Abhiyaan to reduce malnutrition. Data from States & UTs was collected in a detailed format (Annexure II) that was shared with their Women and Child Development Departments. Development Partners with direct presence in the field were encouraged to collect best practices, stories of change, models which can be scaled-up and replicated, which were also shared with NITI Aayog.

International Food Policy Research Institute (IFPRI) is the technical partner of the Technical Support Unit housed within NITI Aayog. Having signed the Statement of Intent (SoI) it was engaged to audit the entire process, right from the data entry stage to computation of the Preparedness Scores.

3. Preparedness Score measures the readiness (or the preparedness) of the States/ UTs to implement POSHAN Abhiyaan: Information received from the States & UTs was clubbed into the following three categories, considered to be critical for the implementation of POSHAN Abhiyaan: (i) Governance and Institutional

Mechanism, (ii) Strategy & Planning and (iii) Service Delivery Essentials.


Elements selected for each domain represent steps that the States and UTs need to take to facilitate the roll-out of POSHAN Abhiyaan as per the administrative guidance from the centre. Data provided by the States was digitized, post which weights were assigned to indicators chosen for the preparedness score in consultation with Experts. Once the weights were assigned, subtotals were computed for each domain. Finally, all the subtotals were summed up to create the final score. A detail of the rubric is placed at Annexure III.

Key Results:

The States and UTs rank differently on Preparedness Score. Preparedness Score computed for States and UTs is based on three components: Governance and Institutional Mechanism, Strategy & Planning, and Service Delivery Essentials (Figure A).

It is seen that among the large States, Chhattisgarh scores highest on the preparedness levels; while Assam is least prepared at the moment to enter the implementation phase. Among the small States, Meghalaya scores the highest whereas Sikkim is at bottom. As far as the UTs are concerned, Chandigarh is best prepared to implement the Abhiyaan, while Lakshadweep scores the lowest in terms of readiness.

On Governance and Institutional Mechanism, Tamil Nadu, Meghalaya and Dadar and Nagar Haveli are best prepared States and UTs. It is perceptible that all States have received funds from Central Government and more than 60% of the States have earmarked it for the implementation of the Abhiyaan. Utilization of the funds by the States/UTs should expedite.

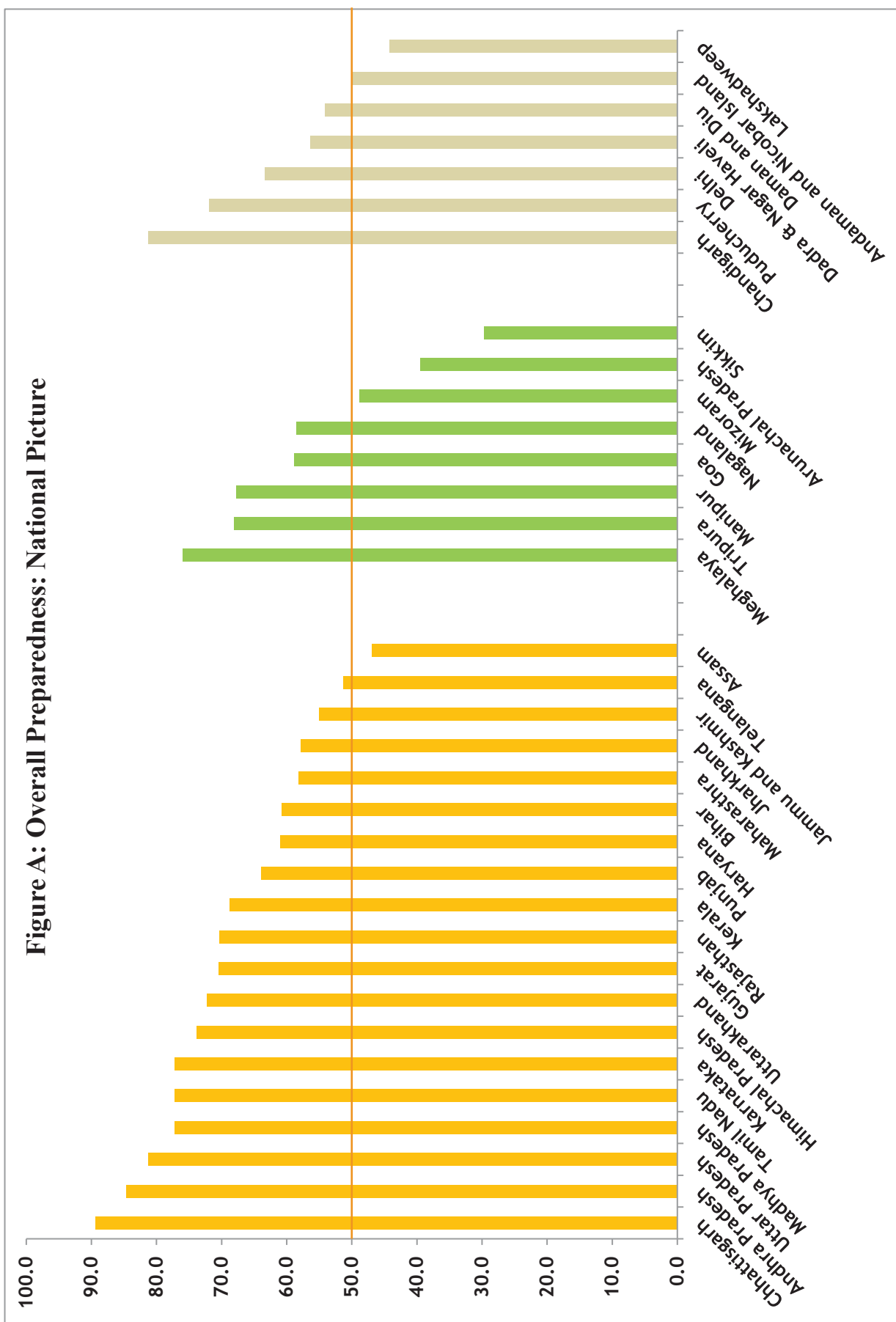


On **Planning and Strategy Formulation**, Chhattisgarh, Meghalaya and Chandigarh are best prepared States and UTs. Additionally, 11 large States, all small States except Arunachal Pradesh and Sikkim and only one UT (Chandigarh) have held a State-level Convergence Action Committee Meeting to formulate the State-level Convergence Plans.

Andhra Pradesh, Goa and Puducherry are best

prepared for the component of **Service Delivery** of POSHAN Abhiyaan. Vacant positions especially at the supervisory level are a big challenge observed in all States and UTs. Most of the States have either procured or started the process of procurement of growth monitoring devices. It was also observed that nine States have started the training process under Incremental Learning Approach (ILA) post the roll-out of POSHAN Abhiyaan.

Figure A: Overall Preparedness: National Picture



Celebrating POSHAN Maah: Under the Chairmanship of the Vice Chairman, NITI Aayog, it was decided to celebrate the month of September 2018 as *Rashtriya POSHAN Maah*. Since behaviour change communication is considered a key intervention to break the intergenerational cycle of undernutrition, the suggestion to establish a dynamic social and behavioral change strategy group, the “POSHAN Abhiyaan Jan Andolan Strategy Group” at NITI Aayog, was endorsed by the National Council.

The various activities undertaken during the POSHAN Maah, touched more than 12.2 crore women, 6.2 crore men and over 13 crore children (males and females). It is worth mentioning that 30.6 crore people were reached in 30 days. POSHAN Maah has given a major impetus to the Abhiyaan.

Honourable Prime Minister contacted with ASHAs, Anganwadi Workers and Auxiliary Nurse Midwifery (ANM) recognized the contribution of grassroot health workers and thanked them for their efforts in building strong and healthy nation.

Campaigns and schemes such as Swachh Bharat Abhiyaan, WASH, MAA, Beti Padhao Beti Bachao etc were leveraged at multiple level by the respective Ministries. Convergence was one of the most crucial aspects of POSHAN Maah, which was replicated from the national level down to the village level.

Recommendations:

The overarching objective of POSHAN Abhiyaan is to tackle the issue of multi-dimensional factors of malnutrition through cross-sectoral convergence and contextualized planning at each level of implementation process. Recommendations to accelerate the effectiveness of POSHAN Abhiyaan in the coming months are as follows:

1. Convergent Action:

- Several Policies have been launched by the concerned Ministries in the preceding year. We would need to

ensure that as a team to implement them effectively at the ground level; keeping in mind the capacities for delivery of those services.

- Globally, the success of nutrition programs has been predicated on a strong commitment on the part of the political and bureaucratic leadership. The composition of the National Nutrition Council which includes Senior Ministers of the Union Cabinet and Chief Ministers of the States is recognition of this fact. We therefore need continued engagement with the Chief Ministers and Chief Secretaries on issues that require cross-sectoral efforts and monitoring at the highest levels. We further need a renewed push for creation of **institutional mechanisms at the State, District, Block and Village** levels to accelerate convergent action required for the implementation of POSHAN Abhiyaan.
- In several Aspirational Districts the strengthening of Village Health Sanitation & Nutrition Days (VHSNDs) has been demonstrably proved to be an efficient platform of converged service delivery at the village level. As per our assessment, a large number of services comprising the package of interventions can be delivered through the VHSND and it would also help streamline the due lists of the ASHA, Anganwadi, ANM trio. We need to scale it up and ensure that high quality service delivery can happen through these VHSNDs.
- While a lot of action has happened in the convergent action centred on MWCD, MoRD, MoHFW, Ministry of Drinking water & Sanitation and Ministry of Panchayati Raj, we need a deeper engagement with Ministry of Agriculture Cooperation & Farmers Welfare for nutrition sensitive interventions in agriculture and food

Production. We should be able to reach out to Agriculture Universities and their Home Science departments to connect them to Districts to devise nutritious recipes for the household using locally available food.

effective roll out of ICDS-CAS as well as quality of interventions taking place at those centres. Active engagement with the telecom industry may be needed to address network connectivity in difficult settings.

2. Governance Issues:

- **Scaling up ICDS-CAS:** The cumulative fund utilization under the Abhiyaan at the time of preparation of the report is roughly around **6% of the allocated budget** with some States and UTs unable to even initiate the spending process. Even where funds have been released, tardiness in initiating procurement of Smart Phones and Growth Monitoring Devices (such as Stadiometer, Infantometer etc) through the GeM portal precludes reaping the full benefit from the scheme by the frontline workers and intended beneficiaries. This needs prioritization at the level of decision makers.
 - o **Human resource:** Vacancies among the front line staff and even more so among the supervisory staff is a common phenomenon across States and UTs. It is one of the most potent threat factors for the success of the Abhiyaan. We need to encourage State Governments to take up special drives not only to fill these vacancies, but to invest in their training and capacity building to enable them to fulfill their roles effectively. Quality supportive supervision could be key differentiator to determine the success or otherwise of the Abhiyaan.
 - o **Infrastructure:** Addressing network and infrastructure challenges at the Anganwadi centres will be necessary to ensure

The setting up and recruitment of personnel of the State Nutrition Resource Centres (SNRC), State Programme Management Units (SPMU) and District Program Management Units (DPMUs) needs to be expedited since they will make a critical difference to the quality and speed of programme implementation.

- **Ensuring full coverage, continuity, intensity and quality of implementation of high impact interventions.** There are significant gaps in the coverage, continuity, intensity and quality of high impact interventions, which need to be addressed on a priority basis: both on the demand as well as the supply side. Addressing coverage for behavior change interventions will require different strategies than addressing coverage for product-related interventions (e.g., micronutrient supplements); Hence, strategies to close gaps will need to be intervention specific.

3. Data and Progress Monitoring:

- Given the **multisectoral nature of the efforts to address malnutrition** under the POSHAN Abhiyaan, it will be essential to consolidate monitoring efforts to develop a joint **nutrition monitoring framework** that encompasses the multiple sources of data currently available on nutrition in India.
- MoWCD and MoHFW currently use different approaches to **tracking common beneficiary populations**; it will be important, therefore to assess ways in which ICDS-CAS and MCTS/RCH can be interoperable to ensure even stronger service delivery convergence.

- **Ensuring quality data to support review and monitoring through ICDS-CAS:** Credible data entry and periodic analysis of data should be done at the Ministry level. Analysis of the periodic data collected is to be utilized for course correction
- Exploring innovative ways to support **data use for decision making** will be key, especially at the Block, District and State levels.

4. *Jan Andolan:*

- **Keeping the focus on ‘Jan Aandolan’ and SBCC alive:** POSHAN Maah has demonstrated the power of convergent outreach for behavior change communication. A focused and coherent SBCC Action Plan is essential to take the work of POSHAN Abhiyaan forward. States and UTs will need to sustain the momentum generated by the POSHAN Maah.
- **Monitoring** the reach of messages delivered under *Jan Andolan* will be essential. The Poshan Maah dashboard developed for this purpose, appropriately modified can serve as a useful tool to keep track of activities under community engagement.
- As a second phase of community engagement, we need to start an engagement with elected representatives at all levels – from the Parliament to the Panchayats – explaining to them the importance of the POSHAN Abhiyaan and the critical role that they are going to play in ensuring the success of the campaign. Appropriate messaging, content and media needs to be adapted from the already existing resources to facilitate this engagement. MWCD, MoRD and

Ministry of Panchayati Raj can come together to jointly plan this campaign. Development Partners and NITI Aayog can be used as facilitators to develop a sustained movement around this work stream. This could also be used a platform to engage with the SHGs to ensure that they can be roped in to play a role in the Abhiyaan.

Conclusions and Way Forward

The POSHAN Aabhiyaan Preparedness Score is a useful tool for systematic measurement of performance across States and UTs as far as their readiness is concern. Rich learning has emerged that will guide improvement of both the methods and the data to make the Scores better. It serves as an important aid in understanding the heterogeneity and complexity of the Nation’s performance in nutritional indicators. It is the first attempt at establishing a tool for measurement of performance across States and UTs on a variety of preparedness parameters within provided domains (Governance and Institutional Mechanism, Strategy & Planning and Service Delivery Essentials). In its first attempt, it may not have achieved perfection; however, it does set the foundation for a systematic output and preparedness based performance measurement.

Owing to the multiplicity of determinants that impact nutritional outcomes, some of these actions may lie outside the ambit of the WCD department. The erudition that have emerged during the process of development of the preparedness score, will guide the States in directing their resources to improve the parameters where they are lagging behind. It further acts as an enabling mechanism to locate loop holes in the system and States can progress in a more procedural way to accomplish the target to combat malnutrition.



CHAPTER 1: INTRODUCTION



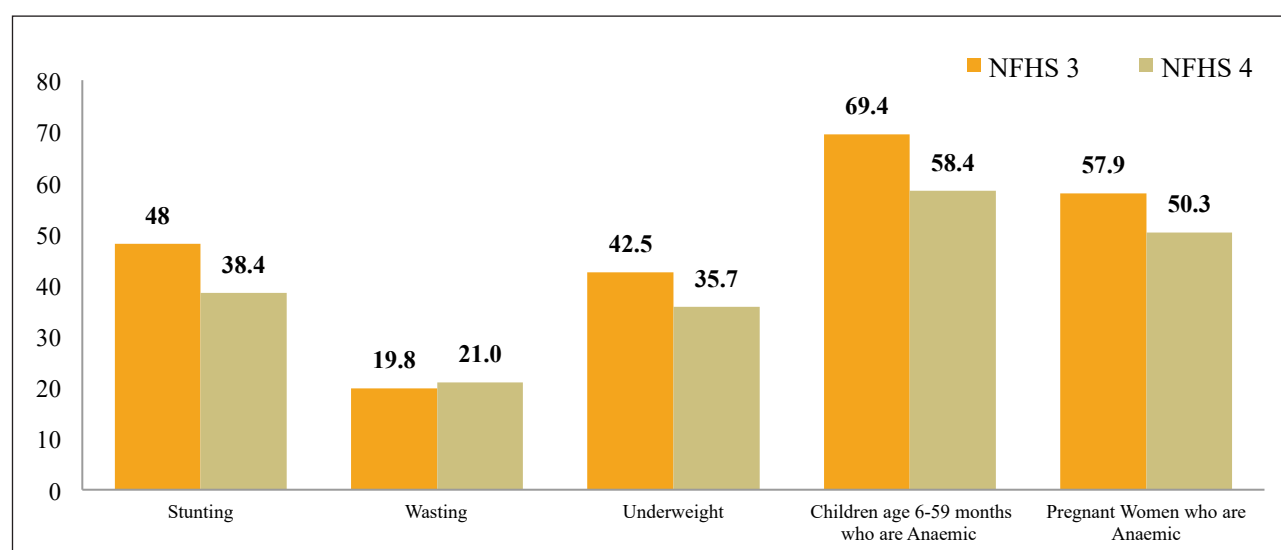
1. INTRODUCTION

POSHAN Abhiyaan (National Nutrition Mission) is India's flagship programme to improve nutritional outcomes for children, pregnant women and lactating mothers. The programme aims to ensure service-delivery and interventions by use of technology, behavioural change through convergence and lays down specific targets to be achieved across different monitoring parameters over the next few years.

Launched by the Prime Minister on the occasion of the International Women's Day on 8th March 2018 from Jhunjhunu in Rajasthan, the

POSHAN (*Prime Minister's Overarching Scheme for Holistic Nutrition*). Abhiyaan directs the attention of the country towards the problem of malnutrition and aims to address it in a mission-mode. Affecting every third child and every second woman in this country, the mission recognizes that the repercussions of malnutrition are lifelong and irreversible. While the NFHS-4 data reflects some progress over the last decade in bringing down undernutrition levels, the pace of reduction is neither commensurate with India's economic growth nor at par with other countries which have shown significant progress in reducing undernutrition levels.

Figure 1: Progress over the Decade



1.1. FEATURES

In this report, we summarize India's progress on the POSHAN Abhiyaan, focusing on efforts that commenced with the launch of the Nourishing India strategy in Sept 2017. We focus especially on assessing the state of leadership and an enabling environment, convergence and delivery of high impact interventions, monitoring and learning, the rollout of the *Jan Andolan*, India's flagship behaviour change and community mobilization effort for malnutrition. We also touch upon issues of financing.

POSHAN Abhiyaan (previously called the National Nutrition Mission) is India's flagship programme to improve nutritional outcomes for children, pregnant women and lactating mothers(<https://www.india.gov.in/spotlight/poshan-abhiyaan-pms-overarching-scheme-holistic-nourishment>). The Abhiyaan is a multi-ministerial convergence mission with the vision to ensure attainment of malnutrition free India by 2022.

With a budget of Rs.9046 crore, POSHAN Abhiyaan is designed to cover all the states/UTs and districts in three phases i.e., 315 districts in 2017-2018, 235 districts in 2018-2019 and remaining districts in 2019-2020. While POSHAN Abhiyaan in itself has an earmarked three year budget of Rs.9046.17 crore commencing from 2017-18, it really is an overarching framework that seeks to leverage funds, functionaries, technical resources and IEC activities from existing programs and schemes such as the Integrated Child Development Services (ICDS), Pradhan Mantri Matru Vandana Yojana (PMMVY), National Health Mission (NHM), Swachh Bharat Mission (SBM), National Rural Livelihood Mission (NRLM), National Rural Employment Guarantee Assurance (NREGA) and the Public Distribution System (PDS). The idea is to align the efforts of every stakeholder in a direction that could positively impact nutrition outcomes. The program focuses on strengthening policy implementation (at central and state level) to improve targeting (identification of high burden districts), enhance multi-sectoral convergence, develop innovative service delivery models and rejuvenate counselling and community-based monitoring. POSHAN Abhiyaan aims to reduce child stunting, underweight and low birth weight

by 2 percentage points per annum and anaemia among children (and young females) by 3 percentage points per annum.

The objective of POSHAN Abhiyaan is to reduce stunting across districts with the highest malnutrition burden by improving utilization of key Anganwadi Services and improving the quality of Anganwadi Services delivery. In addition, the POSHAN Abhiyaan explicitly recognizes the need for convergence and coordination such that the benefits of multiple government schemes and programs reach women and children in the first 1000 days. It aims to put in place mechanisms to overcome the lack of synergy through robust convergence mechanisms. The programme also aims to ensure service-delivery and interventions supported by use of technology, behavioural change through convergence and lays down specific targets to be achieved across different parameters over the next few years.

With the overarching aim to build a people's movement (*Jan Andolan*) around malnutrition, the POSHAN Abhiyaan intends to significantly reduce malnutrition (Figure 2) in the next three years. It is being rolled out in phase wise manner, started with the 315 priority (high-burden) districts in the first year.

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

The prominent features of POSHAN Abhiyaan are:

- A high impact package of interventions with a focus on (but not limited to) the first 1000 days of a child's life.
- Strengthening delivery of this high impact package of interventions through
 - o Remodelling of nutrition monitoring through the introduction of ICDS-CAS which leverages technology for management as well as monitoring.
 - o Improving capacities of frontline workers through the **Incremental Learning Approach (ILA) mechanism**.
 - o Emphasizing convergent actions among the frontline workforce, including through performance linked joint incentives for the 3As (ASHA, Anganwadi & ANM).
- A focus on *cross-sectoral convergence* to emphasize the multidimensional nature of malnutrition, mapping of various Schemes contributing towards addressing malnutrition.
 - o Convergence committees at the state, district and block levels will support decentralized and convergent planning and implementation, supported by *flexi-pool* and *innovation funds* to encourage contextualized solutions.
- Ramping up behaviour change communication and community mobilization through *Jan Andolan*, a large-scale national nutrition behaviour change campaign that uses community-based events, mass media and other approaches.

What is needed to accelerate progress on nutrition? The literature and global experiences on reducing malnutrition rapidly suggest that **5 key components** are essential – *leadership and an enabling environment, delivery of high impact interventions, including behaviour change communication, at scale, multisectoral convergence to address underlying drivers, adequate financing, and monitoring to track*

progress and learn.

1.2 NATIONAL LEVEL SET-UP & NITI AAYOG'S MANDATE

NITI Aayog has played a critical role in shaping POSHAN Abhiyaan. The National Nutrition Strategy, released by NITI Aayog in September, 2017 presented a micro analysis of the problems persisting within this area and chalked out an in-depth strategy for course correction. Most of the recommendations presented in the strategy document have been subsumed within the design of the Abhiyaan and now that the Abhiyaan has been launched, NITI Aayog has been entrusted with the task (a) bringing about convergence and role clarity among the various ministries as well as states; (b) providing oversight for monitoring and evaluation of how the mission is being implemented; (c) providing technical support; and (d) mobilizing philanthropies and others to build a *Jan Andolan* around POSHAN

As a part of its mandate, National Council on India's Nutrition Challenges under the Chairmanship of Vice-Chairman NITI Aayog is required to submit a report on the Status of Implementation of POSHAN Abhiyaan every six months to the Hon'ble PM

The task of implementation of POSHAN Abhiyaan is to be carried out by CPMU, POSHAN Abhiyaan under MoWCD. The Technical Support Unit (TSU) has been established at NITI Aayog to conduct and facilitate the Monitoring and Evaluation of POSHAN Abhiyaan. It also provide research, policy and technical support to the Abhiyaan.

National Council on India's Nutrition Challenges and National Technical Board on Nutrition (NTBN) are guiding bodies for formulating and guiding POSHAN Abhiyaan

1. **National Council on India's Nutrition Challenges under POSHAN Abhiyaan:** Under the Chairmanship of Vice-Chairman of NITI Aayog, National Council on India's

Nutrition Challenges has been constituted to act as an apex body to formulate overall policies, guiding and monitoring all nutrition based schemes highlighting the life cycle approach. The key role of the Council is also to coordinate and review convergence among Ministries for providing policy directions to address challenges through coordinated inter-sectorial action. It is worth mentioning that the Chief Ministers and Collectors are also part of the Council Meeting to personify and comprehend the State specific issues at National level.

The National Council has met thrice till now. The main issues initiated and finalized during the meetings include:

- (i) Finalization of “Package of interventions to be provided during the first 1,000 days of child’s life”
- (ii) Outlined the POSHAN Maah Celebration Framework during September 2018.
- (iii) Discussion on Food Fortification

2. National Technical Board on Nutrition (NTBN):

Understanding that nutrition is a complex and technical issue, GoI has recommended the formulation of National Technical Board on Nutrition (NTBN). NTBN is a platform created to support POSHAN Abhiyan and provide technical, scientific and evidence based guidance and inputs divested from Commercial conferred interest. It has been set up under the Chairmanship of Member, Health and Nutrition NITI Aayog on the lines of National Technical Advisory Group on Immunization (NTAGI) wherein this scientific and technical body would discuss technical issues on Nutrition and give appropriate recommendations for the Central Ministries and State Governments to take timely and efficient decisions. National Technical Board on Nutrition (NTBN) was notified in January,

2018 and has met twice since then.

Like NTAGI, NTBN is supported by Scientific Sub Committee (SSC), co-chaired by Secretary DBT and Secretary DHR. SSC-NTBN has been formulated with the objective of giving technical recommendations to NTBN on the policy relevant issues referred, to coordinate and collation of the, synthesis of existing and operational research and identify the research gaps for setting up of potential research agenda and to examine malnutrition related challenges such as high prevalence of anaemia, diarrhoea etc. its causes and potential interventions


Some of the critical issues that have been taken up by NTBN include:

- Issuance of Operational Guidelines on Home-Based Young Child Care (HBYC)
- Issuance of Operational Guidelines on Community based Management of Severe Acute Malnutrition (C-SAM)
- Working out Detailed Modalities for Mid Level Evaluation of POSHAN Abhiyaan.


3. Executive Committee:

The Executive Committee under the Chairmanship of Secretary MoWCD is the apex body for Nutrition related activities (for children under 6 years of age, P&LM, AGs), it is to monitor and review implementation of all nutrition related components across line Ministries. It has met 3 times till October 2018 and has focused on the implementation and roll-out of the Abhiyaan across the Country.

The united efforts of all the Ministries at Centre and State level are positively impacting the Implementation of POSHAN Abhiyaan represents the connecting role of NITI Aayog in the context of the Abhiyaan.



CHAPTER 2: MULTISECTORAL CONVERGENCE AND POLICY ACTION



2. POLICY INITIATIVES

Eliminating undernutrition requires actions across multiple sectors. Women and children must receive food with adequate energy, protein, and micronutrients and at the same time have access to safe water, good sanitation, and quality health care. Ensuring that adequate food, health, and care reach a mother and a child at the same place and the same time is challenging. The services that need to be delivered and the actions that need to be taken are not led by the same sector, agency, or actor. The agricultural sector, for example, focuses mostly on food production, while the health sector usually focuses on clinical care, rather than on care and feeding at home. Therefore, bringing sectors together is critical.

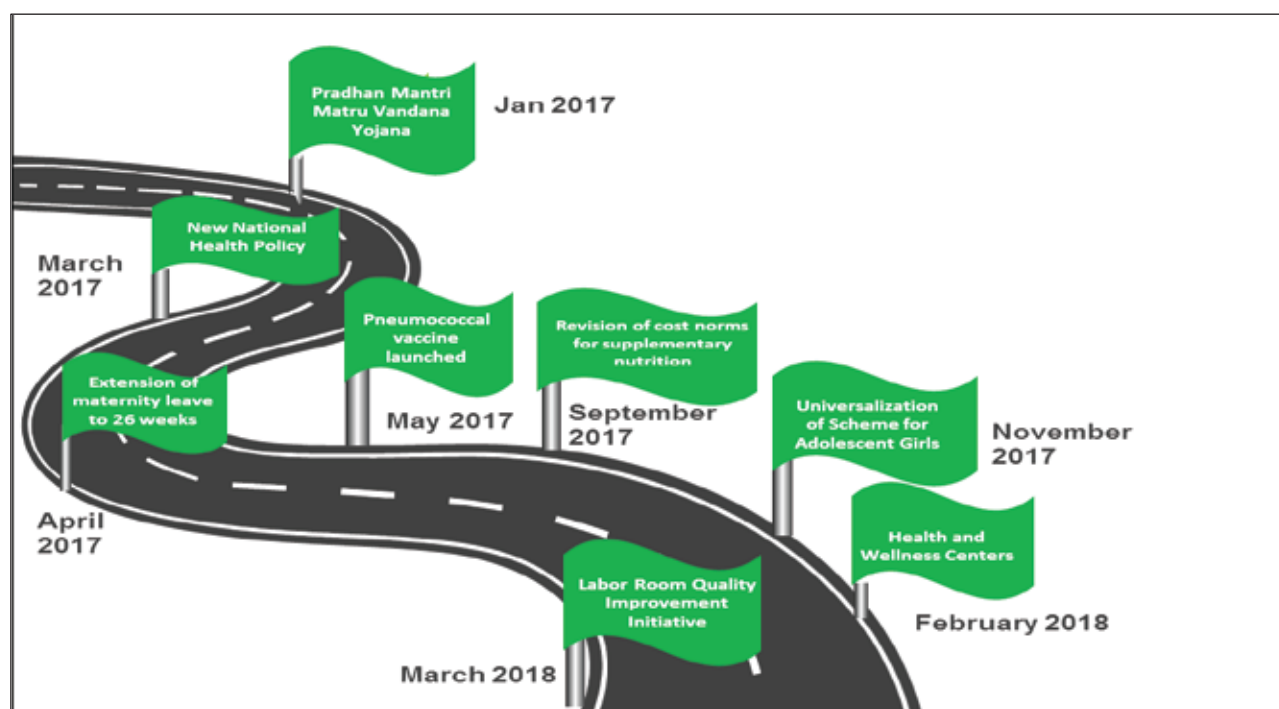
The year 2017 witnessed major government action to tackle the issue of malnutrition in the country, culminating with the approval of the Rs. 9000 Crore for the POSHAN Abhiyaan. The

launch of the POSHAN Abhiyaan has been a watershed in the series of enhanced allocations, policy measures and advisories issued by the Government of India towards the goal of eradicating malnutrition in the country. This flagship Abhiyaan not only gave momentum to the existing programs, reoriented policy choices and aligned several sectors towards the common goal of eradication malnutrition from the country, but also has been instrumental in instigating a range of policy actions under its ambit within a short span of time

2.1 Policy initiatives in Nutrition and Allied Sectors

The launch of POSHAN Abhiyaan has been a watershed in the series of enhanced allocations, policy measures and advisories issued by the Government of India towards the goal of eradicating malnutrition in the country (Figure 3).

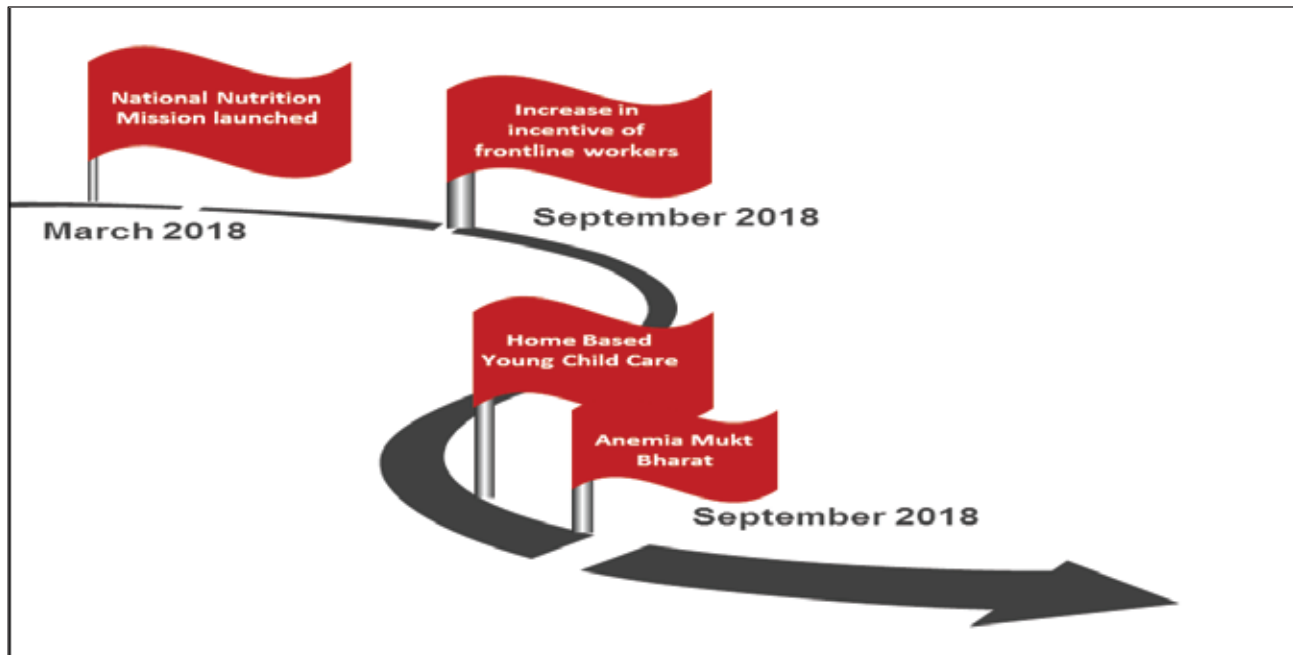
Figure 3: Key Government Initiatives in Nutrition and Allied sectors



The Abhiyaan has not only given momentum to existing programs, reoriented policy choices and aligned several sectors towards the common goal of eradication malnutrition from the

country, it has also been instrumental in instigating a range of policy actions under its ambit within a short span of time (Figure 4).

Figure 4: Important Policy Actions under the ambit of POSHAN Abhiyaan



The year 2017 witnessed major Government action to tackle the issue of malnutrition in the country, culminating with the approval of the Rs. 9000 crore for POSHAN Abhiyaan. The major Government initiatives in the nutrition and allied sectors have been summarized below, in chronological order:

1. **Pradhan Mantri Matru Vandana Yojana (PMMVY) for pregnant and lactating women:** The biggest pan-India Maternity Benefit Programme, the *Pradhan Mantri Matru Vandana Yojana* (PMMVY) for pregnant and lactating women was announced on 31st December, 2016, and made effective from 1 January, 2017. Under this programme, the eligible beneficiaries receive cash incentive of Rs 6000/- as per approved norms during pregnancy and after institutional delivery. A budget of Rs. 2016.37 crore was sanctioned to all the 36 States/UTs under the PMMVY during 2017-18. About 59.5 lakh beneficiaries were

registered under this scheme and total budget disbursed was 1600 crore (*Sorce: PMMVY-CAS portal; updated till 28th Nov., 2018*).

2. **New National Health Policy, 2017:** The new National Health Policy of the country was approved by the Cabinet on 15th March 2017, after a gap of 15 years. The Policy seeks to advance the agenda of Universal Health Coverage through affordable and accessible healthcare for all through provision of a larger package of assured comprehensive primary healthcare through the Health and Wellness Centers (HWCs). One major commitment of the Policy is to raise the public health expenditure progressively to 2.5% of the GDP by 2025.
3. **Extension of maternity leave to 26 weeks (~6 months) of age:** In a major initiative for working women, maternity leave was extended from previous provision of 12

weeks to a period of 26 weeks (~6 months) effective 1 April 2017. This is a noteworthy initiative to ensure that working women are able to continue exclusive breastfeeding for their infants till the recommended age of 6 months.

4. Launch of Pneumococcal Vaccine (PCV):

The Pneumococcal vaccine (PCV) was launched in a phased manner in Universal Immunization Program (UIP) in May 2017 with an aim to reduce infant mortality and morbidity caused by pneumococcal pneumonia. At present, PCV vaccine has been introduced in all districts of Bihar, Himachal Pradesh, Madhya Pradesh, twelve districts of Uttar Pradesh and nine districts of Rajasthan.

5. Revision of cost norms for supplementary nutrition:

On 20th September 2017, the Government approved increase of cost norms for Supplementary Nutrition for the beneficiaries of Anganwadi Services and for Adolescent Girls (11-14 years out of school) under the Umbrella ICDS Scheme along with annual cost indexation for increase in rates in future. It is expected that the revision in the cost norms of supplementary nutrition will impact the health and nutritional status of about 11 crore beneficiaries per annum.

6. Universalization of Scheme for adolescent girls:

The Government approved the universalization of the Scheme for adolescent girls for out of school girls in the age group of 11-14 years to provide them nutrition support and vocational training on 16 November, 2017. Subsequently, the Scheme has been extended to additional 303 districts in addition to previous 205 districts across the country in 2017-18. As reported by the States/UTs, the additional allocation is estimated to benefit 81.97 lakh adolescent girls.

7. Creation of Health and Wellness Centers (HWCs): As discussed earlier, the Government had envisioned the creation of HWCs as the foundation of India's health system under the National Health Policy.

In February 2018, Government allocated Rs. 1200 crore to transform 1.5 lakh existing Sub-health Centers to Health and Wellness Centers (HWCs) such that they are able to provide comprehensive primary healthcare to meet the growing needs of people. The HWCs are expected to provide preventive, promotive, rehabilitative and curative care for a package of services related to RMNCH+A, communicable diseases, non-communicable diseases, Ophthalmology, ENT, Dental, Mental, Geriatric care, treatment for acute simple medical conditions and Emergency & Trauma services. A total of 1.5 lakh SC/PHCs are targeted to be transformed into Health and Wellness Centers by December 2022.

8. Launch of the Labour Room Quality Improvement Initiative (LaQshya):

Ministry of Health and Family Welfare (MoHFW) launched the Labour Room Quality Improvement Initiative (LaQshya) to improve the quality of care being provided to the pregnant mother in the Labor Room and Maternity Operation Theatre to reduce preventable maternal and new-born mortality, morbidity and stillbirths associated with the care around delivery and ensure respectful maternity care. The initiative plans to conduct quality certification of labor rooms and also incentivize facilities achieving the targets outlined. The initiative will be implemented in Government Medical Colleges besides District Hospitals and high delivery load Sub-District Hospitals and Community Health Centers.

9. The Home-Based Care of Young Child

(HBYC) program: The HBYC programme has been launched in September 2018 with the aim to plug the gap between health system contacts with family which ends at 42 days of life beyond which ASHAs only conduct household visits at 9 and 15-18 months of age to mobilize the children for immunization. The programme proposes home visits by ASHA starting from 2- 3 months of age and continuing in second year till 15 months of age.

10. Anemia Mukh Bharat: intensified Iron-plus Initiative was also launched in September 2018 with the aim to strengthen the existing mechanisms and foster newer strategies for tackling anemia, focused on six target beneficiary groups, through six interventions and six institutional mechanisms; to achieve the envisaged target under the POSHAN Abhiyaan.

Major policy initiatives related to the launch of POSHAN Abhiyaan

POSHAN Abhiyaan has initiated a range of policy actions to support improved performance of nutrition actions after its launch. These include the following:

- **Increase in the incentive of frontline workers.** Recognizing the key role frontline workers play in service delivery at the level of the community, government has announced a substantial increase in the incentives for the frontline workers, i.e., AWWs, ASHAs and their helpers.
- **Joint advisories issued by various line Ministries.** The major cross-sectoral convergence action initiated by the Abhiyaan is evident by the fact that many line Ministries have issued Joint Advisories:
 - o Joint advisory to the state Chief Secretaries by the MoWCD, MoHFW, MoPR and RD, MoDWS, and Department of School Education to

achieve convergence between the different Departments in line with the objectives of the Poshan Abhiyaan

- o Joint Advisory to the Chief Secretary by the Department of Rural Development and Ministry of Panchayati Raj- wherein Gram Panchayats are advised to hold meetings to discuss the nutritional aspects along with health and sanitation issues of their respective Panchayat they have also been advised weigh the children and display their weights in the AWC.
- o Various joint advisories for effective implementation of Jan Andolan.

- **Release/formulation of National Guidelines on key nutrition issues.** The government has recently released national guidelines for establishing lactation management centres in public health facilities, guidelines for home-based young child care, and Anemia Mukh Bharat. The formulation of guidelines on Community-Based Management of Severe Acute Malnutrition (C-MAM) and Infant and Young Child Feeding (IYCF) are also in process.

It is worthy to note that besides the above achievements, POSHAN Abhiyaan has also provided a major thrust to several existing Schemes/Programs under its ambit. The revitalization of the existing Programs/Schemes entails enhanced allocations and coverage, as well as initiation of additional sub-schemes individualized to the needs of the beneficiaries. Notable among these are:

1. **Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA):** MGNREGA aims at enhancing livelihood security of the households in rural areas of the country by providing at least one hundred days of guaranteed wage employment in a financial year. The scheme received an allocation of Rs.48, 000 crore for the FY 2017-18, which

is the highest ever allocation for MGNREGA. During 2017-18 so far, 4.35 crore households were provided employment in 156 lakh works, generating 160 crore person-days of employment. Out of the total employment, 54% have been generated for women, well above the statutory requirement of 33%.

2. Deen Dayal Antyodaya Yojana-National Rural Livelihoods Mission (DAY-NRLM):

The DAY-NRLM seeks to reach out to 8 to 9 crore rural poor households and organize one woman member from each household into affinity based women SHGs and federations at village level and at higher levels.

- During the year 2017-18 (as on October 2017), cumulative 4330 blocks were covered in total and over 56 lakh households had been mobilized into 4.84 lakh Self Help Groups (SHGs). The SHGs were also extended a capitalization support of Rs. 729.74 crore and a total amount of Rs. 35410.42 lakh was disbursed to 2.84 lakh SHGs as Revolving Fund.
- “Aajeevika Grameen Express Yojana (AGEY)” has been initiated as a sub scheme on a pilot basis under DAY-NRLM to provide an alternative source of livelihoods to members of SHGs under DAY-NRLM by facilitating them to operate public transport services in backward rural areas and to provide safe, affordable and community monitored rural transport services to connect remote villages with key services and amenities for the overall economic development of the area by making use of the supports available within the framework of DAY-NRLM.

3. Universal Implementation of the National Food Security Act, 2013 (NFSA): NFSA 2013 has now been implemented in all 36 States & UTs, benefiting 80.72 crore persons in the country by providing them access to

highly subsidized food grains at Rs.1/2/3 per kg. for coarse grains/wheat/rice, respectively.

For the first time under NFSA, an arrangement has been made wherein Rs.29.59 crore has been released to State Governments as Central assistance to meet the expenditure incurred on intra-state movement of food grains and fair price shop dealers’ margins during the Financial Year 2017-18 (up to 13.12.2017). Under erstwhile TPDS, State Governments were required to either meet this expenditure on their own or pass it on to beneficiaries.

4. Introduction of a pilot scheme on direct bank transfer of subsidy amount:

A pilot scheme on DBT (in-cash & in-kind) on the pattern of “PAHAL” has been launched in Nagri Block of Ranchi District, Jharkhand w.e.f. October 2017. Under this scheme, the subsidy amount (economic cost, less the central issue price) is directly transferred into the bank account of the eligible NFSA beneficiaries in advance in the beginning of the month. The beneficiary then can purchase the food grains as per entitlement from the Fair Price Shop at economic cost of the food grains after authentication on Point of Sale (PoS) device. Central Issue Price is contributed by the beneficiary. This model enables continued support to the procurement exercise from farmers at MSP, while disincentivizing any leakage of food grains from PDS.

5. Intra state portability of ration cards:

Facility enabling PDS beneficiaries to lift their entitled food grains from any fair price shop in the State where ePoS device has been installed has been started in states of Andhra Pradesh, Haryana, Jharkhand, Karnataka, Chhattisgarh (750 FPSs), and Telangana (2273 FPSs).

6. Integrated Management of PDS: A new Central Sector Scheme has been approved to be implemented during FY 2018-19 and FY 2019-20 for establishing Public Distribution

System Network (PDSN) to implement national level portability, central data repository and central monitoring system of PDS operations.

7. Launch of ePoS transactions portal:

Annavitran Portal (www.annavitran.nic.in) has been implemented to display electronic transactions made through ePoS devices for distribution of subsidized food grains to beneficiaries.

8. Ayushman Bharat: Pradhan Mantri Jan Arogya Yojana (PMJAY), in September 2018. The Scheme will provide cashless and paperless access to services for the beneficiary at the point of service of up to 5 lakh rupees per family per year for secondary and tertiary care hospitalization. The scheme envisages to cover over 10 crore poor and vulnerable families (approximately 50 crore beneficiaries) and will be the world's largest fully government-financed health care program when fully implemented. Ambitious, and yet concrete, this policy initiative is India's decisive step towards achieving the agenda of Universal Health Coverage in the country.

9. Other Health Initiatives: the Home Based Newborn Care (HBNC) program wherein the Accredited Social Health Activist (ASHA) visits the newborns and their mothers at home up to 42 days of life to improve postnatal care for the mother-infant, National Deworming Day to combat soil-transmitted helminth infections; *Rashtriya Kishor Swasthya Karyakram*, focusing on sexual reproductive health, nutrition, injuries and violence, non-communicable diseases, mental health and substance misuse; adolescent friendly health clinics which act as the first level of contact of primary health care services with adolescents; and *Mission Parivar Vikas* to increase access to contraceptives and family planning services in districts with TFR of three and above.

Medical management of Severely Acute

Malnourished (SAM) children are also carried out by specialised health units called Nutrition Rehabilitation Centers (NRCs) across country under National Health Mission

2.2 Specific actions Across the Multiple Ministries and Line Departments Supporting POSHAN Abhiyaan

POSHAN Abhiyaan is a multi-ministerial effort to address malnutrition through tackling its many determinants by strengthening and converging actions to support nutrition in many ministries. Although efforts are led by the Ministry of Women and Child Development, critical actions have also been taken in the Ministry of Health and Family Welfare, Ministry of Rural Development, Ministry of Drinking Water and Sanitation, and others. We summarize these below.

2.2.1 Ministry of Women and Child Development (MoWCD)-

is the nodal Ministry for the implementation of POSHAN Abhiyaan. In addition to several Joint Directives and Advisories issued, especially by the Ministries of WCD and Health on matters such as joint reviews, cross-sectoral convergence, integration of SHGs with health and nutrition work among others; measures have been taken by the MoWCD to fast-track implementation of the Abhiyaan. The Ministry guided the preparations leading to the launch of the Abhiyaan. Post launch, MoWCD has been interacting with the States and UTs regularly through video conferences to mitigate challenges. At the National level, both the National Council on India's Nutrition Challenges as well as the Executive Committee have met more than twice to discuss several issues. MoWCD maintains and updates a website on all aspects related to the Mission. <https://www.icds-wcd.nic.in/nnm/home.htm>

Ten Guidelines/Manuals covering various aspects of the Common Application

Software (ICDS-CAS) software, its implementation have been formalised, printed and distributed right up to the district level, including detailed Guidelines for conducting Community Based Events (CBEs). The web enabled online digitization will strengthen the monitoring of the service delivery of Anganwadi Centres in the country. Translations of the above-mentioned Guidelines have been done in 15 regional languages. Guidelines and 21 Incremental Learning Approach (ILA) Modules have been released in English and Hindi including a digital version for the frontline functionaries to learn using a mobile application and the progress can be monitored on the Dashboard. 11 out of 21 ILA Modules have been digitised. The ILA training activities are at various stages across the States/UTs. A six-month nutrition course for frontline functionaries is being developed in conjunction with National Institute of Nutrition (NIN).

A meeting to brief and seek inputs from all stakeholders was organised on 3rd & 13th August 2018. A National orientation workshop was organised on 23rd August in New Delhi, which was followed by State Level Workshops on 27th August 2018. The field level efforts were recognised through an Awards Ceremony held on 10th October 2018.

2.2.2 Ministry of Health and Family Welfare (MoHFW)-has played a vital role to ensure the success of POSHAN Abhiyaan. **National Health Mission (NHM)** under MoHFW plays a key role to achieve related goal for reduction of under nutrition, anaemia and prevalence of low birth weight. Various health sector interventions under NHM e.g., promotion of early initiation of breastfeeding, immunisation, control of childhood illness, iron and folic acid supplementation, adolescent nutrition and deworming are instrumental in success of the Abhiyaan.

Health Sector interventions such as Anaemia Mukta Bharat, National De-worming Days (NDDs), Universal Immunisation, Promotion of IYCF at health facilities and communities have been intensified and closely monitored. 35 States and UTs have started various activities Mother's Absolute Affection Programme (MAA). Control of Childhood Diarrhoea through, Ministry of Health launched nationwide (IDCF), Nutritional deficiency screening among children, Nutrition counselling and education at schools and villages, food fortification are being strengthened for improving POSHAN Abhiyaan outcomes. Resources have been developed for extensive advocacy, awareness and counselling on all key interventions.

Home Based Care for the Young Child (HBYC) programme was also launched in September, 2018 to implement additional home visits over and above the existing HBNC visits for nutrition promotion. The aim is to increase community awareness regarding breastfeeding, complementary feeding, WASH practices, early care seeking for childhood illness and ECD for successful reduction of underweight and stunting. Joint letter was sent to all States/UTs for its implementation. *Pradhant Mantri Surakshit Matritva Abhiyaan* (PMSMA) has been implemented across the country which aims at high coverage of quality ANC involving dietary counselling to pregnant mothers to reduce the prevalence of low birth weight babies. Village Health, Sanitation and Nutrition Days (VHSNDs) are held across the country monthly for health and nutrition promotion at village level mostly at AWCs by active community participation. Convergence is to be ensured by active participation of ASHA, ANM, AWW, local PRI and SHG for mobilisation of children, pregnant and lactating mothers for

successful VHSNDs. Intensified Mission Indradhanush (IMI) has been implemented as a supplemental aggressive action plan to achieve the target of more than 90% immunization coverage in select districts and urban areas of the country with low immunisation coverage. Rashtriya Bal Swasthya Karyakram (RBSK) involves periodic screening of health and nutrition status of children by RBSK teams using AWC and Schools as platforms and make referrals to Nutrition Rehabilitation Centres for treatment. Health and Nutrition Indicators are identified for team-based incentives for promotion of nutrition under NHM. A total annual incentive is Rs 20,000 would be divided in the ratio of 75:15:10 between ASHA ANM and Anganwadi Worker.

2.2.3 Ministry of Panchayati Raj Institution (MoPRI)-Panchayati Raj institutions play a major role in facilitating all stakeholders in achieving the objectives of POSHAN Abhiyaan. MoPRI geared up the communities for nutrition related activities by organizing *Gram Sabhas* during the launch of POSHAN Abhiyaan in March 2018 by the Honourable Prime Minister. Advisories were prepared and sent to sensitize the PRI members on the issues related to nutrition and action for convergence. PRI has launched *Sabki Yojna Sabka Vikas*, a People's Plan campaign which has been rolled out from 2nd October. Structured Gram Sabha meetings are being organized for preparing Gram Panchayat Development Plan (GPDP) for 2019-20. Acknowledging that nutrition is one of the 29 subjects listed in the Eleventh Schedule of the Constitution, it has been decided that detailed presentations made by the frontline workers of the department will be incorporated in the GPDP planning process by the Gram Sabha. The Mission *Antyodaya* app is being used for collection of data and validation by the Gram

Panchayats including on health, nutrition and sanitation parameters.

Strengthening of the SHGs and PRI convergence in the participatory Gram Panchayat development plan is also envisaged. Goals set for GP including localisation of SDGs will be for example, Open defecation-free Panchayat, safe drinking water available to all households of GP, destitute free GP, child labour-free GP, trafficking free-GP, 100% Anganwadi enrolment GP, 100% school enrolment GP, 100% child and mothers are covered through immunization GP, malnutrition-free GP, infant death free GP. Work done by Panchayats in POSHAN Abhiyaan will be assessed, and best performing Panchayats will be incentivized. Awards may be instituted for in each State for the same. Short films will be prepared on good work of Panchayats and disseminated for scaling up.

2.2.4 Ministry of Rural Development (MoRD)-is one of the key Ministries working for the POSHAN Abhiyaan. MoRD, MWCD and MoHFW have jointly issued an advisory on 17th January, 2018 recommending key areas and modalities to involve the SHGs and Village Organizations (VOs) in health and nutrition related activities to accomplish improved results on nutrition. These are follows:

1. Convergence through Village, Health, Sanitation and Nutrition Day (VHSND)
2. Convergence for Behavioural Change and Communication.
3. Convergence for Monitoring and Management of Nutritional Status of Women & Children.
4. Convergence through Common Use of Infrastructure.
5. Promoting Livelihoods for Women's Collectives.

In order to promote nutrition through farm livelihoods, *Mahila Kisan Sasha ktikaran Pariyojana* (MKSP) of agro-ecological

practices have resulted in well-diversified farming systems, low cost of cultivation, cultivation of vegetables as additional cash crop, aggregating marketable surplus and regular supply to market, finally positioning organic agriculture.

UNICEF supported *Swabhimaan* Project (2016-20) evaluates the delivery of a package of 18 essential nutrition (specific and sensitive) interventions via *Aajeevika* (National Rural Livelihood Mission) promoted village organizations (federation of women groups) to improve girls' and women's nutrition before conception, during pregnancy and after birth in three Indian states: Bihar, Chhattisgarh and Odisha. The aim of the project is to engage with SHG, VO and Cluster Level Federations for behavioural change, engagement of adolescents, screening and care of most at nutritional risk factors. Findings of the project will be used for the convergent action plan for POSHAN Abhiyaan.

Interventions on Food, Nutrition, Health and WASH Interventions (FNHW) has been proposed based on convergence and partnership between community institutions and relevant line departments. *Dashasutri* based practices of the Self Help Groups based on ten core principles of democratic Governance, transparent, inclusive micro-finance and social development are being emphasized. Interventions ensure the entitlements, behaviour change at the individual / family/ community level and capacity building efforts through workshops are conducted.

Take Home Ration: Under convergence activity, nutritious food is being provided to the children at Anganwadi Centers. The decentralized model of production and distribution of the THR in collaboration with *Kudumbashree* adopted by the Government of Kerala is most popular. In this model, members of the SHGs are

producing supplementary nutrition under *NutrimixAmrutham* for children between 6 months and 3 years. They are also providing hot cooked meals under Mid-Day-Meal scheme at School.

SHGs participation is seen critical in community-based events, mobilizing demand generation, establishing Agri-nutrition linkages to promote dietary diversification. Convergence with Nutrition Sensitive Interventions by SHGs have been strategized to support POSHAN Abhiyaan. VHSNDs have been envisaged to be strengthened through Convergence and Participation of VOs and SHGs. They are expected to play an important role in identification of vulnerable children and women in communicating the message of behaviour change, seen as the medium for wider dissemination of SBCC messages essential in achieving Nutritional outcomes. Measures have been incorporated to integrate the SHGs under Deendayal Antyodaya Yojana-National Rural Livelihoods Mission (DAY-NRLM) for health and nutrition work and workforce contributing in women's empowerment.

Vulnerability Reduction Funds form an important aspect to support families in need of food/medical care and transport expenditure of SAM children to the facility. Role of VOs and SHGs is also envisaged as important in convergence with frontline workers for monitoring and management of nutritional status of women and children for example home visits, service delivery, children discharged from the NRC and linking families with livelihood interventions among others.

2.2.5 Ministry of Drinking Water and Sanitation (MoDWS) - Swachh Bharat Mission-On Independence Day in 2014, the Honourable Prime Minister of India recognised the need for affirmative action for a *Swachh Bharat* by 2nd October 2019, to mark the 150th birth anniversary of

Mahatma Gandhi. This milestone announcement set India up to become the world's biggest sanitation *program*. The *Swachh Bharat* Mission's resolution is for a Clean and Open Defecation Free (ODF) India by October 2019.

Safe sanitation is critical to survival, and its absence can impact health, food security, and livelihoods of families across the world. Sanitation has been squarely placed at the forefront of national policy and development. Over 5.15 lakh villages, 530 districts, and 25 States and Union Territories have become Open Defecation Free. On track to achieve an ODF India, rural India is poised to deliver on time, its resolution for a *Swachh Bharat* by 2nd October 2019.

Behaviour Change Communication is undertaken under the SBM at the ground level and is complemented with mass media at the national level as well. For example, mass media campaigns such as '*Darwaza Band*', starring leading bollywood celebrities like *Amitabh Bachchan*, etc. communicate the messages of women empowerment, promotion of twin pit toilets and usage of toilets, while the SBM foot soldiers, *Swachhagrahis*, participate in the triggering of communities for behaviour change and sustaining improved behaviours through Inter-Personal Communication. Currently over 5 lakh *Swachhagrahis* across the country are undertaking behaviour change interventions at the grassroots.

These past few years, the *Swachh Bharat Mission* has already demonstrated significant health and economic impacts at the grassroots. A WHO study, released in August 2018, reported that *Swachh Bharat* would have led to saving of 300,000 lives by 2019 and around 150,000 lives would be saved annually thereafter. Further, UNICEF estimated that a household in an ODF village in rural India saves Rs. 50,000 every

year. It is well documented that improvements in diarrhoea prevalence and stunting among children and measures of under nutrition (stunting and wasting), were significantly better in the ODF villages.

Sanitation is at the forefront of holistic human development. Better sanitation helps to break the faecal-oral transmission route that impact public health and is beneficial for the household and the community. The sense of solidarity garnered in the whole exercise has strengthened the strong feeling of the community towards making India ODF.

2.2.6 Ministry of Human Resource Development (MHRD)-

Recognizing the need for Mid Day Meal in schools, India has had a long history of Mid Day Meal Programme since 1925. With a view to enhancing enrolment, retention and attendance and simultaneously improving nutritional levels among children, The Mid Day Meal Scheme (MDMS) covers all school children studying in I - VIII classes in Government and Government-aided schools, Special Training Centres (STCs) and Madrasas and maqtabas supported under *Samagra Shiksha*. During the year 2017-18, 9.51 crore children studying in classes I-VIII in 11.34 lakh eligible schools were covered under the scheme. Additionally, health check-ups of children are being carried out in convergence with Ministry of Health and Family Welfare. Deworming medicine and IFA tablets are also being provided to children in convergence.

Acknowledging the importance of fortification in food staples to improve nutritional outcomes, Secretary (SE&L) advice the use of fortification of three food articles i.e. Double fortified salt (Iron and Iodine), wheat flour (Iron, Folic acid and Vitamin B-12) and edible oil (Vitamin-A&D) initially. The use of "Nutri Cereals" (Millets) for the preparation of MDM is being promoted. The nutritional importance and

long term benefits of consumption of Nutri cereals have been discussed during the Programme Approval Board meetings 2018-19 with all the State & UTs. Development of Kitchen Gardens in the schools wherever possible is being promoted. With the development of Kitchen gardens students learn focus and patience, cooperation, teamwork and social skills. They also gain self-confidence and a sense of “capableness” along with new skills. Students may become more fit and healthy as they spend more time active in outdoors and start choosing healthy foods over junk food. Issue has been discussed during the PAB meetings 2018-19 with all the state & UTs. States and UTs have been advised to use the expertise of scientists of 655 *Krishi Vigyan Kendras* working under ICAR (Indian Council of Agricultural Research).

2.2.7 Ministry of Consumer Affairs, Food and Public Distribution-

Comprehensive regulations ‘Food Safety and Standards (Fortification of Foods) Regulation 2016’ have been developed by the Food Safety and Standards Authority of India (FSSAI) on fortification of foods covering the production, manufacturing, distribution, sale and consumption of fortified food. Further, the FSSAI has finalized the standards of fortification of wheat flour, rice, milk, salt and edible oil.

The Department of Food and Public Distribution convened a multi-stakeholder consultation based on which an Approach Paper for rice fortification under PDS was formulated. Based on the Approach Paper, Draft Pilot (Central Sector) Scheme on Rice Fortification under Public Distribution System has been devised for consideration and comments from stakeholders before it is finalized. The Department intends to finalize the same on priority. Consultations have also been organized to understand the industry readiness and key challenges to scale up rice fortification through PDS.

2.3 Significant updates on POSHAN Abhiyaan (Sept to Nov 2018)

A snapshot is but a moment in time that can never tell the entire story...

And so is it with the present Report- it was meant to capture the preparedness of the States to implement POSHAN Abhiyan till mid-August 2018, and yet, as the commitment of Government at all levels is driving the Abhiyan in full swing, the status has progressed even while the Report is in the publication process. However, since the various States are progressing at a variable pace, and it was not feasible to obtain verifiable data at State level for the purpose of updating the Report in the short interval of time available. Hence, we captured the significant updates received from the Ministry of Women and Child Development (MoWCD), which is the nodal Ministry charged with the implementation of the POSHAN Abhiyaan. It is important in this context that the data presented in this section be construed only for information purpose with no implication on the Preparedness aspect discussed in the main Report.

The present Section not only highlights the work being put in by the Central Government for rapid implementation of the Abhiyan, but also communicates a deep commitment and optimism on part of everyone involved, which is crucial to ensure the Mission’s success.

Progress Update

A lot of work has been done at the level of the National Nutrition Resource Centre- Central Project Monitoring Unit of the POSHAN Abhiyan housed at the MoWCD, since last reported. These have been summarized below:

1. The Ministry has launched a **dedicated website for POSHAN Abhiyan (<https://icds-wcd.nic.in/nnm/home.htm>)**, which includes comprehensive information and updates about the Abhiyan, all available in the public domain.

2. **Important partnerships have materialized** in that Memorandum of Understanding (MoU) has been signed with TATA Trusts to deploy one Swasth Bharat Preraks (SBP) across each district; and with NASSCOM Foundation for technical as well administrative support for implementation and roll-out of the Abhiyanat State/UT level. A total of 270 SBPs having been deployed till date.

Additionally, a day long National Seminar, TECHTHON- Technology Partnerships for POSHAN Abhiyaan was organised on 28th June 2018 at Pravasi Bharatiya Kendra. It was aimed at showcasing & positioning towards the initiative, exchange ideas, ideate and exploring avenues of cooperation and partnerships for technology support as well as, reaching-out to the beneficiaries for effective behavioral change to initiate a 'Peoples Movement' or Jan Andolan towards Nutrition.

3. **Guidelines/Software/Capacity Building.** The Convergence Action Guidelines were issued on 2nd November 2018, Guidelines/Manuals on various aspects of ICDS-CAS software and implementation were formalized and the digital version of ILA has been developed.
4. **Community Based Events & VHSND:** Detailed Guidelines on conduct of Community Based Events (CBEs) have been issued. The events have been organized in a converged manner (AWW, ASHA, ANM, DAY-NRLM) as part of the Extended Gram Swaraj Abhiyaan across Aspirational Districts.
5. **Jan Andolan and POSHAN Maah:** Following the successful celebration of the Rashtriya Poshan Maah across the Country in September 2018, a meeting to brief and seek inputs from all stakeholders was organised on 3rd & 13th August 2018. A National orientation workshop was organised on 23rd August in New Delhi, followed by State Level Workshops on 27th


August 2018. The field level efforts were recognized through an Awards Ceremony on 10th October 2018.

In addition to all the work put in by the MoWCD, several States have taken up initiatives/activities at different levels under the Food, Nutrition, Health and WASH (FHNW) component of DAY-NRLM program, to encourage food, nutrition, health and WASH related activities, along with convergence with line departments to improve quality of life. The updates from the State Rural Livelihood Missions (SRLMs), following the POSHAN Maah in September 2018, as shared by the Ministry of Rural Development, have been summarized in the next section.


The Bihar SRLM, JEEViKA, participated in the State Level Convergence Action Plan (CAP) meeting on Poshan Abhiyan held in Oct 2018 between Social Welfare Department, Health & RDD and a joint Draft Action Plan on National Nutrition Mission was prepared. In Chattisgarh, Poshan Maah Abhiyan had facilitated the activities of Swabhimaan Project in 9 blocks by bringing mass awareness especially among target groups of pregnant women, lactating mothers, and adolescents etc. As a result, resource mapping has been completed in the expansion blocks, which is overwhelming response from the community. In Jharkhand, 2034 VOs have been oriented on VHND and 8000 VOs are expected to receive the orientation by end of current FY 2018-19. It is also notable that a leaflet has been printed on the strengthening of VHND through community participation.

Related efforts are also on by various other Ministries to support the Abhiyan in meaningful ways, for e.g., the Ministry of Health and Family Welfare (MoHFW), in collaboration with MoWCD, organized a one-day National Workshop for Orientation of District Officials of Aspirational Districts on Health and Nutrition on 22nd October 2018. It is heartening to note that the POSHAN Abhiyan has provided such a massive purpose, impetus and platform for convergence and action on malnutrition at the National level...

....let's wait a little longer to see the complete story unfold- hopefully, a very positive one!!



CHAPTER 3: STATE PREPAREDNESS SCORES



3. ANALYSIS

3.1 AIMS & OBJECTIVES OF THE REPORT

This is the first report on the status of implementation of the Abhiyaan. Considering the short span of assessment time (the Abhiyaan was launched in March, 2018), the focus of this report is on assessing those aspects of the POSHAN Abhiyaan which are essential to put in place to accelerate implementation of the full package of interventions by States and Union Territories (UTs).

3.2 PREPAREDNESS SCORE

While information was collected on several indicators, a Preparedness Score framework was devised to assess the information received from the States and UTs.

Broadly, *Preparedness Score* measures the readiness (or the preparedness) of the States/ and UTs to implement POSHAN Abhiyaan. Information received from the States & UTs was clubbed into the following three categories, considered to be critical for implementation (Figure 5).

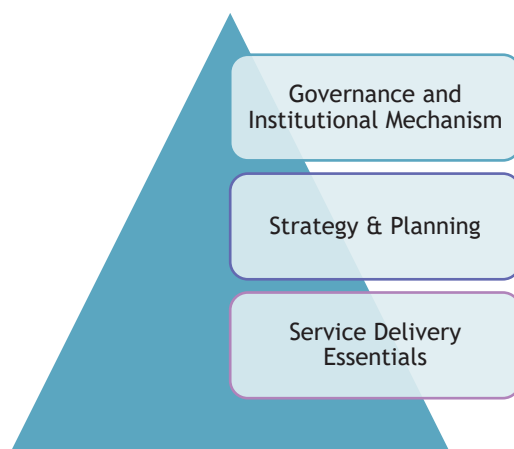


Figure 5: Critical Components for the implementation of the POSHAN Abhiyaan

Each of these Categories comprises a set of sub-themes, stated below (Table 1), which in turn have several indicators based on which information was received (Annexure III). It must

be noted that these **indicators are proxy indicators reflecting at best the intentions of the States and UTs with respect to each of these categories.**

Governance and Institutional Mechanism	Strategy & Planning	Service Delivery Essentials
<ul style="list-style-type: none"> • Allocation of Funds (10 indicators) • Constitution of Committees & Groups (5 indicators) • Establishment of Resource Centres (5 indicators) 	<ul style="list-style-type: none"> • Overarching Strategy (2 indicators) • Cross Sectoral Convergence (3 indicators) • Jan Andolan & Community Engagement (3 indicators) • Monitoring Mechanism (1 indicator) 	<ul style="list-style-type: none"> • Human Resources (19 indicators) • Infrastructure (25 indicators) • ICDS Equipment (8 indicators) • Capacities of Frontline Workers (6 indicators)
Weight=35	Weight=35	Weight=30

Table 1: Preparedness Score Themes

Computation of Scores

As highlighted above, the Preparedness Score (with a maximum possible score of 100) has been created around three domains using a sub-set of questions from the preparedness assessment questionnaires and data from the RHS and NHSRC. Elements selected for each domain represent steps that the States and Union Territories need to take to facilitate the roll-out of POSHAN Abhiyaan as per the administrative guidance from the Center. These elements are common across all the States and UTs, regardless of whether they were receiving ICDS Systems Strengthening & Nutrition Improvement Program (ISSNIP) support or not.

NITI Aayog prepared a preparedness assessment questionnaire that examined issues related to leadership, multi stakeholder efforts, financing, systems capacity and accountability. Several technical stakeholders provided inputs to the questionnaire before it was finalized (**Annexure II**).

Data provided by the States was digitized, post which weights were assigned to the elements chosen for the preparedness score in consultation

with Experts. For most elements that went into the Score, a range of weights were used that assigned full credit for completed work and partial credit for work in progress. For elements measured as proportions, credit was assigned according to predetermined ranges. Once the weights were assigned, subtotals were computed for each domain. Finally, all the subtotals were summed up to create the final score. Details of the rubric is placed in **Annexure III**.

Additional health sector data on human resources (HR) pertaining to ANMs, and infrastructure (on PHCs and sub centers) was sourced from the publicly available Rural Health Statistics (RHS) (2017-18)¹. Data on HR pertaining to ASHAs and ASHA training on maternal and child nutrition was sourced from the publicly available updates on ASHA programme (January 2017) on the National Health Systems Resource Center² (NHSRC) website.

3.3 CATEGORIZATION

For the purposes of Inter-State comparison of only similar kind of States, this Report presents the analysis of States and UTs based on the following categorization:

Table 2: Categorization of States

Category*	Number of States	List of States
Large States	21	Andhra Pradesh, Assam, Bihar, Chhattisgarh, Gujarat, Haryana, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Odisha, Punjab, Rajasthan, Tamil Nadu, Telangana, Uttar Pradesh, Uttarakhand, West Bengal
Small States	8	Arunachal Pradesh, Goa, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, Tripura
UTs	7	Andaman & Nicobar, Chandigarh, Dadra & Nagar Haveli, Daman & Diu, Delhi, Lakshadweep, Puducherry

**Categorization is similar to State Health Index Report*

¹Ministry of Health and Family Welfare, Statistics Division. Rural Health Statistics, 2016-17. Retrieved on September 27, 2018 from <https://nrhm-mis.nic.in/Pages/RHS2017.aspx?RootFolder=%2FRURAL%20HEALTH%20STATISTICS%2F%28A%29RHS%20-%202017&FolderCTID=0x01200057278FD1EC909F429B03E86C7A7C3F31&View=%7B9029EB52-8EA2-4991-9611-FDF53C824827%7D>. [Information on health infrastructure was obtained from – Part 2 Section III (Table 13) and Part 2 Section V (Table 35 B); human resources data was obtained from Part 2 Section IV-Health Manpower in Rural Areas (Table 16).

²National Health Mission (2017). Update on ASHA Programme. Retrieved on September 27, 2018 from <http://nhsrindia.org/sites/default/files/Update%20on%20ASHA%20Programme-%20January-2017.pdf>

3.4 PROCESS

Data Collection

Efforts have been made to consolidate the multiple activities which are going on in different parts of the country, by different set of stakeholders. For this purpose, a multi-pronged strategy for data collection has been adopted where NITI Aayog reached out to several Ministries, States & UTs and development partners to collect information.

- **Ministries at the Central Level:** Information was sought from the key Ministries (Ministry of Women and Child Development (MWCD), Ministry of Health and Family Welfare (MoHFW), Ministry of Rural Development (MoRD), Ministry of Human Resource Development (MHRD), Ministry of Panchayati Raj Institutions (MoPRI) and Ministry of Drinking Water and Sanitation (MoDWS)) at the Central level on their various initiatives launched within the ambit of POSHAN Abhiyaan to reduce malnutrition.
- **States & UTs:** At the State & UT level, a detailed format (**Annexure II**) was shared with their Women and Child Development Departments to collect information. As highlighted in the section above, the template was restricted to capturing the readiness of the States & UTs before they get into implementation mode.
- **Development Partners:** Development partners with direct presence in the field were encouraged to collect best practices, stories of change, models which can be scaled-up and replicated and information about individuals who are doing exceptional and inspirational work at the ground level to change the status of nutrition in the country. Accordingly, these stories have been compiled and feature across this report.

Compilation

Once the information was received from the States and UTs, the members of the Technical Support Unit (TSU) at NITI Aayog were directly involved in the data entry and compilation process.

Validation by the States & UTs

At the preliminary stage, State & UT-wise data was shared back with the States & UTs with a request to validate the data that was entered. A Video Conference was organized with representatives of the States/ UTs to resolve all issues or queries. While the initial cut-off date for information as on 30 June, 2018, during the VCs held in September, 2018, States and UTs were also given the opportunity to update the data they had previously shared in the month of July/August, 2018. Accordingly, updated information was received from all large States except Jharkhand, Madhya Pradesh and Kerala. After third National Council on India's Nutrition Challenges held in November 2018, Vice Chairman and Member (Health), NITI Aayog suggested taking an update on POSHAN Abhiyaan conduct from September to November 2018 from Ministries at Central level. In this regards, Ministry of Women and Child Development, Ministry of Health and Family Welfare and Ministry of Human Resource Development shared their updates. Whereas, Ministry of Drinking Water and Sanitation and Ministry of Panchayati Raj had not provided their updates.

Process Validation

Technical Partner of the TSU established at NITI Aayog, International Food Policy Research Institute (IFPRI) was engaged to audit the entire process beginning from the data entry stage to the computation of the Preparedness Scores.

3.5 LIMITATIONS OF THIS REPORT

- The scope of POSHAN Abhiyaan is expansive and cross-sectoral convergence is a highlight of the Abhiyaan. However, this report is limited to assessing the readiness of the State level Ministry/ Departments of Women & Child Development, parts of the Health infrastructure only. This has been done because when the process to compile this report was initiated, it was too early to integrate the initiatives and activities of the State Health and other Departments. Since WCD is the anchor Ministry/ Department of the Abhiyaan and has a streamlined fund flow mechanism (POSHAN Abhiyaan being an expanded version of the ISSNIP programme), it was decided to limit the initial report to the preparedness of WCD Departments of respective States and UTs only.
- While all attempts have been made to reach out to States and UTs and gather updated information, two States, namely, Odisha and West Bengal, have not been incorporated into this report due to unavailability of data from these States.
- Initial date to submit preparedness data to NITI Aayog was June 30, 2018. But during a video conference with States and UTs, States urged to be allowed more time to share revised data since a lot more work had been done between June to September 2018. However, for Jharkhand, Madhya Pradesh and Kerala previously submitted data has been considered since they did not submit revised data.

3.6 RESULTS AND FINDINGS

PREPAREDNESS SCORE OF STATES & UTs

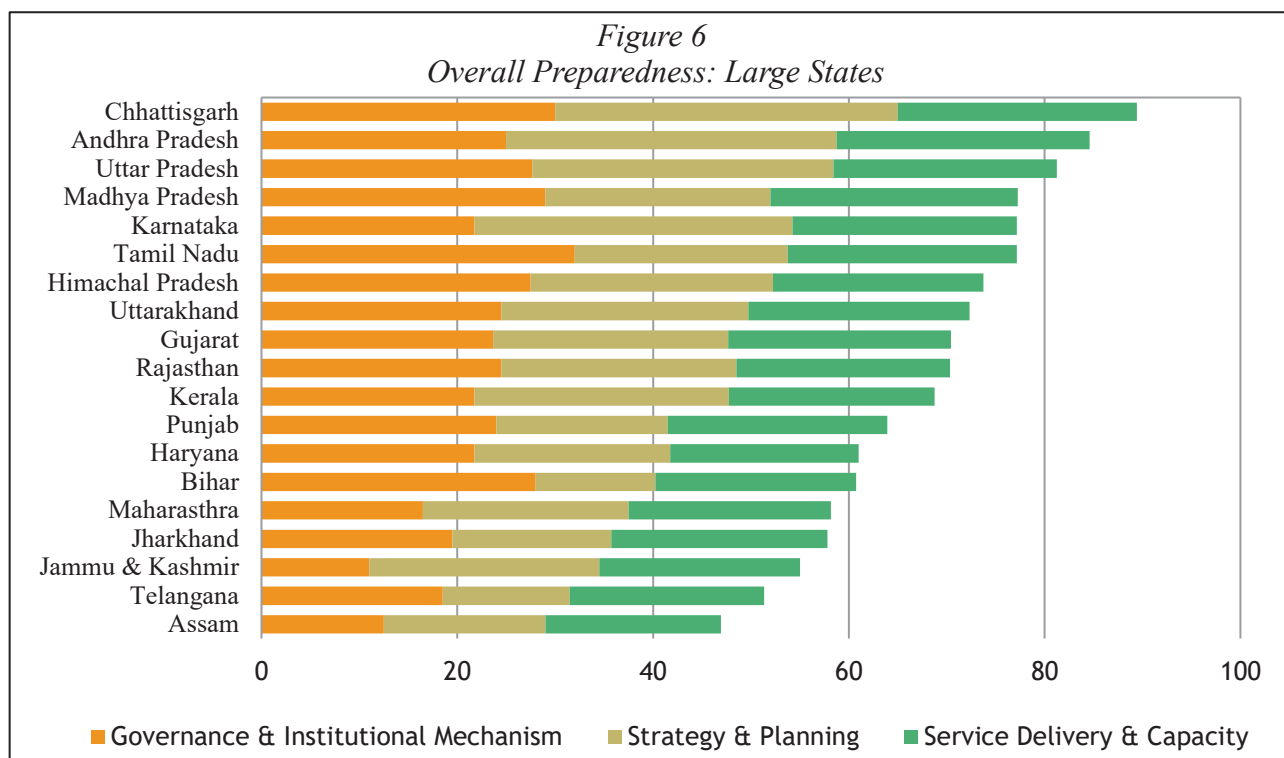
As stated earlier, the Preparedness Score computed for the States and UTs is based on the following three themes:

- i. Governance and Institutional Mechanism:** This covers Governance related issues and setting up of institutional structures at Centre, State and District level to provide overall direction, policy and guidance for effective and smooth implementation of POSHAN Abhiyaan.
- ii. Planning and Strategy Formulation:** This theme is related to formulating an overarching strategy and plan to tackle malnutrition.
- iii. Essentials for Services Delivery:** This theme captures all the essentials that lead to effective service delivery under POSHAN Abhiyaan. These essentials relate to human resources and their capacity, infrastructure and procurement of growth monitoring devices.

These themes have been chosen with the view that attaining a full score in these three areas would enable the States and UTs to fully implement the POSHAN Abhiyaan and subsequently, ensure its successful implementation.

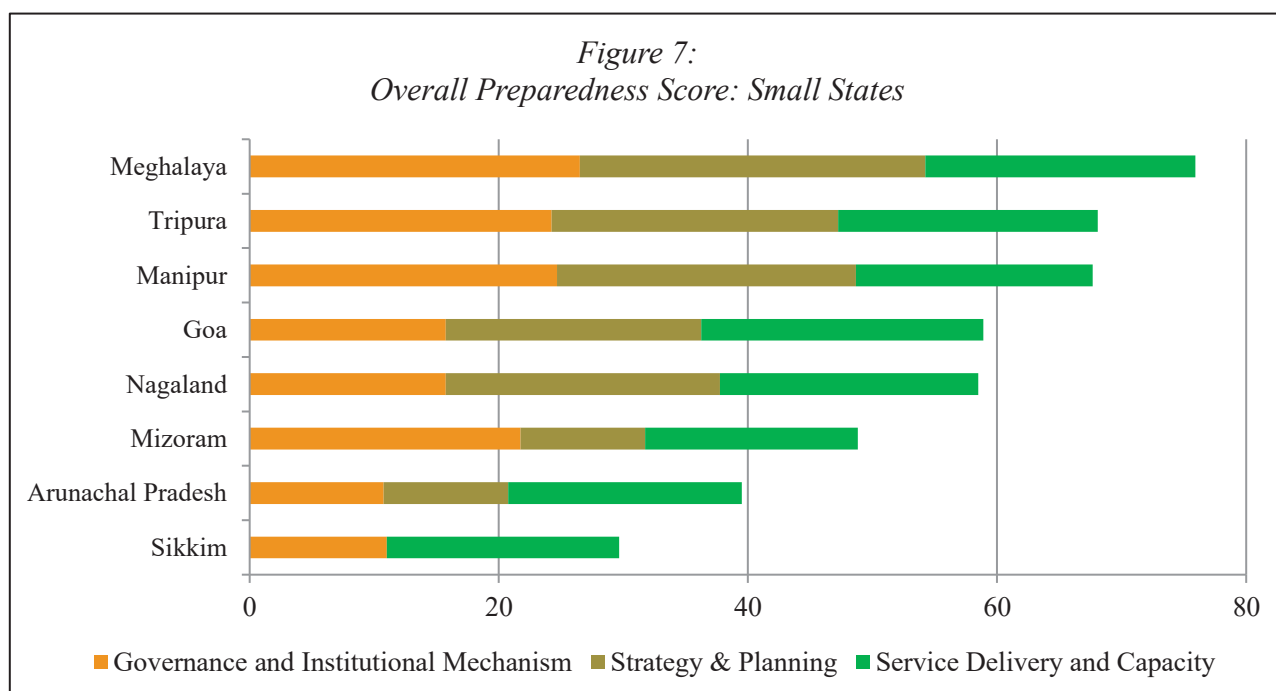
3.6.1 OVERALL PREPAREDNESS: SNAPSHOT

It is seen that among the large States, Chhattisgarh, Andhra Pradesh and Uttar Pradesh are the top three States scoring highest on their preparedness levels; while Assam, Telangana and Jammu & Kashmir are least prepared at the moment to enter the implementation phase (Figure 6).



Among the Small States, Meghalaya, Tripura and Manipur score the highest in terms of their preparedness to implement the Abhiyaan whereas Sikkim, Arunachal Pradesh and Mizoram score

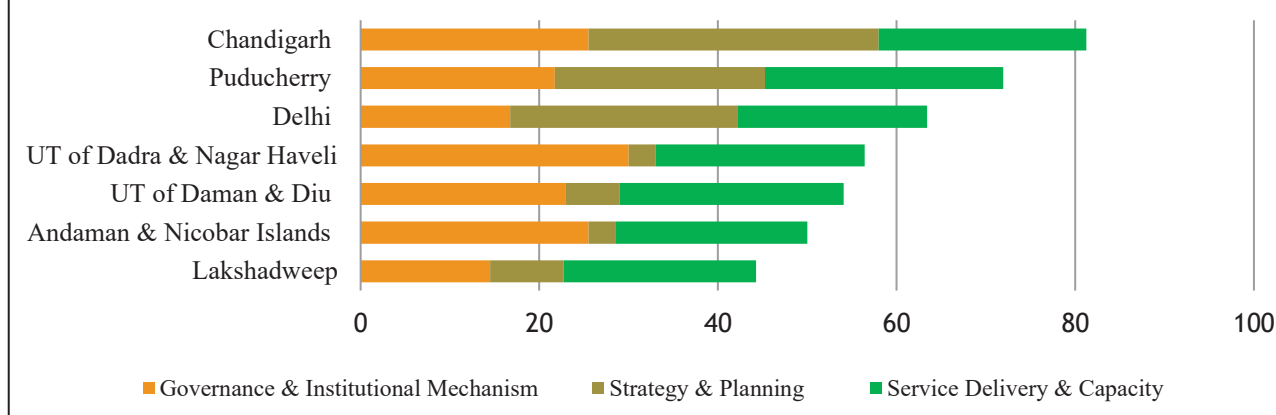
the least with less than 50 on a scale of 100. However, percentage of funds utilized by Mizoram across small states is the highest (Figure 7).



As far as the UTs are concerned, Chandigarh is best prepared to implement the Abhiyaan followed by Puducherry while Andaman &

Nicobar Islands and Lakshadweep scores the lowest in terms of readiness (Figure 8)

Figure 8
Overall Preparedness: UTs



Overall, it is seen that the set of large States is best prepared to implement the Abhiyaan with most of the States scoring 50 or more out of 100. It is expected that this will positively affect the overall success of the Abhiyaan as most of the phase I districts lie within these States. The readiness of Small States, however, emerges as a matter of concern considering most of these States belong to the North Eastern Region, calling for a greater focus in that area. The UTs are doing quite well in terms of preparedness, though Lakshadweep and Andaman and Nicobar Islands need to do a little more to be effectively able to implement the Abhiyaan.

3.6.2 THEMATIC ANALYSIS OF THE STATES AND UTS

A. Governance and Institutional Mechanism

As mentioned earlier, this theme captures the States preparedness in terms of having in place necessary Governance and institutional structures envisaged under POSHAN Abhiyaan. This includes fund allocation which is crucial to

initiate the implementation of the Programme. Secondly, as the programme's main goal is to ensure that different inter-related Schemes move from a silo approach to convergent approach, necessary institutions need to be in place to ensure unified convergent action to target malnutrition. Thus, Convergence Committees are envisaged at State, District and Block level to develop and follow Convergent Action Plans (CAP).

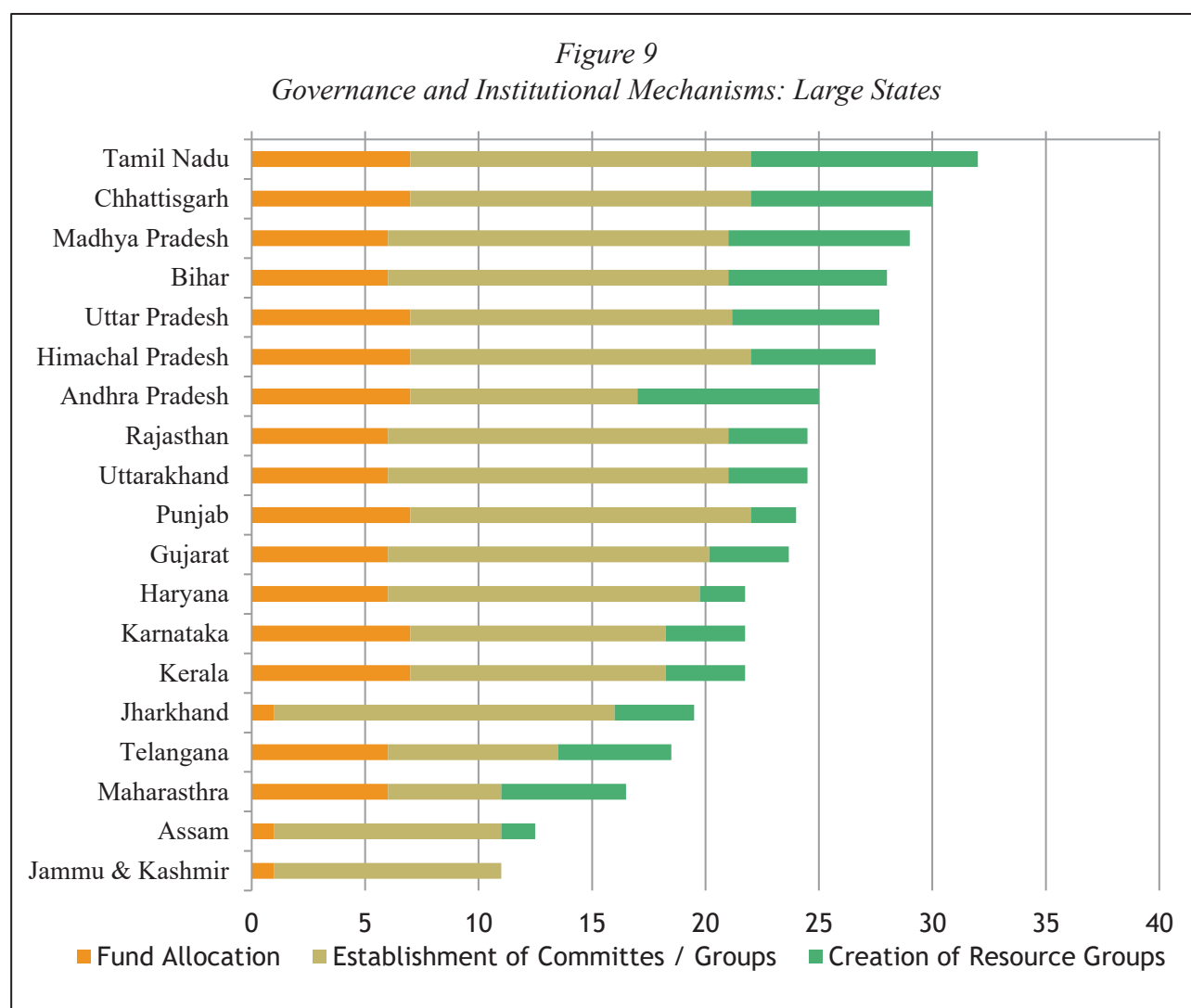
Programme envisages Resource Groups for Incremental Learning Approach (ILA) trainings at different levels to enhance the capacity of frontline workers. Finally, the programme proposes a single unified technical set-up, i.e., Nutrition Resource Centre at National and State level in order to enhance and strengthen the quality of implementation and monitor and review the programme.

These structures and processes will provide overall direction, policy and guidance for timely, effective and smooth implementation of the Abhiyaan. The main findings of this theme are shared below.

Large States

Overall, in the area of Governance and Institutional Mechanism, among the large States, Tamil Nadu is best prepared, closely

followed by Chhattisgarh and Madhya Pradesh (Figure 9).



All States have received **funds from the Centre**. Indicator-wise, almost all the States have earmarked funds to implement the Abhiyaan, except for Assam and Jammu & Kashmir, Jharkhand and Uttarakhand. With respect to **utilization** of funds, Andhra Pradesh, and Uttar Pradesh have utilized the maximum funds with more than 35% utilization rate. However, concerned Departments in few States like Chhattisgarh, Himachal Pradesh, Karnataka, Punjab and Tamil Nadu have earmarked funds for the implementation of the Abhiyaan.

Findings suggest that 15 States, namely Assam, Bihar, Chhattisgarh, Gujarat, Haryana, Himachal Pradesh, Jharkhand, Karnataka, Kerala, Madhya

Pradesh, Punjab, Rajasthan, Tamil Nadu, Uttar Pradesh and Uttarakhand have set up **State level Convergence Committees** to initiate the development of the **State-level Convergence Action Plans**. 15 out of the 21 States have set up the **State Resource Group** for ILA trainings. These States include Andhra Pradesh, Bihar, Chhattisgarh, Gujarat, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Madhya Pradesh, Maharashtra, Punjab, Rajasthan, Tamil Nadu, Telangana, Uttarakhand and Uttar Pradesh. Whereas, States like Haryana, Karnataka and Kerala are in-process of developing the **State Resource Group** for ILA training. All States except Assam, Karnataka and Telangana have

completed the establishment of **District Resource Groups** for ILA trainings, highest number of DRGs are established in the State of Uttar Pradesh (n=41).

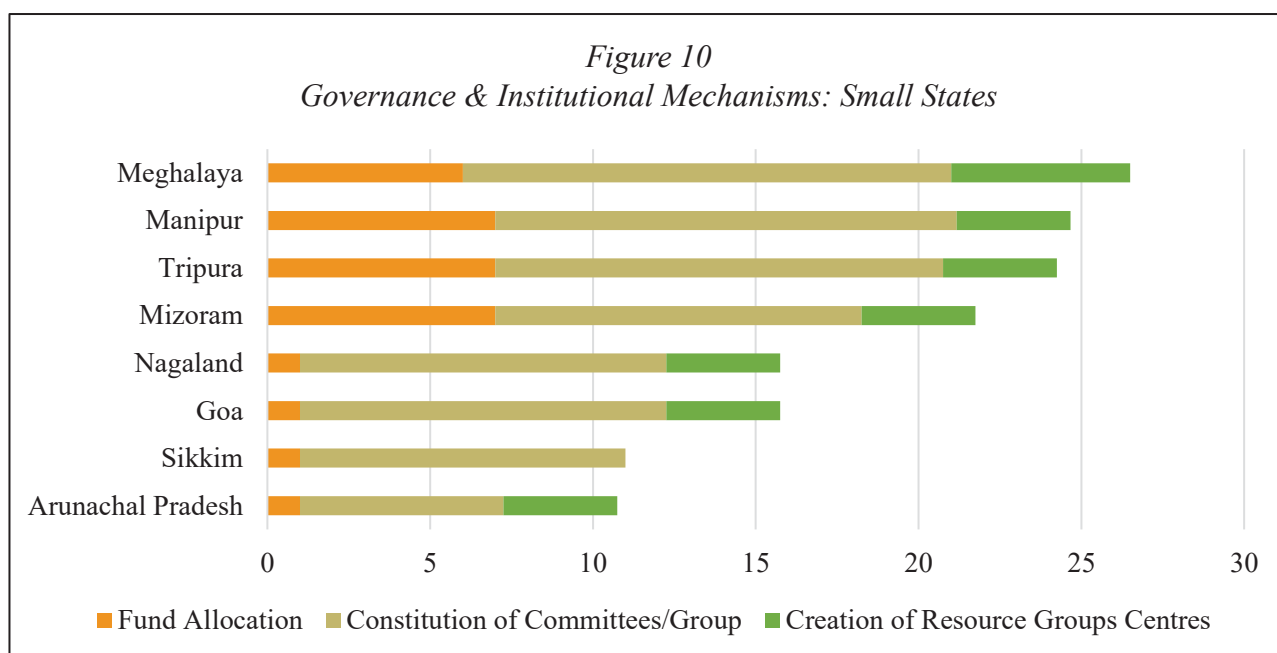
Among the large States where the **State Convergence Committee** was constituted, the Additional Chief Secretary is chairing the Committee in three States (Madhya Pradesh, Uttarakhand, and Kerala). In Rajasthan and Gujarat, it is chaired by the Chief Secretary. In Haryana by WCD; Bihar by the Development Commissioner; Tamil Nadu by the Social Welfare Department; Uttar Pradesh by ICDS; and in Jharkhand by the Department of Planning cum Finance.

The **State Nutrition Resource Centre-SPMU** is envisaged to function as a technical agency to provide comprehensive direction to POSHAN Abhiyaan to enhance and strengthen the quality of implementation and monitoring. Andhra Pradesh, Bihar, Chhattisgarh, Himachal Pradesh,

Madhya Pradesh, Maharashtra, Tamil Nadu and Uttar Pradesh have established State Nutrition Resource Centres (State Project Management Unit) to provide comprehensive direction to POSHAN Abhiyaan, however States like Assam and Jammu & Kashmir are yet to establish the same. In addition, it is necessary to provide staff in SNRC-SPMU for synergised set up for implementation of measures to overcome malnutrition in their area. With respect to **staffing the SNRC-SPMU**, only a few States have started the process of recruitment as per the norms. These States are Andhra Pradesh, Bihar, Chhattisgarh Madhya Pradesh and Tamil Nadu. Recruitment under SNRC is in-process for majority of the States.

Small States

Overall, in the area of Governance and Institutional Mechanism, among the Small States, Meghalaya is best prepared, closely followed by Manipur and Tripura (Figure 10).



All the States have received funds from the Centre while only four States out of eight, Manipur, Meghalaya, Mizoram and Tripura have **earmarked funds** for the implementation of POSHAN Abhiyaan. With respect to the **allocation of funds by the other departments** for this purpose, steps have only been taken in

Manipur and Tripura. Out of eight States, only Mizoram, Tripura, Meghalaya and Manipur have **utilized** 28%, 13%, 3% and 0.01% respectively of their funds indicating the initiation of activities under the Abhiyaan. The rest of the States are yet to start spending the funds.

Almost all the States (except for Arunachal

Pradesh, which is in-process) have already set up the **State level Convergence Action Committees**; whereas only Manipur and Meghalaya have formed the **State Resource Group** for ILA trainings; rest of the States are in-process of forming SRGs. Out of 8 Small States Manipur, Meghalaya and Tripura have established **District Resource Groups (DRGs)**; however rest of the States are still in-process.

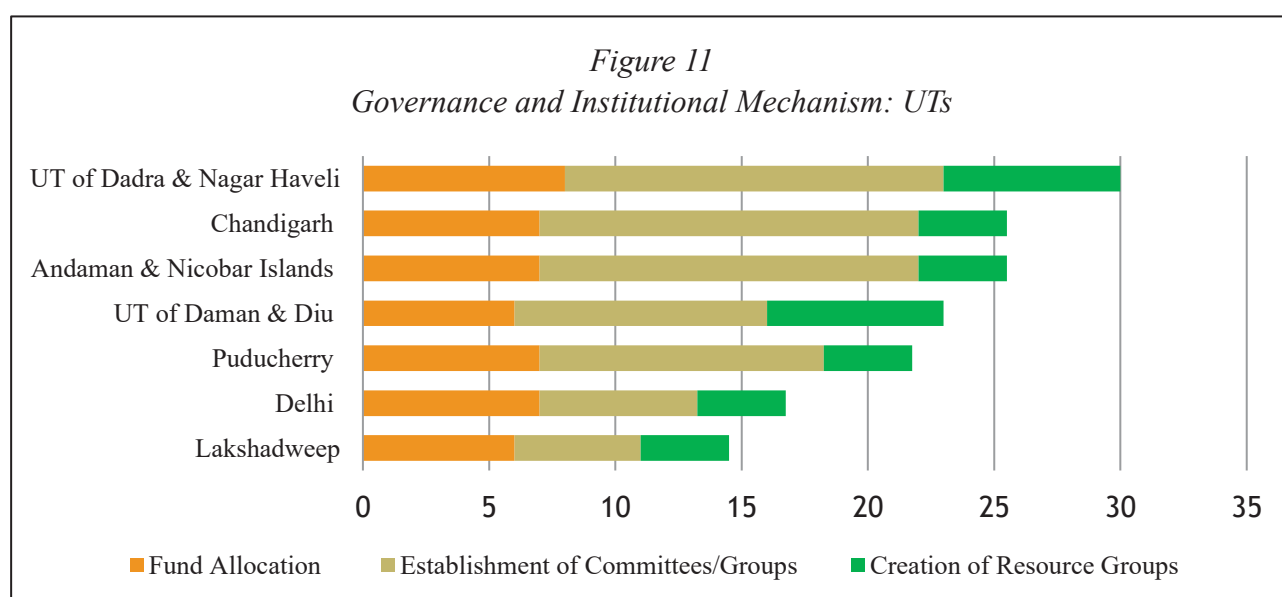
CAP Committee is chaired by Additional Chief Secretary/ Commissioner and Secretary Social Welfare Department in Meghalaya, Health and Family Welfare in Mizoram, Principal Secretary RD and Panchayat Department, Govt. of Tripura

in Tripura, while appointment of the same is in process in Nagaland, Arunachal Pradesh, Goa, Sikkim and Manipur.

The State Nutrition Resource Centre – Project Management Unit has been established in Meghalaya. However, the establishment of same is in-process in rest of the Small States (except Sikkim).

Union Territories

Overall, in the area of Governance and Institutional Mechanism, among the UTs, Dadra and Nagar Haveli is best prepared, closely followed by Chandigarh and Andaman and Nicobar Islands (Figure 11).



The Abhiyaan is fully funded in Union Territories without legislature (Andaman & Nicobar Islands, Chandigarh and Dadra & Nagar Haveli), implying that they do not need to earmark funds especially for this purpose. Therefore, for this particular parameter, they have automatically been given full marks. UTs with legislature (four of seven - Daman and Diu, Delhi, Lakshadweep and Puducherry) have a cost sharing ratio of 60:40. For these UTs, earmarking of funds for the implementation of the Abhiyaan has been given a score on the basis of their affirmative response to the same. It is seen that all the UTs have received **funds from the Centre** while those with legislature have earmarked the same. However, in terms of **utilization of funds**, only Dadra &

Nagar Haveli and Puducherry have used a proportion of funds (28% and 1.6% respectively) while the rest of the UTs are yet to utilize the same.

Among the UTs, four out of the seven UTs, Andaman & Nicobar Islands, Dadra & Nagar Haveli, Chandigarh, and Puducherry have set up the **State level Convergence Action Committees** while Delhi, Daman & Diu and Lakshadweep are in process of setting it up. The formation of the State level Committee is to be followed by the development of a State-level Convergence Action Plan by its members, which will include convergence actions and strategies to be adopted under the POSHAN Abhiyaan.

As for the **State/UT Resource Groups**, four of

the seven UTs, Andaman and Nicobar Islands, Dadra and Nagar Haveli, Chandigarh and Daman and Diu have set up these groups to facilitate ILA training, Delhi and Puducherry have initiated the process for the same, while Lakshadweep is yet to start. The **District Resource Group** has been formed in the same four UTs (Andaman and Nicobar Islands, Dadra and Nagar Haveli, Chandigarh and Daman and Diu) while rest of the three UTs, Delhi, Puducherry and Lakshadweep are yet to start the process.

Among the UTs where the **State Convergence Committee** has been constituted, the senior most Secretary of one of the line department will Chair the Committee meeting in Andaman and Nicobar Island. Advisor to the administrator of UT will chair the convergence meeting in both Chandigarh and Dadra and Nagar Haveli and Education Secretary cum Development Commissioner will perform this role in Puducherry. These officials will be designated as Principal Secretary to chair the convergence committee which will prepare the State-level Convergence Action Plan.

State Nutrition Resource Centre has been established in Dadra and Nagar Haveli and Daman and Diu along with the recruitment of staff. Rest of the UTs are in the process of setting-up the Centre with simultaneous recruitment of staff. While all the UTs have estimated the required number of help desks to be established, the process for establishment of help desks is yet to be started.

B. Planning and Strategy Formulation

This theme captures the essence of formulation of an overarching Strategy and Plan to tackle malnutrition. One of the significant components of this theme is Convergence as Nutrition is multi-factorial in nature, and thus well-coordinated efforts and unified Convergent plan is necessary for making effective impact on nutrition outcomes. This component also includes developing a Strategy to convert the agenda of nutrition into a Jan Andolan through public participation.

Large States

Among the large States, Chhattisgarh, Andhra Pradesh and Karnataka are the best prepared with plans and strategies in place.

Though the creation of a **State level Nutrition Plan** or a **State Nutrition Mission** is not mandatory under the Mission, an overarching, contextualized action plan to address undernutrition would enable the State to better implement it. States like, Andhra Pradesh, Chhattisgarh, Haryana, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Tamil Nadu and Uttar Pradesh have a State level Nutrition Plan or Strategy in place; whereas 10 States, Andhra Pradesh, Bihar, Chhattisgarh, Haryana, J&K, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Tamil Nadu and Uttar Pradesh have a State Nutrition Mission or a Council in place (Figure 12).



It was found that 11 States out of 21 have held a State level **Convergence Action Committee** Meeting to formulate the State-level Convergence Plans for addressing issues of undernutrition in an effective and systematic manner. For instance, in Rajasthan, the Meeting was presided by Rajasthan Chief Secretary, the outcome of which was “Nourishing Rajasthan Vision-2022”. Significant decisions were taken in the Meeting conducted in Andhra Pradesh in which it was agreed to provide Rs.78 crore under Tribal Sub-Plans (TSP) and Rs.200crore under SCP (Scheduled Caste Plan) for providing special nutrition to address malnutrition. Assam has made it mandatory for PNRD Members and Department of Mass Communications Members to participate in all POSHAN Abhiyaan activities. Assam has even conducted a special month-long screening drive organised jointly by Social Welfare and Health Department in the Aspirational Districts to strengthen the growth monitoring and screening of SAM children. Assam, Chhattisgarh J&K, Kerala and Punjab, have already developed **Convergence Action**

Plan. These States have made some progress in achieving convergent action across Departments through the creation of **Departmental Action Plans**.

A Joint Advisory was issued in January, 2018 to encourage **convergence among the SHGs established under DAY-NRLM and NHM and ICDS services**. These women led groups have immense potential to drive behavioural change at the community level. However, it is found that only Andhra Pradesh, Chhattisgarh, Himachal Pradesh, J&K, Kerala and Uttar Pradesh have formulated detailed Guidelines for convergent action among the field functionaries for integration of the NHM and ICDS services with DAY-NRLM.

Health and Rural Development of UP and Andhra Pradesh have prepared a convergence proposal between DAY-NRLM and Anganwadi Services. Under the proposal prepared by Andhra Pradesh, *Sadhikara Mitras* currently working in the State and functioning as interface between the Government and the people will be strengthened by adopting a functional training calendar which

will include training at State, District, Mandal and GP levels.

With **Social and Behavioral Change Communication (SBCC)** being reckoned as the multi-sectoral response driving mass level behavioural change, many States have started the process of devising their contextualized SBCC Strategies; steered by Departments such as ICDS, Women and Child Development, Health, Water and Sanitation, Rural Development, Panchayati Raj, Education and Food and Civil Supplies. Many States have devised or are in the process of devising SBCC strategy to drive behavioural change for health and nutrition. These States include Andhra Pradesh, Chhattisgarh, Gujarat, Jammu and Kashmir, Karnataka, Madhya Pradesh, Maharashtra, Punjab, Rajasthan, and Uttarakhand.

In Andhra Pradesh, as part the program for pregnant women with Anaemia and malnourished children, i.e., *Poshakaharam Kosam Memu Saitham*, the State has released handbook for *sadhikara mitras* (SHGs) on Nutrition; and videos for mothers, children, and adolescent girls. The SBCC strategy of Rajasthan comprehensively targets behaviours of married couple, pregnant women, lactating mother, adolescent girls, and young child. One of the highlights of this strategy will be a focus on the role of husbands, fathers, *mother-in-laws*, as change agents.

The POSHAN Abhiyaan was launched with an objective to convert nutrition awareness into a larger, all-encompassing Jan Andolan. Eleven States namely Andhra Pradesh, Chhattisgarh, Gujarat, Jharkhand, Karnataka, Madhya Pradesh, Punjab, Rajasthan, Telangana, Uttar Pradesh and Uttarakhand have successfully devised a **Jan Andolan Strategy** under the POSHAN Abhiyaan. Remaining States are in-process of the development of Strategy.

Almost all the Large States have organised CBEs like registration of pregnant women, *Annaprashan*, *Godhbarai*, *Shishu Mangal Diwas* and *Suposhan Diwas*. Focus areas include breastfeeding, growth monitoring or community

weighing of children and pregnant mothers (Vazantyoohar), adolescent health, hand wash and sanitation.

Many States have adopted **innovative processes** that deserve to be highlighted. For instance, Assam has initiated *Natun Dora Koina Adoranin* wherein newly married couple are given consulting sessions on maternal and pre-pregnancy period. In Uttar Pradesh, Suposhan Swasthya Melas focussing on MICYN have been organised. While Tamil Nadu has developed spot ads for awareness generation, demonstration and competition of low cost material recipes were used to engage community on health and nutrition.

With respect to **monitoring** of the Abhiyaan, 10 States, Andhra Pradesh, Chhattisgarh, Gujarat, Himachal Pradesh, Karnataka, Madhya Pradesh, Rajasthan, Tamil Nadu, Uttar Pradesh and Uttarakhand have devised mechanisms. Other major States like Assam, Haryana, J&K, Jharkhand, Kerala and Telangana, are in the process of developing their respective frameworks.

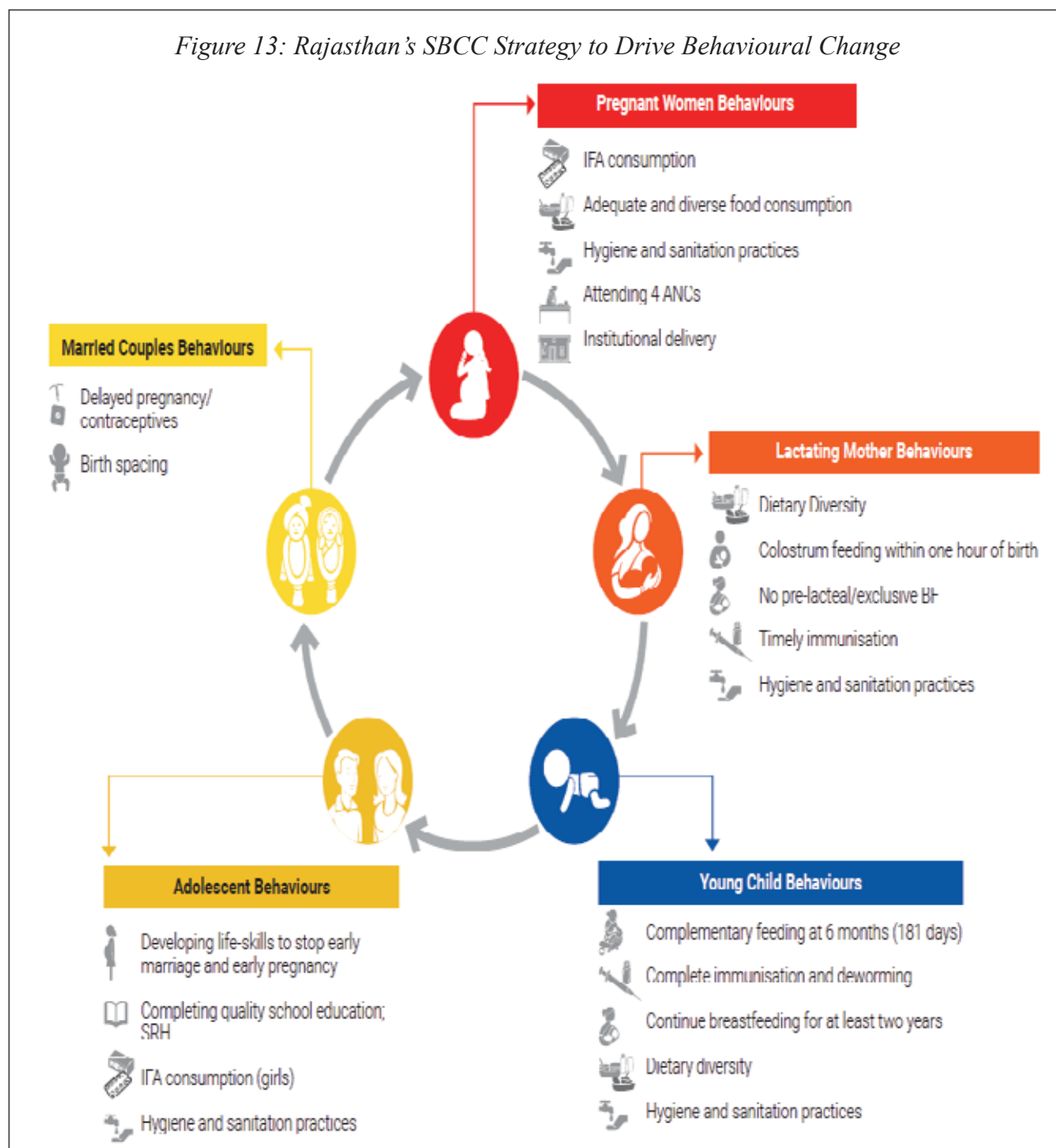
In Andhra Pradesh and Rajasthan, video conferences are being conducted by ICDS directorate with DDs and CDPOs on a monthly basis to review the progress on POSHAN Abhiyaan. WhatsApp Groups and State-owned monitoring apps (MAA App in Andhra Pradesh and **Rajadhara** App in Rajasthan) are also being used for monitoring purposes. States are creating their own district-wise rankings to encourage healthy competition among districts.

Some of the States have identified **pilots or innovations** to implement under the Abhiyaan. For instance, Bihar has done the same through advocacy and communication through elected representatives to improve ICDS delivery. Andhra Pradesh, on the other hand, has completed few innovations under ISSNIP successfully. It has also adopted an innovative approach in tribal Anganwadi pockets which involves five systematic areas: the concurrent capacity building of AWWs; supervisors through ILA; ensuring regular and seamless supply chain management in all

commodities under Supplementary Nutrition Program and Special Nutrition Program; deputing and placing monitoring officers, clerical staff and sub staff, technical supporting consultants; and ensuring error free growth capturing, data recording, and digitising through CAS and

Nutri-TASC and monitoring support. Uttar Pradesh is implementing **Shabri Action Plan** of Convergence with five departments as well as **Kuposhan Mukta Gaon Yojana**. Maharashtra is implementing a Nutri Garden Project.

Figure 13: Rajasthan's SBCC Strategy to Drive Behavioural Change

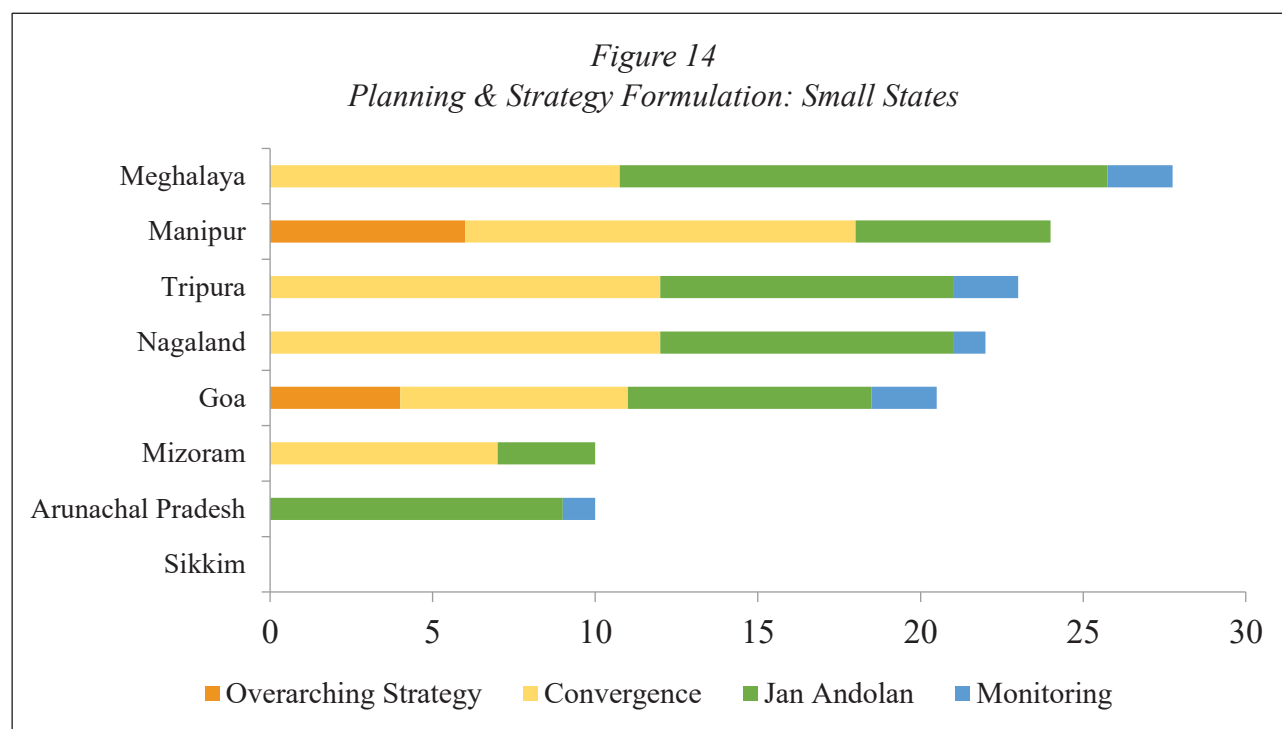


Small States

With respect to Planning & Strategy Formulation, Meghalaya is best prepared, closely followed by Manipur and Tripura

Among all the Small States, it is seen that only Goa and Manipur have an **Overarching Nutrition Plan/ Strategy** with only Manipur has a State Nutrition Mission. All Small States

(except Arunachal Pradesh and Sikkim) have held the **State level Convergence Committee Meeting**. Out of eight Small States, Manipur, Nagaland and Tripura have successfully devised the **Departmental Action Plans**; whereas Meghalaya is under process (Figure 14)



Of the 8 Small States Manipur, Meghalaya, Tripura and Nagaland have formulated the **–Deendayal Antyodaya Yojana – National**

Rural Livelihood Mission (DAY_NRLM) Convergence Plan.

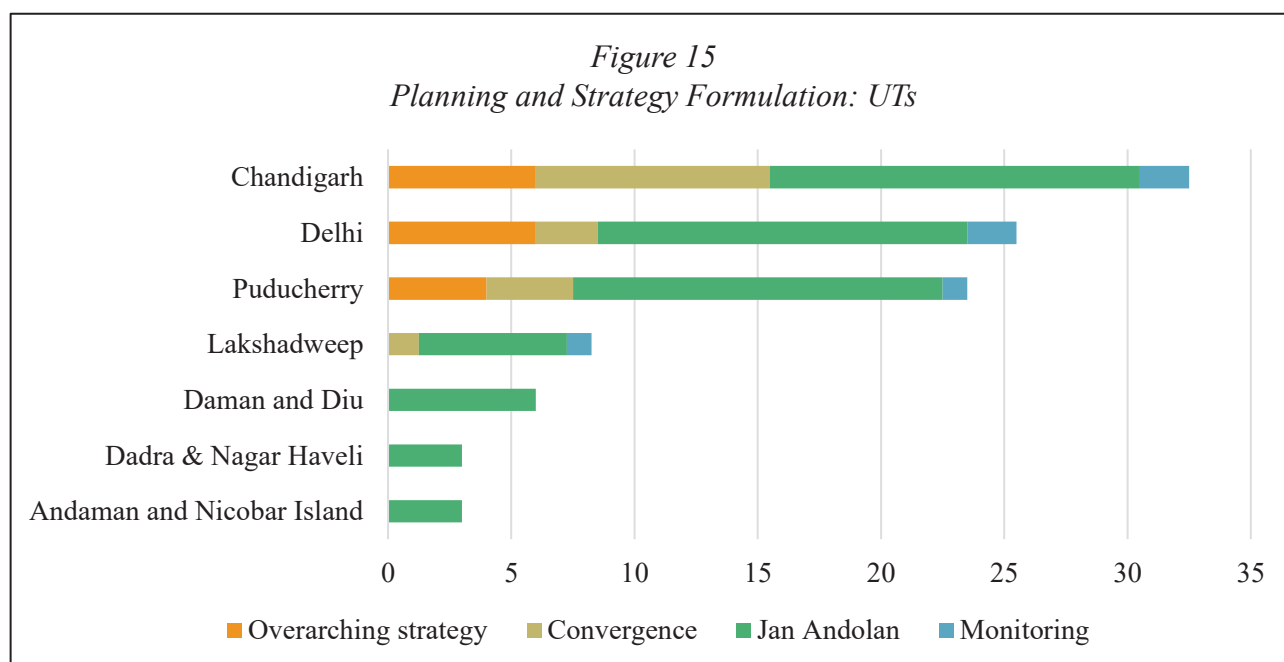


VHSND Celebration in Imphal West-I Lamsang at Maharani, Manipur

While Goa, Meghalaya and Tripura have already formulated the **Jan Andolan** Strategy, Arunachal Pradesh, Mizoram and Nagaland are in the process of devising it. Similarly, Meghalaya has developed a State specific **Social and Behavioural Change Communication (SBCC) Strategy**; Arunachal Pradesh, Manipur and Nagaland are in process. Of the eight Small States Goa, Meghalaya and Tripura have developed a State-level **Monitoring Mechanism** for POSHAN Abhiyaan; Arunachal Pradesh and Nagaland are in-process. District Guidelines for **Community Based Events (CBEs)** have been sent out in Arunachal Pradesh, Manipur, Meghalaya, Nagaland and Tripura; while it is in-process for Goa. For example, Tripura has organised events on the importance of Hand Washing and Getting Ready for Pre-school of AWC.

Union Territories

With respect to Planning & Strategy Formulation, Chandigarh is best prepared, followed by Delhi and Puducherry. Among the UTs, Chandigarh, Delhi and Puducherry have a **Nutrition Plan** in place whereas only Chandigarh has held the **Convergence Action Committee Meeting** while Puducherry is planning to hold the same in the near future. Rest of the UTs are yet to conduct the meeting. State Nutrition Plan or a State Nutrition Mission is though not a mandate under Abhiyaan, but presence of these two initiatives may supplement the achievement of overall objective of the Abhiyaan and contribute to its sustainability in the longer run (Figure 15).



Chandigarh has also started the process of preparing action plans by Line Departments subsequent to the Convergence Meeting, while rest of the UTs are yet to initiate the process. The outcome of the convergence meeting in Chandigarh was an **Inter-Departmental Action Plan** outlining the roles on line departments for the implementation of the Abhiyaan. Inclusion of curd/milk/egg/banana to supplementary

nutrition menu (WCD dept.), improving the Abhiyaan social media outreach (Directorate of Information Technology) and conducting nutrition assembly in schools periodically and encouraging students to become agents of change to contribute to the success of the mission (Dept. of Education) are some of the significant decisions taken during convergence meeting.

Convergence committee at state, district and block level has been formed in Andaman and Nicobar Island, Chandigarh and Dadra and Nagar Haveli and rest of the UTs are in the process of forming the same. Only Delhi has formulated a proposal for **converging the actions of SHGs, NHM and ICDS functionaries while** Chandigarh and Lakshadweep have initiated the process.

Communication plays a powerful role in addressing barriers and shaping demand for and adoption of preventive and promotive practices related to Health and Nutrition thus formulation of **SBCC strategies** for advocacy and community mobilization to influence both individual and societal change is an important component of the Abhiyaan. Among the UTs, Chandigarh, Delhi and Puducherry have prepared a **SBCC Strategy** while Daman & Diu is in process of doing so. The **Jan Andolan Strategy** has been devised by Chandigarh, Delhi and Puducherry, while Lakshadweep has started the process. The key activities under these strategies include rallies, nukkadnataks, social media campaigns, jingles, poster making competition, lecture by medical officers, community awareness programme including measurement of weight and height of beneficiaries.

All UTs have sent **Guidelines to Districts on conducting Community Based Events (CBEs)**. These events will provide a platform to promote and support behaviour change with an aim to improve various indicators of maternal and child health and nutrition. Most UTs have organized any Community Based Events on themes such as importance preschool education, breastfeeding and other community based awareness programmes in addition to VHNSD.

For instance, Dadra & Nagar Haveli organised events to facilitate interaction between AWWs and beneficiary and apprise them about the importance of preschool education in a child's

early life. They also organised **Mangal Diwas** where the mother-in-laws and husbands were made aware about the importance of proper care and nutrition during pregnancy and were encouraged to adopt the key messages and practice in their home. In Chandigarh, CBEs were organized in all the 450 Anganwadi Centres on the theme of "Importance of Breast Feeding". In Lakshadweep, awareness programmes were conducted for PRIs, Anganwadi workers and helpers. In Puducherry, exhibition on Low Cost Nutritious food among basic food groups has been done by the AWWs to the beneficiaries (Mothers both Pregnant ladies and Lactating Mothers) along with VHSNDs. Breastfeeding week celebrations were held with beneficiaries and health professionals.

Chandigarh and Delhi have devised a mechanism to monitor the Abhiyaan, while Lakshadweep and Puducherry are in process of doing the same, and the rest are yet to start.

C. Essentials of Service Delivery

This theme captures all the essentials and processes that lead to effective service delivery under POSHAN Abhiyaan. These essentials relate to human resources and their capacity, infrastructure and procurement of growth monitoring devices. The programme recognises that field level workers are the fulcrum of the programme, and thus having adequate field staff and enhancing their capacity through training becomes crucial to ensure proper service delivery. Further, one of the most important pre-condition for the success of the programme is the adequacy of infrastructure of health and nutrition facilities which is the focal point of delivery of health and nutrition services for pregnant women, lactating mothers and children. Lastly, procurement of growth monitoring devices, like smartphones, tablets, weighing scales, stadiometers and infantometers, is central to the programme as it will not only enable the fieldworkers to monitor the growth of the mothers and children on a real

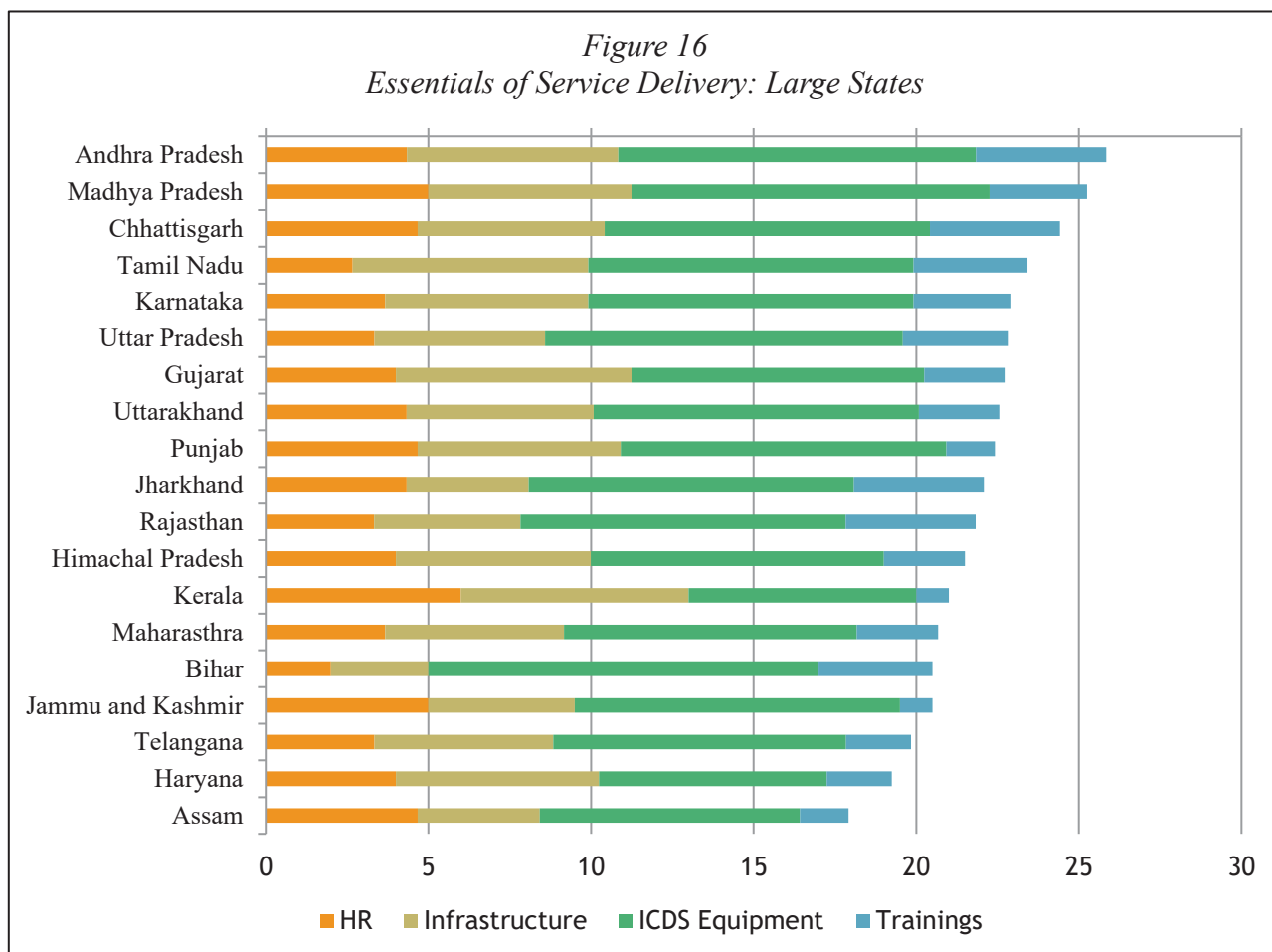
time basis and immediately detect any growth faltering, but also enable real time monitoring of service delivery.

Large States

Overall, with respect to components essential for

service delivery, Andhra Pradesh is best prepared, closely followed by Madhya Pradesh and Chhattisgarh (Figure 16).

*Figure 16
Essentials of Service Delivery: Large States*

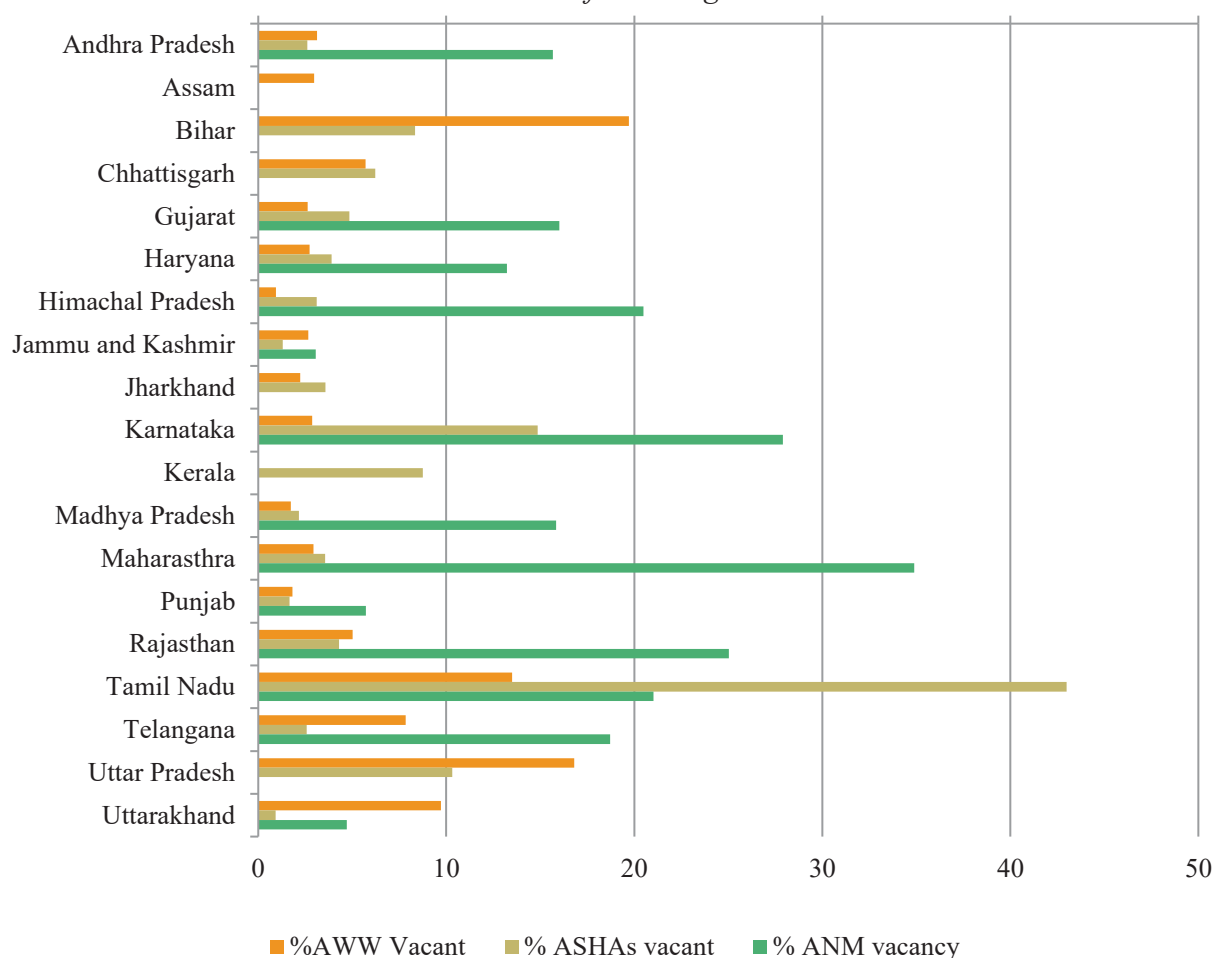


The POSHAN Abhiyaan identifies field workers as critical change agents on the ground. Measures have been incorporated to give performance based joint incentives to the 3As- Anganwadi Worker, ASHA Worker and ANMs to encourage coordination and convergent action among them. Therefore, it is crucial that all HR gaps are filled

and functionaries are there in place to deliver the services under the Abhiyaan.

For the health workers, average 12.3%, 5.5% and 6.6% sanctioned ANMs, AWWs and ASHAs positions are vacant in large States, respectively (Figure 17).

Figure 17
% Vacancies of 3A: Large States

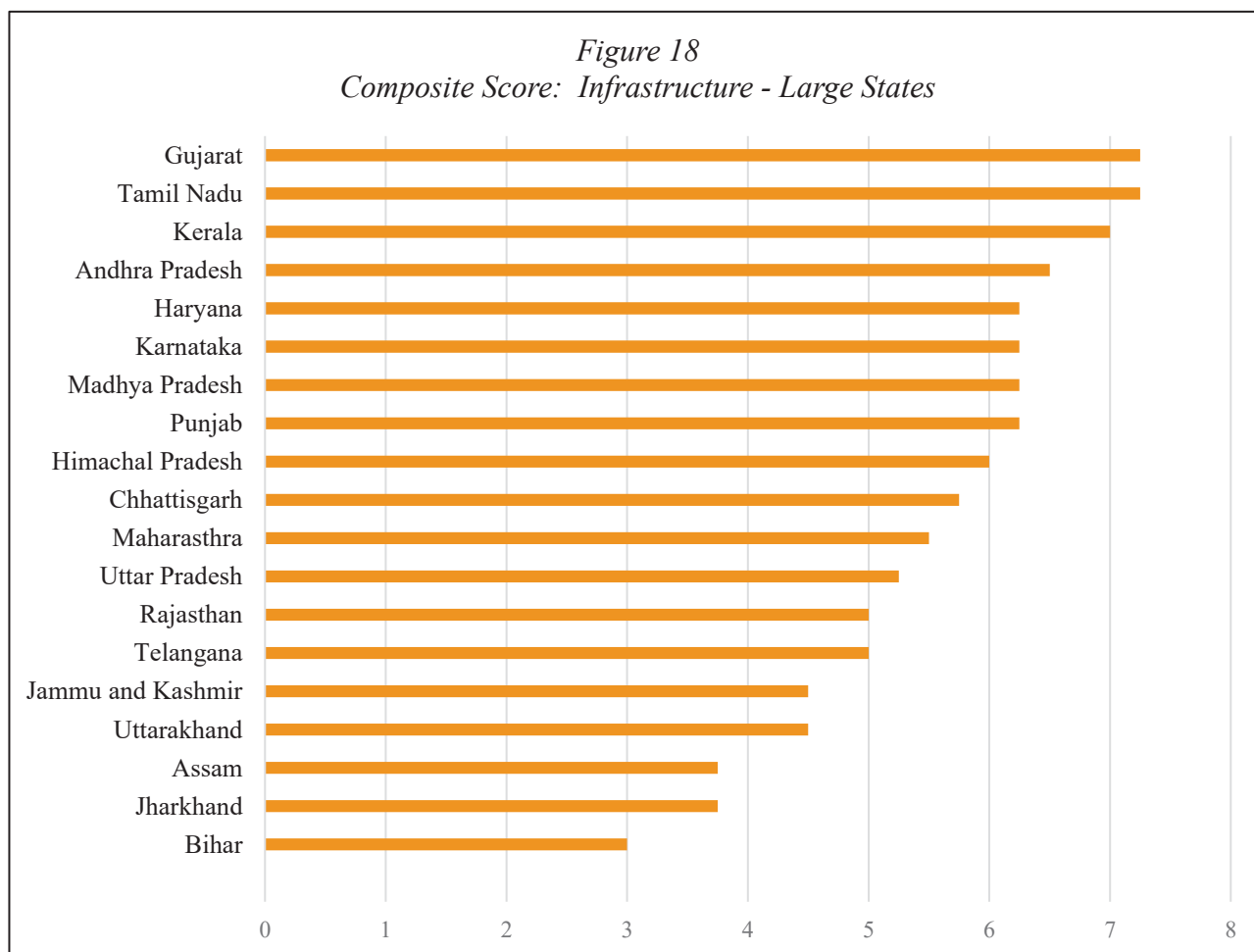


The second critical component assessed in this report is the status of the available **ICDS and Health Infrastructure. Composite Score** for infrastructure is separately shown in Figure 18 for large States. The score was calculated by given the equal weights to indicators like percentage of AWCs functional in their own building, percentage of AWCs with electricity, safe drinking water, functional toilets, percentage of subcenters with electricity, water, connectivity with road and PHCs in Government building.

Findings suggest that among the Large States, only Chhattisgarh, Gujarat, Kerala and Tamil Nadu have more than 70% of AWCs functioning in their own building. Having adequacy of space is important to the programme mainly in terms of space for recreation, cooking, and storage. Further, It is seen that about 50% of AWCs in all the large States

except Assam have safe drinking water with special mention to Himachal Pradesh where all AWCs having access to safe drinking water. Only in Gujarat and Jammu & Kashmir more than 90% of AWC are electrified. 13 States have 50% AWCs with functional toilets. The States are namely, Andhra Pradesh, Chhattisgarh, Gujarat, Haryana, Himachal Pradesh, Jammu & Kashmir, Karnataka, Kerala, Madhya Pradesh, Punjab, Tamil Nadu, Uttar Pradesh and Uttarkhand. However, none of the AWCs in any State have access to baby-friendly toilets.

The situation of the health infrastructure is worrisome with more than 50% sub-centres lacking electricity connections in Bihar, Jharkhand, and J&K. In fact, in Jharkhand and Jammu and Kashmir, more than 50% of the sub-centres do not have regular water supply.



As mentioned earlier, POSHAN Abhiyaan revamps the entire data management and monitoring mechanism by introducing new **tools for measurement and monitoring** purposes. Most of the States have either procured or started the process of procurement of growth monitoring devices, except for Bihar, Madhya Pradesh and Punjab. Similarly, most of the States (except Kerala) have either initiated the process or have procured mobile phones and tablets.

Assam is in the process of creating a budget head of account; Haryana is yet to release funds for the same; Uttarakhand is using the existing funds for procurement of smart phones and ILA module printing and thus has requested the Secretariat for additional funds.

Nine States, namely, Andhra Pradesh, Bihar, Chhattisgarh, Gujarat, Jharkhand, Maharashtra, Rajasthan, Tamil Nadu and Uttar Pradesh have started the **training process under ILA** post the roll-out of the Abhiyaan. Further, eight States, Andhra Pradesh, Bihar, Chhattisgarh Jharkhand,

Madhya Pradesh, Rajasthan, Tamil Nadu and Uttarakhand have trained State/ District/ Block Level Officials **on mechanisms to use the ICDS-CAS dashboard**.

Small States

With respect to overall readiness in Essential Service Delivery components, among the small States, Goa is best prepared, closely followed by Meghalaya and Tripura (Figure 19).

With respect to **HR gaps**, most of the States in this category do not have vacant CDPO positions, except for Goa and Meghalaya with 25% and 12% vacant positions respectively. At the Supervisor level, the situation is relatively better. However, Mizoram and Tripura have more than 25% vacant positions at this level. At frontline workers level, except for Goa and Sikkim, none of the State has any vacant AWW positions. At AWH level, only Goa has vacant positions. On the Health side, 1% ASHA positions are vacant in Arunachal Pradesh while 3% positions are vacant in Meghalaya. At

ANM level, while there is no vacancy in Mizoram, is 25%, 13%, 11% and 4% in Goa, Manipur, Nagaland and Tripura; the percentage of vacancies Sikkim and Meghalaya, respectively.

Figure 19
Essentials of Service Delivery: Small States

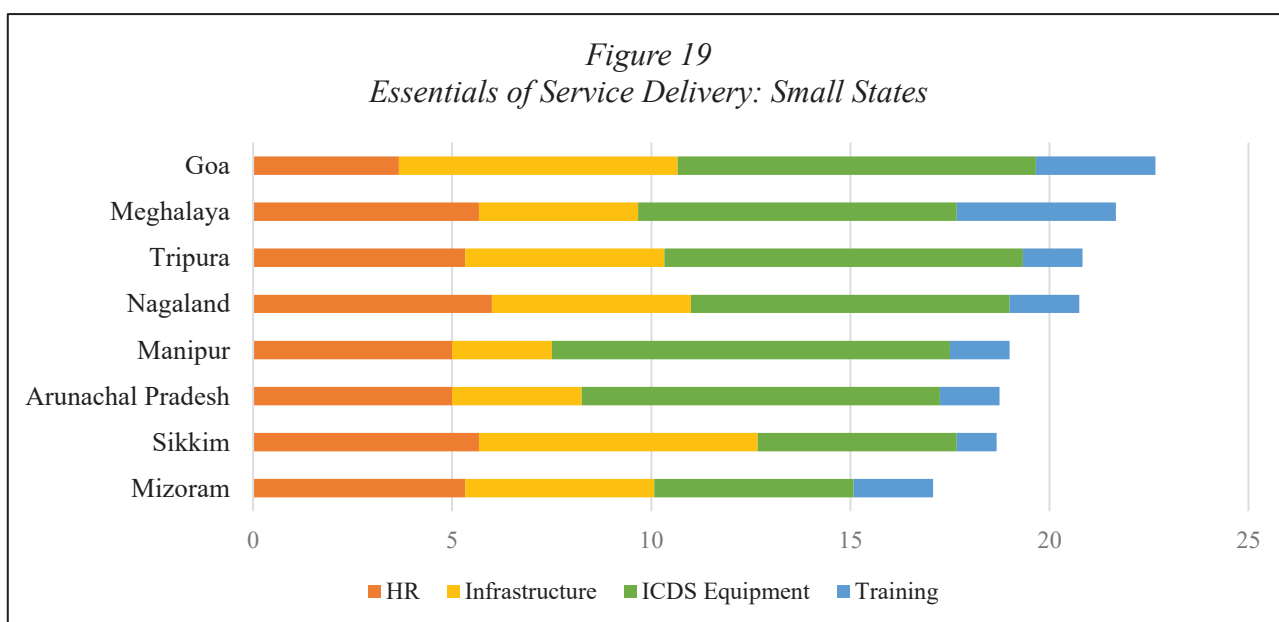
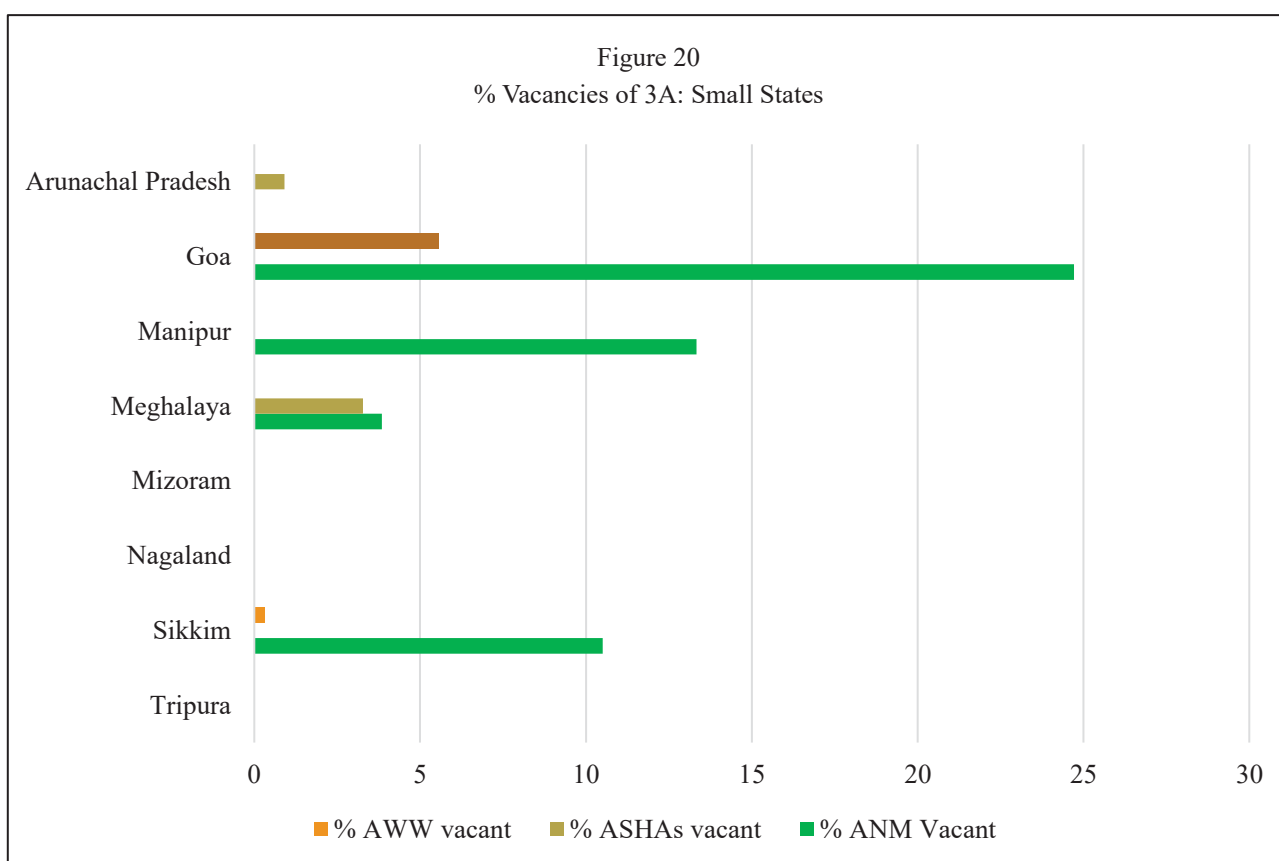
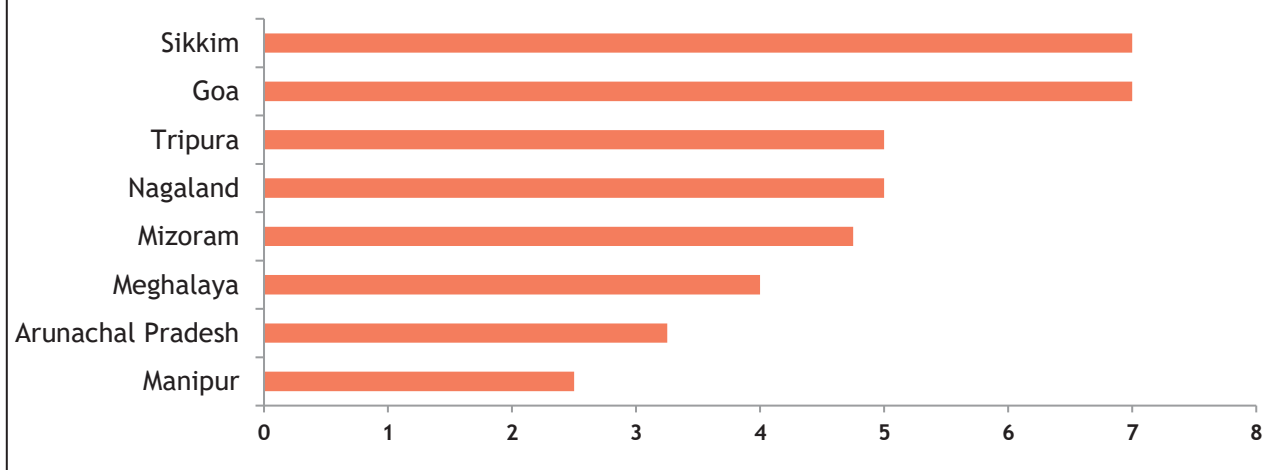


Figure 20
% Vacancies of 3A: Small States



In terms of **Overall Infrastructure Score**, Goa and Sikkim ranks first closely followed by Tripura, Nagaland and Mizoram (Figure 20)

Figure 21:
Composite Score: Infrastructure-Small States



Among the eight Small States, the percentage of AWCs functioning in their own building are 100%, 95%, 87% and 74% in Mizoram, Tripura, Sikkim and Nagaland, respectively. In Goa 89% of the AWCs are electrified. The percentage of AWCs having functional toilets is 89% and 59% in Sikkim and Goa, respectively. However, none of the AWCs in any State have access to baby-friendly toilets. Similarly, the percentage of AWCs having safe drinking water supply is 100%, 92% and 82% in Nagaland, Goa and Sikkim, respectively.

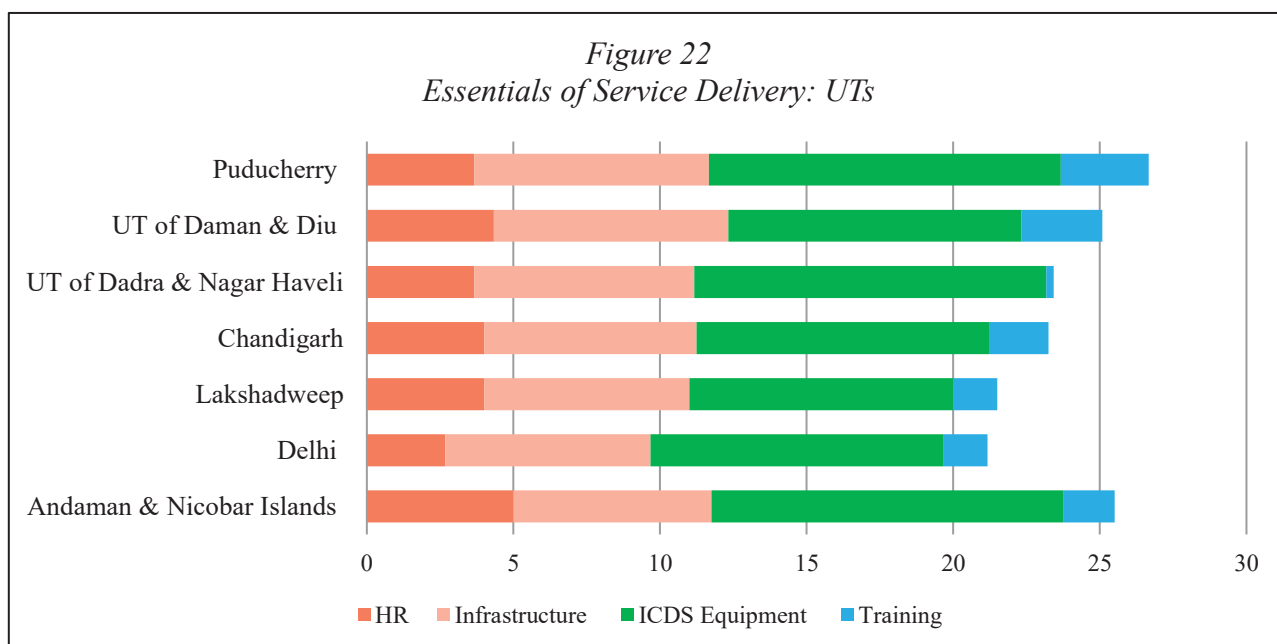
Of the eight small States, all the Sub-Centres in Goa and Mizoram are fully electrified, closely followed by Sikkim. In Goa all the Sub-Centres have regular water supply and better road connectivity, closely followed by Sikkim. However, in Nagaland, Meghalaya, Arunachal Pradesh, Tripura and Meghalaya the proportion of Sub-Centres having access to water is less than 60%. The data provided reveals that relatively very few Sub-Centres in Manipur have access to electricity, water and better road connectivity. In all the Small States, almost all the PHCs are functioning in Government buildings. Infrastructure is a pertinent aspect of service delivery and should be considered as a priority in the implementation of the POSHAN Abhiyaan.

Most of the Small States have either procured or started the process of **procurement of growth monitoring devices**, except for Meghalaya, Mizoram, Nagaland and Sikkim. All the Small States have also started the process of **procurement of tablets and mobile phones**. In fact, in Manipur, these monitoring devices have already been procured.

While most of the States have trained ASHA Workers on **Module 6 and 7** related to maternal nutrition and IYCF, Goa and Meghalaya have started the **training process under ILA post roll-out of POSHAN Abhiyaan**. Goa and Meghalaya have also completed **training of Supervisors and ICDS Officials on mechanisms to use the ICDS-CAS Dashboard** for monitoring purposes; other States are in process of training their officials.

Union Territories

Overall, with respect to components essential for service delivery, among the UTs, Puducherry is best prepared, closely followed by Daman and Diu (Figure 22).

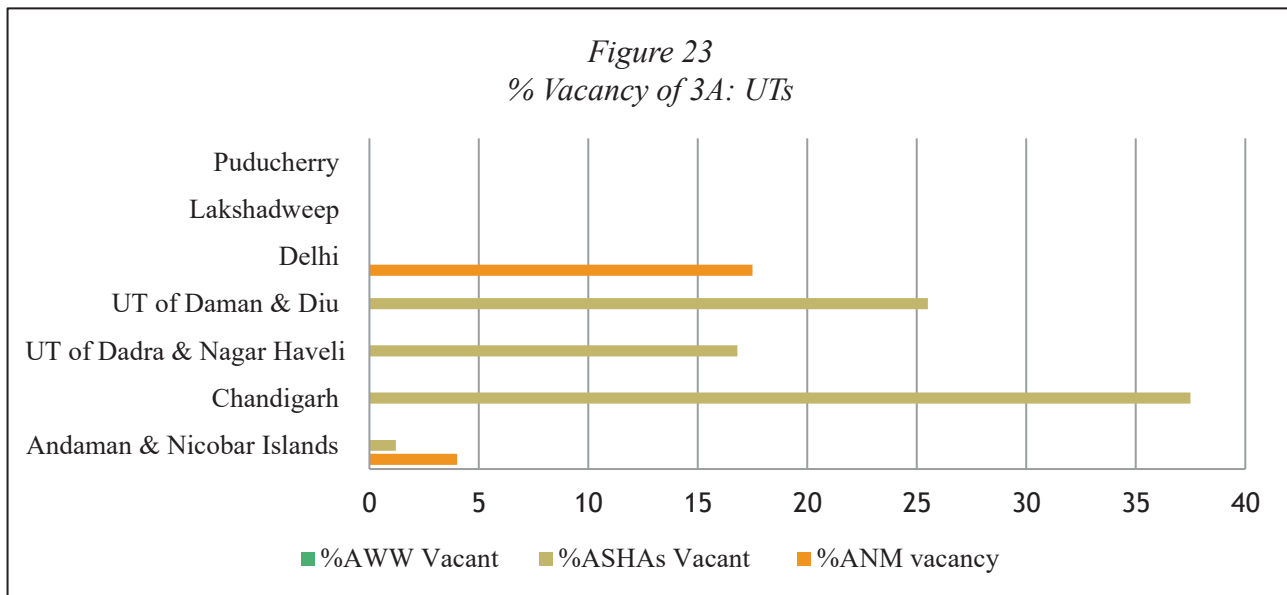


Optimal presence of frontline workers i.e. AAA (ASHA, ANM & AWW) and others is critical for service delivery under Abhiyaan and for driving its overall success. There is a high **HR gap** in almost all the UTs at the supervisory level. In Lakshadweep, 100% of the sanctioned CDPO positions remain vacant, followed by Dadra and Nagar Haveli with 50% CDPO posts vacant and Chandigarh and Delhi with close to 30% vacancies. As for the lady supervisors, there is a 100% vacancy of ICDS lady supervisors in Lakshadweep, Daman & Diu and Puducherry followed by Dadra and Nagar Haveli with 60% and Andaman Nicobar Islands with 40% vacancies at this level.

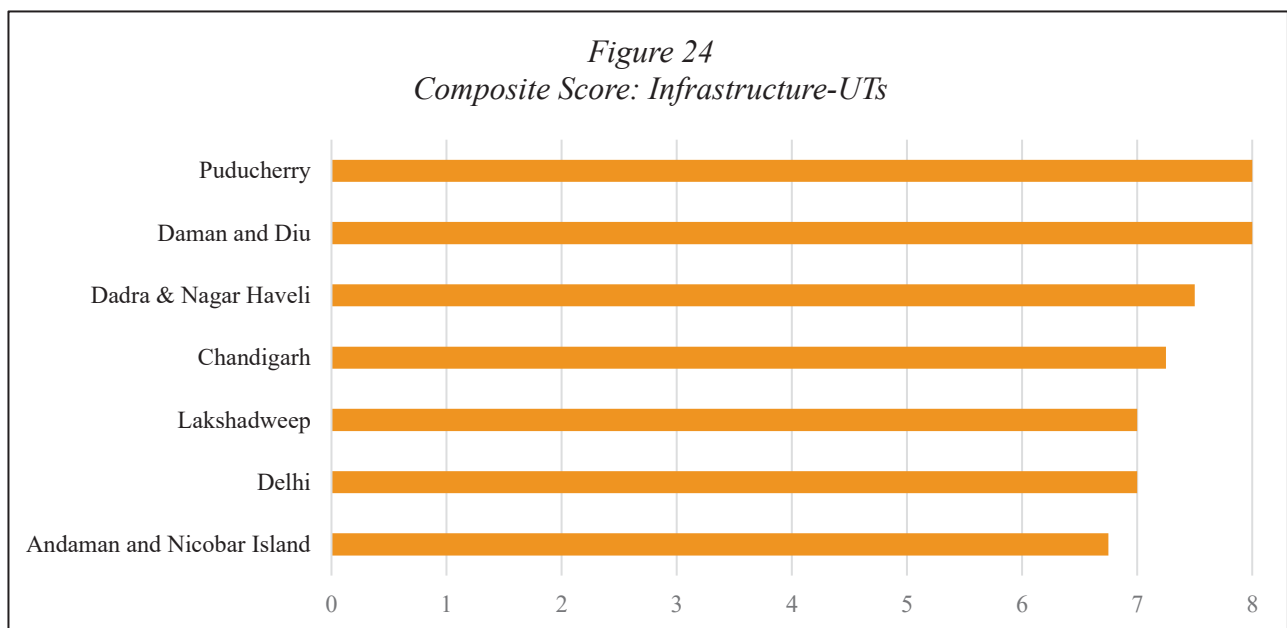
However, at the level of the frontline workers, the situation is more optimistic, with most positions being filled in the UTs. In the Health sector, all the ANM positions are filled, except in the case of Delhi which has 17.5% vacant posts. At the

ASHA level, Chandigarh has around 37.5%, Daman and Diu 25% and Dadra and Nagar Haveli has 16.8% vacant positions. Considering the focus given on the joint work of the 3A (ASHA, ANM & AWW) under the Abhiyaan, these positions need to be filled immediately for better service delivery (Figure 23).

With respect to health and nutrition **infrastructure**, AWCs running in their own buildings vary from 100% in Daman and Diu and 89% in Puducherry to 50% in Dadra & Nagar Haveli. In the UT of Delhi, 100% of the AWCs run in rented buildings. However, the UTs fare well with respect to the infrastructure, with almost all the AWCs in all UTs having electricity connections, drinking water facility and functional toilets. It is only in Andaman and Nicobar Islands that functional toilets are present in approximately 43% of the AWCs.



**Note: Data for ASHA is missing for the UT of Delhi and there are no ASHA in Puducherry*



All the UTs have estimated the number of stadiometers, infantometers and weighing scales and mobile phones/tablets required. Dadar & Nagar Haveli and Puducherry have already procured the **growth monitoring devices** while all others have initiated the **procurement process**. As for the mobile phones/tablets, all the UTs have estimated their quantitative requirement and have also initiated the process of procurement. Additionally, Dadra & Nagar Haveli and Puducherry have also procured **SIM Cards and data connectivity plans** for the devices while the rest of the UTs except for



Andaman and Nicobar Islands are currently in the process of doing so.

Daman and Diu, Delhi, Chandigarh and Puducherry have started the **ILA training** process post the roll-out of the POSHAN Abhiyaan. Andaman and Nicobar officials found ILA modules very simple and easy to understand, which would help AWWs get a better understanding on the issues and concern of present malnutrition scenario. The story based approach implemented in ILA was found to be particularly impactful to drive behavior change and embrace healthy habits in day to day life.

ICDS-CAS roll out plan elaborates procurement and distribution of mobile phones to AWWs in a timely manner followed by training of both master trainers and AWWs to capture data on field and effectively plan and take fact based decisions.

As for ICDS-CAS, all the UTs have identified **Master Trainers** to conduct ICDS-CAS training

sessions. Daman and Diu and Puducherry have developed a **training plan for ICDS-CAS** while Chandigarh, Delhi and Lakshadweep are in process of doing so. Training of the State/ District/ Block Level Officials to use the **ICDS-CAS Dashboard** has been done in Andaman Nicobar islands, Lakshadweep and Puducherry, and is in process in Chandigarh. Officials from Lakshadweep shared challenges being faced by them with regards to ICDS-CAS and similar digital initiatives. It is felt that slow network may hinder timely data entry and information update as similar issues are being incurred in DBT-payments through Public Finance Management System (PFMS) and other online data entries into the sites like PMMVY-CAS, Rapid Reporting System etc. Therefore there is a high probability that the software might not reflect real time data of their UT. Another issue has been reported from Puducherry where the concerned officials have not received the ICDS-CAS Dashboard password.



CHAPTER 4: FOCUS ON THE PACKAGE OF INTERVENTIONS FOR THE FIRST 1000 DAYS



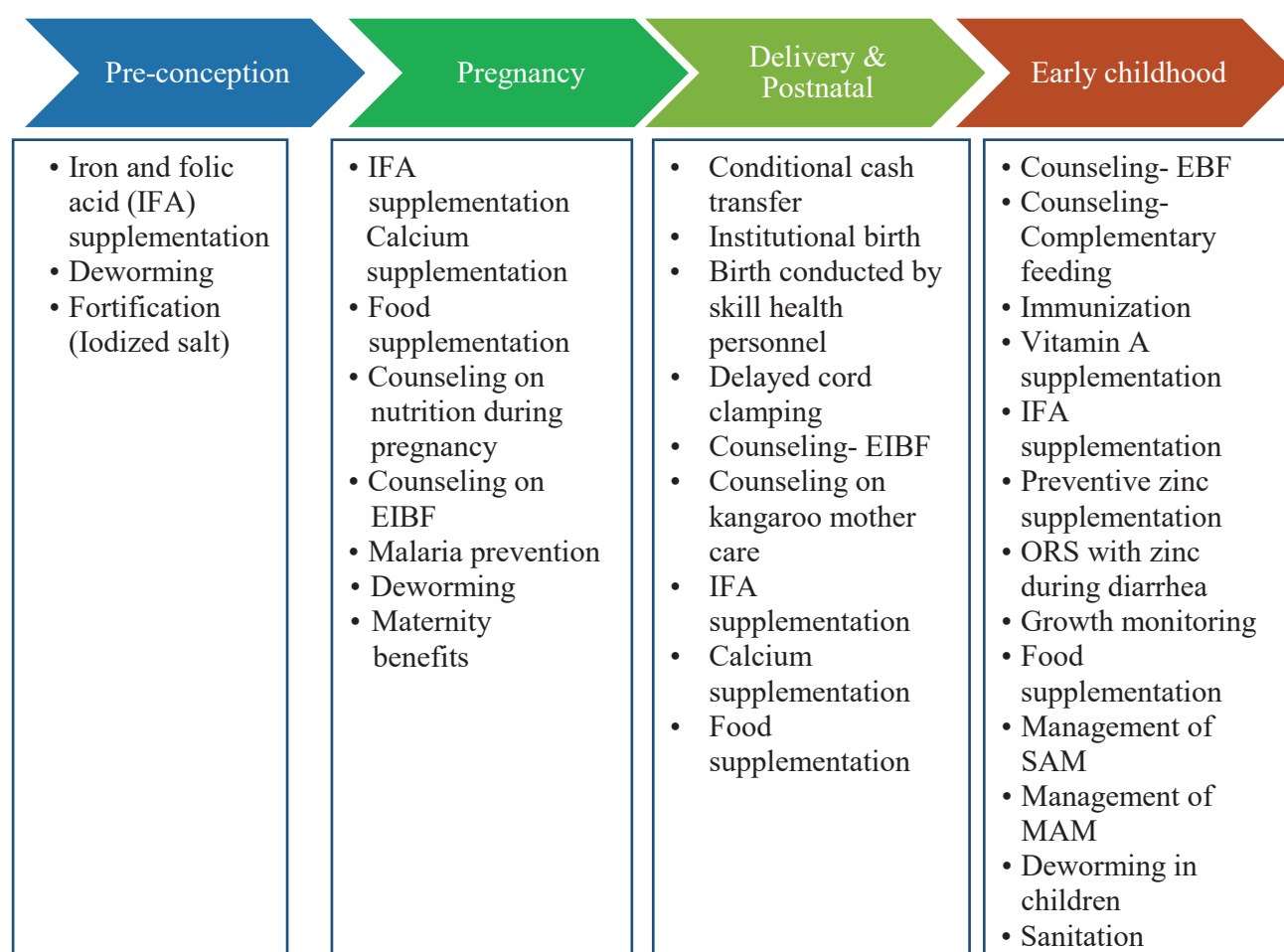
4. FOCUS ON THE PACKAGE OF INTERVENTIONS FOR THE FIRST 1000 DAYS

POSHAN Abhiyaan has been criticized as being a growth measurement mission and not a Nutrition Mission. In our view, this is a superficial understanding of what POSHAN Abhiyaan is really about. It really attempts – for the first time- to bring together all the heterogeneous programmatic elements scattered across various schemes implemented by different ministries with different intensities in different geographic regions, sets up an appropriate governance mechanism to ensure that all these elements work simultaneously for every mother and every child of India. It is worth noting that despite existing interventions, India registered a 9.6% point decadal reduction in Stunting, from 48% in 2005-06 to 38.4% in 2015-16 (NFHS 4). With universal programs on health, nutrition, water, sanitation and hygiene in place and operational, it is puzzling why the pace of decline has remained slow. It is all the more striking to note the differentials amongst states and districts, with some registering much sharper decline than others.

The premise of the POSHAN Abhiyaan is simple: if we are able to reach a pre-determined package of interventions with a Coverage level of at least 90%, with Continuity (that is no disruptions in the schedule of delivery), with

appropriate Intensity and with Quality – the so called **C²IQ** framework, we will be able to accelerate the pace of decline in the burden of malnutrition. In other words, for maximum impact and efficient resource utilization, the centre-piece of our efforts should be on attaining **C²IQ** of a pre-identified, evidence-backed, package of programmatic interventions (preferably minimal in number) that have proven to yield high-impact outcome. And in doing so, we are guided by the latest evidence available in the literature. The Lancet Maternal and Child Nutrition Series (2008) followed by the Lancet Series (2013) emphasized the focus on the first 1,000 days with a package of direct, evidence-based **nutrition-specific** interventions as well as nutrition-sensitive interventions in a wide range of sectors. Bhutta et al. (2008) point out the list of critical interventions essential for the improvement of maternal and child nutrition (Figure 25) that at 90% coverage levels can achieve 15% reduction in stunting.

However, as per NHFS 4 reports, the coverage levels of these critical services vary widely across States and within States across district (Figure 26). The challenge therefore is scaling up those services in precisely those geographies that have been unable to deliver these intentions with a level of intensity and quality that is required to create the desired impact.

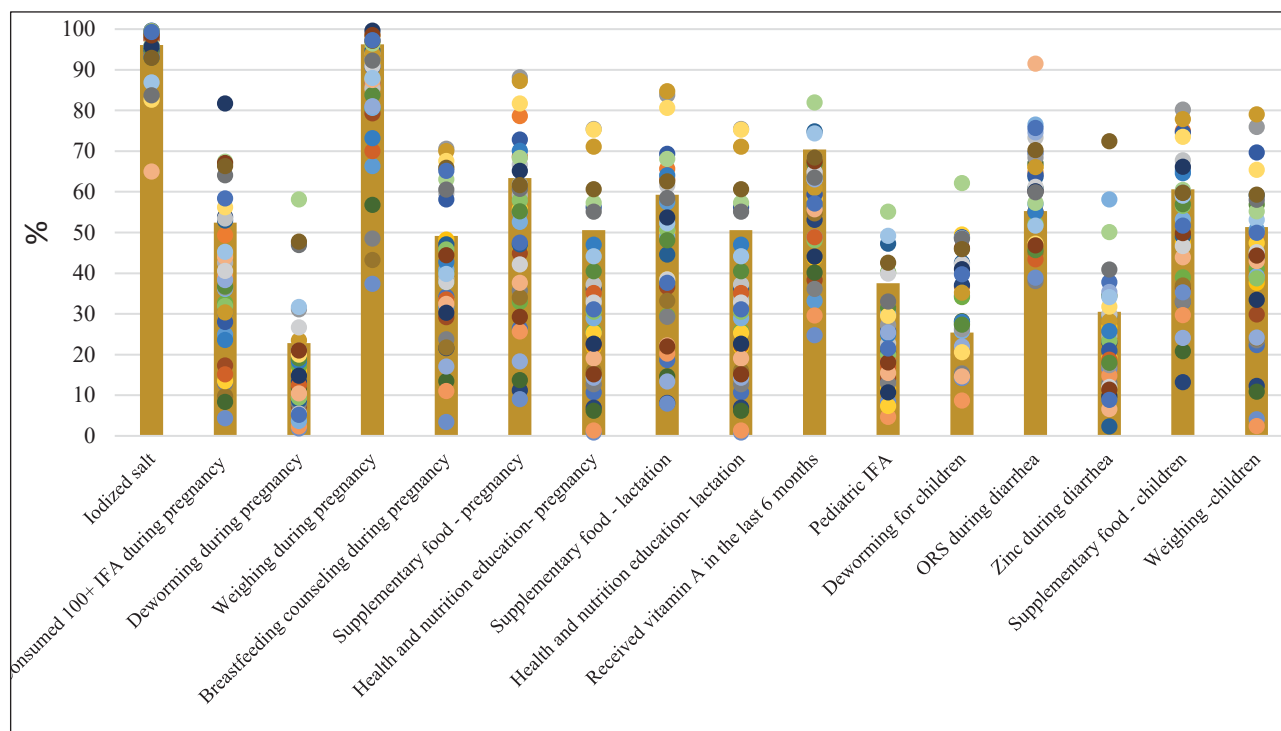


90% coverage → 15% reduction in Stunting (*Bhutta et al. 2008*)³

A case in point is the Full Immunization Coverage (FIC). In 2009, the FIC level in India was 61% and was increasing at the rate of 1% point per year. With sharper focus on the least vaccinated areas, the MoHFW through its Mission Indradhanush and Intensified Mission Indradhanush programs ensured that the increase in coverage rates is now up seven fold-

that is to say that the FIC is now growing at 4% points per annum and we expect to ensure 90% coverage rates by the end 2018. India has succeeded almost every time in campaign approach when focussed on a single intervention (immunization) – whether it is the case of Polio elimination or increase in FIC.

Figure 26: State Variability in Coverage in Nutrition Indicators



The key question before POSHAN Abhiyaan is whether our delivery systems can be geared to carrying out multiple interventions simultaneously and across geographies that could ensure the desired acceleration in the pace of decline of malnourishment. We remain optimistic that it can be done, as shown by the performance of Odisha and Chhattisgarh in the last decade (Box 1). Managers are well-acquainted with the 80:20 Rule (‘Pareto Principle’). It implies that in any given scenario, roughly 80% of the results come by focussing on 20% of the tasks. While this does not undermine the significance of the remaining 80% tasks, it merely emphasizes the fact that focussing on the 20% high relevance tasks and by doing them well may be a more efficient way of achieving

outcomes in a short time span rather than distributing energies on all of them. We propose the application of same principle in the implementation of POSHAN Abhiyaan. And the best part is that these actions can be prioritized and sequenced in the localized contexts keeping in mind the limitation in the capacities of the field staff as well governance capacities of the District and the State Administrations. In our view, if we can focus the attention, energy and resources of all actors and stakeholders upon these high impact nutrition interventions (Table 4) and executing them well in the overarching C²IQ implementation framework, we should be able to make a significant dent in the persistent problem of malnutrition.

Box 1 : Scaling up the Coverage of Nutrition Interventions

Odisha and Chhattisgarh are two states that achieved significant stunting declines in a period of 10 years (between 2006 and 2016). The success of these two states was driven by a vision to achieve improvements in infant and maternal mortality.

Odisha steadily managed to chip away at several system-level challenges to scale up, strengthen, and

deliver a set of effective health and nutrition interventions. Figure A and B depicts the coverage of interventions across the continuum of care in Odisha and Chattisgarh in 2016. The key success factors in Odisha included high-level political support for health and nutrition programs, fiscal and policy space to operate, and useful collaborations with committed development partners; a situation that was very similar in Chhattisgarh. In addition, a cadre of committed and technically capable bureaucrats enabled programmatic action.

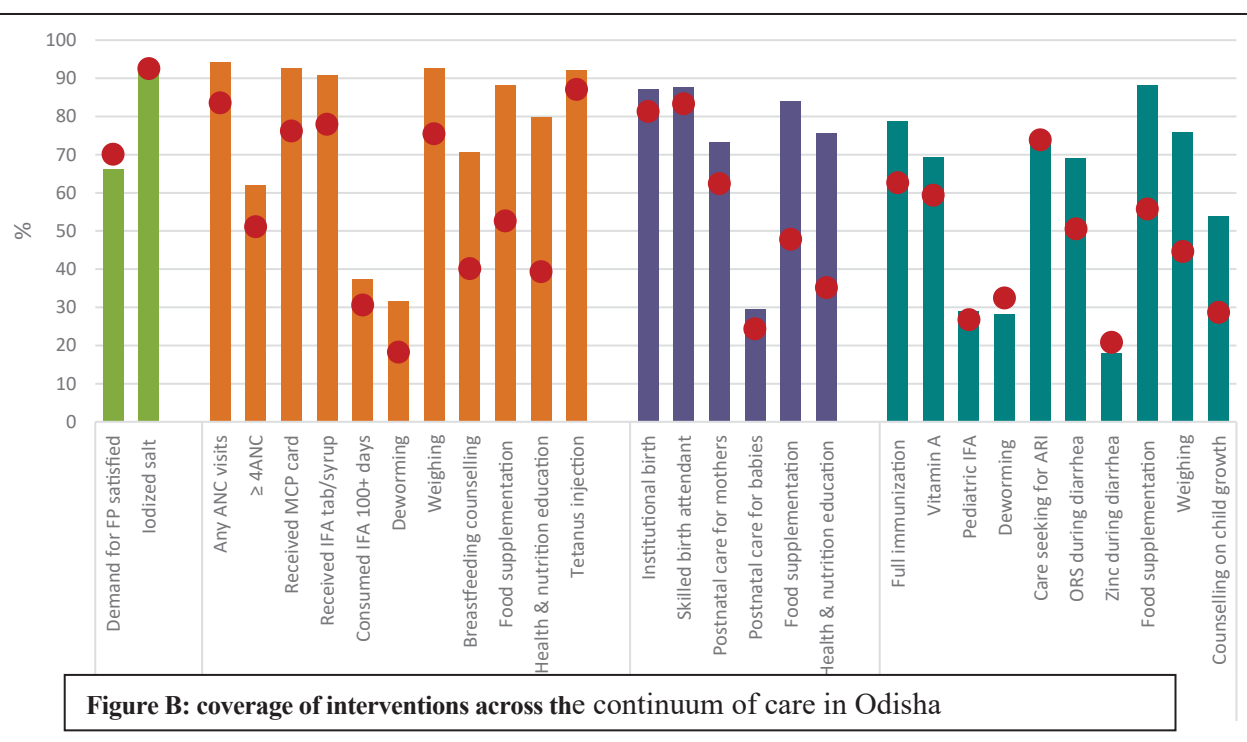
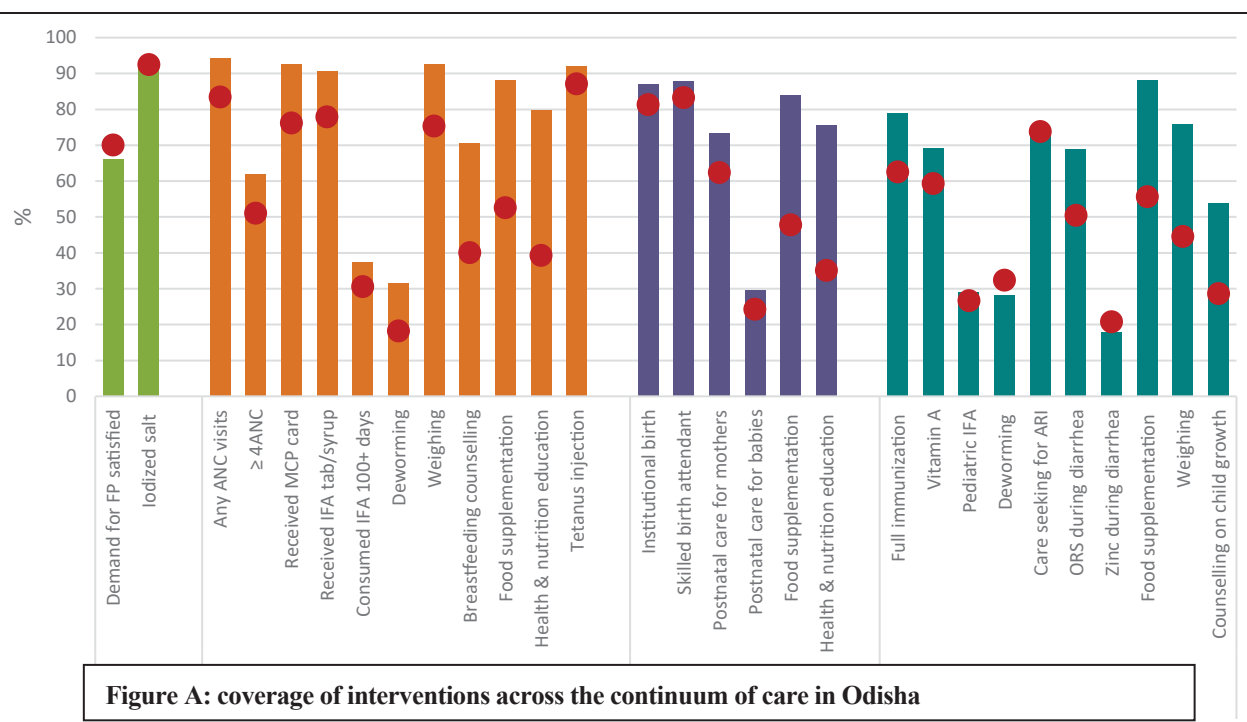


Table 4: High Impact Interventions to be Implemented Covering 80%-90% of Eligible Populations

Early Registration of pregnancy (preferably in the 1st trimester)	Home visits to mothers with children between 4-24 months by ASHA at least once every two months to promote timely and appropriate IYCF (including complementary feeding, dietary diversity, frequent feeding, feeding hygiene and early stimulation)
Ensure 4 ANC check-ups: Identifying HRPs and monitoring Gestational Weight gain	Monthly VHSNDs with the provision of a comprehensive set of interventions
Full immunization of children below 1 year	Deworming (Albendazole) for children in the age group 1-19 years in February and in August
Supply & consumption of IFA, vitamin A and calcium supplementation as per national guidelines	Diarrhoea Management among Children (0-60 months) with ORS/ Zinc
Institutional delivery followed by early initiation (within 1 hour) of breastfeeding	Ensuring Cash & Nutrition Support to pregnant mothers; lactating women and Children 6-24 months: PMMVY & Supplementary Nutrition (THR) for at least 21 days in a month
Child growth monitoring	SAM Children who received treatment

We are mindful of the fact that in computing the State Preparedness scores, we have not taken into consideration the coverage indicators of many of the interventions outlined above in the absence of credible survey data since the publication of NFHS-4, but future versions of this report will address this lacuna. Hopefully by that time, we would have much wider availability of program data through the ICDS CAS application with a reasonable degree of quality as would enable us to make comparisons across districts and States. It would not be out of place to state here that NITI Aayog under its Aspirational District Program (many of whom are also high burden from a malnourishment point of view) is trying to capture this information through a periodic district level household survey. As has also been mentioned elsewhere in this report, we shall also be measuring process level outcomes at the baseline (NHFS 5), midline (NIN – Survey) and endline (NHFS 6) to keep a track of our progress in extending the coverage of the identified interventions, in addition

to impact level outcomes of the anthropometric measures.

Among other good practices we have found in the course of documentation for the report the example of leveraging the Women Self Help Groups *JEEVIKA* from Bihar is worth mentioning. It has played a major role in engaging the target group with a view to raising the demand for the package of interventions that then forces a matching supply side response (Box 2). Similarly, ***Gram Panchayat Strengthening Program*** to institutionalize a sustainable, community-led supervision and monitoring mechanism at grassroots for improving mother-child nutrition in the State of Maharashtra (Box 3). A good practice on conducting ***Suposhan Swasthya Mela by Uttar Pradesh*** is worth mentioning where Community Based Event is organized on monthly basis on first Wednesday of the month across 20,000+ sub-centers in the State by joint effort of MWCD, MoHFW and the PRI Department of the State (Box 4).

Box 2: Leveraging JEEViKA in Bihar

Problem: Bihar is a state with high prevalence of undernutrition. Almost half the children under 5 years of age are stunted, 44 per cent of children are underweight with more than 60 per cent women being anaemic.

Solution: The State Rural Livelihood Mission of Bihar, better known as **JEEViKA**, owing to its scale, reach and credibility among the rural population, is adopted as a significant contributor to Jan Andolan of the POSHAN Abhiyaan.

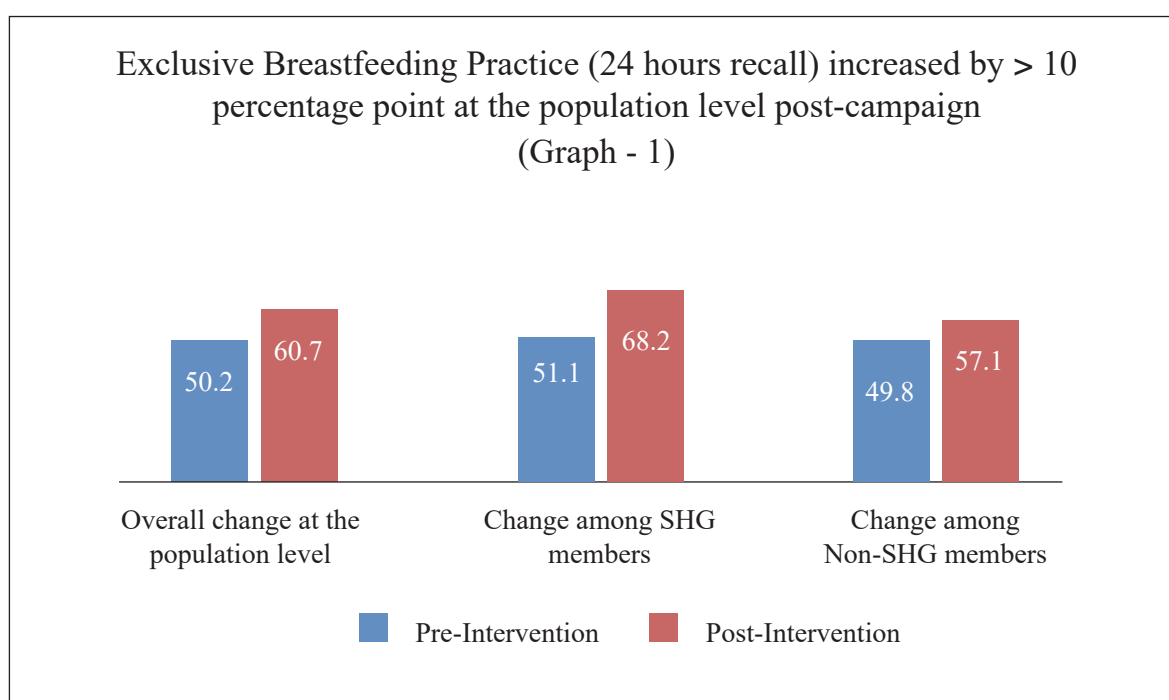
Activities/Approach:

- JEEViKA adopts participatory & gender-centric approaches to reduce the burden of vulnerabilities of rural households.
- Creating mass scale awareness on the significance of breastfeeding during the first six months of the child's life through special campaigns about breastfeeding.
- Adopting a mix of complementary feeding sessions with cooking and feeding during SHG coupled with rallies, *Bulawatolis* (calling target women and families), home

visits, recipe competitions to bring change in complementary feeding behaviour.

Outcome/Impact:

- *Improvement in Exclusive Breastfeeding Practices* – The mass campaigning, rallies and other forms of awareness resulted in an increase of 10 percentage points in exclusive breast feeding within a few months in the campaign areas (Refer Graph 1).
- *Improvement in Dietary Diversification in Complementary Feeding* - More than two-fold difference in dietary diversity outcome was observed between the intervention and control arms after the intervention on session roll out and demonstration of complementary feeding.
- *Improvement in accessing better Health and Nutrition services and provisions* - Through the JEEViKA platform, rural women became more aware of and started utilizing services and provisions through front-line workers (FLWs) of Health and ICDS departments.

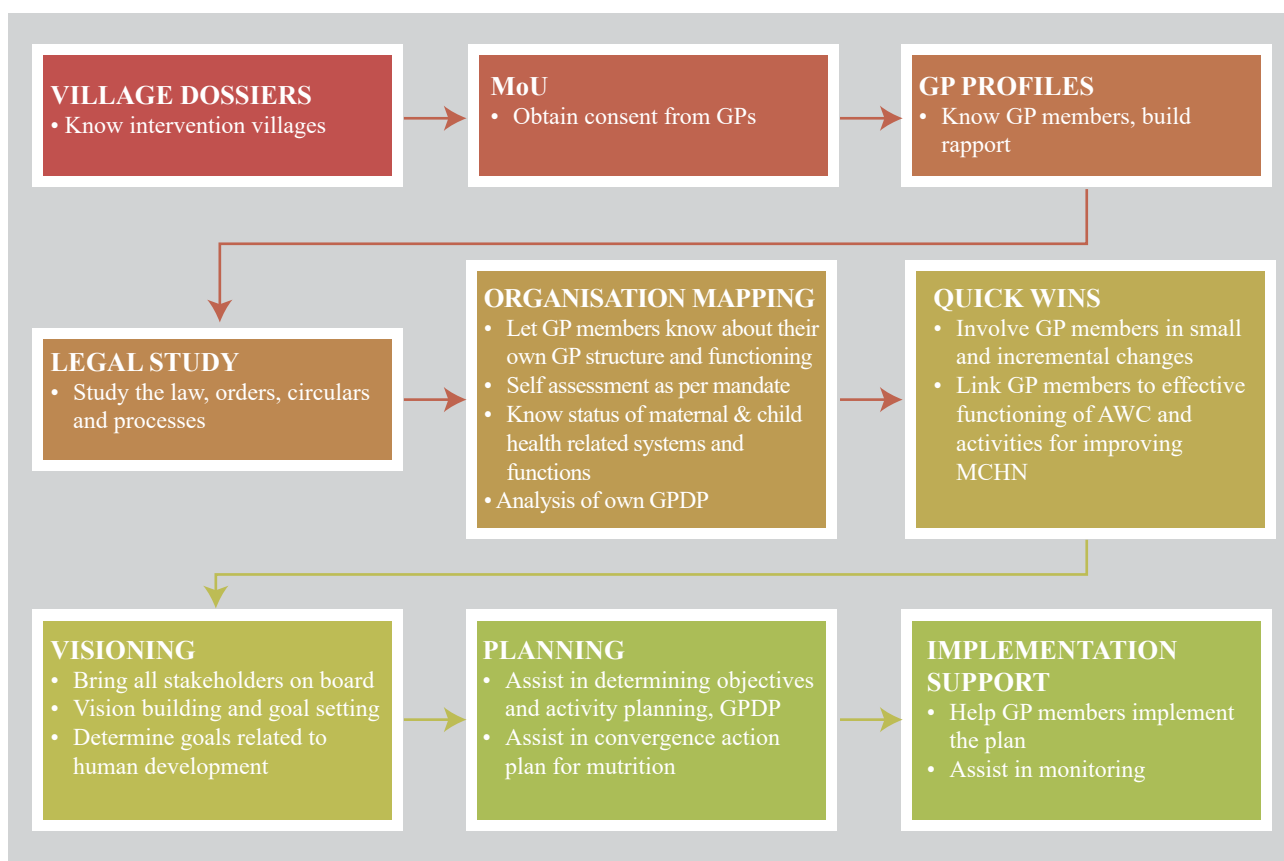


Box 3: Vision for Future’ – A SAKSHAM Project in Maharashtra

Initiative: Gram Panchayat Strengthening Program to institutionalize a sustainable, community-led supervision and monitoring mechanism at grassroots for improving mother-child nutrition.

Objective: To strengthen Gram Panchayats by leveraging multi-sectoral commitment to improve mother-child nutrition through community leadership, and thus providing stimulus to Jan Andolan under POSHAN Abhiyaan.

Activities/Approach:



Success Story: “Gram Panchayats draw-up roadmap for improving nutrition in Gadchiroli”

- 18 Gram Panchayats in the left-wing extremism affected Gadchiroli District were brought together with the aim to discuss and create a shared vision for their villages, identifying development themes like health, sanitation, livelihood, education and infrastructure with special focus on mother-child nutrition.

- Various Government Officials were pleased to learn about the role Gram Panchayat can play in the functioning of the ration shop (PDS) in the village.

The Saksham project is collaboratively funded by Avantha Foundation and the Bill & Melinda Gates Foundation. The project is implemented in 19 high-burden tribal blocks of Maharashtra and reaches out to more than 52,000 children, their families, and 9,000 pregnant women.

Box 4: Suposhan Swasthya Mela, Uttar Pradesh

Suposhan Swasthya Mela was launched in Uttar Pradesh on 25th August, 2018 by Chief Minister of Uttar Pradesh. It is an exceptional event, organized on monthly basis on first Wednesday of the month across 20,000+ sub-centers in the State by joint effort of MWCD, MoHFW and the PRI Department of the State.

Suposhan Swasthya Mela is a far-sighted strategy to ensure coverage of all health and nutrition benefits to the community, raise community participation and platform for effective communication. The effort is directed to take VHSNDs beyond Routine Immunization sessions and give special focus to nutrition, health, hygiene services through effective counselling which aids in improving the nutritional outcomes. The emphasis during the

Mela is laid on:

- Nutrition and health counseling.
- Convergence through Community Based Events conducted.
- Dietary counselling and low cost nutritious food recipe demonstration which is missing factor in VHSND.
- Identification and referral of Severely Acute Malnourished Children and High Risk Pregnant women to health facility.
- Setting up of sanitation counters at the sub-centres in addition to health services.
- Convergence of services of AAA (Anganwadi, ASHA and ANM), participation of Gram Pradhan and village influencers. This helps in creating a platform to observe interdepartmental convergence.





CHAPTER 5: JAN ANDOLAN



5 JAN ANDOLAN

5.1 Background of Jan Andolan

The Honourable Prime Minister formally launched POSHAN Abhiyaan in March 2018 with a vision to create “*Kuposhan Mukh Bharat*”, a country with healthy and optimally nourished children who realize their potential and maximize adult productivity.

It is an ambitious Mission that aims at preventing and reducing undernutrition, low birth weight, and stunting across the life cycle, but as early as possible, especially in the first three years of life and with interventions up to the age of 6 years.

The Honourable Prime Minister intended that the Mission be converted into a Jan Andolan for effective outreach and implementation.

The four pillars of the POSHAN Abhiyaan include: Convergence; Information and Communication Technology (ICT); Monitoring; and Jan Andolan.

5.2 Convergence for Jan Andolan

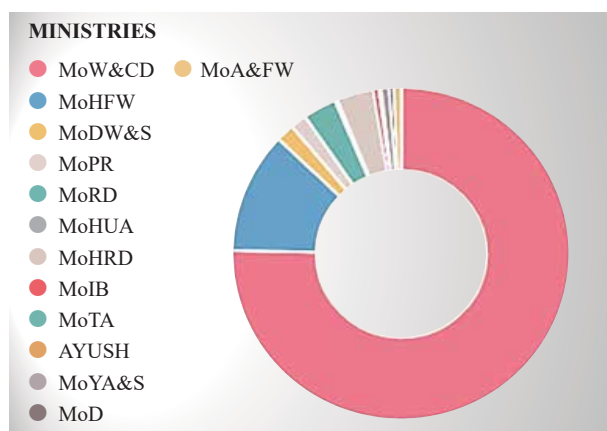
Achieving the ambitious goal of ‘*Kuposhan Mukh Bharat*’ requires multi sectoral collaboration and interventions at different levels. An Inter-Ministerial group meeting was convened under the Chairmanship of Member, Health & Nutrition, NITI Aayog on 18 July, 2018 where ideas and strategic views on the aim, concept and implementation of Jan Andolan were exchanged.

During the second meeting of the National Council on India’s Nutrition Challenges held on 24 July 2018 under the Chairmanship of the Vice Chairman, NITI Aayog, it was decided to celebrate the month of September 2018 as a Rashtriya POSHAN Maah. Since Behaviour Change Communication is considered a key intervention to break the intergenerational cycle of undernutrition, the suggestion to establish a

dynamic social and behavioural change ‘POSHAN Abhiyaan Jan Andolan Strategy Group’ at NITI Aayog, was endorsed by the National Council on Nutrition Challenges.

The Group was responsible for the formulation of an overarching strategy, ideation and coordination for all social and behaviour change communication related to POSHAN Abhiyaan at the national level. It also envisaged the messaging, media and individual Ministerial and Departmental roles to roll out harmonized messaging throughout the country. With the Ministry of Women and Child Development as the nodal agency, this was achieved in collaboration with all relevant Ministries and development partners for enhanced convergence.

During the meeting with all relevant stakeholders held on 3 August 2018, it was decided that all States and Union territories will carry out activities at the grassroots level. The implementing Departments/Agencies including Women and Child Development (*Anganwadis*), Health and Family Welfare Department (PHC/CHC/ASHA/ANM), School Education and Literacy Department (schools), Panchayati Raj Department (Gram Sabhas) and Rural Development (SHGs) and Drinking Water and Sanitation would play a key role in catalysing the people’s mass movement. It will spearhead a Jan Andolan, a mass movement led by the people from all walks of life.



5.3 Strategy for POSHAN Maah

The objective of Rashtriya POSHAN Maah is to ensure that every child under six years of age is weighed, every new born receives home visits and the message of nutrition becomes a part of household conversations.

For making POSHAN Maah successful, strategizing was undertaken at two levels:

- (1) training of all the field-line workers for improved service delivery and 100% coverage during the month of September; and
- (2) mass awareness campaigns for the public, beneficiaries and all stakeholders.

All the activities in POSHAN Maah are centred around eight identified key messages:

- (1) Antenatal care,
- (2) Optimal breastfeeding (early and exclusive),
- (3) Complementary feeding,
- (4) Anaemia,
- (5) Growth monitoring,
- (6) Girls' - education, diet, right age of marriage,
- (7) Hygiene and sanitation,
- (8) Eat healthy - Food fortification.

An orientation workshop was held on 23 August 2018 towards sensitizing the line ministries staff, state and district level functionaries and partners on various aspects of Rashtriya POSHAN Maah.

Media content and IEC material was consolidated across ministries and themes, disseminated via ministries and line departments across Centre, State and Districts, and made available on the POSHAN Abhiyaan website for download. Ministries developed their media plan across audio-visual, outdoor, print, community and social media platforms. Community radio stations were utilized extensively during the POSHAN Maah. The Ministry of Women and Child Development coordinated the development of logos for POSHAN Maah. The content was shared with

MoPR to sensitize and spread awareness on POSHAN Maah in the Gram Sabhas conducted on 15 August. Pre-launch tweets were shared and the POSHAN Maah was launched on 1 September for the entire month.

5.4 Ministry Level Initiatives

Multi-ministerial efforts were brought together to make POSHAN Maah a successful event. Various Ministries at Central and State level addressed malnutrition and its diverse determinants by strengthening and converging actions at ground level.

5.4.1 Ministry of Women and Child Development (MoWCD):

For *Rashtriya POSHAN Maah*, a detailed four-week calendar of activities was formulated in collaboration with Ministries and Line Departments. In addition, At the National level, a Jan Andolan and SBCC Strategy Groups were formed under Member (Health & Nutrition), NITI Aayog. Additionally, a Core Committee on Jan Andolan was instituted with representation from all converging Ministries and Partners. Comprehensive Jan Andolan Guidelines were prepared in Consultation with all partners and released to States and UTs. A Dashboard (web portal) was developed to monitor all field level activities.

Celebration of POSHAN Maah and all other community centric activities created a buzz from the grass root level and making this Abhiyaan a *Jan Andolan*. A comprehensive IEC strategy has been formulated for the country in partnership with Ministries and development partners with several materials collated on a public domain categorized theme wise for wider dissemination and outreach during POSHAN Maah. Caller Tune/ringtone was launched as a precursor to the Poshan Maah and Song & Drama Division were engaged to conduct nation-wide programmes. The field level efforts were recognised through an Awards Ceremony held on 10th October 2018.

5.4.2 Ministry of Health and Family Welfare (MoHFW): Health Sector interventions such as Anaemia Mukta Bharat, National De-worming Days (NDDs), Universal Immunisation, Promotion of IYCF at health facilities and communities have been intensified and are instrumental in success of the POSHAN Maah. Home Based Care for the Young Child (HBYC) programme was launched during Maah to implement additional home visits over and above the existing HBNC visits for nutrition promotion. All the States and UTs were actively involved and it was closely monitored at Central level. Re-energising the platform of VHSNDs across the country act as back-bone to the success of POSHAN Maah, which is possible by active community participation. Convergence was ensured by active participation of ASHA, ANM, AWW, local PRI and SHG for mobilisation of children, pregnant and lactating mothers for successful VHSNDs. MoHFW executed extensive media campaigns across States and UTs on specific nutrition promotive interventions during the POSHAN Maah and continues to work closely with MWCD and others Ministries.

5.4.3 Ministry of Panchayati Raj Institution (MoPRI): POSHAN Maah was taken as a top priority by MoPRI. Various initiatives are taken at Central level for sensitizing all Gram *Sabhas* on POSHAN Abhiyaan across all States/UTs. Special Gram Sabhas in the Month of September were organised to ensure the sensitization on key messages on nutrition and related behaviour to PRI members. *Prabhat Pheris* were held in villages and Districts in the first and fourth week of September.

5.4.4 Ministry of Rural Development (MoRD): During the *POSHAN Maah*, women SHG members have participated in various kind of activities (pledges and rallies) to spread the important messages on nutrition such as importance of diet and dietary diversification, breast-feeding, complimentary feeding,

immunization, growth monitoring, hygiene-water-sanitation, anaemia, adolescent education, age of marriage and antenatal check-ups. Overall, DAY-NRLM has conducted over 1.7 lakh activities with over 3.8 crore SHG members participated during the *Poshan Maah*.

5.4.5 Ministry of Drinking Water and Sanitation (MoDWS)-Swachh Bharat

Mission: Safe sanitation is critical to survival, and its absence can impact health, food security, and livelihoods of families across the world. Behaviour Change Communication is undertaken under the Swachh Bharat Mission at the ground level and is complemented with mass media at the National level as well. For example, mass media campaigns such as '*Darwaza Band*' was also launched. Ministry joined hands with the POSHAN Mission and produced a media spot, the duration of 70 seconds, starring popular Bollywood celebrity *Ms. Madhuri Dixit* and ran the spot on Doordarshan and regional channels up to celebrate the month as Rashtriya Poshan Maah. It is worth mentioning that currently over 5 lakh *Swachhagrahis* across the country till September 2018 were involved in behaviour change interventions at the grassroots. With significant progress being made on the ground, the Swachh Bharat Mission maintains its parallel focus on sustaining the Jan Andolan and safe sanitation practices.

5.4.6 Ministry of Human Resource Development (MHRD):

POSHAN Maah: Convergent effort of MHRD, MWCD & MoHFW is evident during POSHAN Maah, highlighting the importance of convergence in POSHAN Abhiyaan and converting it into a Jan Andolan for effective implementation and desired reach. In addition, following activities were initiated and to be taken up by the States and UTs during POSHAN Maah mentioned:

- Sensitization toward POSHAN through audio video material at schools.
- Awareness Campaign for Adolescent Girls: Awareness regarding use of millets, kitchen

gardens, cleanliness, balance diet, consumption of green leafy vegetables and pulses, proper physical and mental development and safe menstrual health & hygiene etc may be carried out in convergence with Department of Women & Child Development and Health & Family Welfare.

- c. Meeting of School Management Committee: In the meetings of school management committee, issues related to nutrition, good health, hand-wash, millets and kitchen garden etc may be discussed during the POSHAN Maah for greater dissemination of the issues on nutrition, health, hygiene, safe drinking water, use of water filters etc may be carried out. Further this may be carried out in convergence with Department of Women & Child Development.

Overall, MHRD has conducted over 3.5 lakh activities where 3.1 crore participated during Poshan Maah.

5.5 Monitoring of POSHAN Maah Activities

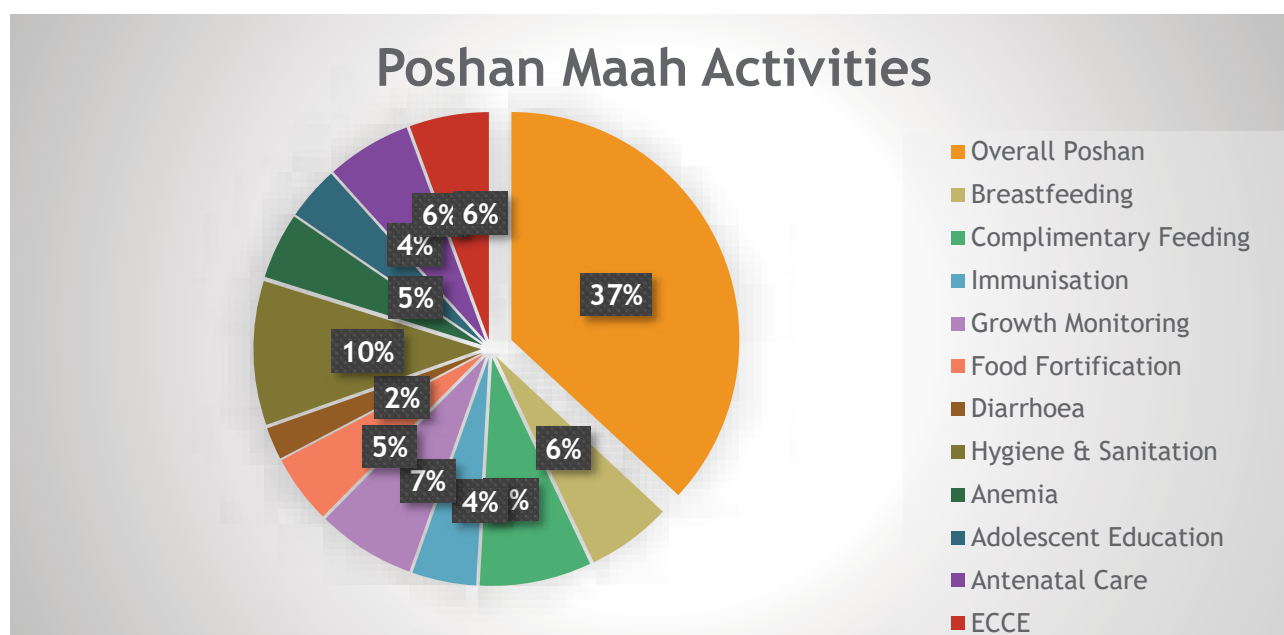
A dashboard was developed by the Ministry of Women and Child Development to record and monitor activities at various levels. State, district, block and field level functionaries were sensitized to upload data on the POSHAN Maah

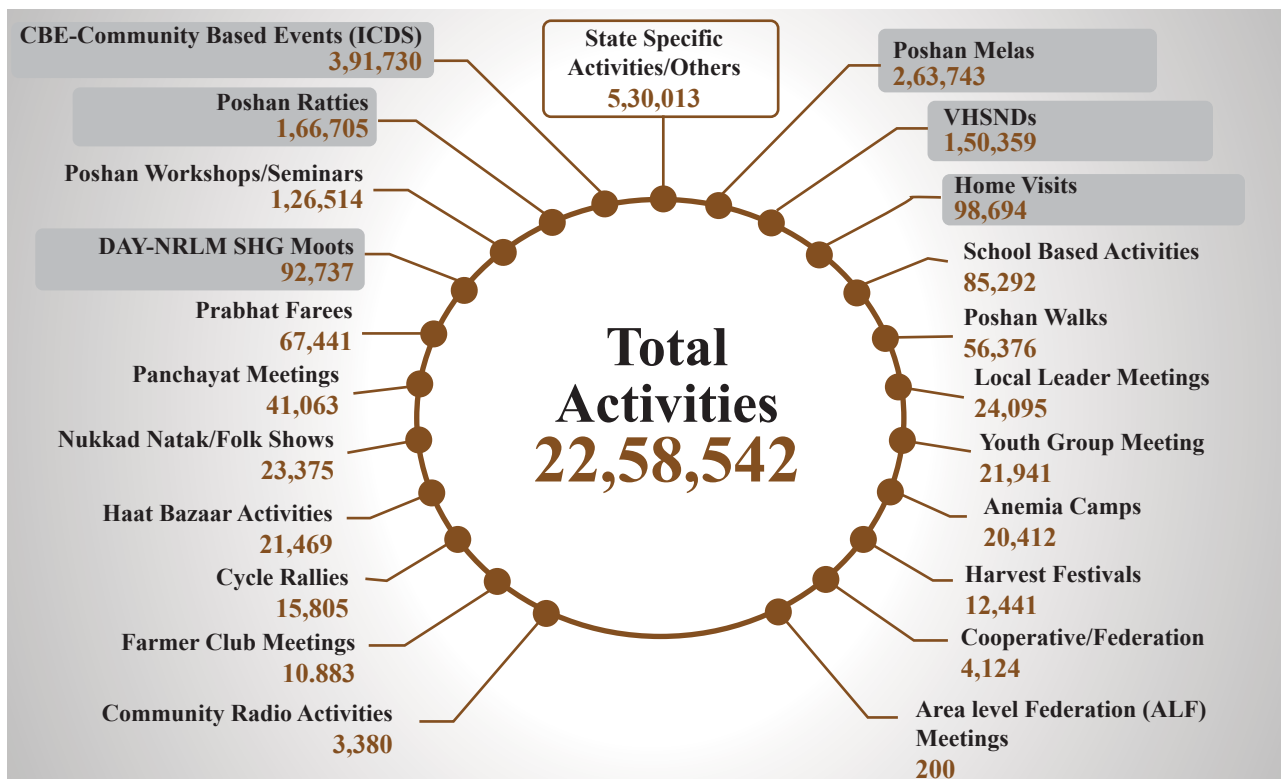
dashboard every day (<http://POSHANabhiyaan.gov.in/>). The dashboard records real-time data on activities and participants entered from across the country. Along with the quantitative data generated through the dashboard, field visits are being conducted by Ministry of Women and Child Development officials and NITI Aayog representatives in various states.

Impact & Reach of POSHAN Maah

Reached over 30.6 Crore people in 30 days

As many as 12,24,81,234 women and 6,15,37,080 men and over 13 crore children (males and females) were touched through the activities undertaken during the POSHAN Maah. A total of 22,58,452 inter-sectoral community-based activities were conducted during POSHAN Maah. These activities included *Prabhat Pheris*, *POSHAN Mela*, *Saas Bahu Sammelan*, *Annaprashan Diwas*, *God Bharai*, video session & discussion in every school on nutrition, hand-washing demonstration, plantation of nutritious vegetables, healthy baby show etc. Along with these awareness generation events, home visits by ASHA and Anganwadi and weight measurement of all children between 0-2 years were undertaken.





All Ministries geared up and facilitated convergence through formal circulars and specific instructions to their line departments in the states and districts across themes to fight against Malnutrition. Many Chief Ministers and various State and District officials have taken a pledge to end malnutrition and made it a personal agenda to monitor the progress regularly.

There was an appreciation from the visits of NITI Aayog bringing together various departments to facilitate convergence. Gaps

have been shared by the state to further this convergence beyond two three departments.

Innovative exchange of ideas across the country are being exchanged through wide media coverage.

POSHAN Maah has given a major impetus to POSHAN Abhiyaan. This campaign has started a Jan Andolan that will be beyond routine government schemes and make it a sustained movement. Reinforcing the POSHAN Abhiyaan through POSHAN Maah.

PHOTO GALLERY



Mashaal rally-Sitamarhi, Bihar



Poshan vihar-Sheikhpura, Bihar



VHSND - Begusarai, Bihar



Handwashing-Barpeta, Assam



Laadli diwas - Damoh, MP



VHSND - Balrampur, UP



VHSND - Sahebganj, Jharkhand



Poshan Oath - Barwani, MP



Poshan mela-Begusarai, Bihar



Poshan sabha-Goalpara, Assam



Growth monitoring-Sharavasti, UP



Poshan Sabha-Nandurbar, MH



Poshan Mela - Katihar, Bihar



Annaprasan - Sonbhadra, UP



Swasthya Rally - Chirakoot, UP



Poshan mah Rally - Darrang, Assam



5.6 Honourable Prime Minister of India Interaction with ASHAs, AWWs and ANMs

During POSHAN Maah, the Prime Minister of India interacted with the team of three as- the ASHA worker, Anganwadi worker and ANM (Auxiliary Nurse Midwife) from across the country through video conferencing on 11 September, 2018. He appreciated their effort to work together, to use innovative means and technology, to improve the delivery of health and nutrition services and achieve the goal of POSHAN Abhiyaan- reduction of malnutrition in the country- aimed towards taking the message of nutrition to every household.

Prime Minister of India recognised the contribution of grass-root health workers and thanked them for their efforts in building strong and healthy nation. He further acclaimed the success of home-based child care which benefits 1.25 million children of the country every year where ASHA worker will visit 11 times in first 15 month in place of earlier six visits in first 42 days of birth.

The PM highlighted the link between citizens' health and the growth of the nation; he said if the children of the country are weak then its growth would also slow down. For any infant first thousand days of life is very crucial. Nutritious food, dietary habits during this time, decide how its body will become, how it will be in reading and writing and how strong it will be mentally. If a citizen of the country is healthy, no one can stop the development of the country. So, in the initial thousand days, efforts are being made for developing a strong mechanism to secure the future of the country.

Doubling of routine incentives given by the Union Government to ASHA workers were announced with free insurance cover under Pradhan Mantri Jeevan Jyoti Bima Yojana and Prime Minister Suraksha Bima Yojana. Honorarium given to Anganwadi workers and Anganwadi workers have been increased.



Honourable Prime Minister addressing the field functionaries

5.7 Conclusion

POSHAN Maah celebration in the country has provided valuable impetus to POSHAN Abhiyaan and has transformed this scheme into a Jan Andolan. It has made an attempt to change the way people look at nutrition and made it an intrinsic part of their lives. NITI Aayog worked towards better role clarity among different

ministries and leveraged their existing campaigns and schemes such as Swachh Bharat Abhiyaan, WASH, MAA, Beti Padhao Beti Bachao etc. Convergence at multiple levels was one of the most crucial aspects of POSHAN Maah, which was replicated from the national level down to the village level.



CHAPTER 6: RECOMMENDATIONS AND WAY FORWARD



6. Recommendations and way forward:

Given that nutritional outcomes are impacted by multi-dimensional factors, successfully tackling malnutrition requires a systems approach wherein multiple agents align their actions through cross-sectoral convergence. It requires setting up governance structures that enable contextualized planning at each level of implementation process and information flows that enable real time feedback to continuously improve supply side responses. It also requires taking a realistic view of the capabilities of the delivery systems; and prioritize and sequence the interventions accordingly. At the six-month point since the launch of the Abhiyaan, we have taken stock of its progress (or the lack of it) on multiple fronts. On the basis of our assessment, we would recommend the following course of action to be prioritized by the Central and the State Governments, District Administrations and the Development Partners to synchronize our efforts to accelerate the effectiveness of POSHAN Abhiyaan in the coming months:

6.1 Convergent Action:

- Several Policies have been launched by the concerned Ministries in the preceding year; as already outlined in chapter 2. We would need to ensure that as a team to implement them effectively at the ground level; keeping in mind the capacities for delivery of those services.
- Globally, the success of nutrition programs has been predicated on a strong commitment on the part of the political and bureaucratic leadership. The composition of the National Nutrition Council which includes Senior Ministers of the Union Cabinet and Chief Ministers of the States is recognition of this fact. We therefore need continued engagement with the Chief Ministers and Chief Secretaries on issues that require cross-sectoral efforts and monitoring at the highest levels. We further need a renewed push for creation of **institutional**

mechanisms at the State, District, Block and Village levels to accelerate convergent action required for the implementation of POSHAN Abhiyaan.

- In several Aspirational Districts the strengthening of Village Health Sanitation & Nutrition Days (VHSNDs) have been demonstrably proved to be an efficient platform of converged service delivery at the village level. As per our assessment, a large number of services comprising the package of interventions can be delivered through the VHSND and it would also help streamline the due lists of the ASHA, Anganwadi, ANM trio. We need to scale it up and ensure that high quality service delivery can happen through these VHSNDs. We also need to expedite issue of Guidelines relating to the disbursement of joint incentives for the frontline line workers.
- While a lot of action has happened in the convergent action centred on MWCD, MoRD, MoHFW, Ministry of Drinking water & Sanitation and Ministry of Panchayati Raj, we need a deeper engagement with Ministry of Agriculture Cooperation & Farmers Welfare for nutrition sensitive interventions in agriculture and food Production. We should be able to reach out to Agriculture Universities and their Home Science departments to connect them to Districts to devise nutritious recipes for the household using locally available food. UNICEF has funded a centre in Lady Irwin College, Delhi University to act as a National Resource Centre for this purpose. This needs to be followed through as one major stream of activity of the POSHAN Abhiyaan.

6.2 Governance Issues:

- **Scaling up ICDS-CAS:** The cumulative fund utilization under the Abhiyaan at the time of preparation of the report is roughly around **6% of the allocated budget** with some States and UTs unable to even initiate the spending process. Even where funds

have been released, tardiness in initiating procurement of Smart Phones and Growth Monitoring Devices (such as Stadiometer, Infantometer etc) through the GeM portal precludes reaping the full benefit from the scheme by the frontline workers and intended beneficiaries. This needs prioritization at the level of decision makers.

- o **Human resource:** Vacancies among the front line staff and even more so among the supervisory staff is a common phenomenon across States and UTs. It is one of the most potent threat factors for the success of the Abhiyaan. We need to encourage State Governments to take up special drives not only to fill these vacancies, but to invest in their training and capacity building to enable them to fulfill their roles effectively. Quality supportive supervision could be key differentiator to determine the success or otherwise of the Abhiyaan.
- o **Infrastructure:** Addressing network and infrastructure challenges at the Anganwadi centres will be necessary to ensure effective roll out of ICDS-CAS as well as quality of interventions taking place at those centres. Active engagement with the telecom industry may be needed to address network connectivity in difficult settings.

The setting up and recruitment of personnel of the State Nutrition Resource Centres (SNRC), State Programme Management Units (SPMU) and District Program Management Units (DPMUs) needs to be expedited since they will make a critical difference to the quality and speed of programme implementation.

- **Ensuring full coverage, continuity, intensity and quality of implementation of high impact interventions.** As pointed out in the Chapter 4, there are significant gaps in the coverage, continuity, intensity and quality of high impact interventions, which need to be addressed on a priority basis: both


on the demand as well as the supply side. Addressing coverage for behavior change interventions will require different strategies than addressing coverage for product-related interventions (e.g., micronutrient supplements); Hence, strategies to close gaps will need to be intervention specific.

6.3 Data and Progress Monitoring:

- Given the **multisectoral nature of the efforts to address malnutrition** under the POSHAN Abhiyaan, it will be essential to consolidate monitoring efforts to develop a joint nutrition monitoring framework that encompasses the multiple sources of data currently available on nutrition in India.
- MoWCD and MoHFW currently use different approaches to **tracking common beneficiary populations**; it will be important, therefore to assess ways in which ICDS-CAS and MCTS/RCH can be interoperable to ensure even stronger service delivery convergence.
- **Ensuring quality data to support review and monitoring through ICDS-CAS:** Credible data entry and periodic analysis of data should be done at the ministry level. Analysis of the periodic data collected is to be utilized for course correction
- Exploring innovative ways to support **data use for decision making** will be key, especially at the Block, District and State levels.

6.4 Jan Andolan:

- **Keeping the focus on ‘Jan Aandolan’ and SBCC alive:** POSHAN Maah has demonstrated the power of convergent outreach for behavior change communication. A focused and coherent SBCC Action Plan is essential to take the work of POSHAN Abhiyaan forward. States and UTs will need to sustain the momentum generated by the POSHAN Maah.
- **Monitoring** the reach of messages delivered under *Jan Andolan* will be essential. The



Poshan Maah dashboard developed for this purpose, appropriately modified can serve as a useful tool to keep track of activities under community engagement.

- As a second phase of community engagement, we need to start an engagement with elected representatives at all levels – from the Parliament to the Panchayats – explaining to them the importance of the POSHAN Abhiyaan and the critical role that they are going to play in ensuring the success of the campaign. Appropriate messaging,

content and media needs to be adapted from the already existing resources to facilitate this engagement. MWCD, MoRD and Ministry of Panchayati Raj can come together to jointly plan this campaign. Development Partners and NITI Aayog can be used as facilitators to develop a sustained movement around this work stream. This could also be used a platform to engage with the SHGs to ensure that they can be roped in to play a role in the Abhiyaan.



ANNEXURES

Annexure I:

Status of Delivery of Nutrition Services in India

Annexure II:

Template shared with States/ UTs for Data Collection

Annexure III: Preparedness Score Rubric



ANNEXURE I: STATUS OF DELIVERY OF NUTRITION SERVICES (NFHS-4)

Large States	Small states	UT
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Figure 27: Coverage of Nutrition Interventions: Iodized salt

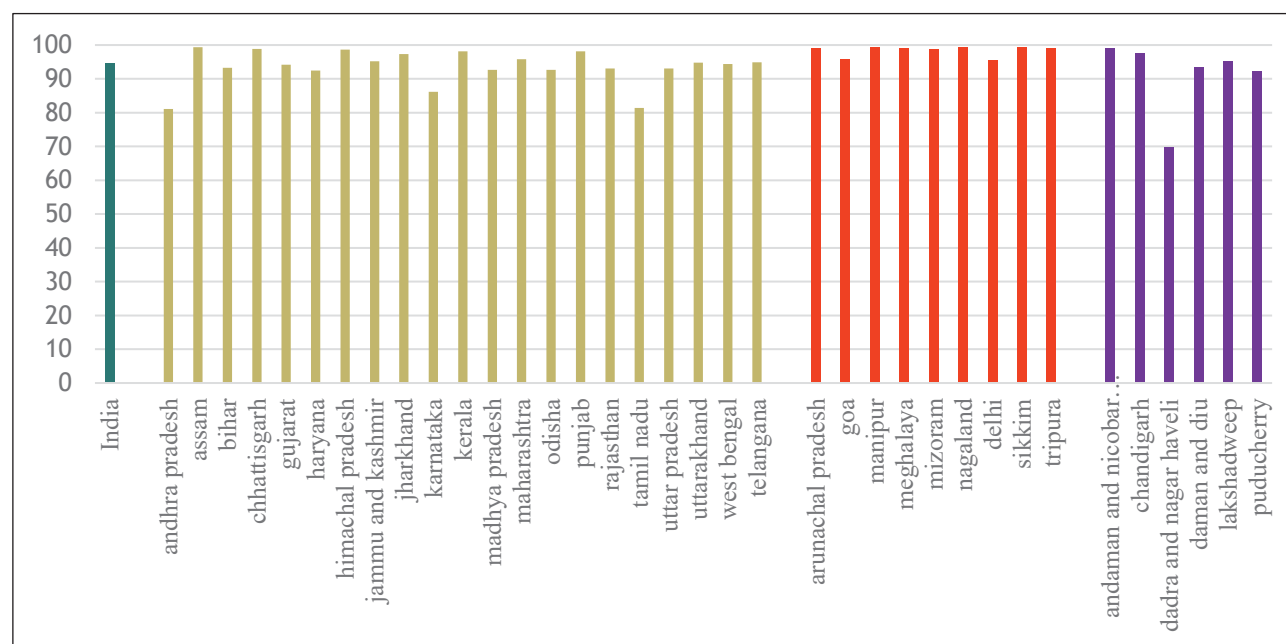
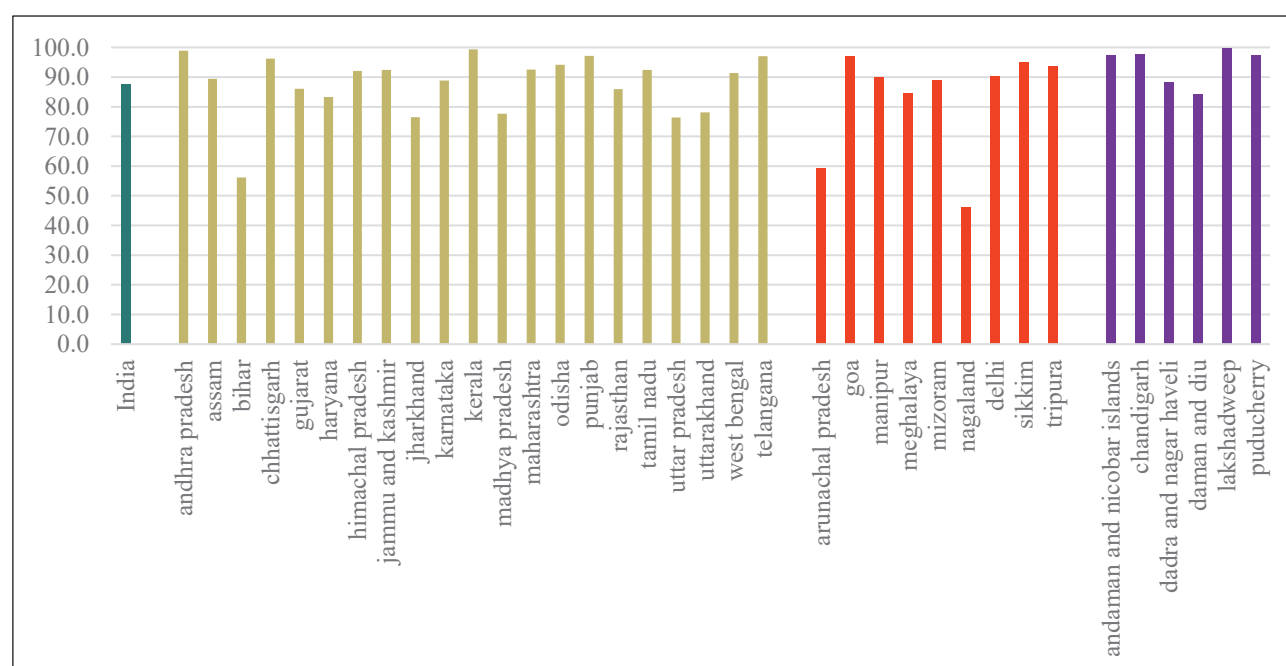


Figure 28: Coverage of Nutrition Interventions: Any ANC



Large States

Small states

UT

Figure 29: Coverage of Nutrition Interventions: ≥ 4 ANC visits

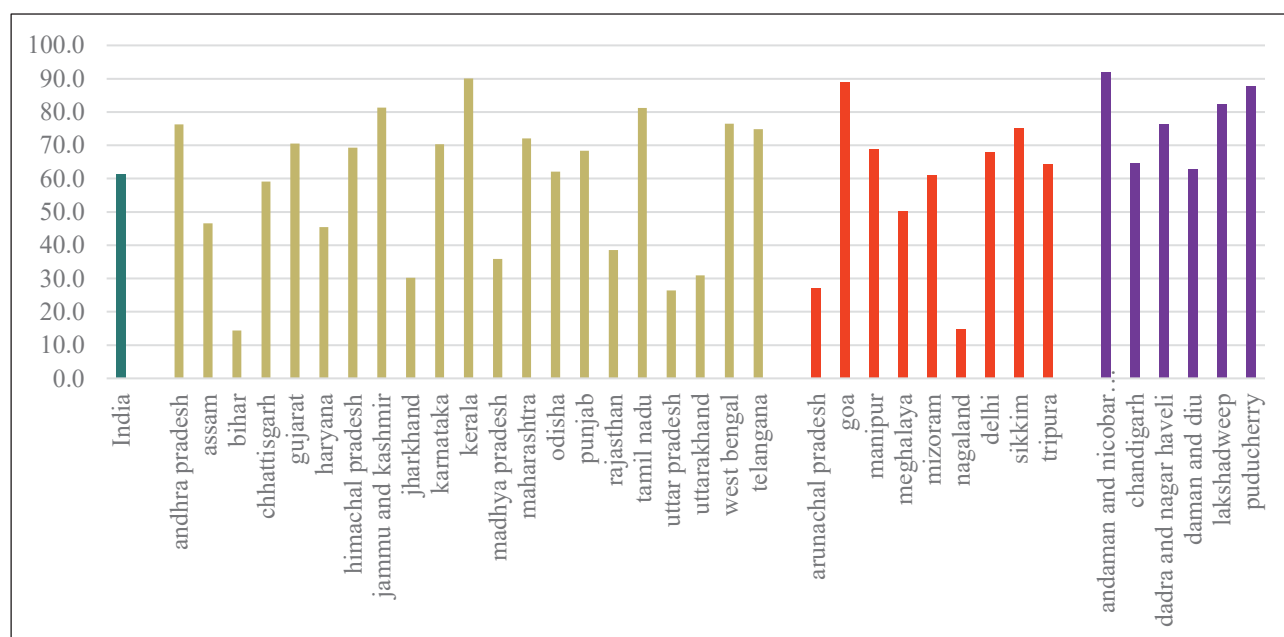
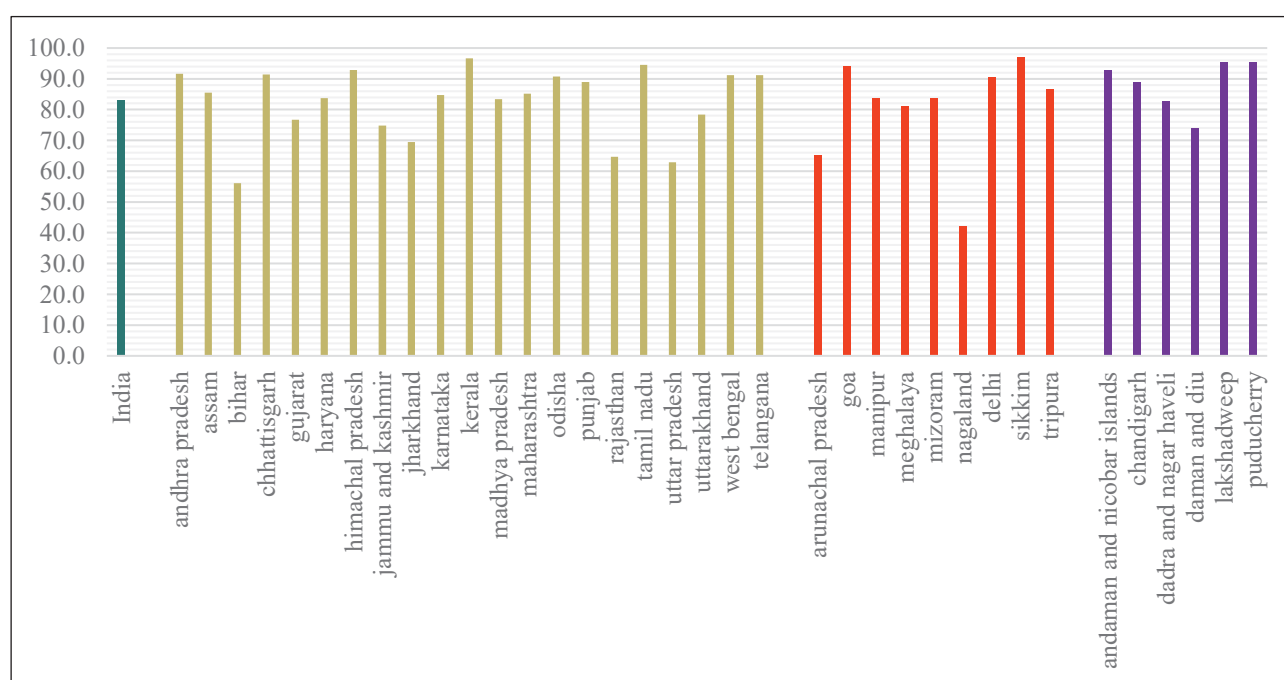


Figure 30: Coverage of Nutrition Interventions: Received IFA Supplementation



Large States

Small states

UT

Figure 31: Coverage of Nutrition Interventions: Consumed IFA 100+ Days

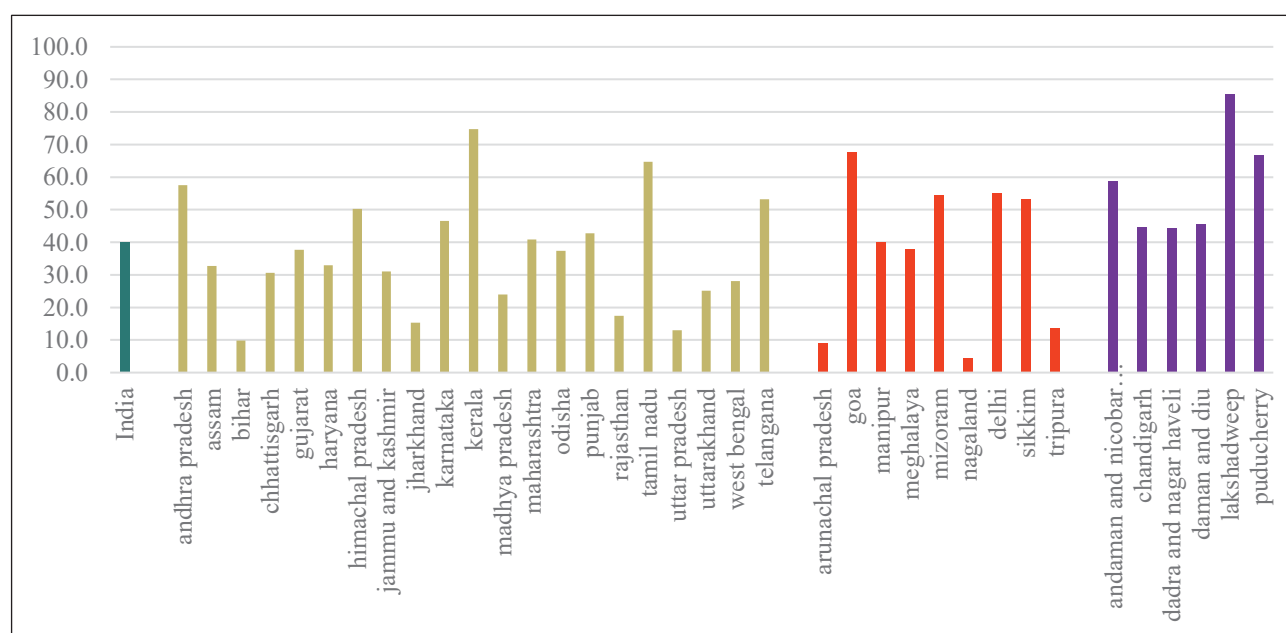
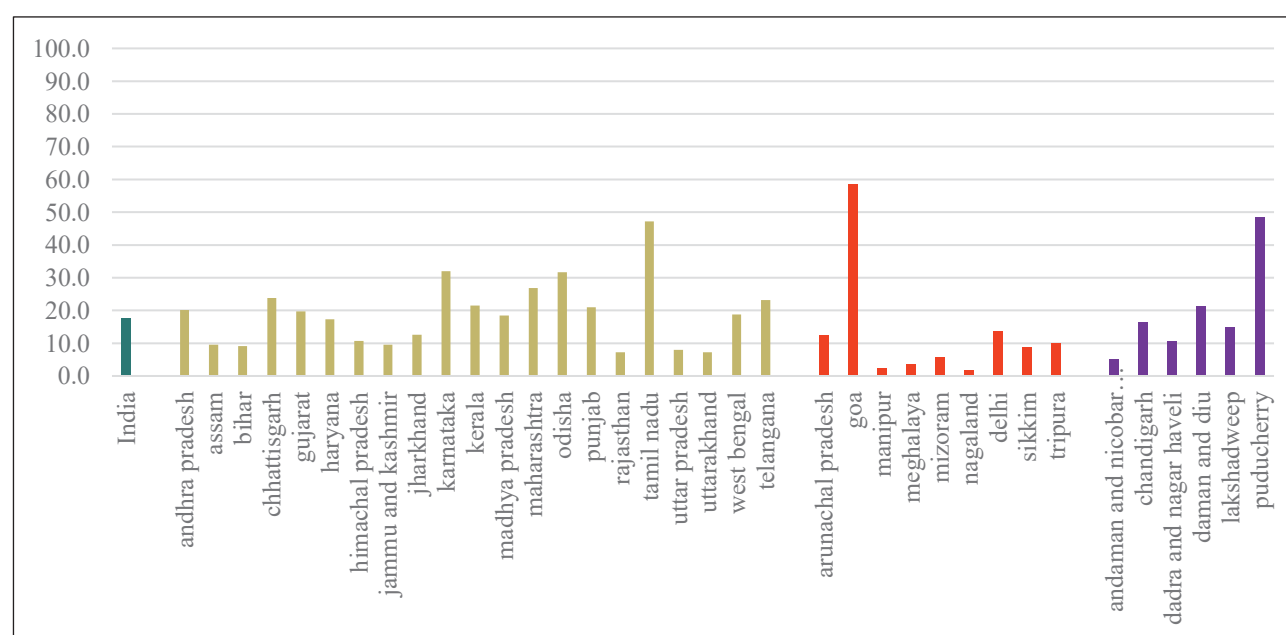


Figure 32: Coverage of Nutrition Interventions: Deworming during Pregnancy



Large States

Small states

UT

Figure 33: Coverage of Nutrition Interventions: Weighting during Pregnancy

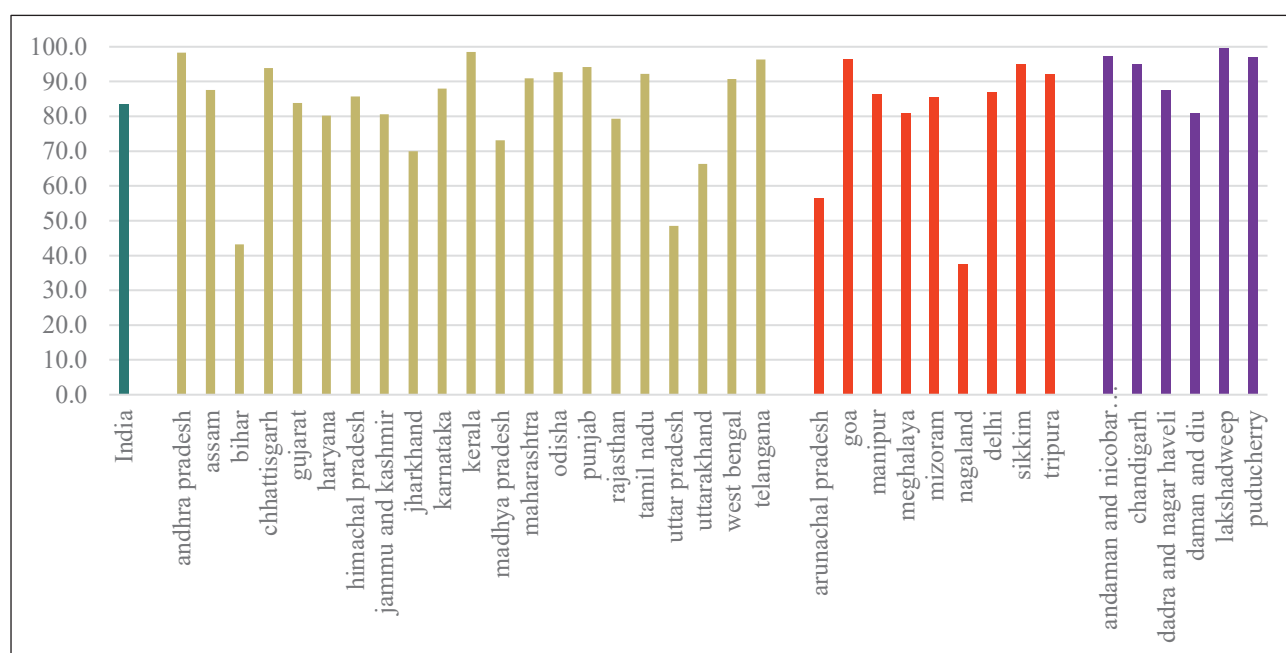


Figure 34: Coverage of Nutrition Interventions: Breastfeeding Counselling during Pregnancy

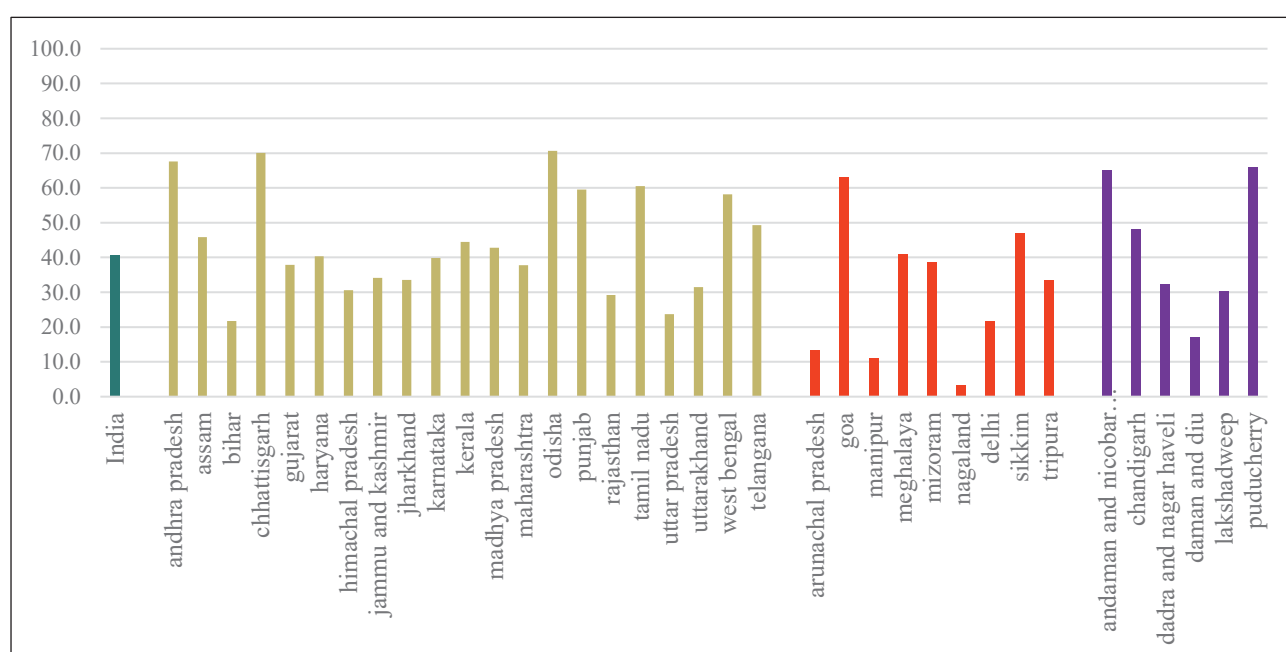




Figure 35: Coverage of Nutrition Interventions: Received Food Supplementation during Pregnancy

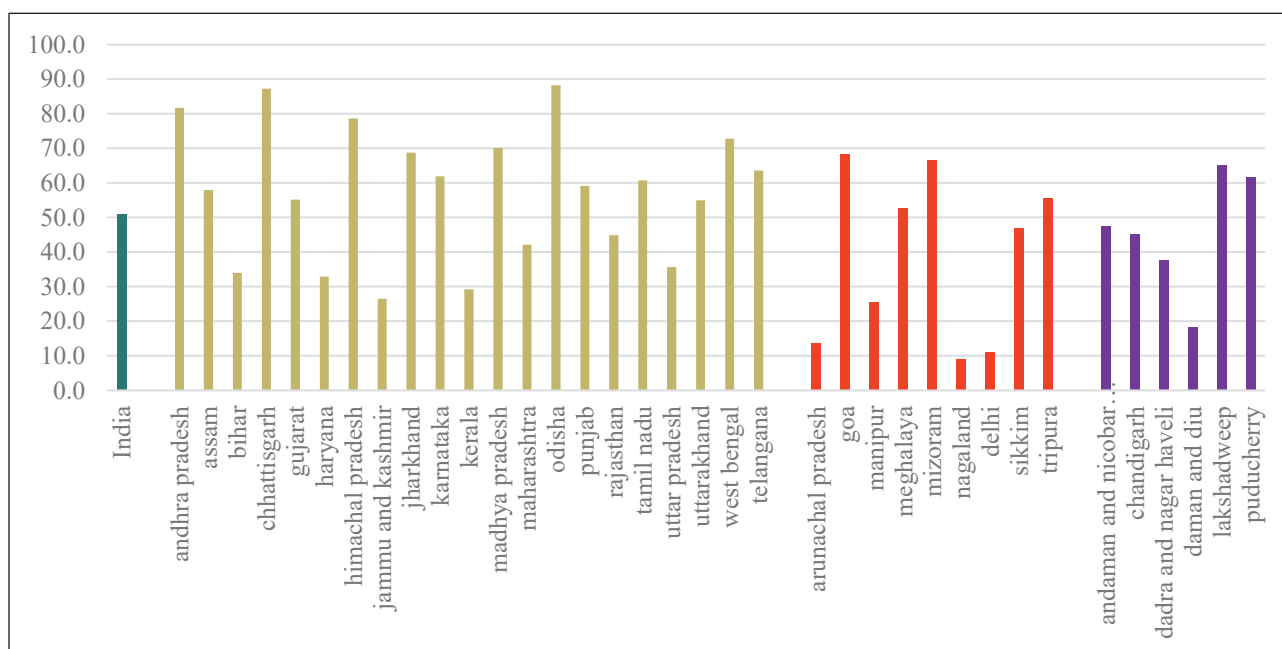
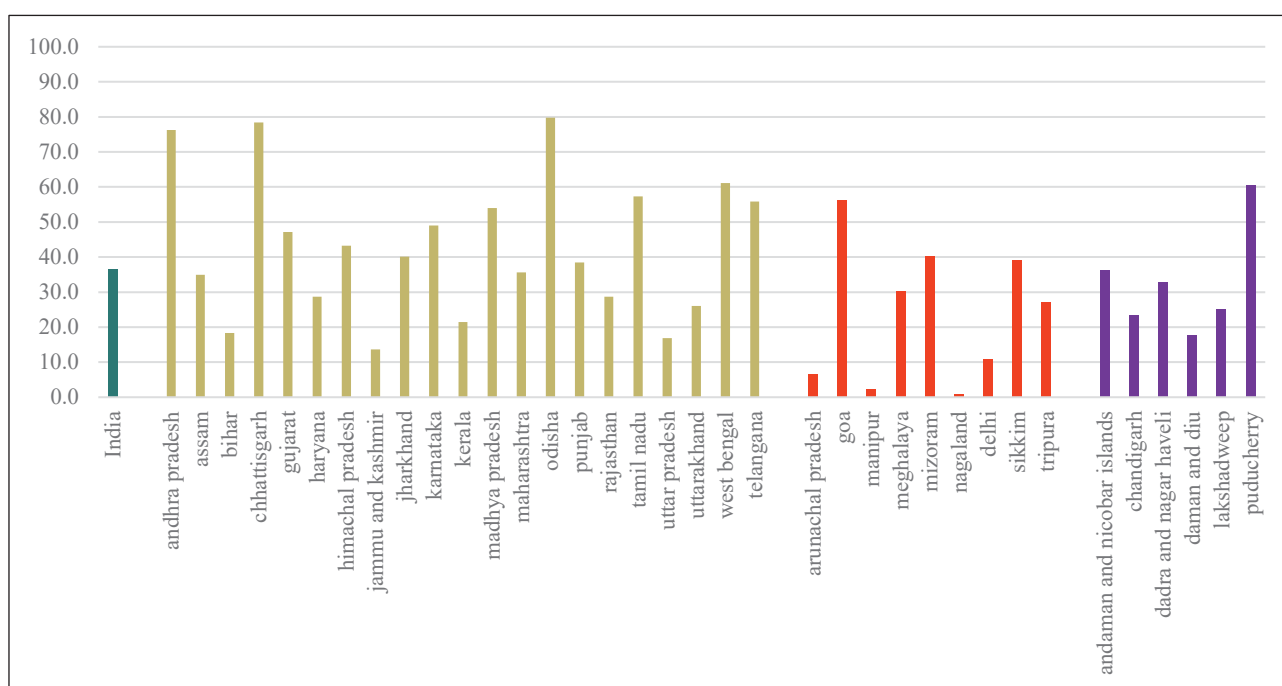


Figure 36: Coverage of Nutrition Interventions: Received Health & Nutrition Education during Pregnancy



Large States

Small states

UT

Figure 37: Coverage of Nutrition Interventions: Received Food Supplementation during Lactation

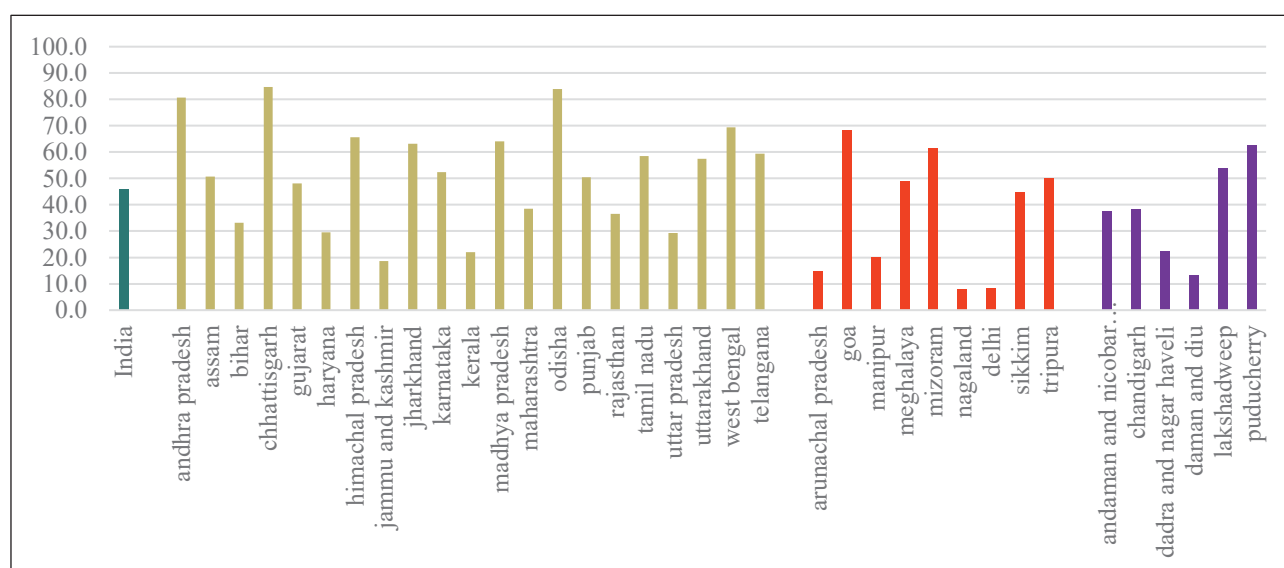


Figure 38: Coverage of Nutrition Interventions: Received Health & Nutrition Education during Lactation

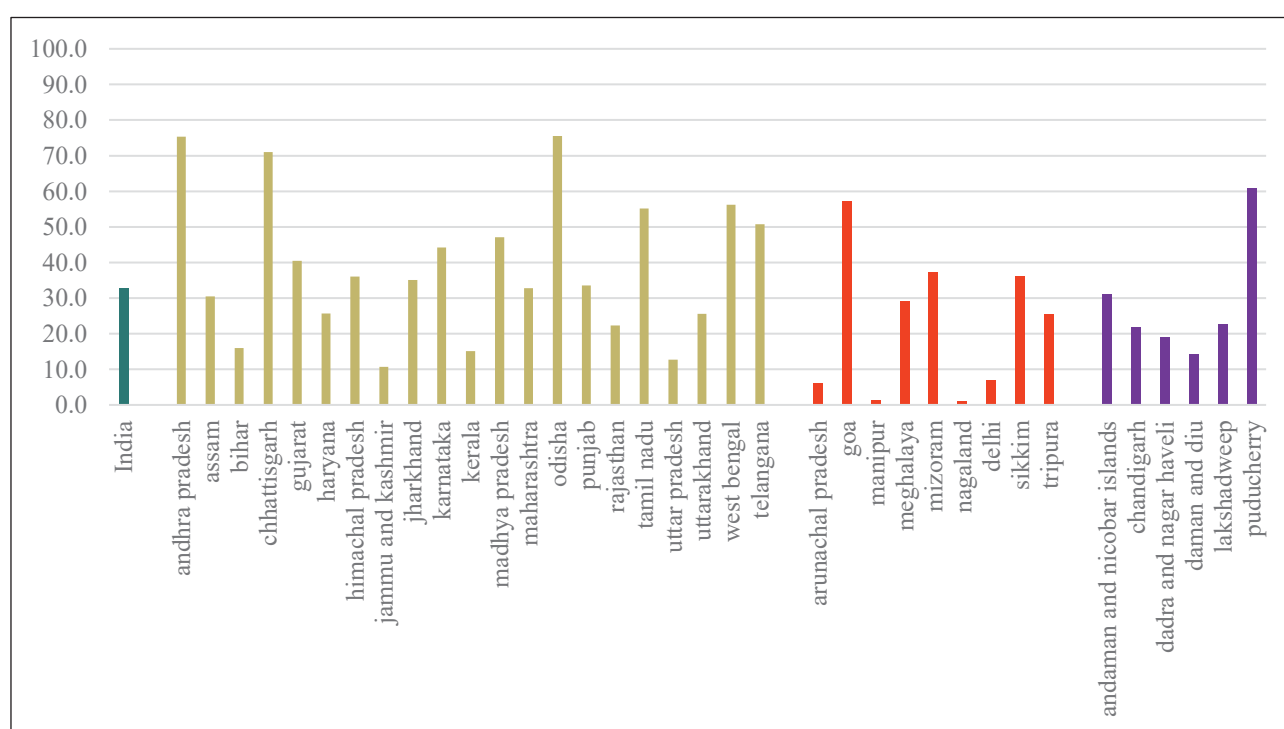




Figure 39: Coverage of Nutrition Interventions: Children (6-59 months) who received Vitamin A

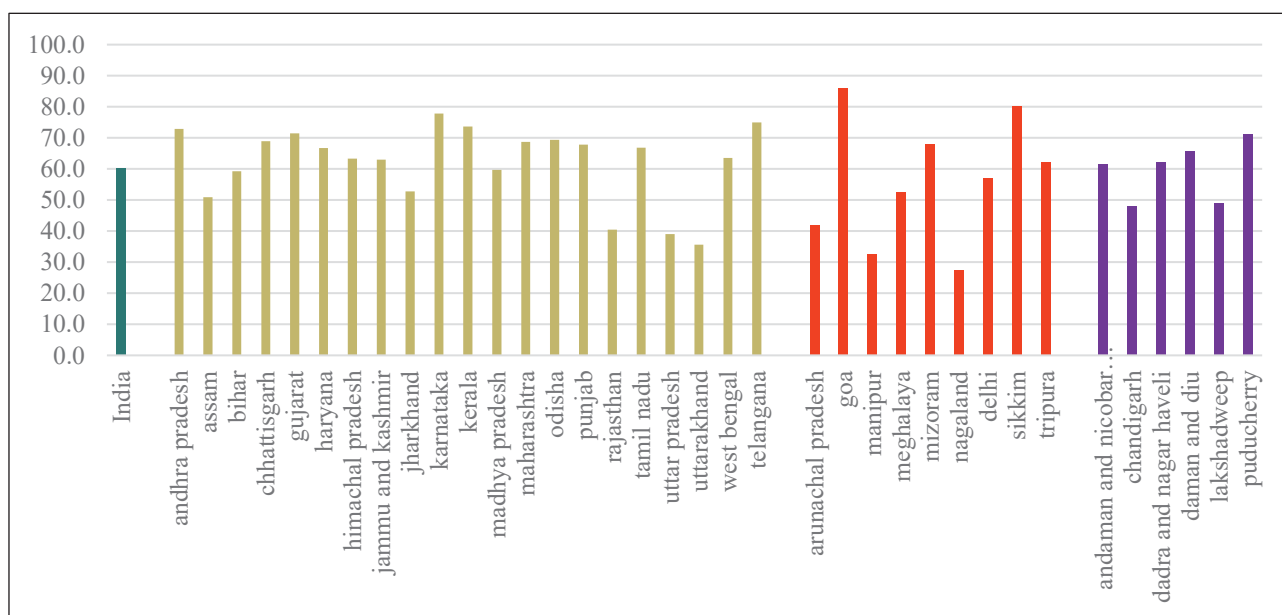
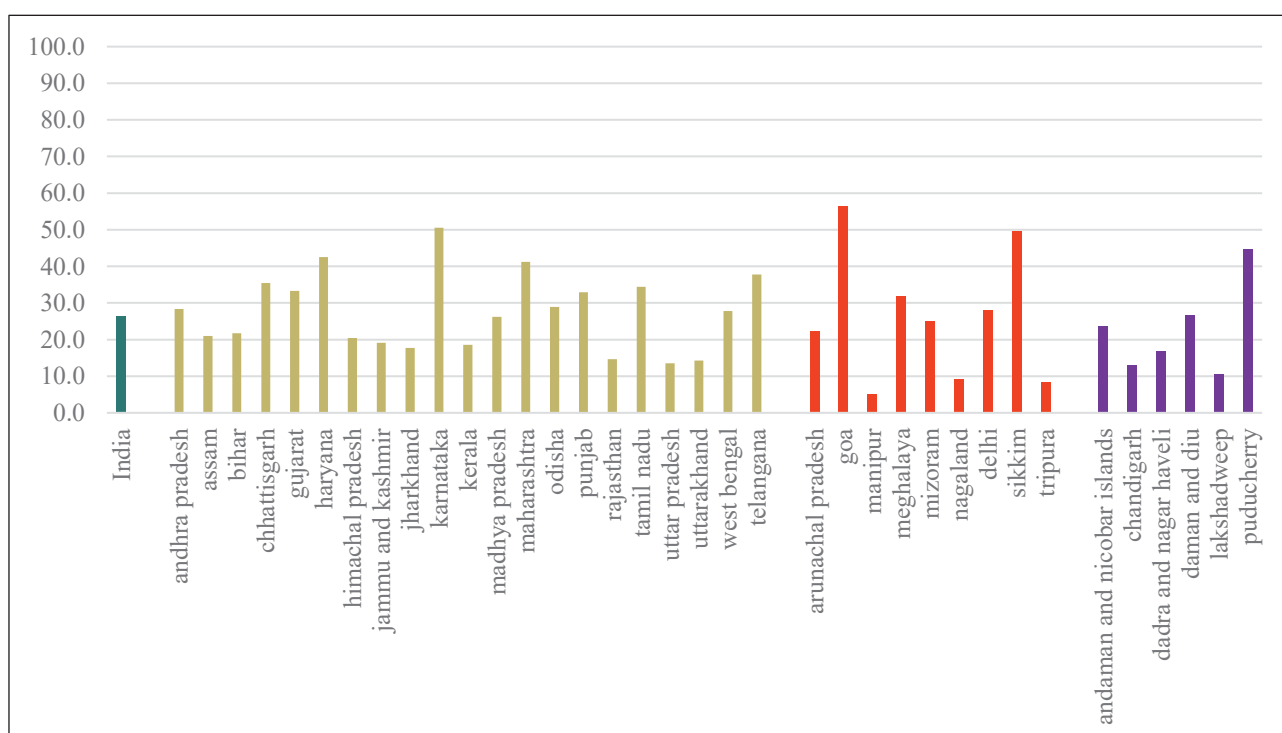


Figure 40: Coverage of Nutrition Interventions: Children (6-59 months) who received Paediatric IFA



Large States

Small states

UT

Figure 41: Coverage of Nutrition Interventions:
Children (12-59 months) who received any Deworming Drug

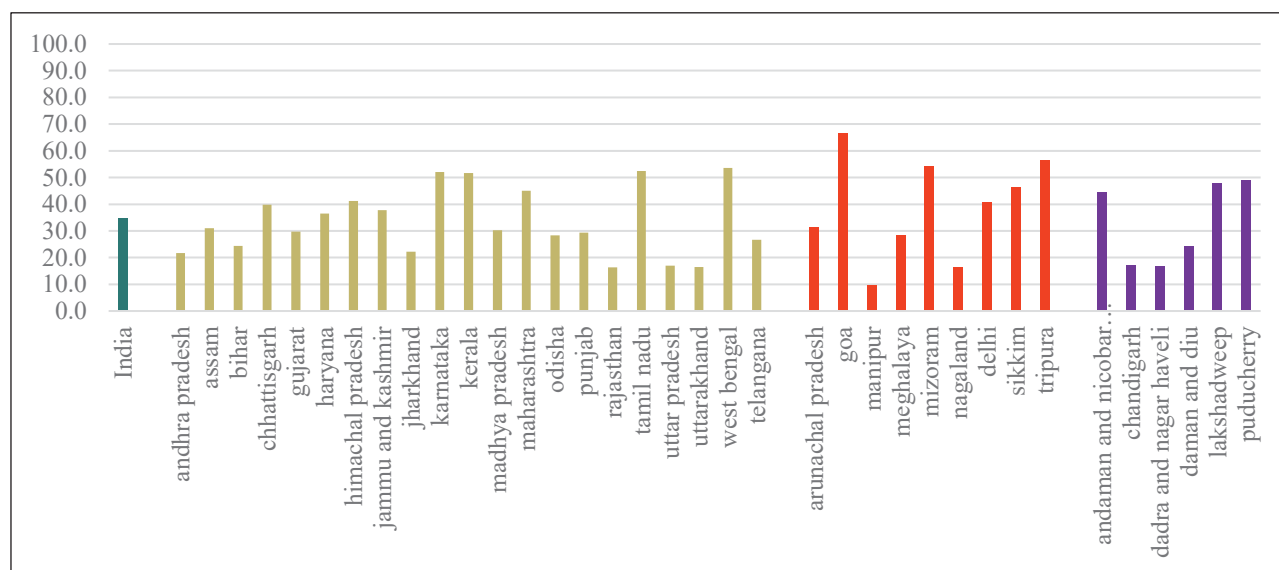
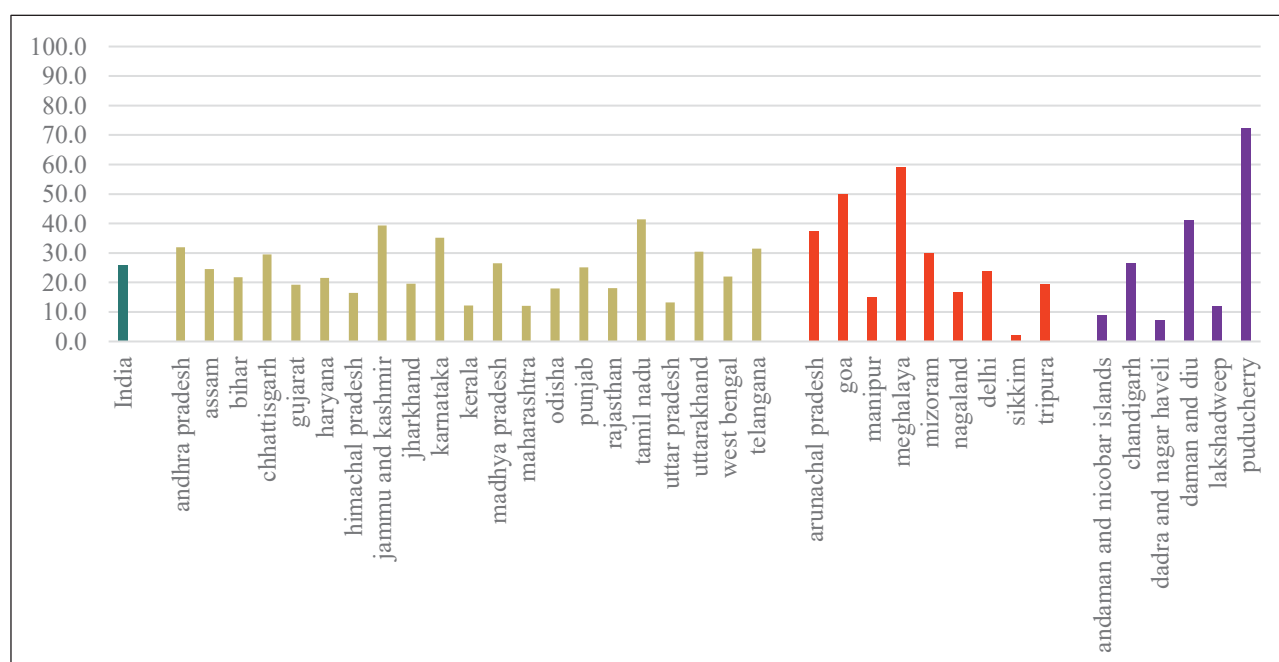


Figure 42: Coverage of Nutrition Interventions:
Children (2-59 months) who received Zinc during Diarrhoea



Large States

Small states

UT

Figure 43: Coverage of nutrition interventions:
Children (6-35 months) who received Food Supplementation

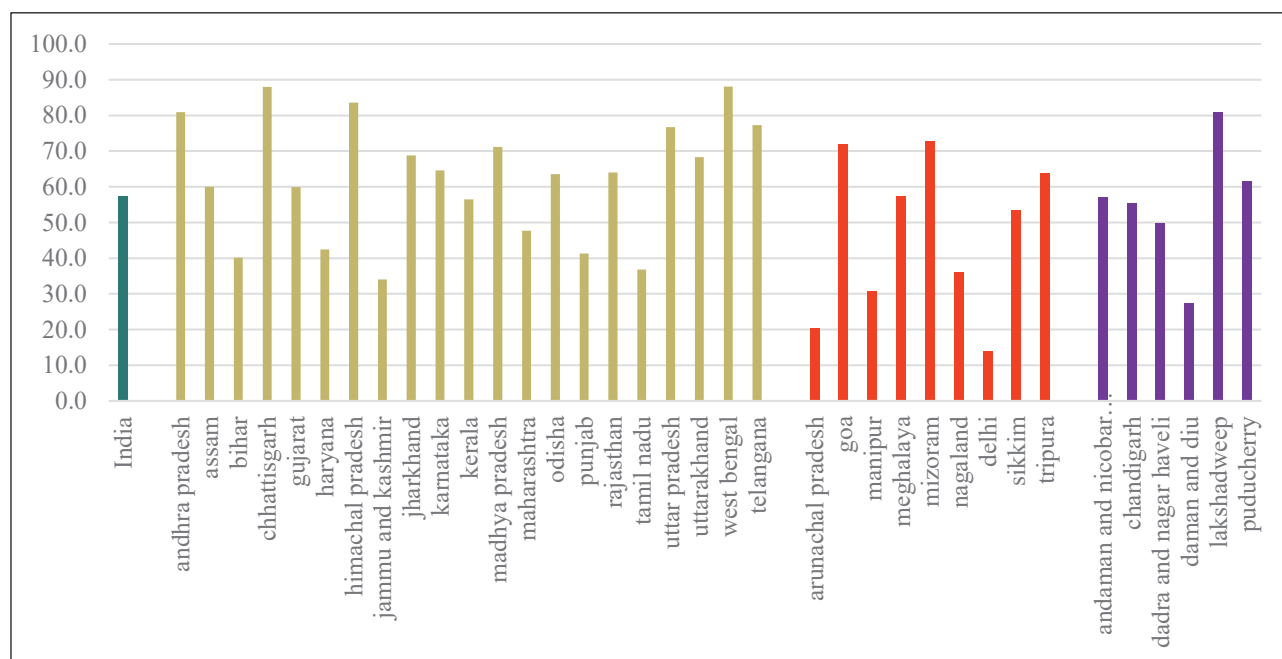
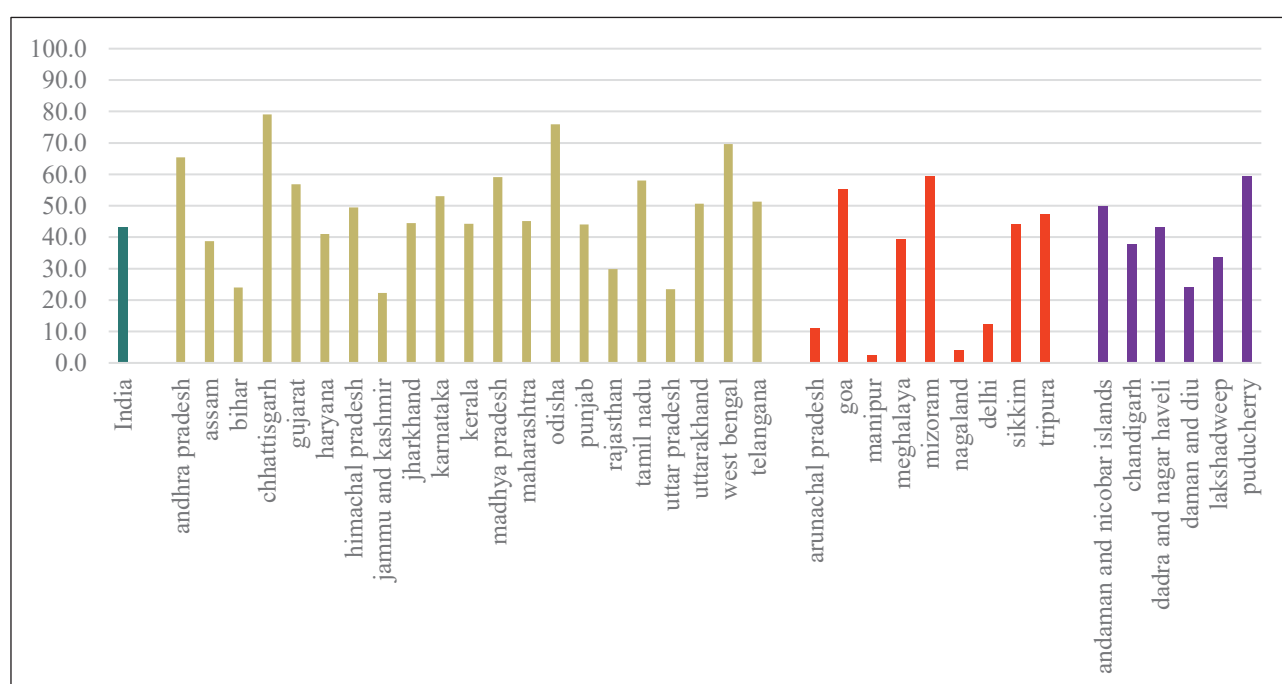


Figure 44: Coverage of Nutrition Interventions: Children (0-59 months) who were Weighed

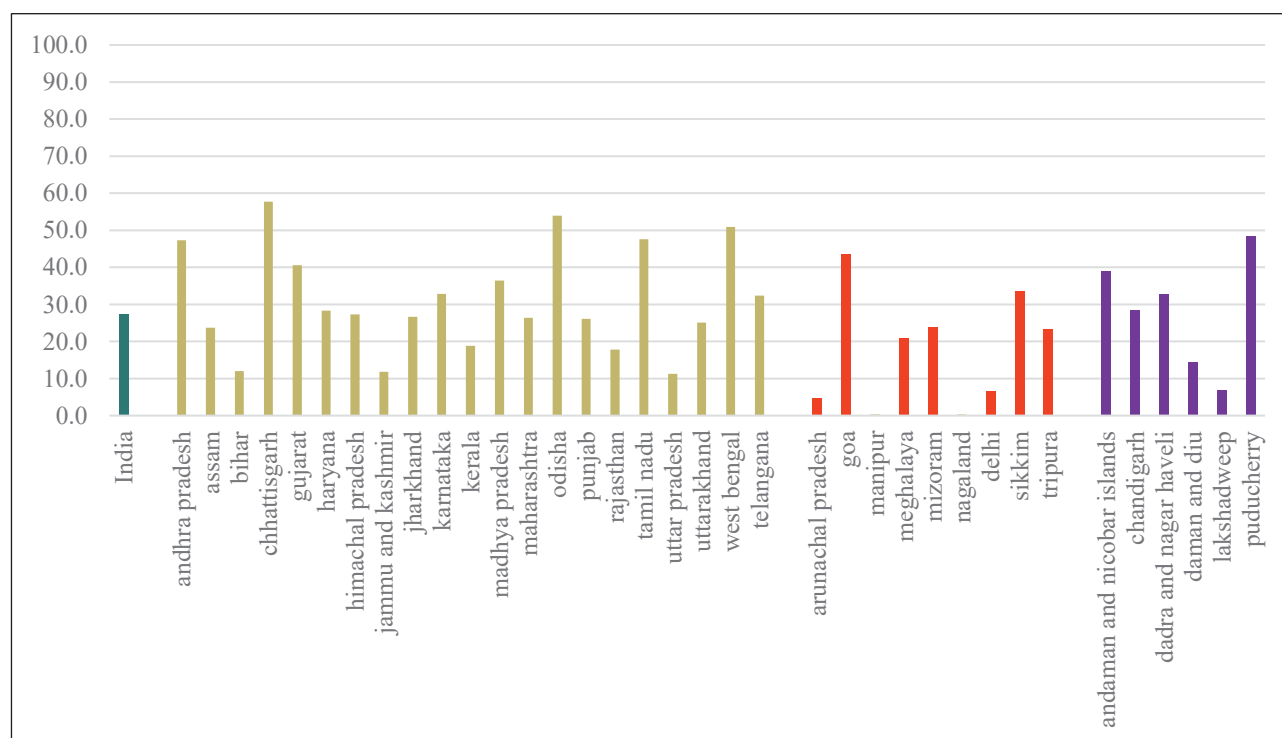


Large States

Small states

UT

Figure 45: Coverage of Nutrition Interventions: Counselling on Child Growth



Definitions of Indicators:

- **Iodized Salt:** Percentage of households with children under 5 years of age using iodized salt.
- **Any ANC visits:** Percentage of women (15-49 years) with children under 5 years of age who were attended by any trained provider ever or at least once, when they were pregnant with their youngest child.
- **≥ 4ANC:** Percentage of women (15-49 years) with children under 5 years of age who were attended by any trained provider 4 or more times, when they were pregnant with their youngest child.
- **Received IFA:** Percentage of women (15-49 years) with children under 5 years of age who received or bought any IFA tablets/syrup, when they were pregnant with their youngest child.
- **Consumed IFA for 100+ days:** Percentage of women (15-49 years) with children under 5 years of age who consumed IFA tablets/syrup for 100 days or more, when they were pregnant with their youngest child.
- **Deworming during Pregnancy:** Percentage of women (15-49 years) with children under 5 years of age who received any deworming drug, when they were pregnant with their youngest child.
- **Weighting during Pregnancy:** Percentage of women (15-49 years) with children under 5 years of age who were weighed when they were pregnant with their youngest child.
- **Breastfeeding Counselling during Pregnancy:** Percentage of women (15-49 years) with children under 5 years of age who received advice on breastfeeding from any provider, when they were pregnant with their youngest child.

- **Food Supplementation during Pregnancy:** Percentage of women (15-49 years) with children under 5 years of age who received food supplements from the *anganwadi center* (AWC), when they were pregnant with their youngest child.
- **Health & Nutrition Education during Pregnancy:** Percentage of women (15-49 years) with children under 5 years of age who received health and nutrition education from the AWC, when they were pregnant with their youngest child.
- **Food Supplementation during Lactation:** Percentage of women (15-49 years) with children under 5 years of age who received food supplements from the AWC, when they were breastfeeding their youngest child.
- **Health & nutrition education during lactation:** Percentage of women (15-49 years) with children under 5 years of age who received health and nutrition education from the AWC, when they were breastfeeding their youngest child.
- **Vitamin A (children 6-59 m):** Percentage of last-born children (6-59 months) in the last 5 years, who received vitamin A supplements in the six months preceding the survey.
- **Pediatric IFA (children 6-59 m):** Percentage of last-born children (6-59 months) in the last 5 years, who received iron supplements in the last 7 days prior to the survey.
- **Deworming (children 12-59 m):** Percentage of last-born children (12-59 months) in the last 5 years, who received albendazole or any other deworming drug in the last 6 months prior to the survey.
- **Zinc during Diarrhea (2-59 m):** Percentage of last-born children (2-59 months) in the last 5 years, with diarrhea in the last two weeks who received zinc.
- **Food Supplementation (6-35 m):** Percentage of last-born children (6-35 months) in the last 5 years who received food supplements from the AWC in the last 12 months prior to the survey.
- **Weighing (children 0-59 m):** Percentage of last-born children (0-59 months), who were ever weighed in the last 12 months.
- **Counseling on Child Growth:** Percentage of women (15-49 years) with children under 5 years of age, who were counseled about their youngest child's growth after they were weighed in the last 12 months prior to the survey.

ANNEXURE II: TEMPLATE SHARED WITH STATES/ UTS FOR DATA COLLECTION

Monitoring Format for POSHANAbhiyaan

*In order to fulfil its mandate of periodic monitoring and evaluation of the POSHANAbhiyaan, NITI Aayog has developed this template. You are requested to fill it and share your answers along with the necessary annexures latest by **25th July, 2018**. Answers must be given only with respect to the Phase I PoshanAbhiyaan Districts, unless otherwise specified. Additionally, the status shared through the answers must be “as on 30th June, 2018”.*

State:
No of Phase I POSHANAbhiyaan Districts:
Designation of Officer filling the Form:
Date:

SECTION I: BASIC INFORMATION

1	Number of Anganwadi Centres in the State/ UT																																																				
2	Number of Anganwadi Centres to be covered under Phase I POSHAN Abhiyaan																																																				
3	Provide the following details for Phase I POSHAN Abhiyaan Districts only:																																																				
	<table border="1"> <thead> <tr> <th>Name of the District</th> <th>No of AWCs</th> <th>No of AWCs running in the own buildings</th> <th>No of AWCs running in rented buildings</th> <th>AWCs with electricity connections</th> <th>AWCs with functional toilets</th> <th>AWCs with drinking water facilities</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Name of the District	No of AWCs	No of AWCs running in the own buildings	No of AWCs running in rented buildings	AWCs with electricity connections	AWCs with functional toilets	AWCs with drinking water facilities																																													
Name of the District	No of AWCs	No of AWCs running in the own buildings	No of AWCs running in rented buildings	AWCs with electricity connections	AWCs with functional toilets	AWCs with drinking water facilities																																															
	Details to be shared as Annexure ‘A’																																																				
4	Provide the following details for Phase I POSHAN Abhiyaan Districts only:																																																				
	<table border="1"> <thead> <tr> <th rowspan="2">District</th> <th colspan="8">Personnel</th> <th colspan="4">Vacant</th> </tr> <tr> <th colspan="4">Sanctioned</th> <th colspan="4">In-Position</th> <th colspan="4"></th> </tr> <tr> <th></th> <th>CD PO</th> <th>LS</th> <th>AW W</th> <th>AW H</th> <th>CD PO</th> <th>LS</th> <th>AW W</th> <th>AW H</th> <th>CD PO</th> <th>LS</th> <th>AW W</th> <th>AW H</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	District	Personnel								Vacant				Sanctioned				In-Position									CD PO	LS	AW W	AW H	CD PO	LS	AW W	AW H	CD PO	LS	AW W	AW H														
District	Personnel								Vacant																																												
	Sanctioned				In-Position																																																
	CD PO	LS	AW W	AW H	CD PO	LS	AW W	AW H	CD PO	LS	AW W	AW H																																									
	Details to be shared as Annexure ‘B’																																																				
SECTION II: FINANCES																																																					
5	Has the State/ UT received funds from the Centre under the POSHAN Abhiyaan?	Yes No																																																			
6	Has the State/ UT earmarked funds for the implementation of POSHAN Abhiyaan?	Yes No																																																			

7	If 'no' to Q6, the reasons for the same:			
8	As of 30 th June, 2018, details of:			
	Funds Received from the Centre	Funds Earmarked by the State/ UT	Funds Utilized	
SECTION III: PROCUREMENT				
9	Has the process of procurement of Mobile Phones & Tablets started? If 'no': go to Q11		Yes No In-process	
10	If yes, provide the following details:			
	Estimated No of Mobile Phones Required	No of Mobile Phones Procured	No of Mobile Phones Configured	No of Mobile Phones Distributed
	Estimated No of Tablets Required	No of Tablets Procured	No of Tablets Configured	No of Tablets Distributed
11	If 'no': reasons for the same:			
12	Has the procurement of Mobile Phones/ Tablets been done from funds <u>other than</u> that available under POSHAN Abhiyaan		Yes No	
13	If 'yes': reasons for the same			
14	Do the Mobile Phones & Tablets procured by the State/ UT meet the specifications/ norms as mandated under the POSHAN Abhiyaan		Yes No	

15	Has the State/ UT acquired SIM Cards and Data Connectivity Plans for the Devices?	Yes No In-process																								
16	If 'no': reasons for the same:																									
17	Have the Mobile Phones and Tablets been configured?	Yes No In-process																								
18	If 'no', reasons for the same:																									
19	Has the State procured growth monitoring devices?	Yes No In-process																								
20	If 'no': reasons for the same																									
21	Provide the following details with respect to the growth monitoring devices: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Estimated No of Stadiometers Required</td> <td style="width: 33%;">No of Stadiometers Procured</td> <td style="width: 33%;">No of Stadiometers Distributed</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Estimated No of Infantometers Required</td> <td>No of Infantometers Procured</td> <td>No of Infantometers Distributed</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Estimated No of Weighting Scales (Mother & Child) Required</td> <td>No of Weighting Scales (Mother & Child) Procured</td> <td>No of Weighting Scales (Mother & Child) Distributed</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Estimated No of Weighting Scales (Infants) Required</td> <td>No of Weighting Scales (Infants) Procured</td> <td>No of Weighting Scales (Infants) Distributed</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>		Estimated No of Stadiometers Required	No of Stadiometers Procured	No of Stadiometers Distributed				Estimated No of Infantometers Required	No of Infantometers Procured	No of Infantometers Distributed				Estimated No of Weighting Scales (Mother & Child) Required	No of Weighting Scales (Mother & Child) Procured	No of Weighting Scales (Mother & Child) Distributed				Estimated No of Weighting Scales (Infants) Required	No of Weighting Scales (Infants) Procured	No of Weighting Scales (Infants) Distributed			
Estimated No of Stadiometers Required	No of Stadiometers Procured	No of Stadiometers Distributed																								
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Estimated No of Weighting Scales (Infants) Required	No of Weighting Scales (Infants) Procured	No of Weighting Scales (Infants) Distributed																								
SECTION IV: PLANNING, STRATEGY & CONVERGENCE																										
22	Has a Committee been set-up at the State-level to initiate the Development of a State-level Convergence Action Plan?	Yes No In-process																								
23	Has a multi-stakeholder meeting been convened to initiate the development of the State-Level Convergence Action Plan? If 'yes': share the Minutes of the Meeting as Annexure 'C'	Yes No																								

24	Has the Chief Secretary nominated a Principal Secretary to Chair the Committee which will prepare the State-level Convergence Action Plan?		Yes No
25	If 'yes' to Q24: Department of the Principal Secretary		
26	When is the State likely to submit the Convergence Action Plan for approval?		Date:
27	Have subsequent Actions Plans been prepared by Line Departments? If 'yes': share detailed Action Plans as Annexure 'D'		Yes No Don't Know
28	Have concerned Departments earmarked funds based on their Action Plans? If 'yes': share the details of the funds earmarked as Annexure 'E'		Yes No Don't Know
29	Have the Departments of Women and Child Development, Health and Rural Development prepared a Convergence Proposal between DAY-NRLM and Anganwadi Services? If 'yes': share the details of the Proposal as Annexure 'F'		Yes No
SECTION V: CAPACITIES			
30	Has the State Nutrition Resource Centre (State Project Management Unit) been established?		Yes No In-process
31	Has the State/ UT recruited staff as per norms for the State Nutrition Resource Centre? If 'yes', share the details as Annexure 'G'		Yes No In-process
32	If 'no': mention the challenge(s) being faced by the State/ UT in the recruitment process		
33	Has the State/UT formed the State Resource Group (SRG) for ILA Training?		Yes No In-process
34	Has the State started the training process under ILA <u>post</u> the roll-out of the POSHAN Abhiyaan? If 'yes', share the details of the training plan as Annexure 'H'		Yes No
35	Is the State/UT planning to train ASHA workers under the ILA?		Yes No

36	If yes, share the following details:			
	Estimated No of ASHAs to be Trained		No of ASHAs Trained	
37	Has the process to set up District Resource Group been initiated?			Yes No In-process
38	Regarding District Resource Groups (DRG), share the following information:			
	No of District Resource Groups to be Established		No of District Resource Groups Established	
39	Has the State identified Master Trainers for ICDS-CAS?			Yes No
40	Has the State developed a training plan for ICDS-CAS? If 'yes', share the details of the ICD-CAS training plan as Annexure 'I'			Yes No In-process
41	Have the State/ District/ Block Level Officials been trained on mechanisms to use the ICDS-CAS Dashboard?			Yes No In-process
42	Has the training of Field Functionaries started?			Yes No
43	If 'no', state the reasons for the same:			
44	If 'yes' to Q42, share the following details:			
	Estimated No of Supervisors to be Trained	Estimated No of Anganwadi Workers to be Trained	Number of Supervisors Trained	Number of Anganwadi Workers Trained
45	Tentative Date by when the training process of field functionaries is likely to be completed			Date:
46	Has the State tied up/ collaborated with an external partner(s) for nutrition specific technical advisory?			Yes No In-process
47	If 'yes' / 'in-process', name of the organization/ agency(ies)			
48	Regarding the establishment of Help Desks, provided the following information:			
	Estimated Number of Help Desks to be Established to resolve issues wrt Devices/ ICDS-CAS?		Number of Help Desks established to resolve issues wrt Devices/ ICDS-CAS? established	
49	Provide your			

	feedback on the ICDS-CAS Dashboard?	
50	Provide your feedback on the ILA introduced under the POSHAN Abhiyaan?	
51	Have the <i>Swasth Bharat Preraks</i> been deployed in the State?	Yes No
52	If 'yes': mention the names of the Districts where they have been deployed	
SECTION VI: ACTIONS & PROGRAMMES		
53	Does the State have a State Nutrition Plan or its equivalent?	Yes No
54	Does the State have a State Nutrition Mission or its equivalent?	Yes No
55	If 'yes': summarize the initiatives undertaken by the Body in 2017-18	
56	Is there a Roll-out Plan for ICDS-CAS? If yes: share the details as Annexure 'J'	Yes No
57	Has the State/ UT devised any SBCC Strategy to drive behavioural change? If yes: share the details as Annexure 'K'	Yes No In-process
58	Has the State sent Guidelines to Districts for conducting Community Based Events (CBE)?	Yes No
59	Has the State/ UT organized any Community Based Events (CBE)?	Yes No In-process
60	If 'yes', mention the key events organized	

61	Has the State/ UT devised a <i>Jan Andolan</i> Strategy under the POSHAN Abhiyaan?	Yes No In-process
62	If 'yes': mention the key activities undertaken as a part of it	
63	Has the State/ UT Identified any Pilots or Innovations to implement under the Abhiyaan? If 'yes', details of the proposals to be shared as attachment 'L'	Yes No
SECTION VII: MONITORING MECHANISM		
64	Are the Quarterly District Review Meetings under District Official being held in the State?	Yes No No Information
65	Has the State/ UT devised any mechanism to monitor the Quarterly District Review Meetings?	Yes No
66	Please share your feedback with respect to the Quarterly Review Mechanism:	
67	Has the State/ UT devised any mechanism to monitor the POSHAN Abhiyaan? If 'yes', details to be shared as attachment 'M'	Yes No In-process

SECTION VIII: DETAILS OF STATE/ UT SPECIFIC SCHEMES

68

Details of State Initiatives/ Schemes/ Programmes for Pregnant Women, Lactating Mothers and Children between 0-6 years

Name	Year	Beneficiary Group	Brief Description

ANNEXURE III: PREPAREDNESS SCORE RUBRIC

Preparedness Score					
Theme	Sub- Theme	Sub Sub- Theme	Indicators (as per Template)	Type	Weights
1	Governance & Institutional Mechanism				35
	1.1	Fund Allocation			10
			Has the State/ UT earmarked funds for the implementation of POSHAN Abhiyaan?	Y/N	5 if YES, 5 if UT (without legislature)
					1 if 0-<25
					2 if 25-<50
			% utilized utilized by the State/ UT (as on 30th June 2018)	%	3 if 50-<75
					4 if 75+
			Have concerned Departments earmarked funds based on their Action Plans?	Y/N	1 if YES; 1 if UT (without legislature)
	1.2	Constitution of Committees/ Groups			15
			Has a Committee been set-up at the State-level to initiate the development of a State-level Convergence Action Plan?	Y/N	10 if YES, 5 if IN PROCESS
			Has the State/ UT formed the State Resource Group (SRG) for ILA Training?	Y/N	2.5 if YES; 1.25 if IN PROCESS
					0 if 0-<25
					0.83 if 25-<50
			% District Resource Groups Established	%	1.67 if 50-<75
					2.5 if 75+

Preparedness Score						
Theme	Sub- Theme	Sub Sub-Theme	Indicators (as per Template)	Type	Weights	
	1.3	Establishment of Resource Centres				10
			Has the State Nutrition Resource Centre (State Project Management Unit) been established?	Y/N	4 if YES; 2 if IN PROCESS	
			Has the State/UT recruited staff as per norms for the State Nutrition Resource Centre?	Y/N	3 if YES; 1.5 if IN PROCESS	
			% Help Desks Established	%	0 if 0-<25 1 if 25-<50 2 if 50-<75 3 if 75+	
2	Strategy Formulating					35
	2.1	Overarching Strategy				6
			Does the State have a State Nutrition Plan or its equivalent?	Y/N	4 if YES; 2 if IN PROCESS	
			Does the State have a State Nutrition Mission or its equivalent?	Y/N	2 if YES; 1 if IN PROCESS	
	2.2	Convergence				12
			Has a multi-stakeholder meeting been convened to initiate the development of the State-level Convergence Action Plan?	Y/N	7 if YES; 3.5 if IN PROCESS	
			Have subsequent Actions Plans been prepared by Line Departments?	Y/N	2.5 if YES; 1.25 if IN PROCESS	
			Have the Departments of Women and Child Development, Health and Rural Development prepared a Convergence Proposal between DAY-NRLM and Anganwadi Services?	Y/N	2.5 if YES; 1.25 if IN PROCESS	

Preparedness Score						
Theme	Sub- Theme	Sub Sub-Theme	Indicators (as per Template)	Type	Weights	
2.3	Jan Andolan				15	
			Has the State devised any SBCC Strategy to drive behavioural change?	Y/N	6 if YES; 3 if IN PROCESS	
			Has the State sent Guidelines to Districts on conducting Community Based Events (CBE)?	Y/N	3 if YES; 1.5 if IN PROCESS	
			Has the State devised a Jan Andolan Strategy under the POSHAN Abhiyaan?	Y/N	6 if YES; 3 if IN PROCESS	
2.4	Monitoring				2	
			Has the State/ UT devised any mechanism to monitor the POSHAN Abhiyaan?	Y/N	2 if YES; 1 if IN PROCESS	
3	Service Delivery & Capacities				30	
3.1	HR				6	
			% of CDPO Positions which are Vacant	%	1 if 0-<10% 0.67 if 10-<20% 0.33 if 20-<30% 0 if >=30%	
			% of LS Positions which are Vacant	%	1 if 0-<10% 0.67 if 10-<20% 0.33 if 20-<30% 0 if >=30%	
			% of AWW Positions which are Vacant	%	1 if 0-<10% 0.67 if 10-<20%	

Preparedness Score						
Theme	Sub- Theme	Sub Sub-Theme	Indicators (as per Template)	Type	Weights	
					0.33 if 20-<30% 0 if >=30%	
					1 if 0-<10% 0.67 if 10-<20% 0.33 if 20-<30% 0 if >=30%	
			% of AWH Positions which are Vacant	%		
			% of vacant ANM positions	%		
					1 if 0-<10% 0.67 if 10-<20% 0.33 if 20-<30% 0 if >=30%	
			% of vacant ASHA positions	%		
					1 if 0-<10% 0.67 if 10-<20% 0.33 if 20-<30% 0 if >=30%	
3.2	Infrastructure				8	
					1 if >=80% 0.75 if 60-<80% 0.5 if 40-<60% 0.25 if 20-<40% 0 if <20%	
			% of AWC running in their own buildings	%		
			% of AWC with electricity connections	%		
					1 if >=80% 0.75 if 60-<80% 0.5 if 40-<60% 0.25 if 20-<40%	

Preparedness Score					
Theme	Sub- Theme	Sub Sub-Theme	Indicators (as per Template)	Type	Weights
					0.25 if 20-<40% 0 if <20%
					1 if >=80% 0.75 if 60-<80% 0.5 if 40-<60% 0.25 if 20-<40% 0 if <20%
			% of PHC in government buildings	%	
3.3	ICDS equipment (scales and mobiles)				12
	SCALES				6
		Procurement	Has the State/ UT procured growth monitoring devices?	Y/N	2 if YES; 1 if IN PROCESS
		Stadiometers	Has the required number of Stadiometers been estimated?	Y/N	1 if YES; 0.5 if IN PROCESS
		Infantometers	Has the required number of Infantometers been estimated?	Y/N	1 if YES; 0.5 if IN PROCESS
		Weighting Scales (Mother & Child)	Has the required number of Weighting Scales (Mother & Child) been estimated?	Y/N	1 if YES; 0.5 if IN PROCESS
		Weighting Scales (Infants)	Has the required number of Weighting Scales (Infants) been estimated?	Y/N	1 if YES; 0.5 if IN PROCESS
	Phone/tablets for CAS				6
		Procurement			
			Has the process of procurement of Mobile Phones & Tablets been initiated?	Y/N	2 if YES; 1 if IN PROCESS

Preparedness Score					
Theme	Sub- Theme	Sub Sub-Theme	Indicators (as per Template)	Type	Weights
		Mobile Phones & Tablets			
			Has the Number of Mobile Phones & Tablets required been Estimated?	Y/N	2 if YES; 1 if IN PROCESS
		SIM Cards			
			Has the State/ UT acquired SIM Cards & Data Connectivity Plan for the Devices?	Y/N	2 if YES; 1 if IN PROCESS
3.4	Training				4
					1 if >=80%
					0.75 if 60-<80%
					0.5 if 40-<60%
					0.25 if 20-<40%
					0 if <20%
		ASHA training status	% trained in modules 6 and 7 in 2017 (maternal nutrition and IYCF)	%	
		ILA	Has the State started the training process under ILA post the roll-out of the POSHAN Abhiyaan?	Y/N	1 if YES; 0.5 if IN PROCESS
		ICDS-CAS	Has the State developed a training plan for ICDS-CAS	Y/N	1 if YES; 0.5 if IN PROCESS
			Have the State/ District/ Block Level Officials been trained on mechanisms to use the ICDS-CAS Dashboard?	Y/N	1 if YES; 0.5 if IN PROCESS



NITI Aayog