

# Pustikar Diwas: Convergent Action to Reduce Child Undernutrition in Odisha

## BACKGROUND

Undernutrition in Odisha is alarming. More than 40 percent of children under the age of 5 years are stunted and underweight, and more than 20 percent are wasted (IIPS and Macro International 2007). Until recently, formal treatment of severe malnutrition in Odisha was restricted to inpatient approaches, which greatly limited coverage and impact.

In 2009, in an effort to address this issue, the Department of Health & Family Welfare (referred to as Health) and the Integrated Child Development Services (ICDS) within the Department of Women and Child Development began *Pustikar Diwas*, which is a fixed-service delivery day on which medical personnel at primary health centers and community health centers attend the nutritional needs of severely underweight children and those suffering from severe acute malnutrition (SAM). This is one of the many convergent activities that is being pursued jointly by Health and ICDS in Odisha that has the potential to avert the death of children with SAM and also put the underweight children to their growth trajectory. *Pustikar Diwas* enables skilled providers to manage and treat any underlying infections of children in the outpatient; refer children with SAM to nutritional rehabilitation centers for appropriate care; and promote knowledge on feeding and appropriate care, thus reducing the prevalence of undernutrition in Odisha.

## APPROACHES AND METHODS FOR COLLABORATION

The objectives of *Pustikar Diwas* (Women and Child Development Department 2014) are to:

- ▶ Reduce the risk of death and disease among children under 5 years due to malnutrition.
- ▶ Prevent malnutrition in early childhood through the promotion of improved child-feeding, caregiving, and care-seeking practices at the facility, family, and community levels.
- ▶ Strengthen the convergence between Health and ICDS to improve the nutritional status of children under 5 years.
- ▶ Strengthen the capacity of individuals, families, communities, and health systems to effectively manage and prevent malnutrition.

*Pustikar Diwas* is organized on the 15th of every month, in the block primary health centers or community health centers in the state. *Anganwadi* workers (AWWs) and auxiliary nurse midwives identify children as severely underweight or with SAM, and refer or accompany children to *Pustikar Diwas*. The identification and referral of undernourished children to *Pustikar Diwas* are commonly achieved through anthropometric assessment at village health and nutrition days, which are jointly run by Health and ICDS and are attended by frontline health workers from both departments, requiring substantial coordination.

At *Pustikar Diwas*, medical and nursing personnel assess, diagnose, and treat children with SAM and counsel those without any medical complications for the provision of energy-dense food at home, breastfeeding, deworming, vitamin A and iron supplementation, and nutrition-sensitive information about safe drinking water, hand washing, and toilet use. Children with SAM and medical complications are referred to nutritional rehabilitation

## EXHIBIT 1 Roles of ICDS and Health in Managing *Pustikar Diwas*

ICDS	Health
<p><b>Roles of anganwadi workers</b></p> <ul style="list-style-type: none"> <li>• Take anthropometric measurements (weighing, mid-upper arm circumference)</li> <li>• Grade malnutrition by plotting status on growth charts</li> </ul> <p><b>Role of supervisor</b></p> <ul style="list-style-type: none"> <li>• Provide counsel on relevant issues through the use of the growth-monitoring card and other information, education, and communication materials</li> </ul>	<p><b>Roles of medical and nurse personnel at the primary health centers and community health centers</b></p> <ul style="list-style-type: none"> <li>• Register</li> <li>• Take history in detail</li> <li>• Take anthropometric measurements (weighing, mid-upper arm circumference)</li> <li>• Conduct physical exam</li> <li>• Screen cases with and without SAM</li> <li>• Refer children with SAM but without medical complications for counseling with ICDS supervisors after providing follow-up advice</li> <li>• Initiate initial management of SAM children with medical complications</li> <li>• Refer children with SAM and medical complications to nutritional rehabilitation centers</li> </ul>

centers. *Pustikar Diwas* helps in the management of undernourished children without medical complications by addressing any underlying infections that could harm the child if unattended to, and supports families with information on the diet and care required for the child to return to healthy condition.

The respective roles of staff from Health and ICDS at *Pustikar Diwas* were clarified through the joint development of program guidelines (DHFV 2009), which are featured in Exhibit 1.

Engagement by Health and ICDS field personnel (e.g., through block- and district-level reviews on *Pustikar Diwas* processes) and dialogue between state-level program and policymakers have contributed to the expansion of the services of *Pustikar Diwas* to routine care. While the fixed-service day is still running, primary health centers and community health centers are now offering the same level of services to children with SAM every day.

To manage the children with SAM but without medical complications in the community, the state is implementing a community-based management of SAM program. The pilot is being carried out with three different types of food supplementations:

energy-dense, nutrient-rich foods; modified take-home rations; and hot-cooked meals in one of the districts in the state.

### KEY FINDINGS

One benefit of the collaboration between Health and ICDS is that a more holistic view of undernutrition has been reportedly integrated into both departments, including greater knowledge of hygiene and sanitation as the underlying causes of undernutrition. Both departments have institutionalized a process to better manage infections at an early stage and avert the ill effects of undernutrition. *Pustikar Diwas* has reportedly provided the avenue for more effective undernutrition management, including a shift from in-patient care to community management, where appropriate.

The challenges of administering *Pustikar Diwas* have been placing sufficient numbers of medical personnel in remote, hard-to-reach areas; poor diagnostic facilities; and overcrowded facilities.

Another challenge has been the incentive structure for frontline health workers. Accredited social health activists (ASHAs) are provided incentives to



accompany children to Pustikar Diwas, whereas AWWs are not. Similarly, while ASHAs are provided incentives for follow-up of children returning from nutrition rehabilitation centers, AWWs are not. Because of the overlap of roles and incentives of the ASHA, the AWW's involvement in the process had been reduced. In further amendments to the guidelines, roles are now being clarified.

### LESSONS LEARNED AND CONCLUSION

Overall, the Pustikar Diwas experience highlights the benefits of interdepartmental collaboration to mainstream nutrition and routine monitoring with clear feedback and accountability mechanisms. The Pustikar Diwas collaboration has brought focus to undernutrition management in Odisha and has prompted an expansion of services for children in need.

### REFERENCES

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**Together for Nutrition 2014**  
Working Across Sectors to Improve Nutrition in India



This Implementation Note was prepared for the *Together for Nutrition 2014: Working Across Sectors to Improve Nutrition in India* conference, held October 29–30, 2014, in New Delhi. This conference was co-hosted by POSHAN and Transform Nutrition and served as an important platform for learning and facilitating discussion around the challenging task of bringing diverse sectors together to improve maternal and child nutrition in India. For more about the conference and other papers on the topic of multisectoral convergence, please visit <http://poshan.ifpri.info/>.

### About Transform Nutrition

Transform Nutrition is a consortium of five international research and development partners funded by the UK government. Over 5 years, from 2012-2017, Transform Nutrition aims to transform thinking and action on nutrition and strengthen nutrition-relevant evidence in order to accelerate undernutrition reduction in South Asia and sub-Saharan Africa. For more information, please visit [www.transformnutrition.org](http://www.transformnutrition.org).

## ABOUT POSHAN

Partnerships and Opportunities to Strengthen and Harmonize Actions for Nutrition in India (POSHAN) is a 4-year initiative that aims to build evidence on effective actions for nutrition and support the use of evidence in decisionmaking. It is supported by the Bill & Melinda Gates Foundation and led by IFPRI in India.

## ABOUT IMPLEMENTATION NOTES

Implementation Notes summarize experiences related to how specific interventions or programs are delivered. They are intended to share information on innovations in delivery and are not research products.

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