



Toward Improved Nutrition: The Atal Bal Arogya Evam Poshan Mission

Pragnya Das¹, Mahendra Dwivedi², Sanjay Sharma³, Naresh Ramnani⁴, Ranu Arora⁵

^{1,4,5}FHI360, Bhopal ²Dept. of ICDS, Bhopal ³DFID, Bhopal

FHI360 – DFID

29th Oct 2014

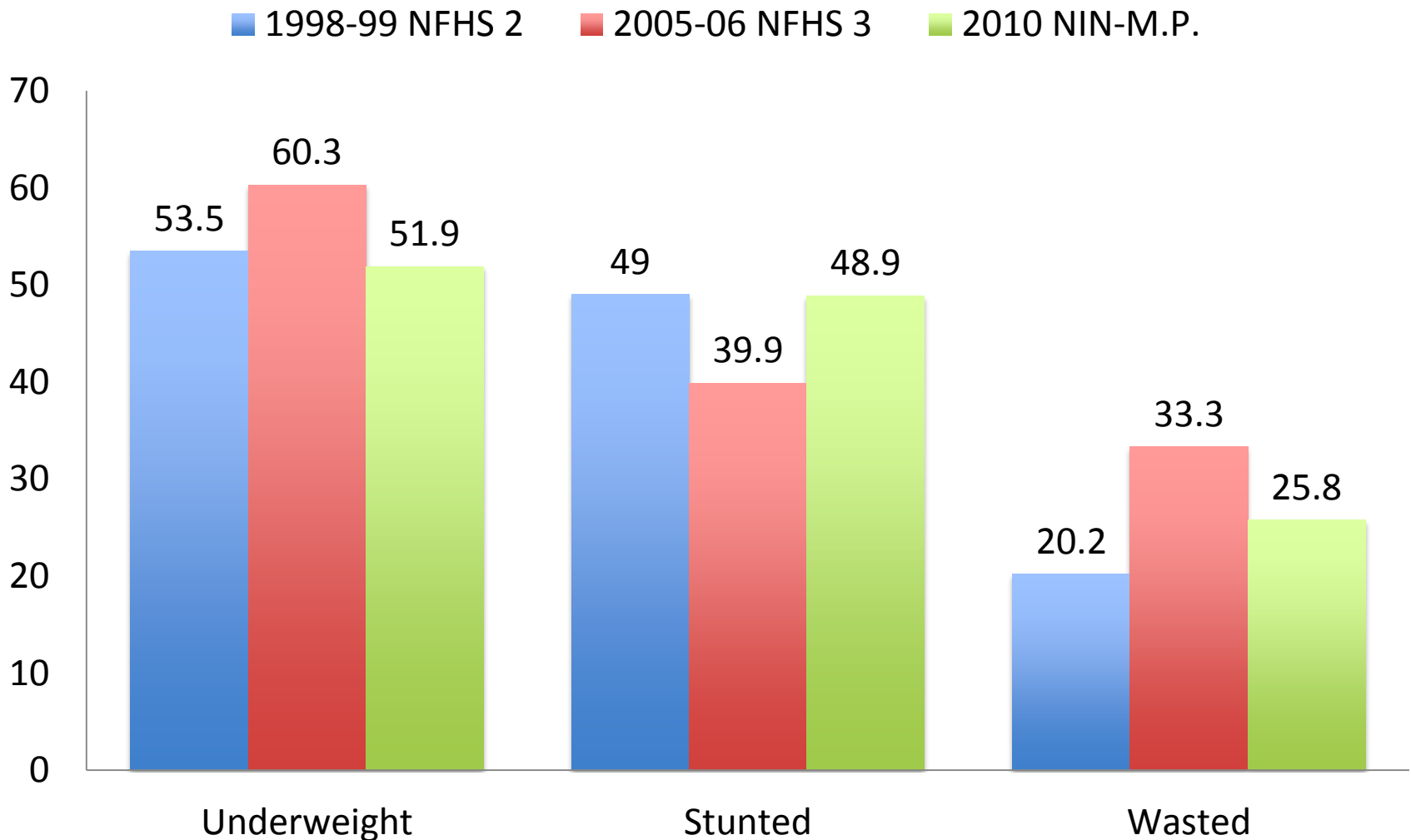
Outline

- Background
- Intervention
- Evidence Based Program
- Approaches and methods for collaboration
- Results
- Lessons learned
- Acknowledgements

Background

Indicators	2006-07	2011-12
Number of districts	48	51
Population	67.5 million (RGI office 2006)	72.5 million (Census 2011)
Literacy Rate	63.7% (Census 2001)	70.6% (Census 2011)
Poverty (BPL)	NA	31.6% (Planning Commission July 2013)
IMR	72 (SRS)	56 (SRS)
MMR	269 (SRS)	230 (SRS)
Under-Nutrition	60.3% (NFHS-3)	51.9% (NIN 2011)
Anemia among children	82.6% (NFHS-3)	NA
Anemia among pregnant women	58.7% (NFHS-3)	NA
Anemia among lactating women	65.7% (NFHS-3)	NA

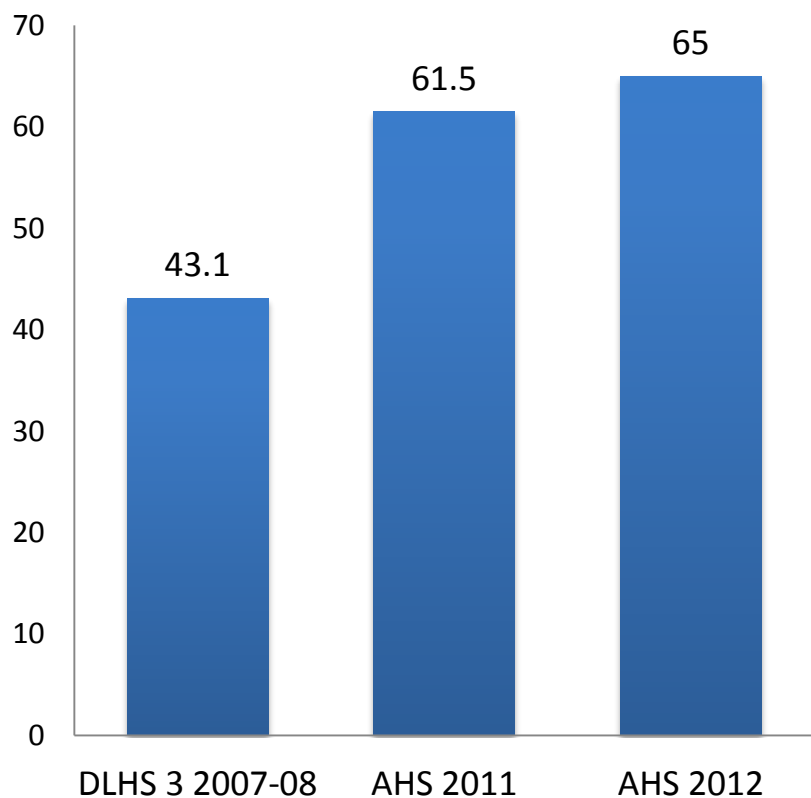
Background



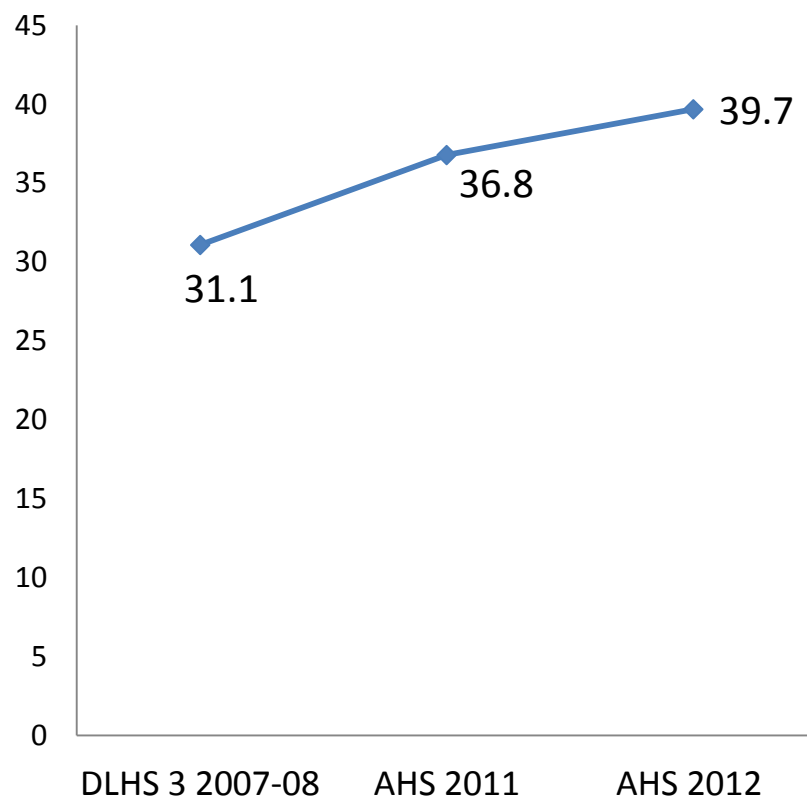
2013-14 - 22.8% underweight as per ICDS MIS

Health and Nutrition Indicators

Early initiation of breastfeeding in MP (in percent)

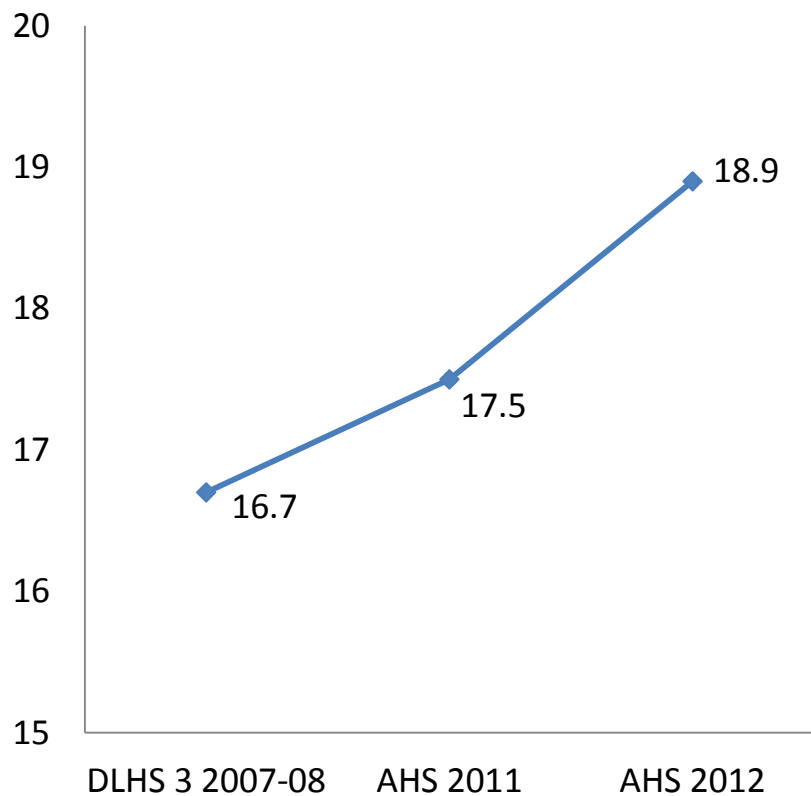


Exclusive breastfeeding among children up to 6 months in MP (in percent)

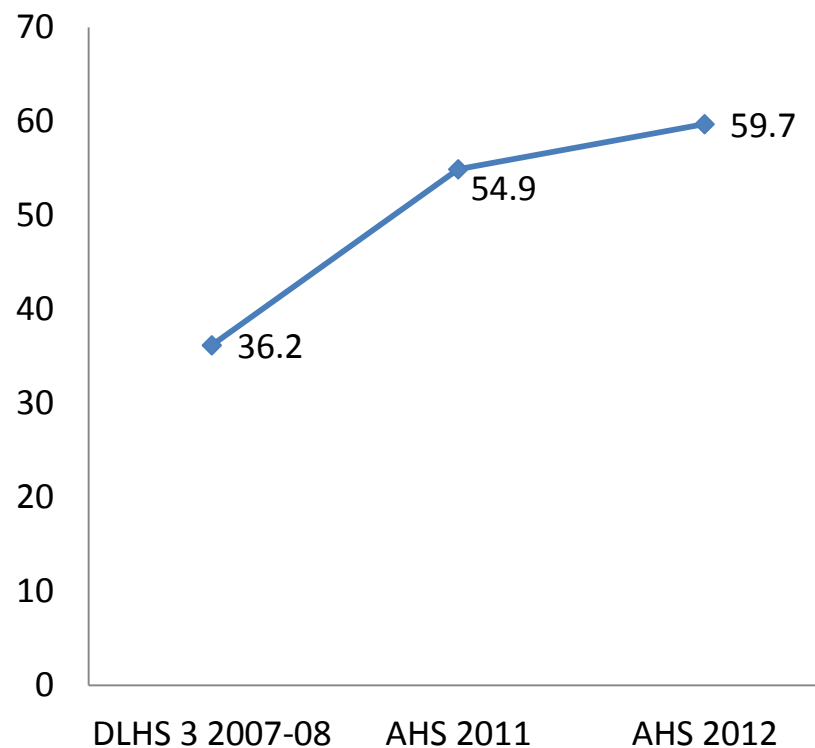


Process Indicators - Health and Nutrition

Hundred IFA tablet consumption among pregnant women in MP (in percent)



Full immunization among children in MP (in percent)



Intervention

In an effort to address this situation, in late 2010, the Government of Madhya Pradesh launched the *Atal Bal Aarogya Evam Poshan Mission* (referred to as Atal Bal Mission) to bring about a systematic reduction in child malnutrition.

The mission specifically aims to significantly reduce-

- under-5 mortality from 94 to 60 deaths per 1,000 live births,
- the percentage of underweight children under 5 years from 60 percent to 40 percent, and
- the number of severely malnourished children from 12.5 percent to 5 percent by 2015.

Intervention

Stakeholders designed the mission to focus on the following priority areas for the prevention and reduction of malnutrition:

- Enhancing household food security and intra household food distribution.
- Scaling up and improving the quality of the Integrated Child Development Services (ICDS) program
- Monitoring and promoting growth
- Promoting infant and young child feeding
- Strengthening existing supplementary nutrition programs
- Managing moderately malnourished children
- Integrating the management of severely acute malnutrition

Evidence Based Program

- State wide Nutrition Survey was conducted by National Institute of Nutrition (NIN), Hyderabad in 2009-10. Report submitted to GoMP in 2011, formed the basis of decentralized planning process
- It was a cross sectional study carried out using multi-stage random sampling procedure. A total of about 400 HHs having at least one <5 year child were covered from 20 villages, in each of the 50 districts in the State of Madhya Pradesh.
- The survey showed that prevalence of under nutrition was significantly higher among scheduled castes or tribes, family with higher-order births, laborers and their families. There were significant gender and district-wide variations in nutrition
- Ref: [Results at a glance-MP-Brief Note.doc](#)

Approaches and methods for collaboration- Decentralized Planning

- Group of stakeholders prepared an operational framework and detailed strategy. This effort was led by the Department for International Development (DFID) with support from the United Nations Children's Fund, CARE, the Micronutrient Initiative, and World Vision
- Among the best practices of ABM identified and adopted under ICDS Mission are decentralized review and planning process and formation of committees at State, District and Sub-district levels.
 - General body was formed at state level for the Atal Bal Mission, which is headed by the honorable chief minister of Madhya Pradesh
 - An executive body for the mission was also created, which is headed by the chief secretary of the Government of Madhya Pradesh
 - At the operational level, the director of the Department of Women and Child Development also serves as the director of the mission.
- The districts had immense scope in utilizing the funds to implement need based activities, take initiatives and apply innovative approaches to address malnutrition.

Approaches and methods for collaboration- District Level Innovations

Since the mission's inception in 2011, the partners in the mission instituted a number of new programs, including:

- Providing additional or booster meals to pregnant women and severely underweight children.
- Promoting and constructing child-friendly anganwadi centers (AWCs).
- Counseling women to adopt improved behavioral practices, such as infant and young child feeding, kangaroo care, and institutional delivery.
- Identifying and managing anemia in pregnant and lactating women.
- Establishing daycare centers in select AWCs in tribal areas.
- Web based tracking



Results

- Led to participation of nearly 200,813 families of severely underweight children in departmental schemes, such as the National Rural Employment Guarantee Act and the credit scheme offered by the National Bank for Agriculture and Rural Development.
- Provisioning of additional meal to 563,260 severely and moderately underweight children and 34,172 pregnant women and lactating mothers.
- Convergence of all 50,000 AWCs in the State with the Health Department as village health Units (Anganwadi Sah Gram Arogya Kendra) for provision of basic drugs and antenatal checkups.



Mor Dubaliya



The Anganwadi sah Gram Arogya Kendra at Kankarkheda village, Sehore district

Lessons learned

- Collaboration among different departments has led to providing more and better health services to address malnutrition.
- Decentralizing the planning process under the Atal Bal Mission resulted in the districts moving out of the routine and adding new initiatives based on local demands, with a special emphasis on the most marginalized and vulnerable segments of the population.
- The mission is now a benchmark for other states attempting to improve nutrition.

Acknowledgements

Department of Women and Child Development, GoMP
Department Public Health and Family Welfare, GoMP
Department of Panchayat and Rural Development, GoMP
Department of Tribal Welfare, GoMP
Department of Food and Civil Supplies, GoMP
Department of Public Health and Engineering, GoMP
Department of School Education, GoMP
Department of Finance, GoMP

Development partners such as the World Health Organization (WHO), Department for International Development (DFID) , United Nations Development Programme (UNDP), European Commission, United Nations Children's Fund (UNICEF), CARE, the Micronutrient Initiative (MI), and World Vision