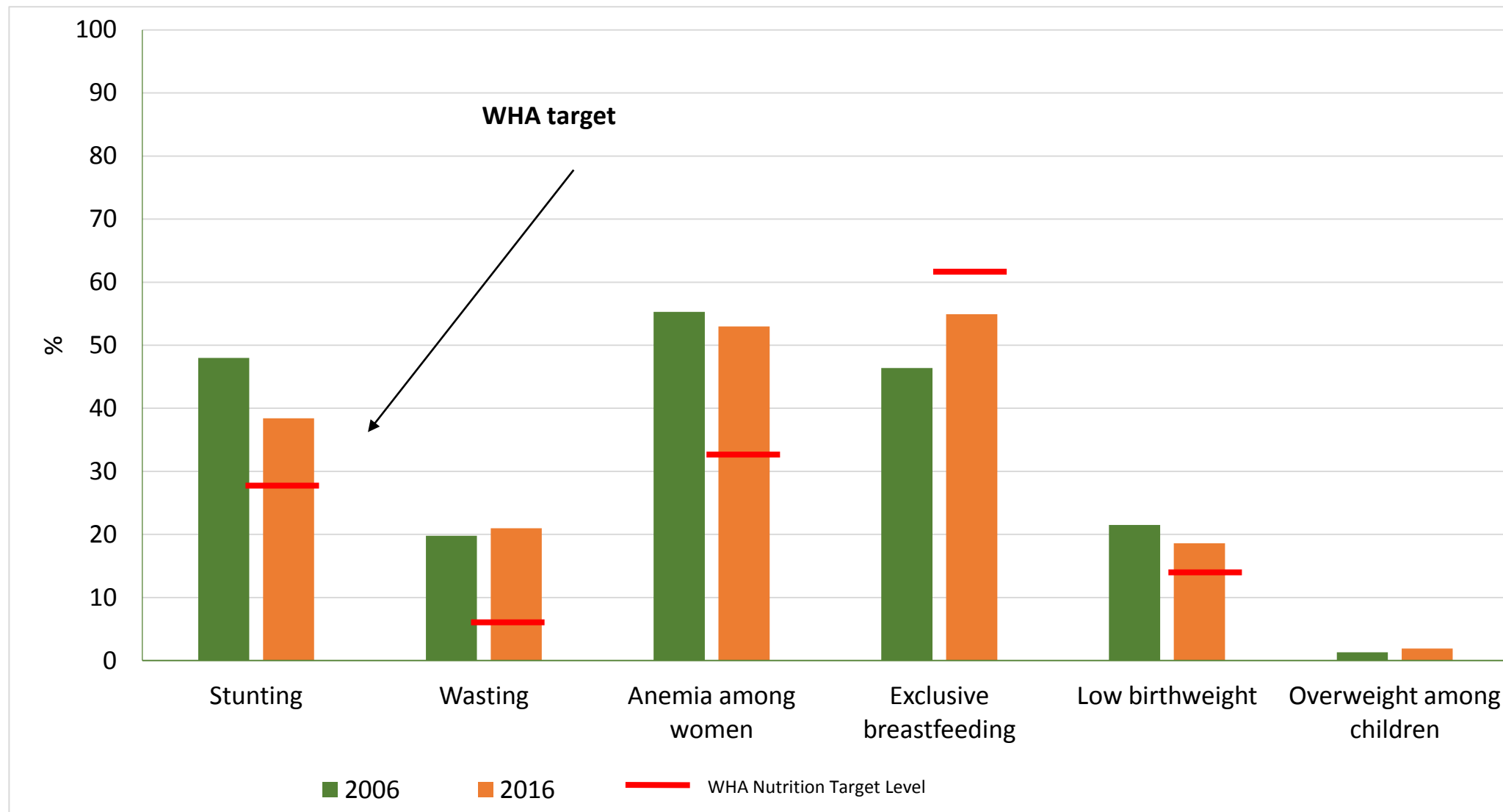




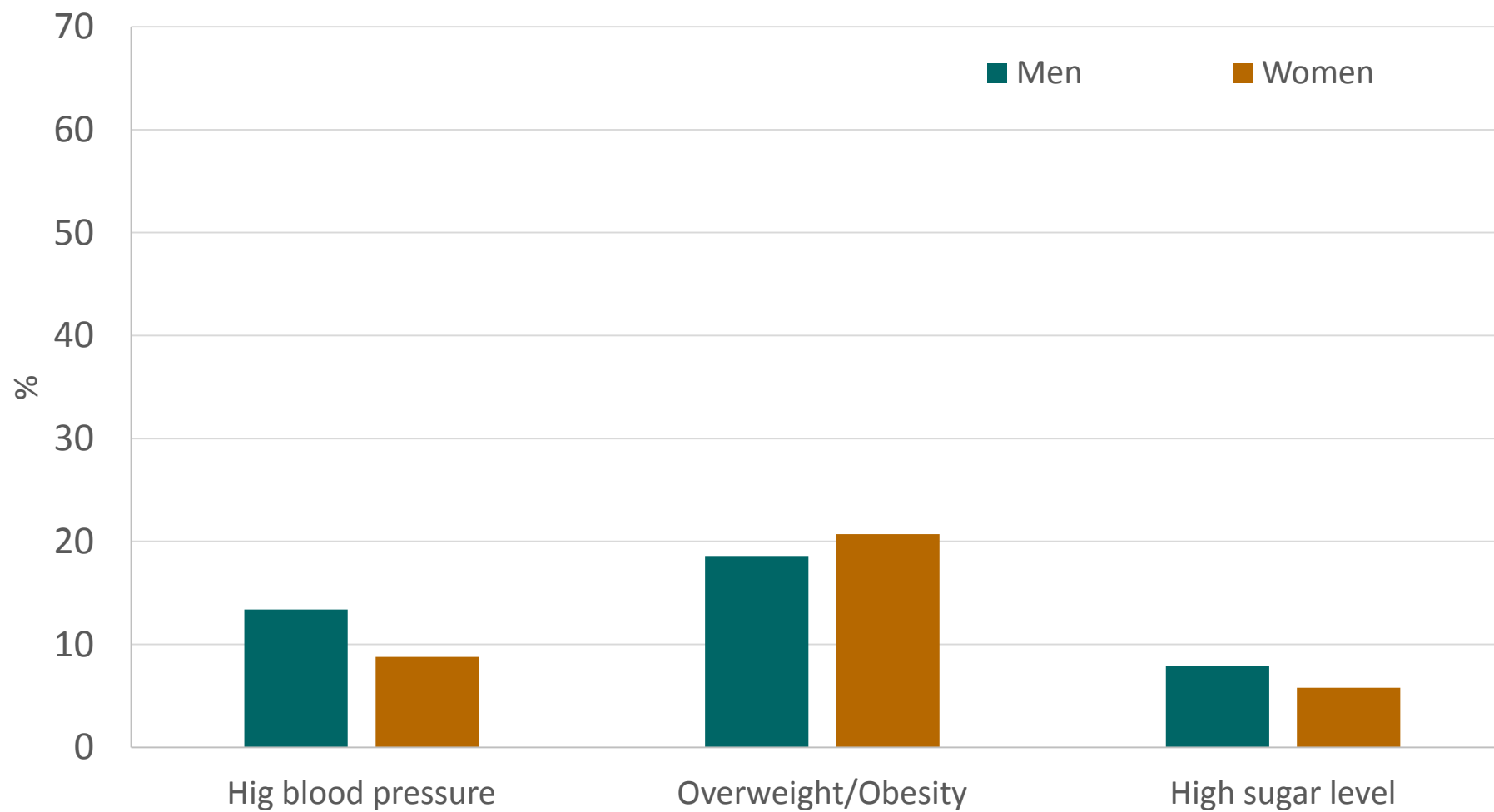
POSHAN: A NUTRITION KNOWLEDGE/EVIDENCE INITIATIVE IN INDIA

25 June 2018

The problem at hand: Where India stands on the global maternal, infant and young child nutrition targets to be achieved by 2025



The problem at hand: Where India stands on the global non-communicable disease targets to be achieved by 2025



2005-2018: A period of multiple transitions in India

- *Economic*: Strong economic growth over the decade, at a national level. More variable at state level both in level and strength and the source of economic growth.
- *Policy and programs*: Several national programs/schemes to address determinants of nutrition (ICDS, health, self-help groups, cash transfers, PDS reforms, MGNREGA, and more)
- *Food environment*: Food prices, food marketing and availability, increase in cheap cereals (linked to PDS)
- *Urbanization*: Rural-urban-rural migration for multiple reasons; burgeoning of mega-cities



Launch of National Nutrition Mission in 2018

POSHAN-II is set up to try and answer some of these questions

- Goals: to support data- and evidence-informed policy and program decisions at the national and state-level
- Approach:
 - Analyze state-level nutrition outcomes, policies and programs
 - Generate policy and operationally-relevant analytics and evidence
 - Communications and capacity strengthening, including around supporting demand for evidence

Planned workstreams

Workstream 1: Supporting Nutrition Learning at the State Level

Workstream 2: Data and Evidence to Support Policy Implementation

Workstream 3: Communications and Strengthening Capacity to Use Evidence

Strengthen the knowledge base for state-specific actions

- empirical analyses
- policy and stakeholder analysis
- costing estimates
- operations research

Inform and engage national and state-level actors influential in nutrition policy and program decisions

Approach - “advising” on policy direction and strategy, maintaining a position of a data-driven and evidence-based honest-broker

Work stream 1: Supporting nutrition learning at the state level

- Nutrition stories of change in nutrition in 4-5 states in India
 - Policy Notes on state trends and levels [multiple!]
 - In-depth SoC studies in few states
- Data Notes on WHA targets and projected trends
- District Nutrition Profiles
- State Nutrition Reports (SNR): State-specific evidence to support strategy development
 - Odisha SNR being developed
- Determinants of coverage of different nutrition interventions

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Partnerships and Opportunities to Strengthen and Harmonize Actions for Nutrition in India
Policy Note

No. 6 | APRIL 2017

Improving Nutrition in Tamil Nadu: Insights from Examining Trends in Outcomes, Determinants and Interventions between 2006 and 2016

INTRODUCTION
India has made considerable progress in child nutrition outcomes in the last decade. These rates of improvement, however, have been highly variable across the states, likely due to variabilities in state-level changes in the determinants of nutrition and in the coverage of health and nutrition interventions. Although all of the states operate under a similar national policy and programmatic environment, the variability in trends in nutritional outcomes points to state-specific factors. An understanding of such factors can facilitate both state-specific learning and cross-state learning, and help to identify strategies to help India accelerate progress in nutrition. In a series of Policy Notes, we examine state-specific trends in nutrition outcomes, determinants and the coverage of interventions, with the overall goal of supporting the state. This Policy Note focuses on Tamil Nadu.

Tamil Nadu, situated on the east coast of India, accounts for 4 percent area of the country, includes 32 districts subdivided by 385 blocks, 12,618 villages and 561 towns (Government of Tamil Nadu, 2017). Tamil Nadu is home to more than 70 million (6 percent of population of India) (Government of Tamil Nadu, 2017) and is better positioned compared to many other states in terms of economy, infrastructure, industrialization, governance and social indicators. The state has a literacy rate of over 80 percent (Census of India, 2010).

The purpose of this Policy Note is to examine the trends in undernutrition in Tamil Nadu, and to document trends in the major determinants of nutrition and the coverage of key nutrition and health interventions. In doing this analysis, we aim to highlight key areas for actions to improve nutrition in Tamil Nadu.

METHODS
We use summary data from the recently released National Family Health Survey-4 (NFHS-4, 2015-16) factsheets (International Institute for Population Sciences 2017) and data from the NFHS-3 from 2005-6 to compare trends in outcomes, determinants and interventions over a decade (International Institute for Population Sciences 2008). We also use information from factsheets of the Rapid Survey on Children (RSoC, 2013-2014) (Ministry of Women and Child Development 2015) for indicators that are currently not available in the NFHS-4 fact sheets. We used summary data reported in the NFHS-4 district-level fact sheets to examine inter-district variability.

For outcome indicators, we examine progress on a set of global nutrition targets for maternal, infant and young child nutrition (WHO 2014). These include stunting, wasting, low birth weight, exclusive breastfeeding, child overweight and anemia status among women of reproductive age.

POSHAN Led by IFPRI
Partnerships and Opportunities to Strengthen and Harmonize Actions for Nutrition in India
Data Note

No. 1 | MAY 2017

How Are India's Districts Doing on Maternal, Infant and Young Child Nutrition? Insights from the National Family Health Survey-4

ABOUT THIS DATA NOTE
A set of global nutrition targets for maternal, infant and young child nutrition to be achieved by 2025, were endorsed by the World Health Assembly (WHA) in 2012. These targets provide goals against which progress towards ending malnutrition in all its forms can be measured and also contribute to the Sustainable Development Goals (SDGs). This Data Note describes the current levels of a set of these key nutrition outcomes at the district-level in India, summarizing data from the recently released district fact sheets of the National Family Health Survey.

What are the global nutrition targets?

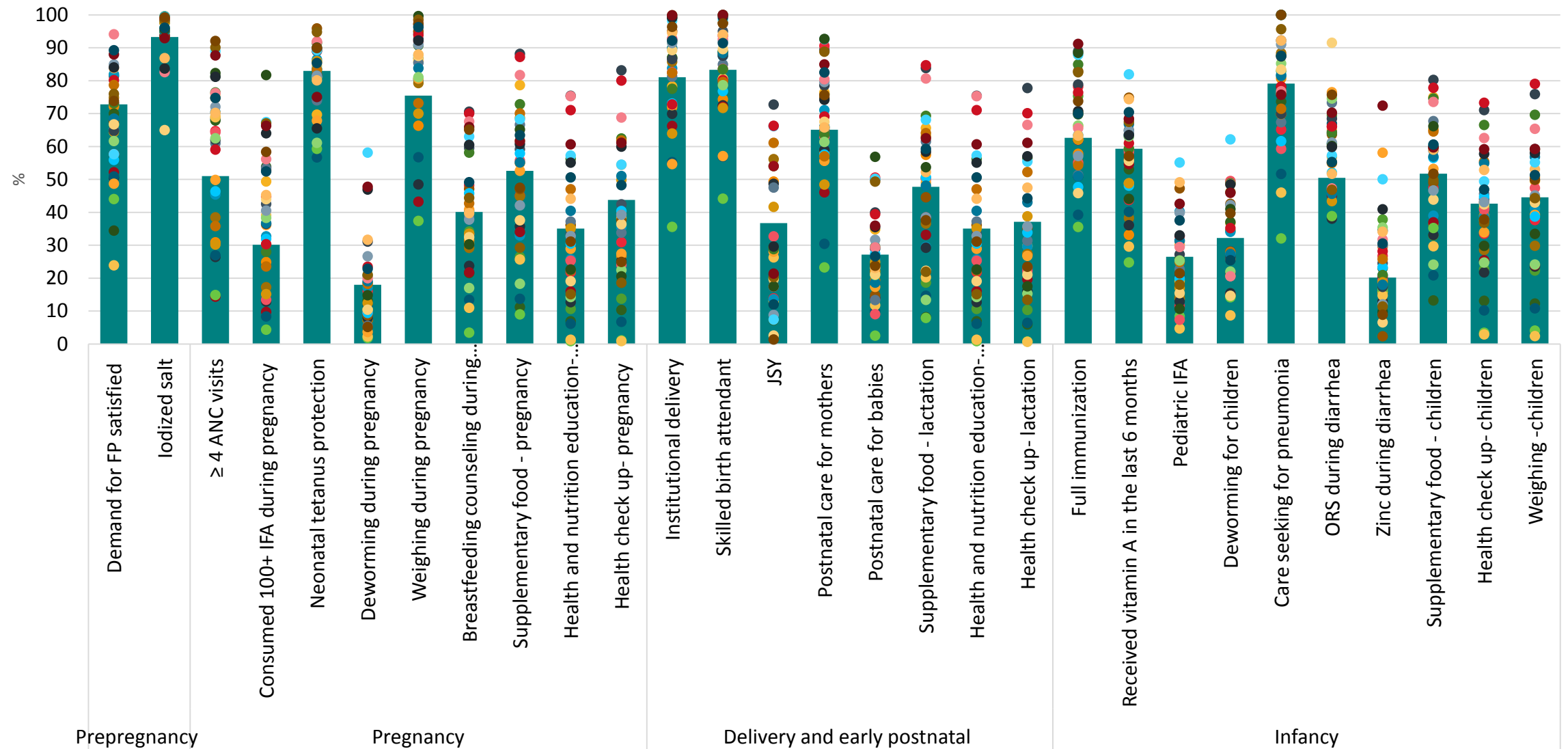
- **Stunting:** 40% reduction in the number of children under-5 who are stunted
- **Anemia:** 50% reduction of anemia in women of reproductive age
- **Wasting:** Reduce and maintain childhood wasting to less than 5%
- **Exclusive breastfeeding:** Increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%
- **Low birth weight:** 30% reduction in low birth weight
- **Childhood overweight:** No increase in childhood overweight

FIGURE 1 Trends in maternal, infant and young child nutrition outcomes in India: 2006-2016

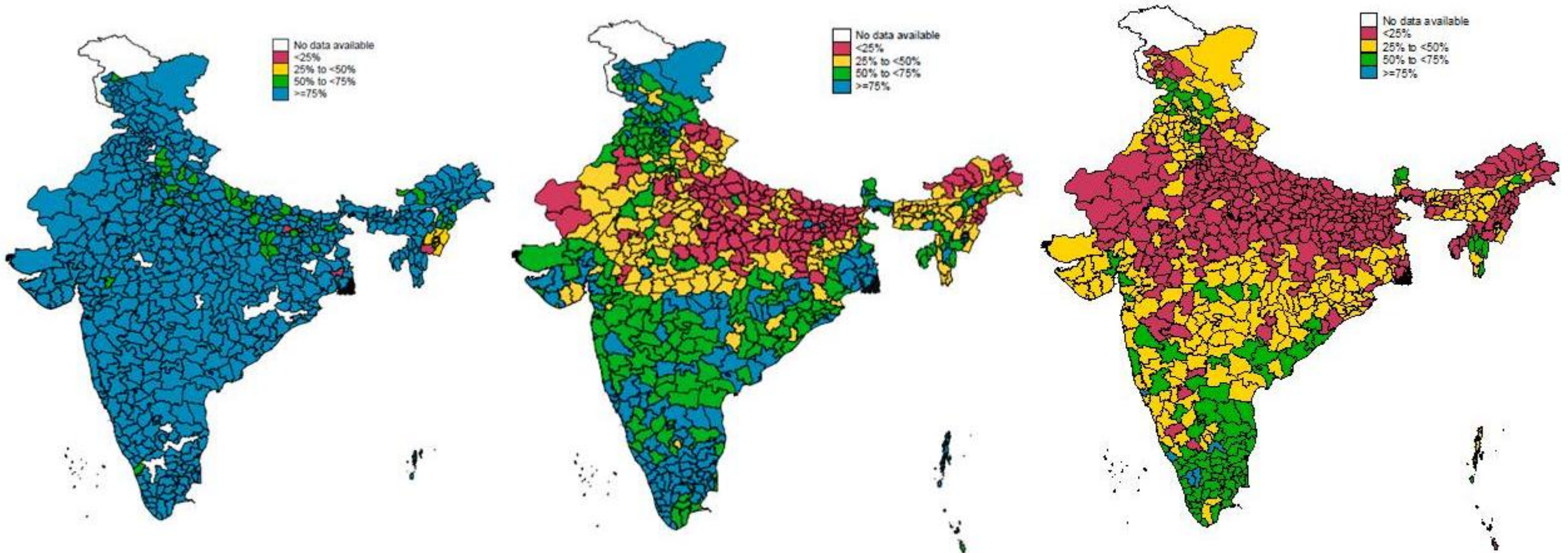
Outcome	2005-06	2015-16
Stunting	~48%	~38%
Anemia among women	~55%	~50%
Wasting	~20%	~22%
Exclusive breastfeeding	~45%	~55%
Low birth weight	~22%	~18%
Childhood overweight	Data not yet available	Data not yet available

READ MORE ABOUT THE GLOBAL NUTRITION TARGETS
Global maternal, infant and young child nutrition targets: <http://www.who.int/nutrition/global-target-2025/en/>

Coverage of interventions: significant gaps to close



NFHS-4: Representative at the district-level and allows deeper analyses on distribution of coverage; subsequent rounds will allow district-specific trend analyses



Pregnancy registered → Four or more ANC visits → Iron-folic acid supplements for 100+ days

Work stream 2: Data and evidence to support policy implementation

- **Data and analytic support**
 - Establish a data repository
 - Generate descriptive and analytic outputs
 - **Trend and distribution analysis**
 - **Drivers of nutritional status at district-level**
- **Strengthen research and discourse on nutrition financing**
- **Generate evidence on a focused set of implementation topics through primary research**
 - Collaboration with UC-Berkeley and UC-SF on the impact and process evaluation of the ICT-RTM in the context of the ICDS program
 - Collaboration with Alive & Thrive on (1) using the community core group polio program to integrate nutrition counselling/messages; (2) a maternal nutrition-focused feasibility trial

Workstream 3: Communications and strengthening capacity to use evidence

- **Engage stakeholders around data and evidence**
 - [Blogs, website, abstract digest](#), state-level dissemination events, conferences
 - seminars, workshops for POSHAN collaborators, government officials, and research partners to convene around data and evidence
- **Build capacity to interpret, demand and use evidence**
 - Engage with [3iE](#), the *International Initiative for Impact Evaluation*, to build evaluation capacity among key nutrition development partners and state governments at the state level (*e.g., evidence gap map, evidence needs map, and evaluation workshops*)
 - Collaboration with [Evidence for Policy Design \(EPoD\)](#) to engage with and train Indian Administrative Services (IAS) probationers and mid-career professionals
 - POSHAN is establishing a collaboration with the [Lal Bahadur Shastri National Academy for Administration \(LBSNAA\)](#) to strengthen nutrition-focused training for the administrators.

POSHAN Knowledge Products

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Partn and H

No. 1 | MAY 2017

How Are India's Districts Doing on Maternal and Infant Nutrition? Insights from the National Family Health Survey - 4 (2016)

ABOUT THIS DATA NOTE

A set of global nutrition targets for maternal, infant and young child nutrition was adopted by the World Health Assembly (WHA) in 2012. These targets provide goals against which progress can be measured and also contribute to the Sustainable Development Goals. This data note provides current levels of a set of these key nutrition outcomes at the district-level from the National Family Health Survey - 4 (2016).

What are the global nutrition targets?

- Stunting: 40% reduction in the number of children under-5 years of age who are stunted
- Anemia: 50% reduction of anemia in women of reproductive age
- Wasting: Reduce and maintain child malnutrition
- Exclusive breastfeeding: Increase the percentage of children under-5 years of age who are exclusively breastfed to at least 50%*
- Low birth weight: 30% reduction in the number of children under-5 years of age who are born with low birth weight
- Childhood overweight: No increase in the number of children under-5 years of age who are overweight

* For countries which are already at or near 50% exclusive breastfeeding, a minimum increase of 10% is recommended.

FIGURE 1 Trends in maternal, infant and young child nutrition outcomes, 2012-2016

Indicator	2012	2016
Stunting (among children <5 years)	48.0	38.4
Anemia among women of reproductive age	55.3	53.0
Wasting (among children <5 years)	19.8	21.0
Exclusive breastfeeding (among children <5 years)	46.0	46.0

READ MORE ABOUT THE GLOBAL NUTRITION TARGETS
Global maternal, infant and young child nutrition targets: www.who.int/nutrition

*NFHS-4 followed Census 2011 district boundaries and therefore data reported in this data note is based on 2011 district boundaries.

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No. 2 | FEBRUARY 2017

Achieving the 2025 World Health Assembly Targets for Nutrition in India: A Review of Current Status and Key Messages

KEY MESSAGES:

- India should consider investing 43,000 crore INR annually across ministries – to fully finance the delivery of the recommended basket of interventions depending on their specific needs and priorities.
- Where finances are limited, we recommend that states should invest in high-impact interventions such as iron-folic acid supplements for pregnant women, vitamin A supplements for children, and insecticide-treated nets for pregnant women in malaria-endemic areas.
- States should prioritize rapid scale-up of low-cost interventions such as iron-folic acid supplements for pregnant women, vitamin A supplements for children, and insecticide-treated nets for pregnant women in malaria-endemic areas.
- The Centre should regularly track and monitor investments in nutrition and inform decision-making on allocations and expenditures.
- The launch of the Maternity Benefit Program (MBP) on December 2016, with the National Food Security Act (NFSA), is a unique opportunity for maternal health and nutrition.

INTRODUCTION

The prevalence of nutritional outcomes such as stunting, anemia, wasting and low birth weight is persistently high in India. In 2012, India committed to achieving the six World Health Assembly (WHA) targets for nutrition. Figure 1 shows the levels of five of the six target indicators in India, in 2014. It is clear that substantial improvements are required across India, if it is to meet its commitment by 2025. Thus, resources need to be prioritized and synergized to deliver fully for nutrition in the coming decade.

Numerous interventions – nutrition-specific and nutrition-sensitive – have been identified to help accelerate progress in nutrition in India; these interventions include:

- national policies and strategies
- nutrition-specific interventions
- nutrition-sensitive interventions
- cross-sectoral interventions
- community-based interventions
- behavior change communication
- regulatory interventions
- social protection interventions
- public-private partnerships
- research and innovation
- monitoring and evaluation
- capacity building
- leadership and governance
- advocacy and communication
- data and information systems
- multi-stakeholder partnerships
- multi-sectoral coordination
- multi-level coordination
- multi-disciplinary approaches
- multi-lingual communication
- multi-media communication
- multi-channel communication
- multi-approach communication
- multi-actor communication
- multi-actor communication
- multi-actor communication

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No. 6 | APRIL 2017

Improving Nutrition in Tamil Nadu: Examining Trends in Outcomes and Interventions between 2012 and 2016

INTRODUCTION

India has made considerable progress in child nutrition outcomes in the last decade. The rates of improvement have been variable across states and districts. Tamil Nadu has shown high rates of improvement in stunting, wasting, and anemia among children under-5 years of age. However, the state has not made significant progress in reducing low birth weight and increasing exclusive breastfeeding. The purpose of this document is to examine the trends in outcomes and interventions in Tamil Nadu between 2012 and 2016. The document also provides a list of possible points of discussion for the state.

POSSIBLE POINTS OF DISCUSSION

- How does the district perform on stunting, wasting, underweight, and anemia among children under the age of 5?
- What are the levels of anemia prevalence and low body mass index among women?
- What are the levels of overweight/obesity and other nutrition-related non-communicable diseases in the district?

OVERWEIGHT/OBESITY & NON-COMMUNICABLE DISEASES (15-49 y)*

Indicator	Ambala	Haryana
BMI >25 kg/m2 among women (15-49 years)	18.7	18.7
BMI >25 kg/m2 among men (15-49 years)	18.7	18.7
High blood pressure among women (15-49 years)	11.5	11.5
High blood pressure among men (15-49 years)	11.7	11.7
High blood sugar among women (15-49 years)	4.4	4.4
High blood sugar among men (15-49 years)	5.1	5.1

*Data source 1 (see Page 2)
*Data source 2 (see Page 2)
*Data source 3,4 (see Page 2)
*Data source 3 (see Page 2)

Ambala | Haryana

DISTRICT NUTRITION PROFILE

DISTRICT DEMOGRAPHIC PROFILE¹

Category	Ambala	Haryana
Total Population	11,00,000	
Male	53.1%	
Female	46.9%	
Urban	44.4%	
Rural	55.6%	
SC	26.5%	
ST	0.0%	
Others	73.7%	

Ambala ranks 46 amongst 599 districts in India²

THE STATE OF NUTRITION IN AMBALA

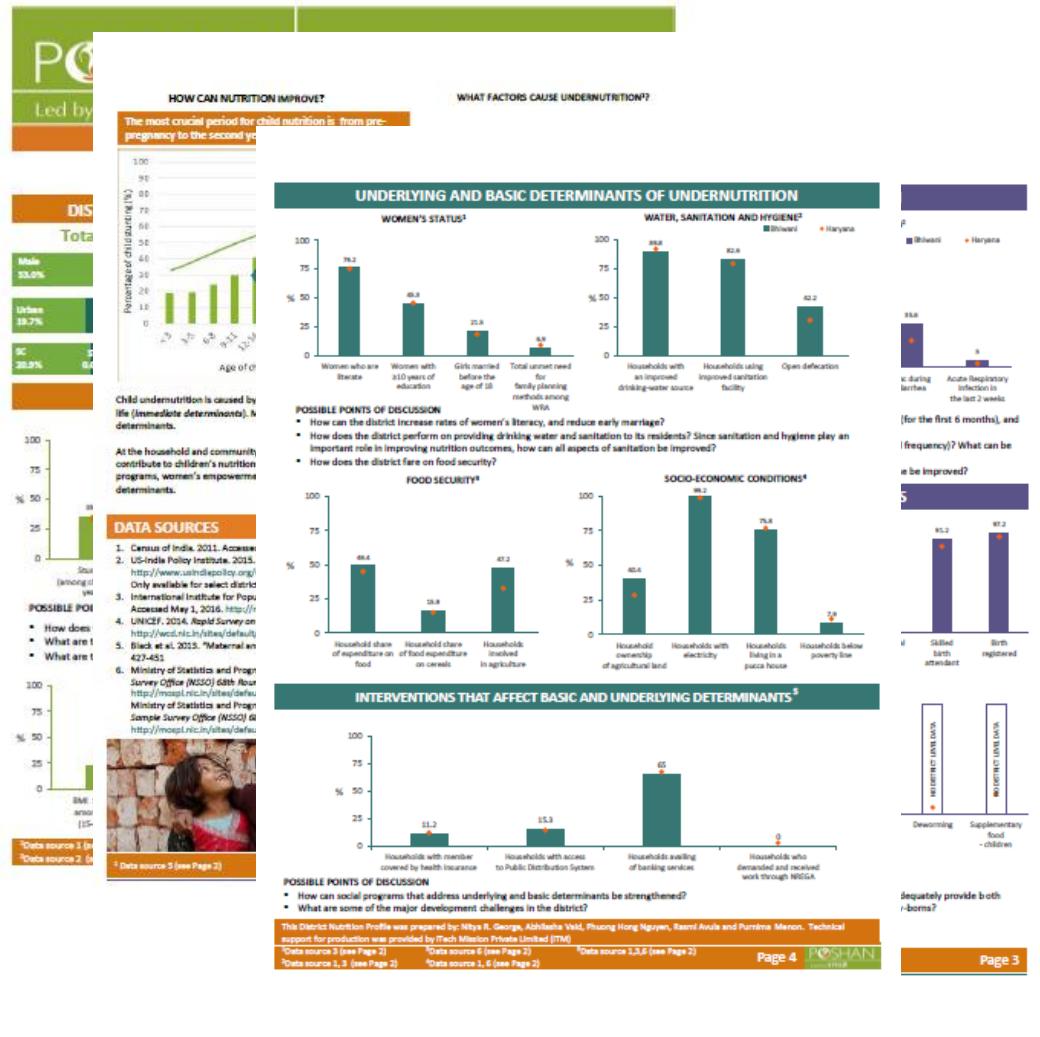
Indicator	Ambala	Haryana
Stunting (among children <5 years)	29.0	18.8
Wasting (among children <5 years)	37.9	37.9
Anemia among women of reproductive age (WRA)	66.6	66.6
Women with body mass index <18.5 kg/m2	11.1	11.1

POSHAN's District Nutrition Profiles: 640 districts

- Nutrition outcomes, immediate and underlying determinants and coverage

- Can be used in many ways and by many actors!

- A diagnostic tool to understand the determinants of nutritional outcomes at a local level
- To pinpoint areas for strategic actions/interventions
- To identify areas for deep-dive analysis/research
- To cover nutrition in the local media
- For advocacy
- And more...



Use of POSHAN knowledge products

- POSHAN products are actively shared with **the national and state governments through direct engagement and through partner networks** (development partners and civil society organizations) and are used to:
 - Raise awareness about the state of the malnutrition problem
 - Examine changes in the multiple determinants contributing the problem
 - Diagnose potential limiting factors toward achieving the desired progress in addressing the malnutrition problem
 - Facilitate development of State Nutrition Plans
- POSHAN knowledge products are widely used by the **national and international development partners** including Tata Trusts, Azim Premji Philanthropic Initiative, UNICEF, BMGF within the states and districts of their influence to:
 - sensitize the media on the issue of malnutrition
 - train a new cadre of district-level workers recruited to support the implementation of the National Nutrition Mission
- **India's premier training institute, [Lal Bahadur Shastri National Academy for Administration \(LBSNAA\)](#)**, is using the District Nutrition Profiles to orientate the new recruits to the country's highest civil services on the issues of malnutrition
- **Government of India's policy think tank, the [National Institution for Transforming India](#)**, routinely uses POSHAN products including the nutrition intervention coverage graphs and heat maps in their presentations.

Need any of our outputs or slides?

- Visit our blog: <http://poshan.ifpri.info> to:
 - Download reports, policy notes, data notes and other data products
 - View online maps on nutrition
 - Access District Nutrition Profiles and view dynamic district maps on nutrition outcomes
- Email us at IFPRI-POSHAN@cgiar.org
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