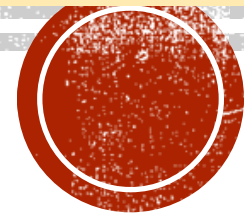


Health Sector Response to Poshan Abhiyan

Presentation for
National Workshop on Poshan Abhiyan
20 March, 2018



Health Sector: A Key Player for Nutrition

Prevent and reduce under nutrition (stunting and underweight) in children (0-6 years)

Primary health care through Health and Wellness Centres

Optimum IYCF (MAA)

Home Based Young Child Care

Immunisation

Control of childhood illness, e.g. diarrhoea (IDCF)

Reduce anaemia among young children young women and adolescent girls

Anemia Mukta Bharat

National De-worming Days (NDDs)

Reduce low birth weight babies

Health and wellness ambassadors for adolescent nutrition

Quality ANC (PMSMA and institutional delivery)

Small family norm and spacing of births

Convergence, robust monitoring, strengthening FLWs and demand generation

Infant and Young Child Feeding (IYCF): MAA Programme

Scope for improvement

❑ Children under age 3 years breastfed within one hour of birth, whereas the institutional delivery stands at 80%

❑ Complementary feeding practices reduced 10 points (from 52.6% to 42.7%) in last decade

Benefits of IYCF



Breastfeeding within one Hr of birth reduces the risk of neonatal mortality by 33%



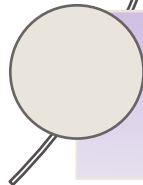
Exclusive breastfeeding can reduce 13% estimated under five death



Breastfeeding has tremendous impact on the Cognitive Development (Advantage of improved IQ up to 8 I.Q. points)



Complementary Feeding promotes Optimal growth



Investment of 1 US\$ in breastfeeding have 35\$ economic return due to increased productivity associated with higher intelligence

MAA programme aim to build capacity of health providers and FLWs in promotion of IYCF at health facility as well as community along with 360 degree IEC/ BCC for IYCF for demand generation



Prevention of widespread Anemia

- ❑ Iron and folic acid supplementation following life cycle approach under National Iron Plus Initiative (NIPI)
- ❑ Future strategy of Anemia Mukta Bharat with high political commitment for optimum programme coverage



Strengthening supply chain, demand generation and targeted monitoring of IFA supplementation are the core components of Anemia Mukta Bharat



National De-worming Days (NDD)

Periodic de-worming help children achieve their optimum growth potential and school performance

- STH prevalence varies from 12.5% (MP) to 85% in TN
- Bi-annual NDD rounds are being implemented using AWC and school platforms
- 22 Cr children 1-19 years were de-wormed in August 2017 round

Key Challenges

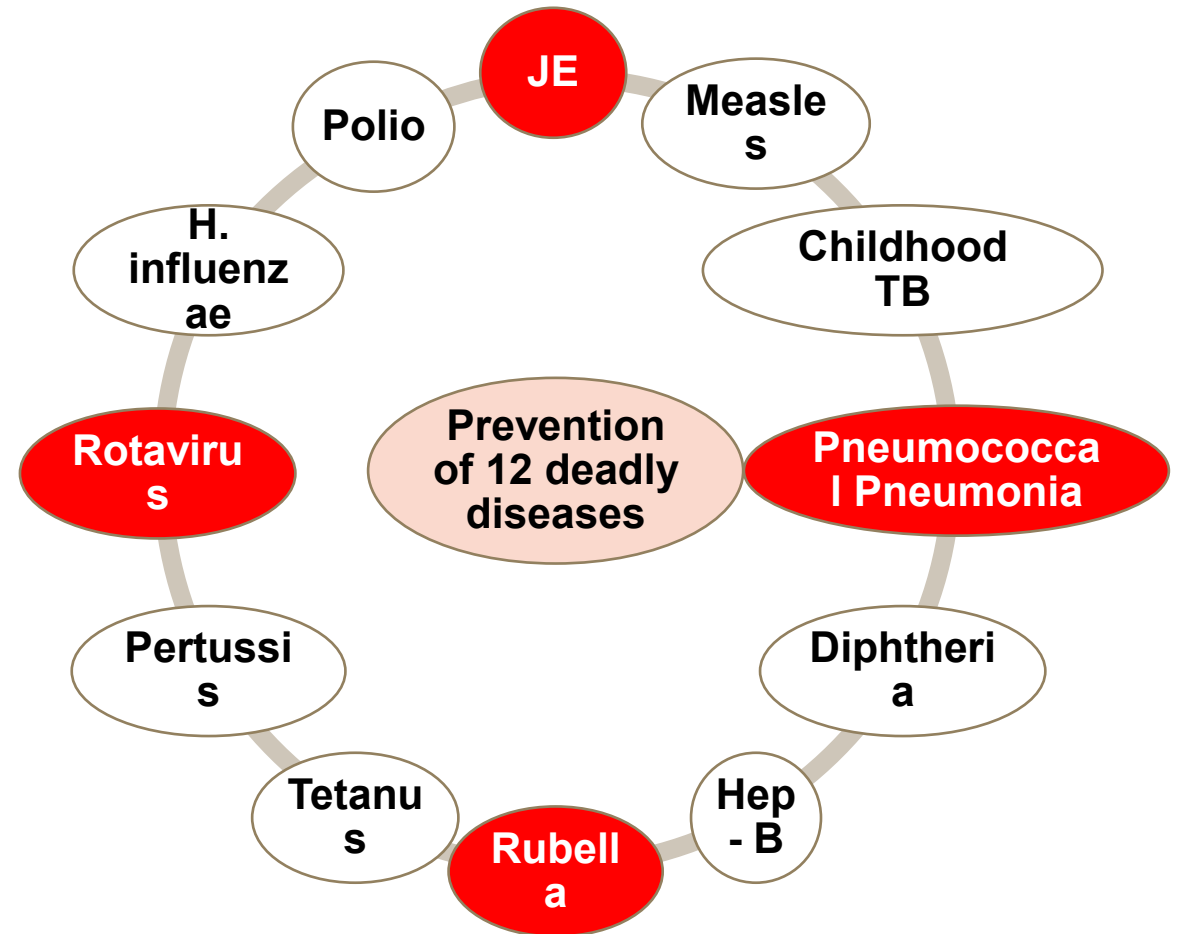
- Private schools inclusions
- Covering out of school and unregistered children in AWC
- Procurement of Albendazole
- Community Mobilisation
- Promotion of key messages related to hygiene and sanitation
- Ground level convergence

Convergence between school teachers, AWW and ANM is the key for the on ground success of NDD rounds



Mission Indradhanush

- Mission Indradhanush has been implemented which aims to ensure full immunization for children up to two years and pregnant women
- In addition, 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



Need to continue the strategy for reaching the unreached so as to achieve minimum 90% of coverage



Quality Antenatal Care & Institutional Delivery

- **Country wide PMSMA on 9th of every month:** aims at high coverage of quality ANC involving dietary counselling to pregnant mothers to reduce the prevalence of low birth weight babies
- **Ensuring Institutional delivery** by JSSK and JSY incentive
- **Promotion of small family norm** by leveraging contraceptive usage and spacing strategies



Health ambassadors at schools promoting **adolescent nutrition** which has future bearing on maternal nutrition and birth weight of future generation



Strengthening Primary Health Care By Health And Wellness Centres (H& WC)

- ❑ The H&WC to provide preventive, promotive, rehabilitative and curative care including non-communicable disease as a consequence of over nutrition
- ❑ A trained mid-level provider at SC level
- ❑ Family folders and family health cards
- ❑ IT platform - population based analytics, service records and data monitoring
- ❑ Population based screening, prevention and control for common NCDs- Hypertension, Diabetes etc.

H&WC as the first point of contact with community for health and nutrition interventions and Block PHC serving as the first referral point



Frontline Workers (FLWs): to orient health and nutrition services

- FLWs (ASHA, AWW and ANMs) serves as the bridge between the system and the community and are the key actors in demand generation for health and nutrition services
- Capacity building of frontline workers by customized training modules enable them deliver quality service at community level and mobilize the community for better service utilization
- Disbursement of specified incentives without delay keeps FLWs motivated

AWW



ASHA



ANM



Result based team incentives under NHM and NNM are meant to boost the team spirit and acknowledge the team effort of the FLWs for achieving health and nutrition goal



Reaching the community - Village Health and Nutrition Days (VHND)

- ❑ Monthly VHNDs are being organised with convergence between ASHA, AWW and ANM
- ❑ Key activities to be ensured in VHNDs:
 - Routine immunisation
 - Nutritional screening and growth monitoring
 - Group counselling for nutrition awareness including IYCF, hygiene and sanitation, diarrhoea management at household level by ORS and zinc etc.



Mobilizing the community, involvement of PRI and quality group counselling on health and nutrition on VHNDs promotes preventive health and improves the health seeking behaviour of the community



Achievement in health, wellbeing and optimum nutritional potential

Reaching the community – Rashtriya Bal Swasthya Karyakram (RBSK)

Child health screening and early intervention services, a systemic approach

- ❑ RBSK teams are carrying out schedule visits to Schools and AWCs for regular and periodic screening of children for 30 specified health conditions including nutritional conditions
- ❑ Early detection and prompt referral is the goal
- ❑ NRCs and DEICs established at district level HFs have provisions of free treatments to the RBSK team referred cases

RBSK

RASHTRIYA BAL SWASTHYA KARYAKRAM

राष्ट्रीय बाल स्वास्थ्य कार्यक्रम

FROM SURVIVAL TO HEALTHY SURVIVAL

Ensuring appropriate team composition of RBSK teams with rational deployment of trained staffs as per guidelines enables quality service delivery under RBSK



Reaching the community for control of childhood illness:

Intensified Diarrhoea Control Fortnight (IDCF)

- ❑ Annual IDCF campaigns are being organised across the country with ultimate aim of zero child death due to diarrhoea
- ❑ Universal use of ORS and zinc for childhood diarrhoea control is ensured at community as well as HFs
- ❑ ORS prepositioning in families of under five children, establishment of zinc and ORS corners and following standard protocol for childhood diarrhoea management and incentivising ASHA for community mobilisation for diarrhoea prevention and early care seeking are the core activities of IDCF

Ensuring adequate ORS and zinc supply at HF and community level with orientation of health providers and FLWs on diarrhoea management protocols are essential for reducing under five mortality due to diarrhea



Robust Monitoring, Review and
Remedial Actions is the Key



Monitoring of health sector interventions KPIs

SI No.	Key Performance Indicators (KPIs)	Coverage Number	% coverage	Coverage Target	Remarks
1	% of target population provided with IFA supplementation	number of pregnant women, adolescents, WRA covered	% of PW, WRA and adolescents	100%	Anemia Mukta Bharat
2	% of 1-19 children administered albendazole	Number of 1-19 yr children covered	% of 1-19 yr children	100%	Biannual rounds of NDD
3	% of delivery points with at least 2 staffs trained in IYCF	Number of DPs	% of DPs	100%	MAA pgm
4	% of villages conducted mother's meetings on breastfeeding by ASHAs	Number of villages	% of villages	100%	MAA pgm
5	% of children fully immunised	Number of children	% of children	100%	Routine immunisation and Mission Indradhanush



Monitoring of health sector interventions by KPIs

SI No.	Key Performance Indicators (KPIs)	Coverage Number	% coverage	Coverage Target	Remarks
6	% of children under 2 years received HBYC visits by ASHA	Number of under two children	% of children	100%	5 HBYC visits scheduled between 3 months to 15 months age
7	Number of families of under five children distributed with ORS during IDCF	Number of families	% of families of under five children	100%	ORS prepositioning in all families with under 5 children carried out during IDCF
8	Number of Village Health and Nutrition Days conducted	Number of VHNDs	% of villages conducted monthly VHNDs	100%	Every village to conduct one VHND every month

Monitoring of health sector interventions by KPIs

SI No.	Key Performance Indicators (KPIs)	Coverage Number	% coverage	Coverage Target	Remarks
9	Number of PW received at least 4 ANC	Number of PW	% of PW	100%	PMSMA and routine ANC coverage at HFs
10	% of Sub centres converted to health and wellness centre	Number of health and wellness centres established	% of SCs converted to Health and Wellness centres	100%	



Thank you

