

F No.PA/21/2021 CPMU
Government of India
Ministry of Women & Child Development
(PoshanAbhiyaan Division)
New Delhi

Dated 3rd February, 2021

To

The Chief Secretary
All States/UTs

Subject: Strategic Initiatives under Nutrition Interventions- reg

Sir/Madam,

This has reference to letter dated 13.01.2021 on the subject of "New Poshan Tracker App" and subsequent communication dated 2.02.2021 enclosing list of state-wise nodal persons from CSC-SPV and letter dated 2.2.2021 regarding compatibility testing of devices. In this regard, each State/UT is requested to review and track the implementation of Poshan Tracker in the State/UT and ensure that AWWs input the data on defined indicators in a time-bound manner.

2. Under streamlined guidelines dated 13.1.2021, it was highlighted that for leveraging convergence for food & nutrition, PoshanVatikas shall be set up where benefits can easily be given to women and children. To initiate this program, the space in Anganwadi Centres, panchayat areas, vacant lands of village, any other government premises such as school campus or any other patch of community/government land available in the locality, etc. can be utilized. State/UT is therefore requested to devise guidelines for setting up nutri-gardens in convergence with MGNREGS, horticulture and other plantations. States/UTs may indicate the action taken in this regard to populate community/vacant land with PoshanVatikas for growing nutritious fruits, vegetables, herbs, medicinal plants, nuts etc. in convergence with AYUSH, Agriculture District Officer and KVKs and develop Food and Nutrition Forests to cater to community food requirements. To promote dietary diversification, State/UT may set up a Committee to formulate Regional Meal Plans to meet the nutritional requirement of women and children using locally available and culturally appropriate ingredients.

3. The role of Panchayati Raj Institutions is very important for the success of nutritional interventions. State/UT is requested to activate AWC Level Management Committees, village communities, Poshan Panchayats and Mothers Groups to bring


03/02/2021

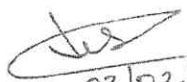
community ownership and encourage accountability. At the grassroots level, Poshan Panchayats can serve as a useful convergence platform for Mothers Groups and Village Health, Sanitation and Nutrition Committee (VHSNC) to discuss issues of nutrition and wellness and sensitize people about the importance of nutritional deliveries for children at the AWC level. CDPO/DPO may be instructed to organize counselling sessions at the Poshan Panchayats on nutrition and health information where AWWs in the panchayat area and the VHSNC can participate for meaningful outcomes.

4. As you are aware, the National Health Policy (2017) has advocated mainstreaming the potential of AYUSH systems that advocate wellness and prevention of diseases. A successful trial of *Drakshavaleha* in a pilot project in Tamil Nadu among women has yielded positive results in the treatment of iron-deficiency induced anaemia. A "Note on AYUSH Based Nutrition Support System" is attached for your reference. In this regard, Chief Secretary of State/UT may constitute a Task Force to assess and implement other similar interventions to address the issues of malnutrition.

5. States/UTs were advised in communication dated 13.1.2021 (on Streamlined Guidelines) to launch a drive for identification of SAM children for referral to hospitals (if required) and AYUSH centres in accordance with the detailed action plan approved by the District Nutrition Committee to be finalized in consultation with the Chief Medical Officer. It was requested that this exercise be completed by 31st January 2021. A Report in this regard may kindly be furnished

This issues with the approval of Competent Authority.

Encl: As above


03/02/2021
(Dr Harmeet Singh)
Director

Copy to:

Secretary WCD

Secretary AYUSH

Secretary MoPR

Secretary MoA&FW

NOTE ON AYUSH BASED NUTRITION SUPPORT SYSTEM

1.1. Introduction

The National Nutrition Policy 1993, complemented by other policies such as the National Health Policy 2002, the National Policy for Children, 2013 provides a strong foundation for addressing the immediate and the underlying determinants of undernutrition through both direct interventions and indirect interventions. The Twelfth Five Year Plan reinforced the commitment to preventing and reducing child undernutrition (underweight prevalence in children 0-3 years), articulated as one of its core Monitorable Targets, binding multiple sectors and States to collective action. The policy commitment to preventing and reducing undernutrition was reaffirmed by the Budget 2014-15 speech of the Finance Minister, which stated that - “A national programme in Mission Mode is urgently required to halt the deteriorating malnutrition situation in India, as present interventions are not adequate. Thereafter The National Nutrition Strategy was released by the NITI Aayog in 2017. The strategy talked about the negative impact of malnutrition on the productivity of the population, and its contribution to the mortality rates.

The National Health Policy (NHP) 2017 has advocated mainstreaming the potential of AYUSH systems within a pluralistic system of Integrative healthcare. The AYUSH systems advocate holistic wellness approach aiming at prevention of diseases and promotion of health for achieving a state of wellbeing.

Nutrition is the key point for the SDG 2 ‘End hunger, achieve food security and improved nutrition and promote sustainable agriculture’ and is an essential component for achieving many of the other targets: overall, the nutritional aspects of the SDGs aim to promote healthy and sustainable diets and ensure food security globally. Further Investments in nutrition are critical to the achievement of SDG 3 – “ensure healthy lives and promote well-being for all at all ages” – and especially the targets on reducing national rates of neonatal and child mortality and global maternal mortality’.

Nutrition is progressively being perceived as a significant pointer of advancement at public and worldwide level. It has consistently been an essential need of humanity and diseases resulting from its inadequacy or overuse have existed even before the dawn of modern science.

Ministry of AYUSH is a partner Ministry of Women and Child Development in Poshan Abhiyaan (since its inception). The Ministry actively participates in this program and celebrates Poshan Pakhwada and Poshan Maah every year with help of all the State AYUSH Departments and its National Institutes/Research Councils by organizing Health and Nutrition Camps, Yoga Camps and promotion of Nutri-gardens across the associated campuses/premises.

In India, the health and nutritional status of children, pregnant, lactating mothers and adolescent girls is desired to be improved much better. Improper nutrition and lack of micro-nutrients in the food is considered to be major precipitating factors for malnutrition. This leads to Anaemia, growth retardation and other common ailments.

Under Integrated Child Development Services (ICDS), beneficiaries are provided complementary nutrition, Vit-A and IFA supplementation, Immunization, Health check up and Referral services etc. Although these supplements have adequate nutritious value, there are certain limitations in providing the expected result in overcoming the malnutrition. The primary reason behind this problem seems to be that the lack of community involvement and not utilizing the traditional nutritional diets practiced in the community and rooted in local culture and holistic health traditions. Further, in many cases supplementary nutrition being provided is not being properly absorbed and assimilated by the body. Thus, their bio-availability is not adequate to have an optimum nutritional status.

There is a broad scope for AYUSH intervention to supplement the nutrition and to create awareness in the community about the tradition based AYUSH food recipes, which not only help in recovery from the disease but also help in prevention of many disease conditions.

According to Ayurveda, the concept of nutrition starts from the preconception stage, where in best quality reproductive tissue (sperm and ovum) are must in order to obtain healthy progeny which will achieve optimum & uninterrupted growth after birth. During pregnancy, fetus completely depends on upon mother for both its nutrition & excretion. Hence, during this time the nutritional status of the baby depends completely on the mother, if the mother is well nourished the baby will also and when the nutrition status of mother is improper, the baby will also suffer.

There is dramatic growth of infants during the first year of life, imposing unique nutritional needs during this period. The rapid rates of growth are accompanied by marked developmental changes in organ function and composition. Failure to provide adequate nutrients during this time is likely to have adverse effects on growth as well as development.

The Initiatives / programmes in past have proven to be quite promising yet many deficiencies and constraints prevailed in the operation and complete success, like non-availability of sufficient number of post graduates in concerned areas, expensive treatment costs, resistance to most widely used medicines and non-availability of doctors as well as supportive health care professionals at the remotest area. In this context the intervention through AYUSH system will be able to address such conditions and will also fulfil the existing gap. Therapeutic potential as well as ability for enhancing and maintaining good health through AYUSH needs no introduction. These systems are presently

governed independently through Ministry of AYUSH, Government of India for more focused and tangible outcome.

Although there are many programs running in India to address the problem of Malnutrition but still Women malnutrition is very high in India. Therefore, the potential of Ayurveda can be utilized to address the malnutrition in women and children. The Medicines of Ayurveda bears proven long history of safe use. The standards of the Ayurveda are being set by Pharmacopoeia Commission for Indian Medicine (PCIM) an autonomous organization under Ministry of AYUSH.

This huge skilled workforce, and the strengths of Ayurveda system in treatment methodology and conditions specially in Lifestyle disorders, Immunity enhancers, *MedhyaRasayana*, its effective role in *KuposhanjanyaVyadhiAwastha* (Malnutrition disorders); *Raktaalpata*(Anaemia), Female disorders like *Bandhatwa*(Infertility), delayed milestones in children, etc. cannot be overlooked. Improving the women nutritional status and their survival play key role in the achievement of National Health Goals. The health of an adolescent girl impacts pregnancy while the health of a pregnant woman impacts the health of the new born and the child; therefore, they require requisite attention. As such, interventions may be required at various stages of life cycle, which should be mutually linked and comprehensive. All basic principles of the system need to be applied to deal with the problems of malnutrition in women and adolescent girl.

In recent past many initiatives have been taken in this regard. Ministry of AYUSH through Central Council for Research in Ayurveda and Siddha (CCRAS) started a project in Mandi District of Himachal Pradesh under RCH programme, *Dhatrilauha* in Anaemia was used and it was found to be safe and HB% was raised up to 1 gm% per month.

Ayurveda lays great emphasis on ensuring holistic nutrition. A wholesome diet based on locally available foods and herbs, compatible to one's own body constitution, body requirement and season is essential. Ayurveda has a unique and holistic approach toward nutrition and diet like Digestive capacity of children which is called as Agni in Ayurveda and quality as well as quantity of food based on the Ayurveda principle of nutrition play a vital role in proper nutrition of children and these can be easily managed based on commonly available herbs and kitchen spices following Ayurveda principles like Cumin seeds (*Jeera*), Ginger (*adrak*) etc.

Malnutrition is one of the main reasons for the infant mortality especially under the age of 5 years which is directly linked with inadequate immunity in children. The concepts of *Swasthya* in Ayurveda includes proper nutrition, weight of the baby, proper growth, *Vyadhikshamatva* i.e. immunity etc. These

concepts described in Ayurveda & other traditional systems of medicines in India are deeply rooted in the community, are time tested and have also proven on the basis of scientific parameters.

1.2 Objectives

- To prevent the malnutrition and to overcome it by proper care at various stages viz. care during pregnancy, care of the mother and the baby after the delivery by diet and life style modification and various Ayurvedic interventions.
- To promote the healthy diet and life style modification as per Ayurveda.
- While the Ministry of Health and Family Welfare is taking care of SAM (Severe Acute Malnutrition) the Ministry of AYUSH jointly with Ministry of Women and Child Development will take care of the mild and moderate form of malnutrition. The AYUSH interventions will be designed considering the local availability, local food habits and culture etc. so as to optimize the acceptability in the community.

2. Implementation Strategy

2.1. The strategy focuses to prevent the malnutrition by advocating proper care during prenatal period (3rd Trimester) and postnatal period along with specific interventions to manage the malnourished children.

2.2. Recently, Ministry of AYUSH has signed a MoU with MoWCD on dated 20.09.2020 to work together for providing holistic nutritional care for women and children.

2.3. In this regard, Ministry of AYUSH will-

- provide technical guidance and support for developing and providing nutritional supplements for children, pregnant and lactating women based on regional and climatic preference and principles & practices under AYUSH systems,
- provide assistance to conduct Yoga demonstration by Yoga instructors deployed at AYUSH Health & Wellness Centres (HWCs)
- and provide nutritional counseling at Anganwadi Centers and develop appropriate tools for the same.

2.4. The Ministry of WCD will provide operational support to AYUSH functionaries within Anganwadi setup and also sensitize Anganwadi Works/Helpers and Supervisors/CDPO/DPO to be active partners in

implementation of this program. MoWCD will provide adequate financial resources to support all the interventions.

2.5. A pilot program will be run in about 10000 AWCs to test out the efficacy of AYUSH nutritional support in addressing problems of malnutrition and malnourishment and thereby build a strong body of evidence. The data generated in this initiative will be scientifically evaluated and analyzed. M/o AYUSH and M/o WCD will have equal access to data so generated.

2.6. There will be 4000 Health and Wellness Centers (HWCs) under Ayushman Bharat operational out of 12500 HWCs under Ministry of AYUSH by end of this year. Nearby Anganwadi centers will be attached to these HWCs.

2.7. There are 734 ASU&H colleges in India, nearby Anganwadi centers will be attached to these colleges.

2.8. One lakh private ASU&H practitioners will be connected with the Anganwadi workers through Community Service Centers.

2.9. Other IEC activities like creation of short videos, radio jingles, etc will be leveraged through community radio scheme supported by Ministry of information and Broadcasting for purposes of nutrition awareness.

3. Proposed AYUSH based nutrition support strategy:

Ayurveda prescribes region and season wise dietary and lifestyle intervention and at the time of implementation tailor made dietary advocacies will be prescribed based on locally available food, plants, which will be cost effective and region and tradition specific in addition to already existing guidelines like maintaining proper hygiene and providing optimum nutrition.

3.1. Pre-Natal/Antenatal Care

- In general, the pregnant woman should have a fresh, sufficient and wholesome diet containing cereals, grains, vegetables, fruits, milk & milk products or meat as per her food habit.
- The diet of a pregnant woman should be preferably as per her liking, preference, appropriate to region & tradition in proper time and quantity. The region and community specific diet plan for pregnant woman may be prepared to get the desired result.
- A sample diet plan for pregnant woman in 3rd trimester of pregnancy is as under:

- Breakfast-Milk, *Upma*, *Rajgiradosa*, *Halwa* (Wheat flour /suji), *Laddu* of green lentils, Roti with ghee and Groundnut chutney, *Sewai* (vermicelli) or kheer, paratha etc.
- Between breakfast and lunch - Any seasonal fruit and salad mentioned above.
- Lunch- Dal and rice with ghee, *Roti/Chapati* of local grains and local available Green leafy vegetables fortified with ghee, cumin seeds, curd, Buttermilk, Vegetable salad, Eggs, Meat etc.
- At 4 pm- Seasonal fruits, Tender coconut water, Vegetable soup, Lemon juice, Soup of lentils etc
- Dinner-*Jeera* rice – dal fry (fortified with cumin seeds and *hing*), *Khichdi* – ghee, Paratha / wheat/rice/*jowar* roti with vegetable curry, Green vegetables, Rice and green vegetables.
- Bed time-200 ml milk with 10 ml ghee.

3.2. Post natal care

3.2.1. Care of the mother:

The first six weeks after delivery are considered the post-natal period, which are the most crucial period for the health and survival of both mother and newborn. Main objectives of Ayurveda care are to enhance the process of recovery after delivery, prevent complications during puerperal period, early involution of uterus, and improve quality and quantity of the breast milk. Out of very vast knowledge available in Ayurveda, some easily doable post-natal care is mentioned here.

- Considering the strength and digestive power, she should be advised to take light diet in first 10 days
- Food that stimulate digestion (*deepana*, *pachana*), relieve pain (*shulaghna*) and *Vata* should be recommended. Freshly cooked, warm nutritious soup, scum of boiled rice, gruel and *Dalia* for first 3-5 days. *Pippali* or *Shunthi* powder and ghee should be added
- Should have only boiled water for drinking
- Raw and cold food, food causing flatulence such as potato, bengal gram should be avoided, whole green gram is very good during this period. Should take milk and milk products
- Gradually the women should be introduced to normal diet. Black gram, sugar cane, jaggery, garlic, onion, *Yashtimadhu*, *Jeeraka* (*Cuminumcyminum*), *Shatavari* (*Asparagus racemosus*), *Methi* (*Trigonella foenum-graecum*), *Shinghada* (*Trapanatans*), pumpkin, coconut etc. should be included in the diet to enhance breast milk production.
- Traditional food/food supplements may be given such as:

- ✓ **MethiLaddoo:** *Musali, Ajwain, Methi, Shatavari, khaskhas* etc.
- ✓ **JeerakaLaddoo:** *Jeeraka, jaggery*
- ✓ **ShunthiLaddoo:** Made with mixture various dry fruits including almond, walnuts, coconut, cashew and *Shunthi* powder etc.
- ✓ **Chandrashoorladdoo:** should include *Chandrashoor, Jaggery* and dry fruits and jaggery
- ✓ **KalaunjiLaddoo:** including Kalaunji, dry fruits and jaggery
- ✓ **HaldiLaddoo:** including turmeric and Jaggery.

3.2.2. Care of the baby

The care of the baby may be advocated at three stages:

Ksheerad(where the child is totally dependent on the mother milk)

- Exclusive breast feeding up to age of six months
- In case of Lactation Failure or due to any reason the baby is not getting adequate breast milk then the Goat milk or cow milk may be provided to the baby in appropriate quantities
- Starting of meshed fruits (seasonal and locally available) and vegetable and pulse soup, rice water from age 06 month onwards
- Starting of solid foods from age of 01 year
- In case of minor ailments like stomach ache, excessive cry with twitching of abdomen:
 - Drops of decoction of *ajwain* or *Janamghuti* or Gripe water
 - External application of *Hing (Asafoetida)* around the umbilicus
 - Warm oil massage around abdomen followed by warm fomentation
 - Oral Rehydration Solution in Diarrhea as per guidelines

Ksheerannada(when the child consumes milk and food items both) /**Annada**(where the nutritional requirement of the children is fulfilled mainly through food items)

- Use of multi grain khichadi added with digestive stimulants such as ginger, black pepper, cumin seeds etc. in the diet

3.2.3. Targeted intervention:

Malnutrition/Stunting

- AYUSH wisdom may be included in the Behavioral Change Communications (BCC) activity to create awareness regarding proper nutrition of mother and child.
- Some simple AYUSH remedies like *Sunthi (Zingiberofficinale)*, *Jeeraka (Cuminumcyminum)*, *Maricha (Piper nigrum)*, *Mustaka (Cyperusrotundus)*, *Ela*

(*Elettariacardamomum*), *Vidanga* (*Embeliaribes*), *Heeng* (*Ferula asafoetida*), *Draksha* (*Vitisvinifera*) and *Kutaja* (*Holarrhenaantidysenterica*) etc may be added in the existing Take Home Ration (THR) to enhance the taste of THR, and also to increase its bioavailability, assimilation and absorption.

- Some Traditional foods act as galactogogue, which may also be incorporated in THR. These Traditional foods may be:
 - ✓ **MethiLaddoo:** Musali, Ajwain, Methi, Shatavari, khaskhas and jaggery
 - ✓ **ShunthiLaddoo:** Mixture of various dry fruits, Shunthi powder and jiggery
 - ✓ **Chandrashoorladdoo:** Chandrashoor, dry fruits and jiggery
 - ✓ **KalaunjiLaddoo:** including Kalaunji, dry fruits and jiggery
 - ✓ Shatavari powder / granules; Jeevanti tablets
- Some other recommended Recipes
 - Atta pre-mix (*Asvagandha* + *Mulethi* + *Vidari*) - for boys
(*Shatavari* + *Mulethi* + *Jeevanti*) - for girls
 - *Shatavari* roots to be used as curry (like carrot)
 - *Leptadenia* & *Punarnava* leaves to be used in dal
 - *Turmeric* powder to avoid frequent infections
 - *Methi* powder to avoid Vit. B complex deficiency (Anthelmintic too)

3.2.4. Inclusion of Medicinal Plants for Nutri-garden

There are many medicinal plants also, which may be included in the Nutri-gardens, which are being established by the Ministry of Women & Child Development. The indicative list of some medicinal plants for Nutri-garden is as under:

1. Amalaki (*Phyllanthusemblica*)
2. Ashvagandha (*Withaniasomnifera*)
3. Bala (*Sidacordifolia*)
4. Bhumyamalaki (*Phyllanthusniruri*)
5. Brahmi (*Bacopamonnieri*)
6. Guduchi (*Tinosporacordifolia*)
7. Haridra (*Curcuma longa*)
8. Kumari (*Aloe vera*)
9. Mandukaparni (*Centellaasiatica*)
10. Nimba (*Azadirachtaindica*)
11. Shatavari (*Asparagus racemosus*)
12. Shunthi (*Zingiberofficinale*)
13. Tulsi (*Ocimum sanctum*)
14. Shigru (*Moringaoleifera*)
15. Nirgundi (*Vitexnegundo*)
16. Vasa (*Adhatodavasica*)

The saplings of these medicinal plants may be obtained from the State Medicinal Plant Boards for plantation in the vicinity of Anganwadi Centers and also for free distribution among the population.

Anemia Mukta Bharat

- Anemia will be one of the major focus area in the activities to be undertaken under the ambit of the MoU between Ministry of AYUSH in association with Ministry of WCD for providing holistic nutritional care for women and children.
- It has been observed that in spite of providing complementary nutrition and IFA supplementation, 58.6% children (6-59 months) and 53.1% women (15-49 years) are anaemic (NFHS-4). The primary reason behind this problem seems to be lack of awareness and also the supplementary nutrition and IFA supplementation being provided is not being properly absorbed and assimilated by the body. Thus, their bio-availability is not yielding to desired results.
- Simple Ayurvedaherbs like *Shigru, amalaki* may be added in the existing diet that provided through anganwadicentres. These ingredients can be added to the THR to provide Iron and also to increase its bioavailability, assimilation and absorption.
- There are many simple traditional food recipes of Ayurveda, which may be used to provide optimal nutrition to combat Anaemia. These traditional food recipes may also be incorporated in the THR, where cooked food is being provided to the beneficiaries at Anganwadi Centers and also at schools in mid-day meal. The indicative list of some simple traditional food recipes is as under:
 1. Beetroot Halva
 2. Mixed Millet Drum-stick Leaves Dosa
 3. Ragi and Banana Smoothie
 4. Green Gram and Fenugreek Leaf Chilla
 5. AmlaSquash
 6. ArdrakaPaka (Ginger barfi)
 7. Mixed Millet Drum-stick Leaves Dosa
 8. Pumpkin and Big Beans Sweet Pancake
 9. Niger Seed Laddu
 10. Sesame (Til) seed Laaddu
 11. Sprouted Channa

