

No.EDN-HE (21) B (15) 38/2020-POSHAN

Directorate of Higher Education

Himachal Pradesh

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To Dated: Shimla-171001 the March, 2022

All the Deputy Directors of Higher Education,
Himachal Pradesh

Subject:- Regarding Proceedings of the meeting regarding POSHAN Roadmap to make Himachal Kuposhan Mukht held under the Chairmanship of Dr. Vinod Paul Member NITI Aayog Government of India and co chaired by Sh. Ram Subhag Singh, Chief Secretary to the Government of Himachal Pradesh on 15-02-22 at 11:30 A.M. in the CS committee room.

Memo,

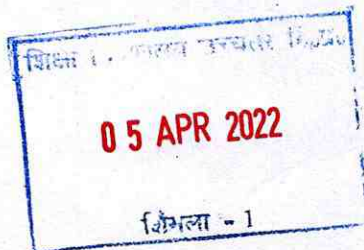
Please find enclosed herewith a copy of letter No. E-13705 NHMHP - CH0ICDS/2/2019-CH-Section 802 dated 24.02.2022 alongwith its enclosures received from the Director, Women & Child Development, Himachal Pradesh, Shimla 01, on the above cited subject.

In this context, it is informed that NITI Aayog is preparing an action plan to deal with the problem of Malnutrition it was decided that action plan for aspirational outcomes in nutrition interventions , coverage and outcomes be prepared for Himachal Pradesh and will be launched on Himachal Day, the 15th April 2022. In this regard, you are therefore, directed to circulate the same amongst all the Heads of Educational Institutions under your jurisdiction to examine the matter and take further necessary action on every issue of the above said proceeding. You are also directed to designate a Nodal Teacher in every School to regularly regulate the POSHAN in the School, under intimation to the quarters concerned as well as to this Directorate within stipulated period.

Addl. Director of Higher Education (A)
Himachal Pradesh, Shimla-1
March, 2022

Endst.No. Even dated Shimla-171001 the
Copy for information and necessary action to:-

1. The Director, Women & Child Development, Himachal Pradesh, shimla-01 w.r.t. his /her letter referred to above.
- ✓ 2. The Technical Officer (Computer/IT Cell), Directorate of Higher Education, Himachal Pradesh with the request to upload the same on Departmental webs
3. Guard file.



Addl. Director of Higher Education (A)
Himachal Pradesh, Shimla-1

Proceedings of the meeting regarding Poshan Roadmap to make Himachal Kuposhan Mukht held under the chairman ship of Dr. Vinod Paul Member NITI Aayog Government of India and co chaired by Sh. Ram Subhag Singh, Chief Secretary to the Government of Himachal Pradesh on 15-02-22 at 11.30 A.M. in the CS committee room

Meeting was attended by:

1. Sh. Sanjay Gupta, Additional Chief Secretary (SJ&E) GoHP
2. Dr Aditi Raut Das, JS Ministry of Women & Child Development GOI (Virtually)
3. Dr. (Mr.) P. Ashok Babu, JS, MoHFW, GOI (Virtually)
4. Sh. Amitabh Avasthi Secretary (Health) GoHP
5. Ms. Rakhil Kahlon, Director (WCD)
6. Dr. Anita Mahajan, Director Health Services
7. Mr. Rakesh Bhardwaj Dy Director WCD
8. Dr. Gopal Beri Dy MD NHM HP
9. Virtually the same was attended by the Team from NITI Ayog, MOHFW GOI, MOWCD GOI, Unicef country office, MD NHM, All the Deputy commissioners, CMOs and DPOs .

At the outset, the Chief Secretary to the Government of Himachal Pradesh welcomed all the members and conveyed that as per the Budget announcement of Hon'ble Chief Minister HP for the year 2021-22, the State Government in collaboration with the NITI Aayog is preparing an action plan to deal with the problem of Malnutrition. A workshop was also held under the Chairmanship of the Hon'ble Chief Minister Himachal Pradesh on the 7th of December 2021 and it was decided that action plan for aspirational outcomes in nutrition interventions, coverage and outcomes be prepared for Himachal Pradesh and will be launched on Himachal Day, the 15th April 2022. He informed that a core group comprising of Director Women & Child Development, Mission Director National Health Mission, Deputy Commissioner Kangra, Deputy Commissioner Solan and Director Health Services has been constituted to prepare a draft plan.

Thereafter, Dr. Nipun Jindal, DC Kangra, made a detailed presentation regarding the roadmap for tackling the malnutrition in the state. He informed that earlier a meeting was held of the core group with Honble Member NITI Aayog on 9th February and based on the suggestions given, the way forward was being presented. He discussed in detail the problem statement and the determinants of

malnutrition. Two basic strategies – preventive and diagnostic/therapeutic strategies were explained in detail. He informed that the state is planning to adopt following seven pillar approach in the roadmap to deal with this situation :

1. Early detection and treatment of Diarrhoea and Pneumonia.
2. Intensified monitoring of identified high risk groups.
3. Special SNP-addition of protein rich food for high risk children and improved feeding practices.
4. Interventions for anaemia in Children.
5. Detection of High risk pregnancies particularly Hypertension and Anaemia.
6. Treatment and follow up of malnourished children.
7. Behaviour change strategies.

Each of the proposed pillars of the roadmap was discussed in detail. The copy of the presentation made is annexed as **Annexure A** with these minutes.

After the detailed presentation, Dr. Vinod Paul appreciated the efforts made by the state in developing the draft of the Action plan to deal with Malnourishment based on Seven Pillars. He also appreciated some of the innovative ideas mentioned in the Action plan. He applauded the suggestion to include Pneumonia in the present IDCF campaign and suggested that the same may be conducted three times in a year at an interval of 4 months and a road map be prepared for the same in convergence with Health, WCD and Education department. He suggested that these campaigns may be conducted first in the Month of July with the main focus on Diarrhoeal Diseases just before the start of Rainy season, second in the Month of November with main focus on Pneumonia and the third one may be in the Month of March/April.

He further suggested as the Line list of all the Children is available with the ASHAs and AWW, so two packets of ORS and 14 Zinc Tablets may be provided in every Household having children under 5 years of Age just before the start of rainy season. Simultaneously small workshops may be organised in every panchayat/Village with the focus on how to prepare ORS solution, how to administer the same and creating awareness about the related issues. He advocated this upfront ORS and Zinc strategy as part of IDPCF campaigns.

He emphasized that for Pneumonia treatment availability of Antibiotics (Tab Amoxycillin, Inj. Ampicillin, Inj. Gentamicin) must be ensured in every primary Health care institution and Health workers/CHOs must be trained to administer these in

children having signs/symptoms of Pneumonia even before referral. He further said that the paediatric Pulse oximeters must be available in all the peripheral institutions and staff must be trained to use them for early detection of Pneumonia. He suggested that these pulse oximeters maybe made available under CSR, if possible.

He appreciated the Innovation suggested by the State to establish Nutrition Help line by which online queries of both parents and health care providers may be answered 24X7 to tackle common problems.

He further suggested that under Intensified monitoring of identified high risk groups, focus must be on the Low Birth Weight babies and this pillar may be named as **Intensified Care of Low Birth Weights Infants and other identified high risk groups** to reinforce focus on LBW babies.

He suggested that in addition to HBNC and HBYC visits by ASHA workers, critical visits for children must be planned. During these visits ASHAs may make a teleconsultation call with the telemedicine hub or a telephonic call to nearby Medical Officer or CHO for consultation. He emphasized that all staffmembers must be aware that younger the child, higher is the risk; so more focus should be on the newborn children.

He suggested that IEC and BCC activities need to be focussed on the Pooran Aahar, Complementary feeding, Adequate feeding etc. He suggested that ECD (Early Childhood Development) call center should be strengthened and ECD call services should be extended to all the pregnant and lactating mothers in the state.

He informed that under Anaemia Mukh Bharat programme, IFA syrup/Tab are being provided to all the children from the age of 6 months and to the women of reproductive age group but still the prevalence of Anaemia is very high. He emphasized that anaemia needs a special focus and in the age group of 6-60 months, opportunistic testing for Anaemia may be started. Further for age group 5-9 years and 10-19 year once a year haemoglobin testing of all the children must be done and if any child is found anaemic, then system needs to be developed for monitoring treatment for such children and regular follow up to see response of treatment. Similarly, during pregnancy, anaemia testing needs to be done regularly and in case of need, injectable Iron should be administered at the appropriate time. He further emphasized that as haemoglobin testing by SAHLI method at the peripheral level is not being done properly, may be due to any reason like nonavailability of the material,

Skill of the worker, Subjectivity etc., it is high time that we should provide Digital Haemoglobinometers in all the primary Health care institutions (PHCs and HSCs) as well as to RBSK teams.

Dr. Shashi Kant further emphasized that under AMB, there is target to reduce Anaemia prevalence @ 3% every year. There should be availability of Injectable Iron at all the peripheral level Health institutions and Prophylactic IFA should also be available at all the levels. He informed that coverage of IFA prophylaxis in schools for IFA Pink as well as IFA Blue is less, so Education Department can play a big role in this. Dr Vinod Paul reiterated the same and suggested that there should be a designated Nodal teacher in the school. Training to all the nodal school teachers may be imparted and focus should be on coverage of whole school on a fixed day every week for IFA Pink and Blue ingestion. Nodal Teacher should also take care of the children tested Anaemic by RBSK teams or otherwise. He also stressed the need for Anaemia prophylaxis in the Non pregnant women as well.

Dr. Sheela Deb from CH Division MOHFW GOI informed that State has already proposed three IDCF rounds and division has recommended the same during NPCC. She further informed that coverage of IFA to the pregnant women in the State is good whereas the coverage of IFA prophylaxis in the under 5 children is very less whereas in Age group 5-9 years, it is about 23% and in 10-19 years it is 39 %. Coverage of IFA prophylaxis needs to be improved. She pointed out that State has not utilised the funds provided for IEC for CH programmes. She suggested that lots of IEC material has been developed at the Ministry level so the same may also be used for the awareness campaign in the state. She informed that funds for the Haemoglobinometers are already approved. She informed that the utilisation of the NRCs in the state is poor, which needs to be improved. She pointed out in particular that the performance of NRC Mandi is very poor.

Ms. Aditi Das Rout, Jt Secretary WCD GOI stressed upon the need for quality check of the nutrition being provided through the Anganwari centers. She also stressed that the Human resource under POSHAN Abhiyan needs to be strengthened.

Mr Arjan De waqt from UNICEF office stressed upon the need to focus on first 1000 days of child life as well as on continuum of care. He suggested that as nutrition or Anaemia campaign will be involving different Ministries as well as

different departments within the same Ministry so there must be some functional interface involving all. He consented that UNICEF will help the State in the BCC activities.

Dr Vinod Paul suggested that all the cross cutting themes should be elaborated and there is need of better coordination between the Health and WCD department. He further emphasized that Education Department can play a very vital role in this campaign and that there can be steering committee or monitoring mechanism involving the core departments (Health, WCD and Education, including academia) at the State and District level.

He further suggested that all the activities like Launch, Trainings, Supply of commodities, Monitoring meetings etc (covering the activities of preparatory phase and Implementation phase) may be plotted on the Gantt chart so that the progress may be monitored.

Addl Secretary NITI Ayog Sh. Rakesh complimented the State for taking this initiative. He suggested that we must focus on how to identify wasted, stunted, malnourished, anaemic children at the early stage. He pointed out that there are many indicators indicated in the NFHS report like about 30 % Pregnant women not getting the 4 ANC's, only 43 % women consuming IFA for 180 days when they were pregnant, average OOPE for institution deliveries being Rs 3760/- (which should be nil), about 23% children not getting all doses of Vit A, only about 45% children being breast fed within one Hour after birth when institutional deliveries are around 88-90%, around 70% children being exclusively breast fed for 6 months, unmet need of contraceptives as high as 10%. He suggested that the State needs to look into all these indicators and try to address various involved issues.

After due deliberations, the Chief Secretary directed DC Kangra, Dr Nipun Jindal to incorporate the suggestions made by Dr. Vinod Paul and other participants in the draft plan as well as in his presentation and share the same. He further emphasized that there is need of more coordination and collaboration between Health and WCD department for implementation of the programme at the field level. He suggested that state may consider to incentivize more number of joint visits to be made by ASHA and AWW. He stressed that there is need of more coordination between ASHA and AWW at the field level, BMO and CDPO at the Block level, CMO and DPO at the district level.

He also stressed the need to monitor and stock taking of the essential commodities like Antibiotics, ORS, ZINC etc. so that there is no stock out. He directed that procurement of Haemoglobin meters should be ensured at the earliest. He stressed upon the need of Digital Monitoring and integration of the DATA being collected by Health and WCD department.

He further directed all the DCs and CMOs to identify all the Households with Children less than 5 years of age and to provide them 2 packets of ORS and 14 Tab of ZINC before the start of rainy season, as has been discussed. Similarly supplies for pneumonia treatment should also be ensured beforehand. CS also directed to plan for integrated campaigns of Diarrhoea and Pneumonia as discussed.

He desired the Monitoring and Implementation teams to be constituted at all the levels. Field Level Team will comprise of AWW, ASHA and School Teacher. Block Level Team will be led by the SDM and members comprising of BMO, CDPO, BPEO and BDO. District level Team will be Led by DC and members comprising of CMO from Health, DPO from WCD Dept. and Dy Director Education in the district. He stressed that field staff needs to be trained and skilled. As there is no structured training programme for AWW and ASHA workers in this regard, it should be planned and calendar for all the activities be prepared, implemented and monitored at the district/block level. Refresher trainings and certifications be carried out for assessment of the skills of the grassroot functionaries and modules be developed by respective departments. He directed the State team to work out the finer details in each component including the financial implications and develop it into a comprehensive policy document for implementation within one month.

At the end, the Chief Secretary thanked Dr. Vinod Paul and the team from NITI Aayog, MOHFW GOI, Ministry of WCD GOI, UNICEF Country office and all other participants for their inputs and reiterated the resolve of the State to end malnutrition.

The meeting ended with a vote of thanks.

Approved by
Sd/-
(Ram Subhag Singh)
Chief Secretary to the
Government of Himachal Pradesh

4-3-22

MISSION DIRECTOR (NHM)
24 FEB 2022
Shimla-9 (H.P.)

Endst No. E-13705 NHMHP-CH0ICDS/2/2019-CH-Section 809 Dated

Copy forwarded for information and necessary action to:

1. The Addl. Chief Secretary (Rural Development) to GoHP Shimla-2
2. The Addl. Chief Secretary (SJ&E) to GoHP, Shimla-2
3. The Joint Secretary (WCD) Ministry of WCD to Govt. of India, New Delhi
4. The Joint Secretary (Health) Ministry of H&FW to Govt. of India, New Delhi
5. The Principal Secretary (Education) to GoHP, Shimla-2
6. The Secretary (Health) to GoHP, Shimla-2
7. The Director (WCD) GoHP, Cedar home, Brentwood Estate, Bamloe, Shimla-1
8. The Director, Health and Family Welfare, Kasumpti, Shimla-9
9. The Director, Medical Education & Research, Kasumpti, Shimla-9
10. The Director (Higher Education) Lalpani, Shimla-1
11. The Director (Elementary Education) Lalpani, Shimla-1
12. The Dy. Director (WCD) Cedar home, Brentwood Estate, Bamloe, Shimla-1
13. All the Deputy commissioners of Himachal Pradesh
14. All the Chief Medical Officers of Himachal Pradesh
15. All the District Program Officers (Child Health) Himachal Pradesh
16. PS to Chief Secretary to GoHP, Shimla-2

22109666
4-3-22
Himachal Pradesh

(Hemraj Bairwa)
Mission Director
National Health Mission
Himachal Pradesh

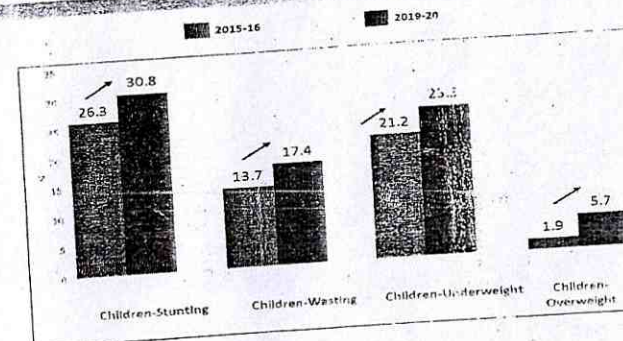
(Rakhil Kahlon)
Director
Women and Child Development
Himachal Pradesh

General Branch
Planning

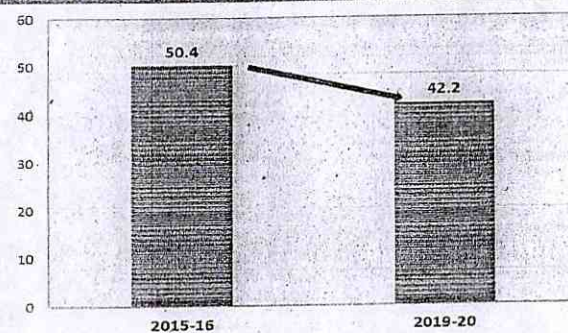
Smt. Ritesh
Dul
4/3/22

IMPROVEMENT IN CHILDHOOD NUTRITION IN HIMACHAL PRADESH - A ROADMAP

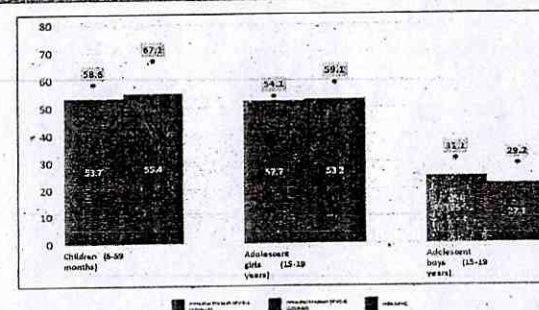
PROBLEM STATEMENT



Anaemia amongst pregnant Women



Anaemia among Children & Adolescents



Determinants and strategies

Malnutrition : Web of Causation

Basic Determinants(women's status, sanitation and hygiene,
food security, socio economic conditions)



Immediate Determinants (breastfeeding, nutrient rich diet,
caregiving practices, infectious disease)

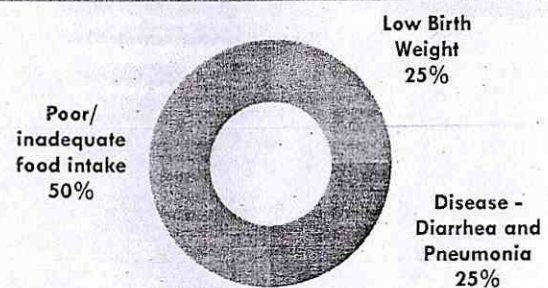


Improper Foetal development & Child Nutrition

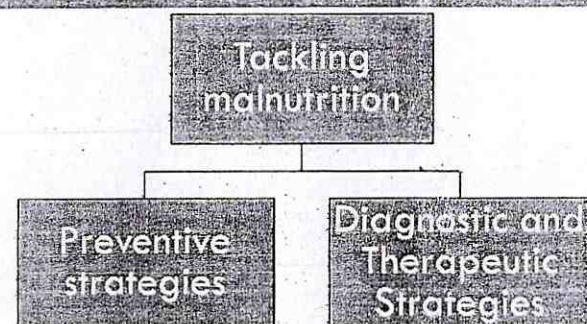


Chances of malnutrition in a child

Contributors of Child Malnutrition



Strategies



Roadmap

Components of the Roadmap

- Early detection and treatment of Diarrhoea and Pneumonia
- Intensified care of LBW Infants and other identified high risk groups
- Special SNP – addition of protein rich food for high risk children and improved feeding practices
- Interventions for anemia in children
- Detection of High Risk Pregnancies particularly Hypertension and Anemia
- Treatment and follow up of malnourished children
- Behaviour Change Strategies

Early detection and treatment of Pneumonia

- NFHS-5 -14.6% of children with ARI received antibiotics in HP
- Pneumonia contributes to growth lag during the period of disease and after
- IMNCI Guidelines(Simple to Detect, Triage & Treatment)
 - Severe Pneumonia
 - Pneumonia
 - No Pneumonia

Focus needed on

- Reorientation and capacity building of ASHAs, ANMs CHOs & Medical Officers
- Sustained Hand holding of caregivers at the grass-root level by e-OPD or other modes like Whatsapp groups
- Adequate stockpiling of Oral Amoxicillin dispersible tablets/syrup and Ampicillin & Gentamycin in all the peripheral health institutions
- Availability of paediatric/neonatal pulse oximeters at the Subcentre and PHC level
- Prompt and appropriate referral in case of severe disease to 24 hrs functional health facility with assured availability of Services

Early detection and treatment of Diarrhea

- NFHS-5 - In Himachal Pradesh 73.7% cases of diarrhea received ORS.
- 19.5% of the children with diarrhea received Zinc.
- Diarrhoea and malnutrition operate in a vicious cycle.
- Prompt interventions are needed to prevent the child from falling into this cycle.

Focus needed on

- Strengthening existing system by trainings of all health care workers as per IMNCI Guidelines
- Emphasis on good hygiene practices through ASHAs, AWWs, ANMs, Media and PRIs
- Sustained behavior change strategy.
- Early categorisation of diarrhoea to facilitate prompt referral and management
- Strengthen referral services.

Intensified Diarrhea Pneumonia Control Fortnight

- IDCF is currently observed once a year
- Another facet can be added to IDCF i.e. Pneumonia Control and IDPCF(Intensified Diarrhoea Pneumonia Control Fortnight)
- Dissemination of IEC regarding these diseases and *Poshan* during these fortnights.

Intensified Diarrhea Pneumonia Control Fortnight

- To be conducted three times in a year at an interval of 4 months
 - Conducted first in the Month of July with the main focus on Diarrhoeal Diseases just before the start of Rainy season
 - Second in the Month of November with main focus on Pneumonia
 - Third one may be in the Month of March/April.
- Upfront ORS and Zinc strategy
 - Two packets of ORS and 14 Zinc Tablets may be provided in every Household having children under 5 years of Age just before the start of rainy season
 - Small workshops to be organised in every panchayat/Village with the focus on how to prepare ORS solution, how to administer the same and creating awareness about the related issues.

Intensified care of LBW Infants and other identified high risk groups

- Low Birth Weight, causal factor for malnutrition in 25% cases of malnourished children.
- Pneumonia and Diarrhoea in children contribute to another 25% of childhood malnutrition.
- Quality Care of newborns for first 1000 days of life is important.
- HBNC & HBYC do not provide for intensified monitoring of high risk groups.

Focus needed on

- Monitoring visits after HBNC, till 2 years of age in case of LBW and SNCU follow ups, monthly basis
- In case of a recent episode of pneumonia/diarrhoea , home visits at monthly interval for a period of 6 months after the episode.
- Joint visit by ASHA and Anganwadi worker of the area.
- On Visit the information must be filled in the MCP cards, RCH portal and Poshan Tracker.

- Digitized monitoring format to be uploaded on Mukhya Mantri Bal Kuposhan Mukh Himachal Abhiyan application.
- Incentivization of the activity.
- The outcomes of the visits shall be measured in terms of Child health and nutrition indicators.
- Provision of KMC binders – community based provision for children not admitted through SNCU. For SNCU admissions, KMC binders to be provided as before.

- **NUTRITION HELPLINE** – can be established as a sub set of ECD or as a parallel system
- To be manned by Doctors and dieticians
- 24x7
- Will serve as a ready reckoner for health care givers and public as well
- Upscaling of ECD call centre

- Critical visits for children must be planned.
- During these visits ASHAs may make a teleconsultation call with the telemedicine hub or a telephonic call to nearby Medical Officer or CHO for consultation.
- *Younger the child, higher is the risk*

Special SNP – addition of protein rich food for high risk children and improved feeding practices

- Provision of *dalia* & *Khichri* amongst other items as supplementary nutrition for the children aged 0-6 years by ICDS dept.
- No provision of providing extra nutritious food to HRGs
- Under the MMBKMHA, special SNP shall be provided thrice a week e.g.
 - eggs/dairy products
 - Amla candies
 - soyabean
 - RUTF (in form of protein energy rich bars)

- Age group of 6-60 months - opportunistic testing for Anaemia
- For age group 5-9 years and 10-19 year - once a year haemoglobin testing of all the children
- If any child is found anaemic, then system needs to be developed for monitoring treatment for such children and regular follow up to see response of treatment.

IFA prophylaxis

- Diligent monitoring of prophylaxis ingestion
- Nodal teacher designation
- Capacity building

Interventions for anaemia in children

- Already running under Anemia Mukh Bharat strategy
 - Prophylactic IFA supplementation
 - Deworming
 - Intensified Behaviour Change Communication Campaign
 - Point of care treatment
 - IFA fortification in Govt funded public health programmes
 - Awareness and IEC

Focus needed on

- Digital Haemoglobinometers at Sub-centres and PHCs and with RBSK teams for children and pregnant women
- Screening of students by RBSK teams.
- ANC check ups of pregnant women at health facilities
- Line list of the all children to be maintained – involvement of Education Department

Detection of High Risk Pregnancies particularly Hypertension and Anemia

In India, 20-30% pregnancies belong to high risk category

High risk pregnancy - conditions of anemia and hypertension



Intrauterine growth retardation



Subsequent LBW and childhood malnutrition

Focus needed on

- High risk pregnancy monitoring on a monthly basis to be facilitated by ASHA
- Timely referral to appropriate level of care in case of non improvement after initiation of treatment
- Timely shifting to injectable forms of iron/blood transfusion depending upon the stage of pregnancy and the degree of anemia

Treatment and follow up of malnourished children

- Emphasis is to be given on the linkage between the Community and the NRC for swift referral system.
- Screening by AWW for 2 years on monthly basis.
- AWW to ensure linking of labelled SAM/MAM with health system.
- Scaling up of NRCs – at least one in each district
- Linking of ASHA with the discharged child
- ASHA & AWW to make sure that the prescribed diet is being followed
- Digitization of information onto an Application

Behaviour Change Strategies

- General behaviour change measures shall be focused on the IEC
- Engaging community for adoption of healthy eating & cooking
- Enabling the mothers for provision of appropriate diet
- Helping to choose the ingredients from locally available resources
- Local influencer for IEC activities to increase the acceptance
- School based approach
- Demonstrative videos to be shown to parents/caretakers of HRG

- Specific measures are to be used for high risk group beneficiaries(SAM/MAM or Anemic)
- Supervision by AWW/ASHA/ANM, of prescribed feeding practices
- Nutrition counsellor to enable the mothers by reemphasizing on nutrition advice
- Mention of specific food items
- Combined group discussion with beneficiaries
- Involvement of local NGO or Self Help Groups

Kuposhan Rahit Panchayats

- Panchayats can be declared if all the Outcomes are fulfilled in that panchayat
- Incentivization of Kuposhan Rahit Panchayats

Monitoring mechanism

- Cross cutting Steering committee or monitoring mechanism involving the core departments (Health, WCD and Education, including academia) at the State and District level.
- Monitoring and Implementation teams at Field, Block and District Level

Monitoring mechanisms

- Launch, Trainings, Supply of commodities, Monitoring meetings etc (covering the activities of preparatory phase and Implementation phase) be plotted on the Gantt chart so that the progress may be monitored.

Monitoring mechanisms

- Structured training programme for AWW and ASHA workers
- Refresher trainings and certifications be carried out for assessment of the skills of the grassroots functionaries and modules be developed by respective departments.

Thanks