

# **POSHAN Abhiyaan**

PM's Overarching  
Scheme for Holistic  
Nourishment



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**सही पोषण – देश रोशन**

## **STATE CONVERGENCE PLAN**

**By**

**Department of Social Justice &  
Empowerment**

**Directorate of Women & Child Development  
Himachal Pradesh**

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## 1.0 Introduction:

National Nutrition Mission renamed as POSHAN Abhiyaan was launched on 8<sup>th</sup> March, 2018 by the Hon'ble Prime Minister of India at Jhunjhunu in Rajasthan. In Himachal it was started on 14<sup>th</sup> April 2018 at Solan by the Hon'ble Chief Minister and four districts viz Chamba, Hamirpur, Solan and Shimla were covered in first phase under the Abhiyaan. Now the Govt of India, Ministry of Women & Child Development has approved District Una in 2<sup>nd</sup> phase of implementation of POSHAN Abhiyaan



### Districts selected under Poshan Abhiyaan

State	District	Number of ICDS projects	Number of AWCs	No of Supervisors
Himachal Pradesh	Chamba	7	1495	61
	Hamirpur	6	1351	59
	Shimla	11	2154	88
	Solan	5	1281	55
	Una	5	1364	59
	<b>Total</b>	<b>34</b>	<b>7645</b>	<b>322</b>

## 2.0 Aim of the Poshan Abhiyaan


POSHAN Abhiyaan aims to reduce malnourishment in a phased manner through life cycle approach by adopting synergized and result oriented approach. The Abhiyaan will ensure mechanisms for timely service delivery and robust monitoring as well as intervention infrastructure.



### 3.0 Target and Objectives of the Poshan Abhiyaan

Targets	
Prevent & reduce Stunting children (0- 6 years)	@ 2% per annum
Prevent & reduce under-nutrition children (0-6 years)	
Reduce Low Birth Weight	
Reduce anemia young Children(6-59 months) Women & Adolescent Girls – 15 to 49 years	@ 3% per annum

bring down stunting of children- 0-6 years from 38.4% to 25% by the year 2022



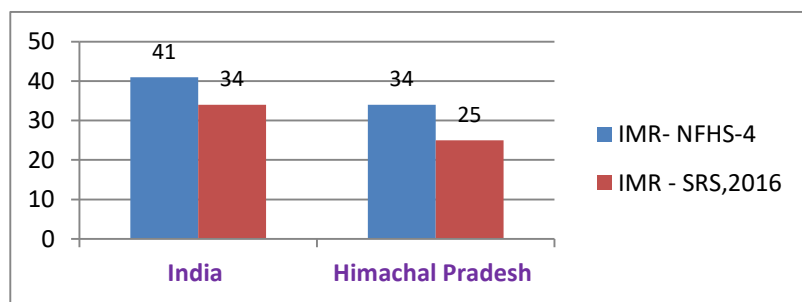
### 4.0 Necessity of Convergence under POSHAN Abhiyaan

POSHAN Abhiyaan provides an inherent platform for convergence among Departments as well as schemes and programmes. The targets set to be achieved for reduction in malnutrition and anemia warrant a comprehensive approach cutting across programmes and schemes to ensure service delivery, monitoring of services and interventions wherever required.

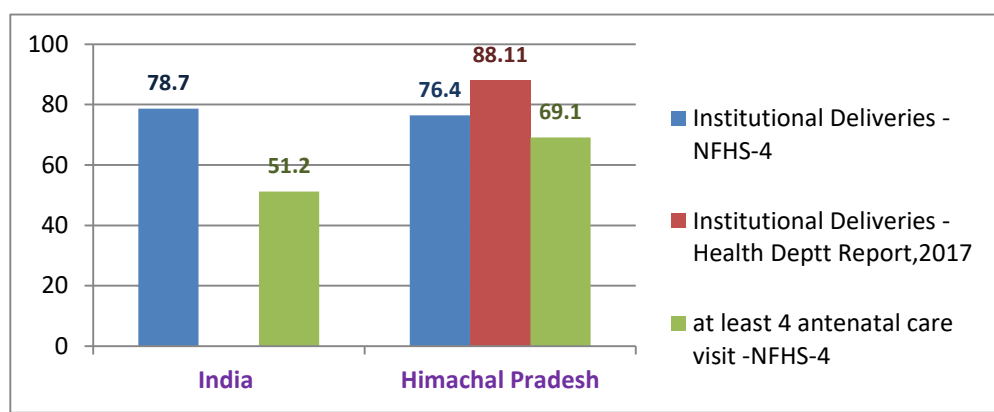


## 5.0 Health and Nutrition in Himachal Pradesh – A Situation Analysis

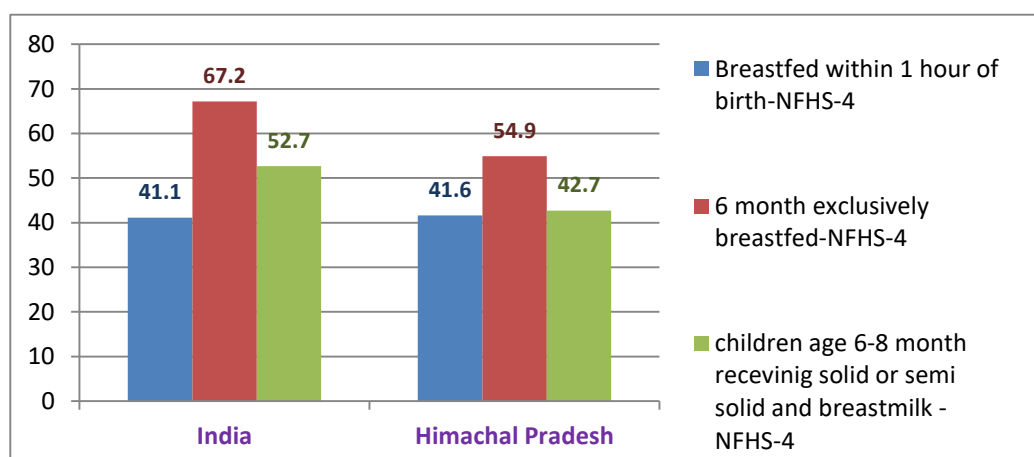
### 5.1 Trends in Infant Mortality Rate (per 1000 live birth)



### 5.2 Maternity Care (%)

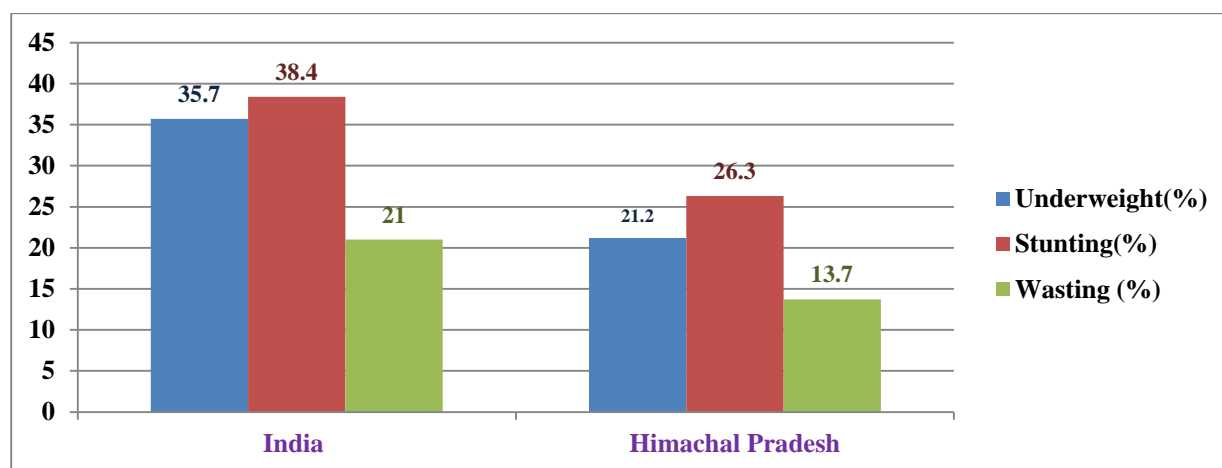


### 5.3 Child feeding practices (%)



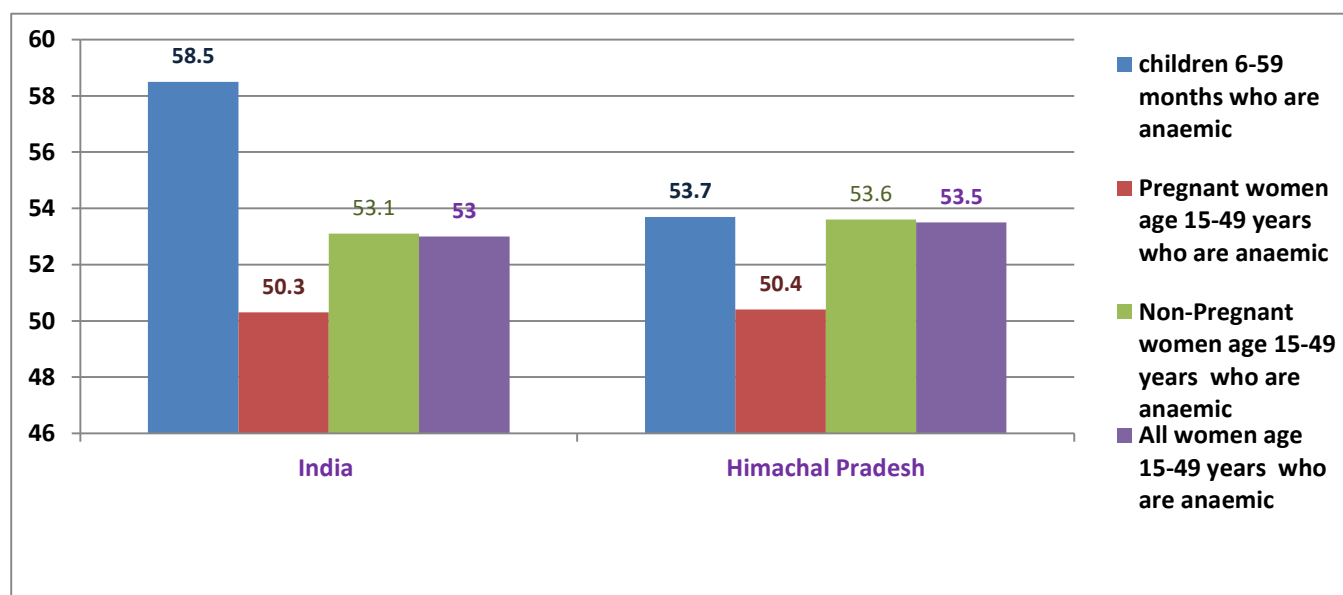
## 5.4 Nutritional status of children (%)

The latest NHFS-4 (2015-16) data shows that in the last 10 years, overall child nutrition status in Himachal Pradesh has improved. But despite progress in malnutrition reduction in the State, 21.1% of young children remain underweight, 26.3 % of children are stunted and 13.7 % of children are wasted.

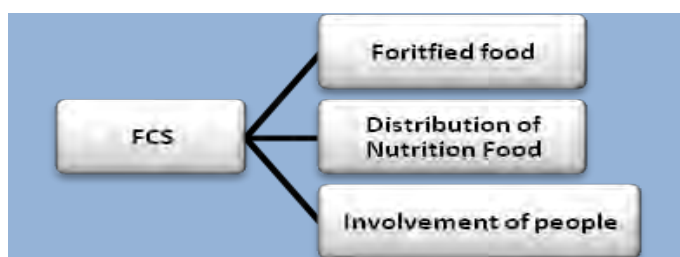
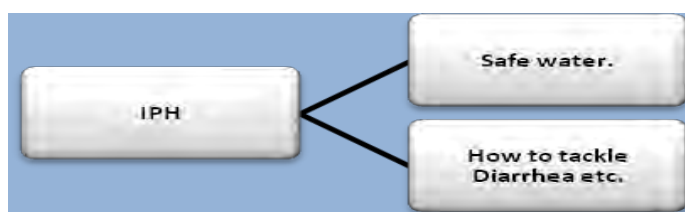
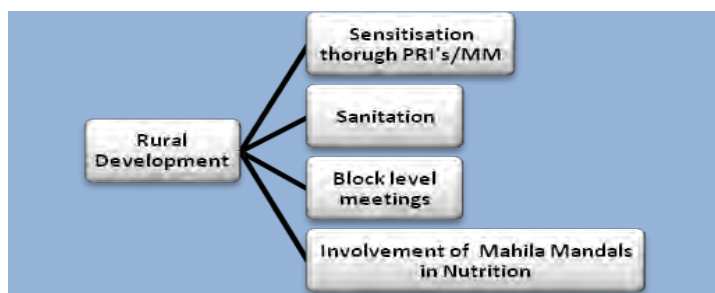
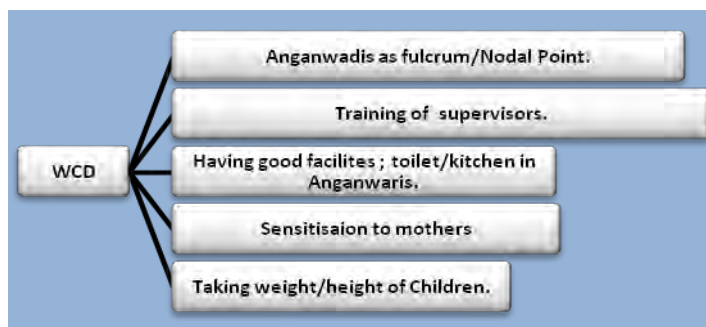


## 5.5 Anaemia among children and adults

Prevalence of anaemia amongst children, pregnant and non-pregnant women in the State of Himachal Pradesh is comparable to the national figure pointing to the long road ahead....



## 6.0 Multi Sectoral Convergence under POSHAN Abhiyaan



## 7.0 Key Focus Areas

POSHAN Abhiyaan through convergent actions will ensure concentrated efforts on improving the nutrition of infants and young children from conception through the first two years of life. Through multi-sectoral convergent action, the programme will strive to facilitate focused attention to core interventions from amongst the pool of existing programmes, in every habitation of the selected five districts in the State of Himachal Pradesh for reducing maternal & child undernutrition and anaemia:

- (i) Detection and registration of pregnancy;
- (ii) Ensuring timely antenatal care and post natal care of pregnant woman;
- (iii) Addressing maternal undernutrition & low birth weight;
- (iv) Improving infant young child nutrition and feeding practices;
- (v) Ensuring proper growth monitoring of all children, addressing growth faltering at its earliest;
- (vi) Addressing iron deficiency and anaemia and controlling of Micronutrient Deficiency among children, adolescent girls and mothers;
- (vii) Strengthening health services, drinking water and sanitation facilities and hygienic interventions and education;
- (viii) Household food security–strengthening food supplementation programmes;
- (ix) Augmenting production of locally available nutritional food production, pulses production, vegetables, poultry, fish, meat, milk and milk products, etc.;
- (x) Strengthening policy, coordination and convergence for improved nutrition outcomes;
- (xi) Monitoring nutrition interventions and strengthening nutrition surveillance;
- (xii) Strengthening training and capacity building of field functionaries Health, PRIs and WCD;
- (xiii) Strengthening health & nutrition awareness
- (xiv) Awareness generation amongst women & mothers do that they can avail health & nutrition and other related services under different schemes being implemented by the various line Departments and
- (xv) Strengthening livelihoods through MGNREGS, NRLM & National Skill Development Mission etc.;



## 8.0 Intervention to be done under Poshan Abhiyaan

Convergence is required within various services provided at different growth stages of pregnancy and early child life including the crucial intervention packages available for the first 1000 days of childbirth, pre and post-delivery support to mothers provided by different Departments.

**The different interventions under POSHAN Abhiyaan will be as under:**

SN	Interventions	Parameters	Department
1	Antenatal check-up and Care of Pregnant Women	(%) of those pregnant women out of total registered who have been registered in first trimester.	WCD, Health
		(%) of sub centres (out-reach facilities) where enough place is available for ANC.	WCD, Health
		(%) of Female Health Workers (ANM) who are trained for ANC Check-up .	WCD, Health
		(%) of mothers who have received complete IFA Tablets.	WCD, Health
		(%) of Pregnant Women who have immediately been provided Albendazole Tablets after first trimester.	WCD, Health
		(%) of registered pregnant women who have been provided 360 tablets of calcium.	WCD, Health
2	Breast feeding and Home-based New Born Care (HBNC)	(%) of institutional delivery (mothers) who have breast-fed her new born within one hour after delivery .	Health , WCD, Ayurveda
		(%) of New born babies visited by Heath/ASHA workers for appropriate as HBNC	
		(%) of lactating mothers (Children 6 months) who have been contacted by ASHA Workers on continuous breast feeding subject.	
3	Complementary Feeding and Home-based Care for Young Child (HBYC)	(%) of AWCs where demo sessions have been organized by health and WCD field functionaries for targeted beneficiaries to provide adequate on complementary feeding.	WCD ,Health, Ayurveda
		(%) of 6 months to 24 months children's mothers who have been contacted by ASHA Workers and AWWs given adequate counselling on complementary feeding, Nutrition diversity and cleanliness during home visits .	WCD ,Health
		(%) of mothers who have been sensitized on energy density & diet of children aged between 3 to 15 months by ASHAs / Anganwadi workers (AWW) during home visits as prescribed under HBYC.	WCD ,Health
		(%) of children registered under SNP/THR who have been issued nutrition above 21 days.	WCD
4	Clean and safe drinking water	(%) of AWCs where safe drinking water is available.	WCD ,IPH

		(%) of Health Sub Centres where safe drinking water is available.	IPH ,Health
		(%) of schools where safe drinking water is available.	Elementary, Higher Education ,IPH
		(%) of Villages and Town wards where safe drinking water supply is available.	IPH ,RD,UD
5	Improvement of Cleanliness and sanitation	(%) of village and Town Wards which have been declared as open defecation free (ODF) .	RD,PRI
		(%) of households who have adequate facilities/ management of Toilet and Cleanliness.	UD,PRI
		(%) of AWCs who have adequate facilities/ management of Toilet and Cleanliness.	WCD
		(%) of Health Sub Centres who have adequate facilities/ management of Toilet and Cleanliness.	Health
		(%) of school who have adequate facilities/ management of Toilet and Cleanliness.	Elementary, Higher Education
6	Personal Hygiene	(%) of AWCs where soap and safe drinking water is available.	WCD ,IPH
		(%) of Health Sub centres where soap and adequate water is available for hand washing for beneficiaries.	Health ,IPH
		(%) of schools where adequate soap and safe water available for hand washing for school children and staff	Elementary, Higher Education, IPH
7	Vitamin A Supplementation	(%) of 6 months to 6 years children to whom Vitamin A Supplement provided during May and November every year.	WCD, Health, Ayurveda
8	IFA supplementation in children	(%) of 6 month to 59 months children who were given 7-10 doses of 1 ml of IFA Syrup during previous week.	WCD, Health, Ayurveda , Food Civil Supplies
		(%) of AWCs where IEC material on anaemia prevention, IFA supplementation distributed	WCD
		(%) of PDS shops where IEC material on anaemia prevention, IFA supplementation distributed	WCD
		(%) of Panchayats where IEC material on anaemia prevention, IFA supplementation distributed	WCD
9	De worming under 1-19 years Children	(%) of 1-19 year children who were given cycle of Albendazole (dose/tablets) in May and November of every year.	WCD, Health, Elementary, Higher Education, Ayurveda
10	Complete Immunization of Children	Percentage of children less than one year with complete immunization under Mission Indradhanush.	WCD, Health
		Percentage of children 1-5 years with complete immunization under Mission Indradhanush. .	WCD, Health
		Percentage of children above 5years with complete immunization under Mission Indradhanush. .	Health, Elementary, Higher Education,
11	Dose of Iron Folic	(%) of Targeted AGs of 6-19 Years who were	WCD, Health,

	Acid for Adolescent Girls, Women under reproductive age group and Pregnant Women	benefited under WIFS Programme and who were given at least 4 blue Iron Tablets during previous month.	Elementary & Higher Education, Ayurveda
		(%) of Targeted Women of 20-24 Years who were given at least 4 blue Iron Folic Acid Tablets during previous month.	WCD, Health, Ayurveda
12	Calcium Supplement to Pregnant Women	(%) of Pregnant Women who Consumed 360 Calcium Tablets during pregnancy.	WCD, Health, Ayurveda
13	Growth Monitoring and Motivation	(%) of (0-72 Month) children who were weighed during every month during last three months.	WCD, Health
		(%) of (0-72 Month) Children whose length measured once during last three months.	WCD, Health
		(%) of children identified whose weight decreased continuously and the guardian of the children contacted and counselled properly by the supervisor.	WCD, Health
		(%) Of AWCs visited by Health functionaries/RBSK groups during last month.	WCD, Health
		(%) of AWCS where growth charts are available for recording the growth monitoring of children 0-5 years.	
14	Management of Diarrhoea – Jivan Rakshak Ghol (ORS) and Zinc Supplements	(%) of 0-60 months children who have received ORS during Diarrhoea from the functionaries of WCD, Health .	WCD, Health, RD
		(%) of 0-60 months children who have received/given Zinc supplements during diarrhoea.	WCD, Health, RD
15	Management of Moderate Malnutrition	(%) 6 months to 36 months Children who have been identified as Moderate Malnourished.	WCD, Health, RD
		(%) of identified Moderate Malnourished children who have shown improvement in their nutritional status after nutritional supplementation intervention of the community	WCD, Health
16	Management of Severe Malnutrition	(%) of 6 months to 36 months Children who have been identified as severe Malnourished.	WCD, Health
		(%) of identified severely malnourished children who have been referred to Nutritional Rehabilitation Centres(NRCs).	WCD, Health
		(%) of identified Severely malnourished who have shown improvement in their nutritional status in NRCs.	WCD, Health
17	Behaviour change communication/ Nutrition Education	(%) of AWCs where Community Based activities have been organized during past three months.	WCD, Health, IPH, RD, PR, Education
		(%) of AWCs where Mothers and Members of Self Help Groups have participated in Community Based Events.	WCD, Health, IPH, RD, PRI, Media
		(%) of AWCs where Community and other members of group have organized public movements programmes .	WCD, Health, IPH, RD, PRI, Education
		(%) of District /Block/Sector where Mass media campaign have been organized during last one year.	WCD, Health, IPH, RD, PRI, Education, Media
18	Incremental learning	(%) of Sectors where fixed ILA session have been	WCD, Health, IPH,

	approach –I.L.A	organized .	RD, PRI,
		(%) of AWWs who have got complete training on the basis of fixed ILA module during the last three months .	WCD



## 9.0 MONITORABLE TARGETS FOR CONVERGENCE ACTION PLAN

### 9.1 Promoting health and nutrition

1	• Antenatal check-ups
2	• Institutional deliveries
3	• Breastfeeding
4	• Complementary feeding
5	• Growth monitoring and promotion

- Breastfeeding within 1 hour of delivery
- Exclusive Breastfeeding till 6 months and to be continued till 2 years.
- Complementary feeding to be initiated at 6 months of age.
- Weight and Height of Children 0-6 years.
- Growth monitoring of SAM

#### 1 Antenatal check-ups

S N	Index	Baseline Health Data)	Targets		
			2018	2019	2020
1	Out of total ANC registered % registered within 1 <sup>st</sup> trimester (within 12 Weeks).	80%	87%	93%	97%
2	% of outreach facilities with space available for conducting ANC check-up.	94%	97%	98%	100%
3	% of ANMs who are trained on ANC care.	100%	100%	100%	100%
4	% of mothers provided a full course of full IFA tablets during pregnancy.	84%	89%	94%	100%
5	% of pregnant women (PW) given one albendazole tablet after the 1st trimester, from any ANC contact point.	69%	89%	94%	97%
6	Percentage of Pregnant Women (registered) given 360 calcium tablets from any ANC contact point.	77%	85%	91%	97%

SN	Key bottlenecks	Specific Action	Driven by the Department
1	Creation of awareness amongst pregnant women, lactating mothers and their family members regarding benefits of early registration of pregnancy .	<ul style="list-style-type: none"> <li>• IEC and more inclusive approach through special drives at local level through Mahila Mandals along with AWW/ASHA.</li> </ul>	WCD ,Health and Family Welfare and Panchayati Raj.

2	Better facilities for ANC at sub-centre level.	<ul style="list-style-type: none"> <li>To ensure proper health facilities at Health Sub-centres .</li> <li>To ensure proper infrastructure at Health sub-centres.</li> </ul>	Health and Family Welfare.
3	Better monitoring and tracking of target group .	<ul style="list-style-type: none"> <li>Monitoring through ICDS-CAS and regular alerts for beneficiaries and ASHA workers for effective tracking.</li> <li>Coordination between ASHA/ANM and AWW at village level.</li> </ul>	WCD, Health, Ayurveda

## 2. Institutional deliveries

SN	Index	Baseline Health Data)	Targets		
			2018	2019	2020
1	% of Institutional deliveries.	84%	89%	94%	97%
2	% children with birth weight <2.5 kg.	7%	6%	4%	2%

S N	Key bottlenecks	Specific Action	Driven by the Department
1	Greater awareness among pregnant women and Community regarding the benefits of Institutional deliveries.	Awareness about PMMVY, Janani Surksha Yojana and other Health schemes.	WCD and Health and Family Welfare, Ayurveda
2	Better facilities / Staff for Institutional deliveries at PHC and CHC.	To ensure facilities and staff at PHC and CHC through Health Department.	Health and Family Welfare.
3	Availability of ambulances .	To ply more number of vehicles being addressed through 102 & 108.	Health and Family Welfare.

## 3. Breastfeeding

S N	Index	Baseline ICDS Data)	Targets		
			2018	2019	2020
1	% of mothers with 6-months old baby that receive an ASHAs /AWWs home visit and get counselling on continued exclusive breastfeeding till 6 months.	96%	99%	100%	100%
2	% of mothers who started start breastfeeding their child within one hour of delivery..	77%	80%	83%	85%
3	% of mothers who exclusively breastfed for 6 months .	80%	84%	87%	90%

SN	Key bottlenecks	Specific Action	Driven by the Department
1	<ul style="list-style-type: none"> <li>Hindrance in breastfeeding due excess domestic and outside work</li> <li>To create awareness amongst the mothers about the importance of breastfeeding.</li> </ul>	<ul style="list-style-type: none"> <li>Awareness generation about the importance of breastfeeding to pregnant &amp; lactating mothers and to the family members by the ASHAs/AWWs during the home visits .</li> <li>Regular orientation of AWW/ASHA on successful breastfeeding of mothers.</li> </ul>	WCD and H&FW.
2	<ul style="list-style-type: none"> <li>Prevalence social taboos in remote areas such as administration of honey, ghutti to the child immediately after the birth, to avoid colostrums feeding to the child, child face is not shown to outsiders for 6 months , weighing is not done for 6 months etc.</li> </ul>	<ul style="list-style-type: none"> <li>Engaging influential people of communities for behaviour change.</li> <li>Interpersonal communication and IEC of the primary and secondary target groups.</li> <li>IEC of children</li> </ul>	WCD, H&FW, PRI and Education department.

#### 4. Complementary Feeding

S N	Index	Baseline ICDS Data)	Targets		
			2018	2019	2020
1	% of Anganwadi centres where at least one feeding demonstration and counselling session during the last month has been organized during the month.	90%	100%	100%	100%
2	% of mothers with children between 6-24 months who were visited by ASHA/AWWs at least once in last two months to promote timely and appropriate complementary feeding (dietary diversity, frequent feeding, feeding hygiene and early stimulation).	85%	90%	94%	98%
3	% of registered children 6-36 months who received SNP (THR) for 21 days in the last month.	98%	100%	100%	100%

SN	Key bottlenecks	Specific Action	Driven by the Department
1	<ul style="list-style-type: none"> <li>To motivate mothers to follow proper IYCF practices.</li> <li>To motivate mothers for initiation of complementary feeding after completion of 6 months age of child .</li> <li>To provide growth monitoring devices and mobile phones in AWCs.</li> <li>Coverage of migratory families .</li> </ul>	<ul style="list-style-type: none"> <li>Special outreach session</li> <li>Door to door visits by AWWs and ASHAs.</li> <li>Visit of AWCs by Supervisors and CDPOs ,PRIs, on ALMSC/CBE meetings.</li> <li>Implementation of ICDS-CAS</li> <li>Tracking beneficiaries – alerts via SMS through ICDS-CAS (those who have mobile phones)</li> <li>Regular monitoring by BCC and DCC.</li> <li>Encouraging local food products</li> </ul>	WCD, H&FW, Education department, PRIs, Food And Civil Supplies, Ayurveda

### 5. Growth Monitoring & Promotion

SN	Index	Baseline ICDS Data)	Targets		
			2018	2019	2020
1	(%) of (0-60 Months) children who were weighed during last three months.	86%	91%	93%	95%
2	(%) of children identified with continuous decreasing weight.	19%	16%	13%	10%
3	(%) of parents contacted and counselled by the AWWs/Supervisor whose children were identified with continuous decreasing weight /Moderately & severely malnourishment.	86%	100%	100%	100%
4	(%) of (0-60 Months) children whose length/height measured during last three months.	17%	25%	40%	50%
5	(%) of children identified with stunting.	27.6%	19.20%	15%	13%
6	(%) Of AWCs visited by RBSK team during last six months.	91%	96%	100%	100%

SN	Key bottlenecks	Specific Action	Driven by department
1	<p>Weighing of Children who are not attending AWCs.</p> <p>To provide infantometers and stadiometer in AWCs.</p>	<ul style="list-style-type: none"> <li>All the children 0-60 Months will be regularly weighed and length/height measured &amp; uploaded on CAS to determine their</li> </ul>	WCD and Health & family welfare. Education department. H&FW, WCD and PRI

	<p>Regular &amp; timely submission of AWC visit report by RBSK team.</p> <p>Weighing of children below 5 years of age registered in private schools.</p>	<p>nutritional status.</p> <ul style="list-style-type: none"> <li>• Procurement and supply of weighing scales infantometers and stadiometers by WCD.</li> <li>• Planning for the visit of AWCs for health check-up by RBSK team for ICDS beneficiaries should be finalized at Block Level Convergence meetings.</li> <li>• Necessary directions to be issued by the Chairperson of District Level Convergence Committee to all the schools for weighing of children enrolled in government/private schools.</li> </ul>	
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## 9.2 Service Delivery and Interventions

6	• Iron and Folic Acid for AGs, Women of reproductive age and pregnant women
7	• Vitamin A Supplementation
8	• IFA supplementation for children
9	• Ca supplementation for pregnant women
10	• Immunization for children
11	• De-worming for 1-19 years
12	• Diarrhoea Management

- Children from 6 to 59 months
- Children from 6 to 59 months
- Adolescent Girls
- Women of reproductive Age
- Pregnant Women (360 Tablets)
- Children till 1 year of age
- Children 1 to 19 years
- February & August every year
- Oral rehydration Solution
- Zinc Supplementation

### 6. Iron and Folic Acid for Adolescents, Women of Reproductive Age and Pregnant Women

SN	Index	Baseline (Health Data)	Targets		
			2018	2019	2020
1	% of eligible adolescents 6-19 years who receive at least 4 blue iron folate tablets through WIFS program in last month.	72%	93%	96%	98%
2	% of eligible pregnant women who received at least 180 IFA tablets during the antenatal period.	83%	97%	99%	100%

SN	Key bottlenecks	Specific Action	Driven by the Department
1	<ul style="list-style-type: none"> <li>• IEC activities for awareness of anaemia.</li> <li>• Regular procurement &amp; supply of IFA tablets.</li> <li>• To organize more health camps and checkups of adolescent boys and girls .</li> <li>• Awareness for better cooking &amp; dietary habits.</li> </ul>	<ul style="list-style-type: none"> <li>• IEC, nutrition &amp; health education.</li> <li>• To ensure availability of IFA tablets in health sub centres..</li> <li>• Equipment for regular anaemia and malnutrition screening</li> <li>• Training of AWW/ASHA for anemia/malnutrition screening</li> </ul>	H & FW and WCD, Ayurveda

## 7. Vitamin A supplementation

SN	Index	Baseline ICDS Data)	Targets		
			2018	2019	2020
1	% children 6-59 months who received at least one dose of Vitamin A in month of May and November.	61%	75%	78%	82%

SN	Key bottlenecks	Specific Action	Driven by the Department	
1	Regular supply of Vitamin A in AWCs and schools Awareness amongst children, mother and Community regarding importance of Vitamin A.	Ensuring a regular supply of vitamin-A by Health Deptt. IEC .	WCD & Health & Family Welfare.	

## 8. IFA Supplementation for children

SN	Index	Baseline ICDS Data)	Targets		
			2018	2019	2020
1	% children 6-59 months provided 8-10 doses (1ml) of iron and folic acid (IFA) syrup (Bi-weekly) in last month under WIFS.	39%	71%	82%	84%

SN	Key bottlenecks	Specific Action	Driven by the Department	
1	<ul style="list-style-type: none"> <li>Regular supply of IFA syrup to Health sub centres and AWCs.</li> <li>To create awareness among the mother, adolescent girls and local community about the IFA supplementation.</li> </ul>	<ul style="list-style-type: none"> <li>Identifying loopholes in the supply chain and filling those gaps.</li> <li>Awareness about the balance diet required for management anemia .</li> <li>Ensuring supply and administration of IFA Syrup to AWCs and health sub centres.</li> </ul>	Health & family welfare and WCD	

## 9. Calcium Supplementation for Pregnant Women

SN	Index	Baseline ICDS Data)	Targets		
			2018	2019	2020
1	% of pregnant women who consumed 360 calcium tablets during pregnancy.	59%	69%	71%	73%

SN	Key bottlenecks	Specific Action	Driven by the Department
1	Better Awareness among women . Regular supply of Calcium Tablets.	IEC.  Nutrition & Health Education.	Health & Family Welfare

## 10. Immunization of Children

SN	Index	Baseline ICDS Data)	Targets		
			2018	2019	2020
1	Percentage of children less than one year with complete immunization under Mission Indradhanush.	98%	100	100	100
2	Percentage of children 1-5 years with complete immunization under Mission Indradhanush. .	92%	100	100	100
3	Percentage of children above 5 years with complete immunization under Mission Indradhanush.	87%	100	100	100

SN	Key bottlenecks	Specific Action	Driven by the Department
1	<ul style="list-style-type: none"> <li>100 % Coverage of migratory population.</li> <li>Awareness amongst life threatening diseases during early childhood and adolescence .</li> </ul>	<ul style="list-style-type: none"> <li>Outreach session for migratory population by the Health deptt under Mission Indradhanush.</li> <li>Awareness generation at cluster level viz PRIs .</li> </ul>	Health & Family Welfare, WCD, PRI , Elementary & Higher Education.

### 11. De-worming for 1-19 years

SN	Index	Baseline ICDS Data)	Targets		
			2018	2019	2020
1	% children 1-19 years covered with albendazole in the month of May and November	90%	95%	100%	100%

SN	Key bottlenecks	Specific Action	Driven by the Department
1	<ul style="list-style-type: none"> <li>• 100% coverage of the migratory population.</li> <li>• Awareness generation.</li> </ul>	<ul style="list-style-type: none"> <li>• Outreach session for migratory population by Health Department.</li> <li>• IEC</li> </ul>	Health & family Welfare and WCD, PRI.

### 12. Diarrhoea Management with Oral Rehydration Solution and Zinc Supplementation

SN	Index	Baseline ICDS Data)	Targets		
			2018	2019	2020
1	% of children 0-60 months with diarrhoea who received ORS.	100%	100%	100%	100%
2	% of children 0-60 months with diarrhoea that received zinc tablets.	80%	99%	100%	100%

SN	Key bottlenecks	Specific Action	Driven by the Department
1	<ul style="list-style-type: none"> <li>• Awareness generation .</li> <li>• Timely supply of ORS and Zinc supplement.</li> </ul>	<ul style="list-style-type: none"> <li>• IEC, nutrition &amp; health education activities.</li> <li>• Convergence with health, PRIs and WCD department. Awareness camps in convergence Health, PRI, Ayurveda, WCD for creating awareness the public regarding the causes and management of diarrhea.</li> </ul>	Health & family welfare, WCD, rural development IPH.

### 9.3 Promoting safe drinking water personal hygiene and sanitation

13	• Promoting personal hygiene
14	• Promoting safe drinking water
15	• Promoting sanitation

ACROSS
<ul style="list-style-type: none"> <li>• Households</li> <li>• Anganwadi Centres</li> <li>• Health Centres</li> <li>• Schools</li> </ul>

#### 13. Promoting Personal Hygiene

SN	Index	Baseline ICDS Data)	Targets		
			2018	2019	2020
1	% of Anganwadis with adequate and functional Hand washing facilities with water and soap available.	83.2%	86%	87%	88%
2	% of health centres with adequate and functional Hand washing facilities with water and soap available.	89%	90%	100%	100%
3	% of schools with Hand washing facilities in premises with water and soap available.	79%	100%	100%	100%

SN	Key bottlenecks	Specific Action	Driven by the Department
1	<ul style="list-style-type: none"> <li>• Behaviour change towards healthy habits.</li> <li>• Regular procurement/ supply of ORS and Zinc Supplement .</li> </ul>	IEC , Awareness camps ,CBE's ,Jan Andolan.	Rural Deptt. , IPH department, Elementary & Higher Education, Health ,WCD, Ayurveda .

#### 14. Promoting Safe drinking water

SN	Index	Baseline ICDS Data)	Targets		
			2018	2019	2020
1	% of Anganwadis with adequate, functional and safe drinking water supply.	94%	98%	98%	99%
2	% of health centres with adequate, functional and safe drinking water supply,	95%	100%	100%	100%
3	% of schools with adequate, functional and safe drinking water supply.	98%	99%	99%	99%

SN	Key bottlenecks	Specific Action	Driven by the Department
1	Availability of safe drinking water in AWCs, schools, health sub-centres during the rainy session .	<ul style="list-style-type: none"> <li>To provide piped/tap drinking water connections in left out AWCs, schools and health institutions</li> </ul>	IPH, WCD and Health Department, PRI, Elementary & Higher Education.
	Regular supply of drinking water.	<ul style="list-style-type: none"> <li>Chlorination of water sources/ storage tanks on regular basis.</li> <li>Water purifiers are required to be supplied in schools.</li> <li>Environment friendly steel bottles needs to be supplied to school children.</li> </ul>	

### 15. Promoting Sanitation

	Index	Baseline ICDS Data)	Targets		
			2018	2019	2020
1	% of villages/ wards/panchayats which are open defecation free.	100%	100%	100%	100%
2	% of sub-centres with adequate and functional toilet facilities.	99%	100%	100%	100%
3	% of Anganwadi with adequate and functional toilet facilities.	78.16%	100%	100%	100%
4	% of schools with adequate and functional toilet facilities.	95%	100%	100%	100%

	Key bottlenecks	Specific Action	Driven by the Department
1	<ul style="list-style-type: none"> <li>Availability of Toilets and adequate supply of water in AWCs.</li> <li>Availability of Toilets and adequate supply of water in schools.</li> <li>Availability of Toilets</li> </ul>	<ul style="list-style-type: none"> <li>Construction of toilets in left out AWCs, school, health institutions by WCD, Education, Health.</li> <li>Water supply connection in left out institutions.</li> </ul>	WCD, health & family welfare, RD/UD and district administration,IPH

	and adequate supply of water in health sub centres.	<ul style="list-style-type: none"> <li>Correspondence and monitoring with IPH staff and fixing of problems.</li> <li>Regular IEC activities by functionaries.</li> </ul>	
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#### 9.4. Strengthening AWCs infrastructure

16

- AWCs infrastructure

- AWCS running in Own/rented/other Govt buildings
- AWCs having

#### 16. Strengthening of AWCs Infrastructure

SN	Index	Baseline (in numbers)	Targets		
			2018	2019	2020
1	(%) of AWCs running in Own Buildings.	28.83%	11.85%	14.52%	18%
2	(%) of AWCs running in other Govt. Buildings.	37.03%	47%	36%	38%
3	(%) of AWCs running in Rented Buildings.	40.97%	40%	29%	25%
4	(%) of AWCs running in Rent Free Buildings.	0.01%	0.01%	0.02%	0.02%
5	(%) of AWCs having Electricity connection.	58.70%	80%	82%	85%

SN	Key bottlenecks	Specific Action	Driven by the Deptt.
1	<ul style="list-style-type: none"> <li>Availability of land for construction of AW Bhawan.</li> <li>To provide electricity connection in AWCs running in Govt building.</li> </ul>	<ul style="list-style-type: none"> <li>The motivation of community for land donation.</li> <li>Better co-ordination with Revenue, RD, Forest and Panchayati Raj for transfer of suitable land for AWCs.</li> <li>District Convergence Committee is required to more active and must share the data of Block and District.</li> </ul>	Revenue, Rural Development, Forest, Panchayati Raj, Education Deptts.

## 9.5 Enabling Platforms



- Calendar for Nutrition Literacy/Advocacy
- CBEs on Nutrition
- Channelizing Volunteers towards educating on healthy eating
- IEC Advocacy Campaigns
- Song and Drama
- Incremental Learning Approach

### 17. Behaviour Change Communication/Nutrition Literacy

SN	Index	Baseline (ICDS Data)
1	% of Anganwadi Centres that conducted at least three community-based events (CBE) on POSHAN Abhiyaan in the last quarter	100%
3	% of Anganwadi Centres that have an ALMSCs/SHGs support group to promote healthy eating amongst the community.	100%
4	% of Anganwadi centres that have any other community/volunteer groups in place to support Jan Andolan.	1 volunteer group viz NSS, NCC etc to be involved at Panchayat level to support Jan Andolan.
5	Number of PRIs/Mahila Mandal/ Yuvak Mandals at village level involved in organizing community-based event (CBE)	1 PRI/Mahila Mandal/ Yuvak Mandal at village level to be involved in organizing community-based event (CBE).
6	Number of personnel from the education department in IEC activities	One teacher in every primary school, elementary & secondary at village level to be involved in IEC activities (health & Nutrition) at school level.
7	Number of VHNSDs organized in a month	1 per month
8	% of Districts/Blocks where at least one mass media-campaign was operationalized during the last one year	3 mass media campaign at District/Block level per quarter

SN	Key bottlenecks	Specific Action	Driven by the Department
1	<ul style="list-style-type: none"> <li>• Regular monitoring and proper supervision to initiate community participation at village level.</li> <li>• Awareness amongst the</li> </ul>	<ul style="list-style-type: none"> <li>• Involving influential person of the community to promote behavioural changes amongst the community.</li> </ul>	WCD, RD, PRI, Education and Information & Broadcasting.

	<p>common masses for elimination of social taboos and evils in the society.</p> <ul style="list-style-type: none"> <li>Adoption of best practices to improve the health status of community.</li> </ul>	<ul style="list-style-type: none"> <li>Awareness amongst the masses for elimination of social evils prevalent in the society.</li> <li>Involvement of teacher, ANM, ASHA, AWW SHGs, Mahila Mandals, Yuva Mandal at village level for dissemination of information on health and nutrition .</li> </ul>	
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### 18. Incremental Learning Approach Training

SN	Index	Baseline ICDS Data)	Targets		
			2018	2019	2020
2	% of Sectors that conducted ILA sessions in the last month	5.42%	70%	100%	100%

#### Action under Incremental Learning Approach (ILA)

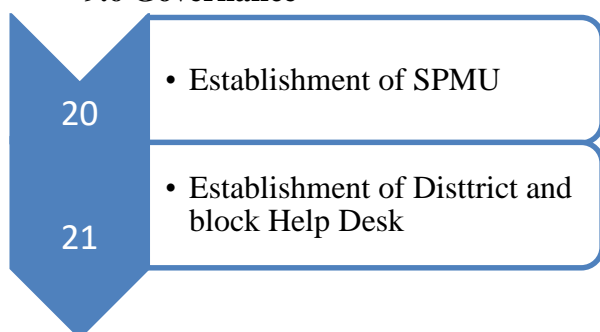
POSHAN Abhiyaan envisages establishing a system where programme functionaries will become more effective by learning to plan and execute each task correctly and consistently through methodical, ongoing capacity building, called '**Incremental Learning Approach (ILA)**'. The proposed system envisages breaking down the total learning agenda into small portions of doable actions as the range of skills and tasks to be learnt is quite substantial, and since adults naturally learn by doing rather than through theory alone.

The State Government has already constituted State, District, Block and Sector Resource Groups under ILA vide its letter no SJE-A-F(4)-1/2015-I dated 21-5-2018

Under Incremental Learning Approach 21 modules has been formulated by the Ministry of Women & Child Development,GOI and which have been printed and supplied to all POSHAN Abhiyaan Districts and Blocks. The first round of Incremental Learning Approach (ILA) training of module(1,2,3) has been started in Districts and Block under POSHAN Abhiyaan in the District, Block and Sector level. At sector level Anganwadi Workers and ASHA workers will be involved in the ILA trainings.



## 9.6 Governance



- Manpower under POSHAN Abhiyaan

### 20. Programme Management Unit –POSHAN Abhiyaan

Index	2018
	<b>Sanctioned</b>
SPMU and State Nutrition Resource Centre established	13
All positions at all levels (State, District and Block) filled as per guidelines	State-13 District-10 Block-68

The process for recruitment of the outsourcing agencies have been finalized and the SPMU & State Nutrition Resource Centre and District Help Desk and Block level under POSHAN Abhiyaan will be operational in the month of December,2018 .

### 21. ICDS-CAS(ICT-RTM)

Indicator	Baseline (ICDS/ Health Data)	2018
No of Masters Trainers' Trained	14	14
No. of Districts that have completed training of ICDS Supervisors	Process of procurement of smart phones have been completed and trainings of the Supervisors /field functionaries, will be started in the month of December, 2018.	
No of Districts that have completed training of Anganwadi workers	The training of the Anganwadi workers will be started in the month of the December,2018 when the supplies of smart phone reaches the AWCs.	
No. of Anganwadi Workers that are reporting actively (synchronization with Dashboard at least every week) on ICDS CAS	As soon the ICDS-CAS software trainings are completed in the month of December, 2018 reporting of the Anganwadi workers will be synchronized with the Dashboard.	
No of Districts that are using ICDS CAS Dashboard for monitoring	As soon the ICDS-CAS software trainings are completed in the month of December, 2018 reporting of the Anganwadi workers will be synchronized with the Block ,District and State Dashboard.	

## 9.7 Information Communication and Social mobilization for Nutrition & Health

### MASS MEDIA

- Carry advertisements/public messages on Nutrition in the public interest in newspapers, AIR, doordarshan etc.
- Facilitate use of Community Radio Services for awareness creation on health & nutrition solutions.
- Corporate Houses to be roped in for release of jingles/videos/public outreach through FM radio channels through CSR



### SOCIAL MEDIA

- Discussion in schools and colleges with Adolescent girls, regarding the Poshan, personal hygiene, balanced diet, education etc .
- Exhibition on nutrition
- Pledge on nutrition in all platforms like Jan Manch, schools, colleges, rallies by the Hon'ble Chief Minister, Cabinet Ministers, MPs, MLAs
- Bulk message for Community Based Events to mobilize masses
- Involvement of PRI, Mahila Mandal, Yuva Mandals in dissemination of information on nutrition/health
- Jan Andolan
- Exhibition on complementary food, local food etc in the District and Block level Fairs/Festivals/Programmes .

## 9.8 Innovations and Pilots

### A Pilot- “Prevention/ Treatment of Anaemia”.

- i. **Name of the organization** :Department of Ayurveda Himachal Pradesh
- ii. **Title of the proposed project:** “Prevention/ Treatment of Anaemia”.
- iii. **Aims and objectives.**
  - a) To reduce the prevalence of Anaemia among the target area.
  - b) To create awareness among people on usage of common medicinal plants for prevention of anaemia.
  - c) To identify health problems related to anaemia and assist the concerned individual to manage it with the development of positive health attitude and practices.
  - d) Capacity building of Ayush personnel for strengthening of project.
  - e) To conduct workshops, seminars and exposures tours to build the capacity of project staff.
  - f) To endure sustainable access to high quality essential medicines and raw materials for Ayush practitioners.
- iv. **Duration of project:** One Year.
- v. **Target area:** Approximately 2,21,349 population of three blocks i.e. Bangana (District Una), Bhoranj (District Hamirpur) and Tissa (District Chamba) with more emphasis on young children and pregnant women.
- vi. **Inclusion criteria:** Hbg %: Normal-Male=14-16%, Female:12-14g%
- vii. **Anaemic patients:** Hbg % range between > 8g%to 12 g % (Mild/Moderate/Server)
- viii. **Exclusion criteria:** Hbg % <7g% & Secondary anaemia.
- ix. **Action plan of project for the period of one year:**

The project proposed will adopt prolonged approach towards treatment. It will reach target communities (non-formal) and schools for educating and building skills of both, children's and teachers to develop and disseminate user friendly materials (both for awareness building and also for teaching). The project also proposes to distribute required supplements and medicines both at the community (including health care facilities) and schools to address anaemia. Finally, in order to create and enabling environment and ensure pathways for sustainability the project proposes to ensure involvement and participation of various stakeholders including local politicians, health care professionals, ASHA workers, Anganwadi Workers , PRI's, Yuvak mandalls, Mahila Mandals and parents to build strong linkages between them and programs in place for successful implementation of the project.

#### x. Major Activities

S.N.	Key Components	Critical Activities	
1	Education Awareness	Awareness programs in community	Awareness/ education programs in schools & at health care centers
2	Capacity Building	Capacity needs assessment development of modules	Community leaders/volunteers Health care personnel teachers and parents.
3	Advocacy/Networking/Linkages	Stakeholder analysis	Advocacy meetings, linkages Referrals
4	Services Delivery	Medical diagnosis camps & treatment	Distribution of medicine and supplements.

	5	Research and Evaluation	Needs Assessment/ Baseline operations Research	Year and evaluations
<b>xi. Budget Estimate for the project will be Rs 97,69,760.</b>				
<b>B. Pilot for Digitization of Anganwadi Centre and installing of solar panels in the Anganwadi centres of Shimla District.</b>				

## 9.9 Training with Health Department

**Training of Block level Trainers under Mother's Absolute Affection Scheme for pregnant and lactating mothers (MAA).**

Mother's Milk in the first hour of birth and exclusive breastfeeding for first 6 months thereafter is very important for children well being. **MAA Programme** under National Health Mission will create awareness in the general public and this breastfeeding programme will also reduce under 5 mortality rate of children. Breastfeeding is a natural, low cost and important intervention and every child must have access to it. MAA Programme targets at pregnant and lactating mothers through trained healthcare providers and skilled community health workers.

Keeping in mind the role of Health and WCD Department in improving the nutrition status of children, a joint training of both Block level officers of the Department will be conducted so that uniform message is communicated to the community. This help to achieve the target of reduction in malnutrition, anaemia and stunting among children below 5 years under POSHAN Abhiyaan. Initially training under MAA will be undertaken in Shimla, Sirmaur and Kangra Districts of H.P.

**The topics of the MAA training shall be:**

- An introduction to infant and young child feeding: Why breastfeeding is important.
- Antenatal preparation, establishing community infant feeding support, Nutrition of lactating mothers.
- Assessing and Observing breastfeeding, Positioning a baby at the breast .
- Taking a feeding history .Common breastfeeding difficulties like refusal to breastfeed and crying . Not enough Milk, Building confidence and giving support.
- Breastfeeding in low birth weight and sick babies, Expressing breast milk & Cup-feeding.
- Replacement feeding in the first six months.
- Hygienic preparation of milk feeds – measuring amounts.
- Breast conditions.
- Importance of complementary feeding ,Foods to fill the energy gap iron and vitamin A.
- Quantity, Variety and frequency of complementary feeds.

The Master Trainers will further train the AAA+ viz ANM, AWW,ASHA workers at Block level. The cascade training will ensure all the field workers are trained and oriented on MAA and Infant & Young Feeding practices. In the State by the end of March,2019.



## **10.0 MONITORING OF POSHAN ABHIYAAN**

Monitoring and supervision play an important role in achieving the desired objectives through a systematic process of keeping track of the performance and progress of a programme by continuously reviewing the flow of inputs and outcome indicators.

### **10.1 Monitoring through ICDS-CAS application under POSHAN Abhiyaan**

The ICDS-CAS application aimed to augment system strengthening in Anganwadi Service Delivery and looks at improving the nutrition outcomes through effective monitoring and timely intervention. This software will allow to the capture of data from the field on electronic devices (mobile). It will also enable collection of information on Anganwadi Service Delivery and its impact on nutrition outcomes of beneficiaries on a regular basis.

### **10.2. Monitoring and Supervision at AWC and Supervisor level :**

- i. Strengthening coordination between ASHA/ANM, AWW, PRI functionaries, Mahila Mandals, SHGs of DAY-NRLM at village level.
- ii. Joint Community Communication and Village Contact Drive by mapping and weighing of children, in front of the community- making undernutrition visible.
- iii. Door to door visits by AWWs and ASHA in creating awareness to the community on determinants of health such as nutrition, basic sanitation & hygienic practice, healthy living and working conditions.
- iv. Strengthening AWC as demonstration model for environmental sanitation and hygiene practices.
- v. Regular orientation of AWW/ASHA at Supervisor level.
- vi. Community awareness by conducting mothers meeting at AWC & in village.
- vii. Visit of Supervisors on ALMSC/VHNSD/CBE meetings.
- viii. Engaging influential people of communities for behaviour change.

### **10.3 Monitoring and Supervision at Block level:**

The Block Convergence Committee constituted will meet regularly and will make assessment for essential interventions required at the Village/AWC level and evaluate the availability of resources at Block level. These committees will meet once in a quarter and will be responsible for the following functions:

- i. Mapping of the vulnerable population in the District /block.
- ii. Planning based on local evidence and need of the village.
- iii. Area Specific strategies to achieve goals of Poshan Abhiyaan.
- iv. Assessment at the Village level will be done by AWW and Supervisor in association with PRI representatives under the supervision of concerned CDPO.
- vi. Promotion of health and nutrition issues through banners, nukkad natak, mass media etc.
- vii. Engaging influential people of communities for behaviour change.
- viii. Outreach session for migratory population by line Departments.
- ix. Strengthen youth groups for supporting malnutrition free panchayats / communities through training / orientation
- x. Strengthening VHNDs for health checkups, referrals and access to care.

- xi. Progressively ensure provision of safe drinking water supply in all AWCs and schools.

#### 10.4 Monitoring and Supervision at District level:

The District Convergence Committee constituted will meet regularly and will make assessment for essential interventions required at the Block level and evaluate the availability of resources. These committees will meet once in a quarter and will be responsible for the following functions:

- i. Effective integration of health, nutrition, sanitation concerns through decentralized management at district, with determinants of health like sanitation and hygiene, nutrition, safe drinking water, gender and social concerns.
- ii. Addresses inter Block disparities.
- iii. Time bound goals and report publicly on progress.
- iv. To improve access to rural people, especially poor women and children to equitable, affordable, accountable and effective primary health care.
- v. Promote appropriate feeding behaviors to mothers of severely undernourished children including nutrition care and counselling sessions.
- vi. Regular review of IYCF indicators by NHM & ICDS
- vii. Strengthen referral mechanisms.
- viii. To revitalize local health traditions and mainstream AYUSH into the public health system.
- ix. Co-location of schools and AWCs .
- x. Strengthen linkages with NREGA - child care provision.
- xi. Reaching out to rural poor and vulnerable populations - link with TPDS.
- xii. Appropriate IEC for awareness generation and mobilization

#### 10.5 Monitoring and Supervision at State level:

At the State level, the Convergence committee will act and decide upon the actions required from all the line Departments.



# THANKS

