

**Theme:** Health and Nutrition

**Problem Statement:** Addressing sever and moderate acute  
malnutrition

**State:** Odisha

**District:** Nabarangpur

# NITI for States



VIKSIT BHARAT STRATEGY PLATFORM

NABARANGPUR, ODISHA

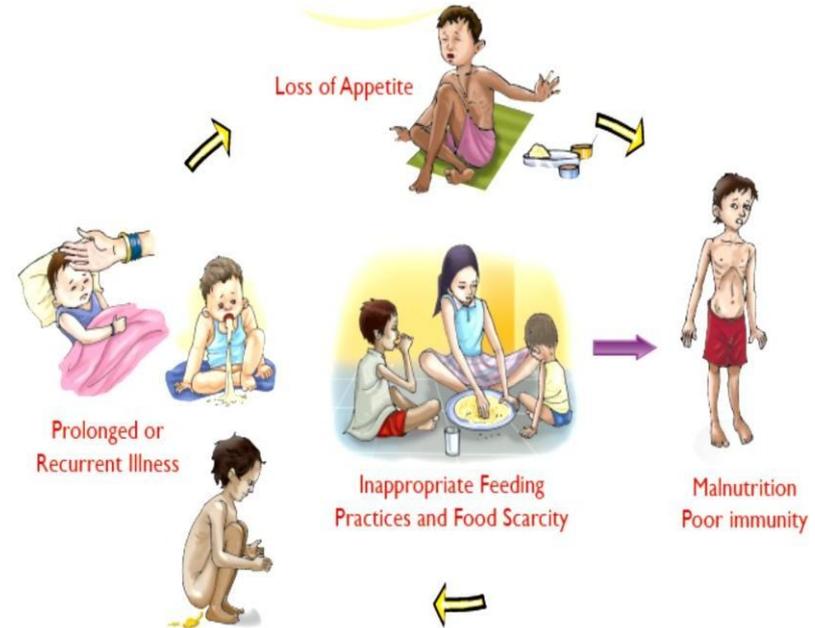
**Addressing Severe and Moderate Acute Mal-  
Nutrition in Nabarangpur District.**

## Description

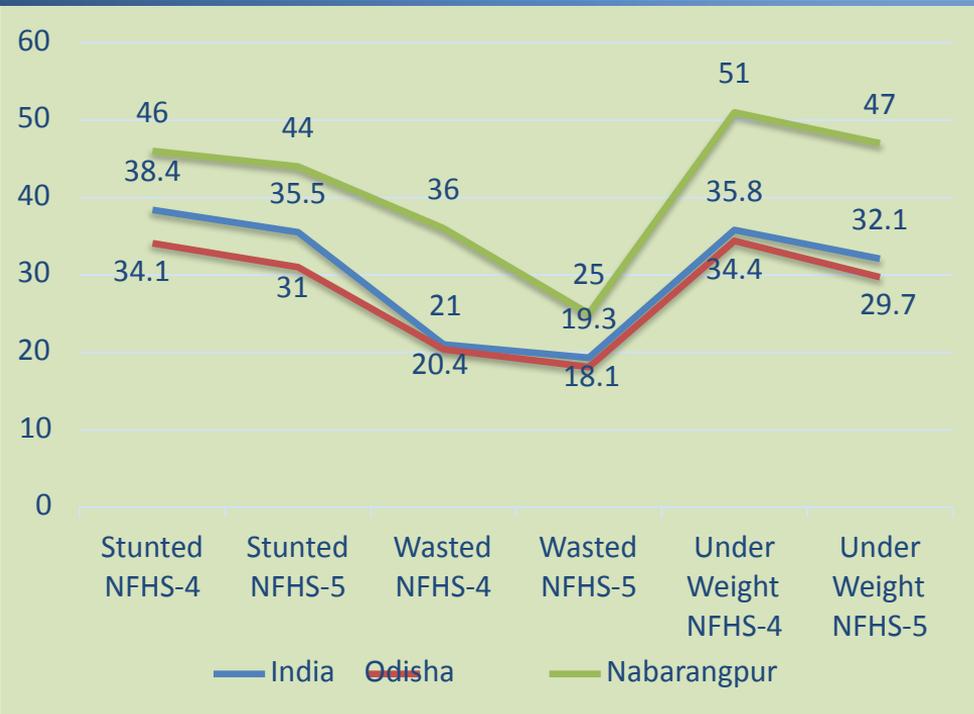
Nabarangpur district in Odisha faces a critical challenge of child malnutrition. According to NFHS-5 (2019-21), **44 %** of children under five are **stunted**, **25 %** are **wasted**, and **47 %** are **underweight**, significantly higher than national and state averages. Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) persist due to poor maternal nutrition, low institutional deliveries, inadequate infant and young child feeding practices, and limited access to healthcare.

### Objective:

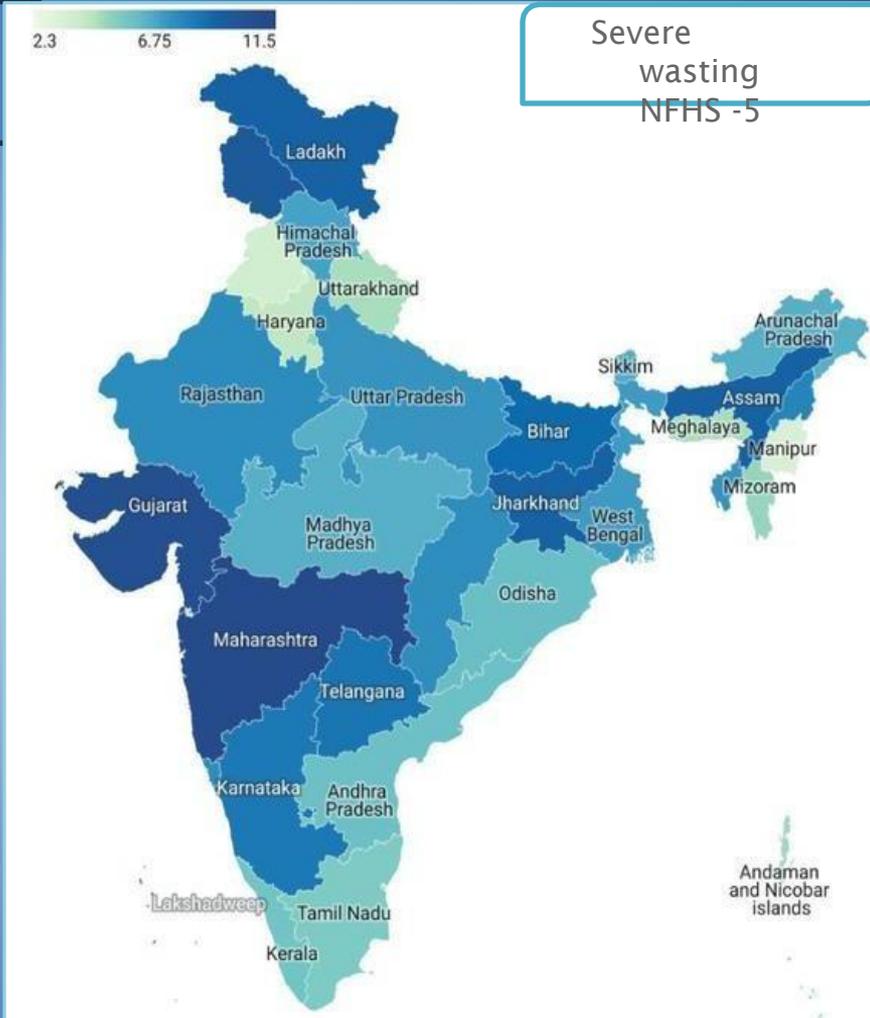
To reduce the burden of SAM and MAM in Nabarangpur by implementing a multi-sectoral approach that includes early identification, targeted nutritional and medical support, behavior change communication, community engagement, while improving service delivery and data monitoring systems.



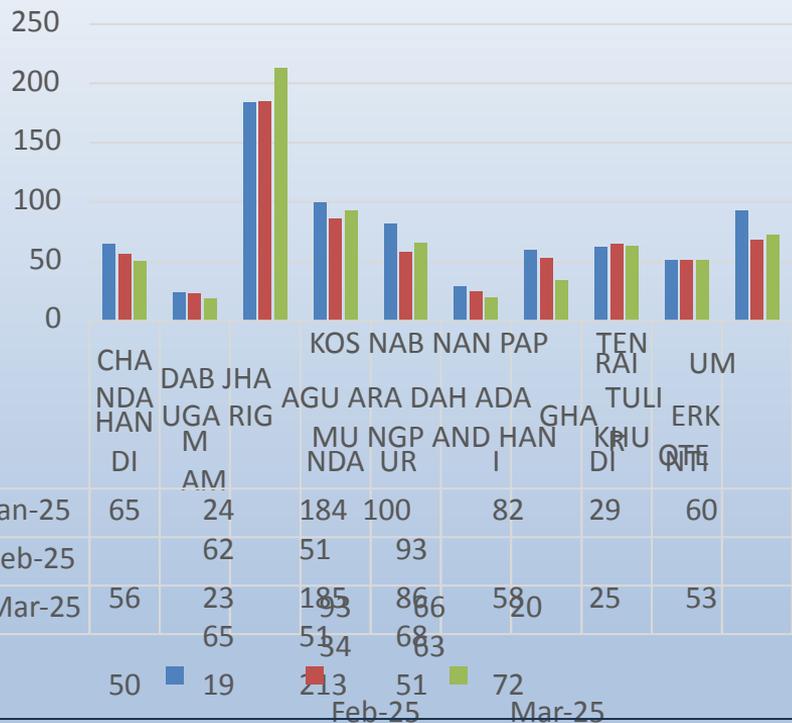
# Status of Stunted, Wasted and Under Weight of Nabarangpur District



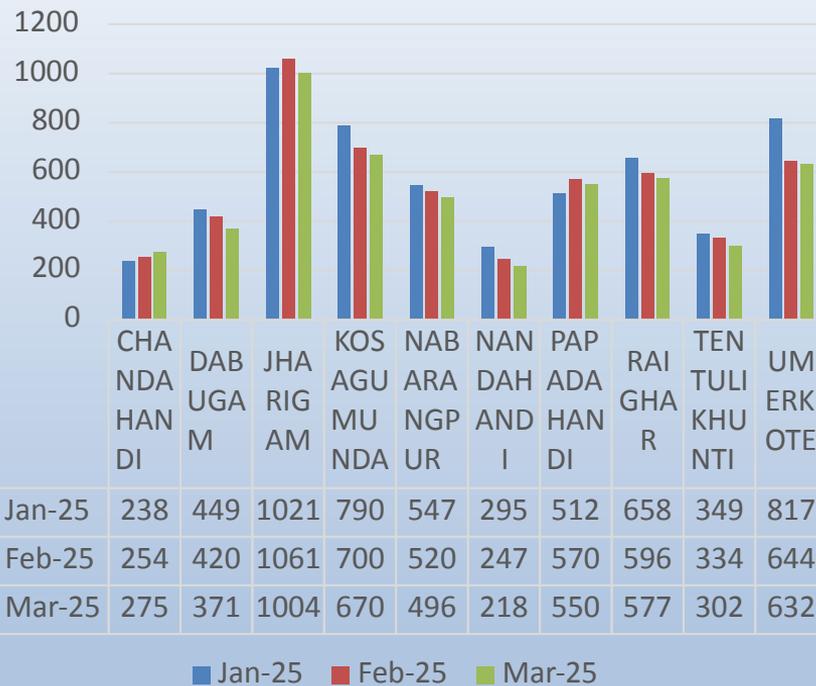
As a KPI of Aspirational District program the improvement of Stunted, Wasted and under weight children is very critical for Vikasit Bharat Strategy.



## Block wise Status of SAM, Nabarangpur, Odisha



## Block wise Status of MAM, Nabarangpur, Odisha



Jan-25

Feb-25

Mar-25

750

670

681

Jan-25

Feb-25

Mar-25

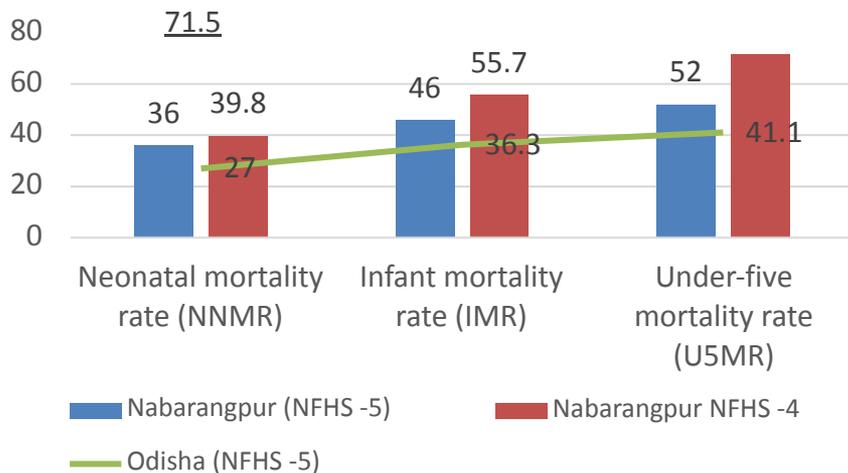
5676

5346

5095

# Data Supporting the Problem Statement

NNMR, IMR & U5MR

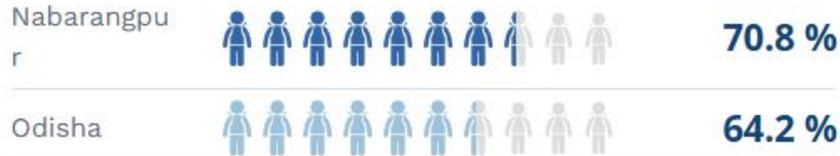


S.N	Indicator	Odisha (NFHS -5)	NFHS -5	NFHS -4
4	Women age 20-24 years married before age 18 years	20.5	39.4	37.9
5	Use of Family Planning Methods (currently married women age 15–49 years) Any method	74.1	77.1	64.4
6	Mothers who had at least 4 antenatal care visits	78.1	87.4	70.5
7	Mothers who consumed iron folic acid for 180 days or more when they were pregnant	34.4	48.7	2.9

# FACTORS CRITICAL TO IMPACTING THE SAM AND MAM



Children age under 5 years who are anaemic

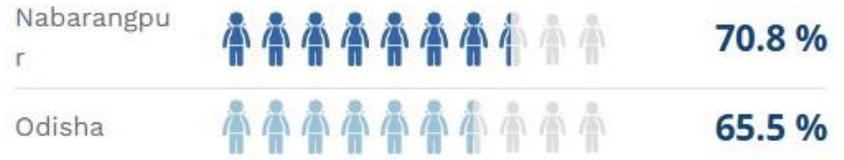


Data Source : **National Family Health Survey (NFHS-5) | Ministry of Health and Family Welfare | GoI**

Year : **2019-21**



All Women in age group 15-19 Years Who are Anaemic (%) (2019-21)

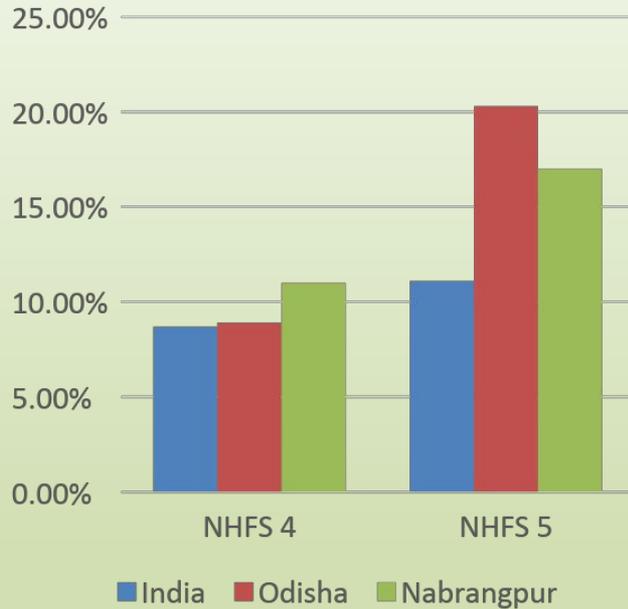


Data Source : **National Family Health Survey (NFHS-5) | Ministry of Health and Family Welfare | GoI**

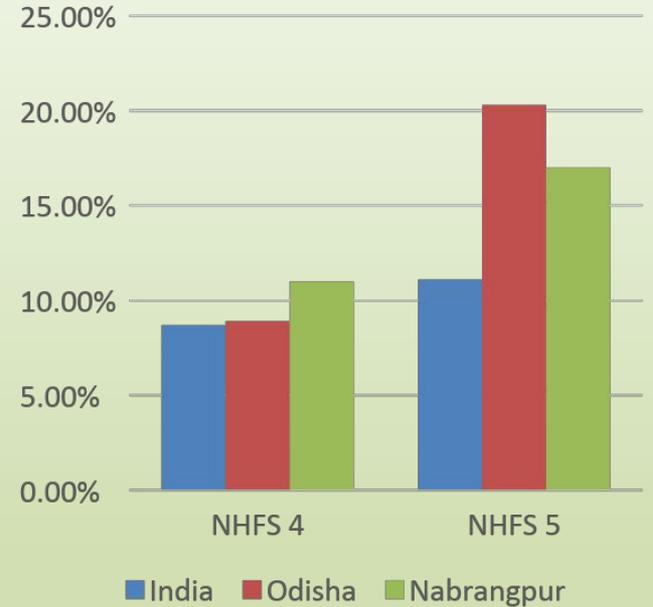
Year : **2019-21**

## FACTORS IMPACTED TO SAM AND MAM

Breastfeeding children age 6-23 months receiving an adequate diet



Children under age 6 months exclusively breastfed

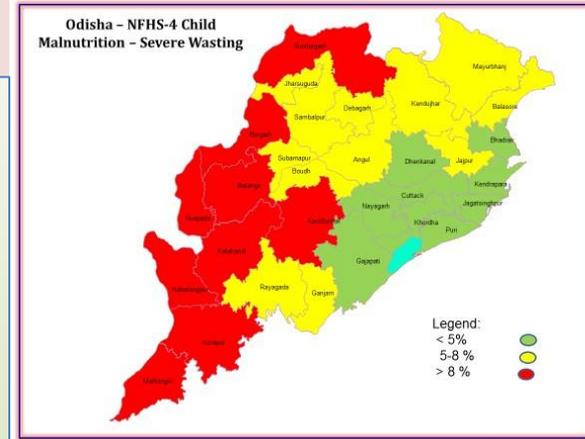
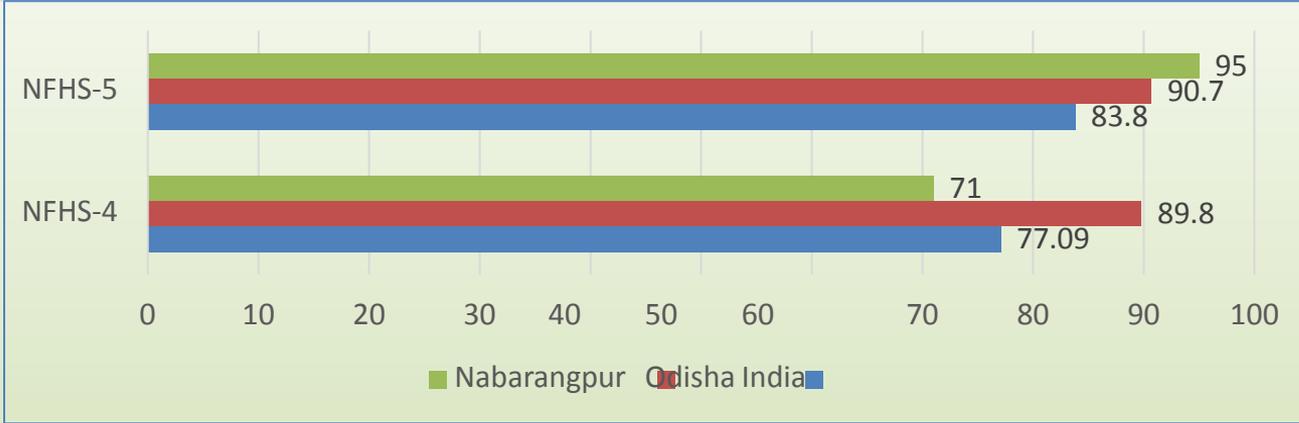


	India	Odisha	Nabarangpur
NFHS-4	8.7 %	8.9 %	11 %
NFHS-5	11.1 %	20.3 %	17 %

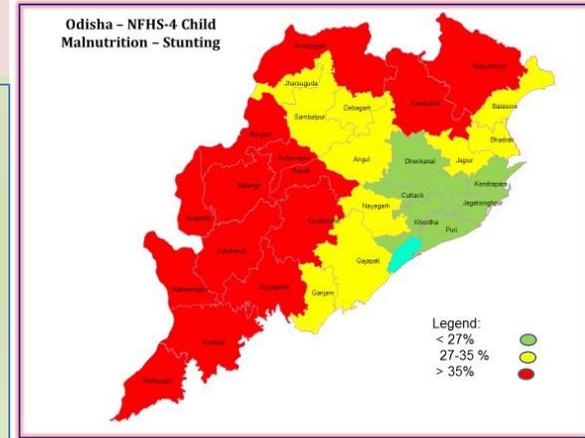
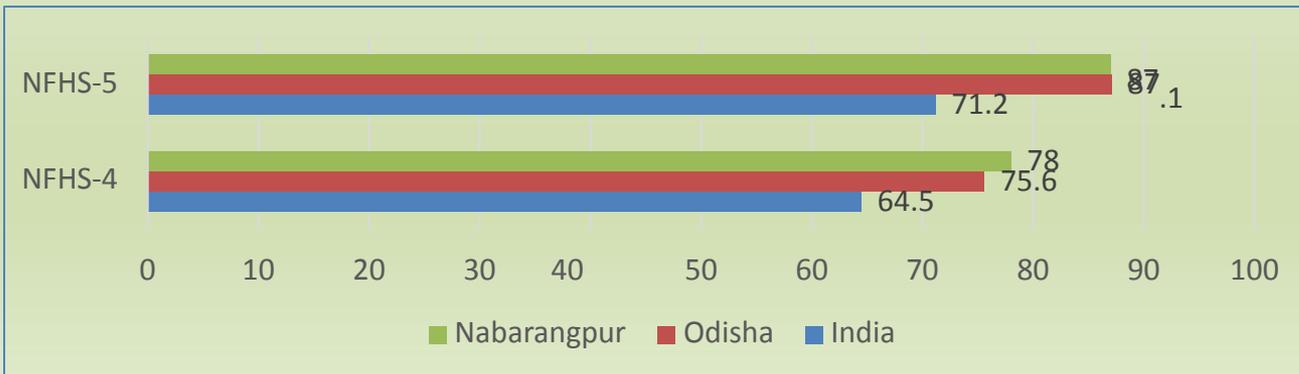
	India	Odisha	Nabarangpur
NFHS-4	8.7 %	8.9 %	11 %
NFHS-5	11.1 %	20.3 %	17 %

# FACTORS IMPACTED TO SAM AND MAM

## Children age 12-23 months fully vaccinated



## Children age 9-35 months who received a vitamin A dose



# Root Causes of SAM and MAM in Nabarangpur

Early Marriage & Short Birth Intervals

Poor Infant and Child Feeding Practices

Limited Access to Quality Health & Nutrition Services

Socioeconomic and Awareness Gaps

High Child Anemia & Sickle Cell Anemia Prevalence

Teen age Pregnancy



High Low birth weight



Addressing severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) in Nabarangpur, Odisha requires a multifaceted approach that involves both immediate and long-term interventions at the community and policy levels. Here are some strategies and actions that can be taken:

- Early Detection and Screening.
- Nutritional Support.
- Health and Medical Care.
- Promoting Healthy Feeding Practices.
- Water, Sanitation, and Hygiene (WASH).
- Community Engagement and Awareness.
- Improving Livelihoods and Food Security.
- Monitoring and Evaluation.
- Policy and Governance.
- Partnerships and Advocacy.



# Infant and young child feeding practices

1. Initiation of Breast Feeding within one month of birth. (95%)  
**Key IYCF Recommendations:**

2. Exclusive breast feeding for six months. (93%)
3. Timely introduction of complementary feeding. (Annaprasan, counselling and regular Home visit). (100%)
4. Continuation of breast feeding upto two years or beyond.



# Nutrition Rehabilitation Center

- Children admitted in the Nutrition Rehabilitation Center with defined admission criteria.
- Children kept under observation and provided with medical and therapeutic care.
- 24 hour care & monitoring of the child.
- Sensory stimulation & emotional care.
- Counseling for appropriate feeding, care, hygiene.
- Demonstration & practice by doing-on preparation of energy dense food.
- Follow up after discharge.
- 2 functional NRCs are in Nabarangpur.
- 672 SAM children recovered in last one year.
- 92% Children recovered.



Anthropometric measurements of SAM children taken at NRC

## Success Story: A Journey from Severe Malnutrition to Recovery – Umeswari Lahara

**Child's Name:** Umeswari Lahara (1 yr 7 Month)  
**Gender:** Female, **Village:** Birisadi, **Block:** Raighar

She was identified as a **SAM** child by the AWW and the Lady Supervisor during a routine field visit. At the time of identification, her weight was only 3.130 kg, her height was 60 cm, and she was also found to be severely anemic. Recognizing the critical condition of the child immediately took steps to admit her to the **NRC in Umarkote** on 5th August 2024. However, due to severe anemia and her frail condition. she was referred to the **District Hospital, Nabarangpur** on 7th August 2024 for advanced treatment.



After receiving initial medical care and blood transfusion she was again shifted back to the NRC in Umarkote for continued nutritional support and monitoring. Over the course of her stay at the NRC received regular meals, iron supplements, medical care, and emotional support from the caregivers. Her grandmother was also counseled on proper child nutrition and hygiene practices. By the end of her treatment, **Umeswari's weight had increased to 5 kg**, and her health condition had significantly improved. She was discharged from the NRC and returned home with a new lease on life.

# Ensuring of Vitamin A Supplementation



Sl No	Name of the Block/Urban Unit	Target Children (9 months to 60 months)	Total Children (9 months to 60 months) who were Vitamin -A	Percentage of achievements
1	Chandahandi	7151	7045	98.5%
2	Dabugam	7598	7481	98.5%
3	Jharigam	17678	17120	96.8%
4	Hatabarandi	18601	18398	98.9%
5	Kosagumuda	16903	16804	99.4%
6	Nandahandi	5970	5912	99.0%
7	Papadahandi	15674	15581	99.4%
8	Pujariguda	17831	17643	98.9%
9	Sanomosigam	8246	8185	99.3%
10	Tentulikhunti	8530	8489	99.5%
11	Umerkote (U)	2634	2477	94.0%
12	Nabarangpur (U)	2841	2659	93.6%
<b>Total</b>		<b>129657</b>	<b>127794</b>	<b>98.6%</b>

# Deworming: National Deworming Day (NDD)

Sl. No.	Block	Target children (1 year to 19 year)	Total Children (1 year to 19 years) who were administered Albendazole	Percentage of Achievements
1	Chandahandi	24855	24183	97%
2	Dabugam	25964	25581	99%
3	Jharigam	51334	50024	97%
4	Kosagumda	53168	48518	91%
5	Nandahandi	19064	18555	97%
6	Nabarangpur	44049	43254	98%
7	Papdahandi	50351	50028	99%
8	RAIGHAR	62489	61517	98%
9	Tentulikhunti	30791	29755	97%
10	Umerkote	72492	70728	98%
	Total	434557	422143	97%



# Sickle Cell Anaemia Screening

S.N	Block Name	Total Screening	Negative	Carrier	Disease
1	Chandahandi	8577	7362	980	235
2	Dabugam	11191	9865	1177	149
3	Jharigam	28872	26835	1741	296
4	Kosagumuda	32534	29649	2407	478
5	Nabarangpur	19389	16850	1997	542
6	Nandahandi	9366	8040	1104	222
7	Papadahandi	24490	21525	2540	425
8	Raighar	36670	34120	2301	249
9	Tentulikhunti	12740	11252	1091	397
10	Umerkote	31076	28205	2640	231
	Total	214905	193703	17978	3224



# Poshan 2.0

## Objective:

Integrated Nutrition Support for Children, Adolescent Girls, Pregnant & Lactating Women

## Key Components

- Supplementary Nutrition Program (THR & HCM)
- Growth Monitoring & Promotion (GMP).
- Infant & Young Child Feeding (IYCF).
- Community-Based Events (CBEs). (Annaprasan, Goodbharai, Supasana Diwas, Poshana Maha Poshana Pakhbada)
- Health & Nutrition Education ( Counselling). (ADVIKA session, Day Observation)
- Real-time monitoring (Poshan Tracker).
- Beneficiary module to add and track the improvement by individuals.



# Ensuring 100% THR under MSPY: Mukhyamantri Sampurna Pusti Yojana & SNP: Supplementary Nutrition Program



- Besan Atta Premix: 500 Gms
- Banana: 10 Pc
- Eggs: 16 pc

- Chhatua :2.45 Kg
- Sooji Halwa: 1.50 Kg
- Eggs: 12 Piece

SUW and MAM Children 6 Months to 03 Years (57742 Children)



- Paushtik Bhel :1.5 Kg
- Roasted Chana :1.5 Kg
- Dates: 500 Gms & Till Ladoo: 25 Pc

- Chhatua – 04 KG
- Groundnut Chikki -25 Pc
- Eggs: 12 Pc

Pregnant (12702) and Lactating Mother (8636)



- Besan Atta Premix: 750 Gms
- Banana: 16 Pc
- Eggs: 05 pc

- Morning Snacks
- Hot Cooked Meal

SUW and MAM children 03 years to 05 Years (52076 Children)



- Paushtik Bhel: 1 Kg
- Roasted Chana: 1.5 Kg
- Eggs: 16 Pc

- Chhatua – 04 KG
- Groundnut Chikki -25 Pc
- Eggs: 16 Pc

Adolescent Girls (15-19 Yrs) (29079)

## 100 % Purna Ahara: Management of Severe Wasting Children at Community Level

- ATHR: 3 Kg ( 100 Gms/Day)
- Eggs: 30 Piece

SAM children  
6 Months to 5 Years  
(431)



SAM child Kumari Gonda before and After Photo

# Pradhan Mantri Matru Vandana Yojana

## Eligibility-

- Pregnant women aged 19 years and above.
  - For first 2 live births only
  - For PVTG beneficiary any number of births
  - Except Central/State govt. or PSU employees and their wives.

## Benefits are provided in 2 installments:

- 1st installment Rs.6000/-
- (after 6 months of pregnancy)
- 2nd installment Rs.4000/-
- (after the child completes the age of 10 months)

SL NO	FINANCIAL YEAR	TARGET	ACHIVEMENT	PERCENTAGE
1	2022-23	14442	14442	100
2	2023-24	15396	15396	100
3	2024-25	14680	14680	100



## PPK: Pada Pusti Karyakarma

- Focuses on **reaching children in inaccessible areas** who may not regularly access Anganwadi services. 69 villages covered under Pada Pusti Karyakarma.



1. Monthly Growth Monitoring of children aged 0–6 years.
2. Preparation and Distribution of HCM by local SHGs.



# Child Marriage Control related Activities and Teen age pregnancy Data

Live skill class in ADVIKA session.

Engagement with Traditional leaders forum.

Regular Interaction and review with  
VLCPC/PLCPC/BLPCPC/DTE

Linkage with Skill training.

Special awareness drive on Child Marriage and child  
Protection.

Celebration of Kiswari Jagriti Saptah

1058 villages declaration of Child marriage free village



## Child Marriage Prevent Cases

2020	2021	2022	2023	2024
<b>78</b>	<b>144</b>	<b>297</b>	<b>440</b>	<b>373</b>

## UNDERAGE PREGNENCY STATUS

SL NO	FINANCIAL YEAR	TOOTAL PW REGISTRATION	UNDERAGE PREGNENCY	PER
1	2022-23	27314	1355	4.96
2	2023-24	27936	1794	6.42
3	2024-25	26817	1386	5.17

## District Level Specific Innovations

Established Convergence Forum and regular Monitoring

Proper tracking mechanism and growth Monitoring of SAM and MAM children

Ensuring the all Social Security Schemes and Other Benefits to SAM and MAM Families

Partnership with NALCO to control Sickle Cell Anemia

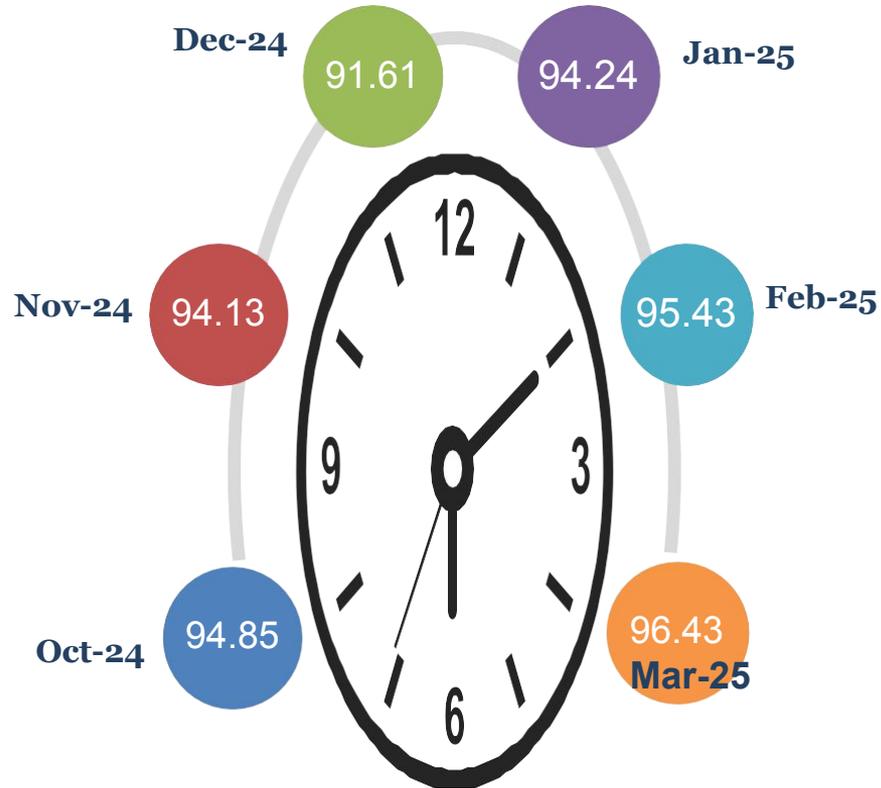
Promote Nutri-Graden at AWW and House hold

Department involve to provide benefits to SAM and MAM children and Families: Women and Child Development (WCD) Department, Health and Family Welfare Department, Panchayati Raj and Drinking Water, School and Mass Education Department, Rural Development Department, Labour Department, Food and Public Distribution Department, Agriculture and Horticulture Department, Education and Awareness Partners (e.g., NGOs, CSOs, Development Partners)

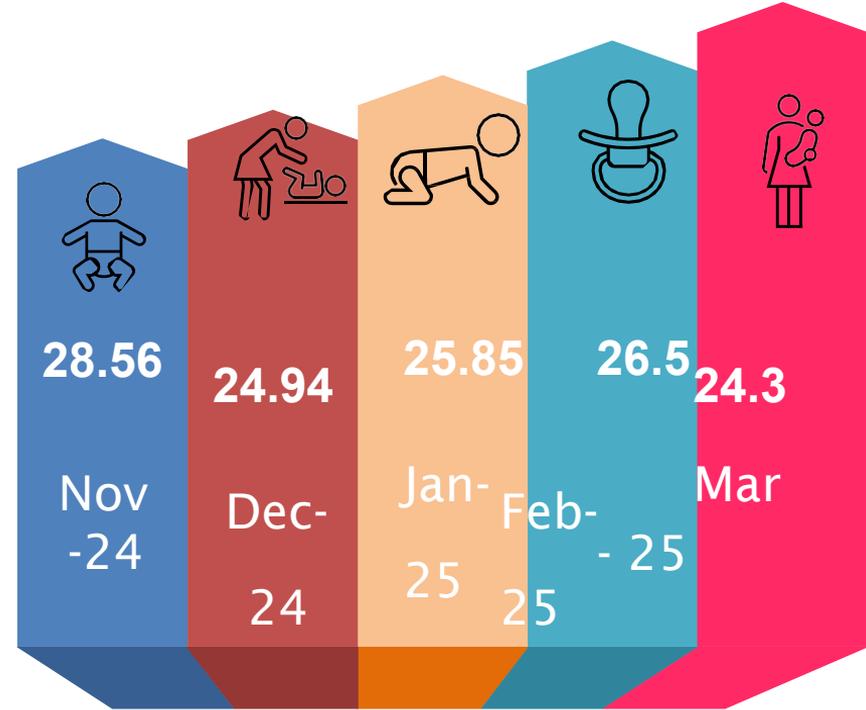


## Present Status

Percentage of Newborns breastfed within one hour of birth



Percentage of low-birth-weight babies (less than 2500g)



Present Status

Percentage of Severe Acute Malnourishment (SAM) children

Percentage of Moderate Acute Malnourishment (MAM) in children

0.57 March-25

4.27 Mar-25

0.56 Feb-25

4.51 Feb-25

0.63 Jan-25

4.77 Jan-25

0.56 Dec-24

4.45 Dec-24

0.53 Nov-24

4.14 Nav-24





# Impact Through the Interventions

- **1. Improved Nutritional Outcomes**
- SAM cases reduced by ~50%.
- Increase in children receiving regular growth monitoring: from 58% to 99%
- Greater identification and enrollment of SAM/MAM children into NRCs and THR programs
- **2. Better Maternal and Child Health Indicators**
- ANC registration in 1st trimester increased from 72% to 95% (HMIS)
- IFA consumption compliance rose from 61% to 88%
- Institutional deliveries increased from 69% to 95%
- **3. Strengthened Community-Level Mechanisms**
- Activation of Village Health & Nutrition Days (VHNDs) for regular screening
- Improved community awareness on breastfeeding, nutrition, and hygiene practices via IEC/BCC
- **4. Convergence and Data Tracking**
- Effective use of Poshana Tracker for real-time monitoring of SAM/MAM
- Coordination between ICDS, Health Department & PRIs improved intervention reach
- Weekly sector-level reviews led to better follow-up and response
- **5. Enhanced Service Delivery**
- Strengthening of Nutrition Rehabilitation Centres (NRCs) and CMAM program
- Take Home Ration (THR) delivery streamlined with tracking of beneficiaries
- Increased training of ASHA, AWW, and ANMs for early detection and counselling



**THANK YOU!**