The Nutrition Story of Odisha

Sample Registration Survey, 2016 reported **8.3 lakh live** births in Odisha. More than **26 thousand** newborns did not survive their first twenty eight days of life, and more than **41 thousand did not live to** celebrate their fifth birthday.

Malnutrition of mother and child is a primary contributing factor for these untimely deaths.

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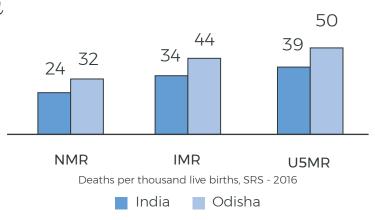


Optimal nutrition is essential for achieving 12 out of 17 SDGs



Odisha ranks poorly on neo-natal, infant, and under-five mortality indicators

Factors contributing to malnutrition





Household Level

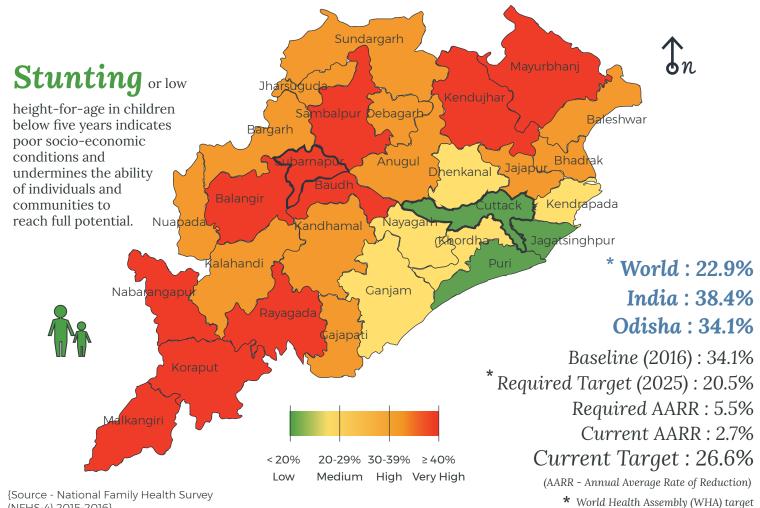
- Inadequate breastfeeding
- Inadequate complementary feeding
- Poor quality foods
- Food and water supply
- Infection

- Poor nutrition during pre-conception, pregnancy and lacatation
- Preterm birth
- Inadequate sanitation and water supply
- Food insecurity



Community Level

- Education
- Political economy
- Agriculture and food systems
- Water, sanitation and environment
- Health and healthcare
- Society and culture



(NFHS-4) 2015-2016}

* Source - World Health Organisation (WHO)

Key programmes launched at National

- Integrated Child Development Services (ICDS)
- National Creche Scheme
- Indira Gandhi Matritwa Sahyog Yojana
- SABLA
- National Health Mission (NHM)
- Mid-day Meal (MDM)
- Integrated Child Development Services System Strengthening and Nutrition Improvement Program (ISSNIP)
- Govt. of Odisha launched Special Program for Promotion of Millets in Tribal Areas to revive millet cultivation and promote millet as promising nutrition source.
 Covering 7 tribal districts of Odisha, it envisages to include millet in Nutrition Programs like ICDS, MDM and PDS.

< 10%

Low

{Source - National Family Health Survey

(NFHS-4) 2015-2016}

10-19%

Medium

20-29% ≥ 30%

High Very High

The National Nutrition Mission

(NNM) will map various schemes related to nutrition, fixed targets and guide nutrition related interventions across ministries.

GoI has committed a three year budget of

Underweight children

34.4

Current AARR = 1.7%

Current AARR: 1.7%

Current Target: 31.1%

(AARR - Annual Average Rate of Reduction)

* National Nutrition Mission (NNM) target

Source - World Health Organisation (WHO)

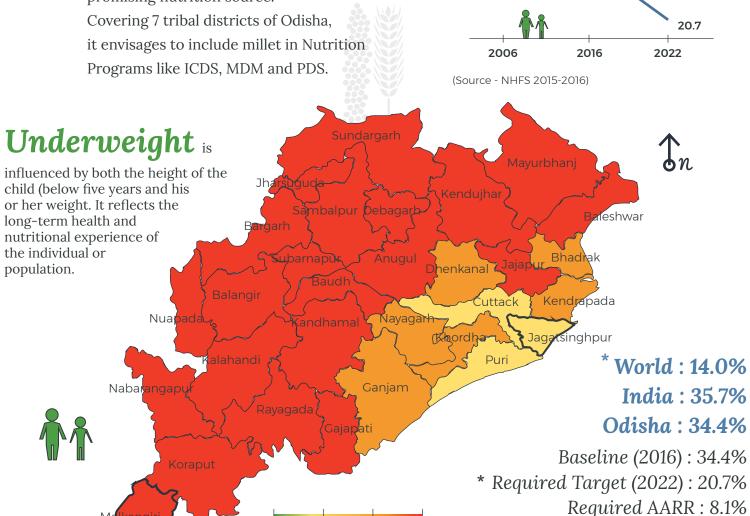
31.1

₹ 9046.17 crores.

40.7

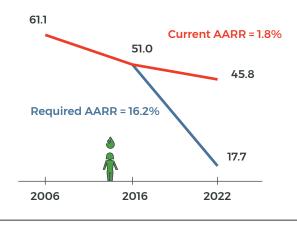
Required AARR = 8.1%

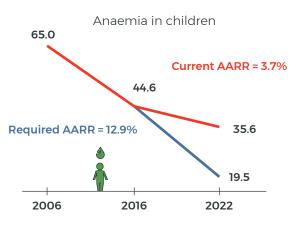
Odisha is off track to achieve NNM targets



and State Level

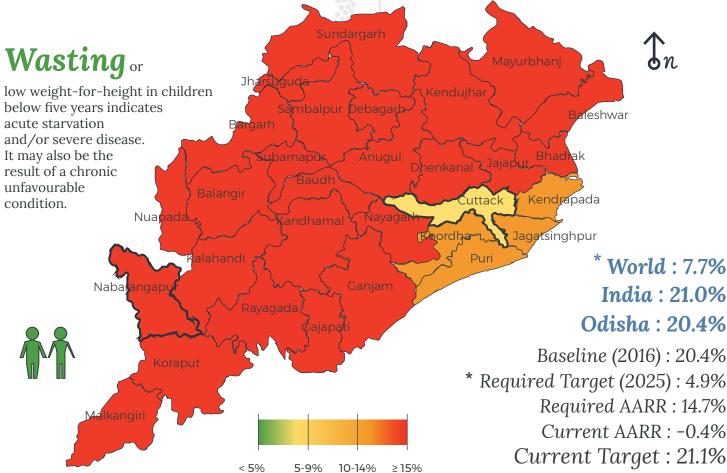
Anaemia in women (15-49 years)





Nutrition information systems need to

- Strengthen national surveillance systems
- Improve data quality: Tracking low birth weight, standardised anemia measurement via biomarker
- Reduce long interval between assessments and standardise survey methodologies
- Provide comprehensive and harmonised data repository covering various data sources e.g, micronutrient survey, household food consumption surveys, geospatial surveys using different geographic definitions



Acceptable

Poor

Serious Critical

(AARR - Annual Average Rate of Reduction)

* World Health Assembly (WHA) target

{Source - National Family Health Survey (NFHS-4) 2015-2016}

^{*} Source - World Health Organisation (WHO)

Strategies to achieve nutrition targets

- Strengthened institutional arrangements for improved access and utilization of **ICDS** services
- Decentralized planning identifying block priorities
- Ensuring community participation in planning, implementation and monitoring
- Strengthening service delivery for nutrition
- Result based monitoring and evaluation
- Early childhood education
- Interdepartmental convergence
- Integrated behaviour change communication

Key policy asks

- Set state level measurable targets for WHA and NNM goals
- Follow the life cycle approach with a focus on first 1000 days
- Establish institutional bodies State Department of Food and Nutrition, Directorate of Nutrition, Bio-Fortification Mission, Bio-Safety Authority
- Introduce nutrition budgeting
- Formulate policy to control over nutrition and obesity and non communicable disease (NCD)
- Improve nutritional outcomes among migrant population through ration card portability and targeted anemia reduction programmes
- Concert convergence of nutrition with health, education, and other social welfare programmes



Children

Underweight Stunting Low weight

for age

Low height

for age

Wasting Low weight

for height

Overweight High weight

for height

Micronutrient deficiency

Iron, folic acid, vitamin A, zinc, iodine below healthy thresholds Adult

Overweight BMI ≥ 25

Obesity BMI ≥ 30

Noncommunicable diseases Diabetes, heart disease, and some cancers

Address factors contributing to the differences in stunting prevelance between very high burden (stunting > 40%), and low burden (stunting < 20%)

	Low BMI Women 19 %	Adequate Diet 9 %	Married after 18 years 7 %
Unexplained 29 %		Open Defecation 7 %	Assets Score 6 %
	10 years of schooling 12 %	4+ ANC Visits 6 %	Household Size 5 %

	BMI k	BMI below normal (1)	Overweight or obese (2)	ght or 9 (2)		Anaemic		Vitamin A two	Early initiation	Children exclusively	Chil	dren und who a	Children under 5 years who are
Area Name	Women	Men	Women	Men	Women (3)	Pregnanat women (3)	Children (4)	dose coverage (5)	of breastfeeding (6)	breastfed (7)	Stunted	Wasted	Underweight
Anugul	21.8	22.1	17.6	17.4	44.0	58.0	37.4	63.3	777.3	ı	8.15	21.6	35.3
Balangir	31.8	20.6	10.9	11.4	61.1	59.5	67.3	6.64	81.5	53.4	7.44	26.1	44.7
Baleshwar	25.4	15.5	15.8	22.8	41.1	55.6	28.6	67.1	61.3	67.5	33.2	18.0	33.7
Bargarh	51.1	13.8	14.5	17.3	68.5	61.5	68.3	0.69	70.0	ı	39.1	24.2	39.0
Baudh	31.0	23.4	8.7	14.8	49.9	50.2	44.1	62.4	0.68	47.2	42.2	22.5	43.5
Bhadrak	30.3	19.7	13.9	22.5	43.5	33.0	22.7	77.5	67.2	ı	24.9	15.3	28.2
Cuttack	19.2	15.3	28.5	25.0	37.8	-	18.9	81.7	72.8	ı	15.3	9.1	17.1
Debagarh	51.4	20.3	10.8	10.8	42.6	41.1	30.0	70.3	72.4	0.69	33.4	19.9	37.5
Dhenkanal	25.6	23.3	18.8	16.2	39.4	25.8	39.4	9.99	74.8	ı	26.1	19.0	29.2
Gajapati	22.1	16.8	11.2	13.7	58.5	38.6	57.9	50.5	73.4	52.8	32.5	18.4	32.1
Ganjam	21.5	17.7	20.9	16.4	41.3	1	37.4	52.2	71.5	60.2	28.9	16.4	21.3
Jagatsinghapur	17.3	17.4	25.7	28.3	35.8	27.5	23.4	81.7	62.9	ı	19.5	12.6	16.5
Jajapur	28.4	21.0	17.5	9.4	43.3	LIT	30.0	78.3	53.4	9.02	20.3	16.5	30.0
Jharsuguda	27.9	27.3	18.6	16.0	69.2	59.5	67.1	74.1	72.7	55.7	84.9	24.8	36.5
Kalahandi	34.2	30.4	9.6	14.1	68.7	73.7	67.2	78.1	71.9	67.4	36.6	24.8	39.7
Kandhamal	28.1	23.8	8.2	7.0	52.7	49.5	42.7	79.3	54.8	81.4	58.4	23.1	43.1
Kendrapara	24.3	28.4	16.4	8.9	42.3	L'04	28.7	62.4	63.4	ı	6.92	12.3	24.1
Kendujhar	28.9	19.9	13.9	22.9	40.5	40.3	32.7	7.17	56.8	62.5	9.44	19.0	44.3
Khordha	15.4	9.8	30.2	27.1	45.3	41.2	19.0	76.6	9.69	59.5	24.7	13.8	20.3
Koraput	34.5	24.7	10.2	18.3	63.3	60.5	71.4	54.0	71.0	70.2	40.3	28.5	44.4
Malkangiri	45.9	26.0	6.2	6.7	71.3	71.9	72.2	65.4	67.1	66.2	45.7	32.5	51.8
Mayurbhanj	31.6	16.4	9.8	16.4	42.4	45.6	34.5	74.6	60.4	81.4	43.5	17.2	43.8
Nabarangapur	36.1	26.4	8.9	7.8	71.5	73.8	71.9	76.7	62.0	7.17	45.8	36.0	51.0
Nayagarh	16.4	17.5	22.8	21.6	39.8	34.0	26.5	84.7	62.1	67.8	28.0	17.5	25.4
Nuapada	34.0	27.4	5.8	10.0	0.49	63.6	63.9	58.4	85.7	49.2	37.6	26.4	40.0
Puri	15.5	14.5	25.3	25.6	44.3	32.1	29.2	81.9	67.1	56.0	1.91	12.1	17.2
Rayagada	33.1	30.4	10.0	11.6	55.4	52.5	49.8	72.4	7.07	70.2	43.5	23.1	42.4
Sambalpur	28.1	21.4	16.8	15.5	73.0	70.7	70.5	53.3	7:49	81.2	40.2	28.6	45.3
Subarnapur	32.2	18.0	13.8	13.0	69.2	65.8	75.0	75.7	81.1	56.6	47.5	22.3	43.0
Sundargarh	27.2	15.2	13.6	13.8	71.4	52.6	75.3	65.8	6.77	67.5	37.2	31.4	44.2
Odisha	26.4	19.5	16.5	17.2	51.0	47.6	44.6	69.1	9.89	65.6	34.1	20.4	34.4
India	22.9	20.2	20.7	18.6	53.0	50.3	58.4	60.2	41.6	54.9	38.4	21.0	35.7
												,	

(3) Women in reproductive age group (15-49 yrs) (1) BMI below normal (BMI < 18.5 kg/m2) (2) Overweight or obese (BMI > 25.0 kg/m2)

(4) Children age 6-59 months who are anaemic(5) Children age 9-59 months who received a vitamin A dose in last 6 months(6) Children under age 3 years breastfed within one hour of birth

(7) Children under age 6 months exclusively '-' indicates data not available breastfed