Addressing child undernutrition in India: Opportunities and Challenges

Proceedings of a consultation on intersectoral convergence in Andhra Pradesh




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Proceedings of the Online Consultation on Intersectoral Convergence for Nutrition held with Government Departments of Andhra Pradesh **(Held on 3rd January 2025)**

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Proceedings of the Online Consultation on intersectoral convergence for Nutrition

held with

Government Departments of Andhra Pradesh

as part of the study on

"Assessing the Impact of Poshan Abhiyaan in Addressing Child Undernutrition in Aspirational Districts Across India"

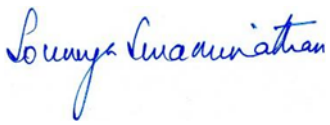
Held on 3rd January 2025

Gates Foundation

PREFACE

The Integrated Child Development Services (ICDS) Programme is the largest, domestically funded Early Childhood Programme in the world. As early as 1975 when it was introduced, it operationalized taking services right into the community and served as a convergence platform to meet the intersecting needs of women and children. While the core principles continue to remain the same, there have been considerable changes in the programmatic and administrative aspects of service delivery, for improving efficiency and impact. The Poshan Abhiyaan program launched in 2018 aimed to further strengthen convergence and had an ambitious goal of reducing stunting by 2% and undernutrition by 2% per year.

We are thankful to the Ministry of Women and Child Development for having given M S Swaminathan Research Foundation an opportunity to organize a series of consultations with government departments across several states on this subject. It was a very interesting exercise and threw up the heterogeneity of the situation in India across States, and also a lot of insights from a variety of stakeholders. I thank all the government officials of Andhra Pradesh who gave their valuable time in participating in the consultation. As those who are implementing the programme and involved in serving the community, their critical inputs and suggestions are key to enhancing service delivery and improving the impact of the program. We hope that the deliberations of this consultation will help WCD in addressing the gaps and leveraging the opportunities to further reduce malnutrition in the country.



Soumya Swaminathan
Chairperson
M S Swaminathan Research Foundation
November 2025

ACKNOWLEDGEMENTS

The M S Swaminathan Research Foundation is deeply thankful to the Ministry of Women and Child Development, Government of India for allowing us to organize a series of consultations across several states to understand the convergence between various government departments to address child undernutrition in India.

We extend our gratitude to all the government officials from Andhra Pradesh who participated in the online consultation representing the departments of Health and Family Welfare, Women and Child Development, Panchayati Raj and Rural Development and Department of Rural Water Supply and Sanitation.

We thank the Gates Foundation and the Karmannya Council for the financial and logistic support extended towards this consultation.

Contents

Background

Malnutrition is a multi-faceted phenomenon requiring concerted efforts from different stakeholders. In India there are several government programmes across life cycle to improve peoples' health and nutrition. These include direct feeding programmes, health interventions, provision of safe drinking water supply, sanitation, agricultural interventions, and livelihood enhancement programmes. While all these have helped in improving health and nutritional outcomes, progress has been slow. Of even more concern is that some states are lagging more than others. In 2018 the Government of India launched the aspirational districts programme, to propel the 112 least developed districts towards prosperity and good health.

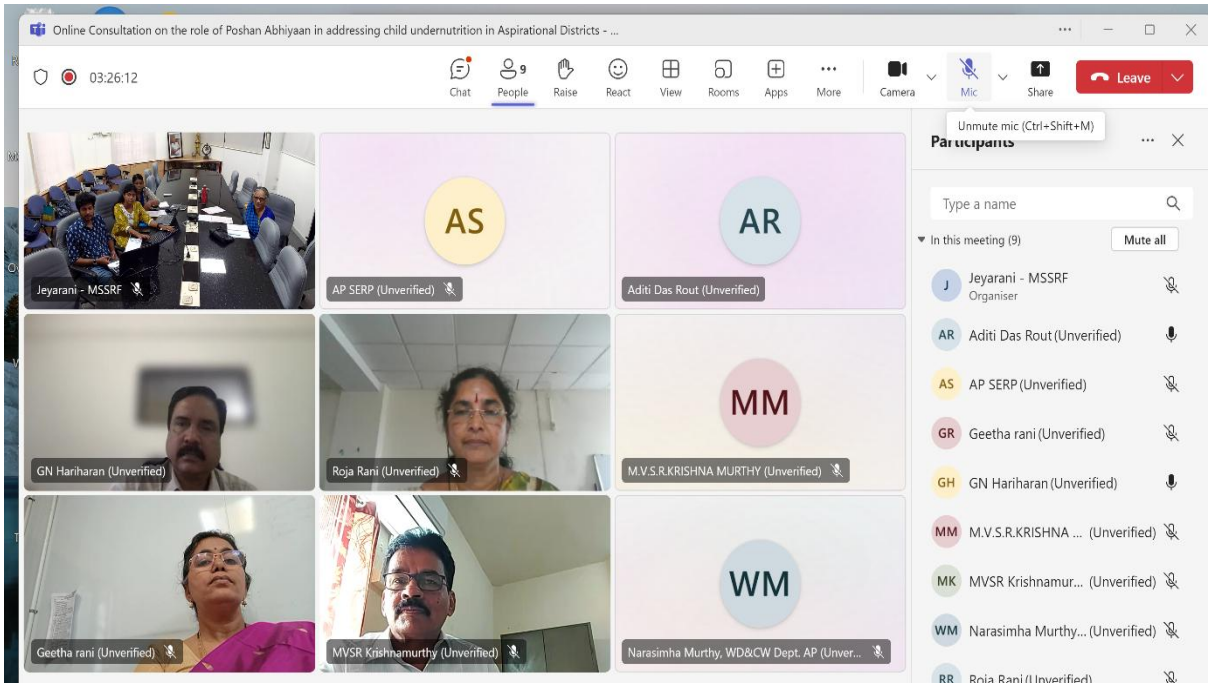
The Poshan Abhiyaan or the Prime Minister's overarching scheme for reducing malnutrition among young children, also launched in 2018, is an important milestone in India's journey towards eliminating malnutrition. Poshan Abhiyan aims to improve the nutritional status of pregnant women, lactating mothers, adolescent girls, and children between 0-6 years in a time bound manner by reducing stunting and wasting in children (0-6 years) as well as reduction in anaemia in women, children, and adolescent girls. This program drives its mission for nutrition security through a three-pronged strategy: harnessing innovative technology, fostering convergence among government departments, and mobilizing communities through the Jan Andolan public movement for social and behavioural change.

Recognizing well the importance of convergence between various government departments to tackle the problem of malnutrition holistically, Poshan Abhiyan provides a platform for convergence to realize the goal of 'Suposhit Bharat.' It lists out high impact interventions of 18 ministries/departments especially during the first 1000 days of life since conception. Every department formulates a strategic plan for nutrition and aligns it with its current initiatives.

The M. S. Swaminathan Research Foundation (MSSRF) with support from the Ministry of Women and Child Development undertook a study to assess the impact of Poshan Abhiyaan in reducing child undernutrition in select aspirational districts between November 2024 to June 2025. As part of this exercise MSSRF held a series of online and offline consultations with various government departments to understand their role and contributions in addressing malnutrition. Online consultations were held in the states of Andhra Pradesh, Telangana, and

Rajasthan while offline consultations were held in Assam and Chhattisgarh. In addition, an NGO consultation was held in Rajasthan.

The current proceedings highlight the initiatives undertaken by government departments and programs in Andhra Pradesh to address malnutrition. The challenges and bottlenecks in implementation as well as the recommendations suggested by the participants during the floor discussion have also been documented.



Online consultation with line departments of Andhra Pradesh on January 3rd, 2025

Agenda of the online consultation

TIME	TOPICS	DETAILS
9.30 am	Welcome Address	Dr. Rama Narayanan – Senior Fellow, MSSRF
09.35 to 09.45 am	Introduction of Participants	
09.45 to 09.50 am	Purpose of the consultation	Dr. Soumya Swaminathan – Chairperson, MSSRF
09.50 to 10.30 am	Improving livelihoods for ending hunger, childcare support to mothers of young children in MGNREGS and convergence with other departments	Mr. P. Srinivasalu Director, AP – SERP society for elimination of rural poverty (Panchayati raj and Rural Development Dept.). Govt. of Andhra Pradesh
10.30 to 11.10 am	State Nutritional Profile of Children (0-6 years) and Role of Poshan Abhiyaan in addressing child undernutrition	Ms. Manoranjani – Joint Director of ICDS, Department of Women and Child Development, Govt of Andhra Pradesh
11.10 to 11.20 am	Break	
11.20 to 12.00 pm	Low Birth Weight, Immunization and Health status of children (0-6 years) in aspirational districts versus non aspirational districts and convergence with other departments	Dr. LBSH Devi, State Anaemia Mukt Bharat Nodal officer, Department of Health. Govt of Andhra Pradesh
12.00 to 12.40 pm	Convergence of Safe Drinking water supply and Sanitation facility to households with children below six years in aspirational versus non aspirational districts and convergence for Behavior Change Communication	Mr. M.V.S.R. Krishna Murthy, Chief chemist Department of Rural water supply and sanitation Govt. of Andhra Pradesh
12.40 to 12.55pm	Floor discussion on the presentation	
12.55 to 01.00 pm	Closing Remarks	

The online consultation commenced with a welcome by Dr. Rama Narayanan, Senior Fellow, M S Swaminathan Research Foundation (MSSRF), who set the stage for the discussion by explaining the background and objectives of the consultation. This was followed by an introduction by all the participants

Dr. Soumya Swaminathan, Chairperson of MSSRF, addressed the participants. She elaborated on the genesis of the program, underscoring the fact that it is rooted in the need for robust, ground-level information. Dr. Swaminathan emphasized that the government is keen to understand both the successes and the challenges encountered in the implementation of Poshan Abhiyaan, with the ultimate goal of identifying concrete opportunities to strengthen the program. Despite collective efforts, malnutrition remains a critical challenge for India. With more than five years since the launch of Poshan Abhiyan, this is a pivotal moment to conduct a detailed review of all its components, with particular emphasis on the crucial aspect of convergence across departments, which is essential to addressing malnutrition effectively.

She stated that the consultation will focus on selected aspirational districts, with the objective of extracting key lessons. The insights gathered will inform a report with actionable recommendations for the government.

She requested the delegates to share not only the available data but also their valuable perspectives and field-based insights, since qualitative observations are as critical as the quantitative data in building a complete picture.

Following her address, the Director of the Society for Elimination of Poverty under the Panchayati Raj and Rural Development Department delivered the first presentation.

Role of Panchayati Raj and Rural Development department in addressing undernutrition

Presented by: Mr. P. Srinivasalu, Director, Society for Elimination of Rural Poverty (SERP)

A. Role of the Society for Elimination of Rural Poverty (SERP)

Situation analysis

1. There are 26 districts in Andhra Pradesh. As per NFHS 5 data, stunting is highest in Kurnool district, followed by Anantapur, Visakhapatnam and Krishna districts; In addition, Visakhapatnam, Guntur, Anantapur, Kurnool and East Godavari account for maximum number of wasted children. Underweight is widely prevalent in Kurnool, Anantapur, Visakhapatnam, Guntur, and Chittoor districts.
2. Malnutrition in children is due to fathers and mothers spending more time in the field to earn money with less time to care for children. Accessing Anganwadi services is difficult in some places where women have to travel up to 10 kilometres to leave their children.

Programme implementation

1. The districts are divided into 660 Mandals or Blocks. About 26,662 village organizations have been promoted along with 8,10,995 women self-help groups. All programs are implemented through these peoples' networks. A sum of Rs 10,000 is provided to each village organization every month for carrying out activities related to village development with primary focus on health and nutrition. An assistant is hired who helps the village organizations and SHGs in reaching out to the households.
2. All the households in the villages are mapped with the help of an app developed by TCS. Village assistants have the details of households on their mobiles. Vulnerable households having undernourished and anaemic members are identified by the village assistants with the help of ANM and anganwadi workers. These households are included in nutrition awareness programs and are provided with nutri garden kits.
3. The broad areas focused by the department include health, nutrition, WASH, early childhood education and economic development.
4. The scheme Poshan Bhi Padhai Bhi that integrates health, nutrition and education is implemented and monitored. Promotion of early childhood education and traditional, local dietary practices that promote nutrition especially of triable communities is undertaken. Other issues addressed are health of pregnant women, IYCF practices,

promotion of millets, Poshan Vatika in anganwadis, sanitation, hygiene and diarrhea management. Vegetable and fruit seeds are distributed to 100 households in each mandal for maintaining kitchen gardens; backyard poultry is also promoted. The Self-Help Group members also monitor water quality by using self-testing kits supplied by the Rural Water Supply department. Household Nutri Garden is emphasized to improve diet diversity and reduce micro nutrient deficiencies among household, especially pregnant women, lactating mothers, Adolescent girls and children below two years of age. Special emphasize is placed on the household with pregnant mothers and children below 2 years and the activity is linked with Anaemic SHG women/children household.

Progress in establishing Household Nutri Garden and backyard poultry in Aspirational District

Aspirational District	Target	Achievement
Alluri Sitarama Raju	2200	1263
Parvathipuram Manyam	1500	1120
Kadapa	3500	2343

Aspirational District	Backyard Poultry
Alluri Sitarama Raju	2340
Parvathipuram Manyam	1150
Kadapa	950

5. The seed supply is ensured in coordination with the horticulture /forest department and seed agencies/open market. The procurement is done through Community Based Organizations. The financial support to the seed entrepreneurs and beneficiaries for procurement of seeds is provided through Human Development Investment Fund.
6. Poshan Pakhwada is being held in the month of March for 15 days and Poshan Maah is held in the month of September every year to promote behavioral change at the individual and community levels in convergence with other line departments with the following objectives;
    - Raise awareness about nutrition, dietary practices and women's health
    - Fight malnutrition in pregnant women and young children by encouraging local, nutritious food, home gardens, and backyard poultry.

- Strengthen services for maternal and child health, including growth monitoring.
- Integrate nutrition education into existing programs and policies. SHG members are trained and are involved in awareness activities

District wise coverage of Poshan Maa activities

S.No	District	Total no of activities conducted	Total participants	Adult female	Adult male	Child (Female)	Child (Male)
1	Ananthapur	680	210826	124650	24385	30078	31713
2	Anakapalli	283	103456	86586	11458	3154	2258
3	Annamayya	147	12126	7128	1982	2122	894
4	Alluri	280	18251	9152	2575	5952	572
5	Bapatla	864	12641	5816	3412	2102	1311
6	Chittoor	138	12896	8384	624	1684	2204
7	East Godavari	272	7646	2852	1474	2418	902
8	Eluru	475	8536	1925	2289	2107	2215
9	Guntur	1246	15966	7558	4131	2146	2131
10	Kakinada	182	18540	7640	6780	2812	1308
11	Kurnool	134	14288	7144	3793	2109	1242
12	Dr BR Ambedkar Konaseema	256	92679	76410	12430	1854	1985
13	Krishna	134	16288	8144	4793	2109	1242
14	Nandyala	121	15764	8243	3237	1987	2297
15	NTR	263	23467	11263	3248	4723	4233
16	Panadu	148	89563	70253	13523	3792	1995
17	Prakasam	981	9941	6141	1971	974	855
18	PVP Manyam	378	15298	12132	1120	1217	829
19	Srikakulam	7	245	86	54	69	36
20	SPS Nelluru	176	72265	52160	16530	1427	2148
21	Sri Sathyasai	256	19510	8245	2557	3879	4829
22	Tirupathi	176	16126	8424	2856	2920	1926
23	Vishakhapatna	166	5940	2779	1187	1195	779
24	Viziyanagaram	1441	27078	22432	126	3469	1051
25	West Godavari	148	64585	38435	12435	8436	5279
26	YSR Kadapa	156	62265	49160	12530	2427	1948
	TOTAL	**9508**	**966186**	**643142**	**151500**	**97162**	**78182**

7. Panchayati Raj department also networks with UNICEF for WASH activities. It has created a pool of 145 master trainers – training has been conducted at district level, mandal level and village level for SHG members with the help of village assistants.

Economic empowerment and convergences

a. Every year, SHGs are given loans to promote food, nutrition and WASH-related enterprises through the Human Development Investment Fund (Rs. 25 crores) in aspirational districts and non-aspirational districts. In the year 2024, Alluri Sitarama Raju, Parvathipuram Manyam and Kadapa have been provided financial assistance to the tune of Rs. 77.36 lakhs for 184 SHGS, Rs. 21.9 Lakhs for 50 SHGs and Rs. 33.50 lakhs for 67 SHGs. Under this scheme, outlets / shops for selling millets, biscuits, chikkies, eggs, vegetables, bakery, fruits and fish have been established.

b. Educating SHG members on various subjects under the ULLL program (Understanding of Lifelong Learning) is being undertaken with the coordination of Adult Education Department, where the voluntary teachers are our trained SHG members. Learners are also our SHG members. TCS has helped to develop educational video lessons on diverse topics including nutrition to educate and spread awareness among the communities.

c. There is a lot of convergence between the health department and women and child welfare department and SHG members. Village organizations conduct their meetings during the first week of every month, in which ANMs also participate.

B. Mahatma Gandhi National Rural Employment Guarantee Act 2005 – MGNREGA

National Rural Employment Guarantee scheme (MGNREGA) was launched on February 2nd, 2006, in Bandlapalli village, Narpala mandal of Anantapur district. It is implemented in all rural areas from 1st April'2006 with the objective of providing not less than one hundred days of unskilled manual work per household as a guaranteed wage employment in a fiscal year as per demand for creation of productive assets of prescribed quality and durability.

Salient Features of the Act:

Under the current guidelines, each household is entitled to a maximum of 100 days of wage employment per fiscal year, with an additional 50 days available for households registered under the Forest Rights Act (FRA).

The wage rate for the fiscal year 2024-25 has been notified as Rs. 300 per day. Payment is made based on the quantity of work completed, as measured against the Rural Standard Schedule of Rates (RSSR), which itself is calculated using this notified wage.

According to rules, at the district level, a 60:40 wage-to-material expenditure ratio must be maintained. This means that for every Rs. 100 spent, a minimum of Rs. 60 (this can also be Rs. 100) must be allocated for wages, while a maximum of Rs. 40 (which can also be zero) can be spent on materials. Furthermore, a minimum of 60% of the total expenditure at the district level must be directed towards Agriculture and Allied activities.

Registered HHs/Workers	
Job Cards issued (In Lakhs)	69.20
Workers (In Lakhs)	123.57
Active Job Cards (In Lakhs)	57.23
Active Workers (In Lakhs)	96.28

Entitlements to the Wage Seekers:

- Wage seekers shall be provided with work site facilities such as creche, drinking water, shade and first aid box.
- Unemployment allowance shall be paid if the work is not provided within 15 days from the date of application for work.
- Compensation for the delay shall be paid to the wage seekers in case the wage payments are not made within 15 days from the date of closure of muster.
- Wage seekers shall be paid with ten percent of the wage rate as extra to meet the additional transportation and living expenses if the work provided is beyond 5 Kms from the habitation.
- In case of injury at work site the wage seeker shall be entitled to medical treatment free of charge and in case of hospitalization, the expenditure towards hospital accommodation, treatment, medicines, and payment of daily allowance not less than half of the wage rate shall be paid to injured wage seeker.
- If a wage seeker engaged under work dies or becomes permanently disabled at work site, an ex-gratia of Rs.2,00,000/- shall be paid to the legal heir under PM Suraksha Bhima Yojana (PMSBY).

Objectives of Plantation Program under MGNREGS:

- Creation of livelihood activities.
- Generation of a sustainable source of income.

- Expansion of green cover and protection of the environment.
- Productive utilization of fallow lands belonging to poor farmers and communities.
- Promotion of natural resource management.

Plantation under MGNREGA:

Plantation activities form a major component of individual asset creation under MGNREGA, serving as a priority work area within Natural Resource Management (NRM) and allied agricultural activities. This initiative establishes a sustainable source of income for 10-15 years, simultaneously addressing climate change while improving the livelihoods of the rural poor. It is a highly feasible intervention across diverse terrains, from deltas to uplands, and functions as a reliable year-round wage employment source. Furthermore, the tangible outcomes of these plantations provide highly visible and positive impacts that serve as excellent demonstrative models of the scheme's success.

Horticulture Plantation (Individual Farmers)

The horticulture plantation initiative for individual farmers under MGNREGA aims to create sustainable livelihoods and generate long-term income. Implemented over a three-year period, it includes maintenance activities such as watch and ward for security, manuring and watering. The project promotes a diverse range of fruit crops including mango, cashew, sweet orange, acid lime, guava, coconut, sapota, pomegranate, apple, ber, seetaphal, jamun, tamarind, fig, oil palm, and dragon fruit. Beneficiaries are selected through Gram Sabha and must receive Gram Panchayat approval, with eligibility extending to Scheduled Castes, Scheduled Tribes, Nomadic and Denotified Tribes, families below poverty line, women-headed households, physically handicapped-headed households, beneficiaries of land reforms, Indira Awaas Yojana, and Forest Rights Act recipients, followed by marginal and small farmers. Each beneficiary can develop horticulture crops on a minimum of 0.25 acres to a maximum of 5.00 acres. Plant materials are procured from government nurseries at government rates or government-approved private nurseries at rates fixed by a committee headed by the District Programme Coordinator. Key prerequisites include soil suitability testing, recommendations from the Horticulture Officer regarding crop selection, and farmer training coordinated with the department of Horticulture. As per Ministry of Rural Development guidelines, approximately 20% of the eligible beneficiary’s land area in the Gram Panchayat should be dedicated to horticulture plantations.

Timeline for Plantation Activity

Month	Plantation Activity
January	Identification of beneficiaries & suitable land for taking up Avenue & other plantations on common lands
January	Finalization of plant material rates by District Purchase Committees
February	Preparation of estimates and obtaining administrative sanctions
March	Soil test at selected planting site
April	Digging of pits
May	Filling of pits with FYM & insecticide
June & July	Transportation & planting of saplings

Horticulture & Other Plantation Works Unit Cost – 2023

Sl.No	Work Name	Work Duration Period	Units	Unit Cost in Rs.			Person days
				Wage	Material	Total	
1	Horticulture (Fruit & Plantation Crops)	3 Years	1 Acre	58632	45271	103903	216
2	Raising of Perennial Rose Garden under MGNREGA	2 Years	0.25 Acre	29500	21220	50720	108
3	Raising of Perennial Jasmine Garden under MGNREGA	2 Years	0.25 Acre	26918	17650	44568	99
4	Raising of Horticulture Plantation - Dragon fruit	3 Years	0.50 Acre	54260	133707	187967	199
5	Moringa/Drumstick Nursery in 5" x 9" Bags	1 Year	5000 plants	14649	13014	27663	54
6	Horticulture Plantation - Moringa/Drumstick	2 Years	0.25 Acre (112 Plants)	16428	7150	23578	60

Developing Low Productive Lands into High Productive Lands

Shift from rain fed field crops to Horticulture crops in 5.93 Lakh Acres of 3.84 lakh HHs in past 10 years

180 lakh Person Days /year (represents the total number of workdays a person spends in a year) wage employment through plantation works

1.2 lakh acres of RoFR (Record of Forest Rights) lands brought under Horticulture plantation in Tribal areas

Rs. 2965 Cr/ Annum income has been generated with the above activities @ Rs.0.50 lakh/Ac/Annum

GoI Advisory -Promotion of Moringa/ Drum Stick in convergence with Deendayal Antyodaya Yojana - State Rural Livelihoods Mission (DAY SRLM)

In an advisory to promote Moringa plantation, the Ministry of Rural Development (MoRD) has outlined a collaborative framework between Mahatma Gandhi NREGA and the National Rural Livelihood Mission (NRLM/SERP). Under this initiative, NRLM's role is to identify Cluster Level Federations (CLFs) and Self-Help Group members to undertake nursery raising and planting of Moringa on individual lands.

The CLFs will provide training and hand-holding support to the SHGs, supplying each member with five plants from their nursery, and will ensure these activities are presented to the Gram Sabha for inclusion in the 2024-25 Annual Action Plan. For its part, MGNREGA will be responsible for preparing the financial estimates for these activities.

All works executed by SHGs will be integrated into the MGNREGS portfolio of projects and will adhere to its mandatory provisions, including social audit. Additionally, MGNREGS staff can facilitate Moringa plantation on the lands of beneficiaries outside of SHGs. The estimated costs for these moringa nurseries is ₹30,047 for a nursery of 5,000 plants and ₹85,331 per acre for moringa plantation on individual lands.

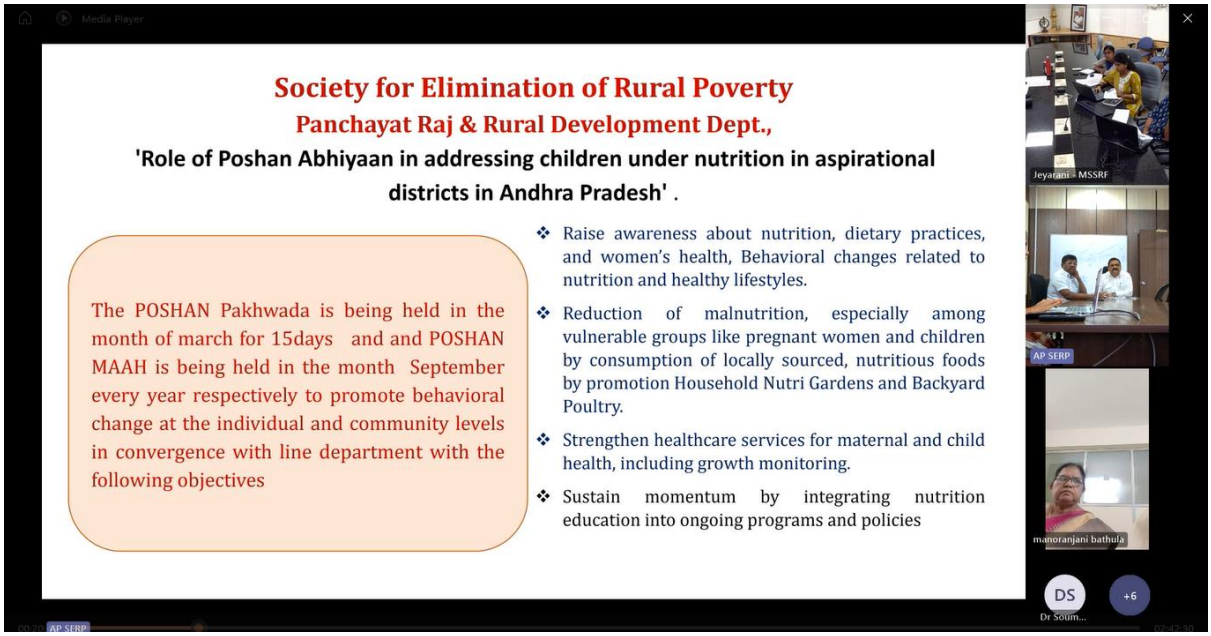
Coverage of Moringa plantation & nursery work under MGNREGS

Moringa Plantation					
FY 2022-23		FY 2023-24		FY 2024-25	
No of Farmers	Extent (In Acres)	No of Farmers	Extent (In Acres)	No of Farmers	Extent (In Acres)
999	887	1169	1160	1100	1137

Moringa Nursery					
FY 2022-23		FY 2023-24		FY 2024-25	
No of Works	No of Plants	No of Works	No of Plants	No of Works	No of Plants
190	950000	40	291150	50	250000

Value Added products for Moringa :

1.Moringa powder
2.Moringa seed Oil
3.Moringa Capsule
4.Moringa Tea
5.Moringa Paste
6.Moringa Juice
7.Moringa Cookies/ Biscuits
8.Moringa Bar
9.Moringa Soup
10.Moringa leafy curry
11.Moringa pods as Vegetable



Presentation by Mr. P. Srinivasalu, Director, Society for Elimination of Rural Poverty (SERP) from the department of Panchayati Raj and Rural Development

Floor Discussion:

The presentation was followed by an interactive discussion where participants sought further clarifications and shared insights. The key points raised are summarized below:

1. Identification of Persistent Barriers to Improving Nutrition

Participants acknowledged the impressive data presented but sought to understand the underlying challenges that persist, particularly in households with high rates of malnutrition. The following barriers were highlighted:

- **Socio-Economic Constraints:** In ultra-poor families, low income and the necessity for both parents to seek employment, often in agricultural fields 5-10 kilometers away, lead to the neglect of adequate childcare and nutrition, especially for children under two and adolescent girls.
- **Critical Gap in Childcare Infrastructure:** A significant challenge identified is the lack of dedicated care facilities for children under three, who are too young for Anganwadi centres. This forces working parents to leave them without proper supervision, directly impacting feeding practices and nutritional outcomes.

- **Literacy and Awareness:** A high rate of illiteracy among SHG members was noted as a barrier to fully understanding and adopting crucial health and nutrition counselling. The PR department should discuss with the department of WCD to undertake a survey to assess women's knowledge about the quantity of food to be eaten by a young child.

2. Proposed Solutions and Convergent Actions

In response to these challenges, several solutions for strengthened convergence were proposed:

- **Promoting SHG-Run Crèches:** A strong recommendation was made for SHGs to establish and manage village-level crèches. This initiative would address the childcare gap for infants, provide a new livelihood avenue for SHG members, and could be synergized with existing government schemes like MGNREGA for funding, following successful models from other states.
- **Enhancing Nutrition Literacy:** Beyond formal education, delegates emphasized the need for sustained and innovative nutrition literacy campaigns. Integrating nutrition-specific video lessons into adult education programs like the New India Literacy Scheme (VULAS) was suggested as a key strategy.
- **Strengthening Data-Driven Targeting:** The mechanism for identifying target households was clarified. Data on anemia and malnutrition is sourced from the Health. This data is then mapped to specific Village Organizations using an in-house app developed with technical support, ensuring that field-level assistants can provide targeted counselling and track progress effectively.

3. Convergence and Coordination at the Grassroots

Participants enquired about the operational convergence between departments. It was confirmed that a structured coordination mechanism existed at the village level:

- **Monthly Coordination Meetings:** Village Organization meetings are held monthly, with mandatory attendance from Health Department personnel (ANM), Anganwadi Workers, and SHG representatives.
- **Clear Roles and Responsibilities:** In these forums, stakeholders collectively reviewed lists of pregnant women, lactating mothers, and malnourished children,

discussed service delivery, and enforced their respective roles and responsibilities to ensure comprehensive support.

4. Status of Key Health Indicators and Interventions

Specific queries on health outcomes and interventions were addressed:

- **Anaemia Reduction:** There has been a noted improvement, with the anaemia prevalence among women and adolescent girls reportedly decreasing from 60% to approximately 50% (NFHS-5) attributed to convergent efforts across departments.
- **Infant and Young Child Feeding (IYCF) Practices:** The promotion of early initiation of breastfeeding and exclusive breastfeeding is a key focus area. This is achieved through the coordinated efforts of ASHAs, Anganwadi Workers, and SHG leaders during village meetings, where these topics are discussed among women.
- **Staff Vacancies:** While a major recruitment drive was conducted last year, some vacancies for Anganwadi Workers persist, and further information was to be collected on the exact extent.

The discussion concluded with the moderator inviting the next presentation from the Department of Women and Child Development. Ms. Manoranjani, Joint Director, delivered a comprehensive presentation on the role of WCD department in addressing undernutrition

Role of Women and Child Development department in addressing undernutrition

Presented by: Ms. Manoranjani, Joint Director

Objective of ICDS:

- To improve the nutritional and health status of children in the age-group 0-6 years
- To reduce the incidence of mortality, morbidity & malnutrition
- Management of institutions for the welfare of women & children in need of care and protection.
- To lay the foundation for proper psychological, physical & social development of the child
- To ensure safety, security and empowerment of women
- Safeguard children from all forms of abuse, exploitation & negligence

ICDS at a glance

S.No	Area	AWCs	Pregnant Women	Lactating mothers	Children (6 - 36 Months)		Children (3-6 years)		Total
			(A)	(B)	Boys (C)	Girls (D)	Boys (E)	Girls (F)	(A to F)
1	Urban	7763	59399	68516	177297	163994	138007	133016	740229
2	Tribal	8311	23092	24691	66783	63010	65190	64616	307382
3	Rural	39533	160704	192971	480518	434920	417687	397716	2084516
Total		**55607**	**243195**	**286178**	**724598**	**661924**	**620884**	**595348**	**3132127**

Pregnant women registration

S. No.	District	2014	2022	Reduction	% of reduction
A	B	C	D	E (C-D)	F [(E/C)*100]
1	West Godavari	68077	55655	12422	18.25
2	Guntur	99436	84523	14913	15.00
3	Vizianagaram	44292	38699	5593	12.63
4	Ananthapur	87808	78326	9482	10.80
5	Krishna	81731	74723	7008	8.57
6	East Godavari	90951	85040	5911	6.50
7	Srikakulam	49017	45883	3134	6.39

8	S.P.S.R.Nellore	52492	49214	3278	6.24
9	Chittoor	78703	74150	4553	5.79
10	Kurnool	87432	84325	3107	3.55
11	Kadapa	60795	59773	1022	1.68
12	Visakhapatnam	76373	75143	1230	1.61
13	Prakasam	62571	65001	-2430	-3.88

Reasons for decline in fertility rate includes late marriages, better access to family planning methods, nuclear families and Increased work force among women

Nutrition status of Boys and Girls - Nov 2024

S.No	Area	Boys	Girls	Total
1	Children (0-6 Yrs) Measured Height & Weight	1363417	1292127	2655544
2	Stunted Children	334435	263804	598,239
3	Stunted Children (%)	24.53 %	20.42 %	22.53 %
4	Underweight Children	178011	120970	298,981
5	Underweight Children (%)	13.06 %	9.36 %	11.26 %
6	Children (0-5 Yrs) Measured Height & Weight	1249308	1179951	2,429,259
7	Wasted Children	78340	52367	130,707
8	Wasted Children (%)	6.27 %	4.44 %	5.38 %
9	Obese Children	15,106	13,516	28,622
10	Obese Children (%)	1.21 %	1.15 %	1.18 %
11	Overweight Children	29,010	31,121	60,131
12	Overweight Children (%)	2.32 %	2.64 %	2.48 %

Prevalence of Underweight - December 2024

S.No	District Name	0-6M				7-12M				13-24M				25-36M				37-60M			
		Severe	%	Moderate	%	Severe	%	Moderate	%	Severe	%	Moderate	%	Severe	%	Moderate	%	Severe	%	Moderate	%
	AP	2499	0.96	7977	3.07	1103	0.45	5050	2.05	2028	0.36	12241	2.18	2769	0.48	18293	3.2	5627	0.61	44853	4.83
	Aspirational Districts																				
1	Alluri Sitharama Raju	256	4.24	571	9.45	275	3.53	767	9.85	495	2.76	2032	11.31	539	2.88	2420	12.92	971	2.49	5790	14.86
2	Parvathipuram Manyam	59	1.26	179	3.81	34	0.72	129	2.72	49	0.45	378	3.48	55	0.48	470	4.07	117	0.57	1151	5.58
3	YSR	70	0.56	255	2.03	18	0.15	104	0.88	33	0.13	214	0.82	41	0.15	309	1.15	118	0.28	1084	2.58
	Non Aspirational Districts																				
4	Anakapalli	113	1.32	251	2.93	36	0.48	174	2.32	59	0.34	418	2.38	79	0.44	600	3.36	170	0.63	1192	4.44
5	Anantapur	77	0.54	295	2.05	31	0.2	172	1.13	88	0.27	443	1.37	113	0.36	797	2.51	300	0.57	2429	4.65
6	Annamayya	73	0.77	279	2.93	20	0.2	132	1.32	39	0.18	203	0.95	35	0.16	301	1.39	153	0.48	1109	3.47
7	Bapatla	47	0.64	219	2.99	15	0.24	89	1.42	21	0.14	148	1.02	30	0.2	219	1.49	55	0.24	527	2.28
8	Chittoor	121	1.17	352	3.39	31	0.31	204	2.02	67	0.31	378	1.74	84	0.38	574	2.6	204	0.61	1639	4.91
9	Dr.B.R.Ambedkar Konaseema	57	0.69	196	2.38	14	0.21	99	1.48	27	0.17	194	1.21	38	0.23	366	2.21	93	0.32	912	3.18
10	East Godavari	51	0.57	216	2.4	15	0.19	102	1.3	26	0.14	327	1.76	47	0.25	593	3.11	112	0.37	1099	3.63
11	Eluru	126	1.3	426	4.39	48	0.57	227	2.68	88	0.44	591	2.97	148	0.72	941	4.59	260	0.72	2193	6.04
12	Guntur	77	0.87	251	2.83	25	0.3	101	1.21	47	0.23	279	1.39	73	0.35	483	2.3	135	0.37	1176	3.18
13	Kakinada	90	0.83	242	2.22	30	0.3	139	1.39	66	0.29	399	1.72	102	0.43	689	2.94	180	0.49	1449	3.94
14	Krishna	25	0.32	128	1.65	5	0.08	48	0.74	15	0.1	130	0.83	23	0.15	194	1.25	97	0.35	831	3.03
15	Kurnool	107	0.58	521	2.82	63	0.33	390	2.02	94	0.23	890	2.14	159	0.4	1458	3.65	413	0.68	3940	6.47
16	Nandyal	113	1.01	384	3.43	74	0.66	342	3.07	218	0.9	1273	5.24	341	1.37	1826	7.34	553	1.38	3692	9.19
17	NTR	63	0.71	286	3.25	19	0.23	169	2.06	40	0.21	316	1.64	56	0.29	576	2.94	135	0.38	1518	4.27
18	Palnadu	72	0.68	274	2.58	15	0.14	134	1.29	23	0.1	205	0.85	47	0.18	333	1.3	103	0.25	937	2.29

19	Prakasam	83	0.68	241	1.98	16	0.14	120	1.07	34	0.13	303	1.19	62	0.23	495	1.84	134	0.31	1237	2.86
20	SPSR Nellore	164	1.35	615	5.06	89	0.8	433	3.9	152	0.59	1008	3.91	205	0.78	1316	5.04	362	0.82	2984	6.8
21	Sri Sathya Sai	132	1.33	403	4.06	63	0.62	232	2.29	67	0.31	347	1.6	76	0.34	511	2.31	191	0.53	1322	3.7
22	Srikakulam	172	1.53	454	4.04	55	0.57	238	2.46	71	0.32	462	2.1	97	0.43	726	3.23	176	0.51	1675	4.85
23	Tirupati	132	1.13	358	3.05	45	0.41	221	2	74	0.28	460	1.75	113	0.43	579	2.21	202	0.49	1410	3.43
24	Visakhapatnam	97	1.11	279	3.19	30	0.34	139	1.56	58	0.28	335	1.6	93	0.44	556	2.63	148	0.46	1101	3.43
25	Vizianagaram	57	0.65	164	1.88	21	0.29	90	1.23	48	0.28	261	1.54	49	0.28	503	2.9	120	0.49	1240	5.05
26	West Godavari	65	0.79	138	1.67	16	0.24	55	0.81	29	0.17	247	1.48	64	0.37	458	2.64	125	0.42	1216	4.04

Prevalence of Stunting - December 2024

S.No	District Name	0-6M				7-12M				13-24M				25-36M				37-60M			
		Severe	%	Moderate	%	Severe	%	Moderate	%	Severe	%	Moderate	%	Severe	%	Moderate	%	Severe	%	Moderate	%
	AP	5614	2.16	10702	4.12	3775	1.53	8980	3.64	7999	1.43	30448	5.43	7549	1.32	33038	5.79	11524	1.24	60548	6.52
	Aspirational Districts																				
1	Alluri Sitharama Raju	478	7.91	602	9.96	615	7.9	913	11.73	1763	9.82	3335	18.57	1560	8.33	3779	20.18	2496	6.41	8216	21.09
2	Parvathipuram Manyam	113	2.4	228	4.85	92	1.94	171	3.6	225	2.07	631	5.8	157	1.36	747	6.46	252	1.22	1543	7.48
3	YSR	168	1.34	347	2.76	90	0.76	279	2.37	126	0.48	717	2.73	119	0.44	657	2.45	222	0.53	1459	3.47
	Non Aspirational Districts																				
4	Anakapalli	172	2.01	341	3.98	132	1.76	290	3.86	241	1.37	1123	6.39	245	1.37	1167	6.54	319	1.19	1718	6.4
5	Anantapur	177	1.23	438	3.05	127	0.84	369	2.43	279	0.86	1286	3.98	313	0.99	1455	4.59	559	1.07	3277	6.28
6	Annamayya	250	2.63	392	4.12	126	1.26	322	3.21	190	0.89	793	3.71	171	0.79	747	3.46	312	0.98	1582	4.95
7	Bapatla	159	2.17	271	3.7	94	1.5	169	2.7	117	0.81	541	3.73	99	0.67	464	3.15	117	0.51	811	3.5
8	Chittoor	269	2.59	524	5.05	173	1.72	399	3.96	329	1.51	1255	5.77	261	1.18	1242	5.62	355	1.06	2136	6.4
9	Dr.B.R.Ambedkar Konaseema	94	1.14	270	3.28	59	0.88	174	2.59	103	0.64	678	4.22	106	0.64	741	4.48	174	0.61	1267	4.42
10	East Godavari	90	1	293	3.25	39	0.5	220	2.79	58	0.31	780	4.19	106	0.56	931	4.89	135	0.45	1367	4.51
11	Eluru	406	4.19	562	5.8	209	2.47	435	5.14	458	2.3	1539	7.72	382	1.86	1660	8.1	527	1.45	2703	7.44

12	Guntur	211	2.38	360	4.06	92	1.1	281	3.35	163	0.81	887	4.43	176	0.84	919	4.37	252	0.68	1622	4.39
13	Kakinada	153	1.41	363	3.34	74	0.74	274	2.74	173	0.75	1032	4.46	233	0.99	1265	5.39	317	0.86	1999	5.43
14	Krishna	70	0.9	144	1.85	18	0.28	99	1.52	41	0.26	358	2.27	39	0.25	307	1.97	131	0.48	848	3.09
15	Kurnool	278	1.5	693	3.75	214	1.11	691	3.59	514	1.23	2462	5.91	526	1.32	2809	7.02	912	1.5	5654	9.29
16	Nandyal	184	1.64	504	4.5	177	1.59	601	5.4	535	2.2	2248	9.25	691	2.78	2863	11.5	1137	2.83	5052	12.58
17	NTR	170	1.93	419	4.75	123	1.5	376	4.58	273	1.42	1298	6.73	212	1.08	1309	6.69	327	0.92	2315	6.51
18	Palnadu	173	1.63	339	3.2	95	0.91	250	2.4	141	0.59	689	2.86	107	0.42	702	2.73	174	0.43	1134	2.78
19	Prakasam	149	1.22	392	3.22	59	0.53	225	2	147	0.58	816	3.2	159	0.59	957	3.56	227	0.53	1771	4.1
20	SPSR Nellore	484	3.98	857	7.06	339	3.05	689	6.2	613	2.38	2166	8.4	504	1.93	2208	8.45	627	1.43	3627	8.26
21	Sri Sathya Sai	327	3.3	461	4.65	282	2.78	369	3.64	412	1.9	1020	4.71	373	1.68	1138	5.14	541	1.51	2010	5.62
22	Srikakulam	364	3.24	668	5.94	175	1.81	474	4.9	353	1.61	1600	7.28	319	1.42	1597	7.11	394	1.14	2559	7.41
23	Tirupati	380	3.24	569	4.86	216	1.95	434	3.93	405	1.54	1326	5.04	310	1.18	1119	4.28	368	0.9	1815	4.42
24	Visakhapatnam	166	1.9	325	3.71	86	0.96	265	2.97	159	0.76	945	4.53	175	0.83	882	4.18	262	0.82	1386	4.32
25	Vizianagaram	61	0.7	180	2.07	36	0.49	114	1.56	86	0.51	471	2.79	95	0.55	719	4.14	177	0.72	1443	5.87
26	West Godavari	68	0.82	160	1.94	33	0.49	97	1.43	95	0.57	452	2.7	111	0.64	654	3.77	210	0.7	1234	4.1

Wasting - December 2024

S.No	District Name	0-6M				7-12M				13-24M				25-36M				37-60M			
		Severe	%	Moderate	%	Severe	%	Moderate	%	Severe	%	Moderate	%	Severe	%	Moderate	%	Severe	%	Moderate	%
	AP	7724	2.97	7205	2.77	1814	0.74	4855	1.97	2083	0.37	7883	1.41	1804	0.32	9519	1.67	2792	0.3	19993	2.15
Aspirational Districts																					
1	Alluri Sitharama Raju	664	10.99	446	7.38	342	4.39	565	7.26	397	2.21	979	5.45	316	1.69	963	5.14	508	1.3	1959	5.03
2	Parvathipuram Manyam	157	3.34	155	3.3	52	1.1	112	2.36	42	0.39	241	2.22	46	0.4	291	2.52	80	0.39	510	2.47
3	YSR	232	1.85	245	1.95	37	0.31	110	0.93	46	0.18	177	0.67	30	0.11	227	0.85	66	0.16	591	1.4
Non Aspirational Districts																					
4	Anakapalli	452	5.28	409	4.78	75	1	209	2.79	82	0.47	294	1.67	62	0.35	330	1.85	91	0.34	609	2.27
5	Anantapur	344	2.39	319	2.22	89	0.59	217	1.43	100	0.31	342	1.06	80	0.25	452	1.43	144	0.28	1010	1.93

6	Annamayya	351	3.69	255	2.68	69	0.69	177	1.77	76	0.36	232	1.09	71	0.33	268	1.24	118	0.37	682	2.14
7	Bapatla	210	2.87	172	2.35	38	0.61	97	1.55	29	0.2	154	1.06	35	0.24	192	1.3	30	0.13	341	1.47
8	Chittoor	452	4.36	362	3.49	81	0.8	225	2.23	81	0.37	311	1.43	74	0.33	377	1.7	121	0.36	761	2.28
9	Dr.B.R.Ambedkar Konaseema	120	1.46	150	1.82	19	0.28	88	1.31	17	0.11	154	0.96	25	0.15	171	1.03	36	0.13	453	1.58
10	East Godavari	96	1.07	170	1.89	18	0.23	110	1.4	17	0.09	203	1.09	24	0.13	269	1.41	42	0.14	467	1.54
11	Eluru	291	3	378	3.9	82	0.97	206	2.43	84	0.42	406	2.04	90	0.44	458	2.24	114	0.31	951	2.62
12	Guntur	235	2.65	222	2.5	32	0.38	118	1.41	40	0.2	162	0.81	46	0.22	321	1.53	81	0.22	754	2.04
13	Kakinada	208	1.91	278	2.55	37	0.37	146	1.46	49	0.21	216	0.93	55	0.23	323	1.38	64	0.17	565	1.54
14	Krishna	51	0.66	88	1.13	13	0.2	43	0.66	13	0.08	95	0.6	12	0.08	120	0.77	37	0.13	417	1.52
15	Kurnool	361	1.95	356	1.93	110	0.57	296	1.54	91	0.22	424	1.02	73	0.18	532	1.33	129	0.21	1144	1.88
16	Nandyal	252	2.25	257	2.29	69	0.62	212	1.9	139	0.57	505	2.08	115	0.46	575	2.31	127	0.32	946	2.35
17	NTR	183	2.08	211	2.39	27	0.33	132	1.61	35	0.18	158	0.82	43	0.22	254	1.3	56	0.16	586	1.65
18	Palnadu	208	1.96	214	2.02	47	0.45	135	1.3	55	0.23	203	0.84	51	0.2	246	0.96	85	0.21	636	1.56
19	Prakasam	209	1.71	231	1.9	35	0.31	141	1.26	38	0.15	236	0.93	26	0.1	279	1.04	61	0.14	609	1.41
20	SPSR Nellore	593	4.88	491	4.04	119	1.07	420	3.78	178	0.69	750	2.91	137	0.52	820	3.14	183	0.42	1688	3.85
21	Sri Sathya Sai	605	6.1	349	3.52	160	1.58	289	2.85	149	0.69	379	1.75	109	0.49	417	1.88	183	0.51	857	2.4
22	Srikakulam	448	3.98	467	4.15	104	1.08	250	2.59	95	0.43	383	1.74	82	0.36	437	1.95	101	0.29	894	2.59
23	Tirupati	514	4.39	358	3.05	81	0.73	225	2.04	118	0.45	322	1.23	109	0.42	448	1.71	151	0.37	895	2.18
24	Visakhapatnam	290	3.31	318	3.63	48	0.54	167	1.87	60	0.29	246	1.18	50	0.24	334	1.58	100	0.31	767	2.39
25	Vizianagaram	87	1	154	1.77	22	0.3	98	1.34	24	0.14	168	0.99	19	0.11	215	1.24	44	0.18	427	1.74
26	West Godavari	111	1.34	150	1.81	8	0.12	67	0.99	28	0.17	143	0.86	24	0.14	200	1.15	40	0.13	474	1.58

Key activities to address anaemia and malnutrition

- Providing egg and milk daily to all the beneficiaries along with an iron- and protein-rich nutrition kit monthly
- Ensuring IFA and Deworming in coordination with health department as per AMB guidelines.
- Promoting the consumption of moringa leaf and curry leaf powders to address iron deficiency
- Introduced Community Growth Charts to sensitize parents to track their child's nutritional status
- Encouraging to adopt malnourished children by officers to monitor their nutritional status
- Promoting the consumption of millets through community-based events to encourage healthy dietary practices.
- Emphasizing Poshan vatikas with various varieties of seeds and seedlings (Zero Based Natural Forming)
- Home visits by Anganwadi Workers to the families of malnourished children to ensure IYCF practices at home
- Focusing on WASH in Anganwadis by construction of toilets with running water and ensuring safe drinking water.
- Implementation of CMAM program with the support of partner organizations
- Organizing Nutrition assessments to identify gap areas to address malnutrition
- Organize Community based events Sreemantalu, Annaprasana, School readiness, Poshana veduka, Praja Arogyam activities at District, Project, Mandal, Village level in convergence with Health, PR, Education departments.
- Home visits on timely initiation of exclusive Breast Feeding upto 6 months and continued upto 24 months & beyond, importance of Dietary diversity at lactating period, Proper Techniques of Breast-feeding, immunization

- Demonstration sessions/Awareness sessions/ camps on Growth measurement drive (SAM/MAM screening), special diet for malnourished children and importance of NRC
- Diet consultation camp at varied health services (PHC/CHC/DHC) for PW&LMs focusing daily consumption of Millets and developing Nutri / Kitchen Gardens
- Awareness sessions/ camps at Schools/colleges/ community with the support of front-line health workers (ASHA/AWW/ANM) on Management of anaemia
- VHSND- Village Health Sanitation and Nutrition Days and Sensitization activity on Diarrhoea convergence with Health department
- Home visits with special focus on ECCE especially for engaging parents.
- Awareness sessions/ camps at Schools on Menstrual Hygiene and health management
- Organize awareness programmes on negative consequences of child marriages in villages by coordination with village/Ward Secretariat staff.
- Organize Campaigns at Schools, colleges, and Communities on Child Marriage Act, child abuse and other related issues.

Role of Poshan Tracker in identifying and targeting malnourished children and its effectiveness

- Poshan Tracker (PT) is a mobile-based application to track the growth and development of children, enabling real-time monitoring of nutrition-related indicators. sharing across the concerned departments.
- PT will provide a 360-degree view of the activities of the Anganwadi Centre (AWC), service deliveries of Anganwadi Workers (AWWs) and complete beneficiary management for pregnant women, lactating mothers and children.
- Tracking of all AWCs is happening through the provision of smart phones with internet connectivity to all the AWWs and supervisors.
- Regularly updated district nutrition profiles providing insights into nutrition-related indicators, facilitating data-driven decision-making.
- Reflection of Child wise nutritional status with colour coding in PT is helping the

- AWW for easy identification to provide special care and nutrition education to parents' / family members
- CDPOs and supervisors for monitoring and to provide hand holding support to AWWs

Protocol followed in identifying and addressing child malnutrition (such as stunted, wasted, SAM / MAM children) is it community-based management, or institutional such as NRCs and Convergence with line departments)

- Following the SOP issued by GOAP and the referrals are happening to NRCs. Need to strengthen the referral mechanism.
- Piloting of the Protocol issued by GOI is under process in collaboration with partner organizations.

Impact of Poshan Abhiyaan on child malnutrition

Andhra Pradesh has made significant strides in addressing child malnutrition through the Poshan Abhiyaan. The Poshan Abhiyaan has brought nutrition to the forefront of India's development agenda, with a focus on convergent actions, Jan Andolan (public mobilization), and technology-based real-time monitoring.

Achievements

1. **Reduced Stunting Rates**: Between 2015-16 and 2019-21, stunting rates among children under five decreased from 47.3% to 42.8%.

2**. Improved Exclusive Breastfeeding**: Exclusive breastfeeding rates increased from 55.6% in 2015-16 to 63.4% in 2019-21.

3**. Enhanced Nutrition Knowledge**: Over 85% of pregnant women and lactating mothers received counseling on proper nutrition and breastfeeding practices.

BEST PRACTICES – Saksham Anganwadi Poshan 2.O

- Providing egg and milk daily to all the beneficiaries, irrespective of their nutritional status, along with an iron- and protein-rich nutrition kit on a monthly basis to ensure improved nutrition.

- Participation of AWWs in CBOs meeting to sensitize them on the availability of services at their doorsteps and their role in reduction of malnutrition(poverty).
- Promoting the consumption of millets through community-based events to encourage healthy dietary practices.
- Implementing an FRS-based system to ensure accountability and transparency in the distribution of Take-Home Ration (THR).
- Conducting weekly review meetings with RJDs, PDs, and CDPOs to assess the progress of key performance indicators and provide necessary support for field-level challenges.
- Leveraging mobile-based technology for remote capacity building and parental engagement to ensure last-mile coverage and enhance ECCE delivery.
- Engaging mothers' groups regularly to involve parents in the holistic development of children through effective at-home engagement activities.

Challenges

- Myths and misconceptions about foods to be consumed during pregnancy and lactation, along with the wide availability of processed and packaged foods in the market, are negatively impacting maternal and child nutrition
- Limited internet access in rural and tribal areas affecting updates to the service delivery system.
- Low salary structure for state-level consultants under the Poshan Abhiyaan schemes has resulted in high staff turnover and reduced competency levels. Same salary structure since 2013
- Lack of teaching and nurturing skills among Anganwadi Workers, coupled with inadequate facilities at Anganwadi Centers, is affecting the quality of ECCE delivery

Infrastructure of Anganwadi Centres

- Under Poshan Abhiyaan, the central government provides ₹10,000 per Anganwadi for maintenance, minor repairs, and Development of Nutri Gardens (Poshan Vatika). So far 9000 Anganwadi Centres have developed Poshan Vatikas.

- In East Godavari, the District Collector allocated 10 cents of land per anganwadi centre for nutri gardens. The produce is distributed to pregnant and lactating mothers.

Nutrition Interventions and Supplementary Nutrition

- In November 2024, moringa powder was introduced to all anganwadi centers. Moringa powder is prepared by Anganwadi worker and stored in anganwadi centers and added to the hot cooked meal given to 3 to 6 years' children.
- Awareness on benefits of moringa is provided to pregnant and lactating women and other beneficiaries.
- Milk and egg are provided to the children and pregnant women in the center daily.
- A monthly nutrition kit is provided to pregnant and lactating mothers, containing 3 kg of rice, 1 kg of dal, 0.5 liters of oil, 25 eggs, 5 liters of milk, and supplementary foods like 2 kg of ragi flour, rice flakes, jaggery, groundnut chikkies, and dry dates.
- Children under three years receive Balamurtham which is a therapeutic, fortified food, while those aged 3-6 years are provided with Home-Cooked Meals (HCM), with both groups also receiving eggs and milk.
- Additionally, millet-based foods are promoted for among the mothers.

On-going nutrition program for women and children in Plain Area

Scheme	Category	Food commodities	Cost per each beneficiary per day	Cost per each beneficiary per month
Bala Sanjivani	**Pregnant and Lactating women**	**Take Home Ration (THR): Twice in a month:** **First Friday:** 1.Rice (3Kgs); 2.Dal (1Kg); 3.Oil (½ Ltr); 4.Eggs:13. **Third Friday:** 1.Ragi flour (2kgs); 2.Rice flakes (1kg); 3.Jaggery (250g); 4.Groundnut Chikki (250g); 5.Dry Dates (250g); 6. Eggs:12; 7. Milk (5 Ltrs).	**Rs. 34/-** Central Share - Rs. **4.75/-** State Share – Rs. **29.25/-**	**Rs. 850/-** Central Share - Rs. **118.75/-** State Share – **Rs. 731.25/-**
	Children 7 months to 3 years	**Take Home Ration (THR): Twice in a month:** **First Friday:** 1. Balamrutham (2.5 kgs); Eggs (13). **Third Friday:** 1. Milk (2.5 Ltrs); 2. Eggs (12).	**Rs. 16.48/-** Central Share - Rs. 4/- State Share – Rs. 12.48/-	**Rs. 412/-** Central Share - **Rs. 100/-** State Share – **Rs. 312/-**
	Children: 3 to 6 years	**Daily Hot Cooked Meal at Anganwadi Centre (Avg. 25 days in a month):** Rice (75g), Dal (15g), Oil (5ml), Vegetables/Green leafy vegetables (50g), Milk (100 ml), Egg (daily)	**Rs. 14/-** Central Share – Rs. 4/- State Share – Rs. 10/-	**Rs. 350/-** Central Share – **Rs. 100/-** State Share – **Rs. 250/-**

On-going nutrition program for women and children in Tribal Area

Scheme	Category	Food commodities	Cost per each beneficiary per day	Cost per each beneficiary per month
Bala Sanjivani plus (+)	Pregnant and Lactating women	**Take Home Ration (THR): Twice in a month:** **First Friday:** 1.Rice (3Kgs); 2.Dal (1Kg); 3.Oil (½ Ltr); 4.Eggs:13. **Third Friday:** 1.Multigrain Atta (2kgs); 2. Ragi flour (1kg); 3.Jaggery (500g); 4.Groundnut Chikki (500g); 5.Dry Dates (500g); 6. Eggs:12; 7. Milk (5 Ltrs).	**Rs. 44/-** Central Share - Rs. **4.75/-** State Share – Rs. **39.25/-**	**Rs. 1100/-** Central Share - Rs. **118.75/-** State Share – **Rs. 981.25/-**
	Children 7 months to 3 years	**Take Home Ration (THR): Twice in a month:** **First Friday:** 1. Balamrutham (2.5 kgs); Eggs (15). **Third Friday:** 1. Milk (6 Ltrs); 2. Eggs (15).	**Rs. 24.80/-** Central Share - Rs. 4/- State Share – Rs. 20.80/-	**Rs. 620/-** Central Share - **Rs. 100/-** State Share – **Rs. 520/-**
	Children: 3 to 6 years	**Daily Hot Cooked Meal at Anganwadi Centre (Avg. 25 days in a month):** Rice (75g), Dal (15g), Oil (5ml), Vegetables/Green leafy vegetables (50g), Milk (200 ml), Egg (daily)	**Rs. 22.12/-** Central Share – Rs. 4/- State Share – Rs. 18.12/-	**Rs. 553/-** Central Share – **Rs. 100/-** State Share – **Rs. 453/-**

Monitoring and Adoption of Malnourished Children

- Adoption of malnourished children has been emphasized for continuous monitoring to review progress. The supervisor is expected to adopt 10 children, CDPO-5 and PD -5.
- New growth monitoring devices like Infantometer, Stadiometer, weighing scale has been distributed to all centres to get the accurate measurement of the children.
- The department has initiated a program to distribute physical growth charts to mothers for empowering them to monitor their children's growth and development and facilitate necessary interventions in a timely manner. About 32,000 SAM children were identified in the state, and it has been planned to distribute physical growth charts to all 32,000 households of SAM children to track their child's growth.
- A key component involves using these growth charts to effectively identify children in the "red zone," indicating severe malnutrition and to ensure comprehensive support. The Women and Child Development and health departments conduct joint follow-ups on these cases.
- The Community-Based Management of Malnutrition (CMAM) program was initially piloted in three places; Parvathipuram Manyam, Tiruapati and N.T.R District through a collaborative effort with the Tata Trusts and now it has been planned to scale up with the support of UNICEF and other local NGOs. Standard protocol shared by the ministry has been utilized for CMAM programme.

- This initiative focuses on building the capacity of local communities and also includes the critical referral of the children with Severe Acute Malnutrition (SAM) to Nutritional Rehabilitation Centres (NRCs) or home-based care.

Convergence and Multi-Departmental Coordination

- The department of WCD takes initiatives to ensures strong multi-departmental convergence & includes sharing malnutrition data with the Health department.
- The department coordinates with the Rural Water Supply and Sanitation department to provide rainwater harvesting, drinking water and toilets facilities across 9,000 anganwadi centres in Andhra Pradesh.
- WASH activities are monitored at the anganwadi centre in partnership with local NGOs and Rural Water Supply department.
- Furthermore, it engages a wide network of departments including Education department for creating awareness on menstrual hygiene in schools.
- During Poshan Maah, departments of SERP, District Rural Development Agency (DRDA), Health, Panchayati Raj, and Rural Development are actively involved in creating awareness programmes.
- Village Health, Sanitation and Nutrition Day, a community level meeting, is observed on the 5th of every month involving all front-line workers like ASHA, ANM and AWW to provide services like immunization, growth monitoring, and nutrition counselling. ECCE day is also celebrated monthly to raise awareness on childcare and nutrition for children between 0 – 6 months.
- The Kishori Vikas initiative is a programme designed for adolescent girls between 11 to 18 years of age. It delivers training and awareness sessions focusing on health, nutrition, menstrual hygiene, personal hygiene, and self-defence techniques—across district, mandal, and village levels. The program also establishes peer groups consisting of both adolescent girls and boys.
- The initiative of streamlining the supply chain for the Supplementary Nutrition Programme (SNP) was taken to prevent delays and ensure uninterrupted delivery. This was achieved through digital monitoring via mobile applications, which enhances transparency and real-time tracking.

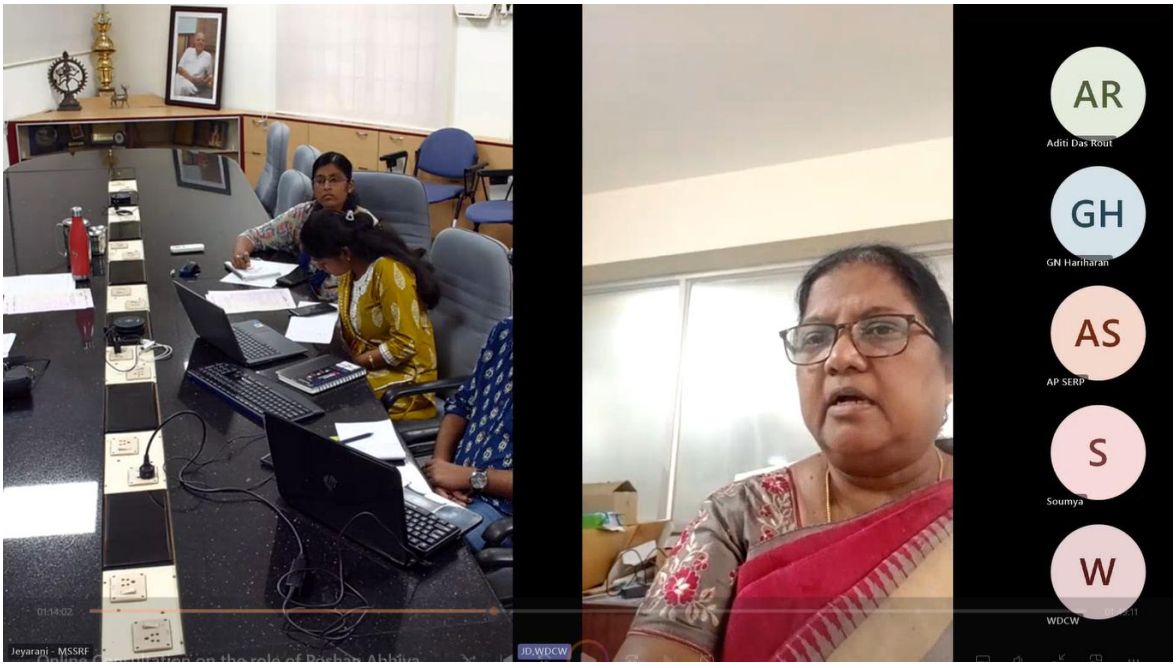
- Data integration from Health and ICDS is happening to address anaemia and Malnutrition.
- Coordinating with Rural Water Supply and Sanitation Department for Toilet and Drinking Water sanctioning.
- Sharing of Anemia and undernourished child's data with SERP for sensitization and Follow up during CBOs meetings for Behaviour change and mobilization for accessing the services.

Way-forward

Saksham Anganwadi Poshan 2.O

- Integration of Poshan Tracker data with the RCH portal of Health department for early identification and tracking of women throughout their reproductive lifecycle – i.e. monitoring and supporting the reproductive, maternal, new-born and child health schemes/programme delivery and reporting and for effective management of undernutrition.
- Promotion of consumption of moringa leaf and curry leaf powders to address iron deficiency anaemia among pregnant and lactating mothers.
- Planned to organize food and age specific Feeding demonstrations with pregnant women and mothers of children below two years in a campaign mode to ensure MIYCN practices.
- Promotion of consumption of millets through community-based events to encourage healthy dietary practices.
- Strengthening of mothers' groups and involvement of both parents on ECCE days for their effective engagement in at-home activities.
- Adoption of districts by state office functionaries for monitoring and handholding support.
    - Encouraging each CDPO to adopt five malnourished children and each supervisor to adopt ten, to monitor their nutritional status and implement targeted interventions.
- Adoption of Malnourished children by district and sub district officers from concerned departments.

- Strengthening of weekly review meetings with RJDs, PDs, and CDPOs to assess the progress of key performance indicators and provide necessary support for field-level challenges.
- Establishment of referral and follow up mechanism in coordination with Health and SERP



Presentation by Ms. Manoranjani, JD from the department of Women and Child Development

Floor Discussion:

1. Enquiry about Standard Operating Procedures (SOPs) for Managing Malnutrition

A participant raised a critical question regarding a standardized response mechanism for identified cases of child malnutrition. The enquiry focused on whether a clear protocol is activated when a child is diagnosed as Severely Acute Malnourished (SAM) or Moderately Acute Malnourished (MAM).

In response, a representative from the Women and Child Development (WCD) department clarified that the state is implementing the **national protocol** for community-based management of malnutrition (**CMAM**) recently shared by the Ministry. The program was being

tested in three districts with plans for a state-wide scale-up supported by UNICEF and NGO partners. The current procedure involves:

- **Screening and Triage:** Children are screened in collaboration with the Health Department.
- **Referral to NRCs:** Those with medical complications or who fail a hunger test are immediately referred to Nutritional Rehabilitation Centres (NRCs), though such cases are reported to be minimal.
- **Community-Based Management:** The majority of malnourished children are managed at the household level. A key challenge with Home-Based Care (HBC) is that women often feel embarrassed, and if they live too far from Anganwadi centers find it difficult to get dressed and go to the centres with their children. Consequently, they prefer Take-Home Rations (THR).

2. Discussion on Sustainability and Community Capacity Building

A follow-up question was posed on how the recovery from malnutrition was sustained, specifically in preventing children from slipping back into malnutrition after initial improvement. It was emphasized that sustainability was achieved by **building community capacity**. Key strategies highlighted included:

- **Home-Based Growth Monitoring Charts:** The department is preparing to distribute these charts to approximately 32,000 households with malnourished children. This tool empowers families to actively participate in monitoring their children's growth.
- **Empowering Mothers and Ensuring Household Food Security:** The focus is on building the mothers' knowledge and skills to manage their child's nutrition, supported by the provision of take-home rations like milk.
- **Strengthened Convergence at the Household Level:** Another participant added that for sustainability, convergence must move beyond joint activities to coordinated action at the individual household level. She suggested forming joint teams of health functionaries, SHG members, and WCD staff to conduct home visits and provide consistent follow-up through their respective community platforms. This approach would build the capacity of the entire family, ensuring long-term behavioral change and program sustainability.

The consensus was that by strengthening convergence at household-level, the program can ensure that children not only recover but also sustain their improved nutritional status.

The moderator then invited Dr. Devi, State Immunization officer and Nodal officer for Anaemia Mukth Bharat from the department of Health and Family welfare to present the efforts of the health department in improving the nutritional and health status of the population.

Role of Health and Family Welfare department in addressing child undernutrition

Presented by: Dr. Devi, State Immunization officer and Nodal officer for Anaemia Mukth Bharat

Prevalence of Low Birth Weight:

Among the 26 districts in the state the average number of low birth weight (LBW) is highest in Alluri Sitarama Raju district which is a tribal district with difficult terrain. The major challenges here include, poor maternal nutrition, maternal anaemia, some unsound traditional practices, low health literacy and delayed health seeking behaviour affecting antenatal and postnatal care.

The state has taken few following steps to tackle LBW:

- Comprehensive Antenatal Care: Enhanced outreach through Mother's Absolute Affection (MAA) and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) ensuring early detection of high-risk pregnancies to provide referral services.
- Robust Immunization Drives: Introduction of birth-dose vaccines like BCG, Hepatitis B and OPV, contributing to better neonatal health.
- Strengthened Facility-Based Newborn Care: Establishment of special Newborn Care Units (SNCUs), Newborn Stabilization Units (NBSUs), and Newborn Care `Corners (NBCCs) across healthcare facilities. In case of an emergency the newborn will be referred to higher centre.

Prevalence of Low Birth Weight

S.No.	District	Live Births	LBW Reported <2.5Kgs	% of LBW Reported
	Non Aspirational District			
1	NTR	25431	1768	6.95
2	Visakhapatnam	20664	1491	7.22
3	Karnool	31738	2185	6.88
4	Anantapur	25496	2269	8.9
5	Nandyal	18127	1565	8.63
6	East Godavari	14458	1021	7.06
7	Tirupati	21381	2023	9.46
8	Kakinada	17968	1445	8.04
9	West Godavari	13941	792	5.68
10	Sri Potti SriRamalu Nellore	20400	1005	4.93
11	Guntur	16458	902	5.48

12	Prakasam	21350	1727	8.09
13	Palnadu	17299	723	4.18
14	Srikakulam	16166	543	3.36
15	Vizianagaram	13143	414	3.15
16	Dr.B.R.Ambedkar Konaseema	12943	1381	10.67
17	Annamayya	12983	1265	9.74
18	Anakapalli	10564	509	4.82
19	Eluru	12062	1154	9.57
20	Sri Sathya Sai	12049	926	7.69
21	Chittoor	11710	1248	10.66
22	Krishna	9003	678	7.53
23	Bapatla	8111	491	6.05
	TOTAL	**383445**	**27525**	**7.16**
	Aspirational District			
24	YSR	23459	1809	7.71
25	Parvathipuram Manyam	7445	459	6.17
26	Alluri Sitharama Raju	9705	1206	12.43
	TOTAL	**40609**	**3474**	**8.77**

Nutrition Rehabilitation Centre:

To tackle malnutrition, the state has established 21 NRCs across 26 districts. Along with this it was planned to establish 8 new NRCs by this year. At present among the aspirational districts, ASR has 4 NRCs (10 bedded), Parvatipuram Manyam has 2 NRCs (10 bedded) and YSR Kadapa has 1 NRC which has about 20 beds. Apart from this 3 new NRCs are being established in ASR district. The admission of a child is based on GOI guidelines which are as follows;

- ✓ Mid-Upper Arm Circumference (MUAC) < 115mm with or without any grade of oedema
- ✓ Weight-for-Height (WFH) < -3SD with or without any grade of oedema
- ✓ Bilateral pitting oedema +/+ + (Children with oedema + + + always need inpatient care)

The principle management of SAM are based on 3 phases, Stabilization phase, Transition phase, and Rehabilitative Phase. The average stay in a hospital setting varies between 10 to 15 days. The child's progress from transition phase to rehabilitation phase is indicated by reasonable appetite where the child is supposed to finish >90% of the feed given to it without significant pause, major reduction of oedema and absence of any other medical complication. Photographs and data are sent to authorities and daily progress is monitored. Follow up is done after discharge also. But the challenge is the distance and every 15 days' the

medical officer visits the anganwadi centres and follows up SAM MAM children. To address the challenge of difficult travel, plans are underway to establish integrated Nutrition Rehabilitation Centers next year. These will be co-located within existing secondary and tertiary community health centres. Dedicated beds will be allocated for this purpose, and staff will receive specialized training to treat malnourished children. The standard duration of stay at these NRCs will be 15 days.

Diarrhoea and Respiratory Track Illness:

The prevalence of diarrhoea and respiratory tract illnesses are high in YSR, Vizianagaram and Visakhapatnam as per NFHS data. Malnourished children are more susceptible to infections like pneumonia and diarrhoea. Inadequate handwashing practices among communities increase the incidence of infection. Parents and caregivers in rural and tribal areas often lack awareness about the symptoms, prevention and early treatment of pneumonia and diarrhoea. Introduction and expanded coverage of PCV and rotavirus vaccines under the Universal Immunization Program (UPI) reduces the prevalence of illness.

Amoxicillin is provided to all cases of mild respiratory infection, while more complicated cases are referred to initiate nebulization therapy.

Campaigns like "Intensified Diarrhoea Control Fortnight (IDCF)" are conducted to promote awareness and distribute ORS and Zinc tablets at the community level.

SAANS campaign (Social Awareness and Action to Neutralize Pneumonia Successfully) are conducted to create awareness on pneumonia and identifying the children who have respiratory illness and treating them at the field level. Healthcare workers are trained on Integrated Management of Neonatal and Childhood Illnesses protocol (IMNCI) to manage pneumonia and diarrhoea cases at the community level effectively.

Prevalence of Anaemia:

As per NFHS 5 Data, 53.7% of pregnant women aged between 15 – 49 years are anaemic with the Hb of below 11.0g/dl. Anaemia persists in non-aspirational districts also, in tribal pockets and among migration population. The following are the major challenges for anaemia;

- ✓ Inadequate consumption of foods rich in iron and folic acid due to misconception.
- ✓ Delayed registration for ANC especially those who are residing in remote areas. This in turn delays screening for anaemia and interventions.
- ✓ Increased prevalence of anaemia among teenage mothers due to their own nutritional deficiencies and incomplete physical development.

- ✓ Conditions like Sickle cell anemia, thalassemia and malaria are observed to be more common in tribal regions

Prevalence of Anaemia

S.No.	District	Anaemic	%
	Non Aspirational District		
1	NTR	4495	26.02
2	Visakhapatnam	3295	29.62
3	Karnool	8164	41.03
4	Anantapur	4863	34.37
5	Nandyal	4345	30.55
6	East Godavari	2839	24.25
7	Tirupati	8605	51.09
8	Kakinada	4945	34.43
9	West Godavari	1244	10.84
10	Sri Potti SriRamalu Nellore	7380	44.69
11	Guntur	4640	43.2
12	Prakasam	5490	29.32
13	Palnadu	6514	47.1
14	Srikakulam	5069	33.73
15	Vizianagaram	4523	41.01
16	Dr.B.R.Ambedkar Konaseema	2420	21.55
17	Annamayya	4009	31.28
18	Anakapalli	3747	42.23
19	Eluru	2820	19.16
20	Sri Sathya Sai	3836	32.09
21	Chittoor	7259	55.85
22	Krishna	1619	11.64
23	Bapatla	2737	26.23
	TOTAL	**104858**	**35.37**
	Aspirational District		
24	YSR	7213	34.89
25	Parvathipuram Manyam	6144	83.09
26	Alluri Sitharama Raju	4628	85.88
	TOTAL	**17985**	**53.76**

State Initiative for Reduction of Anaemia:

"Consistent Rhythms" program is being implemented to achieve synergy between Health, Medical & Family Welfare department and Women & Child Welfare department, Village and ward secretariat department, education department in achieving the SDG of decreasing percentage of pregnant women and adolescent girls who are anaemic and to develop

a “Surveillance, Information, Response Analysis” (SIRA) framework. This integrated framework helps in better coordination between the 4 departments in delivering better healthcare services to citizens.

Every month women are tested for anaemia and the data is shared with the WCD – register in the portal. AWW, ANM and Asha workers are responsible for registration, in ensuring iron supplementation is given every day and in helping them to take the tablets after meals. This is also done for adolescent girls and children in the schools. Data is shared with Education department. After MDM, intake of tablets is ensured. Every quarter, the data is shared in the intersectoral meeting.

The program is being implemented in all 26 districts through ANM health app & Medical officer Health app created by the AP Health Medical and Family Welfare department.

Initiatives to promote early and exclusive breastfeeding:

MAA Program: Under the Mother’s Absolute Affection (MAA) initiative, extensive awareness campaigns and counselling sessions are conducted to educate mothers and families on the importance of early initiation and exclusive breastfeeding for the first six months.

Training of Healthcare Workers: Frontline workers, including ASHAs, ANMs and staff nurses are trained on lactation management and breastfeeding counselling to support mothers during antenatal and postnatal visits.

Breastfeeding Corners in Health Facilities: Establishment of dedicated breastfeeding corners in public health care facilities, ensuring privacy and a supportive environment for nursing mothers. Breast feeding corners is also in railway stations and bus stations.

Inclusion in Birth protocols: Institutional deliveries include immediate skin-to-skin contact and early initiation of breastfeeding within one hour of birth as standard practices. Kangaroo care is promoted to prevent hypothermia among fathers as well. Counselling is done every 3rd Friday on Village Health and Nutrition Days (VHND) where ANM, Asha, AW workers along with WCD department workers together create awareness.

Awareness campaigns: Statewide campaigns during world breastfeeding week and other occasions to emphasize the importance of exclusive breastfeeding in reducing infant mortality and improving child health.

Percentage of children breastfed within 1 hour of birth

S.No.	District	Live Births	Breast Fed within 1 hour	% Breast fed within 1 hour
	Non Aspirational District			
1	NTR	25431	24672	97.02
2	Visakhapatnam	20664	20143	97.48
3	Karnool	31738	31065	97.88
4	Anantapur	25496	23630	92.68
5	Nandyal	18127	17199	94.88
6	East Godavari	14458	13360	92.41
7	Tirupati	21381	20536	96.05
8	Kakinada	17968	17301	96.29
9	West Godavari	13941	12882	92.4
10	Sri Potti SriRamalu Nellore	20400	19711	96.62
11	Guntur	16458	14764	89.71
12	Prakasam	21350	18563	86.95
13	Palnadu	17299	15181	87.76
14	Srikakulam	16166	16078	99.46
15	Vizianagaram	13143	12971	98.69
16	Dr.B.R.Ambedkar Konaseema	12943	11773	90.96
17	Annamayya	12983	11563	89.06
18	Anakapalli	10564	10205	96.6
19	Eluru	12062	11472	95.11
20	Sri Sathya Sai	12049	10668	88.54
21	Chittoor	11710	10070	85.99
22	Krishna	9003	6917	76.83
23	Bapatla	8111	7615	93.88
	TOTAL	**383445**	**358339**	**93.45**
	Aspirational District			
24	YSR	23459	21533	91.79
25	Parvathipuram Manyam	7445	7153	96.08
26	Alluri Sitharama Raju	9705	8123	83.7
	TOTAL	**40609**	**36809**	**90.64**

Child Immunization:

In remote and tribal regions, vaccinations are administered during Village Health and Nutrition Days (VHNDs), which are coupled with counselling sessions. The system is supported by 1678 cold chain points to ensure vaccine integrity. A special focus is placed on reaching migrant population. One Auxiliary Nurse Midwife (ANM) is designated for every 2500 people in rural region and for every 2500 to 3000 individuals in urban areas.

Implementation of Catch-up Rounds involves conducting mop-up rounds to vaccinate children who missed routine immunization sessions due to logistical or other challenges.

Use of technology to ensure full coverage of immunization includes implementation of eVIN – Electronic Vaccine Intelligence Network for real time tracking of vaccine stock and cold chain management. Utilization of mobile applications like RCH portal and U-WIN enables officials to track immunization schedules and coverage. This mobile application facilitates universal vaccination access by using Aadhaar-based OTP authentication. This allows a child's vaccination records to be updated from any location, providing data on vaccinated children and those who remain unvaccinated.

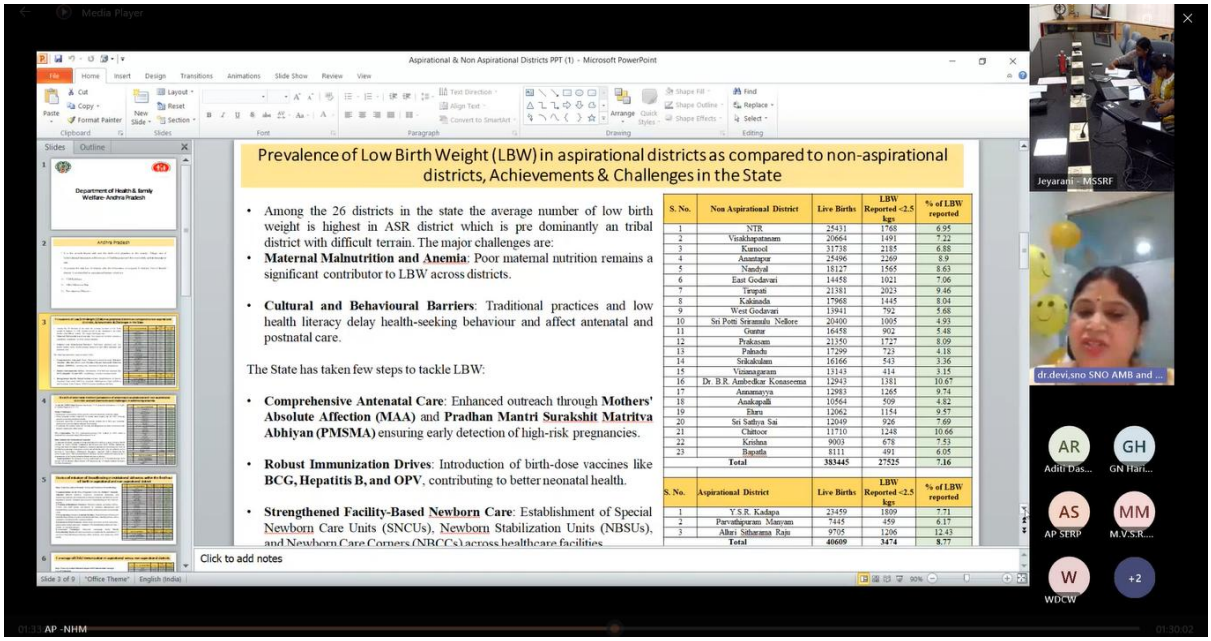
In remote areas to strengthen the cold chain infrastructure solar powered cold storage facilities are established for expanding and upgrading the state's cold chain network.

Through these multi-pronged efforts, Andhra Pradesh has significantly improved its full immunization coverage, contributing to better child survival and health outcomes.

Rate of coverage for immunization

District	Target	Fully Immunized Children	% Fully Immunized
Non Aspirational District			
NTR	21380	25146	117.61
Visakhapatnam	20020	21453	107.16
Karnool	31640	34913	110.34
Anantapur	28447	31018	109.04
Nandyal	20353	20443	100.44
East Godavari	16493	15856	96.14
Tirupati	24667	25830	104.72
Kakinada	21027	21669	103.05
West Godavari	16542	17516	105.89
Sri Potti SriRamalu Nellore	26340	26176	99.38
Guntur	21247	21043	99.04
Prakasam	27900	28427	101.89
Palnadu	22767	22271	97.14
Srikakulam	22933	23267	101.45

Vizianagaram	19300	18307	94.85
Dr.B.R.Ambedkar Konaseema	19100	19747	103.39
Annamayya	19740	18671	94.58
Anakapalli	16453	17222	104.67
Eluru	19411	19956	102.81
Sri Sathya Sai	20160	20962	103.98
Chittoor	21427	21696	101.26
Krishna	18453	18938	102.63
Bapatla	17353	17312	99.76
TOTAL	**493153**	**507839**	**103**
Aspirational District			
YSR	27440	26140	95.26
Parvathipuram Manyam	10673	9578	89.74
Alluri Sitharama Raju	14727	11539	78.35
TOTAL	**52840**	**47257**	**89.434**



Presentation by Dr. Devi, State Immunization officer and Nodal officer for Anemia Mukth Bharat from the department of Health and Family welfare

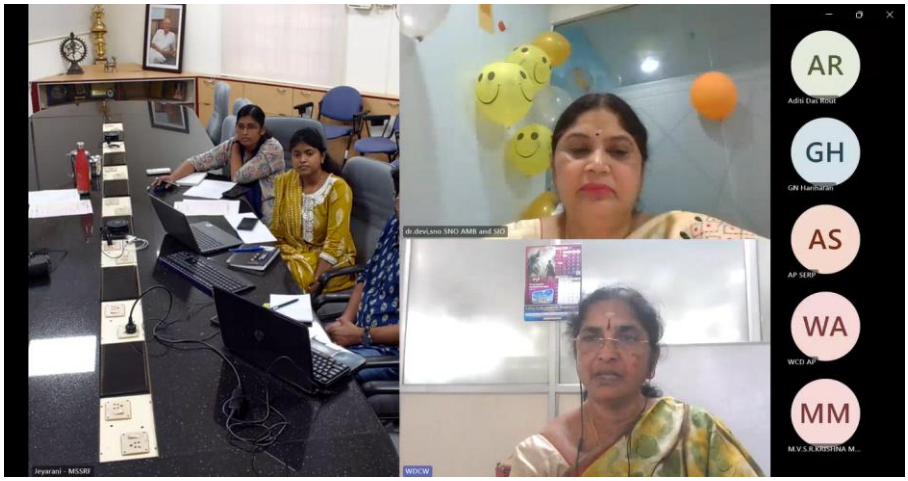
Floor Discussion:

Following queries were raised in the floor discussion following the presentations.

1. The inadequate consumption of iron and folic acid-rich foods, leading to health complications like anaemia
2. The distribution and availability of fortified rice through government initiatives.
3. The promotion of millet consumption under the Poshan Abhiyaan programme.
4. The provision of safe drinking water to Anganwadi Centres (AWCs) under the Jal Jeevan Mission.

In response, the following clarifications were provided:

- It was confirmed that fortified rice is being supplied through the Public Distribution System (PDS), as per existing provisions.
- Regarding the Jal Jeevan Mission, the official stated that water supply is being provided to AWCs.
- The official further elaborated on a key initiative under the Poshan Abhiyaan program that involves the strategic convergence of the Health department with women and Child development departments to improve nutritional outcomes. This multi-channel awareness campaign effectively utilizes existing community structures, particularly Self-Help Groups (SHGs). Furthermore, frontline health workers—including Community Health Officers (CHOs), Auxiliary Nurse Midwives (ANMs), and Anganwadi Workers (AWWs) are equipped with flip charts as educational tools to deliver targeted messages on the significance of an iron-rich diet and the role of Vitamin C in facilitating iron absorption.
- While initial steps towards inter-departmental collaboration are evident, there is lack of a clear protocol to oversee the coordination. To maximize efficiency and impact, it is critical to develop and implement a structured monitoring and evaluation framework. Such a protocol would systematically coordinate activities, define clear roles and responsibilities, and establish metrics to track progress. This strategic shift is essential to eliminate redundant efforts, ensure optimal resource utilization, and create a synergistic effect in awareness programming.



Discussion on the presentation between the department of WCD and Health, Government of Andhra Pradesh

Following the discussion, Mr. M.V.S.R. Krishna Murthy, chief chemist from the department of Drinking Water and Sanitation delivered the presentation on the role of Jal Jeevan Mission in addressing the nutritional status of the community particularly of younger children.

Role of Drinking Water and Sanitation department in addressing child undernutrition

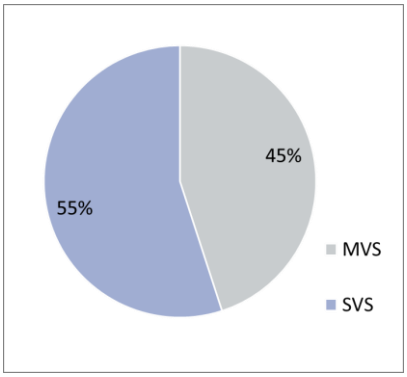
Presented by: Mr. M.V.S.R. Krishna Murthy, Chief chemist

The Rural Water Supply and Sanitation Department serves as the state's nodal agency for delivering drinking water and sanitation facilities to rural areas. These facilities are established in the form of Hand Pumps (HPs), Single Village Schemes (SVS), and Multi-Village Schemes (MVS). After operationalization, all assets are subsequently handed over to local bodies including Grama Panchayats, Zilla Parishads, and Mandal Parishads for further maintenance with technical support of Rural Water Supply (RWS) engineers and Assistants

Status of Existing Assets

S. No.	Type of asset	No of Assets	No. of Habitations	Population (In Lakhs)	% Pop Coverage
1	Multi Village Schemes (MVS)	549	10,852	171.63	45.02
2	Single Village Schemes (SVS)	53,024	37,497	209.61	54.98
3	Hand Pumps	2,00,101			
	Total		**48,349**	**381.24**	

Percentage of population covered with schemes



MVS are maintained by Zilla Parishads with the technical support of RWS Engineers and Engineering Assistants. SVS are maintained by Grama Panchayats with the technical support of RWS Engineers and Engineering Assistants and Hand pumps by Mandal Parishads.

Jal Jeevan Mission – Overview

Jal Jeevan Mission (JJM) is a flagship programme launched by Government of India on 15th August 2019 to provide Functional Household Tap Connections (FHTC) to every rural

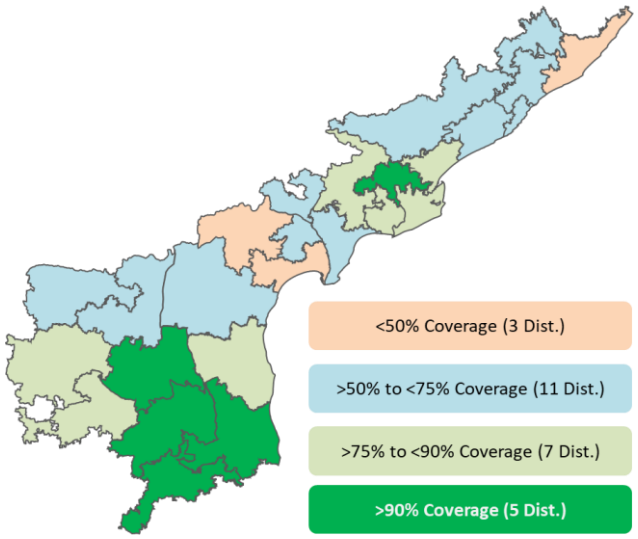
household i.e., Har Ghar Jal (HGJ) and public institutions (Schools, Anganwadis, Health Centres etc.). The objectives of JJM are;

- To provide functional household tap connections (FHTC) through piped water supply for all households with a service level of 55 litres per capita per day (LPCD)
- Every rural household has drinking water supply in adequate quantity of prescribed quality on regular and long-term basis leading to improvement in living standards.

Institutional Mechanism Proposed for Implementation was structured across four administrative levels. The National Jal Jeevan Mission (NJJM) will operate at the national level, while the State Water and Sanitation Mission (SWSM) will function at the state level. Coordination at the district level will be managed by the District Water and Sanitation Mission (DWSM), and on-the-ground execution at the village level will be the responsibility of the Village Water and Sanitation Committee (VWSC) within each Gram Panchayat.

Status of Tap Connections as on 03.01.2025

S. No	Particular	Numbers in lakhs
1	Total Rural Households	94.44
2	Tap Connections available as on 15-08-2019	30.74
3	Balance to be provided (as on 15.08.2019)	63.70
4	Tap Connections provided from 2019 to 03.01.2025	39.68
5	Cumulative Tap Connections provided as on 31.03.2024	70.42
6	Balance Tap Connections to be provided	25.02



Challenges in proving safe Drinking Water in Rural Areas

The most common disinfectant used in India, to maintain the quality of water supply is chlorination. In rural areas, manual chlorination is an accepted general practice for disinfecting water. Such practice calls for continuous human intervention to regulate the chlorine dosage level. Often, the accuracy of the chlorine dosage rate is not monitored, resulting in either under-dosage or over- dosage of chlorine which leads to various consequences.

Key Challenges faced in Water Disinfection in Rural Areas

- Manual use of bleaching powder (unstable system) sometimes forming lumps.
- Lack of local capacity at community level to undertake disinfection.
- Lack of raw material availability.
- Economically non-viable technologies.
- High dependency on manual operations and difficulties in operation and management.

Water Quality Related Issues

Of the significant challenges related to water quality, a primary concern is the inadequate mixing of chlorine in the needed quantity. As per a Government of India assessment, less than 30% of villages implement this process. Consequently, the mandated residual chlorine level of 0.2 ppm is frequently not detectable at the last household in a water supply chain.

The prevalent method of manual chlorination is often irregular and reported to be cumbersome by operators, who express safety concerns over the need to daily climb overhead service reservoirs (OHSRs) as high as 12-18 meters. Further complications arise from the use of bleach products with low or unspecified hypochlorite concentrations, leading to issues of over-dosing or under-dosing and rendering disinfection ineffective. This problem is exacerbated in multi-village schemes, where chlorine levels diminish before reaching middle and tail-end villages in centralized liquid or gas chlorination under Comprehensive Protected Water Supply schemes (CPWS schemes).

To address these issues, a multi-faceted approach has been adopted. Four advanced laboratories are now testing for toxic elements and pesticides, and all Gram Panchayats have been equipped

with field test kits for water quality surveillance, with special attention being given to contamination and fluoride-affected zones.

Community involvement is a key strategy, with five women trained per village to conduct periodic testing, particularly pre- and post-monsoon. Local youth and Self-Help Groups (SHGs) are also receiving skill development training in plumbing, electrical work, and masonry. For project support and monitoring, implementation Support Agencies like NGOs are engaged, while State and District Project Management Units (SPMUs and DPMUs) provide essential management and supervision.

Initiatives in providing safe Drinking water in the State

The state has implemented several key initiatives to ensure the provision of safe drinking water. The initiation of the Tablet Based Inline Chlorination Devices (TBCD) for providing safe water through inline chlorination represents a shift towards a simpler, affordable, cost-effective, and locally adaptable solution for water treatment. This was piloted in partnership with Evidence Action, TATA Trusts, and Vinkane Tech. Functional inline chlorinators using both tablet and hypochlorite-based methods have been installed across 231 villages. Additionally, IoT (Internet of Things) based monitoring has been initiated on a pilot basis in one village to track daily service delivery. To promote awareness about water quality, the "Swachh Jal Se Suraksha" campaign was widely disseminated, with the state earning second rank nationally in 2022–23 for its efforts.

Water quality is further supported by 112 testing laboratories, 81 of which are NABL accredited or recognized. The state is adopting auto-chlorination technologies recommended by the Mashelkar Committee and Scientific Advisors of the Government of India, such as technologies from Easol Pvt. Ltd. and Hisafe water chlorination. Practical, non-electrical tablet-based inline chlorination systems developed by TATA Trusts and assembled with locally available materials have been introduced at water inlet points. For multi-village schemes, sensor-based Free Residual Chlorine (FRC) adjustment allows precise super-chlorination dosing. Trials are currently underway to develop auto-dosing systems using standard bleaching powder and chlorine tablets.

Infrastructure Facilities for testing water quality:

District Level Laboratories: All the 26 District level laboratories are equipped with high end US make Pre-Programmed, Pre- Calibrated Microprocessor based UV- Visible Spector-Photometers, pH meters and EC-TDS meters, Ion Selective Electrode meters with Fluoride Sensing electrode.

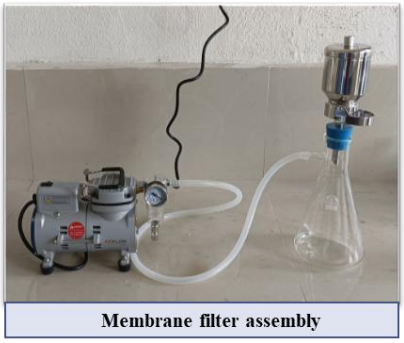
Subdivision Level Laboratories: All the 85 Sub- divisional laboratories are equipped with high end US make Pre-Programmed, Pre- Calibrated Microprocessor based digital Colorimeters, pH meters, and EC-TDS meters.

Membrane Filtration Technique for Bacteriological Analysis

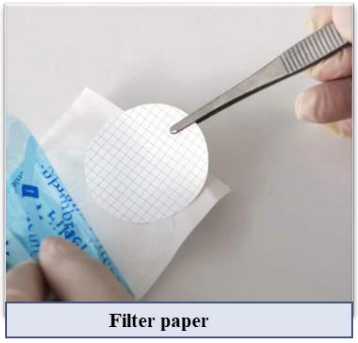
Bureau of Indian standards has discarded the Most Probable Number (MPN) method for testing total Coliform Bacteria and E. Coli in drinking water and replaced it with Membrane Filtration Technique vide the amendment no. 2 to IS 10500: 2012 (Drinking water specification) during September '2018.

Membrane filtration. a technique for testing bacteriological parameters (coliform and E. Coli) in drinking water samples, was introduced in all the 112 laboratories in the department (as per IS 15185 – 2017). With this method, the test results are direct, obtained more quickly and given in Colony forming units (CFU) of bacteria. Each laboratory can test 6-8 samples per day and can give test results after 24 hours.

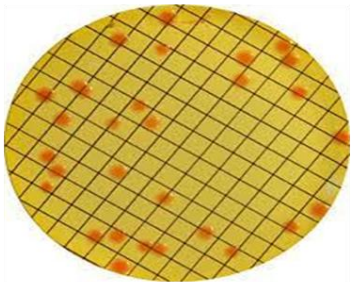
The Most Probable Number (MPN) method gives the statistical result of Coliform/ E. Coli bacteria (through statistical tables), whereas the Membrane Filtration Technique, directly gives Colony Forming units (CFU) per 100 ml.



Membrane filter assembly



Filter paper



Positive sample

Water Quality parameters being tested in District level & Sub- divisional laboratories as per the Operational guidelines of Jal Jeevan Mission

Sl. No.	Water Quality parameters	Drinking water standards as per IS 10500:2012		
		Units	Acceptable Limit	Permissible limit
1	pH	No units	6.5-8.5	No Relaxation
2	Colour	Hazen	5	15
3	Turbidity	NTU	1	5
4	Total Dissolved Solids	mg/L	500	2000
5	Total alkalinity	mg/L	200	600
6	Total Hardness	mg/L	200	600
7	Fluoride	mg/L	1	1.5
8	Chloride	mg/L	250	1000
9	Nitrate	mg/L	45	No Relaxation
10	Sulphate	mg/L	200	400
11	Iron	mg/L	1	No Relaxation
12	Total Coliform Bacteria	CFU/100ml -Shall not be detectable in any 100 ml. sample		
13	E. coli or Thermotolerant coliform bacteria	CFU/100ml -Shall not be detectable in any 100 ml. sample		

Staffing pattern in Water Quality Monitoring Laboratories

Sl. No.	Designation of the lab. Person	State Level Laboratory (1 No.)	District Level Laboratory (13 No's)	Division Level Laboratory (19 No's)	Sub Division Level Laboratory (79 No's)	Total (112 No's)
1	District Level Consultant	0	11	0	0	11
2	Lab. Chemist	3	13	19	79	114
3	Lab. Microbiologist	2	13	19	79	113
4	Data Processing Operator	1	0	0	0	1
5	Lab. Assistant	0	26	38	0	64
6	Field Assistant	0	13	19	79	111
7	Lab. Helper	1	13	19	79	112
Total		7	89	114	316	526

Periodicity of Testing

Sl.No	Type of testing	Category of sources	Chemical	Bacteriological
1	FTK testing (Delivery points)	School Anganwadis Three Households at villages	Once in the year	-
2	Laboratory Testing	Testing of drinking water sources	Twice per Year (Interval should be 6 months first sampling)	Twice per Year (Interval should be 6 months first sampling)

Test parameters in Field Test Kit (chemical)

Sl. No.	Water Quality parameters parameter	Drinking water standards as per IS 10500:2012		
		Units	Acceptable Limit	Permissible limit
1	pH	No units	6.5-8.5	No Relaxation
2	Total alkalinity	mg./Lit.	200	600
3	Total Hardness	mg./Lit.	200	600
4	Fluoride	mg./Lit.	1	1.5
5	Chloride	mg./Lit.	250	1000
6	Nitrate	mg./Lit.	45	No Relaxation
7	Iron	mg./Lit.	1	No Relaxation
8	Residual Free Chlorine	mg./Lit.	0.2	1

Training of different Level Functionaries on FTK testing

Training of Village Level Functionaries: Training programs on Water borne diseases, health effects, and Water Quality monitoring at Field level by using Test Kits were conducted in 15,902 villages and 97,294 village level functionaries were trained up to 2024-25

Training Programs to Eng. Assistants**:** 11,114 Engineering assistants at G.P. level was assigned to conduct the water quality tests of drinking water sources, at the field level, by using the Field test kits/ bacteriological vials, and to share the test results to the local communities as a part of awareness generation on quality of the water they are drinking, it's importance, water borne diseases and health effects.

Training Programs to Mid-Level Health Providers (MLHP's): 10,034 Mid-Level Health Providers are trained at village level and are assigned to conduct the Water Quality tests of drinking water sources, at the field level, by using the Field test kits (FTK)/ bacteriological vials, and to share the test results to the local communities as a part of awareness generation on quality of the water, it's importance, water borne diseases and health effects. The FTK test results in the mobile app of MLHPs are integrated with the Water Soft application of RWS&S Dept.

FTK testing at villages:

To ensure water safety, routine on-site water quality monitoring using FTK is conducted at the source of water and within school premises, including taps and storage tanks. This practice is extended to Anganwadi centres, where water used for drinking and cooking is regularly tested. Anganwadi workers receive training in proper water storage, handling, and FTK utilization. Furthermore, community participation is encouraged through local household involvement in ongoing water quality surveillance.

Display of Water Quality Reports at Villages

In a significant move to ensure public awareness and the safety of drinking water in rural areas, water quality reports are now being publicly displayed on notice boards at village secretariats. These reports act as a crucial public health tool by clearly indicating whether the water is safe for consumption. To make the information easily understandable, a simple color-coded system is used: green designates water that is safe to drink, while red marks it as unsafe.

Furthermore, hand pumps with chemical contamination exceeding permissible limits are clearly marked with a red "X," signalling that the water is not suitable for drinking but may be used for other purposes.

Report Format (Telugu)

గ్రామనీరుమరియుపారిశుద్యకమిటి_____

మండలం:_____,జిల్లా:_____, నీటినిపరీక్షించినతేది:_____

పరీక్షపేరు	వనరు-1ప్రదేశం			వనరు-2ప్రదేశం			వనరు-3ప్రదేశం		
	పరీక్షఫలితం	సూచనవిలువ	రిమార్క్స్	పరీక్షఫలితం	సూచనవిలువ	రిమార్క్స్	పరీక్షఫలితం	సూచనవిలువ	రిమార్క్స్
ఉదజనిగాఢత(pH)		6.5-8.5	త్రాగుటకు ఉపయోగించవచ్చు		6.5-8.5	త్రాగుటకు ఉపయోగించవచ్చు		6.5-8.5	ఇతరఅవసరాలకొరకువినియోగించవచ్చు
కరిగివున్నలవణాలు(TDS)మిల్లిగ్రాము /లీటర్		500-2000			500-2000			500-2000	
పూర్ణకఠినత్వం(Total Hardness)మిల్లిగ్రాము /లీటర్		200-600			200-600			200-600	
క్షారత్వం(Alkalinity) మిల్లిగ్రాము /లీటర్		200-600			200-600			200-600	
క్లోరైడ్స్(Chlorides) మిల్లిగ్రాము /లీటర్		250-1000			250-1000			250-1000	
ఫ్లోరైడ్(Fluoride) మిల్లిగ్రాము /లీటర్		1.0-1.5			1.0-1.5			1.0-1.5	
ఇనుము(Iron)మిల్లిగ్రాము /లీటర్		1.0- సడలింపులేదు			1.0- సడలింపులేదు			1.0- సడలింపులేదు	
నైట్రేట్(Nitrate)మిల్లిగ్రాము /లీటర్		45- సడలింపులేదు			45- సడలింపులేదు			45- సడలింపులేదు	
మిగిలివున్నక్లోరిన్(FRC) మిల్లిగ్రాము /లీటర్		0.2-1.0			0.2-1.0			0.2-1.0	
H2S వైల్ పరీక్ష (బాక్టీరియాలాజికల్)		నలువురంగులోకీమార కూడదు			నలువురంగులోకీమార కూడదు			నలువురంగులోకీమార కూడదు	

గ్రామనీరుమరియుపారిశుద్యకమిటీ (VWSC)వివరాలు

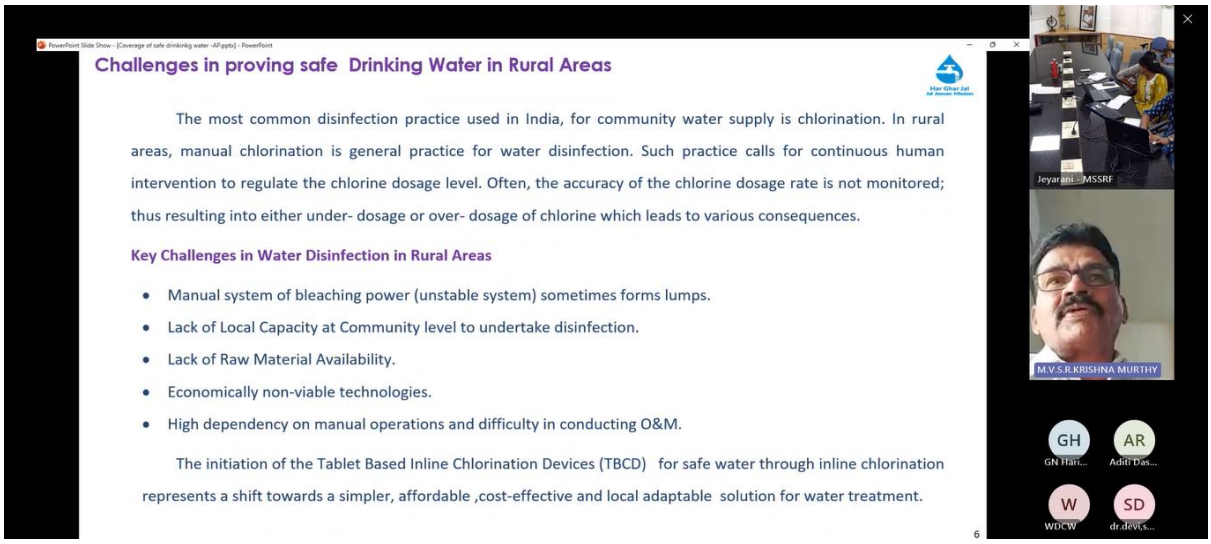
హోద	పేరు	ఫోన్ నెం :
VWSC ఛైర్మన్		
నీటినిపరీక్షించేవ్యక్తి		
స్క్రీంఆపరేటర్		
ఆర్డబ్ల్యూఎస్&ఎస్అధికారి		

గమనిక: రసాయనికపరీక్షలు సంవత్సరం కు రెండు సార్లు.

H2S వైల్పరీక్ష (బాక్టీరియాలాజికల్) ప్రతి ఆరు నెలలకు కుఒకసారి.

త్రాగుటకు ఉపయోగించవచ్చు

ఇతరఅవసరాల కొరకు వినియోగించవచ్చు



Presentation by Mr. M.V.S.R. Krishna Murthy, chief chemist from the department of drinking water and sanitation

Floor Discussion:

A series of questions were raised concerning the challenges of providing safe drinking water in Andhra Pradesh, focusing on groundwater contamination, open defecation, and the specific operational roles of local governance. These were

1. Contamination of groundwater sources and the persistence of open defecation in rural areas, leading to water pollution, including E. coli.
2. The role of Gram Panchayats and elected representatives in the maintenance of water supply infrastructure.
3. The criteria for selecting between single-village and multi-village water supply schemes.
4. The availability and cost of water testing kits.

The following responses were provided

1. Strategic Shift in Water Sourcing:

- The official acknowledged historical dependence on groundwater, noting specific issues with fluorosis in districts like Anantapur, Prakasam, and Guntur. He reported that these identified hotspots are being connected to the Jal Jeevan Mission (JJM), leading to the near-eradication of the problem.
- A significant shift in strategy was moving away entirely from groundwater and canal-fed summer storage tanks, which are vulnerable to contamination from aquaculture and other pollutants.
- The future plan is to depend exclusively on surface water from the backwaters of dams and reservoirs. This water will be transported via pipelines, sometimes over distances of 100-150 kilometres, to ensure a safe and reliable supply to villages. The use of groundwater and summer storage tanks for drinking water will be phased out.

2. Addressing Specific Challenges:

- The official confirmed that the Swachh Bharat Mission is actively working to address open defecation, a practice that contaminates nearby lakes and water bodies.
- He highlighted the specific challenge of water scarcity in tribal (agency) districts like Alluri Sitharama Raju and Anakapalli, where women travel long distances to fetch water—a task that impacts household nutrition security. To address this, the plan is to provide bore wells to households in these areas. It was reported that 70 lakh households in the state already have functional household tap water connections. The official stated that the target is to achieve 100% coverage for all remaining households by the end of March 2027. While the initial connection is provided free of cost, Village Water and Sanitation Committees (VWSCs) collect a nominal fee thereafter for ongoing maintenance.

3. Governance, Scheme Selection, and Maintenance:

- **Scheme Selection Criteria:**
    - ✓ **Multi-Village Schemes (MVS):** Implemented where sustainable surface water is available, covering 100-400 villages. Due to their scale, these are managed by the Zilla Parishad.
    - ✓ **Single-Village Schemes (SVS):** Used where surface water is unavailable, relying on treated water from local storage tanks and managed by the Gram Panchayat.
    - ✓ **Future Vision:** Post-revamping, the distinction between MVS and SVS will cease, with all villages supplied via a unified, safe surface water network.
- **Role of Local Bodies:**
    - ✓ Gram Panchayats are primarily responsible for operating and maintaining Single-Village Schemes.
    - ✓ Village Water and Sanitation Committees (VWSC) will eventually take ownership of all local maintenance. While household tap connections are provided free of charge, VWSCs will collect a nominal fee for ongoing operational costs.

4. Water Quality Monitoring and Infrastructure:

- ✓ **Testing Kits:** In order to empower local monitoring, the department provides free field testing kits capable of analysing 100 samples, along with refill packs, enabling communities to regularly check their water quality.
- ✓ **Infrastructure Maintenance:** For the first five years, maintenance of critical units like inline chlorination systems will be managed by a partnered NGO (e.g., TATA Trust). After this period, full responsibility will be transferred to the VWSCs.

List of participants in the online consultation

- Dr. Devi, State Immunization officer and Nodal officer for Anemia Mukth Bharat, Department of Health and family welfare
- Ms. Manoranjani, Joint Director, Department of WDCW
- M.V.S.R. Krishna Murthy, Chief Chemist, Rural water supply, and Sanitation
- Mr. Siva Prasad, Additional Commissioner, Rural Development
- Mr. Narasima Murthy, UNICEF officer, ICDS Department of WCD
- Mr. P. Srinivasalu, Director, Andhra Pradesh Society for Elimination of Rural Poverty, Department of Panchayati raj and Rural Development
- Ms. Aditi Rout, former additional secretary of Poshan Abhiyaan,
- Ms. Roja Rani, Consultant, women welfare Department
- Dr Soumya Swaminathan, Chairperson, MSSRF
- Dr. Rama Narayanan, Senior Fellow, MSSRF
- Dr. Hariharan, Executive Director, MSSRF
- Dr. Nithya, Scientist, MSSRF
- Ms. Jeya Rani, Senior Research Associate, MSSRF
- Ms. Priyadharshini, Consultant, MSSRF
- Mr. Jerin, Research Assistant, Madras School of Economics