

Addressing child undernutrition in India: Opportunities and Challenges

Proceedings of a consultation on intersectoral convergence
in Assam



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Proceedings of the Consultation on Intersectoral Convergence for Nutrition held with Government Departments of Assam (Held on 20th March 2025 at Guwahati, Assam)

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Nutrition and Health Programme Area

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**Proceedings of the Consultation on intersectoral convergence for
Nutrition**

held with

Government Departments of Assam

as part of the study on

**“Assessing the Impact of Poshan Abhiyaan in Addressing Child
Undernutrition in Aspirational Districts Across India”**

Held on 20th March 2025 at Guwahati, Assam



karmanya

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 Assam 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 Assam who participated in this exercises representing the departments Women and Child Development and Public Health Engineering (Drinking Water and Sanitation).

We thank the Gates Foundation, the Confederation of Indian Industry (CII), and the Karmannya Council for the financial and logistic support extended towards this consultation.

Contents

PREFACE.....	
ACKNOWLEDGEMENTS.....	
Background.....	1
Agenda of the consultation	3
Role of Drinking Water and Sanitation department in addressing undernutrition	5
Role of Women and Child development department in addressing child undernutrition.....	16
Group 1. Discussion on Real time growth monitoring using Poshan Tracker- Issues and Solutions.	24
Group 2. Joint Action Plan for convergence developed by secretaries of WCD and PHED .	26
Group 3. Infrastructure, convergence with other line departments and administrative issues	27
List of participants	29

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



Participants of the consultation held at Guwahati, Assam on 20th March 2025.

Agenda of the consultation

TIME	TOPICS	DETAILS
09.30 to 10.00 am	Registration	
10.00 to 10.10 am	Welcome Address and purpose of the consultation	Dr. Rama Narayanan – Senior Fellow, MSSRF
10.10 to 10.20 am	Introduction by the participants	
10.20 to 11.00 am	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 Behaviour Change Communication	<p><i>Smt. Nandita Hazarika, Deputy Secretary, Public Health Engineering Department, Assam and Deputy MD, Jal Jeevan Mission, Assam</i></p> <p><i>Shri. Nabajyoti Sharma – SPS-IEC, Jal Jeevan Mission, Assam, PHED</i></p> <p style="text-align: center;"><i>And</i></p> <p><i>Smt. Priyakhi P Boran – State Capacity building and training for Sanitation specialist, Swachh Bharat Mission, Assam, PHED</i></p>
11.00 to 11.40 am	State Nutritional Profile of Children (0-6 years) and Role of Poshan Abhiyaan in addressing child undernutrition	<p><i>Smt. Prarthana sonowal – Consultant of Health and Nutrition, Poshan Abhiyaan, Department of Women and Child Development, Government of Assam</i></p> <p style="text-align: center;"><i>And</i></p> <p><i>Shri. Aakash Boral – Nutrition consultant in Poshan and SAM management, SPMU, Department of Women and Child Development, Government of Assam</i></p>
11.40 to 11.50 pm	Floor discussion on the presentation	
11.50 to 12.10 pm	Summarizing the presentations	Dr. Rama Narayanan – Senior Fellow, MSSRF
12.10 to 01.00 pm	Lunch	

01.00 to 2.00 pm	Thematic Discussion by participant in Groups	
02.00 to 3.00 pm	Presentation of the outcome from Discussion	
03.00 to 3.15 pm	Closing Remarks	Dr. Rama Narayanan – Senior Fellow, MSSRF

The consultation commenced with a formal introductory note by Dr. Rama Narayanan, Senior Fellow in Nutrition at the M S Swaminathan Research Foundation. Dr. Narayanan welcomed the participants and set the strategic context for the day's discussions by outlining the primary objectives and expected outcomes of the consultation.

Following this, a round of introductions was conducted, enabling all participants to briefly present themselves and their respective departments to establish a collaborative foundation and thereby enriching the subsequent dialogue.

The first presentation was done by Smt. Nandita Hazarika, Deputy Secretary, Public Health Engineering Department (PHED), Assam and Deputy MD, Jal Jeevan Mission, Assam along with her colleagues Shri. Nabajyoti Sharma, State Information, Education and Communication specialist, Jal Jeevan Mission, PHED and Smt. Priyakhi P Boran, specialist, State Capacity building and training for Sanitation, Swachh Bharat Mission in Assam, PHED.

They provided a comprehensive overview of the department's pivotal role and multi-faceted initiatives in providing water and sanitation facilities for combating undernutrition across the state. Their presentations detailed the coverage of water and sanitation, on-ground implementation challenges and key achievements in convergence with line departments. This set a concrete, state-level context for wider discussions to follow.

Role of Drinking Water and Sanitation department in addressing undernutrition

Presented by

Smt. Nandita Hazarika, Deputy Secretary, Public Health Engineering Department (PHED),
Assam and Deputy MD, Jal Jeevan Mission, Assam;

Shri. Nabajyoti Sharma – SPS-IEC, Jal Jeevan Mission, Assam, PHED

Smt. Priyakhi P Boran – State Capacity building and training for Sanitation specialist,
Swachh Bharat Mission, Assam, PHED

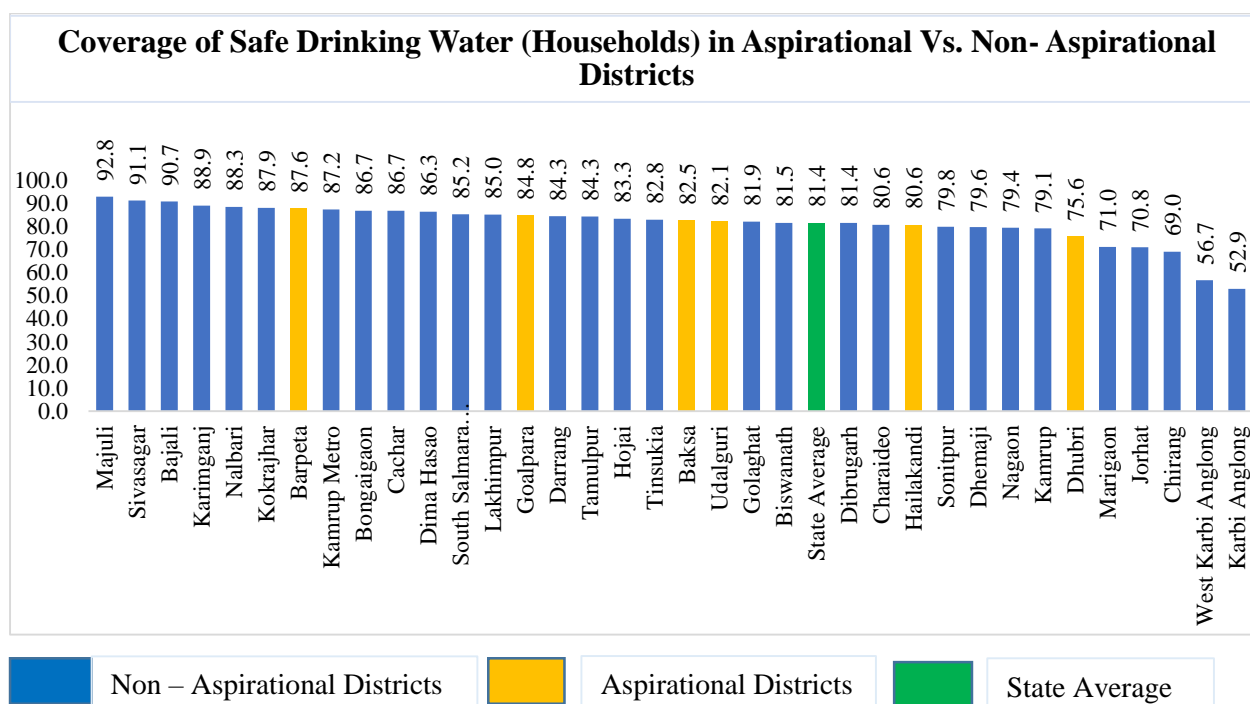
A. Drinking Water

Coverage of Drinking water:

Household coverage

The aspirational districts of Assam are Goalpara, Baksa, Udalguri, Hailakandi, Dhubri and Barpeta. The coverage of drinking water in households of aspirational versus non-aspirational districts is presented in Table 1. While the state average stands at 81.4%, all aspirational districts with the exception of Dhubri (75.6%) have a higher coverage with Barpeta (87.6%) at the forefront.

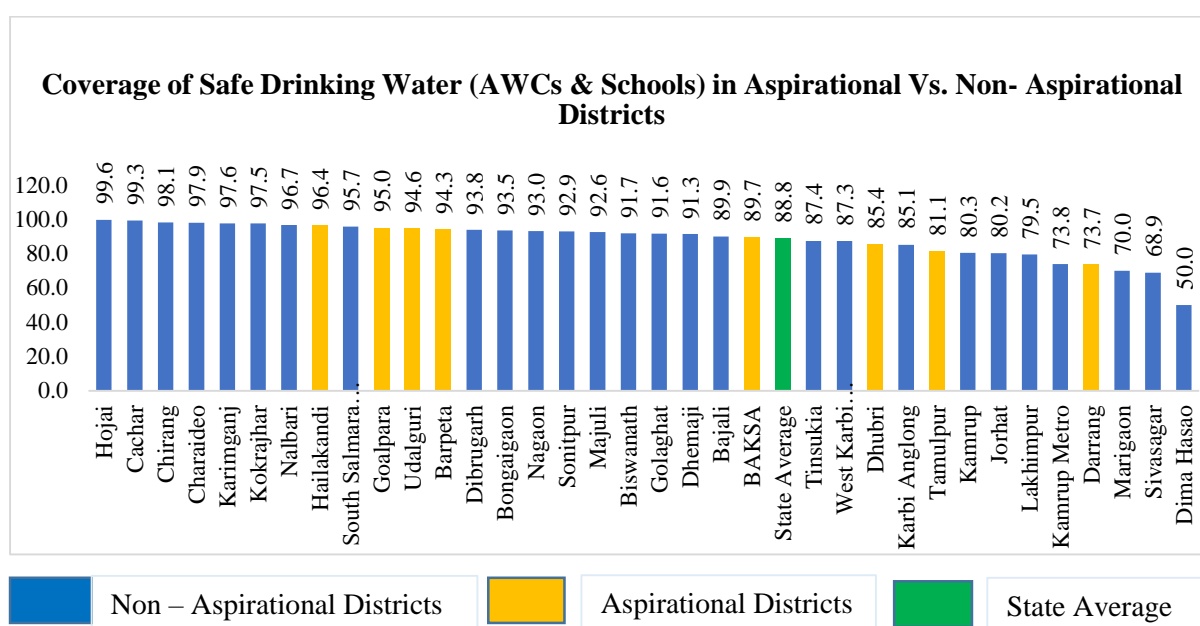
Figure 1. Coverage of safe drinking water in Aspirational versus non aspirational districts



Institutional Coverage

Access to safe drinking water in Anganwadi Centres (AWCs) and Schools is consistently high, with a state average of 88.8%. Most districts, including Hailakandi (96.4%) and Goalpara (95%), have an institutional coverage rate which is higher than the household coverage rates. The coverage of drinking water for Barpeta is 94.3%, Baksa -89.7%, Udalguri -94.6%, and Dhubri -85.4%.

Figure 2. Institutional coverage for safe drinking water



Challenges in providing safe drinking water supply to Households:

- **Geographical and Climatic:** The region's vulnerability to frequent floods, erosion, and landslides causes considerable damage and disruption to water supply infrastructure. Furthermore, difficult terrain and remote locations complicate both initial access and ongoing implementation efforts.
- **Infrastructure and Technical:** A shortage of skilled technical workforce hinders the effective operation and maintenance of systems. Ensuring consistent water pressure and quality remains a formidable task, particularly in hilly and flood-prone areas.
- **Institutional and Governance:** A critical challenge lies in the limited capacity of local governance bodies, specifically Gram Panchayats and Village Water and Sanitation Committees (VWSCs), to manage and sustain water supply systems effectively.

- **Social and Behavioural:** Achieving long-term sustainability is challenged by resistance to adopting new water conservation practices and the difficulty in fostering an intense sense of community participation and ownership over the supply systems.

Interdepartmental Convergence Initiatives

The consultation highlighted considerable progress through strategic convergence with key departments:

Convergence with the Education Department:

- ❖ **Jaldoot:** The Jaldoot Programme is a student-centric initiative under the Jal Jeevan Mission that trains high school students to become community champions for water conservation and sanitation. Jaldoot engages students between Class VIII to XII through a specially designed two day 'Jalshala' program. To date, 1,111 Jalshala's have been completed, providing training to 42,653 students as Jal Doots. Of these, 31,323 are actively engaged via WhatsApp and have completed 37,084 activities. The students assess household tap connections, advocate for water conservation, and promote hygiene.
- ❖ **Jal Vidya:** An MoU has been signed with the Department of Higher Education. PHED divisions are now executing MoUs with local colleges to encourage hands-on water testing and the use of PHED laboratories.

Convergence with the National Health Mission (NHM):

- **Jal Swasthya:** Convergence has been achieved through over 800,000 village-level health and nutrition meetings (VHND/VHSND/JAS). More than 25,000 ASHAs have been engaged, supported by a dedicated handbook created for the initiative.

Convergence with the Assam State Rural Livelihoods Mission (ASRLM):

- *Community Engagement:* 13,137 villages have been allocated to Cluster Level Federations (CLFs), with 639 CLFs actively involved in ISA (Implementation Support Agency) activities. ISA activities under the Jal Jeevan Mission involve community engagement to support the planning, implementation, and maintenance of water supply infrastructure, such as preparing Village Action Plans, conducting awareness programs, and providing training on water management. These activities are crucial for building community capacity and ensuring the long-term success of in-village water systems, enabling Gram Panchayats to manage their own water supply. Promoting the goals of JJM is achieved through conducting Inter-Personal Communication (IPC) and Focus Group Discussions (FGDs). Furthermore, 33 Young Professionals are jointly engaged to monitor Cluster Level Federation activities.

B. SANITATION

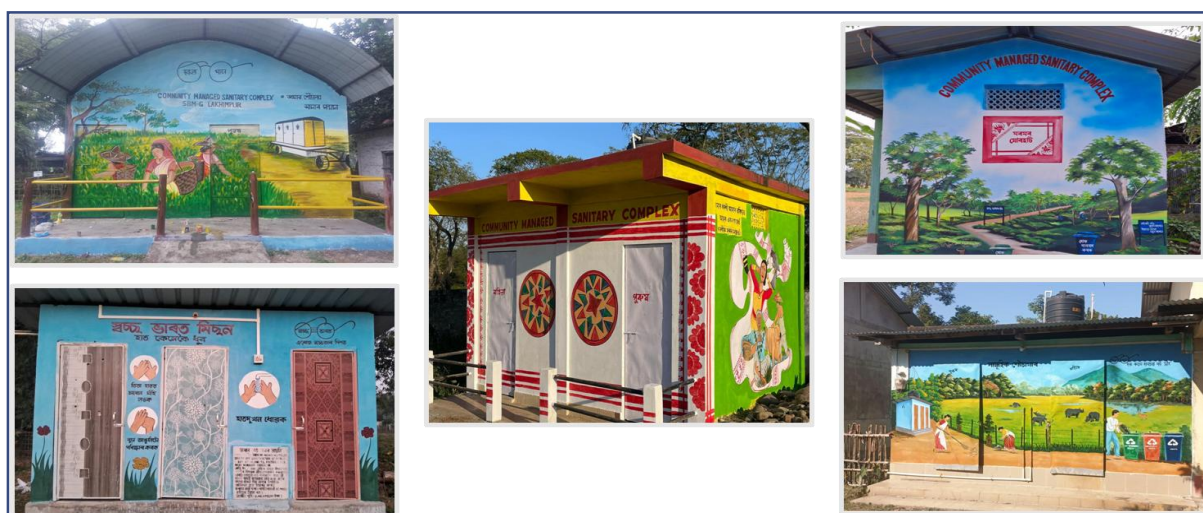
The achievements in household sanitation coverage across the aspirational districts are substantial, with all districts demonstrating significant coverage. The scale of this achievement is evident in the numbers, led by Dhubri with 323,383 toilets provided, followed closely by Barpeta (302,774), and Goalpara (220,664), with Udalguri (217,038), Hailakandi (161,726), and Baksa (144,899) also showing higher coverage.

Significant sanitation milestones achieved in Assam

The state was declared Open Defecation Free (ODF) on March 5, 2019. Currently, under the second phase of the Swachh Bharat Mission-Gramin (SBM-G), the focus has shifted to achieving ODF Plus status for all villages, with an emphasis on Solid and Liquid Waste Management (SLWM). Notably, 100% of villages have now been declared ODF Plus, and 76% (19,267 villages) have achieved the higher standard of ODF Plus Model.

To ensure that no one is left behind, a digital process is in place for households without toilets to apply online for individual household latrines (IHHL). Financial support is provided through direct benefit transfers (DBT); the first version (DBT 1.0) provided an initial instalment to 106,305 beneficiaries, while a subsequent round (DBT 2.0) in March 2023 benefited another 100,000 households. Furthermore, approximately 23,000 beneficiaries have received their second instalments. Complementing household facilities, 3,991 need-based Community Managed Sanitary Complexes (CMSCs) have been constructed across all Gram Panchayats to ensure universal access.

Figure 3: Community managed sanitary complexes



Challenges in Household Toilet Provision

There are several key challenges in the implementation of the Direct Benefit Transfer (DBT) system for Individual Household Latrines (IHHL):

- **Fund Misutilization and Duplication:** A significant concern is the diversion of the first instalment for purposes other than toilet construction. Furthermore, the system faces duplication, with multiple applications submitted from a single household through different family members, artificially inflating demand.
- **Administrative and Procedural Hurdles:** The timely utilization of funds is hindered by issues such as non-updated KYC details, cases where a beneficiary is deceased without a nominated successor, and out-migration of individuals who received funds.
- **Financial and Technical Compliance:** Beneficiaries, particularly in difficult terrains, report that the allocated amount of ₹12,000 is insufficient for complete IHHL construction. A critical procedural challenge is the reversal of the mandated construction sequence; many beneficiaries build the superstructure before the twin pit, which complicates the geo-tagging process and consequently delays the release of the second instalment.

Interdepartmental Convergence for Sanitation and WASH

The consultation highlighted multi-sectoral collaborations as a cornerstone for advancing sanitation goals.

Panchayati Raj & Rural Development (P&RD):

A strategic partnership exists for co-funding Community Sanitary Complexes (CSCs) and Material Collection Facilities on a 70:30 ratios. Furthermore, Finance Commission funds routed through P&RD are utilized for the Operation & Maintenance (O&M) of Solid and Liquid Waste Management (SLWM) assets. At the grassroots level, PRI and GP members work in tandem with PHED to promote WASH awareness and encourage the construction of Individual Household Latrines (IHHL).

Education Department: Two key initiatives are underway:

- ✓ **Pipe Composting Units (PCUs):** A new program engages students in managing biodegradable waste from the Mid-Day Meal scheme, fostering practical environmental stewardship.

- ✓ **WASH Awareness with NSS:** In convergence with the National Service Scheme (NSS), degree-level college students are mobilized to form "WASH Awareness Groups." The primary objectives of this initiative are to conduct assessments of current sanitation facilities and to disseminate need-based WASH awareness for ensuring sustainable practices.

Figure 4: Pipe composing Units installed in Schools



Smt. Nandita Hazarika, Deputy Secretary, Public Health Engineering Department, Assam and Deputy MD, Jal Jeevan Mission, Assam presenting data



Presentation by Shri. Nabajyoti Sharma – SPS-IEC, Jal Jeevan Mission, Assam, PHED



Delivering the presentation by Smt. Priyakhi P Boran – State Capacity building and training for Sanitation specialist, Swachh Bharat Mission, Assam, PHED

Floor Discussion:

The discussion on undernutrition highlighted critical challenges related to water security and infrastructure at Anganwadi centers.

A significant concern is the operational status of water connections. While many centers have water supply infrastructure, a majority are currently non-functional. This is due to two reasons: frequent electricity issues that disrupt water pumps, and the theft of motors, which points to a broader issue of inadequate and insecure infrastructure at the centers.

The conversation then focused on the linkage between safe drinking water and child undernutrition. A specific proposal was put forward: that the department share a list of identified underweight children with block-level officials from the Public Health Engineering (PHE) department. This would enable targeted water quality testing at the households of these vulnerable children.

It was noted that while the PHE department had conducted water quality tests at Anganwadi centers a few months ago, this initiative has been discontinued. Currently, only about 40% of centers have been covered, leaving over 60% without recent water safety verification.

The urgency of this issue was underscored by the problem of relapse. Children who are successfully treated for severe undernutrition at Nutritional Rehabilitation Centres (NRCs) often return to the same unsanitary conditions at home, leading to a high relapse rate. The quality of their household drinking water is a suspected major contributing factor for diarrhoea.

It was suggested that targeted intervention, where block-level officials specifically monitor and ensure the water quality for families with undernourished children, could be a decisive step in breaking this cycle and improving nutritional outcomes.

The Deputy director of WCD strongly advocated for the formal inclusion of Anganwadi workers in the relevant committees, noting that while ASHA workers are already members, Anganwadi workers are not yet included. Their participation was equally vital. The speaker emphasized that investing in children's health initiatives at the grassroots level is an investment in the nation's future.

To illustrate practical challenges, the speaker reported that even in model Anganwadi centers where water pipelines have been installed, many remain non-functional since the water supply has not been initiated, being told that it will be addressed "later."

This situation is causing unnecessary inter-departmental friction and, most importantly, is failing the primary beneficiaries: children aged three to six years. The speaker stressed that this is a critical stage of development and the current impediments would affect growth. A request was made for the department to address this critical issue of non-functional water supply in otherwise improved infrastructure.

Response from Public Health Engineering Department (PHED) Official:

The department is actively addressing the issue of water supply in Anganwadi Centers (AWCs). A cabinet proposal is being prepared to fund the maintenance of existing standalone piped water schemes. We have already compiled data on non-functional AWCs and identified those requiring new installations. Once the cabinet approval is secured, we will systematically ensure the maintenance and restoration of water supply to all AWCs.

Regarding water quality testing, we acknowledge that only 40% of AWCs have been covered so far. We will immediately direct our district and sub-divisional level officials to prioritize the testing of all remaining AWC water samples through our local laboratories to ensure that no centre is left out.

To improve community ownership and functionality, we propose leveraging Anganwadi Workers (AWWs). Just as we involve ASHA workers for WASH activities we can involve AWWs in local water resource committees. This would help monitor water safety for the 0-6 age group and ensure the functionality of local AWCs. These committees could take ownership of minor repairs.

We recognize that a key challenge is inter-departmental coordination. We invite the ICDS team to collaborate with our PHED district functionaries (Executive Engineers, District Coordinators) to resolve these issues jointly. Since AWCs lack a structure like a School Management Committee (SMC) for asset maintenance, this collaborative approach is crucial.

Follow-up from District Social Welfare Officer (DSWO):

In Bastar district, most AWCs that operate from their own buildings have JJM connections in principle. However, many centers operating from community halls that currently lack actual water supply infrastructure are not covered.

Clarification by PHED Official:

JJM norms mandate coverage for every household, school, and AWCs operating from their own premises. For AWCs in community halls, the solution is to contact the concerned PHED Divisional Engineer to provide a connection from the nearest pipeline, since a separate connection cannot be given. JJM operates only in rural areas; urban towns are not covered.

Action Point:

All districts are requested to share their specific lists of AWCs with no water connection or disrupted supply to the concerned PHED division for action.

Discussion on Household Coverage, Toilet Applications, and Anganwadi Worker Empowerment

A clarification was sought regarding the two types of water connections: individual household connections and institutional connections for schools and Anganwadi Centres (AWCs). The PHED official reaffirmed the mandate of 100% household coverage, which inherently includes all households with children aged 0-6 years. The department is working towards saturating all connections by 2026.

The conversation then shifted to the topic of individual applications for toilets under the Swachh Bharat Mission (SBM). A concern was raised about potential multiple applications from the same household, which creates verification challenges in the Management Information System (MIS).

- **A Proposal for Verification:** It was suggested that Anganwadi Workers, given their deep knowledge of the community and individual households, could be formally integrated into the verification process. Their approval could be used to certify a household's viability and prevent duplication before funds are released. This would not only improve the efficiency of the scheme but also empower the AWWs.
- **Broader Discussion on AWW Empowerment:** This sparked a wider debate on the role and empowerment of AWWs. A key concern was that while AWWs are often tasked with additional responsibilities by various departments (with a specific mention of their use as Polling Liaison Officers by the Election Department despite ministry directives to the contrary), they are not granted corresponding authority or recognition.

- **Existing Frameworks vs. Ground Reality:** It was noted that frameworks already exist for AWW involvement, such as their designated membership in the Village Water and Sanitation Committee (VWSC) and Water User Committees. However, a significant operational gap was highlighted: AWWs are often not practically involved or even notified of meetings, rendering their official membership ineffective.
- **Action Point and Way Forward:** The discussion points were then consolidated—strengthening infrastructure and meaningfully empowering AWW are central to the consultation's objectives. It was proposed that the Women and Child Development (WCD) and PHED departments use the subsequent group discussion to develop a concrete modality for effective collaboration at the district level. The expected outcome is a formal recommendation on how to ground this engagement to ensure AWWs are utilized as empowered stakeholders, not just as labourers.
- **Clarification on Toilet Application Process:** In response to the initial point on duplication, a representative from the SBM clarified the existing protocol. Beneficiaries are selected through a multi-layer process from the village to the block level to ensure they are eligible and lack a toilet. While the system is designed to prevent duplicate beneficiaries, the challenge lies in managing a high volume of multiple applications, which increases the verification workload, but the final selection is rigorously vetted.

Following the floor discussion the moderator invited the next speaker Smt. Prarthana Sonowal – Consultant, Health and Nutrition, Poshan Abhiyaan and Shri. Aakash Boral – Nutrition consultant in Poshan and SAM management of State Project Management Unit (SPMU) from Department of Women and Child Development, to present the data on current nutritional status of the children in the state and the role of WCD in improving their nutritional status.

Role of Women and Child development department in addressing child undernutrition

Smt. Prarthana Sonowal – Consultant, Health and Nutrition, Poshan Abhiyaan, Department of Women and Child Development, Government of Assam and

Shri. Aakash Boral – Nutrition consultant in Poshan and SAM management, SPMU, Department of Women and Child Development, Government of Assam

Table 1: Nutritional Status of children 2024 to '25 (%)

Months	Stunted	Severely Stunted	MAM	SAM	Moderately Underweight	Severely underweight	Overweight	Obese
September	18.09	23.38	3.49	0.51	12.31	3.78	3.64	2.70
October	18.32	24.12	3.31	0.46	12.49	3.86	3.75	2.80
November	18.06	23.74	3.41	0.53	12.34	3.84	3.77	2.85
December	18.23	24.14	3.56	0.54	12.40	3.95	4.08	2.93
January	18.21	24.61	3.56	0.55	12.36	4.02	4.25	3.05
February	18.00	24.79	3.56	0.56	12.29	4.12	4.3	3.15

Extracted from the POSHAN tracker application under POSHAN Abhiyaan for Assam

Table 2: Measuring recording efficiency in the Poshan Tracker (%)

Category	December'24	January '25	February '25
Children 0-5 years	97.48	98.03	98.16
Children 0-6 months	95.64	95.89	96.15
Children 6 months – 3 years	97.78	98.29	98.34
Children 3-5 years	97.39	98.02	98.22
Children 5-6 years	97.14	97.8	98.06
Total children 0-6 years	97.42	97.99	98.14

Extracted from the POSHAN tracker application under POSHAN Abhiyaan for Assam

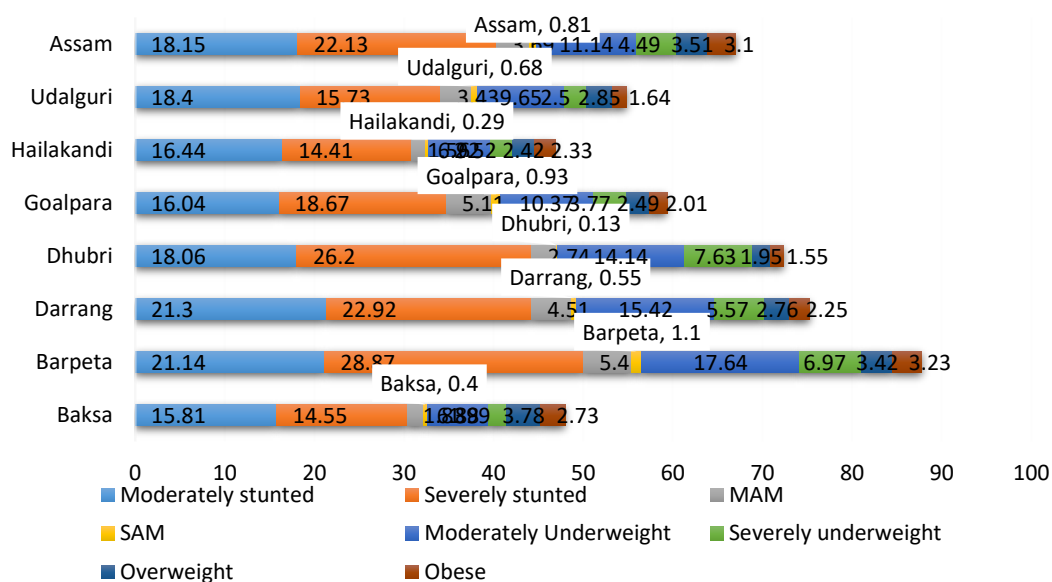
Table 3: Nutritional Status of women and children (%)

Indicators	NFHS 4	NFHS 5
Stunting	36.4	35.3
Wasting	17	21.7
SAM	6.2	9.1
Underweight	29.8	32.8
Anaemia among children	35.7	68.4
Anaemia among women	46	65.9
Anaemia among pregnant women	44.8	54.2

Table 4: IYCF practices and Micronutrient deficiency

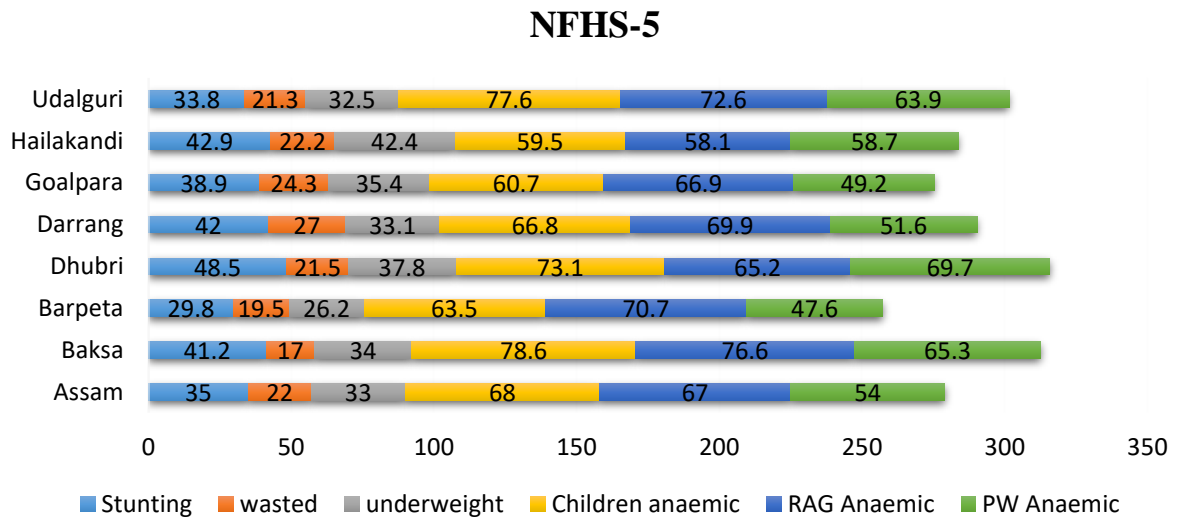
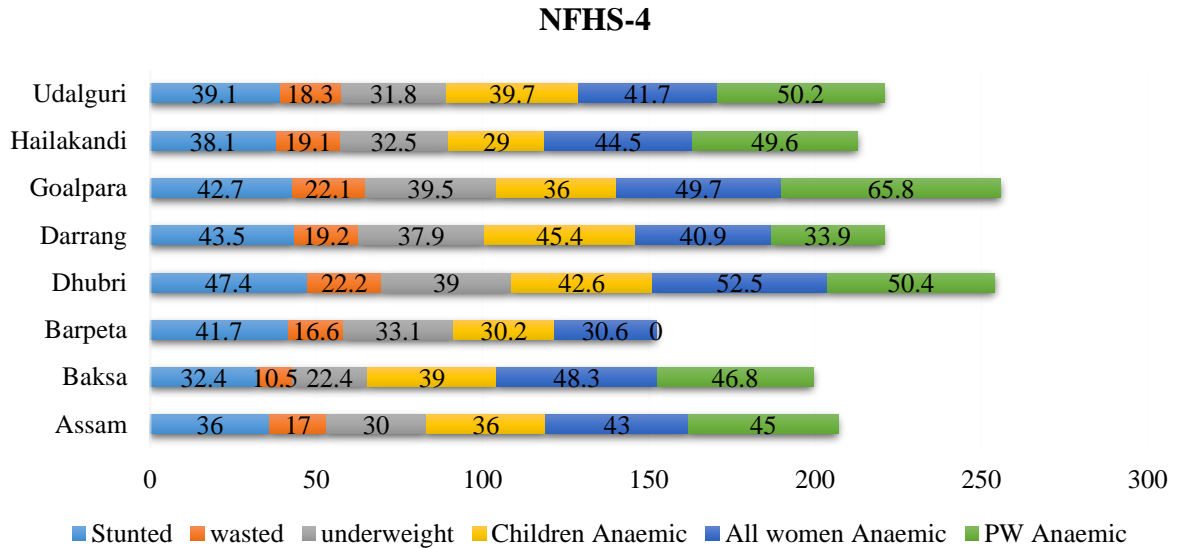
Category	NFHS 4	NFHS 5
Early initiation of breastfeeding	64.4	49.1
Exclusive breastfeeding	63.5	63.6
6-23 months receiving adequate food	8.9	8
6-23 months given iron supplements in last 7 days	20.2	23.6
6-23 months given deworming in last 6 months	27.1	23.7
9-35 months given vitamin A supplement in last 6 months	54.9	59.2

Figure 5: Comparison of Nutritional indicators of aspirational districts with State Average



Above figure represents February'2025 data from POSHAN tracker, with SAM rates being displayed separately for Assam State and each of the aspirational districts

Figure 6: Aspirational Districts and Assam-Comparison of Nutritional indicators



The presentation highlighted the fact that while the efficiency of data entry in the Poshan Tracker had improved significantly, there was scope for improving the quality of the data.

Convergent action for reducing malnutrition in Assam:

The consultation reviewed multi-sectoral initiatives aimed at addressing malnutrition in Assam, highlighting the following key collaborations led by the Department of Women & Child Development (WCD):

- ❖ **With the National Health Mission (NHM):** This partnership focuses on the direct management of malnutrition through the implementation of the Community-Based Management of Acute Malnutrition (CMAM) program. Coordination is strengthened at the field level between POSHAN teams and the Rashtriya Bal Swasthya Karyakram (RBSK) for the assessment and referral of Severely Acute Malnourished (SAM) children, and for ensuring essential service delivery during Village Health, Sanitation, and Nutrition Days (VHSNDs).
- ❖ **With the Public Health Engineering Department (PHED):** A critical convergence for ensuring water safety at Anganwadi Centres (AWCs). This includes statewide water testing and a phased approach to water treatment. To date, water testing has been completed in 28,917 AWCs, with 13,422 having uploaded their test reports.
- ❖ **With Panchayati Raj & Rural Development (PnRD):** A joint advisory has been issued to strengthen maternal and child nutrition interventions. Furthermore, breastfeeding corners are being established at the offices of Cluster Level Federations (CLFs) and Village Organizations (VOs) to support infant and young child feeding practices.
- ❖ **With the Assam Millet Mission:** A targeted intervention is underway to combat anaemia by promoting a millet-enriched diet, supported by Behaviour Change Communication (BCC) activities.

Department-Specific Initiatives and a Multi-Pronged Strategy to Address Malnutrition

The targeted initiatives and a comprehensive strategy being implemented to reduce malnutrition in the state are as follows:

A. Key Department-Specific Initiatives:

The Department of Women & Child Development (WCD) is spearheading several direct interventions, including:

- Strengthening Infant and Young Child Feeding (IYCF) practices in 19 high-priority districts.
- Implementing the Community-Based Management of Acute Malnutrition (CMAM) program across 16 selected districts.
- Launching a dedicated SAM (Severe Acute Malnutrition) Dashboard for improved tracking and follow-up of identified children.

- Providing 'Nutri-Kits' to children upon their discharge from Nutritional Rehabilitation Centres (NRCs) to support continued recovery at home.
- Organizing 'Swasthya and Porupusti Mela' (Health and Nutrition Fairs) to foster a public movement ('Jan Andolan') and raise awareness on appropriate diet and nutrition.

B. The Multi-Pronged Impact of POSHAN Abhiyaan:

These specific initiatives are bolstered by the broader, multi-faceted framework of the POSHAN Abhiyaan, which leverages four key pillars:

- ✓ The Poshan Tracker: A technology-driven platform for real-time monitoring.
- ✓ Innovation: Promoting novel approaches and solutions.
- ✓ Capacity Building: Enhancing the skills of frontline workers.
- ✓ Convergence: Fostering cross-departmental collaboration for a unified response.

Protocols for Managing Child Malnutrition

The state follows a two-pronged protocol for managing child malnutrition: Community-Based Management of Acute Malnutrition (CMAM) for decentralized care and facility-based management through Nutritional Rehabilitation Centres (NRCs).

Table 5: CMAM implementation in the state

Category	October '24	November'24	December '24
Children admitted to CMAM program	3227	3811	3567
No. of children rehabilitated	2644	2596	2553
No. of children non-cured	943	869	848



Partnership with other agencies for improving nutrition outcomes in Aspirational Districts

- **ITC:** Focused on strengthening home-based counselling, specifically targeting the critical first 1000 days of a child's life.
- **Jhpiego:** Implementing the 'SENU Project' in the Utkarsh area of Dhubri district.
- **UNICEF:** Providing crucial technical support at both the state level and in several Aspirational Districts.

Identified Challenges:

- **Technology and Data Systems:** The effective implementation of the POSHAN Tracker is challenged by obstacles due to unreliable network connectivity and varying levels of technical proficiency among Anganwadi Workers (AWWs). This contributes to broader concerns regarding data quality and accuracy.
- **Service Delivery:** Ensuring consistent and equitable service delivery in geographically isolated areas, such as river islands (chars) and hilly regions, remains a significant logistical hurdle.
- **Inter-Departmental Coordination:** Strengthening the coordination mechanism between the Women & Child Development (WCD) and Health departments at all administrative levels is critical for achieving integrated nutrition outcomes.
- **Behaviour Change:** Driving sustainable behaviour change at the community level is a long-term process that requires persistent engagement and does not yield immediate, measurable results.

Strategic Way Forward:

- **Enhance Data Sharing:** Establish a robust protocol for the regular exchange of data between WCD and Health. This includes sharing quarterly data on key malnutrition

indicators and ensuring monthly sharing of SAM/SUW data with the National Health Mission (NHM) for planned interventions through the RBSK framework.

- **Build Capacity and Infrastructure:** Address the technical and connectivity barriers hindering data entry in the POSHAN Tracker through targeted training and infrastructure support.
- **Deepen Convergence:** Institutionalize joint planning and monitoring between WCD and Health to create a unified front against malnutrition.



Presentation by Smt. Prarthana sonowal – Consultant of Health and Nutrition, Poshan Abhiyaan, Department of Women and Child Development, Government of Assam and Shri. Aakash Boral – Nutrition consultant in Poshan and SAM management, SPMU, Department of Women and Child Development, Government of Assam

Floor Discussion:

In the context of improving maternal and child health outcomes and data integrity, the following points were addressed following the presentation by the WCD department.

Enhanced Inter-Departmental Convergence: A key theme emerging from the discussion is the critical need for convergence between the Health and WCD departments. This is paramount

for reducing home deliveries and ensuring that, when deliveries are institutional, the attending staff are adequately skilled.

Furthermore, joint training for our frontline ICDS and Health workers is essential. This ensures to deliver a unified message to the community and will ensure adherence to common standardized protocols, particularly for programs like CMAM.

Data Quality: This requires a two-fold strategy. First, is to enhance the capacity-building efforts by providing hands-on training for ICDS personnel whenever a technological update is rolled out. Second, is to address the hardware limitations by improving device specifications, such as RAM, and ensuring the timely replacement of faulty devices, as policymakers depend on this data.

A significant challenge is the frequency of application updates, which causes hardship to workers who are not able to master the application in a short span of time. A more ‘spaced out’ approach to updates, coupled with consistent training for each new version, would greatly support our Anganwadi Workers. A commitment to such structured training for every necessary update is crucial for smooth adoption.

The session concluded with a request for the WCD and Public Health Engineering (PHED) departments to collaborate on drafting concrete recommendations for the Ministry, with a central focus on creating an actionable framework for convergence.

In the post lunch session participants formed three groups. The themes identified for the group discussion were; Real time growth monitoring using Poshan Tracker- Issues and Solutions; Joint action plan for convergence between WCD and PHED; Infrastructure, convergence with other line department and administrative issues. The outcomes of the discussion were presented by a representative member from each of the three groups which are summarized below.

Group 1. Discussion on Real time growth monitoring using Poshan Tracker- Issues and Solutions.

1. Challenges in Real time Growth monitoring

Issues	Solutions
At the level of AWW	
Lack of technical knowledge in operating smart phones	Capacity building in operating devices, data entry especially in uploading growth measurement.
Phone related issues	Smartphones with higher RAM memory or tablets for Anganwadi Workers may be provided. Frequent updates of app poses challenges and a freeze cycle for newer apps may be introduced
Lack of skills and support in growth monitoring	Capacity building in measuring and recording children's growth. To conduct special camps in growth monitoring in convergence with other line departments
At the level of DSWO	
Delay in display of growth monitoring details uploaded by AWWs in supervisor's app	Technical upgradation of the supervisor's app for early reflection of data uploaded by AWWs
Data Quality	Conduct on the spot regular monitoring camps for data accuracy
Lack of Budgetary allocation for capacity building	Separate annual allocation in the budget for capacity building and human resource development.
<u>Social and Behaviour Change Communication</u>	
Community taboos	Joint awareness Campaigns with other line departments in identified areas
<u>Intersectoral Convergence:</u>	
Lack of Coordination among functionaries at District, Block and field level.	Periodic review to be conducted regularly at all levels (on the lines of joint advisory developed in the consultation by WCD and PHED)

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Group 1 - Real time growth monitoring using Poshan Tracker- Issues and Solutions

Group 2. Joint Action Plan for convergence developed by secretaries of WCD and PHED

Smt. Saswati Som, Deputy Director of WCD and Smt. Nandita Hazarika, Deputy Secretary, Public Health Engineering Department along with senior colleagues developed the joint convergence plan for both departments

Way Forward:

- Senior Secretaries of Both Depts. to write a joint letter to District Collector (DC), to take up the issue of Water and Sanitation in DC meetings
- List of undernourished children with home address to be shared by WCD to PHED on monthly basis
- Once the list is received by PHED district office, the PHED team will be mobilised for water quality testing at households and Anganwadi Centres and IHHL (left out households) of concerned under nourished children.
- Redefining the role of AWC workers and empowering them to spread the message of Water and Sanitation at the village levels at the VHND/VHSND/JAS meetings along with ASHAs
- The CDPO of the concerned block to be intimated by PHED about monthly VWSC/WUC meetings under her/his command area so that all Anganwadi workers can attend the monthly meetings



Group 2 - Convergence between WCD and JJM

Group 3. Presenting the outcome of thematic discussion on Infrastructure, convergence with other line departments and administrative issues

Challenges	Solutions
Poor Infrastructure	
Most of the centres are run at community halls, religious places, residences of workers and helpers etc. Several are built with mud or bamboo and having thatched roof	Repairing / Renovation of AWC and construction of new centres is top priority needing convergence with PNRD and NITI AAYOG. Additionally, CSR Fund can be tapped for resource mobilization
No Compound Boundary wall around the AWC.	The model AWC designed and constructed by WCD to be used as the norm for constructing new centres.
Non-availability of sufficient land for constructing AWCS buildings	Area for construction of new buildings to be identified with the support of the Revenue Department and District collector.
Electricity	
Though the electricity meter is installed, there is no internal connection in many AWCs.	Due to irregularities of electricity power supply in rural areas, SOLAR powered lights to be installed. So, we need the support of Assam Power Distribution Company Limited (APDCL).
Drinking Water and toilet amenities Many centers have no safe drinking water or toilet provision	Support of JJM and PHED is needed for access to safe drinking water and toilets



Group 3 - Infrastructure, convergence with other line department and administrative issues

List of participants

1. Smt. Saswati Som, Deputy Director, WCD
2. Smt. Nandita Hazarika, Deputy Secretary, Public Health Engineering Department, Assam and Deputy MD, Jal Jeevan Mission, Assam;
3. Shri. Aakash Boral – Nutrition consultant in Poshan and SAM management, SPMU, Department of Women and Child Development, Government of Assam
4. Shri. Bodiozzaman Ahamed DSWO of Barpeta
5. Shri. Kukeshwar Borah DSWO Darrang
6. Shri. Nabajyoti Sharma – SPS-IEC, Jal Jeevan Mission, Assam, PHED
7. Shri. Simanta Pradeep Chowdary DSWO Baska
8. Smt. Prarthana sonowal – Consultant of Health and Nutrition, Poshan Abhiyaan, Department of Women and Child Development, Government of Assam
9. Smt. Priyakhi P Boran – State Capacity building and training for Sanitation specialist, Swachh Bharat Mission, Assam, PHED
10. Smt. Anthi Daimari, District Coordinator, Udalguri, Assam
11. Smt. Bandana Bargoyari, Supervisor Baksa
12. Smt. Dolly Bora, Supervisor Darrang
13. Smt. Gitika Muchahary, District Coordinator, Baksa & Tamulpur, Assam
14. Smt. Junali Basumatary, SPMU-Poshan Assam
15. Smt. Ksh. Anjana Singha, State Program Management Unit for Poshan Assam
16. Smt. Pallabita Sharma, SPMU-Poshan Assam
17. Smt. Prarthana Sonowal, SPMU-Poshan Assam
18. Sri. A.M.A. Hussain District Social Welfare Officer, Goalpara
19. Sri. Nabajyoti Sharma, SPS-IEC, JJM Assam
20. Dr. DJ Nithya, Scientist, M S Swaminathan Research Foundation
21. Dr. Rama Narayanan, Senior Fellow, M S Swaminathan Research Foundation
22. Ms. Jeya Rani A, Senior Research Associate, M S Swaminathan Research Foundation