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Nutrition
Annual Report

2019

Background

Telangana has a high concentration of Scheduled Castes, Scheduled Tribes, Backward Communities and minorities. Following the bifurcation from Andhra Pradesh in 2014, Telangana is charting a new path of development. While the state's economy has grown at an average of nine per cent over the past decade, malnutrition continues to remain a challenge for the state.

2019, the nutrition context in Telangana was redefined with availability of data for 10 districts as per NFHS-4 to assess the burden of malnutrition in Telangana in district specific pockets. The outcome for nutrition programming is to ensure that by 2022 infants, young children, adolescent girls and mothers more equitably benefit from high-impact nutrition interventions. UNICEF supported government of Telangana through Departments of Women Development and Child Welfare, Department of Health and Family Welfare and partnered with NIN, Hyderabad, Sangath, IIHFW, PHFI etc in implementation of the following outputs:

Output 1:
By 2022, in UNICEF supported states, government and partners have enhanced capacity to scale up infant and young child nutrition services for children under-two.

Output 2:
By 2022, in UNICEF supported states, government and partners have enhanced capacity to scale up services for the treatment of severe acute malnutrition.

Output 3:
By 2022, in UNICEF supported states, government and partners have enhanced capacity to scale up nutrition services for adolescent girls and women (before, during and after pregnancy).
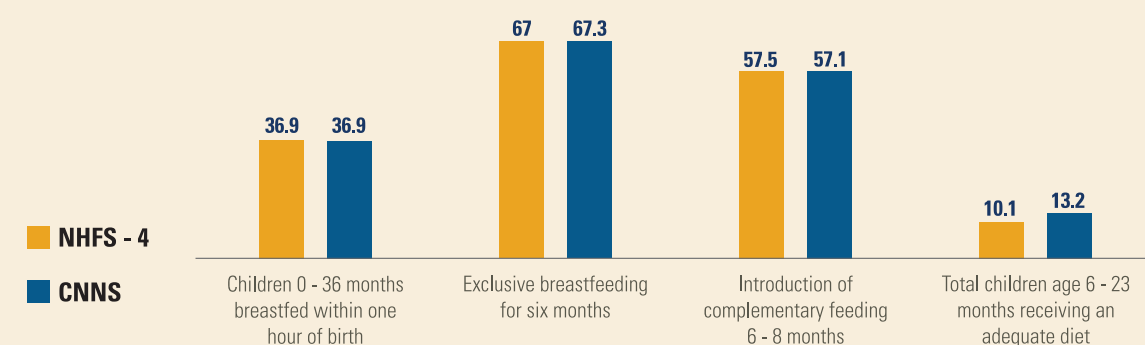
Output 4:
By 2022, in UNICEF supported states, government and partner institutions have strengthened systems for multi-sector coordination, planning, monitoring, and human resource development for nutrition.

Output 5:
By 2022, in UNICEF supported states, government and partners have enhanced capacities to generate demand for positive practices that improve the nutritional status of children, adolescents and women.
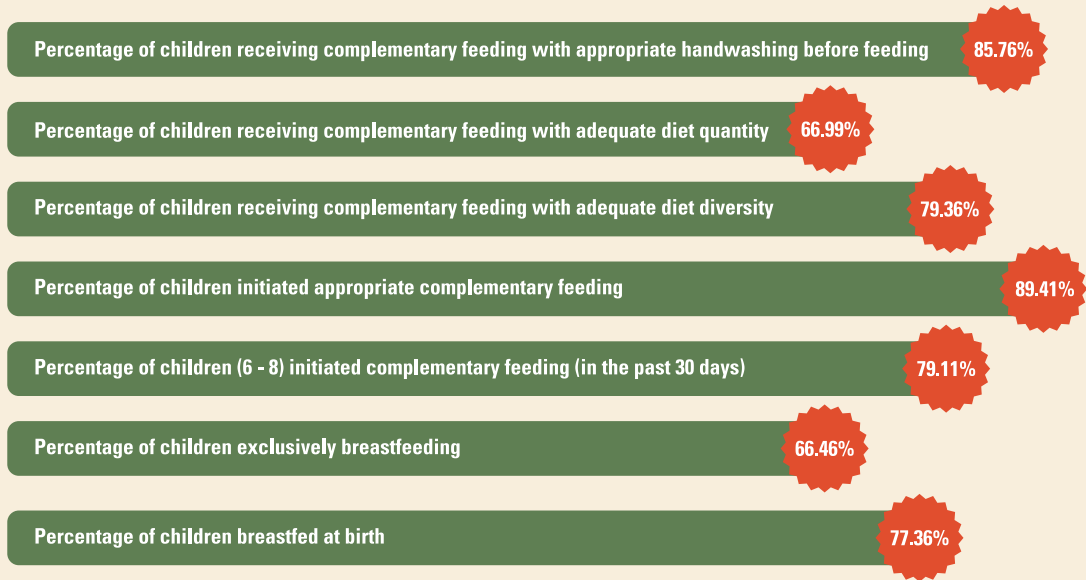
Infant and Young Child Nutrition Services & Early Childhood Development

The performance of State has remained stagnant in terms – early initiation of BF; exclusive breastfeeding for first 6 months and introduction of complementary feeding at 6-8 months (Figure 2). A slight improvement of three percent point was only seen in case of adequate diet for children 6-23 months.

Legend: NHFS - 4 (orange), CNNS (blue)

	NHFS-4	CNNS
Children 0 - 36 months breastfed within one hour of birth	36.9	36.9
Exclusive breastfeeding for six months	67	67.3
Introduction of complementary feeding 6 - 8 months	57.5	57.1
Total children age 6 - 23 months receiving an adequate diet	10.1	13.2

Graph 1: Indicators for Infant & Young Child Nutrition (CNNS & NHFS-4)

However, with launch of POSHAN Abhiyaan in 2018 at National level and its adoption in State in 2019. There has been a high impetus given to improvement of IYCF indicators in State. In its first phase POSHAN Abhiyaan is active in 10 districts of Telangana and data from real time monitoring of IYCF indicators through ICDS-CAS[1] is encouraging. As per the data, early initiation of BF was started for 77.36% children and 89.41% children have initiated appropriate complementary feeding.

Percentage of children receiving complementary feeding with appropriate handwashing before feeding	85.76%
Percentage of children receiving complementary feeding with adequate diet quantity	66.99%
Percentage of children receiving complementary feeding with adequate diet diversity	79.36%
Percentage of children initiated appropriate complementary feeding	89.41%
Percentage of children (6 - 8) initiated complementary feeding (in the past 30 days)	79.11%
Percentage of children exclusively breastfeeding	66.46%
Percentage of children breastfed at birth	77.36%

Graph 2: infant & Child Nutrition Indicators

UNICEF in 2019 has been able to initiate partnerships with Sangath and National Institute of Nutrition, Called ASPIRE to support state in improving the young child feeding practices and behaviors using multiple platforms available under POSHAN Abhiyaan and through VHSND. ASPIRE in 2019 has analyzed the knowledge levels of AWTs and their use of time with regards to Early childhood development and IYCN related activities. Some of the important findings have been:

- Concept of growth understood as weight & height. Some AWTs understand it as 'mind' or 'brain development' as well. Concept of development understood in terms of developmental milestones

- Facilitators to growth include a combination of nutritional factors (e.g. feeding children on time), environmental factors (e.g. neat & clean home) & family characteristics (e.g. joint family). Barriers to growth focus on poverty but include other factors such as not having access to playgrounds

- Facilitators to development include a combination of parents' role (e.g. talking to child in the womb, parental knowledge), home environment (e.g. peaceful home where parents don't fight) & family characteristics (e.g. involvement of grandparents). Barriers to development include various environmental factors including the detrimental role of technology

- Importance of growth & development is understood by AWTs. ECD looked at as 'basement for future' & 'investment for future generation'. Importance of play recognized as supporting growth & formation of 'friendships. Local games played identified by the AWTs

This intervention is planned to be implemented in 5 districts of Telangana in 2020 in partnership with Poshan Abhiyaan and Communication Resource Unit, NIRD.

Management and Treatment of Severe Acute Malnutrition (SAM)

Children suffering from acute malnutrition (wasting and severe wasting) has significantly increased in the last decade in Telangana. As per the NFHS-4 data, around 0.5 million children under the age of 5 years are wasted in Telangana (18%). Around 0.2 million (5.6%) children below 5 years are severely wasted in Telangana and are at 9 times higher risk of mortality in comparison to their healthy counterparts.

Under the management and treatment of children with SAM the following areas are technically supported by UNICEF :

- Growth monitoring for children under 5 yrs in terms of weight, height and identification of medical complications
- Facility based management care for children with SAM at NRCs
- Community based care for children with acute malnutrition in 2 districts

Growth Monitoring Efficiency (January-December 2019)

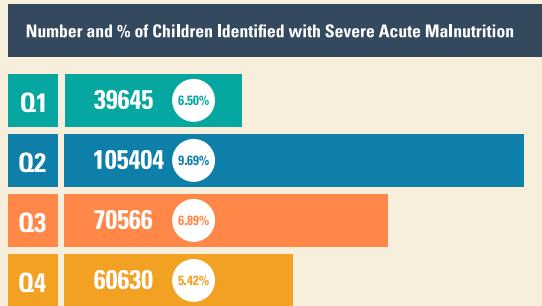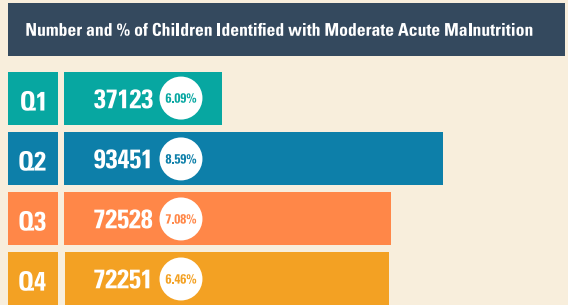**Total Number of Children (0 - 5 years) To Be Screened (Growth Monitoring)** **2139150**

Total Number of Children Screened

Q1	609557	28.49%
Q2	1086643	50.79%
Q3	1023042	47.82%
Q4	1118274	52.28%

Number and % of Children Identified with Moderate Acute Malnutrition

Q1	37123	6.09%
Q2	93451	8.59%
Q3	72528	7.08%
Q4	72251	6.46%

Number and % of Children Identified with Severe Acute Malnutrition

Q1	39645	6.50%
Q2	105404	9.69%
Q3	70566	6.89%
Q4	60630	5.42%

Figure 1: Growth Monitoring Efficiency among Children 0-59 months in 2019

CNNS (2016-18)	476431
NHTS	73304
CNNS	149051
NHTS	69051

Acute Malnutrition — Severe Acute Malnutrition

Figure 2: Burden of Wasting and Severe Wasting, Telangana

Average Weight Monitoring Efficiency in 2019

Legend:
- >85%
- 84% - 70%
- 69% - 50%
- 49% - 30%
- <30%

ADILABAD 86.4%
KUMURAM BHEEM 71.0%
NIRMAL 79.5%
MANCHERIAL 78.1%
JAGTIAL 48.3%
NIZAMABAD 82.7%
PEDDAPALLI 28.3%
JAYASHANKER BHUPALPALLY 30.3%
RAJANNA SIRCILLA 21.3%
KARIMNAGAR 40.5%
KAMAREDDY 49.3%
MULUGU
SIDDIPET 84.1%
WARANGAL URBAN 70.7%
MEDAK 48.4%
WARANGAL RURAL 42.4%
BHADRADRI KOTHAGUDEM 47.4%
SANGAREDDY 58.3%
JANGAON 40.1%
MEDCHAL MALKAJGIRI 45.6%
YADADRI BHUVANGIRI 48.4%
MAHABUBABAD 41.5%
HYDERABAD 76.0%
KHAMMAM 44.3%
VIKARABAD 48.5%
RANGAREDDY 89.8%
SURYAPET 36.5%
NALGONDA 36.2%
MAHBUBNAGAR 69.5%
NARAYANPET
WANAPARTHY 36.0%
NAGARKURNOOL 34.6%
JOGULAMBA GADWAL 82.7%

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Average Height Monitoring Efficiency in 2019

Legend:
- >85%
- 84% - 70%
- 69% - 50%
- 49% - 30%
- <30%

ADILABAD 83.4%
KUMURAM BHEEM 68.4%
NIRMAL 72.0%
MANCHERIAL 69.8%
JAGTIAL 48.6%
NIZAMABAD 84.9%
PEDDAPALLI 18.3%
JAYASHANKER BHUPALPALLY 31.6%
RAJANNA SIRCILLA 21.5%
KARIMNAGAR 40.9%
KAMAREDDY 49.7%
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YADADRI BHUVANGIRI 48.5%
MAHABUBABAD 41.9%
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SURYAPET 39.8%
NALGONDA 36.1%
MAHBUBNAGAR 60.4%
NARAYANPET
WANAPARTHY 39.1%
NAGARKURNOOL 36.0%
JOGULAMBA GADWAL 79.5%

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Under POSHAN ABHIYAAN in Telangana supplies of growth monitoring instruments are ensured across anaganwadi centes and measurement of height and length for all children is initiated. While districts like Nizamabad are performing well in terms of growth monitoring efficiencies, most districts in Telangana fall in the range of 40-60% efficiency. While some districts like Bhupalpalli, Nirmal and Peddapalli are covering <40% children during the growth monitoring done at AWCs. While many districts perform better in terms of weight measurements, height and length assessment are still of weaker quality and require skill building measures.

UNICEF in 2019 supported the department with a validation drive for growth monitoring with Society for Social Audit Accountability and Transparency (SSAAT) and the findings of the collected data as against the validated data showed that no substantial variation was found in the measurement of weight and MUAC taken through regular growth monitoring under ICDS as compared to measurements taken under validation drive.

However, the State is recommended to build upon its capacities to deliver the nutritional counselling as per the nutritional status observed through regular growth monitoring at AWC.
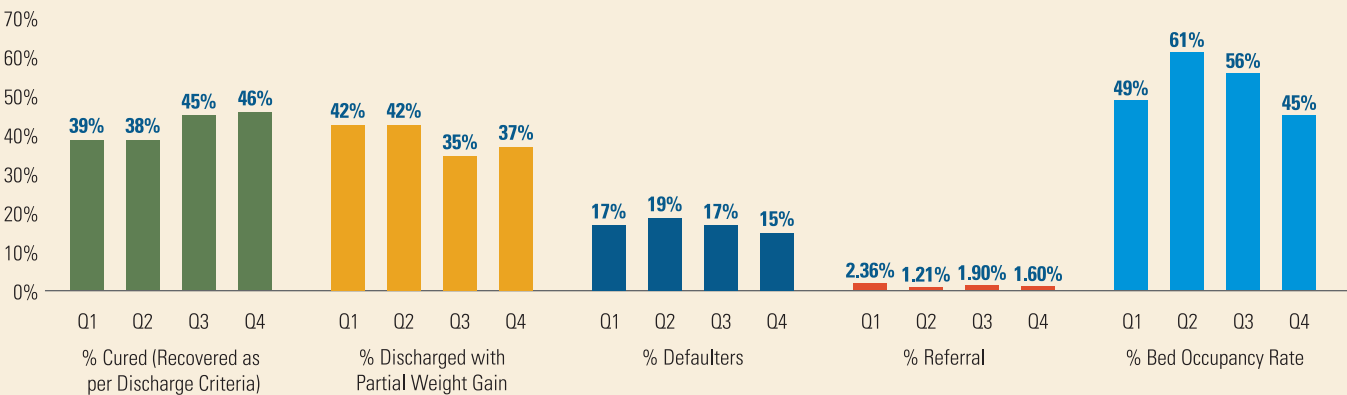
Facility Based Management of SAM

UNICEF has supported the state in improving the quality of care provided to children with SAM in NRCs across the state. In this process capacity building of Nutritional Counsellors through the National Center of Excellence, Kalawati Saran Hospital was taken up. UNICEF technically supported the assessment of 14 NRCs of the state on desired parameters and preparation of NRC level report cards in guiding the improvement and effective implementation process.

As a result, in the last year, NRCs in Telangana have standardized their reporting structures, most NRCs are reporting accurately, and cure rates have seen improvement from 33% to 40%. There is an evident decline in defaulter rates, however, bed occupancy rates have not shown a significant improvement. NRC review is now a quarterly activity taken up by the government under the leadership of Commissioner, HFW.

QUARTER 1 — 790

QUARTER 2 — 1082

QUARTER 3 — 985

QUARTER 4 — 806

Figure 3: Number of Children with SAM Admitted in NRC (2019)

Graph 3: NRC Performance Indicators (2019)

Community Based Management of SAM

Supervised Supplementary Feeding Program (SSFP) is an initiative taken by the Women Development and Child Welfare department Telangana, to tackle the high prevalence of wasting among children aged 6 months to 59 months.

> **Care for SAM children at the community level through SSFP has been initiated in two districts of Telangana – Asifabad and Gadwal by Department of Women Developemnt and Child Welfare with the support from National Institute of Nutrition and UNICEF. National Institute of Nutrition has taken the initiative to modify the nutrient density of existing ICDS THR – 'Balamrutham'.**

Using state government fund, the modified ICDS THR 'Balamrutham plus' was developed by the Telangana Foods for community based programme targeted to children with SAM. Training for the front line functionaries (AWTs and ANMS) in two districts has been completed. The state has created a dedicated Technical Advisory Group to provide guidance to the State government on CSAM programme implementation and to suggest possible scale up strategy.

Total Training Load (AWTs + ANM) — 1538

Total Trained — 1461 (95%)

Attained >75% increase in marks in Pre-Post Test — 817 (56%)

Attained 75%-50% increase in marks in Pre-Post Test — 590 (40.3%)
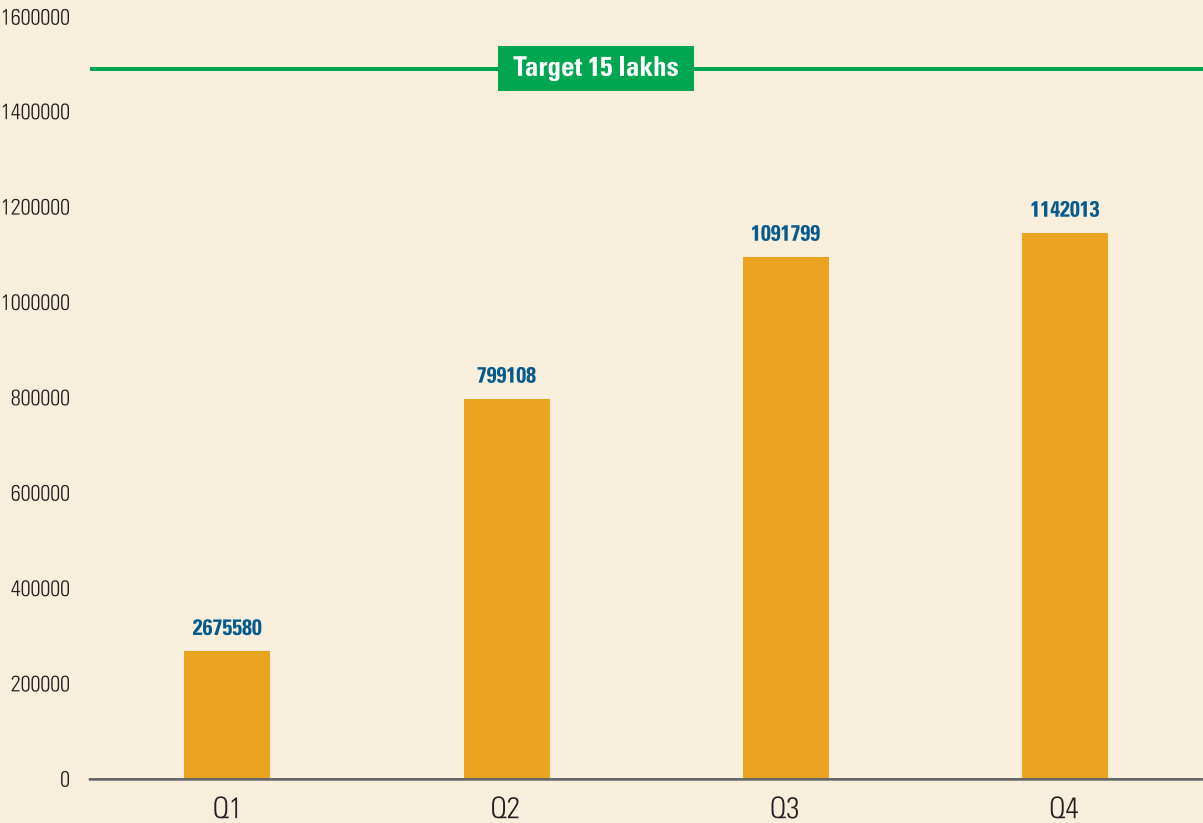
Figure 4: SSFP Training Details

Nutrition Services for Adolescent Girls and Women (Before, During and After Pregnancy)
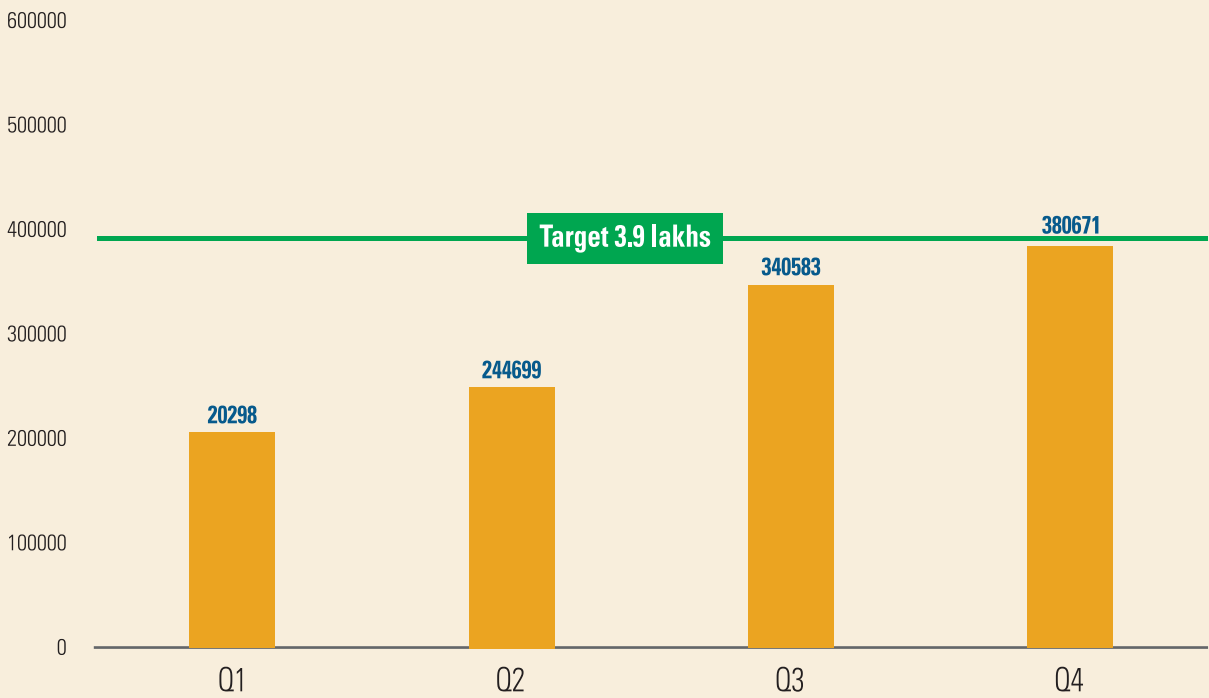
Anemia Mukt Bharat

Anemia Mukt Bharat programme was launched in the state in month of September 2019. Telangana, through district RBSK teams has been working on creating databases for anemia levels of children in the state.

Screening of around 1 million Adolescent boys and girls for anemia in 23 districts by Mobile Health Teams (MHTs) of RBSK is planned, half of these are covered till the end of 2019. Partnership with department of education to reach out to 40,000 primary and middle schools is targeted under Anemia Mukt Bharat program in state of Telangana. IFA is being administered to Adolescent boys and girls prophylactically; deworming is done biannually, and severely anemic Adolescents are referred to higher facilities for treatment as per Anemia Mukt Bharat protocols.
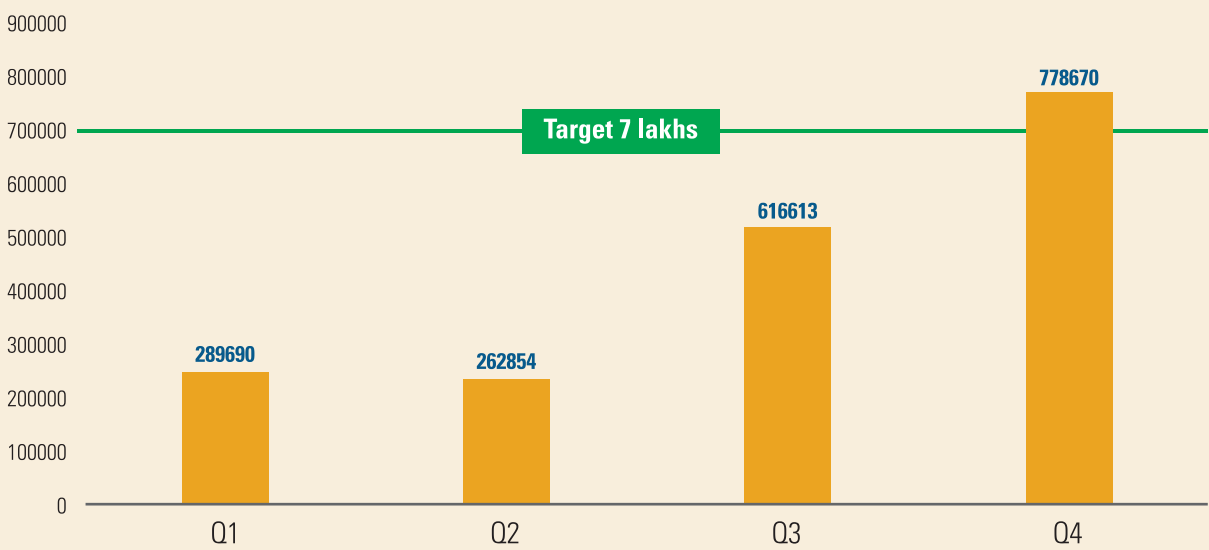
> **UNICEF has been engaged in supporting the state through fiscal analysis of Anemia Mukt Bharat programme in uncovering planning and allocation gaps in NHM Programme Implementation Plan and ROPS. This has enabled the state to plan better to close resource gaps under AMB for 2020-21. UNICEF has technically assisted the state in bottleneck analysis of the supply Chain for Iron and folic acid in the state of Telangana.**

Graph 5: Adolescent Girls (10 -19 years) receiving 4 IFA through WIFS in AWC

Target 3.9 lakhs
- Q1: 20298
- Q2: 244699
- Q3: 340583
- Q4: 380671

Graph 4: Adolescent Girls (6 -12 class) receiving 4 IFA through WIFS in School

Target 15 lakhs
- Q1: 2675580
- Q2: 799108
- Q3: 1091799
- Q4: 1142013

Graph 6: Pregnant Women receiving 180 IFA tablets at ANC points

Target 7 lakhs
- Q1: 289690
- Q2: 262854
- Q3: 616613
- Q4: 778670

Biggest challenge for Anemia Mukt Bharat in Telangana has been the reporting errors and settlement of denominators which led to a slow start of the programme. State has made efforts to streamline reporting in the State by repeated capacity building of the HMIS data entry operators. Supply- forecasting and indenting mechanisms are also strengthened in the state by capacity building of Telangana Medical Corporation officials.

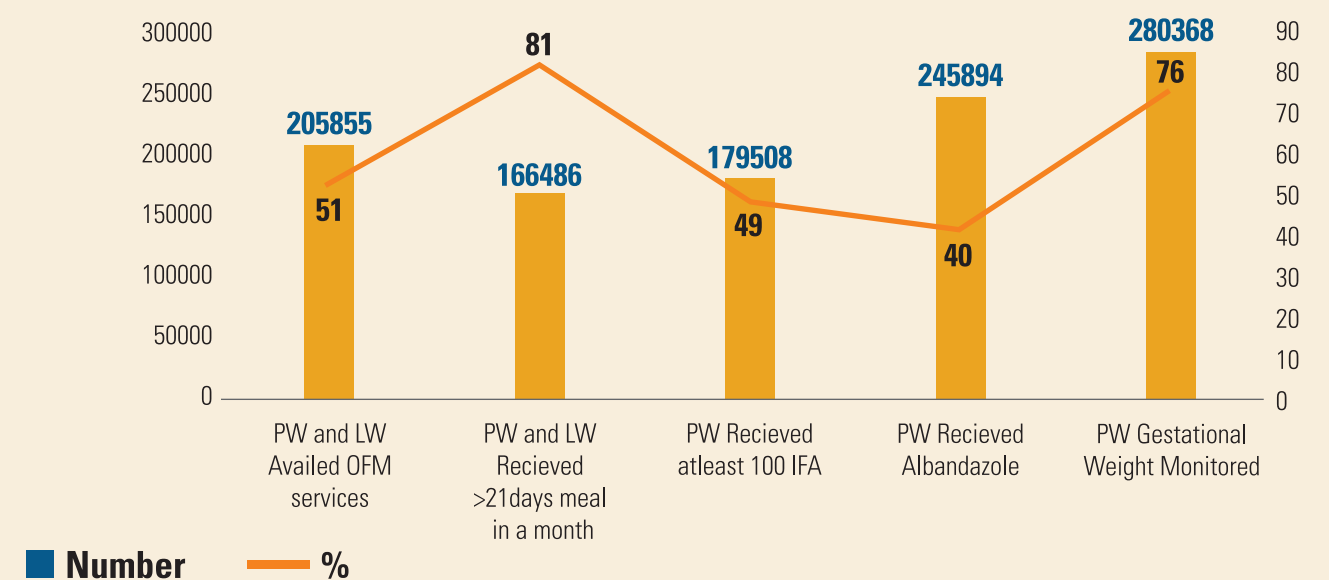# AMB Score Card, 2018-19 : Q3
(Apr 2018 - Dec 2018)
IFA COVERAGE – KEY PERFORMANCE INDICATORS, HMIS#

District	HMIS 1.2.4: Pregnant women[2]	HMIS 22.1.1: Student (6-12 class)[3]	Anemia Mukt Bharat (AMB) Index 2018-19 Average	Rank
Telengana	95.0*	1.4	48.2	-
Nalgonda	95.0*	31.4	63.2	1
Adilabad	95.0*	0.0	47.5	2
Bhadradri Kothagudem	95.0*	0.0	47.5	3
Jagitial	95.0*	0.0	47.5	4
Jangoan	95.0*	0.0	47.5	5
Jayashankar Bhupalpally	95.0*	0.0	47.5	6
Khammam	95.0*	0.0	47.5	7
Komaram Bheem	95.0*	0.0	47.5	8
Mahbubnagar	95.0*	0.0	47.5	9
Mancherial	95.0*	0.0	47.5	10
Medchal Malkajgiri	95.0*	0.0	47.5	11
Nagarkurnool	95.0*	0.0	47.5	12
Nirmal	95.0*	0.0	47.5	13
Nizamabad	95.0*	0.0	47.5	14
Siddipet	95.0*	0.0	47.5	15
Warangal urban	95.0*	0.0	47.5	16
Hyderabad	94.5	0.0	47.3	17
Rajanna Sircilla	88.4	0.0	44.2	18
Rangareddy	86.4	0.0	43.2	19
Mahabubabad	82.3	0.0	41.2	20
Kamareddy	81.2	0.0	40.6	21
Karimnagar	73.7	0.0	36.9	22
Peddapalli	71.5	0.0	35.8	23
Medak	67.5	0.0	33.8	24
Warangal rural	67.5	0.0	33.8	25
Jogulamba Gadwal	62.1	0.0	31.1	26
Vikarabad	61.0	0.0	30.5	27
Suryapet	60.3	0.0	30.2	28
Yadadri Bhonagiri	55.9	0.0	28.0	29
Sangareddy	50.9	0.0	25.5	30
Wanaparthy	35.1	0.0	17.6	31

Arogya Lakshmi

As part of this scheme, government is providing scheme beneficiaries with 'one full meal' across all Anganwadi Centres (AWCs) for 25 days every month. The scheme is christened as 'Arogya Lakshmi 'in Telangana. One full meal, comprises of green leafy vegetables, pulses, rice, egg, and 200ml milk, which is expected to meet 40-45% Recommended Dietary Allowance (RDA). Along with one full meal, micronutrient supplementation (Iron & Folic Acid and Calcium), regular gestational weight gain monitoring, fortnightly counseling services and delivery of essential antenatal services are also ensured for the scheme beneficiaries. All these services provided at the Anganwadi center level and main aim is to provide a balanced meal every day to pregnant women and lactating mothers.

Graph 7: Indicators for Arogya Lakshmi (2019)

Indicator	Number	%
PW and LW Availed OFM services	205855	51
PW and LW Recieved >21days meal in a month	166486	81
PW Recieved atleast 100 IFA	179508	49
PW Recieved Albandazole	245894	40
PW Gestational Weight Monitored	280368	76

■ Number — %

Challenges/gaps faced by Telangana in effective implementation of Arogya Laxmi included:

- Capacities of supervisors and knowledge among ICDS functionaries, targeted beneficiaries on nutrition behaviors
- Periodic assessment of nutritional status of children and women
- Convergence between the line ministries for delivering nutrition related services
- Monitoring service delivery through technology/IT initiatives

> In efforts of long-term advocacy on structed and streamlined thematic counselling during pregnancy and lactation period using the platform of Arogya Lakshmi; UNICEF has created counselling toolkit with 6 instruments driving 42 thematic messages. This was adopted by state for use at the AWTs. UNICEF has been successful in leveraging 10 million INR for capacity and skill building of AWTs and printing of toolkit calendars in Telangana under Poshan Abhiyaan.

Efforts are made to look at the challenges and close the gaps for effective implementation of Arogya Lakshmi with Coverage- Continuity-Intensity- Quality (C2IQ).

Monitoring, Review and Communication and Advocacy efforts In Telangana

Under output 4 in Telangana, UNICEF support is broadly under the heads of technical support for Convergent Action Plan development; Support in design of Jan Andolan Strategy and; Advocacy for nutrition programmes in state to operate with Coverage- Continuity- Intensity- Quality (C2IQ).

Poshan Abhiyaan is led by the department of Women and Child Development and Welfare. The chair and convener for the Poshan Abhiyaan is Principle Secretary, DWCD and members departments include- Health and Family Welfare, Tribal Welfare, Social Welfare Education, Panchayati Raj, and Planning Department. The CRU- NIRD plays an important role in convening biannual meetings for Poshan Abhiyaan/ Jan Andolan. UNICEF is providing mentoring support to Poshan Abhiyaan Unit at state level.

> In 2019 UNICEF supported in Bottleneck and enabler analysis of 16 thematic indicators of Poshan Abhiyaan for 33 districts. This document supported in formulation of Convergent Plan of Action under Poshan Abhiyaan, which is envisaged as a dynamic document. The document has components on communication, monitoring and review elements specifically, delineating the responsibilities of officials and departments at different levels.

The review mechanism still requires to be streamlined at District Collector and Chief Secretary's level based on key indicators. This will be targeted to be strengthened for 2020. UNICEF has advocated in last couple of meeting on indicator-based reviews and reporting from District Collectors supported by Swasthya Preraks. Updation of CAP as against set targets on quarterly basis is not done in the state. Two biannual reviews under PA held in 2019 under chairmanship of PS, WCD in Telangana.

Telangana has 3 Aspirational Districts (AD) - Asifabad, Khammam, Bhoopalpally. UNICEF is not the lead partner to support ADs in Telangana. However, Nutrition is programming in Asifabad for CMAM in the state. And targeted to initiate Complementary Feeding and ECD programming in Bhoopalpally.

UNICEF has advocated with state and partners like world bank, TATA, World Vision, CARE and some larger NGOs to come together on a mapping exercise for expertise and geographies of activities, so that meaningful convergence and avoidance of duplication can be taken up across the state.

ICDS CAS in late 2019 is scaled up to 3 districts (10%). NHTS and CAS data are compared and reviewed monthly at director, WCD level and quarterly at Principle Secretary's level. This is technically supported by UNICEF. Now the state is reviewing key indicators related to anemia like screening of pregnant women using ANC platforms and line listing and referral of severely anemic cases with Health HMIS. Data reviewing is main streamed in TS by UNICEF in last year and report cards on child and maternal nutrition are created and review is facilitated by UNICEF at highest level. This has shown improvement in data quality and convergence between departments in Telangana.

Communication strategy is developed for Telangana by CRU and support in budget planning for Poshan Abhiyaan communication is provided through the technical teams. Optimization of the Poshan Maah, Poshan Pakhwada and other Jan Andolan platforms is also supported through Communication Resource Unit, NIRD, Hyderabad.

UNICEF has been engaged in improving the quality of the Arogya Lakshmi Programme implementation in Telangana on the bundled elements of Maternal Nutrition. The score card prepared for the districts proved beneficial for the state to target bottle necks in the districts on relevant components.

Improving Nutrition of Adolescent Girls and Women

Figure 5: Maternal Nutrition Programme Implementation Status in Telangana in 2019

Source: NHTS & HMIS

District Name	Attendance of PW & BFM	PW & LM Received > 21 Days	IFA Consumption (Atleast 100 Days During Pregnancy)	Gestational Weight Gain Monitored for PW	Children with Birth Weight <2.5	Deworming (Once During Pregnancy) (%) as per HMIS	OVERALL INDEX	RANK
NIZAMABAD	77.06	95.5	62.0	90.1	10.0	70.3	0.812952	1
MANCHERIAL	59.2	72.6	56.4	88.7	5.0	54.8	0.691102	2
BHADRADRI-KOTHAGUDEM	57.2	84.9	54.3	81.6	4.7	58.9	0.681427	3
WARANGAL URBAN	54.2	88.0	54.9	82.0	4.8	40.3	0.639346	4
ADILABAD	59.4	88.3	43.9	79.3	4.1	53.0	0.628419	5
KAMAREDDY	49.3	77.1	55.8	77.3	6.4	77.4	0.607228	6
JAYASHANKAR-BHUPALAPALLI	46.6	85.0	60.1	77.6	5.7	45.4	0.603884	7
SANGAREDDY	47.5	83.7	57.0	79.0	3.5	27.1	0.588229	8
KUMARAMBHEEM-ASIFABAD	52.4	89.0	43.8	73.0	5.1	65.9	0.565798	9
HYDERABAD	47.6	96.6	51.3	78.2	4.4	24.1	0.565322	10
WARANGAL RURAL	53.3	87.9	41.7	80.5	4.4	37.9	0.553676	11
SURYAPET	49.2	74.6	36.4	76.3	3.5	77.6	0.545735	12
NALGONDA	48.8	69.1	53.6	79.2	3.5	28.6	0.531655	13
KHAMMAM	48.4	80.5	49.2	74.9	4.1	40.7	0.528138	14
JAGITYAL	54.6	84.6	44.5	78.1	6.6	49.5	0.527592	15
MAHABUBABAD	52.3	75.2	49.6	77.8	2.9	5.2	0.495005	16
MEDAK	45.7	46.6	46.0	77.2	4.7	59.8	0.491453	17
PEDDAPALLI	46.3	76.0	54.4	79.1	5.5	22.3	0.488005	18
MEDHAL-MALKAJGIRI	40.3	68.4	50.0	77.6	4.9	51.9	0.482750	19
RANGAREDDY	40.3	73.8	50.5	72.8	4.6	46.6	0.467582	20
KARIMNAGAR	43.0	69.2	44.8	76.8	5.1	42.7	0.437471	21
SIDDIPET	44.7	63.3	50.4	73.8	5.6	46.0	0.435123	22
NAGARKURNOOL	42.4	80.2	35.1	72.5	2.5	32.8	0.421446	23
NIRMAL	44.2	69.7	55.7	71.0	7.4	37.3	0.406728	24
RAJANNA-SIRICILLA	46.6	70.8	46.4	78.4	6.4	21.8	0.400939	25
JANGAON	46.4	81.0	41.6	74.8	4.0	4.7	0.397023	26
YADADRI-BHUVANGIRI	46.2	69.0	45.7	74.0	6.3	28.7	0.379662	27
JOGULAMBA-GADWAL	42.6	51.3	48.7	71.5	2.7	21.2	0.371007	28
MAHABUBNAGAR	41.4	75.9	33.1	73.4	5.1	39.1	0.354432	29
VIKARABAD	43.2	52.1	51.7	64.9	3.5	24.8	0.342367	30
WANAPARTHY	49.8	44.9	49.6	63.5	4.3	35.4	0.334173	31

Graph 8: Maternal Nutrition Service Provision Score Card for Telangana in 2019