

ODISHA'S STRIDES IN NUTRITION

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Nutrition | Photo Credit: [Getty Images/iStockphoto](#)

Odisha, which is one of the Empowered Action Group States, or eight socioeconomically backward States of India, has done remarkably well in health and nutrition outcomes over the past two decades. Its infant mortality rate has significantly declined. Its under-five mortality rate almost halved in the National Family Health Survey (NFHS)-4 from NFHS-3. It has seen a steep decline in stunting in children under five. Anaemia in children and pregnant women has also decreased since NFHS-3. Antenatal care and institutional deliveries have shown good improvement. All these changes have been possible with financing, policy support, robust leadership, and innovations in delivery of services.

Nutrition has a strong correlation to health, and is integral to growth and development. Timely nutritional interventions of breastfeeding, age-appropriate complementary feeding, Vitamin A supplementation, and full immunisation are effective in improving nutrition outcomes in children. Odisha has performed better than other Empowered Action Group States in reducing undernutrition, and sets an example with its nutrition action plan calling for convergence with health, nutrition, and WASH (water, sanitation and hygiene) programmes. Odisha has taken a decisive step of decentralising the procurement of supplementary nutrition under the Integrated Child Development Services programme. This has led to fair access of services under the ICDS by all beneficiaries. This is evident from the rise in utilisation of services under the ICDS as compared to a decade ago. There has been a marked improvement in supplementary nutrition received by pregnant and lactating women in NFHS-4 compared to NFHS-3.

However, despite progress in child and maternal indicators, Odisha continues to be plagued by a high level of malnutrition. There is stark variability across districts in stunting ranging from as high as 47.5% in Subarnapur to a low of 15.3% in Cuttack. Wasting is high in 25 out of 30 districts. Almost half of the under-five children from tribal communities in Odisha are underweight, and 46% are stunted. The infant mortality rate among tribals is the fourth highest in Odisha, after Madhya Pradesh, Rajasthan and Chhattisgarh.

Supplementary food given under the ICDS programme has shown a significant increase. However, data show that less of such food is given as children grow older. There is also a decline in children receiving timely complementary feeding. Less than 10% of children receive a minimum acceptable diet. This can be attributed to a possible lack of understanding and awareness about nutrition due to illiteracy.

Another challenge for Odisha is in reaching out to remote and particularly vulnerable tribal groups. This could be the reason why tribal women and children are lagging behind the national average on nutrition and health indicators. It is essential to improve the implementation of schemes, and ensure last-mile delivery of nutrition services. A part of the solution lies in setting up mini Anganwadi centres catering to far-flung tribal hamlets. Raising awareness through community campaigns on the need for good nutrition would help improve utilisation of services by beneficiaries.

The International Food Policy Research Institute, in its research, called for inter-departmental engagements to accelerate the nutrition outcome in Odisha. There is a need to improve sanitation, women's education and underlying poverty, to be able to tackle undernutrition.

Underweight children should also be identified precisely so that the monitoring mechanism for improving service delivery can be strengthened. The National Nutrition Mission sets an example with its inter-ministerial convergence and real-time monitoring mechanism for tracking each beneficiary and tackling malnutrition.

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