Suposhit Bharat Abhiyaan

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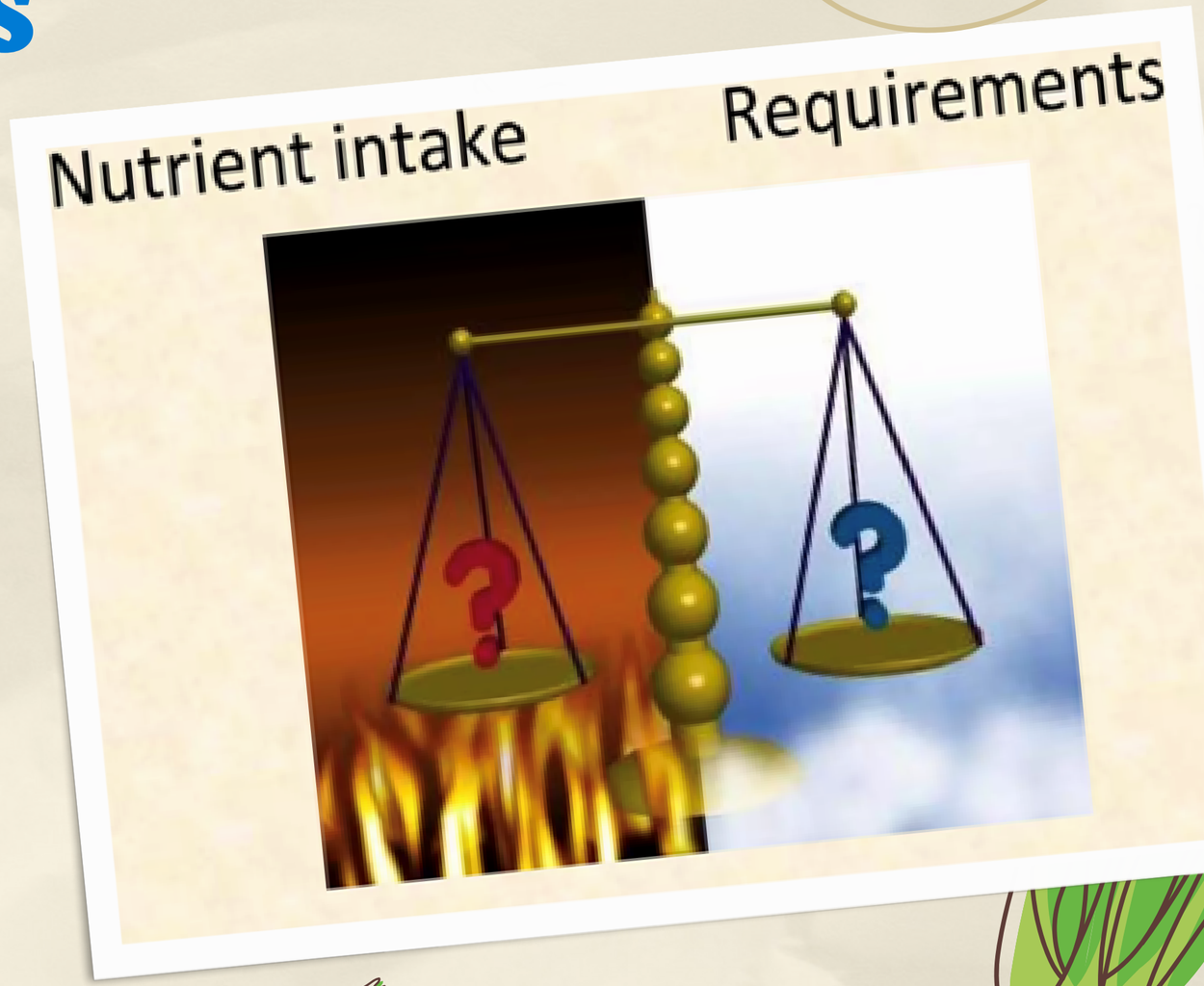
Problem Area
Nutritional status

- Nutritional status is the current body status, of a person or a population group, related to their state of nourishment (the consumption and utilization of nutrients)
- An ideal nutrition status occurs when the supply of nutrients conforms to the nutritional requirements



WHAT IS NUTRITIONAL STATUS ?

The nutritional status of an individual

- is a balance between the intake of the nutrients and the expenditure of these in processes of growth, reproduction and health maintenance.
- is influenced by food intake, Quantity, quality and physical health.

The spectrum of nutritional status spreads from obesity to severe malnutrition.

Lack Nutrition
Called
Under Nutrition

Excess Nutrition
Called
Over Nutrition

Nutritional Problems – Few Examples

- **Severe wasting is the most lethal form of undernutrition, and one of the top threats to child survival.**

Around 1 in 5 deaths among children under 5 are attributed to severe wasting- caused by a lack of nutritious food and repeated bouts of diseases such as diarrhoea, measles and malaria.

- **NFHS(2019-21)**

– 5 years have improved as compared with NFHS-4 (2015-16).
– Stunting has reduced from 38.4% to 35.5%,
– Wasting has reduced from 21.0% to 19.3%
– Underweight prevalence has reduced from 35.8% to 32.1%.

Nutritional Problems – Few Examples

- According to a series of articles in The Lancet, more than 3 million child deaths every year are associated with malnutrition.

Nearly half of all children who die each year do so because they don't have access to enough of the right food.

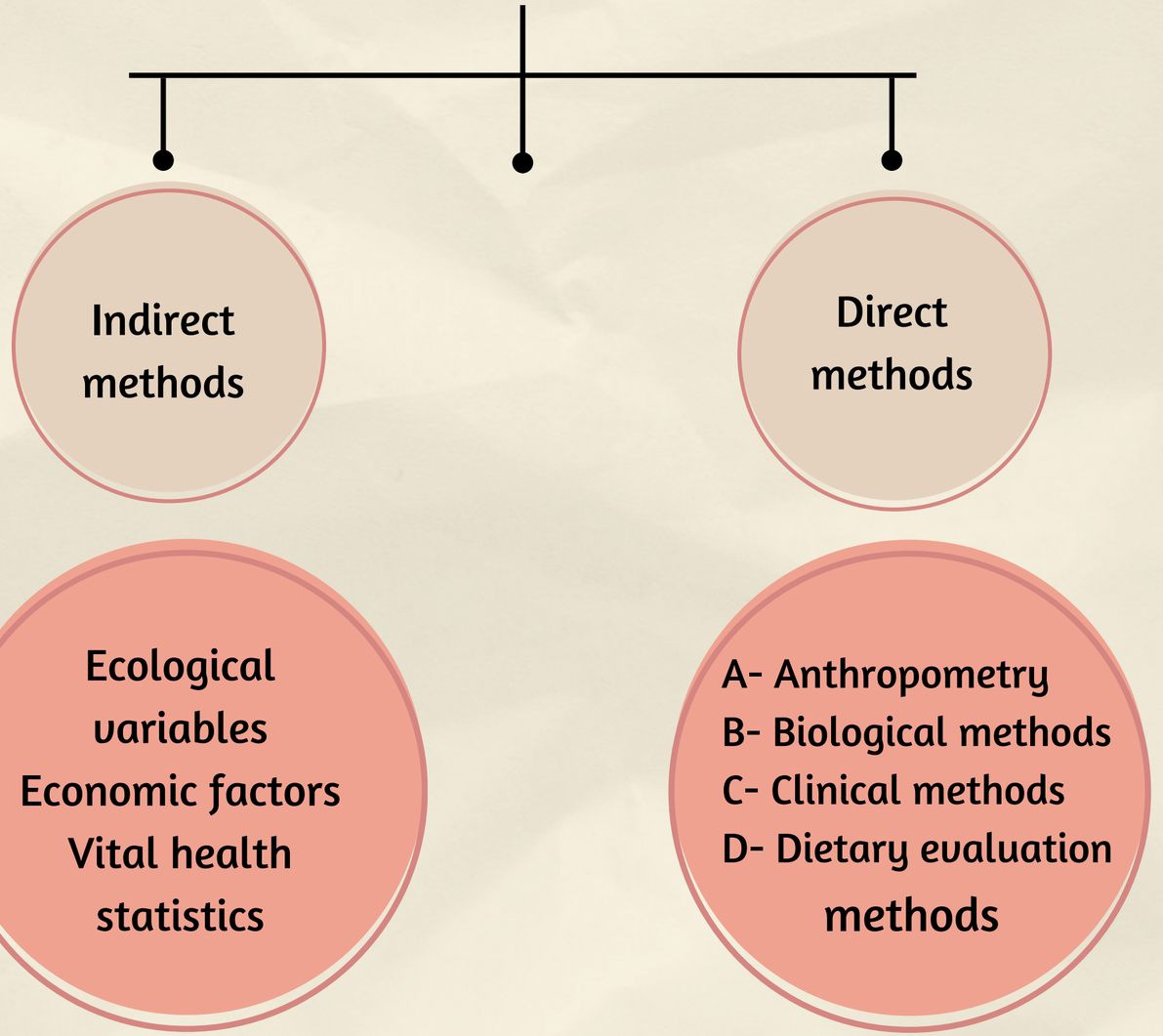
Nutritional assessment

Why?

- To obtain precise information on prevalence and geographic distribution of nutritional problems of given community
- To identify individuals or populations
  - who are at risk of becoming malnourished &
  - who are already malnourished
- To develop health-careprograms
- To measure the effectiveness of nutritional programs and interventions once initiated

Kesari A, Noel JY. Nutritional Assessment. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 [cited 2023 Jul 24].
Available from: http://www.ncbi.nlm.nih.gov/books/NBK580496/

Nutritional Assessment Methods



Shrivastava. Assessment of nutritional status in the community and clinical settings [Internet]. [cited 2023 Jul 24]. Available from: https://www.jmedscindmc.com/article.asp?issn=1011-4564;year=2014;volume=34;issue=5;spage=211;epage=213;aulast=Shrivastava

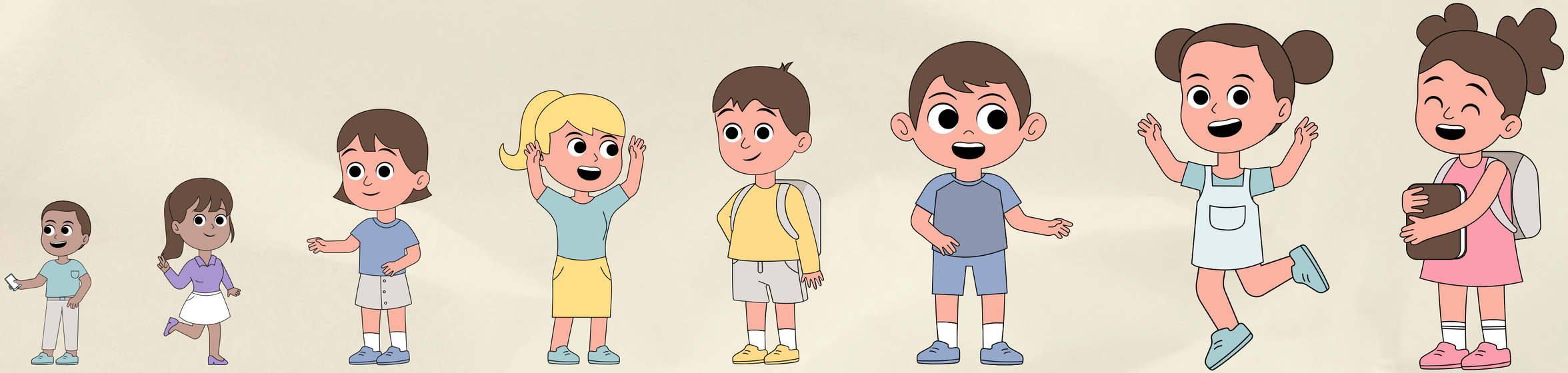
Anthropometry

- Measurements of body height, weight, mid-upper arm circumference, etc.
- These measurements are compared to the reference standard
- Other anthropometric measurements include –
  - Waist circumference
  - Hip circumference
  - Head circumference
  - Skin-fold thickness

1. Anthropometry - Height

1. Remove the child's shoes, bulky clothing, and hair ornaments, and unbraid hair that interferes with the measurement.
2. Take the height measurement on flooring that is not carpeted and against a flat surface such as a wall with no molding.
3. Have the child stand with feet flat, together, and against the wall. Make sure legs are straight, arms are at sides, and shoulders are level.
4. Make sure the child is looking straight ahead and that the line of sight is parallel with the floor.
5. Make the child stand with head, shoulders, buttocks, and heels touching the flat surface (wall). (See illustration.)
6. Use a flat headpiece to form a right angle with the wall and lower the headpiece until it firmly touches the crown of the head.

7. Make sure the measurer's eyes are at the same level as the headpiece.
8. Mark where the bottom of the headpiece meets the wall. Then, use a inelastic tape to measure from the base on the floor to the marked measurement on the wall to get the height measurement.
9. Accurately record the height to the nearest 0.5 centimeter.



2. Anthropometry – Weight Charting

1. Use a digital scale. Avoid using bathroom scales that are spring-loaded. Place the scale on firm flooring (such as tile or wood) rather than carpet.
2. Have the child remove shoes and heavyclothing, such as sweaters.
3. Have the child stand with both feet in the center of the scale.
4. Record the weight to the nearest decimal fraction (for example 25.1 kilograms).

Plotting Growth Charts: Paste a Growth chart (sex appropriate) at the space provided. If available fill earlier available weights in the chart including birth weight). Now plot weight for each of the visit that you have made and make appropriate interpretations about rate of growth.

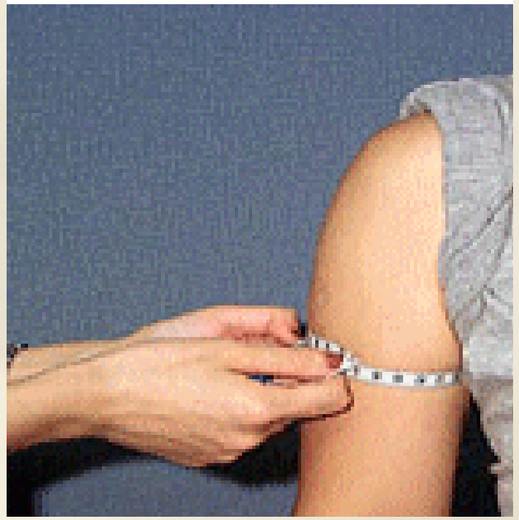
2. Anthropometry – Weight Charting

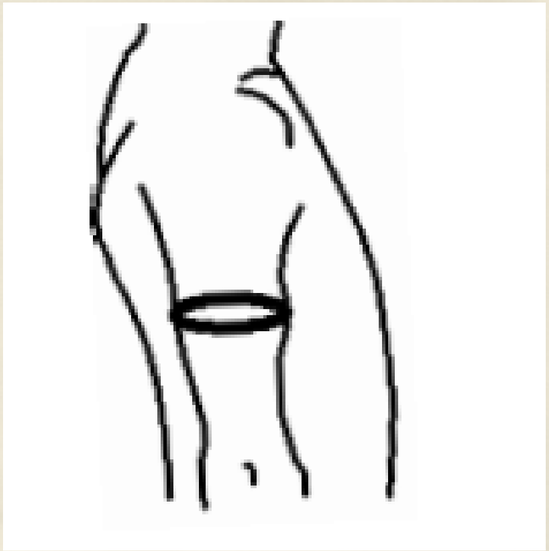
- The double burden of malnutrition (under- and overnutrition) is a serious public health issue in childhood.
  - MUAC is a simple tool for screening nutritional status,
  - Many studies indicated MUAC as an independent tool for diagnosing malnutrition in children aged 6-59 months.
  - Shakir tape is used to measure MUAC

Anthropometry- Mid-upper arm circumference (MUAC)

3. Mid Upper-arm Circumference

- Circumference left upper arm at mid point between acromion process and olecranon process
- Fiber-glass tape which does not stretch





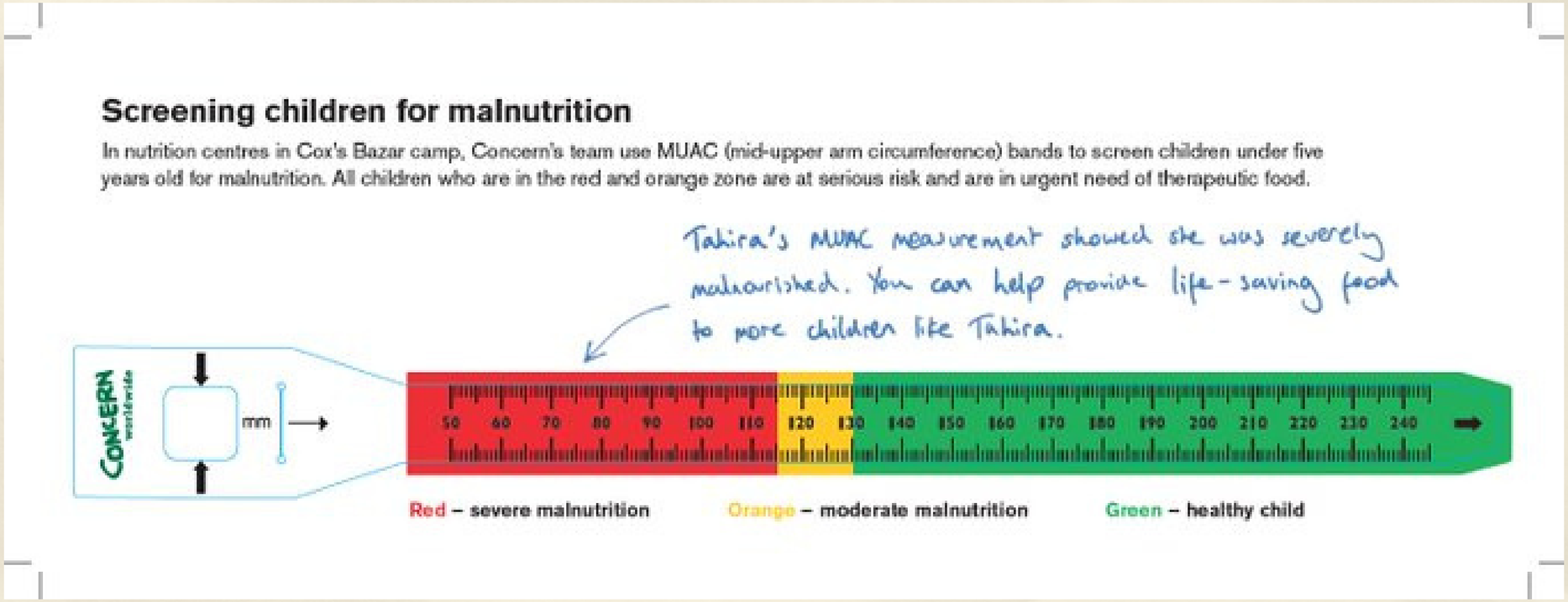
Mid-upper arm circumference (MUAC)

- Shakir tape is used to screen for malnutrition in community and hospital settings.

13.5 cm is malnutrition

11.5 to 12.5 – Moderate Malnutrition

11.5 – Severe malnutrition



Strengths & limitations – Anthropometry methods

Strengths

- lHigh specificity and sensitivity.
- lMeasures many variables of nutritional significance (ht, wt, MUAC, WHR , BMI)
- lReadings are numerical and gradable on standard growth charts.
- lReadings are reproducible
- lNon-expensive
- lNeeds minimal training

Limitations

- lInter-observers error in measurement.
- lLimited nutritional diagnosis.
- lProblems with reference standards i.e. local versus international.

Body Mass Index

BMI = weight in KG/ Height in Meters(m)2

BMI Cutoff for Asians and Asian Americans	NIH BMI Cutoff	Comments
<18.5	<18.5	Your weight is **below healthy range**. This can put you at risk for developing many health problems. Talk to your healthcare provider about your ideal body weight.
18.5 - 22.9	18.5 - 24.9	Your weight is **within healthy range**. Continue exercising and eating healthfully.
23 - 26.9	25 - 29.9	Your weight is **above healthy range**. Your risk for developing type 2 diabetes and other chronic diseases are higher. Talk to your healthcare provider about your ideal body weight and how to make healthy lifestyle changes.
≥27	≥30	Your weight is **further above healthy range**. It increases the risk for developing many chronic diseases such as heart disease and type 2 diabetes, and decreases overall quality of life. Talk to your healthcare provider about your ideal body weight and how to make healthy lifestyle changes.

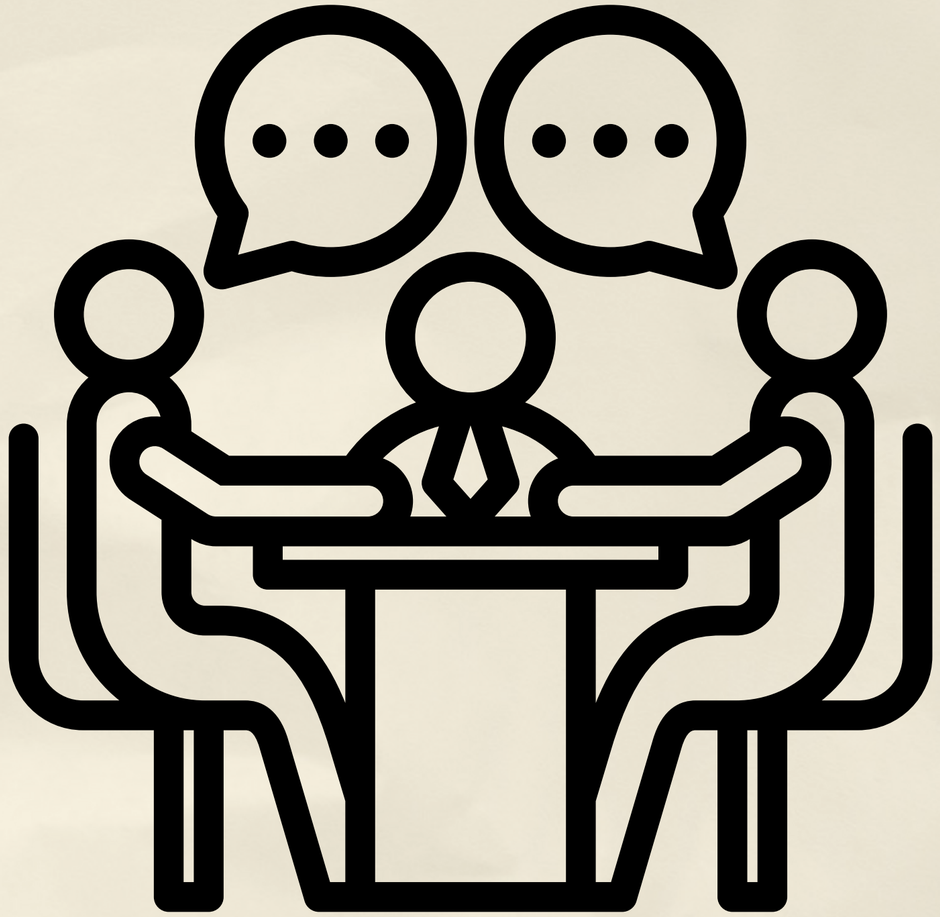
By whom- Team

- **Palak- SwasthyAyaamPramukh**
- **Pramukh- Suposhit Bharat Abhiyaan**
- **Different Team of Volunteers for Survey of**

1. Geographical Area
2. Basti Identification
3. Inhabitants
4. Analysis of the outcome of point no 3,
5. Zero in of the Area of Assignment
6. Role of the Team
    a. Motivation b. Medication c. Supplements
    d. Data Recording e. IEC material

Advisory Team

- Paediatrician
- Dietician
- Physician
- Gynaecologist
- Naturopath/ Yoga
- Data analyst /Stasticis
- Vibhag swasth ayaam pramukh



ROPE IN- Coordinate with

- Coordination Amongst all Govt. Schemes and Offices
- Local Bodies and Officers /Popular personalities/ Impactful Persons.
- Like Teachers of School, Local Leaders, Front Line workers of the H&FW workers, Self Help Groups, NCC , Scouts and Guides ,
- USE Local Language and Dialect.
- IEC Material In Local Language.
- Identification for Local Seasonal Natural Supplements available in abundance, Locally.

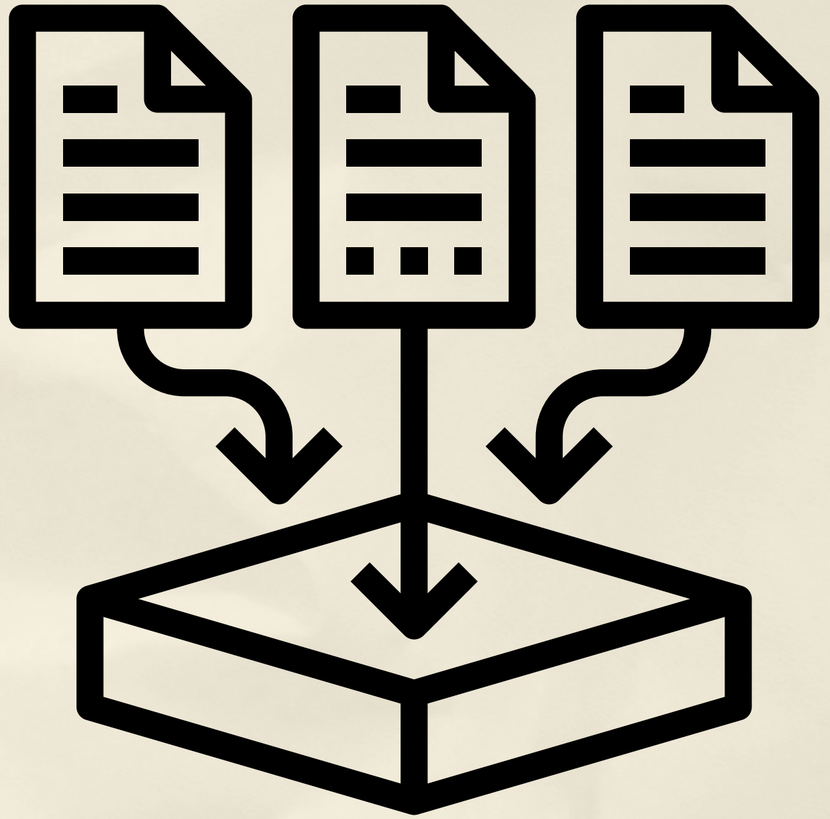
Up to – Follow UP

Sr No	Target	Aim
1.	Preventing Stunted Growth(0-6) yrs	2% / Year , Upto 6%
2.	Preventing Mal Nutrition (0-6) yrs	2% / Year , Upto 6%
3.	Preventing Anemia (0 to 59 months)	3% / Year , Upto 9%
4.	Preventing Anemia in 15-59 Years Adolescent Girls and Females	3% / Year , Upto 9%
5.	Preventing Low Birth Weight Deliveries	2% / Year , Upto 6%

Follow UP every Three Months till six Months or refer

Data Management

- Subject Card individually
- Google Sheet
- Google Form
- Excel Sheet
- Apps Available : Government



Demographic Data

1. Name
2. Father's Name
3. Age
4. Gender
5. Phone
6. Address

MUAC Number in Age group (0-60) months

BMI for 60 months - onwards

Data for Malnourishment

- Mid Upper Arm Circumference for UnderstandingMal-nourishment
- Severe < 11.5
- Mild < 12.5 to 13.5
- Normal > 13.5

- BMI for Understanding Mal-nourishment
- Under weight <18.5 kg / mt2
- Normal weight 18.5 to 22.9 kg/ mt2
- Over weight > 23 upto 25
- Obesity 25>

Resources Govt of Bharat

Resourse Ayush

Summary

As per National Family Health Survey - 4 (2015-16)

MALNUTRITION AMONGST CHILDREN (0-5 YEARS)	
Stunting(Low Height for Age)	38%
Wasting (Low Weight for Height)	21%
S. Wasting (Below 3SD)	7%
Underweight (Low Weight for Age)	36%

ANAEMIC (<11 GM/DL) WOMEN 15-49 YEARS		
Pregnant Women	NFHS-3 (2005-06)	NFHS-4 (2015-16)
	58%	50%
Women(General)	NFHS-3	NFHS-4
	55%	53%

Let's ponder over the following:

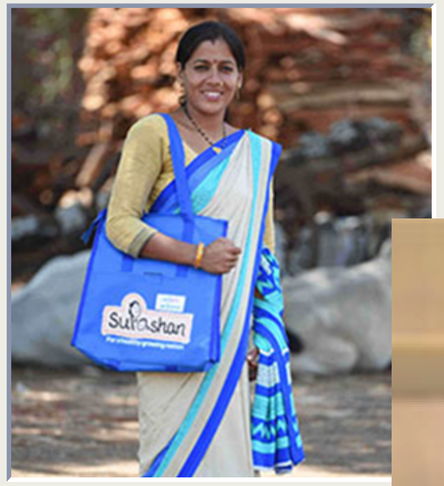
1. **Is there a lack of adequate education** in our communities towards food intake for children & women?
2. **Is there a poor understanding** of the mother & family to raise the child, particularly a girl child?
3. **Is there adequate or poor food intake** by women during pregnancy & lactation?
4. **Is there frequent child bearing** in communities?
5. **Is there an increase in number of low birth weight** babies?
6. **Is there a lack of awareness** about exclusive of breastfeeding & immunization?
7. **Is the cultural norm a barrier** in food preparation & consumption?
8. **Is there a lack of knowledge** about nutrient deficiencies & its intergenerational impact?

All this happens, as there exists a gap in food based knowledge & practices which supports human life.

These gaps lead to poor nutritional status, also called under nutrition in the body. This in the long run deprives children of their future, where as good nutritional status enables them to survive, grow, develop, learn, participate and contribute.

Under nutrition is technically defined by the term Malnutrition, where an individual is not consuming enough calories, protein, vitamins & minerals from the daily diet.

Summary


Suposhan


राष्ट्रीय सेवा भारती
सुपोषित भारत प्रशिक्षण वर्ग
जिसका अर्थ है कोई भी फसल जो भोजन के रूप में फसल से अनाज, फलियां, दालें या कोई अन्य खाद्य बीज प्राप्त करने के लिए उगाई जाती है।

Who are We

- Master Trainers
- Guiding Team for the Prant Prakalp

Thank you!