

Strategies to Improve Maternal, Infant and Young Child Nutrition under POSHAN Abhiyaan by Involvement of Community Medicine Departments of Medical Colleges in India

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Child malnutrition is a public health problem which transcends generations. Despite improvement in the economic indicators in the country, the problem of under nutrition in children and mothers persists while there is rising trend of overweight and obesity. Coexistence of under nutrition and overweight and obesity referred to as double burden of malnutrition at the individual, household and community level is also on the rise. As per the National Family Health Survey-5 data, nutrition related indicators have worsened in most states. These include stunting (13 out of 22 states and union territories saw an increase), wasting (12 states and union territories saw an increase), underweight (16 states and union territories saw an increase), anaemia (16 states and union territories saw an increase), and obesity (all states and union territories except Goa saw an increase).^[1] These figures vary across districts in India with some facing a very high burden. The poor nutritional status of the mother leads to low birthweight babies which impacts the child's adolescence and adulthood stage too and the vicious cycle continues. Malnutrition contributes to about half of the mortality burden among children.^[2]

The first 1000 days, which includes the intranatal period of 270 days and the postnatal period of 730

days of life, are crucial for the survival and the future development of the child. Diet plays a key role in the prevention of child malnutrition and reduction in child mortality.^[3] The diet of the pregnant mother and the young child should be adequate not only in terms of quantity, but also in terms of frequency, and of diversity. Optimum breastfeeding and complementary feeding practices are essential for the healthy growth and development of the child. The Integrated Child Development Services Scheme and the Health services platform make efforts towards the prevention, early diagnosis, and management of maternal and child malnutrition.^[4] The front-line workers, that is the Anganwadi worker (AWW), the Accredited Social Health activists (ASHA) carries out their respective specific tasks such as weight monitoring, nutrition education, provision of iron and folic acid, and calcium tablets, home visits and counselling about breastfeeding and complementary feeding for children and maternal nutrition for pregnant mothers.

The National Nutrition Mission was renamed to Prime Minister's Overarching Strategy for Holistic Nourishment (POSHAN) Abhiyaan in 2018 and it also brought in a newer vision and newer strategies to combat malnutrition in India.^[5] It's core principles are

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convergence, technology, behaviour change communication, and capacity building. The Poshan Abhiyaan emphasizes convergence between various programs such as Anganwadi Services, Pradhan Mantri Matru Vandana Yojana (PMMVY), Scheme for Adolescent Girls (SAG) of this Ministry; Janani Suraksha Yojana (JSY), National Health Mission (NHM) of the Ministry of Health and Family Welfare; Swachh Bharat Mission (SBM); Public Distribution System (PDS); Department of Food & Public Distribution; Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS); Drinking Water & Sanitation of Ministry of Panchayati Raj etc. Community Based Events are being held by the AWW to promote healthy nutrition through behaviour change communication.^[6] It's core platforms for intervention are ICDS, Pradhan Mantri Matru Vandana Yojana (PMMVY) and National Health Mission (NHM).

The Community Medicine departments of the Medical Colleges have a unique opportunity to play certain key roles in supporting the Poshan Abhiyaan and thus contributing in the efforts to reduce malnutrition in the community. With more than 500 medical colleges across India and the government's vision of one medical college per district, the potential of scale up of MIYCN interventions through the Community Medicine departments is immense. We suggest certain strategies which medical colleges can adopt to contribute towards this mission.

The Community Medicine departments are engaged in teaching and training of medical undergraduates, postgraduates, and delivering comprehensive healthcare services in their field practice areas through the urban and rural health training centres. Research is also an integral part of this, either in the form of the thesis research which is mandatory for the postgraduates and those which are conducted by the faculty from the intra or extramural grants. Maternal, Infant and Young Child Nutrition can be integrated in the functioning of the Community Medicine departments at various points from the classrooms to the community level. The strategies

mentioned below can help in capacity building of the medical students as well as in improving the quality of MIYCN services.

Medical undergraduate curriculum

The Competency based curriculum for medical undergraduates which has been implemented since 2019 is an opportunity to identify where in the curriculum MIYCN related competencies can be taught. This new curriculum has newer components such as Integration, Attitude Ethics and Communication module (AETCOM), Electives, Self-directed learning (SDL) etc.^[7] It also mandates the development of various curriculum committee and subcommittees and topics to be identified for alignment and integration. This can be a good starting point to deliberate among the various departments especially Pediatrics and Gynaecology and Obstetrics regarding the MIYCN related competencies and where all it can be taught to the medical students. Alive & Thrive India along with certain medical colleges in Uttar Pradesh and Bihar have developed an Integrated MIYCN curriculum for the same.^[8] Topics such as breastfeeding and complementary feeding can be integrated with Pediatrics while maternal nutrition can be integrated with Gynaecology and Obstetrics. Maternal and child dietary counselling skills can be inculcated in the AETCOM sessions. Self-directed learning topics can also include MIYCN related components particularly the recommended guidelines and research updates in this field. Interested faculty in the Community Medicine departments can form and coordinate MIYCN committee in the medical college by involving those faculty from Pediatrics and Gynaecology and Obstetrics who are interested in the topic and/or teach these topics in their respective specialty. The family visit related community-based learning for medical students provide a window of opportunity to immerse in experiential learning in real world setting. The teaching learning methods and assessment should focus on skill acquisition among the students. Therefore, more of demonstrations, role

plays, simulation exercises should be used as teaching learning methods and Objective Structured Clinical Examination (OSCE), case based Multiple Choice Questions (MCQ) should be used as assessment methods.

Urban and Rural Health and Training centres

All the Community Medicine departments run urban and rural health training centres which provide preventive, promotive and curative care. It is a point of first contact for the neighbouring community where they receive primary healthcare services. These centres conduct antenatal check-ups and immunization sessions on certain days in a week. In some colleges, adolescent health clinic, geriatric clinic etc are also conducted regularly. Even basic laboratory services are often available. In many places, these health centres are under the local government and the medical colleges have a Memorandum of Understanding (MoU) with them to train their undergraduate and postgraduate students and provide basic healthcare services. Interns and postgraduate students along with other healthcare workers such as nursing staff, laboratory personnel, medical social worker, health inspector, health educator are posted to carry out centre related activities and also train the students. The antenatal check-up days and the immunization days can specifically be utilized to provide MIYCN related services and to provide opportunities to the medical interns and postgraduate students to develop their skills. Skills such as weight and height measurement, classification of malnutrition, and management of malnutrition can be imparted. The students can also learn about cultural factors in dietary practices, about counselling, follow up and referral of malnourished children. Burden of the problem in terms of frequency of malnutrition among the pregnant mothers and the under five children can be studied. Nutrition education talks can be organized at the health centres regularly. Moreover, the frontline workers such as AWW/ASHA can be trained by the postgraduate students. This will serve not only to be a capacity building exercise but also to enhance the quantum

and the quality of MIYCN services at these outreach centres. These health centres cover a certain area and/or households as their field practice areas. The medical students, both the undergraduate and postgraduates, conduct community-based family visits on a regular basis. They also visit the AWC, the Village, Health, Sanitation and Nutrition Days (VHSND), the Community-Based Events (CBE). They can be attached to AWC and /or ASHA to observe the home visits and critically appraise these visits to help improve its quality. Observation of home visits, community-based events, interactions with the medical officers, ASHA facilitators, ICDS supervisors and other stakeholders will help in a better understanding of the Poshan Abhiyaan program.

Research

Just as any other domain of research, MIYCN should also be kept in mind when deciding on a new topic of research. The postgraduates can also be offered topics related to MIYCN for their thesis research. The research topics can be related to MIYCN in medical education, quality assessment of MIYCN services, use of technology in ICDS, or coverage surveys. At present, the thrust is on implementation research and quality improvement in MIYCN. Qualitative research methods and Mixed method studies may be more suitable to explore this domain. The research sponsored by extramural funding should focus on studies involving key stakeholders such as government officials in ICDS and district/state health missions. Medical undergraduate students can focus on descriptive studies such as coverage surveys and other estimation studies at the health centres or in the field practice area under the community medicine departments.

Community Medicine departments in the medical colleges across India can leverage their unique strengths in field-based research, policy making, advocacy and intersectoral coordination, to scale up the quantity and quality of MIYCN services under POSHAN Abhiyaan.

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