

# Improving Health through Nutrition and Sanitation (IHNS) in India



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# OUTLINE

- India – health, nutrition and sanitation context
- GRAVIS
- Programme IHNS
- Learning
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# India – health, nutrition and sanitation context

- India the second largest population in the world, will soon be the largest
- One of the largest economies in the world, one of the poorest countries in the world
- Rural India vs Urban India
- A number of policies/programmes exist on nutrition and sanitation, yet the progress is very limited
- Vulnerable populations – age, gender, geography

# India – health, nutrition and sanitation context

- Nutrition is a major public health challenge
- About 195 million, or about one fourth of under-nourished globally, live in India.
- India has highest number of low birth weight babies at about 7.4 million in a year
- India accounts for nearly 40% of under five stunted children globally
- Malnutrition among women and elderly. Over 100 million elderly in the country, many live under poverty
- The other side – diabetes and obesity

# India – health, nutrition and sanitation context

- Sanitation is the other major concern in India
- Over 600 million do not have access to toilets
- That is about 90% of all those who do not have access to a toilet in South Asia
- About 100 million do not have access to an improved source of drinking water
- About 1.5 million children under 5 die in a year due to diarrhea – 13 every hours

# India – health, nutrition and sanitation context

- Human resource gap – 1700:1 patient physician ratio
- Most of India's healthcare is out-of-pocket-paid and almost all of it for rural and poor
- Informal carers/healers play a big role
- Very poor primary care. Better secondary and tertiary care.

# GRAVIS

- GRAVIS is a Not for Profit, Non Governmental Organization (NGO) working in four States of India
- Geographically, most of its work is based in the Thar Desert of India.
- GRAVIS works in a holistic way and works in the spheres of health and nutrition, food and water security and environmental interventions.
- In the sphere of health, it covers medical service delivery, public health interventions and health research
- The overall outreach is 1.3 million people living in over 1,200 Indian villages.

# GRAVIS

## The Thar Desert of India

- Is the most densely populated desert eco-system in the world, home to over 27 million people
- Severely drought impacted and hence acute food and water shortages
- Poverty and malnutrition
- Inadequate healthcare services
- Double burden of diseases (communicable and NCDs)





# Programme IHNS

- 5 years ago, GRAVIS conceptualized Improving Health through Nutrition and Sanitation (IHNS) programme.
- Nutrition and sanitation are clearly two most pressing needs in rural India, and the programme focuses on addressing those with active community participation.
- A baseline survey with 1000 respondents was conducted in 2013
- In the last 5 years, over 4,000 people have been reached out with IHNS interventions.

# Programme IHNS

- Is run by the GRAVIS team consisting of a medical/public health team, community workers and Village Health Workers (VHWs)
- Supported by donor and academic partners
- Strong links with primary care provider partners
- Is gradually expanding in more rural areas with increased acceptance and resources



# Programme IHNS

## Nutrition related interventions

- Nutrition Education Curriculum
- School Nutrition Education Intervention
- Household Horticulture Units (HHU)
- Nutrition Enhancing Agriculture



# Programme IHNS

## Sanitation related interventions

- Sanitation and hygiene courses at community level
- Sanitation Education in Schools
- Bio Sand Water Filters
- Low-cost, low-water use toilets



# Programme IHNS

## Cross cutting areas

- Train Village Health Workers (VHWs) as a long-term community resource and key health behaviour change agents
- Continuum of delivering medical services in addition to nutrition and sanitation interventions
- Annual assessment of progress made through a survey and Focus Group Discussions
- Dissemination of findings for encouraging replication

# Learning

- The programme is overall well received
- Our 2017 assessment findings indicate that 60% of respondents self-report improved health status
- There is a 23% decline in the incidence of diarrheal disease between 2014 and 2017
- 90% of the covered population have access to nutrition and safer quality water
- Enrolment in primary schools has increased by 35%. Nearly 90% of children self report enhanced knowledge

# Future directions

- Nutritional interventions will need more innovation and experimentation.
- School based interventions are critical and could be scaled up with little financial resources
- VHWs are a key resource and require further recognition and capacity building
- Bio Sand Water Filters are extremely effective and their assembling locally must be expanded
- Need of aligning more closely with primary care services



# In conclusion

- Inadequate nutrition and sanitation have contributed significantly to poor health status of communities in India and other LMICs
- Low cost interventions led by local organizations with active community participation can be very effective, sustainable
- VHWs are a key human resource that must be fully recognized and utilized
- Constant progress assessment is important
- IHNS is a concept that can be scaled up in rural, resource poor settings worldwide.



# THANKS

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