

# The Problem

India has 37.4 million Stunted children (UN SOFI 2025) and 203 million Anemic women (PIB April 2025), and existing applications lack real time tracking and personalization

Our Target Population :- Women + Frontline Workers

Over half of women aged 15–49 years are Anaemic, and undernourished

Children experience stunting, wasting, underweight and micronutrient deficiency

## Root Cause Analysis

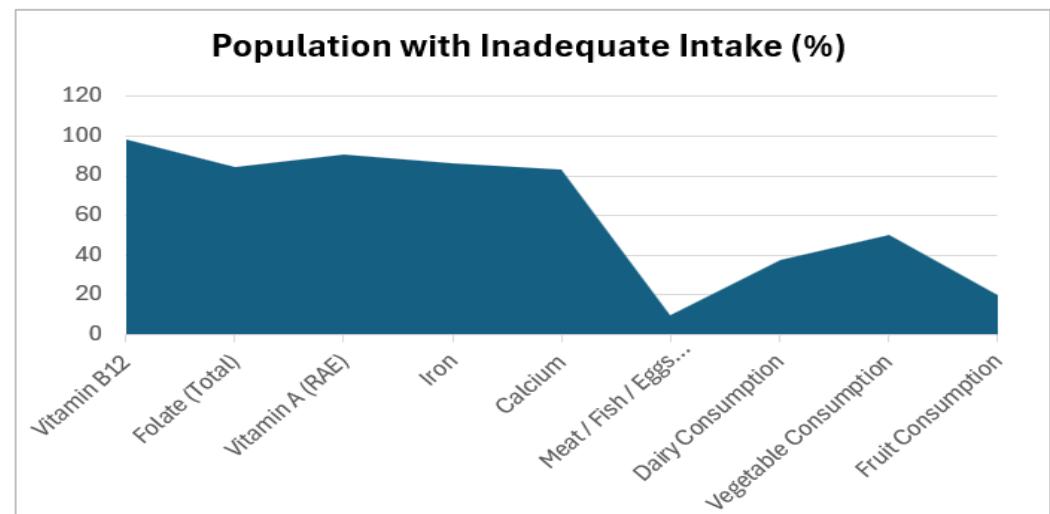
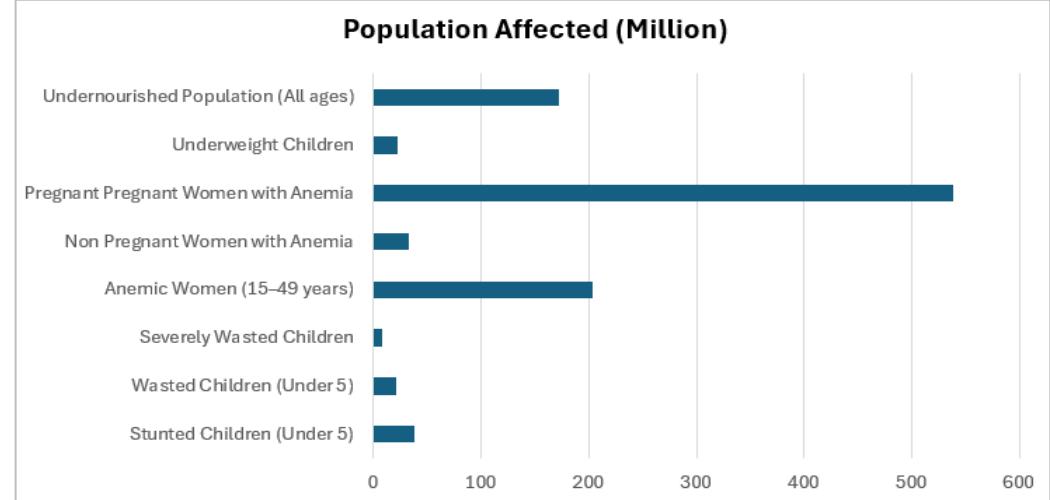
Lack of real time decision support and personalized nutrition guidance tools for Frontline workers

↓ + very less information

Frontline Workers provide very generic guidance which is unable to tailor for local diet, pregnancy status and child growth patterns

↓  
High anaemia & micronutrient deficiency among women due to poor diet and awareness

↓  
Stunting, wasting and underweight children are very high among under five, and this causes a cascading effect



## Moving ahead with numbers.

<50%



76.8%



Mindset

### Coverage Limits of Nutritional Knowledge

Personalized diet guidance and micronutrient deficiency is not there among Indians

### Indians rely on Google search

Instead of certified nutritionists or public health workers, leading to misinformation and inconsistent practices

### Ineffective Behavioral Change

Prior mindset that supplements can help and nutrition will be cured by taking traditional foods is embedded in culture

Detailed Analysis of Data (Excel Sheet):- <https://rb.gy/8orkg6>

# The Opportunity

## Total Addressable Market

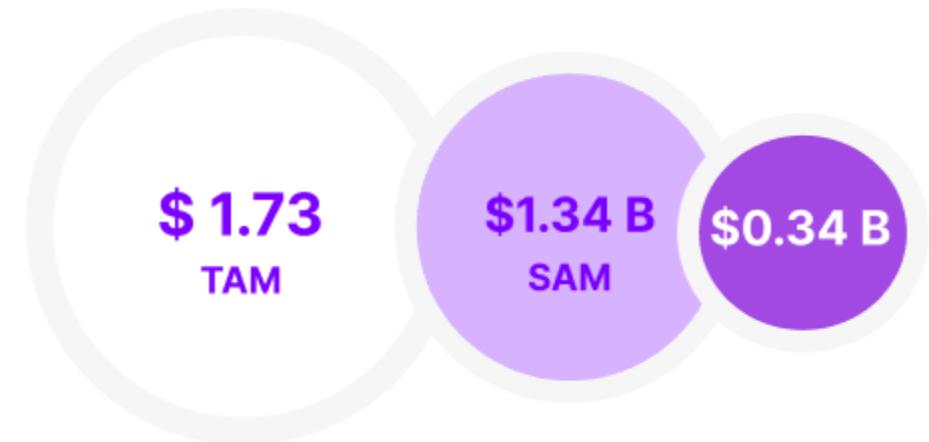
- India Digital Health Market (2024): 14.5 billion dollar
- Total Addressable Market =  $14.5 \times 8.38$  billion dollar = 1.73 billion dollar

## Serviceable Addressable Market

- Target Regions – Uttar Pradesh, Bihar, Maharashtra, Madhya Pradesh, Rajasthan, Gujarat
- Serviceable Addressable Market =  $0.78 \times 1.73$  = 1.34 billion dollar

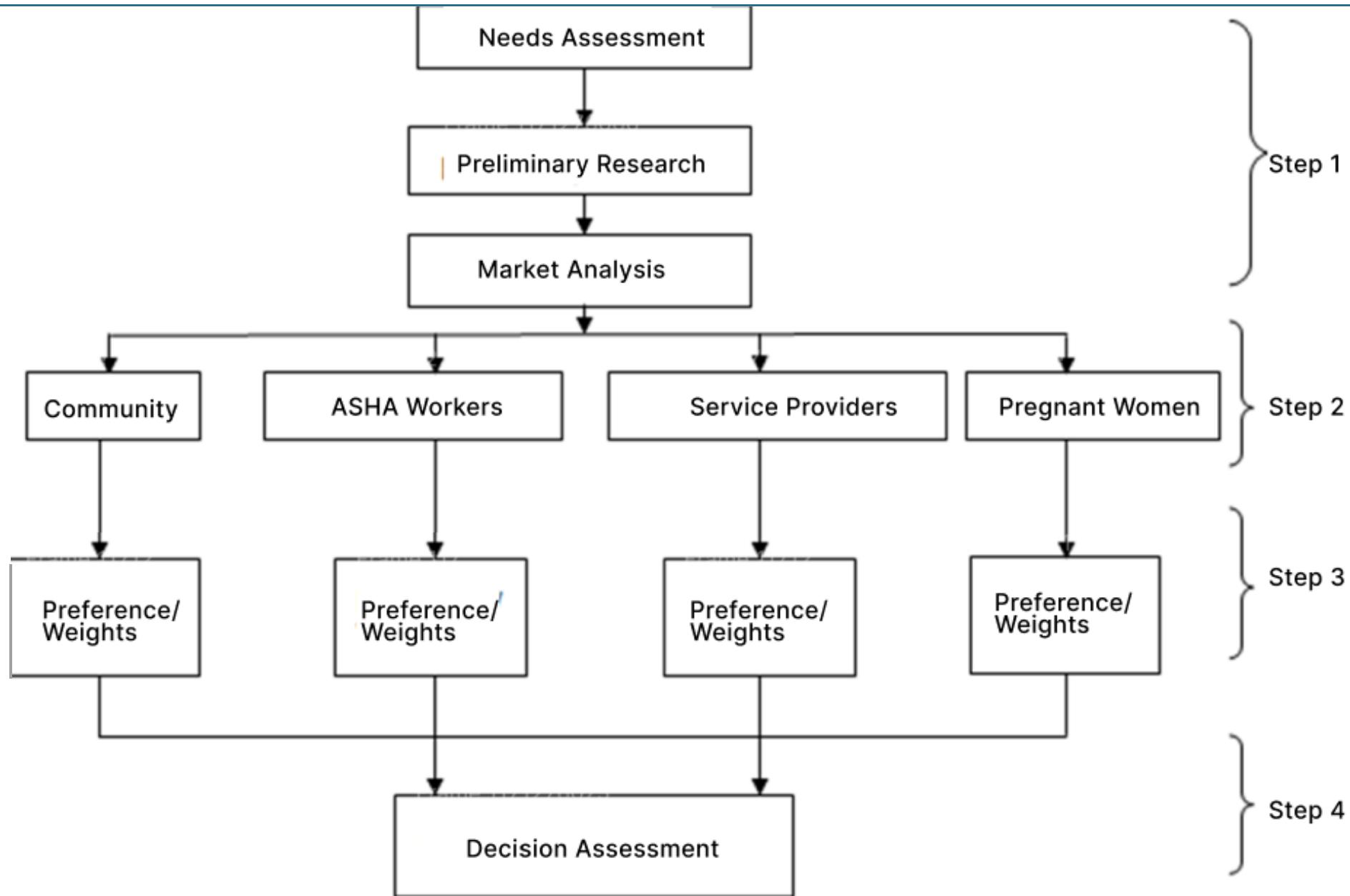
## Serviceable Obtainable Market

- Currently focusing on Capturing 10% market share within target regions.
- SOM =  $0.10 \times 1.34$  = 130 million dollar



# The Methodology.

*Force driving the Backend*



# The Solution

An open-source, community based that simulator platform that lets women and frontline workers to enables pregnant women and frontline workers (ASHA) to plan, test and personalize nutrition interventions using real-time data

To be done by democratizing access (people can run simulations) to identify nutritional deficiencies, test intervention scenarios, and deliver guidance based on local diets, pregnancy stage, and child growth patterns.

This creates a closed-loop public health innovation system(ground data → simulation → intervention → outcome tracking)and strengthens local capacity for last-mile healthcare delivery.

## USP 1

**API Integration:** Seamless integration with government health databases, growth charts and nutrition standards to support interoperable, scalable deployment.

## USP 2

**Data Driven Analytics:** Analytics prioritize high-risk cases, flag micronutrient deficiencies early and reduce operational burden on frontline workers

Decode, Pilot And Lead

Level Up And Lead By Simulating The Nutrition Platform

Services in NutraSim

Nutritional Simulator Customer Service Policies LMS Platform Internships

Chat with our NI(AI) bot and get the results !

Sure, here are the statistics

New Alarms: 40 Old Alarms: 64

"NutraSim is a great product"

Laura Jennifer Our esteemed customer



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# Manage, Control and Simulate By Frontline Workers



## New Case Entry

### Child Profile

Rohan (3y, Bihar) - Severe Stunting

**Age:** 3 Years

**Weight:** 10.2 kg (Underweight)

**Diet:** Mainly Rice & Potato. No milk/eggs.

**Symptoms:** Lethargy, Pale skin (Anemia signs).

Generate AI Plan

### Recommended Plan

High Confidence

#### RISK DETECTED

Severe Stunting & Iron Deficiency Anemia

#### Daily Meal Additions



##### Iron-Fortified Rice

Replace regular rice with fortified stock.



##### Spinach & Lentil Dal

1 bowl daily (Iron + Protein).



##### Double Fortified Salt

Use for all cooking.



#### Localized Advice

Cook in an iron Kadhai (pot) to naturally boost iron content. Avoid tea with meals as it blocks iron absorption.

**Democratizing the Power to, by and for Asha Workers.  
Guided by our algorithm to generate the Plan for nutritional deficiency**

# Manage, Control and Simulate On Frontline Workers

CRITICAL CASES 142 ~+5% vs yesterday

ACTIVE WORKFORCE 28 98% Online

All Units High Risk Areas Pending Tasks

Anjali Devi ASHA Worker • Sector 4A

Priya Sharma Anganwadi Helper • Sector 2B

Dr. Meera Reddy MEDICAL OFFICER • PHC Main

BATTERY 81%

CURRENT TASK Critical Care Review

Assign New Route

Google

Bahraich District, Uttar Pradesh  
LIVE SIMULATION • 11:42 AM IST

Tarapur Khurd तारापुर खर्द

Rajapur Mafi राजापुर माफी

Jhigaha झिगा:

Chakapur चाकापुर

Star collection स्टार कलेक्शन

NAZIR PURA नाजिर पुरा

Bahraich Bus Stand बहराइच बस स्टौंड

KDC Rd

Jail Rd

SAKHA सखा

MADHAVPUR मधावपुरी

KISAAN DEGREE COLLEGE किसान डिग्री कॉलेज

SARASWATI NAGAR सरस्वती नगर

SARVY NAGAR सर्व्य नगर

Bhogajot भोगजोत

Shahpur Jot Yusup शाहपुर जोट युसुफ

Nagar नगर

Jagtapur जगतपुर

Taj Khodahi ताज खोदाही

Masihabad मासिहाबाद

Panar Pakkar पहर पक्कर

Sagra सागर

Revli रेवली

Ban Sarita Resort बन सरिता रिसॉट

Deeha डीहा

Nagraura नाग्रुरा

Keyboard shortcuts Map data ©2025 Terms Report a map error

Command Control Centre to Monitor and expand to every person irrespective of gender, caste or religion

# And, Open Source for All For Last Mile Nutritional Knowledge\*

NutraIndia

## Learning Dashboard

Welcome back, continue your learning journey.

12 Day Streak



Dashboard

Course Catalog

Community

Resources



12

Courses Completed

TOTAL



48

Learning Time

HOURS



5

Certificates Earned

BADGES



850

Knowledge Points

SCORE

Democratization of knowledge with certified nutritional experts.  
(\*Only certified Masters in Nutrition doctors who prepare the courses)

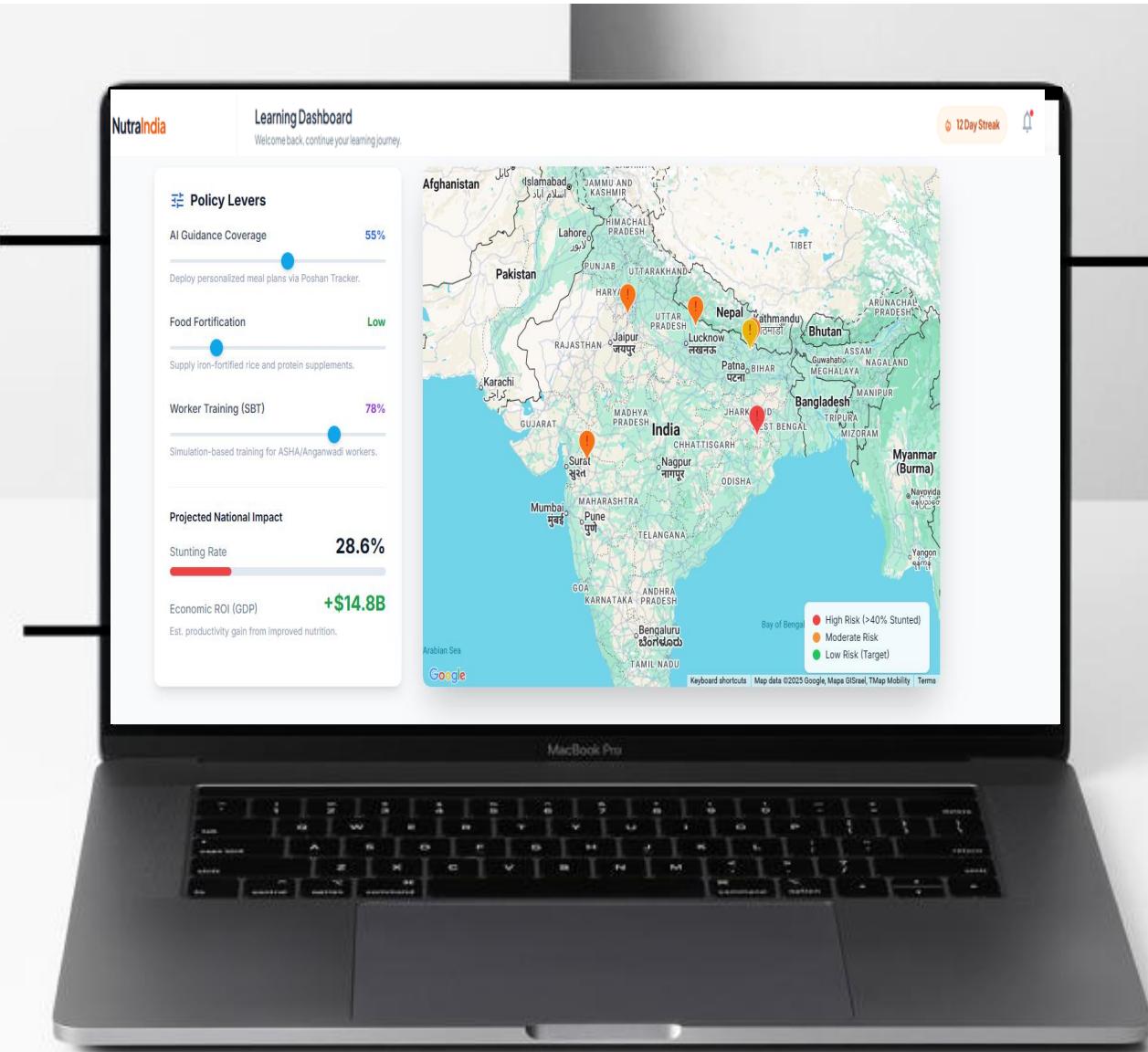
## Technology readiness level

## *Interface Visualisation for enhanced visibility*

Technology - Python and Java  
Back End - Bootstrap

## *Individual Response Time for better metric response*

## Technology - API Integration with Tableau

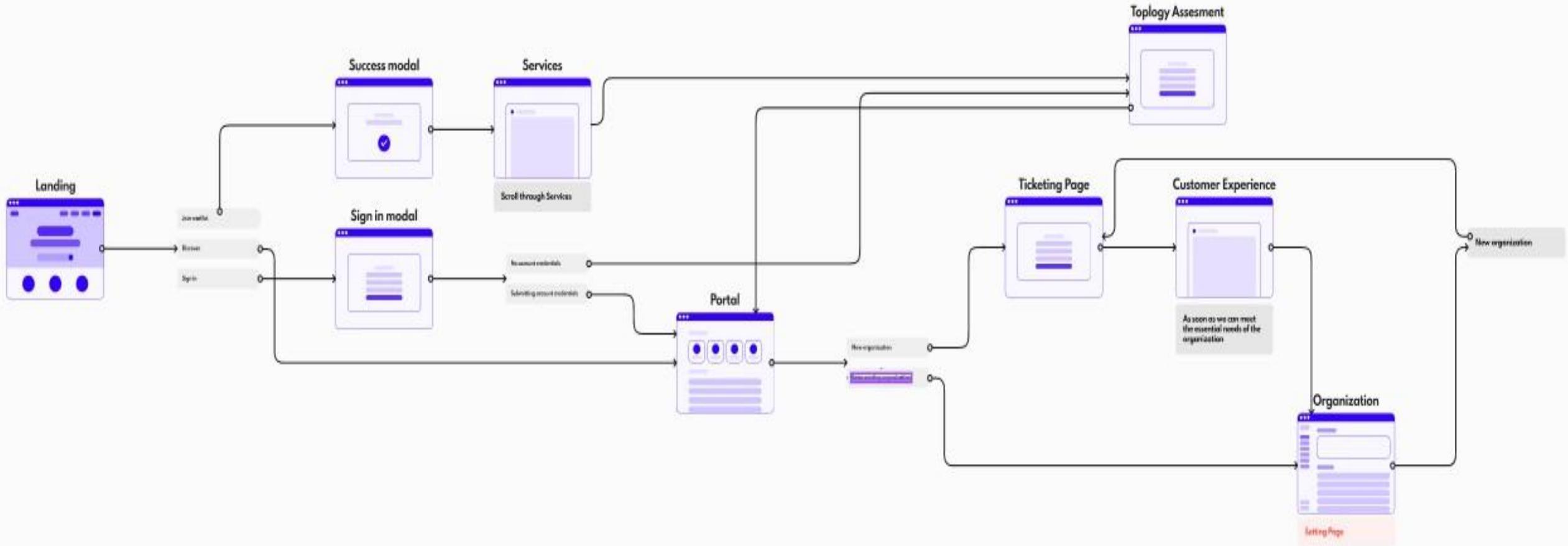


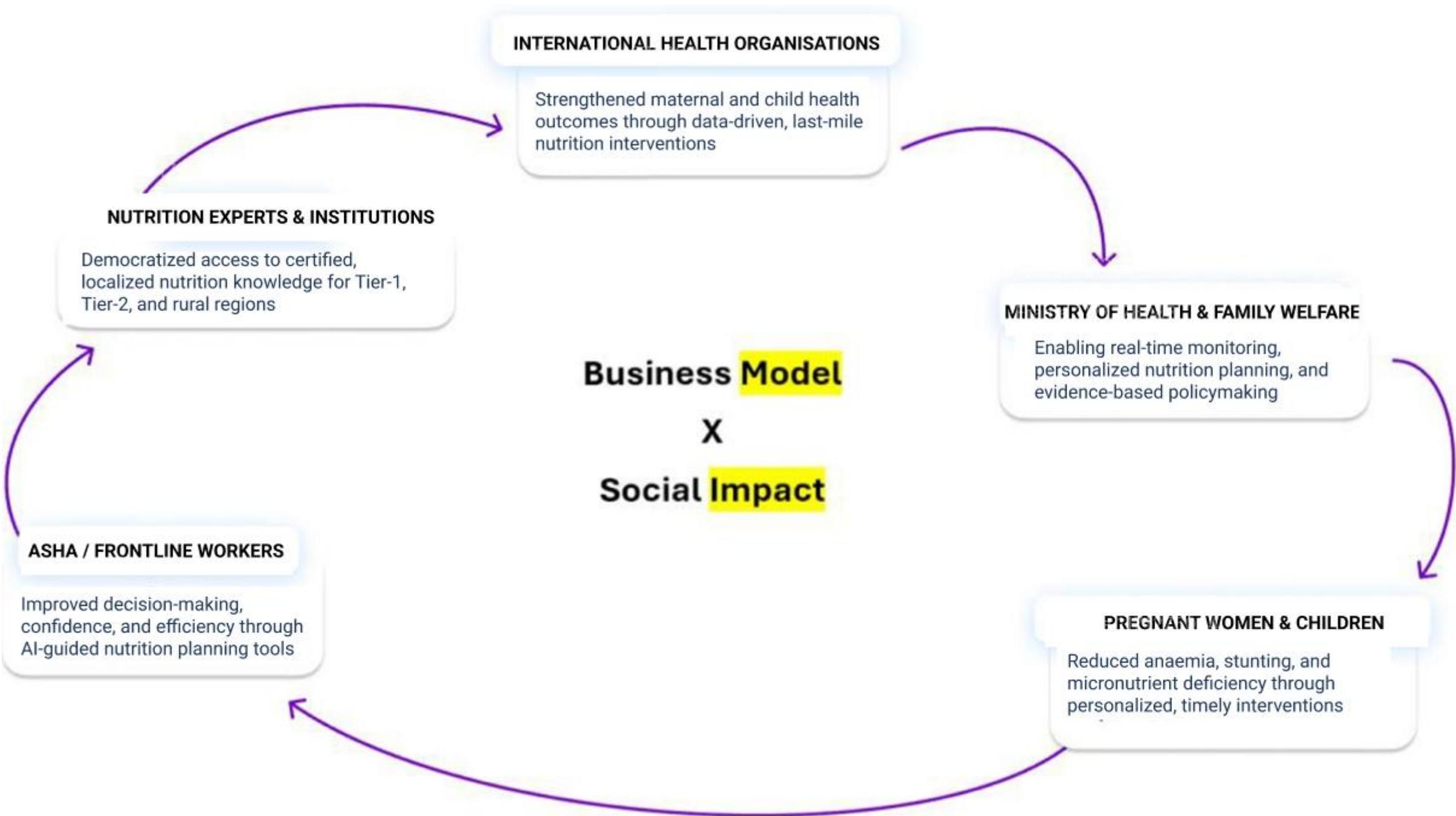
## *Topographic Model Diagnostics*

## Technology - MERN Stack

# Behind the Scenes

*Wireframing and developing of idea*





## References

S. No.	Report	Organisation & Year
1	State of Food Security and Nutrition in the World (SOFI)	FAO (United Nations), 2025
2	Joint Child Malnutrition Estimates (JME) – Latest Estimates	UNICEF – WHO – World Bank, 2025
3	India: Highest Wasting Rate, Despite Undernourishment Drop	Down To Earth, 2025
4	Prevalence and Determinants of Severe Malnutrition among Indian Children	PubMed Central (PMC), 2025
5	India's Fight Against Anemia (Press Release)	Ministry of Health & Family Welfare (PIB), April 2025
6	National Family Health Survey (NFHS-5)	Ministry of Health & Family Welfare, 2019–2021
7	Global Nutrition Report	Global Nutrition Report Secretariat, 2024
8	Trends in Anemia Prevalence Among Indian Women	PubMed Central (PMC), July 2025
9	Steady Improvement in Indicators for Malnutrition (Press Release)	Press Information Bureau (PIB), December 2023
10	India's Nutrition Enigma – State Nutrition Profiles	Secretariat Analysis, 2025
11	NFHS-6 Coverage & Preliminary Data	DHS Program (MoHFW), 2023–2024
12	Anaemia in India: NFHS Data Trend Analysis	IAPSMUPUK Journal, 2023

# Thank You



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