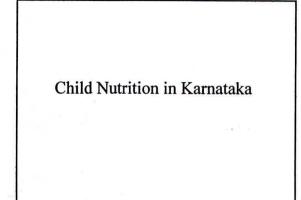
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# Why this concern?

- Nutritional deficiency in children (particularly under 6years) leads to irreparable damage in the growing child
- 75% of brain development occurs under 6 years, and good nutrition ensures normal cognitive and human development
- 12% of the population are young children and their needs can not be ignored
- Children who receive good nutrition, health care and stimulation are more likely to complete education and become healthy productive adults

## Relevant statistics for children in Karnataka

- · Total child Population (under 6yrs)-68,26,168
- Underweight children-90.6%
- Anaemia (6-35mths)-70.6%
- % of anaemic pregnant women-48-50%
- % of Low birth weight babies-17.5%
- Median age at first pregnancy-16.5yrs

#### urce.

#### Looking at gaps...both program lacunae as well as short falls in implementation

- Food security at family/individual level also means purchasing capacity, which also means employment guarantee
- Lack of efficient public distribution system
- Availability, affordability and acceptability of supplementary food.
- Monitoring systems for ensuring adequate child nutrition
- Maternity provisions to ensure exclusive breast feeding
- Management of malnutrition requires inter-sectoral collaboration and commitment( ICDS & Health) with all of the above

## State's interventions...

- Primarily through the ICDS programs for vulnerable families( 40,301 AWCs, children -6mths to 6yrs- 39,59,991, pregnant mothers-2,15,000, Nursing mothers- 2,28,000)
- 10th Plan- focus on Nutrition security at family/individual level, promotion of exclusive breast feeding, introduction of timely complementary feeds and management of malnutrition as a strategy
- Mid-day meals program- all children in class 1-7

## Nutrition of mother and child are intrinsically linked

- Maternal health and nutritional status (36% of women in India -BMI <18.5)
- Age at first pregnancy (>80% women marry under 18yrs in N.Karnataka)
- Lack of ante-natal, intra-natal, and post natal care ( Average weight gain in pregnant women-5 to 6Kgs as against a minimum of 10 Kgs)
- No social security for poor working women at crucial time of childbirth (maternity benefits)

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Gender discrimination still a cause of under nutrition in women

### Other deficiencies..

- Key service providers the ICDS and the Primary health Centres have inadequate service delivery
- Lack of understanding by all stake holders, of the importance of nutrition in young children
- AWW burdened with other responsibilities as frontline worker for government
- No ownership of programs by communities, only seen as a 'responsibility' of government
- Local governance not involved
- · Data not recorded efficiently and therefore not feeding planning process
- · Budgetary allocations inadequate to address all the issues

### General recommendations ...

- Reach the excluded by universalisation of ICDS in every settlement Programs should have a holistic vision and not a fragmented approach to address issues
- Improve service delivery by convergence between different sectors, both at policy and field level, especially ICDS and Health
- Monitoring systems that track progress, give feedback for improving quality and assess requirements (human &financial) constantly
- Specific tasks to frontline workers, to ensure achievable targets. Ensure proper training and review training periodically.
- All stakeholders to be aware of the programs and empowered to take ownership for it
- Local governance should be empowered, be one of the stake holders and be accountable to indicators for well being of the child There should be scope for innovation to meet challenges
- Public -private partnership should be encouraged

# Specific recommendations...

- As frontline workers AWWs & ANMs should work together -To educate/monitor under weight pregnant women for adequate weight
- gain
- To promote and ensure exclusive breast feeding (also attend to breast feeding problems) To ensure that the lactating mother has maternity provisions( crèche
- services for the working mother, especially in un-organized sector)
- To monitor infant feeding practices especially for pre-term/LBW baby
- Early identification and treatment of infections/diseases
- To provide special attention to malnourished children, in addition to
- supplementary feeding
- To ensure primary immunization especially for measles Ensure supplementary feeding with locally available, acceptable and affordable foods
- Community health education with a focus on nutrition, child care and effects of early marriage and pregnancy

- Specific recommendations..
- Anaemia and how it affects their productivity, should be explained, before giving iron and folic acid supplements. Iron supplements in liquid /tablet form should be made available at AWC. De-worming should precede.
- Vitamin A deficiency should be addressed with supplet children and mothers especially in drought prone areas
- Nutrition education has to be regular, with demonstration of low cost nutritious food preparation
- De-worming for children should be done once in six mont
- Promote use of iodized salt by explaining the effects of iodine deficiency disorders (still births, spontaneous abortions, mental retardation)
- Establish 'Bala Vikas Samithis' to involve stake holders and for accountability
- Ensure adequate quantity of food (calories) to pre-primary children as Ensure adequate quantity or room (calories) to pre-primary enhance at they burn up a lot of energy Harness the energies of adolescent girls for various interventions, as they can become 'change agents' in their communities Document growth charts with diligence, as data recorded feeds planning/budget allocation and indicates progress made or regressed

# In conclusion..

"Every child has only once chance to develop normally. We cannot leave it to chance alone".