Child Nutrition in Karnataka

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

Source:

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

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**

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)
- 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 supplements for 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 months
- 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 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".