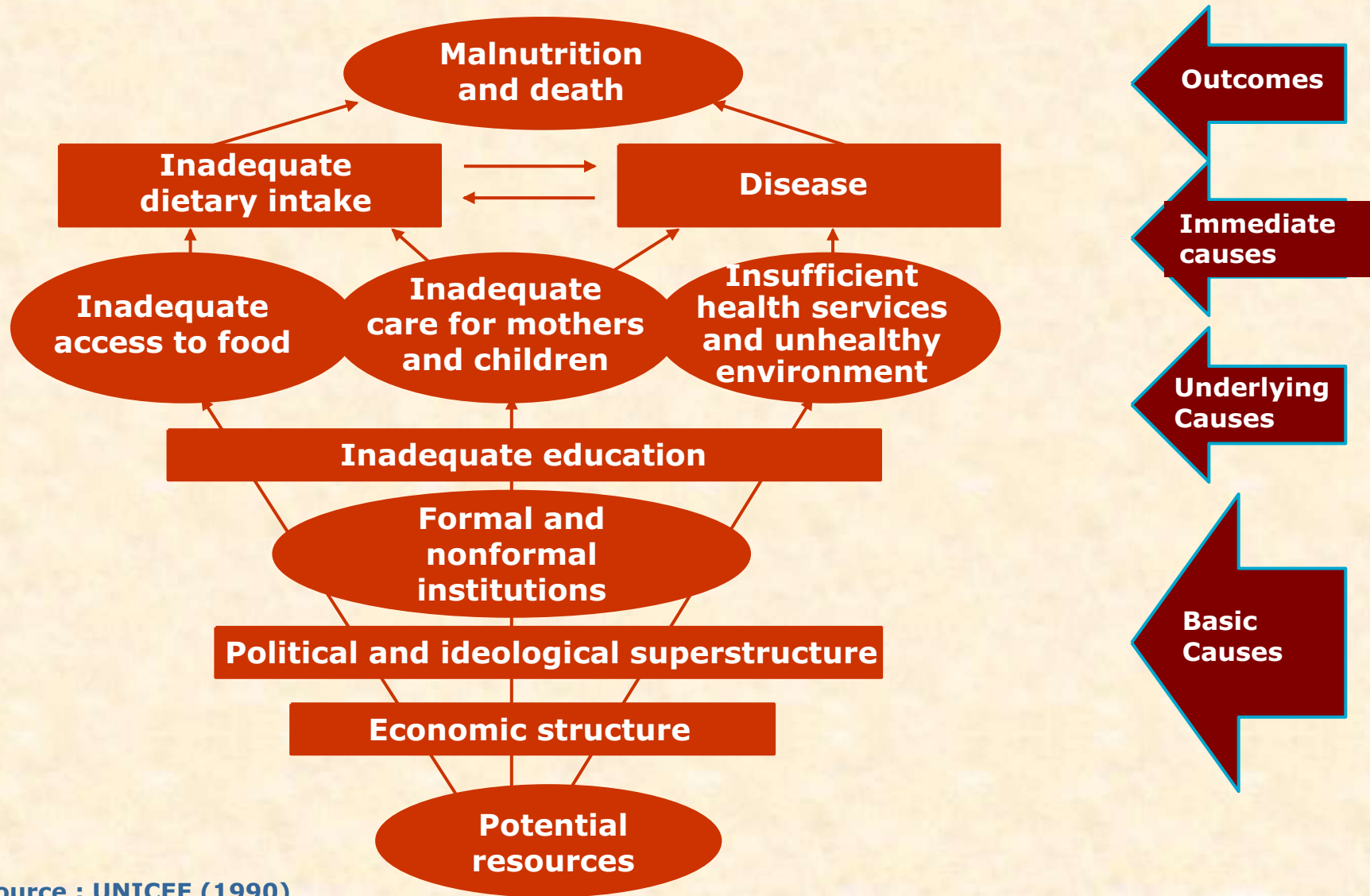


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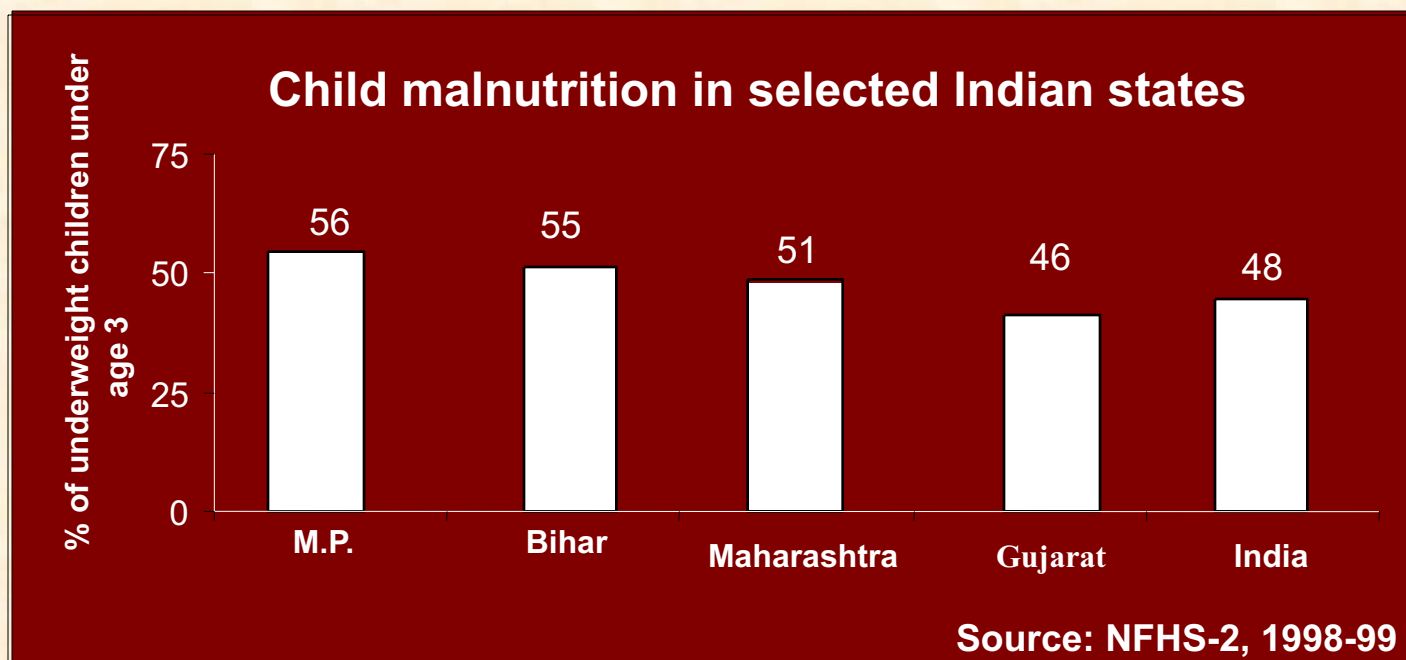


Conceptual Framework of the causes of malnutrition



Source : UNICEF (1990)

NFHS -2 revealed that 50% children were malnourished in Maharashtra



But regular data gave no indication as it was never analyzed

INITIATIVES UNDERTAKEN IN AURANGABAD DIVISION

- Focus on three issues: survey, weighing, gradation
- Stress on full coverage (100% as level for survey efficiency and 95% as acceptable lower limit for weighing efficiency)
- Special focus on Grade III/IV reduction
- Regular medical examination
- Fact finding, not fault finding
- Local initiative in nutrition/health measures
- Involvement of community, especially PRIs, mothers' groups

Survey Efficiency - Dec.01-July 02 -Feb06

Fig. in lakhs

Sr. No	District	Rural Population Census 01	Population of 0 to 6 age group Census 01	ICDS Survey No.of 0 to 6 children- Dec.01	ICDS Survey No.of 0 to 6 children- July 02	ICDS Survey No.of 0 to 6 children- Feb 06
1	Aurangabad	18.10	2.99	2.10	2.28	2.67
2	Jalna	13.05	2.13	1.07	1.63	2.04
3	Parbhani	10.43	1.76	0.24	1.57	1.68
4	Hingoli	8.33	1.42	0.90	0.97	1.34
5	Nanded	21.87	3.69	2.85	2.57	3.08
6	Beed	17.74	2.78	2.38	2.42	2.76
7	Latur	15.90	2.52	1.88	1.90	2.34
8	Osmanabad	12.53	1.89	1.48	1.50	1.63
	Total	117.95	19.18	12.90	14.84	17.55



Percentage & Number of Weighed children against Census 2001 0-6 Children

Districts	Dec. 02		Dec.04		Feb.06	
	Numb er	%	Number	%	Number	%
Aurangaba d	1.58	52.84	2.64	88.29	2.56	95.62
Jalna	0.85	39.91	2.05	96.24	1.95	91.55
Parbhani	0.17	9.66	1.55	88.07	1.63	92.61
Hingoli	0.5	35.21	1.32	92.96	1.31	92.25
Nanded	2.35	63.69	3.13	84.82	2.94	79.67
Beed	1.7	61.15	2.58	92.81	2.39	85.97
Latur	1.62	64.29	2.36	93.65	2.25	89.29
Osmanaba d	1.21	64.02	1.75	92.59	1.56	82.54
Total	9.98	52.03	17.38	90.62	16.58	86.44

Percentage of Gr.II Children against weighed children

Districts	Dec. 02		Dec.04		Feb.06	
	Number	%	Number	%	Number	%
Aurangabad	40745	16.24	34280	13.00	5841	2.28
Jalna	29157	17.92	28622	13.97	4737	2.43
Parbhani	22868	17.78	21346	13.75	3081	1.89
Hingoli	21151	18.00	20370	15.42	4620	3.54
Nanded	50495	18.65	46137	14.76	5618	1.91
Beed	26718	10.45	21295	8.25	6132	2.56
Latur	26726	11.72	20121	8.52	6211	2.76
Osmanabad	17400	10.73	6848	3.91	2368	1.52
Total	235270	14.93	199019	11.45	38608	2.33

Number of Gr.III+IV children Year wise trend

District	Dec.0 1	July 02	Dec.02	Dec.03	Dec.0 4	Dec.05	Feb.06
Aurangabad	1772	2278	1654	1210	403	11	33
Jalna	930	1306	1043	659	249	200	142
Parbhani	191	1444	920	490	140	43	17
Hingoli	136	555	404	150	112	56	33
Nanded	1629	1081	824	365	51	91	42
Beed	841	1448	645	437	141	175	132
Latur	1511	1324	845	443	155	121	108
Osmanabad	957	1269	679	170	0	0	0
Total	7867	10705	7014	3924	1251	697	507



भारत सरकार

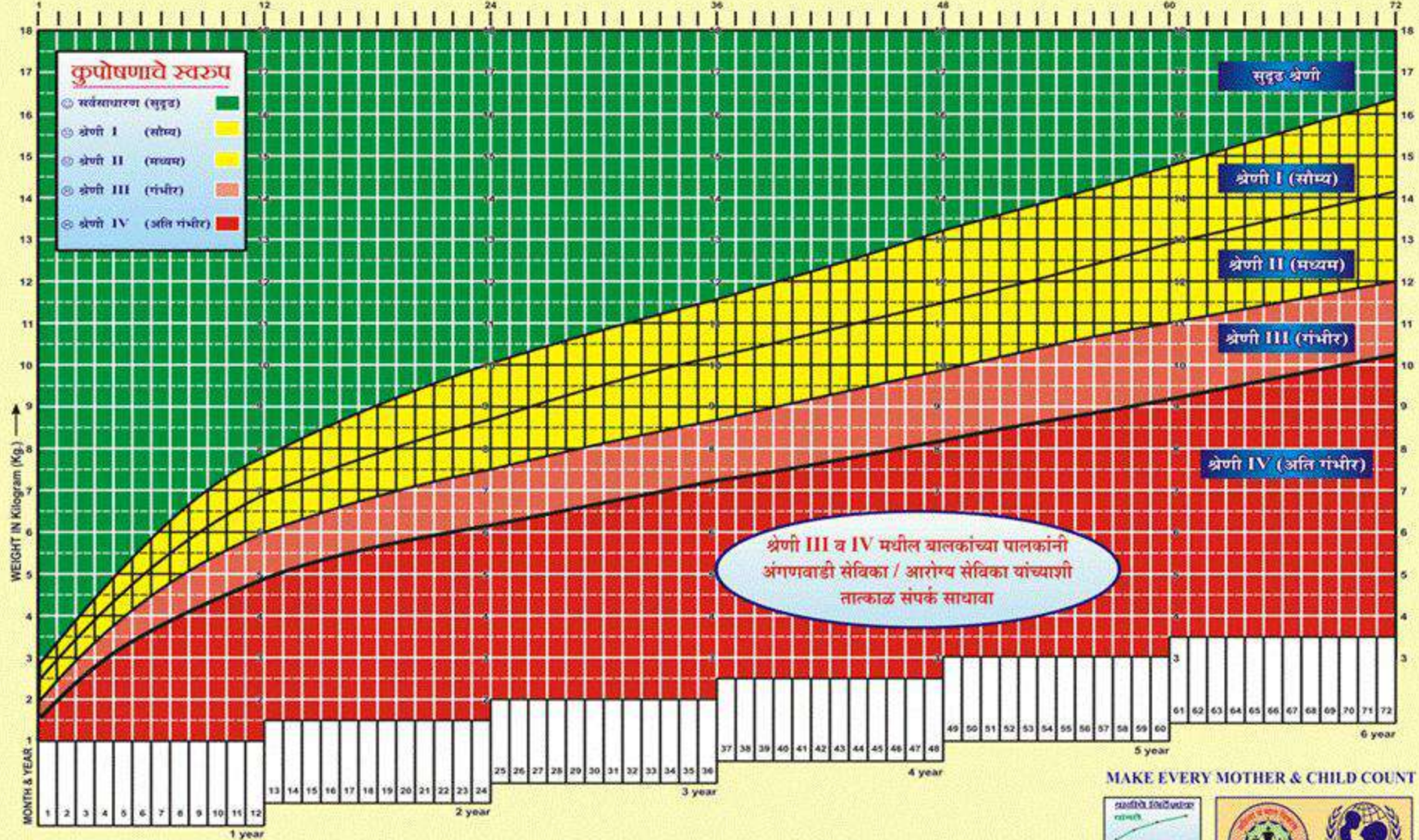
राजमाता जिजाऊ माता-बाल आरोग्य व पोषण मिशन

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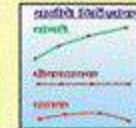
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महाराष्ट्र शासन








Social Audit of Live Vouchers







Malnutrition Removal – Star Competition

No. Of Stars	Criteria
	Anganwadi Centres/PHCs/blocks/districts which do not have any Grade IV child
	Anganwadi Centres/PHCs/blocks/districts which do not have any Grade III or Grade IV child
	Anganwadi Centres/PHCs/blocks/districts which do not have any Grade II,III or IV child
	Anganwadi Centres/PHCs/blocks/districts which do not have any Grade I,II,III or IV child
	Anganwadi Centres/PHCs/blocks/districts which do not have any Grade I,II,III or IV child & in which jurisdiction there is no mother below the age of 19 years

Outcomes of the Marathwada Initiative

- Motivation and enthusiasm in the ICDS machinery
- Involvement of many Medical Officers
- Significant local involvement in initiatives
- Problem-solving approach
- Social audit of children
- Substantial reduction in Grade III/IV malnutrition
- Replication across the State of Maharashtra

Food for thought

“ With our resources and the money we spend we could easily accomplish three times what we do, in half the time we normally take, if we were to operate in mission mode with a vision for the nation. ”

» -- APJ Abdul Kalam
in
Ignited Minds

Rajmata Jijau Mother-Child Health & Nutrition Mission

- **One of the State's top priorities: malnutrition removal as a MISSION**
- **State-level Steering Committee headed by Chief Minister**
- **Monitoring & Implementation Committee headed by Minister (W&CD)**
- **Advisory Committee under Chief Secretary**
- **Establishment of State Malnutrition Removal Mission Unit**
- **Funding of Unit & programmes through Central/State budget as well as multilateral/bilateral funding sources**



Objectives of the Mission

- Reduction in Grade 3 & 4 malnutrition in 0-6 age group
- Special focus on health, nutrition and immunisation aspects in 0-3 age group
- Reduction in Grade 1 & 2 malnutrition in 0-6 age group
- Newborn care initiatives
- Antenatal, perinatal and postnatal care for mothers
- Focus on pre-teen/adolescent girls: nutrition and health education
- Transfer of the management function to the community

State Malnutrition Removal Mission Unit

Functions

- Coordination of activities of different departments
- Monitoring of key indicators to ensure adherence to Mission targets
- Capacity-building in different departments to make the programme self-sustainable
- Making the initiative community-driven over time

Composition

- Secretary level IAS officerDirector General
- Addl. CEO rank officerDirector (Training)
- Addl. CEO rank officer Director (Monitoring)
- DHO rank officer Deputy Director (Health)
- CDPO rank officer Assistant Director (Child Development)

Phases of the Mission



Phase-I



Phase-II



Phase-III

Inputs



Processes



Outcomes

Focus Areas of Mission

- Antenatal care
- Feeding practices
- Complete immunisation
- Deworming
- Micronutrient supplementation
- Nutrition/health education



Key Activities of Mission

- Training & Motivation

- ☐ Sensitization
- ☐ Problem-solving

- Coordination

- ☐ Between departments, esp. ICDS/Health
- ☐ Effective budget utilization

- Monitoring & Evaluation

- ☐ Ensuring accountability
- ☐ Informed policy decisions

Information, Education, Communication

- ☐ Behavioural change
- ☐ Community initiatives to evolve local solutions

Table 9 Range of services that the ICDS seeks to provide to children and women

	Children under 6	Pregnant women	Lactating women
Health check-ups, and treatment	Health check-ups by AWW, ANM, LHW Treatment of diarrhea Deworming Basic treatment of minor ailments Referral of more severe illnesses	Antenatal check-ups	Postnatal check-ups
Growth-monitoring	Monthly weighing of under-threes Quarterly weighing of 3-6 year olds Weight recorded on growth cards		
Immunization	Immunization against poliomyelitis, diphtheria, pertussis, tetanus, tuberculosis and measles	Tetanus toxoid immunization	
Micronutrient supplementation	IFA and Vitamin A supplementation for malnourished children	IFA supplementation	
Health and nutrition education		Advice includes infant feeding practices, child care and development, utilization of health services, family planning and sanitation	Advice includes infant feeding practices, child care and development, utilization of health services, family planning and sanitation
Supplementary nutrition	Hot meal or ready-to-eat snack providing 300 calories and 8-10g protein Double rations for malnourished children	Hot meal or ready-to-eat snack providing 500 calories and 20-25g protein	Hot meal or ready-to-eat snack providing 500 calories and 20-25g protein
Preschool education	Early Childhood Care and Preschool Education (ECCE) consisting of "early stimulation" of under-threes and education "through the medium of play" for children aged 3-6 years		

Source: DWCD 2004

Note: In practice, not all of these services are necessarily provided at every AWC

Some Issues for Thought

- Still too much focus on food, too little on improving child-care behaviour, family nutrition patterns
- Children in 0-3 age group and from disadvantaged groups not served adequately by existing ICDS
- Lack of clear policy focus on areas with greatest levels of malnutrition

The Bhavishya Alliance

Objective

Elimination of child malnutrition in India

The Bhavishya Alliance

Emphasis on

- Human change, relationships & partnerships (personal/interpersonal/systemic)
- Shared understanding of malnutrition in a holistic framework
- Interaction between actors concerned with malnutrition, especially the communities to be served
- Passion, commitment, orientation to action

The Bhavishya Alliance

- Change Lab
 - One/two participants from each member organisation (government, corporates, NGOs/CBOs)
 - Shared understanding of current reality
 - Prototyping initiatives
 - Implementing pilot projects

What partnership model do we aim for?

- Sustainable over time
- Replicable across states of India
- Win-win situation for all
- Built on trust
- Focused on outcomes
- Strong community links

THANK YOU

