Making Kerala nutrition-rich

A mission to reach the nutritional level of best performing countries

Though the Health indicators of Kerala are higher, compared to other states in India, the situation of Nutrition in critical sectors and areas of population does not portray a rosy picture. There is widespread prevalence of Malnutrition in the form of Underweight, Low Birth Weight, Wasting, Stunting, Anaemia, and other manifestations of Micro- nutrient deficiencies among different age groups of the population as a whole. Though Kerala is successfully implementing all Nutrition oriented programmes and related programmes of housing, sanitation and potable drinking water, the state could not achieve the nutritional level of best performing countries.

It is in this context that the Honourable Finance Minister of Kerala announced launching of the ambitious scheme, namely, 'Malnutrition Free Kerala' in his Budget -speech for 2004-'05. He also declared allocation of ten crore rupees as budgetary outlay towards implementation of this prestigious venture.

The original aim is to reduce malnutrition of all types in a time-frame to optimise maximum growth potential of every individual in the State

Specific objectives

Reduction of under nutrition among 0-3 age group @ 3 % per year to reach a level of 25% 3.2. To achieve 18.6 % reduction in Anaemia among 0-3 age group @ 3 % per year. To achieve 25% reduction in Anaemia among Adolescent girls, Pregnant and Lactating women @ 3% per year. Improve coverage of Vitamin A supplementation to achieve more than 80 % with the required number of doses. To increase in the use of Iodised salt from 50% to more than 90 % 3.6. To reduce under nutrition among adolescent and geriatric age group. To reduce obesity by 50% of present rate.

The scheme has a time frame of five years starting from the financial year 2004 -2005

Backgrounds

It is estimated that children under 6 years of age form about 11.48% of Kerala population and the below 14 age group form 27.3%. The state average of IMR is 11. In spite of the State having the best indicators on Women and Child Development, certain disturbing trends have emerged in recent years affecting this developmental status, especially in the child population. This includes LBW in babies, stunting of growth, wasting, low weight for age, poor maternal nutritional status, prevalence of anaemia among women and adolescent girls. Any further reduction in IMR is impossible without a reduction of LBW in babies, as most of the deaths take place within one to 28 days. Ensuring Child Survival means elimination of LBW.

Low birth weight, constituting 17.6% of population, is directly related to maternal nutritional status and statistics show that 50 to 55% of women (Pregnant and Lactating) are anaemic. The prevalence of Anaemia among children under 3 years is 33.7%. The data presented by NNMB 2003, shows that 40.79% of children are underweight, 30% stunted and 33.8% wasted.

The prevalence of Nutritional deficiency Goitre is recorded as 4.5%. Anaemia among Adolescent girls is a staggering 23%. Vitamin A deficiency in the form of Conjunctival Xerosis also exists in about 0.1 % of population.

Strategies

The broad strategies that will be adopted to reduce malnutrition are as follows:

Adopting Life- cycle and Rights-based Approaches to Nutrition Interventions.

Specific Provisions have been made in the Child Rights Convention to ensure adequate Nutrition to children and adolescents. A recent verdict of the Supreme Court also directs that the Nutritional requirements (calorie wise, protein wise and micronutrient wise) of children and pregnant mothers should be

Sl. no.	Targetted Beneficiaries state	Total in are eligible	How many now (BPL, *SC/ST*, fisher folk, at risk etc)	Total be covered	Total to covered
1	Children 6 months to 3 years	12,50,000	9,68,000	3,90,000	5,78,000
2	Children 3 to 6 years Pre- school children Homebound severely malnourished Children of unsettled population	15,00,000	9,68,000	5,40,000	4,28,000
3	Children 6 to 11 years	25,61,000	7,00,000	7,00,000	7,00,000
4	Adolescent girls 11 to 18 years	3,03,2126	8,25,000	1,25,000	7,00,000
5	Women 18 to 45 age group	8,36,2242	3,50,000	2,00,000	1,50,000
6	Geriatric group - above 65 years	5,30,6436	2,41,201	66,201	1,75,000
7	Unsettled population	NA	NA	NA	1,00,000

observed in all the feeding programmes carried out by Government and Public sector undertakings. The above will be the guiding principles in the operationalisation of Malnutrition Free Kerala also.

Family based approach:

Undernutrition and malnutrition occur largely due to inappropriate family practices related to diet, health care and hygiene / sanitation. Focusing on the family as a unit for behavioural changes communication is an advantage because through the family approach, it is possible to reach the children (especially the 0-3 age group), the. adolescents, the antenatal and postnatal mother and the elderly who are the target groups for the programme.

- o The primary focus would be to strengthen family practices related to
- o Infant and young child feeding (exclusive breastfeeding, appropriate complementary feeding)
- o Sick childcare with appropriate medical treatment and nutrition management
- o Prevention of illnesses through immunization and hygiene / sanitation
- o Appropriate cooking and dietary practices in the family
- o Appropriate use of nutritional supplements and micronutrient supplements
- o Diarrhoea management through ORT to be promoted within the family.

This will be done through specially selected and trained Family Nutrition Volunteers who will visit these families regularly and provide continuing support. The Family Counsellor will be selected from among experienced persons n the field with in the community. They will be trained in nutrition topics and counselling skills and

she will be supported and guided by the local AWW and by the Panchayat level Nutrition counsellor (ICDS Supervisor/ Nutrition Experts)

The Nutrition Volunteer will identify all families with children 0-6 years, with antenatal mothers, nursing mothers, adolescent girls, and elderly persons. She will repeatedly visit these families and provide counselling and care for specific nutrition and health problems and issues faced and she will encourage and motivate the families for adopting / strengthening appropriate family practices.

Peer Group and local Community based approach

In order to support the family based counselling and behaviour, change communication, peer group activities will be taken up at the neighbourhood and community level to enable a positive environment to promote the appropriate family practices as acceptable social norms. All existing peer groups will be identified, such as mothers' groups, NHGs, SHGs, adolescent groups, youth groups, religious leaders and other community influencers. Peer group education activities will be conducted for these groups periodically on a continuing basis so that peer pressure is built up for sustaining appropriate family and community practices.

Media based approach

In order to support the Family Counselling and the peer group activities, the mass media will be utilized to promote the same messages and practices to provide an overall positive environment for behavioural change.

Social Marketing approach

Certain specific food supplements such as food mixes and multiple micronutrient premixes, and fortified food items such as iodised salt are essential for ensuring the nutrition security of individuals, families and the community. Their use / consumption needs to be promoted actively. In this context, agencies like Consumer Federations (Triveni) and Consumer Councils (Margin Free) will be motivated to involve in product development, quality control and marketing in association with agencies like Kudumbashree and the PDS. Similarly, consumption of micronutrient supplements like IFA, Ayurvedic iron preparations and Vit A as well as oral Rehydration Salt packets will be actively promoted in the community by ensuring adequate supplies and distribution by the Health Department.

Strengthening ongoing ICDS programmes

Food supplements free of cost will be provided by the ICDS programme to eligible families (BPL, Tribal, at-risk. etc) to reach the target age groups. The type of food supplements will vary for each target group. For example noon meal for 3- . 6 age- group and school going age group, food mixes for other age groups, etc. Funds for this component will be met by local self governments from ongoing allocations.

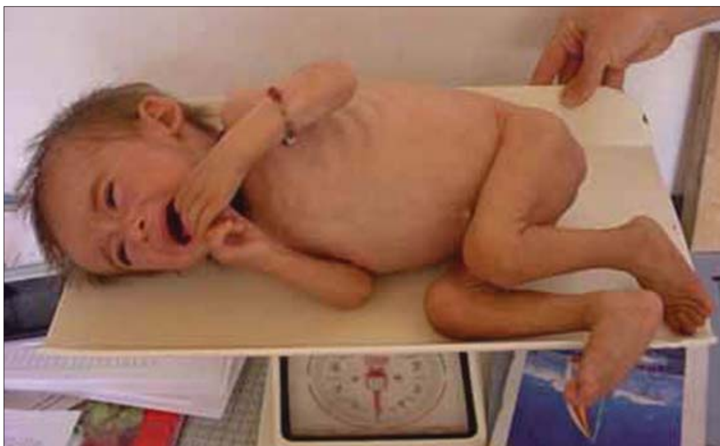
Programme Supplies such as

Weighing machines (adult & child), Height Rods, MCH Cards (Mother- child cards) TDSC 0-6 charts, Medicine kits, ORS packets, IF A, Vitamin A tablets will be made available in adequate quantities wherever there is a gap.

Inter-sectoral approach to work with. Govt. departments

Education Department

Nutrition issues will be addressed through a School Health Programme which will be implemented by Education Department through the PTAs. School based orientation programmes for PTA members will be arranged and IEC materials like pamphlets will be distributed to all stakeholders. Weighing scales with height- rod will be provided to all schools so that Adolescent boys and. girls 10-19 years can assess their BMI levels. Those with unacceptably high or low BMI will be provided Special Health Cards and they will be followed up by a Health & Nutrition team until the nutritional status reverts to normalcy.



ii) Institution based approach - Social Welfare Department

Providing Nutrition supplementation to cover up inadequacy in Nutrition in the food supplied in Welfare Institutions like After-care Homes, Children's Homes, Old Age Homes Destitute Homes, Orphanages, Mahilamandirams etc

Health Department

Health Department to take up national programme of IMNCI training for all MOs, IPHNs and AWWs with available Government Of India (RCH) funds to ensure that management of sick children includes a strong focus on nutrition assessment, nutrition counselling and nutrition management.

Tribal strategy - Tribal Dept

Apart from all other strategies described above which will also be implemented in the Tribal areas, special efforts are needed to ensure household food security for tribal families. It is suggested that Tribal Dept funds be mobilized to provide full weekly ration at subsidized rates through PDS for tribal families.

Rice Rs 3 per kilo Wheat Rs 3 per kilo

Green. gram Rs 10/kg Oil Rs 15 !litre

Food Mix free of cost through A WCs (Vegetables and fruits dried and processed)

SC strategy - SC Dept

Even though almost all the SC population have been brought under the mainstream of developmental programmes, special focus has to be made to SC colonies and coastal areas while taking up programmes under sanitation and hygiene.

Water and Sanitation- Rural Development Department

In collaboration with RDD LSGI and Water Authority, efforts will be made to ensure that all A WCs, schools are supplied with drinking water and toilets.

Scattered / Unsettled population - Urban LSG

There are nomads, street children, beggars, gypsies, rag pickers and other type of floating population who are also to be brought into the purview of this scheme if at all a cent percent coverage in Nutrition is aimed at. Providing Safety - nets in the forms of food stamps, food packets, feeding centers etc. through permanent systems are the means to reach out to these target groups. As this group of people are concentrated in cities and towns, it is advisable to entrust the Corporations and Municipalities to implement such a programme throughout the year.

The target

PROJECT MANAGEMENT IMPLEMENTATION AND COORDINATION

Social Welfare department has been designated as the nodal agency for implementing this scheme. Presently, there are a good number of welfare programmes being implemented by this department over and above the Women and Children's programme of ICDS. As a major programme intervention involving Rs.10 crores as budgetary provision and taking 5 years in implementation, it is obligatory that certain rearrangements have to be taken in streamlining the present administrative set up.

A state level Empowered Committee with membership from all collaborating partners/ departments will be formed to oversee the implementation of the programme.

Convergence and Linkage

Convergence and linkage IT mechanism will be the same intended for Nutrition altogether.

An effective mechanism has to be developed on the basis of a Convergence meeting arranged at State level. Specific roles and responsibilities of each Department and Agency have to be prescribed and their working streamlined. As a follow up, separate meetings may be arranged at District / Block / Panchayath levels to effect convergence and ,linkage of functionaries.

Monitoring and evaluation

Monitoring process

At the State level, the scheme will be monitored by the Empowered committee constituted for the purpose. The Chief Secretary will be the Chairman and the Secretary, Social Welfare, the Member-Convener. The existing Monitoring system for ICDS in the Directorate of Social Welfare will have to be strengthened and streamlined so as to provide all information and data to the Committee for a fruitful review. The periodicity of the meeting may be twice in a year. ■