

CAMPAIGN AGAINST MALNUTRITION

BACKGROUND

India is home to 46.6 million stunted children, a third of world's total as per Global Nutrition Report 2018. Nearly half of all under-5 child mortality in India is attributable to undernutrition. Poor nutrition in the first 1000 days of a child's life can also lead to stunted growth, which is associated with impaired cognitive ability and reduced school and work performance. Malnutrition in children occurs as a complex interplay among various factors like poverty, maternal health illiteracy, diseases like diarrhoea, home environment, dietary practices, hand washing and other hygiene practices, etc. Low birth weight, episode of diarrhoea within the last 6 months and the presence of developmental delay are often associated with malnutrition in India.

Malnutrition among under-five children is an important concern for the health authorities in India. The aim of the present review was to assess the burden of under-nutrition and over-nutrition, its determinants and strategies required to tackle malnutrition among under-five children in India. Distribution of various types of risk factors and its influence on nutrition status of children in a given set up should be analysed for planning the control measures.

AGGRAVATING NUTRITION AS A RESULT OF COVID -19

COVID-19 induced changes: one cannot comprehend the damage that the pandemic had inflicted on children, albeit indirectly. Since the outbreak, the long-term damage the cascading effect is likely to cause in children – through inadequate health services, broken medical supplies, interrupted access to nutritious food and income loss in families.

In a recent Lancet study, the UNICEF has warned that three lakh children could die in India over the next six months due to disrupted health services and surge in child-wasting, a form of malnutrition when the child is too thin for his/her height. India is expected to bear one of the heaviest tolls of this preventable devastation, partly because its record in managing malnutrition among children was grim even in pre-COVID-19 times. India is home to half of the “wasted children” globally, reckons the recently launched Global Nutrition Report 2020.

The nutrition insecure backdrop of India makes it dangerous to live through an extreme adversity like the pandemic without proper planning for protection of our vulnerable population. The entire country in lockdown mode to contain the infection which has brought economic activities to a complete standstill and resulted in income losses. Mid-day meals, the main source of nutrition for millions of children had to be suspended with schools shut, and congregations

banned. Though some states are trying to substitute it with dry ration but sharing of food by other family members in such trying times could not be ruled out.

STATUS OF MID-DAY MEAL SCHEMES AND ANGANWADIS

Over the past few months however, anganwadi workers have had a different routine – as frontline delivery agents of Covid-19 services, conducting door-to-door visits, awareness checks and delivering essentials. While these are important emergency services, the lack of child services created an enormous problem. Over 120 million children in India are served by the midday meal scheme, just over half of whom get it in anganwadi centres. The others get it in school. These meals are crucial both for child nutrition and cognitive development.

For children in anganwadis and government schools in India, the mid-day meal is an important part of their daily dietary intake. A study by the Indian Council of Medical Research's National Institute of Nutrition says that two out of three deaths of children in India are associated with malnutrition. Malnutrition affects the health and economic productivity through a person's lifetime.

Anganwadi centres are also an important source of nutritional services for pregnant women and new mothers. With child nutrition already a big concern, the closure of schools and anganwadi centres due to the lockdown had a deep impact on these children, particularly when school meals were absent. In April 2020, the Central government announced that food security allowance, or dry rations could be given in lieu of school meals even during school closures. However, there has been very dismal progress implementing this. The fact that many of the anganwadi centres were not functioning with their usual services has also made it difficult for parents with young children to take up employment: many depended on these centres to care for children while they were at work.

NEED FOR NATIONWIDE CAMPAIGN TO CREATE AWARENESS

The persistent high levels of undernutrition and the slow pace of its decline is a major concern for the nation.

A campaign need to be designed. The campaign objective should be as follows:

- Creating awareness about nutritional challenges, the importance of optimal nutrition and creating an enabling environment to mobilise communities to prevent malnutrition.
- Promoting home-level care and behaviour orientation for appropriate infant and young child feeding practices, child care and development, optimal nutrition and care during pregnancy & lactation, and better utilisation of available services.

- Reaching out to families, pregnant women, mothers, caregivers, adolescent girls, Panchayati Raj Institutions (PRIs), teachers, opinion leaders and the community at large.

The objective of this nationwide campaign against malnutrition is to address issues of status of women, the care of pregnant mothers and children under two, breastfeeding and the importance of balanced nutrition and health. The focus is on women between 13 and 35 years of age and their family members.

DEVELOPMENT OF A CHILDREN LED DATABASE ON FUNCTIONING OF MID-DAY MEAL SCHEME & ANGANWADI (CHILDREN)

The Mid-Day Meal (MDM) improves health and education of the poor children. The scheme has the mandate to ensure one-third of the nutritional requirements of child for which the administrative and logistical responsibilities are enormous. The scheme however, proves nutrition is a complex issue, many a times MDM has low nutritional value in comparison to the daily requirements and much lower in nutrients such as protein, fat, iron and iodine in relation to the meal quantity in particular. Moreover, nutrition is also linked with health and hygiene, students require Vitamin, Folic Acid, Iron, even de-worming medicines and micro-nutrients.

In Delhi, we can start with PRATYeK's area of operation with its Children Parliament involving active senior students in the locality. To develop a database, major activities are as follows:

- Count the exact number of children who are present in school every day
- Monitors the cleanliness by ensuring that every child washes his/her hands properly before taking
- MDM and wash the plates and keeps at proper place afterwards.
- Ensure that all the children sit in rows and help members to distribute MDM.
- Children Parliament checks the material of MDM. It ensures that the waste material is thrown in the Garbage pit.