

bhaviṣhyavani

A Monthly Newsletter of Bhavishya Alliance

April' 2008

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Project Updates' April'08

Computer Aided Adult Literacy program (CAALP)-

CAALP Project is about to be launched very soon at 40 community sites in three blocks of Nasik. viz. Trimbakeshwar, Peint and Surgana, having higher percentage of illiterate women population in the district. These 40 sites would cover around 100 villages and would cater to the about 3,000 participants in a year aiming to make them functionally literate. The idea behind promoting literacy among adults is the assumption that literacy among women will have positive impact on the nutrition status of children.

This project will also be linked with the Girls Gaining Ground (GGG) project being implemented by NGOs for improving the life-skills of adolescent girls by way of covering illiterate adolescent girls within the communities.

Department of Tribal Welfare, Tata Consultancy Services (TCS), and two NGO's viz. VACHAN and Nasik Social Service Society (NSSS) are working in joint partnership for making this project successful in Nasik. Wherein, TCS is providing the hardware, software, training of trainers and support in designing monitoring tools. Department of Tribal Welfare is leading this project by supporting the cost of transportation of computers, cost of procuring primers, UPS, stationeries and covering overhead cost of NGO's. NGO's who are the main implementers of this project involved in identification of sites, identification of facilitators (*Preraks*) and day-to-day management of the learning centres. Community is providing space and electricity for the centre.

The program will run in batches of 3 months each.

Memorandum of Understanding has already been signed between TCS and Bhavishya Alliance and between VACHAN and Project Officer, Integrated Tribal Development Program (ITDP), Nasik for starting 20 sites in Trimbakeshwar. Another Memorandum of Understanding between NSSS and Project Officer, ITDP, Kalwan for 10 sites in Surgana is in process. VACHAN will also be implementing this project in rest 10 sites in Peint.

Computer with accessories viz. speaker and spike cards has already been received from TCS by ITDP, Nasik and are placed with NGOs. ITDP has already procured the UPS for computers and other requirements like stationeries and primers are in process of procurement. VACHAN has already started community level meetings at Trimbakeshwar. First batch of Master trainers training is planned in the month of May'2008.

Girls Gaining Ground-

After a considerable delay for various reasons, this project is now taking off. Approximately 10,000 girls will undergo a 6 months adolescent training program on life skills in 8 tribal blocks and one urban ward in five districts

Memorandum of Understanding has now been signed between BA and NGO's. Project Evaluation design has been finalised with ICRW and IHMP. Initial evaluation research is expected to be initiated in 4 tribal blocks and urban ward and will cover 800 girls by the end of May 08 and project implementation will start in the month of July'08.

Vocational Training will be taken up separately with the girls besides this 6 months module. This component may not be uniform across partners and will differ from place to place and, the trainers, modules or execution will be different in different areas.

Day Care Cum Anganwadi Centres-

Day Care Cum Anganwadi centers that are proposed for the children in construction sites in joint partnership between ICDS, Mumbai Mobile Creche and Nirman would soon be operational. Mumbai Mobile Creche has already started the process of setting up of the centers in two of these sites viz. Ganesh Nagar in Malad and Pratiksha Nagar in Sion. ICDS has identified Anganwadi worker and helper for Ganesh Nagar and the Anganwadi center is expected to be sanctioned and start by next month.

Of the two Day Care Cum Anganwadi Centers proposed to be started in Dharavi jointly by SNEHA and ICDS for addressing the nutritional needs for children in the age group 1-3 years, one site in Kunjikuve Nagar has been identified. SNEHA is doing the situational analysis of the area to understand the status and the existing gaps. Process for identification and listing of malnourished children in the age group 1-3 yrs in those two communities have started. Meetings are being conducted with the parents, Anganwadi workers and other stakeholders in the community regarding the same.

Bhavishya Alliance has brought together stakeholders in order to combat under nutrition and enhance child nutrition in selected blocks of Maharashtra that are in urgent need of attention. As part of these efforts, a baseline survey was undertaken in order to assess the nutritional status of children less than 3 years of age and to understand the care and feeding practices with a view to identifying areas for planning and implementing strategic interventions.

A cross-sectional survey was conducted by Department of Food Science & Nutrition of SNTD Women's University to elicit information on approximately 3000 under threes from 3 tribal blocks namely Dharni in Amaravati district; Peint in Nasik district; Mokhada in Thane district and one urban block viz. Kurla, in L-ward of Mumbai city.

Salient Findings that merit Attention:

- ★ Almost one-third to sixty percent of the children's weights were below the 3rd percentile.
- ★ The percentage of severely undernourished children increased with increasing age.
- ★ About one-fourth to one-third of the children were low birth weight. (However, birth weight data was not available for more than half the young children in Mokhada of Thane and 80 percent in Peint of Nasik.)
- ★ Almost 90 percent of the tribal families have a per capita income below Rs 344 per month.
- ★ One-fourth to 90 percent of the tribals live in "Kaccha" houses
- ★ The mother is the main caregiver in both urban Kurla and 3/4ths of children in Dharni and Peint. In Mokhada almost 15% of the children are cared for by the older sibling.
- ★ At least 1/3rd to half the mothers are below 20 years of age.
- ★ Considerable percentage of mothers are working - almost 1/3rd to half the tribal mothers.

Care Behaviour and Feeding Practices

Care behaviour includes all activities which affect food, nutrition and health security of mothers and children in order to promote growth and development.

A. The Mother

- ★ Almost all mothers reported that they avail of ANC services. However, among the tribal blocks, 67% from Peint go for only 1-2 visits.
- ★ High percentage of home deliveries was reported in all tribal blocks. Even in urban Mumbai, with good health infrastructure, 14 percent home deliveries were reported. In the tribal blocks, half to two-thirds of the deliveries were conducted by untrained dais.

B. The Young Child

- ★ Most mothers reported initiating breastfeeding within 1 to 6 hours after delivery.
- ★ Less than 20% of infants were given a pre-lacteal feed. However, for these children, the mode of administration (finger, cotton wick etc) is likely to increase risk of infection.
- ★ 1/3rd to half of the children are not exclusively breastfed. In Dharni 10% of children were not breastfed at all.
- ★ Considerable percentage (at least 30%) of infants are given animal milk at < 3 months of age.
- ★ Breast feeding is discontinued at approximately 12 months of age in tribal blocks.
- ★ Most infants are not given complementary foods at the appropriate age (6 months) since introduction is mostly delayed. Approximately half the children have not received complementary foods at 6 months of age. However, in Mokhada early introduction (<3 months of age) is seen for 1/4th of children.
- ★ 10-20% of children aged 13-18 months continue to be solely breastfed
- ★ Children's diets are extremely limited and monotonous.
- ★ 10-20% of children are fed cereal or millet alone
- ★ Intakes of sources of micronutrients viz. green leafy vegetables, fruits and other vegetables are very low
- ★ The diets are not only limited in micronutrients, but do not include foods which can enhance bioavailability. Furthermore, inhibitors of iron absorption are present in the diet.
- ★ 25 – 40% children from Kurla block and 10-30% from Peint are given processed foods like glucose biscuits, khari or butter biscuits. These foods lack good quality protein and are poor sources of micronutrients.
- ★ The problem is further aggravated by children being given highly inadequate amounts and mostly not more than 2-3 feeds per day.

Sanitation and Hygiene

- ★ Considerable percentage of houses are located in close proximity to open nallas (Dharni-21.5%, Kurla-45.2%); open area of defecation (Dharni-51.8%) and garbage disposal (Peint-91.8% and Kurla-33.8%).
- ★ Personal hygiene of mothers and children needs improvement especially in the tribal blocks. 30 percent of children from Kurla had signs of skin infection.
- ★ Considerable percentage of mothers do not perceive that sanitation and hygiene may be linked with health and disease.
- ★ 20-40 percent of children in the 4 blocks were ill in the week preceding the survey.

Availability and Utilization of Health Services

- ★ Majority of mothers reported availability and utilization of government and/or municipal services.
- ★ At least half the mothers reported that services of private doctors are available and utilized.
- ★ Utilization of ICDS Anganwadi services is reported by 90% of tribal mothers but only half to 2/3rd of urban mothers in Kurla.
- ★ Availability of immunization cards with mothers is less than 10% in Dharni and Mokhada; approx 25% in Peint and 46% in Kurla.
- ★ Entry of dates of immunization is very poor in Dharni and Kurla.

- ★ Coverage for measles and vitamin A prophylaxis is poor.
- ★ Coverage for iron supplementation is low.
- ★ Coverage for deworming of infants less than 12 months of age is very low in all blocks except Dharni.
- ★ 20-50% of children were reported to have diarrhoea in the week prior to the survey.
- ★ 30-80% of these children were not taken for any treatment.
- ★ Among those taken for treatment in the tribal blocks, only 1/4th to half the children were taken for treatment on the same day.
- ★ ORS was given to a small percentage of children- 10% in Mokhada to 40% children in Dharni received ORS.

The findings of the survey clearly highlight the need for holistic approaches to improve the nutritional status of children. It is vital to adopt preventive, promotive and therapeutic approaches. Interventions aimed at behaviour change cannot target the mother alone because she may not be the decision maker. Besides the mother, the family and community, local NGOs and government/municipal functionaries should be deliberately and meaningfully involved.

Few recommendations:

- ★ It is important to ensure that birth weights are recorded even in case of home deliveries as part of the existing preventive health services/programmes. This issue can be addressed by training dais on priority basis in these areas and by sensitizing communities for availing services of trained dais.
- ★ A young child left in the care of another sibling is an issue that warrants attention for intervention.
- ★ The data highlight that it is essential to make ANC service timings flexible for the benefit of working, tribal women.
- ★ Early introduction of other foods i.e. liquids into the young infant's diet would
 - displace breast milk and reduce its nutritional and immunological benefits
 - increase risk of infection
 - initiate the vicious cycle of morbidity and under nutrition

Thus, energy density of children's diets needs to be improved to meet the nutritional requirements of the rapidly growing child. Since the diets are predominantly cereal or millet-based with minimal or no inclusion of animal foods, fruits or vegetables; problem nutrients are vitamin A, iron, zinc, calcium as well as the other essential vitamins including folic acid, vitamin B-12 and riboflavin. These data highlight the need for urgent action to improve the food and nutrition security of these vulnerable children.

- ★ The delay in treatment and non-administration of ORS would aggravate dehydration and under nutrition and increase the risk of death.
- ★ Non availability and poor recording of the immunisation card reflects low awareness level of the community on importance of immunisation and hence requires improvement in interventions for awareness and ensuring records being maintained by grassroot functionaries of health department.

If you have any feedback, suggestions or contributions, feel free to write to Sangeeta Dasmohapatra at sangeeta@bhavishyaalliance.org.in or sangeetadm@yahoo.com Ph: +91-22-27823202/9821421554