

CHAPTER 27

NUTRITION

27.1 Children are the greatest human resource and they are inseparable from the national development. Malnutrition in the childhood causes permanent mental and physical damage limiting their potential as adults. Thus under mal-nutrition in children is a dominant national problem.

27.2 The seriousness of the problem increases several folds when one considers the diverse, alarming and long lasting consequences of malnutrition which threaten not only survival but also human productivity and well-being. This in turn perpetuates the vicious cycle of deprivation, disease, disability and death. Adequate nutrition, therefore, must be viewed not only as a goal but also as a means to national development.

27.3 Rajasthan, the largest state in India and having 50 million population, reflects low levels of female education, high IMR and MMR. The impact is felt most acutely by children and women leading to perpetuation of poverty from generation to generation- The leading cause of infant deaths and child deaths in the state are neonatal tetanus, low birth weight, pre-term babies and infections. At the very root of the child's vulnerability to disease is malnutrition. Development programmes aimed at reducing poverty do not necessarily reach children and a child can not wait until the poverty is eradicated. Hence there is a need to meet the needs of the child. The outcome of India's response to the challenge of meeting the holistic needs of the child is 'Integrated Child Development Services'.

27.4 The state of Rajasthan has always accorded very high priority to provide adequate services to children in order to ensure their full physical, mental and social development.

27.5 The state plan of action for children "Promises to keep" reflects the firm commitment of the state to bring about an accelerated and sustained improvement in the status of children. The government aims at making child the central focus of various development activities. The ICDS contributes significantly towards the conquest of malnutrition and promoting the nutritional well-being of the people.

27.6 Govt. of Rajasthan believes in reaching out to children in the most critical age group of under three years focussing on :

- Caring practices in the household.
- Improving access to health care and safe environment.
- Reducing gender discrimination.
- Enhancing the position and well-being of adolescent girls.
- Improving the nutritional status of women.

27.7 The basic strategy of DWCD is to improve the health and nutritional status through "Life Cycle Approach" which include.

- Special focus on Adolescent Girls to address pre-birth causes of malnutrition.
- Improving care during pregnancy.

- Strengthening emphasis on prevention of malnutrition through promotion of caring practices.
- Specific strategies to combat micronutrient deficiencies.
- Improving access to quality ECD interventions (Health, Nutrition & Education) through inter-sectoral coordination.
- Mobilising action by women & community by training the elected members of Panchayats Nagar Palikas, women's groups, influencers of the family etc.

27.8 Integrated Child Development Services in Rajasthan were introduced in 1975. Since then this Programme extended in phased manner and now with the advent of World Bank Assisted ICDS-III Project the Programme has been extended to all the 237 Rural Development Blocks and to the 20 Urban areas having one lakh and more population. Thus from one ICDS Block in 1975 we have extended the Programme to 257 ICDS Blocks covering more than 339 lakhs Rural Population and around 60 lakhs in Urban areas (as per 1991 census).

27.9 Children below 6 years constitute approximately 17% of the total population with the most vulnerable age group which needs care and support for proper development. Ironically about 83 infant out of 1000 live births die before attaining first birth day. Besides 35 children between age group one to less than 5 years die because of diseases, malnutrition and other factors. Rajasthan is a State where more than 50% of the children in age group 0 to 6 years suffer from different degree of malnutrition according to NFHS -II.

27.10 Through a vast network of 35,710 Anganwadi Centres in the State, nearly 2.7 million children below six years, pregnant women and lactating mother have been provided with supplementary food with support of WFP, CARE & State Govt. during 2001-2002. Additionally, nearly 11,00,000 children between the age range 3 to 6 years have been covered under the preschool education services, of the programme.

27.11 The training capacity in the state for middle and grassroot functionaries of the programme comprises one MLTC and nine AWTCs. In addition, an ECE unit in the State Institute of Education Research and Training (SIERT) has been established to serve as a nodal agency for bringing about quality improvement in the Preschool Education being imparted through the ICDS. To further augment this, a district approach is in the process of being established, with all the 27 DIETS in the State, working as district-level resource centre for early childhood education.

27.12 Prevention of malnutrition in children below three years is viewed as a priority by the State, with a definite shift in the focus from food to feeding and from institution-based support to home-based actions.

Present Situation

27.13 Integrated Child Development Services Programme for providing package of services for better living standard to women and children was started in the year 1975 in Garhi Panchayat Samitit of Banswara district in the state. Over a period of time, this programme has been extended in all the 32 districts of Rajasthan. The details of coverage of the programme, as on March, 2001 are as under:

S.No.	Particular	Total	Covered Under ICDS
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S.No.	Particular	Total	Covered Under ICDS
1	Districts	32	32
2	Panchayat Samities	237	237
3	Towns with Population of 0.7 lakhs and above	20	20
4	DD (ICDS) cum PD (DWDA)	32	32
5	Sectoral Offices (L.S.)	1735	1735
6	Anganwadi	35710	35710
7	Total Population in lakhs	564.73 (As per 2001)	400.00 (As per 1991)

Objectives of ICDS are as follows

27.14 ICDS scheme was started with the following objectives:

- To improve the nutritional status of children in the age group of 0-6 years.
- To lay the foundation for proper psychological, physical and social development.
- To reduce the incidence of mortality, morbidity, malnutrition and school dropout.
- To achieve effective co-ordination amongst the various departments to promote women and child development
- To enhance the capability of the mother to look after the normal health and nutritional needs of the child through nutrition and health education.

27.15 These objectives are to be met through the following services:-

- Supplementary nutrition
- Immunization
- Health Check-ups
- Referral services.
- Nutrition and Health Education.
- Pre-School Education.

Ninth Plan

Physical Progress

(No.in Lacs)

Year	Supplementary Nutrition		Pre-school Education	
	Target	Achievement	Target	Achievement
1997-1998	18.74	14.82	7.50	6.41
1998-1999	18.90	14.42	7.57	5.99
1999-2000	16.35	11.71	6.54	5.62
2000-2001	16.90	12.82	10.88	6.65
2001-2002*	21.99	17.15	10.70	9.00

* Achievement upto Jan., 02

Financial Progress

(Rs. in Lacs)

Year	State Plan		
	Out lay	Revised Allocation	Expenditure
1997-1998	1810.12	1010.12	992.86
1998-1999	1810.00	1410.00	1281.88
1999-2000	1200.00	1200.00	782.57
2000-2001	1300.00	1123.00	962.83
2001-2002*	1000.00	2104.00	797.97
Total	7120.12	6847.12	4818.11

* Expenditure upto Jan., 02

Tenth Plan Programme Priorities & Future Strategies

Nutrition Project

- Crystallising the actions for concrete impact.
- Development of ECC-SGD Models and establishment of intersectoral working group on nutrition at State and District Level.
- Early child care for survival, growth and development through parenting Network and better caring practices at family level.
- Sustaining the communication initiative launched in all the functional anganwadi centres of the state for bringing about change in practices at household level.
- Initiate and test models for community-based monitoring. Including monitoring and sentinel surveillance.
- Strengthening inter sectoral and inter agency co-ordination for quality service delivery and increase the reach of services.
- Establishing NGO networking for process documentation and for sharing of successful experiences to mainstream innovations in child development and nutrition.
- Strengthening MIS for monitoring nutrition impact.
- Drought preparedness of the community in Food Security, Nutrition management and better care of very young children.
- Preparing community for taking over responsibility of funding of AWC in area.

Early Childhood learning Project

- Promoting linkage of early joyful learning and primary education through Model DIETs.
- Effective linkages between primary school and anganwadi centres.
- Developing networking to improve access to early childhood education (ECE) and support services for the urban poor.
- Development and testing of community based systems for monitoring quality elements of ECD.
- Development of assessment tools on ECD for programme managers, trainers, functionaries, parents etc.
- Joint training of primary school teachers, anganwadi workers and members of Village Education Committees (VECs).
- Better stimulation to children through Parenting.

- Monitoring of the development milestones.
- convergence with DPEP, Jan Shala, Lok Jumbish ect. programme in ECE.

Health Status of Women and Children in the State

27.16 Mal-nutrition among children and pregnant and lactating women in the State is the major cause of concern resulting into higher incidence of infant deaths, child deaths and deaths of malnourished women at the time of delivery. Following data on health reveals the poor status in the state:-

S. No.	Item	Year	Unit	Rajasthan	India
1	Infant Mortality Rate	1999	per 000 live births	81	72
2	Maternal Mortality Rate	1998	per lakh births	677	408
3	Birth Rate	1998	per 000 population	31.6	26.4
4	Death Rate	1998	per 000 population	8.9	8.9

27.17 Levels of malnutrition measured by weight among ICDS child beneficiaries in the age group of 0 to 5 has been Approx. 55% during 2000-2001. Such surviving children are forced to lead stunted and wasted life.

27.18 Studies have shown that reaching child care, nutrition, immunization and health care to the infants and the pregnant and lactating mothers is the best way to ensure removal of the malnutrition, increased primary education and increased productivity of the women workers.

27.19 Therefore the strategy of the Tenth Five Year Plan is based on reach the unreached children and mothers through ICDS programme. Emphasis is laid on the strengthening of the on going scheme and also provision for additional inputs in the services. It is also proposed to open additional anganwaris in proportion to decadal growth rate. The proposed outlay for the Tenth Plan is of the order of Rs. 61281.00 lakhs (28600.00 under S.Plan + 32681.00 under PMGY).

Supplementary Nutrition

27.20 Supplementary Nutrition to the malnourished children of the age group of 6 months to 6 years and to the pregnant and lactating women is made available at the Anganwadi Centers for 300 days in a year.

Financial implications

27.21 In case food is provided by CARE/WFP then the state govt. has to provide Rs. 75/- per year per beneficiary to meet the commodity management cost. If local food is provided by the state govt. then Rs. 300/- per beneficiary per annum will required to be borne out of the State budget for Local Food Projects. These Norms are fixed during the year 1995-96. Now these are out dated, GOI also suggested that the norms for nutrition should be revised looking to the open tender rates and availability of Nutrient Value of prescribed Food Commodities. Accordingly the Xth Plan formulated as per present open tender rates. For this a sum of Rs. 286.00 Crores for Tenth Plan and 52.00 Crore for Annual Plan has been kept.

27.22 Number of beneficiaries per Anganwadi center proposed on an average 100 per day in all the five years of 10th Plan instead of 60 per day during Ninth Five Year Plan.

A-Sourcewise requirement of food would be emerge as under :-

Source	Upto 9th Plan		During 10th Plan		Expension in 10th Plan AWC's	Total AWC's
	Projects	AWC	Projects	AWC		
CARE	88	12257	58	7799	1129	8928
WFP	68	9282	47	5916	857	6773
Local Food						
i)WFP-CG	-	-	22	3086	447	3533
ii) L. Food	-	-	130	18909	2738	21647
Total L. Food	101	14171	152	21995	3185	25180
Total	257	35710	257	35710	5171	40881

B-Beneficiaries as follows:

Source	No. of Beneficiaries (in lacs)									
	02-03		03-04		04-05		05-06		06-07	
	Ext.	New	Ext.	New	Ext.	New	Ext.	New	Ext.	New
CARE	7.80	-	7.80	0.45	7.80	1.02	7.80	1.13	7.80	1.13
WFP	5.92	-	5.92	0.34	5.92	0.77	5.92	0.86	5.92	0.86
Local Food*										
i)WFP-CG	3.09	-	3.09	0.18	3.09	0.40	3.09	0.44	3.09	0.44
ii) L. Food	18.90	0.94	18.90	1.80	18.90	2.58	18.90	2.74	18.90	2.74
Total L.Food	21.99	0.94	21.99	1.98	21.99	2.98	21.99	3.18	21.99	3.18
Total	35.71	0.94	35.71	2.77	35.71	4.77	35.71	5.17	35.71	5.17

* Including 0-3 year beneficiareis for which provisions of nutrition are kept under PMGY.

PMGY Nutrition

27.23 The Pradhanmantri Gramodaya Yojana (PMGY) is a new initiative which aims at achieving the objectives of sustainable human development at the village level. The PMGY Nutrition envisages an Additional Central Assistance (ACA) for the basic service of supplementary nutrition to the beneficiaries. The nutrition component of the PMGY has been outlined with the objectives of eradicating malnutrition amongst under 3 year children by increasing coverage of supplementary feeding of these children through the ICDS scheme.

27.24 Presently this scheme is being implementing in all the 257 ICDS blocks of the state. A special relaxation has been sought to provide nutrition from PMGY in World Bank assisted ICDS-III 66 projects to other than 0-3 year beneficiaries up to 31-12-2001. The present scanario of PMGY is as under:-

(in lakhs)

S.No.	Items	Covered Beneficiaries	Achievement upto Jan. 02
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1.	0-3 Yr. Benef. in gen. ICDS 191 Projects @ 20 Per AWC	5.45	4.90
2.	0-6 Yr. Children, Preg. & Lact. mothers in ICDS-III 66 Proj.	5.09	4.09
	Total	10.54	8.99

Implementation of PMGY Nutrition

27.25 During the Tenth Five Year Plan is proposal as under

• 0-3 yr. children in 22 project of Canadian grant of WFP	1.23 lacs
• 0-3 yr. children in 22 project of Canadian grant of WFP	7.57 lacs
Total	8.80 lacs

27.26 For Nutrition of these 8.80 lacs beneficiaries, a sum of Rs. 326.81 crores for Tenth Plan and Rs. 59.42 crore for annual plan 2002-03 has been kept

Construction of AWCs

27.27 Department is implementing ICDS-III Project since Apr. 1999-2000. Under ICDS-III project it is proposed to construct 3,333 AWC buildings during first three years of project period. Deptt. of WCD has already undertaken 1,458 Construction Works during famine 2001-2002 upto August 2001. Remaining 1,875 Anganwari centre building's construction work should be undertaken during project period as per Project Implementation Plan. For these 1,875 Angnawari Buildings 75% amount of unit cost of 1.25 lacs, shall be borne by World Bank which is Rs. 1757.81 lacs. Remaining 25% of unit cost shall be made available by GOR as per approved Plan. This matching share is Rs. 585.94 lacs., out of which Rs. 300.00 lacs had already been provided under State Plan during 2001-02 looking to the emergent need. The remaining matching share of Rs. 213.13 lacs under Annual Plan Rs. 285.00 lacs under Xth Plan is proposed.