



Lalitpur Shows the Way to Deliver Nutrition Interventions on a Universal Scale

Early nutrition interventions are critical for optimal growth, development and survival of Infants and Young children and it lays the foundation of sound human development. There have been 2 major gaps in the current programmes addressing child health and nutrition even as the nation lags behind in combating its unacceptably high rates of under nutrition among children, and infant mortality. These gaps are lack of effective convergence of functionaries of health and nutrition and limited outreach.

A team from Department of Pediatrics of Gorakhpur Medical College conceptualized and implemented a project in the district of Lalitpur in collaboration with its district administration and Unicef. ICDS and Health were the major partners in the project. They developed a system in this district with one million population, having more than 30,000 annual births, to reach **almost all** pregnant and lactating women with the required education inputs, and achieved good results.

Medical college of Gorakhpur led the whole effort in creating the capacity of the district through 48 newly recruited and trained local women as 'mentors', and utilized them for the training of more than 3000 field functionaries in more than 1000 villages/habitations. All villages and habitations were covered in a short period of 2-3 years and in each such community there are 3 women who have knowledge and skill to promote breastfeeding and complementary feeding. It's working as the rates of feeding practices have begun to improve substantially.

The report of successful ongoing initiative in Lalitpur, "Reaching the Under 2s : Universalising Delivery of nutrition Interventions in District Lalitpur, Uttar Pradesh" was released in Delhi by Mr P.K.Pradhan, Managing Director of National Rural Health Mission(NRHM) and Dr Shreeranjana, Joint Secretary Ministry of Women and Child Development; both chaired the seminar for discussions on emerging policy options. Mr. Pradhan said that it is possible to utilize this experience and replicate this effort through the training of ASHAs, in some states first through committed people in the medical colleges. He also indicated that 3-day training utilized in Lalitpur could become a part of package of training given to ASHA. Dr. Shreeranjana said that such a training is entirely possible for the frontline workers of ICDS and could be taken up by States under the "other training" component. He agreed that this component could be specified under the 'other training'. He also emphasized that 0-6 month age group children need extra attention in budgetary support, and Government of India is considering a budgetary provision of Rupees 4 per child per day to promote exclusive breastfeeding for the first six months.

Said Dr. Kushwaha, the Project Director and Head of Department of Pediatrics, Gorakhpur Medical College “*This was necessary as the situation of Lalitpur was worse than the state of Uttar Pradesh*” that gain was one of the worst in the country as far as infant mortality and child under nutrition was concerned. The army of village counsellors, who were grouped as ‘mother support groups’ provide counselling **through home visiting** or at the Anganwadi They were backed and supervised by newly recruited block level ‘mentors’. The change was that they were well trained in skills, which made them confident and motivated lot.

Says Dr. Arun Gupta, if you can reach 80-90% of women with some additional manpower, education on breastfeeding and complementary feeding, a change in nutrition outcomes is bound to come, even as the government will have to do much more to sustain good feeding behaviours. The project clearly demonstrates a wonderful model of convergence at the ground level and shows a way that universal reach for under 2s is possible.

‘It comes at a cost’ says Dr. J P Dadhich, if we get additional human resources, both at village level and the back-up support level. If you appoint 4 mentors per block, it would cost 240 Crores annually with a small salary of Rs. 10000 PM. For additional nutrition activists /workers in villages, at the current rates being paid to Anganwadi workers it is likely to cost the country 1440 Crores per annum for 8 lakh workers. “Getting another worker in the village as a ‘nutrition counselor/activist’ will certainly help to improve the worker density which is a key to universalize the action for the children under 2”.

The nation has already taken a decision on growth monitoring using the WHO Growth Standards. Early nutrition interventions on breastfeeding and complementary feeding should be delivered with growth monitoring. This decision will have to be taken rapidly and implemented fast enough.

Said Dr. Arun Gupta, “Opportunity could not be better for the nation to act as the Prime Minister, Planning Commission, Ministry of Women and Child Development, Ministry of Health and Family Welfare and several other ministries responsible for nutrition are coming together this week to take a call on what should be done for the poor state of nutrition in India, and how”.

For questions

Dr K.P. Kushwaha

Email: komal.kushwaha@gmail.com

Mobile: 09415210282

Dr Arun Gupta MD FIAP

Email: arun@ibfanasia.org, arun.ibfan@gmail.com

Mobile: 9899676306

Dr JP Dadhich

Email: jpdadhich@bpni.org, jpdadhich@gmail.com

Mobile: 9873926751