

Promoting child nutrition: the village level creches

Why is there a need for crèches?

Under nutrition is perhaps the biggest problem that we face in Chhattisgarh. It leads to increased chances of falling ill and sometimes dying due to it. It has been consistently shown that under nutrition- both severe and non severe is the underlying cause for over 50% of the mortality in children under five. When under nutrition occurs in early childhood it also leads to poor intellectual development, which is likely to have its effect throughout one's life. Under nourished children grow into under nourished adults who have poor work capacity that affects their earning capacity, thus keeping them in a poverty trap. Undernourished girls who grow into weak mothers give birth to under weight babies, thus maintaining the vicious cycle of poverty and ill health.

Thus in order to prevent these avoidable deaths, to make a dent into the poverty trap and to allow children to have optimal physical and mental growth, there is a pressing need to prevent, and treat under nutrition in the community.

What is interesting (and important too) is the fact that under nutrition develops very early in life. In Bilaspur, like in most parts of our country, the weight of children is normal in over 75% of children at birth. These children often maintain their weight improvement for the first six months of life, thanks to the very high rates of breast feeding. However, after 6 months most children do not get adequate supplementary foods, which they need in order to grow well. The result is that children who were somewhat well preserved become progressively weak, and by the age of two, most of the children are significantly under nourished. Almost 65% of our children below the age of 5 years are undernourished. It is also true that most of the mental development occurs in early childhood, and most malnutrition sets in by the age of 2 to 3 years. This affects a child's learning ability in school, and thus the consequences of early under nutrition are worsened.

Why don't our young children get enough supplementary foods? Various reasons have been identified:

- i. delayed introduction of complementary foods, possibly due to lack of sufficient knowledge about the need for it.
- ii. lack of a caretaker during the day to feed the child at frequent intervals – perhaps the most important cause when both parents go out to work during the day.
- iii. frequent illnesses following a poor nutritional status that further worsen the malnutrition
- iv. lack of purchasing power of the parents.

Lack of correct knowledge is one reason, but the most important reason is that there is no one to look after the child for a great part of the day when both parents are working. The result is that the child gets very little nutrition from an older brother or sister or an old grandparent who is supposed to look after the child.

The government has opened up Anganwadis under the ICDS programme; one function of them is to provide supplementary feeds to preschool children. However, the fact is that the children below 3 years of age (the exact period where malnutrition sets in) are not looked after in the Anganwadi centres. The mother is handed over the rations meant for the under-3 child once a week or once a fortnight.

Thus, if we wish to prevent children from slipping into under nutrition and its lifelong consequences, we have to intervene early.

Our initiatives

In order to address the problem of under nutrition in children, we have started a programme of setting up of "Phulwari" which is aimed to provide a crèche facility to **all** children in the age group of 6 months to 3 years at the village level wherein supplementary nutritional food plus overall development

inputs would be provided. The Phulwari would be run by a volunteer woman who is selected by the community. Assuming that 10% of the population is between 6 months and 3 years of age, in our programme population of about 27000, we expect 2700 children to be in crèches.

After discussions with the village community, crèches were opened in several villages with the following objectives:

- a) to provide a safe, secure and stimulating environment for young children 6 months to 3 years of age when their parents are out at work
- b) to demonstrate to mothers that older infants (beyond 6 months) can consume and digest food other than breast milk, and that they thrive on it,
- c) to prevent malnutrition among this age group and where children are malnourished, to improve their nutritional status and
- d) to help older siblings who have dropped out of school for the care of the younger child, to return to school.

The crèches are run by women of the village with one woman for every ten children. Some villages have more than one crèche, and some crèches have up to 30 children with three women running the crèche together. The crèche co-ordinators are given some orientation training on the basics of health and hygiene, and how to run the crèche. During their monthly meetings the functioning of the crèche is reviewed, supplies are replenished and some health teaching is done.

Children are given one cooked meal and two snacks of a high protein-high energy mixture called "sattu" during the five to six hours that they are in the crèche. This is prepared by women's groups in one cluster of villages, and is purchased by JSS for distribution to the crèches. More recently, children in the crèches are being provided with an egg on two days a week.

Crèches have also been provided with toys to stimulate learning. However, our early child education initiatives need strengthening.

The response to the crèches has been largely positive, and parents feel that it answers one of their main needs – that of child care - when they have to go out to work. With the implementation of the NREGA, the demand for crèches has increased. Timing of the crèche varies as per the requirement of the community: in summer when NREGA work begins at 4 am to avoid the heat of midday, the crèche starts functioning at that time.

Many parents have seen that children who start complementary foods in the crèche after six months do not fall ill and do well, and have started giving supplementary food at home as well.

Several children who had dropped out of school for sibling care have returned to school after the crèche facility has been made available in their village.

At present (end-November 2009), we have 794 children in 47 creches in 25 villages.

Some challenges remain

However, there remain several challenges in achieving the objectives of the crèches:

- a. not all villages have a crèche as of now
- b. even in villages with a crèche, only between 25 – 30 % of eligible children are enrolled in one (about 32% of all children 6 months to 3 yrs of age are in crèches as of now)
- c. if the village is spread out, parents don't want to send young children to a crèche far from their home
- d. in the poorer sections of the village, it is difficult to find a woman to take care of the children since everyone needs to go out for wage labour and the honorarium paid by JSS does not match the wages they can earn

e. most parents see the “phulwari” (the local name for the crèche) as a baby-sitting facility, which is fine as far as it goes. But it also means that on days that parents have no work, children are not sent to the crèche, and often they are not fed so frequently on those days. Therefore a sustained improvement in nutritional status has been slow to be achieved

f. the logistics of ensuring supplies of sattu, oil and eggs, with no stockouts and minimal spoilage to villages that are far flung and remote, some of which are cut off in the rainy season, has been a challenge.

g. in many villages there is no anganwadi centre and the crèche caters to children between 3 to 6 years of age as well. This puts a further strain on resources.

h. the financial resources to keep this initiative going – at present we have some resources for food and the honorarium from organizations like AID and also from individual donations. However, this will need to be kept up.

The National Rajiv Gandhi Creche Scheme has provision for crèches for children of women belonging to Scheduled Castes and Scheduled Tribes, and for those in rural areas, with generous budget allocations for food and honorarium. Most of this money is returned unutilized each year to the Central Government, yet we have been unsuccessful in applying for this grant for the past two years in spite of repeated attempts to do so.

The NREGS also has provision for wages to be paid for a crèche worker, but again we have been unsuccessful in availing of it for our workers during the time that the NREGS work is on. This is due to a local rule that the crèche should be at the worksite, which the parents do not want, since often there is no shade or water or security at the worksite.

Have the phulwaris been effective in achieving their objectives?

- a. safe place for care of young children – achieved.
- b. supplementary nutrition for young children – achieved.
- c. older siblings back in school – yes in some cases.
- d. improved weight gain of malnourished children / prevention of malnutrition in young children – data being compiled for the past three years to assess improvement. Will be available soon.

The cost per child works out to about Rs. 10 / - per day. It must be realized that though supplementary food costs may seem high, it is a small sum to pay for the improved nutrition of millions of children in our State.

We continue to look for resources for the crèches.