

REUTERS: FEATURE-India tries new ways to reach its underfed children

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By Jonathan Allen

BADARWAS, India, March 18 (Reuters) - A couple of months ago, Sheela Adivasi's infant son fell sick and his eyes filled with pus. By the time the infection cleared up, Deepak's pupils had turned a pearly white. He is now permanently blind.

It did not help matters that Deepak is malnourished, as are half of all young children in India. His belly is swollen, his dry skin speckled with dark dots, and his hair is thin and yellowing. Had he not been so starved of vitamins, he probably would have suffered only an itchy but harmless bout of pink eye.

Belatedly, he is getting some nutrients in a special clinic for malnourished children in Badarwas, a tiny town about an hour's drive from his mud-walled home in a village in the central state of Madhya Pradesh.

The clinic, a concrete room filled with a dozen beds and prone to powercuts, is part of India's latest attempt to reduce a malnutrition rate twice that of sub-Saharan Africa. For now, Deepak is far from the only child being reached too late.

It is a problem with "dire consequences for morbidity, mortality, productivity and economic growth," a World Bank report said in 2005, and shows little signs of fading even as India's economy booms.

Born underweight and then underfed during the crucial early stages of development, millions of Indian children grow up shorter, weaker and less smart than their better fed peers.

They end up less productive workers, too, costing India about 3 percent of national income, the bank said. The problem looks unlikely to disappear for at least the next couple of decades.

GOOD ADVICE

The nutrition centres, and measures such as paying pregnant women to give birth in a clinic rather than at home, are part of the government's National Rural Health Mission (NRHM).

It was started in 2005 to bring health services to people used to a choice between pawning jewellery for doctor's fees or simply suffering.

The scheme is intended to plug gaps in an older programme that failed to reach children in the most critical first two years of life, educate mothers about nutrition and reign in corruption which meant free food handouts went missing.

In Deepak's case, the difference some well-timed good advice could have made is obvious. In the

18 months since his birth, no food passed his lips until he arrived at the nutrition centre, according to his mother. She did not realise this was a problem.

"He only drinks milk," Sheela said as she sat sweating under a motionless ceiling fan as Deepak lay in her lap in torn shorts and a grubby jacket.

The registration book at the centre is filled with the purple thumbprints of illiterate, unschooled mothers like Sheela. She does not know her age -- a doctor, trying to be helpful, pulled open her mouth, looked at her teeth, and guessed about 25.

After marrying in her late teens Sheela left behind her village and moved in with her husband's family. She dislikes her mother-in-law, who she says has no interest in giving grandmotherly advice.

Workers at the centre will try to teach Sheela how best to care for her son, paying her 35 rupees (nearly \$1) a day and providing meals to compensate for her lost labourer's income.

Several times a day, Deepak sips a sweet mixture of ground puffed rice and sugar dissolved in milk with a little vegetable oil. Older children move on to fruit, eggs and lentils.

For Kasumal Adivasi, sitting a few beds away, the centre was a revelation. Like Sheela, she felt there was no one in her husband's village she could turn to for advice.

After 12 days at the centre, Tunda, her 2-year-old son, still has a distended stomach and a slightly grumpy disposition, but at least he is able to stand up again with his mother's help.

"I promise, promise, promise to remember what you told me," she told a nurse, before reciting some of the dietary tips she has learnt at the centre. She smiled with gratitude and relief, her hand resting on her pregnant belly.

STILL GAPS

The Madhya Pradesh government adopted the nutrition centres after liking what it saw at a pilot centre set up in the state by UNICEF. There are now more than 60 in Madhya Pradesh, and they are spreading to other states as part of the NRHM.

But UNICEF staff warn that the limited beds at the nutrition clinics are far from an end in themselves. They are a last resort, taking in only the most dangerously undernourished children. Two weeks later, they are discharged, most still malnourished, but no longer quite so at risk of dying.

"There are still big gaps in the guidelines," said Hamid El-Bashir, the UNICEF representative for Madhya Pradesh.

Under the rural health mission, health workers are being asked to help check malnutrition before it reaches such a bleak stage, but in places like Madhya Pradesh where healthy children are in a minority, locals can become inured to the signs.

"His hair just hasn't been washed," said one young village worker when her attention was brought

to a young child with yellowing frizz on his scalp and scaly skin.

Some, like Biraj Patnaik, an advisor to the Supreme Court on nutrition, think good advice only goes so far, and India's top priority is fixing its graft-tainted food distribution system.

"Across the country women are rationing their own food, feeding their babies at their own personal cost," he said. "There's absolute hunger out there."

UNICEF's El-Bashir thinks fortified biscuits or similar so-called ready-to-use therapeutic foods (RUTF) used in some famine-hit African countries could be part of the solution.

Convincing India's government could be tricky though as it likes to promote traditional Indian food staples grown and cooked locally, saying it is cheap, creates jobs and is less prone to graft.

"RUTF has been a real revolution," El-Bashir said. "India cannot just say no." (Editing by Simon Denyer and Megan Goldin)