

Child Nutrition and Early Intervention Project Visit Report to CVI Board (7/99)

by
Bharath Sethuraman

The child nutrition and early intervention project is the flagship project of Child in Need Institute (CINI). The basic thrust of the project is to bring both the mother and the child into the web of healthcare at the very earliest possible. Since maximum brain growth occurs in the first two to three years after conception, this period is the most crucial window in which to make headway into the child's growth. Accordingly, CINI attempts to bring the mother into the ambit of healthcare as soon after conception as it can.

CINI's project area, traditionally, has been in the villages of 24 Parganas district (S), in a region close to Joka (where IIM Calcutta has its campus). In a recent thrust, CINI has decided to apply its early intervention model to Tangra, a Calcutta slum area that is particularly depressed, and where CVI is already sponsoring several preparatory schools. The entire funding for the early intervention program in Tangra will come from CVI. (As of now, we have sponsored 76 mother-child pairs.) The Tangra early intervention program is administered by Dr. Rakesh Agarwal, who heads CINI Asha's health care facilities at the Amader Bari halfway house in Central Calcutta.

This program is the very first intervention project of this nature in the Tangra slums. I have initiated a three year research study to document carefully the effectiveness of such an early intervention program on infant morbidity, infant mortality, and importantly, on the attitudes of mothers (and other family members) towards child spacing, birth control, nutrition, hygiene, and education.

Earlier, I had a chance to visit some of the villages around Joka where CINI has run early intervention programs successfully during the past 25 years. I was taken to Daulatpur, one of the villages covered in this program, by Chandrashekhar and Sarbari. Chandrashekhar is one of CINI's administrators, and Sarbari is the health worker assigned to this (and other nearby) villages. I was able to see the program at work. Sarbari has a very good relationship with all the women in the village. She runs monthly meetings of the women, and gets them to focus on hygiene and nutrition. She identifies pregnant women, and encourages them to come to CINI's campus for a health checkup. She keeps monthly tabs on all the expectant mothers, and knows if any of the expectant mothers have any complications. She keeps tabs on the nutritional intakes of the mothers, and monitors iron consumption. She keeps tabs on the baby, after it is born, watching out for malnutrition, and ensuring that the baby gets regular health checkups. I saw some of the babies that had been born under CINI's care: they certainly seemed very healthy!

The early intervention program in the villages of South Parganas is very mature. In the twenty-five years that this program has run, key indicators of child health have all gone up, as has use of contraception. The key unknown here is whether this model can be transferred successfully to the Tangra slums. The conditions are somewhat different: while villages have a strong social structure, this is less true in the urban slums. These slums are ridden with gambling, drugs, and alcoholism. On the other hand, there is greater awareness in these slums, and hence (possibly), a

greater propensity for change. It must be pointed out, though, that it is precisely because Tangra is such a blighted area that intervention efforts such as this program for babies and education programs for out of school children are so desperately needed.