



# Addressing Malnutrition in Tribal Area : Palghar District Initiative

A Collaborative Approach to Combat Malnutrition and Improve Health Outcomes

# Introduction to Palghar District

Palghar district was formed on 1st August 2014, and it consists of coastal, urban, and hilly areas.

The district has a population of 29.90 lakh, of which 37.7% belong to the tribal community.

There are two Integrated Tribal Development Projects in District Namely Javhar & Dahanu.

There are 8 Talukas and Blocks in the district, namely Dahanu, Jawhar, Mokhada, Vikramgad, Wada, Palghar, Talasari, and Vasai.

Out of total 12 projects of Integrated Child Development Services Scheme, 11 projects are in Scheduled Areas.

There were 3183 Anganwadi Centers functioning in Palghar district, out of which 2710 Anganwadis are in Scheduled Areas.

**Brief History-** Key figures of Malnutrition related objectives of 2017 for Palghar District:

1	Maternal Death	18
2	Severe Acute Malnutrition (SAM )March 2017	603
3	Moderate Acute Malnutrition (MAM) March 2017	3362
4	Child Death March 2017	557

## **Beneficiaries:**

There are 3183 Anganwadi Centers functioning in Palghar district, out of which 2710 Anganwadis are in Scheduled Areas. In January 2023, a total of 3,41,018 beneficiaries were enrolled under the Integrated Child Development Services Scheme in Palghar district. Out of this number, 2,98,517 beneficiaries were from Scheduled Areas

S.No.	Beneficiary	Number
1	Pregnant mother	14,196
2	Lactating mothers	17,116
3	Adolescent girls aged 11 to 14	53,861
4	Adolescent girls aged 14 to 18	53,153
5	6 months to 3 year old children	80,040
6	3 year to 6 year old children	80,151
	The total number of beneficiaries	2,98,517

Despite the government's significant programs to provide supplementary nutrition to the beneficiaries, the issue of malnutrition continues to persist.

### **Objectives set by the district:**

**Reducing the rate of malnutrition:** Through the collaboration of various departments, efforts are being made to reduce the prevalence of malnutrition in the district.

**Reducing the rate of child mortality:** Initiatives are in place to lower the number of child deaths by improving health and nutrition, ensuring better access to healthcare, and other preventive measures.

**Creating awareness to prevent child marriages among adolescent girls:** Raising awareness among communities, especially in rural and tribal areas, to prevent child marriages by educating families and young girls about the negative impacts of early marriage.

**Conversions** - Women and Child Development Department, Health Department, Tribal Department, Education Department, Panchayat Department, Revenue Department, Labor Department, Police Department and others to reduce the rate of malnutrition in the district.

## **Challenges in the District in 2017:**

- **Palghar district was newly created, and due to the recruitment process not being completed, the number of vacant positions was large:** The creation of a new district led to administrative challenges, including the delay in filling vacant positions. This impacted the effective implementation of various schemes and services.
- **In the district, especially in tribal and scheduled areas, there were issues with roads, transportation, and limited mobile network coverage:** The infrastructure challenges, particularly in remote tribal areas, hindered transportation and communication, which made it difficult to provide essential services like healthcare, education, and social welfare programs effectively.

### **Collaborative Approach-**

Through the cooperation of various departments, measures were taken. This included the collaboration of the Women and Child Development Department, Health Department, Education Department, Panchayat Department, Revenue Department, Labor Department, and others to reduce the rate of malnutrition in the district.

**Primary Focus: Reducing malnutrition with joint efforts**



## Health check up camp at brick kilns in every year.

S.No.	Date of Health Check up Camp	No. of Brick kilns	No. of Family members	0 to 6 yrs old children	Adolescent girls	Pregnant women	Lactating Mother	other	Total No. of Health check up	No. of Sick persons	High risk mothers
1	22.01.21	173	13964	1869	1192	148	162	2765	6136	165	
2	18.02.21	444	23665	3699	2592	241	298	4074	10904	903	
3	19.03.21	401	21790	2949	1913	231	339	3841	9273	527	22
4	22.04.21	421	22467	3328	2248	229	318	3932	10055	486	22
5	20.05.21	409	21877	3212	2130	210	347	3542	9441	507	21
6	20.01.22	416	19096	3129	1333	261	268	12723	17714	716	24
7	17.02.22	502	23406	3895	1735	355	354	15562	21901	819	33
8	17.03.22	417	12840	1767	865	159	185	6835	9811	492	16
9	21.04.22	477	21204	3413	2362	297	316	12313	18701	703	26
10	19.05.22	412	19072	3132	2197	262	309	11418	17318	609	23
11	15.12.22	528	25090	3996	1827	380	337	11862	18402	1030	35
12	19.01.23	636	29445	4513	2333	404	418	16230	23898	1626	37
13	16.02.23	688	26208	4226	2135	322	376	14444	21503	1084	31



## **Awareness of MHM, Child Marriage Prevention, & POCSO Act:**

During health check-up visits, an underage pregnant mother was found at a brick kiln. After this, a POCSO case was filed against the concerned individuals. This highlighted that child marriages were happening among tribal communities, which led to the planning of counseling sessions.

In Palghar district, surveys were conducted by Anganwadi workers, ASHAs, and others, including on SAM (Severe Acute Malnutrition), MAM (Moderate Acute Malnutrition), and parents of children who had died. It was found that 21.18% of mothers had married before the age of 18.

To raise awareness, the district conducted four training sessions annually for girls studying in classes 6th to 12th in district council schools, government schools, and aided/un-aided institutions. These sessions were organized by teachers and covered topics like Menstrual Hygiene Management (MHM), the Child Marriage Prevention Act, and POCSO Act.

For this purpose, the Zilla Parishad developed two booklets: one for trainers titled "*Aayushyachya ya Valnavar*" and another for adolescent girls titled "*He Hi Diwas Anandache.*" The booklets include information on improving nutrition and health status, hygiene, reproductive and sexual health, anatomy, family and child care, and awareness about the Child Marriage Prevention Act and POCSO Act.

On health check-up days at brick kilns, counseling is provided to adolescent girls, along with their parents, Anganwadi workers, ASHAs, and ANMs regarding personal hygiene, menstrual hygiene management, the harmful effects of child marriage, and the POCSO Act.

Every year, approximately 50,000 girls are counseled.



## Awareness of MHM, Child Marriage Prevention, & POCSO Act:

MHM,Child Marriage Prevention and POCSO Training 2021-22			
Taluka	No of School	No. of Female Teacher	Total girl child
DAHANU	87	197	13476
JAWHAR	49	70	3579
MOKHADA	27	44	2487
PALGHAR	65	136	10583
TALASARI	57	80	5948
VASAI	15	43	1586
VIKRAMGAD	43	69	4876
WADA	67	108	6680
<b>Total</b>	<b>410</b>	<b>747</b>	<b>49215</b>

MHM,Child Marriage Prevention and POCSO Training -2022-23			
Taluka	No of School	No. of Female Teacher	Total girl child
DAHANU	161	312	18633
JAWHAR	56	95	5518
MOKHADA	32	55	3605
PALGHAR	77	174	12787
TALASARI	65	139	7846
VASAI	17	28	1169
VIKRAMGAD	53	101	6540
WADA	80	151	9916
<b>Total</b>	<b>541</b>	<b>1055</b>	<b>66014</b>

### **Nutrition for High Risk Mothers.**

During health check-ups at the brick kiln, an average of 30 to 35 high-risk pregnant women were found. As a result, nutrition kits were prepared by the Zilla Parishad for these women during their pregnancy. In the year 2021-22, 3 liters of cooking oil were provided to each high-risk mother. In 2022-23, the nutrition kits included cooking oil, peanuts, chickpeas, sprouts, dates, and jaggery.

S.N.	Taluka	Feb-22	Mar-22	Jan-23
1	Talasari	26	27	34
2	Jawhar	72	67	57
3	Vikramgad	61	59	45
4	Mokhada	41	38	26
5	Dahanu	93	96	114
6	Wada	38	49	62
7	Palghar	72	83	113
8	Vasai	15	25	38
		418	444	489

### **Public Distribution System at brick kilns.**

Children in SAM / MAM category special attention was given by taking them CTC / NRC etc. Pregnant Women's are also giving priority. Approx. Seven thousand families have come to the site, of the brick kilns, out of which about 950 families have benefitted from the local fair price shops under Public Distribution System. As well as four thousand beneficiaries of anganwadi at the brick kilns have been given benefit in local anganwadis.

### **Convergence at Brick kilns with Labour Department.**

Under the Labor Department, migrant families at the brick kilns have been registered through Anganwadi workers to provide meals twice a day. Additionally, other benefits from the Labor Department are also provided. As of today, meal facilities have been provided to 6,049 migrant workers at the brick kilns. Furthermore, meal arrangements have been made for 2,157 migrant workers at ongoing construction sites in the district

### **Provision For health check-up camps for migrant workers -**

In the Zilla Parishad budget, a provision has been made for conducting health check-up camps for migrant workers at the brick kilns. To encourage participation, especially from women and children, a provision of Rs. 500/- per camp has been allocated for expenses such as snacks, fruits, and essential medicines on the day of the camp. This funding helps in organizing counseling sessions for adolescent girls and women through the Anganwadi workers, ASHAs, and ANMs.

### **MAHA MTS App**

Based on the experience of the work done by Palghar district, the Government of Maharashtra has developed the "Maharashtra State Migrant Monitoring System." This system ensures that migrant families, including children aged 0 to 18 years, pregnant women, and breastfeeding mothers, receive continuous benefits such as nutritional food, vaccination, health check-ups, and other services at the migrant locations. This system has made it easier for the government machinery to identify and track the locations of migrant beneficiaries.

## Village Child Development Centers (VCDC) for MAM

In Palghar district, under the state government's initiative, Energy Dense Nutritious Food (EDNF) is being provided to SAM (Severe Acute Malnutrition) children through Village Child Development Centers (VCDC). However, there are no VCDCs for MAM (Moderate Acute Malnutrition) children. Since MAM children are at risk of transitioning into SAM in the future, it is necessary to establish VCDCs for MAM children as well. Therefore, Village Child Development Centers (VCDC) for MAM children have been initiated through Amylase Rich Food (ARF). A provision for this has been made in the Zilla Parishad budget.



**Children who do not show improvement at the Village Child Development Centers (VCDC) are admitted to the CTC and NRC for further treatment.**

### **Child Treatment Centers (CTC)**

In Palghar district, the following Child Treatment Centers (CTC) are available in 1 Primary Health Center (PHC) in Wada Taluka, 4 Primary Health Centers (PHC) in Mokhada Taluka, 1 Primary Health Center (PHC) in Talasari Taluka, 3 Primary Health Centers (PHC) in Vikramgad Taluka, 4 Primary Health Centers (PHC) in Jawhar Taluka, 1 Rural Hospital in Wada. These centers provide essential healthcare services to children, contributing to the overall health and well-being of the community in the district.

### **Nutrition Rehabilitation Centers (NRC)**

There are a total of 5 Nutrition Rehabilitation Centers (NRC) operational in Palghar district Rural Hospital Mokhada, Rural Hospital Vikramgad, sub-district Hospital Jawhar, Sub-district Hospital Dahanu, Kasa. These centers provide specialized care and nutrition to children suffering from severe malnutrition, helping to rehabilitate and improve their health through targeted medical and nutritional interventions.

## Adoptive Parenting Scheme -

Due to limited employment opportunities in the district, migration, poverty, lack of education, certain traditions and customs in the tribal community, neglect of family health, early marriage, ignorance about malnutrition, lack of proper information, and lack of time for children, a high rate of malnutrition has been observed. As a result, Adoptive Parenting has been provided to severely malnourished children (SAM) and moderately malnourished children (MAM) as per the orders of the officials and employees from all administrative departments.

To bring SAM/MAM children to an average level, various programs are regularly implemented to provide these children with balanced nutrition and timely feeding. It is essential to provide guidance and draw the family's attention to these matters, which is why adoptive parenting has been introduced

### नव्या वर्षात कुपोषण निर्मूलनाचा संकल्प

म. टा. वृत्तसेवा, जकार

पालघर जिल्हा परिषदेचे मुख्य कार्यकारी अधिकारी सिद्धराम सालीमठ यंने नवीन वर्षात आदिवासी भागातील कुपोषण निर्मूलनाचा आग्रहवादी संकल्प केला आहे. वर्षाच्या सुरुवातीलाच त्यांनी जकार, मोखाडा या दोन्ही तालुक्यांचा दौरा करून कुपोषित बालक, प्राथमिक आरोग्य केंद्र आणि स्ट्रॉबेरी रोतीची पाहणी केली. तसेच नावीन्यपूर्ण योजना अखून कुपोषण निर्मूलनाचा संकल्प सोडला आहे.



जकार, मोखाडा ही दोन्ही तालुके कुपोषण, मात व बालमृत्यूंचे नेहमीच चर्चेत असतात. कुपोषित बालक मुक्त आंगणवाडी ही संकल्पना डाळ्यांमध्यां ठेवून पालघर जिल्हा परिषदेचे

मुख्य कार्यकारी अधिकारी सिद्धराम सालीमठ यंने नाविन्यपूर्ण योजने अंतर्गत उपयोजना अखणवाडी तयारी केली आहे. त्यासाठी त्यांनी नवीन वर्षाच्या सुरुवातीला जकार

आणि मोखाडा तालुक्यांचा सफाईक दौरा केला. आंगणवाडी सेविकांना याविषयी मार्गदर्शन करून, आंगणवाडी कुपोषणमुक्त कारणांच्या संविक्कांचा पौरव करून त्यांना प्रोत्साहित करण्याचा

#### कुपोषित बालकाचा वाढदिवस साजरा

मोखाडा ग्रामीण रुग्णालयात उपचाराखाली दाखल असलेल्या एका कुपोषित बालकाचा वाढदिवस सालीमठ यंने साजरा केला. या बालकास फळे, अन्नधान्य आणि प्रोटीनयुक्त पदार्थ आणि वस्तू भेट दिल्या आहेत.

निर्णय घेणार आहेत. तर नव्याने लागवड झालेल्या स्ट्रॉबेरी पिकाची फळभागा झाली आहे. त्यामुळे येथील स्ट्रॉबेरी महावळखार अथवा इतर ठिकाणीपेक्षा कमी वेळाची आहे. त्याचे परीक्षण करण्याचे आदेश त्यांनी कृषी अधिकार्यांना दिले आहेत. या दोन्हीमध्ये त्यांच्यामह जिल्हा परिषद सदस्य प्रकाश निकम, मोखाडाच्या सभापती सारिका निकम, उपमुख्य कार्यकारी अधिकारी, आरोग्य अधिकारी आणि कृषी अधिकारी उपस्थित होते.

सालीमठ यंने राजी ८ वानता अचानक खोडाळ प्राथमिक आरोग्य केंद्राला भेट दिली. मुख्यालय प्रभारी आरोग्य अधिकारी डॉ. पुष्पा मयुरे येथे राहत नसल्याचे आढळले. मूळ आस्थापनेसह दोन्ही ठिकाणी त्या व्यक्तीयत सेवा बजावत नसल्याचे समोर आले. सालीमठ यंने डॉ. मयुरे यंना यवकत खुलासा सादर करण्याचा आदेश, खोडाळ प्राथमिक आरोग्य केंद्राच्या भेटी पुनर्कात नोंदवून दिला आहे.



## SAM and MAM-free Anganwadis -

Through the efforts of the Child Development Project Officer, Supervisors, Anganwadi Workers, Helpers, Health Supervisors, Health Assistants, and ASHA Workers, various measures have been implemented to combat malnutrition, which has helped reduce the number of malnourished children. To achieve SAM and MAM-free Anganwadis, Anganwadi Workers, Helpers, and Supervisors were encouraged through a quarterly evaluation. Anganwadi Workers, Helpers, and Supervisors who maintained consistent progress in reducing SAM and MAM were honored and recognized for their efforts.

### लोकमत

मुख्याधिकाऱ्यांकडून आढावा

## कुपोषणमुक्त जिल्ह्याची संकल्पना राबवणार

### ■ लोकमत न्यूज नेटवर्क

**पालघर :** जिल्ह्यातील कुपोषणाची मागील अनेक वर्षांपासूनची समस्या दूर करण्याच्या दृष्टीने 'कुपोषण मुक्त जिल्हा' अशी संकल्पना जिल्हा परिषदेच्या मुख्य कार्यकारी अधिकारी सिद्धाराम सालीमठ यांनी अंमलात आणण्याचा संकल्प ठेवला आहे. त्यांनी आपल्या बालविकास प्रकल्प अधिकारी व कार्यरत पर्यवेक्षिका यांच्या बैठकीतून कामाचा आढावा घेत टप्प्याटप्प्याने संकल्पना राबविण्याचा निर्णय घेतला आहे.

पालघर जिल्ह्यात आठ तालुके मिळून १३ प्रकल्प असून १०३ बीट आहेत. प्रत्येक बीटनिहाय सरासरी २५ अंगणवाडी केंद्र कार्यरत असून एकूण ३ हजार १८३ अंगणवाडी केंद्रे आहेत. एकात्मिक बालविकास प्रकल्प पालघरमध्ये सॅम व मॅम मुक्त बीटची संख्या ३, मनोर ४, डहाणू १, वसई १ असे बीट आहेत. परंतु सॅम नसणारी व मॅम श्रेणीमध्ये असणारी बीटची संख्या ३४



पालघर जि.प.चे मुख्याधिकारी सिद्धाराम सालीमठ आढावा घेताना.

■ 'माझी कन्या भाग्यश्री' योजनेअंतर्गत ज्या पालकांनी एक वा दोन मुलींनंतर कुटुंब नियोजन शस्त्रक्रिया केली असल्यास त्यांना अनुक्रमे रुपये पन्नास हजार व पंचवीस हजार देण्यात यावेत असाही निर्णय घेतला.

इतकी आहे. ५ बालके सॅम श्रेणीमध्ये असणारी बीट ४४ इतकी आहेत. जिल्हा कुपोषणमुक्त करायचा असल्यास सॅम आणि मॅममुक्त अंगणवाडी केंद्र व अंगणवाडी प्रभाग राबविण्याचा जिल्हा परिषदेचा मानस आहे.

आयसीडीएस व आरोग्य

■ अंगणवाडीनिहाय पिण्याचे पाणी उपलब्ध करण्याकरता जलजीवन मिशनअंतर्गत सर्वांनी प्रयत्न करावेत, अशा सूचना यावेळी मुख्य कार्यकारी अधिकारी यांनी दिल्या.

विभागातील कर्मचारी यांनी एकत्रितरीत्या समुपदेशन व बालकांच्या आरोग्याची काळजी घेण्यासाठी कामकाज केल्यास कुपोषणमुक्त होण्यास वेळ लागणार नाही. यासाठी दर तीन महिन्यांनी सातत्य टिकवून देवणाऱ्या पर्यवेक्षिका व अंगणवाडी

■ बाल संगोपन योजनेबाबत जास्तीत जास्त प्रस्ताव जिल्हा महिला व बालविकास अधिकारी यांच्याकडे सादर केल्यास एक पालक असणाऱ्या किंवा पालक नसणाऱ्या बालकांना त्याचा फायदा घेता येईल असेही मत त्यांनी व्यक्त केले.

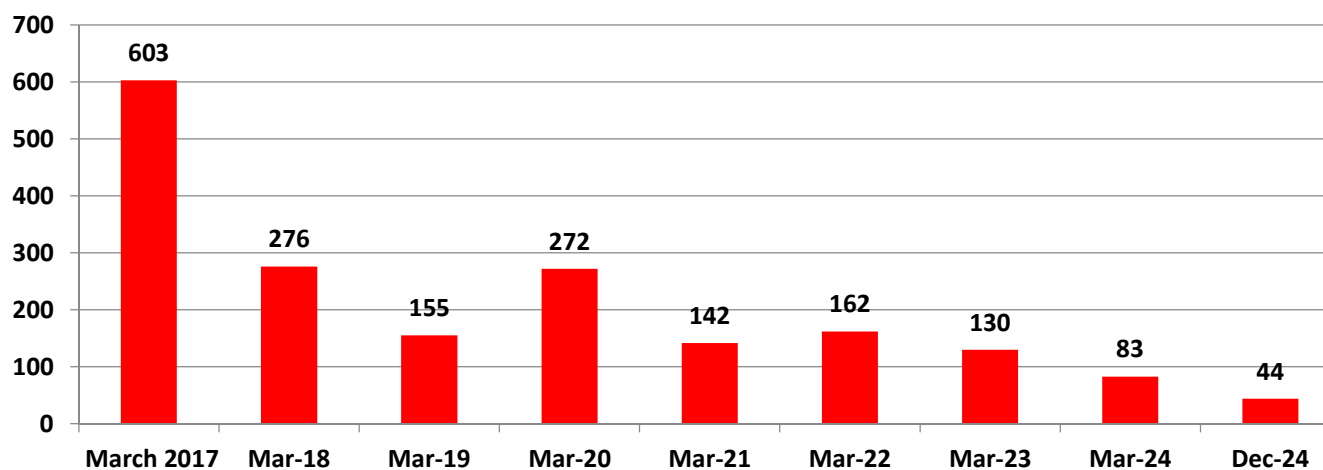
■ विविध विभागाशी समन्वय साधून कुपोषण मुक्तीसाठी मुख्य कार्यकारी अधिकाऱ्यांनी आपले प्रयत्न सुरू केले आहेत. या बैठकीवेळी जिल्हा परिषदेचे जिल्हा कार्यक्रम अधिकारी प्रवीण भावसार उपस्थित होते.

कार्यकर्तींना प्रशस्तिपत्र देण्यात येणार आहे. नोव्हेंबरपासून काम करताना अनेक कुटुंबे स्थलांतरित होतात. त्यांना तेथील जवळच्या अंगणवाडीमध्ये बालकांना सुविधा देऊन आरोग्य शिबिरे लावण्याच्या सालीमठ यांनी सूचना दिल्या.



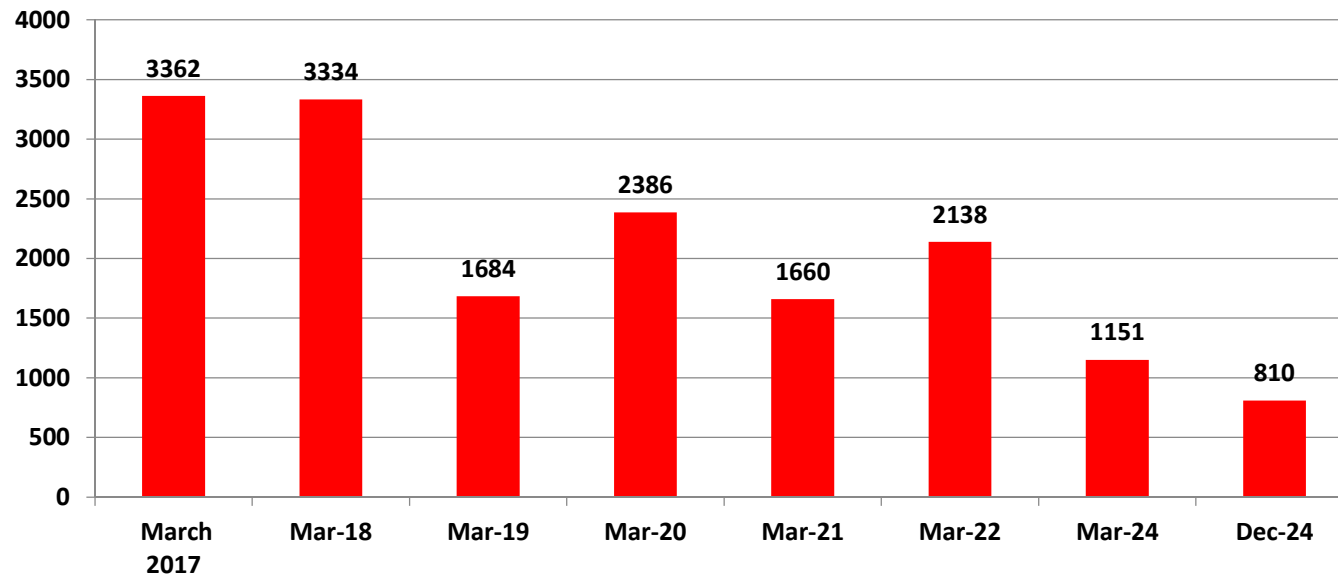
**SAM - MAM Child Improvement** – An integrated approach and zero-cost intervention are being employed to improve the condition of children with Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM), utilizing existing government schemes with the aid of social NGOs. Encouraging results have been observed since 2017, and this approach will continue to be implemented in the district.

Block	March 2017	March 2018	March 2019	March 2020	March 2021	March 2022	March 2023	March 2024	Dec 2024
	SAM	SAM	SAM	SAM	SAM	SAM	SAM	SAM	SAM
Talasari	20	11	4	1	1	3	2	2	1
Jawhar	138	60	51	79	53	53	46	30	11
Vikramgad	164	59	38	31	40	38	29	22	5
Mokhada	51	30	16	26	13	16	25	14	9
Dahanu	72	58	22	64	11	14	11	10	8
Wada	83	33	16	45	17	20	9	4	6
Palghar	51	17	4	4	3	0	4	1	4
Vasai	24	8	4	22	4	18	4	0	0
<b>Talasari</b>	<b>603</b>	<b>276</b>	<b>155</b>	<b>272</b>	<b>142</b>	<b>162</b>	<b>130</b>	<b>83</b>	<b>44</b>



## MAM Children's

Block	March 2017	March 2018	March 2019	March 2020	March 2021	March 2022	March 2023	March 2024	Dec 2024
	MAM	MAM	MAM	MAM	MAM	MAM	MAM	MAM	MAM
Talasari	263	433	139	233	128	173	121	99	42
Jawhar	786	709	545	619	532	662	586	435	308
Vikramgad	754	608	324	418	354	461	341	291	173
Mokhada	269	251	140	121	107	140	107	92	76
Dahanu	237	370	128	392	169	234	140	62	54
Wada	584	426	318	356	220	320	241	113	97
Palghar	357	398	45	36	73	53	63	45	53
Vasai	112	139	45	211	77	95	61	14	7
<b>Talasari</b>	<b>3362</b>	<b>3334</b>	<b>1684</b>	<b>2386</b>	<b>1660</b>	<b>2138</b>	<b>1660</b>	<b>1151</b>	<b>810</b>



## Conclusion -

1. Core Reasons for Malnutrition in Palghar District are Low birth weight children, Child marriage, Superstition – Social Rituals, Early Pregnancies, Premature Deliveries, Lack of Nutritious food, Proper Medicine facilities etc.
2. District Administration under the leadership of Hon. District magistrate made inclusive and cumulative efforts with conversions of various departments with key role of Women and child Development Dept, Health dept, Tribal Dept, Revenue Dept Etc.
3. The government provided health services to sick beneficiaries on site through regular health check-ups at Brick Kiln. Neglected beneficiaries at the kiln are now receiving benefits provided at the Anganwadi level.
4. Public distribution system food grains were made available to migrant families at Brick Kiln through local Fair Price Shops.
5. The Labour Department has converged with Brick Kilns to improve the situation of migrants.
6. Due to the aforementioned interventions, the number of malnourished children has decreased No. of SAM children's was 603 in March 2017, It is Decreased to 44 in December 2024, No. of MAM children's was 3362 in March 2017, It is Decreased to 810 in December 2024,
7. Helping Reducing Child Mortality rate from 557 in 2016-2017 to 224 In 2023-24 and Maternal Death from 18 in 2016-17 to 14 in 2023-24.

## **Bottlenecks**

- Low birth weight children - which lead to various health complications and developmental delays.
- Child marriage - child marriage having serious social, psychological, and health consequences for both girls and boys.
- vacant positions - it affects the implementation of various schemes
- Superstition - Relying on local practitioners like 'bhagat' or 'vaid' for health issues In tribal areas, people trust and depend on local traditional healers, known as 'bhagat' or 'vaidu', instead of seeking proper medical treatment, leading to the persistence of superstitions and delayed or incorrect health interventions.

A 3D-style speech bubble with a white body and a blue shadow, set against a solid blue background. The bubble has a tail pointing towards the bottom right. Inside the bubble, the words "THANK YOU!" are written in a bold, blue, sans-serif font.

**THANK YOU!**