

**Impact Incidents of Malnutrition in 1000 Villages of Tribal Odisha  
Area of Intervention: Kandhamal District, Odisha, India**

**By:** Manmohan (Koko) Singh\*

\*Trustee, Atmashakti Trust

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**Abstract**

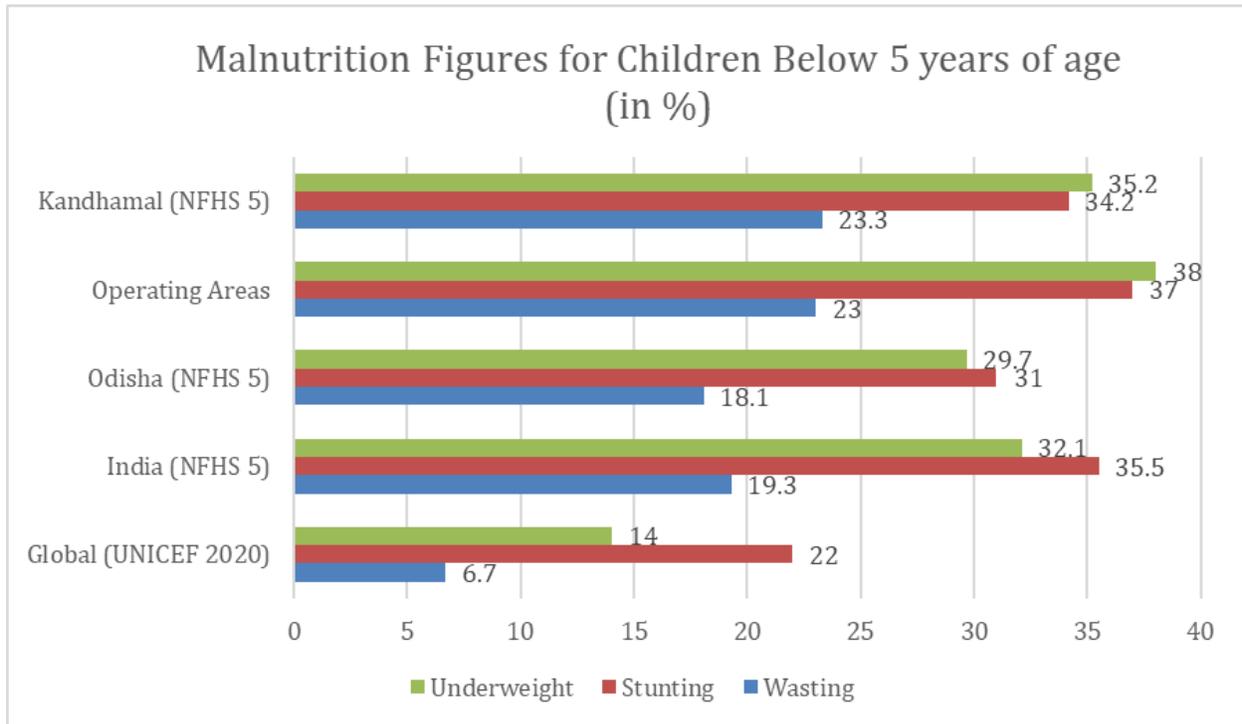
We are tackling the problem of malnutrition by addressing multiple contributing factors instead of the most common approach focusing on nutrition and health. We recognize malnutrition as a multi-dimensional problem, with the principal contributing factors being poverty, lack of a balanced nutritious diet, inadequate maternal and infant health nutrition, poor sanitation and environmental conditions, and minimal access to essential healthcare services. Another unique aspect of our intervention has been the facilitation of around 500 Health Kits at the village/hamlet level. This makes simple medicines for common ailments available for vulnerable people whose nearest access to treatment could be 10-15 km (6-9 miles) distant.

**Background**

According to the World Health Organization, malnutrition refers to deficiencies, excesses, or imbalances in a person's energy and/or nutrient intake. UNICEF defines malnutrition as much more than a lack of food. It is a combination of factors: insufficient protein, energy, and micronutrients, frequent infections or disease, poor care and feeding practices, inadequate health services, and poor water and sanitation.

In the Indian context, malnutrition manifests entirely in terms of deficiencies. Despite India's 50% increase in GDP since 2013, more than one-third of the world's malnourished children live in India. The 2021 Global Nutrition report states that 34.7% of children under five years of age are still stunted, which is higher than the average for the Asia region (21.8%), while 17.3% of children under five years of age are wasted, which is higher than the average for the Asia region (8.9%).

Malnutrition encompasses three broad conditions, wasting (low weight-for-height), stunting (low height-for-age), and underweight (low weight-for-age). Malnutrition increases the risk of infection and infectious disease, but most importantly, it has been scientifically proven to lead to impaired cognitive abilities.



The above chart highlights a disturbing fact; malnutrition figures in our operational areas are much higher than the Odisha State figures. Kandhamal figures are also referenced with the rest of the district average.

Atmashakti Trust is engaged in a long-term mission to bring the benefits of government programmes to the poorest of the poor, focusing on livelihood and food security, sustainable agriculture, health, women's rights, gender equality, education, community-centered empowerment initiatives, and disaster Intervention. It works in 16 districts of Odisha with outreach to 1,024 Gram Panchayats (GPs), 84 Blocks, and 11,273 villages. The Trust also operates in two districts in Uttar Pradesh and one district in Chattisgarh.

Recognizing malnutrition as multi-dimensional with multiple contributing factors, it is imperative to address them all as opposed to the most common approach focused on nutrition and health. There is no one factor leading to malnutrition. It involves many principal contributing factors such as poverty, lack of a balanced nutritious diet, inadequate maternal and infant health nutrition, poor sanitation and environmental conditions, and minimal access to basic healthcare services.

Tackling malnutrition through a multi-pronged approach has borne fruits and put the community on a path of well-being. Highlighted below are some initiatives adopted successfully.

## **Poverty Alleviation Initiatives by Leveraging Government Livelihood Schemes**

- ***Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA):*** **MGNREGA** is an Act passed by the Government of India in 2005. It aims to enhance livelihood security in rural areas by providing at least 100 days of wage employment in a financial year to at least one member of every household whose adult members volunteer to do unskilled manual work. Women are guaranteed one-third of the jobs made available under **MGNREGA**. The Act has been effective in ensuring employment when villagers are not engaged in agriculture. People get paid cash for work undertaken, providing additional income to buy food and other supplement items.
- ***Non-Timber Forest Products (NTFPs):*** **Non-timber forest products (NTFPs)** are any product or service other than timber produced in forests. In Kandhamal, various **NTFPs**, depending on the season, are available such as mahua flowers (*madhuca longifolia*), Tula seeds (*Bombax ceiba*) kendu leaf (*Diospyros Melanoxylon*), honey, mango (*Mangifera indica*), imli (*Tamarindus indica*). Leveraging government schemes for marketing and selling **NTFPs** has been another effective tool to boost the income of the people.

## **Efforts to Encourage Consumption of a Balanced Nutritious Diet**

***Nutritional Kitchen Gardens (NKGs)*** have been promoted to supplement people's diets, especially during the monsoon. Individual families are provided with seeds and encouraged to grow seasonal vegetables. In 2022-2023, close to 786 households started **NKGs** in their backyard, and seeds were distributed to over 10,000 homes in collaboration with Government Departments and other civil society organizations.

Alongside ground activities, advocacy with the government on nutrition-related issues has helped amplify the concern. For instance, we have been advocating for the inclusion of pulses in the ration provided by the government to the Below Poverty Line (BPL) families under the Public Distribution System (PDS). This ongoing process will continue to be one of our crucial advocacy points.

## **Attempts to Address the Lack of Sanitation Facilities**

Besides using **MGNREGA** for livelihood generation, it has been used as a tool for pushing the building of toilets for every household in villages. Availability of toilets and using them becomes even more important during the monsoons when it becomes unsafe to go outside. Through regular awareness drives on maintaining good hygiene and sanitary conditions, the key objective is to propagate the use of toilets and bring about a behavioral change where villagers use them throughout the year.

### **For Environmental Hygiene**

**MGNREGA** work has also been tapped to construct sanitation-based community assets like drains, toilets, concrete walking paths, raised platforms, and drainage around hand pumps and tube wells. This will eventually lead to better hygiene in and around the villages.

### **Initiatives for Maternal and Infant Health and Nutrition**

We ensure that the entitlements listed under the **Integrated Child Development Scheme (ICDS)** reach the intended beneficiaries. Launched on 2nd October 1975, ICDS is one of the flagship programmes of the Government of India. It represents one of the world's largest and most unique programmes for early childhood care and development. It provides nutritional meals, preschool education, primary health care, immunization, health check-ups, and referral services to mothers and their children under six years of age.

The **Anganwadi Centre** forms the focal point for the delivery of these services. Anganwadi is a government-sponsored child-care and mother-care development programme in India at the village level. It primarily caters to children in the 0-6 age group, expectant and nursing mothers, and adolescent girls living in the most backward rural, urban, and tribal areas.

Working closely with the **Anganwadis**, ensuring the effective functioning of the centers, and distributing Take-Home Ration (THR) to pregnant and lactating women and children under three years of age have been instrumental in checking malnutrition to a certain degree.

The other objective is to ensure that infrastructural requirements as mentioned under **ICDS** (proper **Anganwadi** buildings with separate areas for women and children, kitchen, storage room, child-friendly toilets, and space for playing – indoors/outdoors, safe drinking water) are in place.

The Government of Odisha launched the **MAMATA scheme** in 2011, providing monetary support to pregnant and lactating mothers. Creating a process where eligible women are covered under this scheme has enabled women to avail monetary benefits.

### **For Access to Safe Drinking Water**

Access to safe drinking water remains a constant struggle that villagers deal with throughout the year, especially during the summer. Some hamlets/settlements do not have any government-provided water facilities; they depend on open sources like chua (traditional wells) and streams. Even in villages with existing water structures, the tube well/hand pump/solar pump gets damaged/defunct and is not repaired in time. Additionally, the quality of water available and whether it is fit for consumption is another challenge. Due to the lack of safe drinking water, villagers suffer from preventable diseases such as diarrhea, dysentery, and typhoid.

Mobilizing the communities through meetings and awareness drives, facilitating their interaction with the relevant government department, and putting forth written demands from the community have effectively resolved some water issues. During a Safe Water Drinking campaign covering 1,300 villages in 2022-2023, we solved water problems in close to 1,100 villages. This issue remains a cyclical one that needs regular monitoring.

### **Attempts to Improve the Extremely Limited Access to Health Facilities**

Accessing government health facilities remains one of the biggest challenges for people living in remote areas. This could be attributed to the lack of roads & transport infrastructure, the distance of **Primary Health Centres (PHCs)** from the villages, rugged, challenging/hilly terrains, and the financial cost of reaching the **PHCs**. Kandhamal has 71% forest cover, making it difficult for small villages/hamlets on hilly terrains to access the **PHCs** easily.

Another unique aspect that has helped ensure good health is the **Health Kit**. The concept was first introduced in remote blocks of the tribal-dominated Kandhamal District. It was conceived to provide basic medical help at the village level, managed and sustained by the community through trained Swasthya Sathis (health workers) and community contribution to ensure a regular supply of medicines. The kit has medicines to treat eight common diseases, including fever, body aches, diarrhea, malaria, allergies, cold/cough, cuts, and wounds. More than 500 **Health Kits** have been formed, and we reached out to 12,926 people in 2022-2023.

Approximately Rs. 12,92,600 was saved by the community because of the **Health Kits**.

The **Health Kit** is an innovative initiative in India where communities take ownership. Besides ensuring a kit box in villages, the goal is to build the capacities of village youths to get trained on its use and create a revolving fund to sustain it. Because of the remoteness of villages and inaccessibility to **PHCs**, there will always be a need for **Health Kit**.

All our initiatives, especially the **Health Kit**, have been instrumental in bringing behavioral change in people. Over the years, from a complete disregard for sanitation, health, and personal hygiene, we have seen the development of a more aware community. A community that is more aware of issues plaguing the people, is hopeful of change through collective action, and ready to adopt new innovative techniques.

*“Besides treating us, the Health Kit has made us more aware of health and safe hygiene practices. It is a great initiative and should be implemented in all villages.”*

- *Misa Digal, Health Kit Beneficiary, Kotagarh Block, Kandhamal District, Odisha, India*

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