

IAP-Child Health Initiative for Urban Slums

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Societal inequality is most stark in our urban centers. We have large slum communities living right next to corporate and residential skyscrapers. Almost 40% of Mumbai lives in slums and while it may vary slightly for other metros of our country, the conditions are not starkly different. There is enough data to suggest that urban slums fare very poorly on some of the most basic human development indicators related to child health and nutrition.

Children in urban slums face huge problems related to high prevalence of disease, lack of nutrition and low levels of personal hygiene. Moreover, access to health-care professionals like pediatricians is a challenge. The government's mid-day meal scheme is doing its best to provide adequate nutrition to children at the budgeted price point.

I strongly feel that the Indian Academy of Pediatrics (IAP) must take a leadership role to solve these problems at scale. A collaborative approach with other stakeholders combined with our nationwide reach will help us address these issues across the country. I feel that the solution has three key parts, as listed in **Box I**.

We should fine tune the above program through a field-based pilot. For doing that, I have already identified an Integrated Slum Development Project that is working in partnership with MCGM (Municipal Corporation of Greater Mumbai) in an urban slum in Goregaon West, covering about 20,000 families. A group of eminent non-government organizations (NGOs) under the *aegis* of MCGM is executing various aspects of the project, *e.g.* Pratham (www.pratham.org) is looking at education initiatives and skill development programs, Green communities foundation (www.greencf.org) is an expert in waste management and Apnalaya (www.apnalaya.org) is contributing to address citizenship and governance issues at the community level. The screening, medical intervention and nutrition programs will be implemented by Green communities foundation. After successful implementation of this pilot, this program will be scaled up to Mumbai and other urban/ rural centers in collaboration with local branches and other NGO partners like Rotary.

The pilot, the way I have conceptualized it, will address the core project objectives and will be executed in the following manner:

1. Universal screening - Screening of all children door-to-door will be done to identify:
 - (a) Current nutritional status and growth and intervention needs.
 - (b) Current disease status – top 5-10 common conditions.
 - (c) Current health and hygiene gaps and simple interventions that can address those gaps like oral health, footwear, clothes, deworming, etc.

This screening will be conducted by a trained and equipped worker. IAP will design the program so that the trainer should know who would be screened, what would be measured and using which equipment. IAP will also create training material for workers.

Box I Addressing Child Health and Nutrition Issues in Urban Slums

Universal screening at doorstep

- Door to door screening of children needs to be done to identify current gaps related to healthcare, nutrition and other hygiene issues.

Medical and material intervention

- The cases that need intervention as a result of the screening exercise should be directed to a local pediatrician who can visit the slum periodically and can provide certain medical and material handouts. The pediatrician can also connect the child to tertiary care, if needed.

Nutritional intervention

- A low cost protein, lipid and micronutrient supplement that can be distributed through the direct slum intervention combined with the mid-day meal at the nearby municipal schools.

2. Medical attention and related handouts

- (a) We will enable our volunteer pediatrician network to provide consultation or enable doctor consultation with pediatric support.
- (b) At the time of the consultation, apart from medication, certain handouts for oral health, footwear, clothes, deworming etc. will be provided.
- (c) The children will be connected to tertiary care, if needed.

In short, IAP will design a plan of action when any obvious nutrition problems, diseases or underlying conditions needing intervention or any other personal problems are encountered.

3. Nutrition intervention

- (a) The product that we have designed is a scientifically formulated fortified dal/ khichdi which is a '10g protein + 50% RDA of 10 micronutrient' solution at a cost lower than the current lowest cost product. It is a completely

natural product – no chemical additives or preservatives, and is 100% vegetarian.

- (b) It will be handed out at all nutrient deficient homes identified during screening and also included in the mid-day meal at two government schools covering about 5000 students.

The Academy's role will be to recommend the correct formulation for fortification and guidelines for consumption.

I feel confident that this pilot will be a significant milestone towards creating a long term solution for the problems I have listed above. It will provide us immense learnings and also pave the path for scale up of this program nationwide. While I have conceptualized this project, its success will solely depend on the valuable inputs and contribution of the entire pediatrician community. I take this opportunity to request your wholehearted support for this initiative. Let's do this together!

Jai Hind!
Jai IAP!
