



Report on Status of Malnutrition in Municipal Schools in Mumbai

May 2017



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I. Foreword

The Municipal Corporation of Greater Mumbai (MCGM) has for long staked its reputation on penguins. But its manner of working could well have taken inspiration from ostriches. The civic body's default response to a crisis seems to be to pretend that it does not exist, and hope that it will go away. The growing crisis of child malnutrition in MCGM schools exemplifies this situation.

The MCGM's own data suggests that the estimated number of malnourished children in Mumbai's municipal schools has grown from 30,461, (i.e. 8% of 4,04,251 total students), in 2013-14 to 1,30,680 (i.e. 34% of 3,83,485 total students) in 2015-16. This is a huge rise of over four times in three years. It is in spite of the fact that the budget for mid-day meals for class 1 to class 5 has increased from Rs. 29 crores to Rs 32 crores in the same period. Similarly, the budget for mid-day meals for class 6 to 8 increased from Rs. 33 crores to Rs. 39 crores. The utilization of the budget, however, has seen a sharp dip from 81% to 65% for class 1 to 5. The corresponding figures for class 6 to 10 are 83% and 64%. Clearly, lack of funds is not a problem for Asia's largest civic body.

There are no prizes for guessing which regions fare the worst. M/E ward, which comprises the areas of Govandi and Mankhurd has the highest number i.e. 15,038 malnourished children in MCGM schools in 2015-16.

This ward has the lowest human development index $(0.05)^2$ in the city, lower than even extremely poor countries such as Central African Republic and South Sudan³. M/E ward has been in the news for malnutrition deaths. Other wards which fare poorly are Santacruz (H/E), Kurla (L) and Chembur (M/W).

Among the children who are found to be malnourished, there is a significant gender disparity—with girls suffering more than boys consistently over the years. In 2015-16, 35% (34,222) girls were found to be malnourished, as against 33% (30,459) boys.

In 2015-16, the percentage of malnourished children in class 1 was as high as 43% and 42% for girls and boys respectively. This indicates that the Integrated Child Development Services Scheme (ICDS) ⁴ (Annexure 2) and other welfare schemes for children leave much to be desired. One must keep in mind that the budget for the ICDS in Maharashtra has decreased from Rs. 2,947 crores (revised budget, 2016-17) to Rs. 2033 crore (budget allocation, 2017-18), as per media reports.

In a cause for further worry, over the past three years, the number of malnourished children has actually seen a greater increase in higher classes than in lower classes. Between 2013-14 and 2015-16, malnourished students in MCGM schools in class I increased by 246% (3,123 to 10,802). In the same period, malnourished students in class V increased by 308% (2,591 to 10,562). This raises serious questions on the efficacy of the mid-day meals being provided by the civic body to students.

¹ Please refer Annexure 1

² MCGM Human Development Report 2009

³ UNDP Human Development Reports: http://hdr.undp.org/en/composite/HDI

⁴ Please refer Annexure 2



A large number of factors could be behind the increasing problem of child malnutrition. To cite an example, the number of cases of diarrhoea increased from 99,839 in 2011-12 to 1,19,342 in 2015-16⁵. From April 2015 to December 2015, children below 14 years of age accounted for as much as 29% of total deaths due to diarrhoea. This indicates that diarrhoea disproportionately affects people at a younger age. The prevalence of such diseases leads to stunted development for children and an intergenerational cycle of poor health.

The huge problem of malnutrition persists in spite of the multitude of government schemes and programmes designed to address it. This is reflective of the general predicament of governance in India, in which government initiatives often fall woefully short of attaining their stated objectives. Growing child malnutrition in municipal schools should be a cause for immediate concern for two reasons. Firstly, it shows the inadequacy of municipal schools in serving the needs of the economically weaker sections of society, whom they seek to target. Secondly, as children are the future of our country, it means that we may be frittering away our large demographic dividend.

NITAI MEHTA Founder Trustee, Praja Foundation

⁵ Praja Foundation Report on Status of Health White of 2016 http://praja.org/praja_docs/praja_downloads/Report%20on%20The%20STATE%20of%20HEALTH%20of%20MUMBAI.pdf



II. Acknowlegment

Praja has obtained the data used in compiling this white paper through Right to Information Act, 2005. Hence it is very important to acknowledge the RTI Act and everyone involved, especially the officials who have provided us this information diligently.

We would like to appreciate our stakeholders; particularly, our Elected Representatives & government officials, the Civil Society Organizations (CSOs) and the journalists who utilize and publicize our data and, by doing so, ensure that awareness regarding various issues that we discuss is distributed to a wideranging population. We would like to take this opportunity to specifically extend our gratitude to all government officials for their continuous cooperation and support.

Praja Foundation appreciates the support given by our supporters and donors, namely European Union Fund, Friedrich Naumann Foundation, Ford Foundation, Dasra, Narotam Sekhsaria Foundation and Madhu Mehta Foundation and numerous other individual supporters. Their support has made it possible for us to conduct our study & publish this white paper.

We would also like to thank our group of Advisors & Trustees and lastly but not the least, we would like to acknowledge the contributions of all members of Praja's team, who worked to make this white paper a reality.





Part A – Summary Data⁶

Table 1: Number of students screened and malnourished from 2013-14 to 2015-16

	2013-14	2014-15	2015-16
Total students	4,04,251	3,97,085	3,83,485
Number of students screened	1,57,011	2,01,597	1,89,809
Total malnourished students	11,831	53,408	64,681
Malnourished students in (%)	8%	26%	34%
Estimated malnourished students ⁷	30,461	1,05,198	1,30,680

Inference:

Percentage of malnourished students in municipal schools across all 24 wards of Mumbai has increased from 8% to 34%. Estimated malnutrition in students of MCGM schools has increased 4 times from 2013-14 (30,461) to 2015-16 (1,30,680).

⁶ Malnutrition data has been obtained through RTI from Medical Officer of School (MOS)/ School Health Department which conducts regular Health check-ups in MCGM schools. This data has been collected every year from 2013-2016. Refer Annexure 1 for more details.

⁷ Estimate number of malnourished students has been taken to understand the situation of malnutrition in Mumbai. [(Total number of students in MCGM schools*Total malnourished students in MCGM schools)/ Total Students screened] = Estimated number of malnourished students in MCGM schools.



Table 2: Standard-wise malnutrition students from 2013-14 to 2015-16

	2013-14	2014-15	2015-16
1 st	3,123	8,694	10,802
2 nd	702 ⁸	7,925	10,995
3 rd	2,769	8,761	10,551
4 th	0*	9,345	10,767
5 th	2,591	7,948	10,562
6 th	0	0	315
7 th	2,141	8,326	8,144
8 th	0	0	31
9 th	489	2,327	2,410
M.C. ⁹	16	82	104
Total number of malnourished students	11,831	53,408	64,681
Total number of students Screened	1,57,011	2,01,597	1,89,809
Malnourished students in (%)	8%	26%	34%

Note: (*) "0" represents no health checkup was done for the years 2013-14 and 2014-15 in municipal schools of MCGM across all 24 wards as there was alternate pattern followed for health checkups in municipals schools. This data was received under Right to Information (RTI) Act, 2005.

Inference:

The number of students found to be malnourished from MCGM schools has increased from 8% in 2013-14 to 34% in 2015-16. MCGM schools have an increasing number of malnutrition amongst its students, even with schemes like Mid-Day meal under the use.

⁸ Health check-up was conducted only in special schools of MCGM for class 2 in the year 2013-14.

⁹ M.C. refers to mentally challenged students studying in municipals schools of MCGM.



Table 3: Gender-wise number of malnourished students from 2013-14 to 2015-16

	201	3-14	201	4-15	2015-16	
	Boy	Girls	Boy	Girls	Boy	Girls
Total students	2,01,965	2,02,286	1,99,033	1,98,052	1,92,652	1,90,833
Number of students Screened	76,175	80,836	97,825	1,03,772	92,258	97,551
Total malnourished students	4,938	6,893	26,170	27,238	30,459	34,222
Malnourished students in (%)	6%	9%	27%	26%	33%	35%
Estimated malnourished students	13,092	17249	53,245	51,985	63,604	66,946

Inference:

Comparing gender wise data of malnutrition from 2013-14 to 2015-16, malnutrition is highest among girls as compared to boys. Malnutrition in girls of MCGM schools has increased from 6,893 in 2013-14 to 34,222 in 2015-16.



Table 4: Gender and standard-wise malnourished students and estimated malnourished students from MCGM schools in the year 2013-14¹⁰

Standard	Total students		Students screened		Malnourished students		Malnourished Students in (%)		Estimated malnourished students	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Jr. Kg.	1,300	1,258	0	0	0	0	0	0	0	0
Sr. Kg.	1,606	1,486	0	0	0	0	0	0	0	0
1	19,331	20,165	13,988	15,007	1,304	1,819	9	12	1,802	2,444
211	24,316	24,954	3,854	3,836	312	390	8	10	1,968	2,537
3	27,731	28,086	16,785	17,952	1,123	1,646	7	9	1,855	2,575
4	28,930	28,887	0*	0	0	0	0	0	0	0
5	26,561	26,455	17,634	18,675	986	1,605	6	9	1,485	2,274
6	24,547	24,311	0	0	0	0	0	0	0	0
7	24,134	24,281	17,360	19,198	908	1,233	5	6	1,262	1,559
8	8,151	7,891	0	0	0	0	0	0	0	0
9	9,051	7,874	6,149	5,969	296	193	5	3	436	255
10	5,943	6,436	0	0	0	0	0	0	0	0
M.C. ¹²	364	202	405	199	9	7	2	4	8	7
Total	2,01,965	2,02,286	76,175	80,836	4,938	6,893	6	9	13,092	17,249

Note: (*) "0" represents no health checkup was done for the years 2013-14 in municipal schools of MCGM across all 24 wards as there was alternate pattern followed for health checkups in municipals schools. This data was received under Right to Information (RTI) Act, 2005.

Although the MCGM runs school for children at the Junior Kg. and Senior Kg. level, it does not conduct any health checkup at this level. This is in spite of the fact that malnutrition levels have been the highest at the class 1 level.

Inference:

The number of malnourished girls in MCGM schools was 6,893 while the number of malnourished boys was 4,938 and the estimates are 17,249 and 13,092 respectively for the year 2013-14.

¹⁰ In the academic year 2013-14.

¹¹ Health check-up was conducted only in special schools of MCGM for class 2 in the year 2013-14.

¹² M.C. refers to mentally challenged students studying in municipals schools of MCGM.



Table 5: Gender and standard wise malnourished students and estimated malnourished students from MCGM schools in the year 2014-15

Standard	Total students		Students screened		Malnourished students		Malnourished Students in (%)		Estimated malnourished students	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Jr. Kg.	1,420	1,231	0	0	0	0	0	0	0	0
Sr. Kg.	2,171	2,146	0	0	0	0	0	0	0	0
1	19,113	19,938	13,637	14,501	4,061	4,633	30	32	5,692	6,370
2	22,409	23,114	13,949	14,702	3,741	4,184	27	28	6,010	6,578
3	25,241	25,555	14,901	15,951	4,073	4,688	27	29	6,899	7,511
4	27,922	27,870	16,508	17,403	4,527	4,818	27	28	7,657	7,716
5	27,201	26,709	16,453	17,848	4,515	3,433	27	19	7,464	5,137
6	25,658	25,412	0*	0	0	0	0	0	0	0
7	23,875	23,348	16,267	17,413	3,960	4,366	24	25	5,812	5,854
8	9,657	9,323	0	0	0	0	0	0	0	0
9	8,468	7,476	5,706	5,757	1,231	1,096	22	19	1,827	1,423
10	5,433	5,688	0	0	0	0	0	0	0	0
M.C. ¹³	465	242	404	197	62	20	15	10	71	25
Total	1,99,033	1,98,052	97,825	1,03,772	26,170	27,238	27	26	53,245	51,985

Note: (*) "0" represents no health checkup was done for the years 2014-15 in municipal schools of MCGM across all 24 wards as there was alternate pattern followed for health checkups in municipals schools. This data was received under Right to Information (RTI) Act, 2005.

Although the MCGM runs school for students at the Junior Kg. and Senior Kg. level, it does not conduct any health checkup at this level. This is in spite of the fact that malnutrition levels have been the highest at the class 1 level.

Inference:

Estimate of malnutrition amongst the students of MCGM schools is 1,05,230 in the year 2014-15 and it is found to be highest among boys (53,245) as compared to girls (51,985). Malnutrition is highest among the boys of class 5.

¹³ M.C. refers to mentally challenged students studying in municipals schools of MCGM.



Table 6: Gender and standard-wise malnourished students and estimated malnourished students from MCGM schools in the year 2015-16

Standard	Total students		Students screened		Malnourished students		Malnourished Students in (%)		Estimated malnourished Students	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Jr. Kg.	1,756	1,565	0	0	0	0	0	0	0	0
Sr. Kg.	1,950	1,774	0	0	0	0	0	0	0	0
1	16,876	17,486	12,196	13,074	5,126	5,676	42	43	7,093	7,591
2	21,399	22,027	13,248	14,190	5,084	5,911	38	42	8,212	9,176
3	22,692	23,350	13,817	14,626	4,983	5,568	36	38	8,184	8,889
4	24,982	25,029	14,778	15,652	5,047	5,720	34	37	8,532	9,147
5	26,019	25,344	15,570	16,194	4,981	5,581	32	34	8,324	8,734
6	25,572	24,909	578	614	144	171	25	28	6,371	6,937
7	24,381	23,968	15,529	16,904	3,781	4,363	24	26	5,936	6,186
8	12,747	12,122	182	157	21	10	12	6	1,471	772
9	8,559	7,380	5,953	5,940	1,214	1,196	20	20	1,745	1,486
10	5,203	5,621	0*	0	0	0	0	0	0	0
M.C. ¹⁴	516	258	407	200	78	26	19	13	99	34
Total	1,92,652	1,90,833	92,258	97,551	30,459	34,222	33	35	63,604	66,946

Note: (*) "0" represents no health checkup was done for the years 2015-16 in municipal schools of MCGM across all 24 wards. This data was received under Right to Information (RTI) Act, 2005.

Although the MCGM runs school for students at the Junior Kg. and Senior Kg. level, it does not conduct any health checkup at this level. This is in spite of the fact that malnutrition levels have been the highest at the class 1 level.

Inference:

Percentage of malnutrition is high amongst the girls (35%) studying in MCGM schools as compared to that of boys (33%). Estimate of malnutrition in girls of MCGM schools is 66,946 in the year 2015-16, while the estimated malnutrition is 63,604 in boys.

¹⁴ M.C. refers to mentally challenged students studying in municipals schools of MCGM.



Table 7: Mid-day Meal Budget from 2013-14 to 2015-16 (Figures are in Crores)

		1st to 5th Std.	6th to 8th Std.
	Budget Estimate	29	33
	Actuals	23	27
2013-14	Utilisation (%)	81%	83%
	Budget Estimate	14	15
	Actuals	10	11
2014-15	Utilisation (%)	70%	74%
	Budget Estimate	32	39
	Actuals	21	25
2015-16	Utilisation (%)	65%	64%

Inference:

Despite of increase in budget from 2013-14 to 2015-16, cases of malnutrition are increasing in MCGM schools, and also there is decline in utilisation of mid-day meal budget.



Part B - Ward-wise Data

Table 8: Ward- wise average malnourished students in MCGM schools from 2013-14 to 2015-16

Ward	Area	Average malnourished students in (%)	Rank
А	Colaba	29	4
В	Sandhurst Road	16	13
С	Marine Lines	9	19
D	Grant Road	29	5
E	Byculla	25	7
F/N	Matunga	16	14
F/S	Parel	13	15
G/N	Dadar	7	21
G/S	Elphinstone	8	20
H/E	Santacruz	51	2
H/W	Bandra	12	17
K/E	Andheri East	27	6
K/W	Andheri West	12	16
L	Kurla	25	8
M/E	Govandi	51	1
M/W	Chembur	44	3
N	Ghatkopar	22	10
P/N	Malad	11	18
P/S	Goregaon	18	12
R/C	Borivali	5	23
R/N	Dahisar	6	22
R/S	Kandivali	4	24
S	Bhandup	23	9
Т	Mulund	18	11
Total		24	



Table 9: Total number of malnourished students in MCGM schools from 2013-14 to 2015-16

Ward	2013-14	2014-15	2015-16	
A	0*	244	2,768	
В	1	89	431	
С	1	12	56	
D	8	79	870	
E	20	660	3,179	
F/N	630	1,481	4,173	
F/S	8	165	1,340	
G/N	147	532	1,589	
G/S	110	825	651	
H/E	659	5,393	9,100	
H/W	149	742	504	
K/E	950	686	5,390	
K/W	825	1,383	1,176	
L	1,363	3521	6,586	
M/E	2,463	19,764	15,038	
M/W	372	7,478	1,655	
N	1,138	1,913	3,464	
P/N	1,078	3,098	802	
P/S	770	2,173	680	
R/C	370	317	85	
R/N	203	359	80	
R/S	44	467	164	
S	295	1,585	3,277	
Т	227	442	1,623	
Total	11,831	53,408	64,681	

Note: (*) "0" represents no malnourished students was found during the health checkup.

Inference:

Highest cases of malnutrition were registered from municipals schools in M/E (37,265), H/E (15,152), L (11,470), M/W (9,505) and K/E (7,026) wards of MCGM from the year 2013-14 to 2015-16.



Table 10: Actual malnutrition number and percentage from 2013-14 to 2015-16

		2013-14		2014-15				2015-16	
Ward	Total students screened	No. of Malnouris hed students	Malnour ished students in (%)	Total students screened	No. of Malnouri shed students	Malnouri shed students in (%)	Total students screened	No. of Malnouri shed students	Malnour ished students in (%)
Α	2,874	0*	0	3,575	244	7	4,025	2,768	69
В	1,009	1	0	1,227	89	7	968	431	45
С	241	1	0	326	12	4	173	56	32
D	996	8	1	1,221	79	6	1,131	870	77
E	3,839	20	1	5,887	660	11	5,513	3,179	58
F/N	11,937	630	5	14,585	1,481	10	13,690	4,173	30
F/S	3,363	8	0	4,251	165	4	4,355	1,340	31
G/N	8,168	147	2	11,413	532	5	10,735	1,589	15
G/S	5,405	110	2	7,340	825	11	7,371	651	9
H/E	8,290	659	8	11,050	5,393	49	10,570	9,100	86
H/W	3,328	149	4	4,326	742	17	3,978	504	13
K/E	8,080	950	12	9,311	686	7	8,784	5,390	61
K/W	8,625	825	10	11,057	1,383	13	8,122	1,176	14
L	12,692	1363	11	16,271	3,521	22	16,820	6,586	39
M/E	18,612	2463	13	28,130	19,764	70	25,885	15,038	58
M/W	5,744	372	6	8,116	7,478	92	7,779	1,655	21
N	8,504	1138	13	11,067	1,913	17	10,291	3,464	34
P/N	15,270	1078	7	16,191	3,098	19	15,351	802	5
P/S	6,693	770	12	6,982	2,173	31	6,849	680	10
R/C	5,575	370	7	6,011	317	5	5,520	85	2
R/N	3,641	203	6	4,199	359	9	3,726	80	2
R/S	4,439	44	1	5,707	467	8	5,777	164	3
S	6,107	295	5	8,553	1,585	19	7,838	3,277	42
Т	3,579	227	6	4,801	442	9	4,558	1,623	36
Total	157011	11831	8	201597	53,408	26	189809	64681	34

Note: (*) "0" represents no malnourished students was found during the health checkup.



Table 11: Gender-wise distribution of malnourished students from MCGM schools in 2013-14 to 2015-16

	2013	3-14	201	l 4-1 5	2015-16		
Ward	Boys in (%)	Girls in (%)	Boys in (%)	Girls in (%)	Boys in (%)	Girls in (%)	
Α	0*	0	36	64	49	51	
В	100	0	53	47	52	48	
С	100	0	67	33	39	61	
D	50	50	42	58	59	41	
E	30	70	50	50	54	46	
F/N	39	61	41	59	44	56	
F/S	38	63	44	56	45	55	
G/N	41	59	45	55	41	59	
G/S	52	48	44	56	45	55	
H/E	44	56	45	55	49	51	
H/W	36	64	45	55	44	56	
K/E	39	61	41	59	45	55	
K/W	49	51	50	50	47	53	
L	39	61	44	56	46	54	
M/E	41	59	54	46	48	52	
M/W	30	70	48	52	47	53	
N	37	63	42	58	48	52	
P/N	51	49	49	51	48	52	
P/S	45	55	50	50	46	54	
R/C	45	55	44	56	52	48	
R/N	48	52	48	52	46	54	
R/S	39	61	58	42	38	62	
S	29	71	45	55	45	55	
Т	34	66	39	61	42	58	
Total	42	58	49	51	47	53	

Note: (*) "0" represents no malnourished students was found during the health checkup.

Inference:

Percentage of malnutrition amongst girls is higher compared to boys in all three years. In the year 2013-14, no malnourished students were found from A ward, but the number of malnutrition has increased from 0 to 69% over a period of three years, actual number of gender wise malnutrition can be seen is Table 10.



Part C - Deliberation by Councillors and MLAs

Table 12: Number of questions asked by Councillors from 2013-14 to 2015-16

	2013-14	2014-15	2015-16
No. of councillors who have asked question on Malnutrition	15	13	13
No. of Questions asked on Malnutrition	17	15	16

Inference:

48 issues were raised by municipal councillors in Mumbai on malnutrition in the last 3 years from 2013-14 to 2015-16. In the same period, malnutrition cases in municipal schools in Mumbai have increased. Among the 6 wards worst affected by malnutrition, councilors from A, D and M/W wards did not raise a single issue on the topic.

While M/E ward is worst hit by malnutrition, only 5 questions were asked by councillors from this ward in the last 3 years.

Table 13: Number of questions asked by MLAs from Winter 2014 to Monsoon 2015

	Mumbai	State
No. of MLAs who have asked questions on Malnutrition	16	20
No. of Question asked on Malnutrition	43	77

Inference:

In winter session 2014 and budget session 2015, 16 MLAs from Mumbai raised 43 issues on malnutrition.

13 issues were raised by MLAs from the six wards worst hit by malnutrition namely, M/E, H/E, M/W, A, D and K/E wards.



Annexure 1 – Mid-day Meal Scheme

Introduction¹⁵:

National programme of mid-day meal in Schools (MDMS) is a flagship programme of the Government of India aiming at enhancing enrolment, retention and attendance and simultaneously improving nutritional levels among children studying in Government, Local Body and Government-aided primary and upper primary schools and the Centres run under Education Guarantee Scheme (EGS)/Alternative & Innovative Education (AIE) and National Children Labour Project (NCLP) schools of all areas across the country. MDM is also served in drought-affected areas during summer vacation also.

To achieve the objectives of the scheme, the guidelines prescribe the following nutritional content in the mid-day meal:

Item	Primary	Upper Primary
Calorie	450	700
Protein	12	20
Micro-nutrients	adequate quantities of micro-nutrients like Iron	, Folic Acid, Vitamin A etc.

The component-wise break up of above nutrition value of food items constituting Mid-Day Meal (MDM), both for primary and upper primary, are as under: -

		Primary		Up	per Primary	
Item	Requirement under MDM (in gms.)	Energy content (in calories)	Protein Content (in gms)	Requirement under MDM (in gms)	Energy content (in calories)	Protein Content (in gms)
Food grains (Rice/wheat)	100	340	8	150	510	14
Dal	20	70	5	30	105	6.6
Vegetables	50	25		75	37	
Oil & fat	5	45		7.5	68	
Salts & Condiments	As per need			As per need		
		480	13		720	20.6

Mid-day meals are provided in MCGM schools by 147 self-help groups like Savitribai Phule mandal, Charkop; Amar Krida Mandal, Bhandup, and other organisations (like ISKCON trust and Anarde Fundation).

 $^{^{15}} http://mdm.nic.in/Files/School\%20 Health\%20 Programme/Nutrition_Support/Nutrition_support_Introduction.pdf$



Annexure 2 – Integrated Child Development Service (ICDS)

The Integrated Child Development Services (ICDS) Scheme is one of the flagship programmes of the Government of India and represents one of the world's largest and unique programmes for early childhood care and development. It is the foremost symbol of country's commitment to its children and nursing mothers, as a response to the challenge of providing pre-school non-formal education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning¹⁶.

The ICDS Scheme offers a package of six services, viz.

- i) supplementary nutrition
- ii) pre-school non-formal education
- iii) nutrition & health education
- iv) immunization
- v) health check-up
- vi) referral services

Supplementary Nutrition:

The Supplementary Nutrition is one of the six services provided under the Integrated Child Development Services (ICDS) Scheme which is primarily designed to bridge the gap between the Recommended Dietary Allowance (FDA) and the Average Daily Intake (ADI). Supplementary Nutrition is given to the children (6 months – 6 years) and pregnant and lactating mothers under the ICDS Scheme.

The revised feeding and cost norms under Supplementary Nutrition Programme are as under:

Sr.	Category	_	Revised feeding & nutritional norms (per beneficiary per day				
No.		Calories (K Cal)	Protein (g)	(per beneficiary per day)			
1.	Children (6-72 months)	500	12-15	Rs.4.00			
2.	Severely malnourished children (6-72 months)	800	20-25	Rs.6.00			
3.	Pregnant women and Nursing mothers	600	18-20	Rs.5.00			

¹⁶ Annual Report 2015-16, Ministry of Women and Child Development, Government of India



Annexure 3 – School Health Department

School Health Services 17:

In 1913 Education Committee of MCGM started periodic health checkup of school children and this responsibility was taken over by Public Health Department in 1938. The aim of School Health Services is to provide the all-round development of the child by making available diagnostic and therapeutic services. In today's Global scenario, prevention has gained prime importance. Thus a positive attitude towards health education is imparted in the schools. Main objectives of School Health Services are: – 1) Promotion of positive health 2) Prevention of diseases 3) Early diagnosis, treatment and follow up 4) Providing conducive environment

Objective: - Regular Medical Examination of the municipal school children is conducted so that early diagnosis and treatment of diseases can be done. These objectives are achieved through 37 Medical Inspection units, each comprising of one Medical Officer, one Health Visitor and one Peon. There is a well-planned programme for each academic year with set objectives. As per RTI, as of 2015-16, there are 1263 schools including 16 schools for Mentally Challenged students¹⁸.

During routine medical inspection, the Medical Officers carry out a detailed checkup of students and screen them for minor and major ailments. During the course of the examination, minor ailments detected such as skin problems, conjunctivitis, vitamin deficiencies, worms, Upper Respiratory Tract, fever Infections, Anemia, fever and Diarrhea etc. are referred to nearby Municipal dispensaries for further treatment. Children with signs of major diseases like heart problems, Tuberculosis, leprosy, handicaps and those who need institutional treatment are referred to School Clinics located at Sion, KEM, Nair, Nair Dental, Rajawadi, Cooper & Bhagwati Hospital. In the school clinics children are examined and treated by expert doctors.

School Clinic Organisers take the children from schools by school buses to hospitals for expert's opinion, investigation, operative treatment and rehabilitation aids. Parents and children are advised on proper treatment, preventive measures, and steps to maintain the Health of the child. Whenever necessary first aid facility is being provided to school children. Diphtheria (D.P.T.) or Tetanus Toxoid (T.T.) for 1st Std. and Tetanus Toxoid (T.T.) immunization for Vth and Xth standard. is carried out in all schools through health post staff. Besides detailed check-up, a lot of emphasis is laid on Health Education which is carried out through daily health talks to students. Health awareness is spread to teachers and community by arranging parents-teacher's meetings. Sanitary inspection of school building is a routine task of medical team members, which has helped, immensely for promoting clean environment.

 $^{^{17}}http://www.mcgm.gov.in/irj/go/km/docs/documents/MCGM\%20Department\%20List/Public\%20Health\%20Department/RTI\%20Manuals/PubHealthDept_RTI_E02.pdf$

¹⁸ Source: The total number of school is 1263 as per Praja's report, while the total number of schools as per MCGM records is 1231. Some of MCGM secondary schools are run medium wise under the same name, hence the number that Praja has analysed is as per the medium wise segregation. Thus, MCGM and Praja number does not match as the number given by MCGM considers only 1 school even if it runs 2 mediums.



Child to child programme is carried out by each medical inspection team with aim of educating VIth standard. students in subjects like anemia, monsoon illnesses & ill effects of tobacco etc. Current topics based on World Health Organisation (WHO) day slogan are also included. Here health education is imparted to the children through fun & games activities and is effective in educating the children of standard VIth and their parents as well as other children in the slums. Taking into consideration the competitive spirit and to promote positive health, healthy child competition is held annually for age group of 7 years (Std II. students). Prizes in the form of bedsheets & pillow cover are awarded to 8 to 10 students per ward. Teachers and parents are given certificates.

Services:

- 1) Preventive services Diphtheria Pertusis or Tetanus (DPT) and Tetanus Toxoid immunization to children of Std. I Tetanus Toxoid immunization to children of Std. Vth & Xth
- 2) Curative Services Free dispensary services for minor ailments Free hospital services in special school clinics. Hospitalization and operative services. Rehabilitation services like provision of special boots, calipers, spectacles etc.
- 3) Educational Services Health takes Parents Interviews Parents teachers' meetings
- 4) Statistical Services Data analysis

Table 14: Staff personnel data for School Health Department (As per RTI data)

			Actual	% Difference between Sanctioned and
Designation	Sanction	Working	Difference	Working
Assistant Health Officer	1	1	0	0
Sr. Medical Officer	2	2	0	0
Medical Officer	37	37*	0	0
Head Clerk	2	2	0	0
Clerk	7	4	-3	-43
ССТ	1	1	0	0
Health Visitor	1	0	-1	-100
Jr. Health Visitor	37	14	-23	-62
School Clinic Organizer	6	2	-4	-67
Assistant School Clinic Organizer	26	18	-8	-31
Medical Record Technician	1	1	0	0
Projectionist	1	0	-1	-100
Peon	41	39	-2	-5
Labour	3	0	-3	-100
Total	166	121	-45	-27

Note: (*) Currently 24 doctors are posted in schools



Annexure 4 - Health Cards

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	Dull	1 -	1				
ED.	Active					T =	
K. Overall					-		
impression	Cheerful		0				
	Sad						
	Restless						
	Aggressive					1 -	_
L. Others	Pallor				0		
Deficiency	, and						
Disease	Vit. A	VIE. A VIE. B VIE. B VIE. C VIE. C	Vit. A Vit. B Vit. D	Vit. A Vit. B	8 B D O		V 80 U
Blood	Normal					Vit.	Vit. B
Pressure	Not Normal						
	Measurement		П				
market and	Jaundice						
	Swelling of feet				0		
	Fever						
-	Headache						
Lymph Node	es Cervical						
(enlarged)	Others	<u> </u>					
Congenital	Cleft Lip						
Disease	The second secon						
nizeaz6	Cleft Palate						
	Talipes						
	Club foot						
	Congenital Cataract						
	Ptosis				-		
	Congenital Deafness						
	Congenital Heart Disease	0			Ò		
	Ear Deformity						
		П				0	
	Others						
M. Skin	Rash						
	Scabies				0		-
	Pyoderma					The state of the s	
				0			
	Dermatitis						
	Fungal infection						
	Hypopigmentation patches						
	Others						
. Eye	Night blindness						
	Xerosis						-
	Bitot spots						
	Infection				10		
	Inflammation						
	Watering form Eyes						
	Squint						
	Corneal opacity						
	Retinal Problem	0					
	Others						
ion (Rt.Eye)	Normal						
	Normal With Glass						
	Not Normal With Glass						
0	Not Normal						The state of
on (Lt. Eye)	Normal	0			-		
	Normal With Glass						0
	Not Normal With Glass					0	
	Not Normal						
ar							
ai	Any Discharge						
	Otalgia	0					
	Wax ••						
	Others				0		
				17	2 1 - 1	the state of the state of	had



Hearing	Normal					
(Rt. Ear)	Not Normal		-			0
Hearing	Normal					
(Lt. Ear)	Not Normal					
P. Nose	Any Discharge			0		
	Bleeding					
	Deviated Nasal Septum					
	Polyps					
Q. Speech	Stuttering					
Defect	Stammering	0				
	Lisping					
R. Throat	Tonsils Enlarged					
	Thyroid Enlarged					
	Pharyngitis					
0.0 . 1/0 .	Sore throat					
S. Dental/Oral	Bad smell / poor oral hygiene					-
	Dental Caries				-	
	Tartar					
	Stains					
	Trauma					
	Malocclusion					
		0				
	Gingivitis					
	Oral Ulcer					0
	Stomatitis			0		
	Others			3		
T. Chest	Breathlessness			0		-
	Sounds:					
	Vesicular					
	Rhonchi	. 0				
	Crepitation					
	Chest deformity					
	Palpitation					
	Murmur					
	Cough		0 0		0 10	
	(< 2 weeks >2 weeks)					
U. Abdomen	Acidity					
	Vomiting					
	Diarrhoea '	0 .				
	Bleeding P/R					
	Pain Abdomen					
-	Worm infestation					
	Enlarged Liver					
	Enlarged Spleen					
-	Urination:					
	Increased frequency					
	Burning					
	Kidney Problem Others					
/1. Puberty	A. Discharge:					
hanges	Foul smelling					
for Girle	tchy					
	Curdy					
	B. Menarche/Age of starting				0	
	C. Menstrual Problem					
-	Acne Others				0	
2. Puberty	Gynecomastia			0	_	
hanges	Acne					
for Bours	Others			5	'	



W. Orthopedic	Physical d	leformity			Ö			
vv. Or triopedic			MANAGEMENT OF THE PARTY OF THE					
	Bow legs							-
	Gait defor	rmity					1	
	Flat foot							1
	Fracture		Ď.					
	Spine							
	Others		SIGNEDAY B					-
X. Neurological	Palsy							
	Paresis							
	Others							
	0.11613							
Υ.	Poor scho					0		1
Psychological	performa							-
problem	Anxiety /	Stress						
	Others							
							Emiles History	
Substance	Drug							
Abuse	Use of tot	bacco						1
	Others							
						14		
Z. Treatment								
Vitamin A	Date Dose	DID[M]M[Y]Y[Y]Y	CIONAIMIAIAIAIA	= DIOIMJWI	Utlala Olbimi		Luis Ing	oneman
Deworming	Date	O[D[W[M]Y]Y]Y[V	Diplorestatatata	CIONVINO	VIVIVIV UIDIMI	MIAIAIA OIDIN	OBVERTALL OF	DJW (M.)
	Dose		The second secon					
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1FA Others	Date Dose	nlote/imixixixix	ODIMINITY	O(D)M(M)	Alala Dipiral	Algio vivivivim	n MIAIAIA CI	o[M[M]Y
	Date Dose	DIO[MIMIXIY]Y)Y	Ololmixiaixi	(4)()()()()()()()()()()()()()()()()()()	MAIAIA BIDINA	wiałała otoiv	imialalala ele	MIMIY
	Date Dose	G[G[M[MIX]Y]Y]	ololwi, xixixi xixi	0,0,0,0,0	Aylyly slotter	MINIMINIA DIDIY	I I I	
Others Z1. Provisional	Date Dose							
Others	Date Dose NAD TB							
Others Z1. Provisional	NAD TB Leprosy							
Others Z1. Provisional	Date Dose NAD TB Leprosy RHD							
Others Z1. Provisional	NAD TB Leprosy RHD Anemia							
Others Z1. Provisional	Date Dose NAD TB Leprosy RHD							
Others Z1. Provisional	NAD TB Leprosy RHD Anemia							
Others Z1. Provisional	NAD TB Leprosy RHD -Anemia Others							
Z1. Provisional diagnosis	NAD TB Leprosy RHD -Anemia Others							
Others Z1. Provisional diagnosis	NAD TB Leprosy RHD -Anemia Others Remark	y						
Z1. Provisional diagnosis	NAD TB Leprosy RHD -Anemia Others Dispensar Periphen	ry y Hospital						
Z1. Provisional diagnosis Z2. Advice given	NAD TB Leprosy RHD -Anemia Others Remark	ry y Hospital						
Z1. Provisional diagnosis Z2. Advice given	NAD TB Leprosy RHD -Anemia Others Dispensar Periphen	ry y Hospital inic						
Z1. Provisional diagnosis Z2. Advice given Z3. Referred To	NAD TB Leprosy RHD -Anemia Others Dispensar Periphery School Cl	ry y Hospital inic						
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Z1. Provisional diagnosis Z2. Advice given Z3. Referred To	NAD TB Leprosy RHD Anemia Others Remark Dispensar Periphen School Cl Private H Medical Eye Dental ENT Orthopes Surgical Skin	y Hospital inic lospital						



** \sigma_0 = 1		class teacher.	T
Year			
Standard and Division.			
School		Admission No.	M.I.No.
School		Admission No.	M.I. No.
Name of the Child			
Date of Birth	Order of Birth	Mother's Name	
Father's Name		Occupation	
Annual Income	No. of occupants	No. of childre	n under 14 years
Type of Residence Hu	t Chawl	Flat	
Home Address	Programme To		The Author
Date	Summary of Teacher's N	urse's observation	Signat
			- Y
Important illness in the family Like Past illness of Child Like Typho	Dinhtheria Meastes Dinhtheria Physcial	Small-pox mumps	
Past illness of Child Like	Dinhtheria Meastes did Physcial Dinhtheria Dinhtheria	Small-pox mumps Accidents Conve	Rheumatish op
Past illness of Child Like Typho	Dinhtheria Meastes Dinhtheria Physcial	Small-pox mumps Accidents Convertion	Rheumatish op
Past illness of Child Like Typho	Dinhtheria Meastes Did Physcial Dinhtheria Physcial Physcial RECORD OF IMM	Small-pox mumps Accidents Convi	Rheumatish op
Past illness of Child Like Typho Fever Typho Phychological Problems at	Dinhtheria Meastes Dinhtheria Physcial Dinhtheris RECORD OF IMM Date and initial	Small-pox mumps Accidents Convi	Rheumatish op Ulsions Handica
Past illness of Child Like Typho Phychological Problems at Prophylaxis .	Dinhtheria Meastes Dinhtheria Physcial Dinhtheris RECORD OF IMM Date and initial	Small-pox mumps Accidents Convi	Rheumatish op Ulsions Handica
Past illness of Child Like Typho Phychological Problems at Prophylaxis Diphtheria Tetanus B. C. G.	Dinhtheria Meastes Dinhtheria Physcial Dinhtheris RECORD OF IMM Date and initial	Small-pox mumps Accidents Convi	Rheumatish op Ulsions Handica
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Past illness of Child Like Typho Phychological Problems at Prophylaxis Diphtheria Tetanus B. C. G.	Dinhtheria Meastes Dinhtheria Physcial Dinhtheris RECORD OF IMM Date and initial	Small-pox mumps Accidents Convi	Rheumatish op Ulsions Handica
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Past illness of Child Like Typho Fever Typho Phychological Problems at Prophylaxis Diphtheria Tetanus B. C. G. T. A. B. Others Pre School immunization	Dinhtheria Meastes id Physcial Physical	Small-pox mumps Accidents Convi	Rheumatish op Ulsions Handica
Past illness of Child Like Typho Fever Typho Phychological Problems and Prophylaxis Diphtheria Tetanus B. C. G. T. A. B. Others Pre School immunization and illness record	Dinhtheria Meastes did Physicial Physicial Date and initial Vaccinator ino	Small-pox mumps Accidents Convi	Rheumatish opulsions Handica
Past illness of Child Like Typho Fever Typho Phychological Problems and Prophylaxis Diphtheria Tetanus B. C. G. T. A. B. Others Pre School immunization and illness record	Dinhtheria Meastes did Physicial Physicial Date and initial Vaccinator ino	Small-pox mumps Accidents Convi	Rheumatish op Ulsions Handica



A-Good B-F			C-Poc	and the second of	N-No defect	Shanet	
Date of Examination							
Class/Division							
Types of Examination							
(Periodical-P. Special-S)		4				-	
Age Age							
Ht. (in Cm.)							
Wt. (in Kg.)							
Chest Normal						1.	
Expanded							
Congenital			300			1800	
General Cleanliness					- Cop		
Tongue Mouth				-			
Lips —							
Teeth (Decayed Gingivitis others)							
Skin (Ringworm Scabies							
eczema bolls others)						The second second	
Speech (Stammering, Lisping					19 10 10		
Lymph Nodes (cervicals others)							
Eye (Blophritis Trachoma Conjuctivitis							
Squint Karatiti Corneal (opacity others							
Vision,(Without glass) Rt.							
Lt.						1.	
(With glass) Rt.							
Lt.							
Ear, (Otitis Media, Deafness others)							
Nose (N. C. Deviated Septum)							
Throat (Tonsils, Sore throat)						7	
Abdomen (Spleen-liver-other)						-	
Value A							
Vitamin B Complex							
Deficiency C							
L D					4		
Heart (organic-Functional Underlined)					de la priscone		
Lungs Pleura (Bronchitis others) Tuberculosis				S A COMMO	GOL MINERAL		
Developmental Horina							
Orthopaedic (Posture, Flat foot galt-others)							
Nervous (Epilepsy Paresis others)							
Psycological (Behaviour							
Problem Others)							
Mental Condition Average-Dull							
Others (Anaemia-G. D.	-		-	+		-	-
Pheumatism others)							
General Condition (Health						-	
Average-Malnourished).		1.					
(Other finding)							17.71
Date Re	marks and	Suggestion	of A. H. O	(Schoole)		Signatur	Į.
The Men	amo and	- 49969001	. J. A. H. O	. (00110015)		olgnatur	6
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Annexure 5 - School Health Department/Medical Officer School data 2015-16

Parameters	Total cases
Total Students	3,83,485
Total Screened	1,89,809
Intimated	1,69,191
Dental Caries	97,165
Dental Other Defects	14,582
Scabies	778
Leprosy (New)	5
Skin Other	21,699
Lymphadenopathy	9,587
Speech	2,008
Eye Conditions	4,949
Eye (Defective vision)	10,451
Otitis Media	1,754
Ear Other Defects	24,221
Nose Defects	1,9827
Thyroid	44
Throat Other Defects	7,241
Splenomegaly	9
Vitamin 'A'	5,579
Night Blindness	6
Vitamin B-C-D	4,730
RHD (New)	5
Heart & Circulation	427
Tuberculosis (New)	153
Lung Other Defects	2,494
Orthopaedic Defectives	1,584
Polio Deformity	6
Mental Defects	1,286
Anaemia	13,684
Mal-nourishment	64,681
Worms	8,526
Other Defects	12,259
Total Defects	3,29,740
Students intimated in Clinics	17,545
Students Intimated in Dispensary	16,639