

Conclusions from a survey undertaken of 0-10-year children in 1 Gram Panchayat of Koppal district that quantifies the vulnerabilities that these children face across disabilities, global development delay, chronic illnesses and malnutrition, and makes the case for an inclusive approach to children 1

Chronic illnesses, malnutrition, disabilities, global development delay: in the eyes and experience of parents, these are all integrated in their child when s/he suffers from one, some or all of these. Yet, contradictorily, when they reach out for support, each of these are treated separately, in silos.

As an NGO Network that has worked with children since 1987, we are just as guilty, with separate interventions for malnutrition, early intervention, disabilities and medical referrals.

Recently, we decided to look at the child as a whole.

Chikkamyageri Gram Panchayat of Yelburga taluk of Koppal district comprises of 4 villages and 1 Tanda, which is part of Chikamyageri revenue village. It has a population of 8446 (100%). Of this, 1540 (18.23%) comprise 0-10 year children. During the survey, 288 (18.7% of 1540) children had accompanied their parents to their mother's villages or for seasonal migration. As a result, 1252 (81.3%) children were surveyed and assessed.

We found 16 (0.19% of 8446 population) children chronically ill, 262 (3.1%) children malnourished, 20 (0.24%) children disabled and 28 (0.33%) children suffering from GDD. Our survey and assessment found 326 (3.86%) of the children in this GP are vulnerable.

Because the 288 unsurveyed children is significant, we projected the vulnerability percentage against this number to find an additional possible 11 children, making for a total of 337 children (3.99%) of the total population as vulnerable.

S #	Village Name	Total Population	Total Household	Total children (0-10 yr) in the village			Screened children			Unscreened children
				Boys	Girls	Total	Boys	Girls	Total	
1	Kudgunti	1592	356	148	125	273	115	97	212	61
2	Chikkamyageri	3507	699	289	279	568	256	244	500	68
3	Chikkamyageri Tanda	487	75	78	74	152	45	51	96	56
4	Malaksamudr	1601	326	192	185	377	139	148	287	90
5	Kudrekotgi	1259	227	92	78	170	84	73	157	13
	Total	8446	1683	799	741	1540	639	613	1252	288
						18.23%			81.3%	18.70%

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Chikkamyageri GP Data

S #	Village Name	Total Population	Unscreened children	GDD			Disability			Malnutrition			Chronic Illnesses			Total identified children, including projected			Normal Children		
				Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1	Kudgunti	1592	61	1	1	2	2	1	3	32	22	54	3	2	5	38	26	66	77	71	148
2	Chikkamyageri	3507	68	9	5	14	5	3	8	63	62	125	7	3	10	84	73	160	172	171	343
3	Chikkamyageri Tanda	487	56	0	0	0	0	0	0	2	10	12	0	1	1	2	11	15	43	40	83
4	Malaksamudr	1601	90	4	4	8	3	4	7	20	27	47	0	0	0	27	35	65	112	113	225
5	Kudrekotgi	1259	13	2	2	4	2	0	2	14	10	24	0	0	0	18	12	31	66	61	127
	Total	8446	288	16	12	28	12	8	20	131	131	262	10	6	16	169	157	337	470	456	926
			3.41%			0.33%			0.24%			3.10%			0.19%			3.99%			#####

Chikkamyageri Panchayat has 337 projected vulnerable children, or a conservative 80 vulnerable children per village.

Based on this, we project the number of vulnerable children in

- Yelburga Taluk with 22 GPs to be at **7414**;
- **51,561** in Koppal district (153 GPs); and
- **384,517** 0-10-year vulnerable children in the 7 districts comprising the Kalyana Karnataka region (1141 GPs), a Constitutionally recognised backward region, and of which Koppal is a more developed part.

(NOTE: It would have been better to have projected the number of vulnerable children as a percentage of the Gram Panchayat population, but since the population numbers for the districts are based on the 2011 Census, we thought that the Gram Panchayat-wise projection was more conservative.)

Chikkamyageri GP 0-10 yr Child Survey: GDD					
S #	Village Name	Total Population	GDD		
			Boys	Girls	Total
1	Kudgunti	1592	1	1	2
2	Chikkamyageri	3507	9	5	14
3	Chikkamyageri Tanda	487	0	0	0
4	Malaksamudra	1601	4	4	8
5	Kudrekotgi	1259	2	2	4
	Total	8446	16	12	28
					0.33%

Global Development Delay

Timely and appropriate assistance is crucial for young children with global developmental delay (GDD) in the 0-10 years age group, for their overall development and future outcomes.

GDD is a condition in which a child experiences delays in multiple areas of development, including motor skills, language and communication, cognitive abilities, and social interaction. When children with GDD do not receive early intervention and

Tabulation				
Sl.No	Village Name	Boys	Girls	Total
1	Kudgunti	1	1	2
2	Chikkamyageri	9	5	14
3	Chikkamyageri Tanda	0	0	0
4	Malaksamudra	4	4	8
5	Kudrekotgi	2	2	4
	Total	16	12	28

support, several potential consequences can arise:

1. Prolonged Developmental

Delays: Without early assistance, children with GDD may continue to experience delays in reaching developmental milestones. This can affect their ability to perform age-appropriate tasks and engage in typical childhood activities.

- Learning Difficulties:** Delayed access to intervention services can lead to difficulties in acquiring new skills and knowledge. Children with GDD might

DD children village wise services tabulation data										
Sl.No	Village	Physio	Special education	Communication	Motivation/ Counseling	Medical referral	Behaviour modification	ADLS	Mobility aids	Govt schemes
1	Kudugunti	1	0	1	1	0	1	1	0	1
2	Chikkamyageri	5	2	4	9	2	2	3	2	2
3	Chikkamyageri Tanda	0	0	0	0	0	0	0	0	0
4	Kudrekotgi	0	0	1	1	0	1	0	0	0
5	Malaksamudra	5	3	4	6	2	2	4	3	1
	Total	11	5	10	17	4	6	8	5	4

struggle with academic learning, making it challenging for them to keep up with their peers in school.

3. **Social and Communication Challenges:** Children with GDD may have difficulty in forming social connections and communicating effectively with others. They may experience challenges in understanding and using language to interact with their family, peers, and teachers.
4. **Behavioral Issues:** Untreated GDD can lead to behavioral challenges as children may not have the necessary skills to communicate their needs and frustrations. This can result in frustration, tantrums, or withdrawal.
5. **Emotional and Psychological Impact:** Children with GDD may experience emotional difficulties and frustration due to their developmental challenges. This can lead to stress, anxiety, and low self-esteem.
6. **Impact on Family:** The lack of timely assistance can put significant stress on families who may struggle to understand and support their child's needs. The family might face challenges in managing the child's care and well-being.
7. **Missed Opportunities for Early Intervention:** Early childhood is a critical period for brain development and neuroplasticity. Delayed intervention might lead to missed opportunities for maximizing the child's potential through early interventions.
8. **Cumulative Effects:** The consequences of delayed assistance can have cumulative effects on the child's development, potentially leading to more complex challenges over time.

It's important to note that each child with GDD is unique, and the effects of delayed assistance can vary depending on the individual's specific condition and the nature of the delay. Early intervention programs and therapies, such as speech therapy, occupational therapy, and developmental interventions, are essential for children with GDD to help address their specific needs, support their development, and enhance their overall well-being and quality of life. Early identification and appropriate interventions are key to providing the best possible outcomes for children with GDD.

Issues relating to GDD are increasingly coming to the fore in our area. Unfortunately, while parents often receive a diagnosis, little or no therapeutic services are available for their children.

GDD, as its name suggests is about a child not achieving in time his/her milestone, from a list of global milestones.

Children who are diagnosed and are able to find an early interventionists' services are also able to receive other services, whether it be aids and appliances, learning materials or just enough time.

While the government, through its *Poshan* and other interventions is beginning to recognise the value of serving our children optimally, unfortunately, both conceptual and human capital has not kept in line with this. As a result, there is a gap between promise and reality.

CBR (Community-based Rehabilitation) workers is one way forward. By adding a Gram Panchayat-level field person to manage follow-ups. This person would support disability, Early interventionists, referrals and malnutrition requirements at the village/Gram Panchayat levels.

Chikkamyageri Tanda (hamlet) reports '0' for GDD. The inhabitants here are Lambanis, a sturdy group with a distinct cultural identity of their own. We will need to explore later when we come across other Lambani groups whether this factor is unique to them or only to this particular Tanda.

Disabilities

Chikkamyageri GP 0-10 yr Child Survey: Disability					
S #	Village Name	Total Population	Disability		
			Boys	Girls	Total
1	Kudgunti	1592	2	1	3
2	Chikkamyageri	3507	5	3	8
3	Chikkamyageri Tanda	487	0	0	0
4	Malaksamudra	1601	3	4	7
5	Kudrekotgi	1259	2	0	2
	Total	8446	12	8	20
					0.24%

When children with disabilities do not receive appropriate support and assistance during this critical period, several potential negative consequences can arise. Some of these consequences may include:

1. **Delayed Development:** Without early intervention, children with disabilities may experience delays in various areas of development, such as motor skills, language and communication, cognitive abilities, and social interaction.

2. **Reduced Learning Opportunities:** Delayed access to assistance can limit the child's learning opportunities, leading to difficulties in acquiring new skills and knowledge. Early interventions can help create a strong foundation for future learning.

3. **Social and Emotional Challenges:** Children with disabilities might face social isolation and struggle with emotional regulation if they do not receive support to navigate social interactions and cope with their emotions effectively.

4. **Behavioral Issues:** Untreated disabilities may contribute to challenging behaviours', as children may not have the tools to communicate or express their needs appropriately.

5. **Impact on Mental Health:** Lack of assistance and support can negatively impact the child's mental health, leading to issues such as anxiety, low self-esteem, and depression.

6. **Missed Window of Opportunity:** Early childhood is considered a critical period for brain

Disability Tabulation				
Sl.No	Village Name	Boys	Girls	Total
1	Kudgunti	2	1	3
2	Chikkamyageri	5	3	8
3	Chikkamyageri Tanda	0	0	0
4	Malaksamudra	3	4	7
5	Kudrekotgi	2	0	2
	Total	12	8	20

Category Tabulation				
Sl.No	Categories	Boys	Girls	Total
1	CP	0	3	3
2	ID	4	2	6
3	S&L	2	0	2
4	MD	1	0	1
5	AD	2	0	2
6	Flat foot	1	1	2
7	Learning Disability	1	0	1
8	Skyposis	1	0	1
9	Hydrocephalus	0	1	1
10	Microcephalus	0	1	1
	Total	12	8	20

Abbreviations	
CP	Cerebral Palsy
ID	Intellectual Disability
S&L	Speech and Language
MD	Mascular Distrophy
AD	Attention Deficiency

development. Delayed intervention may lead to a missed window of opportunity for neural plasticity, making it harder for the child to catch up later.

7. **Family Stress:** Families of children with disabilities may face increased stress and challenges in providing care and support when they do not have access to necessary assistance and resources.
8. **Long-term Effects:** The consequences of delayed intervention can have long-term effects on the child's life trajectory, affecting education, employment opportunities, and overall quality of life.

It is essential to provide early intervention services, therapies, and support for children with disabilities to help mitigate the potential negative effects.

Despite a Gram Panchayat-level cadre of Village Rehabilitation Workers, disabled 0-10 year children tend not to be diagnosed with a disability unless it is physically apparent.

VRW Disability stats for Chikamyageri GP:

0-10 years: 3

>10 years: 127. Total: 130

This survey identified 20 children in the 0-10 year age group: as a result, 17 children would have gone undiagnosed for some more years.

Revised Disability stats for Chikamyageri GP:

0-10 years: 20

>10 years: 127. Total: 147.

That's effectively, an increase of 24.6%

Chikkamyageri Tanda again reports '0' for disabilities. This is a possible area for an action research.

Many NGOs working with the disabled are not equipped to support Children with disabilities beyond the surface. Inclusive Education, for example, is more about providing PWDs with access to education and integration, than learning itself; NGOs working with the disabled are largely equipped with therapeutic or specialised skills to work with one disability at the same time, very few can support children with multiple disabilities. And many NGOs even today have little grasp or experience with community-based rehabilitation..

Chikkamyageri GP 0-10 yr Child Survey: Chronic Illness					
S #	Village Name	Total Population	Chronic Illness		
			Boys	Girls	Total
1	Kudgunti	1592	3	2	5
2	Chikkamyageri	3507	7	3	10
3	Chikkamyageri Tanda	487	0	1	1
4	Malaksamudra	1601	0	0	0
5	Kudrekotgi	1259	0	0	0
	Total	8446	10	6	16
					0.19%

Chronic Illnesses

When young children with chronic illnesses face delays in receiving timely and appropriate assistance, several negative consequences can arise, impacting their health, well-being, and overall quality of life.

Some of the potential outcomes include:

1. **Worsening of the Condition:** Delayed assistance can lead to the progression of the chronic illness, making it more challenging to manage and control. The child's symptoms may worsen, leading to increased discomfort and pain.

2. **Increased Risk of Complications:** Without timely medical intervention, chronic illnesses may result in complications and secondary health issues that could have been prevented or better managed with early assistance.
3. **Impact on Growth and Development:** Chronic illnesses can hinder a child's physical growth and development. Delayed assistance may lead to growth delays and developmental issues.
4. **Missed Educational Opportunities:** Prolonged absence from school due to health concerns can lead to missed educational opportunities and potential setbacks in academic progress.
5. **Emotional and Psychological Impact:** Chronic illnesses can take a toll on a child's emotional well-being and psychological health. Delayed assistance may contribute to feelings of frustration, anxiety, and isolation.
6. **Burden on Family:** Families of children with chronic illnesses may face increased stress and emotional burden when assistance is delayed. They may struggle to cope with the demands of managing the child's health needs without proper support.
7. **Higher Healthcare Costs:** Delayed assistance can lead to more severe health issues, resulting in increased healthcare costs for families and healthcare systems.
8. **Increased Hospitalizations:** Without timely management, chronic illnesses may lead to avoidable hospitalizations, disrupting the child's life and causing distress for both the child and their family.
9. **Impact on Long-term Prognosis:** Early intervention and appropriate medical care can often lead to better long-term outcomes for children with chronic illnesses. Delayed assistance may impact the child's prognosis and overall health trajectory.

To mitigate these negative effects, it is crucial to identify and diagnose chronic illnesses as early as possible. Early intervention and timely access to appropriate medical care, therapies, and support services can significantly improve a child's health outcomes and overall quality of life. Families, healthcare providers, and support networks play a vital role in ensuring that children with chronic illnesses receive the necessary assistance and care in a timely manner.

Chikkamyageri GP 0-10 yr Child Survey: Malnutrition					
S #	Village Name	Total Population	Malnutrition		
			Boys	Girls	Total
1	Kudgunti	1592	32	22	54
2	Chikkmyageri	3507	63	62	125
3	Chikkmyageri Tanda	487	2	10	12
4	Malaksamudra	1601	20	27	47
5	Kudrekotgi	1259	14	10	24
	Total	8446	131	131	262
					3.10%

Malnutrition

For young children with malnutrition in the 0-10 years age group, timely and appropriate assistance is critical for their growth, development, and overall well-being. When children with malnutrition do not receive early intervention and support, several potential consequences can arise:

1. **Impaired Physical Growth:** Malnutrition can lead to stunted growth, delayed height and weight gain, and physical development issues. Delayed

assistance may further exacerbate these growth impairments.

2. **Cognitive and Intellectual Development Delays:** Malnutrition can have a negative impact on cognitive development, affecting learning abilities and intellectual potential. Delayed assistance may hinder the child's cognitive progress.
3. **Weakened Immune System:** Malnutrition weakens the immune system, making children more susceptible to infections and illnesses. Without timely assistance, the child's immune system may remain compromised.
4. **Nutritional Deficiencies:** Malnutrition often results in various nutrient deficiencies, which can lead to a range of health problems. Delayed assistance may prolong the presence of these deficiencies.
5. **Increased Susceptibility to Diseases:** Malnourished children are more vulnerable to infectious diseases due to their weakened immune systems. Without timely assistance, the child's health may continue to be at risk.
6. **Long-term Health Complications:** Untreated malnutrition can lead to long-term health complications, including chronic illnesses and developmental issues.
7. **Impact on Mental Health:** Malnourished children may experience emotional and psychological challenges due to their physical health struggles. Delayed assistance may contribute to mental health issues.
8. **Educational Challenges:** Malnutrition can hinder a child's ability to learn and participate in educational activities. Delayed assistance may lead to educational setbacks.
9. **Impact on Family:** Families of malnourished children may face increased stress and emotional burden when they do not receive timely assistance for their child's nutritional needs.
10. **Risk of Mortality:** In severe cases of malnutrition, delayed assistance can increase the risk of mortality or long-term health complications.

India has been recognized as having one of the highest rates of malnourished children globally.

With September 2021 as a cut-off, an estimate of the total number of malnourished children in India can be arrived at if we consider the population of children under the age of five in the country. According to the United Nations Population Division estimates for 2021, the population of children under five in India is approximately 122 million.

Using the prevalence rates mentioned in the Global Nutrition Report 2020, we can estimate the number of malnourished children in India as follows:

1. Stunted Children: 37.9% of 122 million = Approximately 46.24 million stunted children
2. Wasted Children: 20.8% of 122 million = Approximately 25.38 million wasted children
3. Underweight Children: 35.8% of 122 million = Approximately 43.68 million underweight children

These estimates provide a general understanding of the magnitude of malnutrition in India. However, it's important to note that these figures are based on estimates and may not reflect the current situation or the most up-to-date data. This is as true for Koppal.

Koppal is a more developed district in Kalyana Karnataka. In the context of its better economy, it's a little surprising to see that 3.10% of the 0-10 year children in Chikkamyageri GP are malnourished. This is more than 3.48 times the number of children with GDD, disabilities and chronic illnesses combined.

The budget for 2023-24 for the ICDS in India is Rs 20,500 Crores/US\$250 Billion. Given that India has the highest rate of malnourished children globally, this budget figure should be seen as an opportunity: the slightest improvement can increase its effectiveness significantly.

The ICDS worker at the village level is paid around Rs 11,500 pm. The ones we met during our survey are motivated women, mindful of their responsibility. Unfortunately, if you see their workload, it becomes apparent that they just do not have time to do everything allocated to them.

Again, nutritional monitoring is fairly mathematical in its concept and practice. Identify the malnourished by tracking their individual height and weight. This informs the ICDS worker of their nutritional status, with subsequent weighing and height measurements plotting their precise improvement or not.

The ICDS workers are responsible for the Rs 20,500 Crore at each of their villages. Fiduciary and programme accountability is maintained by monitoring their village's measurements by maintaining 39 registers. The list of registers is not appended here but is available. A Time Motion study would show that an ICDS workers' tasks are impossible to do well or without 'managing' these so that the most is done best. We believe that one of the casualties of this workload is a weak height/weight mechanism. If this is correct, then programme accountability becomes difficult, as does any monitoring, making the present malnutrition figures understandable.

Since height/weight monitoring is so critical, and because it touches the lives of most households, we believe the community should be engaged in this, and that a boring exercise can be morphed into an exciting day by conducting a public Bal Utsav (children's festival) every 4th month. This children's day should be a structured day of fun, songs and magic, with all 0-10-year children having their height and weight taken as part of the day's activities.

These 4th monthly measurements will also effectively provide the space for a community and family conversation as to why some children are getting better and some are not, and allow the community to get engaged with their children.

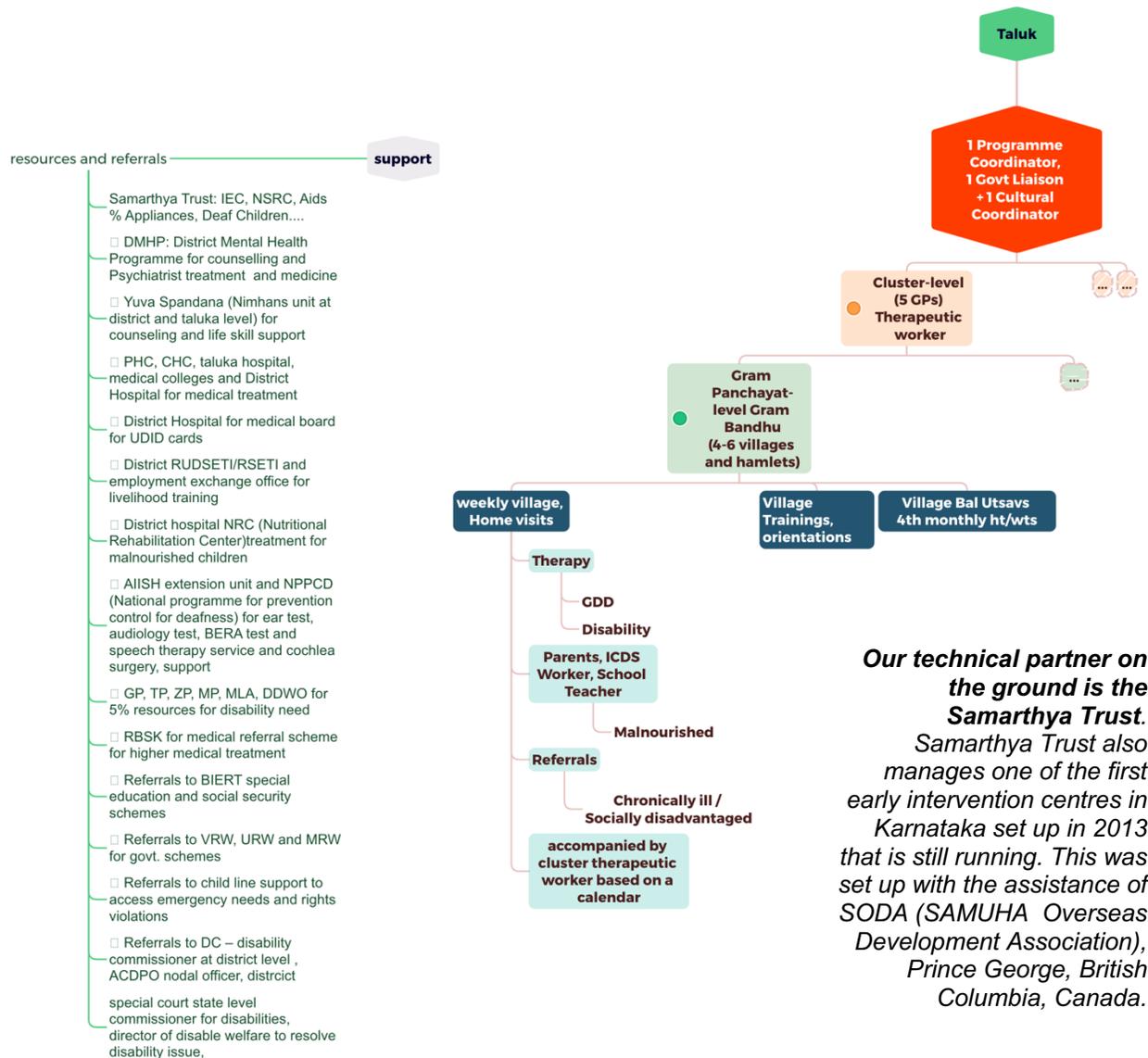
Once this is done, ICDS workers, while dealing with all the children and tasks that they are responsible for, should till the next Bal Utsav only monitor those children who are malnourished, and those who have taken ill during this period. Not weighing nourished children will reduce the workload immediately.

Since the workload is high, there is a need for one more Gram Panchayat-level worker. We had mentioned community-based workers as a possibility earlier on. They would be tasked with making house visits of all malnourished, disabled, GDD and chronically ill children to ensure that their nutritional levels increase, required therapeutic activities are undertaken, children are referred and the social welfare benefits a family should receive, are.

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In turn, they will be assisted/supported by cluster-level therapists, and three Taluk workers who would be responsible for liaison with the larger referral possibilities existing at the district and regional level; for organising the Bal Utsavs, which could also be used to identify and grow talent amongst these children; and for ensuring that the roughly 7414 vulnerable children in the taluk are managed and reported on uniformly.

The following schematic offers a visual representation of how vulnerable children in Yelburga Taluk can be identified and supported. On the left is a list of infrastructure available at the district level. The organogram itself is self-explanatory:



Conclusion: This paper examines a survey undertaken to identify vulnerable children, extrapolates this number at taluk, district and regional (comprising the 7 districts of Kalyana Karnataka) levels, details some of the issues these children face if they do not receive the support they need, and visualises a structure that could help these vulnerable children receive the required support.

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