

Analysis of Malnutrition and Disability in Chikkamyageri GP

1. Survey

A detailed village-wise analysis of child malnutrition and developmental delays (disability and GDD) was undertaken in Chikkamyageri Gram Panchayat (GP), of Yelburga Taluk of Koppal District in Kalyana Karnataka . This data was again reviewed to

- Quantify children by nutritional categories (1-4)
- Identify overlaps between malnutrition, disabilities and developmental delays
- Compare findings with NFHS-5 benchmarks
- Assess national significance, and
- Propose scalable solutions

2. Village-wise Nutritional and Developmental Summary

Village	Malnourished (C1-4)	Malnourished + Disabled	Malnourished + GDD
Kudgunti	54	1	1
Chikkamyageri	125	2	3
Chikkamyageri Tanda	12	0	0
Malaksamudra	47	1	2
Kudrekotgi	24	0	1
Total	262	4	7

*the absence of children with disabilities, GDD in the Tanda is an anomaly

3. NFHS-5 Benchmark Comparison

According to NFHS-5 (2020-21), Karnataka's malnutrition rates among under-5 children are:

- Stunted: 35.4%
- Wasted: 19.5%
- Underweight: 32.9%

Chikkamyageri GP's 0-10 year age group has a malnutrition rate of ~21%, below Karnataka's average. However, the incidence of disability (1.6%) and GDD (2.2%) exceeds national norms, making it significant.

4. Multi-sectoral Analysis

- Community Health perspective: Identifies clustering of vulnerability and a need for birth to 5-year tracking as a continuum: Pre-natal, Natal, Post-natal, Birth Registration, Universal Immunisation, Nutritional Monitoring, Nutritional Supplements, Early Stimulation... for optimal physical and mental development
- Disability perspective: Finds systemic gaps in early diagnosis and multi-disability support.
- Learning perspective: Stresses malnutrition's impact on early cognition and education.
- Child Development perspective: Highlights missed neuroplastic windows due to late interventions.

5. Interpretation and Overlap

11 of 262 malnourished children are also disabled or GDD. This means about 1 in 5 children with developmental delays are also malnourished — a significant overlap.

This overlap demands integration across nutrition, disability care, and early stimulation programs.

6. Disability and Malnutrition Linkages

Disabilities can contribute to malnutrition via medical complications, societal neglect, and feeding difficulties. Meanwhile, chronic malnutrition may result in irreversible developmental damage and cognitive delay.

7. Operational Challenges

Despite a ₹21,960 Crore national allocation for ICDS, the inability to manage malnutrition in the field and unrealistic workloads on Anganwadi workers results in misreporting. Children in Categories 3 & 4 are under-reported to preserve unit and national performance.

8. Proposed Solutions

- Introduce digital nutritional monitoring synced to child growth records
- Integrate ASHA birth records for 100% coverage
- Deploy dedicated HR at Anganwadi centres to follow up on Category 3 & 4 children
- Reduce record keeping time through integration of digital records to allow Anganwadi workers to use their time to refocus on early learning and stimulation.

9. Budgetary Considerations

Compared to the number of children whose mental and physical developmental is affected and the size of the current budget, the budgetary requirements for tech tools, specialized HR, and quarterly community engagement ('Bal Utsavs' / child festivals) to improve accountability is small.

10. Conclusion

Dedicated field inputs can tackle overlapping vulnerabilities effectively through an integrated, tech-enabled, and HR-supported model. Such a pilot lends itself to scaling up across GPs, taluks, districts, and backward regions such as Kalyana Karnataka.

11. Summary of Findings and Recommendations

- ~21% of children are malnourished; 1.6% disabled; 2.2% with GDD
- 1 in 5 children with disabilities or GDD are also malnourished
- Recommend integrated tracking, digital registers, and focused follow-up
- Proposed model is scalable to any needed level.