

**GOVERNMENT OF INDIA  
WOMEN AND CHILD DEVELOPMENT  
LOK SABHA**

STARRED QUESTION NO:184  
ANSWERED ON:05.12.2014  
COMMUNITY BASED MANAGEMENT PROGRAMME FOR MALNUTRITION  
Shrirang Shri Chandu Barne

**Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:**

- (a) whether the Government has formulated/proposes to formulate a policy for Community-based Management Programme for women and malnourished children under 5 years across the country;
- (b) if so, the details thereof and the status of its implementation; and
- (c) the funds allocated/being allocated for the purpose, State/UT-wise ?

**Answer**

MINISTER OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI MANEKA SANJAY GANDHI)

(a) to (c): A Statement is laid on the Table of the House.

Statement referred to in reply to Part (a) to (c) of Lok Sabha Starred Question No.184 for 05.12.2014 by Shri Shirang Appa Barne regarding `Community-based Management Programme for Malnutrition1.

(a) & (b); Yes Madam, under the Integrated Child Development Services (ICDS) scheme, the Government has rolled out a Community based management programme for malnourished children under 6 years across the country.

Integrated Child Development Services, a centrally sponsored scheme aims at holistic development of children below 6 years of age and pregnant women & lactating mothers. It provides a package of six services comprising of (i) supplementary nutrition (ii) pre-school non-formal education (iii) nutrition and health education (iv) Immunization (v) health check-up and (vi) referral services.

Under the restructured and strengthened ICDS scheme, from 2012 a number of new components have been introduced. One of these components is `Sneha Shivar`, designed to be a community based approach for the prevention and management of moderate and severe under nutrition. Sneha Shivar has been introduced in 200 high burden districts of the country and is to be serviced through an Additional Anganwadi Worker/ Nutrition Counsellor at the Anganwadi Centre.

The concept of Sneha Shivirs is based on the premise that some children thrive better than others because their care givers follow some positive care practices. These practices need to be promoted to convince mothers/care givers of under nourished children. Many such practices are rooted in local traditions and practices and are therefore culturally acceptable, affordable and sustainable. Care behaviors are intrinsically linked and include infant and young child feeding, health, hygiene, psycho social care and care for girls and women.

The scheme provides for holding of Sneha Shivirs at an Anganwadi Centre (AWC) selected from amongst a cluster of 4-5 AWCs and is organized in areas where the number of moderately and severely underweight children is high. Its overall goal is to ensure quick rehabilitation of undernourished children; enable families to sustain rehabilitation; and prevent future undernutrition by changing behaviors in child care, feeding and health seeking. Key strategies include i) orientation of Anganwadi Workers (AWWs) and Supervisors; ii) 100% weight monitoring and tracking using growth charts and the Mother and Child Protection Card; iii) involving the community in identification and management; iv) showcasing positive practices and v) setting up of nutritional care and counseling sessions. Each Sneha Shivar comprises of a session of 12 days followed in month by 18 days home based practices. During the sessions, the best practices prevalent in the community are learnt by caregivers through a process of `Learning by Doing`.

The activities undertaken during the session are weight recording, deworming and administration of Iron and Folic Acid, learning by doing feeding sessions, counseling, care practices, case management and assessment of adequate weight gain, medical support and referral and follow up action in 18 days home care.

During the Sneha Shivar the AWWs with the help of community volunteers, mothers groups and Self Help Groups facilitate a-learning-by doing technique for mothers and care givers of moderate and severe underweight children. They practice new cooking, feeding, hygiene, health and caring behaviors.

The ANM/Doctor under the National Rural Health Mission (NRHM) is responsible for health check up of all the underweight children reporting to Sneha Shivirs. For those children who are attending the Shivar and still not showing signs of improvement, the ANM or a doctor is responsible for deciding on type of referral or treatment facilities required as well as linking the child to appropriate health

care/treatment.

During the years 2013-14 and 2014-15, 1,61,665 and 2,07,189 Sneha. Shivar camps have been sanctioned respectively.

A statement showing number of Sneha Shivar camps sanctioned to various States/UTs during 2013-14 and 2014-15 and the funds sanctioned is Annexed.