

Melghat Malnutrition Crisis: Why Infant Deaths Persist and What Experts Recommend

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Melghat Malnutrition Crisis Latest News

- Recently, the Bombay High Court sharply criticised the Maharashtra and Union governments for their extremely casual handling of the alarming rise in **malnutrition**-related infant deaths in Melghat, a tribal-dominated region in Amravati district.
- A petitioner informed the court that 65 infants (0-6 months) had died due to malnutrition between June 2025 and now, and over 220 children were currently classified as Severe Acute Malnutrition (**SAM**) — with half at risk of dying without immediate intervention.

Melghat's Persistent Malnutrition Crisis: Current Status

- For over three decades, Melghat, home to predominantly Korku tribal communities, has struggled with chronic infant and maternal deaths linked to malnutrition and poor healthcare access.
- Despite multiple government schemes, malnutrition remains widespread due to:

- Food insecurity
- High infection rates
- Poor access to healthcare
- Severe anaemia

Infant Deaths: Fluctuating but Persistently High

- Melghat comprises Dharni and Chikhaldara talukas with 324 villages. Infant deaths remain worryingly high.
- Officials argue deaths stem not only from malnutrition but also:
 - Anaemia
 - Sickle cell disease
 - Pneumonia
 - Delayed treatment due to poor connectivity
- However, the petitioner maintains that malnutrition exacerbates these illnesses, making them fatal without timely care.

Alarming Malnutrition Numbers

- An affidavit submitted to the High Court shows:
 - 10,000 children identified with malnutrition (SAM) in November 2024
 - Dharni: 1,290 children
 - Chikhaldara: 788 children
- The district administration claims interventions like:
 - Hot cooked food scheme (eggs & bananas 4 times a week)
 - Village Child Development Centres (VCDC)
- But also acknowledges persistent “peripheral issues” like connectivity and healthcare delays.

Statewide Malnutrition Landscape

- According to Maharashtra’s Women & Child Welfare Minister (Poshan Tracker data, Feb 2025):
 - 1.82 lakh malnourished children in the state
 - 30,800 Severe Acute Malnutrition (SAM)
 - 1,51,643 Moderate Acute Malnutrition (MAM)
- IIPS Mumbai also reports Maharashtra’s poor nutrition indicators:
 - 35% stunted
 - 35% underweight
 - 26% wasted
- These figures show systemic shortcomings beyond Melghat.

Persistent Challenges Fueling Melghat’s Malnutrition and Infant Mortality Crisis

- Melghat faces severe infrastructural deficits that delay urgent medical care:

- Poor road conditions make reaching hospitals on time difficult.
- Inadequate electricity supply affects homes and healthcare facilities.
- Shortage of fully functional PHCs, forcing dependence on distant hospitals.
- These gaps contribute directly to preventable infant and maternal deaths.

Fragmented Governance and Poor Coordination

- Experts note that various government departments work **in silos**, leading to:
 - Irregular supply of nutrition supplements
 - Weak monitoring of malnutrition cases
 - Poor coordination in implementing policies
- This fragmentation undermines even well-designed interventions.

Severe Shortage of Doctors and High Absconding Rates

- Melghat continues to struggle with recruiting and retaining medical professionals – High **absenteeism** among doctors.
- Despite improved salaries and incentives, difficult working conditions deter medical staff.

Cultural Preference for Traditional Healing

- A large section of the tribal community still depends on bhoomkas (traditional healers).
- Methods like damma (burning skin with hot iron tongs) delay scientific treatment and worsen conditions, particularly in sick infants.

Intergenerational Malnutrition Cycle

- Health challenges often begin before birth:
 - Many tribal women enter pregnancy underweight and anaemic
 - They give birth to low-birth-weight babies with weak immunity
 - Limited healthcare access means infections go untreated, raising mortality risks
- This perpetuates a cycle of malnutrition across generations.

Expert-Backed Solutions to Tackle Malnutrition in Melghat

- Experts emphasise that eliminating malnutrition requires far more than food distribution. It demands a holistic, coordinated, and systems-based approach.
- **Strengthen the Healthcare Ecosystem**
 - Build a robust maternal and child healthcare system.
 - Ensure timely care for infections, anaemia, and other co-morbidities.
 - Upgrade civic and health infrastructure across Melghat.
- **Empower ASHA Workers with Strong Training**
 - Create a well-trained cadre of ASHA workers skilled in early identification of malnutrition.
 - Equip them to initiate timely referrals and follow-up interventions.

- **Integrate Health and Nutrition Interventions**

- Combine nutrition support with treatment of associated illnesses.
- Implement coordinated health-nutrition programmes rather than isolated initiatives.

- **Promote Community-Centred Behaviour Change**

- Engage communities to shift harmful practices and strengthen trust in modern healthcare.
- Encourage awareness on maternal health, child feeding, and hygiene.

- **Ensure Interdepartmental Convergence**

- Experts stress that lasting solutions require all departments to work together:
- Health, Women & Child Development, Rural Development, Tribal Welfare, Social Welfare, PWD
- Coordinated action prevents gaps and improves service delivery.

- **Fix Doctor Recruitment and Retention**

- Enforce due diligence during appointments.
- Ensure doctors serve full tenures, backed by improved working conditions and monitoring.

Conclusion

- Melghat's crisis is not just about food scarcity but a complex mix of poor infrastructure, healthcare gaps, cultural practices, and administrative weaknesses.
- Without systemic, coordinated reforms, infant deaths and malnutrition will persist.
- Ending malnutrition in Melghat requires a **synchronised, multi-sector effort** — strong healthcare systems, empowered frontline workers, integrated programmes, community engagement, and strict accountability in staffing.

Source: **TH** | **HT**

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