S(H)AME FIGURES - ARROUND THE WORLD

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ABSTRACT

Words have no bounds to illustrate the great tragedy like phenomena which is taking place all around the world. Particularly when we observe the two individual variables like symptoms literacy and malnutrition, that expresses the panic of civilian living in society. This paper touches the vast mismatch between these two figures and discusses the elements need to concern in order to decrease the number of people with disabilities and under privilege state, instead of eradicating the stupid nonsense. It suggests the one mechanism need to opt by the people who are exercising power and authority with responsibility and recognition. It covers countries Zimbabwe, South Asia, Myanmar, India and Sudan with recent figures and exposures.

Key Words: privilege, rehabilitation, underweight, dearth, mechanism, poverty, disease, attention, and infrastructure.

When you know the importance of communication then only you will try to get familiarity with the language. In similar when a person recognizes the need then automatically starts working towards that. Here the point is countries like LDC (Least Developed Countries) MDC (Most Developed Countries) and UDC (Under Developing Countries) irrespective of their GDP and economical status, maintaining a percentage of people with under weight, with diseases and immature personalities. Nearly 870 million people, or one in eight, were suffering from chronic undernourishment in 2010-2012, according to the new UN hunger report released. The vast majority of the hungry, 852 million live in developing countries around 15 percent of their population, while 16 million people are undernourished in developed countries. Even though today we are proudly saying and depending on technology that, we can do any kind of operation or application with smart and faster features, but it wont work in creating of future potential population where one in every five under the age of five are with under weight and disabilities. With taking priority and concern I would like to suggest some of my ideas which can make us a better healthy civilian. They are;

1. PROPOSED MECHANISM

    Courtesy: it works at all the times where the people who are been engaged with the responsibilities of passing benefits from the government to end real user. It is almost a debatable question that, how perfect our ruling system is, an individual who is taking responsibility as a civil servant must remember that he is also a part of nation and it should message everybody the same thing without any fail. The real fruits of development are positioned in the hands of soldiers like employees who are directly getting involvement in the system.

    Courage: The main motive which directs people towards performing a task also directs by, the amount of courage that an individual possesses. When a person taking charge to fulfill the need of any job, the system should confirm that whether he is fit with all the necessary intra traits or not. It makes sense in the manner of alerting and attaining of right people to the right place.

    Commitment: what to do, when and where to do, how and what to do with a proper plan and projection makes difference among the people. Commitment which drives all these must posses by the individual to enhance the ration of success and to make it as most accost one.

    Clarity: It gives clear directions to the people who are moving in an area, they can maximize their potential with visible figures. Particularly, system to generate or to Make it genuine it should have clarity at each and every area and transaction where it is entering or doing things with the aim of getting positive outcome.
Here am with reality figures from specified areas related to malnutrition

2. A JOURNEY WITHOUT FULFILLMENT

2.0 South Asia

2.1 Afghanistan

• 19 million people empowered by Community Development Councils (CDC)
• 25,096 km of roads constructed/rehabilitated
• 24,862 communities received financing to implement their priority sub-projects
• School enrollment increased from 1 million to 7 million children

2.2 Nepal

• 1.2 million people with improved water supply
• 38,087 additional households with access to electricity
• 18,676 community water points constructed/rehabilitated
• 760,000 people in rural areas provided with access to improved water

2.3 Pakistan

• 1.9 million micro-credit loans made to communities
• School participation rate increased from 30% to 80% on average in Sindh
• Net primary enrollment increase from 45% to 62% on average in Punjab

2.4 Bangladesh

• Constructed 20 percent of installed capacity for electricity generation
• 10 million rural households provided with access to electricity (grid or solar)

• Girls’ enrollment in secondary schools jumped from 47% (2007) to 55% in 2012.

• More than 1,800 km of rural roads maintained

2.5 India

• 13 million households formed community-manage institutions, mobilizing US$1 billion in savings

• 25 million rural people benefited from rural water supply and sanitation projects in past 15 years

• In Maharashtra, 2 million women got access to sanitation facilities.

• 20 million previously out-of-school children enrolled in elementary school by Education for All Program since 2001

• 200,000 households in 1,000 post-conflict villages benefited from infrastructure/productive investment

• 620 km of roads rehabilitated

• Roads in poor conditions dropped from 52% in 2005 to 38% in 2010

• 100,000 additional households with access to off-grid electricity

MESSAGE:

With its large young population, South Asia will be a critical part of the coming Asian century

• South Asia will account for a large share of the world’s labor force, especially if more women participate productively

• The narrative around regional cooperation is changing with the growing realization of the opportunities for creating jobs, sharing energy resources, mitigating climate and disaster risks, and reducing conflict through greater regional cooperation

• The SAR strategy will continue to build on strong client demand and WBG access to help:

– Create more and better jobs by mitigating constraints on growth

– Build skills and improve health and nutrition outcomes, both closely linked to our focus on women

– Promote and support regional cooperation and integration

– Strengthen governance and help the WBG become the premiere institution in achieving development impact in weak governance condition
3. S(h)ame figures – country wise

3.0 Zimbabwe

The Costs of Undernutrition
• Over one-third of child deaths are due to undernutrition, mostly from increased severity of disease. Children who are undernourished between conception and age two are at high risk for impaired cognitive development, which adversely affects the country’s productivity and growth. The economic costs of undernutrition include direct costs such as the increased burden on the health care system, and indirect costs of lost productivity.
• Childhood anemia alone is associated with a 2.5% drop in adult wages.

Where Does Zimbabwe Stand?
• 33% of children under the age of five are stunted, 12% are underweight, and 7% are wasted. 11% of infants are born with a low birth weight. Zimbabwe is currently not on track to meet MDG1c (halving 1990 rates of child underweight by 2015) with business as usual

Key areas to address Malnutrition:
Increase nutrition capacity within the Ministries of Health and Agriculture. Improve infant and young child feeding through effective education and counseling services.
Increase coverage of vitamin A supplementation for young children. Achieve universal salt iodization.
Improve dietary diversity through promoting home production of a diversity of foods, and market and infrastructure development.

World Bank Nutrition-Related Activities in Zimbabwe
The World Bank is engaging with Zimbabwe through its analytic and advisory work. An institutional development plan on Zimbabwe’s Food Security Crisis was recently produced. A more in depth assessment on nutrition has been scheduled to take place in April 2010.

3.1 Myanmar

The Costs of Malnutrition
• Over one-third of child deaths are due to undernutrition, mostly from increased severity of disease. Children who are undernourished between conception and age two are at high risk for impaired cognitive development, which adversely affects the country’s productivity and growth. Myanmar is anticipated to lose a cumulative US$430 million to chronic disease by 2015.5 The economic costs of undernutrition and overweight include direct costs such as the increased burden on the health care system, and indirect costs of lost productivity. Childhood anemia alone is associated with a 2.5% drop in adult wages.

Where Does Myanmar Stand?
• 41% of children under the age of five are stunted, 30% are underweight, and 11% are wasted. 40% of those aged 15 and above are overweight or obese. Close to 1 in 7 infants are born with a low birth weight.

The Double Burden of Undernutrition and Overweight
Myanmar has also seen a recent increase in adult obesity. Low-birth weight infants and stunted children may be at greater risk of chronic diseases such as diabetes and heart disease than children who start out well-nourished. This “double burden” is the result of various factors. Progress in improving community infrastructure and development of sound public health systems has been slow, thwarting efforts to reduce undernutrition; while the adoption of Western diets high in refined carbohydrates, saturated fats and sugars, as well as a more sedentary lifestyle are commonly cited as the major
contributors to the increase in overweight and chronic diseases. Vitamin and Mineral Deficiencies Cause Hidden Hunger Although they may not be visible to the naked eye, vitamin and mineral deficiencies impact wellbeing, and are pervasive in Myanmar.

• Vitamin A: 37% of preschool aged children and 18% of pregnant women are deficient in vitamin A. Iron: Current rates of anemia among preschool aged children and pregnant women are 63% and 50%, respectively.12 Iron-folic acid supplementation of pregnant women, deworming, provision of multiple micronutrient supplements to infants and young children, and fortification of staple foods are effective strategies to improve the iron status of these vulnerable subgroups.

World Bank Nutrition-Related Activities in Myanmar
The World Bank is currently not involved in any nutrition-related program or activity in Myanmar.

3.2 Sudan

The Costs of Undernutrition
• Over one-third of child deaths are due to undernutrition, mostly from increased severity of disease. Children who are undernourished between conception and age two are at high risk for impaired cognitive development, which adversely affects the country’s productivity and growth. The economic costs of undernutrition include direct costs such as the increased burden on the health care system, and indirect costs of lost productivity. Childhood anemia alone is associated with a 2.5% drop in adult wages.3

Where Does Sudan Stand?
• 40% of children under the age of five are stunted, 27% are underweight, and 16% are wasted.
• One-third of infants are born with a low birth weight.

World Bank Nutrition-Related Activities in Sudan
Projects: The World Bank is currently overseeing two health system development operations financed by the Multi-Donor Trust Fund for Sudan—with important interventions designed to improve child health and reduced mortality rates. In the first phase, this project was supported with US$60 million; another US$63 million was recently approved for phase two to focus on the provision of a basic package of health service with emphasis on maternal and child health. In addition, several reports have been completed in past years including two health sector reviews and a how-to-guidance on improving dialogue in areas including child and maternal health.

Conclusion:

With this, one can clearly understood that, the problem of malnutrition is there all around the world and it is getting increase year by year, instead of technological and scientific enhancements and innovations. The world where working towards green concept (GO GREEN) should also work towards green poverty. It helps all the basic fundamental structures to work and to fight with strengths and potential. HEALTHY PEOPLE – HEALTHY NATION – WEALTHY GLOBE.

References:

1. The State of Food Insecurity in the World 2012 (SOFI), jointly published by the UN Food and Agriculture Organization (FAO), the International Fund for Agricultural Development (IFAD) and the World Food Programme (WFP)

4. 870 million people do not have enough to eat and 98 percent of them live in developing countries. (Source: FAO news release, 2012)

5. Asia and Oceania are home to around 564 million of the world’s hungry people.  

6. (Source: FAO news release, 2012)

7. Women make up a little over half of the world’s population, but they account for over 60 percent of the world’s hungry.  
   (Source: Strengthening efforts to eradicate hunger..., ECOSOC, 2007)

8. Almost 15% of the population among developing countries is undernourished, or about 850 million people. 
   (Source: FAO news release, 2012)

9. Undernutrition contributes to five million deaths of children under five each year in developing countries.  
   (Source: Under five deaths by cause, UNICEF, 2006)

10. One out of four children - roughly 146 million - in developing countries is underweight. 

11. More than 70 percent of the world's underweight children (aged five or less) live in just 10 countries, with more than 50 per cent located in South Asia alone; 

12. 10.9 million children under five die in developing countries each year. Malnutrition and hunger-related diseases cause 60 percent of the deaths; 

13. Iron deficiency is the most prevalent form of malnutrition worldwide, affecting an estimated 2 billion people. Eradicating iron deficiency can improve national productivity levels by as much as 20 percent. 
   (Source: World Health Organization, WHO Global Database on Anaemia)

14. Iodine deficiency is the greatest single cause of mental retardation and brain damage, affecting 1.9 billion people worldwide. It can easily be prevented by adding iodine to salt. 
   (Source: World Nutrition Situation 5th report, UN Standing Committee on Nutrition, 2005)


