A STUDY TO IMPROVE MALNUTRITION AMONG CHILDREN BY USING POSHAN ABHIYAAN (PAKHWADA)ACTIVITIES IN FARIDKOT, PUNJAB

UNDER THE GUIDANCE OF:-
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POSHAN Abhiyaan
PM's Overarching Scheme for Holistic Nourishment
सही पोषण – देश रोशन

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CONTENT

- Introduction
- Literature Review
- Research question
- Objectives
- Methodology
- Findings
- Conclusion
- Recommendations
- References

INTRODUCTION

- POSHAN ABHIYAAN was launched by Prime Minister Shri Narendra Modi in Jhunjhunu, Rajasthan in March 2018.
- It is a multi-ministerial convergence mission with the vision to ensure attainment of malnutrition free India by 2022.
- The objective of POSHAN Abhiyaan is to reduce stunting in identified Districts of India with the highest malnutrition burden by improving utilization of key Anganwadi Services and improving the quality of Anganwadi Services delivery.
- Its aim to ensure holistic development and adequate nutrition for pregnant women, mothers and children.

- POSHAN Pakhwada activities were celebrated from 8th March 2019 to 22nd March 2019 to create mobilization at state and district level towards nutrition.
- Activities included were Panchayat meetings, POSHAN rally, School based activities, POSHAN walk, Prabhat pharee, awareness campaign for anemia, IFA distribution, education about nutritious cooked food etc.

LITERATURE REVIEW

- The Abhiyaan has given momentum to an otherwise hidden problem affecting millions of Indians across the various age groups. It is envisaged that the Abhiyaan will raise (i) awareness on various forms of under-nutrition, early detection, required care and most importantly, the preventive measures (ii) bring about the social and behavioral change through which we can prevent further generations from slipping into malnutrition (iii) build synergies across implementing agencies and frontline workers binding them with a common purpose and targets (iv) all of which will ultimately lead to an enhanced demand for services resulting in (v) an increased coverage within key programmes. With sealed political commitments and fund allocations, the stage has been set. It is now up to the implementers, practitioners, experts and civil society organizations to take this Abhiyaan forward and convert it into a people's movement by engaging the entire society for a healthier and well-nourished India.(1)

- For optimal nutritional outcomes, coordination among the different frontline workers (Accredited Social Health Activists, Auxiliary Nurse Midwifes and Anganwadi Workers) is essential.(2)

- It is estimates that about two-thirds of the workforce in India earns on average 13% less than what they would have if they had not been stunted during childhood. It is calculated that malnutrition costs India's GDP between 2 and 3 percentage points every year. With the launch of the POSHAN Abhiyaan, we have a opportunity to change these statistics and conquer malnutrition.(3)

RESEARCH QUESTION

- What are the improvement areas for assessing the POSHAN Abhiyaan (Pakhwada) Activities for decreasing the malnutrition cases?
- What are the key barriers in POSHAN Abhiyaan (Pakhwada) activities for improving the prevalence of malnutrition?

OBJECTIVES

- To improve the POSHAN Abhiyan (Pakhwada) activities for decreasing the malnutrition prevalence.
- To estimate overall, malnutrition prevalence and their associated risk factors among Children.
- To evaluate and monitor the performance of activities implemented by POSHAN Abhiyan Team members at village and block level.

METHODOLOGY

- **STUDY DESIGN**

  Cross Sectional Study

- **DURATION OF STUDY**

  3 Months (February 2019- April 2019)

  Data collection Process – 8th -22nd March 2019

- **STUDY POPULATION**

  Inclusion – Supervisors, Anganwadi Workers and Mothers

  Exclusion- Adult Male and Community Worker

SAMPLE SIZE

	Table: Sample Size			
S.No.	Target Respondents	Kotkapura-1	Kotkapura-2	Faridkot
		Face to Face Interview		
1	Supervisors	1	1	1
2	Anganwadi Workers	5	5	5
3	Mothers	7		
		25		

- **Supervisors:**

Total Supervisors- 7 each in three districts

One Supervisors is sufficient to collect information from each district

- **Anganwadi Workers:**

Total Anganwadi Workers in three district- 545 (Kotkapura 1-153,

Faridkot-224, Kotkapura 2-168

Five Anganwadi workers sample size has been taken because these Anganwadi Centre are easily accessible in all three blocks to collect

the information

- **Mothers:** -

While visiting Anganwadi Centre these beneficiary mothers are available during data collection.

- **SAMPLING TECHNIQUE**

  Face to face interview

- **SAMPLING TYPE**

  Convenience Sampling

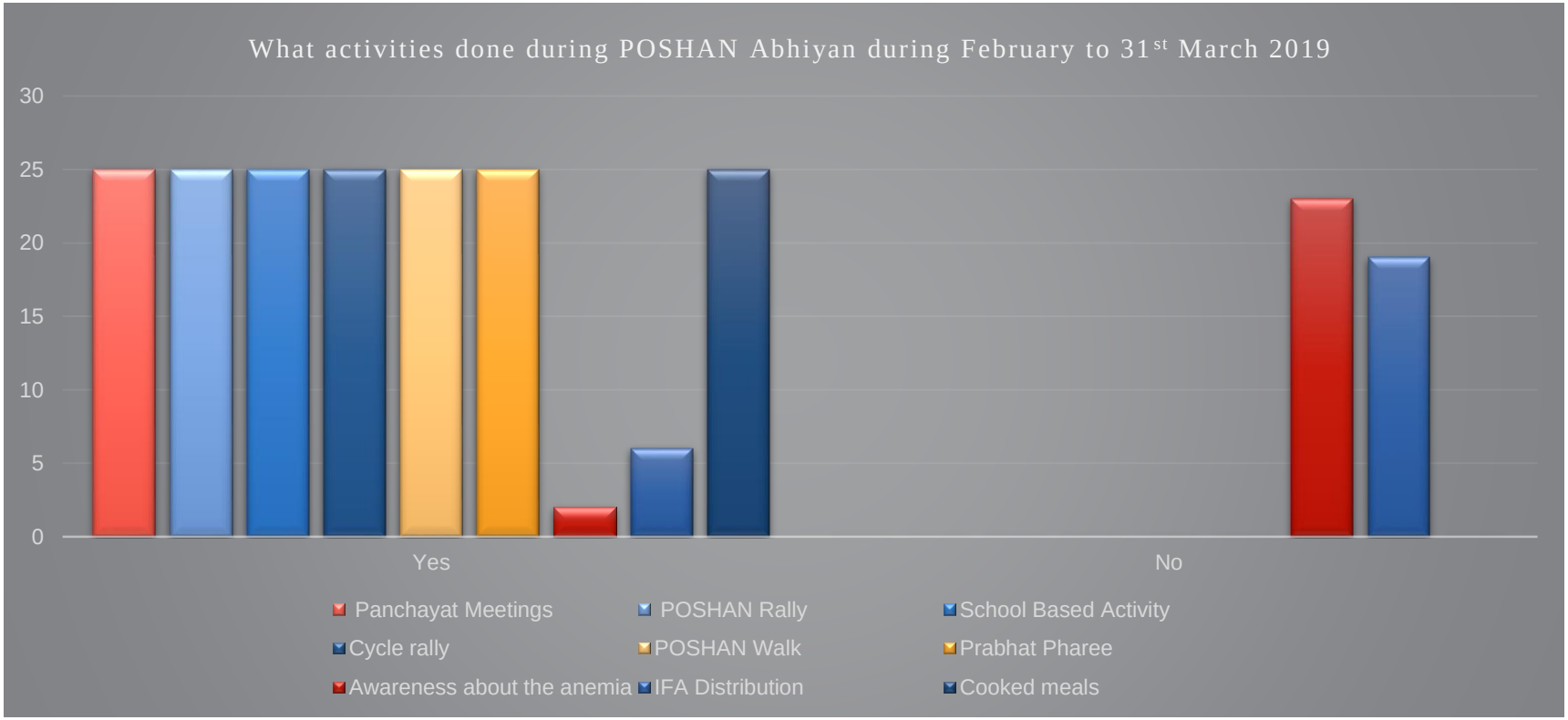
- **SAMPLE SELECTION**

  The target population is Supervisors, Anganwadi Workers and Mothers

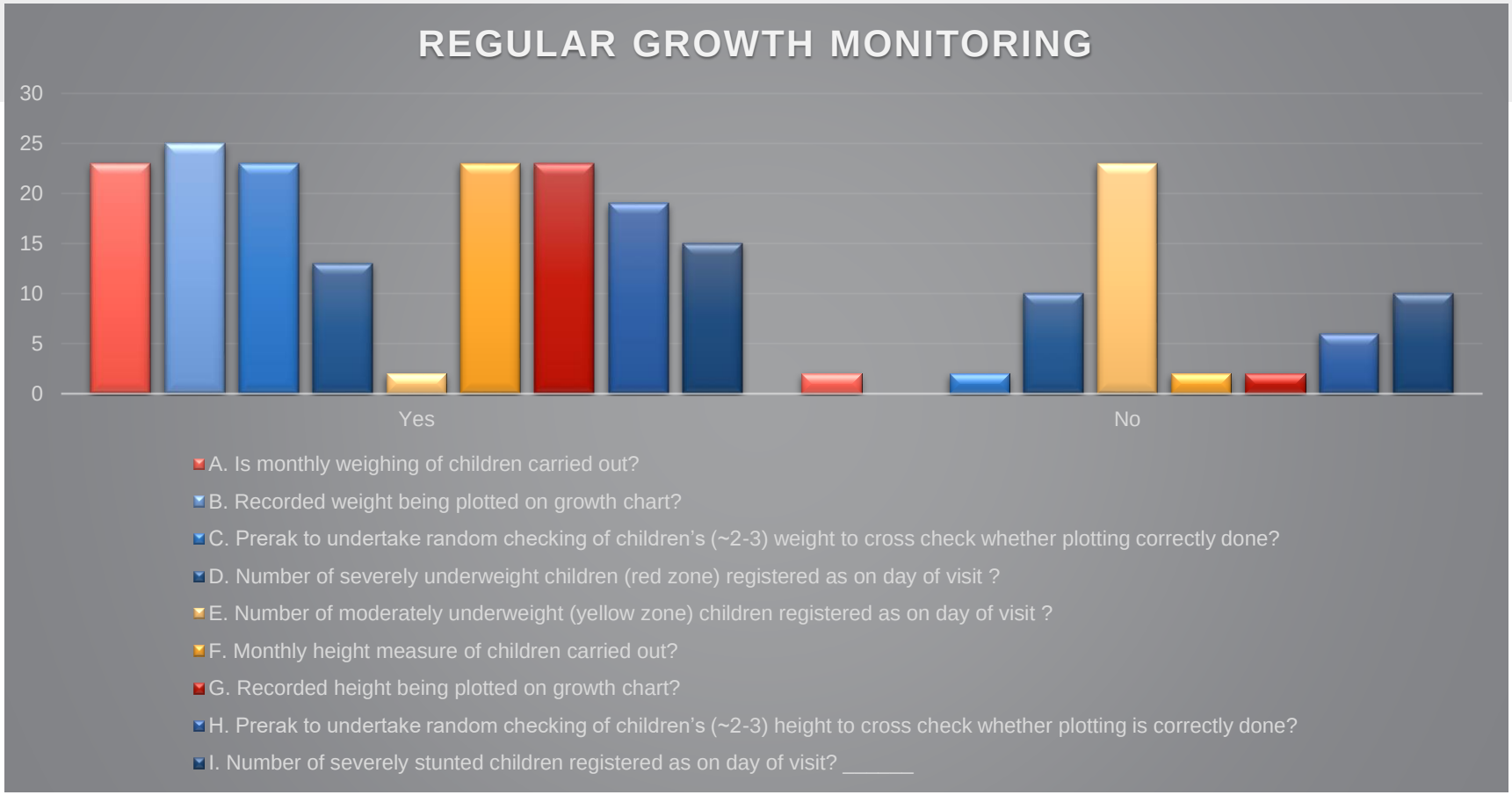
- **DATA COLLECTION PROCEDURE**
  - Primary data will be collected through Face to face interview
  - Secondary data used for the study is from desk review, publications and POSHAN Abhiyan Websites

- **DATA COLLECTION TOOL**
  - Questionnaire for personal interview of Supervisors, Anganwadi Workers and Mothers in Faridkot. The questionnaire has sections about various POSHAN Abhiyan activities, nutritional educational information, nutritional status at the center etc.
- **DATA ANALYSIS PROCEDURE**
  - Analysis includes three concurrent flows of actions- Data reduction, focuses, simplifies, and transforms raw data into more manageable forms. Data display- which presents the data as organised and compressed assemblies of information.
- **ETHICAL CONSIDERATIONS**
  - It was ensured that the subjects receive a full disclosure of the nature of the study, with an extended opportunity to ask questions. Informed consent was taken verbally from the respondents and confidentiality was maintained, benefits and risks of the respondents was also considered during the study.

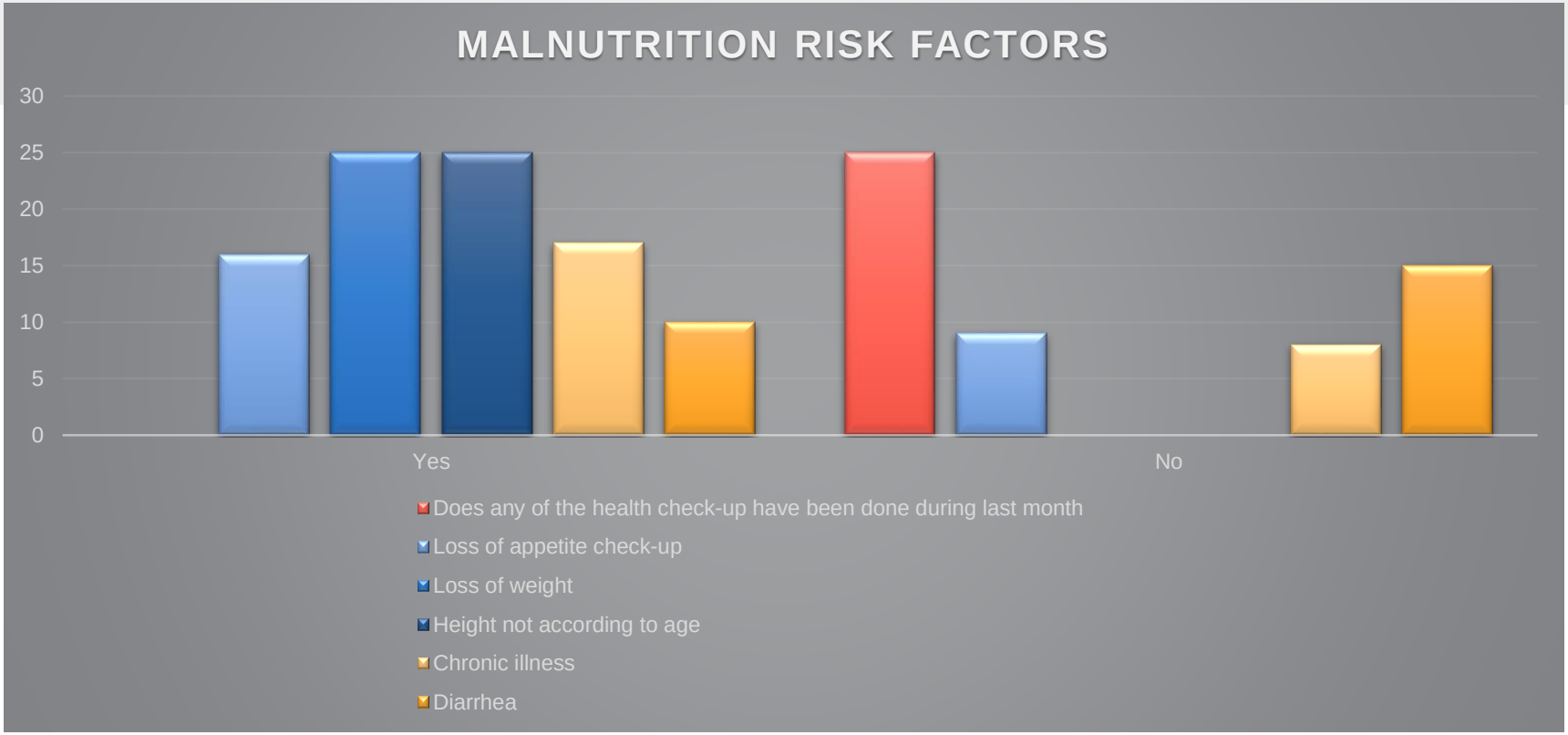
FINDINGS



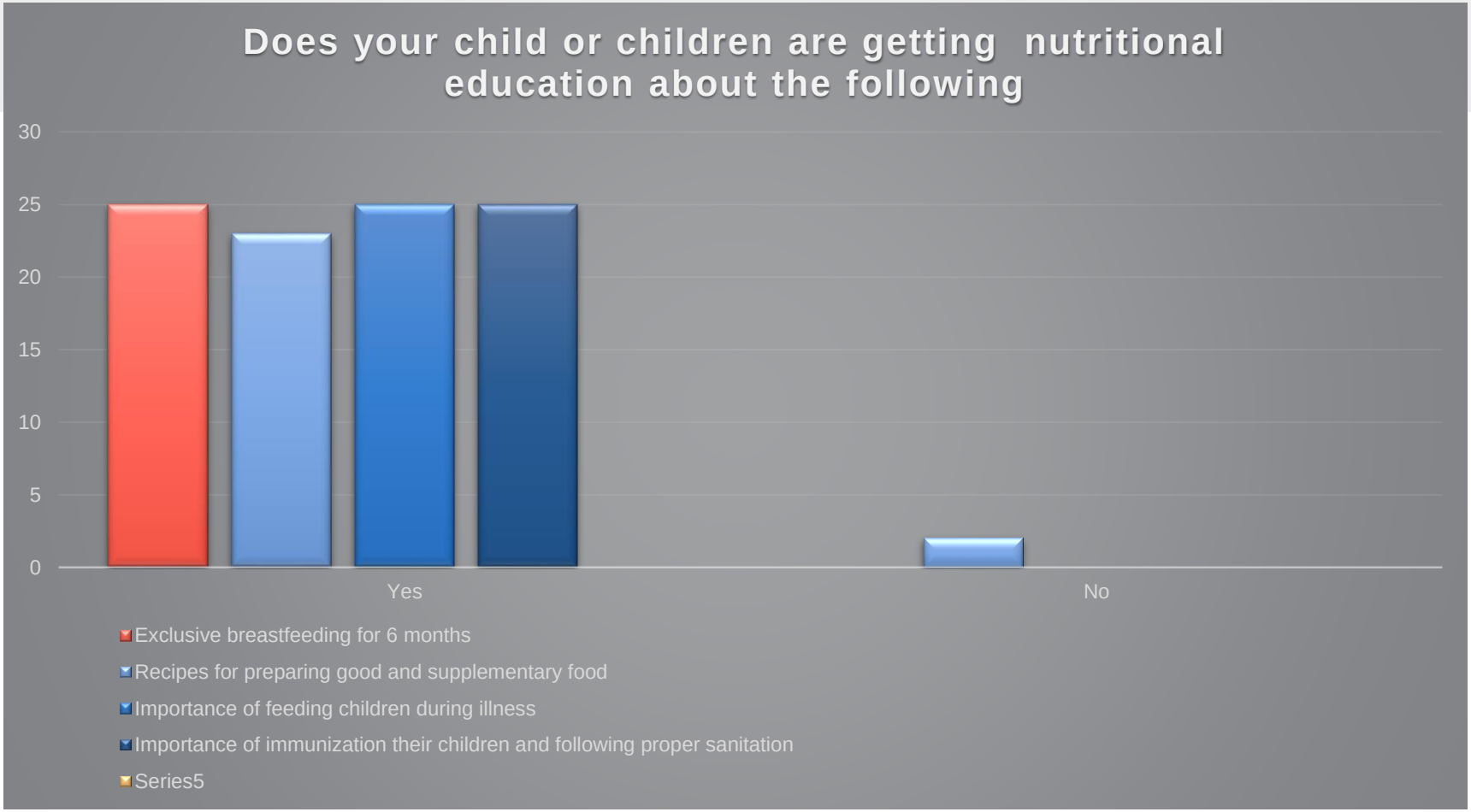
GRAPH 1 shows that 2 out of 9 POSHAN Pakwada activities was not done significantly.



GRAPH 2 shows that regular weighing and height of children was not done in Anganwadi Centers by Anganwadi workers and also the registered number of severely underweight children and moderately underweight children was very less on day of visit to Anganwadi Centers



GRAPH 3 shows that risk factor among children is reportly higher in the case of irregular health checkups, diarrhea management and management of chronic illness.

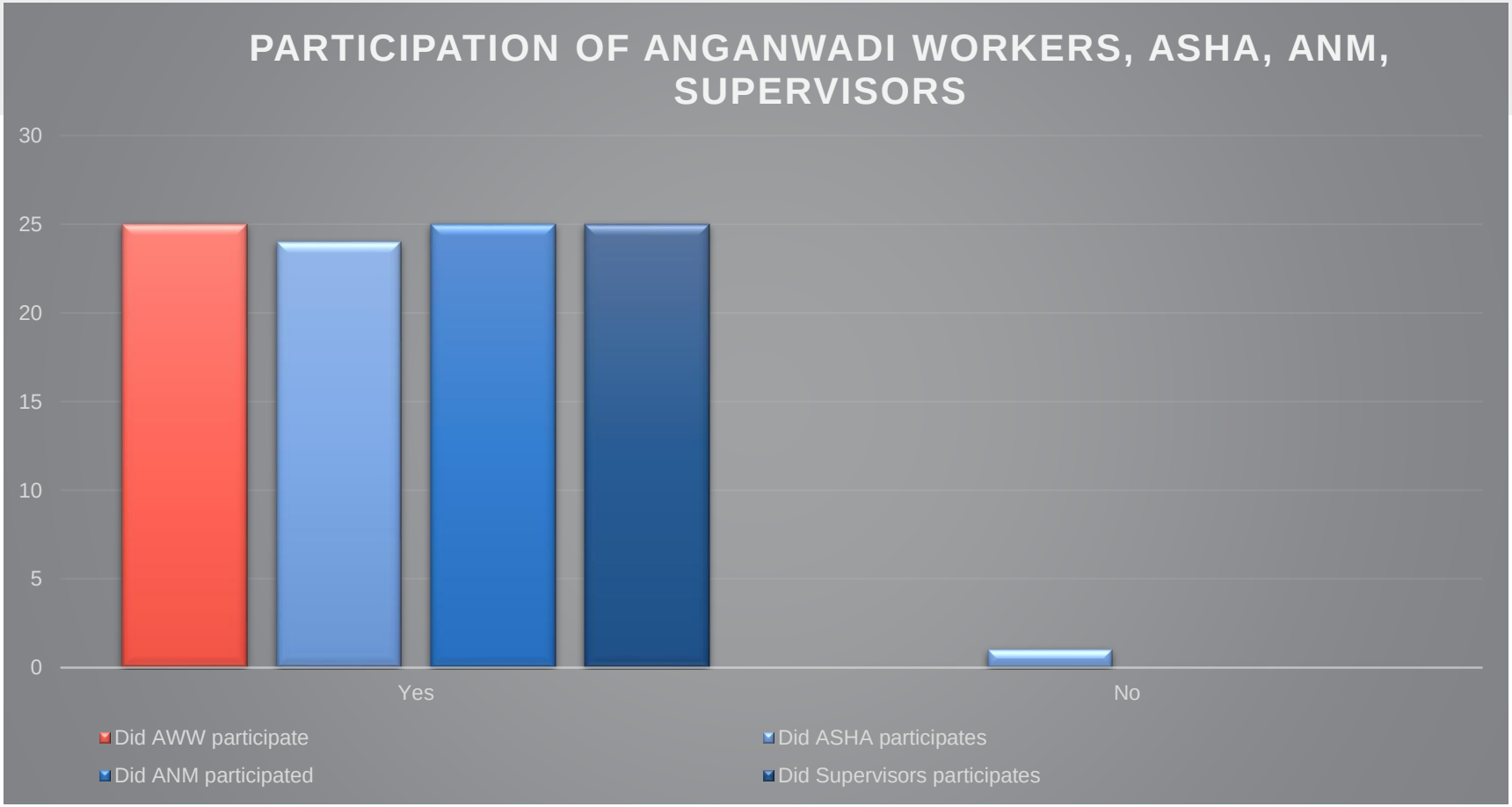


GRAPH 4 shows that children were getting nutritional education about exclusive breastfeeding for 6 months, importance for preparing good and supplementary food, importance of feeding children during illness but they were not getting education about preparing good and supplementary food.

Nutritional status of children

Block Name	Normal		Moderately		Severely		Total
	0-3 Years	3-6 Years	0-3 Years	3-6 Years	0-3 Years	3-6 Years	
Faridkot	6258	5744	2319	3220	36	17	17594
Kotkapura-1	4052	4603	910	714	12	15	10306
Kotkapura-2	4792	5135	867	646	23	7	11470
Total	15102	15482	4096	4580	71	39	39370

- The Moderately acute malnourished children in the age group 3 to 6 years were more in block Faridkot and in age group 0 to 3 years the MAM children were more in other 2 blocks Kotkapura 1 and Kotkapura 2 .
- In the age group 0 to 3 years in block Faridkot and Kotkapura 2 the Severely acute malnourished children were more.



GRAPH 5 data was obtained from frontline workers and it is seen that there was active participation of Anganwadi workers, ANM, Supervisors but the role of ASHA was not nearly seen.

CONCLUSION

- After data collection it was observed that 2 out of 9 POSHAN Pakhwada activities that is awareness about anemia and IFA distribution was not done significantly.
- Moderately acute malnourished children in the age group 3 to 6 years were more in block Faridkot and in age group 0 to 3 years the MAM children were more in other 2 blocks Kotkapura 1 and Kotkapura 2.In the age group 0 to 3 years in block Faridkot and Kotkapura 2 the Severely acute malnourished children were more.
- The most related risk factors for malnutrition was irregular health check ups ,diarrhoea management and chronic illness management.
- Nutritional education related to supplementary food was not given significantly in the district.
- There were active participation of AWW, ANM, Supervisors but the participation by ASHA was not actively seen in the POSHAN Pakhwada.

RECOMMENDATION

- Primary focus of POSHAN Pakhwada activities should be based on awareness campaign should be more at village and block level, IFA distribution should be increased at the district, nutritional education related to supplementary feeding should be increased .
- There should be regular health checks ups , diarrhea management and chronic illness management as these were the most related risk factor for malnutrition.
- Nutrition education is also one of the major component of POSHAN Abhiyaan and to low down the rate of malnourished children, education related to supplementary food should be increased.

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