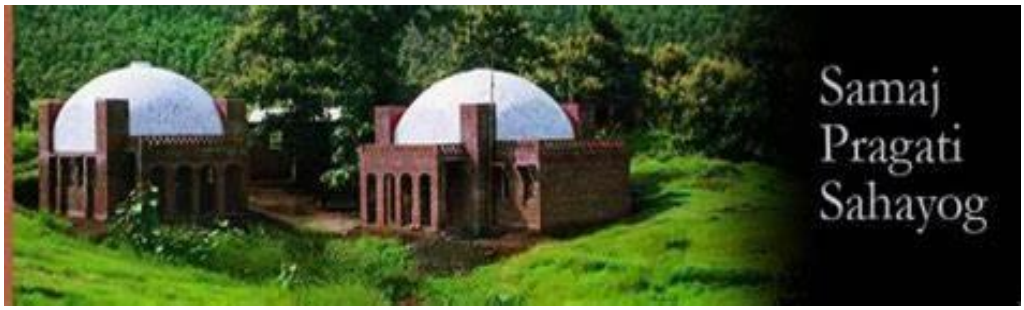
Report of Health and Nutrition

Organization: Samaj Pragati Sahyog

Location: Satwas, Madhya Pradesh

Duration: 02 April 2019 to 23 May 2019



By: KUSUM SINKU

Mentor: Dr. Rajiv Ranjan

Organization coordinator: Ranjini Sen

College: IIHMR University, Jaipur

School of Development Studies

IIHMR university, Jaipur

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that **Kusum Sinku** has undergone Summer Training at **Samaj Pragati Sahayog, Madhya Pradesh** from 2nd April 2019 to 23rd May 2019.

The candidate herself completed the project assigned to her in Summer Training. Her approach to project was sincere and proactive. This Summer Training is in partial fulfillment of the course requirement recommended for the award of MBA in Rural Management.

I wish her success in all her future endeavors.

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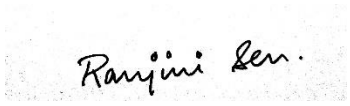
Pramukh Sahayogi
Baba Amte

TO WHOM IT MAY CONCERN

This is to certify that Ms. Kusum Sinku, a student of Rural Management from IIHMR University, Jaipur has completed her summer training with the Health and Nutrition team of Samaj Pragati Sahayog in Satwas, Dewas. She worked with the team engaging in on-field activities of spreading awareness regarding women's health and nutrition, malnutrition of children and the different identification processes. Her internship period was from 2nd April, 2019 to 23rd May, 2019. During this period, she took keen interest in the work and was always eager to learn.



Ranjini Sen
Program Officer- Documentation and Research

03.07.2019

Acknowledgment

The summer training I had with **Samaj Pragati Sahayog** was a great opportunity for learning and experience about the filed. Therefore, I consider a very lucky person to be a part of this organization. I am also very grateful for having such a chance to meet with many different people and who helped me to work in this summer training period.

I express my deepest thanks **to IIHMR University** to give me this wonderful opportunity. It was a great experience and I learned many more things.

I express my deepest thanks to Ranjini Sen, who is program officer of Documentation and Research, and I was under the supervision of her, for taking part in useful decision and guidance of my Summer training.

I want to say thanks to Santosh bhaiya who is supervisor of Health and Nutrition , who is very busy with his responsibilities, work and duties but he took time out to guide and keep me on the correct path.

Especial thanks to 4 mitans Mehesh bhaiya, Sukhram bhaiya, Bharat bhaiya and Sudama bhaiya, they all are very supportive and very experienced. Without them I can't completed my training successfully. Without their, direction, support, guidance, ideas and suggestion this training could not be well succeed. They give opportunity to me to learn and get the real work experience.

Table of Contents

Samaj Pragati Sahayog

Samaj Pragati Sahyog is established on 1990.Samaj Pragati Sahayog is an organization resisted under the societies registration Act, 1973 as per the Act, the executive committee (EC) is the highest decision-making body and executive. SPS has grown to be one of India's Grass-roots initiative for water and livelihood society. We take inspiration from the life and work of Baba Amte who made the work successful.

The internship as per based on health and nutrition is done in the tribal villages of Dewas district, Madhya Pradesh. SPS mainly focus on 6 area like watershed, Self help group, Agriculture, Livelihood, Kumbaya, Health and nutrition.

Satwas Pragati Samiti

Satwas Pragati Samiti is a non-political non-religious, grass-roots people's organization committed to evolving an alternative path of development in India based on the principle of people's empowerment, equity and sustainability.

Satwas Pragati Sahayog mainly work with three area Kumbaya, Self Help Group and Health and nutrition. I had been placed at Satwas location and got opportunity to see the overall aspects of the organization, specially Health and Nutrition. During the Internship program, I was under the supervision of Ranjini Sen, who is the program officer of Documentation and Research.

In satwas tahsil number of tribals are maximum and they depend on Agriculture. But still because of poverty, they cannot give nutritional food.

Malnutrition is a regular phenomenon because of poverty. Most of the malnutrition children lives in Kaccha houses. Due to poverty, children do not eat proper nourished food. So, the Satwas Pragati Samiti has evolved with the help of Samaj Pragati Samaj.

Observation of the field:

- Women were uneducated
- There is poverty-many HH live in kutcha houses and have small land holding
- SHG intervention in villages is active and participation of community is good.
- Only some Anganwadi were well functioning
- There is majority of Muslim, Harijan and Thakur Samaj
- They use seasonal foods, like Dal, Palak, Laoki and all types of vegetables
- People of villages are dependent on Agriculture
- Kumbaya is well functioning in Satwas Tahsil

Health and Nutrition

Health: A good health is one which keeps us healthy in all aspects like mentally, physically, socially and intellectually. A good health provides freedom from all the sickness and diseases.

Nutrition: Proper nutrition is one of the most essential elements to being healthy and living a long life. People deal with food every day and food has been a part of life since the beginning of civilization

Research methodology: The area given to me was the Satwas Tahsil, Dewas District, Madhya Pradesh. I covered total 140 household in 23 villages. We structured some questionnaires to collect the data of Pregnant women, Lactating women and 6 months to 5 years children. We also collected the data from regular meeting with villagers and we visited home to home to take measurement of age of 6 month to 5-year children together with Anganwadi worker.

Purpose of the Study: The topic of the research conducted by the researcher is role of Health and Nutrition in women and children's health improvement. The children and women in the Satwas tahsil had poor health thus the need of Health and Nutrition improvement. The Health and Nutrition has helped the children and women to improve their health status in society and has also led their health status.

Objective of my learnings

- Enhancing classroom learning by making real world connection
- To understand the problems and struggle faced by rural population in their daily life
- To know how the SPS work for rural areas
- Understanding of program success and failure of the program

Objective of the field

- To study of pregnant women status
- To study of lactating women status
- To study of malnutrition children status
- To study of Ananwadi centers

Duties and responsibilities

This internship period was basically designed to get familiar with field work, we are focusing on Pregnant women and 0-5 years children. Health and nutrition goal are to reduce malnutrition from every village, make a healthy village and Women empowerment. We helped villagers to aware about all schemes. I was attending some Meetings with community people to reduce malnutrition among target people, especially children and mothers, and empowered communities to increase their access to quality health services.

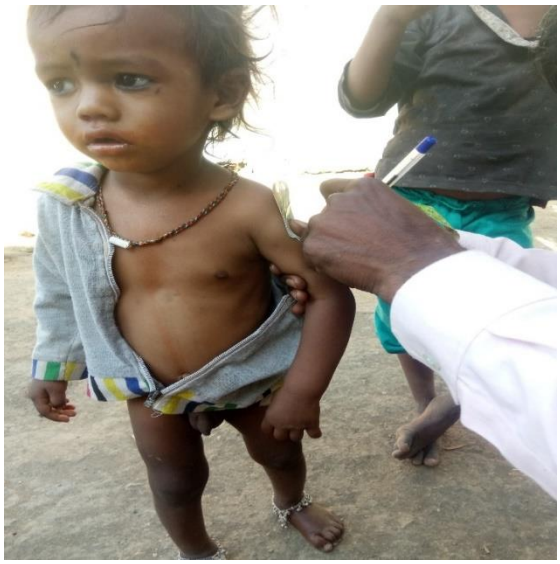
There my responsibility was, to help mitans in some issues:

- Community planning to get delivery of government institutions
- Identify the anemic pregnant women and give suggestion to go PHC, Good nutrition and iron/calcium pills

- Identify the malnutrition children and help them to take NRC
- Gather villagers to meeting on Pregnant women, MSS, SMC, SHG and PDA
- Follow up of Pregnant women and 0-5 years children

Health and Nutrition work

In Satwas location Health and Nutrition team work with 40 villages. There are four mitans in Satwas Tahsil and they are divided villages into four parts.The team monitor the all anganwadi programs and find out the malnutrition children's and anemic pregnant women and try to find out the solution. The aim of the team is to free the whole village from malnutrition. The team visits village to village with Anganwadi members and take the weights of children. And those children who get malnourished, team prepare to take the children to NRC. Along with this, the team also examines pregnant women. They conduct survey of pregnant women and women who have very low hemoglobin they recommend them to pay attention to eating and keeping their checkup and also suggest to go to the hospital and to take blood and to take injection of iron sucrose.



Health and Nutrition team work with different scheme:

- **Janani Suraksha Yojna (JSY):** Janani Suraksha Yojna is a safe motherhood intervention under the National Rural Health Mission (NRHM) being implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women.

  All pregnant women delivery in Government health centers like sub-center, PHC, CHA will be eligible for the benefits under JSY

Rural area		
Mother's package	ASHA Package	Total
1400	600	2000

- **Pradhan mantri Matritva Vandana Yojana:** This scheme is being implemented by the Department of women and child Development. In this scheme, pregnant women and lactating mothers will be given the amount of 5 thousand rupees for the first living birth so, that they can spend this amount on the Health and nutrition of their children. The benefit amount of the scheme will be sent directly to the women bank account.
- **Mukhya Mantri Shramik Seva Yojna:** In this scheme who having institutional delivery in public institution, Registered shramik female or wife of registered shramik male card and who is 18 years old, they are eligible for this scheme. This scheme is valid only for first 2 live births. In this scheme first 4000 she can receive when she regularly check up 4 times from ANM and 2nd 12000 she can receive when she delivery in public Institution, child birth certificate, All BCG, OPV and HBV vaccination should be completed.

  In this scheme there SAMAGRA ID of female and husband, Registration card or registration no of the beneficiary or her registered under unorganized labor sector, certificate of delivery in Gov. institute (Discharge ticket), Aadhar linked Bank Account (copy of bank pass book) must be necessary.

- **Ladle Laxmi Yojana:** In this scheme whose women have first girl child they get this scheme under the scheme the Government purchases for their education. At the time of girl's admission in the sixth standard Rs. 2000. And on admission in the ninth standard Rs. 4000 would be paid to the girl. When she gets admitted in the 11th, 12th standard she would receive Rs. 12000.In this yojana who have 2 girl child and who have first boy child and second girl child then her operation is done, so her child is also get this Scheme.

Midday Meal: MDM program is government program, in this scheme government main moto is to better nutrition for school age children. The programme supplies free lunches on working days for children in primary and upper primary classes and attracting children to came school. Government spend some money for one day is:

Primary	Quantity	Upper primary	Quantity
4.35 Rs.	100 gm	6.51Rs.	1.50 gm

- **Shared stove:** Chief minister Shivraj Singh Chauhan has described revolutionary initiatives in the direction of elimination of malnutrition, in the state of MP, the 'shared stove' scheme started to give nutritious food to children and pregnant women and feminine women. Midday Meal scheme is school is intended to increase the trend towards children's school. Along with this, supplementary nutritional food is being distributed from Anganwadi centers to prevent

malnutrition. So, CM said that there were several types of disturbance in the different operations of these two schemes. Therefore, a common health scheme has been started for the operation both together. Anganwadi and school children will get fresh and cooked food and snakes. Shared stove operated by the panchayat and rural Development and women and child Development Department. There is also a provision for breakfast. Every day's menu is different. SHG member are monitor the Shared stove. In every Tuesday all beneficiaries are present and get their food.

- **Take home ration:** Take home ration is ICDS programme, in this scheme government provides take home ration to children 6 month to 3 years (1 packet to normal weight and 2 packets to severe underweight) in Anganwadi every Tuesday. Pregnant women and nursing mothers (Every Tuesday different 1 packet) and adolescent girls are given (2 packets) in every Tuesday and given kheer puri to pregnant women.

- **Pension scheme:** Health and nutrition team also monitor the pension schemes. They monitor the central and state government scheme.
- In Central government **Indira Gandhi National old age pension scheme** (IGNOGS). In this Scheme who are 60 years old they can get this scheme and government provide 300/- Rs per month.
- **Indira Gandhi National Widow pension scheme**, in this scheme who are 40 years and who have death certificate of their husband they can get 300/-Rs.
- **Indira Gandhi National Disability pension scheme**, in this scheme who are disable with 80% and who have certificate of disability, they can get 300/- Rs.
- In state government Scheme **Social Security old age pension scheme**, in this scheme who are 60 years old they can get 600/-Rs. Monthly.
- **Social security Widow pension Scheme**, in this scheme who are 18 years old and death certificate of husband then they can get 600/- Rs.
- **Social security disability pension scheme**, in this scheme who are 18 years old and 40% disable and certificate of disability they can get 600/- Rs.
- **Social security multi disability pension scheme**, in this scheme who are 18 years old and certificate of disability, certify by panchayat, they can get 600/- Rs.

- **Divyank siksha protsahan sahayta pension scheme**, in this scheme eligible person can only get age of 6 to 18 years and provided 600/- Rs.
- **Mukhya mantri kanya abhibhawak pension scheme**, in this scheme parents should be 60 years old and who have only girl's child, they can get 600/- Rs.

  We also went to Janpad kaddod for some pending pension and for Janani surakhsha yojana, some women are not got JSY amount, so we went to ICDP kannod.

Health and Nutrition team work with Anganwadi

Health and Nutrition team work with Anganwadi centers. Health and Nutrition work is functioning in 40 villages. The team has divided the work into 4 mitans (Mahesh Gujjar, Sudama Gujjar , Sukhram Gujjar and bharat Nayak). Between these four, 40 villages have divided. All mitans connected their village's Anganwadi centers. They take the weight of children by village to village. All children inspect malnourished children by taking weight. A typical Anganwadi center provides basic health care in a village. In Anganwadi center the supplementary Nutrition is one of the six services provided under the (ICDS) Scheme. Supplementary nutrition is given to the children (6 months- 6 years) and pregnant and lactating mothers under the ICDS scheme.

SL.No.	Category	Revised feeding and nutritional norms (per beneficiary per day)		Revised cost norms (per day)	Quantity
		Calories	Protein		
1.	Children (6-72 months)	500	12-15	Rs.6.00	50 gm
2.	Severely malnourished children (6-72 months)	800	20-25	Rs.9.00	100 gm
3.	Pregnant women, teenage girl and nursing mothers	600	18-20	Rs.7.00	150 gm

In Anganwadi center children are taking supplementary food and the main objective is to reduce malnutrition. The Ministry of women and child Development decided different-different menu for all days. And they also decided quantity of foods.

In AWC Food norms

	Quantity per day child	
Name	Primary	Upper primary
Food grains	100 gm	150 gm
Pulses	20 gm	30 gm
Vegetables (leafy also)	50 gm	7.5 gm
Oil and fat	5 gm	7.5 gm
Salt and condiments	As per need	As per need

Menu of AWC

In Anganwadi center through sanjha chulha provide breakfast to children and divided different - different menu. There is some following menu:

Week	Menu	Breakfast	Quantity
Monday	Arhar dal, Roti	Khichdi	120 gm
Tuesday	Kheer puri/ halwa, alu mator sabji	Namkin Thuli	80 gm
Wednesday	Roti, chene Ki dal, Mix vegetables	Mithi lapsi	70 gm
Thursday	Veg pulao, Kari, chawal	Mithi Thuli	70 gm
Friday	Roti, mung dal, vegetable	Namkin Thuli	80 gm
Saturday	Paratha, mix dal, vegetable	Khichri	120 gm

Engagement of cook-cum helper

A separate provision for payment of honorarium to cook-cum-helper Rs.2000/- per month has been made. One cook-cum helper may be engaged in a school having up-to student, two cooks-cum-helpers for schools having 26 to 100 students and one additional cook-cum helper for every additional of up to 100 students.

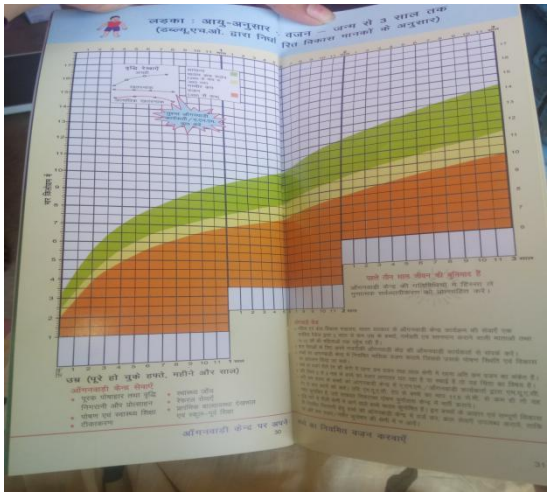
Program Description

The Health and Nutrition team always monitor the Anganwadi center. They monitor the Government ICDS programme. In this scheme provide same opportunity of children 6 moths to 6 years of age especially targeted for the poor and the deprived. Under the ICDS scheme, Anganwadi centers are the focal point for the delivery of service and are run by local community women or SHG women, Anganwadi worker and helper. Freshly cooked food supplements are provided at all AWC to children aged 3-6 years while take home rations of food grains are provided every week to children aged 6 months until 3 years. H & N team monitor all this programme. If people are not aware about this scheme than the team arrange a meeting with villagers for Midday meal and take-home ration programme.

Methods

- **Pregnant women meeting:** In pregnant women meeting we visited villages and conduct a meeting in Anganwadi center. In this meeting we talked about perfect immunization, benefits

of Anganwadi like take home ration and supplementary foods and good nutrition foods. We showed a movie on topic of marriage after 18 years, immunization and children's nutrition. We also discussed about growth chart so that they can also see that how their children are growing.



- **Positive deviance Approach:** In PDA meeting we mainly focus on normal children, medium children and malnutrition children. We arranged a meeting with these mothers and asked about how they are giving nutrition and we compare both children. We discussed about good nutrition and showed a movie on malnutrition. We also told them about importance of NRC.

- **School management committee meeting:** Right to education (RTE) 2009 mandates the formation of SMC, which are elected bodies at the school level that monitor school functioning and oversee the utilization of school grants. Parents of school children only become members of this school. They can monitor the quality of education and MDM scheme. H&N team holds meeting of SMC every month and discuss the quality of MDM and children's enrollment to school. The team tries to explain how much midday meal is necessary for the children. I had a meeting with the team in 3 villages in which we discussed about children's enrollment and midday meal.

- **Matri sahyogini samiti (MSS): This meeting has**Total 11 members , In which 2 pregnant women, two 6-month to 3 years children's mother,3 to 6 years children's mother, 2 adolesent girl two lactating women and one Anganwadi worker. All members monitor the work of Anganwadi like Take home ration, supplementary foods for children's and pregnant women and iron and calcium tablets. I went to the meeting with the team in 3 villages where we told everyone about the malnutrition and showed a movie. There was also discussion about Midday meal and we told them that their children can also take a benefit from this scheme.

- **Cluster meeting:** 20 group of SHG were present in this meeting. In this meeting with the H&N team we talked about the supplementary food of Anganwadi. We talked to all that their children and advised them to come Anganwadi and also talked about Immunization, ANM, Midday meal and take a packets and foods from Anganwadi. So far, we kept cluster meeting in 2 villages (Narayan Pura and Dabri).

- **SHG meeting:** In self-help group is usually consists of 15-20 women. SHG main moto is to empower women, capacity building through eraning among poor and needy people. In this meeting Health and Nutrition team talk about increasing school enrollments and improving nutrition and birth control. Through SHG meeting Health and Nutrition team aware about all schemes and Midday meal and supplementary food

SHG monitor the midday meal program and Shared stove:

SHG monitor the Midday meal program and Shared stove. For this at first group is graded. Group arrange a meeting for discuss about Midday meal if all are agreeing to monitor MDM program then they wright a letter to CEO and group 'Adhyacch' and 'Sachive' signature the letter. CEO check the letter and send their 'Adhikari' to check the group. If group is well, then CEO write a letter to Bank that open the Account of Group MDM program. Then they are preparing 'Anubandh', for this group member, Gram panchayat and SMC members signature should be compulsory, and they submit to Janpat. After that group KYC, photo copy of meeting proceeding CEO letter photo copy, passbook is ready. Then Group write a letter to CEO for fund and CEO write a letter to SMC for handover all the MDM program. Last is 'prativedan', group prepare all this and finally they can monitor the MDM scheme.

For sanjha chulha SHG write a letter to CDPO (child development project office). If the group already have MDM scheme so that they can monitor the sanjha chulha. For Anubandh signature of group members, panchayat and pariyojna adikari should be compulsory and they submit to CDPO. Then they go to bank and give the copy of MDM and all Anubandh and finally they open the bank account. Lastly, they make a Pratibandh, and now they are eligible for monitor the Sanjha chulha. In Satwas location Sunil bhaiya maintain all this program. I went to Unhel and met with Shiv Sankar Group, they monitor the Shared stove. The group was 12 years old and members are very empowered. They gain lot of profit through SHG.

Health and nutrition team work for pregnant women

Health and nutrition team work for pregnant women. We surveyed in 39 villages and we found that 50 % women are anemic. We held a meeting of pregnant women in village to village. This meeting occurs once in 3 months. We showed them short movie in that meeting, and we tried to give them information by a movie. We told them about the vaccination given by ANM. ANM is a village level female health worker who is known as the first contact person between the community and the health services. ANM checks their blood pressure, Weight, pulse and BP and gives proper vaccination and record the findings and send the mother to the laboratory for diagnostics. ANM comes once a month on Tuesday or Friday. ASHA worker and Anganwadi helper maintain all this work. The ASHA brings pregnant women to the ANM for checkups. The ANM would register the pregnant women and she provide her a mother and child protection card and safe motherhood booklet. The ASHA act as bridge between the ANM and the village. Together with ASHA, we go to village-village and inform pregnant women. In the meeting we also inform them about the benefits of Anganwadi. We gave them information about Take home ration and we also informed to pregnant women about the food they get in Anganwadi. So far, we had been conducted meeting in 4 villages (Semli, Tipras, Pipalcota, Satwas). Pregnant women are given iron pills and calcium tablets in Anganwadi center. We monitor the all process and analysis the process. If some mothers don't want to take injection, then we gave suggestion that how important this is for their heath and their child. We were counselling that all pregnant women receive group counselling on diet, sleep, regular ANM checkup, breastfeeding etc. Our team also monitored that no pregnant women should be deprived of any schemes like Janani suraksha yojna (JSY), Matritva Vandana Yojana.

Follow up

We collected the data from villages and followed up the pregnant women. We visited home and talked to them and we took their weight, hemoglobin, delivery number, Age, how much vaccination, how many times they had been checkup, vaccination card, iron pills and calcium tablet. If a woman has low hemoglobin so we recommend that she should visit hospital to get the check up and if she is pregnant only few months, then we advised them to take iron sucrose. And if she is over 8 months then we

advised them to bottle of blood. In this way we find anemic women and brought them to the primary health center. She is treated properly in the hospital and iron sucrose is given to them.

Health and Nutrition team work for malnutrition children

Health and nutrition team work for malnutrition children with Anganwadi workers. Children were weighed every month in Anganwadi. Their Height and MUAC are taken and it is done to know which category children are in. If the children are in third category, so we recommend taking NRC.NRC is the Nutrition Rehabilitation Centre, NRC are established in Health Facilities to provide appropriate and facility-based case management to children with severely malnourished for all under 5 children. Children in NRC are kept for 14 days and they are given proper food there and then they are treated, and they get wages (for one day 120 Rs). We told the villagers through the PDA meeting how children are getting weak. We showed them a movie over malnutrition. Through movie we tried to convince them that how important food is needed for children. In this meeting mothers who have 0-6 years child and pregnant women are present. Whose children are weak we asked them how do you feed your children and same processes also do with the mothers of healthy children. In that meeting, we also explain the importance of NRC. So far, we have kept PDA meeting in 2 villages (Sikandar Kheri and Baroda Mafi). ANM also has a big role in it. ANM comes in a month of Anganwadi and vaccines the children. She gives the right vaccination to the children age of 0 to 5 years. ANM take the Hight and weight of children and maintain them in the register. And if a child is underweight, then she also advises them to take NRC.


Follow up:

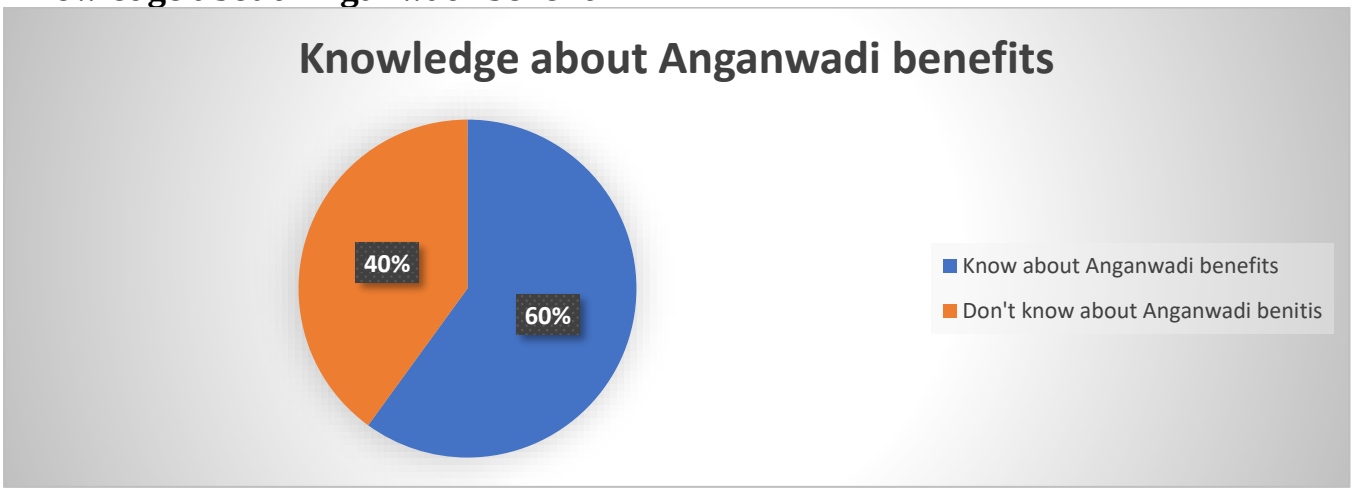
We collected the data and we visited villagers and followed up the children. There we took children's weight, Hight and their MUAC.If the children are 1 year then their Hight should be 72-75 cm, if 2 year then 88-90 cm and if 3 year then their Hight should be 100 cm. Weight should be double in 5-6 month of their birth weight, At 3 years weight 5 times double of birth weight, At 6-year weight 6 time double of birth weight. MUAC less than 11.0 cm means children is severe malnutrition, between 11.0-12.5 cm means children is moderate, between 12.5-13.5 cm means children is at risk or mid and of over 13.5 cm means children is well nourished. And the children whose weight is below their age, we try to convince their families that take this child to NRC. If parents were ready then we help them to take them to NRC.


Health and nutrition team maintain 1000 Day

The duration between third months of pregnancy to age of two years children's is known as 1000 Day. In 3 months to 9 months Mother's Day is 270 and after birth to 2 years children's day is 730. Team take follow up pregnant women and 0-2 years children. They find out the anemic women and malnutrition child and suggest them to all immunization, good nutrition foods and breastfeeding.

Overall findings:

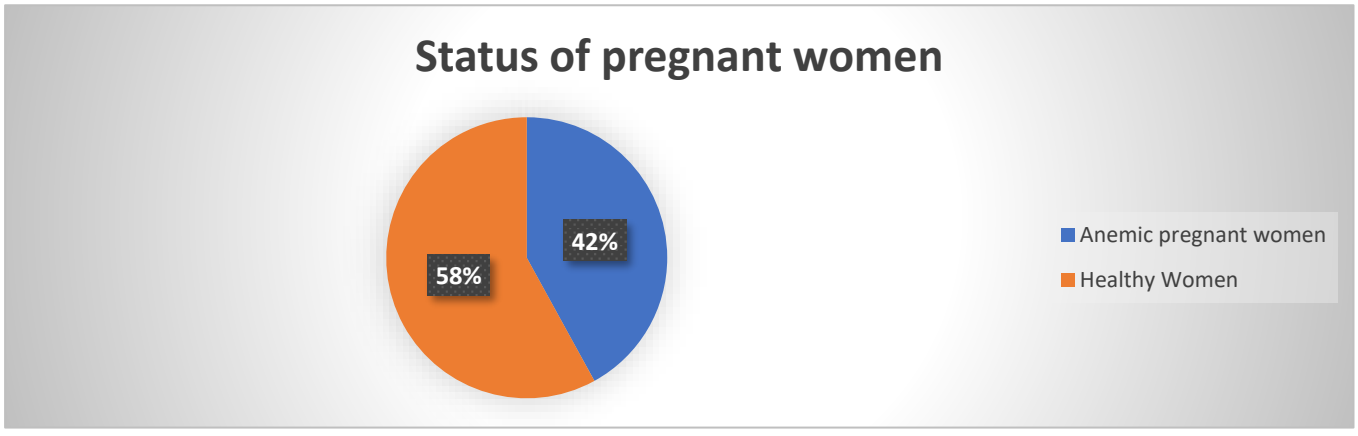
Knowledge about Anganwadi benefit



After collected the data we got 40% women were not aware about Anganwadi benefits because in some villages Anganwadi worker did not visit regularly the Anganwadi center. Women did not aware about food packets given in the Anganwadi canter.Who were not aware about benefits, they were illiterate. Participation of the women in Anganwadi were less because they were not interested. 60% women were know about benefits because they visited regularly in Anganwadi canter. In some villages women were literate, and they share the information to others.

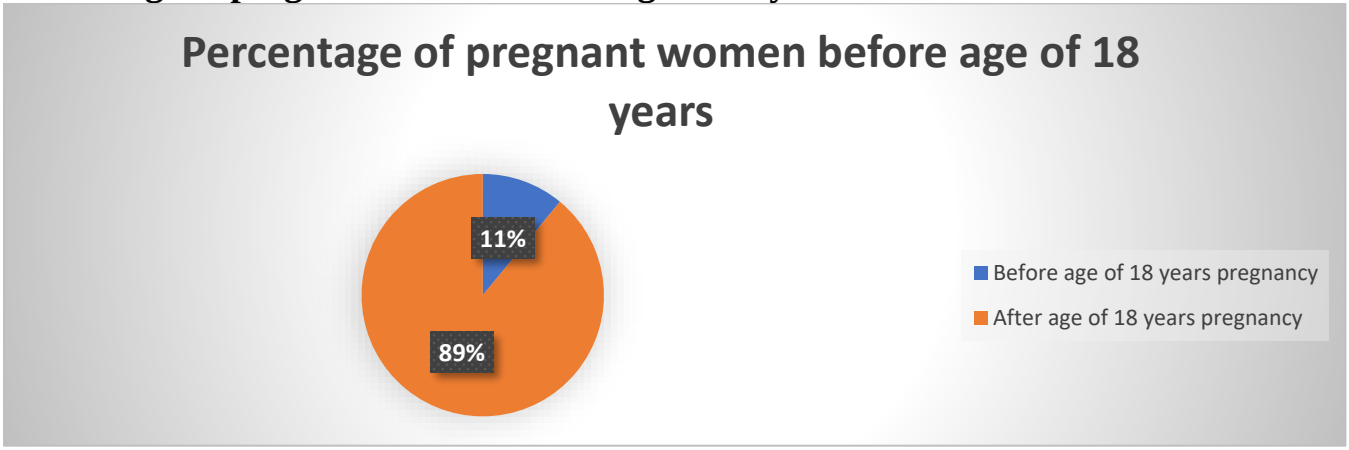
Status of pregnant women

After collected the data we got 3 anemic women, one from Khari, one from, Gudiya and one from baijagwada. We suggested them to go to PHC for hemoglobin checkup, they all are coming, and they take iron sucrose bottle. And now their hemoglobin is maintained.



In satwas tahsil we find out total 141 pregnant women with Anganwadi worker, 60 women out of 141 women were anemic, their hemoglobin were very low because of negligence of proper diet, early pregnancy and no difference between 2 children. Because of this, they lose their weight and they were victim of anemia.

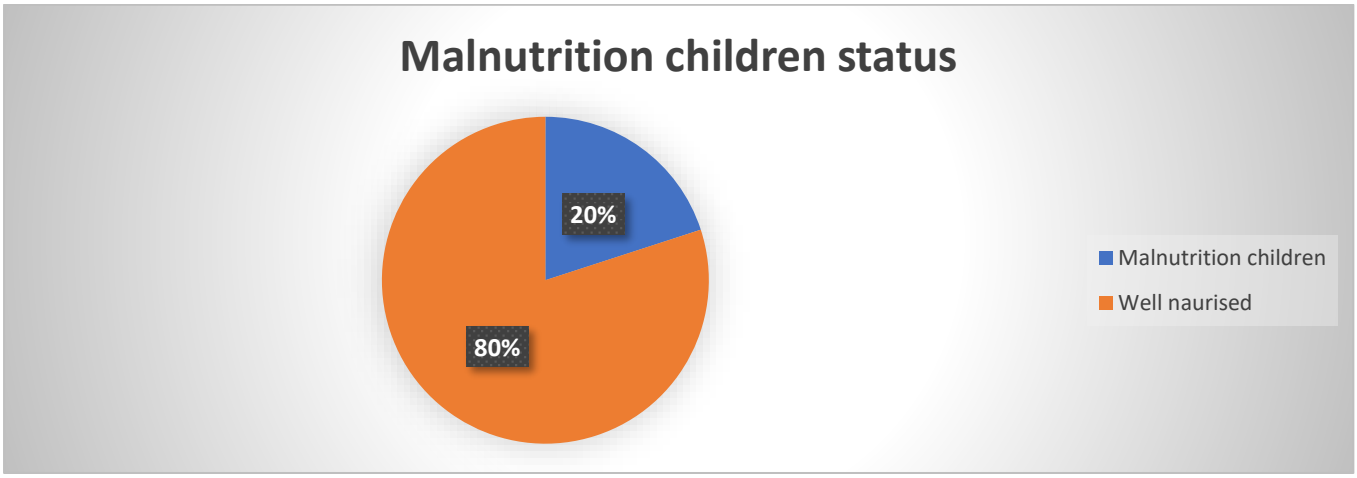
Percentage of pregnant women before age of 18 years



After collected the data it was observe out of 141 pregnant women, 16 women were pregnant before age of 18 years because they were not getting the information about family planning and they were shy to discuss about with their partners. We find out 2 children were malnourished out of 16 women due to early marriage.

Malnutrition children status

After follow up when we collect the data, so we found that 15 children have become victims of malnutrition. 2 from Balya, Pipalcota -2, Gudiya -1, Punarwas- 2, Tipras- 1, Semli- 2, Badi semli- 1, Sikandar khedi- 1, Badoda mafi- 1. Some of which only some parents were agreed. Out of these children only five children were sent to NRC. We also followed the children who had gone to NRC. The weight of those children were better than before.



We weighed 250 children with Anganwadi worker and we find out 50 children were malnourished because they were not provided healthy food and they did not get enough mother's milk till 2 years . In Satwas tahsil the percentage of the malnutrition were decrease because of Health and Nutrition team, they monitored the all work with Anganwadi worker.

- 80% women knew that vaccination is necessary after delivery because whenever ANM visited the village women were regularly meeting with them. 20% women were not knew about proper vaccination because they did not take the advice from ANM.

- Only 50% parents were not agree to visit NRC for there malnutrition children because some parents mentally is very different, they think that malnutrition is natural for the children, malnutrition is not a disease for them. And 50% parents were agreed because they were aware about the impact of the malnutrition.

- 50% of women were know about perfect breastfeeding because some women were literate and they know about the benefits of breastfeeding through Anganwadi worker and ANM. And some women were did not aware about breastfeeding because they did not regularly visited in Anganwadi canter and did not take suggestion from ANM.

- Women were not taking difference between 2 children's because they did not aware about impact of frequent pregnancy. They did not know that how it can impact on their children.

Causes of Malnutrition:

When we went to field then find out the main reason of malnutrition. Malnutrition is not a disease, it is a situation. Children who do not reach their optimum height or weight, their brains are affected, and they are greater risk of infection that's called malnutrition. There are many reasons of malnutrition:

- **Malnutrition rife due to early marriage pregnancy:** In Satwas location most of women gave birth of four kids by the age of 21 years. At least 1 or 2 children have been the victims of malnutrition due to early marriage, giving birth in early age and lack of adequate nutrition. Because of early marriage they felt weak and dizzy most of time.
- **Malnutrition cause of early pregnancy:** Early pregnancy is another cause of malnutrition. In this location most of women have 2 children's in 2 years. Frequently pregnancy can decrease the mother's hemoglobin and it can be affecting her children.
- **Not proper vaccination:** In village area they are not aware about all vaccination so, they are not giving their child proper vaccination. This is the also a main reason of malnutrition.
- **Poverty:** Poverty is also a major reason to increase malnutrition. Because of low income, they do not five his children good food. Due to not having good food, their children become malnourished.
- **illiteracy:** if the mother is not literate than she doesn't know about the perfect breastfeeding's, perfect immunization and good nutrition food.
- **Ignorance:** Some mother ignores their child, she told that my first baby was the same, nothing happened to them so, nothing will happen to second child. This type of ignorance can be made children more malnourished.

Problem identified:

- Due to not paying attention of Anganwadi workers, pregnant women were not geting the benefit that they should get like Take home ration, get food on Tuesday, right immunization, iron pills and calcium pills.
- Do not take care of SMC, due to which supplementary food quality is not so good.
- Anganwadi worker does not attend Anganwadi
- Hospital is too far from Village, due to this reason pregnant women could't deliver their child in hospital
- Conservative thinking- If someone's child is weak then they does not want to take NRC, they think that child is healthy
- Pregnant women become weaker due to early pregnancy, when we explain them, they said that this is just god's gift

Challenges:

- If child is need to go NRC, then we tried to explain it again and again, but they did not try to understand.
- To conduct meeting in villages were very difficult to gather people. When we went to home to talk about meeting than they were agreed but on the time of meeting they did not come
- If we want to take child's height then they said that this is against our society, due to this we did not take the weight of the child
- Despite repeated explanation, they did not carry their children's to Anganwadi, whereby they are deprived of supplementary food

Solutions:

- To get children to NRC they should shown in such a way that they relate with them ,so that they can connect more
- What can be consequences of the early pregnancy, should be shown through a movie so that it is possible to know how harmful it is for mother and child
- Members of SMC should make more conscious, they should check the quality of MDM food

 Anganwadi workers should be motivated and given proper training on how much quantity provide to pregnant women, lactating women and 6 month to 3 years children

- ASHA worker should go to household to aware about ANM
- Adequate family planning measures should be communicated
- Adolescent girl group meeting should be conducted, so that they can take preventive action for anemia
- Aware about all immunization, iron and calcium tablets to pregnant women
- Aware about proper breast feeding and food to lactating women

- Access to knowledge and support to stop use of tobacco products during pregnancy

In these 50 days I went to 23 villages, and I saw that how health and nutrition team work in grassroot level. During my internship at Satwas location I have learned the true meaning and value of Health Development. My internship experience has been amazing, the method I have learned it can be help in my future.

 How to communicate with villagers
 Knowledge about Total immunization for pregnant women and 0-5 years children
 Know about different development and welfare Schemes
 How to conduct a meeting with villagers
 For more strong result we have to connect with their traditions

Conclusion:

 The parents have different perspective on malnutrition, they do not want to take NRC till the critical condition of their children
 Anemic pregnant women status could be reduced by spreading awareness of good diet, iron and folic Acid by ANM
 The awareness of the breastfeeding was low i.e. 50%, it may be increase through Anganwadi worker's