Summer Training at
Samaj Pragati Sahyog (Kantaphod, Madhya Pradesh, India)

Assessment of Role of Health and Nutrition Program of Kanthaphod Pragati Samiti at Dewas (MP)

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INSTITUTE OF HEALTH
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IIHMR UNIVERSITY

CERTIFICATE

This is to certify that **Ms Rinku Singh** has undergone summer training at **Samaj Pragati Sahayog (Kantaphod, Madhya Pradesh, India)** from **3rd April 2018 to 25th May 2018.**

The candidate herself completed the project assigned to her during summer training. His approach to the project was sincere and proactive. This summer training is in partial fulfilment of the course requirement recommended for the award of MBA in Rural Management.

I wish her success in all her future endeavours.

30/07/18

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To Whom It May Concern

This is to certify that **Rinku Singh,** a student of Master of Business Administration, IIHMR University, has successfully completed her internship at the Samaj Pragati Sahayog. She was placed at Kantaphod Pragati Samiti (Women Federation) from April 03, 2018 to May 24, 2018.

During this period, she was involved with the Health and nutrition and SHG-Bank Linkage Programmes. She worked very hard to understand the technicalities and major aspects of these programmes, such as the banking procedures, byelaws, rules and regulations of SHGs etc. She also worked on issues related to adult and child malnutrition, their causes and spent ample time in office understand the specific aspects of the work concerned.

She participated in the activities related to SHG Programme such as assisting in SHGs and Cluster meetings, assisting in Federation Executive Committee meeting. Her participation in the Health and Nutrition programme included intensive interactions with the Kishori Balika Samoohs (Group of Adolescent Girls). Through home visits, transect walks, Focus Group Discussion and meeting with the people of Bhayali and Chorwa, she got to know about group dynamics, group interest and local factors affecting people's participation. She took keen interest in attending meetings with ASHA workers assiting them to work with pregnant women and adolescent girls.

She is a sincere and hardworking student who showed keen interest in the work assigned to her throughout her internship period. We wish her all the best in her future endeavours.

(P.S. Vijayshankar)
Director, Research & Training

24-7-2018

ACKNOWLEDGEMENT

At the outset, I would like to express my profound gratitude to my supervisor Dr. Sazzad Parwez Faculty member of Department of MBA Rural management, Indian Institute of Health management Research, Jaipur for he supervision and guidance at every stage of the study. Her keen support, exemplary guidance, immense encouragement and constructive evaluation have contributed in making this research study a success. I thank her for always being available amidst of her busy schedule, for extensive help and constructive feedback.

I am extremely grateful to Mr. Noor Mohammed, project coordinator and Mr. Manoj Singh Rathod, project manager of Kantaphod Pragati Samiti (KPS) for providing help in formulating the interview schedule. I would like to thank him for his expert help and cooperation at every stage of the research study. I would like to place my sincere thanks to the staff of the samaj pragati sahayog organisation, Madhya Pradesh (dewas), provided me with immense help in selecting my respondents, and formulating the interview schedule and for providing me space for the data collection and the necessary to complete the study on health & nutrition. Also, my sincere thanks to Ms. Supriya Programm executive, BRLF for her support and guidance.

I would like to place my gratitude to the Centre for Women's and children's health & nutrition Studies.
I express my sincere thanks to all my respondents who shared their valuable information and experiences for the research study. Despite of their busy schedules and time constrains, they spared their time for the interviews. Without their support, the research study would not have been possible.

I express deep gratitude to my parents, for their uncountable sacrifices and dedication to offer me
this education and for providing me full support and cooperation in conducting this study.
Last, but not the least, a heart-full thanks to all my friends who provided me their unconditional support and encouragement which ultimately enabled me to complete this study successfully.

CONTENTS

ACKNOWLDGEMENT
AGENCY & COMMUNITY PROFILE…….4-7

TOPIC INTRODUCTION……...8-9

RESEARCH MATHODOLOGY……10-12

ANALYSIS & DATA INTERPRETATION……...12-19

MAJOR FINDING…….19- 20

RECOMMENDATION……20

FIELD LEARNING……..20

ORGANIZATION LEARNING……20

CONCLUSION…….21

REFERENCES…….21

AGENCY & COMMUNITY PROFILE

Agency profile:

SAMAJ PRAGATI SAHAYOG:

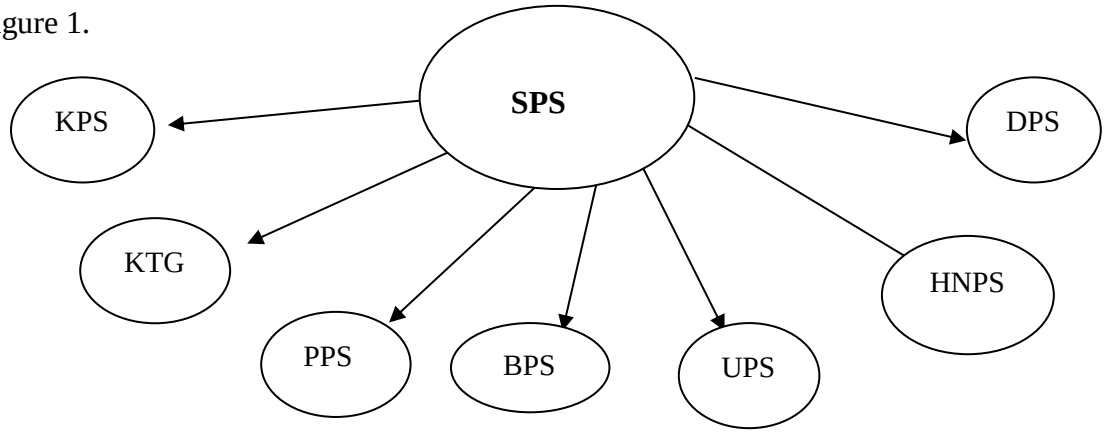
Samaj Pragati Sahayog (SPS) is an organization registered under the societies registraton Act, 1973.as per the Act, the excutive committee (EC) is the highest decision- making body and executive. SPS has grown to be one of India's largest grass-roots intiatives for water and livelihood security, working with its parteners on a million acers of land across 72 of inedia's most backward districts, mainaly in the central Indian adiwasi belt. We take inspiration from the life and work of Baba Amte (our pramukh sahyogi) who rejected charity and successfully empowred even the most challenged.

The internship as per based on health and nutrition is done in the tribal villages of Dewas, M.P. Seven federation have registered under the Societies Registration Act, 1973.These Organization has mainly work on Watershed "Participatory ground water management (PGWM), Participatory integrated management (PIM)", Self Help Groups, Agriculture, Livelihood, Kumbaya, (MGNREGA), Health and Nutrition, Support Voluntary Organization, Research and Police, Films and Events.

Organization Detail

SPS works on total 14 location, which in 7 federation and 7location. SPS only 20% financial help of federation.

figure 1.



All federation located in dewas district

SPS provides 100% financial help to location

- Sanawad
- Badwah
- Lalkheda
- Bhikhangaon

- Kannod
- Satwas
- Maheshwa

All locations are in khargon district

My internship location: - kantaphod pragati samiti federation of samaj pragati sahyog (SPS)

KANTAPHOD PRAGATI SAMITI:

Kantaphod Pragati Samiti is a non-political, non-religious, grass-roots people`s organisation committed to evolving an alternative path of development in India based on the principles of people`s empowerment, equity and sustainability.

Kantaphod pragati samiti (KPS) is a member-based federation of women's Self-Help Groups registred under the madhya Pradesh society registration Act,1973 on 8th March 2010 at works in 39 village in and 3 nagar panchayats around the kantaphod town of the satwas tehsil in the dewas district of madhay Pradesh. Currently 4100 women have membership in 250 SHGs Supported by KPS. Its registred office is in the Nazarpura, kantaphod.

Kantaphod located on the western trible belt of malwa plateau surrounded by extensive forest of the vindhya mountain range. the area is predominantly inhibited by scheduled castes, scheduled tribes (Bhil, Bhilala, Gond, Korku, and Barela), other backward classes and muslims.

Malnutrition is a regular phenomenon in the region characterised by pockets of poverty concentrated in the remote and mostly rainfed tribal villages. This is the context in which KPS has envolved with the help of samaj pragati sahyog

KPS programme structure

Self Help Group (SHG)
Npm Agriculture Development Programe
Health & Nutrition
Livestock
Watershed
Participatory Ground Water Management (PGWM)
Community Media
Kumbya
Participatory Irigation Management(PIM)
Ram Rahim Pragati Producer Company Limited (RRPPCL)

COMMUNITY PROFILE

Demographic Profile of Bhayli, Chourwa and Loharda

This village is very internal in Dewas Disdrict, satwas Tehsil of Madhya Pradesh (MP). Bhayli is Grame panchayat, in three village, Bhayli, chourwa, and balwada also rural area and Loharda has nagar panchayat also semi-urban area.

.

Bhayli population – dewas, Madhya Pradesh

Bhayli is a medium size village located in satwas Tehsil of dewas district, Madhya Pradesh with total 296 families residing. The Bhayli village has population of 1618 of which 841 are males while 777 are females as per population census 2011.

In Bhayli village population of children with age 0-6 is 242 which makes up 14.96 % of total population of village. Average sex ratio of Bhayli village is 924 which is lower than Madhya Pradesh state average of 931. Child sex ratio for the Bhayli as per census is 1000, higher than Madhya Pradesh average of 918.

Bhayli village has lower literacy rate compared to Madhya Pradesh. In 2011, literacy rate of Bhayli village was 59.96 % compared to 69.32 % of Madhya Pradesh. In Bhayli Male literacy stands at 73.47 % while femle literacy rate was 45.12 %.

chorwan population – Dewas, Madhya Pradesh

chorwan is a medium size village located in satwas Tehsil of Dewas district, Madhya Pradesh with total 187 families residing. The chorwan village has population of 894 of which 444 are males while 450 are females as per population census 2011.

In chorwan village population of children with age 0-6 is 165 which makes up18.46 % of total population of village. Average sex ratio of chorwan village is 1014 which is higher than Madhya Pradesh state average of 931. Child sex ratio for the chorwan as per census is 793, lower than Madhya Pradesh average o 918.

Chorwan village has lower literacy rate compared to Madhya Pradesh. In 2011, literacy rate of Chorwan village was 52.26 % compared to 69.32 % of Madhya Pradesh. In Chorwan Male literacy stands at 62.50 % while female literacy rate was 42.71 %.

As per constitution of india and panchyati Raaj Act, Chorwan village is administrated by Sarpanch (Head of village) who is elected representative of village. Our website doesn’t have information about school and hospital in chorwan village.

Loharda population

Loharda is a Nagar panchayat city in district of Dewas, Madhya Pradesh. The Loharda city divided into 15 wards for which elections are held every 5 years. The Loharda nagar panchayat has population of 9,202 of which 4,761 are Males while 4,441 are females as per report released by census india 2011.

Population of children with age o 0-6 is 1319 which is 14.33 % of total population of Loharda (NP). In Loharda nagar panchayat, female sex ratio is of 933 against state average of 931.

Moreover, child sex ratio in Loharda is around 951 compared to Madhya Pradesh state average of 918.
Literacy rate of Loharda city is 67.03 % lower than state average of 69.32 %. In Loharda Male literacy around 77.26 % while female literacy rate is 56.03 %.

Loharda nagar panchayat has total administration over 1,605 houses to which it supplies basic amenities like water and sewerage. It is also authorize to builds roads within Loharda nagar panchayat limits and impose taxes on properties coming under its jurisdiction. Currently our website doesn't have information on school and hospital lacated within Loharda.

Types of houses:
80% Kuchha and 20% pucca in Bhayli and in case of Loharda 60 % of these were kuchha and 40 % pucca

Sources of drinking water
Tubewell
well
handpump
Tanker
Regarding te source of drinking water in the area it was found the majority of families 65 % of tubewell and well used. Followed by community hand pumps/ tankers which were used by 35 % household respectively.

Economic profile: the community not very well economically. Majorority of the people are involed in self and unorganized sector these included like servants, daily wage labours, shop owner, and talors etc

Resources

- Agriculture: KPS provides seeds and fertilizers.
- Livestock: KPS gives hen, and goat for livestock.
- Kumbaya: they give job opportunity by tailoring job to the marginal farmers and poor family.
- Watershed: kps gave labor opportunity for nala bandi and big ponds.
- Anganwadi: in the community 20 anganwadi centers. It provides free education and mid-day meal to the children who below 5 years

Health services: There is a kataphod primary health center in the community.

Languages spoken
Parsi (goundi), Nimadi, hindi, malvee
Hindi is common language used for both oral and written communication, which most of the people could use it.

Introduction to Health & Nutrition

Health

Health is a fundamental human right. The achivment of highest possible level of health is the most important world wide social goal. Health is important component of life healthy person is a physically, mentally and socialy well-being. A community is healthy where disease and death rate is low. Health is mainly depending on good nutrition food.

Nutrition

The proceses by which an animl or plan takes in and utilises food substance. The science of food Defined Nutrition is defined as the processes by which an animal or plant takes in and utilises food substances. The science of food and its relationship to health. The nutrient or food factor is use for specific dietary consistent such as proteins, vitamin and minerals. Dietetics is the practical application of the principles of nutrition; it includes planning of meals for the well and the sick. It is concerned primarily with the part played by nutrients in body growth, development and "maintaining. Good nutrition means maintaining a nutritional status that enables us to grow well and enjoy good health." In humans, nutrition is mainly achieved through the process of putting foods into our mouths, chewing and swallowing it. The required amounts of the essential nutrients differ by age and the state of the body.

The six nutrients for health

- Carbohydrets
- Proteins
- Fats
- Minerals
- Vitamins
- water

normally, 85% of daily energy use is from fat and carbohydrets and 15% from proteins.

WHY IS NUTRITION IMPORTANT

Nutrition is essential for growth and development, health and wellbeing. Eating a healthy diet contributes to preventing future illness and improving quality and length of life. Your nutritional status**is** the state of your health as determined by what you eat. There are several ways of assessing nutritional status, including anthropometric (i.e. physical body measurement), food intake and biochemical measurement.

interest of choosing health & nutrition

Women and children are more likely to suffer from nutritional deficiencies than men are, for reason including women's reproductive biology, low social status, poverty, and lack of education.
Adolescent girls are particularly vulnerable to malnutrition because they are growing faster than at any time after their first year of life. They need protein, iron, and other micro nutrients to support the adolescent growth spurt and meet the body's increased demand of iron during menstruation.

What is Right to Food?
Right to food is basic human right and is a binding obligation as well – established under international low, recognised in universal declaration on human right and international covenant on economic social and cultural rights, as well as plethora of Other instrument. The right to food is well defined in general comment no. 12 of the committee on economy social and cultural rights this defined the right to food as.

"the right to every man and women and child alone and community with others to have physical and economic access at all times to adequate food or means for its procurements in ways consistant with human dignity"

Right to food programme under increase health and nutrition the kantaphod location kitchen garden has been organized in collaboration with agriculture development programme.

Working area of Health & Nutrition

The Health and nutrition programme are being conducted in 41 villages and 2 nagar panchayat of kannod Vikas Khand in the kantaphod location. Under the programme, 50 anganwadi centres are being monitored 60 government school and 14 government fair price shops. Encouraged by samaj pragati sahayog the shared gas fire and mid -day meal scheme is being operated by 14 Self Help Groups at 19 school's and 13 anganwadi centres. Under the programe, work is being done in collaboration with the government and the community for effective implementation of 9 schemes of food related.

The health and nutrition program are additionaly running 9 schemes

- Mid-day Meal Scheme
- Integrated Child Development Services
- Target Public Distribution System
- Antodaya Anna yojna
- National Old Age Pension Scheme
- National Maternity Benefit Scheme (NMHS)/ Jenny Surksha Yojna(JSY)
- National Family Benefit Scheme
- Annapurna Yojna and
- Mahatma Gandhi National Rural Employment Gurantee ACT

Research methodology

A methodology is usually a guideline for solving a problem, with specific components such as faces, tasks, methods, techniques and tools. It can difined also as follows.

- The analysis of the principles of methods, rules and postulates employed by a discipline.
- The systematic study of methods that are, can be, or have been applied within a discipline.
- The study or descriptions of methods.

PURPOSE OF THE STUDY:

The topic of the research conducted by the researcher is role of health & nutrition in women and child's health improvement'. The women and children in the kannod block had poor health thus the need health & nutrition improvement. The health & nutrition has helped the women and children to improve their health status in society and has also lead to their health status. The researcher selected this topic because the federation is running various of health & nutrition, so the researcher wants to understand its impact and benefits to the members of the malnutritions in term of health about improvement.

Research design

Research design helped in collecting information about respondents'views and ideas, their problems, changes etc. it was mainly Quantitative in nature and semi structured questions and analysed to give a quantative impact to the study.

Objective of the Study

- To study pregnant women status
- To study lactating women status
- To study complementary children status

Local of the Study

This study was conducted in kannod block, dewas district, madhy pradesh

- Bhayli gram panchayat (rural) in two village, bhayli and chourwa
- Loharda gram panchayat (semi-urban) in two ward, kotekheda and lalkhedi

The researcher selected these selected these two-gram panchayat because most of the work of kantaphod pragati samiti is running in these areas and most of the malnutrition members are lacated here. The other reason behind identifying these areas is that the researcher had a limited period and the researcher could not manage a larger area in limited period.

Sampling Design

Sampling essentialy refers to chosing a portion of the target womens for the researcher rather than studying the whole womens. It is necessary to select a sample of the women under study to infer statiscally valid generalization about a characteristic of the women. The researcher used systematic sampling for the study to meet the desired objective.

Respondent & Sample Size

A sample of 60 women, attending the health & nutrition programme off the federation was taken. They were divided into 3 parts, 20 pregnant women, 20 lactating women, 20 complementry child's mother from all the different 2gram panchayat of the community and interview schedules were conducted with individual from the village of the respondent.

Source of data collection

Primary data been collected and used in the study. Primary data was collected from the health & nutrition beneficiaries through interview and documents of the KPS federation. It helps to gather appropriate information directly from the respondent and the validity of primary data is maxium. Primary data was collected through interview using interviews schedules.

Method of Data Collection

The researcher used interview through questionnaire as a method for data collection from the health & nutrition beneficiaries to gather useful data related to the main aims and objectives of the study and data analysed by using MS Excel with graphical.

Tool of Data Collection

The researcher used interview schedule and observation for data collection from the health & nutrition beneficiaries to gather useful data related to the main aims and objectives of the study and data analysed by using MS Excel with graphical. Interview scheduie was used because direct response can be obtained in this case from the respondents and the interviewer can probe deeper into a response to get a better perspective of the respondent on a topic.

Data Analysis

Analysis of data is a process of inspecting, cleaning, transforming data with the goal of useful information and data analysed by using MS Excel with graphical. All the interviews are conducted in the field officer of kantaphod pragati samiti in dewas and the respondents are contacted with the help of field officer and the respondents also contacted at the time of scheduled meeting of health & nutritions. Majority of information was obtained from questionnaire interview schedule.

Limitation of the Study

- The study is carried out in a limited time taking two community only with only one federation.
- The timeperiod allotted for the research was 45 days. In which the researcher was required to undertake litreture review, sampling, and data collection. Hence the

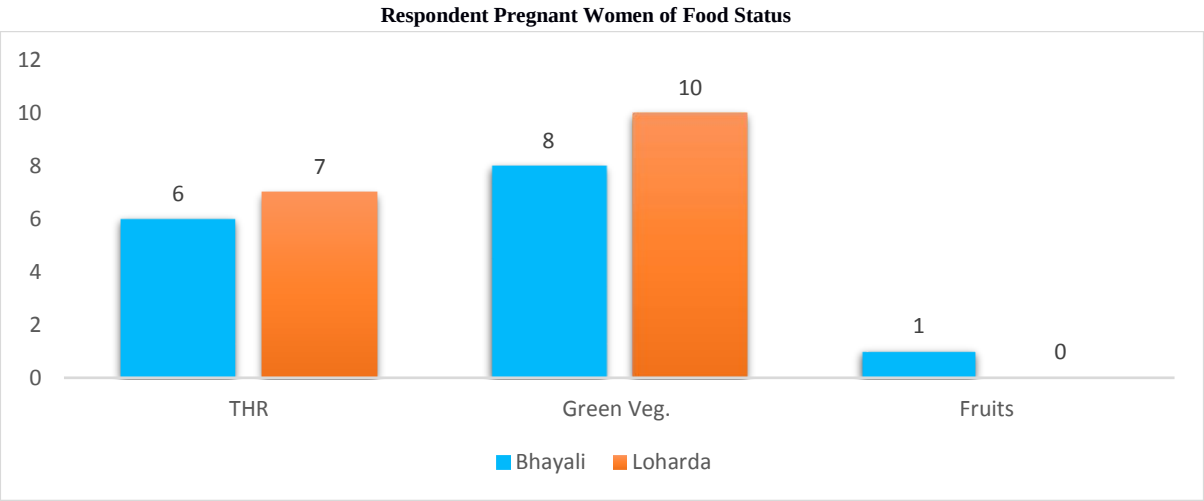
researcher had to keep the sample size small. Small sample size reduces the accuracy of the research study.

- Only the women respondents are chosen for the study.

Data analysis

In this section a detailed data of two area rural (bhayli) & semi-urban (loharda) in these 20 pregnant women respondents and five variables constituting pregnant women status were taken. The variables, food status, THR making method, rest during pregnancy, weight during pregnancy and blood during pregnancy.

Figure no 1: Respondent Pregnant Women of Food Status

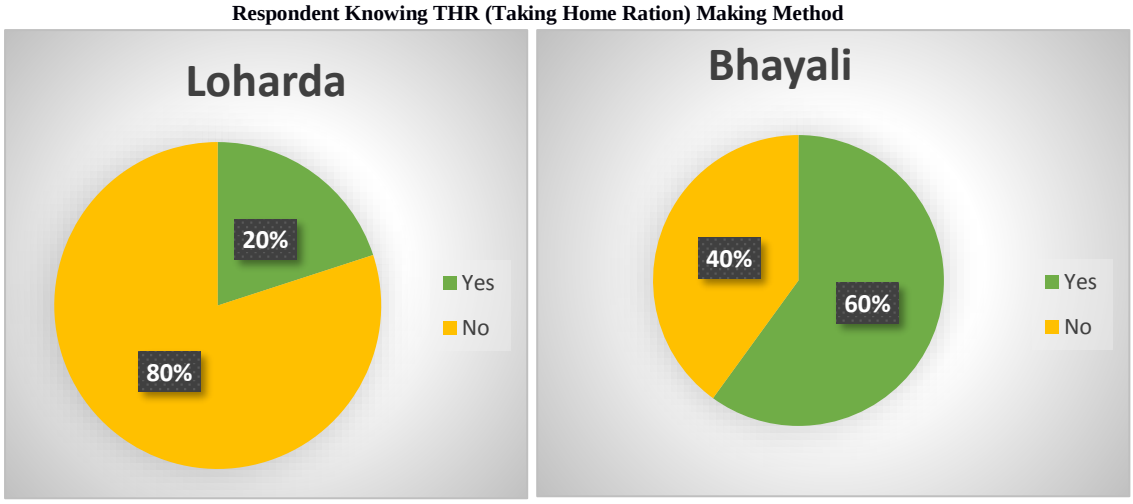


Sources: Field survey, 2018

Survey of loharda and bhayli is done in which 20 pregnant women respondent of food status is analysed. In bhayli 6 out of 10 women and in loharda 7 out of 10 women were eating the THR food. In bhayli 8 out of 10 women and in loharda 10 out of 10 women were eating the green vegetable. In bhayli 1 out of 10 women eat fruits and loharda in not.

7 women do not eat THR (take home ration) food because they go outside for work and some women do not go for the THR food because they do not have awareness and they do not like the taste. 18 women eat green vegetable because KPS kitchen garden provides them the facilities of growing green vegetable and the consumption of fruits is very little because the market is far away from village.

Figure no 2: Respondent Knowing THR (Taking Home Ration) Making Method

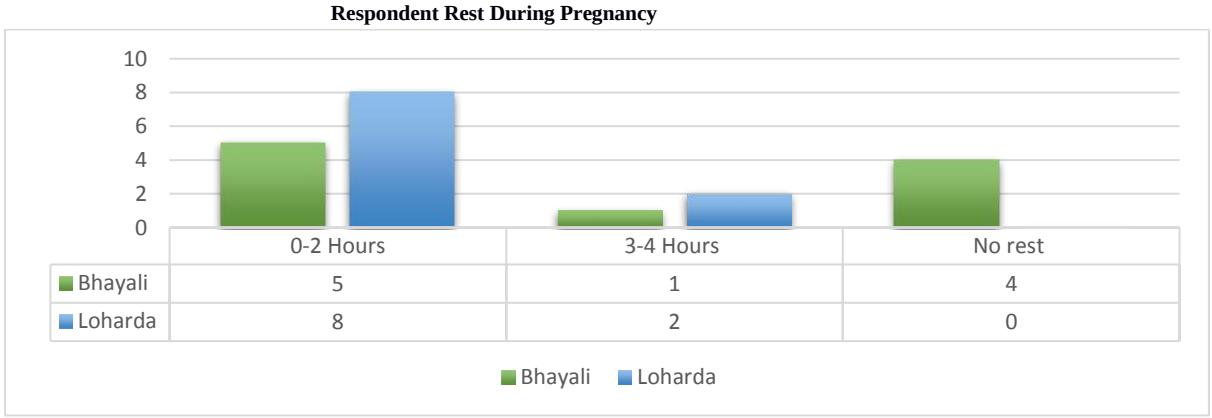


Sources: Field survey, 2018

This is the THR (taking home ration) making method background of the respondent.

The study showed that most of the respondent knew THR making method and the figure in loharda in 20% & bhayli in 40% and unawareness in loharda is 80% & in bhayli is 40%.
Reason of the consumption pattern of THR food in areas was not appropriate as they were unaware and didn't know how to use it.

Figure no 3: Respondent Rest During Pregnancy

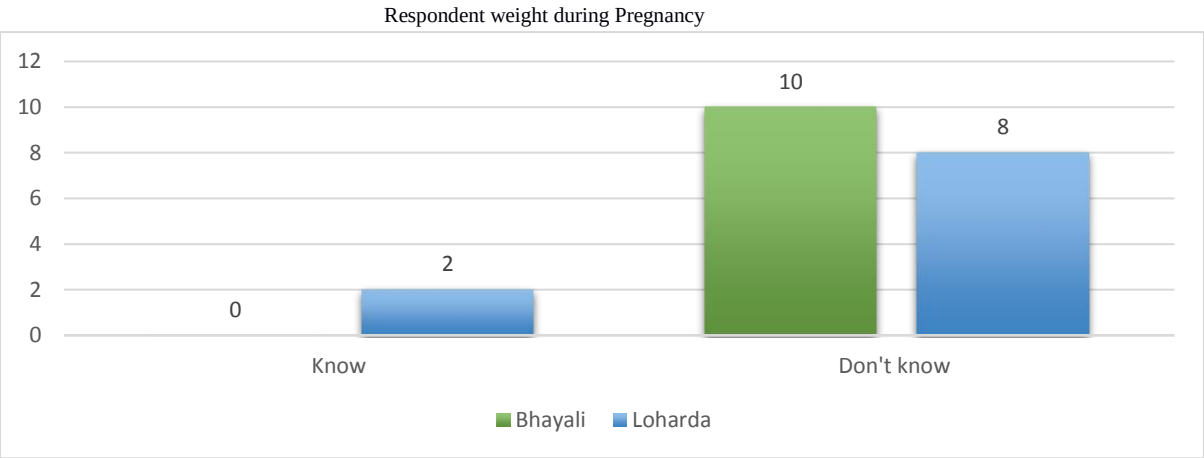


Sources: Field survey, 2018

The rest taking time during pregnancy status of the respondent.

The maximum number of respondents rest upto 2 hours in bhayli and are 5 &in loharda it is 8. Women with the time of rest being 3-4hour are 1 in bhayli & 2 in loharda and 4 women in Bhayali were taking no time to rest.
4 women did not rest during pregnancy because they have to work all day long and were not aware that it is necessary to rest for 2 hours a day.

Figure no 4: Respondent Weight During Pregnancy

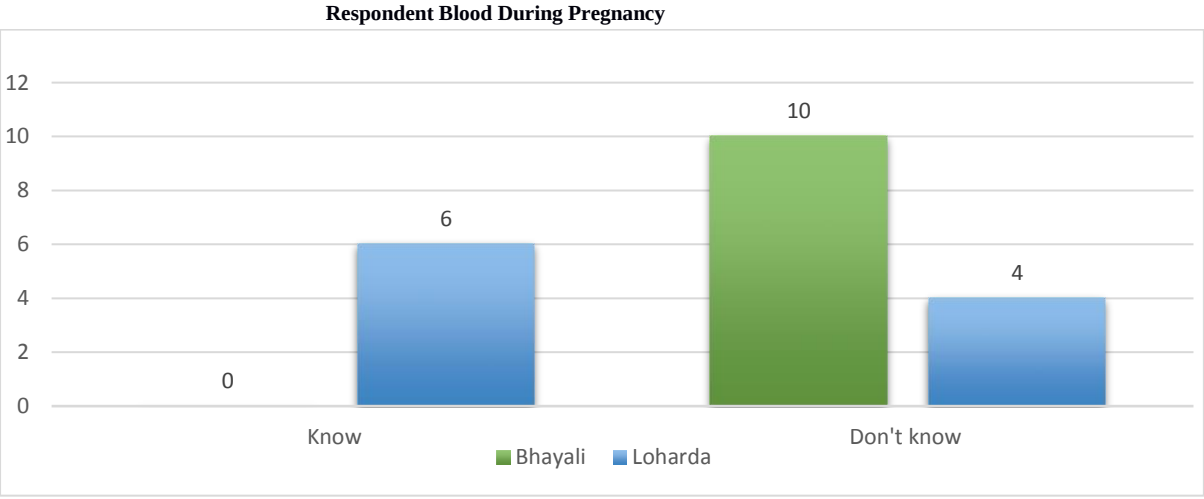


Sources: Field survey, 2018

The graph showed the status of respondent weight during pregnancy and the maximum number of knowing weight during pregnancy in loharda is 2 and not knowing in bhayli is 10 & loharda is 8.

During pregnancy the 18 respondents do not know how much weight should be increased because of lack of awareness and education.

Figure no 5: Respondent Blood During Pregnancy

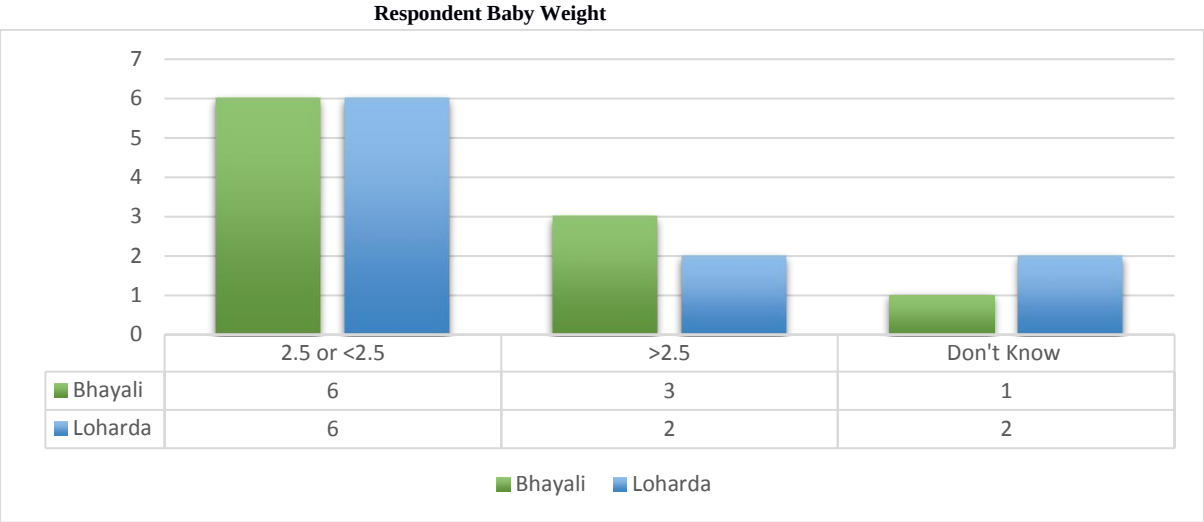


Sources: Field survey, 2018

The graph showed the status of respondent quantity of blood during pregnancy and the maximum number of knowing quantity of blood during pregnancy in loharda is 6 and not knowing in bhayli is 10 & loharda is 4. During pregnancy the 14 respondents do not know how much quantity of blood should be in body, the reason being they do not check blood from time to time and they do not ask the doctor about blood quantity related things.

In this section a detailed data of two areas; rural (bhayli) & semi-urban (loharda) are taken. In this the 20-lactating women respondent and the three variables constituting lactating women status are taken; the women, the varriables, baby weight, vaccination after delivery and breast feeding of child in a day.

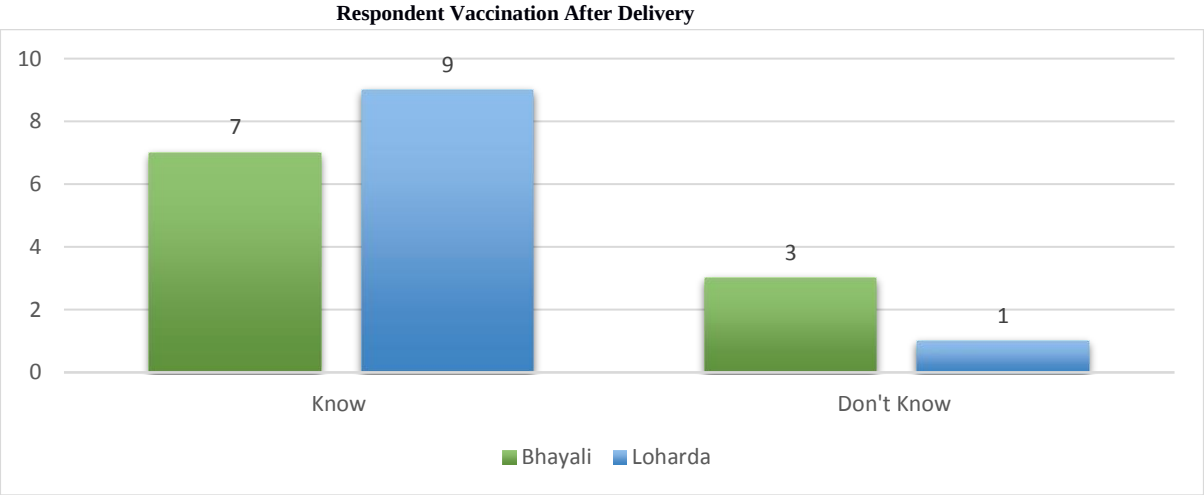
Figure no 6: Respondent Baby Weight



Sources: Field survey, 2018

The baby weight background of the respondents. The study showed that maximum number of respondents in bhayli are 6 children above the weight of 2.5kg and in loharda it is 6 and below the 2.5kg children in bhayli is 3 & 2 in loharda and not knowing the weight of children in bhayli is 1 & 2 in loharda. 5 children are underweight because the mothers are busy working at the time of pregnancy and can not take care of her diet, so children are born weak and they become malnourished.

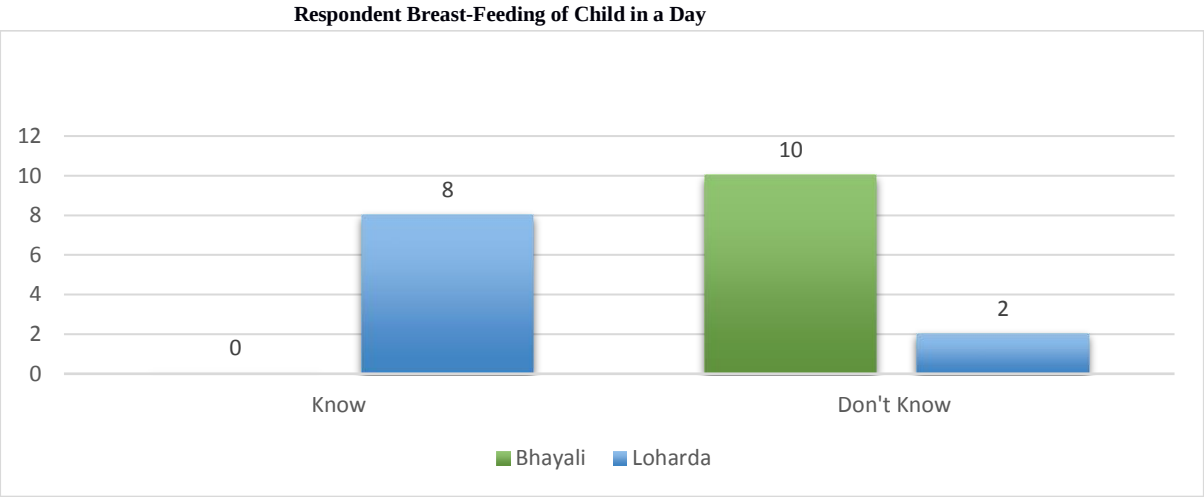
Figure no 7: Respondent Vaccination After Delivery



Sources: Field survey, 2018

The respondent vaccination after delivery shows their health status and maximum number of vaccination after delivery knowing in bhayli is 7 & 9 in loharda and not knowing about vaccination in bhayli is 3 & 1 in loharda. 16 respondents are aware that after childbirth the child should be immunized because they are attending the field mittan meeting with KPS per month and 4 of respondent fail to attend the meeting which is why they do not know about vaccination one reason is that work must be done on farm throughout the day due to which they can not go when ASHA or anganwadi worker tells then she goes.

Figure no 8: Respondent Breast-Feeding of Child in a Day



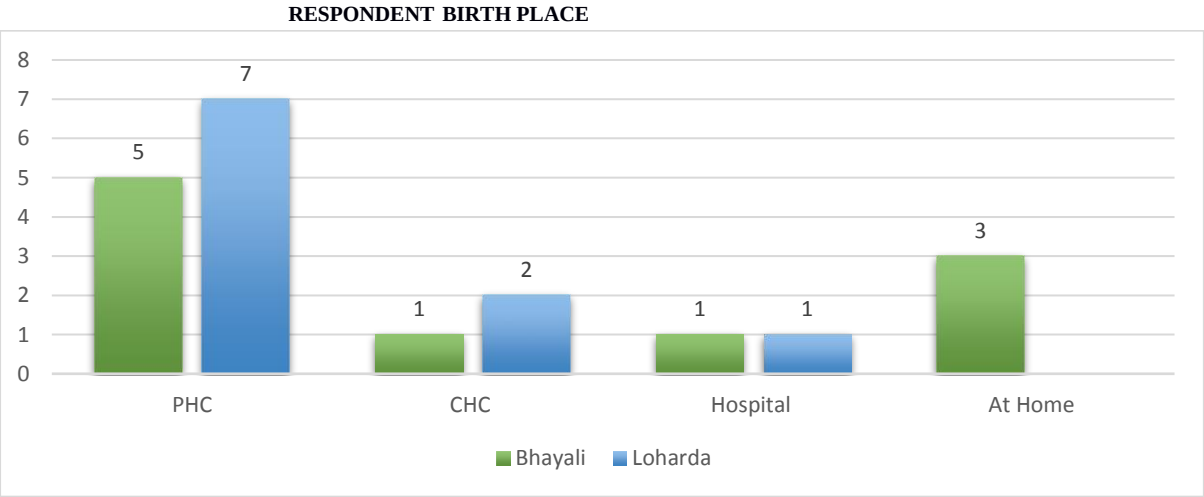
Sources: Field survey

The breast-feeding condition of the respondent.

Maximum number of the respondent knowing breast feeding of child in a day and their member in loharda is 8 and not knowing respondent in bhayli is 10 & 2 in loharda. 12 respondents do not know how many times the child should be breast-fed in one day because they are not aware about it, they say that when the child cries, they breast-feed.

In this section detailed data of two area; rural (bhayli) & semi-urban (loharda) in this 20-complementary children's mother respondent and the four varriables constituting complementary children's status given by women. The varriables, birth place, status of breast feeding, supplements foods and about millets & tides

Figure no 9: Respondent Birth Place

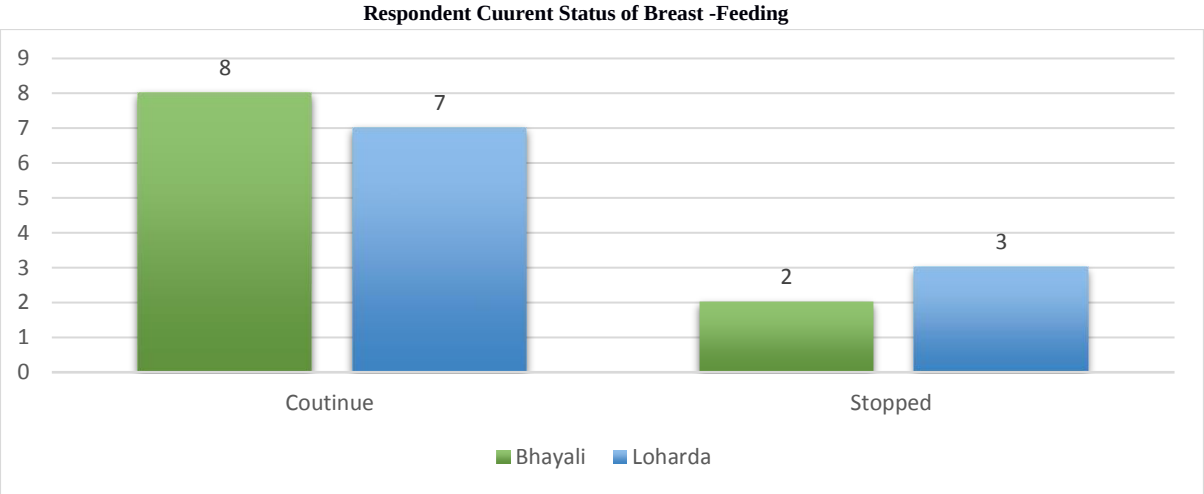


Sources: Field survey, 2018

The complementary children's birth place status of the respondent. Maximum number of respondents' complementary children's birth place is PHC and the figure in bhayli is 5 & 7 in loharda and birth in CHC in bhayli is 1 & 2 in loharda and in hospital birth in bhayli is 1 & 1 in loharda and at home birth is only 3 in bhayali.

3 children's birth place is at home because during delivery not van was not available.

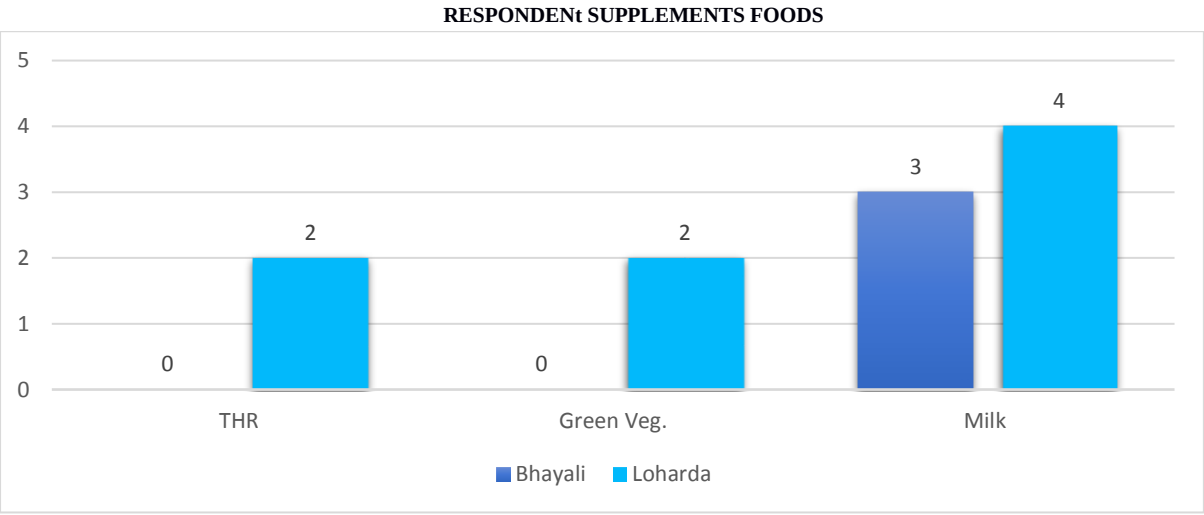
Figure no 10: Respondent Cuurent Status of Breast -Feeding



Sources: field survey, 2018

The graph showed the status of countinuous breast feeding and the figure in bhayli is 8 & 7 in loharda; breast feeding was discontinued in bhayli by 2 women & 3 in loharda. 15 respondents continued breast-feeding because their health is good, and the food they eat is nutritious. 5 respondents stopped breast feeding; the reason is next pregnanancy when 1st child is 8 or 12-month-old and women go to work as well.

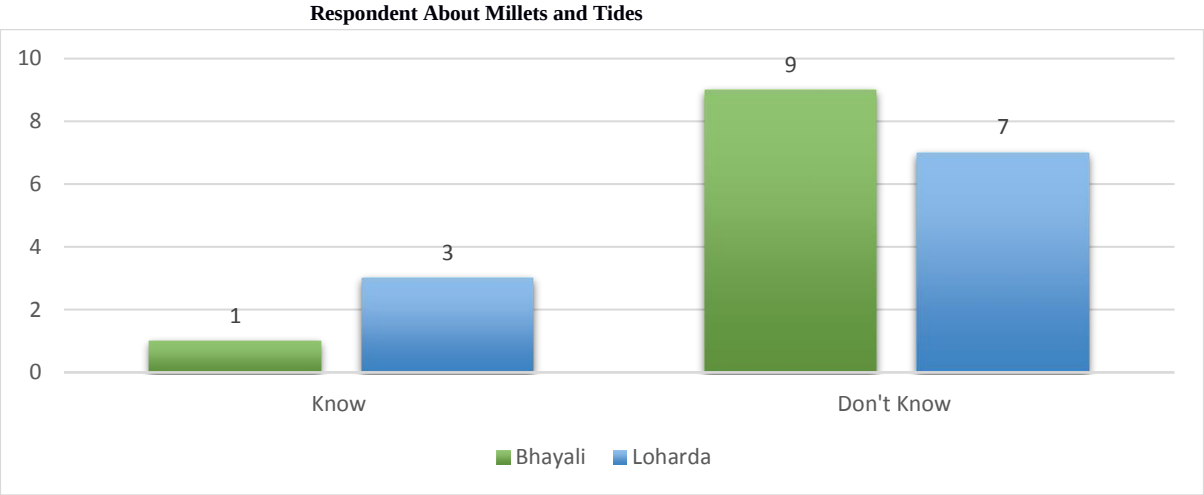
Figure no 11: Respodent Supplements Foods



Source: Field survey, 2018

The respondent supplement foods The respondents eating THR foods in loharda are 2 & 0 in bhayli and number of respondents eating green vegitable in loharda is 2 & 0 in bhayli and number of respondents drinking milk in bhayli is 3 & 4 in loharda.
18 children do not eat green vegetable because of lack of water resources and farm and 7 children drink milk because resources are available.

Figure no 12: Response on millets and tides for physical development



Source: Field survey, 2018

The millets and tides status of the respondents
The respondents have a strong interest in physical development and the study showed that maximum number of the respondent knew millets & tides for fiscal development and the figure in bhayli is 1 & 3 in loharda and unaware in bhayli is 9 & 7 in loharda. People do not have proper source of communication, there is lack of awareness about the millets and tide due to the lack of education, poor sources of economic background.

Reccomendet dietary food for pregnant women

Table no 1:

Nutrient	Daily requirements for pregnant women	Sources
Colories	Additional 300, in second and 500, third trimesters	Brown rice, greensoybeans, fish, yogurt, sweet potatoes
Calcium	1,000 milligrams (mg);1300 mg if 18 or younger	Methi, milk
Folate	4000 micrograms	Papaya, groundnut, spinch, mango ripe, peanut
Iron	27 milligrames	Bajra, kala chana, soy bean, radish leaves
Vitamin A	Additiona 15g, in second and third trimesters	Bathua, carrot (red and orange), tomato, coriander leaves, onion stalk
Proteins	70 grams	Dal, milk, egg, almonds, moringa, yogurt

Source: https://health.gov/dietaryguidelines/

Reccomendet dietary food for lactating women

Table no 2:

Nutrient	Daily requirement for lactating women	Sources
Calories	200gm more	Brown rice, greensoybeans, fish, yogurt, sweet potatoes
Calcium	1300 milligrames	Methi, milk
Iron	10 milligrames	Bajra, kala chana, soy bean, radish leaves
Vitamin C	120 milligrames	Guava, green vegetable, lemon, gooseberry, spinch
Minerals	8 cups	Water

Source- https://www.nal.usda.gov/fnic/nutrition-during-lactation

Consumption pattern of nutrient food benefit during pregnancy

Calories: - calories are important for human health. It is also helpful for energy.

Calcium: - calcium is important for the growth of the healthy bones and teeth of the baby and in mother it is important for the calcium rich breast feed.

Folate: - folate is very important for preventing neural tube defect, serious abnormalities of the spinal cord and brain. It is also helpful in increasing birth weight, collection of haemoglobin and reducing the incidence of pre- mature births.

Iron: - in the body form of haemoglobin, Iron is important to carry oxygen in our blood. More blood is required during pregnancy for the growth of the baby and growing foetus, hence more Iron in the diet is important.

Vitamin A: - is required for healthy health and foetal growth development. Mothers are needs vitamin A in the third trimesters because of rapid foetal development and an increase in the blood volum.

Proteins: - proteins are important for the healthy growth of the foetus and maintain the mother's health. Proteins form the good health for blood, bones organs, muscles and tissues.

Losses

Child of low birth weight
Fetus and infant death
Insufficient growth
Neurological disorder

Major Finding

During the analysis of the present research, the major finding of researcher are as follows:

- Almost 12 of the resident are consuming THR (take home ration) food that revels that government schemes are fulfilling the needs of consumer.
- Consumption pattern of THR in areas was not appropriate as they were unaware and didn't know how to use it.

- Some Malnourished children were sent back to home from NRC and were again suffering from malnutrition within few months.
- People are not available source communication, lack of awareness about the millets and tide due the lack of education, poor sources economic background, comments her also not played and creating defens farm and food.

Recommendation

- In adolescent girl group meetings, we should give duty and responsibility to the group member.
- Adolescent girls should be provided trainings for gender sensitivity and social awareness to know her interest level
- For Lactating women, we/they should be provided home based work.
- For anganwadi workers we should give instruction on how much quantity of THR is to be provided to pregnant women, lactating women and 6 months to 3years children.
- Awareness of family planning
- Weight awareness programs for pregnant women
- For anganwadi workers they give information and education 3 to 6 years children about all types of information-

Like: - fruits name, animal name, leaders name, flowers name etc.

- In the anganwadi playing games and activities should be made weekly based.
- ASHA workers visit.

Organisation Learning

The federation kantaphod pragati samiti has a total staff of 50 in which thee are 2 senior mittan, I have learned in federation the importance of team work, friendly organisation behaviour, skill and attitudes for community intraction, Monthly activity planning, Review meeting for effective program implementation, how to develop linkage between government scheme and community. Care is taken to plan training as per the needs of the community like when the season for agriculture comes the field staff is given trainings so that they can disseminate it to farmers, during the onset of the rainy season in the field staff is given training on water conservation.

Field Learning

There is good community participation in the program implemented by KPS who have good monitoring. They are benefited by NRC for malnutrition children, wido pension, mid-day meal, old age pension etc. They are providing job opportunity to community by MGNREGA. There are challenges to work in this area like there are no good transportation facilities, good electricity connection. They are using tubewell for drinking water, but in some villages lack of drinking water resources.

Conclusion

The conclusion of the study practical dedication drived from the process of data collection, revewing of understanding of the term health & nutrition and women & children and analysing the finding of the study keeping in mind the objectives of the study, the researcher developed a clear picture of health & nutrition at the federation kantaphod pragati samiti of organization (dewas) Madhya Pradesh.

The federation of Samaj Pragati Sahyog (SPS) change the whole scenario of the village. The programme implemented by the organization is successful. This is helpful in making people self dependent and improve their living standard. After implementing this programme provide health facility to every people of the village and decrease level of malnutrition. This programme is working for the benefit of the old eople by linking to the various government schemes. This federation is connecting people to the nutrition rehabilitation centre (NRC) in this centre nutritious food is provided to the malnutritious children. All over result show that the federation is doing work well.

References

www.samaj pragati sahyog
census data 2011 for demographic profile
KPS By-Laws
KPS proposal book
https://www.healthline.com
https://health.gov/dietaryguidelines/
https://www.nal.usda.gov/fnic/nutrition-during-lactation