ASSESSMENT OF SUPPLEMENTRY NUTRITION IN KHAMNOR BLOCK OF RAJSAMAND DISTRICT, RAJASTHAN

INTRODUCTION

India carries a serious burden of malnourishment among under age five children and hence undernutrition persists to be a major public health problem disabling millions of children each year. As per the National Family Health Survey (NFHS)-4 (2015-16), 35.7 per cent children below five years are underweight.

Integrated Child Development Services (ICDS) launched is India's flagship programme for infant and young child education, nutrition, health, and development. To address child undernutrition, ICDS specifically launched the Supplementary Nutrition Programme (SNP), which provides nutritional food to vulnerable populations such as children up to 6 years of age, pregnant women and nursing mothers.

The SNP consists of two components: Morning snack and Hot cooked meal served daily at anganwadi centres to children ages 3 to 6 years and Weekly take home rations (THR) for children ages 6 months to 3 years, undernourished children, pregnant and lactating mothers till six months after delivery, and adolescent girls. Every beneficiary under supplementary nutrition is entitled to receive THR every Thursday of a month.

RATIONALE

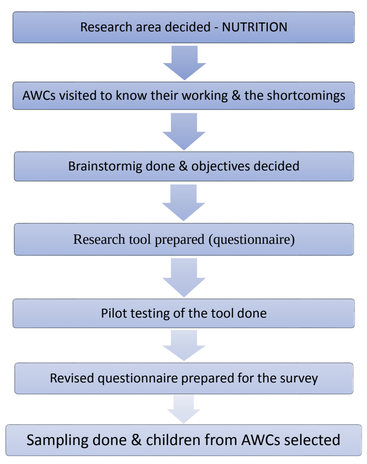
About two third portion of the under age five children in India are malnourished and among them six to eight percent are severely undernourished, so it can be said that malnutrition is one of the widest spread conditions affecting child health in our country. Therefore, it is a need to study about factors affecting undernourishment. Also, as supplementary nutrition is one of the most important objectives under the scheme of ICDS, so its coverage and impact is necessary to evaluate.

OBJECTIVES

The objectives of this project are : -

1) To assess the coverage and consumption pattern of take home ration
2) To assess the nutritional grade of children using MUAC tape

METHODOLOGY



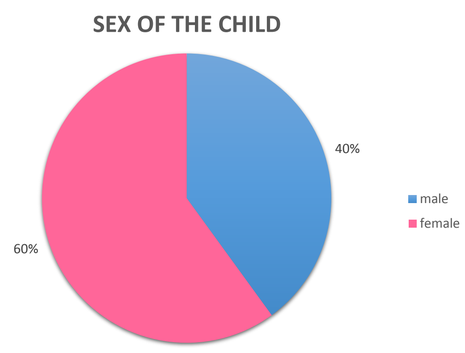
STUDY DESIGN- Cross-sectional study
STUDY AREA- Khamnor block of Rajsamand district, Rajasthan
SAMPLE SIZE- 100 children
SAMPLING METHOD- Systematic random sampling
STUDY TOOL- Semi-structured questionnaire
RESPONDENTS- Mothers' of children aged 6 months to 6 years whose names are registered at Anganwadi centers

Nutritional grade of a child was measured with a Mid-upper Arm Circumference (MUAC) tape in which green colour is for normal weight child, yellow for Moderate Acute Malnourishment (MAM) and red for Severe Acute Malnourishment (SAM).

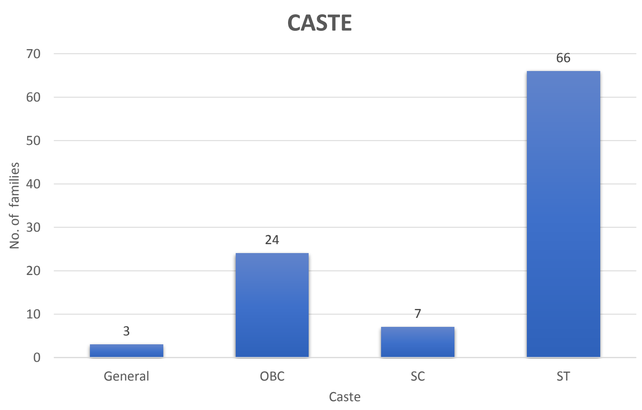
Data was analyzed using SPSS.

ANALYSIS AND FINDINGS

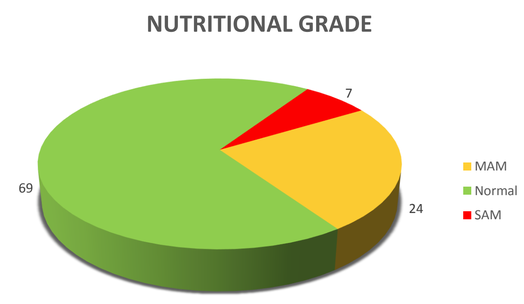
Socio-demographic findings:



Pie Chart 1 – SEX OF CHILDREN



Graph 1 – CASTE OF THE RESPONDENTS

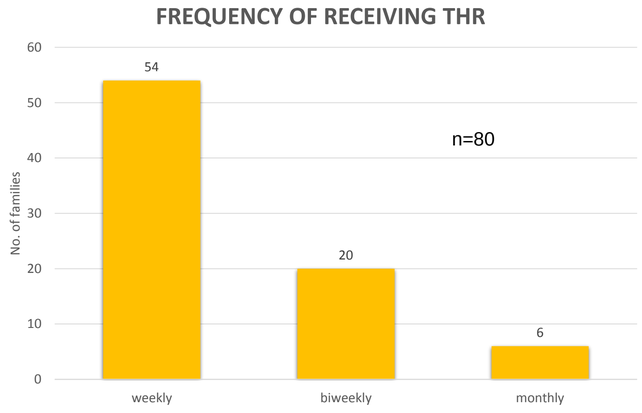


Pie Chart 2 – NUTRITIONAL GRADE OF CHILDREN BY MUAC TAPE

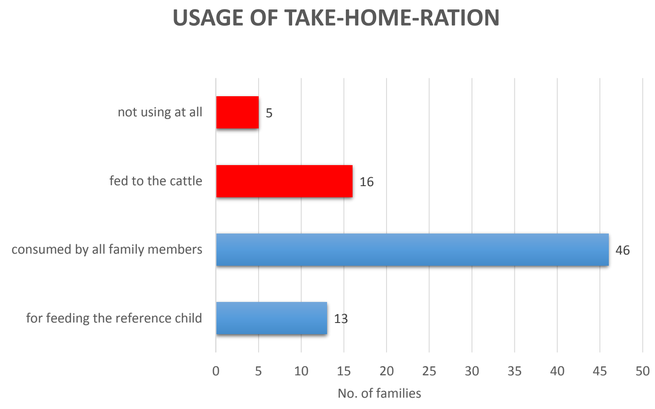
- The dataset included data points from a sample population split as 3:2 males vs females as shown in the pie chart 1
- Furthermore, out of a total of 100 families observed, majority (66) were from the Scheduled Tribes. It was followed by Other Backward Caste families (24) and Scheduled Caste families (7). A mere 3 families were from the General category of the population
- As per the observed data, more than two-third of the monitored population lied in the green zone of the nutrition chart, whereas 7 percent were in the red zone. The remaining 24 percent of the observed population lied in the yellow zone which denotes undernourished children

FINDINGS continued…

Coverage and Utilization of THR :-



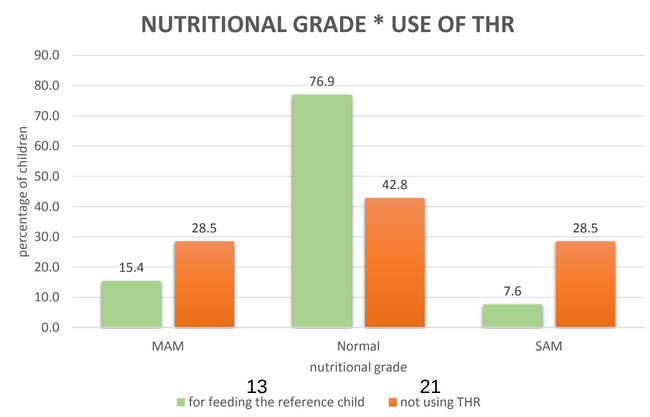
Graph 2- FREQUENCY OF RECEIVING THR



Graph 3- UTILIZATION OF THR

- Out of 100 children, 83 were entitled to receive THR and nearly all of them, that is 80 of them received THR. Only four percent did not receive it
- 67 percent of the families received THR once a week, while 25 percent of them only received it once per 2 weeks on an average. The remaining only received it once a month. This shows that people who most require it are not regularly consuming the THR and thus, leading to poor performance on the nutritional chart (Graph-2)
- Out of 80 families monitored, only 16 percent used it fairly, that is, fed baby mix exclusively to the reference child, while in 46 other cases, the THR was consumed by the whole family, thus the target children consumed smaller amounts than intended, affecting the nutritional grade of the children in question. Around one-fourth of the families either fed the ration to their cattle or threw it away, leading to wastage

Nutritional grade of children and Use of THR : -



Graph 4 – NUTRITION GRADE OF CHILHREN IN RELATION TO USAGE OF THR

- Among children from families where the THR was fed to the reference child, more than three-fourth (77 percent) were living a normal and healthy life, as opposed to less than half (only 43 percent) where the child did not use the THR
- The fraction of children suffering from undernutrition also increases in the cases where no THR was fed to the reference children. The data shows that 29% of the children face Moderate Acute Malnutrition (MAM) and around as much face Severe Acute Malnutrition (SAM) in cases where no THR was fed to the children

ORGANIZATIONAL LEARNIGS

During this project following observations were made:

- Time table issued by ICDS was not followed by anganwadi staff for which stringent rules can be made
- Motivation to work in ASHA and anganwadi worker was seen to be low. To overcome this, better incentives and trainings can be provided to the staff
- Shortage of manpower at anganwadi centers due to which work load on worker increases
- Lack of proper knowledge in mothers regarding health of their child which leads to poor health and development of children
- Less awareness in public about services provided at AWCs which in turns leads to less fulfilments of ICDS objectives. Timely awareness campaigns for rural population can be organized
- Community participation should be encouraged

CONCLUSION

- The finding of the project show that the consumption of THR helps new born and other target groups lead a healthy life, thus helping tackle the menace of malnutrition
- This study also shows that intra-household sharing was common, a phenomenon that has been encountered in several families receiving take home ration which is exclusively meant for feeding the reference child
- However, the injudicious usage of the THR has caused the program's implementation unsuccessful in many ways
- The wastage leads to loss of public resources while at the same time causing a great scheme by the government to fail

SCOPE FOR FUTURE WORK

This problem can be overcome by the following methods and practices:

- increasing awareness by providing understandable messages to ensure that only the target children consume the food
- increasing the portion of the baby mix to ensure that the target children still receives sufficient amounts of the food even if sharing takes place
- need of behaviour change by organising local meetings which include caretakers and explain them the importance and the proper use of THR

REFERENCE

- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5047467/
- http://www.ojhas.org/issue47/2013-3-1.html
- http://www.icds-wcd.nic.in/

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