



PROJECT: Assessment of nutritional status of children under 5 years of age in Public Action Group (PAG) areas of CRY



Introduction : Multiple and interrelated determinants are involved in child under-nutrition and this national nagging challenge requires a series of tailored multi-sectoral and multi-disciplinary strategies to have a visible impact .It is very essential to look at malnourishment through multiple angles at level of different stakeholders and to initiate immediate intervention plans .



RESEARCH OBJECTIVES:

- To assess the nutritional status of children under 5 years of age in the 3 PAG areas of CRY.
- To assess the Knowledge, Attitude and Practices (KAP) related to the nutrition and the health-seeking behavior of mothers (of children under 5 years).



RESEARCH METHODOLOGY

Type of data collected: Primary data was collected using a structured questionnaire and anthropometric measurements were recorded using standard measurements.

Study duration and area: 2 months in public action group areas of CRY i.e Dakshinpuri, Sanjay camp and Dwarka.

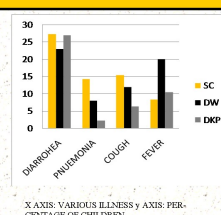
Study respondents: Mothers of children under 5 years of age .

Sample size: 280 households

Sampling technique Used: Convenience sampling with snowball technique was adopted to collect data.

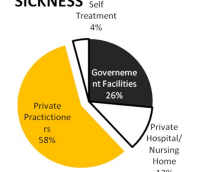
DATA ANALYSIS

	TOTAL	NO. OF BOYS	NO. OF GIRLS	PERCENTAGE OF SEVERE UNDERWEIGHT		PERCENTAGE OF SEVERE STUNTING		PERCENTAGE OF SEVERE WASTING	
				BOYS	GIRLS	BOYS	GIRLS	BOYS	GIRLS
Sanjay camp	84	41.6%	58.3%	11%	14%	21%	26%	4%	2%
dwarka	100	45%	55%	8%	8%	25%	25%	5%	4%
dakshinpuri	96	40.6%	59.3%	8%	9%	20%	27%	4%	5%
total	280	42.4%	57.53%	10%	10%	22%	26%	1%	3%

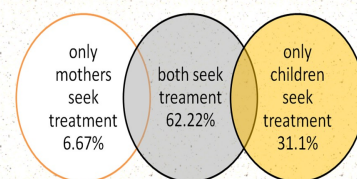


PERCENTAGE OF CHILDREN SUFFERING FROM ILLNESS IN EACH AREA

PLACE OF TREATMENT FOR SICKNESS

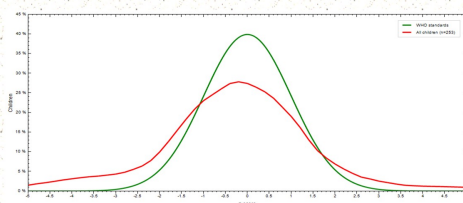


PLACE OF TREATMENT FOR SICKNESS

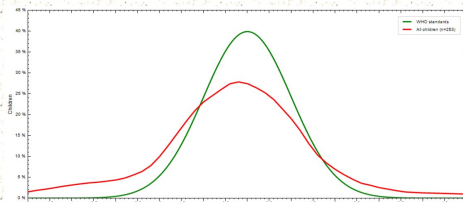


COMPARISON OF HEALTH SEEKING BEHAVIOUR OF MOTHERS AND CHILDREN

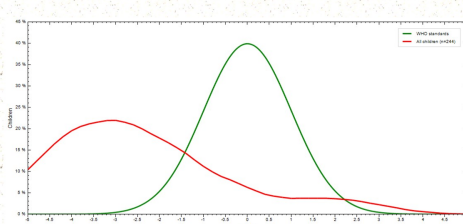
Area profile & Nutritional Indicators Status



WHO GROWTH CURVES FOR WEIGHT FOR HEIGHT OF CHILDREN UNDER FIVE YEARS OF AGE
X AXIS: Z SCORES FOR WEIGHT FOR HEIGHT
Y AXIS: PERCENTAGE OF CHILDREN



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X AXIS: Z SCORES FOR WEIGHT FOR AGE
Y AXIS: PERCENTAGE OF CHILDREN



WHO GROWTH CURVES FOR HEIGHT FOR AGE OF CHILDREN UNDER FIVE YEARS OF AGE
X AXIS: Z SCORES FOR HEIGHT FOR AGE
Y AXIS: PERCENTAGE OF CHILDREN

	% of houses which had their own source of water	% of houses who did not have
DAKSHINPURI	95.18%	4
DWARKA	1.01%	98
SANJAY CAMP	78.57%	18

PERCENTAGE DISTRIBUTION OF HOUSES HAVING THEIR OWN SOURCE OF WATER

% of mothers who wash hands	
before eating	90%
before feeding the child	1.07%
before cooking	59.64%
after toilet	79.64%

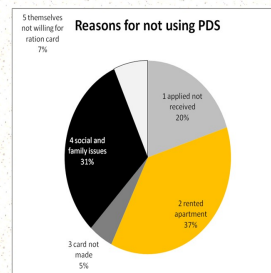
PERCENTAGE DISTRIBUTION OF HAND WASHING PRACTICES



RIGHT TO HEALTH

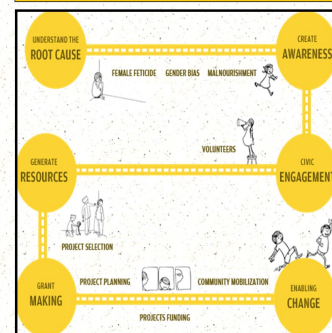
	SC %	DW %	DKP %
%HH AWARE OF PDS	76	89	79
%HH HAVING RATION CARD	55	51	52
%HH AVAILED PROVISION FROM PDS	48	45	47
%HH WHO USE PDS TO OBTAIN RICE	33	50	14.5
%HH WHO USE PDS TO OBTAIN WHEAT	46	51	48
%HH WHO USE THE PDS PROVISION OBTAIN SUGAR	23	0	3

PERCENTAGE DISTRIBUTION OF AWARENESS AND UTILISATION OF PUBLIC DISTRIBUTION SYSTEM



GRAPH DEPICTING REASONS FOR NON UTILISATION OF PDS

WORKING CYCLE OF CRY



ORGANISATION LEARNING (KEY MANAGEMENT ISSUES IDENTIFIED)

- Improper co-ordination between community volunteers and volunteer action team .
- Role ambiguity of community volunteers leading to lack of motivation .

FINDINGS

- 98.93% of mothers donot wash their hands before feeding the child.
- Only 26% of mothers seek government facilities for their child's treatment.
- Only 1.01% households have easy access to water source in Dwarka.
- There is a huge disparity between awareness and PDS utilization like in dwarka 89% were aware of pds and only 45% utilized it.
- 37% and 32%households were not able to utilize the PDS because of temporary residential status and social and family issues respectively.
- 48% mothers delivered at home.

SUGGESTIONS

- Sensitization on water and sanitation practices must be implemented.
- More efforts to outreach the uncovered population for seeking treatment in government facilities .
- Initiatives to motivate mothers to send their children to Anganwadi centres must be planned .
- More advocacy for the identified gaps and awareness through partner ngo's must be initiated.