IIHMR UNIVERSITY

The IIHMR University, Jaipur

Institute of Health Management Research

MBA -HM Batch (Health Stream: 2017-2019) Second Year

Term Examination

Program Implementation Monitoring and Evaluation (PIME)

Duration: 3 hours

Total Marks: 70

This question paper contains 2 printed pages

Question No 1. Please read the summary of report given below carefully. Follow instructions given against 1.A to1.C statements after reading the summary to answer question no.1.

As a State Program Manager and as a member of the Special Task Force formed by the State Government, you have to develop/ work out a Project Plan to address the system/people for issues of nutritional intake of pregnant and lactating women of Rajasthan.

This is the summarizes study report of "Formulation of evidence-based and actionable dietary advice for pregnant and lactating women in Rajasthan". It stated that most of the respondents (90 per cent) in the sampled populace was followers of Hinduism. Among the caste group, the share of Scheduled Caste (SC), Scheduled Tribes (STs) and Other Backward Classes (OBCs) populace to total populace were twenty-one per cent, 19 per cent, and 48 per cent respectively. Around half (nine out of twenty) lives with nuclear family and the average household size in the studied districts was around 5.3. More than one-third (38 per cent) of the populace was illiterate. The median age of women respondents was 25 years while the median age of their marriage was found to be 18 years. More than two-third (68 per cent) of the women watch television regularly and just 13 per cent responders were members of Self-Help Group (SHG) or any Community Based Organization (CBOs).

The dietary intake analysis from 24-hour dietary recall yielded a sum of 114 different foods consumed by the target groups, of those 35 were the great sources of no less than one nutrient. The study revealed inadequate dietary intake, especially hidden hunger during pregnant and lactation period among women. The study showed that dietary intake among pregnant and lactating women are not very different from their non-pregnant counterparts in terms of food group and nutrient intake. The median intake of fruits, meat, and poultry products were almost zero in both the groups. Cereals, millet, sugar, fats, and oil was the main source of energy intake.

The study also observed that the intake of energy, protein, iron, calcium, vitamin C and folic acid was low in both pregnant, lactating, and non-pregnant women when compared to Recommended Daily Allowance (RDA). Study results discloses that pregnant woman was unlikely to consume adequate quantity of fat, calcium, iron, vitamin A, vitamin C, and zinc. Similarly, in the lactating women, energy and protein uptake from foods was found to be low corresponding to RDA, they were unlikely to consume adequate amounts of fat, calcium, vitamin C, vitamin A, and zinc which were much below the RDA testimonial. Above nutrients deficiency were found almost similar across all studied districts of Rajasthan. The problem nutrients (Gap> 70% of RDA) were higher in fat, calcium, vitamin A, and C, across all categories. Iron and zinc intake were also less consumed among all target groups.

Solid foods were specifically restricted during pregnancy, while certain others were forbidden throughout the maternity. Maternal beliefs related to "hot" and "cold" foods relate to abortion and in causing difficulty in delivery of the baby. Consumption of special foods to the lactating mother was mainly intended to improve the quality and measure of milk, the strength of the baby, and an advancement of hemoglobin.

Logistic Regression Analysis suggested that majority (92 per cent) of the pregnant and lactating women don't take the decisions either to purchase for household needs nor regarding their own health seeking behavior. Women living in the nuclear family units were almost two times more likely to decide for their healthcare as compared to women in joint family. Analysis of logistic regression reveals that education, agricultural land, take home ration, expenditure group was highly significant with macro-nutrient food inspiration (protein, fat). Higher the awareness, higher the possibility of taking macro-nutrients. Decision-making power for food preparation enhances intake of protein and iron. It has emerged from the analysis that fat intake is higher among the more educated women and the women whose expenditure is more than Rs 10000/- per month.

Study suggested that despite base diet schedule the six normal messages over all the categories of pregnant and lactating women were: to eat one serving of seasonal fruits every day, four servings of vegetables consistently including green leafy vegetable if conceivable, one egg three times in seven day subjected to dietary practice, one serving of pulses and products every day, one serving of groundnut twice a week, five servings of milk, buttermilk and curd every day.

Validation of food-based recommendations reflect that 64 to 93 per cent of pregnant and lactating women in the various categories were agreed to take the prescribed food of different food groups except eggs and soya. The women who would prefer not to take the suggested foods, opined that lack of money and dislike of the prescribed food were the fundamental reasons of their certifiable reaction.

If the FBRs in the report are embraced by the target group, they could guarantee a nutritionally adequate diet for almost all target groups, but the cost of the recommended food, that meets or comes as close as conceivable to addressing nutrient needs is INR 63/day to INR 69/day (around 1 US$/day) for pregnant and lactating women respectively. Simultaneously from the study, it appears that a nutritionally adequate diet for pregnant and lactating women is not affordable for many families in Rajasthan as their expenses on PLWs are around INR thirty only.

Question No 1: Read the instructions and question carefully before answering it. Answer should be based on the major findings of the above study report:

1. A) Create a problem tree and identify the core problems and root causes of the problem. **(10 marks)**
1. B) From the problem tree select at least four undesired situations and construct an objective tree. (Means to End). **(10 marks)**
1. C) Create a Log frame matrix based on the analysis conducted with only four activities you plan to undertake. **(20 Marks)**

Question No 2: Write short note on (not more than 500 words). Attempt any 3. (10 marks each)

2. a) Decisions Matrix Analysis in Health Policy formulation.
2. b) Objective tree and Objective setting
2. c) Situation Analysis in Health Care and Stakeholder Analysis
2. d) Project life Cycle

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