



Institute of Health Management Research

MBA Hospital and Health Management

Batch-23 (2018-2020)

Health Management

Strategic Management

Term Examination

August 2019

Time - 3 Hour

MM-70

The question paper contains 4 (four) printed page.

Section A

A. Read the study report carefully and answer any three of the following questions:

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1. Create a problem tree using either undesired situation related system or with as the root cause problem based on the below study report. (20 marks)
 2. Formulate the objectives of the study after analyzing it properly by appropriate techniques. (20 marks)
 3. Develop the stakeholder analysis and power grid and suggest how to manage the different level of stakeholders. (20 marks)
 4. Develop a strategic plan and recommendation to reduce the undernutrition of the children in the age group of 6-23 months. (20 marks)

A study report on the Status of Child Nutrition in Rajasthan.

Child malnutrition is a widespread public health problem having international consequences because good nutrition is an essential determinant for their well-being. India has the highest occurrence of childhood malnutrition in the world, and many more millions of children are not growing and developing to their full potential and as a result vital opportunity to save millions of lives are being lost. Adequate nutrition is a corner stone of wellbeing of an individual. Optimal utilization of services of national programmes on maternal and child health and correct implementation of Infant and young child feeding practices helps in reducing burden

In Rajasthan Thirty-nine percent of children under age five years are stunted (NFHS-4), which indicates that they have been undernourished.

The present study could be of use to the Government, policy makers as well as development partners working for enhanced nutrition status of the children. The findings also contributed to understand present status of nutrition in children in the age group of 6-23 months in Rajasthan and the factors that are significantly related to child malnutrition. The study also formulated actionable dietary advice for children in the age group of 6-23 months for Rajasthan to address the nutrient gaps using locally available foods, existing feeding practices which are both acceptable, and affordable. The knowledge could enhance collaboration among policy makers, researchers, and practitioner towards better implementation of nutrition program, building onto state nutrition policy, to develop better BCC model and operational strategies.

Results and Discussion: Analysis of household's profile revealed that more than half (52 percent) of the families were nuclear families, 44 percent lives in a joint family and the rest living in an extended nuclear family. 92 percent in the sampled population, were the followers of Hinduism. Two-fifth of the households were from other backward castes, 11 percent belonged to general category, 16 percent scheduled caste, while the rest one-third (28 percent) were from scheduled tribe group. The study showed that only nine percent of women could take independent decisions about seeking treatment of the children. Three-fourth of the child had completed their immunization, and other were continuing but 1% of the child has not been immunized.

Little less than two-third of the mothers-initiated breastfeeding within two hours of baby born, though out of them 97 percent mother gave colostrum to their newborn child. Only three-fourth of the mothers did the exclusive breastfeeding until six months and started weaning after six months but around one third of the mothers prematurely started weaning the child. The common pre-lacteal feeds to baby included honey, honey with sugar water, sugar or glucose water, plain water, jaggery water, ghutti, herbal tea, and castor oil. Honey is often given to the baby as part of a blessing ceremony.

The overall prevalence of wasting was 16.9%, with severe wasting at 6.4%. The overall incidence of stunting was 58.1%, of which 36.7% were severely stunted, and the overall prevalence of underweight was 34.2%, with severe underweight at 12.9%. The prevalence of all the three anthropometric indicators (wasting, stunting, and underweight) and undernutrition in all three districts were found to be higher in males as compared to females.

The prevalence of insufficient dietary intake of all the thirteen nutrients assessed in this study was found to be greater than three-fifth. Out of the thirteen nutrients assessed for, Calcium, Iron, Zinc, Thiamin, Riboflavin, and Vitamin B6) had insufficient intake prevalence greater than 70% and were identified as problem nutrients. The highest levels of insufficient dietary intake were presented for Iron and Zinc followed by Thiamin, Vitamin B6 and Calcium.

The average intake per day of net energy for all the children was 643.95 +/- 269.34 Kcal, which was 72.4% of the estimated RDA. The age-wise multi-comparison ANOVA test results of nutrient intakes, revealed that the average food energy intake decreased significantly ($p < 0.005$) as the age of the child progressed from 6-8 months to 9-11 months, followed by progression to age

group of 12-14 months. However, no significant difference ($p>0.05$) between the mean energy intake was observed for those in the age categories above 14 months. The same pattern of variation in intakes was also observed for intakes of calcium, iron, zinc, vitamin C, riboflavin, folate, vitamin B12, and vitamin A, where the significant decrement in their intake was observed as the age-progressed from 6- 8 months to 12- 14 months, beyond which there was no significant decrease in their respective intakes. However, there were no significant differences noted between the mean intakes of dietary protein, vitamin B 12, and thiamin across any of the age groups.

Lowest proportions of consumption were observed for Nuts and Oil seeds (1.2%), Green Leafy vegetables (2.1%), Meat, Fish and Poultry (0.3%), and for Spices and Condiments (4.3%). Pulses, Roots and Tubers, Vegetables other than green leafy vegetables, and Fruits were reported to be consumed in comparatively higher proportions at 34.6%, 30.1%, 25.4%, and 16.7% respectively. Highest consumption was for Cereals at 92.6%, Mother's Milk at 94.5%, Milk (other than mother's milk) and milk products at 86.3%, followed by Oils and Fats at 86.9% and Sugars at 86.2%.

Minimum Dietary Diversity (MDD) was observed in three-fifth of the children between 6 and 23 months. Minimum meal frequency (MMF) was observed in about one-half of children aged 6–23 months. Minimum acceptable diet (MAD) was found adequate only in one-fourth of the 6-23-month-old children.

The common misbelief is that only in summer rice, bananas, yogurt, and buttermilk should be fed to infants as they are cold foods as they can cause illness if fed in winter, Similarly, legumes, undiluted milk, and fats should not be fed as they are difficult to digest and can cause stomach upsets. Non-vegetarian foods are not fed to female infants as they cause early onset of menses. Mothers also feel that the child should not be fed with a wide variety or quantity of food, as the child is still breastfed and should not be fed three times a day. Giving normal complimentary diet and in large quantity can displace breast milk.

Complementary food items generally used by community are biscuits, cow milk, goat milk, juice, the liquid of pulse, etc. The complementary food items usually served to the children are chapati, vegetables, apple, banana, pomegranate, etc. Food items provided for growth and development of the child are moong pulse, dalia, poha, egg, chapati, vegetables, cow milk, ghee, banana, apple, pomegranate, and dry fruits, papaya, etc. Commonly avoided complementary food items for young infants were reported to be kachha mango, non-veg, pepper, curd in rainy season & winter, butter milk in winter, ice cream (from the roadside and in summer), cakes as it contains, jelly, etc.

Around three-fourths of the respondents were illiterate. Study clearly indicated that parental education also impacted diet and nutrition, children whose parents had higher/better educational levels had higher energy and protein adequacy (What's the p value?). Inadequate dietary intake and lack of dietary diversity (cereal-dense diets) were associated with protein-calorie and micronutrient malnutrition. Children's weight and height were significantly correlated

(p = ???) with intakes of energy, protein, calcium, zinc and iron levels, and children whose diets fell below the RDA levels regarding essential macronutrient and micronutrient values suffered from undernourishment (measured through child anthropometry and BMI measures). Problems in feeding practices such as delay in introducing some essential food items into child's diet were associated with the poor nutritional status of children in this age group.

Minimum dietary diversity was observed in three-fifths of the children between 6 and 23 months. MMF was seen in about one-half of children aged 6–23 months. Minimum acceptable diet (MAD) indicator (proportion of children aged 6–23 months who receive at least the MDD as well as at least the MMF) was found to be adequate only in one-fourth of the 6-23-month-old children.

Only half of the respondents access the potable water through the pipe water supply and almost equal number of family (57 percent) possessed toilet in their premises of their houses. Factor analysis revealed that WASH practices, poor practices of stool disposal were found to significantly associated with wasting and stunting respectively. Similarly, several factors such as female gender, extended joint family type, incomplete child's immunization, lack of mother's knowledge on nutrition, deprivation from colostrum, and breastfeeding after a gap of more than 6 hours were all found to be significantly associated with insufficient intakes of various nutrients.

Section B

B-2. Write short notes of any two (Each question carries 5 marks)

1. Define TOWS Matrix.
2. Components of Marketing and HR in formulating a strategic planning.
3. What is the Decision Logic of Strategic Formulation? Describe the Competitive Advantage.