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Original Article

Malnutrition: Government Policies and Schemes

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Abstract

This paper attempts to review of government policies and schemes aimed at ensuring improving nutritional status of children and eradication of malnutrition in India and Maharashtra. Successive five year plans laid down the programmes and strategies for achieving this goal. As a stated in the X plan at the time of independence the country faced two major nutritional problems. One was the threat of famine and the resultant acute starvation due to low agricultural production and lack of an appropriate food distribution system. The other was chronic deficiency due to low dietary intake and low purchasing power because of poverty, high prevalence of infections because of poor access to safe drinking water, sanitation and health care, poor utilization of available facilities due to low literacy and lack of awareness. For combating these problems multi- sectorial strategy was adopted to improve the nutritional status of the population along with emphasis on rapid economic growth, education and health has remained core area of planning.[1] Five year plans has been implemented for developing various sector such as agricultural, industry, eradication of poverty, technological self-reliance, self- economy and sustainable development. Targeted health care programme has been providing to the targeted population like national rural health mission (NRHM), Janani Suraksha Yojana and Integrated Child Development Scheme (ICDS).

Keywords: *five Year Plan, Policies, Schemes, ICDS, NRHM, VCDC.*

Introduction

In India several five year plan launched after independence. First five year plan was implemented from 1951 to 1956. Its main focus was on agricultural development. Its economic growth rate was 3.6 in this period. Second five year plan was made for the duration of 1956-1961.Its main focus was on industrial development. Growth rate was 4.1 percent. After some five year plan, sixth five year plan made for the poverty eradication and technological self-reliance in between the 1980-1985 under the guidance of Indira Gandhi. Seventh five year plan during the period for 1985-1990, it focused on increased the self- economy and employment opportunity. After that, eight five year for plan implemented for human resource development i.e. employment, education and health in the period of 1992-1997. Tenth five year plan focused on increased the double per capita income in next ten years and reduce the poverty 15 % by 2012. 12th five year plan would be called last five year plan of India. It was mainly focused on sustainable growth. Economic growth rate was 5.7 percent during the period of 2012-2017. The Ninth five year plan (1997-2002) studied the problem of food security at the national level as well as household level. The approach related to food security relies largely on domestic production of food needed for consumption as well as for building buffer stock. This can be described as strategy of self- sufficiency.[2]

In the tenth five year plan (2002-07) Wheat and Rice items were excluded from the scope of food subsidies, the plan emphasized that coverage of targeted public distribution system (TPDS) and food subsidy should be restricted to below poverty line population to reduce malpractice. But their effect recognized in the XI five year plans that malnutrition reflects due to the imbalanced diet. Policy is a well- conceived framework for administrative action a set of goals and objectives within a given timeframe. Health policy means a broad picture of the health systems, which would satisfy the needs of the people.[3]

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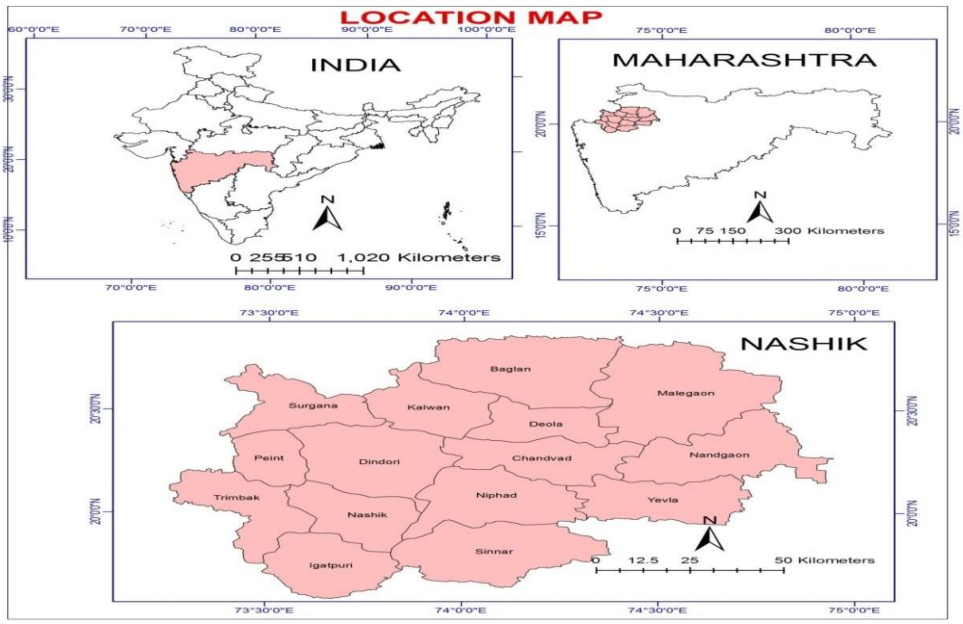
Governmental Programmes, are guided by the National Nutrition Policy (1993) of the Department of Women and Child Development (DWCD) which decided short term and long term measures to reduce malnutrition in India.

The short term measures are being implemented expansion of Integrated Child Development Scheme (ICDS) to pregnant and lactating women and adolescent girls, full immunization and reduce the malnutrition in children. The National health policy of India has been formed in 1983 and it revised in 2002. Main objective of this policy are to reduce the infant mortality rates (IMR) and maternal mortality rates the related to tuberculosis, malaria, and other vector and water borne diseases by 2010 through the structures of National Rural Health Mission (NRHM), Apart from government departments many Indian research institutions work to improve the quality of social schemes (e.g. NIPPCD). The institutes related to nutrition research in India include the Indian council for Medical Research (ICMR) and the NIN. The NIN also works as a nodal agency for technical supervision of the National Nutrition Monitoring Bureau (NNMB). United nation agencies such as UNICIF ,WHO, UNESCO, UNFPA, UNDP, UNAIDS, WFP and World Bank etc. have an important role supporting in government programmes as well as the efforts of non – government sector. WHO provide technical assistance and collaborates with the government of India and major stakeholders in health development efforts.

Location of the study area: The present research work is focused on the Nashik district. It is located between 19º35'to 20º52' North latitude and between 73º16'to 74º56' East longitude at Northwest part of the Maharashtra state. Total area occupied by the district is 15530 Sq.km. Total population of Nashik district was 6107187 as per census 2011. There are 15 tehsil's in Nashik.



Aims and Objectives:

1) To study Government Policies and Scheme to reduce malnutrition in children.

Targeted Health Care Programmes

National Rural Health Mission (NRHM)

National rural health mission launched for meeting health needs of rural population. It was launched in 2005 to reduce diseases burden. The programme introduced to a female health activist, called for ASHA at every village.

Janani Suraksha Yojana

One of the accepted strategies for reducing maternal and infant mortality is to promote institutional deliveries and deliveries by skilled personnel doctors and Nurses and cash benefit also provided to the women under the National Maternity benefit scheme (NMBS) rural beneficiaries are assisted with 1400 rupees and urban 1000 rupees. In India many Heath programme launched for the targeted population such as Chiranjeevi Yojana, National Urban Health Mission, and Rashtiya suraksha Bheem Yojana etc.[4]

Integrated Child Development Scheme (ICDS)

Government launched several programmes and scheme to the women and children improving for their nutritional status and health status. Integrated Child development services (ICDS) is one of the scheme which is working for the improving the nutritional and health status of children in the age group of 0-6 years and reduce the morbidity and mortality of the children and women. ICDS is not only focusing on the children but also focusing on the adolescent's girls, pregnant women, lactating mother. Children in the age group 0-6 years constitute around 158 million of the

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population of India (2011 census). These Children are the future human resource of the country. Ministry of Women and Child Development is implementing various schemes for welfare, development and protection of children. ICDS is the largest integrated programme being implemented by the ministry of women and child development. It is the Launched on 2nd October, 1975 from the 106th Birth Anniversary of Mahatma Gandhi. The Integrated Child Development Services (ICDS) Scheme is one of the flagship programmes of the Government of India and represents one of the world's largest and unique programmes for early childhood care and development in which service providing for the under the six year children, adolescents girls, pregnant women and lactating women. ICDS programme is depend on the community, functioning for this programme active contribution is needed by the Panchyat Raj, women organization, leader, teacher, AWC, and Supervisors.[5]

Lowermost PHC centre are available in the Surgana, Deola, Nandgaon, Peith, Sinnar, and Yeola tehsils. Total 143 PHC centre are presented in the Nashik district and 563 doctors and 1764 nurses are available in the Nashik district.[6]

Anganwadi

Every village, hamlets have an anganwadis in which, service and facilities provide to the children and women, it is functioning under the ICDS. Anganwadi is one of the most important centres where the all types of services provide to the children, adolescent girls, pregnant women, and lactating women. Anganwadi functionaries play a vital role in dealing with educational, nutritional and health programmes of 0-6 year age group children. Anganwadi started under the scheme of ICDS the services rendered by the ICDS comprise supplementary nutrition, health check-up, primary health, immunization, nutrition and health education and non-formal education. Anganwadi run by the Anganwadi worker (AWW) and with her helper (AWH), all programmes and Scheme are being implemented through Supervisor, Medical officer, ANM, AWC, and AWH under the Child Development Project Officer (CDPO), nearly 2589 Anganwadi functioning in the Nashik District.

Beneficiaries of Anganwadi:

Children age group 0- 06 years

Children age group 06 month to 03 years dry diet (THR, Sukdi, Sheera) provide to the home by the Anganwadi, and those children are above 3 years provide fresh and prepared diet them (Rice, Egg, groundnut ladhu, hussal) from the Anganwadi this diet has prepared by AWC or self-help group. Immunization has organise either in Anganwadi and PHC centre, those children suffer from illness that children refer to the rural hospital for the treatment, health check-up programme has arranged in Anganwadi or PHC/SC centre by the Doctor/ RBSK, informal education given by the AWC in Anganwadi.

Kishori Shakti Yojana

Kishori Shakti Yojana has been started from 2000 year for empowerment of adolescent girls and it is run by ICDS programmes. This scheme provides the service for age group of 11 to 18 years girls. Training has been given to the adolescent girls regarding to the health, self-hygiene, education, sexual education and nutrition by the lady supervisors.

Bharat Ratna APJ Abdul Kalam Amrut Aahar Yojana

Government of Maharashtra has launched APJ Abdul Kalam Amrut Aahar Yojana scheme provide one full hot cooked nutritious food (Varan, Rice, poli Egg, vegetables) to pregnant, lactating women in tribal areas and take home ration (THR) provide packets of Sheera, Upma, to lactating mother in tribal areas.

Raj Mata Jijau Mother- Child Health and Nutrition Mission

Maharashtra was the first state in the country to take a decision to tackle malnutrition in mission mode' and with this purpose, Raj Mata Jijau Mother- Child Health and Nutrition Mission was established. The first phase of the Health and nutrition mission was set up in 2005, and the second phase in November 2011. The aim of the mission is to reduce child malnutrition in Maharashtra by focusing on the 1000 days from conception, i.e. the period of 9 to 24 months.

Village Child Development Centre (VCDC)

The Concept of Village and Child Development Centre (VCDC) has launched in 2005 by the Government of Maharashtra under the Women and Child Development Department. VCDC aimed at reducing malnutrition in children and mainly focus on management of severely and moderate acute malnourished children, prevent against child mortality. VCDC is the village level management of SAM and MAM children at Anganwadi centre. The first 1000 days is very vulnerable for children increase the high risk of death take place in these days. Hence this first 1000 days is very important for improving nutritional and health status of women and children. Children and women should be ensuring. Sakshi suffer from severe acute malnutrition from Gangapur, Latur, save her life due to VCDC.[7]

Conclusion

Five year plans has been implemented for developing various sector such as agricultural, industry, eradication of poverty, technological self-reliance, self- economy and sustainable development. Targeted health care programme has been providing to the targeted population like national rural health mission (NRHM), Janani Suraksha Yojana and Integrated Child Development Scheme (ICDS).

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