



Evaluating Government Intervention in Addressing Child Malnourishment: A Study in Jammu District

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Abstract: *The most affected population with malnutrition is infants, children and elderly people of the society. In India around 33 lacs children are malnourished and half of them were present in the states like Maharashtra, Bihar and Gujarat. When we talk about the Jammu District of Jammu and Kashmir Union territory there is slightly increase of malnourished children as per the data of National family Health Survey 4 (2015-2016) and NFHS 5 (2019-2020). Despite the science and technological advancements in this century, there is still needs to address the issue of malnutrition. Compacting malnutrition is one of most important concerns at the regional, national and global level. As per the Report of Lancet Commission 2019 "Malnutrition includes forms of obesity, under nutrition and other dietary risks". The present paper through narrative review will focus on the effectiveness of Government intervention dealing with malnourished children in Jammu district. In this study the researcher critically analyzes the interventions to deal with the problem of child malnutrition.*

Key Words: *Malnourishment, children, intervention, undernourishment.*

1. INTRODUCTION:

Malnutrition is one of the most serious issues in the 21st century that is affecting the children around the globe. Malnutrition is that condition in which the diet is not filled with desired amount of nutrients and fibers. Children who are not able to get the right amount of nutrients, minerals and fibers in their diet according to their age face the problem of malnutrition. Malnutrition, according to the World Health Organization (WHO), is defined as a person's calorie intake being excessive or inadequate. Additionally, it states that maternal, infant and child nutrition are crucial for the correct growth and development of the child's future socio economic level.

The agenda of 2030 for sustainable development has provided the framework in one of the SDH goal 2 to "End Hunger, achieve food security and improved nutrition" by the year 2030. Malnutrition in the world has become the most important concern of humanity due to the number of factors like climate change, Covid -19 and the conflict of Ukraine. According to study conducted by Zheng Feei ma.(2022), at the world level 462 million adults are underweight and more than 600 billion persons are obese. Malnourishment of children falls in the category of diseases that includes undernutrition and overnutrition.

As per experts there are four major factors responsible for malnutrition in children

- Poor Maternal Health
- Socio-Economic Status
- Poor quality of diet
- Conflict and war

As per the save the children organization, more than half of the population of children in the age group of 0-5 years fall under acute malnutrition. On the other hand, due to inadequate nutrition, recurrent infections, and a lack of psychosocial stimulation over 42 million children under the age of five are overweight and 156 million have stunting. In India around 33 lacs children are malnourished and half of them were present in the states like Maharashtra, Bihar and Gujarat. Malnutrition compacting is one of most important concerns at the regional, national and global level.



On the occasion of World Food Day 2019, Food Health Expert Dr. Francesco Branca, Said that the problem of malnutrition is complex and there is a need to solve it as the level of undernutrition and overnutrition.

As per WHO report June 2021 there are 1.9 adults who are overweight while 462 million are underweight. According to the data of 2020, 149 million children 0-5 years are stunted, 45 million were to be wasted and 38.9 million were overweight. It is also estimated that 45% of deaths of children of five years of age are due to malnutrition and this would happen mostly in the low and middle income countries.

The historical backdrop of India's child malnutrition issue was because of poverty, injustice, and food scarcity. India ranks 140th out of 156 nations in the Global Hunger Index (2021), which is based on the total number of world children that are undernourished and child mortality. And in contrast to the Global Hunger Index published in July 2022, India has improved its ranking, coming in the 135th place overall out of 146 nations. Indian data from the fifth phase of the National Family Health Survey (NFHS) 2019–2021 shows that just nine of the 22 states studied have shown a decrease in the number of stunted children, wasted children, and underweight children. In Jammu and Kashmir, the number of malnourished children has marginally increased, according to statistics from the National Family Health Survey 4 (2015–2016) and NFHS 5 (2019-2020).

2. REVIEW OF LITERATURE:

Ghosh, S. (2020) in his study on “Factors responsible for childhood malnutrition: A review of the literature” examined how some of these socio-economic factors affect childhood malnutrition and determined the key measures done by the governments of various nations to eradicate these causes. According to his research, a mother's level of education, where she lives, and her knowledge of her kids' health are some of the key variables affecting how well-nourished they are. Stunting is the malnutrition measurement that most accurately captures the long-term effects of persistent malnutrition. By the implementation of various programmes, the governments of several nations and international organizations are attempting to solve this issue; however, more extensive action is needed.

Singh, S., Srivastava, S., & Upadhyay, A. K. (2019) conducted a study on “Socio-economic inequality in malnutrition among children in India: an analysis of 640 districts from National Family Health Survey (2015–16)”. In this study researchers used the Concentration curve and generalized concentration index to examine the socioeconomic inequalities in malnutrition also analyze the regression-based decomposition to decompose the causes of inequality in childhood malnutrition. In this study, it was found that 2015 -2016, 38% of children were stunted and 35% were underweight. The frequency of stunting and underweight children varied greatly across districts, ranging from 13 to 65% and 7 to 67%, respectively. Children that are underweight are more prevalent in some districts, such as the central, eastern, and western parts of the nation. The study discovered an antagonistic association between child underweight and stunting and the economic development of the district. The least developed districts of India have the highest concentration of stunted and underweight children. According to the decomposition method, the practise of open defecation has a favourable impact on the disparity in stunting and underweight. Moreover, disparities in undernutrition are increased by the mother's height, education, and access to food.

Yasin, T., & Azim, H. (2019) in his study “Evaluation of Integrated Child Development Services Program in Kashmir, India” examined the 48 aanganwadi centres of the Kashmir by using the multistage sampling method. Researchers found in his study almost all beneficiaries are covered by additional food but all other services were not provided properly. Nearly 31.51% of children reported receiving pre-primary education, 13.54% reported receiving health check-ups and 1.82% reported receiving immunizations at an Anganwadi Center (AWC). 94.79% of pregnant and lactating women are covered by supplementary food. Immunizations and health check-ups were not available for pregnant or lactating women, however 53.3% received iron and folic acid (IFC) tablets and 4.17% received referral services. 71.53% of adolescent girls received IFA pills. Health screening and basic skills programs for adolescent girls were not provided, but 5.56% received referral services.

Manhas, S., & Dogra, A. (2012) examined in her study on” Awareness among Anganwadi workers and the prospect of child health and nutrition: A study in Integrated Child Development Services (ICDS) Jammu, Jammu and Kashmir, India”. Researchers was used the self- administered interview schedule in this study and the sample was collected from the Purmandal block of the Jammu district. The study found that 55% of the anganwadi workers were indeed aware of the nutrition services provided in the anganwadi centers and could explain it when asked, but none of them were familiar with the energy and protein needs of the target age group and had no knowledge of what about how many calories of food they give to children. In terms of health, it was found that 30% of the anganwadi workers who assessed the nutritional status of the child in the anganwadi were not aware of the method used for the assessment. It was found that though the Anganwadi workers were recording weight and height chart monthly, but majority (65%) of them were not aware of the importance of height chart.



3. OBJECTIVES OF STUDY: The present study has fulfill the following objectives

- To review the Government schemes and intervention for malnourished children.
- To critically analyze the interventions dealing with malnourished children.
- To suggest the possible way out to solve the problem of malnourishment.

4. RESEARCH METHODOLOGY:

Study is based on Narrative review. Researcher has reviewed Government reports, news, Research papers etc for analyzing and critical understanding of the interventions in Jammu District (Jammu & Kashmir). This study is limited to the secondary data analyzed only for Jammu district.

5. POLICY INTERVENTION:

“Integrated Child Development Scheme (ICDS)”: This Scheme is one the most important and oldest schemes which was started in 1975. This scheme is based on the multi –level approach and ensures the overall well being of the child by integrating education, health and nutritional intervention with the help of the Anganwadi centers. It also focuses on pre-school education, immunization, health checkups, health referrals and nutrition and health education. The prime motive of this scheme is to provide necessary care to the pregnant and lactating mother and children below the six years of age. In Jammu and Kashmir, this scheme initially was started in Billawar and Kangan block and then rest of the state. It was implemented in Jammu &Kashmir through a network of 28599 Anganwadi centres out of which 2376 are in the Jammu district.

“Mid Day Meal Scheme”: On October 2, 1995, the Indian government introduced the Mid Day Meal Scheme under the National Program of Nutritional Support for Primary Education. Through this scheme students of primary classes are necessary to maintain their 80% attendance and then they are able to get the three kg wheat per student per month. The main focus behind the implementation of MDMs can be understood by three crucial perspectives: child nutrition, educational enrolment and advancement and social equity. It was started in Jammu and Kashmir on 1st September 2004. As per the data of Department of Elementary Education Jammu and Kashmir, Mid Day Meal Reporting Statistics in Jammu district, total School enrolled under Mid Day Meal Scheme is 1460 .Out of this only 589 has reported.

“Pradhan Mantri Matru Vandhana Yojana) (PMMVY)”: The Government of India launched the Pradhan Mantri Matru Vandhana Yojana, a maternity benefit scheme, on December 31, 2016, to aid expectant and lactating mothers. In Jammu and Kashmir it was implemented from 1st Jan 2017. All those mothers are eligible for these schemes that give birth to first child. It also provides support for safe delivery and immunization to the expecting mothers of her first living child and played important role for eradication the problem of malnutrition among children and women in the country. Rs 5000 are given the maternity benefit under this scheme to the pregnant women during the pregnancy and period of lactation.

“Poshan (Prime Minister Overarching Scheme For Holistic Nourishment) Abhiyaan” : Poshan Abhiyaan was started by the Government of India a flagship scheme on 8th of March 2018 .It is launched by the Prime Minister Sh.Narendra Modi at Jhunjhunu in Rajasthan on the occasion of international Women’s Day. Poshan Abhiyaan is jointly funded by the Government Budgetary support and International Bank for Reconstruction and Development (IBRD).The main goal of the Poshan Abhiyaan is to enhance the nutritional status of adolescents, children under the age of six, and pregnant and lactating women. Abhiyaan has strived to achieve targets like reduce under- nutrition, anemia and stunting (children, women and adolescent girls) and reduce low birth weight.

It also extends their focus on training the Anganwadi Workers (AWWs) for using ICT-based tools, making it simple to execute and supervise the programme. Anganwadi workers (AWWs) are required to record the details of the beneficiaries and track real-time growth during pregnancy as well as the height and weight of the newborn infant in the mobile phones provided to them. They must then follow up with SMS alerts to those who are at risk. The five themes of Poshan Abhiyaan are Anaemia prevention in children, women and adolescent girls, diarrhea management, hygiene and sanitation.

“Poshan Maah”: Poshan mah is the initiative under the Poshan Abhiyaan to ensure the community mobilization and strengthen people’s participation in the month of september every year as celebrated as POSHAN Maah across the country. It emphasizes the relevance and significance of providing the body with the proper nourishment, such as a balanced diet that includes both calories and vital nutrients. For the smooth functioning of its execution the women and



child development department and health and family welfare through Anganwadi workers, ASHA, ANM, to carry out the activities and spread the message of holistic nutrition among the community.

In 2022 the celebration of the fifth Rashtriya Poshan Maah was observed from 1st to 30th Sept 2022 and the theme for Poshan Maah year 2022 is "Mahila aur Swasthya" and "Bacha aur Shiksha". It aims to improve nutritional outcomes for children 0-6 years, pregnant women and lactating mothers.

"National Creche Scheme": The Ministry of Women and Child Development launched the National Creche Scheme for children, which is a centrally financed programme. It was started in 2017 to provide day care facilities to children less than 6 years of working mothers. The functional creches in the country from the last three years, that is, 2017-18, 2018-19 and 2019-20 was 18040, 8018 and 6458 respectively.

"Scheme of Nutrients' supplement": This scheme is implemented through the National Health Mission to provide the supply of micronutrients like vitamin and iron supplements. This scheme is mainly focused on the dominance of the problem of anemia in the country. Beneficiaries of this scheme are children of 0-6 years of age and malnourished children in the state.

"POSHAN 2.0": Nirmala Sitharaman, the finance minister, introduced Mission Poshan 2.0 in February 2021. The mission's goal is to stop any additional lapses in nutrition indices. The government has opted to focus on and provide money to integrate a variety of nutritional programmes in the nation as part of this aim. Mission POSHAN 2.0 brings together the Anganwadi Services, Integrated Child Development Services (ICDS), Supplementary Nutrition Programme, POSHAN Abhiyan and Scheme for Adolescent Girls and National Crèche Scheme.

6. CRITICAL ANALYSIS OF THE INTERVENTIONS DEALING WITH MALNOURISHMENT:

United Nation Sustainable Goal 2 by the year 2030 was to "End hunger and achieve food security" but because of Covid-19 pandemic the trends have reversed worldwide. According to the report of the United Nations titled "The State of Food Security and Nutrition in the World 2022 (SOFI) found that the number of people affected from hunger has increased from 46 % since 2020 in 2021(828 million) and 150 million increase due to the Covid-19. The analysis also shows that by 2030, the world is moving away from its aim of eradicating all types of hunger, food insecurity, and malnutrition.

As per the report of NITI Aayog 2015 it was found that almost 24% of the Anganwadi centers have maintained a poor record due to the lack of the proper use of advanced technology like information and communication technology. To overcome this hurdle through Poshan Abhiyaan, ICT enabled real time monitoring has been adopted. Another main hurdle in this scheme limited the potential of the anganwadi workers to handle the Smartphone's due to digital illiteracy. Frontline workers of these schemes like anganwadi workers also face a number of local challenges like poor infrastructure, lack of training, irregular supply of nutritional supply and problem of proper supervision.

According to the "Global Nutrition Report 2020" India is among the 88 countries that will fail to notice their global nutrition targets of 2025. It also said that India has the highest rates of familial inequalities in malnutrition and major differences in children's heights. Poor nutrition to children in the first 1,000 days after birth leads to stunted growth and foremost to the beginning of the cycle of malnutrition.

As per the Global Nutrition Report 2021, it was found that India has made no expected progress to reduce anaemia and childhood wasting.

According to the data by the NITI Aayog "State nutrition profile 2021, Jammu and Kashmir has 2, 51,393 stunted children (0-5years) and 6, 25,519 are anemic. Anantnag was top in the list with 27,578 stunted children, Srinagar 24,680 and Jammu has 20,718.

In case of wasting children anantnag was again topped 24,350, Kupwara has 22,158 and Jammu has 13,812. Anantnag was also top in underweight children with 27,675, Kupwara has 22,512 and Jammu has 13,505.

Government of India has launched the Poshan Abhiyan in 2018 and its goal to improve or end hunger and malnutrition but the outbreak of the covid-19 resulted in the setback to this goal. By the year 2022, it aims to reduce stunting in children aged 0 to 6 from 38.4% to 25%, although this is not feasible. To improve nutritional results, the central government has launched "Saksham Anganwadi and Poshan 2.0," which combines the Poshan Abhiyaan, the supplementary nutrition programme, and the programme for teenage girls. The key area of Poshan 2.0 is to address the challenge of malnutrition in pregnant women, children, adolescent girls and lactating mothers.

The epidemic of child malnutrition in India cannot just be attributed to fiscal underfunding. Evidence also indicates a number of implementation flaws. Only Rs 908 crore of the 1,042 authorized for the ICDS audited by the



Comptroller and Auditor General of India in 2020 was actually given to state governments. Only about 1,570 crore of the approximately Rs 4,300 crore distributed under POSHAN Abhiyaan from March 2018 to December 2019 had been expended.

Common Application Software has also been discovered to contain implementation flaws (CAS). As envisioned in the POSHAN Abhiyaan, it was conceptualized in 2017 with the aim of developing a system for real-time monitoring of the nutrition of pregnant/lactating women and children.

An extensive, phase-wise national training programme was envisioned to instruct Anganwadi staff on the use of CAS. In November 2019, the most recent training and distribution phase, only 551,270 of the 1,012,374 anganwadi centers had CAS installed. Since September 2020; there has been no CAS portal. Due to the unique COVID-19 pandemic, the administration's ability to monitor the condition of malnourished children has been seriously hampered.

As per data of National Family Health Survey, NFHS-4 and NFHS-5 in 2015-16 and 2019-20 found that the problem of malnourishment in the overall Jammu and Kashmir Union territory and also in Jammu District did not improve the ideal percentage. In fact the slight increase of the cases of malnourishment in case of Jammu district as per the reports of the NFHS-5(2019-2020). Even the number of Government schemes and intervention are carry out simultaneously to curb the problem of malnourishment of children in the Jammu & Kashmir and also in Jammu District, but no possible outcomes takes place yet.

7. POSSIBLE WAY OUT TO SOLVE THE PROBLEM OF MALNOURISHMENT :

After narrative analysis, the researcher found the following measures to deal with the problem of children malnourishment in jammu:

- Proper implementation and monitoring of the government schemes deal with malnourishment.
- To increase the enrollment of the anganwadi workers. They play an important role in the grassroots level campaigning and executing the scheme on ground level.
- To make the anganwadi staff ICT enabled and computer literate for handling the online maintaining and monitoring the records.
- To encourage the active involvement of the community or Village representatives for making the Poshan 2.0 will bring positive and fruitful results in future.
- Avoid extra engagement of the Agwanwadi workers in other programs like census and Swachh Bharat mission etc, so to free them to fully engage with the programme related to malnutrition.
- In order to plan, carry out, and improve targeted initiatives, this would have been done by officers at the block, district, state, and national levels real-time data monitoring.
- Aware and educate the people about the Jan Andolan to achieve the enrichment of nutritional aspects and to eradicate the problem of malnutrition and make the mission related to curb the malnutrition successful. To bring the power of "Jan Bhagidari" the community participation to make India's children healthy and well nourished.

8. CONCLUSION:

Problem of malnutrition is becoming a major challenge in the front of the local, National and Global leaders. There is no doubt the Government takes several initiatives and interventions continuously to deal with this but the certain lack at the level of implementation and unexpected situation lead to not bring fruitful results. To become the nation's free from the threat of malnourishment every citizen must be aware, educate and should play the important role for the proper implementation of the government scheme at the grassroots level (Jan Andolan and Jan bhagidari) and to make integrated Poshan Abhiyan 2.0 successful.

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