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CHALLENGES TO THE COMMUNITY NUTRITION PROGRAMME AND THE STRATEGIES FOR ITS PROPER IMPLEMENTATION

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Abstract: India as a developing Country gives strong emphasis on improvement of community Nutrition. Government Plans various Nutrition Programmes from time to time to provide better health for society. Various Programmes like Mid-Day Meal Programme (MDM) 1962-63, Special Nutrition Programme (SNP) 1970-71, Integrated Child Development Services (ICDS) 1975, National Programme for Nutrition Support to Primary Education: 2001, are launched for betterment of health in society. But unfortunately the success rate is not up to the mark. Illiteracy, culture, own concept of religion, social status, economic issues etc. become hurdle in the path of success in community nutrition. Now, it becomes very necessary to develop community Programme to promote nutrition and good health and to educate people about the relationship between diet and health.

The focus of Participatory approach to nutrition is on proper education which involves community members in a critical creative, reflexive and interactive process to access, analyze and act upon issues of interest.

The importance of community participation in nutrition cannot be ignored because it represents an investment in human resources. It is the methodology by which the powerless can improve their life conditions and receive a far share in socioeconomic benefits generated by the development process.

Key words: Community, Nutrition Programmes, economic, Illiteracy, culture, religion, social status, economic & hurdle.

Introduction: Nutrition is defined as “the science of foods, the nutrients and other substances their action, interaction, and balance in relationship to health and diseases, the process by which the organism ingests, digests, absorbs, transport and utilizes nutrients and dispose off their end products, in addition nutrition must be concerned with the social, economic, cultural and psychological implication of food and eating.”^[1]

Household food security or more specific objectives related to a single micronutrient or a single nutrition activity such as the promotion of breastfeeding. Every Community Programme have own aim and objective to provide good services to people. Community nutrition program is related to all individual, groups & school to promote and improve the nutritional status of the community members. The goal of this program is to provide ‘good & healthy’ diet which is

beneficial for the community. Various programmes are launched time to time for community nutrition, but till date success rate is not up to the mark. Some hurdles and poor management of system is responsible in path for the success of community nutrition program.

Major Nutritional Problems in India

Low Birth Weight: Low Birth Weight (LBW) is a sensitive indicator of the socio-economic conditions and indirectly measures the health of the mother and the child. Babies with a birth weight of less than 2500 g irrespective of the period of their gestation are termed as Low Birth Weight (LBW) babies^[2]. In India 30-35% babies are LBW and more than half of these LBW newborns are full term babies.^[3]

Protein Energy Malnutrition (PEM): Protein Energy Malnutrition (PEM) is a deficiency disease caused in the infants due to ‘Food Gap’

between the intake and requirement. It affects children under 5 mostly belonging to the poor underprivileged communities.³ PEM is particularly serious during the post-weaning stage and is often associated with infection. The term PEM covers a wide spectrum of clinical stages ranging from the severe forms like kwashiorkor and marasmus to the milder forms in which the main detectable manifestation is growth retardation^[4,5]

Nutritional Anaemia: “Nutritional Anaemia” describes a condition in which the haemoglobin or red blood cell content of the blood is lower than normal because of too little iron and is the most common anaemia in South Asia and India. The causes of iron deficiency are: too little iron in the diet, poor absorption of iron by the body, and loss of blood (including from heavy menstrual bleeding). It is also caused by lead poisoning in children. Nutritional Anaemia develops slowly after the normal stores of iron have been depleted in the body and in the bone marrow.^[6,7]

Xerophthalmia (Dry Eye): Caused by a severe Vitamin A deficiency is described by pathologic dryness of the conjunctiva and cornea. The conjunctiva becomes dry, thick and wrinkled. If untreated, it can lead to corneal ulceration and ultimately to blindness as a result of corneal damage^[8].

Lathyrism: It is a neurological disease of humans and domestic animals, caused by eating certain legumes of the genus *Lathyrus*. This problem is mainly associated with *Lathyrus sativus* (also known as Grass pea, Kesari Dhal, Khesari Dhal or Almorta) and affects more men than women, because the gene for G6PD deficiency is carried on the X chromosome. Men between 25 and 40 are particularly vulnerable.^[9,10]

Obesity: It is also a disease in which excess body fat has accumulated to the extent that it may have a negative effect on health, leading to reduced life expectancy and/or increased health problems.^[11]

Fluorosis: It's caused by overexposure to fluoride during the first eight years of life. This is the time when most permanent teeth are being formed. After the teeth come in, the teeth of those affected by fluorosis may appear mildly discolored. For instance, there may be lacy white markings that only dentists can detect. In more severe cases, however, the teeth may have Stains ranging from yellow to dark brown Surface irregularities. Pits that are highly noticeable.^[12]

History of Nutritional Programmes in India National Water Supply & Sanitation Program-1954

Applied Nutrition Program 1963: Ensure their consumption by pregnant and nursing mothers and children. Promoting production of protective foods such as vegetables and fruits. The Applied Nutrition Program was introduced Pilot Scheme in Orissa in 1963 which later on extended to Tamil Nadu and Uttar Pradesh During 1973, it was extended to all the states of the country.^[13]

Special Nutrition Program for Preschool Children & Expectant and Nursing Mothers 1970-71

Balwadi Nutrition Program 1970-71: This program was launched by the ministry of social welfare in 1970. This program is for the welfare of children in the age group of 3-6 years in rural areas. The children are given preschool education, diet supplementation by providing 30 k cal and 10gms of protein per day per child for 270 days a year and care for their psychosocial development.^[13]

- National Diarrhea Diseases Control Program 1981
- Minimum Needs Program 1974
- National Goiter Control Program 1986

Present Nutritional Programmes

Integrated Child Development Services (ICDS) 1975: It was launched on 2nd October 1975 in pursuance of the National Policy for children .This is mainly a health intervention which adopts a holistic approach aimed at improving both the pre-natal and post-natal environment of the child. It is a Centrally-sponsored, State-administered scheme consisting of maternal health care in pregnancy and growth monitoring and nutritional supplements for children - services received at community centres.^[13]

Its Objectives Are: To improve the nutrition and health status of children aged 0-6 years. To lay the foundations for proper psychological, physical and social development of the child. To reduce the incidence of mortality, morbidity, malnutrition and school drop-out. To achieve effective coordinated policy and its implementation amongst the various departments to promote child development. To enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.^[13] Services Provide through this Programme is Supplementary Nutrition Immunization, Health

check-up, Pre-school & non-formal education, Nutrition & health education.

Mid-Day Meal Program 1961: (Ministry of Human Resources of Union Govt.) The school lunch program opportunity to educate children. Under this program the target group is provided food supplements to provide 1/3rd of the total energy requirements and half of the proteins requirement. The programs were launched to enhance the admissions and retain students in the school to improve literacy and also to improve the health status of children. This program was launched in 1961 by the ministry of education and was implemented throughout the country for school children in the age group of 6-11 years of age. Objectives of this programme are to improve the school attendance, Reduce school drop outs and beneficial impact on child nutrition.^[13]

Drawbacks of this Programme is to repeated incidence of food poisoning in the mid-day meal causing serious threat to existence of this programme. This Programme is good as for as improving nutrition of the underprivileged child but it requires sustainability. It needs political will, community participation, monitoring & evaluation.^[13]

Annapurna Scheme 2000-01 (Ministry of Rural Development): It aims at providing food security to meet the requirement of those senior citizens who, though eligible, have remained uncovered under the National Old Age Pension Scheme (NOAPS). The target group receives 10 kgs of food grains per month free of cost.^[13]

National Food Security Mission-2007-08 (Ministry of Agriculture): It is a Central Scheme of GOI launched in 2007 for 5 years to increase production and productivity of wheat, rice and pulses on a sustainable basis so as to ensure food security of the country.^[13]

Scheme for Supply of Food Grains to Welfare Institutions: 2002-03- the scheme was started for the help of the shelter less, homeless, and other categories which are not covered under any welfare scheme an additional allocation of food grains (rice and wheat) equal to 5% of the BPL allocation of each State.^[13]

Rajiv Gandhi Scheme for Empowerment of Adolescent Girls-SABLA-2010 (Ministry of Women & Child Development): The main objective of this programme is to enable the Adolescent girls for self-development and empowerment and to improve their nutrition and health status.^[13]

Drawback Behind the Success of Nutrition Program: The success rate of community nutrition programmes are not up to the mark because there are many drawbacks behind it-

- Political interference, Corruption, Scandal are main hurdles in the targeting of programme activities.
- Excessive dependence on NGOs and other external funding
- Weak inter-sectoral collaboration and links with other development activities or programmes
- Inadequate nutrition services provided by government. Practically children 3-6 yrs. and Pregnant & Lactating mothers are not covered. Irregular food supplies,
- Limited community participation. , Poor supervision, Children come only for food
- Lack of conceptual framework, leading to root causes of malnutrition not being addressed, short-term interventions, and curative rather than preventive approach
- Weak monitoring and evaluation system. No clear objective.
- Programme staff technically weak, inadequate access to technical support poor management.
- Poorest families not reached. Nutrition educations lay only on papers.

Challenges in the Development of Community Nutrition:

There are universal challenges in implementing targeting strategies. These challenges lead providers to determine the kind and the degree to which different meanings of targeting were implemented in their programs. Poor utilization of available facilities due to illiteracy and lack of awareness. Food fortification programmes are negligible. Nutrition education awareness programs are weak. Low dietary intake because of poverty and low purchasing power. The challenges ranged widely from program difficulties to the social and psychological dynamics of help-seeking behaviours among elders. Lack of resources, either in funds or volunteers, was the predominant barrier to targeting. Also, providers were challenged in their localized targeting to implement program regulations or policies from the federal and state levels that were not easily applied in their localities or reflective of their customary local program operation. Another critical challenge for providers was to identify needs and unmet needs among elders. Providers

did not have a consensus on identifying who was needy.

Strategies for the Development of Community Nutrition: For the development and proper implementation of community nutrition programme some necessary action should be taken.

1. Group education: Programs should be community based and aim for universal coverage. Support healthy school environment through healthy meal and snack programmes & school nutrition policy. Nutrition counselling & education to community members of all ages. Greater emphasis on nutrition action by health sector at every level. Training programmes for health promotion. Establishing nutrition information system

2. Community Involvement: it is very necessary to involve the community in program planning and implementation by using participatory processes such as, Participatory assessment, analysis, and action (Triple A process), Participatory rural appraisal (PRA). If the Communities were involved in analyzing problems they can present proposed activities to address the problems, and taking action to alleviate them.

3. Working through Groups: different social group's i.e. women's groups, farmers' cooperatives, should be added in the project as a target audiences and implementers. To encourage the farmers it is necessary to organise a participatory programme to reach all farmers in the region and encourage a bottom-up approach, which involves these steps-

- Identify major problems
- Find possible solutions
- Try out different identified solutions
- Evaluate outcomes of the trial.

4. Collaboration with Ongoing, Complementary Programs: Need of financial support is necessary at every level. Collaboration with International Partners like United Nations International Children Emergency fund (UNICEF) Co-operative for Assistance and Relief Everywhere (CARE) World Food Programme (WFP).

5. Relevant Information Shared and Used at all Levels: Improvement of monitoring system at every level like Central level- financial assistance and explore the exact need of all individuals. State level- takes the Responsibility for Success of the Programme. Block level- link between state and village share hand with Sate

Government Village (Anganwadi Level) to promote the Programme and provide all the facilities for each and every individuals

6. Serving Only the Neediest: providing service to cover only those who are in need. The objective of this targeting was selective service delivery for elders. The provider's role is to evaluate and to prioritize the needs and demands for the service among the elderly. Their goals were to direct services to those who were most in need of service, while excluding elders who wanted the service for whatever reason and to match elders with other appropriate services.

7. Recruitment of dynamic project leader's transparency and accountability of fund allocation; program flexibility and adaptability allowed by donors as needs arise in communities should be added.

Conclusion: Nutrition is very important which has direct impact to human health and well-being. It must be applied to human populations through community and population based intervention and education programs. The success of community nutrition programme is based on better implementation at all levels, awareness regarding programmes, best education, and corruption less, scandal free, proper training to all the health workers, proper monitoring system at every level. Collaboration with good international agency is also required for the success of community nutritional programme.

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