IJCRT.ORG

ISSN: 2320-2882



INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

Nutrition of Pregnant Women, Lactating Mothers and Children- The Study of Allagadda ICDS Project in Kurnool District

Dr.G.Ramalingapa

Why NNM?

The Prime Minister's Overarching Scheme for Holistic Nutrition or POSHAN Abhiyaan or National Nutrition Mission (NNM), is Government of India's flagship programme to improve nutritional outcomes for children, pregnant women and lactating mothers. Poshan Abhiyaan Launched by the Prime Minister Narendra Modi on the occasion of the International Women's Day on 8thMarch, 2018 from Jhunjhunu in Rajasthan, the POSHAN Abhiyaan directs the attention of the country towards the problem of malnutrition and address it in a mission-mode.

Every human life is important of nutrition food (they are millets, jowar, Bajra, minor millets,maize, red gram, green gram, Bengali gram, etc.), but nowadays people are eating polluted food. That's why facing unhealthy problems every human life. The Government of India identified pregnant woman, lactating mothers and children. These people are facing Anemia, stunting. That's why Government of India through Integrated Child Development Services (ICDS) given in eggs, milk, balamrutham, nutrition food, Bengali gram. This programme is called Poshan Abhiyaan or National Nutrition Mission.

POSHAN Abhiyaan (National Nutrition Mission) is a flagship programme of the Ministry of Women and Child Development. The Mission is aimed at improving the nutritional status of Children from 0-6 years, Adolescent Girls, Pregnant Women and Lactating Mothers in a time bound manner during the next three years beginning 2017-18. POSHAN Abhiyaan is a multi-ministerial convergence mission with the vision to ensure attainment of malnutrition free India by 2022. The objective of POSHAN Abhiyaan to reduce stunting in identified Districts of India with the highest malnutrition burden by improving utilization of key Anganwadi Services and improving the quality of Anganwadi Services delivery. Its aim to ensure holistic development and adequate nutrition for pregnant women, mothers and children.

.....

Post doctoral fellow, Department of Rural Devrelopment..Sri Krishna Devaraya University, Ananthapuramu.A.P.

The Ministry of Women and Child Development is implementing National Nutrition Mission(NNM) States and Unionterritories(UTs) –wise districts selected in India 36 states in 315 Districts in first year (2017-18), at the time of first year in Andhra Pradesh 10 Districts selected, they are: 1.Ananthapuramu, 2.Chittoor, 3.East Godavari, 4.Kurnool, 5.Prakasham, 6.West Godavari, 7.Vishakapatnam, 8.Srikakulam, 9.Vijayanagaram, 10.YSR District (Cuddaph), 235 Districts in second year(2018-19) and remaining districts will be covered in the third year(2018-19).

There are a number of schemes directly/indirectly affecting the nutritional status of children (0-6 year's age), pregnant women and lactating mothers. In spite of these, level of malnutrition and related problems in the country is high. There is no dearth of schemes but lack of creating synergy and linking the schemes with each other to achieve common goal. POSHAN Abhiyaan through robust convergence mechanism and other components would strive to create the synergy.

The Poshan Abhiyan aims to achieve convergence with various programmes that is Anganwadi Services, Pradhan Mantri Matru Vandana Yojana, and Scheme for Adolescent Girls, Janani Suraksha Yojana, National Health Mission, Swachh-Bharat Mission, Public Distribution System, and Mahatma Gandhi National Rural Employment Scheme. The implementation of POSHAN Abhiyaan the fourpoint strategy/pillars of the mission are:

- Inter-sectoral convergence for better service delivery;
- Use of technology (ICT) for real time growth monitoring and tracking of women and children; and
- Intensified health and nutrition services for the first 1000 days.

Aims of POSHAN Abhiyaan

POSHAN Abhiyaan to reduce stunting in identified Districts of India with the highest **malnutrition** burden by improving utilization of key Anganwadi Services and improving the quality of Anganwadi Services delivery.

- Prevent and reduce stunting in children(0-6 years) at 2 per cent per annum.
- Prevent and reduce under-nutrition(underweight prevalence) in children (0-6years) at 2 per cent per annum.
- Reduce low birth weight(LBW) at 2 per cent per annum.
- Reduce the prevalence of Anaemia amongst young children (06-59 months) at 3 per cent per annum.
- Reduce the prevalence of Anaemia women and adolescent girls (15-49 years) at 3 per cent per annum.

Features of POSHAN Abhiyaan

The POSHAN Abhiyaan, as an apex body, will monitor, supervise, fix targets and guide the nutrition related interventions across the Ministries. The proposal consists of –

- mapping of various schemes contributing towards addressing malnutrition;
- introducing a very robust convergence mechanism;
- ICT based Real Time Monitoring system;
- incentivizing States/UTs for meeting the targets;
- incentivizing Anganwadi Workers (AWWs) for using IT based tools;
- eliminating registers used by AWWs;
- introducing measurement of height of children at the Anganwadi Centres (AWCs);
- Social Audits;
- Setting-up Nutrition Resource Centres, involving masses through Jan Andolan for their participation on nutrition through various activities, among others.



Outline

The Government of India approved setting up of a NNM with a vision of 'Mission-25 by 2022 to reduce the country's stunting to 25 percent from 38.4 percent by 2022. Goal is to improve nutritional status of children 0-6 years, adolescent girls, pregnant women and lactating mothers in a time bound manner. The NNM will strive to reduce the level of stunting, under-nutrition, anemia and low birth weight babies. The implementation strategy would be based on intense monitoring and convergence action plan right upto the grassroots level. The NNM will be implemented in

13 districts.It is a three year project commencing from 2017-18.Budget share (50% World Bank Group+ 30% Government of India+20 Govt. of Andhra Pradesh). However, the NNM components are:

- ICDS CAS;
- Training&capacity building ILA&e-ILA;
- Behavioral change communication;
- Innovation;
- Incentives;
- Jan andolan;
- CAP(Convergence Action Plan)

Hence, NITI Aayog has played a critical role in shaping the POSHAN Abhiyaan. The National Nutrition Strategy, released by NITI Aayog in September, 2017 presented a micro analysis of the problems persisting within this area and chalked out an in-depth strategy for course correction. Most of the recommendations presented in the Strategy document have been subsumed within the design of the POSHAN Abhiyaan and now that the Abhiyaan is launched, NITI Aayog has been entrusted with the task of closely monitoring the POSHAN Abhiyaan and undertaking periodic evaluations. With the overarching aim to build a people's movement (Jan Andolan) around malnutrition, POSHAN Abhiyaan intends to significantly reduce malnutrition in the next three years.

As a part of its mandate, NITI Aayog is required to submit implementation status reports of POSHAN Abhiyaan every six months to the PMO. The first bi-annual report was prepared and presented at third National Nutrition Council on India's Nutrition Challenges (which is housed within NITI) in November 2018. The task of implementation of POSHAN Abhiyaan is to be carried out through the Technical Support Unit (TSU) established at NITI Aayog which, in addition to the M&E, will also provide research, policy and technical support to the Abhiyaan.

POSHAN Maah

It is widely acknowledged that a focus on prejudice health offers an important, newly recognised opportunity for improving the health of future generations. Good health and nutrition before conception are central to a mother's ability to meet the nutrient demands of pregnancy and breastfeeding, and are vigorous to the healthy development of her embryo, foetus, infant and child. Many women and adolescent girls are poorly nourished because of the inadequacy or imbalance of their diets, leading to underweight, overweight/obesity and micronutrient deficiencies.

Subsequently, many women have an unhealthy lifestyle as they enter pregnancy, which is characterized by for example, poor quality diet, low levels of physical activity, smoking and excessive alcohol consumption and which remain prevalent around the time of conception. To address this, an International Federation of Gynecology and Obstetrics panel has proposed recommendations for healthcare providers in relation to nutritional status before pregnancy, while also encouraging the adoption of good dietary and lifestyle habits at all stages, starting in childhood

and adolescence. Therefore, the Month of September 2018 was celebrated as Rashtriya POSHAN Maah. The activities in POSHAN Maah focused on Social Behavioural Change and Communication (SBCC). The broad themes were:

- antenatal care,
- optimal breastfeeding (early and exclusive),
- complementary feeding,
- anaemia,
- growth monitoring,
- girls' education,
- diet,
- right age of marriage,
- hygiene and sanitation, and
- eating healthy food fortification.

More than 12.2 crore women, 6.2 crore men and over 13 crore children (male and female) were reached through the various activities undertaken during POSHAN Maah. It is worth mentioning that 30.6 crore people were reached in 30 days. In this context, Poshan Abiyaan Kurnool district of Andhra Pradesh covered in 16 projects. They are 1.Kurnool urban, 2.Kurnool Rural, 3.Adoni Rural, 4.Adoni Urban, 5.Allagadda, 6.Athmakur, 7.Alur, 8.Done, 9.Banaganipalli, 10.Koyalakunta, 11.Kodamur, 12.Nandyala Rural, 13.Nandyal Urban, 14.Nandikotukur, 15.Yamiganuru, 16.Patthikonda of Kurnool District total Angana wadi centers were 3549.

The paper focused on the Allagadda project in Kurnool district, there are four mandals. They are:1.Allagadda, 2.Chagalamarri, 3.Rudravam, 4.Sirivella, there were total 255 — Anganawadi centers in the selected mandals. The study is based on the random sampling method, like 3 villages from Kotakandukur village of Allagadda mandal, 3 villages from Alamuru of Rudravaram mandal, 3 villages from Chagalamarri of Chagalamarri mandal and 15 villages from Sirivella of Sirevella mandal. Therefore, the total villages were 20, which shown in Table-1. Table-2 presents the village-wise beneficiaries and there were 20 villages in which there are 373 beneficiaries were chosen for the study.

Table-1: Selected Villages from Allagadda project in Kurnool District

Sl.	Name of the Mandal	Name of the Village	No of Villages	
No.				
1	Allagadda	Kotakandukur	03	
2	Chagalamarri	Chagalamarri	03	
3	Rudravaram	Alamur	04	
4	Sirevella	Sirevella	10	
	Total		20	

Source: Field Survey.

Table-2: Village wise beneficiaries

Sl. No.	Selected villages	Pregnant- women	Lactating- mother	Take home ration(THR) 6m-3y	Free school children 3to6years	Total
1.	Kotakandukur-3	12	14	36	25	87 (23%)
2.	Chagalamarri-3	07	13	19	30	69 (19%)
3.	Alamur-4	08	17	40	15	80 (21%)
4.	Sirevella-15	14	18	45	60	137 (37%)
	Total	41 (11%)	62 (17%)	140 (37%)	130 (35%)	373 (100%)

Source: Field Survey.

Conclusion

Pregnancy and breastfeeding are the most healthfully requesting occasions of a lady's life. The body needs enough supplements each day to keep up its needs and furthermore to help the development of an infant. The entirety of the sustenance the creating infant needs originates from mother, either through the nourishments she eats or the enhancements she takes. Pregnant and breastfeeding ladies need a bigger number of supplements than other ladies. It is essential to expend adjusted dinners that have an assortment of nourishments, including leafy foods, entire grains, lean protein and low-fat dairy items. Wholesome needs during breastfeeding are expanded in light of bosom milk generation. They should meet the necessities of both infant and mother. An extra 500 kcal for the initial a half year, and 400 kcal during the following a half year, are required for a lactating mother. Sufficient water admission is basic to looking after life. Pregnant and breastfeeding ladies ought to be urged to build their admission of water and different liquids to address their bodies' issues. ... Water should be taken in for the duration of the day in light of the fact that the body can't create enough individually.

References

- Kramer, M.S.: Kakuma, R. Energy and protein intake in pregnancy. Cochrane Database Syst. Rev., 2003.
- Lanigan JA, Bishop J, Kimber AC, Morgan J: Systematic review concerning the age of introduction of complementary foods to the healthy full-term infant.
- Allen, L.H.: Anemia and iron deficiency: Effects on pregnancy outcome. Am. J. Clin. Nutr., 2005.
- Innis, S.M.; Friesen, R.W.: Essential n-3 fatty acids in pregnant women and early visual acuity maturation in term infants. Am. J. Clin. Nutr, 2008.
- Flynn AC, Dalrymple K, Barr S, Poston L, Goff LM, Rogozinska E, et al: Dietary interventions in overweight and obese pregnant women: a systematic review of the content, delivery, and outcomes of randomized controlled trials.
- Muktabhant B, Lawrie TA, Lumbiganon P, Laopaiboon M: Diet or exercise, or both, for preventing excessive weight gain in pregnancy, Cochrane Database Syst Rev, 2015.
- Koletzko B, Cremer M, Flothkötter M, Graf C, Hauner H, Hellmers C, et al: Diet and lifestyle before and during pregnancy -practical recommendations of the Germany-wide healthy start young family network. Geburtshilfe Frauenheilkd, 2018.
- National-Institute-for-Health-and-Care-Excellence: Weight management before, during and after pregnancy. NICE public health guidance, 2010.
- WHO/UNICEF: Reaching Optimal Iodine Nutrition in Pregnant and Lactating Women and Young Children.online: http://www.who.int/nutrition/publications/