Interpreting government responses to malnutrition among children: A Study of Thane district, Maharashtra

ABSTRACT
Malnutrition in children is understood as a state of excess or deficiency in quality and quantity of essential elements like nutrients, proteins, fat, vitamins, minerals etc. the former is known as over-nutrition and the latter, under-nutrition. In this study, malnutrition refers to under-nutrition. Malnourished children often are susceptible to various infections and if not treated on time falls into the cycle of malnutrition-infections-malnutrition. India has always faced the problem of malnutrition and over the years, the policies of the government at central and state level, have dealt malnutrition with different approaches. As a result several programmes like Integrated Child Development Scheme (ICDS), National Mid-day meal scheme (MDM), Public distribution system (PDS), Antyodaya Anna Yojna (AY), etc were designed and implemented with several modifications from time and again.

The Health Service System (HSS) though have recognized the association between malnutrition and morbidity and mortality pattern in Child Health has treated it at its periphery level. Recently, post NRHM, the sector is seen engaged in initiatives in coordination with other departments like women and child development, tribal development, etc to address the problem of malnutrition. Despite these, the programmes initiated by health service system and other sector like ICDS constantly failed to reduce malnutrition to an acceptable level. This calls for a systematic introspection into the policies, programs and their implementation at diverse levels. Therefore, the study has attempted to analyze the initiatives of the State of Maharashtra through the Rajmata Jijau Mother and Child Health and Nutrition Mission, along with the routine programmes of HSS and ICDS. In order to do so, the study has bordered its scope by applying the Health Policy and System Research (HPSR) framework, wherein the factors at Macro, Micro and Miso level were differentiated for better exploration.

The study has followed the interpretative paradigm using qualitative inquiry method. Here the social realities are interpreted through the meanings, ideas, feelings, experiences of the participants of that reality. In-depth personal interviews were conducted with the staff of HSS and ICDS and the acceptance and utilization of these services was studied by understanding the community and their experiences and views about the programmes.
Malnutrition is understood as a product of social-cultural and economical factors. The literature on malnutrition have often built relationships between the social determinants like poverty, illnesses and infections, health care, Mothers’ nutritional status and educational status with that of malnutrition among children. This calls for an inter-sectoral coordination between different sectors and a systematic plan for the convergences between the programmes and activities.

In order to investigate the programs and factors related to implementation and convergence of programmes of HSS and ICDS, the study considered the district of Thane. From the district Thane, Jawhar and Mokhada blocks were selected given their history of high prevalence of malnutrition.

**Programmes initiated by the state government to address Malnutrition**

In the backdrop of high prevalence of malnutrition in the blocks of Jawhar and Mokhada, the researcher was able to map various programmes being implemented by HSS and ICDS. The services provided under ICDS were distribution of Take Home Rations (THR), for the age group of 0-3, immunization sessions and health check-ups. Similarly the children were also considered for growth monitoring and referral services. For the age group of 3-6, Anganwadis were conducted, wherein they were given non-formal education and supplementary food. The pregnant and lactating mothers were being provided with THR and immunization and the adolescent girls were provided with supplementary food and health education.

Secondly the Raj Mata Jijau Mission, by integrating components of ICDS and HSS, was created to eliminate malnutrition, a unique programme of the State of Maharashtra. The mission initiated programmes like VCDC (Village Child Development Center), CTC (Child Treatment Camp) and NRC (Nutritional Rehabilitation Centre). The VCDC are run through the machinery of ICDS. The major focus of VCDC was the provision of food at regular interval, whereas the major focus of CTC was medical care along with nutritious food and growth monitoring. The routine programmes by the HSS, though not directly related with malnutrition, were also examined to contextualize the implementation of other programmes.
Factors affecting the implementation of the programmes and community Participation

It was observed that the programmes like VCDC and CTC lack the sensitivity towards social-cultural variants pertaining to the community as they mainly focus on food and short term weight gain and they lack efforts towards educating people about child health and malnutrition. Other social problems like poverty, migration and alcoholism does not find any consideration in the components and functioning of these programmes, for example, during November to May, majority of Katkari families migrate to other towns to seek work. In this period, there is no provision within the programmes to offer these services at their work places. The VCDC and CTC fail to break the vicious cycle of health and malnutrition, largely because the VCDC mainly focus on provision of food. The CTC although has two components like food and medical care, but unfortunately they are not being held regularly due to unavailability of expert doctors.

The staff of HSS was found to be facing system related challenges such as lack of infrastructure, vacant posts, heavy reporting work, lack of platform to express their queries and ideas and so on, both in case of routine programmes and Rajmata programmes. At the community level, non-acceptability and non-utilization of the programmes by the community was attributed mainly to their socio-cultural barriers.

At the field level, most of the Anganwadi workers (AWWs) reported of having low attendance of children due to various reasons like babysitting young siblings, migration, sickness, long distance to travel and so on. The AWWs also suffered from low morale because of low salary, no increment, heavy reporting work, less knowledge about rules and procedures of the system and inadequate support and guidance from the ICDS supervisors.

At the community front, it was seen in the study that the multiple socio-cultural aspects of the community create situations for malnutrition on one hand and also restrict it from accessing HSS and ICDS services. The problems like poverty, alcoholism and migration are part of life of majority of people. It was also felt from the discussions with the women, that majority of them realize what is right for them, but most of them are confined to their social boundary, which does not allow them to participate in decision making or go against the wish of their husbands and mother-in-laws. In such cases, even there are government programmes at their doorsteps but they are not in a position to benefit from it completely. At the same time, most of the women during FGDs, complained about non-availability of staff at field on continuous
basis, non-availability of facility like AWC buildings, long distances to travel to PHCs and civil hospitals, ineffective medicines from MOs, limited quantity of food at AWCs during VCDCs and so on. They were also disturbed to receive non-practical advices from the staff, for instances, to cook nutritious and separate food for children, to attend meetings at AWCs during work time and so on.

The State assigned the responsibility of implementing Rajmata Mission to the Women and Child Development department, through the machinery of ICDS. The HSS on the other hand, is mainly engaged in funding these programmes and look into the health aspects of the children. However the line of authority and responsibility for malnutrition between the two was found to be ill-defined and ambiguous. As a result, there was lack of complete and systematic convergences in all major programmes like VCDC, CTC, THR and also in routine conduct of Anganwadi centres. Whatever little convergence is being observed is also fragmented. The major gaps, which came out into light were, that the field level staff often found sharing an informal relationships, which would hamper the conduct of joint activities. At the supervisory level, there was lack of formal interactions taking place. The periodic review meetings between the officials at the block levels were not happening regularly. In the monthly meetings, major focus used to be on sharing of data, so as to complete the reports rather than on sharing experiences, ideas and views for improvement.

**Conclusion and Recommendations**

The ICDS primarily focused on supplementary food, while the HSS treated malnutrition at a peripheral level. The policy stand of the ICDS and HSS sectors, prevented them to consider malnutrition as a primary agenda. This approach also failed the attempt of Rajmata mission seeking intersectoral coordination for addressing malnutrition. At the programmes level, the VCDC and CTC, fell short of expectations due to factors like lack of mandate, resource allocation, lack of training, poor convergence between the HSS and ICDS and poor sustainability. The routine programmes of HSS and ICDS also could not contribute significantly due to plethora of system related and community related challenges. The community at the other side faced socio-cultural and economic barriers in accepting the programmes. Their participation was always limited, due to which the programmes failed to achieve their malnutrition goals. In this scenario, there is a need to come up with policies with clear guidelines and mandate, about malnutrition, implementation and convergence, while taking into account the social-cultural and economic dynamics of the beneficiaries.