

Nutritional Services in Hills of Uttarakhand- An Overview

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ABSTRACT

A healthy individual only makes up a healthy community, a healthy state and a healthy country. Nutrition plays a key role in the early phase of growth and development of a child, to grow both physically and mentally healthy. A good foundation will enable a child to achieve better academic outcomes and greater economic potential in adulthood. Our country is facing an inordinate threat of malnutrition in under-five children, which is of alarming concern. In spite of numerous projects planned and efforts by the government of our country over the last four decades still the bane of malnutrition prevails. The present narrative has tried to bring forth the actual status of nutritional services provided for children in the hills of Uttarakhand at ground level. It also has highlighted the gaps in the services provided to the consumer and the services planned by the government agencies.

Keywords: Health, Nutrition, Malnutrition, Children

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INTRODUCTION

Health is an important component of human development and it also exhibits society's wellbeing.¹ India, with a population of over 143.9 crore is the world's most populous country and has also surpassed China.² An estimated 26 million children are born every year in our country³ and the population of under five children is approximately 113 million.⁴ The children below the age of five years constitutes an important segment of society not because they belong to vulnerable segment but because they are in their crucial span of life. This is the phase of life where foundation for mental, physical and social development takes place. Thus, they constitute an asset for tomorrow's future. As a healthy child they will have a healthy adulthood which indirectly ensures sound development of our country.⁵ In recent years, the government and policy makers have recognized the vulnerability of this age group in terms of health and nutritional related issues that affect it.⁶ They have also tried to improve the same by shifting the focus in development of various programs which can cater this age group and maintain their health. One of the major points of concern was Malnutrition in this age group. New-borns and under-five children are more vulnerable to nutritional deficiency disorders leading to mortality because of malnutrition and many other diseases which can be prevented. As per the data collected by Women and Child development ministry it was reported that about 9.2 lakh children in India were severely impacted by acute malnutrition till November 2022 last year.⁷ Despite of various measures and programmes laid by government the status of malnutrition remains a serious concern. The problem becomes worse when it comes to hilly terrains with regional disparities.

NEED FOR REVIEW

Uttarakhand also called 'Devbhoomi' i.e., Land of Gods is well known for its natural and scenic beauty. It is also countries 20th most populous state.⁸ Uttarakhand is a state located in foothills of Himalayas which is further divided into two regions: Garhwal and Kumaoun. It consists of 13 districts and 95 blocks which are spread over three distinct zone as per altitude. Various studies have reported that due to difference in the altitudes, children and people suffer because of inaccessibility and non-availability of health care facilities. The current nutritional status of under-five children in Uttarakhand and various programs and services proposed by the government has been discussed below.

NUTRITIONAL STATUS OF CHILD IN UTTARAKHAND

In the state of Uttarakhand, about 34% of children under five years of age were found stunted, 20%

wasted, 9% severely wasted and 22% underweight according to NFHS-4 report.⁹ Malnutrition among under five is a gross problem faced by the state of Uttarakhand.¹⁰ As per NFHS-5 (2021) report of Uttarakhand, the status of malnutrition in under five children found was 27% stunted, 13.2% wasted and 21% underweight.¹¹ Though there is slight decrease in the status of malnutrition, still there is long way to go. As per report by IFPRI, the districts with the highest burden of stunted children were: Haridwar (58,539), Udham Singh Nagar (40,254), Dehradun (27,776), Nainital (19,038) and Garhwal (16,458). For severe wasting and underweight it was reported that Haridwar (12,134 & 50,927), Udham Singh Nagar (4,596 & 33,105), Dehradun (3,226 & 25,346), Nainital (4,811 & 12,204 and Almora (3,254 & 12,159) were having highest burden.¹²

NUTRITIONAL PROGRAMS & SERVICES IN UTTARAKHAND

Government has taken up various steps to overcome the problem of malnutrition in under-five children. One of them being Poshan Abhiyan which was launched with aim to ensure India "Malnutrition Free by 2022".¹³ In order to strengthen nutritional content, delivery, outreach and outcomes with focus on developing practices that nurture health, wellness and immunity to disease and malnutrition, Poshan 2.0 was introduced.¹⁴ Others being Anemia Mukth Bharat, National Food Security Act (NFSA),¹⁵ Integrated Child Development Scheme (ICDS), Matritva Sahyog Yojana, Pradhan Mantri Matru Vandana Yojana, Mid-Day Meal Scheme, National Food Security Mission, National Nutrition Mission, National Nutrition Strategy.¹⁶

VHND (Village Health Nutrition Day) was identified as an important tool to provide primary care services at village level to improve health outcomes of marginalized and vulnerable rural communities.¹⁷ There are about 16,793 villages in Uttarakhand (75% with population less than 500)¹⁸ and VHNDs gives opportunity to people for accessing range of services i.e., health, nutrition and sanitation which is difficult for people to access due to hilly terrain.

A study conducted in hilly terrains of Uttarakhand reported that even though supplementary nutrition was given to children, growth monitoring for the children was done at less than 1/3rd sites and only 50% sites had weighing machine available.¹⁷ The Fifth NRHM common review mission also reported about the inadequacies in the provision of nutritional services i.e., rations were not given to children below three years and to lactating women in the areas of study. It was subjected to lack of availability of supplies for more than 6 months and involvement of ASHA facilitators, LHV & male supervisors was lacking at VHNDs.¹⁹ Also, in the Aganwadi centres, weight measurements were carried out but height assessment was not done and neither regular documenta-

tion is done on the antenatal card given to the mothers for growth monitoring. Due to additional job responsibilities, ASHAs regularly do not visit the houses and hence whenever the child gets sick, parents directly visit the district hospital.¹⁹ Though nowadays, mothers are aware about malnutrition through mass media but it is not reflected in their practices. There is a need for regular reinforcement through home-visits and health education about the importance of the food supplements given to them in the Aganwadi. It was also reported that few of the families used some of the items from the ration received in the Aganwadi to feed their cattle. They have a belief/myth that it is not good for their child in particular season and may cause stomach upset.²¹ In spite of all the projects initiated by the government, it was found that most of the services which were to be provided by VHNDs were not met like - Supplementary Nutrition, ANC Services, Adolescent Health, Growth Monitoring, Nutrition Counselling, Sanitation, Communicable Diseases and Health Education were lacking.¹⁷

A study reported that about 4.6 million cases of stunted under-five children were found between 2006 to 2016. It also stated that stunting can be avoided by levelling up interventions like: vitamin A and food supplementation during childhood, improved sanitation and water source, Iron Folic Acid and food supplementation during antenatal period. It was also predicted that if food supplementation is provided with improved sanitation and water hygiene about 86.5% of stunting can be prevented.²² Thus, in order to have an efficient and effective utilization of nutritional programs at community level, assembling of all services planned with involvement of policy makers should be done so that it can be made reachable for the unreachable.²³

Since, hilly terrains has their own problems like transportation, geographical area and weather, all these underlying factors poses as hurdles for the health workers to complete their work/home-visits.^{24,25} Therefore, there should be some solution to combat this problem. Community Health Officers, have been posted in hilly terrains so that they can further strengthen the system inadequacies but there should be regular monitoring of the services so that the problem of malnutrition can be addressed at grassroot level. Also, a need for improvement in goals and policies to be done with national level leadership and commitment which can be combined with basic level services and social mobilization at community level.²³ Further, community representatives or Pradhans should be involved in the monitoring the services.

CONCLUSION

As the health system is facing shortage of health workers²⁶ and multiple intervention have not managed to improve the situation in last 10 years²⁷, there

needs to be a different approach which empowers the mothers and families to take care of themselves. There should be collaboration with the Gram Pradhans, Sarpanch and School Teachers in villages who can also play an active participation in the health services provided. They can be involved in awareness campaigns organized by the health workers, supervising the VHNDs and other integrated health services. Even the NGOs can be involved in the health and welfare services for the community people.

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