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## **Insight into Challenge of Improving Nutrition, Health and Family Welfare Schemes Run by Indian Government**

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### **Abstract**

*The India's food problems are far more complex and widespread than just under nutrition. Certainly, some people have no food at all and every year approximately 1.5 lac children die from wasting caused by severe under nutrition. But most people in poor states never have to grapple with total starvation — for them, malnutrition caused by an imbalance or inadequate diet is more likely. Developing states already priorities food security, i.e. ensuring access to food. But it is increasingly clear that simply providing food is not enough. To protect vulnerable populations, Indian government has introduced several nutrition security schemes, focusing its responsibility towards helping people who are facing malnutrition. The study also undertakes most of the schemes run by Indian Government under Ministry of Health and Family Welfare and analyzes the extent to which these schemes are being successfully implemented. In this era of communication and Information technology most of the people are still unaware of these policies and hence unable to reap the respective benefits. Due to corruption, political and non-political reasons, the procedures to avail benefits related to these welfare schemes become difficult, unreachable, lengthy and complicated. Unfortunately there are loop holes in the proper implementation of these policies. Through this paper we want to reveal the actual picture schemes run by our Government for Health and Family welfare.*

**Keywords:** *Health and Family welfare schemes, Malnutrition, survey reports, functions of government*

**I. Introduction:** Healthy people are an integral part of the world. Without balanced nutrition good health can't be exist, if exist than is not a part of true work. So good health is very important at every aspect of life, work & position that is why it is consider giving promotion & improving condition in society, in other terms welfare thoughts. So to fulfill these responsibilities government has made some provision of assistance to people who are facing malnutrition. Government announces many welfare schemes, at all levels for this important section of society. These schemes could be either central, state specific or a joint collaboration but all have a single aim towards goal. A number of welfare schemes for women have been undertaken by the Government of India. Before introducing these schemes we also go through the wide spread problem malnutrition as follows.

1. More than one third of all child deaths every year are attributed to malnutrition, specifically under nutrition, which weakens the body's resistance to illness.
2. Technically, under nutrition is the outcome of insufficient food and repeated infectious diseases. It includes being severely underweight or dangerously thin (wasted), too short (stunted), and deficient in vitamins and minerals.
3. Some people have no food at all and in india every year approximately 1.5 lac children die from wasting caused by severe under nutrition. But most people in poor states never have to grapple with total starvation — for them, malnutrition caused by an imbalance or inadequate diet is more likely.
4. Many rely too much on high-calorie staples, like maize or rice. Good nutrition is not just about consuming enough calories — people need protein and micronutrients they can only get through

a balanced diet. When people do not, or cannot, eat a wide range of food, they become malnourished. They can survive, but cannot flourish.

5. In most parts of the India malnutrition occurs when people are undernourished. Primary reasons for undernourishment, especially of children and women, are poverty, lack of food, repeated illnesses, inappropriate feeding practices, lack of care and poor hygiene. Undernourishment raises the risk of malnutrition. The risk is greatest in the first two years of life. The risk further increases when diarrhea and other illnesses sap the body of the proteins, minerals and nutrients required to stay healthy.
6. When a household does not have enough food and has conditions that make diarrhea and other illnesses common; children are the most vulnerable to becoming malnourished. When children become sick, they lose energy and nutrients quickly, which puts their lives at risk faster than adults.
7. Over nutrition is when a person is overweight or obese. It can cause diabetes in childhood and cardiovascular disease and other diseases in adulthood. Sometimes children eat large quantities of foods that are high in energy but not rich in other necessary nutrients, such as sugary drinks or fried, starchy foods. In such cases improving the quality of the child's diet is crucial along with increasing his or her level of physical activity.

## **II. Malnutrition: Related Data and Causes:**

### **Global burden:**

- **In India 1.02 Lacs** people suffer from under nutrition — a serious form of malnutrition.
- **99 per cent** of undernourished people live in developing states.
- **More than 60 per cent** of chronically undernourished people are women.[14]

### **Childhood malnutrition:**

- **2.6 Lacs** child deaths every year are linked to malnutrition.
- **1.5 Lacs** children die every year because they waste away from under nutrition.
- **178 Lacs** children become physically stunted, partly because of not having enough food or vitamins.
- **146 Lacs** children under five are underweight.
- **More than 50 per cent** of those underweight under-fives live in developing states.
- **20 per cent** of deaths in under-fives could be prevented by adhering to breastfeeding guidelines.[14]

### **Micronutrient deficiencies:**

- **More than 500,000** child deaths every year are linked to lack of vitamin A.
- **More than 20 per cent** of children under five in developing countries suffer from iron deficiency-related anemia.
- **40–60 per cent** of children in developing countries have impaired mental development due to iron deficiency.
- **2 million** people are iodine-deficient.
- **176,00** people die from diarrhea linked to zinc deficiency each year.
- **406,000** people die from pneumonia linked to zinc deficiency each year.[14]

### **Over nutrition:**

- **Up to 20 per cent** of children under five are overweight in some developing countries.

(Adapted from statistics published by the WHO and the World Food Programme.) [14]

**Root cause:** But any effort to safeguard nutrition in the long-term must address the underlying causes of malnutrition — poverty, food insecurity, low education, limited healthcare and poor hygiene.

Investing in agricultural science to make crops more nutritious is also vital. And climate change makes this doubly important. A changing climate could even make current crops less nutritious, by altering the relative protein content in major staple foods. [16]

## **III. Schemes under Implementation by Ministry of Health and Family Welfare**

The details of such schemes under implementation by Ministry of Health and Family welfare are as under:

1. **Integrated Child Development Service Programme (ICDS):** This is a unique programme under which a package of integrated services consisting of supplementary nutrition,

immunization, health checkup, referral and education service are provided to the most vulnerable groups even within children and women, i.e. children up to 6 years of age and expectant/nursing mother, through a common focal point called Anganwadi (the courtyard centers) in each of the village/urban slums.

The objectives of ICDS (Annual Report, Department of Women and Child Development, 1993/94) are:

- To improve the nutritional and health status of children in the age group 0-6 years;
- To lay the foundation for proper psychological, physical and social development of the child;
- To reduce the incidence of mortality, morbidity, malnutrition and school dropout;
- To regulate effective coordination of policy and programme implementation amongst various departments to promote child development;
- To enhance the capability of the mother through proper nutrition education for taking care of the normal health and nutritional needs and health of the child. [19]

**2. Special Nutrition Programme (SNP):** This programme was launched for the target group as in ICDS i.e. children below 6 years age and expectant and nursing mothers. The programme is confined to tribal areas and slums. Main activity under this programme is to provide supplementary feeding to the beneficiaries for 300 days in a year, although some individual initiatives were made in some States to link some other services with supplementary feeding.[19]

**3. Balwadi Nutrition Programme:** Bal (children) wadi (home or centre) Nutrition Programme is a contemporary of SNP and is being implemented since 1970-71 by the Central Social Welfare Board and national level nongovernmental voluntary organisations, namely, Indian Council for Child Welfare, Harijan (Scheduled Castes) Sevak (Service) Sangh (Board), Bhartiya (Indian) Adimjati (Scheduled Tribe) Sevak Sangh and Kasturba (wife of Mahatma Gandhi) National Memorial Trust. This segment of nutrition programme is thus implemented essentially by non-governmental organisations. [19]

**4. Wheat Based Supplementary Nutrition Programme:** The scheme was started with the twin objective of providing supplementary nutrition to children and popularising wheat intake. Min of Food places at the disposal of the Department of Women and child Development about 100 thousand tonnes of wheat from the central reserves annually and that Department, in turn, sub-allocates this wheat among States which utilise the wheat mostly to produce wheat based ready-to-eat nutrition supplements. [19]

**5. World Food Programme Project:** World Food Programme-UN provides food-stuffs so that supplementary nutrition could be provided through the projects supported by them. WFP-India project has been extended from time to time and the present extension would last till the end of March 1995. WFP currently supports 12 projects in India, with a total commitment of 292 million dollars' worth of food aid. "The major part of WFP's assistance to India supports projects in forestry, irrigation and supplementary nutrition. WFP's food assistance to India is focused on poverty alleviation, directly targeting the most vulnerable section of the society" (WFP Newsletter April 94). The WFP provides Soya Fortified Bulger Wheat, Corn Soya Blend and edible oil to benefit about 2.1 million pre-school children, expectant and nursing mothers. [19]

**6. CARE Assisted Nutrition Programmes:** Under the Indo-CARE Agreement of 1950, CARE-India extends food aid so that supplementary nutrition can be provided to pre-school children of age less than six years and expectant/nursing mothers. The CARE assistance is now dovetailed with ICDS projects and some of the ICDS projects utilise this assistance for the nutrition component of the programme. The programme covers ICDS projects in 10 States of the Indian Union. CARE has also monetized oil received by it as donation for generating funds worth Rs. 100 million for implementing activities supportive of ICDS programme. [19]

**7. Tamilnadu Integrated Nutrition Project:** This project located in the Southern State of Tamilnadu, was started with the World Bank first time extending assistance for nutrition

programmes in India. This will enable all the rural areas of the State to come under the coverage of either this project or ICDS, as in most of nutrition programmes discussed earlier. The target groups in this project are also children up to 6 years of age and pregnant/nursing mothers. Like ICDS, pre-school education is provided to children in 3 to 6 years group. The project seeks to provide enhanced inputs in the areas of health, communications, training, project management, operations, research, monitoring and evaluation. [19]

#### **IV. Review on the Functions of the Schemes by Some Survey Reports:**

- 1. Advertisement and awareness:** It is found during the study that government has undertaken various legislative for the promotion of these welfare schemes but we cannot say that all the targeted persons got its benefits. The reasons behind this are lack of proper advertisement and awareness. It became clear by the report of deputy chief minister of Jammu, he said, "It is the duty of administration to make sure that details of these schemes reach to every nook and corner of the state, so that benefits reaches to the last beneficiaries".

Lack of essential information about these schemes was also found in a survey by TIMES OF INDIA on 20th august 2012 in BARKATULLAH UNIVERSITY BHOPAL[2], related to the elderly women unawareness of welfare schemes that, senior citizen ,especially women are hardly aware about the various welfare schemes being run by the state and union government. Interestingly, the women studies department conducted the survey on old age women living with the families. Elaborating on the survey and its conclusion Head of the department of women studies told TOI, "Most of the government schemes are meant to promote the health, well-being and independence of senior citizens especially women in the country. However most of the schemes exist on the papers as the target groups are not aware about such schemes or policies [13]. According to a study on "Valuation of Special Nutrition Programme (Snp) and Icds under Revisedlong Term Action Plan (Rltap) In Thek.B.K. Districts of Orissa" [18]

- No awareness has been created among beneficiaries about SNP because there is no awareness Programme held in the area of study. Some people stays outside the village and they are coming to village for 3 to 4 hours a day. This stay for limited period is not sufficient for Anganwadi Center. Some of the peoples are not highly educated.
- The cost towards transportation of foodstuff is fixed by government @ Rs.22 per quintal irrespective of distance. This is very difficult for the workers especially in hilly areas to meet the expenditure. It is observed from the field study that some of the people hire bullock cart for the purpose where as in other areas tempo or trekker is hired for the purpose. Sometimes, more than one makes a group to

Carry the items to reduce the cost.

- The foodstuff is distributed for 25 days in a month but consumed by the beneficiary much ahead. About 60% beneficiaries finish it within 10 days where as 35% keep for 15 days. Only 5% beneficiaries were found to be eating it on all the 25 days a month. [18]

These all studies clear that due to not proper arrangements last beneficiaries are not getting the benefits of these schemes.

- 2. Regular Counseling:** Lack of regular counseling is also the most important reason behind the improper functioning of these schemes .We find by an interview report of ANDHRA PRADESH chairperson (Women and Child welfare)[5].She said , "their all schemes are directed for by and belong to women and their directly towards the awareness only but when a question was asked him that are they having there counseling centre branches in each district to understand and access the schemes easily to people. She replied, " There are no special branches in each district but special officers appointed on 2 or 3 districts to look after these schemes. Her answer is not satisfactory one because of the one side government wants to make people more and more aware by the regular cancelling (With the help of panchayats, social groups and others) and on the other hand they are performing their duty just like that by making a single centre for 2 or 3 districts. [13]

- 3. Inadequate and insufficient organizational structure:** All the welfare schemes suffered from the large bureaucratic structure. All programmes centrally run with rigid guidelines, which never fit into local conditions. At that time when it reaches to the beneficiaries it passed through

various structures. At every level there is a red tapism and delays leading to underutilization of funds. All becomes totally a government run programme and the beneficiaries are silent and passive. The peoples had no say in these august 2012 in BARKATULLAH UNIVERSITY BHOPAL [2], related programmes. In itself programmes acting as safety for the poors, It suffered from several problems during the implementation due to the centralization procurement system. It incurred very high administrative cost further there were problems of wastage at every stage of its operation .Then there are problems at the consumer level. All these problems lead to much lesser benefits to the needy. [13]

#### **Actions to support better nutrition in India**

- Focus agriculture on what people living in poverty grow, eat, and need nutritionally
- Experiment with cash based alternatives to the targeted public distribution system
- Promote community led approaches to sanitation
- Increase coverage of essential nutrition interventions in the context of a stronger public health system
- Focus Integrated Child Development Services resources more on children under 2 years and those with severe under nutrition and locate centres where they are most needed
- Continue the fight against gender and social exclusion
- Establish a national nutrition strategy with a senior leader within the government empowered to implement it [17]

**V. Conclusion:** It is clear from the study that In most parts of the world malnutrition occurs when people are undernourished. Primary reasons for undernourishment, especially of children and women, are poverty, lack of food, repeated illnesses, inappropriate feeding practices, lack of care and poor hygiene. Undernourishment raises the risk of malnutrition. It is find that government have undertaken various legislative measures for the promotion of women welfare but we cannot say that all the targeted person got its benefits. To protect vulnerable populations, governments must also ensure nutrition security, agriculture and food security, women's power in decision making, the provision of food to infants, health and psychosocial needs, clean water and sanitation, and access to effective and affordable health services. The reasons behind is the deficiencies involved in these measures and the insufficient work in their implementation. These schemes reveals that though the government has provided extensive network of services for women welfare, yet there is deficiency in management and supervision of welfare programs, political twists for petty gains, lack of adequate arrangement/ schemes. Social welfare is a dynamic concept and necessarily its growth is a slow process. So there is a need to look into these factors in order to promote the welfare of women, thus they will be able to enjoy the benefit of these schemes.

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