



MATERNAL HEALTH CARE PROGRAMMES IN TELANGANA: AN ANALYSIS

B.Anitha

Research Scholar, Department of Social work, Osmania University, Hyderabad.

Abstract

Pregnancy and childbirth are special opportunities in women's lives, and their families. Although these are natural physiological process, they become complicated risks for every woman. The consequences are observed on both mothers and babies. Government of India and guideline and support from WHO and UNICEF making policies towards maternal care and the Telangana government also implementing Est polices for Pregnant women as well as breast feeding mothers. The present article examines the maternal care programmes like Arogya laxmi, Balamrutham, ICDS et, in Telangana.

Key Words: *Pregnancy, Maternal Care, Arogya Laxmi, Balamrutham,, Telangana.*

Introduction

Pregnancy and childbirth are special opportunities in women's lives, and their families. Although these are natural physiological process, they become complicated risks for every woman. The consequences are observed on both mothers and babies. The United Nations Fund for Population Activities in 2011 estimated that 210 million women become pregnant every year. Out of which, 86.66 percent belongs to developing countries. Moreover, almost a half million women die every year during pregnancy and delivery. India covers 20 percent and 25 percent of global maternal and child mortality respectively. About 40 percent of mothers experience general complications, whereas 15 percent bear life-threatening problems due to pregnancy and childbirth. Similarly, malnutrition is the underlining cause of 50 percent deaths among the world over children. Additionally, 46 percent of children less than three years of age are underweight, one third are stunted and one fifth are wasted. Most of such problems can be prevented if women get access to safe motherhood services. Hence, health care services targeting mothers and children might be an effective health intervention for safer and healthier outcomes. Meanwhile, acceptance and utilization of the services are crucial in averting the deaths and in promoting health of the mothers and children.

Maternal health care programmes

- Arogya Lakshmi
- Balamrutham
- Early Childhood Care and Education
- Supplementary Nutrition Programme
- Care and Nutrition Counselling service
- Child Protection

An implementation of ICDS has resulted in improvement of the nutritional status of women and children in the state, the desired goals have not been achieved. The percentage of low birth weight babies, under weight children (<3 years) and pregnant women who are anaemic is still high. As a result, reduction of Infant Mortality Rate(IMR) and Maternal Mortality Rate (MMR) continues to be a challenge. Scientific evidence shows that malnutrition starts early in life and its effects become irreversible after 2-3 years. Meeting the nutritional needs of Pregnant & Lactating women is therefore one of the critical windows of opportunity available to prevent malnutrition. Hence a need was felt to modify the nutrition programme



of ICDS especially as the Take Home Ration (THR) provided to Pregnant and Lactating women under ICDS is not only too meagre but also gets shared by all members of the family.

In this regard, the State Government introduced ArogyaLaxmi Programme which involves spot feeding of “one full meal” for Pregnant and Lactating women at the Anganwadi centre along with administration of Iron & Folic Acid (IFA) tablet. The programme was started on 01.01.2013 in ICDS Projects with most adverse health and nutrition indicators.

After state bifurcation 2015 onwards it was scaled up in 149 ICDS (100 %). ICDS Projects. Projects covering 31,897 Main AWCs and 4,076 Mini Anganwadi Centers in Telangana State. The one full meal consists of Rice, Dal with leafy Vegetables/sambar, vegetables for a minimum of 25 days, boiled Egg and 200ml. milk for 30 days in a month. The one full meal will meet 40-45% of the daily calorie and 40-45% of protein and calcium requirement per day of the pregnant and lactating mothers. Along with the meal, Iron Folic Acid (IFA) tablet is to be administered. For children between 7 months to 3 years are providing 16 Eggs per month where as children from 3-6 years were providing 30 Eggs per month.

Objectives of “Arogya Laxmi programme

Enhance the quality and acceptability of supplementary nutrition by the Pregnant and Lactating women
Ensure food supplied is consumed by only the Pregnant and Lactating women rather than the whole family
Ensure that Pregnant and Lactating women consume 90+ IFA tablets.

Improve the enrollment of mothers at AnganwadiCenters (AWCs).

Eliminate or decrease number of Pregnant and Lactating women with anaemia/ who are undernourished.
Reduce the incidence of low birth babies and malnutrition among children.

Ensurethat Pregnant and Lactating women receive health checkups and immunization.

Reduce the incidence of infant mortality and maternal mortality

operational guidelines for Arogya Laxmiprogramme

Government after careful examination hereby issue “Operational Guidelines” for One Full Meal Programme for improving nutritional status among Pregnant and Lactating Women and to reduce low birth weight and mortality of infants and children under 6 years.

One Full Meal Committee

Eleven members Committee called the “Anganwadi Level Monitoring & Support Committee” (ALMSC) shall be constituted for each AWC. This Committee consists the following members

- | | |
|---|-------------|
| • Surpanch or Ward member preferably women - | Chairperson |
| • ASHA | Member |
| • Mothers (2 members on rotation pregnant & 7m to 3y) | Members |
| • Community (Science Teacher/Retired Govt. officers/ | |
| • Parents of pre-school children-3) | Members |
| • Sakhi under SABLA programme/Adolescent girl - | Member |
| • 2 Representatives from Village Organization | Members |
| • Anganwadi Worker | |



Responsibilities of Committee

- The committee shall meet once in a month on the first Nutrition Health Day (i.e., the first of every month) and create awareness on One Full Meal Programme.
- Ensure correct demand and supply of food grains such as Rice, Dal, Oil, Eggs, Milk and Vegetables etc. to the AWCs.
- Identify Milk vendors or chilling centers where central procurement is not available.
- Mobilize all eligible beneficiaries to the AWC.
- Ensure no beneficiary carries the meal home or allows it to be consumed by any other family member.
- Fix the menu and timing of the spot feeding
- Ensure the attendance, quality, hygiene and other aspects of the programme
- Certify the attendance registers of Anganwadi Centers for accounts reconciliation.

Procurement of Food Commodities

Sl. No	Commodity	Supply by/through	Budget released to
1	Rice	Civil Supplies / PD	PD
2	Dal	DPC / Civil Supplies / PD	PD
3	Oil	AP Oil Fed	PD
4	Milk	Dairy / Local	CDPO
5	Eggs	Poultry forms / NECC	CDPO
6	Vegetables	AWW	CDPO
7	Condiments	AWW	CDPO
8	Cooking gas / Firewood	AWW	CDPO

Implementation and Monitoring

- AWW, ASHA shall identify the target group and ensure early registration of the Pregnant women and enrolment of Pregnant and Lactating women in the Anganwadi Centres (AWCs). In addition AWWs will make house to house visit to survey, identify and make a list of the target group. All Pregnant and Lactating women will be issued MCP Cards during Village Health and Nutrition Day.
- Panchayat / ALMSC along with ICDS and health field functionaries will create the necessary awareness and will mobilize the Pregnant and Lactating women to receive the “One Full Meal” along with other health and nutrition services at AWCs.
- One Full Meal shall be served 25 days as spot feeding at AWC.
- 30 Eggs shall be served per month where 25 days during spot feeding at AWC and Eggs will be given as per the model menu to the beneficiary.



- Milk shall be served 25 days and another 5 days of milk will be served as curd along with rice and dal during spot feeding.
- Anganwadi Helper or in absence of the Anganwadi Helper a person identified by the ALMSC shall cook the “One Full Meal” and serve the food at the Anganwadi Centre.
- A permanent advance of Rs.1500/- shall be released to all AWWs at the beginning of the Programme and shall be maintained regularly by releases by the 5th of every month.
- The “Anganwadi Level Monitoring & Support Committee” (ALMSC) can decide the menu as per local conditions.
- IFA tablets shall be provided by ANM and will be administered along with the food by AWW.
- The growth monitoring of all pregnant and lactating women shall be done every month and birth weight of the new born will be recorded in the MCP Cards and registers.
- In the monthly meetings of Anganwadi Level Monitoring & Support Committee (ALMSC), Project Level Monitoring Committee (PLMC) and District Level Monitoring and Review Committee, the Anganwadi Workers, Supervisors / CDPOs and the PDs respectively will be invited for discussion on the implementation of the “One Full Meal” programme.
- Joint trainings and awareness campaigns shall be conducted for field functionaries, ALMSC members, others by the department.
- The community, PRIs, Civil Society, UNICEF, NIN and NGOs shall be involved in monitoring, training, capacity building, communication, community mobilization and service delivery of the programme. At least two NGOs will be involved in each District for this purpose.
- Monitoring and inspections shall be taken up by ICDS functionaries for the programme as detailed below:
 - Child Development Project Officers / Supervisors shall inspect at least 20 AWCs under “One Full Meal” per month.
 - Project Director shall inspect 10 villages from at least 5 projects per month.
 - Regional Deputy Director shall inspect 10 villages from at least 5 projects per month.
 - They shall monitor attendance, quality and quantity of the food, cleanliness in cooking and serving, weight gain of pregnant women, colostrum feeding, exclusive breast feeding and immunization etc.
- State level Monitoring Officer from HOD shall inspect at least 5 Projects and 15 AWCs in a month of their allotted Districts.
- In case of any food gaps, poor quality of food items, the CDPO and Supervisor of that particular project shall be held responsible and action shall be initiated accordingly.
- District Level Monitoring & Review Committee of ICDS shall be review the One Full Meal program at least once in a quarter by the District Collector chairmanship.
- One full meal program shall be an agenda in the GramaSabhas, General Body meetings of Mandal Parishad and ZillaParishad.



Food Model for spot feeding of Pregnant & Lactating Women in One Full Meal Programme ICDS Projects (per beneficiary)

Sl. No.	Item	Quantity per day	Tentative Cost per day (Rs.)	Nutritive Value		
				Energy (kcal)	Protein (g)	Calcium (mg)
1	Rice	150 g	0.60	517.56	10.20	15.00
2	Dal (Red Gram)	30g	2.55	104.40	7.25	22.50
3	Oil	16g	1.10	144.00	0.00	0.00
4	Transport		0.10	0.00	0.00	0.00
5	Cooking		0.30	0.00	0.00	0.00
6	Milk (30 Days) (@ Rs.5.6 per day)	200 ml	9.85	273.00	10.03	490.00
7	Egg (30 Eggs) (@ Rs.3.5 per day)	1 No. (50 g)	4.20	100.92	7.76	35.00
8	Vegetables (Leafy Vegetables, Potato, Onion, Beans etc.,)	50 g	1.50	52.50	1.80	16.06
9	Condiments		0.60	0.00	0.00	0.00
TOTAL			21.00	1192.38	37.04	578.56

- Eggs to be given Monday to Saturday (remaining 5 will be added in model menu)
- Milk to be given Monday to Saturday (200ml milk will be served as curd in any two days).

“Balamrutham” is the weaning food introduced under ICDS to provide improved supplementary nutrition to children between 7 months to 3 years. The weaning food is a preparation of wheat, chana dal, milk powder, oil and sugar. It is fortified and thus provides 50% of iron, calcium, vitamins and other RDA that children require per day. The composition and nutritive values of Balamrutham is indicated at Table-I and II respectively.

The recommended quantity is 100 gms which is to be given to children 3-5 times every day. For children below one year, Balamrutham can be served as porridge mixed with hot water and for older children, it can be given in the form of “Laddu”.

Balamrutham is distributed in packets of 2.5 Kg per child per month. It is distributed on first day of every month on Nutrition Health Day-1 to mothers of 7 months - 3 years children as Take Home Ration. Along with Balamrutham packet, these children also receive 2 eggs a week at the AWC under ICDS Food Model for 7months to 3 years under ICDS is at Table-III.

It is expected that Balamrutham will serve as an effective supplementary nutrition during the child’s crucial period of 7 months to 3 years and along with counseling to mother on IYCF practices will help to prevent incidence of chronic malnutrition.



Balamrutham serves not only as a weaning food but also as a caloric dense food to reduce malnutrition and is therefore used as part of Supervised feeding for malnourished children.

Table-I: Composition per 100 g of Balamrutham (fortified with vitamins & minerals)

<i>Ingredients</i>	<i>Parts (g)</i>	<i>Energy (kcal)</i>	<i>Protein (g)</i>
<i>Roasted Wheat</i>	<i>55</i>	<i>190.3</i>	<i>6.4</i>
<i>Bengal Gram</i>	<i>5</i>	<i>18.0</i>	<i>1.0</i>
<i>Skimmed Milk Powder</i>	<i>10</i>	<i>35.7</i>	<i>3.6</i>
<i>Sugar</i>	<i>20</i>	<i>80</i>	<i>0</i>
<i>Oil</i>	<i>10</i>	<i>90</i>	<i>0</i>
<i>TOTAL</i>	<i>100</i>	<i>414.0</i>	<i>11.0</i>

The supplementary nutrition provided for the various categories of target groups is as follows:

1. Pregnant & Lactating women get **“one full meal”** under **Arogyalaksmi** with one egg, 200 ml of milk, rice, dal and vegetable every day. 7 months to 3 years children receive weaning food i.e the fortified Balamrutham packet of 2 ½ kgs and 16 eggs in a month. This is distributed as THR to the mothers on 1st of every month (i.e on NHD-1)
2. 3 to 6 years children as part of Pre-school get a hot meal of rice, dal, vegetables, egg, and Nutri snacks/chana dal/daily. Malnourished children i.e SUW/SAM/MAM children between 7 months to 3 years are given additional supplementation of 1 egg, 100 ml milk, mini meal+ extra oil daily at the Anganwadi centre.
3. Malnourished children i.e SUW/SAM/MAM between 3 to 6 years are given additional supplementation of 1 egg, 100 ml milk, oil (with hot meal), 50 gms of Balamrutham daily at the Anganwadi centre.
4. Feeds for Malnourished children of age groups 7 months to 3 years and 3 to 6 years, are supervised and certain feeds are given at the AWC itself. Hence the additional supplementation are made part of model menus which are appropriate for the malnourished children. Detailed guidelines issued for the “Special care and Supervised feeding” of malnourished children upto 5 years include methodology of identification and categorization of children as Severely Underweight (SUW)/ Severe Acute Malnutrition (SAM)/ Moderate Acute Malnutrition (MAM) and the details of the Model Menus.

ICPS

- The Integrated Child Protection Scheme is to significantly contribute to the realization of Government/State responsibility for creating a system that will efficiently and effectively protect children. It is based on cardinal principles of “protection of child rights” and “best interest of the child”.
- The ICPS will provide preventive, statutory, Care and Rehabilitation services to vulnerable children including those from potentially vulnerable families and families at risk, children of socially excluded groups like migrant families, families living in extreme poverty, SCs, STs & OBCs families subjected to or affected by discrimination, minorities, children infected and/or



affected by HIV/AIDS, orphans, child drug abusers, children of substance abusers, child beggars, trafficked or sexually exploited children, children of prisoners street & working children.

- The Registration of Society under Societies Registration Act-2001 has registered in the name of “Telangana State Society for Protection and Empowerment of Children”.

Conclusion

Birth of a child is very much important for national population and in India there are many problems facing by the pregnant women and lactating mothers in delivery and after birth. Here in this paper author covered maternal care programmes Arogya laxmi And Balamrutham in telangana state for rendering health services of pregnant and breast feeding mothers.

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