

Utilization and Satisfaction of Beneficiaries Regarding Take Home Ration Provided at Urban Anganwadis of Ahmedabad, Gujarat

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Abstract:

Introduction: Nutrition is fundamental to human health and development. The Take Home Ration (THR) program provides fortified rations for 6 months to 3 years normal children and severely underweight children up to 6 years, adolescent girls, pregnant women, lactating women through Anganwadis (AW). The National Nutrition Missions have targeted to decrease under nutrition by 3% each year. **Objective :** To assess the utilization and satisfaction level of beneficiaries regarding THR and to identify challenges faced by Aanganwadi Workers (AWW) related to THR. **Method:** A cross-sectional study was conducted at 40 Aanganwadis situated in the urban field practice area of the institute. Interview of all the (40) Anganwadi workers were conducted regarding implementation of THR Program. For assessing the utilization and satisfaction regarding THR, total 200 beneficiaries were selected from five different groups viz; 6 months to 3-year children, severely underweight children up to 6 years, Adolescent girls, Pregnant women and lactating women. Purposive sampling was used for selection of beneficiaries considering availability of beneficiaries at the time of study. **Results:** Knowledge of AWW regarding THR scheme was good. Out of 200 beneficiaries, 97.5% beneficiaries were obtaining THR packets from anganwadis, out of which 66% beneficiaries were using them regularly. Around 36% of beneficiaries weren't satisfied with THR provided to them. Major challenges faced by beneficiaries were: Lack of variety, not possible to make separate food items from THR due to time constraints and lack of knowledge. **Conclusion:** Utilization of THR among beneficiaries was not satisfactory. Most of the beneficiaries were disappointed with taste of the THR. Beneficiaries strongly recommended for improvement in taste and flavour. Awareness regarding THR scheme was satisfactory among AWW. Biggest challenge faced by AWW was to convince beneficiaries regarding intended benefits of THR and regular usage of the same.


Keywords: Anganwadi, Take Home Ration, Satisfaction, Utilization

Introduction:

Nutrition is fundamental to human health and development. Addressing malnutrition saves lives, reduces inequalities, and builds strong and resilient individuals, families, communities and eventually

countries.^[1]

Vision of the National Nutrition Mission (2022) targeted to decrease under nutrition by 3% each year and reduce anemia among children and women, over the next two years. The main focus of Integrated Child

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Development Services (ICDS) Scheme is to improve the nutritional status of the beneficiaries (6 months to 3 years children and severely underweight children up to 6 years, adolescent girls, pregnant women, lactating women).^[2] ICDS scheme includes distribution of packages of Take-Home Ration (THR). Under this Program, fortified nutritious food is given to the beneficiaries in form of THR or Hot Cooked Meal to meet 1/3rd of their daily requirement.^[3] The Anganwadi Worker (AWW) is the community based voluntary frontline worker of ICDS programme. They distribute packets of Bal shakti to children of 6 months to 3 years, packets of Bal Shakti to Severely undernourished children of 6 months to 6 years, packets of Purna Shakti to Adolescent girls not going to school and packets of Matru Shakti to pregnant & lactating women through Anganwadis.^[4]

Double fortified sattva (DFS) salt is provided at Anganwadi center for usage during preparation of hot cooked meal and DFS is given to pregnant and lactating mothers and adolescent girls 1kg per month as THR.^[5]

Effective utilization of THR products by the beneficiaries is primarily important to address the issue of malnutrition. Present study was conducted to assess the utilization and satisfaction level of THR among beneficiaries and knowledge of Anganwadi worker related to THR. Further this study also highlights the challenges faced by AWW in implementation of THR scheme.

Method:

It was a Cross-sectional study conducted at 40 Anganwadi centers situated at urban field practice area. Interview of all the (40) Anganwadi workers were conducted regarding implementation of THR Program. For assessing the utilization and satisfaction regarding THR, total 200 beneficiaries were selected from five different groups viz; 6 months to 3-year children (40), Children up to 6 years (40), Adolescent girls (40), Pregnant women (40) and lactating women (40). Purposive sampling was used for selection of beneficiaries considering

availability of beneficiaries at the time of study. The Study was conducted during the month of June and July 2022. Pre-structured and pre-tested proforma was used to assess the utilization and satisfaction level of beneficiaries about different aspects of THR products. Information regarding taste, fragrance, color, packaging and timely distribution of THR products were assessed. Open ended questions were included to analyze the challenges faced by AWW and Beneficiaries in use of THR. Informed consent was taken from the beneficiaries before conducting the interview. Beneficiaries who were not willing to participate in the study were excluded. Descriptive statistical analysis was done by using MS Excel.

Results:

This study was designed to assess utilization, satisfaction level among beneficiaries and challenges faced by AWW and beneficiaries regarding THR scheme. It was observed that all (40) AWW were having awareness about different aspects of THR scheme. Around 97.5% AWWs were aware about required quantity of dietary nutrients in daily food consumption for pregnant and lactating women, adolescents' girls and children up to 6 years age group. Major challenges depicted by AWW in implementation of THR were, lack of awareness among beneficiaries regarding benefits of THR, lack of knowledge of cooking or preparation from THR, and its poor taste. To convince beneficiaries about the intended benefits of THR was the biggest task for an AWW.

More than half (132,66%) of the beneficiaries' parents had secondary level education, followed by 39 (19.5%) and 25 (12.5%) were having primary and higher secondary education. Almost half (97,48.5%) of beneficiaries belonged to nuclear type of family, followed by 75 (37.5%) & 28 (14%) of beneficiaries had joint and three generation type of family respectively.

Knowledge of beneficiaries regarding THR contents was assessed. It was found that 197 (98.5%) beneficiaries had incomplete knowledge about

contents of THR. Most of the beneficiaries (66%) were unable to read contents on the packets and could identify only by seeing pictures present on packets.

Out of 200 beneficiaries, 195 (97.5%) of them procure THR packets, but only 132 (66%) beneficiaries used it regularly. (Figure 1)

Of all 120 beneficiaries (40 of each - ANC, lactating women and adolescent girls) were eligible for getting Sattva Namak, Out of them, only 70

Figure 1: Utilization of THR packets by beneficiaries (n=200)

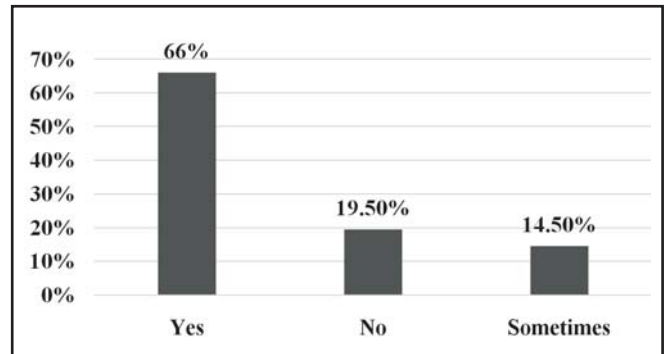


Figure 2: Satisfaction Level of Beneficiaries towards THR (n=200)

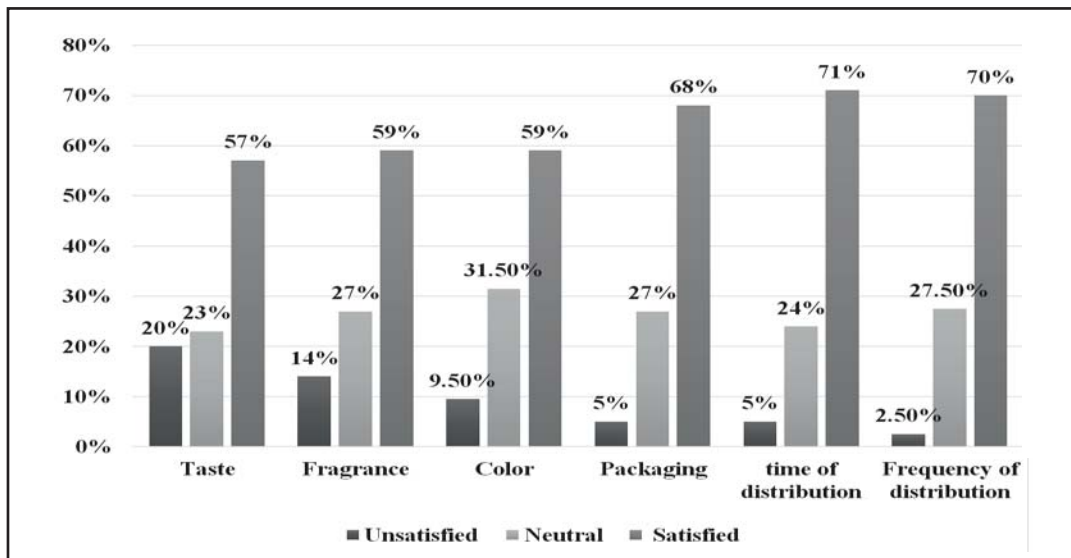
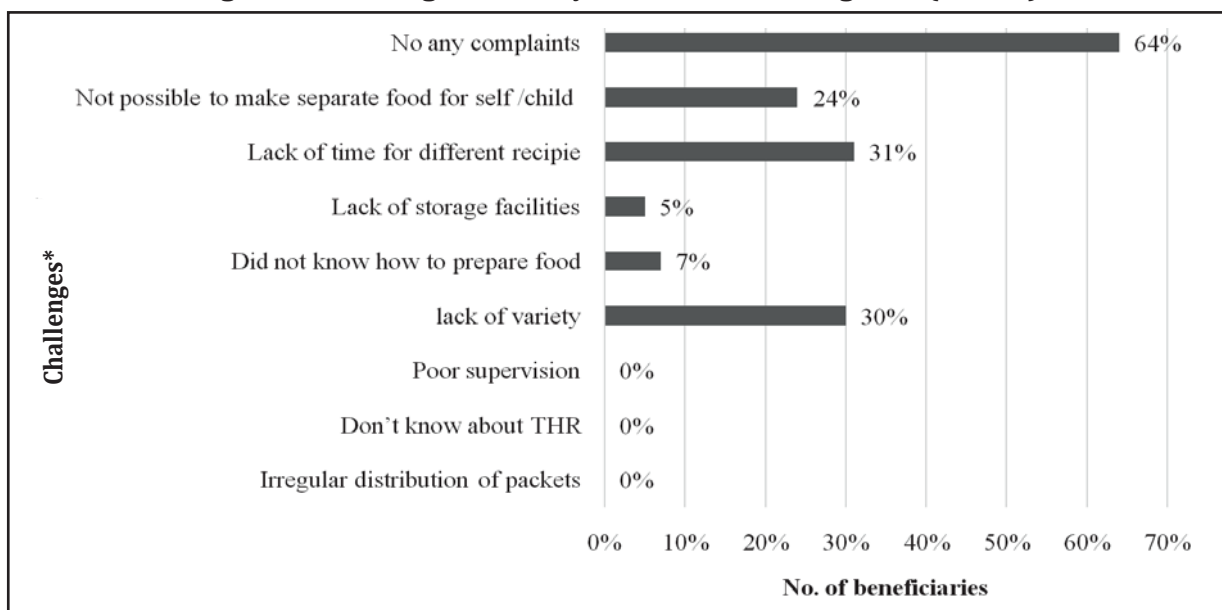


Figure 3: Challenges Faced by Beneficiaries Using THR (N=200)



*Multiple responses

(58.3%) were using Sattva Namak. On assessing utilization of rest of the THR products among these groups, it was found that only 56% beneficiaries were utilizing all THR packets given to them.

The data presented in Figure 2 depicts analysis of satisfaction level of beneficiaries about Taste, Fragrance, Color, Packaging, Time of distribution and Frequency of distribution regarding THR food. Maximum dissatisfaction (20%) was about taste of THR, whereas maximum satisfaction was regarding timely distribution (71%), frequency of distribution (70%) and quality of packaging (68%).

As seen from the figure 3, the major challenges faced by the beneficiaries/parents regarding THR were: Lack of times for making different recipes from THR packets (62,31%), Lack of variety (60,30%), Not possible to make separate food for beneficiary (48,24%), Didn't know how to prepare food from THR packets (14,7%) and Lack of storage facilities for THR packets (10,5%). There were 128 (64%) beneficiaries who didn't have any complaints regarding THR packets.

The major important problems faced by the beneficiaries/parents using Sattva Namak were: Blackening of food (42,60%), Didn't like taste (16,22.8%) and bad smell (4,5.7%).

An attempt was also made to ascertain suggestions from the beneficiaries/parents to overcome various challenges and problems faced by them in THR usage. The major suggestions from the beneficiaries/parents to overcome their constraints in THR were: Government should provide raw food materials rather than pre mix packets (68, 34%), There should be more varieties in THR packets (60,30%), Taste of THR packets should be spicy rather than sweet (52,26%), Change in the flavors of THR packets (12,6%).

Discussion:

Integrated Child Development Services (ICDS) is India's flagship programme for Infant and Young child health, nutrition and development. Supplementary Nutrition Programme (SNP) is one of the core components of ICDS.^[2] Good nutrition

enables better and quick learning, contributing positively in community development. While conducting the study on THR, it was understood that the most important part in the THR scheme is the role played by the AWW, because they are the actual interface between implementing agency (government) and target group (beneficiaries).^[5]

As per the interviews of AWW, it was observed that lack of awareness of the purpose and benefits of THR, lack of knowledge of cooking or preparation, and its poor taste were the major hurdles/problem faced by AWW which made it tough for them to convince the beneficiaries to actively take up THR. Apart from that, to educate the beneficiaries about the intent of benefits of THR was the biggest task for an AWW. Similar results were found in study conducted by Shweta et al who conducted a study at four districts of Maharashtra in year of 2015.^[6]

Over all availability of THR packets was only 53% of total requirement in their study where as in present study, almost all beneficiaries (97.5%) received THR services. Leyvraz et al has study conducted at Telangana in year of 2016, mentioned that the coverage of the THR distribution within the Anganwadi catchment area was very high, and high proportion of need was met by the programme.^[7]

In present study 34% of beneficiaries didn't use the required number of packets. Talati et al, a study conducted at Karamsad (Gujarat) in year 2017, show that 94% mothers did not know how many packets of THR they are entitled for children over 6 months as per ICDS norms. Among those eligible for receiving THR, 60.3% used less than required number of packets;^[8] According to their study, frequent users, infrequent users, and nonusers of THR packets were 11%, 28%, and 61% respectively.^[9] In present study, frequent users, infrequent users, and nonusers of THR packets were 66%, 14.5%, and 19.5% respectively.

In present study 20% were not satisfied with the taste of THR. The findings were similar to that of study conducted by Talati et al (47.3%).^[8] Marathe et al in their study revealed that 69.4% participants disliked the taste.^[6]

Challenges on the path of beneficiaries/parents regarding THR were studied. The important challenges faced by the beneficiaries/parents regarding THR were Lack of time and lack of knowledge for making different recipes from THR packets, lack of variety, not possible to make separate food for beneficiary in joint family and lack of storage facilities for THR packets.^[10] Marathe et al study mentioned that most respondents fed the THR packets to domesticated/stray animals or used it for fishing or simply threw it away, while remaining respondents mixed it with some other flour.^[6] In present study, most of the beneficiaries threw it away, fed it to animals or returned it back to Anganwadi centre.

Conclusion:

Utilization level of THR among beneficiaries was not satisfactory. Majority of beneficiaries were dissatisfied with the taste of the THR. Satisfaction level was highest for time and frequency of distribution of packets. Overall knowledge of AWW regarding THR scheme was good, but their major hurdles were to make the beneficiaries aware in order to increase the utilization of THR packets. The major challenges among beneficiaries were lack of time for making separate food from THR and lack of varieties in THR packets.

Limitation of the study:

Due to time constrain the purposive sampling method was used for selection of beneficiaries which limit the generalization of finding of the study.

Recommendation:

Varieties and improvement of taste of THR products would be helpful in increasing its utilization. Additionally provision of raw materials along with premix packs would be encouraging for overall improvement of THR scheme. Monitoring and evaluation of THR on a periodic basis would also be beneficial.

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Declaration:

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Conflict of Interest: Nil

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