

OP-09

TAKE HOME RATION IN ICDS PROGRAMMES: OPPORTUNITIES FOR INTEGRATION WITH HEALTH SYSTEM FOR IMPROVED UTILISATION VIA MAMTA CARD AND E-MAMTA

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Background 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. *Balbhog* (Energy Dense Micronutrient Fortified Extruded Blended Food) is provided as Take Home Ration (THR) to children 7 months to 3 years (7 packets to normal weight and 10 packets to severe underweight). Pregnant women, nursing mothers and adolescent girls are given *Sukhdi* (1 packet of 1 kg/month), *Sheera* (3 packets of 500 g each) and *Upma* (2 packets of 500 g each).

Methods We surveyed 360 mothers in three tribal blocks – Limkheda, Dahod, and Jhalod – of Dahod district, Gujarat. Participants' awareness, receipt and consumption of THR were assessed using a structured, pre-tested questionnaire. Trained surveyors were accompanied by tribal community members to facilitate conversation in local dialect with mothers or caregivers of children 0–24 months of age. Descriptive statistics was used to describe the key findings.

Findings Nearly 94% (n=338) mothers did not know how many packets of *Balbhog* they are entitled for children over 6 months as per ICDS norms. Among those eligible (n=264) for receiving *Balbhog*, 60.3% (n=159) received less than 7 packets during the past month; 47.3% (n=125) reported they disliked the taste and 80% (n=101) fed it to livestock. Only 19% (n=50) of children eventually consumed *Balbhog*, of which more than 90% (n=46) shared it with other family members.

Nearly 94% of mothers were not aware of how many packets of *Sukhdi*, *Sheera* and *Upma* pregnant and nursing mothers were entitled to. About 76% (n=239) and 87% (n=272) of mothers reported *Sukhdi* and *Sheera* to be of good taste, while 63.6% (n=194) reported *Upma* to be not good in taste. Of 254, 266 and 140 mothers who consumed *Sukhdi*, *Sheera* and *Upma* respectively, only 15% (n=38), 12% (n=32) and 12% (n=17) consumed it exclusively, while the others shared the packets with other family members. Among those who didn't like the taste of *Upma*, 82% (n=159) used it for cattle feed.

No mothers were aware of the self-record section provided in *Mamta Card* (mother and child health tracking document) for recording monthly THR received under the SNP.

Discussion and recommendations The first volume of the Evaluation Study on Integrated Child Development Schemes by the Programmed Evaluation Organization reports on complaints about quality and quantity of food provided under SNP. The report mentions wide divergences between official statistics on nutritional status, registered beneficiaries, number (norms) of days

food/supplementary nutrition served on the one hand and grass-roots reality with regard to these indicators on the other hand.

While improving ICDS services requires effective monitoring and supervision, demand generation could also play an important role to push for improved service delivery. Information about various entitlements under ICDS programme shall be made part of routine ANC and PNC counselling by community health workers such as ASHA and Female Health Workers working under the Department of Health. The THR could improve nutrition status of economically disadvantaged tribal populations.

The Village Health Sanitation Nutrition committee is independent and can be vested with the authority to conduct periodic investigations to assess distribution of THR to intended beneficiaries. The *E-Mamta* programme, designed for online tracking of maternal and child health records, should also have provision for tracking receipt of THR by registered beneficiaries. *E-Mamta* tracking could also help to find out migrant beneficiaries and devise strategies for distribution of THR to such populations from *Anganwadi* centres near their workplace.

In addition, shared consumption of THR by family members also requires behaviour change communication to promote optimum consumption by target beneficiaries, i.e. pregnant/nursing mothers and children over 6 months of age. Medical and non-medical academic institutions could be involved in monitoring and evaluation of THR and SNP on a periodic basis, and in piloting context-specific interventions for improving demand, distribution and utilisation of ICDS services.

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