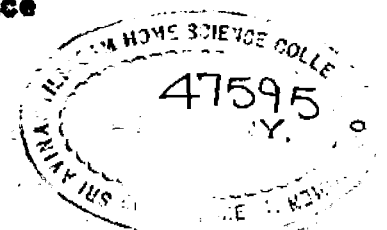


**VIEWS OF THE BENEFICIARIES, BALASEVIKAS AND OFFICIALS ON THE  
FEEDING (ANP) IN PERUR PANCHAYAT UNION**

**By  
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## I. INTRODUCTION

Good nutrition and malnutrition are the end results of many interacting factors operating simultaneously and concurrently on the individual in the physical, ecological and cultural environment of the community (Devadas, 1972).

Gopal et al (1971), states that the children constitute one of the important vulnerable segments of the population, they account for over 20% of the population in India.

Shackelton (1965) and Krause (1966) emphasize that the healthy growth and development of the child depend more upon good nutrition than any other factor.

Good nutrition in childhood is of paramount importance in fostering the physical, mental and emotional growth of the population.

The village in India present a picture of hunger and malnutrition arising out of poverty, lack of education, and the consequent low standard of living, poor food intakes and nutritional status, disease and reduced capacity to work. (Devadas and Chandrasekar, 1970).

To satisfy the basic health needs of our school children, their nutritional requirements must be fulfilled (Halder, 1969).

According to Balasubramanian (1973) that well nourished population provides a sound base for the proper development of a nation. About 15% of our population are in this pre-school age group. It is gratifying to note that generous allotment of funds is being made by our Government for various national nutrition programmes. The pre-school child occupies a vulnerable position and deserves special attention in these nutrition programmes. The main reason for giving special attention to the pre-school child is that he is highly vulnerable to many nutritional disorders. Often he is the easy victim of malnutrition and suffers most cruelly from malnutrition. Secondly malnourishment of the pre-school children can be a hurdle to the social and economic development of the nation itself.

Among the vulnerable group pregnancy is a period full of stresses for women, particularly for those from poor communities. A properly balanced diet is all the more essential for these women who have not only to bear the burden of pregnancy, but also perform other household duties including the care of young children and very often earn a living too. The growing baby in the womb depends entirely on the mother for obtaining all its nutrients. The fetus draws upon the maternal resources, however scanty they may be. It has therefore been correctly said that a pregnant woman must "eat for two", Damedaran (1975).

Bhaskaran (1975), views that the nutritional status of the expectant mother is one of the important environmental factors which might be expected to influence maternal health and the course of pregnancy. Research in the field of nutrition has indicated that there is a close association between maternal nutritional status on the one hand and the health of the pregnant woman and her offspring on the other. Food supplements or supplements of the deficient nutrients given to pregnant women can improve considerably the birth weight of the baby. The number of infants that die before they are one year of age in our country is still high 53/100 live birth (in South India) and 70% of these infants those born to mothers belonging to the low-socio-economic group with poor nutritional standards.

Hence from the nutritional point of view, children and woman in the reproductive period must be considered to be the most vulnerable segments of the population who stand in need of special protection. It is well known that the nutritional status of mother during pregnancy has a profound influence on the condition of the offspring. Unlike in technologically advanced countries infants in our communities are solely dependent in mother's milk for atleast the first six months of their life. Maternal nutrition must therefore receive high priority.

Balasubramaniam (1973) stresses that once the need and importance of instituting supplementary feeding programme for the benefit of pre-school children are conceded. Since the diets of expectant and nursing mothers have also to be corrected to ensure full protection to pre-school children. The feeding programmes must be directed both to these children as also to the pregnant women and lactating mothers.

The ANP aims at two things to educate the family in better nutrition and to stimulate local production of protective feeds in school, community and home gardens and through raising of poultry and fisheries. An effort is made to show to the local people as to how this can be brought about in the local environments with their existing resources.

The specific objectives of ANP are:

To show that protective feeds, egg, poultry, fish, fruits and vegetables can be produced locally in sufficient quantities with community effort. To encourage the vulnerable section of the people namely children and women who are pregnant or breast-feeding, to eat more and more of the protective feeds.

To educate the community as the value and usefulness of better nutrition and how this can be achieved through community effort, Ramdas Murthy, (1971).

The general objective of the Applied Nutrition Programme is to improve the nutritional status of people, particularly mothers and children, in rural areas. This improvement will be reflected in reduced infant and child morbidity and mortality, better growth and development of children, and improved health and vitality in children and adults (Directorate of Rural Development, A Hand Book, Tamil Nadu, 1975).

Thus ANP is a coordinated educational activities between agriculture, health and education authorities and other interested agencies with the aim of raising the levels of nutrition of local populations, particularly mothers and children in rural areas.

The present study aims to find out the views of beneficiaries and officials of Applied Nutrition Programme the block with regard to the feeding programme. This study further aims to evaluate the nutritional knowledge of beneficiaries, as one of the objective of the programme is nutrition education to the rural community through demonstration feeding. It is hoping that the findings of this study will help the programme planners, organisers, implementers, administrators and to the community for further plan, action and improvement of the programme.

## II. REVIEW OF LITERATURE

The literature pertaining to this study is reviewed under the following headings:

- A. Nutritional Status of Vulnerable Group
- B. Importance of Feeding Programmes
- C. Applied Nutrition Programme
- D. Importance of Evaluation

### A. NUTRITIONAL STATUS OF VULNERABLE GROUP:

Benjamin (1962) views that the health of the people and particularly the children, the little angles of God forms the real foundation upon which all their happiness and power in the future depend.

Devadas (1973) points out that nutrition has been recognised as a crucial factor for promoting man's physical and mental development. A child who has been raised on a substandard diet will suffer the effects of nutritional deficiencies through out his life. His physical growth will be stunted, resistance to disease, lowered and mental capabilities reduced most damagingly. That much of the prevailing malnutrition in the country is due to poverty and ignorance of nutritional facts is clear. Increase in food production and purchasing power, and nutrition education, are the pre-requisites for improving the nutritional status of our population.

Mitra (1973) says that nutrition is a subject of national importance in India today. The retarded physical and mental growth of our youth is more often than not a result of undernutrition. Nutritional deficiency is particularly critical among weaning and pre-school children. The effects of inadequate nutrients in food are also manifested in mothers, the aged and invalid.

The problem of widespread malnutrition and under-nutrition in the country poses a serious threat to the growth and development of children. It has been recognised that malnutrition in childhood is a major deterrent to future development of the country. The Government is very much aware of this problem and has given the highest priority for the eradication of malnutrition.

Hegsted (1969) says that a hungry child can never be expected to think and act well because the question of whether nutrition is able to affect the mental growth and development is past the stages of hypothesis.

Rachha (1975) says that one of the important methods of determining how a community or a state or a nation is fairing is to determine the growth and development of child population. Growth and development of children depends on a large number of factors which can be controlled. Malnutrition is the most important health problem in India.

It is the defective development of pathological state resulting from dietary deficiency. This multifaceted problem require a multifaceted approach. The economic importance of solving the problem of malnutrition and improving of the nutritional status of the community are felt nowadays. The cause of malnutrition is many and they are often inter related. The causative factors are: (1) Low economic status. (2) Low state of education of parents. (3) Low sanitation and hygiene and (4) Malnutrition.

Malnutrition in its worst form is seen among children in India between the age of 1 - 5 years. Nearly 75% of infant's mortality in India in the first month of life is directly attributed to malnutrition and premature due to low nutritional level of the expectant mothers. The most important years of child's development are the pre-school years of 3 - 5.

Jammuna (1971) views that pre-school years, it is this age group which engages to attention of all those concerned with planning for children to-day. This is the period in which the child is most receptive and free from all complexities of mental development. These are the years of preparation for life in which the foundation is laid for all informal and formal education.

Dhar (1971) opines that the supply of calories and proteins in the normal diet in India is one of the lowest in the world. The nutritional status of a community at any given point of time is early determined by the balance achieved in the population and the food supply especially those foods which are of value in calories and protein content with an over increasing population it has not been possible.

Radha (1975) says that the nutrition experts found that 12% of pre-school children have protein calorie malnutrition or had protein calorie malnutrition and 15% had Vitamin A deficiency and 5% had rickets. The Indian children are more susceptible to marasmic condition because of (1) Prolonged breast feeding and late introduction of supplementary foods (2) In-appropriate choice of supplementary foods. (3) Unhygienic feeding habits which predispose child to diarrhoea and (4) Practice of drastic medication and withholding of foods in an attempt to cure diarrhoea.

Avinashilingam (1970) says that a recent survey of World Health Organisation shows that nearly twenty-five million children are suffering from blindness due to Vitamin A deficiency. The large number of blindness and other physical defects can be avoided if balanced diet is provided, especially to the vulnerable sections

of the population, namely the expectant and nursing mothers, pre-school children and school children. For this purpose it is necessary to produce protein-rich and protective foods such as milk, vegetables, eggs and fish.

Nutritional deficiency in the pre-school children is recognised in the 4th plan requiring urgent attention by both the Government and the community. Recent surveys have revealed that nearly two third expectant mothers belonging to the poorer sections of the community suffer from serious malnutrition. Infant mortality continues to be high. The health of young children, both pre-school and school going needs special care. A co-ordinated approach has been advocated in the 4th plan to organise nutritional programme concerned with pre-school children and expectant and nursing mothers.

#### B. IMPORTANCE OF FEEDING PROGRAMMES:

In order to strike at the root of malnutrition, numerous nutrition and feeding programmes are in operation in the country. Most of these are sponsored by the central and state Governments and a few by voluntary organisations. The expenditure for nutrition feeding programmes in the fourth plan constituted 138 crores of rupees. The fifth plan has an allocation of 530.20 crores

<sup>of rupees</sup>  
 for the purpose, including the CARE assistance for the school mid-day meals programme. As many as 40 schemes were implemented under the following categories in the fourth plan, supplementary feeding, production, processing and supply, health based nutrition education (Planning Commission 1974).

Connor (1973) stresses that one of the most effective step-gap measures to combat malnutrition is the mass feeding programme. Millions of children have benefitted from such feeding programmes.

Some of the schemes of nutrition either specifically designed for pre-school children or special significance for their well being, are the provision of nutritious food for children in Balwadis, mid-day meals for children in tribal areas, mid-day meals for school children in the school, children in the slum areas of metropolitan cities and mid-day meals for school children given by various municipalities and municipal corporation. Since nutrition is of paramount importance in recognition of this for the period (1969-1974) the Indian Government has provided an out lay of Rs.45 crores in plan sector and Rs.23.30 crores out side it for nutrition for pre-school children.

A feeding programme is effective as an educational tool in four ways:

The benefit of the programme is demonstrated through an improvement in the physical appearance of the child such as the heights and weights of the children. The contact made for incentive to draw people and thus provides a receptive audience. Elements of hygienic handling of food and feeding are learnt through participation. The feeding programmes in the country can never be over emphasised that in order to meet the needs for quality foods, it is necessary to produce urgently sufficient quantities of protein rich and protective foods such as milk, vegetables, egg and fish. For this purpose, numerous programmes have been launched and are in operation under the auspicious of the central and state Governments and voluntary agencies.

With regard to all the feeding programmes particularly those operating in the schools and balwadis, the major questions are two (1) providing the children with balanced food and (2) imparting nutrition education to children as to which foods are good and or their growth and development and how healthy and sanitary habits with regard to food and life can be formed. In a sense the second is even more important, because, if children know what is good for and they will set out to strive to cultivate them. Thus nutrition education can provide the necessary motivation for healthy living.

According to Sundaram (1973) the problem of malnutrition was generally from the micro point of view, till recently with the focus on the individual. The approach to malnutrition was the same as that towards any other 'disease' from which individuals suffer and which could be treated individually by clinical specialists. In other words it was viewed as a clinical problem rather than as a social problem. Two factors however have gradually brought about a transformation from a micro approach to a macro approach to malnutrition. These are:- (a) The tragic socio-economic consequences of malnutrition brought into bold relief by the recent discoveries concerning the effect of protein deficiency on the physical, emotional, and mental development of children, especially in their earlier years. (b) The sheer immensity and vastness of the problem the myriad millions affected. The above two considerations have underlined the need for tackling the problems of malnutrition on a war footing. It is in this context that mass feeding programmes have come to be introduced in different parts of India in recent years.

There are 165 lakhs of children in the age group of 0-17 years constituting about 36.6% of the total population of Tamil Nadu. Of these, 65 lakhs of children are in the age group of 0-6 years forming about 39.33% of the total number of children in the age group 0-17 years.

About 70% of pre-school children. It will be clear from ~~the tabulation~~ that since 70% of the pre-school children live in the rural areas, any programmes for child welfare should have a pronounced rural bias if it has to produce any lasting impact at all.

It has been estimated that about 16 lakhs of pre-school children in Tamil Nadu are suffering from severe malnutrition, (i.e. where the child's weight is less than 60% of the desirable weight of the child for its age). In addition about 14 lakhs of pre-school children are suffering, in the rural areas and only 30% in the urban areas. Geographical distribution of pre-school population in Tamil Nadu is given below: and malnutrition among pre-school children in Tamilnadu is very much. We see that about 40% of the total deaths in Tamil Nadu occur among children below 6 years.

We need to cover a total of atleast 3 million pre-school children in Tamil Nadu under a state sponsored nutrition programme. As against this figure we are now covering only 3,96,407 pre-school children under the various nutrition programmes implemented by different departments in the state.

Out of a total of 3.96 lakhs of pre-school children covered under various nutrition programmes, 2.47 lakhs of pre-school children are covered under the special

nutrition programme which is a 100 per cent centrally sponsored scheme that is implemented in urban slums in Municipal cities and towns with a population of over one lakh and also in tribal areas. Out of 2.47 lakhs of pre-school children under this Special Nutrition Programme only 8000 pre-school children are from the tribal areas. Thus the special nutrition programme, which is mainly an urban programme, accounts for 52% of the total number of pre-school children now being covered under all the nutrition programmes in the State. As was pointed out earlier, 70% of the total number of preschool children in the state live in the rural areas. Thus unfortunately we find that there is a pronounced urban bias in our approach to the problem of child welfare and nutrition at present. This only underlines the need for more intensive effort in the rural areas. As we shall see later, the Fifth Plan proposes to correct this regional imbalance.

Under the special nutrition programme, we have bulk feeding centres in urban slums. These centres just distribute the prescribed quota of food to every beneficiary each day. In the rural areas the pre-school or balwadies function as agencies for the implementation of feeding programmes. It is now well known that it is in the first six years of life that a child is most vulnerable.

~~There is overwhelming medical evidence to show that if health and nutrition are neglected in the first few~~

There is overwhelming medical evidence to show that if health and nutrition are neglected in the first few years of the life of a child, the learning capacity of that child is likely to be impaired in an irrevocable way. Further a child whose cognitive abilities are not fully developed will usually be unable to take full advantage of the educational facilities that may be made available at a later stage. Adequate attention at the pre-school stage may reduce the problem of wastage arising from stagnation in the first two years of primary school by preparing a child better for adjustment to the school situation.

Pre-school or balwadies in Tamil Nadu should be viewed as a spontaneous out-growth of this perspective.

Pre-schools in Tamilnadu were first started during the Third Plan period and about 747 pre-schools were opened during that period. The total number of pre-schools run by government, or officially sponsored by Government in the state at present is 2,051 and 600 more will be opened during the next three months. Thus by the end of the Fourth Plan, and on the eve of the fifth plan, we should have 2,651 pre-schools in our state.

Seven hundred and six pre-schools are not covered by any feeding programme. Government have recently issued orders to the effect that these pre-schools be

covered under a balahar programme. This will be implemented shortly. This would mean that on the eve of the fifth plan, about 2,051 pre-schools would be having a regular feeding programme out of a total 2,651 pre-schools.

**1. SPECIAL NUTRITION PROGRAMMES:**

This programme is a 100 per cent centrally-sponsored scheme and is in force in urban slums in 25 municipal towns with a population of one lakh and above and also in tribal areas. The pattern of assistance given by the government of India under the scheme is as follows:

1. Children between 0 and 6 years: 18 paise per child per day for food and 5.5 paise per child per day for transport and administrative charges.

2. Expectant and Nursing mothers: 25 paise for food plus 5.5 paise per beneficiary for transport and administrative charges.

The existing level of physical coverage under this programme per day is 2,47,300 children and 27,725 expectant and nursing mothers. The main objectives of this programme are:

(a) to provide one supplementary meal to children in the age group of 0-6 years and expectant and nursing mothers in urban slums, and

- (b) to improve the nutritional intake and help the target beneficiaries.

Specially fortified and vitaminised bread is supplied by the Modern Bakeries Unit at Madras under this programme. Besides milk is also supplied by the Tamilnadu Dairy Development Corporation in Madras City. There are 946 feeding centres under this programme. The programme is under the control of the Department of Social Welfare.

## 2. CARE FEEDING PROGRAMME IN BALWADIES:

This programme is in force in the rural areas and is implemented through the balwadies in collaboration with CARE C.S.M. powder and salad oil supplied by CARE are distributed under this programme. 994 balwadies in the rural areas function as feeding centres under this programme. The main objective of this programme is to combat protein-calorie malnutrition among the vulnerable sections of the population by providing one supplementary meal to:

- (a) Balwadi children, 2½ to 5 years
- (b) Non-balwadi children, 2½ to 5 years
- (c) Pregnant and lactating mothers

Under this programme 61,000 children and 30,000 pregnant and nursing mothers are now being covered. This programme is under the joint control of the Rural Development and Local Administration Department and the Social Welfare Department.

### 3. APPLIED NUTRITION PROGRAMME:

This programme is in force in the rural areas and about 7,240 children and 1,810 pregnant and nursing mothers are benefiting by it. The main objectives of this programme are:

- (a) to raise the level of nutrition and standard of living of the vulnerable sections of the population in the rural areas - pre-school children, and pregnant and nursing mothers - through education in nutrition, and
- (b) to increase the production and consumption of protective foods by the above mentioned vulnerable groups.

This programme is wholly under the control of the Rural Development and Local Administration Department. UNICEF supplies the equipment and accessories under this programme.

### 4. DEMONSTRATION FEEDING PROGRAMME:

This is a 100 per cent centrally-sponsored scheme and is in force in 28 community development blocks in the State. In each block 5 pre-schools come under this programme. In other words there are 140 pre-schools under this programme. 7,000 children and 4,200 expectant and nursing mothers get the benefit of this programme. The main objectives of this programme are:

- (a) to improve the nutrition status of the vulnerable sections of the population.
- (b) to introduce mid-day meals for children in the age group of 0-5 years and for pregnant and nursing mothers, and
- (c) to impart nutrition education to mothers through demonstration and feeding.

This programme is under the control of the Social Welfare Department.

5. INTEGRATED CHILD WELFARE DEMONSTRATION PROJECT:

This programme is in force in one community development block, viz. Poonamallee near Madras city. There are 50 pre-schools under this programme and 2,100 pre-school children constitute the beneficiaries under this programme. This programme was started on a pilot basis in 1963 and was the first attempt at integrated child welfare in the State. The objectives of this programme are:

- (a) to provide integrated health, nutrition and educational development services to the children from 0 to 6 years.
- (b) to help improve the nutritional and status of children in the age group of 0 to 6 years through regular mid-day meals, and
- (c) to emphasise the educational component in health, care and feeding programmes.

This programme was originally sponsored by the Central Social Welfare Board, and subsequently transferred to the Social Welfare Department which is now in charge of this programme.

#### 6. INDUSTRIAL CANTEEN PROGRAMME:

This comes under the control of the Labour Department and is in force mainly in factories and labour lines. There are 77 feeding centres and 29,913 beneficiaries under this programme.

Sundaram (1973) concluded that: (a) The feeding programmes for pre-school children in Tamilnadu have a pronounced urban bias and the rural areas have not been adequately covered. This is despite the fact that out of the total pre-school population of 65 lakhs in Tamilnadu, nearly 45 lakhs are in the rural areas. (b) As against 13,062 village panchayats in the State, only about 2,000 panchayats have a pre-school each. In order to implement any meaningful feeding programme for pre-school children in the rural areas, we need to have an administrative-cum-institutional funnel in every village and this can only be a pre-school. If we are to make any dent in the existing situation in the rural areas, we will have to open nearly 11,000 pre-schools in the shortest time possible. (c) All the existing feeding programmes are in the nature of "charity" programmes. Feeding

programmes have not been integrated with health care, immunisation, nutrition education and health education of mothers, protected water supply and improved environmental sanitation. The crucial component of any feeding programme—education of mothers has been totally lost sight of in all the existing programmes. The fact that ignorance is no less responsible than poverty for malnutrition has not been kept in view. (d) There is no proper co-ordination in the administration of nutrition programmes in the State. There are different programmes handled by different departments with different target groups and with different objectives.

There is neither uniformity of control nor cohesion in the administration of nutrition programmes. Without proper co-ordination and integration and unified chain of command it would not be possible to realise the objectives of any feeding programme. Radha (1975) points out that the success of feeding programmes depends upon scientific planning, preparation and serving of mid-day meals. The first section of the article deals with the present condition of nutritional status of our children second with the methods of improving the diets of pre-school children, third with the problem of organising a feeding programme. The role of mother in running a balwadi is very important.

### C. THE APPLIED NUTRITION PROGRAMME:

Charles (1965) says that Applied Nutrition Programme may be defined "as a programme which aims at the application of the existing knowledge in the fields of food and nutrition sciences for improving the nutritional status of the dietary intake of the masses particularly of the vulnerable group existing of children, expectant, and lactating mothers of developing countries through increased production, balanced consumption, supplementary feeding of domestic food, etc.

The ANP programme encompasses the guiding principles of coordination among the inter-national, national and local agencies for effective realisation of efforts in the field of nutrition.

According to Ramadas Murthy (1971), ANP is a relief programme, as a feeding project, nor it is a programme for sick, malnourished people or for children and women alone. It is a programme for educating people as to how they could help themselves to be happy. Field studies revealed that in our poor communities nearly 1,20,000 children below the age of 5 years show advanced signs of this disorder at any point of time. The government of India inaugurated the ANP as a pilot project in many parts of the country. The master of operations was signed on February 23, 1963 by the Government of India. ANP has now become an integral part of the community development programmes in the different states. By the end of the 3rd year plan 222 development blocks in

various states were covered by the ANP. It is prepared to extend the programme to 1,000 blocks during the fourth five year plan.

In this programmes at the block level the B.D.O. will be in over all charge of the programme. He will be assisted by the Mukhya Sevikas and Grama Sevikas and other workers. The medical people in charge of the public health centres will finalise the list of persons to be offered the benefit under the programme. The Applied Nutrition Programme is an educational programme at village and family level that aims to bring about changes. It aims to improve diets by education through self-help, improved consumption and increased home production of food. By these means it aims at improving the diet of the family of which the child is a member. More directly, it concentrates on the feeding of the young child, both through education of his (or her) mother, and by channelling part of the feed produced under the programme to him. (Directorate of Rural Development, 1975).

Ramadas Murthy (1971) says that the specific objectives of Applied Nutrition Programme are:

- 1) To show that protective feeds, egg, poultry can be produced locally in sufficient quantities with community effort.

2) To encourage the vulnerable section of the people namely children and women who are pregnant or breast feeding to eat more and more of the protective foods.

3) To educate the community as the value and usefulness of better nutrition and how this can be achieved through community effort.

Prasad (1974) says that the department of Community Development taken up in early 60s a programme of Applied Nutrition in rural areas in collaboration with UNICEF, WHO, FAO and other international bodies. The programme aims at an increase of protective foods at the village level and training and education of the villages in the production, preparation, preservation and consumption of nutritious food.

The major aspects of Applied Nutrition Programme include: (1) Production (2) Consumption (3) Nutrition education (4) Training of officials and non officials in the Applied Nutrition Programme (UNICEF, 1965).

According to the Directorate of Rural Development (1975), Applied Nutrition Programme differ from other practical nutrition activities in certain specific ways. They are co-ordinated at all levels. They are essentially educational activities developed through different channels to reach a stated objective.

They involve several disciplines, including Health, Agriculture, Education and Community Development.

They use the positive method of learning by doing.

They are directed to the family and reach members of the family, and not only in the home but in schools, health centres, clubs and organisations, and through the mass media.

They use the self help approach - always involving community participation.

They cover all levels - so linking national food and nutrition policy with field activities at regional, community and family levels. Their ultimate objective is to raise the levels of nutrition of the population. This will involve both food production and food consumption.

In order to realise the general objectives set out above, the programme has the following specific objectives:

a) To educate mothers, school children and other members of the village community about the types and quantities of foods that should be consumed;

b) To encourage the local production of pulses, dark green leafy vegetables, other vegetables and fruits, especially those with which the people may not be familiar but which could be grown by them and which would provide the needed nutrients;

c) To encourage for local consumption the production of foods of animal origin at family, school and community levels, only if their production is economically practicable and, if marketed, they are likely to be or become, with in the purchasing power of the poorer sections of the village community;

d) To encourage methods of storage and preservation of foods at family and village level that prevent wastage and reduce losses;

e) To increase the knowledge of village women and school children about methods for the hygienic preparation of foods that retain their nutritional value and minimize the effect of toxic substances that may be present, utilising for demonstration purpose chiefly goods produced under the programme;

f) To increase the understanding of mothers (and potential mothers) of the types and amounts of foods that they should provide for the children from the age of about five months and the frequency with which these should be provided, using for demonstration foods locally available, including those produced under the programme;

g) To increase the knowledge of mothers about other aspects of simple child care, including the importance of family planning.

h) To ensure that increased knowledge is reflected in improved practice.

i) To utilize, in co-operation with the health personnel part of the foods produced under the programme for feeding programmes for young children especially malnourished children in the village, and for pregnant and nursing mothers.

j) To ensure that necessary health care is provided to the villages where the programme operates, in particular to the children, nursing mothers and pregnant women.

Period of operation:

Immediately after Applied Nutrition Programme is introduced in a Block, assistance is available for five/six years from UNICEF and government. This period is termed as the "operational period" or "Project Period".

In the case of blocks in which Applied Nutrition Programme was started during the IV Plan, the "Operational Period" is 5 years.

Blocks in which Applied Nutrition Programme is to be started during the V Plan i.e. from 1974-75 onwards, the "Operational Period" will be 6 years.

The UNICEF assist the ANP in its three phases of operation, i.e. planning, development and evaluation (UNICEF, 1965).

### Planning:

Food and nutrition are co-operatively new science but during the last three decades, elaborate and comprehensive amount of research work has been done. Adequate knowledge is now available for being passed on for acceptance to communities and individuals in order to improve their daily diets. The communication of such knowledge and its translation into action forms the basic care of the present day food and nutrition policies. The ANP is basically a key to transmitting to basic nutritional knowledge on these subjects to the local people through an effective educational process.

The ANP has undergone a number of changes during the last few years. In India it was started in 1959 under the caption of "Expanded Nutrition Programme" but from 1962 onwards it is known as "ANP". The concepts and approaches under this programme have been changing with the availability of new experience from time to time. This way this programme has developing and the additions and modification being introduced in its working clearly show that it is a dynamic and developing programme. As to where and how the programme should be initiated in needy areas or countries, is the responsibility of the international agencies FAO, WHO and UNICEF. Visits are usually made by the representatives of these agencies to stimulate concerned government to think on this subject and try to make them interested in the programme.

**Co-ordination:**

UNICEF takes full advantage of the available technical competence of the two sister organisations of the United Nations, viz., FAO and WHO and co-ordinates its activities with them on the one hand, and maintains a liaison with the national governments and thus prepares favourable grounds for launching such projects in a small scale in selected areas.

UNICEF assures additional responsibility of collaborating with foreign and national Voluntary Agencies which can be involved in this programme and can support its implementation. Further, UNICEF tries to maintain liaison with the agencies like FFHC (Freedom from Hunger Campaign Committees) of foreign and national countries, and branches of the Rockefeller and Food Foundation Contacts are established also with the agencies like USAID, CARE, High Commissions and Embassies of other countries. UNICEF thus collaborates with governmental and non governmental agencies both for the effective implementation of the ANP in the participating countries.

**Finalization of agreements with National Governments:-**

As soon as some agreement, in principle is reached, the experts from FAO and WHO discuss the detail with the governments, technical departments and advise them to draw up suitable plan of operation befitting the local

needs, joint visits are paid by the representatives of the three agencies including that of UNICEF, Plan of Operations is thus prepared adequate attention by giving to the preponderant work.

Development:

The plans of operations which are agreed upon and signed. Stipulate certain responsibilities which are to be shared by the international agencies, including UNICEF on the one hand, and the participating governments, on the other. Usually UNICEF undertakes the following responsibilities.

Training:

The international agencies including UNICEF attach maximum importance to training of concerned persons under their programme. It helps the training programme in the following ways:

Strengthening of Training Institutions:

It helps the strengthening of the existing training institutions in the country so as to equip them reasonably well so that they may impart training to the concerned persons effectively. These training institutions are the Agriculture and Home Science, Veterinary Colleges, Gramsevak and Gramsevika Training Centres, Social Education Training Centre, Rural Health

Centres, Medical Colleges, Audio-Visual Aids, transport other educational aids stipends and other allowances for training the instructors, or such institution are made available so that they may be able to impart the right type of training to the functionnaires or the students in their respective fields. Officials from the concerned departments of agriculture, health, education, social welfare community development etc. are given short term courses at suitable centres so as to equip them with the necessary knowledge which may help them to train local people properly. Experience has shown that for an effective implementation of the programme, about 25 to 30 different categories of persons officials and non-officials from the higher to the village have to be trained. The entire expenses of training for all categories of workers are met by UNICEF.

#### **CONSUMPTION:**

Training of persons in the proper consumption of protective foods is as essential as their production. Demonstration feeding programmes are therefore, arranged and new recipes introduced so that the local communities may be able to utilize the protective foods produced by them effectively. In order to make better use of the locally available feed stuffs and through the introduction of new recipes, feeding programmes are arranged mainly in two ways.

**Feeding of the Vulnerable Groups and Village Level:**

The village women's clubs, known as Mahalir Mandals, through the Mahalir Mandals, feeding programmes through balwadis. Through this method, the parents get interested in the programmes and new practices are learnt by them. The women who participate in such demonstrations adopt, such practices in their homes. UNICEF supplies some equipment to the institution and help their fuller development.

**Feeding for Children:**

The produce of school gardens is utilized for feeding the school children in addition to the donations of food stuff made by local communities.

The Applied Nutrition Programme was started in Perur Block, Coimbatore District during 1972-73 as per G.O.Ms. No.20001/Rural Development Dated 22-9-1972. The period of operation is for a period of 5 years and ends by 1976-77.

Director of Rural Development, Tamil Nadu mentioned in a hand book on Applied Nutrition Programme about the agencies involved and assistance given to the programme. The programme is a joint effort of UNICEF, Government of India and the State Government. The Commitments of the 3 agencies are as follows:

UNICEF Commitment -

Blocks started during the IV Plan -

These Blocks started prior to 1974-75 qualify for assistance for 5 years.

Blocks started during V Plan.

In the case of Blocks started from 1974-75, assistance will be spread over 6 years, a preparatory year and five operational years.

Assistance (UNICEF):

The assistance available from UNICEF will be \$ 20,000 (Rs.1,60,000).

The tentative break-up of this will be as follows:

Plant Feed Production ..	\$ 10,500	(Rs.84,000)
Animal Food Production ..	\$ 2,000	(Rs.15,000)
Support to Mahalir Mandrams and Youth Clubs	\$ 2,500	(Rs.20,000)
Training ..	\$ 2,000	(Rs.16,000)
Transport ..	\$ 3,000	(Rs.24,000)

The break-up given above is tentative. These can be modified according to the provisions of the Block Plan, after acceptance by Government and UNICEF.

UNICEF assistance can be utilised for the following:

a) Supplied for gardening activities; hand pumps and pumpsets, limited tool sets, fertilizers and insecticides, seeds and plants. Supplies for poultry and fisheries activities, and for other types of animal production as they may be developed.

b) Supplies for women's and youth organisations and Balwadis; Sewing machines, transistor, radios, craft tool sets, equipment for village level food processing and preservation, educational toys. Supplies for health services unless these are provided through the ICDS programme; Weighing scales and health growth record cards.

c) Non-supply assistance for block and village level activities.

d) Provision of transport of suitable kinds for supervisory purposes and programme implementations; support for training at all levels including the development and supply of teaching aids; Support for seminars', study tours, staff positions, consultancy, services and research, evaluation and monitoring.

**Commitment of Government of India:**

Blocks started during the IV plan will continue to receive assistance at the rate of Rs.34,000/- per block per year for the duration of the operational period of 5 years. Blocks started during the V plan will receive assistance at Rs.40,000 per year for 5 years.

**N.B.** During 1974-75, the level of assistance will be reduced to Rs.30,000.

The assistance from Government of India can be used for meeting the expenditure on the following programmes:

1. Maintenance of school gardens.
2. Deep-litter Units
3. Backyard Units
4. Home Gardens
5. Demonstration plots
6. Mahalir Manram Demonstrations
7. Exhibitions
8. Competitions

State Government Commitment:

The commitment of the State Government should not be less than Rs.51,000/- per year for a period of 5 years.

Nutrition Education:

As mentioned already, the "Specific Objectives" of the programme, are the following:

- a) "to educate mothers, school children and other members of the village community about the types and quantities of foods that should be consumed;
- b) to encourage methods of storage and preservation of foods at family and village level that prevent wastage and reduce losses; to increase the knowledge of village women and school children about methods for the hygienic preparation of foods that retain their nutritional

value and minimize the effect of toxic substance that may be present utilising for demonstration purposes chiefly foods produced under the programme;

- c) to increase the knowledge of mothers about other aspects of simple child care, including the importance of family planning.

To achieve the above objectives, the following programmes will be taken up:

- a) General Programmes.
- b) Programme for Women.
- c) Programme for Children.
- d) Training Programme.

General Programme:

These programmes will be taken up with a view to inform the villages about the need for proper nutrition.

This will consist of the following:

- a) Propaganda Meetings
- b) Exhibitions
- c) Competitions

Propaganda Meetings:

These will be held each year, in the villages selected for implementing ANP during the year.

**Exhibitions:**

Every year, 10 village level exhibitions on ANP will be conducted, highlighting the programme and its activities.

**Assistance:**

For each exhibition Rs.50/- may be provided for the new Blocks - i.e. Rs.2,500/- for 5 years.

In the case of ongoing Blocks, the amount provided is indicated in the Government Orders sanctioning the Blocks.

**Competitions:**

Competitions can be held at village and block level. The items on which competitions can be held are as follows:

- a) Preparation and Preservation of Nutritious feed.
- b) Baby shows.
- c) Kitchen garden.
- d) School Garden.
- e) Best Mahalir Mandram.
- f) Poultry Unit.
- g) Kuzhanthaigal Kappagam.

These are illustrations only. Other similar items can be included.

**Assistance:**

Assistance upto Rs.500/- per year may be provided per year i.e. Rs.2500/- for the Project period.

### Programme for Women:

In any programme involving "Nutrition", the mother occupies a central place. It is proposed to reach the mothers through the Mahalir Mandrams. In each Block, 30 Mahalir Mandrams are functioning. The programme will be to strengthen these Mandrams and utilise them to educate the women of the village on Nutrition.

### Coverage:

The 30 Mahalir Mandrams in a Block will be brought under Applied Nutrition Programme in 3 years. Starting from the Second year, every year, 10 Mahalir Mandrams will be brought under ANP. By the 4th year all the 30 Mandrams will be under Applied Nutrition Programme.

In each Mahalir Mandram, 3 Demonstrations will be conducted each month. Of these 2 will be on nutrition and one will be on some other topic. The demonstration of nutrition will be financed from ANP funds.

Every year the Extension Officer (Social Welfare) will prepare a list showing the demonstrations to be conducted each month. This should be based on the season and the local availability of food material. A copy of this should be given to all the conveners of Mahalir Mandrams and the Gramasevikas. Apart from this, she should also give monthly instructions to the Gramasevikas and the Mahalir Mandram conveners on the demonstrations to be conducted.

**Group Projects:**

Kuzhanthaigal Kappagam will be started in 30 villages in the Block. If the Kuzhanthaigal Kappagam is located in the same village in which the Mahalir Mandram is located, the Mahalir Mandram may take up the responsibility for the following:-

- i) General supervision of the Kuzhanthaigal Kappagam.
- ii) Collecting food material for the feeding programmes. This will include vegetables, fruits, etc.
- iii) Help in preparation of food and in serving the food. The members could take turns and attend to serving etc.
- iv) Help in maintaining a garden around the Kuzhanthaigal Kappagam.

**Programme for children:**

The programme for children will be centered around the Kuzhanthaigal Kappagam which will be organised by the Maternity Centres.

The maximum number of Kuzhanthaigal Kappagams that will be in a Block will be 30. If there are Kuzhanthaigal Kappagams opened by the Social Welfare already functioning in the Block, these will be taken credit for against the 30.

The places where the Kuzhanthaigal Kappagams are to be opened will be decided during the initial planning

session. These will be opened in a phased manner, at the rate of 10 each year, commencing from the second year onwards.

9 In selecting the villages where the Kuzhanthaigal Kappagam is to be located, the following criteria should be followed:-

- a) It should be located in backward villages where nutritional deficiencies exist.
- b) The village should be big enough to have atleast 40 pre-school children.
- c) As far as possible, it should be located in places where Mahalir Mandrams are functioning.
- d) The President/local people should be willing to give a rent-free building, suitably located, with arrangements for the safe custody of equipments and food stuff.
- e) It is desirable that the centres are located in the villages where the Primary Health Centres/ Panchayat Union Dispensary or Maternity Centres are located to facilitate better health coverage.
- f) It may or may not be possible to arrange for supplementary feeding with assistance from CARE. Till such time as this is arranged, the Panchayat/ local people should contribute food material, money, etc., for arranging supplementary feeding to the children.

**N.B. The Kuzhanthaigal Kappagam will be started only after feeding is assured.**

**g) A local woman, preferably studied upto SSLC  
1) should be available for working as a Bala-sevika. If such a candidate is not available one who has studied upto VIII Std. may be considered.**

**ii) She must be prepared to go to Rural Extension Training Centre, T. Kallupatti or S.V.Nagaram for Training. She will be paid the travelling expenses and stipend to meet the expenses during training.**

**iii) She must be prepared to execute a Bond agreeing to work for one year after training.**

#### **Nutrition Education:**

**According to Devadas et al (1965) nutrition education has been realised as one of the essential means of improvement of the nutrition of any community. The knowledge of the community, as regarding the principle of nutrition and dietary habit of its families, plays a significant role in determining its nutritional status.**

**Nutrition education is a rehabilitation programme must prepare the individual to meet his nutritional needs in varying situations supervised reality testing and timing are used to determine patient understanding, Niemayer (1971).**

Nutrition education is an integral part of ANP. Extension officers (women and child welfare) and other auxiliary staff attached in ANP are involved in the nutrition education of house wives.

Balasubramanian (1973) says that it is believed that even under the existing economic and agricultural situation larger proportion of mal-nutrition can be prevented through successful nutrition education. Kymal (1972) says that the average Indian diet is preponderant in cereals and lacking in other essential components such as fruits, vegetables, milk, meat, eggs, etc., essential for a nutritious diet. In this context, it is recognised that nutrition education is of considerable importance. The problem however is rendered more difficult owing to the low level of literacy in the country which is of order of 24 per cent on an average and also to the socio-economic conditions obtained in the country. Over 30 per cent of the people live in rural areas under the influence of traditional habit and customs and problem is the one that concerns their way of life.

Nutrition education is concerned with persuading people to modify their food practices in order to improve their health and nutritional status by wiser use of available food resources - traditional, modern, man-made and natural.

Nutrition education is essential for combating malnutrition. Nutrition education should be a part of every programme that educates for personal, family and community health and well-being.

To be effective, nutrition education must involve, the people concerned in planning and implementing nutrition programmes. People must be motivated to change, rather than being merely passive listeners to irrelevant advice (Directorate of Rural Development).

Related Studies on ANP:

Several studies have been conducted on the impact of the Applied Nutrition Programme in Bhavanisagar and Perianaickenpalayam block of Coimbatore district the findings of which are most encouraging. Girija et al (1970) and Balambal et al (1971) investigated the impact of ANP on pre-school children and found that the ANP had a definite positive influence on the increase of heights and weights of children. The attendance of children in the balwadi improved to a considerable extent. Their gains in nutritional knowledge, development of desirable food habits and positive behavioural changes have been significant. The balwadi feeding programme has also served as a good avenue for imparting nutrition education to the mothers of the children.

A seminar was conducted on ANP on July 1974. The All India Seminar on ANP held on May 27, 28 in New Delhi

has reiterated that this programme and integrated child welfare programme should wherever practicable, be implemented in the same blocks. Since the community development block would be in administrative unit, it was felt that would not be any administrative difficulty in integrating these two programmes.

Shenbagavalli et al (1970) studied the impact of the ANP on expectant women. They found improvements in the health status and nutritional knowledge of the women. In addition the infants born to those women were found to be healthier when compared to those born to non ANP mother.

Baby Anuradha et al (1971) enquired into the influence of the ANP on nursing mothers which again threw light on the improvement of the health status of mothers and babies of the beneficiaries, their gain in nutrition knowledge and development of favourable attitudes towards good food.

#### D. IMPORTANCE OF EVALUATION:

Evaluation is the means to find out whether our work is proceeding on right lines. Evaluation is the process to determine the extent to which the desired behavioural changes are accomplished (Rudramoorthy, 1964).

Evaluation is an essential element of planning. In a programme of education in nutrition effort should be made to assess the results and the effectiveness of methods and teaching materials (Ritchie, 1950).

Evaluation is very important. It is used to measure the impact of the programme on the people.

Mathews (1955) says that comparison of the situation before and after a development programme has operated with in it for a predetermined period.

Objectives of Evaluation:

1. To keep in the understanding and study of factors which made for success or failure, those that enhance and those which retard progress towards the set up in the programme.

2. To induce workers to examine this objectives critically.

3. To help workers make clear to purpose of programmes. Evaluation comples clarification of purpose for activity.

4. To make workers examine the entire interns of their objectives.

5. To make workers examine stro<sup>g</sup> and weak points of their programme and guard against considering all details as of equal importance.

6. To help workers limit objectives to those they can actually accomplish.

7. To increase confidence in the programme both in the workers and in the rural people.

8. To compare the value of achievements of the programme with costs.

9. To provide a means for testing methods approaches and techniques used in programmes.

10. To facilitate the presentation of results for public support or withdrawal.

11. To bring to light for knowledge action heads of educational charges that are not easily observable any which, therefore require more precise methods of measurements.

Evaluation thus serves a useful purpose in public relations.

#### Meaning and scope:

1. Evaluation in its broadest sense means judging the value of something. It may be informal or formal.

2. Formal evaluation may be defined the worth, value or meaning of something.

3. This something in extension may be a programme, or part of programme, a method used in carrying on extension work, or a situation such as a community, a block or even a larger area.

4. Its main purpose is to facilitate effective decision making, without jumping to conclusions.

5. Extension evaluation is the process of determining how well the desired behavioural changes have taken place or are taking place as a result of extension educational effort. Three important elements of evaluation process:

1. Observation or collecting some information.
2. Applying some standards or criteria to our observations.
3. Finally, forming some judgement, drawing some decisions.

Reddy (1971) says that evaluation gives a basis for adjusting the programme.

Evaluation serves to appraise the effectiveness of organisational, administrative, and supervisory procedures.

Steps in evaluation:

The following are the major steps in an effective programme:

1. Formulate over all objectives.
2. Classify objectives and make them specific.
3. Identify indicators or the type of audience that will indicate movement, towards the objective or achievement of it.
4. Development techniques and methods of measuring accomplishments.
5. Consider and decide on the design of the evaluation.
6. Decide on what data are necessary to often audience of achievement of objectives.

7. Select samples and collect data.
8. Organise and analyse the data and interpret results.

### III. EXPERIMENTAL PROCEDURE

The procedure for the study involved the following steps:

- A. Selection of the block
- B. Selection of the sample
- C. Selection of the method of study
- D. Conducting the study
- E. Analysis of the data

#### A. Selection of the block:

The perur block in Coimbatore district was selected for the study since in this block the Applied Nutrition Programme was in operation and the block was easily approachable. Twenty five villages in this block (Figure 1) where the ANP was in operation were selected for the study. The villages are as follows:

1. Podanur
2. Konavaikapalayam
3. Mettur
4. Nambiyalaganpalayam
5. Sekkenpudur
6. Narasimmapuram
7. Ramakrishnapuram
8. Nallampalayam
9. Maniakarampalayam
10. Kuniyamuthur
11. Ganapathy
12. Rathnapuri East

13. Rathnapuri West
14. Koilmedu
15. Pappanaickenpudur
16. Telungupalay ampudur
17. Ramichettipalayam
18. Machampalayam
19. Karumbukadai
20. Velandipalayam
21. Venkatapuram
22. Idayarpalayam
23. Jawaharpuram
24. Kuppaken ampudur
25. Sundakamuthur

**Criteria for the selection of the sample are:**

As the study aims to study the views of the beneficiaries <sup>balasevikas</sup> and officials of the ANP block, Perur was selected. In Perur block, the above villages were selected since Applied Nutrition Programme was in operation.

**B. Selection of the sample:**

In all the 25 ANP villages in Perur block, samples were selected randomly for this study. There were 120 beneficiaries in each village, from each village 9 samples were selected - 3 pregnant women, 3 pregnant women, 3

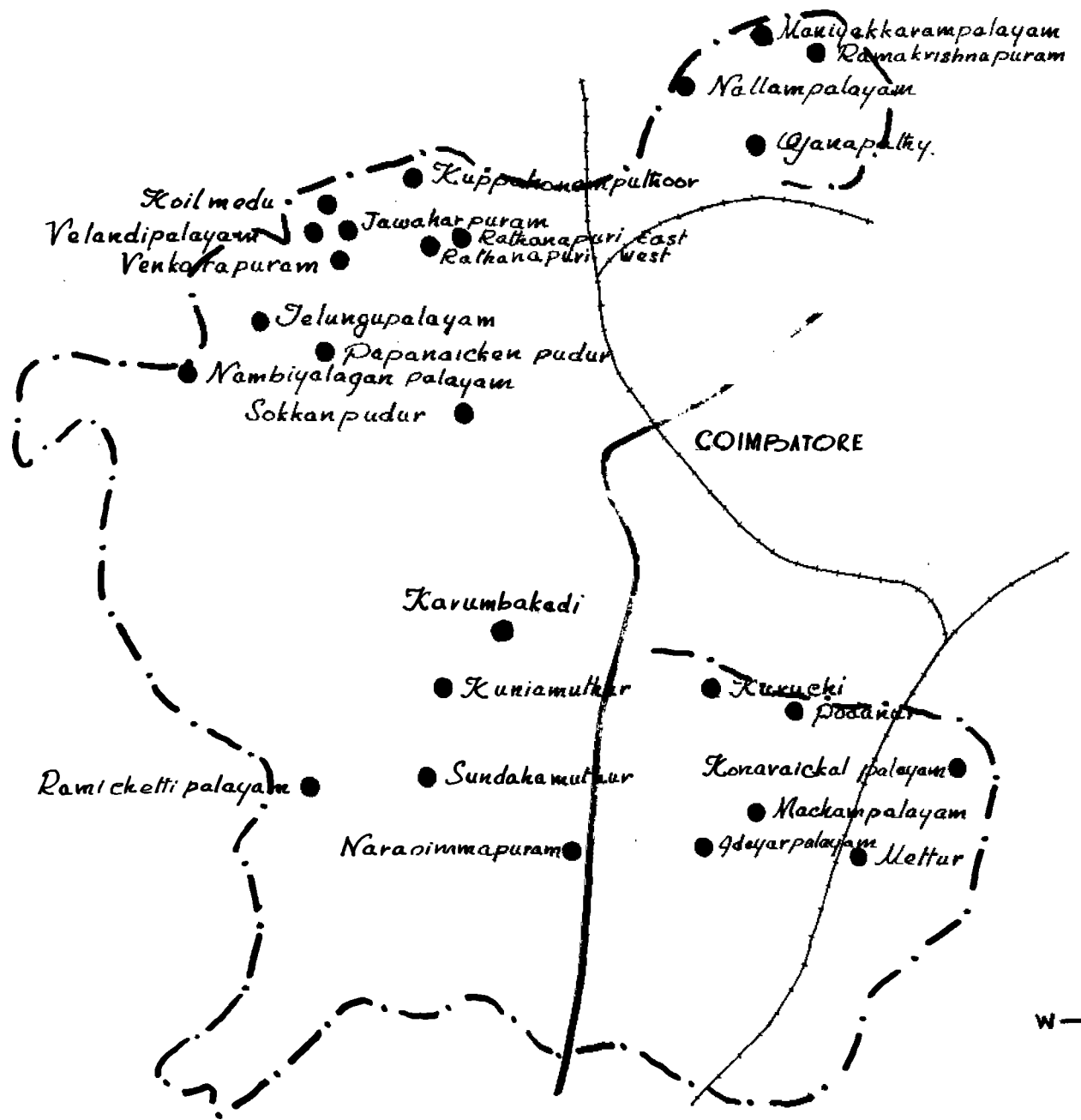


FIGURE.1

# MAP OF PERUR PANCHAYAT UNION

INDICATING THE VILLAGES INCLUDED FOR THE STUDY

nursing mothers and parents of 3 selected children who were receiving the supplementary feeding at the balwadi under ANP. Thus the total sample was 225.

The block officials who were involved in the implementation of the ANP were selected for this study. The sample included the Balasevikas, Gramsevikas, Mukhyasevika, Extension Officer for Agriculture <sup>Panchayat</sup> and Animal Husbandry <sup>Engineer</sup> and the Commissioner of the Panchayat Union.

#### C. Selection of the method of study:

The questionnaire provides the method of gathering data from large and widely scattered group of people (FAO, 1955).

A pilot study was carried out with 10 mothers in order to check the reliability and framing of the questions. Based on this pilot study an interview schedule was formulated.

To elicit the views from the beneficiaries of ANP, an interview schedule as shown in Appendix I, called for general information about the respondents, their concepts about ANP and its operation, their opinion and participation in various aspects of ANP, their views regarding ANP and their suggestions to improve the programme. Considering these points similar questionnaire was prepared for the balasevikas and the block officials (Appendix II and III).

**D. Conducting the study:**

The Commissioner of the Perur Block was first contacted to obtain his approval for this study in his block. With his permission the beneficiaries of ANP were interviewed. The questionnaires (Appendix II & III) were administered to balasevikas (25) and other block officials (20).

**E. Analysis of the data:**

The data collected for the study were checked, tabulated and analysed. The results are discussed in Chapter IV.

#### IV. RESULTS AND DISCUSSION

The results of this study are presented and discussed under the following headings:

- A. Views of the beneficiaries of ANP regarding the feeding programme.
- B. Views of the balasevikas regarding the feeding programme.
- C. Views of the block officials of ANP regarding the feeding programme.

A. Views of the Beneficiaries of ANP Regarding the Feeding Programme:

The information obtained from the beneficiaries of ANP is discussed under the following heads:

- 1. Information about the beneficiaries and their families.
- 2. Views of the beneficiaries with regard to feeding programme.
- 3. Participation in nutrition education.

1. Information about the Beneficiaries and their Families:

a) Religion and Caste:

Among 225 families surveyed, 190 belonged to the religion of Hindu and there were 22 Muslims and 13 Christians.

Table I presents the caste of the beneficiaries studied.

TABLE I  
CASTE OF THE BENEFICIARIES

S.No.	Caste	Number mentioned	Percentage mentioned
1.	Harijan	56	29.0
2.	Chettiar	26	11.5
3.	Konar	23	10.2
4.	Muslim	22	9.7
5.	Mudaliar	14	6.2
6.	Gownder	17	8.4
7.	Naidu	11	4.8
8.	Naicker	11	4.8
9.	Pillai	7	3.1
10.	Pandaram	7	3.1
11.	Agamudiar	5	2.2
12.	Kurumba Gownder	5	2.2
13.	Boyer	5	2.2
14.	Vaisyas	4	1.7
15.	Nair	4	1.7
16.	Devar	3	1.3
17.	Doby	3	1.3
18.	Devanga Chettiar	3	1.3
19.	Asari	3	1.3
20.	Barbar	2	1.0
21.	Others: Servai, Iyer, Nadar, Padalachy, Vannier, Vellalar, and Pannicker	7	2.8

Majority of the beneficiaries were belonging to the caste of Harijans.

b) Details Regarding the Age of the Family Members:

The details regarding the age of the selected families are presented in Table II.

TABLE II

DETAILS OF THE FAMILIES

S.No.	Age in years	Male		Female	
		Number Mentioned	Percentage	Number Mentioned	Percentage
1.	Below 5	134	26.6	133	28.4
2.	6 - 11	109	21.6	93	19.8
3.	12 - 18	35	6.9	18	3.8
4.	19 - 21	1	.2	18	3.8
5.	22 - 50	219	43.5	204	43.5
6.	Above 50	6	1.2	3	.6

It is evident from the table that there were more pre-school children (above 50 per cent) in the selected families.

c) Educational Level of the Family Members:

Table III presents the educational level of the family members.

TABLE III

## EDUCATIONAL LEVEL OF THE SELECTED FAMILIES

S.No.	Educational level	Male		Female	
		Number Mentioned	Percentage	Number Mentioned	Percentage
1.	Elementary school	224	44.4	176	37.5
2.	Middle school	52	10.3	30	6.4
3.	High school	28	5.6	13	2.8
4.	Illiterate	120	23.8	184	39.2
5.	Children (not going to school)	77	15.3	66	14.1
6.	College	3	.6	-	-

d) Occupation and Income of the Selected Families:

The occupation of the families are shown in Table below:

**TABLE IV**  
**OCCUPATION OF THE BENEFICIARIES**

<b>S.No.</b>	<b>Type of occupation</b>	<b>Number</b>	<b>Percentage</b>
1.	Mill work	76	33.8
2.	Cooli	71	31.6
3.	Agriculture	54	24
4.	Business	5	2.2
5.	Professional	19	8.4

The major occupation of the families were mill works, cooli and agriculture.

The following Table shows the income of the selected families.

**TABLE V**  
**THE INCOME OF THE SELECTED**  
**FAMILIES**

S.No.	Income range (in rupees)	Number	percentage mentioned
1.	Below 100	15	6.7
2.	101-200	99	44.0
3.	201-300	79	35.0
4.	301-400	24	10.7
5.	401 and above	8	3.6

Majority (99 per cent) of the families were earning the income between Rs.100-200 and 79 per cent were earning between Rs.201 to 300. Only eight families had the earning of Rs.400 and above.

e) Details Regarding the Food Production:

Kitchen Garden:

Among the families surveyed it is surprising to note that only 18.7 per cent of families had the space for raising kitchen garden and in that except three families all were maintaining kitchen garden. It is evident from the responses that the Mahalir Manram convenors took efforts to distribute the seeds and seedlings to them. The reasons for not maintaining the kitchen garden was lack of space in the home.

The vegetables and greens were the produce of the kitchen garden and these products were mainly used by the family and only four families used these for sale. The beneficiaries of ANP, felt that kitchen garden helps to get fresh vegetables and helps to cut down expenditure on feeds.

Poultry:

Among the surveyed families only nine families had poultry unit and main reasons for not having the poultry unit by other families was lack of space in the home.

f) Meal Pattern of the Families:

The general menu pattern of the families is given below:

Breakfast ..	Iddli/Dosai/Rice/Wheat uppuma maize/cholam kali and coffee
Lunch ..	Rice/maize/cholam kali, sambar (with vegetable and a porrial) carrot (80 per cent), tomato (98 per cent).
Dinner ..	Rice/wheat uppuma, sambar (with vegetables) carrot (80 per cent) tomato (98 per cent).

Carrot (80 per cent), Tomato (98 per cent), Papaya (11 per cent), cabbage (13.3 per cent), Amla (89 per cent) and ladies finger (22 per cent) were the common vegetables and fruits used by the families.

g) Methods of Cooking Foods:

The following Table VI shows the methods adopted by the families for cooking.

TABLE VI  
METHODS OF COOKING

Food stuffs	Methods of cooking Percentage mentioned			
	Boiling	Stewing	Frying	Steaming
Cereals	99.1	48.4	48	33.8
Pulses	97.8	61.8	66.2	33.8
Vegetables	94.6	72.4	58.71	20
Greens	51.1	41.8	50.2	-
Meat	59.6	5.8	79.6	-

Out of 225 families surveyed, above 90 per cent of the families used the method of boiling for cooking cereals, pulses and vegetables. None of the families used the method of steaming for cooking greens and meat.

h) Food Preservation:

Out of 225 families, 162 families had the habit of preserving the food stuffs. The foods preserved were mango, lime, green chillies, ladies finger, amla and tomato for a period of 1 to 3 months.

**1) Foods given under Special Conditions:**

During the period of infancy the foods which were given by the beneficiary families were breast milk, cows milk and kanji. Above 50 percent felt that these foods enriched the health of the children, promoted growth and gave strength.

For weaning children, cow's milk, sago kanji, ragi malt, idli and rice were used by the beneficiary families. They felt that these promoted the growth of children consuming these.

For the pre-school child, the foods given were milk, bread, vegetables fruits, egg and all the other foods.

Majority of the families (81 per cent) realised the importance of giving cow's milk to the children.

For pregnant women, the special foods given were milk (48 per cent) greens (71 per cent) fruits, fish and meat. The reasons mentioned by them for taking these foods are as follows.

1. These foods promotes health.
2. Good for the health of the child.

Some of the foods like papaya, horse gram, ginger, gingelli seeds and thinaï were avoided during the pregnancy since the beneficiaries felt that these foods may cause abortion.

The special foods given during the period of lactation by the beneficiary families were milk (45 percent), dry fish (61 percent) and agathi greens (45.3 percent). The reason for giving these foods is that these foods will increase the milk secretion.

The foods avoided by them during lactation were mango, jackfruit, papaya, egg, and pumpkin. The reason for avoiding the same is that the foods are not good for the health during that time.

To take care of the health kanji, bread and coffee were the foods given during sick period and the foods meat, egg and vegetables were avoided.

j) Knowledge regarding Nutrition and ANP:

The beneficiaries knowledge with regard to the importance of food is given below in Table VII.

**TABLE VII**  
**BENEFITS OF TAKING FOOD**

S.No.	Benefits	Percentage mentioned
1.	Food gives energy and growth	72
2.	Promotes health status	17.7
3.	To live	13.7
4.	To fulfill our hungry	8.8
5.	For good blood circulation	8

The above table reveals that the beneficiaries were aware of the benefits of the foods. Seventy two percent of them were aware that foods are needed for energy and growth.

Table VIII shows the nutritious foods as stated by the beneficiaries.

**TABLE VIII**  
**NUTRITIOUS FOODS AS STATED BY THE BENEFICIARIES**

S.No.	Foods	Percentage mentioned
1.	Milk	44.4
2.	Meat	43.5
3.	Egg	42.7
4.	Vegetables	15.4
5.	All the foods	24.9

Above 40 percent of the foods mentioned by the beneficiaries are milk, meat, egg and all the foods. Vegetables, greens and fruits were not much mentioned by the beneficiaries this may be due to lack of knowledge with regard to the importance of vegetables.

Table IX shows that the beneficiaries were aware of the cooking methods to retain the nutrients.

TABLE IX  
COOKING METHODS TO RETAIN NUTRIENTS

S.No.	Methods	Percentage mentioned
1.	<i>Cooking vegetables with enough</i> Not straining the water ..	23.6
2.	Not straining the water ..	18.7
3.	Cutting the vegetables into big pieces ..	12.4
4.	Not peeling the vegetables very deeply ..	7.6
	No answer ..	37.3

It is interesting to note among the 225 families surveyed 214 families were knowing that Applied Nutrition Programme is functioning at their villages and 25 percent of them expressed that this programme helped to promote the health of children, pregnant and lactating mothers. 32 percent of them felt that it helped the

poor people and 92 percent of the families felt that the programme was functioning well for the welfare of the rural community.

Above 92 percent of the selected families were aware of the fact that in Applied Nutrition Programme children, pregnant women and lactating mothers were given prior attention for feeding programme. Since they (74 percent) felt that during these stages foods are very essential to improve the health. Above 90 percent of the families were aware that in each village there were 120 beneficiaries under ANP.

Majority of the families (above 80 percent) expressed that the Government is helping this feeding programme by giving foods stuff, like wheat, vegetables, greens and other food commodities.

2. Views of the beneficiaries with regard to the feeding programme:

Among the 225 beneficiaries surveyed in 75 families the children were participating in the feeding programme and the 75 expectant mothers and 75 nursing mothers were participating in the feeding programme.

Majority of the mothers (146) were participating in the feeding programme for the period of 1 - 5 months and 51 mothers were for the period of 5 - 12 months.

Eighty one percent of the families mentioned that they were selected by the Gramsevikas, Mukhya-sevika and Balasevikas for the feeding programme under ANP. Only 19 percent of the families expressed that they were selected by the mahalir manram conveners.

a. Details Regarding the Food Distribution and Their Views:

The beneficiaries of ANP (90.7 percent) expressed that the foods were distributed to them in the balwadi itself by the balasevika and Ayah.

Among the beneficiaries 95 percent mentioned that in the mid-day meals they were provided with uppuma with vegetables or with greens. Only 28 percent expressed that eggs were given to their children in the balwadi.

Except 21 percent of the families others were of the opinion that the foods given under ANP feeding, is nutritious since they considered egg, cereals and vegetables are nutritious.

Table X presents the views of the beneficiaries with regard to the quantity of food served in the feeding.

**TABLE X**  
**VIEWS OF THE BENEFICIARIES REGARDING THE**  
**QUANTITY OF FOOD SERVED IN FEEDING**  
**PROGRAMME**

S.No.	Views	Percentage mentioned
<b>Served feed is</b>		
1.	Enough	47.6
2.	Not enough	49.4
3.	Too much	3.0

Regarding the amount provided for feeding 47.6 percent of the beneficiaries were contented with the food supplied to them, 49.4 percent of them felt that the feed was not adequate enough, only (3 percent) of the families expressed that the quantity of the feed was more.

Among the beneficiaries surveyed (37.6 percent) had the habit of telling about the foods to neighbours, friends and relatives. They conveyed to them that the foods were given freely for the benefit of children and the feeding programme helped the children to attend the school regularly.

All the beneficiaries viewed that there was no need for any change in food distribution.

b. Feed Distribution Place:

Above 90 per cent of the families were of the opinion that the food distributing place was clean and satisfactory.

With regard to the distance of the feed distribution place, except 5.8 percent others were of the opinion that the place was very near to their houses. It is evident that the balwadies were situated in the heart of the village to help the beneficiaries to get the benefit of feeding.

All the beneficiaries were shown interest in going and receiving the feed at the balwadi itself. None of the beneficiaries mentioned about the problems with regard to the place of feed distribution and method of feed distribution.

The following Table XI shows the views of the families with regard to the feeds given in the balwadi.

**TABLE XI**  
**VIEWS OF THE FAMILIES REGARDING THE FOOD SUPPLIED**  
**IN THE BALWADI**

S.No.	Views	Percentage mentioned
1.	The food supplied is nutritious ..	60.7
2.	Good feed for nursing mothers and expectant mothers	42.2
3.	Good for children's health	36.8
4.	Food is hygienically prepared	14.0

The beneficiaries expressed their own views regarding the foods given under ANP. They are as follows:

Only 14.6 percent of the beneficiaries not expressed the views regarding the feed. It is void that the beneficiaries under ANP, had positive attitude towards the foods given under ANP.

Among the sample surveyed 39.6 percent of the mothers had the habit of sharing the foods supplied to them under ANP with their family members, specially with children, while 50.4 percent were eating the food by themselves. This sharing was done by the expectant

and nursing mothers alone whereas the other beneficiaries were taking their meals at the balwadi itself.

The changes due to the feeding programme as expressed by the beneficiaries are shown in Table XII.

**TABLE XII**  
**CHANGES SEEN IN FOOD SELECTION AND COOKING**  
**BY THE BENEFICIARIES**

S.No.	Changes	Number mentioned
a	In food selection and cooking:	
	1. Selection of more greens	93
	2. Selection of vegetables and fruits	74
	3. Selection of the mixed cereals	21
	No change	37

From the above table it is interesting to note that the beneficiaries under ANP were changed in food selection and in cooking foods these may be due to their participation in feeding programme, change of children's food habits in the balwadi and realising the nutritive value of the locally available foods.

c. Benefits of the Feeding Programme:

Table XIII presents the benefits of the family members with regard to health.

TABLE XIII  
BENEFITS OF THE FEEDING TO THE FAMILY  
MEMBERS

S.No.	Changes seen	Percentage mentioned
1.	Improved the health of children ..	50.7
2.	Improved the health of pregnant women ..	34.2
3.	Increased the secretion of breast milk ..	32.4

The objective of the feeding programme is to improve the health status of the vulnerable group. From the answers it is clear that the beneficiaries realised that the vulnerable group are benefitting because of the feeding programme.

Only 31 percent of the beneficiaries were understood the frequent medical check up was done under this programme. It is heartening to note that 69 percent of them were not mentioned about the medical check up, this may be due to the lack of parent teacher meetings.

With regard to the benefits of the feeding programme to the community, the beneficiaries views are presented in Table XIV and Figure 2.

**TABLE XIV**  
**BENEFITS OF THE PROGRAMME TO THE COMMUNITY AS**  
**STATED BY THE BENEFICIARIES**  
**OF ANP**

S.No.	Benefits	Percentage mentioned
1.	Rural people are benefitted ..	68.9
2.	Improved the health conditions of the pregnant women and lactating mothers ..	36.9
3.	Children are regular in going to balwadi ..	33.8
4.	Promoted children's health ..	26.7
5.	Getting nutritious foods ..	25.8

It is encouraging to note that the beneficiaries realised the benefits of the programme.

d. Views Regarding Time, Place of Food Distribution and their Suggestions:

With regard to the time of receiving feeds, all the beneficiaries expressed that the time 12.00 noon is convenient for all and they felt that there is no need for any change in timings.

SCALE  
1cm = 10 percent.

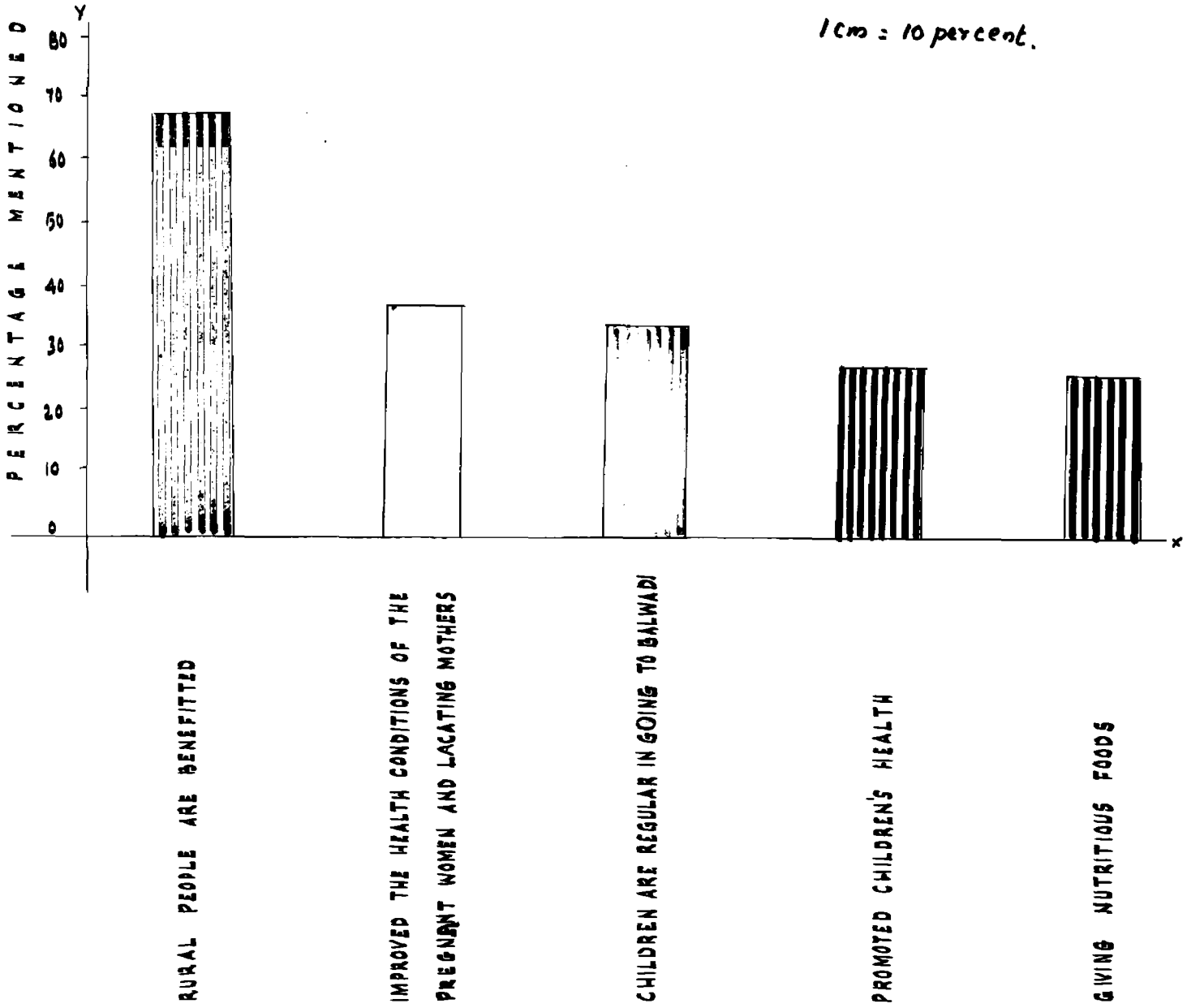


FIGURE.2

Benefits Of The Programme To The Community As Stated  
By The Beneficiaries Of ANP

Among the expectant and nursing mothers above 40 percent of them were taking the meals at the balwadi itself, while the others were preferred to take the meals at their home. Whereas all the beneficiary children were taking their midday meals at the balwadi itself.

The following table presents the suggestions of the beneficiaries of ANP with regard to selection of food, cooking methods, food distribution and distribution time.

TABLE XV  
SUGGESTIONS GIVEN BY THE BENEFICIARIES

S.No.	Suggestions with regard to	Percentage mentioned
1.	<u>Selection of foods:</u>	
	Milk can be given ..	42.2
	Rice can be given ..	40
	Bread can be given ..	7.6
2.	<u>Cooking methods:</u>	
	More vegetables to be added..	16
	Enough oil to be used ..	5.3
	Taste can be improved ..	1.8
3.	<u>Distribution of the amount of foods:</u>	
	Adequate amount of food to be given ..	33.3

### 3. Participation in Nutrition Education:

Among the beneficiaries interviewed 70 percent of them were getting nutrition education in the balwadi. The subjects taught to them during the nutrition education classes were listed below.

	<u>Percentage mentioned</u>
Low cost nutritious foods and recipes ..	52
Methods of cooking foods to retain food value ..	46
Nutritional deficiency diseases and prevention of the same ..	32
Child care ..	25

The personnel who were involved in educating the beneficiaries are given below in Table.

TABLE XVI  
PERSONNEL INVOLVED IN NUTRITION EDUCATION

S.No.	Personnel	Percentage mentioned
1.	Mahalir manram conveners and members ..	35
2.	Balasevika ..	30
3.	Gramsevika ..	33
4.	Sri Avinashilingam Home Science College staff and students ..	30
5.	No response ..	15

Mahalir manram convenors (35 percent) were playing an important role in rural community for educating the mothers on nutrition. The balasevikas (30 percent) Gramsevikas (33 percent) and Sri Avinashilingam Home Science College staff and students (30 percent) were also involved in imparting nutrition education.

Participation in Nutrition Education:

Table XVII and Figure 3 shows, the methods and aids used for conducting nutrition education.

TABLE XVII  
METHODS AND AIDS USED FOR NUTRITION  
EDUCATION

S.No.	Methods and aids	Number mentioned	Percentage mentioned
1.	Exhibition with charts	81	54
2.	Lecture	63	42
3.	Cooking demonstrations	57	38
4.	Films shows	26	17

From the table it is evident that lectures, exhibition with charts, film shows and demonstrations were the methods and aids used for the nutrition education. About 30 percent beneficiaries felt that more aids can be provided for nutrition education. Attention can be given on this line by the concerned people.

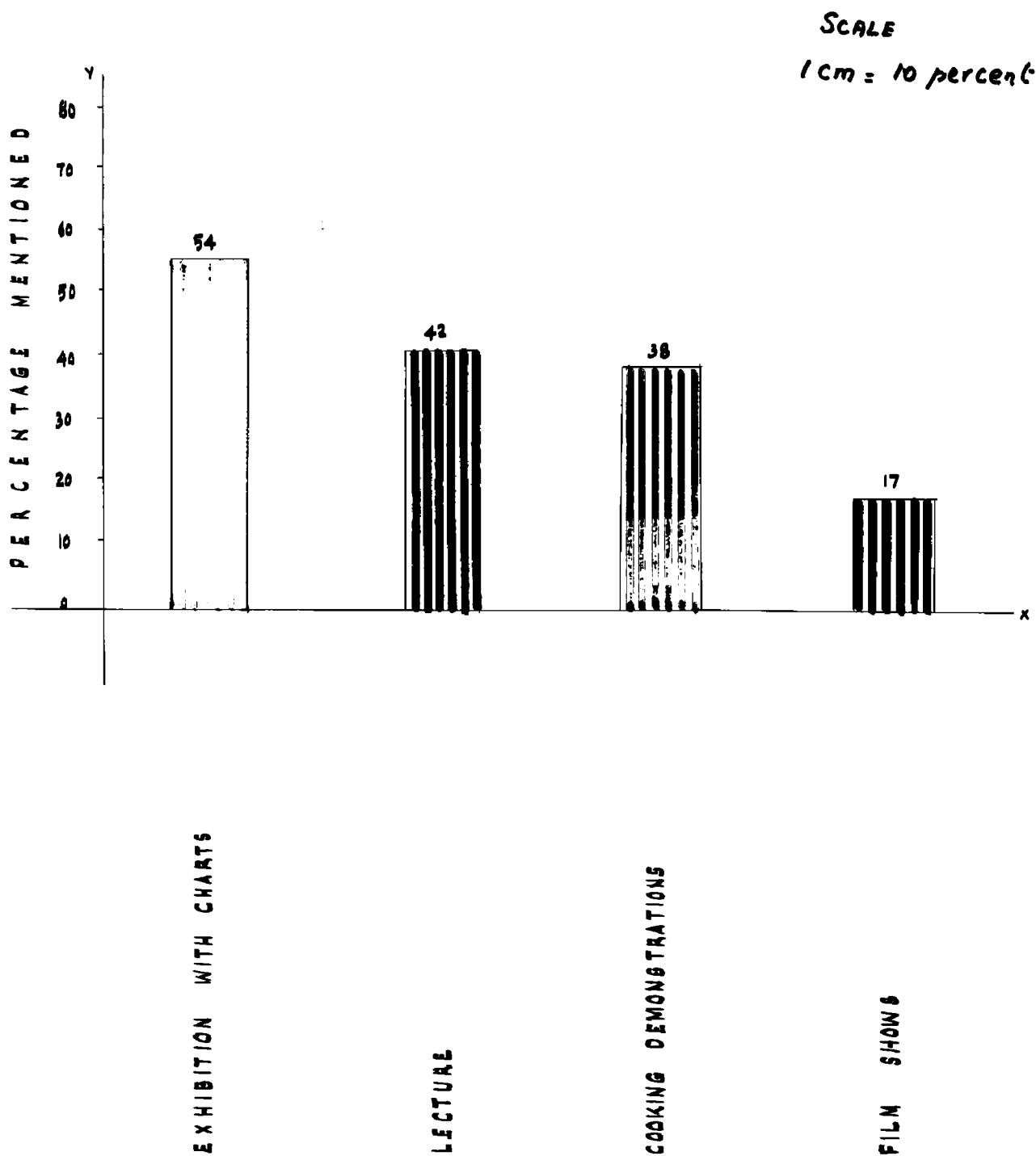


FIGURE. 3

Methods And Aids Used For Nutrition Education

The advantages of nutrition education as mentioned by the beneficiaries are listed below:

Gained knowledge about nutrition.

Gained knowledge of cooking of foods.

Knowledge regarding food preservation.

Learnt to prevent disease and take care of health.

Among the beneficiaries surveyed it is surprising to note that only 33.3 percent of them were the members of Mahalir manram and among them 29 percent were members since the period 1-6 months and 19 percent for the period 7-12 months and 25 percent were since 1-5 years. Nine beneficiaries were the members for more than 6 years. If attention is given in involving the beneficiaries in the mahalir manrams, then the programme would be more successful.

Table XVIII presents the subjects learnt in the mahalir manrams as stated by the members.

**TABLE XVIII**  
**ACTIVITIES OF MAHALIR MANRAM**

S.No.	Percentage mentioned
1. Cooking demonstrations	64
2. Nutrition education	42.7
3. Kitchen garden	41.3
4. Stitching	40
5. Classes on health care	36
6. Savings	18.7

Cooking demonstrations raising kitchen garden, nutrition education, classes on health care and stitching are some of the activities mentioned by the beneficiary members of mahalir manram.

Among the members of mahalir manram 53.3 percent felt that the activities learnt in the mahalir manrams were useful since they could adopt new recipes, raise kitchen garden, improve in cooking methods and stitch the garments.

The beneficiaries of ANP realised that the Applied Nutrition Programme helps the poor rural community,

promotes the growth of children, improves the health conditions of the lactating and pregnant mothers and gives education to balwadi children.

The following few of the suggestions were given by the beneficiaries under ANP

	Percentage mentioned
1. Government should help more	58
2. Rich people in the community can contribute their help	37
3. The feeding programme should be supervised very often by the officials. Frequency of visits by officials can be improved	49
4. Rural people can contribute whenever they could do	20

Except 40.4 percent, others were given suggestion for the improvement of the programme.

#### B. Views of the Balasevikas regarding the feeding

##### Programme:

The balasevikas in Perur block were contacted and the questionnaire (Appendix II) was administered to them. The responses obtained are analysed and given below.

The data gathered from the balasevikas of ANP is discussed under the following heads:

1. Information about the balasevikas
2. Details regarding the functioning of balwadis.
3. Views of the balasevikas with regard to feeding programme.

1. Information about the balasevikas:

a) Age:

Details regarding the age of the balasevikas are given below in Table XIX.

TABLE XIX

DETAILS REGARDING THE AGE OF THE BALASEVIKAS

S.No.	Age range	Percentage mentioned
1.	18-20 years	28
2.	21-25 years	56
3.	Above 25 years	16

Majority (56 percent) of the balasevikas were in the age group of 21-25 years.

b. Religion:

There were 84 per cent of the balasevikas in the religion of Hindu and only 16 percent were Christian.

c. Caste:

The caste of the balasevikas are presented in Table XX.

**TABLE XX**  
**CASTE OF THE BALASEVIKAS**

S.No.	Caste	Number mentioned	Percentage mentioned
1.	Gownder	7	28
2.	Konar	5	20
3.	Naidu	3	12
4.	Kurumbar	2	8
5.	Chettiar	2	8
6.	Pandaram	2	8
7.	Others (Vellalar, Asari, barbar) and Agamudaiyar)	4	16

Table XX illustrates that 28 percent of the balasevikas were gownder.

Among the balasevikas interviewed 72 percent of them were unmarried. With regard to the educational qualifications of the balasevikas all of them were passed S.S.L.C.,

Except 28 percent, others had experience in working for more than 3 years.

**d. Details regarding Trainings:**

Majority of the balasevikas (84 percent) had undergone 3 months ANP training for balasevikas at the Rural extension training centres of T.Kallupatti Madurai District and Sathya Vijaya Nagar of North Arcot District.

The Table XXI indicates the benefits of the training as mentioned by the balasevikas.

**TABLE XXI**

**BENEFITS OF THE TRAINING**

<b>S.No.</b>	<b>Benefits</b>	<b>Percentage mentioned</b>
1.	Gained knowledge in nutrition	71.4
2.	Learned stitching	47.6
3.	Knowledge with regard to child care	47.6
4.	Gained knowledge about ANP	42.3

The balasevikas (71.4 percent) had mentioned that they have gained knowledge in nutrition. The objective of the training is fulfilled since one of the objective of ANP is to educate the rural community about nutrition.

From the response of the balasevikas it is evident that the balwadi started to functioning from the year 1972-74 onwards.

In 80 percent of the balwadis 31-40 children were coming regularly and participating in the feeding programme under ANP.

**2. Details Regarding the Functioning of Balwadis:**

Eighty eight percent of the balasevikas mentioned that the balwadi building was free and only 12 percent mentioned that the balwadi were given on rent.

Among the balasevikas, 64 percent of them felt that the place of balwadi is adequate to carry out the activities whereas 36 percent viewed that the place was inadequate.

The balasevikas viewed with regard to the facilities available for balwadis evinced in Table XXII and in Figure 4.

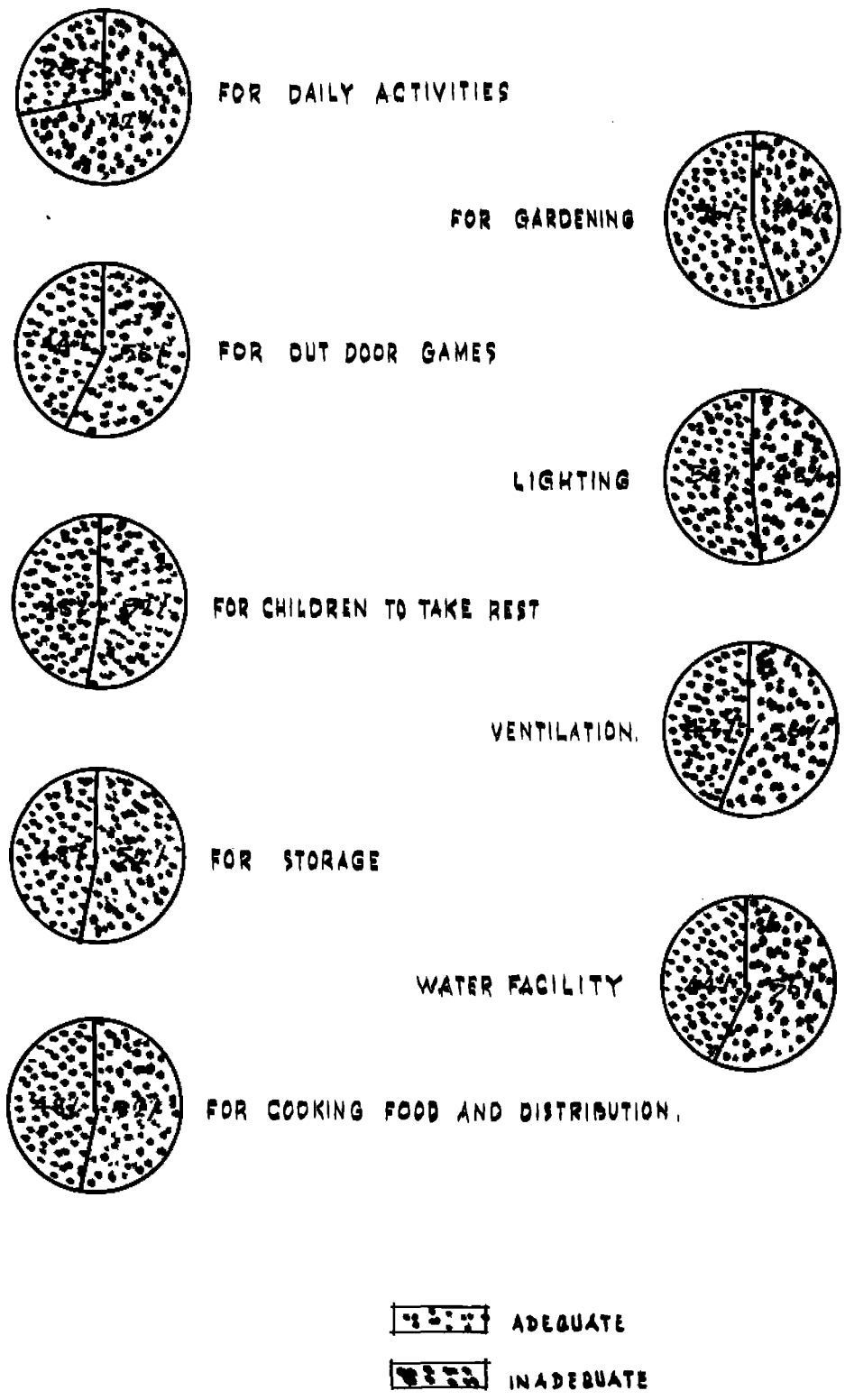


FIGURE . 4 .

# Facilities Available In The Balwadi

TABLE XXII  
FACILITIES AVAILABLE IN THE BALWADI

Facilities	Adequate		Inadequate	
	Number mentioned	Percent- age men- tioned	Number mentioned	Percent- age men- tioned
<u>Space</u>				
For daily activities	18	72	7	28
For outdoor activities	14	56	11	44
For children to take rest	13	52	12	48
For storage	13	52	12	48
For cooking food and distribution	13	52	12	48
For gardening	11	44	14	56
Lighting	12	48	13	52
Ventilation	14	56	11	44
Water facility	14	56	11	44

Above 50 percent of the balasevikas mentioned that the facilities of space available for daily activities, out door activities taking rest, storage cooking and distribution were adequate.

For gardening 56 percent of the balasevikas mentioned about the inadequacy of space for gardening.

It is the fact that if some space for gardening along with balwadi building is allotted the children and balasevikas can put their effort in production programme.

a. Details Regarding Balwadi Education:

Table below and Figure 5 illustrates the subjects taught and teaching methods and aids used by the balasevikas for running balwadis.

TABLE XIII

## TEACHING METHODS AND AIDS USED BY THE BALASEVIKAS

S.No.	Subjects taught	Methods and aids			
		Percentage methsoning			
		Song	Story telling	Pict-ures	Play materials
1.	Nutrition	64	40	48	24
2.	Health and sanitation	28	44	48	16
3.	Discipline	28	40	20	16
4.	Personal cleanliness	24	24	20	4
5.	Good habits	32	36	32	12
6.	Birds and animals	52	52	44	36
7.	Leaders, flags etc.	-	-	-	-
8.	Transport	11	32	44	16

It is evident from the above table that 64 percent of the balasevikas were using the method of singing, nutrition songs for children. For imparting nutrition education pictures and story telling were used by them.

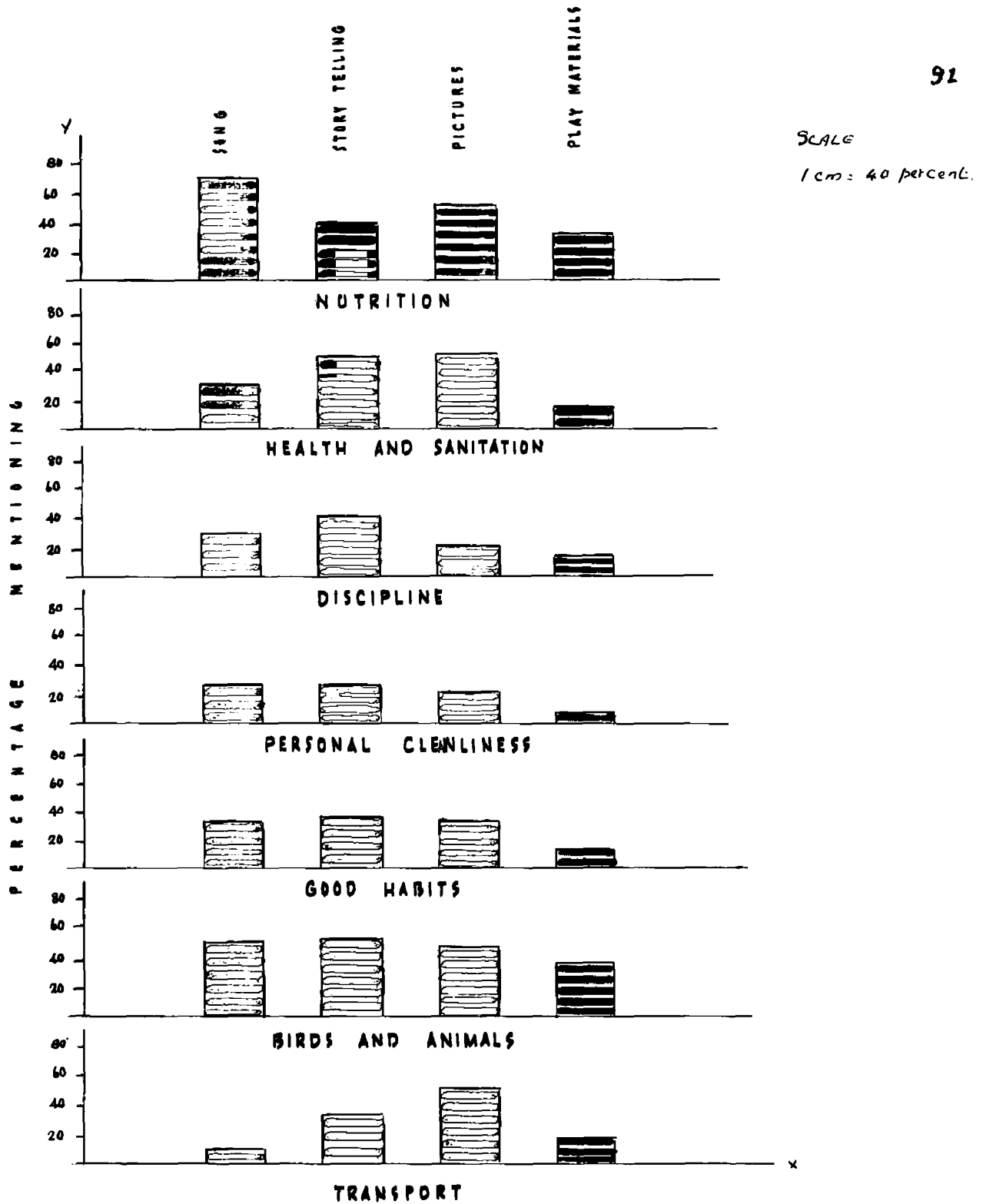


FIGURE. 5

Teaching Methods And Aids Used By The Balasevikas

The subjects, health and sanitation, discipline, personal cleanliness, good habits, birds and animals, transport etc., were the subjects taught in the balwadi for children. Among the methods used story telling, picture illustrations, songs were standing first for educating children.

All the balasevikas were using aids and the common teaching aids used by them were pictures, models and books.

**b. Parents' Meeting:**

Ninty two percent of the balasevikas were conducting parents meeting and only 8 percent were not able to do so due to the poor co-operation from parents. Sixty eight percent of the balasevikas mentioned that there were 20-40 parents who would attend the parents meeting, in the balwadi. The general topics discussed during the parents meetings were nutrition, health and sanitation and child care and improvtance of immunisation.

Among the balasevikas studied 80 percent stated that they were regular in taking heights and weights, once in 3 months. Once in 2 months 20 percent of them did the same.

**c. Immunisation:**

All the balasevikas mentioned that immunisation for children was done once in 3 months in 80 percent of the balwadis. P.C.G. D.P.T., and vaccination were done and vitamin A dosages were given to balwadi children. Eighty percent of the balasevikas stated that the medical check up was done for children by health inspectors and health visitors once in 3 months. This reveals that along with feeding, health care also been taken up in the feeding programme.

**d. Health and Hygiene:**

Above 80 percent of the balasevikas were able to recognise the healthy and unhealthy child by seeing their activities and physical appearance. This proves that the training given to the balasevikas enabled them to identify the healthy children from unhealthy and helped them to guide parents and children.

**e. Details Regarding Supervision:**

Table XXIV presents the personnel involved in supervision of balwadis.

**TABLE XXIV**  
**DETAILS REGARDING SUPERVISION**

S.No.	Personnel	Frequency of supervision			
		Percentage mentioned			
		Once in a week	Once in a month	Twice in a month	Once/ twice in a year
1.	Commissioner of the Panchayat Union	-	60	40	-
2.	Mukhyasevika	-	-	100	-
3.	Gramasevika	100	-	-	-
4.	District women's Welfare Officer	-	-	-	100
5.	Sri Avinashilingam Home Science College Staff	-	-	-	100
6.	Social education officer	-	50	-	-

From the above table it is evident that frequent visits were done by the gramasevikas and mukhyasevikas and suggestions were given by them with regard to feeding. None of the balasevikas expressed her views with regard to the supervision.

**f. Details Regarding Pay:**

The balasevikas mentioned that they were getting the salary of Rs.50/- per month from the Panchayat Union Office, Perur on 2nd and 3rd<sup>or</sup> of every month. All the balasevikas felt that the pay given for them was not adequate. The transport facilities and increased price of commodities made them to face the financial difficulty.

The concerned authorities can look into this matter and do the needful for the balasevikas as they are the care takers of our children.

**1. Maintenance of Records:**

All the balasevikas were maintaining records on attendance, grocery, feeding programme, budgets, immunisation and egg accounts.

**3. Views of the Balasevikas with Regard to Feeding Programme:**

It is interesting to note that all the balasevikas had the concept that the balwadis were under the programme of ANP.

**a. Meal Pattern at the Balwadis**

The daily meal pattern of the balwadies are given below:

Monday : dhal and greens uppuma

Tuesday : Vegetable uppuma

Wednesday: Greens uppuma

Thursday : Vegetable uppuma

Friday : Tomato uppuma

Saturday : Uppuma and fruits.

The amount of foods given to preschool children, expectant and nursing mothers were 80 gms. of bulgar wheat and 7 gms of salad oil for an individual.

Mukhya Sevika of the Panchayat Union plays an important role in planning the menu for the beneficiaries. Once in a month the balasevikas meet the mukhyasevika during that time they would suggest the following changes.

1) Inclusion of some vegetables and fruits on alternative days.

2) Inclusion of eggs twice in a week.

All the balasevikas mentioned that the vegetables, fruits, greens and eggs were given along with bulgar wheat under ANP feeding.

**b. Preparation and Distribution:**

All the balasevikas mentioned that the food was prepared by Ayah. Among the balasevikas 40 percent expressed that the food was prepared in Ayah's house and in 60 percent of balwadis the food was prepared at the balwadi itself. The problems faced and suggestions given by them are listed below:

<u>Problems</u>	<u>Suggestions</u>
1. Lack of separate space for cooking	Needed separate space for cooking the food in the balwadi itself.
2. Difficulty in bringing food from home	

With regard to cooking utensils only 28 percent of them answered that they were getting the vessels by way of gift from mahalir manrams. Others viewed that the cooking and serving vessels were not enough. The implementers of the programme must take a note of this and see the balwadies are supplied with enough cooking and serving vessels.

**c. Details Regarding the Purchase of Foods:**

The provisions were purchased by majority of the balasevikas in the co-operative super market. All of them purchased vegetables, greens thrice in a week in near by shops. Fruits were purchased by them once in a week.

All the balasevikas were of the opinion that the money allotted for them to purchase food provisions were inadequate. It is heartening to note that inadequacy of money and lack of vessels for cooking and serving were the problems of balasevikas these should be considered by the implementers of the programme.

Balasevikas views with regard to the benefits derived by the children, pregnant women, lactating mothers and others are presented in Table xxv.

**TABLE XXV**  
**BENEFITS OF THE BALWADIES TO CHILDREN, PARENTS**  
**PREGNANT AND LACTATING MOTHERS AND OTHERS**  
**AS STATED BY BALASEVIKAS**

S.No.	Benefits for	Benefits	Percentage mentioned
1.	Balwadi Children	Children are getting education	80
		Getting nutritious foods	60
		Children are learning discipline	20
2.	Parents	Their children are getting the education	80
		Can learn the children in the balwadi	40
		Helps the parents who are going to job	80
3.	Pregnant and lactating mothers	Pregnant and lactating mothers are getting nutritious food	100
		Poor mothers are getting the meals	100
		Improves the health of the beneficiaries	96
4.	Others	Helping the rural community	40

The balasevikas felt that the balwadi was a centre for children to get education, nutrition food and

learning discipline.

Importance of vulnerable group in feeding programme was well recognised by the balasevikas.

**d. Problems with regard to the feeding programme:**

The balasevikas were asked to point out their problems and solutions for the same with regard to feeding programme. Table XXVI points out the same.

TABLE XXVI

PROBLEMS AND SUGGESTIONS GIVEN BY THE BALASEVIKAS

S.No.	Problems with regard to	Percentage mentioned	Suggestions
1.	Financial aspects in feeding programme	100	More money can be provided
2.	Vessels	16	Mahalir Manram can help in giving vessels
3.	Parents co-operation	12	Parents to be educated
4.	Children's attendance	23	--

**C. VIEWS OF THE BLOCK OFFICIALS OF ANP REGARDING FEEDING PROGRAMME**

To elicit the views of the block officials a questionnaire (Appendix III) was administered to 20 officials of Perur Panchayat Union who were involved in ANP.

The information gathered from the ANP officials of Perur Panchayat Union is discussed under the following headings:

1. Information regarding the officials.
2. Details regarding the implementation of ANP and officials views.

**a. 1) Information regarding the officials:**

Sixty five percent of the officials were studied upto S.S.L.C. and 35 percent were studied in Colleges.

**b. Details regarding the experiences:**

The experiences of the officials are shown in Table XXVII.

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TABLE XXVII

## EXPERIENCE OF THE PERUR PANCHAYAT UNION OFFICIALS

S.No.	Personnel	Number of officials	Experience in ANP	
			1-2 Years	3-5 Years
1.	Block Development Officer/ Commissioner	1	-	1
2.	Extension Officer for Agriculture	1	1	-
3.	Extension Officer for Animal Husbandry	1	1	-
4.	Mukhya Sevika	1	1	-
5.	Gramsevika	2	2	-
6.	Gramsevak	12	5	7
7.	Extension Officer for Panchayat	1	1	-
8.	Engineer	1	1	-
		20	12	8

Eight officials had experience beyond 3 years. All the officials were aware that ANP is operating in their block since 1972-73 onwards.

**C. Details Regarding the Officials Trainings:**

All the Officials had undergone the training under ANP. The duration of the training as stated by the block officials is given below;

TABLE XXVIII

## DURATION OF THE OFFICIALS TRAINING

S.No.	Persons involved in ANP training	Number mentioned	3 days	5 days	1 Week	1 month
1.	Block Development Officer/Commissioner	1	-	1	-	-
2.	Extension Officer for Agriculture	1	-	-	1	-
3.	Extension Officer for Animal Husbandry	1	-	-	1	-
4.	Extension Officer Panchayat	1	1	-	-	-
5.	Mukhya Sevika	1	-	-	-	1
6.	Grama Sevika	2	2	-	-	-
7.	Grama sevak	12	12	-	-	-
8.	Engineer	1	-	-	1	-

All the officials had undergone ANP training objectives of the programme:

2. Details regarding the implementation of ANP and official views.

a) The objectives of the programme as stated by the officials are given below in Table XXIX and Figure-6.

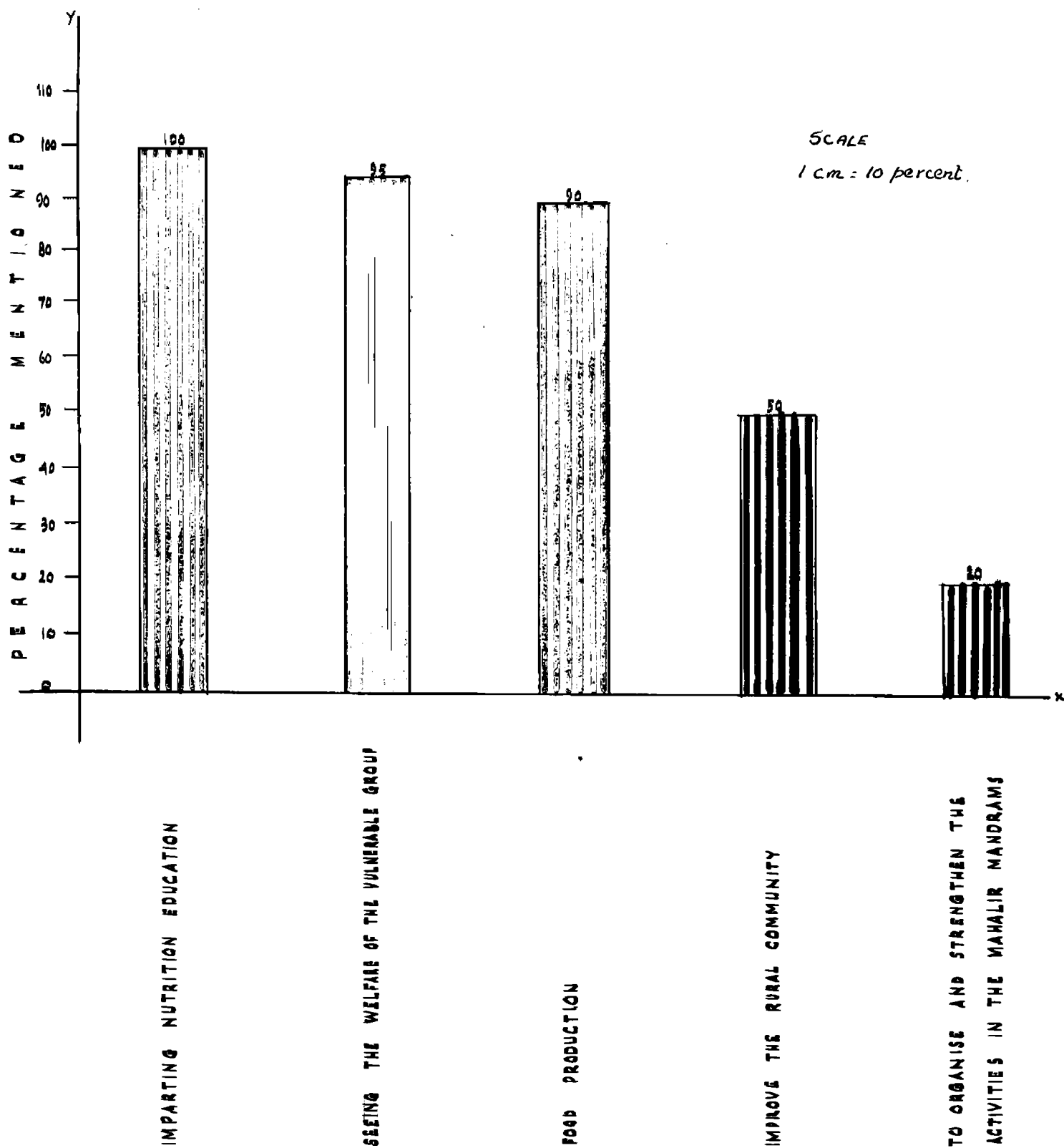


FIGURE. 6

Objectives Of The Programme As Stated By The Officials

**TABLE XXIX**  
**OBJECTIVES OF THE PROGRAMME AS STATED BY THE**  
**OFFICIALS**

S.No.	Objectives	Percentage mentioned
1.	Imparting nutrition education	100
2.	Seeing the welfare of the vulnerable group	95
3.	Production of protective feed	90
4.	Improving the rural community	50
5.	To organise and strengthen the activities in the Mahalir Manrams	20

It is evident that the officials were well oriented with regard to the objectives of the programme.

Concentration on utilising Mahalir Manrams for the feeding programme must be encouraged.

Besides ANP, the Social Welfare programme was also in operation in Perur Panchayat Union.

b. The activities which were in operation in Perur Block are given in Table

TABLE XXX

## DETAILS REGARDING THE ACTIVITIES IMPLEMENTED

Activities under ANP	Whether implemented percentage mentioned		Specified number
	Yes	No	
<b>A. <u>Food production:</u></b>			
<b>a. Poultry :</b>			
Grower farm units	100	-	26
Backyard poultry units	100	-	352
Panchayat poultry units	-	100	--
Mahalir Manram poultry	-	100	-
<b>B. <u>Horticulture:</u></b>			
Kitchen garden	100	-	1953
School garden	100	-	10
Community garden	-	-	-
Head Quarters Nursery	-	-	-
Fishery	-	-	-
<b><u>Others</u></b>			
Bee-keeping	-	-	-
Fodder development	75	-	67000
<b>C. <u>Consumption:</u></b>			
Balwadi feeding	100	--	40
School feeding	100	--	--

Activities under ANP	Whether implemented		Specified number
	percentage mentioned Yes	No	
Feeding for Pregnant Women	100	—	20
Nursing mothers	100	—	20
Non Balwadi children	100	—	40
<b>D. <u>Nutrition Education:</u></b>			
Mahalir Manram demonstration	100	—	2 demonstrations per month
Exhibitions	100	—	—
Competitions	100	—	1 Competition per month
Youth Clubs	—	—	—
Immunisation of children	100	—	—

It is evident from the Table that all the Officials were aware of the activities under ANP.

G) The following Table and Figure 7 presents the beneficiaries of the ANP and the type of foods given as stated by the officials of Ferur block.

**TABLE XXXI**  
**DETAILS OF THE ANP FEEDING**

Beneficiaries	Number of beneficiaries in each village	Type of foods given	Number of feeding days
<b><u>Children:</u></b>			
Balwadi children	40	Bulgar wheat uppuma with vegetables/greens and egg	25 days per month
Non Balwadi children	40	Bulgar wheat uppuma with vegetables/greens	25 days per month
Pregnant women	20	Bulgar wheat uppuma with vegetables/greens	25 days per month
Nursing mother	20	Bulgar wheat uppuma with vegetables/ greens.	25 days per month

Under ANP the balwadi children, non balwadi children, pregnant and lactating women were given foods such as Bulgar wheat uppuma with vegetables for 25 days in a month. The balwadi children were getting egg as a supplementary food along with bulgar wheat uppuma. As the feeding programme was carried out in a balwadi, the balasevika was given the sole responsibility of feeding these beneficiaries.





FOODS GIVEN UNDER ANP	BENEFICIARIES	NUMBER FED IN EACH VILLAGE
BULGAR WHEAT UPPUMA WITH VEGETABLES AND EGG		BALWADI CHILDREN Each 10 Nos
BULGAR WHEAT UPPUMA WITH VEGETABLES		NON BALWADI CHILDREN Each 10 Nos
BULGAR WHEAT UPPUMA WITH VEGETABLES		PREGNANT WOMEN Each 10 Nos
BULGAR WHEAT UPPUMA WITH VEGETABLES		NURSING MOTHER Each 10 Nos
FREQUENCY OF FEEDING	.....	25 DAYS PER MONTH

FIGURE.7.

Details Of The ANP Feeding

All the officials stated that the quantity served for children was enough while 95 percent mentioned for the pregnant and lactating mothers the quantity of food served was not adequate. In this point it is to be noted that the beneficiaries of ANP also felt the same.

d. Role of officials: The role of officials as stated by the officials are given below:

- - -

TABLE XXXII

ROLE OF OFFICIALS

Officials	Role of officials	Number
Block development Officer	1. Supervising all the programmes	1
Mukhya Sevika	1. Supervising, Gramasevika and Balasevika's work.	1
	2. Supervising the feeding programme	
	3. Conducting cooking demonstration in the mahalir manram	
	4. Giving Nutrition education to the Mahalir manram members.	
	5. Checking all the Balasevika's records.	

Officials	Role of officials	Number
Gramasevika	<ol style="list-style-type: none"> <li>1. Supervising Balasevika's work.</li> <li>2. Conducting mahalir manram meetings, giving nutrition education health education, family planning and seeing small savings.</li> </ol>	2
Gramasevak	Giving guidance to the rural farmers. Helping the farmers getting loans	12
Extension Officer Animal Husbandry	<ol style="list-style-type: none"> <li>1. Poultry supply, egg distribution.</li> <li>2. Vaccination treatment for animals.</li> <li>3. Fodder supply</li> <li>4. Giving lecture in Mahalir manram about poultry and dairy</li> </ol>	1
Extension officer agriculture	<ol style="list-style-type: none"> <li>1. Guiding the farmers by telling them about the fertilizers, distribution of hybrid seeds.</li> <li>2. Listening to farmers problems and giving solution to them.</li> <li>3. Encourage them to use the modern scientific method like tractor to increase the food production.</li> <li>4. Help them in getting loans.</li> </ol>	1

Officials	Role of officials	Number
Extension Officer Panchayat	<ol style="list-style-type: none"> <li>1. Visiting all the villages</li> <li>2. Conducting meeting with the village leaders, president and other important members in the village. Find the problems in their village through the meeting.</li> </ol>	

The role of officials as stated by the officials indicates that all were responsible to carry out the activities under ANP. Important attention should be given on Nutrition education activities. If all the officials took an effort to impart nutrition knowledge to rural community then the problem of malnutrition can be solved to a greater extent.

The officials were asked to mention about the changes they have seen in the block due to ANP. The Changes as mentioned by them are given below.

TABLE XXXIII

## CHANGES IN THE VILLAGES DUE TO ANP

S.No.	Activities	Changes seen	Percentage mentioned
<b>A. Food Production</b>			
<b>a. <u>Poultry</u></b>			
	Grower farm units Back-yard poultry, Panchayat poultry, Mahalir Manram poultry	Farmers are trained to grow day old chicks. Improved the egg production.	20
<b>b. <u>Horticulture</u></b>			
		All rural housewife's were trained to cultivate kitchen garden in their houses. After knowing the importance of kitchen garden through the garden they are getting fresh vegetables and also it reduces their expenditure	75
	School garden	---	
	Community garden	---	
	Head quarters	---	
	Nursery	---	
	Fishery/Fruits	Papaya is cultivated in many houses and school.	75
<b>c. <u>Consumption:</u></b>			
	Balwadi feeding (for Children)	Improves the health and reduces the diseases	100
		Poor people are benefited, children are coming to the balwadi regularly.	100
	Feeding for Pregnant Women	Pregnant women, nursing mothers and non balwadi children are healthy.	

S.No.	Activities	Changes seen	Percentage mentioned
		They are active Nursing mothers non balwadi children (below 5 years of age)	100
d.	<u>Nutrition Education:</u>		
	Mahalir Manram demonstrations	Through Mahalir Manram low cost nutritious foods are known to the rural people. They are also preparing at home.	60
		Through Mahalir Manram they learned stitching and also about kitchen garden.	75
	Exhibition	By seeing the exhibition they know the cause for the diseases. It helps them to prevent from the diseases. Through the exhibition many people are benefitted.	
	Competition	Some people will come forward for competition. It helps to increase their knowledge.	
	Youth Clubs	- -	
	Distribution of Radio's and organising Radio listening clubs	Radio's are distributed in 10 Mahalir Manram. Through this radio the people are able to listen to the farmers programme. In rural area many of them are illiterate so through radio they are benefitted much.	
	Immunisation Immunisation of children.	Through immunisation all the infectious diseases are eradicated.	100
		Children are healthy	75

It is evident from the answers that officials were realised that the villages in ANP block were improved in the aspects of food, production, health status of vulnerable group, gained knowledge regarding nutrition. Efforts must be taken to impart these nutrition knowledge in wider scale among the beneficiaries since they are the carriers of these messages.

**f. Details regarding the supervision by the officials:**

It is encouraging to note that all the officials of Perur block were visiting the villages and supervising the feeding programmes and other activities of ANP, once in a week by the Gram sevaks and sevikas, twice in a month by Mukhya sevika and once in a month by other officials.

*Aspects Supervised*

**1) In Balwadi:**

Supervision of records maintained by the balasevikas, supervision of cooking, serving and food accounts maintained by the balasevikas,  
Supervision of the activities of Mahalir Manram,  
Supervision of health status of children,  
Cleanliness of the place,  
Supervision of the number of beneficiaries participating in the feeding.

## 2. In Production Areas:

Seeing the cleanliness of poultry shed, seeing the disease control of birds, adoption of new methods in Agriculture, seeing the quantity of food produced and distribution.

Concentration and efforts may be given on conducting nutrition education to the beneficiaries since the main objectives of the programme is educating the community on nutrition.

It is revealing from the answers that during the supervision period the officials gave the following fruitful suggestions to the concerned people for the improvement of feeding programme.

TABLE XXXIV

SUGGESTIONS GIVEN BY THE OFFICIALS  
DURING SUPERVISION

S.No.	Suggestions	Percentage mentioned
1.	Regarding the quantity of foods to be served and importance of nutritious foods ..	60
2.	Selection and purchasing of food stuff ..	50
3.	Poultry units (Methods of feeding chicks) and prevention of diseases	40
4.	Methods of cooking and serving food and maintenance of kitchen garden	25
5.	Child care ..	25
6.	Health and hygiene ..	20

The success of the feeding programme or any activity depends on the supervision of the officials. Health and hygiene aspects must be considered more.

h. Suggestions offered by the officials for the Programme:

Based on the experience of the officials they were asked to give the suggestions with regard to the improvement of the feeding programme. The Table XXXV and Figure 8 shows their suggestion.

TABLE XXXV  
SUGGESTIONS OFFERED BY THE OFFICIALS FOR THE  
FEEDING PROGRAMME

Suggestions	Percentage mentioned
1. Quantity of feed can be increased ..	75
2. Encourage the community to co-operate in the feeding programme ..	60
3. Make the community to aware the importance of nutrition ..	50
4. Make the community to contribute mite for feeding ..	50

From the table it is revealing that efforts must be taken up to convince the public and make them to realise the importance of feeding programme and public contribution and co-operation which are essential for the success of the programme.

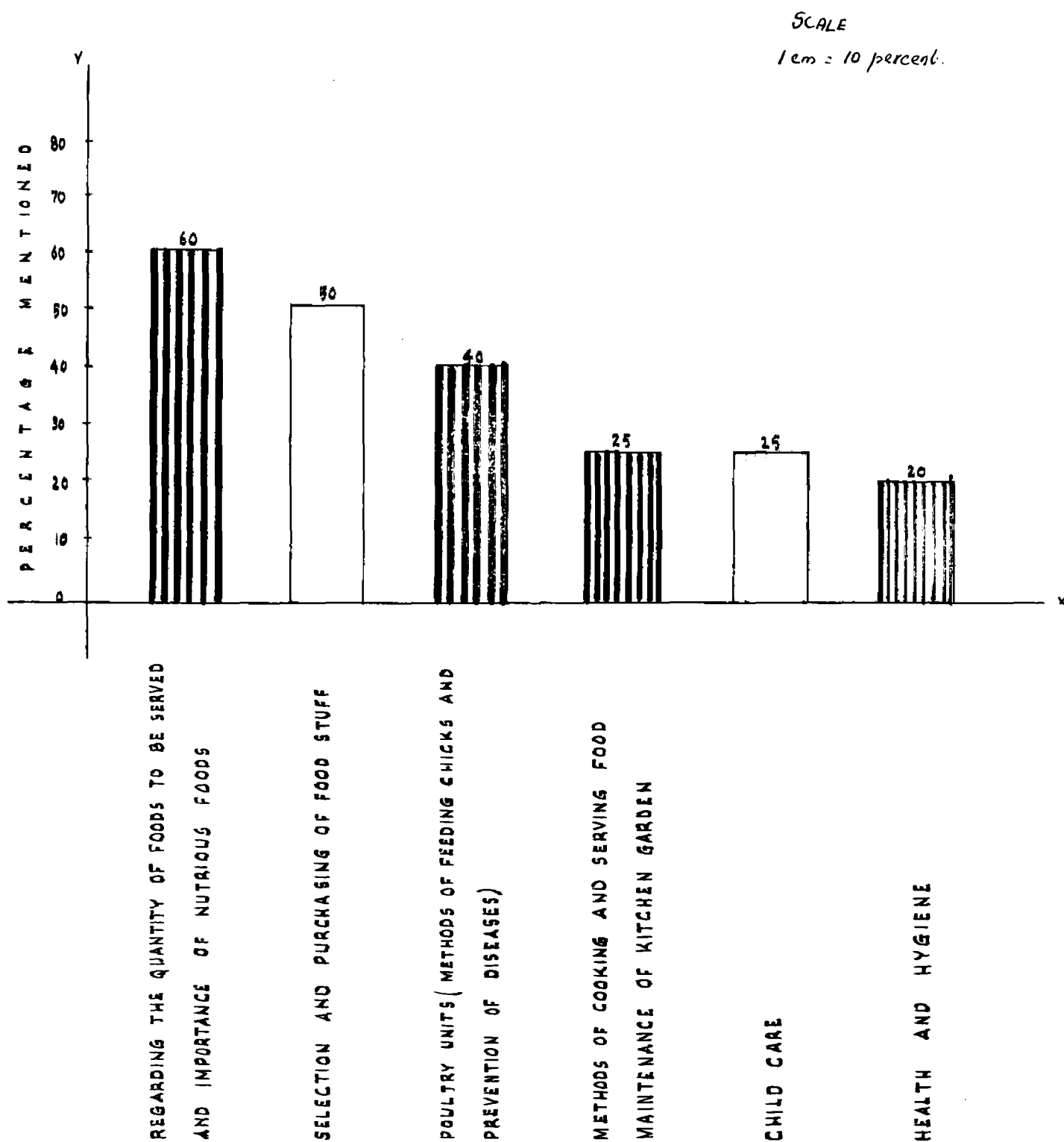


FIGURE. 8.

Suggestions Given By The Officials During Supervision.

## V SUMMARY AND CONCLUSION

The present study aimed to study the views of the beneficiaries, balasevikas and officials of Perur Panchayat Union regarding the feeding programme under ANP. Seventy five parents of beneficiary children 150 beneficiaries of ANP (75 expectant women and 75 nursing mothers) from 25 villages of Perur block where ANP was in operation, were interviewed using a schedule. Views of balasevikas and officials of Perur block were also elicited.

The summarised results are given below:

### a) Views of the beneficiaries:

1. Seventy two percent of the beneficiaries of ANP were aware that in ANP priority was given for the children, expectant and nursing mothers.
2. They viewed that food is needed for energy and growth and considered milk, meat, egg, cereals, vegetables, and greens are nutritious foods. Seventy nine percent of the beneficiaries viewed that the food supplied in the balwadi was nutritious.
3. The beneficiaries (93 percent) were aware that Applied Nutrition Programme was functioning for the welfare of rural community and helping to promote the health status of vulnerable group.
4. Though there were varied opinion of stating adequacy and inadequacy of foods, 48 percent of the beneficiaries felt that they were contended with the foods provided to them.

5. The beneficiaries (90 percent) viewed that the place of food distribution was clean and satisfactory and easily approachable and they expressed interest in going and receiving the food at the balwadi itself.

b) Views of the balasevikas:

1. The balasevikas had undergone ANP training. They have gained knowledge in Nutrition and they were able to identify the healthy child from unhealthy. Balasevikas stated that 31-40 children were coming regularly and participating in the feeding programme under ANP.
2. They felt that the place of balwadi was accomodative to carryout the activities while 36 percent felt that the place was inadequate.
3. Songs, story telling and pictures were some of the methods and aids used for Nutrition Education by the balasevikas.
4. For feeding, the provision were purchased from the co-operative Super market by the balasevikas. They felt that the money provided for that was not adequate.
5. The balasevikas viewed that the balwadi was a centre for children to get education, nutritious food and learning discipline. Importance of vulnerable group was well recognised by the balasevikas.
6. The records maintained by the balasevikas were supervised by the Mukhya Sevika and Gramsevikas.
7. The balasevikas mentioned that health care also been taken care in the balwadi.

e) Views of the Officials:

The Officials had the concept about the Applied Nutrition Programme and its implementation at their block. The main objectives of the programme are production of protective foods at the villages, consumption of protective foods by the vulnerable group, nutrition education to the community and health care to children and these were implemented in all villages of ANP in Perur block.

The officials were aware of the foods given under the programme and the number of beneficiaries receiving the food.

All the officials viewed that the quantity served for children was adequate. In view of the beneficiaries the officials (95 percent) also viewed that the quantity of food served for pregnant women and lactating mothers was not adequate.

The opinions stated by officials revealed that the villages in ANP were improved in the aspects of food production, health status of vulnerable group, knowledge regarding nutrition. The officials supervised the production and distribution centres, and offered suggestions for the improvement of the programme.

The suggestions offered by the officials for the improvement of the programme are:

1. The quantity of the food can be improved.
2. Make the community to aware of the importance of Nutrition
3. Community to be urged to contribute their mite for feeding programmes.
4. Encourage the community to co-operate in feeding programme.

The recommendations emerged from the study are:

1. The balwadi should be provided with convenient building with kitchen, dining place and equipment.
2. Near balwadi, some space can be provided so that children and balasevikas can take their efforts to cultivate vegetables, fruits and greens. This will form a foundation stone in nutrition education for children.
3. On the spot of feeding centres, classes on nutrition and health care can be taught to the beneficiaries with the help of Mukya Sevika and grama sevikas. This may help the beneficiaries to spread the message of nutrition to larger community. Several aids+methods can be used in the community to impart nutrition knowledge in wider scale.
4. The balasevikas should observe the dietary practices of children and beneficiaries and educate the beneficiaries on good nutrition.
5. Parent teacher meetings should form a part of the preschool feeding programme. It should be taken care in all the balawadis.

6. The Mahalir Manram, local organisations and public should be urged to contribute donations for the feeding programme.
7. Regularity of the beneficiaries participation in feeding should be noted and awards or prizes can be given for their best participation.
8. Frequent supervision by the officials can be motivated to function the programme more effectively.
9. Balasevikas should be given good remuneration to make them to work satisfactorily and interestingly towards the welfare of beneficiaries and programme.

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**A P P E N D I C E S**

**APPENDIX I**

**QUESTIONNAIRE TO ELICIT THE VIEWS OF FEEDING  
PROGRAMME FROM THE BENEFICIARIES OF ANP IN PERUR  
PANCHAYAT UNION**

**S.No.:**

**Pregnant Woman/ Lactating Mother / Parents.**

**a. 1. Name of the interviewee:**

**2. Stage: Pregnant Women, lactating mothers, Parents.**

**3. Address:**

**4. Village:**

**5. Block:**

**6. Caste :**

**7. Religion:**

**b. 1. Details regarding Family background:**

-----  
S. Members of the Relation Age Sex Edu- Occu- In-  
No. Family to head Male Fe- cat- pat- Come  
male ion ion  
-----  
-----

**c. Food Production:**

Do you have a space for kitchen garden		Are you maintaining kitchen garden		How you will get the seeds	Who will distribute the seeds
Yes	No	Yes	No		

**2. Details regarding kitchengarden products:**

Name of the foods cultivated	Money value	Benefit		
		For Family	for Sale	For Balwadi

**3. Mention the benefits of maintaining kitchen garden.**

**d. Do you have poultry, dairy in your home?**

Yes  No

If Yes, give the details:

Numbers	Amount of foods produced		Money value	Benefit		
	Per month	per Week		per day	For fami-ly	For Sale

Poultry

Dairy

1. Meal pattern of the beneficiary families:

Meal Time	Foods taken	The raw foods taken
-----------	-------------	---------------------

2. Cooking methods:

Foods	Boiling	Stewing	Frying	Steaming	Any other methods.
-------	---------	---------	--------	----------	--------------------

Cereals

Pulses

Vegetables

Greens

Mutton

**3. Food Preservation:**

Foods preserved	Methods of preserving	Duration of preservation
-----------------	-----------------------	--------------------------

**4. Foods given in special conditions:**

Stages	Foods given	Reasons	Foods avoided	Reasons
--------	-------------	---------	---------------	---------

1. Infants

2. Weaning

3. Pre-School

4. School going

5. Adolescent

6. Adult

7. Pregnancy

8. Lactation

9. Disease conditions

f. Nutrition knowledge.

1. Mention the benefits of taking foods.

2. Which are the foods you consider as nutritious foods?

3. During which stage, nutritious food is essential?

Stages	Reason
--------	--------

4. Mention the foods which you like?

- Cereals: \_\_\_\_\_ Reasons.
- Vegetables: \_\_\_\_\_
- Others : \_\_\_\_\_

5. How will you cook with out any nutrient loss?

**g. Mention the programmes which are in operation in your village**

Their knowledge about the programme	Benefits of the programme	Opinion
-------------------------------------	---------------------------	---------

**Applied Nutrition Programme**

**Mid-day meals programme**

**Balwadi**

**Family planning**

**Mahalir Manram**

**Others**

**Details regarding Applied Nutrition Programme**

- 2. State the duration of ANP in your village**
- 3. What is the aim of this programme**
- 4. For whom prior attention is given under this programme**
- 5. Why, pregnant, women, lactating mothers and children are included under this programme**

6. How many members are benefitted under this programme  
in your village

-----  
Children                  Pregnant Women          Lactating mothers  
-----

7. Who are all helping in this programme?

8. Mention the production aspects in this programme

9. How many members are participating under this programme?

10. Are you participating under this programme?

Yes                   No

If yes, since how long you are participating  
under this programme

11. Mention the personnel who selected you?

**12. Details regarding foods and distribution under this programme**

**a. Food**

**1. Where do they distribute the food for you**

**2. Who distributes the food?**

Balasevika/Ayah

**3. Mention the foods they are distributing?**

**4. Do you consider the foods as nutritious foods?**

Yes

No

**If yes, reason**

**5. Food distribution**

**Whether the food distributed to you is**

Enough

Not enough

Too much

**6. Do you inform the others about food distribution in the balwadi**

Yes

No

If yes, to whom

7. Do you need any change in the distribution of food?

Yes  No

If yes, what type of change?

8. Opinion regarding the place of distribution

1. Is the distributing place is hygienic?

Yes  No

2. How far is your house from the food distribution place?

.....  
 Very far                      Not so far                      Very near  
 .....

.....

3. Do you wish to get food from there?

Yes  No

If No, reasons

4. Do you have any problem regarding place, and ways of food distribution

Yes  No

Reasons

5. What do your family members feel about this food?

6. What is your opinion regarding the foods that you are receiving?

7. Do you share the foods you receive with other family members?

Yes  No

If Yes, with whom do you share

8. By consuming this food, what are the changes you have noticed in your family changes.

- a. Food selection
- b. Cooking foods
- c. Preserving foods

9. Because of this programme what are all the improvements in the health of your family members?
10. Did you undergo any medical check up under this programme?

Yes  No

If yes, how often it was done?

11. What are all the benefits obtained in your village due to this programme?

**c. Food distributing time**

1. At what time are the foods distributed to you?

2. Is the distributing time is convenient for you?

Yes  No

If not, suggest your convenient

3. Do you need any change in the time of distribution

**d. Details regarding eating place**

**1. Where will you eat the received foods?**

**Reasons**

**Balwadi**

**House**

**Other place**

**e. What are your suggestion, regarding food distribution under the programme**

**Suggestions**

- 1. Food selection**
- 2. Cooking methods**
- 3. Food distribution/Amount**
- 4. Food distributing**

**Time:**

**Place:**

**5. Functioning of Applied Nutrition Programme in your village**

**f. Nutrition Education**

Are you given nutrition education?

Yes  No

If yes, where

What do they teach?

2. Who teaches you about nutritious food?

3. In what method and aids do they use to teach?

4. What are all the suggestions regarding nutrition education?

5. What are all the benefits you get because of nutrition education

**g. Details regarding the participation of pregnant women, lactating mothers under ANP**

1. Are you a member of mahalir manram?

Yes  No

Convenor    Yes        No   

If yes, for how long?

2. What have you learn from mahalir manram?

3. Are the things you have learnt are of any use to you

Yes     No

If yes, how?

4. Do you follow the things you have learnt?

Yes     No

If yes, which do you follow

h. General

1. What is your opinion regarding feeding programme  
which is functioning in your village?

2. Your suggestions for the improvement of the programme



**3. Work experience**

.....  
**Details regarding the work**                      **Year of experience**  
 .....

.....

**4. Details regarding the training**

.....  
**Training Place**                      **Duration of training**                      **Benefits Arrived**  
 .....

.....

**5. Details regarding Balwadi**

.....  
**Year of starting**                      **Children's attendance**                      **Children's**  
**the balwadi**                      Male                      Female                      **Average age**  
 .....

.....

6. How many children are participating under ANP?

.....  
Male Female  
.....

.....

7. *Mention your opinion about the balwadi.*

8. Opinion regarding space and facilities

9. Details about daily activities of the balwadi

.....  
Time Activities Materials used Methods  
.....

.....

**10. Details regarding facilities available in the halwadi**

S.No.	Facilities	Adequate	Not adequate
-------	------------	----------	--------------

**1 Place**

For daily activity

Out side games

To children take rest

Preserve the foods

Food distribution

For gardening

Sunlight

Air

**2 Water facilities**

**3 Cooking food**

11. Details regarding the lessons and methods used in  
the halwadi

S.No.	Teaching lessons	Are you teaching		Methods of teaching			
		Yes	No	Songs	Story	Pictures	Play material
1	Nutritious food						
2	Hygienic						
3	Discipline						
4	Good habits						
5	Birds and animals						
6	National leaders and flag						
7	Traffic rules						
8	Any other						

**12 Materials used for teaching**

Are you using the materials needed for teaching

Yes  No

If yes, give the details

S.No.	Materials used	Materials	How you will use
1	Pictures		
2	Toys		
3	Books		

**13. Details regarding ANP**

1. Do you have ANP in your balwadi

Yes  No

If yes, who are maintaining the programme?

2. What is your opinion about ANP?

What is the aim of this programme

3. For whom prior attention is given under this programme

14 Meal pattern

Days	Food	Amount		
		Children	Pregnant Women	Lactating mothers

15. Who will decide the meal pattern

Do you change the meal pattern?

Yes  No

If yes, how will you change

16.

Food	Are you distributing		Frequency of distribution	Opinion regarding benefits
	Yes	No		

Vegetables

Greens

Fruits

Egg

Any other

17. Details regarding food preparation and distribution

S.No.	In charge	Place	Problems	Suggestions
-------	-----------	-------	----------	-------------

Food

1. Preparation

2. Distribution

18. Methods of preserving foods

Foods	Method of preserving	Problems	Suggestions
-------	----------------------	----------	-------------

19. Details regarding purchasing of vessels

Month	Price	Year	Price	Gift
-------	-------	------	-------	------

20. Details about purchasing foods

S.No.	Foods	Frequency of purchasing	Where you will purchase	Who will purchase	Problems
-------	-------	-------------------------	-------------------------	-------------------	----------

.....

21. Details regarding the maintenance of records.

Are you maintaining records?

Yes  No

If yes

Records and Registers maintained	Person recording
----------------------------------	------------------

.....

22. What are the benefits due to balwadi

For children	For parents	For pregnant and lactating mothers	For others

23. Do you have any problem in maintaining ANP

Details	<u>Problems</u>		How will you manage	Suggestions
	Yes	No		

1. Financial

2. Vessels

3. Parents  
co-operation

4. Balasevika's problems

5. Any other

**24. Details about Parent Teacher meeting**

**1. Are you conducting parent teacher meetings in your balwadi**

Yes  No

**2. If yes give details**

S.No.	Frequency of meeting	Number of parents attending	Place	Topic discussed

**3. Are you conducting parents education classes?**

Yes  No

**25. Details about the immunisation**

**1. Whether periodic immunisation drive going on?**

Yes  No

**If yes**

Immunisation by whom	Number of children participated	Type of immunisation
Primary healthinspector		
Mid-wives		
Private doctor		
Any other		

## 26. Personal health and hygiene

1. Can you recognise the healthy and unhealthy child?

Yes  No 

If yes, how.

2. Whether periodic health check-up is going on

for the children?

Yes  No 

If yes

By whom	Frequency of medical check-up	Problems	Suggestions

Are you taking height and weight for the children?

Yes  No 

If yes, frequency of taking height and weight

## 27. Details regarding supervision

1. Whether supervision is going on in the balwadi

Yes

No

2. Mention

Persons involved in supervision	Frequency of supervision	Suggestions given by them

## 28. Details regarding balasevikas pay

1. How much salary you are getting per month?

2. Mode of receiving the payment

Money order/ from Panchayat Union Office

3. When did you receive the pay?

4. Are you satisfied with the pay

Yes

No

5. If No, suggestions.

APPENDIX III

QUESTIONNAIRE TO ELICIT VIEWS FROM THE PERUR PANCHAYAT UNION  
OFFICIALS ON FEEDING PROGRAMME UNDER ANP

A. GENERAL INFORMATION

1. Name of the respondent :
2. Address :
3. Designation :
4. Age :
5. Educational Qualification :

.....  
Education  
.....

S.S.L.C.

College

.....

6. Years of Service

.....  
Nature of work (worked as)      From      To      Experience in Applied Nutrition Programme  
.....

.....

**B. DETAILS ABOUT THE APPLIED NUTRITION PROGRAMME; AT THE BLOCK**

1. Is the ANP operating in your block?

Yes  No

If yes since when

2. What are the objective of this programme?

3. Who are getting prior attention in this feeding programme?

4. What are the other programmes in operation in your block other than ANP?

5. List out the activities under the ANP which are implemented in your block

Activities under ANP	Whether implemented		Specify the Number
	Yes	No	
-----			

A) Food Production

a) POULTRY

Grower farm units

Backyard Poultry Units

Panchayat Poultry Unit

Mahalir Manram Poultry

.....

Activities under ANP	whether <u>implemented</u>		Specify the Number
	Yes	No	

.....

**b) HORTICULTURE**

**Kitchen garden**

**School garden**

**Community garden**

**Head Quarters Nursery**

**Fishery**

**OTHERS**

**Bee-keeping**

**Any other Special Project**

**if any mention**

**c) CONSUMPTION**

**Balwadi feeding**

**School feeding**

**Feeding for Pregnant Women**

**Nursing mothers**

**Non balwadi children  
(specify the age)**

**d) Nutrition education****Mahalir Manram demonstration****Exhibitions****Competitions****Youth Clubs****Immunisation****Immunisation of Children****e) 1. DETAILS OF THE FEEDING PROGRAMME IN YOUR BLOCK UNDER ANP, MENTION:**

<b>Beneficiaries</b>	<b>No. of benefi- ciaries.</b>	<b>Type of foods given</b>	<b>Frequency of feed- ing</b>	<b>Persons respon- sible for feeding</b>
----------------------	--	------------------------------------	---------------------------------------	--

**CHILDREN:****Balwadi children****Non-Balwadi children****Pregnant Women****Lactating mother**

**3. WHETHER THE FOODS GIVEN IN THE FEEDING PROGRAMME IS SUFFICIENT FOR**

	Yes	No	Reasons
--	-----	----	---------

Non balwadi children  
(Children who are not coming to balwadi)

Balwadi Children  
(2½ - 5 years)

Pregnant Women

Lactating mother

-----

**3. LIST OF PROBLEMS WITH REGARD TO FEEDING**

Problem	Suggestion for improvement
---------	----------------------------

Selection of feed for feeding beneficiaries

COOKING

Place

Vessels

STORAGE

Place

Vessels

Distribution of foods

-----

**4. Your views regarding the feeding programme.**

**D. ROLE OF OFFICIALS**

What is your specific role in ANP

Aspects	Role
---------	------

In production programme

In horticulture

In Poultry

In food distribution/consumption

In nutrition education

In other aspects

Specify

.....

**E. 1. Have you obtained any training in the ANP**

Yes  No

**2. If yes give the following details**

Name of the training	Duration specify the period	The opinion regarding training	How do you make use of the training
----------------------	-----------------------------	--------------------------------	-------------------------------------

.....

**F. WHAT ARE THE CHANGES IN THE BLOCK DUE TO THIS PROGRAMME**

-----  
**Activities** **Changes**  
 -----

**A) FOOD PRODUCTION:**

**a. POULTRY**

**Grower farm units**

**Backyard poultry**

**Panchayat Poultry**

**Mahalir Manram poultry**

**b. HORTICULTURE:**

**Kitchen garden**

**School garden**

**Community garden**

**Head quarters Nursery**

**Fishery/fruit foods**

**others if any**

**--- Bee-keeping**

**Any other special projects**

**c. CONSUMPTION:**

**Balwadi feeding**

**School feeding**

**Feeding for**

**Pregnant Women**

**Nursing mothers**

**Non balwadi**

**Children (below 5 years of age)**

**d. NUTRITION EDUCATION:****Mahlir Manram demonstrations****Exhibitions****Competitions****Youth clubs****Distribution of Radio's and  
Organising Radio listening clubs****Immunisation****Immunisation of children****e. DETAILS REGARDING YOUR VISITS**

Are you visiting and supervising the activities of  
ANP at the Village  Yes  No.

If yes how often you are visiting and supervising ?

How do you supervise

What are the suggestions you are giving during your  
visits?

Your suggestions for further improvement of this feeding  
programme.