

SAVING
LIVES
CHANGING
LIVES



Review of Take-Home Rations under the Integrated Child Development Services in India

Review of Take-Home Rations under the Integrated Child Development Services in India

Disclaimer: The analysis presented in the publication was put together based on telephonic interviews with government functionaries including grassroots functionaries in few instances as well as desk research.

The document was developed prior to the Jammu and Kashmir Reorganisation Act, 2019 and therefore the maps used within the document does not take into account the reorganisation of the state.

All rights reserved. Reproduction and dissemination of material in this information product for educational or other non-commercial uses is authorized without any prior written permission from the copyright holders provided the source is fully acknowledged. Reproduction of material in this information product for resale or other commercial purposes is prohibited without written permission. Applications for such permission should be addressed to the Communications Division of the World Food Programme.

© WFP 2019

For more information, please contact

World Food Programme

2, Poorvi Marg, Vasant Vihar, New Delhi-110057

Tel: +91-46554000

E-mail- wfp.newdelhi@wfp.org

Alok Kumar, I.A.S.

ADVISER

Tel : 011-23096613

E-mail : alokkumar.up@nic.in



भारत सरकार
नीति आयोग, नीति भवन,
संसद मार्ग, नई दिल्ली-110 001
NATIONAL INSTITUTION FOR TRANSFORMING INDIA
NITI Bhavan, Parliament Street,
New Delhi-110 001



Foreword

I am pleased to note that the UN World Food Programme's India Country Office has undertaken a country wide review of the Take Home Rations (THR) distribution through the Angawadi network across the country under the Integrated Child Development Services scheme.

The Government of India and the State Governments invest substantial efforts and resources in the delivery of the THR to children between the age of 6-36 months and to pregnant and lactating women. For many vulnerable households, the THR are an important component in their diets and therefore, could potentially have substantial impact on nutritional outcomes of young children.

It is therefore imperative that the quality of foods and the overall nutritional value of the THR is appropriate and of the highest standard. Further, this programme can be leveraged to improve Infant and Young Child Feeding (IYCF) practices while also preventing malnutrition. However, to be effective in achieving those goals, they must not only be designed to meet special nutritional needs of these vulnerable groups, but must also be complemented with appropriate messaging of their importance besides guidance on their use, for mothers and care-givers.

This review covers the various components of the THR: from production to nutritional composition, quality control and packaging. At the same time, it provides guidance on how each component can be strengthened for improving IYCF practices. I hope the policy makers at the National and State level find this study useful and are able to use the findings to improve the overall quality of the Take Home Rations for the benefit of the vulnerable women and children and to help India reach her targets in reducing all forms of malnutrition.


(Alok Kumar)



Preface



Adequate nutrition during infancy and early childhood is essential to ensure that children are healthy and reach their full growth and development potential. Optimal infant and young child feeding practices are key in helping children reach their potential during infancy and early childhood. According to research, universal practice of optimal breastfeeding could prevent 13 percent of deaths occurring in children younger than 5 years of age globally, while appropriate complementary feeding practices would result in an additional 6 percent reduction in under-five mortality.

By the age of 6 months, an infant's need for energy and nutrients starts to exceed what can be provided by breast milk. Complementary feeding thus becomes necessary to augment the energy and nutrients provided from breastfeeding. Inappropriate and untimely complementary feeding can lead to growth faltering in young children during the weaning period of 6-24 months of age and can also result in micronutrient deficiencies and a higher likelihood of infectious illness.

Complementary foods need to be nutritionally-adequate, safe, and appropriately fed in order to meet the young children's energy and nutrient needs. Both food and feeding practices influence the quality of complementary feeding, and mothers and families also need support to practice good complementary feeding behaviours.

In order to ensure better access to appropriate complementary foods, the Integrated Child Development Services (ICDS) scheme of the Government of India provides supplementary nutrition to children in the age group of 6-36 months in the form of take-home rations (THR). The THRs are the ideal platforms to be leveraged to improve complementary feeding practices in the communities because of their focus on the given age group, vast outreach and provision of THRs. Therefore, this review was undertaken in order to compare and contrast the composition and nutritional content of the various THRs provided across the country and provides recommendations on the way forward, to guide policy and planning.



Bishow Parajuli,
Representative and Country Director,
United Nations World Food Programme, India

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_4136

