



## **Role of Ramakrishna Mission's health programme in the transformation of rural health structure**

**Puneet Kumar Ojha and Pankaj Kumar Ojha\***

University of Delhi, New Ddelhi-110001, India

\*Department of Agriculture Extension, Banda University of Agriculture and Technology,  
Banda (U.P.)

Corresponding author: puneetojhadu.edu@gmail.com

Received on: November 11, 2023

Accepted on: January 2, 2024

### **Abstract**

*NGOs are pivotal in addressing global issues, notably health, with malnutrition being a significant concern, especially in rural areas. Child malnutrition is alarming in some regions, emphasizing the importance of child and maternal health worldwide. While India has effective health policies, NGOs like the Akshaya Patra Foundation and the Ramakrishna Mission complement governmental efforts. The Ramakrishna Mission prioritizes health, believing in eradicating hunger and understanding the link between nutrition and well-being. Emphasizing rural child, adolescent, and maternal health, it exemplifies health as a pillar of social progress.*

**Keywords:** malnutrition, NGOs, nutrition, Ramakrishna Mission. social action.

### **Introduction**

India is the most populous country in the world. China is in the 2<sup>nd</sup> spot when it comes to population. The population of our country has reached an alarming level because our land and resources are limited. Especially in rural areas, it is a herculean task to provide the minimum basic facilities

to such a huge population. Our population is increasing day by day, but what about resources? What about the distribution of land? Where can we produce food grains to feed such a huge population? These are not just questions, but the biggest challenge in the present context. Providing food, affordable homes, and effective health services to all is a big deal. For that sake, a

scheme is not enough; it is possible only if the government is strongly determined with a good political gesture. Health is still a burning issue in our country, and although the government is improving the condition of government hospitals, these efforts are not enough to fulfill the goals that we have planned to achieve as per the MDGs. The bigger states of our country Like, the U.P. has bigger challenges, such as a shortage of health staff as per the population and an unbalanced ratio of doctors per 100,000 population. Uttar Pradesh (UP) is the most populous state in India and has some of the highest rates of malnutrition in the world; half of all children under the age 5 have stunted linear growth, and 10% are wasted. Singh (2014), in their study, found that the prevalence of underweight, stunted, and height was found to be significantly higher in children of illiterate parents”. Globally, approximately 149 million children under five were wasted, and nearly 17 million were severely wasted. There are now 40 million overweight children globally, an increase of 10 million since 2000. (UNICEF-WHO-World Bank, 2019). It is estimated that by 2050, 25 million more children than today will be malnourished. (Nelson et al., 2009). In India, as per National Family Health Survey 4 (NFHS-4, 2014–15), 38.4, 21, and 35.7% of children below five years suffer from stunting, wasting, and underweight, respectively; the corresponding figures for NFHS 3, 2005–06 were 47.9, 19.8, and 42.5%, respectively. In 2014, the UP State Nutrition Mission (SNM) was established to help improve child and maternal nutrition in the state. The SNM acts as a multisectoral coordinating body within the government to improve nutrition programming across sectors, especially within Integrated Child Development Services (ICDS) and the National Health

Mission (NHM). UNICEF financially supports and is a technical partner of the SNM in UP. (UNICEF, 2016, p. 9). The health interventions aim to strengthen and promote comprehensive health for women and girls, particularly in rural and underdeveloped areas, and create a positive and enabling environment for accessing quality healthcare services.

There are multiple challenges before a growing economy, and India is still struggling with those challenges, especially in the field of public health. Health infrastructure is still one of the biggest challenges for the growing economies of the world.

India has one of the fastest-growing economies in the world. In the seventy-three years of its independence, the Indian governments have claimed several achievements—social, economic, and political—to their credit. All successive governments made efforts to build a modern economy to lift people out of poverty and backwardness. In the area of health, the Indian government made several noteworthy efforts, from the “Bhore Committee recommendations” (Duggal, 1991) to the National Health Policy, 2017,” to maintain the public health service system to deal with different health issues. However, providing quality health services to all is still a major challenge in India. In such a context, it is quite important to look at the socio-economic, cultural, and political factors that are creating barriers to providing quality health services equally to all and maintaining the health and well-being of the Indian population. (Rani and Wakar, 2018). Thinking of wellness is impossible without the improvement of basic healthcare infrastructure. WHO defines wellness as “the optimal state of

health of individuals and groups,” and wellness is expressed as “a positive approach to living.” There are two focal concerns: the realization of the fullest potential of an individual physically, psychologically, socially, spiritually, and economically, and the fulfillment of one’s roles and expectations in the family, community, place of worship, and other settings.”

Providing quality health services is very important for the health and well-being of our country. But it’s not possible for the government solely to improve the structures of public health; for that sake, it’s better to join hands with the private sector players through PPP mode. Despite all the good efforts and awareness on health and sanitation, government machinery does not rely on its efforts. This is the reason that the government takes the help of various voluntary organizations and NGOs to improve the health situation in our country. The situation is worse when it comes to the issue of child malnutrition. The positive side of the effort is that many NGOs are working very well on the issue of child and adolescent malnutrition. Ramakrishna Mission is one of the prominent organizations that is working continuously and effectively on the issue of child malnutrition. As a research scholar, it was a wonderful experience working with the Ramakrishna Mission on the issue of child health in the Mirzapur and Sonbhadra districts of Uttar Pradesh. Both districts are considered underdeveloped as compared to their counterparts. Mirzapur is a big district in terms of area, and its population is roughly equal to the population of the City of Kuwait. It is very famous for Vindhyavasini Temple, which is considered one of the 51 Shakti Peeths of Devi Durga across the Indian subcontinent. Mirzapur

was once upon a time the largest district of India as per the area. The present Sonbhadra district was once part of the Mirzapur district. It is very famous in the carpet industry. Mirzapur district shares its border with Varanasi, Allahabad, and Sonbhadra districts. Mirzapur is divided into 12 blocks. Ramakrishna Mission is working in 8 out of 12 blocks in Mirzapur and one in Sonbhadra district. RKM believes in a rights-based approach, not a charity-based approach. RKM has a well-planned action model known as Ramakrishna Mission’s model of health, which is mainly focused on child and adolescent health. The organization has a well-trained team of staff and experts who are responsible for the effective implementation of health-related programs for the beneficiaries. Ramakrishna Mission believes in a humanitarian approach, and it believes in the humanitarian approach of Swami Vivekananda, who always considers humanity above all. Ramakrishna Mission is a unique kind of NGO whose presence is in all the major centers of the world. Health is the real asset of the human being, and believing in this philosophy places much more emphasis on child and maternal health. If a child and mother become healthy, only then can we assume a healthy nation. RKM is working on that population that is not able to avail of the resources and suffers from extreme poverty. RKM is working in the Dalit basti, Mushar basti, Muslim basti, and Adivasi basti. Community mobilizers and staff of the Ramakrishna mission work together for the identification of the population where the health status of the family is not good because those families are more prone to malnourishment. It is the responsibility of community mobilizers to conduct a survey and meet on a daily basis with those families where malnourished children are

available. It has been seen frequently that malnourished children are found in those families who belong to low-income groups and are illiterate too. Once community mobilizers identify the target group, they discuss it with the staff of the Ramakrishna Mission. After discussion in detail, both of them again go to the identified population and discuss in detail with the families. After which, they regularly check the condition of the children and mother and register their names in the beneficiary register, through which they get nutritious food and medicine at a fixed interval. RKM provides nutritious food and free medicine to the families up until and unless the child declares healthily. The health and awareness campaign of the RKM is an effective weapon for the villagers, who are not at all aware of the government schemes and plans. Through various pamphlets and documentary films, doctors and other staff of RKM are continuously informing the villagers of the latest updates about the various welfare measures.

**Ramakrishna Mission drives its health programs, models, and vision from the doctrines of Sri Ramakrishna Paramhans:** Ramakrishna Paramhans always wanted Swami Vivekananda to serve the poor, the downtrodden, the ignorant, the sufferer, and also the sinner. Swami Vivekananda set out to explore the conditions of people from Kashmir to Kanyakumari. He was moved by the sorrow, agony, and anguish of the people. He believed the notion of “Shiva Jnane Jiva Seva,” (Dasarath and Tah, 2023) “He who serves Jiva serves Shiva (Lord Shiva) indeed.” Ramakrishna Mission has an emblem or symbol that depicts the synthesis of yoga that Swamiji has in his mind.

## **Health programmes of ramakrishna mission varanasi**

### **Vivek Sanjivani Program (an overview):**

Vivek Sanjivani is an initiative for the healthcare and education of the Ramakrishna Mission Home of Service, Luxa, Varanasi. It provides general healthcare through six telemedicine units and six mobile medical units, along with mother-child primary healthcare, adolescent healthcare, community mental healthcare, visual health check-ups, general movement assessments in neonates and infants, and the distribution of nutritional food supplements. It is also engaged in Gadhadhar Abhyudaya Prakalpa (non-formal primary education), value education programs, health education, health education-based and value education-based film development, and the publication of books and research programs. It conducts foundation courses in science and mathematics, online teachers’ training, and workshops. Multimedia-based online science and communicative English classes are now being regularly conducted for rural children. This department offered telemedicine services through twelve centers, in which six telemedicine units (TMUs) are stationary and six mobile medical units (MMUs) are roaming.

**Telemedicine services:** The Ramakrishna Mission provides a virtual alternative to traditional medical care in the form of real-time telemedicine technologies. It helps more people get the medical attention they need, particularly in underserved areas and communities. Saving money while also keeping patients informed about their treatment is made possible throughout the year. When it comes to healthcare, the poor in Varanasi may turn to one of RKM's twelve telemedicine centers.

**Telemedicine units (TMUs) of Vivek Sanjivani:** Six Telemedicine Units have been established at different locations, viz., Majhawan, Kalwari, and Naugawan (Mirzapur district), Lohara (Sonbhadra district), and Lalganj (Azamgarh district) of Uttar Pradesh, and Bakhpur (Udham Singh Nagar district) of Uttarakhand, for providing medical services to the poor, needy, and underserved. These centers generally provide telemedicine services three days per week on a regular basis. Telemedicine services use Internet communications and cloud-based real-time software solutions to provide clinical services to patients without an in-person visit to the doctor's chamber. IIT Kharagpur has developed 'Matri Seva, a database software free of charge for keeping patients' details. The software has been hosted on a Microsoft cloud-based server to provide easy access to all centers. It is frequently used for primary healthcare, mental healthcare, follow-up visits, the management of chronic conditions, medication management, health education, and other clinical services. The telemedicine programs of Vivek Sanjivani are backed by a 195-bed referral hospital at Ramakrishna Mission Ashrama in Varanasi. The physician's consultations are done from the expert center of Vivek Sanjivani at Varanasi or from the doctor's dwelling place. Several physicians from Kolkata, Anand (Gujarat), and Noida are extending help in the treatment of patients. Specialist doctors provide free services. All received free medicine from the remote TMUs, except in a few cases. Pathological tests like blood pressure, hemoglobin percentage by color card, and random blood sugar (RBS) are done for patients over 30 years of age. Specialist services are offered through telemedicine at the doorstep of the village population. These specialist services

include psychiatry, gynecology, ENT, medicine, oncology, and community medicine. People are receiving several major fundamental benefits from Vivek Sanjivani's telemedicine services, such as improved access, cost-efficiency-based service, and quality healthcare facilities and services within the reach of their homes.

**Mobile Medical Units (MMUs) health on wheels:** In rural Uttar Pradesh, nearly 60 percent of the total rural population lives below the poverty line. MMUs help to conduct screenings and basic diagnoses and provide primary healthcare services for complex medical treatments closer to people's homes. Six MMUs touch several parts of the Mirzapur district of Uttar Pradesh. These units are partly based on telemedicine services. Some patients at two locations are offered in-person doctor's meetings.

**Non-communicable disease screening (NCDS)** is done for hypertension (HTN), diabetes (DM), oral cancer (OCE), and breast cancer (BCE) among the target age group of 30 years and older through telemedicine units (TMUs) and mobile medical units (MMUs) on the first day of patient registration.

**Manasik Soundarya Community Mental Health Program:** The Community Mental Health Program is devoted to the evaluation and improvement of the public mental health of poor people affected by mental disorders, emotional disturbances, and/or addictions. The patients from Patewar, Kalwari, Naugawan, Lohara, Majhawan, Lalganj, Manikpur, Ramn Deagar, Gaura, Jalalpur, Deepnagar, and other villages are receiving three-tiered comprehensive psychiatric and neurological treatment for common mental disorders like depression,

anxiety, obsessive-compulsive disorder (OCD), severe mental disorders including psychosis, bipolar disorder, schizophrenia, and major depression and epilepsy. Visual Health Check-up: In terms of ocular health, two main public health challenges in developing nations like India are cataracts and refractive errors. Ramakrishna Mission, Varanasi, offers eye refraction testing as well as 3 Nethra testing at the remote village sites to favor the rural people. Vaccines, viz., polio, penta, tetanus toxoid, inactivated polio vaccine, etc., are administered in villages where the Ramakrishna Mission has been working continuously for decades. RKM offered support to tuberculosis patients to receive free medicine and government benefits.

**Distribution of nutritional food supplements:** The distribution of nutritional food supplements has continued uninterrupted to date. Nutritional food supplement items (Bajra, Soyabean, Besan, Ground Nut, Jaggery, and Mustard Oil) are regularly distributed on a monthly basis to the poor, pregnant, lactating mothers, and malnourished children of the villages of Mirzapur and Sonbhadra districts, which provide 750 kcal/day and 37 g of additional proteins every day to each woman and child. Films based on health education developed by our department were screened in different areas and viewed by villagers and students.

**Promotion of health education:** Spreading health education has the potential to improve people's health and the health-related aspects of their daily lives, such as their environment at home and at work. Programs that aim to improve health and prevent illness should include health education in their strategies. This has the potential to initiate far-reaching health

advances in caring for marginalized communities. Culturally relevant and specifically designed for rural audiences, these films are used in health education initiatives to increase the likelihood that their messages will be received positively. To empower people in rural regions to take charge of their health and make positive behavioral, environmental, and societal changes, the Ramakrishna Mission has produced documentaries that discuss issues including language and cultural hurdles to health promotion and illness prevention. Films based on health education developed by the health and healthcare departments were screened in different areas and viewed by villagers and students.

**Health Education and Film Development:** Ramakrishna Mission developed the video 'Amulya Jeevan', a cancer awareness film in Hindi, and another, 'Nishabd Ghatak', a film based on respiratory problems due to the indoor population in rural areas in Hindi, to create awareness among the vast majority of rural and urban people.

**Short films on stories of Sri Ramakrishna Paramhans:** The Vivek Sanjivani team also developed short films on the teachings of Sri Ramakrishna Paramhans in English, Hindi, and Bengali.

### **Non-formal primary education**

Gadadhar Abhyudaya Prakalpa (GAP): Under this program, a total of 200 children from poor families in Rampur, Gaura (Mirzapur district), Lalganj (Azamgarh district), and Lohara (Sonbhadra) districts have been enrolled in the mission's four child-friendly holistic non-formal schooling units. These kids receive holistic education in their natural environment.

They get nutritional snacks on a daily and monthly basis, depending on the items, along with free learning and literacy materials, hygiene and sanitation items, uniforms, and school bags for overall growth and development.

**Jivansudha (Value Education Programs):** One of the primary goals of the Vivek Sanjivani initiatives is to instill more human values in the young. Having a sense of purpose and enjoying life more as a result of incorporating values into daily decisions is the result of having internalized and applied those values. Vivek Sanjivani has taken on this Jivansudha-value education program, which uses multimedia presentations to illustrate Ramakrishna-Vivekananda teachings for students and adults of varying ages in order to inculcate the attitude of practicing higher ideals in life and to influence young minds right from the school days. Ramakrishna Mission has published the book 'Jivan Mein Safalta' to propagate the ideas presented by the illustrious child of India, Swami Vivekananda. They have started online value education classes for students to foster positive thinking. Sri Ramakrishna's sayings are the inspiration for living daily life based on eternal values. Keeping this in mind, they have developed five films in Hindi and one film in Bangla based on the stories told by Sri Ramakrishna Paramhans. All six films are dubbed in English. They conducted value education programs in several villages where villagers were participants.

**Health education:** In the slums and rural areas of Varanasi, the Home of Service initiated a new concept of catering knowledge in the area of health and hygiene called the Health Education Department in 2003. The department focuses mainly on

the health conditions of children and women. The Home of Service imparts health education by educating children and women by collaborating with the latest technologies, such as multimedia, demonstrations, and talk shows. The health department also provides auxiliary services like vaccinations, training of women in midwifery, hygiene, etc. The Home of Service has a dairy wing. Milk collected from the milking cows is given to the patients in the hospitals as well as the personnel of the Home of Service. Doctors and health care professionals are recruited who have passed the Ayurvedic Medical Service course. They are given training by the Home of Service in hospitals to learn the basics of allopathic treatment and surgery. These doctors are called 'Trainee Junior doctors'. Non-formal healthcare training programs are given to boys and girls each year. Nursing aids are taught to them. The children of the employees get free coaching in the home of service and are encouraged to attend school regularly. The children also receive classes on value education every Sunday. Children also get stipends of Rs. 50/- monthly. To keep up with hygiene standards and norms, the hospital is equipped with laundry services. The hospital clothes are washed and dried with drying machines. These clean clothes are given to patients and hospital professionals.

**Empowering rural women (ERW):** Ramakrishna Mission's mission is to provide rural women the tools they need to assert their rights to land, leadership, opportunities, and choices and to have a voice in creating policies and programs, at the very least on a local level. They anticipate that this initiative will boost growth and advance the state of development for the next generation. So that rural women may have access to trade

and finance, sell their wares, and contribute significantly to inclusive economic development, the ERW program also promotes equal rights, opportunities, and participation. The ERW team has started their work in Lohara village in the Sonbhadra district of eastern Uttar Pradesh, an underdeveloped area. They formed groups of ladies in each locality of Lohara village. They have provided financial support to some of the ladies of the Lohara village to start some businesses of their own. They have regular discussions with the members of the women's groups about several rights given to them by the constitution. They discuss microfinance in the groups to work together and save money and use it for other purposes like raising animals and starting small-scale businesses such as weaving, fishing, etc. Healthcare is a basic need for all. Not many can afford to get essential healthcare facilities due to many prevailing challenges. Nevertheless, the Ramakrishna Mission started its first health mission by establishing a homeopathic dispensary. A health mission is incomplete without systematic and pre-defined health and health education programs, because that is the baseline for the implementation of a plan whose ultimate goal is to make a healthy nation. Following are the health programs on which the Ramakrishna Mission and its team are working. They are as follows:

- Child Health and Nutrition Programs
  - Jan-Man Swasthya Pariyojana (JMSP)
  - Telemedicine Unit (TMU)
  - Adolescent Girls's Health and Welfare Scheme
  - ERW Program (Empowering Women Supported) by Tata Trust
  - Mother and Childhood Care
- Health Education Program
  - Gender Education
  - Anti-Tobacco

Ramakrishnan Mission understands the issues of child and maternal health effectively and implements them effectively in its flagship 'Jan-Man Swasthya Pariyojana', which makes community health workers always ready to face the challenges related to child and maternal health. Ramakrishna Mission is successful in mitigating child and adolescent malnutrition in a short span of time in the Mirzapur and Sonbhadra districts. Credit goes to the well-trained and amicable staff of the Ramakrishna Mission. Effective accountability and transparency are the keys to the success of the Ramakrishna Mission, which ensures a better healthcare facility for needy families. Through the above-mentioned schemes and health model of the Ramakrishna Mission, we must say that these are not just models but a way of social action that is rigorously working for a healthy, prosperous, and wealthy country.

During my data collection period, I have interacted with the many villagers and discussed in detail their socio-economic, political, health and nutritional awareness, food habits, and knowledge about the government and Panchayati Raj officials of their area. Most of the villagers have very positive feedback about the Ramakrishna Mission. Many villagers strongly said that we have seen welfare measures in the eyes of Ramakrishna Mission because, for them, Ramakrishna Mission is not just an organization but a family that is available for them as and when required. They have a very special bond between staff and community mobilizers (RKM). Apart from providing nutritious food and medicine, the



Ramakrishna Mission is very careful about the needs and necessities of the villagers. Many toilets and hand pumps were made by the Ramakrishna Mission in those parts of villages where people did not have safe and clean drinking water and those who didn't have toilet facilities. Following are the important health programs implemented by the Ramakrishna Mission.

Besides these flagship programs, staff and community mobilizers of the Ramakrishna Mission frequently meet each other to learn about their daily life routines; through this, they have developed a strong rapport. The emphasis in social work has always been on building rapport. Rapport building is an asset of the Ramakrishna Mission. Villagers have great respect for the Ramakrishna Mission because they find that they are always thinking about their welfare with a service motive. RKM staff are in regular touch with the government schools, and they provide all the knowledge and information to all the children that are required of them in their growing years. A dedicated and well-trained team of female staff is responsible for the proliferation of knowledge related to growing girls and the physical and mental changes in their bodies. Talking about the menstruation cycle is still taboo among villagers. Earlier, they were not ready to talk with anybody about their monthly problems, but after the intervention of the Ramakrishna Mission, girls were interested in learning about the remedies and solutions to their monthly and other problems that they frequently faced. Earlier, girls were not using sanitary pads during their periods, but nowadays they are using them because they understand the importance of hygiene. Because of the patriarchal mindset, most of the villagers still have a bias between boys and girls. Villagers provide milk and other nutritious

foods only to boys, not to girls, because they find no logic in providing nutritious foods to girls. They have their own mindsets and a lot of reasons to prove themselves right. They strongly oppose the idea that girls shouldn't be given more freedom because once we provide freedom and liberty to girls, they will be much more advanced and probably will go beyond their limits, which is against family values and ethos. Once girls reach the age of 15, most of the villagers still think they should immediately search for a boy and get married because girls are like a big responsibility for them. Most of the villagers are not in favor of providing higher education to girls because educated girls could be rebellious, and once they are rebellious, they are unable to take care of their husband's house in a proper manner. In spite of all these differences, some villagers came forward to raise their voices in favor of girls' education. They don't believe in the early marriage of the girls. With the support and inspiration of the Ramakrishna Mission, they are changing their mindset slowly and gradually, and this is a very positive signal. I, as a research scholar, believe that without the transformation of villages, it would be hard to imagine a transformed, stable, and developed nation because real India lies in villages. I have seen a very interesting thing in villages that the women representatives are electing in large numbers, but they are just the pseudo faces of the representation, because in most of the cases, her husband does all the work whatever is assigned to her as a panchayat representative because their family and in-laws think that politics is not at all a cup of tea for women, which is why their husband is the true representative instead of her. But slowly and gradually, some female representatives are opposing this system, and they take a

stand in favor of this issue. Change is a long-term process, and it is a continuous and natural process. Some women panchayat representatives are a milestone for others who think that they are self-sufficient to stand in front of male-dominated politics. Chhavi Rajawat of Rajasthan is the best example for all those who underestimate her capacity as a woman. After her election as a Gram Pradhan, many women in Rajasthan and across the country have contested and won in the panchayat and similar elections in the country. These people are the real changemakers in society. The Ramakrishna Mission always promotes entrepreneurship and leadership skills among women. Women are doing a tremendous job in the field of rural development. Apart from government schemes, microfinance companies are promoting and giving responsibilities to women in rural areas. Women become self-dependent through self-help groups. Through these techniques, women are capable enough to manage the expenditures of a family as well as play a significant role in their family and society. The family is considered the basic unit of society; if a family becomes empowered, society automatically becomes empowered. Besides health programs, Ramakrishna's mission enables society to do its work on its own without depending on others. Mitigation of child malnutrition is not possible without education and awareness. Awareness is the most important weapon to bring change into society because awareness makes one self-dependent and fearless. Only fearless people can raise their voices, not fearful people. Being educated and fearful is not enough to make a difference in society. It is possible only when people are united. An educated, aware, and fearless society can make a difference in society. We as a country can

mitigate or eliminate malnutrition or any other challenge if we become educated, aware, and fearless.

Ramakrishnan Mission understands these issues effectively and implements them effectively in its flagship 'Jan-Man Swasthya Pariyojana', which makes community health workers always ready to face the challenges related to child and maternal health. Ramakrishna Mission has been successful in mitigating child and adolescent malnutrition in a short period of time in the Mirzapur and Sonbhadra districts. Credit goes to the well-trained and amicable staff of the Ramakrishna Mission. Effective accountability and transparency are the keys to the success of the Ramakrishna Mission, which ensures a better healthcare facility for needy families. Through the above-mentioned programs, schemes, and health model of the Ramakrishna Mission, we must say that these are not just models but a way of social action that is rigorously working for a healthy, prosperous, and wealthy nation.

#### References:

- Paul D and Tah K. 2023. Sri Sarada Math and Ramakrishna Sarada Mission: An important stream of the Ramakrishna Movement Anudhyan. *An International Journal of Social Sciences*. **8**(1): 135-148.
- Duggal R. (1991). Bhore Committee (1946) and its Relevance Today. *Indian J Pediatr*. **58**: 395-406
- National Family Health Survey NFHS-4. 2015-16. *International Institute for Population Sciences (IIPS) and ICF*. Mumbai, India. Retrieved from

<https://rchiips.org/NFHS/NFHS-4Reports/India.pdf>.

Nelson G C, Rosegrant M W, Koo J, Robertson R, Sulser T and Zhu T. 2009. *Impact on Agriculture and Costs of Adaptation*. Washington DC, USA: International Food Policy Research Institute (IFPRI).

Rani S, and Amin W. 2018. *The State of Marginalization and Public Health Issues in India*. Winshield Press, Delhi.

Singh S. 2014. *Malnutrition among Primary School Children in Hyderabad*. India: International Journal of Technical Research and Applications.

UNICEF. 2019. *UNICEF-WHO-World Bank: Joint Child Malnutrition Estimates 2019*. Retrieved from <https://data.unicef.org/topic/nutrition/malnutrition/>

UNICEF. 2016. *Monitoring the Situation of Children and Women*. UNICEF Data. Retrieved from [www.unicef.org](http://www.unicef.org)

