

THE EFFECT OF POOR HEALTH ON ACADEMIC PERFORMANCE: A CASE
STUDY OF KALIRO SUB-COUNTY, LYANTONDE DISTRICT

BY

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1153-07174-01353

A DISSERTATION SUBMITTED TO THE COLLEGE OF OPEN AND DISTANCE
LEARNING IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE
AWARD OF THE DEGREE OF BACHELOR OF EDUCATION
KAMPALA INTERNATIONAL UNIVERSITY

AUGUST 2017

DECLARATION

I, Niwabine Wilson declare that the content of this document is my original work and has never been presented or submitted to any university college or any institution of learning for any award

Sign: 

Niwabine Wilson (Student)

Date: 02/08/017

APPROVAL

This piece of work has been under my supervision and now it is ready to be submitted to the internal examiners.

Sign: _____

Mr. Oketcho Pius (Supervisor)

Date: 5.0.2017

DEDICATION

I would like to dedicate this piece of work to my wife Ainembabazi Apophia, my children Nuwandinda Emmanuel and Akandinda Blessing not forgetting my mother Naramya Jovance for their total support towards my education.

ACKNOWLEDGMENTS

I thank my Almighty God for his continuous support through giving me strength, power, life, wisdom and granting me this favour to be able to accomplish this piece of work.

Secondly, I would like to acknowledge my colleagues at KIU: Zulaika Pauline, Obed, Mathias and Teachers Atim Filder Mary, Assimwe Emmanuel.

Thirdly, the D.E.O Byarugaba Medard, Member of Parliament Kemirembe Pauline and the L.CV Chairperson Muhangi Fred for all their support.

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ACRONYMS

EU : European Union

NGOs : Non Governmental Organizations

SFP : School Feeding Programme

WFP : World Food Programme

ABSTRACT

The study investigated the effect of poor health on academic performance. The study was guided by specific objectives that included; identifying the cause of poor health, the effects of poor performance on academic performance and the relationship between poor health and academic performance.

The study was descriptive and analytical in nature where purposive sampling was used to select population. It employed 60 respondents. Data were analysed and presented using frequencies and percentages and were tabulated.

The major findings of the study were; most of the respondents were males, causes of unemployment are technological advancement, solutions to the causes were poverty, drought. Effects were mental agility, mental disorders and illness. And the relationship included daily attendance and negative relationship.

CHAPTER ONE

INTRODUCTION

1.0 Background of the study

Poor health is when you have a severe disease, like cancer, then you have poor health. It's when a disease or condition is destroying your body or a part of it. This study extends the burgeoning literature in economics that seeks to explain the strong correlation between education and health in three directions.

Behrman and Lavy (1998) as well as Glewwe and Jacoby (1995) use market instruments such as prices for health. They respectively find that the impact of child health on cognitive achievement varies as a function of the assumptions made concerning parental choices and that much of the impact of child health on school enrolment proxies for unobserved variables. Using an experimental approach, Kremer and Miguel (2004) overcome the omitted variable bias problem by randomly assigning health treatments to primary schools in . Their analysis displays a mixed picture as improved health from the treatment significantly reduced school absenteeism but did not yield any gains in academic performance.

A school poor health was first implemented in after the war, covering all schools. Government and the World Food Programme started a school feeding Project 2417 in 1983, to be followed by Project 2842 between 1993 and 1990. Just how bad these indicators were is shown by the fact that in 1977 adult literacy rate was 12% for males and 6% for females.

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The study was descriptive and analytical in nature where purposive sampling was used to select population. It employed 60 respondents. Data were analysed and presented using frequencies and percentages and were tabulated.

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CHAPTER ONE

INTRODUCTION

1.0 Background of the study

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A school poor health was first implemented in after the war, covering all schools. Government and the World Food Programme started a school feeding Project 2417 in 1983, to be followed by Project 2842 between 1993 and 1990. Just how bad these indicators were is shown by the fact that in 1977 adult literacy rate was 12% for males and 6% for females.

and other third world countries, feeding children in school is a recent phenomenon in July 2002, in order to diminish hunger in the classroom as well as to promote school enrollment and retention rates; the Government of and the WFP

launched the SIP in chronically food insecure areas & . The program distributes nutrient-fortified biscuits to all children in the intervention schools. In addition, a small pilot project, started in 2002, distributes 'tetra pack' milk and fortified biscuits to children in project schools in some of the districts in . This pilot project is funded by the U.S. Department of Agriculture (USDA) and implemented by the Land O'Lakes Foundation.

Although school feeding is new in , the Government of has devoted a significant share of its budget for over a decade to providing incentives to families to send their children to school. In an effort to increase primary school enrollment of children from poor families, the Government of had launched the Food for Education (FFE) program in 1993. The FFE program provided a free monthly ration of food grains (rice or wheat) to poor families in rural areas if their children attended primary school. A number of studies suggest that the FFE did raise primary school enrollment.

Ahmed (2004), quoted that in Bangladesh, the Primary Education Stipend program (PESP), which replaced the FFE program in 2002, provides cash assistance to poor families if they send their children to primary school. The government also provides cash assistance to girls in secondary schools through four secondary school stipend programs. These conditional cash transfer programs aim to increase the enrollment and retention rates of students in primary and secondary schools throughout rural Bangladesh.

According to ECU guideline (1999), academic performance refers to the ability of the child to excel in examination/tests after under going, a course or Study. An individual is valued according to the high academic performance. Any one who excels in academic is assured of a better job and excellent life. Child rearing is a very

important issue in our society today. Child rearing refers to the way one brings up his or her child. The way the child is reared will determine what kind of a person he/she will be in future e.g. a child whose basic needs are met will develop interest in learning and therefore excel in academic performance.

Weber (1864) states that the kind of occupation that someone has is dependent upon his education and income. Therefore an individual with a high income will be able to meet the basic needs of the child adequately compared to the low income person. Poverty is a serious issue that affects a child. A child from a well to do family will have access to excellent reaming and play materials therefore a conducive environment for studying unlike that from a poor family who has to stay hungry and lacks basic needs.

1.1 Statement of the Problem

The Millennium Development Goal of Education for All by 2015 will only be achieved in full if enrolment rates are complemented by primary and secondary school completion rates, particularly in Sub-Saharan Africa and South Asia. However, poverty and hunger coupled with socio-cultural norms and supply constraints impede progress. Many policy makers propose early childhood nutrition programs as a way to increase students' academic achievement. This has been a great concern in the community hence provoking a case study to find out whether poor health may be the cause of poor academic performance.

1.2 Objective of the Study

This research was guided by two sets of research objectives

1.2.1 Specific Objectives

- i. To determine the whether SFP increase school enrollment and attendance in Kaliro sub-county, Lyantonde.
- ii. To find the effects of food consumption in academic performance of children in Kaliro sub-county, Lyantonde.
- iii. Impact of feeding on children's learning in Kaliro sub-county, Lyantonde.

1.3 Research Questions

- i. Does the SFP increase school enrollment and attendance in Lyantonde, Kaliro sub-county.
- ii. What are the effects on food consumption and nutrition of participating in Kaliro sub-county. Lyantonde.
- iii. Has the program made any impact on children's learning in Kaliro sub-county. Lyantonde.

1.4 Scope of the Study

The study was to assess the effects of poor health on academic performance in schools. The study was carried out in Kaliro sub-county, Lyantonde. The study took three months.

1.5 Significance of the Study

- i. The study will be useful to the policy makers, management in that it will provide useful policy guideline for appropriate policy formulation and programmes for improving early childhood education focused projects.

-
- ii. The finding will provide up-to date literature and open the field for further research to academicians and researchers who may be interested in the area of school feeding.
 - iii. The findings of the study will give a deeper insight into the influence of feeding of children in early childhood education.
 - iv. The study will be useful to the academicians who may want to expand and acquire more knowledge about the influence of feeding among different districts.
 - v. The study will help me to fulfill the partial requirements for the award of Bachelor of Education Degree of Kampala International University.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

Academic performance refers to the ability of the child to excel in examination/tests after under going, a course or Study. An individual is valued according to the high academic performance.

2.1 Importance of feeding in academic performance

Total growth and development

Children can be assisted to learn comfortably through feeding them properly. Good feeding stimulates the total growth and development of children. According to NACECE (1999) feeding cater for the following areas manipulation skills, visual perception, language development Food for children should be rich with nutrient and attractive so as to attract the children's appetite.

According to Montessori (1870-1972) children learn through discovery and exploration, therefore the environment should be enriched with a variety of feeding for the children. Good feeding enables the child to grow and develop holistically.

Children who eat a complete breakfast, versus a partial one, make fewer mistakes and work faster in math and number checking tests.

Children who are fed at school-closer to class and test taking time - perform better on standardized tests than those who skip breakfast or eat breakfast at home.

Providing breakfast to mildly undernourished students at school improves their speed and memory in cognitive tests.

Children who are properly fed show improved cognitive function, attention, and memory. Participating in school feeding is associated with improved math grades, attendance and punctuality.

Feeding helps children perform better on tests of vocabulary and matching figures after eating breakfast. Consuming breakfast improves children's performance on demanding mental tasks and reaction to frustration.

2.2 Effects of food or feeding on academic performance

Improved enrollment

School Poor health has raised school enrollment by 14.2 percent, reduced the probability of dropping out of school by 75 percent, and increased school attendance by about 1.3 days a month. These results are obtained from econometric models that captured the impact of the SFP alone, isolating the effects of income and other factors.

An analysis from the World Food Programme's Food for Education programmes, which provided food to 21.7 million children in 74 countries in 2005 (WFP, 2006), finds a 14 per cent yearly increase in school enrolment for both boys and girls in 4,175 WFP-assisted schools in 32 Sub-Saharan African countries (Gelli, 2006). The study used a cross-sectional quantitative analysis.

School feeding programmes providing breakfast, lunch, snacks or take-home rations are sometimes combined with micronutrient supplementation and have been implemented in most of the developing world, representing a huge investment of resource. 40 percent of WFP-assisted programmes also provided micronutrient supplementation to children, most commonly to correct Vitamin A, iodine or iron

deficiencies known to impair cognitive function and school achievement (CWFP, 2006).

Taras (2005) reviews research on micronutrient supplementation, finding iron therapy appears to improve cognitive performance whereas zinc and iodine therapy does not, and there is no evidence population-wide vitamin and mineral supplementation leads to improved academic performance. Ahmed (2004) uses a mixed cross-sectional survey and a retrospective CRA to evaluate Bangladesh's School Feeding Programme, which provides a mid-morning snack of fortified wheat biscuits to one million children. School enrolment was boosted by 142 percent, attendance increased by about 1.3 days a month, and the probability of dropping out was reduced by 7.5 per cent. Academic performance also improved, with test scores boosted by 15.7 per cent points. Participating students do especially well in mathematics, scoring 28.5 per cent more than those in the control group.

Studies in both Kenya and India have found a significant impact from de-worming on school attendance, thus contributing to completion. Absenteeism fell by one quarter in the n study (Miguel and Kremer, 2004) and one fifth in India (Bobonis et al, 2004).

SFP improves child nutritional status. It increases the body mass index (BMI) of participating children by an average of 0.62 points. This represents a 4.3 percent increase compared to the average BMI of school children in the control group a sizable increase that is partly due to the fact that most participating children were malnourished to begin with. Most of the program children had been eating SFP biscuits every school day for more than a year before the surveys.

SFP improves academic performance. Participation in the SF program increases test scores by 15.7 percent points. Participating students do especially well in mathematics. Students from urban slums do better in achievement tests than do students from rural areas, probably due to the difference in quality between urban and rural primary schools.

2.3 Impact of feeding on children's learning

Early malnutrition or micronutrient deficiencies can adversely affect physical, mental and social aspects of child health. They have been linked not only to lower enrolment and completion rates but also to poorer cognitive functioning in those children attending school (Harbison & Hanushek, 1992; Glewwe & Jacoby, 1994; Moock & Leslie, 1986). Direct causal impacts of nutrition on educational performance are harder to come by. Glewwe et al. (2001) found that better nourished children both start school earlier and repeat fewer grades.

In rural Pakistan, Alderman et al (2001) found that malnutrition decreases the probability of ever attending school, particularly for girls. An improvement in nutrition was found to increase school initiation by 4 per cent for boys but 19 per cent for girls. School feeding programs have also proven effective in reducing the education gap between girls and boys. For example, program evaluation results from Pakistan, Morocco, Niger and Cameroon show that while food is the initial motivation for sending girls to school, parents of participating girls develop an interest in the education of their daughters. This change in attitudes is an important factor in enhancing parents' commitment to education beyond the duration of food assistance (WFP 2002a).

Pollitt .F, Cueto .S (1998), Children who skip feeding or are poorly fed are less able to distinguish among similar images, show increased errors, and have slower memory recall.

Children experiencing hunger have lower math scores and are more likely to have to repeat a grade, behavioral, emotional and academic problems are more prevalent among children with hunger. Children who are undernourished score lower on cognitive tests when they miss breakfast.

Children experiencing hunger are more likely to be hyperactive, absent and tardy, in addition to having behavioral and attention problems more often than other children.

Teens experiencing hunger are more likely to have been suspended from school, have difficulty getting along with other children, and have no friend&

Children with hunger are more likely to have repeated a grade, received special education services, or received mental health counseling, than low-income children who do not experience hunger.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter presents the methods that were used during this study. This also includes target population, sample size, methods of data collection, data editing and data analysis. It addresses the area of study, the population covered and the problems encountered

3.1 Research Design

This research was basically gender focused where females were studied in order to get a clear view on effects of poor health on academic performance in schools.

3.2 Study Area

The study was conducted in Kaliro sub-county, Lyantonde covering four schools.

3.3 Sample Selection and Sample Size

A stratified sampling technique was used in order to increase the precision of estimates. Early childhood pre-school children were taken as strata. Stratified sampling is to arrange or divide (society) into a hierarchy of graded status levels. From the proposed study a sample size of 60 respondents was taken or interviewed.

3.4 Data Collection Method

In order to achieve the objective of this study, the researcher used the following methods of data collection to get information on effects of poor health on academic performance in schools. The methods enabled me to generate enough information so as to make conclusions and draw conclusion appropriately to these issues.

Questionnaire

The questionnaires were administered on some women, girls in the rural and urban areas of Lyantonde, Kaliro sub-county so that the researcher can compare and contrast data given on the effects of poor health on academic performance in schools, few adults were interviewed.

Interview Method

The researcher conducted face-to-face interviews with some women, girls both illiterates and literates on issues pertaining to the respondents background, effects of poor health on academic performance in schools.

Reference to Secondary Data

Text books and other related works of outstanding scholars whether Published, Magazines, Written data sources included published and unpublished documents, agency reports, newspaper articles, Internet sources and so forth were referred to so as to give more light on issues of the effects of poor health on academic performance in schools.

3.5 Data Analysis

Data was analysed qualitatively and quantitatively. Different data sets were used in analyzing data collected, i.e. where necessary SPSS package were used. Bar graphs were used to give a clearer outlook about effects of poor health on academic performance in schools, and they were done in Microsoft Excel. Recommendations were made using the outcome of the result of the analysis.

3.6 Ethical Procedure

In collecting the data the researcher, first got an introductory letter from the University, Institute of Long Distance This letter was presented to the members to be interviewed.

3.7 Limitations to the Study

The research study faced by a number of problems and constraints and hence may not adequately meet the intended objectives to the required level

Financial constraints limited the researcher from having a thorough research process for instance, undertaking pretests and piloting studies was foregone- Again data collection and processing was done in bits because the researcher was not able to raise the required fund in rumpsome.

Problem of distance between the researcher and her supervisor while in the field impeded proper continuous assessment of research, thus research process could only be dictated when it was already late.

The researcher faced a problem of time constraints. The time allocated for the study was not enough for a thorough investigation because the research conducted with academic urgency in the two years while also the researcher is required to attend to his academic work.

The unwillingness of the respondent's may also pose a problem to the research study.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND INTERPRETATION OF THE FINDINGS

4.0 Introduction

In this section, a core of the study is presented Data collected from the respondents is analysed. The discussion is presented in accordance with research questions and objectives of the study.

4.1 Socio-Demographic background of the Respondents

This presents the sex, age, marital status, and educational level of the respondents. These are discussed as follow:

4.1.1 Sex of the respondents

Table 1: Sex of the Respondents

Sex	Frequency	Percentages
Males	36	60
Females	24	40
Total	60	100

Source: Fieldwork 2017

The study considered both the males and females. Out of the 60 sampled 36 (60%) were males and 24 (40%) were females.

4.1.2 Age of the Respondents Table 2: Age of the Respondents

Table 2: Age of the Respondents

Age	Frequency	Percentages
Below 25	42	70
25-44	9	15
35-44	6	10
45-60	3	5
Total	60	100

Source: Fieldwork 2017

From the study, three quarters of the respondents are below 35 years of age. Most of the respondents were between 25 years of age with 70%, followed by 25 34 years with 15%, 10% were between 35 and 44 years of age, 5% were between 45 and 60. Below 25 years were more than because they were the ones who are affected by early childhood feeding,

4.1.3 Marital Status

Table 3: Marital Status of the Respondents

Marital status	Frequency	Percentages
Widow	1	1.67
Single	39	65.00
Widower	5	8.33
Married	10	16.67
Separated	1	1.67
Divorced	4	6.67
Total	60	100.00

Source: Fieldwork 2017

The study found out that out of 60 respondents 39 (65%) were single, 16.67% were married, 8.33%, 6.67% and 1.67% were widower, divorced, and separated respectively.

Through the informal interview it was found out that, single were more as they involved young school going age.

4.1.4 Education Background

Table 4: Educational Background

Education level	Frequency	Percentages
Primary Level	38	63.33
Secondary Level	13	21.67
Diploma	6	10.00
Degree	3	5.00
Total	60	100.00

Source: Fieldwork 2017

The study established that 38 (63.33%) were in primary level secondary graduates, 10% were diploma holders and only 5% had university, 67% were made it to the university.

4.2 Importance of good health

Table 5: Importance of good health to children

Importance	Frequency	Percentages
Growth and Development	15	25.00
Brain booster	20	33.33
Fewer mistakes	6	10.00
Improved speed and memory	18	30.00
Better tests of Vocabulary	1	1.67
Total	60	100.00

Source: Fieldwork 2017

From the table above it can be established that 33.33% of the respondents said that feeding children makes brain boosted followed by improved speed and memory, growth and development, fewer mistakes and better tests of vocabulary with 30%, 25%, 10%, and 1.67% respectively.

4.3 Effects of Feeding

Table 6: Effects of poor health

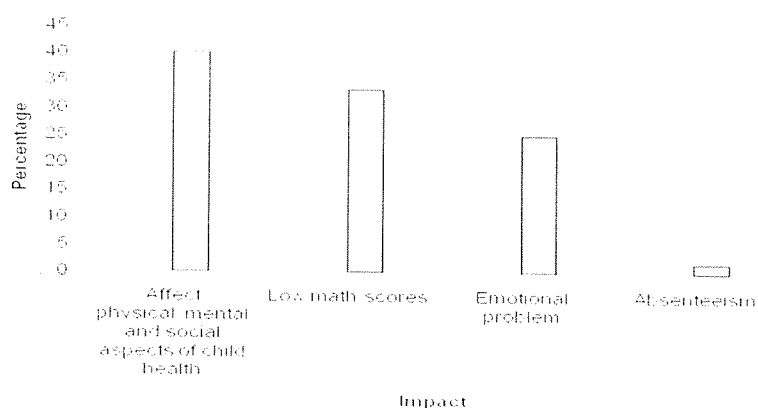
Effects	Frequency	Percentages
Improved enrollment	23	38.33
Reduced drop out rates	19	31.67
Improved performance	16	26.67
Improved child nutrition status	2	3.33
Total	60	100.00

Source: Fieldwork 2017

From the table above 38.33% of the respondents responded as improved enrollment as the most effects of feeding followed by reduced drop out rates, improved performance and improved child nutrition status with 31.67%, 26.67% and 3.33% respectively.

4.4 Impact of poor health on children

Figure 1: Impact of poor health



Source: Fieldwork 2017

From the table above 40% responded that emotional Problem was the most impact of feeding followed by physical, mental and social aspects of child health, and absenteeism with 33.33%, 25.00% and 1.67%

CHAPTER FIVE

SUMMARY OF THE FINDINGS, RECOMMENDATIONS AND CONCLUSIONS

5.0 Introduction

This chapter consists of the summary of the major findings, conclusion and recommendations.

5.1 Summary

The study considered both the males and females. Out of the 60 sampled 36 (60%) were males and 24 (40%) were females. From the study, three quarters of the respondents are below 35 years of age. Most of the respondents were between 25 years of age with 70%, followed by 25-34 years with 15%, 10% were between 35 and 44 years of age, 5% were between 45 and 60. Below 25 years were more than because they were the ones who are affected by early childhood feeding.

The study found out that out of 60 respondents 39 (65%) were single, 16.67% were married, 8.33%, 6.67%, and 1.67% were widower, divorced, and separated respectively. The study established that 38 (63.33%) were in primary level, 21.87% were secondary graduates, 10% were diploma holders and only 5% had made it to the university.

5.1.1 Importance of good health

From the study, it can be established that 33.33% of the respondents said that feeding children makes brain boosted followed by improved speed and memory, growth and development, fewer mistakes and better tests of vocabulary with 30%, 25%, 10%, and 1.67% respectively.

5.1.2 Effects of poor health programme

From the table above 38.33% of the respondents responded as improved enrollment as the most effect of feeding followed by reduced drop out rates, improved performance and improved child nutrition status with 31.67%, 26.87% and 3.33% respectively.

5.1.3 Impacts of poor health

From the table above 40% responded that emotional Problem was the most impact of feeding followed by physical, mental and social aspects of child health, and absenteeism with 33.33%, 25.00% and 1.67%

5.2 Recommendations

There is need to sensitize the community/parents since they can help in improving the psychosocial status of the children and also to reduce or clearly wipe out stigma and make the children comfortable.

There is need to address poverty, unemployment as they are root causes of poor academic performance.

Invite civil society institutions to participate in discussions about feeding programme, and take more steps to inform the public about new poor health reforms and procedures.

Improve the system of disbursements in all parts of the budget, so that ministries can make plans based on a predictable flow of cash.

Build capacity of NGO to understand the public finance reforms, and engage in discussion with the government and donors on the social dimensions of improving feeding programmes in schools.

Provide research, from a variety of sources and perspectives, on the expected impact of various parenting styles, with a focus on impact on the children.

5.3 Conclusion

From the research findings, it's evident that there is an effect of poor health on academic performance of children in schools. However, the effects differ in proportions.

Among the effects discovered were improved enrolment, reduced drop out rates, improved performance and improved child nutritional status.

There is need for further research about effects of poor health in other areas outside Kaliro sub-county, Lyantonde District. This information will likely help the government to formulate policies aiming at improving parenting styles.

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APPENDICES

APPENDIX I: WORKPLAN

April 2017	1 st week	Development of proposal
	2 nd week	Approval
	3 rd & 4 th weeks	Collection of data
August 2017	1 st & 2 nd weeks	Presentation, analysis of data collected
	3 rd & 4 th weeks	Submission

APPENDIX II: BUDGET

ITEMS	COSTS IN UGShs.
Stationary	60,000
Printing / binding	40,000
Facilitation /meals	30,000
Transport	40,000
Miscellaneous	30,000
Total	200,000

APPENDIX III: QUESTIONNAIRES

Am student at KIU, I am carrying out a research study on the topic: “**The Effects of Poor Health on Academic Performance in Schools.**”

The purpose of this study is to collect data on the topic. Your response will be treated with confidentiality and the information obtained is strictly for education purposes.

You are kindly requested to fill the questionnaire.

(Tick where applicable)

SECTION A: DEMOGRAPHIC SOCIO-BACKGROUND

1. Sex: (a) Male ☐ (b) Female ☐
2. Marital status:
 - (a) Married ☐
 - (b) Single ☐
 - (d) Divorced ☐
 - (e) Never married ☐
3. Education background:
 - (a) Certificate in Early Childhood Education ☐
 - (b) Diploma in Early Childhood Education ☐
 - (c) Bachelors Degree in Early Childhood Education ☐
 - (d) Masters ☐
4. Occupation of the respondent
 - (a) Civil Servant ☐
 - (b) Farmer ☐
 - (c) Businessman/woman ☐
 - (d) Others ☐

SECTION B: IMPORTANCE OF FEEDING

5. According to you, what is the importance of feeding programme?

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6. List them.

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SECTION C: EFFECTS OF FEEDING PROGRAMME

7. Are there effects of poor health on academic performance?

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8. What are the effects of feeding programme?

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9. What recommendations do you give to the government in order to improve on the feeding programme?

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THANK YOU FOR YOUR COOPERATION