



Program Progress Report

Madhya Pradesh, India First Quarter – January – March 2015

Date: June 11, 2015	Prepared by: Prabhakar Sinha, Santosh Pal, Rakesh Dhole
I. Demographic Information	
1. Districts and State: Alirajpur, Khandwa, Barwani, districts in Madhya Pradesh, India	
2. Organization: Real Medicine Foundation, India (www.realmedicinefoundation.org) Real Medicine and Nutrition Trust	
3. Project Title: “Eradicate Childhood Malnutrition” Adolescent Health Programme	
4. Reporting Period: January 1 – March 31, 2015	
5. Project Location (region & city/town/village): Southwestern Madhya Pradesh, India	
6. Target Population: Malnutrition support to approximately 100,000 children under age 5 Messages reach a population of over 500,000 people Adolescent Health Programme, 1,500 school going girls, 10-19 years	
II. Project Information	
7. Project Goal: <p>To reduce the prevalence of underweight children under 5 years old and to reduce child mortality from malnutrition by strengthening communities and village level government facilities’ capacity to identify, treat, and prevent malnutrition. This project aims to prove that a holistic, decentralized, community-based approach to malnutrition eradication will have better health outcomes, be more inclusive for children under 5 and will be more cost-effective in the long-run than centralized approaches, especially for rural, marginalized tribal communities.</p> <p>This project empowers communities through health literacy and connects rural communities with the government health and nutrition services available.</p> <p>RMF does not just act as a catalyst mobilizing communities to the resources available, but also works on a more intimate level with government health and nutrition workers and Village Health and Sanitation Committees to help build their capacity towards social mobilization, referrals, and provision of effective nutrition counseling. Throughout this year RMF has been gradually transferring the responsibilities of our CNEs to government supervisors and Anganwadi workers, helping integrate RMF’s work into the government framework to ensure long-term sustainability.</p>	
8. Project Objectives during this reporting period:	
<ul style="list-style-type: none">• Continue to develop linkages with government health and nutrition services• Continue to produce and screen nutrition and health based videos in Khandwa, Madhya Pradesh• Strengthen institutional capacity with support from World Bank’s India Development Marketplace Award.• Undertake programmatic & financial consolidation of World Bank Funded Malnutrition Eradication Program	

- Provide required support to “Impact Partners in Social Change” the research agency in the process of data interpretation & preparation of impact study report
- Towards the completion of the last quarter of World Bank project, conduct performance appraisal of the program implementing teams
- Start conducting institutional strengthening & capacity building of the teams to take on larger responsibilities so as to add on other thematic areas of public health
- Explore partnership opportunities for program development

9. Summary of activities carried out during the reporting period under each project objective (note any changes from original plans):

- RMF India/ RMNT team worked closely with Impact Partners in Social Change, the research agency, and helped with the process of data interpretation and report writing.
- RMF India/ RMNT team also reviewed impact study report and provided required feedback.
- Conducted performance appraisal of the districts’ program implementation teams & reconstituted the teams following the recommendation of performance appraisals
- Initiated the process of launching adolescent health focused Catapult Fund activities.
 - o Detailed out the plan with the core team
 - o Worked on the activity plan
 - o Finalised the training protocols
 - o Developed the training curriculum
 - o Conducted 1st Training-of-Trainers for the core team and the master trainers
- Director of Programs, Director of Operations & Project Manager attended 3-day program phase-out workshop in Delhi, organized by Development Marketplace Group of the World Bank.
- RMF India/ RMNT team put together end-of-project report for World Bank
- In consultation with Dimagi, we also put together a response to call for proposal by BMGF Grand challenge
- RMF India/ RMNT district team collected data of in-school adolescent girls for operational plan for Catapult Fund.
- Extended required help in the process of IB enquiries at district levels
- Put together several project proposals, including Healthy eVillages partnership proposal & Copal Amba proposal and budget.
- Successfully hosted Health eVillages visitors
- Director of Operations attended International Conference on Inclusive Growth in Delhi on 10-12 February organized by World Bank and CII.
- Director of Programs attended Western Region Development Partners’ meeting hosted by Ministry of External Affairs, GoI at Pune.

10. Results and/or accomplishments achieved during this reporting period:

- Finalized impact evaluation report
- Completed reconstitution of teams
- End of project consolidation for World Bank programme, submit final narrative and financial report.

11. Impact this project has on the community (who is benefiting and how):

Since our Malnutrition Eradication Initiative began in 2010 this program directly impacted:

- **3,292** children who have received lifesaving treatment
- **36,230** children who have improved directly through our intervention
- **487,889** individuals from rural villages who have received training on malnutrition awareness and prevention in their villages
- The families of the **66** women RMF employs as part of this initiative, many of whom are from the intervention villages themselves and use their salary from RMF to support their children’s education and to improve the lives of their families.

12. Number served/number of direct project beneficiaries (for example, average number treated per day or month and if

possible, per health condition):

13. Number of indirect project beneficiaries (geographic coverage):

Approximately 500,000

14. If applicable, please list the medical services provided:

Referrals to Nutrition Rehabilitation Centers for children with Severe Acute Malnutrition
Referrals to public health centers and community health centers for MAM children with suspected complications
Hospital referrals for children who need advanced care

15. Please list the five most common health problems observed within your region.

Malnutrition, Gastroenteritis, Diarrhea, Respiratory Tract Infections, Malaria, Tuberculosis

16. Notable project challenges and obstacles:

NRC Referrals

One of the largest challenges facing our CNEs, and the treatment of SAM in MP in general, is getting children requiring treatment to the NRC. Even after successful referrals, the rate of defaulters is very high as many of the mothers cannot stay with their children for the full 14-day course of the treatment. Each child must have a caretaker stay with them for the entire course of treatment. However, many of the women are not able to stay that long, or even go to the NRC with their child at all because of family pressure, household responsibilities such as cooking or agricultural work, or the presence of other small children in the household with no other caretaker.

Our CNEs and coordinators try to solve this with a variety of techniques, including:

- Increased counseling in the field about the NRC treatment and why it is important;
- Follow up with successful referrals by our coordinators;
- Coordination with NRC workers by our coordinators to address problems specific to our referrals;
- Follow up with defaulters in the field by our CNEs;
- Suggestions for other caretakers, such as grandparents or siblings;
- Increased communication about the need and specifics of treatment, such as why it takes fourteen days.

With the introduction of CMAM, many SAM children can be treated in the community, circumventing the need for trips to the NRC. Since referral to NRCs is the largest hurdle to our program's success, RMF expects that this new protocol will change the way malnutrition is treated in India.