Program Progress Report

Eradicate Childhood Malnutrition Program
Madhya Pradesh, India
First Quarter – January – March 2014

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I. Demographic Information	
1. Districts and State: Jhabua, Alirajpur, Khandwa, Barwani, Khargone districts in Madhya Pradesh, India	
2. Organization: Real Medicine Foundation, India (www.realmedicinefoundation.org)	
3. Project Title: "Eradicate Childhood Malnutrition"	
4. Reporting Period: January 1 – March 31, 2014	
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	
II. Project Information	

7. Project Goal:

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.

This project empowers communities through health literacy and connects rural communities with the government health and nutrition services available.

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 is 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.

8. Project Objectives during this reporting period:

- Continue to identify new SAM and MAM cases, refer complicated cases to the NRC and provide home-based counseling for all malnourished children
- Review all program data and make necessary changes in program reporting system

- Refer 1,000 SAM children to government centers for treatment with a 50% success rate
- Conduct 2,500 Community Nutrition Meetings
- Conduct 9,000 Individual Family Counseling Sessions
- Send CNEs to Nutrition Rehabilitation Centers (NRCs) to help counsel families present
- Continue to develop linkages with government health and nutrition services
- Continue pilot with Digital Green trust 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.

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

- Paid salary and travel expenses to 60 Community Nutrition Educators and 6 District and Block Coordinators
- Printed weekly reporting sheets for the CNEs to compile indicators from their daily reports, including amount of SAM and MAM diagnosed, successful referrals, Family and Community Counseling sessions, and improved children

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

Community Based Video Screening in Partnership with Digital Green

During the First Quarter of 2014, RMF's Malnutrition Eradication Program continued to be a strong presence in Madhya Pradesh (MP).

After successful trainings of the CNEs in Khandwa District in September, RMF began full operations with videos in October, producing four videos per month and screening in 50 villages. From January through March, RMF's team completed more video production and also expanded operations to full program coverage.

RMF's new program focuses screenings on targeted populations of mothers and families with children under 5 years old in 3 district settings:

1) **Cluster Screenings** that target mothers in a small setting, usually 4-6 mothers, in their houses during the day.
2) **Evening Screenings** that target larger groups of 10-15 families and are screened when male family members can attend to increase their awareness of nutrition and health issues.
3) **Mangal Diwas Screenings** on Tuesdays at the Anganwadi Centre for ration distribution. By adding video screenings at the Anganwadi Centre on Mangal Diwas, RMF aims to both increase participation in ration distribution and also target at-risk families with health information.

After working initially with only 50 villages, in the first quarter of 2014, RMF CNEs began working in 100 villages. From January through March, RMF:

- Produced **9 Videos** on Sanitation and Hygiene Practices, Management of Diarrhea, Locally available Nutrition Diet, and Immunizations.
- Conducted a total of **1,095 screenings** in 100 villages, reaching **8,179 households**.
- Recorded **554 unique practice adoptions** directly resulting from our videos.

During this quarter the Malnutrition Eradication program:

- Identified **358** children suffering from SAM and gave counseling to the caregivers of each of these children
- Saw an improvement from SAM to MAM in **486** children
- Identified **1,067** new children with MAM and provided one-on-one counseling to the caregivers of these children
- Saw an improvement from MAM to normal in **1,254** children
- Successfully ensured the 14-day treatment of **129** of the most serious cases at local Nutrition Rehabilitation Centers
- Conducted **2,066** village nutrition training sessions, with over **15,610** people in attendance
- Conducted **14,323** family counseling sessions

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

Since our program began in 2010 this program directly impacted:

- **2,649** children who have received lifesaving treatment
- **32,375** children who have improved directly through our intervention
- **459,731** 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)

Month	JAN	FEB	MAR	Q1 Total
Severely Acute Malnourished (SAM) Children				
New SAM Children Identified	153	108	97	**358**
Total Number of SAM Children ever reached	13488	13596	13693	**13693**
Old SAM Children Visited	1262	1292	838	**3392**
% of SAM Children Visited	9.36%	9.50%	6.12%	**28.35%**
SAM Children Improved (to MAM)	196	175	115	**486**
SAM Children ever improved	9034	9209	9324	**9324**
Improvement Rate (%)	66.98%	67.73%	68.09%	**68.09%**
Moderately Acute Malnourished (MAM) Children				
New MAM Children Identified (New Case + SAM to MAM)	396	372	299	**1067**
Total Number of MAM Children ever reached	32111	32483	32782	**32782**
Old MAM Children Visited	4005	3550	2788	**10343**
% of MAM Children Visited	12%	11%	9%	**32%**
MAM Children Improved (to Normal)	508	419	327	**1254**
MAM Children ever improved	22305	22724	23051	**23051**
Improvement Rate (%)	69.46%	69.96%	70.32%	**70.32%**
NRC Referrals				
Children Referred to NRC (Parents Counseled and Referral Slips Issued)	134	98	75	**307**
Children that got admitted in NRC	68	39	22	**129**
Success Rate of NRC Admissions after Counseling Parents	50.75%	39.80%	29.33%	**42.02%**
Total Number of Children Ever Admitted to the NRC	2202	2627	2649	**2649**
Follow Up of the Child at the Village (ever admitted to NRC)	158	133	51	**342**
Follow Up of the Child at NRC (ever admitted to NRC)	27	34	18	**79**
Family Counseling Sessions				
Family Counseling Session- Total Numbers	5388	5054	3881	**14323**
Total Number of individuals present for a session	9472	8472	6475	**24419**
Community Group Sessions				
Community Group Session- Total Numbers	743	764	559	**2066**

Total Number of individuals present for a session	5247	5816	4547	**15610**
Average attendees in the Community Group Session	7	8	8	**8**
Other Activities done by the CNEs				
Cooking Demonstration	247	253	185	**685**
Meeting with Anganwadi workers	441	319	269	**1029**
Meeting with other stakeholders in the village	78	49	36	**163**
Meeting with SHG members in the Village	0	0	0	**0**

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.

17. Success story(s) highlighting project impact

Vanshika's family sees a new dawn

Silawad, a small hamlet with a population of 8,000 is located at a distance of about 21 kilometers from Barwani district headquarters. For the health service provisions, there are 6 Anganwadi centers and one community health center with an almost adequate number of staff in place.

Pawan, an unemployed 27-year-old man, lives in one of the Harijan (lower caste) faliyas with his mother, father and wife Renuka of 23 years of age. The couple has a 7-month-old beautiful, but malnourished girl child, named Vanshika. Pawan's father is a government schoolteacher. As Pawan is unemployed, his father has to take care of all household expenses.

On June 25th, 2013, Nasreen Patel, one of the RMF CNEs of Silawad and Durga Badole, and an Anganwadi worker together were visiting their area as part of their routine field visit. During the course of this visit, the Anganwadi worker spoke with Nasreen about the severity of Vanshika's malnutrition and requested Nasreen to visit her house. Together, they visited Vanshika's house and counseled Vanshika's mother, Renuka, who was counseled on the continuity of breastfeeding and the timely introduction of supplementary feeding. They were surprised to find that Renuka was pregnant for 4 months and could not breastfeed Vanshika properly, one of the factors leading to the severity of malnutrition of Vanshika. Seeing the repeat of pregnancy and the physical conditions of the mother and daughter, the duo counseled Vanshika's mother on supplementary feeding for improving the condition of Vanshika. At the same time, Vanshika's pregnant mother was guided on taking care of nutritional precautions, especially keeping her own pregnancy in mind. Vanshika's mother was also educated to consume iron folic acid tablets and take 3 Tetanus Toxoid injections while she was pregnant. Both the CNE and AWW shared with her information about services of the Anganwadi center and encouraged her to avail the services of the AWC.

The MUAC measurement conducted on Vanshika revealed that she suffered from SAM. Nasreen's counseling to Vanshika's mother also included the side effects of malnutrition on the future wellbeing of her child. Further, both the community based cadre of service providers talked about the services at the Nutritional Rehabilitation Centre, where medical treatment is provided for SAM, but in the wake of the 4-month pregnancy of Vanshika's mother, the family refused to take Vanshika to the NRC.

After having understood the internal complexities of Vanshika's family leading to the failure of the NRC referral, Nasreen, RMF's CNE spoke with Vanshika's mother at length on ways and means by which she could improve the nutritional status of both herself and her child. The aspects that Nasreen counseled Vanshika's mother on included: preparation of nutrition rich food at home, keeping the precautions of health & hygiene, maintain the immunization calendar of the child, seeking the services of AWC and ANM's sub-center, regular visits to Anganwadi centers for collection of supplementary food, etc.

The first follow-up visit conducted by the same CNE after a month revealed that both mother and child were improving on almost all aspects of their health and wellbeing. The child showed a visible improvement of MUAC reading of 11.5 from the last month's base line of 11.0. Vanshika's mother showed significant signs of improvement as far as her own anemia was concerned. The CNE maintained the consistency of her follow up and regularly visited the family to track the condition of mother & child. In the subsequent visits that the CNE conducted for tracking the case of Vanshika, her nutritional status had improved substantially. From 11.0 cms, Vanshika had reached the MUAC reading of 12.9 cms. In the meantime, in November 2013, Vanshika's mother gave birth to a healthy baby boy in the hospital. Through the programmatic consistency that RMF's CNE demonstrated and maintained for a period of one year, the health of a village woman and her severely malnourished child could be transformed, and Vanshika's whole family saw a new dawn.