Eradicate Childhood Malnutrition, Madhya Pradesh, India

Date:	Prepared by:
August 25, 2016	Rakesh Dhole and Deanna Boulard

I. Demographic Information

1. Districts and State:
Jhabua, Alirajpur, Barwani, Khargone, and Khandwa 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"

4. Reporting Period:
April 1, 2016 – June 30, 2016

5. Project Location (region & city/town/village):
Southwestern Madhya Pradesh, India

6. Target Population:
Malnutrition support to approximately 6,559 children under age 5, target population 100,000 children under age 5
Messages reach a population of over 81,010 people, target population 500,000 people
Covered 16,446 households in the Barwani block

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 available government health and nutrition services.

RMF does not just act as a catalyst mobilizing communities with available resources, 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. 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.

8. Project Objectives:

- Foster change through RMF's rural cadre of Community Nutrition Educators (CNEs), implementing behavior change communication and creating convergence between the community in need and the service delivery systems, such as Anganwadi workers, ANMS, ASHAs, and panchayat (village council) bodies.
- Continue to provide health and nutrition counseling/education to communities, families, and adolescent schoolgirls
- Continue to identify, treat, refer, and follow up SAM and MAM cases
- Continue to develop ties with government health and nutrition services
- Strengthen institutional capacity with support from World Bank's India Development Marketplace
- Conduct performance appraisal of the program implementing teams

- Conduct institutional strengthening and 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

Our takeaway from the previous quarter:

"An integrated community intervention approach will help reduce malnutrition in a given Indian society."

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

Services Provided

- 1,186 households received CNE counseling services.
- 1,537 individuals (mainly women and adolescent girls) participated in the abovementioned CNE household counseling sessions.
- Social enterprise survey and data compilation are completed; the team is working on analysis and results.
- Survey data analyzed thus far:
    - Total villages surveyed: 50
    - Total rural tribal population in the 50 villages: 76,635
    - Total households in the 50 villages: 15,000

Survey Key Findings

- 85.6% of rural respondents are not using sanitary napkins.
- 53.6% of the rural population is unaware of the purpose and use of sanitary napkins.
- 87.6% of the population is not using mosquito nets.
- 40% of the local population is not using nail clippers (out of 1,500 respondents).
- 84.5% of the rural population is not using panties.
- 99.3% of the rural population is not regularly using soap for handwashing before eating and after defecation.
- An MOU has been signed with the government of Madhya Pradesh for support of ABM activities in 5 districts of Madhya Pradesh.
- The social enterprise model is ready to be lunched and piloted.
- 5 more CNEs are being identified to cover the 48 remaining villages in Barwani block.
- As per the agreement among senior management colleagues, 4 more DCs will be identified in accordance with the MOU that has been signed with government of Madhya Pradesh.
- The social enterprise budget is close to being finalized.
- IEC/BCC contents and designs are being finalized.
- Capacity building of the team to handle the social enterprise is being prepared.

Implementation of Social Enterprise Model

- Each community cadre is to act as a "Catalyst of Change" at the grassroots level, by bringing institutions together and raising communities' levels of education and awareness in health and nutrition.
- Each CNE is to act as a depot-holder for affordable products and choices that help communities improve healthcare practices by adopting hygienic behaviors.
- Each community cadre will have a cluster catchment of 10 villages and will cater to a population range of 10,000 to 15,000.
- Each cadre is to act as a "Swasthya Saheli" (Catalyst of Change) and lead a long-term campaign: "Swasthya Samudai, Swasthya Pradesh" (Healthy Community, Healthy State).
- RMF India/RMNT, in collaboration with partner agencies, will help capacitate Swasthya Sahelis in leading the process of change. RMNT will also promote the organization and our mandate through localized IEC.
- Each Swasthya Saheli is to be an independent entity of her own cluster and may create village-wide cadres of young women to conduct/facilitate activities in their own villages.
- Identification of Swasthya Sahelis will be based on the solidarity of a CNE with the 10 villages she serves.
- Each CNE will develop her own cluster map and act within the cluster.
- The Barwani block in Barwani district will be the piloting ground for the "Swasthya Samudai, Swasthya Pradesh" (Healthy Community, Healthy State) campaign.
- This pilot project's goal will be to cover 98 villages through the involvement of 10 Swasthya Sahelis.
- RMNT will provide support with IEC and products for Swasthya Sahelis' use.
- A needs/demand assessment survey is being conducted in our current 50 villages, including the status of maternal and children's health and nutrition.

- A team of 5 CNEs is conducting this survey in all 50 current villages (and will eventually cover all projected 98 villages).
- "Swasthya Saheli: Swasthya Samudai, Swasthya Pradesh" is to have a logo designed.
- Swasthya Saheli are to have a dress code: an apron to be worn over a sari. Specifically, a "light green apron on a mustard-colored sari." The apron is to bear our logo.
- Localized IEC are to be finalized: Brochures, logo for branding, apron, handbags, posters, and village logo.
- Every Swasthya Saheli's village will have customized IEC.
- Every Swasthya Saheli is to distribute these products:
    - Sanitary napkins
    - Panties
    - Soap
    - Mosquito nets
    - Nail clippers
    - First aid kits
    - Pregnancy test strips
    - Water purifiers
    - Condoms

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

- 7 severe cases of malnutrition were treated and improved.
- 34 moderate cases of malnutrition were treated and improved.
- 15 new severe cases of malnutrition were identified for management either within the community using service delivery platforms or in households and/or referred to Nutrition Rehabilitation Centers.
- 42 new moderate cases of malnutrition were identified for management either within the community using service delivery platforms or in households and/or referred to Nutrition Rehabilitation Centers.
- 8 cases of severely malnourished children were referred to Nutrition Rehabilitation Centers.

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:

- The tribal rural population of **881,741 people** in Madhya Pradesh, through RMF's program coverage in 15 administrative blocks of 5 tribal districts Barwani covering **71,628 households** in **600 villages**.
- The program has directly impacted **36,290 children** in the age group of 0-6 years.
- More than **3,227 children** have received lifesaving treatment.
- **555,933 individuals** from rural villages have received training on malnutrition awareness and prevention in their villages.
- The families of the CNEs RMF employees 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):

- 57 new cases of moderate and severe malnourished children were identified.
- 41 moderate and severe malnourished children were treated and their condition improved.

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

Approximately 500,000

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

- 8 children with Severe Acute Malnutrition (SAM) referred to Nutrition Rehabilitation Centers
- 34 MAM children with suspected complications referred to public health centers and community health centers

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:

Nutrition Rehabilitation Center (NRC) Referrals

One of the largest challenges facing our CNEs, and the treatment of SAM in Madhya Pradesh in general, is getting children requiring treatment to the NRC. Even after successful referrals, the default rate is very high because many of the mothers cannot stay with their children for the full 14-day course of treatment. Each child must have a caretaker stay with them for the entire course of treatment. However, many women or family members are not able to stay that long, or even go to the NRC with their child 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 NRC treatment and why it is important
- Follow-ups with successful referrals by our coordinators
- Coordination with NRC workers to address problems specific to our referrals
- Follow-ups 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. If applicable, plans for next reporting period:

Continue programs as outlined above, and continue implementing next steps to establish Social Enterprise as an RMF pilot for the economic component of our humanitarian work.

18. If applicable, summary of RMF-sponsored medical supply distribution and use:

N/A

19. Success story(s) highlighting project impact:

Case Study 1: Timely Counseling Leads to Child's Recovery

Bajjta is a small, tribal area with a population of 1,535, situated in the Barwani district of Madhya Pradesh. Locals participate in agriculture or daily labor to earn their livelihood. Some residents also travel from their village in search of employment and return home after an interval of three to six months.

This story is from Bhilat Baidi, a hamlet in the village of Bajjta Khurd. This is where an 8-month-old baby girl named Anmol lives with her family, including her grandfather, grandmother, mother (23-year-old Sulochna), and her father (25-year-old Mukesh). Anmol's father works in agriculture, overseeing his agricultural produce.

On April 15, 2016, an RMF Community Nutrition Educator (CNE) visited the village hamlet of Bhilat Baidi. Our CNE stopped at Anmol's house and found her to be extremely weak. She took the child's MUAC measurement and found it to be at 11.7 cm. This indicated that Anmol needed to be treated for Moderate Acute Malnutrition (MAM). Therefore, the CNE started inquiring about the child's history.

Anmol's parents informed the CNE that the child was delivered at home. After her birth, Anmol was neither breastfed on time, nor given regular and appropriate breastfeeding. This was because the elders of Anmol's family believed that the initial milk of her mother was not good for her and breastfeeding should be started a day after the birth and supplemented with cow's milk and other food that could be provided. As far as routine immunization was concerned, Anmol received a BCG vaccination, but because she cried for the whole day, her parents did not pursue further vaccinations.

There were several other traditional myths and misconceptions that the family believed, which had made the small child suffer. Lack of proper education and awareness in the family had caused the baby's Moderate Acute Malnutrition. Our CNE began her counseling session with Anmol's parents, which included:

- Referring the family to seek Anganwadi services and get registered there
- Initiation of complementary feeding with periodic intervals
- Continuation of breastfeeding up to the age of 24 months
- Explaining the importance and process of administering all doses of vaccination to the child

The CNE's counseling also emphasized that the utensils used for the child should be separate from other members of the family, which would help Anmol's mother to know quantity of food the child had been consuming. She also emphasized that the mother must sanitize her hands properly before cooking and at the time of feeding her child.

Our CNE's counseling changed how the family conducted itself with respect to the child. This change was able to eliminate crucial problems of malnutrition that Anmol was suffering from.

On May 12, 2016, when our CNE again approached the Anmol's parents and measured the young girl's arm with the MUAC tape, she found an improved MUAC measurement: 12.9 cm, as compared to the previous measurement of 11.7 cm. Anmol's parents and the entire family thanked our CNE for her commendable contribution towards educating and counseling them and improving the nutritional health of the baby. Anmol's mother was of the opinion that if she had received such knowledge and education before and on time, her child would never have had to face such a painful trail. She further promised, with great determination, that she will convey this message to every woman in her village and try to make them understand this knowledge and help the community become healthy.

Case Study 2: Empowering Women to Pursue Safe Water

The story is from a village called Badgaon, which is situated in the Barwani district of Madhya Pradesh. It is a highly tribal village with a population of 4,114 inhabitants. The literacy rate is minimal, and residents' livelihoods solely depend on agricultural work, which is seasonal.

In Badgaon, our local Community Nutrition Educator (CNE), Salita Dawar, works with great enthusiasm under the banner of Real Medicine and Nutrition Trust (RMNT) to find and treat malnourished children under 5 years of age. She screens children for malnutrition by measuring their Mid-Upper Arm Circumference (MUAC). Our bright and determined CNE also educates lactating mothers and pregnant women about nutritional requirements during pregnancy and breastfeeding, works with Anganwadi workers and ANM, and participates in all types of community meetings to raise health awareness.

During a routine survey in Badgaon, CNE Salita found several female residents discussing something among themselves: They were highly ashamed that they didn't have a facility for safe or potable drinking water in their village. They had to walk up to 2 or 3 kilometers to fetch water. Our CNE encouraged the women to be confident, and added that they would have to take initiative and move forward to fix this problem.

Even after CNE Salita encouraged the women to take action, they were reluctant to pursue the subject further. She counseled them again and asked the women to take their problem to the Panchayat Sarpanch (the town council secretary). In case their problem wasn't heard there, they could then raise the issue in Gram Sabha. Even if they failed to present their problem in Gram Sabha or it was not resolved there, they could approach the District Collector.

The local women formed their own team and approached the head of the village Panchayat, but he did not pay any attention to their problem. After several days, a program called “Gram diwas se Bharat diwas” was launched by the government, where citizens could present their social problems to officials. But unfortunately, the secretary of the Gram Panchayat would not allow the women to approach senior officials.

Once again, our CNE Salita Dawar stepped in and discussed the matter with the women. She found that they were disappointed, but had not lost hope. The women asked CNE Salita for advice, and she provided guidance by saying that they should draft a letter and present it to the grievance cell of the district.

They shared their problem with the District Collector, who issued an order to make a water supply connection in Badgaon. Our CNE Salita Dawar motivated the team of village women, and with perseverance, they were able to resolve their problem. The whole village is thankful for the role that CNE Salita Dawar played in the process.

III. Financial Information

21. Detailed summary of expenditures within each budget category as presented in your funded proposal (file attachment is fine). Please note any changes from plans.

E-mailed separately from accountant.

Appendix – Project Photos

Community interventions help a child become healthy

Children demonstrate handwashing practices taught to them jointly by AWC & RMNT community cadres

Women listen as an RMF CNE leads a women's meeting on health, hygiene, and sanitation