Eradicate Childhood Malnutrition, Madhya Pradesh, India

Date:	Prepared by:
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I. Demographic Information

1. Districts and State:
Barwani district in Madhya Pradesh, India

2. Organization:
Real Medicine Foundation India (www.realmedicinefoundation.org)

3. Project Title:
"Eradicate Childhood Malnutrition"

4. Reporting Period:
July 1, 2016 – September 30, 2016

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

6. Target Population:

Through this program, RMF India provides malnutrition support to approximately 6,559 children under age 5, targeting the population in 50 villages of Barwani block. Services offered by RMF's Community Nutrition Educators (CNEs) are available to 16,446 households and a population of 76,635 in Barwani block. Messages have reached a wider population of over 81,010 people, with a target population of 500,000.

II. Project Information

7. Project Goal:

To reduce the prevalence of underweight children under 5 years of age 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.
- 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.

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

- Total rural tribal population in the 50 villages: 76,635
- Total households in the 50 villages: 16,446
- **2,156 family counseling sessions** were conducted by RMF India's Community Nutrition Educators (CNEs).
- 3,231 individuals (mainly women and adolescent girls) participated in the abovementioned family counseling sessions.
- **161 community education sessions** were led by RMF India's CNEs.
- 1,289 individuals participated in the abovementioned community education sessions.
- **214 meetings with Anganwadi workers** were organized by RMF India's CNEs during routine field visits.
- 73 meetings were organized with other stakeholders in the communities.
- Follow-up visits and continuous education were provided to families whose child or children were suffering from severe acute malnutrition (SAM) or moderate acute malnutrition (MAM).
- Our team continued planning for implementation of RMF's social enterprise model, based on findings from RMF India's social enterprise survey of 50 local villages and knowledge gained from our 2014–2015 Adolescent Girls Outreach Program that covered schools throughout 3 districts of Madhya Pradesh.
- RMF India's leadership team held regular meetings with CNEs and district coordinators to provide key support and supervision of field staff.
- RMF India's leadership team made regular visits to field sites to provide key support and supervision of field staff.
- RMF India's office was duly maintained, and staff members were provided with salaries and wages on time.

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

- 10 severe cases of malnutrition were treated and improved.
- 54 moderate cases of malnutrition were treated and improved to normal nutritional status.
- **35 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 (NRCs).
- 5 severely malnourished children were admitted to NRCs after counseling.
- **85 new moderate cases** of malnutrition were identified for management, either within the community using service delivery platforms or in households and improved SAM to MAM cases.
- 582 cases of moderate acute malnutrition (MAM) were followed by RMF India's CNEs.

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

Since our malnutrition eradication initiative began in 2010, this program has directly impacted the following groups:

- Tribal rural population of **881,741 people** in Madhya Pradesh (through RMF's program coverage of up to 15 administrative blocks of 5 tribal districts)
- Up to **71,628 households** covered in **600 villages**
- **36,354 children** age 0–6 years directly impacted
- More than **3,232 children** have received lifesaving treatment.
- **51,861 children** have been reached and evaluated **for signs of acute malnutrition** by RMF's CNEs during field visits.
- **560,453 individuals** from rural villages have received training on malnutrition awareness and prevention in their villages.
- Families of the CNEs that 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):

During this reporting period, in addition to the 4,520 villagers who benefited from education and counseling sessions conducted by RMF India's Community Nutrition Educators (CNEs), 184 children suffering from acute malnutrition were identified and/or received treatment:

- 120 children suffering from severe acute malnutrition (SAM) or moderate acute malnutrition (MAM) were identified.
- 64 children suffering from SAM or MAM were treated, and their condition improved.

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

Currently, RMF's team of Community Nutrition Educators (CNEs) is covering 50 villages of Barwani block in Barwani district, Madhya Pradesh: 16,446 households and a population of 76,635. Messages have reached a wider population of over 81,010 people, with a target population of 500,000.

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

- 34 children with severe acute malnutrition (SAM) were referred to Nutrition Rehabilitation Centers.
- 85 MAM children with suspected complications were 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
- Fungal Infections
- 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 caregiver 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 caregiver.

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

Success Story 1: Durga's Smile

Durga is a 9-month-old girl from the village of Sajwani, which is situated in the Barwani block of Barwani district, Madhya Pradesh. The population of Sajwani is 3,880 (per the 2011 census). Most people living in the village are of the Sirvi or Meghwal castes and the Bhil or Bhilala tribes.

Durga photographed during CNE Salita's first visit

Real Medicine Foundation is committed to eradicating malnutrition within the communities of Barwani block. Our local workers, called CNEs (Community Nutrition Educators), regularly visit villages, following a community need-based monthly route. While traveling her route, each CNE meets with community members to discuss health, hygiene practices, and nutrition, as well as participating in community meetings to raise awareness of health issues in the village. She also meets with an Anganwadi worker at the Anganwadi center, and together they visit village families who have a malnourished child, screening the child using MUAC (mid-upper arm circumference) tape. With an illustrated IYCF (infant and young child feeding) flip book, CNEs also counsel the families about malnutrition, immunization, how to prepare nutritious foods, how to access services at Nutrition Rehabilitation Centers and the Anganwadi center, and more.

During her visit to the village of Sajwani on September 19, 2016, RMF CNE Salita Dawar met 9-month-old Durga and found that she was weak, with a MUAC measurement of 11.02 cm. This showed that Durga had severe acute malnutrition (SAM). When CNE Salita asked Durga's family about her medical history, Durga's mother explained:

> *I'm educated, but still I haven't taken care of my child Durga. She was born in hospital and her weight was 2.5 kg at the time of birth, but she was not given exclusive breast fed at the birth time. An ANM suggested to me I started to feed her my milk. We lived in joint family and we need to obey the orders of elders in joint family. They not allowed us to feed complementary food to Durga after 6 months. They told if we feed after 6 months, Durga would be sick. They suggested start feeding after 9 months and we started feed her after 9 months.*

Durga's mother feeding her under the supervision of CNE Salita

After hearing Durga's background, CNE Salita understood the reasons why the young girl was suffering from Severe Acute Malnutrition (SAM). CNE Salita was then able to counsel Durga's family about the causes, symptoms, and long-term effects of malnutrition, as well as the treatment of SAM. She recommended that Durga be taken to a Nutrition Rehabilitation Center, where she would be admitted for 15 to 21 days with her mother and receive a proper diet and treatment under the supervision of trained staff like doctors and feeding demonstrators. CNE Salita further explained that staff at the Nutrition Rehabilitation Center ensure timely follow-ups of a child's health and feeding status, and if necessary, a doctor will refer the child to the hospital. Additionally, feeding demonstrators provide fresh food every 2 hours during the child's stay; the child is fed 8 to 10 times a day. The Nutrition Rehabilitation Center even provides food for the mother and reimburses her Rs. 120 per day after four follow-up appointments have been completed for the child.

Despite CNE Salita's detailed explanation, the family still refused to admit Durga to the Nutrition Rehabilitation Center. Thus, CNE Salita decided to treat Durga at home. She advised Durga's mother to feed the child nutritious foods four times a day and be sure to wash her hands and use clean utensils while feeding Durga. CNE Salita further explained, "You can give her food and fruits in small pieces, pulse, rice, bread. You also feed her supplementary nutrition packets provided by Anganwadi center. Government is providing two packets in a week to SAM child." After their discussion, CNE Salita asked the mother to bring food for Durga and showed her how to feed the young child. Now Durga started to eat. CNE Salita asked Durga's mother to follow her instructions to make her daughter healthier, and she agreed.

CNE Salita continued her regular follow-ups with the family whenever she went to the village of Sajwani, and she counseled Durga's mother about health, nutrition, and hygiene practices. On October 24, 2016, CNE Salita screened Durga again, and found that her MUAC had improved to 11.6 cm. Now Durga was in the category of MAM (moderate acute malnutrition); she had improved, but still had a long way to go. CNE Salita continued her regular follow-ups and counseling of Durga's mother, and the mother continued to follow Salita's advice.

After three months of identification and regular follow-ups, Durga regained a normal weight and nutritional status. On December 23, 2016, her MUAC was at 13 cm. Durga's mother thanked CNE Salita and asked to meet regularly with her when she visits the village of Sajwani. Now Durga is healthy, and she and her mother are happy.

Durga being measured as "healthy"

III. Financial Information

20. 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 each month from the accountant.

Appendix: Project Photos

Durga and her mother are now happy.

Counseling session led by CNE Anita Verma

CNEs' health education and coordination with government health workers contributes to immunization awareness among target populations.

A young girl eats a midday meal. It is RMF India's goal to see that all children in our target area receive adequate nutrition.

CNE Akila Sheikh during a home visit counseling session