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:
October 1, 2016 – December 31, 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
- **2,114 family counseling sessions** were conducted by RMF India's Community Nutrition Educators (CNEs).
- 3,147 individuals (mainly women and adolescent girls) participated in the abovementioned family counseling sessions.
- **132 community education sessions** were led by RMF India's CNEs.
- 919 individuals participated in the abovementioned community education sessions.
- **286 meetings with Anganwadi workers** were organized by RMF India's CNEs during routine field visits.
- 47 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:

- 35 severe cases of malnutrition were treated and improved.
- 80 moderate cases of malnutrition were treated and improved to normal nutritional status.
- **34 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).
- 8 severely malnourished children were admitted to NRCs after counseling.
- **105 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.
- 669 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**
- **36,469 children** age 0–6 years directly impacted
- More than **3,240 children** have received lifesaving treatment.
- More than **52,000 children** have been reached by CNEs during field visits.
- **564,519 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 4,066 villagers who benefited from education and counseling sessions conducted by RMF India's Community Nutrition Educators (CNEs), 254 children suffering from acute malnutrition were identified and/or received treatment:

- 139 children suffering from severe acute malnutrition (SAM) or moderate acute malnutrition (MAM) were identified.

- 115 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.
- 105 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
- 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: Rahul

Rahul is 12-month-old boy who lives with his family in the village of Khedi, a small, tribal area with a population of 1,368, situated 15 km from Barwani district in Madhya Pradesh, India. Locals participate in agriculture or daily labor to earn their livelihood. Some also travel to other states in search of employment and return home after an interval of three to six months. Like many villagers, Rahul's father works in agriculture, overseeing his agricultural produce.

On May 12, 2016, RMF Community Nutrition Educator (CNE) Sangeeta Badole visited the village of Khedi. She went to Rahul's home and found that the young boy was extremely weak. She measured his MUAC (mid-upper arm circumference) at 11 cm. This indicated that Rahul needed to be treated for severe acute malnutrition (SAM).

To fully understand Rahul's situation, CNE Sangeeta inquired about his history. Rahul's parents informed her that the child was born at home. His birth weight had been 2 kg, and he was weak since birth because his mother had not been able to eat or rest properly during her pregnancy. After his birth, Rahul was neither breastfed on time, nor given regular and appropriate breastfeeding. This was because the elders of Rahul's family believed that the initial milk of his mother was not good for him and breastfeeding should be started the day after birth and supplemented with cow's milk and other food that could be provided. There were several other traditional myths and misconceptions that the family believed, which had also contributed to the young child becoming severely malnourished. Lack of proper education and awareness in the family had caused Rahul's severe acute malnutrition (SAM).

Rahul's mother holds her son as he is diagnosed with SAM

RMF CNE Sangeeta began her counseling session with Rahul's mother. She described the Nutrition Rehabilitation Center (NRC), where a child is admitted for 15 to 21 days with his or her mother and receives a proper diet and treatment under the supervision of trained staff like doctors and feeding demonstrators. CNE Sangeeta 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.

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

CNE Sangeeta's counseling changed how the family conducted itself with respect to the young child. On May 18, 2016, Rahul was admitted to the Nutrition Rehabilitation Center (NRC). His MUAC was 11 cm at the time of admission, but 14 days after, his MUAC had increased by .04 cm, to 11.04 cm. CNE Sangeeta counseled Rahul's parents to complete 4 follow-ups at the NRC to further improve his health.

Rahul smiles

On August 26, 2016, Rahul's MUAC measured 11.8 cm, and his health had begun improving. CNE Sangeeta continued to make regular visits to his home and counsel his family about complementary feeding and the preparation of nutritious foods. Rahul's mother always followed CNE Sangeeta's instructions and suggestions.

On December 12, 2016 CNE Sangeeta measured the young boy's arm with the MUAC tape again, and she found an improved measurement: 12 cm, as compared to the previous measurement of 11.8 cm. Rahul'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. Rahul's mother believes that if she had received such education on time, her child would never have had to experience such a painful trail. She vowed to share this message with every woman in her village and try to help the community understand this knowledge and become 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

RMF India's Program Manager Rakesh Dhole and District Coordinator Deepmala Cholkar discussing referral services with an Anganwadi supervisor and Anganwadi worker

A baby admitted to the Nutrition Rehabilitation Center after his family received counseling from one of RMF India's CNEs

RMF India's CNE Anita Verma measures children's MUAC (mid-upper arm circumference) during her visit to the village of Bijasan

RMF India's goal is to promote proper nutrition to keep these children happy and healthy.