# Eradicate Childhood Malnutrition, Madhya Pradesh, India

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<th>Date:</th>
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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](http://www.realmedicinefoundation.org))  
3. **Project Title:** "Eradicate Childhood Malnutrition"  
4. **Reporting Period:** January 1, 2017 – March 31, 2017  
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 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.
- 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
• 1,918 family counseling sessions were conducted by RMF India’s Community Nutrition Educators (CNEs).
• 2,837 individuals (mainly women and adolescent girls) participated in the abovementioned family counseling sessions.
• 80 community education sessions were led by RMF India’s CNEs.
• 589 individuals participated in the abovementioned community education sessions.
• 225 meetings with Anganwadi workers were organized by RMF India’s CNEs during routine field visits.
• 10 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 started 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.
• During the reporting period, RMF India’s CNEs educated 2,000 women and girls on personal hygiene and encouraging them to use sanitary pads during their menstrual cycles. Through creating this awareness, 1,100 women and girls have adopted the use of sanitary pads.
• 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:

• 26 severe cases of malnutrition were treated and improved.
• 37 moderate cases of malnutrition were treated and improved to normal nutritional status.
• 12 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).
• 6 severely malnourished children were admitted to NRCs after counseling.
• 53 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.
• 651 cases of moderate acute malnutrition (MAM) were followed by RMF India’s CNEs.
• 1,100 women and girls have adopted the use of sanitary pads thanks to RMF’s new social enterprise program.

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 following groups:

• The 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
• 36,532 children age 0-6 years directly impacted
• More than 3,246 children have received lifesaving treatment.
• More than 52,065 children have been reached by CNEs during field visits.
• 567,945 individuals from rural villages have received training on malnutrition awareness and prevention in their villages.
• 2,000 women and girls have been educated on personal hygiene and the use of sanitary pads since implementation of RMF India’s social venture began in late January 2017.
• 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 3,426 villagers who benefited from education and counseling sessions conducted by RMF India’s Community Nutrition Educators (CNEs), 128 children suffering from acute malnutrition were identified and/or received treatment:
- 65 children suffering from severe acute malnutrition (SAM) or moderate acute malnutrition (MAM) were identified.
- 63 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:

- 12 children with severe acute malnutrition (SAM) were referred to Nutrition Rehabilitation Centers.
- 53 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.
- Continue implementing next steps to establish social enterprise as an RMF pilot for the economic component of our humanitarian work.
- Begin scaling up our work, providing nutrition services in a new block of Barwani district and restarting our work in Khalwa district.
18. If applicable, summary of RMF-sponsored medical supply distribution and use:

N/A

19. Success story(s) highlighting project impact:

**Success Story 1: Treatment of Severe Anemia Saves a Mother and her Unborn Child**

Real Medicine Foundation India provides humanitarian support to underprivileged communities through field coordinators known as Community Nutrition Educators (CNEs). Each RMF Community Nutrition Educator works in 10 villages with the help of government departments like Women and Child Development, the Health Department, and panchayats (village councils). CNEs educate families and communities about maternal and child health by using IEC materials (flipbooks) in one-on-one and single-family counseling sessions.

On December 16, 2016, CNE Akila visited the most remote village of Barwani district, Raigun, during her field visits. As her routine activity, she met with the Anganwadi worker and community members for a discussion of malnutrition in the community. After the discussion, CNE Akila followed up with a young woman named Kalibai, because she had come back to the community after a long time of traveling. She was pregnant and had now completed her 8 months of pregnancy; she would be delivering any time in the next month. The CNE asked Kalibai’s husband about her maternal and child protection card. This MCP card is given by an ANM to record progress from the registration of a pregnant woman to postnatal care and child immunization records, anemia, any other complications that the mother had, and the expected date of delivery.

After seeing this card, CNE Akila noticed that Kalibai had 4.4 mg/dL hemoglobin value in her body. The CNE checked Kalibai’s eyes and nails, and they were completely white. She also noticed edema. The CNE asked Kalibai about iron and folic acid (IFA) tablets, but she had not taken them because of vomiting. CNE Akila made Kalibai’s family and husband aware of her severe anemia. The CNE told them that if Kalibai’s anemia was not treated in time, then the mother and child might die or the child could have a low birth weight.

To avoid these severe problems, the government has established a blood bank in each district hospital. This supply is available free of cost from the government. After blood transfusions, the child and mother would be safe and healthy.

CNE Akila suggested admitting Kalibai to the district hospital immediately, but her husband refused to admit her to the hospital, because he was unfamiliar with the district hospital and admission procedures. The CNE called an ASHA (local accredited social health activist) and the Anganwadi worker to make them aware of the health status of Kalibai. They also requested that Kalibai be admitted to the hospital, but still the husband refused. CNE Akila educated the family about the district hospital facility and the admission procedure and provided counseling about care and nutritious food during pregnancy, but again Kalibai’s husband did not agree. Akila asked the ASHA and Anganwadi worker to keep a close eye on Kalibai’s health and to call the ambulance anytime, whenever she needed it.

CNE Akila reported to RMF India’s headquarters about Kalibai. Rakesh Dhole (Program Manager, RMF India) decided to visit the village of Raigun to meet with Kalibai’s husband.

The next day, Rakesh, along with Nilesh (RMF staff) and CNE Akila, visited Raigun to meet with Kalibai and her husband Kamlesh. Rakesh discussed the situation with CNE Akila and the Anganwadi worker and checked the MCP card. Our team asked Kalibai’s husband about his reason behind refusing admission. Kamlesh told us,
We both are illiterate and have never gone to district place and even not seen district hospital yet. We don’t know the procedure of admission and blood transfusions. I don’t know how to admit and how to get check-ups in hospital. That’s why I am refusing to admit her.

Rakesh told him not to worry, because an ASHA is in the village. The ASHA would call the ambulance and go along with the family. She would help in all basic formalities at the hospital. You just have to call the ASHA. RMF’s team also would like to help the family in the hospital. Now Kamlesh was happy and agreed to admit his wife to the district hospital and asked RMF’s team to meet with him at the hospital the next day.

The next day, Kamlesh went to the district hospital with Kalibai and the ASHA, then called RMF’s team. Rakesh and Nilesh reached the district hospital immediately, then helped the couple with admission and blood transfusions. The doctor admitted Kalibai for three to four days due to her severe anemic condition. RMF’s team continued to follow up in the hospital. On December 20, 2016, Kalibai was discharged from the hospital.

On January 4, 2017, CNE Akila visited the village of Raigun and followed up with Kalibai. CNE Akila checked her MCP card and found Kalibai’s hemoglobin values increased. Now Kalibai was normal and healthy.

Kalibai gave birth to a healthy little girl on January 22, 2017 in the government hospital. Now Kalibai and her husband Kamlesh are happy and well aware of the government hospital facilities. They have thanked CNE Akila and the rest of RMF’s team for their support. The baby is now 3 months old and healthy.

![Treatment note from district hospital](image)
Kalibai and her baby are now healthy, and she and her husband are very glad.

Success Story 2: Successful Start of RMF’s Social Venture

Menstrual Hygiene Management

On January 26, 2017, on the occasion of India’s Republic Day, Real Medicine Foundation started implementing a social venture program in 50 villages of Barwani block, Barwani district, with the capacity of 10 community cadres comprised of RMF India’s CNEs, known as Swasthya Sahelis (Catalysts of Change).

Swasthya Sahelis make regular visits to villages, meet with women and girls (age 14 to 49 years), and speak with them about menstrual cycles and traditional practices that women are following during menstruation. Swasthya Sahelis also counsel them to adopt hygienic practices and use sanitary napkins, helping them to break myths and misconceptions about their menstrual cycles, like avoiding outings during menstruation and untouchability.

The Swasthya Sahelis help create awareness, teaching women and girls to use sanitary pads to protect themselves from yeast infections, RTIs (reproductive tract infections), fibroids, etc., and they also discuss the drawbacks of unhygienic cloths that women and girls are using during menstruation. Swasthya Sahelis explain that cloths are not very clean, and drying in a dark place, they are not free from germs and bacteria, whereas sanitary pads are manufactured and packed in hygienic conditions. They are packed in a wrapper, which you can tear whenever you want to use a pad. This is a safe method to use sanitary pads.

RMF’s Swasthya Sahelis are also leading sessions in schools and hostels to raise girls’ awareness of their personal hygiene and encourage them to use sanitary pads during their menstrual cycle.
Success
RMF’s Swasthya Sahelis are working with approximately 20,000 eligible women and girls in 50 villages of Barwani block.

Our Swasthya Sahelis have reached 2,000 women and girls in the last three months, educating them about personal hygiene and encouraging them to use sanitary pads during their menstrual cycles. Through creating this awareness, 1,100 women and girls have adopted the use of sanitary pads happily and changed their menstrual hygiene behaviors for a better life. Now, they feel more confident. By also selling low-cost sanitary pads, RMF has increased project sustainability by generating INR 16,125 revenue and INR 3,800 commission for all Swasthya Sahelis.

Challenges
The social enterprise has had a very successful start, but our teams have reported the following challenges:

- It was tough to change women and girls’ minds to use sanitary pads.
- Due to low family income, most women and girls are not able to purchase sanitary pads.
- Problem in disposing of pads in the village: Women and girls do not want to throw sanitary pads away openly or dump them, because of concerns that they might be used for black magic in the village.
- Without a recognized brand name, schools and hostels are not allowing us to sell these low-cost sanitary pads.
- Swasthya Sahelis are counseling women and girls without any IEC or BCC materials for pictorial presentations in field like flip charts, flip book, video projector or tablets.

Sanitary pads ready to be distributed or sold to local women and girls at an affordable price

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 each month from the accountant.

Appendix: Project Photos
In addition to their regular malnutrition prevention and treatment activities, RMF India’s CNEs help the local government to implement polio vaccination campaigns.

Every child counts.
Faith in RMF

RMF India’s CNE Radha distributing sanitary pads to local women as part of our new social enterprise