

Progress Report

Project

Setting up Comprehensive Model of  
Prevention and Community Based  
Management of Malnutrition

AUG – DEC 2013

Supported by : Sir Dorabji Tata Trust,  
Mumbai



## **Setting up a Comprehensive Model of Prevention and Management of Malnutrition** (Through a Community-NGO-Government Partnership in Madhya Pradesh)

### **Background**

India has one of the highest child malnutrition rates in the entire world. High rates of child undernutrition in spite of rapid economic growth has led to increased efforts by governments, civil society groups and international agencies towards finding 'solutions' to the problem of malnutrition. While there is a consensus that efforts to tackle malnutrition to focus on pregnant and lactating women, adolescent girls and children under two years of age; the strategies for this are still under debate.

Broadly, on the one side there is a push for technology-based solutions such as fortification of staples, provision of micronutrient supplements and a focus on therapeutic-food based treatment for children who are severe acute malnourished (SAM). On the other hand, it is felt that prevention and management of malnutrition must be tackled in a comprehensive manner through a model of continuum of care (addressing needs of all children in the relevant age-group and not only those who are SAM), with recognition given to issues related to food and livelihood security of the entire household. In such a model the necessary linkages with health, water and sanitation, hygiene etc. which are all relevant determinants of malnutrition must also be addressed. It is in such a context, that the interventions such as therapeutic food for SAM must also be placed.

While there is an acknowledgement of the problem of malnutrition, with the Prime Minister even calling it a 'national' shame; there is still a gap in experience within the country in reducing malnutrition. There are efforts at the national level to reform and restructure the ICDS to play a more meaningful role in tackling malnutrition. A restructured ICDS in 200 high burden districts has been proposed. Many state governments are also starting their own initiatives to fight malnutrition. In this context, it is important to have more and more field based models of tackling malnutrition. Such models can also be seen as pilot initiatives to inform government policy.

### **Purpose of the small grant**

#### Conducting Baseline line Survey

The present small grant was planned for conducting baseline survey before setting up a Comprehensive Model of Prevention and Community Based Management of Malnutrition in three blocks of Madhya Pradesh. CDC is part of this intervention and implementing this project in Balaghat district. The Birsa block of Balaghat district has been identified for this project. There was few specific objectives of this period.

- 1- Conduct Baseline survey of targeted 100 villages
- 2- Environment creation with local community for malnutrition intervention
- 3- Village Profiling
- 4- Team building for project.

## Progress as per SOW

SN	Activity	Aug	Sept	Oct	Nov	Dec
1	Team Recruitment	✓				
2	Orientation of staff	✓				
3	village profiling		✓	✓	✓	✓
4	Community Meeting at cluster level			✓	✓	
5	Theatre workshop for mobilizers					✓
6	Baseline survey				✓	✓

**1- Recruitment of the Project team :** CDC is involved in this project in last two years when the planning and baseline survey was done by Vikas Samvad. During this survey the staff of the CDC was able to identify field staff also for future, one training also was organized by Vikas Samvad for field staff in Dec. 2012. The team was already prepared, due to delay of project sanction few field staffs left, but when we start the project in the Month of Aug, organization was ready with all 25 community mobilizers, 5 cluster coordinators and 1 block coordinator. The team members identified from the local community, the details of the team given below.

SN	Designation	ST		SC		OBC		GEN		Total
		M	F	M	F	M	F	M	F	
1	Community Mobilizer	4	9	1	1	3	7	0	0	25
2	Cluster Coordinator	2	0	1	0	2	0	0	0	05
3	Block Coordinator	0	0	1	0	0	0	0	0	01
4	Account & Admin	0	0	1	0	0	0	0	0	01
<b>Total</b>		<b>6</b>	<b>9</b>	<b>4</b>	<b>1</b>	<b>5</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>32</b>

**2- Orientation to Project Staffs :** Orientation for project team was organized on 30<sup>th</sup> to 31<sup>st</sup> Aug. 2013 at Devgaon village of Birsa block. Two days orientation was facilitated by Shri Prashant Dubey from Vikas Samvad and Ameen Charles.

Topic covered during orientation : Basically three broad areas covered during the orientation i.e. Malnutrition and Project intervention. Govt. program and schemes, Community participation. Through the using of interactive learning methods two days orientation was conducted and covered all the issues of malnutrition.

- Basics of Malnutrition
- Different causes of malnutrition
- Types of malnutrition
- Status of Malnutrition at the National level, State level and district level

- Govt. intervention to address Malnutrition
- ICDS and Its services
- Service delivery mechanism
- ICDS Mission
- Health Services & its availability

- Project structure
- Role of Community mobilizers
- Role of Cluster Coordinators
- Role of Block coordinator
- Coordination with Govt. Dept. Health ICDS Education TSC etc.

- Community perception on Malnutrition
- Village Profiling : Need of Profile,
- Community Participation
- Community practices, traditions and culture
- Panchayat and other Community Based organizations

All these issues discussed during the organization, there was CDPO of ICDS Birsa Mr. Sanjay Mishra was present to facilitate one session for project staffs. He is very much interested to work with project and agree to gives all types of support to the organization.

Photographs of the Orientation :



### 3- Community Meeting at the Cluster level

As per plan, cluster level community meetings organized with the coordination of ICDS Birsa. The details given in below

SN	Date	Village	No. of Participants	Remarks
1	13/09/2013	Singhanpuri	59	ASHA, AWW and ANM of the area were present for this meetings
2	14/09/2013	Banafartola	60	
3	21/10/2013	Jairasi	60	
4	23/10/2013	Bori	73	
5	24/10/2013	Bijatola	58	
6	26/10/2013	Balgaon	70	
<b>Total</b>			<b>06</b>	<b>380</b>

All cluster level community meetings were organized with the support of ICDS staff, they attended and facilitated the meetings. Supervisors, CDPO also were present in few meetings and facilitated few sessions on malnutrition. We try to mobilize panchayat representatives to attend these meetings. The panchayat representatives also present for all six meetings and very much exited to know about the project. They said that Panchayat will support all the program and its activities in future to fight with malnutrition. In these meetings the project staffs discussed on various issues and tried to give messages on child health and nutrition issue. Basically health and nutrition behavior and community practices discussed during the meeting. We tried to give feeding demonstration during the meeting.

- Present practice of child feeding practices
- Health behavior
- Cultural/ traditional barriers which affects of child health and nutrition
- What community should know about the nutrition
- ICDS and its services, why its important and how to bring AWC in centre of the community.
- Traditional food practices, local foods and its importance.

## Cluster Level Community Meetings



### 4- Village Profiling

Village profile is an important work to assess the situation of village, to initiate this process a format for village profile has been developed collectively with project partners and finalized during partners meeting. The project staffs start working on village profile, it is decided that each village will have a file which contains profile, social map and data i.e. population, education, health facilities etc. this profile will be available with community mobilizers and they will make update as per need and changes comes. We have completed 100 profile, one for each village and we are putting data in spread sheet. The data feeding is ongoing, the summary will be comes after feeding of all details in coming period.

## 5- Theatre Workshop

To mobilize community through different methods, Nukkad show is one of the most effective method to gives message to the community. As decided there will be a team, who will be trained to prepare script and all basic things of theatre/ Nukkad. Five days workshop was organized at Bhopal during 5-10 Dec. 2013, our 10 staffs got trained in this workshop. The list of trained staff is given in below.

SN	Name	Designation	M/F
1	Bhanupratap Singh	Cluster Coordinator	M
2	Maniram Jhagde	Community Mobilizer	M
3	Harish Markam	Community Mobilizer	M
4	Sushil Gadpal	Community Mobilizer	M
5	Bhagan Parte	Community Mobilizer	F
6	Amita Parte	Community Mobilizer	F
7	Jamuna Markam	Community Mobilizer	F
8	Gayatri	Community Mobilizer	F
9	Yamuna Bahe	Community Mobilizer	F
10	Durgeshwari	Community Mobilizer	F

## 6- Baseline Survey

Baseline survey was the main objective of this small grant to move forward to implement the project. A two day orientation organized at Shivpuri by Vikas Samvad for planning of survey and designing of survey formats. Mr. Sachin Jain, Ms. Deepa Sinha, Mr. Prashant Dubey facilitated the workshop. During this planning workshop, collectively decided sample size and finalized the survey format as per need of our project and future intervention. Block Coordinator, three cluster coordinator and Project head attended this workshop. After that two days workshop was organized by Vikas Samvad at Birsa on 14-15<sup>th</sup> Nov. 2013 for CDC staffs. We started baseline by 20<sup>th</sup> Nov. and completed by 25<sup>th</sup> Dec. 2013, Tried to make all precaution and check, recheck processes during the baseline survey. All the format has been handed over to Vikas Samvad for data analysis and report writing.

SN	Village	No. of forms filled	No. of Children interviewed
1	Baigatola Saraitola	19	23
2	Bakharikona	28	31
3	Banatharta Dautola	21	23
4	Barratola, Pandripathra	36	38
5	Basingkhar/Baigatola	31	35
6	Dongariya	31	31
7	Gowari	20	22
8	Harrabhat, Dholiyatola	20	22
9	Jamuniya	29	34
10	Jhamul	39	42
11	Kaniya sahutola	38	44
12	Khamhartola, Beechtola	24	31
13	Maanegaon	31	35
14	Maate,	24	29
15	Pateltola, Baigatola	20	28
16	Sahegaon	33	36
17	Salhewara	25	33
18	Singhanpuri	23	28
19	Sundarwahi	24	26
20	Surwahi	28	36
<b>Total</b>		<b>515</b>	<b>627</b>

## 7- Orientation of Staffs by DPO WCD

This is already planned and defined that the project will be implemented with the close coordination and support of ICDS-WCD. We are continuing to try to make this department informed about the project, project activity and our plan. We have shared our staff list with contact details and project area details also. Our five-month plan also shared with DPO WCD and the department is very much excited and interested to know and involved with the project. DPO WCD was interested to train our staff on child growth issues and how to work with the community with appropriate messages. Mutually decided that one-day training will be organized for our staff with their AWW at Block level. This training was organized at Birsa ICDS on 4<sup>th</sup> Dec. 2013 which was facilitated by DPO Dr. Nilima Tiwari. She has taken a very good session on child growth, she advised us to give a chart of brain development to all of our staffs. This chart was printed and provided to all staff of the project. One important thing which the department agrees that is collective monthly meeting at the block and the cluster level. This meeting will be organized to share experiences and find the gaps.



## 8- Conclusion and Future Plan

This small grant support strengthens the process of setting up a model for community management of malnutrition in 100 villages of Birsa block. We are thankful to SDTT for this support and expect to continue support of the project.

As discussed earlier that the objectives of 5 months was to orient project staff, mobilize and rapport building with community. Through the very limited project activities the expectation is high of community and specially WCD. We have to continue the process with WCD and the community. In this short period we have started working with community through home visits, and community level meetings. Some future activities should be continued

- Home visits and community meeting with feeding demonstration.
- Nukkad shows to fine tune the team members and trained more team members
- Meeting with ICDS at Sector and Block level
- Project team is trained and need to continue to retain the staff.
- WCD is interested to know what you are going to do from Jan. onwards, they are planning to make a joint action plan with us.
- Panchayat and other community level institutions interested to support the project, there is need to continue dialogue with them.

CDC is very much thankful to Sir Dorabji Tata Trust for this support and Vikas Samvad for capacity building and facilitating the process of the project. We do hope that this support will continue to fulfill the project goal.

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