Summer Training at
Child in Need Institute (CINI), Kolkata
(April 3 to June 2, 2017)

Report on an Integrated Thousand Days Approach to Improve Mother and Young Lives Through Community Participation

By
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MBA Hospital & Health Management
2016-2018

Institute of Health Management Research
The IIHMR University, Jaipur
2017

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that **Mr. Imran uz zaman** has undergone summer training in **Child In Need Institute (CINI), Kolkata** from **3rd April to 2nd June 2017**.

The candidate himself completed the project assign to him during summer training. His approach to the project was sincere and proactive. This summer training is in partial fulfillment of the course requirement recommended for the award of MBA in Hospital and Health Management.

I wish him success in all his future endeavors.

Col. (Dr.) Ashok Kaushik
Dean (Academic & Student Affair)
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Date: 15.06.17

help the mother
help the child ...

Internship Completion Certificate

Certified that Mr. Imran Uz Zaman, pursuing Masters of Business Administration in Hospital and Health Management from IIHMR University, Jaipur was placed at Child in Need Institute (CINI) during 3rd April to 2nd June'17 for the purpose of academic internship. He was placed in urban unit of CINI.

During the course of internship, he has met the necessary requirement and worked closely with the programme implementation team. He has been found to be sincere and dedicated to the responsibilities bestowed on him.

We wish to see him well stationed in life with bright academic career.

Mitun Bose.

Ms. Mitun Bose, Assistant Director, Training

CINI Training Unit

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At the onset of my report, I would like to acknowledge my sincere thanks to our institute, Institute of Health Management and Research, Jaipur for providing us platform to gain enough knowledge and skills in different aspects of health management.

At the onset of the report, I would like to acknowledge my sincere thanks to the Project in charge at CINI MrsAparna Mujumdar for having faith on me and giving the responsibility to prepare this report. I would like to thank her for her guidance, encouragement and support, without which this report would have not been completed.

Iexpress my gratitude and regards to my mentor Prof. P R Sodani for his able guidance and useful suggestions which helped me in completing the project work.

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I would like to thank to all the supervisors and coordinators for their help at various stages of my project.

I would also like to thank my faculty members without whom this project would have been a distant reality. My seniors and colleagues also hold a special mention here for believing in me and supporting me throughout summer training.

Finally, and most importantly, I would like to thank Almighty for allowing me to complete my project, my beloved parents for their blessings and my friends for their help and wishes for the successful completion of this training.

Thanking You

Imran Uz Zaman

IIHMR UNIVERSITY, Jaipur

Contents

List of Abbreviations

ACRONYM	FULL FORM
AWW	Anganwadi Worker
BCC	Behaviour Change Communication
BFM	Beneficiary Feedback Mechanism
CA	Change Agent
CBO	Community Based Organization
CINI	Child In Need Institute
ICDS	Integrated Child Development Services
IFA	Iron Folic Acid
JSY	Janani Surakshya Yojana
KMC	Kolkata Municipal Corporation
KAP	Knowledge Attitude and Practice
MACHAN	Maternal and Child Health & Nutrition
MIS	Management Information System
NUHM	National Urban Health Mission
PNC	Post Natal Care
SS	Swasth sevika

ABOUT THE ORGANIZATION

"CINI, or the **Child in Need Institute**, often known internationally as **Child in Need India**, is an international humanitarian organization aimed at promoting "sustainable development in health, nutrition and education of child, adolescent and woman in need" in India.The India-based Child In Need Institute is headquartered in Kolkataand operating in some of the poorest areas in India, whereas its international arm Fondazione CINI International is based in Verona, Italy.

Founded by pediatrician Samir Chaudhuri in 1974, CINI is involved in several major community development focused projects in India, driving at the underlying social causes of poverty, and

collaborates with the Indian government and other local and international NGOs. To date its activities have reached around five million people living in the states of West Bengal and Jharkhand. The organization is also increasingly involved in projects in other countries within Asia and Africa, in cooperation with both aid organizations and UN agencies.

CINI shares its approaches with other organizations working in related fields, especially smaller, locally based, community NGOs. CINI has twice been awarded the Indian Government's National Award for Child Welfare.

CINI has around 1300 employees. Its activities are supported by independent national associations in a number of countries, and by Fondazione CINI International in Italy. CINI cooperates with Save the Children, UNICEF, CARE, the UK Department for International Development, the World Bank, the Indian government and private corporations such as KPMG."

What makes CINI unique in India

"CINI focuses primarily on the issues of **health, nutrition, education** and **protection** of children and mothers

Nutrition-

- The family – To promote pregnancy weight gain through appropriate feeding and caring practices of pregnant women, breastfeeding promotion, introducing semi-solid low-cost nutritious foods from six months onward in the child's diet (in terms of improved food quantity, quality and frequency), safe water and hygienic practices, early seeking of health care for childhood ailments, adequate feeding of girls and women, and empowerment of women to choose for themselves and their children
- The community – to enhance health and nutrition education involving women's groups and local elected members (rural Panchayat Institutions and Urban Local Bodies), promote environmental sanitation, including use of toilets, maintenance of drainage and safe disposal of solid waste, prevent early marriage and pregnancy
- Institutional services – to ensure referral and treatment of severely malnourished children to Nutrition Rehabilitation Centres (NRC) managed by CINI and the Government
- Government – to train frontline anganwadi workers and supervisors of the national Integrated Child Development Services (ICDS) programme, the flagship nutrition initiative of Government of India

Health

- CINI works at the family, community, institutional and government levels to bridge the gap between service providers and service users. It helps deprived communities acquire information, knowledge and capacity to access healthcare services.

- In parallel, CINI trains health service providers, such as government frontline community health ASHA workers, to act as effective healthcare agents as mandated by the National Health Mission, which has entrusted CINI to function as the West Bengal State Nodal Agency (SNA).

- Trained and motivated local women, organised in Self-Help Groups or acting as community-level workers, interact with families to facilitate access to primary health care services for women and children residing in villages and slum areas.

- With the help of community mapping and Mother and Child Protection (MCP) Cards,CINI make sure that no one is left unserved.

- CINI educate communities in issues relating to child health, reproductive and sexual health, including HIV/AIDS, and appropriate hygienic practices to prevent common illnesses at home.

Education

- Friendly Schools to stand as primary institutions for education and child protection at the core of Child and Woman Friendly Communities.

- To prevent dropping out, CINI offer remedial education services through coaching centres being run on school premises or in the community.

- CINI work to overcome forms of social exclusion based on caste and gender discrimination that continue to play a part in keeping children, particularly girls, out of school.

- In poor urban and rural areas, where childcare may be inadequate, CINI supports families in properly stimulating, educating and caring for young children.

- Members of Self-Help Groups and adolescent girls are equipped with training and Early Child Care and Education kits to strengthen families in their capacity to support the emotional and psychological development of their children and prepare them to enter primary education.

Protection

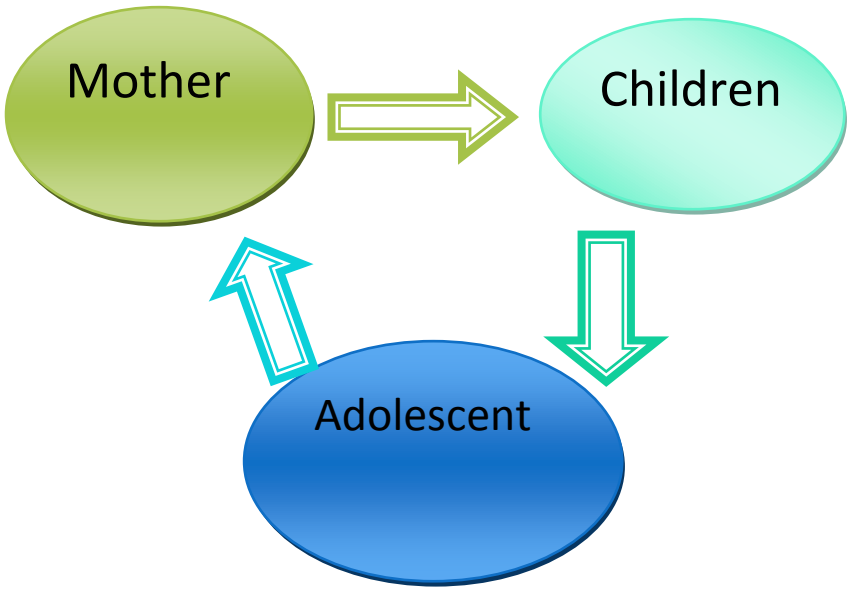
- Since the late ’80s, CINI has worked with children living on the streets, run-away, missing, sexually and physically abused, at risk of early marriage, out of school, or victims of other forms of violence.
- CINI Child Protection Resource Centre coordinates programme activities and fosters innovation in both institutional and community-based child protection work.

- CINI extends protection interventions to over 5,000 children through a institution-based services and 21,500 children through community-based services.”

Approaches

The intervention approach that CINI is following is known as 1000days approaches. This thousand days can be divided into two phases. The first phase starts from the conceive of pregnancy to till delivery i.e.9months (270 days). The second phase is from the birth of child to 2years of age (730 days), total 1000 days.

Beneficiaries of CINI



CINI Kolkata works on the deprived, underprivileged, and neglected poor children, women and adolescent girls in the urban slum area in Kolkata. The organisation act as a mediator between their beneficiaries and the existing government facilities, so that they can get all the available facilities.

CINI's intervention area and socio demographic profile

WARD NO	WARD SUPERVISOR	SLUM POPULATION
WARD 46	**BUBAI DEY**	**9998**
WARD 47	**REETA GUPTA**	**12979**
WARD 51	**REETA GUPTA**	**1226**
WARD 54	**JHUMA SAMAJHDAR**	**7695**

WARD 55	**SHILA GUHA**	**24256**
WARD 60	**SWARNALATA SHYAMAL**	**7283**
WARD 61	**TIMIR MONDAL**	**29789**

These above seven wards are situated mostly in central Kolkata include slum areas of Sealdah, new market, Entally, Ta;tala, Ananada palit and park circus. The entire project area of borough 6 consist of multiple communities(47% Hindus, 45% Muslims, 3%christian and 5% others). The average number of people in each family is 4 or 5 in these wards. The average income of families in these wards range from 5000 to 10,000 per months. Majority of population use shared toilets. The wards are mostly underserved by any health programs of government. The dwellers of these belong to various communities, and are multilingual, many of the community members have migrated from rural areas in search of work or livelihood. The women in these wards serve as housewives, maid servant, baby sitters, tailor or daily labours in leather factories. The number of children per family is generally 2-4, which creates great physical and psychological. The male members of the families generally work as vegetable vendors, rickshaw pullers, van pullers or daily labours in small factories. They spend most of their money on alcohol, gambling. Thus, there is a financial pressure on the women in these wards to maintain the families

OBSERVATIONAL LEARNING

Aim of the study: To study the facilitation level providing by the CINI facilitator in various level of health facilities

Objective:

1. To visit the Health facility centre to whom CINI is working with
2. To find out the gaps required to minimize or bridge through strengthening MIS system

Types of Study: Descriptive study

1. Study Area: urban slums in Kolkata under Kolkata municipal corporation in ward number 46, 47, 51,54,55, 60, 61(under borough 6)

DESCRIPTION

Field visit

Ward: 46

Area: korabardhan, 133/1 SN Banerjee road

The total population in this area is 3000(approximately), but only 1200 are registered. All the population in this area are residing in typical inhibited slums where 6-7 family members are living in every single family occupied by a single room. As a result, overcrowded is present in every family. The slum area is adjacent to a huge poultry market and where poultries are sold in wholesale. Fish market and vegetable market are just behind the locality. The bad and polluted smell from the markets are hazardous to the residents of the area. This has created an unhygienic environment that may cause various health issues of the residing people. Children and neonatal are more vulnerable to health problems. The drainage systems are very poor. The space in the gully is very narrow resulting inconvenience in accessing and walking for the people. As the drainage system is very poor the people in this area faces problems in rainy season, due to stagnant water, clogged drain. Water borne disease like diarrhea and dysentery sometimes affected badly. Heap of garbage is noticed in several places near the resident area.



Congested livelihood at new market slum area (ward 46)

Mothers meeting

Date – 17.4.2017

Venue- New market road side

Time-1.24 pm

Participants-9

CINI representatives-3

Observation

In every months CINI conduct at least one mothers meeting in every ward. The meeting at ward no six in the month of April was conducted by the swasth sevika(ss) under the guidance of supervisor. The pregnant and lactating mothers were the participant. The topic of discussion. The SS explained the following topic

- Benefits of exclusive breast feeding, both for mother and child
- Importance of ANC check-up and PNC check
- Handling of baby
- Safe hand washing
- Hygienic practice which mother should follow.

- Importanceof immunization

After the topics were explained, feedback was collected from the mothers, it was asked if the mothers have any doubt regarding the explained topic. As the mothers were of multilingual the swasth sevaka explained again for those mothers who has not understood. Some of the attended mothers were quite aware about their children health, hygienic practice, immunization of their baby. They responded spontaneously and were very eager to know what was discussing by the SS and was very attentive. At the end of the meeting hand wash were gifted to them to encourage safe hand washing practice.

Mothers meeting conducting by SS under the guidance of Supervisor (ward 46)

Recommendation

I. Mothers meeting should be arranging in an enclosed area rather than on roadside
II. Timing of mothers meeting is preferable in either morning session or in post lunch session, as the noon session is the peak time for a mother. They are busy at this time. Noon session should be avoided
III. The health supervisor should be more interactive with the motherduring mothers meeting.
IV. \Training on Hindi speaking should be organizing for the CINI ward supervisor to improve Hindi speaking ability, so that he can communicate effectively with the Hindi speaking beneficiaries

MIS register and Growth chart evaluation by CINI Supervisor

In Management information system (mis) register, the detail information of pregnant mother, lactating mother, children are recorded. The swasth sevika in every field collect pertinent data by visiting door to door of the mother's house. Data consist of name of the mother, number of gravidia, number of Anc, pnc check-up, name, age and sex, weight of the child, what are the vaccines administered to the child, what are to be administered etc. All this detailed informationisrequired to register by those swasth sevika in their respective field. After every certain period the Ward supervisor checks and evaluate the MIS register to be sure whether the SS are keeping the required details of both mother and child properly. If there is any mismatch or gap between those data the supervisor checks and rectify those.In growth monitoring chart, there are four colour zone. The age and weight of the baby is calculated and pointed on the growth chart. If the baby falls under red area this imply that the baby is severely malnourished and underweight. In the same way if the baby falls in yellow area that means the baby is little underweight and little care can improve the baby's weight, and if the baby is in green zone that is the baby is normal and if the baby falls under white zone that means the baby is overweight which is also considered asa malnourished baby. We have found few underweight as well as overweight children during the time of MIS register evaluation, which was a matter of concern. The mother of those children was asked to keep extensive care to their children.

MIS register evaluation and growth chart monitoring

Date-27.04.2017

Routine immunization centre visit

Date- 29.4.17

Location- 133/1 SN Banerjee road

Accompanied by- Bubai dey

Observation

We visited routine immunization(RI) centre at 133/1 SN Banerjee road, which held on every Tuesday of every week. The mother brings their children aged between (0-5) for immunization. At first the SS identify the children who are to be administered vaccine and make a list of them and give it the ward supervisor of CINI. The supervisor submits that to the health department of Kolkata municipal corporation. According to the list of required vaccine, the corporation personnel send those to the respective RI centre via cold chain. The CINI SS inform the mothers to bring their child to RI centre. There was a medical officer who was checking the of children and vaccine was administering by a health vaccinator. The laboratory technician was not on duty as we heard he had left the job. The diagnostic instrument was not functioning. The most miserable condition which we saw was the RI centre building and location. The building was a dilapidated narrow building where there was shortage of space for mothers and children and the centre is located in a congested market place, where there are lots of hotel and shoe factories are present. The emission of fumes and pungent smell was unbearable and health hazardous for the infant and new born baby. That was not only a RI centre it was a combined Ward health unit and malaria unit where malaria patients are used to treat there and test is done.

ICDS visit

Ward no-61

Date-11. 04.2017

Location- Mollick bazar area

Accompanied by- Timir Mondal (ward supervisor)

Observation	Recommendation
1 provide non-formal preschool education 2 providesupplementary nutrition to the children **3** The teaching process by the anganwadi didi was very effective.	1. The helper (cooking woman) should be more aware of maintaining hygienic practice 2. Another window in the centre is required as there is lack of sunlight inside it due to enclosed building

An anganwadi centre at Mollick bazar (ward 61)

Date- 27.04- 2017

Ward No- 55

Accompanied by- Shila Guha

Adolescent meeting

Observation	Recommendation
1. An adolescent meeting was conducted by The CINI super visor in an Urban PHC at ward number 55. 2. The beneficiaries are all adolescent (13-19) 3. Discussion topic was adolescent health hygiene. 4. The attended adolescent was quite responsive and well informed.	1. The health super visor should enrich her her knowledge regarding adolescent health. 2. The Swast sevika who was co ordinating the meeting was less informative regarding adolescent health. 3. As the maximum number of beneficiaries are Hindi known, the CINI supervisor should improve her Hindi speaking skill

Adolescent meeting at ward no 55

TOPIC OF REAEARCH

Knowledge attitude and practice toward exclusive breast feeding among lactating mothers.

Background

"Good nutrition forms the basis for good health of a child. Nutrition is required for a child to grow, develop, stay active and to reach adulthood as well. Exclusive breastfeeding(EBF) is recommended as the optimum feeding for the first 6months of life and semi solid foods are to be introduced after six months while continuing breast feeding to meet the physiological requirements of the infants. Studies have reported that the practice of early introduction of top feeds and late introductions are widely prevalent, more so in urban slums. In India, breast feeding appears to be influenced by social, cultural and economic factors. In 1991, breast

feeding promotion network of India was born to be protect, promote and support breast feeding. Further the government of India has undertaken National rural health mission which intends to implement Integrated management of neonatal and childhood illness(IMNCI). Through the existing healthcare delivery system. Poor practices and attitudes toward exclusive breast feeding have been reported to be among the major reasons of poor health outcomes among children, particularly in developing countries. Nonetheless the promotion and acceptance of practices, such as exclusive breastfeeding are especially important in developing countries with high level of poverty, that are characterized by high burden of disease and low access to clean water and adequate sanitation.

Breast feeding has declined worldwide in recent years as a result of urbanization and maternal employment outside the home. Studies in India have shown a decline in breast feeding trends especially in urban area. Early initiation of breast feeding in not seen in over 75% nation' s children and over 50% of children are not exclusive breastfed. Hence the low figures for early initiation of breastfeeding in India are a matter of urgent concern. Although the practice of breastfeeding is influenced by various social, cultural and religious belief, maternal infant feeding attitudes have been shown to be a stronger independent predictor of breastfeeding initiation.

In addition, maternal positive attitudes toward breastfeeding are associated with continuing to be breastfeeding longer and have a greater chance of success. On contrary, negative attitude of women toward breastfeeding is considered to be a major barrier to initiate and continue to breastfeeding. While a number of studies have assessed knowledge attitudes and practice of breastfeeding in different part of the world. Such studies are limited among Indian mothers."

Methodology

A cross sectional descriptive study was carried out among purposively selected lactating mothers living in urban slums in Kolkata. Data was collected through face to face interview using a structured questionnaire.

Sampling: Purposive sampling was conducted to get the desired subject for the study

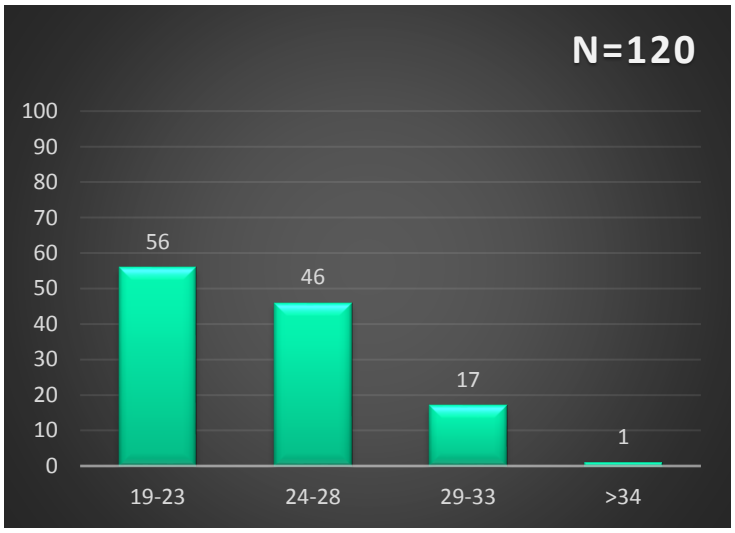
Objective

1. To assess the knowledge, attitude and practice toward exclusive breastfeeding among lactating mothers.
2. To identify the barrier against breastfeeding among those mothers.

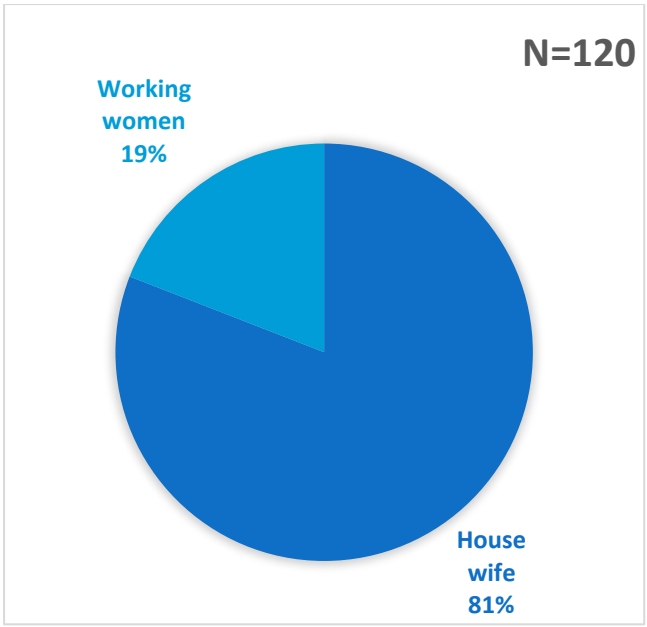
Data analysis

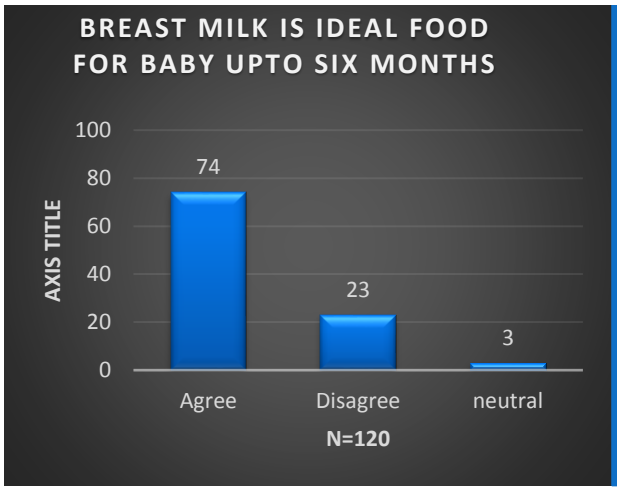
All the collected data is analysed on excel software.

FINDINGS



Out of 120 lactating mothers 56 are in age group of 19-23, 46 are in age group of 24-28, 17 are in 29-33 and 1 mother is mother 34 years of age


N=120
Working women 19%
House wife 81%


BREAST MILK IS IDEAL FOOD FOR BABY UPTO SIX MONTHS
AXIS TITLE
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74
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3
Agree
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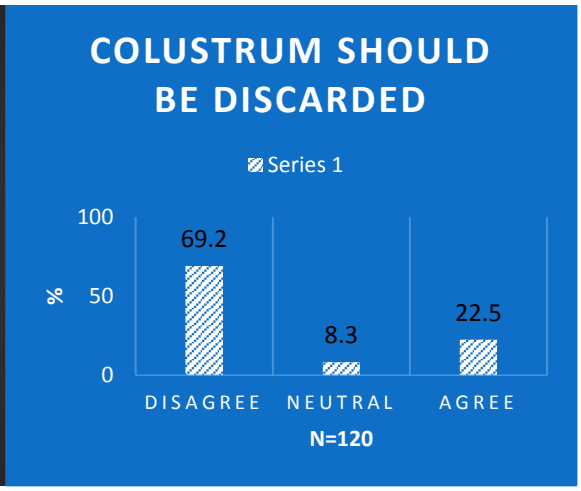
N=120


COLUSTRUM SHOULD BE DISCARDED
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8.3
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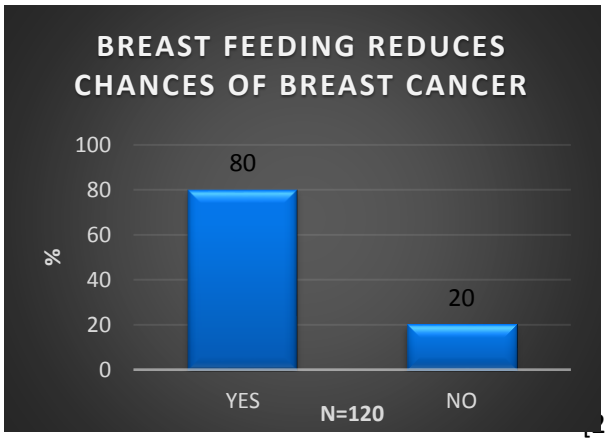
BREAST FEEDING REDUCES CHANCES OF BREAST CANCER
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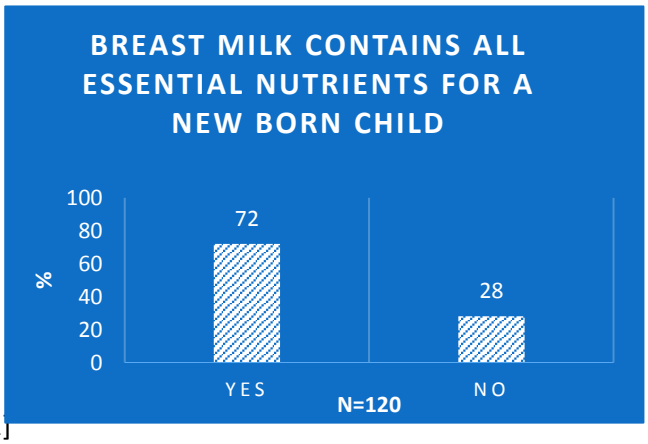
BREAST MILK CONTAINS ALL ESSENTIAL NUTRIENTS FOR A NEW BORN CHILD
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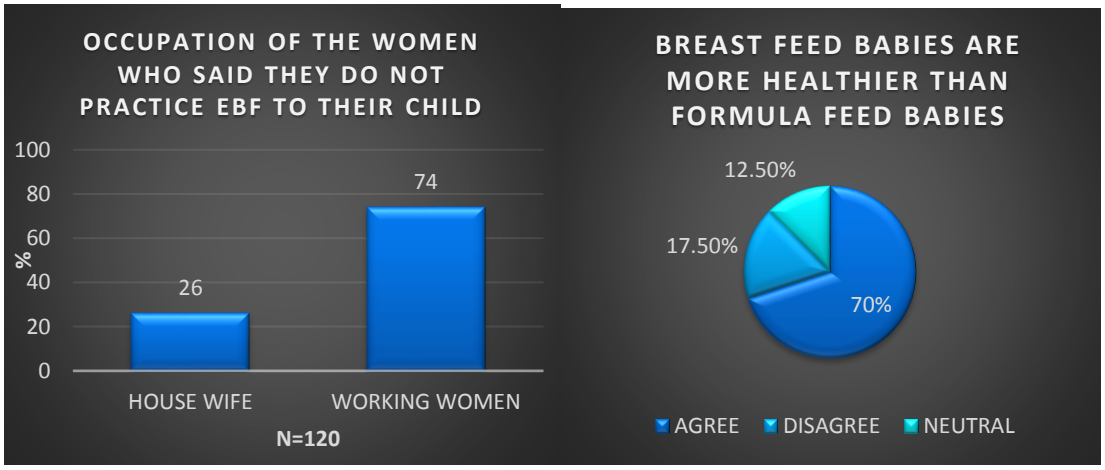

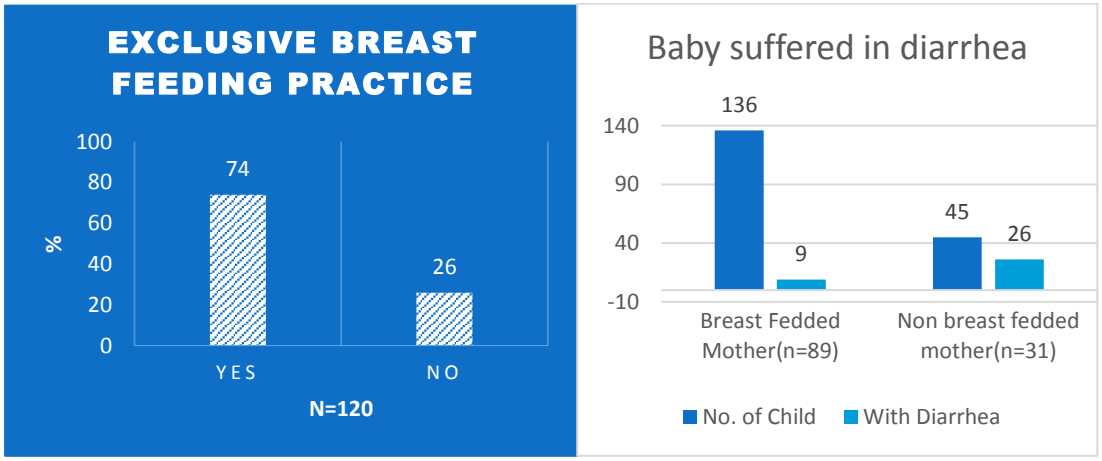

Findings

From the above graphs, it is found that exclusive breastfeeding has a significant impact on child health as well as mother's health. After analysing the collected data we can see that the knowledge regarding exclusive breast feeding among lactating mother is average.There are still some misconception regarding colostrum feeding to their child among some of the mothers. Among 120 mothers 19% are working women and 81% are housewife. It is seen that those mothers are working women they are not able to breastfeed their child exclusively. From the above analysis, it is also seen that there is a significant impact of exclusive breastfeeding on child health. Those children who are breastfeed exclusively are less prone to certain disease like diarrhoea. During the study, it was found that out of 136 exclusively breast feed babies only 9 children suffered in diarrhoea wherein out of 45 non

exclusively breastfeed babies 26 babies suffered in diarrhoea. Hence it proves that there is a strong association between exclusively breastfeeding and child health.

Limitation

- ✓ Sample size taken were small and the size might not represent the entire universe of the study
- ✓ There was a scope for more in depth probing in various components making the study more interesting
- ✓ Time constraint for the various activities of the project
- ✓ Information bias: caregivers tend to opt for answers they feel the investigator would like to hear, or answers that are pleasing
- ✓ Selection bias: Selection bias is due to use of non-random method selecting

Recommendations:

- ➢ Focusing more on community meeting and feeding demonstration session can increase the level of practice. Thus, the prevalence of low birth weight will decrease
- ➢ In some cases, the awareness level is high but the practice level is very low. Hence counselling is required. Community meeting will be a good platform.
- ➢ Some of the mothers have misconception regarding feeding their first breast milk (colostrum) after delivery to their child, hence awareness need to be increased.
- ➢ Promotion of Safe hand washing practice before handling their baby.
- ➢ Promoting exclusive breast feeding for mothers up to 6 months of delivery should be a high priority.

Conclusion

It was clear from the study that the knowledge regarding breast feeding and practice of the same was in poor condition. Moreover, it is below the average level of country as well as state. So, to improve community awareness, information, education and communication activities should be increased on mother and child health and ANC through community campaign.

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