Summer Training at Child in Need Institute (Kolkata)
Multi Sectorial Initiative Project at Malda district (West Bengal)

Study Period: 3rd April to 2nd June.

Presented By Debasish Ghosh, Roll- 0408,MBA HM-21

About the Organization:

CINI (**C**hild **in** **N**eed **I**nstitute), is an international humanitarian organization aimed at promoting "sustainable development in health, nutrition and education of child, adolescent and woman in need" internationally.

In particular **CINI** collaborate with community organization, woman self help groups, local elected members, service providers, children and youths.

District profile & statistics:

According to press information bureau 2015 Malda is one of the high priority districts in India. With a population of approx 39 lakhs the district lacks approx 51% of hospital beds.

Malda is one of such pockets where infant deaths are a routine affair. Experts say that malnutrition among women and early marriage and is the root cause of it.

Observational Learning

Aim:

To study the level of facilitation provided by CINI by their facilitators at various level of Government services and schemes

Objective:

- To assess the health and facility centers, AWCs, SCs, community centers.
- To identify the gaps required to strengthen through MIS system.

Background:

District Plan Of Action for Children was prepared to raise the issue of reproductive & child health and nutrition, education, protection to UNICEF for further continuation of programme with a special focus on implementation of national flagship programme with equity and quality.

Various activities of CINI Facilitators :

Health Activities:

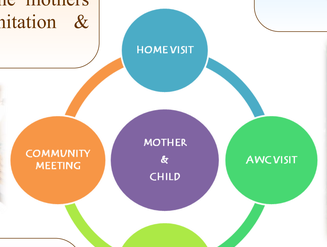
- Feeding demonstration Training.
- Feeding demonstration session.
- VHND.
- Household visit.
- Sub Centre visit.
- 4th Saturday Meeting

Community Activities:

- Community meeting.
- Anganwadi centre visit.
- Block Convergence Meeting.
- School Visit.
- 3rd Saturday Meeting.

Observation of various activities:

1. **M**others attended the session but don't practice the same at home.
2. **M**ale dominancy and gender inequality was clear.
3. **I**nstead of having awareness on nutrition and health most of the mothers were unaware about sanitation & health.

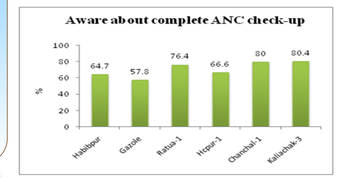


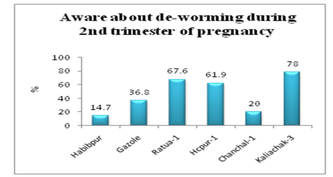
1. CINI facilitator significantly lacks the skills of collecting sub centre data.
2. The checklist they used was different from sub centre data.
3. Tools and equipments were present but in rough and untidy condition at the sub centre.
4. Home delivery was somewhere at peak

1. **I**EC was available but in poor torn condition.
2. Some of the AWC is still running under a open space and there is no sign of pre school education.
3. Almost all or most of the registers were not updated.

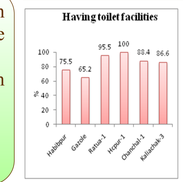
1. **T**he level of knowledge were different in both AWW & ANM/ASHA* but the training programme were same for them.
2. **4**th Saturday meeting is a good platform to highlight on health related issue.

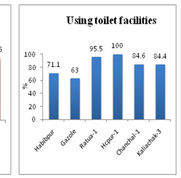
Habibpur (n=34), Gazole (n=19), Ratua-1 (n=34), Harischandrapur-pur-1(n=21), Chanchal-1(n=15), Kaliachak-3(n=41).





Habibpur (n=45), Gazole (n=46), Ratua-1(n=45), Harischandrapur-pur-1(n=27), Chanchal-1(n=26), Kaliachak-3(n=45)





Project Learning

Introduction:

Interventions promoting infant and young child feeding are known to improve child survival, growth and intellectual development which is simply a set of recommendations for appropriate feeding of new-born and children.

Aim:

The study was to assess the status of counseling on knowledge and practices of mothers regarding breastfeeding under IYCF mandate for ICDS.

Objective:

- To assess the behavior change after intervention.
- To evaluate the understanding of the messages among beneficiaries.

Methodology:

The cross sectional observational study was carried out at 6 blocks of Malda. Few Anganwadi centers have been selected from those blocks. The beneficiaries falling under each Anganwadi centers were selected purposively. Pre selection was done by respected Anganwadi worker. Total 234 beneficiaries were interviewed using the prepared Paper and Pen Interview schedule.

Study Respondents:

Following women under different category

1. Pregnant woman.
2. Mother with child.
3. Combined (pregnant with child).

Table-1:- Block wise data of different class of mother

SL. NO	NAME OF THE BLOCK	PREGNANT MOTHER	MOTHER WITH CHILD (0-6 months)	COMBINED (PREGNANT WITH CHILD)
1.	HABIBPUR	22	17	6
2.	GAZOLE	16	27	3
3.	KALIACHAK-3	21	9	15
4.	RATUA-1	19	22	4
5.	CHANCHAL-1	6	12	8
6.	HARISCHAND RAPUR-3	11	9	7
	TOTAL=	95	96	43

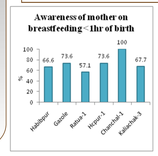
Table-2:- Socio demographic characteristics of mothers under different age group

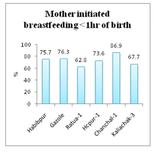
RELIGION	HINDU			MUSLIM			OTHERS		
Mother Age Group (In Year)	PW	WC	C	PW	WC	C	PW	WC	C
≤18	4	0	0	9	6	0	6	0	0
19-21	8	11	0	16	6	0	9	9	1
22-25	3	4	2	10	28	12	5	10	0
26-29	11	6	2	2	13	0	0	4	5
≥30	0	10	0	4	5	2	2	4	5
Total	26	31	4	41	58	14	22	27	11

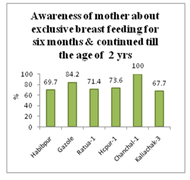
KEY FINDINGS

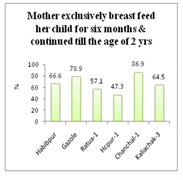
DATA GRAPH

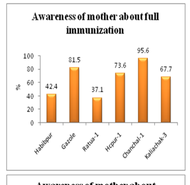
Habibpur (n=33), Gazole (n=38), Ratua-1(n=35), Hrpur-1(n=19), Chanchal-1(n=23), Kaliachak-3(n=31)

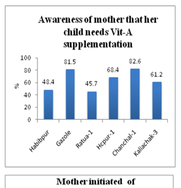


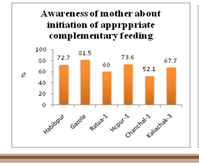












Limitation:

- Sample sizes were taken was small and the size might not represent the entire universe of the study.
- Time constraints for various activities of the project.
- Selection bias.
- Information bias.
- Response burden.

Observation:

- Maternal educational level is a significant factor in determining the knowledge of ANC.
- It was clear that educated women are more likely to be aware about their health status and seek health knowledge.
- Poor antenatal care is an important risk factor for adverse pregnancy outcomes among women and low birth weight children.
- Practice among beneficiaries during ANC period depends on both beneficiary and her family.

Suggestion:

- The frequency of home visit should be increased to aware about the actual practice by the beneficiary. Mothers should be informed about the WASH and VHSNC. NRC sending criteria should be clear to Anganwadi Worker.
- In some cases the awareness level was very high but the practice level is very low. Hence counseling is required.
- In case of home delivery the behavior must be changed as asking the head of the household in the meeting.
- Focusing on feeding demonstration session can decrease prevalence of low

Conclusion:

Knowledge of ANC and government services was found to be adequate in the study area. However, practices of the same were found to be satisfactory. Knowledge of ANC was found to be also satisfactory but. To improve community awareness, information, education and communication activities should be increased on mother and child health and ANC through community campaign. There is a need to motivate women to utilize maternal care services which are freely available in all the government health setups.

Suggestions:

- **F**acilitators should have to take the responsibility of making family or beneficiary aware about their rights to Government systems.
- **M**ale persons should be called at the community meeting
- **A**nganwadi worker should have to be more aware about NRC* process.
- **T**he **s**ub **c**entre visit checklist must be changed according to the sub centre register.
- **T**he sub centre issue should be raised at the VLCPC meeting.
- **I**nformation regarding community session should have a format and file.
- **F**acilitator should find out the VHSNC at the GP level to work on the water and sanitation health.
- Facilitator should monitor about the IEC material availability which is required for SDP.*