

To Understand a Civil Society Organization's Role in partnership with the Government to Fight Malnutrition in First 1,000 days of a Child in Ward 58, Kolkata and Diamond Harbour II Block, South 24 Parganas in West Bengal.

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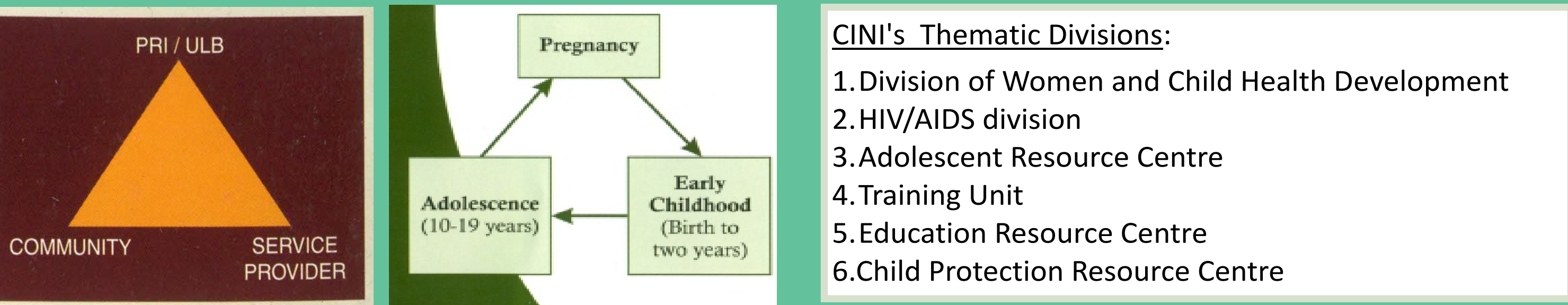
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INTRODUCTION

Child In Need Institute (CINI) is a registered national level voluntary organization working with deprived community since 1974

Currently, CINI reaches out to 5 million population across multiple states in eastern India.

The organization Developed a convergence model known as "Child and Woman Friendly Community" (CWFC) to reach vulnerable children and women access Nutrition, Health, Education and Protection services from govt. functionaries.



CINI'S INITIATIVES IN HEALTH & NUTRITION at INSTITUTIONAL LEVEL



RATIONALE OF THE PROJECT

Child malnutrition levels are dismally high in India as well as in West Bengal. Nearly 40% of the children under 3 years of age are underweight and 45% stunted in the country. India, with one of the highest population of young people, faces very high rates of infant mortality and maternal mortality.

What is 1000 Days?

The 1,000 days include, 270 days of women's pregnancy (Conception to delivery), plus 730 days (from birth to her child's 2nd birthday), the most critical period of the human life cycle.

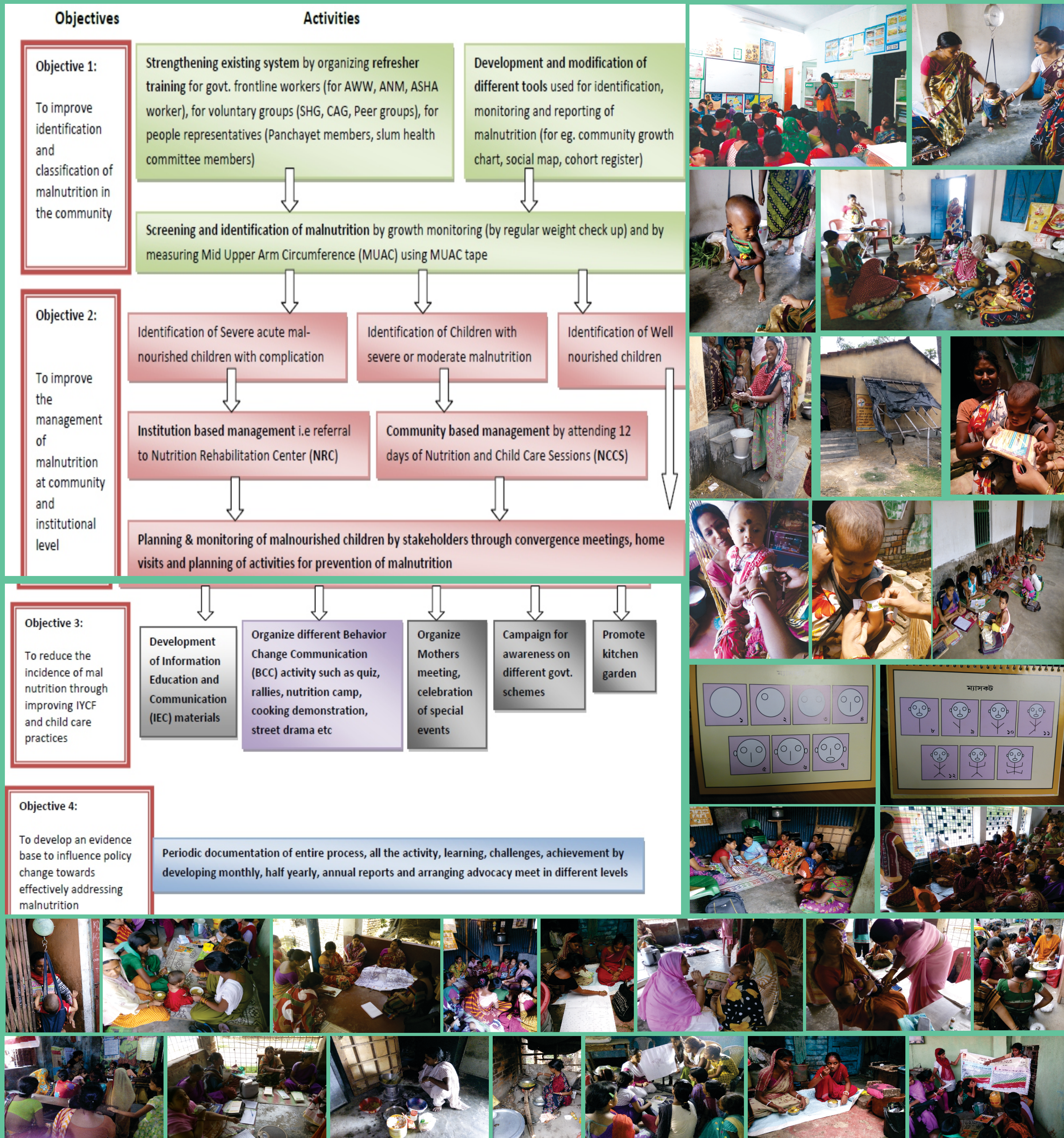
The need for Convergence

The success of addressing the first 1,000 days, along with intensive monitoring of the micro-plan will depend on improving inter-departmental convergence, integration and collaboration at all levels, from state to panchayat, of departments of Women and Child development and social welfare, Health and Panchayat and Rural Development department (P&RD), where each player has a vital role in ensuring expected outcome against each and every mother and child. This approach requires day to day follow up and tracking of each pregnant lady and her child in a constant manner on health and nutrition outcome for first 1,000 days.

OBJECTIVES & STRATEGIES

Overall objective:

To reduce infant and child mortality by preventing and treating malnutrition in a rural district and urban slum area of West Bengal.



SAM TO MAM

Mohammad Sonu is 1 year and 8 months old. Begum Jahanara Bibi, 25 years old, mother of sonu said that at birth sonu was 2.5 kgs but was not so healthy. Sonu was breastfed only for 3 months. She started feeding lactogen to the child. It had a negative effect on child and loose motion started. He was taken to ID hospital, where diarrhoea is treated. From there doctors referred him to Sishu Hospital. Sonu was admitted there for 16 days. After tests and other checkups, doctors said that Sonu has some problem in his liver and so he has problem in digestion. Doctors suggested Sonu's mother to feed him with Zerolax milk till 1 year. After 6 months of age, Sonu's mother started giving him complimentary food such as rice, pulses, potato and khichudi. Doctors recommended not to give oily food items to Sonu till 3 years of age. When Sonu was 5 months old his weight was just 4.5 kg. CINI's CFs weighed sonu every month and counseled Sonu's mother for changing the feeding habit and she also regularly attended NCCS program. Sonu was a SAM child but now through NCCS program he has become MAM. Earlier his weight was 6 to 6.5 kg but now he is improving and the weight has increased and reached upto 8 kg.



SAM TO NORMAL



METHOD OF DATA COLLECTION

Primary data was collected through survey using different techniques of data collection – both quantitative and qualitative methodology.

Key informant interviews with Government officials at District, Block as well as Urban health Setup
Semi structured interview with mothers of children less than 2 years of age and pregnant women
Individual interviews with community facilitators of CINI under this project.

Observations

RESULTS

Socio– Economic Status			Health– Seeking Behaviour			Ante-Natal Care		
INDICATORS	NUM-BERS	PERCENT-AGE	Indicators	Numbers	Percent-age	Indicators	Numbers	Percentage
1.No of women interviewed	20	100%	No of Women Interviewed	20		11. Number of Pregnant Women Interviewed	6	
2.CASTE:			8. Did anybody child fall sick at home in last 15 days			12. Gravid		
General	13	65	Yes	9	45	Prime	2	33.3
OBC	3	15	No	11	55	2nd gravid	2	33.3
SC	4	20	Symptoms:			3rd gravid	2	33.3
3.BPL			fever	8	88.9	13. Registration for ANC at Government facility		
Yes	9	45	diarrhoea	1	11.1	Yes	6	100
No	11	55	acute respiratory infection	1	11.1	No	0	0
4. Type of family			common cold and cough	3	33.3	14. Weeks of gestation on the date of registration		
Nuclear	10	10	9. Treatment taken			<12 weeks	5	83.3
joint	10	50	private	3	33.3	>12-24 weeks	1	16.7
5. Total members in family			government	4	44.4	25-36 weeks	0	0
<3	0	0	Quack	2	22.2	15. Total Number of ANC visits		
3 to 5	10	50	10. Reason for not seeking treatment from government facility			1 time	0	0
more than 5	10	50	cant take child so far and child gets cured at once when seen by private child doctor	1	20	2 times	1	16.7
6. Age of women interviewed			homoeopathy medicine suits the child	1	20	3 times	4	66.7
less than 18 years	2	10	going to government hospital is time consuming, and there is long queue and crowd	3	60	4 times	1	16.7
above 18 years	18	90				16. Record of ANC examination		
7. Educational level of mother						Abdominal Examination	6	100
Primay (upto 5)	5	25				Urine sample	6	100
Secondary and above	11	55				edema checked	2	33.3
illiterate	4	20				B.P taken	6	100
						Weight	6	100
						Blood Test	4	66.7
						TT 1st dose	0	0
						TT 2nd Dose	6	100

Delivery & Post Natal Care		
Indicators	Numbers	Percentage
21. No of women delivered in last 1 year	12	
22. place of delivery		
Home	4	33.3
government facility	7	58.3
private	1	8.3
23. Type of delivery		
Normal	10	83.3
Caesarian section	2	16.7
24. transport facility to reach institute		
Public transport	7	87.5
ambulance	1	12.5
25. Who accompanied you		
Husband	1	12.5
Relative	7	87.5
ASHA	0	0
ANM	0	0
26. Did you receive any money from government for institutional delivery		
yes.	0	0
No	8	100
27. Discharge from hospital		
same day	1	12.5
after 24 hours	2	25
after 48 hours	5	62.5
28. was PNC checkup done at home after delivery		
Yes	1	12.5
No	7	87.5
29. if yes, how many?		
one	0	0
two	0	0
three	1	100
four	0	0
30. Who conducted PNC		
ANM	1	100
LHV	0	0
doctor	0	0
31. if yes, then you were asked the following		
fever	1	100
excessive bleeding	1	100
foul smell discharge	1	100
breast engorgement	1	100

RECOMMENDATIONS

CINI facilitated the uptake of services by the community with regard to health and nutrition government programs and at the same time supported government to improve the quality and reach of the services to families unreachable.

Further, though CINI plays an important role, it is very important to make sure that CSOs don't duplicate the services already covered by the government. Also CSOs should be the supporting pillar and not be replace the actual government services providers.

New– Born Care		
Indicators	Numbers	Percent-age
32. was the baby weighed at birth		
yes	8	66.7
no	4	33.3
33. if yes, then birth weight		
>2000gms		
2000-2500 gms	2	25
<2500gms	6	75
34. When was the baby given bath		
within 1 hour	0	0
same day	0	0
2-3 day	3	25
after 3rd day	9	75
35. when was breastfeeding initiated after birth		
within 1 hour	6	50
same day	3	25
2-3 day	2	16.7
after 3rd day	0	0
no breastfeeding	1	8.3
reason: mother could lactate the child only for 4 days, there after no milk so couldn't lactate		
36. was the child given colostrum		
yes	10	83.3
no	2	16.7
No, then reason????		
1.child was not given to mother for 2-3 days, 2.during checkup colostrum thrown		
37. was pre-lactate given		
yes	4	33.3
no	8	66.7
38. Immunization record of child		
fully immunized	8	66.7
partially immunized	4	33.3
unimmunized	0	0
39. Reason for Partially Unimmunized child		
home delivery	4	100
no vaccine	0	0
not aware	1	25
child sick	1	25