Summer Training at
Save the Children, New Delhi
(April 1–May 31, 2014)

Child Health and Nutrition

By
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Under the guidance of
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MBA- Hospital & Health Management (MBA-HM)
2013-2015

The IIHMR University, Jaipur
2014

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CERTIFICATE

This is to certify that Dr.Manika Singh has undergone her summer training in "Save the Children" NGO,Nehru Place(New Delhi) from 18th April 2014 to 31st May 2014. The candidate herself carried out all the studies related to her summer training her approach to her studies has been scientific and analytical .the summer training is partial fulfillment of course requirement is recommended for the award of post graduate diploma in health & hospital management . I wish her success in all her future endeavors.

Dr.Ashok kaushik
Dean(Academic & student affairs)
IIHMR Jaipur

Mrs. Sunita Nigam
Assistant professor
IIHMR Jaipur

Save the Children
Bal Raksha, Bharat

November 04, 2014

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Ms. Manika Singh has completed an Internship with Save the Children at Delhi Office from 18th April 2014 to 30th May 2014 in Knowledge Management Department.

We found Manika to be sincere in her work and a quick learner. We wish her all the best for all her future endeavors.

for Veshakha Gulati

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Abbreviations

NGO	Non-Government Organization
SC	Save the Children
KM	Knowledge Management
DRR	Disaster Risk Reduction
HR	Human Resource
MIS	Monitoring Information System
ACC	Advocacy Campaign Communication
U-5	Under 5
MDG	Millennium Development Goal
MAM	Mildly Acute Malnourishment
SAM	Severe Acute Malnourishment
ANM	Auxilliary Nurse Midwife
AWW	Aanganwadi Worker
AWC	Aanganwadi Centre

Acknowledgement

Initially, I would like to thank IIHMR, Jaipur for giving me an opportunity to go for summer training at Save the Children Fund, my special gratitude & thanks to all who were guiding and helping me during my internship.

I would like to acknowledge the role of MIS Manager (SC) Mr. Neeraj Mishra who gave me this opportunity to do summer training from Save the Children Fund and guided me throughout my internship.

I express my gratitude towards the entire KM Team (SC)- Dr. Poonam, Mr. Soumen Ghosh & Miss Radhika Manchanda for helping me out and giving me work to enhance my knowledge during my internship .

Lastly, I want to give thanks to my mentor Dr. Sunita Nigam without whom this report could not be completed.

A special thanks to Dr. Shilpi Mishra for answering to my queries.

I would also like to give thanks to IIHMR and faculty members to enhance my knowledge, so that I am here to do .

Dr. Manika Singh

IIHMR (Jaipur)

Contents

Introduction

About Save –

SC is an international Organization working for children's rights in 120 countries.

In India, currently works in 14 states and more than 3260 villages and urban slums to ensure that every child has a happy & healthy childhood.

SC determined to build a world in which it goals that every child attains the right to survival, protection, development and participation. They not only save the children from hardships of life, but also work towards abolishing these hardships.

Thematic areas –

1) Child Survival
2) Education
3) Child protection
4) Humanitarian
5) DRR

SC has collaboration with the Government Civil Society Organizations & the Community.

Approach

1. Child Survival – Nearly 1.73 million children die in India every year due to lack of treatment. SC work with communities & the government health systems to improve child & maternal health care.
2. Child Protection – India has the largest no. of child laborers in the world.SC work to expose & invent exploitative child labour practices. SC also have child labour prevention programs in areas like West Bengal & Bihar where child trafficking is rampant.

3. Education

7.1 million Children in India do not go to school. SC work to ensure that all children join school. This helps them stay out of child labour as well as in building a promising future for themselves.

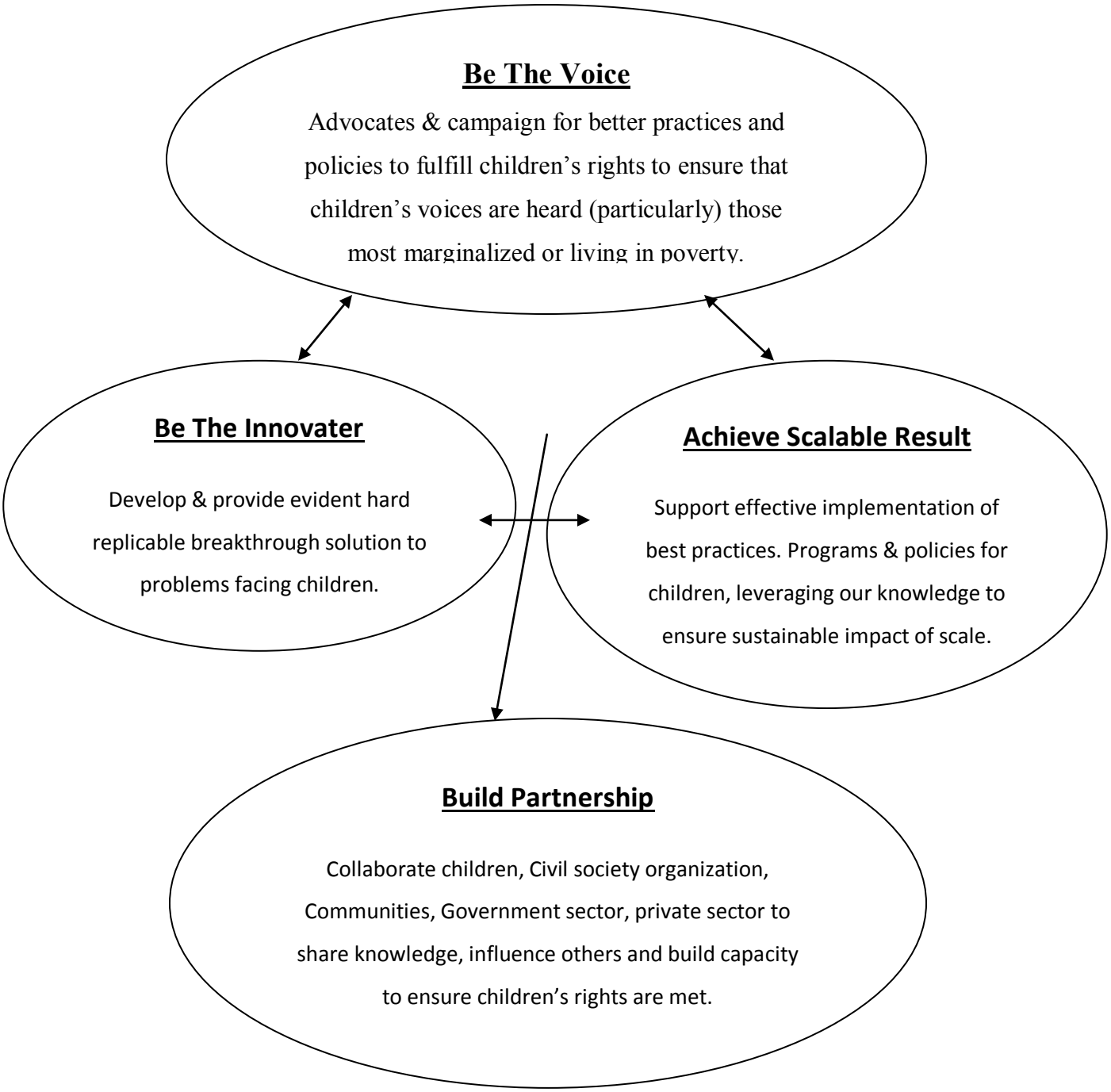
4. Responding to Emergencies & DRR

Children are the worst affected victim of natural disasters. SC work to ensure their right to survival & development. After an emergency by providing immediate support.

SC also train children to resist critical situations during natural disasters.

Theory of Change

How SC achieve change for children :



Objectives

SC objectives of health of new born & child survival programs are to increase the chances of survival of children and to improve newborn and maternal health. SC aims to steer the behaviours of communities towards better nutritional practices.

Coverage for Child Health & Nutrition

10 States of India

Andhra Pradesh

Bihar

Delhi

Jharkhand

Maharashtra

Orissa

Rajasthan

Uttar Pradesh

West Bengal

Tamil Nadu

Total Projects of Round 2, 3 & 4

1. A041-Saving Children's Lives through community empowerment
2. 6905-Street to School: Preparing street children for a life with dignity
3. A050-Taking Health Care to the Doorsteps in Urban in Delhi
4. 7437-Saving Children's lives through Mobile Health Unit in West Bengal
5. 8109-Helping Save the Lives of Newborns in Jharkhand
6. 8109-Improving Community Based care for Mothers and Newborns in Jharkhand, India
7. 8213-Health, Dignity and Protection for Displaced Children and Families in Andhra Pradesh (border of Chhattisgarh)
8. 8508-Improving Nutrition security in Jharkhand
9. 8508-Improving Nutrition Security in Varanasi district of Uttar Pradesh (SRF)
10. 8720-Strengthening Newborn Child Health, Nutrition, Water and Sanitation Services for the Women and Children of Delhi's Urban Slums, India
11. 8785/A148/8213-Humanitarian assistance to children and their families affected by conflict in India
12. A081-Fighting malnutrition in West Bengal and Jharkhand
13. A099-Saving Children's lives through Community Empowerment
14. A106/B002-Improving survival opportunities for the most vulnerable and marginalized children in the Mumbai Slums
15. A107-Strenthening Bringing Health care to the doorstep
16. A114-Improving Environmental Health through Empowering Local Communities in the Sundarbans, West Bengal
17. A118-Strengthening Maternal, Newborn, Child Health and Nutrition (MNCHN) services in India
18. C007-helping save lives in Rajasthan, India
19. C011-Addressing child Mortality in Maharashtra

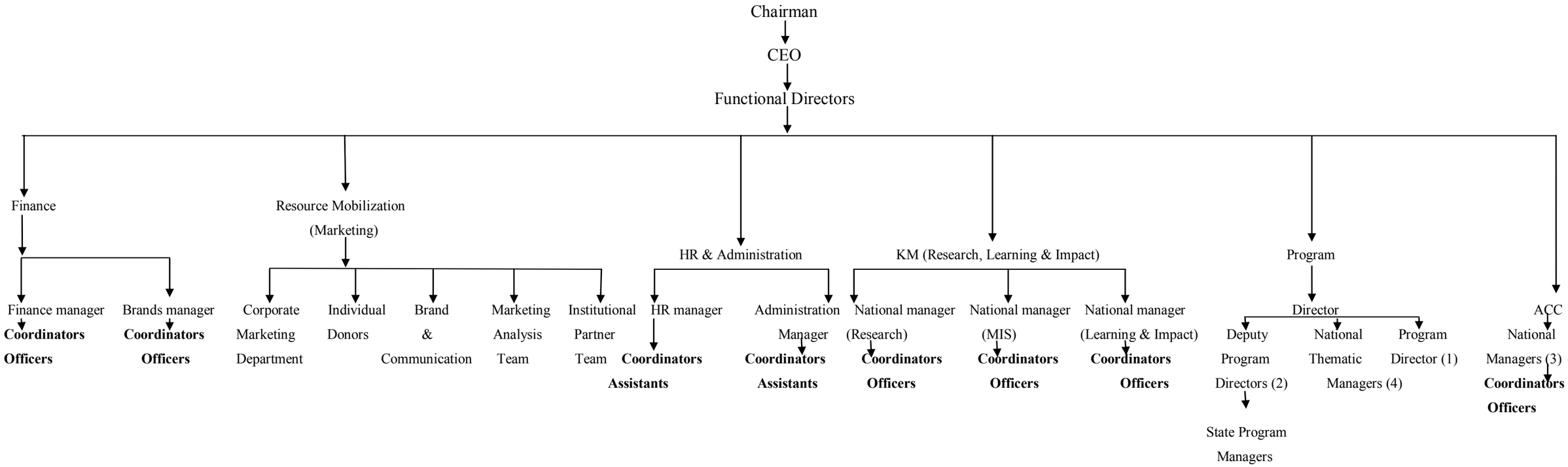
Common Projects of Round 2,3 & 4

1. A050
2. A081
3. A106 / B002
4. A148 / A118

Common Projects of Round 3 & 4

1. A114
2. 8109
3. 6905
4. A113

Organogram (SC)



Mode of Data Collection

MIS (Monitoring Information System):

Project - wise MIS

Organization wide MIS (Save India Info)

Reach MIS

Monthly & Quarterly State Reports

Process of design of SC Info Systems:

Establishment of standard metric across thematic areas through a consultative process - national & state level

↓

Tool finalization after piloting

↓

Conduct of trainings

↓

Setting up data administration systems.

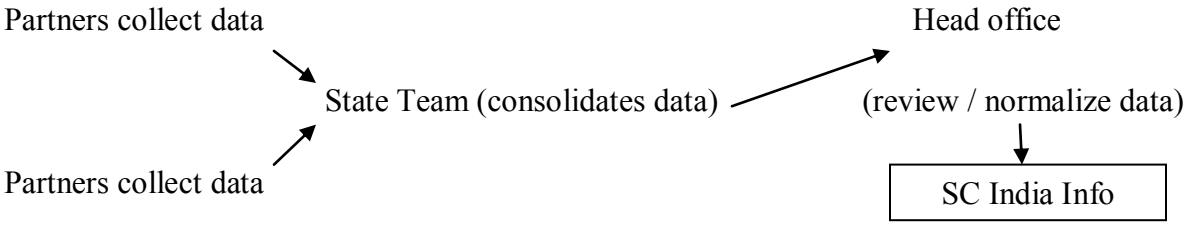
↓

Data Collection & cleaning

↓

Data base ready

Data Flow – (SC India Info):



Gap Assessment of SC India Info

DATA

Data Quality

- Data collected at village level and aggregated at block and state level leading to duplication of effort & poor data quality.
- Tabulation sheets not user friendly and not designed to protect the data integrity and validations.
- No data validation, which leads to garbage-in garbage-out.
- Poor quality of data collected – including high no. of no responses.

TOOLS

Pilot (First time experience)

- SC Info is not a data collection tool rather a reporting tool, making the data collection process weak.
- Currently SC Info does not capture project level data impacting data verification, data uniformity and generating some indicators.
- Lack of common clarity on the source of data creating a gap in the process of data consolidation & comparison.
- First time experience of SC to collect data on a large scale.

- Level of disaggregation – requires more structured data collection and validation processes at the partner level which is currently lacking.

PROCESS

Process Maturity

- Limited data awareness and template training to the person collecting the data leading to missing data and poor data quality.
- Lack of dedicated person responsible for data quality.
- Very few ownership of data collection and quality at state level resulted almost no data monitoring … Resulted 3-4 rounds of follow ups

Next Steps for Developing the Organisation Wide MIS action plan

ACTION PLAN

2nd Round of data collection by April 2012

- Refining the formats and guidelines based on the experience of first round of data collection
- Administer excel based data utility system for NGO level data collection
- Review of indicators and tools – including health indicators
- Data collection and analysis

Phase -II of data collection by December 2012

- Development of a MIS software - basic framework, setting up the server, domain space.
- Detailed training of teams for data collection and analysis.
- Roll out after pilot.
- Including the tracking indicators of policy advocacy, programming and financial indicators (to assess value for money).

Phase –III Operationalisation

- Integrating case tracking with the regular MIS system.
- Integrating project level monitoring indicators and piloting innovations by using the latest technology i.e. mobile phone.

List of Tables

Common Projects of Round 2, 3 & 4

1. Number of Live Births
2. Number of Still Births
3. Number of Neonatal Deaths
4. Number of Infant Deaths

Common Projects of Round 3 & 4

1. Number of Live Births
2. Number of Still Births
3. Number of Neonatal Deaths
4. Number of Infant Deaths
5. Number of Children referred for treatment (Out of severely underweight)

List of Graphs

(Common Projects of Round 2, 3 & 4)

1. Percentage of Children (out of live birth) with full immunization (complete primary immunization: BCG, 3 Doses of DPT & Polio, Measles)

(Common Projects of Round 3 & 4)

1. Percentage of Children initiated breast feeding within an hour of birth.
2. Percentage of child feeding practices at 6 months of age
3. Percentage of Children severely and moderately underweight
4. Percentage of Children under 2 years diagnosed with diarrhea treated with ORS.

Executive summary – altogether in 3 rounds

There are 26 projects running related to child survival. In these projects data collection is done related to status of child care, child feeding practices, child malnutrition, childhood diseases & child deaths through indicators.

This report helps us to assess the progress (project- wise) in Round 2, 3 & 4.

Through this report we can identify that approximately all indicators are improved project wise from Round 2, 3 & 4 but proper monitoring & implementation of projects are necessary.

Summer Training Report

Introduction

India is the largest contributor in the annual global tally of deaths of children U-5 years old - nearly 2 million. SC is working to help India reach MDG 4 on reducing child mortality by 2/3rd by 2015.

For this there are around 26 projects running (common & separate) for 3 Rounds (Round2, 3&4). SC counts 10 states. ANM & AWW tool are used to collect data. After data compilation it is collected in SC India Info. From this data interpretation is done to assess the progress & gaps for further intervention.

For this fact – sheets are made bi-annually for SC India Info to capture key indicators.

Objectives

- To analyze the data given by SC India Info.
- To compare the data of Round 2, 3 & 4 in common projects.
- To prepare the fact-sheet of 'Child Health & nutrition' according to the results.

Methodology

Secondary Data:

Dump data given by SC India Info, ANM printable tool, AWW tool and SC guidelines (Health) & SC Presentation (Health) were studied and used for making the fact-sheet of child health & nutrition.

Type of Study:

Analytical study

Data Analysis Plan:

The data exists in dump data is filtered in excel sheet for every round (Round 2, 3 &4) for all indicators. After that percentages are found for every indicator to compare between rounds to see the trend over rounds.

Then interpretations are made.

Limitations of Data:

1. Improper capturing of indicators by AWW's or ANM's

For Example

1. Exclusively breast–fed children. Neonatal Deaths etc.
2. Improper monitoring of survey.
3. Due to non-response results are not exact.

Results

Analysis of results covers mainly the percentage increase or decrease of indicators from round 2 to 3 to 4 (in common projects of round 2, 3 & 4) and from round 3 to 4 (in common projects of round 3 and 4).

Common Projects of Round 2, 3 & 4

Percentage of Live Births

Project A050			Project A081		
Round2	Round3	Round4	Round2	Round3	Round4
9147(99%)	3606(99%)	3157(98%)	4013(99%)	3431(99%)	3006(99%)
Project A106/B002			Project 148/A118		
Round2	Round3	Round4	Round2	Round3	Round4
448(86%)	281(95%)	193(71%)	1919(97%)	4683(94%)	4903(98%)

This indicator is almost same from Round 2, 3 & 4 in almost all projects. But in Project A 106/B002 there is increase from Round 2 to Round 3 then marked decrease from Round 3 to Round 4. It may be due to non-response.

Still Births

Project A050			Project A081		
Round2	Round3	Round4	Round2	Round3	Round4
106	36	26	40	24	25
Project A106/B002			Project 148/A118		
Round2	Round3	Round4	Round2	Round3	Round4
0	4	2	51	129	123

Numbers are almost same in all the rounds in all projects. Zero in Project A106/B002.

Neonatal Deaths

Project A050			*Project A081*		
Round2	*Round3*	*Round4*	*Round2*	*Round3*	*Round4*
22	*22*	*24*	*33*	*37*	*34*
Project A106/B002			*Project 148/A118*		
Round2	*Round3*	*Round4*	*Round2*	*Round3*	*Round4*
0	*3*	*1*	*32*	*104*	*112*

Highest percentage in A148 (Round 2).

Zero in A106 (Round 2).

Almost same percentage in rest of the projects & rounds. (1%)

Infant Deaths

Project A050			Project A081		
Round2	Round3	Round4	Round2	Round3	Round4
49	34	12	45	48	36
Project A106/B002			Project 148/A118		
Round2	Round3	Round4	Round2	Round3	Round4
1	1	1	18	105	117

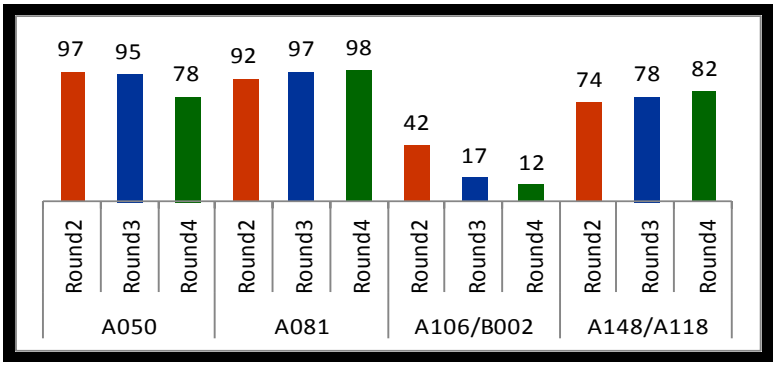
In A050- Percentage increases from round2 to 3 then decreases from round3 to 4.

In A081- Percentages are almost same in all 3 rounds.

In A106- Percentages increase from round2 to 3 to 4.

In A148- Percentage increases from round2 to 3. Almost same percentages in round3 & 4 (highest-2%).

Percentage of children with full immunization



In A050- Percentages decrease from Round 2 to 3 to 4.

In A081- Percentages increase from Round 2 to 3 to 4. (Highest percentage in Round 4)

In A106/B002- Very low percentages & in a decreasing trend from Round 2 to 3 to 4. . (Lowest percentage in Round 4)

A148 / A118- Percentages increase from Round 2 to 3 to 4.

Common Projects of Round 3 & 4

Percentage of Live Births

Project A114		Project 8109	
Round3	Round4	Round3	Round4
661(99%)	602(99%)	1042(100%)	3258(98%)

Almost same percentages in all projects in all rounds.

100 % in (8109 - Round 3) - Highest

Still Births

Project A114		Project 8109	
Round3	Round4	Round3	Round4
8	6	4	58

In A114- Percentage decreases from Round 3 to 4.

In 8109- Percentage increases from Round 3 to 4.

Neonatal Deaths

Project A114		Project 8109	
Round3	Round4	Round3	Round4
7	5	8	54

In A114- Percentage decreases from Round 3 to 4.

In 8109- Percentage increases from Round 3 to 4.

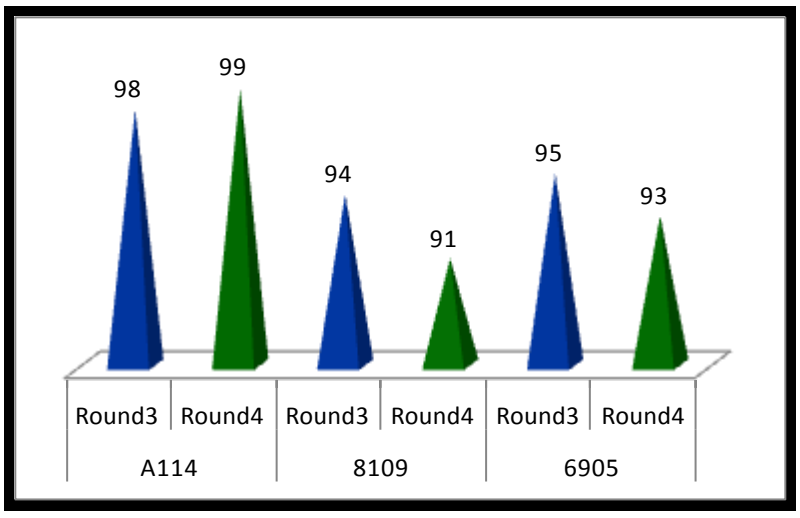
Infant Deaths

Project A114		Project 8109	
Round3	Round4	Round3	Round4
13	5	51	55

In A114- Percentage decreases from Round 3 to 4.

In 8109- Marked decrease in percentage from Round 3 to 4. (5% to 2%)

Percentage of children initiated breast feeding within an hour of birth



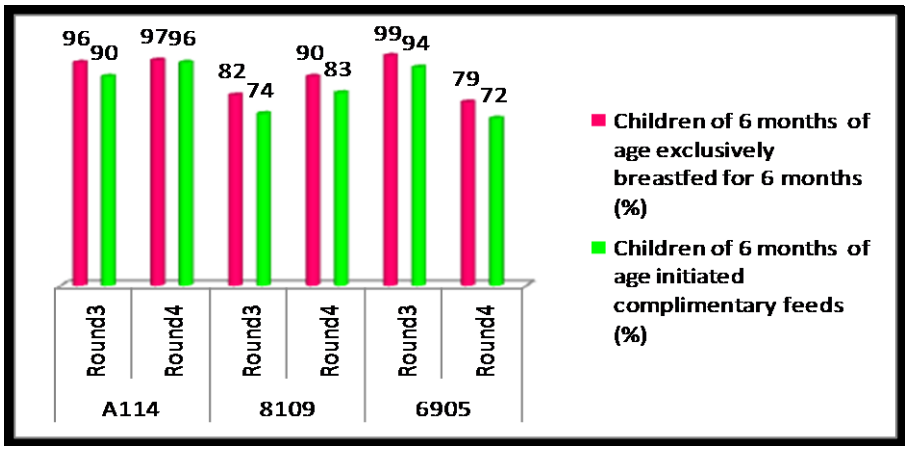
A114- Slight increase in percentage from Round 3 to 4.

B109- Slight decrease in percentage from Round 3 to 4.

6905- Percentage decreases from Round 3 to 4.

Highest percentage is in Project A114.

Child Feeding Practices at 6 months of age



Exclusive Breast Feeding

A114- Slight increase in percentage from Round 3 to 4.

B109- Percentage increases from Round 3 to 4.

6905- Marked decrease in percentage from Round 3 to 4.

Highest percentage is in Project 6905 (Round3).

This indicator is misleading for respondents. Sometimes interviewers can't ask in a proper manner .Ultimately it affects responses. Exclusive word is important here.

Complimentary feeding

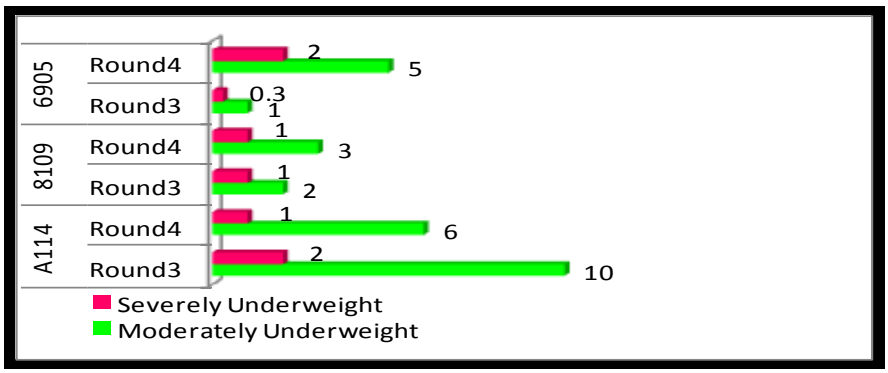
A114 - Percentage increases from Round 3 to 4.

B109 - Percentage increases from Round 3 to 4.

6905 - Marked decrease in percentage from Round 3 to 4.

Highest percentage is in A114 (Round 4).

Malnutrition among children under 3years of age



MAM

6905- Percentage increases from Round 3 to 4.

B109- Percentage increases from Round 3 to 4.

A114- Percentage decreases from Round 3 to 4.

SAM

6905 - Percentage increases from Round 3 to 4.

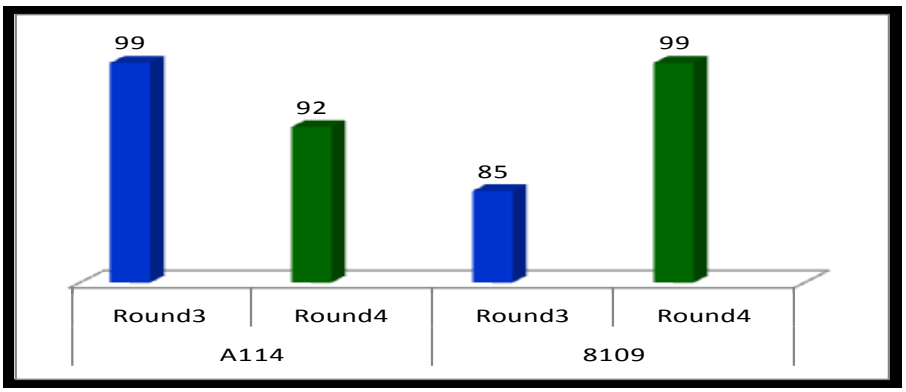
B109 - Equal percentages in both the rounds.

A114 - Percentage decreases from Round 3 to 4.

Children referred for treatment (Out of severely underweight)

Project A114		Project 8109		Project 8109	
Round3	Round4	Round3	Round4	Round3	Round4
20(33%)	11(50%)	119(49%)	90(47%)	1(25%)	14(100%)

Child under 2 years Diagnosed with Diarrhea treated with ORS



A114- Percentage decreases from Round 3 to 4.

8109- Marked percentage increase from Round 3 to 4.

Child Deaths due to Diarrhea

Present only in A114 (Round 4) – 26%

Discussion

These result outcomes are due to projects.

Some projects are common in Round 2, 3 & 4, some common in Round 3 & 4 and some are present in individual rounds.

Some projects have just completed implementation phase, some projects are closed, and some projects are just opened.

Due to non-response also results are affected.

Proper coding of indicators is also important point for results. Sometimes indicators are not properly coded like, exclusive breast fed children, neonatal deaths etc.

Possible Strategies

1. Continued training of ANMs & ASHAs should be done.
2. Proper measures should be taken for missing data and duplication of data.
3. Measures should be taken for continuation of projects and for proper implementation.
4. More field visits for officers should be organized for checking.
5. Validation checks should be done.
6. Data collected from partners should be checked.
7. Knowledge Management Team should check all the data.

Conclusion

It is evident from the study that in common projects there is progress in indicators from Round 2 to 3 to 4. So, continuation of projects is necessary to achieve MDG – 4 and proper status of child health & nutrition. Proper data checking and proper implementation of projects also should be done.

References

- SC Info guidelines
- SC Presentations
- Data Collection Tool (ANM and AWW).

Annexure

Data collection Tool (ANM and AWW) for Child.

ANM Tool

Table 3 Delivery Care/Post natal care (6-8 weeks after birth)	Jan 2013 to Sep 2013
Number of deliveries during the reporting period	
Number of Insitutional Deliveries	
Number of deliveries at home	
Number of deliveries at home by skilled birth attendants/ health personal	
umber of women received full ANC (3 or more Check up+100 IFA+2TT)	
Number of women received 3 or More check up	
Number of women received 100 IFA	
Number of women received 2TT and/ or booster doses	
Number of caesearian section conducted	
Indicators / Maternal and Child Health Care / Child Care	Jan 2013 to Sep 2013
Number of Live births	
Number of newly born babies who were seen by a health worker within 48 hours of delivery (for those delivered at home)	
Number of women treated/ referred for postnatal complications	
Number of newborn admitted in Special Newborn Care Unit (SNCU)	
Number of children fully immunised (Complete Primary Immunisation: BCG, 3 doses of DPT and Polio, Measles)	
Number of children received Vitamin A dose	

Indicators/ Maternal and Child Health Care/ Childhood Diseases		Jan 2013 to Sep 2013
5	Number of children in the age group of 2 years	
5a	Number of children under 2 years diagnosed with Diarrhoea	
5b	Number of children under 2 years diagnosed with Diarrhoea treated with ORS	
5c	Number of deaths of children due to Diarrhoea	
5d	Number of children under 2 years diagnosed with difficult or fast breathing	
5e	Number of children under 2 years diagnosed with difficult or fast breathing treated with antibiotics	
5f	No. of Deaths of Children due to difficult or fast breath	

Table 6		Jan 2013 to Sep 2013
Maternal and Child Deaths		
6a	Number of Still Births	
6b	Number of Neonatal Deaths (within first 28 days of birth)	
6bi	Number of Early Neonatal Deaths (within 24 hrs of birth)	
6c	Number of Infant Deaths (within one year of birth)	
6d	Number of Child Deaths (within 5 years of age)	
6e	Number of Maternal Deaths	
6ei	Number of verbal autopsies conducted for maternal death	
6f	Number of peri natal death audit conducted by field staff	

Health & Nutrition Tool (AWC)

1a) ID		
1	Project Name:	
2	FSC Code:	
3	Project Duration:	
4	Start Date:(refered to as beginning of the project)	
5	End Date:	
6	Partner Name:	

1b) Profile		**1d) Other Information**	
7	State Name:	Date of Data Collection:	
8	District Name:	Name of Data Collector:	
9	1=Urban/2=Rural :	Name of Supervisor:	
For Rural please provide the details			
11	Name of Block:	**3**	**Malnutrition among children**
12	Name of Gram Panchayat for Rural	3a	Number of children under 3 years of age
13	Name of village	3b	Number of children (under 3 years of age) moderately underweight

For Urban please provide the details		3c	Number of children (under 3 years of age) severely underweight
14	Name of City/Town/Zone	3d	Number of severely underweight children (Under 3 years of age) referred for treatment
15	Ward Name/Ward Number		
16	Name of AWC		
17	Identification number of AWC		
Indicators		**Jan 2013 to Sep 2013**	
2	**Child Health Care/Child Feeding Practices**		
2a	Number of live births		
2b	Number of children initiated breast feeding within an hour of birth		
2c	Number of children of age 6 months		
2d	Number of children of 6 months of age exclusively breastfed for six months		
2e	Number of children of age 6 months initiated complimentary feeds after completion of 6 months of age		