VILLAGE CHILD HEALTH & NUTRITION PROJECT

REPORT 2016/17

VCHNP

A MULTI-STAKEHOLDERS PARTNERSHIP FOR TRANSFORMATION

Our grateful thanks to all those who touched the lives of the children

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VCHNP

A PARTNERSHIP FOR TRANSFORMATION

PROJECT STAKEHOLDERS

PROJECT FUNDED BY

Rotary CLUB OF CHANDIGARH

THE Rotary FOUNDATION
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Rotary SALT LAKE CITY USA

The Good Works Institute • Helping Our Children and The Environment •

MEHAR BABA CHARITABLE TRUST

PROJECT SUPPORTERS

MEHAR BABA CHARITABLE TRUST

THE UNIVERSITY OF UTAH

SCHOOL OF PUBLIC HEALTH

BPCCDP

DISTRICT ADMINISTRATION Fatehgarh Sahib

Project Background

The project is based on a strong Indo-US partnership initiated by the University of Utah's Division of Public Health (U of U) in the School of Medicine.

Since 2010, faculty and students from U of U, School of Public Health, Post Graduate Institute of Medical Education and Research(PGIMER), Chandigarh and community workers from the Mehar Baba Charitable Trust (MBCT) and village volunteers across the nine villages worked together to assess community needs and initiate public health interventions. This joint effort was named Bassi Pathana Community Collaborative Development Project (BP-CCDP).

Since 2010, BP-CCDP completed community-based assessments according to which there was a need for:

- improved growth monitoring, treatment, and referral;
- Anganwadi Worker training;
- safe drinking water and improved sanitation at AWCs;
- safe infrastructure and environmental improvements;
- inclusion of female youth in AWC education and operations; and
- promoting AWC services and project sustainability.

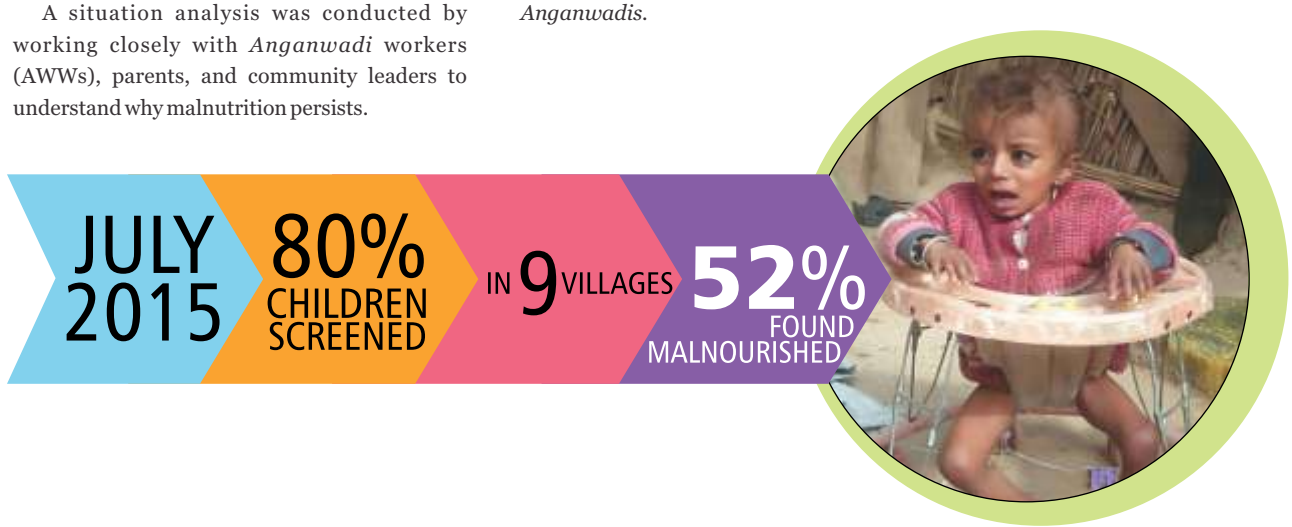
A situation analysis was conducted by working closely with *Anganwadi* workers (AWWs), parents, and community leaders to understand why malnutrition persists.

In July 2015, teams screened 80 percent of children in nine villages to better understand the scope of the problem. After screening it was observed that 52 percent children were undernourished.

It was found that young parents were lacking the knowledge they need to ensure that their children are receiving optimum nutrition they need and many parents were not using the services at the centers. Teams also observed workers at the centers and assessed their training needs and found that they lack confidence in their understanding of nutrition and their ability to counsel mothers. AWWs were even not accurately weighing and measuring children every month to identify malnutrition.

Thus, the journey began Village Child Health and Nutrition Project (VCHNP) was initiated on 26th February 2016 which was funded by The Rotary Foundation through Rotary Club of Chandigarh and **its international partner Rotary Club of Salt Lake City,** USA, and **Good Works Institute USA.**

The VCHNP was taken up by **MBCT** in consultation with the **School of Public Health, PGIMER** Chandigarh, Good Works Institute and the UoU, Division of Public Health, USA with an aim to ensure that no child remain untreated for malnutrition by creating model *Anganwadis*.



2010
Initial survey by University of Utah, SPH of PGIMER & MBCT

2010
Formation of BPCCDP

2016
Another survey in 9 villages

VCHNP launched with multi-stakeholders

2017
VCHNP completed

With the support of stakeholder in November and December of 2016, the MBCT conducted the survey in nine villages of Bassi Pathana Block, Punjab. About 573 children were enrolled in survey whose nutritional assessment was done.

From the results of growth monitoring severely acute malnourished (SAM) children were identified in order to provide them with community based management to improve their health status.

First, one-to-one counselling was initiated between December 2016 and January 2017 with respect to the utilization of ICDS services, meal patterns and general child care practices adopted by mothers.

Second, counselling was done in the month of February and March 2017 to check the impact of counselling on mothers and children.

In the month of May 2017 an effort was made to know the gaps still existing in child nurturing and mothers were assessed for their knowledge, attitude and practices pertaining to malnutrition.

Apart from this group counselling was done for mothers of all children and capacity building workshops were organized.

Anganwadi services were also enhanced by developing Model Anganwadi Centres(AWCs) to increase sustained utilization of resources and improved quality of services that were offered at each AWCs.

An attempt was also made to engage communities and increase awareness by initiating nutrition related workshops. Children are now provided with new cognitive development materials, toys to play, AWCs with cooking and storage in the new pantry, water and toilet facilities, solar panel installation etc. In addition, training of volunteers was done to initiate digital data management and imparting ECE through digital technology.

The detail of work accomplished during this expedition is precisely explained in this report that highlights details of methods used, activities conducted with outcome of work done.

Anganwadi	A Hindi term used for village-level creche for 0-5 years children
AWC	Anganwadi Centre
AWW	Anganwadi Worker
BPCCDP	Bassi Pathana Community Collaborative Development Project
ECE	Early Childhood Education
ICDS	Integrated Child Development Service
MBCT	Mehar Baba Charitable Trust
PGIMER	Post Graduate Institute of Medical Education & Research
SAM	Severely Acute Malnourished
UoU	University of Utah
VCHNP	Village Child Health & Nutrition Project

Project Objective

To ensure that **no child** goes **undiagnosed** or **untreated** for **malnutrition** by creating **model AWCs**

VCHNP

Introduction

Project Components

To identify malnourished children in selected nine villages

To impart nutritional education and empowerment of women

To establish centres of excellence for child health

Malnutrition is currently one of the biggest challenges facing the modern world. According to the WHO Global Database on Child Growth and Nutrition, the prevalence of malnutrition among under-five children in rural India fell from over 70% in the late 1970s to below 50% at the end of the 1990s, for further underweight and stunting measures.

According to NFHS IV* survey it was observed that in rural Punjab 24.5 %, 16.1%, 5.9% and 21.1% under five children were stunted, wasted, severely wasted and underweight respectively.

Malnutrition prevents children from reaching their full physical and mental potential. Health and physical consequences of prolonged states of malnourishment among children are: delay in their physical growth and motor development; lower intellectual quotient (IQ), greater behavioural problems and deficient social skills; susceptibility to contracting diseases 2,3.

Malnutrition is the major problem in developing countries especially in underserved areas such as urban slums.

Being the most vulnerable segment of the community, the pre-schoolers (1-6 years) are at the greatest risk of malnutrition because of their growing period that demands high intake of protein and calories.

Malnutrition in early childhood affects the mental, physical and emotional development of children and their future productivity.

From the evidence, it was felt there is a need to modify the services provided to the under five children and therefore, the VCHNP - Village Child Health and Nutrition Project was initiated in District Fatehgarh Sahib, Punjab.

*National Family Health Survey

Methodology

Aggressive Growth Monitoring

Growth monitoring was done using standard UNICEF height board, UNICEF Mid Upper Arm Circumference (MUAC) tape and digital weighing scale. The collected information was stored in WHO Anthro software. This helped in upkeep of electronic health records and we covered 100 % under five children (Table 1).

Nutrition Counseling

Nutrition counselling sessions for mothers of children of 0-5 yrs were led by Nutrition Experts from School of Public Health PGIMER, Chandigarh. This includes group counselling and one to one home visits. The home visits were done in case SAM children.

Capacity Building workshops

Six capacity-building workshops were launched. Before initiation of workshops, six skill-building areas were identified by experts which included curriculum development for AWWs on their role for enhanced and better nutrition and health counselling for care givers and young women's empowerment.

Refurbishment of AWC's

Refurbishment of AWCs was done by changing and modifying physical infrastructure. Providing Centres with equipment, furniture and other goods. For this a resolution regarding construction was duly signed by *Sarpanches* of all the villages for avoiding conflict of interests.

Development of education material for AWWs and Community (printed and electronic)

Under Village Health and Nutrition Project documentation was important part and compilation was done for Early Childhood Education and Learning material, translation of training booklet for AWWs and Parent's Information Booklet. Apart from this posters and flip cards were also developed for AWC's and AWW's.

Aggressive Growth Monitoring

Growth monitoring was done using standard UNICEF height board, UNICEF Mid Upper Arm Circumference (MUAC) tape and digital weighing scale. Two phases of Aggressive Growth Monitoring were planned and were completed in 2016 and 2017, and also compared with the Punjab Government's health survey results of rural areas.

As per WHO standards severely acute malnourished (SAM) children could be identified and corrective action were taken for one-on-one nutrition counseling.

Mid Upper Arm Circumference (MUAC) measurement

Weight Measurement

Height Measurement

TABLE I

Total Number of Under-5 children covered in 2016 and 2017

Anthropometric Measurement of Children (5 years)

Villages Covered	First Round (Sep-Nov 2016)	Second Round (Apr-June 2017)
Majri	24	23
Salar Majra	13	12
Bagh Sikander	73	69
Damheri	45	45
Balara	43	43
Jallowal	57	56
Fatehgarh Niuwan	118	111
Lohar Majra Kalan	104	101
Ferozepur	96	94
Total	**573**	**553**

TABLE II: **Survey Findings of first Phase, 2016**

Percentage of Under-5 Children affected vis-a-vis Govt statistics for Rural Punjab, as per National Health Survey 2015-16

Malnutrition Indicators	Under-5 children affected	Govt. statistics
Wasting (low weight for height)	**14.14**	16.1
Stunting (low height for age)	**15.71**	24.5
Underweight (low weight for age)	**19.22**	21.1

Results

Year 2015
52%
children with low weight for age (total children measured= 467)

Year 2016
14.14 %
children with low weight for height

15.71 %
children with low height for weight

19.22 %
children with low weight for age (total children measured= 573)

Year 2016:
7.5 %
(43) children severely malnourished

Year 2016:
Nutritional status of 62% (n=27)

SAM children improved following the one to one counselling and follow up activities

Aggressive Growth Monitoring (AGM)

Description	Planned	Completed
Number of Aggressive Growth Monitoring Phases Planned	2	2

Survey Findings-2016

No. of SAM Children

Village Name	1st-2016 (AGM) No of Children	2nd-2017 (AGM) No of Children
Majri	2	3
Salar Majra	-	-
BaghSkinder	3	11
Damheri	5	3
Balara		1
Jallowal	2	2
Fatehgarh Niuan	10	16
Lohar Majra Kalan	9	15
Firozpur	12	11
Total	43	63

Information on identified SAM children during two rounds of AGM

Number of SAM Children in first round of AGM (2016)
43

Number of SAM Children in second round of AGM (2017)
63

Composition of new SAM population found in AGM 2017

Out of 47 new SAM population, (47 new SAM; 16 existing SAM) 15 were new births/ enrollments and 32 were old enrollment (both categories not exposed to

any sort of health survey points The positive impact of one to one counseling and previously relatively healthy children who turned SAM during second round of AGM signify the need of regular and extensive

Nutrition Counselling

Enquiring about dietary habits, likes and dislikes of child

Potential reasons for overall increase in number of wasted and underweight cases:

May need to consider the new enrollments (new births and previous misses in AGM 2017)- new births with low anthropometric measurements may indicate poor health of mother during or after birth of child- may need to put efforts in maternal care during pregnancy and first year after child birth

May consider the role of population who crossed the age of five years during 2017 survey, but was making a healthy proportion of children measured out to be well-nourished (particularly weight) during 2016 when they were the under-five children

Seasonal variations (AGM 2016 conducted during winters (food intake usually increases during winters); AGM 2017 was conducted during summers (loss of water and salts during sweating, change in dietary habits as compared to winters)

Recommendation: Data comparison of minimum four AGM rounds to understand the impact of season (future activity) or after one year.

Error factors: *Occasional false reading by the measuring equipment on repeated use*
Recommendations: two measurements may be taken at a time- the mean value to be taken as final measurement; simultaneous counseling sessions (AGM in one village followed by identification of SAM children &their counseling before moving on to next village).

Since measurement of wasting requires both height and weight of a child, child's weight reduced due to effect of season (summer) in 2017 survey but the height remains unchanged (a child doesn't shorten due to effect of season!); this could be a reason for relatively more increase in cases of wasting and underweight as compared to the third parameter- the stunting
Recommendation: as stated in previous section.
Error factors: *Occasional false reading by the measuring equipment.*

Utilization of the Angnwadi Centre Services Number of registered beneficiaries

Comparison of the number of children (3-6 Years) registered during 2016 and 2017 with AWCs v/s Villages

Village	No. of Children Registered in AWCs		No. of Children in Village	
	2016	2017	2016	2017
Damheri	9	12	24	28
Ferojpur (Primary School)	10	5	25	25
Ferojpur (gurdwara sahib)	9	8	33	33
Bagskinder	10	10	40	40
Lohar majra kalan (Primary School)	9	7	17	16
Lohar majra kalan (panchayati ghar)	9	10	25	25
Lohar majra kalan (panchayti land)	10	10	27	26
Salar majra	7	7	15	14
Balara	12	13	33	24
Majri	4	7	17	18
Jallowal	9	10	39	35
Fatehgarh niuwan (dharamshala)	10	12	15	18
Fatehgarh niuwan (gurdwara)	10	10	46	46

- *Proportion of children receiving AWC services (preschool education & supplementary nutrition) during 2016= 33.1%*
- *Proportion of children receiving AWC services (preschool education & supplementary nutrition) during 2017=34.8%*

Impact of Nutrition counselling on Nutritional status of SAM children

Nutritional Knowledge of Mothers of SAM Children
2016 / n=43

Indicator	Before Nutrition Counselling %	After Nutrition Counselling %
Consumption of Milk & milk products (milk, Kheer and Dalia)	73.20	94.40
Prevalence of Bottle feeding	32%	13.80%
Breast Feeding after two years of age (inability to wean off)	19%	13.80%
Prevalence of Tea consumption	13.80%	2.70%
Vegetables consumption	69.45%	80.50%
Fruits consumption	45.00%	69.40%
Adequate cereals, cereal products & Pulses consumption	86.10%	86.10%
Meat, Fish & Egg consumption	5.50%	11.10%
Hb Examination of child	22.30%	27.7%
Deworming of child	47.20%	47.20%
Knowledge regarding importance and availability of Anganwadi food for their children	30.50%	33.30%
Knowledge of importance and practice of Handwashing	61.10%	63.80%

Status of SAM Children (identified during 2016 AGM): after six-month follow-up activities (one-to-one nutrition counseling

- Two measurements taken (2016 and 2017; comprehensive measurement for three nutritional status indicators- wasting, stunting, underweight)
- 3 children omitted since they crossed the age of five years during measurement in 2017 (N=40)

Indicator (N=40)	Mean Z- Score 2016	Mean Z- Score 2017	Mean difference/ Change in Z-Score	P-Value	Interpretation	Remarks
WHZ (wasting)	-3.05 (0.90 SD)	-1.81 (1.30 SD)	-1.23 (1.5 SD)	.000	Significant change in status of wasting among SAM children	Positive impact of one to one counseling and repeated follow up in improving nutritional status of under five children (wasting) status of wasting among SAM children .000 Significant change in status of(underweight) underweight among
HAZ (stunting)	-1.84 (1.9 SD)	-1.73 (1.6 SD)	-0.11 (1.3 SD)	0.59	No significant change in status of stunting among SAM children	
WAZ (underweight)	-3.16 (0.78 SD)	-2.25 (1.18 SD)	-0.90 (0.93 SD)	.000	Significant change in status of underweight among SAM children	

Status of SAM Children (identified during 2017 AGM)

- Follow-up in process; first counseling completed (Aug-Sept 2017)
- Second counseling session to follow after a period of 1-2 months

Food behaviour of under five-year children before and after nutrition counseling

Food behaviour of identified SAM Children was recorded before and after counselling. Before counselling, children gave more preference was given to salty food, and less to the sweet food. After counselling sessions, their preference for both, i.e. sweet and salty food, improved (Figure 1).

22.5 percent of SAM children had been eating dirt, sand and nails known as pica. After te counselling, only 9 percent children changed their behaviour (Figure 2).

Positive results were obtained for change in junk food consumption (Figure 3)

The positive impact of health education and counselling services is improving the status of nutrition in under-five children.

Eating Habits: Under ICDS services only sweet meals are given to children in Punjab State. We collected information on eating habits of under five children to check the acceptance of AW food by children and we asked mothers about likes and dislikes of children. From the results, it was observed that most of the under five children prefer salty food before counseling. The major changes were observed in case of increase in consumption of both sweet and salty food after counseling. These results exclude the number of children who were breast fed.

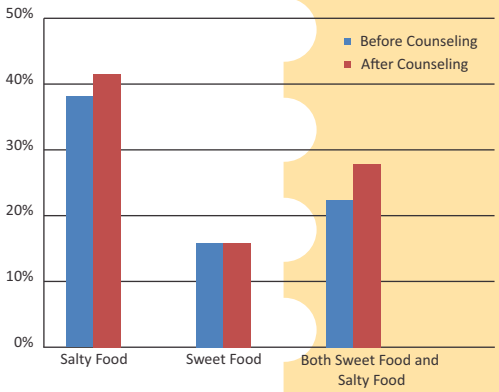


Figure 1: Eating Habits: Under ICDS

Pica Consumption: Pica is eating anything other than food. Most children eat things such as dirt, sand and snails a few times, but they learn that these things don't taste nice and they stop eating them. Some children go on eating things that are not food. This behaviour, called pica, may be a sign that the child has a developmental, behavioural, emotional, nutritional or health problem.

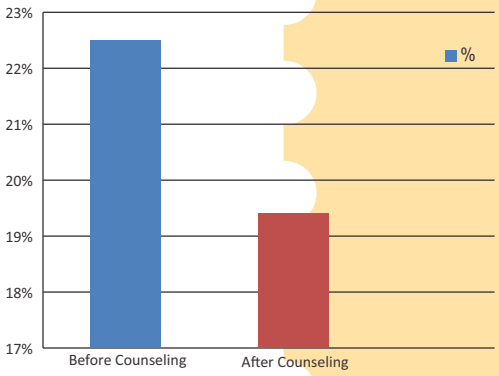


Figure 2: Pica Consumption

Junk food Consumption : The term junk food means a food do not good to the body health in anyway. It is less nutritional and harmful to the body systems. Most of junk foods contain high level of saturated fats, sugar, salt and bad cholesterol which are toxin to the health. They become lack of dietary fibers so easily get involve in causing constipation and other digestive disorders. Under village Health and Nutrition Project it was observed that before nutrition counselling 40% under five children were eating junk food viz. chips, kurkurae, funflips etc. whereas, after nutrition counselling only 8.3% children were consuming junk food respectively.

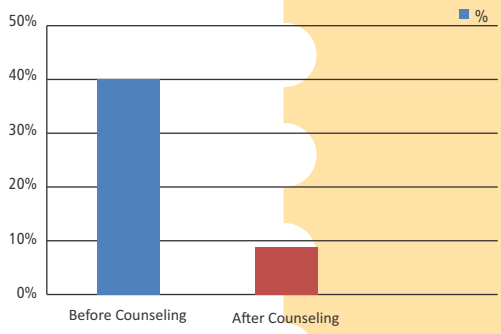


Figure 3: Junk food Consumption

Management of SAM Children

Nutrition counseling

Counseling sessions for mothers of children of 0-5 years by Nutrition Experts from School of Public Health PGIMER were conducted.
For instance, in a Session in Majri Village, Dr Poonam Khanna counselled 16 mothers (including mild to severe grade of malnutrition based on weight and MUAC for age)

Home visits & practical demonstrations by Nutrition Experts

Follow-up visits for SAM Year 2016:
First visit: December January 2016
Second visit: March April 2017
Planning for SAM Year 2017
First visit: August September 2017
Second visit: October November 2017

Facilitators:

School of Public Health (SPH) team
Dr. Poonam Khanna
Dr. Sonia Minhas
Ms. Jyoti

Activities:

ONE TO ONE interaction with mothers
Measurement of height and weight
Mass Counseling

Dr. Poonam interacting with mother

Dr. Poonam, SPH-PGIMER counseling the parents during session

Capacity-Building Workshops

Capacity-building workshops were specifically designed to empower the villagers and anganwadi workers for sustainability of the project.

- Curriculum development for Anganwadi Workers on wide range of AWW roles
- Skill building areas identified and developed by Experts from SPH-PGIMER and UoU
- Identified printing material for AWWs, children and community and electronic material for preschool education by Experts.
- Training delivery to AWWs of 13 Anganwadies for enhanced nutrition
- Better nutrition and health counseling for care-givers
- Young women's empowerment

Details of workshops conducted

Workshops	Number of Participants
First Aid	10 AWWs + 1 Supervisor
Child Nutrition	8 Supervisors
Child Health & Illnesses	6 AWWs+2 Supervisors
Nurturing the Young Child	2 AWWs+ 3 Supervisors
Young Women Empowerment	7 Supervisors + 2 CDPO
On-the-job skills demo by ICDS functionaries	Parents of SAM Children and Village Volunteers
Certification & Celebration-cum-Closing Ceremony	BPCCDP Village epresentatives and residents District Fatehgarh Sahib; School of Public Health University of Utah; Rotary Club of Chandigarh; District Fatehgarh Sahib Officials.

Abbreviation

CDPO	Child Development Programme Officer
SPH-PGIMER	School of Public Health - Post Graduate Institute of Medical Education & Research

Training on Anthro Software for Village Volunteers

Refurbishment of AWC's

Each of the Anganwadis in the villages were refurbished, by repairing the structure and other facilities and upgrading it by constructing new toilets, drinking water facility, installation of solar system, and repainting each centre with bright colors to make it attractive and conducive to the learning environment for children.

No of AWC's Refurbished

Activity	Planned	Completed
New Kitchen	7	7
New Toilet	5	5
Toilet Repair	7	7
Piped Water	13	13
Solar system	13	13
Painting	13	12*

**Village Bagh Sikander Anganwadi Centre not painted due to damaged building.*

Each anganwadi was also equipped with relevant learning material, including printed and audiovisual, besides information and training material for AWWs as well as parents.

Printable Material	No. Per AWC
Posters for AWCs (Annexure I,II,III)	3
Flip books for AWWs (Annexure IV- XI)	8
ECE kit for AWCs (Meena comic books)	2
Training booklet for AWWs	1

Digital Material	No. Per AWC
Growth Monitoring software	1
Teaching videos	4
Rhyme animations others	5

Other Material	Status
Parent information booklet (for use in community)	100 nos Printed
Community education animation videos	Ready for use

IEC
(Information Education Communication)

Each anganwadi has been converted into a modern, well-equipped learning space.

Documentation of education material for AWWs and community (printed and electronic)

- Compilation of Early Childhood Education and Learning material
- Compilation and translation of training booklet for AWWs
- Compilation and translation of Parent Information Booklet

Training booklets

List of printable materials produced for Anganwadi Centres and Workers:

- Posters for Anganwadi Centres
- Flip books for Anganwadi Workers
- Training Booklet for Anganwadi Workers and Supervisors
- Parents Information Booklet

Flip books for AWWs

Posters for AWCs:

- Services provided at AWCs
- Family support during pregnancy
- Hygiene and sanitation

Flip books for AWWs:

- Role of AWW in child health and nutrition
- Growth monitoring counseling
- Preventing malnutrition by AWW
- Communication and counseling skills of AWW during home visits
- Common breastfeeding problems
- Menstrual hygiene
- Child development milestones
- Ways to engage with children using ECE kit

Meena comic books

Posters installed at AWCs for public display

Community Feedback

Open House session organized and visited by Dr. Eric Wood, Director, Occupational Medicine Residency Program, Department of Family and Preventive Medicine, Salt Lake City and Mr. Stephen H. Urquhart, Global Ambassador, University of Utah, USA Dr. TP Singh accompanied both guests to visit Anganwadi Centres

- The sarpanch of village Fatehgarh Niuwan admitted that it was really a **great transformation in the village** through refurbishment and beautification of the village Anganwadi Centres. Earlier children used to sit in dilapidated room where one corner was being utilized by Anganwadi Helpers to cook food, one corner acted as store house, and remaining place was a sitting area both for the children and the worker herself.
- With the improvement in the infrastructure of Anganwadi Centre, there is provision for separate toilets, kitchen and hand washing area; and **the child friendly interiors** of the sitting room have started attracting the kids to enjoy their stay in the center.
- The solar panels installed at the centres have started to provide **24X7 supply of electricity**, providing some relief from hot weather.
- Ex-sarpanch of village Damheri, S. Baldev Singh highly appreciated the effort of the partner organizations which can be reflected from the well-constructed AWCs. He said that **such organizations motivate the villagers to make their village a model village**. He thanked and appreciated the zeal of working organizations to improve the standard of living of people living in villages.
- Mr. Jaswinder Singh, teacher of Govt Senior Secondary School, Lohar Majra Kalan said that **it is important to utilize the facilities provided for better health and mental growth of children** because children are the future of the nation. Through use of well-maintained and well-equipped Anganwadi centres and well-conducted services, we can provide equal opportunity for the rich and poor children to learn and grow. He said that the new and improved Anganwadies are indeed a platform to start afresh for better learning opportunities for every child in village.

Dr. TP Singh & Dr. Sharon *interacted with community*

Dr. TP Singh, *informed the foreign guests* ***Dr. Eric Wood and Mr. Stephen H. Urquhart,*** *about the feedback given by community.*

Project Highlights

The project its moments of glory which have been captured and shared here at random.

Dr. Scott A Leckman
President, Rotary Salt Lake City USA at Village Damheri, foundation stone laying for kitchen, 26th February, 2016

Ms. Kanwalpreet Brar, Deputy Commissioner District Fatehgarh Sahib addressing the audience during closing Ceremony, July 28th 2017

On 14th September 2016 Rotary Club Chandigarh President Rtn Neenu Vij, Rtn Arvind Mahajan and Dr. Poonam Khanna launched the Child Growth Monitoring Card (right) as well as the Aggressive Growth Monitoring Campaign (below).

Dr. . Poonam Khanna, AP, Nutrition, SPH-PGIMER ran the interactive session focusing on growth milestones marking various stages of child development from birth to 6 years of life at a workshop on Nurturing Young Child.

Dr. Manpreet Kaur interacting with the workshop participants on the issue of importance of women empowerment by involving them in experience sharing in a workshop on Young Women Empowerment.

Workshop On use of Laptop (Volunteers)
Volunteers given the training regarding use of laptops for
Imparting Early Childhood Education and Digital management of the monthly growth monitoring data collected by AWW

Workshop on the job skills demonstration
On the job skills demonstration (in field nutrition counseling and classroom session on digitization of AWCs) by
Dr. Poonam & her team

Certificates of Participation awarded to the ICDS staff for participation in capacity building trainings conducted by SPH-PGIMER during closing ceremony (right and right below)

Handing over equipment and supplies for Anganwadi Centres to the Village leadership (above)

Rotary Club Chandigarh's Presisdent Elect PS Matharoo, President Rtn Neenu Vij, Rtn Mona Khattar and Rtn Lalita Grover with the AWC staff and MBCT field staff during their visit to AWC at village Damheri

Jill Miller visit in Fathegarh Niuwan, Gurdwara AWC

Kunal & Dilip, artists from Chandigarh Art Colllege, Bachelor of Fine Arts creatd child-friendly Anganwadi Centres

New kitchen, Damheri & toilet construction, Fathegarh Niuwan, AWC

Salar Majra Anganwadi Centre

Fathegarh Niuwan, AWC Dharamshala

Left- Dr. Scott A Leckmann handed over equipment to Sarpanch, Damheri and above -AWC equipment

Solar System Installation & Procurement of Equipment

Installation process : Solar panel installation (above) and wiring (below)

Installed panels at Salar Majra (above) and Balara (below

The Challenges

Aggressive Growth Monitoring:

- Absence of children from home; revisits several times to cover maximum children.
- House numbers not marked at all the houses leading to difficulty in revisiting.

Due to this, It took longer than expected time to finish the data collection exceeded by one month during growth monitoring phase of 2016 (Sept-Nov) and 2017 (Apr-July).

Anganwadi Worker Capacity Building:

AWW union prevented the trainings from happening. AWW union is campaigning to become government workers with benefits – currently they have low salaries.

Their fear is that through the training imparted by a nonprofit, it could mean an increased work load, privatization, and jeopardizing their ability to gain benefits related to being a government worker- a lame excuse put up by the Union leader, knowing very well that MBCT has no such intention, as clarified already in writing by MBCT.

MBCT tried to train workers in village, but the AWWs refused – they are just too afraid of the ramifications.

Alternative plan has been to train the AWW supervisors who would then train the workers. It is impossible to know if the AWWs are being trained formally on the materials, but it is likely some learnings from the training are being imparted on supervisor visits.

Digitization of Activities at Anganwadi Centres

Since the is no monetary benefit to the volunteers for their service, the less than expected number of volunteers could be recruited in the first phase.

Also, it is not possible to keep one volunteer for longer period, because he or she will have preference to work for a job with monetary benefit, if they get a chance.

Anganwadi Centre Construction/Refurbishment

Issue of Bagh Sikander

The BPCCDP is based on the principles of community engagement which highlights the key challenges the process may face. The delay in renovation and upgradation of services in the AWC Bagh Sikander is a classic case of overcoming competing priorities and institutional differences as well as engaging & maintaining community involvement.

The leadership (Sarpanch) is a key element for planning and implementing which in this case changed hands within the scope of planning of this project leading to lesser allocation of budget limited to the very basics (only the wall painting and solar system installation; however, the unsafe building condition forced us to abandon idea of wall painting).

The new leader is currently very enthusiastic and the AWW is committed to bring a fresh change to the functioning of the AWC. We have met with the community members and signs of committed participation are visible as the meetings are well attended and ideas are shared.

Road to Sustainability & Future Recommendations

Aggressive Growth Monitoring

- Purchase of equipment: for carrying out growth monitoring activity in the field
- Two new digital adult , baby weighing scales & MUAC tapes
- Two sets of One height board with clearly visible markings available in the market
- One height board to be fabricated as an exact replica of the one wooden height board cum infant-meter available with School of Public Health.

Periodic Aggressive Growth Monitoring:

Aggressive Growth Monitoring as an ongoing process, after the project is concluded (data collection to be conducted by MBCT, data analysis to be done jointly by U of U and SPH-PGIMER).

This will follow identification of malnourished children and required counseling sessions (Counseling to be delivered by SPH-PGIMER)

The results of every growth monitoring will be shared with related Anganwadi Workers, Supervisors and District ICDS officials.

Period of conducting the Aggressive Growth Monitoring rounds:

The whole process will be on biannual basis; months of May-June and November-December every year to conduct AGM twice a year.

- Anganwadi Worker Capacity Building and digitization of activities
- Informal training of Anganwadi Workers for building capacities
- Informally train the AWWs through visit to the AWCs on continued basis.
- Dr. Poonam, SPH to start to enrol the BPCCDP villages in their regular field visit plans through PGI and start giving informal training on various aspects, like growth measurement (including weight, height and MUAC), child health, nutrition, etc.

Volunteer recruitment

MBCT team encourage & engage the volunteer/community members to work for their community, meanwhile to solve the issue MBCT team will go AWC.s to introduce laptop.. along with SPH-PGIMER.

Anyhow, once the laptops are introduced in the field, the children at AWC will continue to receive the education through smart class. Data management will be handled by MBCT staff (for the data collected by AWW).

Finally when the AWC workers and the village volunteers are confident and the rooms are secure the laptops can be handed over to the AWCs to r

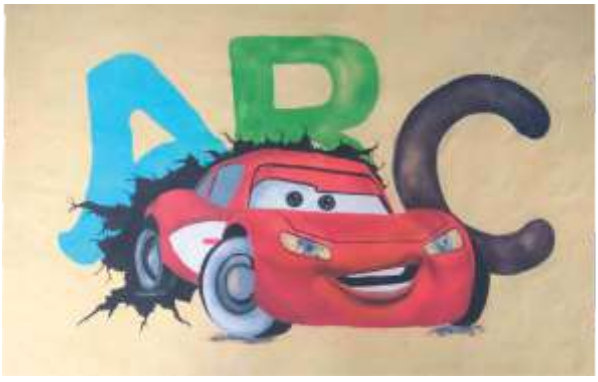
Anganwadi Centre construction and refurbishment

Upgrading the centres with essential furniture which the centres lack at present. These include chairs, tables, mattresses and cupboards & racks (for storage of record registers, toys and kitchen utilities

Construction of new building at village Bagh Sikander

Based on the indices of measurement of impact, it Is recommended to go for the following :

- WaSH (Water Sanitation and Hygiene) Activities
- Reporting for morbidity rates in the villages: Every year
- Assessment of nutritional knowledge of parents/caregivers/first time mothers: Every six months (along with the growth monitoring)



VCHNP

VILLAGE CHILD HEALTH & NUTRITION PROJECT

573 CHILDREN

under-5, were covered for Aggressive Growth Monitoring programme under VCHNP, as per UNICEF standards

13 ANGANWADIS

in 9 Villages received extensive support to improve nutrition level under-5 children, who were regularly monitored by staff of PGIMER School of Public Health.

VOLUNTEERS TRAINED

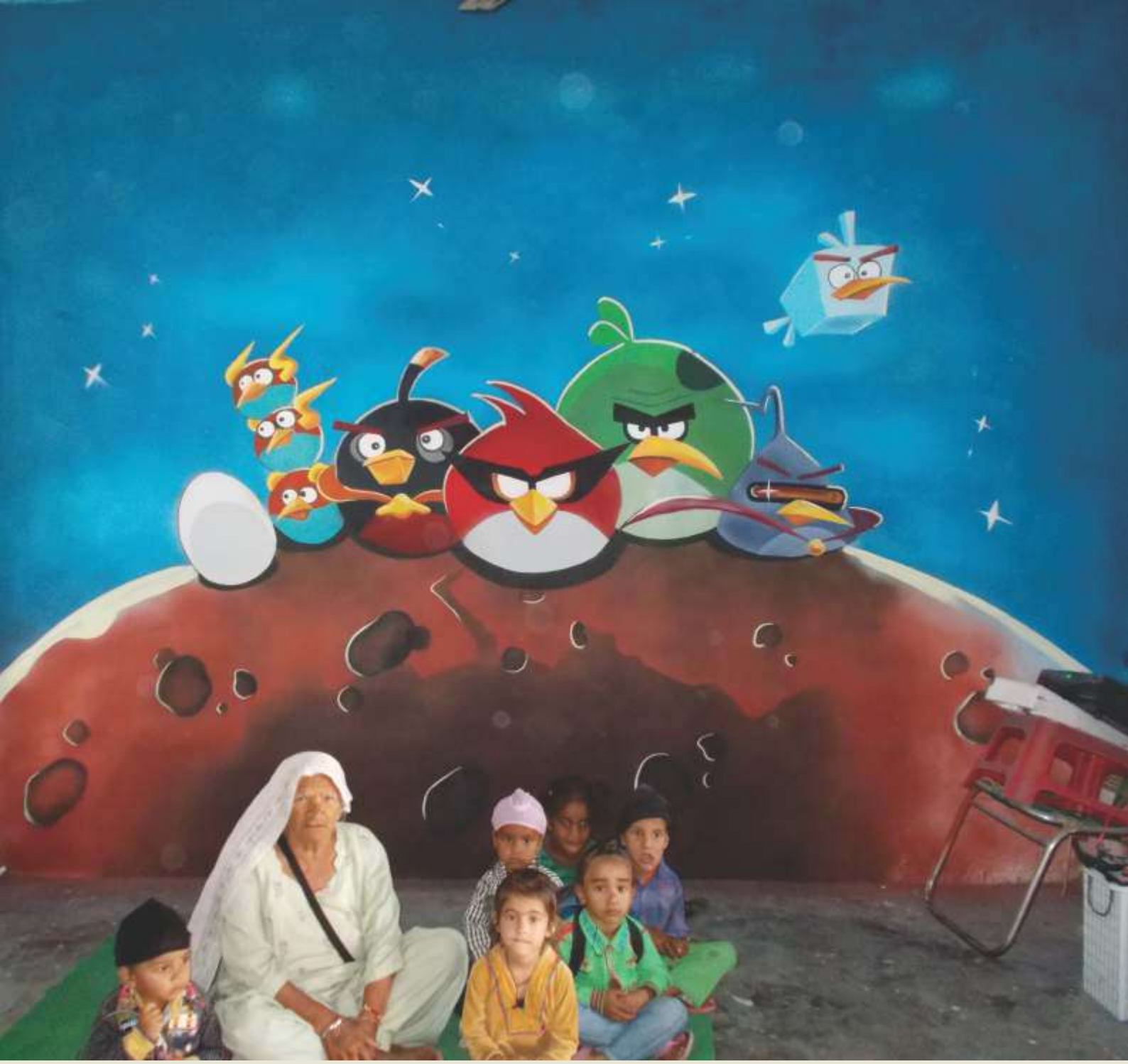
as a part of the VCHNP to make the programme sustainable with longer lasting impact, through Capacity Building Workshops

REFURBISHED ANGANWADIS

in all the 9 villages under the VCHNP pilot project, including repairing, rebuilding, providing for toilets, equipment, solar panels, with repainted interiors.

LEARNING MATERIAL

has been provided in all the anganwadis for the children as well as training of AWWs, volunteers, and parents.



VCHNP

VILLAGE
CHILD HEALTH
& NUTRITION
PROJECT

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