Integrating Nutrition and Health in Palamu

Project coordinator: Sobha
Funder: CARE
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Background

It is well known that overall health indicators lag throughout Jharkhand, and infant mortality rates and maternal mortality ratios in the state's rural areas remain particularly high. Reducing these ratios is one of the most important ways to improve the long-term health of the next generation in the most marginalized and deprived of these communities, for if mothers and their infants are healthy and adequately nourished, the health benefits to the children are lasting. As a Category C district, Palamu had extremely limited capacities at the district and block levels to impact child malnutrition and infant mortality. This inadequacy was especially glaring amongst the frontline workers and supervisory staff of government health services, who routinely failed to implement programs and services mandated by the government due to insufficient training and/or lack of motivation

Scope of the Project

CARE initially operated phases 1 and 2 of a nutrition and health intervention directly in Palamu but found it couldn't realize its goal without entering into partnership with NGOs. In 2007 IDF became one of the NGOs partnering with CARE in phase 3 of this project, covering seven blocks of the Palamu district: Lesliganj, Bishrampur, Panki, Manatu, Chainpur, Hariharganj and Chatterpur. IDF continued to support CARE's role providing direct technical, managerial, and operational support for government health services at district and subdistrict levels. The plan called for three blocks (Lesliganj, Hariharganj and Bishrampur) to be phased out in the year 2008. After the first 11 months, phase 2 stipulated coverage of Daltonganj, Lesliganj, Patan, Bishrampur, Hariharganj and Hussainabad blocks for thematic interventions pertaining to community mobilization.

Goal

The goal of the project was to reduce infant mortality and child malnutrition through improved nutrition for mothers and infants up to 23 months of age.

Objectives

- To teach community members, leaders, and organizations effective ways to demand services and exercise control mechanisms to hold service providers accountable.
- To use information and education to generate awareness, understanding, and adoption of good nutrition and health practices throughout the targeted population and beyond.

- To ensure that service providers properly implement existing government health and nutrition programs to benefit the intended recipients.

Activities

Strategic planning workshop

A strategic planning workshop provided comprehensive orientation for IDF's selected staff regarding the technical and other interventions included in the project. On the last day of this training a detailed implementation plan was drawn up based on the NGO log frame. Besides the initial training, the NGO staff were also provided with several opportunities for reinforcement of these topics.

Community mobilization

Using a community-based approach, IDF enabled people-centered development to take shape. Staff invested in empowering local communities and vulnerable groups by enhancing their awareness levels on issues of health and nutrition. IDF succeeded in planning and executing this approach systematically, using an extensive system of meetings, trainings, and materials, as described below in the relevant sections.

Cluster-strengthening meetings

In the initial stage blocks were divided into clusters based on the performance as reflected in the reports submitted by the Integrated Child Development Services (ICDS) and based on the observations made in the field by the block coordinators (BCs). The ICDS projects were supported through cluster-based checklists for at least six months. The BCs facilitated monthly cluster meetings and provided support by conducting ongoing capacity building on technical issues according to the predetermined schedule.

The BCs also provided support by analyzing the cluster coordinators' checklist and representing the data in the regular Block-Level Management Committee (BLMC) and cluster-level meetings. They also conducted validation of the cluster-level data during cluster meetings and field visits. For this all the BCs had to attend a minimum of eight cluster meetings in their respective blocks at the village level on a monthly basis . Staff also made efforts to ensure the participation of the auxiliary nurse midwife (ANM) in the cluster meetings.

BLMC and cluster coordinator meetings

BLMC and cluster-level meetings are routinely conducted on the same day in all the blocks in Palamu. The BCs provided support to health centers and ICDS to streamline the monthly BLMC meetings and also to decide the agenda for the meeting in advance, in consultation with the block-level government managerial staff. In this, the coordinator was helped by the pre-induction training analysis and home visits he had conducted. The BCs also shared cluster data, routine immunization (RI) monitoring data, and field observations. These meetings were used to discuss health and nutrition issues arising from the field—supply issues, monitoring of food

distribution by Anganwadi workers (AWWs), micro-plans, growth monitoring, the special nutrition program (SNP), status of Nutrition and Health Days, keeping track of those who had been left out or who had dropped out, and so on. They also shared information related to behavioral change, which reflected the impact of various interventions on the target population.

Nutrition and Health Days (NHDs)

IDF staff at the block level played a pivotal role in constructing the monthly NHD roster and micro-plan for RI. They helped to incorporate the left-out and hard-to-reach areas in the micro-plan document. They also promoted and facilitated the preparation and use of a "due list" at the block and village levels. The BCs played an important part in matching AWW and ANM records during NHDs. They helped the AWWs locate gaps in SNP eligibility versus coverage. They facilitated prenatal care in many places, after much effort. At the end of these NHD sessions they administered NHD checklists and RI monitoring formats.

The BCs did their utmost to improve the participation of community-based organizations like the *mahila mandals* (women's groups) in the management of the NHDs. As part of their field visit targets, the BCs were required to monitor at least eight session sites and to share their observations and findings in the BLMC and cluster coordinator meetings.

Home visits by AWWs

The BCs regularly administered pre-induction training to improve understanding of the behavioral change undergone by beneficiaries of the intervention during critical periods in the life cycle. During the cluster-level meetings, BCs facilitated home visits by the AWWs and provided them with supportive supervision. They also helped the AWWs to involve the communities that had been left out through home visits during NHDs. The BCs were also tasked with the responsibility of sharing the analysis of the home visits conducted at the cluster coordinator and BLMC meetings.

Behavioral Change Communication (BCC) activities

A number of activities were carried out with the specific aim of leading to behavioral change within the targeted population.

Saas-bahu-pati sammelan (husband, wife, and mother-in-law meetings) were organized to create awareness amongst the communities concerning newborn care, infant and young child care, essential nutrition action, and primary immunization. These were village-level activities intended to address child malnutrition and infant mortality by changing and improving community behavior.

Nukkad nataks (street performances) were conducted by Palash Films, covering prenatal care, newborn care, birth preparedness, and immunization. The BCs planned and monitored these activities along with the ICDS projects.

IDF staff actively participated in World Breastfeeding Week and National Nutrition Week celebrations at both the block and district levels. They supported these activities by planning along with the ICDS staff as well as participating in them.

Audiovisual shows were organized by IDF to address issues related to newborn care and immunization in Bishrampur block .

The BCs and the project coordinator ensured that AWWs and ANMs used BCC materials such as "Mera Gaon, Mera Ghar," (My Village, My Home), "Char Mathuapurna Sandesh," Four Important Messages), "Kuposhan Ki Khai," (Malnutrition Chasm) and "Essential Nutrition for Different Stages in the Life Cycle" (Hindi version).

District-level Management Committee (DLMC) meetings

IDF staff supported CARE's program officer by providing field-based observation reports and monitoring data emanating from RI monitoring, home visits, cluster meetings, BLMC meetings, pre-induction training analysis, and so on. These data were all discussed at the DLMC meetings.

Capacity Building

IDF project staff were closely involved in the capacity building of cluster coordinators regarding the consolidation and use of data. They provided supportive supervision to AWWs and ANMs during visits to Anganwadi centers for RI monitoring, NHD observations, home visits for pre-induction training, and cluster meetings. IDF staff were also involved in building the capacity of *sahiyas* (health workers) and self-help group members to mobilize the community around health and nutrition issues.

Monitoring and review

As part of the project, a mid-term and final review were conducted, and the reports were shared with all concerned in both CARE and IDF. These very fruitful exercises helped staff to consolidate and learn from the achievements and gaps during implementation of the final phase.

Achievements and Challenges

The project's extensive information and education outreach gradually resulted in a significant shift in the dynamic between government health workers and the young mothers whom their programs are intended to benefit. First, community members learned the importance of good nutrition during pregnancy and lactation and of ensuring that their infants receive adequate nourishment and routine immunizations. At the same time, they became aware of the availability of public health programs and their rights to benefits under them. As the health workers themselves became better trained, they raised their standards, began keeping accurate records, and demonstrably improved their level of service. Meanwhile, community leaders and stakeholders mobilized to make sure that the improvements would be lasting.

Despite these gains, however, some aspects of the existing system remain entrenched and difficult to change.

Case Study

Assertiveness ensures access

While visiting the Anganwadi center in the village of Patariya for monitoring purposes, Ajeet Mishre, the BC, found it closed most of the time, even on days scheduled for immunizations. From discussions with the community, he also discovered that take-home rations were not being distributed to the beneficiaries. Ajeet contacted the ANM on the next immunization day and ensured that the immunizations were carried out, even though the *sevika* (health aide) was absent. When he brought this information to the attention of both the ICDS officer and the *sevika*, the officer warned the aide and instructed her to ensure that the center functioned smoothly from then on. As a result, the center is now running properly, and community members are availing themselves of all its mandated facilities.