Cognizant Foundation

PPHF
PEOPLE TO PEOPLE HEALTH FOUNDATION

AMARTH Project

Improving the health and well-being of urban poor women and children

Third Quarter Report | July-September 2022

Background of the project:

India has the second largest urban population in the world. Almost 33 per cent of India's population lives in urban India. A majority of this percentage lives in slums, constituting what we know as the 'urban poor'. People in slums live in conditions that deny their right to basic civic amenities such as access to proper healthcare services, sanitation, education, adequate diet etc. While people living in slums face greater health hazards due to over - crowding and environmental pollution, the health of mothers and children in these areas need particular attention. The urban poor in India are the most vulnerable section of the urban population regarding the health indicators and for many indicators the differentials is very high. Most of the urban poor have less access to healthcare facilities as immunization, antenatal care, delivery by health professionals, newborn care etc. Infant and child undernutrition is also high among the urban poor population. Thus, there is an urgent demand to focus on the urban health, with the given pace of urbanization, the increasing number of urban slums with little access to healthcare facilities to cater to the essential living needs of urban population.

Objectives:

- Improve access to MNCHN (Maternal, Newborn, Child Health and Nutrition) services among women and children
- Improve community and key influencer knowledge and health- seeking behavior on MNCHN
- Build the capacity of the health and nutrition care providers for strengthening MNCHN skills

Implementation Geography: Kolkata Slums, Kolkata, West Bengal

Target beneficiaries: 20,000 pregnant women and lactating mothers and their family members.

Primary beneficiaries: Women in the reproductive age group of (15-49 years) and children (0-5 years)

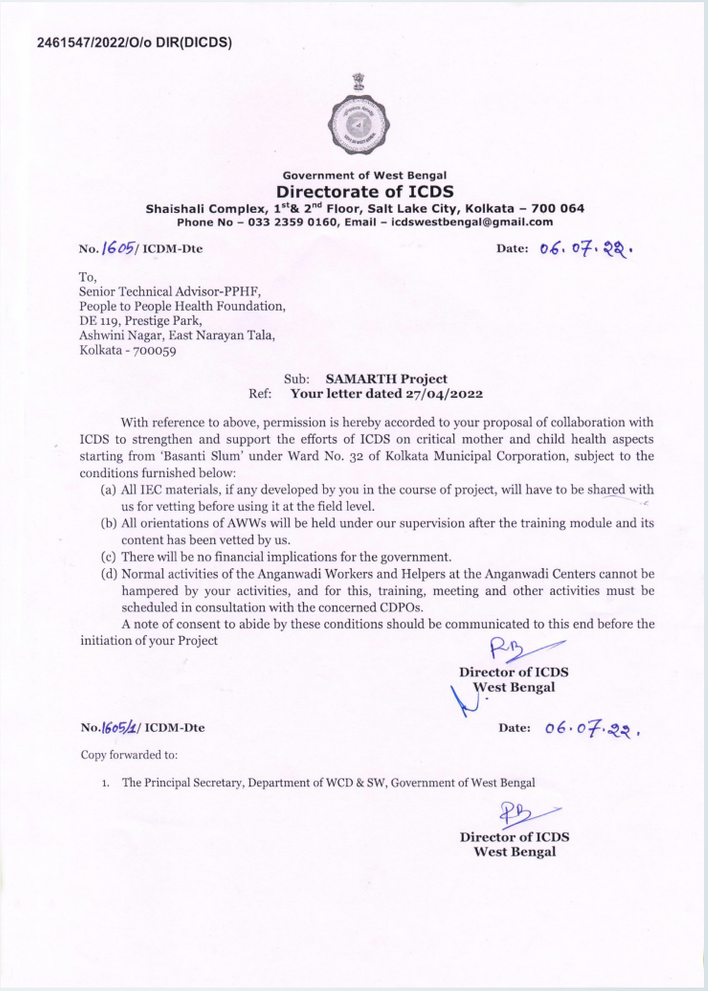
Secondary beneficiaries: Family members and community

Key Highlights of this quarter:

1. Approval from Directorate of Integrated Child Development Services (ICDS), Government of West Bengal to collaborate with SAMARTH Project intervention
2. Celebration of World Breastfeeding Week
3. Capacity building programme of frontline Health workers of ICDS and KMC health on breastfeeding and Home Based New Born Care
4. Celebration of National Nutrition Week in collaboration with ICDS
5. Organised screening camp for pregnant mothers
6. Developed technology driven digital platform - a mobile based application for virtual learning and monitoring and evaluation with systematic data management
7. Engagement of men and youth in accessing the services and creating an enabling environment for the mothers and children
8. Strengthening the referral and linkage with services in close collaboration with KMC and ICDS
9. 1st Technical Advisory Group Meeting held on September 12th, 2022
10. Community mobilization and outreach intervention

Strengthening the services in collaboration with ICDS:

A formal collaboration was initiated with the Directorate of ICDS, Government of West Bengal and SAMARTH Project to achieve the MNCHN milestones with better service delivery and access for the community. The common objective of this collaboration is to reduce incidences of severely acute malnourished and moderately acute malnourished cases of malnutrition among children below five years of age by addressing nutrition-specific and nutrition-sensitive interventions in Kolkata's urban slums. The ICDS provides an integrated package of early childhood services in the form of supplementary nutrition, immunization, health check-ups, medical referral services, growth monitoring and non-formal preschool education. Children less than six years of age, adolescent girls, pregnant, lactating mothers and women of reproductive age group (15-45 years) are the beneficiaries under ICDS scheme. The SAMARTH Project is strengthening the services for pregnant women, lactating mothers and the children up to five years where the project team is working in close collaboration with ICDS for achieving the common objectives.



2461547/2022/O/o DIR(DICDS)

Government of West Bengal
Directorate of ICDS
Shaishali Complex, 1st& 2nd Floor, Salt Lake City, Kolkata – 700 064
Phone No – 033 2359 0160, Email – icdswestbengal@gmail.com

No. 1605/ ICDM-Dte Date: 06.07.22.

To,
Senior Technical Advisor-PPHF,
People to People Health Foundation,
DE 119, Prestige Park,
Ashwini Nagar, East Narayan Tala,
Kolkata - 700059

Sub: **SAMARTH Project**
Ref: **Your letter dated 27/04/2022**

With reference to above, permission is hereby accorded to your proposal of collaboration with ICDS to strengthen and support the efforts of ICDS on critical mother and child health aspects starting from 'Basanti Slum' under Ward No. 32 of Kolkata Municipal Corporation, subject to the conditions furnished below:

(a) All IEC materials, if any developed by you in the course of project, will have to be shared with us for vetting before using it at the field level.
(b) All orientations of AWWs will be held under our supervision after the training module and its content has been vetted by us.
(c) There will be no financial implications for the government.
(d) Normal activities of the Anganwadi Workers and Helpers at the Anganwadi Centers cannot be hampered by your activities, and for this, training, meeting and other activities must be scheduled in consultation with the concerned CDPOs.

A note of consent to abide by these conditions should be communicated to this end before the initiation of your Project

Director of ICDS
West Bengal

No.1605/1/ ICDM-Dte Date: 06.07.22.

Copy forwarded to:

1. The Principal Secretary, Department of WCD & SW, Government of West Bengal

Director of ICDS
West Bengal

Data collection in progress for baseline study

Celebration of World Breastfeeding Week

World Breastfeeding Week (WBW), observed from August 1st to 7th, 2022, was aimed at encouraging breastfeeding and protecting the health of the mother and the baby. The theme for World Breastfeeding Week 2022 was “Step Up For Breastfeeding: Educate and Support,” to raise breastfeeding awareness through propagating the value of breastfeeding and elevate it to the level of a public health obligation by encouraging the different stakeholders and the communities to develop measures to safeguard breastfeeding. A street play was organized to celebrate the World Breastfeeding Week for creating awareness among the target beneficiaries and their family members. In the congested slum like Basanti Colony in Ward 32, the street play became an effective tool for mass awareness. The key objective was to raise awareness on exclusive breastfeeding, awareness on Infant and Young Child Feeding (IYCF) practices, negative impact of early marriage and teenage pregnancy and raising awareness on health and hygiene practices. The event was very much popular for the community and it was done as a campaign mode. A total 909 people (175 men, 420 women and 314 children) were reached through this program. To understand the impact of the program, a quiz session was done at the end of each show. The winners were felicitated with the provision of a hygiene kit.

Capacity building program of Front-Line Health workers of ICDS and KMC Health workers on Breastfeeding and Home Based New Born Care

The ground level service providers of KMC like Accredited Social Health Activists (ASHAs), Honorary Health Workers (HHWs), Auxiliary Nurse and Midwives (ANMs), and other health workers including project staff were trained on how to strengthen the services delivery, counselling of the beneficiaries, motivating the family members and the community for adopting appropriate behaviours.

The deliverables included ensuring that the participants were provided adequate knowledge and skills and are empowered to apply their best capacities to support, create and sustain a breastfeeding - friendly environment for the families after the pandemic when breastfeeding plays an important role in managing the double burden of malnutrition. This would play a major role in adopting the right behaviours.

Two batches with a total of 33 participants were oriented for two days on Breastfeeding and Home Based New Born Care. Refer Annexure I (Training Report)

Celebration of National Nutrition Week

National Nutrition week is celebrated every year from September 1st to 7th with a purpose is to spread awareness on nutrition and health. It was celebrated under SAMARTH Project with an objective to make the people aware about the importance of nutrition for their better health which has a long-term impact on development, productivity, economic growth and ultimately it contributes in overall national development. The September month is dedicated for celebration of 'Poshan Maah' or nutrition month. Poshan Abhiyaan is India's flagship program to improve nutritional outcomes for children, adolescents, pregnant women and lactating mothers and aspires aspires to reduce stunting, under-nutrition, low birth weight, and anaemia.

We celebrated National Nutrition Week through awareness generation sessions with mothers of under 5 children and adolescent girls. A total of 33 mothers were directly reached through this event and sessions were conducted by demonstrating methods of food groups. The mothers were oriented on basic food groups

according to WHO specification. The nutritional advantages of locally available fruits and vegetables and other food items were discussed and then the blindfold game was arranged to understand their knowledge level and to ensure their participation in the event. The winner of the game was encouraged by a token gift from the food basket. Each food basket comprised of raw vegetables, pulses & grain, and fruits following the Minimum Dietary Diversity (MDD) indicator as defined by WHO. The mothers identified any one item and elaborated its nutritive value. The mothers who could answer correctly, got food basket as a token gift. The mothers' meetings were scheduled jointly with ICDS at Anganwadi centres (AWCs). The revision concerned adding "breast milk" as an eighth food group. This ensured dietary diversity with the diet containing five or more of the following food groups:

- breast milk;
- grains, roots and tubers;
- legumes and nuts;
- dairy products (milk, yogurt, cheese);
- flesh foods (meat, fish, poultry, liver or other organs);
- eggs;
- vitamin A-rich fruits and vegetables; and
- other fruits and vegetables.

Health Screening Camp for the pregnant mothers

Poor maternal nutrition before and during pregnancy is a significant public health concern due to adverse consequences both for mothers and for their children. Maternal malnutrition is associated with an increased risk of maternal morbidity, preterm deliveries, and small-for-gestational-age babies. Mid-upper-arm circumference (MUAC) was taken as the preferential indicator of choice because of its relatively strong association with Low Birth Weight (LBW), narrow range of cut-off values, simplicity of measurement, and it does not require prior knowledge of gestational age. The Mid-upper-arm Circumference (MUAC) values below with most adverse effects were identified as <22 and <23 cm. A conservative cut-off of <23 cm is recommended to include most pregnant women at risk of LBW. The screening camp was initiated as a drive mode to understand the present status. The detailed plan was shared with KMC and the Directorate of ICDS. The field mobilizers identified the pregnant mothers through the home visits and shared the details with Honorary Health Workers (HHWs) and Anganwadi Workers (AWWs) as the same data are also kept in their record. The community was already well informed about the purpose of this screening camp as the team had already done the screening camp for the children at the local clubs in the last quarter. Soyabean packets were distributed among the pregnant mothers after getting the measurement and doing the next process with a proper follow up plan.

A total of 72 pregnant mothers were identified and screened through MUAC tape in this

quarter. It is noticed that 12.5% mothers were just 18 years and 9.7% mothers were below 18 years. They were also identified as high risk due to early pregnancy. Nearly 15.3% pregnant mothers were identified with Mid-upper-arm circumference (MUAC) measurement of less than 23 cm. The list of names of these mothers are already shared with Honorary Health Workers (HHWs) and Anganwadi Workers (AWWs). The field mobilizers are going for frequent home visits along with front line service providers and doing the close monitoring. During the camp mothers were oriented on the importance of Mother and Child Protection Card (MCPC) and early registration at Ward Health Unit (WHU)

Direct reach through activities (July - September 2022)	
Total number of mothers and children reached directly through different activities	1123
Total health and nutrition workers trained (ASHAs, ANMs, AWWs)	33

Digital platform through Mobile Phone / Tab based application for learning and monitoring and evaluation

An android phone supported soft application has been developed for creating one time database, tracking through digitalized MIS, offering uninterrupted learning and refresher training courses, getting on job references during counselling and conducting ongoing surveys on Maternal New-born Child Health and Nutrition (MNCHN) under SAMARTH Project. The technology-based support has been outsourced to create the phone based application, its orientation to the field team and maintenance. This technology driven initiative will offer the following options to the project team and the KMC service providers:

- Conduct one-time baseline survey
- Register the beneficiaries (e.g. pregnant women and children)
- Record the daily activities of the project team
- Learn about key MNCHN topics
- Dashboard with data under key indicators
- Generates monthly auto filled excel sheets indicating key achievements including monthly reports
- Course-outline with lessons
- Multi-media content

Community participation - Engagement of men, youth and members of Urban Local Bodies

Urban Local Bodies (ULBs) are small local bodies that administer specified population of each slum lanes. Urban Local Bodies are vested with a long list of functions delegated to them by the local councillor. These functions broadly relate to public health, welfare, regulatory functions, public safety, public infrastructure works, and development activities. In our project area we identified the ULB members are designated as secretaries or president of the local clubs. The premises of these local clubs are normally used for project field activities like awareness sessions, meetings, health camps etc. Total 26 ULB groups are identified from each slum lane under Ward 32. An information sharing meeting was organized with these group members to step forward in building their ownership in health activities and informed detail out the SAMARTH Project for confidence building and getting support in creating a healthy environment within the community.

As an outcome, the ULB members agreed to extend their support and involvement in project implementation, and they will also act as a local level monitor of the SAMARTH project activities in close collaboration with KMC Health Department and ICDS. The field mobilizers prepared a social map with the help of community youth. The map was validated by ULB members and they provided their inputs. These maps speak about:

- Location of slums
- Spread and distribution of slum settlements
- Health facilities of all types and their catchment areas
- Anganwadi centres
- Administrative bound (ward boundaries)
- Environmental features (land, water bodies, natural drains, main road and rail line)
- Physical infrastructure (major road networks, major landmarks, factorie and clubs)

Strengthening the referral and linkage with services

Effective referral systems from the community to the health care facility are essential to save lives and ensure the quality and a continuum of care. Referral as a mechanism focuses on behaviour change of care givers and ensures respectful, safe, appropriate, attention at right time and quality care. A referral slip was developed under SAMARTH Project with the technical support of Medical Officer of Ward 32. The referral slip was issued by Field Mobilizers to refer pregnant and lactating mothers, children to ward health unit for check-up, immunization, and for accessing other medical services from Ward Health Unit. The Field Mobilizers act as quick points of contact for a community. The Urban Primary Health Center (UPHC) is the health care providing center where patients can be observed and initially treated by the Medical Officer and health team. Secondary and tertiary health care facilities are available for the next referral points where patients can be referred for advanced treatment by the Medical Officer.

In the third quarter, 15 drop out children were identified and linked with Routine Immunization (RI). At least seven Severe Acute Malnourished (SAM) child were referred to Nutrition Rehabilitation Centre (NRC). Two got admitted and one was treated from NRC OPD. Nine children were referred to Ward Health Unit for treatment. A total 15 pregnant mothers and 39 children were referred to WHU for treatment. At least 72 pregnant mothers received their Mother and Child Protection card and 71 out them completed first ANC, 66 pregnant mothers received IFA tablets. A total of 50 pregnant mothers are streamlined for receiving of supplementary nutrition regularly. At least six diarrhoea patients were identified and treated with ORS and Zinc and 67 children were identified with respiratory problem and referred to ward health unit.

1st Technical Advisory Group Meeting

The TAG has been formed under the scope of SAMARTH Project where the Chief Municipal Health Officer, KMC Health Department HQ is the Chairperson of the TAG. As per the decided ToR, the TAG Members will meet twice in a year to meet the following objectives:

- TAG would be a platform for sharing the working experiences- learning and lessons learned and guide the project for the best outcomes
- Review the initiatives, techniques, and strategies and technically guide the project implementation
- Review the scopes and assist the implementation team with innovations and scaling up
- To facilitate the transfer of knowledge and skills between academia and practitioners
- The 1st Technical Advisory Group Meeting held on September 12th, 2022.

Highlights of the 1st TAG meeting

Refer Annexure II (1st TAG Meeting Report)

The meeting started with a welcome note followed by the background of the TAG and its objectives.

Dr. Laxmikant Palo expressed his gratitude towards the participants from Kolkata Municipal Corporation (KMC), Cognizant Foundation (CF) and other TAG members for being part of the whole process and guiding the project team through various interventions. In the keynote address, Dr. Laxmikant Palo, CEO, PPHF highlighted the need to work in the area of urban health post the COVID-19 era.

Dr. Ajay Khera, Country Representative Engender Health, expressed how urban health continues to be a neglected area both at the national and state levels. Although there has been an improvement in indicators about global goals e.g., the SDGs, still

significant gaps exist. In achieving Universal health coverage – the goal of reaching everyone, urban health pockets have become important and special efforts are required to achieve the set indicators. SAMARTH Project is trying to fill the gaps in one area by raising awareness, improving service delivery and involving local groups.

Mr. Chandranath Mishra, Senior Technical Advisor, PPHF, presented an overview of the SAMARTH Project. Ms. Mitali Palodhi, Vice President, Indian Dietetic Association, emphasized on initiating age-appropriate home- based complementary feeding to combat malnutrition. Mr. Syed Tanveer Hussain, Senior Manager, Cognizant suggested exploring possibilities of working with private hospitals and institutions, and having the process for registering the cases under the government schemes could be an option to link the community for better health support. Dr. Madhumita Bhattacharyya further added, there are some private hospitals that provide good Newborn Intensive Care Unit (NICU) facilities, which could be explored as an option to link the community for better health services. Dr. Sonia Majumder also highlighted that height was not being monitored earlier during the health screening camps which needs to be taken care of. Ms. Rajashree Natarajan, CEO, Cognizant Foundation, expressed that the discussion was very encouraging and insightful and they will be working together for the best solutions.

In the concluding session, Dr. Tapapriya Mazumder, Executive Health Officer (EHO), KMC Health Department (HQ) mentioned that KMC extends its support to the entire population, i.e., for the poor and the elite classes altogether through Polio Vaccination and COVID Vaccination. They also prioritize and cover the overall slum population through Routine Immunization (RI), and Urban Health & Nutrition Day (UHND). KMC also provides nutrition packets on such days. SAMARTH project team supports KMC in many aspects including RI, UHND, and distribution of food packets. Dr. Mazumder concluded with the final message that KMC will continue to work together with PPHF and improve the status of MNCHN in the area.

Community mobilization and outreach interventions:

Awareness on Home Based Diarrhoea Management:

Diarrhoea is a major cause of morbidity and mortality in children. Early management and recognition of danger signs are key strategies in treating diarrhoeal diseases at home. During the rainy season, drinking water sources get contaminated easily and the occurrence of diarrhoea increases. To prevent diarrhoea in early stages, the mothers were oriented on ORS preparation and the importance of the consumption of Zinc tablets through the demonstration process. These counselling sessions were effective in upgrading the knowledge and health-care-seeking behaviour within the families in the project locality. A total of 20 meetings were conducted with 410 participants. Nearly 200 grams lentils were distributed among the mothers and they were educated on the importance of food-based fluids (such as soup, rice water, dal water and yoghurt drinks) and safe drinking water.

Awareness on Advantages of breastfeeding and exclusive breastfeeding:

20 awareness meetings were organised with pregnant and lactating mothers and seven meetings were done jointly with ICDS. Video show was arranged to disseminate the messages on early initiation of breastfeeding, importance of exclusive breastfeeding, myths related to breastfeeding, timely introduction of complementary feeding, care during pregnancy and lactation period. A total of 400 mothers were covered through these activities and a detailed plan of activity was shared with ICDS and KMC to ensure their participation. Soyabean packets were distributed and their potential nutritive value was discussed.

Awareness session on diversified diet and minimising the nutrient loss:

A majority of the beneficiaries of the project are daily wage labourers who have limited time and resources to think and arrange a proper diet for their family. They mainly depend on street food for their meals which can be unhygienic. Skipping meals is very much common in slum areas. In slums, mothers and children are most exposed to health problems due to their elevated nutrient need, and malnutrition could possibly hinder their physical and cognitive health. In each slum pocket, small group meetings were arranged in local clubs and AWCs. Initially raw vegetables, pulses, cereals, and fruits were demonstrated. Gradually, the mothers were mobilized to bring any one item from their home and were asked to demonstrate its importance. It was observed that mothers were unable to arrange vegetables and fruits

as those are not in practice in their daily diet. The Anganwadi workers and supervisors also provided their inputs in the meeting which was very effective. Some strategies were discussed for improving household diet diversity as follows:

- Recognition and Promotion of local foods
- Promoting mixed diet or diversified diets
- Encouraging eating fruits and vegetables which are cost effective and easily available
- Adoption of correct hygiene practices, preservation of raw materials and appropriate cooking methods
- Use of iodized salt
- Ensuring consumption of iron-rich food to avoid anaemia
- Awareness about the harmful effects of street food and fast food
- Awareness about sanitation and importance of safe drinking and useable water
- Awareness about diversified food that can prevent anaemia, night blindness, heart disease, goitre, scurvy etc.

Mothers were also oriented on the recipes of low-cost nutritious foods. A cooking competition was arranged and many mothers were excited to participate in the competition. All the raw materials were arranged by them and they cooked the dishes at their home which was nutritious for their child. They demonstrated the dishes and tried to elaborate on the nutritional values of the dish. Anganwadi Workers and Supervisors were the referees of the competition. Chickpeas (*chhola*) was distributed among the mothers who participated and the nutritive value was discussed with them.

Theme wise details for awareness generation among mothers:

Awareness on	Total Meetings	Total participants	Methods followed	Materials distributed	Immediate outcome
Home Based Diarrhoea Management	20	410	Demonstration on ORS preparation Discussion Quiz	Lentils (Masoor dal)	Use of Zinc tablets is increased
Advantages of breastfeeding and exclusive breastfeeding and complementary feeding	20	400	Video show Discussion Quiz	Germ protection kit for the winner, soyabean and hand washing soap	Knowledge on how breast milk is better than commercial milk and milk products Increase in knowledge on the right time to initiate home based complementary food
Diversified diet and minimizing the nutrient loss	12	327	Demonstration of a blindfold game, cooking demonstration and competition	Food items from “Food Basket” chick peas/Bengal gram (Chola)	Increase in knowledge \on locally available low cost nutritious food and their recipes.

Growth monitoring and promotion:

Monthly growth monitoring: Weighing of the children from 6 months to 5 years is under the services from ICDS. The field mobilizers mobilize the caregivers for weighing their children at AWC. They are also involved in weighing and plotting the weight of the community growth chart. The AWWs and field mobilizers jointly counsel the mothers on this .

Screening outcome of the children from 0-5years

Weight	Boy	Girl	Mid Upper Arm circumference measurement	Boy	Girl
Total: N=513	240	273	Total: N=450	200	250
Normal weight	85%	83.88%	Moderate Acute Malnutrition	2%	1.60%
Moderate under weight	12.5%	11.72%	Severe Acute Malnutrition	0	0.80%
Severe under weight	2.50%	4.40%	Normal	98%	97.60%
Data on weighing was jointly collected with ICDS and MUAC data was collected by field mobilizers (July to September-2022					

Severely underweight children are in the process of further referral and will be linked with NRCs. In the meanwhile, the health worker and the SAMARTH Project Field Mobilizers have been conducting home visits to follow up and support the families, motivating the families to link with available services with support from ICDS, KMC Health team and SAMARTH Project field team members.

Learning and experiences from third quarter:

- Linking with existing services are a motivating factor for the community
- Training of frontline health workers is most impactful
- Providing low-cost nutritious items as a refreshment and demonstration became a good way to adopt right practices
- An action-oriented participatory process was effective for knowledge building of mothers
- Home visits were effective for family counselling and linking the community with existing health the services
- Youth and local club engagement in the health activities become useful strategy for ownership building
- Joint efforts by KMC, ICDS and SAMARTH Project team creating a synergy in connecting and accessing health services

Case Study 1:

Sonu Biswas is a single mother of two and lives with her mother and children at 4 No Bashanti Colony. Both Sonu and her mother are ragpickers and support their family together. Sonu' son Tanmoy is four years old and his sister Tushi aged 9, is a student of class III. Tanmoy is registered under the ICDS Battala Project. The absence of a proper livelihood makes it difficult for her to take good care of her son and daughter. But Sonu's daughter is getting Mid-Day Meal from her school. While Tanmoy is registered at AWC. Sonu and her mother are unable to take him to AWC due to the nature of their work. As a result, Tanmoy's nutritional status was gradually decreasing day by day. In this situation, the Field Mobilizer visited Tanmoy's house twice a week. She also informed the local AWW and HHW about Tanmoy's condition. The Field Mobilizer observed that

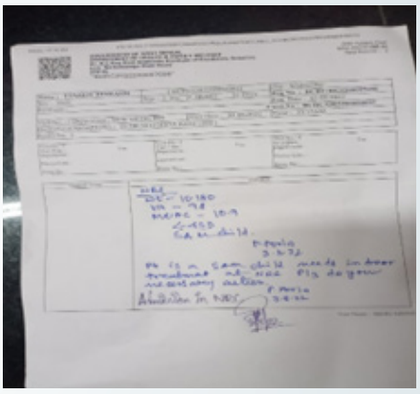
due to lack of knowledge and awareness the family never focused on proper IYCF practices and basic hygiene and sanitation issues. The Community Mobilizer started counselling Tanmoy's mother on basic food habits, WASH issues and diversified diet. She also referred Tanmoy to the Ward Health Unit and the Nutrition Rehabilitation Center (NRC) for better treatment and counselling. When identified on 21.07.2022, Tanmoy's weight was 10.5 kgs and MUAC 11.4 cm. All the immunization was done in due time. Considering the emergency, he was referred and treated at Ward Health Unit on 02.08.2022 and on the same day he was further referred to NRC. Tanmoy's grandmother did not agree initially to admit her grandson to NRC with Sonu as she was concerned about looking after Sonu's daughter and managing household chores in her absence. But gradually the field mobilizers along with health and ICDS team were able to convince her, and Tanmoy reached the NRC with his mother and grandmother. Following a check-up at the NRC OPD, Tanmoy was immediately admitted on 04.08.2022. That time, his weight was 10.8kgs, Height 3 feet and MUAC 10.9 (<4SD).

After about a month with support of treatment and supervision, he was discharged from the NRC on 02.09.2022 and then his weight was 11.5 kgs. and his MUAC 12.0 cm. During this time Sonu's neighbours played an important role. They took care of Tanmoy's elder sister Tushi in absence of her grandmother and the Field Mobilizers and health / ICDS team regularly visited Tanmoy's house to look after his sister and updated the neighbours about his health condition. Now Tanmoy's mother is practicing homebased care that she learnt from NRC. Tanmoy's health is now improving.

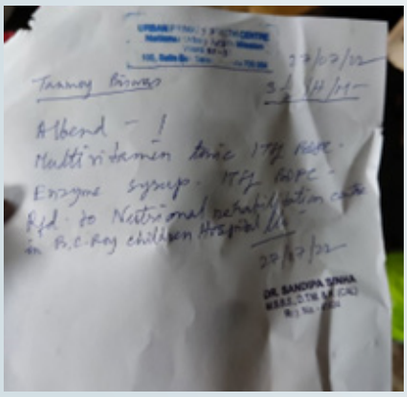
Tanmoy's story highlights how an appropriate and timely initiative and follow-ups can be a big factor to overcome health risk factors.

Identification

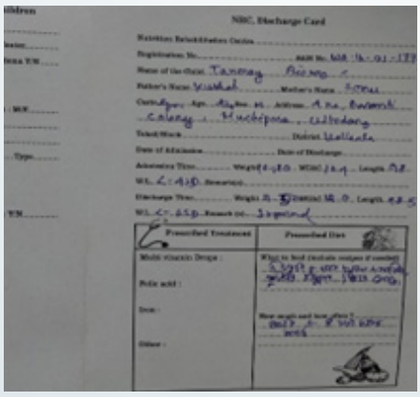
Referred by KMC to NRC



Admission document NRC



Referred to NRC from UPHC



Discharged from NRC

Discharged from NRC

Case Study 2:

Deep Sardar, is three years and 10 months old, His parents Mampii Sardar and Mangal Sarder reside in a joint family at 4 No Bashanti Colony, with Deep's elder brother and sister. Both his parents are daily wage labourers. Deep was identified by our field worker in June 2022 during a home visit and registered under Battala Project. The field worker realised that Deep's immunization was not complete and that he had dropped out. The AWW of the Battala Project informed the field worker that Deep was registered earlier, but his mother never attended the centre. Considering their reluctance to visit the centre, field workers accompanied Deep's mother Mampii to the Ward Health Unit and referred them to the routine immunization (RI) centre. The vaccination was initiated on July 14th, 2022. Consequently, a new Mother and child Protection Card had been issued and the child has been vaccinated by the ANM in RI centre.

Immunized at RI centre

Issued new MCPC

Deep Sardar

ABOUT PPHF

PPHF is a non-profit organisation that works towards transforming lives for improved health and wellbeing through locally- driven solutions.

PPHF works closely with communities and key actors on sustainable solutions for public health challenges. These include :

1. Women, Adolescent and Child health
2. Non-Communicable Diseases
3. Nutrition
4. Infectious diseases- T.B, Malaria, COVID-19
5. Environmental Health

We focus on building public health capacity and community actions for better health outcomes. We work collaboratively with stakeholders, leveraging partnerships and influencing policies and practices.

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Contributor:

People To People Health Foundation

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