Project supported by
Cognizant Foundation

PPHF
PEOPLE TO PEOPLE HEALTH FOUNDATION

AMARTH Project

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

Fourth Quarter Report
October-December 2022

Background of the project:

Urbanization is emerging as the most challenging and serious concern faced by our country. Today, India has the second-largest urban population in the world. Almost 33 percent of India's population lives in urban India. A majority of this percentage lives in slums, constituting what we know as the 'urban poor. With the expansion and spread of urbanization, the population growth in urban areas has been rapid as people have migrated from rural to urban areas in search of better jobs and lifestyles. There are some negative consequences of urbanization such as the high population density, slums, and un-notified settlements, pollution, health problems, unemployment etc. Although slums are within the periphery of healthcare centers, they generally have little access to high-quality healthcare. A single primary health unit in an urban area serves a greater proportion of the population. From the provider's side, it is an enormous challenge to provide health care for such a large population. Also, there is an imbalance in focus on curative care, and a neglect of preventive and primitive care. There is an over-emphasis in urban areas on the super-specialty centers in the private sector which are totally out of reach of the urban poor. Thus, there is an urgent demand to focus on urban health due to the pace of urbanization and increasing number of urban slums with little access to healthcare facilities to cater to the essential living needs of the 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 (15-49 years) and children (0-5 years)

Secondary beneficiaries: Family members and community

Key Highlights of this quarter:

1. Group sessions with the caregivers on Dengue prevention, pneumonia prevention and its early findings with home-based management.
2. Orientation of health and nutrition care providers on breastfeeding and Home-Based Newborn Care and seasonal diseases.
3. Developed Information Education & Community (IEC) and supplementary capacity building materials- one flip book on care for children 3 to 5 years. Developed one poster on care for children 3 to 5 years.
4. Community-level campaigns at project site- Celebrating World Pneumonia Day for awareness generation through a street play campaign.
5. Women in the reproductive age group (15-49 years) and children (0-5 years) reached through home visit, awareness sessions, and screening.
6. Quarterly sharing meeting with stakeholders on project update and findings.

Awareness of Prevention of Dengue-Tableau campaign:

Dengue fever is categorized as one of the most serious and dangerous viral diseases which was spreading in Kolkata. It can be a cause of death if it is not prevented at mass scale and some affected patients are not diagnosed at early stages to start the treatment at public health

facilities. The KMC Health Department also issued an advisory on Dengue Management. KMC deployed trained health workers from the vector control wing for the dengue-prone areas and in the slum lanes to prevent the spreading of the dreaded disease. The government planned and executed various strategies to help and solve or at least reduce the number of dengue fever cases, especially critical ones that could lead to death. Despite that, there was a major gap in awareness of the community to take the health issues seriously for preventing and managing dengue infections before it reaches human bodies. Since, pregnant women and mother within the SAMARTH Project locality were most vulnerable during this spread of the viral disease spreading in Kolkata, a special drive was taken up from SAMARTH Project in collaboration with the KMC team and local administration. An awareness campaign under the SAMARTH Project was rolled out to educate the community on the serious consequences of the disease and avoid and prevent it before it spreads in the community. By the end of

November, the daily infection rate significantly come down in the state. The positivity rate had reached up to 18 percent at the beginning of November but the situation started improving in the latter half of the month. The campaign was facilitated from October 28 to November 2, 2022.

Through the campaign, the community got the specific information regarding preventing the spread of the disease by avoiding mosquito bites during the first week of illness. The virus may be circulating in the blood during this time, and therefore an infected persom may transmit the virus to new uninfected mosquitoes, who may in turn infect other people.

The overall six days campaign was very successful, altogether a tableau, a short drama and the dissemination of specific messages through the use of mikes and other ways was very successful. We found that people were attentive and seriously watching and listening to the campaign. The campaign was appreciated by the community and the local administration and they appealed for message dissemination frequently and regularly within the community for continuity at action points at the individual, house hold and community level. The campaign reached approximately 46, 000 people in all age groups which targeted the mothers and children, including their caregivers and family members, adolescent and young age groups and other age groups. The whole campaign was accomplished as per the plan which was developed in close collaboration with KMC ward teams. Each activity was monitored and guided closely by the KMC team members..

Awareness on Prevention of Pneumonia and its home-based management

Parents are considered as the primary caregivers of a child. It is important for parents to have knowledge of pneumonia-the signs, symptoms, early precautions, its home-based management and when to contact doctor at medical facilities etc. Mothers are responsible to give the first milk i.e. colostrum to improve the child's immune system and further on other age specific health cares. Hence, it is important to build the knowledge and skills of the parents. During winter season, there are high chances of children getting infected by the said disease; therefore, it is necessary to create awareness among the care givers on the prevention of pneumonia and home-based management of pneumonia. A total of 10 group sessions with 11 caregivers were organized and facilitated. Mothers were oriented on how to use and how to read thermometers to measure fever and also discussed on the importance of using thermometer to measure fever. An in-depth discussion was held on why measuring body temperature is so important and on what occasions and how frequently it should be measured.

The capacity building program of frontline Health workers

Training on Breastfeeding and Infant and Young Child Feeding:

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, improve the counselling to the beneficiaries, motivating the family members and the community for adopting the appropriate behaviour.

This training program was aimed at ensuring that the participants got adequate and technically correct knowledge The objective of the training was to empower health workers so that they can apply that knowledge and skills with their best capacities to support, create and sustain a breastfeeding-friendly environment for the families which would play a vital role in managing the double burden of malnutrition.

One batch with a total of **33 participants** got the training on breastfeeding and Home Based New Born Care.

Refer Annexure I (Training Report)

Training on Common Seasonal Infection and Diseases

Rapid unplanned urbanization with the growth of slums, poor sanitation, and other anthropogenic environmental changes has made communities more vulnerable. Furthermore, the reluctance of getting vaccinated, and lack of community awareness have aggravated the situation. The number of incidences of measles and pneumonia are increasing in Kolkata and few districts of West Bengal among children at the beginning of this winter season. Kolkata Municipal Corporation geared up for measles rubella vaccine for 9 month to 15 years from 9th January to 15th February, 2023; the children in this age group who are already vaccinated against the diseases will be offered the jab, too. The aim of this drive is to identify those who have not yet taken a single dose of the MR vaccine despite having reached the eligible age. The front line health workers-ANM, ASHA, HHW, AWWs and the Nodal of School Health were oriented by Medical Officer-Dr. Sourav Basu on the importance and eligible criteria of the Mumps Measles and Rubella (MMR) vaccine. The session was then extended by Dr. Sharad Bagri-Pulmonologist and took a session on pneumonia management and the importance of Pneumococcal conjugate vaccines (PCV).

One batch with a total of **47 participants** were oriented on Common Seasonal Infection and Diseases. Refer Annexure I (Training Report).

Special day observation: Celebrating World Pneumonia Day for awareness generation through a street play campaign

Every year World Pneumonia Day is observed on November 12. This day came into effect in the year 2009 to raise awareness regarding the complications and issues related to pneumonia. Malnourished children, particularly those with severe acute malnutrition, have a higher risk of death from common childhood illnesses such as diarrhoea, pneumonia and malaria. Nutrition-related factors contribute to about 45% of deaths in children under 5 years of age. According to the World Health Organization (WHO), the rate of severity is more in children less than 5 years of age. Therefore, precautions need to be taken to prevent the disease at an early stage. The surge in COVID-19 related pneumonia cases in recent times is expected to add significantly to the total number of deaths due to pneumonia. Hence, with this background, a street play was organized covering the Ward 32 for three days (November 23 to November 25, 2022) to spread awareness on key factors of childhood pneumonia and how it could be prevented before the condition is worst. To understand the impact of the subject line, a quiz session was facilitated at the end of each show. The winners were felicitated with a kit with a towel, socks, and hand-washing soap as token of motivation to follow and practice the ideal behaviours.

Family members have a significant supportive role, in addition to mother, who will be able to understand the following preventive measures for Pneumonia. They can identify the signs and symptoms of Pneumonia and the importance of Pneumococcal Conjugate Vaccine (PCV) further on getting the information from where they will get this service. We reached total 928 participants (Male 205, Female 723) audience through this mass campaign done by street play.

Develop Information Education & Community (IEC) and supplementary capacity-building materials

Activity specific IEC materials are developed and designed which will be used for communicating the ideal practices. These materials will be used in the community during different sets of activities on multiple occasions in implementation phases. This IEC materials will be used by the frontline workers of KMC, ICDS, SAMARTH Project and other field volunteers; it will also refer during various training programs and some of the materials will also be referred by the caregivers for deciding situation specific action points. It is expected that the IEC materials will support in communicating the right information to the target audience as well as to push the target groups in penetrating and enabling the adoption of appropriate behaviour and practices. These IEC will also support in connecting the target audience with eligible Govt. Health Schemes through providing necessary information. In the last quarter, we developed one flip book and five posters; this quarter, we have developed another flip book on 3-5 years children care and one poster on 3-5 years children. It will be translated in local languages and will be shared with KMC and ICDS for their technical inputs/ comments to make the final version. Once these are finalized, we will upload it on the digital platform for referring those materials and also provide the printed version to the service providers, project field team and some applicable IECs to the beneficiaries for using it in multiple occasions when these materials will help in deciding the right action points. As recommended by the Technical Advisory Group (TAG) Members during the TAG meeting, the existing capacity building contents which are available at Govt. platforms like at Ministry of Health and Family Welfare, National Health Mission, POSHAN Mission, Directorate of Woman and Child Development will also be uploaded at the digital learning platformfor easy reference and its use.

Flip book on 1000 Days Care and intervention

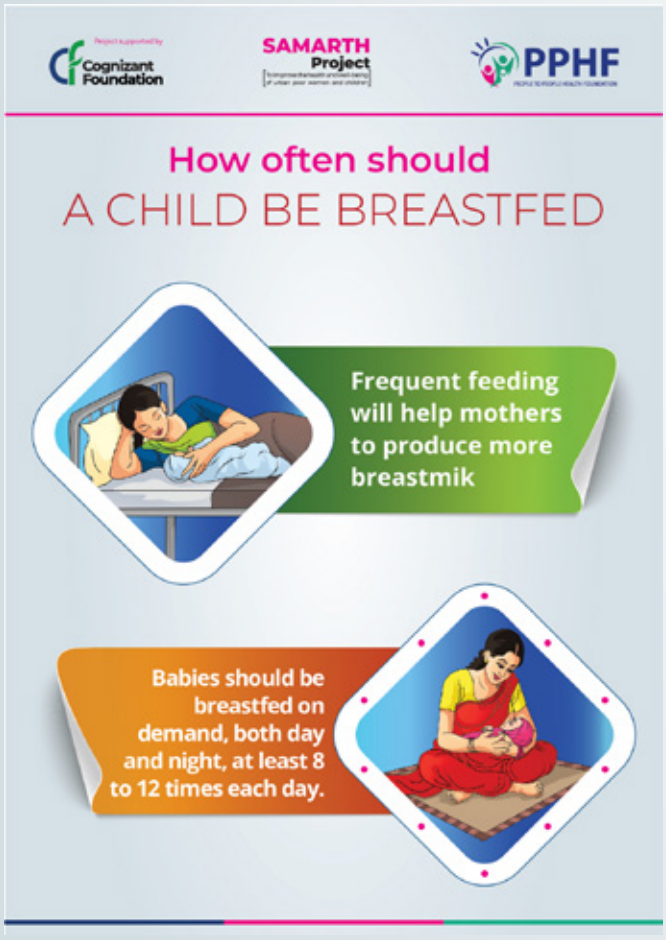
Inside sample pages of the flip book

Inside sample pages of the flip book

Inside sample pages of the flip book

Poster on How often should a Child be breastfed

Poster on Basic Care 1000 Days



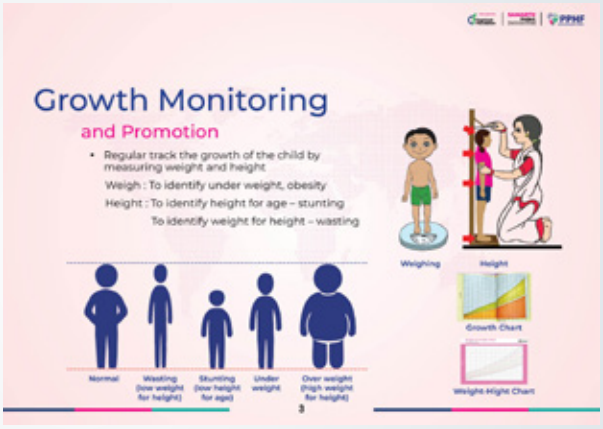
Poster on How often should a Child be breastfed

Poster on Collective efforts towards Breastfeeding

Poster on Advantages of Brasfeeding

Poster on Care for 3-5 years old children

Flip book on Care of 3 to 5 years Child



Inside sample pages of the flip book

Inside sample pages of the flip book

Inside sample pages of the flip book

Sl No	Name of the material	Type of material	Targeted group
1	1000 days care and intervention	Flip Book	Pregnant mother, Children from birth to 24 months
2	Basic care of 1000 days	Poster	Pregnant mother, Children from birth to 24 months
3	Healthy Adolescent girl	Poster	Adolescent girls
4	Breastfeeding: ◆ Advantages of Breastfeeding ◆ How often should a child breastfeed ◆ Collective effort towards breastfeeding	Poster	Pregnant mothers and lactating mothers
5	Care for children 3 to 5 years children	Flip Book	Caregiver and the children of 3 to 5 years
6	Care for 3 to 5 years children	Poster	Caregiver and the children of 3 to 5 years

Activities with Women in the reproductive age group of (15-49 years) and children (0-5 years)

In any community, mothers and children constitute a priority group. In India, women of child bearing age (15 to 49 years) constitute 22.2% of the total population. The reproductive age group, not only constitutes a large group, but they are also a vulnerable or special risk group in terms of health-related issues and problems. About one-third of the girls are married by the age of 15 and two-thirds by 18 resulting in teenage pregnancies. The same findings came out in the baseline study also. Field Mobilizers along with KMC and ICDS front line workers visit households at the community level and become true partners in protecting the nutritional status and overall health and well-being of the mothers and children in the project locality. The FLWs and Field Mobilizers play a vital role in disseminating the knowledge, giving support in home-based care and management and also promoting sustainable behaviour change among the target groups. During follow up visit, they identify malnourished children, check for symptoms and assess them through anthropometric measurements for SAM, MAM & Underweight. They also refer the target groups along with linking with KMC Health and ICDS for getting problem specific health services.

Activity	Purpose	Reached
INPUT LEVEL		
Home visit	◆ To assess the home, environment, and family condition in order to provide appropriate healthcare needs and social support services. ◆ To monitor the growth, development, and immunization status of children less than 5 years and carry out immunization for defaulters. ◆ To aware the family members on preventive mechanisms ◆ To identify the migrated families under the target group. ◆ To identify new pregnant mothers and link with KMC Health for early registration to ensure Antenatal Check-ups and with ICDS for supplementary nutrition provided by Anganwadi Centers. ◆ To identify the children from 0 to 5 years and ensure the linkage of the services.	1297
Mothers' meeting	◆ To aware mothers on MNCHN issues ◆ To strengthen the linkage with AWW and HWW by organizing the meeting jointly. ◆ To increase the participation of the mothers by using different techniques of the meetings like demonstration method, quiz competition, games etc.	161
Screening for children and pregnant mothers	To identify the nutritional status of the targeted group through rapid assessment.	Children:835 Pregnant mothers:25
OUTCOME LEVEL		
Link with services	◆ To ensure timely ANC, PNC, Immunization, proper nutrition care, monthly growth monitoring, and early diagnosis by RBSK, early identification, and treatment of danger signs and chronic and severe problems. ◆ To link with a health camp organized by KMC Health for routine check-ups	107
Referred cases	◆ To link with services ◆ To aware the caregivers on early detection and early treatment to minimize the risk.	113
High risk	◆ Pregnant ◆ Children	7 (2 GDM, 2 MUAC less than 23 cm, 1 with thyroid, 2 with high BP) 6 (2 SAM, 4 LBW)

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 mobilized the caregivers for weighing their children at AWCs. They were also involved in weighing and plotting the weight of the community growth chart. The AWWs and the field mobilizers jointly counseled the mothers.

Weight			MUAC		
Weighing status	**Boy**	**Girl**	**MUAC status**	**Boy**	**Girl**
Total children weighing	423	412	**Total children measured by MUAC tape**	312	306
Severe underweight	2.6%	6.1%	**SAM**	0.96%	0
Moderate underweight	14.7%	15.3%	**MAM**	1.6%	3.3%
Normal weight	76.6%	78.6%	**Normal**	97.4%	96.7%
** Data source: Screening records maintained by Field Mobilizers of SAMARTH Project					

Screening of identified pregnant mothers:

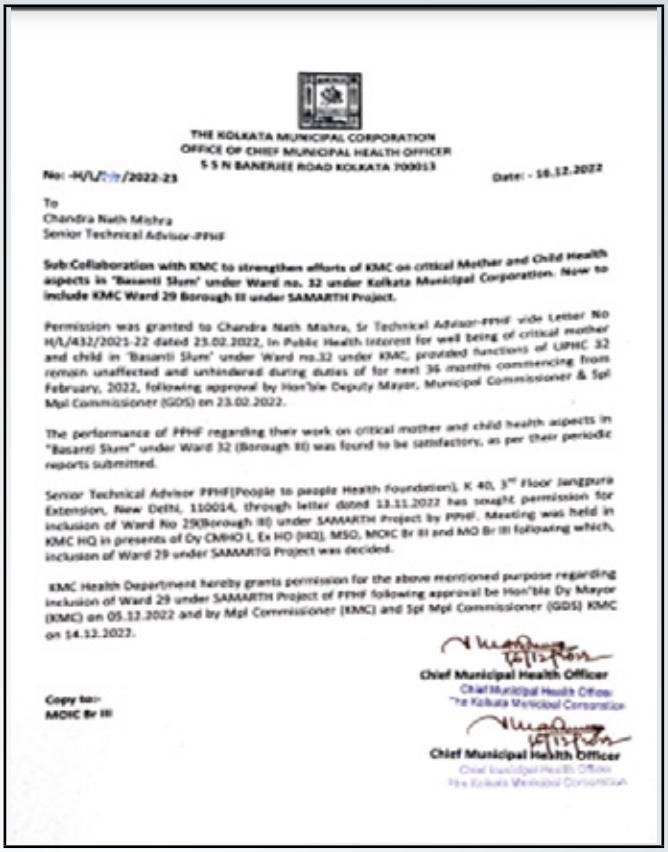
A total of 25 pregnant mothers were screened through MUAC tape in this quarter. It was noticed that 1 mother was below 18 years. They were also identified as high risk due to early pregnancy. Nearly 2 pregnant mothers were identified with Mid-upper- arm circumference (MUAC) measurement of less than 23 cm.

Total Reach in this quarter through different activities:

Pregnant Mothers	137
Lactating Mothers	183
Children 0 to 5 years	1415
Total	**1735**

Quarterly sharing meetings with stakeholders

- Quarterly sharing meeting with KMC front-line health workers in the presence of Medical Officer Dr. Saurav Basu and the SAMARTH project team were called and the occasion was used to update our work and findings as well as to plan jointly on identified issues and problems. KMC Ward Senior Health team also detailed out their monthly activities, learnings and challenges with the entire health team of the Ward 32 and with PPHF's SAMARTH Project team. The Medical Officer of the ward, ANM, HHW, ASHA, and FLW are present in the meeting. Each of the functionaries have individual roles in health and nutrition services at ward level. Better coordinated efforts of ANM, HHW, FLW with the SAMARTH team at field level are coming very effective in terms of planning, implementation, and delivery of services. In this quarter one meeting was held from Ward Health Unit where the SAMARTH Project team was invited and actively participated.
- The rest of the meetings on project update were held with the Medical Officer in charge Borough-III Dr. Sonia Majumder, DPO-ICDS Mr. Partha Basu, CDPO & Supervisor of Beliaghata and Battala Project.
- The detailed discussion was done with Dr. Ranita Sengupta, Deputy Chief Medical Health Officer & State Public Information Officer regarding the inclusion of Ward 29 as suggested by KMC. After that, we submitted the formal request letter for getting the approval, and thereafter did several follow ups with the senior health officials at KMC Health HQ. As an outcome, we got the final approval from Ward - 29 from KMC Health HQ.



THE KOLKATA MUNICIPAL CORPORATION
OFFICE OF CHIEF MUNICIPAL HEALTH OFFICER
5 S N BANERJEE ROAD KOLKATA 700013

No: -H/U/[illegible]/2022-23 Date: - 16.12.2022

To
Chandra Nath Mishra
Senior Technical Advisor-PPHF

Sub:Collaboration with KMC to strengthen efforts of KMC on critical Mother and Child Health aspects in "Basanti Slum" under Ward no. 32 under Kolkata Municipal Corporation. Now to include KMC Ward 29 Borough III under SAMARTH Project.

Permission was granted to Chandra Nath Mishra, Sr Technical Advisor-PPHF vide Letter No H/L/432/2021-22 dated 23.02.2022, in Public Health interest for well being of critical mother and child in 'Basanti Slum' under Ward no.32 under KMC, provided functions of UPHC 32 remain unaffected and unhindered during duties of for next 36 months commencing from February, 2022, following approval by Hon'ble Deputy Mayor, Municipal Commissioner & Spl Mpl Commissioner (GDS) on 23.02.2022.

The performance of PPHF regarding their work on critical mother and child health aspects in "Basanti Slum" under Ward 32 (Borough III) was found to be satisfactory, as per their periodic reports submitted.

Senior Technical Advisor PPHF(People to people Health Foundation), K 40, 3rd Floor Jangpura Extension, New Delhi, 110014, through letter dated 13.11.2022 has sought permission for inclusion of Ward No 29(Borough III) under SAMARTH Project by PPHF. Meeting was held in KMC HQ in presents of Dy CMHO I, Ex HO (HQ), MSO, MOIC Br III and MO Br III following which, inclusion of Ward 29 under SAMARTG Project was decided.

KMC Health Department hereby grants permission for the above mentioned purpose regarding inclusion of Ward 29 under SAMARTH Project of PPHF following approval be Hon'ble Dy Mayor (KMC) on 05.12.2022 and by Mpl Commissioner (KMC) and Spl Mpl Commissioner (GDS) KMC on 14.12.2022.

Chief Municipal Health Officer
Chief Municipal Health Officer
The Kolkata Municipal Corporation

Copy to:-
MOIC Br III

Chief Municipal Health Officer
Chief Municipal Health Officer
The Kolkata Municipal Corporation

- Detailed planning meeting was held with Dr. Tapapriya Mazumder, Executive Health Officer (HQ) and Dr. Amitava Chakraborty, Municipal Surveillance Officer of Kolkata Municipal Corporation Health Department on join initiative for the Dengue campaign.

Learning and experience from the fourth quarter

- Linking with existing services are a motivating factor for the community
- Training of frontline health workers is effective.
- Mass awareness campaign with joint collaboration of KMC is most impactful.
- The street play on Pneumonia Awareness was captivating and had a huge impact on the community.
- Regular interaction and sharing updates with KMC Health and the Directorate of Social Welfare is giving us a mileage to start the identification of the targeted group in the new area of Ward 29. The KMC health workers are helping to identify the area and providing field-level support.
- Migration factor is now coming up prominently when we are doing the follow up at household level. Within the vulnerable slums population, there are three types of settlements, one is who are well settled and residing there for long time, another who are not well settled but residing there for few years and the other who are neither well settled nor residing for a considerable time and this group frequently moves from one locality to another locality to meet their day to day needs as well as due to other socio-political or socio-economic challenges. And, this group is most vulnerable in terms of their health status. Hence, as project level, it is also challenging for us to identify those families at repeated intervals. As per our experience, this kind of families need more health attention but also challenging at project level to track them for a long duration.

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

Disclaimer

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