Project supported by
Cognizant Foundation

SAMARTH Project
To Improve the health and well-being of urban poor women and children

PPHF
PEOPLE TO PEOPLE HEALTH FOUNDATION

Quarterly Report
Jan to Mar 2023

Table of Contents

1. Background of the project 03
2. Objectives 03
3. Key Highlights of the Quarter 03
4. Outcome of the clinical test done at Swasthya Mela 06
5. Celebration of National Girl Child Day 08
6. Handhold support to the AWWs on the stadiometer and infantometer 11
7. Screening of the children (0-5 years) 12
8. Screening of the pregnant mothers 13
9. Development of video illustration 15
10. Total new reach in this quarter through different activities 16
11. Learning and experience from fifth quarter 17

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, 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 for a greater proportion of the population. From the provider's side, it is an enormous challenge to provide health care for such a huge population. Also, there is an imbalance in focus on curative care, and negligence in preventive and primitive care. There is an overemphasis 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 increased pace of urbanization and increasing number of urban slums with little access to healthcare facilities to cater the essential living needs of the urban population.

Objectives

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

Implementation arena: 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 (0-5years)

Secondary beneficiaries: Family members and community

Key Highlights of this quarter

- House listing in ward 29 for new identification of the targeted group.

- Organization of "Swasthya Mela" in ward 32 and ward 29
- Celebration of National Girl's Child Day.
- Home visits for Women in the reproductive age group (15-49 years) and children (0-5 years) and awareness sessions with AWWs and HHWs.
- Group session with the care givers on Infant and Young Child Feeding (IYCF), pneumonia prevention and it's home-based care & management.
- Quarterly meeting with stakeholders.
- Data entry and uploading by using SAMARTH Digital Application
- Screening of the children and pregnant mother
- Joint field visit by CF and PPHF team including interaction with stakeholders in project area and KMC HQ

1. Identification of targeted group in Ward 29

Ward No. 29 is the nearby area of ward 32, under Borough III. It is bordered on the north by Satin Sen Sarani, Upendra Chandra Banerjee Road, Sastitala Road and Narkeldanga North Road; on the east by C.I.T. Road and Upendra Banerjee Road; on the south by Dhyan Debi Khanna Road and Motilal Sen Lane; and on the west by the Circular Canal. There are nearly 14 slum lanes. It is adjacent to the Basanti colony and approximate distance is 1km.
4541 targeted groups have been identified from slum lanes in Ward-29 through house listing in the 5th quarter.

2. Community level awareness and IEC campaigns

2.1 Swasthya Mela: A mass awareness campaign:

A *Swasthya Mela*, or Health Mela, was organized for women, children, and adolescent girls in the Ward 29 and 32 under Borough III in collaboration with Kolkata Municipal Corporation, ICDS, District Family Welfare Office and local

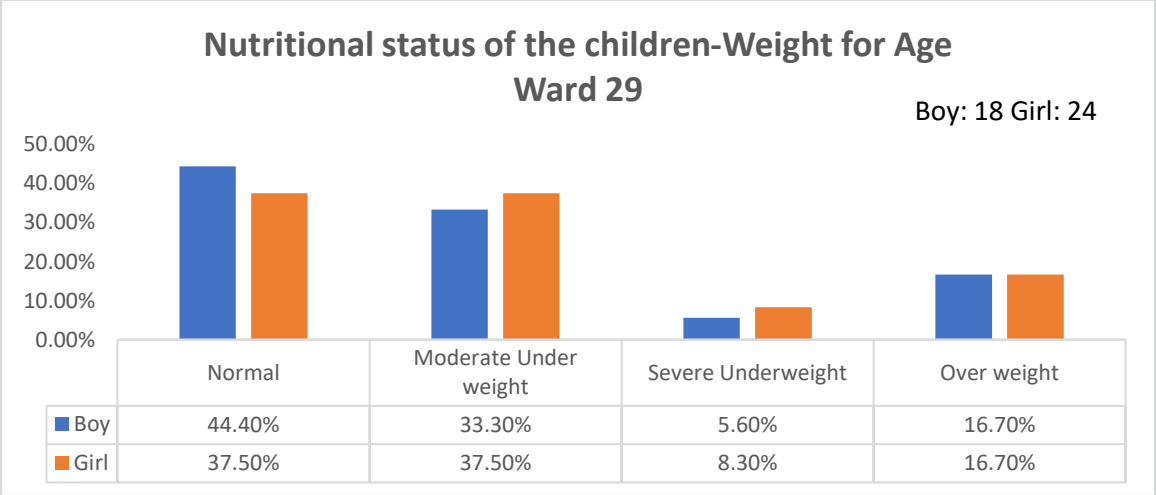

administration. The event was also supported by All India Institute of Hygiene and Public Health. Service providers from different Govt. departments jointly delivered the basic health and related service in that Health Mela. There were separate stalls in the Swasthya Mela for Health screening, spot blood pressure and blood sugar check-ups, Hb level testing with facility of instant pathological test report. Apart from that, there were nutritional counseling: height-weight measurement and other nutritional counseling to maintain good nutritional status. The mothers and children were checked up by the doctor and case specific medicine was given by KMC. The nutritionists of All India Institute of Hygiene and Public Health counseled the mothers in one-to-one basis based on clinical and anthropometric result. There was a demonstration on low-cost nutritious foods including the recipes of the foods cooked by the mothers of the children. Demonstration on WASH practices was facilitated by the technical expert on WASH from PPHF. The target group was pregnant, lactating mothers, children 0-5 years and adolescent girls. The awareness of the overall beneficiaries was facilitated through quiz, games, puppet show which enthralled the audience with its humour-laced messages on health, nutrition and WASH. Total 425 participants were reached through this health fair. 175 mothers and children were screened, checked by doctor and counseled by nutritionists.

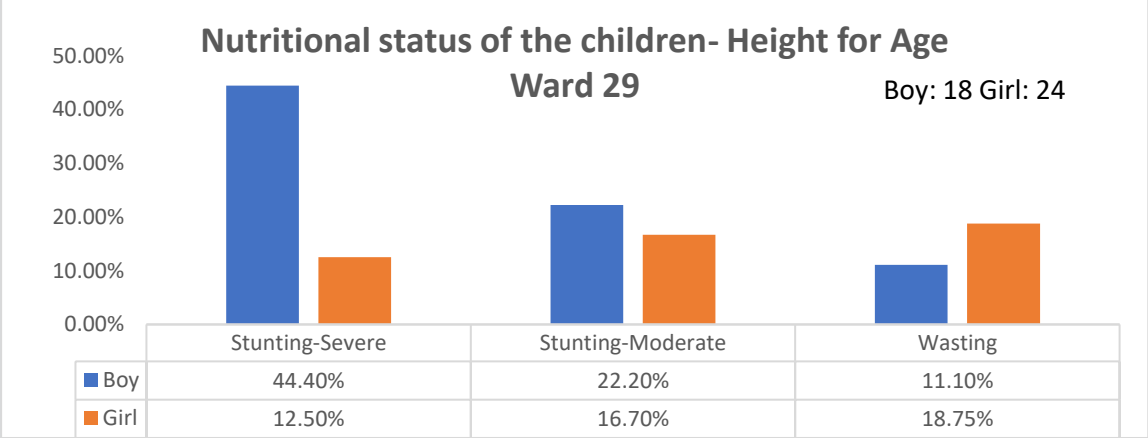
120 mothers' data were analyzed and it has been seen that 48% mother's hemoglobin was less than 11g/dl, 19% mothers were prone to diabetes and 58% mothers were suffering from low blood pressure. 125 (67 boys, 58 girls) children's

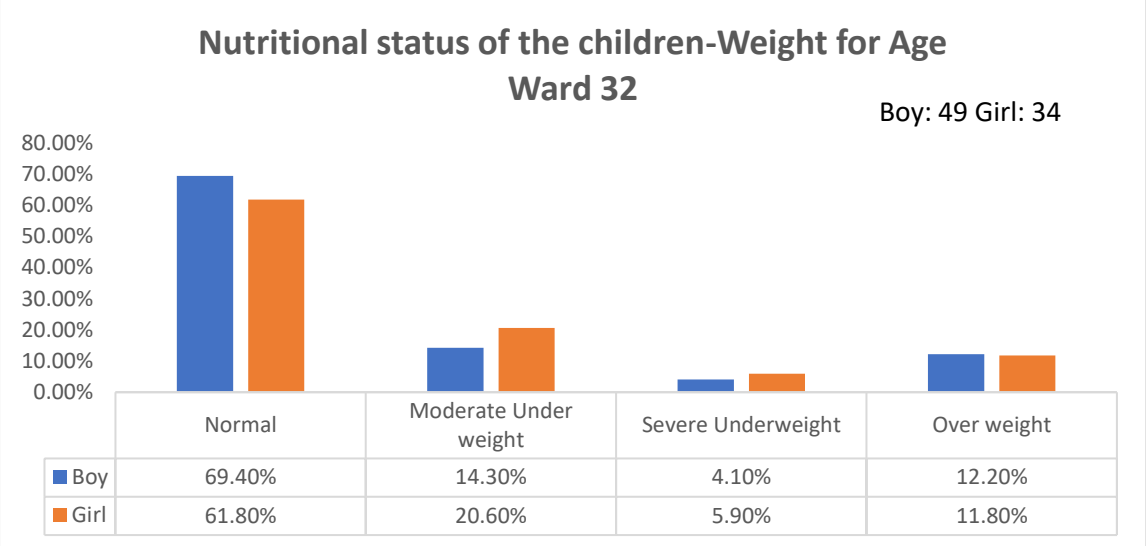
data were analyzed and the result showed that among boys, 24% were moderate underweight, 5% were severe underweight, 12.5% were severe stunted, 16.7% were moderate stunted and 18.7% were wasted. Among the girls, 29% were moderately underweight, 7.1% were severely underweight, 24% were stunted severely, 20% were stunted moderately and 11.5% were wasted. Severe underweight and severe & moderate stunted is higher among girls than boys whereas wasted is higher among boys than girls. The observations were shared with medical officer (MO) of ward 32 and the supervisors of the ICDS. The MO of ward 32 informed that UPHC will supply IFA for the mothers whose Hb level is very low and HHW/ASHA and Community Mobilizers will do the follow up.

Outcome of the clinical test done at Swasthya Mela:

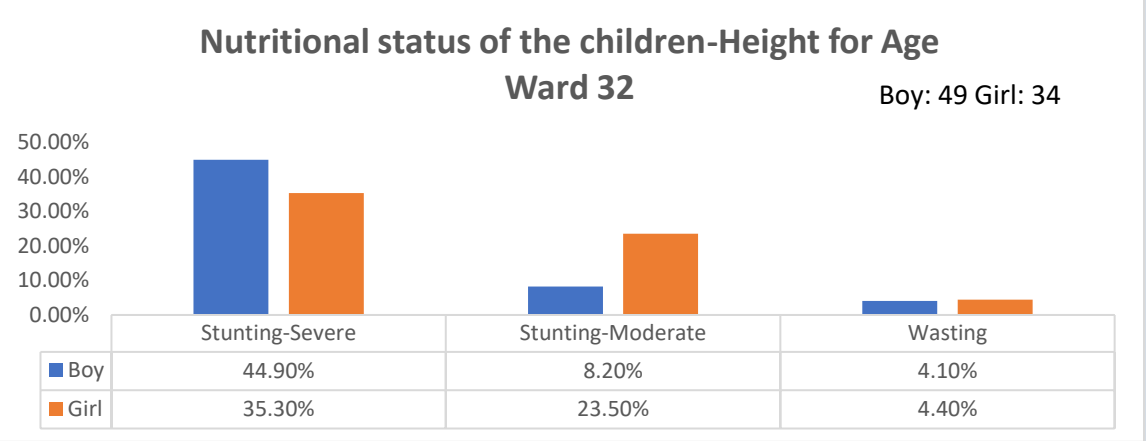
Ward 29				**Ward T**			
Total Mothers	Low Blood Pressure	Blood Glucose (140-199mg/dl)	Hb >11g/dl	Total Mothers	Low Blood Pressure	Blood Glucose (140-199mg/dl)	Hb >11g/dl
32	56.25%	21.80%	28.10%	88	60.23%	4.55%	67.05%







	Normal	Moderate Under weight	Severe Underweight	Over weight
Boy	69.40%	14.30%	4.10%	12.20%
Girl	61.80%	20.60%	5.90%	11.80%



	Stunting-Severe	Stunting-Moderate	Wasting
Boy	44.90%	8.20%	4.10%
Girl	35.30%	23.50%	4.40%

(Stunting: low height for age Wasting: low weight for height)

Swasthya Mela was a good way to create awareness on various diseases, nutrition factors, WASH and personal hygiene and different Govt. schemes etc. It provided health education, early diagnosis, free health care services in one go in one point. The mela, which was focused on catering to different kinds of needs of pregnant and lactating mothers and children up to the age of 5 years, was successful in addressing a range of important problems in their lives. Their health problems were identified (through spot blood Hb% and Blood Sugar level detection test) and doctors advised them accordingly. Nutritionist suggested the need of the nutritional food according to the problem identified and locally available low-cost foods were displayed so that the beneficiaries come to know about the important ingredients for tasty and nutritional food and the process of preparing such foods. In addition to that, demonstration of healthy practices also sensitized the community about important personal hygiene habits. Another important component was the presence of different service providers including ICDS, DFWO and KMC at one place. It helped the

community people to know about different kinds of services at one place. This mela provided a single window approach for the community, as they were open to a range of services which were crucial in their life. Women and Child Health are dependent on different factors including lack of awareness on heath, hygiene and nutrition issues, lack of importance on women health, lack of accessibility to different existing services and one factor contribute to another creating a vicious cycle. We tried to break this vicious cycle through that Swasthya Mela by creating energy among the beneficiaries through advice, blood test participatory games and in developing synergy among different government institutions and service providers where they got a chance to interact with each other and the beneficiaries came to know them in person which created a different kind of confidence within themselves.

2.2 Celebration of National Girl Child Day:

National Girl Child Day was celebrated on 24 January in India to spread awareness about the rights of girls and to highlight the inequalities that they face in their day-to-day life. The day was observed in the Mela premises as there was huge gathering of the community and stakeholders. The counselors of Adolescent Friendly Clinic under District Family Welfare Office counseled the adolescent girls and while counselling the girls said that majority of the adolescent girls are suffering from reproductive tract infections and depression. Uncontrolled use of social media causes a different type of issues like faulty feeding habits, indiscipline lifestyle, addictions, affairs with multiple partners, illegal abortion, early marriage causing different types of sufferings during adolescent period including the health hazards. The purpose of celebrating the National Girl Child Day was to spread awareness about the inequalities faced by

girls in Indian society and to promote awareness about the rights of the girl child and the importance of female education, health, and nutrition. A pledge was taken by all the visitors to that camp on healthy habits, a healthy future, equal rights and entitlements for all girl children.

3.1 Group session with the caregivers on Infant and Young Child Feeding (IYCF)

The mothers of 6 months to 2 years were mobilized to attend the meeting on IYCF at Anganwadi Centers. During several visits and interactions with mothers, it was noticed that mothers need clear ideas on Adequate nutrition during infancy and early childhood which is essential to ensure the growth, health, and development of children to their full potential. The first two years of life provide a critical window of opportunity for ensuring children's appropriate growth and development through optimal feeding.

Mothers are counseled on the following key messages:

- Starting from about 6 months, babies need other foods in addition to breast milk.
- Continue breastfeeding baby on demand both day and night.
- Breast milk continues to be the most important part of a baby's diet.
- Breastfeed the baby first before giving it to other foods.
- When giving complementary foods, need to think about right frequency, amount, thickness, variety, active/ responsive feeding, and hygiene.

Through this counselling session, 51 mothers were counselled towards building up of good feeding habits and practices. This kind of initiative would support in getting healthy child with right health behaviour by the caregivers. The project MIS shows that 77% new-born child-initiated breast milk within half an hour of birth. 50.8% of children (6-23 months) received adequate diet. So, it is clear that repeated counselling is required on early initiation of breast milk and

consumption of balanced, nutritious & diversified diet.

4.2 Group session with the caregivers on Pneumonia and its home-based management

During winter season, there are high chances of children getting infected by the said disease; therefore, it was necessary to create awareness among the care givers on the prevention of pneumonia and home-based management of pneumonia. 48 Mothers were oriented on how to use and how to read thermometers to measure fever and discussions were also made 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. 23 mothers reported that their child was suffering from fever after measuring by the digital thermometer. They were referred to UPHC for treatment.

4.3 Group session with the care givers on teenage married girl on adverse effect of early pregnancy

In ward 32 early marriage and repeated abortion is very common. Adolescent girls often get married before 18 years. The teenage married girls were oriented on the adverse effect of early pregnancy with the help of ANM and HHW. Total 78 teenage mothers were identified through home visits and were oriented on the following risks associated with teenage pregnancy:

- Pregnancy and childbirth carry more risks to adolescents than to adults because the adolescent girl is not yet physically and emotionally mature for motherhood. The risks are high throughout the antenatal period, labour, childbirth, and the postpartum period.
- Anaemia is very common in pregnant women and is more common in adolescents. Health problems – difficult on girls' bodies especially if the

pregnant girls have not achieved their own growth. The growing baby needs a lot of energy and nutrients, which it will take from the pregnant girl even if she herself needs them.

- Babies born to adolescent mothers have a higher risk of being of low birth weight and born prematurely. This makes them predisposed to higher morbidity and mortality.
- Pregnancy and the responsibility of child rearing could reduce the ability of the girl to continue with her education and with exploring employment opportunities. Both girls and boys may not have the opportunity to finish school, thus putting them at a disadvantage.
- There is higher risk of the woman death due to pregnancy related causes if pregnancy occurs in young age. The risk is 3 - 5 times for a woman below 15 years than in a woman of more than 20 years.

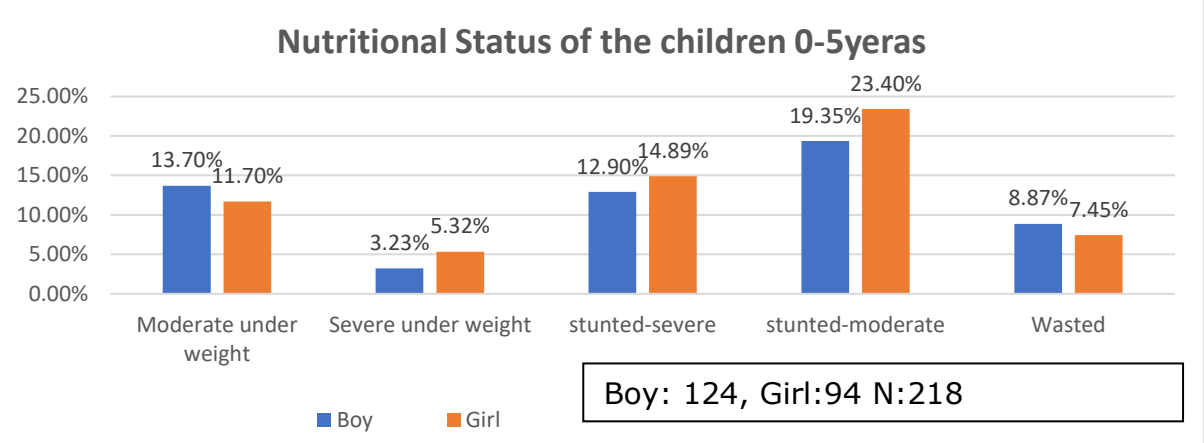
Handhold support to the AWWs on the stadiometer and infantometer

In ward 32 there are 10 AWCs in the project intervention location but there is no infantometer and stadiometer available to measure height. The workers mainly use measuring tapes. But as per POSHAN guideline, the height should be measured by an infantometer and stadiometer to minimize the error. Considering this, Infantometer and the stadiometer were procured from Samarth Project for some selected Anganwadi Centers. The instruments were handed over to ICDS for use and the club authority took up the responsibility for its maintenance and security. The team was oriented first and then the AWWs were oriented on the use of the stadiometer and infantometer. Now the AWWs are not using measuring tape to measure the height. It was said that these technical tools will reduce the error in the measurement. 10 infantometers and stadiometers were installed in 10 AWCs in ward 32.

Screening of the children (0-5 years)

218 children (Boy: 124, Girl: 94) were screened at Anganwadi Workers. It was found that severe underweight, severe stunted and wasted were higher among girls than boys. The Mid Upper Circumference (MUAC) was measured by Field Mobilizers for 188 children (Boy: 84, Girl: 104). Only 1 SAM child was identified and referred to Nutrition Rehabilitation Center and 1 MAM child

was identified. The SAM and MAM children are now taking supplementary nutrition from AWC. AWW and field supervisors jointly visited their house and encouraged them to attend the mother's meeting. All the measurements related to height and weight were taken from secondary data sources except MUAC measurement. 17 underweight children were ensured regular intake of Supplementary Nutrition from AWC.



Indicator of nutritional status	Boy	Girl
Total screened	124	94
Moderate under weight	13.70%	11.70%
Severe under weight	3.23%	5.32%
Normal weight	83.06%	82.98%
stunted-severe	12.90%	14.89%
stunted-moderate	19.35%	23.40%
Wasted	8.87%	7.45%

	Boy	Girl
Total MUAC measured	84	104
MAM	0	1
SAM	1	0
Normal	83	103

Project MIS shows that total number of institution deliveries was 22 and among them 17 new borns (77%) were breastfed within one hour of birth. 7 newborns out of 22 were born with low birth weight (31%). The number of children fully immunized (9-11 months) in this month was 20. UPHC has not tracked any data on

immunization coverage for the last two months as the MRVC campaign was going on in drive mode.

Screening of the pregnant mothers

In ward 32 the field mobilizers identified 84 pregnant mothers in the last three months and all of them were registered at UPHC. Four among them were mobilized by field mobilizers to get registered within first trimester. 21 mothers were identified as eligible for 4 ANC and among them 21 mothers completed 4 ANC in nearby Government Hospitals. 51 pregnant mothers were tested for GDM and 1 was tested positive. The mother was referred to a nearby Government hospital for further treatment. The field mobilizer is now continuing counseling on food habits and adverse effect of GDM on mothers and children. In the current month we have identified 19 new pregnant mothers in ward 32 and their hemoglobin got tested. 12 mothers out of 19 (63%) were reported with low hemoglobin rate (>11g/dl). The secondary data shows that 60 out of 84 pregnant women (70%) received IFA tablets but the consumption rate is very low. 7 new pregnant mothers out of 19 were newly registered at AWC within their first trimester and now they are receiving supplementary nutrition from AWC. A total of 45 mothers out of 84 were already registered at AWC but the remaining were not as they were not residing under ICDS coverage area population. Total 45 mothers were screened with MUAC tape and 7 pregnant women were identified whose MUAC measurement were less than 23cm. This information was shared with HHW and AWW and separate counseling and monthly monitoring and screening were ensured.

3. Referral and linkage

3 children were identified with the symptoms of Diarrhea and treated with ORS and Zinc by the help of HHW. 23 children were identified with the symptoms of cold and cough and referred to UPHC for treatment. The list was shared to HHW for further follow-up. 6 pregnant mothers and 10 children were referred to UPHC for upgraded health facilities. The danger sign was observed among them during home visit with HHW. The field mobilizers issued the referral slip so that referral record can be tracked. 7 new pregnant mothers are now linked with ICDS for getting regular services from ICDS. Duelist for MRVC was prepared and shared to MO for 60 children through home visit and they got vaccinated.

Activities	Purpose	Reach
Input level		
Home Visit	To monitor the pregnant mothers for follow up the ANC, to find out the danger signs & daily diet practices. To observe the newborn care and counsel for	2421

	exclusive breastfeeding and PNC healthcare needs and social support services. To inform mothers for growth monitoring and immunization of children less than 5 years and carry out immunization for defaulters. To prepare the due list of MRVC assigned by MO To identify teenage couple assigned by MO 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 with the services.	
Mothers Meeting	To aware mothers on IYCF, Common seasonal illnesses. To distribute the IYCF Kit among the mothers of 6month to 2years To aware teenage married girl on adverse effect of early pregnancy To strengthen the linkage with AWW and HWW by organizing the meeting jointly.	177
Screening for children and pregnant mothers	To identify the nutritional status and the clinical status of the targeted groups through Swasthya Mela To identify the nutritional status of the targeted groups through regular activities.	438
Out come Level		
Linking with the services	Linked with UPHC for early registration within 1st trimester	6
	Linked with UPHC for immunization (9-11months)	20
	Linked with UPHC for MRVC	60
	Linked with ICDS to get the services	7
Referral cases	Linked with services	109

Joint visit with AWW

Participation in RI camp with ANM, ASHA

Data entry and uploading by using SAMARTH Digital Application

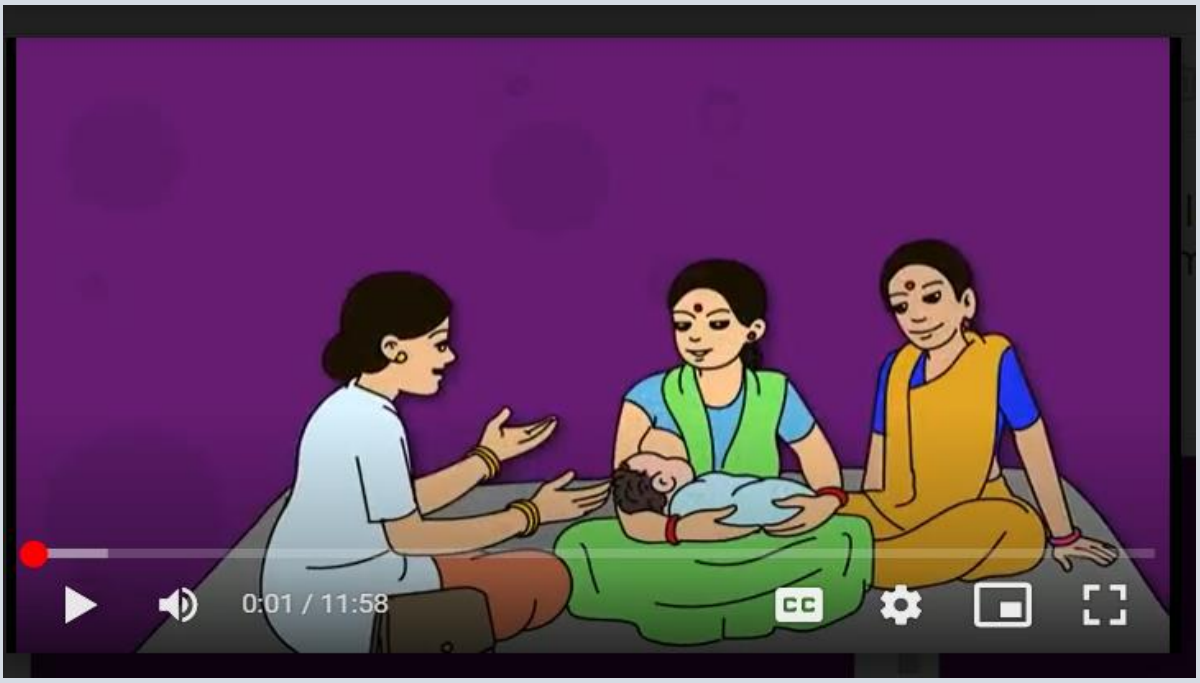
A few insightful learning modules and videos has been uploaded in the application to have a clear understanding on home-based care for young child, nutrition, hand wash etc. It helps field mobilizers and frontline health workers to demonstrate the things visibly to make community aware of the things very easily. At present the field mobilizers are using this digital application and feed the data of individual target groups.

Development of video illustration

8 sessions of an existing MAA training module for front line health workers were being digitalized in form of a video with motion graphics, illustrations and a Voice Over. The content is developing in Bengali language. The videos will be updated in the digital App where the user can easily go through it according to their need. It will help to conduct both e-learning and face to-face trainings to build up

technical capacity.

Total new reach in this quarter through different activities



Learning and experience from fifth quarter

- Counseling and demonstration of low-cost nutritious food items were very motivating to pregnant women and mothers to adopt ideal foods in their daily food items.
- Home visits were effective for family counseling and engaging family members.
- Regular interaction and sharing the updates with Ward level KMC Health and ICDS give us extra mileage for joint health initiatives at field level.
- Screening camps were very effective in identifying and linking high-risk cases with health facilities.
- The referral and linkage mechanism initiated by Samarth Project proved to be a good strategy through Referral Slip
- Mass awareness campaigns and Swasthya Mela proved to be effective to motivate the community for getting health services and follow health-seeking behaviors including hand wash.

ABOUT PPHF

We are a global health non-profit organization working towards transforming lives for improved health and well-being through locally-driven solutions. We have worked in more than 20 states of India with an aim to build the skills of healthcare providers, strengthen management capacity and help create sustainable systems to improve access to quality health services.

We work closely with communities and key actors on sustainable solutions for public health challenges:

- Non-Communicable Diseases
- Women, Adolescent and Child health
- Nutrition
- Infectious diseases
- Environmental Health
- Emergency Health and Disaster Response

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. Drawing on our experiences and recognizing the unique needs of each region in India, we work in partnership with key stakeholders to design and deliver targeted responses.

Contributor

People To People Health Foundation

Disclaimer

Contact us

People to People Health Foundation

K-40, Third Floor, Jangpura Extension, New Delhi 110014
Phone: 011-35121441 | Mobile: +91 98719 50708
E-mail: connect@pphfglobal.org | Web.: www.pphfglobal.org

PPHF
PEOPLE TO PEOPLE HEALTH FOUNDATION