Community Based
Maternal Child Health & Nutrition (MCHN) Project
AGRA EXPERIENCE

Prof. Deoki Nandan,
Doctor Honoris Causa-Odessa State Medical University
MD, FAMS, FIAPSM, FIPHA, FISCD
DIRECTOR, NIHFW
Dilemma of Ongoing Programmes

- All programmes are area based, but they fail to actually reach the households.
- Wide gap between demand and supply.
- Community does not realize their needs, rights and responsibilities.
- Community is not satisfied with the services.
- More emphasis has been given to medical causes of morbidity/mortality but other causes including the underlying social causes have not been considered.
Experiences

- Community in villages resides in different socio-religious clusters and Intra cluster communication is better than inter cluster communication.
- In every such cluster there are already 2-3 socially active women who are recognized in their respective clusters and who know pulse of their communities.
- These women are respected and their advice is sought at times of joy and sorrow.
- These women can act as influencers at cluster community level and can bridge the existing gap in reaching the households.
Experiences (contd.)

- These socially active women can be identified and trained on issues related to maternal child health and nutrition.
- They can then influence the families belonging to their respective caste communities through initiating Behaviour Change Communication.
- This approach named as Cluster Community Approach has been utilized in community based MCHN Project.
Conceptualization of District Action Plan

State level consultation meetings

District Multi Sectoral Orientation & Planning Workshop

District Implementation
Project Area

Agra

2 Blocks

Bichpuri

Fatepur Sikri

Each block divided into 4 clusters

Each cluster divided into sub-clusters

Comprising of 3-4 subscenters

All villages within the sub-sector (152 villages)
Process

- BASELINE SITUATION ANALYSIS, FGD’S IN COMMUNITY
- LISTING OF PRADHANS/AWWs/ANMs/MSs/VDOs
- VILLAGE & CLUSTER MAPPING, RESOURCE MAPPING
- PRE-TEST OF MIS FORMAT
- SELECTION OF BPMs BY BTM & AWW/ANM/PRADHAN
- LISTING OF PRADHANs/AWWs/ANMs/MSs/VDOs
- VILLAGE & CLUSTER MAPPING, RESOURCE MAPPING
- BASELINE SITUATION ANALYSIS, FGD’S IN COMMUNITY
- FINALIZATION OF DISTRICT ACTION PLAN
- TRAINING OF TRAINERS
- BLOCK LEVEL TRAINING
- SECTOR LEVEL TRAINING
- BPM TRAINING
- FOLLOW UP MEETINGS
- SOCIAL AUDIT
- REPEAT ASSESSMENT
“At Risk” Families

- Newly weds (Adolescents)
- Pregnant women
- Lactating women
- Severely malnourished children < 5 years
- Children < 2 years

Life Cycle Approach
Multi Sectoral Coordination

- MCHN PROJECT
- CAPACITY OF STATE BASED INSTITUTIONS (MEDICAL COLLEGES)
- HEALTH
- BAL PARIVAR MITRA
  - COMMUNITY DEMAND & BEHAVIOURAL CHANGES
- SERVICES
  - INFANT/ CHILD/ MATERNAL CARE
- ICDS
- PRI
- STATE FW DISTRICT CMOs
- WESS
Convergence at grass root level

Village Health Welfare Committee

BTM

AWW

ANM

BPM

Target Households

Village Panchayat Gram Vikas Adhikari
Identification of BPMs

- Social mapping (village, resource & cluster) was done in all the villages to identify various socio-religious clusters within the villages.

- PLA activity was conducted in villages with AWW, ANM & PRI members of the respective villages.

- Within each cluster, discussions were done with local leaders/opinion makers.

- Socially active women who are well recognized in their respective cluster communities were identified.
Social Mapping

Process (contd.)
Identification of Bal Parivar Mitra

- The list of identified women was shared with members of ICDS/Health/PRI and necessary additions were made.
- These women were named as Bal Parivar Mitra.
- Availability of time, interest and commitment was ascertained from BPMs’ and were clearly informed that they are volunteer workers and would not receive any honorarium.
- These BPMs’ acted as change agents for dissemination of information to the households.
Community Based Monitoring System

- Pictorial MIS Format has been developed as community based MIS and for reporting from BPMs.

- This MIS format has been so designed that it could be understood and filled even by illiterate women.

- These formats were filled by each BPM on monthly basis and were collected during the quarterly follow up meeting (for 3 months)

- Filled formats were computerized in form of database and were analyzed periodically for assessment and monitoring the activities undertaken by BPMs'.
बाल परिवार मित्र (सीएएएनएसएम) के लिए गांव बलास्टर-रतर का मासिक फार्मेंट ए
प्रस्तुत बाल परिवार मित्र के अंतर्गत आने वाले परिवारों के लिए संकलित बांटा

माह ............. गांव ............ बाल परिवार मित्र का नाम ............. बालमित्र के अंतर्गत आने वाले परिवार ..........

0-6 माह के

नव विवाहित

पाचनाद गर्म जंगलों की संख्या

जिनकी पाचनां की माही

जिन्होंने पंजीकरण कराया

गर्मचत महिला

सलाह: आइएएए लेने की

जिन्होंने आईएएए लिया

सलाह: टीकी का टीका

लगाने की

जिन्होंने खाए दिया

सलाह: एक अतिरिक्त आहार

लेने की

जो अतिरिक्त आहार लेती है

सलाह: दिन में दो भागे

आहार करने की

जो आहार करती है

सलाह: सुरक्षित प्रसव की

सलाह: दी

जिन्होंने सुरक्षित प्रसव कराया

नवजात शिशु

कुछ जाने बचे (जोड़ियो जल्द)

सलाह: जंगल का (0-7 दिन में)

पंजीकरन करने की और पू.एड.एम./आर्मेनियाइ के लिए आहार द्वारा बयान

जिन्होंने नवजात बचे का पंजीकरण कराया
| नवजात शिशु | सलाह: 1) नवजात को नहसून के से 2) गरम रखने की, 3) नहसून की | जिल्ली महान अभ्यास कर रही है। |
| 24 महं | सलाह: समय पर उपचुक पशु पशुकी आहार देने की | जिल्ली महान अभ्यास कर रही है। |
| 24 महं | सलाह: पत्थर का माता मे दिन में कम से कम 5 बार आहार देने की | जिल्ली महान अभ्यास कर रही है। |
| 24 महं | सलाह: विटामीन A का थोल देने की | जिल्ली महान अभ्यास कर रही है। |
| 24 महं | सलाह: खाने के दिन के सहित पूर्ण टीकाकरण की | जिल्ली महान अभ्यास कर रही है। |
| समयरूप से सुसंगठित करें चिकित्सक्ष रहेने की गई | सलाह: 1. साक्षरता से आहार देना 2. एप्स्टक्क दे पाने के लिए | जिल्ली महान अभ्यास कर रही है। |
| ओआरएस | क्योंकि चिकित्सक्क दे दिन | जितने ओआरएस घरेलू खाने का उपयोग किया |
| परिवार | जिम पत्थर के पाने देते देते शेल्फांदरी शेखराबाद | जितने पत्थरों ने उपयोग किया |
| परिवार | सलाह: आयोपीन युक्त नम्बर के उपयोग की | जो आयोपीनयुक्त नम्बर का उपयोग कर रहे हैं |
| परिवार | सलाह: जल के भंडारण और उपयोग संबंधी | जो परिवार अभ्यास कर रहे हैं |
Initiation of Social Audit

- Social Audit has been initiated at the community level wherein community members themselves assess their problems.
- Social Audit is carried out with the help of - Triple ‘A’ Approach i.e. Assessment – Analysis - Action
- Social Audit aims to recognize the Social Delays underlying maternal and child mortality
- Social Audit for community action undertaken for –
  - Events i.e, morbidity, mortality, marriages and births
  - Services i.e those provided, that should be provided and existing gaps
Social Audit for Community Action can...

- Be helpful in reducing the social delays associated with morbidity/mortality i.e.
  - Delay in recognition of seriousness of the problem
  - Delay in taking decision to seek appropriate care
  - Delay in arranging transport & money
  - Delay in receiving care at the health facility
- Lead to demand generation for health and nutrition related services
- Lead to improvement in nutrition, health, water & sanitation practices at household level
- Lead to improvement in quality of services delivered at community level
Outcome of Social Audit

- Community is enabled to analyze the underlying social causes for malnutrition and infant & maternal mortality and has initiated action at family/community level.
- Community members have started asking for the delivery of services (Demand Generation).
- Discussions between the community, service providers and other stake holders including elected representatives of PRI have been initiated.
- There has been adoption of good practices at the community level therewith improving their health status.
- Health & Welfare Committee of PRI have become functional and have started undertaking activities for community upliftment.
Results achieved

Exclusive breastfeeding:
Baseline assessment: 0.8
Repeat assessment: 18.4

Complementary feeding:
Baseline assessment: 3.9
Repeat assessment: 71.1

BCG vaccination:
Baseline assessment: 9.7
Repeat assessment: 82.1

Availability of ORS:
Baseline assessment: 29.3
Repeat assessment: 45.4

Feeding during diarrhoea:
Baseline assessment: 32.1
Repeat assessment: 75.4

Feeding during ARIs:
Baseline assessment: 57.1
Repeat assessment: 97.1

Adding ghee/oil to feed:
Baseline assessment: 2.1
Repeat assessment: 71.1
Results achieved

- Normal nourished
- Mild malnutrition
- Moderate malnutrition
- Severe malnutrition

Baseline assessment
Repeat assessment
Impact

- The cluster community approach has emerged as an effective, replicable and sustainable approach for improving health status of rural community.
- BPMs’ have been successful in bringing about the behavioral changes among the households and have led to the adoption of best practices regarding health and nutrition.
- Social Audits have particularly been an effective tool in empowering communities to assess & counteract the social delays underlying mortality and morbidity among women and children.
ग्रामीण महिलाएं हुई स्वास्थ्य के लिए सचेत
बाल परिवार मित्र ने बदला महिलाओं का नजरिया
बैगनी रंग न दिखा तो भिड़ गईं
ग्रामीण महिलाएं भी करने लगी आयोजन टेस्टिंग, बहुत जरूरी है यह

13-11-09
अमा प्रकाशा खुर्दी
Lessons learnt

- Sustained solutions to the community problems come from community itself as it gives due emphasis to their social dynamics.

- For success of any community based programme it is essential to ensure the participation of each and every community member in the problem solving process including planning and implementation.

- Cluster community approach i.e. women from the communities can initiate and sustain behaviour change communication in their respective clusters.