TANDURASTI NO KALARAV

PEADIATRICIAN CAMPS IN ASSOCIATION WITH ICDS- Round I

11/21/2014

MICROLEVEL INTERVENTION UNDER GHC PROJECT BY HELPAGE AND CEDRA

SUMITTED

TO

CAIRN INDIA LIMITED

WE FUEL AMAZING

HelpAge India | Fighting isolation, poverty, neglect

TANDURASTI NO KALARAV

Challenging Malnutrition

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I. Background:

CAIRN India is a multinational company working in petroleum sector in India and abroad. As a part of its operation it has laid pipelines in 8 districts of Gujarat with having terminals at Rathanpur, Viramgam and Jamnagar(bogat). Being a responsible corporate it carries out various development projects for the upliftment of villagers residing in and around the pipelines area. These projects include intervention on Health, Education, livelihoods and Infrastructure. Such interventions are done through partnerships with local NGOs in Ahmedabad, Surendranagar, Rajkot, Jamnagar, Morbi, Dwarka, Banaskantha and Patan Districts of Gujarat.

Malnutrition among the children being one of the most critical issues, CAIRN India thought of doing result oriented intervention with its partners Help Age India and CEDRA in Patan district of Gujarat under its Micro Level Intervention (MLI) associated with General Health Check up Camps project. Before designing and implementing the intervention all the following characteristics were kept in mind.

II. Defining Malnutrition:

Malnutrition is the condition that develops when the body does not get the right amount of the vitamins, minerals, and other nutrients it needs to maintain healthy tissues and organ function (WHO)

Malnutrition

Malnutrition is a broad term commonly used as an alternative to undernutrition but technically it also refers to overnutrition. People are malnourished if their diet does not provide adequate calories and protein for growth and maintenance or they are unable to fully utilize the food they eat due to illness (undernutrition). They are also malnourished if they consume too many calories (overnutrition). “UNICEF”

III. Types of Malnutrition:

I. Severe acute malnutrition

Severe acute malnutrition is defined by a very low weight for height (below -3z scores of the median WHO growth standards), by visible severe wasting, or by the presence of nutritional oedema. Decreasing child mortality and improving maternal health depend heavily on reducing malnutrition, which is responsible, directly or indirectly, for 35% of deaths among children under five.

Although the median under-five case-fatality rate for severe acute malnutrition typically ranges from 30% to 50%, it can be reduced substantially when physiological and metabolic changes are taken into account. Management of severe acute malnutrition according to WHO guidelines reduced the case-fatality rate by 55% in hospital settings and recent studies suggest that communities such as ready-to-use therapeutic foods, can be used to manage severe acute malnutrition in community settings.

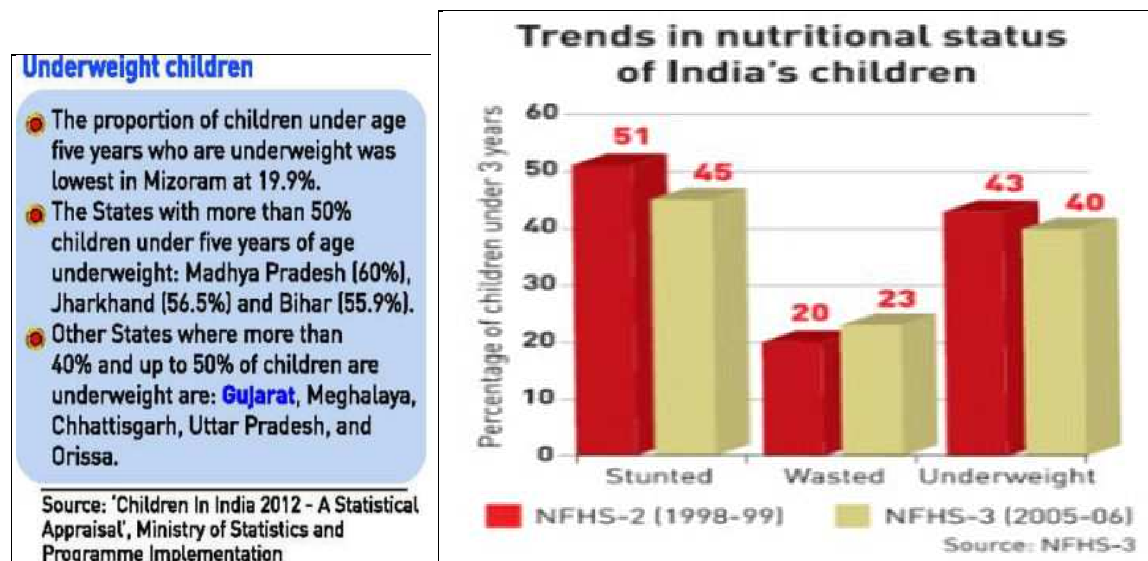
II. Moderate malnutrition

Moderate malnutrition (MM) is defined as a weight-for-age between -3 and -2 z-scores below the median of the WHO child growth standards. It can be due to a low weight-for-height (wasting) or a low height-for-age (stunting) or to a combination of both. Similarly, moderate wasting and stunting are defined as a weight-for-height and height-for-age, respectively, between -3 and -2 z-scores.
MM affects many children in poor countries. Children with moderate malnutrition have an increased risk of mortality and MM is associated with a high number of nutrition-related deaths. If some of these moderately malnourished children do not receive adequate support, they may progress towards severe acute malnutrition or severe, which are both life-threatening conditions. Therefore, the management of MM should be a public health priority.

IV. Malnutrition in India

According to the recent report by the Comptroller and Auditor General (CAG) of India, Arunachal Pradesh walks away with the top prize. Based on 2010-11 data, Nagaland, Sikkim, Manipur and Mizoram, in that order, follow on the top five list. Maharashtra ranks a close sixth but the next
Nine out of the top ten states are from the northeast or north. Even Tripura, the only remaining northeastern state, scores a tie with Kerala. The rankings are also wildly out of line with the only other vital health statistic for children: infant mortality rates (IMR) per thousand live births.

Arunachal Pradesh, the star performer in child nutrition, had IMR of 32 in 2011 compared with 11 in Goa and 12 in Kerala. But the CAG report places 34% children in Goa, 37% in Kerala and just two percent in Arunachal Pradesh in the underweight category. Assam does worse than even the Indian average in life expectancy and IMR but beats Goa and Kerala in child nutrition. According to the CAG report, in just four years, the proportion of underweight children in India has declined from 50% in 2006-07 to 41%. This matches India`s achievements in life expectancy and IMR.



V. Malnutrition in Gujarat:

The Comptroller and Auditor General (CAG) had said that one out of every **three children in the state was underweight**. The government had at the time said the percentage of malnourished children in the state had fallen to 25% in March 2013 due to a host of measures initiated by it. The government is spending over Rs500 crore every year to curb malnutrition. Bu the figures indicate that there are still scope to do more intensive efforts to curb the issue. Gujarat may be growing at a rate faster than the whole country but benefits of development are yet to reach a large section of society. Going by the government's own admission in the assembly, lakhs of malnourished or highly malnourished children are there in Gujarat. Figures provided by the government on Wednesday showed there are more than 1.62 lakh malnourished children in only six districts, including Ahmedabad, and 31,300 highly malnourished children in 16 districts of the state including Patan and Banaskantha as of December 31, 2013.

"As a result of various nutrition interventions undertaken by government of Gujarat, the percentage of underweight children decreased from 73.04 per cent in March, 2007 to 25.09 per cent in March, 2013," officials from the state government said in a statement.

VI. Challenging Malnutrition:

CAIRN India joining hand with ICDS department

Considering the importance of the most critical issue of malnutrition in Gujarat CAIRN India as a responsible corporate launched the Tandurasti No Kalrav project, under its Microlevel Intervention through Corporate Social responsibility with partner Agency CEDRA and Help Age India by Joining hands with the District Administration and taluka administration of ICDS, Patan (Gujarat), A campaign against child malnutrition in Sami taluka was launched in close coordination with ICDS (Integrated Child Development Scheme).

VII. The Process:

Cairn India Representative Mr. Rushin Patel helped CEDRA in coordinating meetings and actions with ICDS and other partner agencies HelpAge India,Smile foundation and CHETNA working in the same region on health issues. CEDRA being the implementing agency coordinated the whole process and defined and distributed tasks to all the associated for smooth and clear implementation of the project MLI :Tandurasti No Kalrav. All the concerned Anganwadi centres under ICDS in the region were called and explained the project and given the responsibilities of bringing Mothers and Children to the Camp site so that maximum children and mothers are benefited out of the project intervention.

VIII. The Project: *Tandurasti No Kalrav*:

Considering and assessing the request of ICDS CDPO on possible intervention and series of discussions with ICDS department and Health officials on issue of Malnutrition among the children in the specified region, we decided to do a specialised Intervention with all required facilities and medicines suggested by ICDS/Health officials and by renowned paediatricians in the district who are aware of the deficiency of Minerals, Vitamins and other nutrients in the children of this area. After the detailed interaction between various stakeholders a consensus was developed on providing supplement of minerals, vitamins and other nutrients like Protein, vitamins and Iron with standard quality/braded medicines with suffice dosage and quantity under campaign form after intensive observation of child in the camp. Where, periodic camps were organised at Anganvadi centres or primary schools of accessible village covering cluster of 4-5 villages. Concerned AWWs brought mothers and children registered with their respective Anaganwadis. A proper facility for measuring weight of children and food arrangement were discussed and finalised. Accordingly ICDS agreed of arranging nutritious food. AWW were made responsible to bring the child and mother for check up along with measuring and noting the weight of the children they brought.. Chetna and Smile representatives were engaged for awareness session on nutrition. Overall coordination and implementation was to be done jointly by CAIRN India ,CEDRA. AND ICDS that includes coordination with local authorities like Sarpanchs and School principals for premises to host the program and effective campaign along with all logistic ,

IX. The Implementation strategy:

As per the arrangement, paediatrician intervention was organised in Ravad, Mujpur, Kathivada and Dhanora villages. During the planning phase it was ensured to cover surrounding village cluster and villages. Program starts with a small awareness session along with registration, measuring height and weight of a child followed by nutritious food for child (arranged by ICDS).

Maintaining discipline and approaching paediatrician were jointly managed by AWW or CEDRA field staff. The paediatrician was oriented to council the mother and provides required therapeutic support. Post that ICDS dept through their field staff will make sure the follow ups. We also ensured to recollect all the prescription papers after issuing prescribed therapeutic support. The reason, those prescriptions will be useful for follow up intervention. Senior ICDS Program Officer was present for close coordination with Aangawadi workers along with key officials from CEDRA and CAIRN India.

In total 422 children were benefitted and given treatment as per the bellow schedule;

No	Date	Village	Taluka/Dist.	No Patient			Name of Doctor
				M	F	TOTAL	
1	06/09/2014	Ravad	Ta. Sami Dist. Patan	30	28	59	Dr. Bhavesh Patel
2	07/09/2014	Mujpur	Ta. Sami Dist. Patan	73	73	146	Dr. Bhavesh Patel
3	13/09/2014	Kathiwada	Ta. Sami Dist. Patan	52	58	110	Dr. Bhavesh Patel
4	28/09/2014	dhanora	Ta. Sami Dist. Patan	59	48	107	Dr. Himansu Shah

X. Camp wise details:

1. Village :Ravad

Name of village	No. of Children	M	F	Age wise Data (Over all)	
Ravad	29	20	9	0 to 1 year	7
Tarora	19	6	13	1 to 2 year	14
Kathi	11	4	7	2 to 3 year	11
				3 to 4 year	12
				4 to 5 year	10
				5 to 6 years	1
Total: -	**59**	**30**	**29**		

2. Village: Mujpur

Name of Village	No. of Children	M	F	Age wise Data (Over all)	
Munjpur	84	43	41	0 to 1 year	26
Khakhbadi	13	6	7	1 to 2 year	36
Ranad	23	10	13	2 to 3 year	28
Palipur	3	1	2	3 to 4 year	30
Kuvard	18	9	9	4 to 5 year	19
Loteswar	5	4	1	5 to 6 year	1
				6 to 7 year	5
Total	**146**	**73**	**73**		

3. Village: Kathivada:

Name of village	No. of Children	M	F	Age wise Data (Over all)	
Kathiwada	52	28	24	0 to 1 year	9
Jilvana	20	09	11	1 to 2 year	27
Matrota	15	7	8	2 to 3 year	25
Sajupura	16	4	12	3 to 4 year	26
Nana jorapura	7	4	3	4 to 5 year	21
				5 to 6 year	1
				6 year above	1
Total: -	**110**	**52**	**58**		

4. Village: Dhanora:

Name of village	No. of Children	M	F	Age wise Data(Over all)	
dhanora	46	27	19	0 to 1 year	16
padala	18	14	4	1 to 2 year	28
dantisana	41	26	15	2 to 3 year	23
makodiya	1	1	0	3 to 4 year	19
shankheswar	1	1	0	4 to 5 year	14
				5 to 6 year	2
				6 year above	5
Total: -	**107**	**59**	**48**		

The project is targeting nearly 500 malnourished children of Sami taluka of Patanr district and will have follow up mechanism, where second round of paediatrician camps will be organised on the same location covering the same beneficial for coming up with the realistic comparative statements and measure the impact of the intervention after follow up rounds.

Special Note:

While organizing such intervention we came across to the genuine and experienced paediatrician. Who found to be completely dedicated and shown his readiness for such services on voluntary basis!

XI. The outcome and highlights of first round of Intervention:

1. Primarily 422 children along with their mothers benefited with paediatric intervention
2. Well qualified paediatricians made available to the villagers with allopathic therapy
3. All Aanganwadi workers were engaged in whole process of the campaign so they are more aware and sensitised over the issue of Malnutrition
4. ICDS and local authorities remained presents throughout and appreciated the quality efforts of CAIRN India ltd, HelpAge India and CEDRA along with Chetana.
5. Exemplary intervention with tri party efforts; Government-Corporate and NGO

XII. CAMP Impact: ICDS Finding;

1. 295 children have gained weight after the camp in one month following the treatment
2. 18 Malnourished children have shifted from Grade S (sever) to grade M (Moderate) after the treatment
3. 14 Malnourished children have shifted from Grade M (Moderate) to grade N (Normal) after the treatment

All above results are collected by frontline functionaries of ICDS and verified during ICDS block level reporting meetings. Such results are really encouraging and motivational.

XIII. Way ahead and Round II Schedule:

Considering the results of our round one camps we are now ready with follow up intervention with second round of camps in the same area with same beneficiaries including new enrolled with more emphasis on developing health seeking behaviour among mothers and mother in lows.

Tandurasti No Kalrav: Follow up Schedule (Round II)

No,	Date	Village	Taluka/Dist.
1	23/11/2014	Ravad	Ta. Sami Dist. Patan
2	30/11/2014	Mujpur	Ta. Sami Dist. Patan
3	07/11/2014	Kathiwada	Ta. Sami Dist. Patan
4	14/11/2014	dhanora	Ta. Sami Dist. Patan

Photo story of Paediatric Intervention to curb the Malnourishment among Children