Population First

Improving the Health and Nutritional Status of children attending Anganwadis in five villages of Shahapur.

Project Report
2019 - 2020

Submited by:
Population First

Supported by:
HT Parekh Foundation

CONTENTS

INTRODUCTION

Population First has been working in 18 villages of Shahapur in collaboration with HT Parekh Foundation on initiatives such as combating malnutrition among children, School in Development for improved sanitation and hygiene practices and livelihood initiatives for economic empowerment of women since 2017. Since the approach is people centric, the focus has been on community mobilization and participation in addressing health and social development issues in the villages. A two-pronged strategy for creating awareness in the community, especially among women and children was followed which includes;

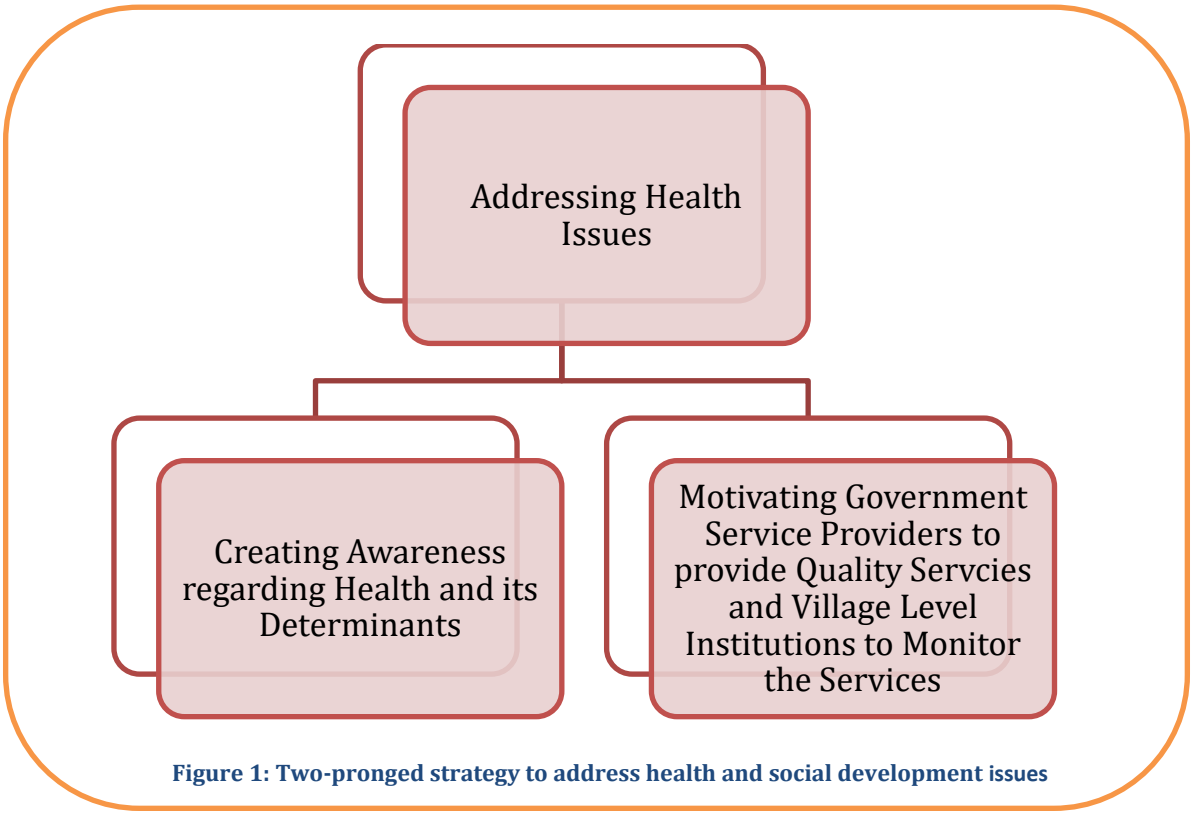

Figure 1: Two-pronged strategy to address health and social development issues

This approach has helped in ensuring delivery of improved quality services and better coverage in terms of utilization thus helping enhance the health and well-being of villagers.

With the intent of addressing undernutrition among children, Population First relentlessly worked towards facilitating identification and referral of undernourished children in five villages of Shahapur. This was done through regular growth monitoring, creating awareness on the importance of sanitation, hygiene and nutrition behaviour and provision of supplementary nutrition. However, supplementary nutrition was provided only in two villages as a pilot project considering the vulnerability, inaccessibility to essential nutrition and owing to economic situation in these areas. Close to 60% children retained normal weight for their age and 90% retained normal 'weight for height'. This showed that activities such as *community weighing, regular growth monitoring of children and follow up through home visits* helped parents

understand the importance of nutrition and adapt to nutritious dietary practices for optimum growth and development.

However, with these activities there were a few aspects that remained unaddressed. Firstly, children who were undernourished, their parents didn't consider it important to refer children if his/her nutritional status remained stagnant for a certain amount of time. Secondly, if at all parents were willing to refer, the healthcare facilities were distant which hampered their motivation to access services citing loss of wages and the time spent at healthcare facilities. Also, the health camps supposed to be conducted by the government through RBSK were irregular, which was making it difficult treat minor illnesses and deficiencies. Hence, there was a need to address these issues at the village level and get healthcare to the community to ensure expert medical advice was available and the necessary referrals are done whenever required.

OBJECTIVES

Along with regular growth monitoring, creating awareness on sanitation, hygiene and nutrition behaviour, the component of provision of healthcare for children at the community level was considered to be one of the interventions which could help improve their nutritional status. PF with the support of HT Parekh Foundation decided to organize health camps for the children of five villages where malnutrition was being addressed since past two years. The intervention of conducting health camps across the villages of Sarangpuri, Bajarpada, Kharangan, Ambarpada and Ambivali was planned with three important outcomes;

- Community including parents are empowered to fight malnutrition
- Referral of children who were identified with deficiencies or illnesses which required further diagnosis and treatment
- Overall reduction in incidence of deficiencies and illnesses due to improved nutrition and hygiene behaviour

The aim was to reach out to at least 300 children in the age group of birth to six years across the five villages in Shahapur. The focus was not only to improve the nutritional status but also bring about change in the health seeking behaviour of parents and the community.

INTERVENTIONS

PF was able to conduct four health camps in each village except in Amberpada where three health camps were conducted until March 2020. These health camps were planned considering provision of preventive, curative and referral care for children by a renowned paediatrician. A total of 257 children were screened during the camps. These camps served as a platform to provide the following;

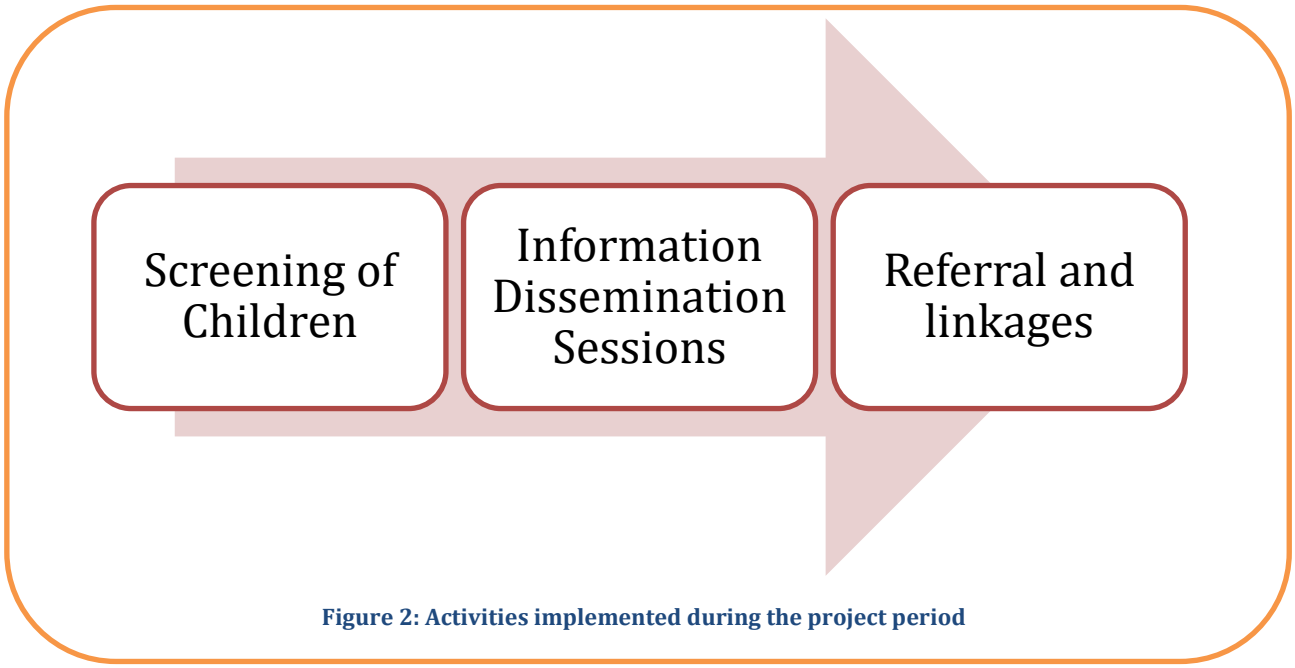

Figure 2: Activities implemented during the project period

1. **Services**

   Screening of undernourished children for deficiencies or illnesses was done by a renowned paediatrician associated with the Indian Medical Association. The WHO Growth standards were used to categorize children as severely or moderately under-weight, acutely malnourished and normal.

   Micro-nutrient supplementation such as Iron, Folic Acid, Calcium, Vitamin supplementation and other essential medicines or antibiotics were also provided during the screening. The doctor also advised on the optimum nutrition required for the children as well as recommended low-cost recipes which could be easily prepared at home. Mere counselling would not have been enough, thus gaining contextual understanding, advise was given to parents as to what would be best for their children.

Figure 3: Child being screened at Bajarpada

2. **Information dissemination sessions and Exhibition**

The information dissemination sessions were conducted in the village premises either in community halls or spaces where gatherings are conducted. Information regarding the following topics was shared through these sessions:

- Infant and Young Child Feeding Practices
- Importance of immunization for children
- Role of ICDS and its services
- Nutrition for underweight children
- Information on Child Malnutrition Treatment centre in Shahapur and Nutrition Rehabilitation Centre in Thane Civil Hospital
- Importance of sanitation and hygiene
- High risk pregnancies and required care
- Government services for pregnant and lactating women
- Role of Village Health Sanitation and Nutrition Committee, PRI members and other village level committees
- Role of Mata Palak Committee in monitoring of nutrition provided at Anganwadi centres
- Ill-effects of the consumption of packaged food on children

Figure 4: IEC Session at Ambivali where parents are being informed about growth standards

These topics were discussed with parents and villagers to help them understand their role in the health and well-being of their children. There were various posters and pictures on the recommended dietary practices for children, adolescents, pregnant and lactating women. Life size growth charts were also put up to help the villagers and parents understand better about the importance of regular growth monitoring of the children. Parents were motivated to explain the growth charts and identify the nutritional status of their children.

The IEC sessions also included an orientation on the funds available with the village level committees provided by the government for the nutritionally vulnerable groups in the village.

Figure 5: Parents and other stakeholders attending a session on IYCF Practices at Saranpuri

These sessions that were conducted on a monthly basis enabled the villagers to understand better concepts related to maternal and child health and also provided a platform to discuss any concerns they had regarding the same. Various resource persons were also invited where they shared their experiences and insights on the importance of consumption of locally grown food.

3. **Referral and medication by linking to PHC's/Rural hospitals and CHC's in catchment area**

Figure 6: The pediatrician counsels the parents regarding nutritious practices and advises the parents whose children have been recommended referral at Amberpada

While screening and treatment for common illnesses was being managed at the village level, there were some cases that needed referral for further diagnosis and treatment. The initial counselling for referral was done by the paediatrician followed by PF staff who would follow up through home visits to discuss the importance of referral and then facilitate it.

Referral was recommended for children with neurological issues, suspected Tb cases and for children who failed to thrive or were malnourished. The referrals were recommended to Sub – District Hospital or to tertiary care hospitals in Thane or Mumbai.

ACTIVITIES DURING COVID

PF team was in constant communication with parents following up on 203 children across five villages creating awareness on COVID precautions: at personal level – sanitation and hygiene such as regular washing of hands with soap, use of sanitizers, avoiding touching of face; at community level – maintaining social distancing and wearing of masks.

Special emphasis was given to nutrition and healthy diet at home such as eating fresh, home-cooked meals, including forest and local produce, boiling water before drinking,

regular use of the Take Home Rations (THR), avoiding outside food while interacting with parents during the lockdown to help build and maintain immunity among children.

Keeping the change in climatic conditions throughout the lockdown in mind the parents were reminded of the precautions to be taken during summer and monsoons.

Fever and common cold were the most common illnesses during the lockdown period. PF team linked ASHA workers with the parents to provide medicines for fever and cold for children and also conduct follow ups.

Take Home Rations were distributed regularly as per the norms in the villages despite the shutting down of the Anganwadi Centres (AWC) through the lockdown period

Amrut Aahar Yojana was stopped due to the unavailability of bananas and eggs during the first two months of the lockdown, and it was slowly re-started in June and July continuing from then, on a regular basis.

As a result of our intervention and facilitation over the period of lockdown across five villages, the following feedback from the parents was received:

- there has been an increase in consumption of home-cooked meals
- reduction in consumption of packaged food
- consumption of THR and Amrut Aahar and increase in weight in some children.

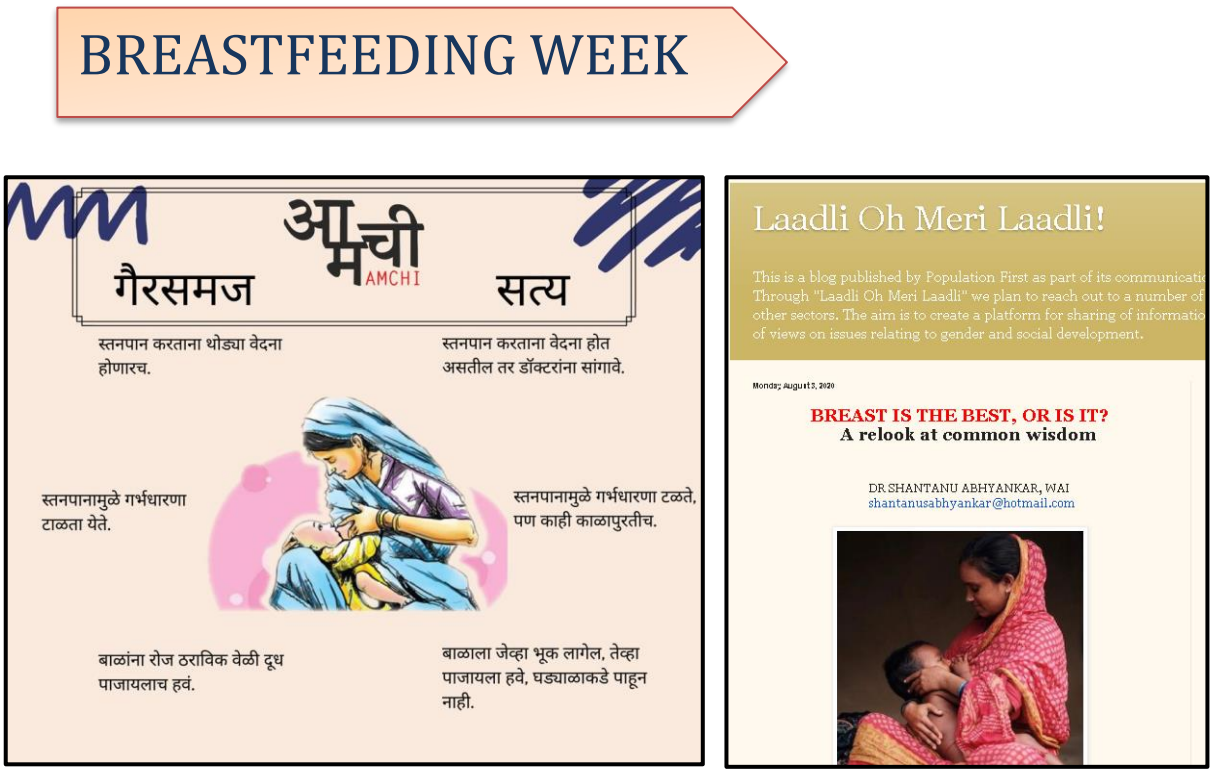

Figure 7: IEC Material(L) created and blog written for the breastfeeding week

World Breastfeeding Week is celebrated every year in the 1st week of August to create awareness about the importance of breastfeeding for the mothers and their children. Since PF works with pregnant and lactating mothers, we continued to promote breastfeeding through

our interventions under various projects and consider the World Breastfeeding Week as an incredibly useful platform to single-mindedly discuss breastfeeding and related topics.

Every year for one week, PF team is on the field conducting meetings with pregnant and lactating mothers. However, taking the digital leap, in the context of COVID pandemic and lockdown, we went online. We developed bi-lingual (Marathi & English) posters on breastfeeding statistics, breastfeeding positions, myths and facts around breastfeeding, shared inter-generational experiences from women on breastfeeding i.e. mother-in-law and daughter-in-law, conducted an interview with Shahapur based Gynaecologist, Dr. Mayuri Jadhav on breastfeeding and issues surrounding it in Shahpur and a nuanced blog on breastfeeding by Dr. Shantanu Abhyankar. All this material has been shared on our Facebook and Twitter accounts for our followers online as well as through WhatsApp with our beneficiaries.

NATIONAL NUTRITION MONTH

Figure 8: Celebration of National Nutrition month through sharing of recipes and relevant IEC

National Nutrition Month (NNM) is celebrated in the month of September to create awareness about the importance of diversity in nutrition for everyone. This entire month is a campaign by the government for the people to focus on making informed food choices and developing sound eating habits.

Since public transportation is still an issue in Shahapur, PF took the digital leap and ensured that National Nutrition Month was celebrated with vigour despite its absence.

PF circulated some creatives, posters on the various low-cost nutritious recipes that could be prepared by the women themselves in the villages. We had two renowned nutritionists – Sneha Gondhalekar and Madhushri Kulkarni who helped us with some unique recipes

with readily and locally available ingredients. The recipes included Ragi Laddoos, Lal Maath Paratha, Rajgira Sheera, Peanut Gram Chaat and many more.

HEALTH CAMP DURING COVID

From Mid-March 2020, the nationwide lockdown was imposed due to the pandemic and hence the health camp that was scheduled to be conducted in Amberpada could not be organized. While we kept in touch with the children and their parents through virtual medium, lack of transportation alternatives and the apprehension of parents to take children to the hospital or healthcare facility made it difficult for children to get treated for any major illness or deficiency and the gains achieved due to the camps conducted in the last five months would have been difficult to sustain.

Figure 9: Health camp at Bajarpada during COVID

Keeping in view the need of the villages and the budget, the health camp at Amberpada was scheduled in October, however just two days before the camp, a COVID positive patient was diagnosed in the village and hence the camp had to be organized elsewhere. It was decided that instead of Amberpada, the camp would be organized at Bajarpada. The camp was planned in coordination and with the approval of the government and village level stakeholders keeping the safety precautions in mind. All the parents who came with their children were instructed to wear masks and those who didn't were provided one by Population First.

A total of 39 children were screened during the camp and medicines/nutrition supplementation was provided to the children needing it. There were five children needing referral out of which three needed to be admitted to Child Malnutrition Treatment Centre, thus the same was communicated to the ASHA and Anganwadi workers of the village and they were asked to take it ahead and let PF know in case of any glitches.

WEBINAR FOR PRI MEMBERS

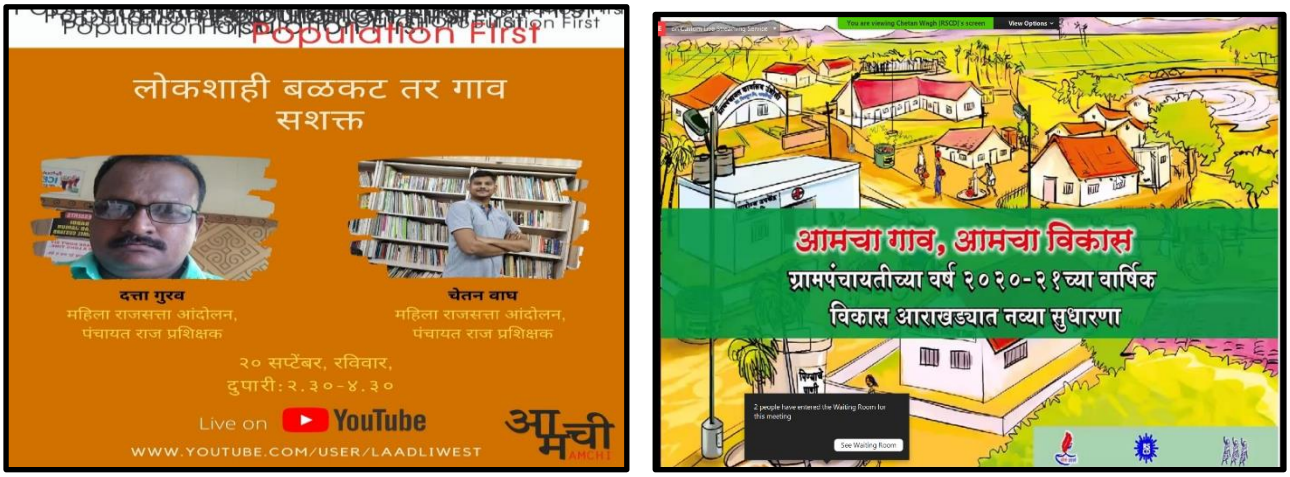

Figure 10: Webinar for PRI members of Shahapur

PF took the digital leap and organized the first webinar for Panchayat Raj Institution members titled *"Lokshaahi Balkat tar Gaon Sashkt"* on 21st September. Panchayati Raj Institutions (PRI) are the foundation of democracy and development in rural India and this system has more than ever played a crucial role during the COVID-19 pandemic.

To assist our rural local-self-governments, some amendments have been made in the current context of the pandemic in designing of village development plans. Mr. Datta Gaurav and Mr. Chetan Wagh of Mahila Rajsatta Andolan were invited to conduct this webinar. This webinar was open to all our beneficiaries from across Shahapur including Gram Panchayat members and villagers. The event was attended by close to 50 PRI members.

DATA ANALYSIS

Through 20 health camps, we were able to screen a total of 257 children in the age group of birth to eight years. Although the camp was meant for children enrolled in the Anganwadi Centers (children below six years), some children aged above six years were also attended to, in case of any serious medical condition. The table below mentions the village wise distribution of children screened during the camps and the distribution of children for whom at least two anthropometric measurements were available.

Name of villages	Number of children screened	Number of children screened whose baseline & end-line measurements were available
Kharangan	61	36
Sarangpuri	66	39
Bajarpada	59	20
Ambarpada	34	16
Ambivali	37	28
Total	257	139

Out of 257 children screened, 204 were aged five years or below. We compared anthropometric measurements for children who had at least two measurements available to be assessed as baseline and end-line measurements. Thus, the nutritional status of 139 children was compared and the categories for comparison were **weight for age** and **weight for height**. The remaining children had migrated to other towns or had migrated from neighbouring villages to the intervention villages but were distant from the Anganwadi center as their parents worked at brick-kiln sites, hence it wasn't possible to follow up with them and mobilize them for the check-up every time.

Anthropometric Analysis for Children below 5 years

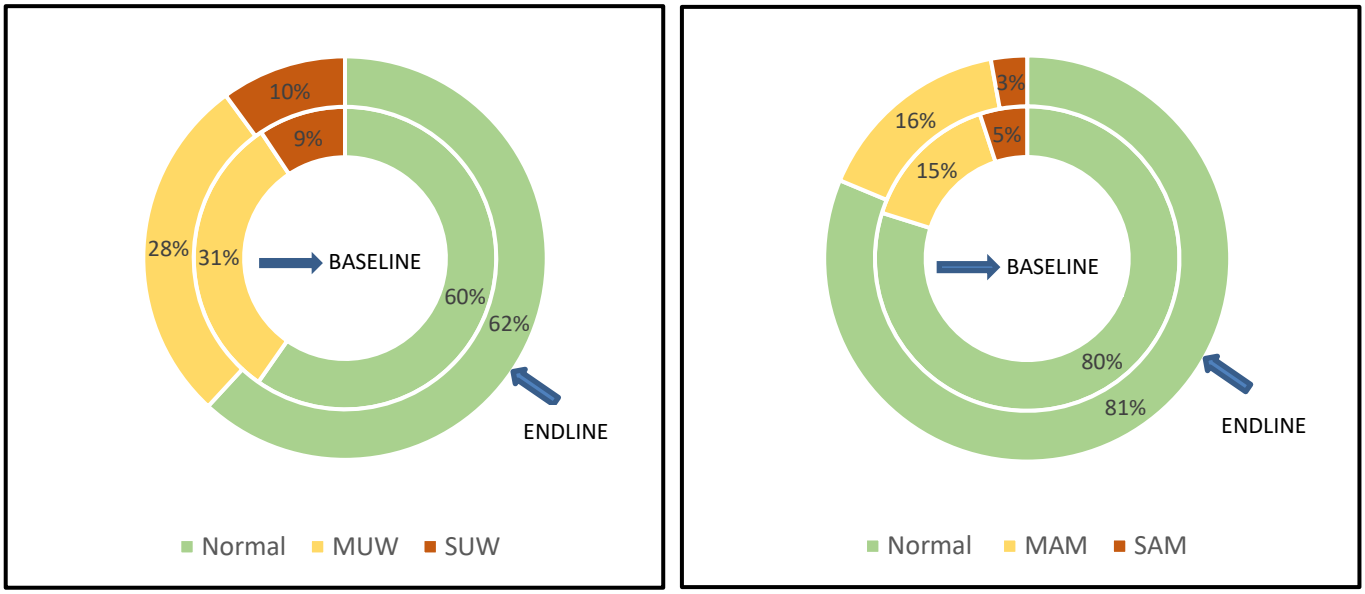

Figure 11: Baseline – Endline assessment of the nutritional status as per weight for age (L) and as per weight for height for children below 5 years. MUW – Moderate Underweight, SUW – Severe underweight, MAM – Moderate Acute Malnutrition, SAM – Severe Acute Malnutrition (n=139)

The comparison of baseline and end-line measurements for children below 5 years indicated that overall two percent children have shown an improvement in the category of 'weight for age'. While comparing the measurements for wasting i.e. 'weight for height', one percent children have shown improvement in their weight which indicates the percentage of acutely malnourished children decreased by one percent.

Anthropometric Analysis for Children below 2 years

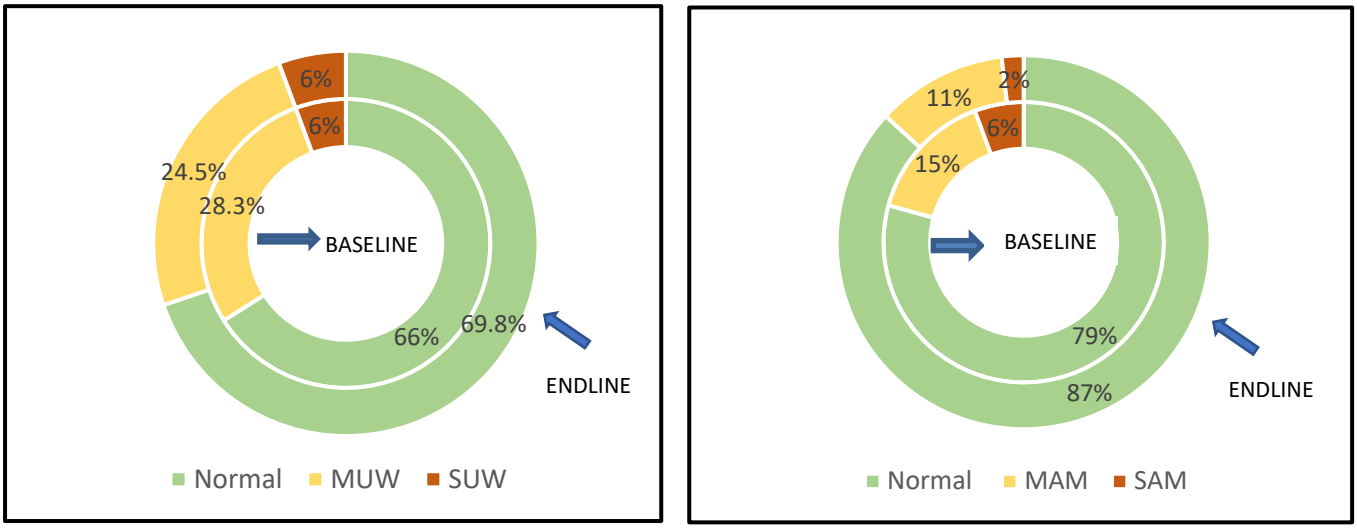

Figure 12: Baseline – Endline assessment of the nutritional status as per weight for age (L) and as per weight for height for children below two years (n = 53)

When compared for children below two years, close to four percent reduction was seen in terms of moderate underweight children while an eight percent reduction in acute malnutrition was observed. This signifies that early intervention during the first 1000 days leads to better health outcomes among children and efforts need to be taken to ensure that malnutrition is tackled during this window of opportunity. Most malnourished children after the age of two years find it difficult to catch up which can lead to adverse health, academic and economic consequences later in life.

An in-depth analysis into the progress of children (Underweight – 50, Wasted – 17) who didn't show any improvement in terms of their nutritional status showed that more than 60% children were diagnosed with recurrent upper respiratory tract infections while the remaining majorly suffered from 'protein energy malnutrition' which was affecting their overall health.

Repeated episodes of illnesses due to malnutrition and vice versa doesn't allow an opportunity for the child's body to recuperate which leads to a vicious cycle affecting the child's growth and development. Overall, more than 80% children have showed some weight gain with or without any change in nutritional status which is a positive indicator considering the vulnerability and circumstances in which the children live.

INCIDENCE OF ILLNESSES

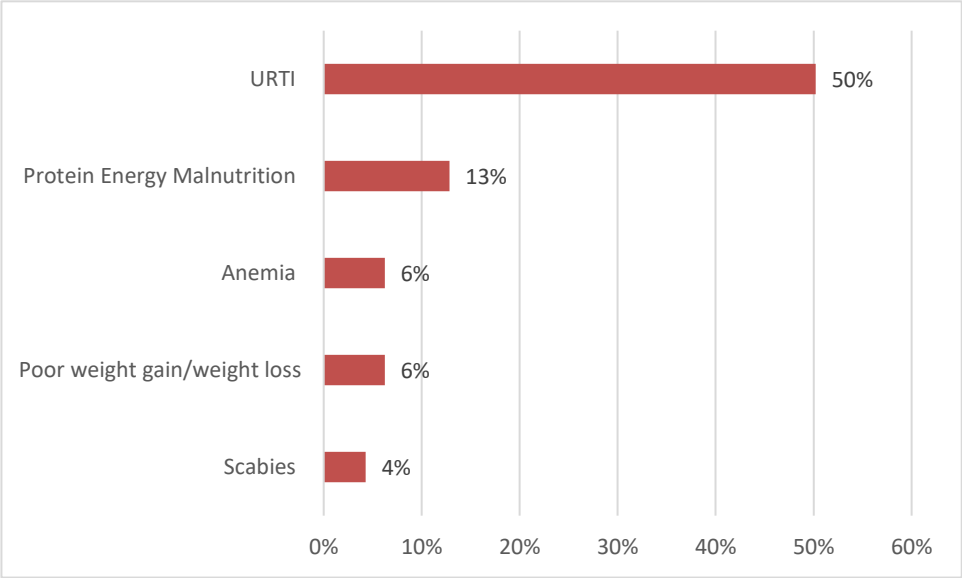

Figure 13: Incidence of illnesses among children screened (N = 257)

During screening, a record of the illnesses or deficiencies was maintained and the above chart indicates the incidence of illnesses amongst the children screened. As seen, Upper Respiratory Tract Infection (UTRI) continues to affect every second child and Protein Energy Malnutrition (PEM) impacts one out of ten children. This as mentioned earlier is one of the major reasons for malnourished children not being able to improve their nutritional status.

It could be attributed to the dietary patterns and the lack of adequate sanitation and hygiene facilities and practices that may be affecting the children across these five villages. Other illnesses apart from those seen in the chart, the incidence of which were low include diarrhoea, fever, acute gastroenteritis, Pica, etc.

Close to 18% children showed some improvement in their health status either as they gained weight or due to recovery from infections citing the medications provided during the camp.

REFERRALS RECOMMENDED

Out of a total of 17 children who were recommended further testing to rule out any bacterial or viral infections or referral to Child Malnutrition Treatment Center (CTC) for malnutrition, six children went to either the nearest Primary Health Center (PHC) or the Sub-District Hospital (SDH) for further tests or treatment. Two children were earlier referred to CTC from Bajarpada and hence their parents were hesitating to refer them again as it would have meant more expenses and time to be spent.

Nine children from Sarangpuri whose parents worked as brick-kiln workers suffered from skin infections. They were linked to the nearest PHC and medicines were provided by the Auxilliary Nurse Midwife (ANM).

Most of the parents hesitated to go to the SDH and PHC citing the distance, the complex environment of health facilities and the expenses they will incur on the treatment. While PF staff succeeded in mobilizing a little less than half of the number of children recommended referral to the nearest centers, the lockdown made it difficult with the lack of transportation and fear of children and others getting affected due to the pandemic.

AVERAGE OUTREACH DURING INFORMATION DISSEMINATION SESSIONS

Close to 150 parents and 110 village level stakeholders which included the Gram Panchayat members, government service providers and other committee members were a part of the information dissemination sessions conducted as part of the project in these five villages. One out of four parents ensured all the instructions provided by the doctor and then during information disseminations sessions, were followed which led to the improvement of their children's nutritional and health status.

Figure 14: Parents learning to read the growth chart

We had some of the Gram Panchayat members and teachers in the village speak about the importance of nutrition during these sessions with the parents. It was gratifying to receive the support from the villagers and students enrolled in the School-in-Development (SID) intervention to ensure the camps were conducted effectively and efficiently.

All the activities conducted during the camps could not have been possible without the active support of government service providers like ASHA, Anganwadi workers, ANM's and even other providers who helped not just with mobilization of children but also referrals when recommended.

Parents	Village level stakeholders
• Kharangan - 29 • Ambivali - 25 • Sarangpuri - 45 • Ambarpada - 23 • Bajarpada - 26	• Kharangan - 20 • Ambivali - 23 • Sarangpuri - 26 • Ambarpada - 18 • Bajarpada - 21

Figure 15: Average number of parents and village level stakeholders who attended the IEC Sessions

OUTCOMES ACHIEVED

- Twenty health camps conducted screening 257 children for deficiencies and illnesses across five villages
- Close to 150 parents and 110 village level stakeholders have been active participants during the project period
- Two percent reduction in underweight and one percent reduction in wasting for children below five years
- Four percent reduction in underweight and eight percent reduction in acute malnutrition for children below two years
- Close to 80% children have gained weight during the project period
- Around 18% children have shown some improvement in their health status during the intervention period
- Six children out of 17 were referred for further testing and treatment at the nearest healthcare facilities
- One out of four parents made dietary changes, limited or restricted packaged food consumption and followed adequate sanitation and hygiene practices for their children which led to improvement in the child's nutritional status.

CHALLENGES

- Parents are apprehensive of taking their children to health care facilities and of the treatment procedures at the hospital, thus faltering on the treatment prescribed for their undernourished children
- Most of the tribal population living in the *wadis* and *padas* in these villages migrate for work either to brick-kiln sites or nearby villages which makes it difficult to follow up their children's nutritional status on a regular basis
- Many parents are daily wage earners and hence cannot afford to lose their wages to go to the hospital with their children
- Lack of dietary diversity due to issues with accessibility and affordability among the economically deprived sections in the villages
- Women, even if available at home, find it difficult to take decisions regarding the health of their child by themselves as they are not the earning members of the family nor can possibly travel by themselves with their children for referral
- With the nationwide lockdown due to the pandemic, it became difficult to travel and monitor the nutritional status of children. Due to travelling restrictions and apprehension of getting infected with COVID, parents found it difficult to seek treatment for their children.

KEY TAKEAWAYS

- Working closely with the government and village level stakeholders has always proved beneficial and efforts need to be intensified to ensure sustainability of the initiatives with their support especially during the pandemic
- Data collection and accuracy has been a critical aspect and should continue to remain a priority for all the staff involved in the project
- Frequent communication with parents helped to bring about some behaviour change in terms of dietary practices for children
- Identifying the information gaps enabled to ensure better communication amongst the team members and improving the quality of information dissemination to the beneficiaries
- Recalibrating the program to ensure constant follow up with the beneficiaries even during lockdown helped to encourage parents and caregivers to monitor their child's health themselves
- A sustainable source of livelihood such as kitchen garden, poultry farming for the tribal population in Wadis and Padas can help combat malnutrition not just among children but women and girls as well.

CONCLUSION

With the aim of holistic health and well-being for children by addressing malnutrition, 20 health camps were conducted at the Anganwadi or common community spaces which helped to reach out to a total of 257 children.

These camps were aimed not only at curative healthcare but also preventive through information dissemination sessions where awareness regarding the causes of malnutrition, government schemes to address it and the role of various functionaries was created. These sessions served as a platform for the parents to understand and discuss their concerns for their children and allow the other stakeholders to contribute to some action points for the children's health and well-being.

While there has been some reduction in malnutrition and improvement in the health status owing to the supplementation and dietary changes suggested, persistent efforts are needed to ensure that the desired behaviour change is brought into practice. This can happen only with the support and coordination of the village level stakeholders and government service providers to help parents in improving their child's growth and development.

The access to initial care was possible through these camps; however, healthcare needs to be made accessible and thus government schemes such as Rashtriya Bal Swasthya Karyakram which includes regular health check-up of children needs to be regularised. Also, the tribal population who migrate frequently for work, should be provided with livelihood alternatives to ensure sustainable food security and income generation which will positively impact their children's health status. The referral mechanisms also need to be strengthened to ensure that every case requiring further testing or treatment is able to access it easily.

Malnutrition can be addressed with a holistic approach by considering all the social, political and environmental factors rather than addressing it in isolation. Hence, collaborative efforts are needed by all the key stakeholders to ensure that the future of our country remains healthy and productive. Given the enormity of the challenge at hand, now considering the pandemic which made access to nutrition difficult for many, such interventions have a long-term role to play to protect the future generation and attain the sustainable development goal of ending malnutrition.

TESTIMONIES

"Since our village is far from the PHC and with limited transportation alternatives, it is difficult to get treatment for any major or minor illnesses. This health camp has been really helpful for the children of our village and also for the parents who have understood how to monitor their child's growth and take care of their nutritional needs"

- ***Ganesh Harad, PRI Member, Kharangan***

"My wife always attended meetings organized by Population First, today I decided to attend the session. I liked the way it was conducted as they explained what food would be best for my son and the importance of good sanitation and hygiene practices. The doctor asked me to refer him to Chid Malnutrition Treatment Center (CTC) at Shahapur and I will do that with the support of the PF staff

- ***Eknath Wagh, Parent at Ambivali***

"My daughter has been suffering from cold, cough and fever since the last two weeks. While PHC is 10 km away from my village and with almost no transport facilities, I had started to get worried for her as she was losing weight. But because of the camp, my daughter underwent a checkup. I am relieved and thankful to the doctor and PF for this health camp." ."

- ***Rekha Ravindra Rera, Parent at Ambivali***

"Since a month and a half when we returned from the brick-kiln site, my son has been falling sick. We do not have money to travel or for the treatment of our child. It's hard to see my child in pain but I do not have an option. This free health check-up along with medicines will help my son".

- ***Anita Ashok Chavar, Parent at Sarangpur***

"The village has two tribal wadis and the Katkari tribal community are daily wage workers and they are unable to spend money in the hospital for treatment. The village level health check-up has proved useful for them

- ***Sandhya Sadashiv Harad, Bajarpada AWW***

"I am happy that weight of my daughter has increased, and she is moving towards normal grade of malnutrition"

- ***Vanita Pandurang Shewale , Parent at Kharangan***

CASE STUDIES

Case Study 1

Minor steps addressing the major problem of malnutrition….

We are aware of the plausible factors for undernutrition among children; poverty, inadequate sanitation and hygiene conditions, young mothers, inadequate birth spacing etc., however what are the reasons for a child's undernutrition when none of these conditions are true.

Samar's mother was worried for her son as he wasn't showing any improvement in his weight and overall health lately. As PF was working on addressing malnutrition in Bajarpada for the past two years, he was referred to the child malnutrition treatment center (CTC) twice in a gap of six months however his weight would improve temporarily and then again deteriorate. He also suffered from recurrent upper respiratory tract infections. Even after consulting a paediatrician for his frequent episodes of illness, the improvement seen was temporary. It bothered his mother that none of the steps she had taken were helpful for her child.

He was a moderate acute malnourished child and he was consuming packaged unhealthy food on a regular basis, although PF had advised regarding its consequences, it was difficult to bring about the behaviour change in his parents. So, when PF started with the Health camp project and when the first health camp was conducted at Bajarpada in December where all the children enrolled in Anganwadi were to be screened, the paediatrician recommended Samar's referral to CTC, but his mother was hesitant citing the history.

Thus, she was advised to make dietary changes and stop packaged food completely. She started providing an egg, fruit and porridge with milk, rawa or poha once a day with ghee. She also ensured he had his meals and his nutrition supplementation regularly. After three check-ups, his weight increased by 400 grams and now weighs 10 kgs and his mother is happy with his progress along with decrease in the incidence of respiratory tract infections. Although there has been no improvement in the category of the nutrition standards, it is gratifying to see the positive changes in Samar's overall health.

Case Study 2

Making the most of the first 1000 days

The window of opportunity provided during the first 1000 days of life is critical to address malnutrition. What happens during this time determines a child's future and literally every second counts. There is ample evidence to suggest that opportunities missed during this stage can be irreversible for a child's future health.

Rural and tribal population continue to be the nutritionally deprived community with close to one out of every three children being underweight. Kharangan, a remotely located village in

Shahapur has both rural and tribal population and the problem of undernutrition persists because of limited access to health care and difficult geographical terrain.

Pari weighed 2.5 kgs when born, however after six months she had a serious episode of fever and since then her mother says, she has been having frequent episodes of respiratory tract infections, diarrhoea resulting in loss of weight. When PF started working on addressing malnutrition among children, she was advised referral to Primary Health centre in Kinhavali and then to Shahapur Sub district hospital. While the medications prescribed helped improve her weight to some extent, but the recurrent URTI and diarrhoea would again reverse the weight gain.

She was categorized as a severe acute malnourished chid and during the HTPF Health camp project, she was diagnosed with URTI and anemia. The doctor undertook a detailed case history and then recommended dietary changes along with medications. Follow up visits were done by PF staff to ensure the suggestions were brought into practice and it was heartening. Within four months, Pari gained 700 grams and her nutritional status has improved to moderate acute malnutrition weighing 8.6 kgs. She now weighs 10 kgs which is a sign of positive growth and development.

"Taking Pari everytime to the doctor wasn't possible for me, hence the health camps proved so much helpful and I also gave eggs, milk and home-made food as suggested by the doctor. I am glad to see she is doing much better than before," says Pari's mother.

' Names changes to safeguard privacy*

**********THE END**********