

CAREGIVER MANAGED NUTRITION AND DAYCARE CENTRES

FULWARI SCHEME OF CHHATTISGARH STATE

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SITUATION OF MALNUTRITION IN CHHATTISGARH

- ✘ 47.8% of children in Chhattisgarh below 3 are malnourished (NFHS-3, 2005-06)
- ✘ 38% of adult women are malnourished (Body Mass Index < 18.5, NFHS-3)
- ✘ One third babies born have Low birth weight (<2.5 kg)
- ✘ More than two-third women and children are anemic (NFHS-3)
- ✘ Malnutrition is key cause of Child mortality, illnesses, poor learning ability
- ✘ Situation of Child malnutrition and mortality is worse in tribal districts.
- ✘ The above situation has improved to some extent in Chhattisgarh over last 5-6 years due to PDS and efforts of Mitanins but malnutrition is still at unacceptably high levels.
- ✘ Most tribal areas and other high poverty populations in India have a similar scenario of high malnutrition

WHY DO WE HAVE PERSISTENTLY HIGH MALNUTRITION?

- ✘ Inadequate access of families to food items esp. high quality or protective foods (e.g. protein from animal sources). Lack of Diversity in diet.
- ✘ Lack of adequate time for child feeding and care. Child care is seen as role of the mother. Most mothers are part of unorganized workforce with high work burden.
- ✘ Inadequate reach of Health Workers to children under-3 years age
- ✘ Gaps in feeding and care of pregnant and lactating women
- ✘ Gaps related to Child feeding and Care practices and knowledge
- ✘ Gaps in household level production of diverse foods



GAPS IN NUTRITION PROGRAMMES

- ✘ Structural gaps in ICDS –
 - ✘ Lack of focus on children under-3 years
 - ✘ No spot feeding for under-3s
 - ✘ *Anganwadi* centre open for half a day
 - ✘ Dry Take Home Ration given in Supplementary Nutrition (SNP) is not adequate to address multiple nutrient deficiencies
 - ✘ Similarly there is only Take Home Ration as Supplementary Nutrition for pregnant women
- ✘ Maternity entitlements (through cash transfer) are too inadequate to ensure maternal nutrition
- ✘ Worksite creches under MNREGA have not taken off due to inadequate funding norms and lack of focus on this component
- ✘ Gaps in addressing local food production despite enabling guidelines

INTERVENTIONS NEEDED

- ✘ Food – Food security, Diverse foods, nutrition education
- ✘ Health – Healthcare services, health education, Water, Sanitation
- ✘ Care – Support to Mothers (Creches), Maternity entitlements

COMPONENT MISSING IN POLICY AND PROGRAMMES - CRECHES

COMMON CONCERNS REGARDING CRECHES

- ✘ Quality of Creches run by NGOs is excellent but how to replicate them on large scale
- ✘ Cost - Whether Government can allocate enough financial resources
- ✘ Whether Governments will be willing to recruit large number of creche workers
- ✘ Whether an employee creche worker will have the sensitivity and motivation to provide the love and care that such smaller children need. Is centre based daycare of Under-3 year children possible in Government run systems?
- ✘ How to control pilferage of food meant for children
- ✘ Ensuring Community Involvement is a challenge
- ✘ How to make Inter-departmental convergence work?

THE INTERVENTION: *FULWARI*

- ✘ Fulwari – A Caregiver managed Nutrition and Daycare Centre was conceptualised
- ✘ The key features of Fulwari Initiative launched in Sarguja district in 2012 were:
 - a) Focus on feeding and care of under-3 year children, pregnant and lactating women
 - b) Organise daycare through habitation based collective of mothers
 - c) Promote household level production of diverse foods
 - d) Panchayat should lead, Health should facilitate, ICDS and Agriculture should participate

FULWARI

- ✘ Fulwaris to be initiated at habitation level
- ✘ Fully Funded by Panchayat Department
- ✘ First Project Initiated after approval by General assembly of District Panchayat
- Habitations with higher levels of poverty prioritized in initial short listing of habitations
- No population norm for selecting habitations, each Fulwari covers 5-20 children depending on habitation size
- Demand based, a series of Community meetings done, Fulwari sanctioned based on Community Resolutions demanding Fulwari

FULWARI MODEL

- ✘ No paid worker for working in the Fulwari
- ✘ 2+ Mothers/other women volunteer each day to run the Fulwari and take care of children
- ✘ Fulwari is managed and run by group of mothers, pregnant women, grandmothers, sometimes fathers etc.
- ✘ All decisions with respect to Fulwari taken by this group
- ✘ Group also manages the funds made available to them for food and other items in Fulwari

HOW THE FULWARI FUNCTIONS DAY TO DAY

- ✘ Fulwari centre opens for 6-7 hours, depending upon timings of mothers work.
- ✘ Fulwari runs on all days including holidays.
- ✘ Fulwari run from space voluntarily given by a community member
- ✘ Each Fulwari given a grant of around Rs.4000 for utensils, bed nets, toys etc.
- ✘ At least three hot cooked meals provided to children and two meals to pregnant women.
- ✘ Eggs (atleast 2 eggs per child per week), Oil, vegetables emphasized in menu which gets finalized by the group of mothers.

HOW THE FULWARI FUNCTIONS DAY TO DAY

- ✘ Rs. 6 per child per day provided for food (by Zila Panchayat)
- ✘ Rs. 15 per pregnant women per day provided to Fulwaris for food.
- ✘ Mothers/women volunteering to work in Fulwari also get food for that day.
- ✘ Ready to Eat powder available from Anganwadis also fed in Fulwari as one breakfast

FUNCTIONING OF FULWARI

- ✘ Zila Panchayat provides grant for the food component and basic set-up through Gram Panchayats. A budget of Rs.50,000 per Fulwari allocated by State Government
- ✘ Fund Flow: ZP to Gram Panchayat to Village Health Committee to Mothers' group running Fulwari.
- ✘ All expenditure done directly by Mothers' group.
- ✘ Most items purchased locally e.g. hand pounded rice and pulses (*dal*), vegetables, eggs etc.
- ✘ Fulwari thus used as a base for promoting kitchen gardens, poultry etc. by the families.
- ✘ Community Health Workers (Mitanins) and their support structure play the key role in Community mobilization for Fulwaris.

FUNCTIONING OF FULWARI

- ✘ Day care centres also function as demonstration for feeding and care related behaviors like – use of eggs, oil, vegetables in diet, frequent feeding, hand washing, handling of drinking water, use of bed-nets etc.
- ✘ Mothers group meets twice a month and this meeting provides Mitnin an opportunity for giving them nutrition and health education.
- ✘ Children monitored for pneumonia, diarrhea, fever (malaria) and any cases detected given the required advice/treatment/referral by Mitnin.
- ✘ Weighing of children done each month and grade (weight for age) communicated to mothers along with required counseling by Mitnin.
- ✘ Community based management of Severely malnourished children happens in Fulwari.
- ✘ Training of Mitnins and Fulwaris on Child Development i.e. Psycho-social stimulation aspects in collaboration with UNICEF and CLR, Pune.

FULWARI CENTRE

फुलवारी केन्द्र का नाम - लाडला
पारा का नाम - स्कूल पारा
ग्राम पंचायत - बेलजोरा
बच्चों की संख्या - 14
गर्भवती की संख्या - 2
खुलने का समय 8 से 5 बजे तक

FULWARI VOLUNTEER DUTY CHARTS

दिनवार ड्युटी

सोमवार	-	शान्ति, अंजू
मंगलवार	-	बालमति, गीता
बुधवार	-	सरिता, पार्वति
गुरुवार	-	क्रिस्टीना, प्रमिला
शुक्रवार	-	सुमन, अमृता
शनिवार	-	मिना, पुष्पा
रविवार	-	सुरजमुनी, प्रमिला

दिनवार ड्युटी की सूची

ढोंगरी पारा, गा.पं.करौली, वि.स.लुध्रा

क्र.	दिन	ड्युटी देने वालों का नाम
1	सोमवार	इन्दुकुंवर, श्यामपति
2	मंगलवार	समेती, गगोत्री
3	बुधवार	गुलाबी, फुलमती
4	गुरुवार	हिरामती, बैंगिन
5	शुक्रवार	मालती, तीजो
6	शनिवार	मुटियारो, फुलवंती
7	रविवार	राजकुमारो, श्यामपति

FULWARI MENU CHART

मीनू चार्ट		
क्र.सं.	दिन	खाना की मीनू
1	सोमवार	दलुआ, चावल, दाल, भोजी + चन्च तेल,
2	मंगलवार	भंडा, चावल, दाल, ढरढी + च.तेल, अडा
3	बुधवार	दलुआ, चावल, दाल, मुनगा भाजी + च.तेल,
4	गुरुवार	रोटी, चावल, दाल, कोहड़ा + च.तेल, अडा
5	शुक्रवार	दलुआ, चावल, दाल, भिन्डी + च.तेल,
6	शनिवार	भंडा, चावल, दाल, डोड़ा + च.तेल, अडा
7	रविवार	दलुआ, चावल, दाल, लौनी, + च.तेल, अडा

THE FOOD



PREVENTING INFECTIONS



VEGETABLE NURSERY



PAPAYA PLANTATION



BACKYARD POULTRY FARMING



RESULTS

Coverage

- ✘ First Fulwari started in August 2012 and over next five months there were 300 Fulwaris in Surguja covering 3,749 children and 682 pregnant women
- ✘ State Govt. decided to replicate Fulwari in all 85 tribal blocks through Panchayats in 2013-14
- ✘ Successful roll-out of replication completed in 2013-14
- ✘ 2800 Fulwaris now functional across 85 blocks in 19 districts – covering total of 41,000 children and 14,000 pregnant or lactating women
- ✘ State Budget allocation in 2013-14 – Rs.10 Crore, doubled in 2014-15. Fulwaris to be expanded to 5700 habitations.

RESULTS

× Impact on Mothers

- + High Acceptability – Despite requiring voluntary effort from mothers - 92% of the Fulwaris ran well as mothers continued to be willing to contribute their time, communities willing to give space
- + Mothers were able to go for work as childcare was provided in Fulwari
- + Growth monitoring improved
- + Practices related to hygiene and feeding improved
- + Mothers by participation in activities of Fulwari learnt more about preventing infections and child feeding
- + Better weight gain by pregnant women (under study)
- + It made it easier for Mitantin, Anganwadi worker and ANM to reach young children and pregnant women
- + Household level production of vegetables etc. increased

RESULTS

✘ Impact on Panchayats

- + 82% of Gram Panchayats helped smooth functioning and fund flow for Fulwaris
- + Panchayats started learning about Nutrition and Health
- + It strengthen social image of Panchayats

✘ Social Impact

- Fulwari brought the community together around the issue of improving child nutrition
- Fulwari 's collective ownership by mothers and their control over funds minimised chances of pilferage
- Many communities confronted Un-touchability issues and majority of them overcame them.

IMPACT OF FULWARI ON CHILD NUTRITION & HEALTH

- ✘ External Assessment By Ravishankar University and JN Medical College Raipur in August 2013 showed the effectiveness of Fulwari as children in Fulwari were found to be gaining weight much faster than the children without Fulwari
- ✘ An interim assessment survey (March 2014 by UNICEF-CLR) shows that
 - + Child malnutrition rate (under-weight<-2SD) overall came down from 45% to 34% i.e. a reduction of 24% over one year (n=500)
 - + This pace of reduction is nearly 25 times faster than what the state achieved between NFHS-2 and NFHS-3
 - + Severe Malnutrition amongst 0-3 yr children declined from 16% to 10% (i.e. by 38%)
 - + If we consider the children who had spent at least one year in Fulwari, the reduction in malnutrition (under-weight<-2SD) was 45% to 30% i.e. one -third children come out of malnutrition in a year

IMPACT OF FULWARI ON CHILD NUTRITION & HEALTH

- ✘ Birth Weights of children born to Pregnant women fed in Fulwari are better in preliminary assessment (being studied further)
- ✘ Impact on Child Mortality rates is under research. Initial data on first year in Surguja suggests only 12 deaths in 6m-3 year age group as opposed to 45 deaths in similar populations without access to Fulwari, likely because children were under-watch in Fulwari

LESSONS

- ✘ Community Mobilisation to involve Caregivers in running the programme is the key
- ✘ Caregiver Involvement including control over funds are beneficial
- ✘ Community Health Workers (Mitanins) and facilitating structures like State Health Resource Centre are critical to success
- ✘ Panchayats can provide leadership to convergent programmes which bring together elements of health, nutrition, local food production and involve multiple actors across departments

THE WAY FORWARD

- ✘ Programme is ready for scale-up. Scaling-up is necessary to make statewide impact on life cycle of malnutrition
- ✘ State Government has presented the programme to 14th Finance Commission for funding
- ✘ Further studies being conducted to confirm impact, documentation being done with support of Unicef

Thank You