INCLUSION, ADVOCACY AND EMPOWERMENT: NUTRITION REHABILITATION MEGA CAMP

JAN SAHAS SOCIAL DEVELOPMENT SOCIETY, INDIA

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Replication

Engagment with the Government

JAN SAHAS
PEOPLE'S COURAGE FOR CHANGE

Introduction

About Jan Sahas:

Jan Sahas is committed to empower socially excluded and deprived Dalits (untouchables), tribals, and other communities, particularly woman and children, by protecting their rights, building capacities, access to justice, decent livelihoods, education, food and nutrition security, mobilization and promoting overall development of the communities.

Food and Nutrition Issue in Madhya Pradesh

Madhya Pradesh in one of the top performing state in highest number of malnourished children and food insecure. According to the SMART survey conducted by Jan Sahas in two blocks, they are as following. Large population in these areas are Tribals (in Khargone) and Dalits (in Panna).

NIN 2011 report depicts the highest number of malnourished children who belong from Dalits and Tribal population followed by Other Backward Caste (OBC) in bother Khargone and Panna.

SMART,2013

Blocks	SAM Prevalence	MAM Prevalence
Jhirniya, Khargone	6.6%	24.4%
Pawai, Panna	2.9%	20.6%

Madhya Pradesh tops in malnutrition in India as it has around 60% of children are malnourished and it is an extremely alarming situation 2008(WHH/IFPRI). In international comparison MP scored lower than Ethopia or Sudan.

Kharonge and Panna, NIN 2011

Nutritional Status	Current Survey (Khargone)	Current Survey (Panna)	NFHS-3	NNMB (2006)
Underweight	58	50.3	60	46.2
Stunting	50.6	42.1	50	58.7
Wasting	30.8	29	35	24

Need

Considering the India's socio-economic status of population, the most excluded population is Dalits and Tribals. In the State of Madhya Pradesh total of 15.20% of households are of dalits while 25.29% of households are of tribals. These population faces exclusion and discrimination starting from their birth to death. Their access to health, nutrition, food, employment and education is denied. Khargone district has one of these population in large.

Khargone district is dominated by Tribal population and one of the high burdern district of Madhya Pradesh in malnourished children.

As a result of high prevalence of malnourished children in Khargone district, Jan Sahas drived an advocacy campaign for Severely Acute Malnourished (SAM) and so Nutrition Rehabilitation Mega Camp.

Khargone region is widely spreader into many scattered hamlet and having Nutrition Rehabilitation Centre (NRC) at around 50 kms distance. Women having SAM children are reluctant to go there as they have to stay for 14 days out of their home. Moreover, high level of concentration of SAM children are found in these interior areas of Khargone district.

Thus, Jan Sahas decided to advocate the issue of treatment of SAM children and collaborated with Health and Integrated Child Development Department in Khargone. As a result Jan Sahas organized 14 days Nutrition Rehabilitation Mega Camp by admitting 50 SAM without complication children.

14 Days Camp

❖**Screening:** Jan Sahas project staff screened children in high burden areas to identify SAM without complication children along with ICDS workers. Total of 180 SAM without complication children found in screening.

❖ **Collaboration and Organizing:** Jan Sahas collaborated with Health department and ICDS department to monitor medicine and supplements. Total of 59 children were admitted in NRC mega camp.

❖**Place:** Camp was organized in a primary school located in that particular area and all facilities which are required to run Nutrition Rehabilitation Centre (NRC) was ensured.

14 days feeding schedule

Time	Activity	Remarks
7:30 am	Feeding- Vegetable Mix Dal Khichadi	
9:00 am	Feeding- F-75 & F-100	F-75 (Fail in appetite test)
11:00 am	Special Feed	Made of Groundnut, sugar, milk powder, coconut oil. Feed according to weight
12:00 pm	Weight	
12:30 pm	Feeding- lunch	
2:00 pm	Feed-F-100 & F-75	
4:00 pm	Feed- F-75 & F-100	(Magnesium included in TF)
5:30 pm	Feeding- Special Feed	
6:30 pm	Feeding- F-75 &F-100	
7:30 to 8:00 pm	Dinner	

Counselling Sessions

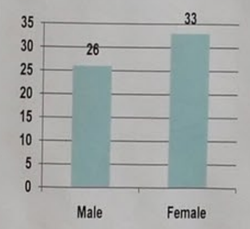
During free time of the routine busy schedule, nutrition team members managed to do the counselling and community education sessions with the mothers. Various IEC materials were used for the counselling sessions like on prevention of diarrhoea, exclusive and complementary breast feeding, breast feeding and overall counselling on malnutrition

Medicines Administered

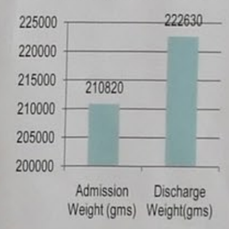
Time	Medicine	Remarks
	Vitamin A	3rd day, according to age
9:30 to 10:00 am	Iron	Started from 7th day, according to body weight. Syrup-oral form
11:00 to 11:30 am	Zinc	Started from 3rd day, according to body weight, tablet-oral form
6:00 to 7:00 pm	Magnesium	Started from According to weight, mixed with F-100 F-75
12:30 to 1:00 pm and 2:00 to 2:30 pm	Potklor	Started from 6th day, syrup-oral form. According to weight.
2:00 pm	Folic Acid	Started from 3rd day, 5 mg on 1st day and rest of the days 1mg. tablet-oral form.
------	Albendazole	Only on 7th day. According to age. Syrup-oral form
------	Multivitamin	Started on 3rd day. 1st day 5ml and rest of the days 2ml. Syrup-oral form
------	Calcium	As required. Children who eat soil. Syrup-oral form

Results

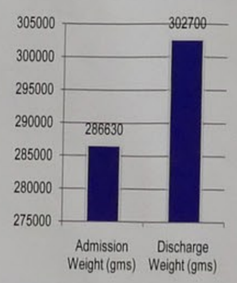
Children Sex Distribution



Boys Weight Gain (in Gms)



Girls Weight Gain (gms)



Average Weight Gain Comparison BoysV/s. Girls

Community Based Advocacy Model

Challenges

Organizing Nutrition Rehabilitation Mega Camp was tough task for Jan Sahas. There were many challenges starting from mobilization to finishing the camp.

- ❖Less possibility of mothers attending the camp.
- ❖Unstable health of children results into diarrhoea and urgent referral to block head quarter.
- ❖Unstable health of mothers, especially pregnant mothers who attended a camp were given special care and protection.
- ❖Lack of supply of medicine
- ❖Lack of space availability
- ❖Less connectivity.

Conclusions

Fourteen days of camp the average weight gain was 4.55gm/kg/day. This camp has impact on various stages like at community level, government level and Jan Sahas itself.

At community level, it was the first time such initiative taken place. Probably it was first time that mothers were given such facilities and intervention for their children. So the community has also got awareness regarding the malnutrition.

In Nutrition Rehabilitation Mega Camp children and women from tribal and OBC community stayed together and ate together. Usually, in modern India there is still discrimination between these two populations. And due to the caste structure (ascribed social status which is discriminatory) people from two different caste often do not easily gel with each other at individual level. Moreover, people who belong from tribal and dalit community is always discriminated at various spheres in society so as malnourished children too. Jan Sahas advocated this issue with Government to reach out to these interior region staying population and providing nutrition services and save children's lives.