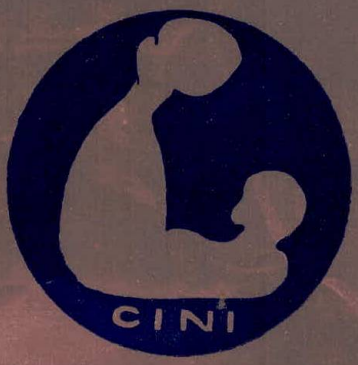
SUMMARY OF RESEARCH PROJECTS



for more information contact research unit

CINI–CHILD IN NEED INSTITUTE
vill~daulatpur . p.o~amgachi
via~joka . district~24 parganas
west bengal (india) pin~ 743512

PREFACE

Since its inception in 1976, CINI-Child In Need Institute's focus shifted from just providing relief and rehabilitation services to organizing an Integrated Service, Training and Research program in the area of maternal and child health and development.

Working in the field for the last decade or so, many fundamental questions came up and led us to formulate hypothesis which needed testing. We were fortunate in collaborating with Indian Council of Medical Research (ICMR) and Nutrition Foundation of Indian (NFI) in studying some of these questions which have tremendous value at the National level.

This report essentially brings out some of the relevant initial findings highlighting some of the insights gained.

In the present collaborative studies all of which are multicentric, the Institute has immensely benefitted from the advice and guidance of experts and consultants from both Indian Council of Medical Research and Nutrition Foundation of Indian as well as other participating centres and wishes to place on record its deep appreciation.

Dr.S.N. Chaudhuri
Director.

1. **TITLE OF THE PROJECT**

" COLLABORATIVE STUDY ON IDENTIFICATION OF SIMPLE INDICATOR & DEVELOPMENT OF NUTRITION SURVEILLANCE METHOD AT PRIMARY HEALTH CARE LEVEL"

This study was also conducted at two centres i.e. National Institute of Nutrition (NIN), Hyderabad and Rohtak Medical College, Haryana.

2. **SPONSOR**

Indian Council of Medical Research (ICMR) October, 1983 - November, 1987.

3. **DURATION OF STUDY**

Phase I - Cross Sectional Study - March, 1984 - May, 1985

Phase II - Longitudinal Study - May 1986 - November 1987.

4. **PERSONNEL INVOLVED**

Assistant Research Officer (Medical Officer) - 1

Research Assistant (Nutritionist) - 2

5. **OBJECTIVES OF THE STUDY**

5.1 To assess the ability of Primary Health Care (PHC) workers in taking anthropometric measurements.

5.2 To assess the ability of PHC workers in assessing nutritional status using simple anthropometric indicators.

5.3 To assess the ability of PHC workers in monitoring the nutritional status of children.

6. **METHODOLOGY**

180 PHC workers comprising of Anganwadi workers (AWW) - 75 community health guide (CHG) - 75 and multipurpose health workers (MPW) - 30,

were selected from 3 randomly selected community development blocks (2 non-ICDS rural blocks and one ICDS urban block). After adequate training, each worker collected information on 50 under five children from his/her area of operation in respect of age, weight and height of each child along with identification particulars. Each worker also assessed the nutritional status of the same 50 children using simple indicators such as :-

a) Growth Chart (weight for age)

b) Leanness board (weight for height)

c) Coloured Stick (height for age)

d) Tri colour tape (Mid upper arm circumference - MUAC)

Similar anthropometric measurements and use of simple indicators for each child was carried out by the standard (Medical officer/Nutritionist) independently. Apart from above mentioned anthropometric measurement, clinical assessment for presence of oedema, marasmus, anaemia, Bitot's spot in each child was also carried out independently by the PHC worker and the standard. 9,000 children in total were nutritionally assessed by 180 workers and 3 standards.

Analysis

Analysis of the data of cross-sectional phase was done by comparing PHC level workers performance with that of the standard in respect of each anthropometric measurement and simple indicator.

7. FINDINGS OF CROSS-SECTIONAL PHASE

7.1 Worker's Performance in determining Child's age

85% workers correctly determined the age of the child. No significant inter worker difference was found.

7.2 In taking actual measurements

87% of workers can measure weight correctly compared to 60% MUAC measures and 37% in height recording.

7.3 In handling instruments

Leanness board is best handled (85.8%) by the workers followed by tri colour tape (83.2%), coloured stick (80.7%) and growth chart (77.2%).

7.4 Sensitivity of the instrument

Sensitivity of colour coded instrument with regard to correct nutritional assessment is -

Tri colour tape	Leanness board	Coloured stick	Growth chart
(92.3%)	(84.2%)	(79%)	(76.2%)

8. LONGITUDINAL PHASE

The longitudinal phase of the study was started in May,1986 and completed in November,1987. An ICDS block (Budge Budge-II) where cross sectional study was also conducted was selected for this phase. In the middle of the study, for administrative and logistic reasons, another non ICDS block (Bisnupur-II) was also selected. Forty-eight workers (AWW & CHG) in Budge Budge-II and nine CHGs in Bishnupur-II monitored the nutritional status of 2916 and 549 under-six children respectively. Infants and 'at risk' cases (severely malnourished and morbid cases) were contacted monthly and the others were followed up quarterly.

9. FINDINGS OF THE LONGITUDINAL PHASE

9.1 Registration and follow-up of under six children

CHGs performed better than AWWs with respect to registration (37.23% compared to 33.83%). On the other hand AWWs were able to sustain the children better than CHGs in subsequent follow ups.

9.2 Nutritional status of under six children and follow up performance of AWWs and CHGs

At the beginning of the survey the nutritional status of infants and children under AWWs was better than that of those under the care of CHGs. The difference in nutritional status between boys and girls was more prominent in those under CHGs' care than those under the care of AWWs. No significant change in

the nutritional status was observed in subsequent follow ups amongst both types of workers.

9.3 Different nutritional status of under-six children by grades in follow-up rounds

Forty per cent of the infants of normal nutritional grade under the care of AWW deteriorated. The corresponding figure for CHG was less than 20%. Forty five per cent of the severely malnourished infants failed to improve despite workers' intervention.

In all grades except severe malnutrition, 79 to 85 per cent of 1-6 years children maintained their nutritional status both in the case of AWW and CHG.

9.4 Workers' capacity in identification of faltering children and their management

No significant difference was observed among the children of different age groups (0-1, 1-3 and 3-6 years) with respect to growth faltering. The AWWs were found to be more competent than CHGs as they identified 93 per cent of actual faltering cases compared to 54 per cent by CHGs. More than 85 per cent of the faltering children had improved both in the case of AWW and CHG in subsequent follow up. No significant inter-worker difference was observed in this regard.

9.5 Growth faltering and morbidity

Of the faltering children about one-third under AWW had the history of at least one sickness episode as compared to one-fourth under CHGs. It was observed that more than 65% of children had growth faltering even in the absence of any associated sickness. The morbidity load was maximum among infants and least in 3-6 years age group. Diarrhoeal morbidity load was the maximum followed by cough and fever.

9.6 Immunisation status

B.C.G. vaccination coverage was negligible (3-6 percent). Regarding DPT and Polio vaccination among children of 6 months to 6

years of age coverage as a whole was low, but more so in the hands of CHG as compared to AWW (39 and 33 per cent respectively).

9.7 Dietary habits of under six children

No difference was observed in the food habits of the children (1-3 years) both in case of AWWs and CHGs. The most interesting finding was that 9 and 12 per cent of the children in the age group of 3 to 6 years under AWW and CHG respectively were given breast feeding along with solid food.

1. **TITLE OF THE PROJECT**

" EVALUATION OF NATIONAL NUTRITIONAL ANAEMIA PROPHYLAXIS PROGRAMME (NNAPP) "

This study was also conducted at 9 Centres all over India.

2. **SPONSOR**

Indian Council of Medical Research (ICMR).

3. **DURATION**

13 months : May, 1985 - June, 1986

4. **PERSONNEL INVOLVED**

Assistant Research Officers	:	Medical Officer	- 1
		Nutritionist	- 1
Research Assistants - 4	:	Social Scientist	- 2
		Nutritionist	- 2
Lab. Technicians	:		- 2
Secretarial Assistant	:		- 1
		Total	- **9**

5. **OBJECTIVE OF THE STUDY**

To carry out a 'Situation analysis' of the current status of the National Nutritional Anaemia Prophylaxis Programme.

Specific Objectives

5.1 To evaluate the operational aspects of the programme.

5.2 To assess the knowledge and attitude of the functionaries involved in the programme.

5.3 To assess the perceptions and attitude of the community (beneficiary) towards the programme.

5.4 To study the distribution of haemoglobin levels in the pregnant women.

6. RESEARCH METHODOLOGY

6 districts were randomly selected out of 17 districts in the state. Two primary Health Centres (PHC) were randomly chosen from each district followed by one sub-centre from each PHC. The sample size comprises the population of twelve sub-centres.

6.1 Sample Size

No. of households : 10,326 (Population - 63, 180)

Pregnant mothers (beyond 24 wks. of gestation) identified for Haemoglobin (Hb) estimation - 515

Functionaries interviewed :

Community Health Guide (CHG)	-	36
Traditional Birth Attendant (TBA)	-	20
Anganwadi Worker (AWW)	-	5
Multipurpose Worker (MPW)	-	21
Primary Health Centre Doctor	-	12
Dist. Family Welfare Officer	-	7
Addl. Jt. Director (Family Planning)	-	1

6.2 Data Collection

The data on Socio-economic, demographic characteristics of each household and knowledge and attitude of the beneficiaries (in each family) towards this programme were collected by administering household Schedules. Pregnant mothers (beyond 24 wks. of gestation period) were identified in the surveyed population and thier Hb% level was estimated. Separate interview schedules were administered to CHG, AWW, TBA, MPW, MO, PHC, Dist. level Family Welfare Officer and State level Officer to collect data on their knowledge and attitudes and their views on the operational aspect of the programme. Secondary data on supply and expenditure of folifer tablets and coverage of beneficiary were collected from village level to state level. Folifer tablets were collected from different levels for a chemical analysis of bio availability of iron.

Data were sent to ICMR Headquarter at Delhi for central analysis.

7. **PRELIMINARY FINDINGS** - (West Bengal only)

7.1 Approximately 90% of the beneficiaries have never heard about this programme.

7.2 4% to 5% of the surveyed households have intermittently received folifer tablet from Government Medical Institutions in the past.

7.3 60% - 70% of those who have received tablets, have never taken the prescribed doses and the reasons for that are :

- irregular supply of medicine from Institution and by health personnel.
- beneficiaries never turned up for more supplies either
- due to side effects of folifer tablet or their ignorance about continuing the tablets.
- discolouration of the tablets due to bad storing at household level.

7.4 Follow-up by the PHC level workers at domiciliary level is non-existent.

7.5 Knowledge of CHGs and TBAs regarding this programme is veyr poor, which can be attributed to inadequate training and non existent supervision by higher echelons.

7.6 Poor storage facility for medicines at sub-centres and PHC level.

7.7 Poor record keeping at sub-centre and PHC level regarding supply and expenditure of filifer tablets and beneficiary coverage and inconsistent record maintenance at PHC and District level in respect of supply and expenditure of medicine.

7.8 Pre-school and school going children never received the supply.

7.9 Haemoglobin percentage distribution amongst pregnant women were as follows :-

	Pregnant mothers
Less than 6 gm%	4%
6 - 8 gm%	23%
8 - 10 gm%	53%
More than 10 gm%	20%

1. **TITLE OF THE PROJECT**

" WOMENS WORKLOAD & INCOME AND ITS RELATIONSHIP TO HEALTH STATUS & NUTRITION PRACTICES OF PRE-SCHOOL CHILDREN "

It is a multicentric study conducted at 5 centres across the country under the auspices of Indian Council of Medical Research, New Delhi.

2. **DURATION**

April, 1986 - June, 1988

3. **PERSONNEL INVOLVED**

Research Officer (Medical Officer)	-	1
A.R.O. (Social Scientist)	-	1
A.R.O. (Statistician)	-	1
Research Assistant	-	6
Secretarial Assistant	-	1
Total	-	**10**

4. **OBJECTIVES OF THE STUDY**

4.1 To assess the work pattern of underprivileged women in rural and urban areas and compare the work pattern of working and non working women.

4.2 To assess women's contribution to the total family income.

4.3 To look into the differential child care practices amongst working and non working women and its impact on health and nutritional status of children.

4.4 To assess health and nutritional status of women, infants and pre-school children and to study the effect of her work load on health and nutritional status of the child.

5. METHODOLOGY

Forty slums in Calcutta were identified and censored to obtain the required sample of 800 mothers of different occupational catagories. The study was conducted exclusively in 29 slum areas having a population of 24,774, distributed in 4,597 households.

OCCUPATIONAL CATAGORIES OF MOTHERS	NO.OF MOTHERS STUDIED FOR	
	WORK PATTERN	DIET SURVEY
1. House wife	200	32
2. Domestic labourer	300	35
3. Unskilled labourer	100	27
4. Skilled labourer	50	18
5. Self-employed	100	24
6. Office staff (lower level)	50	14
Total coverage :	800	150

Information on different items was collected by different techniques such as :

1. A house-hold schedule was administered to the head of the household or any knowledgeable person in the family for collecting the socio-economic and socio-cultural status by interview technique.

2. Other schedules were administered to the mothers to collect data on their time use pattern, nature of work, child care practices, morbidity of child, ownership of consumer items and expenditure pattern, any business etc. by interview technique.

3. Data on health and nutrition status of mothers and their pre-school child/children were collected by anthropometric measurements (Height & Weight) and in child also by some clinical observations.

4. Diet survey was conducted on a subsample of 150 households, randomly selected from each occupational catagories of women by one-day recall method.

6. DURATION OF THE FIELD WORK

From November 1986 to February 1988.

7. PROFILE OF MOTHERS' OCCUPATION BY CENSUS ANALYSIS

The study reveals that :-

7.1. Fifty five percent (55%) mothers having at least one pre-school child were exclusively housewives, 26% mothers were domestic labourers while the remaining 19% belongs to different working categories such as skilled labourers, unskilled labourers, self employed and office staff.

7.2 Of the working mothers 59% were found to be domestic labourers and the remaining 41% belonged to different working categories.

7.3 Pre-school children constituted 15.43% of the total population.

8. PRESENT STATUS OF THE PROJECT

Data collection was completed in Feb.1988 and data are under the process of analysis. The analysis and report writing is expected to be completed by 30th June, 1988.

1. **TITLE OF THE PROJECT**

" INFANT FEEDING PRACTICES WITH SPECIAL REFERENCE TO THE USE OF COMMERCIAL INFANT FOODS "

It was a multicentric study conducted at Calcutta, Bombay and Madras.

2. **SPONSORS**

Nutrition Foundation of India and Ministry of Social Welfare, Government of India.

3. **DURATION OF THE STUDY**

January, 1981 - March 1982

4. **PERSONNEL INVOLVED**

Statistician	- 1
Research Investigator	- 7

5. **OBJECTIVE OF THE STUDY**

5.1 To survey the current infant feeding practices in different segments of the population with special reference to the use of commercial infant foods.

5.2 To obtain qualitative data on the type of food including milk, other than breast milk use for feeding infants and reasons for doing so.

5.3 To study the manner and mode of use.

5.4 To obtain information on some health indicators of the infants associated with these practices.

6. **METHODOLOGY**

377 infants were selected for this study from Calcutta City, Perimetropolitan area within a zone between 5 - 15 Kms. of the city limits, from a town having population between (50,000 - 99,999) and from

another town of population between (20,000 - 49,999) located at least 50 Kms. away from the city.

A proportionate sampling was done to cover the sample size i.e. 55% from the city and 15% from other three strata. The population surveyed in this study was from the randomly selected Enumeration Blocks of stratam which has a population size of 600. A fairly detailed schedule was administered to the mothers having infants to elicit information on a wide range of factors related to infant feeding practices. The actual weight of the infant was recorded in the schedule.

7. FINDINGS OF THE CALCUTTA STUDY

7.1 Only 1.9% of infants were never breast fed and they belonged to the highest income group.

7.2 90% of infants were still receiving breast milk at the age of 12 months.

7.3 60% of infants were put to breast before 48 hours.

7.4 Only 35% of infants are exclusively breast fed at the end of 4 months and at the end of 8 months 14% of infants are still exclusively on breast milk.

7.5 Commercial milk was introduced to 7% infants within first month.

7.6 Use of commercial milk was more prevalent amongst hospital born children, irrespective of economic status of the family.

7.7 26% of infants in the villages around the metropoliton city were receiving commercial Milk (CM).

7.8 Commercial milk/commercial cereal was the supplement of choice among the higher income groups and even amongst the poorest.

7.9 Breast fed infants had suffered less number of episodes of infection as compared to infants on supplements.

7.10 The growth of infants were poor, both in exclusively breast fed infants and in those receiving commercial cereal supplements with breast milk.

7.11 50% - 60% of infants at Calcutta, despite abject poverty and poor living conditions had attained in their early infancy a level of growth comparable to that of the best international standards of privileged North American Children.

7.12 Comparing the findings of Calcutta with Bombay and Madras, it was found that Calcutta and Bombay represented two ends of the spectrum with respect to infant feeding practices with Madras in between. Bombay findings showed :-

* more intensive and extensive breast feeding.
* exclusive breast feeding during early infancy in a much higher proportion of cases.
* introduction of supplements before six months in a smaller proportion of infants
* much lower use of a commercial milk/commercial cereal and as supplements.
* much better growth and much lower incidence of malnutrition in infants.

1. **TITLE OF THE PROJECT**

" DEVELOPMENT OF STRATEGIES TO IMPROVE HEALTH & NUTRITIONAL STATUS OF UNDER FIVE CHILDREN OF POOR COMMUNITIES OF TRIBAL URBAN, SLUM & NON-TRIBAL AREA "

This study was also conducted at Jabalpur Medical College, Madhya Pradesh.

2. **SPONSOR**

Nutrition Foundation of India, New Delhi.

3. **DURATION OF STUDY**

October, 1983 - March, 1986

4. **PERSONNEL INVOLVED**

Project Medical Officer	-	1
Field Supervisor	-	1
Statistician	-	1
Village level workers	-	6
Total	-	**9**

5. **OBJECTIVE**

5.1 To identify biological, socio-economic and cultural factors and their inter-relationships responsible for differential nutritional status of children living in same socio-economic cultural and environmental conditions.

5.2 To develop strategies for improving competencies of mother/ mother substitutes in respect to child rearing with the help of frequent interaction of adequately trained village level workers.

6. **METHODOLOGY**

6.1 Base line survey

6.2 Intervention phase

6.1 Base line Survey covered a population of 6,000 from each tribal, rural, urban and slum unit. Data were collected on Socio-economic, demographic and environmental characteristics of the families and maternal characteristics including her KAP on child rearing practices. Household schedules were administered by village level workers (VLW) under the supervision of supervisor and Medical Officer. Health assessment in respect of Nutritional status and nutritional deficiency signs and symptoms of children under five were done by VLW and Medical Officer. The base line survey was completed in record time of 9 months.

6.2 **Intervention phase**

The course curriculum of VLWs training programme was designed relevant to the research objectives. The VLWs were trained for 4 wks. before they were allowed to work in the population assigned to them. Base line surveyed population at each unit was divided into experimental (2,000) and control (4,000) group.

Each VLW was assigned a population of 1,000 where the health input was given in terms of frequent interaction of VLWs with mother, provisioin of some basic medicines and referal of emergency cases to nearby institution. The work of VLWs was constantly monitored by Supervisor and Medical Officer through frequent field visits.

7. PRELIMINARY FINDINGS

7.1 Nutritional status of the infants of tribal area is better than infants of rural and slum areas. The nutritional status of infants in slum being the worst.

7.2 This can be attributed to vigorous and sustained practice of breast feeding in tribal area as compared to slum area. The mothers in slum are otherwise pre-occupied in economic activities, which keep them away from their children for hours together, leaving the infants to the care of elder sibling at home. But in case of tribal mothers, they carry the child to the place of work

and breast feed the child regularly despite their busy work schedule.

7.3 Early supplementation of commercial milk in disproportionately higher dilution was very much prevalent amongst the slum children because of so called inadequacy of breast milk and poverty with ignorance.

7.4 The morbidity intensity amongst the slum infants is more compared to rural and tribal infants, because of early supplementation, unhygienic practices and lack of basic sanitation.

7.5 Tribal infants are weaned last compared to slum infants who are weaned earliest and rural infants in-between.

7.6 Certain cultural practices in respect of child birth amongst the tribals were noted to be detrimental (using blant arrow head for cutting umbilical cord) and is deeply rooted in their beliefs and practices.

7.7 Health behaviour in respect of child's sickness was confined to home remedies and magic relief in the tribal area, where as in slums, visits to nearby practioners, hospitals and dispensaries were the trend.

1. **TITLE OF THE PROJECT**

" POSSIBILITY OF IMPROVING LACTATION PERFORMANCE IN ANAEMIC MOTHERS BY SUPPLEMENTING PARENTERAL IRON THERAPY"

2. **SPONSORS**

Nutrition Foundation of India.

This study was also conducted at Institute of Child Health, Madras and K.E.M. Medical College, Bombay.

3. **DURATION OF THE STUDY**

October, 1985 - March, 1987

Actual study started in November, 1985.

4. **PERSONNEL INVOLVED**

Field Investigator - 2
Laboratory Technician - 2

5. **OBJECTIVE OF THE STUDY**

5.1 To increase and sustain the heamoglobin (Hb) level of the anaemic mothers by parenteral therapy of iron.

5.2 To increase the lactation performance of the mothers given single dose of parentral iron.

6. **RESEARCH METHODOLOGY**

Initially 403 mothers having Hb. level between 8 - 10 gm%. 48 hours after delivery were selected for this study. 205 mothers were regarded as control group and rest 198 mothers were given 400 mg of iron-dextran complex intra-venously. Their (both experimental and control) Hb. level and weight, their children's weight and height were followed up monthly for 4 months.

Special care was taken to see that the mothers were not taking any haematinics and adding supplementary feeding to their children. Those who did, were dropped from the sample.

Under the extension programme, 56 mothers having Hb. level between 8-10 gm%. 48 hours after delivery were given 800 mg of iron-dextran complex I.V. They were followed up monthly for 4 months as before.

7. COVERAGE OF MOTHERS

	Study group	No. of mother studied	Total No. of Dropout, after 4 months cases
1.	Control	205	130
2a).	Experimental (400 mg iron I.V.)	198	104
2b)	Experimental (800 mg iron I.V.)	56	6
	Total	**459**	**240**

8. PRELIMINARY FINDINGS

1. Both the experimental and control group are comparable with respect to caste, ethinicity, per capita income, family type and size and occupational category of mothers (it is by co-incidence).

2. 400 mg. of I.V. Iron dextran complex could raise the Hb. level to a maximum of 1.56 gm% after one month and then started waning after 2nd month to a level of 0.56 gm% increment after 4 months over the post natal Hb. status of mother. With 800 mg. of iron-dextran complex the maximum increment is 1.9 gm% over the initial Hb. level after 2 months, then started 2 months, then started waning.

	Increment by gm%			
	1st month	2nd month	3rd month	4th month
Experimental :				
a) (with 400 mg iron-dextran)	1.56	1.47	0.88	0.56
b) (with 800 mg iron-dextran)	0.61	1.9	1.53	1.23
c) Control	0.43	0.63	0.36	0.40

3. Average Birth weight of sampled baby is 2.66 Kgs.

4. There is no significant difference in increase of body weight of the children between control and experimental group.

	1st month	2nd month	3rd month	4th month
Experimental group :				
a) (with 400 mg iron-dextran)	613 gm	716 gm	682 gm	638 gm
b) (with 800 mg iron-dextran)	853 gm	818 gm	783 gm	667 gm
c) Control group	729 gm	716 gm	672 gm	593 gm

Interesting to note that there is only a difference of average 50 gm. in weight between the experimental group (with 400 mg of iron) and control group children after 4 months. But with 800 mg iron supplementation the difference with control is always more than 100 gm.

5. 25% of mother of experimental group could not sustain exclusive breast feeding in comparison with 39% of control group beyond one month. 60% of mothers of experimental group have already started top feed at the end of 4th month in comparison with 53% of control group.

6. There is no significant increment of weight of mothers of experimental group in the post delivery period but reduction of body weight as found amongst control group mothers.

7. There is a 50% drop out of the mothers registered for this study. It is evenly distributed in both the groups.

The main causes of drop out are :-

(i) Wrong address (49.21%), (ii) Out of station, during the study (40%), (iii) Objection (1.54%) and the death of sample child (1.54%).

RESEARCH ACTIVITIES OF CINI - THE CURRENT SITUATION
(AS IN APRIL, 1988)

To strengthen its monitoring, evaluation and research activities, CINI has set up a 'Monitoring, Evaluation and Research Unit (MERU)' primarily with the help from 'The Ford Foundation'. At present this unit is involved in the following studies :-

1. **Evaluation of the 'integrated programme for the child in need'.** This programme was sponsored by the Ministry of Health and Family Welfare, Govt. of India (under project voluntary organisation in health scheme) with USAID assistance. It was launched in 1984 with different inputs in the fields of health, nutrition and community development. The purpose of this evaluation is to find out the impact of this programme so as to help developing new strategies in maternal and child health care in future.
   (Expected to be completed by the end of September, 1988).

2. **Situational analysis of the status of the girl children in selected villages of South 24-Parganas district.** This study is sponsored by the Department of Women's Welfare, Ministry of Human Resource Development, Govt. of India.
   (Expected to be completed by the end of July,1988).

3. At the request of OXFAM(INDIA) TRUST, CINI is currently undertaking a study on the **Health and Nutritional status of mother and pre-school children in three tribal blocks in three different districts in Orissa.** (Expected to be completed by the end of October,1988).

4. **Situational analysis of women and children and delivery of primary health care in urban areas of West Bengal.** This study is sponsored by UNICEF.
   (Expected to be completed by the end of September,1988).

GOVERNMENT OF INDIA

Ministry of Human Resource Development

DEPARTMENT OF WOMEN AND CHILD DEVELOPMENT

This National Award is given to

Child In Need Institute (CINI)

Calcutta, West Bengal

in Public recognition of the valuable services to the community rendered in the field of Child Welfare.

New Delhi
Dated **19 May, 1986**

Secretary
to Government of India

CITATION

Child-In Need In Institute (CINI)

The Child-In Need Institute (CINI) was established in 1975 in a rural area near Calcutta. The Institute started with child care activities with a focus on the poor in slum areas and villages around South Calcutta. The area of activitics has now been widened to cover parts of the districts of 24 Parganas, West Dinajpur and Midnapore.

CINI has got a fully-equipped children's hospital and nutrition rehabilitation centre. Besides it has got several mobile and static clinics. With the help of these facilities, CINI conducts several activities, nutrition and health education, nutritional supplementation, immunization, treatment of minor ailments and treatment of severely malnourished children in an intensive care children's ward and nutrition rehabilitation centre.

CINI also conducts training programmes for middle-level and grass-root workers of the Integrated Child Development Services Programme. Over the last few years, more than 2,000 mother and child health workers of various categories have been trained by CINI.

CINI has since 1979, reorganized its field level activities through Mahila Mandals. Health care for children is increasingly being taken care of by trained Mahila Mandal workers. CINI has organized income generation activities for mothers and for this purpose has developed a separate campus.

CINI has also engaged itself in multi-centre research projecte of the Indian Council of of Medical Research and the Nutrition Foundation of India.

CINI did notable relief work in the 1978 floods in West Bengal.

CINI has earned the National Award for Child Welfare for 1985 by virtue of the quality and magnitude of its child welfare work.