

Title of the Project

“Assessment of Severely Acute Malnourished (SAM) Children”
(Bijorabhil Village Khandwa Madhya Pradesh)

CHLP-Fellowship Final Report-2022-23



Submitted By

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PART-A

1. Introduction

Qualification Family Background & work Experience

A little about myself as most of you know me by now, my name is Ganesh Shahani, and my DOB is 26-10-1983 in Maheshwar Block Khandwa District. I am married. I have two children 1-girl & 1-boy my current location Khandwa District of Madhya Pradesh. My Qualification and work experience is I have done my Graduation- B.A with arts subject from DAVV Indore Post-Graduation MSW (Masters in Social Work) as well as M. Phil. in Social Work in 2011 Devi Ahilya University Indore Madhya Pradesh Computer I have done PGDCA, PGDRD, B.ED in Education.

Work Experience

I have completed my M.Phil (Social work) in 2011 and then joined on guest Faculty designation in Govt. Degree College Barwaha. After two years I moved to another college for the same designation the college name is Shri Neel Kantheshwar PG College Khandwa. Here my total work experience was 5 years then I turned to the development sector. So finally I have joined Caritas India's SABAL Project on the designation of Project Coordinator which is based on Malnutrition with the Korku Community in 50 villages of Khalwa Block. After then 2.5 years I have joined Educate Girls Organization in 2018. Here my designation was Block Officer. This organization currently works in the 4 states: Rajasthan, Madhya Pradesh, Uttar Pradesh, and Bihar. In this organization my job profile works with operation program impact as well as support to HR and other technical team. Here my team was 20 field supervisors, 200 village volunteers like Team Balika. Educate Girls program implemented in whole Khandwa district with 7 blocks. This project's program was Enrollment of 5-14 years drop out & Newer enrolled girls, Retention & Increase Learning level by life skills.

Currently I have joined Chief Minister Community Leadership Development Program (CMCLDP) here my role is mentorship for the BSW/MSW students in Khandwa district of Madhya Pradesh. In this program my responsibilities are to teach BSW/MSW students in a week like Sunday. This course is closely related to community overall awareness about government schemes.

Engagement and learning in the community before the CHLP

Before the CHLP my engagement and learning was not better in the community. I had no idea of community expectations, working methods, axioms of health, how many types of health systems, disease, etc.

After the CHLP, what knowledge, skills, and abilities you achieve.

After the CHLP Program I am very confident about the fellowship of health. The fellowship program has taught me a lot of knowledge on community health, woman health, child health, and overall health system. There is a lot of health expertise so I have learnt from various fields of knowledge and experience through the online platform. I have improved my knowledge about community health, woman health, child health

mental health as well as overall whole health systems. I have been developed communication skill report writing skill.

Specific examples based on the CHLP session and you're learning

My specific learning from the CHLP session was food & Nutrition session no-13 by Dr. D'Souza

Nutrition is an important and essential aspect of public and community health. Nutrition has a direct and close relationship with the health of an individual, as well as communities and groups within the community – for example, pregnant women, new born, infants, older children and adolescents.

There are many aspects of nutrition, and some of them are directly related to health. Starting with the basic principles of nutrition, the importance of nutrition and its relationship with health is explained. The classification of different kinds of foods along with their functions in the human body are described this covers the major groups of nutrients like proteins, carbohydrates, fats, vitamins and minerals.

The applied aspects of nutrition are then explained, with important practical points and special characteristics of the different kinds of foods we consume. For example, the differences between conventional cereals (such as rice and wheat) and millets (such as Ragi and Jowar) are described.

The main national nutritional program in India, the Integrated Child Development Services (ICDS) aims to improve the nutrition and health of children under the age of five years. The different components of this program are described, along with problems related to the functioning of it. Some possible solutions to these problems have also been suggested.

2. Why did I join the fellowship program?

I joined the fellowship program for the learnt about a lot of knowledge on community health, woman health, child health, and overall health system. There is a lot of health expert so I want learnt form the various field of knowledge and experience through the online platform

My focus has always been to provide sustainable relief and holistic development for communities with an aim to empower them, so they can break the vicious cycle of poverty and become contributing members of the society and nation at large.

Along with my ongoing responsibilities as a social worker, my intent for joining the fellowship program was to broaden the spectrum of my knowledge and exposure to our current state of community health and its grey areas.

I want to improve myself in are of health management expertise. Specially child & woman health system from this one line module we learn a lot of expertise

determinants of health SEPCE systems. C WASH, Mental Health Communicable diseases
Climate Change & health

3. What are my learning objectives and were they meet?

As a public health worker my objective in community-focused care was also to enhance healthcare services and patient outcomes in targeted populations. By applying public health theory on a local, personalized level, community I would like to cater services to a specific demographic and bring a sense of wellness to communities that would otherwise lack proper access to care.

Yes, apart from being a social worker my objective also to engage in community health been met and I shall continue to serve & identify how variables related to socioeconomic status — such as income levels, nutrition, crime, health, and other resources impact people and also determine how the community's medical and educational resources contribute to people lifestyles and what improvements are called for.

Areas of interest:

- Environment health
- Food & Nutrition
- Mental health
- Child health
- Women health
- Community health post pandemic

Personal learning objectives:-

- My future aim is to be part of all types of community outreach in providing better community health to the most needy and deserving.
- As a public health worker my goal in community- focused care will be to enhance health care services and patient outcomes in targeted populations. By applying public health theory on a local, personalized level, community, I would like to cater services to a specific demographic and bring a sense of wellness to communities that would otherwise lack proper access to care.
- I also would like to engage in community health and identify how variables related to socioeconomic status- such as income levels, nutrition, crimes and other resources- impact people and also determine how the community's medical and educational resources contribute to people lifestyles and what improvements are called for.

4. Learning from modules and how I applied the learning in my work. Reflections on use of the LMS, videos and participation in live online sessions

It's been an experience by itself and a wonderful one. I learnt so many things I never knew and that too in detail and I feel there is so much more to learn and explore. Each module by itself was so interesting and engaging that it made me see at things in a diverse way. I attempted and actualized many modules in my work as well. Mental health, Child health, Food and Nutrition, Health systems in India, Understanding Community Health, Women health Overall during the live session my most of the best and useful live video lecture, reading material and resource person was D, Ravi D Souza video lecture i.e. Food & Nutrition, CWASH, Mental & woman and Child Health.

Mental health

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood

A few causes for mental health problems?

- Childhood abuse,
- Neglect.
- social isolation
- Loneliness.
- experiencing discrimination and stigma
- Including racism.
- Social disadvantage,
- Poverty or debt.
- Bereavement (losing someone close to you)
- Severe or long-term stress.
- Having a long-term physical health condition. Causes mental health problems?

Importance of mental health

- Poor mental health makes us more vulnerable to certain physical health problems, such as heart disease, stroke and type two diabetes. Nurturing our mental health

can also help prevent the development of mental illnesses. Good mental health helps us have a more positive outlook and enjoy our lives more.

Child health:-

Child health too much important for each and every This module has enhanced my knowledge and skills on health education, which is of high priority to me and was very helpful for me as I worked closely with a special needs child and a malnourished child in the tribal. I know how important child health is to a parent.

My Implementation:

Case Study:-

Kavita a Child was suffering from Saviar acute malnutrition at the Bijorabhil Village she is a first baby of her mother after the marriage. Kavita's mother has to be came their native village after the birth of Kavita so Anganwadi worker and I went to Kavita's home for the shifted to NRC for the 14 days treatment because she was reached SAM categories so finely Kavita's parents ready for the going to NRC

Intervention:-

During this module I learnt about this child and visited their house, interacted with the family for the NRC referral for the 14 days better treatment we are meet district NRC center for given to better treatment but the child was very serious so first 3 days shifted in ICU after 3 days come back NRC then take proper supplementary food prevention

Current scenario:-

Post this learnt that the first and second follow up we have got superb result like kavita's wait increase then proper have been feeding by the mother their family was keep proper care and visit to Anganwadi center for wait and other things implements.

FOOD AND NUTRITION

Importance of nutrition

- Good nutrition is very essential for health, growth and development.
- There is a close relationship of nutrition with infection, immunity, fertility, maternal and child health.
- Malnutrition in children is an important problem affecting about 50% of children under the age of 5 years.
- Obesity an increase problem in children and young adults
- Relation of nutrition with non-communicable diseases-dualities, heart disease, hypertension and cancer
- There is a close relation of nutrition wit immunity and infection.

Nutrition is an important key to learn and understand in your life while you get older. Many people do not know the proper diet and exercise to keep their body healthy and strong. Throughout this module, I have learned information on different kinds of vitamins, carbohydrates, amino acids and other helpful diets. After reading and logging my dietary log for a week it has helped me re-organize my diet and health. I have learned about how to personally manage my exercise and diet and I am seeing some good results because of what I learned from this class. I started to see what I was missing in my diet and started to know what quantity and quality was for your diet. I also took a leap into my family health history to see what I need to change.

How was a balance between work, life and the CHLP maintained?

As we started our fellowship program things were cool and calm and exciting as we were just out of the covid -19 pandemic fears. So work was more from home. But as days, weeks and months went by things started getting tough and hectic.

Earlier I would work 6 days a week so it was so difficult make to balanced my all task was on field level so it's very difficult, I felt I would not be able to manage the CHLP course but with the help of SOCHARA team and my mentor I got the confidence and started attending the classes which were of great interest. Yea sometimes I did miss a few of the live sessions due to work and family.

Mentorship process and reflections

My mentors name is Dharendra Arya he is a post graduate in social work. He is Fellow of the MPCHFP 2009-11 batches unfortunately he has unable to complete their postgraduate diploma in Human Rights. He has been associated with various government programs with a research focus. He was working in Madhya Pradesh District Poverty Initiative Project as a block coordinator in Madhusudangarh (Guna). He has also been volunteer Sewa Bhaarti Astha Jan Chetna Society focusing on non-formal education.

Dhirendra arya has been a great source of support for me as initially I hardly connected with him to be frank it was just formality sake I had thought but from the moment I spoke to him there was ease and comfort , and he an amazing listener. He encourages me all the time and kept motivating me to say I'm the best and am doing my best.

He always kept in touch with me and kept messaging and calling me even if I missed him call or didn't reply to him messages.

He explained to me in details about things I didn't understand and motivated and guided me a lot during my fellowship and encouraged me to complete my work and not to hesitate to ask for help.

We are meet to all in CPHE SOCHARA Bhopal office on the report writing skill development and how is our learning program that time what kind of our responses during the live session how many session attend us on that time. How does handle any

concern during the session Tanveer Rahul and I also attend this session with the resource person of Azam Khan, Dhirendra Arya and Dr. Ravi D'Souza Sir

I never expected to write reflections or make a project report and had given up as I felt I couldn't write but He pushed me and said I can do it and here I am writing my report all thanks to my grate mentor.

Karthik who has been a great support throughout this fellowship He is always telling us about all video lecture viewing and note down all things during the video lecture he is not spoke proper Hindi but also communicate with MP fellows.

Janelle Fernandes sessions were interesting and I liked the way she would get out the SEPCE/SDH in most of her explanations. She made learning easy and interesting. Janelle has an amazing way of explaining things in a very easy manner to understand and with examples.

I would like thanks Radhika she was such a great person who took care of us so well during the confluence. She was extremely helpful and easily accessible to make sure we were comfortable and our requirements were taken care of. She understood us and was like one among us and never made us feel like an outsider.

In short from teaching to being a friend philosopher and guide, facilitate learning, mutual growth and understanding.

6. Project learning experience.

- The support of the CHLP core team and fellows helped me to overcome the hurdles and challenges throughout the fellowship programs.
- Enabling communities and community health providers for health action Learn about malnutrition, Categories, measurement process, NRC referral systems, work process of Anganwadi center, Community food habits, their local treatment process, form this project.
- The project contributes to building awareness and to improve on medical and social care of the Savior Child's Mother.
- I was initially confused as to what topic do I do my project on. I had more than 1 topic on mind and didn't know which one to choose. I was highly confused and didn't know if I was picking the right one.
- Dhirendra Arya is my mentor guide me in finalizing the topic of my project and I am glad I choose to do a topic that's really close to me and something I was working on for a very long time, finally I got to implement it.
- I named my project" **Assessment of Severely Acute Malnourished (SAM) Children**". There were many hygiene related and health issues, for which awareness and knowledge was given and explained how to overcome it and stay healthy .it made me happy.

7. Take away from CHLP and Looking Ahead- Where do I go from here?

- I started my career as a teacher way back in 2011. It was in the year 2017 I realized that I was more comfort in community. So I just started my new journey with Caritas Project in SABAL it was basically Malnutrition for Korku Tribal Community.
- CHLP has giving me a different approach to look at things, the way this program was designed and executed was amazing. Each module was an exception by itself, we had qualified experienced facilitators who were extremely compatible and made learning so interesting and easy that our sessions always went over time.
- We had a great team of co learners and fellows which bonded really well and helped each other in whatever way they could. Each person I interacted with was outstanding and an example by them, each one out here is so talented and experienced; it was amazing to know about them and the work done by them. Sometimes listening
- CHLP- SOCHARA has taught me to learn values, knowledge, attitudes and skills that are required for community based public health actions requires an alternative teaching learning methodology {PEDAGOGY}. It calls for great experimental and group/ community based learning self-directed learning and learning through study-reflection-action cycles.
 - My focus has always been to provide sustainable relief and holistic development for communities with an aim to empower them, so they can break the vicious cycle of poverty and become contributing members of the society and nation at large
 - As a public health worker my goal in community-focused care will be to enhance healthcare services and patient outcomes in targeted populations.
 - Will definitely stay in touch with SOCHARA and look for guidance from them at every step , last but not the least would like to thank each and every one out here a few I have mentioned:- Dr. Ravi Narayan, Dr.Thelma, Dr. Prithvish, Dr. Denis Xavier, Guru, Prasanna , Janelle Fernndes, Radhika, Karthik, Uma Chaitanya, Ranjeetha. Dhirendra Azam Khan. And all over entire team was so good and supportive to completion of this learning program.

PART B

“Assessment of Severely Acute Malnourished (SAM) Children” (Bijorabhil Village Khandwa District MP)

Background of Community:

This community belongs to Bijorabhil village its nearby Khandwa district 10 kilometers. Bhilala Community has been live in Bijorabhil village since 1995. Their work basically farming and cultivation Animal husbandry migration as well as shifted cultivation. In bijorabhil population is 2000 family belong to tribal community. This particular community household made in 1 or 2 kilometers distance it's basically made by mud, and forest wood. Here also drinking water available on long distance like river, pond, hand pump, etc. this community highly trust on local treatment like Bhumka Padihar etc.

Objective of the community health action initiative

- To Study of 10 malnourished child by the self-Intervention at the Aganwadi.
- To study about government nutrition programs on the community nutrition.
- To reduce, treat and rehabilitate the malnutrition through NRC referral systems
Community awareness within

Issues:

- In this area number of child got malnourished because their mother early age married
- Lack of breast feeding by mother to child
- Lack of NRC referral systems & not proper taken treatment of CHC PHC
- To not used local millets its depends only finger, biscuits, chips,
- Large no of family migrate to other state for the search new jobs and work

The first meeting focussed mainly on:

- Anganwadi workers, ANM Asha meetings and agenda
- Getting to know their thoughts on nutrition and health
- Numbers collect of SAM/MAM Child
- Identified SAM/MAM Child, and measured them own my side with the help of Anganwadi tools
- Identifying with them the main health issues
- Discussion on Govt. institutions – Anganwadi, PHC, CHC etc.

Interventions for the outcome

During my first meeting with the Anganwadi worker I quickly realised that the priority for. Meeting arrange with SAM/MAM Childs mother in Anganwadi centre with helpers of Anganwadi worker Asha and helper any transformation in a village will necessitate capacity building and behaviour change of the people to realise self-help, community work, health/nutritional improvements and activities and the belief that they can do. In the meeting I have done one intervention between 10 SAM & 6 MAM Categories child's. my intervention was change the habits of food system for the child in morning afternoon and night. I suggest their mother 1 Egg, Banana, local millets, ground nuts, and milk then measured after one week. So finely increase the weight of 4 SAM children and 3 MAM child's after this intervention. I have achieved positive result or outcome. In 2-3 meeting aware to community regarding NRC referral systems Anganwadi services, Nutrition, health issues, as well as used of CHC, PHC benefits and reduce local treatment during the saviour conditions.

During the home visit we got 1 SAM category girls this was 2 years after counselling their mother to NRC for the 14 days treatment of Saviour Acute Malnutrition.

Nutrition program of Madhya Pradesh

Various government program launch by the Madhya Pradesh Government for the reduce malnutrition form the state as follow

National Nutrition Policy 1993, Mid -Day Meal Program-1995, Poshan Abhiyan-2007, Laado Abhiyan -2013, Udita Schemes, Usha Kiran Schemes, Lalima Abhiyan these ae the most useful for the reduce malnutrition for the state. But unfortunately communities are not aware from this programs or Schemes. during the my project intervention I have used Mid-Day Meal & Poshan Abhiyan in the community for reduce malnutrition I have given full information to community & malnourished Child's Mothers about schemes .For whom this schemes, what kind of benefits form this, where are going to community for have taken merits etc.

MY JOURNEY WITH CHLP

- The journey with CHLP has changed my life, thinking patterns and mode of action.
- It has helped me to come out of my comfort zone to reach to all who cannot be reached.
- The fellowship period was a time to experience, reflect, about the community as well as to reflect on myself as a community health care provider.
- My frequent visit to the community helped me to build a good rapport with them, understand their life situation, struggles and the challenges of the community.
- Health care activities were implemented with the community participation which positively reflected in their health status and improved awareness among the community.
- Broadened my knowledge about community health, health systems in India, role of health traditions and AYUSH, food and nutrition, women's health, mental health, NCDs and CDs, palliative care, climate change and health, child health.
- The support of the CHLP core team and fellows helped me to overcome the hurdles and challenges throughout the fellowship program.
- This support and encouragement helped me to fulfill the motto "Go to the people, live with them, learn and identify their problems ,

Stakeholders

- Anganwadi workers
- ASHA workers
- ANM
- PRI Members
- Local NGO
- NRC
- CHC PHC
- District hospitals

Social Integration:

- We strongly believe in success of any intervention can only be measured by positive end results

Gallery





