



FOUNDATION FOR
MOTHER & CHILD HEALTH
INDIA

FMCH AT DHOBI GHAT

AN OVERVIEW



Introduction

Foundation for Mother and Child Health operated out of three communities in Dhobi Ghat, Mahalaxmi, namely Ganesh Nagar, Ramdev Nagar and Sukhawani between 2007 and 2017, delivering high quality preventive interventions on nutrition for women and children. This report provides a brief overview of the programme evolution, which also coincides with the organisation's evolution to a great degree. Through this report we have captured our journey, our learnings as an organisation, and our exit process. We have also captured some of the intervention outcomes based on findings from our programme monitoring system.

All data presented in this report are generated directly from Salesforce, a web-based monitoring system which FMCH has been using since 2014. All data pertaining to the programme from 2011 was entered in the system in retrospect, the source being individual health records that had been maintained on paper for each mother and child.

The contributors to this report go beyond the author. The FMCH team, both past and present, have shared their stories, their learnings, and their experiences which we have attempted to capture in this report. But most importantly, it is the community of Dhobi Ghat, specifically on Ganesh Nagar, Ramdev Nagar and Sukhawani who has contributed the most to FMCH's journey. It has been our privilege to be with this community for ten years, share knowledge and practices and watch the children grow. We are grateful to all the institutions, volunteers and individuals for their support and making this programme a success.

The Evolution

For Foundation for Mother and Child Health, Dhobi Ghat is where it all started. Around the time when the organisation was founded, slum rehabilitation efforts were in full swing in Mumbai. The Slum Rehabilitation Society (SRS), a non-profit working with the local communities in Dhobi Ghat area had just completed a new building. SRS introduced FMCH to the community leaders who invited the organisation to use space in the building earmarked community activities. And thus, in 2007, FMCH started its operations out of Ganesh Nagar in Dhobi Ghat, with about 100 children from the nearby communities.

For the first few years of FMCH's existence, it was the Ganesh Nagar centre that remained the foreground for FMCH's interventions. At the very beginning the FMCH team was focused on ensuring good health outcomes for the children who were coming to the Ganesh Nagar centre for pre-primary education. However, with growing needs of the community, FMCH also expanded its intervention not just in terms of increasing

coverage but focusing the intervention around health and closing down the pre-primary education intervention completely.

Between 2011 and 2017 FMCH focused on delivering community-based nutrition-specific interventions at Dhobi Ghat, reaching over 3000 women and children directly in a population of 50,000 in the area. The community-based First 1000 Days' model was launched in Dhobi Ghat first (in 2013), and later replicated by FMCH in other locations. FMCH's intervention activities were first (pregnancy club, community support volunteers, oral health initiative) were first piloted at Dhobi Ghat and later taken to other areas. The diverse population of Dhobi Ghat always provided the team an opportunity to ideate solutions for issues, explore new intervention designs, and implement them hands-on.

Launch of two new Community Centres

Dhobi Ghat was originally 'founded' in 1890 as an open-air laundry. Over the next few decades, thousands of people were employed to hand-wash and air-dry clothes from people living in Mumbai, laundry from hospitality businesses and the Indian railways. As the business grew, so did the population and it soon became a hub for not just locals but also migrants from inner Maharashtra, Gujarat, Bihar and Uttar Pradesh. While some part of this population remained employed with the large laundry industry, the growing population at Dhobi Ghat were also employed with the Brihanmumbai Municipal Corporation (BMC) as cleaners, or took up small enterprises as road-side vendors, or drivers of taxis/autos and other utility vehicles. Given the large diversity of population, the groups quickly fell into a pattern of living, and several smaller, yet unique community shanties sprung up.



FMCH's Ganesh Nagar centre remained the sole point of contact with the community till 2011, when the community at Ramdev Nagar behind Arthur Road jail requested the team to start a new centre in their community space. This space was given to FMCH rent-free for a few days every week, and led to a larger coverage in an area very close to Ganesh Nagar but very different culturally and practice-wise. The very next year the FMCH team launched yet another community centre in Sukhawani (which means a 'drying' area) which housed large group of migrants with very limited resources. Through these two additional centres, FMCH's reach quickly grew to over 1500 women and children in Dhobi Ghat by 2012 with complete coverage of the area.

First 1000 Days

The First 1000 Days' model at FMCH emerged from the need to prevent malnutrition in the communities at Dhobi Ghat. While acute malnutrition could be treated with intensive intervention at the community level, there was a clear gap in addressing chronic malnutrition in the community. In the early years FMCH worked with children up to age six. However, for many of these children it was too late to address stunting (low height for age as per WHO guidelines) which is preventable but not reversible. And therefore, it was imperative to design an intervention that addresses prevention of chronic malnutrition in a community context.

PROGRAMME GOAL:

Prevention of chronic malnutrition among children in the First 1000 Days in a community setting through nutrition-specific interventions

PROGRAMME OBJECTIVES:

- Increased FMCH "REACH" by registration of new direct beneficiaries.

- Prevention of Malnutrition during first six months "EARLY & EXCLUSIVE BREASTFEEDING"

- Implement "FIRST 1000 DAYS PROGRAMME" as per WHO guidelines

- Development and Dissemination of "MODULES BASED ON ACTIONABLE CONTEXTUAL KNOWLEDGE" - Ante-Natal Care, Child Development and Nutrition

PROGRAMME ACTIVITIES

Anthropometric Monitoring- Both mother and child were monitored regularly at the FMCH community centres.

Home Visits- Breastfeeding assessment and support, complementary feeding and weaning support and nutrition counselling were provided through home-visits by the FMCH team.

Clinics- Run by a team of medical practitioners including doctors, nurses, nutritionists and community workers, these clinics were run in all three community centres on a bi-weekly basis. Women and children were first registered with FMCH at these clinics, and all follow-up visits were also conducted here. The aim of these clinics was to provide counselling, guidance and support around ante and post-natal care, care for malnutrition, breastfeeding and complementary feeding, immunisation and growth monitoring.

Community Engagement- The FMCH team conducted various large scale community

engagement activities, to promote the dialogue around malnutrition, first 1000 days and hygiene in the community



PROGRAMME OUTCOMES

Improved Birth Outcome

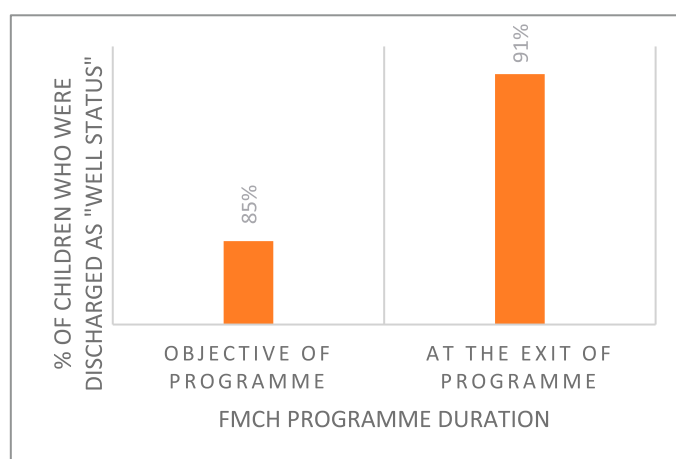
Birth weight is a key indicator in assessment of birth outcomes, and used as a foundation for planning the goal for achieving the growth of a child as per the standards. Low birth weight (LBW) is defined by World Health organization as weight less than 2.5 kgs. LBW has long term and short term implication on the health of a child. LBW is not only a predictor neonatal morbidity and mortality but is also a factor contributing to increased risk of non-communicable diseases like cardio-vascular diseases and diabetes later in life. Although FMCH was not the primary healthcare provider for pregnancies, through the First 1000 Days' programme there were two specific services offered to women during pregnancy. First, regular weight checks and consultation with a medical practitioner, who would explain test results to the woman and provide any counselling necessary. These visits were also teamed with intensive diet recall and

nutrition counselling. The second service was the Pregnancy Club, a weekly group session that not just brought accurate and trusted knowledge to the participants, but also doubled up as a safe space to ask questions, to share doubts and fears, and support each other through this critical phase of life.

When the data compared for women who attended the clinics and pregnancy club regularly (more than three visits during pregnancy) vis-à-vis women who registered with the programme post-delivery, a difference was found in birthweight. The average birthweight for children whose mothers never availed any of the services mentioned above at Dhobi Ghat was 2.67 kgs, while for those children with mothers attending FMCH services was 2.79 kgs.

CLINIC VISITS FOR GROWTH MONITORING

Regular growth monitoring was a critical component for all children registered with FMCH in the First 1000 Days' Programme. Over 12,000 clinic visits have been recorded through the duration of intervention, which

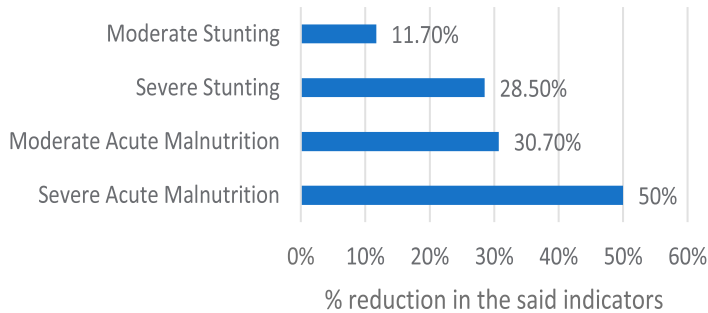


gives an average of approximately 2400 clinic visits every year. This high rate of visits also indicates that families were keen on seeking regular growth monitoring and counselling support from FMCH.

INFANT AND YOUNG CHILD FEEDING PRACTICES

Exclusive breastfeeding for six months and timely and adequate complimentary feeding

OUTCOME (Nutrition Status)



are the two IYCF indicators FMCH team worked with under the First 1000 Days' Programme. At Dhobi Ghat, children breastfeeding rate has been a low 46.28% for children who were registered with FMCH between zero and six months' age.

Primary caregivers reported timely and adequate complimentary feeding (based on 24 hours' diet recall) only 36% of the times at Dhobi Ghat during the period of intervention. An external assessment by a Fulbright research scholar revealed the following as causes of low adherence to recommended IYCF practices in this are:

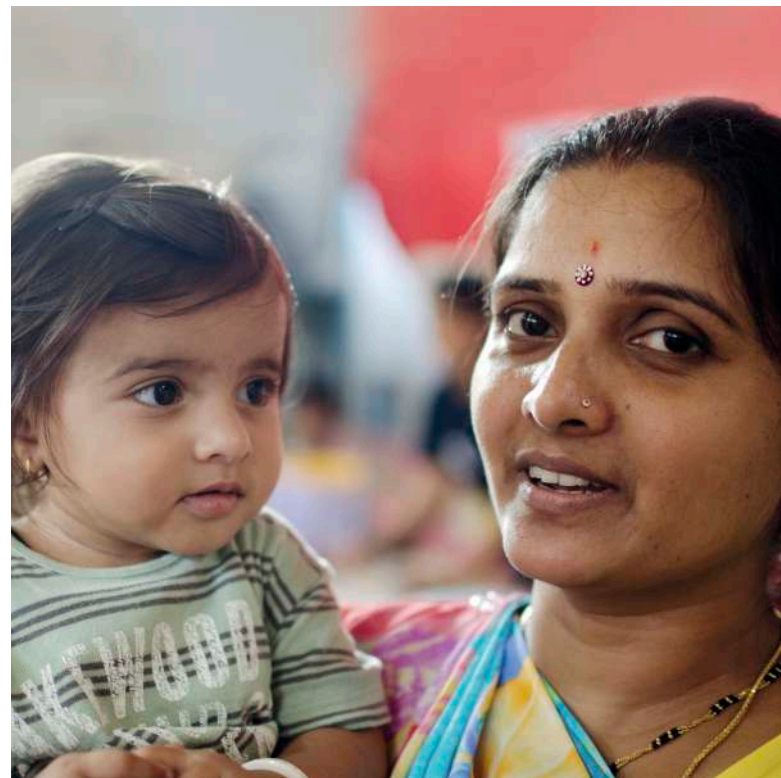
- Conflicting information from community members, family, media and marketing, and healthcare providers challenges the mother's knowledge and confidence in implementing recommended IYCF practices from nutritionists and pediatricians
- Many mothers defer to their dominant family members, often the mother-in-law out of fear, lack of knowledge, or a desire to earn trust. These mothers tend to follow feeding practices that could be in conflict with IYCF guidelines.

On the other hand, an analysis of all exclusively breastfed children registered with FMCH with multiple clinic visits revealed the following:

- Children that came into the programme severely underweight were able to show an improvement in weight status 69 % of the time.
- Children that came into the programme with moderate or severe acute malnutrition were able to improve their nutritional status 84% of the time. While those who came in over weight were able to move to a healthy weight 77% of the time

Improved Nutrition Status

For the First 1000 Days' Programme at Dhobi Ghat, one of the primary objectives for FMCH was to ensure that at the time of discharge, at least 85% children would maintain 'Well-child' Status as per the WHO definition, meaning their weight for height would be over 50th percentile on the growth chart). At the time of exit, 91% children were in the well-child status in Dhobi Ghat.



For specific indicators with regards to malnutrition, we looked at all children under age five who have had at least five or more clinic visits at the FMCH community centre. Following is the outcome reported:

- Severe Acute Malnutrition: Reduction by 50%
- Moderate Acute Malnutrition: Reduction by 30.7%
- Severe Stunting: Baseline vs Current status shows 28.5% difference
- Moderate Stunting: Baseline vs Current status shows 11.7% difference

Stories from the Ground

Rashmi and Sunita

The FMCH team met Sunita's mother Rashmi when Rashmi was eight months pregnant. Rashmi had conceived after 11 years of marriage and reluctant to seek care. Rashmi's haemoglobin was only 8.0 gms

and she had pedal oedema. Because of her high risk status, the FMCH team visited her at home regularly. During these home visits, the team made sure both she and her family members were counselled about her status, and the steps they needed to take to complete the rest of

her pregnancy without issues. This meant regular visits to the doctor and adequate food intake. Originally Rashmi had planned to stay at with her mother post-delivery, so she did not come to the FMCH centre soon after Sunita's birth. Given this plan, the FMCH team counselled Rashmi on breastfeeding and post-natal care, as well as what she

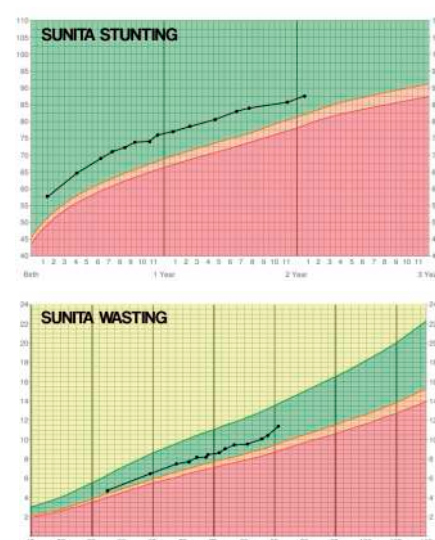
needs to keep in mind in terms of new-born care.



Sunita was born with a healthy weight of 3.53 kgs. Rashmi exclusively breastfed Sunita, who continued to gain weight and height and remained within the 'Well Child' status as per WHO standards.

Rashmi started complimentary feeding for Sunita once she completed six months. However, she had to deal with her family who believed that six months was 'too early' for a child to start solids. Rashmi persisted, and followed the advice of providing diverse foods to Sunita, and used responsive feeding practice while feeding her. The FMCH team also visited her at home regularly to counsel her family. And since Sunita continued to gain weight and height and remained healthy, Rashmi was able to continue with her practices as the family saw this as a positive outcome.

Rashmi also attended both the nutrition course and achha baccha classes at FMCH community centre with Sunita. At age one Sunita weighed a



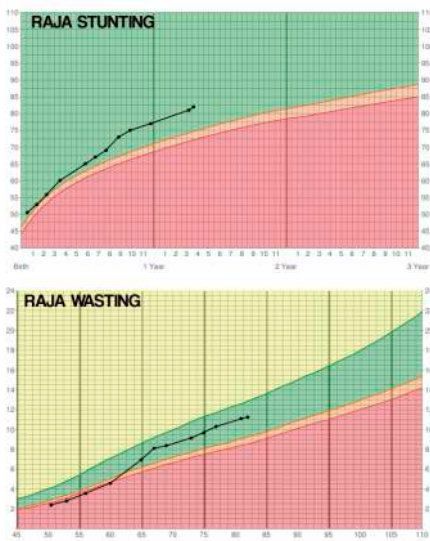
healthy 9.05 kgs, with height of 77 cms. When she was discharged from the programme at age two, Sunita weighed 11.48 kgs, with a height of 87.6 cms.

Raja's Journey

The FMCH team met Savita during a home visit at the community, when she was three months pregnant. She had registered herself with a local private healthcare provider but did not have access to ante-natal care. She was referred to the FMCH

son's health and pressure from other family members were causing distress to Savita. She lost her confidence and started feeling she does not have 'enough breastmilk' to be able to nourish him back to health. The FMCH team met her almost every day, showing her techniques to breastfeed, encourage her to eat well and boost her confidence. Unfortunately, within a month Savita caught an infection and had to be hospitalised. Raja was started on formula immediately by his grandmother. However, upon being counselled by the FMCH team, and clearance from Savita's doctor, she started visiting Savita every day at the hospital so that Savita can express her breastmilk.

Raja continued to be breastfed, and continued to come to the FMCH centre for growth monitoring. At age four months, Raja was out of danger, weighing a healthy 6.97 kgs with his height reaching 65 cms. Raja was now a 'Healthy' child as per the WHO growth charts. He started complimentary foods at age six months, and continued on the path of remaining Healthy. At age 1.3 years, Raja was discharged from the programme since he was doing well. At the time of discharge Raja weighed a healthy 11.28 kgs and his height had reached 82 cms. We wish him a happy and healthy life ahead!



would have access to free ante-natal care. Savita made the decision to register herself at the local hospital, and also attended 10 pregnancy club sessions with FMCH.

Savita delivered a baby boy with birthweight of 2.73 kgs. Raja was born via C-section, because of a complication during birth. The FMCH team met Savita at home, worked with her on breastfeeding, and encouraged her to bring Raja to the community centre for his first visit. By the time Raja came to the centre, which was after three weeks of birth, his weight had gone down to 2.4 kgs. And with a height of 50.5 cm, he was diagnosed to have Severe Acute Malnutrition. The FMCH team counselled Savita about the risks of SAM at that age, and started working with her on exclusive breastfeeding. Unfortunately, her



Anil and the Parab Family

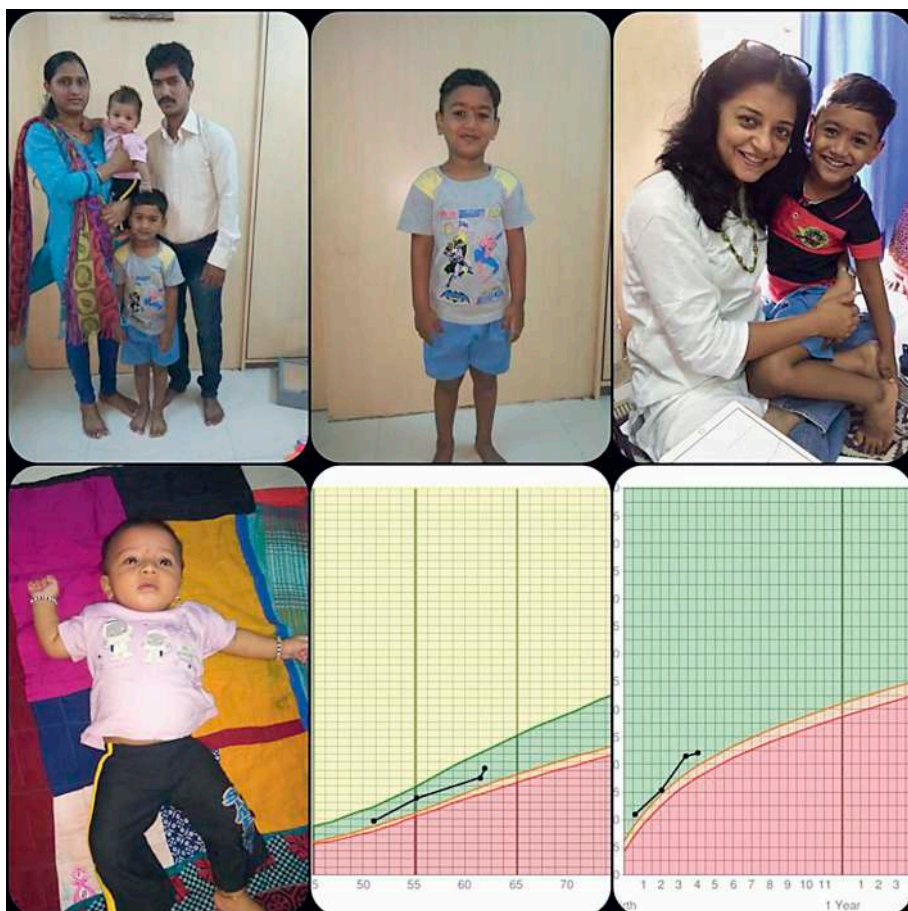
Influencing behaviours around nutrition and health, and enabling families to make the right choices is the mandate FMCH follows. It has never been an easy task, since there are multiple layers of this issue that need addressing. However, one of our biggest learning has been that when a family engages with you with the motivation to bring some changes, they always succeed.

This is the story of Parab family, one the FMCH team has engaged with in Dhobi Ghat. And the story starts with their elder son, Anil. While Anil was born with a healthy birthweight, he very quickly fell into acute malnutrition and needed immediate attention. At a local hospital Anil was diagnosed with 'failure to thrive' and sent back home, without any information for the family and any plan of action they could rely on. When he was brought to FMCH, Anil was

about three months old and weighed just 3 kgs. The FMCH team of doctors, nurses, nutritionists and community workers took up the challenge of getting him out of SAM, and worked continuously with the family. Both his parents remained engaged during this process, ensuring Anil gets every input he requires to thrive. And the family's hard work paid off, when within the next 12 weeks Anil came out of his SAM status and became a healthy baby.

Anil's mother Sonal got pregnant again, and this time she visited FMCH right from the beginning. She and her husband had decided that they will do everything in their power to have a healthy baby, which for Sonal meant taking her supplements, eating right and going for her check-ups. And for Ajit it meant taking care of Sonal, ensuring she gets the rest she needs, and has access to nutritious meals. Access to correct information, good

care and support she had during pregnancy Sonal gave birth to a healthy baby boy, Sunil. From the very beginning Sunil was being exclusively breastfed and maintained a very healthy height and weight. At age four months, Sunil's growth charts were a cause of envy for any child across the globe. He continued to grow as a healthy baby, and did not fall into malnutrition till the time he was discharged from the programme. Anil too continued to grow as an active child, was enrolled to school on time where he does very well from day one.



The FMCH team met Sonal sometime back, and the discussion led to how the children were doing. This is what Sonal had to say: "There was a vast difference of growth between Anil and Sunil. The second time around I knew what to do, so I made sure I accessed the services of FMCH. When I was pregnant with Anil I knew nothing! And that affected him so much. This time around I knew what to do. The information we received from FMCH helped us make the right choices when it came to the children". For Anil and Sunil, one big support was also their father, who had remained very involved through the entire process. Sonal received all the support she needed to make the much-needed changes.

When we look at the Parab family it gives us hope. First, this is a constant reminder that interventions during First 1000 Days is critical. And while there is no cure for chronic malnutrition, stunting can be prevented. And that behaviour can change with the right inputs at the right time. Today Anil's parents are not just well informed, they have actually become the flag bearers for FMCH, educating their family and community about the importance of correct inputs during the First 1000 Days.

Special Interventions Designed

Community Support Volunteers' Programme

The Community Support Volunteers' Programme was designed to address a very specific challenge. A large number of women in Dhobi Ghat, especially those who migrated seasonally from North India often find it very difficult to navigate the local health systems. Apart from language being a big barrier, they often did not have any support system at home who they could depend on if they needed to access the local hospitals. With young children who could not be left unattended and husbands unable to stay home being the primary bread-winner, these women would not be able to go for their regular ante-natal visits or even for treatment in case of an ailment. They would sometimes find it hard to even visit the FMCH centre as it involved leaving an older child behind. The FMCH team felt that a cadre of community volunteers could be the answer to this challenge. The idea was to identify women from the community who had time at hand and a passion to support other women, train them and groom them to take on the role of a strong, reliable support system for the families in need.



Accordingly, the FMCH team developed a training module encompassing several aspects of community health and nutrition. Technical knowledge on maternal and child health and nutrition were part of this module. Apart from that, the team also included specific games and exercises to explore the concept of self, challenges, problem solving and motivation. The first batch of CSVs or 'Didis' as they were referred to were trained in April 2013, and of the 10 women who took the training all participants joined the CSV programme with a weekly commitment of six hours. FMCH offered a small stipend to these women for their time and expenses they had to incur if accompanying families to local hospitals. This programme ran for a year, and after an evaluation at the end of the first year we understood this programme was not sustainable. First and foremost, a large number of women in the community were migrants so had to leave after a year. Second, the stipend model was neither feasible nor sustainable. After careful analysis and thorough review of this initiative, which included detailed interview of the CSVs, the community members and FMCH team who worked closely with the CSVs, FMCH decided to close the programme. FMCH did hire one of these CSVs as a full-time employee eventually. And the idea of CSVs not only gave us confidence in engaging with communities but also helped us form the community support groups which were eventually developed in the community and the group which took up the responsibility of good health and nutrition for all women and children at the time of FMCH's exit.

Evolution of Education Modules

From the very beginning of its being, FMCH had invested resources in developing group sessions to create a forum to learn and practice information on nutrition and child

development. The FMCH team would conduct weekly sessions with the women who were registered with the programme to demonstrate nutrient-dense low cost recipes. The team also conducted weekly sessions with new mothers and their babies to encourage bonding and stimulation of senses at infancy itself. According to attendance data, the most popular education module at Dhobi Ghat was Pregnancy Club, closely followed by the Nutrition Course and Achha Baccha classes.

The FMCH team continued to develop these sessions with added information and learnings from the ground, which resulted in evolution of the education modules on nutrition, early childhood development and pregnancy that FMCH today uses extensively across locations. These modules are updated with latest information on a regular basis and are offered to not just communities with direct intervention but also partner organisations (including ICDS centres) who are now using them in their own intervention areas.

Oral Health Camp

In 2012, FMCH partnered with the India Smiles programme, an initiative led by the University of California, Berkeley (UCB), which aimed at providing preventive oral health care and counselling to children under age six and their mothers through bi-annual oral health camps. This intervention also aimed to explore the link between poor oral health and malnutrition, and the impact of ultra-processed food (especially high sugar content food items) consumption on this cycle. Through this initiative every year, for the next four years, the FMCH team conducted a day-long health camp at the community centre twice a year, six months apart. The FMCH team was trained by

professionals on understanding oral health, build-up of caries and cavities, and prevention of tooth decay. Since FMCH's expertise is on nutrition, especially among children, the component of nutrition counselling, especially around consumption of sugar-heavy and non-nutritious snacks was incorporated in the programme. Through this initiative FMCH reached 262 mothers and 297 children. During these camps the FMCH team taught 'correct' tooth brushing methods to the participating families, especially children, and provided nutrition counselling. FMCH also invited trained dentists to perform assessment of caries and cavities for the mothers and children. The FMCH team ensured those with identified issues were referred to oral healthcare facilities nearby.

The Exit

The FMCH team had initiated an internal dialogue regarding an exit plan for Dhobi Ghat since 2015. The organisation had been implementing programmes in this area for almost eight years by then, and the question of sustainability had emerged during strategy discussions. Several questions

were raised by team members at all level: How long did we need to be in an area? Are we being responsible with the resources we have been entrusted with?

The systematic gentrification of the neighbourhood was also becoming evident around this time. Mahalaxmi being a prime real-estate area in Mumbai, a lot of attention was on Dhobi Ghat and the possibility of a massive redevelopment project seemed imminent. This would directly impact the community which lives mostly on rent in this area. After prolonged discussions, the FMCH ground team and Executive Board took the decision of exiting Dhobi Ghat during the strategic planning session in 2016. It was decided that the following year would be focused on a systematic exit plan, and by December 2017, FMCH will formally exit the area.

The very first step of this exit plan was to address the sustainability question. Who would take on the responsibility of ensuring women and children continue to have access to information and services? By this time, FMCH had already started working with



¹ The National Health Mission, Maharashtra, has appointed SNEHA as the mother NGO to provide support to other non-profits to implement the Mahila Arogya Samiti programme. FMCH is a NGO partner for this initiative.



existing systems in the area, which included ICDS centres, other non-profit run Balwadis, local urban Health Centres and hospitals. Along with this, the Community Support Groups were also being formed, which eventually took a formal identity of Mahila Arogya Samitis¹ (MAS) under the National Health Mission, Maharashtra. This initiative ensured a formalised structure that would remain in the community even after FMCH's exit. A total of nine community support groups were formed with ten members each at Dhobi Ghat who now work closely with the local government systems.

The next step was building capacities of local frontline workers, which included ICDS team members, community support groups and teachers. The FMCH team had already developed special training modules that were aimed at training frontline team and support groups who work with women and children on pregnancy and nutrition. Through the year, several such training sessions were organised with these teams. Along with this, special nutrition education dissemination sessions were conducted for

caregivers in the community, at the ICDS centres and for members of the community support groups. Finally, the FMCH team built a strong referral system with local municipal health services and other non-profits catering to community needs. This referral system was already a critical component of FMCH's intervention. At the time of exit a compendium of referral systems were handed over to the community support groups

FMCH exited from Dhobi Ghat on December 16th, 2017 with a large community event. The FMCH team invited the entire community, who in turn offered not just the space for the event but support through organising the same. The community support group members, mothers, local community leaders and other professionals who have supported FMCH through the journey were felicitated at this event. The community support group members also received the formal 'hand-over' at this event, committing to continue providing support to families on health and nutrition for the years to come.



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