



FMCH Annual Report
2015-16

Table of Contents

CEO's Note	3
FMCH Programs in 2015-16:.....	4
Program Outcomes.....	7
What Happens Next?.....	14
Thank You.....	16

CEO's Note

In the recent past Mumbai newspapers and social media has been riddled with news of malnutrition related deaths in Maharashtra. The statistics continue to remain both shocking and disheartening given the amount of effort that is going in from various sources. And FMCH's work in the space of community nutrition becomes more relevant and significant in this context

Zero Hunger has found its place in the Sustainable Development Goals towards transforming the world by 2030. We at FMCH aim to achieve this goal by ensuring that accurate, trusted and actionable knowledge on nutrition, health and hygiene is made accessible to every individual we reach, be it through our direct services or through our training programs. This has been our primary objective and will continue to be our focus for the coming years.

As I look back at the past year, I feel tremendous pride at everything we have managed to achieve in 2015-16, right from launch of the FMCH Training Center and the Urban Nutrition Initiative, to being invited at the 2015 Global Child Nutrition & Oral Health Symposium at University of California, Berkeley where we presented about our Oral Health initiative.

The team has also been growing steadily, with new talents coming in both from the communities that we work in and the trained professionals pool. I thank the entire FMCH team for their commitment and hard work demonstrated every day, and the passion that inspires me to continue working in this space.

I would also like to thank our partners and donors who have continued to support us through the year. We are grateful for your trust in our abilities. And finally, a big thank you to the phenomenal group of individuals who serve as the Board of Trustees at FMCH. Together we strive for excellence in every action, and promise to continue tackling malnutrition in innovative ways every day.

Piyasree Mukherjee

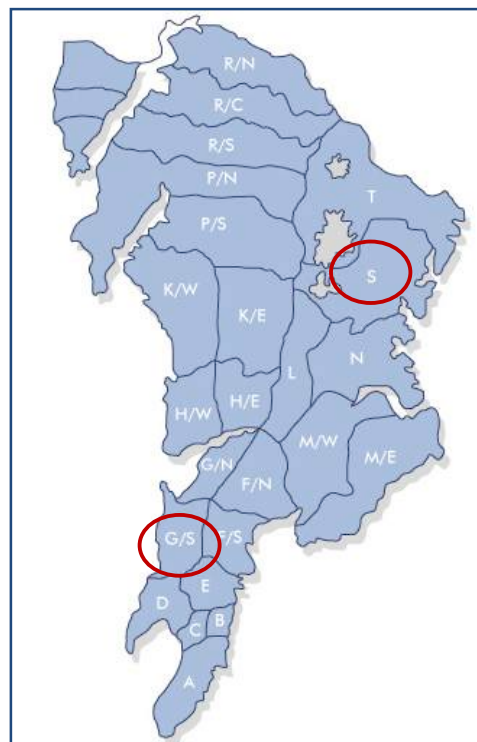
Chief Executive Officer

FMCH Programs in 2015-16:

The First 1000 Days Program

Proper nutrition during the first thousand days of a child's life, from conception until their second birthday, is the key factor in ensuring that they survive and reach their potential. We work actively with pregnant women and children up to the age of two, to ensure that they have the knowledge and support to pass through this critical window in good health. At present FMCH is implementing its First 1000 Days; model out of two economically underprivileged communities in Mumbai, Ganesh Nagar (Dhobi Ghat, Mahalaxmi) and Phule Nagar (Powai). The program elements for the First 1000 Days at FMCH include:

- a. *Preventative Health Clinics:* At our weekly clinics, our field officers weigh and measure the children and chart the results to monitor progress. Doctors and nurses screen and treat the children for diseases that contribute to malnutrition. Where necessary they provide referrals to specialists.
- b. *Breastfeeding Clinics:* Special clinics operated by trained nurses to provide support to women who have difficulty in breastfeeding. The nurses counsel the mothers on technique, positioning and frequency.
- c. *Nutrition and Weaning Support:* Nutritionists provide one-to-one counseling sessions to guide parents safely through the weaning process. They dispense vitamins and minerals, deworming medicine and special nutritional supplements as required, for mothers and children. Where a child's growth is faltering we provide more intensive interventions
- d. *Pregnancy Club:* Women who attend our Pregnancy Club and nutrition clinics give birth safely to well-nourished babies, and are given the tools to ensure a healthy breastfeeding relationship with their newborn.
- e. *Child Development:* Our Achha Baccha (healthy baby) sessions help mothers to connect with their babies and learn how to stimulate their intellectual and motor skills development.
- f. *Patient Monitoring:* We continue to monitor children regularly between age two and three years to ensure that they maintain the gains from our program.



Mumbai: Dhobi Ghat: G/S Ward, Powai: S

- g. *Treatment of Severe Acute Malnutrition (SAM):* Some children who come to us are already suffering from severe malnutrition. We actively seek out and work with children of any age who have severe symptoms. In such cases we offer close supervision and high nutrient-density therapeutic food. Children with SAM can usually be treated in the community but those in danger will be admitted to hospital.
- h. *Community Engagement and Education:* FMCH engages the broader community through health education; awareness campaigns; nutrition course; health fairs and oral health camps. Our aim is to raise the standard of nutrition across the entire community.



The Urban Nutrition Initiative

The Urban Nutrition Initiative (UNI) has been designed to ensure prevention and early detection of malnutrition in ten 'high-burden' urban locations of Maharashtra. Led by the Rajmata Jijau Nutrition Mission, this is an initiative implemented in partnership with NGOs and the Integrated Child Development Services (ICDS) Scheme. This project aims at implementing ten essential nutrition interventions through the First 1000 Days' approach as per WHO and UNICEF recommendations. FMCH has undertaken this initiative in order to achieve key organizational goals of sustainability and scale. The initiative provides an opportunity not only to reach an underserved population, but also, for FMCH to share its knowledge and approach with government workers in the hope that its best practices will be taken up by the government for long-term change.

UNI aims at identifying and connecting pregnant/lactating mothers and children under age two with the local ICDS Centers who are typically outside the scope of the ICDS model. Through the duration of this project the FMCH team for not only identify but also ensure trusted and correct health and nutrition information reaches the mother through the ICDS. This is a preventive initiative that depends heavily on innovative education modules and a very strong monitoring system.

FMCH launched the Urban Nutrition Initiative in April 2015 with the goal of reaching 140 ICDS centers in the Thane-Bhiwandi-Nizampur area, connecting with over 140,000 people. Ensuring quality intervention reach such a huge population required a phased approach. Accordingly the FMCH team started work with 35 ICDS centers in the first quarter, and increased the reach quarter-wise, reaching 70 ICDS centers (70,000 people) in the first six months. Within the scope of UNI project, the FMCH team conducts a range of activities to ensure the program objectives are met. These include:

- Household screening for identification of pregnant/lactating women and children under age 2

- Connecting this group to the local ICDS center by accompanying them to the ICDS center for registration and follow-up visits
- Supporting the ICDS worker during monthly growth monitoring of women and children (height & weight)
- Identifying children with Severe Acute Malnutrition as per the WHO guidelines, which is Wasting Status (weight-for-height) at -3 Z Score.
- Educating the families about the threat of severe malnutrition on their children, referring SAM children to local Nutrition Rehabilitation Centers, accompanying the families during admission at the NRC and follow-up through home visits post discharge
- Conducting Nutrition Course sessions with mothers as per the module developed by FMCH (4 sessions a month)
- Conducting Pregnancy Club sessions with mothers as per the module developed by FMCH (4 sessions a month)
- Conducting group talks with larger community members on the importance of First 1000 Days, hygiene and other related issues (3 monthly on average)
- Organize large community events to promote good health, hygiene and nutrition practices

The FMCH Training Center

Over the past three years, FMCH has engaged with various agencies (NGOs, hospitals) that want to manage malnutrition in their own communities. Through the FMCH Training center FMCH formalized this vertical with the objective of developing a cadre of professionals across Maharashtra and eventually the entire country who are equipped with correct knowledge and best practices that would reach a much larger community beyond the direct reach of FMCH, further empowering the battle to mitigate malnutrition.

Through the training center FMCH engages with partners who are exploring the option of including nutrition sensitive initiatives in their programs, or looking at enhancing their own knowledge. FMCH provides both generic and customized trainings for these partners as per the requirement at their end.

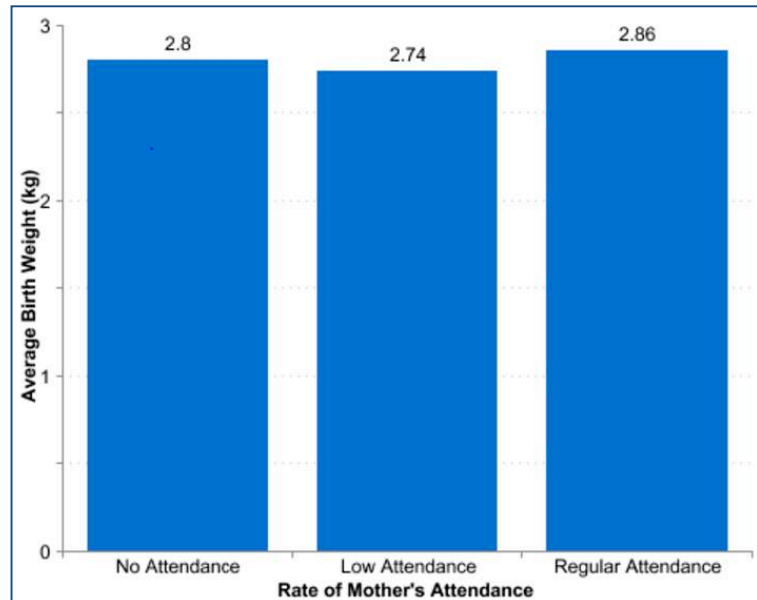


Program Outcomes

First 1000 Days

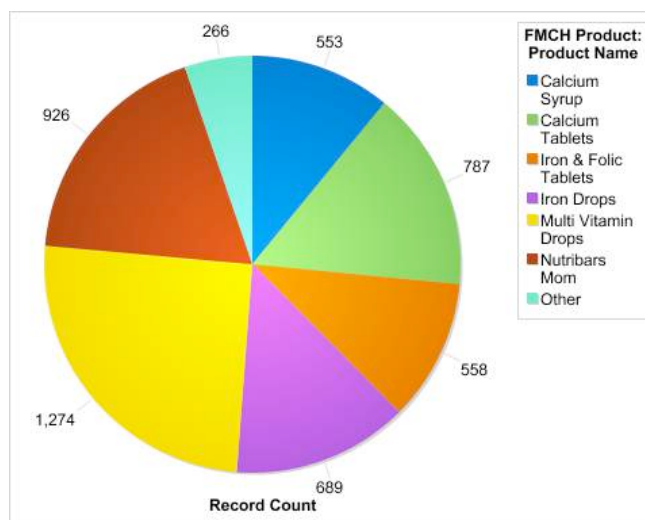
Improved Birth Weight

Birth weight is a key indicator in the assessing 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.



Through the intensive intervention in the First 1000 days program, FMCH is ensuring that the knowledge and practices are improved resulting in healthy pregnancy and birth outcomes. This included weight monitoring of the pregnant woman, nutritional supplementation, referral of high risk cases, counselling and support.

Reduced Nutritional Deficiencies



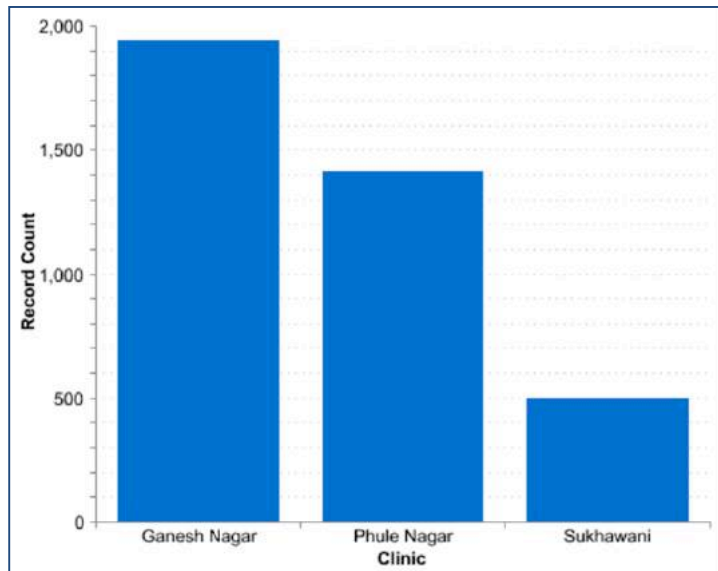
“Hidden hunger” or micronutrient deficiency is widespread in developing countries. It occurs when essential vitamins and/or minerals are not present in adequate amounts in the diet. The most common micronutrient deficiencies are iron, vitamin A, and iodine. Others, such as vitamin C, niacin, and thiamine or vitamin B1, also can occur during acute or prolonged emergencies when populations are dependent on a limited, unvaried food source. The most common cause of micronutrient deficiency is monotonous

diets. To address this issue FMCH conducts a 24 our dietary recall, which is a toll commonly used to measure the nutritional intake of an individual. Based on this, nutritional counselling is provided to the family to improve the dietary habits. FMCH also screens pregnant women and

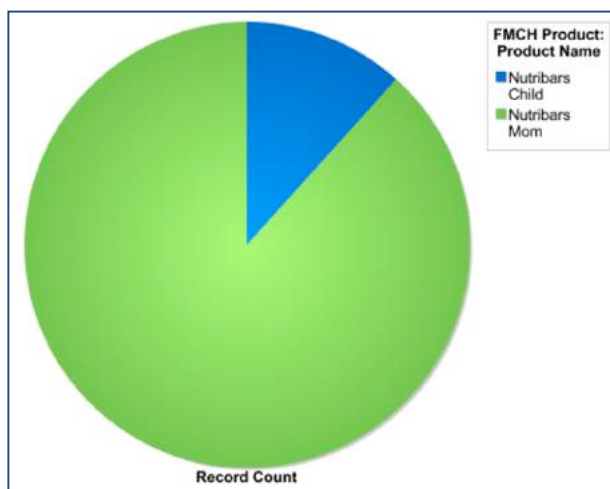
children for anaemia through haemoglobin testing identifying cases that require treatment. Accordingly, micronutrients are provided to both the women (during pregnancy and lactation) and children through the period of engagement with FMCH.

Height And Weight Gain

Anthropometric information can be used to determine an individual's nutritional status compared with a reference mean. It also can be used to determine the prevalence of malnutrition in a surveyed population. Acute and chronic malnutrition is measured and quantified through anthropometric tools. Within both emergency and development contexts, population based nutrition indicators can be a useful tool for assessment, prioritization and targeting. Height and weight and two key anthropometric measurements for this used to compare with WHO standards like weight for height, height for age and weight for age. The preventive nutrition and health clinic measures and records these indices on a regular basis as per the protocol to closely monitor the growth of the child. Weight measurement is also used to monitor the weight gain of women during pregnancy as per the standards.



Nutritional Supplementation During Pregnancy & Lactation



The nutritional requirement goes up during pregnancy and lactation. This requires both medical and food supplementation. To bridge the gap, FMCH provides iron, folic acid and calcium supplements along with a special nutri-bar to meet increased nutritional requirement. This ensures maintain the maternal nutritional stores and optimum growth of the foetus during pregnancy; and safe recovery post-partum and optimum nutrient content of breast milk during lactation. The women are also educated about importance of pre-natal supplements

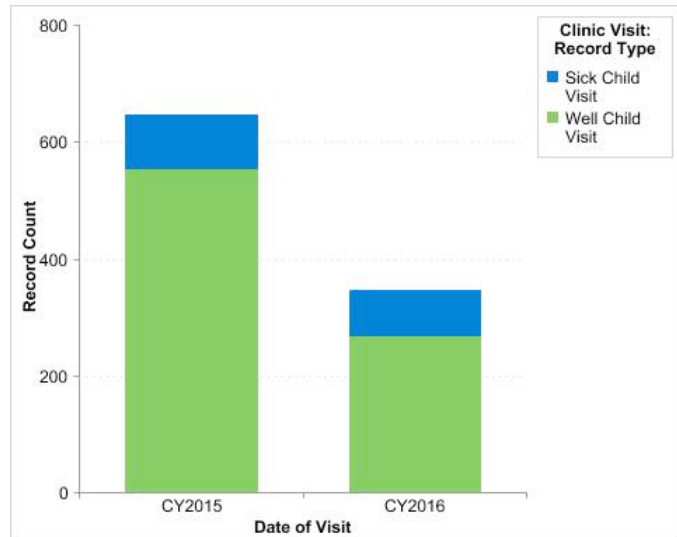
and encouraged to consume it as prescribed and consequences if they do not. This is done during the clinics, pregnancy club and home visits. The dosage and dispensary is documented

and monitored on Salesforce database. This also helps in identifying beneficiaries who are to be given reminders to collect the supplements.

The graph here represents the food supplements dispensed during the entire to mother and children. Nutribar for the children is given if the child is identified as moderate acute malnourished and can be treated with providing food supplements and diet modification.

Reduced Instances of Illness

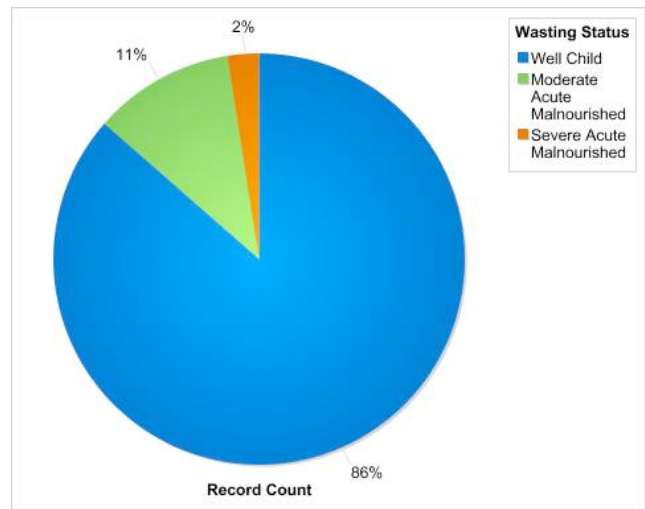
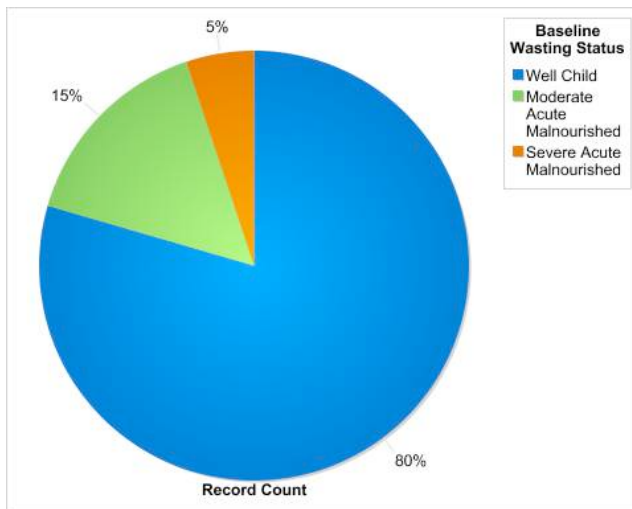
Preventing and treating malnutrition directly reduces the incidences of illness in children and also lowers the chances of acute malnutrition. Lower sick child visits indicated the reduced morbidity rates in children. Intensive nutritional and health counselling helps in speedy recovery and reduces chances of relapse. Cases identified which require medical attention or hospital admission are immediately referral to healthcare centers and followed-up during the convalescent phase. Visits to the clinic during this period helps reinforce the treatment and recommendation given by the external healthcare provider.



The graph here represents the comparison between reason for the visit i.e. Well Child and Sick Child Visit. In Phule Nagar The higher number of well child visit is a clear evidence of reduced morbidity rate due to the preventive program strategies. This is a clear improvement in terms of morbidity rates among children in the community. At the point of entry at Phule Nagar, FMCH's needs assessment survey had recorded 46% of children suffering from either diarrhoea or upper respiratory infections. Within the next year, the reported sick visits at FMCH clinic went down to 17%. Overall there were 2,496 well child visits and 479 sick child visits recorded between both FMCH centres, which is barely 19% of all visits.

Improvement in nutrition status

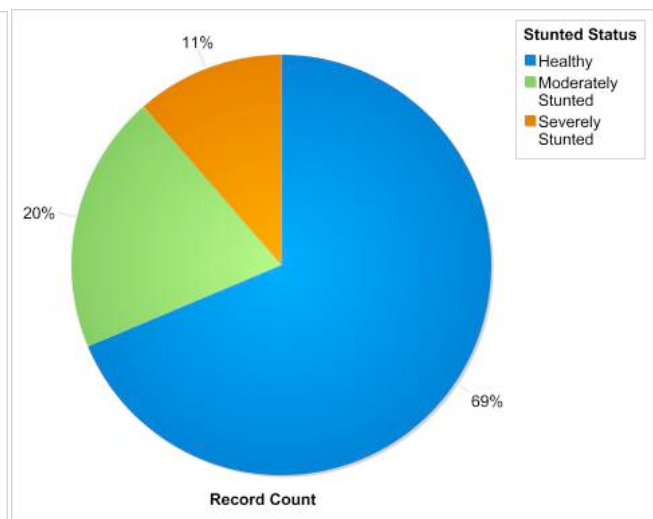
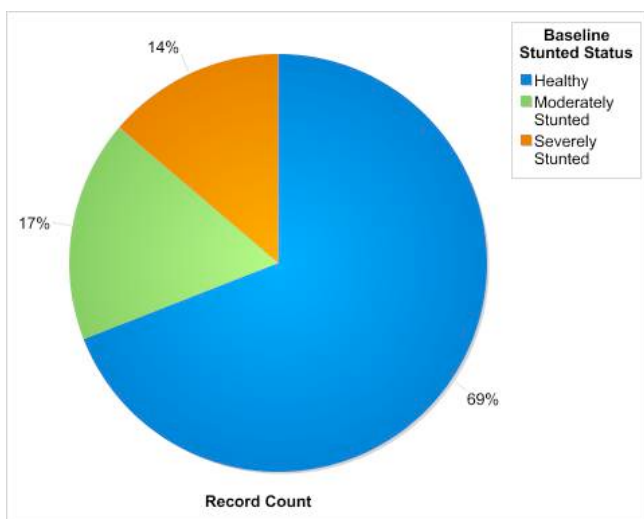
During 2015-16, FMCH continued to have a positive impact on the nutritional status of children in Ganesh Nagar and Phule Nagar. Over all, FMCH team managed to increase percentage of healthy children for wasting (weight-for-height) by 6% and decrease percentage of severe wasting by 3%



Baseline Wasting Status

Current Wasting Status

Stunting indicates low height for age in a child. Stunting usually indicates chronic malnutrition and is preventable but irreversible once the child reaches age two. At FMCH, the team continuously works with a mother and her baby to prevent stunting. Here is the result of such efforts:



Baseline Stunting Status

Current Stunting Status

Urban Nutrition Initiative

The Urban Nutrition Initiative was designed to address the issue of malnutrition during the First 1000 Days of a child's life. The program objectives and progress made on the same are detailed below:

1. Increased antenatal care (ANC) for mothers:

Registration of Pregnant women at local ICDS or Healthcare center	<ul style="list-style-type: none"> - 294 women identified and referred for registration - 100% women registered
Registered lactating mothers following infant care practices	<ul style="list-style-type: none"> - 270 lactating mother were identified and referred to the ICDS center for services - 168 mothers reported to have breastfed the child within first 1 hour of birth <p>The rest of the IYCF (Infant and Young Child Feeding) practices data is being collected by a third party and will be shared at the end of one year</p>
Referral of high risk pregnant women to local health centers	<ul style="list-style-type: none"> - 100% of high risk pregnant women were referred to local healthcare centers

2. Reduction of malnutrition in children under the age of 5:

Identification of children with SAM and referral for treatment	<ul style="list-style-type: none"> - 33 children (0-6 months) were identified with SAM. Of them, 22 children are now in the Well Child category - 55 children (7-24 months) were identified with SAM. Of them, 18 children are now in the Well Child category - 100% children were referred to health facility (NRCs/hospitals) for treatment. - 78% children (69) accessed hospital or NRC facilities for children SAM treatment
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Treatment of SAM, especially for children under 6 months has become a challenge in this project area. The closest NRC is over 50 kms away from Bhiwandi, and the families end up losing their day's wage for the travel. Families often have more than one young child at home, which prevents the mothers from getting admitted at these NRCs with the SAM child, as required by the treatment protocol. Although the FMCH team members always accompany the family during admission, such issues prevent the families from completing treatment. Unfortunately the hospitals closer to Bhiwandi do not have the resources or training to treat severe malnutrition. FMCH has been in continuous dialogue with the local government hospital in order to conduct a training program on SAM Management for the Pediatric department so that the children can be referred there instead of the NRC.

3. Increased knowledge and capacity of government workers in that area:

The FMCH team has been conducting a series of courses on various modules with small group of ICDS workers (the community workers who are responsible for running the ICDS centers, providing information and support to the target population) and their supervisors. Below is the break-up of this capacity building activity with regards to attendance

Training session on anthropometric monitoring (growth monitoring by using electronic weighing scales and stadiometers)	47 staff members completed the course
Community Management of Acute Malnutrition	22 staff members completed the course
The FMCH Nutrition Course Module	13 staff members completed the course
The FMCH Pregnancy Club Module	18 staff members completed the course

Training Center

The FMCH Training Center was formally launched on May 29th 2015. Mr. Darren Bonney of BG Group and Ms. Dorothy Wagle of FMCH inaugurated the center. For the year 2015-16, FMCH aimed at achieving the following outcomes through the this initiative:

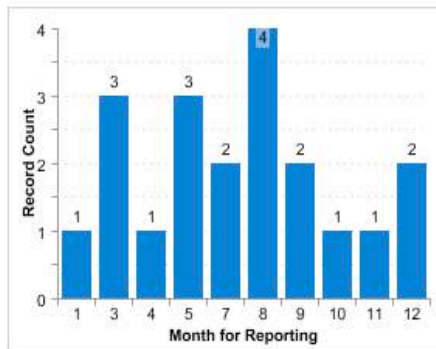
- Engage with 10 partner organizations (NGOs/Hospitals/other Government agencies)
- Train 120 participants
- Reach 5000 beneficiaries through the direct trainees

We are pleased to report that during 2015-16, FMCH engaged with **8** organizations to provide trainings on various modules (e.g. Implementation of pregnancy club, implementation of the 3+ Nutrition Education module, Food for Growth program, and basic nutrition). The partners include Akanksha, Reality Gives, CORP, Gunavati J Kapoor Foundation, Pratham, Nargis Dutt Memorial Trust, Sahyog and Sahaara.

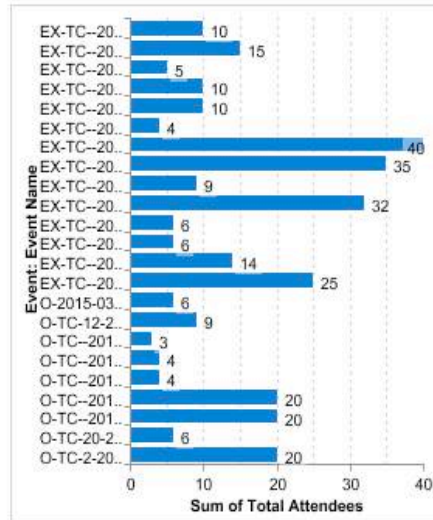
During the year, FMCH conducted over **79 hours** of trainings for a total of **277** participants.

As per the numbers reported by the partner organizations, FMCH's indirect reach through the Training Center is **4823**.

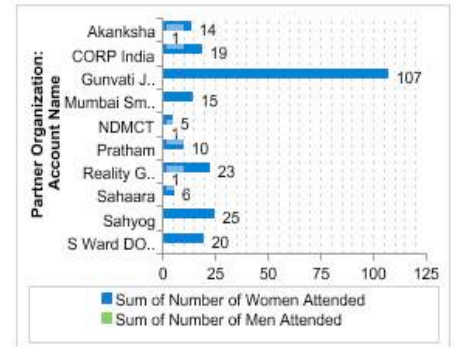
Total Partner Training Sessions per Month



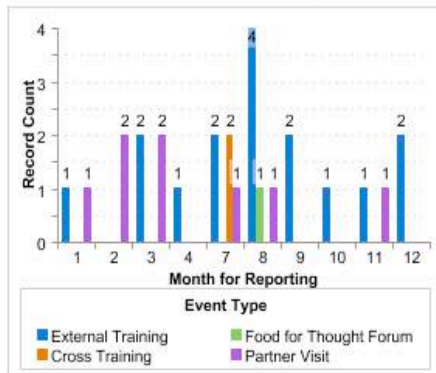
Total Attendees per Session



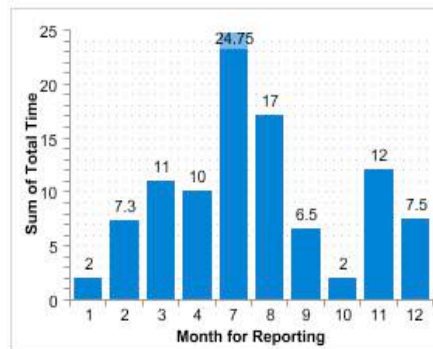
Number of Attendees by Gender



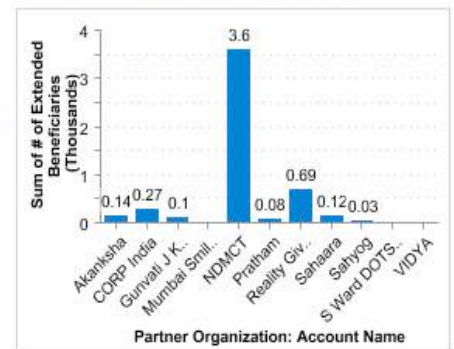
Total Sessions by Type per Month



Total Training Time per Month



Extended Beneficiaries by Partner



FMCH Training Center Dashboard

What Happens Next?

The First 1000 Days' Program

In the year 2016-17, FMCH plans to continue implementing the First 1000 Days' program out of the existing community centers, and launching an additional center in a new community.

Ganesh Nagar, Dhobi Ghat: Unfortunately Dhobi Ghat is facing the issue of slum relocation at present. With the entry of a builder who aims at re-building the entire slum area, over 2500 families have already been displaced. A large number of home owners (who rented their space to the migrants) have already received compensation in the form of rent worth 3 years from the builders (amounting to approximately INR 300,000). This resulted in immediate displacement of the migrants who are now unable to pay higher rents. FMCH is in the process of developing a household screening tool that will help determine how many 'eligible' family members are left in the area and therefore what will be the scale of involvement in 2016-17 while the organization wraps up its intervention in this location. Eligibility will be decided based on not just the target group (pregnant women and children under age 2) but also on the financial status of the family.

Phule Nagar, Powai: FMCH will continue to implement the First 1000 Days' program at Phule Nagar, increasing the reach of households from 2000 to 5000. FMCH also plans to pilot the adolescent nutrition program that is presently being developed in Phule Nagar in 2016-17.

At FMCH, the direct nutrition specific community programs will continue, as it not only allows the organization to directly impact lives, but also provides space for demonstrating the model's effectiveness. A practical implementation model provides scope of piloting new interventions, which can be replicated in other areas through partnerships and training. In the next two years, FMCH plans to launch another community-based nutrition program and also expand the scope of work by including an element of adolescent nutrition as part of direct intervention in the communities.

Urban Nutrition Initiative: The FMCH team has adopted a multi-pronged approach to ensure that at the end of the intervention period, the 140 ICDS staff members who were associated with the initiative and the population they cater to would have accurate actionable knowledge on preventive health, balanced nutrition, hygiene and sanitation and child development, which will contribute to the reduction of malnutrition in the area. Also, the team has been working relentlessly with the local healthcare service providers (both private and government run) to establish sustainable and reliable SAM treatment facility in Bhiwandi

Apart from massive capacity building activities, the FMCH team is also involved in developing high quality communication material (flip-charts/posters) that would enable the ICDS staff to impart correct knowledge.

FMCH is also engaging with other partner organizations. For example, FMCH is in the process of tying up with a local non-profit who has a mobile voice-message service for pregnant women. These messages were developed in partnership with Baby Center and the Federation of Obstetric and Gynecological Societies of India (FOGSI), and are available free of cost in local language. FMCH is linking the ICDS centers with this non-profit Armaan to ensure good

actionable information reaches these women not just from FMCH/ICDS team but also from another source.

In the mean time FMCH will continue with the household surveys and program implementation, taking on the next 70 ICDS centers in the next 6-8 months.

Training Center: At the FMCH Training Center, partner trainings will continue as the last year. This means FMCH will continue doing one-time trainings or need-based trainings and handholding support for organizations with specific needs. Along with such partnerships, FMCH will also focus on building long-term knowledge partnerships with global groups in order to reach a larger population across the globe.



Thank You

We would like to take this opportunity to thank you for all your support:

- BG Group
- United Arab Shipping Company
- Give India
- Baxter International Foundation
- American Women's Club
- Indospace Capital Advisors
- Baraka Community
- Australian Consulate Direct Aid Program
- Dasra
- University of California, Berkeley
- Do One Thing

We would like to extend special thanks to all our individual donors, our partners and the Board members for believing in FMCH, the people and the work. FMCH has been on a path of growth and excellence only because of your continuous encouragement and support.