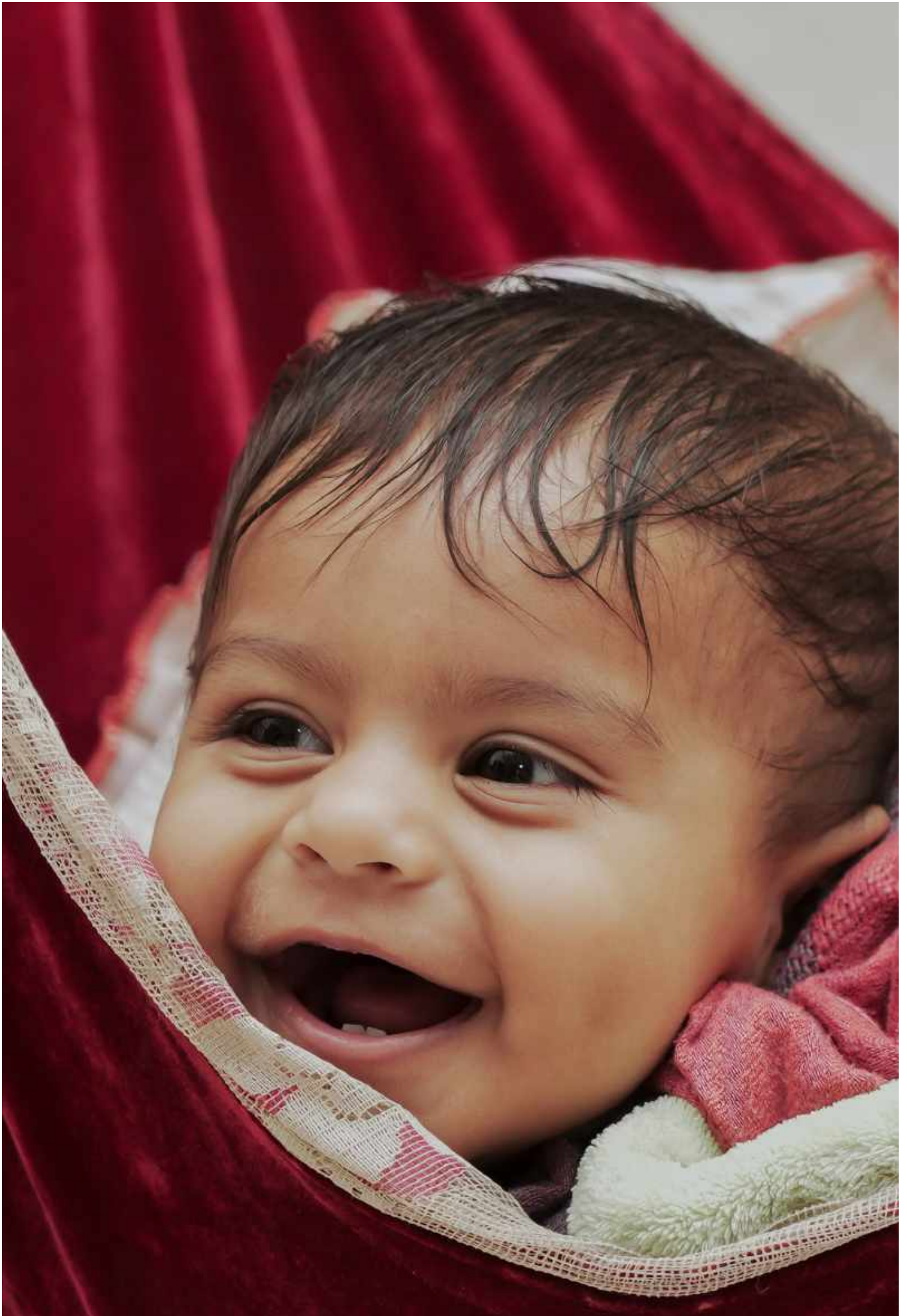




2020

FMCH

ANNUAL REPORT





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01.

Vision

Healthy mothers and thriving children
for a world of unlimited possibilities

Mission

To focus on encouraging preventive health, balanced nutrition and child developmental practices in underprivileged communities.

To achieve this we adopt a holistic approach, by embracing, educating and empowering mothers and children in their social environment.





02.

CEO's message

What a wonderful year 2019 has been for FMCH, before the pandemic hit us in 2020!

In 2019, we were able to reach over 6000 families through our intervention in Kurla, Powai, Bhiwandi and Wadia Hospital. We successfully exited and started new interventions. We on-boarded multiple training partners, organisation development partners and Donors. A team strong of 40+ staff members, 2019 - 20 has been a year of change, especially with the ongoing pandemic.

Before we speak about the future, I would like to reflect on some significant changes and achievement of 2019, which I believe has helped us emerge stronger in these uncertain times. There are three that stand out most to me:



Strengthening the systemic approach to malnutrition -

One of the conscious shifts we made was to focus our energies on prevention, community led model rather than the clinical one to bring about long term, sustainable behaviour change. In the 1000 days' programme, this meant, working on the social determinants of nutrition including WASH, role of secondary caregivers like fathers and grandmothers of the child, gender, support given to the mother, financial literacy of the father, more low cost, community based recipes, working with the Anganwadis to build capacity etc.



All these factors play a significant part in defining the nutrition status of the mother and the child. In terms of life cycle approach, we also launched our School Nutrition Programme, which promotes healthy nutrition in school. Supported by Australian Consulate, this programme was piloted with 500 children from low income schools in Kurla and Bhiwandi. The rationale is to promote and educate on healthy practices from early on so that the next generation of young adults and future parents stand a better chance of fighting inter-generational malnutrition.

The social determinants lens, along with the life cycle approach, we are much better poised to bring about a sustainable change. Nutrition cannot be tackled in isolation of the complex ecosystem, and multiple issues need to be tackled to make a significant dent. This thought process has helped us deal much better with the lockdown and the ongoing pandemic as well.



Focus on Data, Technology and M&E

This year, the focus on using data real-time for monitoring and long term data for evaluation took front seat. As India moves on the ladder from

access to healthcare to quality access to healthcare, we are piloting innovations to address the same. Our NuTree App builds consistency in the quality of service delivery of the front-line worker. It collects data and can be monitored real time. This has been a game changer for us, and promises to hold much potential.

2019 saw the start of many strategic technology interventions with help from partners including consultants from Pfizer and organisations like Koita Foundation, Dataogram and IIT Bombay. Each of our partners continue to play a major role with bringing in expertise, knowledge and a vision, motivation and energy for growth. We are so grateful for this, and the time that they take to invest in us – especially in building our technology and data muscle.

FMCH officially entered its teens, 13th year since inception, in 2019. Parallel to the changes in an adult teen life, FMCH has also seen significant changes while entering 13 – internally and externally. We are scaling, putting in processes, leadership changes, piloting new programmes, becoming leaner and wiser. We are an energetic, young organisation, building a unique identity. I cannot help but imagine us as a young but wise teenager!

Good mentorship and support is pivotal during the teen years – thank you to all our mentors, partners and donors including Koita Foundation, Dataogram, Wipro, Phoenix ARC, GiveIndia, Sahayog Foundation, Dasra, ACT(F), SFF, Vinati Chemicals, Innoven, White Board and others. I also would like to thank the many individuals and experts who believed in us and spent time to guide us.



Scaling of the programmes -

It's always heartening and exciting to exit and enter a geography. 2019 saw both.

We finished our interventions in Powai and exited from phase 1 in Bhiwandi. The Anganwadi system and the mother support networks in both these areas have been activated, who continue to fight malnutrition and address other community needs that relate to malnutrition.

We also started our intervention with 213 new Anganwadis in Bhiwandi. This project would be done in two phases, with 106 Anganwadis in phase 1, impacting over 5000 mothers in next year with this project alone. With new donors and continued support from older ones, we were able to dream much bigger and think more long term.

We also trained multiple partners including Apnalaya, Armman and ECS in Nagaland, reaching over 100 frontline workers, each of whom impact between 50 and 200 mothers a year. Our strategy for the next phase of growth includes a lot more partnerships, in line with our thought process of convergence of multiple sectors and stakeholders to reach families.

At 13, there are significant growth spurts in an individual. Our team members have gone through this as well. Our core team of Managers including Amar, Bhagyada, Jesmina, Sharad and Shubhangi have inspired me with their resilience over the last year and continue to demonstrate leadership during the pandemic. Our field staff have moved to remote intervention, picking up technology easily as teenagers do!

Teens are also the time that we build and refine our core values. For FMCH, the core has been the work and constantly learning to do it better. Each of us are **passionate and dedicated** to the cause of building a more equitable world. We **are open to learning and change**, in service of better nourishment for mothers and children. We act from a place of **integrity** towards our work and **trust** towards others. Underlying all this is our strength of being **data and process driven**. We strive to **create safe spaces** for everyone we interact with, including team members, donors, partners and most importantly, the families we work with. The pandemic has made many aspects uncertain. However, the one thing we are more certain of is the need to reflect on the dark side of unilateral development and think about inclusion and sustainability in each decision we make. This also offers us a fantastic chance to rebuild and re-imagine more empowered, equitable communities in a post-COVID world.

The need to work with each other - in all roles as academicians, donors, implementation organisations, government bodies - in a systemic way is stronger than ever, and we are excited to do all this and more. We are sure to be able to reach at least double our reach in the next year, and significantly increase the quality and access of the services we provide. Here's to bigger, bolder vision powered by innovation and rooted in values as we progress through our teen years into adulthood!

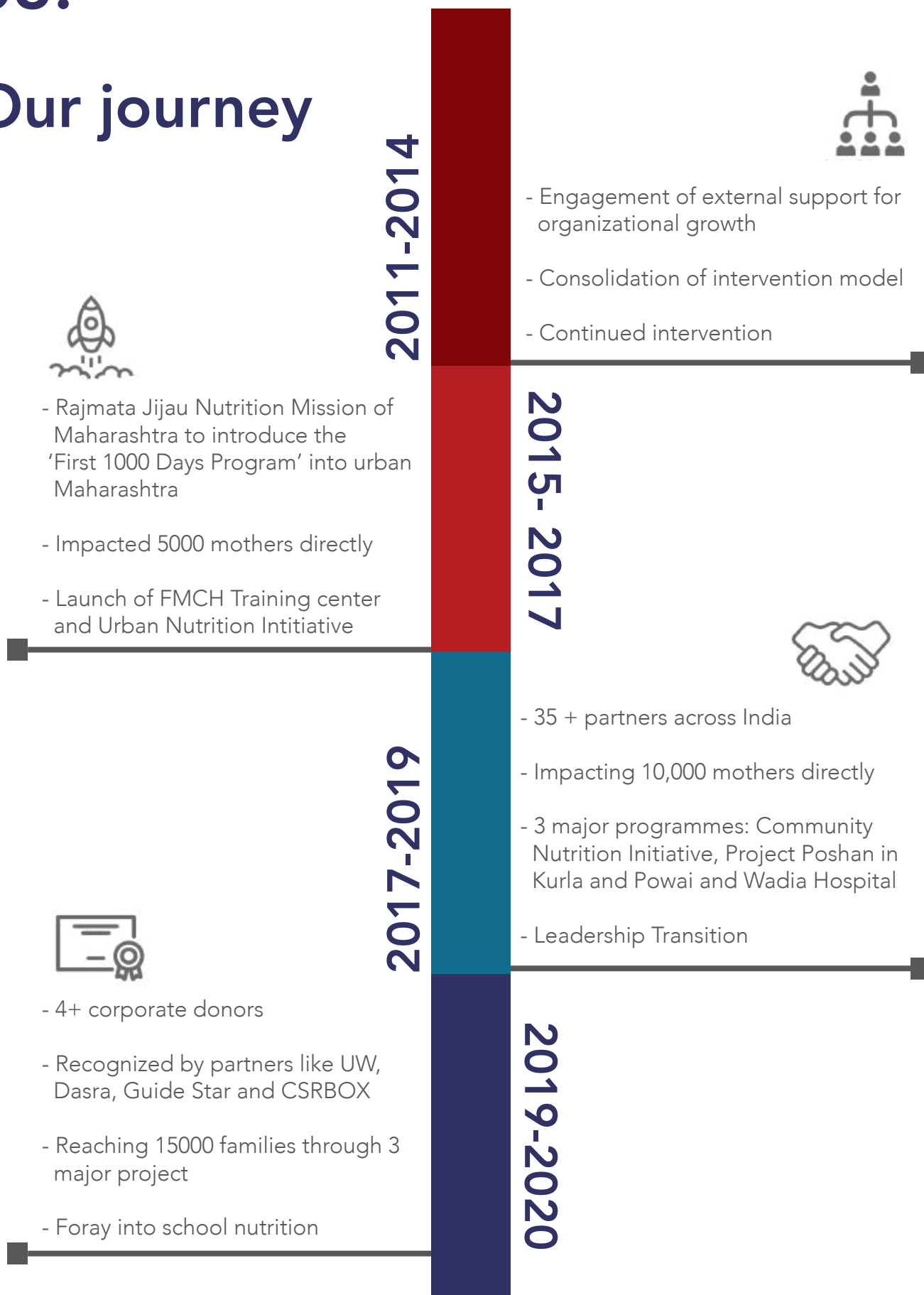
- *Shruthi Iyer*
CEO





03.

Our journey



“Good nutrition is an important contributor to lifelong health outcomes, which is why Foundation for Mother and Child Health interventions are so important, particularly during this time. FMCH has had a longstanding relationship with the Australian Consulate General in Mumbai. Through our Direct Aid Program, FMCH has received six grants since 2011 to support development projects in Mumbai. FMCH is constantly exploring new and innovative approaches to enhance their impact and embed behavioural change among their beneficiaries. The Mystery Box Challenge with women from underprivileged communities, hosted by none other than Gary Mehigan of Masterchef Australia, in 2018 was one example, **and made for a very memorable collaboration.**”

- James Middleton, Vice Consul, Australian Consulate General in Mumbai



”





04.

Why malnutrition?

The Foundation for Mother and Child Health (FMCH), invests in innovative nutrition-specific interventions in vulnerable communities. Through proven methods and intensive services, FMCH promotes maternal and child health and nutrition to enable women and children reach their potential, both physically and intellectually.

FMCH not only invests in innovative interventions but also in technology. Having started with a proprietary database with Salesforce that ensures timely follow up with beneficiaries and collection of data for advocacy, today we are pioneering smart phone/tablet applications for front line workers for faster and larger scale throughout India and cloud-based knowledge management for partner organisations outside of Mumbai.

Status of nutrition in India

50% 

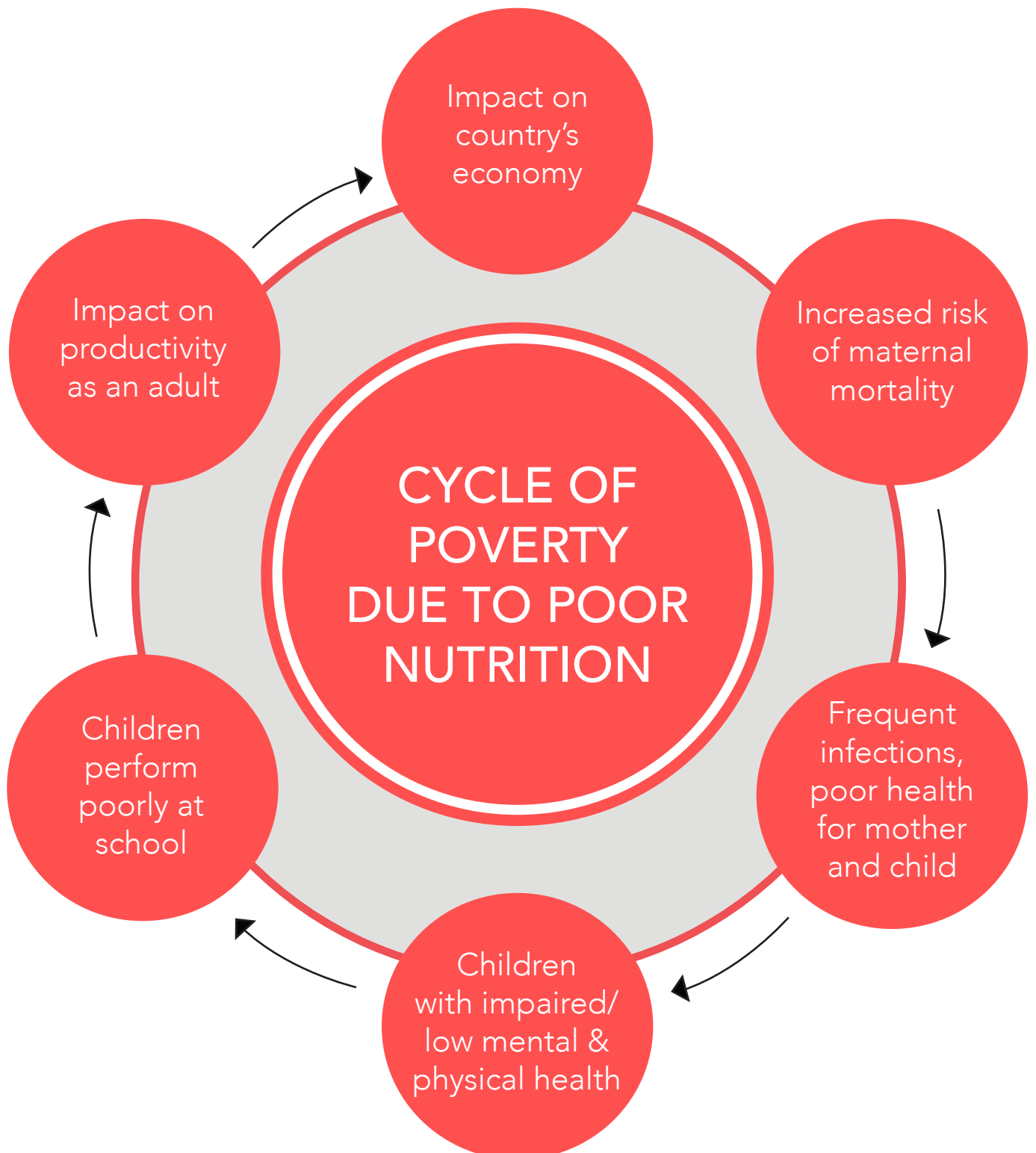
pregnant women and children under 5 years in India are anemic due to poor nutrition

1/3rd 

of the world's stunted children and largest number of wasted children live in India



HOW POOR NUTRITION EFFECTS INDIA'S ECONOMY





05.

Malnutrition in the urban context

Malnutrition, a threat we have been tackling since independence, is potentially standing in the way of India encashing its demographic dividend. Children who are malnourished perform poorly at school, and earn up to 20% less than well-nourished individuals. Over a lifetime, this translates into remaining in the poverty cycle or plateauing at middle income - shockingly due to poor nutrition as children. 2 out of every 5 children in India are malnourished, linked to 50% of Indian women being anaemic. In the bigger scheme of things, we lose over \$ 45 Billion of our GDP to malnutrition each year. Our mission at FMCH is to change these numbers. We believe that poor nutrition should no longer be a barrier for individuals to reach full potential.

Key cornerstones of our work are preventive measures - providing research based, contextual, actionable knowledge to communities; using data and technology to retain quality, drive decisions and accountability; and working with various stakeholders in the ecosystem to bring about a sustained behaviour change.

NUTRITION: THE URBAN POOR CONCEPT



Restricted financial resources



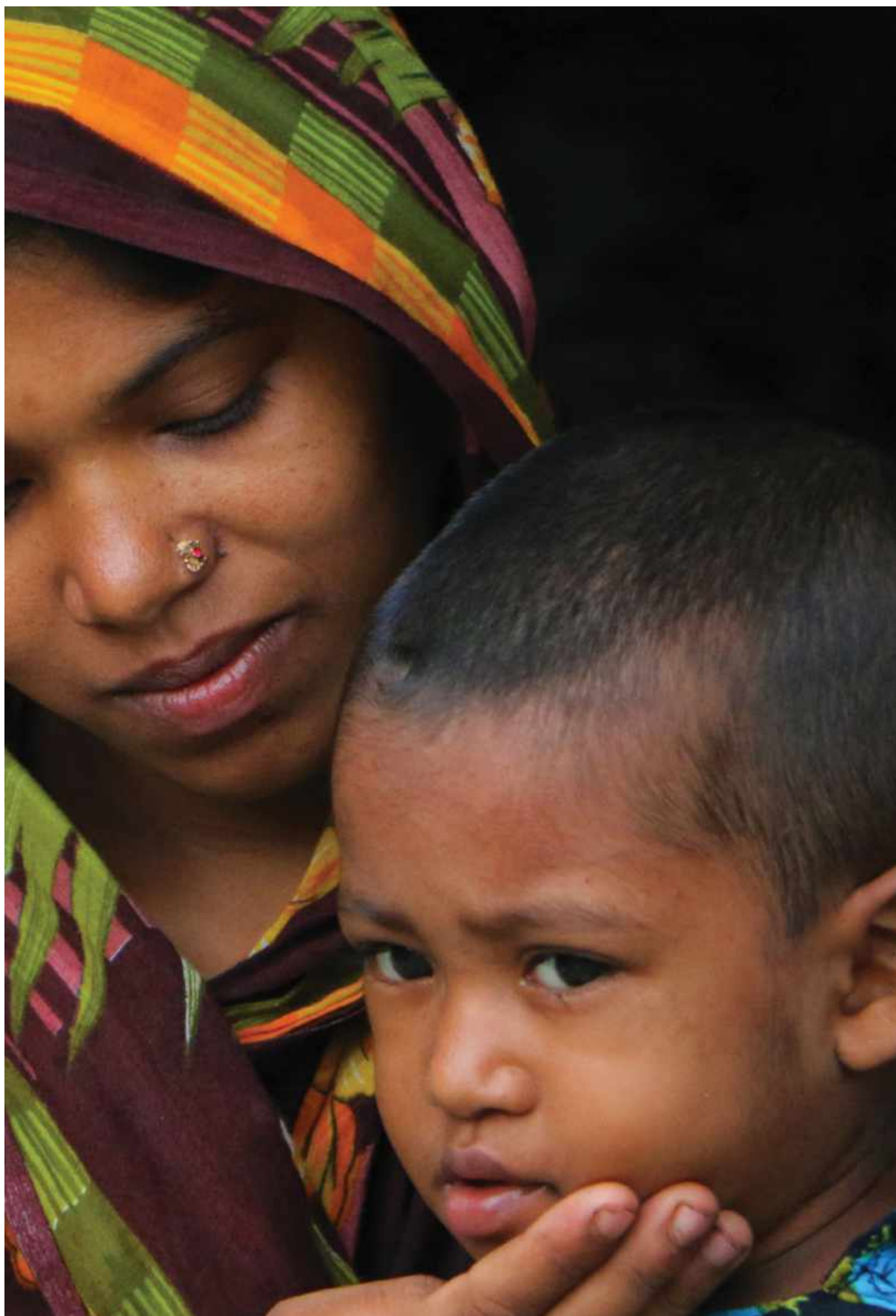
Migration and lack of stability



Conflicting and frequent information overload from multiple sources



Easy access to non-nutritive and convenient foods





06.

Theory of change

If communities and families have access to the right information about the First 1000 Days, they will make the right nutritional choices to ensure we have a world of healthy mothers and children, enabling breaking the cycle of poverty.



$$\begin{array}{ccccccc} \text{Pregnancy} & & \text{Community} & & \text{Family} & & \text{Frequent, repeated} \\ \text{through 2 years} & + & \text{based approach} & + & \text{involvement} & + & \text{touchpoints} \\ \text{of age of child} & & & & & & \\ & & = & & \text{Behaviour change in} & & \\ & & & & \text{nutritional choices \& decrease in malnutrition} \end{array}$$

“ Wipro Cares has been working closely with behalf of Wipro FMCH for the past 4 years and it gives us immense pleasure to share our thoughts here. We have been engaged with FMCH in supporting 'the first 1000 days nutrition program' to address the issues of Malnutrition in urban slum communities of Jarimari, Kurla. The impact of a well-balanced nutritious meal goes a long way. It has been quite impressive, the way FMCH has been working in the slums of Mumbai, where malnutrition is very rampant, trying to bring a change through a community based approach. They have always been keen in pursuing new initiatives and have been actively engaged in supporting other partners of Wipro Cares as well. My good wishes to team FMCH to continue their services to reach out to more families who need them the most. Keep up the good work.



”





07.

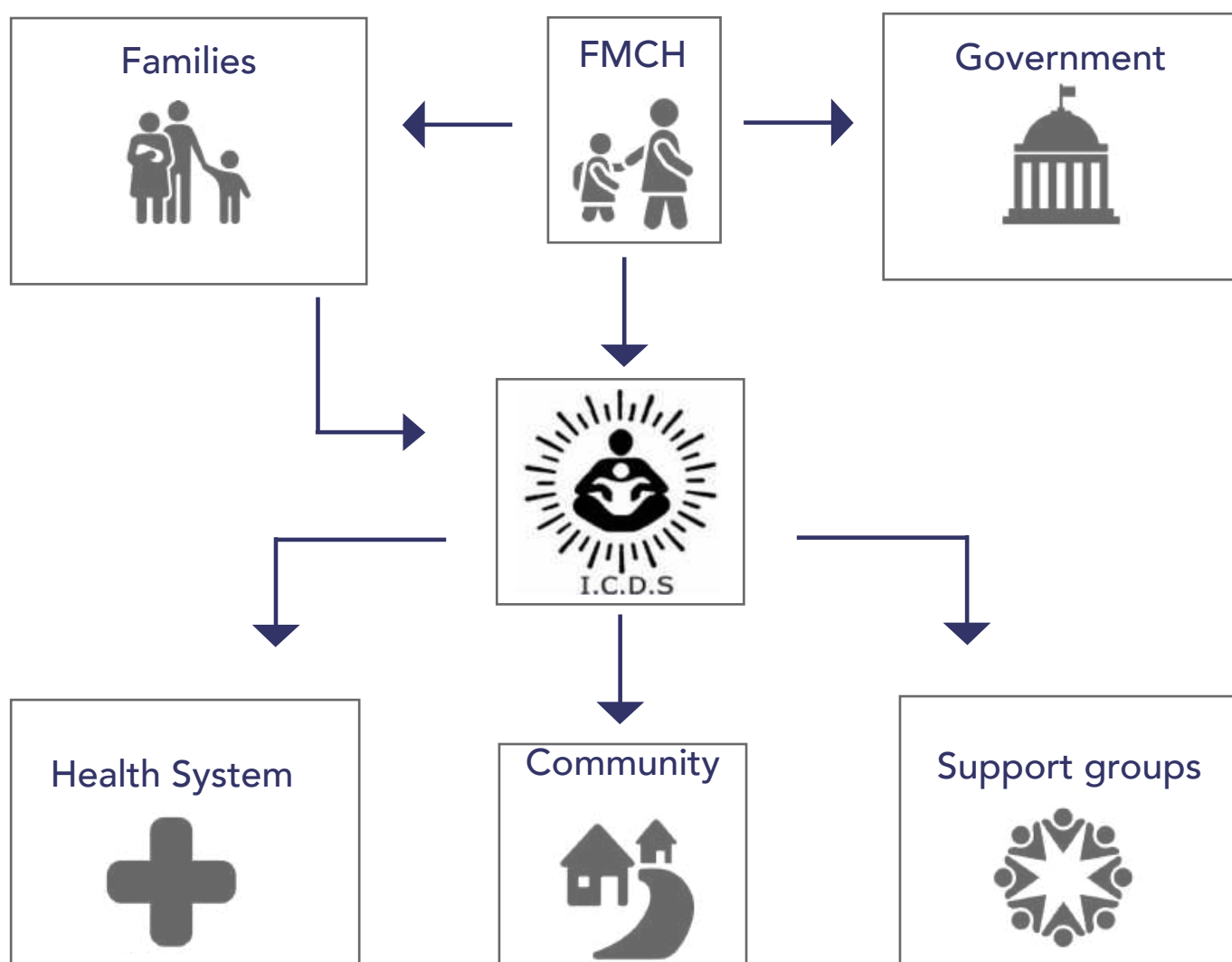
Our Operating Model

We work at 3 levels:

- 1) System through the Anganwadi workers, health posts and hospitals
- 2) With the mother - through conception, delivery, early childhood care (first 1000 days)
- 3) With Influencers and caregivers (community leaders, CBOs, support groups, family unit including fathers, grandmothers etc.)

The various activities identified that need to be carried out are given below:

- 1) Anthropometric measuring
- 2) Home visits/calls
- 3) Educational and Community engagement activities
- 4) Advocacy/networking and training of key partners/stakeholders
- 5) Working with support groups





08.

Our projects in 2019-20

PROJECT POSHAN

Kurla Poshan Initiative

24
Anganwadis

4500
families

Powai Project

7
Anganwadis

3000
families

COMMUNITY NUTRITION PROJECT

213
Anganwadis

5000
families

WADIA HOSPITAL

12000
families

Our success story of getting baby Yuvi back to health amid the COVID lockdown. To read the full story, click here or scan here.





09.

Project Poshan

It is a well-established fact that poor nutrition during the First 1000 Days of a child's life (day one of pregnancy till her 2nd birthday) can cause irreversible damage with life-long consequences. At FMCH 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.

We also work closely with the families and community at large to promote good health, hygiene and nutrition practices.

Through this initiative, FMCH provides access to:
Trained professionals (doctors, nurses, nutritionists) for medical and nutrition assessment, advice and support.

For children, special support and advice to ensure early initiation of breastfeeding, exclusive breastfeeding, initiation of correct complimentary feeding regime at the right time. Accurate and trusted information regarding health, nutrition and child care through a range of education sessions designed for the mothers/primary caregivers and other family members. Continuous and rigorous monitoring and follow-up for individual beneficiaries through the entire period of their engagement with FMCH.

Project Poshan is executed in two locations:

1. Powai
2. Kurla



KURLA POSHAN INITIATIVE

Project Poshan was launched in partnership with Wipro in the year 2017. FMCH works with 51 ICDS centres/Anganwadis in Kurla

Context of Kurla:

In Mumbai, on an average, 53% of children are breastfed within one hour of birth displaying a serious lack of early initiation of breast feeding. Percentage of breastfed children aged 6-23 months receiving an adequate diet is as low as 6.4% in Mumbai. Only 43% mothers in Mumbai have had full Ante Natal Care (ANC) check-ups. Anaemia is also highly prevalent (50.4%) among women in the reproductive age group.

This reiterates the need to think beyond the management through treatment and instead adapting effective preventive approaches in order to curb malnutrition. To curb this, we work in the 51 Anganwadi/ICDS centres in Kurla L-Ward catering to a population of 51000. The Child Development Project Officer [CDPO] of Kurla has recommended that FMCH work in two communities i.e. Jari Mari and Bail Bazar. Jari Mari has 27 ICDS centers, while Bail Bazar has 24.

Beneficiaries:

- Primary Pregnant Women
- Lactating Mothers
- Children aged 0-2 years
- Malnourished children upto aged 5 years
- Secondary Families
- Communities at large
- Community Stakeholders





“

I have been associated for a year with FMCH and it's been a year full of learning and realizations. The Jarimari community is unique in its own way, having a diverse and floating population from different states of the country. Working in this community has helped me understand the knowledge of families around various health and nutrition practices that they follow. When you walk in this community, you will see meat shops, huge market areas, grocery shops, and easy access to non-nutritive food as well. There is a primary health facility at a distance of 10 mins from this community and this health facility is easily accessible. Even with such access to food and primary health care the prevalence of malnutrition among pregnant mothers and children is high in this community. As we learned about this community, we discovered that families do not have access to the right information around health and nutrition in the 1st 1000 days. The dietary habits that are commonly seen among these families include a monotonous diet, mostly cereal-based diet, and very little protein and protective food group-fruits and vegetables. Right from the age of 7 months when the child starts weaning is exposed to non-nutritive foods like Biscuits soaked in milk, Chips, and other high sugar sweets. With all these learnings we have focused on many strategies that include education around the right choices on health, nutrition, feeding practices, and dietary habits.

My highlight of this year was an increase in the percentage of exclusive breastfeeding and seeing Low birthweight babies gain optimal weight just by encouraging mothers to use the right breastfeeding technique and feeding the appropriate amount. Along with this team had also engaged themselves in building various nutrition education material on their own which helped them with appropriate communication and delivery of messages during health talks done in community. We have had amazing experiences around nutrition education for families to prevent Malnutrition. We observed that participation and interest of Anganwadi workers in educating the community had also increased. They willingly got involved in many health talks and very keen to learn different ways of delivering the right messages.

Stories of behaviour change among the families around the right choices during 1st 1000 days have helped us envision a community, taking the right decisions due to informed decision making, to tackle malnutrition on their own. Our context is unique and I like to immerse myself in these cultures so as to be able to bring about a long-lasting sustainable change.

- Bhagyada Jamsandekar, Program manager at FMCH

”





OUR IMPACT

Anthropometric
Monitoring



6676
Clinic visits

Home Visits



2752

Critical Care
Clinic



MAM: 39
SAM: 15
Pregnant mothers: 84



193
mothers in
pregnancy club



192
mothers in
nutrition course



1576
people in community
engagement events



77.32%
of mothers receiving
breast feeding
training



13
support groups



99
members per
support groups



“

I've never worked this way in a community, keeping health at the centre of everything, with women and children specifically. It has been a challenge for me - but I gathered information, learned all I could and realized how important the first 1000 days are, in order to avert so many issues.

Because of FMCH I got the chance to learn, teach and counsel the families that I interacted with. Not only have I seen a change in myself, but also in the work I have been able to carry out.

In 19-20 I led an important part of the project where women began to take better care of their children - all due to the knowledge the FMCH was making available.

- Roobina Sheikh,
Community officer at various projects

”





I've worked for 4 years, with FMCH

The Powai project is the 2nd Intervention community-based project by FMCH. I saw drastic changes in the community especially towards Women and Child health. In the year 2019-20, we exited from the community after a 5yr completion. Based on the 5yr experience - we reached out to about 5000 households, with close to 900 direct beneficiaries including mothers and children.

I observed increased ante-natal care, infant and young child feeding practices (during the period from conception till the child turns two years of age) as it is the key area of intervention in this program. This year, the focus has been specifically, to improve Community Support groups and strengthening the referrals system between Community and Health services.

During this Project we engaged with other stakeholders like the community, government agencies and other community-based organizations in order to build a strong and sustainable system. For that, we built strong intervention activities including the first 1,000 days clinic, breastfeeding clinic, weighing clinic, home visits, educational sessions like pregnancy club, Achha Bacha class, nutrition course and various other community mobilization activities and events. FMCH strengthened the services by starting a sub centre to reach the community staying in the uphill region, for ensuring regular follow-up of the beneficiaries.

As a continuous effort to strengthen the existing systems and Support groups FMCH works closely with ICDS and Health posts by involving them in community activities and referrals. Community based programs, observed with support group members also aimed at encouraging them to interact with the community on women and child health issues.

All active beneficiaries received services under the programs. 10 Support groups formed by FMCH had an active participation in events. The new strategies to strengthen the program include working more closely with the Community Mandal's and Support group's members, capacity building of Support groups via training and providing accurate, actionable knowledge to all the key stakeholders, including Support groups.

- Shubhangi Bhoite,
Program manager of Powai location





PROJECT POSHAN (POWAI)

We initiated the First 1000 Days program in Phule Nagar in 2014 and reached out to about 500 households since, with close to 900 direct beneficiaries including mothers and children. The central focus was on improved ante-natal care and infant and young-child feeding practices during the period from conception till the child turns two years of age is the key area of intervention in this program. This year the focus has been specially to improve Community Support Groups and strengthen referral systems between Community and Health services.

Pregnant women, lactating mothers, children under the age group of 0-2 years and children suffering from acute malnutrition are direct beneficiaries under this program. The program also engages with other stakeholders like the community, government agencies and other community-based organizations to build a strong and sustainable system.

The intervention activities include the First 1,000 days clinic, breastfeeding clinic, weighing clinic, home visits, educational sessions like pregnancy club, Achha Baccha class, nutrition course, and various other community mobilization activities and events. FMCH strengthened the services by starting a sub centre to reach the community staying in the uphill area, for ensuring regular follow-up of the beneficiaries.

Events were organised during World Health Day, Breastfeeding week and National Nutrition month in the form of a street play, games, video demonstrations, also highlighting the importance of the role of the entire family in ensuring health of mothers and children.

A Master Chef Event for mothers who graduated under the FMCH Nutrition course was organised. It was very well attended and nutrition recipes were prepared from locally available ingredients. Community awareness and education activities were conducted on First 1000 days and we identified community health related issues.

Every year, we've consistently worked on creating awareness and what precautions to take regarding chicken pox through the education talks, in the community.

As a continuous effort to strengthen the existing systems, FMCH works closely with ICDS and Health posts by involving them in community activities and referrals. Women's Day, observed with support group members, also aimed at encouraging them to interact with the community on women and child health.

Focused home visits for high risk pregnant women and moderately malnourished children were conducted for following up, counselling and referrals to hospitals. We observed, that now more than usual, pregnant mothers did early registrations in Health posts and Maternity homes. They received supplements and immunization from the Govt facility. Because of our intervention, mothers are educated and they know how to take care of themselves and their children. Our existing beneficiaries also talked about nutrition in the community with other, previously registered mothers, too.



Our success story

We met Sarika, a woman under 18 years of age, and 4 months pregnant. She was at high -risk, due to her age and low HB. She had registered herself at the Maternity Home. During our interactions, we saw that her family very supportive and took care of her. Her mother-in-law always accompanied her to our clinics regularly and followed everything she learned in the Pregnancy club.

Sarika went to her maternal home for delivery. During this time, we stayed in touch with her via phone. She did delivered a normal, healthy, baby boy weighing 2.50 kg.

Once the child was 2 months old, she returned to Phule nagar and came with the child to FMCH clinics. We met little Sumit on regular home visits and showed Sarika breastfeeding techniques, to support her. Sumit continued to be breastfed, and continued to come to our centre for growth monitoring.

Sarika attended the Acha bacha Session as well. Apart from following this at home for her own son, she also was communicating this to other mothers. Sumit started complementary foods at the age of six months and continues on the path of remaining healthy.

Sumit was 8 months old when he got discharged, and weighed a healthy 7.79 kgs with a height of 68 cms. We wish them a happy and healthy life ahead!





FMCH decided to exit from Phule Nagar after completing the 5 year program. All active beneficiaries continue to receive services under the programs. 10 Support groups formed by FMCH had an active participation in events. The new strategies to strengthen the program include working more closely with the Community Mandal's and Support group's members along with capacity building of Support groups through training. Adding to that, provision of accurate, actionable knowledge to all the key stakeholders including Support groups, is another thing we've focused on.

We also organised training sessions with support group members who actively worked in the community. We sensitized and helped build their confidence on different issues related to maternal health and nutrition, thereby enabling them and building the capacity of the Community Support group by providing training. In turn, they support mothers & guide them for health and referral points. At the end of the project we did a handover to the support group now reliant on community knowledge and guidance for referral sources, so they can spread the knowledge on 1st 1000 days and Nutrition and be self-reliant in the process.



09.

Community Nutrition Initiative (CNI)

Community Nutrition Initiative (CNI), Bhiwandi has been designed to address the issue of malnutrition and poor maternal and child health by working in partnership with the ICDS. The initiative provides an opportunity not only to reach an underserved population where the burden of malnutrition is high but also for FMCH to share its knowledge and approach with existing systems so that the best practices will be adapted by the Government for long-term change. Between 2015-2019, FMCH has worked in Bhiwandi (Pop 140,000) through 140 ICDS centres using the same proposed intervention.

Based on the success of the first 140 ICDS centers, approval by the Government has been taken to work with an additional 213 ICDS (Pop 213,000) and adjacent Health Posts for capacity building and ensuring all services are availed by the local population.

Successful implementation and positive outcomes makes FMCH confident of its ability to deliver this program, thus completing 100% coverage of Urban Bhiwandi. The team's experience on the ground, learnings that have been institutionalised as organisational knowledge and the relationships built with various stakeholders for the past 3 years has created a unique expertise for FMCH to be able to successfully implement the CNI as proposed in this document.

Objectives of the programme

- Increased antenatal care (ANC) for mothers -
- Reduction of malnutrition in children under the age of five
- System strengthening through ICDS and support groups





COMMUNITY NUTRITION INITIATIVE

Training of 213 frontline workers

8 training days/Anganwadi worker | 213 Anganwadi workers | 6 Batches | 24 days (120 hours) of training

The existing systems (both government and non-government) acknowledge the first 1000 days period to be most critical, there are no 'formal' systems that cater specifically to the needs of the mother and child during this period holistically. At present the only services available are restricted to ante and post-natal health check-ups for women, and immunization for children.

However, the Government, especially through the Poshan Abhiyaan movement, has created a much-needed opportunity to fill this gap through the ICDS system, which typically caters to children between ages three and five. Today the Government of India mandates all ICDS centres to provide 'behaviour change messages' around First 1000 Days, but little effort has been made to build capacities of the Anganwadi workers to be able to deliver the same.

Thus, providing counselling with accurate and trusted knowledge is a skill that remains unavailable to these workers who have the task of delivering outcomes such as reduction of stunting by 2% annually country-wide.

FMCH has been able to upskill frontline workers around the first 1000 days which includes Ante-natal care, post-natal care, breast feeding, and complementary feeding. As of April, 1st 2019 FMCH launched the next phase of its work in Thane, with 213 ICDS centres, and built skills of this group to effectively deliver the Prime Minister's mandate of reduction of malnutrition.

Programme Goal

To build capacities of frontline workers towards effective counselling and support to vulnerable communities on nutrition, thus preventing major public health disasters such as malnutrition and tuberculosis.

Programme Objectives

- To build capacities of frontline workers (Anganwadi workers and supervisors) of 213 ICDS (Integrated Child Development Scheme) centres in Bhiwandi, Thane district, Maharashtra
- To develop appropriate counselling tools and communication materials for frontline workers

Programme Impact

Average increase in knowledge

Correct techniques of breastfeeding

Before training

48%



After training

91%

Function of nutrients

Before training

42%



After training

96.7%



408
participants attended
Nutrition course





COMMUNITY NUTRITION INITIATIVE

1000 days intervention

1. Baseline survey and household screening -

As a part of the intervention, we started with the baseline on December 19th. The baseline is done by household screening of all the 107 Anganwadis we are targeting in phase 1 of the project.

A note on using technology for baseline:

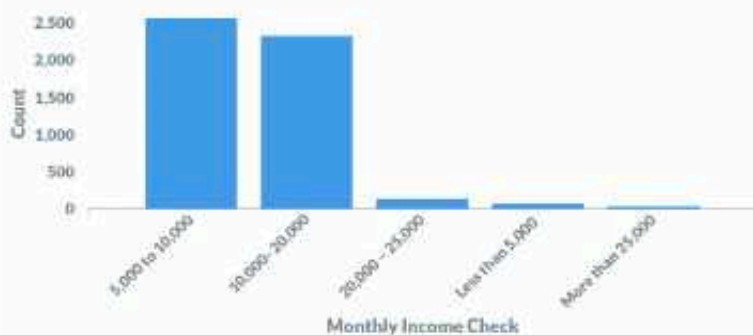
For this intervention, during the Baseline, we have been collaborating with DataOgram for using their technology solution for conducting the baseline. Using simple yet effective design and logic, the data is handed in a logical and easy to understand manner. Below are a few screenshots of the baseline app:



Household Head Occupation Breakup



Monthly Income Check Breakup



Salaried Emp Check Breakup



Religion Breakup





“I’ve got a very good chance to do this work, through this initiative. It is a great community development program to be a part of. I’m enabling the Aanganwadi workers to make them stronger and more confident - so that they can carry out their roles, better. In the First 1000 days, to enlighten and support the mother as best as possible - is something very important to me. The community workers themselves - are motivated to look at this work as a means of great development and progress - so overall, there’s high motivation with all the people I work with.

- Sharad Thakare,
Program Manager at Bhiwandi location

”



“I’ve never been on-field or being in basits (slums) but once I began and built a rapport, it became easier. When the mothers go tested and realized that they must look after their health better, I realized the importance of my role and what FMCH was enabling. I was very proud to hear from the teachers and facilitators, that my work has actually created a positive impact and been of benefit to people’s well being. Now, I believe that NO work is small or useless - it’s a matter of accepting that every task is important and has its place, especially if you’re a field worker like me.

- Usha Pandit,
Community officer at Bhiwandi location

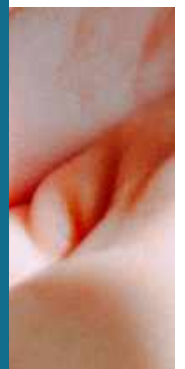
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“I’ve done my D.ed and before I got into the social sector with FMCH, I was a school teacher. Without any prior knowledge about this sector, I joined in once I got to hear that they are working in the space of malnutrition, how pregnant mothers, breastfeeding mothers, etc - all need to be looked at with more attention. Right from what care should be taken to the food that should be eaten, I learn everything on the job, with FMCH. The community or place that I grew up in - we never understood what HealthCare really meant. It is only after I joined this group did I grasp the depth of the situation, of what it means to take care of an infant for the initial period of its life. I’m elated with my experience.

- Nasreen Ansari,
Community officer at Bhiwandi location

”







COMMUNITY NUTRITION INITIATIVE

Education Sessions

We have initiated education sessions in the communities. The details are as follows:

Pregnancy Club

In the pregnancy club the pregnant women are provided tools to ensure a healthy baby is born and she is able to maintain a robust breastfeeding relationship with her new born. This is a monthly activity, where pregnant women are encouraged to sign up. In this club, the sessions held are educating the women on healthy diet, about the pre-and post-check-ups and Q&A are also addressed. The club is also a place for the women for relaxation, to share their concerns, issues and doubts.

Nutrition Course

The nutrition course is about providing hands-on training to women on nutrition through practical demonstrations.

The activities include practical cooking demonstrations, involving various locally available nutritious products that may be used in daily diet. Practical demonstration of recipes follows the mandate of being low cost, nutritious and time efficient to cater to the needs of the community. This exercise is of importance especially during the complimentary feeding phase, where parents introduce solid foods to the infant for the first time.

Appropriate complimentary and weaning foods help fill in the gap of required nutrition for the infant who also continues to breastfeed. During this course, the participants learn about the process of introducing complimentary foods, the concept of food groups and importance of diet diversity, concept of adequate food and frequency and usage of locally available ingredients.

To reduce physical presence of our teams in communities and avoid travel for our staff, we've moved as many activities as possible to phone and online platforms. For example, we created WhatsApp group our target beneficiaries.

Beneficiaries



4000 mothers



5700 children



500+ Anganwadi teachers

Indirect reach - 2,13,000 people





10.

Wadia Intervention

The Foundation for Mother and Child Health (FMCH) within this partnership has developed a proposal to the preventive nutrition initiative, which aims at early identification of malnutrition (both acute and chronic) among children visiting the OPD at the Bai Jerbai Wadia Hospital for Children (BJWHC) and providing appropriate intervention for them. This initiative also incorporates an education component for pregnant women who visits the Nowrosjee Wadia Maternity Hospital (NWMH). With the support of Wadia Hospitals (WH), FMCH aims to dispense wholesome intervention for addressing under-nutrition in children.

The goal of the project is early identification of malnutrition (both acute and chronic) among children visiting the OPD at the Bai Jerbai Wadia Hospital for Children and providing appropriate interventions for them – preventing them from going into states of malnutrition further. This also gives us an opportunity to impact children and mothers across Maharashtra – not just in the urban slums like our other projects.

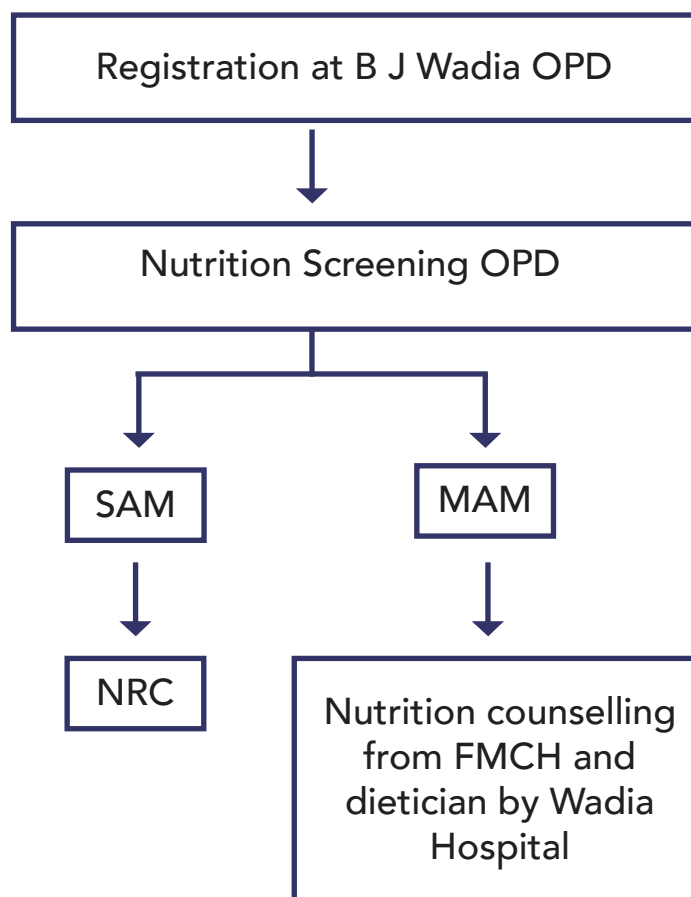
The SAM/MAM identified children are first treated at the medical OPD and after that they access the nutrition services.

Need: Ensure the referred children come to NRC/counselling OPD

Need: Nutrition counselling OPD to be conducted on daily basis to ensure services to all referred

The activities for April 2019 – March 2020 include the following:

- Register the children in OPDs for nutrition assessment
- Record height, weight, MUAC measurement and conduct nutrition assessment using WHO charts
- SAM children are referred to NRC (as per WHO protocol)
- MAM children are referred to counselling OPD and Wadia Dietician
- SAM children after treatment are coming to counselling for follow up- Educational Talks conducted at ANC/ PNC OPD and children OPD





In 2019-20, we have impacted close to 16,000 families in Wadia Hospital through screening, counselling and education sessions.

7% SAM children identified through the screening overall total registration (15011) of children at age of 0-60 months

58% children who identified in SAM referred to NRC by FMCH for treatment. **12.7% children** admitted at NRC

16% MAM children Identified through screening. FMCH team referred these children to Wadia or FMCH nutrition OPD for counselling. **We have reached out to 83% of the children through the dietician and 64 % by Nutrition OPD.**

FMCH conducted awareness sessions at ANC and children OPD providing accurate and actionable knowledge on pregnancy care and Nutrition.



“I’d joined FMCH as a helper, but when they saw more potential in me, they gave me an opportunity to become a field officer. While working in the arena of malnutrition, I’ve learned the importance of how the First 1000 days - is crucial for a child’s health and overall development. While working in the community I had to face a lot of challenges - but even then, I did the nutrition course alongside and got more opportunities to work in other locations, too. Including the Wadia hospital. The feeling is incredible and I’m grateful to FMCH for believing in me and empowering me to become a counsellor to the families and become someone who the community can trust and turn to.

- Nanda Gorgaonkar, Community officer at Wadia hospital

”





11.

Incubation and scale up models

FMCH TRAINING CENTER

Over the past three years, FMCH has engaged with various agencies (NGOs, hospitals, government agencies) who want to manage malnutrition in their own communities.

Through the FMCH Training Center that was launched in May 2015, 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.

The FMCH Training Center was also conceived with the idea of being an incubator of new ideas and models for nutrition-specific interventions that can eventually be scaled-up.

We also work closely with the families and community at large to promote good health, hygiene and nutrition practices.



Sahayog Foundation and FMCH have worked closely in the past year and the experience of working with such a focused and motivated team has been great. Their expertise on nutrition well as the recognition that FMCH has achieved for it is very heartening to see. I am also encouraged by the openness to collaborative thinking when it comes to working in maternal and child health. In the coming years, I can see FMCH as a trailblazer in the fight against malnutrition.

- Sheena Gandhi Co-Founder Sahayog Foundation





SCHOOL NUTRITION PROGRAM

Sponsored by the Australian Consulate, in 2019 -20, we ventured into schools with a programme for children on Nutrition. The rationale being that access to accurate information, especially for good health and nutrition is limited among vulnerable communities. The foundation of adequate growth and development is laid before birth, during childhood, and is followed during adolescence. Addressing the nutrition needs of adolescents is an important step towards breaking the vicious cycle of intergenerational malnutrition, chronic diseases and poverty. Dietary behaviours established in adolescence may contribute to nutrition-related problems that have consequences for long-term health.

Links to some of the resources made:

Videos:

[https://www.facebook.com/FMCHIndia/](https://www.facebook.com/FMCHIndia/videos/539467686826950)

[vdeos/539467686826950](https://www.facebook.com/FMCHIndia/videos/539467686826950)

<https://www.youtube.com/watch?v=RqzVAganYsQ>

[https://www.facebook.com/FMCHIndia/vid-](https://www.facebook.com/FMCHIndia/videos/359658574942661)

[eos/359658574942661](https://www.facebook.com/FMCHIndia/videos/359658574942661)

Results from the Pilot programme



78%

students filled the book



12%

increase in knowledge of nutrition



37%

drop in consumption of non-nutritive food



43%

increase in consumption of minimum of 4 food groups daily

Snapshot from the booklet



TRAINING OF MOTHER SUPPORT GROUP FROM APNALAYA

This training was conducted to train field officers, supervisors, mother support group leaders of Apnalaya on Basics of Nutrition care during pregnancy, First 1000 Days and IYCF. Apnalaya organisation runs capacity building programmes for community members in highly underserved slums of Mumbai in the domains of health care and disability livelihood, education and citizenship. We trained the mother support groups on basics of nutrition and IYCF to improve knowledge, attitude and practice.



TRAINING OF COUNSELLORS FROM THE ARMAAN FOUNDATION

Counsellors from Armaan Foundation with a B.Sc in nutrition or one of the sciences were trained on communicate and counsel effectively in the community on various topics of Health and Nutrition during 1st 1000 days.





12.

Events and milestones

DELOITTE VOLUNTEER ENGAGEMENT AND TRAINING

With support from Deloitte, FMCH has been able to upskill frontline workers around the first 1000 days which includes antenatal care, post-natal care, breast feeding, and complementary feeding.



WIPRO

Wipro organized their Annual Healthcare Partners meet where we presented our work and discussed about how to systemically solve the problem of malnutrition through collaboration



DASRA GRADUATIONS

Dasra Social Impact Leadership Program is for the needs of the founders, executive directors and senior management to help strengthen their leadership style, enable stronger decision-making capabilities and help leaders become more inclusive. Our CEO, Shruthi Iyer was one of the participants who graduated and is ready to accelerate FMCH to new heights.



RELIANCE WALKATHON

FMCH was the chosen charity for the Reliance Nippon Life Insurance's Walkathon Walk Pe Chal event. The event was launched by Ms. Malaika Arora herself! All proceeds raised from the event went towards mother and child nutrition.



CSR BOX

CSRBox conducted its annual CSR and NGO leadership partners meet India Impact Forum in Mumbai. Our CEO was one of the panelists for a lovely discussion on "How to identify High-Impact Projects in Healthcare Investing".

BASELINE APP SURVEY

DataOgram is a Social Enterprise that's empowering NGOs with easy to adopt and affordable technology. We have collaborated with DataOgram for using their technology solution for conducting the baseline. We spent time using simple yet effective design and logic to ensure the data is handed in a logical and easy to use manner.

BASELINE FORM FOR BHIWANDI 213 ANGANWADIS

▼ **HOUSEHOLD SCREENING DATA**

Household Number (2-5 Digits)

*If no information, please enter the reason

- ☐ Locked/Person in charge of household unavailable
- ☐ Denied information
- ☐ Other

This field is required

* Name of head of household

This field is required

▼ **Family size**

☐ Buddhist

☐ Atheist

☐ Other

* Are there any expecting parents between the Age of 18 - 34

☐ Yes

☐ No

Primary Care giver / Care taker of child

Relation with child

▼ **How many of the following people live in the house currently**

* No. of Pregnant women currently living

* No. of Lactating mother of child of 0 - 6 months

* No. of Lactating mother of child between age 7 - 34 months

STRATEGY MEET

We had a two days strategy meeting with the leadership team of FMCH. This meeting helped us reflect on our work, our values and principles and helped us prepare our way to solving the upcoming challenges.



13.

In the time of Coronavirus

During pandemic times when we are not able to go on the field, we have moved all our services to work remotely. In collaboration with medical specialist from IIT Bombay, technology experts and using our insights from the field, we have rolled out an app – called the NuTree App - for the front line worker. This is a huge support for the field worker in these times. NuTree app performs data collection, beneficiary tracking and management, and decision making based on context.

As a result of this we are able to effortlessly increase our reach while maintaining quality of intervention. Due to the lack of services in several communities, many families have turned to us as the first point of contact. We stay connected through the phone and are able to give the accurate, timely counselling to the mothers and families. All families have appreciated the efforts and continue to engage with us through WhatsApp and other offline mediums.





“ Koita Foundation works with NGOs to help them solve business problems through the use of technology. We have been associated with FMCH for over a year and have built a strong working relationship. When we first met Dorothy and Shruti we were impressed with their vision of using technology to support malnutrition across mothers and children. Their focus on quality of care, collection and analysis of data from the field to further enhance impact was completely aligned with Koita Foundation's area of work.

We have partnered with FMCH to develop NuTree, a decision tree app which supports the field officers of FMCH and its partners. FMCH's senior management has been closely involved in the project right from the beginning; their focus and attention to detail has been very vital to the successful launch of NuTree. NuTree has a flexible and configurable decision tree that helps field officers in their interaction with their beneficiaries – improving quality of counselling, providing audio/visual aids and scheduling support. NuTree will enable FMCH to improve overall consistency and quality of delivery and improve field officer productivity.

In the next phase of our partnership, Koita Foundation is working with FMCH on developing management dashboards which will further enhance effectiveness. Our vision is that the FMCH systems become a role model in supporting poor women and children across India. NuTree and supporting systems can be adopted not only by FMCH, but by its partners and other NGOs in the maternal and child health space. We look forward to a continued partnership with FMCH.

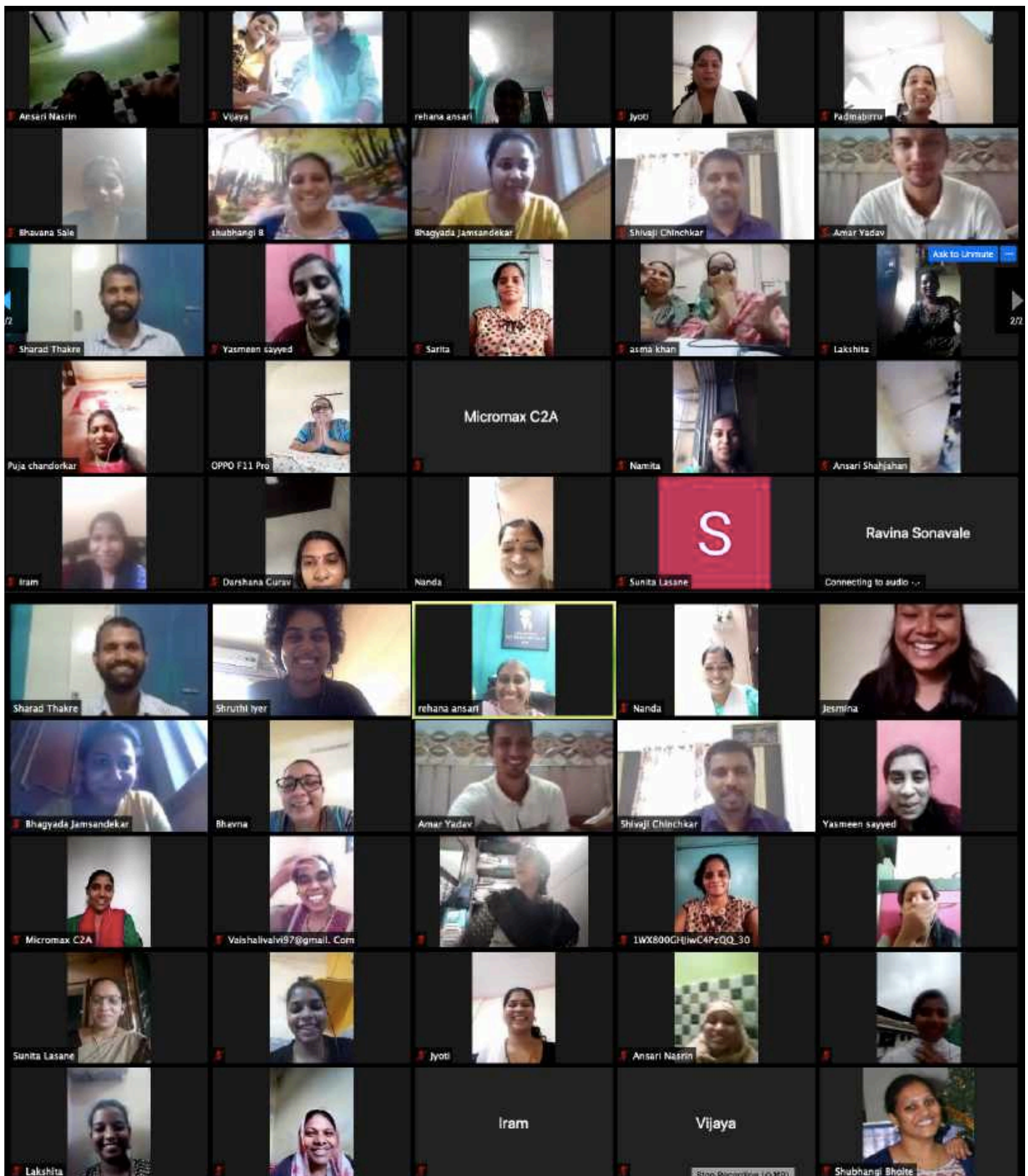
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14.

Our team





“

I have been working alongside the FMCH team for over a year now. I've got the opportunity to work with the field staff and the top-team at FMCH.

The first thing that struck me is the team's openness to ideas from members outside the organisation. From day-1 Dorothy and Shruthi made me feel like I was part of the team. I found Shruthi's analytical mind and willingness to co-solve complex problems extremely helpful while working with FMCH. Be it the board room or the lunch table the high levels of motivation, energy and positivity that the team exudes is infectious. I love working with the FMCH team!

FMCH's work in the field of malnutrition is extremely critical for our present and future generations. Apart from the team's commitment towards this cause I found couple of things that stood out:

- their investment in training which resulted in a strong domain knowledge across the board
- their active use of technology, data and analytics to complement the work on-ground.

My vision for FMCH is of a thought leader and goto organisation in the field of mother and child health. Their active use of technology and data driven interventions should help NGOs across the country to solve this problem within their respective communities

They say, "Culture is What Happens When No One is Looking". And having worked closely with the team I am vouch for the progressive org culture you have. Wishing you all the very best!

-Santosh Abraham, Atrios Consulting

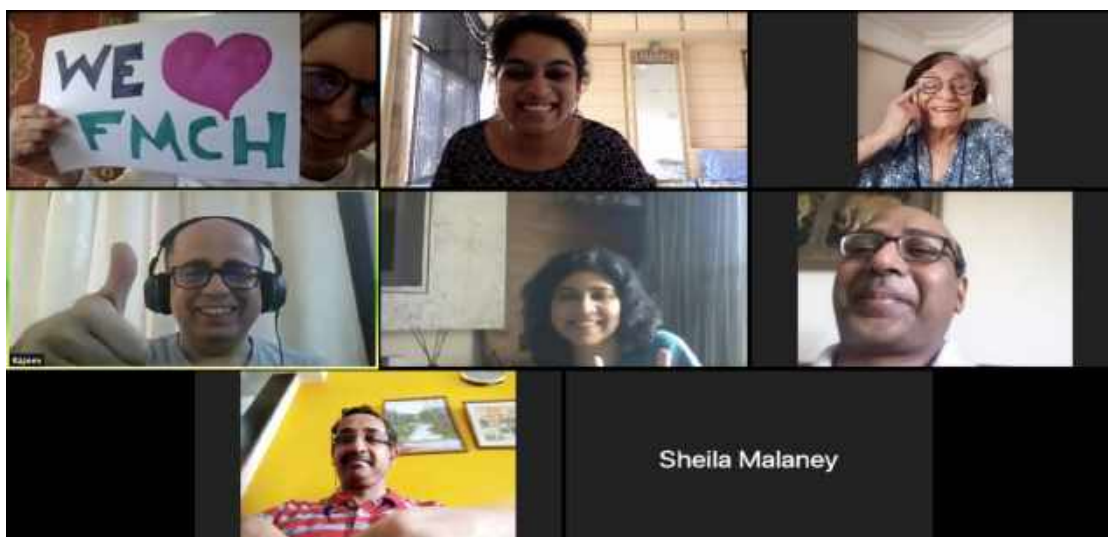
DataGram”





15.

From our board



Vijay Tendulkar on NGO Boards....“We need to remember this is not a corporate entity; this is a social action group with a commitment for social transformation and social justice. As long as the laws of the land are adhered to, we must flip the question of seeking accountability from the executive, and instead ask the team how can we empower and support them in their struggle to achieve the vision and mission of the organisation.”

How well this describes what FMCH needed from its Board Members this past year...starting with the hiring of a new CEO and transitions within the team to major technology innovations, the never-ending fight for funding and ending with a complete lockdown of the country due to Covid-19 and the barriers in providing services to our beneficiaries without being face to face. These challenges has enabled the Board to use its individual resources as well as its collective strengths, going far beyond funding and compliance monitoring, to provide deeper and more meaningful support for our skilled CEO and her team.

Never have we been as proud of FMCH then when the pandemic hit our slums bringing overwhelming difficulties in getting care for our pregnant mothers and food for our young beneficiaries. The team’s ability to make changes in how they delivered services and quickly identifying the most critical needs helped thousands of families survive the worst of the lockdown and prepare to move forward. The team was also able to finish the development of a First 1000 Days app, continue their work with IIT Bombay in analysing years of our data and found innovative techniques for using social media and WhatsApp to support our families. The team never let the lockdown stop them from doing their job and so much more.

What we, as a Board, have learned this past year is that we not only have the ability, but the privilege, to play a more meaningful part in creating the social change that is at the core of FMCH’s mission and vision. We stand, humbly, in solidarity with an amazing team of women and men that know FMCH can make a difference.



16.

FMCH Balance Sheet

The Bombay Public Trusts Act, 1950		SCHEDULE VIII [Vide rule 17(1)]			
		FOUNDATION FOR MOTHER AND CHILD HEALTH			
		Registration no. F - 31760(Mumbai)			
		BALANCE SHEET AS AT 31ST MARCH 2020			
As at 31/03/2019	FUNDS AND LIABILITIES	As at 31/03/2020	As at 31/03/2019	PROPERTY AND ASSETS	As at 31/03/2020
	Trust Funds or Corpus		-	Immovable properties-	-
239,500	As per last year 239,500			Fixed Assets	1,625,487
-	Add: During the year -		1,141,157	(As per Annexure D)	
239,500	239,500	239,500		Investments	-
	Other Earmarked Funds:		-	Loans	
	(Created under the provisions of trust deed)			Loans Scholarship	-
-	Depreciation Fund -	-	-	Other Loans	-
-	Sinking Fund -	-	-	Advances	
-	Reserve Fund -	-	-	To Trustees	-
6,481,482	Any other Fund (Annexure A) 5,834,158	5,834,158		To employees	-
	Loans (Secured or Unsecured)			To contractors	-
	(Annexure B)			To lawyers	-
400,000	From Trustee 200,000	200,000		To Others (Annexure E)	45,856
1,490,000	From Others 1,490,000	1,490,000		Deposits (Annexure F)	270,000
	Liabilities and Provisions		45,711	Cash and Bank Balances	
1,669,637	For Expenses (Annexure C)	3,457,609		(Annexure G)	
-	For Advances -	-	290,000	(in name of the trust)	
-	For Rent and other Deposits -	-		Cash in hand	38,180
	Income And Expenditure Account		12,606	Fixed Deposit	341,533
(1,065,794)	Balance as per last year (4,802,079)		318,050	Cash with Banks	8,596,541
(3,736,285)	Add: Excess of income/(expenditure)		3,671,016		
(4,802,079)	during the year 4,498,409				
		(303,670)			
5,478,540	TOTAL RS	10,917,597	5,478,540	TOTAL RS	10,917,597



17.

Income and expenditure

The Bombay Public Trusts Act, 1950		SCHEDULE IX [Vide rule 17(1)]			
		FOUNDATION FOR MOTHER AND CHILD HEALTH			
		Registration no. F - 31760(Mumbai)			
		INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31ST MARCH 2020			
2018-2019	EXPENDITURE	2019-2020	2018-2019	INCOME	2019-2020
	To Expenditure in respect of properties		-	By Rent	-
-	Rates, Taxes, Cesses	-	-	By Interest (accrued & realised)	-
-	Repairs and Maintenance	-	-	On Securities	-
-	Salaries	-	-	On Loans	-
-	Insurance	-	98,883	On Bank account	106,520
-	Depreciation	-	-	By Dividend	-
1,798,966	To Establishment Expenses	2,285,935	18,269,367	By Donation	21,702,161
-	To Legal Expenses	-	-	By Grant	-
38,220	To Audit Fees	-	4,290	By Income from other source	2,140
-	To Contribution and Fees	-	-	By Transfer from Reserve	-
	To Amounts Written off				
-	(a) Bad Debts	-			
-	(b) Loans Scholarships	-			
-	(c) Irrevocable Rents	-			
-	(d) Other items	-			
-	To Miscellaneous expenses	-			
422,961	To Depreciation	477,251			
	To Expenditure on objects of the trust:-				
-	(a) Religious	-			
-	(b) Educational	-			
19,848,678	© Medical relief	14,549,226			
	(d) Other Charitable Objects				
19,848,678		14,549,226			
(3,736,285)	Excess of Income Over Expenditure Carried to Balance Sheet	4,498,409			
22,108,825		21,810,821	18,372,540		21,810,821



“

FMCH is a Dasra Social Impact (DSI) Alumni. Over the last 5 years, through the DSI programs we have had an opportunity to understand FMCH's aspirations, comprehend their interventions and in a way, be part of their journey of scale. As an organization, FMCH has consistently invested in learning and development opportunities for its leaders and implemented these learnings back in their work, expanded their network and built meaningful partnerships in the sector. Today, FMCH has established itself as a well-known organization doing impactful work by empowering mothers from vulnerable communities and tackling nutrition. Their programs such as Urban Nutrition Initiative have successfully engaged various stakeholders including state/ local governments and NGOs to exchange knowledge and share best practices to inform policies at the national level. Their training centre model is a good example of how local communities can be mobilized through a unique approach adopted to encourage ideation for nutrition specific interventions. FMCH's efforts have highlighted how collaborations can lead to greater efficiency in the social sector. It is really inspirational and commendable how the organization has been able to re-invent its programs and support vulnerable communities through the COVID relief work. I wish FMCH and the team good luck for their journey ahead.. much more to accomplish!

”

- Dasra Foundation





Click on the links or scan here to connect with us-

Website: <https://www.fmch-india.org/>

Contact us: contact@fmch-india.org

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