



# FOUNDATION FOR MOTHER AND CHILD HEALTH

Healthy mother and  
thriving children for  
a world of unlimited  
possibilities!



## ANNUAL REPORT 2018-19



## Table of Contents

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A MESSAGE FROM THE CEO .....	5
ABOUT FMCH .....	7
OUR THEORY OF CHANGE .....	8
PROJECT WADIA HOSPITAL .....	10
WADIA- FMCH INTERVENTION PROCESS .....	12
PROJECT URBAN NUTRITION INITIATIVE: The Exit Year .....	15
PROJECT POSHAN: KURLA.....	28
MYSTERY BOX CHALLENGE BY MASTERCHEF GARY MEHIGAN .....	33
PROJECT POSHAN: PHULE NAGAR.....	41
PARTNERSHIPS AND TRAINING VERTICAL .....	53
FMCH EXECUTIVE BOARD .....	59
GOVERNANCE AND FINANCIAL REPORT .....	59
FMCH BALANCE SHEET.....	60
FMCH INCOME EXPENDITURE .....	61
A MESSAGE FROM OUR CHAIRPERSON .....	62



**Healthy mother and thriving  
children for a world of unlimited  
possibilities!**

## A MESSAGE FROM THE CEO

2018 – 19 has been an incredible year for FMCH in many ways. We ran our interventions in our Kurla, Powai, Bhiwandi Centres and Wadia Hospital. The staff numbers grew as did the number of beneficiaries. We have been seeing tremendous impact – data and stories. The birth weight of children, rate of breast feeding and the number of children moving from malnourished to ‘well – child’ status has been increasing.



All of this has been the result of behaviour change, a consequence of information and counselling. A story closer to home is that of one of our field officers, a mother in law, who fought tooth and nail with her family and the hospital to ensure her daughter-in-law only breast fed her child. The child and the mother are healthy and happy – encouraging other women in the community to register with FMCH. The education sessions that we hold in the community provide more than just actionable knowledge. They are a space for the mothers to relax, take time out for themselves, build a community and learn about their health. This is probably why some of them prefer to lie down and listen in these sessions! These are just some of the many, many stories of transformation and inspiration from the field.

Through our partnership vertical, we developed the Tuberculosis nutrition module which is being piloted. Identified as a need from field, this module fills the lacuna around nutrition during TB. Apart from TB nutrition, we also conceptualised an adolescent nutrition programme and a home-based care module. Multiple partners were trained on various facets of nutrition and maternal health. Strengthening the ecosystem has been a focus for us this year – and this is something we will continue to build on. In order to ensure we do not lose quality at scale; we are building out technology tools to help us monitor and evaluate better. Work has begun work on a First 1000 Days’ decision tree app and various other tools as a part of the technology vision.

This year we also partnered with IIT to get our data analysed. We look forward to the results in the coming months and be able to disseminate best practices. For the immediate future, we will, through our direct interventions, impact close to 5000 mothers and 7000 children. We will continue our work at Wadia hospital, where we reach more than 15000 mothers and children each year. Through our partnership vertical, we will continue to build our knowledge muscle and reach out to more mothers and children.

The problem we solve is dire and it couldn't be a better time to work on this. With the Global Hunger Report ranking India abysmally at 103/119 countries in terms of nutrition, the government focusing on malnutrition with the Poshan Abhiyaan, and the technological advancements – our vision of all mothers and children being healthy and happy is within reach – and as FMCH, we are well poised to play our role.

Finally, we could not have done all of this alone. We want to thank all our donors and supporters, the board and every champion of the cause who continue to be with us. Thank you, Wipro, GiveIndia, Baxter International, BG Group, CMA-CGM, Australian Consulate, San Francisco Foundation, The Waterloo Foundation among the many others for supporting us in 2018-19. Thank you for believing in us, our work and understanding the urgency of solving this issue.

We will continue to engage and reach many more mothers and children. Each day, one small step at a time, we are inching towards a more equitable, healthy and happy world.

**Shruthi Iyer**

CEO, FMCH



## ABOUT FMCH

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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.

### **Why we do?**

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.

**What do we do?**

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.

**How do we do this?**

We work at 4 levels:

- 1) System through the Anganwadi Workers (AWW), health posts and hospitals
- 2) With the mother - through conception, delivery, early childhood care (First 1000 Days)
- 3) With influencers and caregivers (community leaders, community-based organisations (CBOs), support groups, etc.)
- 4) Adolescents in the community

## OUR THEORY OF CHANGE

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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.

**Our Lens is 'Prevention'**

- ✓ Addressing the life cycle through interventions during critical phases of adolescence, pregnancy, early childhood (First 1000 Days)
- ✓ Community based, participatory, contextual interventions while maintaining global standards
- ✓ Frequent, repeated touch-points through the Motivation\*Ability\*Trigger model of behaviour

**Resulting In**

Impacting prevalence of wasting and stunting

Impacting community's behaviour around nutrition

### Our Presence and Impact

At present, FMCH is implementing programmes in low income communities in Mumbai (Kurla, Bhiwandi, Powai and Wadia Hospital) and exploring several rural partnerships - poised to grow. Through the direct intervention programmes FMCH has empowered over 40,000 women to raise healthy children, improved birth weights to 2.7 kgs, increased the breastfeeding rate (up to 70% increase in some of our interventions; 25 PP higher than the national average), prevented children from going into stunting, wasting and underweight and moved children who are malnourished to regain a state of better health.



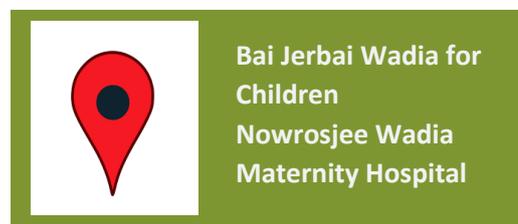
The following sections of the report talks about each of these centres and our work with our partner organisations.





## PROJECT WADIA HOSPITAL

Nutrition Counselling Out-Patient Department (OPD) was started at Wadia Children’s Hospital in 2014. FMCH has been at Wadia Hospital with the screening programme since August 2018



### About the Programme

FMCH has been operating a Malnutrition OPD at Wadia Children’s Hospital once every week in the afternoon for the last three years. The objective is to identify malnourished children, work with staff and parents during the First 1000 Days of a child's life and counsel parents for aftercare. In this period, we have identified more than 300 severely and moderately malnourished children per month. With the start of a Nutrition Rehabilitation Centre (NRC) at Wadia, we have been tasked with operating a daily OPD so that

all children attending/admitted in Wadia will be screened to have a more comprehensive in-house and post-care counselling and follow-up. This also includes a Home-Based Nutrition Manual currently under development. In addition, our team also works with all new mothers at the Wadia Maternity Hospital for nutrition counselling for their new-born for the First 1000 Days (including breastfeeding, complementary feeding and other key information for a healthy baby in its first two years of life).

## Services Provided

- Anthropometric measurements (measuring height) for every child who comes to OPD.
- Immediate identification of Severe Acute Malnourished (SAM) Children and referrals to NRC for treatment.
- Immediate identification of Moderate Acute Malnourished (MAM) Children are counselled for nutrition as per their need. They are referred to our FMCH Nutrition OPD for the same.
- In the FMCH Nutrition Counselling, patient profile and complete case history is recorded along with 24 hours dietary recall, nutrition counselling, appetite test for SAM children, and information and education on

nutrition, hygiene and care of child is given.

- If the child is 6 months or younger, breast feeding assessment and counselling is conducted.
- Phone follow ups done once a week.
- Patients referred by Physicians for nutritional counselling are also enrolled
- WHO protocols are followed for community-based management of acute malnutrition (CMAM).
- Education talks on sensitising the caregivers on malnutrition, impact of malnutrition on child health and development, importance of nutrition and First 1000 Days care are held at Child OPD and ANC OPD as well.

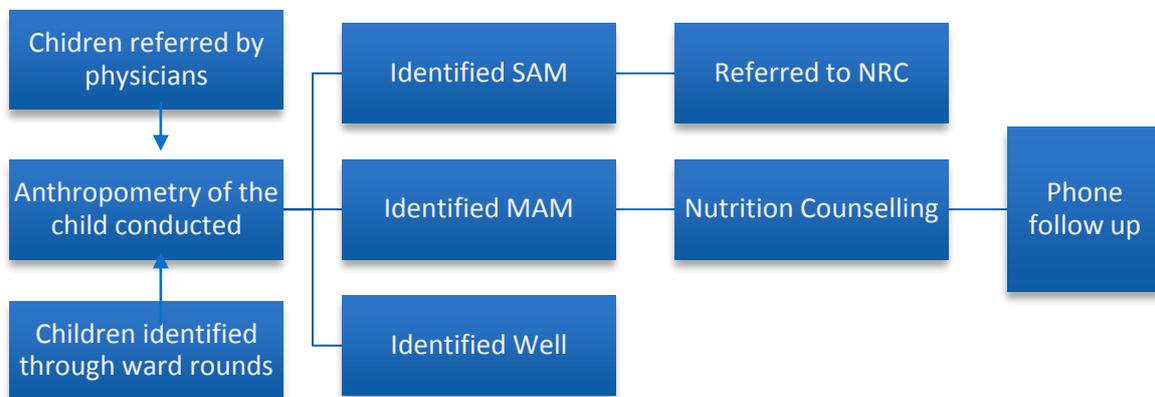
Nutrition Counselling at Wadia



Screening of Nutrition Status Identification



## WADIA- FMCH INTERVENTION PROCESS



***From August 2018 onwards, malnutrition screening OPD managed by FMCH staff within the Children’s Wadia Hospital was started. This resulted in increase in uptake of nutrition OPD and Wadia NRC services. Increase in registrations of OPD were seen almost 10 times as often compared to each of previous years.***

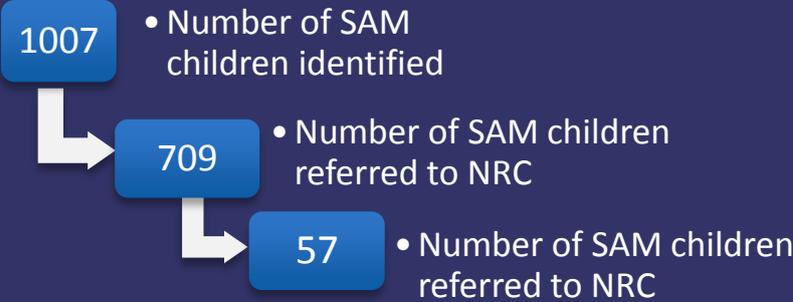


*Education talks conducted at Wadia for caregivers on malnutrition, impact of malnutrition on child health and development, importance of nutrition and First 1000 Days care.*

## Impact - Wadia

Over the years, the hospital staff has started recognising us at Nutrition OPD & Screening OPD. The referral numbers have increased, especially from the Nursing staff. There has been an increase in uptake of Nutrition OPD and Wadia NRC services. Increase in registrations of OPD were seen almost 10 times as often compared to each of previous years. After change in the OPD timings, referrals from Doctor and attendance of patients has increased and patients from various other departments including the Haematology OPD, Tuberculosis OPD and Neurology OPD are also referred. Children are referred for pre/post-surgery weight gain, after cancer treatment, etc. Positive feedback from doctors of Haematology Department, NRC department, and OPD doctors have been received especially on our Information Education and Communication (IEC) material. Many patients come for Breastfeeding, Complementary Feeding and Nutrition Counselling referred by OPD Doctors. The families also come back to us for follow up after discharge from NRC. The Nutrition OPD intervention has become more important as the children who are coming to hospital are already having their immunity compromised and are under medication.

### Impact at Wadia Hospital: Some Numbers



## MANAGER SPEAKS: *Shubhangi Bhoite*

Under Wadia Project, FMCH played an important role in supporting their nutrition OPDs through our expertise. As we know, Wadia is one of hospitals that specialises in Child Health where FMCH runs a Nutrition OPD with SAM and MAM children without complications. The team follows up and tracks the child health because of which the family also understands the importance of child health. The family becomes aware about malnutrition and its consequences by our educational talks. When we started the screening programme at Wadia, there was an increase in the number of children who went to the NRC for services, as a result of which the children became healthier. I see beneficiaries reaching out to us during OPD and sharing their feedback and appreciating our work. According to them, they benefit from the counselling and proper knowledge of nutrition and care for the child that FMCH provides them. I feel that people are ready to listen and change behaviour around mother and child health, if they get proper knowledge.

Working with a hospital has its own challenges due to the large number of patients and more load. Apart from that, hospitals have their own rules and regulations, we too are limited in resources. But I believe the work we do is important, and we are grateful to be a part of this journey along with Wadia Hospital to successfully eradicate malnutrition.



The team includes a Director, a Manager, a Nurse and Community Officers



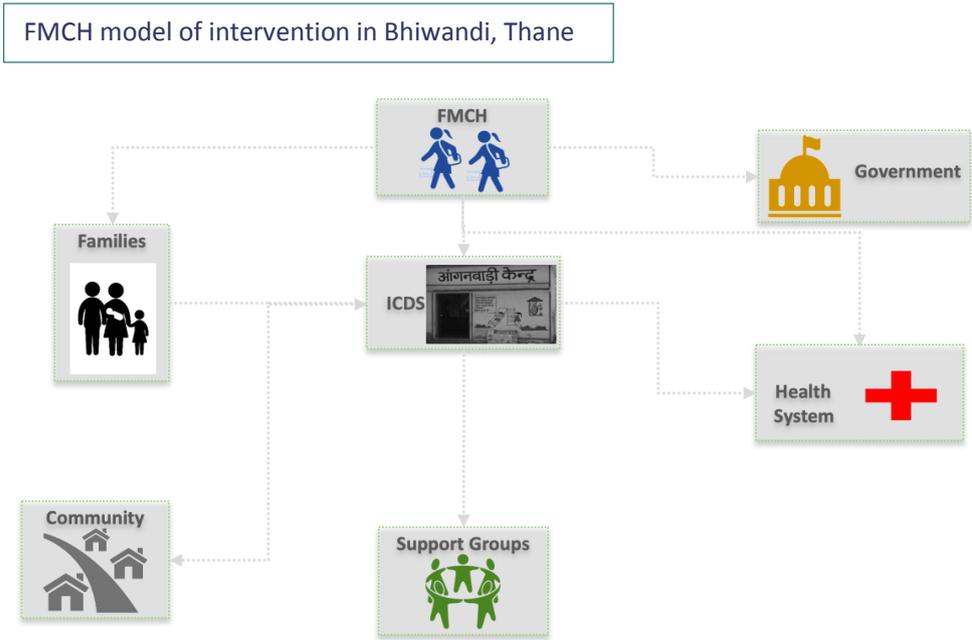
## PROJECT URBAN NUTRITION INITIATIVE: The Exit Year

First 1000 Days' Programme, Bhiwandi 2018-19

### About the Programme

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 (Population

of 140,000) through 140 ICDS centres using the same proposed intervention. The objectives of the programme are: 1) increased antenatal care (ANC) for mothers, and 2) Reduction of malnutrition in children and increased knowledge and capacity of government workers in that area. As a part of this, we also develop strategic partnerships with the community, other organisations and government to scale the reach of our nutrition and health modules and practices.



## Project Activities

### Activity 1: Growth Monitoring

**Purpose of the Activity:** Regular growth monitoring to assess physical development of children under age two and weight-gain for pregnant women.

**Process of Implementation:** This activity takes place on a monthly basis as part of the ICDS weighing day. Each ICDS centre has a designated day when the weighing activity happens for all women and children registered with that particular centre. The ICDS and FMCH team members undertake this activity jointly. All data for individual children (height and weight) is captured by FMCH for assessment of their nutrition status as per the WHO guidelines and eventual analysis in terms of improvement.



### Activity 2: Home Visits

**Purpose of the Activity:** Identification of new beneficiaries, counselling support on issues of pregnancy, breastfeeding, complementary feeding, and nutrition both one-on-one with the pregnant/lactating woman, primary care giver of the child and immediate family.

**Process of Implementation:** This is a daily activity undertaken by the entire FMCH team (field staff and managers). Home visits may be conducted while accompanying an ICDS team member during her scheduled visit or independently by the FMCH team. FMCH has developed several communication materials (flip charts/posters) along with a set of guidelines to ensure all the information provided is accurate.

### Activity 3: Education Session - Pregnancy Club (PC)

**Purpose of the Activity:** Provide tools to pregnant women to ensure a healthy baby is born and she is able to maintain a robust breastfeeding relationship with their new-born.

**Process of Implementation:** This is a monthly activity, where pregnant women sign up and go through a module that has been developed by experts in maternal health. The sessions always include a piece on relaxation, Q&A and danger signs along with a specific topic of discussion. The Pregnancy Club is considered a safe space where along with information; women also have space to share their concerns, issues and doubts. So far, the experience with this particular session has been that the knowledge provided is otherwise unavailable to the women. Also, it acts as a support group for pregnant women where they have an opportunity to interact with other mothers, who can be pregnant for the first time or have had children already. FMCH team members who have received extensive training and follow the prescribed module facilitate these sessions.



#### Activity 4: Education Session - Nutrition Course (NC)

**Purpose of the Activity:** To provide hands-on training to women on nutrition through practical demonstrations.

**Process of Implementation:** This activity includes 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 complementary feeding phase, where parents introduce solid foods to the infant for the first time. Appropriate complementary 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 complementary foods, the concept of food groups and importance of diet diversity, concept of adequate food and frequency and usage of locally available ingredients.



### Activity 5: Regular Ante-Natal Check-Ups with early identification and intervention on high risk pregnancies

#### Purpose of the

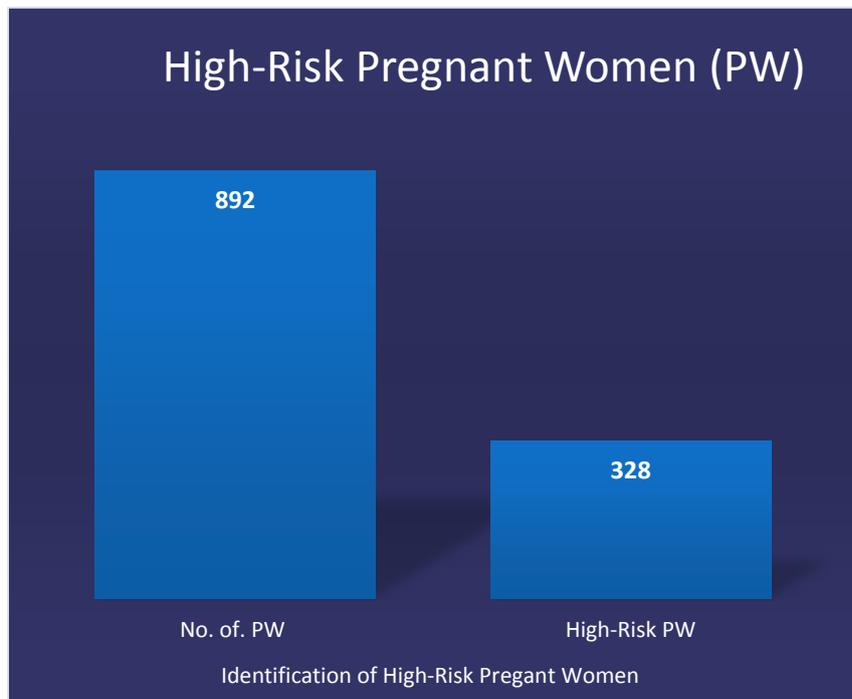
**Activity:** To provide ante-natal checks at doorstep for pregnant women.

#### Process of Implementation:

We have collaborated with



CareNX to provide each field officer with a blood pressure machine, a diabetes detection kit and a foetal heart monitor among other things as well as the software that automatically uploads every reading and sends relevant reports to the implementer as well as the local physician who has been brought on board for this project. Our team members who are trained to use this kit, visit every pregnant woman that have been identified in the area, enrol them, and start with the check-ups. Any woman whose test results are outside the 'normal' parameters as defined by the protocols would be immediately referred to the nearest



physician. But the engagement does not end here. The FMCH team also ensures that the woman has visited the doctor and continues to do so if needed. The kit will be used by the FMCH field team in order to conduct the critical ante-natal check-up during their pregnancy.

### Activity 6: Community Events

**Purpose of the Activity:** To engage the community at large towards building awareness and action for prevention of malnutrition and promotion of good nutrition and health behaviours.

**Process of Implementation:** FMCH team conducts several large-scale community events through the year. Usually these events are theme-based (example Women's Day, Oral Health Care Camps, Breast-Feeding Week, Nutrition Week) where the team organizes activities such as cleanliness drives, oral health camps, health check-up camps and/or community awareness campaigns in the form of street theatre.



Community Events at UNI, Bhiwandi



## Impact - Bhiwandi

In the first 140 ICDS centres FMCH implemented the intervention, some of the below improvements were accomplished. Data was collected at the baseline survey in 2015 compared to information collected in 2018. As we can see there is tremendous improvement in the work. All this has been possible due to the various activities conducted as described in the previous section:

<b>Impact Indicators</b>	<b>2015</b>	<b>2018</b>
<b>% of pregnant women with minimum of 4 Ante-Natal check-ups during the 3 trimesters</b>	36%	71%
<b>% of pregnant women consumed 100 tablets of IFA (200 tablets for severe anaemia)</b>	6%	21%
<b>% of lactating mothers undertaken at least one PNC check-up after discharge within 42 days of delivery</b>	15%	35%
<b>% of children with early initiation of Breastfeeding (within 1 hour of birth)</b>	70%	83%
<b>% of children 6-8 months introduced to complementary feeds (solid and semi solid)</b>	24%	87%
<b>% of children received deworming after 1 year of age every 6 months</b>	24%	47%
<b>% of children given appropriate feeds during illnesses (7 to 24 months)</b>	71%	83%
<b>Children continued breastfeeding till 24 months of age</b>	28%	90%

## Snapshot of our Impact at UNI, Bhiwandi

**Population Reach****140000**

Total '**beneficiaries**'  
engaged directly with  
FMCH UNI Programs

**3016**

Attendance of  
family/community at  
**Community Events**

**14871**

**Home visits** done so  
far

**12844**

BF within one hours

**85%**

Attendance of  
family/community at  
**'education' sessions**  
(PC, NC, Talks)

**3862**

Children receiving  
'adequate'  
**complementary foods**

**73%**

Average **birth weight**  
of children

**2.83 kg**

Children **exclusively  
breastfed**

**60%**

## Case Story



Vrinda (name changed), aged 24 years, comes from Hyderabad, but was married in Bhiwandi.

In her 2<sup>nd</sup> pregnancy she finally agreed to visit Urban Health Post (UHP) with our Community Officer (CO) for her regular checkups.

During her 8<sup>th</sup> month, she was suffering from labor pain. The doctor from Thane Civil refused to take her case as she did not have her Mother and Child Tracking System (MCTS) number on her ANC card.

Support group members from the community and CO came to know the situation of MCTS number. They directly contacted the Medical Officer of Health (MOH), Thane Bhiwandi Nizampur corporation.

At the same time, support group members scheduled a meeting with Rupesh L. Mhatre, Bhiwandi-MLA and submitted a letter on current situation of Bhiwandi in health facilities. Vrinda got her MCTS number finally.

The next afternoon, Vrinda delivered a healthy baby girl weighing 3 kgs via C-section, without having to incur a high cost. The family was overwhelmed with the support and thanked our CO for the timely help.

## Media Coverage

देश / विदेश

## पथनाट्याच्या माध्यमातून जागतिक सप्ताह होतोय साजरा

Published 3 days ago on August 6, 2018  
By अपर्णा गौतमगार

मुंबई। ऑगस्ट महिन्याची सुरुवात स्तनपान सप्ताहाने होत असते. १ ते ७ ऑगस्ट हे दिवस जागतिक स्तरावर स्तनपान सप्ताह म्हणून साजरा होत असतो जगभरातील १२० पेक्षा अधिक राष्ट्र हा सप्ताह साजरा करत असतात. या स्तनपान सप्ताहाची सुरुवात १९९२ साली झाली आणि प्रामुख्याने जागतिक पातळीवर विविध व्यक्ती, संस्था, संघटनांचा स्तनपानविषयक जनजागृती या सप्ताहात केलेली जाते. स्तनपानविषयक जनजागृती करण्याच्या उद्देशाने फाउंडेशन फॉर मदर अँड चाईल्ड हेल्थ संस्थेने पथनाट्याच भिवंडी निजामपुर महानगरपालिका क्षेत्रातील एकात्मिक बालविकास सेवा योजना अंतर्गत अंगणवाड्या, नागरी

https://hwmrathi.in/national-international/celebrating-world-breastfeeding-week-through-pathnatra/16402

आतडणुपे वाढणाऱ्या परजीवी लहान ब्यात सहज होणारा गमार पदनाच्या विषयक जागृती

## पथनाट्याच्या माध्यमाने जागतिक स्तनपान सप्ताह होतोय साजरा; फाऊंडेशन फॉर मदर अँड चाईल्ड हेल्थ संस्थेचा उपक्रम

**प्रतिनिधी**  
कल्याण :- स्तनपानविषयक जनजागृती करण्याच्या उद्देशाने फाउंडेशन फॉर मदर अँड चाईल्ड हेल्थ संस्थेने पथनाट्याच्या माध्यमाने भिवंडी निजामपुर महानगरपालिका क्षेत्रातील एकात्मिक बालविकास सेवा योजना अंतर्गत अंगणवाड्या, नागरी आरोग्य केंद्राच्या परिसरात मोठ्या प्रमाणात स्तनपान विषयक जनजागृती केली.

ऑगस्ट महिन्याची सुरुवात स्तनपान सप्ताहाने होत असते. १ ते ७ ऑगस्ट हे दिवस जागतिक स्तरावर जागतिक स्तनपान सप्ताह म्हणून साजरा होत असतो जगभरातील १२० पेक्षा अधिक राष्ट्र हा सप्ताह साजरा करत असतात. या स्तनपान सप्ताहाची सुरुवात १९९२ साली झाली आणि प्रामुख्याने जागतिक पातळीवर विविध व्यक्ती, संस्था, संघटनांच्या माध्यमाने स्तनपानविषयक जनजागृती या सप्ताहात केलेली जाते. प्रामुख्याने कापड कारखाने, स्थलांतरित समाज, अनुयायी आरोग्य सेवा सुविधा उपलब्ध असलेल्या भिवंडी शहरात

असुरचता आणि कुपोषणाचे प्रमाण अधिक आहे. गरिबी त्याचबरोबर पाणी आणि विजेची मोठी समस्या असलेल्या भिवंडी शहरातील अनेक नागरी वस्ती समुदायात फाउंडेशन फॉर मदर अँड चाईल्ड हेल्थ संस्था माता आणि बालकांच्या पोषण आणि आरोग्य विषयक प्रश्नांवर काम करते. नवजात बालकास जन्माच्या एका तासांत आईचे दूध पाजणे त्याचबरोबर पहिल्या सहा महिन्यांपर्यंत फक्त आणि फक्त आईचे दूध पाजणे आवश्यक आहे हा संदेश वस्तीला आणव

स्तनदा माता आणि त्यांच्या कुटुंबाला यावेळी पथनाट्याच्या माध्यमाने कुपोषणाचे अधिक प्रमाण असलेल्या काही वस्त्या आणि स्थलांतरित समाजाच्या वस्तीला जावून संस्थेचे वस्ती संघटक स्तनपान विषयक माहिती प्रत्यक्ष देत बाळा त्याच

समाविष्ट असतात त्यामुळे बाळाला पाणी, मध किंवा इतर कोणतेही पालक पदार्थ सहा महिन्यांपर्यंत देऊ नये असे आवाहन देऊन हे वस्ती संघटक लोकांना करत आहेत. पूर्वापर बालत आलेल्या स्तनपान विषयक चुकीच्या सवयी त्याचबरोबर लोकांमध्ये असलेले गैरसमज दूर

## पथनाट्याच्या माध्यमातून स्तनपानाबाबत जागृती

म. टा. वृत्तसेवा, ठाणे

जागतिक स्तरावर १ ते ७ ऑगस्ट हे दिवस जागतिक स्तनपान सप्ताह म्हणून साजरा होत असतो. स्तनपानविषयक जनजागृती करण्याच्या उद्देशाने फाउंडेशन फॉर मदर अँड चाईल्ड हेल्थ संस्थेने पथनाट्याच्या माध्यमातून भिवंडी निजामपुर महानगरपालिका क्षेत्रातील एकात्मिक बालविकास सेवा योजनेअंतर्गत अंगणवाड्या, नागरी आरोग्य केंद्राच्या परिसरात मोठ्या प्रमाणात स्तनपानविषयक जनजागृती केली.

कापड कारखाने, स्थलांतरित समाज, अनुयायी आरोग्य सेवा सुविधा उपलब्ध असलेल्या भिवंडी शहरात अस्वच्छ आणि कुपोषणाचे प्रमाण

अधिक आहे. गरिबी त्याचबरोबर पाणी आणि विजेची मोठी समस्या असलेल्या वस्ती समुदायात फाउंडेशन फॉर मदर अँड चाईल्ड हेल्थ संस्था माता-बाळांच्या पोषण आणि आरोग्य विषयक प्रश्नांवर काम करते. नवजात बालकास जन्माच्या एका तासांत आईचे दूध पाजणे, त्याचबरोबर पहिल्या सहा महिन्यांपर्यंत फक्त आणि फक्त आईचे दूध पाजणे आवश्यक आहे. हा संदेश वस्तीतील स्तनदा माता आणि त्यांच्या कुटुंबाला पथनाट्याच्या माध्यमातून देण्यात आला. कुपोषणाचे अधिक प्रमाण असलेल्या वस्ती संघटक वस्ती स्तनपानविषयक माहिती प्रत्यक्ष देत लोकांना दिली जात आहे.

## BREASTFEEDING WEEK COVERAGE

2018

Bhiwandi, Maharashtra



## पोषण आहार सप्ताह : स्पर्धेत २४ महिलांचा सहभाग, ६ सप्टेंबरला होणार अंतिम फेरी भिवंडीत पौष्टिक आहार स्पर्धेला महिलांचा प्रतिसाद

भिवंडी : वार्ताहर

सध्या राष्ट्रीयस्तरीय पोषण आहार सप्ताह सुरू असून त्याचे औचित्य साधत भिवंडी शहरात महिला व बालकांच्या पोषण आहार व आरोग्य विषयक कार्य करणाऱ्या फाऊंडेशन फॉर मदर अँड चाईल्ड हेल्थ या संस्थेने भिवंडी शहरातील अंगणवाड्यांमध्ये येणाऱ्या बालकांच्या मातांसाठी पौष्टिक आहार स्पर्धेचे आयोजन केले होते. अंजुकाटा येथील शनिदस म्हात्रे समाजात झालेल्या या स्पर्धेत शहरातील निवडक २४ महिलांनी सहभाग घेतला होता. टाएविक केवेल पौष्टिक आहार बनविल्यासाठी विविध सामग्री, वस्तू आयुक्त संस्थेकडून उपलब्ध करून दिल्यानंतर स्पर्धेक महिलांकडून बालक व गारोड मातांसाठी पौष्टिक आहार बनविल्यात आला. ज्यामध्ये ज्वारीची खीर, उष्ण, पाटो, उकडीचे मोठे मोसं बहुरसंग पौष्टिक अन्नार्थ बनवून नोटेबुक संकलन देण्यात आले होते.

स्पर्धेसाठी परीक्षक म्हणून आहारतज्ञ शांतिनी दमाणी, संस्थेच्या संचालिका संतोला सिंदे, किर्ला महिला व बाल विकास अधिकारी देवेंद्र राजन यांनी काम पाहिले. दोन टप्प्यात झालेल्या या स्पर्धेत सहा स्पर्धकांनी निवड करण्यात आली. संपूर्ण योजनेचा ६ सप्टेंबर रोजी अंतिम फेरीची स्पर्धा पार पाडणार असल्याचे माहिती संतोला सिंदे यांनी दिली. भिवंडी शहरातील तब्बल १४० अंगणवाडीतील बालकांच्या आरोग्यास त्यांच्या आहाराबाबत काळजी घेतली जात असल्याची माहिती सिंदे यांनी यावेळी दिली. तर आहारतज्ञ शांतिनी दमाणी यांनी महिलांनी बनविलेल्या पदार्थांची चव, सादरीकरण, पौष्टिकता, अन्न पदार्थ नवीत असताना स्वच्छताबाबत घेतलेली काळजी याबाबत संपूर्ण महिलांना स्वतःस आपल्या बालकांसाठी कोणते अन्न पौष्टिक आहे, हे शिकविल्यासाठी हा प्रयत्न असल्याचे सांगितले.



भिवंडी शहरातील झोपडपट्टी वस्तीतील अंगणवाड्यांमधून सद्य संस्थेचा काम करीत असून, संस्थेचे स्वयंसेवक प्रत्येक अंगणवाडीस भेट देऊन बालकांचे दरमहा वजन घेतात. तसेच पौष्टिक आहाराबाबत त्यांच्या मातांना मार्गदर्शन केले जात असल्याची माहिती फाऊंडेशन फॉर मदर अँड चाईल्ड हेल्थ संस्थेचे भिवंडीतील प्रकल्प अधिकारी शरद ठाकरे यांनी दिली. हा कार्यक्रम यशस्वी करण्यासाठी संस्थेचे भिवंडी शाखेचे सूर्य बापगार यांचाही सहर्ष महिला स्वयंसेवकांचे सहकार्य लाभले.

Dombivli - Badlapur Fast Edition  
1 Sep, 2018 Page No. 1  
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## फाऊंडेशन फॉर मदर अँड चाईल्ड हेल्थ संस्थेचा उपक्रम पितृदिनानिमित्त पथनाट्याद्वारे जनजागृती

कल्याण : फाऊंडेशन फॉर मदर अँड चाईल्ड हेल्थ या संस्थेने पितृदिनानिमित्त अंगणवाडी क्षेत्रांत गर्भवती महिलांच्या दृष्टीने कोटुविक आधार किती गरजेचा आहे प्रामुख्याने पुरुष मंडळीने मानसिक आणि गरजेच्या वेळी महिलांबरोबर असणे का गरजेचे आहे यांवर जर्मनीकडून सादर केलेले पितृदिन साजरा केला.

आई आणि बाल आरोग्याच्या दृष्टीने समुदाय आधारित पोषण, अचूक रचना आणि इतर संबंधित सेवा पुरवून पोषण अन्न निवड करण्यासाठी समुदायाच्या प्रत्येक आई आणि तिच्या कुटुंबास सरकारीकरण करणे हे ध्येय उराशी बाळगून फाऊंडेशन फॉर मदर अँड चाईल्ड हेल्थ ही संस्था गेल्या तीन वर्षांपासून भिवंडी निजामपुर एकात्मिक बालविकास योजना क्षेत्रातील एकूण १४० अंगणवाडी क्षेत्रांत काम करत आहे. पोषण आणि आरोग्य संबंधित लोकांना ज्ञान पुरवणे आणि त्यांच्या दैनंदिन वर्तवणुकीत बदल घडवून आणण्याच्या दृष्टीने संस्थेच्या माध्यमाने अंगणवाडी क्षेत्रांत गर्भवती महिलांचे गट, पोषण विषयक सत्र, स्तनपान सत्र, लसीकरण इत्यादी विषयांवर समुपदेशन आणि चर्चा केली जाते.

नुकत्याच साजरा झालेल्या पितृदिनानिमित्त संस्थेच्या माध्यमाने अंगणवाडी क्षेत्रांत गर्भवती महिलांच्या दृष्टीने कोटुविक आधार किती गरजेचा आहे प्रामुख्याने पुरुष मंडळीने मानसिक आणि गरजेच्या वेळी महिलांबरोबर असणे का गरजेचे आहे यांवर पथनाट्या सादर करण्यात आले. भिवंडी शहरातील सामाजिक रचना पाहिल्यास प्रामुख्याने रूम कामगार, स्थलांतरित प्रमाण, आरोग्यविषयक सुविधांचा दुर्बला, त्वचरोग समस्येबाबत अनेक समज गैरसमज यामुळे वा परिस्वरत माता आणि बाल आरोग्याच्या दृष्टीने ही संस्था सातत्याने काम करत आहे. पथनाट्याद्वारे संस्थेचे समुदाय संघटक वेगवेगळ्या वस्तीवर जावून हे प्रबोधनाचे काम करत आहेत. पितृदिनानिमित्त आठवडाभर हे जनजागरणाचे काम संस्थेच्या माध्यमाने केले जाणार आहे.

## २२ ते ३० जून प कॅम्पचे आयोजन

हुंदाईतर्फे २२ ते ३० जून ते चेकअपचे आयोजन करण्यात आले आहे. टॅक्सी चालकांनी घ्यावा असे करण्यात आले आहे.

ग्रेडवरील गोवे गांव येथील रिगु चेकअप आठ दिवस चालणार हुंदाईचे व्हाईस प्रेसिडेंट गणेश नेजर अजित वाळकें व इतर हे.

## Story of our Community Organiser: *Iram Ansari*

इरम अन्सारी, पिछले ४.५ साल से FMCH से जुड़ी है। FMCH में उसका यह पहला ही जॉब था। सामाजिक क्षेत्र क्या होता है इसके बारे में वह अंजान थी। तथा स्वास्थ्य और पोषण

इसका अर्थ ही पता नहीं था। शुरू शुरू में वह बहुत शरमाते थे। लोगों को समझाते समय वह बात किस प्रकार रखनी है। उसमें हड़बड़ा जाती थी। मगर जिम्मेदारी और सीखने की लगन व्यक्ति को अलग मोड़ से ले जाकर बुलंदी पर पोहचाया जाता है। वही इरम के साथ हुआ। क्योंकि सभी फील्ड ऑफिसर को उनकी आंगनवाड़ी और क्षेत्र निर्धारित था। वहां के बस्ती में सारी एक्टिविटी उसी जिम्मेदार व्यक्ति को ही करनी है। इसके लिए इरम ने इनिशिएटिव ले के सभी बातें सीखकर और समझ के लेने लगी उसे परेशान करनेवाले प्रश्न ही उसे खंबीरता प्रदान करते रहे। उसकी खोज में जानकारी हासिल की। और आज इरम खुद से प्रशिक्षण लेती है। बस्तीक्षेत्र में अपनी सोच, कौशल्य, पढ़ाई, और अनुभव का उपयोग करके नई सीखी जानकारी समझाती है। जब लोग स्वास्थ्य और पोषण से जुड़ी जानकारी खुद से इरम से समझ लेते हैं, तो उसे बहुत खुशी होती है। वह जहां रहती है, उस मोहल्ले की माताएं अपने बच्चों के खानपान को लेकर परेशान हैं उन्हें भी समझाती है।

आज FMCH की जिम्मेदार और प्रशिक्षक के रूप में इरम खड़ी है और सभी को प्रमाणित जानकारी देती है।



The team includes a Director, a Manager and Community Officers

## PROGRAMME MANAGER SPEAKS: *Sharad Thakre*

मैं शरद ठाकरे, पिछले ४ साल से फ़ाउंडेशन फॉर मदर एंड चाइल्ड हेल्थ इस स्वयंसेवी संस्था में प्रोजेक्ट व्यवस्थापक के हौदे पर कार्यरत हूँ।

हमारे जिंदगी में सबसे मौल्यवान चीज कौनसी है? कोई कहे पैसा, कोई कहे कामयाबी, खुशी आदि। यह सभी सरल शब्द हैं। दैनिक व्यवहार में इसका सामान्य उपयोग किया जाता है। मगर इसका सही अर्थ हम नहीं समझा सकते। अधिकांश लोग इसकी तलाश करते हैं। यह सारी चीजे मेरे पास हो तो मैं कामयाबी की बुलंद ऊंचाई तक पोहच सकता हूँ। यह तभी होगा जब हम मेहनत करेंगे। क्योंकि मेरा मानना है और मैं इसपर यकीन भी करता हूँ की, श्रम, अपने कार्य से लगाव और प्रमाणिकता, कौशल्य नाविन्यता, संवादी मिठाहस से लोगो का संघटन, हमारी सोच यह सारी चीजे अपने व्यक्तिमत्व को उजागर करते हैं। इसके लिए अपने विचारोको अभ्यास में लानेसे सारी चीजे प्राप्त होती है।



पिछले १३ साल मैं सामाजिक क्षेत्र में काम कर रहा हूँ। इसके

लिए कठोर परिश्रम और निरंतर प्रयास किया है। यह उतना आसान नहीं जितना लगता है। मगर जिन संस्थाओमें मैंने काम किया उन्होंने और FMCH ने मुझे कामयाबी की सीडिया उपलब्ध करके दी है। यह सभी हर एक मुकाम के लिए मेरे लिए महत्वपूर्ण मोड़ रहा है। अलग अलग सामाजिक कार्य क्षेत्र के मेरे अनुभव में मैंने यह पाया है की, लोग सिर्फ दिखने वाली समस्या का जिक्र करते हैं। जिससे आसानी से निपटा जा सकता है। जो समस्या हमारे जीवन काल का अविभाज्य हिस्सा है वह FMCH में काम करते समय पहले मैंने समझी है, उसका खुद से अनुकरण किया है। खुद से अन्दर झांककर सकारात्मक परिवर्तन पाया है।

(माता और बच्चे के स्वास्थ्य और पोषण के बारे में पहली बार मुझे जानकारी मिली उसका सही फायदा मुझे हुआ जब मेरा बेटा पैदा हुआ तब मैंने सीखी सारी बातों का अंमल किया। अब, तब से ले के आज तक माँ और बच्चा दोनों स्वस्थपूर्ण हैं। क्योंकि FMCH के काम के बारे में मैंने जो सिखा जो मुझे दूसरो को बताना है, मगर उसकी शुरुवात मैंने मेरे घर से की है। खुद में बदलाव लाया और उदहारण लोगो के सामने रखा। इन्ही सारी स्थितीयोसे मैं प्रभावित हुआ और दूसरो को भी हमारे FMCH संस्था के काम के बारे में जानने, समझने और अंमल करने के लिए आकर्षित करता हूँ।

इस काम से मैंने स्वास्थ्य और पोषण के बारे में जो सिखा है उससे मैंने लोगो के मस्तिष्क को प्रशिक्षित नहीं किया, बल्कि उनके मनपरिवर्तन, उनके दैनिक व्यवहार में परिवर्तन और वर्तमान के पल जो भविष्य के फैसले बुलंद करेगा। यह उम्मीद मेरे कार्य से मैंने लोगो में जागृत की है।

क्योंकि मेरा अनुभव मुझे श्रम, मेरी कार्यतत्परता, मेरा कार्य कौशल्य मेरे विचारोको वास्तविक बनता है। इस कारण ही मुझसे जुड़े सभी लोग, आप्तमित्र, सगे इन सभी में सकारात्मक सोच का एहसास भरने में मैं सफल रहा हूँ।

धन्यवाद FMCH

DIRECTOR SPEAKS: *Sarita Shinde*

My highlight for the year 2018-19 was that we handed over FMCH's work to ICDS and to community support group members. I like to think of the Thane Bhiwandi Community Support Group as a group of people with common experiences and identities who encourage, comfort, and advise each other on various aspects. This advice is actionable and practical most of all.

I am glad to share that 83 support groups members were inducted in the Thane Bhiwandi project. All of them participated in this process with a lot of excitement and interest. All these experiences have made me humble. The positive



perspective of each of these members towards challenging circumstances in life has helped them rebuild and change fortunes to their benefit. We hope they support others going through challenges as well.

Calling for monthly gathering where the community members advice and support each other on nutrition and health has turned out to be a key responsibility of this group. Initially, these meetings were facilitated by FMCH field officers to help and support to form these groups, and now they happen on their own. They build a "community" culture.

This team and the community around are my inspirations and I am motivated each day because of them.



## PROJECT POSHAN: KURLA

First 1000 Days' Programme, Kurla 2018-19

### About the programme:

The Poshan programme is geared towards preventing malnutrition during the first 06 months by disseminating actionable knowledge to the community. The programme reach is aimed towards 600 pregnant/lactating mothers and 800 children (0-2 yrs). FMCH via the Pregnancy Club (PC), Nutrition Course (NC) and 'Achha Baccha' modules prevents malnutrition by spreading actionable knowledge to the community mothers.



Zari Mari, Kurla  
L ward slum

The 1,000 days between pregnancy and a child's 2<sup>nd</sup> birthday is the most critical time for positive impact on a child's cognitive and physical development.

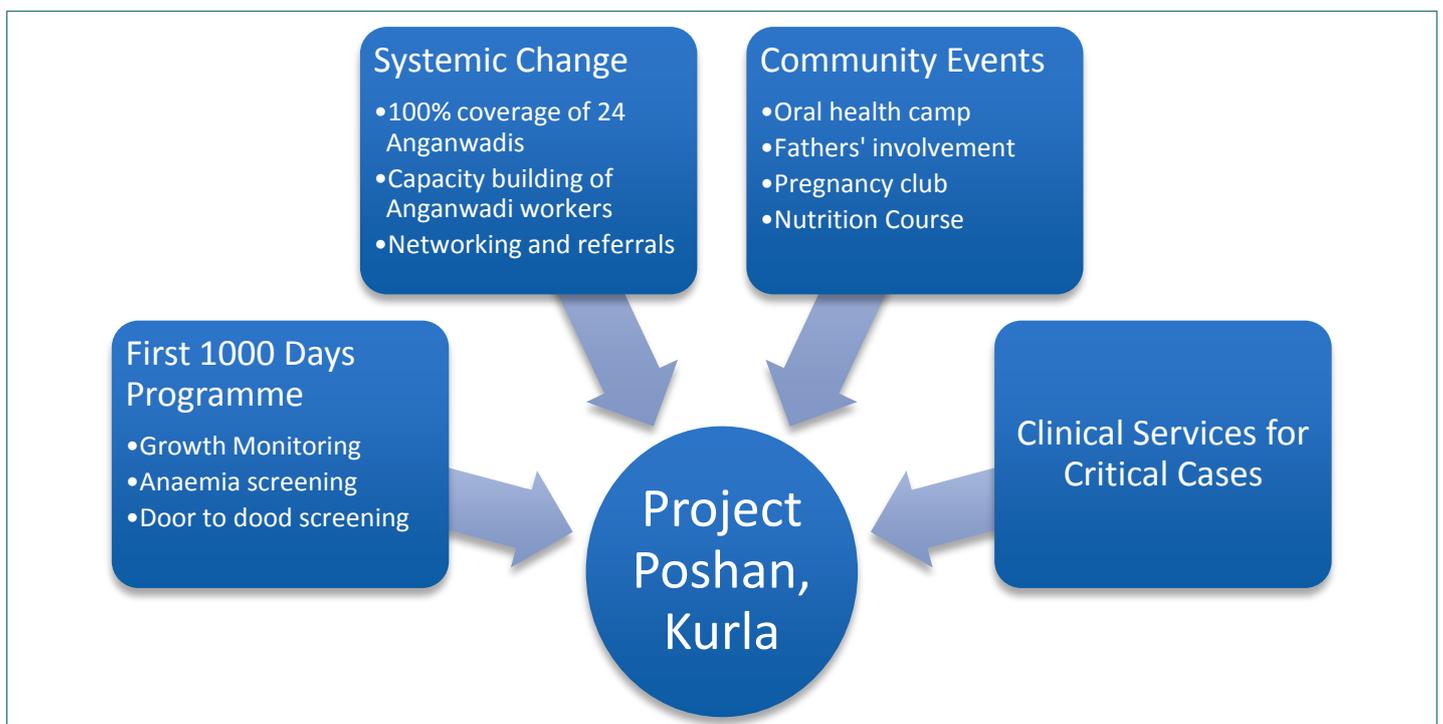
**The health and well-being of a pregnant and lactating woman is directly connected to the growth and health of her infant.** Undernourished girls will become undernourished women who give birth to low birth weight infants and this inter-generational cycle of malnutrition will continue in the lives of the community. It is

within this framework that FMCH has decided to focus on an approach on the continuum of care- the 1000+ dimensions of life cycle where community will be reached through different government and social platforms to support adolescent girls, pregnant and lactating women and children between the age group of 0-59 months.



## Project Activities

- Regular **growth monitoring** of pregnant women and children; Breastfeeding assessment and support, complementary feeding and weaning support and nutrition counselling will be provided through **home visits**.
- **Critical care** clinic for children who fall within the First 1000 Days with critical issues (stunting/underweight/acute malnutrition) or any high-risk pregnancy to provide treatment and support.
- Large-scale **community engagement activities**, as well as the education modules (Pregnancy Club, Nutrition Course, '*Achha Baccha*' Classes and Community Events) designed by FMCH based out of the ICDS centres, with specific focus on increasing community partnership and awareness.



- **Training of ICDS staff** for capacity building in order to ensure long-term sustainability of the programme will be an ongoing component. Given the vast reach of this initiative, FMCH has chosen to work in 'phases' to ensure adequate time and support reaches all ICDS centres that fall within the larger project area.
- To build a strong referral system with local municipal health services and other non-profits catering to community needs.

## Community Engagement Activities

FMCH conducted community events to create awareness about the health and nutrition issues along with strengthening and capacity of the community members on these issues. Monthly educational talks on prevention of malnutrition, First 1000 Days, prevention of illnesses through hygiene practices, monsoon related illnesses were conducted. Here are some of the activities that we conducted.

### Women's Day Celebration

Women's Day was conducted in March on International Women's Day (March 8th), a global day celebrating the social, economic, cultural and political achievements of women. The day also marks a call to action for accelerating gender parity. FMCH had planned many

activities with different target groups to celebrate this special day. The theme for 2019 year was *"Think Equal, Build Smart, Innovate for Change"*.

### Safe Motherhood Day

SMD was observed in April at 8 Anganwadi centres to educate and have dialogue with communities about best practices and care during pregnancy through creative role plays.

### Father's Day

Father's Day was celebrated on 19th, 20th and 21st June. The purpose was to engage and build rapport with the fathers and encourage them to be involved in childcare. Many studies have shown that a father's involvement has a positive impact on both the mother's and child's health.

Father's Day Event



With this thought, FMCH conducted games, educational talks and discussion with the fathers from the community.

#### Fathers in Focussed Group Discussion

**This** discussion was conducted to understand the perspective of fathers with regard to maternal, child health & nutrition in the community.

#### Breastfeeding Week

Breastfeeding Week was celebrated in the first week of August. Street plays and community talks were conducted in collaboration with AWC teachers to generate awareness about the importance of breastfeeding and clear cultural myths among the community members. Several

community members along with Anganwadi workers and ASHAs joined in creating much needed awareness around the topic.

#### National Nutrition Month

Nutrition Month was observed in the month of September. Competitions for preparing nutritious recipes through mystery box challenges was organised for the graduates from the nutrition club. The winners then participated in a MasterChef Mystery Box Challenge along with the winners from FMCH's Powai and Bhiwandi projects. Also, educational talks and hand-washing demonstration activities were conducted at AWCs.



Awareness rally by FMCH staff



Final event MasterChef Mystery Box Challenge with Gary Mehigan!

## MYSTERY BOX CHALLENGE BY MASTERCHEF GARY MEHIGAN

**Putting the nutrition course learnings in action – Our Community Women take up the challenge.**

*Replacing the usual trained chefs in this professional kitchen, the graduates from Nutrition Course of three FMCH intervention areas – Kurla, Powai and Bhiwandi got an **opportunity to put up nutritious platters for Masterchef Gary Mehigan and Magazine Street Kitchen’s Head Chef Divesh Aswani!***

*As a part of Australia Fest 2018 – 19, FMCH partnering with Australia High Commission India, planned a mystery box challenge on the lines of famous mystery box competitions of Masterchef Australia where participants have to make dishes from the ingredients only in that mystery box. The mystery box contained of locally available nutritious food sources (Pumpkin, Shepu (Dil) ragi flour, chana dal and coconut) where participants had to put on table nutritious meals in one hour. These participants had been shortlisted from the two similar challenges hosted in their respective communities which also received support from government departments.*

## Other Activities

We conducted the activities with Mothers from the Community, Health Workers from ICDS Department and adolescent girls. Activities were designed on topics like encouraging family support in a child's development, Importance of First 1000 Days and balanced nutrition for adolescent girls.

### Details

Target Group	Activity	Total Attendees
Anganwadi Workers	Team Building Focus Activity	25
Mothers Group	Balance the ball: Activity for encouraging family support in child's development	16
Adolescent Girls	Talk on Balanced Diet and Women's Health Importance of good nutrition to achieve better quality of life	20
<b>Total</b>		<b>61</b>



## Impact - Kurla

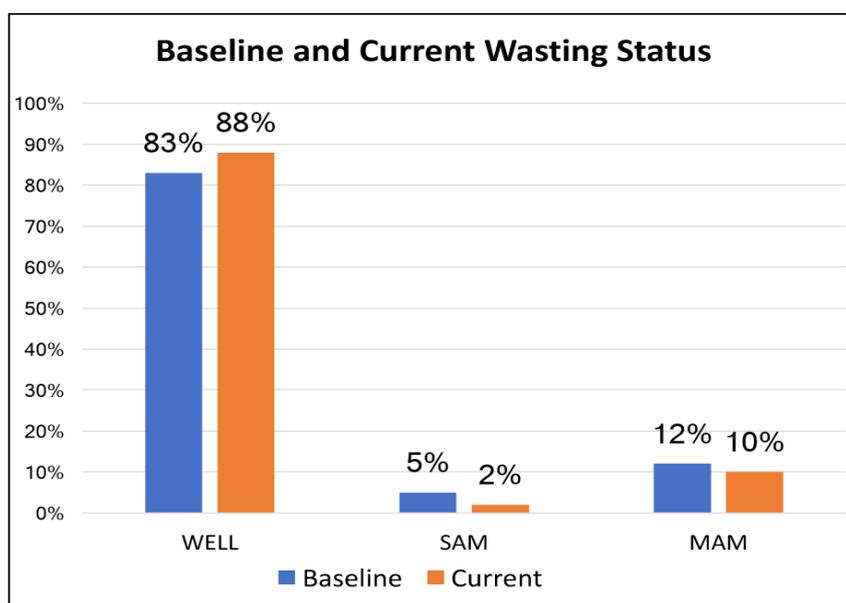
This period focussed on expansion of the project along with continued intervention in earlier identified AWCs. There was initiation of activities in the new AWCs, hence efforts to build linkages with ICDS functionaries through meetings and trainings were carried out.

On ground collaboration of field staff is important as AWC staff has their specific functioning period and system. Planning for weighing activities is being done jointly. Inclusion of age group below 2 years and capacity building on anthropometric measurement in field needs to be strengthened. Building rapport with community especially target beneficiaries through home visits and community engagement activities needed further intensification in order to ensure their continuous compliance and participation in the activities. Clinical services were initiated.

Myths and community practices prevalent in regards to child rearing and feeding along with health seeking behaviour are very strongly prevalent and it will be a challenging task to address these through behaviour change activities. Impact indicators of breastfeeding and complementary

feeding also indicate towards the challenging situation. Gender stereotypes and cultural norms in the community are other challenges where men are seen as the main decision makers in the family which restricts women from accessing healthcare services for herself and children. FMCH staff has initiated communication with male members of the community through focus group discussions, community talks on the nutrition, health, care of pregnant mothers and children.

We increased the number of mothers and children that we worked with. Focus on the fathers has been a great learning for us too.



# OUR ACHIEVEMENTS AT THE KURLA CENTRE

## Average birth weight of children

- Mothers with irregular attendance: **2.75 Kgs**
- Mothers with regular attendance: **2.86 Kgs**



Number of new children registered

**529**



Number of new Pregnant mothers registered

**122**



Breastfeeding assessment and counselling within the first 60 days after birth:

**46%**



**72%** children followed up for IYCF practices



**65.8%**

children received timely & adequate complementary feeding



Over **250**

community engagement activities conducted



## “An informed mother asserts to successfully breastfeed her new-born child”

### Case Story

29-year-old, Sushila (name changed) was registered in the FMCH programme during 2<sup>nd</sup> trimester of her pregnancy. She regularly attended the pregnancy club conducted by FMCH in the Anganwadi and understood the importance of nutrition. During these pregnancy club sessions, a group of pregnant mothers were educated on going for regular Antenatal Check-ups, Care and Nutrition during Pregnancy, Breastfeeding, and new-born care. Information gained during the sessions helped Sushila to take care of her health and nutrition and she delivered a baby girl weighing 2.9 kgs.



### Lack of support for breastfeeding by hospital staff and family

Immediately after the delivery, there was lack of support for early initiation of breastfeeding. She was pressurised by caregivers and family to top feed the child. She firmly insisted that only breastfeeding was important for her child. She patiently made efforts and was able to feed the child with proper technique within 1-2 hours after delivery.

When she got home there was pressure from family members to start bottle feeding the child so that Sushila could focus on household work and other family members could easily feed the child. Cow's milk was perceived to be more beneficial for the child.

During home visits FMCH team noticed the pressure faced by Sushila, hence she was supported by the team speaking to the family and explaining the positive impact of exclusive breastfeeding on the child's health and development. Due to Sushila's persistence to exclusively breastfeed her child, she was able to garner the support from the family.

**“THIS IS A SUCCESS STORY OF MOTHER WHO UNDERSTOOD THE IMPORTANCE OF EXCLUSIVE BREASTFEEDING AND WAS SUCCESSFUL IN PROVIDING RIGHT NUTRITION TO HER CHILD WHICH ENSURED THE CHILD REMAINED IN THE HEALTHY STATUS.”**



TOP: Mothers' Training; BOTTOM: Anaemia Screening



## Our Kurla Team

### Testimony of Sarita Gupta, Field Officer

*I started working in Jarimari from 2017. When I first came to Jarimari and started baseline survey many of them did not have idea about malnutrition, First 1000 Days or right feeding practices. There was a definite gap between understanding of mothers about importance of nutrition for the growth of baby. There were many misconceptions in the community related to pregnancy new born care and right choices of nutrition. Pregnant mothers used to register mostly in the 2<sup>nd</sup> trimester of pregnancy instead of 1<sup>st</sup> month because mothers believe announcing the pregnancy brings ill-fortune to the baby. As a result, they do not step out of the house for registration or for necessary care.*



***Over the time through FMCH pregnancy club and nutrition course more awareness about antenatal care and proper care during pregnancy there has been a gradual shift in these practices.***

*Post-delivery mothers also used to avoid coming to the Anganwadi for growth monitoring. The belief is that post-delivery new-borns are not to be exposed to anyone for 40 days. Also, babies 1<sup>st</sup> solid food was either porridge made out of biscuit or very thin rice water. Demonstration in the community on how to prepare food to start complementary feeding has built more awareness among people on right food choices.*



## PROGRAMME MANAGER SPEAKS: *Bhagyada J*

*In 2018- 2019 project coverage began in a phased manner. To implement the project design meetings were conducted with ICDS CDPO, Supervisors, AWC teachers to share the plans and activities that will be conducted in their centres. The project began with a training for AWC teachers and we started with growth monitoring at the AWCs. Some of the challenges that came across at the beginning of the year were, small spaces of the Anganwadi centre which made it difficult to accommodate all the children for growth monitoring or doing any activity. On job training and support to Anganwadi workers has improved the growth monitoring number in community. We have received many feedbacks from the Anganwadi workers on how the support of FMCH has helped them with their work and has also improved their knowledge on Nutrition.*

*For intervention of many activities' seasonal migration and other challenges in the community has to be considered for better output of the programme. There is a definite need for more interventions around awareness of nutrition among the community.*

## PROJECT POSHAN: PHULE NAGAR

First 1000 Days' Programme, Phule Nagar 2018-19

### About the Programme

Foundation for Mother & Child Health (FMCH) initiated the First 1000 Days programme in Phule Nagar in 2014, and has reached out to about 500 households since, with close to 900 direct beneficiaries including mothers and children.

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 programme. This year the focus has been specially to improve community Support Groups and strengthening referral system between Community and Health Services.

**Population: 12,000**

**Families: 2,300**

**Team**

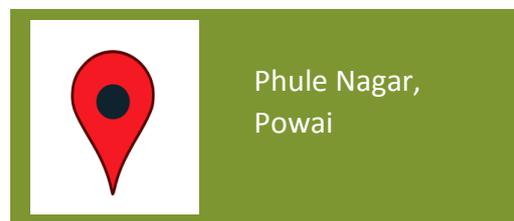
**Director -1**

**Manager – 1**

**Nurse -1**

**Nutritionist – 1**

**Community Organizer- 5**



Pregnant women, lactating mothers, children in the age group of 0-2 years and children suffering from acute malnutrition are direct beneficiaries under this programme. The programme also engages with other stakeholders like the community, government agencies and other community-based organisations (CBOs) to build a strong and sustainable system. The intervention activities include First 1,000 Days clinic, breastfeeding clinic, weighing clinic, home visits, educational sessions like pregnancy club, *Achha Bachha* class, nutrition course, and various other community mobilisation activities and events. FMCH strengthened the services by starting a sub centre to reach the community staying in uphill area, for ensuring regular follow up of beneficiaries. Events were organised during World Health Month in the form of street plays, games and video demonstrations highlighting importance of role of family in ensuring health of mothers and children.

Master Chef Event for mothers graduated under FMCH's Nutrition Course was organised, which was well attended and nutrition recipes were prepared from locally available ingredients.

Community awareness and education activities were conducted on First 1000 Days and whatever we identified as community health related issue. Every year we discuss chicken pox disease to bring awareness and precautions regarding chicken pox in community through the education talks.

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

Focussed home visits for high risk pregnant women and moderately

malnourished children were conducted for follow up, counselling and referrals to hospitals. Now more pregnant mothers are doing early registration in Health Home and getting their supplement and immunisation from government facility. Because of our intervention mothers were educated and they learnt how to take care of themselves and their children. Our beneficiaries also talk about nutrition with other mothers in the community – ensuring a multiple effect.



FMCH's team went to different areas in the targeted community spreading awareness about prevention of common diseases that the community members may contract. The community was also made aware about the First 1000 Day's Programme.

## Community Engagement Activities

### Education Sessions

Pregnancy Club, Nutrition Course and Home Visits were the most successful events that contributed to FMCH achieving its programme goals. **88%** pregnant women graduated from the Pregnancy Club and 69 % children graduated from Nutrition Course.



Education sessions on various topics

FMCH tried to increase the attendance of enrolled members by holding multiple sessions per week and but attendance was negatively affected due migration and distance (mothers did not want to walk downhill and uphill). Through Home Visits, we tried to enable and encourage community mothers. Under the *Accha Baccha* programme, we trained the mothers and educated them about child development of children between 3 to 6 months of age.

### Support Groups



Support Group Trainings

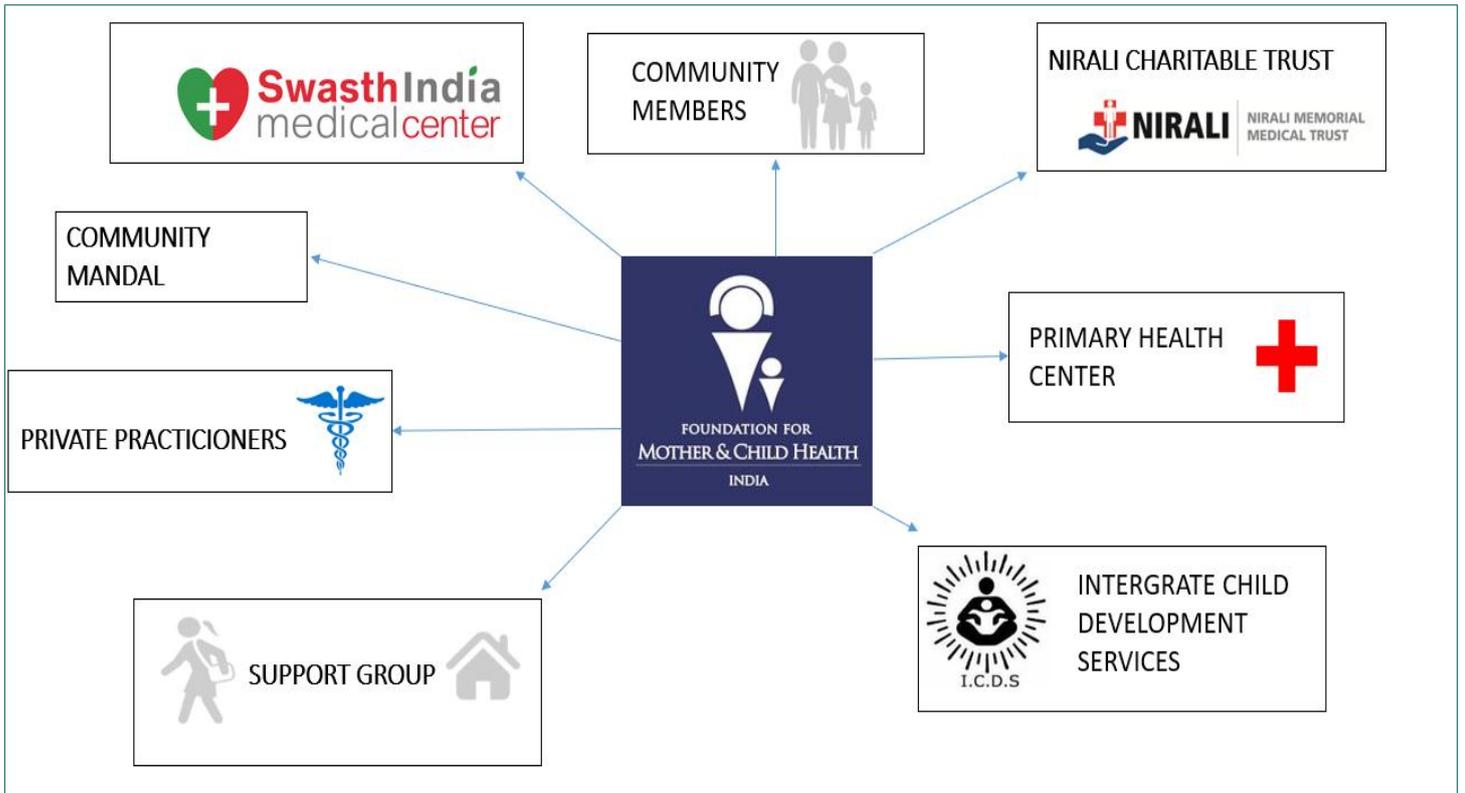
to maternal health and nutrition. They support mothers to guide them for health and referral point.

A total of 10 support groups formed by us have an active participation in events. We have organised training session with support group members who are actively working in the community. As a result of this, sensitive and confident about handling various issues related

### Linkages with Stakeholders

Apart from providing accurate, actionable knowledge to all the key stakeholders including support groups, we have created linkages with other organisations, institutions and agencies to ensure we have a holistic impact. As a continuous effort to strengthen the existing systems, FMCH works closely with ICDS and Health post by involving them in community activities and referrals.

Given below is a map of some of the linkages:



### Events and Activities

Events were organised during World Day, Breastfeeding Week and National Nutrition Month in the form of street plays, games and video demonstrations highlighting the importance of the role of family in ensuring health of mothers and children. Master Chef Event for mothers who have graduated under FMCH Nutrition course was organised, which was well attended and nutrition



recipes were prepared from locally available ingredients. Community awareness and education activities were conducted on First 1000 Days and whatever we identified community health related issue. This year we worked on Chicken Pox Day was observed with support group members aimed at encouraging them to interact with the community on women and child health.



In this programme the community mothers who graduated from the nutrition course were engaged and were asked to use the 'mystery box' ingredients to prepare a nutritious food item. They used the knowledge about nutrition they gained through FMCH nutrition course and prepared delicious recipes.



Education Talks held with the community on various seasonal diseases.



Events with Fathers, Grandmothers, Young Children and Adolescents



## Dental Camp



Malnutrition affects the oral health and a poor oral health in turn, may lead to malnutrition. This interdependent relationship sees good nutritional health promoting good oral health and vice versa.

This has been proven by multiple research and leading institutes. In order to ensure our beneficiaries do not enter

a state of malnutrition due to poor oral health, multiple dental camps were held over the year for children before 5 years.

Talks, dental check-ups, application of fluoride varnish and SDF was also conducted as a part of this camp. Below are a few details about the impact of the camp.



<b>Total participants (children + mothers + Pregnant women)</b>	<b>578</b>
<b>Dental Examination Results</b>	
<b>Total pregnant women with dental problem and referral</b>	<b>4</b>
<b>Total children with dental problem</b>	<b>133</b>
<b>Total children with no dental problem</b>	<b>55</b>
<b>Number of children with cavities + Plaque</b>	<b>133</b>
<b>Total Number of Fluoride varnish And SDF application</b>	<b>168</b>
<b>Children below 3 years for Fluoride Varnish</b>	<b>145</b>
<b>Total children below 3-5 years for SDF (Silver Diamine Fluoride)</b>	<b>23</b>

## Impact - Phule Nagar

### A year on year comparison

FMCH reached out to a total of 1186 beneficiaries. FMCH observed an increase of 0.25 kgs in average birth weight over 3 years (2016-2019). **This increase can be attributed to success of two events namely Pregnancy Club (PC) and Nutrition Course (NC).** The expecting mothers were educated about antenatal care, nutrition, techniques of latching and breastfeeding, dangers of pregnancy, referral resources, et cetera. High risk mothers were also enrolled in Nutrition Course in order to improve nutrition outcomes of the child and expecting mother. As the number of early registrations and graduates rose in Pregnancy Club, FMCH noted the following additional positive outcomes: (1) The percentage of children who received adequate complementary feeding significantly increased from 28 to 55 percent from 2016 to 2019. <sup>1</sup>(2) Number of days within which almost all newborns receiving breastfeeding significantly decreased from 60 to one week. <sup>2</sup> This success also be credited to learning from first year- how to locate and track a

newborn baby. Early registrations to Pregnancy Club allowed programme personnel to track the birth and provide with the appropriate guidance to mothers for improved health outcomes.

Percentage of children receiving adequate complementary feed first rose from 61% (2016-17) to 67.3 (2017-18) and then fell to 62% (2018-19).



FMCH through this programme included the grandmothers, the elders of the community. They were educated about nutrition through fun activities.

<sup>1</sup> 62 % children received timely and adequate complementary feeding. Total Children for CF - 68 (46 - timely started complementary feeding, 10- delayed CF while 12 lost to follow up)

<sup>2</sup> 83% new-borns received first Breastfeeding assessment and counselling within the first 7 days after birth. Total births – 103 (85 within 7 days, 08 within 45 days, while 10 mothers shifted)



In Nutrition Week awareness was spread about nutrition. The community members were made aware of their nutritional require and the nutritious food they can make and consume. We also covered topics around lactation nutrition.

FMCH observed initial growth due to introduction of Nutrition Course and Home Visits later this percentage fell because children preferred junk food over the prescribe feed (as reported by mothers) and due to people dropping out of programme.

Malnourished children registered in the programme were provided with Supplementary Nutrition (SNP) in the form of nutrition bars. Along with SNP they were provided with clinic-based nutrition counselling and home visits. This approach

helped reduced percentage of children identified with MAM and SAM. FMCH steadily increased the percentage of children been discharged with well status over years.

In 2018 we finally met the goal of 85% of children discharged with well status. Children who completed 2 years in the programme, discharged with well status were included in the above calculation. Children who could not be reached for over 6 months, were terminated from the programme. If the last recorded status of

those children was well then, they were terminated with well status. The support group trainings were also hugely impactful. Participants were able to understand that with the help of various activities and video about malnutrition and other related

topics. They were able to learn a lot regarding various myth related to food and diet during pregnancy. It gave them a platform to come together and interact with each other and their sharing own experiences in front of other members.

Indicators	2016-17	2017-18	2018-19
Average birth weight	2.5 kgs	2.69 kgs	2.75 kgs
New born children received Breastfeeding	87% (within 60 days of their birth)	100% (within 45 days of their birth)	83% (within 7 days of their birth)
% Children received Exclusive breastfeeding	28%	30%	55%
% Children received Adequate complementary feeding	61%	67.3%	62%
85 % children Discharged with Well status (wasting)	81%	88%	100%
Children Termination with well status	39%	42%	91%
Reduction of SAM to MAM	-	4% to 2%	5% to 2%
Reduction of MAM to Well	-	12% to 9%	10% to 8%

## Case Story

### Sunita & Shubham (Name Changed)

We met Shubham's Mother Sunita when Sunita was 6 months pregnant. It was her second pregnancy. We visited her at home regularly. During these home visits, the team made sure her family members were counselled about her health. This meant regular visits to doctor and adequate food intake. Sunita enrolled in all pregnancy club programme and followed all given necessary information. Sunita gave birth to a very healthy child. Shubham was born with healthy weight 3.04kg. Sunita exclusively breastfed Shubham who continued to gain weight and height and remain within the well child status as per WHO standards.



Sunita started complementary feeding for Shubham once he completed six months. However, she had to deal with her family who wanted to start Cerelac food for him. Sunita persisted and followed the advice of providing diverse foods to Shubham and used responsive feeding practice while feeding him. FMCH introduced her to some home-based powders like white sesame powder to add nutritious value to food on a daily based. FMCH team also visited her at home regularly to counsel her family and since Shubham continued to gain weight and height and remained healthy, Sunita was able to continue with her practices as the family saw this as a positive outcome. Sunita attended Nutrition Course at FMCH community centre with Shubham. At age one Shubham weighed a healthy 9.30 kgs, with height of 77.60 cms.



The Powai team consists of a Director, a Manager, Nurse, and Community Officers

### PROGRAMME MANAGER SPEAKS: *Shubhangi Bhoite*

If I talk about Poshan Powai project, this project is very close to FMCH. The community is mixed population and most of the people migrate from other states for work. Under the intervention most of pregnant women and child were under nourished. FMCH worked through the clinic for growth monitoring and community engagement activities. These activities were empowering for the mother as she learnt about the first thousand days and importance of nutrition. We have seen an increased number of birth out comes so far. Also, the impact on family behaviour towards Mother and child health is commendable. The mothers who are a part of our programmes talk about health and nutrition more often. We are creating a link between the community and health facility service provider including Private and government. FMCH would be looking at an exit from the community over the next year. As a process to that, we are establishing support groups that work for community health. This is a part of our sustainability plan. I want to thank all the active community members, the health post and ICDS for the support shown to us for all the activities.



## PARTNERSHIPS AND TRAINING VERTICAL

Scale-up Model, FMCH

### About the Vertical

FMCH Partnership Vertical envisions an ecosystem that will lead to a shift in the indicators for mother and child health and nutrition in India by

Improving delivery mechanisms and methodologies for various nutrition-specific and nutrition-sensitive programmes resulting in changes in behaviour of communities to make better food choices.

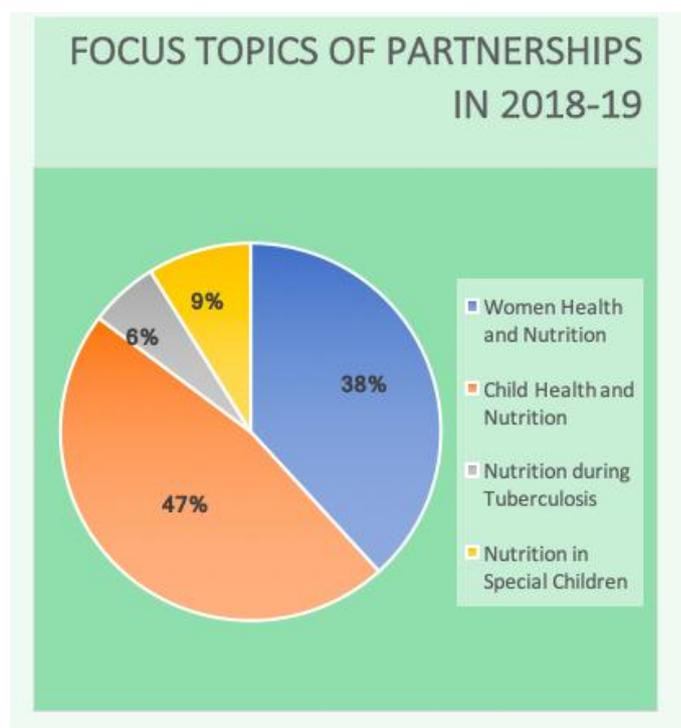
Bringing collaboration of various stakeholders, including ICDS, health systems & other non-profits, to bridge the demand and supply gap.

### Objectives

- ✓ **To build capacities and provide handholding support to the identified change makers**
  - For smooth implementation and monitoring of programmes.
  - To bring social behavioural change in the communities by working with decision makers like the men in the family, the older women, influencers, leaders etc.
- ✓ **To establish FMCH partnership and training as a knowledge and incubation hub in maternal and child health and nutrition space.**
- ✓ **To develop the knowledge and resource centre at vertical FMCH partnership vertical to reach the above objectives in a streamlined and sustainable manner.**

## Project Activities

- FMCH has piloted a programme on 'Nutrition Counselling during Tuberculosis' for health workers to advocate the role of nutrition in both recovery and prevention of TB.
- Partner trainings were conducted with varied audience of which a few highlights were trainings with special kids, training sessions with women prisoners of Byculla jail, training of Anganwadi helpers.
- This year we have invested in development of some communication tools for effective counselling viz. pocket booklets on breastfeeding, flip charts, handouts, ToT kit, education module kit etc.
- Conceptualised a training programme for nutrition needs of specially-abled children and trained three partner organisations working with special kids.

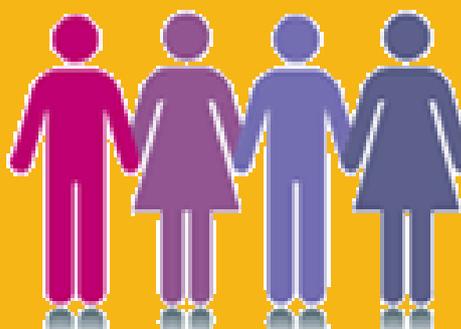


- Conceptualised corporate training programme on Nutrition and Wellbeing.
- Poster Presentation at International Breastfeeding Conference (Chennai) on "Efficacy of Community-Based First 1000 Days Initiative across two urban sites of Mumbai".
- Participation in Perinatal Mental Health - Marce Conference in Bangalore.

# OUR ACHIEVEMENTS AT PARTNERSHIP VERTICAL

**15** Partner

Organisations in  
Maharashtra



Trained

**787+** frontline  
change makers

**4 lakh** people  
reached



**135 hours**  
of training

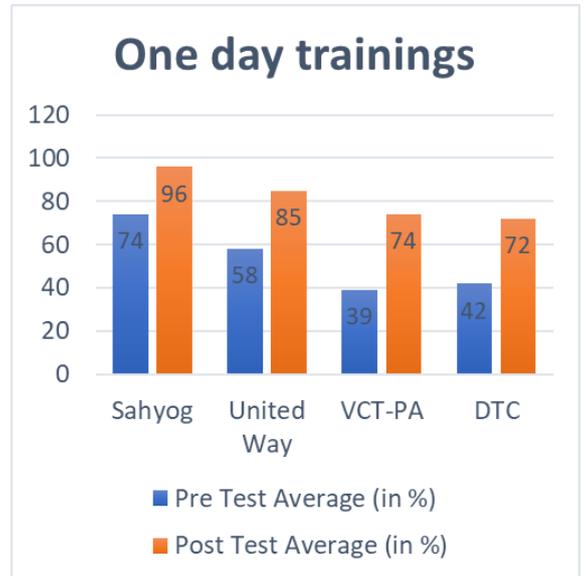
### Impact - Partnership Vertical

The following section highlights the major achievements of the partnership vertical:

#### Outcome

For the purpose of sustainability, we use various measurable tools like pre-post assessment. It is used: 1) to describe the level of knowledge of participants and tweak the trainings and 2) to know the efficacy of trainings by observing the differences between pre and post-test results.

It was observed from evaluation that each training brought about an average increase of 30-40% in knowledge of the participants overall. Here are evaluation results of few organisations.



Pre and Post-test evaluation



## Empowered Woman, Healthy Family

### Case Story

Nafeesa (name changed) resides in the slum area of Govandi (Mumbai). She lives in a nuclear family along with her husband and two children. She is also a leader of Apnalaya's Mother Support Group in her community.

During trainings FMCH was able to make impact on Nafeesa's behaviour towards her eating habits and health care. There was striking difference reported in the food choices made by her. Earlier she used to indulge in junk food eating and her usual breakfast included tea-khari/pav etc. Through this training Nafeesa gained a lot of insight about food handling, nutritive value of foods and methods to conduct cooking demonstrations. She also learned to develop nutritious recipes from healthy ingredients locally available in the community. She has started saving hundreds of rupees every week the family spent on junk food.

As a Mother Support Group leader, Nafeesa's role involves conducting nutrition course sessions in the community. Nafeesa individually plans and executes the sessions for the beneficiaries. She has been very confident and keen to share the knowledge she had received through the training. Apart from taking care of her family, she also makes sure she is healthy and strong enough to work hard. She has been able to impact her beneficiary's choice of food, make a positive change in the lives of many other families. Her family is also very responsive to her advises related to healthy eating habits.

### Some of our Training Partners



### A Word from our Partners

*It was an extremely informative session; the parent participation and response illustrated the relevance of the session. The positive response of the parents is a reflection of the session so well-tailored keeping in mind our parents need. We hope and appreciate to have your continued support.” – Khoj Community School*

## DIRECTOR SPEAKS: *Anandita Gupta*

*As I look back on the last year – a year full of strategic changes and programmatic reviews – it is remarkable to see all that we have accomplished. Thanks to our enthusiastic team and leadership that made it possible. This was a year full of innovations, new programmes and preparing ourselves for scale-up in other states.*

*This vertical was launched as Training centre three years ago and by far has evolved into partnership vertical with more structured trainings and actionable methodologies. Majority of our partnerships were more than just one-off trainings which has helped our partners fulfil their requirements leading to greater satisfaction and larger reach. The highlights from this year is that we have successfully developed need-based programmes like nutrition counselling during tuberculosis, nutrition for specially-abled kids etc. Our strategies have helped us double our population reach to 4 lakh and be there for many more mothers and children.*

*It gives me immense pleasure to handle this vertical which has set its base very strong and where quality is of utmost priority. We work on the ideology – ‘We Believe, We Preach’ – which keeps me motivated to this cause.*

*I am grateful to all our donors who believed and invested in our model of partnership and also a big thank you to our partners for trusting us and giving us valuable feedback from time to time and enabling us to grow further.*



The Partnership team consists of a Director, a Manager and a Nutritionist

## FMCH EXECUTIVE BOARD

As of March 31<sup>st</sup> 2019, this is the constitution of the FMCH Executive Board:

- Ms. Dorothy Wagle, Board Chair
- Ms. Ratan Kapadia, Secretary
- Mr. Lakhan L. Jain, Treasurer
- Dr. Rajeev Punjabi
- Dr. Preeti Sharma
- Ms. Geetanjali Jha Chakraborty
- Mr. Mohit Shukla
- Ms. Khushnuma Ferzandi
- Ms. Sunita Agarwal
- Ms. Sheila Malaney
- Mr. Prasad Baji

## GOVERNANCE AND FINANCIAL REPORT

Registration	Date of Registration	Registration Number	Validity
<b>Registered as Society</b>	20.10.2006	2441/2006/G.B.B.S.D	Permanent
<b>Registered as Trust</b>	02.07.2007	F-31760	Permanent
<b>FCRA Registration</b>	01.11.2016	083781280	Five Years
<b>Darpan (Niti Ayog, Government of India)</b>	15.12.2017	MH/2017/0166006	Permanent

## FMCH BALANCE SHEET

The Bombay Public Trust Act, 1950

Schedule IX {Vide rule 17(1)}

The Foundation for Mother and Child Health

Registration no. F- 31760 (Mumbai)

Balance Sheet as at 31st March, 2019

2017-2018	FUNDS AND LIABILITIES	2018-2019	2017-2018	PROPERTY AND ASSETS	2018-2019
2,39,500	<b><u>Trust Funds or Corpus</u></b>	2,39,500		<b>Immovable properties-</b>	-
-	As per last year	-	15,14,800	<b>Fixed Assets</b>	11,41,157
2,39,500	Add: During the year	2,39,500		(As per Annexure D)	
	<b><u>Other Earmarked Funds: (Created under the provisions of trust deed)</u></b>		-	<b>Investments</b>	-
-	Depreciation Fund	-	-	-	
-	Sinking Fund	-	-	<b>Loans</b>	
-	Reserve Fund	-	-	Loans Scholarship	-
99,04,491	Any other Fund (Annexure A)	64,81,482	-	Other Loans	-
	<b><u>Loans (Secured or Unsecured) ( Annexure B)</u></b>		-	<b>Advances</b>	
	From Trustee	4,00,000	-	To Trustees	-
	From Others	14,90,000	-	To employees	-
			-	To contractors	-
			-	To lawyers	-
			1,50,026	To Others (Annexure E)	45,711
	<b><u>Liabilities and Provisions</u></b>			<b>Deposits (Annexure F)</b>	
3,77,840	For Expenses (Annexure C)	16,69,637	3,00,000		2,90,000
2,00,000	For Advances	-			
-	For Rent and other Deposits	-			
	<b><u>Income and Expenditure Account</u></b>			<b>Cash and Bank Balances (Annexure G) (in name of the trust)</b>	
1,03,01,853	Balance as per last year	-10,65,794		Cash in hand	12,606
	Add: Excess of expenditure over		7,276	Fixed Deposit	3,18,050
-1,13,67,647	Income during the year	-37,36,285	2,99,164	Cash with Banks	36,71,016
-10,65,794		-48,02,079	73,84,771		
96,56,037		54,78,540	96,56,037		54,78,540

## FMCH INCOME EXPENDITURE

The Bombay Public Trusts Act, 1950

SCHEDULE IX [Vide rule 17(1)]

THE FOUNDATION FOR MOTHER AND CHILD HEALTH

Registration No. F-31760(Mumbai)

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31ST MARCH 2019

2017-2018	EXPENDITURE	2018-2019	2017-2018	INCOME	2018-2019
	<b>To Expenditure in respect of Properties</b>	-	-	By Rent	-
	Rates, Taxes, Cesses	-	-	<b>By Interest (accrued &amp; realised)</b>	-
	Repairs and Maintenance	-	-	<b>On Securities</b>	-
	Salaries	-	-	<b>On Loans</b>	-
	Insurance	-	1,94,614	<b>On Bank Account</b>	98,883
-	Depreciation	-	-	<b>By Dividend</b>	-
18,36,699	<b>To Establishment Expenses</b>	17,98,966	66,51,127	<b>By Donation in cash</b>	1,82,69,367
	<b>To Legal Expenses</b>	-	-	<b>By Grant</b>	-
1,14,000	<b>To Audit Fees</b>	38,220	2,950	<b>By Income from other source</b>	4,290
	<b>To Contribution and Fees</b>	-	-	<b>By Transfer from Reserve</b>	-
	<b>To Amounts Written off</b>	-	-		
	(a) Bad Debts	-	-	<b>Excess of expenditure over Income</b>	37,36,285
	(b) Loans Scholarships	-	1,13,67,647	<b>Carried to Balance Sheet</b>	
	(c) Irrevocable Rents	-	-		
	(d) other items	-	-		
6,38,263	<b>To Miscellaneous expenses</b>	-	-		
	<b>To Depreciation</b>	4,22,961	-		
	<b>To Expenditure on objects of the trust:-</b>	-	-		
	(a) Religious	-	-		
	(b) Educational	-	-		
1,56,27,376	(c) Medical relief	1,98,48,678	-		
	(d) Other Charitable Objects	-	-		
	<b>Excess of Income over Expenses</b>				
	<b>Carried to Balance Sheet</b>				
<b>1,82,16,338</b>		<b>2,21,08,825</b>	<b>1,82,16,338</b>		<b>2,21,08,825</b>

## A MESSAGE FROM OUR CHAIRPERSON

This year has been a year of change for FMCH. Our previous CEO, Piyasree Mukherjee, left in March to further her education with a view to expand her role in the non-profit sector. She spent eight years leading FMCH to a place of strength with a solid base of programming and proven interventions. Although she will be missed, it has given the FMCH Board a chance to look at what would be best for the organisation's future, work with the senior team to ensure continuity, assess a large group of interesting CEO candidates and use their immense skills and knowledge to transition the organisation through this period of change.



Although the search for a new CEO did take time to find the right person with the skills, determination and passion to lead FMCH into the next decade, in the end, we found the perfect candidate, Shruthi Iyer, for our new CEO. Shruthi started in July and brings with her a solid background in the non-profit sector and IT. Shruthi has a vision for FMCH that is not only in line with where we have been but also a clear view to the future and the opportunities for growth. She brings a passion for change in the lives of mothers and children and we couldn't be more thrilled with our decision!

In addition to the Board's involvement in the transition of CEOs, we have also taken a strong stand in developing a boarder technology base that will help us grow faster and deliver more accurate actionable knowledge at the grassroots level. With professional support, a roadmap has been developed and the beginning steps taken. We believe that with the right information at the right time, change can happen faster and be more sustainable.

In speaking for the Board, I can say that our more intimate experience with operations through the transition has helped us grow stronger with deeper convictions about our work at FMCH. We have enjoyed participating in the expansion of our network of supporters and donors, being involved with developing the technology vision for the future and working more closely with all team members over the last year. We are excited about the future and confident we have the right team in place to make our plans for growth a reality!





FOUNDATION FOR  
MOTHER & CHILD HEALTH  
INDIA

## Foundation for Mother and Child Health

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