

Complementary Feeding in Community-Based Rehabilitation Centers in Madhya Pradesh

BACKGROUND

In Madhya Pradesh, significant improvements have been made in reducing undernutrition in the last several years. Between 2010 and 2014, the percentage of zero- to five-year-old children who were underweight decreased from 52 percent to 36 percent. However, 41 percent of children in the state were stunted. Poor child-feeding practices are associated with growth faltering. The most recent data show that 74 percent of zero- to five-month-olds are exclusively breastfed, but only 48 percent of six- to eight-month-olds receive complementary foods (NIN 2011; MWDC 2014).

Observed challenges to providing complementary foods include caregivers being unaware of optimal food quantity, diversity, and safety measures needed for a child's optimal growth; working mothers who rely on alternate caregivers who are unable to feed the child as needed; and irritability, poor appetite, and refusal of food by underweight children caused by concurrent infections.

In March 2014, to address the community-based rehabilitation of severely underweight children, the Integrated Child Development Services (ICDS) Directorate, in partnership with the Department of Health of Madhya Pradesh, began the Supportive Program on Sustaining Health and Nutrition (SuPoSHaN). Complementary feeding of 6–36-month-old children is a major focus of the program.

APPROACHES AND METHODS FOR IMPLEMENTATION

SuPoSHaN is rolled out in six-month rounds in villages with four or more severely underweight children (that is, in the red zone on their growth card) age zero to five years.

During Month 1, community-based nutrition rehabilitation centers (C-NRCs), called *Sneh Shivirs*, are set up at *anganwadi* centers (AWCs). The *Sneh Shivir* is run by a team of an *anganwadi* worker, her assistant, and a *Poshan Sahyogini*. The ICDS supervisor who coordinates the *Sneh Shivir* is present throughout its duration, and is supported by *panchayat* members, village health nutrition sanitation committee members, and volunteer women and youths (*Poshan Mitra* team). ICDS functionaries identify severely underweight children (and those on the borderline of moderate-to-severe underweight according to the red and yellow zones on their growth card). Mobile health teams then examine them and either refer them to facility-based NRCs if needed, or encourage their mothers to bring them to the *Sneh Shivir* every day for 12 days from 10 a.m. to 4 p.m.

At the *Sneh Shivirs*, self-help group members (*Sanjha Chulha*), *Poshan Sahyogini*, and the mothers prepare and feed the children three nutritious meals a day. While there, the mothers receive counseling and attend recipe and hand-washing demonstrations. As a reference, the team at the center relies on the *Suposhan Kunji*, a user-friendly handbook that has essential information

related to nutrition, health, and hygiene topics. A community growth chart on the wall is used to explain to the women about normal growth and moderate-to-severe underweight, and to encourage them to bring their children to better health, as indicated by the green zone on their growth card.

Specific elements of complementary feeding practiced by mothers in the *Sneh Shivirs* as part of ongoing activities include the “how to” of ensuring *food diversity* (recipe demonstrations and meal enrichment through use of mixed grains and pulses, sprouts, seasonal fruits, leafy vegetables, jaggery, oil, and groundnuts); *food quantity* (active feeding and encouraging the child to eat); and *food safety* (repeated hand-washing practice). When a child leaves the *Sneh Shivir* after the 12 days, *anganwadi* workers and *Poshan Sahyogini* (and sometimes, the ICDS supervisor) make home visits to follow up on the child for 18 days.

During Months 2 through 6, the SuPoSHaN teams, with community support, work to prevent malnutrition in the village by conducting home visits, small group meetings, and Village Health Nutrition Days to improve knowledge and practices in child feeding, healthcare, hygiene, and mother and adolescent nutrition.

ICDS has written and disseminated detailed guidelines for how to implement SuPoSHaN, which include specifications for how to run each activity during the six months.

Systematic qualitative appraisals and quantitative surveys under the Department for International Development-supported Madhya Pradesh Health Sector Reforms Program are carried out to monitor the effort.

KEY FINDINGS

Since 2014, 15,306 *Sneh Shivirs* have been held, reaching about 140,000 children.

In routine monitoring, officials have observed that attending recipe demonstrations, participating in meal preparation, and observing children’s acceptance of meals have enabled mothers to learn about local options for enriching their child’s diet. Observing the quantity of food eaten by children, the return of their appetite, and

their recovery has also convinced mothers of the need for giving adequate quantities of food to their children. Repeated hand-washing practice and food safety measures have driven home the message of how to prevent food contamination.

Overall, data show that the intensive “12+18-day approach” used by the center has increased community and family awareness of the causes of, and measures to address child undernutrition, and that increasingly, women are paying more attention to their children’s nutritional needs and feeding practices.

Mothers report feeling supported through the social interaction with other mothers, receiving a free meal and a token amount if they regularly attended the *Sneh Shivir*, and finding the mental strength needed to focus on their child’s needs.

One survey of 200 *Sneh Shivirs* from October to December 2013 showed a decrease in severe underweight children from 61 percent to 30 percent, and a greater than 90 percent awareness of complementary feeding and hand-washing practices among the mothers interviewed. However, wide variations were seen in sustaining weight gain after discharge from the *Sneh Shivir*. Mothers who continued active efforts to feed their children and sensitize their child’s caregivers were able to sustain the weight gain in their children, while mothers who were preoccupied with farm or other livelihood work or who faced social problems were not able to maintain their child’s weight.

Home visits indicate wide variations in the sustainability of practices acquired in the *Sneh Shivirs*. Hygiene-related practices (hand washing in particular) showed more widespread improvements, compared with increases in the quantity or diversity of complementary foods given to children. Likely reasons were that hygiene (food safety) and hand-washing topics were relatively less complex to deal with for the *Sneh Shivir* team and, therefore, were discussed more often than the more difficult-to-handle-topics, such as complementary feeding. Besides, for mothers, too, this was a relatively easier behavior to change, compared with ensuring that their child received and consumed foods needed in the time available to them.

The SuPoSHaN program faces several challenges, including health functionaries not spending

enough time on treatment of common morbidities of admitted children (such as diarrhea), because of their own busy schedules, and preoccupation with meeting targets and expectations of the Department of Health. Also, the continuous engagement of ICDS supervisors at the *Sneh Shivr* can lead to a temporary neglect of those AWCs under their purview that are not included in the SuPoSHaN program. ICDS is addressing these issues by increasing funding and monitoring, and rationalizing the work expectations of supervisors.

Another challenge that remains is that some mothers are unable to stay for six hours a day for 12 days because of their need to earn a livelihood and their family responsibilities. However, because of close monitoring from program implementers and the atmosphere created by SuPoSHaN teams, many mothers are persuaded to attend. Women are also incentivized with traditional invitations to attend *Sneh Shivirs*, with smiley stickers on the walls of their homes (green-yellow-red to indicate the nutritional status of their child), and with group

singing and handicraft making in their spare time while at the *Sneh Shivr*.

WAY FORWARD

In a program of this scale and reach, challenges will remain, especially sustaining child feeding practices and child growth in the face of socio-environmental constraints. An important contribution of this program has been putting the issue of child undernutrition squarely on the center stage of the community, where people now have identified this as an issue requiring urgent attention.

REFERENCES

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ABOUT POSHAN

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ABOUT IMPLEMENTATION NOTES

Implementation Notes summarize experiences related to how specific interventions or programs are delivered. They are intended to share information on innovations in delivery and are not research products.

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