

# Strategies for Improving Complementary Feeding Practices in Informal Settlements of Mumbai

## BACKGROUND

In 2014, a baseline survey sampled 2,582 children under the age of three from a population of 150,000 within the informal settlement of Dharavi, Mumbai, one of the largest slums in Asia. The survey found alarming levels of malnutrition among children—18 percent of the children under three were wasted, 25 percent were stunted, and 28 percent were underweight (Aahar 2014).

In response to this situation, the Society for Nutrition, Education & Health Action (SNEHA), a Mumbai-based nonprofit invested in building healthy urban communities, scaled up the Aahar project to promote the community-based management of acute malnutrition across all of Dharavi. Aahar works in partnership with the Integrated Child Development Services (ICDS) Scheme and the Nutritional Rehabilitation Research Centre (NRRC) at Lokmanya Tilak Municipal General (LTMG) Hospital, which comes under the Municipal Corporation of Greater Mumbai (MCGM).

## APPROACHES AND METHODS FOR IMPLEMENTATION

In the project, community organizers (COs), who are full-time salaried SNEHA employees, work with ICDS supervisors and *sevikas* (*anganwadi* field staff) in Dharavi to implement the following activities:

**Early identification and treatment of malnutrition through monthly screenings of pregnant women and growth monitoring and treatment of children under three in the community.** A team of Aahar COs and *sevikas*

conduct a monthly anthropometric/weighting exercise at the *anganwadi* centers. Pediatricians lead health camps in the community where he or she provides antibiotics in indicated cases, vitamin and mineral supplements, and medical nutrition therapy (MNT) to children with severe acute malnutrition (SAM) without complications after an appetite test. The COs also monitor anthropometric status, vaccinations, breastfeeding, complementary feeding practices, and MNT<sup>1</sup> consumption using CommCare, an android data application designed for community health workers. The CommCare application facilitates real-time growth monitoring of malnourished children and allows for monitoring of positive behavior changes. More than 20,000 children have been entered into the monitoring database since 2012, and approximately 14,000 are currently monitored each month.

**Timely referrals to public healthcare facilities for antenatal and postnatal care, institutional delivery, immunization, and treatment of morbidity in women and children.** The LTMG hospital hosts an essential component of the Aahar program, the NRRC, which hosts a consultation room, produces MNT used for in- and outpatient treatment of SAM, and trains the Aahar team on the management of SAM and medical complications. SAM children are referred to the pediatrician at NRRC, where their weight and height are recorded, an appetite test is administered, and the doctor on duty examines the children for medical complications before introducing therapeutic foods.

**Behavioral change communication (BCC) on breastfeeding, complementary feeding, and**

**care practices through home-based and group counseling.** Aahar COs conduct group meetings and individual home counseling with target beneficiaries on various topics related to child health and nutrition using BCC materials. Aahar and ICDS jointly plan and conduct larger community events, such as *godbharai* (baby shower), rallies, felicitation programs, breastfeeding weeks, nutrition weeks, health and nutrition games, and movie screenings.

An *ushtavan*, an initiation of complementary feeding, is organized once every quarter. Mothers of children age four to eight months are invited to these meetings, where they are informed about the initiation of complementary feeding at the right age, the need for and ways of administering appropriate complementary feeding, appropriate semi-solid and solid food to be given from six months of age, how food groups should be introduced, the frequency of feeding, and continuing breastfeeding. Culturally or community specific recipes and recipes using take-home rations are also shared among mothers.

In their home visits, the community workers follow up with the mothers regarding food intake and feeding practices. The workers strongly discourage consumption of junk food, which is commonly consumed in these communities.

**Enhancing the knowledge and skills of ICDS staff.** Aahar works to build the skills of ICDS staff

in promoting infant and young child feeding (IYCF) practices, antenatal and postnatal care, and community engagement through training, demonstrations, and mentoring.

The COs and *sevikas* meet daily to discuss the operations for the day and referral cases. All COs and *sevikas*, along with their respective supervisors, meet once a month to plan joint activities and share progress and field-level concerns.

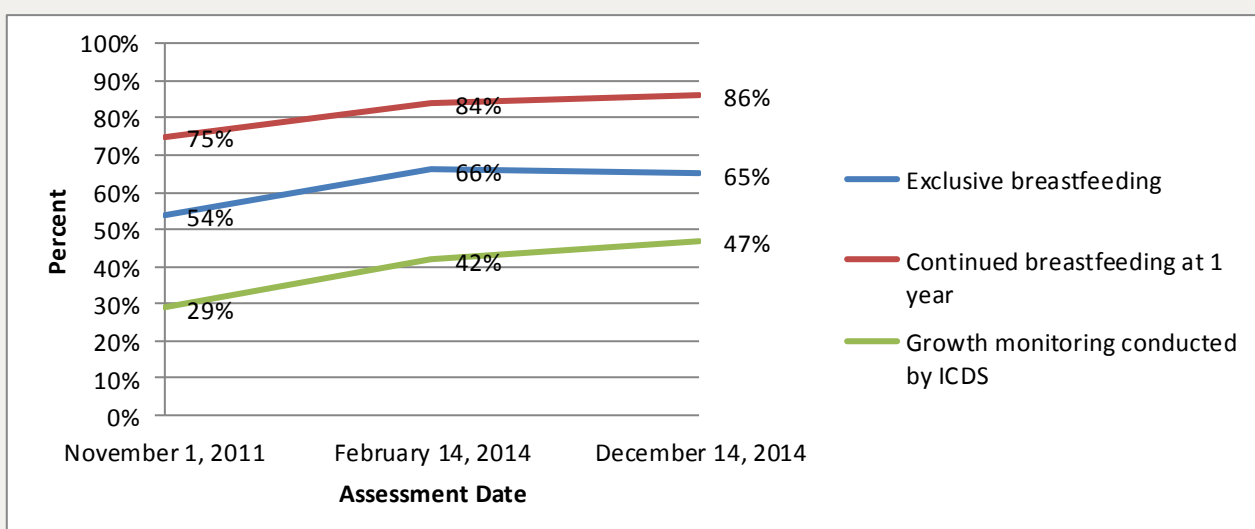
The Aahar senior management team and the ICDS child development project officer and supervisors hold monthly briefings on the field operations, challenges faced, and progress made during the course of the month.

The project is evaluated through periodic cluster-based surveys of a sample of children under three. The primary target is reduced wasting levels of children under three, and the secondary targets are improvement in all IYCF practices, expanded immunization, and increased use of ICDS services.

## KEY FINDINGS

Two surveys in February 2014 and December 2014 have thus far indicated improvements in selected measures, as compared with a preliminary overall baseline data collected in November 2011 (Exhibit 1).

EXHIBIT 1 Results for selected measures\*



\*Sample size for each assessment differed over time  
Source: Periodic survey data



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The Aahar project has also strengthened convergence among ICDS and the MCGM, and has enabled the NRRC to have a wider community reach and enroll more children in the program to provide a better understanding of the impact of MNT in reducing acute malnutrition.

Changing complementary feeding behaviors has been challenging. Aahar is now testing and evaluating complementary feeding strategies that address urban-specific challenges, such as the food needs of multi-ethnic communities and dual-working parent households and reducing the high consumption of junk foods.

An end-line survey of the program is being conducted October 2015–March 2016.

## CONCLUSION

SNEHA hopes that the evidence and learning generated by its interventions can serve as a model to inform the design of nutrition programs and policies for a rapidly urbanizing demographic.

## NOTE

1. A nutrient-dense dietary supplement/lipid-based paste.

## REFERENCE

*Aahar*. 2014. Unpublished. Baseline Survey.

## Led by IFPRI

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Public Health Foundation of India (PHFI)

One World South Asia

Vikas Samvad

Coalition for Sustainable Nutrition Security in India

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### ABOUT POSHAN

Partnerships and Opportunities to Strengthen and Harmonize Actions for Nutrition in India (POSHAN) is a 4-year initiative that aims to build evidence on effective actions for nutrition and support the use of evidence in decisionmaking. It is supported by the Bill & Melinda Gates Foundation and led by IFPRI in India.

### 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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