



A Pyari Onlus Project

**First 1,000 Days of Human Life Approach
to improve Health & Nutritional Status of
Pregnant Women & Children.**

Location: Selected Slums of Siliguri, West Bengal, India



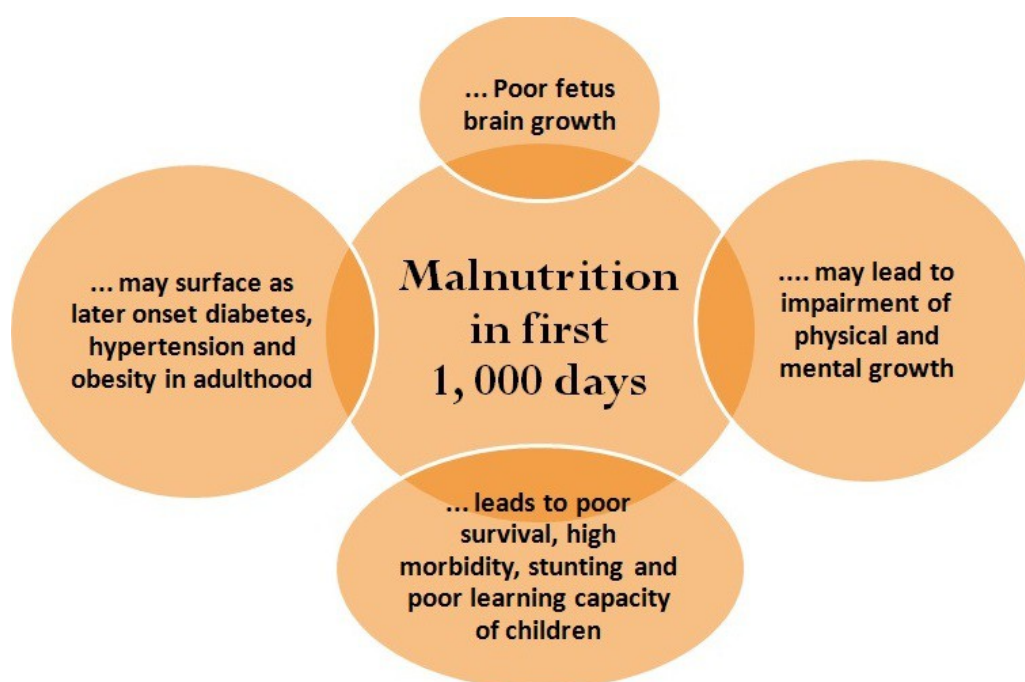
Context

In West Bengal 42% of children are stunted in their growth and the percentage of children suffering from the most dangerous form of malnutrition, severe acute malnutrition rose from 4.7% to 6.2% over a seven year period. This level is three times the threshold used internationally to trigger an emergency response, but government schemes lack focus and little is being done to address the crisis.

The 1,000 days between a woman's pregnancy (270 days) and her child's 2nd birthday (730 days) are most critical and crucial period of the child's life. The 9 months of pregnancy and the first two years of life provide the base for a child's mental and physical development in later life. The reasons being, that up to 80 per cent of brain growth take place during this critical period of the human life cycle. Malnutrition and disease during this period can play havoc and may lead to impairment of physical and mental growth. During pregnancy, under-nutrition can have a devastating impact on the healthy growth and development of a child. Babies who are malnourished in the womb have a higher risk of dying in infancy and are more likely to face lifelong cognitive and physical deficits and chronic health problems. For children under the age of two, under-nutrition can be life threatening. It can weaken a child's immune system and make her more susceptible to dying from common illnesses such as pneumonia, diarrhea and malaria.

Proper health and nutrition from conception of the child (mother's nutrition) up to the child's two years of age have a profound impact on a child's stability to grow, learn and rise out of poverty. Therefore, the period between pregnancy and the first two years after birth is the biggest "window of opportunity" to shape healthier and more prosperous futures and break the intergenerational cycle of malnutrition. It can also shape a society's long-term health, stability and prosperity. Therefore, all efforts need to focus on this age group, if they are to be successful.

Why focus on First 1,000 Days of Human Life



The 1,000 days Approach focuses on 10 essential outcomes:

1 st 6 months	1) Early initiation of breastfeeding within one hour of birth 2) Exclusive breastfeeding during the first six months of life
7 to 24 months	3) Timely introduction of complementary foods at six months 4) Age-appropriate, energy and nutrient-dense complementary foods for children 6-24 months of age with continued breastfeeding
Children up to 2 years	5) Safe handling of complementary foods and hygienic complementary feeding practices 6) Full immunization and bi-annual vitamin A supplementation with de-worming
Disease Management	7) Frequent feeding and breastfeeding during and after illness, including oral rehydration therapy and zinc supplementation for children with diarrhea 8) Timely and quality therapeutic feeding and care for children with severe acute malnutrition
Adolescent Girl and Pregnant & Lactating women	9) Improved food and nutrient intake for adolescent girls, particularly to prevent anemia; and 10) Improved food and nutrient intake for adult women, particularly during pregnancy and lactation, along with proper health care (Ante Natal Care and Post Natal Care).

Urbanization & Urban poor:

A demographic trend to urbanization is one of the most significant components of the 21st century. Unplanned and rapid growth of urbanization has led to create massive number of urban poor population, especially those living in slums and other vulnerable population pockets. People are migrated to urban areas for seeking work opportunities to establish a better life for themselves and their families. Lack the necessary infrastructure in terms of housing, water and sanitation, and other basic services make them more vulnerable. The health burdens of the urban poor are well known. They are associated with a high mortality burden and multiple co-morbidities. There is high prevalence of under-five mortality and malnutrition, lung diseases, skin conditions, and vector-borne diseases. Immunization coverage rates in these populations, particularly the poorer and more vulnerable are also low. Disease epidemics are strongly correlated with cramped habitats, leading to rapid spread of vector-borne and respiratory incidence of vector borne diseases, tuberculosis and respiratory infections is also significantly higher among the urban poor. While it is seen that anaemia is widespread across the state and inflicting more than 55% population in urban area as well the dual burden leaving on the urban population is that of low BMI rates in the adolescent age group. This is indicative of not only the fact that preventive services need to be strengthened but also that in urban localities curative services need to be localized to ensure service delivery to the most marginalised population. Several flagship programs of government of India have been implemented by the State government to improve maternal and child health and nutrition. Though these schemes and policies exist, there is limited knowledge and access to them by urban poor. Beyond improving urban health care programme, special emphasise is also required to track the vulnerable women, and children especially during first 1000 days of

life through appropriate pre natal, natal and post natal care, infant feeding practices, improved health care and hygiene practices to ensure child survival. This will result in healthier, more productive adults and such investments, because they build human capital, are viewed as long-term economic strategies

Community engagement for improving Health status of urban Poor:

Convergent approach can meet health care needs of the urban population with the focus on urban poor, by making available to them essential primary health care services and reducing their out of pocket expenses for treatment. This will be achieved by strengthening the existing health care service delivery system, targeting the people living in slums and converging with various schemes relating to wider determinants of health like drinking water, sanitation etc. It would primarily focus on slum dwellers and other marginalized groups like rickshaw pullers, street vendors, railway and bus station coolies, homeless people, street children, construction site workers. Community engagements in urban areas need careful attention to formation & proper involvement of Women Groups. This process is critical for them to understand who the vulnerable are, their specific needs and their habitations. It needs strategic partnership, and state must make use of existing resources in urban areas including NGOs and Civil Society Organizations. Communities can play vital role in promotion of healthy behaviours and prevention of diseases. People have a right and a duty to be involved in the decisions affecting their lives.

Role of Women Groups: They are key players to ensure community participation in health at all levels, including planning, implementing and monitoring of health programmes. It is expected to take collective action on issues related to Health, Nutrition, Water, Sanitation and social determinants at the slum level. It is envisaged as being central to 'local collective action', which would gradually develop to the process of decentralized health planning.

Importance of Urban Health Nutrition Day: It is organized once a month in Siliguri at the Anganwadi centre for providing outreach services to the slum population. Health Workers conducts immunization, antenatal checkups and provides counselling on various health related issues.



Location & Project area in Siliguri

Demographic profile and other Information

Number of Wards: 47

Number of Borough: 5

Population: 509709

Total No. of Slums: 154

Total Slum Population: 168,217 (33% of total population)

No. of Household: 35,134

Total Slum Area: 3.036 Sq. Km. Decadal Growth Rate (2001-11) 8%

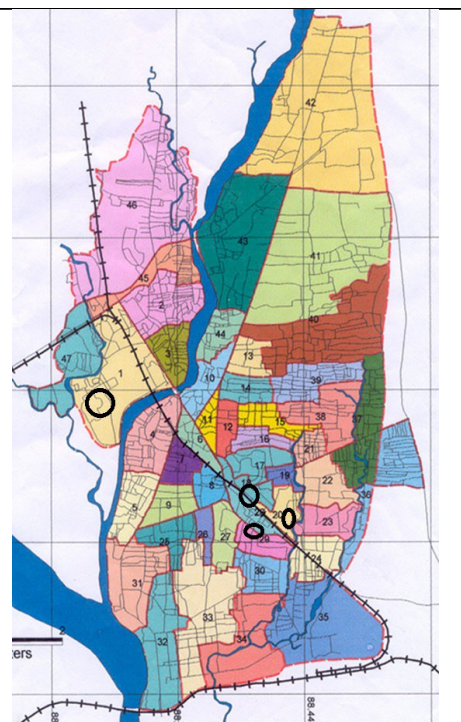
Density 12,165 persons per sq. km

Literacy Rate 72% Sex Ratio 951

Project Location: Slum area ward No 1-18-20-28 in Siliguri Municipal corporation

Total Population Coverage: 30,000 (approx)

Staff: 9 (6 full time & 3 part time)



Project Goal

To ensure maternal and child health and nutrition leading to nutrition security and community ownership to ensure the continuum of nutrition & health care.

Objectives:

- 1) To ensure access and utilization of basic maternal, newborn, child health and nutrition services for first 1,000 days of life
- 2) To improve knowledge and awareness of services providers, Women Group and community regarding existing services and beneficiaries entitlements with regard to their health and nutrition.
- 3) To ensure home based care in pregnancy and lactating period as well as ensure optimal Infant & Young Child Feeding practices
- 4) Empower communities by improving their awareness level and skills for effective child caring and also for improving quality and quantity of existing health, nutrition, safe drinking water and sanitation services.
- 5) Enhance the capacity of frontline health and nutrition workers to deliver quality Maternal Child Health and Nutrition services.
- 6) Facilitate in forming and strengthening women Groups for ensuring the process of decentralized health planning and its operation on the issue related to health, nutrition, water & sanitation, and its social determinants at slum level.
- 7) Improve communities' knowledge and awareness on maternal & child health, communicable & vector born diseases, existing health schemes leading to better decision making, health seeking behaviours, and optimal utilization of health and nutrition services.
- 8) Facilitate capacity building, mentoring community workers to ensure improved health care services, building awareness about health care entitlements, promoting healthy behaviours and mobilizing for collective actions for better health outcomes and meeting curative care needs.
- 9) Strengthening Urban Health Nutrition day initiative through Community engagement.
- 10) To create a synergy with in programs and projects addressing the first 1,000 days of a child

Strategies:

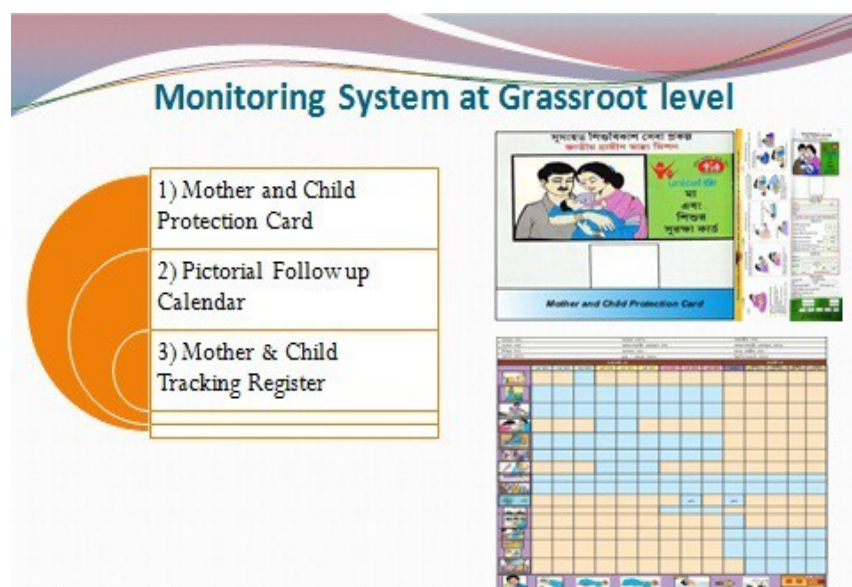
- 1) Tracking for 1000 days through appropriate schemes and user-friendly community monitoring tools
- 2) Convergence Meeting with different stakeholders like Integrated Child Development Service (Nutrition Department), Health Functionaries & Urban Local Bodies (Elected Members) Ward level Health & Nutrition Committee
- 3) Community Engagement in Local level planning, implementation and monitoring.
- 4) Ensuring utilization of appropriate Government schemes for pregnant women & children

Major activities:

- Mothers Meetings
- One to one Interaction
- Training program for Self Help Group/Women Groups
- Conducting Ward Level health & Nutrition Day
- Referral & linkage with Government Services.
- Training program for adolescent on life Skill education
- Tracking pregnant women & children
- Information –Education- Communication campaign & Awareness
- Strengthening Convergent platform in urban pattern
- Intensive case management

Promote safe drinking water, personal hygiene and sanitation:

- Promote use of safe drinking water (water testing, water purification)
- Promote personal hygiene, use of toilets and hand washing with soap
- Ensure safe food handling practices during storage, cooking and eating

**Monitoring system and process documentation:**

- i. Maternal Child Protection Card
- ii. Cohort register
- iii. Growth monitoring register
- iv. Community report card