PROJECT BRIEF

HUNGaMA Next

Creating evidence-informed models for improving mother-child nutrition in tribal communities

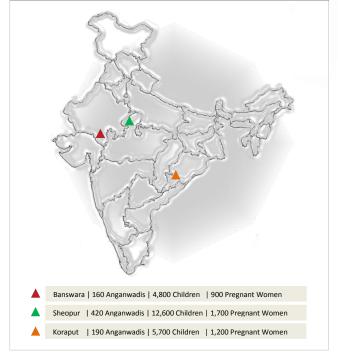
The project was launched as a pilot covering one block each from three high-burden districts – Koraput in Odisha, Sheopur in Madhya Pradesh and Banswara in Rajasthan. The objective was to demonstrate that a significant improvement in maternal and young child nutrition among most-vulnerable communities was possible with system strengthening support to existing national government programs. The project sought to create evidence-informed, high-impact, scalable and cost-effective intervention models to help address the problem of undernutrition in the country.

Individual growth-status tracking of young children, measurement of their developmental milestones, joint home visits with Health and ICDS workers for counseling and education, outreach and group engagement of mothers and family members, timely identification of danger signs, referrals for special services, real-time analysis of community-based data, demonstration of appropriate childcare practices, and technical capacity strengthening of frontline workers and supervisors were some of the key strategies piloted through this project.

During 2012-16, the pilots were implemented across Kundra (Koraput), Sheopur (Sheopur) and Chhoti Sarwan (Banswara) blocks in Odisha, Madhya Pradesh and Rajasthan respectively, reaching out to more than 23,000 tribal children and their mothers across 770 Anganwadis. Subsequently, in its second phase (2016-18) the project worked with mid-level ICDS supervisors to strengthen their skills in communication, counseling, supportive supervision and mentoring with a view to improve the quality of supervision and enhance the morale of frontline workers.



GEOGRAPHIC AREA & POPULATION COVERAGE



An impact assessment showed substantial improvement in the awareness of mothers on anemia (32.9 to 64 percent), a slight decline in home deliveries (25 to 13 percent), and a statistically significant jump in the deliveries attended by doctors (43 to 64 percent, p<0.05). A remarkable increase is also observed in mothers who practiced exclusive breastfeeding (19.9 to 53.9 percent, p<0.001).

There was a significant improvement in weight measurement practices of children in Anganwadis with approximately 90 percent children being measured regularly as compared to 54 percent earlier. A larger proportion of frontline workers provided advice to mothers on pregnancy (56 to 75 percent) and on newborn care (49 to 56 percent). Significantly, more contacts for behaviour change communication were established with pregnant women – two or more visits by Anganwadi workers increased from 17.9 to 30.5 percent and by ASHA from 17.3 to 50.5 percent in the first trimester of pregnancy.

Prevalence of severe underweight in children with at least two years of project exposure decreased considerably; from 13.6 to 7.7 percent. Severe underweight among children with at least one year project exposure also decreased from 18.3 to 11.3 percent.