

Workshop on Usage of ICT in Community Based Management of Acute Malnutrition (CMAM)



Organized by: ICCW – Rajasthan, IDS – Jaipur and FLAIR
Date: 18 January 2014
Venue: IDS – Jaipur



Inaugural Session:

Session 1: Welcome and Introduction,

Facilitator/Speaker:

Mrs. Uma Kachhwa, President – ICCW, Rajasthan, Ajay Sinha, Executive Director – FLAIR

Mrs. Uma Kachhwa gave a brief introduction about the work shop and its objectives. She welcomed all the invitees and guest of honor. She gave an introduction about the issues of children health status in the country and how badly it is affecting the child and indirectly to the future of the country. She added about the issues of the community and socio-economic factors involved in the natural parenting which is ultimately resulting with an outburst of health and severe health hazard to any child. She explained about the issues of malnutrition with different categories and how because of lack of identification and treatment; a normal child is converted into a severely malnourished child. She emphasized on the dual responsibility of the government as well as of the community as well. She gave importance to the role of health workers and the community as a whole to tackle the issue.

Mr. Ajay Sinha introduced the concept of usage of ICT for detection, treatment and prevention of Malnutrition and how FLAIR as an organisation is a partner in this whole initiative. He emphasized that FLAIR is an organisation that creates, nurtures and operates spaces of learning and action and nutrition of children is a priority agenda for research and policy engagement for it. The need of the hour is to look at the whole situation and use all the resources to engage the community, demystify nutrition and work for better and more comprehensive policy and practice.

Session 2: Context and Objectives of the Workshop

Facilitator/Speaker: Dr. Raj Bhandari, Chairperson – Health and Nutrition Committee, ICCW

Dr. Raj Bhandari Briefly spoke about the workshop and its objectives through a presentation. He emphasized more on the concept and clarification on *Malnutrition*. He added that; First of all we should know that *Malnutrition* is the prime issue among the children of our state and is not being identified completely. If we talk about *Malnutrition*, then it is necessary to know that for a better health our body requires rich nutrient and specially our children who grow very fast if they are not supplied with such nutrition then somewhere they will be affected with malnutrition. So the food should be balanced with both quality and quantity. Our body requires food and nutrition for linear growth and also for normal body functioning. There is a repairing process in our body for dead cells and new generated ones for which we require some energy. Malnutrition occurs because; if our needs are not being fulfilled and our intake is less then it will result into malnutrition. So if we are not supplied with the quantity of food we require so it will result with

malnutrition. We cannot avail the required nutrition from our daily food s like: rice and flour. Children require vitamins, minerals and other nutrients as well. The immediate causes of Malnutrition are if the intake is less and the requirement is more and the child is affected by any disease. Suppose a child is not given with proper diet and the food does not contain such necessary quality of nutrient, then it will affect the child and will be suffering from *Malnutrition*. He added that *Malnutrition* is multi factorial which includes the socio-economic aspects as well. If the child is not supplied with proper intake like: - milk, frequent meals with quality and quantity, supplement during weaning period and mostly not properly taken care when the child is suffering from Khasra, Diarrhea pneumonia, etc... that will definitely result in to *Malnutrition*.

Dr. Bhandari emphasized on the issues of Severely Malnourished child where, the chances of death increases 8-10% more. The undermined factor of child death is that around 50% children are dying because of Malnutrition. Malnutrition definitely affects the cognitive and physical development of children and it makes the children physically weak and mentally unsound. Our aim is to think about the treatment and prevention of Malnutrition. The children are being affected with Malnutrition because of weaker Immunity.

Dr. Bhandari concluded his session by explaining about how children are vulnerable can be easily affected by Malnutrition. He explained through his presentation about how a normal child can be affected with Malnutrition and similarly how a Moderately Acute malnourished Child and Severely Acute Malnourished go into critical condition. So we have to look into how in each stage we can treat and prevent Malnutrition through community awareness and support. It should be emphasized on being a family and community, how we can think more and more to treat with and prevent our children from Malnutrition and maintain the status and dignity of childhood.

Session 3:

Need for Identification of Malnutrition by Community based processes

Facilitator/Speaker: Mr. Prabhat Kumar, State Programme Manager, Save the Children

Mr. Prabhat Kumar, State Programme Manager, Save the Children started his session with emphasis on community base processes for the treatment and prevention of Malnutrition. He added that we are not talking about any new invention. He emphasized on four important aspects of community screening of malnourished child as: - What is the reaching point of the community for the issue? What should be the role of Health Workers (ANM, Asha-Workers, and Anganwadi Center) and the role of community in

facilitating the programme. He told that it has been divided into three parts as: - 1) What is the approach and strength of the community 2) Leadership and Community Championship 3) Community organization 4) Communication Mechanism- both formal and informal. He added that there are a lot of issues happening like non- availability of resources for the children and non-identification of children with malnutrition with different level. But it has to be taken into can be done effectively by innovative community training like: - cooking programme by mothers for the children, special care for MAM and SAM children by identifying and admitting the child in Malnutrition treatment center. The focus should be on children right conceived from the mother and if the maternal health will be taken care then it will definitely prevent Malnutrition of children in the age group of six month to five years.

Mr. Prabhat Kumar was requested to elaborate on any kind of special tool to measure malnutrition and identify children suffering with MAM and SAM and he clarified the doubts of workers through presentation slides.

Session 4:

Address by the Chief Guest

Facilitator/Speaker: Mr. Neeraj K. Pawan, Additional Mission Director, National Health Mission and Director IEC and Joint Secretary.

Mr. Neeraj started the session with emphasizing the role of professionals and governmental set ups like malnutrition identification and treatment centers. He explained that in all the districts headquarters of the state there are Malnutrition Treatment Center has been set up but yet they have not being utilized. He denied the issues with two specific reasons behind it as: - a) Lack of knowledge/Undermining it in community level b) Children (0-6 yrs) are not being registered in Pre-schooling Institutions and there is lack of identification and referral. He gave emphasis on the role of Community health workers for identification, treatment and prevention of malnutrition. He talked about the ignorance of the community regarding issues of malnutrition and the goals set by MDG which is consecutively being extended. He also said that when a malnourished is being identified, the child should be immediately admitted in the Malnutrition Treatment Center to avoid higher risk and avoidance of normal/moderately malnourished child to become Severely Malnourished. He gave a practical idea about the loopholes in practice as; how a child is only admitted in MTC for three/four days instead of 10 days and how the AWCs are not functioning because of faulty management by AWWs and by government. He added that the issues can be only resolved and will help in functioning of MTCs if and only if the initiatives can be taken from ground level and through community health workers. He explained about the concept of “Bimaru State” a brand name given to Rajasthan for the issue of Malnutrition among children and child death.

Vote of Thanks for Inaugural Session:

Dr. Jaishree Siddha, Secretary, ICCW - Rajasthan

Dr. Jaishree Siddha gave a vote of thanks to the speakers and facilitators of the Inaugural session with briefing their explanations and ideas shared in the conducted sessions. She explained the brief points of the sessions and how the issues of malnutrition have been discussed in the sessions from different point of view.

Session 5:

Voice Enabled ICT based Tools for Input, Collation and Transmission of Data on Malnutrition of Children and open house

Facilitator: Mr. Ajay Sinha

Mr. Ajay Sinha started the session with an introduction about the Voice Enabled ICT based tools which will enable workers even with low educational back ground to use it compatibly with their mobile phones and it is designed and developed to be user friendly. He elaborated about the issues with research and data collection and the special use of innovative IT tools and technologies to make the work easy and convenient. The ICT tool has a special function which enables users to access it through their local languages as well. The ICT tool is compatible with any kind of web browsers like: - Mozilla Fire Fox, Internet explorer, Google Chrome etc... The tool is currently compatible with smart phones and the research is on to make it compatible with any ordinary mobile phones.

Mr. Sinha added that in the context of identifying a child as Malnourished; the technology will uniquely identify that in which level of Malnutrition the child is by just feeding the required data about the child.

He added that when we enter the data we employ other professionals. In the centers where you people work, there is the problem of measuring and entering data arises. So this voice integrated technology has been specially developed and it can help in feeding the data through voice and can easily generate the report. So the special reason of organizing this workshop here is, to sit with you, and to know from you more until the works get done. Our overall concern is about the policy level talk and required advocacy on nutrition. We are also facilitating a national consultation in which we will be discussing about the guidelines on CMAM and we also seek your support and require your inputs on that as well.

Post Lunch Session:

Session 6:

Workshop – Capacity Building on Early Detection and Management of Acute Malnutrition and Open House Discussion

Expert Speakers: Dr. R. K. Gupta, Professor of Paediatrics, Jaykaylon Hospital IAP National Executive Board Member 2010 and 2013, Dr. Raj Bhandari, Chairperson – Health and Nutrition Committee, ICCW

Workshop Facilitation: Ajay Sinha

Dr. R.K. Gupta started his session with a brief about children health and the required nutrients. He added that for a complete diet a child has to be supplied with quality food, fruits and amusement. A child requires a healthy and balanced diet and mostly we think that a good and balanced food is quite expensive and non-affordable by family with low income. There are various rich nutritional food sources are available around us but we do not know about them. So it is important to know about the food we are consuming its cost and also to identify the existing food sources around us and use them. He gave detailed emphasis on a balanced diet for children with food and fruit contents that include: - Vitamins, Minerals, Calories, anti-oxidants and other required micro-nutrients to make the child build the bodily strength, immunity and growth. He added that routine change of food and availing varieties to the child will strengthen the health of children.

There was couple of queries asked by the invitee to Dr. Gupta regarding the identification of a malnourished child with different category and how a normal child can maintain a healthy body through which kind of food supplement. He also explained the community workers through picture slides about how to identify a malnourished child who is/will become Severely Malnourished. He put emphasis on early identification and early referral of malnourished child to the MTC which will definitely prevent the child to become severely malnourished.

Session 7:

Way Forward and Development of Plan of Action

Facilitated by Dr. Varsha Joshi, IDS – Rajasthan

Dr. Varsa Joshi concluded the session with valid points discussed in different sessions of the workshop. She emphasized on community organization and capacity building of the community. She also added that training is much required for the community workers and the community for identification of malnourished child. She explained about the need of a guideline which will work effectively for the issue and provisions for preventing malnutrition.