BRINGING SMILES

The Stories of Change

NAMM

National Association of Man for Mankind
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THE hans FOUNDATION

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Bringing Smiles

The Stories of change

Maternal and Child Health is one of the focus area of intervention for National Association of Man for Mankind (NAMM). The organization is currently implementing a project titled "The Hans Mobile Medical Services" in 24 villages of Nayagram block in Jhargram district of West Bengal. Creating awareness, providing mobile medical services and building capacities of the local health service providers are the key strategies adopted under the project. For creating awareness and changing attitude and behavior of the beneficiaries, NAMM has been organizing series of campaigns on nutrition, breast feeding practices, adolescent health care in the communities

The three-fold strategies adopted by NAMM, has brought a lot of positive changes in the lives of pregnant women, lactating mothers, women in the reproductive age group, adolescent girls and children. NAMM's intervention has also improved the functioning of the Anganwadi Centers. The ICDS workers are now more informed and more active in delivering services of the Anganwadi centers. Communities too, have become more responsive and there are examples of people taking collective action to be healthy and happy.

"Bringing Smiles" tells stories of the change that has happened in the institutions in the lives of people through interventions made by National Association of Man for Mankind in twenty- four project villages in West Bengal. This booklet presents nine such stories of change. However, there are many more.

Bēnaya Kumar Sahoo

(Binaya Sahoo)
Director

Surviving Undernutrition

Beginning one's journey of life with under-nutrition is not only painful; it has also a long- lasting impact on the future of the child. The cycle of under- nutrition can be broken at any point, during the childhood, adolescence, or at the time of pregnancy and post-delivery.

However, for thousands of children, adolescents and mothers the vicious cycle continues uninterrupted. Lake of awareness, poor financial conditions, unavailability of proper food and health care facilities, blind believes and cultural practices force children and adolescents and mothers to fall prey to the cycle of under nutrition, from which it is difficult to come out without external support.

Ambika is one of thousands of children who are victims of the cycle of under-nutrition, but she survived. She was identified as a severely malnourished child by NAMM, when she was just 5 months old. Ambika is the fourth girl child of her parents, Aloka Bhakta and Sunil Bhakta, who are also very young, probably in their thirties.

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Ambika's mother Aloka got married at a very young age, which led to early pregnancy. She delivered her first child seven years back.

The next year, Aloka again became pregnant and delivered another girl child. The gap between the two children was a little more than a year. The irrepressible wish to have a son has resulted in; couple becoming parents of four daughters.

The Bhakta family lives in Khas Jungle village of Jhargram district in West Bengal. In order to meet their basic needs, the couple work as seasonal labourers. Sometimes they collect sal leaves from the forest and sale those to earn few rupees. Their desperate financial circumstances affected the lives of all their children, especially Ambika, the youngest child.

Ambika's health started deteriorating. She started losing weight and looked pale. When NAMM's team met Ambika, she weighed only 3.9 kilogrammes. Due to financial difficulties, the couples were unable to take her to a doctor for treatment. The local health worker persuaded the couple to bring Ambika to the health camp.

It took almost four to five months for NAMM's medical team to enable Ambika to gain weight. She was given required medicines and vitamins by the medical team and regular follow-up's were done in every three days. NAMM has also conducted a series of campaigns in the villages to raise the awareness of mothers on nutrition.

Medical support along with follow-up home visits and counseling started showing results after a month. The health worker also convinced Aloka & other members of her family about the need for supplementary nutrition for Ambika and for support from the Anganwadi centre.

Now at 11 months, Ambika weighs 6.7 kilometers , considered as normal weight for a girl child at her age. Ambika's mother promised not to go on further bearing children; hoping to have a son and to take proper care of all her children.

A RAY OF HOPE

Jasmi Murmu lives with her husband and in- laws in Baligeria village of the Jhargram district of West Bengal. Three years ago, she got married to Bakud Murmu. Jasmi gave birth to a son in February 2018. "Though we are happy now but until a few months back, I faced a lot of problems and was subjected to severe backlash from in-laws and villagers", says Jasmi.

Jasmi is now twenty-three. Years old, when she was sixteen or seventeen years old, she used to suffer from severe lower abdominal pain. Her periods we are irregular and she had to face a lot of problems related to this. As she was from a remote village consulting a doctor was not possible for her. When the problem got worse, she started taking medicines from the traditional healer of the village. She was also told that the problem would disappear and be solved after marriage.

Jasmi married Bakud three years ago. However, irregular periods and lower abdominal pain continued. Her real problem started when she failed to conceive ever after two years after her marriage

"NAMM's regular health camp is serving a lot of people in our area. Although I was initially reluctant but, I finally Consult the doctor and my problem got resolved"

The situation created a lot of stress for her. Her mother-in-law even started considering proposals for the second marriage of her son.

Although she was initially reluctant to seek medical advice, the health worker of NAMM succeeded in persuading Jasmi, her mother-in- law and husband to consult a doctor. Dr. S. Nayak, the O&G specialist of NAMM conducted a thorough check-up of Jasmi and assured her that she could become a mother, subject to proper medication and follow healthy practices.

This brought a ray of hope in Jasmi's life. She regularly consulted the doctor and took medicines prescribed by him and given at the health camps. The couple also followed other advices of the doctor. Finally, Jasmi became pregnant and delivered a healthy baby boy. The baby was delivered at Kharika Mathani health centre and was perfectly healthy at the time of birth.

He is now six months old. "I want him to be a doctor and serve all those people who are suffering", said Jasmi.

Knowledge is power

Pregnancy is a very critical period in a woman's life. This is the time when a pregnant woman needs proper nutrition, care and rest. However, in many rural areas, there is lack of knowledge not only among the women but also among their family members regarding this. Such ignorance affects their health-seeking behavior and renders pregnant women more vulnerable.

In villages of Jhargram district where NAMM is active, it has been playing a critical role in creating awareness and extending support to the pregnant women and their families .

Arati was identified by NAAM when she was four months pregnant. She is married to Pabi Mahakud, a resident of Chotokhankari village of Jhargram district in West Bengal. She lives at home alone as her husband stays out most of the time to earn his livelihood. There was no one to counsel and guide Arati on how to take care of herself during pregnancy.

The health workers of NAMM convinced Arati to come to the medical camp for a thorough check-up. Arati met the doctor and started taking advice and medicines regularly.

"Arati is now more aware and helps NAMM in intensifying its activities. She regularly participates in focus group meetings and counsels other pregnant women on how to take care of themselves during this critical phase of their life."

She was prescribed certain medications along with iron and vitamin tablets. She was also advised by NAMM to use a mosquito net while sleeping and to maintain proper sanitation.

The health worker visited her regularly and counseled her from time to time on nutritious food andthe importance of taking rest and proper care. The medical team also convinced her of the need for institutional delivery.

Almost after five months, Arati gave birth to a baby. Now her baby is 6 months old. Both mother and child are in good health. Whenever her baby falls ill Arati contacts the medical team of NAMM. She was also advised by NAMM to take the help of the Anganwadi centre whenever she need any help or support.

Arati is now more aware and helps NAMM in intensifying its activities. She regularly participates in focus group meetings and counsels other pregnant women on how to take care of themselves during this critical phase of their life.

Involving the Communities in Health Care

Even in the twenty-first century, access to quality primary health care remains a major problem in thousands of villages of India. Issues relating to health care coupled with those concerning bad roads, infrastructure and transport, communication, poor drinking water facilities make the life of these villagers miserable.

Charpada is one such village, which is situated in Jhargram district of West Bengal. According to some of the villagers, health hazards were common in their village. People suffered from various communicable diseases like diarrhea. Malnutrition among children and mothers was a major concern. However, in last one and half year , the situation has begun to change. People are now more aware and more responsive.

Before starting the project in Charpada village, NAMM conducted a baseline survey to gain an understanding the health situation of the people.

NAMM recognized that the issues faced by the villagers were related to knowledge, attitudes and practices.people were superstitious and turned to traditional healers to find cures for almost all their ailments. Very few went to a hospital when they fell ill.

> "Initially we were not supportive of NAMM, later on we felt that they are doing good work and supporting mothers, children and others and we started working with them," says an Anganwadi worker of Charpada.

NAMM's intervention in Charpada adopted a threefold strategy. Regular health camps were conducted involving experienced doctors. At the same time, strong emphasis was laid on creating awareness by launching various campaigns. To achieve greater effectiveness, NAMM started engaging with local service providers and linked the beneficiaries with the services.

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NAMM's primary focus was on changing the health-seeking behavior of individuals and communities. Its campaigns played a key role in the process. The health workers also made regular home visits to patients and counselled them. All these together resulted in the improvement of the health of people in Charpada villages.

The changes are now visible in the villages. Women have become more aware and are now looking more confident.

Understanding the ill effects of Early Marriage

Aroti Hansda is married to Jagatpati, and now lives in Balimundi village of Nayagram block in West Bengal. Aroti got married in 2012 when she was only fourteen years old. Her origin is from Basta village in Balasore district of Odisha. She is the third daughter of her parents and has two elder sisters.

Aroti's family was not well off and she had to discontinue her studies after the primary level to help her mother with household chores. When she was thirteen, with the help of a local labour contractor, she went to Chandikhol, a nearby town, and started working in a brick kiln. "It was not easy to work in the brick kiln. I used to work for long hours and found the hard labour exhausting. I always wanted to return home but my family conditions forced me to continue that work", said Aroti.

While working in the kiln she fell in love with a fellow worker, Jagatpati who belongs to Balimundi village in West Medinipore district. Although it was not easy for Aroti and Jagatpati to convince their families to let them marry each other, they finally succeeded. After initial oppositions, both the families agreed to the marriage and Jagatpati and Aroti tied the knot.

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Aroti got married in 2012 and she was just fourteen at the time. She became a mother in 2013, giving birth to a baby girl. Being underage she was anemic and faced difficulties during the child birth. It is tragic that girls like Aroti, who should be studying in a school, is now forced to bear the burden of the whole family. A little help to her while she was studying would have been helped her to become something in her life, which never happened. When the NAMM team identified her she was already a mother. However, the team continued to motivate both Aroti and Jagatpati not to have a second child immediately. Aroti also consulted the medical team from time to time and started taking care of herself and her daughter in a better way. Aroti is now more informed and looks more confident. She participates in all the community meetings that the health workers now organize in her village.

She is playing an active role in mobilizing other adolescents and their parents against the practice of early marriage. She shares her experiences with them and now supports NAMM in spreading the message against early marriage.

Recovering from Anemia

Despite international agreements and national laws, marriage of girls before 18 years of age is common worldwide and affects millions. Child marriage is driven by poverty and has many adverse effects on a girl's health such as increased risk of sexually transmitted diseases, death during child birth, and undernutrition. Her offspring are at an increased risk of premature birth and death as neonates, infants, or children.

In Jhargram, its area of operation, NAMM has come across a number of cases of early marriage which lead to a lot of complications. Such is the case of Bulu Singh from Balimundi village of Jhargram block in West Bengal.

Bulu is about 17 years old and lives with her daughter and her husband Ratan Singh in Balimundi. Bulu got married a couple of years back, probably when she was 13. She was married at an early age due to the acute poverty of her parents. Early marriage led to early pregnancy and she became a mother and her delivery took place at home in the absence of any trained birth attendant. Due to the pressure of household work she could not take proper care of herself during pregnancy

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In the post-delivery period, her health deteriorated. She grew weaker and suffered from low hemoglobin count. Financial difficulties faced by the family made it difficult for the mother and the child receive proper medical care.

The NAMM medical team identified her and made her undergo treatment and put her under the observation the a gynecologist. She underwent several tests and was diagnosed with severe anemia. She was immediately given medicines and vitamin supplements. The medicines and nutrients were supplied by NAMM free of cost. She was asked to take iron and folic acid tablets for three months. NAMM's health workers persuaded her to eat food rich in iron and vegetables regularly.

NAMM's health workers regularly counselled her and Bulu went through routine medical check-ups. The effort made by the team brought about visible changes in her health. After three months of continuous treatment and counselling, her hemoglobin level has increased to the normal level. And, now that she is in good health, Bulu is able to take proper care of her baby and both mother and child are now keeping well.

Ways of Fighting Undernutrition

Ranjit Kalandi is a 14-year-old child from Kuldiha village of Jhargram in West Bengal. His father, Ravi Kalandi works as a daily wage labourer and his mother Brihaspati Kalandi collects sal leaves from the forest nearby and sales that in the market. The family has a very small plot of land and the harvest from that land is not enough to feed the entire family for even three months. Ravi has two children and Ranjit is his second child.

When the NAMM team met Ranjit, he was severely undernourished. His height was 135 cm and given his height, his normal weight should be around 35 kilogrammes whereas he weighed only 17 KG. When he came to our camp he was suffering from severe protein deficiencieny. The doctor prescribed him nutritional supplements and protein powder. He also gave him medicines to help him get rid of hook worms and tape worms. The doctor gave his parents advice regarding balanced food and maintaining proper sanitation at home.

> Now they have enough vegetables for their family. Ranjit says, "I will take care of my health now and eat regular and proper meals."

After three months of continuous treatment, Ranjit showed quite a remarkable improvement in his conditions. His weight increased to 8 kilogrammes in just 3 months.

Our health workers took the intervention to the next level and advised his parents to raise a kitchen garden in their backyard. They supplied the family with the required seeds and saplings. Ranjit with his father and mother planted the seeds and saplings in their backyard. . Now they have enough vegetables for their family. Ranjit says, "I will take care of my health now and eat regular and proper meals".

Improving an Anganwadi Centre

Integrated Child Development Service is one of the oldest flagship programmes implemented across India to improve the health and nutrition status of women and children

Anganwadis functioning almost in every village as part of this scheme are supposed to provide six basic services, which include supplementary nutrition, nutrition and health education, referral, immunization and preschool education to children under five and to adolescent girls. However, in many cases these services are not properly delivered on account of several problems; one among them relates to the capacity of the Anganwadi workers.

NAMM has been continuously working with the ICDS workers to enhance their capacities so as to enable them to perform better. One such Anganwadi worker is 27-year-old Jasoda Palei, who works at the Ara Anganwadi centre of Jhargram district of West Bengal. A few years ago, when she came to this village as an Anganwadi worker, she was totally unaware of the rules and regulation of Anganwadi and of the nature of her work.

Most of the children and pregnant women were unaware of the facilities available at an Anganwadi. She had not undergone full training and performed her duties as she understood them.

There are many children in the centre and some of them come form distant villages of Singpada and Talasahi. Since there were no preschool and other innovative programmes at the centre, attendance of children was also very poor. Other services for the pregnant and lactating women were also not provided at the centre.

NAMM took up this matter in village meetings. The health workers expressed their views about Anganwadi services and provisions for pregnant women and lactating mothers as well as adolescent girls on a regular basis. At the same time, NAMM started interacting with Jasoda and tried to understand her problems. NAMM recognised that it was purely a capacity issue and Jasoda could do better with more information and a little handholding support.

NAMM organized capacity building programme for the Anganwadi workers and oriented them on their roles and responsibilities. NAMM has also oriented on different innovative ways to motivate children, pregnant women,

"I want all my children to be healthy, happy and well prepared for the school", said a delighted Jasoda."

lactating mothers and adolescent girls to avail services from the Anganwadi centre. Jasoda participated in all these programmes.

NAMM has also started providing onsite support to Jasoda to improve the centre and the services. Different play and learning materials were provided to the centre for the use of children. NAMM has also given combs, nail cutters, mirrors, bottles for storing drinking water etc to attract children to the centre. Regular mothers' meetings are organized at the centre to make the worker accountable for delivering the services. Children's festivals are held to encourage children to participate in the activities of the centre.

Raising awareness, extending hand-holding support and continuous vigilance have yielded positive results. The centre is now running properly with 38 children. Preschool education and hot cooked meal services are available at the centre. Regular health check-up of pregnant women and lactating mothers are being carried out here now. There is a change in health and hygiene practices among the children. Mothers are visiting the centre regularly and have developed a sense of belonging to the Anganwadi centre. All these could be possible because of Jasoda,who had a wish to serve the centre better. "I want all my children to be healthy, happy and well prepared for the school", said a delighted Jasoda.

Empowering Anganwadi Workers

Anganwadis that are also known as ICDS centres are part of the only integrated programme which aims at improving the health and nutrition status of children and women in the country. It offers a package of six services including supplementary nutrition, nutrition and health education, referral, immunization and pre-school education.

Although the Anganwadi workers are responsible for providing a number of services, many of them are not properly trained. Due to lack of training and of the experience of handholding and supervision they face a lot of difficulties in delivering services.

NAMM, under its mobile medical unit project, has been working very closely with the Anganwadi workers. A number of capacity building programmes were carried out for the workers to develop their skills to deliver health and nutrition services.

"When I joined as an Anganwadi worker, I was completely unaware of the technicalities associated with the services. The training provided by the Government was also not sufficient.

> The training provided by the Government was also not sufficient. I have participated in the training programmes organized by NAMM more than three times and I found them very helpful.

I have participated in the training programmes organized by NAMM more than three times and I found them very helpful."said Durga Das,Anganwadi worker of Dhursahi village.

Three years ago, NAMM had started a training programme with ten anganwadi workers and it continues with more workers and service providers joining it.

NAMM has developed a module for the training of anganwadi workers. Different learning materials were also provided to each of the trainees as reference materials. NAMM's health workers are also providing regular handholding support to the anganwadi workers for improving the quality and effectiveness of government health and nutrition services.

The team trained them about giving children healthy food to eat. NAMM also organised a meeting where the participants were given information on how to prepare healthy dishes by using locally available fresh vegetables for children. NAMM has initiated the process of linking Anganwadi centres to the community. The initiative of raising vegetable gardens in the centres with community support has also been taken up.

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