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Tribhuvandas Foundation

Nutritional Interventions to Reduce Under nutrition in Under-5 Children

Background

Tribhuvandas Foundation (TF) is an Integrated Rural Health Programme of AMUL, focussed on the health of women and children. It was initiated in 1980.

It is owned by the milk producers (Co-operative Members) and is principally funded and supported by them. It presently caters to rural population in about 850 villages of Anand, Kheda and Mahisagar districts (villages belonging to erstwhile Kheda district with milk co-operatives under AMUL).

Inspired by the success of round the clock veterinary care services run by AMUL, Shri Tribhuvandas Patel – the founder chairman of AMUL – responding to the concerns of the rural community, expressed the need for such a programme, linked with the co-operative network, particularly to improve the health of women and children. He donated the amount received by him as a part of Ramon Magsaysay Award and the fund he received from milk producers on his retirement to set up such an organization. Dr V Kurien played an active role in the initiation of the foundation and was the first chairman of TF.

The foundation provides primary health care services in the programme villages through its network of Village Health Workers (VHWs) – one per village. Apart from this, the VHWs look after pregnant and post-partum mothers and children up to the age of 5 years through a structured programme. Individuals, including mothers and children, needing referral care are identified by the VHWs and are motivated for timely referral care. The VHWs are provided initial and periodic on the job training and are supervised by the field workers.

TF has five main centres with clusters of villages around to supervise. These centres are located at Anand (Head Quarters), Kapadwanj, Balasinor, Kheda and Tarapur. The range of services available, at present, at these five main centres include –

1. Daily OPD services for women, children and general patients
2. Sonography clinics for pregnant women at Kapadwanj, Anand and Tarapur
3. Laboratory services at all the five centres
4. Dental clinic at Anand
5. Physiotherapy services at Anand and Kheda

In addition to all these, TF has set up a Maternity Hospital and a Pediatric Unit with level II special newborn care facility at Kapadwanj, with the help of

donations from V S Gandhi Charitable Trust, Kapadwanj Kelavani Mandal and Doctor Charitable Trust (USA). TF is also running 8 other OPD clinics at town level in different parts of the programme area.

Initial efforts to reduce undernutrition in children

Undernutrition in children has always been one of the main targets for TF. At the time of initiation of TF, almost 70% of the under-five children were underweight as per the IAP growth charts. For reducing undernutrition in children TF had introduced a supplementary feeding (SF) programme in the 2 to 5 year age group with the funding support from the then Indian Dairy Corporation. TF also started a Nutritional Rehabilitation Centre (NRC) at Anand to take care of severely undernourished children. Those were the days when ICDS was not implemented in our district and there were no NRCs in the government system.

Apart from supplementary feeding, TF also focussed on other interventions as follows –

1. Early treatment of common childhood infections & prevention of vaccine preventable diseases through childhood immunization (Primary health care approach)
2. Improving the nutrition of pregnant mothers
3. Improvement in the child feeding practices – Breast feeding and complementary feeding

It was observed that even without supplementary feeding programme the nutritional status of children improved where health care and feeding practices improved.

Moreover, supplementary feeding programme had following drawbacks –

1. Take Home approach – the SF ration was shared by others in the household
2. Supervised feeding – often supplementary food became substitute for family food

In view of all these & the cost of the programme, supplementary feeding programme was discontinued and TF continued its focus on the other interventions as described above and also continued its NRC at Anand.

Current approach

Undernutrition has reduced significantly in our area. Particularly, severe undernutrition with complications is much less common now. However, more work is required to be done to bring down further. It is also clear from the past experience that a more targeted feeding programme would be more cost-effective. Similarly, many studies have also shown greater effectiveness of community based feeding programmes rather than institutional programmes.

The current strategy adopted by TF to further reduce the burden of undernutrition in children is as follows –

1. Improving maternal nutrition using available food resources – This includes both the family food and also supplementary nutrition provided in the government programmes. Usual iron-folic and calcium-vitamin D supplements are also provided. This and better antenatal care have helped in reducing incidence of low birth weight.
2. Improving Infant and Young Child Feeding (IYCF) Practices – This includes early initiation of breast feeding (within one hour after birth), exclusive breast feeding for 6 months and appropriate complementary feeding after completion of 6 months and continuing breast feeding during 2nd year and beyond. This also emphasizes use of both the family food and also supplementary nutrition provided in the government programmes. Usual iron-folic and calcium-vitamin D supplements are also provided. This and better child care have helped in reducing incidence of undernutrition in children.
3. Kangaroo Mother Care – This is a special method of taking care of low birth weight newborns. It includes skin-to-skin contact and exclusive breast feeding, both of which contribute towards better health of the low birth weight infants.

For these three components, TF has introduced a structured monitoring format, called ‘Jatan’, which is used by the VHWs for monitoring pregnant and postpartum mothers and infants.

4. Community based targeted feeding programme – TF has started this programme in October 2017, covering 206 villages in the backward part of the programme area. Torrent has provided funds and manpower support for this programme. TF VHWs are trained to identify children with severe undernutrition and refer them to Balasinor centre of TF. Those children with severe undernutrition with some illness receive medical treatment at the TF centre. Then these and other identified children with severe undernutrition are given AMUL RUTF (Ready to Use Therapeutic Food) for a period of 2 to 4 months (as required). They are followed at home by the VHWs and sent for centre based follow up as per the guidelines. Along with this, the family education about good IYCF practices goes on. This is done to prevent relapse of undernutrition after withdrawal of RUTF. If this strategy bears positive results and if resources are available, TF would like to enrol the remaining programme villages in this initiative.

With this comprehensive approach TF is aiming at fulfilling the dream of founding father Shri Tribhuvandas Patel, whose desire it was, to see the mothers and children in good health.

