

**A. Name of NGO:**

Child In Need Institute (CINI)  
FCRA Status: Yes

**B. Name of the Project:**

**MANAGEMENT OF SEVERELY MALNOURISHED CHILDREN AT CINI'S NUTRITION REHABILITATION CENTRE AND EMERGENCY WARD, WEST BENGAL**

**C. Coverage and target population to be reached:**

**Geographical area and number of target population**

Nutrition Rehabilitation Centre (NRC) and Emergency Ward are institute-based services situated at CINI's main campus at Pailan, South 24 Parganas, West Bengal. NRC focuses on the essential caring and feeding practices that can facilitate rehabilitation and subsequently continued good health of undernourished children through capacity building of primary caregivers. The Emergency Ward provides emergency care facilities to children with moderate and severe malnutrition and related health problems like pneumonia, tuberculosis etc. Annually, about 650 children (on an average) from villages (both near and distant) in South 24 Parganas avail the services offered at NRC and EW.

**D. Need for the Project:**

Malnutrition continues to be one of the gravest challenges facing India. Despite the economic boom, there are communities that still remain trapped in the intergenerational cycle of poverty and malnutrition. In fact, one in every three child in India is born with low birth weight (less than 2.5 kg). Such children begin their lives with a significant disadvantage. These children have impaired growth and development processes (physical, psychosocial and cognitive). They have increased susceptibility to infections and hence frequent episodes of illness and longer recovery period. Not surprisingly, they find it difficult to achieve their potential in any environment. Gender adds many other layers of vulnerability. An undernourished girl child is often pushed into marriage and motherhood before she is prepared. She, in turn, is very likely to give birth to an undernourished and thus, the cycle of deprivation and lost potential continues. Malnutrition, then, is a result of a complex interplay of multiple factors including gender, access to resources and services, social customs and norms, lack of awareness etc.

Experience has shown that one of the key aspects that need to be addressed in combating malnutrition is encouraging appropriate feeding and caring practices at the household level. This becomes even more important for severely malnourished children. Besides immediate medical intervention, there is a tremendous need to enhance the capacities of the caregivers to ensure that the improvement made is sustained.

**E. Project Details:**

The NRC and EW focus on improving the nutritional status of the children admitted and enhanced capacity of the caregivers on appropriate feeding and caring practices to sustain the improvement made. Children with moderate and severe malnutrition and related health problems are admitted at the EW (10 beds) along with their primary care giver (usually the mother). Qualified health professionals nurse children here until they recover and can be shifted to the NRC where the behaviour change related aspects can be emphasised/worked on. They remain at the NRC for usually 15 to 21 days. The mothers (there are about 20 children admitted at one time) cook together and also feed their children together. They are provided inputs by the staff through these activities and other interactions. Most importantly, an atmosphere of group learning and engagement is facilitated. The criteria considered for discharge from the NRC include the child's nutritional status and the caregiver's knowledge about appropriate feeding and caring practices.

**Activities:**

- History taking of the case
- Regular weighing of the child
- Nutrition and health education sessions with mother/other primary caregivers
- Joint Counselling with both male and female caregivers as well as other influential family members

- Nutrition Demonstration [including group cooking and feeding]
- Clinical check-ups and treatment
- Other formal/informal interactions
- Special events

In terms of **monitoring**, two basic aspects would be considered. The change in the child's nutritional status (at the time of admission and at discharge) is the key aspect that will be tracked. Besides this, the knowledge level of the primary care giver on appropriate caring and feeding practices will be tracked.

#### F. Project Cost Break-up:

Total budget would cover the costs of 40 units [Child and mother/other primary care giver] admitted at Emergency Ward and Nutrition Rehabilitation Centre.

Sr. No.	Head of Expense (use the ones applicable)	Amount (Rs)
1	Personnel (Doctors, Nurses, Nutritionist, Storekeeper, Supervisors, Attendants)	2,40,000
2	Services (Food, Medicines, Investigations)	1,26,000
3	Training	24000
	Monitoring and documentation	6000
4	Travel	2000
5	Office expenses	2000
6	Corpus contribution	1,00,000
	<b>Total</b>	<b>5,00,000</b>

The Project Cost to treat and rehabilitate one child with one caregiver over an average stay of 15 to 21 days is approximately Rs 10,000.

#### G. Time Frame:

This is an ongoing activity. We are requesting fund for one year.

Start Date of the proposed project: 1<sup>st</sup> May 2008

End Date of the proposed project: 30<sup>th</sup> April 2009

#### H. Past Experience:

Have you done any projects of a similar nature?

The proposed Institute based project has been implemented since the last 30 years. Of course, over the years we have utilised our experiences and learnings in further refining the services, which are offered at the Emergency Ward and Nutrition Rehabilitation Centre.