



Nutrition Camps for community based management of acute malnutrition



During the LANN process, sensitised communities demand for immediate support for their malnourished children. The Nutrition camps are community based nutrition programmes for children who are at risk of protein energy malnutrition. The intervention follows two approaches, one approach encourages local knowledge and practices of child care and the second one educates mothers on cooking habits and nutrition rich recipes for malnourished children between 6 months and 3 year are screened and identified based on their anthropometric measurements of height, weight and MUAC and are advised to join the nutrition camps if they are severely or moderately under nourished. This programme has been very useful with its localized relevance and cost effectiveness of rehabilitating malnourished children. Evidences show that large number of SAM (without infection) & MAM children can be treated in their communities without being admitted to a health facility or therapeutic feeding centre. **Objectives** of the camp is to

rehabilitate malnourished children; to sustain the rehabilitation of malnourished children; and to prevent future malnutrition in the community. Every camp is followed by active follow up of each mother/child through **Home visits** till the child has recovered and back to normal levels of nutrition



Nutrition Camp Statistics in FHFI Areas

Total no of Camps – 239

Villages covered – 143

Direct beneficiaries reached – 3883

Households that have adopted the changes - 2845

Mascot of Good Health - Each day the mother attaches one body part of the mascot. A mother with irregular attendance ends up with an incomplete and disfigured Mascot. The visual impact of this drives home the message to the mother about the importance of adopting consistent habits to improve her child's nutrition.

Women and Communities own the process - The ICDS services have been recognised and AWC have been supported through community resources. Nutrition Camps have become a rallying point to mobilise communities and improve the functioning of AWCs as they demonstrably prove to the communities how MAM and SAM children can be recovered.

Paradigm shift in mothers' attitude and understanding of nutrition

Creating and preparing new and nutritious recipes with facilitation by the AWW and the NGO worker, entirely from locally available ingredients convinces mothers that **Nutrition is Affordable**

Witnessing an actual gain in the child's weight after meticulously following a set of actions from handwashing to feeding the right consistency, quantity and composition of food convinces mothers that **Nutrition is Achievable**

Attending the AWC continuously for 15 days and interacting closely with the AWW has made more women comfortable with processes like weighing and growth monitoring. **Nutrition has become Comprehensible.**

“We knew that our children were weak and unhealthy and the Anganwadi didi repeatedly told us that we should go to the MTC center in Banswara. It is far and we were scared to go. When we attended the *Poshan Shivir* in the Anganwadi center and saw the children gain more than 500 gms in 15 days we decided to go to the MTC and now our children are in the green zone after gaining about 1.5 kgs”, Kavita and Ganga of Serai Village in Banswara district – **After attending the Nutrition Camps 193 mothers of SAM children agreed to take their children to the district MTC in Anandpuri block.**

“Even about a year ago, attendance of the children at the AWC was very irregular. Then we started the nutrition camp and counselled the mothers of both SAM and MAM children to attend. All the children gained weight and I followed up with the mothers through home visits. We got Nutrimix from Pravah which was given to the SAM children and the mothers were encouraged to grow a kitchen garden. Soon things changed in the village and gradually the number of children attending AWC started to increase. Today I have about a total of 246 children under the age of 6 years and all of them regularly visit the center”, **Rinku Devi, AWW, AWC no 524, Saraiya Village, Kusumthar GP, Deoghar district.**



Significant Outputs of the Nutrition Camps

- 92% MAM children recorded a weight gain of 500 gm to 1000 gms at the end of the nutrition camps across all camps
- 28% MAM children recovered to the normal level in MP and 193 SAM children were referred to district MTC in Banswara.
- Mothers who participated breast fed the children for longer period and made a transition to balanced diet/ tricolour foods
- Families are now washing their hands before eating and after defecation
- Families are no longer hesitant to send children to the ICDS centre
- Mothers perceived a better bonding among themselves as they observed and advised each other about feeding habits.



“My child’s birth weight was 2 Kg and with passing days he became more weak and sick. After attending the camp, I was provided a health mix of flattened rice, wheat and Bengal gram and I used to make a porridge out of it and feed my child regularly. The weight improved but he still was not in the green zone. I was advised to go to the MTC in Rayagada, 25 km from my village. I stayed at the MTC for 2 weeks after which my son recovered completely”, Kousali Ullaka, Lanji Village, Rayagada District – **The NGO - Living Farms has linked Kousali with a local SHG that makes the Nutrimix and for a nominal sum of 150 INR she is able to buy supplies that last for 2 months.**

Cost of intervention

Good Practice	Number per village	unit cost	Cost sharing and Linkages	Responsibility
Nutrition Camps	Each camp should have not more than 25 mothers. Number of camps will depend on the number of Moderate & severely under nourished children in the village. There can be a single camp for adjacent villages if the number of children is low. A camp may be repeated in the same village after 6 months if necessary. Every mother must be followed up for 6 months until child is in normal grade	2000 INR	Cost sharing between ICDS, Health & Family Welfare, Panchayat. Mothers will contribute any food item available at their homes (vegetables, cereals, pulses, eggs, etc.) for 1 child. ICDS will contribute supplementary nutrition, weighing machine and IEC. Panchayat can contribute fuel costs (2 INR per child). Stationary can come from VHSNC untied fund 50 INR per camp. Cost of ingredients for cooking demonstration and soap for hand washing demonstration 100 INR x 15 days can be contributed by ICDS. Total cost = 450+50+1500 = 2000 INR	CDPO & Panchayat member Monitoring at village level by VHSNC

Scalability, Replicability and Sustainability

The SnehaSibir, under the ICDS has similar concepts (ICDS Mission Document – The broad framework for implementation, Annexure V). The camps can be organized bi-annually. Sharing of costs and responsibilities makes it more realistic and ensures the quality and purpose of the camps. The ICDS can link up with the NRLM SHGs and they can provide the necessary ingredients for the recipe demonstration and get nominal charges of rupees 100/- each day from the ICDS. The Nutrition camps done in tandem with the LANN PLA will ensure household food security. Behaviour change, food security and empowerment must go hand in hand. Supplementary feeding and Behaviour Change Communication have less chances of impacting malnutrition without adequate household food & nutrition security.

Link:

SAM : Severe Acute Malnutrition (<-3SD)
MAM : Moderate Acute Malnutrition (<-2SD)
MTC : Malnutrition Treatment Centre
AWC : Anganwari Centre
AWW : Amgan Wari Worker