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A Study on the Effectiveness and Reach of Dastak Campaign in Madhya Pradesh for Addressing Malnutrition and Under 5 Mortality Rate

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ABSTRACT

This report provides an overview and key findings of a survey study conducted to assess the effectiveness and reach of Dastak Campaign conducted from 16th to 30th Nov 2016 in Madhya Pradesh by Department of Health and Family Welfare, Govt of Madhya Pradesh. The report outlines areas of strength, areas that require attention and action and Districts' comparison information of Dastak Campaign to help State Government respond to and act on the findings, thereby enhancing effectiveness and service delivery to the community. The objective of this survey study is to gather information with a better understanding of Front line workers engagement in Dastak Campaign, reach of Dastak team to community for screening and other services as designed and identification of areas of strength and where focus to be given further to improve in Dastak Campaign. Feedback received from this study will be used to determine whether the objectives of the Dastak Campaign are achieved, facilitate improvements and develop recommendations for future initiatives by Govt of Madhya Pradesh. Study revealed that result on different indicators are not same in all districts as some districts performed nicely, but some districts performance was poor or at mediocre level. Hence, focus should be given on the poor and mediocre performing districts further in next phase of Dastak Campaign.

Key words – Dastak, EIBF, FLW, IMR,MMR, MUAC, SNCU, U5MR

I INTRODUCTION

Under 5 children constituted about 14% of Madhya Pradesh population as Madhya Pradesh is a home for approx. 1 crore under 5 children as per census 2011. Under 5 children represent huge opportunity that can transform the future of country in terms of social and economic growth, however, this fact yet to realize as Madhya Pradesh is having high U5 mortality rate as manifested from NFHS 3 (year 2005-06) and NFHS 4 (year 2015-16) survey though there are improvement in health indicators of children in last 10 years as reflected in below table-

Madhya Pradesh Indicators	NFHS – 3 (2005-06)	NFHS-4 (2015-16)
IMR	69	51
U5mortality rate	93	65
6 to 59 months (<11g/dl) anemic children	74	68.9
Underweight	60	42.8
Stunting	50	42
Wasting	35	25.8
Exclusive breastfeeding	21.6	58.2

In view of the above, Department of Health and family, Welfare, Govt of Madhya Pradesh is implementing many child health and nutrition programmes such as anaemia control programmes (National Iron Plus Initiative), Vitamin A supplementation programme (Bal Suraksha Maah), pneumonia/diarrhoea management programmes, hb screening, tracking malnourished and SAM cases, SNCUs, NRCs IYCF programmes etc that clearly reflects that State Govt putting lots of efforts to

improve, NMR, IMR and U5MR. But, still many people from the community do not come forward to avail the services on VHNDs organized in villages and many front line health workers (ANM, ASHA/AWWs) do not visit homes despite of laying out clear cut job responsibility in their job description.

Hence, looking to the high IMR and U5Mortality rate in Madhya Pradesh, Department of Health and Family Welfare, Govt of Madhya Pradesh conducted Dastak Campaign between 16th to 30th Nov 2016 in 168 blocks of 48 districts in Madhya Pradesh in association with Department of Woman and Child Development, Govt of Madhya Pradesh. The objective of the Dastak Campaign was to ensure the house hold visit by a team of front line workers including ANM, ASHA and AWW to ensure line listing of all partially and unimmunized children, screening of childhood anaemia and referral of sever anaemic cases, active case findings of SAM, raising community awareness on prevention of childhood diarrhoea, mass awareness generation and extension of IYCF practices under Maa Campaign, identification and treatment of U5 children especially childhood pneumonia, follow up of SNCU discharge and iodine salt testing.

To know the effectiveness and reach of Dastak Campaign, we have conducted a quick study and come up with the report having key findings on effectiveness and reach of Dastak Campaign which will help the State for decision making for further continuation of Dastak Campaign in future. Hence, MI conducted a quick study in Dec 2016. This report contains the key findings of study in nutshell.

II OBJECTIVES

The major objectives of the study to know the status of the following during Dastak Campaign

- (a) To understand the status of marking "SMI number/Dastak" for screening houses for under 5 children and partial and non-immunized children.
- (b) To know the status of screening of childhood anemia and its referral.
- (c) To know the status of screening of weak children through MUAC tape
- (d) To know the status of ORS demonstration in the community.
- (e) To know the status of IYCF counseling done in the community.
- (f) To know the status of identification of sick children especially pneumonia and follow up of SNCU discharge cases.
- (g) To know the status of availability of MCP cards in the community.
- (h) To know the salt testing status through ASHA workers.

III METHODOLOGY

(a) Sample Size

- (i) Total 50% districts covered as 24 districts selected out of total 48 districts for survey where Dastak Campaign conducted.
- (ii) Total 14.2% block covered as 24 blocks selected in 24 districts out of total 168 blocks for survey where Dastak Campaign conducted.
- (iii) Total 120 villages in 24 blocks of 24 districts were selected @ 5 villages per block.
- (iv) Total 600 hh in 120 villages @ 5 household per village were selected.

IV ANALYSIS AND INTERPRETATION

Total 600 households of U5 children were covered in the study. The major findings of the study are as follows-

(a) Finding 1:- 90.8% of households having one or two under-5 children in their family.

- (i) It was observed that 48.8% (294) households have single, 42% (253) households have two, 6.8% (41) households have three, 1.8% (11) households have four and only 0.3% (2) households have five under 5 children.

- (v) Hence, total 600 household were surveyed in 120 villages of 24 blocks of 24 districts.

(b) Selection criteria

- (i) **Selection of villages** – 5 villages were selected from East, West and North, South direction of the block and 1 central part of the block. Priority was given to include forest or tribal villages. Similarly, few beneficiary included from urban slums.
- (ii) **Selection of interviewee-** 5 households(HHs) which have U5 children were selected from East, West and North, South direction of the village and 1 central part of the village. While selecting the interviewer, priority was given to the HH which are residing in excluded areas in the villages. Mostly mother/women who actually take care of child in the house were interviewed.

(c) Steps followed in the Survey

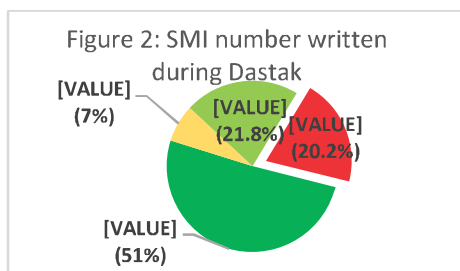
- (i) Development of questionnaire
- (ii) Feedback of Department of Health and Family Welfare on draft questionnaire
- (iii) Pre testing of questionnaire and modification of questionnaire based on findings of pre testing
- (iv) Orientation of survey team before the survey
- (v) Individual interviews in household.
- (vi) Survey team carried MUAC Tape, Color Scale for HB testing, Weighing Scale, ORS packet and MCP Card.
- (vii) Data compilation, data cleaning and tabulation
- (viii) Data analysis
- (ix) Report writing

(d) Type of data for analysis – Primary data in nature

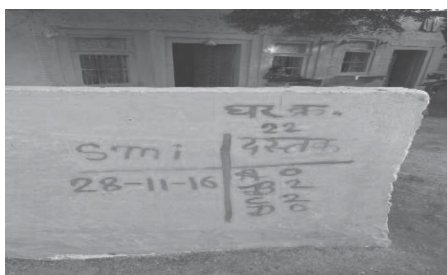
- (ii) It was observed that in Ashok Nagar, Jabalpur, Datia, Narsinghpur, Balaghat all surveyed families were having only 1 or 2 child. (Refer: Figure 1)

(b) Finding 2:- 80% of households are having SMI number/Dastak written for screening of under 5 children households.

During Dastak Campaign it was observed that there were serial number mentioned on the households for screening houses of under-5 children by FLWs. SMI number stands for State Mission Indradhanush number mentioned on the houses of left out or partially immunized under-5 children. The major findings are –



- (i) SMI number/Dasak was written on 80% hh surveyed out of which on 51.2% households, number was clearly mentioned. 22% households having incomplete and on 7% households number was not readable clearly. However, in about 20% (120) households SMI/Dastak numbers werenot written.



- (ii) All the surveyed household's in Seoni districts haveclear and fully visible SMI/Dastak number.
- (iii) SMI/Dastaknumber were not written at all in surveyed households in Bhind, Datia, Balaghat and Gwalior districts.

(Refer: Figure 3&4)

(c) Finding 3:- 22.5% of households have prior information about screening activities under Dastak Campaign

- (i) More than 77% households were not having prior information about the Dastak Campaign.
- (ii) Maximum number of households were given prior information of Dastak screening in Seoni district (80%).
- (iii) Prior information on Dastak screening was not at all given in Bhind, Datia, Gwalior, Neemuch and Rajgarh (0%) districts.

(d) Finding 4:- 67.5% households were visited by FLWs (AWW/ASHA/ANM) during Dastak Campaign

- (i) 59.8% (359) households were jointly visited by all three FLWs (ANM/ASHA/AWW) whereas in 7.7% (46) households atleast one FLW was visited. However, 26% (157) households were not visited by any

FLW as per the feedback received from the households. Moreover, 6.3%households were not aware in this regard.

- (ii) Joint visit by all 3 FLWs were highest in Bhopal and Jabalpur districts.
- (iii) Performance was poor in Bhind as only in 2 households one FLW visited whereas no joint visit made at all during Dastak campaign.(Refer :

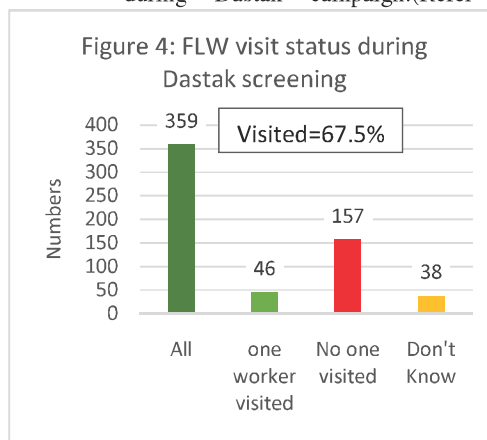


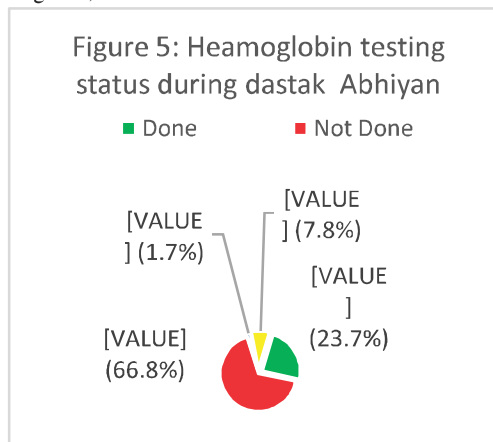
Figure 4).

(e) Finding 5:- Haemoglobin testing was done in 23.7% under-5 children during Dastak Campaign

To know the actual haemoglobin level in under 5 children, haemoglobin was supposed to be tested through colour scale by FLWs during Dastak Campaign. Hence, surveyed data reflected that

- (i) HB testing was done only in 23.7% (142) households. About 1.7% (10) families refused to do Hb testing.
- (ii) Highest Hb test was done in Morena 88% (22).
- (iii) No Hb test done in Jabalpur, Neemuch, Vidisha, Bhind and Gwalior during campaign.

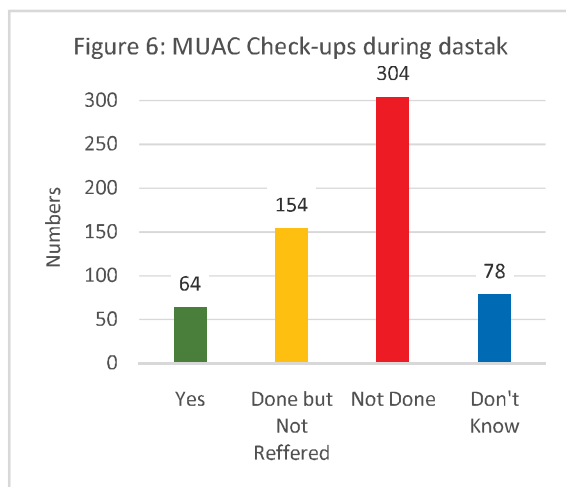
(Refer: Figure5)



(f) Finding 6:- MUAC check-up was done in 36.3% under 5 children during Dastak Campaign.

Screening of children with MUAC tape for weak children was also a special activity during Dastak campaign. Major findings as per surveyed households are:

- (i) Out of 218 children checked by MUAC only 64 (10.6%) under 5 children were found to be suitable for NRC referral and



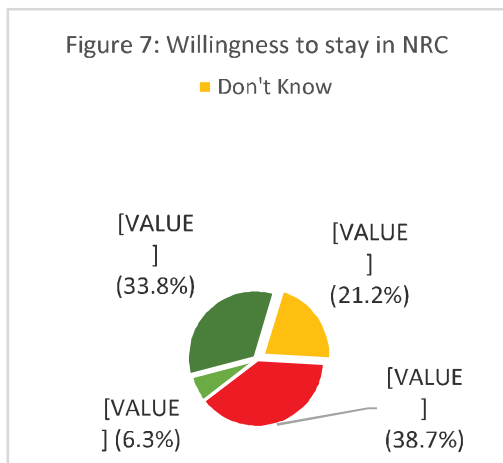
153 (25.5%) children who were also measured with MUAC tape could not qualify for NRC referral. However, more than half of children were not measured using MUAC tape Highest MUAC check confirmation was done in Sehore with 16 referral which is followed by Agar district.

- (ii) No MUAC check and no referral was done in Bhind and Dewas districts.

(Refer: Figure 6)

(g) Finding 7:- 40.1% of parents willing to stay in NRC.

- (i) More than 40% of parents were willing to take their children to NRC if needed, out of

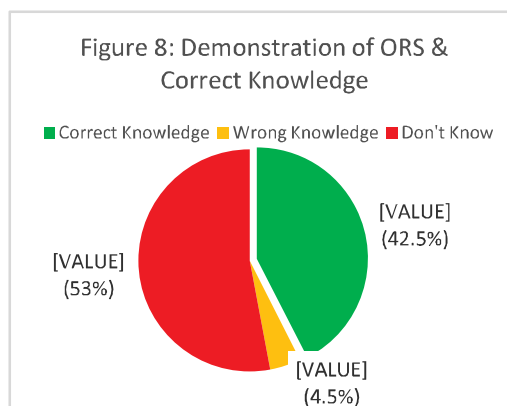


which 6.3% parents found difficult to stay for 14days in NRC by leaving their home.

- (ii) 38.7% parents directly denied to admit and stay in NRC. Moreover, 21.2% were in confuse state of mind and could not decide whether they are willing to take their children in NRC or not.
- (iii) Highest willingness to stay in NRC observed in Katni and Sheopur districts. However, no parents willing to stay in NRC for 14 days or more in Ashok Nagar, Datia, Dewas, and Gwalior districts.(Refer: Figure7)

(h) Finding 8:- Demonstration of ORS preparation done in 47% households out of which 42.5% households have correct knowledge for ORS preparation.

- (i) Total 42.5% (255) households have correct knowledge about ORS requirement during diarrhoea and about 4.5% (27) households not have correct knowledge of ORS preparation.
- (ii) District Seoni and Chhindwara have highest awareness on ORS preparation.
- (iii) There is no correct knowledge in

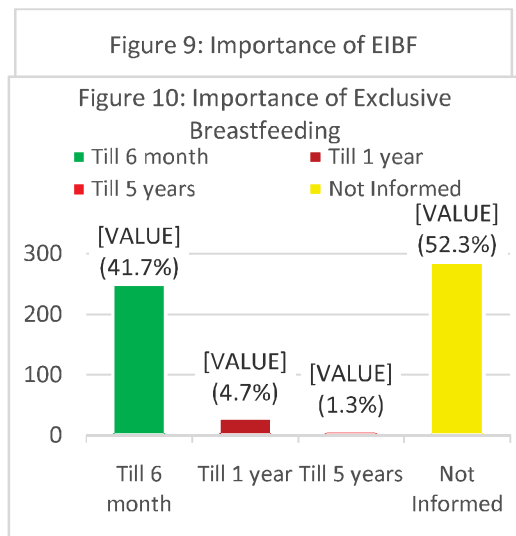


parents on ORS preparation in Bhind and Gwalior districts.(Refer: Figure 8)

(i) Finding 9:- 59.7 % households know the importance of Early Initiation of Breastfeeding (EIBF)

- (i) More than 42% household knew the importance of early initiation of breastfeeding within 1 hour. However, more than 17% households knew but do not have the correct knowledge to start the breastfeeding within 1 hour of birth.
- (ii) Another 40% said that they were not informed about early initiation of breastfeeding.
- (iii) Highest awareness on early initiation of breastfeeding was found among the parents of Balaghat district followed by Chhindwara and Morena. However, there was lack of this

knowledge among parents of Ashoknagar, Bhind, and Datia districts.(Refer : Figure 9)



(j) Finding 10:- 41.7% households know the importance of Exclusive Breastfeeding (EBF) explained during Dastak Campaign

- (i) More than 41% parents were aware about the exclusive breastfeeding as informed by FLWs. However, 52% parents said that they were not informed about the exclusive breastfeeding by FLWs and another 6% do not have correct information on exclusive breastfeeding.
- (ii) Households of Balaghat district have highest knowledge on exclusive breastfeeding.
- (iii) No awareness was found among the household of Ashok Nagar, Bhind, and Datia districts.

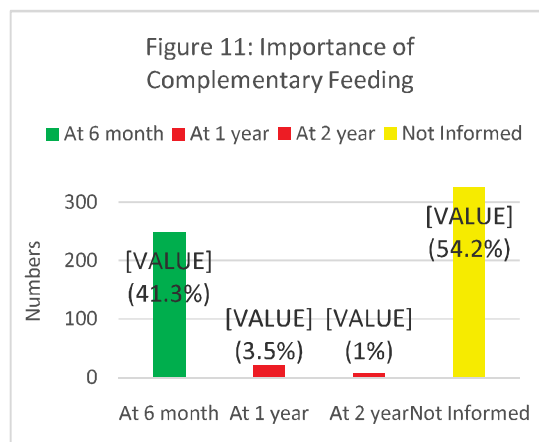
(Refer: Figure 10)

(k) Finding 11:- 41.3% households know the importance of Complimentary Feeding explained during Dastak Campaign:

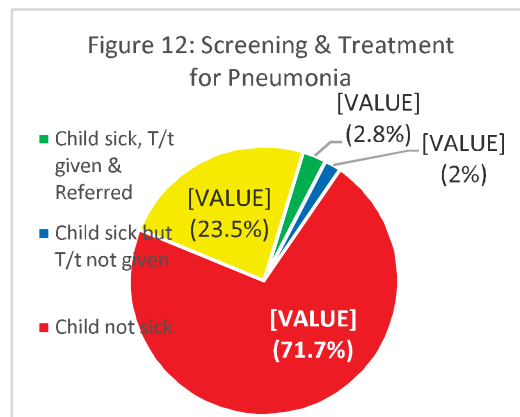
- (i) Correct knowledge on complimentary feeding was observed in about 41% households whereas 4.5% households do not have correct knowledge. However, more than 54% parents were not informed about the complimentary feeding.
- (ii) Highest awareness on complimentary feeding was found in Balaghat and followed by Chhindwara, Katni & Seoni. However, 5 districts do not have correct knowledge of complimentary feeding viz. Neemuch, Ashok Nagar, Bhind, Datia, and Gwalior.

(l) Finding 12:- Screening of children suffering with Pneumonia and Treatment:

- (i) About 72% of the children were not sick.
- (ii) About 23% parents were not aware about this screening during Dastak Campaign.



- (iii) 4.8% (29) children were screened for Pneumonia and 2.8% (17) children were also provided treatment for Pneumonia. However, about 2% (12) children were not provided any treatment for Pneumonia who



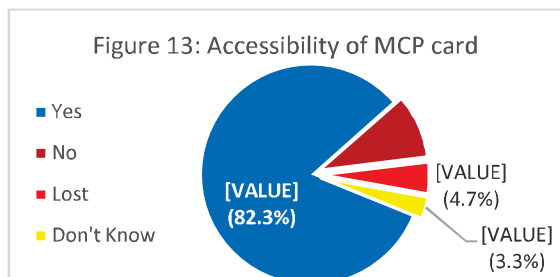
were identified during the Dastak Campaign.

- (iv) Highest (7) number of children suffering with Pneumonia were identified in Narsinghpur district out of which 3 children were not given treatment. However, in Sheopur, Rajgarh, Gwalior, and Morena, identified children were not provided any treatment or referral.(Refer : Figure 12).

(m) Finding 13:- MCP card was available in 82.3% households.

- (i) In 82.3% households MCP card was available.
- (ii) 14.3% households not having MCP card as their MCP cards either lost or not available.

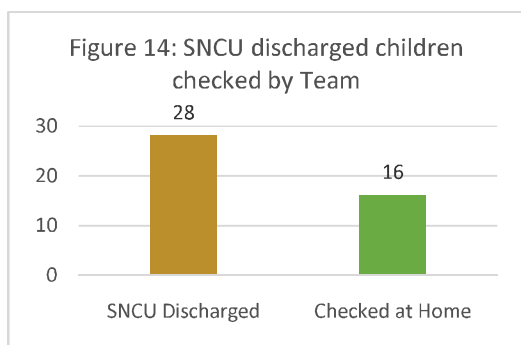
- (iii) Only 3.3% households do not have awareness(d) about MCP card.
- (iv) Highest number of MCP cards availability(e) found in Balaghat & Datia. However, lowest in Narsinghpur.



(n) Finding 14:- SNCU discharged and checked by Dastak team

28 children were discharged from SNCU and 16 were checked during Dastak Campaign by FLWs out of total 600 surveyed households

(Refer : Figure 14)



(o) Finding 15:- Salt testing for adequate Iodine presence:

(i) Salt testing was reported in surveyed data from 11 districts in 8.7% households.

(ii) Highest from Narsinghpur and Chhindwara

(Refer Annexure 1: Figure 28)

V CONCLUSION

- (a) Dastak Campaign needs more IEC and IPC for better awareness generation as community was less aware about the term Dastak Campaign. They were also not aware why the SMI number /Dastak was mentioned on the outside wall of their house and why the child anthropometry was taken.
- (b) 60% households visited jointly by all 3 FLWs ANM/ASHA/AWW which reflects good convergence between health and ICDS department. However, orientation to be organized jointly further for FLWs of health and ICDS for better synergy at village level.
- (c) Households near ASHA Worker/ ANM/ AWW home were giving very positive responses as

compared to rest of the village households that came out very prominently in the study.

Equipment and logistics management by FLWs required improvement as many FLWs did not carry required equipment like colour scale and MUAC rape during Dastak Campaign as found by survey team while talking to households as a result of which HB testing and MUAC screening was done in 23.7% and 36.3% households respectively. Hence, orientation and guidelines to be reiterated that these screening are mandatory in next phase of Dastak Campaign.

- (f) Appx 40% hh were willing to take the child to NRC which also reflected that community is worried about the health of children, however further IPC is required for better awareness. Moreover, staying for 14 days in NRC is a challenge for mothers which also came out in the study, hence, community based interventions for management of SAM and MAM children to be explored further.
- (g) Study revealed that the community is having good awareness on breastfeeding and its early initiation but lacking correct knowledge on exclusive breastfeeding and complimentary feeding which reflects lack of counseling by FLWs in this regard during Dastak Campaign.
- (h) Study also revealed the lack of screening of pneumonia cases, however, knowledge of community is good on usage of ORS for diarrhoea management.
- (i) MCP cards were also available in 80% households which also reflected that importance of this card has been understood by service providers as well as caregivers which is a good sign and helpful for tracking MCH services.
- (j) All SNCU discharged cases were not checked by FLWS during Dastak Campaign though number were very less only 28 out of 600 surveyed households, hence lack of awareness observed among FLWs in this regard.
- (k) Study also revealed that result on different indicators are not same in all districts. Performance of Bhind, Gwalior are poor in most of the indicators whereas performance of Balaghat, Chhindwada and Bhopal are better. Rest all 19 districts are at mediocre level.
- (l) Despite of implementing Dastak Campaign on short notice, study findings are encouraging, hence, next phase of Dastak Campaign with good IEC, proper planning and orientation with special focus on poor and mediocre performing districts will definitely yield better result.
- (m) Some job aid to be provided to FLWs which may be helpful for them during counseling while visiting households.
- (n) Orientation to be given to FLWs for carrying required equipment/materials for focusing on screening services.

- (o) Joint orientation to be given for focusing on joint visits to bring better synergy between Health and ICDS staff and FLWs.
- (p) Some job aid to be provided to FLWs which may be helpful for them during counseling while visiting households.
- (q) Orientation to be given to FLWs for carrying required equipment/materials for focusing on screening services.
- (r) Joint orientation to be given for focusing on joint visits to bring better synergy between Health and ICDS staff and FLWs.

- (c) The community members were confused in most of the villages about symptoms of pneumonia in children so the survey team explained about it and steps to be taken in such cases.
- (d) Community informed in some villages that ASHA and ANM provides least support therefore they have to go to private doctors.

Most of the community members were not aware of services like SNCU, NRCs, hence survey team

VI KEY CONCERNS/QUERIES OF THE COMMUNITY RAISED DURING THE SURVEY

- (a) Communities were mostly unaware of the term Dastak Campaign. When they were told that ASHA, ANM and AWW came together to your house, then they could correlate and said yes.
- (b) Community was clueless as why SMI/ Dastak was written on their households in many villages.

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Acronyms & Abbreviation

FLWs	:	Front Line Workers
hh	:	Household
HB	:	Hemoglobin
IMR	:	Infant mortality rate
IYCF	:	Infant & young child feeding
MCP Card	:	Mother and Child Protection card
MUAC	:	Middle upper arm circumference
NFHS	:	National Family Health Survey
NRC	:	Nutrition Rehabilitation Center
SAM	:	Severe Acute Malnourished
SNCU	:	Sick new born care unit
U5MR	:	Under 5 mortality rate
VHND	:	Voluntary Health and Nutrition Day

Annexure-I
Districts and Blocks covered in the study

S. No.	District	Blocks	Village-1	Village-2	Village-3	Village-4	Village-5
1	Agar Malwa	Nalkheda	Samri	Gharola	Padhana	Suigaon	Bheelkesi
2	Ashoknagar	Ishagarh	Ajaleshwar	Dhura	Imjara	Anandpur Colony	Banora
3	Balaghat	Paraswada	Aradia	Sitadongri	Chhapparwahi	Dhanwaar	Singhori
4	Bhind	Ater	Baroni	Khaderi ka pura	Nawli	Soi	Naripura
5	Bhopal	Phanda	Golkhedi	Barai	Kanhakunj	Etkhedi	Achharpura
6	Chhindwada	Chourai	Sehoramala	Barelipar	Jurtara	Ghoragari	Piparia
7	Datia	Bhander	Hasapura	Badera Sopan	Pandokhar	Bheetari	Aaroni
8	Dewas	Satwas	Badkankhari	Rahmanpura	Dehariya	Punervas	Atvas
9	Gwalior	Bhitarwar	Haesh	Devrikala	Shihi	Mavada	Antari Ward12
10	Harda	Khirkia	Pokharni	Mandala	Haripura	Morgadi	Baranga
11	Jabalpur	Panagar	Kedarkheda	Suhagli	Keolari	Karond	Imaliya
12	Katni	Bahoriband	Dilhuta	Aamgaon	Sidurasi	Bahoriband	Kudan
13	Morena	Joura	Sankara	Kakardha	Chandrapura	Adhanpur	Khanaita
14	Narsinghpur	Gotegaoan	Imaliya	Kamod	Bagaspur	Kunjai	Kumhadkhe da
15	Neemuch	Manasa	Khetpaliya	Hadipaliya	Lodkiya	Bhaktakheda	Piplon
16	Raisen	Sanchi	Khola	PipaliyaChandKha	Sanchi	Tigra	Ambadi
17	Rajgarh	Khilchipur	Dolaj	Jaitpurkalan	Ruppur	Kunibeh	Badbheli
18	Ratlam	Jaora	Pirhigoriya	Asawati	Mundalaram	Bhimakhedi	Kerwasa
19	Sehore	Ashta	Kotari	Gramkilerama	Kajikhedi	Malikheda	Gram Padmashri
20	Seoni	Barghat	Dulhapur	Pipariya	Jawarkali	Aamgaon	Poniya
21	Shajapur	Shujalpur	Kisoni	Akhtiyarpur	Bheelkhedi	Chapadiya	Chhitora
22	Sheopur	Karahal	Kalitalai	Pahela	Badh	Panwada	Moravan
23	Ujjain	Tarana	Lasudi	Gangayakhedi	Karanj	Malikhedi	Beejpadigaoan
24	Vidisha	Kurwai	Rusia	Khirjia	Babaikala	Meluha Chauraha	Bishanpura