

Project KAVACH: Safeguarding child health

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Glenmark Foundation, the Corporate Social Responsibility (CSR) arm of Glenmark Pharmaceuticals (GPL) has chosen two core areas as part of its CSR initiatives, which are child health and sustainable livelihoods. The flagship initiative, which is in the area of child health is focused on children upto the age of five and pregnant mothers. We have initiated three significantly large child health projects in India, where one initiative focuses on the child health issue in over 100 tribal villages in Madhya Pradesh, whereas another initiative focuses on over 150 villages in Rajasthan and the third child health project focuses on over 2000 low-income households in Mumbai.

Globally, child health care is a huge concern. India is committed to achieve MDG (Millennium Development Goals) targets and Glenmark has resolved to focus on the crucial MDG 4-to reduce child mortality. Child Mortality Rate (CMR) and Infant Mortality Rate (IMR) are critical indicators of child health.

We have made a beginning by taking certain initiatives to bring about the change. A few years ago for our flagship program, we had undertaken detailed research in the field of child health. We arrived at the following conclusions:

- People need to be educated and informed about how they can take care of pregnant mothers, new born infants and children
- It is important to spread knowledge about vaccines and the importance of taking them at the right time
- Malnutrition, absence of proper sanitation and lack of proper immunization are the main reasons of high CMR and IMR.

The findings of the research enabled us to draft "Project Kavach-Healthier Children Healthier World"-the child health care program as conceived by Glenmark in 2010. The word "kavach" means "a shield"; symbolizing protection. The project aims at protecting and saving children through various interventions.

To enhance the reach of Project Kavach, we divided our initiatives into three broad categories i.e. tribal, rural and urban. Project Kavach's strategy is to systematically identify the target group; educate and inform them about positive health seeking

behaviour and introduce several novel service delivery mechanisms to help us make an impact in our intervention. We initiated projects in two of the most affected states in the country, where the IMR/CMR is very high-Rajasthan and Madhya Pradesh. We also took up an initiative in the slums of Mumbai, where levels of malnutrition are high.

This project focuses on the tribal community in the Khalwa block of district Khandwa, in the interior of Madhya Pradesh. The project objective is to reduce child mortality in the 100 villages of Khalwa block, by focusing on issues of malnutrition, immunization and sanitation.

The project is an effort to complement the state government's commitment through Atal Bal Arogya Evam Poshan Mission and was launched in April 2011. Glenmark has provided an ambulance for villages that runs five days in a week. Our team of doctors, nurses, and social workers attend to children with Severe Acute Malnourishment (SAM) condition, who are identified and referred to the Nutritional Rehabilitation Centres' (NRCs).

During this year, ambulatory care would reach 599 SAM, 1043 Moderate Acute Malnourished (MAM) and 9926 pregnant women. Further, we have established Role Model Aanganwadis Centres (day care centers) for children and are striving to ensure maximum attendance at these centres and tracking the services such as supplementary nutrition for children, immunization under Universal Immunization Program. Till date, Glenmark has developed 27 role model aanganwadis.

The rural areas of Rajasthan have very high ratios of IMR and CMR. The project objective here is to reduce child mortality in 150 villages of Sanganer block by focusing on issues of immunization, malnutrition and sanitation and was launched in July 2011. The project complements the work of the government under the Integrated Child Development Scheme (ICDS) and aims towards a community ownership. The panchayats (local self government) are being extensively involved in keeping a check on the levels of malnutrition and immunization of each child in their villages. We have provided immunization calendars to panchayats to keep a track of immunization of children born during the project period; through these calendars, panchayats ward members, aanganwadi (day care centers) workers and helpers will keep a check on the immunization status of the child.

To check on malnutrition, children are being given colored beads. It is through the bead that nutrition level of a child is tracked. The red bead shows that the child is malnourished, yellow one shows he is in moderate condition, while the green one shows he is healthy. Parents are being counselled about the importance of a proper balanced diet by master trainers. These communities are being sensitised through 75 street plays reaching nearly one lakh population.

The UN-Habitat's report (2006) states that, slum dwellers are more likely to die earlier, experience more hunger and disease, because of unhygienic living conditions. Children living in the slum areas are more likely to die of water borne and respiratory diseases than their rural counterparts. Some parts of Mumbai slums report child mortality as high as 35-40 per thousand live births.

The project objective in Mumbai is aimed at addressing the cause of malnutrition, sanitation and immunization through peer education approach amongst 2000 households in slums of Andheri, Mumbai. In January 2012, the project was launched with a focus that behaviour change can only happen with sustained community efforts and in depth counselling. Our health workers conducted, focused group discussions (FGD) and have selected 25 peer educators from the community for focused health education sessions for mothers. We are also organising health camps and services to check anaemia amongst the mothers and children and providing them de-worming tablets, besides these, we organise also various health events such as World Cancer Day, World Health Day for rapport building with the community.

At Glenmark we believe that often a beginning in the right direction is what it takes to overcome a mammoth issue and child health can be improved only through increased awareness and provision of adequate services. We are steadfast in our commitment and we will continue the work that we are doing and will scale up all our initiatives. The Glenmark Foundation remains committed to making a difference to the community and we will continue with our efforts of enriching lives through our CSR initiatives. After all, as it is said; it is not important where we stand, what is important is the direction in which we are headed.