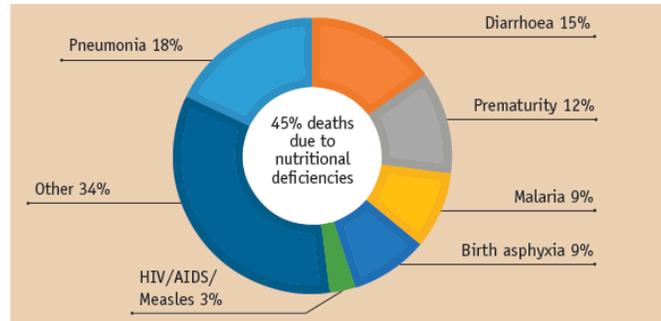


Dastak Abhiyaan

An Innovative Preventive Strategy for Addressing Mortality in U5 Children In The State Of Madhya Pradesh

The State has always laid emphasis on evidence based planning and using data as a tool for evaluating progress of health service delivery. As per NFHS 4 (2015-16) under-five mortality rate in children is 65 per 1000 live births, a major proportion of which is attributable to underlying malnutrition. It is also noteworthy that 68.9% children are anemic while 9.2% children are Severe Acute Malnutrition (SAM) in the State. Though the institutional delivery is 80.8%, only 34.5% children received the benefits of early initiation of breastfeeding and only 58.2% children had exclusively breastfed in first six months of life. It is globally accepted that protocol based SAM management, optimal IYCF practices, addressing children with severe anemia, preventing childhood diarrhea & pneumonia can make a significant dent in U5MR.



Hence, the emphasis of the State was to shift focus from facility centric care to preventive and promotive aspects of health care targeting the major determinants of child mortality in the State. As a pilot strategy, Dastak Abhiyaan was conceptualized to actively screen children with severe anemia using WHO color scale, severe acute malnutrition by MUAC, critically sick children and those with pneumonia as per IMNCI signs along with counseling of IYCF services under MAA programme, demonstration of hand washing steps / ORS preparation at the community door step. In addition, to prevent iodine deficiency disorders in mother and children, testing of salt for iodine adequacy in 14 NIDDCP districts was also in-built into the Dastak strategy. **In the first phase, Dastak Abhiyaan was implemented in 168 blocks of the State which had poor full immunization coverage between 16th – 30th November 2016.**

To ensure tracking of children and taking them to a logical clinical conclusion, Dastak monitoring tool has been developed by the State to capture near real-time data which gives name based details of the children. For maximal coverage, SAMAGRA data was populated into the tool, however, due to insufficient data, provisions for manual entry of new children was also built into the dashboard. As per population estimates, the expected case load of severe anemia (@ 0.9%; CAB report AHS Part 2, Aug 2016), SAM and Pneumonia (as per district prevalence data in NFHS 4) was frozen as the target upto the village level.

Dastak Monitoring Tool reflects 18,415 children with SAM, 6,002 children with severe anemia (Hb < 6gm %) and 40,007 children with probable pneumonia have been identified against 22,48,649 children screened. 14,19,580 households have been contacted and counseled on components of IYCF or MAA programme. 4,959 households have been tested for salt testing. In view of huge load of children with Severe Acute Malnutrition, triaging has been ensured with admission of medically complicated children on priority. As of date, 3,161 SAM

children identified in Dastak have been admitted in various NRCs of the State and 352 children have received weight appropriate Blood Transfusions along with reconfirmation of hemoglobin levels at centre, typing of anemia and follow-up advice on therapeutic doses of IFA syrup.

To monitor the activities of Dastak Abhiyaan, daily concurrent monitoring has been ensured by leveraging representatives of Donor Partners, officials of the State and district has led to immediate redressal of gaps. Punitive actions against errant ANMs and AWWs have been instituted by respective departments.

The beauty of Dastak Abhiyaan is that it is based on the concept of active case finding leveraging existing manpower of Health & ICDS without incurring any additional cost, thus extending the benefits of service delivery and outreach services upto the door step of the community.

Study on effectiveness and reach of Dastak Abhiyaan along with process documentation has been done independently by Donor partner's viz. Micronutrient Initiative and UNICEF. In view of the successful implementation and active screening experience, it has been decided to upscale Dastak Abhiyaan in the entire State and conduct the campaign bi-annually, in June (childhood Diarrhea, SAM & Malaria predominant season) and in December (Childhood Pneumonia predominant season) every year. Dastak Abhiyaan has now extended the scope of services by including Vitamin A supplementation, identification of visible congenital defects and follow-up of SNCU & NRC discharged children. The basket of services shall include:

- 1. Active case finding of SAM and referral of medically complicated cases to NRCs**
- 2. Screening of childhood anemia and referral of severe anemic cases.**
- 3. Community management of childhood Pneumonia**
- 4. Raising community awareness on prevention of childhood Diarrhea**
- 5. Vitamin A supplementation to all children 9m-59m**
- 6. Identification and treatment of all sick U5 children**
- 7. Identification of children with visible congenital defects**
- 8. Follow up of SNCU and NRC discharged children**
- 9. Extension of IYCF messages under MAA programme to the community door step**
- 10. Testing of iodine adequacy in household salt in 14 NIDDCP districts.**

The first phase of FY 2017-18, shall start from 15th June 2017.