POLICY & DEVELOPMENT ADVISORY GROUP
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IMPACT ASSESSMENT REPORT

HEALTHCARE: NUTRITION

Nutrition for Children Undergoing Cancer Treatment

April 2022

CONTENTS

CSR Project	Program
Healthcare-Nutrition: Access to nutritious food supplements for children and women addressing SDG 2 and 3 	Food and nutrition for underprivileged children undergoing treatment for cancer at government hospitals

1. EXECUTIVE SUMMARY

The evaluation study of services provided by the nutrition programme of Cuddles Foundation (CF) for children undergoing cancer treatment was conducted by Policy and Development Advisory Group (PDAG), on behalf of HDFC Ltd and H T Parekh Foundation (HTPF) to understand and evaluate the efficacy of the nutritional services provided in the intervention.

The CF employs a multi-pronged approach of nutritional aid and nutritional counselling with an aim to improve nutrition among children undergoing cancer treatment. It achieves so by building capacity of the government and charitable cancer hospitals by adding nutritionists, providing nutritional supplements, hot meals and ration baskets and conducting research and building nutritional knowledge for children undergoing cancer treatment. To further extend nutrition care and counselling to children undergoing treatment and their caregivers, the CF uses technology in the form of FoodHeals app to standardise the level of care and effectively monitor the nutritional status of the patients.

The HTPF is a progressive, impact-driven, philanthropic foundation guided by the principles of inclusion, long-term commitment, integrity and respect. HTPF's philanthropic activities are aimed at enhancing the quality of life of people from marginalised and vulnerable communities and creating a stronger and inclusive India. During FY 2019-20 till FY 2020-21, HTPF has funded CF for its operations across three hospitals:

i. Assam Medical College (AMC), Dibrugarh

ii. Dr B. Borooah Cancer Institute (BBCI), Guwahati

iii. Nil Ratan Sircar Medical College and Hospital (NRS), Kolkata.

Policy & Development Advisory Group (PDAG) is a policy advisory, research and strategic communications firm headquartered in New Delhi. Founded in 2018, PDAG partners with governments, non-profits, impact investment and multilateral organizations, academic institutions and global digital platforms to analyse and execute robust policy, research and communication solutions. Its vision is to drive a people-centric public policy framework in South Asia, especially India.

HDFC and HTPF partnered with PDAG for the evaluation and focused primarily on:

a. Assessing the change in the nutritional status of the children undergoing treatment

b. To assess the impact on treatment completion

c. Assessing the knowledge, attitude and practice of caregivers

The evaluation study was conducted by a group of qualified researchers from PDAG, through direct engagements with the beneficiaries and grounded research methodologies employing a mixed method approach. The study finds that the CF through its comprehensive design of the intervention is able to provide a strong and significant support to children fighting cancer and their caregivers. The interventions provide nutrition through hot meals to patients under hospitalization, ration baskets containing 30-32 food items along with individual and group counselling sessions. Although, the nutritional outcomes of children measured using z-scores for underweight, stunting and wasting show mixed impact where in some cases the normal nutritional status are worsening to moderate or severe levels of undernourishment and in other cases the severe or moderate levels of undernourishment are improving to normal levels. These findings can be attributed to the intensity and severity of treatment of cancer impacts the nutritional status of children[12]. Overall, CF's intervention through its holistic components are able to marginally improve and/or sustain children's nutritional outcomes. BMI indicator for both male and female children above 5 years report positive impact wherein the proportion of well-nourished children has increased.

Based on the information provided by parents of the children undergoing treatment it was found that the nutritionists are easily accessible to the patients and their caregivers whenever required whether remotely or physically. The FoodHeals app is used regularly to monitor and track the status of nutrition

and nutritional requirements. The parents also reported that the programme makes it easier for them to continue with the treatment and its extensive requirements and it would have been difficult for them to pursue the treatment without CF's support.

2. ABOUT THE PROGRAMME

Established in 2013, the Cuddles Foundation focuses on providing holistic nutritional counsel, support and aid to children from impoverished backgrounds who are undergoing treatment for cancer. The Cuddles Foundation has been employing a multi-pronged approach of nutrition counselling and nutritional aid, with an aim to tackle cancer among children through improved nourishment. The key identified areas of interventions are- (i) building capacity by adding nutritionists in these hospitals (ii) providing nutritional supplements, hot meals, and ration baskets, by supporting caregivers and their children with nutritional guidance (iii) conducting research and building nutritional knowledge.

Nutrition is a vital element for cancer treatment. Due to a variety of reasons and circumstances including poor socio-economic background, Below Poverty Line (BPL) families usually are not able to fulfil the essential nutritional requirements. An impact study done at the Tata Memorial Hospital (TMH) suggests that with financial assistance, nutritional support and mental health counselling, the treatment dropout rates significantly declined from 25% to 5% between 2009 and 2015[3]. Cuddles Foundation's programme addresses this need while the child is under treatment with the ultimate aim to improve the nutritional status of the child to help them fight the disease effectively.

One of the focus areas for The HT Parekh Foundation (HTPF) has been creating public awareness about preventing cancer through avoiding key risk factors, recognizing early signs and symptoms of cancer. Along with this, it has been focusing on creating and strengthening advanced and high-quality cancer treatment and accommodation facilities, with a focus on enhancing access for timely and affordable treatment for patients. Keeping in line with its focus area the HTPF has funded CF to cover the cost of its intervention at – i) Assam Medical College (AMC), Dibrugarh, ii) Dr B. Borooah Cancer Institute (BBCI), Guwahati and iii) Nil Ratan Sircar Medical College and Hospital (NRS), Kolkata.

As part of its current intervention the CF has identified the following three tasks for itself:

a. engaging paediatric oncology nutritionists at the hospitals to assess each child's nutrition level, prescribe a diet and monitor the child's progress.

b. to provide nutritional supplements, fresh hot meals to children undergoing treatment and their caregivers c) caregiver education.

The detailed meal plan provided by CF to the beneficiaries is provided in Annexure A. Other than rice and wheat, the ration basket contains items such as seeds, nuts, pulses and beans which are high in protein and omega 3 fatty acids which are essential for cancer patients. The presence of these items in the ration basketresonates with CF's effort to understand specific nutritional requirements for children undergoing treatment for cancer. A blog published by CF, *"Role of Omega 3 in Paediatric*

3 https://www.hindustantimes.com/mumbai-news/with-financial-aid-more-kids-in-mumbai-continue-with-cancer-therapy/story-9veQNQ86CweTaT3XreGILI.html

Oncology and Nutritional Status in Paediatric Cancers: A Review" reflect their effort to understand the specific nutritional requirements of paediatric cancers. Additionally, the food menu and the ration basket items are prepared in consultation with CF nutritionists who are especially trained into nutrition science specific to treating Paediatric Oncology. The nutritionists are employees of CF placed in the hospital's department. They have their own room where all patients and their caregivers can take consultation and advice from them. Patients who are admitted are particularly observed by the nutritionists alongside the doctors.

Further, to provide holistic nutrition care and counselling to children with cancer at government hospitals, CF is using technology to standardise nutrition counsel and care to children fighting cancer through the use of FoodHeals App- a first of its kind app to measure and track the nutritional status of a child with cancer. The FoodHeals App is a native Android-tablet based app that has been developed by clinical nutritionists for clinical nutritionists. The app ensures quality of nutrition counsel and helps to standardise it to an extent that it takes care of the statistical back-end, keeping it error free and allows the nutritionist time to focus on the emotional, human aspect of counsel and caregiving.

3. OBJECTIVES OF THE STUDY

The evaluation aims to focus on the following two main aspects:

1. To assess the impact on nutritional status of children: The standardised practice to provide nutritious food items, nutritional supplements, nutrition counsel and caregiving by employing full time nutritionists hopes to positively impact the nutritional status of children undergoing treatment for cancer. The objective aims to assess the change in nutritional outcomes of children due to CF's multi-pronged approach.
2. To identify the level of completion in treatment and drop-out rates : The standardised practice to provide nutritional supplements, nutrition counsel and caregiving by employing full time nutritionists hopes to reduce the treatment dropout rates. The evaluation aims to assess the level of reduction in treatment dropout rates due to CF's multi-pronged approach
3. To assess the knowledge, attitude and practice of caregivers: To assess the impact of nutrition counsel being provided to the caregivers of children with cancer, this objective focuses on assessing the change in knowledge, attitude and practice of caregivers to understand the effectiveness of CF's intervention.

4. METHODOLOGY

The objectives of the evaluation were carried out using a mixed methods approach in order to provide a holistic evaluation of the project. Using qualitative and quantitative research methods of data collection and analysis, the two methods were employed to act as complementary to each other. Thereby allowing for a comprehensive evaluation, wherein inferences are drawn after observations from both methods are compared and reflected upon.

4.1 Tools for Data Collection

4.1.1 Quantitative

The quantitative method of data collection focuses on the first and second objective to assess the nutritional outcomes of children and the effectiveness of the FoodHeals app. A structured questionnaire (Annexure A) was used to collect data on different indicators for the two objectives. All the quantitative interviews were conducted using this structured schedule that was translated in Bengali and digitised using the SurveyCTO application. The consent form was integrated within the schedule and no interview could be initiated without the consent of the respondent.

4.1.2 Qualitative

The qualitative aspect of the study has largely addressed the questions of knowledge, attitude and practice level of the parents, family members, caregivers and functionaries associated with work of nutritional support being provided to child cancer patients admitted in hospitals for treatment.

The methods included:

a. Telephonic Personal Interviews (TPI) with the project functionaries (addressed as key respondents) such as nutritionists and coordinators informed about the functioning of the project, how the organisation managed the project and how they went about achieving their goals.

b. Telephonic Focus Group Discussions (TFGD) with community respondents particularly parents of the beneficiaries (patients) were conduct ed which allowed parents to speak about their interactions, practices and engagement with the Cuddles Foundation (CF) functionaries, particularly the nutritionists. Parents informed about their perspective of the project, how they receive its services (nutritional support in the form of meals and ration baskets, nutritional counselling service to enhance their understanding of the treatment and the nutritional requirements during treatment so that they can adequately care for their child who is undergoing cancer therapy, support they received during the pandemic induced lockdowns). They also spoke about their degree of satisfaction with the CF functionaries at the hospital.

4.2 Sampling Strategy and Data Collection

4.2.1. Quantitative

The sample size for primary data collection was determined using Cochran's sample size calculation at 95 percent confidence level and 5 percent level of precision to achieve robust estimates. The calculation further assumed 50 percent of maximum variability to take care of potential dropouts among the sampled units. Using this method, the data collection exercise aimed at conducting a total of 76 interviews with the parents of children undergoing treatment spread across Kolkata, Guwahati and Dibrugarh. Table 1 provides the planned and realized sample size for the three hospitals.

Table 1: Sample Size across the Three Sites for Quantitative Data Collection

S. No.	Hospital	Target sample	Achieved sample
1	NRS Kolkata	33	29
2	BBCI Guwahati	33	34
3	AMC Dibrugarh	10	6
	Total	76	69

Owing to the third wave of the Covid-19 pandemic, we conducted telephonic interviews to collect data instead of visits to the hospitals. The list of mobile number of beneficiaries were provided by the CF project functionaries for each of the hospitals. Beneficiaries from this list were randomly sampled to conduct telephonic interviews.

4.2.2 Qualitative

The qualitative research gives a snapshot of the entire implementation mechanism of the project, the practice level of the stakeholders i.e., the parents of the patient and the functionaries associated with the programme through a representative sample. The sample satiates all possible variability of data/information. In qualitative work, one way of assessing representation is thematic saturation or redundancy of additional information. Ideally, new data is collected within each group of interest (here programme functionaries and beneficiary groups) until saturation (i.e., to arrive at a juncture in data collection at which little to no new information is being gained in each additional interview[4]). The saturation principle[5] was deployed and seven TPIs with programme functionaries such as nutritionists and nurse associated with the programme and eleven TFGDs with parents were conducted which were put through textual analysis. The TPIs and TFGDs were planned and scheduled in collaboration with the CF leadership and their local staff and were conducted by trained researchers. A reference questionnaire was prepared in advance for TPIs and TFGDs to guide the researchers. A detailed review of the annual reports, project proposals and grant letters shared by CF on their FoodHeals app helped us to prepare the data collection tools. The tools were referential and researchers only used it to loosely structure the interviews, TFGDs and interactions during the process of data collection. The verbal data was recorded on the telephonic call and each of the interactions were transcribed into text for textual analysis; observations were systematically entered by researchers on a rubric. Names and other personal or professional details have been kept confidential or transcribed under an anonymous alias, to maintain the ethical integrity of the research.

4 Lincoln, Y. S., & Guba, E. G. (1986). But is it rigorous? Trustworthiness and authenticity in naturalistic evaluation. New directions for programme evaluation, 1986(30), 73-84

5 Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. Field methods, 18(1), 59-82. This study presents evidence that informational "saturation" typically occurs within the first 12 interviews conducted, with basic themes beginning to emerge as early as the sixth interview. We used this as a guide for estimating the number of interviews required per subgroup of interest.

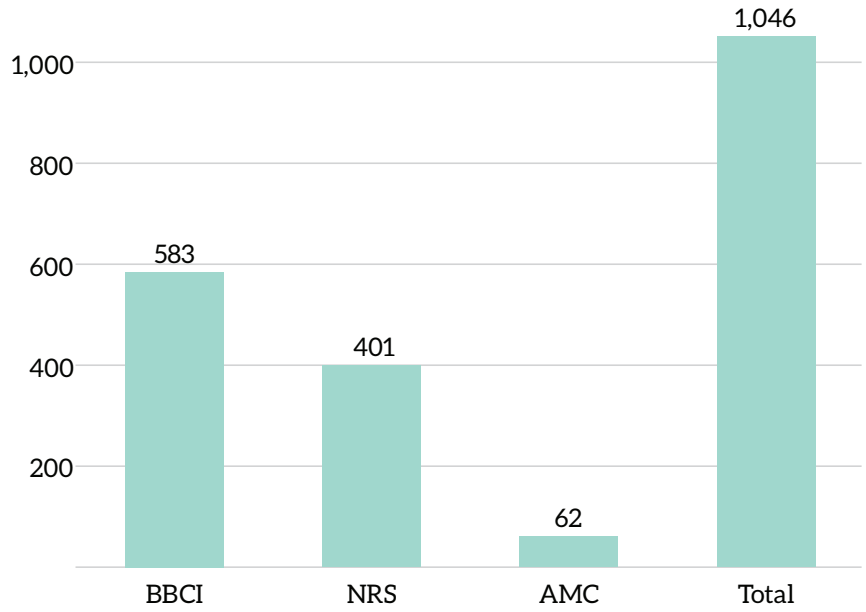
4.3 Method of Analysis

4.3.1 Quantitative

The quantitative analysis aims to answer the first two objectives of the evaluation consisting of two different components. The first component includes analysis of raw data collected through Computer Assisted Personal Interviews (CAPI) with the parents and caregivers using the schedule in Annexure A (69 interviews). The second component includes analysing the Management Information System (MIS) data of FoodHeals app provided by CF. Data from the MIS of the app is available from September 2019 for BBCI, Guwahati while data for AMC, Dibrugarh and NRS, Kolkata are available from April 2020. R programming language and Stata statistical software were used to efficiently analyse data for both the components. The findings using survey data are reported in section 5.1.1. while the findings using MIS data are presented in sections 5.1.2. and 5.1.3.

Figure 1 represents the distribution of patients across the three hospitals recorded in the MIS. A total of 1054 patients were registered on the app. However, the data reported multiple outliers on analysing the uptake and usage of FoodHeals app using the MIS data. To remove the extreme outliers from the analysis we used the interquartile range scores that eliminates observations not falling in the range of (Q1-1.5IQR) and (Q3-1.5IQR) where Q1 represents 1st quartile, Q3 represents third quartile and IQR represents interquartile range. The total number of observations included in the analysis is 866 after removing the outliers.

Figure 1: Distribution of Patients across Hospitals



Limitation

It is difficult to calculate the decrease in the dropout rate caused due to CF's intervention without a baseline survey. Therefore, this evaluation does not provide any estimates on dropout rate. Instead,

the evaluation through the quantitative schedule tried to capture the role of CF's intervention in the treatment of children with cancer. This included capturing perspectives of parents and caregivers on the support provided by the program to help them continue with the treatment.

4.3.2 Qualitative

For this study an evaluative approach was employed to analyse the collected data against a set of monitoring indicators which have been determined with reference to the thematic objectives of the programme.

1. Evaluating the objectives of the project with reference to the processes and the impact of the process which were collected in the form of narratives from two distinct groups of respondent stakeholders i.e., the project functionaries and the beneficiary community i.e., the parents/ caregiver of the child patient. The text, in this case, are notes and transcripts of TPIs, TFGDs and observations made by the researchers during data collection. The objectives, monitoring indicators and the planned process of the project are then juxtaposed against the narratives in a textual analysis rubric (Annexure B). Inferences have been drawn on the basis of triangulation of the narratives of the officials along with those of the beneficiary community and finally in relation to the observations made by the researchers during the interactions.
2. The inferences drawn are further theorised to form a more abstract theory which can inform other similar contexts. The approach of theorising a practice is called grounded theory and was developed by sociologists (Glaser and Strauss 1967; Strauss and Corbin 1990) and is widely used to analyse interview data.
3. Key findings are presented by using examples, that is, quotes from interviews and the observations that illuminate the theory or the inferences.

The mechanics of preparing the analytical rubric are:

a. After production of transcripts of TPIs and TFGDs, the transcripts are juxtaposed against the notes made during the interactions. Then the transcripts are thematically analysed as per the determined indicators and significant parts are highlighted using a colour scheme associated with each thematic indicator.
b. As the significant narratives emerge, they are mapped in relation to the objectives of the project and their monitoring indicators on a rubric. Here, we have developed the rubric which collates the objectives of the programme, followed by the corresponding functions, their critical monitoring indicators, the vignettes from the transcripts and the observation notes. The relevant sections of the transcripts and the rubric are in turn highlighted in accordance with the colour scheme associated with each thematic objective, which in turn correspond with the inferences which have been drawn.

Limitation

The qualitative study of the effectiveness of the nutritional counselling process, the effectiveness of the programme can be more robust if a monitoring of the processes can be done over a longer period

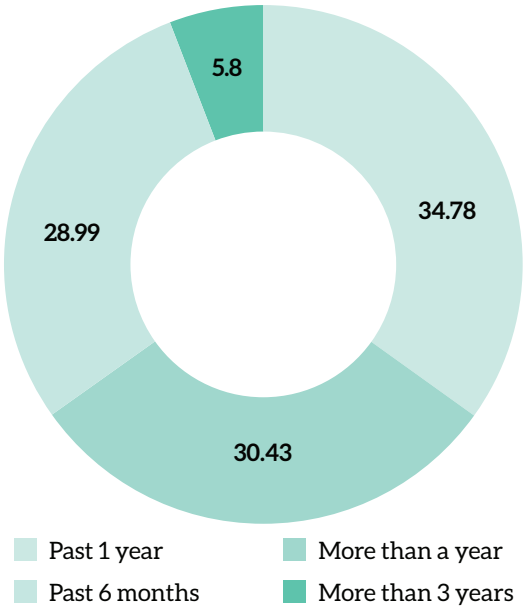
of time alongside in-person audits of the process. However due to the third wave of the COVID-19 pandemic, that is the Omicron wave that swept the nation during January and early February 2022, the field work had to be done remotely. In-person interviews, audits and observations were not possible due to the restrictions in movement and physical distancing norms. Hence, our observations and conclusions are based on the telephonic conversations and interactions which were facilitated by CF.

5. KEY FINDINGS

5.1 Quantitative

The duration for treatment of cancer is extensive which often puts some financial strain on the patients and their families. Further, the hospitals specializing in cancer treatment are sparsely located due to which patients and their families have to travel long distances for their treatment and may also have to relocate for the duration of their treatment. Existing literature also suggests that adequate nutrition during cancer plays a decisive role in several clinical outcomes' measures, such as treatment response, quality of life and cost of care[6]. In these cases, **the support provided by CF in the form of ration kits, hot meals play an important role in relieving some of the stress that the patients and their families** go through. The following section uses the sample data collected to assess the effectiveness of the overall service delivery of the intervention being implemented by CF across the three hospitals in Kolkata, Guwahati and Dibrugarh. The sample consists of children who have been receiving treatment at the hospital and are in touch with the nutritionists of CF for a minimum of six months (Figure 2).

Figure 2: Duration of Treatment of Sample Respondents



6 Bauer, J., Jürgens, H., & Frühwald, M. C. (2011). Important aspects of nutrition in children with cancer. *Advances in Nutrition*, *2*(2), 67-77.

5.1.1 Components of CF's Intervention

To assess the effectiveness of CF's intervention in providing nutritional support to children undergoing treatment for cancer, it is imperative to understand various components of the programme and assess the delivery of its services. The patient and the caregivers are put in touch with the nutritionist placed at the hospital by the CF as soon as a child is diagnosed with cancer and/or is starting the treatment at the hospital. **95.65 percent of respondents claim that they were able to meet the nutritionist immediately after starting the treatment at their respective hospital**. Moreover, the nutritionists at these hospitals are easily accessible wherein the parents are able to meet the nutritionist during every visit to the hospital alongside the facility of tele-consultations (Figure 3). **100 percent of respondents reported that they can consult the nutritionist physically or remotely any time as per need**.

Figure 3: Accessibility of Nutritionist (%)

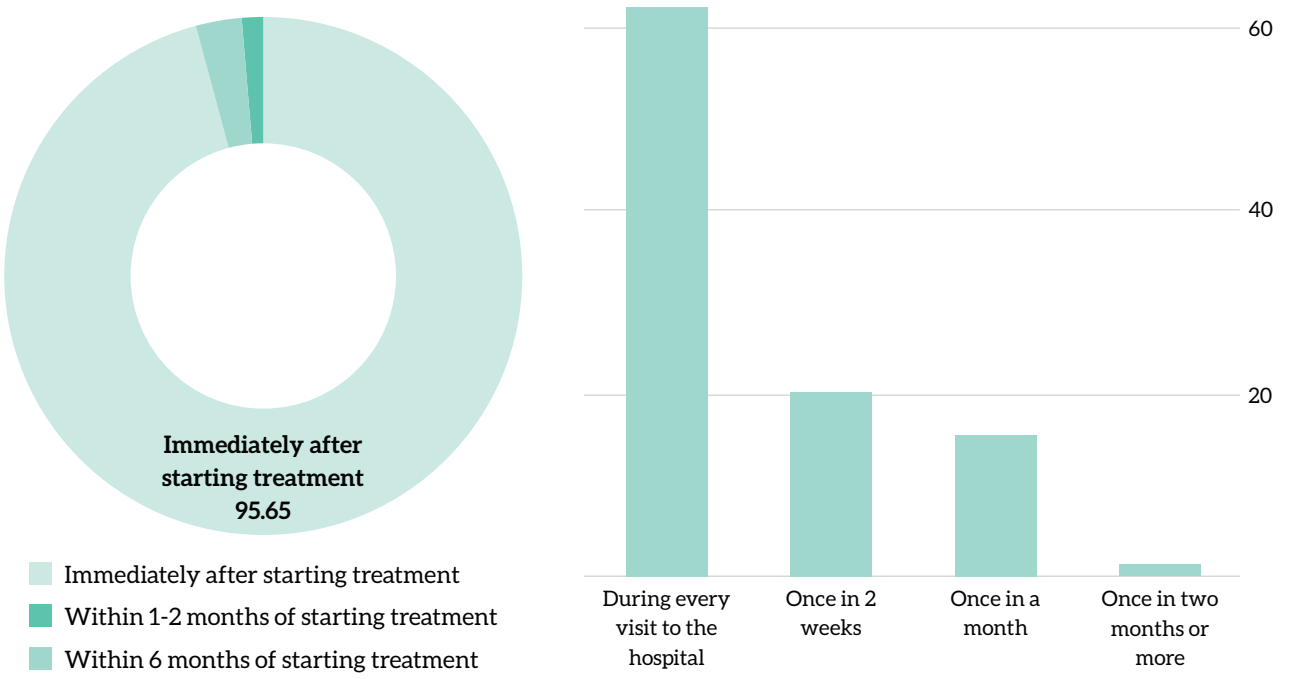


Figure 4 below represents the various kinds of services received by the respondents. CF through its programme works with both IPD and OPD patients through systematic interventions and interactions with both the groups. In terms of food, the programme provides fresh hot meals and ration baskets to both the group of patients. The ration baskets include 30-32 food items such as food grains, pulses, ghee, dry fruits, etc. In addition to this, the programme ensures individual counselling and group counselling with parents and caregivers periodically through the nutritionists at each hospital. The nutritionists also plan diets and monitor the nutritional status of patients through the FoodHeals app.

Figure 4: Services Received by the Respondents (%)

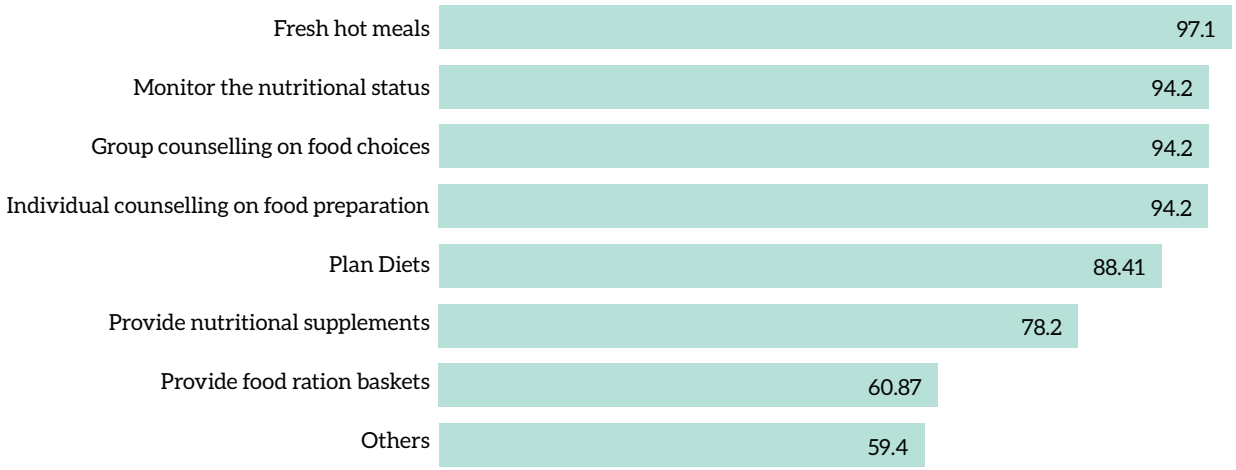


Figure 5: Frequency of Services Received by Respondents (%)

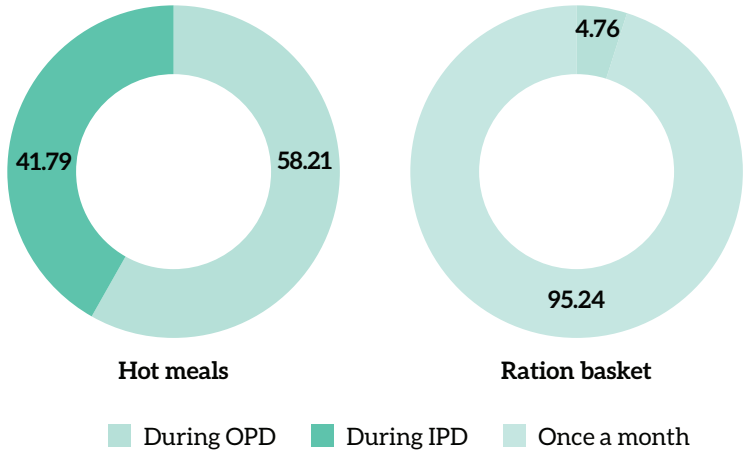
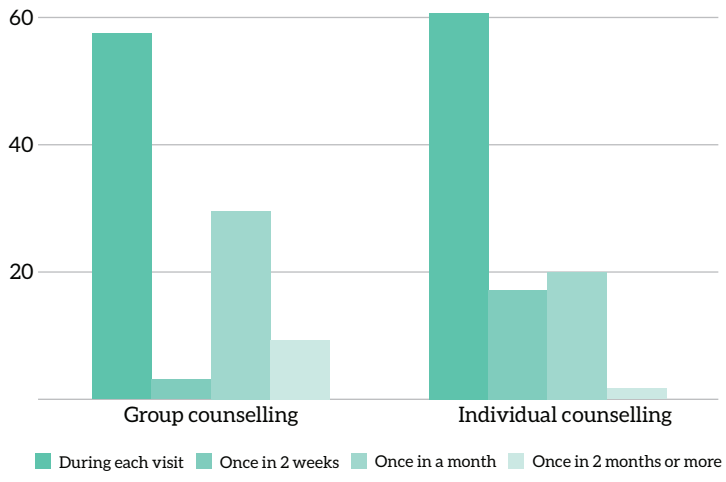


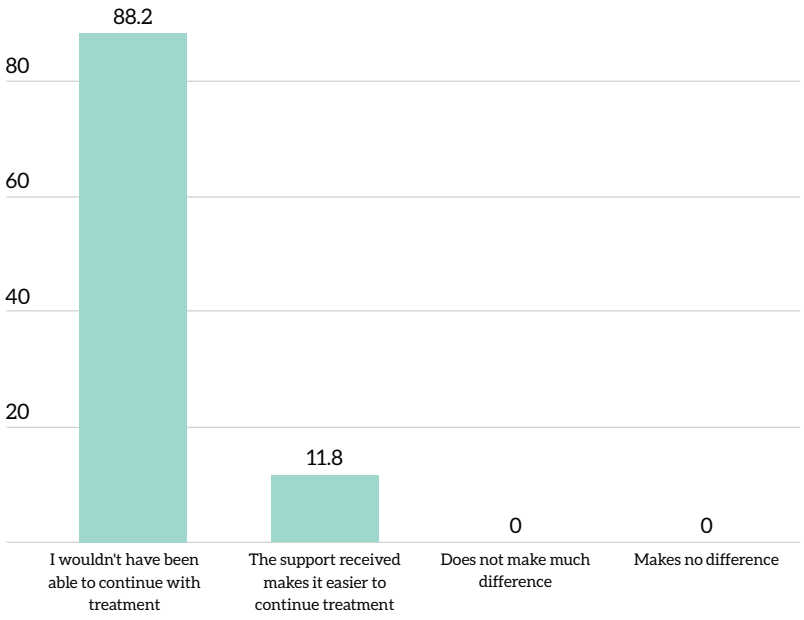
Figure 6: Frequency of Counselling Received by Respondents (%)



5.1.2 Completion of Treatment

The quantitative schedule focused on capturing the perspective of parents on the support provided by the program that helps them continue with the treatment. The parents often reported that they receive significant support from the program where "every small need of the patient is looked after the nutritionist and the team". The parents were further probed on describing the support they receive through CF's intervention. Figure 6 describes the parents' perspectives. 88.2 percent and 11.8 percent of respondents strongly agreed and agreed respectively on when probed on whether the program positively helps with continuing the treatment. 100 percent of respondents reported that they wouldn't have been able to continue with the treatment without the support received by the program and the program makes it easier for them to continue with the treatment.

Figure 7: Perspective of parents on the support received



On further examining the MIS data recorded through the FOODHEALS App, we found only one case wherein the patient had abandoned the treatment in between. The testimonies received from the parents significantly represents the role of CF's intervention in building and providing a holistic architecture in order to positively support with the completion of treatment.

5.1.3 Monitoring Nutritional Status of Children

The nutritional status of children is closely monitored using the FoodHeals app where the nutritionists measure and record anthropometric indicators such as height, weight, mid-upper arm circumference (MUAC) and body mass index (BMI) during the consultations with patients and caregivers. This section uses anthropometric indicators such as weight for age representing incidence of underweight, height for age representing incidence of stunting and weight for height

representing incidence of wasting to assess the nutritional status of children participating in CF's programme. The z-scores for underweight, stunting and wasting are calculated for children between 0-5 years to compare the status of children when they first joined CF's intervention (baseline) to the most recent anthropometric indicators recorded in the MIS (endline). The analysis used data from September, 2019 to February, 2022. The beginning of treatment varies for the beneficiaries and accordingly captured in the FoodHeals app i.e., not all beneficiaries received CF's support throughout this duration. It is dependent upon when they started their treatment at the hospital and how long are they receiving treatment at the hospital that determines their intervals of visits to the hospital.

Table 2: Nutritional Status of Beneficiaries

		Underweight		Stunted		Wasted	
S. No.	Levels	First	Last	First	Last	First	Last
1	Severe	13.69	11.76	13.75	12.72	14.12	12.54
2	Moderate	24.3	25.77	21.2	22.54	15.27	14.58
3	Normal	62.01	62.46	65.04	64.74	70.61	72.89

Figure 8: Incidence of underweight

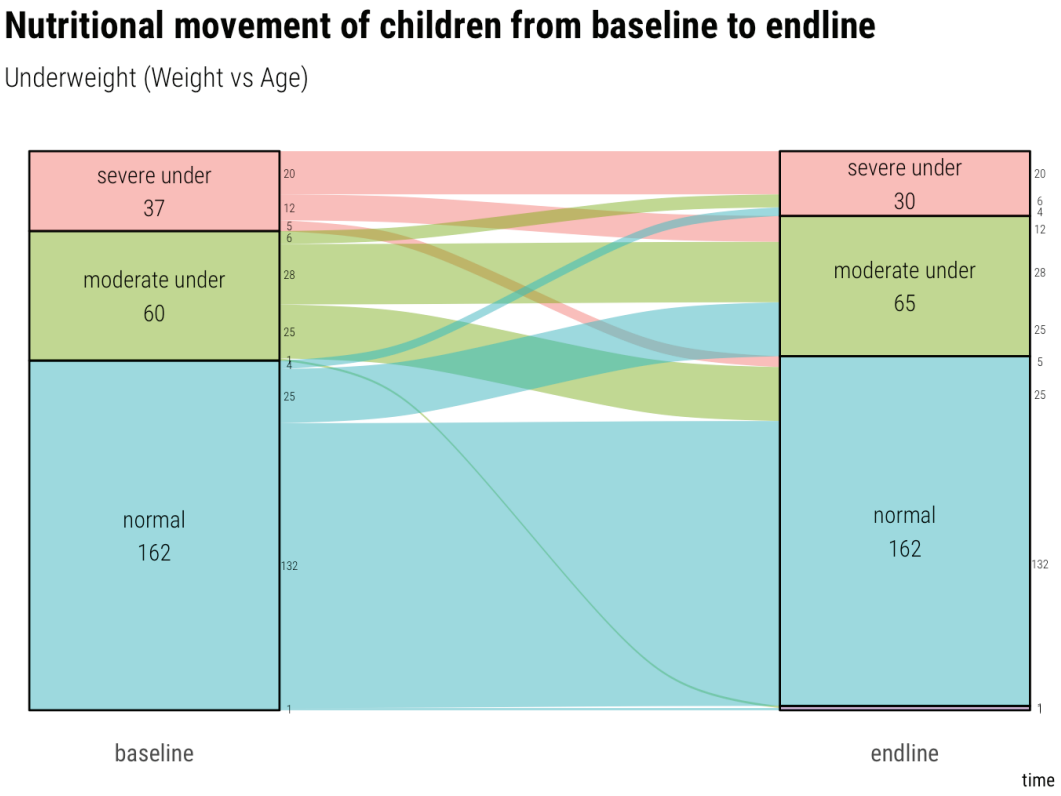


Figure 9: Incidence of Stunting

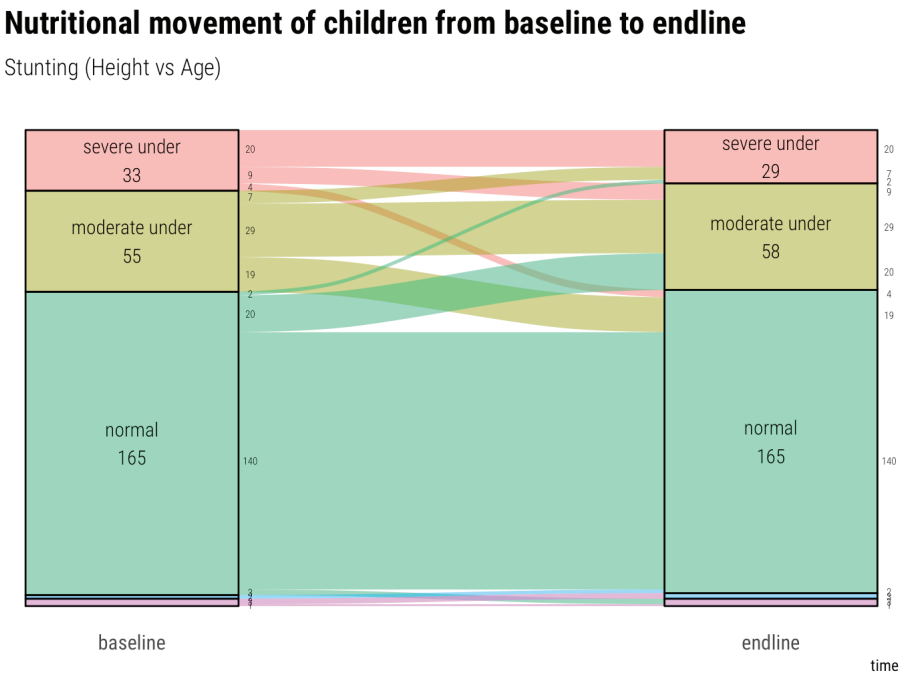
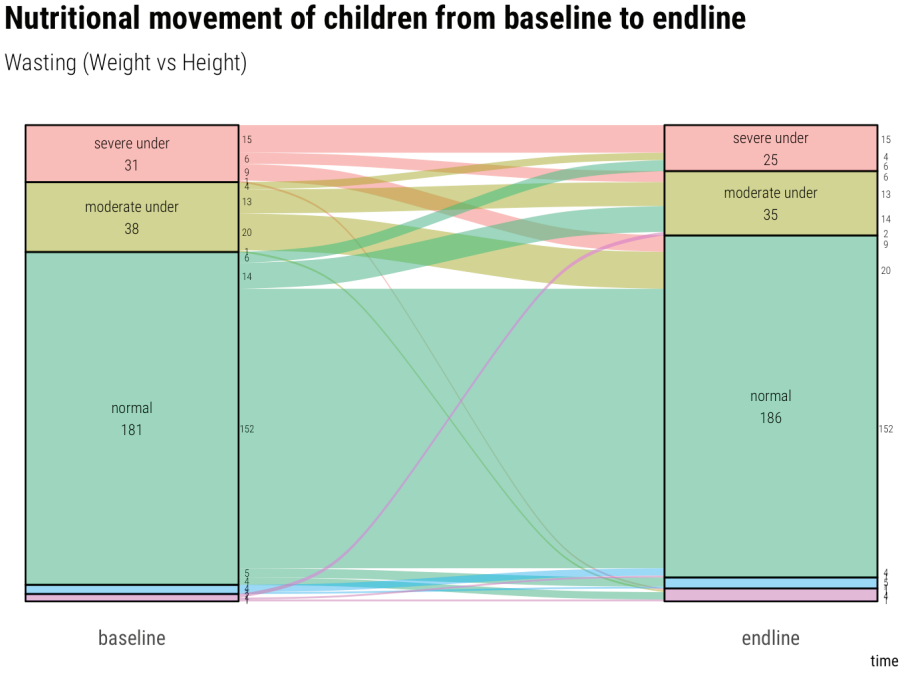


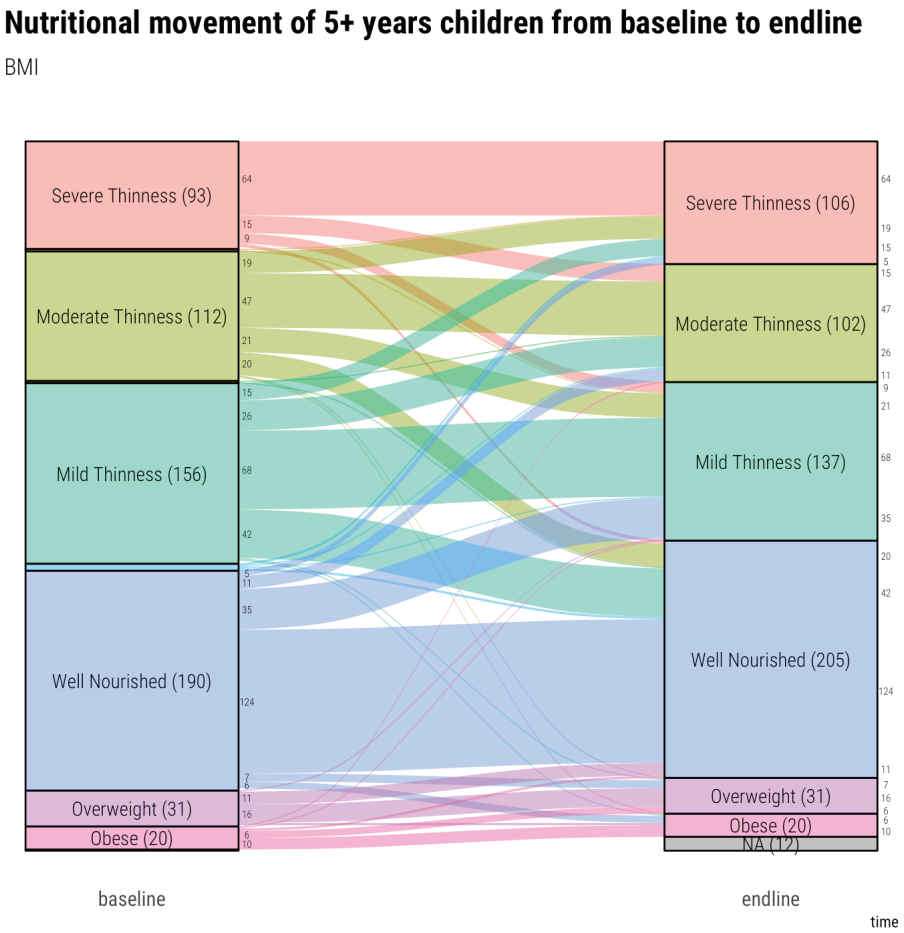
Figure 10: Incidence of Wasting



For each of the three indicators, more than 60% percent of children below 5 years of age report normal nutritional status i.e., no incidence of underweight or stunting or wasting when comparing their nutritional status to the first time they were registered on FoodHeals app vis-à-vis their last anthropometric records on the app. Additionally, the number in severe cases of underweight, stunting and wasting decreased by 1-2%. However, there is a marginal increase in the number of children who

are moderately underweight and moderately stunted. Overall, the incidence of normal levels for all the three indicators are increasing or marginally reducing for both male and female children. The graphs for male and female children are presented in Annexure B.

Figure 11: BMI of Beneficiaries (Above 5 years)



The nutritional outcomes of children above 5 years of age are analysed using the BMI scores as recommended by World Health Organization and Centre for Disease Control. The results show mixed impact for both male and female children wherein, severe and moderate levels are improving for small proportion of children but also deteriorating for well-nourished children. However, the proportion of well-nourished children have marginally improved for both male and female children.

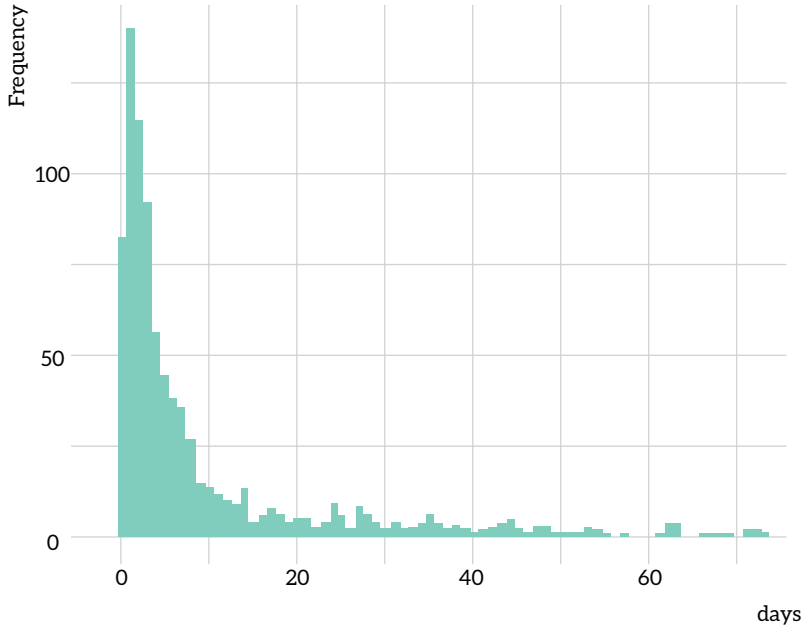
The results suggests that CF's intervention is successfully able to maintain the nutritional status of children without significant deterioration observed. The results do not show greater improvement as the intensity of cancer and the treatment itself is known to severely affect the nutritional status of children[78]. In such as case, CF through its diverse range of services is able to provide a significant support to maintain the nutritional status of children.

7 https://chemocare.com/chemotherapy/health-wellness/what-might-affect-nutrition-during-chemotherapy.aspx
8 https://www.cancer.gov/about-cancer/treatment/side-effects/appetite-loss/nutrition-pdq#_151

On further examining the MIS data, we found only one case wherein the patient had abandoned the treatment in between. The testimonies received from the parents significantly represents the role of CF's intervention in building and providing a holistic architecture in order to positively support with the completion of treatment.

The FoodHeals app records and monitors the nutritional requirements of beneficiaries and tracks their progress in real time. A minimum of 0 days and a maximum of 73 days can be seen for registering the patient on app from the day the patient got registered with the hospital. The median number of days is found to be 4 days[9]. According to the mechanism of CF's engagement with the hospitals, the patients are told to visit the nutritionist soon after the diagnosis, however, there are several reasons that the patient and caregivers are unable to meet the nutritionists soon after receiving the diagnosis and treatment plan. Most often, patients travel from distant locations to these hospitals and the first consultation with the nutritionist may take place only after they start visiting the hospital regularly for treatment and are aware about CF's programme.

Figure 12: Distribution of Time Difference of Registration on the App

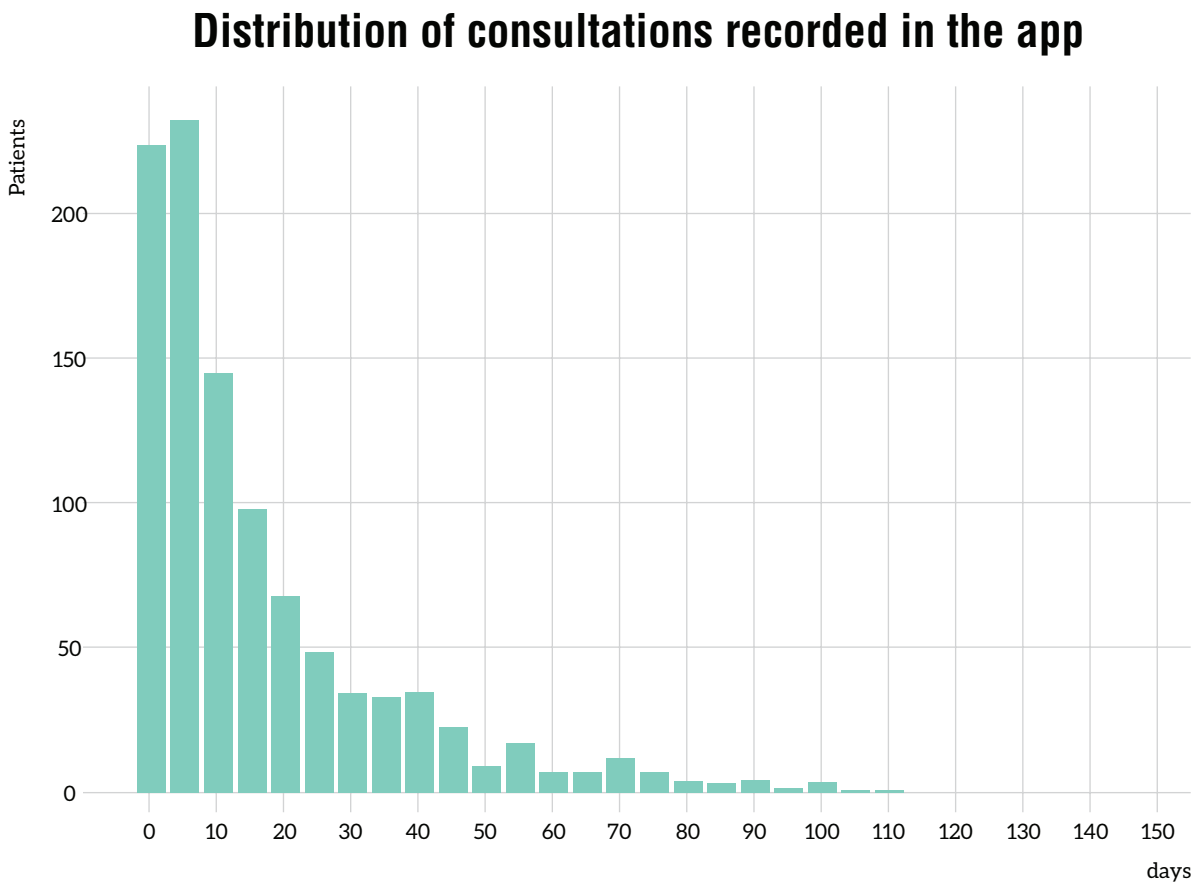


Further, to understand the usage and more importantly the consistency in usage of the app with respect to monitoring the nutritional status of children, Figure 12 reports the number of times a particular child's status is recorded in the data. The minimum number of entries in the app for a particular patient is 1 while the maximum entry is reported to be 144 times. The median number of entries in the app is 10. The nutritionist enters details on nutritional status, including anthropometric measurements, required and planned diet plans during the consultations. This shows that the children are monitored closely and their nutritional status are tracked consistently through the app. Multiple entries for a

9 There are two reasons to report the median instead of mean values. (1) The data under analysis is ordinal in nature and (2) the data is skewed on the right tail and the mean in this case will be highly affected by extreme outliers and non-systematic distribution of data.

particular child reflects the manner of consistent monitoring at regular intervals as implemented by CF. Further, the number of consultations received increases with the duration of treatment and the required visits to the hospitals. However, tele-consultation by the nutritionists is always accessible to the patients. Fewer number of consultations are attributed due to reasons such as abandoning treatment due to change in hospital made by the patient and caregivers, distance to the hospital and the required intervals to visit the hospital for treatment.

Figure 13: Distribution of Consultations Recorded in the App



5.2 Qualitative

5.2.1 Findings & Testimonials

The analysis rubric juxtaposes the deliverables alongside the functions undertaken by the programme and the significant monitoring indicators that help us to evaluate procedural narrations from officials, responses from the community, and observations of the researchers that have been triangulated systematically to draw inferences of the impact of the interventions. The thematic objectives/ deliverables were extrapolated from a review of the project proposal and the project report of the Food Heals programme.

The deliverables were classified into:

1. Nutritional services
2. Nutritional and Health Care counselling
3. Clinical support for children
4. Support during lockdowns
5. Management of processes

Short descriptions will help understand the analysis. We recommend referring to the rubric attached in the annexure to have an in-depth understanding of the qualitative analysis. The following have been the broad aggregate observations across all the nutritional centres run by CF in the three hospitals across West Bengal and Assam which were selected as part of the study. (The 'cases', henceforth, refer to vignettes from beneficiary respondents.)[10]

1. **Nutrition:** We triangulated the narratives of the CF functionaries against the discussions that we had with the beneficiaries. In brief we surmised that meals (hot meals and packaged food supplements) are provided to all children admitted at the hospital or who come to the OPD for check-ups. For admitted patients a monthly ration basket is given which has 30-32 items and the ration basket serves as a ration for the family of the patient (family of four individuals) for an entire month. The ration is given out by the 10th -15th day of the month.

   The monthly ration basket appears to be extremely important as analysis revealed that underprivileged families continue to provide necessary nutritional food items to the patients during treatment through the kit. As recalled during the interviews, we were informed that the basket contains 30-32 items 10 kgs rice, 10 kgs wheat, 3-4 types of pulses/*dal*, *rajma* beans, *sooji*, *sattu*, soya beans almonds, cashew nuts, flax seeds, *ghee*, mustard oil, refined oil and hand wash. Presence of high protein foods such as pulses, soya beans and nuts and seeds rich in omega-3 fatty acids makes the ration an important source of providing vital nutrition to the child patient and the caregivers of the family with a stable supply of nutritious food during cancer therapy.

   A diet chart summarises the entire food plan of the child cancer patient according to the age and nutritional requirements determined by a CF nutritionist. The analysis also reveals that this practice is homogenous across all hospitals in exception to Assam Medical College (AMC, Dibrugarh) where, as per programme design hot meals are not provided and only packaged nutritional supplements are provided. As informed by the CF functionaries the hot meals which are distributed are cooked by vendors of CF. The functionaries informed that they check the hygiene, texture, packaging and cutlery of the supplied hot meal as well as of the packed food on a daily basis before distribution; while a sample of the hot meal is tested by the functionaries every day before distribution, regular audits of the condition of the packaged food is also performed by them. CF functionaries are in regular contact with the hot meal vendors, such as Kafe Nine

10 These cases and their corresponding vignettes have been referenced from the rubric attached as Annexure B, wherein the excerpts from qualitative research transcripts have been collated.

at NRS Kolkata, Akshaya Patra Foundation at BBCI Guwahati. It was further reported that CF functionaries visit the kitchen of the vendors periodically to check the status of hygiene and to monitor logistics of food supply to the hospitals for their programme. A wide variety of food is prepared as per the hot meals' menu. Food distribution is also overlooked meticulously by the nutritionist and other CF functionaries.

As reported by CF functionaries a weekly menu of hot meals is shared by the food vendors. Nutritionists advise food to patients from within that menu. Food items such as bananas, eggs, milk, bread, butter, *sooji halwa*, *dalia*, oats, peanut *chikki* were common which the parents of the patient and the officials recalled for breakfast during the interview. During lunch a wide variety of food combinations are served; the most common combinations recalled during interviews by parents of beneficiaries were: rice, *dal*, vegetables and *pakora*, *khichdi*, *chana*, *puri*. For evening meals respondents recalled milkshakes, bananas, fruit juices and *chikki*. The parents in particular were happy about the quality and quantity of the food that was served. The officials maintained that quantity is strictly in adherence to the nutritionist's advice and monitored through the FoodHeals application. With exception to Dibrugarh, all centres used the application. Dibrugarh currently uses a register as the nutritionist is under training to use the application effectively. Monthly ration kits and packaged food supplements are provided. Respondents from Dibrugarh reported that they would like to receive more rice in the monthly ration basket than wheat flour due to their preference for rice. Special food supplements are provided to patients in ICU through clinical methods under supervision of the medical team and the nutritionist.

TESTIMONIALS FROM THE PARENTS

"We feed them as per the diet chart given to us."

"We give them food prepared from the ration basket we get".

"We get around 10 kgs rice, 10 kgs wheat, oil, sooji, rajma, ghee, dal, cashew and chana dal. There are many such packets. There are 2 types of pulses and other items. We have gotten a lot of help as poor people. In case there is some shortage, we sometimes buy it from the shop."

2. **Nutritional Counselling** is provided to mothers as part of the FoodHeals app to ensure that they continue to cook nutritional meals when they are at home with their children and choose a nutritious menu within their budget that will help their child to recover from cancer as well as the treatment side effects. The nutritional counselling contributes towards building capacities of the parents to sustain the effort towards clinical caregiving and scientifically responding to the nutritional requirements of the patient.

   Nutritional counselling is conducted through discussions, flip charts and one on one discussions with parents of children. The frequency and the efficacy of the programme have been evaluated through comparing procedural narrations of the CF functionaries and facilitators along with the responses of the parents. The general observation of the researchers were:

- Nutritional counselling is taken seriously by CF functionaries to ensure that the beneficiaries received the nutritional care and supplementation. Along with-it hygiene is given a lot of emphasis. Parents of the patients expressed their satisfaction with the training methods and the topics that are covered and the way their doubts are addressed periodically (i.e., in an interval of 15 days to a month).
- The diet chart that is prepared by the nutritionist helps the parents to plan the meals of their patients. Feedback sessions are also appreciated by the parents.
- Flip charts, diet charts and other graphical mediums are more useful for the parents to hold onto the advice than just verbal advice.
- Tele-counselling is conducted in case parents cannot visit the hospital. During the lockdown tele-counselling was also very important. While CF functionaries of AMC Dibrugarh reported conducting tele-counselling; CF functionaries at Guwahati informed that due to connectivity issues tele-counselling was not possible. CF has however has not conducted any feedback or opinion poll to understand whether tele-counselling was proving effective or not.

TESTIMONIALS FROM THE PARENTS

"They give us a written diet chart as per protocol, so that we can follow it in our homes as well."

"First, we were told about hygiene. Then, about the timings of the meal and when it is to be given and what kind of food is to be given, how the food is to be cooked in a hygienic manner. In case the child does not want to eat, then how the food is to be given."

"Every 15 days or after a month, when we go for a check-up, she also tells us about the modified plan and explains everything to us. She also calls us for weight check and also for protein distribution. If weight is less, then a modified plan is told and blood report is also checked."

"We got to know about the nutritional aspect, which is a very positive difference for me. The health of children improved and we also got good support. The ration that we get, our cost is also reduced. We just have to buy milk, bananas and eggs. Though we get it from the centre, the ration basket is also sufficient. Earlier, we did not know what is to be fed and not to be fed to the children."

3. **Nutritional support in clinical settings, support during COVID-19 induced lockdowns and Data Management** are also important functions of the Food Heals programme. All the CF centres function inside the oncology departments of the hospitals. ICU patients are taken care of with a lot of care. All services were functional during the Lockdown. The observations were made by comparing the narratives of the patient's family with those of the CF functionaries. During lockdown hot meal services to IPD and OPD patients were kept functional. Dry ration support was provided to the parents irrespective of the lockdown', there was no special lockdown basket as the Monthly ration basket was directed towards the entire family of the patient (up to 4 individuals). The Ration basket provided was also critical for the family of the patients during the lockdowns.

Data management is a very important aspect of the CF's intervention to track, standardize and streamline the nutritional service and advice that they give to patients. The organisation maintains all its data through a centralised database. They use an android based application called the Food Heals application to access, monitor and regulate the status of the patients. Except for Dibrugarh, all centres were using the application. Dibrugarh reflected some inconsistencies as the nutritionist was a new recruit who was under training for using the application. She used a register instead and all data from the register were uploaded to the centralised database by her senior.

TESTIMONIALS FROM THE PARENTS

"For medical treatment, there is a protocol. The weight and height are measured daily and it is maintained in the register. Then, the meal is given as the need of the therapy."

"She (the patient) has been admitted here for more than one year, since the first lockdown. We have come here from the village and we are poor people and now our child is admitted. Her father is also poor and if we didn't get any such help then it would have been very difficult."

"We have 3 girls and we are daily wagers. We got ghee, proteins and all supplements during lockdown. They took care of our child's health at all times."

6. CONCLUSION

The evaluation attempts to answer the two main objectives using a mixed methods approach. According to the quantitative analysis, CF's intervention provides a comprehensive structure of support for the patients and their caregivers through various components. It does so by providing good quality hot meals to patients under hospitalization and ration baskets once a month containing 30-32 food items to supplement the nutritional requirements of children fighting cancer. By involving full-time nutritionists trained in paediatric oncology at the hospital, the programme allows for timely and regular monitoring of the patient's nutritional status that further helps in improving the quality of nutrition to help the patient undergo extensive treatment for cancer. The nutritionists conduct regular group and individual counselling sessions with the caregivers to effectively provide guidance on related aspects of nutrition and well-being of the patient. To standardize the care and guidance provided by the nutritionist and to effectively monitor the nutritional requirements and status of the child, CF uses FoodHeals app that is developed by nutritionists for use by nutritionists. The nutritional status of each child including the child's anthropometric measurements are recorded through the app which then suggests further course for care, diet and monitors the progress. The app is used consistently by the nutritionist across the three hospitals with minor lags caused due to onboarding of new nutritionists on to the programme. Further, tele-counselling data is stored separately which may or may not be later integrated with the MIS data of the app leading to loss of data and intermittent monitoring through the app.

Nutrition in cancer patients is affected by symptoms experienced due to cancer, treatment to cure cancer and psychological environment[11]. On the other hand, it is important to maintain adequate calories for weight maintenance and adequate protein to optimize immune system, strength and tolerance to treatment. Although, the nutritional outcomes of children measured using z-scores for underweight, stunting and wasting show mixed impact but, overall CF's intervention through its holistic components are able to ***marginally improve and/or sustain children's nutritional outcomes***. BMI indicator for both male and female children above 5 years report positive impact wherein the ***proportion of well-nourished children has increased***. Additionally, the parents often reported that they receive significant support from the programme.

According to parents,

> ***"Every small need of the patient is looked after the nutritionist and the team"***

The parents also reported that the programme makes it easier for them to continue with the treatment and its extensive requirements and it would have been difficult for them to pursue the treatment without CF's support. However, management and usage of data can be enhanced further to ensure seamless flow of services and utility and learning from the data.

11 https://chemocare.com/chemotherapy/health-wellness/what-might-affect-nutrition-during-chemotherapy.aspx

ANNEXURE A

Nutritional Services Provided by CF to the Beneficiaries

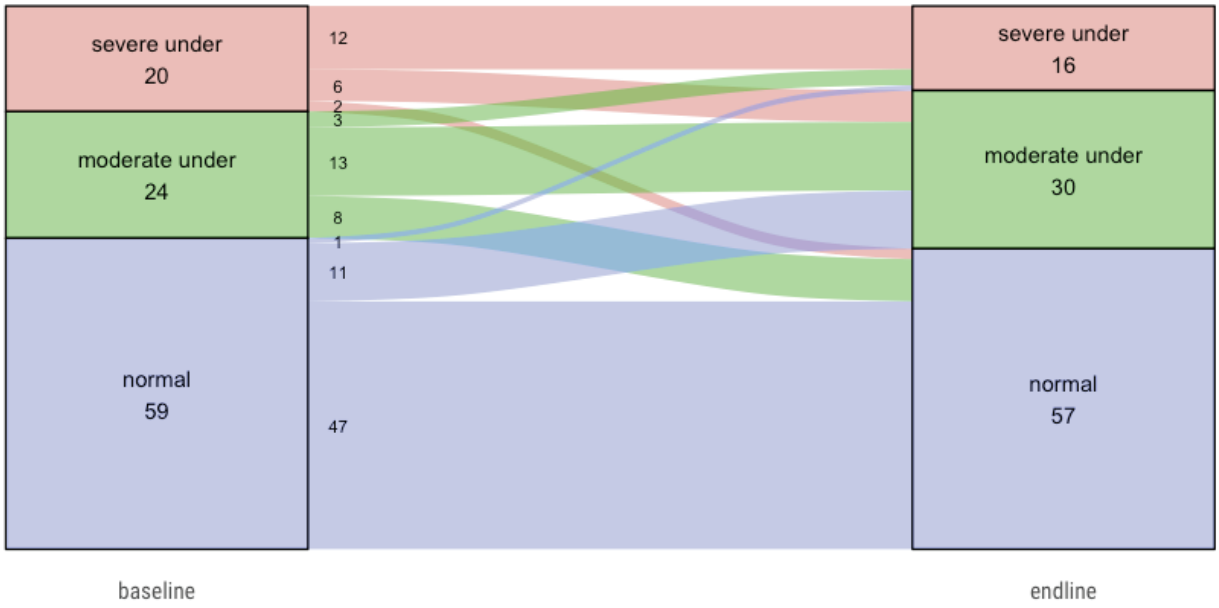
S. No.	Meal	Timings	Menu Items	Comments
1	Breakfast	9 AM -10 AM	Bananas, eggs, milk and bread and butter, sooji halwa, peanut chikki	Fixed vendors supply packaged food and uncooked food. Food is tested before distribution.
2	Lunch	12 PM - 1 PM	Rice, dal, vegetables and pakora, khichdi, chana, puri, rajma, sometimes fish curry.	Different days, different combinations are given by the Food vendors. Kafe Nine is the Food Vendor at NRS Kolkata. Akshaya Patra Foundation is the food Vendor in Guwahati. Food testing and packaging testing is done by CF functionaries particularly nutritionists every day on every set of meal before distribution. Kitchen Audits have been done by CF functionaries periodically. No specific month or quarter was mentioned by the functionaries.
3	Evening meals	3:30 PM - 5 PM	Bananas, peanut chikki, milkshakes	Fixed vendors supply packaged food and uncooked food. Food is tested before distribution.
4	Ration Basket	Once a month	30-32 food items	Quantity is optimum for 1 month for a family of 4 people. Fixed Vendors supply the entire basket to CF functionaries and beneficiary families receive the basket through CF functionaries. 10 Kg rice, 10 Kgs wheat, 3-4 types of pulses/dal, sooji, sattu, soya beans almonds, cashew nuts, flax seeds, ghee, mustard oil, refined oil, hand wash are some of the items reported.

ANNEXURE B

Nutritional movement of beneficiaries for the 4 indicators: Underweight, Stunting, Wasting and BMI

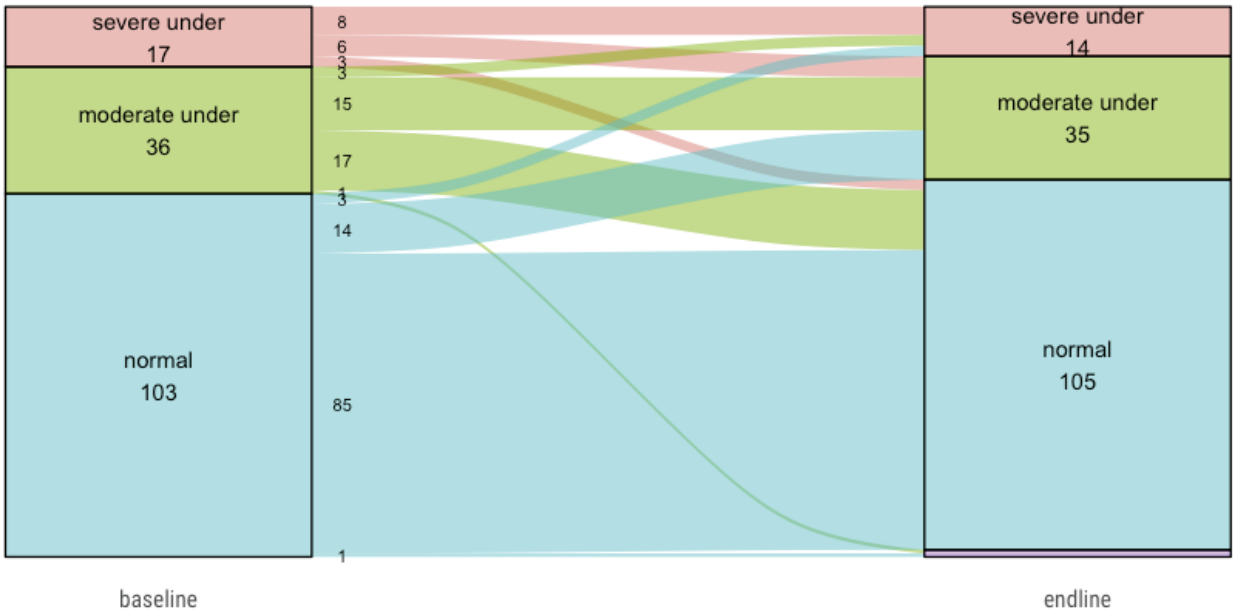
Nutritional movement of female children from baseline to endline

Underweight (Weight vs Age)



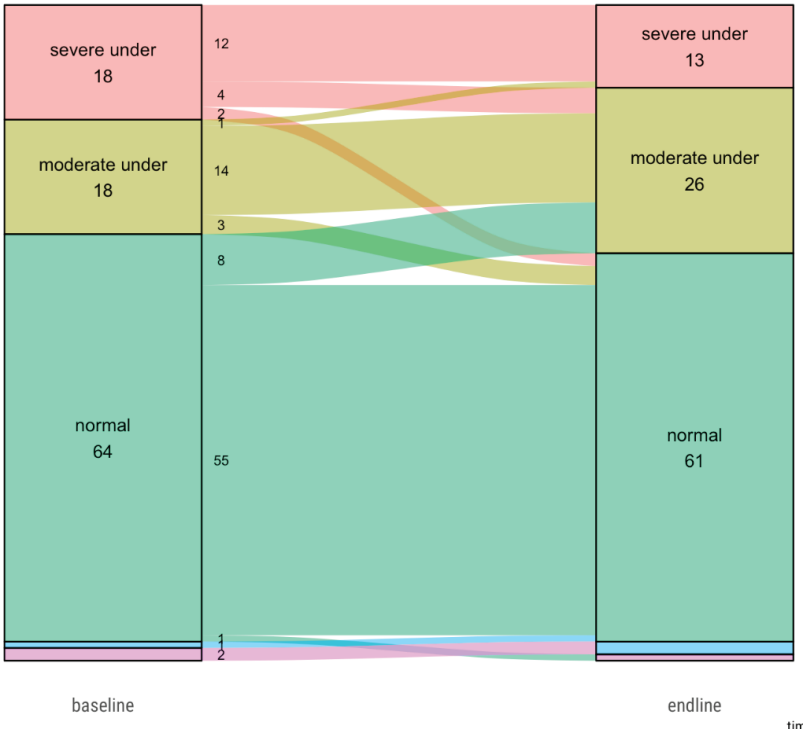
Nutritional movement of male children from baseline to endline

Underweight (Weight vs Age)



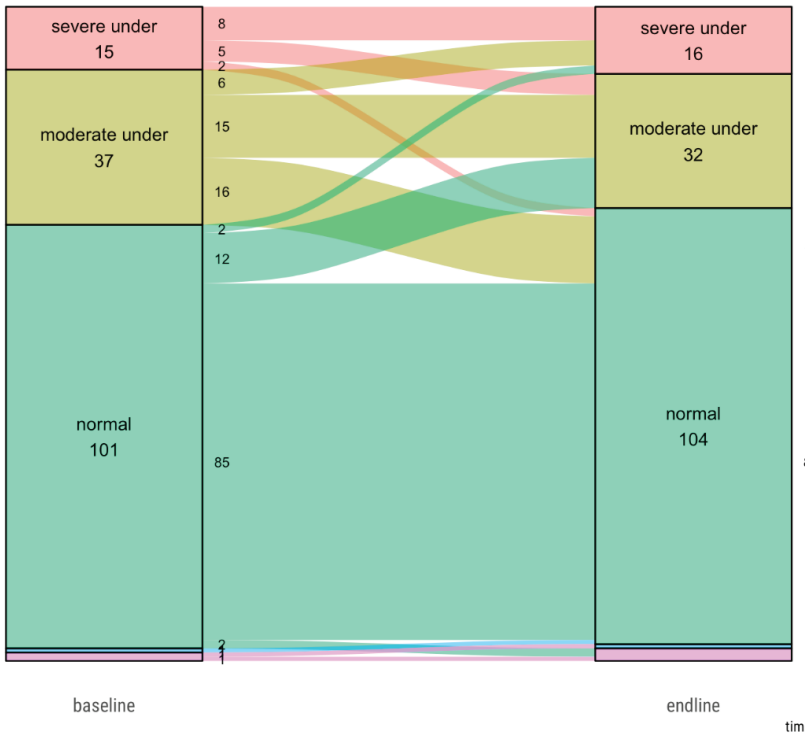
Nutritional movement of female children from baseline to endline

Stunting (Height vs Age)



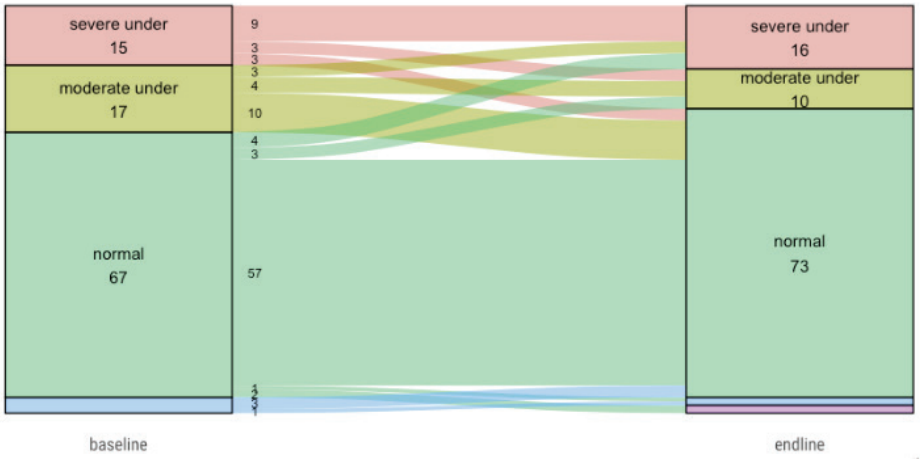
Nutritional movement of male children from baseline to endline

Stunting (Height vs Age)



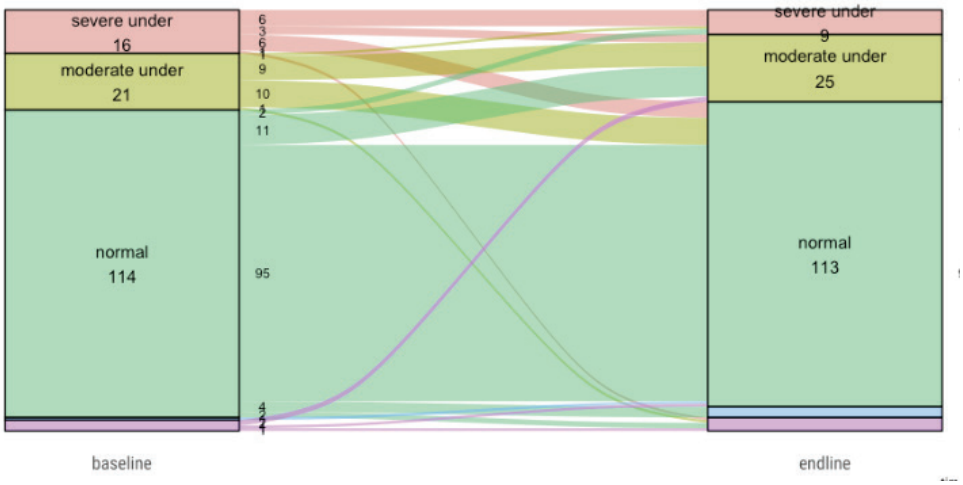
Nutritional movement of female children from baseline to endline

Wasting (Weight vs Height)



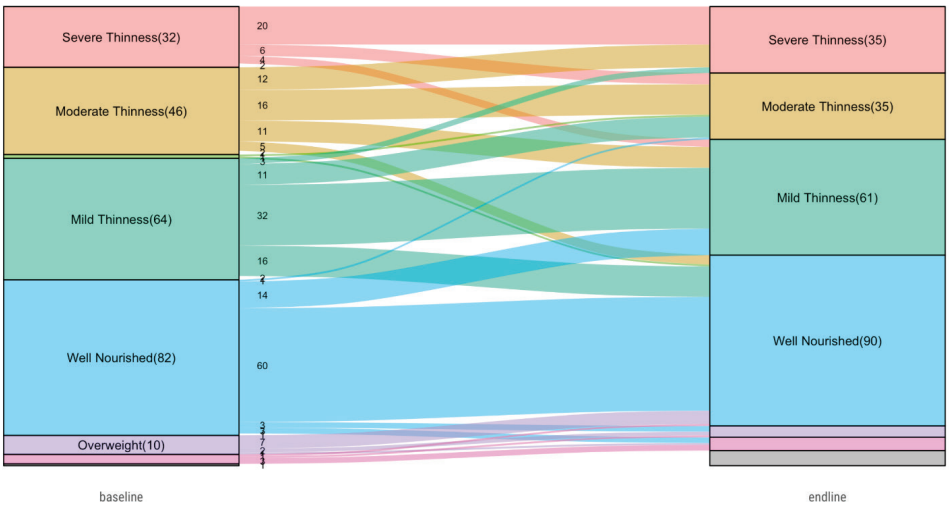
Nutritional movement of male children from baseline to endline

Wasting (Weight vs Height)



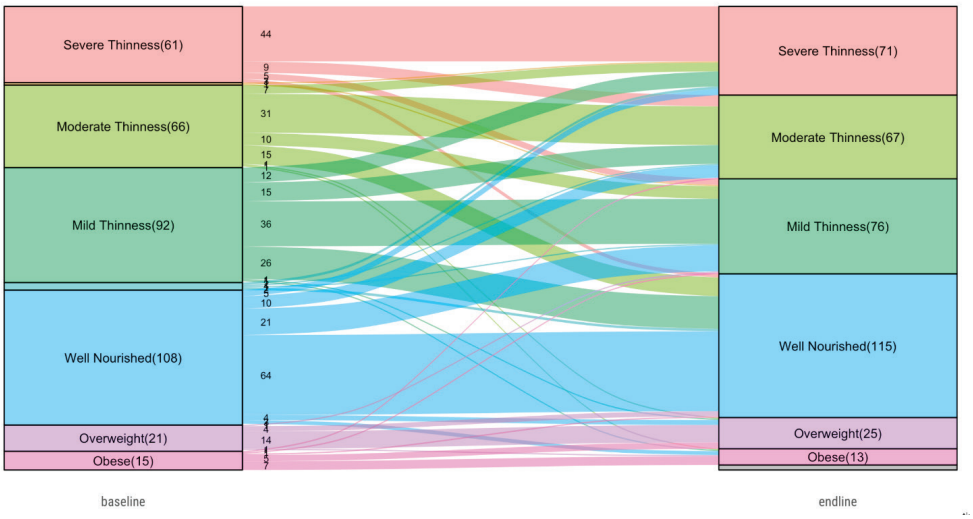
Nutritional movement of 5+ years female children from baseline to endline

BMI



Nutritional movement of 5+ years male children from baseline to endline

BMI



ANNEXURE C

Questionnaire for Key Informant- (Nutritionist/ Officials)- CF

Instructions

There are six fundamental parts to the questionnaire: (A-F). Each part deals with a theme. Part F- reflections and observations should be filled after the interview; ideally, within the day, the interview is conducted.

Introduction:

I am <Name of Interviewer>, I am being accompanied by <Name of co-interviewer>. We are representing the Policy and Development Advisory Group (PDAG) and HT Parekh Foundation. We wish to have a conversation/ interview with you. The proceedings of the interview will be recorded for the research. Names and particulars of the respondent will be kept secret and will not be used in the published material to protect the identity and the interests of the respondent. If you agree to go ahead with the conversation and interview, we may proceed to record.

Questions:

A. GENERIC- OPEN-ENDED QUESTIONS:

1. Sir/ Madam, what is your name? What is your designation / In which institutional capacity are you working?
2. Could you please tell us in brief about the Cuddle Foundation (CF) in Kolkata? (Probe with: Geographical extent, communities covered with socio-economic background, Larger Focus areas, what sort of support does HT Parekh provide)
3. Could you please briefly discuss the Nutritional Supplement and Counselling Programme? (Brief overview)
4. What are the roles and responsibilities of the Nutritionist / Facilitator at the centre (public hospital)? (Probe with recognizing early signs and symptoms of cancer, advance treatment plan etc.)

B. INSTITUTIONAL ISSUES:

1. Could you tell us briefly about the organizational structure of the Centre?
2. Could you tell us a little bit about the relationship between CF and the centre at the public hospital? (Probe with whether every department of the hospital are in any way aware of the programme; are there any norms, rules etc. concerning the safety, hygiene and treatment plan for the child)
3. How does CF make the patient's family aware of the support services that they are providing? (Probe with accommodation facilities and affordable treatment etc.)
4. Are there any challenges that the CF officials or the community face at the public hospital?

C. OPERATIONAL/ PROCEDURAL ISSUES:

1. Tell us a little bit about the Nutritional aids and Counselling Programme with parents/guardians

of the Cancer affected children? (How do you go about discussing the issues, how do you keep track of the reception of the knowledge on nutrition by the parents/guardians of the children, If records are maintained how are they managed so that the impact of the discussions can be charted)

2. How is the dietary programme/action decided upon? Do CF officials/facilitators discuss the issues and challenges with the parents/guardians? (Food habits, preferences, cultural issues such as vegetarian / non-vegetarian diet etc.)
3. What are the Standard Operational Procedures for providing Nutrition aids and Nutritional Counselling? Does CF use any Application Software to streamline the procedures? How is it done?
4. What is a basic outline of the Community Awareness/ outreach programme? What are the themes which are covered and how?
5. How do you take care of children with special needs or mothers/parents with special needs such as anaemic children, undernourished children etc.?
6. Does the programme involve any health care (medical) professional and from the hospital as well to assist them in designing the programme and assessing the progress towards their goal?
7. How does CF plan to run the programme with or without the financial support from HT Parekh? What is a long-term sustenance strategy that CF is working towards? (Probe with: partnerships with the other CSOs, State services including PHCs/suburb hospitals also such as the Anganwadi or Primary Schools etc. specially to ensure protein-rich and nutrition-dense food reaches the child.)
8. How did the COVID-19 Pandemic affect the services being provided? What were the most notable challenges (cancer treatment plan)?

D. KEY INFORMANT'S ASSESSMENT OF THE PROGRAMME:

1. Do you think that the programme is successful? If you think it is, then what are the reasons that convince you?
2. Can you give us some case study or anecdotes from your experience where mothers/guardians have held onto the discussions on nutrition or the nutritional status of the child/ children have improved after participating in the programme?)
3. If you are using the APP then do you find the App useful? Any feedback about the APP which needs to be discussed.

E. COUNTER QUESTIONS:

Do you have any questions for us?

F. OBSERVATION/ REFLECTIONS OF THE INTERVIEWERS:

Questionnaire for Community Informant- Mothers/guardians of cancer affected Children- CF)

Instructions

There are six fundamental parts to the questionnaire: (A-D). Each part deals with a theme. Part D-reflections and observations should be filled after the interview; ideally, within the day the interview is conducted.

Introduction:

I am <Name of Interviewer>, I am being accompanied by <Name of co-interviewer>. We are representing the Policy and Development Advisory Group (PDAG) and HT Parekh Foundation. We wish to have a conversation with you. The proceedings of the interview will be recorded for the purpose of the research. Names and particulars of the respondent will be kept secret and will not be used in the published material to protect the identity and the interests of the respondent. If you agree to go ahead with the conversation. we may proceed to record.

Questions:

A. GENERIC-OPEN-ENDED QUESTIONS

1. Sir/ Madam, what is your name?
2. Where do you work? What kind of work do you do, is it part-time or full time? How much time you could give to your child?
3. Are you able to access the childcare & nutritional facilities being provided by the Cuddles Foundation (CF) Programme? (Probe with: Does it help to keep your child getting all treatment benefits from the centre? Do you feel that the centre will keep your child safe?)
4. Does your child get any Nutritional Supplement at the centre?
5. Do you participate in the Nutritional Counselling Programme/ discussions? (Brief overview)

B. ASSESSMENT OF PROGRAMME IMPACT:

1. Could you tell us a little bit about your child that he/she likes the way they get treated at the centre?
2. What kind of nutritional aids/supplements provide to them at the centre?
3. What sort of food items are suggested by them?
4. When your child is at home what sort of food do you feed your child? Can you recall the last four meals that you have provided your child?
5. Do you participate in the discussions that are held at the centre? When was the last time you participated in a discussion? Can you recall what was discussed?
6. Do you think that the discussions that you have participated in at the centre helped you to make better food choices/treatments for your child? Can you describe a follow-up that you have recently made?

7. What sort of care do you receive if your child has been assessed as cancer/undernourished/any severe diseases or has any special dietary needs?
8. What according to you would be a balanced meal; what sort of items would you choose within a budget of 20-25 rupees for a meal?
9. What are hygienic practices of food preparation and eating would you and your family practice in general?
10. When you are unable to access the centre; since you all need to come across from the outer city/ suburbs what sort of nutritional choices will you make in future to ensure that your child gets the right kind of nutrition and protection & cure for cancer?
11. How much support do you find at this public hospital to get better facilities and cancer treatment? (Probe: if not a public institution, then why private institution?)
12. Do your child/ children have access to basic education? (Such as Anganwadi centre, Primary school etc)
13. Does the centre organize any awareness programmes or activities for cancer-affected children and their mothers to know the disease better and how would handle it with better care?
14. If your child gets unwell or diagnosed with other problems, do you get to access any health care support from the centre?
15. How did the COVID-19 Pandemic affect the services being provided? What were the most notable challenges? (Probe: what are the experiences during the lockdown period)
16. How do the parents perceive the effectiveness of the programme?

C. COUNTER QUESTIONS:

Do you have any questions for us?

D. OBSERVATION/ REFLECTIONS OF THE INTERVIEWERS:

Quantitative schedule

সম্মতি	আমার নাম _____ এবং আমি পলিসি অ্যান্ড ডেভেলপমেন্ট অ্যাডভাইজরি গরুপ (PDAG) থেকে আসছি। আমরা Cuddles ফাউন্ডেশন দ্বারা পরিচালিত পুষ্টি পেরাগরামের উপর একটি অধয়ন করছি এবং আপনার সহযোগিতার জনয অনুরোধ করব। কোনো সরকার বা রাজনৈতিক দলের সঙ্গে এই গবেষণার কোনো সম্পকর নেই। এই অধয়নের সময় আপনি আমাদেরকে যে কোনো বয্কি্তগত তথয পরদান করেন তা কারো কাছে পরকাশ করা হবে না এবং আপনার পরিচয় কঠোরভাবে গোপন রাখা হবে। এই অধয়নের সময় আপনি যদি মনে করেন যে আপনি আর অংশগরহণ করতে চান না, আমাকে থামতে বলতে পারেন। এই সাক্ষাত্কারটি 15-20 মিনিট সময় নেবে এবং আমি আশা করি আপনি অংশগরহণ করে এই অধয়নটিকে সফল করতে আমাদের সাহাযয করবেন। আপনি কি অংশগ্রহণ করতে আগ্রহী? 1. হ্যাঁ 2. না
যদি হ্যাঁ, তাহলে এগিয়ে যান। যদি না, অন্য উত্তরদাতা খুঁজুন	
Survey id	এগিয়ে যাওয়ার জন্য অনুগ্রহ করে আপনার সার্ভেয়ের আইডি লিখুন
A1	শহর বেছে নিন 1. কলকাতা 2. গুয়াহাটি 3. ডিব্রুগড়
A2	সন্তানের লিঙ্গ 1. পুরুষ 2. মহিলা
A3	সন্তানের বয়স
A4	কবে থেকে এই হাসপাতালে শিশুটির চিকিৎসা চলছে? 1. 0-6 মাস 2. 6 - 12 মাস 3. এক বছরের বেশি 4. তিন বছরের বেশি
A5	শিশুটিকে কি হাসপাতালে দ্বারা কোন পুষ্টবিদ (nutritionist) নিয়োগ করা হয়েছে? 1. হ্যাঁ 2. না 3. বরাদ্দ করা হয়েছিল কিন্তু আমি ব্যক্তিগতভাবে দেখা করতে পারিনি 4. বরাদ্দ করা হয়েছিল কিন্তু আমি পুষ্টবিদের সাথে দেখা করতে পছন্দ করি না

A6	আপনি কবে থেকে পুষ্টবিদিদরে সাথে পরামর্শ করছনে? 1. চকিি□সা শুরু হওয়ার পরপরই 2. চকিি□সা শুরু হওয়ার 1-2 মাসরে মধ্যে 3. চকিি□সা শুরু হওয়ার ৬ মাসরে মধ্যে 4. চকিি□সা শুরু হওয়ার এক বছররে মধ্যে 5. চকিি□সা শুরুর এক বছররেও বশেি সময় পরে
A7	আপনি কত ঘন ঘন পুষ্টবিদি এর সাথে দখো করনে? 1. যখনি হাসপাতালে যাই 2. 2 সপ্তাহে একবার 3. মাসে একবার 4. দুই বা তার বশেি মাসে একবার
A8	পুষ্টবিদি দ্বারা কি সবো প্রদান করা হয়? (একাধকি নর্িবাচন করুন) 1. খাদ্য পরকিল্পনা 2. পুষ্টরি অবস্থা নরীক্ষণ; পরমিাপ গ্রহণ 3. তাজা গরম খাবার 4. পুষ্টি সংযে·াজন 5. দুধ 6. ডমি 7. কলা 8. খাবার রশেনরে ঝুড়ি 9. খাদ্য পছন্দরে উপর গ্রুপ কাউন্সলেিং 10. খাদ্য প্রস্তুতরি উপর স্বতন্ত্র কাউন্সলেিং 11. অন্যান্য (অনুগ্রহ করে উল্লখে করুন)
A9	আপনি কি পুষ্টবিদিদরে পরামর্শ অনুযায়ী ডায়টে প্ল্যান অনুসরণ করনে? 1. হ্যাঁ 2. না
A10	পুষ্টবিদি কত ঘন ঘন শশিুর পুষ্টরি অবস্থা পর্যবক্ষেণ করনে/পরমিাপ ননে? (যদি A8 তে 2 হয়) 1. প্রতি সফরে 2. 2 সপ্তাহে একবার 3. মাসে একবার 4. দুই মাসে একবার বা তার বশেি
A11	শশিুকে কখন গরম খাবার দাওয়া হয়? (যদি A8 তে 3 হয়) 1. হাসপাতাল পরদির্শনকালে ড 2. হাসপাতালে ভর্তরি সময় 3. অন্যান্য

A12	আপনি কি হাসপাতালে গরম খাবার পান? (যদি 1 বা A10 তে 2) 1. হ্যাঁ 2. না
A13	কি ধরনের পুষ্টি সম্পূরক (nutritional supplement) প্রদান করা হয়? (যদি A8 তে 4 হয়)
A14	আপনি কত ঘন ঘন শিশুর জন্য পুষ্টকির পরপিূরক গ্রহণ করনে? (যদি A8 তে 4 হয়) 1. প্রতি সফরে 2. 2 সপ্তাহে একবার 3. মাসে একবার 4. দুই মাসে একবার বা তার বশেি
A15	শিশুকে কখন দুধ দাওয়া হয়? (যদি A8 তে 5 হয়) 1. হাসপাতাল পরদির্শনকালে 2. হাসপাতালে ভর্তরি সময় 3. অন্যান্য
A16	শিশুকে কখন ডমি দাওয়া হয়? (যদি A8 তে 6 হয়) 1. হাসপাতাল পরদির্শনকালে 2. হাসপাতালে ভর্তরি সময় 3. অন্যান্য
A17	শিশুকে কখন কলা দাওয়া হয়?(যদি A8 তে 7) 1. হাসপাতাল পরদির্শনকালে ড 2. হাসপাতালে ভর্তরি সময় 3. অন্যান্য
A18	আপনি কত ঘন ঘন খাদ্য রশেন ঝুড়ি গ্রহণ করনে? (যদি A8 তে 8 হয়) 1. প্রতি সফরে 2. 2 সপ্তাহে একবার 3. মাসে একবার 4. দুই মাসে একবার বা তার বশেি
A19	রশেনরে ঝুড়তিকেি কি আইটমে দওেয়া হয়? (যদি A8 তে 8 হয়)
A20	একটি রশেনরে ঝুড়ি কত দনি টকিে থাকে? (যদি A8 তে 8 হয়) 1. এক সপ্তাহরেও কম 2. এক সপ্তাহ 3. দুই-তনি সপ্তাহ 4. এক মাস 5. এক মাসরেও বশেি

A21	কত ঘন ঘন গ্রুপ কাউন্সলেিং সশেন পরচিালতি হয়? (যদি A8 তে 9 হয়) 1. প্রতি সফরে 2. 2 সপ্তাহে একবার 3. মাসে একবার 4. দুই মাসে একবার বা তার বশেি
A22	কত ঘন ঘন স্বতন্ত্র কাউন্সলেিং সশেন পরচিালতি হয়? (যদি A8 তে 10 হয়) 1. প্রতি সফরে 2. 2 সপ্তাহে একবার 3. মাসে একবার 4. দুই মাসে একবার বা তার বশেি
A23	আপনি কি প্রয়োজন অনুসারে পুষ্টবিিদদরে সাথে যোগাযোগ করতে পারনে? 1. হ্যাঁ 2. না 3. বলতে পারব না
A24	আপনি কি মনে করনে আপনি পুষ্টবিিদ থকেে সাহায্য পাচ্ছনে? 1. হ্যাঁ 2. না 3. বলতে পারব না
A25	আপনি প্রাপ্ত সাহায্য কভিাবে বর্ণনা করবনে? 1. সাহায্য ছাড়া চকিি□সা চালয়িে যতেে পারতাম না 2. প্রাপ্ত সাহায্য চকিি□সা চালয়িে যাওয়া সহজ করে তোলে 3. খুব একটা পার্থক্য করে না 4. কোন পার্থক্য নইে, আমি কোনো সাহায্য ছাড়াই চালয়িে যাবো
A26	আপনি কি FOODHEALS অ্যাপ সম্পর্কে জাননে? 1. হ্যাঁ 2. না
A27	আপনি FOODHEALS অ্যাপ ব্যবহার করে পুষ্টবিিদদরে সাথে পরামর্শ করছেনে? 1. হ্যাঁ 2. না
সাক্ষা□কাররে সমাপ্তি সময় দওেয়ার জন্য উত্তরদাতা কে ধন্যবাদ	

ANNEXURE D

Deliverables (for Cuddles Foundation) / Objectives (for evaluation)	Beneficiary/ Recipient	Stakeholders	Programs (Responds to the deliverables, and works with stakeholders)	Monitoring Indicators	Excerpts / vignettes from the field- Community Respondents (Referred as Cases)	Excerpts from Officials	Observations of Interviewer and Researcher	Inferences (drawn from the linking of vignettes and observations with indicators)
1) Nutritional Services Highlight Color: Yellow	Children	Parents, Incharge/Centre Representative	Meals provided in centre according to plan Special immunity boosting foods Nutritional supplements Meals coordinated with the medical requirements Catering nutrition to different categories of care Rations provided Monitoring of malnourishment Nutritional facilities provided	Awareness of centre incharges, of program initiatives and plan Awareness of parents about nutritional plan Accomodations in plan for children in intensive care Accomodations in plan for pre, post and during treatment phases Testimonies of mothers of malnourished children Parents' satisfaction with the amount of ration Specific nutrition and hygiene, compared to regular mobile creche facilities	Case 1: We benefit from the ration that we get and the care taken by ma'am. She looks after what kind of food we feed our children and what kind of food should be avoided. Respondent: In the morning, we get bananas, eggs, milk and bread. Neha ma'am checks the weight, height. Chikki is also given. In the last few meals my child ate sooji halwa, rice, banana, boiled egg and chikki. Most of the time my child eats; I tell the ration people to give me more rice instead of wheat atta, as my child prefers that.	Narrative 1: Respondent: They (parents) are happy to get rations, evening meals, supplements for a long time and express that the process and facility is good. Interviewer: What nutritional food is given as a meal, or in the kits, and what all kinds of supplements are provided? Respondent: I have started giving evening meals. There is banana, chikki and milkshakes which are given. In ration, there is rice, 3-4 types of pulses, sooji, sattu, almonds, cashew nuts and refined oil. In total there are 30 items in the ration packet. There is also handwash. Respondent: The kitchen facility is provided by the hospital and the ration is provided by the cuddle foundation.	There is a general consistency has been observed with respect to the utility of the nutritional services as well as the items that are delivered to the beneficiaries of the service. The system to deliver the items that are necessary i.e. mapping nutritional food to patients are very efficiently managed by the nutritionist and the logistics team. The responses and the enthusiasm with which community respondents have testified in favor of the service has been exceptional. However we must keep a note that the interviews were all telephonic and respondents were lined up with the help of the implementation partner.	Dry ration kits are equally important, if not more to hot meals supplied during therapy to the patients under cancer treatment. Dry ration kits become useful only when coupled with good nutritional training is provided to the parents.
					Case 2: Respondents: We used to get protein powder earlier and breakfast in the morning. She used to tell us what could be eaten and what should be avoided. For breakfast ,we used to get juice, bananas, a peanut package, eggs and milkshake and milk packet. During lunch, we used to get rice, dal, vegetables and pakora. Interviewer: So, what all facilities do you get apart from these? Respondents: We get a monthly ration. In ration we get, ghee bottle, rajma, dal, rice, atta. We used to get 30 - 31 products. The childcare and nutritionist facility is provided to you on a regular basis. Interviewer: So, are you able to follow the diet chart at home and feed them as per the advice? Respondents: Sometimes, timing is a problem but we try to follow everything as per the list made by them. We give protein powder, milk, fruits, eggs, dalia, oats, rice, dal, roti, badam, suji, rajma, soyabean etc. Interviewer: Can any of you tell what were the last 2-3 meals fed to your children by you? Respondents: We fed them protein powder, roti, milk, rice, poha, pulao, boiled egg, banana. Interviewer: Was it a problem to feed them these things before you get to know about the centre? Respondents: Yes. It was a problem earlier.			

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					Case 3: Interviewer: Please tell me in detail what does your child eat around the whole day? Respondent: There is milk, egg, banana, bread-butter in the morning. There is badam chikki. There is khichdi, kabuli chana-puri, rajma, chana, Roti-Sabji, halwa and other meals during the noon as per the weekly menu. There is chikki and juice during the evening Interviewer: What do you feed your child when you are back at your home and what do you think would be the cost of one nutritious meal? Respondent 1: We fed them as per the diet chart given to us. In the morning, we feed them bread, butter, suji upma, khichdi. In noon, we feed them dal-rice, fish, egg. Respondent 2: We give them food prepared from the ration. Interviewer: What do you get in the ration? Respondent 2: We get around 10 kgs rice, 10 kgs wheat, oil, suji, rajma, ghee, dal, cashew and chana dal. There are many such packets. There are 2 types of pulses and other items. We have gotten a lot of help as poor people. In case there is some shortage, we sometimes buy it from the shop.	Narative 3: Interviewer: What all kinds of support you give to people coming from different status and whether there is some graded support or you support a certain category of people? Is it graded or uniform for all? Respondent: The support given by us is uniform and we provide support to each and every body till the age of 18 years. We noticed that most of the patients are malnourished when they come here diagnosed with any kind of tumour or cancer. The malnourishment could be due to upbringing, the economic condition and also because they don't know about nutritional education and health is compromised. But there is also malnourishment in higher economic groups as well. We both, as dieticians, take care of the clinical part. We evaluate each and every patient in a clinical setup. As dieticians we do rounds everyday and we give diet charts to every patient and we prescribe high protein supplements. Even the patients who are in the ICU, are taken care of by us and we give them prescriptions. We provide daily hot nutritious meals as per the cyclic menu to each patient. We also provide supplements such as butter, milkshake, chikki, banana egg and we give this to both the IPD and OPD patients. The patients who come from socio-economic background also get ration kits which consist of 31 items. . . . Interviewer: What all items are there in this kit? Respondent: There is grain, dal, sattu, almonds, flax seeds and many such items which are good omega 3 fatty acids . We have some do's and don'ts for cancer patients and we also keep in mind the Bengali culture, we enlist 31 items which are calorie dense food.		

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2) Nutritional and health care counseling Highlight Color: Light Green 1	Parents	Parents, Incharge/Centre Representative	Regular meetings with parents with the intention of counseling on nutritional awareness Counseling focusing on teaching mothers how to follow healthcare routines for their children Different methods of counseling Specialists' involvement: Through nutritionists, Through awareness programs Community involvement programs focused on nutrition	Awareness of meetings by mothers Different types of meetings Parents' nutritional knowledge/awareness of process of nutritional food preparation Testimonies of reciprocation of methods of care, by parents Parents' testimonies of program initiative by centre incharges Different nutritional parameters used to monitor health status of children	Case 1: Respondent: We are told what kind of food is to be avoided. We get rice, pulses , soyabean etc and other things in the ration kits. They give us a written diet chart as per protocol, so that we can follow it in our homes as well. Neha ma'am is new. Earlier, it used to happen once or twice a month. They also tell us about hygiene Interviewer: So, do all of you participate in that? Respondent: Yes. Some of the new people have not attended meetings as we are new. Old patients have attended meetings 3-4 months earlier, when there was a different madam. We stay here for 1-2 months and leave after that at times.	Narrative 1: Respondent: The parents also have to stay nearby as the children cannot stay alone. It becomes difficult for the family to earn during that time and are unable to afford many things but they say that the ration really helps them a lot. . . . Interviewer: If the parents tell you that some children are not eating food properly or not eating particular food, how do you manage such cases? Respondents: Moumi ma'am advises them accordingly. There was a parent who told us that his child did not eat pulses. Moumi ma'am advised that you can add lemon in it to make the taste preferable to the children or how to modify the preparation or provide alternative solutions. Most of the children eat the food given by us or prepared by their parents. Interviewer: Are you both (Neha and Moumi) present during the tele-counselling process? Respondent: Our IVR calling number is in process, and at present Neha connects the call for the parents and takes me on the line. This is how we three are involved in the tele counselling process.	Nutritional counselling is taken seriously by stakeholders to ensure that the beneficiaries received the nutritional care and supplementation. Along with this, hygiene is given a lot of emphasis Parents of the patients expressed their satisfaction with the training methods and the topics that are covered and the way their doubts are addressed periodically (i.e. in an interval of 15 days to a month) The diet chart that is prepared by the dietitian helps the parents to plan the meals of their patients. Feedback sessions are also appreciated by the parents. Flip charts, diet charts and other graphical mediums are more useful to the parents to hold onto the advises than just verbal advice Tele-counselling is also very important.	The program needs parents to be near the children as part of the support system processes, but the liability falls on the parent. In circumstances where the child is unwilling to eat, nutritionists suggests various changes to ensure that the food is palatable for the patients. Sometimes making food palatable requires the parents of the patients to be very sensitive. The existing method of guidance and training of parents is effective. More graphical approaches would help parents retain the advises better Parents are happy with the the feedback cycle of 15-30 days and they feel supported by the Cuddle Foundation staff in their fight against cancer.
					Case 2: Interviewer: What are you all told on how to maintain everything from hygiene, meal timings to a nutritious meal? Respondents: First, we were told about hygiene. Then, about the timings of the meal and when it is to be given and what kind of food is to be given, how the food is to be cooked in a hygienic manner. In case the child does not want to eat, then how the food is to be given. . . . Interviewer: So, do you all participate in the counselling program at the centre? Any kind of feedback that is taken from you? Respondents: Yes, we all participate. She makes us understand everything. Every 15 days or after a month, when we go for a check-up, she also tells us about the modified plan and explains everything to us. She also calls us for weight check and also for protein distribution. If weight is less, then a modified plan is told and blood report is also checked.			

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					. . . . Interviewer: So, after how many days of gap do you take the children and who is accompanied by Momi ma'am? Respondents: We take our children after 1 month and there is always a doctor present. We go to Momi ma'am after showing the doctor report and she counsels us accordingly. Interviewer: How often the group counselling and meeting is held in a month? Respondents: It happens once in a month for sure. . . . Interviewer: Do you feel any positive difference after getting your children at the centre? Respondents: We got to know about the nutritional aspect, which is a very positive difference for me. The health of children improved and we also got good support. The ration that we get, our cost is also reduced. We just have to buy milk, bananas and eggs. Though we get it from the centre, the ration kit is also sufficient. Earlier, we did not know what is to be fed and not to be fed to the children			
					Case 3: Interviewer: Did the centre staff give you a written plan or told you verbally? Respondent: She gave us a diet chart. She told us how to eat food and that there should be gaps of 2 hours	Narrative 3: Interviewer: Do you also provide a certain degree of nutritional counselling to the patients since most of them are children and they have to be supervised by parents? Things such as hygiene, nutrition, and care for their children? Respondent: Most parents are from poor socio economic background and they don't have general knowledge about food. They don't know what high protein food means and when a child comes to us, we give 2 group counselling. The topics consist of things such as hygiene and we use flip charts for our sessions during the two days in the month. In that counselling, we have more female participants and we tell them things about recipes, high calorie, high protein and how they can locate and source such foods locally. I would like to add one thing, that earlier people did not understand the role of dietician and now they come and ask questions to us. I believe this is a big success in one year that I have seen as I have seen earlier, they used to ask things on their own but now they come and tell us please give us food items or supplements that you think would be best for our child. There is a huge difference there and in case of any difficulty, they come and share their problems.		

Deliverables (for Cuddles Foundation) / Objectives (for evaluation)	Beneficiary/ Recipient	Stakeholders	Programs (Responds to the deliverables, and works with stakeholders)	Monitoring Indicators	Excerpts / vignettes from the field- Community Respondents (Referred as Cases)	Excerpts from Officials	Observations of Interviewer and Researcher	Inferences (drawn from the linking of vignettes and observations with indicators)
						. During group counselling, we always emphasize food hygiene. The parents might not have clean utensils at times and plastic containers have their own hazards. We also give them one induction kit which contains steel utensils such as plates, spoons, bowls, glass, and water bottles. It is a measure by us to protect them and also give them one folder to keep their documents. The understanding about food is also that it should be such that I can give it to my family members as well. . Respondent: I feel the program has a great impact. There are children who are not able to get 2 meals a day but if they don't get the service and food after getting affected, I feel it would be much worse. We cannot help all the patients but atleast the patients that we get here, let's say 20-25, our job is giving them services. It means a lot to the parents who cannot afford to feed Oral Rehydration Salts (ORS) worth five rupees to their children regularly and the professional therapy and wellbeing is also affected positively.		
3) Clinical Support and facilities Highlight Color: Light Magenta 3	Children, Parents	Parents, Incharge/Centre Representative	Regular Medical Checks of Children and Correspondence with parents regarding their health. Monitoring of ailments in children Monitoring of therapy side effects Nutritional supplements Support to parents to access medical facilities and services Inpatient and Outpatient support Regular Doctor checkups Medical facilities provided in the form of partnerships support	Awareness of parents Testimonies of handling of patient specific ailments Testimonies of mothers describing services provided to their own children Centre in charge narratives on medical support Structure of measures for different health monitoring services Regularity of Doctor checks	Case 1: Interviewer: What kind of help do you get during a medical emergency when you reach the office? Respondent: There are nearby hospitals that we visit. Interviewer: How far is the current centre from your home? Respondent: It is 50-60 kilometres and the hospital nearest to home is 7 kilometres but there are no cancer treatment services there.	Narrative 1:Respondent: For medical treatment, there is protocol. The weight and height is measured daily and it is maintained in the register. Then, the meal is given.	Regular ward visits are done. Monitoring of patients in the In Patient Department (IPD) is followed by consultation and then the required nutritional supplement is provided. Additionally tele-counselling is done when patient and their parents are not staying in the hospital. Patients in serious condition are fed through food pipe and nutritionists continuously monitors such conditions	Hospital Staff understands the importance of dieticians. There is considerable cooperation from the hospital end. However the Cuddles foundation supported dieticians and Nutritionists expressed mild interest to be placed out of the hospital. However such interest was not expressed by the Nutritionists from NRS (Kolkata). Nutritionist perform their work clinically, most of the interviewed patients expressed their gratitude towards their professional integrity and support even during the lockdown.
					Case 2: Interviewer: What kind of medical help are you able to get apart from the food? Respondents: We get many benefits such as protein, treatment. We get masks, sanitizer bottles, clothes, bags, vessels, blankets.	Narrative 2: Interviewer: How many nutritionists are there for these patients? Respondents: I am there and another nutritionist has joined in the last week and she is in her training period at present and she is also there with me. .		
					Case 3: We got good care at the hospital and in the starting month, all the food was given through a food pipe and I am grateful to Riya didi for all her help. Even when Riya Didi is not there, there is another madam who measures weight and height. She has been admitted here for more than 1 year from first lockdown. We have come here from the village and we are poor people and now our child is admitted. Her father is also poor and if we didn't get any such help then it would have been very difficult.			

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4) Support and alternative care during lockdowns Highlight Color: Light Cyan 1	Children, Parents	Centre incharge, Coordinators Other associated Government and CSO stakeholders	Rations and kits provided during lockdown Nutritional snacks provided during lockdown Hygiene counseling	Testimonies from parents of support during lockdown Structural plans for lockdown described by centre representatives	Case 1: Respondent: We make lunch on our own out of the ration that we get. Interviewer: So, is the ration sufficient for one month? Respondent: It lasts for 3 months and after that, we have to manage for one week. . . . Interviewer: How did you manage during the lockdown? Respondent: During that time, there was no counselling support but meals were given. Interviewer: How did you manage to get ration at that time? Respondent: We did not get it for some months during lockdown and later we got it. We used to get it from the ration shop in the market. Interviewer: How did you manage to get the medicine? Respondent: We used to get that from Atal Amrit card and if we don't get it there, we tell the centre.		In Dibrugarh, during lockdown meals were given but counselling service was not continued. Parents of the patients managed to get medicines with the help of the center as well. The dedication of the CF staff was appreciated by all community respondents. The dedication demonstrated by the Cuddles foundation staff reflected on their narration as well. Despite personal losses, exposure to COVID-19 virus the Cuddles foundation staff continued their work. Getting admission at the hospital was a big problem. Cuddles foundation helped those who were OPD patients with food as well as IPD patients with food. Those who could manage to reach the center at the hospital also could take their food. Those who could not come to the hospital were given Dry Ration Kits.	Meals, Nutritional Support for IPD patients were continued. Take-home ration was continued during lockdown. Counselling and tele-counselling continued with some disruptions. Parents who continued to stay at the hospital received nutritional counselling those who were away were connected through tele-counselling but in many cases connectivity issues were reported Some centers helped parents of patients to source medicines through Atal Amrit cards. Those medicines which were not part of the subsidised programme had to be bought by the parents. However medicine support was not part of Cuddles foundation's work.
					Case 2: Interviewer: During the covid, how did you manage to give nutrition and supplements to them? Respondents: We used to go to the centre even during that time by paying for the vehicles. The centre used to be open and we used to go daily for breakfast and supplements and it was running even during lockdown. After one month, we used to get rations also.	Narrative 2:Respondents: Before covid, the parent support meeting used to happen every month. The regular patients who are there, we can do it twice a month in small groups. Interviewer: Do you also do any online meetings? Respondents: No. online is not possible at the moment.		
					Case 3: Interviewer: What all problems did you face during lockdown? Respondent: There was a problem with food and there was a problem in getting admitted. We have 3 girls and we are daily wagers. We get ghee, proteins and all supplements. They take care of health all the time.	Narrative 3: Interviewer: How did it feel during the pandemic and lockdown and since both of you were working in the hospital around that time due to risk of transmission? Respondent: I also lost my mother during the second wave and personally it was very devastating. We had to balance the personal and professional as otherwise I feel my children at hospital were getting compromised. I must say that these are my children because we connect with each other and mentally it was so hectic and we had to take care of extra precautions with mask, sensitization. I also got infected a few weeks back and then I joined a few days ago and Rhea also got covid positive second time. Neurologically, it is hectic and we have personal frustrations.		

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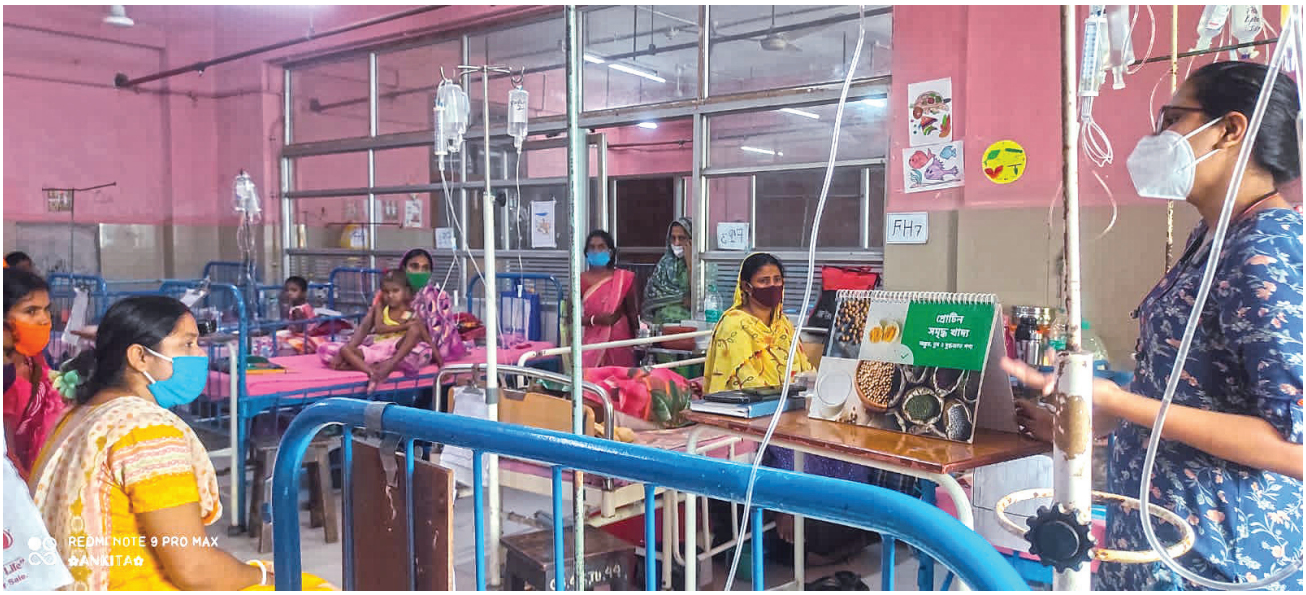
5) Factors and features of management Highlight Colour: Red	Parents, Children	Centre incharge, Coordinators	Hindrances to service available in other centres/ part of service structure Data management services that are provided	Testimonies of mothers showcasing service or the lack thereof Testimonies that showcase a lack of certain services, or extra support provided due to actions of centre incharge	Case 1: Respondent: We want some change in ration if our children are not eating a particular food. I think milk should be provided. Earlier, we used to get Amul taaza milk but later it was discontinued.	Narrative 1: Neha joined recently and the eve meal programs, rations and all the assessments of the patients are taken care of by her. She hands down all the information to me and I update it and enter it on the food heals app. Neha is under training for the app and after her training, she will enter the data. Accordingly, anthropometric, biometric and clinical information would be entered by her. . . . Interviewer: How do you maintain your records as of now as you are under training and are not using the Food Heals app presently? Respondent: We maintain the data on the register. There is an excel sheet maintained for tele counselling and we maintain data such as the queries, recall, height weight and blood report data.	The Dibrugarh center maintains a register and the app is not always used by the nutritionists. The newly recruited nutritionist is under training and she will take time to update all the data from the register to the app. Tele-counselling processes always do not work due to connectivity issues. Tele-counselling data is stored on a seperate excel sheet and not on the centralized system. However we don't have evidence that such alternative system has any impact on the quality of service. However the data will not be accessible to the entire team as it is not on the centralized system which directly impacts one of the major goals of the Cuddles Foundation to standardize operations.	Food Heals app is generally used for data management. Systems associated with the Food Heals app is not always maintained. However capacities of the staff are being developed to address this issue. Centralization of nutritional advice, support and counselling information is important as that will aid standardization of processes which is the primary purpose of the Food Heals app. Tele-counselling processes are not always effective owing to externalities
					Case 2: Respondents: I think the only problem is paying for the medicines that we have to purchase from outside apart from what we get, as it was free earlier.	Narrative 3: There is day to day challenges such as communication gap and they come here to meet us some often but I feel these things will happen in running any program,		

AMC Group Discussion with Parents

BBCI Christmas Celebration with Kids

BBCI Nutrition Session with Parents



NRS Group Discussion with Parents

NRS Group Discussion with Parents 2

NRS Nutrition Week Activity with Kids

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