POSHAN Abhiyaan
PM's Overarching Scheme for Holistic Nourishment
सही पोषण - देश रोशन

TATA TRUSTS

ICDS SYSTEM STRENGTHENING AND COMMUNITY MOBILIZATION

GADCHIROLI (MAHARASHTRA)

ENDLINE REPORT ON KEY INDICATORS

JOINT PARTNERSHIP

DEPARTMENT OF WOMEN & CHILD DEVELOPMENT, GOVERNMENT OF MAHARASHTRA

AND **TATA TRUSTS**

सत्यमेव परमो धर्मः

DISCLAIMER

The endline survey and data collection was coordinated by the ICDS Systems Strengthening Project Team in Gadchiroli District. The endline report analysis and drafting was conducted by the Institute of Economic Growth, Delhi. The Department of Women and Child Development, Government of Maharashtra, the Tata Trusts or the Institute of Economic Growth shall not be held responsible for findings or opinions expressed in the document prepared.

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ACKNOWLEDGMENT

Undernutrition is a major public health problem in India with adverse impact on health and well-being of the population, particularly, women and children. Several policies and programmes of the union and the state governments of India has aimed to reduce the burden of undernutrition across poor and vulnerable geographies and communities. The Integrated Child Development Services (ICDS) Scheme along with NHM and POSHAN Abhiyaan are the important flagship programmes that aim to improve nutritional health in the country.

With a focus on understanding the importance on service delivery and awareness aspects to strengthen existing system, the Tata Trusts launched an initiative for ICDS System Strengthening and Community Mobilization in Tribal Districts of Maharashtra. This project in Gadchiroli district of Maharashtra has been designed with an approach to strengthen existing ICDS system by: refurbishing Anganwadi Centres as model Anganwadi Centres, building capacities of frontline workers viz. Anganwadi Worker (AWW), Accredited Social Health Activist (ASHA) and Auxillary Nurse Midwife (ANM) on working in convergence based, capacity building of AWWs on Infant and Young Child Feeding (IYCF) practices, promoting behavioural change communication activities and multi-level policy and advocacy initiatives with key stakeholders.

This report presents end of project status of the coverage of ICDS services provided to women and children in Gadchiroli district of Maharashtra. Further, the survey report documents the changes in key indicators related to maternal and child health through a comparison with the baseline survey. The main objective of this report is to identify those ICDS services which have a low coverage and will require additional efforts to improve their uptake. The report will provide insights on the impact of system strengthening and community mobilization efforts on key health and nutrition outcomes and will help as a base for expansion of similar projects elsewhere.

We express our sincere appreciation towards the joint partnership by the Department of Women and Child Development, Government of Maharashtra and the Tata Trusts for supporting the initiative to improve nutritional status of women and children. We would further like to acknowledge the contributions of the team of local field investigators for the field survey, the team of researchers and analysts at the Institute of Economic Growth, Delhi and the Project team at Gadchiroli district for their help and support in preparing the endline report. Last but not the least, we are grateful to the ICDS beneficiaries who have taken out their valuable time to participate in the endline survey and Amhi Amhchya Aarogyasathi as the implementation partner.

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ACRONYMS AND ABBREVIATIONS

AAA	:	AWWs, ASHAs and ANMs
ANC	:	Antenatal Care
ANM	:	Auxiliary Nurse and Midwife
APL	:	Above Poverty Line
ASHA	:	Accredited Social Health Activist
AWC	:	Anganwadi Centre
AWW	:	Anganwadi Worker
BCC	:	Behaviour Change Communication
BCG	:	Bacillus Calmette-Guérin
BDO	:	Block Development Officer
BMI	:	Body Mass Index
BPL	:	Below Poverty Line
CDPO	:	Child Development Project Officer
CEO	:	Chief Executive Officer
COVID-19	:	Coronavirus Disease
DHO	:	District Health Officer
DM	:	District Magistrate
DWCD	:	Department of Women and Child Development
HCM	:	Hot Cooked Meal
ICDS	:	Integrated Child Development Services
IEG	:	Institute of Economic Growth
IFA	:	Iron and Folic Acid
IPV	:	Inactivated Polio Vaccine
IYCF	:	Infant and Young Child Feeding Practices
LBW	:	Low Birth Weight
MO	:	Medical Officer
NFHS	:	National Family Health Survey
NHM	:	National Health Mission
OPV	:	Oral Polio Vaccine
ORS	:	Oral Rehydration Solution
PHC	:	Primary Health Centre
PNC	:	Postnatal Care
PRI	:	Panchayati Raj Institution
RBC	:	Red Blood Cells
RDA	:	Recommended Dietary Allowance
SD	:	Standard Deviation
ST	:	Scheduled Tribe
THR	:	Take Home Ration
TT	:	Tata Trusts
WHO	:	World Health Organization

EXECUTIVE SUMMARY

Improved nutritional status is key to sustainable development. Adequate and sustained investment with planning in good nutrition is important for achieving integrated and universal transformation, including ending hunger and malnutrition. Therefore, undernutrition, and the responses to it, were viewed as one important manifestation of a larger development problem and is essential for reaching the Sustainable Development Goals, to which India is signatory. The Integrated Child Development Services (ICDS) Scheme along with National Health Mission (NHM) and the POSHAN Abhiyaan are the important flagship programmes that aim to improve nutritional health in the country. In particular, the ICDS scheme - jointly implemented by the union and the state governments in India – is designed to deliver six important services to children (0-6 years) as well as pregnant and lactating mothers. These services are as follows: a) Supplementary nutrition, b) Pre-school non-formal education, c) Nutrition and health education, d) Immunization, e) Health checkups and f) Referral services.

With a focus on understanding the importance on service delivery and awareness aspects to strengthen ICDS, the Tata Trusts has launched an initiative for ICDS System Strengthening and Community Mobilization in Tribal Districts of Maharashtra. This project in Gadchiroli district of Maharashtra has been designed with an approach to strengthen existing ICDS system by: refurbishing Anganwadi Centres as model Anganwadi Centres, building capacities of frontline workers viz. Anganwadi Worker (AWW), Accredited Social Health Activist (ASHA) and Auxillary Nurse Midwife (ANM) on working in convergence based, capacity building of AWWs on Infant and Young Child Feeding (IYCF) practices, promoting behavioral change communication activities and multi-level policy and advocacy initiatives with key stakeholders.

This report presents the coverage of ICDS services provided to women and children in Gadchiroli district of Maharashtra at the end of the project intervention. Further, the survey report documents the changes in key indicators related to maternal and child health through a comparison with the baseline status. The main objective of this report is to identify those ICDS services which have a low coverage and will require additional efforts to improve their uptake. The report provides insights on the impact of system strengthening and community mobilization efforts on key health and nutrition outcomes. Some of the salient findings are as follows:

ASHA, AWW and ANMs (AAA) Joint Home Visits

- A sharp increase in percentage of pregnant and lactating women who reported joint visit by ANM + ASHA + AWW in the district at endline compared to the baseline.
- The district has reported a significant increase in respondents who reported joint visit by ASHA + AWW and by ASHA alone.

Counselling on Warning Signs

- An increment of 22% point in Gadchiroli was observed in the proportion of mothers received counselling services to identify warning signs in newborn and infants at the endline.
- A majority of mothers interviewed across the district have reported awareness regarding warning signs in newborn and infants during the endline survey.

ANC Visits

- The overall percentage of beneficiary counselled about the importance of early registration of pregnancy by the Anganwadi workers has increased at endline.

- Similarly, at endline, more than 90% of the beneficiaries in Gadchiroli district have reported receiving counselling services on importance of health check-ups after delivery.
- Proportion of beneficiaries undertaking more than four ANC visits during the pregnancy increased significantly in the districts compared to the baseline.

IFA and Calcium Supplementation

- The consumption of IFA and Calcium tablets during pregnancy and during lactation period increased in Gadchiroli at endline. For instance, the consumption of IFA tablets during pregnancy increased from 83% to 99% in Gadchiroli district as compared to baseline.

Institutional Births

- Coverage of institutional births increased slightly across Gadchiroli (from 81% to 87%) district as compared to baseline.
- In Gadchiroli, the institutional birth levels were particularly lower among less educated women and those from poor households.

Full Immunization

- In Gadchiroli, proportion of children receiving age-appropriate full immunization increased between baseline and endline survey.
- The receipt of BCG vaccine, has declined in Gadchiroli district at endline as compared to baseline.

Pre-School Education

- The COVID-19 effect is apparent on ICDS services. The percentage of children attending AWC's preschool has declined across Gadchiroli from 95.3% to 53% between baseline and endline survey.
- In Gadchiroli, decline in percentage of children attending preschool is observed. The children from APL household attending AWC's preschool is 100% at baseline and 35.3% at endline.

Supplementary Nutrition

- The percentage of children aged 0-35 months in Gadchiroli district who received THR from the Anganwadi declined to 66% at endline.
- At endline, all children above 36 months in Gadchiroli district who received HCM at the Anganwadi centres declined to 36.7%.

Anthropometric Failure

- Half of the pregnant women and lactating mothers in the districts are undernourished and have a low body mass index (BMI < 18.5 kg/m^2).
- A three percentage point decrement was noted in proportion of children born with low birth weight in Gadchiroli district compared to baseline.

- A ten percentage point increment was noted in proportion of children born with low birth weight in Gadchiroli district compared to baseline.
- At least three out of every 10 children (below 5 years of age) are stunted in Gadchiroli district respectively.
- The prevalence of underweight and wasting noted a significant decline in ST household in Gadchiroli district. Children from poor and less educated households are particularly disadvantaged.

The Project activities specifically had a direct focus on training and capacity building of the frontline workers (AWWs) for improving dietary counselling in the community. Importantly, dietary diversity in mother-child dyads is marked with a higher consumption of fruits and vegetables as well as eggs and flesh foods. If some of these food items are made available through interventions, then it can lead to higher potential change in dietary diversity levels in the community. The intervention also highlights that lopsided focus on anthropometric indicators have perhaps undermined the relevance of diet which is the most fundamental determinant of maternal and child nutrition. However, interventions to enhance dietary diversity have to be well-designed and implemented to realize the specific impact of counselling on dietary diversity and translate this in terms of anthropometric improvements.

Some of the important policy implications from the intervention are as follows. First, it is important to ensure constant training and capacity building of the frontline workers to effectively engage in various aspects of counselling including the mode of counselling and interaction with the beneficiaries. This may also need repeated counselling of the beneficiaries to help them understand these topics. Frontline workers from other line departments such as the ANMs and ASHAs can also be trained to contribute significantly toward counselling services. It may also imply greater time allocation by the AWWs toward counselling services than what is currently stipulated as per the ICDS guidelines. COVID-19 may have affected coverage of services especially among women who were pregnant and lactating during the lockdown phase of the first wave. New methods for counselling and communication to reach out to the beneficiaries should be developed to overcome limitations related to mobility and in-person counselling.

In concluding, comparison of the endline and baseline findings shows improvements in most of the knowledge and awareness related indicators but nutritional status needs further improvements. The unavailability of resources as well as gap between knowledge and practice need to be overcome to report better progress. The recent COVID-19 pandemic has led to disruption of a number of services which further raises concerns around maternal and child nutrition. The positive changes attributed to programmatic efforts which led to increase in awareness as well as increase in utilization of services could be reversed due to potential impact of COVID. Given that the intervention areas are relatively poor and geographically secluded, the improvement in health and nutrition indicators will require extra programmatic support.

BACKGROUND

Integrated Child Development Services (ICDS) Scheme and the National Health Mission (NHM) are two flagship programmes of Government of India represent world's largest and unique program for childhood care and development. Together these flagship programmes are structured to deliver the essential nutrition and health inputs required to improve health and nutrition status of the population, particularly women and children.

Nutritional deprivation is both a result and cause of poverty (a 'poverty trap') and has huge economic cost for individuals and countries. Nutritional failures among children is usually understood with the severity of anthropometric failures such as stunting (low height-for-age), wasting (low weight-for-height) and underweight (low weight-for-age).

Nutrition practices including exclusive breastfeeding, introduction of complementary foods, iron-folate supplementation for pregnant and lactating women, and behaviour change communication to educate mothers and families on appropriate nutrition practices are critical foundations to improve nutritional health.

Yet despite these initiatives, across India less than 10% children have diets with adequate nutrition and nearly 60% of children and 50% of pregnant women are anaemic. Failure of any of the combinations above can have detrimental effects on the growth of children and can perpetuate the vicious cycle of malnutrition.

Comprehensive nutrition programmes that includes nutrition-specific and nutrition-sensitive interventions combined with household practices to improve maternal, infant and young child feeding, utilization of ICDS and NHM services can result in sustained improvement in nutritional status of the population and contribute significantly to reducing nutritional deprivations. Moreover, such changes are expected to be sustained within the system and communities.

Against this backdrop, the ICDS System Strengthening and Community Mobilization project was launched to support and enhance the effectiveness of ICDS in improving service delivery in Gadchiroli of Maharashtra. The project is a joint partnership of the Department of Women and Child Development, Government of Maharashtra and the Tata Trusts.

MULTI-SECTORAL PLATFORM FOR INTEGRATED PROGRAM STRATEGY

Goal:

- Women of reproductive age and children in the project areas achieve sustainable improvement in their nutrition and health status.

Sub-objectives:

- Service providers improve the quality and coverage of services in the ICDS and NHM through special focus on training, demand generation, monitoring and a management information system.
- Social behaviour change communication results in improved nutritional practices and healthcare seeking behaviour which should be sustained at individual, family and community level.

This endline report aims to provide key indicators on maternal and child health and nutrition aspects that are a key focus of the project areas in Gadchiroli district of Maharashtra.

PROJECT STRATEGY

System Strengthening Initiatives

I. Refurbishment of AWCs

II. AWCs with need-based equipment's

III. Capacity building of AWWs, ASHAs and ANMs to ensure greater convergence

IV. Capacity building of AWWs on IYCF

V. Capacity Building of AWWs on conducting community based events and Jan Andolan initiatives

VI. Capacity Building of PRI members on their roles and responsibilities

Community Mobilization Initiatives

I. Community based events

II. Jan Andolan events on dietary diversity/ correct ways of breastfeeding/ ways of improving diets of children under 5 years/ rights of communities

III. Felicitation events of frontline workers

IV. Tracking high risk beneficiary – *5 pregnant women and 5 infants (by each Field representative)*

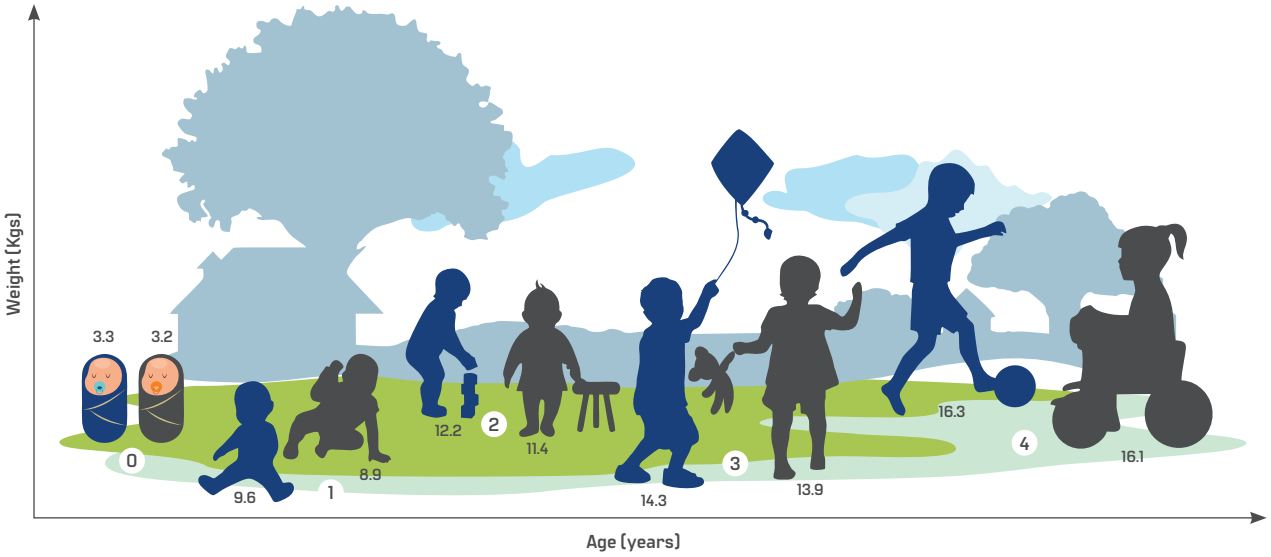
Multi-level Advocacy Initiatives

I. **Scaling up of convergence work with Principal Secretary, DWCD and ICDS Commissioner –** AAA monitoring tool is being impressed upon for its use by Medical Officers (NHM) and Child Development Project Officers (ICDS) by utilizing AAA Monitoring Tool

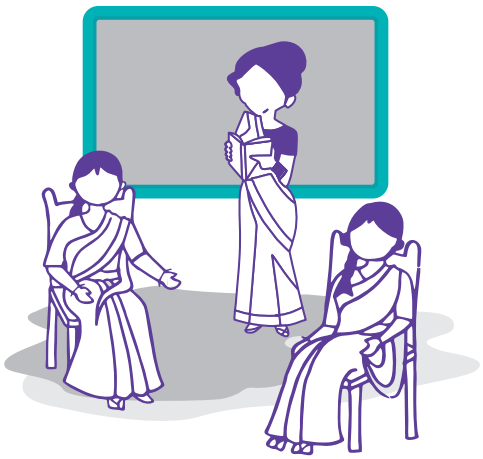
II. **Joint Quarterly Meeting with DM, CEO, Deputy CEO, DHO, PRI –** To meet the objective of refurbishment, AAA implementation, PRI convergence and strategies for improvement of Mother Infant and Young Child Nutrition

III. **Joint Monthly meeting with PRI, BDO, CDPO, MO –** to highlight and discuss village health and Anganwadi Centre status with key stakeholders

IV. **Utilizing Sector Meeting Platform with AWW, ASHA, ANM –** To motivate AWWs to demand through VHRC day to day needs of AWCs, support convergence work on ground, train FLWs as required, Handhold high risk cases and discuss pain points



MULTISECTORAL STRATEGIES



ICDS scheme is a unique programme which encompasses the main components of human resource development, namely health, nutrition and education. ICDS continues to be the world's most unique early childhood development program and strategies to strengthen its service delivery, modify the supplementary food ration and generate awareness through evidence-based advocacy can improve its coverage manifold.

Understanding the importance of focussing on service delivery and awareness aspects to strengthen existing system, this project in Gadchiroli district of Maharashtra has been designed with a sustainable approach to strengthen existing ICDS system by: refurbishing Anganwadi Centres as model Anganwadi Centres, building capacities of frontline workers viz. Anganwadi Worker (AWW), Accredited Social Health Activist (ASHA) and Auxillary Nurse Midwife (ANM) on working in convergence, building capacities of AWWs on Infant and Young Child Feeding (IYCF) practices, Behavioural Change Communication (BCC) activities and multi-level policy and advocacy initiatives with key stakeholders.

These activities are designed to strengthen both system and mobilize community towards a common goal. Thereby by focusing on both demand and supply side together this initiative opened the pandora box of possibilities to address the burden of malnutrition where community is empowered with requisite knowledge and information.

Project Interventions

- The project refurbished Anganwadi Centres jointly identified with district officials on the basis of specified inclusion criteria for refurbishment on structural, physical and softer aspects.
- The project oriented, trained and advocated with different stakeholders at various levels to tap their potential of mobilizing and strengthening ICDS service delivery. Government key stakeholders and supervisors were oriented on the project components and frontline workers capacity are built on working in convergence basis as per the AAA Government Resolution and Infant & Young Child Feeding (IYCF) practices.
- Master Trainers were identified on these activities and trained through supplementary material such as handouts, recipes, local food lists, breastfeeding model and counselling videos.
- Multi-level advocacy and stakeholder meetings were done at village level, primary health centre (PHC) and block level for awareness building and for making a case for importance of monitoring of work done by frontline workers through AAA tool.
- For review and reporting mechanism, advocacy with Gram Panchayat, Anganwadi Supervisors, ANMs, Child Development Project Officers and Medical Officers at the Primary Health Centres were conducted. Further, at the Block level system and community stakeholders were advocated for joint meetings to review the progress of AAA activities and address issues in program implementation.
- Finally, large scale behaviour change communication activities (such as street plays, food festivals, Anganwadi competitions, counselling sessions, district and block level felicitations) were conducted with greater households visits to improve knowledge and awareness in the community.

DISTRICT PROFILE OF PROJECT AREA

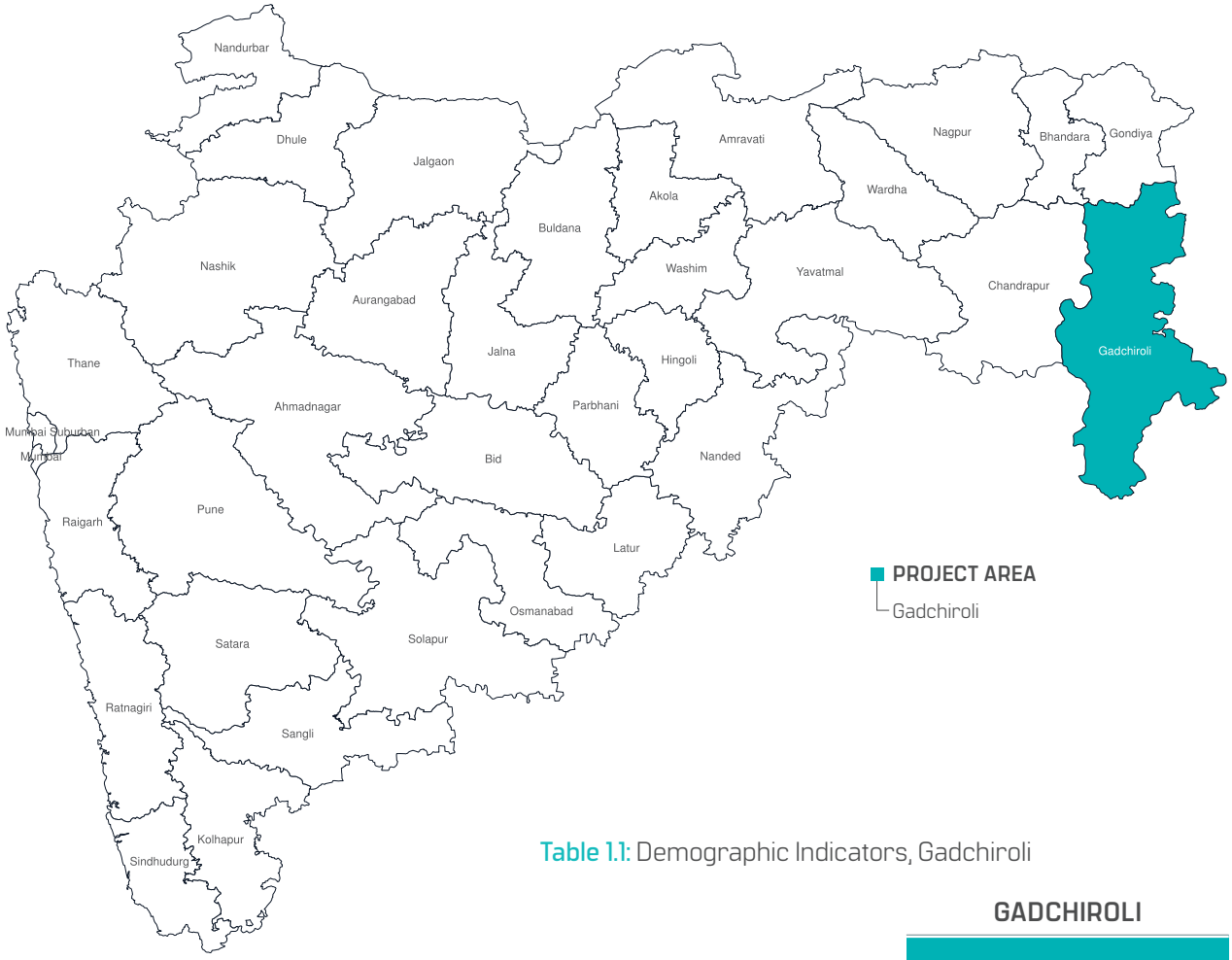


Table 1.1: Demographic Indicators, Gadchiroli

	GADCHIROLI
TOTAL POPULATION	1072942
SCHEDULED TRIBE (ST) (%)	38.7
CHILD SEX RATIO	961
LITERACY RATE (%)	74.4

Source: Census of India, 2011

Table 1.2: Child Undernutrition Indicators, Gadchiroli

	NFHS-4	NFHS-5
STUNTING (LOW HEIGHT FOR AGE) (%)	32.5	35.7
UNDERWEIGHT (LOW WEIGHT FOR AGE) (%)	42.1	35.4
WASTING (LOW WEIGHT FOR HEIGHT) (%)	45.8	30.0
ANEMIA* (%)	58.3	76.6

* 6-59 months

Source: NFHS-5, 2019-20

METHODOLOGY

The ICDS is designed to deliver six important services to children (0-6 years) as well as pregnant and lactating mothers. These services are as follows: a) Supplementary nutrition, b) Pre-school non-formal education, c) Nutrition and health education, d) Immunization, e) Health checkups and f) Referral services. The aim of the endline report is to understand the improvements in coverage and uptake of these various ICDS services by women and children in Gadchiroli district of Maharashtra.

Local investigators were hired from the selected districts for the endline survey. The investigators were trained in Nagpur followed by piloting of the interview schedule. The interview schedule was also translated by a professional editor in Marathi language for the interview purposes.

SAMPLING

We aim to test the hypothesis that between baseline and endline there is a 10 percentage point increase in the utilization of any ICDS services by children in Gadchiroli district of Maharashtra. In this regard, given the time and resource constraints, the sampling parameters and key assumptions are as follows:

- The utilization of any ICDS services among children (0-71 months) during baseline is assumed to be P_0 = 0.49. The assumption is based on estimates from National Family Health Survey (2015-16) for Maharashtra.
- By end of the project assessment, it is expected that the utilization of ICDS services among children (0-71 months) will increase by 10 percentage points.
- The level of significance is 5% and the desired power is 90% (α=0.05; β=0.10)
- Design effect of 2 is assumed

Ethics committee approval for the assessment was obtained from Sigma Institutional Review Board.

The formula to estimate the sample size is as follows[1]:

$$n = \frac{\left\{ Z_{1-\alpha}\sqrt{P_0(1-P_0)} + Z_{1-\beta}\sqrt{P_\alpha(1-P_\alpha)} \right\}^2}{(P_\alpha - P_0)^2} \times design\ effect$$

Parameters	Case 1
Baseline utilization rate	P_0 0.490
Endline utilization rate	P_α 0.590
Baseline - Endline difference	$P_0 - P_\alpha$ 0.100
Power (90%)	beta = 0.1 1.282
Confidence level (95%)	Z_α 1.645
Design effect	d 2.0
Sample size	n 422

The estimated sample size based on the above parameters is n = 422. Allowing for 5% non-response, a sample size of 450 responses from mothers with children aged 0-71 months from each district is finalized. COVID-19 safety protocols were followed during the survey conducted during Jan-Feb 2021.

Table 1.3: Sample details

	BASELINE	ENDLINE
BLOCKS SURVEYED	2	2
SAMPLE DETAILS		
0-23 MOTHS	267	265
24 MONTHS AND ABOVE	183	185

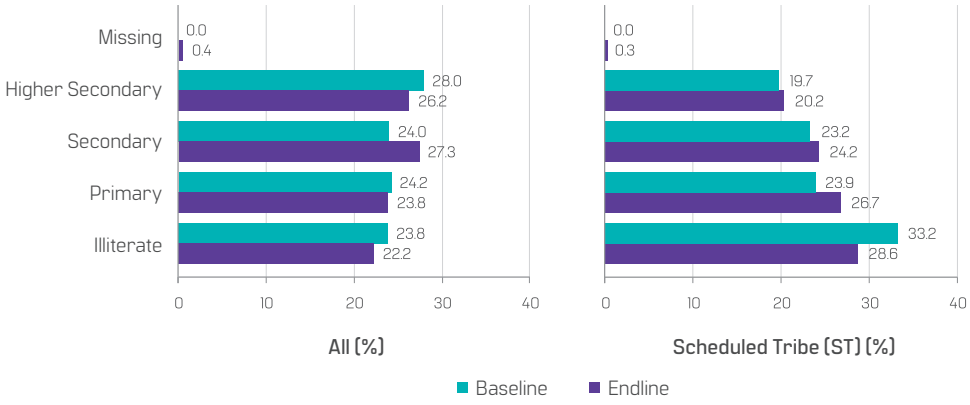
Sample Implementation and Data Analysis

10 children per AWC is randomly selected from the AWC registers, thus leading to a selection of 45 AWCs in each district. Monitoring was jointly conducted by the Project Staff from Tata Trusts and the Institute of Economic Growth, Delhi. The endline report is prepared by the Institute of Economic Growth, Delhi.

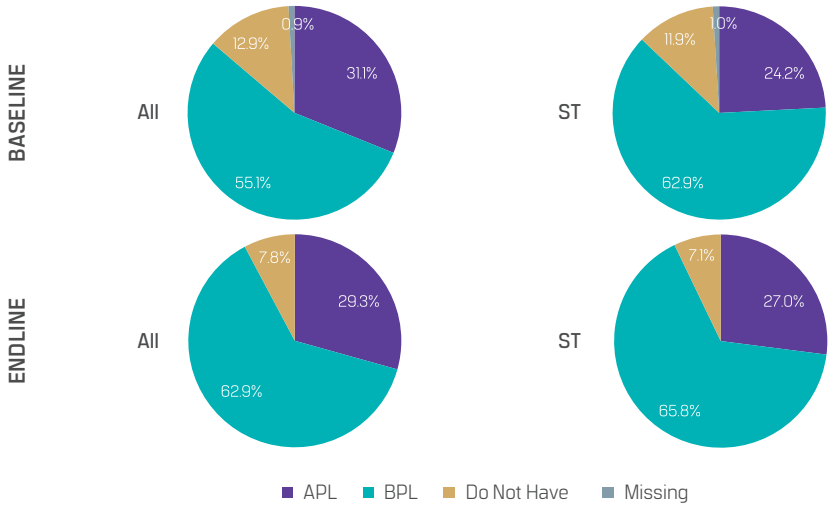
1 Stanley Lemeshow, David W Hosmer Jr, Janelle Klar, and Stephen K. Lwanga (1990) *Adequacy of Sample Size in Health Studies*, World Health Organization, John Wiley and Sons, England.

SAMPLE CHARACTERISTICS

EDUCATION OF RESPONDENTS



RATION CARD



MATERNAL AGE AT CHILD BIRTH

Poverty and illiteracy are inextricably linked to nature and society and are deeply influenced by development policies and programmes. These are important determinants that leave an indelible imprint on health and nutritional status of the population. Gadchiroli district is affected by such basic deprivations.

Gadchiroli district has a high percentage of women who have reported education up to primary level and possess a BPL card. High poverty and illiteracy are key developmental concerns in these districts.

The distribution of education completed by women across the project area have remained more or less same at baseline and endline. A two percent increment in women illiteracy is noted in ST household in Gadchiroli at the endline. In overall household, 26.2 % of women in Gadchiroli reported attending higher secondary education and above as their educational qualification as compared to 28 % at baseline which is a decrement of 2 percentage points. Moreover, even in ST household no major change is noted in women attending higher secondary education. No change was noted in percentage of BPL card holder between baseline and endline in Gadchiroli district. The ST households in Gadchiroli are relatively disadvantaged in socioeconomic status especially when it comes to higher education achievements or poverty status as per BPL card.

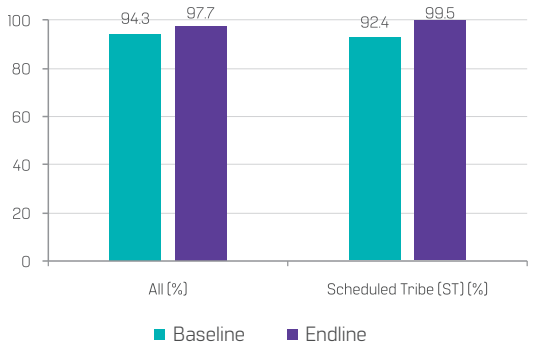
Early age at marriage and childbirth are noted as important factors affecting maternal and child health and nutritional status. A shift in distribution of maternal age at child birth is observed. Almost 10% of women from overall and ST household were less than 20 years at the time of birth at endline across the district. Half of the mothers were aged 20-24 years during child birth at baseline and endline. Given the high levels of poverty, the role of ICDS services becomes even more important for nutritional development in the district. High poverty implies that the quality of THR and its timely distribution has to be a high priority area for averting any dietary shocks to both mothers and children. High level of illiteracy calls for effective counselling services such that the health and nutrition messages and behavioural factors are absorbed by the community and practiced to promote health and well-being of mothers and children.

	BASELINE				ENDLINE			
	All		ST		All		ST	
BACKGROUND	N	%	N	%	N	%	N	%
EDUCATION								
Illiterate	107	23.8	103	33.2	100	22.2	92	28.6
Primary	109	24.2	74	23.9	107	23.8	86	26.7
Secondary and Above	108	24.0	72	23.2	123	27.3	78	24.2
Higher Secondary and Above	126	28.0	61	19.7	118	26.2	65	20.2
Missing	–	–	–	–	2	0.4	1	0.3
RATION CARD								
APL	140	31.1	75	24.2	132	29.3	87	27.0
BPL	248	55.1	195	62.9	283	62.9	212	65.8
Do Not Know	58	12.9	37	11.9	35	7.8	23	7.1
Missing	4	0.9	3	1.0	–	–	–	–
MATERNAL AGE AT CHILD BIRTH								
Less than 20 years	55	12.2	40	12.9	44	9.8	33	10.3
20-24 years	230	51.1	155	50.0	218	48.4	156	48.5
25 years and above	164	36.4	114	36.8	182	40.4	131	40.7
Missing	1	0.2	1	0.3	6	1.3	2	0.6

UTILIZATION OF ICDS SERVICES BY PREGNANT AND LACTATING WOMEN

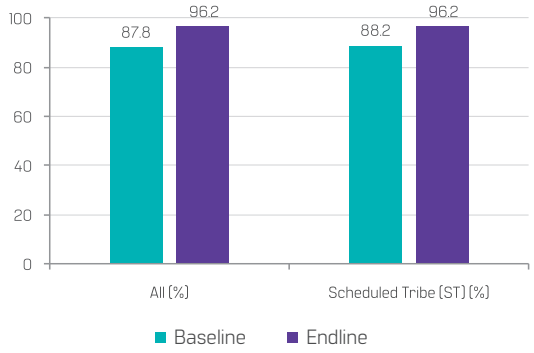
RECEIVED TAKE HOME RATION FROM AWC DURING THE LAST PREGNANCY

	BASELINE	ENDLINE
ALL (%)	94.3	97.7
ST (%)	92.4	99.5



RECEIVED TAKE HOME RATION FROM AWC DURING 0-6 MONTHS AFTER CHILD WAS BORN

	BASELINE	ENDLINE
ALL (%)	87.8	96.2
ST (%)	88.2	96.2



RECEIPT OF ICDS SERVICES

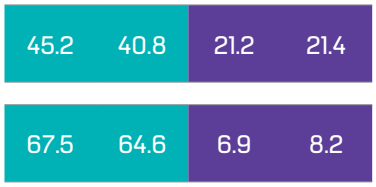
	PREGNANT WOMEN				LACTATING MOTHERS			
	BASELINE		ENDLINE		BASELINE		ENDLINE	
	All (%)	ST (%)	All (%)	ST (%)	All (%)	ST (%)	All (%)	ST (%)
SUPPLEMENTARY FOOD	81.0	75.3	24.2	24.2	84.8	82.7	24.9	24.4
HEALTH CHECK-UPS	79.2	73.4	18.1	17.6	80.5	77.7	23.3	22.2
HEALTH AND NUTRITIONAL EDUCATION	64.9	57.0	11.5	9.9	66.4	64.2	21.4	20.0
REFERRAL SERVICES	28.3	25.5	6.5	9.3	12.5	14.0	9.3	7.2
PERSONAL HYGIENE	23.9	21.0	76.5	76.9	42.0	42.1	13.2	13.9

RECEIPT OF ICDS SERVICES

PREGNANT WOMEN

COUNSELLING

IMMUNIZATION



ICDS offers six key services viz. a) Supplementary nutrition, b) Pre-school non-formal education, c) Nutrition and health education, d) Immunization, e) Health check-ups and f) Referral services.

An increment of 4 point is noted in percentage of pregnant women who received take home ration Gadchiroli district between baseline and endline. Whereas, among lactating mothers who received take home ration observed to improve from 88% in baseline to 98% in in overall as well as ST household of the district. A decrement of 60 point is noted among pregnant women received immunization services from both the household in Gadchiroli. The receipt of counselling services has shown a 24% and 20% decline among all and ST household respectively at endline.

Less than one-fifth of pregnant women and lactating mothers from all household in Gadchiroli reported receiving health and nutrition education from Anganwadis at endline as compared to three-fourth respondents at the baseline. However, the decrement is noted comparatively more within the ST household. No change is noted in awareness on personal hygiene among lactating and pregnant women in both the household during endline in Gadchiroli district.

There is a need to improve coverage of ICDS services among pregnant and lactating women in the district. ST household noted lower coverage in all basic ICDS services compare to overall household. Focus on nutrition and health education as well as counselling services is required for significant improvement of all basic ICDS services within overall and ST household.

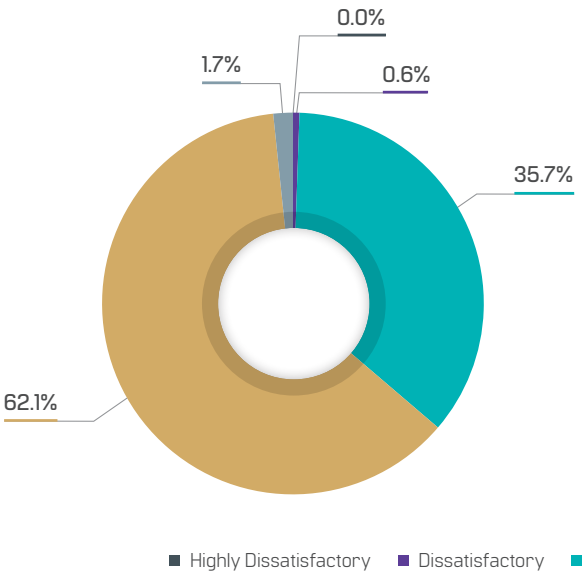
	BASELINE				ENDLINE			
	All		ST		All		ST	
	N	%	N	%	N	%	N	%
PREGNANT WOMEN								
Supplementary Nutrition	187	81.0	119	75.3	63	24.2	44	24.2
Health Check-up	183	79.2	116	73.4	47	18.1	32	17.6
Health and Nutrition Education	150	64.9	90	57.0	30	11.5	18	9.9
Counselling	104	45.2	64	40.8	55	21.2	39	21.4
Immunization	156	67.5	102	64.6	18	6.9	15	8.2
Referral Services	65	28.3	40	25.5	17	6.5	17	9.3
Personal Hygiene	55	23.9	33	21.0	199	76.5	140	76.9
LACTATING WOMEN								
Supplementary Nutrition	217	84.8	148	82.7	64	24.9	44	24.4
Health Check-up	206	80.5	139	77.7	60	23.3	40	22.2
Health and Nutrition Education	170	66.4	115	64.2	55	21.4	36	20.0
Referral Services	32	12.5	25	14.0	24	9.3	13	7.2
Personal Hygiene	107	42.0	75	42.1	34	13.2	25	13.9

The beneficiaries reported lower receipt of ICDS services, especially referral services and immunization, from Anganwadis at endline as compared to baseline.

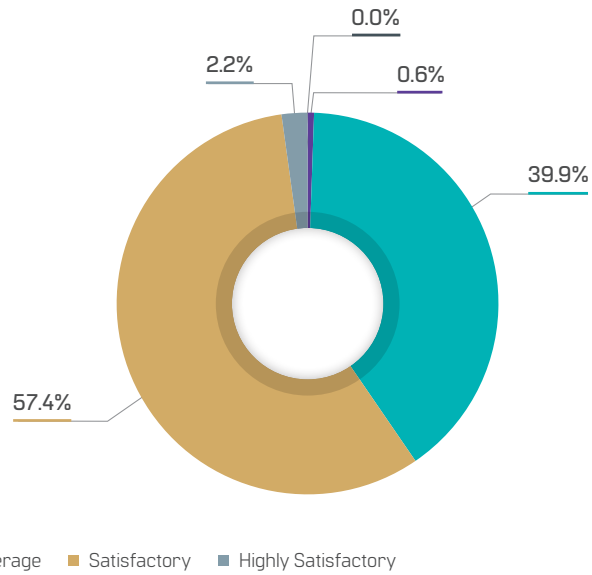
UTILIZATION OF ICDS SERVICES BY CHILDREN

	BELOW THREE YEARS				ABOVE THREE YEARS			
	BASELINE		ENDLINE		BASELINE		ENDLINE	
	All (%)	ST (%)	All (%)	ST (%)	All (%)	ST (%)	All (%)	ST (%)
SUPPLEMENTARY FOOD	100	100	66.0	74.4	100	100	36.7	38.0
GROWTH MONITORING	96.7	100	72.3	78.0	99.5	99.2	35.8	37.0
IMMUNIZATION	100	97.7	72.9	78.9	96.7	95.2	35.0	35.9
HEALTH CHECK-UPS	70.5	82.0	58.3	64.1	80.9	82.3	21.7	22.8
TREATMENT ILLNESSES AND REFERRAL SERVICES	21.3	31.1	52.0	59.2	25.1	30.6	10.8	12.0
COUNSELLING SERVICES	59.0	39.4	52.3	57.8	41.5	40.3	14.2	15.2
PRE-SCHOOL EDUCATION SERVICES	4.9	10.6	3.1	4.0	29.0	25.0	20.0	22.8

RATING OF QUALITY OF SUPPLEMENTARY NUTRITION SERVICES PROVIDED TO CHILDREN, ABOVE THREE YEARS



RATING OF QUANTITY OF SUPPLEMENTARY NUTRITION SERVICES PROVIDED TO CHILDREN, ABOVE THREE YEARS



Provisioning of supplementary nutrition to children is an important activity and service of the Anganwadi centres. The distribution of supplementary nutrition to the children occurs in two forms: a) Children aged 6 months to 3 years are provided Take Home Ration (THR) packets; b) Children aged 3 to 6 years are provided Hot Cooked Meal (HCM) at the Anganwadi Centre.

The percentage of children aged 0-35 months from overall and ST household in Gadchiroli who received supplementary food from the Anganwadi declined to 66% and 74% respectively at endline. Similarly, at endline, children above 36 months from overall and ST household in Gadchiroli district who received supplementary food at the Anganwadi centres declined to 37% and 38% respectively.

Pre-school education services is an important and aspirational component of Anganwadi services. At endline, 20% reported receipt of pre-school education services in Gadchiroli as compared to 29% at baseline. In particular, the decline in coverage of immunization services was higher among children aged 3 years and above. Approximately 22% of the children aged 3 years and above received health check-ups at endline across the district as compared to more than 80% children at baseline.

CHILDREN BELOW THREE YEARS

	BASELINE				ENDLINE			
	All		ST		All		ST	
	N	%	N	%	N	%	N	%
Supplementary Food	61	100	133	100	212	66.0	166	74.4
Growth Monitoring	59	96.7	133	100	232	72.3	174	78.0
Immunization	61	100	130	97.7	234	72.9	176	78.9
Health Check-ups	43	70.5	109	82.0	187	58.3	143	64.1
Treatment Illnesses & Referral Services	13	21.3	41	31.1	167	52.0	132	59.2
Counselling Services	36	59.0	52	39.4	168	52.3	129	57.8
Pre-school Education Services	3	4.9	14	10.6	10	3.1	9	4.0

The Anganwadis have relatively high focus on supplementary nutrition, immunization and growth monitoring services for children. The focus on counselling services has been weak. At endline a substantial reduction in coverage of all the ICDS services is observed.

CHILDREN ABOVE THREE YEARS

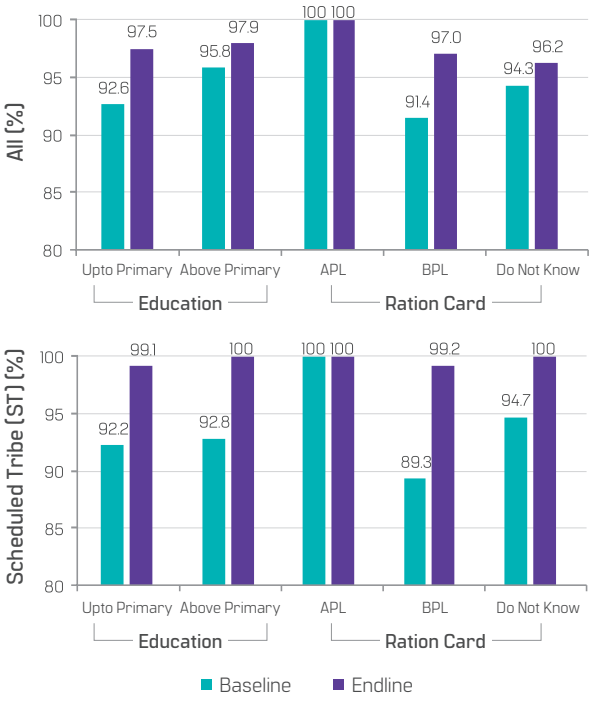
	BASELINE				ENDLINE			
	All		ST		All		ST	
	N	%	N	%	N	%	N	%
Supplementary Food	183	100	124	100	44	36.7	35	38.0
Growth Monitoring	182	99.5	123	99.2	43	35.8	34	37.0
Immunization	177	96.7	118	95.2	42	35.0	33	35.9
Health Check-ups	148	80.9	102	82.3	26	21.7	21	22.8
Treatment Illnesses & Referral Services	46	25.1	38	30.6	13	10.8	11	12.0
Counselling Services	76	41.5	50	40.3	17	14.2	14	15.2
Pre-school Education Services	53	29.0	31	25.0	24	20.0	21	22.8

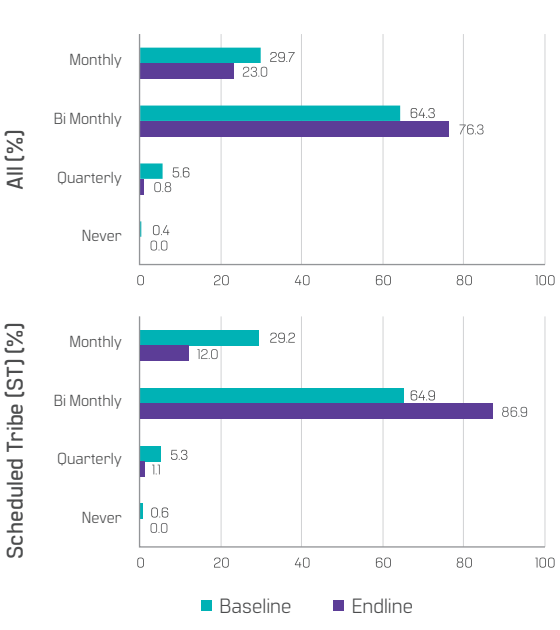
Pre-school education services has low coverage, particularly in ST household. At endline, a further decline is observed in coverage of pre-school services. This is an important area to improve Anganwadi services.

SUPPLEMENTARY NUTRITION: PREGNANT WOMEN AND LACTATING MOTHERS

RECEIVED THR FROM AWC DURING THE LAST PREGNANCY

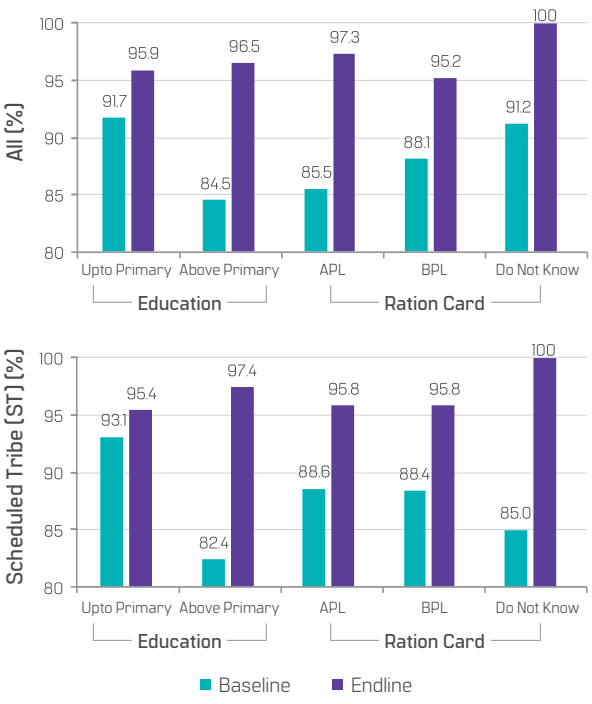
	BASELINE	ENDLINE
ALL (%)	94.3	97.7
ST (%)	92.4	99.5

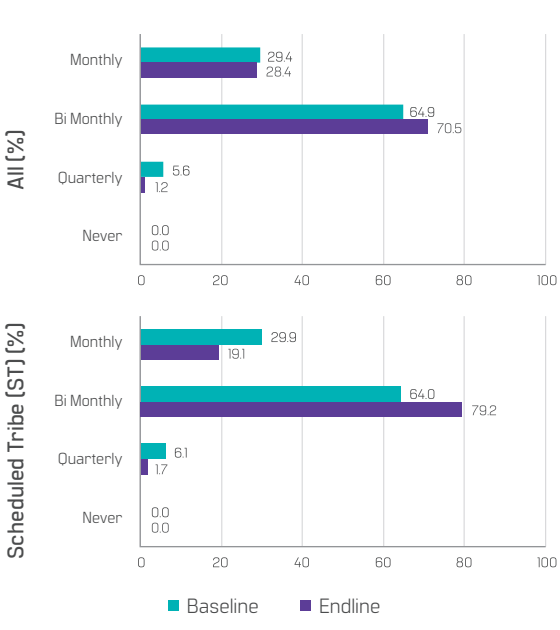




RECEIVED THR FROM AWC DURING THE 0-6 MONTHS AFTER CHILD WAS BORN

	BASELINE	ENDLINE
ALL (%)	87.8	96.2
ST (%)	88.2	96.2





At endline, over 97% of pregnant women and lactating mothers reported receiving THR from the Anganwadis. Additionally, 8% point increment is observed within ST household in receipt of THR from the Anganwadis at endline. The reporting patterns for receipt of THR were similar at baseline and endline across the households. Both during baseline and endline, a variation is observed in receiving THR from the Anganwadis within the socio-economic strata, especially in between APL and BPL household. In ST household, a significant improvement is noted in terms of educational and economical background of the beneficiaries. Moreover, receipt of THR remained more or less same at baseline and endline.

The percentage of respondents reporting that the quality of THR was satisfactory has increased from 60% to 88% in Gadchiroli at endline. While not many have reported the quality to be dissatisfactory or worse but it is important to note that while four in every ten beneficiaries reported the THR quality to be average during the baseline, only one in ten reported the quality to be average at endline. The quality of THR has improved during the period of intervention.

At baseline, the quantity of THR services during pregnancy was reported to be satisfactory or highly satisfactory by 70% of all respondents in Gadchiroli. The situation of ST household in terms of perception regarding THR quantity was even weaker than. In particular, less than 50% beneficiaries reported quantity to be satisfactory or highly satisfactory. However, as per the endline survey, approximately 90% of the respondents across Gadchiroli feel the quantity is satisfactory.

THR distribution is an important service provided by the ICDS. In this regard, it is critical that the supplementary nutrition provided to the beneficiaries are well received and has a good perception. While the district has higher coverage of THR distribution among the registered beneficiaries but the quantity and quality of THR can be improved further through revisiting the THR composition and mix and also by informing the beneficiaries about its nutritive value and use as a food supplement. It is important that the beneficiaries are satisfied with both quality and quantity of the product. High poverty in the region also makes it important to address these concerns. Timeliness in distribution can also be improved.

QUALITY OF TAKE HOME RATION SERVICES PROVIDED DURING PREGNANCY

BASELINE

	All		ST	
	N	%	N	%
Highly Dissatisfactory	–	–	–	–
Dissatisfactory	2	0.8	1	1.4
Average	100	40.2	26	36.1
Satisfactory	140	56.2	43	59.7
Highly Satisfactory	7	2.8	2	2.8
Total	249	100	72	100

ENDLINE

	All		ST	
	N	%	N	%
Highly Dissatisfactory	–	–	–	–
Dissatisfactory	–	–	–	–
Average	27	10.5	22	12.0
Satisfactory	226	87.9	160	87.4
Highly Satisfactory	4	1.6	1	0.6
Total	257	100	183	100

QUANTITY OF TAKE HOME RATION SERVICES PROVIDED DURING PREGNANCY

BASELINE

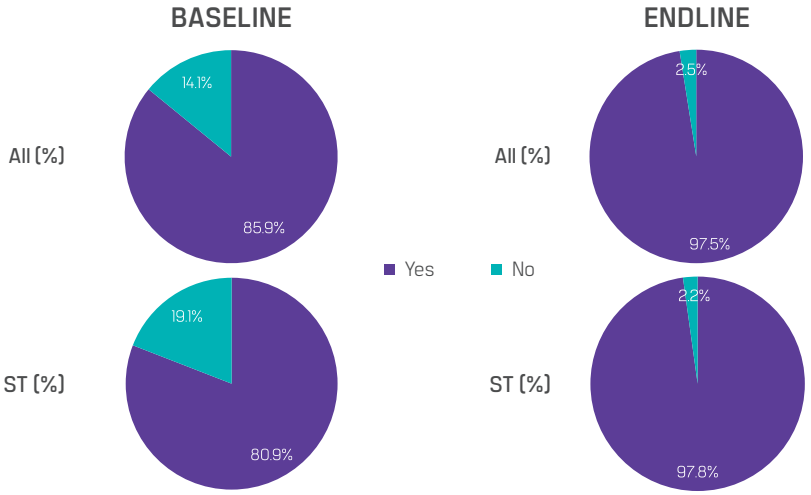
	All		ST	
	N	%	N	%
Highly Dissatisfactory	–	–	–	–
Dissatisfactory	2	0.8	1	0.6
Average	106	42.6	85	49.7
Satisfactory	134	53.8	82	48.0
Highly Satisfactory	7	2.8	3	1.8
Total	249	100	171	100

ENDLINE

	All		ST	
	N	%	N	%
Highly Dissatisfactory	–	–	–	–
Dissatisfactory	2	0.8	1	0.6
Average	106	42.6	21	11.5
Satisfactory	134	53.8	161	88.0
Highly Satisfactory	7	2.8	–	–
Total	249	100	183	100

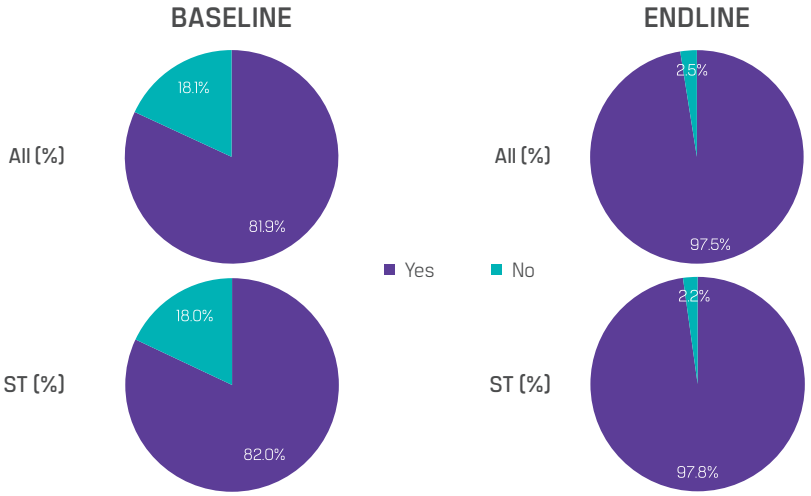
PRE-SCHOOL EDUCATION

AWARENESS



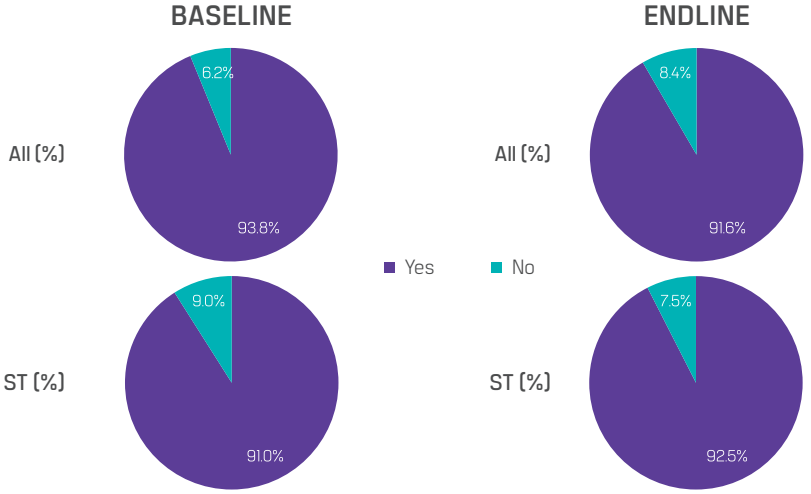
COUNSELLING

PRE-SCHOOL EDUCATION COUNSELLING RECEIVED BY AWW



PERCEPTION

PRE-SCHOOL EDUCATION HELPS DEVELOPMENT OF CHILDREN



Pre-school education is an important area for ICDS system strengthening. This is also important to address the parental needs and aspirations regarding quality of cognitive development and learning among children. While most of the beneficiaries believe that pre-school education helps in development of children but receipt of counselling for pre-school education and similarly awareness among beneficiaries regarding pre-school education is not universal. In particular, there is scope to improve the awareness and counselling among socio- economically weaker section of community in Gadchiroli districts.

Percentage of children attending AWC's preschool has declined across Gadchiroli from 95.3% to 53% between baseline and endline survey. Similarly, in Gadchiroli a decline in percentage of children attending preschool is observed. The children from APL household attending AWC's preschool is 100% at baseline and 35.3% at endline. COVID-19 has severely affected pro-school services. In beneficiaries belonging from ST household reported no major change in percentage of children attending preschool at endline. The children from APL and BPL household attending AWC's preschool was 100% and 96.1% at baseline and 34.8% and 64.6% respectively at endline. COVID-19 has severely affected pro-school services.

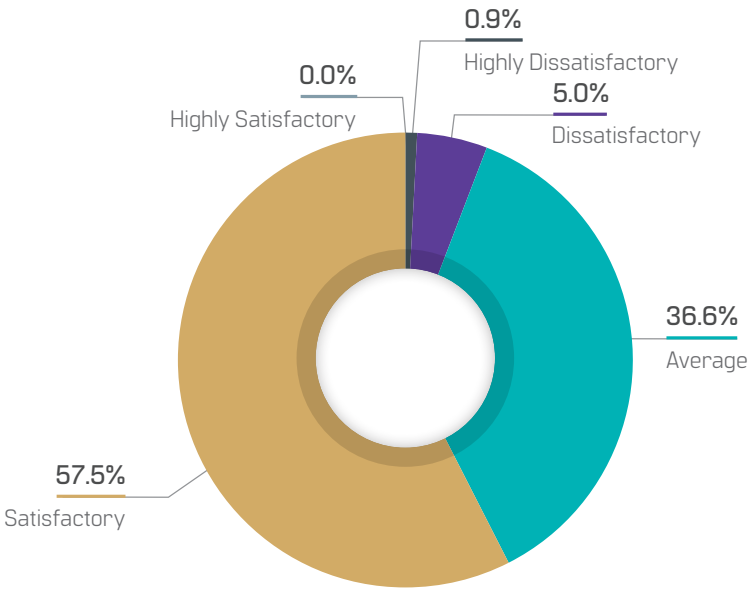
BASELINE

	All		ST	
	N	%	N	%
EDUCATION				
Upto Primary	60	92.3	49	92.5
Above Primary	61	98.4	35	97.2
RATION CARD				
APL	45	100	24	100
BPL	62	95.4	49	96.1
Do Not Know	13	86.7	10	83.3
TOTAL	121	95.3	84	94.4

ENDLINE

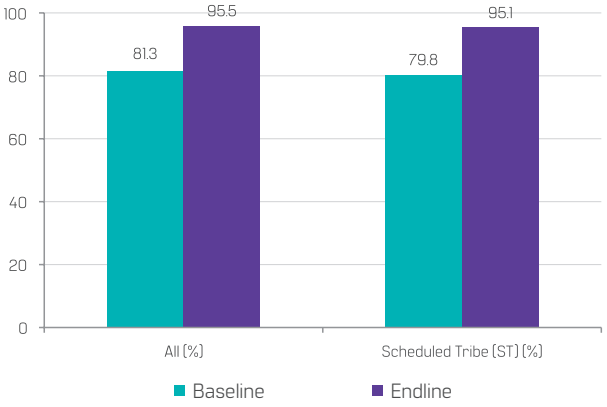
	All		ST	
	N	%	N	%
EDUCATION				
Upto Primary	24	41.4	21	40.4
Above Primary	39	63.9	31	75.6
RATION CARD				
APL	12	35.3	8	34.8
BPL	49	62.8	42	64.6
Do Not Know	2	28.6	2	40.0
TOTAL	63	52.9	52	55.9

SATISFACTION WITH HEALTH AND PRE-SCHOOL SERVICES

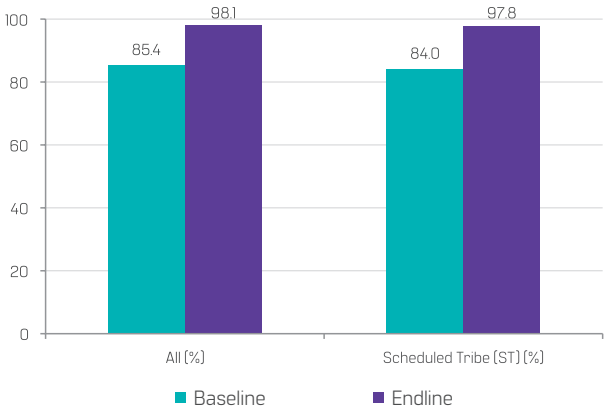


ANC SERVICES

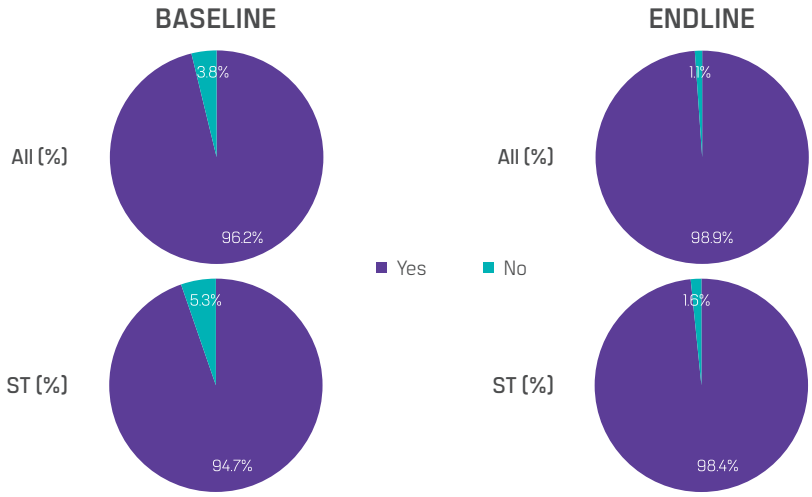
COUNSELLED ABOUT THE IMPORTANCE OF EARLY REGISTRATION OF PREGNANCY BY AWW



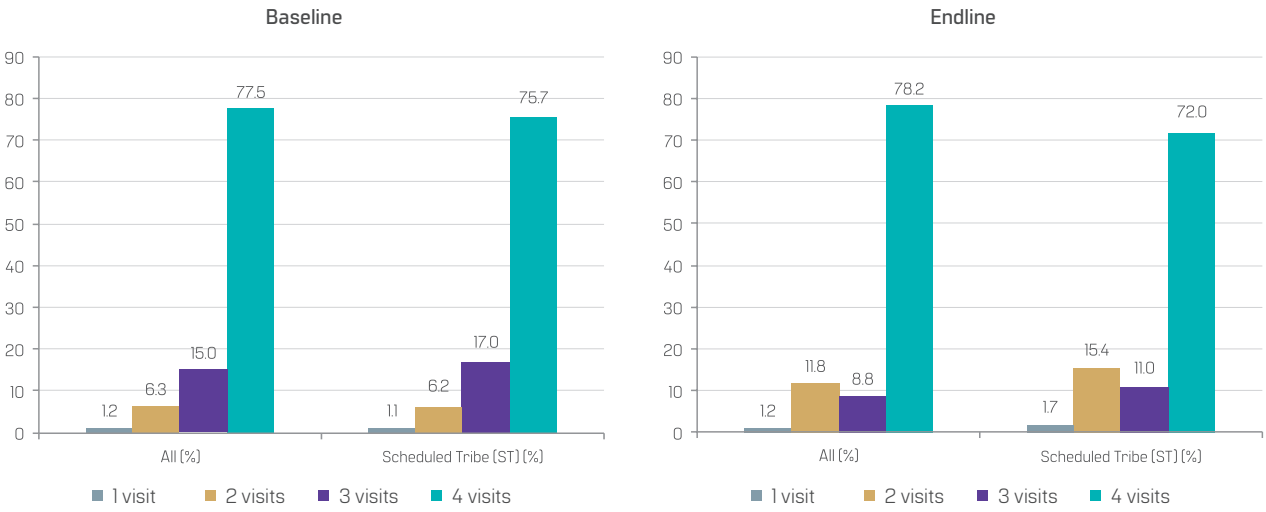
COUNSELLED ON IMPORTANCE OF ANC DURING PREGNANCY BY AWW



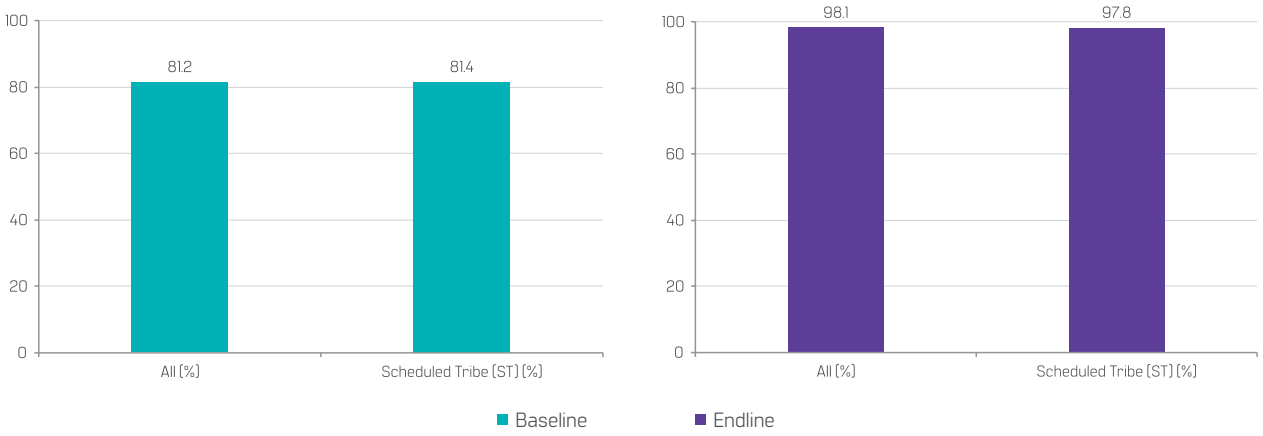
ANC RECEIVED (%)



ANC VISITS (%)



COUNSELLED ON IMPORTANCE OF HEALTH CHECK UPS AFTER DELIVERY BY AWW



Antenatal care is a critical component during pregnancy as these regular health check-ups by professional doctors and skilled health care providers can provide valuable advice to promote health of the mother and child. This further helps prevent or minimise risk to their lives by timely identification of health complications and providing appropriate health care. During ANC visits, the pregnant women are also provided important micronutrient supplementation as well as immunization care to ensure safe motherhood.

The overall percentage of beneficiary counselled about the importance of early registration of pregnancy by the Anganwadi workers has increased from 81.2% at baseline to 85.4% at endline. No change is noted in the percentage of beneficiaries counselled regarding the importance of antenatal care during pregnancy by the Anganwadi workers.

Similarly, at endline, more than 90% of the beneficiaries in Gadchiroli district have reported receiving counselling services on importance of health check-ups after delivery. This post-natal check-up are critical in reducing risks of maternal and neonatal deaths.

During the endline survey, above 95% the beneficiaries reported receiving ANC services in Gadchiroli. However, the proportion of beneficiaries receiving ANC services slightly decline in Gadchiroli district was observed at endline compared to the baseline.

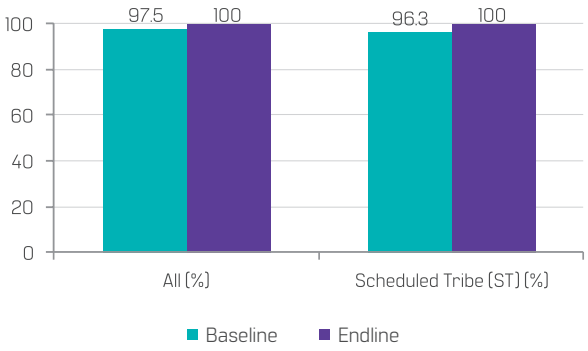
Proportion of beneficiaries undertaking more than four ANC visits during the pregnancy increased significantly in the district compared to the baseline. While in both the household in Gadchiroli district reported a slightest decline in receiving 3 ANC visits at endline compared to the baseline.

It is important that the number of ANC visits during pregnancy is increased in the district. As per the revised WHO norms, about 8 ANC visits are necessary during pregnancy stage to support health and nutrition of mother and the child.

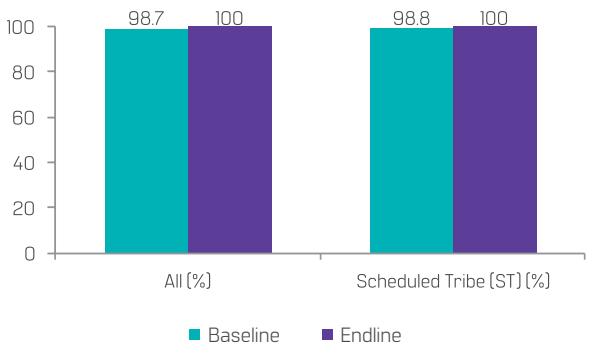
IRON FOLIC ACID (IFA) SUPPLEMENTATION

AWARENESS

PREGNANT WOMEN

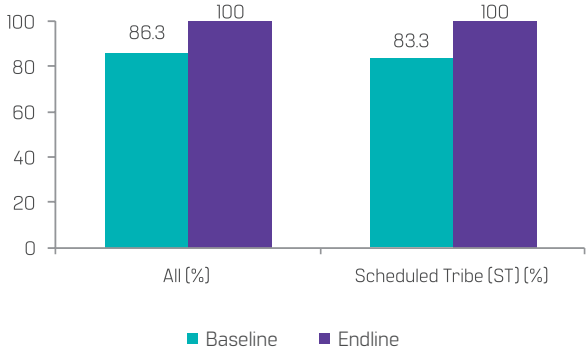


LACTATING WOMEN

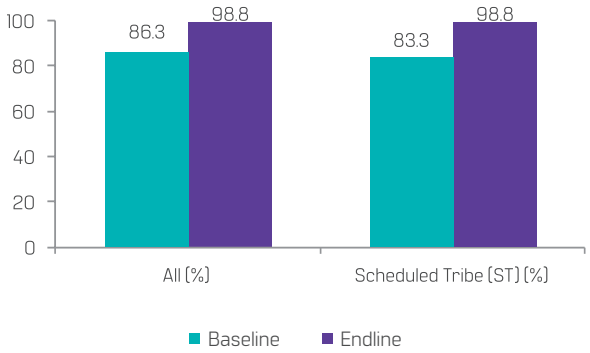


COUNSELLING

PREGNANT WOMEN

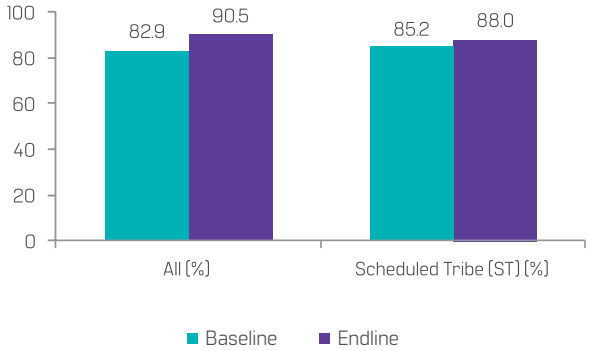


LACTATING WOMEN

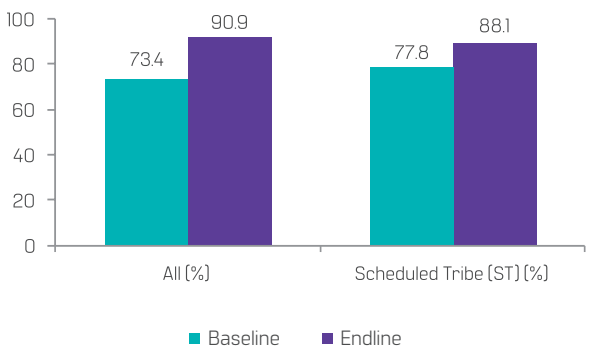


CONSUMPTION

PREGNANT WOMEN



LACTATING WOMEN



The National Guidelines for Anemia Control notes that anaemia is a condition in which the number of red blood cells (RBCs), and consequently their oxygen-carrying capacity, is insufficient to meet the body's physiological needs. Every second women in India is found to be anemic. This makes anemia a severe public health problem. Accordingly, all pregnant women are therefore advised to daily consume Iron and Folic Acid (IFA) tablets for a period of six months (total 180 tablets). Those who are anemic are advised to consume 2 tablets per day (360 tablets in 6 months) to improve their haemoglobin levels. After the project implementation, the community health workers started conducting frequent counselling session for improving awareness and adherence to IFA consumption and the ASHA workers were held responsible to provide IFA tablets to pregnant and lactating mothers through home visit as per the new government guidelines.

The baseline and endline data indicates that a high proportion of respondent are aware of the benefits of IFA tablets during pregnancy and lactation period. The proportion of respondent receiving counselling on IFA supplementation has increased at endline. The awareness and counselling session were beneficial in improving the adherence of IFA consumption. The consumption of IFA tablets during pregnancy increased from 83% to 99% in Gadchiroli between baseline and endline survey. The IFA consumption during lactation period also increased from 73% to 91% in Gadchiroli.

COUNSELLING

	PREGNANT WOMEN								LACTATING WOMEN							
	BASELINE				ENDLINE				BASELINE				ENDLINE			
	All		ST		All		ST		All		ST		All		ST	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
EDUCATION																
Upto Primary	84	87.5	69	86.3	109	100	97	100	85	88.5	70	87.5	108	99.1	96	99.0
Above Primary	118	85.5	66	80.5	133	100	71	100	117	84.8	65	79.3	131	98.5	70	98.6
RATION CARD																
APL	63	90	38	90.5	68	100	43	100	61	87.1	37	88.1	67	98.5	43	100
BPL	110	82.1	84	79.2	154	100	112	100	112	83.6	85	80.2	153	99.4	111	99.1
Do Not Know	28	96.6	13	92.9	20	100	13	100	28	96.6	13	92.9	19	95.0	12	92.3

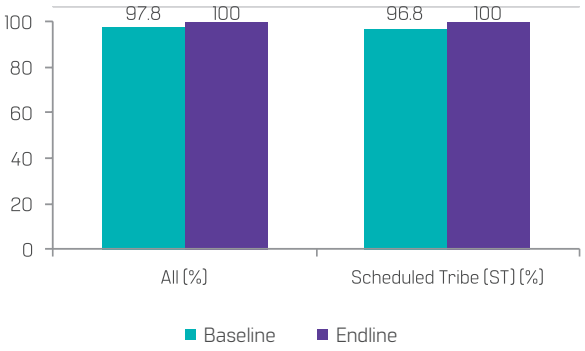
CONSUMPTION

	PREGNANT WOMEN								LACTATING WOMEN							
	BASELINE				ENDLINE				BASELINE				ENDLINE			
	All		ST		All		ST		All		ST		All		ST	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
EDUCATION																
Upto Primary	84	87.5	71	88.8	89	82.4	79	82.3	78	82.1	68	85.0	90	82.6	78	80.4
Above Primary	110	79.7	67	81.7	129	97.0	68	95.8	93	67.4	58	70.7	130	97.7	70	98.6
RATION CARD																
APL	58	82.9	39	92.9	61	89.7	37	86	48	69.6	34	81.0	63	92.6	39	90.7
BPL	110	82.1	87	82.1	138	90.2	97	87.4	98	73.1	80	75.5	138	89.6	97	86.6
Do Not Know	25	86.2	12	85.7	19	95.0	13	100	24	82.8	12	85.7	19	95.0	12	92.3

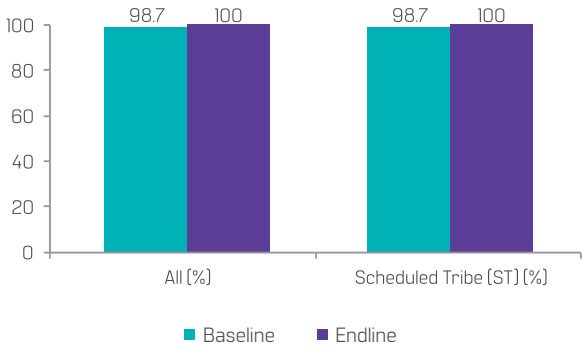
CALCIUM SUPPLEMENTATION

AWARENESS

PREGNANT WOMEN

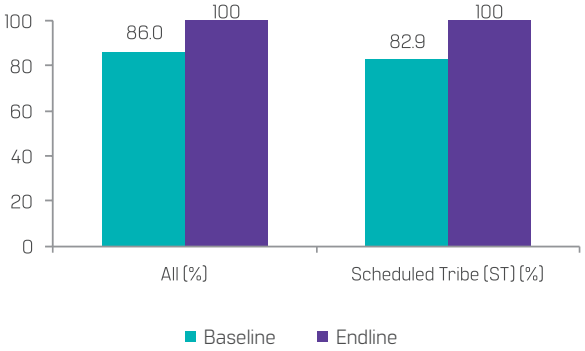


LACTATING WOMEN

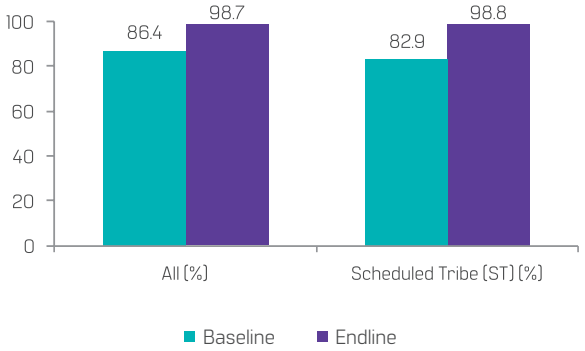


COUNSELLING

PREGNANT WOMEN

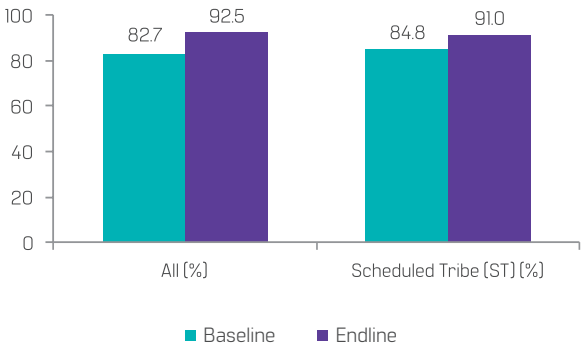


LACTATING WOMEN

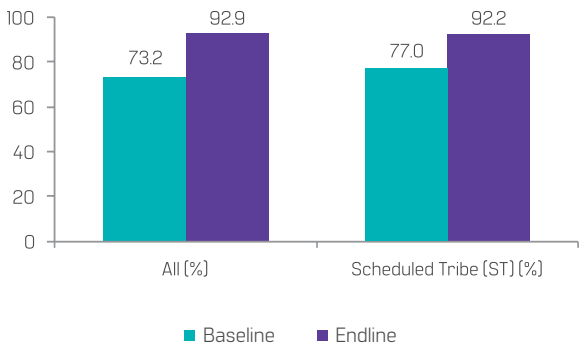


CONSUMPTION

PREGNANT WOMEN



LACTATING WOMEN



The National Guidelines for Calcium Supplementation notes that adequate levels of calcium intake during both pregnancy and lactation period is important to prevent pregnancy and birth complications and survival risks such as pre-eclampsia, pre-term birth, neonatal death and can improve maternal bone mineral content, breast milk concentration and bone development of neonates. The daily recommended dietary allowances (RDA) for calcium in pregnancy and lactation is 1200 mg per day. After the project implementation, the community health workers started conducting frequent counselling session for improving awareness and adherence to calcium consumption and the ASHA workers were held responsible to provide calcium tablets to pregnant and lactating mothers through home visit. While distributing the ASHA workers instruct the beneficiaries to take the tablet twice a day (total1g calcium/day) starting from 14 weeks of pregnancy up to six months' post-partum and also instructed them not to take that calcium tablets together since calcium inhibits iron absorption.

During both baseline and endline survey, in Gadchiroli district, a high proportion of women were observed to be aware of the benefits of Calcium supplementation during pregnancy and lactation period. The consumption of Calcium tablets during pregnancy reported increased from 83% to 93% in Gadchiroli between baseline and endline survey. The calcium consumption during lactation period also increased from 73% to 93% in Gadchiroli compared to the baseline.

COUNSELLING

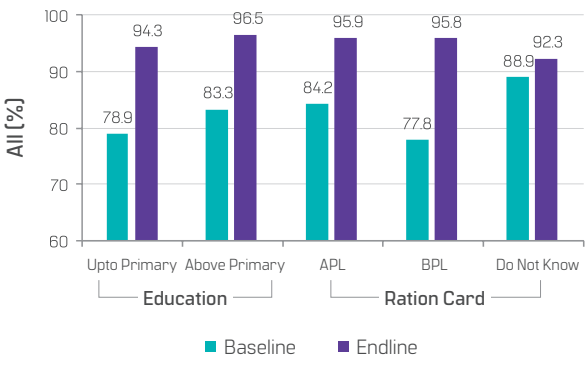
	PREGNANT WOMEN								LACTATING WOMEN							
	BASELINE				ENDLINE				BASELINE				ENDLINE			
	All		ST		All		ST		All		ST		All		ST	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
EDUCATION																
Upto Primary	75	87.2	63	86.3	108	100	96	100	77	89.5	64	87.7	107	99.1	95	99.0
Above Primary	115	85.2	63	79.7	131	100	70	100	114	84.4	62	78.5	129	98.5	69	98.6
RATION CARD																
APL	60	89.6	36	90	67	100	43	100	59	88.1	35	87.5	66	98.5	43	100
BPL	103	81.7	78	78.8	152	100	110	100	105	83.3	79	79.8	151	99.3	109	99.1
Do Not Know	26	96.3	12	92.3	20	100	13	100	26	96.3	12	92.3	19	95.0	12	92.3

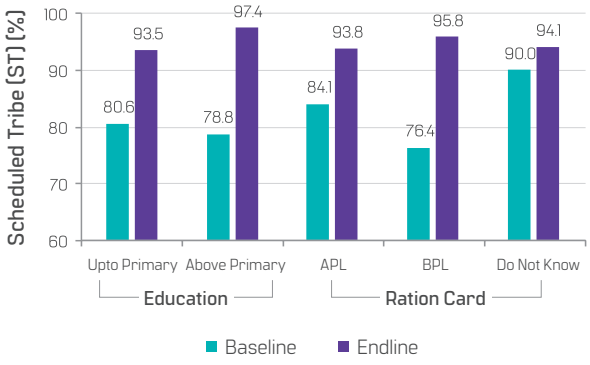
CONSUMPTION

	PREGNANT WOMEN								LACTATING WOMEN							
	BASELINE				ENDLINE				BASELINE				ENDLINE			
	All		ST		All		ST		All		ST		All		ST	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
EDUCATION																
Upto Primary	78	91.8	66	91.7	93	86.1	82	85.4	73	84.9	64	87.7	95	88.0	84	87.5
Above Primary	104	77.0	62	78.5	128	97.7	69	98.6	88	65.7	53	67.1	127	96.9	69	98.6
RATION CARD																
APL	56	83.6	37	92.5	64	95.5	40	93.0	46	69.7	32	80.0	65	97.0	41	95.3
BPL	103	82.4	80	81.6	138	90.8	99	90.0	92	73.0	74	74.7	138	90.8	99	90.0
Do Not Know	22	81.5	11	84.6	19	95.0	12	92.3	22	81.5	11	84.6	19	95.0	13	100

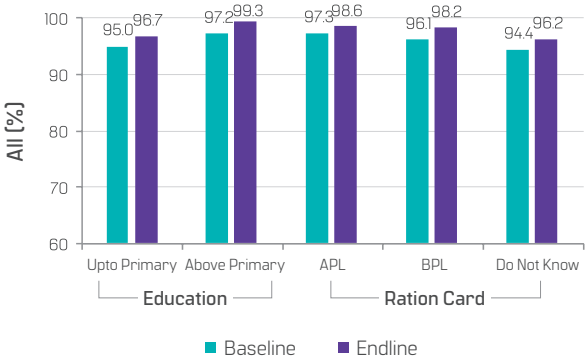
PREGNANCY RELATED COUNSELLING SERVICES

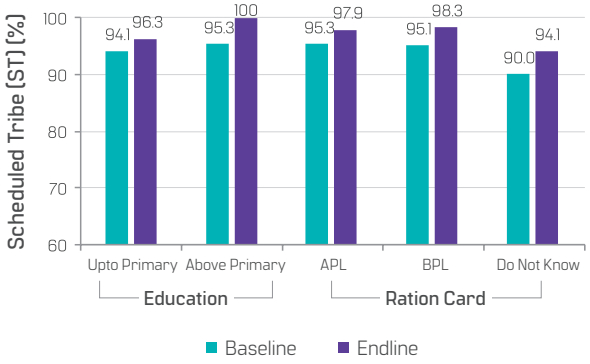
ON IMPORTANCE OF EARLY REGISTRATION



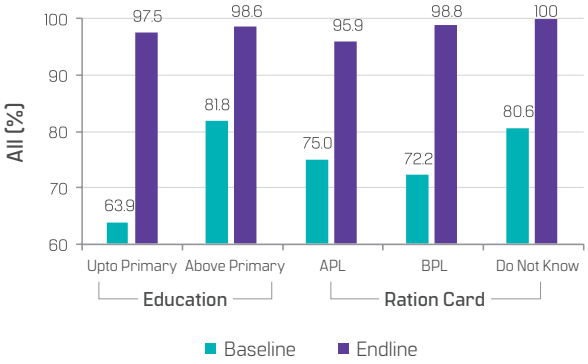


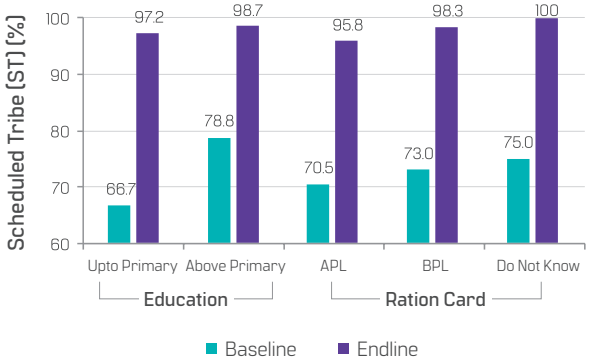
ON IMPORTANCE OF ANC SERVICES UTILIZATION





ON IMPORTANCE OF PNC BENEFITS





ON IMPORTANCE OF EARLY REGISTRATION

	BASELINE				ENDLINE			
	All		ST		All		ST	
	N	%	N	%	N	%	N	%
EDUCATION								
Upto Primary	97	78.9	83	80.6	115	94.3	101	93.5
Above Primary	120	83.3	67	78.8	138	96.5	75	97.4
RATION CARD								
APL	64	84.2	37	84.1	70	95.9	45	93.8
BPL	119	77.8	94	76.4	159	95.8	115	95.8
Do Not Know	32	88.9	18	90.0	24	92.3	16	94.1

The perception about importance of early registration has increased in Gadchiroli at endline as compared to baseline.

ON IMPORTANCE OF ANC SERVICES UTILIZATION

	BASELINE				ENDLINE			
	All		ST		All		ST	
	N	%	N	%	N	%	N	%
EDUCATION								
Upto Primary	114	95.0	96	94.1	118	96.7	104	96.3
Above Primary	140	97.2	81	95.3	142	99.3	77	100
RATION CARD								
APL	72	97.3	41	95.3	72	98.6	47	97.9
BPL	146	96.1	117	95.1	163	98.2	118	98.3
Do Not Know	34	94.4	18	90.0	25	96.2	16	94.1

In Gadchiroli, the perception about the importance of ANC service utilization has increased by at least 10% among all the beneficiaries – Scheduled Tribe, uneducated or educated, poor or non-poor compared to the baseline.

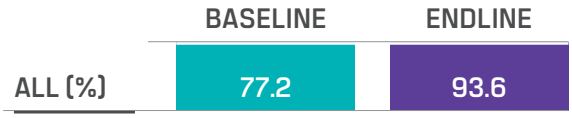
ON IMPORTANCE OF PNC BENEFITS

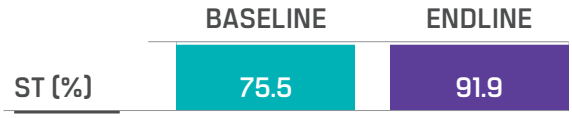
	BASELINE				ENDLINE			
	All		ST		All		ST	
	N	%	N	%	N	%	N	%
EDUCATION								
Upto Primary	78	63.9	68	66.7	119	97.5	105	97.2
Above Primary	117	81.8	67	78.8	141	98.6	76	98.7
RATION CARD								
APL	57	75.0	31	70.5	70	95.9	46	95.8
BPL	109	72.2	89	73.0	164	98.8	118	98.3
Do Not Know	29	80.6	15	75.0	26	100	17	100

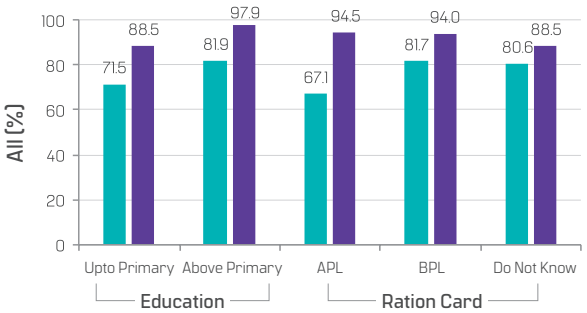
Perceptions about importance of PNC benefits has increased across All and ST household at endline. The greatest change in perception is observed among those who have up to primary education and are from BPL category.

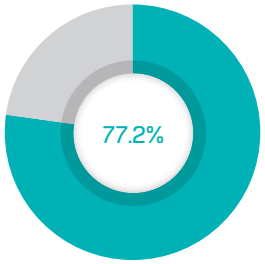
BREASTFEEDING: AWARENESS & COUNSELLING

AWARE ABOUT INITIATING BREASTFEEDING AFTER THE BIRTH OF THE CHILD

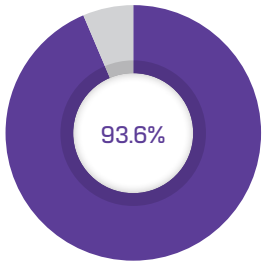




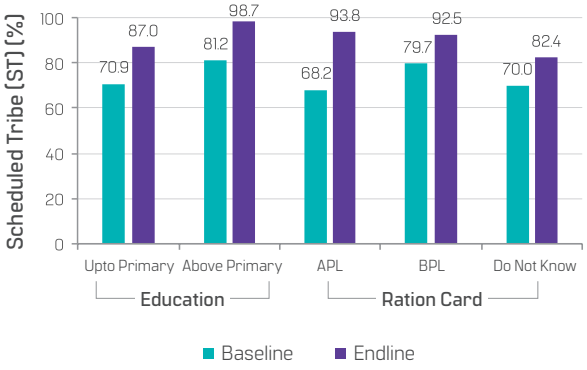


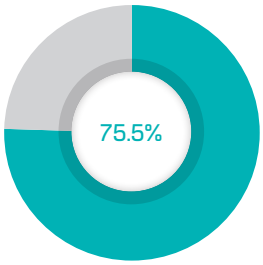


ALL (%) (BASELINE)

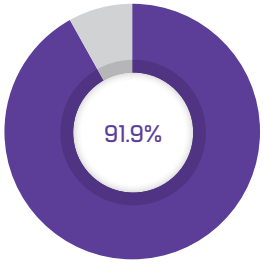


ALL (%) (ENDLINE)





ST (%) (BASELINE)



ST (%) (ENDLINE)

BASELINE

	All		ST	
	N	%	N	%
EDUCATION				
Upto Primary	88	71.5	73	70.9
Above Primary	118	81.9	69	81.2
RATION CARD				
APL	51	67.1	30	68.2
BPL	125	81.7	98	79.7
Do Not Know	29	80.6	14	70.0

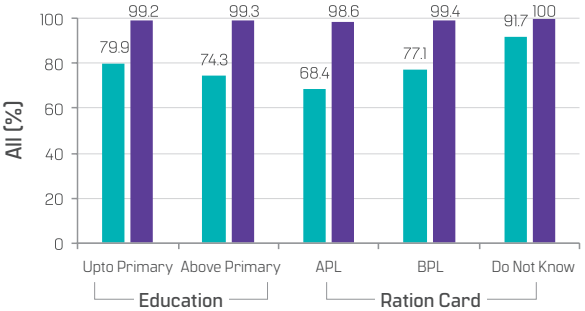
ENDLINE

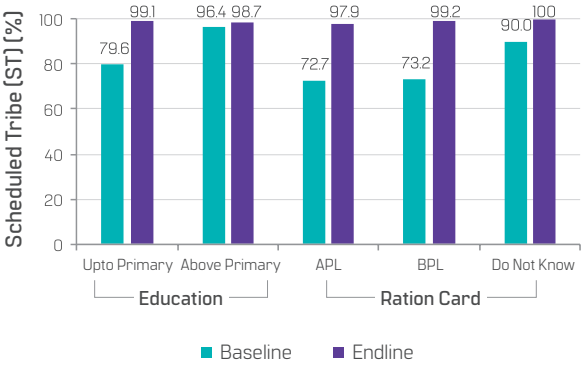
	All		ST	
	N	%	N	%
EDUCATION				
Upto Primary	108	88.5	94	87.0
Above Primary	140	97.9	76	98.7
RATION CARD				
APL	69	94.5	45	93.8
BPL	156	94.0	111	92.5
Do Not Know	23	88.5	14	82.4

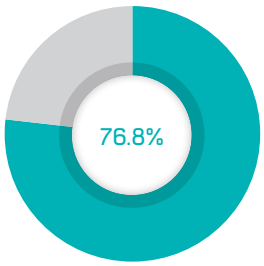
COUNSELLED BY AWW FOR INITIATING BREASTFEEDING WITHIN ONE HOUR OF BIRTH

	BASELINE	ENDLINE
ALL (%)	76.8	99.2

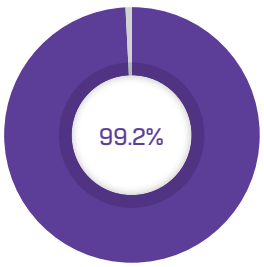
	BASELINE	ENDLINE
ST (%)	75.0	98.9



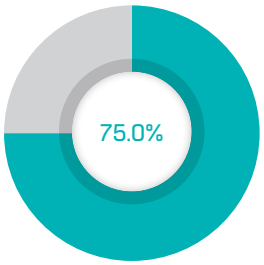




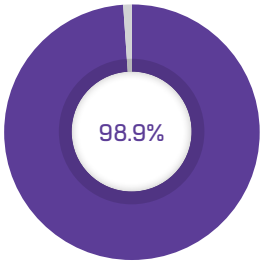
ALL (%) (BASELINE)



ALL (%) (ENDLINE)



ST (%) (BASELINE)



ST (%) (ENDLINE)

BASELINE

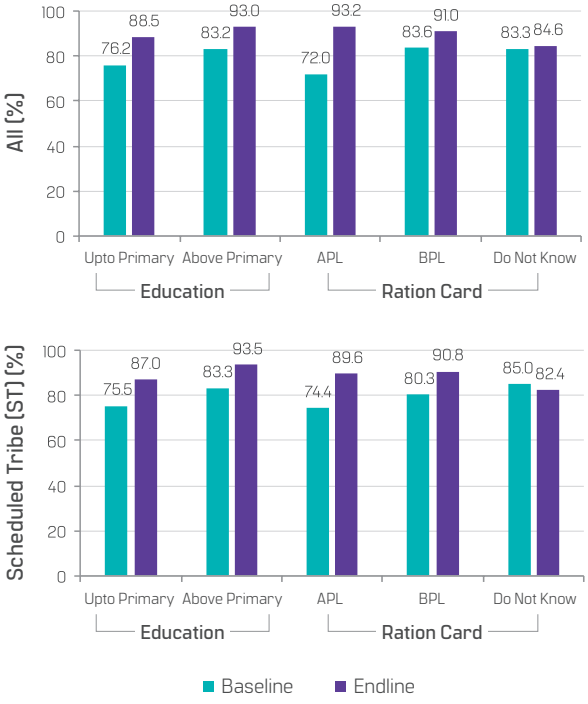
	All		ST	
	N	%	N	%
EDUCATION				
Upto Primary	98	79.7	82	79.6
Above Primary	107	74.3	59	69.4
RATION CARD				
APL	52	68.4	32	72.7
BPL	118	77.1	90	73.2
Do Not Know	33	91.7	18	90.0

ENDLINE

	All		ST	
	N	%	N	%
EDUCATION				
Upto Primary	121	99.2	107	99.1
Above Primary	142	99.3	76	98.7
RATION CARD				
APL	72	98.6	47	97.9
BPL	165	99.4	119	99.2
Do Not Know	26	100	17	100

INITIATED BREASTFEEDING WITHIN ONE HOUR OF THE BIRTH OF THE CHILD

	BASELINE	ENDLINE
ALL (%)	80.0	90.9
ST (%)	79.0	89.7



	BASELINE			
	All		ST	
	N	%	N	%
EDUCATION				
Upto Primary	93	76.2	77	75.5
Above Primary	119	83.2	70	83.3
RATION CARD				
APL	54	72.0	32	74.4
BPL	127	83.6	98	80.3
Do Not Know	30	83.3	17	85.0

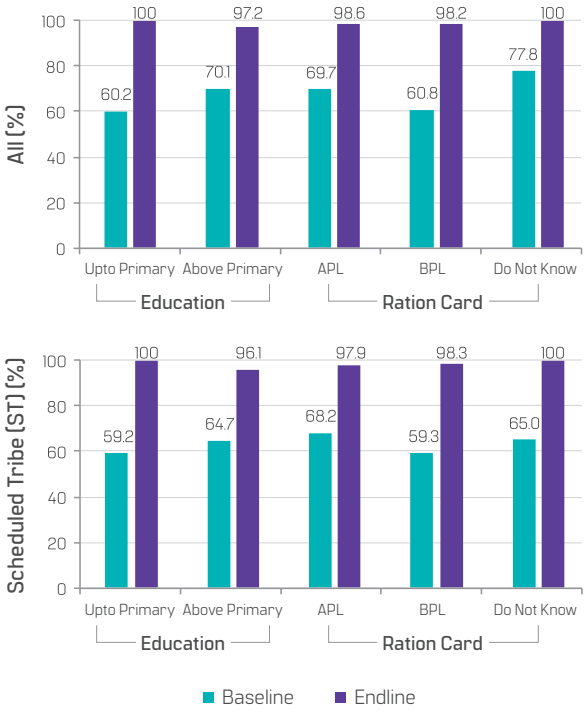
	ENDLINE			
	All		ST	
	N	%	N	%
EDUCATION				
Upto Primary	108	88.5	94	87.0
Above Primary	133	93.0	72	93.5
RATION CARD				
APL	68	93.2	43	89.6
BPL	151	91.0	109	90.8
Do Not Know	22	84.6	14	82.4

Breastfeeding in the first hour of life is of high relevance and helps to reduce the risk of neonatal mortality. Breastmilk is rich in colostrum which contains immunological properties and can protect the newborn from early infections. It also helps mothers in secretion of key hormones that helps induce breastmilk production. There are several other benefits of initiating breastfeeding within 1 hour. The benefits are also significant in case of C-section births. Therefore, the project activities focused on improving the adherence of breastfeeding within 1 hour of the birth through awareness campaign and counselling section conducted by trained health worker.

At endline, the percentage of women who reported initiation of breastfeeding within 1 hour of the birth increased from 80% to 90.9% in Gadchiroli. The level of early initiation is slightly lower in ST household and this should be further advocated through health workers for improving neonatal health.

AWARE ABOUT THE BENEFITS OF EXCLUSIVE BREASTFEEDING

	BASELINE	ENDLINE
ALL (%)	65.5	98.5
ST (%)	61.7	98.4



	BASELINE			
	All		ST	
	N	%	N	%
EDUCATION				
Upto Primary	74	60.2	61	59.2
Above Primary	101	70.1	55	64.7
RATION CARD				
APL	53	69.7	30	68.2
BPL	93	60.8	73	59.3
Do Not Know	28	77.8	13	65.0

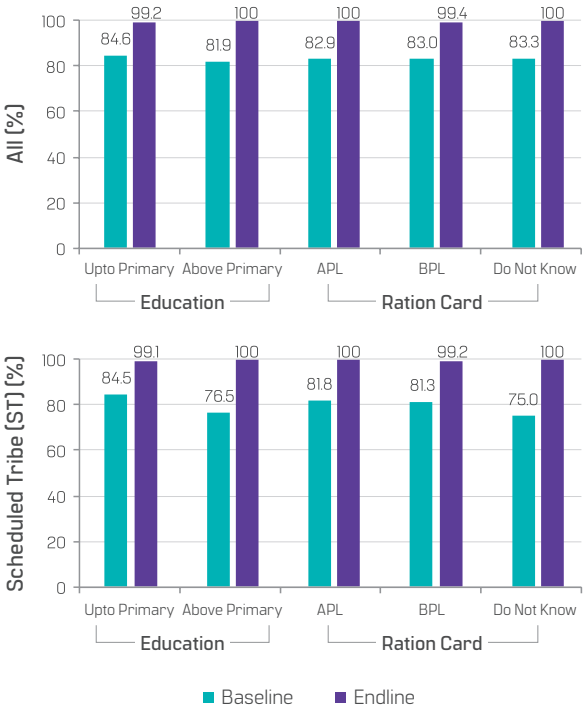
	ENDLINE			
	All		ST	
	N	%	N	%
EDUCATION				
Upto Primary	122	100	108	100
Above Primary	139	97.2	74	96.1
RATION CARD				
APL	72	98.6	47	97.9
BPL	163	98.2	118	98.3
Do Not Know	26	100	17	100

Exclusive breastfeeding is very important for both mothers and children. In particular, it helps to reduce the risks of diarrhoea and pneumonia among children. These ailments are an important reason of childhood morbidity and mortality. Undernourished children are more likely to experience such adverse outcome and thereby further fall into the vicious cycle of undernutrition and infections. Exclusive breastfeeding helps in birth spacing by delaying chances of conception and thus assisting spacing between pregnancies. The project emphasized on organizing awareness campaigns and counselling sessions for creating awareness among mothers on importance of exclusive breastfeeding.

In Gadchiroli, proportion of mothers who were aware about exclusive breastfeeding increased by 33% points between baseline and endline survey. In the district, awareness is higher among mothers belonging to APL household as compared to those belonging to economically weaker section.

COUNSELLED BY AWW FOR EXCLUSIVE BREASTFEEDING OF THE CHILD UP TO SIX MONTHS

	BASELINE	ENDLINE
ALL (%)	83.1	99.6
ST (%)	80.9	99.5



BASELINE

	All		ST	
	N	%	N	%
EDUCATION				
Upto Primary	104	84.6	87	84.5
Above Primary	118	81.9	65	76.5
RATION CARD				
APL	63	82.9	36	81.8
BPL	127	83.0	100	81.3
Do Not Know	30	83.3	15	75.0

ENDLINE

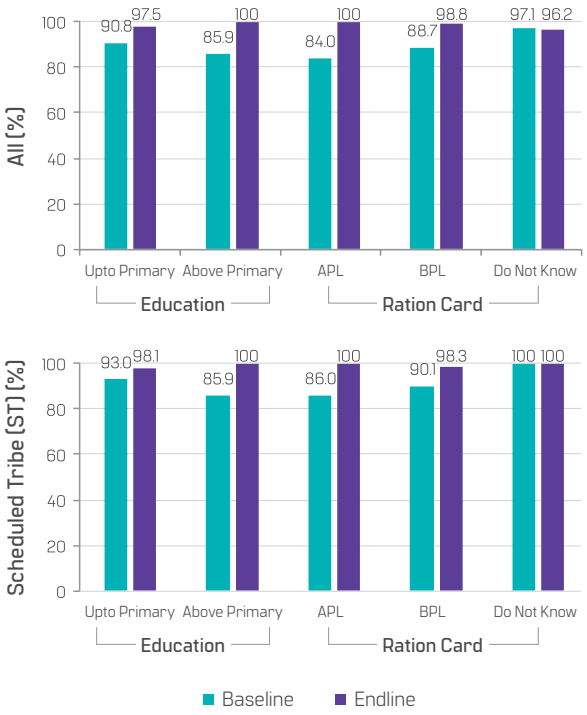
	All		ST	
	N	%	N	%
EDUCATION				
Upto Primary	121	99.2	107	99.1
Above Primary	143	100	77	100
RATION CARD				
APL	73	100	48	100
BPL	165	99.4	119	99.2
Do Not Know	26	100	17	100

Exclusive breastfeeding implies that the child is given only breastmilk and is not provided any other solid, semi-solid food or liquid, including water. The project emphasis on counselling services provided by the healthcare workers that further highlighted how breast milk provide high-quality nutrients for babies that help them protect from infections and illnesses. Counselling sessions help in explaining the importance of breast milk as it can be easily digestible and efficiently used by the baby's body. The counselling services provide information regarding risks of not breastfeeding. With the help of counselling service, the project emphasised on the need among babies regarding frequency of breastfeeding. Therefore, this section provides information on importance of counselling session in adherence of exclusive breastfeeding of the baby for up to six month's period.

At the endline, the proportion of mothers who received counselling for practicing exclusive breastfeeding increased from 83% to 100% in Gadchiroli district. There are no major socio-economic differences in the receipt of counselling services across districts.

EXCLUSIVELY BREASTFED THE CHILD FOR THE FIRST SIX MONTHS

	BASELINE	ENDLINE
ALL (%)	88.2	98.9
ST (%)	89.7	98.9



BASELINE

	All		ST	
	N	%	N	%
EDUCATION				
Upto Primary	109	90.8	93	93.0
Above Primary	122	85.9	73	85.9
RATION CARD				
APL	63	84.0	37	86
BPL	133	88.7	109	90.1
Do Not Know	34	97.1	20	100

ENDLINE

	All		ST	
	N	%	N	%
EDUCATION				
Upto Primary	119	97.5	106	98.1
Above Primary	143	100	77	100
RATION CARD				
APL	73	100	48	100
BPL	164	98.8	118	98.3
Do Not Know	25	96.2	17	100

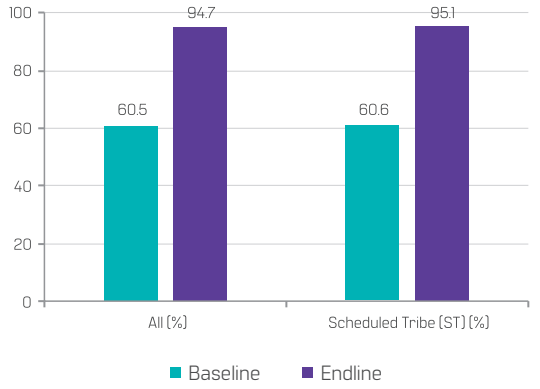
Breastfeeding is vital to both maternal and infant health. It becomes essential to achieve optimal growth, development and health among new born. Various studies have highlighted that the practice of breastfeeding is influenced by various social, cultural and religious beliefs and attitude of mother towards breastfeeding. Anganwadi workers plays an important role in providing information regarding health and nutrition, and provide counselling on breastfeeding as well as infant and young feeding practices to mothers.

The practice of exclusive breastfeeding has improved significantly in Gadchiroli. While, Gadchiroli reported 10%-point increase in practice of exclusive breastfeeding at endline. There were no major socio-economic differentials in terms of exclusive breastfeeding practices at the endline survey. The project activities have ensured high compliance with the guidelines regarding breastfeeding practices including personal hygiene.

WARNING SIGNS IN NEWBORN/INFANTS

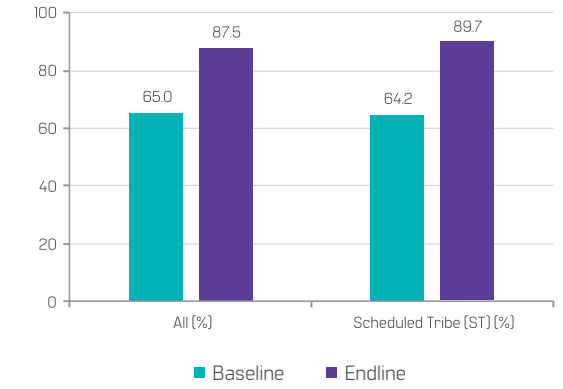
AWARE OF THE WARNING SIGNS IN NEWBORN/INFANTS

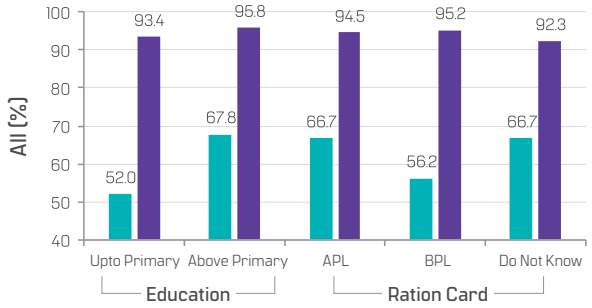
	BASELINE	ENDLINE
ALL (%)	60.5	94.7
ST (%)	60.6	95.1

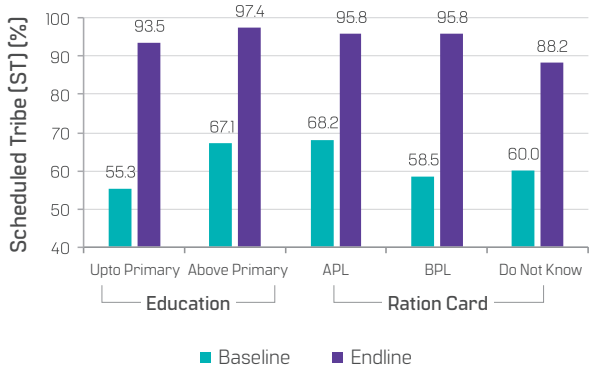


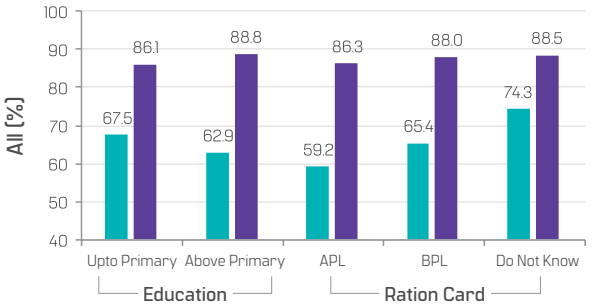
COUNSELLED ABOUT WARNING SIGNS IN NEWBORN/INFANTS

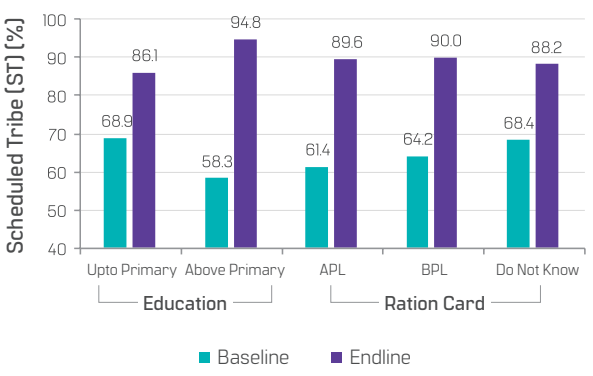
	BASELINE	ENDLINE
ALL (%)	65.0	87.5
ST (%)	64.2	89.7











The first month of birth is very critical for health and survival prospects of the newborn. Knowledge among mothers about the danger signs in newborn helps in reducing delays in health care seeking and preventable deaths. In order to create awareness regarding the danger signs of neo-nates, Integrated Management of New Born and Childhood Illness was introduced to ensure overall well-being of the child. It focusses on improving case management skills of healthcare staff. Anganwadi are given responsibility to undertake household visits and if any danger signs of illness are present then the Anganwadi worker should report to the nearest referral centre. The project emphasized on organizing awareness campaigns and counselling sessions for educating mothers regarding warning sign and plan of action if there is any danger signs present in the child.

More than 90% of mothers interviewed across Gadchiroli have reported awareness regarding warning signs in newborn and infants during the endline survey. An increment of 22% point in Gadchiroli was observed in the proportion of mothers received counselling services to identify warning signs in newborn and infants at the endline.

AWARE OF THE WARNING SIGNS IN NEWBORN/INFANTS

	BASELINE				ENDLINE			
	All		ST		All		ST	
	N	%	N	%	N	%	N	%
EDUCATION								
Upto Primary	64	52.0	57	55.3	114	93.4	101	93.5
Above Primary	97	67.8	57	67.1	137	95.8	75	97.4
RATION CARD								
APL	50	66.7	30	68.2	69	94.5	46	95.8
BPL	86	56.2	72	58.5	158	95.2	115	95.8
Do Not Know	24	66.7	12	60.0	24	92.3	15	88.2

There is a need to further increase counselling services during pregnancy and lactation period to identify warning signs among new-born and infant. The counselling services should be strengthened in collaboration with the ANMs and ASHAs.

COUNSELLED ABOUT WARNING SIGNS IN NEWBORN/ INFANTS

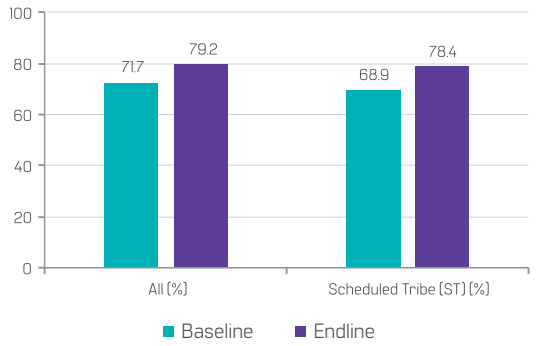
	BASELINE				ENDLINE			
	All		ST		All		ST	
	N	%	N	%	N	%	N	%
EDUCATION								
Upto Primary	83	67.5	71	68.9	105	86.1	93	86.1
Above Primary	90	62.9	49	58.3	127	88.8	73	94.8
RATION CARD								
APL	45	59.2	27	61.4	63	86.3	43	89.6
BPL	100	65.4	79	64.2	146	88.0	108	90.0
Do Not Know	26	74.3	13	68.4	23	88.5	15	88.2

The Home Based Newborn Care (HBNC) program provides specific incentives to ASHAs to undertake household visits for such counselling. Anganwadi workers should also increase counselling coverage to enhance knowledge and awareness regarding warning signs.

COMPLEMENTARY FEEDING

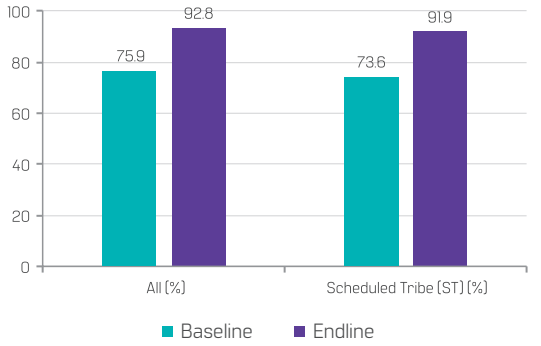
INITIATED COMPLEMENTARY FEEDING OF THE CHILD AFTER SIX MONTHS

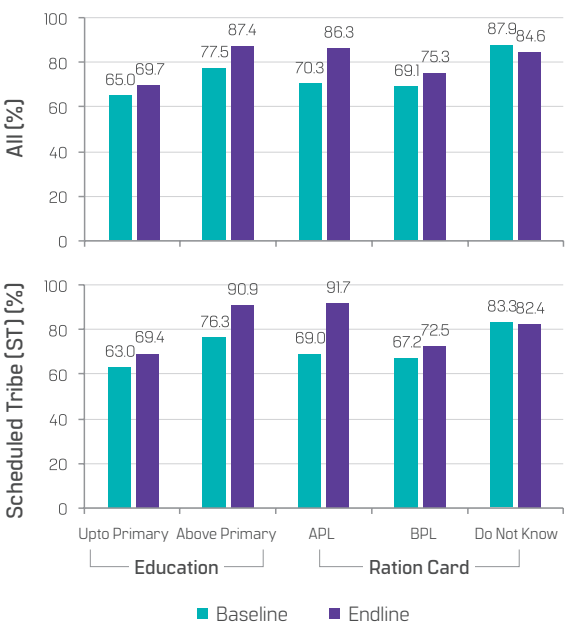
	BASELINE	ENDLINE
ALL (%)	71.7	79.2
ST (%)	68.9	78.4

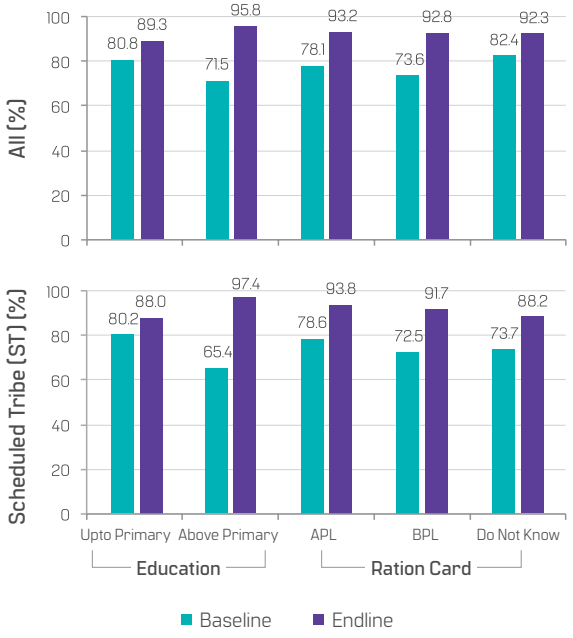


COUNSELLED BY AWW ON QUANTITY, QUALITY AND FREQENCY OF COMPLEMENTARY FEEDING

	BASELINE	ENDLINE
ALL (%)	75.9	92.8
ST (%)	73.6	91.9







KNOWLEDGE ABOUT AGE AT WHICH COMPLEMENTARY FEEDING STARTS

	BASELINE				ENDLINE			
	All		ST		All		ST	
At 4 months	4.0	2.3	3.0	2.6	1	0.5	0	0.0
At 5 months	3.0	1.7	2.0	1.8	0	0.0	0	0.0
After completion of 6 months	135.0	78.5	84.0	73.7	186	91.6	121	88.3
After completion of 7 - 8months	30.0	17.4	25.0	21.9	16	7.9	16	11.7

Complementary food products are those that are given to young children in addition to breast milk. As in addition to breast milk supplementary nutrition are required for child to help them to grow. Initially feeding the child would be a difficult task, so parents are advised to feed them 2-3 spoons of well mashed food and later on slowly increasing the meal. It becomes more important in Indian scenario where the situation of complementary feeding is not satisfactory. Anganwadi workers under ICDS scheme promote balanced meal for toddlers and advise mothers regarding the diet diversity they can offer to their children. It becomes important to not only provide the desire nutrient supplements but as creating awareness among mothers in this regard.

The proportion of mother who initiated complementary feeding for children after six months have declined from 87% to 79% in Gadchiroli between baseline and endline survey. On the contrary, a significant increase was observed in percentage of mother who received counselling on quality, quantity and frequency of diet as per child's requirements in overall and ST household during the time period.

INITIATED COMPLEMENTARY FEEDING OF YOUR CHILD AFTER SIX MONTHS

	BASELINE				ENDLINE			
	All		ST		All		ST	
	N	%	N	%	N	%	N	%
EDUCATION								
Upto Primary	78	65.0	63	63.0	85	69.7	75	69.4
Above Primary	107	77.5	61	76.3	125	87.4	70	90.9
RATION CARD								
APL	52	70.3	29	69.0	63	86.3	44	91.7
BPL	103	69.1	80	67.2	125	75.3	87	72.5
Do Not Know	29	87.9	15	83.3	22	84.6	14	82.4

The practice of initiating timely complementary feeding is better among those with higher education. This pattern is discernible in Gadchiroli. The practice of timely initiation of complementary feeding is lower among the poor households at endline.

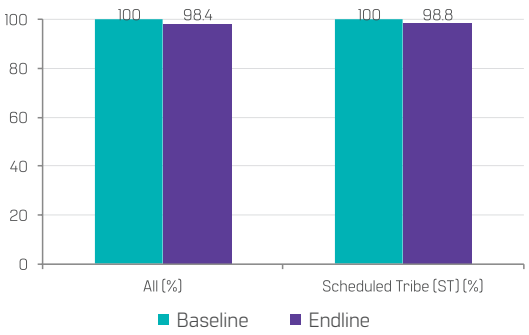
COUNSELLED BY AWW ON QUANTITY, QUALITY AND FREQENCY OF COMPLEMENTARY FEEDING

	BASELINE				ENDLINE			
	All		ST		All		ST	
	N	%	N	%	N	%	N	%
EDUCATION								
Upto Primary	97	80.8	81	80.2	109	89.3	95	88.0
Above Primary	98	71.5	53	65.4	137	95.8	75	97.4
RATION CARD								
APL	57	78.1	33	78.6	68	93.2	45	93.8
BPL	109	73.6	87	72.5	154	92.8	110	91.7
Do Not Know	28	82.4	14	73.7	24	92.3	15	88.2

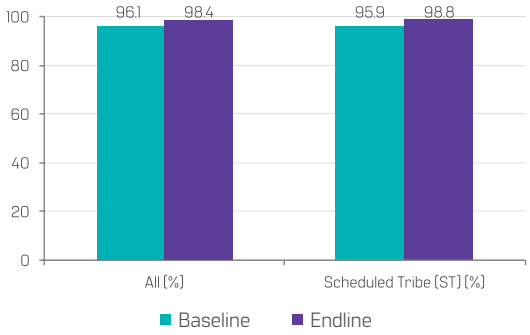
Complementary feeding initiation should also emphasize on the need for counselling and promoting dietary diversity among children. The levels of dietary diversity can be further improved in Gadchiroli.

IMMUNIZATION COVERAGE (12-23 MONTHS)

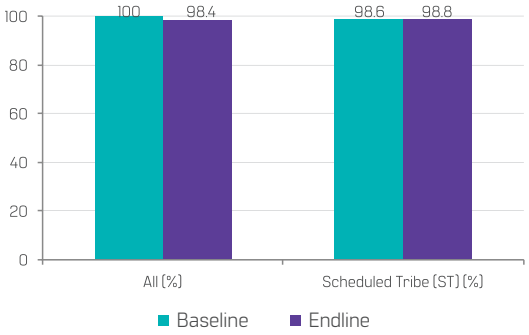
BCG



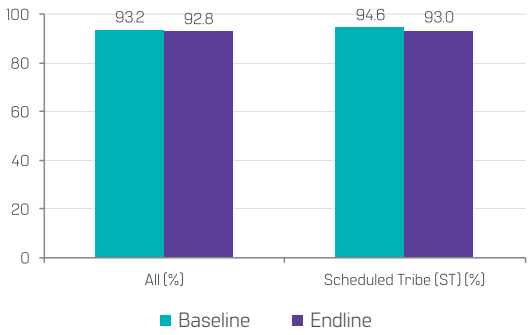
IPV



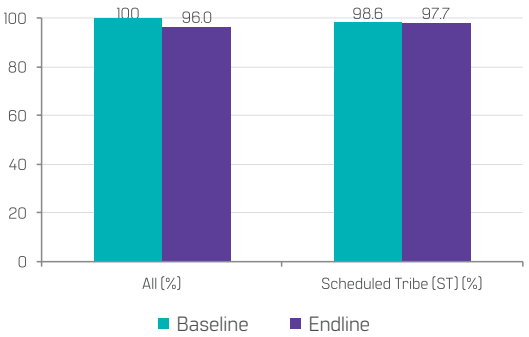
PENTA



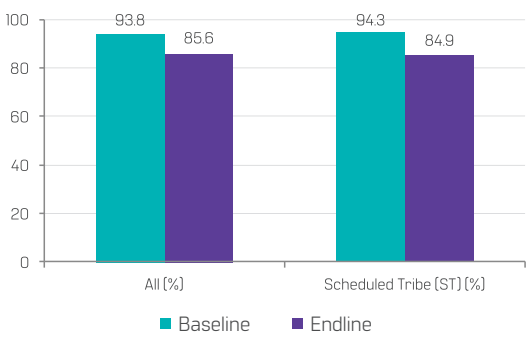
MEASLES



OPV



BI-ANNUAL VITAMIN A SUPPLEMENTATION



FULL IMMUNIZATION (12-23 MONTHS)

BASELINE
All (%)

BASELINE
ST (%)

ENDLINE
All (%)

ENDLINE
ST (%)

Universal immunization coverage for children against the six vaccine-preventable diseases (viz. tuberculosis, diphtheria, polio, whooping cough, tetanus and measles) is critical to promote child health and development and also reduce the risk of infant and child mortality. Understanding the needs and gaps in immunization coverage is helpful for effective planning of health care services and prioritizing service delivery in difficult-to-reach areas. Immunization services as well as Vitamin A supplementation is provided through primary health centres, sub centres, and Anganwadi centres. In rural areas, Anganwadi centres have an important role in enhancing access to immunization services and Vitamin A supplementation.

The proportion of children receiving age-appropriate full immunization in Gadchiroli has declined marginally from 96% to 94% between baseline and endline survey. Notably, the proportion of children receiving age-appropriate full immunization among ST household has increased marginally from 94.4% to 97.4% between baseline and endline survey. There were no major socio-economic differentials in terms of receiving age-appropriate full immunization during the endline survey. The receipt of BCG vaccine, bi-annual Vitamin A supplementation, PENTA and OPV has declined in Gadchiroli district at endline as compared to baseline.

FULL IMMUNIZATION (12-23 MONTHS)

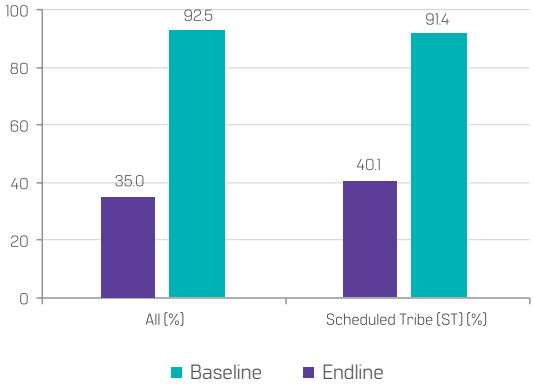
	BASELINE				ENDLINE			
	All		ST		All		ST	
	N	%	N	%	N	%	N	%
EDUCATION								
Upto Primary	37	94.9	31	93.9	52	98.1	45	97.8
Above Primary	59	96.7	37	94.9	65	90.3	39	97.5
RATION CARD								
APL	27	96.4	17	94.4	35	92.1	26	100
BPL	61	95.3	48	94.1	71	93.4	52	96.3
Do Not Know	8	100	3	100	11	100	6	100

	BASELINE				ENDLINE			
	All		ST		All		ST	
	N	%	N	%	N	%	N	%
BCG	103	100	74	100	123	98.4	85	98.8
Penta	102	100	73	98.6	123	98.4	85	98.8
OPV	102	100	73	98.6	120	96	84	97.7
IPV	99	96.1	71	95.9	123	98.4	85	98.8
Measles	96	93.2	70	94.6	116	92.8	80	93.0
Bi-annual Vitamin A Supplementation through AWC	91	93.8	66	94.3	107	85.6	73	84.9
Fully Immunized as per his/her Age	96	96.0	68	94.4	117	93.6	84	97.7

ANM, ASHA AND AWW INTERACTIONS

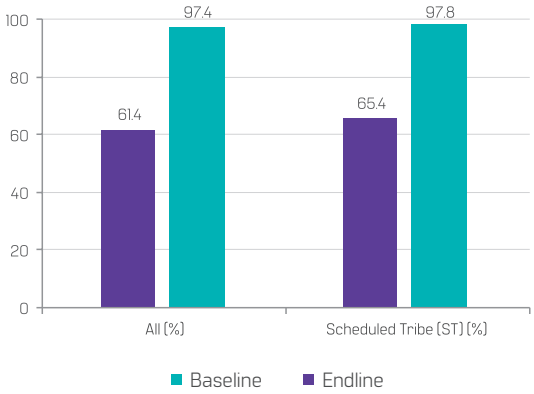
JOINT HOME VISITS BY ANM, ASHA AND AWW DURING THE LAST PREGNANCY/LACTATION PERIOD

	BASELINE	ENDLINE
ALL (%)	35.0	92.5
ST (%)	40.1	91.4



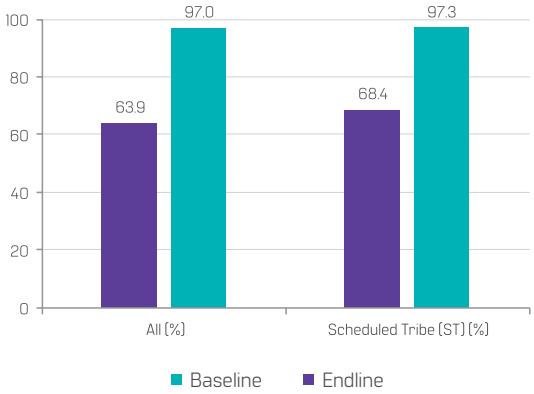
JOINT HOME VISITS BY ASHA & ANM DURING THE LAST PREGNANCY/LACTATION PERIOD

	BASELINE	ENDLINE
ALL (%)	61.4	97.4
ST (%)	65.4	97.8



HOME VISIT BY AWW ALONE DURING THE LAST PREGNANCY/LACTATION PERIOD

	BASELINE	ENDLINE
ALL (%)	63.9	97.0
ST (%)	68.4	97.3



Home visit of community health workers have yield fruitful results in past. Studies shows that with AWW visits mothers are more open to adapt certain health practices related to immunization, breast feeding and complementary feeding. Overall community health workers form an important link between community and the health services by providing access to crucial health services in India. Their effectiveness ranges from providing preventive, promotive and curatives services.

A sharp increase was noted in percentage of pregnant and lactating women who reported joint visit by ANM, ASHA and AWW in Gadchiroli at endline compared to the baseline. Moreover, Gadchiroli have reported a significant increase in respondents who reported joint visit by ASHA and AWW and by ASHA alone. Home visit by AWW alone is reported by more than 90 % women at endline.

JOINT HOME VISITS BY ANM, ASHA AND AWW DURING THE LAST PREGNANCY/LACTATION PERIOD

	BASELINE				ENDLINE			
	All		ST		All		ST	
	N	%	N	%	N	%	N	%
EDUCATION								
Upto Primary	49	39.8	44	42.7	107	87.7	95	88.0
Above Primary	44	30.8	31	36.9	138	96.5	74	96.1
RATION CARD								
APL	26	34.2	20	45.5	68	93.2	44	91.7
BPL	53	34.9	46	37.7	156	94.0	112	93.3
Do Not Know	13	36.1	8	40.0	21	80.8	13	76.5

In general, there is a need to increase joint visits by health workers in Gadchiroli districts. The triple AAA visits are particularly low and should be improved to have greater impact on the community.

JOINT HOME VISITS BY ASHA & ANM DURING THE LAST PREGNANCY/LACTATION PERIOD

	BASELINE				ENDLINE			
	All		ST		All		ST	
	N	%	N	%	N	%	N	%
EDUCATION								
Upto Primary	87	71.3	73	71.6	116	95.1	104	96.3
Above Primary	75	52.8	48	57.8	142	99.3	77	100
RATION CARD								
APL	46	60.5	31	70.5	71	97.3	47	97.9
BPL	89	59.3	76	63.3	162	97.6	118	98.3
Do Not Know	25	69.4	13	65.0	25	96.2	16	94.1

It is important to note that joint visits by ASHAs and ANMs are higher at endline among both the beneficiary groups in the district. These two community health workers can play a pivotal role in improving the health and nutrition outcomes of mother and child.

HOME VISIT BY AWW ALONE DURING THE LAST PREGNANCY/LACTATION PERIOD

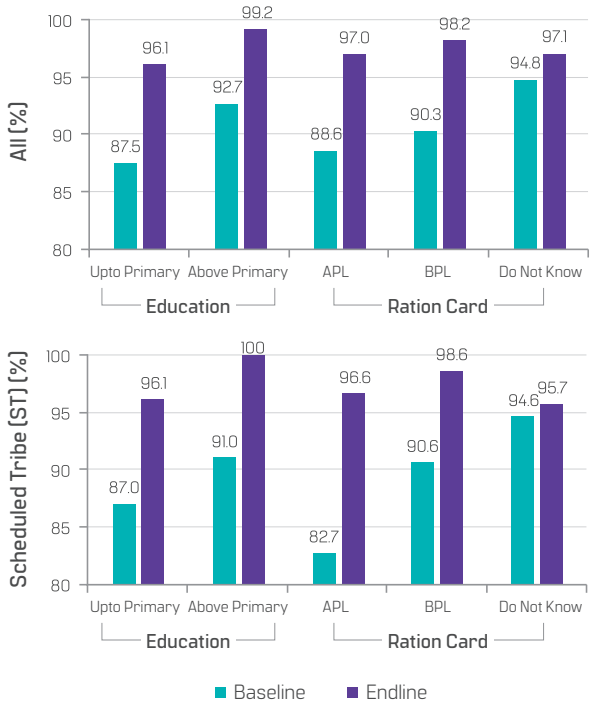
	BASELINE				ENDLINE			
	All		ST		All		ST	
	N	%	N	%	N	%	N	%
EDUCATION								
Upto Primary	96	78.0	83	80.6	115	94.3	103	95.4
Above Primary	74	51.7	45	53.6	142	99.3	77	100
RATION CARD								
APL	49	64.5	33	75	70	95.9	46	95.8
BPL	93	61.2	79	64.8	161	97.0	117	97.5
Do Not Know	26	72.2	15	75	26	100	17	100

It is expected that the Anganwadi worker undertakes visit to all the registered Anganwadi beneficiaries during their pregnancy and lactating period. Improving this coverage is an important area of engagement.

GROWTH MONITORING FOR CHILDREN

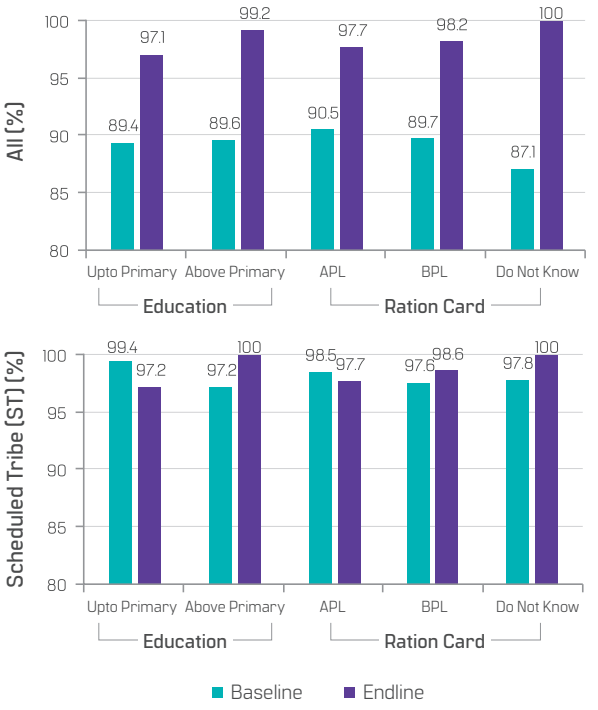
AWARE ABOUT THE IMPORTANCE OF THE WEIGHT OF THE CHILD

	BASELINE	ENDLINE
ALL (%)	90.2	97.8
ST (%)	88.7	97.8

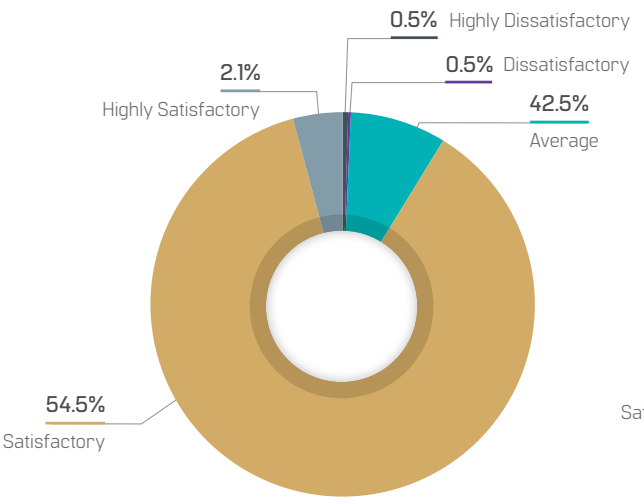


COUNSELLED ON IMPORTANCE OF THE REGULAR GROWTH MONITORING OF THE CHILD BY AWW

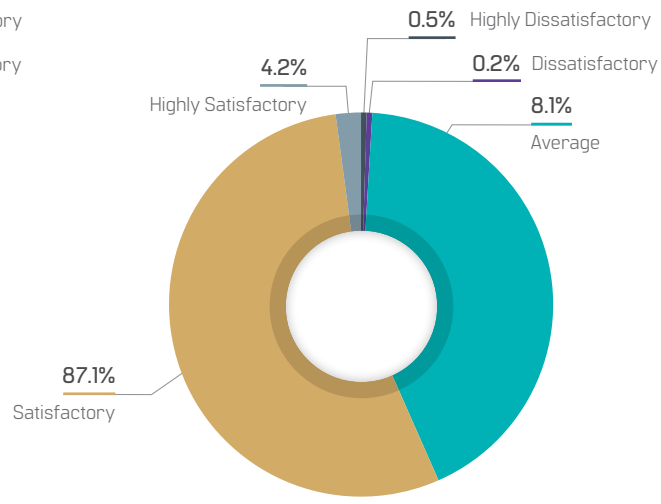
	BASELINE	ENDLINE
ALL (%)	84.3	98.2
ST (%)	82.8	98.4



SATISFACTION WITH QUALITY OF WEIGHING



BASELINE



ENDLINE

Timely, systematic and correct measurements of physical growth of children is critical to monitor child's anthropometric status and accordingly understand nutritional deprivation in the community. Anganwadi workers are trained to conduct growth monitoring of children through various tools and equipment and review the physical growth of children based on WHO reference standards. A child can be classified as stunted, underweight or wasted accordingly.

AWARE ABOUT THE IMPORTANCE OF THE WEIGHT OF THE CHILD

	BASELINE				ENDLINE			
	All		ST		All		ST	
	N	%	N	%	N	%	N	%
EDUCATION								
Upto Primary	189	87.5	154	87.0	199	96.1	171	96.1
Above Primary	216	92.7	121	91.0	241	99.2	144	100
RATION CARD								
APL	124	88.6	62	82.7	128	97.0	84	96.6
BPL	223	90.3	176	90.3	278	98.2	209	98.6
Do Not Know	55	94.8	35	94.6	34	97.1	22	95.7

The coverage about the importance of weight of the child has increased in Gadchiroli at the endline survey. A similar proportion of ST households were counselled on growth monitoring by the Anganwadi worker. The coverage of growth monitoring counselling was relatively lower in ST household at the baseline but has improved considerably at the endline.

COUNSELLED ON IMPORTANCE OF THE REGULAR GROWTH MONITORING OF THE CHILD BY AWW

	BASELINE				ENDLINE			
	All		ST		All		ST	
	N	%	N	%	N	%	N	%
EDUCATION								
Upto Primary	161	89.4	165	99.4	201	97.1	173	97.2
Above Primary	250	89.6	276	97.2	241	99.2	144	100
RATION CARD								
APL	191	90.5	191	98.5	129	97.7	85	97.7
BPL	157	89.7	205	97.6	278	98.2	209	98.6
Do Not Know	61	87.1	45	97.8	35	100	23	100

87.1% beneficiaries in Gadchiroli reported the quality of growth monitoring services to be satisfactory during the endline survey. Approximately, 1% of beneficiaries reported the quality of growth monitoring services to be dissatisfactory. The growth monitoring exercise is conducted almost on a monthly basis in Gadchiroli. However, at the endline, the frequency with which children are weighed has declined in ST household. COVID-19 has affected coverage of ICDS services.

FREQUENCY OF MONTHS WEIGHED

	BASELINE				ENDLINE			
	All		ST		All		ST	
	N	%	N	%	N	%	N	%
At least once a month	384	90.6	259	88.0	337	77.5	226	72.2
Once in two months	21	5.0	16	5.0	55	12.6	52	16.6
Once in three month	3	0.7	3	1.0	6	1.4	4	1.3
Occassionally	2	0.5	2	1.0	1	0.2	1	0.3

DIETARY DIVERSITY AMONG CHILDREN*

Minimum dietary diversity is defined as children receiving four or more food groups.

* Based on 24 hours recall for 24+ months children

MINIMUM DIETARY DIVERSITY SCORE, CHILD

	BASELINE				ENDLINE			
	All		ST		All		ST	
	N	%	N	%	N	%	N	%
EDUCATION								
Upto Primary	22	34.4	18	34.0	36	48.6	29	44.6
Above Primary	27	31.8	17	32.7	54	52.9	27	46.6
RATION CARD								
APL	20	41.7	10	35.7	21	39.6	11	30.6
BPL	25	29.4	23	32.9	56	53.8	38	51.4
Do Not Know	4	25.0	2	28.6	13	68.4	7	53.8

Dietary diversity among children has improved in Gadchiroli districts. Major improvements are noted in consumption of Vitamin A rich fruits and vegetables and eggs.

DIETARY DIVERSITY AMONG MOTHERS*

Minimum dietary diversity is defined as mothers receiving four or more food groups.

* Based on 24 hours recall for mothers of 24+ months children

MINIMUM DIETARY DIVERSITY SCORE, MOTHER

	BASELINE				ENDLINE			
	All		ST		All		ST	
	N	%	N	%	N	%	N	%
EDUCATION								
Upto Primary	18	28.1	14	26.4	50	67.6	46	70.8
Above Primary	39	45.9	20	38.5	77	75.5	36	62.1
RATION CARD								
APL	24	50.0	11	39.3	41	77.4	25	69.4
BPL	26	30.6	22	31.4	74	71.2	50	67.6
Do Not Know	7	43.8	1	14.3	12	63.2	7	53.8

Dietary diversity has improved among mothers in Gadchiroli. The consumption of fruits and vegetables has increased significantly between baseline and endline period.

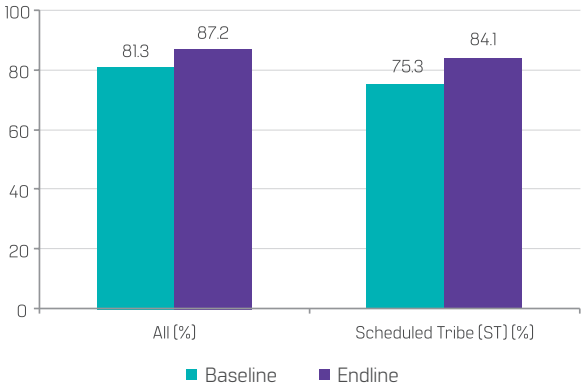
PLACE OF DELIVERY

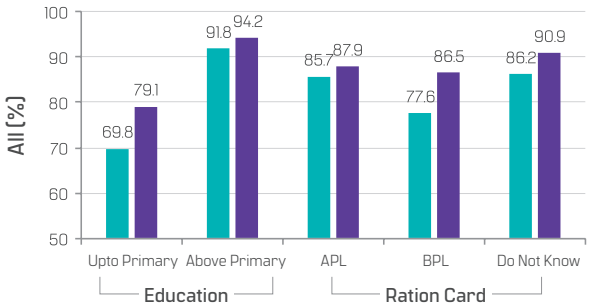
COVERAGE OF INSTITUTIONAL BIRTHS

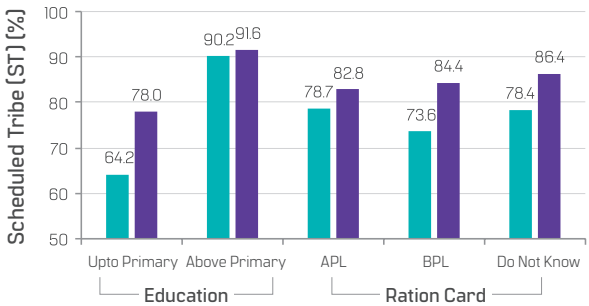
Appropriate delivery care is crucial for both maternal and perinatal health and increasing skilled attendance at birth is a central goal of the safe motherhood and child survival movements. Universal coverage of Institutional delivery could probably be possible through implementation of counselling and awareness sessions to empower women and for awareness creation. Promoting awareness about various government policies and programmes, creating awareness on danger signs of pregnancy, labour, childbirth and place of delivery encouraged institutional births in the project area.

Coverage of institutional births increased slightly across Gadchiroli (from 81% to 87%) at endline compared to baseline. In Gadchiroli, the institutional birth levels were particularly low among less educated women and those from poor households. Enhancing institutional births is critical to ensure safe delivery and postnatal care.

	BASELINE	ENDLINE
ALL (%)	81.3	87.2
ST (%)	75.3	84.1







	BASELINE			
	All		ST	
	N	%	N	%
EDUCATION				
Upto Primary	150	69.8	113	64.2
Above Primary	214	91.8	119	90.2
RATION CARD				
APL	120	85.7	59	78.7
BPL	191	77.6	142	73.6
Do Not Know	50	86.2	29	78.4

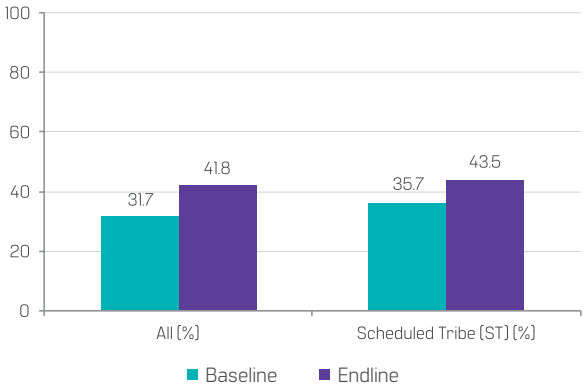
	ENDLINE			
	All		ST	
	N	%	N	%
EDUCATION				
Upto Primary	163	79.1	138	78.0
Above Primary	227	94.2	131	91.6
RATION CARD				
APL	116	87.9	72	82.8
BPL	244	86.5	178	84.4
Do Not Know	30	90.9	19	86.4

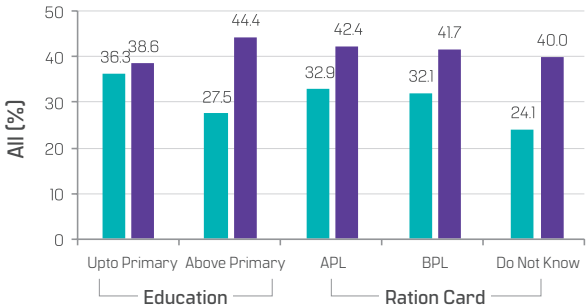
LOW BIRTH WEIGHT CHILD

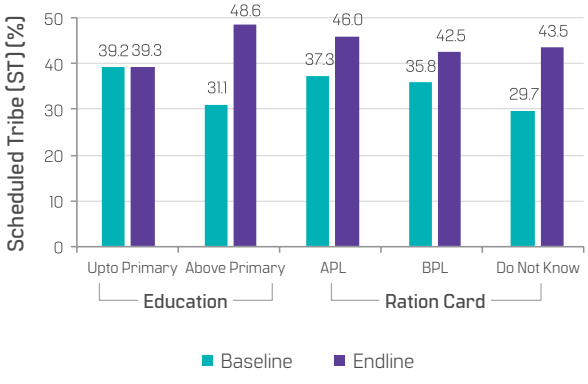
Babies are categorised to have low birth weight if they weigh less than 2.5 kg during birth. It can occur because of preterm birth or because of slow prenatal growth of babies. Low birth weight babies can be healthy but it is often noted that they are more likely to be undernourished and have higher survival risks. It is also associated with poor cognitive development and risk of chronic diseases during adulthood. Therefore, the project activities emphasized on organizing awareness campaigns and counselling sessions for educating mothers on importance of nutritional and healthcare services for preventing and treating low birth weight.

A 10% increment was noted in Gadchiroli district compared to baseline. In Gadchiroli, the percentage of low birth weights are significantly higher among women who have completed more than primary education. Appropriate antenatal care and nutritional support are critical to improve birth weight outcomes. Low birth weight is also identified as key target indicator under the POSHAN Abhiyaan.

	BASELINE	ENDLINE
ALL (%)	31.7	41.8
ST (%)	35.7	43.5







BASELINE

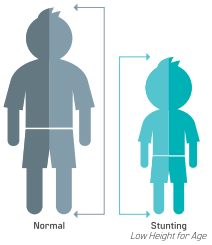
	All		ST	
	N	%	N	%
EDUCATION				
Upto Primary	78	36.3	69	39.2
Above Primary	64	27.5	41	31.1
RATION CARD				
APL	46	32.9	28	37.3
BPL	79	32.1	69	35.8
Do Not Know	14	24.1	11	29.7

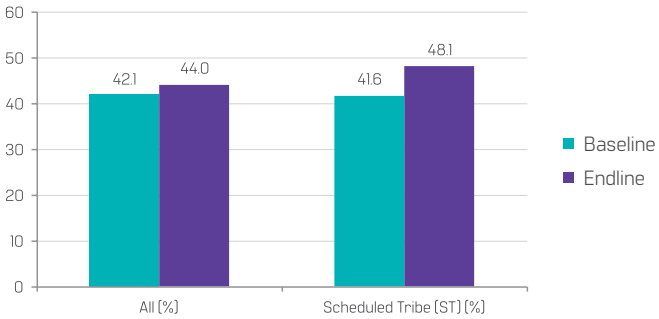
ENDLINE

	All		ST	
	N	%	N	%
EDUCATION				
Upto Primary	80	38.6	70	39.3
Above Primary	108	44.4	70	48.6
RATION CARD				
APL	56	42.4	40	46.0
BPL	118	41.7	90	42.5
Do Not Know	14	40.0	10	43.5

CHILD ANTHROPOMETRIC FAILURE

STUNTING

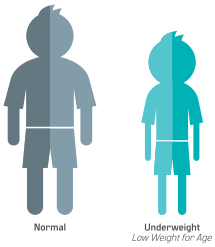


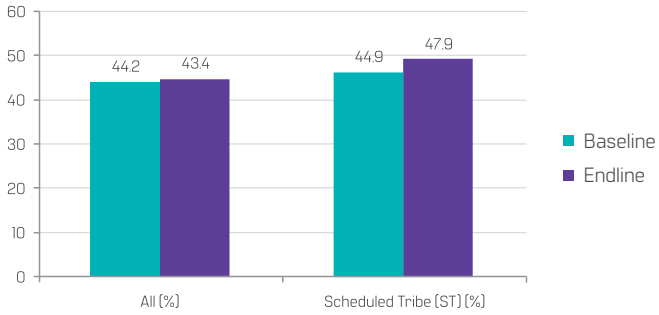


STUNTING

Height-for-age is a measure of linear growth retardation and cumulative growth deficits. Children whose height-for-age Z-score is below minus two standard deviations (-2 SD) from the median of the reference population are considered short for their age (stunted), or chronically undernourished.

UNDERWEIGHT

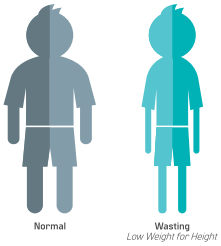


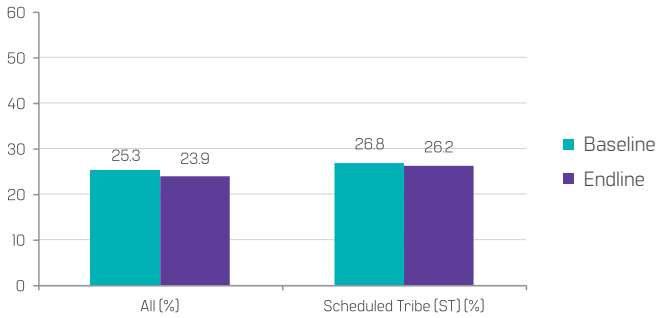


UNDERWEIGHT

Weight-for-age is a composite index of height-for-age and weight-for-height. It takes into account both acute and chronic undernutrition. Children whose weight-for-age Z-score is below minus two standard deviations (-2 SD) from the median of the reference population are classified as underweight.

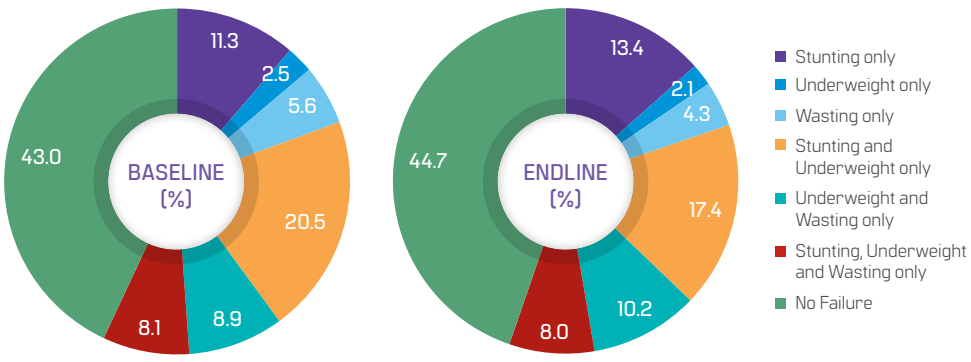
WASTING





WASTING

Weight-for-height index measures body mass in relation to body height or length and describes current nutritional status. Children whose Z-score is below minus two standard deviations (-2 SD) from the median of the reference population are considered thin (wasted), or acutely undernourished.



A comprehensive approach would be to define anthropometric failure as a situation of growth faltering in any of the three different dimensions viz. stunting, underweight and wasting. A mutually exclusive categorization of anthropometric failure is presented. Joint prevalence of undernutrition is very high and four out of every ten children suffer from dual or triple burden.

STUNTING

	BASELINE				ENDLINE			
	All		ST		All		ST	
	N	%	N	%	N	%	N	%
EDUCATION								
Upto Primary	75	43.9	60	42.3	93	53.8	82	54.7
Above Primary	76	40.4	41	40.6	71	35.5	45	39.5
RATION CARD								
APL	48	43.2	22	38.6	44	37.9	36	47.4
BPL	82	41.6	65	41.9	106	46.3	82	48.2
Do Not Know	18	38.3	12	42.9	14	50.0	9	50.0

At least four out of every ten (below 5 years of age) are stunted in Gadchiroli district. The prevalence of stunting is relatively higher among ST household in comparison with overall household.

UNDERWEIGHT

	BASELINE				ENDLINE			
	All		ST		All		ST	
	N	%	N	%	N	%	N	%
EDUCATION								
Upto Primary	92	48.4	75	47.2	97	53.0	89	55.6
Above Primary	79	40.1	44	41.5	77	35.3	49	38.3
RATION CARD								
APL	53	45.7	28	46.7	47	38.5	36	45.0
BPL	94	43.7	78	45.6	113	45.7	93	49.7
Do Not Know	21	40.4	11	35.5	14	43.8	9	42.9

43% children in Gadchiroli were found to be underweight during the endline survey. The prevalence of underweight is relatively higher among less educated and poor household Gadchiroli.

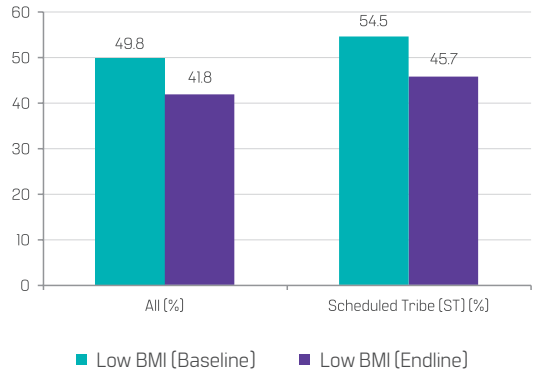
WASTING

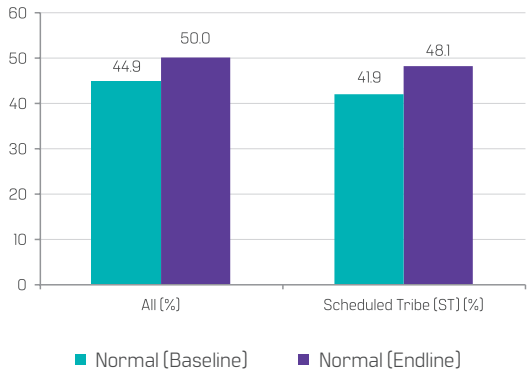
	BASELINE				ENDLINE			
	All		ST		All		ST	
	N	%	N	%	N	%	N	%
EDUCATION								
Upto Primary	51	27.7	41	26.8	42	23.5	40	25.6
Above Primary	46	23.0	29	26.9	50	24.3	32	26.9
RATION CARD								
APL	27	22.9	13	21.3	29	24.6	22	28.2
BPL	57	27.0	48	28.7	55	23.2	43	24.2
Do Not Know	11	21.6	7	23.3	8	26.7	7	36.8

Wasting levels in Gadchiroli remained more or less same at baseline and endline. Children from poor and less educated households are particularly disadvantaged.

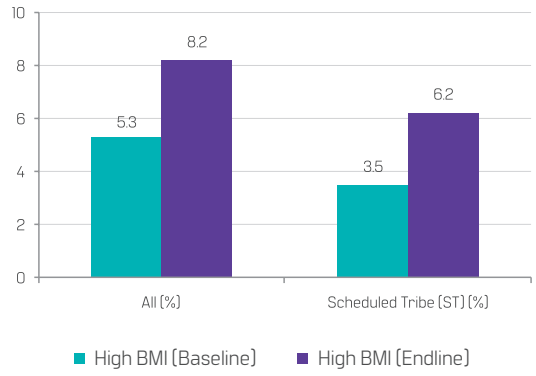
MATERNAL BMI*

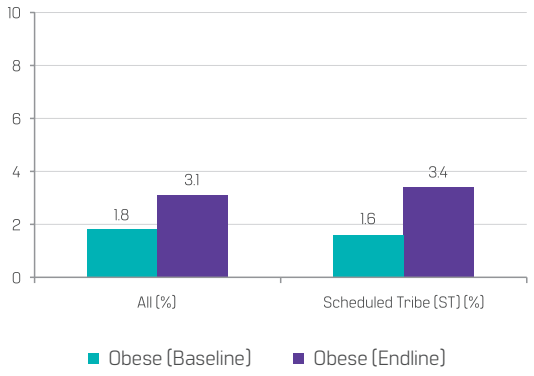
LOW BODY MASS INDEX (BMI) (UNDERWEIGHT)



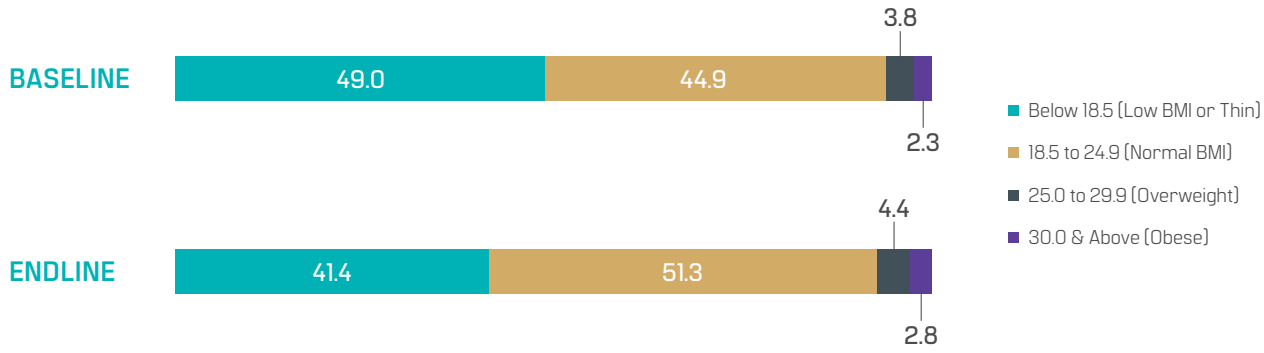


HIGH BODY MASS INDEX (BMI) (OVERWEIGHT/OBESITY)





DISTRIBUTION OF BODY MASS INDEX (BMI)



* BMI is defined as weight in Kg divided by height in meter square (m^2).

LOW BODY MASS INDEX (BMI)

	BASELINE				ENDLINE			
	All		ST		All		ST	
	N	%	N	%	N	%	N	%
EDUCATION								
Upto Primary	113	52.3	95	53.7	96	46.4	88	49.4
Above Primary	111	47.4	74	55.6	92	37.9	59	41.0
RATION CARD								
APL	63	45.0	42	56.0	61	46.2	45	51.7
BPL	132	53.2	109	55.9	113	39.9	91	42.9
Do Not Know	28	48.3	18	48.6	14	40.0	11	47.8

Maternal undernutrition is a major concern in Gadchiroli district as every second women is found to be undernourished with low body mass index.

HIGH BODY MASS INDEX (BMI)

	BASELINE				ENDLINE			
	All		ST		All		ST	
	N	%	N	%	N	%	N	%
EDUCATION								
Upto Primary	9	4.2	6	3.4	9	4.3	6	3.4
Above Primary	15	6.4	5	3.8	28	11.5	14	9.7
RATION CARD								
APL	13	9.3	4	5.3	10	7.6	4	4.6
BPL	8	3.2	6	3.1	24	8.5	14	6.6
Do Not Know	2	3.4	0	0.0	3	8.6	2	8.7

The percentage of women with low BMI has declined between baseline and endline. A high percentage of women noted to have normal BMI at endline.

Maternal undernutrition is a major cause of poor maternal, foetal and child health outcomes. The World Health Organization (WHO) guidelines recommends a set of critical food and nutrition interventions including balanced energy and protein supplementation, iron folic acid and calcium supplementation, deworming, weight gain monitoring and counselling on nutrition, family planning, and breastfeeding. These are implemented along with regular antenatal care check-ups and measures to prevent and treat infections among pregnant women and mothers.

In Gadchiroli districts every second women is found to be undernourished with a body mass index below 18.5 kg/m^2. The percentage of women with low BMI is lower at endline. However, overall prevalence of overweight and obesity is lower at baseline and endline. During endline survey, fifty per cent of the mothers reported to have BMI in the normal range of 18.5 to 24.9 kg/m^2. Given the nutritional profile, efforts for strengthening nutritional support services during pregnancy and lactation period was noted critical. In fact, adopting life-cycle approach can improve nutritional status right through birth, adolescence and adulthood phases.

GENDER

INITIATED COMPLEMENTARY FEEDING OF YOUR CHILD AFTER SIX MONTHS

	BASELINE	ENDLINE
MALE (%)	70.5	81.2
FEMALE (%)	74.2	76.0

COUNSELLED ON QUALITY, QUANTITY AND FREQUENCY OF DIET A CHILD COMPLETES IN SIX MONTHS BY AWW

	BASELINE	ENDLINE
MALE (%)	78.2	94.7
FEMALE (%)	73.4	90.4

FULL IMMUNIZATION AND VACCINATION BY GENDER, 12-23 MONTHS (BASELINE)

	MALE		FEMALE	
	N	%	N	%
Bi-annual Vitamin A through AWC	43	89.6	48	98.0
BCG	53	100	50	100
Penta	52	100	50	100
OPV	52	100	50	100
IPV	52	98.1	47	94.0
Measles	49	92.5	47	94.0
Fully immunized as per his/her age	48	94.1	48	98.0

FULL IMMUNIZATION AND VACCINATION BY GENDER, 12-23 MONTHS (ENDLINE)

	MALE		FEMALE	
	N	%	N	%
Bi-annual Vitamin A through AWC	54	83.1	51	89.5
BCG	63	96.9	57	100.0
Penta	64	98.5	56	98.2
OPV	63	96.9	54	94.7
IPV	64	98.5	56	98.2
Measles	62	95.4	52	91.2
Fully immunized as per his/her age	61	93.8	53	93.0

DIETARY DIVERSITY BY GENDER, 6-23 MONTHS (BASELINE)

	MALE		FEMALE	
	N	%	N	%
Grains, White Roots and Tubers	63	82.9	60	82.2
Pulses Nuts and Seeds	8	10.5	11	15.1
Dairy	44	57.9	38	52.1
Meat, Poultry, Fish	4	5.3	8	11.0
Eggs	34	44.7	34	46.6
Vit A Rich Fruits and Begetables	26	34.2	26	35.6
Other Fruits and Vegetables	34	44.7	36	49.3
Child Dietary Diversity	24	31.6	25	34.2

DIETARY DIVERSITY BY GENDER, 6-23 MONTHS (ENDLINE)

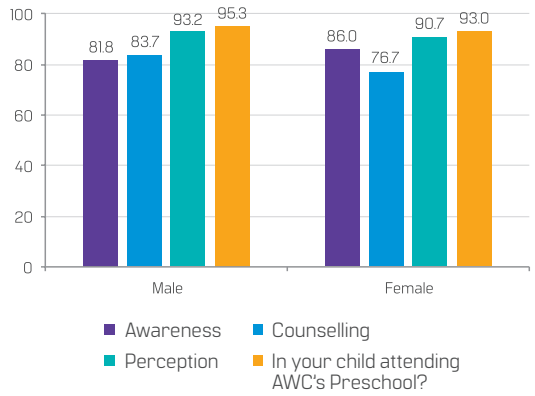
	MALE		FEMALE	
	N	%	N	%
Grains, White Roots and Tubers	70	82.4	73	85.9
Pulses Nuts and Seeds	12	14.1	17	20.0
Dairy	46	54.1	43	50.6
Meat, Poultry, Fish	11	12.9	11	12.9
Eggs	57	67.1	58	68.2
Vit A Rich Fruits and Begetables	44	51.8	56	65.9
Other Fruits and Vegetables	36	42.4	44	51.8
Child Dietary Diversity	38	44.7	48	56.5

Gender disparities in child health is an important area of concern. However, during both the surveys, no major gender disparities in important child nutrition and health care services utilization is found in Gadchiroli. Also, no major gender differentials are noted in dietary diversity and consumption of food from various food groups. A slightest increase in prevalence of anthropometric failure is noted among under-five boys during the endline survey. In contrast, under-five girls show a significant decline in prevalence of stunting, underweight and wasting outcomes in Gadchiroli.

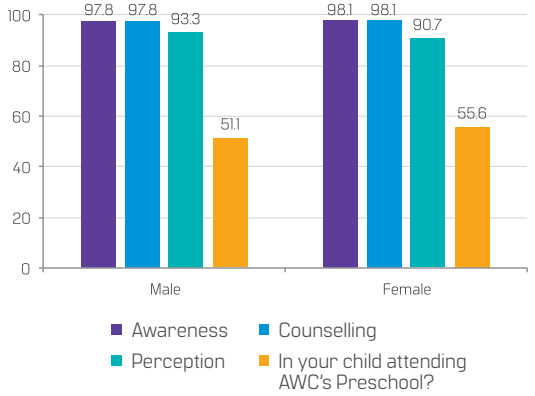
PRESCHOOL BY GENDER

	BASELINE				ENDLINE			
	MALE		FEMALE		MALE		FEMALE	
	N	%	N	%	N	%	N	%
Awareness	36	81.8	37	86.0	44	97.8	53	98.1
Counselling	36	83.7	33	76.7	44	97.8	53	98.1
Perception	41	93.2	39	90.7	42	93.3	49	90.7
Is your child attending AWC's Preschool?	41	95.3	40	93.0	23	51.1	30	55.6

BASELINE



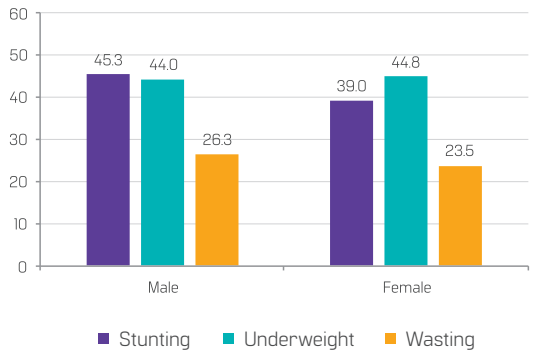
ENDLINE



ANTHROPOMETRIC BY GENDER

	BASELINE				ENDLINE			
	MALE		FEMALE		MALE		FEMALE	
	N	%	N	%	N	%	N	%
Stunting	86	45.3	67	39.0	105	56.8	59	31.4
Underweight	91	44.0	82	44.8	114	56.7	60	30.0
Wasting	54	26.3	43	23.5	60	30.9	32	16.8

BASELINE



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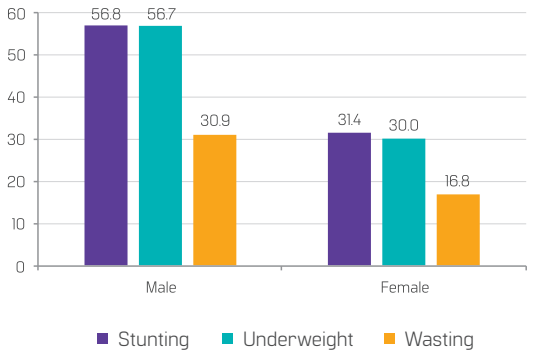


UTILIZATION OF ICDS SERVICE AMONG BELOW 3 YEARS, BY GENDER

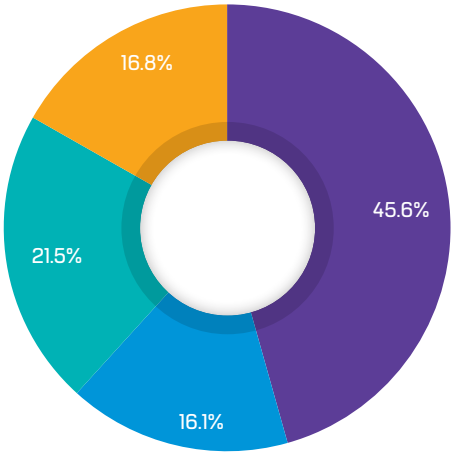
	BASELINE				ENDLINE			
	MALE		FEMALE		MALE		FEMALE	
	N	%	N	%	N	%	N	%
SUPPLEMENTARY FOOD	100	100	87	100	77	100	71	100
GROWTH MONITORING	100	100	87	100	77	100	71	100
IMMUNIZATION	98	98.0	85	97.7	75	97.4	70	98.6
HEALTH CHECK-UPS	78	78.0	71	81.6	65	84.4	57	80.3
TREATMENT ILLNESSES AND REFERRAL SERVICES	31	31.0	25	29.1	20	26.0	21	29.6
COUNSELLING SERVICES	39	39.0	33	38.4	39	50.6	28	39.4
PRE-SCHOOL EDUCATION SERVICES	11	11.0	11	12.8	22	28.6	20	28.2

UTILIZATION OF ICDS SERVICE AMONG ABOVE 3 YEARS, BY GENDER

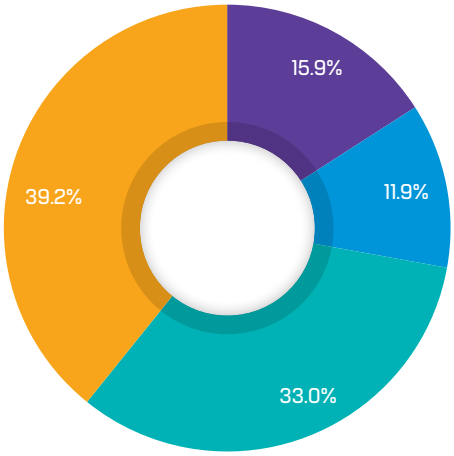
	BASELINE				ENDLINE			
	MALE		FEMALE		MALE		FEMALE	
	N	%	N	%	N	%	N	%
SUPPLEMENTARY FOOD	112	69.6	94	63.1	17	34.0	25	36.8
GROWTH MONITORING	120	74.5	105	70.5	16	32.0	25	36.8
IMMUNIZATION	122	75.8	105	70.5	16	32.0	24	35.3
HEALTH CHECK-UPS	101	62.7	80	53.7	9	18.0	16	23.5
TREATMENT ILLNESSES AND REFERRAL SERVICES	93	57.8	71	47.7	4	8.0	8	11.8
COUNSELLING SERVICES	90	55.9	75	50.3	7	14.0	8	11.8
PRE-SCHOOL EDUCATION SERVICES	5	3.1	5	3.4	12	24.0	12	17.6

DIETARY DIVERSITY STATUS AMONG MOTHER-CHILD DYADS, GADCHIROLI

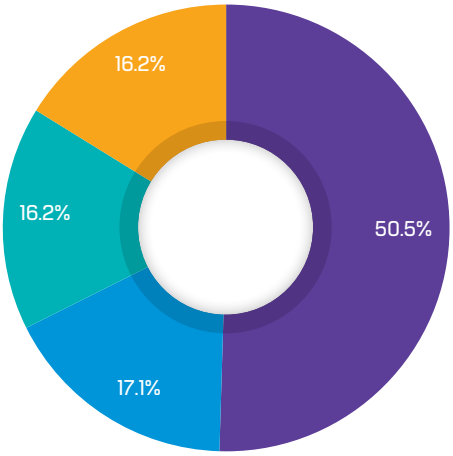
BASELINE (ALL)



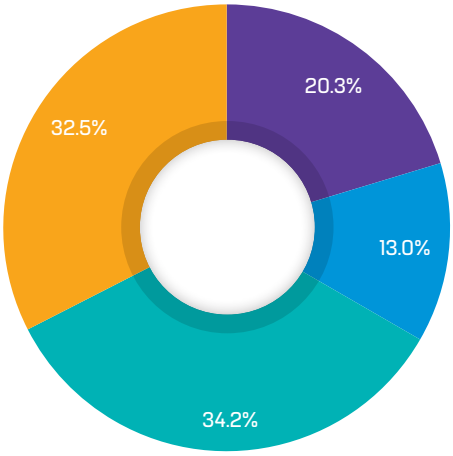
ENDLINE (ALL)



BASELINE (ST)



ENDLINE (ST)



- Both not diversified
- Child diet not diversified & mother diet diversified
- Child diet diversified & mother diet not diversified
- Both diversified

The levels of dietary diversity among children are lower than the levels among mothers. This is a clear opportunity to improve child dietary diversity by encouraging food consumption by children across all groups that is usually consumed within a household. Importantly, there is a significant association between maternal and child dietary diversity. The association between maternal and child dietary diversity has also improved after the systems strengthening activities under project spotlight.

GADCHIROLI, NFHS-4 & 5

	NFHS-4 2015-16	NFHS-5 2019-20	Baseline 2019-20	Endline 2019-20
Mothers who had at least 4 antenatal care visits	76.6	86.8	78.0	78.2
Mothers who consumed iron folic acid for 100 days or more when they were pregnant	48.1	70.8	83.0	90.5
Institutional births (%)	87.7	97.3	81.3	87.2
Children age 12-23 months fully immunized BCG, measles, and 3 doses each of polio and DPT	82.0	97.9	96.0	93.6
Children age 12-23 months who have received BCG	96.9	100	100	98.4
Children age 12-23 months who have received 3 doses of polio vaccine	87.0	100	100	96.0
Children age 12-23 months who have received 3 doses of DPT vaccine	93.7	97.9	100	98.4
Children age 12-23 months who have received measles vaccine	87.7	100	93.2	92.8
Children age 9-59 months who received a vitamin A dose in last 6 months	80.4	88.1	93.8	85.6
Children under 5 years who are stunted height-for-age	32.5	35.7	42.1	44.0
Children under 5 years who are wasted weight-for-height	45.8	30.0	25.3	23.9
Children under 5 years who are underweight weight-for-age	42.1	35.4	44.2	43.4
Initiated breastfeed in one hour	62.4	66.0	80.0	90.9

A comparison of the endline and baseline findings with the National Family Health Survey 2015-16 & 2019-20 estimates for Gadchiroli shows improvements in most of the indicators in the last 3 years and between two surveys. There is significant decline noted in receiving vitamin A dose among children aged 9-59 months. Similar, an increase is noted in prevalence of children under 5 years who are stunted height-for-age. Indicators such as, immunization and ANC coverage, IFA consumption has improved in Gadchiroli in between two series of NFHS and also in between two surveys. However, no major differentials is noted in levels of improvement of full immunization and institutional births coverage between baseline and endline survey. The sample estimates suggest a significant decline in wasting and level of underweight is noted in Gadchiroli districts.

SUMMARY

- **ANC Visits:** The overall percentage of beneficiary counselled about the importance of early registration of pregnancy by the Anganwadi workers has increased from 81.3% at baseline to 98% at endline. The percentage of beneficiaries counselled regarding the importance of antenatal care during pregnancy by the Anganwadi workers also reported to improve from almost 85.7% to 98%. The coverage of both the indicators is more than 90% at endline in Gadchiroli district.

- **IFA and Calcium Supplementation:** The proportion of respondents receiving counselling on IFA and calcium supplementation has increased at endline. The consumption of IFA and calcium tablets during pregnancy increased from approximately 83% to 99% in Gadchiroli between baseline and endline survey. The IFA consumption during lactation period also increased from approximately from 73% to 91% in Gadchiroli.

- **Counselling on Warning Signs:** More than 90% of mothers interviewed across Gadchiroli have reported awareness regarding warning signs in newborn and infants during the endline survey. An increment of 22% point in Gadchiroli was observed in the proportion of mothers received counselling services to identify warning signs in newborn and infants at the endline.

- **AAA Visits:** A sharp increase was noted in proportion of pregnant and lactating women who reported joint visit by ANM, ASHA and AWW in the district compared to the baseline. Moreover, a significant percentage of increase was observed in respondents who reported joint visit by ASHA and AWW and by ASHA alone.

- **Institutional Births:** Coverage of institutional births noted to increase slightly across Gadchiroli (from 81% to 87%) compared to baseline. In Gadchiroli, no major difference in institutional delivery was noted among socio-economic categories.

- **Full Immunization:** In Gadchiroli, proportion of children receiving age-appropriate full immunization has declined from 96% to 94% between baseline and endline survey between baseline and endline survey. Notably, the proportion of children receiving age-appropriate full immunization among ST household has increased marginally from 94.4% to 97.4% between baseline and endline survey. There were no major socio-economic differentials in terms of receiving age-appropriate full immunization during the endline survey.

- **Supplementary Nutrition:** The percentage of children aged 0-35 months in Gadchiroli districts who received THR from the Anganwadi declined to 66% at endline. Similarly, at endline, all children above 36 months in Gadchiroli districts who received HCM at the Anganwadi centres declined to 36.7%.

- **Dietary Diversity:** Dietary diversity is low as less than one-third of the children consume fruits, green leafy vegetables, eggs or meat on a daily basis. Most of the children consume food grains with pulses and only two-third have some vegetables in their daily diets.

- **Anthropometric Failure:** 10% increment was noted in proportion of children born with low birth weight in Gadchiroli district compared to baseline. The percentage of low birth weights are significantly higher among women belonging from ST household who have completed more than primary education. At least four out of every 10 children (below 5 years of age) are stunted in Gadchiroli district. The prevalence of stunting is relatively higher among ST household in comparison with overall household. A drop was noted in the prevalence of underweight in Gadchiroli districts compared to the baseline.

- **Pre-School Education:** Pre-school education services is an important and aspirational component of Anganwadi services. In Gadchiroli, it was 29% at baseline and 20% at endline. COVID-19 has affected the ICDS services.

RECOMMENDATIONS

- Food is a key determinant of nutritional status. It is important that dietary indicators are monitored jointly with anthropometric indicators. Efforts should be promoted to provide food items such as eggs, fruits and nuts to improve dietary diversity among women and children.
- Ensure constant training and capacity building of the frontline workers to effectively engage in various aspects of counselling including the mode of counselling and interaction with the beneficiaries. Frontline workers from other line departments such as the ANMs and ASHAs can also be trained contribute significantly toward counselling services.
- Counselling services such as on exclusively breastfeeding for first 6 months, danger signs during and in post-natal period of pregnancy, counselling on support provided to new born, counselling on child receiving bi-annual Vitamin A supplementation and treatment services should be improvised. Awareness regarding benefits of early registration, number of ANC and PNC needs to be increased.
- New methods for counselling and communication to reach out to the beneficiaries should be developed to overcome limitations related to COVID-19 mobility restrictions and in-person counselling.
- The ICDS and development partners should focus on continued investments and support for AWC assets and amenities. Provisioning of such items requires greater coordination within the government departments as well as across stakeholders (including the community and various development partners).
- Boosting convergence and intersectoral coordination in service delivery for all major and minor aspects of ICDS services should be prioritised. For instance, convergence support from Health Department, Panchayats, Electricity Department etc. is necessary for some of the items demanded by AWCs as follows: electricity connection, building repairs and refurbishments, toilet facility, drinking water facility, compound wall and outdoor play area, first aid kits, medicine kits, IFA tablets, ORS sachets etc.

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