



# PROJECT SPOTLIGHT

## ICDS SYSTEM STRENGTHENING AND COMMUNITY MOBILIZATION

### GADCHIROLI (MAHARASHTRA)

#### ENDLINE REPORT ON KEY INDICATORS

#### JOINT PARTNERSHIP

DEPARTMENT OF WOMEN & CHILD DEVELOPMENT,  
GOVERNMENT OF MAHARASHTRA, DISTRICT  
ADMINISTRATION - GADCHIROLI  
AND TATA TRUSTS

## **DISCLAIMER**

The baseline-endline survey and data collection was coordinated by the ICDS Systems Strengthening Project Team in Gadchiroli District. The baseline-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

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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, District Administration - Gadchiroli and the Tata Trusts for supporting the initiative to improve nutritional status of women and children. We would further like to acknowledge S V Subramanian, Professor of Population Health and Geography, Harvard University, for designing the project framework, 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

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|          |   |
|----------|---|
| 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

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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<sup>2</sup>).
- 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

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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, District Administration - Gadchiroli 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](#) (February–March 2021) 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

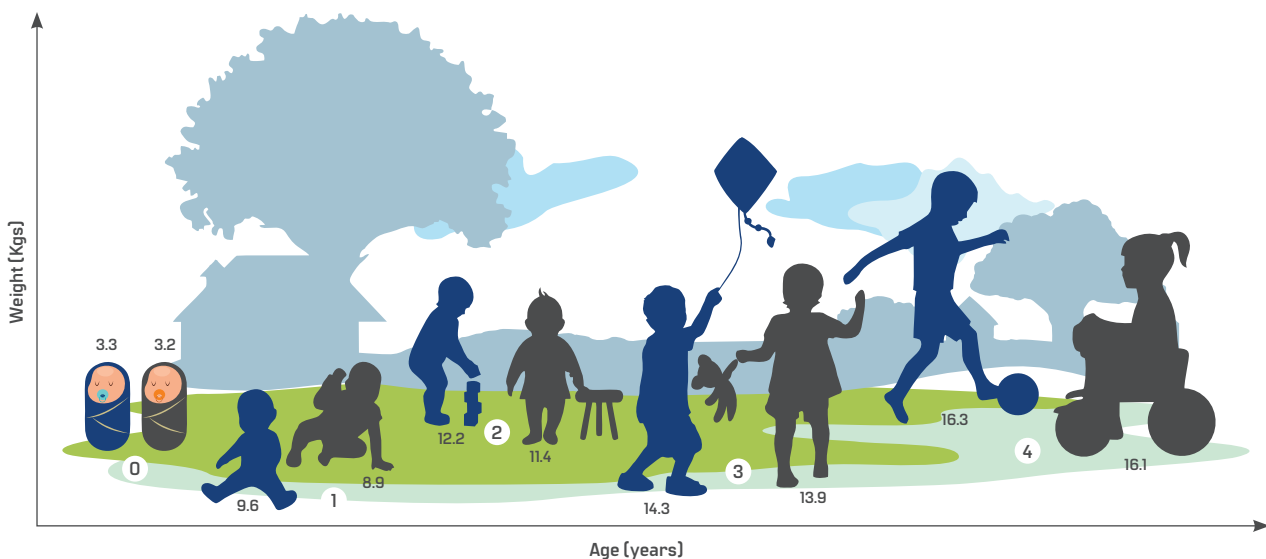
- I. Refurbishment of AWCs
- II. AWCs with need-based equipment's
- III. Capacity building of AWWs, ASHAs and ANMs to ensure greater convergence
- IV. Capacity building of AWWs on IYCF
- V. Capacity Building of AWWs on conducting community based events and Jan Andolan initiatives
- VI. Capacity Building of PRI members on their roles and responsibilities

## Community Mobilization Initiatives

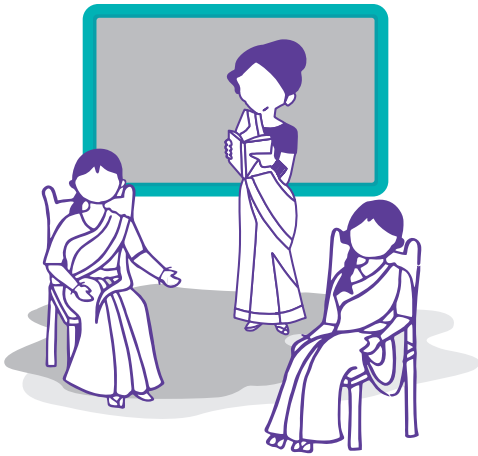
- I. Community based events
- II. Jan Andolan events on dietary diversity/ correct ways of breastfeeding/ ways of improving diets of children under 5 years/ rights of communities
- III. Felicitation events of frontline workers
- IV. Tracking high risk beneficiary – 5 pregnant women and 5 infants (by 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

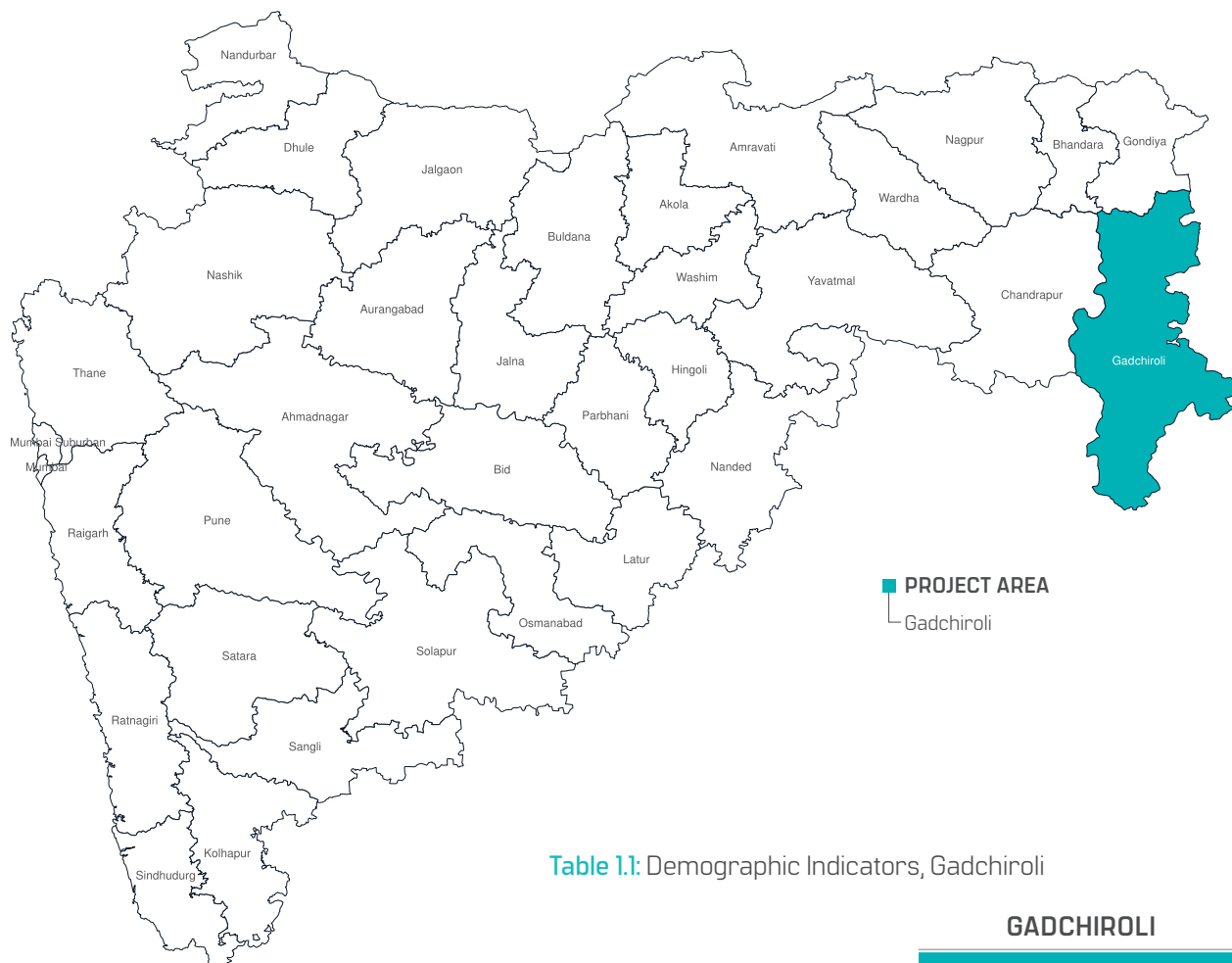
Centres, building capacities of frontline workers viz. Anganwadi Worker (AWW), Accredited Social Health Activist (ASHA) and Auxillary Nurse Midwife (ANM) on working in convergence, building capacities of AWWs on Infant and Young Child Feeding (IYCF) practices, Behavioural Change Communication (BCC) activities 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.
- Project details can be found on <https://www.tatatrusters.org/insights/survey-reports/project-spotlight>

# 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.

## 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% ( $\alpha=0.05$ ;  $\beta=0.10$ )
- Design effect of 2 is assumed

The formula to estimate the sample size is as follows<sup>1</sup>:

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

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 |
|--|----------|---------|
| <b>BLOCKS SURVEYED</b>   | 2        | 2       |
| <b>SAMPLE DETAILS</b>  |          |         |
|  <b>0-23 MONTHS</b>         | 267      | 265     |
|  <b>24 MONTHS AND ABOVE</b> | 183      | 185     |

<sup>1</sup> 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.

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.

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

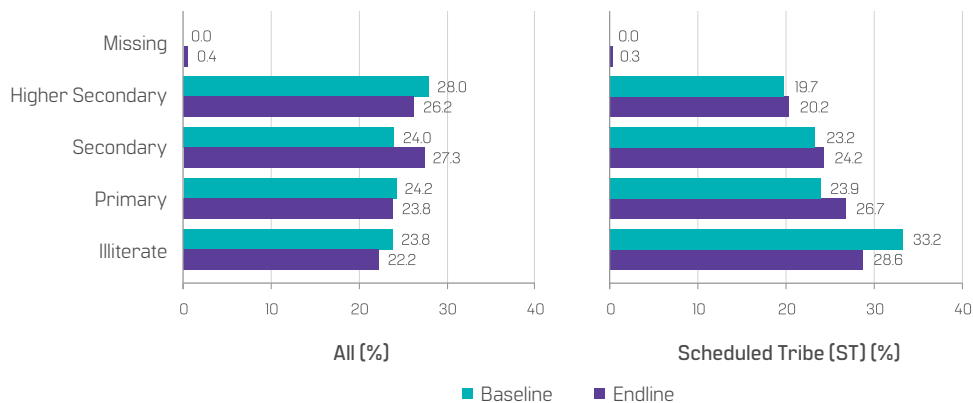
|                               | Parameters       | Case 1 |
|-------------------------------|------------------|--------|
| Baseline utilization rate     | $P_0$            | 0.490  |
| Endline utilization rate      | $P_\alpha$       | 0.590  |
| Baseline - Endline difference | $P_0 - P_\alpha$ |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

### Sample Implementation and Data Analysis

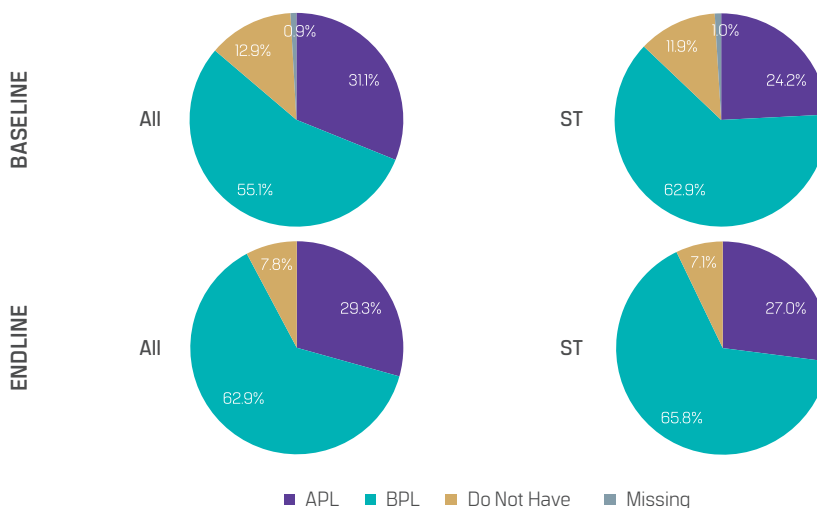
10 children per AWC is randomly selected from the AWC registers, thus leading to a selection of 45 AWCs in each district. Monitoring was jointly conducted by the Project Staff from Tata Trusts and the Institute of Economic Growth, Delhi. The endline report is prepared by the Institute of Economic Growth,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

# SAMPLE CHARACTERISTICS

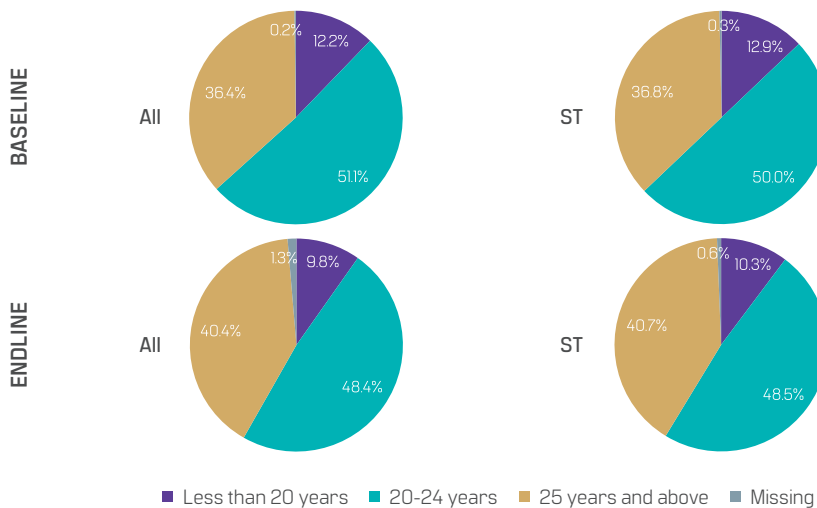
## EDUCATION OF RESPONDENTS



## 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.

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.

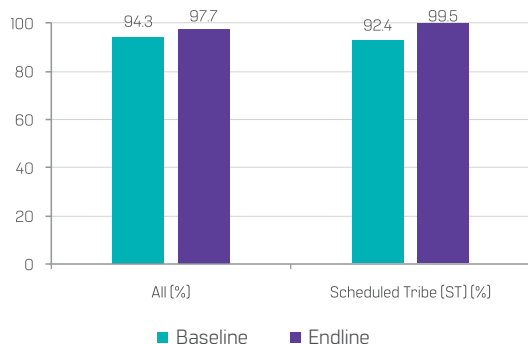
Gadchiroli district has a high percentage of women who have reported education up to primary level and possess a BPL card. High poverty and illiteracy are key developmental concerns in these districts.

| BACKGROUND                         | BASELINE |      |     |      | ENDLINE |      |     |      |
|------------------------------------|----------|------|-----|------|---------|------|-----|------|
|                                    | All      |      | ST  |      | All     |      | ST  |      |
|                                    | N        | %    | N   | %    | N       | %    | N   | %    |
| <b>EDUCATION</b>                   |          |      |     |      |         |      |     |      |
| 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  |
| <b>RATION CARD</b>                 |          |      |     |      |         |      |     |      |
| 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  | -       | -    | -   | -    |
| <b>MATERNAL AGE AT CHILD BIRTH</b> |          |      |     |      |         |      |     |      |
| 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

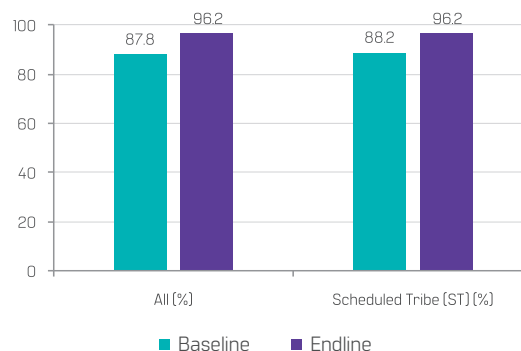
## RECEIVED TAKE HOME RATION FROM AWC DURING THE LAST PREGNANCY

|         | 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



SUPPLEMENTARY FOOD

| BASELINE |        | ENDLINE |        |
|----------|--------|---------|--------|
| All (%)  | ST (%) | All (%) | ST (%) |
| 81.0     | 75.3   | 24.2    | 24.2   |

| BASELINE |        | ENDLINE |        |
|----------|--------|---------|--------|
| All (%)  | ST (%) | All (%) | ST (%) |
| 84.8     | 82.7   | 24.9    | 24.4   |



HEALTH CHECK-UPS

| BASELINE |        | ENDLINE |        |
|----------|--------|---------|--------|
| All (%)  | ST (%) | All (%) | ST (%) |
| 79.2     | 73.4   | 18.1    | 17.6   |

| BASELINE |        | ENDLINE |        |
|----------|--------|---------|--------|
| All (%)  | ST (%) | All (%) | ST (%) |
| 80.5     | 77.7   | 23.3    | 22.2   |



HEALTH AND NUTRITIONAL EDUCATION

| BASELINE |        | ENDLINE |        |
|----------|--------|---------|--------|
| All (%)  | ST (%) | All (%) | ST (%) |
| 64.9     | 57.0   | 11.5    | 9.9    |

| BASELINE |        | ENDLINE |        |
|----------|--------|---------|--------|
| All (%)  | ST (%) | All (%) | ST (%) |
| 66.4     | 64.2   | 21.4    | 20.0   |



REFERRAL SERVICES

| BASELINE |        | ENDLINE |        |
|----------|--------|---------|--------|
| All (%)  | ST (%) | All (%) | ST (%) |
| 28.3     | 25.5   | 6.5     | 9.3    |

| BASELINE |        | ENDLINE |        |
|----------|--------|---------|--------|
| All (%)  | ST (%) | All (%) | ST (%) |
| 12.5     | 14.0   | 9.3     | 7.2    |



PERSONAL HYGIENE

| BASELINE |        | ENDLINE |        |
|----------|--------|---------|--------|
| All (%)  | ST (%) | All (%) | ST (%) |
| 23.9     | 21.0   | 76.5    | 76.9   |

| BASELINE |        | ENDLINE |        |
|----------|--------|---------|--------|
| All (%)  | ST (%) | All (%) | ST (%) |
| 42.0     | 42.1   | 13.2    | 13.9   |

## RECEIPT OF ICDS SERVICES



### COUNSELLING

|      |      |      |      |
|------|------|------|------|
| 45.2 | 40.8 | 21.2 | 21.4 |
|------|------|------|------|

### IMMUNIZATION

|      |      |     |     |
|------|------|-----|-----|
| 67.5 | 64.6 | 6.9 | 8.2 |
|------|------|-----|-----|

## PREGNANT WOMEN

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 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.

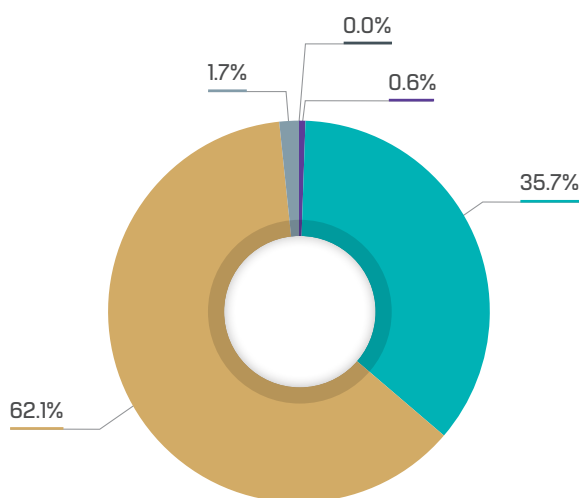
The beneficiaries reported lower receipt of ICDS services, especially referral services and immunization, from Anganwadis at endline as compared to baseline.

|                                | BASELINE |      |     |      | ENDLINE |      |     |      |
|--------------------------------|----------|------|-----|------|---------|------|-----|------|
|                                | All      |      | ST  |      | All     |      | ST  |      |
|                                | N        | %    | N   | %    | N       | %    | N   | %    |
| <b>PREGNANT WOMEN</b>          |          |      |     |      |         |      |     |      |
| 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 |
| <b>LACTATING WOMEN</b>         |          |      |     |      |         |      |     |      |
| 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 |

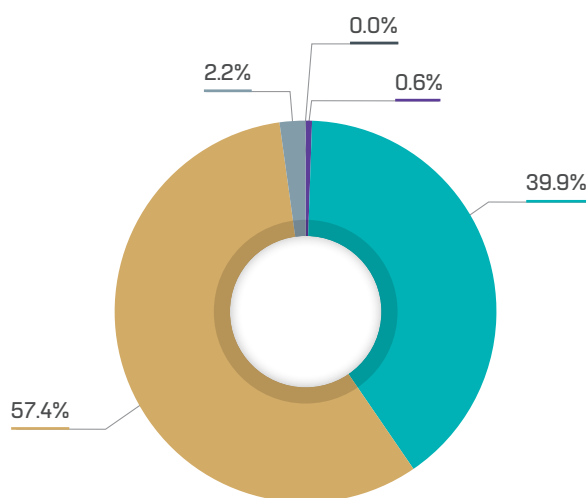
# UTILIZATION OF ICDS SERVICES BY CHILDREN

|   |   | 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



■ Highly Dissatisfactory ■ Dissatisfactory ■ Average ■ Satisfactory ■ Highly Satisfactory

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

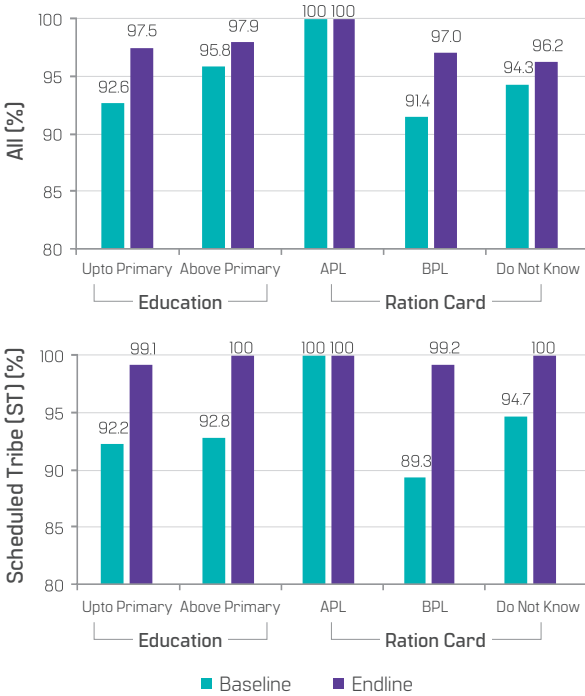
|   | BASELINE |      |     |      | ENDLINE |      |    |      |
|---|----------|------|-----|------|---------|------|----|------|
|   | All      |      | ST  |      | All     |      | ST |      |
|   | N        | %    | N   | %    | N       | %    | N  | %    |
| Supplementary Food                      | 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

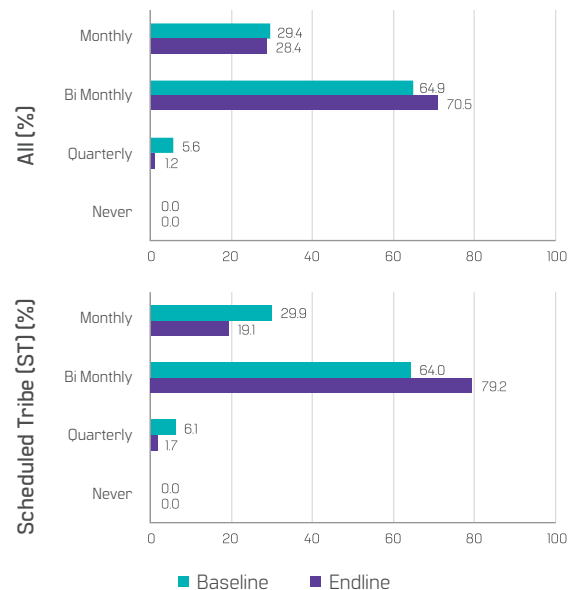
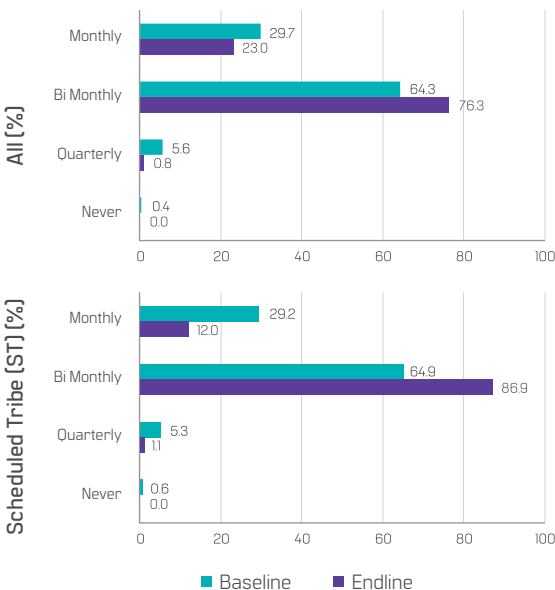
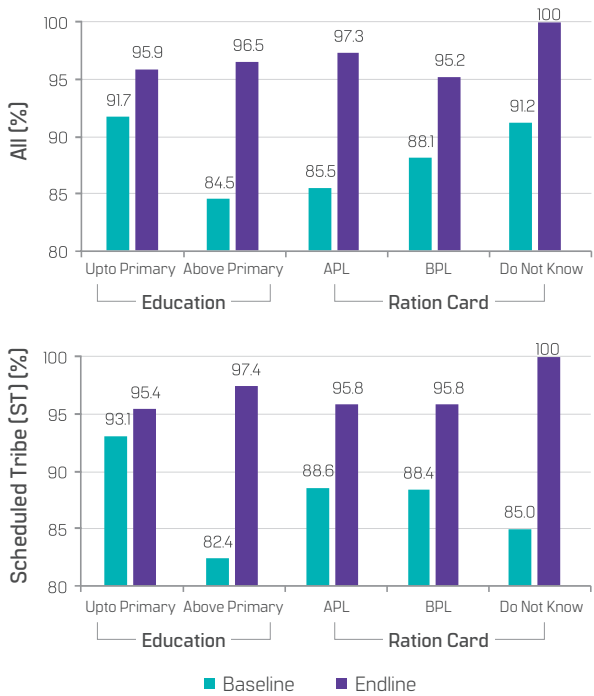
## RECEIVED THR FROM AWC DURING THE LAST PREGNANCY

|         | 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  |

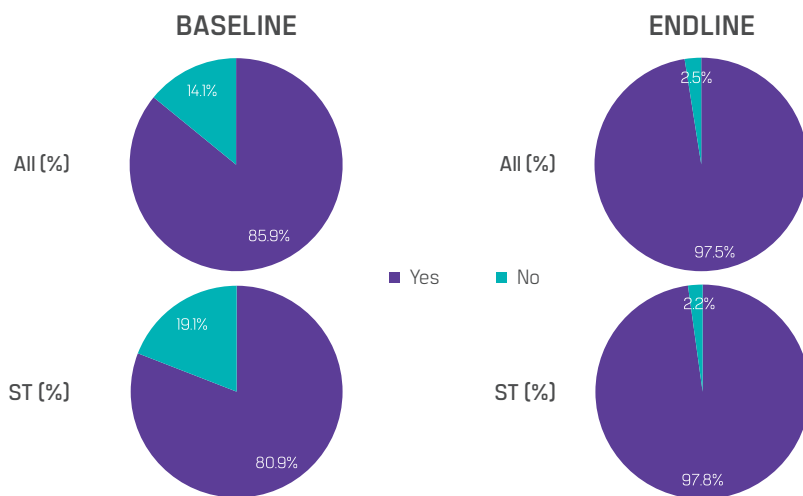
## QUANTITY OF TAKE HOME RATION SERVICES PROVIDED DURING PREGNANCY

|                        | 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  |

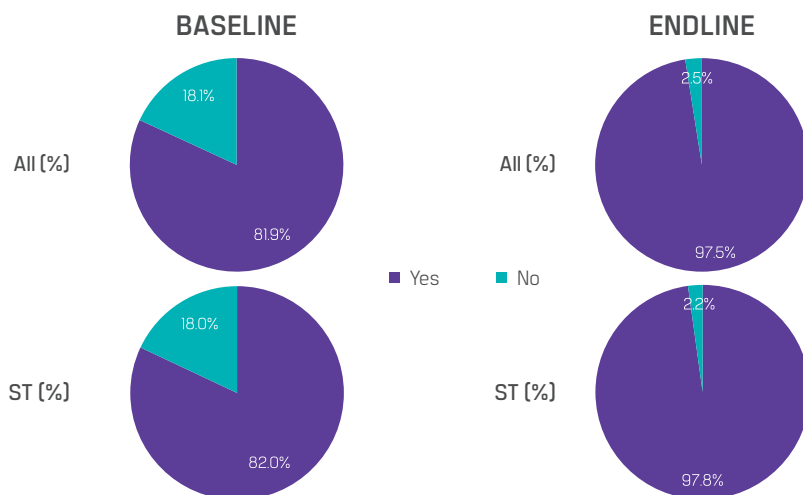
# PRE-SCHOOL EDUCATION

## AWARENESS



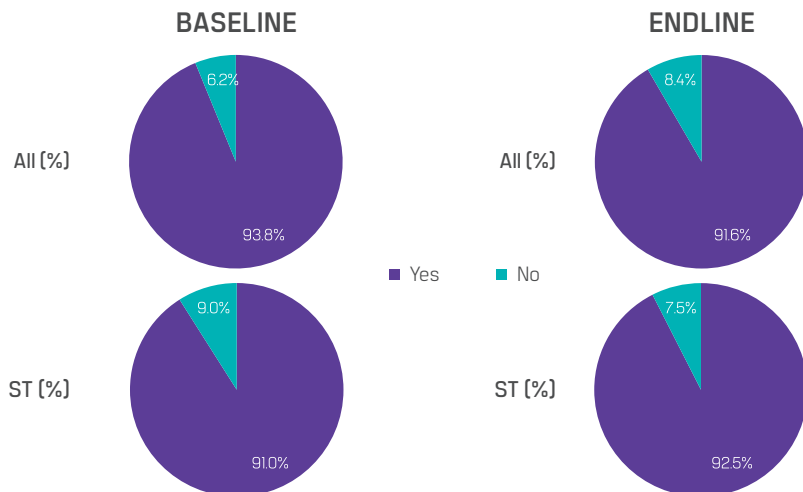
## COUNSELLING

### PRE-SCHOOL EDUCATION COUNSELLING RECEIVED BY AWW



## PERCEPTION

### PRE-SCHOOL EDUCATION HELPS DEVELOPMENT OF CHILDREN



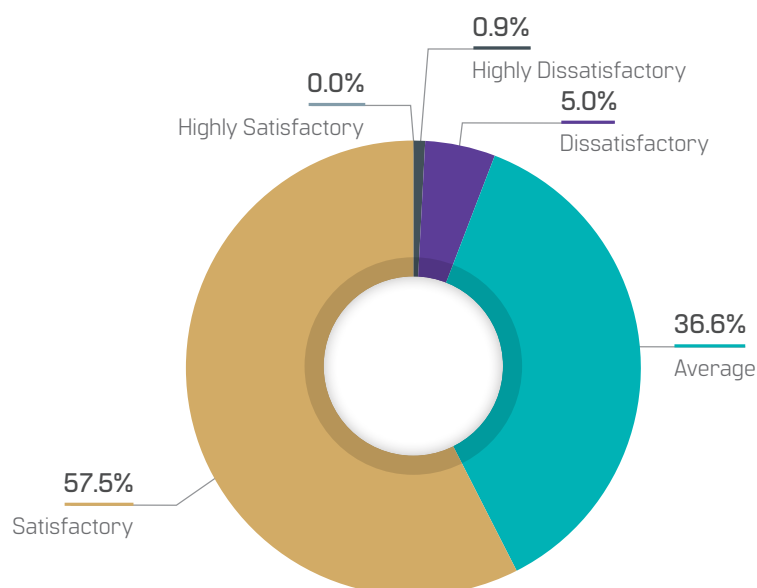
Pre-school education is an important area for ICDS system strengthening. This is also important to address the parental needs and aspirations regarding quality of cognitive development and learning among children. While most of the beneficiaries believe that pre-school education helps in development 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         | %           |
| <b>EDUCATION</b>   |            |             |           |             |
| Upto Primary       | 60         | 92.3        | 49        | 92.5        |
| Above Primary      | 61         | 98.4        | 35        | 97.2        |
| <b>RATION CARD</b> |            |             |           |             |
| APL                | 45         | 100         | 24        | 100         |
| BPL                | 62         | 95.4        | 49        | 96.1        |
| Do Not Know        | 13         | 86.7        | 10        | 83.3        |
| <b>TOTAL</b>       | <b>121</b> | <b>95.3</b> | <b>84</b> | <b>94.4</b> |

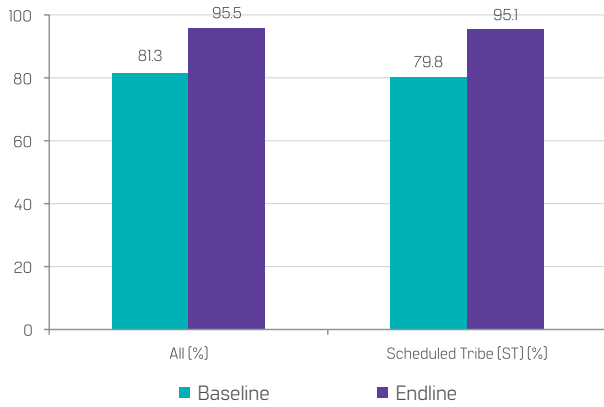
|                    | ENDLINE   |             |           |             |
|--------------------|-----------|-------------|-----------|-------------|
|                    | All       |             | ST        |             |
|                    | N         | %           | N         | %           |
|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

## SATISFACTION WITH HEALTH AND PRE-SCHOOL SERVICES

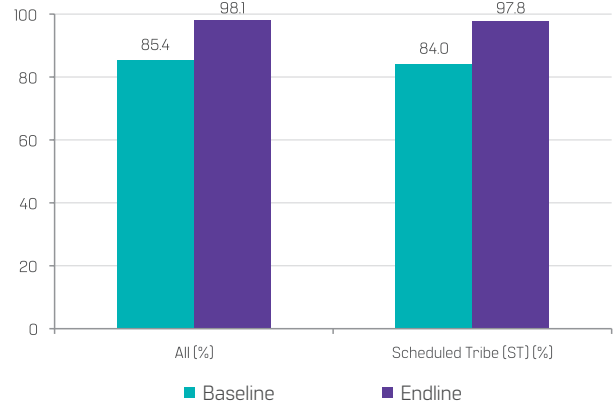


# ANC SERVICES

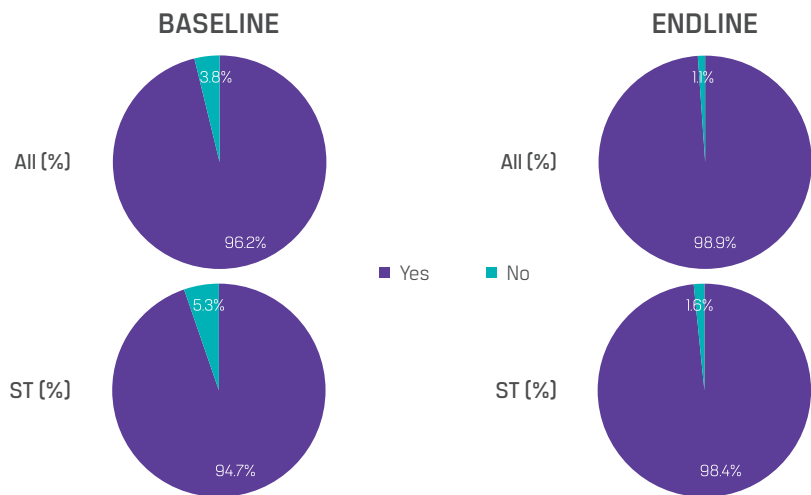
## COUNSELLED ABOUT THE IMPORTANCE OF EARLY REGISTRATION OF PREGNANCY BY AWW



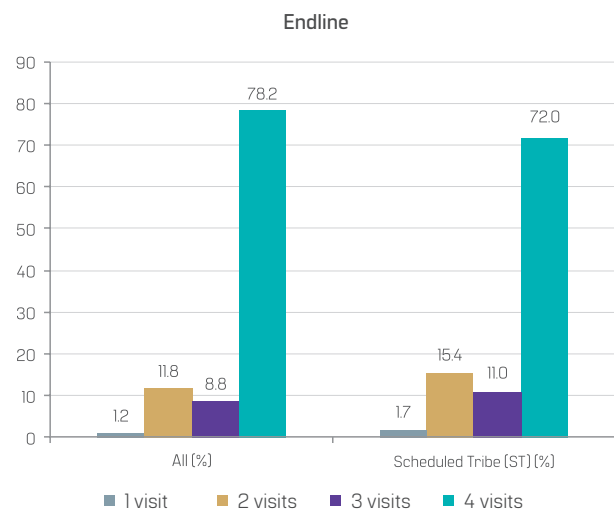
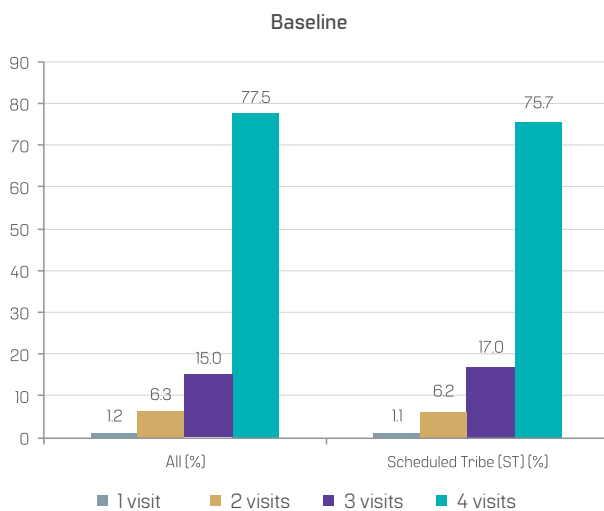
## COUNSELLED ON IMPORTANCE OF ANC DURING PREGNANCY BY AWW



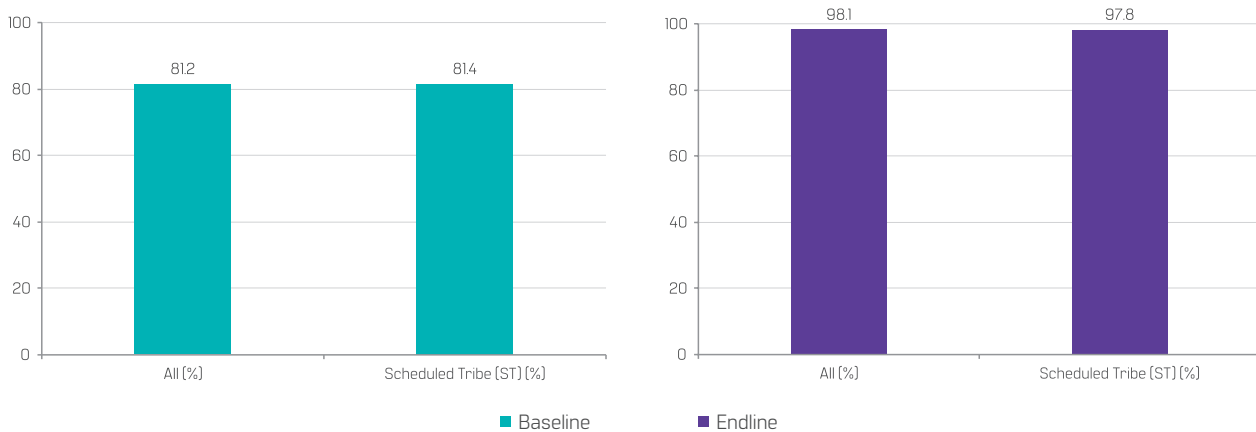
# ANC RECEIVED (%)



# 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.

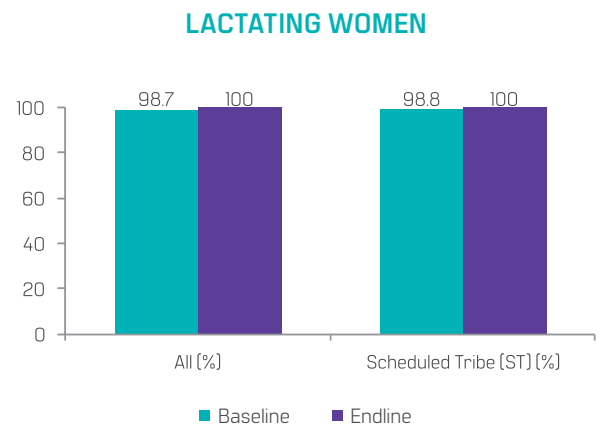
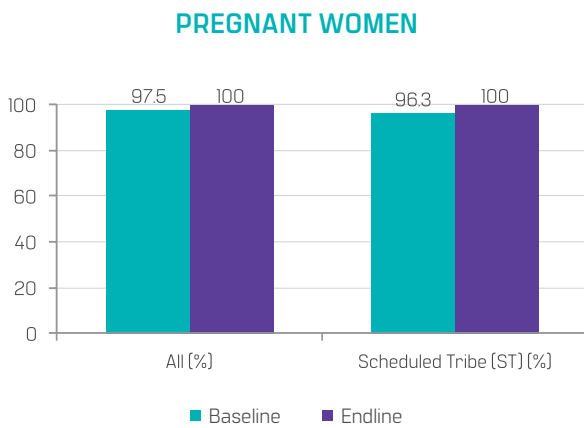
During the endline survey, above 95% the beneficiaries reported receiving ANC services in Gadchiroli. However, the proportion of beneficiaries receiving ANC services slightly decline in Gadchiroli district was observed at endline compared to the baseline.

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.

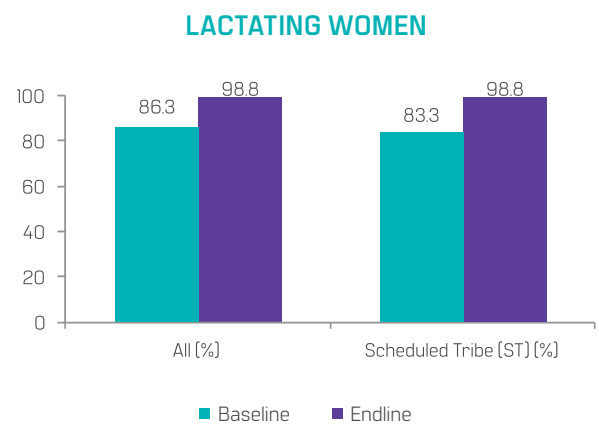
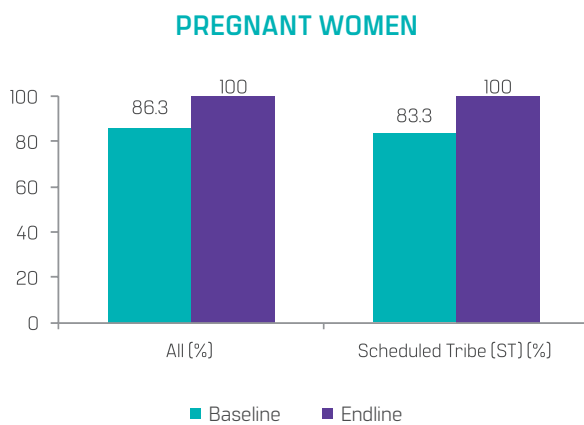
It is important that the number of ANC visits during pregnancy is increased in the district. As per the revised WHO norms, about 8 ANC visits are necessary during pregnancy stage to support health and nutrition of mother and the child.

# IRON FOLIC ACID (IFA) SUPPLEMENTATION

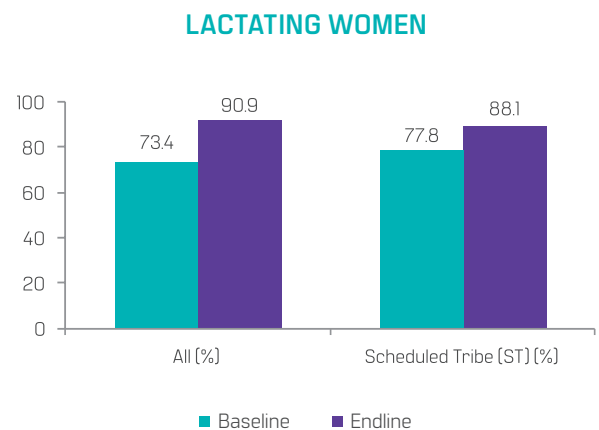
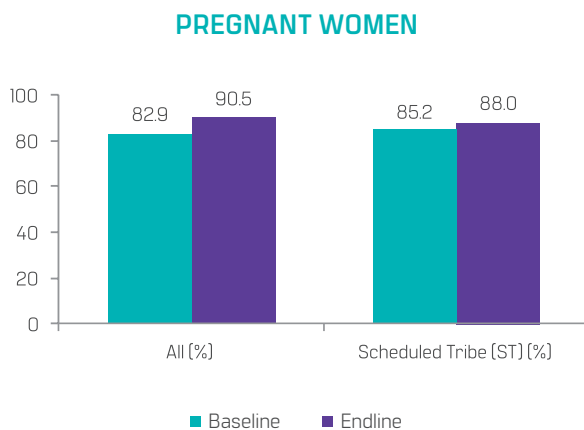
## AWARENESS



## COUNSELLING



## CONSUMPTION



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

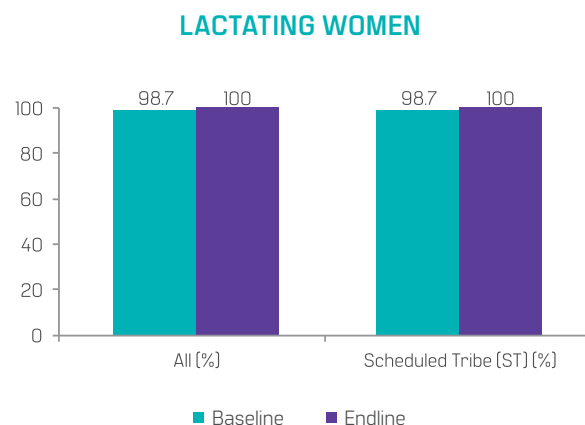
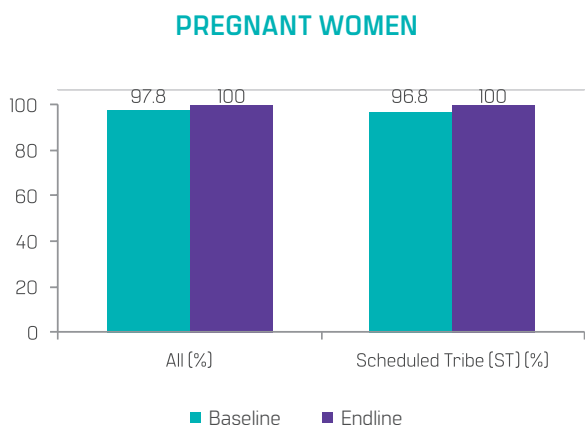
|                    | PREGNANT WOMEN |      |    |      |         |     |     |     | LACTATING WOMEN |      |    |      |         |      |     |      |
|--------------------|----------------|------|----|------|---------|-----|-----|-----|-----------------|------|----|------|---------|------|-----|------|
|                    | BASELINE       |      |    |      | ENDLINE |     |     |     | BASELINE        |      |    |      | ENDLINE |      |     |      |
|                    | All            |      | ST |      | All     |     | ST  |     | All             |      | ST |      | All     |      | ST  |      |
|                    | N              | %    | N  | %    | N       | %   | N   | %   | N               | %    | N  | %    | N       | %    | N   | %    |
| <b>EDUCATION</b>   |                |      |    |      |         |     |     |     |                 |      |    |      |         |      |     |      |
| 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 |
| <b>RATION CARD</b> |                |      |    |      |         |     |     |     |                 |      |    |      |         |      |     |      |
| 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

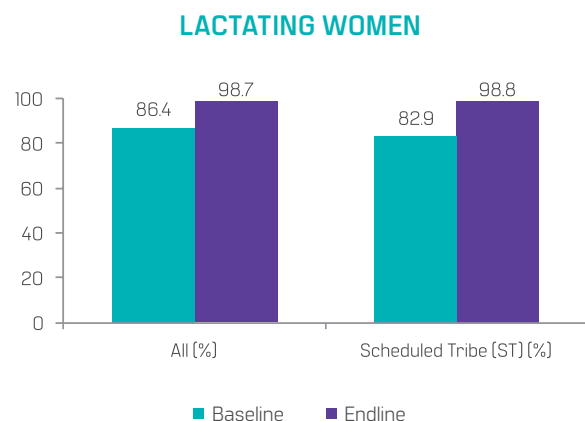
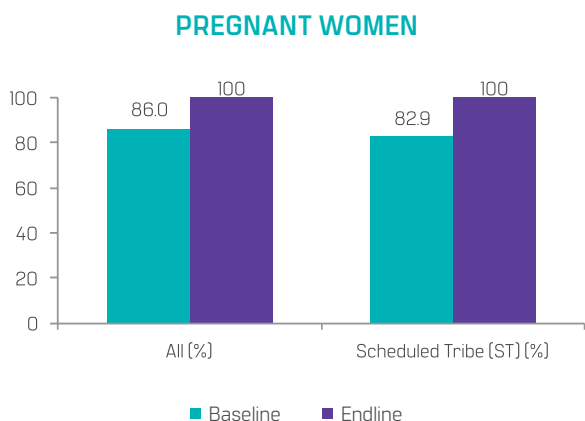
|                    | PREGNANT WOMEN |      |    |      |         |      |    |      | LACTATING WOMEN |      |    |      |         |      |    |      |
|--------------------|----------------|------|----|------|---------|------|----|------|-----------------|------|----|------|---------|------|----|------|
|                    | BASELINE       |      |    |      | ENDLINE |      |    |      | BASELINE        |      |    |      | ENDLINE |      |    |      |
|                    | All            |      | ST |      | All     |      | ST |      | All             |      | ST |      | All     |      | ST |      |
|                    | N              | %    | N  | %    | N       | %    | N  | %    | N               | %    | N  | %    | N       | %    | N  | %    |
| <b>EDUCATION</b>   |                |      |    |      |         |      |    |      |                 |      |    |      |         |      |    |      |
| 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 |
| <b>RATION CARD</b> |                |      |    |      |         |      |    |      |                 |      |    |      |         |      |    |      |
| 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

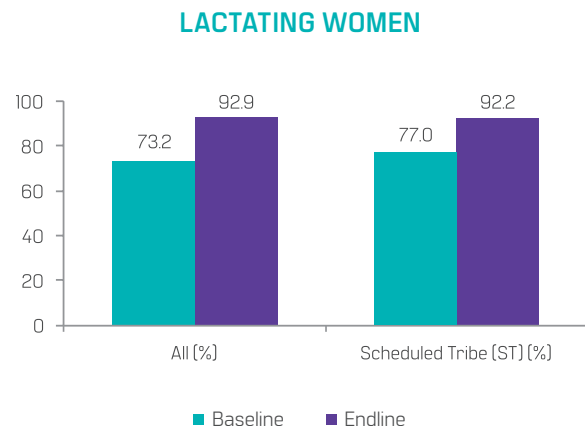
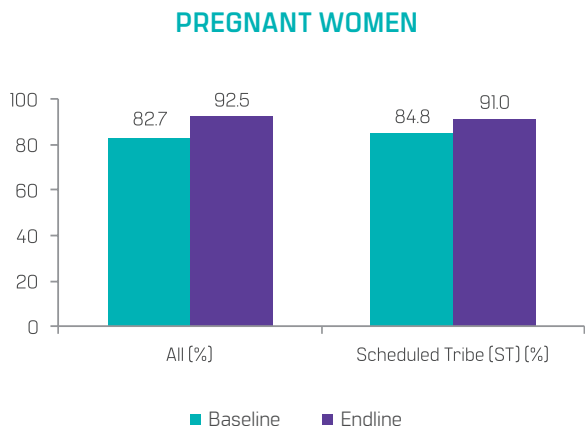
## AWARENESS



## COUNSELLING



## CONSUMPTION



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 (totally 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

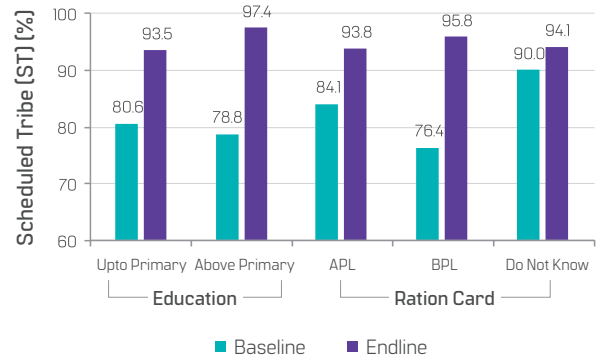
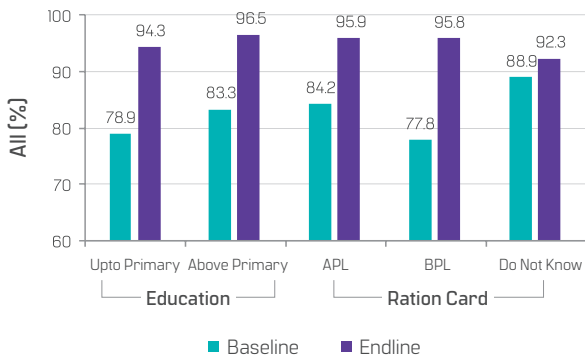
|                    | PREGNANT WOMEN |      |    |      |         |     |     |     | LACTATING WOMEN |      |    |      |         |      |     |      |
|--------------------|----------------|------|----|------|---------|-----|-----|-----|-----------------|------|----|------|---------|------|-----|------|
|                    | BASELINE       |      |    |      | ENDLINE |     |     |     | BASELINE        |      |    |      | ENDLINE |      |     |      |
|                    | All            |      | ST |      | All     |     | ST  |     | All             |      | ST |      | All     |      | ST  |      |
|                    | N              | %    | N  | %    | N       | %   | N   | %   | N               | %    | N  | %    | N       | %    | N   | %    |
| <b>EDUCATION</b>   |                |      |    |      |         |     |     |     |                 |      |    |      |         |      |     |      |
| 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 |
| <b>RATION CARD</b> |                |      |    |      |         |     |     |     |                 |      |    |      |         |      |     |      |
| 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

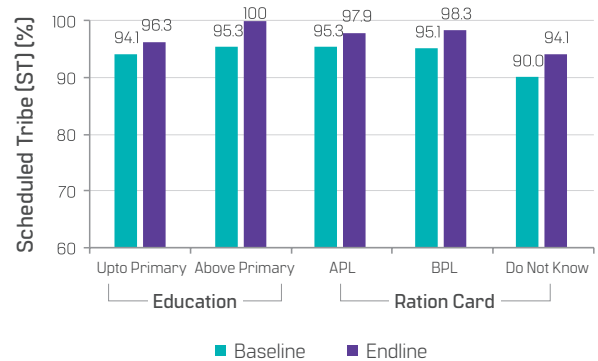
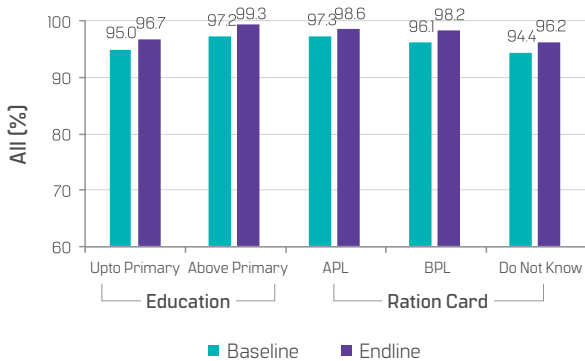
|                    | PREGNANT WOMEN |      |    |      |         |      |    |      | LACTATING WOMEN |      |    |      |         |      |    |      |
|--------------------|----------------|------|----|------|---------|------|----|------|-----------------|------|----|------|---------|------|----|------|
|                    | BASELINE       |      |    |      | ENDLINE |      |    |      | BASELINE        |      |    |      | ENDLINE |      |    |      |
|                    | All            |      | ST |      | All     |      | ST |      | All             |      | ST |      | All     |      | ST |      |
|                    | N              | %    | N  | %    | N       | %    | N  | %    | N               | %    | N  | %    | N       | %    | N  | %    |
| <b>EDUCATION</b>   |                |      |    |      |         |      |    |      |                 |      |    |      |         |      |    |      |
| 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 |
| <b>RATION CARD</b> |                |      |    |      |         |      |    |      |                 |      |    |      |         |      |    |      |
| 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

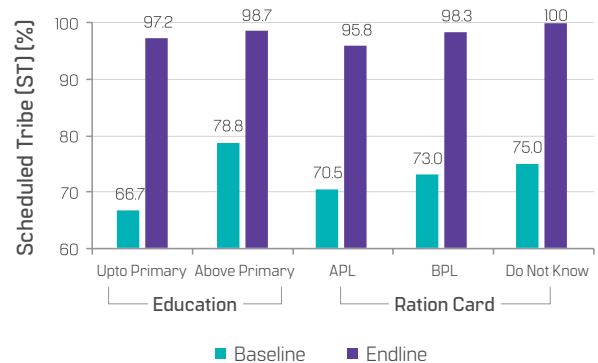
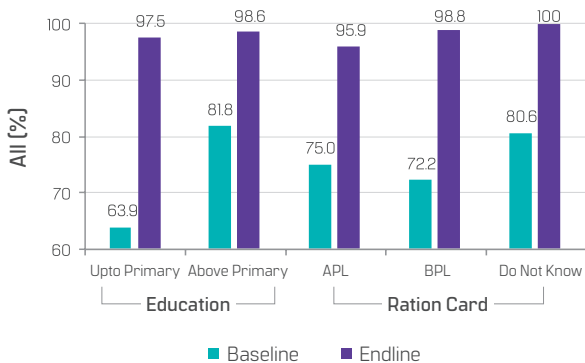
## ON IMPORTANCE OF EARLY REGISTRATION



## 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   | %    |
| <b>EDUCATION</b>   |          |      |    |      |         |      |     |      |
| 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 |
| <b>RATION CARD</b> |          |      |    |      |         |      |     |      |
| 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   | %    |
| <b>EDUCATION</b>   |          |      |     |      |         |      |     |      |
| 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  |
| <b>RATION CARD</b> |          |      |     |      |         |      |     |      |
| 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.

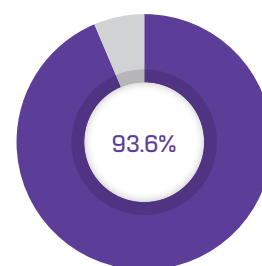
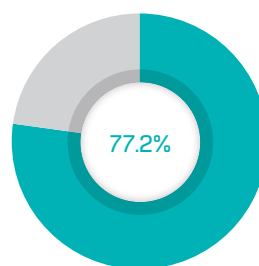
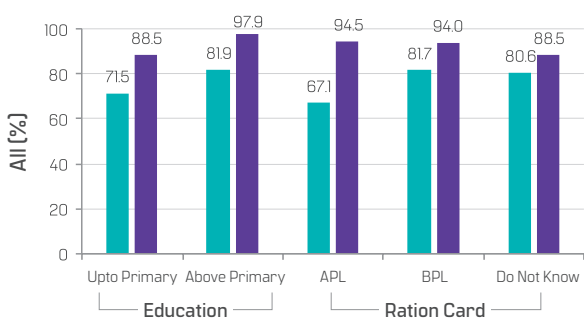
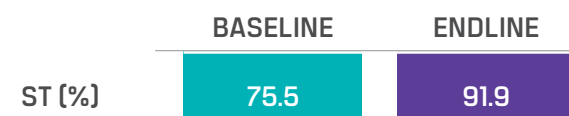
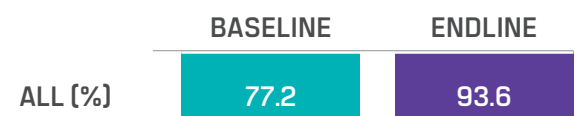
## ON IMPORTANCE OF PNC BENEFITS

|                    | BASELINE |      |    |      | ENDLINE |      |     |      |
|--------------------|----------|------|----|------|---------|------|-----|------|
|                    | All      |      | ST |      | All     |      | ST  |      |
|                    | N        | %    | N  | %    | N       | %    | N   | %    |
| <b>EDUCATION</b>   |          |      |    |      |         |      |     |      |
| 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 |
| <b>RATION CARD</b> |          |      |    |      |         |      |     |      |
| 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.

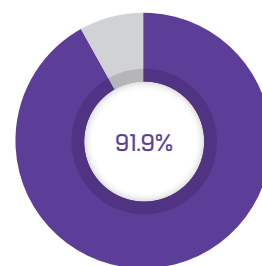
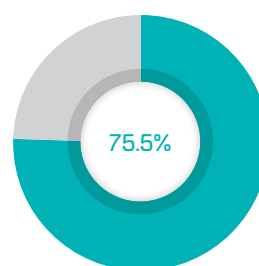
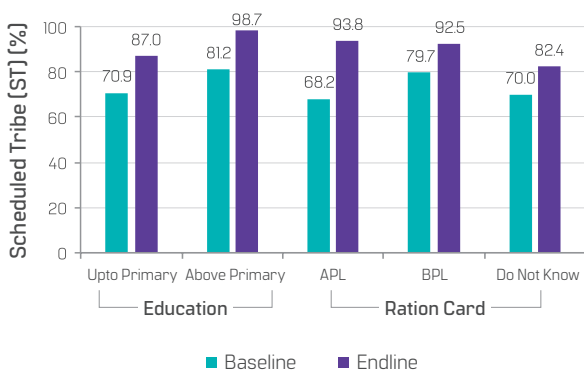
# BREASTFEEDING: AWARENESS & COUNSELLING

## AWARE ABOUT INITIATING BREASTFEEDING AFTER THE BIRTH OF THE CHILD



ALL (%)  
(BASELINE)

ALL (%)  
(ENDLINE)



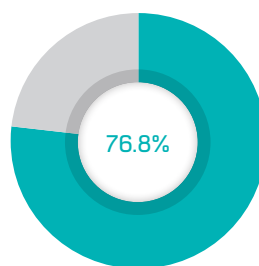
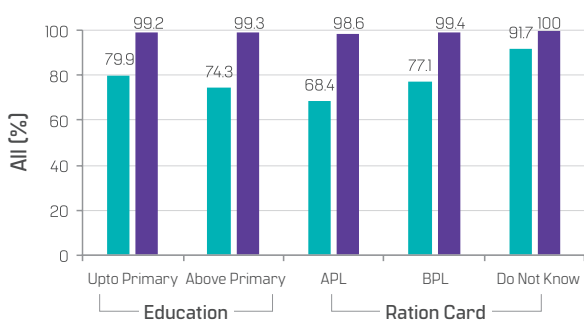
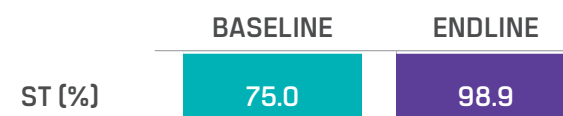
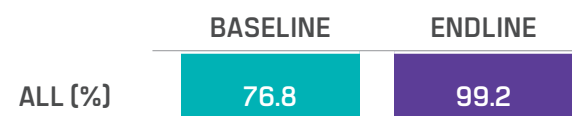
ST (%)  
(BASELINE)

ST (%)  
(ENDLINE)

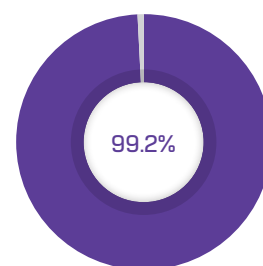
|                    | BASELINE |      |    |      |
|--------------------|----------|------|----|------|
|                    | All      |      | ST |      |
|                    | N        | %    | N  | %    |
| <b>EDUCATION</b>   |          |      |    |      |
| Upto Primary       | 88       | 71.5 | 73 | 70.9 |
| Above Primary      | 118      | 81.9 | 69 | 81.2 |
| <b>RATION CARD</b> |          |      |    |      |
| 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   | %    |
| <b>EDUCATION</b>   |         |      |     |      |
| Upto Primary       | 108     | 88.5 | 94  | 87.0 |
| Above Primary      | 140     | 97.9 | 76  | 98.7 |
| <b>RATION CARD</b> |         |      |     |      |
| APL                | 69      | 94.5 | 45  | 93.8 |
| BPL                | 156     | 94.0 | 111 | 92.5 |
| Do Not Know        | 23      | 88.5 | 14  | 82.4 |

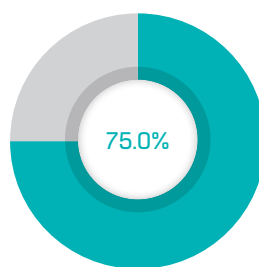
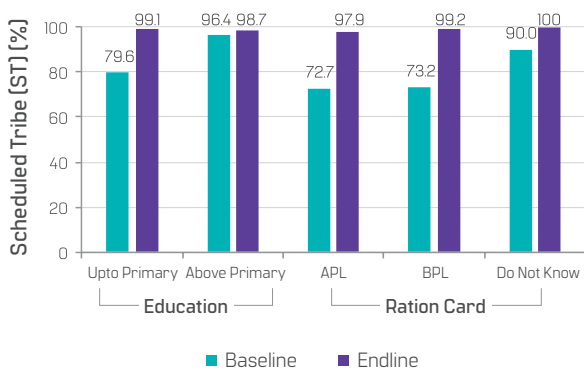
# COUNSELLED BY AWW FOR INITIATING BREASTFEEDING WITHIN ONE HOUR OF BIRTH



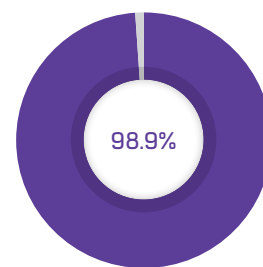
ALL (%)  
(BASELINE)



ALL (%)  
(ENDLINE)



ST (%)  
(BASELINE)



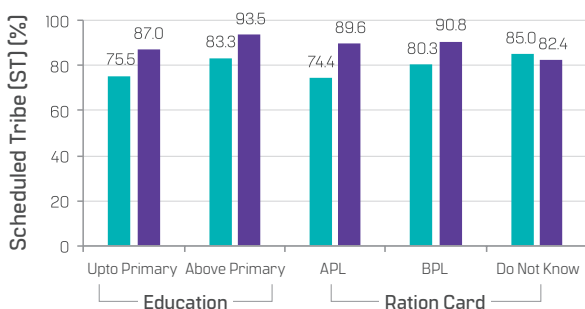
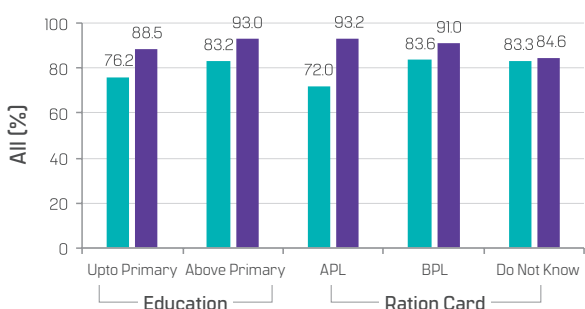
ST (%)  
(ENDLINE)

|                    | BASELINE |      |    |      |
|--------------------|----------|------|----|------|
|                    | All      |      | ST |      |
|                    | N        | %    | N  | %    |
| <b>EDUCATION</b>   |          |      |    |      |
| Upto Primary       | 98       | 79.7 | 82 | 79.6 |
| Above Primary      | 107      | 74.3 | 59 | 69.4 |
| <b>RATION CARD</b> |          |      |    |      |
| 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   | %    |
| <b>EDUCATION</b>   |         |      |     |      |
| Upto Primary       | 121     | 99.2 | 107 | 99.1 |
| Above Primary      | 142     | 99.3 | 76  | 98.7 |
| <b>RATION CARD</b> |         |      |     |      |
| 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 ■ Endline

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

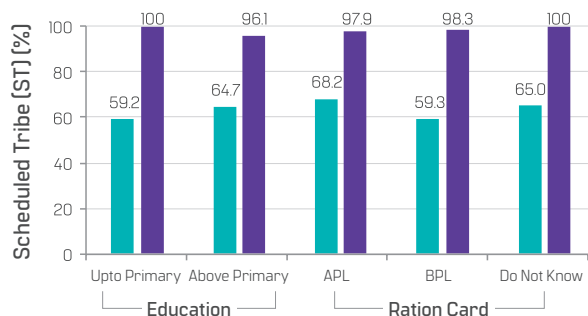
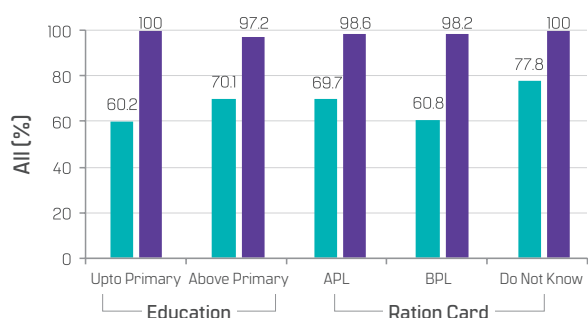
|                    | ENDLINE |      |     |      |
|--------------------|---------|------|-----|------|
|                    | All     |      | ST  |      |
|                    | N       | %    | N   | %    |
| <b>EDUCATION</b>   |         |      |     |      |
| Upto Primary       | 108     | 88.5 | 94  | 87.0 |
| Above Primary      | 133     | 93.0 | 72  | 93.5 |
| <b>RATION CARD</b> |         |      |     |      |
| 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 ■ Endline

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

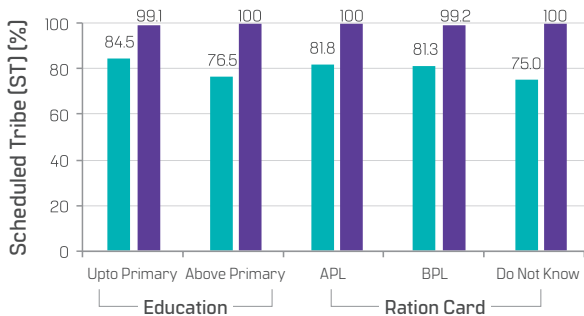
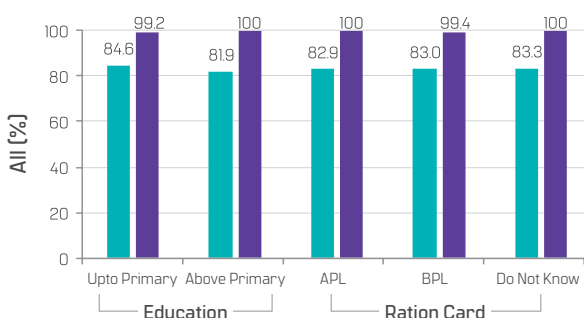
|                    | ENDLINE |      |     |      |
|--------------------|---------|------|-----|------|
|                    | All     |      | ST  |      |
|                    | N       | %    | N   | %    |
| <b>EDUCATION</b>   |         |      |     |      |
| Upto Primary       | 122     | 100  | 108 | 100  |
| Above Primary      | 139     | 97.2 | 74  | 96.1 |
| <b>RATION CARD</b> |         |      |     |      |
| 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 ■ Endline

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

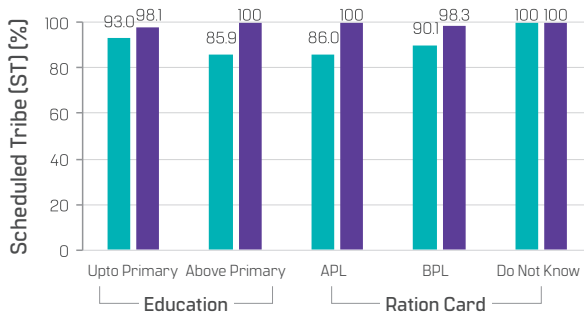
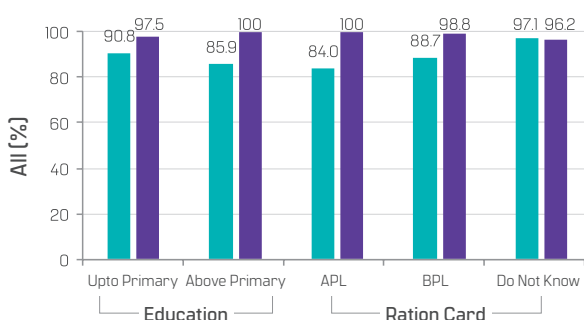
|                    | ENDLINE |      |     |      |
|--------------------|---------|------|-----|------|
|                    | All     |      | ST  |      |
|                    | N       | %    | N   | %    |
| <b>EDUCATION</b>   |         |      |     |      |
| Upto Primary       | 121     | 99.2 | 107 | 99.1 |
| Above Primary      | 143     | 100  | 77  | 100  |
| <b>RATION CARD</b> |         |      |     |      |
| 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 ■ Endline

|                    | BASELINE |      |     |      |
|--------------------|----------|------|-----|------|
|                    | All      |      | ST  |      |
|                    | N        | %    | N   | %    |
| <b>EDUCATION</b>   |          |      |     |      |
| Upto Primary       | 109      | 90.8 | 93  | 93.0 |
| Above Primary      | 122      | 85.9 | 73  | 85.9 |
| <b>RATION CARD</b> |          |      |     |      |
| 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   | %    |
| <b>EDUCATION</b>   |         |      |     |      |
| Upto Primary       | 119     | 97.5 | 106 | 98.1 |
| Above Primary      | 143     | 100  | 77  | 100  |
| <b>RATION CARD</b> |         |      |     |      |
| APL                | 73      | 100  | 48  | 100  |
| BPL                | 164     | 98.8 | 118 | 98.3 |
| Do Not Know        | 25      | 96.2 | 17  | 100  |

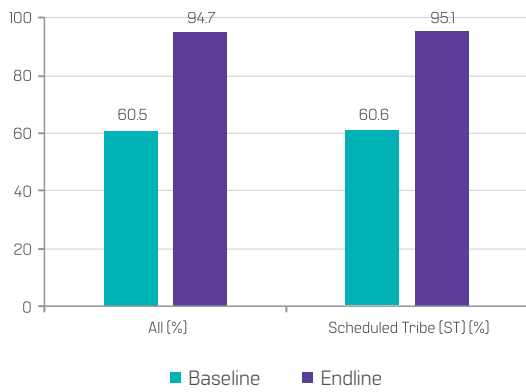
Breastfeeding is vital to both maternal and infant health. It becomes essential to achieve optimal growth, development and health among new born. Various studies have highlighted that the practice of breastfeeding is influenced by various social, cultural and religious beliefs and attitude of mother 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

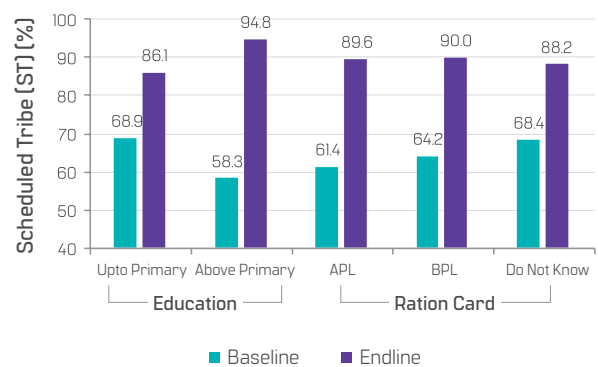
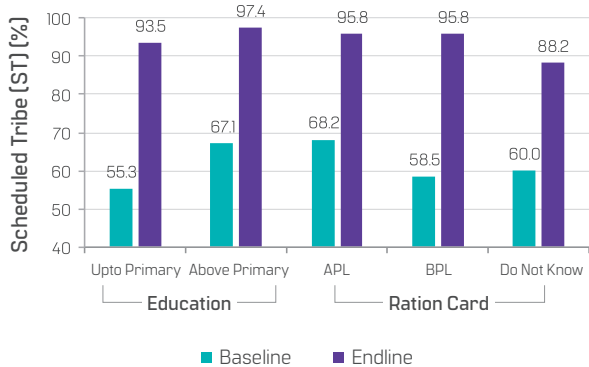
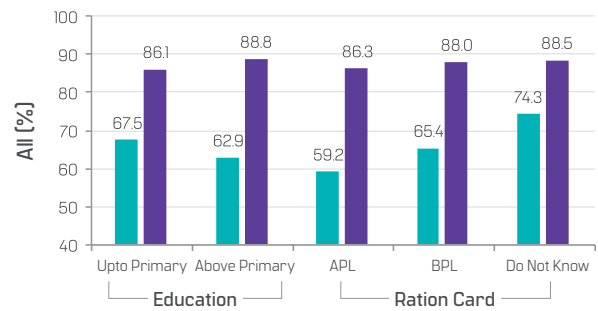
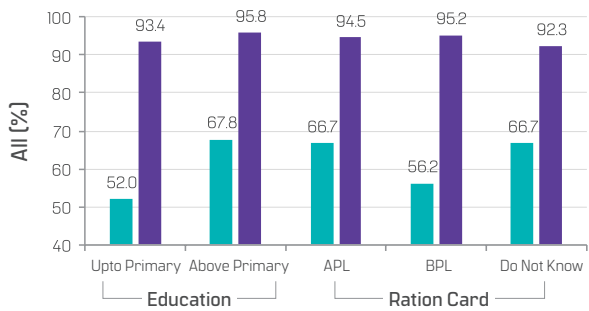
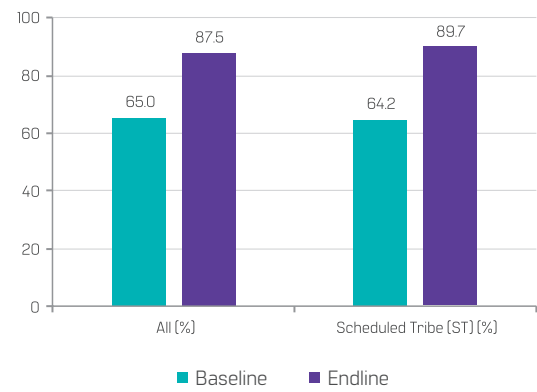
## AWARE OF THE WARNING SIGNS IN NEWBORN/INFANTS

|         | 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   | %    |
| <b>EDUCATION</b>   |          |      |    |      |         |      |     |      |
| 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 |
| <b>RATION CARD</b> |          |      |    |      |         |      |     |      |
| 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.

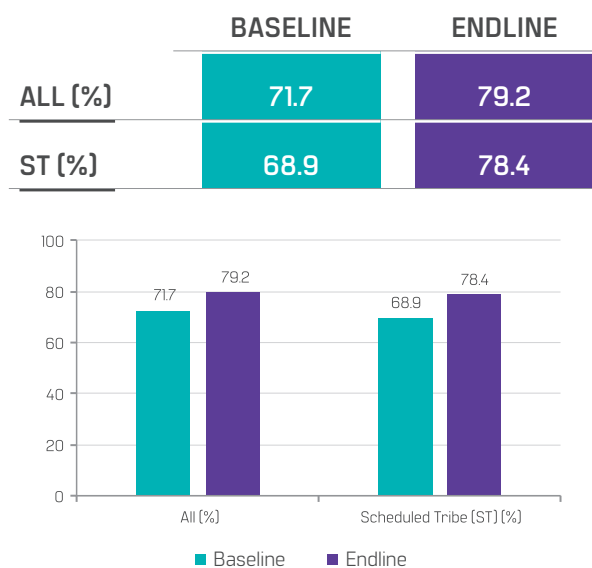
## COUNSELLED ABOUT WARNING SIGNS IN NEWBORN/ INFANTS

|                    | BASELINE |      |    |      | ENDLINE |      |     |      |
|--------------------|----------|------|----|------|---------|------|-----|------|
|                    | All      |      | ST |      | All     |      | ST  |      |
|                    | N        | %    | N  | %    | N       | %    | N   | %    |
| <b>EDUCATION</b>   |          |      |    |      |         |      |     |      |
| 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 |
| <b>RATION CARD</b> |          |      |    |      |         |      |     |      |
| 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 |

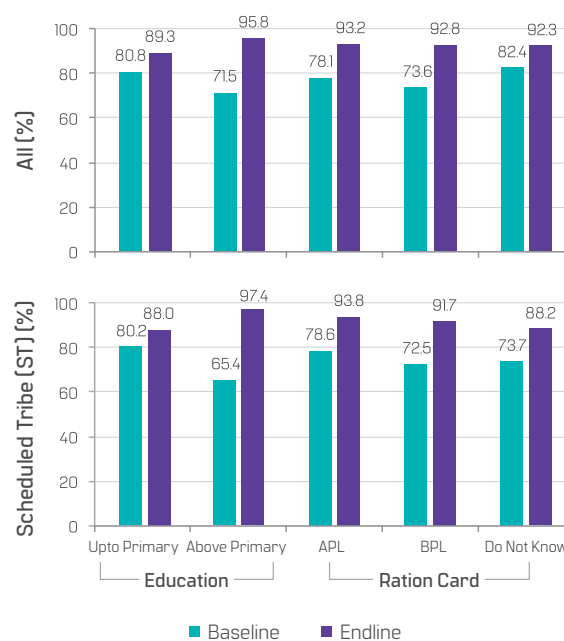
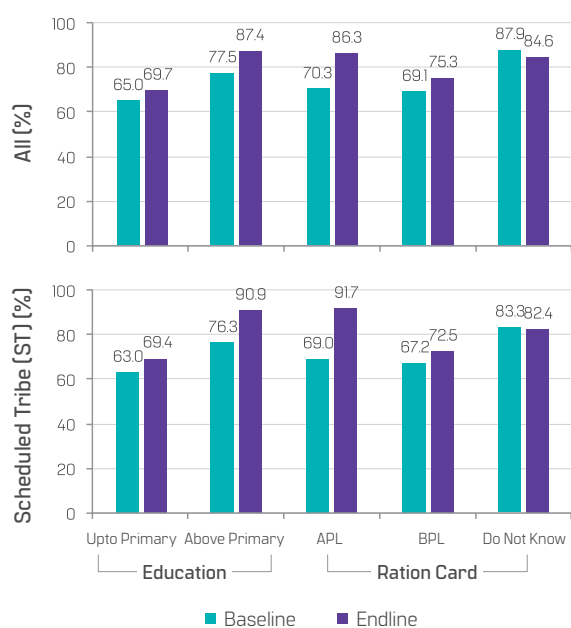
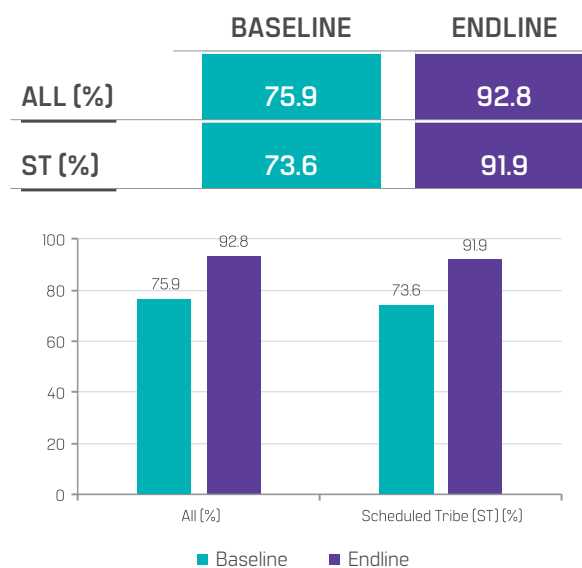
The Home Based Newborn Care (HBNC) program provides specific incentives to ASHAs to undertake household visits for such counselling. Anganwadi workers should also increase counselling coverage to enhance knowledge and awareness regarding warning signs.

# COMPLEMENTARY FEEDING

## INITIATED COMPLEMENTARY FEEDING OF THE CHILD AFTER SIX MONTHS



## COUNSELLED BY AWW ON QUANTITY, QUALITY AND FREQUENCY OF COMPLEMENTARY FEEDING



## 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 - 8 months | 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  | %    |
| <b>EDUCATION</b>   |          |      |    |      |         |      |    |      |
| 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 |
| <b>RATION CARD</b> |          |      |    |      |         |      |    |      |
| 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.

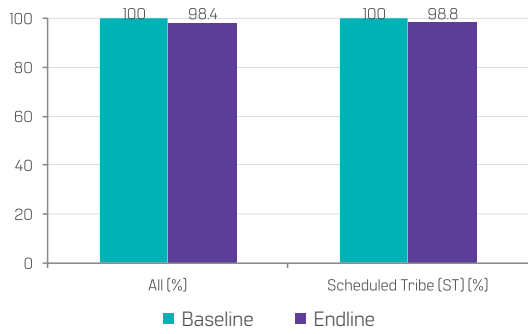
## COUNSELLED BY AWW ON QUANTITY, QUALITY AND FREQUENCY OF COMPLEMENTARY FEEDING

|                    | BASELINE |      |    |      | ENDLINE |      |     |      |
|--------------------|----------|------|----|------|---------|------|-----|------|
|                    | All      |      | ST |      | All     |      | ST  |      |
|                    | N        | %    | N  | %    | N       | %    | N   | %    |
| <b>EDUCATION</b>   |          |      |    |      |         |      |     |      |
| 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 |
| <b>RATION CARD</b> |          |      |    |      |         |      |     |      |
| 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 |

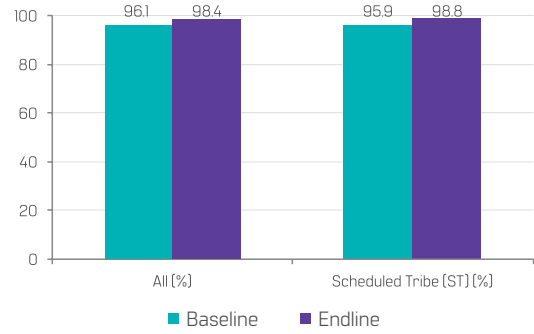
Complementary feeding initiation should also emphasize on the need for counselling and promoting dietary diversity among children. The levels of dietary diversity can be further improved in Gadchiroli.

# IMMUNIZATION COVERAGE (12-23 MONTHS)

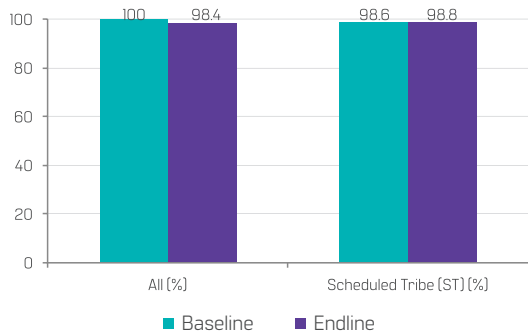
## BCG



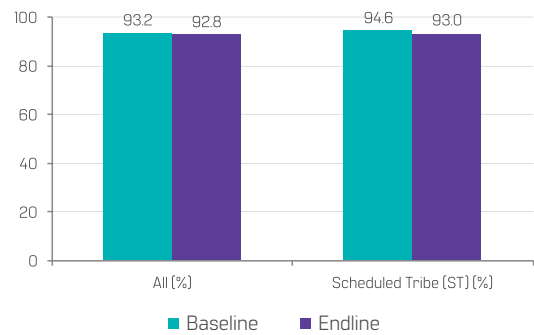
## IPV



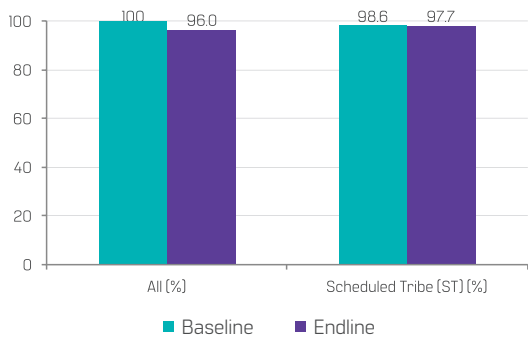
## PENTA



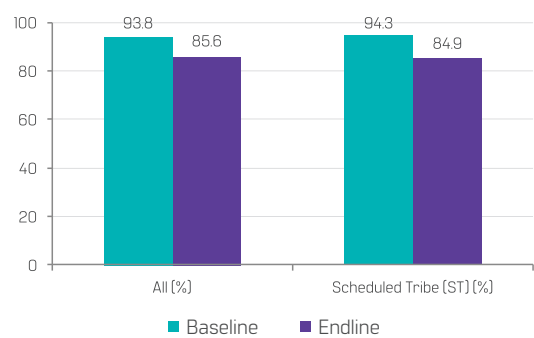
## MEASLES



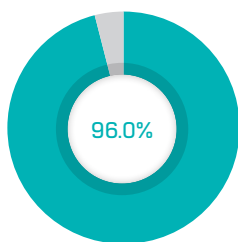
## OPV



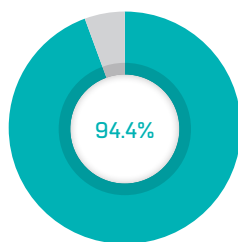
## BI-ANNUAL VITAMIN A SUPPLEMENTATION



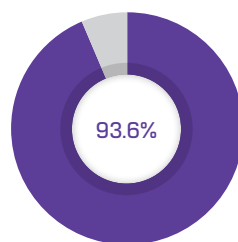
## FULL IMMUNIZATION (12-23 MONTHS)



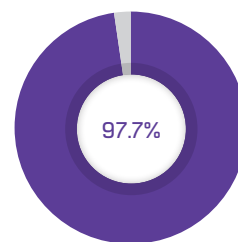
BASELINE  
All (%)



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)

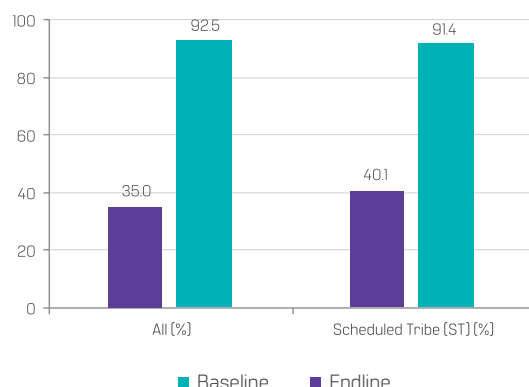
|                    | BASELINE |      |    |      | ENDLINE |      |    |      |
|--------------------|----------|------|----|------|---------|------|----|------|
|                    | All      |      | ST |      | All     |      | ST |      |
|                    | N        | %    | N  | %    | N       | %    | N  | %    |
| <b>EDUCATION</b>   |          |      |    |      |         |      |    |      |
| 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 |
| <b>RATION CARD</b> |          |      |    |      |         |      |    |      |
| 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<br>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

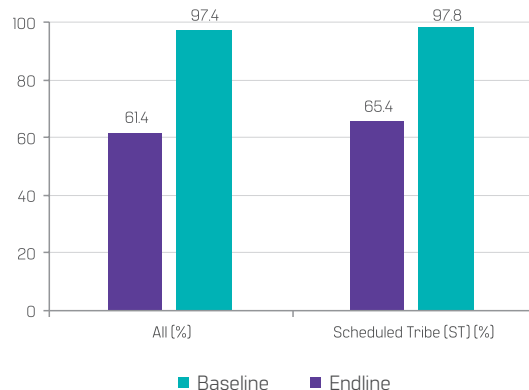
## JOINT HOME VISITS BY ANM, ASHA AND AWW DURING THE LAST PREGNANCY/LACTATION PERIOD

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



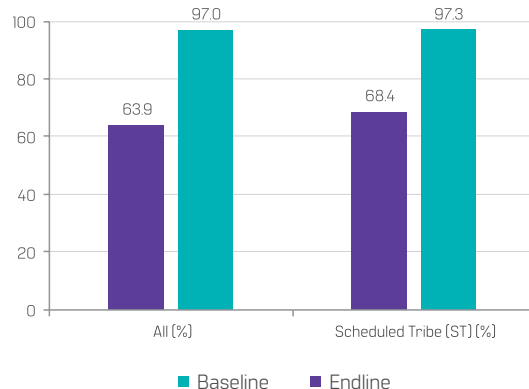
## JOINT HOME VISITS BY ASHA & ANM DURING THE LAST PREGNANCY/LACTATION PERIOD

|         | 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   | %    |
| <b>EDUCATION</b>   |          |      |    |      |         |      |     |      |
| 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 |
| <b>RATION CARD</b> |          |      |    |      |         |      |     |      |
| 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   | %    |
| <b>EDUCATION</b>   |          |      |    |      |         |      |     |      |
| 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  |
| <b>RATION CARD</b> |          |      |    |      |         |      |     |      |
| 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

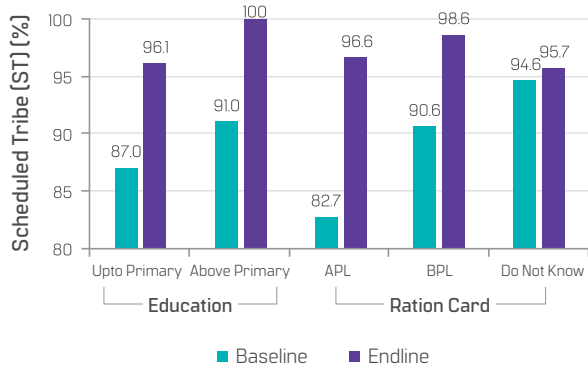
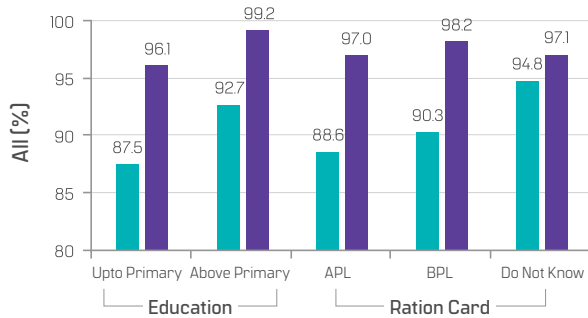
|                    | BASELINE |      |    |      | ENDLINE |      |     |      |
|--------------------|----------|------|----|------|---------|------|-----|------|
|                    | All      |      | ST |      | All     |      | ST  |      |
|                    | N        | %    | N  | %    | N       | %    | N   | %    |
| <b>EDUCATION</b>   |          |      |    |      |         |      |     |      |
| 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  |
| <b>RATION CARD</b> |          |      |    |      |         |      |     |      |
| 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

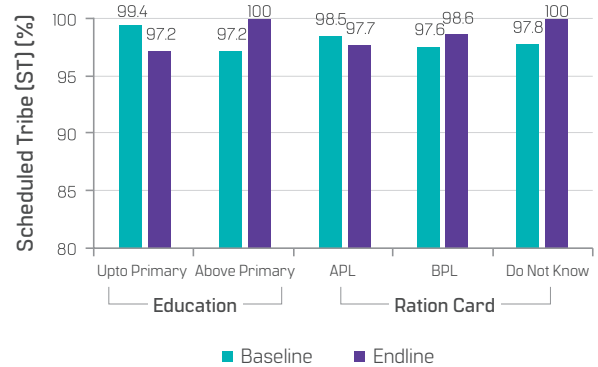
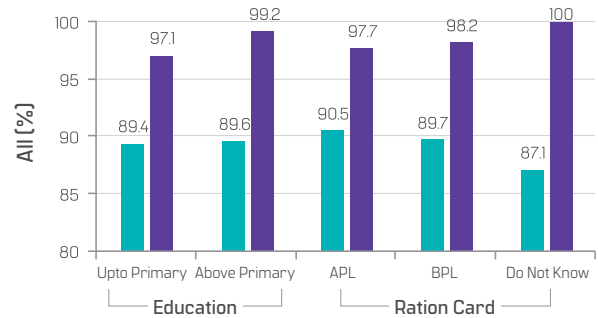
## AWARE ABOUT THE IMPORTANCE OF THE WEIGHT OF THE CHILD

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

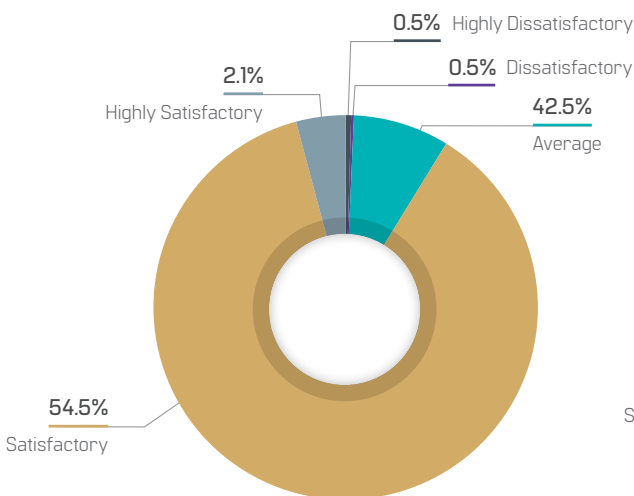


## COUNSELLED ON IMPORTANCE OF THE REGULAR GROWTH MONITORING OF THE CHILD BY AWW

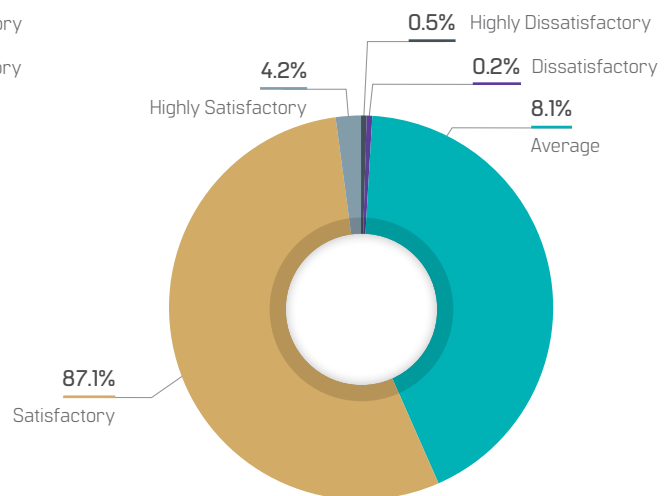
|         | BASELINE | ENDLINE |
|---------|----------|---------|
| ALL (%) | 84.3     | 98.2    |
| ST (%)  | 82.8     | 98.4    |



# 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   | %    |
| <b>EDUCATION</b>   |          |      |     |      |         |      |     |      |
| 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  |
| <b>RATION CARD</b> |          |      |     |      |         |      |     |      |
| 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   | %    |
| <b>EDUCATION</b>   |          |      |     |      |         |      |     |      |
| 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  |
| <b>RATION CARD</b> |          |      |     |      |         |      |     |      |
| 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  |
| Occasionally          | 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  | %    |
| <b>EDUCATION</b>   |          |      |    |      |         |      |    |      |
| 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 |
| <b>RATION CARD</b> |          |      |    |      |         |      |    |      |
| 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  | %    |
| <b>EDUCATION</b>   |          |      |    |      |         |      |    |      |
| 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 |
| <b>RATION CARD</b> |          |      |    |      |         |      |    |      |
| 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

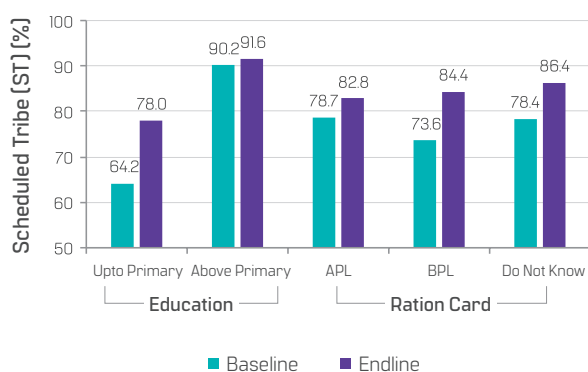
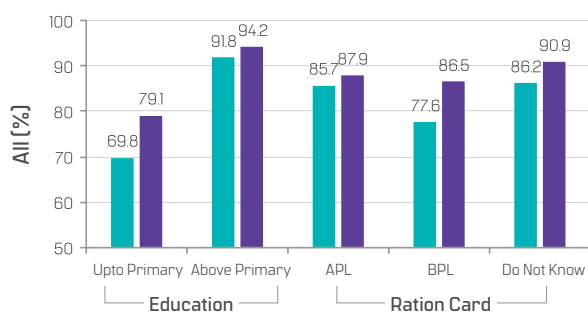
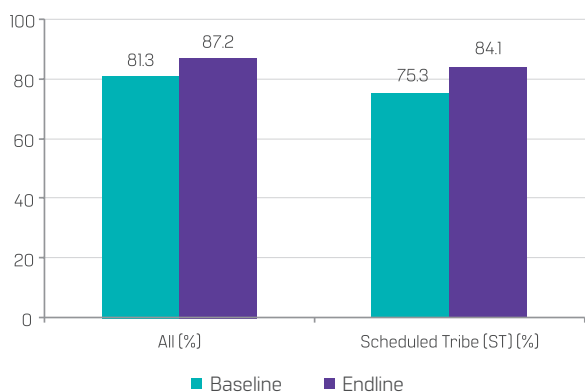


Appropriate delivery care is crucial for both maternal and perinatal health and increasing skilled attendance at birth is a central goal of the safe motherhood and child survival movements. Universal coverage of Institutional delivery could probably be possible through implementation of counselling and 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     |
|----------------|-------------|-------------|
| <b>ALL (%)</b> | <b>81.3</b> | <b>87.2</b> |
| <b>ST (%)</b>  | <b>75.3</b> | <b>84.1</b> |



|                    | BASELINE |      |     |      |
|--------------------|----------|------|-----|------|
|                    | All      |      | ST  |      |
|                    | N        | %    | N   | %    |
| <b>EDUCATION</b>   |          |      |     |      |
| Upto Primary       | 150      | 69.8 | 113 | 64.2 |
| Above Primary      | 214      | 91.8 | 119 | 90.2 |
| <b>RATION CARD</b> |          |      |     |      |
| 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   | %    |
| <b>EDUCATION</b>   |         |      |     |      |
| Upto Primary       | 163     | 79.1 | 138 | 78.0 |
| Above Primary      | 227     | 94.2 | 131 | 91.6 |
| <b>RATION CARD</b> |         |      |     |      |
| 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

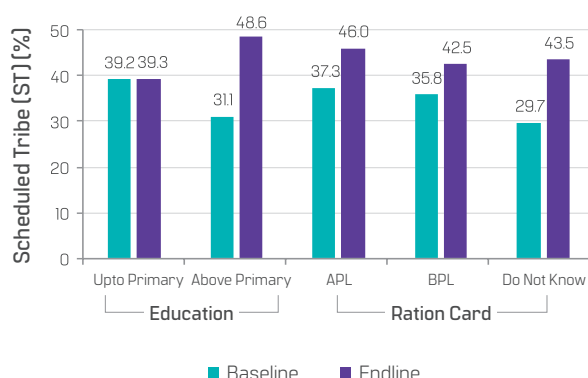
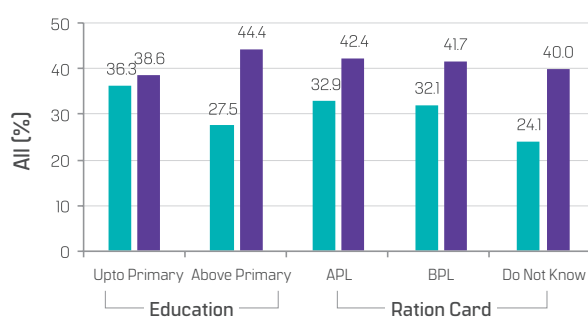
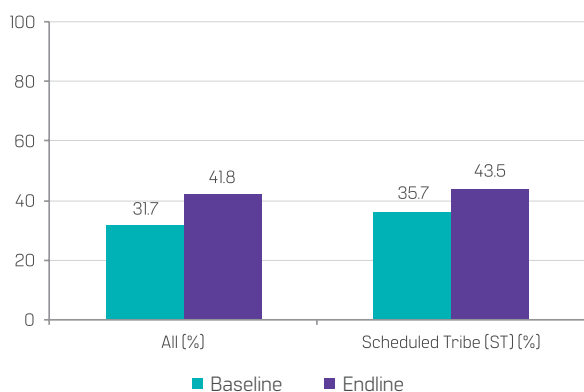


Babies are categorised to have low birth weight if they weigh less than 2.5 kg during birth. It can occur because of preterm birth or because of slow prenatal growth of babies. Low birth weight babies can be healthy but it is often noted that they are more likely to be undernourished and have higher 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    |

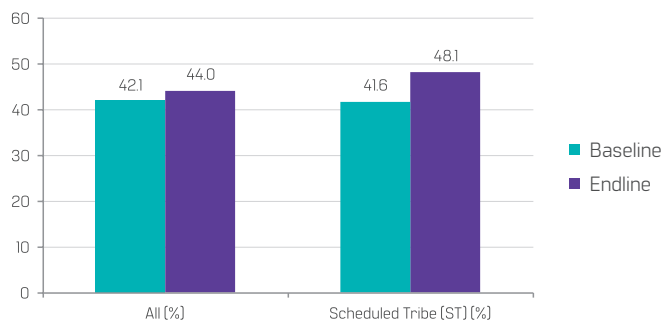
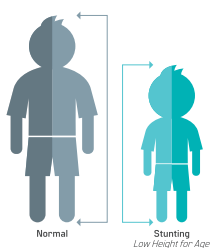


|                    | BASELINE |      |    |      |
|--------------------|----------|------|----|------|
|                    | All      |      | ST |      |
|                    | N        | %    | N  | %    |
| <b>EDUCATION</b>   |          |      |    |      |
| Upto Primary       | 78       | 36.3 | 69 | 39.2 |
| Above Primary      | 64       | 27.5 | 41 | 31.1 |
| <b>RATION CARD</b> |          |      |    |      |
| 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  | %    |
| <b>EDUCATION</b>   |         |      |    |      |
| Upto Primary       | 80      | 38.6 | 70 | 39.3 |
| Above Primary      | 108     | 44.4 | 70 | 48.6 |
| <b>RATION CARD</b> |         |      |    |      |
| 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

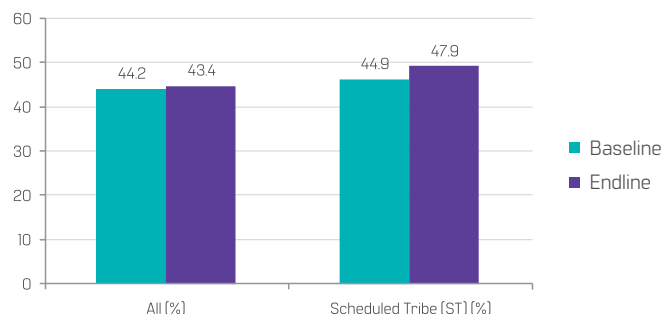
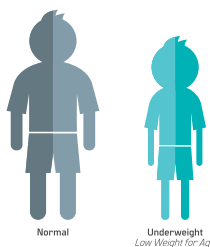
## STUNTING



### 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.

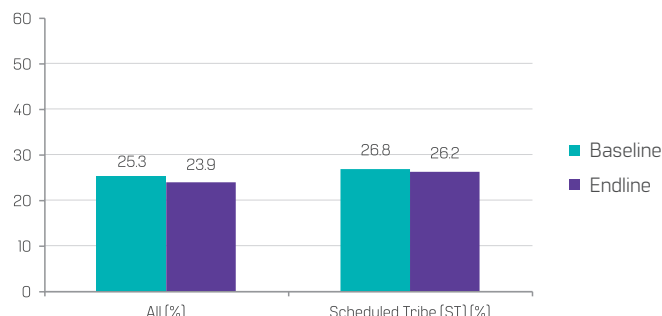
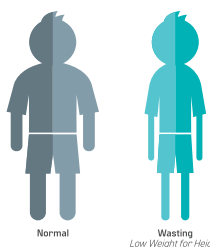
## UNDERWEIGHT



### UNDERWEIGHT

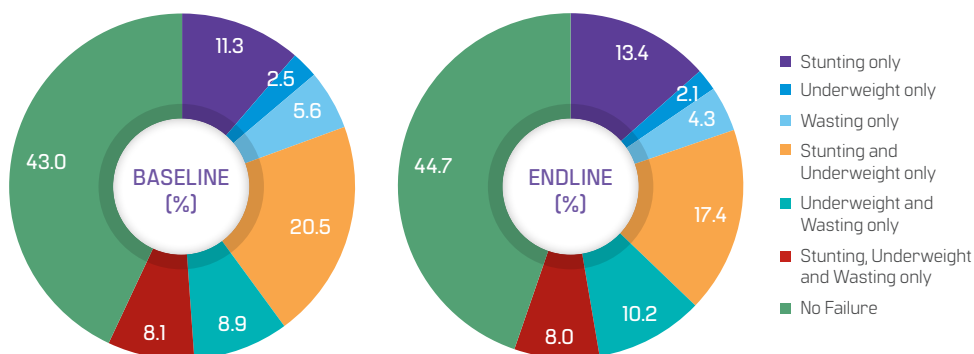
Weight-for-age is a composite index of height-for-age and weight-for-height. It takes into account both acute and chronic undernutrition. Children whose weight-for-age Z-score is below minus two standard deviations (-2 SD) from the median of the reference population are classified as underweight.

## 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  | %    |
| <b>EDUCATION</b>   |          |      |    |      |         |      |    |      |
| 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 |
| <b>RATION CARD</b> |          |      |    |      |         |      |    |      |
| 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  | %    |
| <b>EDUCATION</b>   |          |      |    |      |         |      |    |      |
| 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 |
| <b>RATION CARD</b> |          |      |    |      |         |      |    |      |
| 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.

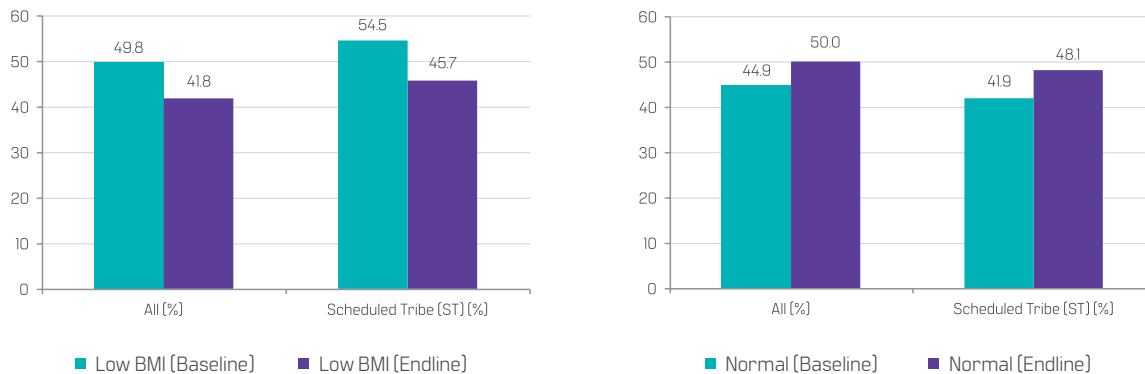
## WASTING

|                    | BASELINE |      |    |      | ENDLINE |      |    |      |
|--------------------|----------|------|----|------|---------|------|----|------|
|                    | All      |      | ST |      | All     |      | ST |      |
|                    | N        | %    | N  | %    | N       | %    | N  | %    |
| <b>EDUCATION</b>   |          |      |    |      |         |      |    |      |
| 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 |
| <b>RATION CARD</b> |          |      |    |      |         |      |    |      |
| 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 |

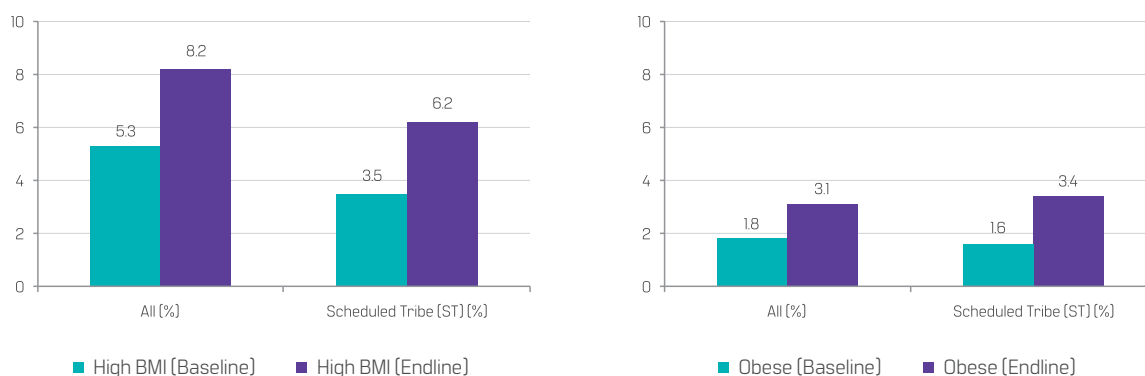
Wasting levels in Gadchiroli remained more or less same at baseline and endline. Children from poor and less educated households are particularly disadvantaged.

# MATERNAL BMI\*

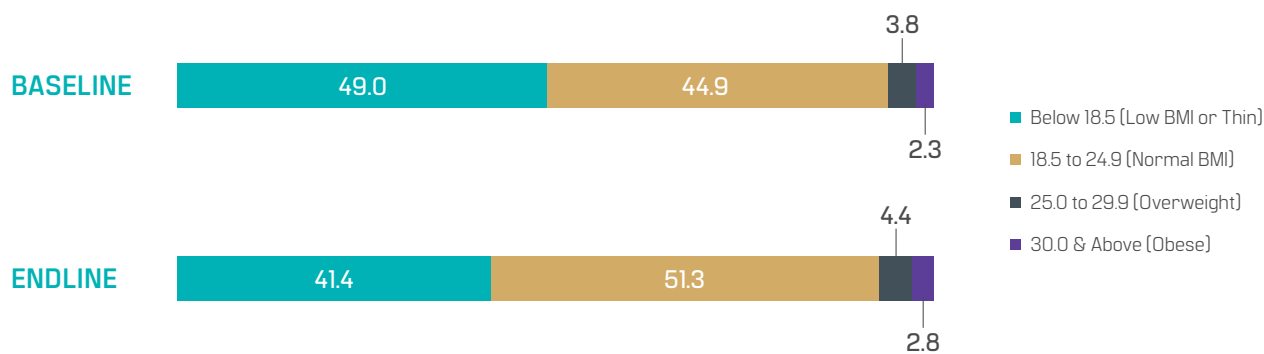
## LOW BODY MASS INDEX (BMI) (UNDERWEIGHT)



## 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<sup>2</sup>).

## LOW BODY MASS INDEX (BMI)

|                    | BASELINE |      |     |      | ENDLINE |      |    |      |
|--------------------|----------|------|-----|------|---------|------|----|------|
|                    | All      |      | ST  |      | All     |      | ST |      |
|                    | N        | %    | N   | %    | N       | %    | N  | %    |
| <b>EDUCATION</b>   |          |      |     |      |         |      |    |      |
| 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 |
| <b>RATION CARD</b> |          |      |     |      |         |      |    |      |
| 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  | %   |
| <b>EDUCATION</b>   |          |     |    |     |         |      |    |     |
| 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 |
| <b>RATION CARD</b> |          |     |    |     |         |      |    |     |
| 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<sup>2</sup>. 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<sup>2</sup>. 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 |

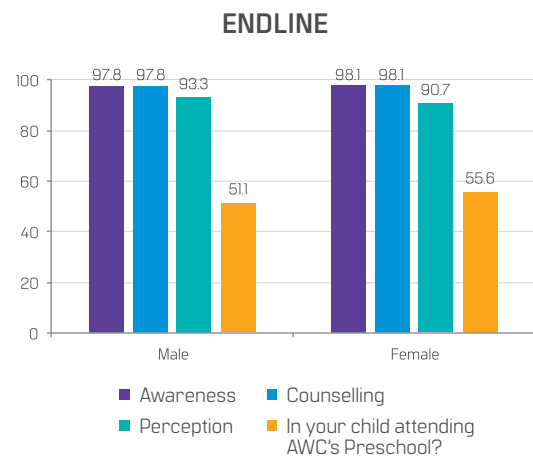
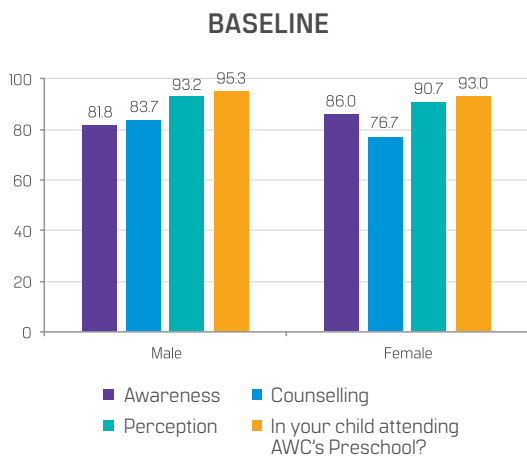
## DIETARY DIVERSITY BY GENDER, 6-23 MONTHS (ENDLINE)

|  | 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.

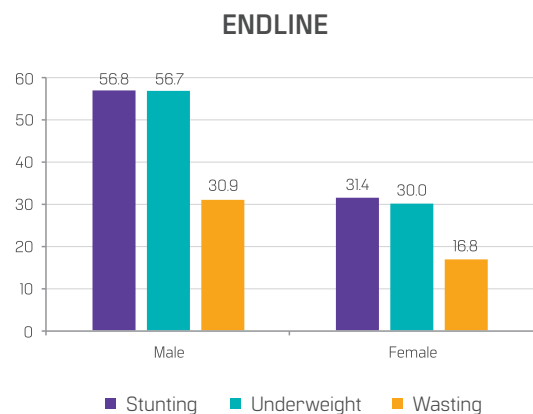
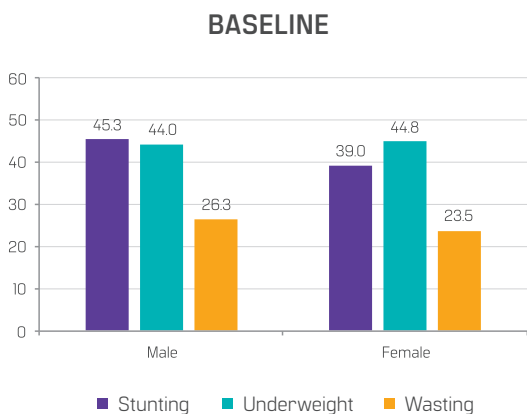
## PRESCHOOL BY GENDER

|  | 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 |










## 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 |



## UTILIZATION OF ICDS SERVICE AMONG BELOW 3 YEARS, BY GENDER

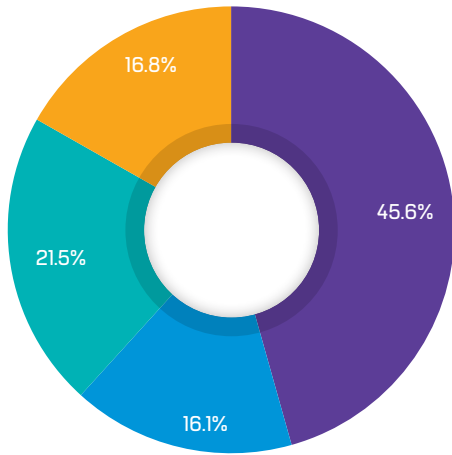
|  |   | BASELINE |      |        |      | ENDLINE |      |        |      |
|--|---|----------|------|--------|------|---------|------|--------|------|
|  |   | MALE     |      | FEMALE |      | MALE    |      | FEMALE |      |
|  |   | N        | %    | N      | %    | N       | %    | N      | %    |
|   | 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

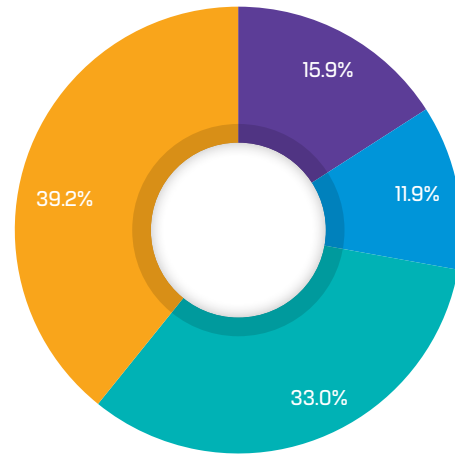
|   |   | BASELINE |      |        |      | ENDLINE |      |        |      |
|---|---|----------|------|--------|------|---------|------|--------|------|
|   |   | MALE     |      | FEMALE |      | MALE    |      | FEMALE |      |
|   |   | N        | %    | N      | %    | N       | %    | N      | %    |
|  | 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

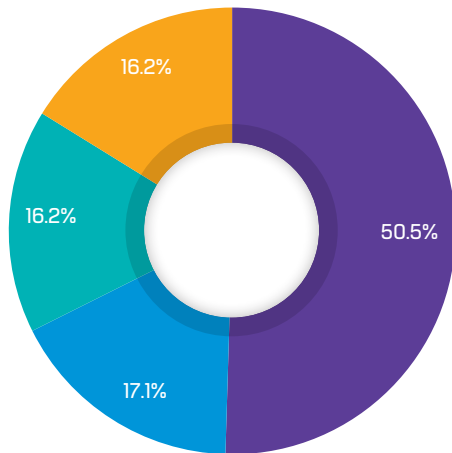
## BASELINE (ALL)



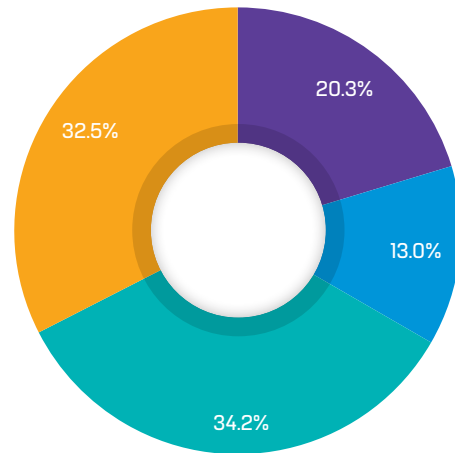
## ENDLINE (ALL)



## 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<br>2015-16 | NFHS-5<br>2019-20 | Baseline<br>2019-20 | Endline<br>2020-21 |
|---|-------------------|-------------------|---------------------|--------------------|
| 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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