Karuna: Improving Nutrition Security in Jharkhand and Uttar Pradesh - A Baseline Assessment

Final Report

Submitted to : Save the Children
Date: 03-10-2013

Save the Children®

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List of Acronyms

ANM- Auxiliary Nurse Midwife

ANC- Antenatal Care

APL- Above Poverty Line

ASHA- Accredited Social Health Activist

AWC - Anganwadi Centre

AWW- Anganwadi Worker

BAZ- Body Mass against Age Z-Score

BCG - Bacillus Calmette–Guérin

BMI – Body Mass Index

BMO – Block Medical Officer

BPL – Below Poverty Line

BRICS – Brazil, Russia, India, China and South Africa

CBR – Crude Birth Rate

CDPO- Child Development Project Officer

CHC - Community Health Centre

CMAM- Community Management of Acute Malnutrition

DPT - Diptheria, Pertussis, Tetanus

DLHS 2 – District Level Household Survey 2

DLHS 3 - District Level Household Survey 3

FA - Folic Acid

FGD- Focus Group Discussion

FLW – Front Line Worker

GDP – Gross Domestic Product

GoI – Government of India

HAZ- Height against Age Z Score

HH - Household

ICDS- Integrated Child Development Services

IDI – In-depth Interview

IFA – Iron Folic Acid

IMF – Internatonal Monetary Fund

IYCF – Infant and Young Child Feeding

JSK – Jansankhya Sthirata Kosh

JSSY – Janani Shishu Suraksha Yojana

KI – Key Indicators

MCH – Mother and Child Health

MDG – Millenium Development Goal

MDM – Mid Day Meal

MOIC- Medical Officer in Charge

MUAC – Measurement of Upper Arm Circumference

NFHS – National Family Health Survey

NREGS- National Rural Employment Guarantee Scheme

NRHM – Natonal Rural Health Mission

OBC- Other Backward Caste

PHC – Primary Health Centre

PHED- Public Health Engineering Department

PPP – Purchasing Power Parity

PRI - *Panchayati Raj* Institutions

RSBY - Rashtriya Swasthya Bima Yojana

RUTF - Ready-to-use Therapeutic Food

SAM – Severe Acute Malnutrition

SC – Scheduled Caste

SCBR- Save the Children Bal Raksha

SHG – Self Help Group

SQUEAC - Semi-Quantitative Evaluation of Access and Coverage

ST – Scheduled Tribe

THR – Take Home Ration

TT - Tetanus Toxoid

WASH- Water Sanitation and Hygiene

WAZ- Weight against Age Z-Score

WHO – World Health Organization

Definition of Specific Terms

Malnutrition refers to a situation where there is imbalanced diet in which some nutrients are either in excess, lacking or in the wrong proportion. Simply put, we can categorise it as under-nutrition and over-nutrition. However, as the current study deals with only the under-nutrition aspect of malnutrition, the discussions will mostly centre on under-nutrition.

A kutcha house means a house that is built from natural ingredients like mud, bamboo, cow dung etc.

A semi-pukka house means a house that has the floor, roof or walls or any two of these made of bricks or concrete.

A pukka house means a house that is built completely from concrete or bricks.

Primary occupation means the occupation from which the maximum revenue is earned.

Chief revenue earner means the person who contributes the maximum proportion of the household income.

Agriculture means those who possess their own farm land and derive revenue by practising agriculture in it. Although doing agriculture is also a form of business, it has been kept separate in order to treat it as a unique entity.

Labour means either agricultural labour or any other labour.

Self employed means professionals like lawyers, doctors, skilled workers etc.

Occupation means involvement in any income generating activities Voluntary services are not included here.

Housewife means a woman who is not involved in any income generating activity and is only engaged in managing the household.

All kinds of ANC check ups mean at least three ANC check ups done, received one TT injection and consumed 100 FA tablets according to DLHS standards.

Government health facilities are PHCs, CHCs, district or state hospitals, village health centres etc.

Fully immunised means a child who has received three polio, three DPT, one BCG, one measles vaccine and one dose of Vitamin A.

Improved source of drinking water is piped drinking water in DLHS-2, which includes tap (inside residence/ yard/ plot) or shared/ public tap or hand pump/ bore well, and/ or a covered well. In DLHS-3, it includes drinking water piped into dwelling, piped to yard/ plot, public tap/ standpipe/ hand pump/ tube well/ bore well/ covered well/ spring tanker, cart with small tank and bottled water. The DLHS-3 standard has been used here.

Improved sanitation facility is not shared flush/ pour flush to piped sewer system, septic tank, or pit latrine, pit latrine with slab.

Trained professional for child delivery means a doctor or a trained nurse.

Safe delivery refers to delivery in PHC, CHC, district or state hospital, village health centre, private hospital/ nursing home etc.

Non –improved sanitation facility refers to any facility shared with other households. Flush/ pour flush not to sewer, septic tank, or pit latrine. Pit latrine without slab/ open pit. No facility/ only open space/ field.

Ojha means a witch-doctor or a priest-doctor

Vaidya is a physician practicing ayurvedic medicine

EXECUTIVE SUMMARY

Malnutrition remains a major threat to the survival, growth and development of Indian children, despite a high rate of economic development over the past two to three decades. Different flagship programmes and schemes initiated by the Government of India to counter malnutrition, like the Mid-day meal (MDM) and the Integrated Child Development Scheme (ICDS), other than the National Rural Health Mission (NRHM) which have been running for a long time is far from satisfactory. An innovative initiative is required, that can fill gaps in government programmes by showcasing schemes that have been successful in effectively reducing malnutrition and these can be replicated nationwide. With this goal, Save the Children Bal Raksha Bharat (SC/BR) has launched Project Karuna in Pindra block of Varanasi district in Uttar Pradesh and in Gumla Sadar block of Gumla district in Jharkhand. The aim of the project is to reduce malnutrition by 50 per cent by 2015, in accordance with the Millennium Development Goal (MDG). The unique feature of this project includes promoting community level support for malnutrition treatment instead of facility level support. It is in this that Project Karuna is different from government programmes, and if successful, it may be considered an effective model of malnutrition reduction. The programme is also trying to reduce the existing gaps in interdepartmental co-ordination among various key departments. Project Karuna, with these unique aspects, can act as a role model for malnutrition reduction in India once its performance has been measured, evaluated and demonstrated on ground through a robust evaluation design.

This study, which was conducted by Sambodhi Research & Communications Pvt Ltd. adopted a mix design approach using a mix of qualitative and quantitative tools on a quasi-experimental design platform. The Baseline Survey was carried out in order to develop baseline estimates along with two corresponding control blocks for establishing counterfactuals in the end-line. The statistical robustness of evaluation design was ensured in the baseline study. The two primary key indicators are: ***a) rate of malnutrition*** and ***b) prevalence of IYCF practices***. For the two KIs, the two key respondent groups were: a) children in the age group of 6-59 months and b) mothers with children in the age group of 0-24 months. The questionnaire had sections containing questions for different categories of respondents (Mothers), where some sections were administered to only specific categories of respondents . Along with these, a few pregnant women were also interviewed across the project and control blocks. A qualitative component was also included to understand the factors acting as barriers and the enablers supporting the project, as well as to document the opinion of Front Line Workers (FLWs) and government officials on malnutrition and allied issues. For this purpose, focus group discussions (FGDs) of mothers, in-depth interviews (IDIs) of accredited social health activists (ASHAs) and *anganwadi* workers (AWWs), Public Health Engineering Department (PHED) officials, the Child Development Project Officer (CDPO) and the Medical Officer in Charge (MOIC) were conducted in each project block.

Socio economic profile of households

Overall in both the blocks, nine out of every 10 HHs, i.e., 93.8 per cent in Pindra block and 87.7 per cent in Gumla Sadar block are followers of Hinduism. In Pindra, 16.5 per cent belonged to the general category, 24.6 per cent belonged to scheduled castes (SC), two per cent belonged to scheduled tribes (ST) and 54 per cent belonged to other backward caste (OBC) categories. In Gumla Sadar, 10 per cent belonged to the general category, 5.8 per cent belonged to SCs, 60.6 per cent belonged to STs and 23.3 per cent belonged to OBC categories.

In Pindra, almost one on every three the respondents were literate (66.3 per cent), and in Gumla Sadar, almost one on every two (47.2 per cent) were literate. In Pindra and Gumla Sadar, 22.3 per cent and 67.7 per cent of the interviewed households (HHs) lived in *kutcha* houses. As far as access to services was concerned, in Pindra, 77.4 per cent of the interviewed HHs had bank/ post office accounts, 7.2 per cent had *Rashtriya Swasthya Bima Yojana* (RSBY) cards while 29.6 per cent had National Rural Employment Guarantee Scheme (NREGS) cards. In Gumla Sadar, 48.7 per cent of interviewed HHs had bank/ post office accounts, 19.3 per cent had RSBY cards and 49.8 per cent had NREGS cards.

Key Findings – Pindra block, Varanasi (Uttar Pradesh)

Food security: The availability of food supply round the calendar is one of the biggest and important elements in building a malnutrition-free society. On being asked regarding food availability in the study area, 13.4 per cent HHs reported being worried about food supplies in the last 30 days in Pindra project block as compared to 16.1 per cent households in the control block.

Water, Sanitation and Hygiene: While looking at the status of WASH in the study area, almost all the HHs in both the area reported having access to improved sources of drinking water, ie. 95.3 per cent of project block as compared to 93.8 per cent in control block. 27.9 per cent of HHs reported having improved sanitation facilities (latrines) as compared to 20.7 per cent HHs in control block. As far as the hand washing practices (using materials other than water) is concerned, in project block in Pindra, 75.2 per cent of the respondents in the project block wash hands after defecation, 41.3 per cent after cleaning a young child's feces, 55.2 per cent before eating, 54.4 per cent before preparing food, and 30.6 per cent before feeding children.

Pregnancy and Antenatal care: Services under antenatal care is the main programme of NRHM to strengthen RCH care and safe motherhood. A series of questions to capture various aspects of ante-natal care were asked from the pregnant women and with mothers having children less than six months. In Pindra project block, 78.5 per cent of the pregnant women had registered their pregnancies as compared to 71.7 per cent in control block, whereas among the mothers with children less than six months of age category, 88.7 per cent had registered their pregnancies in project block as compared to 83.1 per cent in control block. In project block in Pindra, 63.3 per cent pregnant women reported ever receiving ANC services as compared to 48.9 per cent in control block, whereas among the mothers with children less than six months of age category, 76.1 per cent of had reported receiving ANC services in project block compared to 55.1 per cent in control block.

Childcare and Infant and Young Child Feeding practices

Delivery: An encouraging 78.3 per cent mothers with children in the age group of 0 to 24 months reported delivering their child in an institutional set up as compared to 68.4 per cent in control block.

Breastfeeding practices: Almost all the mothers of children between 0-24 months in both the project as well as the control blocks reported ever breastfeeding (97.9 and 99.3 per cent respectively) and 56.9 per cent of mothers of children in the age group of 0 to 24 months reported that they had started breastfeeding within an hour of birth in the project block as compared to 55.4 per cent in control block. 76.3 per cent mothers reported that they had given colostrum to their newborn babies in the project block as compared to 87.2 per cent in control block. In the same group of mothers, 37.2 per cent reported to have exclusively

breastfed their babies for the first six months in project block as compared to 34.8 per cent in the control block.

Complementary feeding: The transition from exclusive breastfeeding to family foods, referred to as complementary feeding, typically covers the period from 6 to 18-24 months of age, which is a very vulnerable period. As per mothers (0-24 months children), 65.2 per cent had begun complementary feeding of their child within the age group of 6-8 years in the project block as compared to 70.4 per cent in control block.

Under the ICDS, mothers receive cooked / uncooked / ready to eat food from the AWC as ration to take home, which was reported to be received by meagre 14.7 per cent mothers in the project block as compared 7.8 per cent in the control block.

Child health and Vaccination: According to 60.5 per cent of mothers, their children had fallen ill (any illness) in the project block as compared to 51.2 per cent in control block. Among the children fallen ill, highest cases reported were normal fever (82.2 per cent) followed by Diarrhoea (25.8 per cent) in the project block. Among those, 54 per cent mothers had either stopped or reduced breastfeeding in project block compared to 57.1 per cent in control block.

Vaccination coverage of children aged 12-23 months has been recorded either from vaccination card or by asking the mothers in case the card was not shown. 22.1 per cent of children aged 12-23 months received full immunization comprising of BCG, three doses of DPT, three doses of Polio (excluding Polio 0) and measles in project block as compared to 17.3 per cent in control block. 4.1 per cent of children did not receive any kind of immunization in project block.

VHND: The Village Health and Nutrition Day promises to be an effective platform for providing first-contact primary health care for millions of people in rural areas. On being asked about the awareness of the term, ie VHND (Gramin swasthya aur poshan diwas), just about one in every ten (9.5 per cent) respondents were aware in project as compared to 4.6 per cent in control block. Upon sharing basic description about VHND, respondents were able to recall the services provided including Pregnancy registration (65.7 per cent), child immunization (58.6 per cent), Tetanus administration (41.4%) among other services in the project block in Pindra.

Malnutrition Status: 50 per cent of children (6-59 months) are stunted or too short for their age, which indicates that they have been undernourished for some time in the project block as compared to 54.6 per cent in control block. 29.1 per cent are wasted, or too thin for their height in project block as compared to 20.6 per cent in control block, which may result from inadequate recent food intake or a recent illness. 46.6 percent are underweight in project block as compared to 47 per cent in control block, which takes into account both chronic and acute under nutrition. The MUAC (Mid-Upper Arm Circumference) was less than 11.5 cms for 2 per cent children in project block compared to 1.7 per cent in control block.

Convergence and coordination: The issue of establishing synergy among Government Programme & Departments in order to optimizing public investment has been widely discussed and established the importance. The same was researched in this study using qualitative research technique which highlighted lack of motivation, communication gap, lack of trust between officials—'turf wars' as some of the biggest barriers in effective convergence.

Key Findings – Gumla Sadar block, Gumla (Jharkhand)

Food security: The availability of food supply round the calendar is one of the biggest and important elements in building a malnutrition-free society. On being asked regarding food availability in the study area, 9.6 per cent HHs reported being worried about food supplies in the last 30 days in Gumla Sadar project block as compared to 17.9 per cent households in the control block.

Water, Sanitation and Hygiene: While looking at the status of WASH in the study area, one out of every three HHs in both the area reported having access to improved sources of drinking water, ie. 66.8 per cent of project block as compared to 64.6 per cent in control block.

6.4 per cent of HHs reported having improved sanitation facilities (latrines) as compared to 2.5 per cent HHs in control block. As far as the hand washing practices (using materials other than water) is concerned, in project block in Gumla Sadar, 81.9 per cent of the respondents in the project block wash hands after defecation, 32.2 per cent after cleaning a young child's feces, 47.1 per cent before eating, 38.6 per cent before preparing food, and 18.8 per cent before feeding children.

Pregnancy and Antenatal care: Services under antenatal care is the main programme of NRHM to strengthen RCH care and safe motherhood. A series of questions to capture various aspects of ante-natal care were asked from the pregnant women and with mothers having children less than six months. In Gumla Sadar project block, 90.2 per cent of the pregnant women had registered their pregnancies as compared to 89.1 per cent in control block, whereas among the mothers with children less than six months of age category, 97 per cent had registered their pregnancies in project block as compared to 97.4 per cent in control block. In project block in Gumla Sadar, 82.9 per cent pregnant women reported ever receiving ANC services as compared to 86.9 per cent in control block, whereas among the mothers with children less than six months of age category, 887.9 per cent of had reported receiving ANC services in project block compared to 91.1 per cent in control block.

Childcare and Infant and Young Child Feeding practices

Delivery: 49.5 per cent mothers with children in the age group of 0 to 24 months reported delivering their child in an institutional set up as compared to 48.3 per cent in control block.

Breastfeeding practices: Almost all the mothers of children between 0-24 months in both the project as well as the control blocks reported ever breastfeeding (99.4 and 100 per cent respectively) and 69 per cent of mothers of children in the age group of 0 to 24 months reported that they had started breastfeeding within an hour of birth in the project block as compared to 68.5 per cent in control block. 71.3 per cent reported that they had given colostrum to their newborn babies in project block as compared to 85.1 per cent in control block. In the same group of mothers, 65.8 per cent reported to have exclusively breastfed their babies for the first six months in project block as compared to 67.2 per cent in the control block.

Complementary feeding: The transition from exclusive breastfeeding to family foods, referred to as complementary feeding, typically covers the period from 6 to 18-24 months of age, which is a very vulnerable period. As per mothers (0-24 months children), 73.8 per cent had begun complementary feeding of their child within the age group of 6-8 years in the project block as compared to 73 per cent in control block.

Under the ICDS, mothers receive cooked / uncooked / ready to eat food from the AWC as ration to take home, which was reported to be received by 89.9 per cent mothers in the project block as compared 96.4 per cent in the control block.

Child health, Malnutrition Awareness and Immunization: According to 41.4 per cent of mothers, their children had fallen ill (any illness) in the project block as compared to 44.6 per cent in control block. Among the children fallen ill, highest cases reported were normal fever (76.8 per cent) followed by cough and cold (50.7 per cent) in the project block. Among those, 38.1 per cent mothers had either stopped or reduced breastfeeding in project block compared to 37.1 per cent in control block.

Vaccination coverage of children aged 12-23 months has been recorded either from vaccination card or by asking the mothers in case the card was not shown. 18.4 per cent of children aged 12-23 months received full immunization comprising of BCG, three doses of DPT, three doses of Polio (excluding Polio 0) and measles in project block as compared to 15.3 per cent in control block. 2.6 per cent of children did not receive any kind of immunization in project block.

VHND: The Village Health and Nutrition Day promises to be an effective platform for providing first-contact primary health care for millions of people in rural areas. On being asked about the awareness of the term, ie VHND (Gramin swasthya aur poshan diwas), just about one in every five (18 per cent) respondents were aware in project as compared to 12.9 per cent in control block. Upon sharing basic description about VHND, respondents were able to recall the services provided including Pregnancy registration (60.2 per cent), child immunization (49.6 per cent), Tetanus administration (63.1%) among other services in the project block in Pindra.

Malnutrition Status: 50.5 per cent of children (6-59 months) are stunted or too short for their age, which indicates that they have been undernourished for some time in the project block as compared to 48.7 per cent in control block. 22.3 per cent are wasted, or too thin for their height in project block as compared to 30.2 per cent in control block, which may result from inadequate recent food intake or a recent illness. 39.9 percent are underweight in project block as compared to 46.1 in control block, which takes into account both chronic and acute under nutrition. The MUAC (Mid-Upper Arm Circumference) was less than 11.5 cms for 2.8 per cent children in project block compared to 2 per cent in control block.

Chapter 1 : Background and Methodology

1.1 Malnutrition in India

Millennium Development Goal 1 (MDG1), which aims to eradicate extreme poverty and hunger, targets to halve the proportion of people whose income is less than one dollar between 1990 and 2015 and India is a signatory to it. This poverty goal also includes target on nutrition – aiming to **halve the proportion of underweight children** under five by 2015[1].

Economy growth alone may not reduce the malnutrition sufficiently to meet the nutrition target. Disconnect between recent economy growth and prevalence of poverty in India tends to substantiate this argument. Despite the recent surge in economy growth in India – 10 to14 percent annually between 2001 and 2007 – the World Bank estimates that India is ranked first in the world of the number of children suffering from malnutrition. The prevalence of underweight children in India is among the highest in the world, and is nearly double that of sub-Saharan Africa.

The government of India has launched several programmes and schemes to counter malnutrition, including the Mid-day meal (MDM) schemes and the Integrated Child Development Scheme (ICDS). In addition, the National Rural Health Mission (NRHM), with its established institution of primary healthcare centres (PHC), community healthcare centres (CHC) and government hospitals, targets to improve the availability of and accessibility to quality healthcare for the poor people. However, these programs, scheme and institution have not been able to reach out to a substantially large population of India. According to National Family Health Survey 3 (NFHS-3) statistics, 43 per cent of children under the age of five years are underweight and 48 per cent of children under the age of five years are stunted, although the ICDS scheme has been in action for more than 30 years.

In sync with the objective of MDG1 and with the view of bridge the gap and deficiencies in already existing schemes, Save the Children BAL Raksha Bharat (SCBR) has conceptualized the idea of Project Karuna, with the objective of opening up new a horizon of malnutrition reduction programmes in India through Community Management of Acute Malnutrition (CMAM). The project aims at providing treatment, management and advice for malnutrition by reaching a greater number of people through the community than through facilities level support.

1.2 Project Karuna

Rationale of the project

Many gaps and deficiencies have been identified in the various programmes and scheme implemented by government of India and other institutions that aim at reducing the malnutrition rate. Some of these gaps and deficiencies are: facilities level support which lacks community participation, lack of interdepartmental coordination, lack of awareness generation among the masses regarding various preventive measures like following IYCF practices etc. Thus, there is an urgent need of a programme that will demonstrate that these deficiencies can be overcome and replicable model of malnutrition prevention could be created.

[1] http://www.unicef.org/publications/files/Children_and_the_MDGs.pdf

With this goal, SCBR Bharat has introduced Project Karuna with the aim of creating an effective model to fight against malnutrition. The project will try to address all the issues that have hampered the previous malnutrition interventions by focusing on CMAM, promoting interdepartmental coordination and generating awareness for IYCF practices among masses. Specific inputs from Karuna will be as follows: (a) facilitating convergent action and coordinated implementation of the Leadership Agenda for Action by government departments, (b) strengthening and making the ICDS more effective through inclusion of a CMAM approach for outpatient treatment of Severe Acute Malnutrition (SAM) using ready-to-use therapeutic food (RUTF) and (c) improving infant and young child feeding (IYCF) practices.

The Karuna project commenced in 2012 and will continue till 2015. The project duration has been divided into two phases; design Phase from August - November 2012 and Implementation Phase from December 2012 – July 2015. It has been implemented across 100 villages in Pindra block of Varanasi district of Uttar Pradesh and in Gumla Sadar block of Gumla district of Jharkhand; both districts, Varanasia and Gumala are in the Government of India's (GoI) list of 200 most backward districts for health and nutrition indicators.

The main beneficiaries of the project are families and their children in the age group of 0-6 years amongst marginalised communities. While IYCF group includes children between 0-24 months of age, CMAM targets children between the ages of 6 -59 months as the prevalence of SAM is the highest in this age range.

1.3 Research Design and Methodology

1.3.1 Requirement of an assessment exercise for the programme

Project Karuna primarily intends to demonstrate the effectiveness of an alternative mechanism of malnutrition reduction. It was envisaged that success of the project Karuna that aims at curbing malnutrition rate with a different approach would bring in the attention of policymakers and, hence, benefit the larger population. To serve that purpose, a study was conducted to assess the project outcome using statistically robust methodologies, acceptable by policy makers and project implementers worldwide. The impact of the project will be evaluated through baseline and end line assessments of malnutrition status and related indicators. However, the current study is limited to the baseline assessment.

Baseline assessment broadly focused on the assessment of the nutritional status of the children of the project areas along certain key indicators, on which programme performance would be evaluated at the end-line. It also focused on understanding the causes of malnutrition in the project area.

1.3.2 Research design

A quasi–experimental design was adopted to assess the overall impact of the project. The quasi-experimental design requires creating a control group for the study which allows attributing the changes (in the main outcome indicators) to the project related activities after the endline assessment. Apart, the mixed design methods, using qualitative interviews, were carried out to triangulate the quantitative findings.

1.3.3 Sample size

To measure the changes across the key indicators of interest, an adequate sample size was estimated using appropriate sampling formula. There are two key indicators for interest in the study are: i) prevalence of SAM among children in the age group 6-59 months and ii) incidence of IYCF practices among mothers of children in the age group 0-24 months. Besides this, pregnant women were also covered under the study.

Summarized sample size

The table below shows the summarized sample size for the key indicators (KIs) across the project and control blocks.

Table 1: Targeted and acheived sample distribution

State	**Block type**	**Children and Mothers (6-59 months)**		**Children and Mothers (0-24 months)**		**Expected number of pregnant women**	
		Targeted	Achieved	Targeted	Achieved	Targeted	Achieved
UP	Project	576	570	360	332	96	98
	Control	576	653	360	402	96	92
	Project	576	557	360	347	96	82
	Control	576	505	360	302	96	46
Total		2304	2285	1440	1383	384	318

The above sample sizes were estimated keeping confidence interval and power at 95 per cent and 80 per cent respectively and a design effect of 1.4. The two KIs used here are Incidence of Malnutrition and proportion of mothers' practicing IYCF respectively, for calculating the sample sizes[2].

1.3.4 Categorization of respondent groups and related questions asked

There were four categories of respondents for the study; a) Mothers of children in the age group of 6-59 months, b) Mothers of children in the age group of 0-24 months , c) Mothers of children less than 6 months of age, d) Pregnant women.

Category 'a' respondents were asked about malnutrition and child health related questions and the anthropometric measurement of their children was done. Category 'b' respondents were asked about IYCF practices, malnutrition, child health and vaccination related questions and the anthropometric measurement of their children was done. Category 'c' respondents were asked about ANC, newborn care, IYCF practices, malnutrition child health and vaccination related questions. Category'd' respondents were asked only about their current ANC and other pregnancy-care related questions.

Along with these group specific questions, there were a few questions which were common across all the groups like questions pertaining to socio-economic profile, hygiene and sanitation, food security and village health nutrition days (VHNDs)[3]. (Refer annexure for questionnaire)

[2] Please refer to appendix 1 for details of sampling methodology and formula.
[3] Please refer to appendix 2 for tools administered

1.3.5 Selection of villages and distribution of samples across villages

32 villages were selected, using probability proportional to the size method, from the list of 100 project villages in each of the project blocks of Jharkhand and UP. Similarly, 32 control villages were selected in the control blocks of each state. Prior to household surveys, a listing exercise was carried out to identify the target respondents.

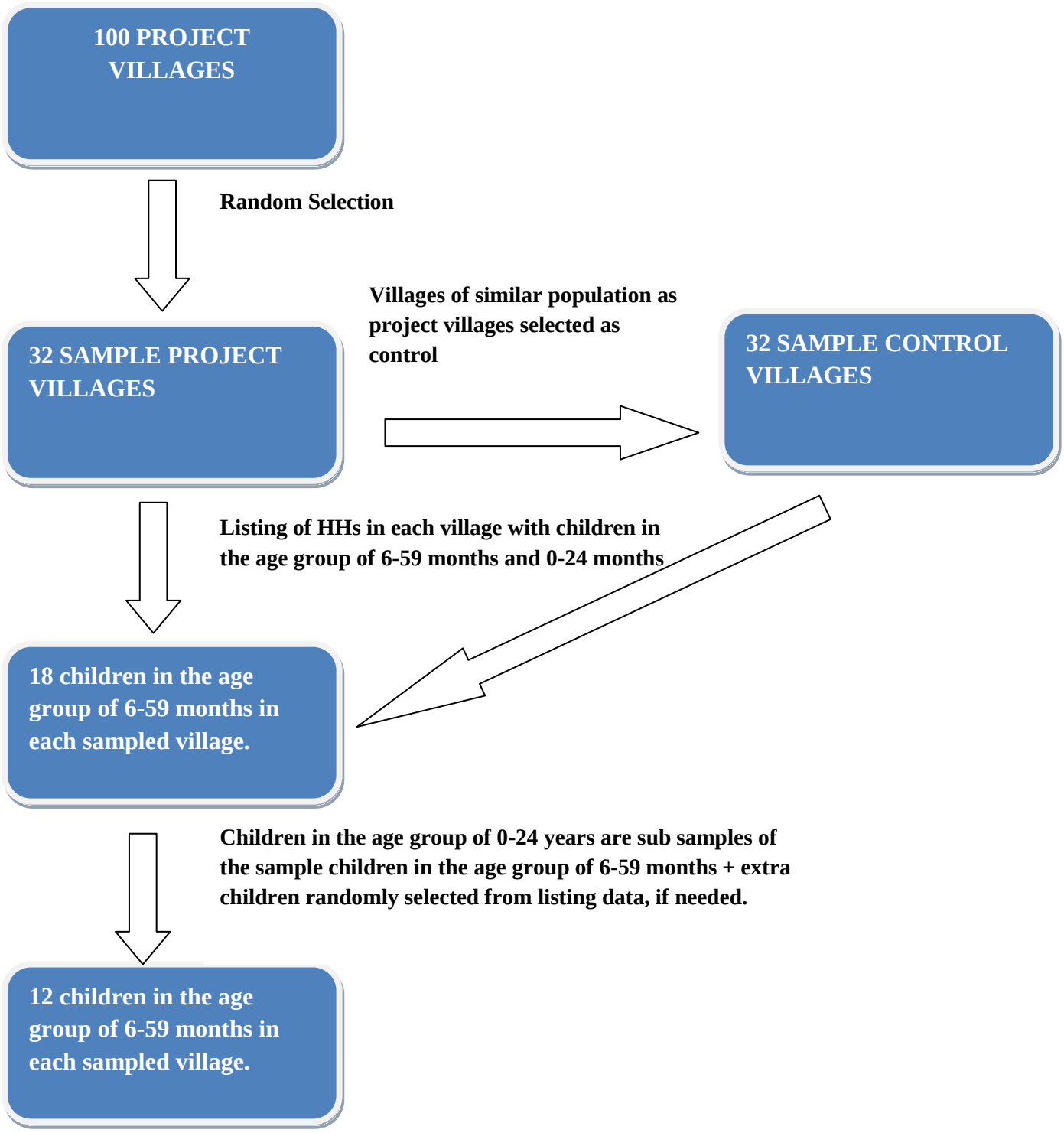
Approximately, 18 children (in the 6-59 months age group) and their mothers and 12 children (in the 0-24 month's age group) and their mothers were selected from each village in project and control area.

Children in the age group of 0-24 months became sub samples of children in the age group of 6-59 months. In case the required number of children in the age group of 0-24 months was not found in the sub sample, then the balance numbers were again randomly selected from the listing data.

Table 2: Distribution of proposed samples across sample villages for quantitative data collection

State	Block type	Number of sample villages	Children and Mothers (6-59 months)	Children and Mothers (0-24 months)	Expected number of pregnant women
UP	Project	32	18	12	3
	Control	32	18	12	3
Jharkhand	Project	32	18	12	3
	Control	32	18	12	3

The figure below schematically depicts the process of village selection and the selection of respondents from villages.



1.3.6 Sample size for qualitative assessment

Qualitative interviews were conducted across the project blocks of UP and Jharkhand. In-depth interviews (IDIs) with accredited social health activists (ASHAs) and *anganwadi* workers (AWWs) were conducted, focus group discussions (FGDs) of mothers of children in the age group of 6-59 months were conducted and IDIs of government officials like Integrated Child Development Services (ICDS) officers, block medical officer in charge (MOIC), and *panchayti raj* institutions (PRIs) like block *panchayat* president etc., were conducted. The table below shows the sample distribution of the qualitative interviews.

Table 3: Sample distribution for qualitative interviews

State	Block type	Number of FGDs with mothers of children in the age group of 6-59 months	Number of IDIs with ASHAs	Number of IDIs with AWWs	IDIs with BMO	IDIs with CDPO	IDIs with Supervisor	IDIs with PHED - officials (block level)	IDIs with *panchayat samiti* presidents	IDIs with agricultural extension officials
JHARKHAND	PROJECT	8	8	8	1	1	2	1	1	1
UTTAR PRADESH	PROJECT	8	8	8	1	1	2	1	1	1
TOTAL		16	16	16	2	2	4	2	2	2

1.3.7 Selection process of the control block

A-priori matching method was applied to construct a robust comparison group, which must be statistically similar to treatment group in socio-economic characteristics. For each of the project blocks, the cumulative net score was generated using following parameter; SC and ST population proportion of the districts (A), literacy rates of the districts (B), proportion of main workers in the districts (C), proportion of cultivators in the district (D), proportion of household industries in the district (E), proportion of children in the age group of 0-6 years population in the district (F), proportion of urban population in the district (G). Then, the cumulative net score was divided by 10 A control block was selected from the respective state whose net score for these parameters did not differ more than 10 per cent from the net score of the project block of that state. For example, if net score of the project block = (A+B+C+D+E+F+G)/10 = X, then net score of the control block = X ± .1X

Inside the control blocks, the control villages were selected by matching the SC/ ST population proportion of the project and control villages. One control village was selected for each project village.

1.3.8 Analytical framework

Quantitative analysis

Basic Analysis

The data was analyzed using SPSS and STATA and descriptive statistics of key variable as well as morbidity profile has been presented in the report. Besides, parametric test (independent group t - test)

was used to ascertain the statistically significant associations between variables of interest and difference in variables across the project and control groups.

Advanced analysis

Anthropometrics approach was used to study nutrition level among the children. The weight-for-age (W/A), weight for height (W/H), height for age (H/A) and body mass index (BMI) were calculated for each child. Then based on the z scores[4] generated using WHO-Anthro + software, the children were categorised into various grades of malnutrition, based on the score for each of the indicators.

Table 4: Malnutrition standard as specified by WHO

Cut-off malnutrition classification by WHO	
<-1 to -2> Z-score	Mild
<-2 to -3> Z-score	Moderate
<-3 Z-score	Severe

Qualitative Evaluation

Integrating qualitative methods contributed broadly to the following three objectives:

a) Provided a story line to any change that may take place and also to better respond to the **"**why" and "how" of change of project activities
b) Qualitative tools have also contributed to our understanding of indirect benefits or outcomes
c) Provided insights on programme intervention processes and hence contributed to Process Monitoring. In accordance with this, we adopted the following qualitative methodologies along with the quantitative survey.

Focus Group Discussions

During the course of baseline surveys, we conducted focus group discussions (FGDs) with mothers of children in the age group of 6-59 months. Various parameters pertaining to child health and malnutrition and health and hygiene practices as well as IYCF practices were discussed.

In-depth Interviews

In-depth interviews (IDIs) with front line workers (FLWs) helped to qualitatively assess the role played by the FLWs in spreading awareness and helping with various health seeking behaviours by pregnant mothers.

[4] Z score provides the distribution spread in terms of standard deviation above or below median value. It is mathematically defined as the difference between an individual observation and the median value of the reference population for the same variable, divided by the standard deviation of the reference population.

Chapter 2 Socio Economic Characteristics of Respondent Groups

This chapter includes the social and economic profiles of the respondent groups. There were primarily four respondent groups: a) mothers of children in the age group of 25-59 months, b) mothers of children in the age group of 6-24 months c) mothers of children less than 6 months of age and d) pregnant women. Details of questions asked to each category are given in section 1.3.5 .The tables mostly contain combined statistics of the respondent groups; category wise break-ups are given in the annexure and also mentioned below the tables, wherever required.

2.1 Demographic, Educational and Economic Profile

Table 5: Religion distribution

State	Type of Block	Hindu (%)	Muslim (%)	Christian (%)	Others (%)	N
UP	Project	93.80	6.10	0.10	0.00	739
	Control	90.2	9.8	0	0	834
JHARKHAND	Project	87.90	3.90	2.00	6.20	741
	Control	89.2	0	6.3	4.4	630

Table 5 shows that 93.80 per cent of the respondents in UP and 87.90 per cent of the respondents in Jharkhand follow Hinduism, while other religions are followed to a much lesser extent in both the project blocks.

Table 6: Caste distribution

State	Type of Block	General (%)	SC (%)	ST (%)	OBC (%)	Others (%)	N
UP	Project	16.50	24.60	2.00	54.00	2.80	739
	Control	22.7	20.1	1.6	54.1	1.6	834
JHARKHAND	Project	10.00	5.80	60.60	23.30	0.30	741
	Control	8.6	8.4	65.6	17	.5	630

The table above shows that in Pindra block (UP), the majority of the respondents, i.e., 54 per cent belong to the OBC category and among others, 16.50 per cent and 24.60 per cent belong to the general and SC categories respectively. Correspondingly, a very small proportion of respondents belonged to ST and other categories. In Gumla Sadar block (Jharkhand), the majority of respondents, i.e., 60.60 per cent belonged to the ST category and while 23.30 per cent belonged to the OBC category, 10 per cent

belonged to the general category, and 5.80 per cent belonged to the SC category. As in Pindra block, a very small proportion of the respondents belonged to any other category.

Table 7: Literacy rate and years of schooling

State	Type of Block	Literate (%)	With more than 10 years of Schooling (%)	N
UP	Project	66.30	38.10	739
	Control	66.20	38.80	834
JHARKHAND	Project	47.20	15.40	741
	Control	51.30	16.20	630

Table 7 shows that 66.30 per cent of the respondents in Pindra and 47.20 per cent of the respondents in Gumla Sadar are literate. i.e., they can read and write.

Table 8: Income level and mean annual income per household

State	Type of Block	Low Income (%)	Mean annual income (log adjusted)[5]	N
UP	Project	65	51286	739
	Control	63.7	52480	834
JHARKHAND	Project	79.6	30902	741
	Control	77.5	33113	630

The above table shows that 65 per cent of the households in UP and 79.60 per cent of the households interviewed in Jharkhand have low income. The figures are calculated based on the income level of the HHs and the poverty line for the states as designated by the Tendulkar Committee in 2009-10, after adjusting for inflation between 2009-10 and 2013-14. The mean annual income of the HHs in Uttar Pradesh and Jharkhand are Rs. 51286and Rs 30902respectively. These have been calculated after log transforming the original income figures to account for dispersion of income. For respondent category-wise classification, please refer to the annexure.

[5] The income figures were log adjusted to account for the huge variation of income levels among HHs. Since many HHs were not being able to show their ration cards so we were not able to categorize the population into APL/BPL categories. So we used the BPL level published by Tendulkar committee report of 2012 and superimposed it on the income level of households to identify the low income households. Since this is not an income level identification survey so can't explicitly call these as BPL level instead we chose to call the group falling below the line as low income group.

Table 9: Ownership and type of house

State	Type of Block	Having own house (%)	Type of house			N
			Kutcha (%)	Semi-*Pukka* (%)	*Pukka* (%)	
UP	Project	92.2	22.30	47.50	30.20	739
	Control	92	25.1	50.6	24.3	834
JHARKHAND	Project	86.60	67.70	24.20	8.10	741
	Control	97.8	77.5	17.9	4.6	630

The table above shows that the majority of mothers interviewed in the project blocks of Uttar Pradesh and Jharkhand, i.e., 92.2 per cent and 86.60 per cent respectively live in their own houses. In the project block in UP, out of the interviewed HHs, 22.30 per cent, 47.50 per cent and 30.20 per cent lived in *kutcha*, semi-*pukka* and *pukka* houses respectively. In Gumla Sadar on the other hand, 67.70 per cent, 24.20 per cent and 8.10 per cent of HHs live in *kutcha*, semi-*kutcha* and *pukka* houses, respectively. As seen from the table, the percentage of people living in *kutcha* houses in Jharkhand is proportionately much more than the percentage of people living in *kutcha* houses in UP. Hence, it may be inferred that the project areas of Jharkhand are more exposed to the vagaries of nature than HHs in the project areas of UP.

Table 10 Primary occupation of chief revenue earner of household

State	Type of block	Agriculture (%)	Labour (%)	Own business/ self employed (%)	Others (%)	Salaried (%)	N
UP	Project	27.60	40.60	16.20	2.4	12.60	739
	Control	19.9	49	20.2	0.6	10.1	834
JHARKHAND	Project	55.60	34.10	6.80	0.3	3.40	738
	Control	71.9	23.1	3.5	0.0	1.6	630

The above table shows that in the project block of Pindra in the state of UP, 40.60 HHs have their primary wage earner working as labour, followed by 27.60 per cent occupied in agriculture while 16.20 per cent have their own business or are self employed. The numbers employed in other occupations are very few in comparison. In Gumla Sadar, 55.60 HHs have their primary wage earner engaged in agriculture, followed by 34.10 per cent working as labour while 6.80 per cent have their own business or are self employed. Those employed in other occupations are almost negligible in comparision.

2.2 Access to Services

Table 11: Proportion of households with access to financial and economic services

State	Type of Block	Have bank A/C (%)	Have RSBY[6] card (%)	Have NREGS job card (%)	N
UP	Project	77.50	7.30	29.80	739
	Control	77.10	10.1	13.8	834
JHARKHAND	Project	48.70	19.40	49.70	738
	Control	52.2	14.6	57.3	630

Table 11 shows that 77.50 per cent and 48.7 per cent of HHs interviewed in UP and Jharkhand respectively, have bank accounts. Also, 7.30 per cent and 19.4 per cent of HHs interviewed in UP and Jharkhand respectively, have Rashtriya Swasthya Bima Yojana (RSBY) cards while 29.8 per cent and 49.70 per cent of HHs interviewed in UP and Jharkhand have National Rural Employment Guarantee Scheme (NREGS) job cards. In a later section, access to various services will be compared to the level of malnutrition to find out that whether there is any link between the two.

2.3 Women Work Profile, Membership of Organisations and Decision Making Power

Table 12: Women's occupation profile

State	Type of block	Unskilled labour (%)	Skilled labour (%)	Housewife (%)	Others	N
UP	Project	2.30	1.80	93	2.90	739
JHARKHAND	Project	20.90	5.10	70.60	3.30	741

Table 12 shows that the majority of the respondents i.e., 93 per cent in the project block in UP and 70.6 per cent in the project block in Jharkhand are housewives. However, at 29.30 per cent, the proportion of working women engaged in some sort of income generating activities is considerably higher in Jharkhand as compared to 7.00 per cent in UP. In Jharkhand,. 20.90 oer cent women work as unskilled labour where proportionately, only 2.30 per cent women work as unskilled labour in UP. The higher proportion of mothers working as unskilled labour in Jharkhand might have a bearing on maternal and child health (MCH). Because of their heavy and exhausting workload and paucity of time, working mothers find it difficult to take care of their children and are not able to participate in project activities.A few studies have been conducted which show the adverse impact of maternal occupation on child health in low income communities (Lisa A. Gennetian, 2009). This aspect should be kept in mind while implementing the project in Jharkhand. For respondent category-wise split up of the occupation profile, please refer to the annexure.

[6] The availability of the latest issued RSBY cards was only considered. RSBY cards of previous financial years were not considered.

Table 13: Membership of various village level organisations[7]

State	Type of block	SHG (%)	Health *samity* of *panchayat* (%)	Religious groups (%)	Cooperatives (%)	Elected member of *panchayat* (%)	N
UP	Project	2.4	.9	1.5	1.9	.8	739
	Control	7.3	.7	2.0	1.6	1.1	834
JHARKHAND	Project	5.7	.5	.3	0	.5	738
	Control	20.8	.5	1.3	.6	.8	630

Table 13 shows that in the project blocks of UP and Jharkhand, the proportion of respondents who are members of various village level organisations is very few. This is a disadvantage for project implementers because if the proportion of membership was high then those organisations could have been used as access points to reach out to a large number of beneficiaries which would have helped greatly in awareness building. Studies show the effectiveness of self help groups (SHGs) by which maternal health services may be accessed (Somen Saha, 2013). However, since this is not available in the project areas, implementers can focus on promoting women's participation in village level organisations. This might help to enhance the impact of the project and also sustain it.

Table 14: Proportion of women taking self decisions on various issues

State	Type of Block	Decisions about healthcare of self (%)	Decisions about healthcare of child (%)	Decisions about making major household purchases (%)	N
UP	Project	9.10	14.70	9.20	739
	Control	9.0	12.5	10.8	834
JHARKHAND	Project	9.30	21.10	7.60	738
	Control	15.1	30.3	10.5	630

Table 14 shows that the proportion of women who have the right to take decisions on various issues is considerably low across the project blocks of both UP and Jharkhand. Ever since the advent of women in literature of the 1970s, many researchers have argued that women's empowerment is closely linked to positive outcomes for their families and societies (Presser, 2000). Since the project areas are lacking in this aspect, it can be made a part of the awareness generation campaigns that will be conducted as part of project implementation for a better outcome in the endline.

2.4 Marriage age

Table 15: Proportion of women married before the legal age and the mean age at marriage

State	Type of Block	Married before legal age (%)	Mean age at marriage (years)	N
UP	Project	44.9	17.18	739
JHARKHAND	Project	33.0	18.04	741

[7] Only the proportions of respondents who are members of various organisations are reported here.

Table 15 shows that 44.9 per cent of the respondents in UP and 33.0 per cent of the respondents in Jharkhand are married before their legal age. Almost half the respondents in UP are married before their legal age and this can be a point of concern because a few studies have demonstrated that the risk of malnutrition is higher in young children born to mothers married as minors than in those born to women married at an older age (Anita Raj, 2010) . This aspect can also be highlighted during awareness generation campaigns of project implementation. The mean age at marriage in UP and Jharkhand are 17.18 years and 18.04 years respectively.

Chapter 3 : Block Report: Varanasi, Uttar Pradesh

3.1 Food security and dietary practices

This section describes HH food security related indicators and the dietary practices of mothers and pregnant women. The indicators are categorised into the following segments.

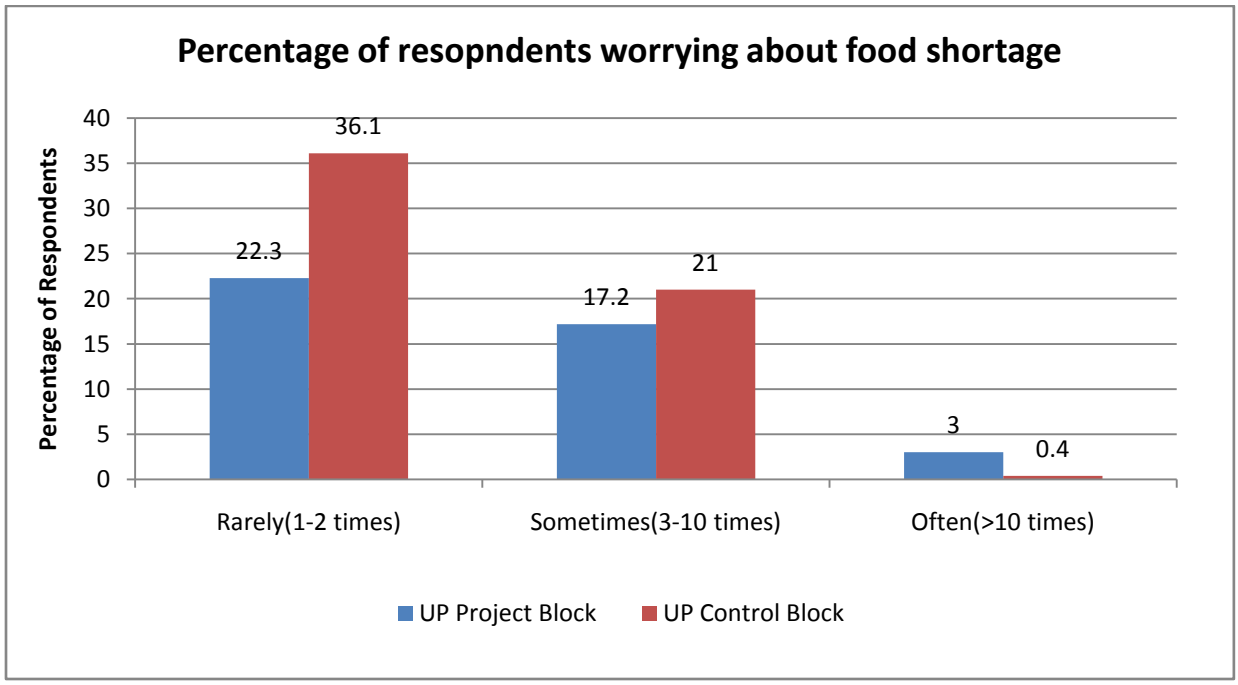
3.1.1 Food security

Table 16 Households' worry about not having enough food in the past 30 days

State	Type of Block	Household worry about not having enough food in the past 30 days (%)	N
UP	Project	13.40	739
	Control	16.10	834

The above table shows the percentage of HHs which had to worry about not having enough food over the past 30 days. The figures for the control blocks are also shown.

Figure 1 Level of worry about food availability



The above figure shows the percentage of HHs who reported the level of worry for food out of those HHs which reported that they had to worry for food over the past 30 days.

From the above figures it can be deduced that roughly 7 out of 10 HHs reported that they often had to worry about the availability of food in the project block of Varanasi.

Table 17 Worry about not having enough food in households on the basis of selected socio-economic background characteristics in the project blocks

UP Project Block			
Background Characteristics		**Households' worry about not having enough food in the past 30 days (%)**	**N**
Caste	**General**	9.80	122
	SC	19.80	182
	ST	7.10	14
	OBC	12	421
Religion	**Hindu**	13	694
	Muslim	17.80	45
Income level	**Normal**	14.70	259
	Low	12.70	480
UP Control Block			
Background Characteristics		**Households' worry about not having enough food in the past 30 days (%)**	**N**
	General	16.4	189
	SC	25	168
	ST	23.1	13
	OBC	12.6	451
	Hindu	16	652
	Muslim	17.1	82
	Normal	19.1	303
	Low	14.3	531

The above table shows the percentage of households who had to worry about lack of food availability in the past 30 days on the basis of selected socio-economic background characteristics. In Pindra block in Varanasi, at almost 20 per cent, the economic disadvantage was the highest in SC and Muslim HHs.

3.1.2 Dietary Practices

Table 18 Dietary practices among respondent groups

Food Item	UP Project Block (%) (n=641 for A and n=98 for B)	
	Mothers of children in the age group of 0 to 59 months (A)	Pregnant Women **(B)**
Cereals	98	98
Vitamin rich vegetables and tubers	52.40	48
White tubers and roots	40.70	34.70
Green leafy vegetables	20.70	18.40
Other vegetables	20	18.40
Fruits	7.80	17.30
Meat	.9	1
Egg	2.80	3.10
Fish	.8	1
Beans, peas, lentils	15	15.30
Nuts, seeds, oils, fats	1.10	0
Milk products	10.90	17.30
Tea/ coffee	3.10	2

The above table shows the dietary practices among the two different respondent groups, viz., mothers with children in the age group of 0 to 59 months and pregnant women in the project block of Varanasi, UP. Data shows that cereals like rice, wheat etc., are extensively eaten by all, followed by vitamin- rich vegetables and tubers like pumpkin, gourd, carrot, tomato, sweet potato, while roots and tubers like potato and green leafy vegetables are also eaten in quite a high proportion. Other food items like animal proteins are eaten by a considerably low proportion of respondents. IDIs with FLWs reveal that food taboos are enforced by elders who do not allow pregnant women to eat certain food items.

"Sas va ghar ke bare-buzurg gharbvati mahilaon ko kuch cheez khane ko nahin dete hain, jaise ki: anda-cheez, baigan, khatai, kathal, matar ki dal ittyadi"

ASHA. Pindra. Uttar Pradesh

These age old dogmas and practises are a major reason for low adaptation to present age health and hygiene practises. A district official mentions that dealing with age old dogmas and beliefs regarding

nutrition is a challenge in the communities. Mostly the backward communities are difficult to appease according to her.

3.2 Hygiene and Sanitation Practises

This section describes indicators pertaining to hygiene and sanitation practices segmented into the following sections.

3.2.1 Wash Indicator Status

Table 19 Percentage of respondents washing hands at select activities

Hand Washing at select activities	UP Project Block (%) (n=641 for A and n=98 for B)		UP Control Block (%) (n=742 for A and n=92 for B)	
	Mothers with children in the age group of 0 to 59 months (A)	Pregnant women (B)	Mothers with children in the age group of 0 to 59 months (A)	Pregnant women (B)
After defecation	75.20	85.70	80.2	67.3
After cleaning a young child's faeces	41.30	41.80	43.8	35.8
Before cooking/ preparing food	54.40	51	59.6	55.4
Before eating	55.20	56.10	56.8	60.8
Before feeding children	30.60	29.60	37.3	27.1
After cooking/ eating	41	36.70	36.9	47.8
After feeding children	19.70	22.40	17	17.3
After cleaning house/ compound	23.70	28.60	24.7	26
After disposing garbage	15.80	17.30	15.4	21.7
Before picking up child	7	7.10	18.7	16.3

From data reflected in the table above the percentages of respondents washing hands after various activities in the project and control block of UP is not satisfactory.

Lack of health education is the key indicators for poor health standards.

Interestingly, some ASHAs in Pindra were not clear about hygiene themselves, and some report clean mud are better than unclean mud as a medium of hand washing.

"I tell people dirty mud is not fit for cleaning hands after toilet. Instead use clean mud, it is safer."

3.2.2 Drinking water

Table 20 Percentage of households having improved source of drinking water

State	Type of Block	Households having improved source of drinking water (%)	N
UP	Project	95.30	739
	Control	93.80	834

The above table shows the percentage of households in the project block of UP having improved source of drinking water in accordance with DLHS-3 standards. Data shows that around 95 per cent HHs in Pindra (UP) have access to improved source of water. Data for the control blocks is also given.

Table 21 Access to improved source of water by selected socio-economic background characteristics

UP Project Block			
Background Characteristics		**Households having improved source of drinking water (%)**	**N**
Caste	**General**	88.50	122
	SC	95.60	182
	ST	92.90	14
	OBC	97.30	421
Religion	**Hindu**	95.40	694
	Muslim	93.30	45
Income level	**Normal**	96.50	259
	Low	94.60	480
UP Control Block			
Background Characteristics		**Households having improved source of drinking water (%)**	**N**
Caste	**General**	95.8	189
	SC	91.7	168
	ST	100	13
	OBC	93.3	451
Religion	**Hindu**	93.4	752
	Muslim	96.3	82
Income level	**Normal**	95.4	303
	Low	92.7	531

The above table shows that HHs selected according to background characteristics in the project block of Pindra (Varanasi) have almost 30 per cent better access to improved sources of water.

3.2.3 Sanitation Practices

Table 22 Percentage of households with improved sanitation facilities

State	Type of Block	Households having improved sanitation facilities (%)	N
UP	Project	27.90	739
	Control	20.70	834

The above table shows the percentage of HHs in project and control block of UP who have access to improved sanitation facilities according to NFHS-3 standards facilities. A very high proportion (more than 70% in UP) of HHs with non-improved sanitation facilities defecate in open fields, which is a major source of spreading infection.

Table 23 Access to improved sanitation facilities by select socio-economic background characteristics

UP Project Block			
Background characteristics		**Households with improved sanitation facilities (%)**	**N**
Caste	**General**	44.30	122
	SC	26.90	182
	ST	7.10	14
	OBC	25.30	421
Religion	**Hindu**	27.60	694
	Muslim	31.10	45
Income level	**Normal**	36.30	259
	Low	23.30	480
UP Control Block			
Background characteristics		**Households with improved sanitation facilities (%)**	**N**
	General	28	189
	SC	8.3	168
	ST	7.7	13
	OBC	23.3	451
	Hindu	19.3	752
	Muslim	34.1	82
	Normal	24.1	303
	Low income	18.8	531

The above table shows the percentage of HHs having access to improved sanitation facilities on the basis of select background characteristics. In

"Despite best efforts, people in the area are very careless about their health and hygiene, especially those belonging to backward communities."

AWW, Pindra, Uttar Pradesh

project block of UP, the percentage of general category HHs have better access to improved sanitation facilities. In comparison, the proportion of backward community HHs has very poor access to improved sanitation facilities. AWW reports that despite repeated efforts at improvement, the backward communities continue to be very careless about their health and cleanliness.

3.3 Pregnancy and Antenatal Care

This section describes the status of pregnancy and antenatal care (ANC) related indicators among women in the project areas. The pregnancy and ANC related questions were asked to pregnant women and mothers of children in the age group of less than 6 months.

Table 24: Pregnancy registration

State	Type of block	Respondent category	Pregnancy registered (%)	Mean month of pregnancy registration	Pregnancy registered within the 1st trimester (%)	N
UP	Project	Pregnant women	78.50	3.4	62.6	98
		Mothers with children less than 6 months	88.70	3.2	67.2	71
	Control	Pregnant women	71.7	3.2	60.8	92
		Mothers with children less than 6 months	83.1	3.1	53.3	89

Table 24 shows that in the project block of UP, 78.50 per cent of the pregnant women and 88.70 per cent of mothers of children less than six months of age have registered their pregnancies. In the same order, 62.6 per cent of pregnant women and 67.2 per cent of mothers of children less than 6 months of age have registered their pregnancies within the first trimester of pregnancy. The mean month of pregnancy registration for pregnant women and mothers with children less than 6 months of age stands at 3.4 and 3.2 months respectively.

Table 25: Distribution of various indicators pertaining to ANC for Pregnant women

State	Type of block	Respondent category	Ever Done ANC (%)	Done ANC within first trimester (%)	Blood pressure checked as part of ANC (%)	At least 3 ANC checkups done (%)	N[8]
UP	Project	Pregnant women	63.00	61.2	33.9	30.60	98
	Control	Pregnant women	48.9	46.7	26.7	46.6	92

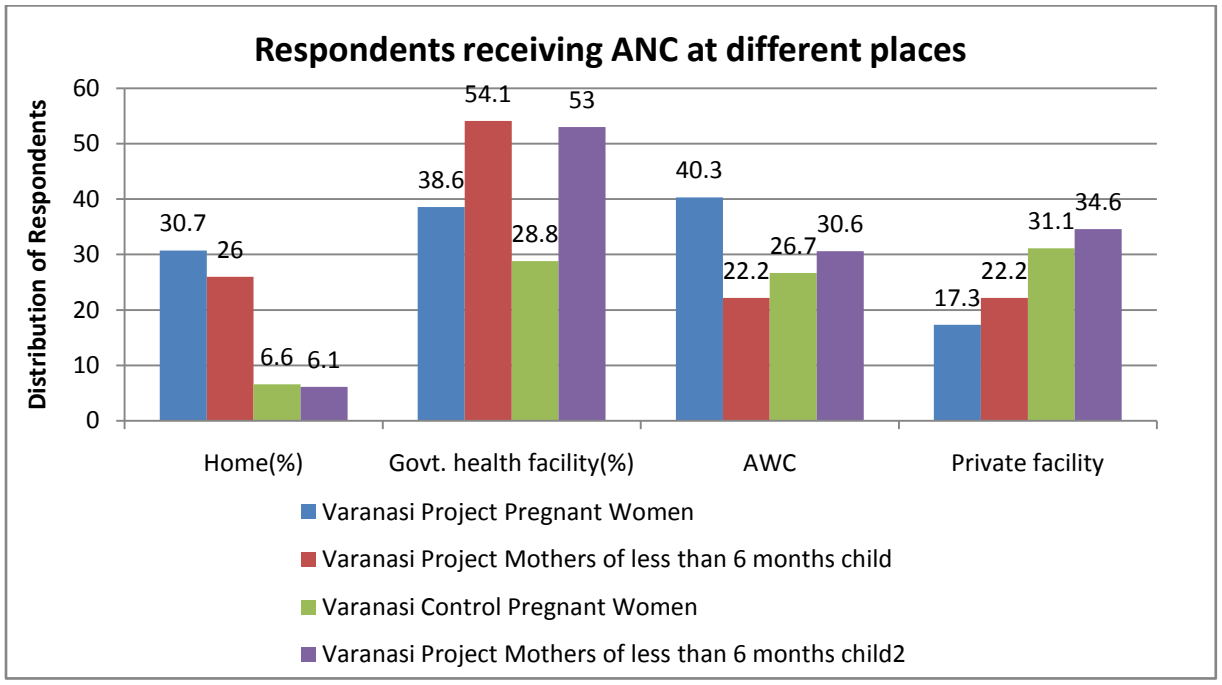
[8] Overall, 332 mothers with children belonging to the age group of 0-24 months were interviewed in Pindra. Among them, 71 in Varanasi turned out to be mothers with children belonging to the age group of less than 6 months, which is quite in proportion.

Table 26: Distribution of various indicators pertaining to ANC for Mothers with children of less than 6 months

State	Type of block	Respondent category	Ever Done ANC (%)	Done ANC within first trimester (%)	Blood pressure checked as part of ANC (%)	At least 3 ANC checkups done (%)	N
UP	Project	Mothers with children in the age group of less than 6 months	75.70	51.8	38.9	50	71
	Control	Mothers with children in the age group of less than 6 months	55.1	51	38.8	55	89

The above table shows that in the project block of UP, 75.70 per cent mothers with children in the age group of less than six months and 63 per cent pregnant women have done at least one ANC, and out of these 51.8 per cent and 61.2 per cent of mothers with children less than 6 months and pregnant women have done ANC within the first trimester respectively. As part of ANC, 38.9 per cent and 33.9 per cent of the mothers with children less than six months as well as pregnant women have got their blood pressure checked as part of ANC. Regarding the number of ANC checkups, 50 per cent and 30.60 per cent of the mothers with children less than six months and pregnant women respectively have done at least three ANC checkups.

Figure 2 Distribution of respondents receiving ANC at different places in project blocks



The above graph shows the distribution of respondents across various places where they have received ANC. This was a multiple response question and many respondents reported to have taken ANC in more

than one place. Government health facilities include PHC, CHC, sub-centre, district and state hospitals, government dispensaries etc. As many respondents reported that they had taken ANC in *anganwadi* centres (AWC), at home as well as in PHCs, these have been included in all. Most of the respondents who reported that they had taken ANC at home, had also taken ANC in some other facility. The proportion of respondents taking ANC in private facilities are 17.3 per cent and 22.2 per cent for pregnant women and mothers with children in the age group of less than six months respectively in Pindra,Varanasi, considerably lower than the percentage of women who availed ANC services in Varanasi.

Table 27: IFA supplementation and TT injection of Pregnant Women

State	Type of block	Respondent category	Received IFA supplementation (%)	Received 100 IFA tablets during pregnancy (%)	Received Tetanus injection (%)	N
UP	Project	Pregnant Women	56.1	n/a[9]	72.4	98
	Control	Pregnant Women	59.7	n/a	76	92

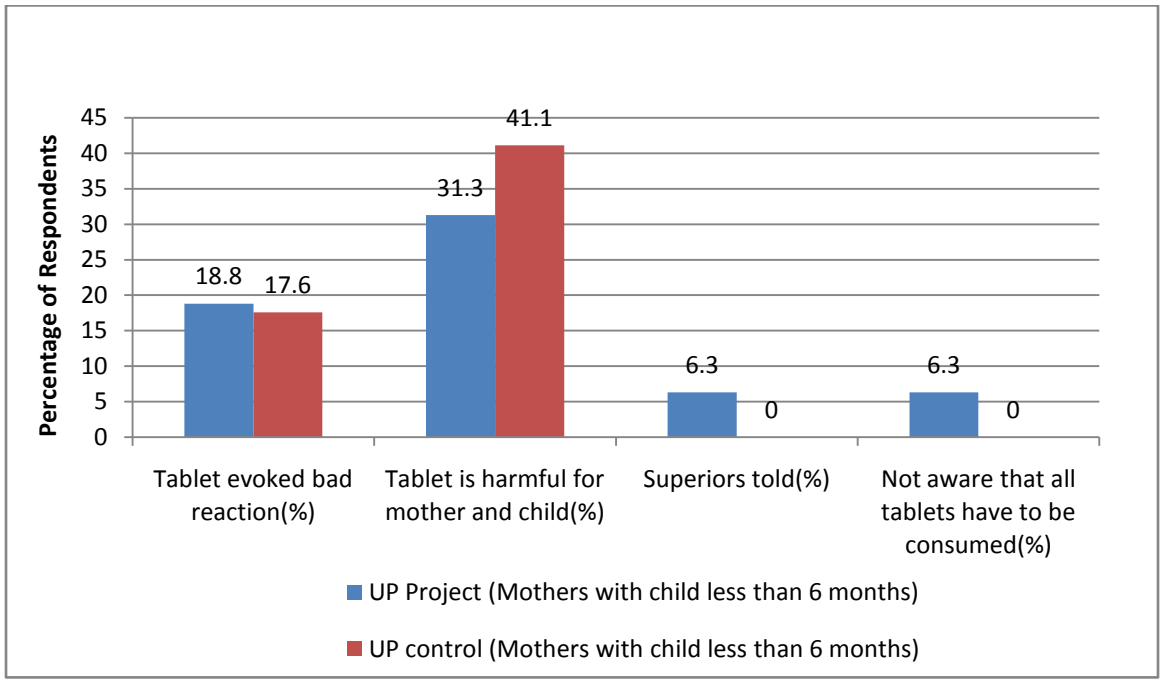
Table 28: IFA supplementation and TT injection of Mothers with child less than 6 months

State	Type of block	Respondent category	Received IFA supplementation (%)	Received 100 IFA tablets during pregnancy (%)	Received Tetanus injection (%)	N
UP	Project	Mothers with children in the age group of less than 6 months	78.9	34.6	94.3	71
	Control	Mothers with children in the age group of less than 6 months	68.5	21.3	93	89

The above table shows the percentage of respondents who received Iron Folic Acid (IFA) supplementation, taken more than IFA tablets and received at least one TT injection during pregnancy. 78.9 per cent of mothers with children in the age group of less than 6 months received IFA supplementation. The proportion of mothers with children less than 6 months taking at least 100 IFA tablets is quite low, 34.6 per cent in the project block, thereby increasing the risk of anaemia and consequent malnourishment in children. Among those who consumed IFA tablets, 75 per cent in UP have reported to have received IFA tablets mainly from ASHAs while the rest of them received it from other sources like PHCs, CHCs or bought it on their own.

[9] Since the pregnant women were currently receiving IFA tablets, and although some of them may have consumed 100 IFA tablets by the time the interview was taken, yet all of them could not be expected to have done that. Hence, this data point is not reported for pregnant women.

Figure 3 Reason for non consumption of 100 IFA tablets in Mothers with children less than 6 months



The above figure shows the various reasons as reported by respondents for non-consumption of 100 IFA tablets. In the project block of Varanasi, 31.3 per cent of the respondents, who didn't complete the 100 tablet dose, reported that the tablet is harmful for the mother and the child and that the tablet was no good.

3.4 Childcare and Infant and Young Child Feeding practices

This section describes all the indicators pertaining to child delivery, early newborn care, early and exclusive breastfeeding and government entitlements received for childcare. For questions pertaining to these indicators, the respondent group was mothers with children in the age group of 0-24 months. The indicators are categorised into the following sections.

3.4.1 Child Delivery and Early Newborn Care

- **Child delivery**

Child delivery comprises proportion of respondents who responded to the query whether they had institutional delivery or whether the delivery took place in the presence of a trained professional. Institutional delivery means delivery in government or private health facility[10] which is fully equipped to handle child birth.

Figure 4 Proportion of institutional delivery and safe delivery practices

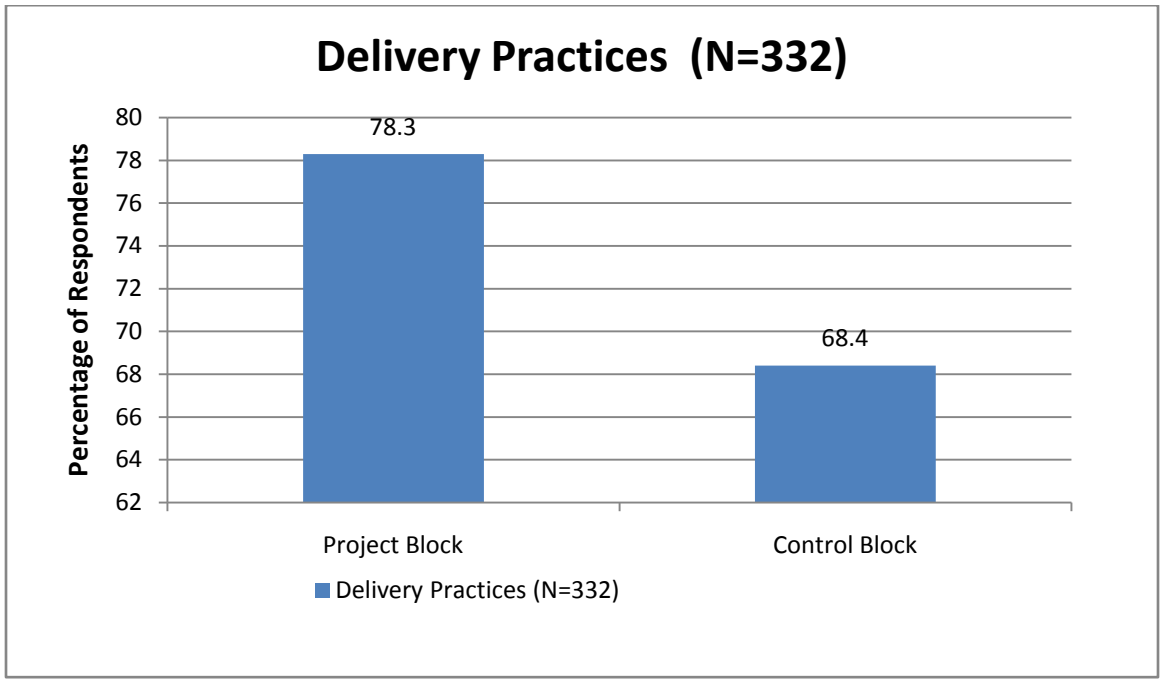


Figure 4 shows that 78.3 per cent respondents are undergoing institutional delivery in project block of UP.

[10] PHC, CHC, district or state hospital, village health centre, private hospital/ nursing home etc.

- **Proper delivery mechanism**

Figure 5 Proportion of respondents reporting proper delivery mechanism

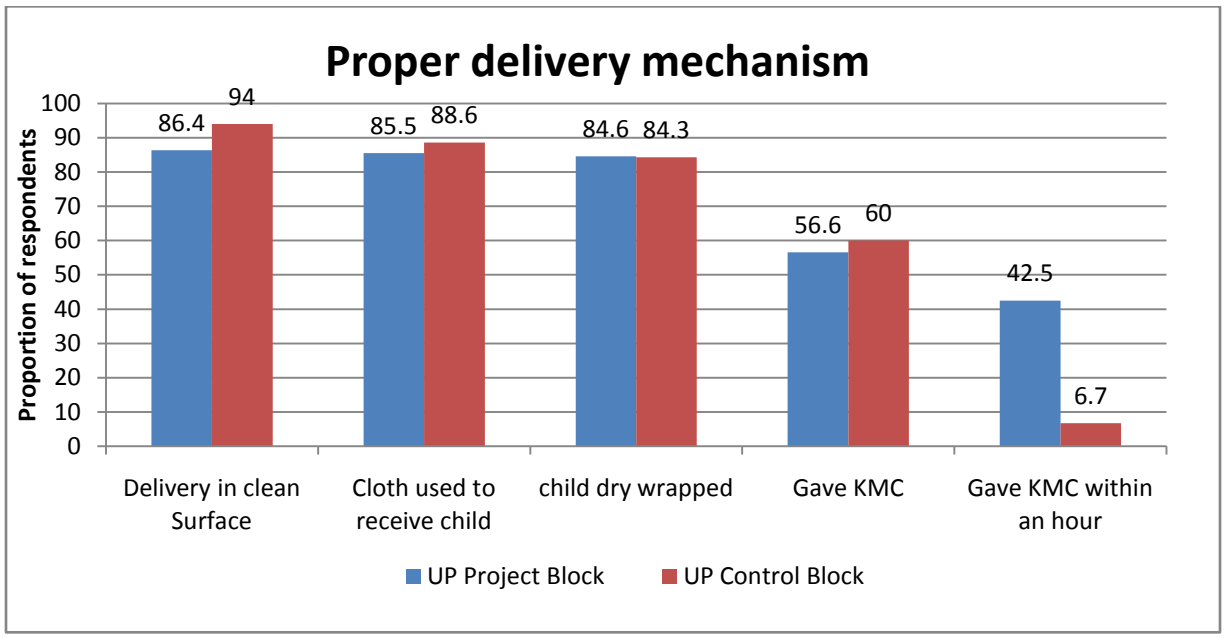


Figure 5 depicts the percentage of respondents who reported that they had followed various proper delivery mechanisms during child delivery in Varanasi, UP. The figures in themselves are quite satisfactory except that between 40-50 per cent respondents didn't give Kangaroo care to their babies.

- **Weight of child during birth**

	UP Project Block (n=332)	**UP Control Block (n=402)**
Normal Weight at birth	58.1	49.5
Underweight at birth	41.9	50.5

Respondents were asked about the weight of the child and when the child was weighed for the first time. The weight was either recorded on the mother and child health card or it was recorded from mother's recall if the card was not available. According to WHO standards, a new born child should weigh at least 2.5 kg to be considered healthy. Applying this condition, we found that 58.1 per cent of the new born children were healthy in the project blocks of Pindra, Varanasi. In this case, the number of responses has decreased a lot because of the unavailability of the mother and child health card and the inability of mothers to recall the child's weight at birth in many cases.

3.4.2 Early and exclusive breastfeeding

Table 29 Proportion of respondents following key Infant and Young Child Feeding practices

State	Type of block	Ever breastfeed (%)	Started breastfeeding within 1 hour (%)	Colostrums given (%)	N	Exclusive breastfeeding for 6 months (%)	N
UP	Project	97.9	56.9	76.3	332	37.2	256
	Control	99.3	55.4	87.2	402	34.8	310

Table 29 gives the proportion of mothers with children in the age group of 0-24 months who reported that they follow key IYCF practices in Uttar Pradesh. In the project block of Pindra, while 97.9 per cent of mothers reported that they had ever breastfed their child, 56.9 per cent reported that they started breastfeeding within one hour of the birth of the child, 76.3 per cent reported that they gave colostrums to their child.

Pertaining to exclusive breastfeeding 37.2 per cent reported that they had exclusively breastfed their child for at least six months. The number of responses for exclusive breastfeeding for six months is different from the other responses because this indicator is valid for mothers with children in the age group of 6-24 months only, whereas, respondents for the other indicators are mothers with children in the age group of 0-24 months.

Though the proportion of women practicing exclusive breastfeeding is very less, it was gleamed from the FGDs that some of the mothers were aware of the importance of exclusive breastfeeding as highlighted here: "*Bachon ko ma ka stanpan bahut hi zaroori hai. Isse bachon ko rogon se ladne ki shakti milti hain ur kuposhan se bachav. Bachon ko ma ka doodh 6 mah tak milna chahiye aur iske atirikt kuch aur dena nahi chahiye. 6 mah ke baad kuch halka paushtik aahar jaise dal ka pani, khichdi, fal-sabzi etyadi dena chahiye"*

Despite the awareness of the mothers, they also intoned that it is not always possible to exclusively breastfeed the child up to 6 months of age.

- **Reasons for not starting breastfeeding within an hour of birth**

Figure 5 Reasons for not giving breast-milk within one hour of birth

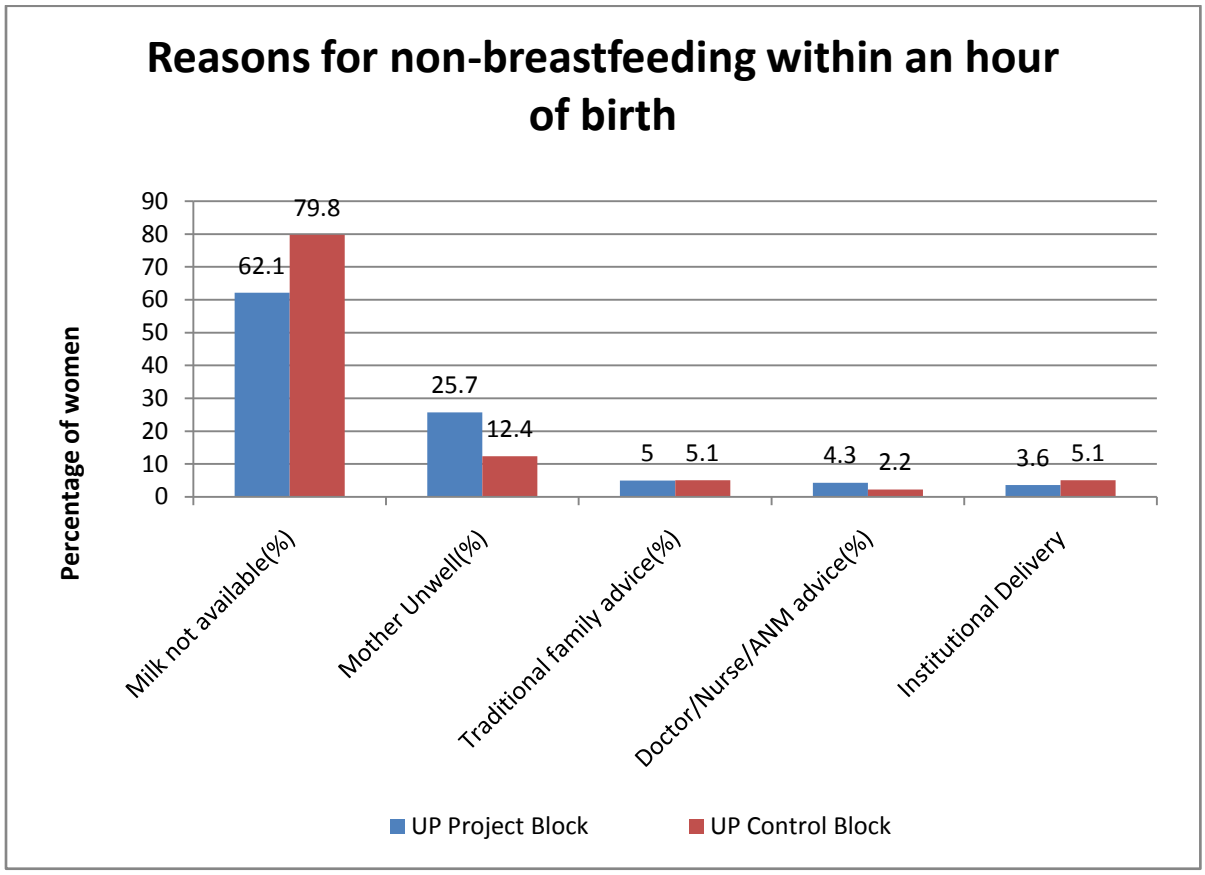


Figure 5 shows the reasons as reported by respondents for not giving breast milk to the newborn within one hour of child birth. In Varanasi, the most prominent reasons given by respondents were that the mother was unwell (62.1 per cent) and that the mother was not able to produce breast milk (25.7 per cent in Varanasi). Issues related to the expectant mother's health and nutrition may be addressed during implementation of the project to overcome this problem. 5 per cent of respondents still practice traditional methods of throwing away the first milk, as they consider it to be impure.

One ASHA in Varanasi, Pindra surmised this situation well:

"In my community it used to be a tradition to throw first milk from lactating mothers. It was considered dirty and offered to the Gods instead. Since the past five years, this has stopped and people are allowing the first milk to newborns. I tell people if you don't follow this seriously this will create danger to mothers."

- **Non-exclusive breastfeeding**

Figure 6 Reasons for non-exclusive breastfeeding for six months

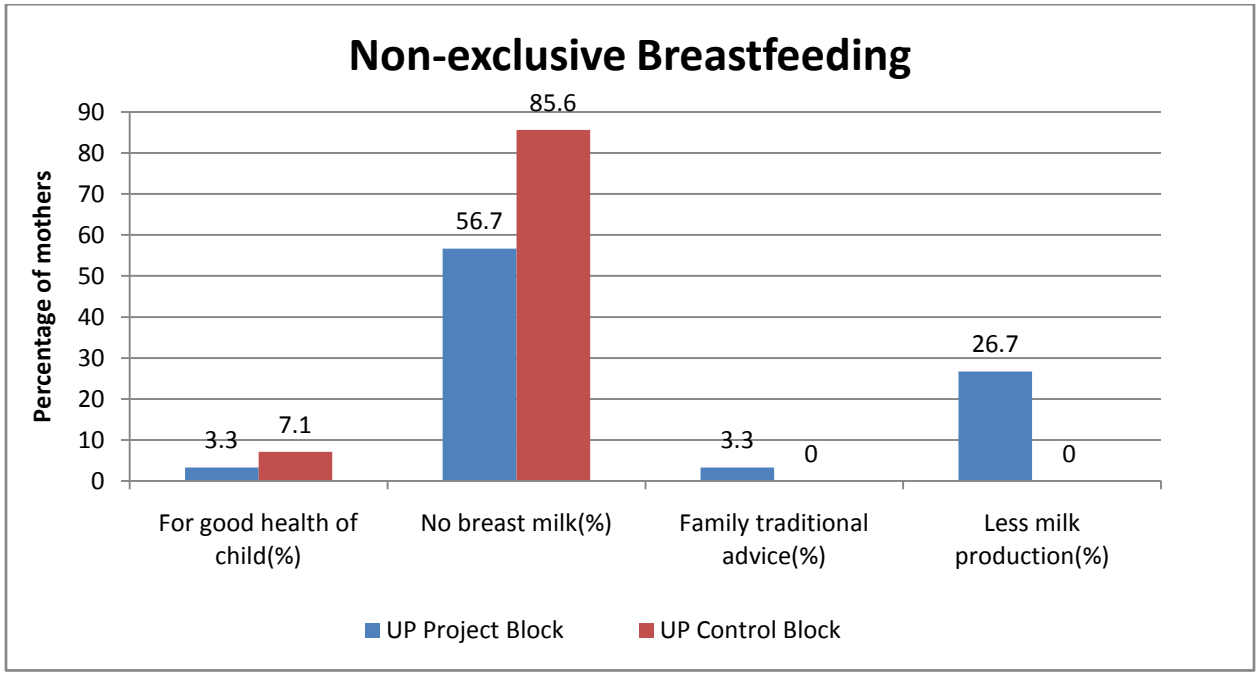


Figure 6 shows various reasons cited by respondents who did not exclusively breastfeed their child for six months. In Pindra block (Varanasi), more than 50 per cent of the respondents cited lack of breast milk and almost one third of the respondents said that their breast milk production was inadequate. Once again, this reflects on the health and nutritional requirements of the mother and needs to be taken up seriously and much before girls are of child bearing age.

- 87.2 per cent of mothers have continued to breastfeed their children in the age group of 6-9 months in the Varanasi project block

3.4.3 Complementary Feeding

Table 30 Percentage of children in the age group of 6-24 months to whom various drinks have been given over the last 24 hours

Drinks	UP Project Block (N=204)	UP Control Block (N=237)
Plain water	87.6	86
Commercially produced infant formula milk	26.8	23.3
Any other kind of milk (tinned, powdered, or fresh cow/ buffalo milk)?	64.7	62.1
Fruit juice	10.8	11.1
Tea or coffee	44.2	35
Aerated drinks like soda, Pepsi, Coke, Orange drink	1.8	2.7

Clear broth/ rice water/ soup	33.4	23.6

From Table 30 we can see the percentage of children in the age group of 6-24 months who have been given various drinks over the past 24 hours. It is significant that 44.2 per cent of children in the project block and 35 per cent in control block of UP are being given tea or coffee, which is unhealthy and not at all advisable for children of that age group.

- Mean age of beginning complementary feeding in Varanasi, Uttar Pradesh is 7.04 months. Complementary feeding includes solid or semisolid food items as part of the child's diet.

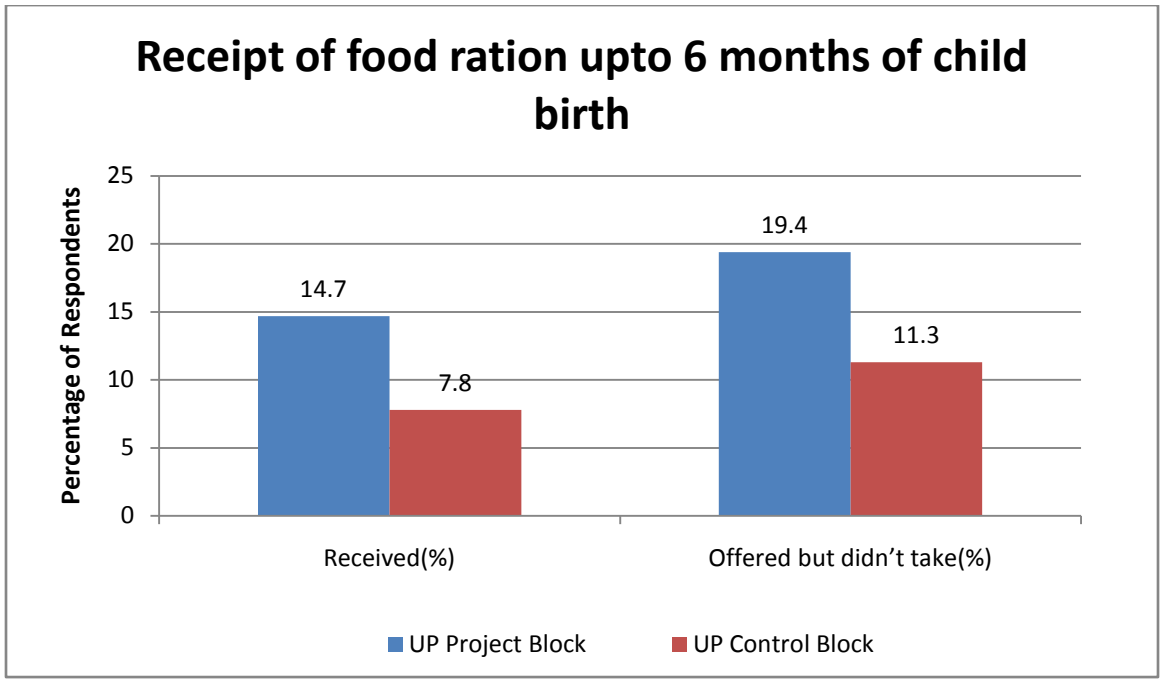
Table 31 Percentage of children in the age group of 6-24 months eating various food items in the past 24 hours

Food Item	**UP-Project Block (%) (N=204)**	**UP Control Block (%) (N=237)**
Porridge or gruel (rice/ khichdi)	80.40	82.3
Commercially fortified baby food such as Cerelac or Farex	15.70	24.1
Bread, roti, chapatti	90.70	86.5
Daal (lentils or beans)	95.10	92.8
Vegetables	68.60	62.9
Fruit	30.90	28.7
Meat, chicken, fish	4.90	2.5
Egg	7.40	4.2
Nuts	1.50	1.3
Purchased commercially available snack foods (chips, chanachur, chocolates/ candies)	21.10	24.1
Curd/ cottage cheese *(*paneer*)*	16.20	8.4

The percentage of children in the age group of 6-24 months eating various food items over the past 24 hours is compiled in Table 28. It is seen that 21.1 per cent of children in project block and 24.1 per cent in control block are eating commercially available snacks, which is not advisable for children of that age as it is detrimental for their health.

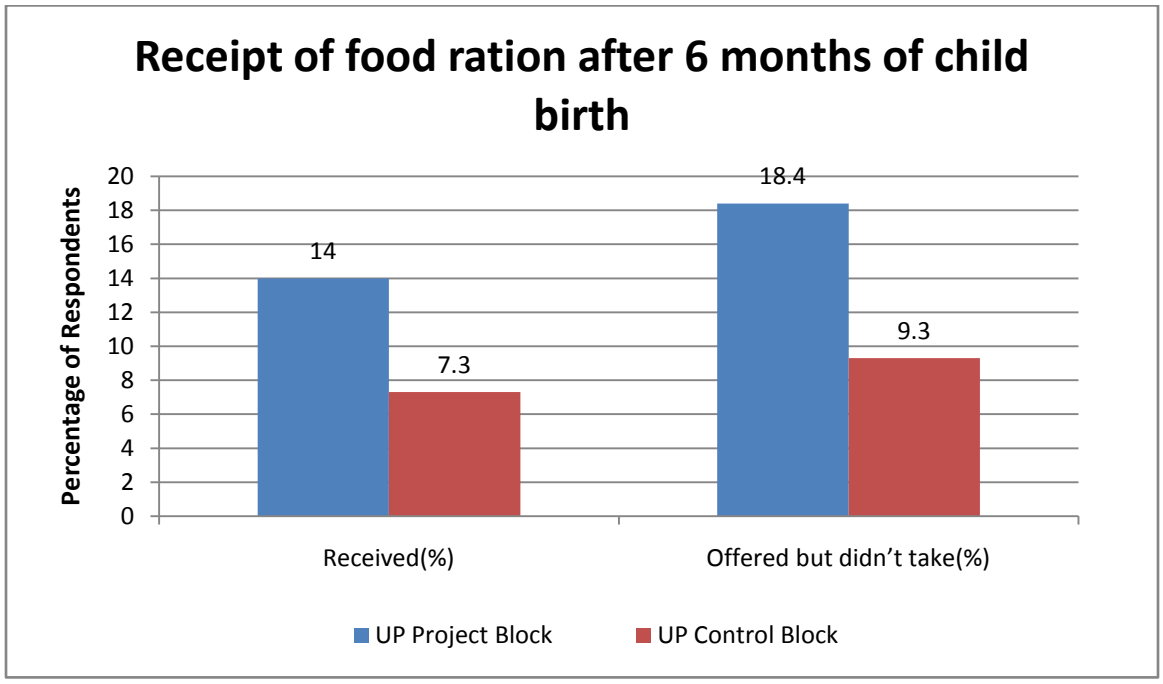
3.4.4 Access to government's food support programme

Figure 6 Receipt of food ration from AWC up to six months after birth



The percentage of women who received food rations from AWCs up to six months after child birth is considerably lower in Varanasi, Pindra at 14.7 per cent and 7.8 per cent in control block. It is noteworthy that 19.4 per cent of women in the project blocks of Varanasi have refused to take rations from the AWC.

Figure 7 Receipt of food rations from AWCs after six months of child birth



The above figure shows the percentage of mothers who continued to receive food rations from AWCs even after six months of child birth. Once again, the proportion of women who received rations in Pindra (UP) is very less at 14 per cent and 7.3 per cent in control block. Here also, survey has revealed that in Pindra block in Varanasi, 18.4 per cent of the mothers refused to take food rations from the AWCs.

"Most Pindra AWW centres have no money for the past 4-5 months, hence, they not able to provide food to the children and mothers."

AWW, Pindra, Uttar Pradesh

Among these mothers, 38.9 per cent received food rations for one year or more after child birth while 22.5 per cent received it between six months and one year in Pindra. It has come to light that in Pindra, the proportion of mothers receiving food rations from AWC is very low. This is further substantiated by the information gathered during the IDIs with the AWWs. Most of the AWWs corroborated the fact that the AWCs had no money for the past 4-5 months, and hence, were not in a position to provide food rations to the mothers and children. IDIs reveal that initially, people didn't take the food provided by the AWCs. Taking food supplements from AWCs is a recent development in this block though the positive aspect of it is that the proportion of mothers receiving food rations is increasing day by day.

"Pehle log panjeri nahin lete the, parantu ab sabhi log aakar panjeri lete hain to acchha hain."

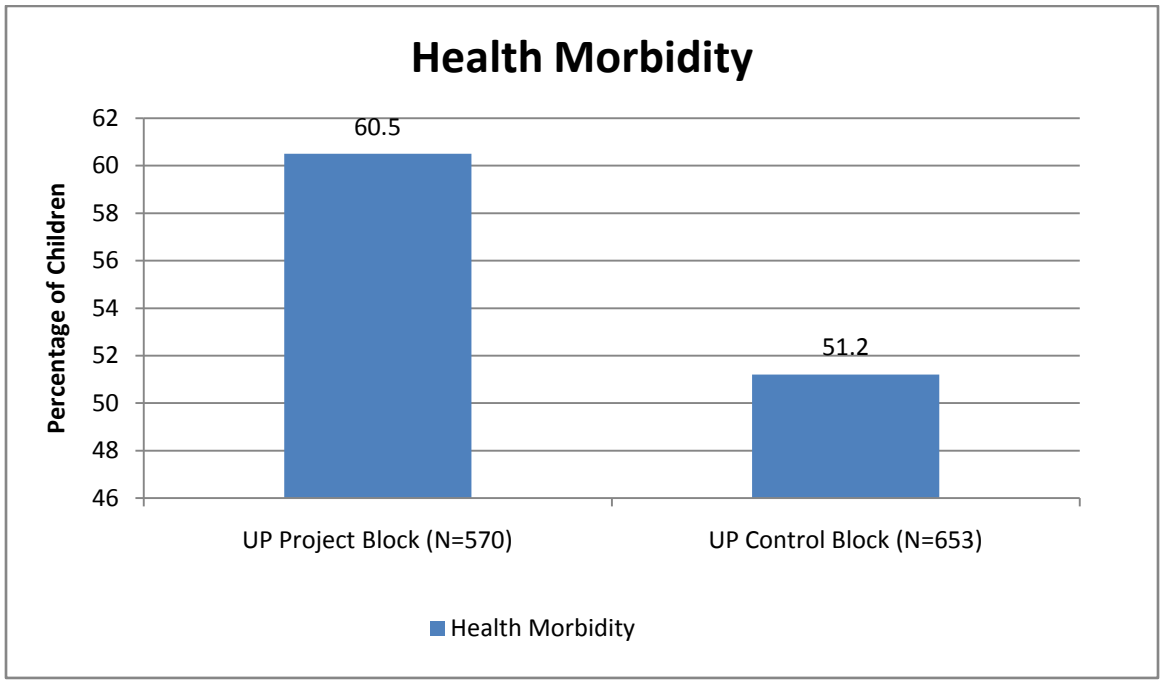
AWW, Pindra, Uttar Pradesh

3.5 Child health, Awareness about Malnutrition and Child Vaccination

This section describes indicators pertaining to child health, which have been categorised into the following sections: diseases children suffer from, health facilities accessed, whether or not any treatment is given for malnutrition and child vaccination.

3.5.1 Child health problems and health facilities accessed

Figure 8 Percentage of children in the age group of six to 59 months who have fallen ill over the last three months



Data for project and control blocks in Uttar Pradesh reveals that at 60.5 per cent and 51.2 per cent, the proportion of children in the age group of 6 – 59 months falling ill in the project block of Pindra over the last three months is considerably higher.

Table 32 Percentage of children, by caste, in the age group of 6-59 months who have fallen ill over the past three months

VARANASI				
Background characteristics		**Type of block**	**Has the child fallen ill over the last 3 months (%)**	**N**
Caste	General	Project	50.60	83
	SC	Project	64.30	143
	ST	Project	50	12
	OBC	Project	64.20	332

Table 29 shows the percentage of children in the age group 6-59 months belonging to HHs of different castes who have fallen ill over the last three months. In the project block of Varanasi, a considerably higher proportion of children belonging to SC and OBC HHs have fallen ill over the last three months in comparison to children belonging to general HHs. This is also substantiated by the findings of the IDIs with FLWs. Many ASHAs have said that the reason for infectious diseases is essentially on account of lack of awareness, especially in communities like Harijan, Muslim and Rajbhar etc. These communities, especially, lived in unhygienic conditions, near stagnant water that bred flies and mosquitoes. They cook and eat in such places, have no toilets, don't teach their children proper hand-washing techniques etc.

Lack of awareness is the key to diseases, especially in some communities like Harijan, Muslim, Rajbhar etc., because they live in unhygienic conditions and near stagnant water full of flies and mosquitoes. They cook and eat in such places, have no toilets, and don't teach their children proper hand-washing techniques etc.

Table 33 Percentage of children in the age group of 6 - 59 months who suffered from various illnesses in the last three months

Health Morbidity	UP Project (n=651) (%)	UP Control (n=742) (%)
Jaundice	4.10	6.5
Typhoid	2.06	2.1
Diarrhea	25.80	31.8
Pneumonia	13.6	9.4
Malaria	3.3	2.3
Cough and cold	24.0	30.7
Fever	82.20	87.6

The above table shows the percentage of children in the age group of 6 -59 months who have suffered from various illnesses in the last 3 months. Only those who were reported to have fallen ill in the previous figure have been considered here, hence the total number of cases is different. The percentage of children suffering from fever is high in Varanasi project block because fever is the generic symptom of most diseases. Also, as these are answers to multiple response questions, there many cases in which there is

more than one disease recorded for one particular child. The percentage of children suffering from diarrhoea, 25.8 per cent and pneumonia, 13.6 per cent is quite high in Varanasi, Pindra. Among those suffering from diarrhoea, 61.5 per cent in Pindra were reported to have suffered within the last two weeks. Out of those who had diarrhoea, 6.6 per cent in Pindra reported that there was blood in the stool. Also, among the children who suffered from diarrhoea, 63.7 per cent in Pindra were reported to also have fever during diarrhoea. Among the children who had suffered from pneumonia over the last three months, 78.8 per cent in Pindra were reported to have cough/ cold and fever over the last two weeks.

Often hygiene and cleanliness is ignored such as wearing dirty, unwashed clothes. Skin diseases are common. It is also reported that parents leave their children out in the open leading them being exposed to the elements. This is substantiated from an IDI with an AWW:

"Lack of awareness is key to diseases, especially in some communities like harijan, Muslim, rajbhar etc. who live in unhygienic conditions and near stagnant water full of flies and mosquitoes. They cook and eat in such places, have no toilet, don't teach their children proper hand washing techniques etc. These people don't listen to AWW at all!"

Figure 9 Child breastfeeding during illness among mothers with children less than six months old

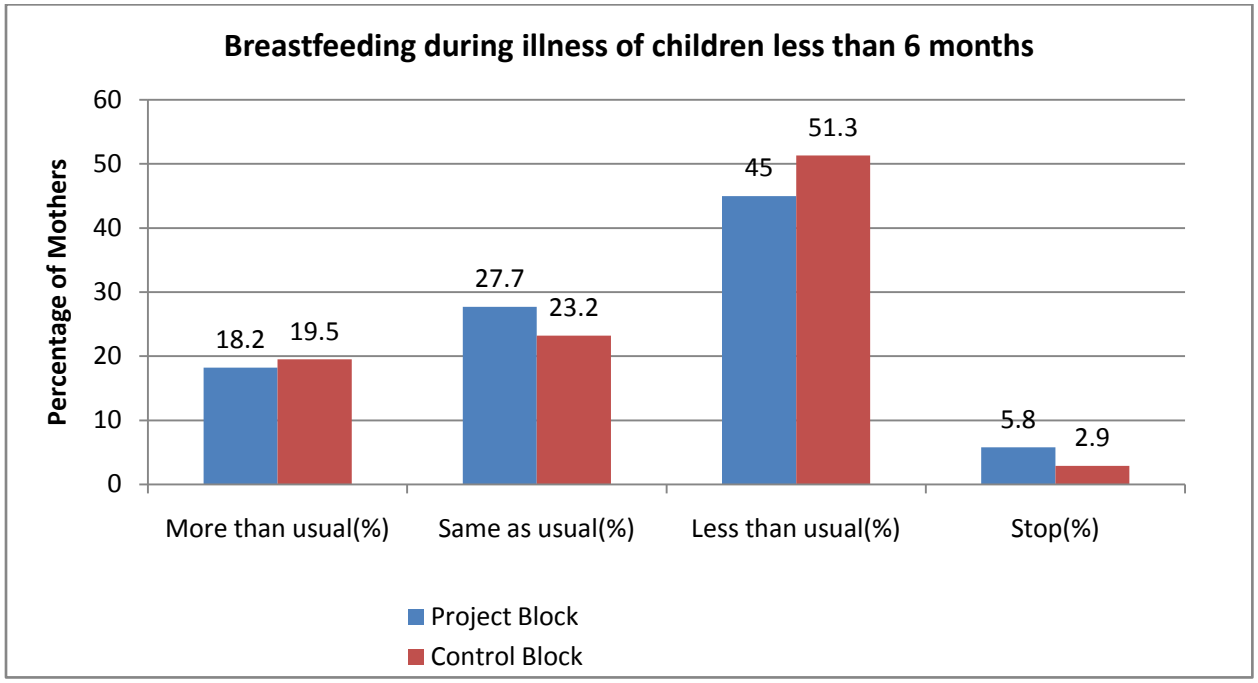
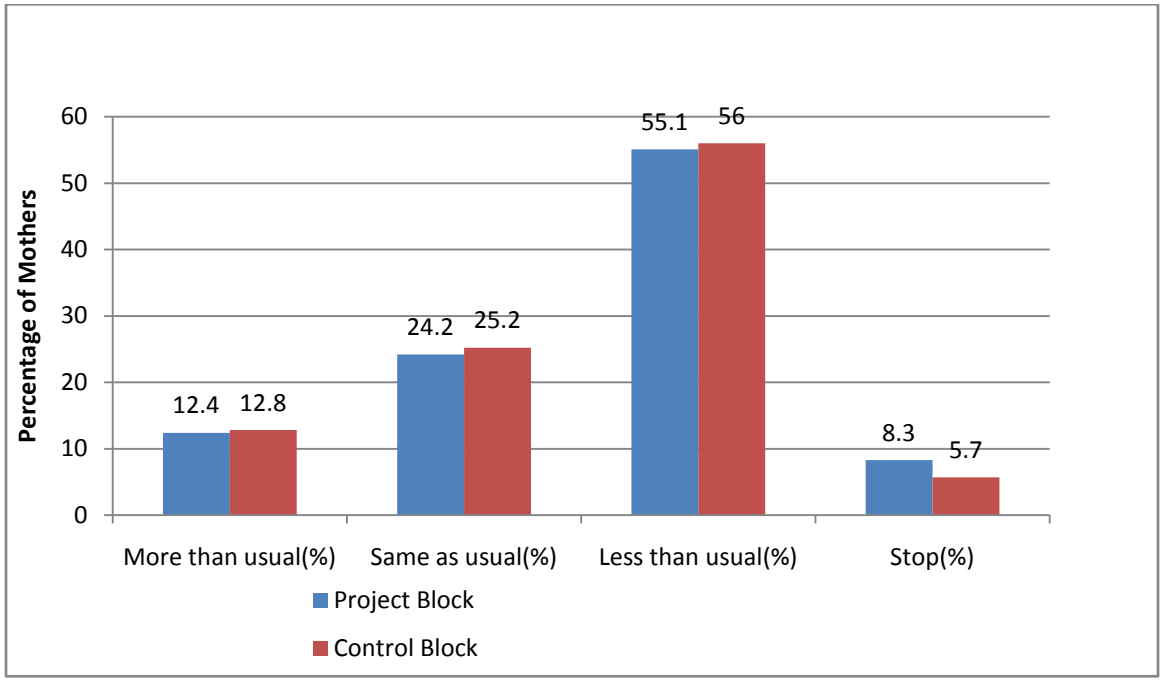


Figure 9 shows the practice of child breastfeeding in the project blocks reported by mothers with children less than six months of age, Only 18.2 per cent of mothers in the project blocks of UP reported that they breastfeed more than usual when the child is ill. What is even more disconcerting is that in the project block of Pindra (Varanasi, UP), almost 45 per cent mothers breastfed their children less than usual. This issue may be addressed during awareness generation campaigns and mothers encouraged increasing frequency of breastfeeding their children

Figure 10 Child feeding practices during illness among mothers with children in the age group of 0 – 59 months



Data collected about child feeding practices during illness as reported by mothers with children in the age group 0 - 59 months shows that only 12.4 per cent mothers are reported to be giving more food than usual when the child is ill (which is the required practice to be followed), whereas, more than 55 per cent mothers in Pindra block (Varanasi, UP) give their children in the same age group less food. Mothers need to be educated regarding this issue, which can be taken be taken up during awareness generation campaigns.

3.5.2 Awareness about Malnutrition and Health Facilities

Table 34 Awareness about symptoms of malnutrition

	UP Project Block (n=822) (%)	UP Control Block (n=892) (%)
Wasting	11.50	8.7
Stunting	6.60	4.1
Underweight	5.30	3.6
Fatigue	4.50	3.2
Anemia	1.10	1.2
Illness	4.20	2.5
Mental Weakness	3.70	1.7

Statistics tabulated above show that the awareness level about symptoms of malnutrition in mothers with children in the age group of 0 to 59 months is very low in the project block of Uttar Pradesh. Multiple response questions were asked and many respondents gave more than one response. Though the respondents were not aware of the medical terms specifying the symptoms as mentioned in the table

above they were interpreted from the responses given by the mothers. For example, if a respondent identified that her child was too short for his age, the symptom of malnutrition was categorised as stunting. Similarly, if a respondent reported that her child was underweight for his height, the symptom was categorised as wasting. This level of poor understanding about the symptoms of malnutrition can be taken up as a major issue during awareness generation campaigns so that mothers can aim to address the problem more effectively.

Most women are able to identify symptoms of malnourishment like thin bodies, bulging stomachs, thinning, stunting and poor concentration. Another group described less knowledge on malnourishment except that if a child cries often it implies that child is not getting enough nutrition. One group described lack of vaccination as possible cause for malnutrition.

From the in depth interviews it is gleaned that FLWs and other health officials are well abreast with knowledge on malnourishment they say they comprehend if a child is malnourished after taking their weight. If the child is thin, cries a lot, has bulging stomach, has emotional imbalance, that child is labelled as malnourished. To treat malnourishment they say they recommend parents to take their children to the PHC. However despite their concern, very little is achieved on ground because of obstacles posed by the people themselves. One ASHA in Pindra summarized this well:

"People in my community believe that pregnant mothers should not eat much, if they do the unborn child will feel suffocated and might even die. We try to dispel such fears and instead encourage them to eat full meals two to four times a day".

While FLWs reported carelessness as the leading cause of malnutrition, block and district health officials broadened the issue further. A district official of Pindra said this:

"Hamein yahan par bahut pareshani ka samna karna parta hai. Log ashikshat hain aur agar hum unke ghar mein jake bachcho ka vajan karne jate hain to humein bhala-bura sunna parta hai jaise ki: tu hamri ladkin-bachchan ki nazarva lagvai ka? Is prakar ke vichar kuposhan ki samasya ki sudhar mein bahut baadha dalte hain. Main agar unko kuch samjhaon toh kehte hain apni naukri bachane ayi hai".

Finally, some interesting insights on malnutrition were drawn from Agricultural Extension Officers. The AEO from Pindra for instance said that AEO described poverty among poor and backward landless farmer communities as the chief reason behind malnutrition in the area. He said:

"As AEO it is my duty to oversee the quality of soil in the area. Poor quality soil produces food grains which are of lesser quality. Hence our role is also directly linked to the health of the people. If people need nutritious food this means good amount of vitamin and minerals, which can come from good quality soil."

He added further that due to poverty and lack of awareness mothers are unable to provide nutritious food to newborns and young children. Pregnant and lactating women themselves have a lack of nutritious food.

" Kuposhan ka sabse bada karan garibi hain. jahan garibi hain vahan kuposhan hain, aur jahan kuposhan hain vahan garibi hain."

Poverty and lack of awareness are therefore two main issues regarding malnutrition. The district official mentioned that the ICDS and PHCs are under stocked with medicines for malnutrition. The district official expressed hope that despite the shortage of medicines, malnutrition can still be tackled in the region if people get more enlightened.

The district official of Pindra gave good account of the measures being taken to curb malnourishment in their area:

"Checking weight of children is the key to identification of malnutrition at the right time. We prescribe all children to be checked every 3 months. If any child is identified as underweight that child is immediately sent to the local PHC or to the Deendayal Hospital. Children from Mushar, Nat communities are most affected by malnutrition in this area."

The block official of Pindra says that:

"Earlier there was a weekly distribution of food grains and nutritious food to children but now that distribution has become uneven. Moreover whenever food is distributed it is very difficult to gauge who is eating them--the adults and elderly consume them and the food gets finished very quickly."

- **Seeking Treatment for Malnutrition**: In project block of Uttar Pradesh, Varanasi, only 1.2 per cent of mothers took their children to a health facility for the treatment of malnutrition.

The level of awareness about symptoms of malnutrition as well as treatment seeking behaviour for malnutrition is poor among the mothers of both the project blocks. This is corroborated by the IDI findings with the FLWs. As many AWWs reported, "Malnutrition is not taken seriously among families in my area. It is noticed that many children in my AWC are prone to weakness".

"Malnutrition is not taken seriously among families in my area. It is noticed that many children in my AWC are prone to weakness."

AWW, Pindra, Uttar Pradesh

3.5.3 Child Vaccination

Table 35 Child vaccination data

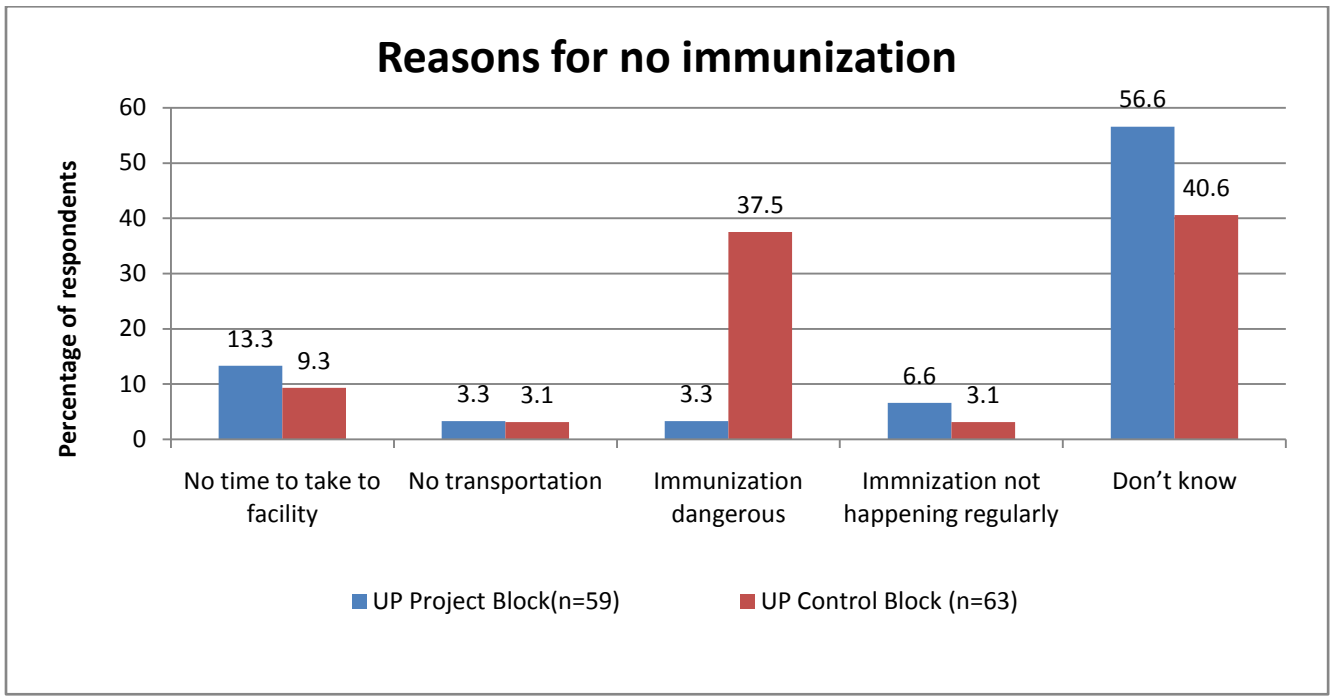
	UP Project Block (%) (n=172)	UP Control Block (%) (n=185)
Children in the age group of 12-23 months who have not received any vaccination	4.10	1.6
Children in the age group of 12-23 months who have received BCG vaccine	53.50	47.0
Children in the age group of 12-23 months who have received 3 doses of DPT vaccine	44.80	36.8
Children in the age group of 12-23 months who have received 3 doses of polio vaccine	47.10	40.5
Children in the age group of 12-23 months who have received measles vaccine	44.20	30.3
Children (age 9 months and above) received at least one dose of Vitamin A	27.30	19.5
Children in the age group of 12-23 months who have received Hepatitis B vaccine	48.8	43.9
Fully Immunised	22.10	17.3

The above table shows the percentage of children in the age group of 12 to 23 months who have received various vaccinations. Vaccination data was extracted from the vaccination card of each child. In Pindra block where there is a substantial Muslim population, the percentage of children in the Muslim community receiving various vaccinations is considerably less than that received by the Hindu children. For example, 74.1 % of the Hindu children received three polio vaccines whereas only 60% Muslim children received that. FLWs like ASHAs said that "Muslims prevent vaccination drives like polio, unless it is shown on TV that it is a good practice".

"Muslims prevent vaccination drives like polio, unless it is shown on TV that it is a good practice."

ASHA, Pindra, Uttar Pradesh

Figure 11 Reason for no immunization



The above figure shows the reasons as cited by mothers whose children were not immunised at all.

Figure 12 Source of vaccination

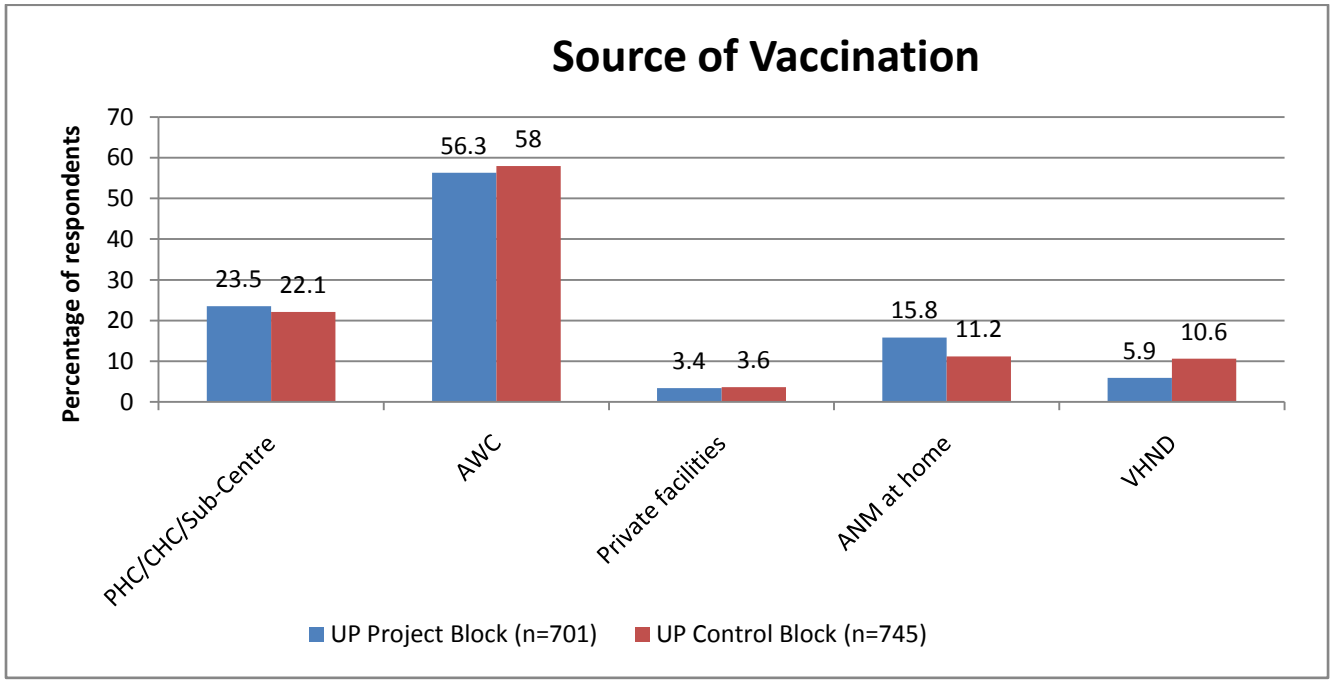


Figure 12 depicts the percentage of respondents who have reported various sources of vaccinations for their children in the project blocks of both states. In Pindra, nearly one fifth of the respondents have

reported to have taken vaccines from government as well as private sources. More than half the children availed of immunisation vaccines at the AWC.

3.6 Status of Malnutrition

This section describes the status of malnutrition in the project block of Varanasi district in the states of UP. During the baseline survey, the height, weight and MUAC of the children were measured. Then the children's height and weight data was analysed using WHO Anthro + software to generate the WAZ, HAZ, and BAZ scores for estimating the level of underweight, stunted and wasted children respectively . The findings are given in the tables below.

3.6.1 Status of Malnutrition Indicators Determined through Height, Weight and MUAC

Table 36[11]: Overall malnutrition level among children in age group of 6-59 months[12]

State	Type of Block	Underweight (%)	N	Stunted (%)	N	Wasted (%)	N	SAM (MUAC<11.5 cm) (%)	N
UP	Project	46.6	539	50.0	540	29.1	522	2	568
UP	Control	47.0	624	54.6	614	20.6	608	1.7	653

Table 36 shows that in the project block of UP, 46.6 per cent, 50.0 per cent and 29.1 per cent of the sampled children in the age group of 6-59 months are underweight (lower than normal weight in that age), stunted (lower than normal height in that age) and wasted (thin in comparison to height), respectively. Based on the latest standard of MUAC measurement of less than 11.5 cm as specified by UNICEF, two per cent of the children are suffering from SAM, The figures are in accordance with NFHS-3 data for UP which shows 46 per cent stunting and 47 per cent underweight among children under the age of three years. The values of malnutrition indicators in the control blocks are also depicted in the table.

[11] Data beyond -6 and +6 SD have been trimmed as per WHO standards

[12] Anthropometric data of the children were collected using standard height and weight measuring tools. Then the children height and weight data was analyzed using WHO Anthro+ software to generate the z scores WAZ (weight against age), HAZ (Height against age) and BAZ (Body mass against age). Children with z-scores less than above -2 standard deviations were categorized as malnourished. Within that, those children whose z-scores are less than -3 standard deviations are categorized as severely malnourished. Underweight (calculated from WAZ), stunting (calculated from HAZ) and wasting (calculated from BAZ) are the three categories of malnourishment. Here only children with z scores less than -2 Standard deviations have been reported; that means, children who are malnourished, including the severely malnourished have been reported.

Table 37: Distribution of malnutrition figures by selected background characteristics of mothers in project blocks of Varanasi

VARANASI						
Background Characteristics		**Underweight (%)**	**Stunted (%)**	**Wasted (%)**	**SAM (MUAC<11.5) (%)**	**N**
Caste	General	57.3	42.5	36.3	2.3	80
	SC	44.8	46.2	32.2	.7	143
	ST	41.7	70.0	40.0	0	10
	OBC	54.1	52.6	34.3	2.8	328
Religion[13]	Hindu	51.9	50.2	34.3	1.8	528
	Muslim	48.4	35.5	29.0	5.9	31
Literacy	Literate	55.1	49.1	36.4	1.9	352
	Illiterate	45.9	49.8	30.0	2.3	207
Years of Schooling	10 years or more	57	51.1	37.9	1.9	190
	Less than 10 years	51.6	47.4	35.1	1.9	154
	No Schooling	46.5	49.3	28.8	2.3	215
Income level	Normal	54.1	46.9	41.2	3	194
	Low	50.1	50.7	29.6	1.6	365
Wealth Index Quintile	Highest	51.8	48.6	34.4	0	105
	Second	49.6	45.9	28.1	2.5	111
	Middle	46	57.4	33.9	5.2	108
	Fourth	62.4	47.7	36.2	1.7	109
	Lowest	47.2	47.6	35.2	.8	126

The above table shows the distribution of various malnutrition indicators taken from NFHS-3, in the project blocks of Varanasi, across selected background characteristics. The figures given here must be carefully interpreted, since the minimum sample size required to estimate an indicator is not met here. This survey correctly predicts the values of the indicators at the macro level (Table 16) only. In this table, the total sample size required to estimate an indicator has been split across the different segments of the background characteristics, hence not meeting the required sample size. So these figures should be only used as a rough estimate on how the indicators vary across various background characteristics.

3.7 Village Health Nutrition Day programme

Indicators pertaining to conducting of VHND prgramme in villages are categorised in the following sections.

[13] There were only Hindu and Muslim mothers of children of age group 6-59 months in Varanasi.

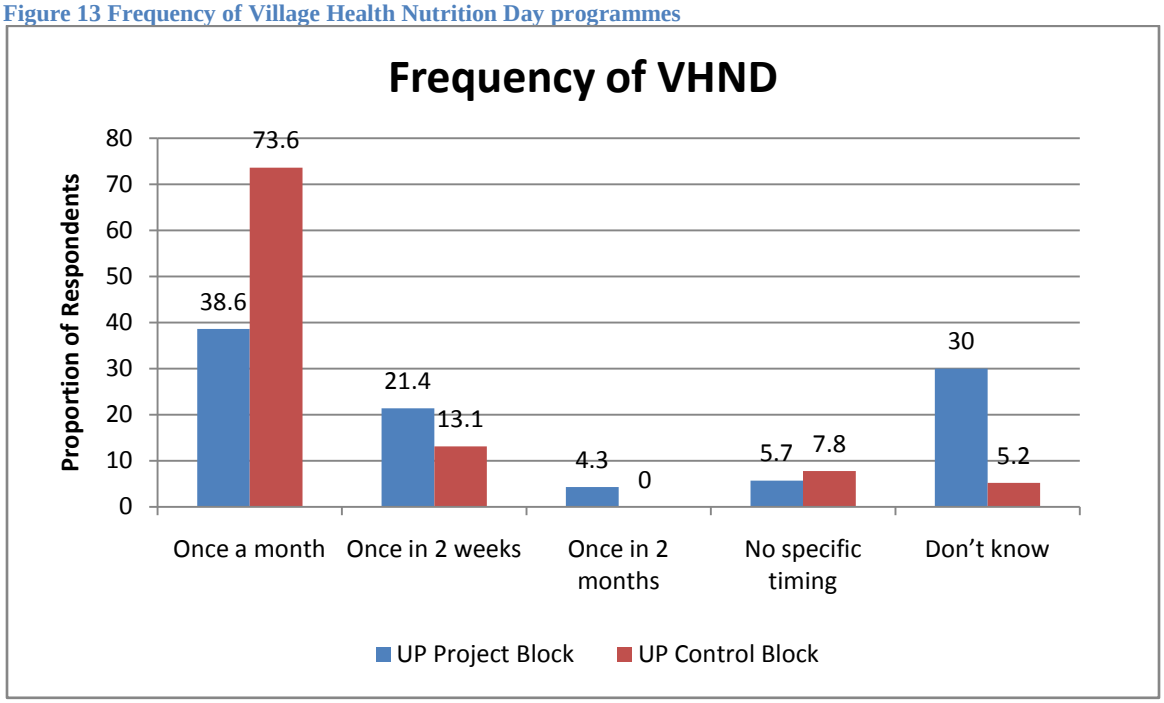
3.7.1 Conducting of VHNDs

Table 38 Percentage of respondents who know about Village Health Nutrition Day programme

State	Type of Block	Respondents who know about VHNDs (%)	N
UP	Project	9.50	739
	Control	4.60	834

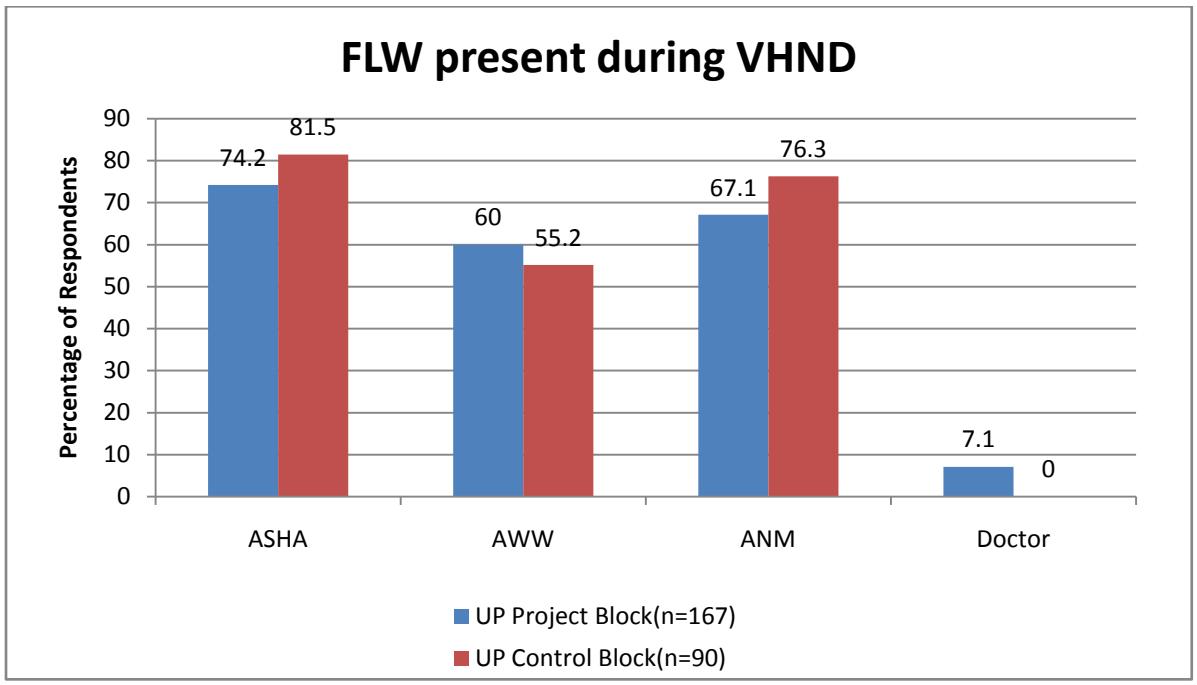
The above table shows that the percentage of respondents in the project and control blocks, who know about VHNDs, is dismally low. The proportion is considerably less, just one in ten respondents in Pindra and knows about VHNDs.

Figure 13 Frequency of Village Health Nutrition Day programmes



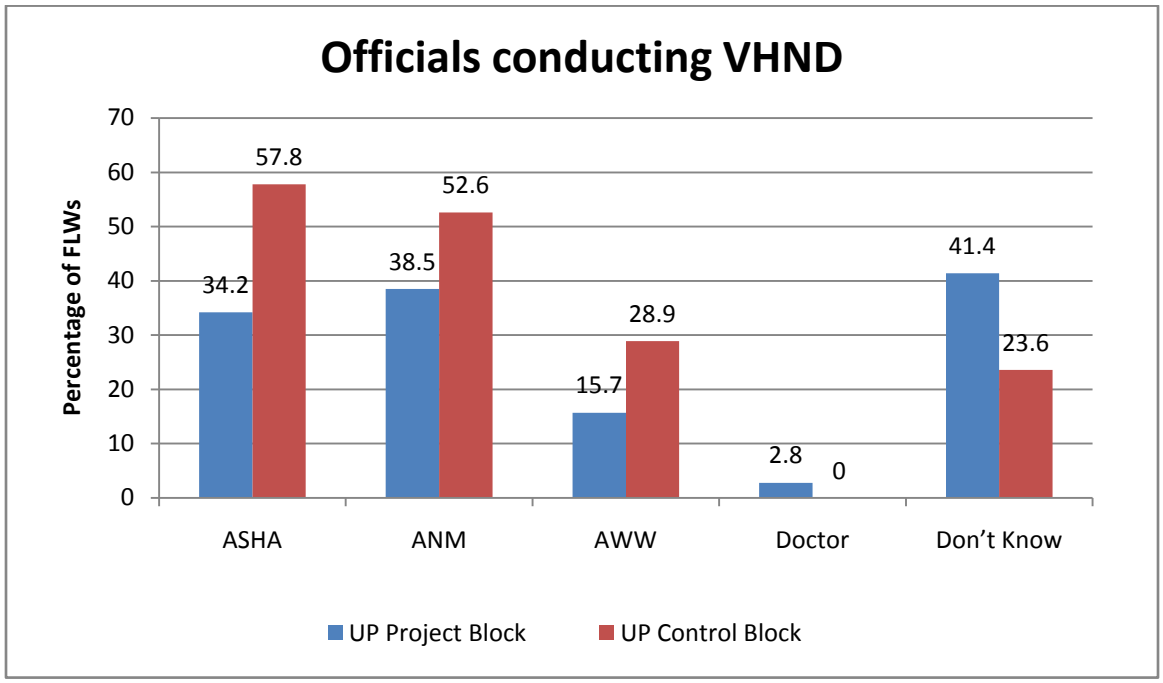
In Pindra block, only one third of the respondents were not even aware of the existence of VHNDs, less than 40 per cent reported about it being held once a month. Greater awareness generated about this will lead to improved health leading to malnutrition control in the project block.

Figure 14 Percentage of respondents saying about who is present during Village Health Nutrition Days



The above figure shows the percentage of respondents who have reported the presence of various FLWs and other officials in the VHNDs.

Figure 15 Percentage of respondents reporting about various officials conducting VHNDs



In the Varanasi project block, though the highest percentage of respondents (38.5 per cent) reported the presence of ANM in the VHND programme, at 34.2 per cent the presence of ASHA reported was double

as that of the AWWs at 15.7 per cent. While almost 41.4 per cent of the respondents in the Varanasi project block were unaware who conducted the VHND. What needs to be noted is that almost no respondent reported the presence of doctors in the VHND programme.

3.7.2 Services given under Village Health Nutrition Day programme

Figure 16 Percentage of respondents reporting various services given under Village Health Nutrition Day scheme

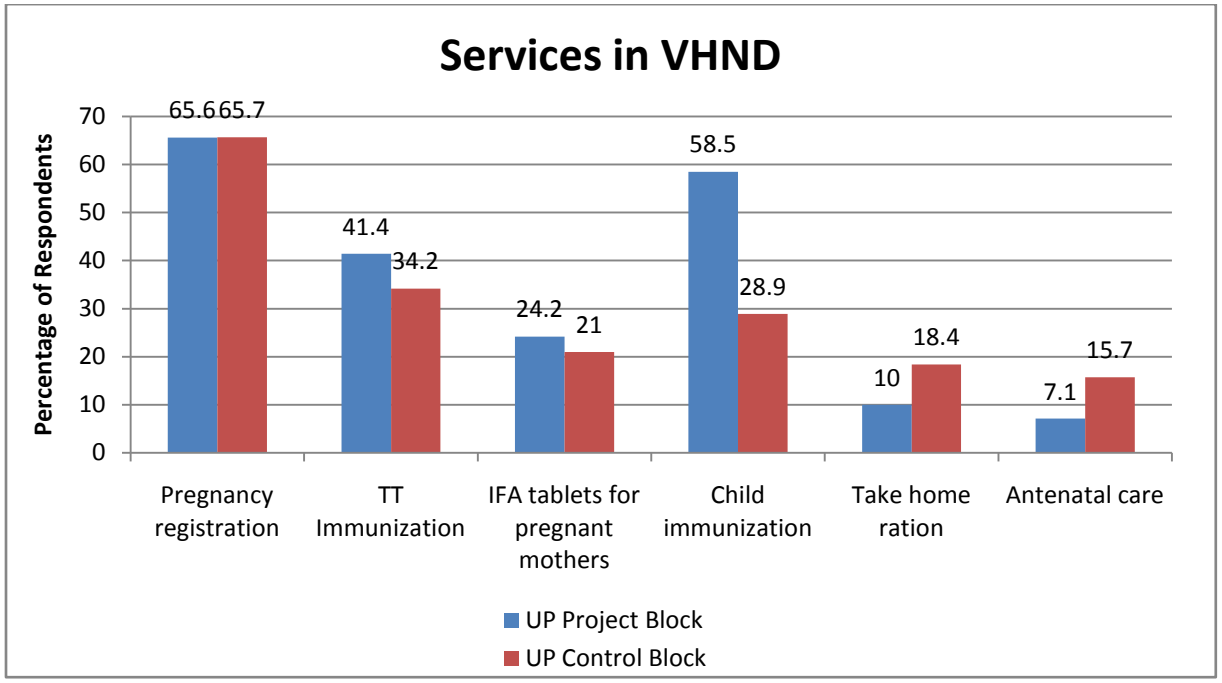
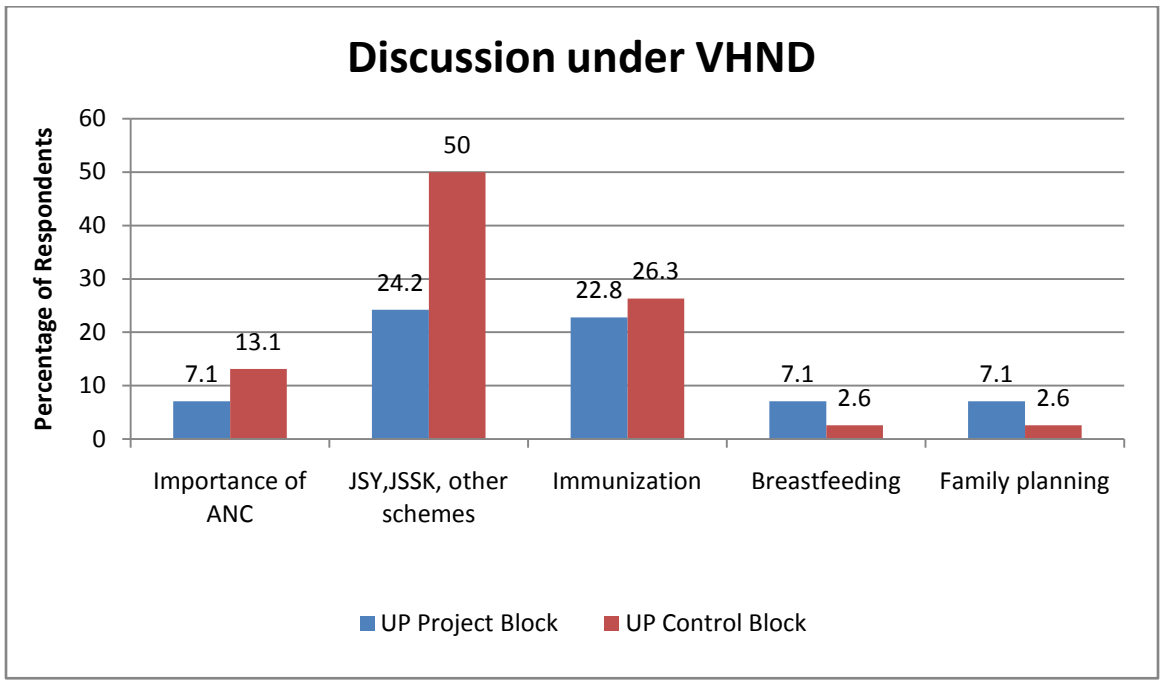


Figure 16 shows the percentage of respondents who have reported about various services being given under the VHND scheme in the project block of UP. While 65.6 per cent pregnancy registrations were reported in UP, child immunisation was reported at an average of above 58.5 per cent.

Figure 17 Percentage of respondents reporting major discussion topics under Village Health Nutrition Day programme



According to information given by FLWs like AWWs, during IDIs, they observe that those belonging to Harijan and backward communities are not concerned about health issues. Instead of being receptive to information being imparted on health and hygiene matters, family planning and immunisation, people from these communities mock them and make fun of them. This could be one of the important reasons why the percentage of respondents who reported about a very low representation of the major topics discussed in the VHNDs.

"I try to explain the usefulness of family planning and vaccination but instead they mock us. People from Harijan and backward communities are not serious about health issues."

AWW, Pindra, Uttar Pradesh

3.7.3 Take Home Rations under Village Health Nutrition Day Programme

Table 39 Percentage of respondents reporting receipt of THR during pregnancy under VHND programme

State	Type of Block	Received THR during pregnancy (%)	N
UP	Project	22.8	70
	Control	21.05	38

The above table shows the percentage of respondents who knew about the VHND programme and reported receipt of THR during pregnancy. Among those who received THR, 65 per cent in Pindra reported that they ate the THR. Among those in Pindra who didn't eat the THR, 50 per cent reported that

THR was of poor quality, 33.3 per cent reported that their families did not allow them to consume the THR and 16.7 per cent reported that they didn't like the THR.

Table 40 Percentage of respondents reporting receipt of THR for their children under Village Health and Nutrition Day programme

State	Type of Block	Received THR for child (%)	N
UP	Project	18	70
	Control	24.20	38

The above table shows the percentage of respondents who reported that they had received THR for their child under the VHND programme. Among those who received THR for their children, 90 per cent in Pindra fed their child with THR.

3.8 : Inter- Departmental Convergence and Coordination in Karuna Project

Inter-departmental coordination is a key strategy of the Karuna project. However, from our findings we find a mixed bag of results which mean that a lot needs to be done to engage health and non-health officials to curb malnourishment in their areas. Some of the salient points that emerged from this study are:

- Lack of motivation among FLWs—communication gap
- Lack of trust between officials—'turf wars' possible reason
- Interest in curbing malnourishment showing results from past

It emerged from the qualitative interviews that it was the FLWs who suffered the most due to lackadaisical approach by supervisors and health department officials. Financial shortcomings were the most common angst reported by the FLWs.

One AWW in Pindra highlighted her plight in dealing with malnutrition thus:

"We don't have money for ration for the past 3-4 months. The beneficiaries only expect us to provide services but don't help in return. Even the Pradhan doesn't offer help to us or to the kendra. We have been assigned work at the block level but we cannot devote enough time for our activities. Block level officials hold meetings on their discretion and whims, when we actually need something done no meetings are held such as hard cook related money is delayed. We get our salaries late, sometimes it takes 6 months, and even then we get only half of what is due to us!

Despite some negative feedback received from FLWs, at the district and block level, the overall picture received by us is more positive, which showed that only in certain pockets red tape bottlenecks hampered progress.

The Pindra district official surmised the work done so far as:

"On the ground level, ICDS and ASHA have provided relief to us and our work load is less compared to earlier periods. There is good coordination between AWW and ASHA to curb malnutrition. The AWW is

responsible for checking the weights of children. They do that during home visits and put them down in their register. Once malnourished children are identified the AWW sends them to the PHC for treatment. The AWW is influenced by outside duties and put under lot of stress by the district administration to run their programs at the village level."

The district official also mentions due to the workload of FLW she is not able to meet them regularly so as to debrief them on new information and herself not being able to find out the ground realities with regard to malnutrition in her area.

Coordination between inter-departments plays an important role in improving the malnutrition status in the states, though the coordination can be improved between block and district health officials. BMO of Pindra districts voiced his opinion regards the same.

"This can be improved through better coordination of block and district health officials, which can be done through regular meetings and supply of funds. Information is collected through FLW who then give it to BMO which is then put in one place and sent to the district HQ. The Karuna project is different since Karuna officials work differently and are independent. This is the good aspect of the project that no specific instructions are required."

From the qualitative findings it emerged that the AEO officials were mostly out of loop with Karuna project. The AEO of Pindra for instance seemed unaware of quality of food provided at AWW centres. He claimed the administration is never able to obtain right amount of data on this topic. He was however aware of malnutrition existing in his region.

"To fight malnutrition, provision of nutritious food to children, and availability of vitamin tablets in PHCs is a must. Plus the agricultural department can help provide poor farmers regular inputs on production. It will help if the health department works in tandem with agricultural department"

Chapter 4 Block Report: Gumla, Jharkhand

4.1 Food security and dietary practices

This section describes HH food security related indicators and the dietary practices of mothers and pregnant women. The indicators are categorised into the following segments.

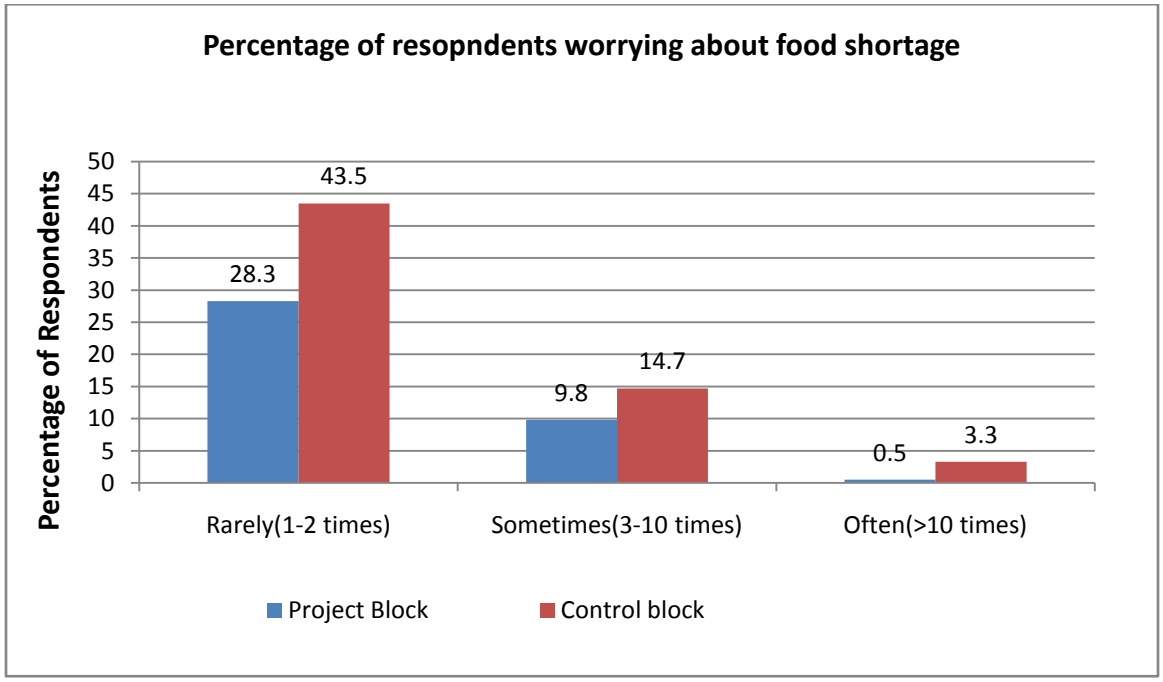
4.1.1 Food security

Table 41 Households' worry about not having enough food in the past 30 days

State	Type of Block	Household worry about not having enough food in the past 30 days (%)	N
JHARKHAND	Project	9.60	738
	Control	17.90	630

The above table shows the percentage of HHs which had to worry about not having enough food over the past 30 days. The figures for the control blocks are also shown.

Figure 18 Level of worry about food availability



The above table shows the percentage of HHs who reported the level of worry for food out of those HHs which reported that they had to worry for food over the past 30 days.

From the above figures it can be deduced that roughly one out of 10 HHs in the project block of Jharkhand has to worry about food supply.

Table 42 Worry about not having enough food in households on the basis of selected socio-economic background characteristics in the project block of Jharkhand

Jharkhand Project Block			
Background Characteristics		**Households' worry about not having enough food in the past 30 days (%)**	**N**
Caste	**General**	5.40	74
	SC	2.30	43
	ST	9.90	446
	OBC	12.70	175
Religion	**Hindu**	10.50	648
	Muslim	3.40	29
	Christian	13.30	15
	Others	0	46
Income level	**Normal**	8.60	151
	Low	9.90	587
Jharkhand Control Block			
Background Characteristics		**Background Characteristics**	**N**
	General	11.1	54
	SC	15.1	53
	ST	20.1	413
	OBC	14.0	107
	Hindu	18.1	562
	Muslim	0	0
	Christian	5.0	40
	Others	32.1	28
	Normal	12.7	142
	Low	19.5	488

The above table shows the percentage of households who had to worry about lack of food availability in the past 30 days on the basis of selected socio-economic background characteristics. The most affected in Gumla Sadar (Jharkhand) were the OBC with 12.7 per cent and Christian HHs with 13.3 per cent.

4.1.2 Dietary Practices

Table 43 Dietary practices among respondent groups

Food Item	**JHARKHAND Project Block (%) (n=656 for A and n=82 for B)**	
	Mothers of children in the age group of 0 to 59 months (A)	Pregnant Women (B)
Cereals	94.80	98.80
Vitamin rich vegetables and tubers	57.80	56.10
White tubers and roots	22.40	25.60
Green leafy vegetables	15.20	8.50
Other vegetables	15.20	15.90
Fruits	5.20	3.70
Meat	1.80	1.20
Egg	3.20	2.40
Fish	1.10	7.30
Beans, peas, lentils	4	4.90
Nuts, seeds, oils, fats	.3	0
Milk products	9	8.50
Tea/ coffee	.8	1.20

The above table shows the dietary practices among the two different respondent groups, viz., mothers with children in the age group of 0 to 59 months and pregnant women in the project block of Jharkhand. Data shows that cereals like rice, wheat etc., are extensively eaten by all, followed by vitamin- rich vegetables and tubers like pumpkin, gourd, carrot, tomato, sweet potato, while roots and tubers like potato and green leafy vegetables are also eaten in quite a high proportion. Other food items like animal proteins are eaten by a considerably low proportion of respondents. Issues of diet diversity deduced from this data set can be addressed during awareness generation campaigns.

4.2 Hygiene and Sanitation Practises

This section describes indicators pertaining to hygiene and sanitation practices segmented into the following sections.

4.2.1 Wash Indicator Status

Table 44 Percentage of respondents washing hands at select activities

Hand Washing at select activities	**JHARKHAND Project Block (%) (n=656 for A and n=82 for B)**		**JHARKHAND Control Block (%) (n=513 for A and n=39 for B)**	
	Mothers with children in the age group of 0 to 59 months (A)	Pregnant women (B)	Mothers with children in the age group of 0 to 59 months (A)	Pregnant women (B)
After defecation	81.90	69.50	88.3	84.7
After cleaning a young child's faeces	32.20	29.30	39.2	39.1
Before cooking/ preparing food	38.60	42.70	51.1	39.1
Before eating	47.10	48.80	45.5	34.7
Before feeding children	18.80	20.70	16.4	10.8
After cooking/ eating	40.40	26.80	31.2	26
After feeding children	19.40	11	16.7	13
After cleaning house/ compound	15.90	19.50	18	24
After disposing garbage	24.20	25.60	21.5	13
Before picking up child	6.60	7.30	4.7	4.3

From data reflected in the table above the percentages of respondents washing hands after various activities in the project block of Jharkhand is not satisfactory.

Lack of health education is the key indicators for poor health standards. One ASHA in Gumla reported the following scenario:

"Dirty stagnant water is seen near homes. After toilet, people don't wash their hands, some just use mud or ash. Dhobi, kahai, kunnojiya communities in the area are most dirty and don't listen to instructions on hygiene"

4.2.2 Drinking water

Table 45 Percentage of households having improved source of drinking water

State	Type of Block	Households having improved source of drinking water (%)	N
JHARKHAND	Project	66.80	738
	Control	64.60	630

The above table shows the percentage of households in the project block having improved source of drinking water in accordance with DLHS-3 standards. Data shows that 66.8 per cent HHs in Gumla Sadar (Jharkhand) have access to improved source of water. Data for the control blocks is also given.

Table 46 Access to improved source of water by selected socio-economic background characteristics

Jharkhand Project Block			
Background Characteristics		**Households having improved source of drinking water (%)**	**N**
Caste	**General**	58.10	74
	SC	58.10	43
	ST	67.70	446
	OBC	70.50	175
Religion	**Hindu**	68.80	648
	Muslim	62.10	29
	Christian	20	15
	Others	56.50	46
Income level	**Normal**	60.30	151
	Low	68.50	587
Jharkhand Control Block			
Background Characteristics		**Households having improved source of drinking water (%)**	**N**
Caste	**General**	48.1	54
	SC	60.4	53
	ST	65.9	413
	OBC	70.1	107
Religion	**Hindu**	65.8	562
	Muslim	0	0
	Christian	55	40
	Others	53.6	28
Income level	**Normal**	60.6	142
	Low	65.8	488

The above table shows that HHs selected according to background characteristics in the project block of Gumla Sadar in Jharkhand have almost 50 per cent better access to improved sources of water. The issue of providing better access to drinking water in Jharkhand deserves attention as it is a basic necessity for improved health.

4.2.3 Sanitation Practices

Table 47 Percentage of households with improved sanitation facilities

State	Type of Block	Households having improved sanitation facilities (%)	N
JHARKHAND	Project	6.40	738
	Control	2.50	630

The above table shows the percentage of HHs in both project and control blocks that have access to improved sanitation facilities according to NFHS-3 standards facilities. A very high proportion (above 94% in Jharkhand) of HHs with non-improved sanitation facilities defecate in open fields, which is a major source of spreading infection.

Table 48 Access to improved sanitation facilities by select socio-economic background characteristics

Jharkhand Project Block			
Background characteristics		**Households having improved sanitation facilities (%)**	**N**
Caste	**General**	21.60	74
	SC	2.30	43
	ST	4.30	446
	OBC	6.40	175
Religion	**Hindu**	4.90	648
	Muslim	37.90	29
	Christian	20	15
	Others	2.20	46
Income level	**Normal**	11.30	151
	Low income	5.10	587

Jharkhand Control Block			
Background characteristics		**Households having improved sanitation facilities (%)**	**N**
Caste	**General**	3.7	54
	SC	0	53
	ST	1.7	413
	OBC	6.5	107
Religion	**Hindu**	2.7	562
	Muslim	0	0
	Christian	2.5	40
	Others	0	28
Income level	**Normal**	4.9	142
	Low income	1.8	488

The above table shows the percentage of HHs having access to improved sanitation facilities on the basis of select background characteristics. In project block of Jharkhand, the percentage of general category HHs have better access to improved sanitation facilities. In comparison, the proportion of backward community HHs has very poor access to improved sanitation facilities.

4.3 Pregnancy and Antenatal Care

This section describes the status of pregnancy and antenatal care (ANC) related indicators among women in the project areas. The pregnancy and ANC related questions were asked to pregnant women and mothers of children in the age group of less than 6 months.

Table 49: Pregnancy registration

State	Type of block	Respondent category	Pregnancy registered (%)	Mean month of pregnancy registration	Pregnancy registered within the 1st trimester (%)	N
JHARKHAND	Project	Pregnant women	90.20	2.9	81.0	53
		Mothers with children less than 6 months	97.00	3.1	76.5	87
	Control	Pregnant women	89.1	3.2	75.6	46
		Mothers with children less than 6 months	97.4	3.1	74.0	79

Table 49 shows that in the project block of Jharkhand, 90.20 per cent of the pregnant women and 97 per cent of mothers with children less than six months of age have registered their pregnancies. In the same

order, 81.0 per cent of pregnant women and 76.5 per cent of mothers with children less than 6 months of age have registered their pregnancies within the first trimester of pregnancy. The mean month of pregnancy registration for pregnant women and mothers with children less than six months of age stands at 2.9 and 3.1 months, respectively.

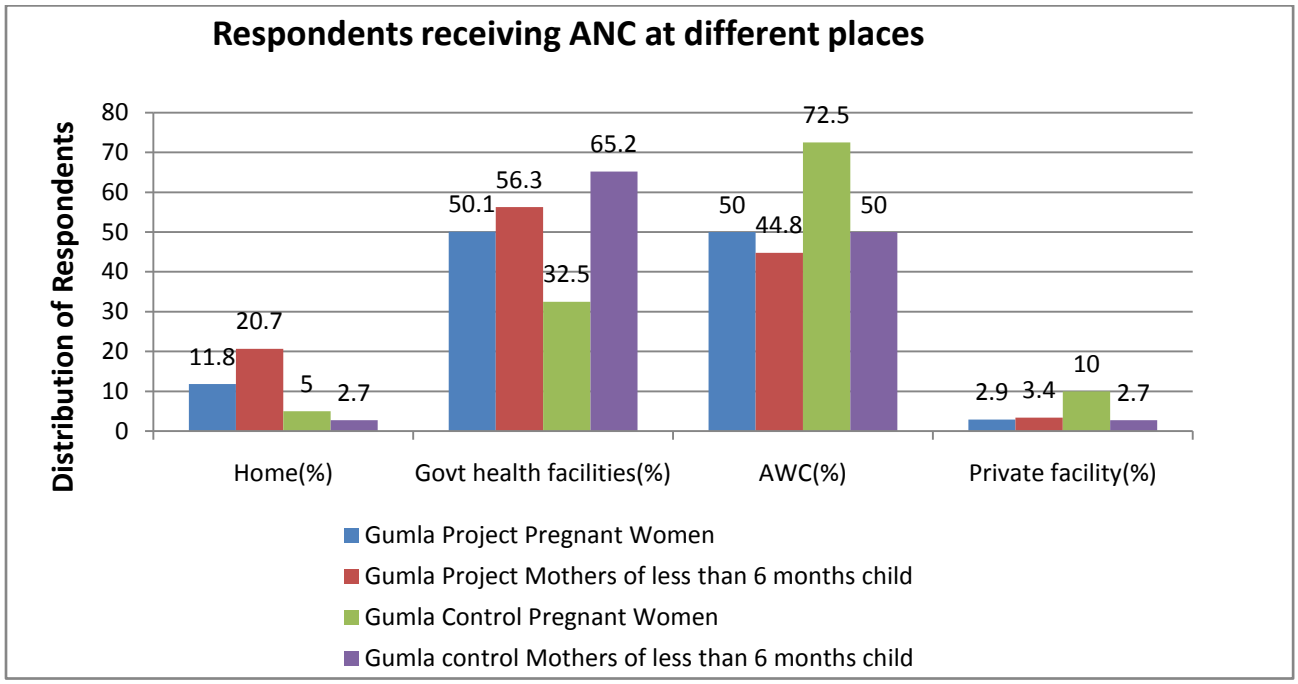
Table 50: Distribution of various indicators pertaining to ANC

State	Type of block	Respondent category	Ever Done ANC (%)	Done ANC within first trimester (%)	Blood pressure checked as part of ANC (%)	At least 3 ANC checkups done (%)	N[14]
JHARKHAND	Project	Mothers with children in the age group of less than 6 months	87.90	61.8	28.7	63.20	98
		Pregnant women	82.90	67.6	35.3	42.60	82
	Control	Mothers with children in the age group of less than 6 months	91.1	58.3	25	58.4	79
		Pregnant women	86.9	67.5	30	57.5	46

In Gumla Sadar, 87.90 per cent of mothers with children in the age group of less than six months and 82.90 per cent of pregnant women have done at least one ANC, and among them, 61.8 per cent and 58.3 cent mothers with children less than 6 months of project and control block respectively have done their ANC within the first trimester. As part of ANC, 28.7 per cent of the mothers with children in the age group of less than six months and 35.3 per cent pregnant women have got their blood pressure checked as part of ANC. Regarding the number of ANC checkups, 63.2 per cent and 42.6 per cent of mothers with children in the age group of less than six months and pregnant women respectively have done at least three ANC checkups.

[14] Overall, 347 mothers with children belonging to the age group of 0-24 months were interviewed in Gumla Sadar,. Among them, 99 in Gumla Sadar turned out to be mothers with children belonging to the age group of less than 6 months, which is quite in proportion.

Figure 19 Distribution of respondents receiving ANC at different places in project blocks



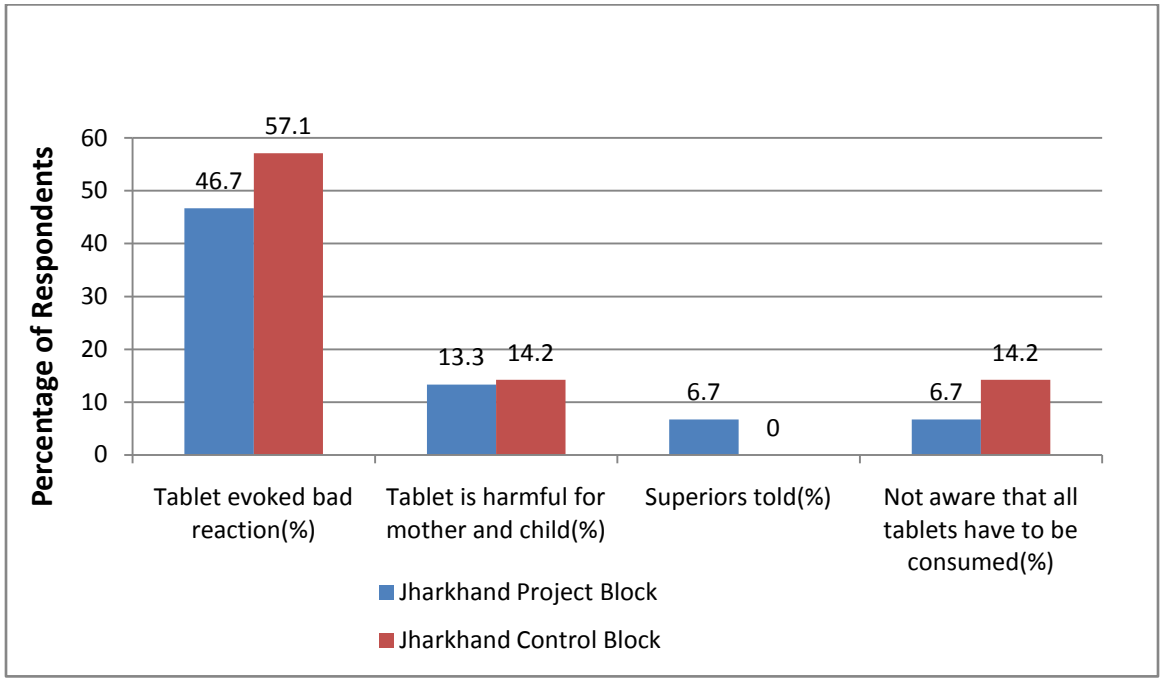
The above graph shows the distribution of respondents across various places where they have received ANC. This was a multiple response question and many respondents reported to have taken ANC in more than one place. Government health facilities include PHC, CHC, sub-centre, district and state hospitals, government dispensaries etc. Respondent categories from the two project blocks are colour coded as shown in the legend. As many respondents reported that they had taken ANC in *anganwadi* centres (AWC), at home as well as in PHCs, these have been included in all. Most of the respondents who reported that they had taken ANC at home, had also taken ANC in some other facility. The proportion of respondents taking ANC in Govt. Facilities is high with 50.1 per cent and 56.3 per cent of pregnant women and mothers with less than 6 months child respectively. Private facilities are 2.9 per cent and 3.4 per cent in Gumla Sadar.

Table 51: IFA supplementation and TT injection

State	Type of block	Respondent category	Received IFA supplementation (%)	Received 100 IFA tablets during pregnancy (%)	Received Tetanus injection (%)	N
JHARKHAND	Project	Mothers with children in the age group of less than 6 months	56.6	20	88.8	99
		Pregnant Women	67.1	n/a[21]	84.1	82
	Control	Mothers with children in the age group of less than 6 months	53.1	15.3	91.1	79
		Pregnant Women	47.8	n/a	87	46

Table 51 shows the percentage of respondents who received Iron Folic Acid (IFA) supplementation, received at least 100 IFA tablets and received at least one TT injection during pregnancy. The proportion of women taking at least 100 IFA tablets is quite low, thereby increasing the risk of anaemia and consequent malnourishment in children. Among those who consumed IFA tablets, 52.7 per cent in Jharkhand have reported to have received IFA tablets mainly from ASHAs while the rest of them received it from other sources like PHCs, CHCs or bought it on their own. Interestingly, 36.4 per cent in Jharkhand have reported to have received the IFA tablets from the AWWs, that's because in many villages of Jharkhand there were no ASHAs and the work of the ASHA was being done by the AWW.

Figure 20 Reason for non consumption of 100 IFA tablets



The above figure shows the various reasons as reported by respondents for non-consumption of 100 IFA tablets. In the project block of Gumla, 46.7 per cent of respondents reported that the tablets evoked a bad reaction hence it was stopped.

4.4 Childcare and Infant and Young Child Feeding practices

This section describes all the indicators pertaining to child delivery, early newborn care, early and exclusive breastfeeding and government entitlements received for childcare. For questions pertaining to these indicators, the respondent group was mothers with children in the age group of 0-24 months. The indicators are categorised into the following sections.

4.4.1 Child Delivery and Early Newborn Care

- **Child delivery**

  Child delivery comprises proportion of respondents who responded to the query whether they had institutional delivery or whether the delivery took place in the presence of a trained professional.

Institutional delivery means delivery in government or private health facility[15] which is fully equipped to handle child birth.

Figure 21 Proportion of institutional delivery and safe delivery practices

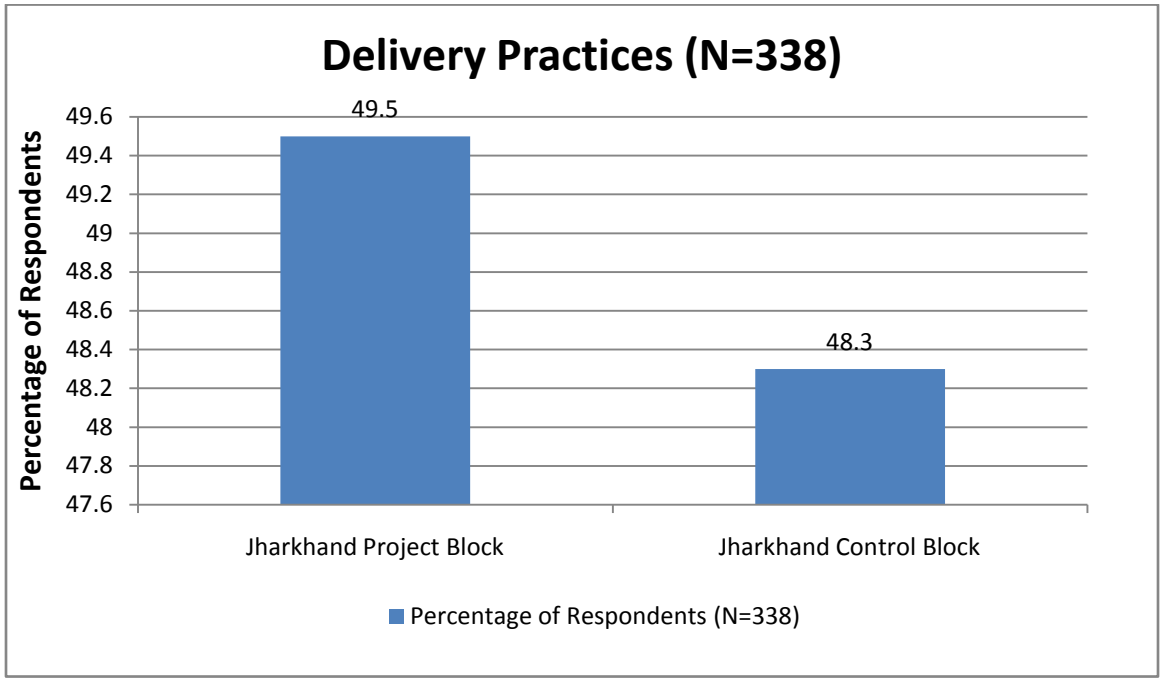


Figure 21 shows that 49.5 per cent respondents are undergoing institutional delivery in project block of Gumla, Jharkhand.

[15] PHC, CHC, district or state hospital, village health centre, private hospital/ nursing home etc.

- **Proper delivery mechanism**

Figure 22 Proportion of respondents reporting proper delivery mechanism

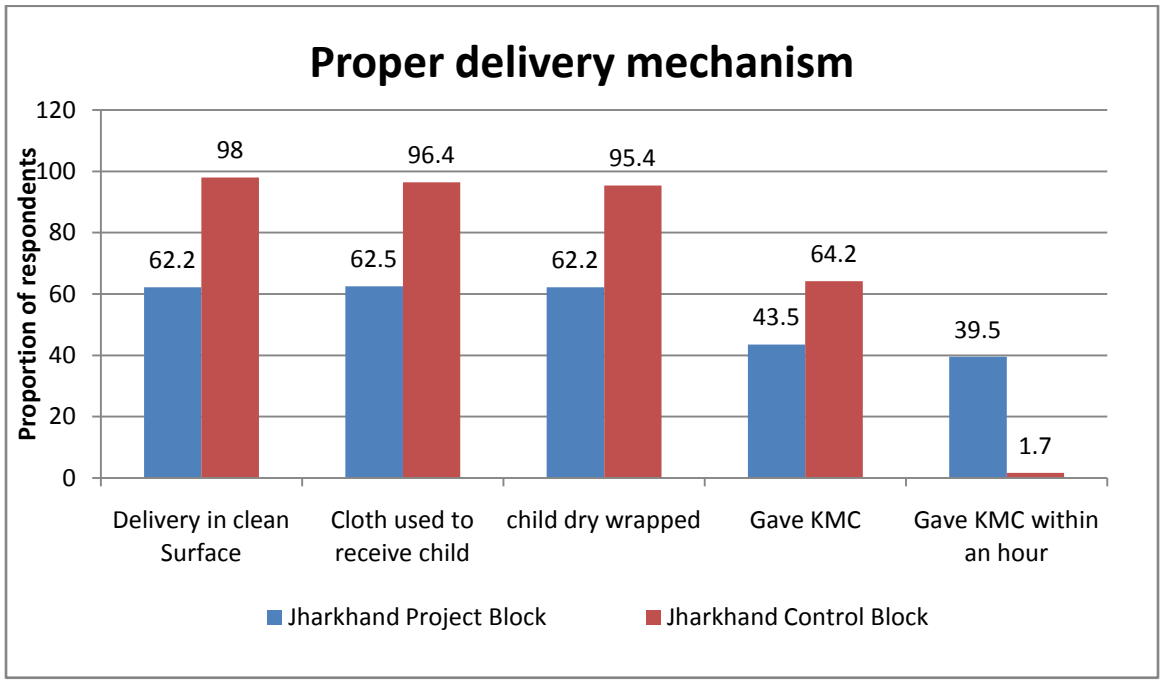


Figure 22 depicts the percentage of respondents who reported that they had followed various proper delivery mechanisms during child delivery. The figures in themselves are quite satisfactory except that between 40-50 per cent respondents didn't give Kangaroo Mother Care.

- **Weight of child during birth**

	Jharkhand Project Block (n=347)	**Jharkhand Control Block (n=302)**
Normal Weight at birth	75.2	79.1
Underweight at birth	24.8	20.9

Respondents were asked about the weight of the child and when the child was weighed for the first time. The weight was either recorded on the mother and child health card or it was recorded from mother's recall if the card was not available. According to WHO standards, a new born child should weigh at least 2.5 kg to be considered healthy. Applying this condition, we found that 75.2 per cent of the new born children were healthy in the project block of Gumla. In this case, the number of responses has decreased a lot because of the unavailability of the mother and child health card and the inability of mothers to recall the child's weight at birth in many cases.

4.4.2 Early and exclusive breastfeeding

Table 52 Proportion of respondents following key Infant and Young Child Feeding practices

State	Type of block	Ever breastfeed (%)	Started breastfeeding within 1 hour (%)	Colostrums given (%)	N	Exclusive breastfeeding for 6 months (%)	N
JHARKHAND	Project	99.4	69	71.3	349	65.8	246
	Control	100	68.5	85.1	302	67.2	223

In the project block of Jharkhand, 99.4 per cent mothers reported that they had ever breastfed their children, while 92.8 per cent reported that they started breastfeeding within one hour, 71.3 per cent reported that they gave colostrums to their child.

Pertaining to exclusive breastfeeding, 69 per cent reported that they had exclusively breastfed their child for at least six months. The reason for difference in the number of responses for exclusive breastfeeding for 6 months also holds here.

Data shows that though the practice of exclusive breastfeeding for six months is only around 65 per cent in Gumla Sadar, this can be taken up as a challenge to be addressed in the awareness generation campaigns as part of project implementation.

- **Reasons for not starting breastfeeding within an hour of birth**

Figure 23 Reasons for not giving breast-milk within one hour of birth

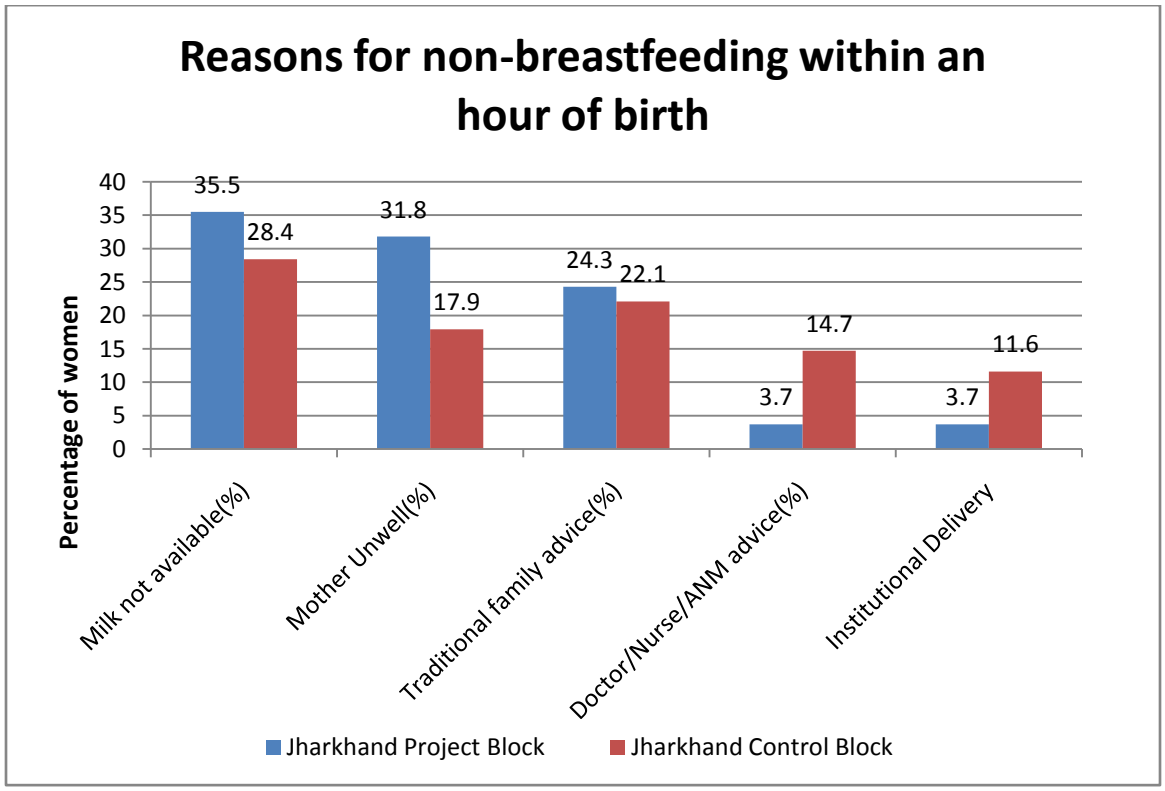


Figure 6 shows the reasons as reported by respondents for not giving breast milk to the newborn within one hour of child birth. In Gumla Sadar, the most prominent reasons given by respondents were that the mother was unwell (36 per cent) and that the mother was not able to produce breast milk (32 per cent). Issues related to the expectant mother's health and nutrition may be addressed during implementation of the project to overcome this problem. In Gumla Sadar, 24 per cent of mothers with children in the age group of 0-24 months who didn't give breast-milk within one hour reported that it was done under traditional advice given by the family. This can be a formidable roadblock in spreading awareness on IYCF practices especially in Gumla Sadar, hence this issue can be taken up on a stronger footing during project implementation.

- **Non-exclusive breastfeeding**

Figure 24 Reasons for non-exclusive breastfeeding for six months

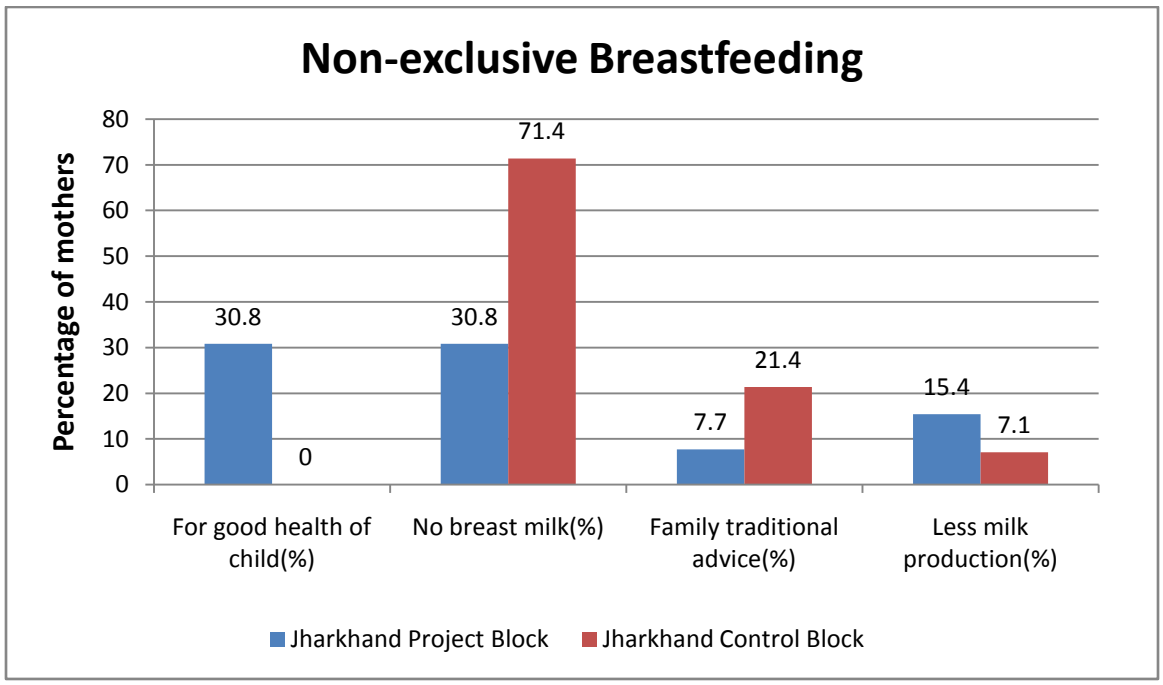


Figure 24 shows various reasons cited by respondents who did not exclusively breastfeed their child for six months. In Gumla Sadar, 30.8 per cent of respondents who didn't exclusively breastfeed their child said that they did it for the good health of their child.

Regarding non-exclusive breastfeeding for 6 months, it emerged from the FGDs of Mothers in Gumla that *"Bottle ka dhoodh wahi mata pilati hai jinko dhoodh nahai ata ya majboori me pilati hai. Bottle se bohut kam hi log dhoodh pilate hai karan yeh hai ki bottle ko bar bar saf karna padta hai aur bacche bimar bhi padh jate hai.*

- 98.2 per cent of mothers have continued to breastfeed their children in the age group of 6-9 months in the Gumla project block

4.4.3 Complementary Feeding

Table 53 Percentage of children in the age group of 6-24 months to whom various drinks have been given over the last 24 hours

Drinks	Jharkhand Project Block	Jharkhand Control Block
Plain water	70	72.5
Commercially produced infant formula milk	11.5	18.5
Any other kind of milk (tinned, powdered, or fresh cow/ buffalo milk)?	13.8	17.2
Fruit juice	11.8	11.5
Tea or coffee	26.8	29.8
Aerated drinks like soda, Pepsi, Coke, Orange drink	7.7	8.6
Clear broth/ rice water/ soup	30.2	36

From Table 53 we can see the percentage of children in the age group of 6-24 months who have been given various drinks over the past 24 hours. It is significant that 26.8 per cent of children in the project block of Jharkhand are being tea or coffee, which is unhealthy and not at all advisable for children of that age group. Moreover, survey has revealed that almost 11 per cent children in Gumla Sadar block are being given aerated drinks.

- Mean age of beginning complementary feeding in Gumla, Jharkhand is 7.45 months. Complementary feeding includes solid or semisolid food items as part of the child's diet.

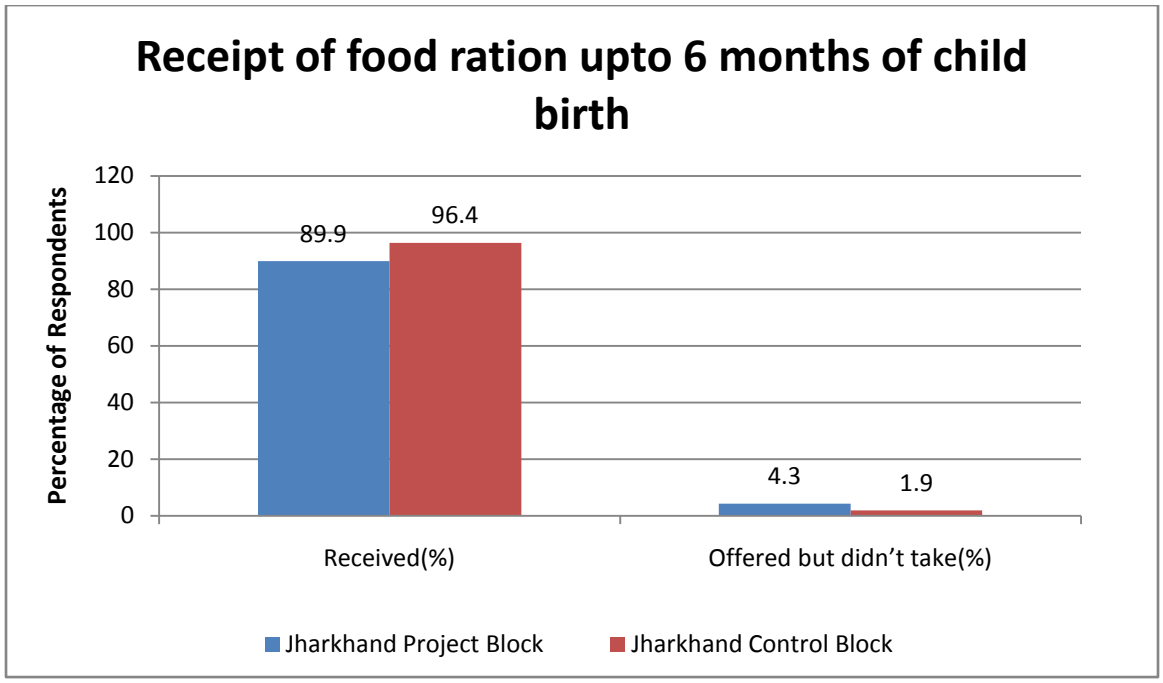
Table 54 Percentage of children in the age group of 6-24 months eating various food items in the past 24 hours

Food Item	**Jharkhand Project block (%) (n=187)**	**Jharkhand Control block (%) (n=189)**
Porridge or gruel (rice/ khichdi)	90.90	92.1
Commercially fortified baby food such as Cerelac or Farex	19.80	21.2
Bread, roti, chapatti	71.70	57.1
Daal (lentils or beans)	85.60	81.0
Vegetables	50.80	39.2
Fruit	32.60	25.4
Meat, chicken, fish	18.70	12.2
Egg	27.80	18.5
Nuts	14.40	7.4
Purchased commercially available snack foods (chips, chanachur, chocolates/ candies)	21.90	20.6
Curd/ cottage cheese (paneer)	20.90	13.2

The percentage of children in the age group of 6-24 months eating various food items over the past 24 hours is compiled in Table 54. It is seen that 21.9 per cent of children in Gumla Sadar are eating commercially available snacks, which is not advisable for children of that age as it is detrimental for their health.

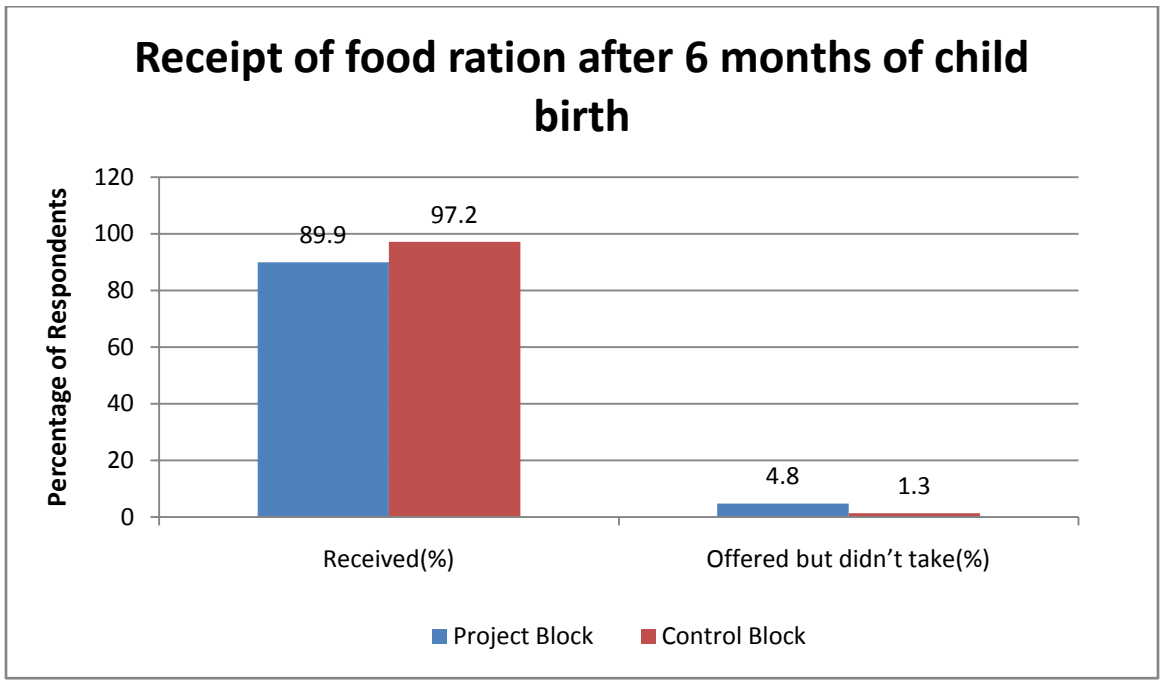
4.4.4 Access to government's food support programme

Figure 25 Receipt of food ration from AWC up to six months after birth



The percentage of women who received food rations from AWCs up to six months after child birth is considerably high in Gumla, Jharkhand at 89.9 per cent. It is noteworthy that 4.3 per cent of women in the project blocks of Gumla have refused to take rations from the AWC.

Figure 26 Receipt of food rations from AWCs after six months of child birth



The above table shows the percentage of mothers who continued to receive food rations from AWCs even after six months of child birth. Once again, at almost 90 per cent, the proportion of women who received rations in Gumla Sadar (Jharkhand) is much higher. Here also, survey has revealed that five per cent women in Gumla Sadar refused to take food rations from the AWCs.

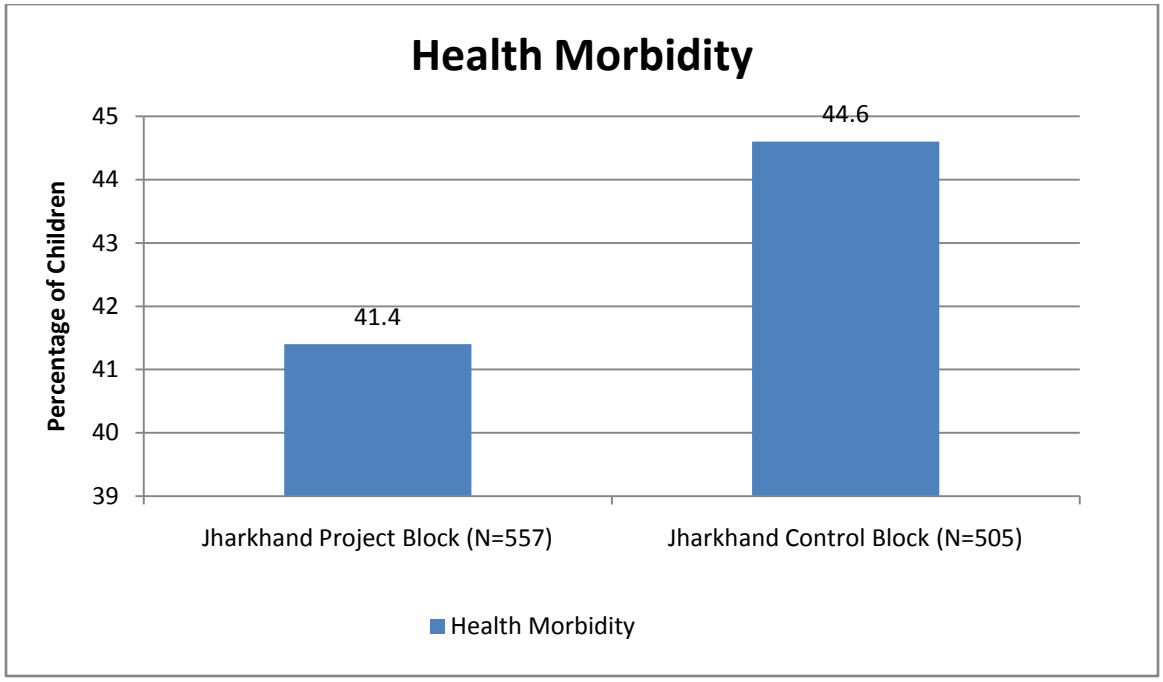
In Gumla Sadar, 65.4 per cent received food rations for one year or more after child birth while 12.4 per cent received it for six months to one year of child birth.

4.5 Child health, Awareness about Malnutrition and Child Vaccination

This section describes indicators pertaining to child health, which have been categorised into the following sections: diseases children suffer from, health facilities accessed, whether or not any treatment is given for malnutrition and child vaccination.

4.5.1 Child health problems and health facilities accessed

Figure 27 Percentage of children in the age group of six to 59 months who have fallen ill over the last three months



Data for project and control blocks in Jharkhand reveals that at 41.4 per cent and 44.6 per cent, the proportion of children in the age group of 6 – 59 months falling ill in the project block of Gumla over the last three months is considerably higher.

Table 55 Percentage of children, by caste, in the age group of 6-59 months who have fallen ill over the past three months

GUMLA SADAR				
Caste	General	Project	50	50
	SC	Project	29	31
	ST	Project	42.2	332
	OBC	Project	45.8	144

Table 55 shows the percentage of children in the age group 6-59 months belonging to HHs of different castes who have fallen ill over the last three months. In the project block of Gumla, a considerably higher proportion of children belonging to ST and OBC HHs have fallen ill over the last three months. This is also substantiated by the findings of the IDIs with FLWs. Many ASHAs have said that the reason for infectious diseases is essentially on account of lack of awareness, especially in communities like Harijan, Muslim and Rajbhar etc. These communities, especially, lived in unhygienic conditions, near stagnant water that bred flies and mosquitoes. They cook and eat in such places, have no toilets, don't teach their children proper hand-washing techniques etc.

Lack of awareness is the key to diseases, especially in some communities like Harijan, Muslim, Rajbhar etc., because they live in unhygienic conditions and near stagnant water full of flies and mosquitoes. They cook and eat in such places, have no toilets, and don't teach their children proper hand-washing techniques etc.

Table 56 Percentage of children in the age group of 6 - 59 months who suffered from various illnesses in the last three months

	Jharkhand Project (n=400) (%)	Jharkhand Control (n=383) (%)
Jaundice	2.2	.7
Typhoid	1.4	1.1
Diarrhoea	5.5	8.0
Pneumonia	4.0	2.6
Malaria	5.5	9.1
Cough and cold	50.7	52.4
Fever	76.80	71.2

The above table shows the percentage of children in the age group of 6 -59 months who have suffered from various illnesses in the last 3 months. Only those who were reported to have fallen ill in the previous figure have been considered here, hence the total number of cases is different. The percentage of children suffering from fever is high in project block because fever is the generic symptom of most diseases. Also, as these are answers to multiple response questions, there many cases in which there is more than one disease recorded for one particular child. The percentage of children suffering from cold and cough is quite high in Gumla. Among those suffering from diarrhoea, 53.3 per cent in Gumla Sadar were reported to have suffered within the last two weeks. Out of those who had diarrhoea 26.7 per cent in Gumla Sadar

reported that there was blood in the stool. Also, among the children who suffered from diarrhoea, 100 per cent in Gumla Sadar were reported to also have fever during diarrhoea. Among the children who had suffered from pneumonia over the last three months, 72.7 per cent in Gumla Sadar were reported to have cough/ cold and fever over the last two weeks.

Often hygiene and cleanliness is ignored such as wearing dirty, unwashed clothes. Skin diseases are common. It is also reported that parents leave their children out in the open leading them being exposed to the elements.

"Lack of awareness is key to diseases, especially in some communities like harijan, muslim, rajbhar etc. who live in unhygienic conditions and near stagnant water full of flies and mosquitoes. They cook and eat in such places, have no toilet, don't teach their children proper hand washing techniques etc. These people don't listen to AWW at all!"

Figure 28 Child breastfeeding during illness among mothers with children less than six months old

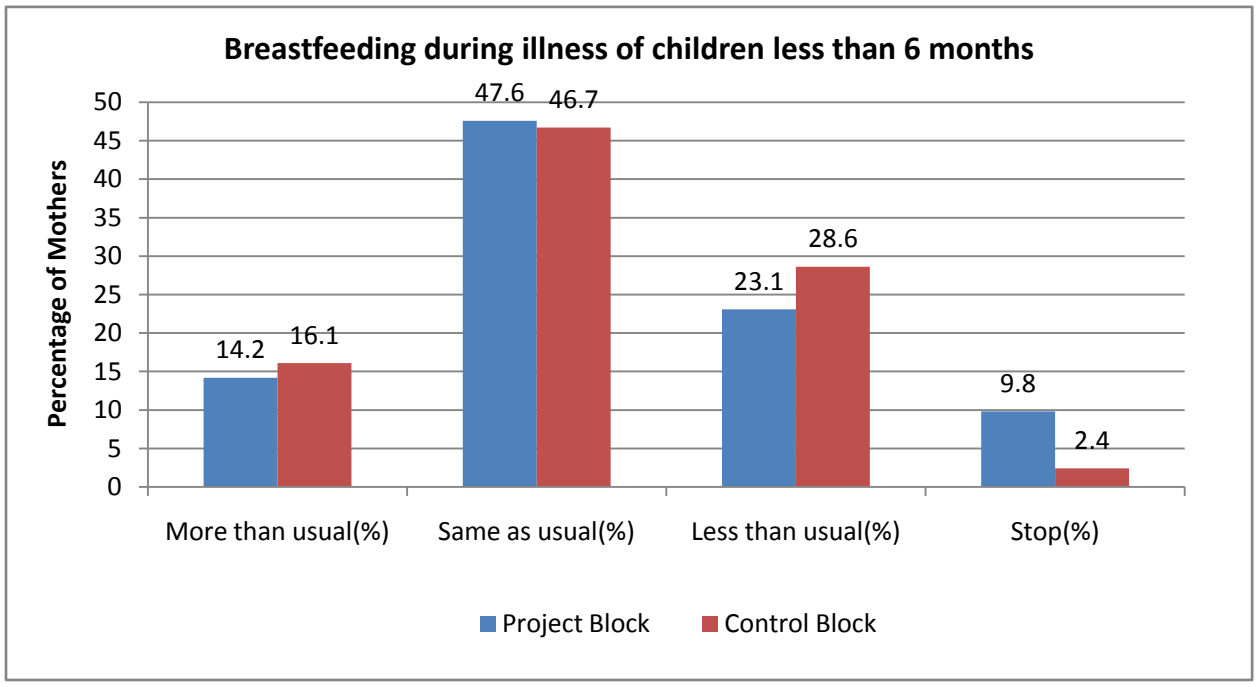
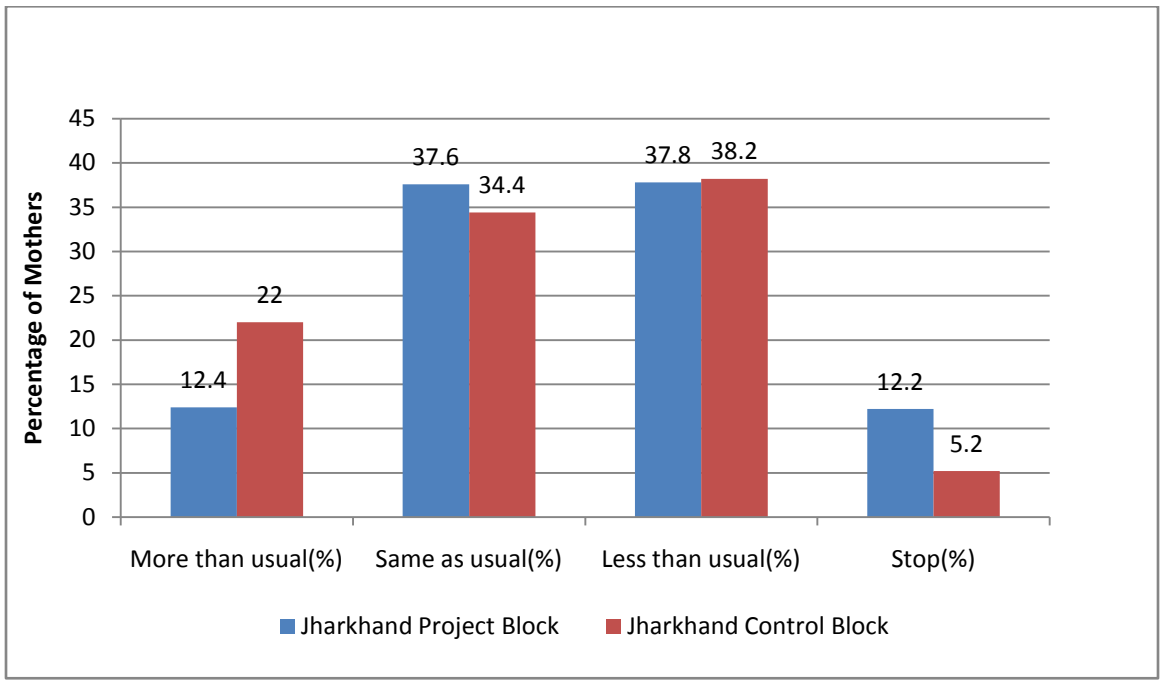


Figure 28 shows the practice of child breastfeeding in the project block reported by mothers with children less than six months of age, only 14.2 per cent of mothers in the project blocks of Jharkhand reported that they breastfeed more than usual when the child is ill. What is even more disconcerting is that in the project block of Gumla, almost 23.1 per cent mothers' breastfed their children less than usual. This issue may be addressed during awareness generation campaigns and mothers encouraged to increase frequency of breastfeeding their children

Figure 29 Child feeding practices during illness among mothers with children in the age group of 0 – 59 months



Data collected about child feeding practices during illness as reported by mothers with children in the age group 0 - 59 months shows that only 12.4 per cent mothers are reported to be giving more food than usual when the child is ill (which is the required practice to be followed), whereas37.8 per cent mothers in Gumla Sadar give their children in the same age group less food. Mothers need to be educated regarding this issue, which can be taken be taken up during awareness generation campaigns.

4.5.2 Awareness about Malnutrition and Health Facilities

Table 57 Awareness about symptoms of malnutrition

	Jharkhand Project block (n=656) (%)	Jharkhand Control block (n=656) (%)
Wasting	18.30	16.2
Stunting	9.10	8.5
Underweight	5.90	7.5
Fatigue	2.70	3.7
Anaemia	4.30	2.9
Illness	8.10	5.4
Mental Weakness	.6	.8

Statistics tabulated above show that the awareness level about symptoms of malnutrition in mothers with children in the age group of 0 to 59 months is very low in both the project blocks. Multiple response questions were asked and many respondents gave more than one response. Though the respondents were not aware of the medical terms specifying the symptoms as mentioned in the table above they were interpreted from the responses given by the mothers. For example, if a respondent identified that her child

was too short for his age, the symptom of malnutrition was categorised as stunting. Similarly, if a respondent reported that her child was underweight for his height, the symptom was categorised as wasting. This level of poor understanding about the symptoms of malnutrition can be taken up as a major issue during awareness generation campaigns so that mothers can aim to address the problem more effectively.

Most women are able to identify symptoms of malnourishment like thin bodies, bulging stomachs, thinning, stunting and poor concentration. Another group described less knowledge on malnourishment except that if a child cries often it implies that child is not getting enough nutrition. One group described lack of vaccination as possible cause for malnutrition.

From the in depth interviews it is gleaned that FLWs and other health officials are well abreast with knowledge on malnourishment they say they comprehend if a child is malnourished after taking their weight. If the child is thin, cries a lot, has bulging stomach, has emotional imbalance, that child is labelled as malnourished. To treat malnourishment they say they recommend parents to take their children to the PHC. However despite their concern, very little is achieved on ground because of obstacles posed by the people themselves.

One AWW in Gumla said:

"I believe more than medicine etc. these people need education and awareness to curb the problems and health issues. If we dont take this urgently even a provision of large number of services is equivalent to nothing!"

Further, one AWW in Gumla said:

"Yes, I am aware about malnutrition. I know that it causes weakness amongst children, and is a result of lack of nutritious food, carelessness among pregnant women in their diet and health. Malnutrition can be noticed when children have big heads, shrinking limbs, swelling of stomach, constant diarrhoea, wrinkles on skin, weight loss etc. In our village there are 3 children who are malnourished-- of which 1 child is Muslim and 2 are from harijan community."

From the findings, we note that girl children are most affected by malnutrition, especially in Gumla. As one AWW stated:

"Malnutrition is not taken seriously among families in my area. Many children in my school I have noticed are prone to weakness, mostly girls. This problem is acute among harijan, rajbhar and Muslim communities who do not take diet and nutrition very seriously. They make their children work in the fields daily. Girl children are very weak in my area; this is further complicated when they are married early and produce offspring's at a very early age."

- Seeking Treatment for Malnutrition: In project block of Gumla, Jharkhand, only 2.6 per cent of mothers took their children to a health facility for the treatment of malnutrition.

The level of awareness about symptoms of malnutrition as well as treatment seeking behaviour for malnutrition is poor among the mothers of the project block.

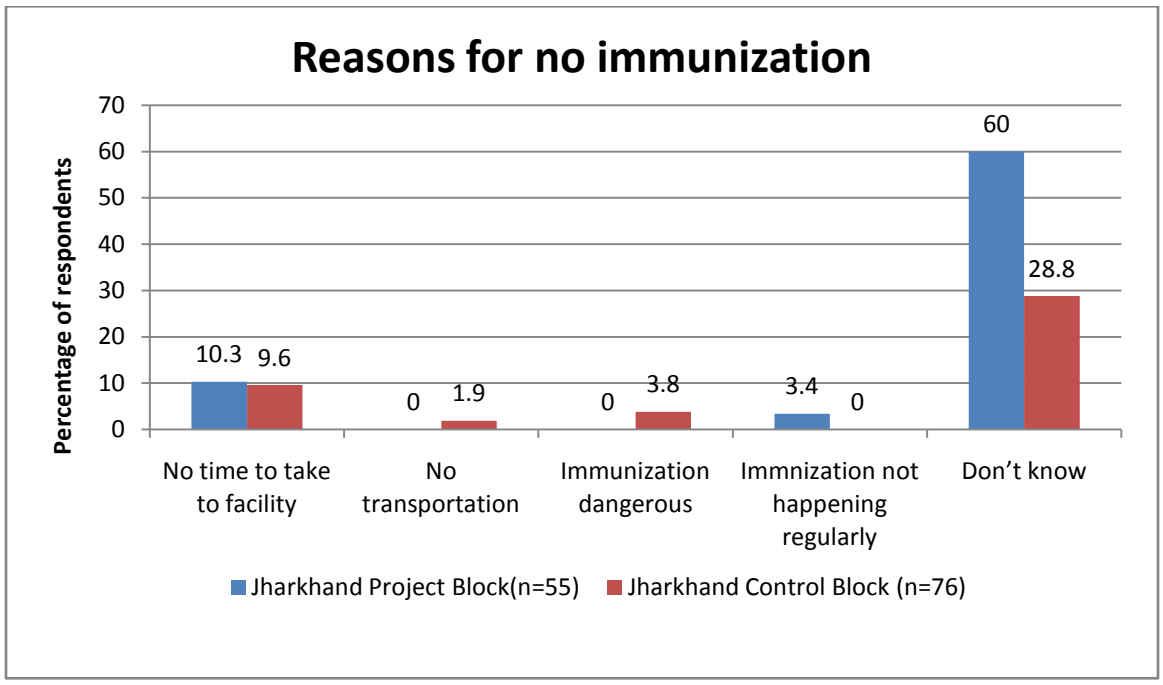
4.5.3 Child Vaccination

Table 58 Child vaccination data

	Jharkhand Project Block (%) (n=152)	**Jharkhand Control Block (%) (n=150)**
Children in the age group of 12-23 months who have not received any vaccination	2.60	9.3
Children in the age group of 12-23 months who have received BCG vaccine	50.70	42
Children in the age group of 12-23 months who have received 3 doses of DPT vaccine	47.40	35.3
Children in the age group of 12-23 months who have received 3 doses of polio vaccine	44.10	35.3
Children in the age group of 12-23 months who have received measles vaccine	43.40	34.7
Children (age 9 months and above) received at least one dose of Vitamin A	23	20
Children in the age group of 12-23 months who have received Hepatitis B vaccine	23.70	51.2
Fully Immunised	18.40	15.3

The above table shows the percentage of children in the age group of 9 to 24 months who have received various vaccinations. Vaccination data was extracted from the vaccination card of each child. As can be gleamed from the table above, the percentage of children getting immunization is very low. Only 23 per cent of children have received atleast one dose of Vitamin-A. Overall, only 18 per cent children are fully immunized.

Figure 30 Reason for no immunization



The above figure shows the reasons as cited by mothers whose children were not immunised at all.

Figure 31 Source of vaccination

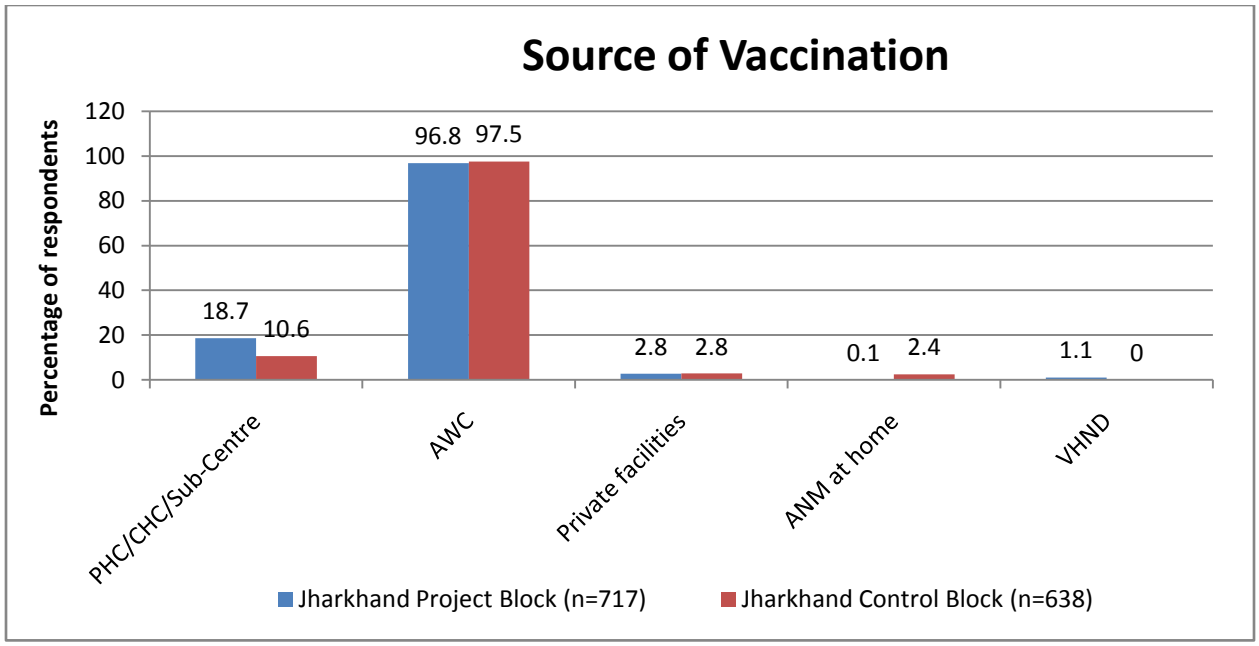


Figure 31 depicts the percentage of respondents who have reported various sources of vaccinations for their children in the project blocks of both states. It is encouraging to note that in the Jharkhand project

block almost all children received their immunisation vaccines at the AWC. Government facilities provided immunisation to only 16 per cent at Gumla Sadar block.

4.6 Status of Malnutrition

This section describes the status of malnutrition in the project block of Gumla district in the states of Jharkhand. During the baseline survey, the height, weight and MUAC of the children were measured. Then the children's height and weight data was analysed using WHO Anthro + software to generate the WAZ, HAZ, and BAZ scores for estimating the level of underweight, stunted and wasted children respectively . The findings are given in the tables below.

4.6.1 Status of Malnutrition Indicators Determined through Height, Weight and MUAC

Table 59[16]: Overall malnutrition level among children in age group of 6-59 months[17]

State	Type of Block	Underweight (%)	N	Stunted (%)	N	Wasted (%)	N	SAM (MUAC<11.5 cm) (%)	N
JHARKHAND	Project	39.9	544	50.5	503	22.3	516	2.8	539
JHARKHAND	Control	46.1	501	48.7	483	30.2	494	2	503

In Gumla Sadar, 39.9 per cent, 50.5 per cent and 23.7 per cent of the sampled children in the age group of 6-59 months are underweight (lower than normal weight in that age), stunted (lower than normal height in that age) and wasted (thin in comparison to height), respectively. Based on their MUAC measurement of less than 11.5 cm, three per cent of the children are suffering from SAM.as per the latest standard specified by UNICEF. The values of malnutrition indicators in the control blocks are also depicted in the table.

[16] Data beyond -6 and +6 SD have been trimmed as per WHO standards

[17] Anthropometric data of the children were collected using standard height and weight measuring tools. Then the children height and weight data was analysed using WHO Anthro+ software to generate the z scores WAZ (weight against age), HAZ (Height against age) and BAZ (Body mass against age). Children with z-scores less than above -2 standard deviations were categorised as malnourished. Within that, those children whose z-scores are less than -3 standard deviations are categorised as severely malnourished. Underweight (calculated from WAZ), stunting (calculated from HAZ) and wasting (calculated from BAZ) are the three categories of malnourishment. Here only children with z scores less than -2 Standard deviations have been reported; that means, children who are malnourished, including the severely malnourished have been reported.

Table 60: Distribution of malnutrition figures by selected background characteristics of mothers in project blocks of Jharkhand

GUMLA						
Background Characteristics		**Underweight (%)**	**Stunted (%)**	**Wasted (%)**	**SAM (MUAC<11.5) (%)**	**N**
Caste	General	31.3	43.8	20.8	4.2	48
	SC	45.2	71	9.7	6.5	31
	ST	44.2	56.4	24.2	2.8	326
	OBC	44.6	46.7	27	2.2	139
Religion	Hindu	44.8	55.7	23.8	3.2	479
	Muslim	10.5	27.8	5.6	0	18
	Christian	27.3	9.1	36.4	9.1	11
	Others	41.7	50.0	27.8	0	36
Literacy	Literate	41.8	46.6	24.1	2.8	253
	Illiterate	44.5	59.9	23.2	3.1	289
Years of Schooling	More than 10 years	41.1	38	21.1	2.7	71
	Less than 10 years	41.1	48.4	26.6	2.7	184
	No Schooling	45.2	61	22.3	3.2	287
Income level	Normal	45	50.9	25.5	1.8	110
	Low	42.8	54.4	23.1	3.2	432
Wealth Index Quintile	Highest	40.2	43.6	24.8	3.0	99
	Second	44.2	42.9	28.6	2.7	113
	Middle	37.5	53.2	20.7	1.8	109
	Fourth	43.1	61.8	20.6	3.9	102
	Lowest	50.4	66.4	23.3	3.4	117

The above table shows the distribution of various malnutrition indicators taken from NFHS-3, in the project block of Gumla, across selected background characteristics. The figures given here must be carefully interpreted, since the minimum sample size required to estimate an indicator is not met here. This survey correctly predicts the values of the indicators at the macro level only. In this table, the total sample size required to estimate an indicator has been split across the different segments of the background characteristics, hence not meeting the required sample size. So these figures should be only used as a rough estimate on how the indicators vary across various background characteristics.

4.7 Village Health Nutrition Day programme

Indicators pertaining to conducting of VHND prgramme in villages are categorised in the following sections.

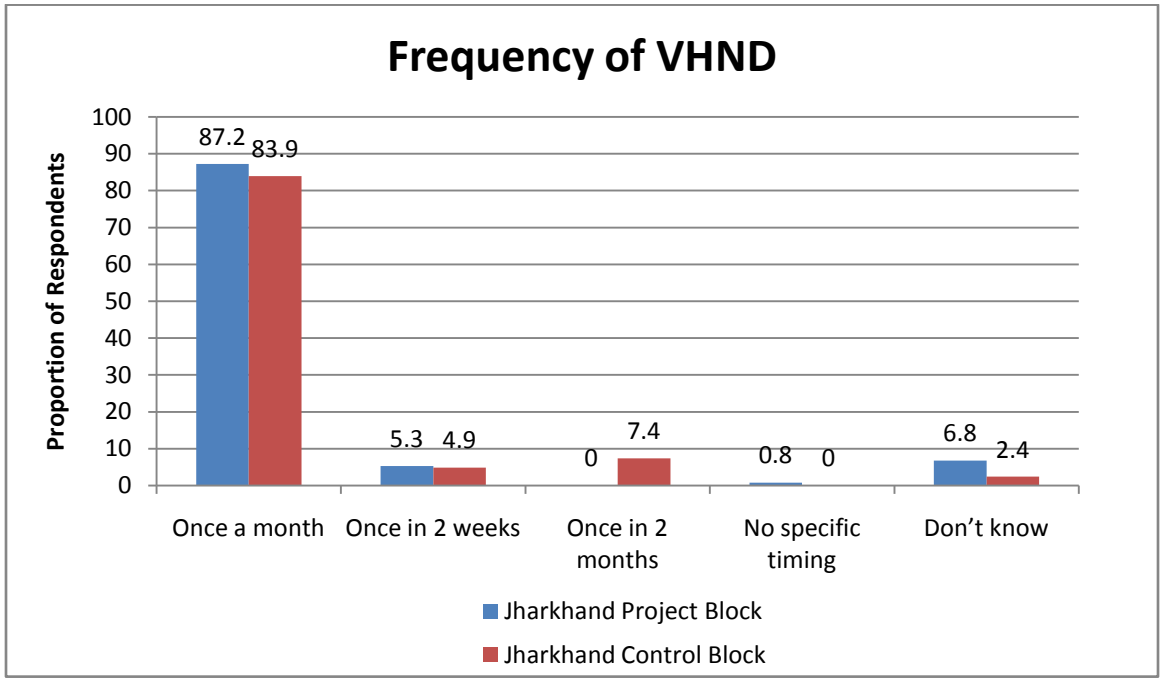
4.7.1 Conducting of VHNDs

Table 61 Percentage of respondents who know about Village Health Nutrition Day programme

State	Type of Block	Respondents who know about VHNDs (%)	N
JHARKHAND	Project	18	738
	Control	12.90	630

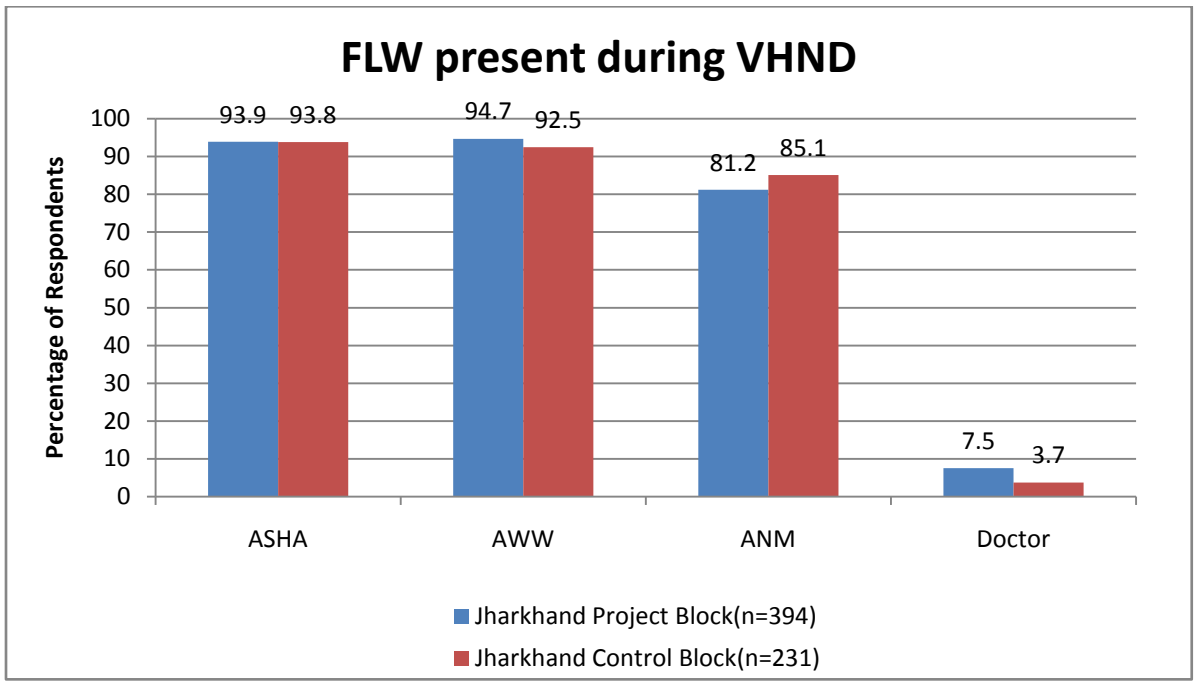
The above table shows that the percentage of respondents in the project and control blocks, who know about VHNDs, is dismally low. The proportion is considerably less, just one in five respondents in Gumla Sadar know about VHNDs.

Figure 32 Frequency of Village Health Nutition Day programmes



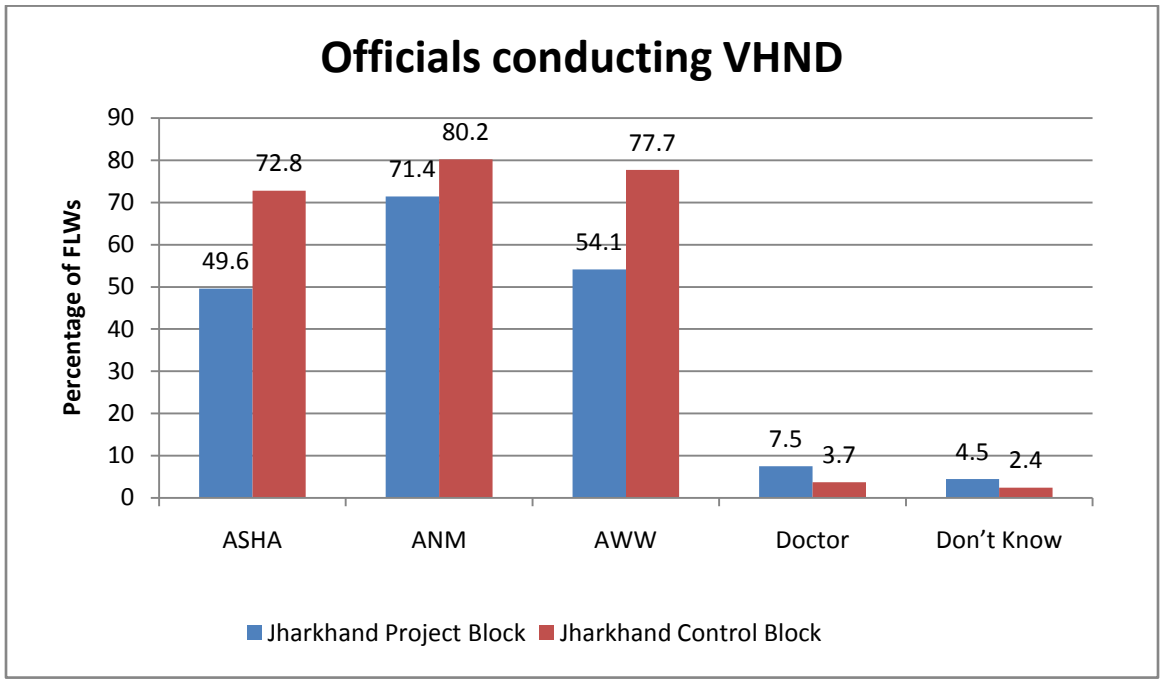
The above figure shows that a very high proportion of respondents reported once in a month occurrence of VHNDs in Gumla Sadar, which is a very positive sign. Greater awareness generated about this will lead to improved health leading to malnutrition control in the project blocks.

Figure 33 Percentage of respondents saying about who is present during Village Health Nutrition Days



The above figure shows the percentage of respondents who have reported the presence of various FLWs and other officials in the VHNDs.

Figure 34 Percentage of respondents reporting about various officials conducting VHNDs



In the Jharkhand project block, at more than 70 per cent, the highest percentage of respondents reported the presence of ANMs among the various persons conducting the VHNDs. At almost 71 per cent, AWWs

is followed by ASHAs and ANM at 66.7 per cent. What needs to be noted is that very few respondents (below 10%) reported the presence of doctors in the VHND programme.

4.7.2 Services given under Village Health Nutrition Day programme

Figure 35 Percentage of respondents reporting various services given under Village Health Nutrition Day scheme

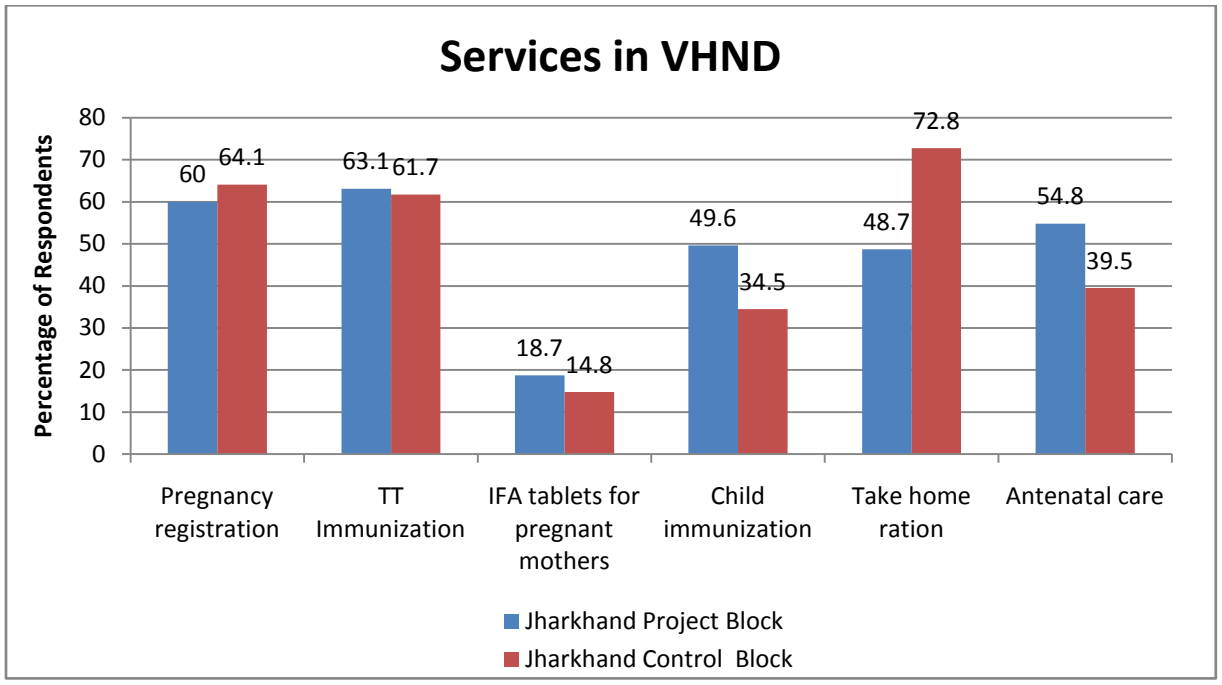
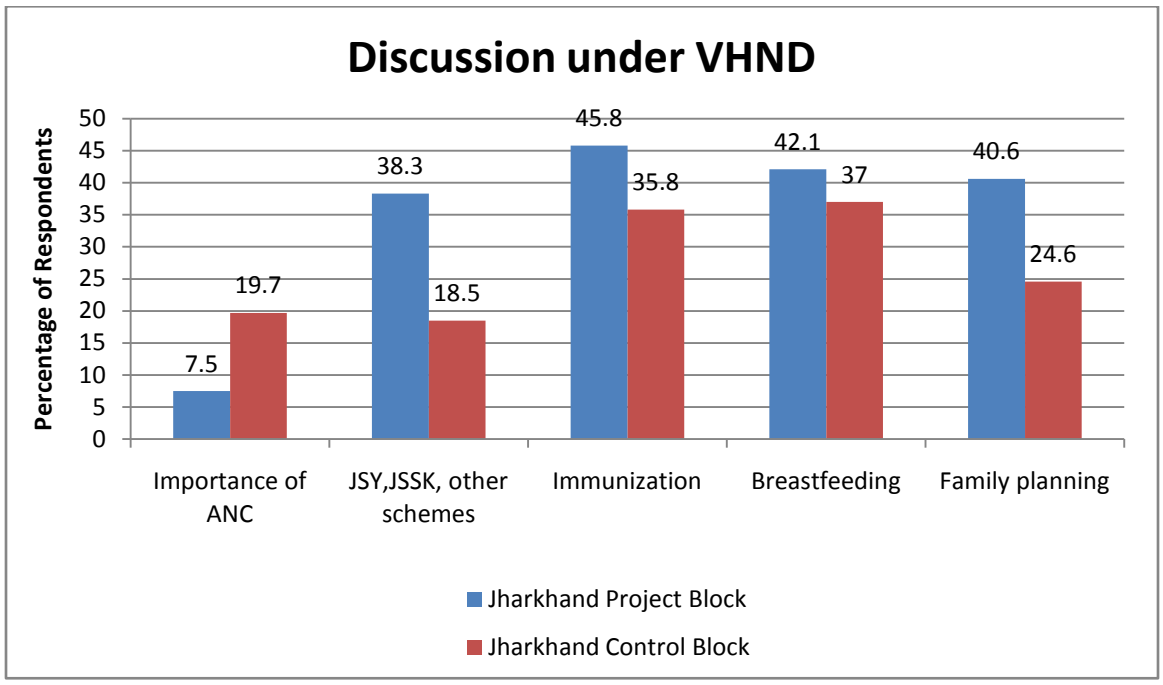


Figure 35 shows the percentage of respondents who have reported about various services being given under the VHND scheme in the project blocks. While 60 per cent and above pregnancy registrations were reported in the project block, child immunisation was reported at an average of above 50 per cent. In Gumla, respondents reported about 50 per cent being provided for in the form of THR and ANC.

Figure 36 Percentage of respondents reporting major discussion topics under Village Health Nutrition Day programme



According to information given by FLWs like AWWs, during IDIs, they observe that those belonging to Harijan and backward communities are not concerned about health issues. Instead of being receptive to information being imparted on health and hygiene matters, family planning and immunisation, people from these communities mock them and make fun of them. This could be one of the important reasons why the percentage of respondents who reported about a very low representation of the major topics discussed in the VHNDs.

4.7.3 Take Home Rations under Village Health Nutrition Day Programme

Table 62 Percentage of respondents reporting receipt of THR during pregnancy under VHND programme

State	Type of Block	Received THR during pregnancy (%)	N
JHARKHAND	Project	84.20	138
	Control	91.40	81

The above table shows the percentage of respondents who knew about the VHND programme and reported receipt of THR during pregnancy. Among those who received THR,100 per cent in Gumla Sadar reported that they ate the THR.

Table 63 Percentage of respondents reporting receipt of THR for their children under Village Health and Nutrition Day programme

State	Type of Block	Received THR for child (%)	N
JHARKHAND	Project	87	138
	Control	93.10	81

The above table shows the percentage of respondents who reported that they had received THR for their child under the VHND programme. Among those who received THR for their children, 93 per cent in the project block of Jharkhand have fed the child with THR.

4.8 Inter- Departmental Convergence and Coordination in Karuna Project

Inter-departmental coordination is a key strategy of the Karuna project. However, from our findings we find a mixed bag of results which mean that a lot needs to be done to engage health and non-health officials to curb malnourishment in their areas. Some of the salient points that emerged from this study are:

- Lack of motivation among FLWs—communication gap
- Lack of trust between officials—'turf wars' possible reason
- Interest in curbing malnourishment showing results from past

It emerged from the qualitative interviews that it was the FLWs who suffered the most due to lackadaisical approach by supervisors and health department officials. Financial shortcomings were the most common angst reported by the FLWs.

One AWW in Gumla voiced similar concerns:

"In my area, there are several challenges to run the AWW center. There is lack of institutional support like plate, tat-patti, chalk, toys, food grains etc. Food grains especially have been in short supply since March of this year which has caused many problems."

Further the AEO of Gumla added that if current government schemes on agriculture can work in tandem with health department a lot can be achieved.

" RKVY yojana ke antargit khetoh mein pradushit mitti va rasayan ke prabhav ko kam karne hetu khadyan khetra mein is yojana ke anusar dhaincha ka beej muft vitaran karke samuday ko fayada pahuchate hain. Karuna jaise aur karyakram hone chahiye."

Chapter 5 Conclusions

The objective of Karuna project is primarily to generate evidence across India to advocate for policy and programmatic changes at the Government level to address child under-nutrition, especially Severe Acute Malnutrition, in areas with the highest malnutrition rates. The project has been designed with this objective of evidence generation. Under Project Karuna, the plan is to implement CMAM and strengthen activities in support of optimal Infant and Young Child Feeding (IYCF) within the ambit of a Block Operational Plan, and thus provide evidence to lead to a change in the design and functioning of Integrated Child Development Services (ICDS).

The approach used for conducting the study was a mixed design approach. During the study, information was collected from target population, service providers and various government departments. The information thus collected was both qualitative and quantitative in nature. Majorly, the value for baseline indicators was captured through quantitative tools while qualitative tools were administered to gauge perception of different stakeholders for the other information areas.

The following sections illustrate the conclusions of the baseline survey findings carried in Pindra block:

- Dietary habits: many age old dogmas presents as a challenge in promoting healthy dietary habits in the communities especially in the backward communities.
- Hand-washing practices: various hand-washing indicators were not satisfactory project block of UP like after cleaning child's feces 41 per cent, before cooking meal- 54 per cent, before eating 55 per cent, before feeding children 30 per cent, after disposing garbage-15 per cent etc.
- Households having improved sanitation facilities: only 27.9 per cent of HHs is having improved facilities. This is more pronounced in ST category and among BPL families.
- Pregnancy registration: only 62.6 per cent women were registered during 1st trimester of pregnancy.
- ANC check up: only 51.8 per cent of mothers with children less than 6 months and 61.2 per cent of pregnant women took ANC check up in their 1st trimester.
- IFA tablet uptake: only 78.9 per cent of mothers with children of less than 6 months and 56.1 per cent of pregnant women received 100 IFA tablets during their pregnancy.
- Delivery practices: institutional delivery comprised of only 78.3 per cent mothers.
- Exclusive breastfeeding: only 56.9 per cent of mothers started breastfeeding within an hour and 37.2 per cent women exclusively breastfed their child for 6 months. Health of the mothers was cited as the most common reason for non-exclusive breastfeeding.
- Complementary feeding: mean age of initiating complementary feeding in UP is 7.04 months. It was significant that 44.2 per cent of children in the project block of UP are being tea or coffee, which is unhealthy and not at all advisable for children of that age group. It was also seen that 21.1 per cent of children in Pindra were eating commercially available snacks, which is not advisable for children of that age as it is detrimental for their health. The reason for this may be looked into and women may be encouraged to avail of the food rations provided by the government at subsidized rates.
- Health morbidity: 60.5 per cent children of 6-59 months had fallen ill during last 3 months. Most common causes of health morbidity were diarrhea and pneumonia.

- Malnutrition indicators: 46.6 per cent of children were underweight, 50 per cent were stunted and 29.1 per cent children were wasted in project block of UP.
- VHND: Only 9 per cent of respondents were aware of the VHND programmes. The most frequent services taken in VHND were pregnancy registration and child immunization

The following sections illustrate the conclusions of the baseline survey findings carried in Gumla Sadar block:

- Dietary habits: many age old dogmas presents as a challenge in promoting healthy dietary habits in the communities especially in the backward communities.
- Hand-washing practices: various hand-washing indicators were not satisfactory in project block like after cleaning child's feces 32.2 per cent, before cooking meal- 38.6 per cent, before eating 47.1 per cent, before feeding children 18.8 per cent, after disposing garbage-24.2 per cent etc.
- Households having improved sanitation facilities: only 6.4 per cent of HHs is having improved facilities. This is more pronounced in obc category and among BPL families.
- Pregnancy registration: only 81 per cent of pregnant women and 76.5 of mothers with children less than 6 months were registered during 1st trimester of pregnancy.
- ANC check up: only 61.8 per cent of mothers with children less than 6 months and 67.6 per cent of pregnant women took ANC check up in their 1st trimester.
- IFA tablet: only 56.6 per cent of mothers with children of less than 6 months and 67.1 per cent of pregnant women received 100 IFA tablets during their pregnancy.
- Delivery practices: institutional delivery comprised of only 49.5 per cent mothers.
- Exclusive breastfeeding: only 69 per cent of mothers started breastfeeding within an hour and 65.8 per cent women exclusively breastfed their child for 6 months. Health of the mothers was cited as the most common reason for non-exclusive breastfeeding.
- Complementary feeding: mean age of initiating complementary feeding is 7.45 months. It was significant that 26.8 per cent of children in the project block of UP are being tea or coffee, which is unhealthy and not at all advisable for children of that age group. It was also seen that 21.9 per cent of children in Pindra were eating commercially available snacks, which is not advisable for children of that age as it is detrimental for their health. The reason for this may be looked into and women may be encouraged to avail of the food rations provided by the government at subsidized rates.
- Health morbidity: 41.4 per cent children had fallen ill during last 3 months. Most common causes of health morbidity were fever, cough and cold, diarrhea and pneumonia.
- Malnutrition indicators: 39.9 per cent of children were underweight, 50.5 per cent were stunted and 22.3 per cent children were wasted in Jharkhand project block.
- VHND: Only 18 per cent of respondents were aware of the VHND programmes. The most frequent services taken in VHND were pregnancy registration and child immunization.

Annexures

Annexure 1: Sampling design

Sample size (children in the 6-59 months age group and their mothers) for calculating the prevalence of SAM

The present value and the estimated value at the end of the project for this key indicator are available. Hence, the two sample formula has been used to calculate the sample size for this indicator.

The proportion (P1) of SAM affected children in the project areas at present is given to be 50 per cent, hence P1 = 0.5. The project aims at achieving a 50 per cent reduction in the incidence of SAM in the project area. However, to be on the safe side, it is assumed that a 20 per cent reduction[18] in the incidence of SAM will take place. Hence, the proportion (P2) of SAM affected children after the project will be 0.4, so P2= 0.4

The model confidence level is kept at 95 per cent, which means it can be said with 95 per cent confidence that the difference or non-difference between the values of the baseline and endline assessments are statistically significant. The corresponding Z-score Z 1-.95 = 1.96

The model power is kept at 80 per cent, which means it can be said with 80 per cent confidence that the model has been able to detect a specified change or no-change.

The corresponding Z-score

Z 1-.8 = 0.84

Based on the above considerations, the required sample size for the variable of interest will be given by the formula:

$$N = \frac{D[Z_{1-\alpha}\sqrt{2P(1-P)} + Z_{1-\beta}\sqrt{P1(1-P1)+P2(1-P2)}]^2}{(P2-P1)^2} \quad \text{.....(i)}$$

Where:

D=Design effect =1.5

P1=the estimated proportion at the time of the first survey=0.5

P2=the proportion expected at the time of the survey=0.4

Z1-α=the z-score corresponding to a significance level=1.96

Z1-β=the z-score corresponding to the power=0.84

Putting the values in equation (i) we get n= 580.

Sample size (children in the age group of 0-24 months and their mothers) for incidence of IYCF practices

According to the NFHS-3, the present value of the proportion of following of IYCF practices is 20 per cent, hence P=0.2. The output level proportion for this indicator is not specified. Hence, one sample formula has been used to find the sample size that will be statistically sufficient to assess this variable of interest.

[18] A model detecting a 20% change is robust enough to detect a 50% change in reality, but the opposite is not true.

The model confidence level is kept at 95 per cent, which means it can be said with 95 per cent confidence that the difference or non-difference between the values of the baseline and end line assessments are statistically significant. The corresponding Z-score Z 1-.95 = 1.96
The maximum error allowed for the model is kept at 5 per cent, hence E=0.05
Based on the above considerations, the required sample size for the variable of interest will be given by the formula:
N = [D Z2 P*(1-P)] / E2. ..... (ii)
D=Design effect =1.5
P =the estimated proportion at the time of the baseline survey=0.2
Z =the z-score corresponding to a significance level=1.96

Putting the values in equation (ii) we get N=369.

Sample size (pregnant women)

The crude birth rates (CBR) for UP and Jharkhand are 29 and 27 respectively. So approximately, taking the CBR as 30 for both the project blocks, we are expected to find 80 pregnant women among the 576 sample households. To adjust this number against the number of villages, we may achieve to interview three pregnant women per village. That makes it 96 pregnant women per project block. Among the sampled HHs, it is expected then, that there will be 96 pregnant women but the number can be more or less, based on actual availability.

Annexure-II: Quantitative Questionnaire

Baseline Survey Project Karuna

बेसलाइन सर्वेक्षण परियोजना करुणा

Quantitative schedule: Pregnant Women and Mother's tool

परिमाणात्मक प्रश्नावली: गर्भवती महिला और माताओं के लिए

A. Interviewers Name. lk{kkRdkjdrkZ dk uke	
B. Result ifj.kke	Result Codes: परिणाम कोड: 1.Completed पूरा भरा 2.Respondent Not At Home उत्तरदाता घर पर नहीं था 3.Postponed स्थगित किया 4.Respondent Refused उत्तरदाता ने मना कर दिया 5.Incapacitated अक्षम होना 6.Other (Specify) अन्य (स्पष्ट करें)
C.Date (auto fill) तिथि (स्वयं भरी जायेगी)	a.Days b.Months महीना c.Year वर्ष
D. Time (auto fill) समय (स्वयं भरा जायेगा)	a.Hrs घंटा b.M ins महीना c. Secs सेकेंड
E. Number of Visits कितनी बार मिलने गये	number (1 digit) संख्या (एक अंक में)

HH IDENTIFICATION हाउसहोल्ड की पहचान	
Unique id (12 digit)	
STATE राज्य	1. Jharkhand 2. Uttar Pradesh

	1. झारखंड 2. उत्तर प्रदेश
DISTRICT जिला	1. Gumla 2. Varanasi 1. गुमला 2. वाराणसी
BLOCK NAME ब्लॉक का नाम	Code list of blocks ब्लॉकों की कोड सूची
BLOCK Type ब्लॉक का प्रकार	1. Project 2. Control 1. परियोजना 2. नियंत्रण
VILLAGE NAME गांव का नाम	Code list of villages गांवों की कोड सूची
STRUCTURE NUMBER ढांचा संख्या	▭ number (4 digit) संख्या (चार अंक)
HOUSEHOLD NUMBER हाउसहोल्ड का नम्बर	▭ number (1 digit) संख्या (एक अंक)

INFORMED CONSENT

My name is ……. In am working for Sambodhi Research and Communication Pvt Ltd. We are conducting a study about the Nutritional Status of Children of age group 0-59 months for Save the Children BalRaksha Bharat (SC/BR). This would provide data on malnutrition to serve as the basis for dialogue with local, state, and national stakeholders, to reduce malnutrition. Your household has been randomly selected to be asked the questions in this survey. We would very much appreciate your participation in this survey. I would like to ask you a few questions about your child's health, your health, pregnancy and the health services you receive.

The survey usually takes about 30 minutes to complete. Whatever information you provide will be kept strictly confidential. Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time do you want to ask me anything about the survey?

Answer any questions and address respondents concerns

May I begin the interview now?

RESPONDENT AGREES FOR INTERVIEW.....01 (Go to Q1)

RESPONDENT DOES NOT AGREE FOR INTERVIEW..... 02 END

(For printed document only)

Signature of the Interviewer…….Date……

Signature of the Interviewee…….Date……

जानकारी युक्त सहमति

मेरा नाम..... है। मैं सम्बोधि रिसर्च एंड कम्यूनिकेशन प्राइवेट लिमिटेड के लिए काम करता/करती हूं। हम 'सेव द चिल्ड्रन/रक्षा भारत) के लिए 0–59 महीना आयु

समूह के बच्चों की पोषण संबंधी स्थिति के बारे में एक अध्ययन कर रहे हैं। इससे हमें पोषण संबंधी तथ्य और आंकड़े (डाटा) प्राप्त होंगे जो कुपोषण को कम करने हेतु स्थानीय, राज्य स्तरीय और राष्ट्रीय स्तर के हितधारकों के साथ संवाद का आधार बनेंगे। इस सर्वेक्षण के अंतर्गत प्रश्न पूछने के लिए आपके हाउसहोल्ड का रेंडम आधार पर चयन किया गया। इस सर्वेक्षण में आपकी भागीदारी को हम मूल्यवान समझते हैं। हम आपके बच्चे के स्वास्थ्य, आपके स्वास्थ्य, गर्भधारण और आपके द्वारा प्राप्त की जाने वाली स्वास्थ्य सेवाओं के बारे में आपसे कुछ प्रश्न पूछेंगे।

सर्वेक्षण पूरा करने में सामान्यतः 30 मिनट का समय लगता है। आप जो भी जानकारी देंगे उसे गोपनीय रखा जायेगा। इस सर्वेक्षण में आपकी भागीदारी स्वैच्छिक है; और आप किसी प्रश्न का या सभी प्रश्नों का उत्तर न देने के लिए स्वतंत्र हैं। किंतु हम आशा करते हैं कि आप इस सर्वेक्षण में भाग लेंगे क्योंकि आपके विचार महत्वपूर्ण हैं।

इस समय क्या आप सर्वेक्षण के बारे में मुझसे कोई प्रश्न पूछना चाहते हैं?

प्रश्नों का उत्तर दें और उत्तरदाता के सरोकारों को हल करें।

क्या अब मैं साक्षात्कार शुरू कर सकता हूं?

उत्तरदाता साक्षात्कार के लिए सहमत हैं .....01 (प्रश्न 1 पर जायें)

उत्तरदाता साक्षात्कार के लिए तैयार नहीं है ..... 02 (समाप्त)

(केवल मुद्रित दस्तावेज के लिए)

साक्षात्कारकर्ता के हस्ताक्षर..... तिथि .....

साक्षात्कारकर्ता के हस्ताक्षर..... तिथि ----------

RESPONDENT CATEGORY **QUESTION** उत्तरदाता का वर्ग प्रश्न	Respondent category उत्तरदाता का वर्ग	Codes कोड	Skip छोडें
What is the category of the respondent उत्तरदाता का वर्ग क्या है?	Mother of child of age a group 25-59 months 25–59 महीने के बच्चे की मां	1	
	Mother of child of age group 6 to 24 months 6–24 महीने के बच्चे की मां	2	

	Mother of child of age group less than 6 months 6 महीने से कम आयु के बच्चे की मां	3	
	Pregnent women गर्भवती महिला	4	

SECTION A : GENERAL INFORMATION (For all categories) सामान्य जानकारी (सभी वर्गों के लिए)				
SN	Question प्रश्न	Options विकल्प	Code कोड	Skip छोड
1	What is your name आपका नाम क्या है?			
2	पूर्ण वर्षों में आपकी आयु क्या है? (मां–बच्चा कोड मांगें)	Age of mother in Years वर्षों में मां की आयु		
3	What is your Religion आपका धर्म क्या है?	Hindu हिंदू	1	
		Muslim मुस्लिम	2	
		Christian ईसाई	3	
		Jain जैन	4	

		Buddhist बौद्ध	5	
		Others अन्य	88	
4	What is your Social Category आपका सामाजिक वर्ग क्या है?	General सामान्य	1	
		SC अनु. जाति	2	
		ST अनु. जनजाति	3	
		OBC अति पिछड़ा वर्ग	4	
		Others अन्य	88	
5	Please specify your caste? कृपया अपनी जाति बतायें	Brahmin	1	
		Rajput/Thakur	2	
		Bhumihar	3	
		Kayasth/ Srivastava/Lala	4	
		Dalit	5	
		Chamar	6	
		Dusadh/Paswan	7	
		Musahar	8	
		Pasi	9	
		Dhobi	10	

		Bhuiya	11	
		Chaupal	12	
		Bantar	13	
		Rajwar	14	
		Yadav	15	
		Vaishya/Bania	16	
		Kurmi	17	
		Shah	18	
		Muslim	19	
		Other	20	
6	Have you ever attended school? क्या आप कभी स्कूल गई?	Yes	1	
		No	2	
6A	Can you read? क्या आप पढ़ सकती हैं?	Yes	1	
		No	2	
6B	Can you write? क्या आप लिख सकती हैं?	Yes हां	1	
		No नहीं	2	
6C	A. What is **your highest level** of educational attainment? आपकी शिक्षा का उच्चतम स्तर क्या है? (skip if no in 6)	Uneducated अशिक्षित	1	
		Primary प्राथमिक	2	
		Upper Primary अपर प्राथमिक	3	
		Secondary माध्यमिक	5	
		Higher Secondary उच्चतर माध्यमिक	6	
		Graduate स्नातक	7	
		Post Graduate स्नातकोत्तर	8	
7	Do you have a ration card?	Yes हां	1	

	क्या आपके पास राशन कार्ड है?	No नहीं	2	Skip to 9
		Don't Know मालूम नहीं	3	Skip to 9
8	What is the type of ration card आपके पास किस प्रकार का राशनकार्ड है?	BPL बीपीएल	1	
		APL ए प ल	2	
		Antodaya अंत्योदय	3	
		Annapurna अन्नपूर्णा	4	
		Others (specify) अन्य (उल्लेख करें)	5	
		Can't Say कह नहीं सकते	6	
9	What is your primary occupation? आपका मुख्य पेशा क्या है?	Unskilled Labour अकुशल श्रमिक	1	
		Skilled Labour कुशल श्रमिक	2	
		Service नौकरी	3	
		Business व्यवसाय	4	
		Social Work सामाजिक कार्य	5	
		Housewife घरेलू महिला	6	
10	What is the main occupation of the primary revenue earner of the household? हाउसहोल्ड में मुख्य आय अर्जित करने वाले का मुख्य पेशा क्या है?	Agriculture कृषि	1	
		Agricultural labour कृषि मजदूरी	2	
		Other labour अन्य मजदूरी	3	
		Own Business अपना व्यवसाय	4	
		Salaried वेतनभोगी	5	
		Teacher/doctor/self employed शिक्षक / डॉक्टर / स्वरोजगार	6	
		Other's अन्य	7	
		Don't Know मालूम नहीं	8	

11	What is the total annual household income? परिवार की कुल वार्षिक आय क्या है?	■■■■■■ Number 6 digits संख्या–6 अंक			
12	Are you member of any of these? क्या आप इनमें से किसी की सदस्य हैं		Yes हां	No नहीं	
		SHG स्वयं सहायता समूह (**एसएचजी**)	1	2	
		Village Health Saniation and Nutrition Committee (VHSC) ग्राम स्वास्थ्य और स्वच्छता समिति (**वीएचएससी**)	1	2	
		Religious Group ধkkfeZd lewg	1	2	
		Cooperative सहकारी संस्था	1	2	
		Elected member of panchayat पंचायत का निर्वाचित सदस्य	1	2	
		Others अन्य	1	2	
13	Who in your household decides how the money that you earn should be used: you, your husband, your mother-in-law, or someone else? आप जो पैसा कमाती हैं, उसे कैसे खर्च करना है, यह कौन तय करता है: आप, पति, सास या कोई अन्य	Self स्वयं	1		
		Husband पति	2		
		Mother in law सास	3		
		Father in law ससुर	4		
		Someone else कोई अन्य	5		
		Not Applicable	6		

		नोट अप्लिकबल		
14	Who in your household usually makes the following decisions: you, your husband, your mother-in-law, or someone else? आपके हाउसहोल्ड में निम्नलिखित फैसले कौन करता हैः आप, पति, सास या कोई अन्य			
a	Decisions about health care for yourself आपकी स्वास्थ्य देखरेख के बारे में फैसला	Self स्वयं	1	
		Husband पति	2	
		Mother in law सास	3	
		Father in law ससुर	4	
		Someone else कोई अन्य	5	
b	Decisions about health care for your child? आपके बच्चे की स्वास्थ्य देखरेख के बारे में फैसला	Self स्वयं	1	
		Husband पति	2	
		Mother in law lास	3	
		Father in law ससुर	4	
		Someone else कोई अन्य	5	
c	Decisions about making major household purchases? हाउसहोल्ड का मुख्य सामान खरीदने के बारे में फैसला	Self स्वयं	1	
		Husband पति	2	
		Mother in law सास	3	
		Someone else कोई अन्य	4	

SECTION B : HOUSEHOLD CHARACTERISTICS (for all categories)

हाउसहोल्ड की विशेषताएं (सभी वर्गों के लिए)				
SL NO क्र.सं.	**Question** **प्रश्न**	**Options** **विकल्प**	**Codes** **कोड**	**Skip** **छोड़ें**
15A	Does your household own this house or any other house? क्या आप इस घर के अथवा किसी और घर के मालिक हैं?	YES हां	1	
		NO नहीं	2	
		DON'T KNOW मालूम नहीं	3	
15B	How many members are there in the household? आपके घर में कितने लोग हैं	|__|__| MEMBERS सदस्य		
CHARACTERISTICS OF THE HOUSE घर की विशेषताएं				
16	What is the Type of House किस प्रकार का घर है?	Kuctha कच्चा	1	
		Pukka पक्का	2	
		Semi-pukka आधा पक्का	3	
17	What type of fuel does your household mainly use for cooking? आपका हाउसहोल्ड रसोई के लिए किस प्रकार के ईंधन का प्रयोग करता है? **CODE ONE ONLY** **केवल कोड** **PROBE FOR MAIN SOURCE** **मुख्य स्रोत के बारे में पूछें**	ELECTRICITY बिजली	1	
		LPG एलपीजी	2	
		Natural GAS नेचुरल गैस	3	
		BIOGAS बायोगैस	4	
		KEROSENE मिट्टी का तेल	5	
		COAL/LIGNITE कोयला–लिग्नाइट	6	
		CHARCOAL चारकोल	7	
		WOOD लकड़ी	8	
		STRAW/SHRUBS भूसा–झाड़ियां	9	
		GRASS घास	10	

		AGRICULTURAL कृषिगत	11	
		CROP WASTE फसलों का कचरा	12	
		DUNG CAKES गोबर के उपले	13	
		OTHER (SPECIFY) अन्य (स्पष्ट करें)	14	
18	What is the main source of lighting in this household? हाउसहोल्ड में प्रकाश का मुख्य स्रोत क्या है?	LANTERN लालटेन	1	
		KEROSENE LAMP मिट्टी के तेल का लैंप	2	
		CANDLE मोमबत्ती	3	
		ELECTRIC बिजली	4	
		LPG/BATTERY एलपीजी/बैटरी	5	
		NONE कुछ नहीं	6	
		OTHERS (specify) अन्य (स्पष्ट करें)	7	

HOUSEHOLD ASSETS
हाउसहोल्ड की परिसंपत्तियां

19	Does your household have the following क्या आपके हाउसहोल्ड के पास निम्नलिखित हैं?	Yes हां	No नहीं	
a	Electricity? बिजली	1	2	
b	A Mattress एक चटाई	1	2	
c	Pressure cooker प्रेशर कुकर	1	2	
d	Chair कुर्सी	1	2	
e	Cot and Bed बिस्तर और चारपाई	1	2	
f	Table टेबल	1	2	
g	Electric Fan बिजली का पंखा	1	2	
h	Radio ¼डियो	1	2	
i	Transistor ट्रांजिस्टर	1	2	
j	Black and white tv काला/सफेद टेलिविजन	1	2	

k	Colour Tv रंगीन टेलिविजन	1	2	
l	A sewing Machine सिलाई मशीन	1	2	
m	A Mobile Telephone मोबाइल फोन	1	2	
n	A computer कंप्यूटर	1	2	
o	A refrigerator रेफ्रिजिरेटर	1	2	
p	A Watch or clock घड़ी या दीवार घड़ी	1	2	
q	A bicycle साइकल	1	2	
r	A motorcycle or scoter मोटर साइकल या स्कूटर	1	2	
s	Animal drawn cart बैलगाड़ी आदि	1	2	
t	Car कार	1	2	
u	Water Pump पानी का पंप	1	2	
v	Thraser थ्रैशर	1	2	
w	Tractor ट्रैक्टर	1	2	
x	Is the mobile phone self owned or shared? (Ask only if yes in m) क्या मोबाइल फोन अपना है या साझा है (तभी पूछें जब ड का उत्तर हां हो)	1	2	
20	Does any member of this household have a bank account or post-office account? क्या हाउसहोल्ड के किसी सदस्य का बैंक एकाउंट या पोस्ट ऑफिस एकाउंट है?	Yes हां	1	
		No नहीं	2	Skip to 22
		Don't Know मालूम नहीं	3	Skip to 22
21	Do you have a bank or savings account that you yourself use? क्या आपका बैंक या बचत खाता है जिसका उपयोग आप खुद करती हैं?	Yes हां	1	
		No नहीं	2	
		Don't Know मालूम नहीं	3	
22	Is any member of this household covered by a health scheme or health insurance? क्या आपके घर का कोई सदस्य स्वास्थ्य योजना के अंतर्गत आता है या उसका स्वास्थ्य बीमा है?	Yes हां	1	Skip to24
		No नहीं	2	
		Don't Know मालूम नहीं	3	Skip to 24
23	What type of health scheme or health insurance? किस प्रकार की स्वास्थ्य योजना या स्वास्थ्य बीमा?	EMPLOYEES STATE INSURANCE SCHEME (ESIS) कर्मचारी राज्य बीमा योजना (ईएसआईएस)	1	
		CENTRAL GOVERNMENT HEALTH SCHEME (CGHS) केंद्र सरकार स्वास्थ्य	2	

		योजना (सीजीएचएस)		
		COMMUNITY HEALTH INSURANCE PROGRAMME समुदाय स्वास्थ्य बीमा कार्यक्रम	3	
		OTHER HEALTH INSURANCE THROUGH EMPLOYER नियोक्ता द्वारा अन्य स्वास्थ्य बीमा	4	
		MEDICAL REIMBURSEMENT FROM EMPLOYER नियोक्ता द्वारा चिकित्सा प्रतिपूर्ति योजना	5	
		OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE अन्य निजी रूप से खरीदा व्यवसाय स्वास्थ्य बीमा	6	
		OTHER (SPECIFY) अन्य (उल्लेख करें)	7	
24	Does this household have a RSBY card? क्या इस हाउसहोल्ड के पास आरएसबीवाई कार्ड है? **DESCRIBE RSBY FOR CLARITY** स्पष्टता के लिए एनआरईजीएस के बारे में बतायें Varanasi: 07/09/2012 Jaunpur: 06/08/2012 Gumla: 11/01/2013	YES हां	1	
		NO नहीं	2	
		DON'T KNOW मालूम नहीं	3	
25	Does this household have a NREGS card? क्या इस हाउसहोल्ड के पास एनआरईजीएस कार्ड है?	YES हां	1	
		NO नहीं	2	
		DON'T KNOW मालूम नहीं	3	

	DESCRIBE NREGS FOR CLARITY स्पष्टता के लिए एनआरईजीएस के बारे में बतायें			

SECTION C : FOOD SECURITY RELATED AND DIET RELATED QUESTIONS (for all categories) **खाद्य सुरक्षा संबंधी और खुराक संबंधी प्रश्न (सभी वर्गों के लिए)**				
S.No. क्र.सं.	Questions **प्रश्न**	Response **उत्तर**	Codes **कोड**	Skip **छोड़ें**
26 a	In the past 30 days did you worry that your household would not have enough food? पिछले 30 दिनों में क्या आपको कभी यह चिंता हुई है कि आपके हाउसहोल्ड में पर्याप्त खाना नहीं है?	Yes हां	1	
		No नहीं	2	Skip to k
b	If "Yes", how often did this happen? यदि हां तो ऐसा कब–कब होता है?	Rarely (1-2 times) बहुत ही कम बार (एक–दो बार)	1	
		Sometimes (3-10 times) कभी–कभी (3–10 बार)	2	
		Often (>10 times) अक्सर (10 से अधिक बार)	3	
k	In the past 30 days did you or any household member go to sleep at night hungry because there was not enough food? पिछले 30 दिनों में पर्याप्त भोजन न होने की वजह से आपको या आपके हाउसहोल्ड के किसी सदस्य को भूखे पेट सोना पड़ा	Yes हां	1	
		No नहीं	2	Skip to m छोड़ कर ड पर

				जायें
l	If "Yes", how often did this happen? यदि हां तो ऐसा कब–कब होता है?	Rarely (1-2 times) बहुत ही कम बार (एक–दो बार)	1	
		Sometimes (3-10 times) कभी–कभी	2	
		Often (>10 times) अक्सर (10 से अधिक बार)	3	
m	In the past 30 days did you or any household member go a whole day without eating anything because there was not enough food? क्या पिछले 30 दिनों में पर्याप्त भोजन न होने की वजह से आपको या आपके परिवार के किसी सदस्य को पूरे दिन भूखा रहना पड़ा?	Yes हां	1	
		No नहीं	2	Skip to 14a छोड़ कर 14क पर जाय
n	If "Yes", how often did this happen? यदि हां तो ऐसा कब–कब होता है?	Rarely (1-2 times) बहुत ही कम बार (एक–दो बार)	1	
		Sometimes (3-10 times) कभी–कभी (3–10 बार)	2	
		Often (>10	3	

		times) अक्सर (10 से अधिक बार)		

Mothers Dietary Recall

माताओं की खुराक याद करना

Instructions: Ask the 24 hr diet recall for yesterday, if it was a typical day. If not, ask for the day before. If both were atypical days, proceed to ask about the diet from yesterday. For whichever 24 hr period is recalled, probe the respondent to include all food (meals and snacks) consumed during the morning, day, and night, whether at home or outside the home. Start with the first food eaten after waking up and ask about each time of day probing until there is no further food recalled.

निर्देशः अगर बीते कल का दिन एक सामान्य दिन था तो पूछें कि उत्तरदाता ने कल 24 घंटों के दौरान क्या खुराक ली। यदि कल का दिन सामान्य नहीं था तो परसों की खुराक के बारे में पूछें। यदि दोनों दिन सामान्य नहीं थे तो बीते कल से खुराक याद करने को कहें। 24 घंटे की अवधि जो भी हो, उत्तरदाता से सुबह, दिन और रात को (चाहे घर में हो या बाहर) खाये गये सभी आहारों (मुख्य भोजन और नास्ता) के बारे में पूछें। शुरूआत में जागने के बाद लिये गये पहले भोजन से करें और दिन के हर समय लिये गये भोजन के बारे में पूछें जब तक कि और कोई याद करना न रह जाये।

S.N. क्र.सं.	Question प्रश्न	Response उत्तर	Codes dksM	Skip छोड़ें
27a	I would like to now ask you about what you ate and drank in last 24 hours (or the day before if yesterday was unusual ie a feast or festival) अब मैं आपसे यह पूछूंगा कि आपने पिछले 24 घंटों में (या एक दिन पहले – अगर कल असामान्य था यानी कल कोई दावत थी या त्यौहार था) **(Spontaneous)** **(स्वतः स्फूर्त)**	CEREALS (e.g. Rice, roti, bread, puffed rice, pressed rice, noodles, or any other foods rice, wheat, maize/corn, or other locally available grains) अन्न (यानी चावल, रोटी, दाल, पोहा, नूडल्स या चावल, गेहूं, मक्का से बना आहार या अन्य स्थानीय रूप से उपलब्ध अन्न)	1	
		VITAMIN A RICH VEGETABLES AND TUBERS (e.g. Pumpkin, carrots, sweet potatoes that are orange and yellow inside) प्रचुर विटामिन ए वाली सब्जियां और कंद (यानी लौकी, गाजर, शकरकंदी – जो खाद्य भीतर से नारंगी	2	

S.N. क्र.सं.	Question प्रश्न	Response उत्तर	Codes dks M	Skip छोड़ें
	Multiple Response **अनेक उत्तर**	और पीले रंग के हों)		
		WHITE TUBERS AND ROOTS OR OTHER STARCHY FOODS (e.g. Potatoes, white yams, white sweet potato (not orange inside) or other foods made from roots) सफेद कंद और मूल या अन्य स्टार्च वाले खाद्य (यानी आलू, सफेद रतालू या अरबी, सफेद शकरकंदी – जो भती से नारंगी न हो, या मूल या जड़ों से प्राप्त अन्य भोजन	3	
		DARK GREEN LEAFY VEGETABLES (e.g. Spinach, amaranth leaves, mustard leaves, pumpkin leaves, yam leaves, etc.) गहरे रंग की पत्तेदार सब्जियां (पालक, चौलाई, सरसों, अरबी के पत्ते, कद्दू के पत्ते)	4	
		OTHER VEGETABLES (e.g. Cauliflower, cabbage, eggplant, green papaya, radish, onion, etc.) अन्य सब्जियां (पत्ता गोबी, फूलगोबी, बैंगन, हरा पपीता, मूली, प्याज)	5	
		VITAMIN A RICH FRUITS (e.g. Ripe mangoes, ripe papaya, apricot, jack fruit etc.) प्रचुर मात्रा में विटामिन ए वाले फल (पके आम, पका पपीता, आड़ू, कटहल)	6	
		OTHER FRUITS (e.g. Tomatoes, Bananas, apples, guavas, oranges, other citrus fruits, pineapple, watermelon, grapes, strawberries, plum, peaches etc.) अन्य फल (केले, सेब, टमाटर, अमरूद, नारंगी, अन्य साइट्रस फल, पाइनएप्पल, तरबूज, अंगूर, स्ट्राबेरी, आलूबुखारा, लीची आदि)	7	

S.N. क्र.सं.	Question प्रश्न	Response उत्तर	Codes dks M	Skip छोड़ें
		MEAT (e.g. Goat, lamb, buffalo, pork, chicken, duck, or other birds, liver, kidney, heart, lungs etc.) मीट (बकरी, भेड़, भैंस, सूअर का मांस, मुर्गा, बत्तख, अन्य पक्षी, लिवर, किडनी, आदि)	8	
		EGGS (e.g. Eggs of different birds – chicken, duck, etc.) अंडे (मुर्गी, बत्तख के अंडे)	10	
		FISH (e.g. Big/small fresh or dried fish or shellfish such as prawn, crab etc.) मछली (छोटी/बड़ी, ताजी, सूखी मछली, झींगा, केकड़ा)	11	
		BEANS, PEAS, OR LENTILS (e.g. Soybeans, beans, peas, lentils, other pulses) फलियां, मटर या दालें (सोयाबीन, बीन्स, मटर, दालें आदि)	12	
		MILK AND MILK PRODUCTS (e.g. Milk, cheese, yogurt, or other milk products) दूध और दूध से बने खाद्य (दूध, चीज, दही, अन्य दुग्ध उत्पाद)	13	
		NUTS AND SEEDS गिरीदार फल और बीज	14	
		OILS AND FATS (e.g. Oil, fats, or butter added to food or used for cooking including ghee) तेल या वसा (भोजन में तेल, वसा या मक्खन मिला कर लेना और घी आदि खाना पकाने के इस्तेमाल की गई चीजें)	15	

S.N. क्र.सं.	Question प्रश्न	Response उत्तर	Codes dks M	Skip छोड़ें
		SWEETS/SNACK FOODS (e.g. Sugar, honey, rock candy, chocolates, biscuits, cold drinks, chips) honey, rock candy, chocolates, biscuits, cold drinks, chips) मिठाई / स्नैक्स (चीनी, शहद, राक कैंडी, चाकलेट, बिस्किट, शील पेय, चिप्स)	16	
		TEA/COFFEE चाय / कॉफी	17	
		Millets: Jower, Bajra, Ragi ज्वार, बाजरा और रागी	18	
		Hariya हड़िया	19	
		Other alchoholic beverages अन्य अल्कोहल वाले पेय	20	
		Pan with lime चूने के साथ पान	21	
		Other (Specify) अन्य (उल्लेख करें)	22	
27b	I would like to now ask you about what you ate and drank in last 24 hours (or the day before if yesterday was unusual ie a fiest or festival) एक दिन पहले – अगर कल असामान्य था यानी कल कोई दावत थी या त्यौहार था)	CEREALS (e.g. Rice, roti, bread, puffed rice, pressed rice, noodles, or any other foods rice, wheat, maize/corn, or other locally available grains) अन्न (यानी चावल, रोटी, दाल, पोहा, नूडल्स या चावल, गेहूं, मक्का से बना आहार या अन्य स्थानीय रूप से उपलब्ध अन्न)	1	
		VITAMIN A RICH VEGETABLES AND TUBERS (e.g. Pumpkin, carrots, sweet	2	

S.N. क्र.सं.	Question प्रश्न	Response उत्तर	Codes dksM	Skip छोड़ें
	(Probe) **(पूछ कर पता लगायें)** **Multiple Response** **अनेक उत्तर**	potatoes that are orange and yellow inside) प्रचुर विटामिन ए वाली सब्जियां और कंद (यानी लौकी, गाजर, शकरकंदी – जो खाद्य भीतर से नारंगी और पीले रंग के हों)		
		WHITE TUBERS AND ROOTS OR OTHER STARCHY FOODS (e.g. Potatoes, white yams, white sweet potato (not orange inside) or other foods made from roots) सफेद कंद और मूल या अन्य स्टार्च वाले खाद्य (यानी आलू, सफेद रतालू या अरबी, सफेद शकरकंदी – जो भती से नारंगी न हो, या मूल या जड़ों से प्राप्त अन्य भोजन	3	
		DARK GREEN LEAFY VEGETABLES (e.g. Spinach, amaranth leaves, mustard leaves, pumpkin leaves, yam leaves, etc.) गहरे रंग की पत्तेदार सब्जियां (पालक, चौलाई, सरसों, अरबी के पत्ते, कद्दू के पत्ते)	4	
		OTHER VEGETABLES (e.g. Cauliflower, cabbage, eggplant, green papaya, radish, onion, etc.) अन्य सब्जियां (पत्ता गोबी, फूलगोबी, बैंगन, हरा पपीता, मूली, प्याज)	5	
		VITAMIN A RICH FRUITS (e.g. Ripe mangoes, ripe papaya, apricot, jack fruit etc.) प्रचुर मात्रा में विटामिन ए वाले फल (पके आम, पका पपीता, आड़ू, कटहल)	6	
		OTHER FRUITS (e.g. Tomatoes, Bananas, apples, guavas, oranges, other citrus fruits, pineapple, watermelon, grapes, strawberries, plum, peaches etc.) अन्य फल (केले, सेब, टमाटर, अमरूद, नारंगी, अन्य	7	

S.N. क्र.सं.	Question प्रश्न	Response उत्तर	Codes dksM	Skip छोड़ें
		साइट्रस फल, पाइनएप्पल, तरबूज, अंगूर, स्ट्राबेरी, आलूबुखारा, लीची आदि)		
		MEAT (e.g. Goat, lamb, buffalo, pork, chicken, duck, or other birds, liver, kidney, heart, lungs etc.) मीट (बकरी, भेड़, भैंस, सूअर का मांस, मुर्गा, बत्तख, अन्य पक्षी, लिवर, किडनी, आदि)	8	
		EGGS (e.g. Eggs of different birds – chicken, duck, etc.) अंडे (मुर्गी, बत्तख के अंडे)	10	
		FISH (e.g. Big/small fresh or dried fish or shellfish such as prawn, crab etc.) मछली (छोटी/बड़ी, ताजी, सूखी मछली, झींगा, केकड़ा)	11	
		BEANS, PEAS, OR LENTILS (e.g. Soybeans, beans, peas, lentils, other pulses) फलियां, मटर या दालें (सोयाबीन, बीन्स, मटर, दालें आदि)	12	
		MILK AND MILK PRODUCTS (e.g. Milk, cheese, yogurt, or other milk products) दूध और दूध से बने खाद्य (दूध, चीज, दही, अन्य दुग्ध उत्पाद)	13	
		NUTS AND SEEDS गिरीदार फल और बीज	14	
		OILS AND FATS (e.g. Oil, fats, or butter added to food or used for cooking including ghee) तेल या वसा (भोजन में तेल, वसा या मक्खन मिला कर लेना और घी आदि खाना पकाने के इस्तेमाल की	15	

S.N. क्र.सं.	Question प्रश्न	Response उत्तर	Codes dksM	Skip छोड़ें
		गई चीजें)		
		SWEETS/SNACK FOODS (e.g. Sugar, honey, rock candy, chocolates, biscuits, cold drinks, chips) honey, rock candy, chocolates, biscuits, cold drinks, chips) मिठाई / स्नैक्स (चीनी, शहद, राक कैंडी, चाकलेट, बिस्किट, शील पेय, चिप्स)	16	
		TEA/COFFEE चाय / कॉफी	17	
		Millets: Jower, Bajra, Ragi ज्वार, बाजरा और रागी	18	
		Hariya हड़िया	19	
		Other alchoholic beverages अन्य अल्कोहल वाले पेय	20	
		Pan with lime चूने के साथ पान	21	
		Other (Specify) अन्य (उल्लेख करें)	22	

SECTION D : WASH INDICATORS RELATED QUESTIONS (for all categories) सफाई संबंधी संकेतकों से संबंधित प्रश्न (सभी वर्गों के लिए)			
S.No.	Questions **प्रश्न**	Response **उत्तर**	Code **कोड**

क्र.सं.			
28	What is the source of drinking water that is used for drinking? ihus ds ikuh dk lzksr D;k gS\	Piped Water connection into dwelling yard, or plot आहाते या भूखंड में पाइप के पानी का कनेक्शन	1
		Tubewell टयूबवेल	2
		Protected Dugwell सुरक्षित डग वेल	3
		Borewell बोरवेल	4
		Own Pond अपना तालाब	5
		Protected spring सुरक्षित झरना	6
		Public standpipe सार्वजनिक नल	7
		Rainwater Collection वर्षा जल संग्रह	8
		Bottled water बोतल का पानी	9
		Unprotected dug well असुरक्षित डग वेल	10
		Unprotected spring असुरक्षित झरना	11
		Vendor provided water दुकानदार से खरीदा पानी	12
		Tanker truck टैंकर से	13

		Own Handpump अपना हैंड पम्प	15
		Public Handpump सार्वजनिक हैंड पम्प	16
		river, stream, dam, lake, pond, canal, irrigation channel नदी, झरना, बांध, झील, तालाब, नहर, सिंचाई की नहर	14
		Don't Know मालमू नहीं	98
		Others अन्य	88
29	What do you usually do to the water to make it safer to drink? पानी को पीने योग्य बनाने के लिए आप आम तौर पर क्या करते हैं? **Multiple Response**	Boil उबालते हैं	1
		Add bleach/chlorine ब्लीच/क्लोरीन डालते हैं	2
		Strain through cloth कपड़े से छानते हैं	3
		Use water filter पानी के फिल्टर का उपयोग करते हैं	4
		Store in narrow necked Container संकरी गर्दन वाले बर्तन में रखते हैं	5
		During monsoon bleaching poweder is added वर्षा के दौरान ब्लीचिंग पाउडर मिलाते हैं	6

		No precautions taken कोई सावधानी नहीं बरतते हैं	7
		Others अन्य	8
30	How do you store the drinking water? आप पीने के पानी को कहां रखते हैं?	Covered buckets ढक्की हुई बाल्टियों में	1
		Open buckets खुली बाल्टियों में	2
		Covered pots ढके हुये बर्तनों में	3
		Open pots खुले बर्तनों में	4
		Filter फिल्टर में	5
		Others अन्य	6
31	Who fetches water for your household needs for drinking? हाउसहोल्ड के लिए पीने का पानी कौन लाता है? **Multiple Response**	Adult family member (woman) परिवार का वयस्क सदस्य (महिला)	1
		Adult family member (man) परिवार का वयस्क सदस्य (पुरुष)	2
		Female child under age 15 years 3 15 वर्ष से कम आयु की लड़की	3
		Male child under age 15 years 15 वर्ष से कम आयु की लड़का	4
		Servant नौकर	5
		Everyone हर कोई	6

		Other (specify) अन्य (उल्लेख करें)	7
32	Who fetches water for your household needs such as cooking, cleaning and washing? खाना बनाने, सफाई और धुलाई के लिए पानी कौन लाता है? **Multiple Response**	Adult family member (woman) परिवार का वयस्क सदस्य (महिला)	1
		Adult family member (man) परिवार का वयस्क सदस्य (पुरुष)	2
		Female child under age 15 years 3 15 वर्ष से कम आयु की लड़की	3
		Male child under age 15 years 15 वर्ष से कम आयु की लड़का	4
		Servant नौकर	5
		Everyone हर कोई	6
		Other (specify) अन्य (उल्लेख करें)	7
33	What kind of latrine you have? आपके पास कैसा शौचालय है?	Flush/pour-flush to piped sewer system फ्लश शौचालय जो सिवेज प्रणाली से जुड़ा है	1
		Flush/pour flush to septic tank फ्लश शौचालय जो शेप्टिक टैंक से जुड़ा है	2
		Flush/pour flush to pit फ्लश शौचालय जो गड्ढे से जुड़ा है	3

		Ventilated improved pit latrine हवादार उन्नत गड्ढा शौचालय	4
		Pit latrine with slab स्लैब के साथ गड्ढा शौचालय	5
		Composting toilet कंपोस्ट वाला शौचालय	6
		Public or shared latrine सार्वजनिक या साझा शौचालय	7
		Pit latrine without slab स्लैब के बिना गड्ढा शौचालय	8
		Open pit खुला गड्ढा	9
		Bucket latrine बाल्टी शौचालय	10
		Defecation in field खुले में शौच	11
34	Please tell me the activities before or after which you wash hands? आप किन कार्यों से पहले या बाद में हाथ धोती हैं? **(spontaneous)** **(स्वतः स्फूर्त)** **Multiple Response** **अनेक उत्तर**	After defecation शौच के बाद	1
		After cleaning a young child's feces छोटे बच्चे का मल साफ करने के बाद	2
		Before cooking/preparing food खाना बनाने या पकाने से पहले	3
		Before eating	4

		खाना खाने से पहले	
		Before feeding children बच्चे को खिलाने से पहले	5
		After cooking/eating खाना पकाने/खाने के बाद	6
		After feeding children बच्चे को खाना खिलाने के बाद	7
		After cleaning the house/compound घर/आहाते को साफ करने के बाद	8
		After disposing garbage कूड़े का निपटान करने के बाद	9
		Before picking up the child बच्चे को उठाने से पहले	10
		Don't wash hand हाथ साफ नहीं करते	11
		Don't Know मालूम नहीं	12
35	Please tell me the activities before or after which you wash hands? आप किन कार्यों से पहले या बाद में हाथ धोती हैं? **(Probe)** **(पूछ कर पता लगायें)** **Multiple Response** **अनेक उत्तर**	After defecation शौच के बाद	1
		After cleaning a young child's feces छोटे बच्चे का मल साफ करने के बाद	2
		Before cooking/preparing food	3

		खाना बनाने या पकाने से पहले	
		Before eating खाना खाने से पहले	4
		Before feeding children बच्चे को खिलाने से पहले	5
		After cooking/eating खाना पकाने/खाने के बाद	6
		After feeding children बच्चे को खाना खिलाने के बाद	7
		After cleaning the house/compound घर/आहाते को साफ करने के बाद	8
		After disposing garbage कूड़े का निपटान करने के बाद	9
		Before picking up the child बच्चे को उठाने से पहले	10
		Don't wash hand हाथ साफ नहीं करते	11
		Don't Know मालूम नहीं	12

SECTION E : PREGNENT WOMEN SECTION (MARRIAGE , ANC, WORK LOAD, IYCF AND MALNUTRITION AWARENESS RELATED QUESTIONS) (skip for mothers of children less than 6 months , 6 to 24 months and 25-59 months age category)

गर्भवती महिलाओं वाला भाग (विवाह, प्रसव–पूर्व देखरेख, काम का भार, आईवाईसीएफ और पोषण संबंधी जागरूकता से संबंधित प्रश्न) (छह महीने से कम आयु के, 6–24 माह के और 25–59 माह के बच्चों की

माताओं के लिए इन प्रश्नों को छोड़ दें)				
36	What was your age at marriage? विवाह के समय आपकी आयु क्या थी?	(number) (2 digit) संख्या (2 अंक)		
37	How many children do you have in all? आपके कुल कितने बच्चे हैं?	(number) (1 digit) संख्या (1 अंक)		
38	How many months pregnant are you? आपको कितने महीने का गर्भ है?	(number) (1 digit) संख्या (1 अंक)		
39	Were you registered with AWW or some other health provider at when you became pregnant? (ask for the AWC pregnancy registration card) गर्भवती होने पर आपने आंगनवाड़ी कार्यकर्ता के पास पंजीकरण कराया या किसी अन्य स्वास्थ्य प्रदाता के पास।	ANM एएनएम	1	
		ASHA आशा	2	
		AWW एडब्ल्यूडब्ल्यू	3	
		Other's अन्य	4	
		Don't Know मालूम नहीं	5	
		Not Registered पंजीकृत नहीं है	6	Skip to 42 छोड़ कर प्रश्न 42 पर जायें
40	At which month of pregnancy you were registered? आपने गर्भधारण के कौन से महीने में पंजीकरण कराया था?	(number) (1 digit) संख्या (1 अंक)		

41	Who advised you to register your pregnancy at AWC? Kya apko kisine anganwadi centre me pregnancy register karne ki salah di ya nehi?	AWW एडब्ल्यूडब्ल्यू	1	
		ANM एएनएम	2	
		ASHA आशा	3	
		Others अन्य	4	
		No one informed किसी ने नहीं बताया	5	
PREGNANT WOMEN ANC गर्भवती महिला की प्रसव–पूर्व जांच				
42	Are you receiving antenatal services or counselling? क्या आप प्रसव–पूर्व सेवाएं और परामर्श प्राप्त कर रही हैं	Yes हां	1	
		No नही	2	Skip to 55 छोड़ कर प्रश्न 55 पर जाय
44	From whom are you receiveing antenatal services or counselling for your pregnancy with (Name)? गर्भधारण के लिए आपने प्रसव–पूर्व सेवाएं और परामर्श किससे प्राप्त करती हैं (नाम)? **Multiple Response**	Government Doctor सरकारी डॉक्टर	1	
		ANM/Nurse/Housewife एएनएम/नर्स/घरेलू महिला	2	
		ASHA आशा	3	
		AWW एडब्ल्यूडब्ल्यू	4	
		Dai/TBA दाई/टीबीए	5	
		Private Doctor प्राइवेट डॉक्टर	6	
		Don't Know मालूम नहीं	98	
		Others अन्य	88	
45	Where did you receive antenatal care for this pregnancy? इस गर्भधारण के लिए आपने प्रसव–पूर्व	Your Home स्वयं अपने घर में	1	
		Parents' Home	2	

	देखरेख कहां से प्राप्त की? **Multiple Response**	माता पिता के घर में		
		Other Home दूसरे घर में	3	
		Government/Municipal health centre सरकारी नगरपालिका स्वास्थ्य केंद्र में	4	
		Hospital vLirky esa	5	
		Government Dispensary सरकारी डिस्पेंसरी में	6	
		Uhc/Uhp/Ufwc यूएचसी / यूएचपी / यूएफडब्ल्यूसी	7	
		Chc/Rural Hospital/Phc सीएचसी / ग्रामीण अस्पताल / पीएचसी	8	
		Sub-Center उप केंद्र में	9	
		Anganwadi Center आंगनवाड़ी केंद्र में	10	
		Village Clinic By Anm एएनएम द्वारा ग्रामीण क्लीनिक	11	
		Other Public Sector Health Facility अन्य सार्वजनिक क्षेत्र स्वास्थ्य केंद्र	12	
		Ngo Hospital/Clinic एनजीओ अस्पताल / क्लीनिक	13	
		Private Hospital/Clinic प्राइवेट अस्पताल / क्लीनिक	14	

		Other Private Sector Health Facility अन्य प्राइवेट क्षेत्र स्वास्थ्य सुविधा	15	
		Other (Specify) अन्य उल्लेख करें	16	
46	Who informed you to take ANC? प्रसव–पूर्व जांच लेने के बारे में आपको किसने सूचित किया? **Multiple Response**	ASHA अशा	1	
		AWW ,डब्ल्यूडब्ल्यू	2	
		ANM एएनएम	3	
		Family Member/Relatives/Neighbors परिवार के सदस्य/रिस्तेदार/पड़ौसी	4	
		Private Doctor प्राइवेट डॉक्टर	5	
		Government doctor in PHC/CHC पीएचसी/सीएचसी में सरकारी डॉक्टर	6	
		Others अन्य	7	
		No one informed किसी ने नहीं बताया	8	
		Can't Say कह नहीं सकते	9	
47	Did the ASHA accompany you during your ANC visit? क्या प्रसव–पूर्व जांच के दौरान आशा कार्यकर्ता आपके साथ गई थी?	Yes हां	1	
		No नहीं	2	
48	How many months pregnant were you when you first received antenatal care (advice/treatment) for this pregnancy?			

	आपने जब इस गर्भधारण के लिए पहली बार प्रसव–पूर्व देखरेख प्राप्त की तो आपको कितने महीने का गर्भ था?	Number (1 digit) (Don't Know= 98) संख्या (1 अंक) मालूम नहीं = 98)		
49	How many times have you receive antenatal care during this pregnancy till now? अब तक इस गर्भधारण के दौरान आपने कितनी बार प्रसव–पूर्व देखरेख प्राप्त की?	 Number (1 digit) (Don't Know= 98) संख्या (1 अंक) मालूम नहीं = 98)		
50	Do you have ANC Card? क्या आपके पास एएनसी कार्ड है?	Yes हां	1	
		No नहीं	2	
51	As part of your antenatal care during this pregnancy, were any of the following done at least once? इस गर्भधारण के दौरान प्रसव–पूर्व देखरेख के अंग के रूप में क्या कम से कम एक बार निम्नलिखित कार्य किये गये?	Yes हां	No नहीं	
	a. Were you weighed? क्या आपका वजन लिया गया?	1	2	
	b. Was your blood pressure measured? क्या आपका रक्तचाप (ब्लड प्रैशर) नापा गया?	1	2	
	c. Did you give a urine sample? क्या आपने मूत्र का नमूना दिया?	1	2	
	d. Did you give a blood sample? क्या आपको अस्पताल या स्वास्थ्य केंद्र में प्रसव कराने की सलाह दी	1	2	

	गई?			
	e. Was your abdomen checked? क्या आपके पेट की जांच की गई?	1	2	
	f. Were you told your expected delivery date? क्या आपको प्रसव की संभावित तिथि बताई गई	1	2	
	g. Were you advised to deliver in a hospital or health facility? क्या आपको अस्पताल या स्वास्थ्य केंद्र में प्रसव कराने की सलाह दी गई?	1	2	
	h. Were you advised about proper nutrition during pregnancy? क्या आपको गर्भावस्था के दौरान उचित पोषण की सलाह दी गई?	1	2	
	i. Were you advised about iron and folic acid supplements? क्या आपको आइरन और फोलिक एसिड की गोलियां लेने की सलाह दी गई?	1	2	
52	During (any of) your antenatal care visit(s), were you told about the following signs of pregnancy complications? जब आप प्रसव–पूर्व जांच कराने गईं तो क्या आपको गर्भावस्था की जटिलता के निम्न संकेतों के बारे में बताया गया?	Yes हां	No नहीं	
	a. Vaginal Bleeding योनि से खून निकलना	1	2	
	b. Convulsions मरोड़े उठना	1	2	
	c. Prolonged labour	1	2	

	प्रसव पीड़ा की लंबी अवधि			
53	Are you told where to go if you had any pregnancy complications? क्या आपको बताया गया कि गर्भावस्था की जटिलता होने पर कहां जाना है?	Yes हां	1	
		No नहीं	2	
54	Was husband present during any of the antenatal visits? क्या किसी भी समय प्रसव–पूर्व जांच के समय **स्वामी** उपस्थित था?	Yes gi	1	
		No नहीं	2	
55	At any time during this pregnancy have you received an injection to prevent you and the baby from getting tetanus? इस गर्भावस्था के दौरान क्या कभी आप और आपके बच्चे को टिटनस से बचाने के लिए आपको इंजेक्शन दिया गया?	Yes हां	1	
		No नहीं	2	Skip to 58 छोड़ कर प्रश्न 58 पर जायें
		Don't Know मालूम नहीं	3	Skip to 58 छोड़ कर प्रश्न 58 पर जायें
56	How many times? कितनी बार दिया गया?	☐ Number 1 digit संख्या (1 अंक)		
58	Have you ever received IFA supplementation during this pregnancy? क्या आपने गर्भावस्था के दौरान आईएफए की गोलियां प्राप्त कीं	Yes tablets हां	1	
		Yes tablets and syrup	2	
		Yes syrup only	3	Skip to 66 छोड़ कर प्रश्न 66 पर जायें
		No नहीं	4	Skip to 66 छोड़ कर

				प्रश्न 66 पर जायें
59	What is the source of the IFA tablets आईएफए की गोलियां कहां से मिलीं? **Multiple Response**	ASHA आशा	3	
		ANM एएनएम	4	
		AWW एडब्ल्यूडब्ल्यू	5	
		BOUGHT ON OWN खुद खरीदी	6	
		OTHERS अन्य से	7	
		DON'T KNOW मालूम नहीं	8	
60	Which is the major source? इसका प्रमुख क्या है?	ASHA आशा	3	
		ANM एएनएम	4	
		AWW एडब्ल्यूडब्ल्यू	5	
		BOUGHT ON OWN खुद खरीदी	6	
		OTHERS अन्य से	7	
		DON'T KNOW मालूम नहीं	8	
61	How many IFA tablets did you receive till now? (Check blisters to confirm) आपने अब तक आईएफए की कितनी गोलियां प्राप्त की हैं (पुष्टि के लिए ब्लिस्टर की जांच	[redacted]	Number (3 digits) (Don't Know= 998) संख्या (3 अंक)	

	करें)	(मालूम नहीं = 998)		
62	Are you still consuming the tablets regularly? क्या आप नियम के अनुसार टॅबलेट ले रही है ?	Yes हां		Skip to 64
		No नहीं		
62 A	Why are you not consuming the tablets regularly? आप क्यों नियम के अनुसार टॅबलेट नेही ले रही है ?	Course Completed कोर्स खतम	1	Skip to 64
		Stopped बंद कर दिया	2	
		Taking irregularly कभी कभार लेती हु	3	
63	Why have you stopped/ taking irregularly the tablets? आप ने क्यों बंद किया/ कभी कभहा ले रही है ? **Multiple Response**	1. Tablet evoked bad reaction इन गोलियों की बुरी प्रतिक्रिया होती है	1	
		2 Out of Fear that tablet will be ितउनिसस वित उम इस डर से कि ये नुकसान पहुंचा सकती हैं	2	
		2. Tablet is of no good ये गोलियां किसी काम की नहीं	3	
		4.Tablet is harmfull for mother and child	4	

		ये मां और बच्चे के लिए नुकसानदेह है			
		3. Superiors told not to consume the tablet बड़ों ने बताया कि गोली नहीं खानी है	5		
		6.Not aware that all tablets have to be consumed यह मालूम नहीं था कि सभी गोलियां खानी हैं	6		
		7. Others अन्य	7		
		8.Dont Know मालूम नहीं	8		
64	How many IFA tablets have you consumed till now? (Check blisters to confirm) आपने अब तक आईएफए की कितनी गोलियां खाई हैं? (पुष्टि के लिए ब्लिस्टर्स की जांच करें)	[redacted] Number (3 digits) (Don't Know= 998) संख्या (3 अंक) (मालूम नहीं = 998)			
66	Did you visit any of the following government health facilities or programs when during this pregnancy? क्या आप गर्भावस्था के दौरान निम्नलिखित में से किसी सरकारी स्वास्थ्य केंद्र/सुविधा में गई थीं?	Yes हां	No नहीं		
	Anganwadi Center आंगनवाड़ी केंद्र	1	2		
	Sub Center उप केंद्र	1	2		

	PHC Center प्राथमिक स्वास्थ्य केंद्र	1	2		
	Village Health Nutrition Days ग्रामीण स्वास्थ्य पोषण दिवस	1	2		
67	What type of services did you receive when you visited this facility? (question will be repeated for all the facilities for which the code was yes in the previous question) इस केंद्र/सुविधा में जाने पर आपने किस प्रकार की सेवाएं प्राप्त की (उन सभी सुविधाओं के लिए प्रश्न दोहराया जायेगा जिनके लिए पिछले प्रश्न में "हां" का कोड है) **Multiple Response**	Immunization टीकाकरण		1	
		Food to take home घर ले जाने वाला भोजन		2	
		Weight/Height measurement वजन/लंबाई का मापन		3	
		Consultation for illness बीमारी के लिए परामर्श		4	
		Medicine/prescription दवाई/प्रिस्क्रिप्शन		5	
		Referral to another facility अन्य स्वास्थ्य केंद्र में रेफरल		6	
		Antenatal checkup प्रसवपूर्व जांच		7	
		Other services अन्य सेवाएं		8	
		Don't know मालूम नहीं		9	
68	Did you receive information on any of the following during the visit(s)? (question will be repeated for all the	Breastfeeding स्तनपान		1	

	facilities for which the code was yes in the previous question) क्या आपने इस सुविधा में जाने पर निम्नलिखित के बारे में जानकारी प्राप्त कीं (उन सभी सुविधाओं के लिए प्रश्न दोहराया जायेगा जिनके लिए पिछले प्रश्न में "हां" का कोड है) **Multiple Response**			
		Complementary feeding पूरक आहार देना	2	
		Nutrition information for entire family पूरे परिवार के लिए पोषण संबंधी जानकारी	3	
		Care during pregnancy गर्भावस्था के दौरान देखरेख	4	
		Delivery information प्रसव संबंधी जानकारी	5	
		Other information अन्य जानकारी	6	
		No information कोई जानकारी नहीं	7	
		Don't know मालूम नहीं	8	
69	Are you receiving food supplement from AWW centre? क्या एडब्ल्यूडब्ल्यू केंद्र से आपको पूरक आहार प्राप्त हो रहा है?	Yes हां	1	
		No ugha	2	Skip to 72
70	During this pregnancy, are you always able to get the supplementary nutrition from the AWC इस गर्भावस्था के दौरान क्या आपको आंगनवाड़ी केंद्र से हमेशा पूरक पोषण प्राप्त	Yes Always मालूम नहीं	1	
		No नहीं	2	

	हो जाता है?				
71	For how long are you receiving food from the Anganwadi centre? vki vkaxuokM+h dsanz ls dc ls Hkkstu izkIr dj jgh gSa\	Until 6 months of pregnancy गर्भधारण के 6 महीने तक		1	
		Till date आज तक		2	
		Others अन्य		98	
		No नहीं		2	
72	Did any of the following health workers visit your household in the last 3 months? क्या पिछले तीन महीनों में कोई स्वास्थ्य कार्यकर्ता आपके घर आया था\	Yes हां	No नहीं		
	AWW आंगनवाड़ी कार्यकर्ता	1	2		
	ANM एएनएम	1	2		
	ASHA आशा	1	2		
73	How many times did the person visit your household in the last 3 months? (question will be repeated for all the facilities for which the code was yes in the previous question) पिछले तीन महीने में वह कितनी बार आपके घर आया था? (यह प्रश्न उन सभी स्वास्थ्य कार्यकर्ताओं के लिए दोहराया जायेगा जिनके लिए पिछले प्रश्न में "हां" का कोड दिया गया है)	1-2 times 1–2 बार		1	
		3 times / monthly 3 बार / महीने में		2	
		Few times a month महीने में कभी कभी		3	
		Daily रोज		4	
		Irregularly अनियमित रूप से		5	
		Dont Know मालूम नहीं		6	

75	What type of services did the person provide to you or your household members during the visit(s)? वह स्वास्थ्य कार्यकर्ता आने पर आपको या आपके हाउसहोल्ड के सदस्यों को किस प्रकार की सेवाएं प्रदान करता है? **Multiple Response**	Immunization shots टीके लगाना/रोग प्रतिरक्षा की खुराक		
		Breastfeeding information स्तनपान संबंधी जानकारी	1	
		Child feeding information बच्चे को आहार देने संबंधी जानकारी	2	
		Nutrition information for the entire family पूरे परिवार के लिए पोषण संबंधी जानकारी	3	
		Information on care during pregnancy गर्भावस्था के दौरान देखरेख संबंधी जानकारी	4	
		Medicine /Prescription दवा/प्रिस्क्रिप्शन	5	
		Referral to another facility अन्य स्वास्थ्य केंद्र/अस्पताल में रेफरल	6	
		Information on care during illness बीमारी के दौरान देखरेख संबंधी जानकारी	7	
		Information on diarrhoea management दस्त नियंत्रण की जानकारी	8	
		Information on childhood anemia बच्चों की रक्ताल्पता (एनीमिया)	9	

		के बारे में जानकारी		
		Information on immunization टीकाकरण के बारे में जानकारी	10	
		Severe acute malnutrition अत्यधिक कुपोषण के बारे में जानकारी	11	
		Family planning परिवार नियोजन के बारे में जानकारी	12	
		safe handling of complementary मल का सुरक्षित निबटान	13	
		food, hand washing, and hygiene practices पूरक आहार, हाथ धोना, सफाई के तौर–तरीके	14	
		Malaria prevention मलेरिया की रोकथाम	15	
		Other services अन्य सेवाएं	16	
		Don't know मालूम नलहीं	17	
PREGNANT WOMEN WORKLOAD AND REST गर्भवती महिलाएं – कार्यभार और आराम				
76	What kind of work are you doing pregnancy? गर्भावस्था के दौरान आप क्या–क्या काम	Carrying heavy load भारी बोझा उठाना	1	
		Long distance walking	2	

	करती हैं? **Multiple Response**	लंबी दूरी पैदल तय करना		
		Cocking खाना बनाना	3	
		Washing cloths कपड़े धोना	4	
		Washing floors/ latrines फर्श/शौचालय साफ करना	5	
		Cleaning rooms कमरे साफ करना	6	
		Washing cutlery बर्तन धोना	7	
		Others अन्य	10	
77	What has been the change in your workload after pregnancy was detected? गर्भवती होने के बाद आपके कार्यभार में क्या अंतर आया है?	Decreased घटा है	1	
		Increased बढा है	2	
		Remained same वैसा ही रहा है	3	
		Can't Say कह नहीं सकती	4	
78	How long do you take rest in a full day? पूरे दिन में आप कितना आराम करती हैं?	☐ Hrs घंटे		
79	Are you exposed to smoke during cocking or any other activity? क्या खाना बनाते समय या दूसरे कार्यों के दौरान आप धुएं के संपर्क में आती हैं?	Yes हा	1	
		No ugha	2	
PREGNANT WOMEN'S KNOWLEDGE AND AWARENESS				

गर्भवती महिलाओं का ज्ञान और जागरूकता				
81	Where do you plan to deliver? आप कहां प्रसव कराने की योजना बना रही हैं?	Your Home स्वयं अपने घर में	1	
		Parents' Home माता पिता के घर में	2	
		Other Home दूसरे घर में	3	
		Government/Municipal सरकारी नगरपालिका स्वास्थ्य केंद्र	4	
		Hospital अस्पताल में	5	
		Government Dispensary सरकारी डिस्पेंसरी में	6	
		Uhc/Uhp/Ufwc यूएचसी / यूएचपी / यूएफडब्ल्यूसी	7	
		Chc/Rural Hospital/Phc सीएचसी / ग्रामीण अस्पताल / पीएचसी	8	
		Sub-Center उप केंद्र	9	
		Anganwadi Center आंगनवाड़ी केंद्र	10	
		Village Clinic By Anm एएनएम द्वारा ग्रामीण क्लीनिक	11	
		Other Public Sector Health Facility अन्य सार्वजनिक क्षेत्र स्वास्थ्य केंद्र	12	

		Ngo Hospital/Clinic एनजीओ अस्पताल / क्लीनिक	13	
		Private Hospital/Clinic प्राइवेट अस्पताल / क्लीनिक	14	
		Other Private Sector Health Facility अन्य प्राइवेट क्षेत्र स्वास्थ्य सुविधा	15	
		Other (Specify) अन्य उल्लेख करें	16	
82	How soon after birth should you put the child to breastfeeding? जन्म देने के कितने समय बाद बच्चे को स्तनपान करायेंगी?	Within an hour एक घंटे के अंदर	1	
		After an hour but within the same day एक घंटे बाद पर उसी दिन	2	
		After 1 day एक दिन बाद	3	
		Don't Know मालूम नहीं	98	
82 A	In the first 3 days after the delivery, will the child be given anything to drink other than breast milk? जन्म के बाद , पहले ३ दिन तक बच्चे को मा के दूध के अलावा क्या पीने के लिये और कुछ दिया जायेगा?	Yes हां	1	
		No ugha	2	Skip to 83
82	What will the child be given to drink?	MILK (OTHER THAN	1	

B	बच्चे को पीने के लिये क्या दिया जायेगा? **Multiple Response**	BREAST MILK) दूध (मां के दूध के अलावा दूसरा दूध)		
		PLAIN WATER सादा पानी	2	
		SUGAR OR GLUCOSE WATER चीनी और ग्लूकोज का पानी	3	
		GRIPE WATER ग्राइप वाटर	4	
		SUGAR-SALT-WATER SOLUTION चीनी–नमक के घोल वाला पानी	5	
		FRUIT JUICE फलों का रस	6	
		INFANT FORMULA शिशु फार्मूला	7	
		TEA चाय	8	
		HONEY शहद	9	
		JANAM GHUTTI जन्म घुट्टी	10	
		OTHER अन्य	11	
83	Will the colostrums be thrown or	Thrown	1	

	consumed? क्या कोलोस्ट्रम (पहले गाढ़े दूध) को फेंक दिया जायेगा या बच्चे को पिलायेंगी	फेंक देंगे		
		Consumed बच्चे को पिलायेंगे	2	
		Don't Know मालूम नहीं	3	
84	For how many months should you <u>exclusively</u> breastfeed the child? बच्चे को कितने महीने तक केवल स्तनपान करायेंगी?	Number (1 digit) संख्या (1 अंक)		
85	At what age complementary feeding should begin? बच्चे को पूरक आहार देना किस आयु में शुरू करेंगी?	Number (1 digit) संख्या (1 अंक)		
86	What complementary foods should be given to the child during the 6-24 months age stage. 6–24 महीने की आयु के दौरान बच्चे को क्या पूरक आहार देना चाहिए? **Multiple Response** **अनेक उत्तर**	Grains अन्न	1	
		Roots and tubers कंद–मूल वाले खाद्य	2	
		Legumes फलियां	3	
		Nuts किरीदार फल	4	
		Dairy products डेरी उत्पाद	5	
		Flesh foods (meat, fish, poultry) मांस, मछली, मुर्गा	6	

		Eggs अंडे	7	
		Red and Orange fruits and vegetables लाल और नारंगी फल और सब्जियां	8	
		Green leafy vegetables हरी पत्तेदार सब्जियां	9	
		Don't Know मालूम नहीं	98	
		Others अन्य	88	
87	Should you ever feed the child in bottles? क्या आप कभी बच्चे को बोतल से दूध पिलायेंगी	Yes Frequently हां अक्सर	1	
		Sometimes कभी–कभी	2	
		Rarely बहुत कम	3	
		Never कभी नहीं	4	
		Don't Know मालूम नहीं	98	
88	Do you know about malnutrition? क्या आपको कुपोषण के बारे में मालूम है?	Yes हां	1	
		No नहीं	2	Skip to 91
89	Please tell us if you know of any symptoms of malnutrition आप यदि कुपोषण के लक्षणों के बारे में जानती हैं तो बतायें **Multiple Response** **अनेक उत्तर**	Wasting दुर्बलता	1	
		Stunting ठिगनापन	2	
		Underweight कम वजन	3	
		Thinning पतलापन	4	
		Fatigue थकावट	5	
		Anemia अनीमिया	6	
		Illness बीमारी	7	

		Mental Weakness मानसिक कमजोरी	8	
		Diffuculty in study पढ़ने में कठिनाई	9	
		Don't Know मालूम नहीं	98	
		Others अन्य	88	
90	Do you know any preventive measures for malnutrition? क्या आप कुपोषण के रोकथामकारी उपायों के बारे में जानती हैं? **Multiple Response** **अनेक उत्तर**	Consuming Packaged Food पैकेट के बंद भोजन खाना	1	
		Consuming Green vegetables and fruits हरी पत्तेदार सब्जियां और फल खाना	2	
		Consuming meat/fish/egg मांस / मछली / अंडे खाना	3	
		Vitamin supplement विटामिन की गोलियां लेना	4	
		Consuming regular meals नियमित आहार लेना	5	
		Consuming fortified food संपुष्ट भोजन लेना	6	
		Taking medicines दवाएं लेना	7	
		Breastfeeding the child immediately after birth जन्म के तत्काल बाद बच्चे को स्तनपान कराना	8	
		Exclusive breastfeeding for the first 6 months of child's life जन्म के पहले छह महीने बच्चे को	9	

		केवल स्तनपान कराना		
		Don't Know मालूम नहीं	98	
		Others अन्य	88	
91	Are you aware of any schemes that provided incentives for mothers to give birth in a facility, such as Janani Suraksha Yojana (JSY), Janani-Shishu Suraksha Karyakram (JSSK)? क्या आप ऐसी योजनाओं के बारे में जानती हैं जो माताओं को अस्पताल, स्वास्थ्य केंद्र या क्लीनिक में प्रसव कराने के लिए प्रोत्साहन देती हैं, जैसे कि – जननी सुरचा योजना (जेएसवाई) जननी–शिशु सुरक्षा योजना (जेएसएसके) **Multiple Response** **अनेक उत्तर**	Not aware of any scheme किसी भी योजना की जानकारी नहीं है	1	
		Yes, aware of JSY हां जेएसवाई के बारे में जानती हूं	2	
		Yes, aware of JSSK हां जेएसएसके के बारे में जानती हूं	3	
		Yes, aware of others हां अन्य योजनाओं के बारे में जानती हूं	4	
		Mamta Vahan ममता वाहन	5	
		Mukhya Mantri Jannani Swasth Suraksha मुख्यमंत्री जननी स्वास्थ्य सुरक्षा	6	
		Others अन्य	88	
92	Who provided information about the schemes? इन योजनाओं के बारे में जानकारी किसने दी? **Multiple Response** **अनेक उत्तर**	GOVT. DOCTOR सरकारी डॉक्टर	1	
		STAFF NURSE/LHV स्टाफ नर्स/एलएचवी	2	
		ANM एएनएम	3	
		AWW आंगनवाड़ी कार्यकर्ता	4	
		ASHA आशा	5	
		PVT. DOCTOR प्राइवेट डॉक्टर	6	

		No one कोई नहीं	7	
		OTHER अन्य	88	

SECTION F : MOTHER'S SECTION (GENERAL QUESTIONS) (skip for respondent category 4 i.e pregnant women)

मां से संबंधित भाग (सामान्य प्रश्न) (उत्तरदाता वर्ग–4 के मामले में यानी गर्भवती महिलाओं के मामले में इस भाग को छोड़ कर आगे बढ़ें)

93	What was your age at marriage? विवाह के समय आपकी आयु क्या थी?	(number) (2 digit) संख्या (2 अंक)		
94	How many children do you have in all? आपके कुल कितने बच्चे हैं?	(number) (1 digit) संख्या (1 अंक)		
95	What is the Date of Birth of focal child? (check DOB certificate AWW card/vaccination card) फोकल बच्चे की जन्म तिथि क्या है?	a.Day b.Month c.Year दिन माह वर्ष		a. Age of child in months (auto fill) बच्चे की उम्र महीनों में (अपने आप भरेगा)
96	Were you registered with AWW or some other health provider at the time when you became pregnant for this child? जब आप इस बच्चे के साथ गर्भवती हुई थीं तो आप एडब्ल्यूडब्ल्यू के या किसी अन्य स्वास्थ्य प्रदाता के साथ पंजीकृत थीं? (ask for the AWC pregnancy registration card)	ANM एएनएम	1	
		ASHA आशा	2	
		AWW एडब्ल्यूडब्ल्यू	3	
		Other's	4	

	(एडब्ल्यूसी गर्भावस्था पंजीकरण कार्ड के लिए पूछें) (**skip for mothers of children of age group 6-24 and 25-59 months**) **(6–24 और 25–59 महीने के बच्चों की माताओं के लिए इस प्रश्न को छोड़ दें)**	अन्य		
		Don't Know मालूम नहीं	5	
		Not Registered पंजीकृत नहीं है	6	SKIP TO 99
97	At which month of pregnancy you were registered? (**skip for mothers of children of age group 6-24 and 25-59 months**) आपने गर्भावस्था के किस महीने अपना पंजीकरण कराया था? **(6–24 और 25–59 महीने के बच्चों की माताओं के लिए इस प्रश्न को छोड़ दें)**	☐ (number) (1 digit) संख्या (1 अंक)		
98	Who advised you to register your pregnancy at AWC? (**skip for mothers of children of age group 6-24 and 25-59 months**) आपको आंगनवाड़ी केंद्र में पंजीकरण कराने के लिए किसने सलाह दी थी? **(6–24 और 25–59 महीने के बच्चों की माताओं के लिए इस प्रश्न को छोड़ दें)**	AWW एडब्ल्यूडब्ल्यू	1	
		ANM एएनएम	2	
		ASHA आशा	3	
		No one informed किसी ने नहीं बताया	4	
		Others अन्य	5	
99	What is your pregnancy status? Kya aap abhi garvbati hai?	Currently pregnant अभी गर्भवती है	1	
		Currently Not Pregnant अभी गर्भवती नहीं है	2 .	Skip to 101
100	How many months pregnant are you? आपको कितने महीने का गर्भ है?	☐ number (1 digit) संख्या (1 अंक)		

SECTION G : MOTHER'S ANC AND HEALTH SERVEC RECEIVED RECALL (skip for mothers of children 6-24 months and 25-59 months and pregnant women) **मां की प्रसवपूर्व देखरेख और प्राप्त की गई स्वास्थ्य सेवाएं (6–24 और 25–59 महीने के बच्चों की माताओं के लिए इस प्रश्न को छोड़ दें)**				
101	Have you received antenatal services or counselling? क्या आपने प्रसवपूर्व सेवाएं और परामर्श प्राप्त किया है?	Yes हां	1	
		No नहीं	2	Skip to 110 छोड़ कर प्रश्न 110 पर जायें
102	From whom have you received antenatal services or counselling for your pregnancy with (Name)? आपने (बच्चे का नाम) के साथ गर्भावस्था के लिए प्रसव–पूर्व सेवाएं और परामर्श किससे प्राप्त किया? **Multiple Response** **अनेक उत्तर**	Government Doctor सरकारी डॉक्टर	1	
		ANM/Nurse/Housewife एएनएम/नर्स/घरेलू महिला	2	
		ASHA आशा	3	
		AWW एडब्ल्यूडब्ल्यू	4	
		Dai/TBA दाई/टीबीए	5	
		Private Doctor प्राइवेट डॉक्टर	6	
		Don't Know मालूम नहीं	98	
		Others अन्य	88	
103	Where did you receive antenatal care for this pregnancy? इस गर्भावस्था के लिए आपने प्रसवपूर्व देखरेख	Your Home स्वयं अपने घर में	1	
		Parents' Home	2	

	कहां प्राप्त की? **Multiple Response**	माता पिता के घर में		
		Other Home दूसरे घर में	3	
		Government/Municipal health centre सरकारी नगरपालिका स्वास्थ्य केंद्र	4	
		Hospital अस्पताल में	5	
		Government Dispensary सरकारी डिस्पेंसरी में	6	
		Uhc/Uhp/Ufwc यूएचसी / यूएचपी / यूएफडब्ल्यूसी	7	
		Chc/Rural Hospital/Phc सीएचसी / ग्रामीण अस्पताल / पीएचसी	8	
		Sub-Center उप केंद्र	9	
		Anganwadi Center आंगनवाड़ी केंद्र	10	
		Village Clinic By Anm एएनएम द्वारा ग्रामीण क्लीनिक	11	
		Other Public Sector Health Facility अन्य सार्वजनिक क्षेत्र स्वास्थ्य केंद्र	12	
		Ngo Hospital/Clinic एनजीओ अस्पताल / क्लीनिक	13	
		Private Hospital/Clinic	14	

		प्राइवेट अस्पताल / क्लीनिक		
		Other Private Sector Health Facility अन्य प्राइवेट क्षेत्र स्वास्थ्य सुविधा	15	
		Other (Specify) अन्य उल्लेख करें	16	
104	Who informed you to take ANC? आपको प्रसव पूर्व देखरेख प्राप्त करने के बारे में किसने बताया? **Multiple Response**	ASHA आशा	1	
		AWW एडब्ल्यूडब्ल्यू	2	
		ANM एएनएम	3	
		Family Member/Relatives/Neighbors परिवार के सदस्य / रिश्तेदार / पड़ौसी	4	
		Private Doctor प्राइवेट डॉक्टर	5	
		Government doctor in PHC/CHC पीएचसी / सीएचसी में प्राइवेट डॉक्टर	6	
		Others अन्य	7	
		No one informed किसी ने नहीं बताया	8	
		Can't Say कह नहीं सकते	9	
105	Did the ASHA accompany you during	Yes हां	1	

	your ANC visit? जब आप प्रसव पूर्व देखरेख प्राप्त करने गईं तो क्या आशा आपके साथ आई थी?	No नहीं	2	
106	How many months pregnant were you when you first received antenatal care (advice/treatment) for this pregnancy? जब आपने इस गर्भावस्था के लिए पहली बार प्रसवपूर्व देखरेख (सलाह/उपचार) प्राप्त की तो आपको कितने महीने का गर्भ था?	[redacted] Number (1 digit) (Don't Know= 98) संख्या (1 अंक) (मालूम नहीं = 98		
107	How many times have you received antenatal care when you were pregnant with (Name)? जब आपके गर्भ में (बच्चे का नाम) था तो आपने प्रसव पूर्व देखरेख कितनी बार प्राप्त की?	[redacted] Number (1 digit) (Don't Know= 98) संख्या (1 अंक) (मालूम नहीं = 98)		
108	Do you have ANC Card? क्या आपके पास एएनसी कार्ड है?	Yes हां	1	
		No नहीं	2	
109	As part of your antenatal care during this pregnancy, were any of the following done at least once? गर्भावस्था के दौरान प्रसव–पूर्व	Yes हां	No नहीं	
	a. Were you weighed? क्या आपका वजन लिया गया?	1	2	
	b. Was your blood pressure measured? क्या आपका रक्तचाप (ब्लड प्रैशर) नापा गया?	1	2	

	c. Did you give a urine sample? क्या आपने मूत्र का नमूना दिया?	1	2	
	d. Did you give a blood sample? क्या आपको अस्पताल या स्वास्थ्य केंद्र में प्रसव कराने की सलाह दी गई?	1	2	
	e. Was your abdomen checked? क्या आपके पेट की जांच की गई?	1	2	
	f. Were you told your expected delivery date? क्या आपको प्रसव की संभावित तिथि बताई गई	1	2	
	g. Were you advised to deliver in a hospital or health facility? क्या आपको अस्पताल या स्वास्थ्य केंद्र में प्रसव कराने की सलाह दी गई?	1	2	
	h. Were you advised about proper nutrition during pregnancy? क्या आपको गर्भावस्था के दौरान उचित पोषण की सलाह दी गई?	1	2	
	i. Were you advised about iron and folic acid supplements? क्या आपको आइरन और फोलिक एसिड की गोलियां लेने की सलाह दी गई?	1	2	
110	At any time during this pregnancy have you received an injection to prevent you and the baby from getting tetanus? इस गर्भावस्था के दौरान क्या कभी आप और आपके बच्चे को टिटनस से बचाने के लिए आपको इंजेक्शन दिया गया?	Yes हां	1	
		No नहीं	2	Skip to 112 छोड़ कर प्रश्न 112 पर जायें
		Don't Know मालूम नहीं	3	Skip to 112 छोड़ कर प्रश्न 112 पर जायें
111	How many times?			

	कितनी बार दिया गया?	Number 1 digit संख्या (1 अंक)		
112	Have you ever received IFA supplementation when you were pregnant with this child? Jab aap ish bacche ke liye pregnant thi, tab kya apko IFA supplementation mila tha?	Yes tablets only हा सिर्फ गोली	1	
		Yes tablets and syrup हा गोली और सरप	2	
		Yes syrup only हा सिर्फ सरप	3	Skip to 120 छोड़ कर प्रश्न 65 पर जायें
		No नहीं	4	Skip to 120 छोड़ कर प्रश्न 65 पर जायें
113	What was the source of the IFA tablets आईएफए की गोलियां कहां से मिलीं? **Multiple Response**	ASHA आशा	1	
		ANM एएनएम	2	
		AWW एडब्ल्यूडब्ल्यू	3	
		BOUGHT ON OWN खुद खरीदी	4	
		OTHERS अन्य से	5	
		DON'T KNOW मालूम नहीं	6	
114	Which is the major source? इसका प्रमुख क्या है?	ASHA vk'kk	1	
		ANM एएनएम	2	

		AWW एडब्ल्यूडब्ल्यू	3	
		BOUGHT ON OWN खुद खरीदी	4	
		OTHERS अन्य से	5	
		DON'T KNOW मालूम नहीं	6	
115	How many IFA tablets did you receive? (Check blisters to confirm) आपने आईएफए की कितनी गोलियां प्राप्त की हैं (पुष्टि के लिए ब्लिस्टर की जांच करें)	[redacted] Number (3 digits) (Don't Know= 998) संख्या (3 अंक) (मालूम नहीं = 998)		
116	Did you consume the tablets regularly? Kya apne tablets regularly khaye the?	Yes हां		Skip to 118
		No नहीं		
116 A	Why did you not consume the tablets regularly? Apne tablet keu regularly nehi khaya tha?			
		Stopped बंद कर दिया	2	
		Taken irregularly Irregularly liya tha	3	

117	Why have you stopped/ taken irregularly the tablets? Apne tablet lena keu band kar diya tha/irregularly liya tha ? **Multiple Response**	4. Tablet evoked bad reaction इन गोलियों की बुरी प्रतिक्रिया होती है	1	
		3 Out of Fear that tablet will be ीतउनिसस वित उम इस डर से कि ये नुकसान पहुंचा सकती हैं	2	
		5. Tablet is of no good ये गोलियां किसी काम की नहीं	3	
		4.Tablet is harmfull for mother and child ये मां और बच्चे के लिए नुकसानदेह है	4	
		6. Superiors told not to consume the tablet बड़ों ने बताया कि गोली नहीं खानी है	5	
		6.Not aware that all tablets have to be consumed यह मालूम नहीं था कि सभी गोलियां खानी हैं	6	
		7. Others अन्य	7	
		8.Dont Know मालूम नहीं	8	
118	How many IFA tablets have you consumed till now? (Check blisters to confirm) आपने अब तक आईएफए की कितनी गोलियां खाई हैं? (पुष्टि के लिए ब्लिस्टर्स की जांच करें)	[redacted] Number (3 digits) (Don't Know= 998) संख्या (3 अंक) (मालूम नहीं = 998)		
120	Have you received food supplement	Yes हां	1	

	from AWW centre when you were pregnant with (name)? क्या आपने आंगनवाड़ी केंद्र से खाद्य पूरक (फूड सप्लीमेंट) प्राप्त किया जब आपके गर्भ में (बच्चे का नाम) था ?	No नहीं	2	Skip to 123
121	When you were pregnant with (Name), were you always able to get the supplementary nutrition from the AWC जब आपके गर्भ में (बच्चे का नाम) था तो आपको आंगनवाड़ी केंद्र से हमेशा पूरक पोषण प्राप्त होता था?	Yes Always हां हमेशा	1	
		No नहीं	2	
122	For how long have you received food from the Anganwadi centre? आप आंगनवाड़ी केंद्र से भोजन कब से प्राप्त कर रही हैं?	Until 9 months of pregnancy गर्भावस्था के 9 माह तक	1	
		Until 8 months of pregnancy गर्भावस्था के 8 माह तक	2	
		Until 7 months of pregnancy गर्भावस्था के 7 माह तक	3	
		Until 6 months of pregnancy गर्भावस्था के 6 माह तक	4	
		Until 5 months of pregnancy गर्भावस्था के 5 माह तक	5	
		Until 4 months of pregnancy गर्भावस्था के 4 माह तक	6	
		Until 3 months of pregnancy गर्भावस्था के 3 माह तक	7	
		Until 2 months of pregnancy गर्भावस्था के 2 माह तक	8	
		Until 1 months of pregnancy	9	

		गर्भावस्था के 1 माह तक		
		Others अन्य	98	

SECTION H : CHILD DELIVERY AND NEW BORN CARE (skip for mothers of children 25-59 months age group and pregnant women)

बच्चे का जन्म और नवजात की देखरेख (25–59 महीने के बच्चों की माताओं और गर्भवती महिलाओं के मामले में इस भाग को छोड़ कर आगे बढ़ें)

123	Where did you deliver the child? आपने बच्चे को कहां जन्म दिया	Your Home स्वयं अपने घर में	1	
		Parents' Home माता पिता के घर में	2	
		Other Home दूसरे घर में	3	
		Government/Municipal health centre सरकारी नगरपालिका स्वास्थ्य केंद्र	4	
		Hospital अस्पताल में	5	
		Government Dispensary सरकारी डिस्पेंसरी में	6	
		Uhc/Uhp/Ufwc यूएचसी / यूएचपी / यूएफडब्ल्यूसी	7	
		Chc/Rural Hospital/Phc सीएचसी / ग्रामीण अस्पताल / पीएचसी	8	
		Sub-Center	9	

		उप केंद्र		
		Anganwadi Center आंगनवाड़ी केंद्र	10	
		Village Clinic By Anm एएनएम द्वारा ग्रामीण क्लीनिक	11	
		Other Public Sector Health Facility अन्य सार्वजनिक क्षेत्र स्वास्थ्य केंद्र	12	
		Ngo Hospital/Clinic एनजीओ अस्पताल/क्लीनिक	13	
		Private Hospital/Clinic प्राइवेट अस्पताल/क्लीनिक	14	
		Other Private Sector Health Facility अन्य प्राइवेट क्षेत्र स्वास्थ्य सुविधा	15	
		Other (Specify) अन्य उल्लेख करें	16	
123 A	Who was the main person involved in the delivery? प्रसव **किसने करवाया था ?**	GOVERNMENT DOCTOR **सरकारी डॉक्टर**	1	
		PRIVATE DOCTOR **प्राइवेट डॉक्टर**	2	
		LOCAL PRACTITIONER/OJHA/VAIDH **ओझा/वैध/ लोकल एक्सपर्ट**	3	

		ANM	4	
		ASHA	5	
		AWW	6	
		RELATIVES/FRIENDS/NEIGHBOURS परिवार के लोग/बंधु/परोसी	7	
		OTHERS	8	
124	Did the delivery take place on a clean surface? क्या प्रसव साफ स्थान पर हुआ था?	YES हां	1	
		NO नहीं	2	
		DON'T KNOW मालूम नहीं	3	
125	Was a cloth used to receive your child at birth? क्या बच्चे को लेने के लिए कपड़े का उपयोग किया गया?	YES हां	1	
		NO नहीं	2	
		DON'T KNOW मालूम नहीं	3	
126	Did you dry/wrap the child? क्या आपने बच्चे का शरीर सुखाया/उसे लपेटा?	YES हां	1	
		NO नहीं	2	
		DON'T KNOW मालूम नहीं	3	
127	How many hours after the birth, was your child given the first bath? जन्म के कितने घंटे के बाद बच्चे को नहलाया गया?	☐ HOURS घंटे		
		☐ DAYS दिन		

128	How soon after delivery was [CHILD NAME] placed directly in skin-to-skin contact such as on your chest or abdomen? प्रसव के कितने घंटे बाद (बच्चे का नाम) को आपके शरीर या त्वचा से सटाया गया यानी आपकी छाती या पेट पर लिटाया गया?	NEVER कभी नहीं	1	Skip to 130 छोड़ कर प्रश्न 130 पर जायें
		IMMEDIATELY तत्काल	2	
		LESS THAN 1 HOUR एक घंटे से कम समय में	3	
		LESS THAN 6 HOURS 6 घंटे से कम समय में	4	
		WITHIN 24 HOURS 24 घंटों के भीतर	5	
		WITHIN 48 HOURS 48 घंटों के भीतर	6	
		AFTER 48 HOURS 48 घंटों के बाद	7	
		DON'T KNOW मालूम नहीं	8	
129	For how many days did you continue to place [CHILD NAME] in skin-to-skin contact on your chest or abdomen? आप कितने दिन तक (बच्चे का नाम) को अपनी छाती या पेट पर लिटा कर शरीर या त्वचा के संपर्क में रखती रहीं?	|__|__| NO. OF DAYS दिनों की संख्या		
130	When was the child weighed for the first time? पहली बार बच्चे का वजन कब लिया गया?	|__|__|__| NO. OF DAYS IF SAME DAY OF BIRTH, CODE "0" NEVER		

		WEIGHED……..98 —**GO TO F46** दिनों की संख्या यदि जन्म के दिन तो कोड "0" कभी वजन नहीं लिया.....98 प्रश्न एफ46 पर जायें		
134	What was the weight of [CHILD NAME]? (बच्चे का नाम) का वजन क्या था?	|__|__|__|__|__| GRAMS FROM HEALTH CARD ग्राम स्वास्थ्य कार्ड से |__|__|__|__|__| GRAMS FROM RECALL ग्राम स्मरण से DON'T KNOW मालूम नहीं.....		

SECTION I : EARLY AND EXCLUSIVE BREASTFEEDING PRACTISES (skip for mothers of children more than 25-59 months age group and pregnant women) **शीघ्र स्तनपान और केवल स्तनपान संबंधी तौर–तरीके (25–59 माह से अधिक आयु के बच्चों की माताओं और गर्भवती महिलाओं के संबंध में इस भाग को छोड़ दें)**				
135	Did you ever breastfeed ***(NAME)***? क्या आपने कभी (बच्चे का नाम) को स्तनपान कराया	Yes हां	1	Skip to 137 सीधे प्रश्न 137 पर जायें
		No नहीं	2	
136	Why did you never breastfeed the child? आपने बच्चे को कभी स्तनपान क्यों नहीं कराया?	Mother ill/weak मां की बीमारी / कमजोरी	1	Skip to 141 सीधे प्रश्न 141 पर जायें
		Child ill/weak बच्चे की बीमारी / कमजोरी	2	

	Multiple Response	Nipple/breast problems निप्पल/स्तन की समस्या अपर्याप्त दूध	3	
		Insufficient milk अपर्याप्त दूध	4	
		Mother started working मां ने काम करना शुरू कर दिया	5	
		Child refused breastmilk बच्चे ने स्तनपान नहीं किया	6	
		Advised by health worker स्वास्थ्य कार्यकर्ता ने सलाह दी	7	
		Advised by doctor/nurse at hospital अस्पताल के डॉक्टर/नर्स ने सलाह दी	8	
		Advised by mother-in-law सास ने सलाह दी	9	
		Others (specify) अन्य (उल्लेख करें)	10	
137	How soon after birth have you put the child to breastfeeding? आपने जन्म के कितने समय बाद स्तनपान कराना शुरू किया?	Within an hour ,क घंटे के भीतर	2	Skip to 139.
		After an hour but within the same day उसी दिन एक घंटे बाद	3	
		After 1 day एक दिन बाद ☐	4	

		Put number of days दिनों की संख्या लिखें		
		Can't Say कह नहीं सकते	98	
138	Why not breast milk within 1 hour? एक घंटे के अंदर स्तनपान क्यों नहीं कराया? **Multiple Response.**	Milk not available दूध नहीं आया	1	
		Mother unwell मां बीमार थी	2	
		Institutional delivery (C section) संस्थागत प्रसव (सी सेक्शन)	3	
		Family/traditional advice पारिवारिक / पारंपरिक सलाह	4	
		Doctor/ANM advice डाक्टर / एएनएम की सलाह	5	
		Squeeze out the milk दबा कर दूध निकाल दिया	6	
		Others (specify) अन्य (उल्लेख करें)	7	
139	Was the colostrums thrown or consumed? क्या कोलोस्ट्रम (पहले गाढ़े दूध) को फेंका गया या बच्चे को पिलाया गया?	Thrown फेंका	1	
		Consumed पिलाया	2	
		Don't Know मालूम नहीं	3	
140	In the first 3 days after delivery was	Yes हां	1	

	(NAME) given anything to drink other than breast milk? क्या प्रसव के पहले तीन दिन (बच्चे का नाम) को मां के दूध के अलावा और कुछ पीने को दिया गया?			
		No नहीं	2	Skip to 142
141	What was (NAME) given to drink? (बच्चे का नाम) को पीने के लिए क्या दिया गया? **Multiple Response**	MILK (OTHER THAN BREAST MILK) दूध (मां के दूध के अलावा दूसरा दूध)	1	If 135 is no then skip to 145
		PLAIN WATER सादा पानी	2	
		SUGAR OR GLUCOSE WATER चीनी और ग्लूकोज का पानी	3	
		GRIPE WATER ग्राइप वाटर	4	
		SUGAR-SALT-WATER SOLUTION चीनी–नमक के घोल वाला पानी	5	
		FRUIT JUICE फलों का रस	6	
		INFANT FORMULA शिशु फार्मूला	7	
		TEA चाय	8	
		HONEY शहद	9	

		JANAM GHUTTI जन्म घुट्टी	10	
		OTHER अन्य	11	
142	For how many months did you exclusively breastfeed that is no other food or liquid was given to [CHILD NAME]? आपने (बच्चे का नाम) को कितने महीने केवल स्तनपान कराया?	[redacted] Number (1 digit) संख्या (1 अंक)		
143	During the time that you exclusively breastfed, did you give water to the baby? बच्चे को केवल स्तनपान कराने के दौरान क्या आपने शिशु को पानी दिया?	Yes हां	1	
		NO नहीं	2	
144	Are you still breastfeeding the child? क्या आप बच्चे को अभी भी स्तनपान करा रही हैं?	Yes हां	1	
		NO नहीं	2	
145	Now I would like to ask you about the liquids [CHILD NAME] drank yesterday during the day or at night. Yesterday, did [CHILD NAME] drink: अब मैं आपसे (बच्चे का नाम) द्वारा कल दिन या रात को निम्न दिये गये तरल पदार्थों के बारे में पूछना चाहूंगा कल (बच्चे का नाम) ने इन्हें पिया था?	Yes हां	No नहीं	

	READ (a-h) BELOW AND CODE YES OR NO FOR EACH. **नीचे (क–ज) को पढ़ें और प्रत्येक के लिए हां या नहीं का कोड लगायें**			
	a. Plain water lknk ikuh	1	2	
	b. Commercially produced infant formula milk व्यावसायिक रूप से तैयार किया गया शिशु फार्मूला दूध	1	2	
	c. Any other kind of milk (tinned, powdered, or fresh animal milk)? किसी अन्य प्रकार का दूध (डिब्बा बंद, पाउडर या ताजा पशु का दूध)	1	2	
	d. Fruit juice फलों का रस	1	2	
	e. Tea or coffee चाय या कॉफी	1	2	
	d. Sodas like Pepsi, Coke, Orange drink पेप्सी, कोक, ऑरेंज पेय	1	2	
	e. Clear broth/rice water/soup साफ दलिया/मांड/सूप	1	2	
	f. Other liquids (SPECIFY) अन्य तरल (उल्लेख करें)	1	2	

SECTION J: COMPLEMENTARY FEEDING (skip for mothers of children 25-59 months age group, and pregnant women) **पूरक आहार देना (25–59 महीने की माताओं और गर्भवती महिलाओं के लिए इस भाग को छोड़ दें)**				
146	Does [CHILD NAME] eat any solid,	Yes हां	1	

	semi-solid or soft foods? क्या (बच्चे का नाम) कोई ठोस, अर्ध–ठोस या हल्का भोजन खाता है?	No नहीं	2	Skip to 150
147	When did [CHILD NAME] begin eating semi-solid, soft foods? (बच्चे का नाम) ने अर्ध–ठोस और हल्का भोजन खाना कब से शुरू किया?	|___|___| COMPLETED MONTHS OF AGE Not introduced yet आयु के पूर्ण महीने अभी तक देना शुरू नहीं किया		
148	Now I would like to ask you about the food [CHILD NAME] ate yesterday during the day or at night, either separately or combined with other foods. अब मैं आपसे कल दिन या रात को – या अलग से या दूसरे भोजनों के साथ (बच्चे का नाम) द्वारा खाये गये भोजन के बारे में पूछना चाहूंगा। **READ (a-l) BELOW AND CODE YES OR NO FOR EACH.** **नीचे (क से ठ) पढ़ें और प्रत्येक के लिए हां या नहीं का कोड दें** Yesterday, did [CHILD NAME] eat any: कल क्या (बच्चे का नाम) ने निम्नलिखित में से कुछ खाया था?	Yes हां	No नहीं	
	a. Porridge or gruel (Rice/Khichdi)? दलिया (चावल/खिचड़ी)?	1	2	
	b. Commercially fortified baby food such as Cerelac or Farex? व्यावसायिक रूप से पुष्टकारी शिशु आहार जैसे कि सेरेलेक्स या फैरेक्स	1	2	

	c. Bread, roti, chapati? ब्रैड, रोटी, चपाती?	1	2	
	d. Daal (Foods made with lentils or beans). दाल	1	2	
	e. Vegetables? सब्जियां	1	2	
	f. Fruits? फल	1	2	
	g. Meat, Chicken, Fish? मांस, चिकन, मछली	1	2	
	h. Egg अंडे	1	2	
	i. Nuts गिरीवाले फल जैसे अखरोट	1	2	
	j. Purchased snack foods (chips, chanachur, chocolate/candies)? चिप्स, चनाचूर, चाकलेट, कैंडीज जैसे स्नैक्स	1	2	
	k. Curd/cheese दही / चीज	1	2	
	l. Any other solid or semi-solid foods? (SPECIFY) कोई अन्य ठोस या अर्ध–ठोस आहार (उल्लेख करें).....	1	2	
149	Why did you give anything other than breast milk within the first 6 months? आपने पहले 6 महीनों के दौरान अपने दूध के अलावा और कुछ क्यों दिया?	For child's good health बच्चे के अच्छे स्वास्थ्य के लिए	1	
		No breast milk	2	

	(**Ask only if 147 is less than 6**) **(तभी पूछें जब 147 6 महीने से कम का हो)**	मां का दूध उपलब्ध न था		
		Family/traditional advice परिवार की/पारंपरिक सलाह	3	
		Doctor/nurse/ ANM advice डॉक्टर/नर्स/एएनएम की सलाह	4	
		Less milk production in mother मां को दूध कम आता है	5	
		Other अन्य	6	
		Don't know मालूम नहीं	7	

SECTION K : GOVERNMENT ENTITLEMENTS RECEIVED (skip for pregnant women)				
150	Did you receive cooked or uncooked or ready to eat food from the AWC as ration to take home after the birth of your child? आपको अपने बच्चे के जन्म के बाद आंगनवाड़ी केंद्र से पका हुआ, बिना पका हुआ या खाने के लिए तैयार भोजन मिला था? **Only for respondent category 3 (mothers of children of less than 6 months of age), skip for the rest categories**	Received प्राप्त हुआ	1	
		Offered but didn't take दिया गया पर नहीं लिया	2	Skip to 154
		Not offered नहीं दिया गया	3	Skip to 154
		Don't Know मालूम नहीं	4	Skip to 154
151	Did you receive cooked or uncooked or ready to eat food from the AWC as ration to take home while (NAME OF CHILD) was younger than 6 months in age (0 to 6 months)? **(skip for**	Received प्राप्त हुआ	1	
		Offered but didn't	2	

	respondent category 3) जब (बच्चे का नाम) 6 महीने से कम आयु का था तब आपको आंगनवाड़ी केंद्र से घर ले जाने के राशन के रूप में पका हुआ, बिना पका या खाने के लिए तैयार भोजन मिला था?	take दिया गया पर नहीं लिया		
		Not offered नहीं दिया गया	3	
		Don't Know मालूम नहीं	4	
152	Did you receive cooked or uncooked or ready to eat food from the AWC as ration to take home while (NAME OF CHILD) was older than 6 months in age? जब आपका बच्चा 6 महीने से अधिक आयु का था तब आपको आंगनवाड़ी केंद्र से घर ले जाने के राशन के रूप में पका हुआ, बिना पका या खाने के लिए तैयार भोजन मिला था? **(Skip for mothers of less than 6 months child)** **(6 महीने से कम आयु के बच्चे की माताओं के लिए यह प्रश्न छोड़ दें)**	Received प्राप्त हुआ	1	
		Offered but didn't take दिया गया पर नहीं लिया	2	Skip to 154
		Not offered नहीं दिया गया	3	Skip to 154
		Don't Know मालूम नहीं	4	Skip to 154
153	Up to what age of the child did you receive food from AWC बच्चे की उम्र कितनी हो जाने तक आपको आंगनवाड़ी केंद्र से भोजन मिला?	1 months 1 महीना	1	
		2 months 2 महीना	2	
		3 months 3 महीना	3	
		4 months 4 महीना	4	
		5 months 5 महीना	5	
		6 months 6 महीना	6	
		1 year एक वर्ष	7	Not available to mothers of less than 6 months children
		2 years 2 वर्ष	8	Not available to mothers of less than 6 months

				children
		3 years 3 वर्ष	9	Not available to mothers of 6-24 months children and mothers of less than 6 months children
		4 years 4 वर्ष	10	Not available to mothers of 6-24 months children and mothers of less than 6 months children
		5 years 5 वर्ष	11	Not available to mothers of 6-24 months children and mothers of less than 6 months children
		Till now अभी तक	13	
		Dont Know मालूम नहीं	14	
154	Have you got benefits from any schemes that provided incentives for mothers to give birth in a facility, such as Janani Suraksha Yojana (JSY), Janani-Shishu Suraksha Karyakram (JSSK)? क्या आपको स्वास्थ्य सुविधा या अस्पताल में बच्चे को जन्म देने के लिए मां प्रोत्साहन देने वाली योजनाओं का लाभ मिला? जैसे कि जेएसवाई, जेएसएसके? **Multiple Response** **अनेक उत्तर**	No नहीं	1	Skip to 156
		Yes, JSY हां, जेएसवाई	2	
		Yes, JSSK हां, जेएसएसो	3	
		Others (specify) अन्य (उल्लेख करें)	4	
		Mamta Vahan ममता वाहन	5	
		Mukhya Mantri Jannani Swasth Suraksha मुख्यमंत्री जननी स्वास्थ्य सुरक्षा	6	

		Others अन्य	88	
155	Who provided information about the schemes? परियोजना के बारे में जानकारी किसने प्रदान की? **Multiple Response** **अनेक उत्तर**	GOVT. DOCTOR सरकारी डॉक्टर	1	
		STAFF NURSE/LHV स्टाफ नर्स/एलएचवी	2	
		ANM एएनएम	3	
		AWW एडब्ल्यूडब्ल्यू	4	
		ASHA आशा	5	
		PVT. DOCTOR प्राइवेट डॉक्टर	6	
		No one gave information	7	
		OTHER अन्य	88	

SECTION L: CHILD HEALTH AND MALNUTRITION RELATED QUESTIONS (skip for pregnant women)

बाल स्वास्थ्य और कुपोषण संबंधी प्रश्न (गर्भवती महिलाओं के लिए इस भाग को छोड़ दें)

156	Has your child suffered from any illness over the last three months? क्या पिछले तीन महीनों में आपके बच्चे को	Yes हां	1	
		No नहीं	2	Skip to 162 सीधे प्रश्न 162

	कोई बीमारी हुई है?			पर जायें
157	What was the illness **Multiple Response** **अनेक उत्तर**	Jaundice पीलिया	1	Skip to162 सीधे प्रश्न 162 पर जायें
		Typhoid टाइफाइड	2	Skip to162 सीधे प्रश्न 162 पर जायें
		Diarrhoea दस्त	3	Go to 158 सीधे प्रश्न 158 पर जायें
		Pneumonia निमोनिया	4	Go to 158 if 3 is selected otherwise go to 161 यदि 3 का चयन किया गया है तो 158 पर जायें या फिर 161 पर जायें
		Malaria मलेरिया	5	Skip to 162 सीधे प्रश्न 162 पर जायें
		Cough and Cold खांसी और जुकाम	6	Skip to 162 सीधे प्रश्न 162 पर जायें
		Fever बुखार	7	Skip to 162 सीधे प्रश्न 162 पर जायें
		Don't Know मालूम नहीं	98	Skip to 162 सीधे प्रश्न 162 पर जायें

		Others अन्य		88	Skip to 162 सीधे प्रश्न 162 पर जायें
158	Whether child had incidence of Diarrhoea in the last 2 weeks? क्या पिछले दो सप्ताह में बच्चे को दस्त हुए थे?	Yes हां	1	.	
		No नहीं	2		
159	Was there any blood in the stool? क्या दस्त के साथ खून आया था?	Yes हां	1		
		No नहीं	2		
160	During the time, when the child had Diarrhoea, did the child suffer from fever as well? क्या दस्त के दौरान बच्चे को बुखार भी आया था?	Yes हां	1	Go to 161 if 4 is selected in 157 otherwise go to 162	
		No नहीं	2		
161	Whether child had fever/cough in the last 2 weeks? If yes= 1, if no=2) क्या पिछले 2 सप्ताह से बच्चे को बुखार/खांसी है? (यदि हां तो = 1; यदि नहीं तो = 2)	Yes हां	1	Ask only if 4 is selected in 157	
		No नहीं	2		
162	In case of illness of the child where do you visit for treatment? बच्चे के बीमार होने पर आप उपचार के लिए उसे कहां ले जाती हैं? **Multiple Response** **अनेक उत्तर**	Village health nutrition day ग्राम स्वास्थ्य पोषण दिवस		1	
		Sub-center उप केंद्र		2	
		PHC पीएचसी		3	
		CHC सीएचसी		4	

		Anganwadi center आंगनवाड़ी केंद्र	5	
		From ANM in home घर में एएनएम के पास	6	
		Pharmacy/dispensary फार्मेसी / डिस्पेंसरी	7	
		Ayush आयुश	8	
		Private hospital प्राइवेट अस्पताल	9	
		Ojha/ Vaidh/ local expert ओझा / **वैध** / स्थानीय विशेषज्ञ	10	
		District Hospital एमडीसी	11	
		Don't visit कहीं नहीं ले जाते	12	
		Others	13	
		Child Never Ill Baccha kabhi bimar nehi hua	14	Skip to166
		Don't Know मालूम नहीं	98	
163	How often did you breastfeed when your child was ill? जब बच्चा बीमार था तो आपने उसे कितनी बार स्तनपान कराया? **Skip for mothers of children of age**	Don't breastfeed the child now अब बच्चे को स्तनपान नहीं कराती	1	
		More often than usual सामान्य से अधिक बार	2	
		Same as usual	3	

	group 25-59 months. **25–59 माह के बच्चों की माताओं के लिए इसे छोड़ दें**	पहले की तरह		
		Less often than usual सामान्य से कम बार	4	
		Stopped completely/ did not give at all पूरी तरह रोक दिया/स्तनपान कराया ही नहीं	5	
164	How often did you feed when your child was ill? जब बच्चा बीमार था तो आपने उसे कितनी बार आहार दिया	More often than usual सामान्य से अधिक बार	2	
		Same as usual पहले की तरह	3	
		Less often than usual सामान्य से कम	4	
		Stopped completely/ did not gave at all आहार देना बंद कर दिया/बिल्कुल नहीं दिया	5	
165	What did you feed your child during illness? बीमारी के दौरान आपने बच्चे को क्या आहार दिया? **Skip for category 3 (mothers of less than 6 months children)** **Multiple Response**	Rice/ Roti चावल/रोटी	1	
		Pulses दाल	2	
		Green Leafy Vegetables हरी पत्तेदार सब्जियां	3	
		Vegetables सब्जियां	4	
		oil/ghee/butter तेल/घी/मक्खन	5	
		Milk/Curd/Butter Milk/Paneer तेल/दही/छाछ/पनीर	6	

		Fruits फल	7	
		Eggs अंडे	8	
		Fish मछली	9	
		Meat मांस	10	
		SNP from ICDS आईसीडीएस से एसएनपी	11	
		Water from dal दाल का पानी	12	
		ORS ओआरएस	13	
		Others अन्य	14	
		Can't Say कह नहीं सकते	15	
166	What is your perception about the health of your child? अपने बच्चे के बारे में आपकी सोच क्या है?	Completely healthy पूरी तरह स्वस्थ है	1	
		Partly healthy आंशिक रूप से स्वस्थ है	2	
		Suffering from some illness उसे कोई बीमारी है	3	
		Very ill बहुत बीमार है	4	
		Child became very thin बच्चा बहुत पतला हो गया है	5	
		Can't Say	6	

		कह नहीं सकते		
166 A	Has growth monitoring done for your child? क्या बच्चे के शारीरिक विकास की मॉनीटरिंग की गई?	Yes हां	1	
		No नहीं	2	Skip to 167
		Can't Say कह नहीं सकते	3	Skip to 167
166B	Where did growth monitoring happen? 'kkjhfjd fodkl dh ekWuhVfjax dgka dh xbZ\	Village health nutrition day xzke LokLF; iks"k.k fnol	9	
		Sub-center mi dsanz	2	
		PHC पीएचसी	3	
		CHC सीएचसी	4	
		Anganwadi center आंगनवाड़ी केंद्र	5	
		From ANM in home घर में एएनएम के पास	6	
		Private Pharmacy/dispensary/Hospital फार्मेसी / डिस्पेंसरी अस्पताल	7	
		Can't Know कह नहीं सकते	98	
167	Do you know any symptoms of malnutrition? क्या आप कुपोषण के लक्षणों के बारे में जानती हैं?	Wasting दुर्बलता	1	
		Stunting ठिगनापन	2	
		Underweight कम वजन	3	

	Multiple Response **अनेक उत्तर**	Thinning पतलापन	4	
		Fatigue थकावट	5	
		Anemia अनीमिया	6	
		Illness बीमारी	7	
		Mental Weakness मानसिक कमजोरी	8	
		Diffuculty in study पढ़ने में कठिनाई	9	
		Don't Know मालूम नहीं	98	
		Others अन्य	88	
168	Have anyone ever informed that your child is malnourished? क्या किसी ने कभी आपको बताया कि आपका बच्चा कुपोषित है? **Multiple Response** **अनेक उत्तर**	No नहीं	1	
		Yes हां	2	
		Yes, AWW हां, एडब्ल्यूडब्ल्यू ने	3	
		Yes, ASHA हां, आशा ने	4	
		Yes, ANM हां, एएनएम ने	5	
		Yes, MBBS-Doctor हां, एमबीबीएस डॉक्टर ने	6	
		Yes, RMP-Doctor हां, आरएमपी डॉक्टर ने	7	
		Yes, Relative हां, रिश्तेदार ने	8	
		Yes, Other (specify) हां, अन्य (स्पष्ट करें)	9	
169	Have you ever taken your child for treatment of malnutrition? क्या आप कभी कुपोषण के उपचार के लिए बच्चे को कहीं ले गईं	Yes हां	1	
		No नहीं	2	Skip to 172 सीधे प्रश्न 172 पर जाय

170	Where do you take the child for treatment in case of malnutrition? कुपोषण के उपचार के लिए आप बच्चे को कहां ले गईं? **Multiple Response** **अनेक उत्तर**	Village health nutrition day ग्राम स्वास्थ्य पोषण दिवस	1	
		Sub-center उप केंद्र	2	
		PHC पीएचसी	3	
		CHC सीएचसी	4	
		Anganwadi center आंगनवाड़ी केंद्र	5	
		From ANM in home घर में एएनएम के पास	6	
		Private Pharmacy/dispensary फार्मेसी / डिस्पेंसरी डॉक्टर	7	
		Ayush आयुश	8	
		Private hospital प्राइवेट अस्पताल	9	
		Ojha/ Vaidh/ local expert ओझा / **वैध** / स्थानीय विशेषज्ञ	10	
		NRC/MTC/District Hospital ,नआरसी / एमडीसी	11	
		Private Doctor प्राइवेट डॉक्टर	12	
		Don't visit नहीं ले जाते	13	
		Don't Know मालूम नहीं	98	
171	What treatments are given to the child? बच्चे को क्या उपचार दिये गये?	Received PACKAGED FOOD पैकेट वाला भोजन प्राप्त हुआ	1	Not visible for mothers of children less

	Multiple Response **अनेक उत्तर**			than 6 months 6 माह से कम आयु के बच्चों की माताओं के लिए नहीं
		Received food to take home घर ले जाने वाला भोजन प्राप्त हुआ	2	Not visible for mothers of children less than 6 months 6 माह से कम आयु के बच्चों की माताओं के लिए नहीं
		Weight/Height measurement वजन/लंबाई का मापन	3	
		Medicine/prescription दवा/प्रिस्क्रिप्शन	4	
		Referral to another facility अन्य स्वास्थ्य केंद्र में रेफरल	5	
		Vitamin supplement विटामिन की गोलियां	6	
		Informed about breastfeeding स्तनपान के बारे में बताया	7	
		ORS ओआरएस	8	
		Don't Know मालूम नहीं	98	
		Others अन्य	88	
172	Did you ever receive any pouch or paste for the treatment of malnutrition?	Yes हां	1	
		No नहीं	2	

	क्या आपने कुपोषण के उपचार के लिए कोई थैली या पेस्ट प्राप्त किया?	Don't Know मालूम नहीं	3	
173	Do you know any preventive measures for malnutrition? क्या आपको कुपोषण के रोकथामकारी उपायों की कोई जानकारी है? **Multiple Response** **अनेक उत्तर**	Consuming PACKAGED FOOD पैकेट वाला भोजन खाना	1	
		Consuming Green vegetables and fruits हरी सब्जियां और फल खाना	2	
		Consuming meat/fish/egg मांस / मछली / अंडे खाना	3	
		Vitamin supplement विटामिन की गोलियां	4	
		Consuming regular meals नियमित आहार लेना	5	
		Consuming fortified food पोषणयुक्त भोजन लेना	6	
		Taking medicines दवा लेना	7	
		Breastfeeding the child immediately after birth जन्म के तत्काल बाद बच्चे को स्तनपान कराना	8	
		Exclusive breastfeeding for the first 6 months of child's life बच्चे के जीवन के पहले 6 महीने केवल स्तनपान कराना	9	
		Don't Know मालूम नहीं	98	
		Others अन्य	88	

SECTRION M: VACCINATION RELATED QUESTIONS (skip for pregnant women) वैक्सीनेशन और टीकाकरण संबंधी प्रश्न (गर्भवती महिलाओं के मामले में इसे छोड दें)				
174	Did [CHILD NAME] ever receive any vaccinations to prevent (him/her) from getting diseases, including vaccinations received in a Pulse Polio program? क्या (बच्चे का नाम) ने कभी पल्स पोलियो कार्यक्रम में प्राप्त वैक्सीनों सहित रोगों की रोकथाम के लिए कोई वैक्सीन प्राप्त की थी?	Yes हां	1	
		No नहीं	2	Skip to 183 सीधे प्रश्न 183 पर जायें
175	Do you have a card where (Name)'s vaccinations are written down? क्या आपके पास वह कार्ड है जिसमें (बच्चे का नाम) को प्राप्त हुई वैक्सीनों के बारे में लिखा है?	Yes हां	1	
		No नहीं	2	Skip to 178 सीधे प्रश्न 178 पर जायें
176	Can you show me the card? क्या आप वह कार्ड दिखा सकती हैं?	Yes हां	1	
		No नहीं	2	Skip to 178 सीधे प्रश्न 178 पर जायें
		Card Not Shown कार्ड नहीं दिखाया	3	Skip to 178 सीधे प्रश्न 178 पर जायें

	COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. कार्ड में देखकर हर वैक्सीन प्राप्त होने की तिथि लिखें। **CODE '77' IF CARD IS BLANK** **WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.** **IF ONLY PART OF DATE IS SHOWN ON CARD, RECORD '98' OR '9998' FOR 'DON'T KNOW' IN THE COLUMN FOR WHICH INFORMATION IS NOT GIVEN.** अगर कार्ड खाली है तो कोड "77" लिखें अगर कार्ड में दिखाया है कि वैक्सीन दी गई थी पर कोई तिथि रिकार्ड नहीं की गई तो "दिन" वाले कॉलम में "44" लिखें। यदि कार्ड पर तिथि का एक हिस्सा दिखाया गया है तो "98" दर्ज करें या जिस कॉलम के लिए जानकारी नहीं दी गई उसमें "998" दर्ज करें।						
177	What vaccines have been received by your child?	Yes हां	No नही	Vaccine वैक्सीन	Dates (only for yes)		

	अपने बच्चे ने कौन–कौन सी वैक्सीने प्राप्त की हैं? ***Instruction: Interviewer please note the details of vaccination from the card*** **Multiple Response**				तिथि (केवल हां में)	
		1	2	BCG बीसीजी		
		1	2	POLIO 0 (POLIO GIVEN AT BIRTH) पोलियो 0 (जन्म के समय पोलियो की खुराक)		
		1	2	POLIO 1 पोलियो 1		
		1	2	DPT 1 डीपीटी 1		
		1	2	POLIO 2 पोलियो 2		
		1	2	DPT 2 डीपीटी 2		
		1	2	POLIO 3 पोलियो 3		
		1	2	DPT 3 डीपीटी 3		
		1	2	MEASLES खसरा		
		1	2	HepB1 हेप. बी 1		
		1	2	HepB2		

				हेप. बी 2		
		1	2	HepB3 हेप. बी 3		
		1	2	VIT A1 वीआईटी ए1		
		1	2	VIT A2 वीआईटी ए2		
		1	2	VIT A3 वीआईटी ए3		
		1	2	Others अन्य		
VACCINATION RECALL वैक्सीनेशन का स्मरण						
178	How many times was a DPT vaccination received? डीपीटी की वैक्सीन कितनी बार प्राप्त की?			Number 1 digit. संख्या (1 अंक)		
179	Did you child receive A HEPATITIS B vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops and DPT? क्या आपके बच्चे को हेपटाइटिस बी की वैक्सीन दी गई। इसका इंजेक्शन जांघ या पुट्ठे पर लगाया जाता है; और कभी–कभी इसे पोलियो की ड्राप या डीपीटी के साथ दिया जाता है।			Yes हां	1	
				No नहीं	2	
180	How many times was a HEPATITIS B vaccination received? हेपटाइटिस बी की वैक्सीन कितनी			Number (1 digit.) संख्या (1 अंक)		

	बार प्राप्त हुई?			
181	Did your child receive An injection to prevent measles? क्या आपके बच्चे को खसरे की रोकथाम के लिए इंजेक्शन दिया गया?	☐ Number (1 digit.) संख्या (1 अंक)		
182	Did your child receive the first dose of Vitamin A? क्या आपके बच्चे ने विटामिन ए की पहली खुराक प्राप्त की?	Yes हां: 1 No नहीं: 2		Skip to 184 if not all vaccines in 177 is yes otherwise skip to 185
183	What is the main reason that [CHILD NAME] has not received any vaccinations? इसकी क्या मुख्य वजह है कि (बच्चे का नाम) ने कोई वैक्सीनेशन प्राप्त नहीं किया? **Multiple Response** **अनेक उत्तर**	Too Expensive काफी महंगा है	1	Skip to 185 सीधे प्रश्न 185 पर जायें
		No Time To Take Child To Facility बच्चे को स्वास्थ्य केंद्र ले जाने के लिए समय नहीं है	2	
		No Transportation परिवहन का साधन नहीं है	3	
		Immunization Is Dangerous टीकाकरण खतरनाक है	4	
		Immunization Is Unnecessary टीकाकरण अनावश्यक है	5	
		Immunization is not happening regularly in the village गांव में नियमित रूप से टीकाकरण नहीं होता	6	
		Lack of information जानकारी का अभाव	7	
		Don't Know	98	

		मालूम नहीं		
		Others अन्य	88	
184	Why all the vaccines were not given? (only ask if not all vaccines mentioned in Q 177 are not filled) सभी वैक्सीनें क्यों नहीं दी गई? (तभी पूछें यदि प्रश्न 177 में उल्लिखित वैक्सीनों के नाम नहीं भरे हैं)	Problem of service delivery from government side सरकारी पक्ष की ओर से सेवा प्रदान करने में समस्या	1	
		All vaccination not required सभी वैक्सीनों की जरूरत नहीं	2	
		Child not taken to all vaccination camps बच्चे को सभी वैक्सीन शिविरों में नहीं ले जाया जाता	3	
		Not enough Age अभी उमर नेही हुआ	4	
		Other's अन्य	5	
		Don't Know मालूम नहीं	98	
185	Do you know where to go to get vaccinations for your child? क्या आपको मालूम है कि बच्चे का टीकाकरण या वैक्सीनेशन कराने के लिए उसे कहां ले जाना है?	Yes gka	1	
		No ugha	2	Skip to 188
186	Where do you /will you take your child to get immunized? अपने बच्चे का टीकाकरण कराने के लिए आप कहां जाते हैं/कहां ले जायेंगे? **Multiple Response**	Village health nutrition day ग्राम स्वास्थ्य पोषण दिवस	1	Skip to 188 सीधे प्रश्न 188 पर जायें
		Sub-center उप केंद्र	2	Skip to 188 सीधे प्रश्न 188 पर जायें
		PHC पीएचसी	3	Skip to 188 सीधे प्रश्न 188

				पर जायें
		CHC सीएचसी	4	Skip to 188 सीधे प्रश्न 188 पर जायें
		Anganwadi center आंगनवाड़ी केंद्र	5	Skip to 188 सीधे प्रश्न 188 पर जायें
		From ANM in home घर में एएनएम के पास	6	Skip to 188 सीधे प्रश्न 188 पर जायें
		Private Pharmacy/dispensary/Doctor फार्मेसी / डिस्पेंसरी डॉक्टर	7	
		Private hospital प्राइवेट अस्पताल	8	
		Private Doctor प्राइवेट डॉक्टर	9	
		Don't Know मालूम नहीं	98	Skip to 188 सीधे प्रश्न 188
		Other अन्य	88	Skip to 188 सीधे प्रश्न 188 पर जाय
187	What vaccines have you taken from private sources? आपने निजी स्रोत से क्या–क्या वैक्सीनें ली हैं? **Multiple Response** **अनेक उत्तर**	BCG बीसीजी	1	
		POLIO 0 (POLIO GIVEN AT BIRTH) पोलियो 0 (जन्म के समय पोलियो की खुराक)	2	
		POLIO 1 पोलियो 1	3	

		DPT 1 डीपीटी 1	4	
		POLIO 2 पोलियो 2	5	
		DPT 2 डीपीटी 2	6	
		POLIO 3 पोलियो 3	7	
		DPT 3 डीपीटी 3	8	
		MEASLES खसरा	9	
		HepB1 हेप. बी 1	10	
		HepB2 हेप. बी 2	11	
		HepB3 हेप. बी 3	12	
		VIT A1 वीआईटी ए1	13	
		VIT A2 वीआईटी ए2	14	
		VIT A3 वीआईटी ए3	15	
		Others	16	

		अन्य		

SECTION N : VILLAGE HEALTH NUTRITION DAYS (for all respondents) ग्राम स्वास्थ्य पोषण दिवस (सभी उत्तरदाताओं के लिए)				
188	Have you heard about Village Health Nutrition Day? क्या आपने ग्राम स्वास्थ्य पोषण दिवस के बारे में सुना है?	YES हां	1	
		NO नहीं	2	**End for pregnant women for others Skip to 204** गर्भवती महिलाओं के लिए समाप्त। अन्य के लिए प्रश्न 204 पर जायें
		DON'T KNOW मालूम नहीं	3	
189	Who informed you about the Village Health Nutrition Day? आपको ग्राम स्वास्थ्य पोषण दिवस के बारे में किसने बताया? **Multiple Response**	AWW एडब्ल्यूडब्ल्यू	1	
		ASHA आशा	2	
		ANM एएनएम	3	
		Family member परिवार का सदस्य	4	
		Self-help group member स्वयं सहायता समूह	5	
		Mother माताओं का समूह	6	
		No one कोई नहीं	7	
		Other अन्य	8	

		Don't know मालूम नहीं	9	
190	How often the Village Health Nutrition Days are held in your area? आपके क्षेत्र में ग्राम स्वास्थ्य पोषण दिवस कब–कब मनाये जाते हैं?	Once a month महीने में एक बार	1	
		Once in two weeks दो सप्ताह में एक बार	2	
		Once in two months दो महीने में एक बार	3	
		No specific timing कोई विशेष समय नहीं	4	
		Other (specify) अन्य (उल्लेख करें)	5	
		Don't know मालूम नहीं	6	
191	How often do you attend Village Health Nutrition Days (VHNDs)? आप ग्राम स्वास्थ्य पोषण दिवसों (वीएचएनडीज)	Always when they are held हमेशा जब भी वे आयोजित किये जाते हैं	1	
		Sometimes कभी–कभी	2	
		Seldom कभी–कभार	3	
		Do not attend भाग नहीं लेती	4	
		Other (specify) अन्य (उल्लेख करें)	5	
		Don't know मालूम नहीं	6	
192	Who is usually present during the VHNDs other than mothers and family members? मां और परिवार के सदस्यों के अलावा ग्राम स्वास्थ्य पोषण दिवसों के दौरान कौन उपस्थित होता है?	AWW एडब्ल्यूडब्ल्यू	1	
		ASHA आशा	2	
		ANM एएनएम	3	
		Other officials अन्य अधिकारी	4	
		Doctor डॉक्टर	5	

	Multiple Response	Nurse नर्स	6	
		Others (specify) अन्य (उल्लेख करें)	7	
		Don't know मालूम नहीं	8	
193	What kinds of services are usually provided during Village Health Nutrition Days (VHNDs)? ग्राम पोषण दिवसों के दौरान आम तौर पर किस प्रकार की सेवाएं उपलब्ध हैं? **Multiple Response**	Pregnancy registration गर्भावस्था पंजीकरण	1	
		Antenatal care प्रसव–पूर्व देखरेख	2	
		Take home ration ?ार ले जाने वाला राशन	3	
		TT Immunization टिटनस का टीकाकरण	4	
		Iron and folic acid supplements for pregnant mothers गर्भवती माताओं के आइरन और फोलिक एसिड की गोलियां	5	
		Iron and folic acid supplements for adolescent girls किशोरियों के लिए आइरन और फोलिक एसिड की गोलियां	6	
		Pediatric iron and folic acid supplements बच्चों के लिए आइरन और फोलिक एसिड की खुराक	7	
		Child immunization बच्चों का टीकाकरण	8	
		De-worming tablets पेट के कीड़े मारने की गोलियां	9	

		Weight measurements वजन मापना	10	
		No service provided कोई सेवा प्रदान नहीं की जाती	11	
		Other (specify) अन्य (उल्लेख करें)	12	
		Don't know मालूम नहीं	13	
194	What is discussed at the VHNDs? ग्राम स्वास्थ्य पोषण दिवसों के दौरान किन विषयों पर विचार–विमर्श होता है? **Multiple Response**	Pregnancy care गर्भावस्था देखरेख	1	
		What to do if a pregnant women has an emergency गर्भवती महिला यदि संकट की स्थिति में हो तो क्या करना चाहिए?	2	
		Importance of antenatal care of mothers माताओं की प्रसव–पूर्व देखरेख का महत्व	3	
		preparation for delivery प्रसव की तैयारी	4	
		healthcare facility services स्वास्थ्य देखरेख सुविधा सेवाएं	5	
		JSY, JSSK, or other schemes जेएसवाई, जेएसएसके या अन्य योजनाएं	6	
		clean and safe deliveries साफ और सुरक्षित प्रसव	7	
		postnatal care of mothers	8	

		माताओं की प्रसवोत्तर देखरेख		
		what to do when newborn babies have emergencies अगर नवजात शिशु संकट की स्थिति में हो तो क्या करना चाहिए	9	
		how to keep babies healthy बच्चों को स्वस्थ कैसे रखें	10	
		Breastfeeding स्तनपान करना	11	
		complementary feeding पूरक आहार	12	
		Immunization टीकाकरण	13	
		family planning परिवार नियोजन	14	
		Counsel on hygienic handling of complementary foods पूरक भोजन को सफाई से उपयोग करने के बारे में सलाह	15	
		General sanitation and hygiene सामान्य साफ–सफाई	16	
		information on take home rations घर ले जाने वाले राशन पर जानकारी	17	
		Nothing was discussed किसी विषय पर चर्चा नहीं होती	18	
		other (specify) अन्य (उल्लेख करें)	19	

		Don't know मालूम नहीं	20	
195	Who usually conducts discussions during VHNDs? ग्राम स्वास्थ्य पोषण दिवसों के दौरान विचार–विमर्शों का संचालन कौन करता है? **Multiple Response**	AWW एडब्ल्यूडब्ल्यू	1	
		ASHA आशा	2	
		ANM एएनएम	3	
		Other officials अन्य अधिकारी	4	
		Doctor डॉक्टर	5	
		Nurse नर्स	6	
		Others (specify) अन्य (उल्लेख करें)	7	
		Don't know मालूम नहीं	8	
196	Did you receive Take Home Ration at VHNDs when you were/are pregnant? जब आप गर्भवती थी तो क्या ग्राम स्वास्थ्य पोषण दिवस पर आपने घर ले जाने वाला राशन प्राप्त किया?	Yes हां	1	SKIP TO 198 सीधे प्रश्न 198 पर जायें
		No नहीं	2	
197	What are some reasons for not receiving the Take Home Ration at VHND विश्व स्वास्थ्य एवं पोषण दिवस पर घर ले जाने वाला राशन प्राप्त न करने के कुछ कारण क्या हैं?	I did not want to take मैं नहीं लेना चाहती	1	**End for pregnant women**
		THR was not available वह उपलब्ध नहीं था	2	
		THR was of poor quality mldh xq.koÙkk vPNh ugha Fkh	3	**Skip to 200 for others**
		Family did not allow me to take THR परिवार ने मुझे भोजन लेने की अनुमति नहीं दी	4	
		Other (specify) अन्य (उल्लेख करें)	5	
		Don't know मालूम नहीं	6	

198	Did you consume the Take Home Ration that you received at VHND? क्या आपने ग्राम स्वास्थ्य और पोषण दिवसों पर प्राप्त घर ले जाने वाले राशन का उपभोग किया?	Yes हां	1	SKIP TO 200 सीधे प्रश्न 200 पर जायें **End for pregnant women**
		No नहीं	2	
199	What are some reasons for not consuming the Take Home Ration? घर ले जाने वाले राशन का उपभोग न करने के कुछ कारण क्या हैं?	I did not want to eat THR मैं उसे खाना नहीं चाहती	1	**End for pregnant women** गर्भवती महिलाओं के लिए समाप्त।
		THR was not available वह उपलब्ध नहीं था	2	
		THR was of poor quality उसकी गुणवत्ता अच्छी नहीं थी	3	
		Family did not allow me to take THR परिवार ने मुझे भोजन लेने की अनुमति नहीं दी	4	
		Other (specify) अन्य (उल्लेख करें)	5	
		Don't know मालूम नहीं	6	
200	Did you receive Take Home Ration at VHNDs for your child? क्या आपने ग्राम स्वास्थ्य एवं पोषण	Yes हां	1	SKIP TO 202 सीधे प्रश्न 202 पर जायें

	दिवस पर अपने बच्चे के लिए घर ले जाने वाला राशन प्राप्त किया?	No नहीं	2	
201	What are some reasons for not receiving the Take Home Ration at VHND for your child? विश्व स्वास्थ्य एवं पोषण दिवस पर अपने बच्चे के लिए घर ले जाने वाला राशन न लेने के कुछ कारण क्या हैं?	I did not want to take मैं नहीं लेना चाहती	1	Skip to 204
		THR was not available वह उपलब्ध नहीं था	2	
		THR was of poor quality उसकी गुणवत्ता अच्छी नहीं थी	3	
		Family did not allow me to take THR परिवार ने मुझे भोजन लेने की अनुमति नहीं दी	4	
		Other (specify) अन्य (उल्लेख करें)	5	
		Don't know मालूम नहीं	6	
202	Did you feed the Take Home Ration to your child? क्या आपने अपने बच्चे को राशन ले जाने वाला राशन खिलाया था?	Yes हां	1	
		No नहीं	2	
203	What are some reasons for not feeding the Take Home Ration to your child? घर ले जाने वाला राशन अपने बच्चे को न खिलाने के कुछ कारण क्या हैं?	I did not want to feed THR to the child मैं उसे बच्चे को नहीं खिलाना चाहती थी	1	
		THR was not available वह उपलब्ध नहीं था	2	
		THR was of poor quality उसकी गुणवत्ता अच्छी नहीं थी	3	
		Family did not allow me to take THR परिवार ने मुझे भोजन लेने की अनुमति नहीं दी	4	
		Other (specify) अन्य (उल्लेख करें)	5	

		Don't know मालूम नहीं	6	

SECTION O : CHILD ANTHROPOMETRIC MEASUREMENT (skip for pregnant women and category 3)

बच्चे का मानवाकार (एंथ्रोपोमीट्रिक) मापन (गर्भवती महिला के मामले में छोड़ दें)

S.No. क्र.सं.	Questions **प्रश्न**	Response **उत्तर**	Codes **कोड**	Skip **छोड़ें**
204	Has (NAME OF CHILD) ever been weighed at the AWC (or by AWW)? क्या (बच्चे का नाम) आंगनवाड़ी केंद्र में कभी वजन लिया गया है?	Yes हां	1	
		No नहीं	2	
208	Weight of child alone (Kgs) अकेले बच्चे का वजन (किग्रा.)	☐☐.☐ (measurement 1) ☐☐.☐ (मापन 1) (measurement 2)		
209	Height of child (cm) बच्चे की लंबाई (सेमी.)	☐☐☐.☐		
210	Mid-Upper Arm Circumference (MUAC) – For children over 6 months (mm) मध्य–ऊपरी बांह की परिधि (एमयूएसी) – 6 माह से अधिक	☐☐☐.☐		

	आयु के बच्चों के लिए (**एमेम**)			
END				

Annexure-III: Qualitative tools

1) IDI schedule: Agricultural Extension Officer

BACKGROUND INFORMATION

1. For how long have you been working as the Agriculture Extension Officer? What are your roles and responsibilities as an Agriculture Extension Officer?

Probe on his / her routine job responsibility, experience of work, year since when posted in this village, reporting system and expectations from the position

2. Please give us a brief snapshot of agriculture in this area?

Probe on the crops grown (primary / secondary), seasonality, sufficiency of produce, irrigation, technology etc

UNDERSTANDING ABOUT MALNUTRITION

3. What do you understand by Malnutrition? Do you think that malnutrition is prevalent in the geographical areas in which you operate? How can malnutrition be combated?

Probe on what the interviewee understands about malnutrition and main reasons of malnutrition. Also discuss about his/her perception regarding seriousness of the problem. Probe regarding the various steps that can be taken to avoid malnutrition.

COMBATING MALNUTRITION

4. According to you what role can the department of agriculture play in fighting malnutrition? Has the department been taking steps to support the community in the fight against malnutrition? Have you ever faced any issues in the same?

Probe on the recent methods adopted and steps taken by the agriculture department towards combating malnutrition. Talk in detail about the various methods adopted and how the various line agencies have been involved in this endeavour. Probe about the issues faced on the side of

the community in general and capacity of the community members and how the person has resolved these issues.

5. Do you know of any crop which is grown locally and can be used as a nutritious food item? Have you conducted or participated in community level meetings where such knowledge exchange has taken place?

Probe about various options that are currently available and being used or not being used by the community. Also discuss whether any scale-up has happened or is possible at the community level in case of such existing options. If yes, then has the interviewee taken any steps in order to provide knowledge and required support towards the same in the capacity of extension officer. Also discuss about the interaction with the community members on schemes related to kitchen garden as well as crops that can be grown in kitchen garden.

6. What are the challenges that you have faced or you anticipate in performing your duties with aspects related to combating malnutrition?

Discuss in detail the challenges that have been faced and are envisaged by the interviewee while performing the duties. These could be with reference to acceptance on the side of the community, handicap due to knowledge base, availability of options and the readiness to adopt such practices and cultivations that help in provision of better nutritional support. Also capture the respondent's perception about self capacity and requirements of any training support in order to perform the expected duties.

COMMUNICATION

7. What are the various ways of informing / communicating with the community?

Talk about means used by department. Also probe the issues / challenges in faced while communicating.

8. Do you know about the other departments / organisations whose role is important in the fight against malnutrition? What is the situation regarding inter-department coordination in the present context?

(Probe:Talk about the various departments and organizations that are currently playing or can play a vital role in combating malnutrition. Probe: Ask about the role of ICDS dept i.e AWW and health dept i.e ASHA in the fight against malnutrition. Discuss in detail about the prevailing situation regarding convergence and the various challenges that need to be taken care of to improve the inter-departmental coordination. Probe: Ask about the level of co-ordination (and challenges) between ICDS and health dept and whether the Agriculture dept can also co-ordinate with them to contribute

towards reduction of malnutrition. Also gather the respondent's thoughts on whether the coordination needs to be enhanced and the support that would be required towards the same?)

OPINION ABOUT THE CURRENT PROJECT

9. Do you know of SC/BR's Project Karuna? (Explain the project in case not aware). In your opinion how has the project been performing? What are the future prospects of the project?

Probe regarding knowledge about the project. Discuss about the respondent's opinion regarding the various aspects where the project has performed well and instances where the project has or is expected to face bottle-necks. Also seek opinion on how these roadblocks can be resolved. Discuss on what additional support can be provided by the agriculture department and how the required support can be channelized.

2) IDI schedule: ASHA

BACKGROUND INFORMATION

1. Please tell us about your work? **(ask about his / her routine job responsibility, experience of work, since when posted in this village, reporting structure etc)**

LOCAL HEALTH ISSUES

2. In your opinion, what do you think are some of the major problems or issues that affect the health of women and children in your area? ***((Probe: How big that problem or issue is here in this village? Are there other health problems in this village/community? (Who is affected? How often? How severely?) Problems or issues (access to foods, access to markets, access to health centre, access to medicine, hygiene and sanitation))***

ASHA'S SERVICE DELIVERY

3. In your opinion are the mothers and children getting help from ASHA? ***(Probe: What do they think of the services , Services provided to mothers and children, Are people coming and if so, for getting services, What other activities are being held to promote nutrition and well-being support)***

4. What are the challenges that you all are facing while performing your roles? What are the possible solutions? (***Probe: Issues faced in community mobilization. Take home ration and ready to eat food options and their acceptance and uptake by the community.Issues related to***

infrastructure and supplies and support required.Specific issues related to the community participation and support required Extent of support provided by the ICDS and health department functionaries at block and district level)

COMBATING MALNUTRITION

5. What do you know about malnutrition? What are the signs and symptoms of malnutrition? How can malnutrition be treated? What do you do when you encounter a case of malnutrition. What improvements do you think are necessary to reduce malnutrition?

((Probe: What could be the various signs and symptoms of malnutrition. Various preventive methods of treating malnutrition. Where to take the child in case of malnutrition. Ask about improvements required))

6. What might be some of the major nutrition issues in the villages/areas where you all work? What all could be the possible reasons for the same? ***((Probe: Intensity in terms of number of cases who suffer from malnutrition .Are some groups more vulnerable than others (women, pregnant women, young children). Who are the most vulnerable groups?.Lack of awareness of food related requirements of infants and young children, pregnant mothers and lactating mothers. Poor health and the issue of children not being immunized (important as we heard this is a real issue)? Poverty and limited access to foods a big problem? Traditions/taboos that prevent women and children to eat good food? Hygiene and if so, what (washing hands, using latrines, food preparation)***

INTERDEPARTMENTAL COORDINATION

7. Do you know about the other departments / organisations whose role is important in the fight against malnutrition? What is the situation regarding inter-department coordination in the present context? How can it be improved? ***(Probe: Talk about the various departments and organizations that are currently playing or can play a vital role in combating malnutrition. Probe: Ask about the role of ICDS dept i.e AWW and any other dept. Discuss in detail about the prevailing situation regarding convergence and the various challenges that need to be taken care of to improve the inter-departmental coordination. Ask about the level of co-ordination (and challenges) between ICDS dept or any other dept with the health dept. Also gather the respondent's thoughts on whether the coordination needs to be enhanced and the support that would be required towards the same?)***

TRAINING

8. What type of support in terms of training and capacity building has been provided to you all? How has it helped you in performing the prescribed duties in a better way? (***Probe: Trainings attended, periodicity, content of the training and who are the trainers. How have these trainings helped in terms of capacity enhancement and community mobilization and counselling. Any evident changes seen after attending the trainings .Any additional training or capacity building support required.)***

OPINION ABOUT THE CURRENT PROJECT

9. Do you know of SC/BR's Project Karuna? What is your opinion about the project? (***Probe: Knowledge about the project .What are the important aspects related to health being covered under the project. Opinion about the bottlenecks that the project may have and suggestions towards resolving the same. Suggestions towards changes/addition in order to enhance the performance of the project)***

3) IDI schedule: AWW

BACKGROUND INFORMATION

1. Please tell us about your work? **(ask about his / her routine job responsibility, experience of work, since when posted in this village, reporting structure etc)**

LOCAL HEALTH ISSUES

2. In your opinion, what do you think are some of the major problems or issues that affect the health of women and children in your area? ***((Probe: How big that problem or issue is here in this village? Are there other health problems in this village/community? (Who is affected? How often? How severely?) Problems or issues (access to foods, access to markets, access to health centre, access to medicine, hygiene and sanitation))***

AWW'S SERVICE DELIVERY

3. In your opinion are the mothers and children getting help from AWW? ***(Probe: What do they think of the services , Services provided to mothers and children, Are people coming and if so, for getting services, What other activities are being held to promote nutrition and well-being support)***

4. What are the challenges that you all are facing while performing your roles? What are the possible solutions? (***Probe: Issues faced in community mobilization. Take home ration and***

ready to eat food options and their acceptance and uptake by the community.Issues related to infrastructure and supplies and support required.Specific issues related to the community participation and support required Extent of support provided by the ICDS and health department functionaries at block and district level)

COMBATING MALNUTRITION

5. What do you know about malnutrition? What are the signs and symptoms of malnutrition? How can malnutrition be treated? What do you do when you encounter a case of malnutrition. What improvements do you think are necessary to reduce malnutrition?

((Probe: What could be the various signs and symptoms of malnutrition. Various preventive methods of treating malnutrition. Where to take the child in case of malnutrition. Ask about improvements required))

6. What might be some of the major nutrition issues in the villages/areas where you all work? What all could be the possible reasons for the same? ***((Probe: Intensity in terms of number of cases who suffer from malnutrition .Are some groups more vulnerable than others (women, pregnant women, young children). Who are the most vulnerable groups?.Lack of awareness of food related requirements of infants and young children, pregnant mothers and lactating mothers. Poor health and the issue of children not being immunized (important as we heard this is a real issue)? Poverty and limited access to foods a big problem? Traditions/taboos that prevent women and children to eat good food? Hygiene and if so, what (washing hands, using latrines, food preparation))***

INTERDEPARTMENTAL COORDINATION

7. Do you know about the other departments / organisations whose role is important in the fight against malnutrition? What is the situation regarding inter-department coordination in the present context? How can it be improved? ***(Probe: Talk about the various departments and organizations that are currently playing or can play a vital role in combating malnutrition. Probe: Ask about the role of health dept i.e ASHA and any other dept. Discuss in detail about the prevailing situation regarding convergence and the various challenges that need to be taken care of to improve the inter-departmental coordination. Ask about the level of co-ordination (and challenges) between health dept or any other dept with the ICDS dept. Also gather the respondent's thoughts on whether the coordination needs to be enhanced and the support that would be required towards the same?)***

TRAINING

8. What type of support in terms of training and capacity building has been provided to you all? How has it helped you in performing the prescribed duties in a better way? (***Probe:***

Trainings attended, periodicity, content of the training and who are the trainers. How have these trainings helped in terms of capacity enhancement and community mobilization and counselling. Any evident changes seen after attending the trainings .Any additional training or capacity building support required.)

OPINION ABOUT THE CURRENT PROJECT

9. Do you know of SC/BR's Project Karuna? What is your opinion about the project? (***Probe: Knowledge about the project .What are the important aspects related to health being covered under the project. Opinion about the bottlenecks that the project may have and suggestions towards resolving the same. Suggestions towards changes/addition in order to enhance the performance of the project)***

4) **IDI schedule: Block Medical Officer**

BACKGROUND INFORMATION

1. For how long have you been working as the Block Medical Officer? What are your roles and responsibilities as a BMO?

Probe on his / her routine job responsibility, experience of work, year since when posted in this block, reporting system and expectations from the position

UNDERSTANDING ABOUT MALNUTRITION

2. Do you think that malnutrition is prevalent in the geographical areas in which you operate? How can malnutrition be combated?

Probe on what the interviewee understands about malnutrition and main reasons of malnutrition. Also discuss about his/her perception regarding seriousness of the problem. Probe if there are some specific pockets of high prevalence and any specific reasons for the same. Probe regarding the various steps that can be taken to avoid malnutrition.

COMBATING MALNUTRITION

3. According to you what role is the health department playing in fighting malnutrition? What steps has the department taken to support the community in the fight against malnutrition? Have you ever faced any issues in the same?

Probe on the recent methods adopted and steps taken by the health department towards combating malnutrition. Talk in detail about the various methods adopted and how the various

line agencies, including the health workers, have been involved in this endeavour. Probe about the issues faced on the side of the community in general and capacity of the community members and how the interviewee has resolved these issues.

4. What do think about the capacity of ASHA and AWW workers towards reduction of malnutrition? Are they achieving their full potential towards achieving that goal?

Probe about the issues related to the performance of these health workers in providing adequate support and know-how to the community. Discuss about the bottlenecks and the reasons for the same. Also discuss about any steps that have been taken either by the department of the interviewee in helping them realize their potential.

_____

5. What are the challenges that you have faced or you anticipate in performing your duties with aspects related to combating malnutrition?

Discuss in detail the challenges that have been faced and are envisaged by the interviewee while performing the duties. These could be with reference to the community and institutional mechanisms that may not be providing support towards realization of its fullest potential in terms of outcomes. Also discuss about any specific issue that the person has faced and methods adopted to resolve the same.

_____

ASPECTS RELATED TO CONVERGENCE

6. What roles are you playing in implementing ICDS services? What support do you receive from CDPO for managing the schemes or activities of ICDS in your block? How can the role of ICDS be improved? What is the current level of co-ordination with the ICDS department and with any other department? How can it be improved? Do you think there is a need of policy convergence in order to ensure reduction in malnutrition? If yes, please suggest some measures.

Talk about the various responsibilities that the interviewee has been taking in order to provide support to the activities under ICDS. Discuss in detail about the prevailing situation regarding convergence and the various challenges that need to be taken care of to improve the inter-departmental coordination. Also gather the respondent's thoughts on how the coordination can be enhanced and the support that is required towards the same?Then talk about issues of policy convergence.

_____

7. What is the overall reporting mechanism at your level? How the information then is collated at block level? Please explain.

Do you know of SC/BR's Project Karuna? (If not then please explain). In your opinion how has the project been performing? What are the future prospects of the project?

Probe regarding knowledge about the project. Discuss about the respondent's opinion regarding the various aspects where the project has performed well and instances where the project has or is expected to face bottle-necks. Also seek opinion on how these roadblocks can be resolved. Discuss on what additional support can be provided by the health department and how the required support can be channelized.

5) IDI schedule: CDPO

BACKGROUND INFORMATION

1. For how long have you been working as a CDPO? What are your roles and responsibilities as a Child Development Project Officer?

Probe on his / her routine job responsibility, experience in the present job, reporting systems

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REDUCING MALNUTRITION

2. What is the status of malnutrition in your block? According to you what are the main reasons for the same?

3. Discuss about the prevailing situation in the block and also record the opinion on how rampant the situation is with regard to malnutrition.

Probe the factors that are contributing towards the same and discuss about any specific problem that the person may have perceived in case of the community residing in the block. Probe if there are some specific pockets of high prevalence and any specific reasons for the same.

4. Malnutrition in children has many causes … which of these causes do you think ICDS can address?

Note the relative emphasis on the following:

1. Changing child feeding behaviors / practices

2. Weighing and charting

3. Curative interventions for Grade III/IV (SAM) vs. preventive interventions for all children

4. Mention of immunization / Vitamin A

5. Probe on the Role of supervisors and AWWs with respect to the following:

1. Home visits / inter-personal communication

2. Tracking the progress of individual children

3. Activities other than home visits

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6. What steps are being taken by the ICDS department in combating malnutrition? What is the role that you as a CDPO play in reducing malnutrition and other adverse outcomes associated with malnutrition? What are the challenges that you face in fighting against malnutrition?

Probe the role of the front line workers in providing support towards curbing malnutrition and management of cases of malnutrition. Discuss about the supportive supervision that the CDPO has been providing to the front-line workers such as AWW & their supervisors. Talk about the challenges faced by the person and any specific steps taken towards resolving the same. Also discuss about the changes that have been introduced in the functioning and how these have contributed towards better outcomes.

---

7. Have you undergone any on job trainings in the last 6 months? If yes, then what trainings have you attended in the last couple of years?

Probe whether the CDPO has been trained on any supervising formats. Discuss about who gave the trainings, when did these happened, is there a periodicity of such trainings. Also discuss about how the trainings have helped the person in performing the prescribed duties.

SUPPLIMENTARY NUTRITION

8. Can you tell me about the way the food allocation is done?

Probe for need based sheet review prepared by sector supervisor

Probe for regularity of supplies

Probe for SNP analysis, points of analysis

_____

FIELD VISITS & OTHER RESPONSIBILITIES

9. We understand that as a part of the job you have to visit AWCs. In your schedule, realistically, how many days a month are you able to actually go out to field visit?

Probe the amount of time that the CDPO is able to devote to field visits including visiting AWCs. Probe regarding opportunities to attend sector meetings and the discussions that usually happen in these meetings. Also discuss about the issues that they have come across during field visits and how the person resolved them.

_____

10. How do you manage responsibilities such as allocation of food to the AWCs etc.? Do you face any issues with the supplies that you receive? How can this be improved?

Probe regarding the issues faced with supplies and the reasons associated with the same. Discuss on suggested means through which the situation can be improved. Discuss about the supplementary nutrition programme and the interviewee's opinion regarding improvements.

_____

SUPPORT FROM OTHER DEPARTMENTS: CONVERGENCE

11.What support do you receive from other departments such as health for managing the schemes or activities of ICDS in your block? What is the present status of the interdepartmental coordination? How can it be improved?

Probe regarding the type of support provided by the other departments and the areas that are common in terms of functions. Discuss about the felt need in terms of improvement in inter-department coordination. Also discuss the issues faced while demanding cooperation from other departments and how the issues are resolved.

_____

12.Do you think there is a need of policy convergence in order to ensure reduction in malnutrition? If yes, please suggest some measures.

OPINION ABOUT THE CURRENT PROJECT

13. Do you know of SC/BR's Project Karuna? In your opinion how has the project been performing? What are the future prospects of the project?

Probe regarding knowledge about the project. Discuss about the respondent's opinion regarding the various aspects where the project has performed well and instances where the project has or is expected to face bottle-necks. Also seek opinion on how these roadblocks can be resolved. Discuss on what support can be provided by the ICDS department to improve the envisaged outcomes.

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6) Mother's FGD Schedule

Village	
Panchayat	
Block	
District	
NAME OF THE MODERATOR	
NAME OF THE NOTE TAKER	
DATE OF INTERVIEW	☐☐ ☐☐ ☐☐☐☐

Total time taken: 1 hour 30 minutes

Introduction: **(5 minutes)**

(Greetings)

- Say your name and introduce yourself as a researcher from Sambodhi Research & Communications Pvt. Ltd. and conducting study for Save the Children.
- Explain about the study and inform the respondents the purpose of the exercise. Assure the respondents that the information provided by them will be completely confidential.
- There are no right and wrong answers so they should feel free to talk. Tell them that they can quit the group, if they feel uncomfortable at any point.
- Ask permission to record the interview. It is needed because the moderator will not be able to retain all the information he gets from the interview.
- Ask everyone to introduce themselves by their names and where they belong (village). Assure them that their names are not being recorded.
- Tell the respondents that at any point of time during the discussion, the respondents may not answer to any question that they don't wish to.

- Record the following details for all the respondents

S. NO	NAME	AGE	EDUCATION QUALIFICATION	OCCUPATION
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

NOTE FOR MODERATORS:

- **This Discussion Guide is simply a roadmap for the interview. The broad items suggest the areas that one has to explore. The sub-items under each broad item are possible probe questions.**
- **The moderator is encouraged to keep a notepad for noting down personal observations. On the same notepad, the moderator can draw a horseshoe indicating the seating arrangement of all the FGD participants. For personal reference and better note taking, names of each participant should be written down, against a cross mark, indicating his seating position.**
- **The age category of respondents should be in the bracket of 18 to 49 years.**
- **Start with some general discussion with the group. Discuss about their village and good things to see. Talk about their hobbies and what they all do during their leisure time. Then move on the following questions and discuss.**

		given to your child for treating malnutrition?
Q1.	Let us talk about daily food intake requirements? Is there adequate food sufficiency for most people in this village/community?	**Probe:** ➢ Occurrence of situations related to seasonal variation/scarcity in availability of food ➢ Economic reasons affecting food situation ➢ Extent of such occurrences with respect to pregnant women and children. ➢ Frequency of such situations and situations to which such conditions can lead
Q2.	Do you all avail government entitlements for food security? Is it sufficient to meet your family food demands? How do you think that its delivery can be improved?	**Probe:** ➢ The extent of support that the people are able to borrow through government food distribution system ➢ Issues faced and suggestions towards improvements in the same
Q3.	What are the usual health problems that children face? Where do you all and other people in this community take the children in case of illness?	**Probe for avenues such as:** ➢ Probe about the health service provision facilities usually visited by people in the area ➢ What are the other services, such as counselling support etc. that are being accessed in case of bad health conditions ➢ Whether there have been instances of health issues due to malnutrition and if yes then what kind of treatment support has been taken ➢ In case of government health facilities are the health service providers available when required
Q4.	Do you know about ANM, ASHA and AWW workers? What is their role in providing various health services such as ANC, counselling regarding healthy behaviour like nutrition support etc?	**Probe:** ➢ Knowledge about the type of services provided by ASHA, ANM & AWW ➢ Role in the provision of health services such as ANC, nutrition support etc. ➢ Perception related to the quality of services provided ➢ Experiences related to advice towards providing nutritional support towards proper growth ➢ Opinion on the type of services provided

Q5.	What is your opinion of breastfeeding? Why is it necessary?	**Probe:** ➢ Importance of breast feeding ➢ Perceived link between breastfeeding and malnutrition ➢ Knowledge about the correct time to initiate breast feeding ➢ Correct time when breastfeeding should be started after birth ➢ Exclusive breast feeding and time till when it should be continued ➢ Knowledge about complementary feeding and the correct time to start the same ➢ Knowledge about maintaining hygienic child feeding conditions especially during feeding though bottles and other food items.
Q6.	What is the source of drinking water in your area? What kind of sanitation facility you have? Do you think hand-washing is important? When do you generally wash hands?	**Probe:** ➢ Whether having access to safe sources of drinking water ➢ Knowledge about methods to make water drinkable ➢ Knowledge about importance and practices related to hand washing and critical time for washing hands

7) IDI schedule: NGO

BACKGROUND INFORMATION

A. Please tell us about your roles and responsibilities in this NGO (Name of the NGO).

_____

OPINION ABOUT THE CURRENT PROJECT

B. Do you know of SC/BR's Project Karuna? (Explain the project in case not aware). In your opinion how has the project been performing? What are the future prospects of the project?

Probe regarding knowledge about the project.

Discuss about the respondent's opinion regarding the various aspects where the project has performed well and instances where the project has or is expected to face bottle-necks.

Also seek opinion on how these roadblocks can be resolved. Discuss on what additional support can be provided by the agriculture department and how the required support can be channelized.

C. What is your opinion on the overall objective of Project Karuna? How much of it do you think will be achieved at the present level of planning? What do you think should be done to improve the achievement level of Project Karuna (recommendations)?

COMBATING MALNUTRITION

D. What are main causes of malnutrition in your opinion? What are the most difficult roadblocks in reducing malnutrition in your area? How can they be overcome?

_____

E. What is opinion about the roles that ICDS officials play towards reduction of malnutrition? How can it be improved?Probe: Ask about the role of AWW in the reduction of malnutrition. What role other departments play in the reduction of malnutrition? Probe: Ask about the role of health department, ASHA etc and any other department.

_____

INTERDEPARTMENTAL COORDINATION

F. What is the current level of co-ordination between the different departments and the corresponding challenges. How can it be improved? Do you think that there is need of policy convergence for reduction of malnutrition? Please explain how it can be achieved. Probe: Ask for level of co-ordination between ICDS and the health department and any other department, and the corresponding challenges. How can a level of co-ordination be improved among different departments for reduction of malnutrition? Probe: Ask about how co-ordination between ICDS and health department and any other department can be improved. Do you think there is a need of policy convergence in order to ensure reduction in malnutrition? If yes, please suggest some measures.

TRAINING

G. Have you received any training in the last two years? How many? Please explain in detail. (Probe: the trainings imparted, details of the topics / issues, the training centre, trainers, time of the training, location and duration etc.)

_____

H. Whether the issues of malnutrition ever covered in any of the trainings? Whether issues of inter departmental convergence ever addressed in the trainings? Do you feel you require more training or skill building on other issues as well?

_____

8) IDI schedule: SC/BR's Nutrition Specialist

BACKGROUND INFORMATION

I. Please tell us about your roles and responsibilities in this project.

_____

II. Please tell us about the modalities of the project? How is the project being planned to be executed? How is the project going to address the problem of malnutrition? What problems are faced by the Project and how can they be resolved?

_____

REDUCING MALNUTRITION

III. What are main causes of malnutrition in your opinion? What are the most difficult roadblocks in reducing malnutrition? How they can be overcome?

_____

IV. What is your opinion about the roles that ICDS officials play towards reduction of malnutrition? Do you need to co-ordinate with the ICDS officials for project Karuna? What kind of support you need from ICDS officials? Are you getting it? If no then what is the problem? How can the role played by ICDS officials in the reduction of malnutrition be improved? Do you think that Project Karuna will complement the role if ICDS officials? If yes, please explain how?

_____

INTERDEPARTMENTAL COORDINATION

V. What do you think about inter department coordination? Do you think there is a need of convergence in order to ensure reduction in malnutrition? If yes, please suggest some measures. How can policy convergence be achieved?

_____

VI. Do you have any recommendations for better execution of Project Karuna ? If yes, please explain.

_____

What are your personal recommendations for the reduction of malnutrition in this country?

_____

9) IDI schedule: Panchayat Samiti President

BACKGROUND INFORMATION

1. Can you please tell about your work? (ask about his / her routine job responsibility, experience of work, since when posted in this village, reporting structure etc)

_____

COMBATING MALNUTRITION

2. What do you understand by Malnutrition? Can you please tell us about the status of malnutrition in your area? According to you what are the main reasons of malnutrition? Is this a serious problem? If yes or no, why do you think so?

Probe on what the interviewee understands about malnutrition and main reasons of malnutrition. Also discuss about his/her perception regarding seriousness of the problem. Probe regarding the various steps that can be taken to avoid malnutrition.

_____

3. Do you think lack of proper diet is one of the causes of malnutrition? Do you know of any crop which is grown locally and is and is also cheap and be used as a nutritious food? What other ways are there to ensure proper diet?

_____

4. How can the Panchayat help in the fight against malnutrition? Does the Panchayat play any role in implementing ICDS? If yes then please explain. What are the challenges that you face currently in fighting against malnutrition?

_____

INTERDEPARTMENTAL COORDINATION

5. Do you know about the other departments / organisations whose role is important in the fight against malnutrition? What is the situation regarding inter-department coordination in the present context? How can it be improved?

Talk about the various departments and organizations that are currently playing or can play a vital role in combating malnutrition. Probe: Ask about the role of ICDS dept i.e AWW and health dept i.e ASHA in the fight against malnutrition. Discuss in detail about the prevailing situation regarding convergence and the various challenges that need to be taken care of to improve the inter-departmental coordination. Probe: Ask about the level of co-ordination (and challenges) between ICDS and health dept and whether the Panchayat can also co-ordinate with them to contribute towards reduction of malnutrition. Also gather the respondent's thoughts on whether the coordination needs to be enhanced and the support that would be required towards the same?

_____

AWARENESS ABOUT CURRENT PROJECT

6. Do you know of SC/BR's Project Karuna? (Explain the project in case not aware). In your opinion how has the project been performing? What are the future prospects of the project?

Probe: Regarding knowledge about the project. Discuss about the respondent's opinion regarding the various aspects where the project has performed well and instances where the project has or is expected to face bottle-necks. Also seek opinion on how these roadblocks can be resolved. 8. Discuss on what additional support can be provided by the agriculture department and how the required support can be channelized.

_____

10) IDI schedule: SC/BR's Project Manager

BACKGROUND INFORMATION

1. Please tell us about your roles and responsibilities in this project.

_____

2. Please tell us about the modalities of the project? How is the project being planned to be executed? How is the project going to address the problem of malnutrition? What problems are faced by the Project and how can they be resolved?

_____

REDUCING MALNUTRITION

3. What are main causes of malnutrition in your opinion? What are the most difficult roadblocks in reducing malnutrition? How they can be overcome?

_____

4. What is your opinion about the roles that ICDS officials play towards reduction of malnutrition? Do you need to co-ordinate with the ICDS officials for project Karuna? What kind of support you need from ICDS officials? Are you getting it? If no then what is the problem? How can the role played by ICDS officials in the reduction of malnutrition be improved? Do you think that Project Karuna will complement the role if ICDS officials? If yes, please explain how?

_____

INTERDEPARTMENTAL COORDINATION

5. What do you think about inter department coordination? How can it be improved? Do you think there is a need of policy convergence in order to ensure reduction in malnutrition? If yes, please suggest some measures.

_____

RECOMENDATIONS FOR THE CURRENT PROJECT

6. Do you have any recommendations for better execution of Project Karuna ? If yes, please explain.

_____

7. What are your personal recommendations for the reduction of malnutrition in this country?

_____