ASSESSMENT ON PROGRAM EFFECTIVENESS AND MONITORING SYSTEM - SNEH PROJECT

ChildFund India

SUBMITTED BY

CENTRE FOR SOCIAL AND SCIENTIFIC RESEARCH (CSSR)

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Acknowledgement

We would like to express our gratitude to ChildFund India for consenting and providing an opportunity to conduct End Line Assessment on Program Effectiveness and Monitoring System – SNEH Project implemented by ChildFund India in Jhabua District of Madhya Pradesh. We would like to thank **Ms. Neelam Makhijani – CEO & Country Director,** ChildFund India and **Mr. Thilakaratne Mudiyanselage - Program Director**, ChildFund India for given the opportunity to work for children through this assignment.

Our special thanks to **Mr. Abhaya Kumar Behera**, **Head – Grants Implementation**, ChildFund India who provided the technical support and guidance for the assessment.

Our sincere thanks to **Ms. Shashikala Menon, Grants Coordination Officer**, ChildFund India for her continued coordination during the assessment period.

We would like to thanks to **Mr. Mithun Nath**, **Grants Implementation Manager,** ChildFund India based in Dhar, Madhya Pradesh for facilitating and execution of the assessment with the support and involvement of **Ms. Ankita Rathod, Mr. Prateek Jain** and other Project staff.

We would also like to acknowledge the efforts of all SNEH project staff for field facilitation for smooth and timely completion of the data collection.

Our sincere thanks to my Research team responsible for data collection, data entry that enabled in processing the data on time and coming out with key findings in a very short span of time.

We are also grateful to the children and mothers; and key informants who provided their precious time in providing their views and data for the assessment. The information provided by them forms the basis of this evaluation and would enable all stakeholders to formulate and implement appropriate future interventions.

Dr. P. Ganesh
Executive Director
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ABBREVIATIONS

ANM	Auxiliary Nurse and Midwife
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
CFI	ChildFund India
CSSR	Centre for Social and Scientific Research
EBF	Exclusive Breast Feeding
FGD	Focus Group Discussion
IDI	In-depth Interview
IEC	Information Education and Communication
IMR	Infant Mortality Rate
INT	Intervention Area
IYCF	Infant and Young Child Feeding
LM	Lactating Mothers
MAM	Moderately Acute Malnourished
MCP	Mother and Child Protection
MMR	Maternal Mortality Rate
MUAC	Mid-Upper Arm Circumference
NGO	Non-Government Organization
NRC	Nutrition Rehabilitation Centre
PRI	Panchayat Raj Institution, a body of local governance in India
PW	Pregnant Women
RTI	Reproductive Tract Infections
SAM	Severe Acute Malnourishment
SHG	Self Help Group
SNEH	Sustainable Nutrition Education and Health
WASH	Water, Sanitation and Hygiene

Index

Chapter I: Executive Summary

Tribal communities are among the poorest social groups in the country. Every second tribal child was stunted with the bulk of stunted tribal children severely stunted. Within India, stunting is highest (54%) among tribal children. Little is known about the determinants of stunting among tribal children and affirmative action's for their nutrition improvement. Severe stunting was 9 percentage points higher in tribal children compared to non-tribal children (29% vs.20%) and the obvious reason for the nine-point difference in stunting (HAZ <-2SD) between tribal and non-tribal children (54% vs. 45%). Significant determinants of severe stunting in tribal children included: child's increasing age, birth order and gender, maternal factors (maternal stunting, age, pregnancy interval and illiteracy) and household poverty. Infant and young child feeding and sanitation practices were abysmally poor. The proportion of stunted tribal children increased with increasing age. One quarter of tribal children aged 0-5 months were stunted. Stunting and severe stunting doubled in the 6-11 months' period and by 18 months, 75% tribal children were already stunted. With only 2% tribal children aged 6-11 months fed complementary foods in recommended quality and frequency, the decline in mean height-for-age Z(HAZ) score from 1.0 in 0-5 months to -1.5 in 6-11 months was not surprising. Importantly, one-unit improvement in diet diversity (of complementary food fed) resulted in a 0.4 SD improvement in mean HAZ. Maternal under nutrition emerged as a key determinant of stunting in tribal children. If the mother was stunted, the likelihood that the tribal child was stunted increased twofold. The reasons for high maternal under nutrition in tribal communities were obvious – 68% mothers were less than 20 years old, 48% mothers were undernourished themselves, 76% mothers were anemic and birth orders ranged from 1-12 (mean (SD): 3.29 (0.25)). The risk of severe stunting was nearly twofold higher for girls aged 6-23 months compared to boys indicating that gender could play a role in caring practices, even among tribal families[1].

The National Family Health Survey data-4 (2014-2015) shows that at least 3 out of 4 pregnant women are anemic in Jhabua District making women vulnerable to high risk pregnancies[2]. It is already an alarming situation where at least 8% children are at high risk of dying from infections caused by day to day disease and if not their growth both physical and mental might certainly get hampered[3].

[1] http://unicef.in/Uploads/Resources/Tribal-low-res-for-view.pdf

[2] http://rchiips.org/NFHS/FCTS/MP/MP_FactSheet_464_Jhabua.pdf.International Institute of Population studies, Mumbai.

[3] https://data.unicef.org/topic/nutrition/malnutrition/

In spite of the favorable policy framework, guidelines and services available to ensure Health and Nutrition status of Mother and Children, increasing number of instances of child malnutrition, maternal and child deaths in certain parts of India are reported in media and earlier studies. This includes high number of children suffered with lack of nutrition, low accessibility of health care services, lack of awareness among mothers and family members on nutrition and health aspects.

In response to the issues, ChildFund India implemented Sustainable Nutrition Education and Health (SNEH) Project to address child malnutrition in 33 villages, part of 16 Gram Panchayats of Jhabua District, Madhya Pradesh since 2015-16 through critical support to mother and child from conception to five years of their life. The coverage population includes 2150 malnourished children under 5 years and 800 pregnant and lactating women.

The project design is based on preventive community based approach to fight child malnutrition by motivating mothers, pregnant women, family members, key stakeholders and creating and enabling environment to prevent child malnutrition. The project is funded by **Moody's Analytics Knowledge Services Research (India) Private Limited**. ChildFund India has commissioned an End line evaluation of the project through an external consultant. The End line evaluation assesses the project progress in terms of achieving its envisaged results, comparing status against key performance indicators collected through the project baseline conducted during the pre-project implementation period.

The specific questions that the evaluation seeks to answer are:

(i) To assess the improvement in health and nutritional status of pregnant and lactating mothers in ChildFund targeted intervention villages of Jhabua.
(ii) To assess the improvement in health and nutritional status of targeted children below 5 years in targeted intervention villages of Jhabua.
(iii) To assess the number of SAM / MAM children converted to normal category (Green) by end of the project cycle.
(iv) To document the best practices and success stories of the project.

The study used a pre and post-test design with mixed methods approach involving collection of quantitative and qualitative data. The quantitative data was collected from Mothers or Care Givers and their household members who have children aged 0-5 years. Additionally, qualitative data through In-depth Interviews (IDI) and Focus Group Discussions (FGD) was collected from key stakeholders at community and gives an understanding of the processes facilitated by the project.

Quantitative data was collected from 100 Mothers or Care Givers. Qualitative data was collected from the various stakeholders using purposive sampling and based on their availability. Overall 6 Focus Group Discussions (FGDs), 4 In-Depth Interviews (IDI) were conducted.

Findings

The findings are based on key outcomes envisaged by the project and progress measured in comparison to the findings from the Baseline conducted in Aug-Sep 2013. The findings of the evaluation show that significant progress between base line to end line on key performance indicators of the project in terms of antenatal care and post-natal care received by mothers, consumption of nutrition diet by pregnant women, increase in institutional deliveries, increase in normal birth weight of the baby, IYCF practices that mothers given breastfeeding to the baby within one hour of birth, exclusive breast feeding up to 6 months to the child, introduction of semisolid foods to the child at appropriate time (7^{th} month of the child) and percent of children received medical treatment from qualified doctor/ Pediatrician.

Similarly, significant improvement is reported in consumption of IFA among pregnant women, increase in weight of the mothers during pregnancy and increase in food intake during pregnancy and access to immunization.

There has also been enhanced awareness on nutrition among mothers. This includes food intake during pregnancy, influence of nutritious food on pregnancy outcome & Birth weight, consequences of malnutrition during pregnancy, anemia and the symptoms & prevention measures of anemia. This has enabled the mothers and caregivers to come together and discuss nutrition aspects in mother's meetings and community forums and is a first step towards initiating community led actions aimed at prevention of malnutrition among children and improving nutrition and health status of mother and children.

The findings also show that huge reduction (96%) on malnutrition during the project period among children aged less than 5 years. This was due to effective counseling to mothers and care givers including family members by ChildFund India; also supplementation of Nutrimix by ChildFund India and referral system for care & supervision at NRC.

The involvement of front line workers of ICDS and Health (ANM & ASHA) has improved a lot in the community for ChildFund India organized PD+ nutrition programs including health & hygiene awareness meetings and campaigns. This has enabled the mothers and caregivers to come together and increased participation in all health & nutrition related programs; this has resulted in the utilization of health & nutrition services, which has significantly improved. This also includes improved access to immunization, utilization of de-warming tablets, vitamin A

solution, and ensured enrollment of 3-5 years in Anganwadi and increased treatment seeking for children at health facility or qualified doctor/ pediatrician.

The Focus Group Discussions with mothers, care givers including family members shows that there have been significant efforts made towards increasing community participation and ownership in prevention of malnutrition among children in the project villages. This has significantly contributed to identifying instances of SAM and MAM children and addressing the same through participation of all stakeholders – parents, family members, Anganwadi workers, ASHA and ANM.

Consultations with various stakeholders showed the continuous efforts made by the project to engage all stakeholders (Government and Civil Society) to address the child malnutrition issue. All these key stakeholders – Anganwadi workers, ICDS supervisors, NRC staff, DPO, ASHA and ANM shows ownership of the processes initiated by the project for coordinated action in prevention of malnutrition among children, utilization of health & nutrition services among mothers, but also acknowledge the contribution of the ChildFund India strengthening their capacities to address the issue effectively.

Within the period of 3 years, the project has also been able to convert 2066 malnourished children into normal. 400 women were trained on MUAC with the support of DPO. This has gone a long way in establishing excellent relationship with the community as well as addressing the root causes of malnutrition. Many of the mothers who have participated in the Childfund India trainings/ awareness meetings/ orientations have expressed the significant benefits of the initiative in enabling them to pursue alternate nutrition sources and how it has contributed to reduce the malnutrition among children and anemia among them. Given the predominantly agriculture based economy of the region, it is recommended that the project look into opportunities to pursue and produce alternate nutrition food products through kitchen gardens, utilization of locally available foods add value to the nutrition and health status of children and mothers.

Given the significant efforts of the project to engage multiple stakeholders – communities, local governance institutions, civil society, and Government agencies, the project area has shown significant decrease in malnutrition among children and improved utilization of health and nutrition services by pregnant women and mothers. This requires further efforts strengthening the multiple stakeholders' collaboration initiated by the ChildFund India and also address issues of poverty and vulnerability of the communities. Hence, it is envisaged that the current work is continued to address issues of child malnutrition and child improved utilization of health and nutrition services by pregnant women and mothers in the project area with specific recommendations to further improve the effectiveness of the interventions.

Chapter II: Background of the Assessment

ChildFund India has been representing the voice of deprived, excluded and vulnerable children in India since 1951, regardless of their race, creed and gender. ChildFund India works in 14 states, in the remotest locations of the country through its child centric interventions aiming to influence long lasting changes in the lives of our children. ChildFund's program strategy is built on the theory of change and improving the status of Education, Health and Livelihood is one of its top most priorities.

ChildFund India has directly implemented SNEH (Sustainable Nutrition Education and Health) project to address child malnutrition in 33 villages, part of 16 Gram Panchayats of Jhabua district, Madhya Pradesh through critical support to mother and child from conception to five years of their life.

The specific Objective of the assessment is to;

Objective 1 – To assess the improvement in health and nutritional status of pregnant and lactating mothers in ChildFund targeted intervention villages of Jhabua.

Objective 2 - To assess the improvement in health and nutritional status of targeted children below 5 years in targeted intervention villages of Jhabua.

Objective 3 – To assess the number of SAM / MAM children converted to normal category (Green) by end of the project cycle.

Objective 4 – To document the best practices and success stories of the project.

Literature Review

The Research agency has reviewed the project documents to understand the project design, Log Frame of ChildFund India, monitoring and evaluation framework, the Project proposal and the various progress reports generated over the course of the project to understand the project evolution and its progress.

The project proposal provides the agency an understanding of the problems that have been identified by the project to be addressed through its implementation and the analysis of the problems. It also provides the agency an understanding of the outcomes envisaged to be achieved through the delivery of specific set of outputs by the project and also various activities planned to be implemented. The above exercise also enables the agency to logically link the activities to outputs and there of the envisaged outcomes.

The Monitoring and Evaluation Framework enables the agency to get an understanding of the data that was planned to be collected through monitoring as well as outcome indicators. This was in relation to information required for monitoring the project progress as well as information required to assess the outcome indicators.

The comprehensive assessment report provides information on the various benchmarks set for the envisaged outcomes of the assessment and enable the ChildFund India and other Policy makers to design new interventions on Nutrition aspects for Mothers and Children.

Scope of Assessment

The assessment was taken into account the results achieved through the project intervention covering the stated objectives, to understand the processes, actions, outputs as well as the intended and unintended outcomes.

Target audience for the report is for ChildFund and to be externally shared with their present and potential donors, government agencies, international development cooperation, civil society and technical partner agencies.

The agency has adopted a mix of Quantitative and Qualitative methods to design the tools on selected indicators pertaining to the Effectiveness, Efficiency and Sustainability.

Chapter III: Research Methodology

A Multistage sampling procedure has been adopted in the study for selection of the sample. The impact assessment consists of ***Mothers who were supported by the ChildFund India intervention (beneficiaries) for quantitative data collection in selected intervention villages*** of 16 GPs in Jhabua District of Madhya Pradesh.

Sampling

The sampling unit for the study is Mothers or Care Givers and their household members who have children aged 0-5 years and were part of the ChildFund intervention. A multistage sampling procedure was adopted in the study.

Sample for Qualitative data

- In the **1st stage**, 20% of the GPs (Gram Panchayats) were selected randomly due to paucity of time and resources to cover all GPs**. Thus, a total of 3 GPs were covered out of 16.**
- In the **2nd stage**, the villages covered by each GP were divided into 2 non-overlapping clusters based on the geographical distribution i.e distant villages (>2 KMs) to GP location and nearest villages (<2 KMs) to GP location using cluster sampling method**. So, 6 clusters have been formed.**
- In the **3rd stage** from each cluster **one** village was selected randomly ensuring the coverage of minimum households to get required number of sample from village (20 Children/ Mothers). **Thus total of 6 villages were covered in the study.**
- In the **4th stage** from each selected village 15-20 households/ Children/ Mothers were selected using simple random sampling.

Therefore, a total of 100 children and Mothers were contacted and collected the data based on their availability from 6 villages in 3 Gram Panchayats.

Sample for Qualitative data

In each selected village 1 FGD with Mothers/ Care givers/ Household members, 1 In-depth interview with Key Stakeholder from Community member/ PRI member and 1 IDI with AWW or ANM has been collected. The case studies were collected from the ChildFund India project team which was available and suits best for the impact assessment.

The CSSR team trained the field volunteers on administration of the Household Survey (Quantitative data collection) with the help of ChildFund program volunteers; FGDs, In-Depth Interview and Key Informant Interviews with key stakeholders have been collected by CSSR core team.

Tool development

The draft quantitative tools developed by the Research agency were shared with ChildFund India team for feedback and finalization. The tools were reviewed by ChildFund India team, provided the feedback; and the agency has addressed the same feedback and finalized the tools. Additionally, tools for collection of qualitative information (FGDs and IDIs) from all stakeholders mentioned above were developed by the Research agency with the support of ChildFund India team.

Data collection

The quantitative data has been collected by the Research agency with the help of volunteers from ChildFund implemented SNEH program; qualitative data was collected by the core team of Research agency. The core team of the agency also visited the field during quantitative data collection and made spot checks, data validation and ensured the data quality.

Data analysis

The quantitative data has been entered by the Research agency in Excel data base and analyzed. The comparative analysis has been done between baseline and end line data on selected key indicators of the intervention and presented in the analysis. The qualitative data has been narrated manually and prepared the report.

Chapter IV: BACKGROUND CHARACTERISTICS OF THE RESPONDENTS

Age of the Respondents

Age of the mothers was assessed and presented in table 1 shows that more than half (52%) of the mothers are at young age group i.e 19-24 years, followed by 46% are in the age group of 25-29 years and rest 2% are in the age of 30 years and above. This shows early marriages and early child bearing among the tribal women in the intervention area. All the respondents (100%) revealed that they are associated with ChildFund India supported SNEH project for 3 years and more.

Table 1: Distribution of Respondents (Mothers) by Age

Age in completed Years	Number	Percent
19-24 years	52	52%
25-29 years	46	46%
30 & above years	2	2%
Total	100	100%

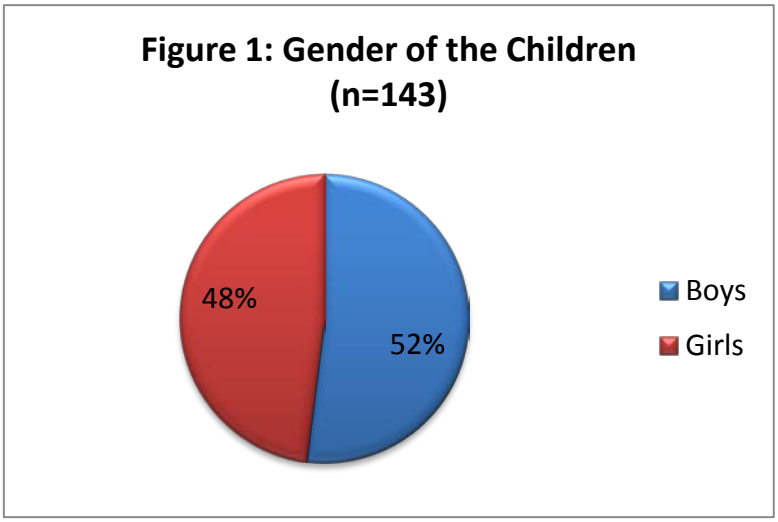
Age of the Children born in last 5 years

As shown in table 2, high percent (52%) of children among the 100 families interviewed are in the age group of 0-24 months and rest 48% are in the age group of 2-5 years which is pre-school age.

Table 2: Distribution of children by Age

Age of the children	Number	Percent
0-24 months (up to 2 years)	75	52%
25-60 months (2-5 years)	68	48%
Total	143	100%

The Gender distribution of children among the 100 families interviewed shows that Boys are more (52%) than the Girls (48%) in the age of 0-5 years.



Social Category of the Respondents

The social category of the respondents presented in table 3 shows that; most (98%) of the families belonged to Scheduled Tribe and rest only 2% are belonged to Open Category.

Regarding the religion of the respondents, high percent (89%) are Hindus, followed by 9% are Christian and rest 2% are Muslims. All respondents (100%) are currently married women.

Table 3: Distribution of families by Social category

Social category	Number (100)	Percent
Schedule Tribe (ST)	98	98%
Open Category (OC)	2	2%
Hindu	89	89%
Christian	9	9%
Muslim	2	2%
Currently Married	100	100%

Education Status of the Respondents

Women education is an important factor for overall development of the family. The study findings shows that little more than three fourths (76%) of the mothers are illiterates or they have never attended school; followed by 23% are studied up to Primary education and only one percent have studied up to high school (table 4).

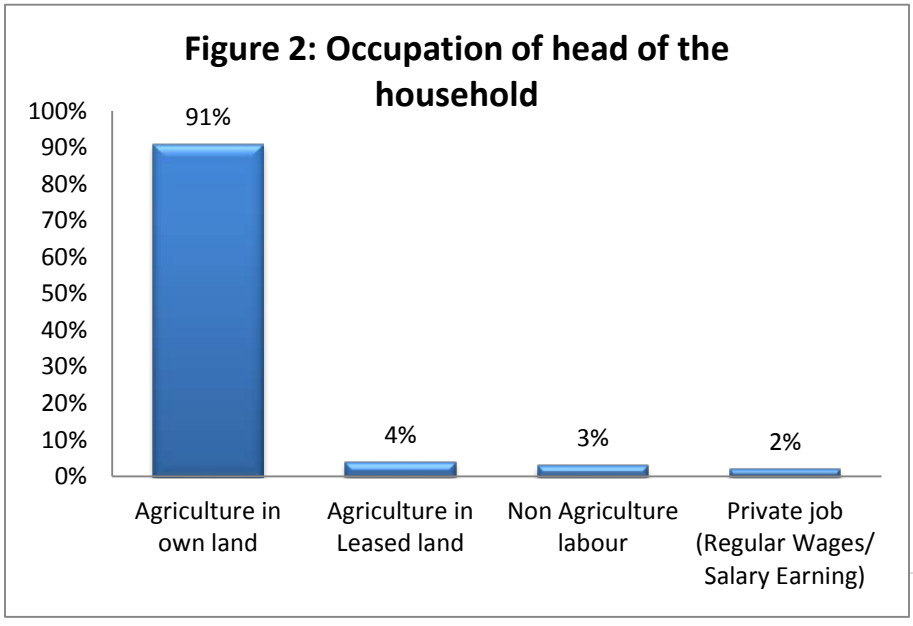
Table 4: Respondents (Mother) Education

Education	Number	Percent
Illiterate/ Never attended school	76	76%
Primary (5th Class pass)	23	23%
High School/ Secondary (10th Class pass)	1	1%
Total	**100**	100%

HOUSEHOLD CHARACTERISTICS

Occupation

As shown in figure 2, most of the households (91%) hold their own land and doing agriculture, 4% are doing agriculture in 'leased land', followed by 3% are depending as non-agriculture labour and rest 2% are engaged in private jobs i.e. regular wages or salary earnings.



In spite of having own agriculture land, most of the families (61%) are migrating for seasonal work every year (table 5). They mostly migrate to other states for construction work, agricultural labour etc.

Table 5: Respondents migrate to other places for work

Category	Number	Percent
Yes	61	61%
No	39	39%
Total	100	100%

Type of House and Type of Family

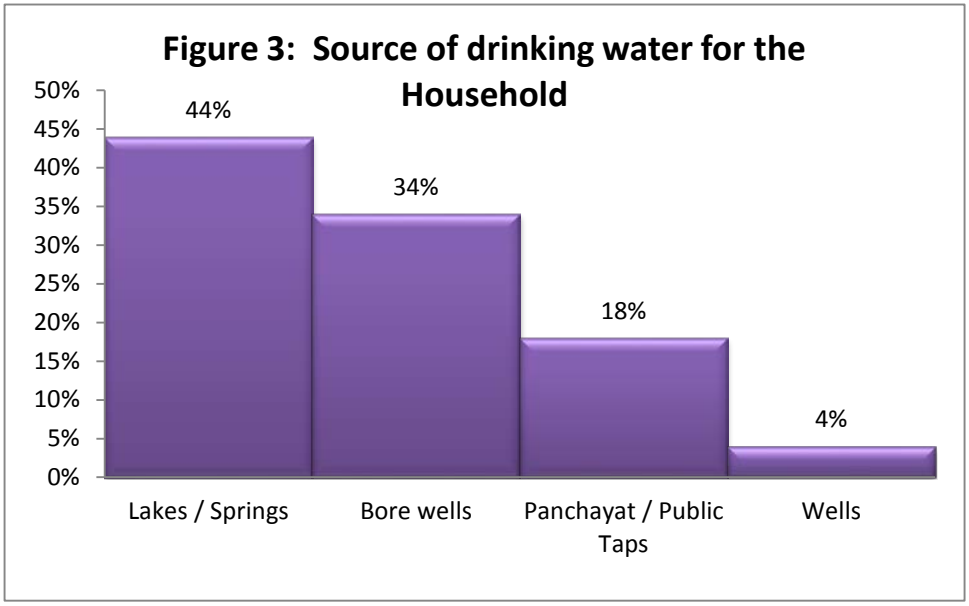
Regarding type of house, nearly two thirds (63%) are Katcha, followed by 18% are Pucca and another 18% are 'semi-pucca' and rest 1% is 'hut'. Most of them are joint families (83%) and rest 17% are nuclear families. Regarding the poverty category; little more than three fourths (76%) are Below Poverty Line (BPL) category and rest 24% are belonged to Above Poverty Line (APL) category.

Table 6: Distribution of Households by type of house

Category	Number (100)	Percent
Katcha	63	63%
Pucca	18	18%
Semi-Pucca	18	18%
Hut	1	1%
Nuclear	17	17%
Joint	83	83%
BPL	76	76%
APL	24	24%

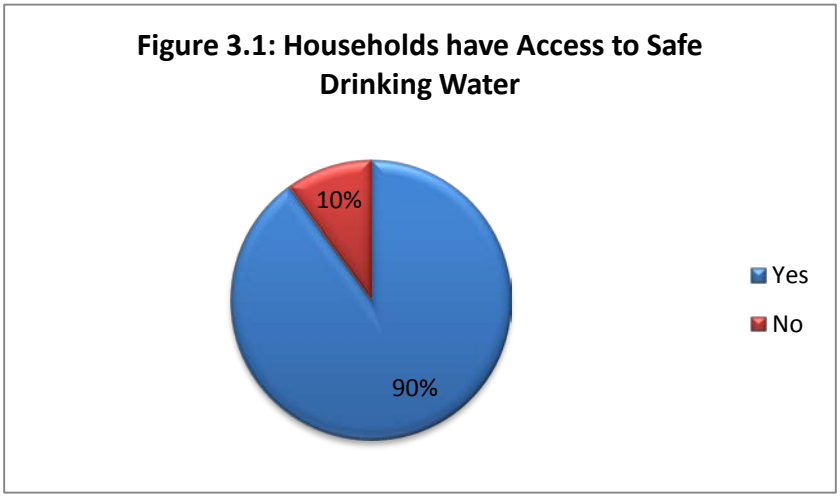
Source of drinking water

Source of drinking water for the households were assessed and presented figure 3 reveals that; high percent (44%) of the households are depended on 'Lakes/ springs', followed by 34% are depended on 'Bore wells', 18% are depended on 'Panchayat/ public tap' and rest 4% are using water from 'well' for drinking.



Households have Access to Safe Drinking Water

As presented in figure 3.1 it is good to note that most (90%) of the households have access to safe drinking water which is a critical determinant for mother and child health.



Toilet facility

Significant percent (84%) of the households have toilet facility and the rest 16% do not have the toilet facility (table 7).

Table 7: Availability of toilet in the household

Category	Number	Percent
Yes	84	84%
No	16	16%
Total	100	100%

Chapter V: FINDINGS OF MOTHERS WHO HAVE GIVEN BIRTH IN LAST ONE YEAR

Age at Marriage, Age at first Pregnancy and age at first Delivery

Age at marriage of mothers who have given birth in last one year shows that; nearly three fifths (73%) were married at the age of 18 years, 20% were married at the age of 20 years, 4% were married at the age of 19 years and the rest 3% were married at the age of 21 years (table 8).

Table 8: Age at Marriage of the Women

Category	Number	Percent
18 years	55	73%
19 years	3	4%
20 years	15	20%
21 years	2	3%
Total	75	100%

It is evidenced that early marriage of the women reflects on early pregnancy; as shown in table 9, most of the women (72%) had their pregnancy at the age of 19 years, 23% had their pregnancy at the age of 21 years, 4% had their pregnancy at the age of 20 years and rest one percent had her pregnancy at the age of 18 years.

Table 9: Age at first Pregnancy

Category	Number	Percent
18 years	1	1%
19 years	54	72%
20 years	3	4%
21 years	17	23%
Total	75	100%

There are 75 women who have given birth to a child in the last one year; and ANC registration was reported 100% among these pregnant women. Age at first delivery also reflected by age at marriage and age at first pregnancy of the women; as presented in table 10, high percent (73%) of the mothers had their first delivery at the age of 20 years, followed by 25% had their first delivery at the age of 21 years and the rest one percent had her first delivery at the age of 19 years.

Table 10: Age at first Delivery

Category	Number	Percent
19 years	1	1%
20 years	55	73%
21 years	19	25%
Total	75	100%

Antenatal Care and Services

As presented in table 11, most of the women (78%) have registered for ANC services at 1st trimester and the rest 22% have registered at 2nd trimester.

Table 11: Trimester of pregnancy women have registered for ANC services

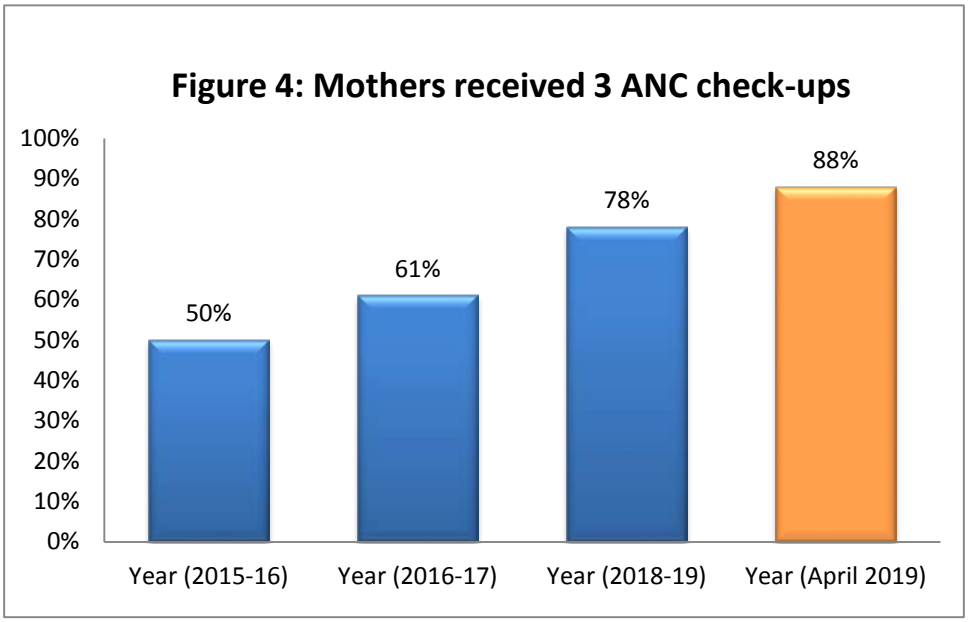
Category	Number	Percent
1st trimester	78	78%
2nd trimester	22	22%
Total	100	100%

Number ANC visits made by women during their 1st pregnancy shows that (table 12) 88% were visited 3 times or more as per the protocol and the rest 12% visited less than 3 times.

Table 12: No of ANC visits made during Pregnancy

Category	Number	Percent
3 times & More	88	88%
Less than 3 times	12	12%
Total	100	100%

The quantitative data collected from the mothers shows that 88% of the mothers have received 3 ANC checkups at the time of evaluation. This was significantly increased from 50% from Baseline to 88% in the end line in the year 2015-16 to 2019 (figure 4).



ChildFund has provided awareness among all targeted pregnant and lactating women on importance and consumption of IFA and its source as well. Regarding the consumption of IFA tables during pregnancy, more than half (55%) of the women had consumed 100 IFA, 31% had consumed more than 100 IFA and the rest 14% had consumed less than 100 IFA tablets. The reasons mentioned for less consumption of IFA are vomiting sensation and other sickness during pregnancy; hence family members suggested them to avoid IFA for few days (table 13).

Table 13: No of IFA tablets consumed during Pregnancy

Category	Number	Percent
100	55	55%
>100	31	31%
< 100	14	14%
Total	100	100%

The source of IFA tablets presented in table 14 shows that more than three fourths (76%) got it from ANM, 19% got it from Anganwadi Worker and the rest 5% got from both AWW & ANM (table 14).

Table 14: Source of IFA tablets

Category	Number	Percent
ANM	76	76%
AWW	19	19%
Both AWW & ANM & ASHA	5	5%
Total	100	100%

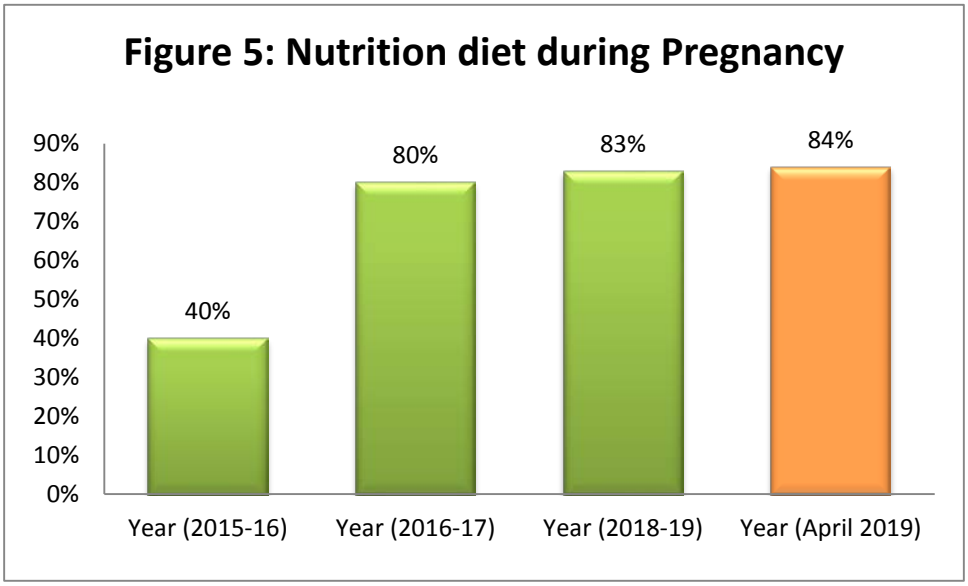
Chapter VI: NUTRITION INDICATORS_ BEHAVIOURAL CHANGE AMONG STAKEHOLDERS

Mother's were asked about whether they had consumed balanced diet i.e Jaggery, Milk and Green Vegetables in the daily meal during their pregnancy period and found that high percent (84%) had consumed nutritious diet during their pregnancy and the rest 16% do not know the answer or not sure for the same (table 15). All women were explored during the group discussion that ChildFund India has provided awareness and demonstrations on dietary practices during pregnancy and lactating period and importance of consumption of locally available foods.

Table 15: Respondents felt they had consumed Nutritious food during pregnancy

Category	Number (100)	Percent
Yes	84	84%
Don't Know/ not sure	16	16%

The comparative analysis presented in figure 5 shows that, consumption of nutrition diet by pregnant women is drastically increased from 40% to 84% from the year 2015-16 to April 2019.



It is a good outcome of the project that 96% of the mothers opinioned that "poor/ inadequate maternal nutrition can cause low birth weight of baby and still birth".

Similarly, most of the women (87%) have opinioned that they have increased the amount and frequency of consumption of food during pregnancy. The food items are mentioned 'Jaggery, Milk and Green Vegetables in the daily meal'.

The reasons mentioned for increase of food during pregnancy is presented in the below table 16 shows that; most of them (84%) reasoned 'it is a concern for baby' i.e baby should be born health with sufficient weight, 9% reasoned 'because of stress or weakness' and the rest 7% reasoned 'for safe delivery'.

Table 16: Reasons for increase the diet intake during pregnancy

Category	Number	Percent
Concern for baby	73	84%
Because of stress/ weakness	8	9%
Safe delivery	6	7%
Total	87	100%

Most of the mothers (96%) agreed that they had increased weight during their pregnancy. It is also important to note that these mothers have stated that food intake during pregnancy have influence on pregnancy outcome & Birth weight.

Causes of Malnutrition

It is a significant outcome of the SNEH intervention that, all mothers are aware some causes for malnutrition **for women**. As presented in the below table 36% of them said that 'food shortage' is the cause for malnutrition, followed by 18% said 'food shortage & poor diet', 15% said 'only poor diet', 12% said 'Poverty', 10% said 'mobility' and rest 9% said 'lack of knowledge' on dietary practices is caused malnutrition.

Table 17: Respondents knowledge on causes of malnutrition

Category	Number	Percent
Food shortages	36	36%
Food shortages & Poor diet	18	18%
Poor diet	15	15%
Poverty	12	12%
Mobility	10	10%
Lack of knowledge	9	9%
Total	100	100%

Consequences of Malnutrition during Pregnancy

The consequences of malnutrition during pregnancy is assessed and presented in table 18 shows that; two thirds of mothers opinioned that 'Pregnant mothers have less immunity & Low birth weight' is the consequence, 41% of mothers said 'decrease in the volume of breast milk' is the consequence, followed by 36% said 'pregnant mothers have less immunity', 30% said 'low birth weight', 19% said 'Pre-mature delivery' and 12% said 'Abortion' is the consequence of malnutrition.

Table 18: Respondents knowledge on consequences of Malnutrition during Pregnancy

Category	Number	Percent
Pregnant mothers have less immunity & Low birth weight	66	66%
Decrease in the volume of breast milk	41	41%
Pregnant mothers have less immunity	36	36%
Low birth weight	30	30%
Pre-mature delivery	19	19%
Abortion	12	12%

Note: Multiple responses allowed

It is good to note that around two thirds of mothers (67%) are aware about anemia (table 19); and the symptoms and prevention measures of anemia are described in the following tables.

Table 19: Respondents awareness about Anemia

Category	Number	Percent
Yes	67	67%
No	33	33%
Total	100	100%

Mother's Knowledge on symptoms of Anemia

It is also a significant outcome of the SNEH intervention that, all mothers are aware some symptoms of Anemia. As presented in table 20, more than one fourth (27%) said 'Dizziness' is a symptom of anemia, followed by 24% said 'weakness', 13% said 'Fatigue', 12% said 'poor physical work capacity', 11% said 'Nausea/vomiting & Swelling of body' and other said 'Dizziness, Weakness & Fatigue' and 'Pallor of the body' are the symptoms of Anemia.

Table 20: Respondents knowledge on symptoms of Anemia

Category	Number	Percent
Dizziness	27	27%
Weakness	24	24%
Fatigue	13	13%
Poor physical work capacity	12	12%
Nausea/vomiting & Swelling of body	11	11%
Dizziness, Weakness & Fatigue	8	8%
Pallor of the body	5	5%
Total	100	100%

Mother's Knowledge on Prevention of Anemia

It is good to note that all others are aware about the prevention measures of anemia. As shown in the below table 21, nearly two fifths (38%) of mothers said eating 'green leafy vegetables' followed by 17% said taking 'IFA tablets or syrup', 13% said consuming 'milk', 12% said eating 'egg/ non-veg', others said consuming 'Nutritious food & regular health checkups' and 'Pulses/ dhal etc' are the prevention measures of anemia.

Table 21: Respondents knowledge on prevention measures of Anemia

Category	Number	Percent
Green leafy vegetables	38	38%
IFA tablets/ syrup	17	17%
Milk	13	13%
Egg/ Non Veg	12	12%
Nutritious food & regular health checkups	11	11%
Pulses/ dhal etc	9	9%
Total	100	100%

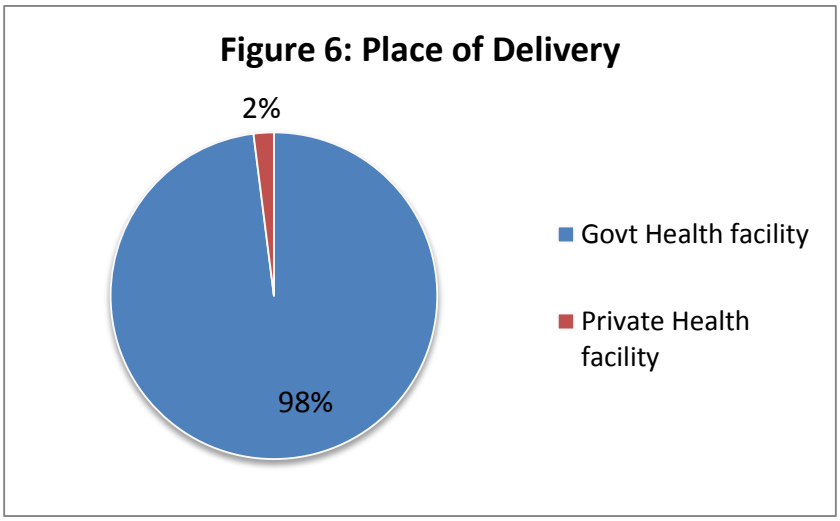
Place of Delivery

In order to reduce the maternal and infant mortality, Reproductive and Child Health Programme under the National Rural Health Mission (NHM) is being implemented to promote institutional deliveries so that skilled attendance at birth is available and women and newborn can be saved from pregnancy-related deaths.

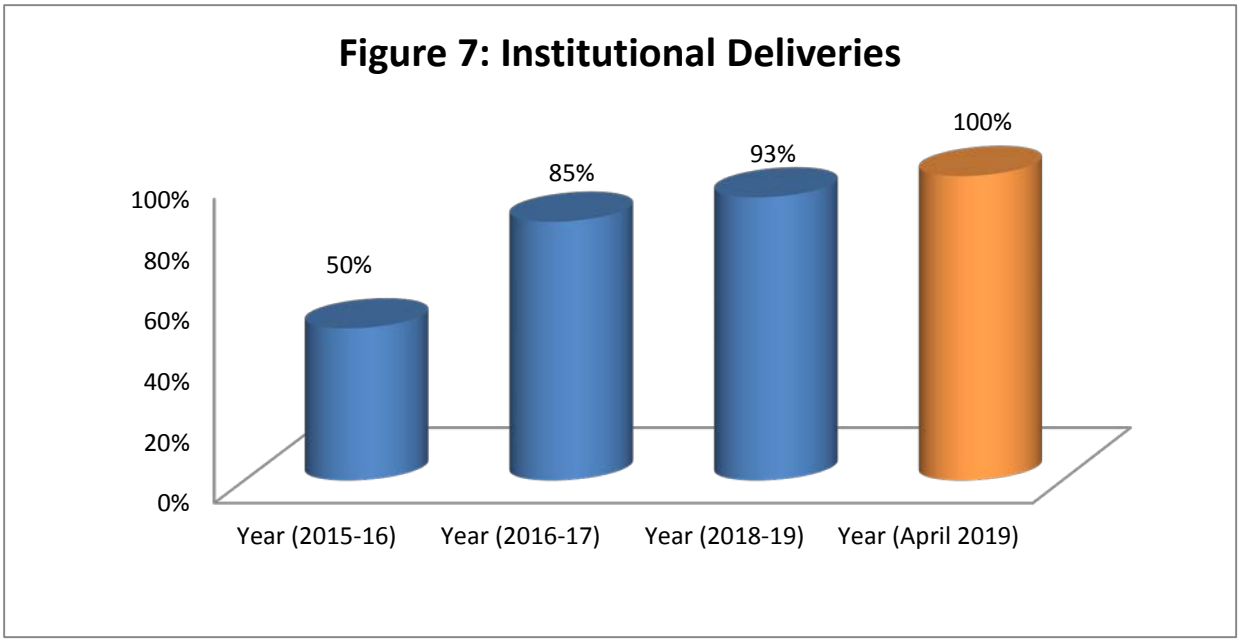
Several initiatives, including Janani Suraksha Yojana (JSY), has been launched by the Ministry of health and Family Welfare (MoHFW) to promote institutional deliveries. JSY has resulted in phenomenal growth in institutional deliveries. More than one crore women in the country are benefitting from the scheme annually and the outlay for JSY has exceeded 1600 crores per year[4].

[4]http://nrhm.gov.in/nrhm-components/rmnch-a/maternal-health/janani-shishu-suraksha-karyakram/background.html

Overall, 98% of the deliveries were conducted in government health facility and 2% were conducted in private health facility in the study area (figure 6).



The efforts of the Child Fund India / SNEH Project on improvement in safe deliveries (institutional deliveries)
is presented in figure 7 shows that; institutional deliveries were increased from 50% to 100% from the year 2015-16 to April 2019.



IYCF practices

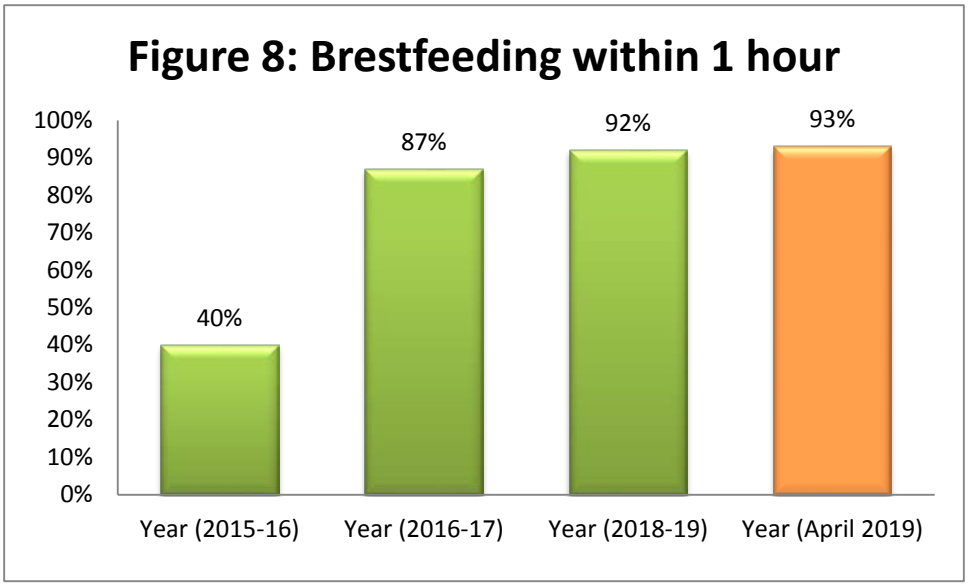
Colostrum feeding to the new born baby at the time of birth and Exclusive breastfeeding for the first six months after birth have several health benefits both for the mother and child. Eventually leading to complementary feeding from 7 months up to 3 years is essential for healthy growth of the child. At the heart of ICDS programme, is strengthening of infant and young child feeding practices.

The below table 22 presents about Colostrum feeding to the new born baby at the time of birth, timing of breastfeeding and exclusively breastfeeding for the first six months after birth; overall 98% of mothers had given colostrum feeding. The timing of breast feeding refers overall 93% of mothers has given immediately after birth or within one hour after birth, 5% has given after an hour of birth but within 24 hours of birth and the rest 2% has given more than 24 hours after birth. 90% of mothers have given exclusive breast feeding up to 6 months to the child. It is good to note that 92% of mothers have introduced semi solid diet (complimentary food) to the children between 6-9 months of age which is appropriate time and the rest 8% have given before 6 months of age.

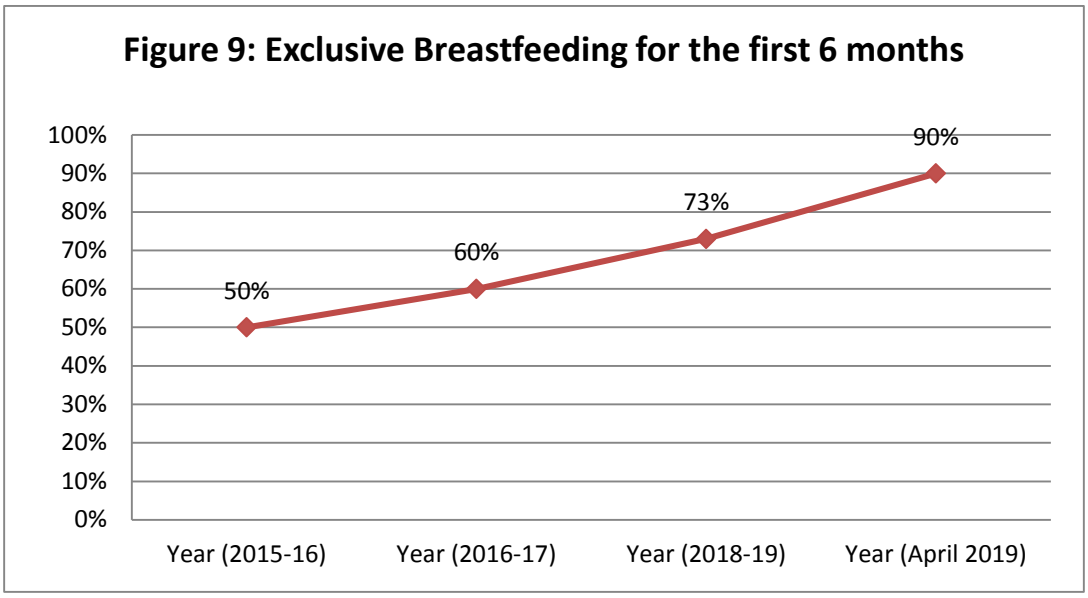
Table 22: Infant and Young Children Feeding practices

Indicator	Category	Number (100)	Percent
Mothers given colostrum feeding to the Baby	Yes	98	98%
Breastfeeding practices	Within one hour of birth	56	56%
	Immediately after birth	37	37%
	After an hour of birth but within 24 hours of birth	5	5%
	More than 24 hours of birth	2	2%
Mothers having children less than 6 months age and currently exclusively breastfed the child	Yes	90	90%
Mothers introduced semi solid diet (complementary food) can be introduced to baby	Between 6 to 9 months	92	92%
	Before 6 months	8	8%

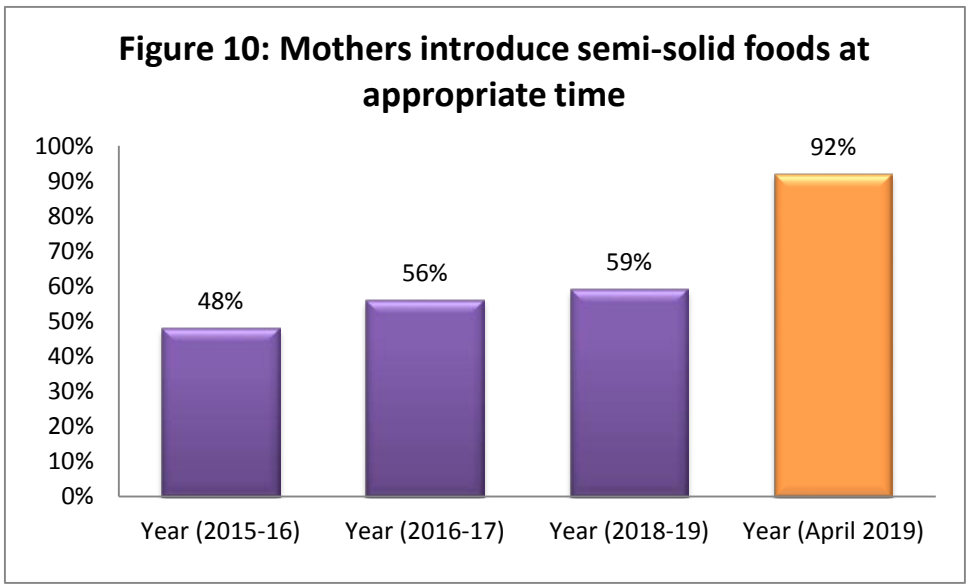
It is an important aspect of the IYCF practices that mothers given breastfeeding to the baby within one hour of birth has been increased from 40% to 93% from the year 2015-16 to April 2019 (figure 8).



The comparative analysis presented in figure 9 shows that; Exclusive breast feeding up to 6 months to the child has been significantly increased from 50% to 90% from the year 2015-16 to April 2019.



As presented in figure 10, introduction of semisolid foods to the child at appropriate time (7th month of the child) has been drastically improved in the project area from 48% to 92% from the year 2015-16 to April 2019.



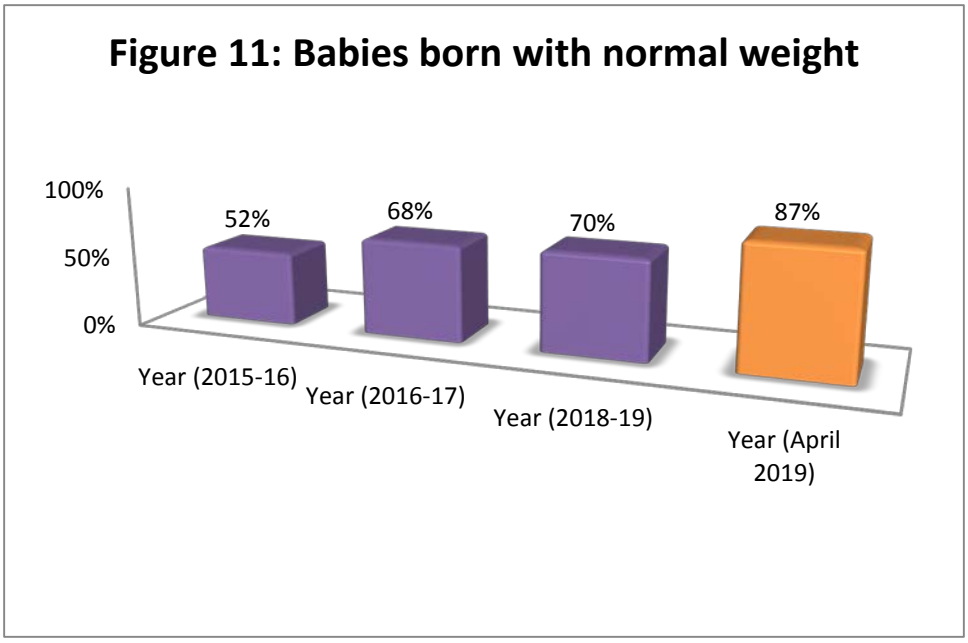
Birth weight of the Baby

Birth weight refers by WHO[5] subcategories include very low birth weight which is less than 1500g; and extremely low birth weight which is less than 1000g; Normal weight at term delivery is 2500–3500g. The study findings show that (Table 23) overall 87% of the births are under normal weight i.e. 2500 g - 3500 g, followed by 13% are low weight births i.e < 2500g.

Table 23: Birth weight of the Baby

Category	Number	Percent
< 2.4 KG	13	13%
2.5-3.0 KG	78	78%
3.1-3.5 KG	9	9%

As presented in figure 11, the normal birth weight of the baby has been increased drastically over a period of implementation of SNEH project. It increases from 52% to 87% from the year 2015-16 to April 2019.



[5] https://en.wikipedia.org/wiki/Low_birth_weight

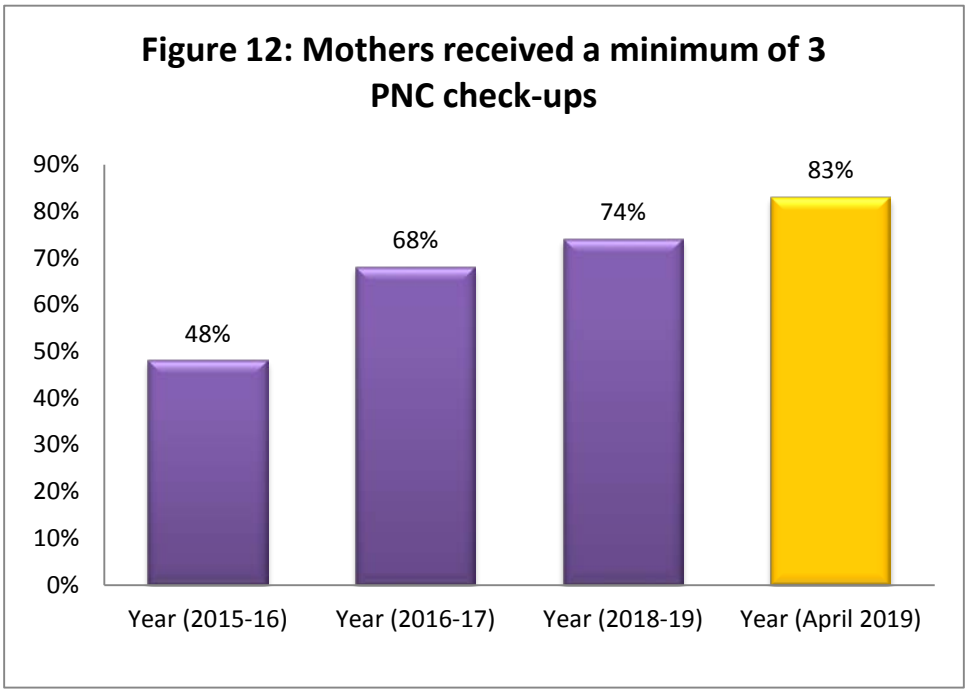
Post Natal Care

Post-natal care is an important factor to keep mother and children safe and healthy. The finding of the assessment reveals that (table 24); most of the mothers (88%) had health check-up within 48 hours of delivery. No of times visited by mothers refers most of them (55%) have visited 3 times, followed by 18% have visited twice, 17% have visited only once and the rest 10 percent of mothers have visited 4 times as well.

Table 24: Post Natal Care

Indicator	Category	Number (100)	Percent
Mothers visited the health facility after delivery for any kind of care/ treatment for her or child	Yes	88	88%
No of times visited by Mothers for Post-natal care	3 times	83	83%
	1 -2 times	17	17%

It is evidenced the positive outcome of the project that, mothers received 3 PNC visits also have been drastically improved from 48% to 83% from the year 2015-16 to April 2019 (figure 12).



Childhood illness and Treatment seeking behavior

The childhood diseases experienced by children in last 3 months reveals that Diarrhoea, Pneumonia, Malaria, Measles, Fever are the reported common childhood diseases were reported high (44%); among them all children (100%) were taken to health facility or qualified doctor/ Pediatrician. It is good to note that all (100%) mothers have freedom to visit the health facility for health check-up / treatment for them and their children whenever is required; and all of them have freedom to spend money for paid treatment / to purchase medicines for them and their children. Finally, all mothers opinioned that they have enough support and cooperation from in-laws for them and their children for care, nutrition & treatment.

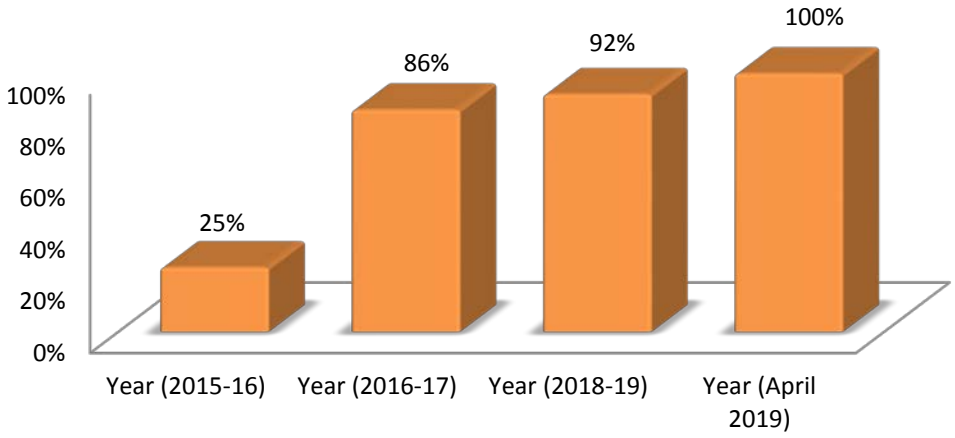
Table 25: Childhood illness and Treatment seeking behavior

Indicator	Category	Number (100)	Percent
Child suffers from any common childhood illness (Diarrhoea, Pneumonia, Malaria, Measles, Fever) in last 3 months	Yes	44	44%
Children were taken to health facility or qualified doctor/ Pediatrician	Yes	44	100%
Mothers have freedom to visit the health facility for health check-up / treatment for her and her children whenever is required	Yes	100	100%
Mothers have freedom to spend money for paid treatment / to purchase medicines for them and their children	Yes	100	100%
Mothers have enough support and cooperation from in-laws for them and their children for care, nutrition & treatment.	Yes	100	100%

Note: Multiple responses allowed

The percent of children received medical treatment from qualified doctor/ Pediatrician has been significantly increased during SNEH project period from 25% to 100% from the year 2015-16 to April 2019 (figure 13).

Figure 13: Children received medical attention from qualified Doctors

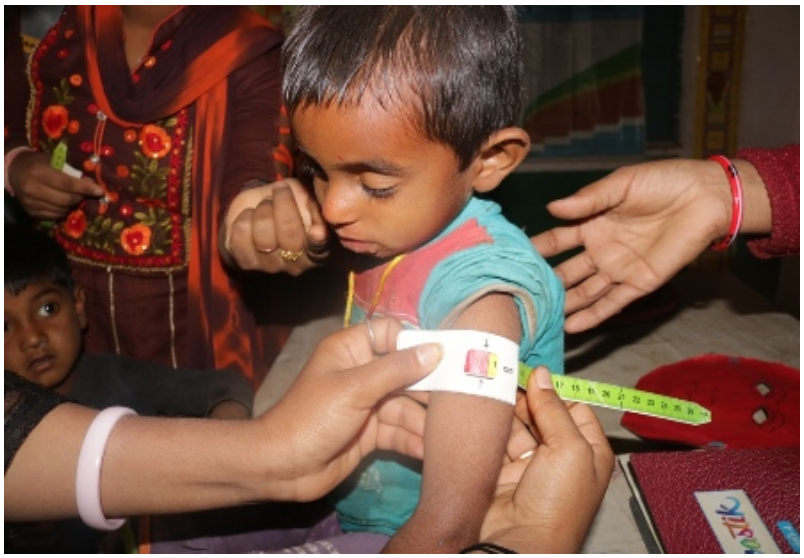


Chapter VII: FINDINGS OF CHILDREN BELOW 3 YEARS AGE GROUP

Nutrition Status of the Children

Children with SAM are nine times more likely to die than well-nourished children. The management of severe acute malnutrition (SAM) as well as moderately acute malnutrition (MAM) is critical for child survival. As per the ICDS guidelines of Government of India red color refers SAM in Growth Monitoring scaling, Yellow color refers MAM and green color refers 'normal'.

Overall, the project has a target of 2150 malnourished children the year 2015-16 during the project initiation. Among them 2066 children (96%) i.e 484 from SAM (red zone) 1582 are from MAM (yellow zone) has become normal (Green zone) by the year 2019 March. The rest 84 children are still under MAM category but under supervisory feeding and they would become normal soon. They are being provided Nutrimix by ChildFund India and care & supervision of NRC.



Among the sampled 100 households 6% MAM cases and 3% SAM cases are reported during the evaluation period (Table 26).

The grade of malnutrition was measured for 6 months to 5 years Children according to MUAC (Mid-Upper Arm Circumference) tape: 9 to 11.5 is Red/ 11.6 to 12.5 is Yellow / 12.6 to above is Green category.

Table 26: Grade of Malnutrition of the child

Category	Number	Percent
Yellow Zone (Moderately under nourished)	6	6%
Red Zone (severely under nourished)	3	3%
NA (Normal)	81	81%
Total	100	100%

The age of the malnourished children who are under MAM & SAM category are given in table 26.1 shows that; among 6 MAM children 2 are under the age of 2 years, 2 are in the age of 1 year and rest 2 are in the age of 18 months. Among the 3 SAM children, 2 are in the age of 20 months and rest one is in the age of 1 year.

Gender among the 6 MAM children shows that; most (5) are Boys and rest one is girl. Among the 3 SAM children 2 are girls and rest one is boy.

Table 26.1: Profile of the Malnurished Children

Category	Age	Gender
Yellow Zone (Moderately under nourished)	18 months	Boy
	1 year	Girl
	3 years	Boy
	3 years	Boy
	1 year	Boy
	18 months	Boy
Red Zone (severely under nourished)	1 year	Girl
	20 months	Boy
	20 months	Girl

Among the 6 children reported as MAM category, 3 children were taken care by AWW and providing supervisory feeding and other 3 children are under the treatment of ANM/PHC medical officer for recovery. The three children reported as SAM are under the referral services of NRC along with the close monitoring by SNEH project team and AWW (table 27).

Table 27: Referral services, supervisory feeding /treatment for Malnourished Children

Category	Number	Percent
AWC/AWW	3 (MAM)	33%
ANM/ PHC medical officer	3 (MAM)	33%
NRC (Nutrition Rehabilitation Centre)	3 (SAM)	33%
Total	9	100%

Most of the mothers (97%) reported that they have child development card where developmental milestones are recorded with them and accordingly they are utilizing the services (table 28).

Table 28: Children have a child development card where developmental milestones are recorded

Category	Number	Percent
Yes	97	97%
No	3	3%
Total	100	100%

Immunization Status of the Children

The three services, that is, immunization, health check-up and referral, are designed to be delivered through the primary health care infrastructure. While providing SNP, PSE and NHE are the primary tasks of the Anganwadi Centre, the responsibility of coordination with the health functionaries for the provision of other services rests with the Anganwadi worker. ChildFund India - SNEH project is also supporting the Anganwadi worker and ANM in community mobilization and awareness to ensure that all children have received the immunization. The study findings show (Table 29); 86% of children have received doses of Vitamin A in the last 6 months. 76% of the children were given de-worming tablets in the last 6 months.

Table 29: Children received Vitamin A and De-warming in last 6 months

Category	Number (100)	Percent
Child received doses of Vitamin A in the last 6 months	86	86%
Children given de-worming tablets in the last 6 months	76	76%

The complete schedule of immunization is presented in below table 30 reveals that; 100% of children have received all doses of Polio vaccine, 100% have received BGC, 91% of children have received DPT-2 & 3, 93% have received DPT-1 and 92% have received Measles. On an average, 96% of the children have received full immunization. The reasons mentioned by 4% mothers who were not received for their children are, mothers'/ family members were migrated for short work, and some of them were engaged in agriculture & other labour works and not available at home during immunization.

Table 30: Immunization status of Children

Category	Number (100)	Percent
BCG	100	100%
DPT-1	93	93%
DPT-2	91	91%
DPT-3	91	91%
POLIO-1	100	100%
POLIO-2	100	100%
POLIO-3	100	100%
Measles	92	92%
Average	**96%**	

Chapter VIII: FINDINGS OF CHILDREN 3-5 YEARS AGE GROUP

There are 68 children reported in the age group of 3-5 years in the study sampled area; all (100%) are enrolled and attending the AWC.

Childhood illness and Treatment seeking behavior for 3-5 years' age Children

The childhood diseases experienced by children aged 3-5 years in last 3 months shows that; overall 13% (13 children) of the children have suffered from any common childhood illness (Diarrhoea, Pneumonia, Malaria, Measles and Fever etc) in last 3 months; among them 69% (9 children) were taken to health facility or qualified doctor/ Pediatrician (table 31).

Table 31: Childhood illness and treatment seeking

Category	Number (100)	Percent
Child suffer from any common childhood illness (Diarrhoea, Pneumonia, Malaria, Measles and Fever etc) in last 3 months	13	13%
Children were taken to health facility or qualified doctor/ Pediatrician	9	69%

It is good to know that there are no child deaths or mother death reported during last one year in the project area.

Chapter IX: HEALTH CARE COUNSELING AND SUPPORT SERVICES PROVIDED TO MOTHER & CHILDREN

The counseling and support services provided for the key services that are ANC, NC, PNC, IYCF, Immunization and Growth Monitoring for mother and children in the project area were assessed and presented in the below table 32 explores that; nearly three fourths (73%) of mothers said that counseling and support provided for ANC registration was by ChildFund India supported SNEH project along with AWW and the rest 27% said it was ANM along with ChildFund India / SNEH Project.

Similarly, 81% of mothers said that counseling and support provided for ANC care i.e. 3 ANC visits was provided by ANM along with ChildFund/SNEH, and rest 19% said it was provided by AWW along with ChildFund /SNEH.

Regarding the Nutrition/ Dietary practices, most (56%) of the mothers said that the counseling and trainings was provided by ChildFund /SNEH alone; rest 44% said it was provided by AWW.

High percent (56%) of mothers said that counseling on Place of delivery ware provided by hospital staff during their ANC visits; rest 44% said that it was counseled and referred by ChildFund /SNEH project.

More than one third (35%) said that counseling and trainings on Breast feeding was provided by ChildFund /SNEH project and 32% were said it was counseled by AWW.

Little less than two fifths (36%) of mothers said that counseling and trainings on IYCF practices were provided by ChildFund /SNEH and 31% said it was counseled by AWW.

More than half (54%) of mothers said that counseling and referral on family planning was provided by ChildFund /SNEH and 28% said it was provided by ANM.

22% of mothers said that counseling and mobilization supported provided for immunization was ChildFund /SNEH and 12% said it was provided by ANM/AWW.

Nearly half (49%) of mothers said that counseling and support on Post-natal care was provided by ChildFund /SNEH and 13% said it was provided by ANM/AWW.

Half of the mothers (50%) reported that counseling and support services provided for Growth Monitoring of Mother & Child was by ChildFund / SNEH along with AWW and 34% said it was provided by AWW alone.

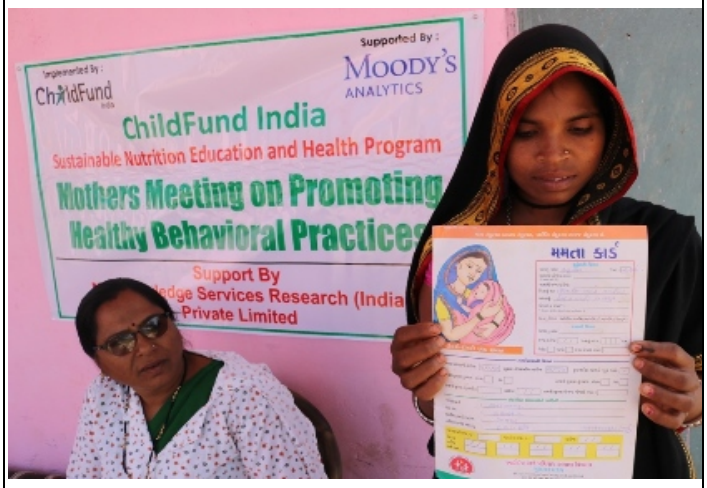
Table 32: Counseling, referral and support services to Mother's & Children

Indicator	Counseling & Support provided	Number	Percent
ANC registration	AWW/CFI & SNEH	73	73%
	ANM/CFI & SNEH	27	27%
ANC care/ 3 ANC visits	ANM/SNEH	81	81%
	AWW/SNEH	19	19%
Nutrition/ Dietary practices	CFI/ SNEH	56	56%
	AWW	44	44%
Place of Delivery	Hospital	56	56%
	AWW/CFI	44	44%
Breast feeding	CFI/ SNEH	35	35%
	AWW	32	32%
IYCF practices	CFI/ SNEH	36	36%
	AWW	31	31%
Family Planning	CFI/ SNEH	54	54%
	ANM	28	28%
Immunization	CFI/ SNEH	22	22%
	ANM/AWW	12	12%
Postnatal care	CFI/ SNEH	49	49%
	ANM/AWW	13	13%
Growth Monitoring	CFI/ SNEH & AWW	50	50%
	AWW	34	34%

Chapter X: QUALITATIVE ANALYSIS
(FINDINGS FROM FOCUS GROUP DISCUSSIONS WITH MOTHERS & CARE GIVERS) & (IN-DEPTH INTERVIEWS WITH KEY STAKEHOLDERS)

The qualitative data has been collected in the field by Focus Group Discussions (FGD) in order to study the improvements in health and nutrition aspects of mother's women and utilization of government health care facilities. The respondents for the FGD were mothers'/ care givers in the reproductive age having at least one child in the age group of 0 to 60 months at the time of study. From each sampled village 8 to 10 women were randomly selected from the house list which was used for the quantitative data collection. All together 6 FGDs were conducted in 6 Gram Panchayats covering 50 women. FGD guidelines have been developed for the qualitative data focused on health and nutrition aspects.

The key findings of the FGDs have been taken for the report and categorized the outcomes from project initiation to present status and presented below.

Status in Project initiation	Present Status
Hygiene practices among Pregnant women (PW) and Lactating Mothers (LM): As most of them were agriculture workers and were using unhygienic practices in terms of hand wash, usage of toilets, menstrual practices and other personal hygiene practices like taking daily bath etc. 	After orientation was given to all Pregnant and lactating mothers including grandmothers every month on hygiene practices during monthly meetings, and personally during home visits. Now, the situation is better i.e. all are using hand wash practices with soap before and after every meal. Most of them are using sanitary napkins during menstruation and rest of them are using at least washed and dried cloth. All are taking regular bath daily irrespective of their occupation/ working situation.

Dietary Practices: Earlier PW and mothers were using only 'Roti, Chapati with Chutney or pickle.  	The project has given trainings on Balanced diet and nutrition practices, individual counseling was given to all targeted women by door to door home visits. Now they are eating Soya bean and vegetables which is locally available and most of the families are cultivated on their own. Growth monitoring was also done frequently (every month) for those targeted women and provided guidance on dietary practices; explained about the value of locally available food. The consumption of green leaf, vegetables, meet, egg is significantly increased among PW and LM now.
Ante Natal Care • Earlier migration was more and irregular ANC check-ups were reported. • Low percent of Birth registration, low percent of immunization was also reported. • Rate home visits and low responsibility of ANM/AWW/ ASHA were found. 	• Now, MCP cards have been provided to all PW and LMs. • Undergone 3-4 ANC check-ups • SNEH project team has supported AWW ANM, ASHA for community mobilization during mother's meetings, regular checkup's, immunization etc. • ChildFund India / SNEH Project has created more awareness among ANM, ASHA, AWWs on ANC, NC and PNC care. • Role play model orientation was also given to them on the above. • Orientation was given on colostrum feeding, EBF, introduction of semi solid foods etc. • ChildFund project team also supported to all government campaigns such as Pulse Polio

	Immunization, Rubella, Measles-Abhiyan for door to door campaign and screening of children etc.
Growth Monitoring (GM) among Children, PW and LM 	• 400 women were trained on MUAC by SNEH project with the support of DPO. • NRC referrals were made for all targeted malnourished children i.e. 2150 till they become normal. Among them 2066 in normal category now and 84 are in MAM category and waited for grade conversion. • These are monitored for supervisory feeding, followed monthly for NRC visits etc. • Anemia screening for PW was done every month. • Generally, PW is provided one IFA everyday; but in SNEH project they were provided 2 IFA every day. • Weight monitoring is done regularly for PW by SNEH project and weight tracking reports are maintained well.
Kitchen Gardens 	• There are 43 families who were provided with kitchen gardens by SNEH project priority on anemic PW and LMs. Among them o 18 were provided in the year 2016-17. o 15 were provided in the year 2017-18. o 10 were provided in the year 2018-19.

Delivery care Irregular hospital visits for ANC care Home deliveries were more	• On 10th of every month all PW and LMs enrolled in the project were taken to hospital by SNEH project volunteers for checkups. • ANC and PNC card were provided to all PW and LMs by SNEH project. So they can get checkup anywhere during their migration/ or during their stay in natal family. • More awareness has been created on importance of institutional delivery and referral support was provided for delivery.
Malnutrition Malnutrition was more among children. The SNEH project has identified 2150 malnourished children the year 2016 during the project initiation.  	• Demo was given to PW and LMs on differences of 'Normal child' and 'Malnourished' child. • All these children were provided Nutrimix by ChildFund. • All these children were put up under care & supervision of NRC with the referral support of ChildFund. • 2066 children (96%) become normal (*Green zone*) by the year 2019 March. The rest 84 children are now under MAM but under supervisory feeding and they would become normal soon. • SNEH project team used to make 4 follow ups in every 15 days for malnourished children who are treated under NRC.

Livelihoods

- Under livelihoods component ChildFund India other Livelihood Project supported to SNEH project for livelihood security of families who are under-nourished. 100 such families were selected and supported with chicken units for free of cost. Each unit has 100 chickens along with feed, vaccine and medicines for free of cost.
- Among them 90 units of chickens were successfully grown up and each family has sold it for Rs 90,000/- per unit. Deducting their investment of Rs 20,000/- on each unit each family has got net profit of Rs: 70,000/- out of it.

In-depth Interview with ANM: Smt. Asha Goel_ Chardi Pade GP

Smt. Asha Goel is ANM with 25 years of experience and is serving for 4 Gram Panchayats. She has expressed that earlier most of the women were not attended for ANC due to lack of awareness on health care; and we are not able to visit all households for counseling and mobilization.

At that time SNEH project involved and helped a lot in terms of making door to door visits, created awareness among PW and LM on health care. They have provided awareness on ANC, NC and PNC care including IYCF practices. They helped us in mobilization of mothers for immunization, ECCD meetings and mother's meeting every month.

SNEH team is also doing IFA monitoring among PW and LM in these targeted villages. They are also providing referral support to NRC for SAM children and women.

SNEH is also provided Nutrition food to pregnant women and children. They have conducted Nutrition demo's many times in the villages; which creates lot of awareness among the families particularly among mothers.

Now there is no anemia reported among pregnant women and lactating mothers.

Adults in many families in this area used to migrate to Gujarat for construction work; and children are left with grandparents and they become malnourished due to lack of sufficient food and proper care. They also become unhygienic often fall sick. For such families/ children SNEH project has helped a lot in terms of providing nutrition food to those children, referral support for hospital during illness and referral to NRC.

Regarding the place of delivery; now most of them are attending Mission hospital and some private hospitals in Jhabua. As the awareness is increased all are going for institutional deliveries.

Earlier (3-4 years ago), Chickenpox was common for children in this area; apart from that children suffers with Diarrhea, Pneumonia, Measles, fever and skin diseases etc. Now, it is reduced drastically because awareness has been created through SNEH Project along with Health & ICDS dept. on prevention methods, care & treatment. SNEH Volunteers also helped on referral support for care & treatment.

In-depth interview with ICDS Supervisor (Smt. Nirmala Verma)

Smt. Nirmala Verma is ICDS supervisor with 28 years of experience in the project area operating from Billidoze village.

She has expressed that in her overall experience no other private partners (NGO/CBO) has involved as ChildFund India involved in improving health and nutrition care for women particularly Pregnant and Lactating mothers.

The success of the SHEN project is home visits; by making home visits of all targeted households the SNEH team has built enormous knowledge among the women through individual counseling on health care and nutrition aspects. It helped a lot for ICDS frontline workers to make their targets easier in terms of ANC registration, Growth monitoring, immunization and importantly treatment for SAM and MAM children.

The attendance of mothers for monthly ECCD meetings (mothers' meetings) has been increased a lot now compared with last 3-4 years.

Consumption of IFA tablets has increased a lot among PW and LM with the help of SNEH project team counseling and follow-up. For every community meeting with Mothers, Adolescent girls, Pregnant women etc. held by ICDS and Health departments; SNEH team used to prepare in advance for community mobilization and made successful.

The percentage of women in attending AWC, PHC, SC and other government health facility has been increased almost doubled in these 3-4 years' period.

SNEH project has given 12 days' orientation to mothers on IYCF practices; after they made follow up with mothers regularly. Hence, IYCF practices have been improved a lot among the mothers in these villages in these 3-4 years.

Personal hygiene also improved among women and children in these SNEH targeted villages.

All women had MCP cards and provided services accordingly. SNEH project also having its own tracking system of mother and child from antenatal care to postnatal care. They have provided

referral services for PW, LM for health care and children for health and Nutrition care (NRC visits etc); which results, a huge improvement on utilization of health and nutrition services and improved health and nutrition status of mother and children in these villages.

Key Informant Interview with Sri. Sumitha Makodiya _PRI & VHNC members

Sri. Sumita Makodiya has also worked earlier as ASHA for 5 years for 4 villages.

She has shared that ChildFund India supported SNEH project used to help in Rubella/ Measles campaign in all these villages and made success in utilization of vaccine 100%.

They used to have door to door campaign for all health care meetings and services conducted by Gram Panchayat, VHNC, Health and ICDS departments and mobilize the mothers'/ target population; That's how the knowledge among Pregnant women and mothers has been increased a lot on health care utilization in these villages.

They helped us in monthly VHND visits, immunization and health camps.

The percentage of women utilizing ANC NC and PNC services at government health facilities has been increased almost doubled in these 3-4 years period. Institutional deliveries has been improved now, earlier home deliveries were more. Now, SNEH project is tracking every woman for safe delivery.

Anemia is also little reduced now among women and children. SNEH project also has provide kitchen garden and chickens to selected most vulnerable families in these villages. Still, if any women or child had anemia, SNEH is provide referral support to NRC and health facilities and made continued follow up.

Child has gained weight now and particularly hygienic practices have been improved.

Earlier children used to have health problems due to lack of hygienic practices and SNEH made behavioral change among mothers and children on hygienic practices, thus health status is improved among them now.

Timely food consumption among pregnant women and mothers have been improved, consumption of nutritious food is improved now. That's how anemia among women and children also reduced now in these villages.

In-depth Interview with Ms. Ankita Rathod_ Project Officer_ Health & Nutrition

Ms. Ankita Rathod is Post Graduate in Social Studies with 7 years of experience on Adolescent health child survival programs, Reproductive child health, routine immunization, HIV/AIDS and building the capacity of partner's capacity building and training for AWW/ ASHA/ANMs/ community based Organizations. She has served for the SNEH project for 3 years in Jhabua.

She has expressed that since 3 years only ChildFund is working in the area to support mother and children on nutrition and health aspects and no other private partners (NGO/CBO) has involved.

The entire project staffs worked at gross root level were selected from local community so that the community can easily mingle them for services utilization. ChildFund has provided number of trainings to the project team on nutrition and health aspects and enhanced their knowledge with new guidelines, updates which helps to server better to the community.

She is part of all community related activities, demonstrations such as hand wash practices for both children and mothers, nutrition demonstrations to mothers and family members, organizing mothers' meetings on ECCD, selection and support of families for kitchen gardens and livelihoods supports etc.

She expressed that motivation of the pregnant women, mothers and family members were very difficult during the initiation of the project as the tribal communities are governed by their traditions, cultural norms and beliefs. Their lifestyle and food habits are different from that of their rural neighbors. They depend on minor forest produce and manual labor for livelihood. They may not have adequate income. In this context, Childfund has rigorous efforts in mobilizing the community and

created awareness on all health and nutrition related aspects by regular home visits, involved them in trainings/ orientations/ meetings apart from personal counseling sessions. That's how the project has been achieved the desired results in a period of 3 years.

Project team has conducted four orientations cum capacity building sessions (District & Block), in which 732 Anganwadi Workers, Auxiliary Nurse Midwives, ICDS supervisors, CDPO and CMHO participated. The CMHO and DPO assured that Health & ICDS Department would continue their support to the project.

Chapter XI: KEY FINDINGS OF THE ASSESSMENT

The findings of the evaluation shows that there is a significant progress between base line to end line period on key performance indicators of the project which are presented below.

Table 33: Time trend analysis on key performance indicators of the project

Indicator	Year (2015-16)	Year (2016-17)	Year (2018-19)	Year (April 2019)
Mothers received 3 ANC check-ups	50%	61%	78%	88%
Mothers received a minimum of 3 PNC check-ups	48%	68%	74%	83%
Institutional Deliveries	50%	85%	93%	100%
Babies born with normal birth weight	52%	68%	70%	87%
Breastfeeding within 1 hour	40%	87%	92%	93%
Exclusive breastfeeding for the first 6 months	50%	60%	73%	90%
Mothers introduce semi-solid foods at appropriate time	48%	56%	59%	92%
Children receive medical attention from qualified doctors	25%	86%	92%	100%
Consumption of Nutrition diet during Pregnancy	40%	80%	83%	84%

- The above table explores that; 88% of the mothers have received 3 ANC checkups at the time of evaluation. This was significantly increased from 50% to 88% in the year 2015-16 to 2019.
- It is evidenced the positive outcome of the project that, mothers received 3 PNC visits also have been drastically improved from 48% to 83% from the year 2015-16 to April 2019.
- Overall, 98% of the deliveries were conducted in government health facility and 2% were conducted in private health facility in the study area. Institutional deliveries were increased from 50% to 100% from in the year 2015-16 to April 2019.
- The normal birth weight of the baby has been increased drastically over a period of implementation of SNEH project. It increases from 52% to 87% from the year 2015-16 to April 2019.

- It is an important aspect of the IYCF practices that mothers given breastfeeding to the baby within one hour of birth has been increased from 40% to 93% from the year 2015-16 to April 2019.
- Exclusive breast feeding up to 6 months to the child has been significantly increased from 50% to 90% from the year 2015-16 to April 2019.
- Introduction of semisolid foods to the child at appropriate time (7th month of the child) has been drastically improved in the project area from 48% to 92% from the year 2015-16 to April 2019.
- The percent of children received medical treatment from qualified doctor/ Pediatrician has been significantly increased during SNEH project period from 25% to 100% from the year 2015-16 to April 2019.
- Consumption of nutrition diet by pregnant women is drastically increased from 40% to 84% from the year 2015-16 to April 2019.

BACKGROUND CHARACTERISTICS OF THE RESPONDENTS & HOUSEHOLDS

- Overall, 100 mothers'/ care givers were contacted and collected the quantitative data for the study.
- Age of the mothers shows, 52% of the mothers are at young age group i.e 19-24 years, followed by 46% are in the age group of 25-29 years and rest 2% are in the age of 30 years and above. This shows early marriages and early child bearing among the tribal women in the study area.
- 100% of the respondents revealed that they are associated with ChildFund supported SNEH project for 3 years and more.
- Overall, 143 children are born in last 5 years in the sampled households. Among them 52% are in the age group of 0-24 months and the rest 48% are in the age of 3-5 years.
- The gender distribution of children among the 100 families interviewed shows that Boys are more (52%) than the Girls (48%) in the age of 0-5 years.
- 98% of the families are belonged to Scheduled Tribe and rest only 2% are belonged to Open Category.
- 89% are Hindus, followed by 9% are Christian and rest 2% are Muslims.
- All respondents (100%) are currently married women.
- 76% of the mothers are illiterates or they have never attended school, 23% are studied up to Primary education and only one percent has studied up to high school.
- 91% of the households hold their own land and doing agriculture, 4% are doing agriculture in 'leased land' etc.

- In spite of having own agriculture land, most of the families (61%) are migrating for seasonal work every year. They mostly migrate to other states for construction work, agriculture cooli etc.
- Regarding the type of house, 63% are Katcha, followed by 18% are Pucca and another 18% are 'semi-pucca' and rest 1% is 'hut'.
- 83% are joint families and rest 17% are nuclear families.
- Regarding the poverty category; 76% are Below Poverty Line (BPL) category and rest 24% are belonged to Above Poverty Line (APL) category.
- 44% of the households are depended on 'Lakes/ springs' for drinking water, 34% are depended on 'Bore wells', 18% are depended on 'Panchayat/ public tap' and rest 4% are using water from 'well' for drinking.
- 84% of the households have toilet facility and the rest 16% do not have the toilet facility.

FINDINGS OF MOTHERS WHO HAVE GIVEN BIRTH IN LAST ONE YEAR

- 73% of the women married at the age of 18 years, 20% were married at the age of 20 years, 4% were married at the age of 19 years and the rest 3% were married at the age of 21 years.
- 72% of mothers had their pregnancy at the age of 19 years, 23% had their pregnancy at the age of 21 years, 4% had their pregnancy at the age of 20 years and rest one percent had her pregnancy at the age of 18 years.
- ANC registration was reported 100% among these pregnant women.
- 73% of the mothers had their first delivery at the age of 20 years, 25% had their first delivery at the age of 21 years and the rest one percent had her first delivery at the age of 19 years.
- 78% have registered for ANC services at 1st trimester and the rest 22% have registered at 2nd trimester.
- 88% of the mothers have received 3 ANC checkups at the time of evaluation. This was significantly increased from 50% to 88% in the year 2015-16 to 2019.
- 55% of the women had consumed 100 IFA, 31% had consumed more than 100 IFA and the rest 14% had consumed less than 100 IFA tablets during pregnancy.

NUTRITION INDICATORS_ BEHAVIOURAL CHANGE AMONG STAKEHOLDERS

- 84% of mothers had consumed nutrition diet during their pregnancy and the rest 16% do not know the answer or not sure for the same**.** Consumption of nutrition diet by pregnant women is drastically increased from 40% to 84% from the year 2015-16 to April 2019.

- 96% of mothers agreed that they had increased weight during their pregnancy.
- 88% of the mothers stated that food intakes during pregnancy have influence on pregnancy outcome & Birth weight.
- All mothers are aware at least some correct causes for malnutrition. Similarly, all mothers are aware at least some correct consequences of malnutrition during pregnancy.
- 67% of mothers are aware about anemia and the symptoms & prevention measures of anemia were known.
- Overall, 98% of the deliveries were conducted in government health facility and 2% were conducted in private health facility in the study area. Institutional deliveries were increased from 50% to 100% from in the year 2015-16 to April 2019.
- Overall 98% of mothers had given colostrum feeding, 93% of mothers has given immediately after birth or within one hour after birth, 90% of mothers have given exclusive breast feeding up to 6 months to the child, 92% of mothers have introduced semi solid diet (complimentary food) to the children between 6-9 months of age which is appropriate time.
- It is an important aspect of the IYCF practices that mothers given breastfeeding to the baby within one hour of birth has been increased from 40% to 93% from the year 2015-16 to April 2019.
- Exclusive breast feeding up to 6 months to the child has been significantly increased from 50% to 90% from the year 2015-16 to April 2019.
- Introduction of semisolid foods to the child at appropriate time (7^{th} month of the child) has been drastically improved in the project area from 48% to 92% from the year 2015-16 to April 2019.
- The normal birth weight of the baby has been increased drastically over a period of implementation of SNEH project. It increases from 52% to 87% from the year 2015-16 to April 2019.
- It is evidenced the positive outcome of the project that, mothers received 3 PNC visits also have been drastically improved from 48% to 83% from the year 2015-16 to April 2019.
- The percent of children received medical treatment from qualified doctor/ Pediatrician has been significantly increased during SNEH project period from 25% to 100% from the year 2015-16 to April 2019.

FINDINGS OF CHILDREN BELOW 3 YEARS AGE GROUP

- There are 6% MAM children and 3% SAM children are reported in project area.
- Overall, the project has a target of 2150 malnourished children the year 2015-16 during the project initiation. Among them 2066 children (96%) i.e 484 from SAM (red zone) 1582 are from MAM (yellow zone) has become normal (Green zone) by the year 2019 March. The rest 84 children are still under MAM category but under supervisory feeding and they would

become normal soon. They are being provided Nutrimix by ChildFund and care & supervision of NRC.

- 97% of mothers reported that they have child development card where developmental milestones are recorded with them and accordingly they are utilizing the services.
- 86% of children have received doses of Vitamin A in the last 6 months.
- 76% of the children were given de-worming tablets in the last 6 months.
- 100% of children have received all doses of Polio vaccine, 100% have received BGC, 91% of children have received DPT-2 & 3, 93% have received DPT-1 and 92% have received Measles.
- Overall, 91% of children have received Vitamin A.

FINDINGS OF CHILDREN 3-5 YEARS AGE GROUP

- There are 68 children reported in the age group of 3-5 years in the study sampled area; all (100%) are enrolled and attending the AWC.
- Overall 13% of the children have suffered from any common childhood illness (Diarrhoea, Pneumonia, Malaria, Measles and Fever etc) in last 3 months; among them 69% were taken to health facility or qualified doctor/ Pediatrician.
- It is good to know that there are no child deaths or mother death reported during last one year in the project area.

HEALTH CARE COUNSELING AND SUPPORT SERVICES PROVIDED TO MOTHER & CHILDREN

- 73% of mothers said that counseling and support provided for ANC registration was by ChildFund India supported SNEH project along with AWW and the rest 27% said it was ANM along with ChildFund India /SNEH project.
- 81% of mothers said that counseling and support provided for ANC care i.e. 3 ANC visits was provided by ANM along with ChildFund India /SNEH, and rest 19% said it was provided by AWW along with ChildFund India / SNEH.
- 56% of the mothers said that the counseling and trainings was provided by ChildFund India / SNEH alone; rest 44% said it was provided by AWW.
- 56% of mothers said that counseling on Place of delivery ware provided by hospital staff during their ANC visits; rest 44% said that it was counseled and referred by ChildFund India /SNEH project.
- 35% of mothers said that counseling and trainings on Breast feeding was provided by ChildFund India /SNEH project and 32% were said it was counseled by AWW.
- 36% of mothers said that counseling and trainings on IYCF practices were provided by ChildFund India /SNEH and 31% said it was counseled by AWW.

- 54% of mothers said that counseling and referral on family planning was provided by ChildFund India /SNEH and 28% said it was provided by ANM.
- 22% of mothers said that counseling and mobilization supported provided for immunization was ChildFund India /SNEH and 12% said it was provided by ANM/AWW.
- 49% of mothers said that counseling and support on Post-natal care was provided by ChildFund India /SNEH and 13% said it was provided by ANM/AWW.
- 50% of the mothers were reported that counseling and support services provided for Growth Monitoring of Mother & Child was ChildFund India / SNEH along with AWW; and 34% said it was provided by AWW alone.

Chapter XII: SUMMARY AND RECOMMENDATIONS

The evaluation makes the following recommendation in view of strengthening future programming. This will also enable ChildFund to build on the results achieved so far, bridge identified gaps and sustaining the current processes so as to ensure long term impact.

The continued engagement of ChildFund India is required to comprehensively and sustainable address issues of malnutrition among children in the area. The following recommendations are made for planning further interventions in the project area.

Strengthen the Information education and Communication (IEC) campaign in the project areas enabling them to reach out to all on the issues of child malnutrition. This is made in view of gaps in the awareness levels of mothers, caregivers as well as children on appropriate knowledge on the health care seeking, intake of nutritious food and adopts health &hygiene practices in the project areas.

As 16% of the households do not have toilet facility and they would be using open defecation, more awareness should be created on harms of open defecation and benefits of toilets usage. Apart from that guidance and support to be provided to the families get sanction of free toilets from government.

Significant percent (44%) of the households are depended on 'Lakes/ springs' for drinking water from the long distance. Panchayat Raj department may be approached for providing water supply to these households; and awareness should be created on usage of safe drinking water.

The findings shows that 88% of the mothers have received 3 ANC checkups and 83% had PNC visits at the time of evaluation. Efforts should be made for 100% of ANC checkups and Post Natal Care.

Consumption of nutrition diet by pregnant women has been increased from 40% to 84% from the year 2015-16 to April 2019. Still, the remaining 16% f them should be followed ensure for Consumption of nutrition diet.

As 22% have registered for ANC at 2nd trimester, awareness on early identification of pregnancy and importance of ANC registration should be created for all family members along with mothers. Awareness on consumption of full course of IFA and its benefits particularly in reducing anemia among pregnant women should be focused.

Mother's knowledge on nutrition aspects and IYCF practices is quite satisfied in the project area. The same should be continued for new mothers and pregnant women. Hence, project staff along with ICDS and Health personnel should be frequently engaged with families for ensuring this. Also, more IEC material may be provided to the families on these aspects.

Overall, the project has a target of 2150 malnourished children the year 2015-16 during the project initiation. Among them 2066 children (96%) i.e 484 from SAM (red zone) 1582 are from MAM (yellow zone) has become normal (Green zone) by the year 2019 March. The rest 84 children are still under MAM category. Efforts should be continued to provide supervisory feeding, provision of nutria mix and NRC referrals and make them become normal soon. Also, efforts should be continued to prevent new children become malnourished.

Promotion of kitchen garden should be ensured in all households; as space and water access is available in these tribal villages.

Treatment seeking behavior for children should be still improved; as 13% of the children have suffered from any common childhood illness (Diarrhea, Pneumonia, Malaria, Measles and Fever etc.) in last 3 months; among them only 69% were taken to health facility or qualified doctor/ Pediatrician. Hence, project staff along with ICDS and Health personnel should be frequently engaged with families for prevention of childhood diseases and seek treatment from qualified doctor. Also, more IEC material may be provided to the families on these aspects.

Make long term plans with engagement of communities, institutions and Government agencies at least for a period of five years to give long term/ sustainable results.

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