Fortune SuPoshan

A CSR initiative by Adani Wilmar Ltd.

Endline Evaluation Report

Project Fortune SuPoshan

2018–2023

adani wilmar

For a healthy growing nation

adani | Foundation

SUBMITTED BY

Actionable Insights

Iotalytics Research and Analytics Solutions Pvt Ltd

Project Fortune SuPoshan

Initiative of Adani Wilmar and implemented by Adani Foundation

For more information on Fortune SuPoshan visit : https://www.suposhan.in/

CHAIRPERSON'S MESSAGE

It is heartening to share the end-line evaluation results of six sites in Gujarat, Rajasthan, West Bengal, Jharkhand, Chhattisgarh and Odisha, in the second phase (2018-23) of Fortune SuPoshan. The project has been instrumental in bridging gaps in information availability and creating a more informed, motivated and engaged community. I applaud the efforts put in by the site teams, especially our SuPoshan Sanginis, in promoting the importance of the 1000-days life cycle and breaking the intergenerational cycle of malnutrition.

DR PRITI G. ADANI
Chairperson
Adani Foundation

CEO & MD MESSAGE

The Fortune SuPoshan Project reflects the vision of Adani Wilmar 'for a healthy growing nation'. We look forward to touching the life of every Indian, enabling them to live life fully, thereby making India stronger, healthier, and more productive. I am glad that this assessment report has led to some of the vital information emerging at a very crucial time that motivates us and even paves the way to better address the issues of malnutrition and anaemia in the future.

MR. ANGSHU MALLICK
CEO & MD
Adani Wilmar Ltd

Contents

Abbreviations

AWC	Anganwadi Centre
ANC	Antenatal Care
ASHA	Accredited Social Health Activist
ANM	Auxiliary Nursing Midwifery
AWW	Anganwadi Workers.
BMI	Body Mass Index
CAPI	Computer-Assisted Personal Interviews
CMTC	Child Malnutrition Treatment Centers
CSR	Corporate Social Responsibility
FSP	Fortune SuPoshan Project
IFA	Iron and Folic Acid
IYCF/CF	Infant and Young Child Feeding
ICDS	Integrated Child Development Services
KMC	Kangaroo Mother Care
MAM	Moderate Acute Malnutrition
NRC	Nutritional Rehabilitation Centres
NFHS	National Family Health Survey
PRI	Panchayati Raj Institution
SAM	Severe Acute Malnutrition
SPSS	Statistical Package for the Social Sciences
SHG	Self Help Groups
SDG	Sustainable Development Goals
THR	Take-Home Ration
WASH	Water, Sanitation and Hygiene
WCD	Women and Child Development
WHO	World Health Organization

About - Adani Foundation

Adani Foundation, the CSR wing of Adani Group, upholds its motto of "Growth with Goodness" through its initiatives. Taking inspiration from the Gandhian philosophy of trusteeship, Adani Foundation strives to create sustainable opportunities. It does so by facilitating quality education, enabling the youth with income-generating skills, promoting a healthy society and supporting infrastructure development. With an aim to contribute to the holistic development of communities, the Adani Foundation is contributing to the global agenda of meeting Sustainable Development Goals (SDGs).

Established in 1996 as a tribute to the ideals of late Smt. Shantaba and late Shri Shantilal Adani, the Adani Foundation stands for the values of courage, trust and commitment. What began in a few rural communities around Mundra port, Gujarat, has now expanded to 19 states in India, going far beyond the regions where Adani Group companies are functioning.

Vision

To accomplish a passionate commitment to social obligations towards communities, fostering sustainable and integrated development, thus improving quality of life.

Mission

To play the role of a facilitator for the benefit of the people without distinction of caste or community, sector, religion, class or creed, in the fields of education, community health, and promotion of social and economic welfare and upliftment of the people in general.

Adopting an approach that embodies innovation, people participation and collaboration with key stakeholders, the Adani Foundation is achieving inclusive growth and bringing about sustainable development, thereby contributing towards nation building. The programs of the Foundation contribute to the welfare of communities across India in **four core area - Health, Education, Community Infrastructure and Sustainable Development.** This is done via **four special projects** which are - **SuPoshan, Udaan, Swachhagraha and Saksham.**

Executive Summary

Investing in Nutrition is a smart investment and one of the most cost-effective drivers for development and prosperity. Every $1 invested in nutrition can generate $16 in return[1]. Addressing nutrition problems across the lifecycle can unleash huge social, economic potential and has major impact on long term health and human capital. Adani foundation through its Fortune SuPoshan Project is striving to tackle the challenge malnutrition in India.

Despite several flagship programs and initiatives of Government of India which include Integrated Child Development Services (ICDS) scheme, Mid-day meal scheme, Pradhan Mantri Matru Vandana Yojna, POSHAN Abhiyaan, which addresses the undernutrition and its determinants through direct action on food supplementation as well as enhancing the level of knowledge and awareness about appropriate dietary practices in the community. India's child wasting rate is the highest of any country in the world[2].

India ranks 107 out of 121 countries in Global Hunger Index 2022 falling in the "serious" category of the index. The Sustainable Development Goals (SDG) report 2022 reveals that progress against SDGs is in grave danger, due to cascading and interlinked crises there is reversal of years of progress in eradicating poverty and hunger, improving health providing basic services[3].

Hence, to tackle the multidimensional problem of malnutrition and given India's population size, investing in actions to reduce all forms of malnutrition is especially important, not just for India itself, but also to support the attainment of global targets. The National Nutritional Strategy launched in 2017 provides the platform for stakeholders to converge together and drive the agenda of "Mission Malnutrition Free India-2022" forward[4].

Hence as a shared responsibility to address the problem of malnutrition in India, Adani foundation brought a robust evidence based, technology powered and community centred Fortune SuPoshan Project using a multi stakeholder approach and adopting a lifecycle approach with greater focus on the first 1000 days to break the intergenerational cycle of malnutrition. **As a CSR initiative by Adani Wilmar Ltd., the Fortune SuPoshan project, aimed to combat malnutrition and anemia in India among the children below 5 years of age, women in reproductive age group and adolescent girls to build a healthy, well-nourished nation.**

Project was initiated in 2016, with a mission to support and strengthen the community level efforts to promote good health care practices, nutrition, WASH practices among the adolescents, women, children and communities by enabling optimal utilization of government resources and making community responsive through sustainable behavior change. To achieve the objectives, project engaged with multiple stakeholders such as gram panchayats, local governing bodies, block administration, district administration, District Hospitals, Sub District Hospitals, Community Health Centers, ICDS - Angandwadi, NRC, Frontline health workers such as ASHA

and ANM etc. The program identified local community volunteers, known as SuPoshan Sanginis, who supported in implementation of the program activities.

This endline evaluation report details the impact of the Fortune SuPoshan Project interventions across 6 sites in the country on the nutritional status of the project beneficiaries and measures the change in behavior and practices among the communities. The endline evaluation was conducted externally by Iotalytics Research and Analytics Pvt. Ltd. The evaluation used three stage approach with a mixed methods (quantitative and qualitative) for data collection. The data sources which informed the analysis included, primary data collection through structured interviews with beneficiaries, In-depth interviews with key stakeholders, anthropometric survey and 24 hours dietary recall, National Family Health Survey 4 and 5 at district level. Analytical tools such as WHO Anthro software, statistical software SPSS, theory of change and qualitative data analysis were used to derive the cascading impact of the project interventions.

SuPoshan project inputs training, incentives, technology and expertise were used specifically to equip the SuPoshan Sanginis who acted as pivot for implementing the project interventions at ground level which in turn would bring the desired behaviour change and increase the uptake of services from government infrastructure, programmes and schemes.

Highlights: Project outputs and outcomes

Undernutrition status among children below 5 years of age

All 6 project sites showed significant reduction in all three indicators of malnutrition i.e stunting (height for age), wasting (weight for height) and underweight (weight for age) among the children below 5 years of age as compared to NFHS- 4 baseline.

- **Underweight reduced from 40.6% (NFHS-4, 2015-16) to 25.6% (Fortune SuPoshan, 2023)**
- **Stunting reduced from 41.5% (NFHS-4, 2015-16) to 28.6% (Fortune SuPoshan, 2023)**
- **Wasting reduced from 23.3%(NFHS-4, 2015-16) to 15.1% (Fortune SuPoshan, 2023)**

Maternal Health knowledge and practices

- Proportion of Four ANC checkups was **higher 74.6% in Fortune SuPoshan project 48.0%** as compared to NFHS 4
- Proportion of Full ANC was **higher 41.7% in Fortune SuPoshan project 8.7%** as compared to NFHS 4
- Proportion of Iron folic Acid consumption was **higher 71.0% in Fortune SuPoshan project 25.8%** as compared to NFHS 4
- Institutional births percentage was **higher 97.7 % in Fortune SuPoshan project 76.4** as compared to NFHS 4

Infant and Child feeding knowledge and practices

- Initiation of breastfeeding within one hour was **more 75.7% in Fortune SuPoshan project 54.9%** as compared to NFHS 4

Dietary diversity

- Consumption of food groups among children was **more 35.6% in exposed to program intervention group as compared to 32%** non-exposed to intervention.
- Consumption of food groups among pregnant women was **more 35.6% in exposed to intervention as compared to 31%** non-exposed to intervention.

Adolescents' knowledge and practices

- Consumption of IFA was **more 79.5% in exposed to intervention as compared to 73.7%** non-exposed to intervention.

WASH and hygiene practices

- Safe Drinking water practices were **more 72.8% in exposed to intervention as compared to 56.5%** non-exposed to intervention.
- Use of toilets for infants was **more 72.2 % in exposed to intervention as compared to 66.4%** non-exposed to intervention.

- **Counselling sessions** was the most consistent activity and **demonstration of recipes** was the most acknowledged. This indicates a positive inclination towards learning by doing and highly effective for behavior change.
- **Kitchen garden** emerged as the most nurtured activity by the community. Not only it was providing them nutritious vegetables but also was a source of income.
- The program was instrumental in transformation and empowerment of **Sanginis** on multiple fronts.

Highlights: Cascading Impact

- Fortune SuPoshan project has created a cascading impact in multiple domains empowering the communities and transforming the lives of Women, adolescents and Children. The reduction in levels of undernutrition and sustainable behavior change will have tremendous impact on socioeconomic dividends, psychomotor and cognitive development, gender equality, diet and lifestyle associated non communicable diseases such as Diabetes, Hypertension and Cardiovascular diseases.
- Fortune SuPoshan project has impacted the future generations and prosperity as addressing nutrition has an intergenerational impact.
- The transformation and empowerment of SuPoshan Sanginis, is an investment in women health which has earned them a respectful place in their family and community.
- Fortune SuPoshan project is an important step towards addressing the hunger and breaking the cycle of poverty in the vulnerable sections of the community.
- The multistakeholder and life cycle approach of SuPoshan project enables the 8 pillars of Health System Strengthening and improve the health and nutritional well-being of Children, women of reproductive age group and adolescent girls.
- Fortune SuPoshan Project through its multidimensional work in Health, Nutrition, Sanitation, Hygiene, WASH, gender equality, women empowerment contributed in strengthening the various initiatives of Government of India in these domains and supported in building a healthy and vibrant Nation.

fortune SuPoshan
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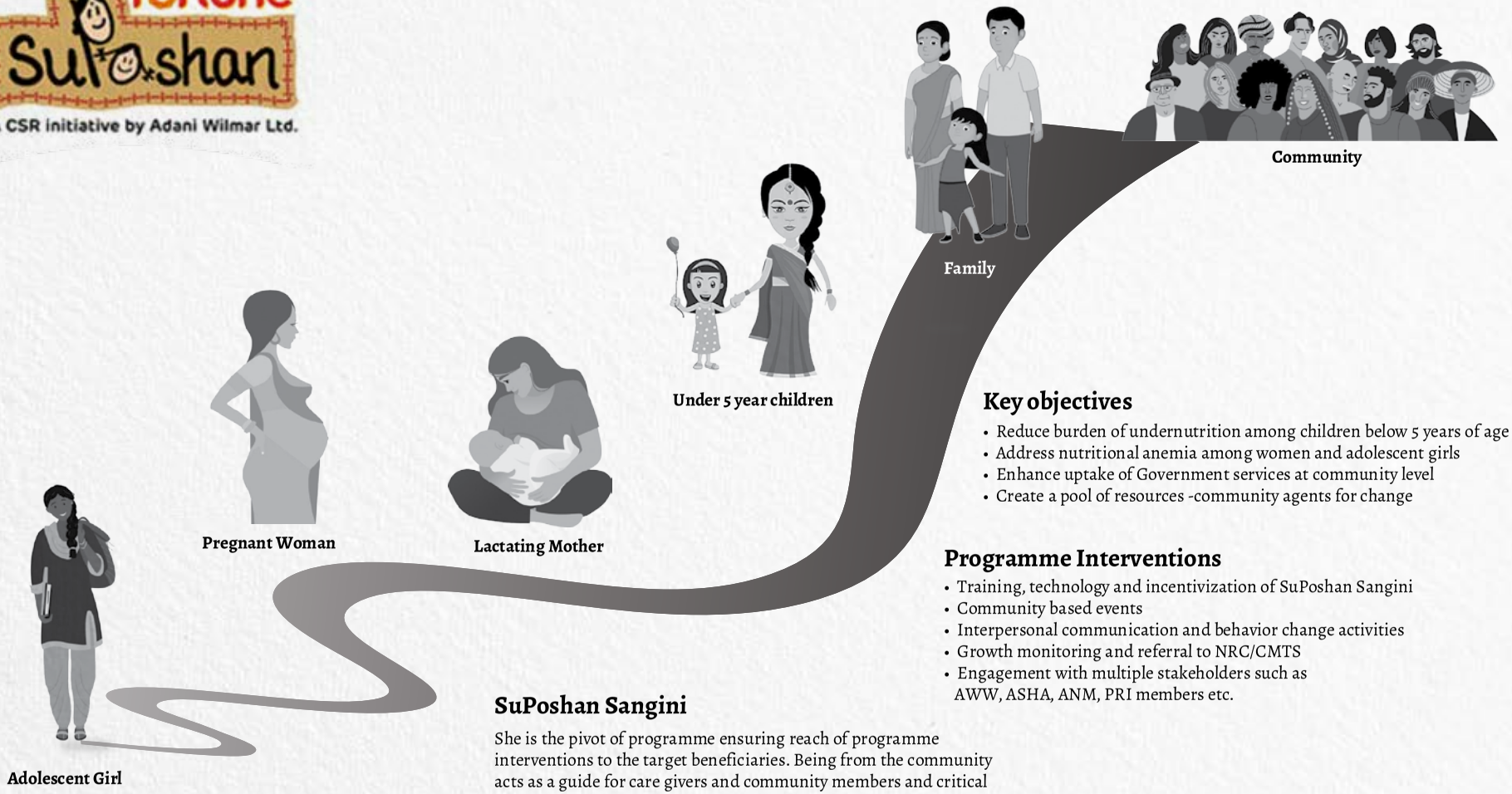

Key objectives

- Reduce burden of undernutrition among children below 5 years of age
- Address nutritional anemia among women and adolescent girls
- Enhance uptake of Government services at community level
- Create a pool of resources -community agents for change

Programme Interventions

- Training, technology and incentivization of SuPoshan Sangini
- Community based events
- Interpersonal communication and behavior change activities
- Growth monitoring and referral to NRC/CMTS
- Engagement with multiple stakeholders such as AWW, ASHA, ANM, PRI members etc.

SuPoshan Sangini

She is the pivot of programme ensuring reach of programme interventions to the target beneficiaries. Being from the community acts as a guide for care givers and community members and critical link between community and Government infrastructure

Aim of the project

To combat malnutrition and anemia in India among the children below 5 years of age, women in reproductive age group and adolescent girls to build a healthy, well-nourished nation.

Approaches

- Multi stake holder
- Life cycle
- Focus on first 1000days
- Gender transformative
- Behavior change and communication
- Technology driven

Output and Outcomes

- Reduction in levels of wasting, stunting and underweight among children below 5 years of age
- Improved knowledge and practices around health and nutrition among women and adolescents
- Proper management of malnourished children
- Enhanced uptake of Government services

Cascading Impact

- Health and Nutrition
- Poverty and economy
- Cognitive development
- Demographic dividends
- Women empowerment
- Gender Equality
- Achievement of SDGs

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MULTI-STAKEHOLDER APPROACH

Introduction

The burden of malnutrition is disproportionately borne by certain states and districts across the country. Given the state of affairs, the union and the state governments have called for increased public health and nutrition investments to improve the nutritional status of women and children. In particular, the POSHAN Abhiyaan calls for ever-broader participation of communities in the form of Jan Andolan to take forward the initiatives for addressing undernutrition and its determinants through direct action on food supplementation as well as enhancing the level of knowledge and awareness about appropriate dietary practices among adolescents, women, families and in the community[6]. The flagship Integrated Child Development Services (ICDS) scheme delivers the key health and nutrition services through a network of Anganwadi Centres (AWCs) managed by frontline functionaries, the Anganwadi workers (AWW). With effective technical support the AWCs have the potential to deliver quality services and achieve the goals of improved health and nutrition of women and children in their catchment areas. This calls for urgent need for private entities, donors, foundations to invest in Nutrition along with Government and share the responsibility and positively alter the trajectory.

Program Strategy

Project Fortune SuPoshan a CSR initiative by Adani Wilmar Ltd is a multistake holder initiative designed to support and strengthen the community level efforts envisaged under the union and the state government programs to combat malnutrition and anemia in children below 5 years of age, pregnant and lactating women, women in reproductive age group and adolescent girls (10-16years) and to deliver nutrition services to the beneficiaries with equity and quality leveraging existing platform of ICDS.

Project Fortune SuPoshan adopted a lifecycle approach with greater focus on the first 1000 days approach to break the intergenerational cycle of malnutrition to bring long lasting change in maternal and child health and nutrition indicators and supporting in building an appropriately nourished and healthy nation.

Project Fortune SuPoshan introduced and supported an agent of change from local community - referred to as the SuPoshan Sanginis (a friend, health buddy) - to deliver the project interventions and ensure greater acceptance and access to health and nutrition services by the targeted beneficiaries, families and community. The project complimented efforts of Government of India and systems across sites and worked synergistically with multiple stakeholders.

SuPoshan Sanginis provided preventive care and supported curative services through appropriate advice and referrals and facilitated uptake of government systems and schemes Adani foundation provided training, technology, incentives and resources to SuPoshan Sanginis thus empowering the women within the community to bring the desired change.

Aligned with the mission of building a robust, nutritionally sound and healthy communities the objectives were as follows:

- Reduction in prevalence of stunting, wasting and undernutrition among the children below five of years as compared to NFHS 4 levels
- Reduction in prevalence of nutritional anemia among pregnant women, latacting mothers and adolescents
- Support in improving uptake of services through government machinery
- Create a pool of agents of change at community level to bring long lasting behavioural change

Core Activities of the project

1. Recruitment and training of community level agents of change i.e. SuPoshan Sangini. Encourage technological innovations to help Fortune SuPoshan Sanginis in growth monitoring and other counselling support.
2. Focus group discussions with beneficiaries (pregnant women, lactating mothers, adolescent girls and women in reproductive age group)
3. Health and Nutrition Counselling of family members through regular home visits, with focus on vulnerable households

4. Organization of Sneh Shivir/village level events for parents of SAM/MAM children Conduct cooking/recipe demonstration sessions for nutritious meals including use of Take Home Ration (THR)
5. Promote development of kitchen garden/Poshan watika to ensure dietary diversity
6. Regular screening of children up to 5 years on the levels of under nutrition
7. Referral to SAM to Nutrition Rehabilitation Centres (NRCs)/CMTCs
8. Support community access to Government schemes combating malnutrition and anemia

Core activities

The project supported development of a pool of 482 trained community level resource person - the Fortune SuPoshan Sanginis – who together covered 2.66 lakh households from 1204 villages spread across 14 intervention sites from 12 different states of India.

Geographical and Socio-Economic Context

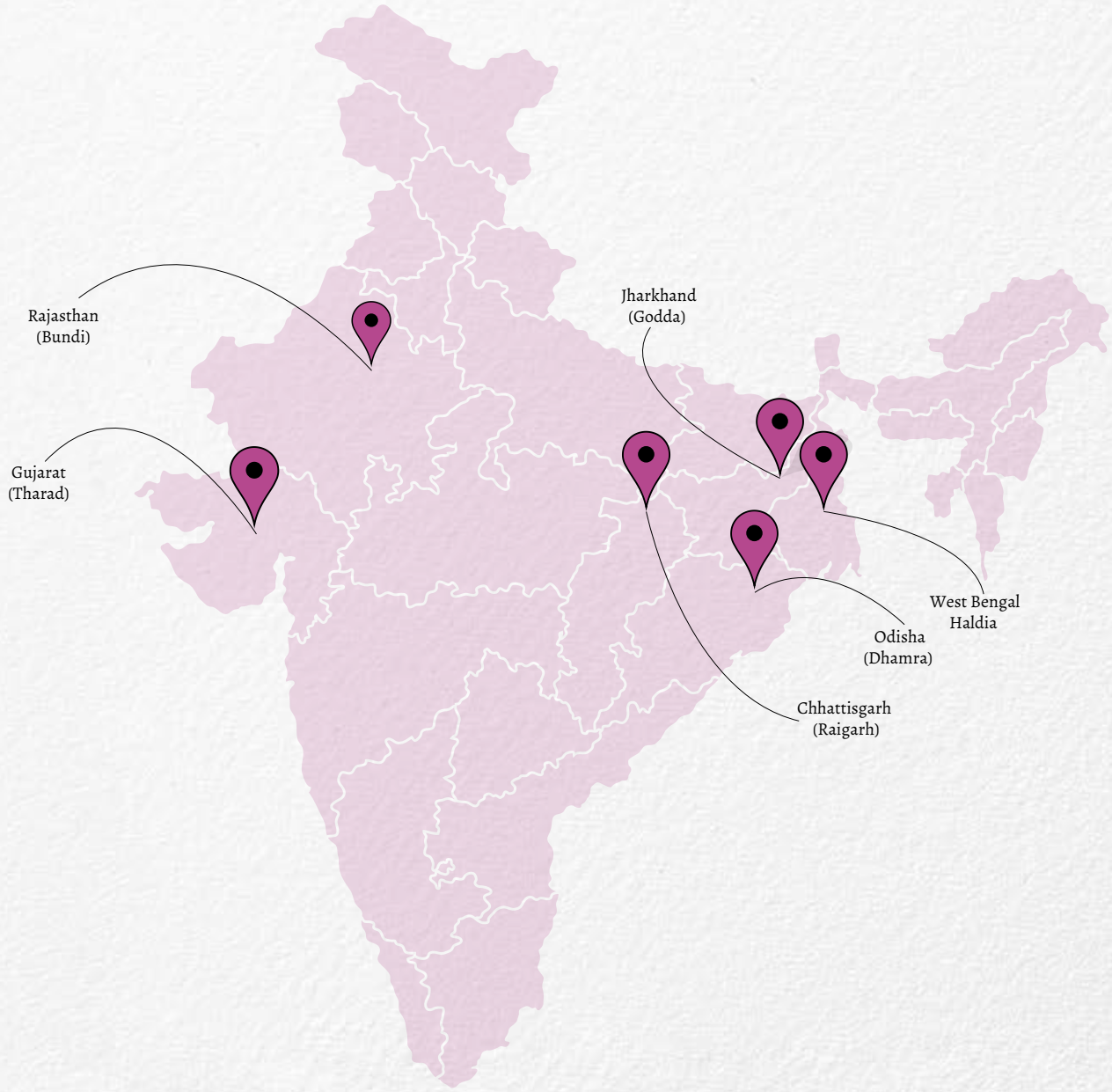
The six sites: Bundi (Rajasthan), Godda (Jharkhand), Raigarh (Chhattisgarh), Dhamra (Odisha), Haldia (West Bengal), and Tharad (Gujarat) across six states defined the geographical extent within Phase -2 of the Fortune SuPoshan Project which has been assessed in this report.

The selected project sites are diverse with varied geographic features, climatic conditions, and cultural practices, which has profound impact on the availability of food, food consumption patterns, as well as the overall health seeking behaviour and outcomes of the population.

According to the (NFHS-4), 43.1 % of children below five years are underweight, 40.7 % are stunted, and 21.6 % are wasted in Tharad Gujarat. In the Raigarh district a study found that 44% of the

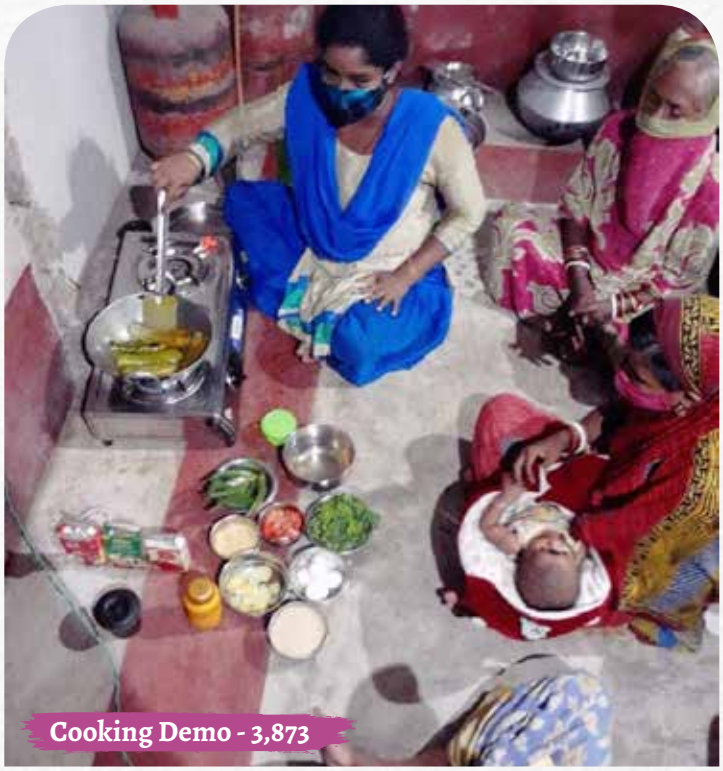
adolescent girls were thin (BMI<18.5)7. Annual health survey (2010-11) denotes that ante-natal services are unable to detect high-risk pregnancies, less than a third of all women were tested for high blood pressure and hardly one-fifth for haemoglobin in Godda district. In rural India, the hookworm infestation has been one of the major causes of iron deficiency anemia9. Poor hand washing practices and limited access to sanitation facilities perpetuate the transmission of disease-causing germs. Around 32% of diarrheal diseases can be reduced by improving sanitary conditions.

These sites were chosen because of their difficult socioeconomic landscapes and high rates of malnutrition and nutritional anaemia. The topography, economic situations, cultural practises, and gender-related issues were some of the factors that significantly influenced the nutritional and health profiles of these populations in each location. Other factors that played a role included cultural practises, cultural beliefs, and gender. The goal of the Fortune SuPoshan Project was to address these contextual issues and raise the nutritional status by improving access to nutritious food, healthcare services, and information linked to nutrition and maternal health.



Activities and Achievements

Children Screened - 35,662



Cooking Demo - 3,873

Family Counselling - 80,665

Nutrition Garden - 2,849

Village level Events - 4,290

Focused Group Discussion - 42,799

Sanginis are using "Health Spoken Tutorials videos" in counselling and home visits. These videos are developed by IIT-Bombay (also adopt "About Health Spoken Tutorial" by IIT-Bombay)

The Spoken Tutorials demonstrates on correct techniques of breastfeeding and complementary feeding for the first 1000 days of life, empower millions of people with the knowledge of life-saving skills. SuPoshan Sanginis have these videos handy in their tablets, they use the tablets to disseminate the technical information on certain technical issues. Through these Spoken Tutorial videos Sangini aims to reach out to maximum beneficiaries in her area and giving correct & proven information to the community. The tutorials helps not only the urban parents but also the not-so educated rural mothers, tribal health workers, anganwadi workers, ANMs and ASHAs to easily understand and grasp the most important practical details of breastfeeding and complementary feeding. The easy to understand local language, graphics, animation with simultaneous narration in simple words help illustrate the respective topics with maximum clarity.

https://www.youtube.com/c/healthspokentutorialiitbombay

Purpose and Scope of Endline Evaluation

Launched in 2016, the Fortune SuPoshan program has reached out to more than 1,50,000 under five children and their families through various programmatic interventions and in collaboration with government stakeholders. The phase 1 assessment of the project conducted in 2021 showed promising results and contributing effectively to tackle the dire problem of malnutrition in the intervention geographies.

The project Fortune SuPoshan concluded its activities in March 2023. Hence, to precisely estimate the impact of project interventions, to understand the acceptability of the program in the intervention sites, and to provide recommendations on priority areas and direction for future programming endline evaluation was planned. Iotalytics Research and Analytics Solutions Pvt., New Delhi was commissioned to undertake the endline evaluation of the project Fortune SuPoshan.

Objectives of the endline evaluation

- To understand the health & nutrition status of the under-five years children, adolescent girls and women in reproductive age
- To know the impact on uptake of ANC/PNC services to pregnant and lactating women including IFA and calcium.
- To assess the dietary diversity and change in feeding practices among women and children.
- To understand the knowledge and practices on core nutrition components (IYCF, WASH, Diet Diversity) amongst the beneficiaries.
- To assess the knowledge levels of SuPoshan Sangini on core nutrition literacy.

Iotalytics Approach

Iotalytics approach was conceived in line with objectives and deliverables as discussed with Adani foundation team and our past experience in similar engagements. A three phased methodology was adapted to carry out the endline assessment of the project Fortune SuPoshan.

Table: Snapshot of approach and methodology

	Phase I – Design Phase	Phase II –Field Phase	Phase III- Report Phase
	1 week	2 weeks	4 weeks
Key Activities	❑ **Kickoff meeting** with SuPoshan team: • To understand model of implementation • Agree on timelines and deliverables ❑ **Desk Review** • Carry out secondary data analysis NFHS 4 and 5 • Review of Project documents and reports ❑ **Development of tools and capacity building package for Field investigators** • Agreement on methodology for data collection • Development of quantitative tools, translation in multiple languages and CAPI development • Development of qualitative tools • Development of training package for Field investigators • Recruitment of field investigators team	❑ **Training of Field investigators** • Two days face to face training of field investigators with hands on training on CAPI ❑ **Field data collection** • Development of State wise Field movement plan • Finalization of geographies • Coordination with local SuPoshan Sangini Project team • Fixing of appointment for IDIs ❑ **Monitoring and supervision** • Monitoring and supervision of field activities through field supervisors and site supervisors • Data quality checks and feedback	❑ **Quantitative data** • Data cleaning • Analysis ❑ **Qualitative data** • Transcription and translation of qualitative data • Data analysis ❑ **Report writing** • Analysis of topline findings and discussion with SuPoshan team • Development of report structure • Report writing
Deliverable	• Inception report with agreed details of Timelines and deliverables • On boarding of Field investigators team, • Finalization of tools	• Field data collection Progress reports • Training reports	• Final Report • State wise report • Power point presentation

Methodology

A cross-sectional study using mixed method approach (qualitative and quantitative) was planned. The quantitative data collection was to quantify the achievements as per project's targets, while a qualitative methodology was employed to develop a deeper understanding on relevance of the project interventions, stakeholder and community perspectives.

A detailed desk review of available secondary data (National Family Health Survey 4 and 5) and project implementation strategies was carried out to add evidence for the impact assessment. Based on the desk review, in consultation with Adani foundation team the data collection methodology and tools were finalized.

a) Quantitative data collection using structured questionnaire

b) Qualitative assessment using discussion guide

Target Population

Quantitative data: Beneficiaries (Recently delivered women, Lactating mothers, Mothers of children under age 5 years, Adolescent girls (10-19 years).

Qualitative data: Human resources (AWW, ANM ASHA, SuPoshan Sanginis SHGs, PRIs, beneficiaries etc).

Sampling Criteria and Sample Size

For quantitative data collection assuming 50% of primary outcome indicator with anticipated change as 10% for child wasting and 12% for dietary diversity among pregnant women, lactating mothers and adolescent girls due to intervention and a design effect of 1.5, a total of 642 mothers of children under age 5 and 444 each of the other category respondent was estimated. The snap shot of the sample size is depicted in the table.

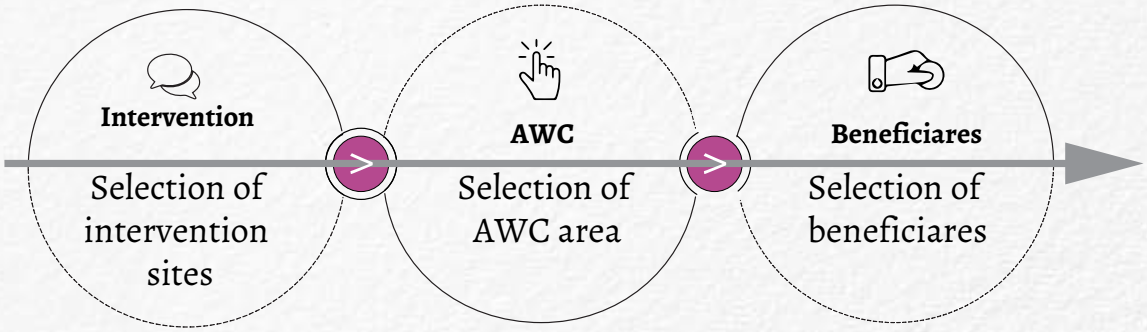
Targeted participants	Sample (Six sites)
Recently delivered women	444
Lactating mother	444
Mothers of 2-5 years children	642
Adolescent girl (10-19 years age)	444

The sample size for qualitative In-depth interviews, key informant interviews and case studies was as was calculated using purposeful sampling.

Qualitative method	Targeted participants	Sample (Six sites)
In-depth interviews	Frontline Health workers Government frontline workers - AWW, ANM, ASHA etc.	60
Key-informant interviews	Stakeholders PRI Members, SHG group and Adani Foundation team	18
In-depth interviews	Beneficiaries Each site one case study with one beneficiary category.	6

Sampling Technique

A two-stage sampling technique was employed, which involved 1) selection of AWC area and, 2) selection of beneficiaries within the selected districts, as depicted below:



Each AWC area was considered as an individual cluster and a total of 15 AWC areas were chosen randomly from each project geography in consultation with the Adani Foundation team.

The eligible respondents were selected randomly drawn from the household survey register and information provided by Adani Foundation team.

Data collection tools

The quantitative questionnaire was developed based on the Fortune SuPoshan project reports and our previous experience of undertaking similar assignments and was finalized in consultation with the Fortune SuPoshan project team.

The questionnaire consisted of 13 sections with key parameters

The qualitative discussion guides were designed to understand the implementation related information on nutrition related schemes, capacity building, counselling, and Fortune SuPoshan messages. The data collection tools were kept in both vernacular language of the targeted state and in English.

Both quantitative and qualitative tools were pre-tested by conducting mock interviews with a sample of participants representative of targeted population groups to ensure the appropriateness of the translation, ease in understanding the questions.

Field Investigators Training and Data Collection

A competent data collection team of female investigators was recruited following a standardized process by Iotalytics Research and Analytics. The field team consisted of 30 investigators and 6 supervisors with experience of conducting quantitative research and were fluent in local language of the selected geography with good communication skills.

A two-day face to face training program was organised by the Iotalytics team to standardize the process of data collection.

The topics covered included an overview of the survey context, objectives, technical update, how to take anthropometric measurements, in depth understanding on survey tool, research ethics, data security, data collection and management procedures, ethical issues, confidentiality risk mitigation and justice.

The quantitative questionnaire was administered to the participants using an electronic mobile platform – Computer Assisted Personal Interviewing (CAPI). All the qualitative interviews were audio-recorded with permission and field notes were taken for contextual background. The data collection was completed during March, 2023.

Ethical Consideration

The following points were taken care of during the data collection. An electronic verbal consent of all respondents was sought before interviews. The purpose or objectives of the survey was clearly presented, explaining what new information the study is seeking to obtain from the respondents.

The anticipated duration and the expected participant responsibilities were clearly stated and agreed upon by the participants. Confidentiality of the information provided was ensured and conveyed to the respondents. Initial 10 minutes of the conversation were focused on establishing rapport and comfort levels by clarifying the questions that respondents might have about the process of data collection.

Data Analysis

All the quantitative data was extracted from CAPI server and exported to Statistical Package for Social Sciences (SPSS version, 22), a data analysis software, where detailed error log was prepared to identify inconsistencies in the dataset.

The food consumption information of respondents and children under the age 5 were categorized in various food groups: (A diet diversity score was calculated and categorized as low, medium and high.

Further, children nutritional status was analyzed using WHO anthropometric software and the status of stunted, wasted and underweight children was observed. Qualitative data was transcribed and translated into English. The data was analyzed thematically using a framework analysis approach which allows the inclusion of both, deductive and inductive approaches.

Results

This section describes the quantitative and qualitative findings of the endline assessment. The NFHS 4 and 5 indicators are used as benchmark for assessing the impact of project interventions.

Section 1: Sociodemographic profile of the respondents

This section presents the sociodemographic characteristics such as religion, caste, education status, employment, type of household, income etc. of the respondents from all geographies together.

Key highlights of the sociodemographic profile are as follows:

- Majority (75%) women respondents including recently delivered women, lactating mothers and mothers of <5 years children aged between 20-29 years. About 52% of adolescent girls were in the age group 10-14 years
- Most of the respondents (59%) were educated between 8th -10th class and about 9% of the respondents never went to school.
- Majority (75%) of the respondents belonged to the household with the 'Below poverty line' (BPL).

Section 2: Comparison of outcome indicators with NFHS 4 and 5

This section describes the project outcome indicators in comparison with NFHS - 4, 2015-16 and NFHS -5, 2019-21 survey findings.

2.1 Indicators related to care during pregnancy

At least 4 ANC check-ups

Figure 1: 4 ANC check ups

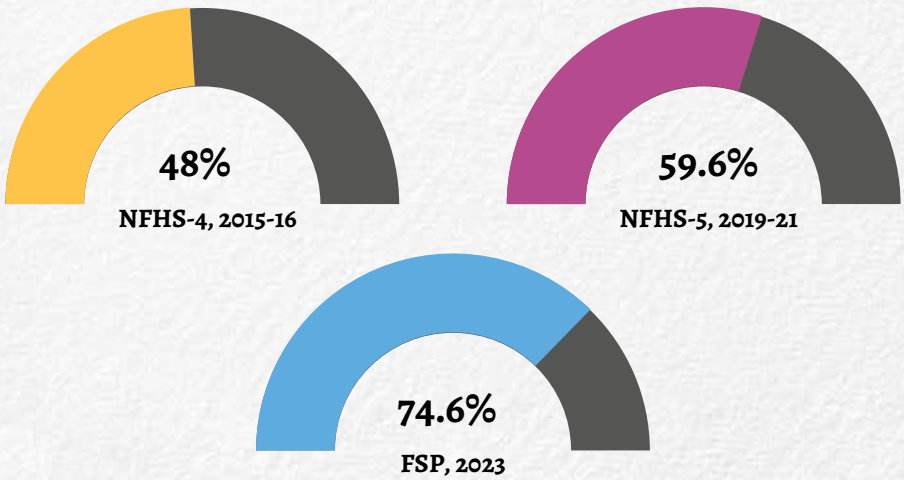
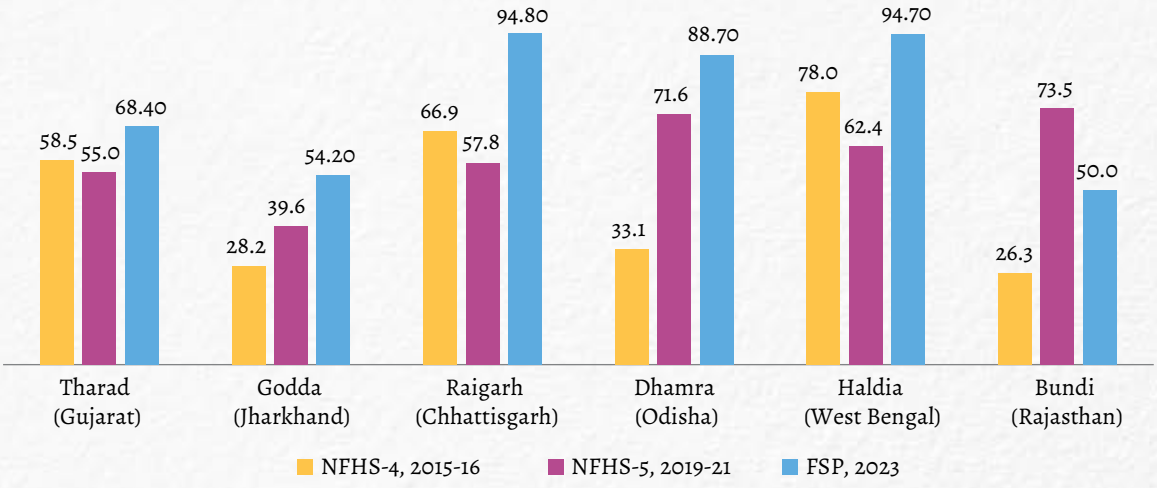


Figure 2: ANC check ups in intervention geographies (%)



- As per the GoI guidelines a pregnant woman should receive at least 4 ANC checkups during her pregnancy.
- 75% of pregnant women had received 4 or more ANC checkups in Fortune SuPoshan project which is substantially higher as compared to NFHS-4 (48%) and NFHS- 5 (59.6%).

Consumption of Iron Folic Acid (IFA)

Figure 3: Consumption of IFA for 100 days

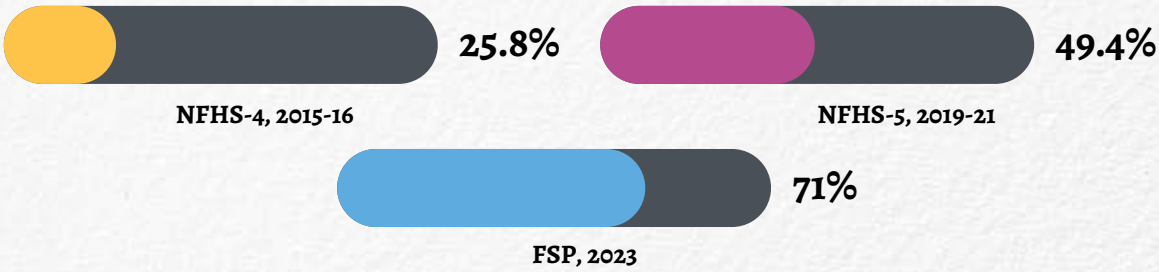
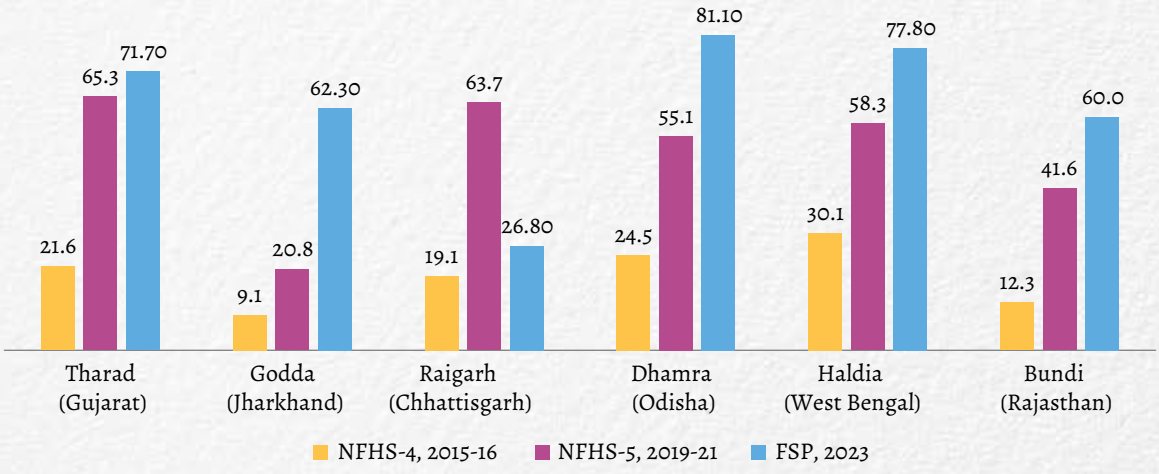


Figure 4: Consumption of IFA for 100 days in intervention geographies



- Consumption of IFA is critical during pregnancy to prevent and treat the Iron deficiency anemia.
- 71% of pregnant women consumed IFA during pregnancy for 100 or more days in Fortune SuPoshan program area as compared to 26% of NFHS-4 and 49.4% of NFHS 5.

Full ANC

Figure 5: Full ANC status

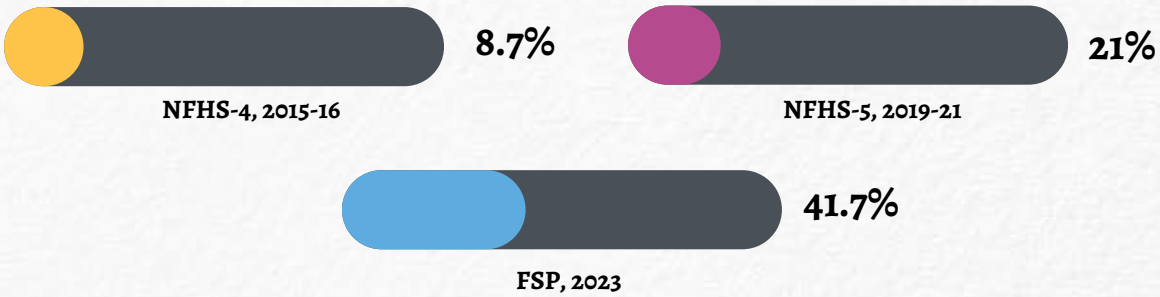
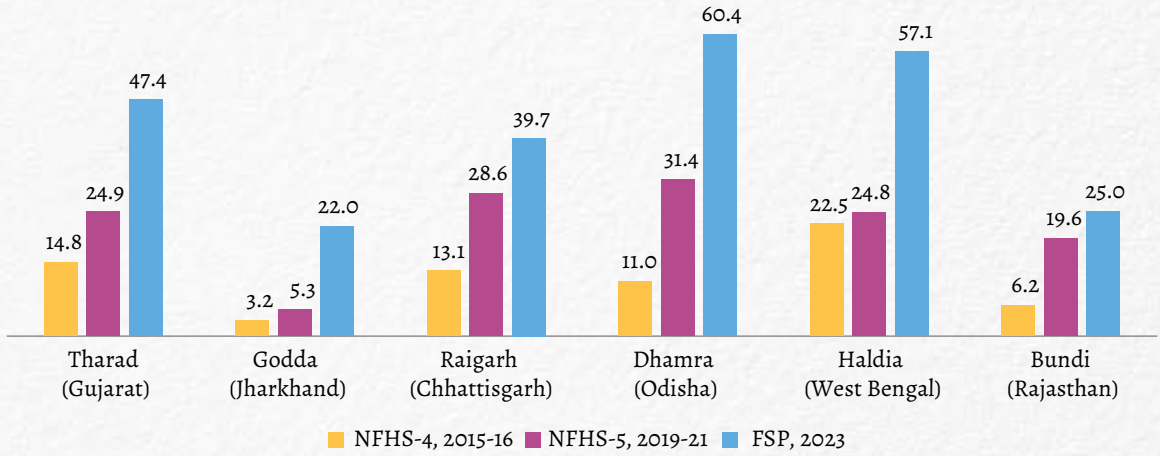


Figure 6: Full ANC status among intervention geographies



- Full ANC is defined as proportion of pregnant women who received 4 ANC check ups, consumed IFA for at least 100 days and received Tetanus and Diphtheria immunization.

Overall, the proportion of pregnant women receiving of full ANC was significantly higher at 42% in Fortune SuPoshan program intervention geographies as compared to NFHS 4.

Institutional births

Figure 7: Institutional births

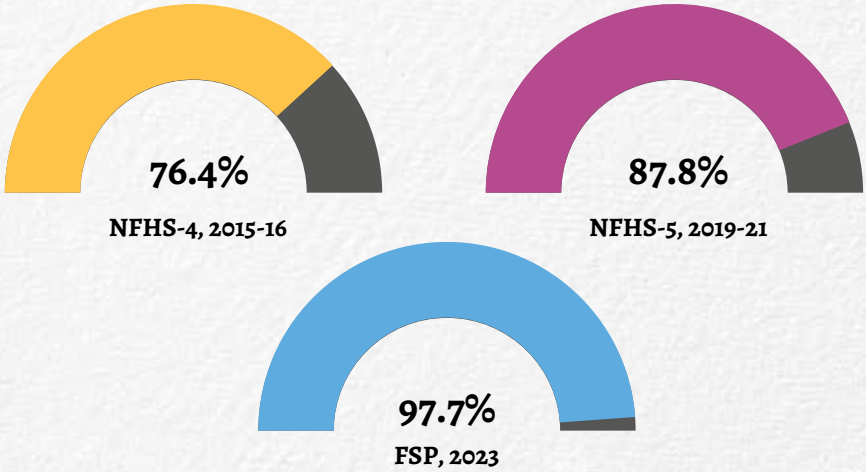
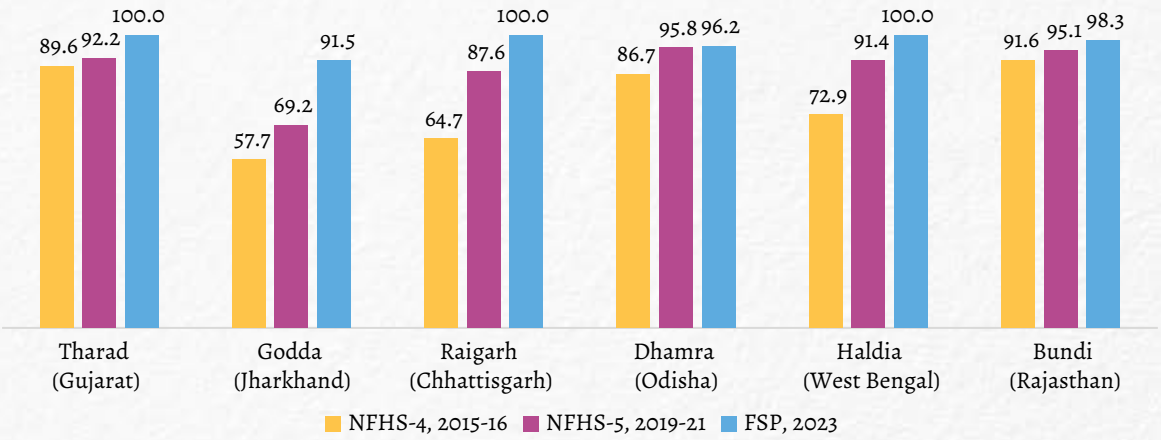


Figure 8: Institutional births among intervention geographies



- About 98% of women had institutional delivery for their last child from Fortune SuPoshan program intervention geographies.
- Nearly 76% women from program intervention geographies delivered their last child in any public health facility as compared to NFHS-4 (55%) reflecting improved uptake of public health delivery system in Fortune SuPoshan project intervention area.

2.2: Nutrition indicators for mother and children

During assessment, the weight and height of the women was measured as per the standard operating guidelines and Body Mass Index (BMI) was calculated. WHO cut offs were used as benchmark to understand the nutritional status. Similarly, the weight, height/length and mid arm circumference were measured to understand the current nutritional status of children.

Figure 9: Body Mass Index (BMI) is below normal (BMI < 18.5 kg/m2)

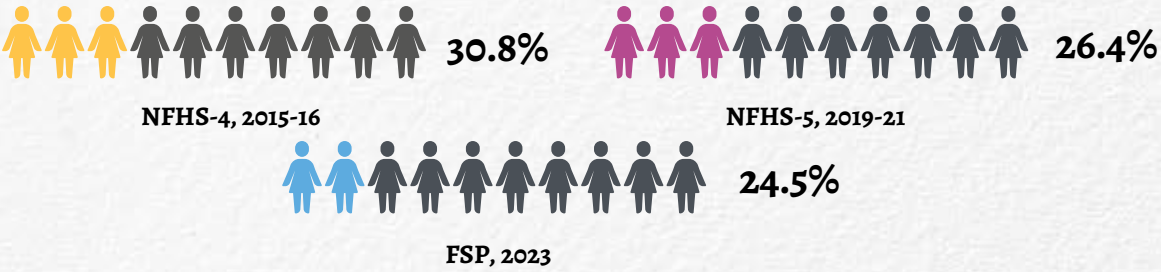
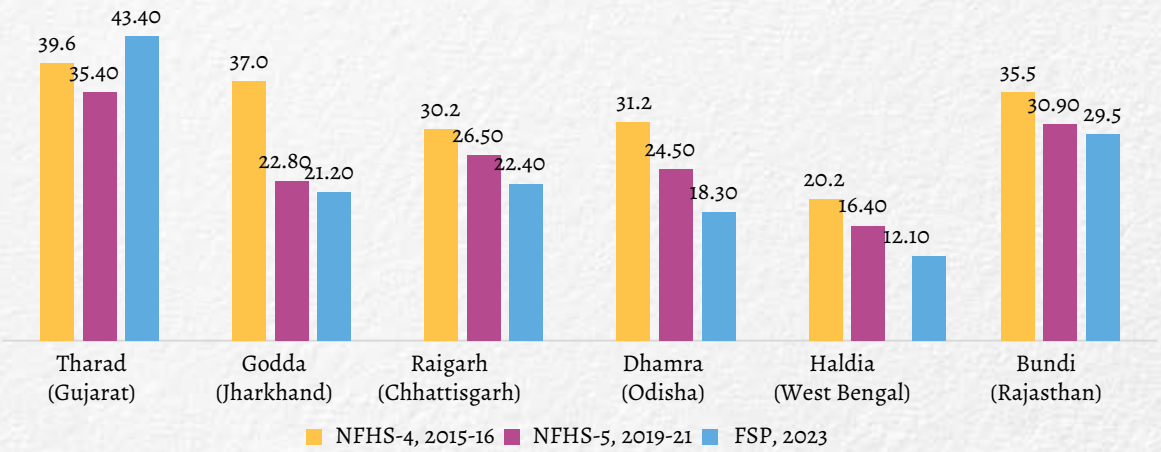


Figure 10: Body Mass Index (BMI) is below normal (BMI < 18.5 kg/m²) among intervention geographies



- Only 25% women from Fortune SuPoshan program intervention geographies had BMI below normal, which is comparatively lesser than NFHS-4 (31%).

Stunting among children below 5 years of age

Figure 11: Children under 5 years stunted (height-for-age)

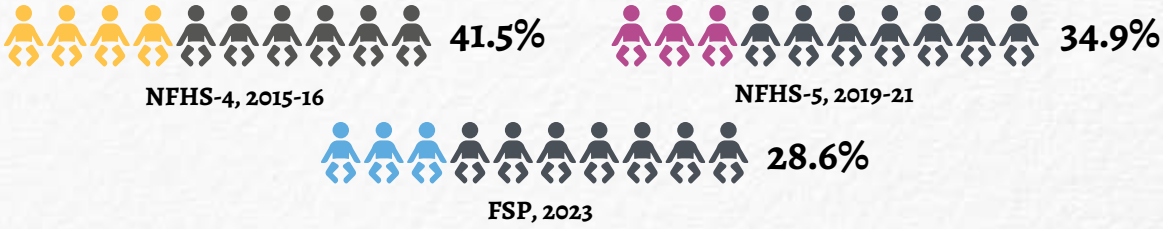
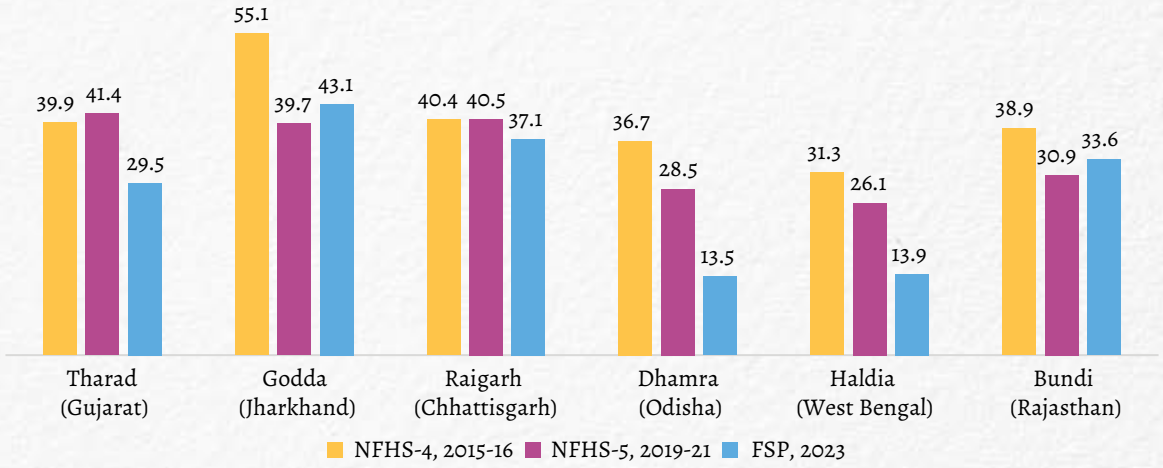


Figure 12: Children under 5 years stunted (height-for-age) among Intervention Geographies



- The proportion of stunted children (height for age) was reduced in Fortune SuPoshan program intervention geographies (29%) as compared to NFHS-4 (2015-16) (42%).

Wasting among children below 5 years of age

Figure 13: Children under 5 years wasted (weight-for-height)

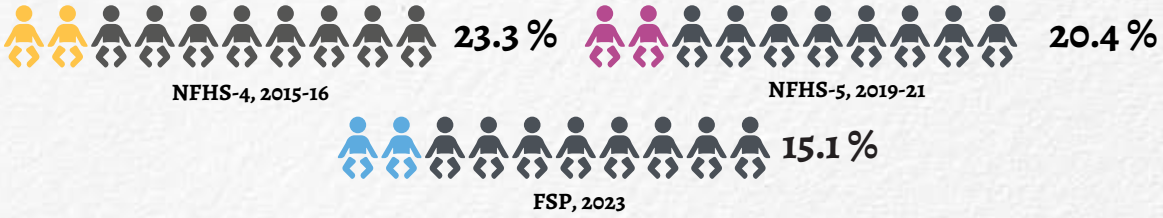
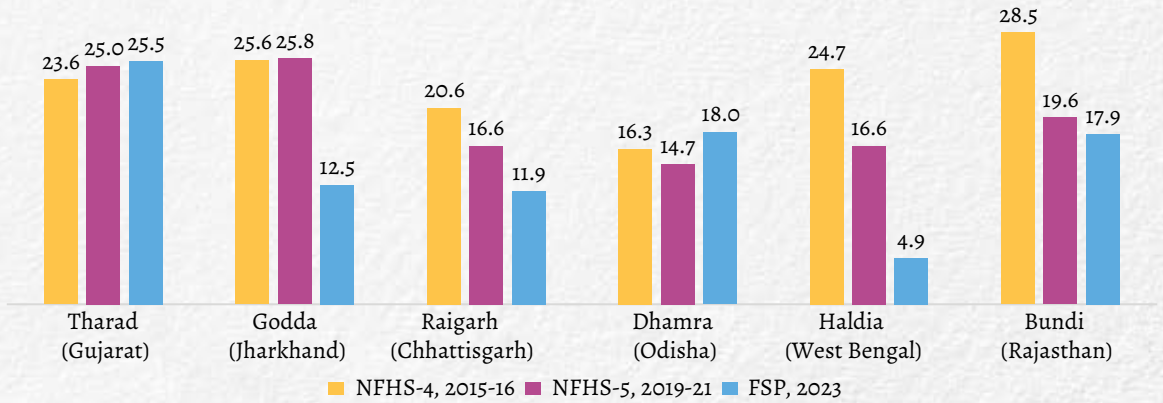


Figure 14: Children under 5 years wasted (weight-for-height) among intervention geographies



- Only 15% of children below 5 years of age were wasted (Weight for Height) in Fortune SuPoshan project as compared to sites, around 23% in NFHS-4 (2015-16).

Under-weight among children below 5 years of age

Figure 15: Children under 5 years underweight (weight-for-age)

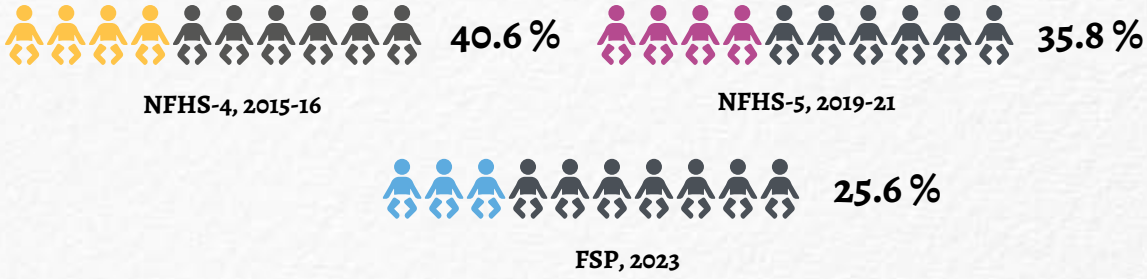
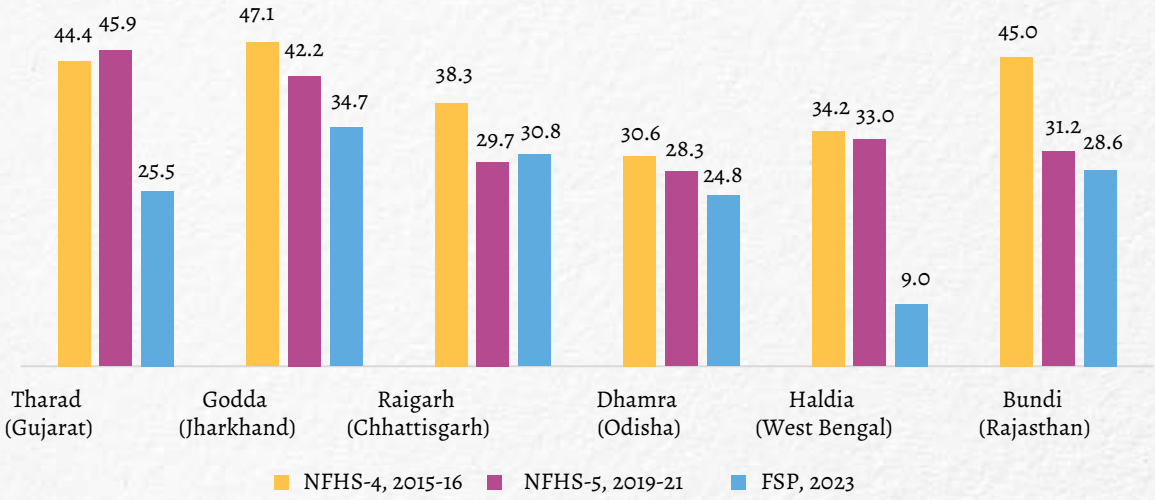


Figure 16: Children under 5 years underweight (weight-for-age) among intervention geographies



- Less percentage of children i.e. 26 % were under-weight (weight for age) in intervention geographies as compared to 41% in NFHS-4.

Children who were breastfed within one hour of birth

Figure 17: Children under age 3 years breastfed within one hour of birth

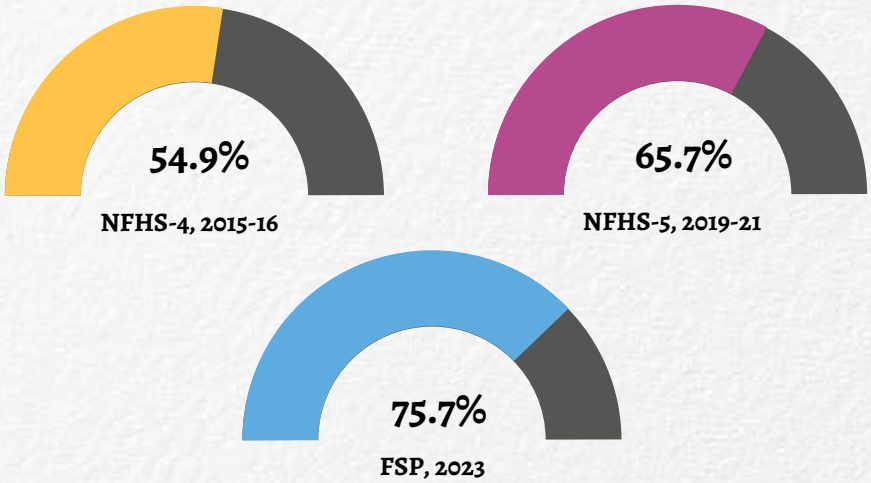
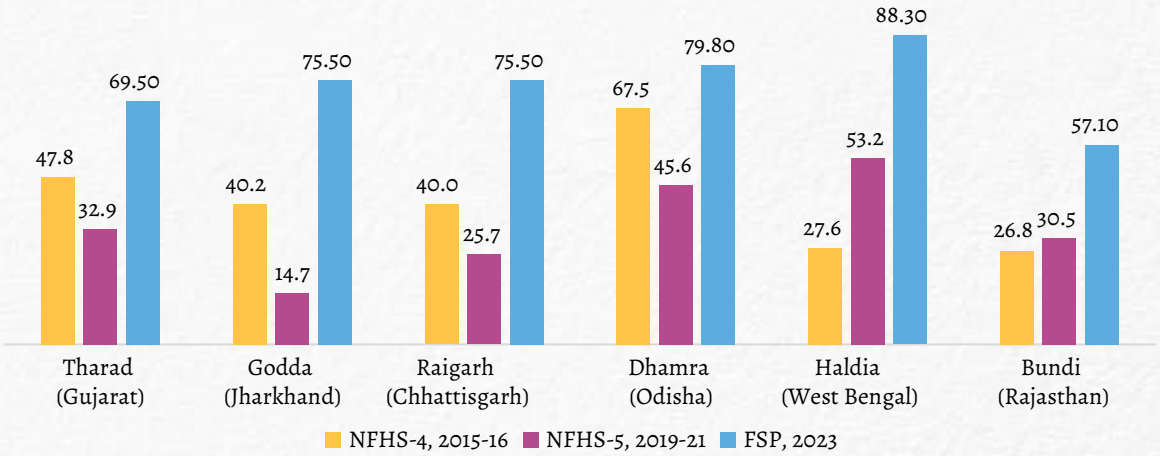


Figure 18: Children under age 3 years breastfed within one hour of birth among intervention geographies



- Proportion of children under age 3 years who were breastfed within one hour of birth was almost double in Fortune SuPoshan program intervention geographies (77%) than NFHS-4 (40%).

Section 3: Change in knowledge and practices due to project interventions

This section describes findings on change in care knowledge and practices across various domains such as maternal health and nutrition, infant & child care practices, WASH, dietary diversity, use of ICDS and Health services etc. To measure the change indicators were compared between respondents who had exposure to the Fortune SuPoshan program and those who had no exposure to the program. Respondents who have either heard of Fortune SuPoshan program or SuPoshan Sangini were defined as exposed to the program intervention and vice-versa.

3.1 Knowledge and practices related to maternal care

Diet during pregnancy-Knowledge

Figure 19: Knowledge of Diet intake during pregnancy (One or more extra meal)

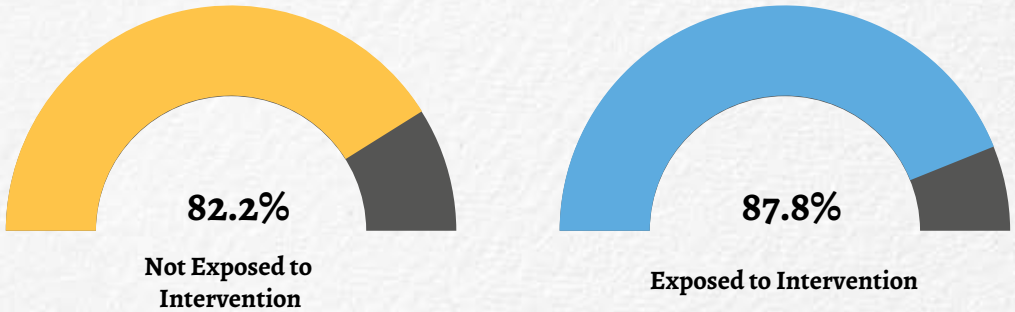
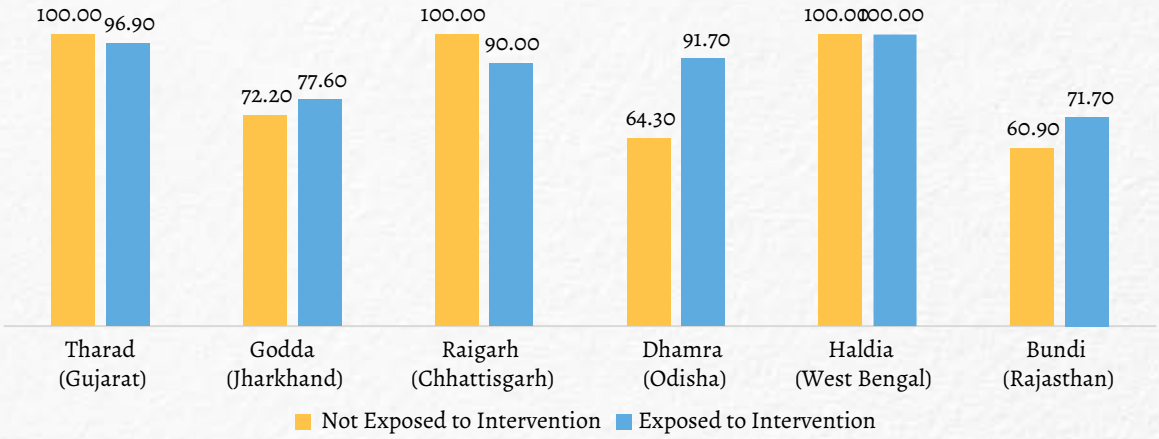


Figure 20: Knowledge of Diet intake during pregnancy (One or more extra meal) among intervention geographies



- Overall, the knowledge on consuming meals 3 or more times during pregnancy was higher (88%) among those who were exposed to the program intervention than those who had no exposure (82%).

Figure 21: Diet Intake During Pregnancy (3 or more times)

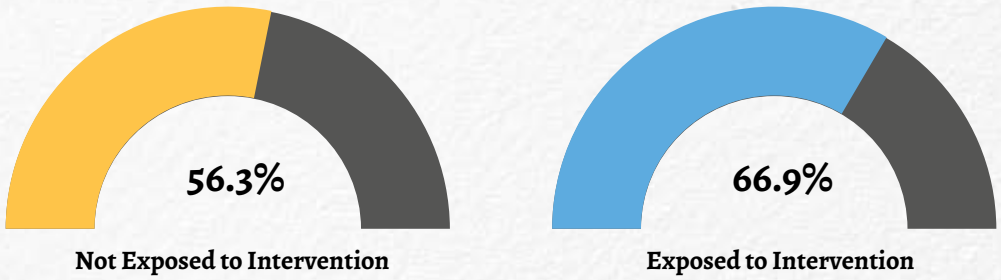
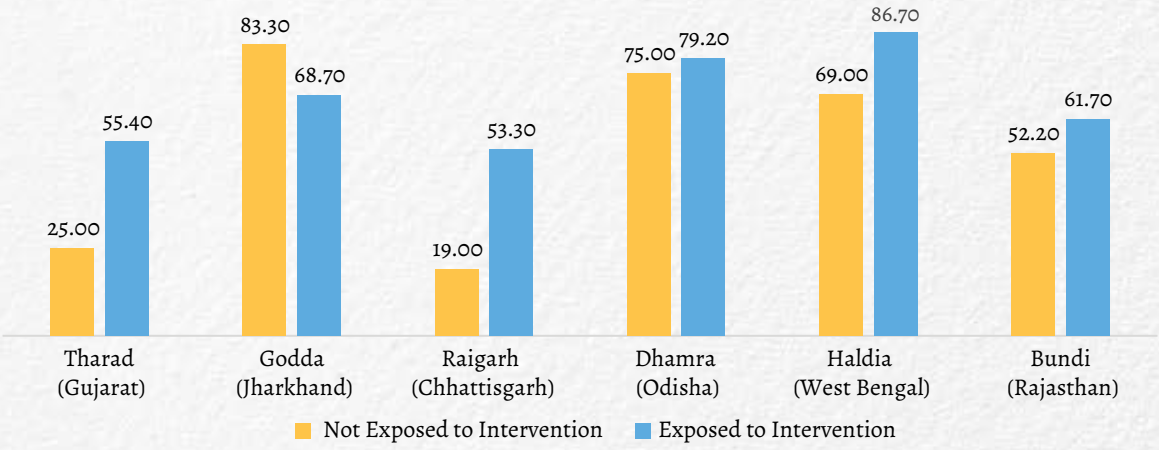


Figure 22: Diet Intake During Pregnancy (3 or more times) among Intervention Geographies



- The actual consumption of meals 3 or more times during pregnancy was comparatively higher (67%) among those who were exposed to the program intervention than those who had no exposure (56%).

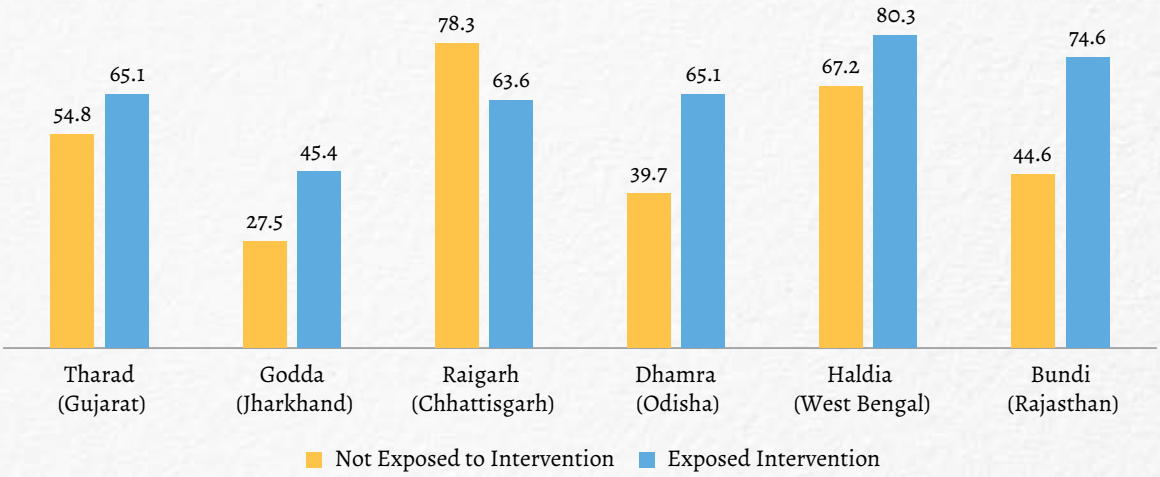
3.2 Knowledge and practice of Infant and child care

Kangaroo mother care

- A higher proportion,65% of women exposed to programme knew about the kangaroo mother care than those who had no exposure (51%).

Figure 23: Aware of Kangaroo mother care (KMC)

Figure 24: Aware of Kangaroo mother care (KMC) among intervention geographies



Talking about kangaroo care, a mother mentioned that,

"The information about Kangaroo Mother Care was new to us. SuPoshan Sangini told is What and how to do Kangaroo Mother care." Mother, Jampur - Raigarh

Breast feeding

Figure 25: Knowledge on Initiation of Breast Feeding (Within 1 hour)

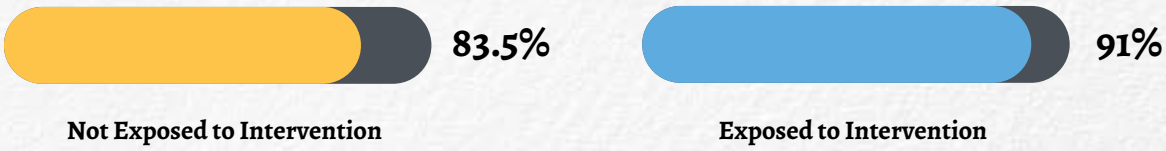
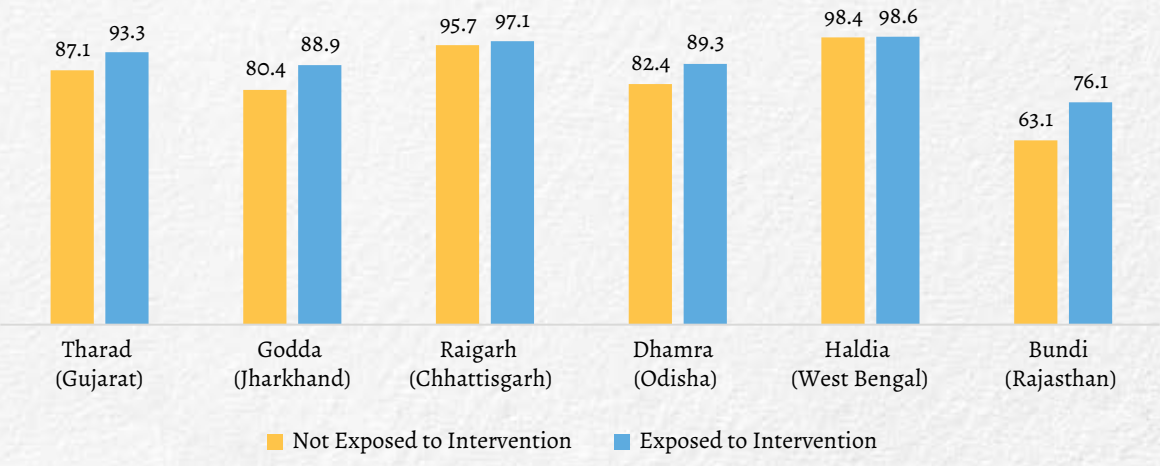


Figure 26: Knowledge on Initiation of Breast Feeding (Within 1 hour) among Intervention Geographies



- Overall, significant difference was observed in knowledge on initiation of breast feeding among women exposed to program intervention and not exposed women.

Figure 27: Aware about at least One Advantage of Breast Feeding

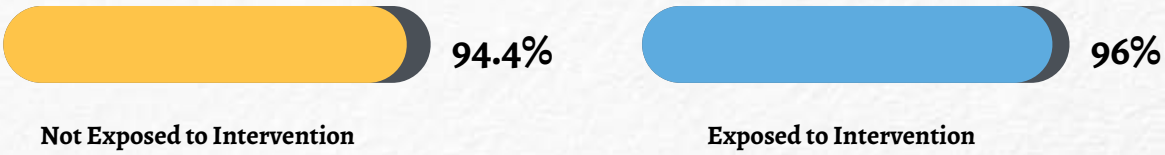
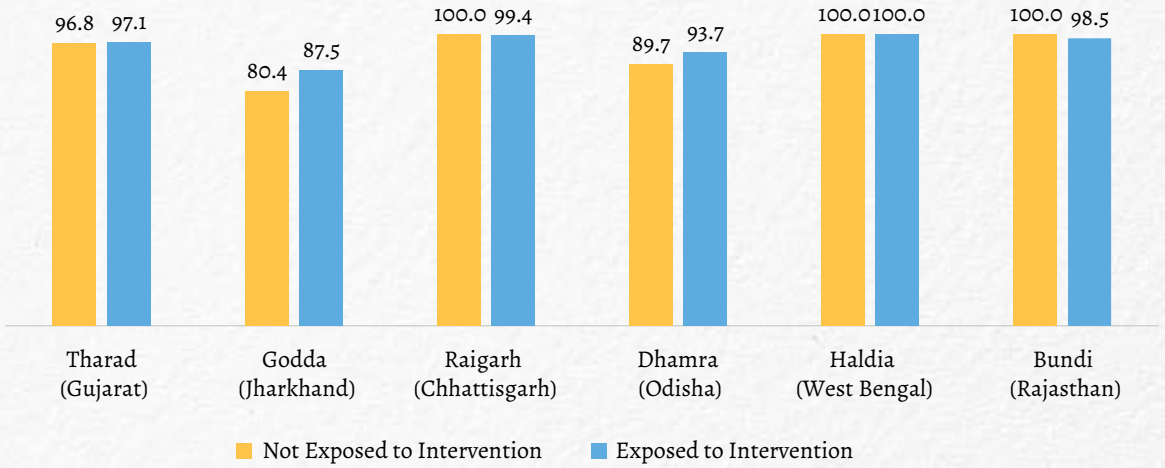


Figure 28: Aware about at least One Advantage of Breast Feeding among Intervention Geographies



- Awareness regarding at least one advantage of breast feeding was little higher among women who had exposure of program intervention activities (96%) than their counter parts (94%).

As an impact of the program intervention, Sanginis mentioned the improved knowledge on benefits of breastfeeding and nutritional food for children.

"Earlier mothers in villages did not know how and how long to breastfeed their kids. Nutritive value of foods, healthy food practices We went door to door and made them understand Now, we are able to see the positive change" SuPoshan Sangini, Sasikadeipur - Dharma

Complementary feeding

Figure 29: Timing of Complementary Feeding (More than 6 months)

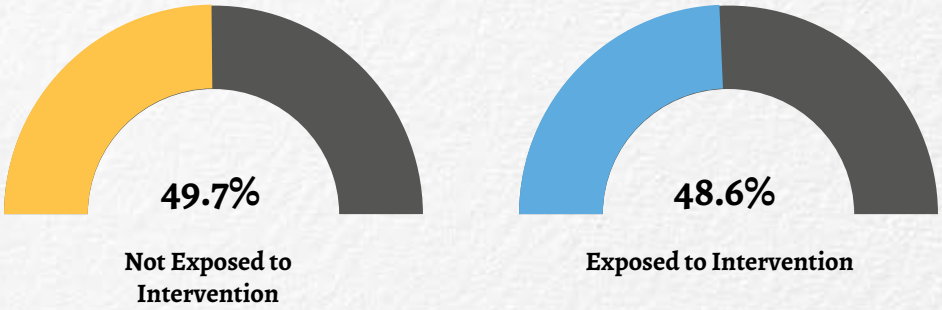
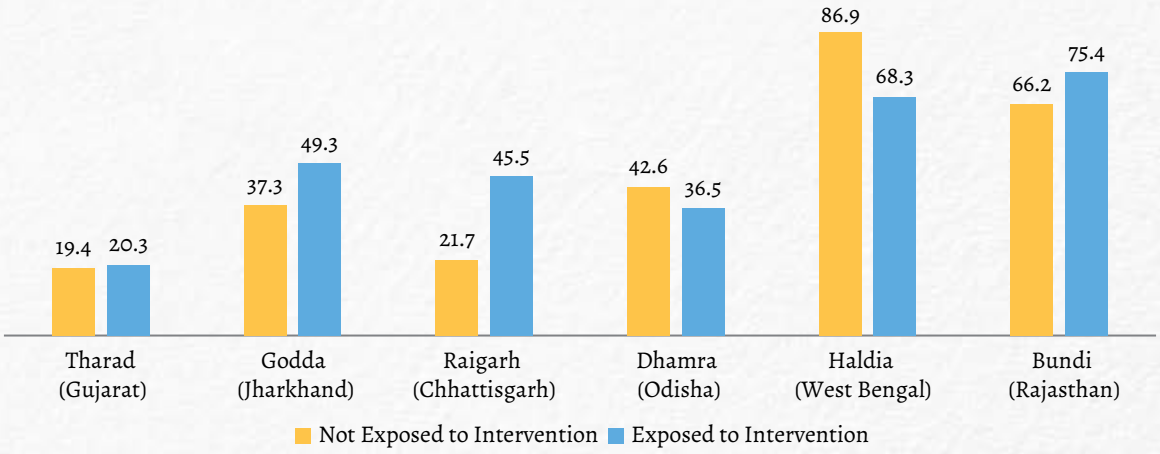


Figure 30: Timing of Complementary Feeding (More than 6 months) among Intervention Geographies



- Overall, no significant difference was observed in timing of complementary feeding among women exposed to program intervention and not exposed women.

Figure 31: Aware about Advantages of Complementary Feeding

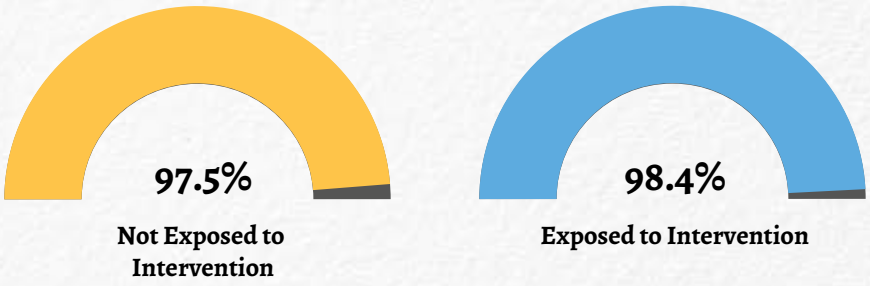
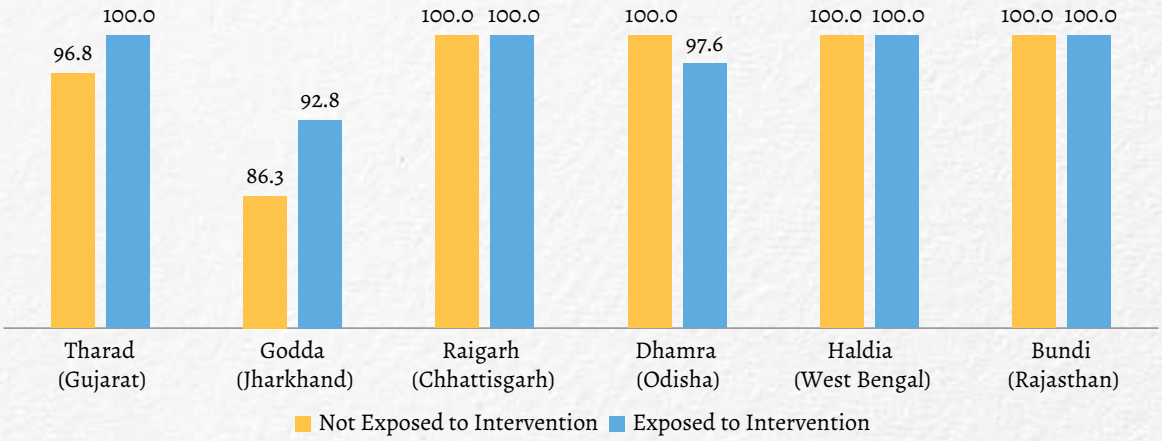


Figure 32: Aware about Advantages of Complementary Feeding among Intervention Geographies



- Regarding awareness about advantages of complementary feeding, overall, no difference was observed between women exposed and not exposed to program intervention.

Feeding for 6-8 months infant

Figure 33: Knowledge on Consistency of Meals for 6-8 Months Infant

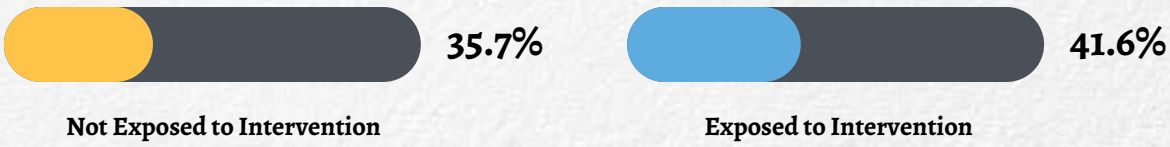
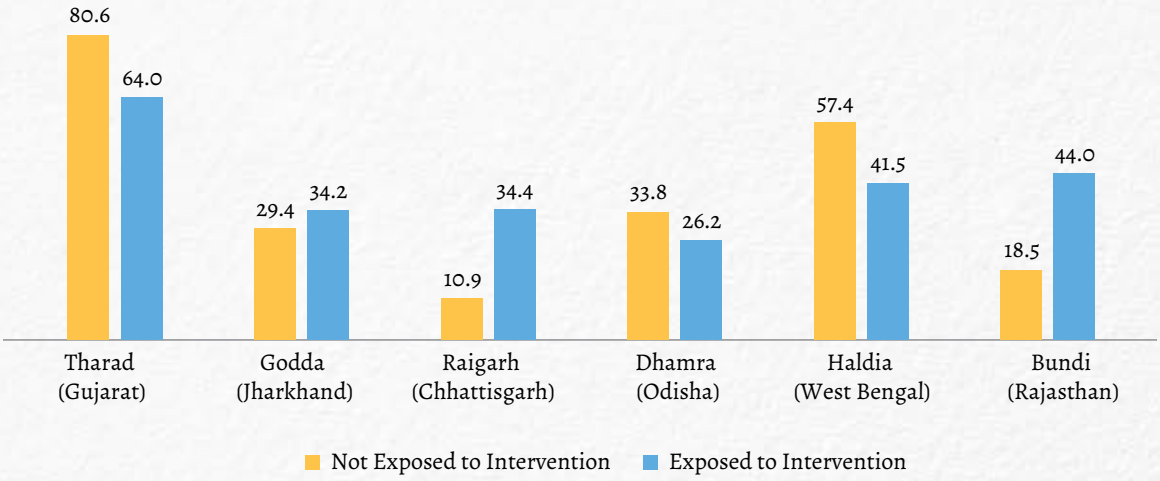


Figure 34: Knowledge on Consistency of Meals for 6-8 Months Infant among Intervention Geographies



- Knowledge on correct consistency of meals for 6-8 months old infant was relatively higher among women who had exposure of program activities (42%) than their counter parts (36%).

"There were mother who did not start complimentary feeding to their children at the age of 6 months. But now the things are changing; mothers are initiating complementary feeding." SuPoshan Sangini, Saundia - Godda

"Women used say that many health food items children are not willing to eat but with your and recipes they are eating with interest." SuPoshan Sangini Petbi - Godda

WASH practices before feeding child

Figure 35: Before Feeding Child - Wash Hands With Soap

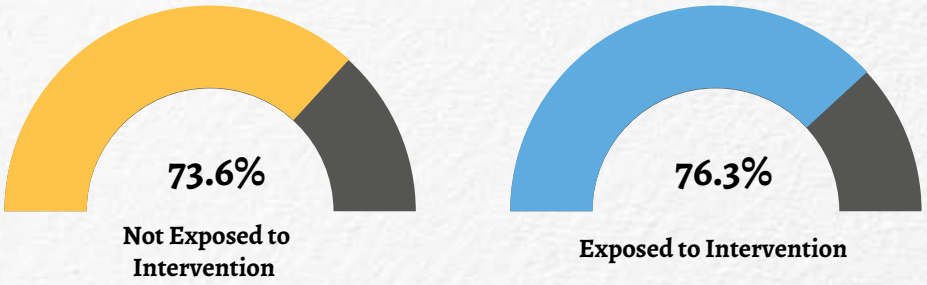
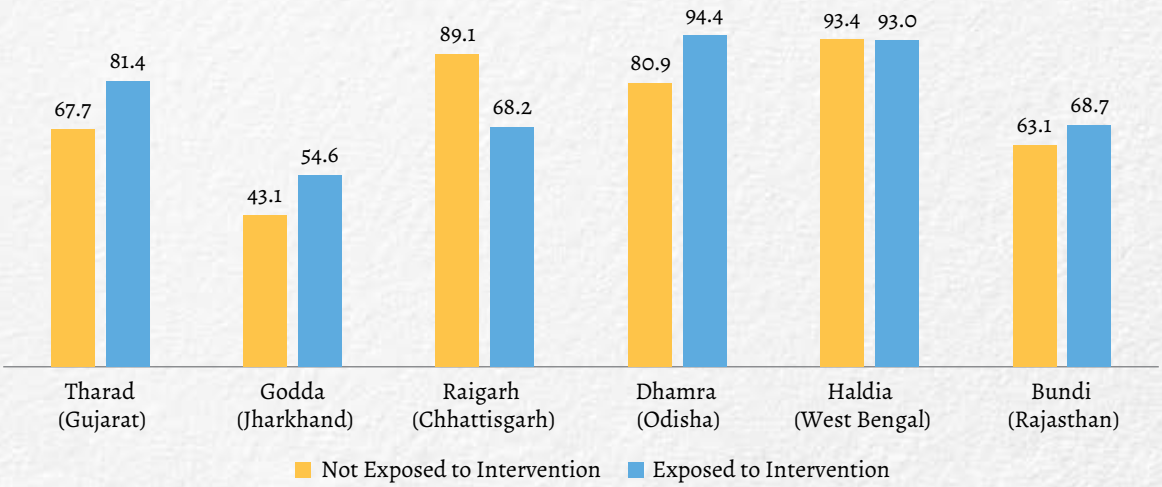


Figure 36: Before Feeding Child - Wash Hands With Soap among Intervention Geographies



- The practice of washing hands with soap before feeding the child was comparatively higher among women who had exposure to program intervention (76%) than those who had no exposure (74%).

"Earlier mothers were not following any hygiene but now they wash their hands with soap and then eat, they wash the hands of the children and then give them to eat.."
Sangini, Matoonda - Bundi

3.3 Dietary diversity

Dietary diversity is defined as the number of food groups or items consumed over a reference period. Most often, it is measured by counting the number of food groups rather than the food items consumed. During this assessment, we used 24 hrs recall method to understand the food items consumed by the target beneficiary. Based on the food items consumed they were categorised under food groups as per WHO guidelines. The target beneficiari wise findings are presented below:

Food diversity among women and children:

Figure 37: Women Food Diversity - Consumed 4 or More Groups

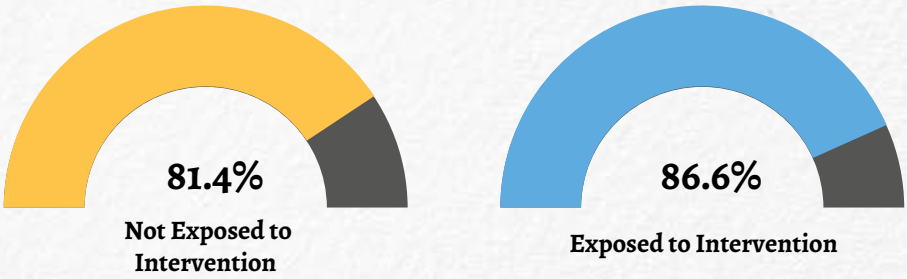
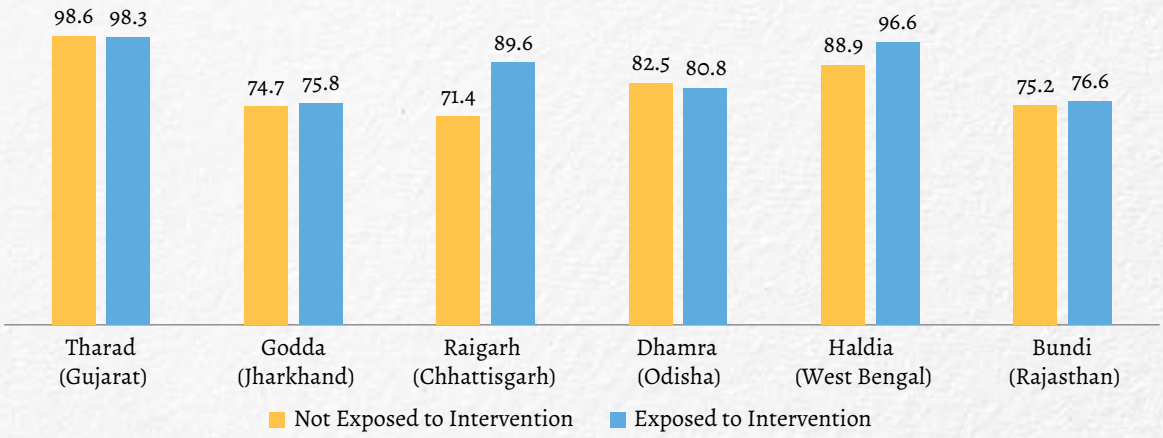


Figure 38: Women Food Diversity - Consumed 4 or More Groups among Intervention Geographies



- About 87% of women exposed to intervention reported to have an adequate diet as they consumed 4 or more food groups during the previous day of interview as compared to 81% women without exposure of intervention activities.

Figure 39: Children Food Diversity - Consumed 4 or More Groups

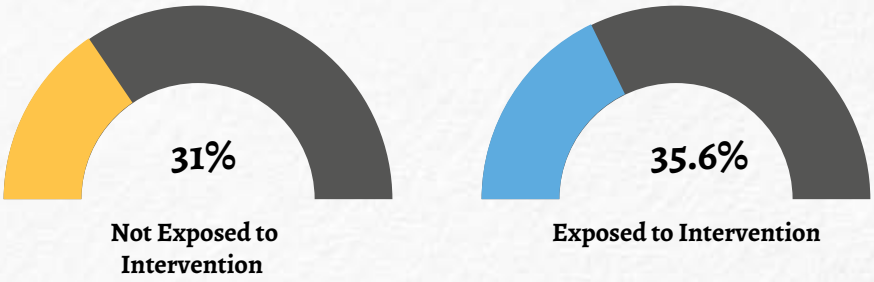
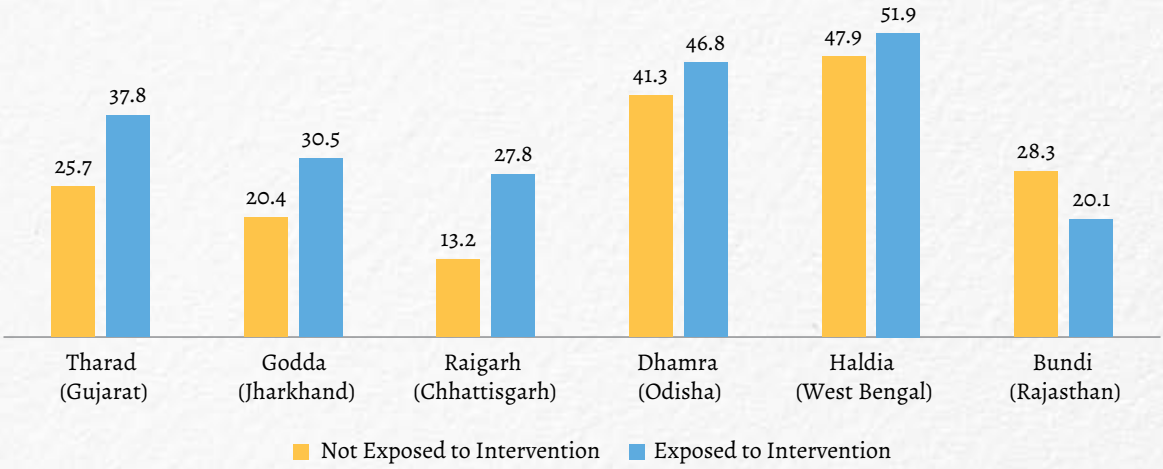


Figure 40: Children Food Diversity - Consumed 4 or More Groups among Intervention Geographies



- Consumption of 4 or more food groups was higher among children of mothers who were exposed to the program activities (36%) as compared to non-exposed mothers (31%).

3.4 Utilization of ICDS services

Figure 41: Enrolled in - Anganwadi Center AWC

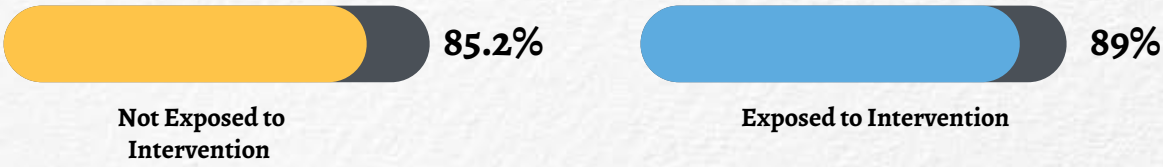
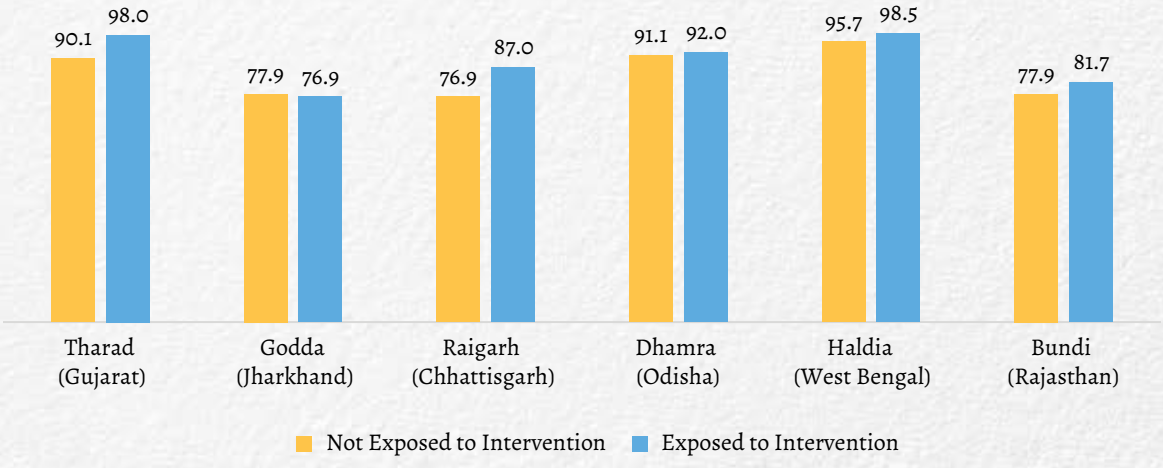


Figure 42: Enrolled in - Anganwadi Center AWC among Intervention Geographies



- Higher proportion i.e. 89% of respondents exposed to the intervention were enrolled to avail services from Anganwadi centers (AWC) as compared with 85% respondents with no exposure.

Figure 43: Availed Benefits from Anganwadi Center AWC

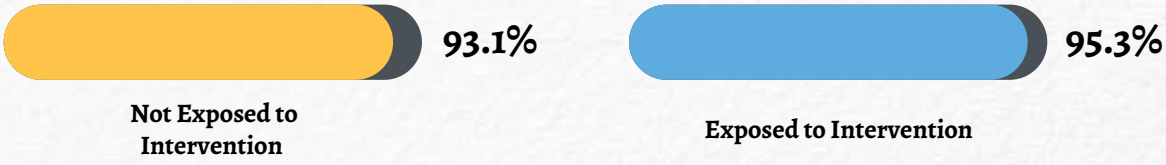
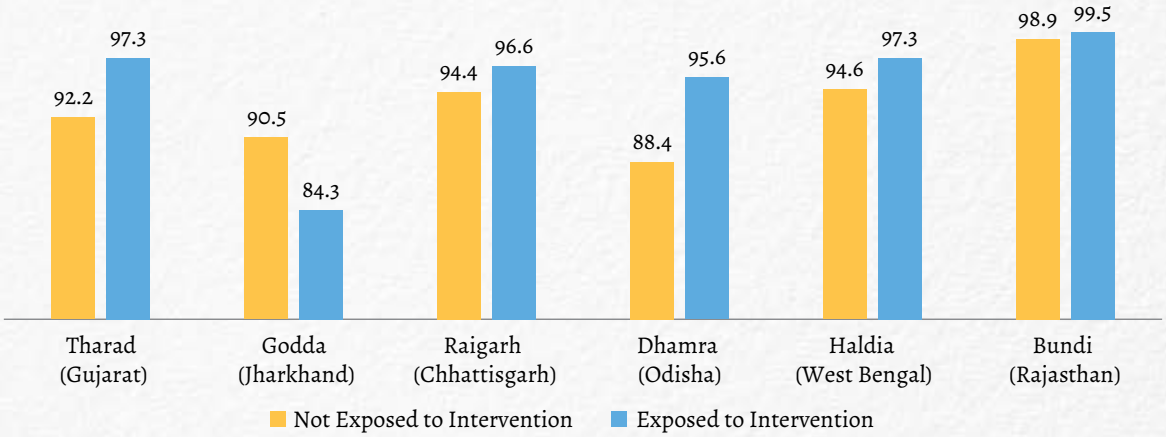
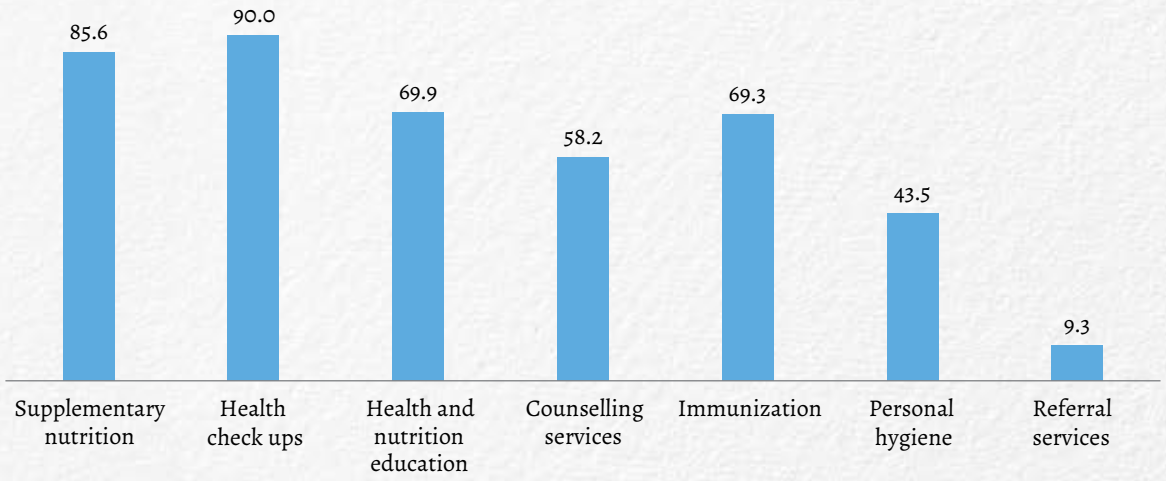


Figure 44: Availed Benefits from Anganwadi Center AWC among Intervention Geographies



- Among those who enrolled in AWC, receiving of benefits from AWC was higher among respondents who had exposure of the intervention activities (95%) than their counter parts (93%).

Figure 45: Type of Benefits from Anganwadi Center AWC



- Among those who received benefits from AWC receiving of health check-ups (90%) was highest followed by, supplementary food (86%), health and nutrition education (70%), immunization (69%), counselling services (58%) followed by personal hygiene education (44%) from AWC.

Figure 46: Received Supplementary Food

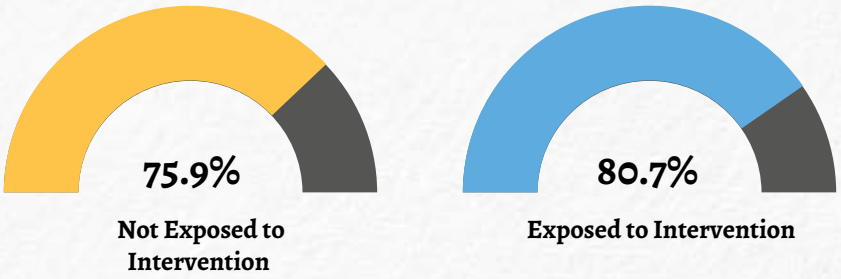
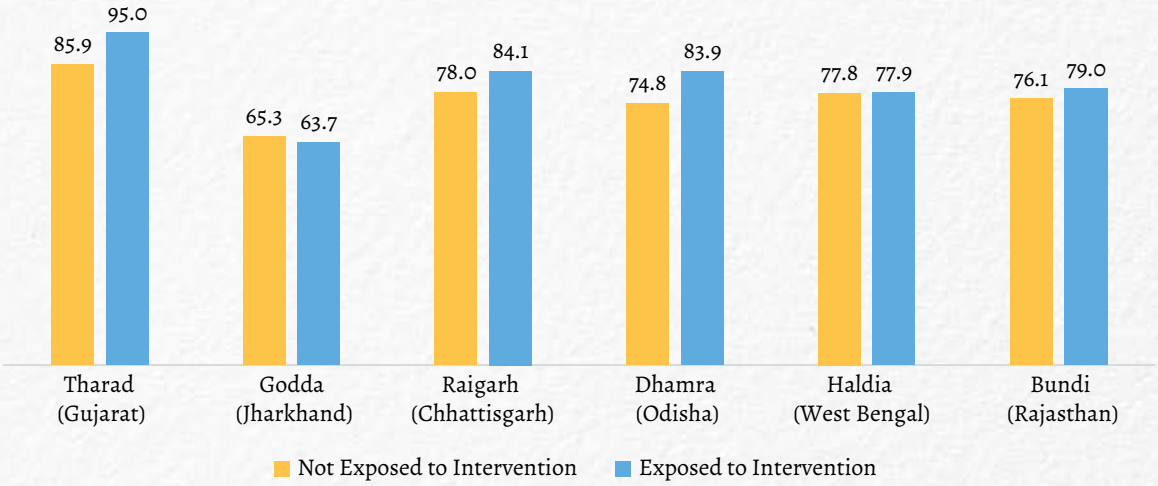


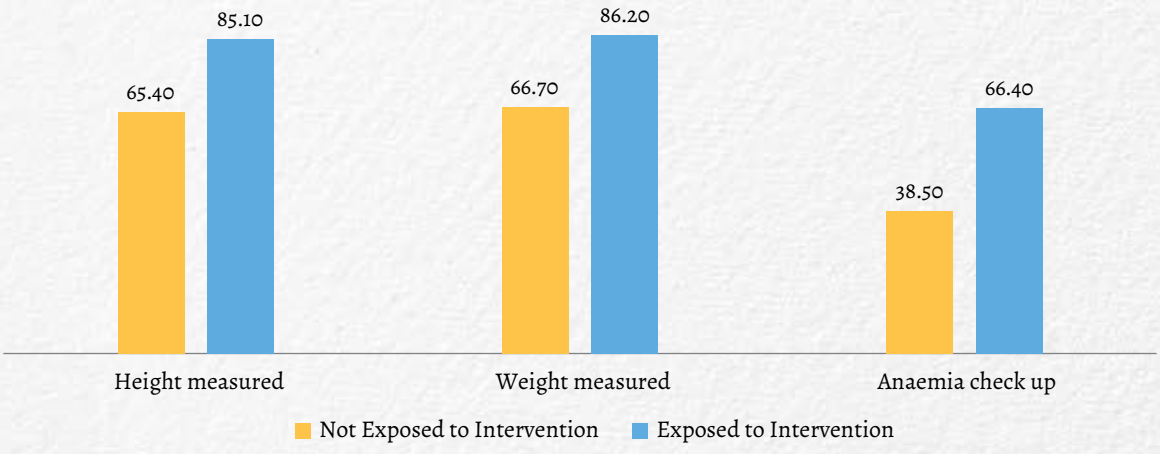
Figure 47: Received Supplementary Food among Intervention Geographies



- Comparatively, more respondents exposed to the intervention (81%) received supplementary food from AWC than non-exposed respondents (76%).

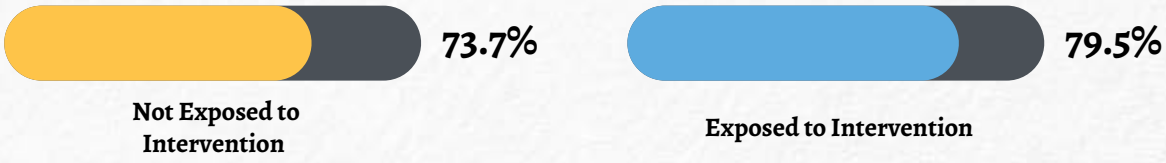
3.5 Utilization of health care services by adolescent girls

Figure 48: Adolescent Girls - health check up in school/AWC/ASHA/SuPoshan Sangini



- A higher proportion of adolescent girls who had exposure to the intervention activities had their height (exposed-85%, non-exposed-65%) and weight (exposed-86%, non-exposed-67%) measured in school/AWC than those who had no exposure to the intervention activities.
- Comparatively more adolescents with exposure of program intervention were checked for anemia (exposed-66%, non-exposed-39%).

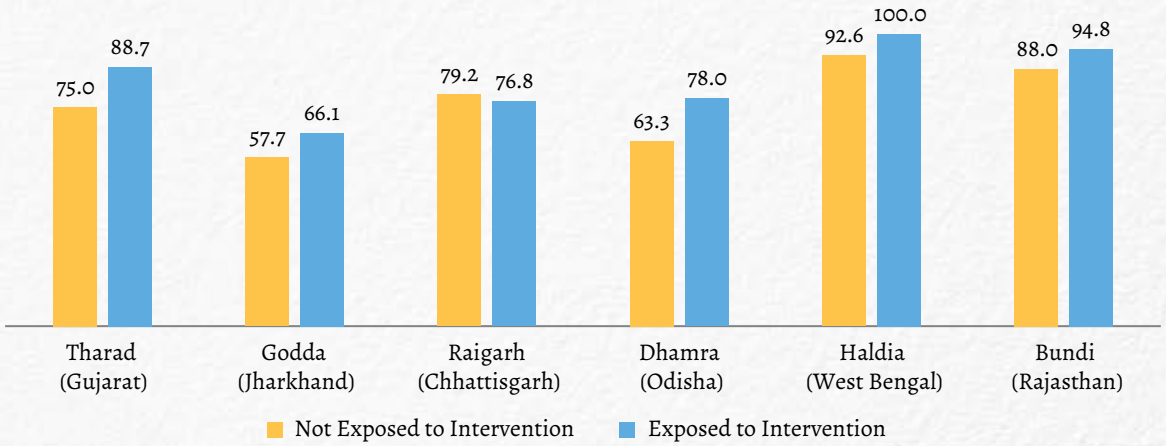
Figure 49: Adolescent girls - Consumed IFA



Not Exposed to Intervention

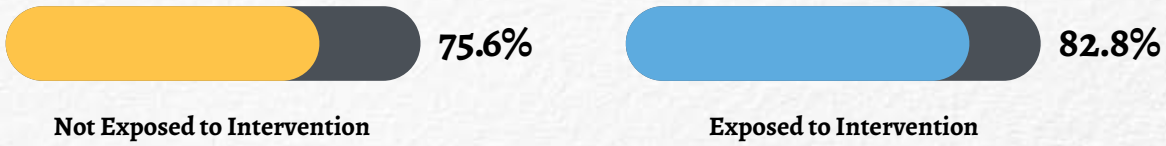
Exposed to Intervention

Figure 50: Adolescent girls - Consumed IFA among Intervention Geographies



- Consumption of IFA tablets was higher among adolescents who were exposed to the intervention activities (80%) than those who were not exposed (74%).

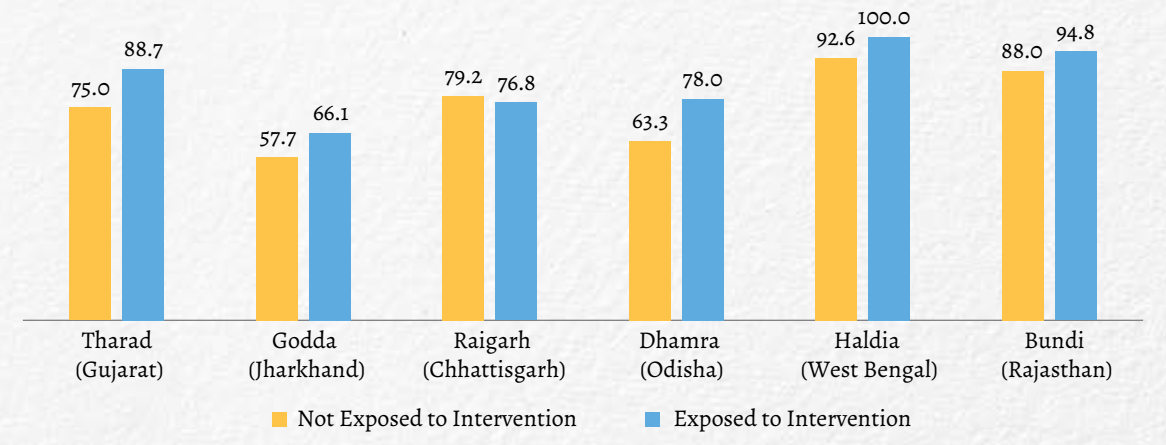
Figure 51: Adolescent girls - Consumed Deworming Tablets



Not Exposed to Intervention

Exposed to Intervention

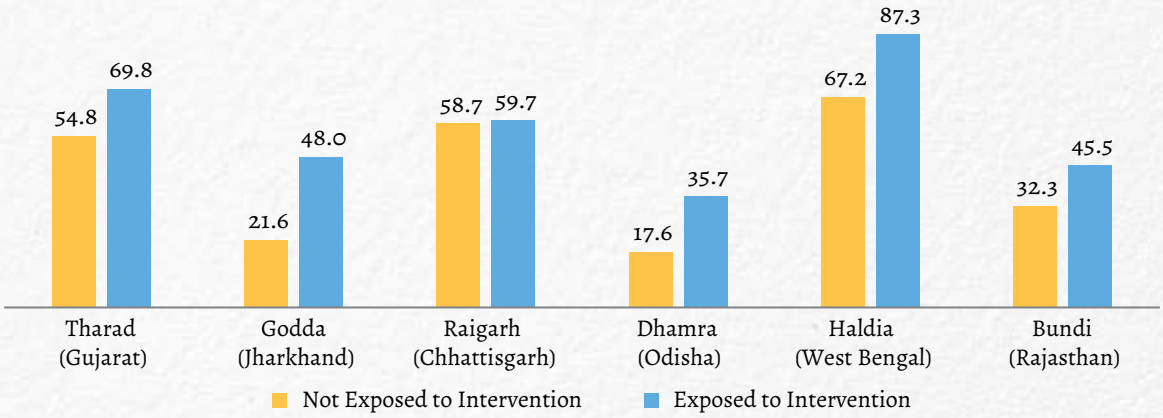
Figure 52: Adolescent girls - Consumed Deworming Tablets among Intervention Geographies



- Consumption of deworming tablets was higher among adolescents who had exposure to the program intervention (83%) than those who had no exposure (76%).

Figure 53: Heard of NRC/CMTC

Figure 54: Heard of NRC/CMTC among Intervention Geographies

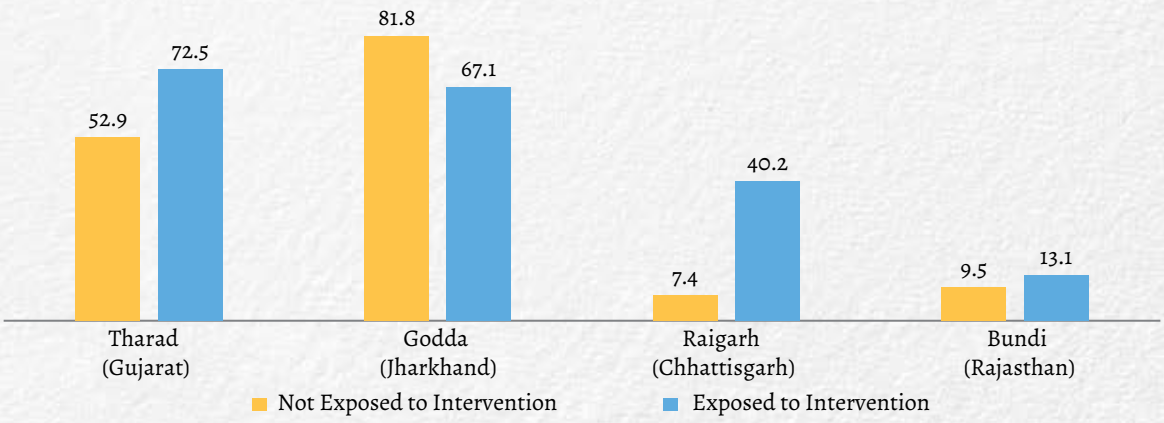


- 59% of women had heard about NRC/CMTC in project area which is higher as compared to women who had no exposure to intervention activities (40%),

"Earlier we did not know what is NRC, what happens in it, how to go in NRC, what are the services provided and benefits, Sangini provided this informationi."
Mother, Jampur - Raigarh

Figure 55: Availed services from NRC/CMTC

Figure 56: Availed services from NRC/CMTC among Intervention Geographies



- Among those who ever heard about NRC/CMTC, significantly higher proportion i.e. 64% of women who were exposed to programe intervention had availed NRC/CMTC services in as compared to their counter parts (17%).

3.6 Sanitation and safe drinking water practices

Figure 57: Use Toilet to Make Infants/Children to Defecate

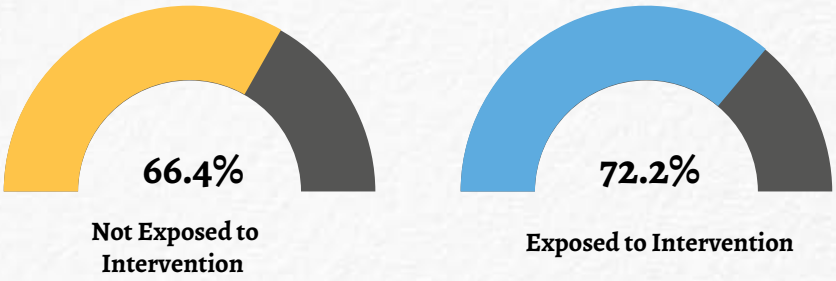
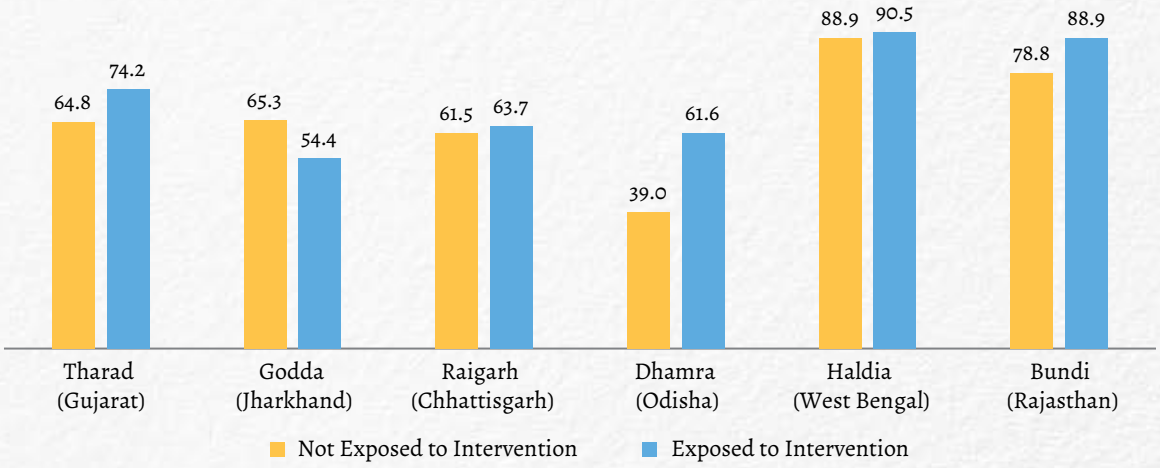
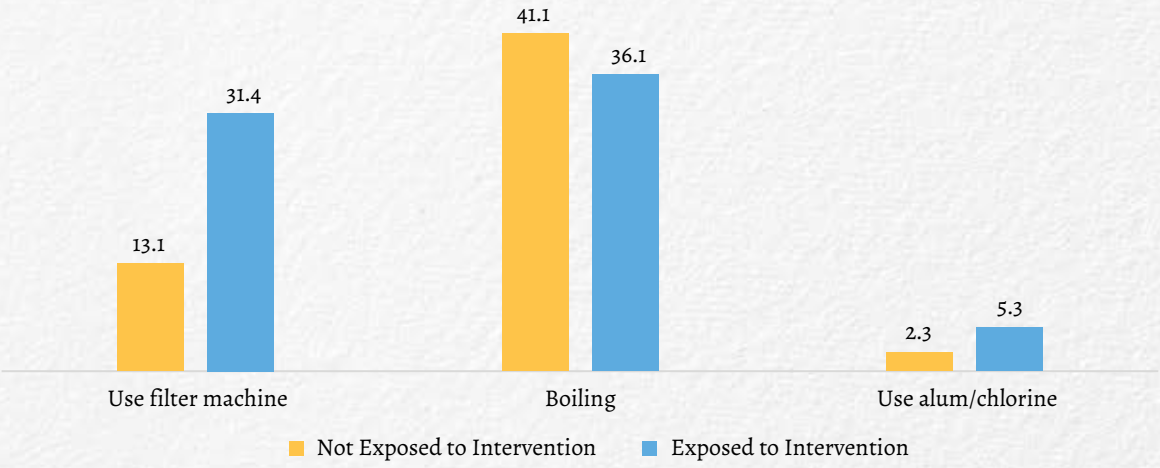


Figure 58: Use Toilet to Make Infants/Children to Defecate among Intervention Geographies



- 72% of women exposed to programme intervention activities reported use of toilets for their infant or children where as only 66% women not exposed to programme reported so.

Figure 59: Ways to Treatment of Water



- 67% of women exposed to programme intervention reported use of drinking water after treatment such as boiling or use of filter whereas in women exposed to programme intervention only 53% reported so.

Section: 4 Perception about Fortune SuPoshan Program Activities

Figure 60: Heard/Attend any Educational session/events under the Project Fortune SuPoshan

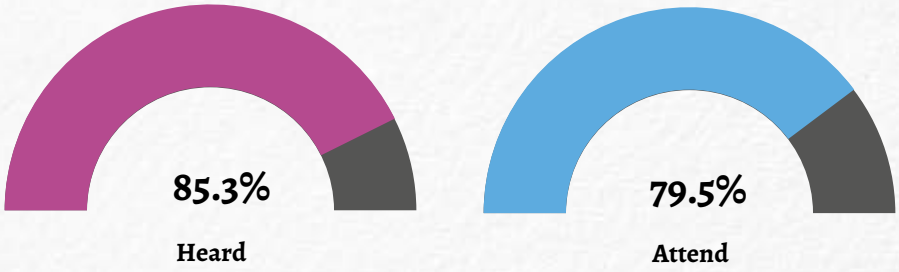
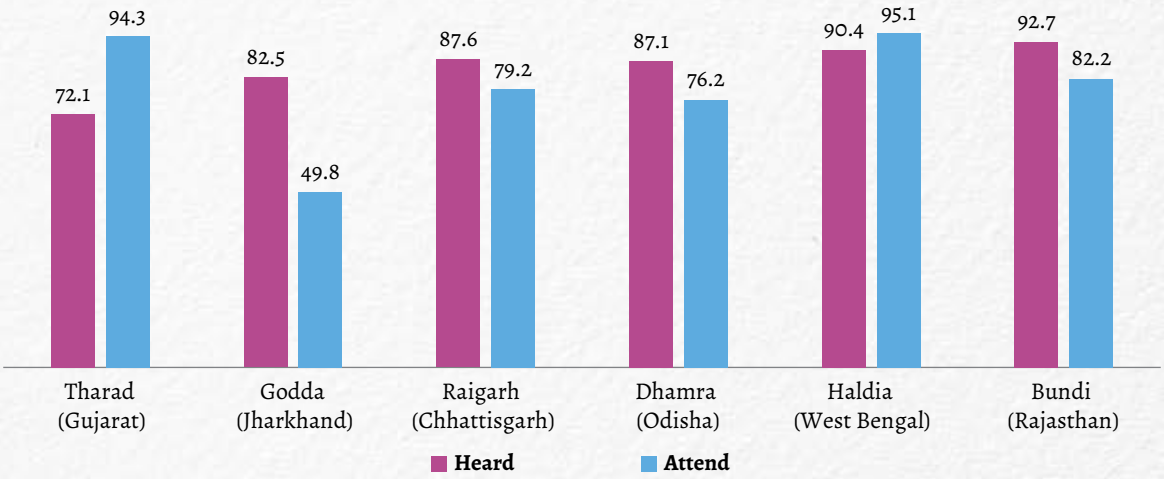
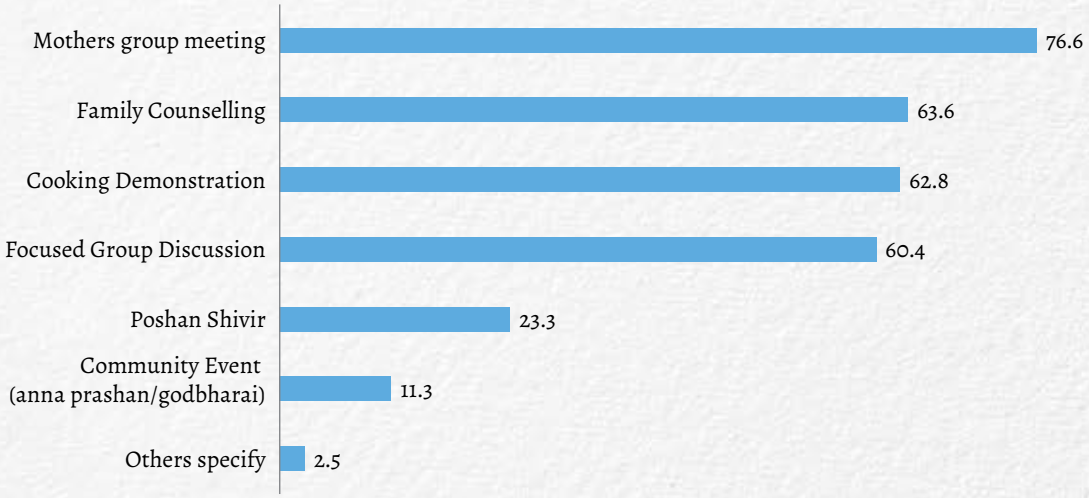


Figure 61: Heard/Attend any Educational session/events under the Project Fortune SuPoshan among Intervention Geographies



- About 85% respondents from the intervention geography heard about the Fortune SuPoshan program activities and nearly.

Figure 62: Attend Sessions/events under the project Fortune SuPoshan



- 80% attended the education sessions/events under the program. Sessions attended by the respondents were mothers group meeting (77%), family counselling (64%), cooking demonstration (63%) and focused groups discussions (61%).
- More than 90% respondents agreed that the sessions conducted under the program helped in improving their health, nutrition and sanitation related knowledge (97%),

increased awareness about the services offered by AWC (96%), empowered them to avail services (92%) and visit AWCs for regular monitoring of child (93%)

- In-depth interviews with Fathers and Mothers revealed that cooking demonstration sessions were focused on raising awareness and giving practical demonstration about hygienic and healthy cooking practices. This helped mothers to learn new nutritious, healthy age appropriate recipes from the available food items at household.

Cooking demonstration sessions emerged has one of the most acknowledged activities by mother

"After attending cooking demonstration sessions I make some interesting and nutritious recipes out of the easily available items at household. Children have started relishing now those food items which they used to not like earlier."
Mother, Dalimbachak - Haldiya

SuPoshan Sangini

Figure 63: Heard/Ever contacted by SuPoshan Sangini

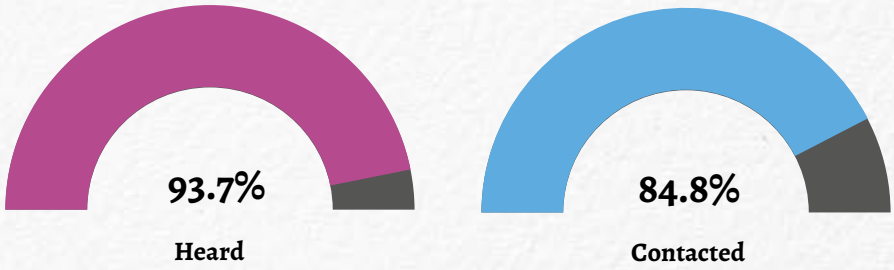
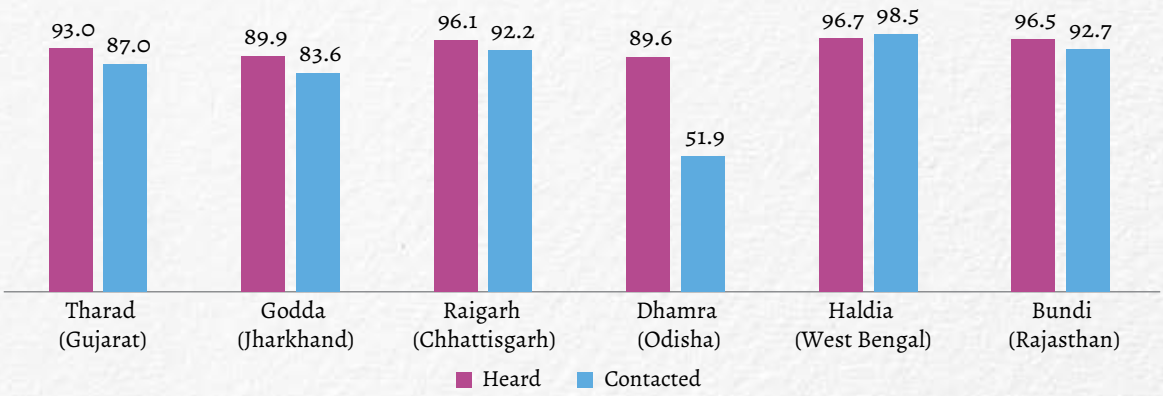
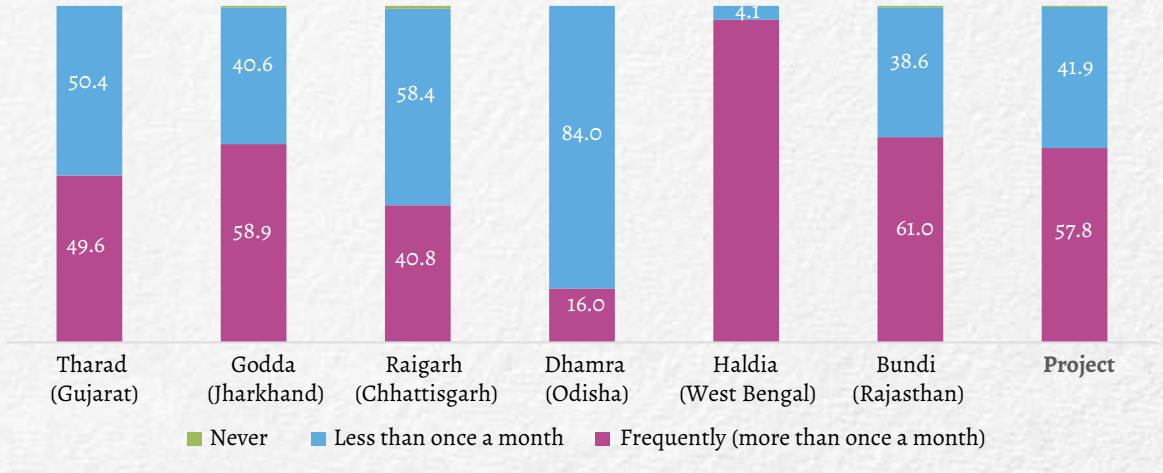


Figure 64: Heard/Ever contacted by SuPoshan Sangini among Intervention Geographies



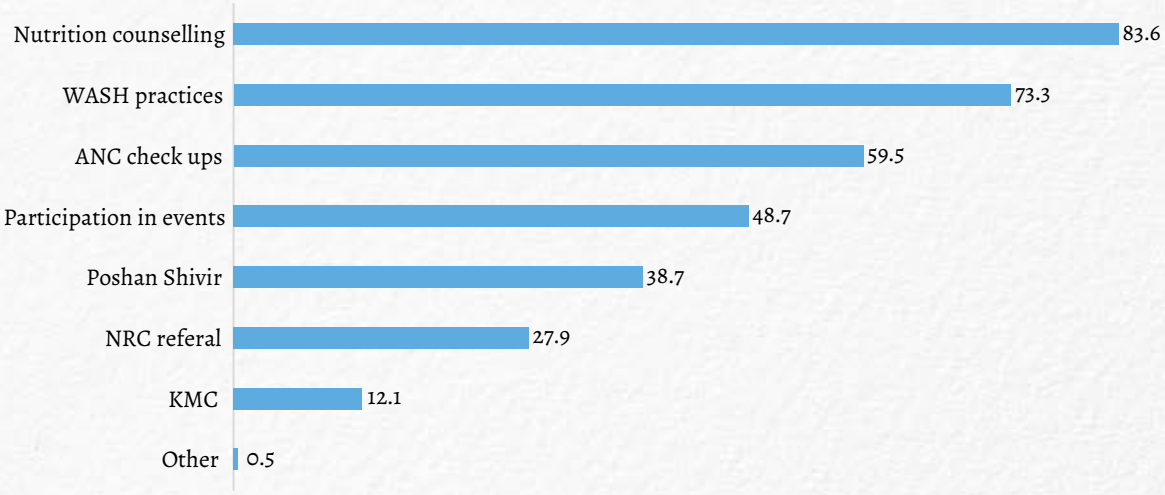
- 94% of respondents had heard about SuPoshan Sangini

Figure 65: Meeting Frequency by SuPoshan Sangini mong Intervention Geographies



- Around 60% of respondent households were visited atleast once by SuPoshan Sangini
- 96% of respondents reported they were able to discuss about the child's health and nutrition needs with the SuPoshan Sangini.

Figure 66: Issues Discussed by SuPoshan Sangini



- Nutrition counselling (84%) and WASH practices (73%) were mentioned as topmost issues discussed by the SuPoshan Sangini, followed by ANC check-ups (60%), encourage to participate in the program events (49%) and program Shivir (39%).

During conversations beneficiaries shared that they were not having knowledge about health practices such as washing hand before cooking, eating, and feeding, exclusive breastfeeding and complementary feeding, available nutritious food items and appropriate cooking practices, and creating own kitchen garden etc.

"Initially I never washed my hands before eating for or before carrying the baby but after information from Sangini now I wash my hands..... my whole family wash their hands." Mother Kanjrisilor - Bundi

"She told about some new kinds of green vegetables which we used to get in the market but we had not tried. After counselling from Sangini we started eating those vegetables and now all of us like them." Father, Ranidih - Godda

"Sangini told me the correct way of breast feeding.....She asked us to keep the head of the child in upward position and keep the legs on the laps." Mother, Bhoradu - Tharad

Heard of Kitchen garden

Figure 67: Heard of SuPoshan Vatika

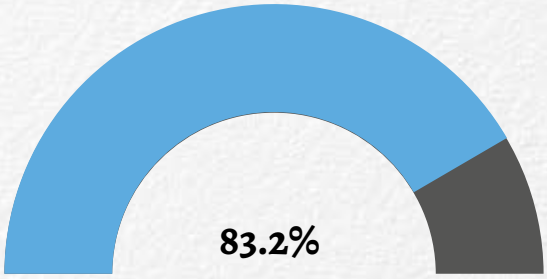
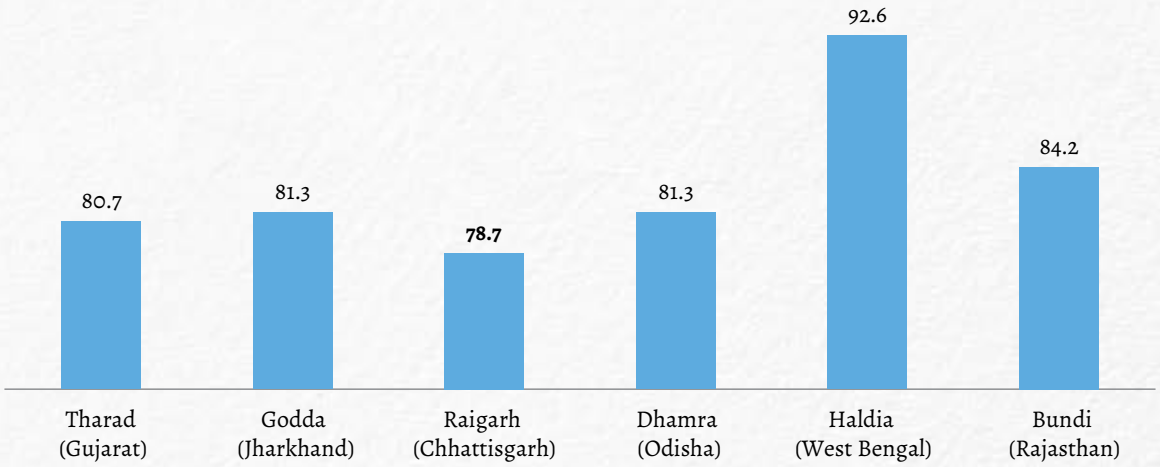


Figure 68: Heard of SuPoshan Vatika among Intervention Geographies



- About 83% respondents from the intervention geography had heard about SuPoshan Vatika. SuPoshan Sangini was reported as major source of information about the SuPoshan Vatika by 88% of respondents.

Figure 69: SuPoshan Vatika/Kitchen Gardern plantation

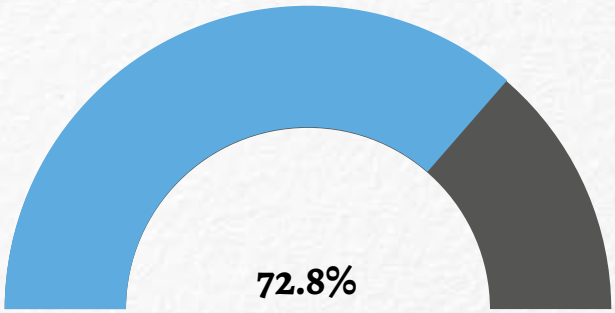
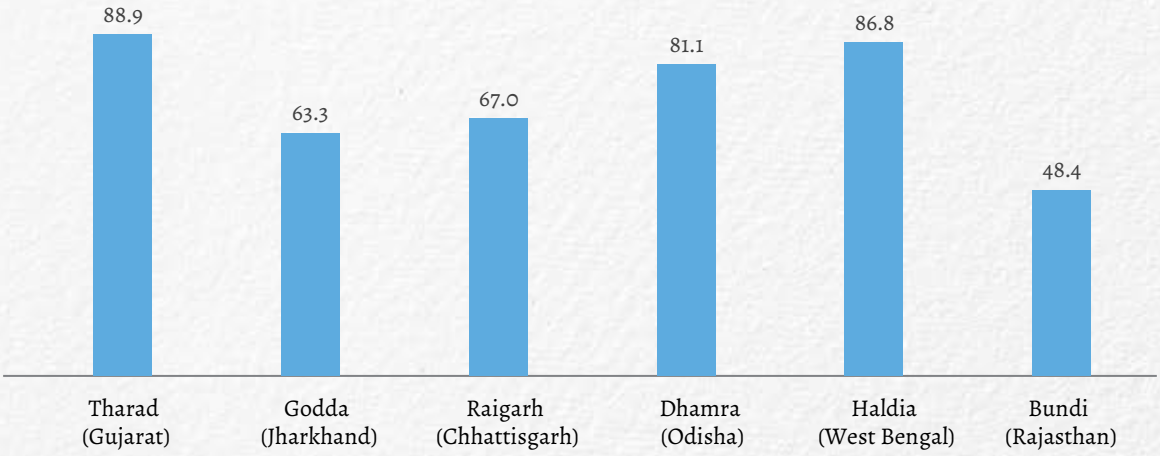
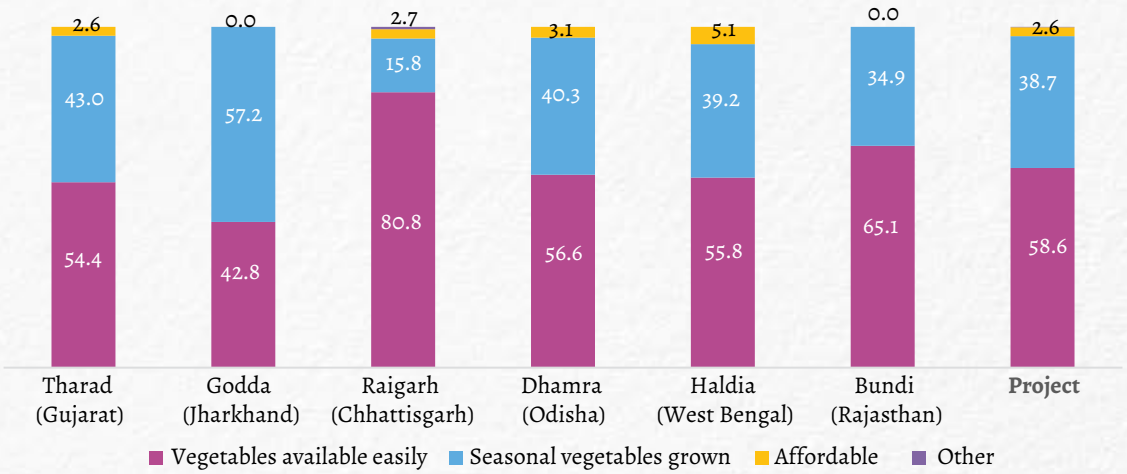


Figure 70: SuPoshan Vatika/Kitchen Gardern plantation among Intervention Geographies



- Among those who were aware about kitchen garden, about 73% had grown SuPoshan Vatika at home. Those who had kitchen garden at their homes mentioned availability of vegetables and getting seasonal vegetables as benefits of growing SuPoshan Vatika in all the districts.

Figure 71: SuPoshan Vatika Kitchen Gardern supports among Intervention Geographies



- Families found the kitchen garden concept very exciting as they could harvest seasonal vegetables and use them as fresh while preparing meal. While talking about the benefits of kitchen garden, mothers mentioned.

"Benefits are that the vegetables are naturally grown. There are no chemicals and if we want to eat then can easily pluck and cook at any time " Mother, Petbi - Godda

"Raw banana, papaya, and carrot are those plants that can be seen in everyone's backyard. People grow and give to their children." Mother, Sasikadeipur - Dharma

- Respondents also found it economical and environment friendly. Some were able to sell extra produce, paving way to extra income in the family.

"Now we have lots of vegetables gardens, People are eating some at home and selling as well. In this way they are earning also." Sangini, Dalimbachak - Haldiya

SuPoshan Shivir

Figure 72: Participated in SuPoshan Shivir

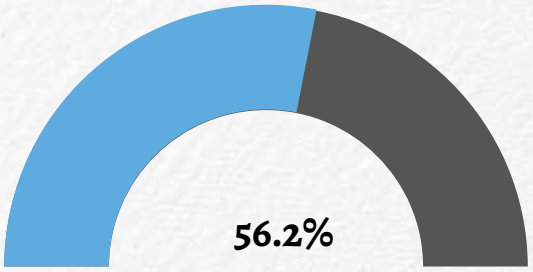
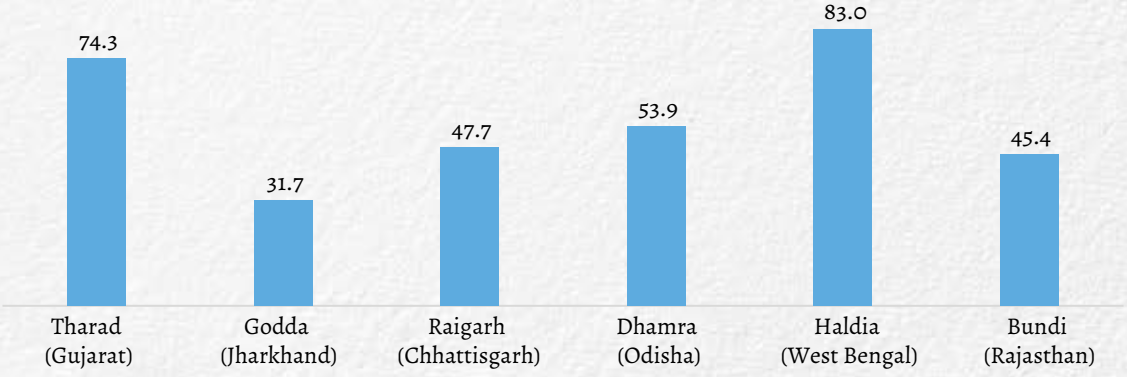
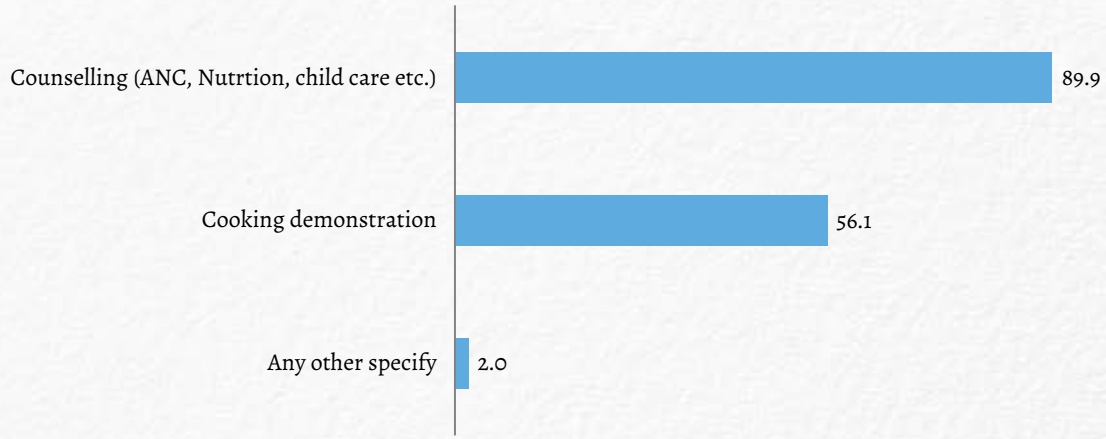


Figure 73: Participated in SuPoshan Shivir among Intervention Geographies



- More than half of the respondents from the intervention geography participated in the SuPoshan Shivir. Among those respondents who participated in SuPoshan Shivir, 90%) reported counselling sessions on ANC, nutrition and child care were useful.

Figure 74: Benefits of SuPoshan Shivir



Section 5: SuPoshan Sangini the game changing champions

SuPoshan Sanginis played a pivotal role in supporting the frontline health workers to improve the health and nutritional well-being of adolescents, mothers and children in the area. Thebuilt strong relationships with ASHA, ANM, AWWs and other community members. SuPoshan Sanginis mobilized communities. shared their knowledge on topics such as nutrition, hygiene, and child development, helping AWWs to enhance their knowledge in these areas.

"Mothers of some SAM and MAM children did not want to go for NRC. Alongwith ASHA and Aanganwadi worker we convinced them." Sangini, Jolpai - Haldiya

"Initially they [community dwellers] didn't understand what is Aanganwadi, nutrition program and malnutrition. SuPoshan Sangini used to come here and explain them. Now the mothers are very aware.." AWW, Jampur - Raigarh

"Children are not able to reach CMTC because by the conveyance problembut Sangini reached them though it was very difficult for her also." AHSA, Delankot - Tharad

Community health workers (AWWs and ANMs) while acknowledging the contribution of SuPoshan Sangini to ICDS program.

"Sangini works like my right hand in the field. She helped me in every program and I appreciate it. I like the SuPoshan Sangini, because Asha Didi is busy with pregnant women and their delivery ASHA didi helps ANM didi mostly, she seldomly engage in our work. For every 2 Anganwadi, there is one ASHA didi. So I think SuPoshan Sangini helping me better than ASHA Didi."
AWW, Narendrapur - Dharma

Besides, child growth monitoring she helped to identify and refer severely malnourished children to health centre/CMTC/NRC. She had played a significant role in recovery of malnourished children through regular counselling and growth monitoring. She had been effective in convincing women and adolescent girls for hemoglobin test.

"SuPoshan Sangini measured weight and height of mother and child. If there is any underweight child, they help in referral. They mobilize mother and children for hemoglobin test."
ANM, Jolpai block - Haldiya

The Fortune SuPoshan program impact was not only limited to the target beneficiaries and community but also it had great impact on SuPoshan Sangini themselves.

"I changed a lot of habits of my family, earlier, we didn't have knowledge about the vitamins and minerals that we get from green vegetables Now our contacts have increased in the hospitals and other departments" Sangini, Kanjrisilor - Bundi

"When I became pregnant, I had no idea what to do, so I went to Anganwadi several times, but they only gave me tablets. But after joining this job, I came to know as to how to take care of mother during pregnancy." Sangini, Sasikadeipur - Dharma

"I was married at an early age and I did not know that getting married at an early age is very harmful. I became mother at an early age and so the baby was suffering from malnutrition. After receiving training from here I fed my baby properly and now he is ok.."
Sangini, Jampur - Raigarh

Empowerment of SuPoshan Sangini Workers

SuPoshan Sangini as an agent of change at community level, felt empowered in terms of knowledge and decision-making. They perceived that programme had built their confidence and communication skills with community and people. They felt empowered to deal with any problems. They had their own identity in the community.

"My confidence, decision making capacity has now improved, I feel stronger, I am not dependent on anybody's support to solve my problem."
Sangini, Matoonda - Bundi

"Earlier I was confined within the four walls of my house but now I talk to different people, go out, sit with more people, listen some good things and some bad words about me."
Sangini, Petbi - Godda

Families acknowledged their financial contribution and also considered their opinion in decision making, fostering equality and respectful family dynamics. In fact, some of them received support from their husband and mother-in-law.

"We are five members in the family, and I helped financially in crucial moments. They also feel proud when people ask about me and call me Madam. Villagers also tell them how I am working, so they feel proud." Sangini, Kisorpada - Dharma

"When I started this work, I was able to do something for me and my child. When I am helping them with money, when they are in need, they understand that I also need to work. Actually, earlier they used not take my opinion but now we discuss among ourselves before doing any work." Sangini, Jampur - Raigarh

Section 6: Challenges faced during project implementation

Environmental, Social and cultural factors

The obvious challenge in program implementation was community engagement and fostering behavior change. Initially, targeted beneficiaries were unwilling to engage with the SuPoshan Sanginis as they were new to them. However, the program activities and outcomes helped to change community attitude towards the project interventions and organization. They realized that the program's primary focus is improving the health of adolescent girls, women and children.

Women felt hesitant to share information about pregnancy and menstruation due to cultural norms. This delayed seeking medical care and information that they need. In addition, many women gave birth to child without maintaining any gap which affect the health the child as well as the mother.

Also, adolescent girls found it difficult to adopt hygienic menstrual practices as their parents were ignorant. The respondents also mentioned that adolescent girls were married at an early age. So, health workers were unable to reach them when they conducted awareness meetings in schools.
Sangini workers initially encountered resistance due to some mothers-in-laws and cultural beliefs. Community preferred local healthcare over modern healthcare.

"We faced a lot of problems but slowly we explained them and made them understand."
Sangini, Saundia - Bundi

Socio-economic status and access to health centre

The targeted population belonged to low- and middle income group. Affordability, lack of time, and distance to health centre were the common reasons why they struggled to access health care. Lack of time, particularly for families with multiple responsibilities or those who rely on daily wages - when they have other obligations, they struggled to attend program activities or adopt healthy behaviours such as preparing healthy meals or visiting health centre.

"In our village, the prevailing problem is poverty. Whatever I tell to the mothers, they do follow for one or two days and then again get back to their old routine." NRC Incharge, Godda

Unwilling to accept the condition and treatment

There are certain cultural beliefs of the community, those bind them not to access and utilize the health care services. While some, even when mentioned, don't accept that their child is undernourished. However, multiple counselling sessions with them helped to make them understand the need of good nutrition and timely utilization of health services.

Cascading Impact

The positive impact of Project Fortune SuPoshan is not limited to qualitative and quantitative outcomes due to programme interventions but it has long lasting impact in intergenerational cycle, addressing gender equality, poverty, lifestyle associated diseases across the life cycle. The cascading impact of Project Fortune SuPoshan can be seen in various domains such as cognitive and psychomotor development, working potential, demographic dividend, women empowerment. National economy, achievement of SDGs by the country.

- Impact on cognitive and psychomotor development: Life cycle approach and targeting malnutrition among women children and adolescents has a critical impact on the future generations. Interventions during most critical 1000 day window has direct impact on brain and overall growth and development of child. Addressing anemia helps in improving overall school performance for children and work performance for adults. They suffer less from infectious diseases. Thus this helps to build a skilled workforce for future reducing the burden on society and in turn on the country.
- Cascading impact on poverty and economy: The effects of malnutrition are long term and trap generations of individuals and communities in the vicious cycle of poverty. Improving nutrition and sustained reductions in malnutrition contribute significantly to poverty alleviation and Government budgetary savings. According to a study done by UNICEF it was estimated that 22% of income is lost every year by an adult who suffered or is suffering from malnutrition[5]
- Impact on Gender equality and women empowerment: Women are the backbone of the family but are always neglected and considered undermined workforce. SuPoshan project's agent of change SuPoshan Sangini and all the interventions focused around women augments the access of health and nutrition services leading to improved health and wellbeing. The programme implicitly encourages women empowerment and gender equality by providing role models of empowerment especially in the geographies dominated by backward communities.

Conclusion and Recommendations

Overall the SuPoshan Project has substantially improved the levels of malnutrition in children across all of sites along with improvement in knowledge and practice levels among women, adolescent girls and community as a whole in majority of sites. The program efficiently delivered the project interventions and customized to the needs of the region which was the main driver of the sustainable change in community behavior and practices. SuPoshan Program has demonstrated a great potential to scale and become a model of transforming the malnutrition scenario in multiple states in the country striving towards a healthy and well-nourished community.

The comparative analysis of program findings and NFHS-4 & 5 results showed significant improvement in the major program indicators including maternal and child health status. Since the program commenced in the same year as NFHS-4, the improvement in receiving of four or more ANC, consumption of IFA tablets for 100 days or more, institutional births, nutritional status of women and children, early breastfeeding etc. can be recognized as the major success of the program in most of the intervention geographies. The prevalence of stunting, wasting and underweight has substantially reduced as compared to NFHS 4 & 5 results.

Further, the exposure of the program made significant improvements in knowledge and practices related to diet during pregnancy, infant and child care, and child complementary feeding.

There was significant improvement in maintaining hygiene before feeding, after the children. Improvements in maintaining good hygiene practices were also observed. The Counselling and capacity building activities under the program helped to improve the dietary diversity among women and adolescent girls. There were considerable proportion of women who were able to attain an adequate diet (had a minimum diet diversity score (>4)). Development of Poshan Vatika played an important role to improve dietary diversity.

There was increased utilization of ICDS, NRC/CMTC, and Public Health Care delivery system as a whole reflected through increased institutional deliveries in public health facilities in the intervention geographies. Receipt of supplementary food from AWC was higher among the respondents who were exposed to the program intervention.

More adolescent girls from the program intervention sites had check-up for their height, weight and anemia. Consumption of IFA and deworming tablets by adolescent girls also improved significantly as result of the program activities. Family group counselling and Cooking demonstration sessions emerged as one of the best activities of the program as participants were able to learn food recipes to make food with more nutritional value along with the practical information about hygienic and healthy cooking practices and about nutritive value of various

vegetables. The achievements in the WASH practices, child care and nutrition are driven by the programme design and tremendous fforts made by SuPoshan Sangini.

Beneficiaries found the concept of SuPoshan Vatika very exciting and started growing seasonal vegetables. SuPoshan Vatika helped them in getting fresh and organic vegetables at very reasonable cost. It also supported a few beneficiaries to generate additional income by selling extra vegetables.

Involvement of SuPoshan Sangini (a community volunteer) assisted in the community ownership of the program. Overall, Sangini played a vital role in implementing the intervention activities, particularly by spreading knowledge and awareness on nutrition, hygiene, child care and development.

Assistance provided to the local community health workers resulted in a more engaged and motivated workforce that is better equipped to fulfil the needs of their communities.

Working as SuPoshan Sangini built their confidence, improved their communication skills, earned them respect at community and family level. They were able to financially support their family and contributed to decision making.

In summary,the efforts made via Fortune SuPoshan program were instrumental in bridging gaps in information availability and creating a more informed, motivated and engaged community. The community has observed a positive impact of the SuPoshan program, in which SuPoshan Sangini, the community volunteer community played a vital role in raising awareness and stimulating mothers and adolescent girls to adopt healthy dietary and hygiene practices.

Despite the improved knowledge and practices among the beneficiaries exposed to the intervention, the rates were low for a few indicators. This suggests that there is need to further intensify the counselling sessions/event. A barrier analysis may be conducted to identify the key factors that prevented adoption of the suitable practices.

Overall from the analysis it can be concluded that SuPoshan Sangini was a real game changer and was responsible for sustainable impact on the key health and nutrition indicators. Looking at the success of the project, it is suggested to scale up the interventions in wider geographies for improved health and nutrition outcomes. The effectiveness of the program could be further improved by raising awareness on family planning, child marriage and adolescent health issues. Public-private partnership has strengthened the existing health and nutrition services and improved access to healthcare for underserved and poor communities.

Glimpses of Field Data Collection








Annexure

TABLES

Sociodemographic								
	Tharad (Gujarat)		Godda (Jharkhand)		Raigarh (Chhattisgarh		Dhamra (Odisha)	
	NE	E	NE	E	NE	E	NE	E
Type of family								
Nuclear	57.7	64.2	51.6	68.0	47.3	37.4	24.6	23.2
Joint	42.3	35.8	48.4	32.0	52.7	62.6	75.4	76.8
Total	**71**	**299**	**95**	**281**	**91**	**270**	**126**	**224**
Health insurance								
Yes	1.4	36.8	22.1	28.5	5.5	14.1	65.1	60.3
No	93.0	61.2	72.6	68.7	80.2	73.7	29.4	35.7
Don't know	5.6	2.0	5.3	2.8	14.3	12.2	5.5	4.0
Total	**71**	**299**	**95**	**281**	**91**	**270**	**126**	**224**
Space of SuPoshan Vatika in HH								
Yes	84.5	71.2	26.3	63.3	48.4	64.4	82.5	82.6
No	15.5	28.8	73.7	36.7	51.6	35.6	17.5	17.4
Total	**71**	**299**	**95**	**281**	**91**	**270**	**126**	**224**
3. Knowledge and access to ANC								
Knowledge of pregnancy registration								
<=3 months	75.0	29.2	83.3	68.7	81.0	70.0	75.0	83.3
4 month onward	18.8	69.2	16.7	31.3	19.0	30.0	25.0	16.7
Don't know	6.2	1.6	0.0	0.0	0.0	0.0	0.0	0.0
Total	**16**	**65**	**18**	**67**	**21**	**60**	**28**	**48**
Knowledge _Ideal ANC visits								
Less than 4	75.0	36.9	27.8	37.3	9.5	8.3	21.4	25.0
Minimum 4	25.0	61.5	72.2	61.2	90.5	91.7	78.6	75.0
Don't know	0.0	1.6	0.0	1.5	0.0	0.0	0.0	0.0
Total	**16**	**65**	**18**	**67**	**21**	**60**	**28**	**48**

Sociodemographic						
	Haldia 1 (West Bengal)		Bundi (Rajasthan)		All geographies	
	NE	E	NE	E	NE	E
Type of family						
Nuclear	54.7	46.6	31.9	29.4	43.1	46.1
Joint	45.3	53.4	68.1	70.6	56.9	53.9
Total	**117**	**262**	**113**	**252**	**613**	**1588**
Health insurance						
Yes	90.6	86.6	22.1	15.5	39.2	39.6
No			51.3	57.1	51.2	52.5
Don't know	9.4	13.4	26.6	27.4	9.6	7.9
Total	**117**	**262**	**113**	**252**	**613**	**1588**
Space of SuPoshan Vatika in HH						
Yes	54.7	82.4	8.8	42.5	50.1	67.6
No	45.3	17.6	91.2	57.5	49.9	32.4
Total	**117**	**262**	**113**	**252**	**613**	**1588**
3. Knowledge and access to ANC						
Knowledge of pregnancy registration						
<=3 months	96.6	96.7	82.6	88.3	83.0	71.7
4 month onward	3.4	3.3	17.4	11.7	16.3	28.1
Don't know	0.0	0.0	0.0	0.0	0.7	0.2
Total	**29**	**60**	**23**	**60**	**135**	**360**
Knowledge _Ideal ANC visits						
Less than 4	0.0	3.3	34.8	45.0	24.4	26.4
Minimum 4	96.6	96.7	65.2	55.0	74.8	73.1
Don't know	3.4	0.0	0.0	0.0	0.8	0.5
Total	**29**	**60**	**23**	**60**	**135**	**360**

	Tharad (Gujarat)		Godda (Jharkhand)		Raigarh (Chhattisgarh		Dhamra (Odisha)	
	NE	E	NE	E	NE	E	NE	E
Knowledge on ANC services								
Abdominal examination	93.8	95.4	83.3	83.6	95.2	79.7	71.4	75.0
Supplements	100.0	70.8	72.2	80.6	9.5	28.8	96.4	91.7
Deworming tablets	81.3	50.8	38.9	41.8	9.5	10.2	42.9	47.9

	Tharad (Gujarat)		Godda (Jharkhand)		Raigarh (Chhattisgarh		Dhamra (Odisha)	
	NE	E	NE	E	NE	E	NE	E
Anaemia test	81.3	47.7	50.0	55.2	52.4	79.7	85.7	87.5
Disbetes test	62.5	29.2	22.2	28.4	9.5	30.5	39.3	50.0
Thyroid test	75.0	36.9	27.8	46.3	9.5	28.8	42.9	29.2
Weight measurement	93.8	89.2	100.0	97.0	90.5	88.1	92.9	100.0
Height measurement	93.8	69.2	83.3	97.0	85.7	79.7	71.4	93.8
Blood pressure check	62.5	49.2	72.2	73.1	47.6	62.7	82.1	91.7
Dietary guidance	50.0	29.2	11.1	26.9	14.3	3.4	35.7	33.3
TT injection	68.8	58.5	83.3	68.7	61.9	42.4	92.9	81.3
Ultrasound	43.8	50.8	44.4	22.4	57.1	28.8	85.7	66.0
Total	**16**	**65**	**18**	**67**	**21**	**60**	**28**	**48**
Person connected to ANC services								
ASHA/ANM/AWW	68.8	90.8	100.0	83.6	100.0	96.7	96.4	93.8
SuPoshan Sangini	25.0	7.7	0.0	16.4	0.0	3.3	0.0	6.3
Other	6.2	1.5	0.0	0.0	0.0	0.0	3.6	0.0
Total	**16**	**65**	**18**	**67**	**21**	**60**	**28**	**48**
Among those who registered pregnancy								
ANC visits								
Less than 4	18.8	30.8	27.8	49.3	0.0	6.7	3.6	12.5
4 and more	81.2	69.2	72.2	50.7	100.0	93.3	96.4	87.5
Total	**16**	**65**	**18**	**67**	**21**	**60**	**28**	**48**
Among those who registered pregnancy								
Source of counselling								
ASHA/ANM	93.8	96.9	100	90.6	100	95	96.4	93.8
SuPoshan Sangini	75	71.9	5.6	59.4	0	76.7	7.1	87.5
Other	6.3	1.6					35.7	14.6
Total	**16**	**64**	**18**	**64**	**21**	**60**	**28**	**48**
Among those who received counselling								
Received IFA								
Yes	100.0	100.0	100.0	97.0	100.0	100.0	100.0	100.0
Not received	0.0	0.0	0.0	3.0	0.0	0.0	0.0	0.0
Total	**16**	**65**	**18**	**67**	**21**	**60**	**28**	**48**

Sociodemographic						
	Haldia 1 (West Bengal)		Bundi (Rajasthan)		All geographies	
	NE	E	NE	E	NE	E
Knowledge on ANC services						
Abdominal examination	100.0	95.0	69.6	65.0	85.2	82.7
Supplements	96.6	88.3	91.3	91.7	79.3	74.9
Deworming tablets	93.1	81.7	26.1	10.0	49.6	40.4
Anaemia test	96.6	83.3	73.9	63.3	75.6	68.2
Disbetes test	93.1	95.0	13.0	6.7	42.2	39.3
Thyroid test	86.2	86.7	26.1	26.7	45.9	42.9
Weight measurement	100.0	100.0	82.6	93.3	93.3	94.4
Height measurement	100.0	91.7	65.5	50.0	81.5	79.9
Blood pressure check	96.6	100.0	60.9	73.3	72.6	74.1
Dietary guidance	96.6	83.3	0.0	1.7	37.8	29.5
TT injection	93.1	83.3	73.9	71.7	80.7	67.1
Ultrasound	65.5	63.3	82.6	70.0	65.9	49.3
Total	**29**	**60**	**23**	**60**	**135**	**360**
Person connected to ANC services						
ASHA/ANM/AWW	79.3	77.8	100.0	93.3	91.1	89.3
SuPoshan Sangini	0.0	18.5		1.7	3.0	9.0
Other	20.7	3.7	0.0	5.0	5.9	1.7
Total	**29**	**54**	**23**	**60**	**135**	**354**
Among those who registered pregnancy						
ANC visits						
Less than 4	0.0	5.6	43.5	50.0	14.1	27.1
4 and more	100.0	94.4	56.5	50.0	85.9	72.9
Total	**29**	**54**	**23**	**60**	**135**	**354**
Among those who registered pregnancy						
Source of counselling						
ASHA/ANM	89.7	74.1	100	95	96.3	91.1
SuPoshan Sangini	10.3	98.1	0	65	13.3	75.4
Other	13.8	20.4	0	1.7	11.1	5.7
Total	**29**	**54**	**23**	**60**	**135**	**350**
Among those who received counselling						

Sociodemographic						
	Haldia 1 (West Bengal)		Bundi (Rajasthan)		All geographies	
	NE	E	NE	E	NE	E
Received IFA						
Yes	100.0	100.0	95.7	100.0	99.3	99.4
Not received	0.0	0.0	4.3	0.0	0.7	0.6
Total	**29**	**60**	**23**	**60**	**135**	**360**

	Tharad (Gujarat)		Godda (Jharkhand)		Raigarh (Chhattisgarh		Dhamra (Odisha)	
	NE	E	NE	E	NE	E	NE	E
Received Calcium								
Yes	100.0	96.9	100.0	95.5	100.0	96.7	100.0	97.9
Not received	0.0	3.1	0.0	4.5	0.0	3.3	0.0	2.1
Total	**16**	**65**	**18**	**67**	**21**	**60**	**28**	**48**
Received Albendazole								
Yes	100.0	89.2	77.8	94.0	90.5	66.7	100.0	85.4
Not received	0.0	10.8	22.2	6.0	9.5	33.3	0.0	14.6
Total	**16**	**65**	**18**	**67**	**21**	**60**	**28**	**48**
Knowledge_Diet intake during pregnancy								
No change	0.0	3.1	27.8	20.9	0.0	10.0	35.7	8.3
One or more extra meal	100.0	96.9	72.2	77.6	100.0	90.0	64.3	91.7
Don't know	0.0	0.0	0.0	1.5	0.0	0.0	0.0	0.0
Total	**16**	**65**	**18**	**67**	**21**	**60**	**28**	**48**
Diet intake during pregnancy								
Less than 3 times	75.0	44.6	16.7	31.3	81.0	46.7	25.0	20.8
3 or more times	25.0	55.4	83.3	68.7	19.0	53.3	75.0	79.2
Total	**16**	**65**	**18**	**67**	**21**	**60**	**28**	**48**
4 Knowledge of IYCF and CF								
Knowledge_Diet intake during pregnancy								
Within 1 hr	87.1	82.0	80.4	84.9	95.7	83.8	82.4	83.3
More than 1 hr	9.7	16.9	11.8	13.8	4.3	15.6	16.2	15.1
Don't know	3.2	1.1	7.8	1.3	0.0	0.6	1.4	1.6
Total	**31**	**172**	**51**	**152**	**46**	**154**	**68**	**126**

	Tharad (Gujarat)		Godda (Jharkhand)		Raigarh (Chhattisgarh		Dhamra (Odisha)	
	NE	E	NE	E	NE	E	NE	E
Aware about advantages of BF								
Aware about atleast 1 advantge of BF	96.8	97.1	80.4	87.5	100.0	99.4	89.7	93.7
Not aware	3.2	2.9	19.6	12.5	0.0	0.6	10.3	6.3
Total	**31**	**172**	**51**	**152**	**46**	**154**	**68**	**126**

Sociodemographic						
	Haldia 1 (West Bengal)		Bundi (Rajasthan)		All geographies	
	NE	E	NE	E	NE	E
Received Calcium						
Yes	100.0	100.0	95.7	93.3	99.3	96.7
Not received	0.0	0.0	4.3	6.7	0.7	3.3
Total	**29**	**60**	**23**	**60**	**135**	**360**
Received Albendazole						
Yes	89.7	91.7	73.9	48.3	88.9	79.4
Not received	10.3	8.3	26.1	51.7	11.1	20.6
Total	**29**	**60**	**23**	**60**	**135**	**360**
Knowledge_Diet intake during pregnancy						
No change	0.0	0.0	39.1	26.7	17.8	11.7
One or more extra meal	100.0	100.0	60.9	71.7	82.2	87.8
Don't know	0.0	0.0	0.0	1.6	0.0	0.5
Total	**29**	**54**	**23**	**60**	**135**	**354**
Diet intake during pregnancy						
Less than 3 times	31.0	13.3	47.8	38.3	43.7	33.1
3 or more times	69.0	86.7	52.2	61.7	56.3	66.9
Total	**29**	**60**	**23**	**60**	**135**	**360**
4 Knowledge of IYCF and CF						
Knowledge_Diet intake during pregnancy						
Within 1 hr	98.4	93.0	63.1	70.1	83.5	83.0
More than 1 hr	1.6	6.3	33.8	29.9	14.0	16.1
Don't know	0.0	0.7	3.1	0.0	2.5	0.9
Total	**61**	**142**	**65**	**134**	**322**	**880**

Sociodemographic						
	Haldia 1 (West Bengal)		Bundi (Rajasthan)		All geographies	
	NE	E	NE	E	NE	E
Aware about advantages of BF						
Aware about atleast 1 advantge of BF	100.0	100.0	100.0	98.5	94.4	96.0
Not aware	0.0	0.0	0.0	1.5	5.6	4.0
Total	**61**	**142**	**65**	**134**	**322**	**880**

	Tharad (Gujarat)		Godda (Jharkhand)		Raigarh (Chhattisgarh		Dhamra (Odisha)	
	NE	E	NE	E	NE	E	NE	E
Aware about advantages of colostrum feeding								
Aware about atleast 1 advantge of colostrum feeding	100.0	98.2	100.0	96.7	100.0	100.0	98.2	100.0
Not aware	0.0	1.8	0.0	3.3	0.0	0.0	1.8	0.0
Total	**27**	**163**	**31**	**123**	**45**	**151**	**57**	**95**
Among those who adviced mothers to feed colostrum								
Duration of EBF								
6 months	87.1	62.2	70.6	67.8	95.7	76.0	7.4	7.1
Less than 6 months	0.0	23.8	7.8	4.6	2.2	7.1		
More than 6 months	9.7	13.4	11.8	23.7	2.2	16.2	92.6	92.1
Don't know	3.2	0.6	9.8	3.9	-0.1	0.7	0.0	0.8
Total	**31**	**172**	**51**	**152**	**46**	**154**	**68**	**126**
Timing of CF								
6 months	80.6	55.2	58.8	46.1	78.3	47.7	52.9	60.3
Less than 6 months	0.0	23.8	3.9	3.9	0.0	7.1	4.4	3.2
More than 6 months	19.4	20.3	37.3	49.3	21.7	45.5	42.6	36.5
Don't know	0.0	0.7	0.0	0.7	0.0	-0.3	0.1	0.0
Total	**31**	**172**	**51**	**152**	**46**	**154**	**68**	**126**
Aware about advantages of complementry feeding								
Aware about atleast 1 advantge of complementary feeding	96.8	700.0	86.3	92.8	100.0	100.0	100.0	97.6
Not aware	3.2	-600.0	13.7	7.2	0.0	0.0	0.0	2.4
Total	**31**	**172**	**51**	**152**	**46**	**154**	**68**	**126**

	Tharad (Gujarat)		Godda (Jharkhand)		Raigarh (Chhattisgarh		Dhamra (Odisha)	
	NE	E	NE	E	NE	E	NE	E
Ways of introducing food items								
One item 2-3 times a day	90.3	73.8	64.7	80.9	69.6	63.0	55.9	57.9
Multiple food items once a day	9.7	9.3	9.8	3.3	0.0	3.2	35.3	20.6
Other	0.0	16.9	23.5	15.1	30.4	33.8	8.8	21.4
Don't know	0.0	0.0	2.0	0.7	0.0	0.0	0.0	0.1
Total	**31**	**172**	**51**	**152**	**46**	**154**	**68**	**126**

Sociodemographic						
	Haldia 1 (West Bengal)		Bundi (Rajasthan)		All geographies	
	NE	E	NE	E	NE	E
Aware about advantages of colostrum feeding						
Aware about atleast 1 advantge of colostrum feeding	100.0	97.0	100.0	100.0	99.6	98.6
Not aware	0.0	3.0	0.0	0.0	0.4	1.4
Total	**56**	**135**	**48**	**117**	**264**	**784**
Among those who adviced mothers to feed colostrum						
Duration of EBF						
6 months	91.8	75.4	72.3	76.9	66.8	62.0
Less than 6 months			1.5	1.5	1.9	6.9
More than 6 months	8.2	24.6	23.1	21.6	28.9	30.0
Don't know	0.0	0.0	3.1	0.0	2.4	1.1
Total	**61**	**142**	**65**	**134**	**322**	**880**
Timing of CF						
6 months	13.1	31.0	32.3	22.4	48.4	44.1
Less than 6 months			0.0	2.2	1.6	7.4
More than 6 months	86.9	68.3	66.2	75.4	49.7	48.2
Don't know	0.0	0.7	1.5	0.0	0.3	0.3
Total	**61**	**142**	**65**	**134**	**322**	**880**
Aware about advantages of complementry feeding						
Aware about atleast 1 advantge of complementary feeding	100.0	100.0	100.0	100.0	97.5	98.4
Not aware	0.0	0.0	0.0	0.0	2.5	1.6
Total	**61**	**142**	**65**	**134**	**322**	**880**

Sociodemographic						
	Haldia 1 (West Bengal)		Bundi (Rajasthan)		All geographies	
	NE	E	NE	E	NE	E
Ways of introducing food items						
One item 2-3 times a day	13.1	19.7	76.9	88.1	58.7	64.3
Multiple food items once a day	18.0	22.5	16.9	6.0	16.8	10.5
Other	68.9	57.7	6.2	6.0	24.2	25.1
Don't know	0.0	0.1	0.0	-0.1	0.3	0.1
Total	**61**	**142**	**65**	**134**	**322**	**880**

	Tharad (Gujarat)		Godda (Jharkhand)		Raigarh (Chhattisgarh		Dhamra (Odisha)	
	NE	E	NE	E	NE	E	NE	E
Knowledge on number of meals for 6-8 months infant in addition to BF								
Number of meals for 6-8 months old child								
3-4 meals	96.8	83.7	39.2	40.1	8.7	29.2	45.6	39.7
2-3 meals	3.2	15.7	60.8	59.9	91.3	69.5	54.4	60.3
Don't know	0.0	0.6	0.0	0.0	0.0	1.3	0.0	0.0
Total	**31**	**172**	**51**	**152**	**46**	**154**	**68**	**126**
Knowledge on consistency of meals for 6-8 months inafnt								
Aware of correct consistency (Mashed thick consistency)	80.6	64.0	29.4	34.2	10.9	34.4	33.8	26.2
Not aware	19.4	36.0	70.6	65.8	89.1	65.6	66.2	73.8
Total	**31**	**172**	**51**	**152**	**46**	**154**	**68**	**126**
PNC visits								
Knowledge PNC visits								
4	35.5	33.1	66.7	69.7	65.2	61.0	39.7	53.2
More than 4	58.1	58.7	19.6	25.0	34.8	38.3	60.3	46.8
Don't know	6.4	8.2	13.7	5.3	0.0	0.7	0.0	0.0
Total	**31**	**172**	**51**	**152**	**46**	**154**	**68**	**126**
Knowledge on supplements given to lactating mothers								
Knowledge on consistency of meals for 6-8 months inafnt								
Aware about iron/calcium/ iron+ calcium)	90.3	87.2	92.2	91.4	100.0	97.4	94.1	98.4
Not aware	9.7	12.8	7.8	8.6	0.0	2.6	5.9	1.6
Total	**31**	**172**	**51**	**152**	**46**	**154**	**68**	**126**

	Tharad (Gujarat)		Godda (Jharkhand)		Raigarh (Chhattisgarh		Dhamra (Odisha)	
	NE	E	NE	E	NE	E	NE	E
5. Practice IYCF and CF same as knowledge								
Initiation of BF								
Immediately after delivery (within 1 hour)	93.5	68.0	82.4	77.0	87.0	77.9	82.4	78.6
Total	**31**	**172**	**51**	**152**	**46**	**154**	**68**	**126**
Prelacteals at birth								
Water/Animal milk/other	3.2	5.2	17.6	19.1	6.5	8.4	76.5	74.6
Not given	96.8	94.8	82.4	80.9	93.5	91.6	23.5	25.4
Total	**31**	**172**	**51**	**152**	**46**	**154**	**68**	**126**

	Haldia 1 (West Bengal)		Bundi (Rajasthan)		All geographies	
	NE	E	NE	NE	E	NE
Knowledge on number of meals for 6-8 months infant in addition to BF						
Number of meals for 6-8 months old child						
3-4 meals	8.2	20.4	26.2	41.0	33.2	43.6
2-3 meals	91.8	78.2	66.2	58.2	65.2	55.7
Don't know	0.0	1.4	7.6	0.8	1.6	0.7
Total	**61**	**142**	**65**	**134**	**322**	**880**
Knowledge on consistency of meals for 6-8 months inafnt						
Aware of correct consistency (Mashed thick consistency)	57.4	41.5	18.5	44.0	35.7	41.6
Not aware	42.6	58.5	81.5	56.0	64.3	58.4
Total	**61**	**142**	**65**	**134**	**322**	**880**
PNC visits						
Knowledge PNC visits						
4	83.6	80.3	58.5	64.9	59.3	59.7
More than 4	16.4	17.6	36.9	32.8	37.0	37.0
Don't know	0.0	2.1	4.6	2.3	3.7	3.3
Total	**61**	**142**	**65**	**134**	**322**	**880**
Knowledge on supplements given to lactating mothers						
Knowledge on consistency of meals for 6-8 months inafnt						
Aware about iron/calcium/ iron+ calcium)	100.0	97.9	98.5	99.3	96.3	94.9
Not aware	0.0	2.1	1.5	0.7	3.7	5.1

	Haldia 1 (West Bengal)		Bundi (Rajasthan)		All geographies	
	NE	E	NE	NE	E	NE
Total	**61**	**142**	**65**	**134**	**322**	**880**
5. Practice IYCF and CF same as knowledge						
Initiation of BF						
Immediately after delivery (within 1 hour)	95.1	88.0	66.2	62.7	83.2	75.2
Total	**61**	**142**	**65**	**134**	**322**	**880**
Prelacteals at birth						
Water/Animal milk/other	91.8	93.7	47.7	67.9	47.2	41.9
Not given	8.2	6.3	52.3	32.1	52.8	58.1
Total	**61**	**142**	**65**	**134**	**322**	**880**

	Tharad (Gujarat)		Godda (Jharkhand)		Raigarh (Chhattisgarh)		Dhamra (Odisha)	
	NE	E	NE	E	NE	E	NE	E
Age of introducing Complementary food								
After 6 months	90.3	65.1	45.1	42.8	78.3	53.2	61.8	66.7
Total	**31**	**172**	**51**	**152**	**46**	**154**	**68**	**126**
Steps taken when child experience illness during feeding practices								
Stop BF	12.9	18.6	5.9	2.6	2.2	14.3	0.0	2.4
Total	**31**	**172**	**51**	**152**	**46**	**154**	**68**	**126**
6 WASH PRACTICES								
Preparation before feeding child								
Hygiene maintenance								
Wash hands with soap	67.7	81.4	43.1	54.6	89.1	68.2	80.9	94.4
Wash hands with water	25.8	17.4	19.6	34.2	2.2	7.1	19.4	4.8
Total	**31**	**172**	**51**	**152**	**46**	**154**	**68**	**126**
Preparation after child urinating or passing stool								
Wash hands with soap	93.5	96.5	82.4	80.3	97.8	95.5	94.1	95.2
Wash hands with water	6.5	2.9	17.6	15.8	2.2	4.5	5.9	4.0
Total	**31**	**172**	**51**	**152**	**46**	**154**	**68**	**126**
7.1 Diet diversity women								
Food groups								
Grains roots tubers and plantains,	100	100	100	100	100	100	100	96.4

	Tharad (Gujarat)		Godda (Jharkhand)		Raigarh (Chhattisgarh)		Dhamra (Odisha)	
	NE	E	NE	E	NE	E	NE	E
Pulses(beans, peas, lentils), Nuts& Seeds,	85.9	93	62.1	71.9	80.2	88.1	44.4	49.6
Dairy products (Milk, panner, yogurt, cheese)	100	95	63.2	68.7	23.1	58.1	42.9	40.6
Flesh foods (Meat, fish, poultry, organ meat)	2.8	9.4	15.8	11	8.8	20	57.9	53.6
Eggs	1.4	0.4	5.4	9.7	1.1	3.8	8.7	10.8
Vitamin A rich fruits and vegetables	98.6	97	73.7	64.1	89	97.8	93.7	92.4
Other fruits and vegetables	100	98	91.6	97.2	91.2	95.9	98.4	94.2
Total	**71**	**299**	**95**	**281**	**91**	**270**	**126**	**224**
Food diversity								
Consumed less than 4 groups	1.4	1.7	25.3	24.2	28.6	10.4	17.5	19.2
Consumed 4 or more groups	98.6	98.3	74.7	75.8	71.4	89.6	82.5	80.8
Total	**71**	**299**	**95**	**281**	**91**	**270**	**126**	**224**

	Haldia 1 (West Bengal)		Bundi (Rajasthan)		All geographies	
	E	NE	NE	E	NE	NE
Age of introducing Complementary food						
After 6 months	27.9	44.4	61.5	70.9	57.8	56.9
Total	**61**	**142**	**65**	**134**	**322**	**880**
Steps taken when child experience illness during feeding practices						
Stop BF	13.1	18.3	1.5	3.0	5.3	10.3
Total	**61**	**142**	**65**	**134**	**322**	**880**
6 WASH PRACTICES						
Preparation before feeding child						
Hygiene maintenance						
Wash hands with soap	93.4	93.0	63.1	68.7	73.6	76.3
Wash hands with water	6.6	2.8	30.8	17.2	17.4	14.3
Total	**61**	**142**	**65**	**134**	**322**	**880**
Preparation after child urinating or passing stool						
Wash hands with soap	95.1	95.1	98.5	94.0	93.8	92.7
Wash hands with water	4.9	0.7	1.5	5.2	6.2	5.6
Total	**61**	**142**	**65**	**134**	**322**	**880**

	Haldia 1 (West Bengal)		Bundi (Rajasthan)		All geographies	
	E	NE	NE	E	NE	NE
7.1 Diet diversity women						
Food groups						
Grains roots tubers and plantains,	100	100	94.5	95.6	99	98.8
Pulses(beans, peas, lentils), Nuts& Seeds,	70.9	81.2	76.4	68.1	68.2	76.4
Dairy products (Milk, panner, yogurt, cheese)	22.2	36.9	77.3	72.1	52	63.2
Flesh foods (Meat, fish, poultry, organ meat)	69.2	79.6	0	0.8	29.3	27.9
Eggs	39.3	37.2	0.9	0.4	10.7	10.3
Vitamin A rich fruits and vegetables	95.7	94.6	82.7	86.1	88.9	88.5
Other fruits and vegetables	99.1	98.8	88.2	83.7	94.8	94.8
Total	**117**	**260**	**110**	**25**	**610**	**1585**
Food diversity						
Consumed less than 4 groups	11.1	3.4	24.8	23.4	18.6	86.6
Consumed 4 or more groups	88.9	96.6	75.2	76.6	81.4	86.6
Total	**117**	**260**	**110**	**25**	**610**	**1585**

	Tharad (Gujarat)		Godda (Jharkhand)		Raigarh (Chhattisgarh)		Dhamra (Odisha)	
	NE	E	NE	E	NE	E	NE	E
9. Use of ICDS								
Enrolled in AWC								
Yes	90.1	98.0	77.9	76.9	76.9	87.0	91.1	92.0
Total	**71**	**299**	**95**	**281**	**91**	**270**	**123**	**224**
Availed AWC benefits								
Yes	92.2	97.3	90.5	84.3	94.4	96.6	88.4	95.6
Total	**64**	**293**	**74**	**216**	**70**	**235**	**112**	**206**
Among those who enrolled in AWC								
Type of AWC benefits								
Supplementary nutrition	98.3	94.0	85.1	87.9	94.0	83.9	77.6	84.8
Health check ups	91.5	95.1	71.6	83.0	82.1	81.3	90.8	93.4

	Tharad (Gujarat)		Godda (Jharkhand)		Raigarh (Chhattisgarh)		Dhamra (Odisha)	
	NE	E	NE	E	NE	E	NE	E
Health and nutrition education	79.7	74.4	61.2	70.9	49.3	41.3	67.3	79.7
Counselling services	84.7	66.3	37.3	59.9	55.2	48.7	40.8	47.2
Immunization	91.5	73.0	89.6	93.4	86.6	79.1	19.4	23.4
Personal hygiene	71.2	43.5	22.4	44.5	35.8	29.1	62.2	50.3
Referral services	15.3	6.3	1.5	8.8	1.5	9.1	3.1	4.1
Total	**59**	**285**	**67**	**182**	**67**	**230**	**99**	**197**
Among those who availed benefits								
Received supplemenatry food								
Yes	85.9	95.0	65.3	63.7	78.0	84.1	74.8	83.9
Total	**71**	**299**	**95**	**281**	**91**	**270**	**123**	**224**
Consumption of THR the denominator needs to be who received THR								
Consumption of THR								
Yes	97.7	92.8	97.8	95.3	84.8	957.0	77.1	83.4
No	2.3	7.2	2.2	4.7	15.2	857.0	22.9	16.6
Total	**43**	**180**	**46**	**127**	**66**	**186**	**83**	**163**
Among those who received THR								
Source on information on THR the denominator should be who consumed THR								
Yes	78.0	75.1	94.7	63.2	95.3	59.6	100.0	85.6
No	22.0	24.9	5.3	36.8	4.7	40.4	0.0	14.4
Total	**41**	**173**	**19**	**68**	**43**	**109**	**55**	**118**

	Haldia 1 (West Bengal)		Bundi (Rajasthan)		All geographies	
	E	NE	NE	E	NE	NE
9. Use of ICDS						
Enrolled in AWC						
Yes	95.7	98.5	77.9	81.7	85.2	89.0
Total	**117**	**262**	**113**	**252**	**610**	**1588**
Availed AWC benefits						
Yes	94.6	97.3	98.9	99.5	93.1	95.3
Total	**112**	**258**	**88**	**206**	**520**	**1414**

	Haldia 1 (West Bengal)		Bundi (Rajasthan)		All geographies	
	E	NE	NE	E	NE	NE
Among those who enrolled in AWC						
Type of AWC benefits						
Supplementary nutrition	74.5	72.9	82.8	89.8	83.7	85.6
Health check ups	96.2	96.0	83.9	88.3	87.0	90.0
Health and nutrition education	96.2	91.6	51.7	58.5	69.0	69.9
Counselling services	51.9	73.3	24.1	48.3	47.1	58.2
Immunization	46.2	58.2	93.1	89.3	66.3	69.3
Personal hygiene	17.0	26.7	63.2	72.7	44.4	43.5
Referral services	17.9	21.1	2.3	4.9	7.2	9.3
Total	**106**	**251**	**87**	**205**	**485**	**1350**
Among those who availed benefits						
Received supplementary food						
Yes	77.8	77.9	76.1	79.0	75.9	80.7
Total	**117**	**262**	**113**	**252**	**610**	**1588**
Consumption of THR the denominator needs to be who received THR						
Consumption of THR						
Yes	0.0	0.0	100.0	100.0	90.3	93.4
No	0.0	100.0	0.0	0.0	9.7	6.6
Total	**0**	**2**	**83**	**192**	**321**	**850**
Among those who received THR						
Source on information on THR the denominator should be who consumed THR						
Yes	0.0	0.0	98.7	72.7	94.5	72.5
No	0.0	0.0	1.3	27.3	5.5	27.5
Total	**0**	**0**	**77**	**187**	**235**	**655**

	Tharad (Gujarat)		Godda (Jharkhand)		Raigarh (Chhattisgarh)		Dhamra (Odisha)	
	NE	E	NE	E	NE	E	NE	E
Among those who received THR and informed about use of THR								
10. Adolescent girls								
Health check up in school/AWC/ASHA/SuPoshan Sanginig								
Height measured	100.0	98.4	53.8	69.4	83.3	89.8	36.7	56.0
Weight measured	100.0	98.4	53.8	72.6	83.3	89.3	43.3	60.0

	Tharad (Gujarat)		Godda (Jharkhand)		Raigarh (Chhattisgarh)		Dhamra (Odisha)	
	NE	E	NE	E	NE	E	NE	E
Anaemia check up	70.8	87.1	34.6	66.1	45.8	69.6	10.0	32.0
Total	**24**	**62**	**26**	**62**	**24**	**56**	**30**	**50**
Consumed IFA								
Yes	75.0	88.7	57.7	66.1	79.2	76.8	63.3	78.0
Total	**24**	**62**	**26**	**62**	**24**	**56**	**30**	**50**
Consumed IFA in last one week								
Yes	100.0	81.8	80.0	73.2	89.5	90.7	42.1	51.3
Total	**18**	**55**	**15**	**41**	**19**	**43**	**19**	**39**
Among those who ever consumed IFA								
Consumed Deworming								
Yes	58.3	71.0	76.9	75.8	87.5	87.5	73.3	78.0
Total	**24**	**62**	**26**	**62**	**24**	**56**	**30**	**50**
Consumed Deworming in last 6 months								
Yes	85.7	84.1	90.0	85.1	71.4	83.7	54.5	64.1
Total	**14**	**44**	**20**	**47**	**21**	**49**	**22**	**39**
Among those who ever consumed deworming								
11.Awareness NRC								
Heard of NRC/CMTC								
Yes	54.8	69.8	21.6	48.0	58.7	59.7	17.6	35.7
Total	**31**	**172**	**51**	**152**	**46**	**154**	**68**	**126**
Availed services from NRC/CMTC								
	52.9	72.5	81.8	67.1	7.4	40.2	0.0	0.0
Total	**17**	**120**	**11**	**73**	**27**	**92**	**12**	**45**

	Haldia 1 (West Bengal)		Bundi (Rajasthan)		All geographies	
	E	NE	NE	E	NE	NE
10. Adolescent girls						
Health check up in school/AWC/ASHA/SuPoshan Sanginig						
Height measured	81.5	100.0	44.0	93.1	65.4	85.1
Weight measured	81.5	100.0	44.0	93.1	66.7	86.2
Anaemia check up	74.1	91.7	0.0	44.8	38.5	66.4
Total	**27**	**60**	**25**	**58**	**156**	**348**

	Haldia 1 (West Bengal)		Bundi (Rajasthan)		All geographies	
	E	NE	NE	E	NE	NE
Consumed IFA						
Yes	92.6	100.0	88.0	94.8	75.6	84.2
Total	**27**	**60**	**25**	**58**	**156**	**348**
Consumed IFA in last one week						
Yes	56.0	88.3	81.8	83.6	73.7	79.5
Total	**25**	**60**	**22**	**55**	**118**	**293**
Among those who ever consumed IFA						
Consumed Deworming						
Yes	81.5	96.7	76.0	87.9	75.6	82.8
Total	**27**	**60**	**25**	**58**	**156**	**348**
Consumed Deworming in last 6 months						
Yes	63.6	89.7	100.0	98.0	76.3	85.1
Total	**22**	**58**	**19**	**51**	**118**	**288**
Among those who ever consumed deworming						
11.Awareness NRC						
Heard of NRC/CMTC						
Yes	67.2	87.3	32.3	45.5	40.1	58.5
Total	**61**	**142**	**65**	**134**	**322**	**880**
Availed services from NRC/CMTC						
	0.0	1.6	9.5	13.1	17.1	63.7
Total	**41**	**124**	**21**	**61**	**129**	**515**

	Tharad (Gujarat)		Godda (Jharkhand)		Raigarh (Chhattisgarh)		Dhamra (Odisha)	
	NE	E	NE	E	NE	E	NE	E
Among those who heard of NRC/CMTC								
Referal to NRC/CMTC from								
ASHA/ANM/AWW	66.7	79.3	100.0	81.6	100.0	64.9	0.0	0.0
SuPoshan Sangini	33.3	20.7	0.0	18.4	0.0	35.1	0.0	0.0
Total	**9**	**87**	**9**	**49**	**2**	**37**	**0**	**0**
Among those who availed services								

	Tharad (Gujarat)		Godda (Jharkhand)		Raigarh (Chhattisgarh)		Dhamra (Odisha)	
	NE	E	NE	E	NE	E	NE	E
Visit to NRC/CMTC								
Yes	100.0	95.4	100.0	93.9	100.0	56.8	0.0	0.0
Total	**9**	**87**	**9**	**49**	**2**	**37**	**0**	**0**
Among those who availed services								
Complete NRC treatment of 14 days								
Yes	100.0	97.6	100.0	95.7	50.0	85.7	0.0	0.0
Total	**9**	**83**	**9**	**46**	**2**	**21**	**0**	**0**
Among those who visited to NRC								
Person accompanied to NRC/CMTC								
ASHA/ANM/AWW	100.0	100.0	100.0	88.6	100.0	83.3		
SuPoshan Sangini			0.0	11.4	0.0	16.7		
Total	**9**	**81**	**9**	**44**	**1**	**18**	**0**	**0**
Among those who were referred and availed services from NRC/CMTC and completed the treatment								
Complete check ups 3 follow ups after discharge								
Yes	100.0	100.0	100.0	97.7	100.0	100.0	0.0	0.0
Total	**9**	**81**	**9**	**44**	**1**	**18**	**0**	**0**
Among those who completed the treatment								
12. Sanitation and hygiene								
Take care of infant/children								
Yes	85.9	86.6	90.5	89.3	87.9	88.9	77.2	82.6
Total	**71**	**299**	**95**	**281**	**91**	**270**	**123**	**224**

	Haldia 1 (West Bengal)		Bundi (Rajasthan)		All geographies	
	E	NE	NE	E	NE	NE
Referal to NRC/CMTC from						
ASHA/ANM/AWW	100.0	0.0	100.0	62.5	86.4	75.4
SuPoshan Sangini	0.0	100.0	0.0	37.5	13.6	24.6
Total	**0**	**2**	**2**	**8**	**22**	**183**
Among those who availed services						
Visit to NRC/CMTC						
Yes	0.0	100.0	50.0	87.5	95.5	86.9
Total	**0**	**2**	**2**	**8**	**22**	**183**
Among those who availed services						

	Haldia 1 (West Bengal)		Bundi (Rajasthan)		All geographies	
	E	NE	NE	E	NE	NE
Complete NRC treatment of 14 days						
Yes	0.0	100.0	100.0	100.0	95.2	95
Total	**0**	**2**	**1**	**7**	**21**	**159**
Among those who visited to NRC						
Person accompanied to NRC/CMTC						
ASHA/ANM/AWW	0.0	50.0	100.0	50.0	100	92.6
SuPoshan Sangini	0.0	50.0	0.0	50.0	0	7.4
Total	**0**	**2**	**1**	**4**	**20**	**149**
Among those who were referred and availed services from NRC/CMTC and completed the treatment						
Complete check ups 3 follow ups after discharge						
Yes	0.0	100.0	100.0	100.0	100	99.3
Total	**0**	**2**	**1**	**7**	**20**	**152**
Among those who completed the treatment						
12. Sanitation and hygiene						
Take care of infant/children						
Yes	95.7	96.6	92.9	96.8	88.4	90.2
Total	**117**	**262**	**113**	**252**	**610**	**1588**

	Tharad (Gujarat)		Godda (Jharkhand)		Raigarh (Chhattisgarh		Dhamra (Odisha)	
	NE	E	NE	E	NE	E	NE	E
Use toilet to make infants/children to defecate								
Yes	64.8	74.2	65.3	54.4	61.5	63.7	39.0	61.6
Total	**71**	**299**	**95**	**281**	**91**	**270**	**123**	**224**
Place of disposal of children excreta								
Flush at water supply point	0.0	100.0	0.0	18.2	5.7	9.8	25.0	24.6
Total	**25**	**73**	**32**	**121**	**35**	**92**	**64**	**64**
Among those who do not use toilet for infants/children								
Ways to treat water								
Use filter machine	100	70.2	16.7	23.3	5.9	21.3	8.2	9.3
Boiling	0	26.6	33.3	46.7	70.6	45.4	63.9	58
Use alum/chlorine	0.0	2.1	50.0	26.7	11.8	19.9	27.9	32.0
Total	**1**	**94**	**6**	**30**	**34**	**141**	**61**	**150**
Among those who know that water is filter								

	Tharad (Gujarat)		Godda (Jharkhand)		Raigarh (Chhattisgarh		Dhamra (Odisha)	
	NE	E	NE	E	NE	E	NE	E
Process of drawing water from pot								
With laddel	87.3	91	54.7	644	92.3	94.8	61.8	66.5
Total	**71**	**299**	**95**	**281**	**91**	**270**	**123**	**224**

	Haldia 1 (West Bengal)		Bundi (Rajasthan)		All geographies	
	NE	NE	E	NE	NE	E
Use toilet to make infants/children to defecate						
Yes	88.9	90.5	78.8	88.9	66.4	72.2
Total	**117**	**262**	**113**	**252**	**610**	**1588**
Place of disposal of children excreta						
Flush at water supply point	80.0	78.3	41.7	32.1	18.9	20.4
Total	**10**	**23**	**24**	**28**	**190**	**402**
Among those who do not use toilet for infants/children						
Ways to treat water						
Use filter machine	44	59.1	6.3	13.5	13.1	31.4
Boiling	16	25.5	0	6.3	41.1	36.1
Use alum/chlorine	0.0	1.8	83.3	1.0	2.3	5.3
Total	**25**	**110**	**48**	**96**	**175**	**621**
Among those who know that water is filter						
Process of drawing water from pot						
With laddel	99.1	91.6	77	76.6	78.2	81.3
Total	**117**	**262**	**113**	**252**	**610**	**1588**

Tools

Endline Evaluation of Project "Fortune_Suposhan"

Beneficiary Questionnaire

Q. No.	A. IDENTIFICATION	
A1	**Site Location and state** Thasad (Gujarat) Godda (Jharkhand) Raigarh (Chhattisgarh) Dhamra 2 (Odisha), Haldia 1 (West Bengal) Dundi (Rajasthan)	
A2	Area/Village Name :	
A3	AWC code	
A3a.	AWC Name	
A4	Investigators Name:	
A5	Respondent Serial Number	
	Informed Consent Form Namaste! We are a part of the research team from the Intelytics Research and Analytics Solutions Pvt., Delhi. As part of a research project, we are undertaking the Endline Evaluation of Project Fortune_Suposhan~ Project Fortune_Suposhan is designed to support the community level efforts envisaged under the union and the state government programs, particularly ICDS (anganwadi centre services), and strengthens local capacities to deliver nutrition services to the beneficiaries with equity and quality. THR (Take home ration) through this interview we would like to learn about your experience with the services received by you under Project Fortune_Suposhan. We would like to understand your perception regarding the quality of the health and nutrition services as well as the responsiveness of the service providers. We would also like to know your thoughts on what helps and what prevents effective provisioning of the various services and what can be done to improve it. The entire interview will take about 45-50 minutes. Please understand that your participation in this research is entirely voluntary. All information that you share with us during the interview will be kept confidential and will be used for research purposes and your name will not be linked with the information that you provide. While reporting this research, we will not be sharing any individual identification information (your name, address, contact details) with anyone outside the research team. If you feel uncomfortable at any point during the interview, please let us know. We will stop and move on to the next question. You can decide to stop the conversation at any point during the interview process. Your participation is very critical for us. Your responses will help us to provide recommendations to improve health and nutrition service delivery. *Do you have any questions?* *ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S CONCERNS.* *Do you participate in this survey?* *Yes ..... 1 Continue* *No ..... 2 End the interview*	

I. BACKGROUND INFORMATION				
Q. No.	**Questions**	**Response Categories**	**Code**	**Skip**
1.1	Respondent category	Pregnant women (recently delivered within last six months) Lactating mother (Mothers of Children 6 months to 2 years) Mother of 2-5 years age children (non-lactating) Adolescent girl (10-19 years age)	1 2 3 4	
1.2	Age in completed years	☐☐ Don't Know..... 99		
1.3	Education (completed)	Primary (I-V) Upper Primary (VI-VIII) Secondary (IX-X) Higher Secondary (XI-XII) Graduate PG & above Never Went To School	1 2 3 4 5 6 7	
1.4	Occupation	Student Govt. Service Private Service Self-Employed Daily wage labourer Homemaker Agriculture Other (Specify)	1 2 3 4 5 6 7 8	
1.5	Marital status	Married Never married Divorced/separated	1 2 3	If 1.5 = 2 skip to 2.1
1.6	No. of children ever born	Enter 0 for no children		

Applicable to, Mothers of 3 months to - 5 years children				
1.7	Age of last-born child	Months		
1.8	Gender of child	Male Female	1 2	

II. SOCIO-DEMOGRAPHIC PROFILE				
Q. No.	**Questions**	**Response Categories**	**Code**	**Skip**
2.1	Does your household have a BPL card?	Yes No Don't know	1 2 8	
2.2	Total monthly income of your household (for all earning members)	**write exact amount/range here** **Don't know- 8888**		
2.3	How much of monthly household income is spent on grocery/vegetables and food items?	**write exact amount/range here** **Don't know- 8888**		
2.4	Religion	Hindu Muslim Christian Sikh Other	1 2 3 4 5	
2.5	Type of family	Nuclear Joint	1 2	
2.6	Size of family (No. of available members)	No. of family members (male female adults and total children)		
2.7	Do you belong to a scheduled caste, scheduled tribe, other backward class, or none of these?	Scheduled Caste Scheduled Tribe Other Backward Class Others	1 2 3 4	
2.8	Type of house **(Observe and code)**	kuchcha (wood, thatch) Pucca (brick, cement)	1 2	
2.9	Does your family own this house?	Yes No Don't know	1 2 8	
2.10	What is your source of drinking water? **(Observe, ask and code)**	piped water Tube well Well Rainwater collection River, dam, lake, pond, canal Canapee/bottle (packed/unpacked drinking water) Other (specify) Don't know	1 2 3 4 5 6 7 8	
2.11	Do you have toilet in your Household?	Yes No	1 2	If '2', go to 2.13
2.12	Is it exclusively toilet used by all the household members ?	Yes No	1 2	
2.13	Is there space for Indian toilet/kitchen garden with the household?	Yes No	1 2	
2.14	Does family have a self-owned cultivation land?	Yes No	1 2	
2.15	Do you have any health insurance?	Yes Government Yes Private No Don't know	1 2 3 8	

Pregnant women Section

III. Knowledge and Access to ANC services				
Q. No.	**Questions**	**Response Categories**	**Code**	**Skip**
3.1	What was the date of the last delivery?	**DD/MM/YYYY**		
3.2	Was it was your first pregnancy?	Yes No	1 2	
3.3	Where did you deliver?	Hospital Public	1	

		Hospital Private Home Transit	2 3 4	
3.4	What was the type of delivery?	Normal/ C-section/Assisted		
3.5	What was weight of the baby at birth ? (check the ANC/Mother and child protection card – MCP)	KG Grams		
3.6	According to you When should pregnant women register ?	<=3 months 4th month 5th month 6th month 7th month 8th month 9th month No need to register 88. Don't Know	1 2 3 4 5 6 7 8 88	
3.7	What is the ideal number of ANC visits for a pregnant woman?	1 2 3 4 5 or more Other Don't know	1 2 3 4 5 6 88	
3.8	What are the services one get, during their ANC visit? **(Multiple choice)**	Abdominal examination Supplements (FA/IFA/Calcium) Deworming Anaemia test Diabetes test Thyroid test Weight measurement Height measurement Blood pressure check Dietary guidance TT injection	1 2 3 4 5 6 7 8 9 10	

		Ultrasound Any other, specify Don't Know	11 12 13 88	
3.9	Did you register your pregnancy?	Yes No	1 2	If '2', go to 3.12
3.10	If yes, where did you register?	AWC Health Sub-Center CHC / PHC District Hospital Private Hospital Any other (Specify)	1 2 3 4 5 8	
3.11	Who Connected you for ANCs services?	ASHA AWW ANM SuPoshan Sangini Any other	1 2 3 4 8	
3.12	How many times did you receive antenatal checkups during pregnancy?	No. ------- (calculate as per gestational age/ check with MCP card if available)		
3.13	What services did you receive during your ANC visits? **Multiple response**	Abdominal examination Supplements (FA/IFA/Calcium) Deworming Anaemia test Diabetes test Thyroid test Weight measurement Height measurement Blood pressure check Dietary guidance TT injection Ultrasound Any other, specify Don't Know	1 2 3 4 5 6 7 8 9 10 11 12 13	

			88	
3.14	Have you received counselling during your ANC visit/s? **Multiple response**	No counselling Breast-feeding Complementary feeding Diet during pregnancy Weight gain during pregnancy Physical activity and rest during pregnancy Anaemia (including IFA, iron rich foods etc.) Family planning Immunization (BCG/ OPV-0/ Hepatitis B-0 vaccinations) Birth preparedness Any other (specify)	0 1 2 3 4 5 6 7 8 9 10	
3.15	Who have provided you the counselling? (Multiple responses)	ANM AWW SuPoshan Sangini Any other (specify)	1 2 3 4	
3.16	Which supplements are provided for free to a pregnant woman through – ASHA/Anganwadi worker / ANM ? (multiple choice)	Iron Calcium Folic acid Any other, please specify I don't know	1 2 3 4 5 8	
3.17	During pregnancy, did you receive any IFA? If yes, from where?	Yes, (ASHA/Anganwadi worker / ANM) Yes, private No	1 2 3	
3.18	If Yes, Did you consume the IFA tablets?	Yes No	1 2	
3.19	If Yes how many in a day and for how many days?	Number in a day (single digit – 1 - 2) Number of days (three digit – 1 - 180		

		days)		
3.20	During pregnancy, did you receive any Calcium Supplementation? If yes, from where?	Yes, (ASHA/Anganwadi worker / ANM) Yes, private No	1 2 3	
3.21	If Yes, Did you consume the Calcium tablets?	Yes No	1 2	
3.22	If Yes how many in a day and for how many days?	Number in a day (single digit – 1 - 2) Number of days (three digit – 1 - 180 days)		
3.23	During pregnancy, did you receive any Albendazole ?	Yes, (ASHA/Anganwadi worker / ANM) Yes, private No Don't know	1 2 3 8	
3.24	How much more diet should a pregnant woman take?	One meal extra Two meals extra Same as before Any other, please specify Don't Know	1 2 3 4 8	
3.25	How many meals you used to take during pregnancy?	Number		
3.26	During your pregnancy how many hours you usually sleep ?	Day hours (single digit) Night hours		
3.27	Did you receive any vaccination during pregnancy? (Check with ANC / MCH card)	Yes No Don't know	1 2 8	
3.28	Total weight gain during Pregnancy period (check by ANC / MCH card)	KG Don't know		

Section for LW. women with under 5 children

IV. Knowledge of ITCP and Complementary feeding				
Q. No.	**Questions**	**Response Categories**	**Code**	**Skip**
4.1	According to you, when should a mother start breastfeeding to new-born?	Immediately after birth Within 1 hour After 2 - 3 hours	1 2	

		Within 24 hours of delivery After 24 hours Any other, please specify I don't know	3 4 5 8	
4.2	What are the advantages of early initiation and exclusive breastfeeding? (multiple choice) Exclusive breast feeding advantages are:	Provides ideal nutrition for baby Breast milk contains required antibodies Promotes baby's healthy weight gain Reduces chances of development of common childhood diseases such Helps to establish the lactational reflex Enhances bonding between mother and child Reduces postpartum bleeding All of the above Any other specify I don't know	1 2 3 4 5 6 7 8 9 10 88	
4.3	Would you advice a mother to feed colostrum to her new born baby?	Yes No I don't know	1 2 8	If no, go to 4.5
4.4	If yes, please give reasons. (multiple choice)	Develops child's immunity against common childhood illnesses Enriched nutrition for child Any other, please: don't know	1 2 3 8	
4.5	For how long should a woman exclusively breastfeed her baby?	1-5 months Six months One year Two years Any other, please specify Don't know	1 2 3 4 5 8	
4.6	When complementary feeding should be initiated for a child?	Between 4-6 months At 6 months Between 7 to 8 months After the child turns one year of age I don't know	1 2 3 4 8	

4.7	What are the benefits of complementary feeding? (multiple choice)	Required for continued growth and development of the child's Important for the fulfilment of child Increased nutrition requirements Any other, specify Don't know	1 2 3 8	
4.8	How complementary food items should be introduced to a child?	One food item, once a day One food item, 2-3 times in a day Multiple food items, once in a day Some portion from your regular meal Any other, please specify Don't know	1 2 3 4 5 6 8	
4.9	Which food items/group will you prefer for feeding to a child? (multiple choice)	Breast Milk substitutes Milk products (curd, lassi etc) Boiled Vegetables Fruits Pulses Cereals Any other specify Don't know	1 2 3 4 5 6 8	
4.10	In terms of feeding practices, according to you, what should be done if a child experiences any illness?	Stop Breast Feeding Continue Breast Feeding Stop complimentary food Continue complimentary food Don't know	1 2 3 4 8	
4.11	6-8 months old needs to eat ____meals a day in addition to breast feeding and 1-2 snacks.	3-4 meals 2-3 meals Don't know	1 2 8	
4.12	What should be the consistency of the complementary food for 6 -8-month child? Complementary food for 6 -8-months your child take food in which consistency?	Mashed (lack consistency that stays on the spoon or drips slowly Too thin- drips easily off the spoon such as watery porridge Don't know	1 2 8	
4.13	How much quantity 6-8 months old baby should be fed at one meal?	1/3 katori /2 katori Don't know	1 2 8	
4.14	Children 9-12 months old should eat ____	3-4 meals 2-3 meals	1 2	

	times a day and have: 1-2 months along with breastfeeding	Don't know	9	
4.15	How much quantity 9-11 months old baby should be fed at one meal?	½ katori 1 katori Don't know	1 2 8	
4.16	How much quantity 12-24 months old baby should be fed at one meal?	½ katori 1 katori Don't know	1 2 8	
4.17	Minimum how long a baby should be breastfed?	12 months 24 months Any other specify Don't know	1 2 3 8	
4.18	How many post natal visits are required for a mother during post natal period?	4 5 6 Any other Don't know	1 2 3 4 8	
4.19	What supplements are given to a lactating mother in first six months after delivery?	IFA Calcium IFA & Calcium Any other Don't know	1 2 3 4 8	
4.20	Does a lactating mother need to eat more as compared to pregnant women?	Yes No Don't Know	1 2 8	
4.21	Have you heard about Kangaroo mother care (KMC)	Yes No	1 2	
4.22	If yes, from whom you have heard ? (Multiple responses)	ASHA/Anganwadi worker / ANM Supervisor/ Sangini Government Doctor Private Doctor Any other specify	1 2 3 4 5	
4.23	Who can give Kangaroo mother care (KMC)	Mother Father Grandmother Any other All of the above	1 2 3 4 5	

Section for LW, women with under 5 children

V. Practice of IYCF and Complementary feeding (for last born child)				
Q. No.	**Questions**	**Response Categories**	**Code**	**Skip**
5.1	When did you initiate breastfeeding to your last child?	Immediately after delivery Within 1 hour After 2 - 3 hours Within 24 hours of delivery After 24 hours Any other specify	1 2 3 4 5 8	

		Don't remember		
5.2	Did you give anything apart from your milk to the baby immediately after birth ?	Honey Water Animal milk Breast milk substitutes Any other specify	1 2 3 4 5	
5.3	Are you currently Breast Feeding your child?	Yes No	1 2	
5.4	In addition to Breast feeding, what else do/did you give to the child from birth up to 6 months?	Only Breast feeding BM+Medicine BM+ water BM+Some juice BM+Some food Ghunti + Breast feeding Other specify	1 2 3 4 5 6 7	
5.5	At what age did you start feeding complementary food to the child?	Before 6 months After 6 months After 7, 8 months Other Not started yet Don't know	1 2 3 4 5 8	Go to next section if response is 5 'not started yet'
5.6	How did you introduce complementary food items to your child?	1One food item, once a day One food item, 2-3 times in a day Multiple food items, once in a day Some portion from your regular meal Any other, please specify Don't know	1 2 3 4 5 6 7 8	
5.7	Which food items/group did you give for feeding to your child? (**multiple choice**)	Breast milk substitutes Milk products (curd, lassi etc) Boiled Vegetables Fruits Pulses Cereals Any other, please specify I don't know	1 2 3 4 5 6 8	
5.8	In terms of feeding practices, what do you do when your child experiences any illness?	Stop BF Continue BF Stop complimentary food Continue complimentary food Don't know	1 2 3 4 5 8	
5.9	Did you give water during summer to your baby along with breastfeed in first six	Yes No	1 2	

	months after birth ?	Don't know	8	
5.10	Did you give Kangaroo mother care (KMC) to your baby?	Yes No	1 2	

Section for LW, women with under 5 children

VI. Practice of WASH

Q. No.	Questions	Response Categories	Code	Skip
6.1	How do you prepare yourself before feeding child (Request to demonstrate and code, don't ask do you wash hands)	Wash hands with soap Wash hands with water Wash hands with other material Do nothing Don't know	1 2 3 4 8	
6.2	How do you prepare yourself after you child urinating or passing stool (Request to demonstrate and code, don't ask do you wash hands)	Wash hands with soap Wash hands with water Wash hands with other material Do nothing Don't know	1 2 3 4 8	

All women Section (PW, LW, Women with under 5 children (for women), Adolescent girls)

VII. Diet Diversity

Q. No.	Questions	Response Categories	Code	Skip
7.1	What type food you usually you take ?	Pure Vegetrian Non Vegetrian Mixed (Veg / Non veg / egan)	1 2 3	
7.2	If Non-vegetarian / mixed, how frequently in a week, you eat non-veg	Numbers of days in week ----		
7.3	Yesterday how many meals did you have? * A Meal means consumption of cereal and beverage or cereal /fly alone or milk and milk products or cereal pulse combination (beverage alone is not considered a meal	NO MEAL 1 MEAL 2 MEALS 3MEALS 4 MEALS OR MORE	1 2 3 4 5	

The enumerator asks the respondent to openly recall their food consumption. Foods recorded in the open-recall grid are classified by knowledgeable members of the research team into food groups.

Now I'd like to ask you to recall the foods/drinks that you ate/drank over the previous day or night, in chronological order, starting with the first food consumed, up to the last one at the end of the day. Also mention whether you ate them at home or anywhere else.

YESTERDAY DURING THE DAY OR AT NIGHT:

7.4 Did you eat anything after waking up in the morning yesterday?

If "yes" what? Anything else?

(Note for investigator: Similarly note the same for mid-morning, noon, evening, and night in the food categories they fall in. If any other locally available food is listed, categorize them in the groups below)

	Food Groups		If any other local foods according to their categories
1	**Food made from grains** *Wheat, rice, rice flakes, corn, maize, millet or any other grains or foods made from these (e.g. bread, porridge, wheat) etc.*	YES..... 1 NO.....2	
2	**Vegetables or roots that are orange-coloured inside** *Tomato, pumpkin, carrots, or sweet potatoes that are yellow or orange inside etc.*	YES..... 1 NO.....2	
3	**White roots and tubers and plantains** *White potato, sweet potato, colocasia (arbi), radish or any other foods made from white-fleshed roots or tubers, plantains, beetroot etc.*	YES..... 1 NO.....2	
4	**Medium to Dark green leafy vegetables** *Methi, spinach, mustard, curd leaves, radish, beetroot, bathua, etc. excluding pale green leafy like lettuce*	YES..... 1 NO.....2	
5	**Fruits that are dark yellow or orange inside** *Ripe mango, ripe papaya, apricot etc. excluding unripe mango, papaya, bananas, oranges*	YES..... 1 NO.....2	
6	**Any other fruits** *Singhara, banana, apple, pear, grapes, watermelon, dates, chestnut, coconut, etc.*	YES..... 1 NO.....2	
7	**Any other vegetables** *Onion, brinjal, cauliflower, cabbage, drumstick, drumstick leaves, lauki, lufa, karela, ladyfinger, parval, etc.*	YES..... 1 NO.....2	
8	**Pulses, beans, or peas** *Mature beans or peas (fresh or dried seed), lentils (urhar, chana, moog) or bean/pea products, etc.*	YES..... 1 NO.....2	
9	**Nuts or seeds** *Any tree nut, groundnut/peanut, or certain seeds, or nut/seed "butter" or pastes, etc.*	YES..... 1 NO.....2	
10	**Milk or milk products** *Milk, cheese, milk powder, yoghurt or other milk product not including butter, ice cream, sweet condensed milk, cream or sour cream, etc.*	YES..... 1 NO.....2	
	Tea/Coffee can be classified separately and under other beverages if milk used is less and is unsweetened and under sugar sweetened beverages if no sugar is added.		
11	**Eggs** *Eggs from poultry or any other bird, etc.*	YES..... 1 NO.....2	
12	**Fish or seafood, whether fresh or dried** *Fresh or dried fish, shellfish or seafood, etc.*	YES..... 1 NO.....2	
13	**Meat or poultry** *beef, lamb, goat, rabbit, pig, wild game meat, snake, chicken, duck or other bird, etc.*	YES..... 1 NO.....2	
14	**Meat made from animal organs** *Liver, kidney, heart or other organ meats or blood-based foods, including the wild game, etc.*	YES..... 1 NO.....2	
	Processed Meat can be added if locally consumed		
15	**Condiments and seasonings** *Chillies, spices, herbs, garlic, fish powder, tomato paste, flavour cubes or seeds, coriander leaves, etc.*	YES..... 1 NO.....2	
16	**Other beverages and foods** *Tea or coffee if not sweetened, clear broth, alcohol, pickles, olives and similar*	YES..... 1 NO.....2	
17	**Insects and other small protein foods**	YES..... 1	
	Insects, insect larvae/grubs, insect eggs and larval and ant snails	NO.....2	
18	**Red palm oil** *Red palm oil*	YES..... 1 NO.....2	
19	**Other oils and fats** *Oil, fats or butter added to food or used for cooking, extracted oils from nuts, fruits and seeds, all animal fat, etc.*	YES..... 1 NO..... 2	
20	**Savoury and fried snacks** *Chips and chips, fried dough or other fried snacks, etc.*	YES..... 1 NO..... 2	
21	**Sweets** *Sugary foods, chocolates, candies, cookies/sweet biscuits and cakes, sweet pastries or ice cream, "ghee", etc.*	YES..... 1 NO..... 2	
22	**Sugar-sweetened beverages** *Sweetened fruit juices and "juice drinks", soft drinks/fizzy drinks, chocolate drinks, yoghurt drinks or sweet tea or coffee with sugar. Malt drinks, etc.*	YES..... 1 NO..... 2	
23	**Is your community, are there any foods that you do not have during pregnancy or lactation?** *Specify*		

All women Section (PW, LW, Women with under 5 children (for women), Adolescent girls)

	Anthropometry	Response /value	Remark
W1	Weight [kg]		Up to 2 decimal places
	Example	5 5 . 4 0 0	
	Anthropometry	**Response /value**	**Remark**

W2	Weight (cm)						Up to 1 decimal place
	Example	4	5	1	.	6	

For Women with under 5 children (for their under 5 children)

VIII. Dietary Diversity FOR 6-23 MONTHS AND 2-5 YEARS OLD CHILDREN

8.1	Was s/he breastfed yesterday during the day or at night? If Yes ask the frequency during day and during night	Yes ..... 1 No ..... 2 Don't Know 88

Now I would like to ask you about liquids or foods that your child had yesterday during the day or at night (in the last 24 hours).I am interested in whether your child had the item mentioned even if it was combined with other foods. I would like to ask details of foods your child ate whether at home or somewhere else.
Think about when your child woke up yesterday. Did (he/ she) eat anything at that time?

If "yes" ask: Please tell me everything your child ate at that time.

Probe: Anything else?

Record answers using the food groups below

What did s/he do after that? Did he/she eat anything at that time?

Do the same for different periods, mid-morning, afternoon, evening, night until s/he woke up that morning and record in the food groups.
If a mixed dish is mentioned:
Probe: what were the main ingredients? Record answers in the correct food groups

2	Infant formula, such as [insert local names of common formula]?	Yes ..... 1 No ..... 2 Don't Know 88
3	Milk from animals, such as fresh, tinned or powdered milk?	Yes ..... 1 No ..... 2 Don't Know 88
3a	If "yes": Was the milk or were any of the milk drinks a sweet or flavoured type of milk?	Yes ..... 1 No ..... 2 Don't Know 88
4	Curd, curd-based drinks such as lassi, chaach, etc. [insert local names of common types of yogurt drinks]?	Yes ..... 1 No ..... 2 Don't Know 88
4a	If "yes": Was the yogurt or were any of the yogurt drinks a sweet or flavoured type of yogurt/drink?	Yes ..... 1 No ..... 2 Don't Know 88
5	Chocolate-flavoured drinks including those made from syrups or powders?	Yes ..... 1 No ..... 2 Don't Know 88
6	Fruit juice or fruit-flavoured drinks including those made from syrups or powders?	Yes ..... 1 No ..... 2 Don't Know 88
7	Sodas, malt drinks, sports drinks or energy drinks?	Yes ..... 1 No ..... 2 Don't Know 88
8	Tea, coffee, or herbal drinks?	Yes ..... 1 No ..... 2 Don't Know 88
8a	If "yes": Was the drink/ Were any of these drinks sweetened?	Yes ..... 1 No ..... 2 Don't Know 88
9	Any other liquids? If "yes", what was the liquid or what were the liquids? _____	Yes ..... 1 No ..... 2 Don't Know 88
9a	If "yes": Was the drink or were any of these drinks sweetened?	Yes ..... 1 No ..... 2 Don't Know 88
10	Any bread, roti/chapatti, rice, idli, dosa, noodles, vermicelli, or any other foods made from grains?	Yes ..... 1 No ..... 2 Don't Know 88
11	Any pumpkin, carrots, red pepper, or sweet potatoes that are red, yellow or orange inside?	Yes ..... 1 No ..... 2 Don't Know 88
12	Any white potatoes, white banana, lotus root,	Yes 1

	white yams, cassava, sweet potato with white flesh, turnip?	No ..... 2 Don't Know 88
13	Any dark green leafy vegetables, such as spinach, amaranth leaves, broccoli (leaves/head), mustard leaves, lasthua, methi, moringa leaves?	Yes ..... 1 No ..... 2 Don't Know 88
14	Any other vegetables such as ladies' finger, brinjal, bitter gourd, bottle gourd, capsicum, cauliflower, green peas, green beans, cucumber, tomato, beets, radish, mushroom, fresh corn, zucchini etc.?	Yes ..... 1 No ..... 2 Don't Know 88
15	Any ripe mango (ripe), papaya (ripe), apricot, musk melon, peaches, passion fruit, tree tomato, or jackfruit (Vitamin A rich fruits)?	Yes ..... 1 No ..... 2 Don't Know 88
16	Any other fruits such as banana, apple, grapes, guava, gooseberry, blueberry, coconut flesh, cherries, etc.	Yes ..... 1 No ..... 2 Don't Know 88
17	Any liver, kidney, heart or other organ meat?	Yes ..... 1 No ..... 2 Don't Know 88
18	Any other meat such as beef, pork, lamb, goat, chicken, duck etc.?	Yes ..... 1 No ..... 2 Don't Know 88
19	Any eggs?	Yes ..... 1 No ..... 2 Don't Know 88
20	Any fresh or dried fish or shellfish?	Yes ..... 1 No ..... 2 Don't Know 88
21	Dal, sambhar, rajma, soya bean, nuts (almonds, walnut etc.), seeds (chia seeds, sesame seeds, flax seeds, pumpkin seeds, or foods made from these?	Yes ..... 1 No ..... 2 Don't Know 88
22	Any foods made from beans, peas, lentils, or nuts?	Yes ..... 1 No ..... 2 Don't Know 88
23	Hard cheese or soft cheese (Paneer)	Yes ..... 1 No ..... 2 Don't Know 88

24	Sweet foods such as chocolates, candies, pastries, cakes, biscuits, or frozen treats like ice cream and popsicles, or sweet, doughnuts, etc.)	Yes ..... 1 No ..... 2 Don't Know 88
25	Chips, crisps, puffs, French fries, instant noodles, deep fried snacks such as fried plantain, samosas, pakoras, etc	Yes ..... 1 No ..... 2 Don't Know 88
26	Other solid, semi-solid or soft foods? List all other solid, semi-solid or soft foods that do not fit food groups 1-4-6.25 here:_____	Yes ..... 1 No ..... 2 Don't Know 88
27	How many times did s/he eat solid, semi-solid, or soft foods yesterday during the day or at night? **If for more times, record '7'.** **If number of times not known, record "88"**	Number of times _____

For LW and Women with under 5 children (for their children)

	Anthropometry	Response/value	Remark
C1	Child Weight [kg and grams]		Up to 2 decimal places
	Example:	0 7 . 1 6 0	

	Anthropometry	Response/value	Remark
C2.1	Child Length [cm][<2 year]		Up to 1 decimal place
	Example	8 7 . 5	
C2.2	Child height [cm][> 2 year]		Up to 1 decimal place
	Example	8 7 . 5	

	Anthropometry	Response/value	Remark
C3	Child MUAC [cm] (Red/Yellow/Green)		Up to 1 decimal place
	Example	1 2 . 5	
C4	Presence of Bilateral pitting Oedema	* ** ***	

Section for PW, LW, women with child under 5, Adolescent girls

IX. Utilization of ICDS services				
Q. No.	Questions	Response Categories	Code	Skip
9.1	Have you enrolled in AWC for availing services?	Yes No	1 2	
9.2	Have you availed any benefits from the Anganwadi /ICDS center?	Yes No	1 2	
9.3	If Yes, What type of ICDS services you received from AWW? (Multiple response)	Supplementary Nutrition Health Check-ups Health and Nutrition Education Counselling services Immunization Personal hygiene Referral services Preschool non formal education All of the above	1 2 3 4 5 6 7 8 9	
9.4	Did you receive any supplementary Nutrition from AWC?	Yes No	1 2	
9.5	If "No", What is the reason? (Multiple options)	Was not aware Does not taste good Was not available in AWC Food Available but not distributed/cooked by AWW Any other	1 2 3 4 5 6	
9.6	If Yes, In what form?	Hot Cooked food (HCF) Take Home Ration(THR) Both Any other specify	1 2 3 4 5	
9.7	In a month, How frequently you received Take home ration?	Once a week Once in 15 days Monthly Occasionally Don't Know	1 2 3 4 8	
9.8	Are you consuming THR (TAKE HOME RATION) ?	Yes No	1 2	
9.9	Were you given information/demonstration on use of THR?	Yes No	1 2	
9.10	Who provided the information/demonstration on use of THR?	AWW ASHA SuPoshan Sangini Any other	1 2 3 4	

Section for Adolescent girls

X. Health check up and consumption of IFA and Deworming				
Q. No.	Questions	Response Categories	Code	Skip
10.1	Were you ever screened for following during health check up camps/AWC/School/ by AWW or ASHA or SuPoshan Sangini etc? a. Height measured b. Weight measured c. Anemia check up	Yes No Don't remember	1 2 8	
10.2	Have you ever consumed Iron & Folic supplements?	Yes No Don't remember	1 2 8	
10.3	Have you consumed Iron & Folic supplements in the **last one week?**	Yes No Don't remember	1 2 8	
10.4	Have you ever consumed deworming tablets?	Yes No Don't remember	1 2 8	
10.5	Have you consumed deworming tablets in the **last six months**?	Yes No Don't remember	1 2 8	

For LW and Women with under 5 children

XI. Awareness and access to NRC and CMTC services				
Q. No.	Questions	Response Categories	Code	Skip
11.1	Have you heard about Nutrition Rehabilitation Centre (NRC) or Child Malnutrition Treatment Centre (CMTC)?	Yes No Don't know	1 2 8	If no, skip to next section
11.2	Who informed you about these centers? (Multiple response)	ASHA ANM AWW SuPoshan Sangini Other	1 2 3 4 5	
11.3	Did you avail any service from NRC or CMTC for your child?	Yes No Don't remember	1 2 8	If no, go to next section
11.4	Who referred you to visit NRC or CMTC?	ASHA ANM AWW SuPoshan Sangini Other	1 2 3 4 5	
11.5	Did you visit the NRC/CMTC?	Yes No	1 2	
11.6	Did you completed the NRC/CMTC treatment for 14 days ?	Yes No	1 2	
11.7	If no then why:	NRC/CMTC far from home Other family children to be taken care at home Father of child works outside village Other	1 2 3 4	
11.8	If Yes, were you accompanied by someone to visit to NRC or CMTC?	ASHA ANM AWW SuPoshan Sangini Other	1 2 3 4	
11.9	Did you completed 2 follow-ups after discharge from NRC ?	Yes No	1 2	
11.10	If NO then why?	I think, the Child has recovered fully NRC is very far Did'nt liked the services at NRC Other	1 2 3 4	

All Respondents

Sanitation and Hygiene				
Q. No.	Questions	Response Categories	Code	Skip
12.1	Where do you go for defecation?	Use Sanitary toilet at home Use borehe toilet at home In Open/Field Public/ /Community/Village Sanitary Toilet Public /Community/Village Kutcha Toilet Others (specify)	1 2 3 4 5 6	
12.2	If option 3 has been selected, why he/she goes for open defecation? List or tick down two-three main reasons told by respondent:	Toilet not at home and for public utility Water Shortage, Cleaning is a problem Public toilet occupied Drainage not working More members in family Belief that infants and young children's excreta is not dirty Unhygienic to have toilet inside home/courtyard/ or to use public toilets	1 2 3 4 5 6	
12.3	Do you take care of infant, small children in your family (bathing/cleaning after defecation)?	Yes No Can't say	1 2 3	
12.4	Do you use toilet to make infants and young children defecate or flush their excreta?	Yes No Can't say	1 2 3	
12.5	If not, where do you dispose young children's excreta? *(this includes cleaning infants after defecation)*	Cover with ash or mud Take them for open defecation Flush at water supply point (well, hand-pump, tap, well, river/pond) Any other specify	1 2 3 4	
12.6	What do you use to wash hands after using toilet? *(Including toilet care for infants, small children, sick, bed ridden and elderly)*	Only Water Soap Ash Mud Any of the above as available	1 2 3 4 5	
12.7	What do you use to wash hands before cooking or eating or serving food? *(including cooking, serving, feeding infants, small children, sick, bed ridden and elderly and others)*	Only Water Soap Ash Mud Any of the above as available Any other (Specify)	1 2 3 4 5	
12.8	Do you tell your family members and friends to wash hands after toilet use and before handling eatables? *(Including food feeding or toilet care for infants, small children, sick, bed ridden and elderly and others)*	Yes, Always Yes, Sometimes Never Can't Say/No Response	1 2 3 8	
12.9	From where do you drink water?	Water stored from Tap Water stored from Well Water from Handpump/Tube well	1 2 3	

		Water from river/pond Any other (pls specify)	4 5	
12.10	Do you know whether water you drink is filtered or not?	Yes No Can't Say	1 2 8	
12.11	If yes, how is your drinking water filtered?	Using a filter machine Boiling Using Alum or Chlorine Using a cloth Any other (Specify)	1 2 3 4 5	
12.12	How do you draw drinking water from the pot / vessel ?	With Ladle Without ladle Any other	1 2 3	

All Respondents

IX. Use of SuPoshan program component (All women)

Q. No.	Questions	Response Categories	Code	Skip
13.1	Have you heard about Project **Fortune SuPoshan** being implemented by Asian Foundation?	Yes No Don't remember	1 2 8	If yes, skip to 13.4
13.2	Did you attend any educational session / events under the project **Fortune SuPoshan**?	Yes No Don't remember	1 2 8	If don't remember, skip to 13.4
13.3	Which session did you attend? **(Multiple choice)**	Mothers group meeting Focused Group Discussion Family Counselling Cooking Demonstration Poshan Shivir Community Event (anna prashan / godbharai) Others specify	1 2 3 4 5 6 7	
13.4	Have you heard about SuPoshan **Sangini** in your area or nearby?	Yes No	1 2	
13.5	Were you ever contacted by a SuPoshan **Sangini**	Yes No	1 2	
13.6	If yes, how frequently	Frequently (more than once a month) Less than once a month None	1 2 8	
13.7	If Yes, on what issues ?	ANC checkups	1	
	(Multiple responses)	Nutrition counselling NHC referal Participation in events WASH practices Poshan wa KMC Any other (Specify)	2 3 4 5 6 7	

	Only if the participant attended any counselling session, then ask the following questions:			
S. No.	**Statement**	**Agree (1)**	**Neutral (2)**	**Disagree (3)**
13.8	The session conducted by **Sangini** / helped in improving my knowledge about health, nutrition and sanitation of my child			
13.9	I was able to discuss about my child's nutrition needs with the **Sangini** /			
13.10	The sessions increased my awareness regarding the services offered by AWC for the nutrition and development of my child			
13.11	After attending the sessions I was able to avail services from anganwadi center for my under five child			
13.12	The sessions empowered me to visit AWC for regular growth monitoring of my under five child			
13.13	Informal meetings and discussions beyond formal IEC sessions with **Sangini** / were very useful			

IX. Use of SuPoshanprogram component (All women)

13.14	Have you heard about Poshan vatika/kitchen garden?	Yes No Don't remember	1 2 8	
13.15	If yes, from whom you have heard about	ASHA ANM AWW SuPoshan Sangini	1 2 3 4	
		Other	5	
13.16	If Yes did you grow Poshan vatika/kitchen garden?	Yes No	1 2	
13.17	According to you how poshan vatika helped to take care of your dietary needs?	Vegetables available easily Seasonal vegetables grown Affordable Any other	1 2 3 4	
13.18	Did you participate in Poshan Shivir?	Yes No Don't remember	1 2 8	
13.19	Which activities under poshan shivir you found most useful? **(Multiple responses)**	Counselling (ANC, Nutrition , child care etc.) Cooking demonstration Any other specify	1 2 3	

Thank you for your valuable time for the interview

In-depth Interview Guide

Sangini workers

SECTION 1: Identification details (Fill all those that are applicable)

1	DATE ☐☐ MONTH ☐☐ YEAR ☐☐☐☐	**Date of Visit**
2	**State :** _____	
3	**District :** _____	
4	**Project :** _____	
5	**Sector :** _____	
6	**Mandal :** _____	
7	**Village Name :** _____	
8	**Questionnaire ID :** _____	
11	**Occupation** ☐ **Sangini**	
12	**Tenure in current occupation**	☐☐

SECTION 2: Interviewer consent (verbal)

Interviewer	Name	☐ Yes ☐ No

Continue AFTER the respondent has given verbal consent.

SECTION 3: Success and challenges of Sangini

3.1 First of all, I would like to know about your role in the SuPoshan program. Could you briefly describe it?

3.1 What was easy for you to do as part of your job? Were there any challenges you faced while implementing the program in the community? How did you address them? What helped in overcoming these challenges? [Probe for community engagement, program acceptance, logistics, referrals, malnutrition management, demonstrative sessions, working with frontline workers and others].

3.1 How well do you think the training equipped you with skills necessary for your role? What were key skills that you learnt?

SECTION 4: Program impact

4.1 What has been the major success of the program in curbing the malnutrition in your area? What do you think influenced this change?

4.2 What is the most significant behaviour change you have observed in the community? What was easy for family to adopt and what was difficult? What do you think are the reasons each behaviour that is practiced or not practiced?

SECTION 5: Future recommendation

5.1 How the program can be further improvised? Is there any particular strategy or topic that should be included in the program to make it more effective or reach more beneficiaries?

SECTION 6: These are all the questions we have for you today. Is there anything else you'd like to add that hasn't already been mentioned?

Thank you very much for your time and participation!

SECTION 7: Interviewer's comments and reflections

Include interviewer's observation during the interview and includes overview of the setting, any interruptions, the mood during the conversation, involvement of the participants and views on their personality.

IN-DEPTH INTERVIEW GUIDE

Mothers

SECTION 1: Identification details (Fill all those that are applicable)

1	DATE ☐☐ MONTH ☐☐ YEAR ☐☐☐☐	**Date of Visit**
2	**States :** _____	
3	**District:** _____	
4	**Village :** _____	
5	**Questionnaire ID :** _____	
6	**Name of Respondent :** _____	
9	**Number of children under 5 years :** _____	

SECTION 2: Interviewee consent (verbal)

Interviewee	**Name**	☐ Yes ☐ No

Continue AFTER the respondent has given verbal consent.

SECTION 3: Program acceptance and impact

3.1 Sangini workers from SuPoshan program have been visiting your village. Can you tell me what were the main areas in which she has given you information? Was there any information that was new to you?

3.2 Have you attended any activity conducted by her? [**Probe for FGD, cooking demonstration, kitchen garden**] What are your thought about them? How useful do you find them? What did you like and dislike? Why?

3.3 Do you think SuPoshan has changed your dietary and feeding practices? How have they changed? Could you explain with some examples of what you do different now? [**Probe for how and what they consume, how and what they feed their child, cooking practices, access nutrition-related program and service and others**].

Out of the messages or practices you may have learned from the Sangini, which were easy to adopt for you? Which were difficult? Why? Are there any you have not able to do? Why?

Was there any advice the Sangini gave you around diet and feeding that you did not agree with? What could be the reason that some mothers find it difficult to adopt them?

SECTION 4: Program scalability

How suitable do you think the Sangini workers are for their job? How much do people trust what they say? How does this compare to how much they trust an AWW/ASHA? Would there be anything that would make her more acceptable to mothers like you?

Is there anything that can be done to improve the program? Is there any activity or topic for which you would have liked the Sangini worker to give you more information?

SECTION 6: These are all the questions we have for you today. Is there anything else you'd like to add that hasn't already been mentioned?

Thank you very much for your time and participation!

SECTION 7: Interviewer's comments and reflections

Include interviewer's observation during the interview and includes overview of the setting, any interruptions, the mood during the conversation, involvement of the participants and views on their personality.

IN-DEPTH INTERVIEW GUIDE

Block/district level stakeholders

SECTION 1: Identification details (Fill all those that are applicable)			
1	DATE ☐☐ MONTH ☐☐ YEAR ☐☐☐☐		**Date of Visit**
2	**State :** _____		
3	**District:** _____		
4	**Mandal**: _____		
5	**Questionnaire ID** : _____		
6	**Department**		
7	**Type of Respondent in WCD department**	**1** DPO **2** DAO **3** CDPO **4** ICDS supervisor **5** Block development Officer **6** Block medical Officer **7** Others (Specify) _____	
8	**Name of Respondent**		
9	**Tenure in current occupation**		☐☐

SECTION 2: Interviewer consent (verbal)		
Interviewer	Name	☐ Yes ☐ No

Continue AFTER the respondent has given verbal consent.

SECTION 3: Stakeholder involvement

7.1 First, could you describe your involvement in the? Has it changed since the launch of the program? How?

If involved, were there any challenges that you faced supporting program implementation? [**Probe - initiate collaboration and convergence, develop infrastructure or personnel capacity, program monitoring and others**] How did you address them?

SECTION 4: Program impact

8.1. Over the past ten years, what nutrition programs have been implemented in your area to combat malnutrition? What have been the challenges in meeting the goals? [**Explore challenges at service provider and community level**].

8.2. Do you think SuPoshan program has helped address these challenges? What significant changes have you noticed in your area? Could you explain it with some examples? [**Probe for utilization of service at your centre, feeding practices, child growth, utilization of health service at your centre and others**]

If yes, what could the reason for these changes? Which strategy or activity has been most effective? Why do you think so?

If not, what are persisting gaps? What could be the reasons? [**Explore program-related and extrinsic factors**] How do you think these could be addressed? [**Prompt if needed - poor community engagement strategy, limited local resources, inadequate training, migration of beneficiaries, social structure or any other**]?

8.2. How suitable do you think the **Sangini** workers are for their job? How does she compare to the ASHA or ANM? Would there be anything that would make them acceptable in the community?

SECTION 5: Program scalability

10.1 Is there anything that can be done to improve the program? [**Explore in terms of acceptability, effectiveness and coverage.**]

10.2 How much feasible it would be to assimilate SuPhoshan in other state level nutrition programmes? What would be essential? What could be the challenge? Could these challenges be addressed?

SECTION 6: These are all the questions we have for you today. Is there anything else you'd like to add that hasn't already been mentioned?

Thank you very much for your time and participation!

SECTION 7: Interviewer's comments and reflections

Include interviewer's observation during the interview and includes overview of the setting, any interruptions, the mood during the conversation, involvement of the participants and views on their personality.

Endline Evaluation Report: Project Fortune SuPoshan

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