ODISHA TECHNICAL & MANAGEMENT SUPPORT TEAM

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DEPARTMENT OF WOMEN & CHILD DEVELOPMENT
GOVERNMENT OF ODISHA

COMMUNICATION STRATEGY TO REDUCE MALNUTRITION AMONG CHILDREN LESS THAN TWO YEARS OF AGE DEVELOPED AND DISSEMINATED

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Chapter 1: Introduction

Prologue

The comprehensive **Orissa Health Sector Plan** (OHSP 2007-12) provides a unique opportunity for the Government of Orissa to align its own, the Government of India's (GoI) and various development partners' resources to complement its efforts in meeting the state's priorities and help address the major shortcomings in both public and private health provision. The OHSP aims to achieve equity in health outcomes and has a key focus on access and utilization of services by vulnerable and marginally deprived groups of the society i.e., women, schedule caste (SC), schedule tribe (ST) populations. It aims at delivering accountable and responsive health care to reduce maternal mortality; infant and child mortality; reduce the burden from infectious diseases; under-nutrition and nutrition-related diseases and disorders.

Despite substantial improvement in health and wellbeing and a positive trend seen in a number of indicators justifying the decrease in under-nutrition; it continues to remain a silent emergency in Odisha. Almost half of all children under the age of three are underweight, 30% of new born are born with low birth weight, and 52% of women and 74% of children are anaemic in the state. The trans- generational impact of nutritional problems, the interaction between prenatal malnutrition and adverse birth outcomes including low birth weight, the problem of micronutrient malnutrition and factors affecting nutrient bio-availability from indigenous foods, and interactions with parasitic and other infections, requires interventions that are community oriented and community owned.

Government of Odisha sought insights into the limitations and barriers to utilization of services by the poor. A systematic study was undertaken to develop an integrated evidence-based practical operational plan to address the nutrition condition of the children of Odisha, particularly amongst vulnerable sections of the society. A **Nutrition Operation Plan (2009-13)** was developed by the Department of Women and Child Development with a specific objective to bring about improvement in the nutritional outcomes of women and children through strengthening effective and sustainable service delivery to citizens and creating a demand for services, especially amongst the poorest difficult to reach populations.

The plan focuses on 8 key strategies, one of which is an integrated Behaviour Change Communication strategy to influence behaviour of the community. Behaviour change is described as the intended changes in the audience's actual behaviour through communication to bring in desired changes in indirect influences on behaviour, such as knowledge, attitudes

and social norms. Together, communication and behaviour change is a process that motivates people to adopt healthy behaviours.

The present project makes an attempt to design an effective integrated BCC strategy for Odisha through intensive research on existing behaviour influences in the community following the steps of analysis, strategic design, BCC toolkit development, plan for implementation and subsequent monitoring and evaluation plan. The study reflected on the pre-knowledge, information levels, practices, myths and other factors influencing nutrition related behaviour of key stakeholders like pregnant mothers, lactating mothers, mothers with one living child of< 6 months and > 2 yrs, key decision influencers including mother in Laws, religious leaders, PRI members, community gate keepers from the demand side. The supply side has been represented through the health care providers at all levels (from community based providers like the AWW, ANM or ASHA to District based providers like CDPO).

Under-nutrition is **multidimensional** and hence apart from understanding the behaviour influencers related to direct parameters like maternal health and nutrition, child health and nutrition; indirect influencers like hygiene and sanitation practices, accessibility and availability of nutritional schemes and services and exposure to media was also studied to have an holistic understanding of the existing diversities in key behaviour influencers. An effort has been made to highlight the diversity existing across Northern and southern regions of Odisha, poor performing tribal districts and poverty levels. The output of the evidence is an integrated BCC strategy based on community needs assessment.

Goals and Objective of this project

The overall objective of the project is to develop a detailed plan and print ready materials for Behaviour Change Communication for the Nutrition Operation Plan, with the ultimate aim that families and community adopt appropriate nutrition practices including women and children (0-2 Years). The specific objectives include:

i) Appraisal of BCC component including materials and strategies of nutrition in pilot projects in the state by different agencies, DWCD and Health and materials supplied by Ministry of DWCD.

ii) Determine further requirement for communication materials (Audio, Video, Folk and Print) for different segment of the target audience keeping in view the varied socio economic conditions, cultural practices, geographical locations and persisting predominant behaviours necessitate a change.

iii) Develop an appropriate BCC implementation plan along with materials for the State and Districts.

The study aims to assess the IEC/BCC interventions at the AWC/ village level in the field of nutrition and design a Behavior Change Communication strategy addressing the same in state of Orissa

NOP Targets and Indicators

The Department of Women and Child Development in Odisha has undertaken a systematic study to develop an integrated evidence-based nutrition operational plan that will address the nutrition condition of the people of Orissa, particularly those from the most vulnerable sections of the society where under nutrition is highest.

The goal of the Nutrition plan is "To achieve maximum nutritional health for all children below six years of age, especially from the poorest and the most disadvantaged through effective inter-sectoral coordination".

The five main principles of NOP are:

1. **Targeting the most vulnerable** through 15 High Burdened Districts of Orissa Anugul, Bhadrak, Bolangir, Gajapati, Jharsuguda, Kalahandi, Kandhamal, Keonjhar, Koraput, Malkangiri, Nawarangpur, Nuapada, Raygada, Sambalpur and Sundergarh
2. **Flexibility:** Implementation of innovative strategies so that Districts are able to take greater responsibility and ownership of their ICDS schemes.
3. **Evidence and Outcome Based participatory planning**
4. **Stronger Convergence** with other departments and services, especially between Health and ICDS, Rural Development etc.
5. **Strong Monitoring and Results Based Framework**, aiming at a life-cycle approach

The main **outcome indicators** of the NOP are:

1. Bring down ***severe malnutrition*** from current level by 50%
2. Bring down the ***prevalence of anemia*** among Children from 65% to 50% with a special focus on ST (from 80% to 65%) and girls (67% to 50%) Women from 61% to 50%
3. Improve ***Vitamin-coverage*** from 72% to 85%
4. Improve adequate ***Iodized salt*** coverage by 50%

5. Increase the % of ***children breast fed within one hour*** from 55% to 80 %
6. Increase the % ***of children exclusively breastfed till 6 months*** of age from 51% to 70%
7. Increase the timely ***complementary feeding from 66% to 80%***
8. Increase ***complete immunization coverage*** from 64% to 80%

The Formative research and the subsequent strategy development have been developed in context of the above mentioned NOP Indicators.

Brief Methodology of the Communication Need Assessment Study

The purpose of this study is to formulate the basis of designing the communication strategy. Consequently it has also looked at extant communication materials and campaigns, information level in the communities, identify gaps in communication, and requirement of the end users.

This would involve collection of information/evidence across various segments of the community, which would be instrumental in identifying areas and behavior patterns that need to be strengthened or modified. The below mentioned logic model attempts to summarize the framework of the project. The model would attempt to understand and identify the role of communication in effective management of a health problem. It not only looks into formulation of new strategies but also appreciates the existence of effective communication channels. If a certain nutritional problem is not effectively managed it is important (under the preview of this project) to understand the role that communication could play in ensuring that it is managed desirably. Identification of such communication needs would form the backbone of the proposed communication strategy for the state.

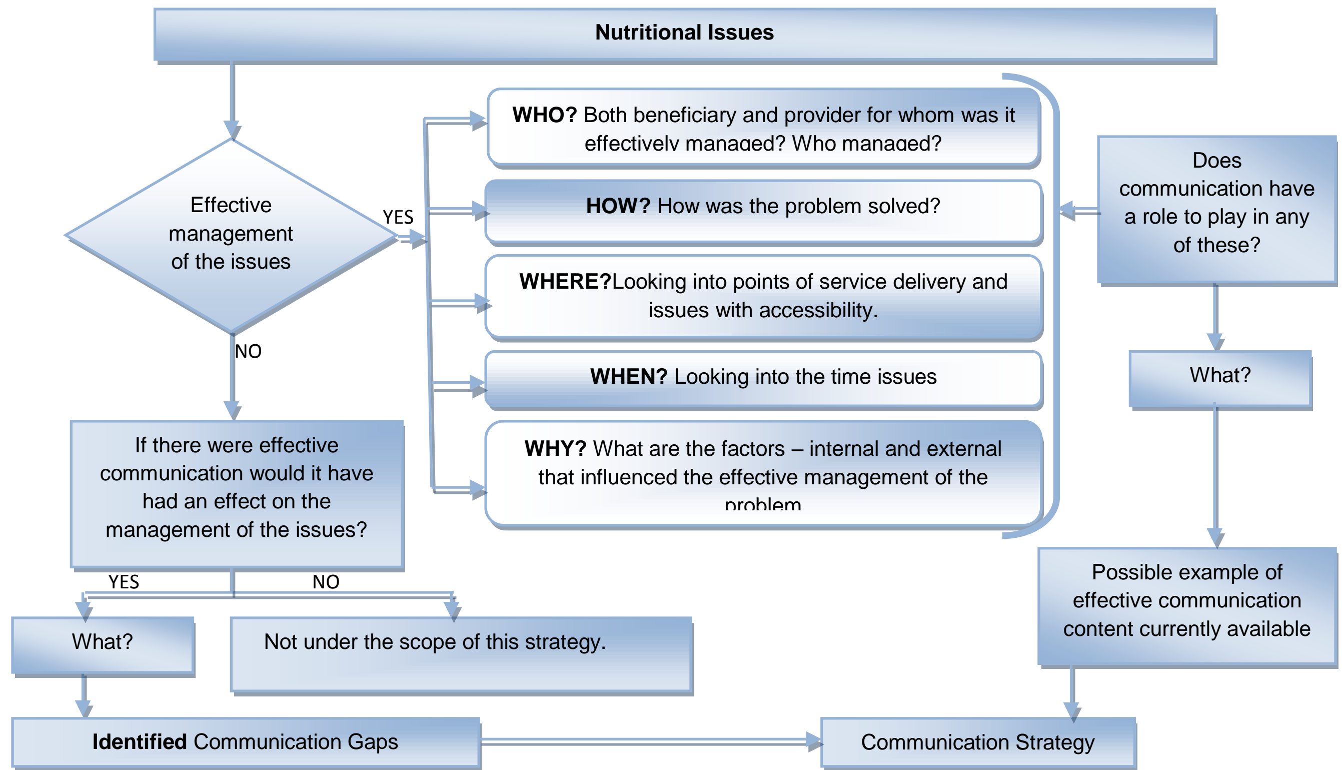

Figure 1: Study Framework

Study Area and Sample Size

The study will be carried out keeping in view the existing regional disparity in the state. Primarily the state of Orissa has been geographically divided into 3 administrative regions - southern, northern and central.

All the districts in the above mentioned regions were then scored against each of the following indicators:

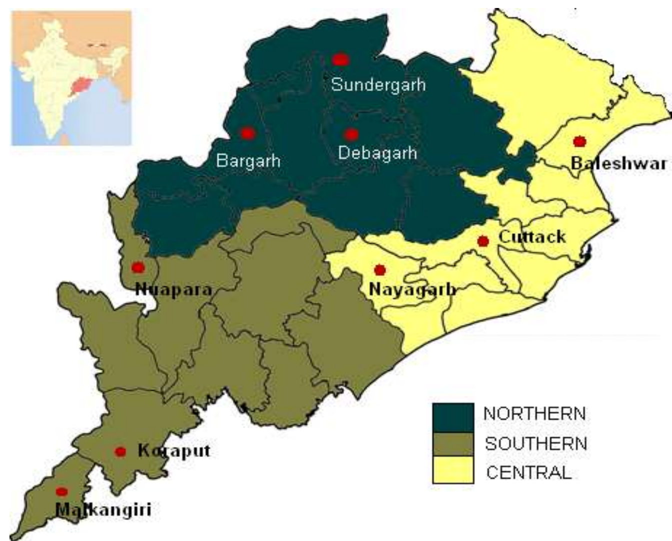

Figure 2: Study Area

Table 1: Indicators for selection of study area

Sl. No.	Indicators for selection of study area	Source of Information
A.	**Child Nutrition and illness**	
1.	Percentage of moderate and severe malnutrition among 0-3 yrs of children	State MIS
2.	Percentage of children under 3 yrs with diarrhea in the last two weeks who received ORS	DLHS 3
B.	**Vitamin A supplementation**	
3.	Percentage of children (9-35 months) who have received at least one dose of Vitamin A	DLHS 3
4.	Percentage of children (above 21 months) who have received three doses of Vitamin A	DLHS 3
C.	**Child feeding practices (Children under 3 years)**	
5.	Percentage of children breastfed within one hour of birth	DLHS 3
6.	Percentage of children (age 6 months above) exclusively breastfed	DLHS 3
7.	Percentage of children (6-24 months) who received solid or semisolid food and still being breastfed	DLHS 3
D.	**Immunization coverage**	
8.	Percentage of children (12-23 months) fully immunized (BCG, 3 doses each of DPT, Polio and Measles)	DLHS 3
E.	**Women's Health**	
9.	Percentage of Mothers who had full antenatal check-up	DLHS 3
F.	**Population and Household Characteristics**	
10.	Female Literacy Rate (7years and above)	DLHS 3
11.	Have access to toilet facility (%)	DLHS 3
12.	Use piped drinking water (%)	DLHS 3
13.	Low Standard of Living	DLHS 3

The district performing the best was ranked as 1. Thus, the ranking was done for each of the above mentioned indicators and then added up to get the cumulative score. Based on the cumulative score, the districts were then given a final rank. On basis of the final ranking, the highest, lowest, and medium performing districts would be taken for each of the regions. Thus, 3 districts from each region make 9 districts which are as follows:

1. Northern Region – Sundergarh, Debagarh and Bargarh
2. Southern Region – Nuapara, Koraput and Malkangiri
3. Central Region – Baleshwar, Cuttuk and Nayagarh

The total number of ICDS projects in the state is 326. At 95% confidence level and confidence interval of 4, the sample size was calculated as 211. The formula for deriving this number is given below.

The **confidence level** shows how sure one can be. It is expressed as a percentage and represents how often the true percentage of the population who would pick an answer lies within the confidence interval. The 95% confidence level means one can be 95% certain. The **confidence interval** (also called margin of error) is the plus-or-minus figure.

$$\text{Sample Size} = \frac{Z^2 * (p) * (1-p)}{C^2}$$

Where:

Z = Z value (e.g. 1.96 for 95% confidence level)
p = percentage picking a choice, expressed as decimal (.5 used for sample size needed)
c = confidence interval, expressed as decimal (e.g., .04 = ±4)

This means that using a confidence interval of 4 and 95% percent of sample picks an answer, one can be almost sure that if the question had been asked to the entire relevant population between 91% (95-4) and 99% (95+4) would have picked that answer.

The ratio of Rural: Tribal: Urban (i.e. 196: 118: 12) is roughly 16:10:1. Out of the 326 projects, calculating at 95% (give the complete formula of arriving the sample size of 211) confidence level and a confidence level of 4 the estimated sample size is 211.

An AWC is the smallest community level unit of delivering nutrition related services and it is observed that decision making happens both at the AWC and the ICDS project level. For this

reason, instead of randomly selecting the AWCs in each region, it was proposed that ICDS projects are randomly selected from all three regions, and a specific number of AWCs would be purposively identified from each ICDS Project.

As there are 3 regions, and evenly distributing the AWCs in 3 regions, number of AWC in each region, would be 42 rural, 26 urban and 3 tribal.

Table 2: Distribution of Anganwadi Centres (AWCs)

Type of AWCs	Total	Northern	Southern	Coastal
Rural	125	42	41	42
Tribal	78	26	26	26
Urban	8	3	3	2

Since 42 is the highest number and 7 is the highest multiple for 42 (42= 7X6), we will take 7 AWCs per ICDS project. Thus, 6 rural ICDS Projects, tribal ICDS Projects, and 1 Urban ICDS Projects per region were selected randomly from separate list of total ICDS Projects of each category (rural, tribal, and urban) in each district. In similar manner, the AWCs were selected. The study area selected for the project has been listed in the table below:

Table 3: Study Area - Rural Anganwadi Centres

Northern - Rural			Central - Rural			Southern - Rural		
District	Project	Type	District	Project	Type	District	Project	Type
BARAGARH	Bargarh	Bargaon-II	CUTTACK	Banki	Baunsaput-I	NUAPADA	Boden	Baklikhunti
		Deogaon-II			Gholapur-IV			Budhipadar-I
		Jhankarpali			Kadhamalla-I			Dotto-I
		Kuruan-II			Khairapanga			Kampur-I
		Patrapali			Nanda- hatapalli			khirmal-II
		Siddheswar Mill			Phulabadi-I			Litisagri-I
		Vivekanandpada			Tiarasahi School			Palsamal
	Bhatli	Bhatli - V		Narasinghpur	Baselihota I			Sunapur
		Gopalpur - III			Dimiria 1		Sinapali	Bhuliabhata
		Kamgaon - IV			Jayamangalpur			Dhngrital
		Kharsal - I			kathakhunta I			Hernapada
		Nuagarh - II			Nuagaon II			Kaseipani
		Sukuda - II			Rangadav I			Limagachachhak

Northern - Rural			Central - Rural			Southern - Rural		
		Urduna- I			Talasahi 1			Meherpada
	Padmapur	Ammunda	BALASORE	Bhogarai	Batagram C			Ranimunda-I
		Bukajhula			Dub sahi B			Thipakhol
		Bheluakhol(Mini)			Jayarampur C		Komna	Bhalukona
		Halkadadar			Kulha II			Danojhola
		Gyan-II			Nashinda C			Ghotsar
		Sativata-II			Rasalpur A			JunagarhPada
		Darbekela			Uttar Nidhibani			KomnaG.Pada
DEOGARH	Reamal	Budido " B"		Jaleswar	Baunsabani			Majhipada
		Gundiapali "A"			Dalabhanga			Pandrapathar
		Khairpali			Gopimohanpur			Seletpani
		Malehipada -B			Keshpura			Uparpada
		Rangmatia			Malipet		Nuapada	Bhalukona
		Talabahali			Rajnagar-II			Colony pada
		Tungamal "A'			Totapada			Guragibhata
SAMBALPUR	Dhanakauda	Baudiapada		Simulia	Bangarkhadigadia-I			Khalana
		Debaipali			ChaluniganMalikasahi			Maulipada
		Jamadarpali			Hatuary			PattanaikPadaT.Nuapada - 2
		Kilasama'B'			Kupura-I			Sareipali
		Maulibagh			Murtunga			Uperpada
		Ranibandh			Rasidpur		Khariar	Bareshbahali
		Tipupada			Tentulia			Chandel
	Jujumura	Barsapali	NAYAGARH	Odagaon	Bhaliadihi			Duajhar-II
		Dangapal-A			Durgaprasad			Kaligaon-II
		Gidmal			Haripur			Kotipadar-I
		KaloniPada			Korapitha			Nehena - III
		Langabahal			Nandighore III			Sabarpada
		Panchput			Rabara			Tulsipada
		Tamparsingh			Sunamuhi I			

Table 4: Study Area - Tribal Anganwadi Centres

Northern - Tribal			Central - Tribal			Southern - Tribal		
District	Project	Type	District	Project	Type	District	Project	Type
SAMBALPUR	KUCHINDA	Bhaluanpal(Mini)	BALASORE	NILAGIRI	Asanabani	KORAPUT	JEYPORE	Bodaguda
		Dipupada(Addl.)			Badnuagan			DumuriPadar
		Jaypurgarh			Baniagan			Jaganathpur-I
		Kindra-II			Bathudisahi			Kota Kebidi
		Kusumi-III(Addl.)			Betakata			Nuaguda

		OramNiktimal(Addl._			Bholagadia			Ranigad
		Salekhaman(Addl.)			Chandinipur			Vaternary Colony
		Tihadipali			Dahisahi			Basuli-2
		Banjari I			Deunchakhal			Chatarlla-2
		Chinimahul			Dumuria			Erapally
		Ghodabandhuni			Gobindapura		KOTPAD	Kosiguda
		Karangamal			Gudisul			Murawada
	JAMANKIRA	Kulundi			Jamaghati			S.Majhiguda
		Matamahul			K.Berhampur			Tikiraguda
		Pukuda			Kanigadia			Butiguda
		Sirid			Kathapal			Guniaguda
		Vejikud			Machhua-II		MALAKANGIRI	M.V.10
		St. Basti-I			Matiali			MV-43(B)
		Garposh			Naupal			Podrapalli
		Dilapada			Panabandh	MALKANGIRI		Telimeta
		Kechhupani -II			Punasia			Kaladapalii
	BAMRA	Gardega			Rissia			Laxmanguda
		Phuldumer			San-Nuagan		PODIA	M.V.-59
		Amlikhaman			Sripati			Niliguda
		Kabribahal-II			Tentulia			Roadguda
		Mundarapada			Uperdiha			Zinelguda

Table 5: Study Area - Urban Anganwadi Centres

Northern - Urban			Central - Urban			Southern - Urban		
District	Project	Type	District	Project	Type	District	Project	Type
BARAGARH	Baragarh(ULB)	Dorabandhadi	CUTTACK	Cuttack city(U)	Kusunpur	KORAPUT	Sunabeda	DP Camp -II
		Naliakhandipada			Upper Police Colony			Harijanpada - II
		VSS Nagar						Raj Palma

The respondents of the study would be as follows:

Community level: The different segments of stakeholders from community who would be the respondents of the study and their distribution (sample size) within the purview of the study are given below:

a) Pregnant Mothers
b) Lactating mothers
c) Mothers with one living child of< 6 months and > 2 yrs

d) Key decision influencers including Mother in Laws, Religious leaders, PRI Members, Private practitioners or Local healers and Teachers

Table 6: Community level – Respondents and sample size

<table>
<tr><th>.Sl. No.</th><th colspan="2">Respondent</th><th>No. of In depth interview per AWC</th><th>Total no.</th></tr>
<tr><td>1.</td><td colspan="2">Pregnant Mothers</td><td>3</td><td>633</td></tr>
<tr><td>2.</td><td colspan="2">Lactating mothers</td><td>2</td><td>422</td></tr>
<tr><td>3.</td><td colspan="2">Female with one living child of > 6 months and < 2 yrs</td><td>3</td><td>633</td></tr>
<tr><td rowspan="6">4.</td><td colspan="2">Key decision influencers</td><td rowspan="6">5</td><td rowspan="6">1055</td></tr>
<tr><td>Mother in Laws</td><td>1</td></tr>
<tr><td>Religious leader</td><td>1</td></tr>
<tr><td>PRI Members</td><td>1</td></tr>
<tr><td>Private practitioners/Local healers</td><td>1</td></tr>
<tr><td>Teachers</td><td>1</td></tr>
<tr><td colspan="3">Total</td><td>13</td><td>2743</td></tr>
</table>

Chapter-2

The Government of Orissa through the NOP is committed to bring about improvement in the nutritional outcomes of women and children (0-2 yrs) through the effective and sustainable service delivery to all and creating a demand for services, especially amongst the poorest and the most difficult to reach. While the state has seen significant reduction in malnutrition rates, it is a known fact that prevalent inequalities in the state, in the form of geographical disparities, social inequalities have been deterrent factors to further and faster reduction of malnutrition. This indicates two things, one that there is a need for strengthening the good practices that are prevalent and critical interventions to address the public health and nutritional challenges of the vulnerable communities.

This chapter will look into the major gaps in areas related to the NOP Indicators, as identified through the field study._On basis of the identified gaps a communication strategy would be developed to address the issues keeping in mind the existing communication materials and the existing platforms/programmes on Communication that can be used.

Data related to the issues related to the NOP would be looked across each region. The following table gives the issues that would be looked into with respect to the NOP indicators.

NOP Indicators	Related Issues on which Data will be looked into
Reduce Severe Malnutrition	Mothers- ANC Coverage with focus on IFA intake, Weight and BP Measurement and Diet Counselling
	Children- Growth Monitoring
	Diet Counselling (Breast feeding & Complementary feeding)
	Feeding during illness, ORS Administration for Diarrhoea
	General- Sanitation
	Treatment of Drinking water
Reduce Anaemia among children with focus on ST and women	Mothers and Adolescent girls- Understanding Anaemia
	IFA Consumption
	Children- Diarrhoea

	De-worming *(we don't have primary data on this, but can include in strategy)*
Increase Vitamin coverage	Intake of vitamin A
	General diet counselling with food band
Increase iodised salt coverage	Usage of Iodised Salt
Increase initiation breastfeeding within 1 hour	Birth Preparedness
	Things to be done in the 1st hour (Cord Care, Hypothermia, Colostrum Feeding, Initiation of B.F)
	PNC Coverage (including Breast feeding counselling) in case of institutional delivery and home delivery
Increase % of women exclusively breastfeeding	Understanding of exclusive breast feeding
	Practise of exclusive breastfeeding
	Amount of adequate feed
	Feeding during illness
	Bottle feeding (?)
Increase Complementary feeding of children from 6 months	Age of initiation of complementary feeding
	Frequency and amount of feeding
	Usage of separate plate
Increase complete immunization coverage	Knowledge and practise of immunisation
	Use of immunisation card

Issue beyond Direct NOP Indicator	
Service utilisation at AWC	Knowledge of AWC location
	Knowledge of Services
	Access of Services
Hygiene & Sanitation	Treatment of Drinking water
	Practise of Hand washing and Sanitation

Gaps in the pregnancy stage

ANC Registration

Knowledge regarding the proper time of ANC Registration is quite low across the state. The common understanding among majority of respondents is that ANC registration needs to be done between 3 months to 6 months.

In Northern region, proper Knowledge regarding desired time of ANC Registration is higher in Sambalpur (23% in mothers with child > 6 months to < 2 years, 17% in Lactating Mothers and 17% in pregnant women), followed by Bargarh (8% in mothers with child > 6 months to < 2

years, 10% in Lactating Mothers and 18% in pregnant women). Lowest level of awareness is in Deogarh, with only 10% pregnant women having this knowledge.

In Central Region, Proper Knowledge regarding registration of pregnancy varies across the districts from 12% to 71%. In Nayagarh, 71% in mothers with child > 6 months to < 2 years, 36% in Lactating Mothers and 19% in pregnant women have proper knowledge. In Cuttack, the figures are 48% in mothers with child > 6 months to < 2 years, 56% in Lactating Mothers and 35% in pregnant women. The knowledge level is lowest in Balasore with 23% in mothers with child > 6 months to < 2 years, 18% in Lactating Mothers and 12% in pregnant women.

In Southern region, proper Knowledge regarding desired time of ANC Registration is very low. In Nuapada, only 33% in mothers with child > 6 months to < 2 years, 19% in Lactating Mothers and 40% pregnant women had proper knowledge. In Malkangiri it is even lower with 26% in mothers with child > 6 months to < 2 years, 17% in Lactating Mothers and 36% in pregnant women). Lowest level of awareness in Southern region is in Koraput, with only 7% lactating mother, 18% mother with living child >6 months to <2 years and 31% pregnant women having this knowledge.

ANC Services:

Hb Test

In context to ANC services, knowledge and subsequent practice regarding Hemoglobin test varies across the three regions and also among districts within each region.

In Northern region, levels of correct knowledge is between 92% - 100% among the three types of respondents in Deogarh and practice of Hb test done is 68% in mothers with child > 6 months to < 2 years, and 100% in pregnant women and lactating women. In Bargarh 70% mothers with child > 6 months to < 2 years, 33% Lactating Mothers and 27% pregnant women have proper knowledge and practice of Hb test done is 62% in mothers with child > 6 months to < 2 years, and 38% in pregnant women and 71% lactating women. In Sambalpur 8% in mothers with child > 6 months to < 2 years, and 5% in pregnant women knew about Hemoglobin test as part of ANC Service, and practice ranges from 84% to 100%.

In Central region, Knowledge regarding Hemoglobin test is lowest in Baleswar (32% in mothers with child > 6 months to < 2 years, 63% in Lactating Mothers and 17% in pregnant women) However, practice is high among pregnant women (99%) and comparatively lower in mothers

with child > 6 months to < 2 years (56%), and in Lactating Mothers (55%). In Cuttack, the desired knowledge level is comparatively higher ranging from 69% to 88%, and practice ranging from 76% to 91%, and the desired knowledge range in Nayagarh is 71% to 86%, with corresponding practice being in the range of 74% to 94%.

In Southern region, knowledge regarding Hemoglobin test is strikingly low across all the districts. However, the practice levels are very different from the pattern of knowledge level. In Koraput, only 47% in mothers with child > 6 months to < 2 years and 10% Lactating mothers knew about this, but 47% mothers with child > 6 months to < 2 years, 14% Lactating Mothers and 94% pregnant women have availed this service. In Malkangiri, the knowledge level is 40% in mothers with child > 6 months to < 2 years, and 40% in Lactating Mothers. But practice levels are 39% in mothers with child > 6 months to < 2 years, 24% in Lactating Mothers and 97% in pregnant women. In Nuapada the level of knowledge is 4% in mothers with child > 6 months to < 2 years, 30% in Lactating Mothers and 5% in pregnant women, and the practice levels are 30% in mothers with child > 6 months to < 2 years, 31% in Lactating Mothers and 40% in pregnant women.

IFA Tablets

Regarding the knowledge of IFA tablets as part of ANC services among all three categories of women across the districts, in Northern region the level of awareness ranges from 92% -100%, and in both Southern and Central region the range is between 80% - 100%.

Anemia

In Northern region, full knowledge about anemia in pregnant mother is high in Bargarh (95%) and mediocre in Deogarh (62%). However, in Sambalpur majority of the mothers (67%) don't know about anemia. Majority of the lactating mothers (75 % to 95%) in all the three districts have full knowledge about what anemia is. Regarding preventing anemia, majority of the mothers with child of 6 month to 2years i.e. 60% in Bargarh and 95%-81% in Deogarh knew that consuming green leaf vegetables and IFA tablets will prevent anemia. But in Sambalpur only 23% knew that consuming IFA tablets will prevent anemia. About 75 % of the mothers in Sambalpur didn't know how to prevent anemia. Very few mothers in Bargarh and Deogarh 15% and 10% had an opinion that consumption of milk will prevent anemia.

In Central region, Majority of the mothers of all three categories in the three districts had partial knowledge about anemia; however, in Balasore, mothers of all three categories were better informed about anemia than Cuttack, and Nayagarh seemed worst when it came to level of knowledge about anemia. Similarly, the mother in law (MIL) of Balasore was better informed than Cuttuck and Nayagrh district.

In Nuapada, only 14% of the pregnant mothers, 23% of the lactating mothers and 14% of mothers with children had full knowledge about anemia. Malkangiri showed best result as 79% of the pregnant mothers, 35% of the lactating mothers and 57% of the mothers with children had full knowledge of anemia on the other hand, in Nuapada, 29% of the pregnant mothers, 67% of the lactating mothers and 70% of mothers with children had no knowledge at all about anemia.

Majority of the mothers of all three categories among those who have either heard of anemia or knows what anemia is, in the three districts said that they consumed milk, fish, meat, iron tablets etc. to combat anemia; however, a significant percentage of mothers in Nuapada said that they did not know how to prevent anemia; few mothers in Malkangiri and Koraput said that they would consult local health workers to know more about prevention of anemia; on the other hand, 29% of the mothers with children in Koraput and 17% of them in Malkangiri said that they would visit local healers for preventing anemia.

Nutrition during Pregnancy

Respondents of each category were inquired on requirement of increased amount of food intake during pregnancy. In Northern region, among the respondents, mothers with child > 6 months and <2 years had highest level of knowledge (88% - 91%). Knowledge of pregnant women on this varied among the districts 12% in Bargarh, 60% in Sambalpur and 95% in Deogarh. Knowledge of MIL is consistently low in all the 3 districts (21% in Bargarh, 8% in Sambalpur and 29% in Deogarh). Knowledge regarding the correlation between malnutrition of the mother and low birth weight of child is very low among MILs in Bargarh (37%) and Sambalpur (28%).

In Central region, overall knowledge level is considerably good. In Balasore knowledge level among the 3 categories of women varies from 61%- 93%. In Cuttack, it is 95%- 98%. In Nayagarh 86% pregnant women, and 81% mothers with child > 6 months to < 2 years had proper knowledge about increased requirement of food intake, only where as 50% of lactating women had this information. Knowledge of MIL varies across the 3 districts (44% in Balasore, 29% in Cuttack and 0% in Nayagarh). Among MILs, Knowledge regarding the correlation

between malnutrition of the mother and low birth weight of child varies from 21% in Cuttack, 29% in Nayagarh, and 72% in Balasore.

Within Southern region, in Koraput the level of knowledge varies heavily (33% pregnant women, 97% of lactating women and 61% mothers with child > 6 months to < 2 years). In Nuapada, the knowledge level ranges from 51% to 58%.

Gaps to be addressed immediately after delivery

Early initiation of breast feeding

Majority of the mothers belonging to northern, central region had the correct knowledge about early initiation of breastfeeding. However, 62 percent mothers with a child of age 6 moths to 2 years belonging to Nayagrh district feels that breastfeeding should be initiated after the mother and child have bathed.

Majority of the mothers of Central region said that they breastfed the child immediately after delivery; and the rest initiated breastfeeding within an hour or two.

Majority of the mothers in all the three districts among the three categories in the southern believed that breastfeeding should start immediately after the baby is born. However, 62 percent of the mothers with a child of age 6 months to 2 years belonging to Nayagarh district believed that breastfeeding should be initiated only after the other and child have bathed.

Colostrum feeding

Almost all the pregnant mothers in the three districts of northern region said the first yellow milk should be given to the child. In response to the question on what the mother should do with the first yellow milk, majority of the lactating mothers said that they should give it to the child. The response varied from 92% to 100%. All respondents in Bargarh and Deogarh agreed that they should give the first yellow milk to the child. Only in Sambalpur 33% of the mothers said that the yellow milk should be discarded.

On the contrary, majority of the pregnant mothers in all three districts of central region felt they must discard the first yellow milk (99 percent in Balasore, 93 percent in Cuttuck and 81 percent in Nayagarh. However, most of the lactating mothers and mothers with children felt they should give it to the child.

Similarly, majority of the pregnant mothers in all three districts felt they must discard the first yellow milk/ colostrums instead of giving it to the child. However, most of the lactating mothers and mothers with children believed they should give it to the child.

Hypothermia

First bath after birth

Majority of the mothers belonging to Bargarh (80 percent) and Deogarh (86 percent) districts reported that the newborns were given the first bath immediately after delivery. The mothers (40 percent) of Sambalpur district reported the same; while remaining said that the newborns were bathers anytime after the third day.

Similarly, in the central region, majority of the mothers belonging to Balasore and Cuttuck districts said that the newborns were given the first bath immediately after delivery. Wherein, most of the mothers (69 percent lactating mothers and 59 percent mothers with a child of age 6 months to 2 years) said that the newborn was bathed sometimes on the 1st day after birth. The correct practice related to first bath after birth was followed mostly in Cuttuck district wherein 41 percent lactating mothers and 41 percent mothers with a child of age 6 months to 2 years were bathed after 3 days of birth.

Majority of the mothers across all the three districts of southern region said that the newborn was bathed immediately after delivery (78 to 97 percent in Koraput, 91 to 96 percent in Malkangiri, 56 to 70 percent in Nuapada).

Keeping the newborn warm

The most common measure taken by the mothers belonging to the northern, central and southern region to keep the newborn warm was keeping the newborn wrapped up all the time. However, keeping the newborn close to the mother was also found to be practiced among several mothers belonging to Nayagarh district.

However, nearly 14 to 16 percent mothers with a child (6 months to 2 years) of Nayagrh and Balasore districts and 29 percent mothers with a child (6 months to 2 years) of Koraput district responded that no special care was taken to keep the newborn warm.

Cord Care

The pregnant mothers of the northern region had the knowledge of umbilical cord care. Most of the mothers said that nothing should be applied, and the umbilical cord should be left as such after the birth. The prevailing practice was evident among all respondents belonging to Northern region, wherein majority of the lactating mothers and mothers with a child of age 6 months to 2 years said that nothing was applied to umbilical cord. However, 19 percent of the lactating

mothers of Bargarh district and 24 percent mothers with a child of age 6 months to 2 years belong to Sambalpur district said that oil was applied to the umbilical cord of their children.

In the central region, the pregnant mothers belonging to Balasore (98 percent) and Cuttuck (44 percent) had the correct knowledge of umbilical cord care. It is evident from the data that there no not much of a gap in the existing knowledge level and practices prevailing in the districts. Majority of the mothers belonging to Balasore district reported that nothing was applied in the umbilical cord of the newborn (except 21 percent mothers of a child of age 6 months to 2 years reported that oil or antibiotic cream was applied). In the Cuttuck district, 47 percent lactating mothers and 54 percent mothers of a child of age 6 months to 2 years said that they applied some oil or medicated cream or powder. While only 7 percent lactating mothers of Nayagrh district followed the correct practice and the remaining reported application of some oil or cream or powder.

In the southern region, almost all the pregnant mother of Koraput (96 percent) and Malkangiri (100 percent) district and less than 40 percent had the correct knowledge of cord care. The practice prevailing in the districts showed a similar picture to that of the existing knowledge level of the mothers. Though majority of the mothers belonging to Koraput and Malakangiri said that nothing was applied on the umbilical cord of the newborn, nearly 28 percent mothers in Koraput and 29 percent mothers in Malkangiri said that they had applied oil. Whereas more than 60 percent mothers of Nuapada district had applied some kind of oil or antibiotic cream in the umbilical cord.

Gaps in Lactating Period

Exclusive breastfeeding

Majority of mother had the knowledge about age of initiation of liquid other than breast milk; however, 34.2% respondents in Sambalpur, 83.3% in Deogarh and 14.3% in Bargarh had given other liquids (mostly water) to their children (below 6 months).

In the central region, Majority of the lactating mothers in all three districts believed that they should give the baby other liquids apart from breast milk within 6 months of the birth of the child. On the contrary, majority of the lactating mothers in all three districts started giving the baby other liquids apart from breast milk within 6 months of the birth of the child; however, most of the mothers with children initiated other liquids only after 6 months.

Similarly in the southern region, majority of the lactating mothers in all three districts felt that they should give the baby other liquids apart from breast milk within 6 months of the birth of the

child; however, most of the mothers with children felt that other liquids should be given only after 6 months; while, majority of them started giving their children liquids other than breast milk after 6 months of the birth.

Growth Monitoring

Growth monitoring at birth

Among the three districts of Northern region, majority of the mothers belonging to Deogarh district reported that their children were weighed at birth. While, in Bargarh district the mothers who responded positively ranged from 45 percent (lactating mothers) to 57 percent (mothers with a child of age 6 months to 2 yrs). However, Sambalpur district showed a positive trend toward weighment; wherein, having weighment done has increased (15 percent in case of mothers with one child > 6 months to 2 years and 84 percent in case of lactating women).

In Central region, majority of the children of lactating mothers and mothers with children in Cuttack and Nayagarh districts were weighed at birth; while in Balasore only 45 percent of the lactating mothers and 26 percent of the mothers with children (6 months to 2 years) reported positively about weighment of their children at birth.

In the southerner region, majority of mothers belonging to Koraput (90 percent lactating mothers and 65 percent mother with a child 6 months to 2 years) and Malkangiri (96 percent lactating mothers and 74 percent mother with a child 6 months to 2 years) district reported that about weighment of children at birth. While only 36 percent lactating mothers and 56 percent mother with a child 6 months to 2 years belonging to Nuapada districts said that the newborns were weighed at birth.

Regular growth monitoring of children

As reported by the respondents, weighment and Growth monitoring is more regular till the child is 6 months old. 6.7% mothers with child >6 months to 2 years in Bargarh and 9.5% of same category in Deogarh said that their children are not monitored regularly.

Majority of mothers of central and southern said that their children's growth was monitored regularly.

Immunization (Vitamin A coverage)

In northern region, proper understanding among pregnant women that immunization is essential for a child was 78% in bargarh, 100% in Deogarh and 97% in Sambalpur. Majority of lactating mothers of all the three districts responded that the child should be immunized. All mothers with

child > 6 months to 2yrs in the entire district had the opinion that a child is to get immunized. Comparing the responses on practice related o immunization, of both categories of mothers, it has been notices that more cases of defaulting in immunization happens after 6 months of the child.

Children of 90.5% mothers in Deogarh and 85% mothers in Bargarh have taken vitamin A. Interestingly, only 23.5% mothers in Samblpur has said that their child has been given Vitamin A. However, a huge percentage (56.3%) of respondents in Sambalpur is not sure whether their child has got Vitamin A supplement. Thus, there is a doubt as to whether the gap is in service delivery/utilization, or communication.

In Central region, majority of the mothers of all three categories in all the three districts felt the child should get immunized, and 82% to 96% of respondents said that they have got their children immunized.

In Southern region, majority of the mothers who have a child 6 months to 2 years of all the districts said that their children have been immunized. However, practice among lactating mothers in two districts Koraput (35%) and Malkangiri (48%) is very low.

Issues to be addressed when age of child is 6 months and above

Complementary feeding

The response of the mothers varied across the districts in the northern region when they were enquired about the age of the children when semi-solid food can be introduced. In Bargarh 33% referred to the age of 1 year another 33% says after 8 months and 31 % believes that complementary feeding should be given after 10 months. The response in Deogarh clearly indicated that majority of the mothers are of the opinion that the other foods are to be given after 1 year. For Sambalpur also there is a clear indication among the majority of the mothers that the other food is to be given after 10 months. While, in Bargarh 47% of the mothers with child > 6 months said it should be after 1 year and out of the remaining 48% said that mothers should start giving children other food just after 10 months. Responses in Deogarh showed that 91% of women there are of the opinion the starting of other food should be after 1 year, while 5% believe that this should start just after 1 month. In Sambalpur the study reveals that 53% mothers are of the opinion the other food should be given to children at the age of 1yr, and out of the remaining respondents 24% says to start after 1 year and 21% after 10 Months.

The practice prevailing in the region was similar to their existing knowledge wherein, responses from mothers with child of >6 months to 2 years have shown that the general trend is to initiate complementary feeding from the age of 1 year (95.2% in Deogarh, 48.3% in Bargarh and 80.7% in Sambalpur). Mothers with child >6 months to 2 yrs were also enquired whether the child is fed from a separate bowl. In response to the question, 16.7% respondents in Bargarh, 14.3% in Deogarh, and 56.3% in Sambalpur said that they didn't feed the child from a separate bowl.

In response regarding at what age the child should be given semi-solid foods varied between 1 year and 2 years for most of the lactating mothers and mothers with children in the central region. However, few mothers with children also felt that semi-solid foods can be given to babies within 6 months of their birth (50 percent and 29 percent mother with a child of age 6 months to 2 years from Balasore and Cuttuck district respectively, 14 percent lactating mothers of Nayagarh district). The assessment of the existing practices revealed that majority of the mothers started giving their children semi-solid foods after 2 years; however, few in Balasore and Cuttack also said they introduced semi-solid food for their children within 6-10 months of their births. Besides, 62% of the mothers with children in Cuttack also said that their children had separate bowls or plates for themselves for eating, while it's very low for other districts.

In the southern region, the response regarding at what age the baby should be given semi-solid foods varied between 1 year and 2 years for most of the lactating mothers and mothers with children; however, 77 percent and 59 percent mothers with children 6 months to 2 years from Malkangiri and Koraput district respectively, said that semi-solid foods can be given to babies within 6 months of their birth. On the contrary, 35 percent mothers of Koraput district and 67 percent of Nuapada district said that it should be initiated after 1 year, while remaining said they introduced semi-solid food to their children within 6-10 months of their births. Moreover, data also shows that 66 percent of the mothers with children in Malkangiri said their children had separate bowls or plates for themselves for eating, and the percentage is below 40 percent for Koraput and Nuapada districts.

Frequency of feeding

The mothers were then inquired on frequency of feeding the children. Majority of the lactating mothers in the northern region were of the opinion that the child (of age 0-6 months, 7 to 11 months and 1 to 2 years) should be fed as many times as the child wants. Majority of the responses from mothers with child > 6 month to 2yrs were same in all the three districts. They were of the opinion as many times as the child wants. The response in figures is as follows 87% in Bargarh, 81% in Deogarh and 45% in Sambalpur. 55% of the d Deogarh a small group of mothers i.e. 10% & 14% were of the opinion that the child is to be fed 3 times or more.

In the central and southern region, majority of the lactating mothers and mothers with children said that children are fed as many times as s/he wants at all ages (6 months to 2 years). However, majority of the lactating mothers belonging to southern region were in view that the children should be fed 3 times or more.

Feeding during illness

During diarrhea

A considerable percentage of respondents in Sambalpur and Bargarh have given less amount of food than usual during the diarrhea of their children. While in Deogarh, majority said that same amount of food is being given.

While in majority of the mothers belonging to central and southern region said that during diarrhea, they feed less in amount of food than usual to their children.

During ARI or other illness

With respect to feeding during ARI, considerable percentage of mothers of northern region reduced the amount of food for their child when they suffered from ARI. In Deogarh, 9.5% mother reduced amount of feeding for breast milk. This pattern of feeding during ARI corresponds to the pattern of feeding when the child suffered from Diarrhea.

Breastfeeding and administration of other liquids and of semi-solid foods remained less than usual for those belonging to Balasore district. However, mothers belonging to Cuttuck and Nayagarh district said that the amount of breast-milk feed to the children increases during illness while other liquids and of semi-solid foods age given lesser in amount.

While in majority of the mothers belonging to southern region said that during illness, they feed less in amount of food than usual to their children

ORS Administration

Administration of ORS or home-made oral rehydration solution was found to be the most common practices for diarrhea management among all the three districts in the northern region.

In the central region, only lactating mothers talked about administration of ORS. However, the percentage is as low as 20 percent in Nayagrh, 24 percent in Cuttuck and 40 percent in Balasore district.

Majority of lactating mother belonging to Koraput and Malkangiri districts said that ORS is being administered to the children during diarrhea; while in Nuapada the percentage remained as low

as 38. The percent of mothers with a child of age 6 months to 2 years who administered ORS during diarrhea is very low in Malakangiri and Nuapada district, while mothers belonging to Koraput did not talk about it.

General

Hygiene and Sanitation

Use of sanitary latrine

The response of pregnant mothers in all the 3 districts is the least in regard to the use of sanitary latrines. In Sambalpur a stunning figure of 92% and in Deogarh and Bargarh about 52% and 62% of pregnant mothers revealed that they do not use sanitary latrines. However the percentage of use of sanitary latrines among lactating mothers ranges from 67% to 81% in the three study districts. Majority of the Mothers with a child 6 month to 2 yrs in Bargarh, 67% and Sambalpur, 76% don't use latrine. While in Deogarh 57% of the mothers use latrine.

Among those who uses sanitary latrine, majority of the lactating mother in Baragarh 77% and 86% in Sambalpur don't share their latrine. In Deogarh, however 56% of the lactating mothers' share their latrine with other house holds. According to the response of the mothers with child 6 months to 2 yrs, 83% of respondents in Sambalpur and 50% in Bargarh mentioned that they do not share their latrine with other house holds however 75% of respondents in Deogarh mentioned of sharing their latrine.

In the central region, Majority of the mothers in Cuttack (64 to 86 percent) and Nayagarh (67 to 95 percent) said they used sanitary latrines; in Balasore, few of the pregnant mothers (29 percent) used sanitary latrines, however, majority of the lactating mothers (58 percent) and mothers with children (68 percent) use latrine. Moreover, except for 45 percent lactating mothers and 44 percent mothers with children in Balasore, majority of the rest of the mothers in Cuttack (78 to 92 percent) and Nayagarh (93 to 100) shared their sanitary latrines with other households.

Among the respondents belonging to Southern region, majority of lactating mothers and mother with a child of age 6 months to 2 years of Koraput and Malkangiri district said that they use sanitary latrine; while, the remaining said no. Besides, the percentage of mothers of all the categories of Nuapada district said that they do not use sanitary latrine. Among those who uses sanitary latrine, 50 to 71 percent mothers of Koraput district, 13 to 25 percent of Malkangiri and 28 to 44 percent of mothers of Nuapada said they shared their sanitary latrines with other households.

Source of drinking and cooking water

Data shows that the main source of drinking water in the Sambalpur district was hand pump. In the Bargarh district, majority of the mothers (ranges from 65 percent to 78 percent) said that they use water of hand pump for drinking purpose, while 20 to 27 percent said that they

use the water of well. However, 50 to 71 percent of the mothers of Deogarh district said that they use the water of hand pump for drinking, while, 29 to 33 percent uses water form the well.

However, for cooking purpose, 83 to 100 percent of the mothers across all the districts of northern region use water from the hand pump.

In the central region, majority of the mothers in Balasore, Cuttack and Nayagarh used hand pump for drinking water. While for cooking purpose, majority of the mothers in Balasore use hand pump for and in Cuttack they rely both of piped water supply (48 to 50 percent) and hand pump (44 to 50 percent). In Nayagarh most of the mothers relied on pipe water supply (57 to 67 percent), while 14 to 28 percent uses water from hand pump for drinking purpose.

In Koraput and Malkangiri districts belonging to southern region, majority of the mothers used hand pump for drinking water; however, in Nuapada, few also used well. While for cooking purpose, the mothers of Koraput and Malkangiri, mostly use hand pump. However, in Nuapada, few also used well for cooking water.

Treatment of water

The mothers were asked that what they do to make the water safe to drink. To this, majority of the pregnant mothers in Baragarh (57%) and Deogarh (62%) keep the water covered. In Sambalpur, 77% of the mothers treat the water by staining it through cloth. Only 17% of respondents boil water in Bargarh and Sambalpur. 24% of pregnant mothers in Deogarh treat the water with Bleach/ chlorine. The lactating mothers in all the three districts use different ways to treat water. In Deogarh, majority of the lactating mothers 46% keep the water covered, none of the mothers boil the water for safety, 27% stain through cloth. In Bargarh the response shows that 42% stain with cloth, 24% cover and only 15% boil the water. In Sambalpur majority of the mothers (68%) stain water through cloth for make it safe to drink. The response of mother of 6 months to 2yrs reveals a mix of various treatment options in all the three districts. In Bargarh 49% keep it covered and 33% boil it to make it safe. In Deogarh 62% cover it and 14 to 19% boil and bleach/ chlorine to make the water safe to drink. In Sambalpur the main method of treating the water is stains the water through cloth which was responded by 72% of the respondents.

In the central region, majority of the mothers said they keep the water covered or stain it through cloth to make the water safe for consumption; also, few said that they boil the water before consuming.

Majority of the mothers of Koraput (76% to 100%) and Malkangiri (83% to 100%) said that they treated the drinking water to make it safe for consumption. However, the percentage of mothers who treat the water prior to drinking is comparatively less in the district of Nuapada

(45% to 63%). Among those who treat the water, majority of the mothers said they keep the water covered or stain it through cloth to make the water safe for consumption; also, few would keep the water under sunlight, use water filter or boil the water.

Hand washing

The response of pregnant mothers on using of soap after cleaning faeces of child, 80% of the respondents in Bargarh mentioned that they use soap for cleaning. The figure is 38% and 16% in Deogarh and Sambalpur. The affirmative response among lactating mothers is maximum in Bargarh (79%) followed by 50% and 46% in Deogarh and Sambalpur. Use of soap in this regard among mother with 6 months to 2yrs child is also the highest in Bargarh followed by 29% in Deogarh and as low as 12% in Sambalpur. Usage of soap among the lactating mothers in Bargarh shows that more than 70% of the mothers wash their hand after defecation and cleaning of faeces of their child. Very few use soap for cleaning their hand before cooking and eating. In Deogarh 50% of all the mothers said that they use soap before all the activities. But in Sambalpur the response shows majority of the mother wash their hand with soap before eating. The mothers of 6 months to 2 yrs child response of use of soap for hand washing shows that very few mothers in Sambalpur use soap to wash their hand, the response varies from 3% to 12% across all the indicators mentioned in the figure in Deogarh, however the average affirmative response among this category of respondents across all the indicators is 30%. In Bargarh, 70% of respondents of this category gave affirmative response in regard to the first two indicators however in regard to the last two indicators the percentage fell to meager of 23% and 22%.

The respondents belonging to the central region (across all the three districts) reported that majority of them do not use soap for hand washing.

Similarly, data shows that use of soap for hand washing is less practices in the southern region of Orissa. Soap is being used for hand washing by less number of respondents after defecation and after cleaning faeces of the children in the district of Nuapada. However, very few uses soap or hand wash in the other districts.

Disposal of stool passed children

The pregnant mother's response in regard to disposal of stool of their child shows that 51% in Bargarh and 78% in Sambalpur bury the stool the rest either throw it in garbage or dispose in drain. Pregnant mothers in Deogarh show a mixed response. Among them 48 percent (majority) said they throw it in the garbage. When enquired on this aspect among the lactating mothers, the trend remains the same with the major option being burial of stool mostly taking place in Bargarh (67%) and Sambalpur (86%). Deoghar, in this case also depicts a mix of varied options. Among mothers of 6 months to 2 yrs child, the response of the mothers in Bargarh shows 48% burry it 18% leave it in open and 17% throw it in

garbage. In Deogarh, the behavior was mixed. 10% Burry it or use the toilet 14% leave it in the open and 29% rinse into drain and 24% rinse into toilet or latrine, 14% throw it into garbage. In Sambalpur, 72 % of the mothers throw it into garbage and 20% burry it.

While, majority of the mothers of central region said they would throw the stools of the children into garbage, few also said they would bury the stools. However, 50 percent of lactating mothers and 24 percent mothers with a child 6 months to 2 years of Nayagarh said that they dispose the toilet passed by their children in open.

In the southern region, majority of the mothers said they would throw the stools of the children into garbage, few also said they would bury the stools.

Schemes and services

Almost all the mothers of northern, central and southern region knew where the Anganwadi was situated and all the mothers were familiar with their Anganwadi workers and ASHA in their districts.

Majority of the mothers of northern region also said they go to their respective Anganwadi centres. Moreover, majority of the mothers said they visited Anganwadi centres on a monthly basis in Bargarh and Sambalpur; while, in Deogarh, majority would visit on a weekly basis. The mothers were asked that who influence them to go to the AWC. To this majority of the mothers of all three categories, the health workers suggested them to visit Anganwadi centres; also, mothers and mother-in-laws would suggest them too; many of them were also self motivated.

In the central region, majority of the mothers said they went to their respective Anganwadi centres (more than 80 percent). Most of the mothers said they visits Anganwadi centres on a monthly basis; also few visits on a weekly basis. According to the majority of the mothers of all three categories, the health workers suggested them to visit Anganwadi centres; also, the mother-in-laws would suggest them too.

Similarly, majority of the mothers of southern region said they went to their respective Anganwadi centres mostly on a monthly basis (more than 85 percent) and according to the majority of the mothers of all three categories, the health workers suggested them to visit Anganwadi centres; also, the mother-in-laws would suggest them too.

Services received at the Anganwadi centre

According to majority of the mothers among those who visit AWC in the northern region, in all three categories, Anganwadi centres imparted THR for pregnant or lactating mothers, knowledge on pregnancy care, on PNC and breast feeding practice, on delivery care, health and nutrition etc. However, not as many mothers, especially n Sambalpur knew that

Anganwadi centres also imparted knowledge on family planning. Besides, majority of the mothers (more than 80%) of all three categories in the three districts said they visited AWC on VHND.

In the central region, according to majority of the mothers in all three categories, they avail THR from AWC and AWCs also imparted knowledge on PNC and breast feeding practice, on delivery care, health and nutrition etc. However, not as many mothers knew that Anganwadi centres also imparted knowledge on family planning. Besides, most of them visit AWC on VHND (more than 80 percent).

According to majority of the mothers in all three categories in the southern region, THR is being availed, and Anganwadi centres imparted knowledge on pregnancy care, on PNC and breast feeding practice, on delivery care, health and nutrition etc. However, not as many mothers knew that Anganwadi centres also imparted knowledge on family planning. Besides, majority of the pregnant mothers and mothers with children in Koraput and Malkangiri said they went to Anganwadi centres on VHND; while, in Nuapada, only 59% of each of the pregnant mothers and mothers with children said they visited AWC on VHND.

Take Home Ration (THR)

THR is being availed by more than 90 percent of mothers who visit AWC. Majority of the mothers responded that they collected Chatua and Oatmeal from AWC as THR items; very few collected rice daal and soyabean, only negligible percentage collected rice on a monthly basis; while, few also collected on a weekly basis. Majority of the mothers (more than 80 percent) of northern region said they shared the THR items with someone.

THR is being availed by most of the mothers of central region as well who go to the AWC. The items collected, as listed by majority of the mothers are Chatua and Oatmeal from AWC as THR items; very few collected rice daal and soyabean, only negligible percentage collected rice on a monthly basis. However, almost all the mothers also said they share the THR items with someone in their household.

In the southern region, majority of the mothers in Koraput and Malkangiri availed THR from AWC; however, in Nuapada, 65% of the pregnant mothers, 75% of the lactating mothers and 61% of the mothers with children availed THR from AWC. Majority of the mothers collected Chatua and Oatmeal from AWC as THR items; very few collected rice daal and soyabean, only negligible percentage collected rice on a monthly basis. The mothers also said they shared the THR items with other members of their household (67 to 100 percent).

Chapter-3: Analysis of Existing Platforms and Communication Materials

Existing Platforms

Following are the details of a few Campaigns/Communication platforms on related issues in Odisha:

Mamta

Objectives:

- To provide partial wage compensation for pregnant and nursing mothers
- To increase utilisation of maternal and child health services
- To improve mother and child care practices, especially exclusive BF & complementary feeding of infants.

Points of interaction:

- Beneficiary sign a declaration on the MCP card that she will initiate BF within one hour of delivery & continue exclusive BF till six months
- 1st instalment- End of 2nd trimester
- 2nd instalment- 3 Months after delivery (at least 2 IYCF counselling)
- 3rd instalment- 6 months of child (exclusive breast feeding + initiation of complementary feeding + 2 sessions of IYCF)
- 4th instalment- 9 months of the child

SWATHA Kantha

Objectives:

- Brand 'Kantha kahe Kahani' – wall speaks stories, to generate a massive people's participation in the campaign across villages, blocks and districts.
- Local mobilization using the health wall 'Swasthya Kantha' as the backdrop

Points of interaction:

- Poster campaign with Gaon Kalyan Samiti each month and series of events as top-ups
- Drives on thematic issues. Mobile health units involved to integrate services

- Special episodes in Radio and Television every week
- Communication Outreach to maximize impact amongst critical “unreached” and media dark locations through Gaon Kalyan Samiti
- ‘Suno Bhouni’ – listen sister’s, for extensive inter personal communication with more than 4 lakh self help groups of the state

Suraksha

Objectives:

- Strengthening interpersonal communication of frontline functionaries for counselling mothers and care givers on improved IYCF practices
- Work with medical practitioners on ensuring compliance to the IMS (Infant Milk Substitute) Act
- Civil society partners are joining hands with the government to ensure infant and young child nutrition as the right of the child for growth and development and thus the right to life.

Key messages:

- Initiation of Breastfeeding within 1 hour of birth with skin to skin contact
- Exclusive Breastfeeding till 6 months of age (nothing except mother’s milk)
- Introduce Complementary Foods at the end of 6 months and continue Breastfeeding at least till 2 years of age
- Interactive Feeding in order to stimulate mental and emotional development

Bhagidari (Male Involvement)

Objectives:

- Involvement of Male in Pregnancy, delivery and post partum care

Key messages:

- Demonstrate the male partner that the actions sought on his part are simple, do-able, already done by others like him
- Create approval of the community regarding male involvement
- Recognize and celebrate community heroes (both men and women), who come forward in times of need.
- Emphasize on the community’s role in ensuring safe delivery.

Existing Materials

The comprehensive **Orissa Health Sector Plan** (OHSP 2007-12) provides a unique opportunity for the Government of Orissa to align its

List of Communication Materials available and collected from

- UNICEF
- CARE
- HETC
- SIRD (Middle Level Training Centre)
- NRHM

SN.	Kind of Material	Content	Target Group	Origin	Remarks
Posters					
1.	Poster in Oriya	Anaemia - Foods, fruits with iron displayed clearly		Ministry of Women and Child Development, and Food & Nutrition Board Goal and adopted by GoO Printed in N. Delhi - 2009	
2	Poster in Oriya	Iodine Supplementation for children		Food and Nutrition Board, Ministry of Women & Child Development, GoI adopted by GoO Printed in N. Delhi – 2006 -07	
3	Calendar	Anaemia in Pregnancy and impact on children		Food and Nutrition Board, Ministry of Women & Child Development, GoI adopted by GoO Printed at N. Delhi – 2005 -06	Crowded, too many messages – food with iron, iodine supplementation, food supplements, rest during pregnancy, IFA and immunization
4.	Poster	Protection against Swine flu & Influenza H1N1		Government of Orissa -2010	Crowded too wordy

5.	Poster	ASHA and her responsibilities		NRHM, H& FW Dept, GoO	Good but too crowded for a poster – can be developed as a chart
6.	Poster	Safe Motherhood		NRHM , H& FW Dept, GoO	4 key messages – immunization, registration, adequate food, institutional delivery
7	Poster	Janani Surakhya Yojana		NRHM , H& FW Dept, GoO	Photographs, talks of safety in institutional delivery but does not talk of benefits from JSY
8	Poster	Child Nutrition		NRHM , H& FW Dept, GoO	Foods commensurate with age 0-6 months, 6- 12 months, weaning and complementary feeding practices that can be adopted at home
9	Poster	Vit. – A and Approach to strengthening Vit – A supplementation & De-worming 'Sishu Swasthya O Sishu Sadhan Masa'	ANM and AWW	NRHM, GoO & UNICEF 2010	Instructions and appropriate dosage details to AWW, ANM
10	Poster in English	Prepare Infant Food Mixes at Home	AWW training material	Food and Nutrition Board, Ministry of Women & Child Development, GoI adopted by GoO Printed in N. Delhi – 2006 -07	Details clearly kind of food, desired quantities and process of making the mix. Highlights that inadequate feeding is the main cause of malnutrition Potential to be adopted into Oriya
11	Poster in Oriya	Vit - A Sishu Swasthya O Sishu Sadhan Masa'	Community	NRHM, GoO & UNICEF - 2009 -10	
Leaflets/ Flip Cards/ Book/ Games/ Booklet					
12	Leaflet in Oriya	Sustha Ma O Sustha Sishu	Community	NRHM, GoO	6 paged leaflet with details care during pregnancy, birth

					planning & preparedness, pre – partum and post-partum care, care of the new born and immunisation details
13	Leaflet in Oriya	Health Care during Emergency	Community	H& FW Dept, GoO	Focus on Diarrhoea, malaria, skin infections etc
14	Flip Cards	Adequate Food	For link service providers & Community AWW for discussion during meetings with community	US AID, CARE & GoO	Instructions - community dialogue aid
15	Booklet	How do we conduct immunisation?	Instruction book for health service providers on immunisation	USAID, CARE, UNICEF & GoO	Instructions - service provision guideline
16	Booklet	Nutritious Food Preparation for Children	Food types and preparation manual – AWW and Community	USAID, CARE & DWCD, GoO	26 paged booklet on food types and preparation manual – Guide to AWW for demonstration sessions with mothers and care givers
17	Flip Cards - Oriya	Covering different aspects mother and child care	A set of flip cards – AWW training & Community interaction aid	I& PR and DWCD, GoO	For demonstrations and meetings – community dialogue or FGD aid
18	Flip Book – Oriya	Covering mother and child care	AWW, Health service providers and Community	UNICEF	Community training and educational session aid
19	Flip Book - Oriya	Disabilities in Children	AWW, Health Service Providers an Community Guide	National Institute of Mentally Handicapped	Community training and educational session aid
20	Flip Cards – Leaflets	A set of 10 covering Vit – A, Iron, breastfeeding, safe motherhood, iodised salt, new born care, immunisation,	Community but can be used by AWW, Health Service Providers	UNICEF & DWCD GoO	Covering all aspects – 8 paged – clear for use amongst educated communities or useful as a community discussion aid

		diarrhoea, ARI, complementary feeding			
21	Book	Positive Deviance – Guide	AWW	UNICEF & DWCD, GoO	Home based and community based interventions for reduction of malnutrition
22	Card	Integrated Card for Mother and Child Care " Ma O Sishu Surkhya Card"	Community – Beneficiary	UNICEF & DWCD, GoO – 2010	Covering immunisation during pregnancy, birth preparedness, post partum care, growth monitoring
23	Flip Book	Nutrition and Food during Pregnancy and Breastfeeding	Community	UNICEF & DWCD, GoO 2009 - 2010	Pictures + key aspects for care – Good aid for community interaction
24	Booklet	Vitamin – A	Community	UNICEF & DWCD, GoO – 2009 -2010	
25	Game – Snake and Ladders	Messages	Community	DWCD, GoO	
26	Booklet	Immunisation	AWW and service providers	NRHM, GoO	
27	Booklet	Hygiene Promotion	School Children and Pre School Children	SWSM, GoO - 2009	Stories on hygiene promotion amongst school children and preschool children
28	Book	Capacity Building Guidebook for ICDS staff	AWW and Service providers	CARE, US AID, DWCD, GoO	Training Aid plus Demonstration and discussion aid
29	Book	ICDS – Food Preparation Manual	AWW	CARE, US AID, DWCD, GoO	Training Aid plus Demonstration and discussion aid

Chapter 4

Broad Approach of the Strategy

The Communication Need Assessment Study has been instrumental in identifying certain crucial gaps in the area of nutrition of Mother and child of 0-2 years; and focused communication activities are required to address these gaps. Principally this strategy strongly recommends strengthening and capacity building of community groups like the mothers committee and also involving already active support groups like Jaanch committee in the communication activities as well. At the same time, along with community level IPC, the strategy proposes a strong branding Campaign for the AWC for a facelift within the community and also encouraging service utilization. This Campaign would position the AWC in the Community as

In context of the design and information packaging, the strategy advocates simplifying concepts and information related to nutrition, and presents them to the community in a way that is easy to comprehend, and motivating to lead to the desired action. In other words, the advice/service should translate into a meaningful piece of information to the mother and also to the larger community, so that they can relate to the information logically and also emotionally, and move towards adopting a desired action.

Thus, operationally the strategy proposes a 3 pronged approach-

1. Specific, structured and standardized communication activities in the AWC with 2 dedicated (pre-decided dates) days in each month. These two days would be formalized and included in the monthly activity calendar of an AWC, and service provision/monitoring activities regarding IPC have to be planned around these days. Communication materials would be developed for the identified areas, and required capacity building of service providers needs to be done for this activity (*separate capacity building plan given below*)
2. Direct involvement of community level stakeholders like Mothers Committees in implementation as well as monitoring of IPC activities needs to be ensured. Thus, a strong component of this proposed strategy will be Capacity building of these community level stakeholders. Every month, this committee will meet at the AWC for 2-3 hours to discuss IPC activities. Other than this, mothers committees meet every quarter/6 months will be organized which will include activity/events to motivate the members.
3. Branding and Positioning campaign for the AWC. This will include developing logos, themes, signage within the community, and ideally, a model AWC in each block.

Broad Areas/Issues addressed

Though intervention through communication is a continuous and multilayered process, for the purpose of proper planning and streamlining the ground level intervention process for nutrition of mothers and children for 0-2 yrs, a few crucial points within the reproductive life cycle of a woman with respect to information requirement (on nutrition) has been identified. They are:

1. Pre-Pregnancy (including adolescents)
2. Post Pregnancy (1st Trimester)
3. Pre delivery (End of 2nd/beginning of 3rd Trimester)
4. Post Delivery (PNC)
5. 6 months of the child
6. 1 and 2 year of the child

Along with specific nutrition related outcomes, certain general issues that influence Maternal and Child nutrition also needs to be addressed through communication irrespective of any specific period.

The following tables give the broad areas that would be addressed in each of the above-mentioned period:

Period	Broad Areas to be addressed through Communication	Communication process Involved
Pre Pregnancy	Knowledge on Anaemia and anaemic conditions	Balika Mandals to be involved Platform of School Health programme to be used.
	Uptake of IFA tablets	
	Knowledge on Nutrition requirements and nutrition related services	
1st Trimester	Practice of proper time of ANC registration	IPC Session on day 1 with Flip Book and interactive game. Tagging these pregnant women to the mothers committee for monitoring Floor/Wall design to be done (?) in the house of the pregnant woman
	Practice of availing Nutrition related ANC Services	
	K of diet during pregnancy	
	Knowledge & Practice to prevent anaemia	
End of 2nd Trimester/Beginning of 3rd Trimester	Knowledge of initiating breast feeding within an hour and Colostrum feeding	IPC on day 1 with Flip book and interactive game. Design a toy/take away
	Knowledge of Exclusive Breast Feeding	
	Knowledge of Birth Preparedness (including Cord Care & Hypothermia)	
Post Delivery (PNC)	Practice of exclusive Breast feeding	To be done in the institution (suggestion of a take home kit)
	Knowledge –Immunization (Vitamin A	

	coverage) dosage and time	After 48 hours to be done in home; home visit to be made mandatory by the AWW/ASHA. MIL will also be a part of the counselling. Counselling to be done with Flip Book. Design a toy/take away
	Knowledge- Breast feeding proper method	
	Knowledge- Requirement of Growth Monitoring	
	Knowledge & Practise of feeding during illness	
6th Month of the child	Practise of proper time to initiate complementary feeding	IPC Session on day 2 with Flip Book and interactive session. Folded Brochure with sticker to explain growth monitoring. Design a toy/take away. Mother's committee member would be encouraged to interact at home and sensitize MIL.
	Knowledge & Practice of what to feed & what frequency after 6 months Growth Monitoring	
When the child reaches 1 year	Reinforcement of desired feeding practices, growth monitoring and feeding during illness	IPC Session on day 2 with Flip Book and interactive session. MIL/other caregivers, and the child will be encouraged to join the session.
General Areas	Practise of hand-washing	Poster and event with pre-school children
	Knowledge & Practise of proper treatment of drinking water	Poster
	Knowledge regarding AWC	Branding campaign
	Knowledge regarding services available in AWC	

Alignment to existing Programmes

The Strategy has been structured in a way that it is in sync with existing programmes of the DWCD, like the Mamta, and also other programmes that addresses some of this issues in one way or the other, like the Swastha Kantha Campaign, Male Involvement (Bhagidari) Project and Suraksha Project (by UNICEF). The communication activities and the messaging at the community level can be reinforced and complemented by activities undertaken by these programmes. The idea of doing so is to streamline the message delivery when it reaches the target audience while maintaining continuity in the activities. This would make the strategy more consumer- faced, without duplicating effort already made by the government or other agencies, and making optimal use of the existing resources.

Thus, the priority is to use the already existing programmes/platforms and service delivery system, and align the communication activity and messaging accordingly, instead of creating new platforms and cadres of communicators. It is understood that along with making the complete package of communication more meaningful for the target audience, this

prioritization of using existing platforms and channels would also help to ensure sustainability of the proposed activities.

The existing platforms that this strategy proposes to use are already discussed in detail in the preceding chapter. However, it would be pertinent to emphasize here that the entire strategy has been developed in context of the NOP Indicators, and thus aligned to the larger OHSP. Also, the activity design and the monitoring have been done keeping the mandatory attendance of the counseling sessions to avail the MAMTA Scheme. The proposition is that the IPC Sessions proposed through this strategy that would be done in 2 specific pre-determined days in each month, can be merged with the MAMTA counseling sessions and monitored through the MAMTA Register (along with other mechanisms).

Major Components of the Strategy

The Proposed Strategy comprises of four major components to attain the planned objectives. These Components are:

1. Communication Materials and Branding
2. Intervention
3. Capacity Building
4. Monitoring and evaluation

Following is a detailed account of each of the four components-

Communication materials and Branding

A Branding Campaign has been proposed for the AWC as a part of the Strategy. This will also be a facelift mechanism for the AWC and is intended to encourage service utilization while generating awareness for the issues. The campaign will involve mass media as well as activities within the community. Communication materials developed for the campaign include development of a logo, an animation film, a jingle/theme tune and signage within the community.

Regarding Communication materials for IPC, primarily 3 kinds of prototypes will be developed. A comprehensive flipbook will be developed for all the IPC Sessions at AWC in the 2 earmarked days or for home visit. Interactive games will be designed for interesting and participatory sessions at the AWC. Also booklets/toys/take home materials will be designed. The table already given above indicates the use of communication tools in the IPC Process. Along with these, existing communication materials (list given in chapter 3) can also be used as and when required.

The final toolkit of Prototypes that would be developed includes:

1. Logo for AWC
2. Jingle/Theme tune
3. Animation for AWC Branding Campaign
4. Signage/Poster to be used within Community for Branding
5. 3D- Drawing of Model AWC
6. Comprehensive Flip-Book
7. Interactive games/Sessions
8. Take away materials after IPC Sessions
9. Illustrative handouts on general issues

Intervention

The issues that would be intervened through communication have already been discussed before. In order to bring in desired changes in these areas, intervention through communication will be done in the following six broad levels:

1. Two days are proposed to be earmarked in monthly activity calendar of the AWC for intensive IPC Session for each of the four category of women (women in the 1st Trimester, women in 2nd/beginning of 3rd Trimester, women whose child is nearing 6 months, women whose child has completed 1 year). Day 1 will cater to two groups of pregnant women; i.e. women in the 1st Trimester and women in 2ndtrimester or beginning of 3rd Trimester. Day 2 will cater to mothers to 2 categories i.e. whose child is nearing 6 months age, and whose child has just completed 1 year.
   However if it is inconvenient to earmark 2 specific days, at least time for specific sessions should be planned separately for each group. The idea is to consider IPC as a separate (and non-negotiable) activity/service, rather than tagging it as a component to certain other services.
   All the IPC sessions will be participatory group activity through an interactive game or discussion, followed by a discussion facilitated by the AWW using a Flip Book.

2. Community Groups like Mothers Committee will be directly involved in the Communication activities. These groups will be capacitated, and will be motivated to support the AWW in the outreach and follow up services. (Capacity building plan of providers and community groups has been given in detail in the next section)

3. IPC session immediately after delivery would be done through home visits by AWW. This would cater to the new mother and other care givers in the family, especially the Mother in Law/Mother.

4. Awareness on general issues would be done through discussion and posters.

5. Quarterly IPC mela within the community (preferably in the AWC; if it is not AWC Building, then in any other community space) where active mothers committee members will be felicitated, and there will be general discussion on all the issues. Other care givers like Mother in Laws, Husbands etc will also be encouraged to attend these melas. There will be small events like quiz, sharing of positive case studies that can be examples to the community. AWC members can plan their own agenda for these quarterly activities in discussion with community members.

6. Branding campaign would be done through the Mass media and supporting with ground level activities involving community groups like Mothers Committee, Jaanch Committee, PRI Members and other key influencers.

Capacity Building

One of the main findings of the Communication need assessment study was the lack of training of Service providers on Communication. In order to implement this strategy, Capacity building of Stakeholders needs to be done in 3 levels:

1. **Training of Grass roots level Service providers (AWW and ASHA) -** The first requirement of implementing an effective health communication programme, is to train the service providers who are the key communicator. This group needs to be trained in three main areas:
   a) Basics of Health Communication
   b) How to use the Communication materials developed/to be used for these activities
   c) Refresher training on issues related to nutrition of mother and child till 2 years.

2. **Training of Community Level Communicators-** As a support group to the service providers, community groups like mothers committee have been involved as support communicators in this strategy. This group needs too be capacitated on the following areas:
   a) Basic issues related to Maternal and > 2 yrs child nutrition on which they need to communicate, including identifying danger signs
   b) Components of health communication- What to communicate, how to communicate, who to communicate to, and what materials can be used
   c) Shared vision of where we want to reach/achieve through these communication activities, with basic monitoring, i.e. how to understand whether they are on proper track.

3. **Training of Supervisor/Monitoring personnel-** The strategy proposes monitoring at different levels- through ICDS personnel, district level health communication

personnel, community groups like Mothers committee and Jaanch committee, and Key community influencers. There has to be detailed training/orientation (as applicable for each category) on the objectives of communication activities, process of monitoring, the tools/checklists that needs to be used and also the process of documenting and providing feedback.

Monitoring and Evaluation

One of the core components of implementing any Health Communication programme is effective Monitoring and Evaluation. In this context, M&E should focus on five primary factors:

a) **Coverage –** Number of women/families reached through Communication, proper selection of audience, and proper time of providing information
b) **Quality-** Effectiveness and appropriateness of the communication activities, and process used
c) **Effective usage of tools-** proper usage of communication tools, and also use of monitoring tools/formats/checklists
d) **Proper feedback mechanism-** Establishing a two way system of communication and taking feedback from the end users/audience regarding effectiveness, possibility of application, motivation, challenges faced, etc
e) **Incorporating learning in the programme design/service provision-** Identifying the requirements/gaps/recommendations from the feedback and addressing them within the programme. This would also include identifying learning/gaps and subsequent documentation of processes/incidents/case studies.

In this strategy, Monitoring has been proposed at the following levels:

ICDS Supervisors, through presence in the days dedicated for IPC and also checking registers and coverage data. They can also do a sample check of IPC done in home visits (with a focus on women having bad obstetric history). It is proposed that mothers' committee members can be involved for identifying the sample respondents for the Supervisor's visits to understand community involvement and knowledge.

District level BCC Personnel; mainly for checking quality and process involved in the communication activities. They can also take feedback from the end users and key influencers and help in documenting & incorporating these feedbacks in future implementation design.

Concurrent evaluation by block/district level personnel during other service delivery days like Pustikar divas and VHND. They can do analysis of certain indicators for understanding impact of communication activities

Community level monitoring by Jaanch committee, Mothers committee and other key influencers for checking coverage, quality from the perspective of end users, and later get involved in designing of communication programmes

ASHAs can also be used for concurrent data collection related to knowledge levels and practices.

The specific personnel and activities related to monitoring of each group of activities are given the table below:

Factsheet of communication activities with each group of Audience

Knowledge and Behaviours to promote	Information that needs to be given	Primary Audience	Secondary Audience	Communication activity	Persons Involved	Materials developed	Monitoring Plan	Existing Platforms
Pre Pregnancy								
Proper Knowledge of Anaemia among Adolescent & Young girls **Practice of prevention measures of Anaemia and encourage IFA intake**	What is Anaemia? What should be done to prevent Anaemia? What role can IFA intake play in preventing anaemia?	School Children Adolescent Girls	SHG mothers MIL Mothers of adolescent girls	Sensitisation and training of adolescents to create a pool of peer educator through Balika Mandals Involvement in School Programme	AWW, (with support from Supervisor when required) Mothers Committee member Members of Balika mandal	Illustrative Information handout	Concurrent checking through ASHA, Mothers Committee and ICDS supervisors	Balika Mandal School Health Program Sabla AACP
Proper understanding of Nutrition requirements of Young and Adolescent girls	What are the Nutrition requirements of Adolescent and young girls?							
Proper knowledge on time of ANC registration	When is proper time for ANC registration? What are the service entitlements from AWC after ANC Registration?	Prospective Mothers in the community	MIL, Husband	IPC through ASHA, and AWW	ASHA, Community groups like SHG Members			

Knowledge and Behaviours to promote	Information that needs to be given	Primary Audience	Secondary Audience	Communication activity	Persons Involved	Materials developed	Monitoring Plan	Existing Platforms
Post Pregnancy (1st Trimester)								
Practice of proper time of ANC registration	What are the service entitlements from AWC after ANC Registration?	Pregnant woman in 1st trimester	MIL, Husband Mothers Committee	IPC session in AWC through on day 1; interactive session followed by discussion with flip book, video, games Home Visit kit for ASHA and AWW Tagging these women to the mothers committee for Follow up	AWW, (with support from Supervisor when required) Mothers Committee member	Interactive Game Flipbook	Concurrent checking through ASHA, Mothers Committee and ICDS supervisors	VHND, Suno Bhouni Event Day
Knowledge of diet during pregnancy	What to eat during pregnancy Amount of food intake and rest required during pregnancy							
	Pre Delivery (End of 2nd Trimester/Beginning of 3rd Trimester)							
Knowledge of initiating breast feeding within an hour and Colostrum feeding	What is the 1st thing to feed the child? When to initiate feeding of the child?	Pregnant woman in 2nd or 3rd trimester	MIL, Husband	IPC session in AWC through on day 1; interactive session followed by discussion with flip book MIL to be sensitized through outreach services from mother committee and during IPC Mela	AWW, Supported by Mothers Committee member and ASHA	Interactive Game Flipbook Illustrative handout	Visit by ICDS Supervisor during the 2 IPC Days Participatory monitoring by Jaanch Commiittee. Intermittent supervision by District level Health Communication personnel MAMTA register	MAMTA, Bhagidari
Knowledge of Exclusive Breast Feeding and Hypothermia	Meaning of “Exclusive” in breastfeeding- water and health tonic also to be excluded How to keep the baby warm							

Knowledge and Behaviours to promote	Information that needs to be given	Primary Audience	Secondary Audience	Communication activity	Persons Involved	Materials developed	Monitoring Plan	Existing Platforms
	Post Delivery (PNC)							
Practice of exclusive Breast feeding	Meaning of "Exclusive" in breastfeeding- water and health tonic also to be excluded (reinforcement)	Woman after delivery and her Mother in Law	Husband and other Care givers	After 48 hours of delivery, this session is to be done in home; with Flip Book. Take away material given at the end of the session.	AWW, ASHA	Flip book, Take away material	Random verification by Supervisor and District level Health Communication personnel Concurrent evaluation during Pushtikar Divas and VHND	Suraksha, Bhagidari, Yashoda (in intervention districts)
Immunization coverage (Vitamin A)	What is the dosage and time of Vitamin A							
Regular Growth Monitoring	Why should growth be monitored? What to understand from the weight Band?							
Knowledge of Feeding during illness	Amount to be fed during illness							
	6 months of the child							
Practise of proper time to initiate complementary feeding	When should you initiate giving semisolids? What should you give & at what frequency?	Mother of the child	Father of the child and other Care givers	IPC session on Annaprasan, Take away material given at the end of the session.	AWW, Mothers committee members for Follow up.	Flip book, Interactive session plan Take away material	Participatory monitoring by Jaanch Commiittee. Intermittent supervision by District level Health Communication personnel MAMTA register	MAMTA, Bhagidari, Annaprasan
Knowledge & Practice of what to feed & what frequency after 6 months								

Knowledge and Behaviours to promote	Information that needs to be given	Primary Audience	Secondary Audience	Communication activity	Persons Involved	Materials developed	Monitoring Plan	Existing Platform
	1 & 2 year of the Child							
Reinforcement of desired feeding practices, growth monitoring and feeding during illness	Ingredients and Amount to be fed What and how much to feed during illness Meaning of weight bands	Mother & Grandmother of Child,	Father, Key influencers	IPC Session on day 2 with Flip Book and interactive session. MIL/other caregivers, and the child will be encouraged to join the session.	AWW, ASHA	Flip book, Interactive session plan Take away material	Participatory monitoring by Jaanch Commiittee and Mothers committee. Intermittent supervision by District level Health Communication personnel	MAMTA Suraksha
	General Issues & Branding							
Practise of hand-washing and proper sanitation practices	When should you wash hands? What is the proper way of washing hands? Why should you wash hands? What sanitation practices should be adopted?	Mother & Grandmother of Child,	Father, Key influencers	Poster and event with preschool children IPC Mela that will cover these issues and also validation of mothers committee members	AWW, ASHA, Mothers committee members, Jaanch committee, key influencers	Posters and event design	Assessment by ASHA and also involvement of Siksha Sahayika. Dip Stick assessment by District level	Swastha Kantha

							Health Communication personnel at an interval of 3 months. Involvement of Key influencers in monitoring	
Knowledge & Practise of proper treatment of drinking water	How to treat your drinking water?							
Knowledge regarding AWC	What is an AWC? Why is it important for a community? What entitlements one can avail from an AWC? What role one can play to support an AWC?	Community		Campaign on *“Know your AWC”*- Mass media reinforced by Community level activities in quarterly IPC mela and other interactive sessions	AWW, ASHA, Mothers committee members, Jaanch committee, key influencers	Logo Poster Animation spot Jingle Signage/poster		