



Swabhimaan Programme (Mocho Mangun), Chhattisgarh

Baseline Survey Results (2017): Bastar District





Background

1. Aajeevika Programme in Chhattisgarh

In 2012, the Government of Chhattisgarh launched the Aajeevika programme called BIHAN in the state, which creates institutions of women driven by women themselves for reducing widespread rural poverty in the state by – (i) organizing rural poor women into Self Help Groups (SHGs); (ii) building their capacity to establish their savings base and linking them to viable pro-poor livelihood value chains, so that poor families can take charge and come out of poverty and (iii) increasing access to social protection and entitlements (including food, water and nutrition security). This is achieved through demand generation and promoting food, Water, Sanitation and Hygiene (WASH) and nutrition-based livelihoods. The programme is anchored by the Chhattisgarh Rural Livelihood Promotion Society (CGRLPS), an independent society of the Government of Chhattisgarh, under the stewardship of the National Rural Livelihood Mission (NRLM), Ministry of Rural Development and Panchayati Raj, with funding from the World Bank.

Operationally, BIHAN (Aajeevika) creates multi-tier structure of women involving SHGs at tier-1, Village Organisations (VOs) comprising 10 to 20 SHGs at tier-2 and Cluster Level Federations (CLFs) at tier-3. In some districts, high tier federations at block and district levels are going to be formed soon. The BIHAN (Aajeevika) Programme Management Units (PMUs) at state (SPMU), district (DPMU) and block (BPMU) levels provide supervisory and capacity building support to SHGs and their higher tiers.

After the initial period of mobilization and collectivization for thrift and credit, bank linkage and income generation, the Aajeevika programme focuses on capacity building of VOs that abide by the “Panchsutra” guides for at least six months and engage as farmer collectives. In addition to this, another pre-requisite for capacity building is that the VOs must layer social issues within their programmes, through utilization of the monthly meeting platform of SHGs, for behaviour promotion and food, WASH and nutrition-security based livelihoods. At present, there are 56,744 SHGs (tier-1), 2,851 VOs (tier-2), and 66 CLFs (tier-3) in Chhattisgarh.

Each VO has office bearers, Community Resource Person (CRP) and a book keeper. A Vulnerability Reduction Fund (VRF) is available to the members (particularly those belonging to the poorest households) to seek loans for health and other family emergencies. Revolving Fund (RF) and Community Investment Fund (CIF) is available to initiate various income generation activities.

2. BIHAN in Bastar District, Chhattisgarh

The BIHAN was initiated in 2012 in three blocks in Bastar district and gradually scaled up to all seven blocks by 2016. Programme data (2016) shows that there are a total of 3,855 SHGs (tier-1), 177 VOs (tier-2) and 4 CLFs (tier-3) in Bastar district. In 2016, the BIHAN programme covered 1,01,173 households. For programme purpose, BIHAN has divided each block into

four clusters. Each cluster is supervised by an Area Coordinator (AC) who reports to a Block Manager (BM) at block level. A DPMU supports and anchors various initiatives in the district.

3. Swabhimaan Programme (2016-2020), Bastar District, Chhattisgarh

In 2016, BIHAN (Aajeevika) partnered with the United Nations Children's Fund (UNICEF) Chhattisgarh to initiate the Swabhimaan (named as 'Mocho Mangun' in the state, which means self-esteem in Halbi) Project (2016-2020) with an aim to improve the nutritional status

The Swabhimaan Demonstration Programme

Strategy 1

Block-wide and entails formal systems strengthening to improve coverage of food security entitlements, health, nutrition, water and sanitation services.



The activities under this strategy include:

1

Strengthening Village Health, Sanitation and Nutrition Days (VHSNDs) to improve access to antenatal care, family planning and micronutrient supplementation through this platform. Strengthening will involve quarterly trainings of health service providers, monthly review of nutrition indicators and identification of women at risk of under nutrition for special supplementary food/counselling

2

Strengthening adolescent health day to improve access to adolescent health and nutrition services via quarterly trainings of health and Integrated Child Development Services (ICDS) service providers

3

An extended VHSND once every six months for newly-wed women, including individual counselling and providing information about entitlement camps

4

Annual training and follow-up meetings with service providers from allied departments (Public Health Engineering Department, Civil Supplies) to help them improve the delivery of entitlements and services

5

Regularizing block nutrition convergence review mechanism



of adolescent girls, pregnant women and mothers of children under two years in Bastar block of Bastar district in Chhattisgarh, by increasing the coverage of five essential nutrition (specific and sensitive) interventions.

BIHAN is anchoring and implementing the Swabhimaan ('Mocho Mangun') programme, in coordination with the Departments of Health & Family Welfare, Civil Supplies, Panchayat & Rural Development, Women & Child Development, Agriculture, Horticulture and Public Health Engineering, with technical and financial support from the UNICEF. UNICEF in turn is partnering with relevant non-government partners (and resource persons) for development of capacity building tools and methodologies and with relevant academia for impact and

Adopts Two Implementation Strategies



Strategy 2

The second strategy of the intervention is to train community cadres of VOs.

The activities under this strategy include:

1

Training cadres of VOs (Mangun Mit), to facilitate adolescent and women-specific issues (Amcho Basul) through monthly meetings with women's SHGs using participatory learning and action cycle methodology.

2

Training cadres of VOs (Mangun Mit) to form and facilitate fortnightly adolescent girls' clubs (Kishori Samooh) for discussions, using participatory learning and action cycle, and link girls of the VOs to receive grants for secondary education

3

Quarterly trainings of community farming cadre of VOs (Krishi Mitra) who in turn engage monthly with women farmer/producer groups of BIHAN on nutrition-sensitive agriculture methodologies for creation of community nutrition-sensitive agriculture demonstration sites (farmer field school at cluster level) and promotion of backward micronutrient-rich kitchen gardens at homes

4

Training community cadres of VOs (Mangun Mit) to identify 'at nutritional risk' adult women (Mid-Upper Arm Circumference [MUAC] <23 cm for women and first/adolescent pregnancy), track and follow-up through fortnightly group/home visits and linkage with (a) VOs for provision of seed grants for agriculture and poultry-rearing activities and (b) one free hot-cooked noon meal

5

VOs conducting special meetings for newly-wed couples and theme based rallies

6

VOs developing a micro social nutrition plan and conducting a bi-annual process audit of their progress against plan



process evaluation. The impact evaluation is led by the All India Institute of Medical Sciences (AIIMS) in Bihar, Chhattisgarh and Odisha, with technical support from the International Institute for Population Sciences (IIPS) and University College London. The impact evaluation has been registered with the Registry for International Development Impact Evaluations (RIDIE-STUDY-ID-58261b2f46876) and Indian Council of Medical Research (ICMR) National Clinical Trials Registry of India (CTRI/2016/11/007482).

Bastar block of Bastar district, which has been designated as the intervention block is divided into four clusters of 2, 42, 118 and 17 VOs respectively, for the purpose of programme impact evaluation. In the first year (2017) of programme implementation 11,180 villages of Cluster 4 will serve as the intervention area. Additionally, in Bastar block (from 2017 onwards), women's VOs (and SHGs) are being engaged in designing and implementing integrated village health, nutrition and WASH plans through community cash grants received by BIHAN via the VRF or other such options. Bakawand block of Bastar district will be the designated comparison area. Bakawand has 50 VOs (till date) and 1,026 SHGs that have been recently formed. CLFs are yet to be formed in Bakawand. We hypothesise that the Swabhimaan programme will lead to a 15% reduction in the proportion of adolescent girls with a Body Mass Index (BMI) <18.5, a 15% reduction in the proportion of mothers of children under two with a BMI <18.5 and a 0.4 cm improvement in mean MUAC among pregnant women, over the intervention period of three years. Additionally, improvements of 5% to 20% are expected in the coverage of 18 key nutrition specific and sensitive indicators in intervention areas over the span of three years.

4. Swabhimaan Programme Baseline Survey (2017), Bastar District, Chhattisgarh

Data collection for the baseline survey was conducted in 40 villages of Bastar block (intervention area) and 40 villages of Bakawand block (comparison area) between January to April 2017.

Based on the outcome indicators and the change envisaged, a representative sample from all three target groups was selected using simple random sampling for the baseline survey in Bastar and Bakawand blocks. From Bastar, 1,468 adolescent girls, 442 pregnant women and 1,281 mothers of children under two years were interviewed. From Bakawand, 1,453 adolescent girls, 381 pregnant women and 1,258 mothers of children under two years were interviewed. Thus, a total of 2,921 adolescent girls, 823 pregnant women and 2,539 mothers of children under two years were interviewed from Bastar district.

The baseline survey protocol, methodology and tools were approved by the Institutional Ethics Committee of AIIMS Raipur. Separate paper based bilingual (English and Hindi) interview schedules, containing questions for collecting household and individual information for the three target groups, were used. Data collection was carried out by 30 investigators, who were supervised by six supervisors and edited by six field editors.

Quality control checks were conducted for 10% of the interviewed population. Verbal consent was taken from all participants before conducting the interviews. For respondents below the age of 18 years, written and verbal consent was taken from the respondents and their parents respectively.

A separate schedule was prepared for each target group. Information obtained included socio-demographic and household characteristics, educational attainment, diet diversity, availability of a homestead kitchen garden, access to health, ICDS and Aajeevika services and decision making practices using pre-tested interview schedules. Nutritional status was assessed using anthropometry (weight, height and MUAC).



**SWABHIMAAN PROGRAMME BASELINE (2017) -
BASTAR DISTRICT FACT SHEET**

ADOLESCENT GIRLS

(10-19 years)

ADOLESCENT GIRLS (10-19 years)

Key Indicators		Bastar Block*	Bakawand Block	Total
SOCIO-DEMOGRAPHIC INDICATORS				
1.	Estimated sample of adolescent girls (n)	1098	1098	2196
2.	Adolescent girls interviewed (n)	1468	1453	2921
Distribution of adolescent girls by age groups (years)				
3.1	10-14 (%)	55.3	55.6	55.5
3.2	15-19 (%)	44.7	44.4	44.5
Educational status of adolescent girls				
4.	Never attended school (%)	2.0	1.0	1.5
5.	Currently attending school (%)	72.1	77.6	74.8
6.	Currently not attending school (%)	25.9	21.5	23.7
7.	Discontinued schooling in ¹ (n)	380	312	692
7.1	Standard 1-5 (%)	21.8	18.9	20.5
7.2	Standard 6-8 (%)	40.8	37.2	39.2
7.3	Standard 9-12 (%)	37.4	43.9	40.3
8.	Adolescent girls who were engaged in paid work outside their home (%)	30.8	30.1	30.4
Religion of the head of household				
9.1	Hindu (%)	98.4	98.1	98.3
9.2	Muslim (%)	0.2	0.3	0.3
9.3	Christian (%)	1.3	1.3	1.3
9.4	Buddhist/Neo-Buddhist (%)	0.1	0.0	0.0
9.5	Others ² (%)	0.0	0.3	0.1
Caste/Tribe of the head of household				
10.1	Scheduled Caste (SC) (%)	2.1	2.7	2.4
10.2	Scheduled Tribe (ST) (%)	65.6	64.7	65.1
10.3	Other Backward Classes (OBCs) (%)	28.9	26.8	27.9
10.4	Others (%)	3.4	5.8	4.6
FOOD SECURITY				
Ration card				
11.	Adolescent girls living in households having			
11.1	No ration card (%)	5.0	3.8	4.4
11.2	Above Poverty Line (APL) card (%)	1.1	1.7	1.4
11.3	Below Poverty Line (BPL) card ³ (%)	68.8	77.4	73.1
11.4	Antyodaya Anna Yojana (AAY) card ⁴ (%)	25.1	17.1	21.1

Notes

* Bastar Block - Intervention Area; Bakawand Block - Comparison Area.

1. Of those adolescent girls currently not in school.

2. Others include those others than Hindus, Muslims, Christians and Buddhists/Neo-Buddhists.

3. Below Poverty Line (BPL) cards are distributed to those households living below the poverty line, which includes households with a Monthly Per Capita Consumer Expenditure (MPCE) less than Rs. 911.80 (Chhattisgarh) (Report of the Expert Group to Review the Methodology for Measurement of Poverty, Government of India Planning Commission, June, 2014). These households are entitled to receive 10 kg wheat per card at Rs. 5.22 per kg, 15 kg rice per card at Rs. 6.78 per kg, and 1.49 kg sugar per family at Rs. 13.5 per kg. Retrieved from: <http://www.pdsportal.nic.in/main.aspx>.

4. Antyodaya Anna Yojana (AAY) cards are distributed to those households which comprise the poorest segments of the BPL population, including all households who are perceived to be at the risk of hunger. These households are entitled to receive 14 kg wheat per card at Rs. 2 per kg and 21 kg rice per card at Rs. 3 per kg. Retrieved from: <http://www.pdsportal.nic.in/main.aspx>.

Key Indicators		Bastar Block	Bakawand Block	Total
Integrated Child Development Services (ICDS)				
12.	Adolescent girls who visit Anganwadi Centre (AWC) for any service ⁵ (%)	32.3	41.9	37.1
13.	Adolescent girls who receive dry ration from AWC ⁶ (%)	88.8	87.6	88.1
14.	Adolescent girls who have accessed any health service or counselling from a frontline health worker in the six months preceding the survey ⁷ (%)	19.0	17.0	18.0
15.	Adolescent girls living in households with a kitchen garden ⁸ (%)	50.0	33.2	41.6
MICRONUTRIENT SUPPLEMENTATION AND DEWORMING				
16.	Adolescent girls who ever received any Iron and Folic Acid (IFA) tablet (blue coloured) (%)	52.4	68.5	60.4
17.	Adolescent girls who have consumed at least four IFA tablets in the month preceding the survey (%)	10.1	12.0	11.1
18.	Adolescent girls who have taken any tablet for deworming in the six months preceding the survey (%)	58.0	65.6	61.8
19.	Adolescent girls living in households using adequately iodised salt ⁹ (%)	97.6	99.2	98.4
DIETARY DIVERSITY¹⁰ (n)		1410	1384	2794
20.	Adolescent girls' mean Dietary Diversity Score (DDS) ¹¹ [Standard Deviation (SD)]	4.4 [1.2]	4.5 [1.2]	4.5 [1.2]
21.	In the 24 hours preceding the survey, food groups consumed by adolescent girls			
21.1	Grains, white roots and tubers, and plantains (%)	99.9	99.9	99.9
21.2	Pulses (beans, peas and lentils) (%)	62.2	64.6	63.4
21.3	Nuts or seeds (%)	5.6	10.3	7.9
21.4	Dairy (%)	11.9	16.7	14.3
21.5	Meat, poultry and fish (%)	20.9	27.0	23.9
21.6	Egg (%)	6.6	7.9	7.3
21.7	Dark green leafy vegetables (%)	42.8	31.9	37.4
21.8	Other vitamin A-rich fruits and vegetables (%)	91.5	94.9	93.2
21.9	Other vegetables (%)	82.8	79.4	81.1
21.10	Other fruits (%)	18.8	20.3	19.5

Notes

- Under the Kishori Shakti Yojana (KSY), nutritional and health services are extended to adolescent girls, with local Anganwadi Centres serving as the focal point for delivery of the mandated services.
- Dry ration is provided from the AWC to those adolescent girls who visited AWC for services and who weigh less than 35 kg (n: Intervention Area - 89; Comparison Area - 105; Total - 194).
- Frontline health workers include Auxiliary Nurse Midwives (ANMs), Accredited Social Health Activist (ASHA) and Anganwadi Workers (AWWs).
- Kitchen gardens are small plots of land cultivated by households. They provide the latter with easy access to fresh and nutritious vegetables and fruits, often on a daily basis. They include homestead land, vacant lots, roadsides, edges of a field or even containers.
- 'Adequately' iodized salt is used to refer to salt that has iodine content greater than 15 ppm.
- Excludes those adolescent girls who ate less or more than usual on the day prior to the date of the interview, as in the case of a fast or a celebration.
- Dietary Diversity Score (DDS) is computed on the basis of consumption of food items, from the ten food groups, on the day prior to the date of the interview. Based on Food and Agricultural Organisation (FAO) 2016 methodology, 14 major food items were clubbed together to form 10 food groups. A ten-point DDS scale was created (0 being the lowest value, 10 being the highest)

Key Indicators	Bastar Block	Bakawand Block	Total
22. Adolescent girls consuming food from specific food groups			
22.1 Animal-source food (meat, poultry, fish and egg) (%)	25.5	33.3	29.3
22.2 Pulses (beans, peas and lentils) and nuts or seeds (%)	64.0	68.6	66.3
22.3 Dark green leafy vegetables and other vitamin A-rich fruits and vegetables (%)	52.7	45.9	49.3
23. Adolescent girls by number of food groups consumed			
23.1 Only one food group (%)	0.1	0.1	0.1
23.2 Only two food groups (%)	3.4	2.0	2.7
23.3 Only three food groups (%)	17.0	15.5	16.3
23.4 Only four food groups (%)	35.8	33.7	34.8
23.5 Less than five food groups (%)	56.4	51.4	53.9
24. Adolescent girls with minimum dietary diversity score (5 or more out of 10) (%)	43.6	48.6	46.1
ACCESS TO HEALTH SERVICES AND WATER, SANITATION AND HYGIENE (WASH)			
Kishori Divas			
25. Adolescent girls who think that there are times in a woman's cycle when she is more likely to get pregnant than other times (%)	6.6	9.4	8.0
26. Adolescent girls who have accessed adolescent health services (Kishori Divas) in the six months preceding the survey ¹² (%)	16.8	10.7	13.8
27. Adolescent girls who have attended any Kishori group meeting in the six months preceding the survey (%)	5.8	6.1	5.9
28. Adolescent girls who have attended at least two Kishori group meetings in the six months preceding the survey (%)	2.5	3.6	3.0
29. Number of Kishori group meetings attended in the six months preceding the survey			
29.1 Never attended (%)	94.2	93.9	94.1
29.2 Attended once (%)	3.3	2.5	2.9
29.3 Attended twice (%)	1.5	1.7	1.6
29.4 Attended thrice (%)	0.6	0.8	0.7
29.5 Attended more than three times (%)	0.4	1.0	0.7
30. Topics discussed in Kishori group meetings ¹³			
30.1 Life Skill (%)	28.2	45.5	37.0
30.2 Protection (%)	36.5	54.5	45.7
30.3 Nutrition (%)	76.5	76.1	76.3
30.4 Health (%)	80.0	80.7	80.3
31. Knowledge of social protection scheme for adolescents			
31.1 Rashtriya Kishor Swasthya Karyakram (RKSK) (%)	4.1	3.2	3.6
31.2 Rajiv Gandhi Scheme for empowerment of adolescent girls (Sabla) (%)	2.2	3.1	2.6

Key Indicators		Bastar Block	Bakawand Block	Total
32.	Adolescent girls who			
32.1	Ever received any vocational training (%)	6.1	5.6	5.9
32.2	Ever attended any school/community occasions (%)	62.1	65.2	63.7
32.3	Participated in activities to prevent child marriage or exploitation or violence during the three months preceding the survey (%)	10.7	9.2	9.9
32.4	Reported that they can socialize outside their home (%)	57.9	62.5	60.2

Notes

12. Kishori Divas or Adolescent Girls' Day is held once in every three months at AWCs. Health services, including a free health check-up, is extended to all adolescent girls on this occasion.
13. Only those adolescent girls who had attended any Kishori group meeting in the six months preceding the survey were considered. (n: Intervention Area - 85; Comparison Area - 88; Total - 173).

Key Indicators		Bastar Block	Bakawand Block	Total
Water, Sanitation and Hygiene				
33.	Adolescent girls living in households having access to drinking water from			
33.1	Public tap/Stand pipe (%)	1.8	3.0	2.4
33.2	Tube well or Borehole (%)	82.0	86.6	84.3
33.3	Others ¹⁴ (%)	16.2	10.4	13.3
34.	Adolescent girls living in households with a			
34.1	Septic tank (%)	5.3	10.5	7.9
34.2	Pit latrine (%)	6.4	7.7	7.0
34.3	Biogas latrine (%)	0.3	0.0	0.1
34.4	Others (%)	2.8	0.7	1.8
35.	Adolescent girls living in households in which members practice open defecation (%)	85.2	81.1	83.2
36.	Adolescent girls living in households in which members use soap for hand-washing after defecation (%)	75.5	74.1	74.8
Personal hygiene¹⁵ (n)		951	953	1904
37.	Adolescent girls who use safe pads or sanitary pads during periods (%)	36.1	37.3	36.7
38.	Adolescent girls who use any cloth for protection during their periods (%)	74.9	78.3	76.6
ABILITY TO MAKE CHOICES AND DECISIONS¹⁶				
39.	Adolescent girls taking decisions about their own health care (%)	26.9	20.9	23.9
40.	Adolescent girls taking decisions about making major purchases for the household (%)	20.4	19.8	20.1
41.	Adolescent girls taking decisions about making purchases for daily household needs (%)	35.1	33.4	34.2
42.	Adolescent girls taking decisions about visits to family members or relatives (%)	27.9	23.7	25.8
43.	Adolescent girls taking decisions about going to school or studying ¹⁷ (%)	69.8	73.0	71.4
44.	Adolescent girls taking decisions about keeping/spending the money they currently have (%)	50.7	63.5	57.1
45.	Adolescent girls who think that they can take decision regarding whom to marry (%)	17.7	14.0	15.9

Notes

14. Also includes those households which have no source of drinking water.

15. Includes only those adolescent girls who had started menstruating.

16. Those adolescents who responded saying 'Sometimes' and 'Always' were recoded in to the 'Yes' category.

17. Only those Adolescent girls who ever attended school are included (n: Intervention Area - 1439; Comparison Area - 1439; Total - 2878).

Key Indicators	Bastar Block	Bakawand Block	Total
NUTRITIONAL STATUS¹⁸			
Early adolescence (10-14 years) (n)	812	808	1620
46. Adolescent girls' mean weight (kg [SD])	33.8 [6.8]	34.2 [7.7]	34.0 [7.2]
47. Adolescent girls' mean height (cm [SD])	143.2 [8.2]	143.5 [8.3]	143.4 [8.2]
48.1 Adolescent girls' height for age < -2SD ¹⁹ (%)	24.0	19.7	21.9
48.2 Adolescent girls' height for age < -3SD ²⁰ (%)	4.3	2.7	3.5
49. Adolescent girls' mean Mid-Upper Arm Circumference (MUAC) ²¹ (cm [SD])	20.5 [2.4]	20.7 [2.7]	20.6 [2.5]
49.1 Adolescent girls with MUAC < 17 cm (%)	4.6	6.1	5.3
49.2 Adolescent girls with MUAC between 17-18.9 cm (%)	23.2	21.1	22.2
49.3 Adolescent girls with MUAC between 19-20.9 cm (%)	31.3	28.7	30.0
49.4 Adolescent girls with MUAC between 21-22.9 cm (%)	24.7	25.7	25.2
49.5 Adolescent girls with MUAC 23 cm and above (%)	16.2	18.5	17.3
50. Adolescent girls' mean Body Mass Index (BMI) ²² [SD]	16.4 [2.2]	16.5 [2.7]	16.4 2.5]
50.1 Adolescent girls with BMI for age < -2SD ²³ (%)	17.8	17.0	17.4
50.2 Adolescent girls with BMI for age < -3SD ^{24,25} (%)	2.6	4.6	3.6
51. Adolescent girls experiencing both stunting and wasting ²⁶ (%)	6.6	5.1	5.8
52. Adolescent girls experiencing severe stunting and wasting ²⁷ (%)	0.3	0.4	0.3
Late adolescence (15-19 years) (n)	656	645	1301
53. Adolescent girls' mean weight (kg [SD])	41.9 [5.6]	42.3 [5.4]	42.1 [5.5]
54. Adolescent girls' mean height (cm [SD])	150.8 [5.5]	151.1 [5.3]	151.0 [5.4]
54.1 Adolescent girls' height for age < -2SD ¹⁹ (%)	36.5	33.3	34.9
54.2 Adolescent girls' height for age < -3SD ²⁰ (%)	5.2	4.2	4.7
55. Adolescent girls' mean Mid-Upper Arm Circumference (MUAC) ²¹ (cm [SD])	23.4 [2.1]	23.4 [2.1]	23.4 [2.1]
55.1 Adolescent girls with MUAC < 17 cm (%)	0.0	0.5	0.2
55.2 Adolescent girls with MUAC between 17-18.9 cm (%)	1.8	1.1	1.5
55.3 Adolescent girls with MUAC between 19-20.9 cm (%)	9.3	6.4	7.9
55.4 Adolescent girls with MUAC between 21-22.9 cm (%)	30.5	32.4	31.5
55.5 Adolescent girls with MUAC 23 cm and above (%)	58.3	59.7	59.0
56. Adolescent girls' mean Body Mass Index (BMI) ²² [SD]	18.4 [2.1]	18.5 [2.0]	18.5 [2.1]
56.1 Adolescent girls with BMI for age < -2SD ²³ (%)	13.2	7.8	10.5
56.2 Adolescent girls with BMI for age < -3SD ^{24,25} (%)	2.1	1.4	1.8
57. Adolescent girls experiencing both stunting and wasting ²⁶ (%)	5.1	3.3	4.2
58. Adolescent girls experiencing severe stunting and wasting ²⁷ (%)	0.2	0.3	0.2

Key Indicators		Bastar Block	Bakawand Block	Total
Total adolescents (10-19 years) (n)		1468	1453	2921
59.	Adolescent girls' mean weight (kg [SD])	37.4 [7.5]	37.8 [7.9]	37.6 [7.7]
60.	Adolescent girls' mean height (cm [SD])	146.6 [8.1]	146.9 [8.0]	146.7 [8.1]
60.1	Adolescent girls' height for age < -2SD ¹⁹ (%)	29.6	25.8	27.7
60.2	Adolescent girls' height for age < -3SD ²⁰ (%)	4.7	3.4	4.1
61.	Adolescent girls' mean Mid-Upper Arm Circumference (MUAC) ²¹ (cm [SD])	21.8 [2.7]	21.9 [2.8]	21.8 [2.7]
61.1	Adolescent girls with MUAC < 17 cm (%)	2.5	3.6	3.1
61.2	Adolescent girls with MUAC between 17-18.9 cm (%)	13.7	12.2	12.9
61.3	Adolescent girls with MUAC between 19-20.9 cm (%)	21.5	18.8	20.1
61.4	Adolescent girls with MUAC between 21-22.9 cm (%)	27.3	28.7	28.0
61.5	Adolescent girls with MUAC 23 cm and above (%)	35.0	36.8	35.9
62.	Adolescent girls' mean Body Mass Index (BMI) ²² [SD]	17.3 [2.4]	17.4 [2.6]	17.3 [2.5]
62.1	Adolescent girls with BMI for age < -2SD ²³ (%)	15.7	12.9	14.3
62.2	Adolescent girls with BMI for age < -3SD ^{24,25} (%)	2.4	3.2	2.8
63.	Adolescent girls experiencing both stunting and wasting ²⁶ (%)	5.9	4.3	5.1
64.	Adolescent girls experiencing severe stunting and wasting ²⁷ (%)	0.2	0.4	0.3

Notes

18. Includes only those adolescent girls who had given their consent for taking their anthropometric measurements.
19. Adolescent girls whose z-score of height-for-age is below -2 SD units from the median of the 2007 WHO Growth Reference 5-19 years, are considered too short for their age (stunted). It excludes a total of 6 flagged cases.
20. Adolescent girls whose z-score of height-for-age is below -3 SD units from the median of the 2007 WHO Growth Reference 5-19 years, are considered as severely stunted. It excludes a total of 6 flagged cases.
21. The measurement of MUAC is commonly used as a potential indicator of nutritional status.
22. The World Health Organisation (2004) defines Body Mass Index (BMI) as a simple index of weight for height and is used to categorise adults as either underweight, overweight or obese. It is calculated as weight (kilograms) divided by the square of height (metres).
23. Adolescent girls whose z-score of BMI for age is below -2 SD units from the median of the 2007 WHO Growth Reference 5-19 years, are considered as underweight. It excludes a total of 11 flagged cases.
24. Adolescent girls whose z-score of BMI for age is below -3 SD units from the median of the 2007 WHO Growth Reference 5-19 years, are considered as severely underweight. It excludes a total of 11 flagged cases.
25. Percentage of adolescent girls whose z-score of BMI for age is greater than 2 SD units from the median of the 2007 WHO Growth Reference 5-19 years, was very low. Therefore, it is not included in the fact sheet.
26. Includes those adolescent girls whose z-score of height for age is below -2 SD units, and z-score of BMI for age is below -2 SD units.
27. Includes those adolescent girls whose z-score of height for age is below -3 SD units, and z-score of BMI for age is below -3 SD units.



**SWABHIMAAN PROGRAMME BASELINE (2017) -
BASTAR DISTRICT FACT SHEET**

PREGNANT WOMEN

(15-49 years)

PREGNANT WOMEN (15-49 years)

Key Indicators		Bastar Block*	Bakawand Block*	Total
SOCIO-DEMOGRAPHIC INDICATORS				
1.	Estimated sample of pregnant women (n)	374	374	748
2.	Pregnant women interviewed (n)	442	381	823
Distribution of pregnant women by age groups (years)				
3.1	15-19 (%)	7.9	10.5	9.1
3.2	20-29 (%)	77.6	75.6	76.7
3.3	30-39 (%)	13.6	13.4	13.5
3.4	40-49 (%)	0.9	0.5	0.7
Marital Status				
4.1	Currently married (%)	93.7	92.1	93.0
4.2	Remarried (%)	2.5	0.8	1.7
4.3	Live in relationship (%)	3.4	6.0	4.6
Educational status of pregnant women				
5.	Never attended school (%)	37.8	36.2	37.1
6.	Completed 10 or more years of schooling ¹ (%)	21.8	21.8	21.8
Self Help Groups (SHGs)				
7.	Pregnant women who are members of SHGs (%)	28.1	22.8	25.6
8.	SHG members among the pregnant women who attended three or more Poshan Sakhi/Mocho Mangun Mit meetings in the 12 months preceding the survey ² (%)	13.7	0.0	13.7
Religion of the head of household				
9.1	Hindu (%)	98.2	99.2	98.7
9.2	Muslim (%)	0.0	0.0	0.0
9.3	Christian (%)	1.4	0.3	0.9
9.4	Buddhist/ Neo-Buddhist (%)	0.2	0.5	0.4
9.5	Others ³ (%)	0.2	0.0	0.1
Caste/Tribe of the head of household				
10.1	Scheduled Caste (SC) (%)	2.0	2.6	2.3
10.2	Scheduled Tribe (ST) (%)	77.4	58.0	68.4
10.3	Other Backward Classes (OBCs) (%)	19.2	38.1	27.9
10.4	Others (%)	1.4	1.3	1.3

Notes

* Bastar Block - Intervention Area; Bakawand Block - Comparison Area.

1. Considered only those pregnant women who have ever attended school (n: Intervention Area - 275; Comparison Area - 243; Total - 518).

2. n: Intervention Area - 22; Comparison Area - 4; Total - 26.

3. Others include those others than Hindus, Muslims, Christians and Buddhists/Neo-Buddhists.

Key Indicators	Bastar Block	Bakawand Block	Total
Work and Employment			
11. Pregnant women who have worked in the 12 months preceding the survey (%)	63.3	66.1	64.6
11.1 Worked for ⁴			
11.2 Family member (%)	73.0	67.1	70.2
11.3 Someone else (%)	19.6	13.1	16.5
11.4 Self-employed (%)	7.5	19.8	13.3
12. Frequency of work done ⁴			
12.1 Throughout the year (%)	16.0	13.1	14.6
12.2 Seasonally/part of the year (%)	82.2	85.7	83.9
12.3 Once in a while (%)	1.8	1.2	1.5
13. Pregnant women who do not receive any payment for their work ⁴	12.8	28.2	20.1
14. Pregnant women who consumed alcohol and/or tobacco during pregnancy (%)	46.4	34.4	40.8
FOOD SECURITY			
Ration Card			
15. Pregnant women living in households having			
15.1 No ration card (%)	8.8	8.4	8.6
15.2 Above Poverty Line (APL) card (%)	0.5	3.7	1.9
15.3 Below Poverty Line (BPL) card ⁵ (%)	68.5	69.9	69.3
15.4 Antyodaya Anna Yojana (AAY) card ⁶ (%)	22.2	17.8	20.2

Notes

4. Includes only those pregnant women who have worked in the 12 months preceding the survey (n: Intervention Area - 280; Comparison Area - 252; Total - 532).
5. Below Poverty Line (BPL) cards are distributed to those households living below the poverty line, which includes households with a Monthly Per Capita Consumer Expenditure (MPCE) less than Rs. 911.80 (Chhattisgarh) (Report of the Expert Group to Review the Methodology for Measurement of Poverty, Government of India Planning Commission, June, 2014). These households are entitled to receive 10 kg wheat per card at Rs. 5.22 per kg, 15 kg rice per card at Rs. 6.78 per kg, and 1.49 kg sugar per family at Rs. 13.5 per kg. Retrieved from: <http://www.pdsportal.nic.in/main.aspx>.
6. Antyodaya Anna Yojana (AAY) cards are distributed to those households which comprise the poorest segments of the BPL population, including all households who are perceived to be at the risk of hunger. These households are entitled to receive 14 kg wheat per card at Rs. 2 per kg and 21 kg rice per card at Rs. 3 per kg. Retrieved from: <http://www.pdsportal.nic.in/main.aspx>.

Key Indicators		Bastar Block	Bakawand Block	Total
Public Distribution System (PDS) and Integrated Child Development Services (ICDS)				
16.	Pregnant women living in households with access to PDS in the month preceding the survey ⁷ (%)	86.1	84.8	85.5
17.	Average quantity of rice received by households by type of ration card ⁸			
17.1	APL card (kg)	35.0	30.0	30.7
17.2	BPL card (kg)	34.9	32.5	33.8
17.3	AAY card (kg)	30.9	31.2	31.0
18.	Pregnant women receiving ICDS entitlement for supplementary food ⁹ (%)	38.9	39.1	39.0
19.	Pregnant women living in households with a kitchen garden¹⁰ (%)	52.3	30.7	42.3
FOOD INSECURITY¹¹				
20.	Pregnant women who experienced food insecurity in the 12 months preceding the survey			
20.1	Worried about insufficient food (%)	50.7	54.1	52.2
20.2	Unable to eat healthy and nutritious food (%)	45.0	39.6	42.5
20.3	Had to eat limited variety of food (%)	36.2	33.6	35.0
20.4	Had to skip a meal (%)	12.7	12.1	12.4
20.5	Had to eat less meals (%)	21.5	23.1	22.2
20.6	Household ran out of food (%)	16.1	10.5	13.5
20.7	Had no food to eat at any time (%)	6.1	3.9	5.1
20.8	Had to go an entire day without food (%)	3.2	2.1	2.7
Food Insecurity Experience Scale (FIES)				
21.1	Pregnant women living in food secure households (%)	40.0	39.1	39.6
21.2	Pregnant women living in mildly food insecure households (%)	33.5	32.5	33.0
21.3	Pregnant women living in moderately food insecure households (%)	19.0	23.4	21.0
21.4	Pregnant women living in severely food insecure households (%)	7.5	5.0	6.3
Coping mechanism to manage shortfall of food				
22.	Coping strategies of the households as reported by pregnant women			
22.1	Household head now spends extra hours at work to earn more money (overtime) (%)	31.9	36.2	33.9
22.2	Unlike earlier, now female(s) of household start working outside home (%)	50.5	42.8	46.9
22.3	Unlike earlier, now children of household start working outside home (%)	5.2	5.5	5.3
22.4	Migration of a family member to another city to earn money and send it back to the family (%)	15.2	13.9	14.6
22.5	Borrowing money to meet household expenses (%)	64.7	60.1	62.6
22.6	Resort to low-cost food grains/items available (%)	6.8	10.2	8.4
22.7	Borrowing grains to meet food requirements (%)	52.0	59.6	55.5
22.8	Sold household articles or possessions (%)	15.8	13.4	14.7

Notes

7. Includes only those households which possessed a ration card.
8. Under the National Food Security Act (NFSA), priority households are entitled to receive food-grains at subsidized rates each month; included only those households with a ration card and accessing PDS in the month preceding the survey.
9. Supplementary nutrition is provided to pregnant women and lactating mothers under ICDS.
10. Kitchen gardens are small plots of land cultivated by households. They provide the latter with easy access to fresh and nutritious vegetables and fruits, often on a daily basis. They include homestead land, vacant lots, roadsides, edges of a field or even containers.
11. There are eight items indicating different levels of food insecurity severities. The first three indicate mild level of insecurity, items four to six indicate moderate food insecurity, and last two being items for severe food insecurity. FIES is then divided into four categories: 'food secure', if households have not reported affirmatively to any of the eight items; 'mildly insecure', if only any one of the first three are affirmatively reported; 'moderately insecure', if either of items four, five or six are affirmatively reported; 'severely insecure', if all items are affirmatively reported or either of items seven and eight are affirmatively reported.

Key Indicators		Baster Block	Bakawand Block	Total
MICRONUTRIENT SUPPLEMENTATION AND DEWORMING				
23.	Pregnant women (in 2 nd and 3 rd trimester) who received any Iron and Folic Acid (IFA) tablet ¹² (%)	66.2	70.5	68.3
24.	Pregnant women (in 2 nd and 3 rd trimester) who consumed at least 25 IFA tablets ¹³ (%)	47.3	59.0	53.1
25.	Pregnant women (in 2 nd and 3 rd trimester) who received any calcium tablets ¹² (%)	1.6	5.1	3.3
26.	Pregnant women (in 2 nd and 3 rd trimester) who consumed any tablets for deworming ¹² (%)	1.6	11.9	6.6
27.	Pregnant women living in households using adequately iodised salt ¹⁴ (%)	97.9	96.8	97.4
DIETARY DIVERSITY¹⁵ (n)		422	364	786
28.	Pregnant women's mean Dietary Diversity Score (DDS) ¹⁶ [Standard Deviation (SD)]	4.7 [1.3]	4.8 [1.2]	4.7 [1.3]
29.	In the 24 hours preceding the survey, food groups consumed by pregnant women			
29.1	Grains, white roots and tubers, and plantains (%)	99.1	100.0	99.5
29.2	Pulses (beans, peas and lentils) (%)	55.0	63.2	58.8
29.3	Nuts or seeds (%)	6.4	7.1	6.7
29.4	Dairy (%)	10.9	15.1	12.8
29.5	Meat, poultry and fish (%)	23.9	30.8	27.1
29.6	Egg (%)	5.9	11.8	8.7
29.7	Dark green leafy vegetables (%)	55.0	43.1	49.5
29.8	Other vitamin A-rich fruits and vegetables (%)	92.2	94.8	93.4
29.9	Other vegetables (%)	87.0	84.3	85.8
29.10	Other fruits (%)	31.3	33.2	32.2
30.	Pregnant women consuming food from specific food groups			
30.1	Animal-source food (meat, poultry, fish and egg) (%)	28.7	40.1	34.0
30.2	Pulses (beans, peas and lentils) and nuts or seeds (%)	56.6	65.9	60.9
30.3	Dark green leafy vegetables and other vitamin A-rich fruits and vegetables (%)	68.0	62.9	65.6
31.	Pregnant women by number of food groups consumed			
31.1	Only one food group (%)	0.0	0.0	0.0
31.2	Only two food groups (%)	2.8	1.9	2.4
31.3	Only three food groups (%)	15.6	8.5	12.3
31.4	Only four food groups (%)	29.1	30.2	29.6
31.5	Less than five food groups (%)	47.6	40.7	44.4
32.	Pregnant women with minimum dietary diversity score (5 or more out of 10) (%)	52.4	59.3	55.6

Notes

12. Includes those pregnant women who are in their 2nd and 3rd trimester of pregnancy. (n: Intervention Area - 367; Comparison Area - 339; Total - 706).

13. Includes those pregnant women in their 2nd and 3rd trimester who received any IFA tablet (n: Intervention Area - 243; Comparison Area - 239; Total - 482).

14. 'Adequately' iodized salt is used to refer to salt that has iodine content greater than 15 ppm.
15. Excludes those pregnant women who ate less or more than usual on the day prior to the date of the interview, as in the case of a fast or a celebration.
16. Dietary Diversity Score (DDS) is computed on the basis of consumption of food items, from the ten food groups, on the day prior to the date of the interview. Based on Food and Agricultural Organisation (FAO) 2016 methodology, 14 major food items were clubbed together to form 10 food groups. A ten-point DDS scale was thus created (0 being the lowest value, 10 being the highest).

Key Indicators	Bastar Block	Bakawand Block	Total
ACCESS TO HEALTH SERVICES AND WATER, SANITATION AND HYGIENE (WASH)			
Registration in Antenatal Care (ANC) services			
33. Pregnant women who have registered their pregnancy (%)	79.9	88.2	83.7
34. Pregnant women who have registered in the first trimester (%)	53.2	70.6	61.2
35. Pregnant women who have received a Mother and Child Protection (MCP) card ¹⁷ (%)	69.7	80.4	74.9
ANC services received during pregnancy			
36. Pregnant women who have sought ANC services (%)	83.0	89.0	85.8
37. Pregnant women who have had ANC check-up in the first trimester (%)	28.1	42.0	34.5
38. Pregnant women who have received Tetanus Toxoid (TT) injection (%)	69.5	83.5	75.9
39. Pregnant women who have received counselling on birth preparedness by a frontline health worker ¹⁸ (%)	43.2	45.9	44.5
Monitoring of nutritional status during pregnancy			
40. Pregnant women whose weight was monitored (%)	61.1	79.0	69.4
41. Pregnant women whose height was recorded (%)	9.5	15.7	12.4
42. Pregnant women whose Mid-Upper Arm Circumference (MUAC) was measured ¹⁹ (%)	13.6	14.4	14.0
Village Health, Sanitation and Nutrition Day (VHSND)²⁰			
43. Pregnant women who attended VHSND meetings in the six months preceding the survey (%)	53.2	53.8	53.5
44. Pregnant women who attended at least three VHSND meetings in the six months preceding the survey (%)	13.6	11.8	12.8

Notes

17. Mother and Child Protection (MCP) card is a joint initiative of ICDS and the National Rural Health Mission (NRHM). It is a comprehensive multipurpose card which provides information to the parents/guardians on various types of services delivered through ICDS and NRHM. Included only those pregnant women who have registered their current pregnancy. (n: Intervention Area - 353; Comparison Area - 336; Total - 689).
18. Frontline health workers include Auxiliary Nurse Midwives (ANMs), Accredited Social Health Activist (ASHA) and Anganwadi Workers (AWW).
19. The measurement of MUAC is commonly used as a potential indicator of nutritional status.
20. The Village Health, Sanitation and Nutrition Day (VHSND), a component of ICDS, is held at Anganwadi Centres (AWCs) across Chhattisgarh once every month. On this day, adolescent girls, pregnant women and lactating mothers are provided with integrated health solutions as per their needs.

Key Indicators		Bastar Block	Bakawand Block	Total
Water, Sanitation and Hygiene				
45.	Pregnant women living in households having access to drinking water from			
45.1	Public tap/Stand pipe (%)	2.5	1.0	1.8
45.2	Tube well or Borehole (%)	79.4	81.9	80.6
45.3	Others ²¹ (%)	18.1	17.1	17.6
46.	Pregnant women living in households with a			
46.1	Septic tank (%)	2.3	6.3	4.1
46.2	Pit latrine (%)	1.2	4.7	2.8
46.3	Biogas latrine (%)	0.0	0.0	0.0
46.4	Others (%)	1.9	6.6	4.2
47.	Pregnant women living in households in which members practice open defecation (%)	94.6	82.4	88.9
48.	Pregnant women living in households in which members use soap for hand-washing after defecation (%)	77.1	66.7	72.3
KNOWLEDGE AND EVER USE OF FAMILY PLANNING METHODS AS REPORTED BY PREGNANT WOMEN				
49.	Knowledge of family planning methods (%)	41.9	47.5	44.5
50.	Used any method to delay or avoid getting pregnant before first pregnancy (%)	6.6	9.2	7.8
51.	Adopted family planning methods to keep space between pregnancies ²² (%)	9.3	8.7	9.0
ABILITY TO MAKE CHOICES AND DECISIONS²³				
52.	Pregnant women taking decisions about using the money they earned ²⁴ (%)	69.4	72.3	70.6
53.	Pregnant women taking decisions about using the money their partner earns (%)	74.9	73.0	74.0
54.	Pregnant women taking decisions about their own health care (%)	71.4	75.1	73.1
55.	Pregnant women taking decisions about making major purchases for household (%)	74.5	72.7	73.7
56.	Pregnant women taking decisions about visits to family members or relatives (%)	73.2	75.1	74.1
PERCEPTIONS OF PARTNER VIOLENCE				
57.	Pregnant women who think that a husband is justified in hitting or beating his wife if			
57.1	She goes out without telling him (%)	16.1	17.6	16.8
57.2	She neglects the house or children (%)	18.6	20.5	19.4
57.3	She argues with him (%)	12.9	14.7	13.7
57.4	She refuses to have sex with him (%)	11.1	10.2	10.7
57.5	She does not cook food properly (%)	11.1	14.7	12.8
57.6	He suspects her of being unfaithful (%)	14.9	20.7	17.6
57.7	She shows disrespect towards in-laws (%)	15.8	21.5	18.5

Key Indicators		Bastar Block	Bakawand Block	Total
NUTRITIONAL STATUS²⁵ (n)		436	374	810
58.	Pregnant women's mean height (cm [SD])	151.5 [5.1]	151.5 [5.1]	151.5 [5.1]
58.1	Pregnant women with height<145 cm (%)	9.6	9.9	9.8
59.	Pregnant women's mean MUAC (cm) [SD]	23.5 [1.9]	23.5 [2.0]	23.5 [2.0]
59.1	Pregnant women with MUAC between 17-18.9 cm (%)	0.2	0.3	0.2
59.2	Pregnant women with MUAC between 19-20.9 cm (%)	6.2	6.4	6.3
59.3	Pregnant women with MUAC between 21-22.9 cm (%)	32.3	32.9	32.6
59.4	Pregnant women with MUAC 23 cm and above (%)	61.2	60.4	60.9
60.	Pregnant women experiencing both severe stunting and wasting ²⁶ (%)	5.3	5.1	5.2

Notes

21. Also includes those households which have no source of drinking water.
22. Includes only those pregnant women who have been pregnant on two or more occasions (n: Intervention Area – 334; Comparison Area – 275; Total - 609).
23. Those pregnant women who responded saying that they either took the decision on their own or did so along with their partner were taken as being able to take the decision themselves.
24. Includes only those pregnant women who have earned in cash in the 12 months preceding the survey (n: Intervention Area - 232; Comparison Area - 173; Total - 405)
25. Includes only those pregnant women who had given their consent for taking their anthropometric measurements.
26. Includes those mothers whose height <145 cm and MUAC<23 cm.



**SWABHIMAAN PROGRAMME BASELINE (2017) -
BASTAR DISTRICT FACT SHEET**

MOTHERS (of children under 2 years) (15-49 years)

MOTHERS (of children under 2 years) (15-49 years)

Key Indicators		Bastar Block*	Bakawand Block*	Total
SOCIO-DEMOGRAPHIC INDICATORS				
1.	Estimated sample of mothers ¹ (n)	1098	1098	2196
2.	Mothers interviewed (n)	1281	1258	2539
Distribution of mothers by age group (years)				
3.1	15-19 (%)	4.0	6.3	5.1
3.2	20-29 (%)	71.0	79.0	75.0
3.3	30-39 (%)	24.0	14.0	19.0
3.4	40-49 (%)	1.1	0.7	0.9
Marital Status				
4.1	Never married (%)	0.4	1.0	0.7
4.2	Currently married (%)	94.8	96.3	95.6
4.3	Remarried (%)	2.6	0.8	1.7
4.4	Widowed/Divorced/Separated (%)	0.8	0.7	0.7
4.5	Live in relationship (%)	1.4	1.2	1.3
Educational status of mothers				
5.	Never attended school (%)	43.4	35.8	39.6
6.	Completed 10 or more years of schooling ² (%)	21.7	18.9	20.2
Self Help Groups (SHGs)				
7.	Mothers who are members of SHGs (%)	32.4	23.0	27.7
8.	SHG members among the mothers who attended three or more Poshan Sakhi/Mocho Mangun Mit meetings in the 12 months preceding the survey ³ (%)	22.7	6.3	15.9
Religion of the head of household				
9.1	Hindu (%)	97.9	97.3	97.6
9.2	Muslim (%)	0.3	0.3	0.3
9.3	Christian (%)	1.4	2.1	1.8
9.4	Buddhists/ Neo-Buddhists (%)	0.2	0.1	0.1
9.5	Others ⁴ (%)	0.2	0.2	0.2
Caste/Tribe of the head of household				
10.1	Scheduled Caste (SC) (%)	2.3	2.9	2.6
10.2	Scheduled Tribe (ST) (%)	66.4	66.0	66.2
10.3	Other Backward Classes (OBCs) (%)	28.4	25.4	26.9
10.4	Others (%)	3.0	5.6	4.3
Work and Employment				
11.	Mothers who have worked in the 12 months preceding the survey (%)	55.3	59.7	57.5
11.1	Worked for ⁵			
11.2	Family member (%)	66.0	69.2	67.7
11.3	Someone else (%)	29.3	18.6	23.8
11.4	Self-employed (%)	4.7	12.1	8.5

Key Indicators		Bastar Block*	Bakawand Block*	Total
12.	Frequency of work done ⁵			
12.1	Throughout the year (%)	26.4	16.5	21.3
12.2	Seasonally/part of the year (%)	69.8	82.0	76.1
12.3	Once in a while (%)	3.8	1.5	2.6
13.	Mothers who do not receive any payment for their work ⁶ (%)	16.5	27.2	22.0
14.	Mothers who consumed alcohol and/or tobacco during the last pregnancy (%)	45.0	37.3	41.2
FOOD SECURITY				
Ration card				
15.	Mothers living in households having			
15.1	No ration card (%)	13.3	11.0	12.2
15.2	Above Poverty Line (APL) card (%)	1.1	1.8	1.5
15.3	Below Poverty Line (BPL) card ⁶ (%)	66.3	73.4	69.7
15.4	Antyodaya Anna Yojana (AAY) card ⁷ (%)	19.3	13.8	16.6

Notes

- * Bastar Block - Intervention Area; Bakawand Block - Comparison Area.
- 1. Mothers refer to mothers who have children under the age of two years.
- 2. Included only those mothers who have ever attended school (n: Intervention Area - 725; Comparison Area - 808; Total - 1533).
- 3. n: Intervention Area - 412; Comparison Area - 283; Total - 695.
- 4. Others include those others than Hindus, Muslims, Christians and Buddhists/Neo-Buddhists.
- 5. Includes only those mothers who have worked in the 12 months preceding the survey (n: Intervention Area - 709; Comparison Area - 751; Total - 1460).
- 6. Below Poverty Line (BPL) cards are distributed to those households living below the poverty line, which includes households with a Monthly Per Capita Consumer Expenditure (MPCE) less than Rs. 911.80 (Chhattisgarh) (Report of the Expert Group to Review the Methodology for Measurement of Poverty, Government of India Planning Commission, June, 2014). These households are entitled to receive 10 kg wheat per card at Rs. 5.22 per kg, 15 kg rice per card at Rs. 6.78 per kg, and 1.49 kg sugar per family at Rs. 13.5 per kg. Retrieved from: <http://www.pdsportal.nic.in/main.aspx>.
- 7. Antyodaya Anna Yojana (AAY) cards are distributed to those households which comprise the poorest segments of the BPL population, including all households who are perceived to be at the risk of hunger. These households are entitled to receive 14 kg wheat per card at Rs. 2 per kg and 21 kg rice per card at Rs. 3 per kg. Retrieved from: <http://www.pdsportal.nic.in/main.aspx>.

Key Indicators		Bastar Block	Bakawand Block	Total
Public Distribution System (PDS) and Integrated Child Development Services (ICDS)				
16.	Mothers living in households with access to PDS in the month preceding the survey ^a (%)	97.5	96.2	96.9
17.	Average quantity of rice received by households by type of ration card ^a			
17.1	APL card (kg)	38.5	28.0	30.1
17.2	BPL card (kg)	30.4	30.9	30.7
17.3	AAY card (kg)	34.0	34.6	34.3
18.	Mothers receiving ICDS entitlement for supplementary food ¹⁰ (%)	43.8	41.9	42.9
19.	Mothers living in households with a kitchen garden¹¹ (%)	48.9	26.1	37.6
FOOD INSECURITY¹²				
20.	Mothers who experienced food insecurity in the 12 months preceding the survey			
20.1	Worried about insufficient food (%)	63.7	58.3	61.0
20.2	Unable to eat healthy and nutritious food (%)	56.2	46.3	51.3
20.3	Had to eat limited variety of food (%)	46.5	36.5	41.6
20.4	Had to skip a meal (%)	19.0	18.0	18.5
20.5	Had to eat less meals (%)	28.5	26.7	27.6
20.6	Household ran out of food (%)	21.2	15.3	18.2
20.7	Had no food to eat at any time (%)	6.6	4.4	5.5
20.8	Had to go an entire day without food (%)	4.0	2.7	3.3
Food Insecurity Experience Scale (FIES)				
21.1	Mothers living in food secure households (%)	28.2	34.3	31.2
21.2	Mothers living in mildly food insecure households (%)	35.5	32.0	33.8
21.3	Mothers living in moderately food insecure households (%)	28.6	27.8	28.2
21.4	Mothers living in severely food insecure households (%)	7.7	5.9	6.8
Coping mechanisms to manage shortfall of food				
22.	Coping strategies of the households as reported by mothers			
22.1	Household head now spends extra hours at work to earn more money (overtime) (%)	32.9	36.1	34.5
22.2	Unlike earlier, now female(s) of household start working outside home (%)	44.6	38.2	41.4
22.3	Unlike earlier, now children of household start working outside home (%)	6.5	4.7	5.6
22.4	Migration of a family member to another city to earn money and send it back to the family (%)	14.3	10.5	12.4
22.5	Borrowing money to meet households expenses (%)	70.1	58.9	64.6
22.6	Resort to low-cost food grains/items available (%)	6.3	12.6	9.4
22.7	Borrowing grains to meet food requirements (%)	58.6	60.8	59.7
22.8	Sold household articles or possessions (%)	17.6	14.0	15.8

Notes

8. Includes only those households which possessed a ration card.
9. Under the National Food Security Act (NFSA), priority households are entitled to receive food-grains at subsidised rates each month; included only those households with a ration card and accessing PDS in the month preceding the survey.
10. Supplementary nutrition is provided to pregnant women and lactating mothers under ICDS.
11. Kitchen gardens are small plots of land cultivated by households. They provide the latter with easy access to fresh and nutritious vegetables and fruits, often on a daily basis. They include homestead land, vacant lots, roadsides, edges of a field or even containers.
12. There are eight items indicating different levels of food insecurity severities. The first three indicate mild level of insecurity, items four to six indicate moderate food insecurity, and last two being items for severe food insecurity. FIES is then divided into four categories: 'food secure', if households have not reported affirmatively to any of the eight items; 'mildly insecure', if only any one of the first three are affirmatively reported; 'moderately insecure', if either of items four, five or six are affirmatively reported; 'severely insecure', if all items are affirmatively reported or either of items seven and eight are affirmatively reported.

Key Indicators		Bastar Block	Bakawand Block	Total
MICRONUTRIENT SUPPLEMENTATION AND DEWORMING				
23.	Mothers who received any Iron and Folic Acid (IFA) tablets during the last pregnancy (%)	76.6	83.4	80.0
24.	Mothers who have consumed at least 100 IFA tablets during the last pregnancy ¹³ (%)	17.4	27.0	22.4
25.	Mothers who received any calcium tablet during the last pregnancy (%)	25.8	30.4	28.1
26.	Mothers who consumed any tablet for deworming during the last pregnancy (%)	15.4	24.3	19.8
27.	Mothers living in households using adequately iodised salt ¹⁴ (%)	96.5	98.5	97.5
DIETARY DIVERSITY¹⁵ (n)		1050	1137	2187
28.	Mothers' mean Dietary Diversity Score (DDS) ¹⁶ [Standard Deviation (SD)]	4.5 [1.3]	4.6 [1.2]	4.5 [1.3]
29.	In the 24 hours preceding the survey, food groups consumed by mothers			
29.1	Grains, white roots and tubers, and plantains (%)	99.1	99.8	99.5
29.2	Pulses (beans, peas and lentils) (%)	63.7	69.7	66.8
29.3	Nuts or seeds (%)	4.7	6.4	5.6
29.4	Dairy (%)	8.2	10.5	9.4
29.5	Meat, poultry and fish (%)	21.2	30.2	25.9
29.6	Egg (%)	6.1	8.5	7.4
29.7	Dark green leafy vegetables (%)	47.2	37.4	42.1
29.8	Other vitamin A-rich fruits and vegetables (%)	89.9	90.5	90.2
29.9	Other vegetables (%)	86.1	84.1	85.0
29.10	Other fruits (%)	21.5	21.5	21.5
30.	Mothers consuming food from specific food groups			
30.1	Animal-source food (meat, poultry, fish and egg) (%)	24.9	37.1	31.2
30.2	Pulses (beans, peas and lentils) and nuts or seeds (%)	64.3	72.0	68.3
30.3	Dark green leafy vegetables and other vitamin A-rich fruits and vegetables (%)	57.5	49.9	53.5
31.	Mothers by number of food groups consumed			
31.1	Only one food group (%)	0.1	0.1	0.1
31.2	Only two food groups (%)	5.3	3.7	4.5
31.3	Only three food groups (%)	16.2	11.7	13.9
31.4	Only four food groups (%)	31.0	34.1	32.6
31.5	Less than five food groups (%)	52.7	49.6	51.1
32.	Mothers with minimum dietary diversity score (5 or more out of 10) (%)	47.3	50.4	48.9

Notes

13. Among those mothers who received IFA tablets during the last pregnancy (n: Intervention Area - 981; Comparison Area - 1049; Total - 2030).

14. 'Adequately' iodized salt is used to refer to salt that has iodine content greater than 15 ppm.

15. Excludes those mothers who ate less or more than usual on the day prior to the date of the interview, as in the case of a fast or a celebration.

16. Dietary Diversity Score (DDS) is computed on the basis of consumption of food items, from the ten food groups, on the day prior to the date of the interview. Based on Food and Agricultural Organisation (FAO) 2016 methodology, 14 major food items were clubbed together to form 10 food groups. A ten-point DDS scale was created (0 being the lowest value, 10 being the highest).

Key Indicators	Bastar Block	Bakawand Block	Total
ACCESS TO HEALTH SERVICES AND WATER, SANITATION AND HYGIENE (WASH)			
Registration in Antenatal Care (ANC) services during last pregnancy			
33. Mothers who registered (%)	95.7	98.3	97.0
34. Mothers who registered in the first trimester (%)	63.5	76.5	69.9
35. Mothers who received a Mother and Child Protection (MCP) Card ¹⁷ (%)	81.9	93.7	87.8
ANC services received during last pregnancy			
36. Mothers who sought ANC services (%)	97.3	98.6	98.0
37. Mothers who had ANC check-up in the first trimester (%)	27.4	35.4	31.4
38. Mothers who had at least four ANC check-ups (%)	15.8	31.7	23.7
39. Mothers who received Tetanus Toxoid (TT) injection (%)	95.5	98.1	96.8
40. Mothers who received counselling on birth preparedness by a frontline health worker ¹⁸ (%)	80.0	86.6	83.3
Monitoring of nutritional status during last pregnancy			
41. Mothers whose weight was monitored (%)	86.6	95.5	91.0
42. Mothers who were weighed at least four times (%)	18.0	27.3	22.6
43. Mothers whose height was recorded (%)	17.9	23.0	20.4
44. Mothers whose Mid-Upper Arm Circumference (MUAC) was measured ¹⁹ (%)	23.4	21.8	22.6
Delivery and Post-Natal Care (PNC)			
45. Mothers who had an institutional delivery ²⁰ (%)	62.2	67.2	64.7
46. Mothers who received IFA tablets after delivery (%)	22.1	23.1	22.6
47. Mothers who received calcium tablets after delivery (%)	15.5	19.4	17.4
48. Mothers who received maternity entitlement payment (JSY) from government ²¹ (%)	47.7	47.8	47.7
Village Health, Sanitation and Nutrition Day (VHSND)²²			
49. Mothers who attended VHSND meeting in the six months preceding the survey (%)	66.8	59.0	62.9
50. Mothers who attended at least three VHSND meetings in the six months preceding the survey (%)	32.7	30.8	31.8

Notes

17. Mother and Child Protection (MCP) card is a joint initiative of ICDS and the National Rural Health Mission (NRHM). It is a comprehensive multipurpose card which provides information to the parents/guardians on various types of services delivered through ICDS and NRHM. Included only those mothers who had registered their last pregnancy (n: Intervention Area - 1226; Comparison Area - 1237; Total - 2463).
18. Frontline health workers include Auxiliary Nurse Midwife (ANM), Accredited Social Health Activist (ASHA) and Anganwadi Workers (AWWs).
19. The measurement of MUAC is commonly used as a potential indicator of nutritional status.
20. Institutional delivery refers to last births(s), which took place in a health facility/institution.
21. Under the Janani Suraksha Yojana (JSY), pregnant women from BPL category, SCs and STs are entitled to receive cash assistance for giving birth in a government or accredited private health facility.
22. The Village Health, Sanitation and Nutrition Day (VHSND), a component of ICDS, is held at Anganwadi Centres (AWCs) across Chhattisgarh once every month. On this day, adolescent girls, pregnant women and lactating mothers are provided with integrated health solutions as per their needs.

Key Indicators	Baster Block	Bakawand Block	Total
Water, Sanitation and Hygiene			
51. Mothers living in households having access to drinking water from			
51.1 Public tap/Stand pipe (%)	2.3	3.0	2.6
51.2 Tube well or Borehole (%)	80.7	86.5	83.6
51.3 Others ²³ (%)	17.0	10.5	13.8
52. Mothers living in households with a			
52.1 Septic tank (%)	7.2	9.5	8.3
52.2 Pit latrine (%)	5.2	7.4	6.3
52.3 Biogas latrine (%)	0.2	0.0	0.1
52.4 Others (%)	3.5	0.7	2.1
53. Mothers living in households in which members practice open defecation (%)	83.9	82.4	83.2
54. Mothers living in households in which members use soap for hand-washing after defecation (%)	78.3	73.1	75.7
CURRENT USE OF FAMILY PLANNING METHODS AS REPORTED BY MOTHERS			
55. Mothers who currently use any family planning method (%)	8.4	11.1	9.7
56. Mothers who currently use any modern contraceptive ²⁴ (%)	5.5	9.5	7.5
ABILITY TO MAKE CHOICES AND DECISIONS²⁵			
57. Mothers taking decisions about using the money they earned ²⁶ (%)	68.4	74.1	71.3
58. Mothers taking decisions about using the money their partner earns (%)	68.7	70.9	69.8
59. Mothers taking decisions about their own health care (%)	68.1	68.4	68.3
60. Mothers taking decisions about making major purchases for the household (%)	74.2	73.8	74.0
61. Mothers taking decisions about visits to family members or relatives (%)	72.7	72.5	72.6
PERCEPTIONS OF PARTNER VIOLENCE			
62. Mothers who think that a husband is justified in hitting or beating his wife if			
62.1 She goes out without telling him (%)	12.8	19.1	15.9
62.2 She neglects the house or children (%)	16.2	22.3	19.2
62.3 She argues with him (%)	12.2	19.6	15.9
62.4 She refuses to have sex with him (%)	6.5	12.7	9.6
62.5 She does not cook food properly (%)	9.5	15.1	12.3
62.6 He suspects her of being unfaithful (%)	10.5	20.6	15.5
62.7 She shows disrespect towards in-laws (%)	13.5	23.3	18.4

Key Indicators		Bastar Block	Bakawand Block	Total
NUTRITIONAL STATUS²⁷ (n)		1094	1070	2164
63.	Mothers' mean weight (kg [SD])	42.4 [5.7]	42.5 [5.9]	42.5 [5.8]
64.	Mothers' mean height (cm [SD])	151.1 [5.5]	151.7 [5.3]	151.4 [5.4]
64.1	Mothers with height <145 cm (%)	11.4	8.9	10.2
65.	Mothers' mean Body Mass Index (BMI) ²⁸ [SD]	18.6 [2.4]	18.5 [2.2]	18.5 [2.3]
65.1	Mothers who are underweight (BMI <18.5) (%)	54.3	55.8	55.1
65.2	Mothers who are normal weight (BMI between 18.5-24.9) (%)	44.7	43.5	44.1
65.3	Mothers who are overweight (BMI between 25-29.9) (%)	0.7	0.6	0.6
65.4	Mothers who are obese (BMI >29.9) (%)	0.2	0.1	0.1
66.	Mothers' mean MUAC (cm [SD])	23.5 [2.1]	23.4 [2.1]	23.4 [2.1]
66.1	Mothers with MUAC between 17-18.9 cm (%)	1.0	.6	.8
66.2	Mothers with MUAC between 19-20.9 cm (%)	7.5	8.7	8.1
66.3	Mothers with MUAC between 21-22.9 cm (%)	31.4	34.1	32.8
66.4	Mothers with MUAC 23 cm and above (%)	60.1	56.6	58.4
67.	Mother experiencing both severe stunting and wasting ²⁹ (%)	6.1	4.8	5.5

Notes

23. Also includes households which have no source of drinking water.

24. Modern contraceptives include female and male sterilisations, Intra-Uterine Devices (IUDs), injectables, pills, condoms and diaphragms.

25. Those pregnant women who responded saying that they either took the decision on their own or did so along with their partner were taken as being able to take the decision themselves.

26. Includes only those mothers who have earned in cash in the 12 months preceding the survey (n: Intervention Area - 522; Comparison Area - 533; Total - 1055).

27. Includes only those mothers who had given their consent for taking their anthropometric measurements. Women with a birth in the preceding two months are excluded.

28. The World Health Organisation (2004) defines Body Mass Index (BMI) as a simple index of weight for height and is used to categorise adults as either underweight, normal, overweight or obese. It is calculated as weight (kilograms) divided by the square of height (metres).

29. Includes those mothers whose height <145 cm and MUAC <23 cm.

Notes

This image shows a full page of a handwriting practice worksheet. It consists of multiple sets of three horizontal dashed lines, providing a guide for letter height and placement. The lines are evenly spaced across the entire page, leaving ample room for writing practice. There is no text or other markings on the page.

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