



# Swabhimaan Programme, Odisha

Baseline Survey Results (2016): Koraput Block,  
Koraput District





# Background

## 1. Odisha Livelihoods Mission (OLM) in Odisha

In 2006, the Government of Odisha formed a society named 'Odisha Poverty Reduction Mission' (OPRM), to implement various poverty reduction programmes in the state, which was reconstituted and renamed as 'Odisha Livelihoods Mission' (OLM). OLM is an autonomous society under the aegis of Department of Panchayati Raj, Government of Odisha, presently implementing both National Rural Livelihoods Mission (NRLM) and National Rural Livelihoods Project (NRLP). Odisha was the first state in the country to launch a State Rural livelihood Mission (SRLM) in its bid to bring down rural poverty by promoting diversified and gainful self-employment to the rural poor.

The poverty eradication program runs on a mission mode with a focus towards creating sustainable livelihood opportunities for the rural poor households, and nurtures them until they are able to come out of poverty and lead a good quality of life. This is a centrally sponsored scheme with a proportionate ratio of 60:40 between the Centre and the State. The OLM has put in place a dedicated and sensitive support structure, to take the rural poor households out of poverty line through capacity building, financial assistance and self-reliant institutions.

The OLM commenced its functioning in year 2012. Subsequently, the World Bank aided TRIPTI Project (Odisha Rural Livelihoods Project) was merged into OLM, since the mandate of both the OLM and TRIPTI are similar. The OLM has reached out to 30 districts in Odisha through both, an intensive and a non-intensive approach. While 24 districts with 88 blocks have been covered under the intensive implementation approach, rest of the blocks and districts are worked through the non-intensive mode. A total 1,48,745 Self Help Groups (SHGs) were OLM compliant across the state by 2016.

Support is provided for creating women driven institutions to reduce widespread rural poverty in the state through – (i) mobilizing the poor households into functionally effective SHGs and federations; (ii) enhancing access to bank credit and other financial, technical and marketing services (iii) building capacities and skills for gainful and sustainable livelihood development and (iv) converging various schemes for efficient delivery of social and economic support services to the poor with optimal results. The Mission focuses on stabilizing and promoting the existing livelihood portfolio of the poor through its three pillars – 'vulnerability reduction' and 'livelihood enhancement'; 'employment' - building skills for the job market outside; and 'enterprises' – nurturing the self-employed and entrepreneurs (for micro-enterprises).

It also promotes livelihood collectives that help the poor to enhance their livelihoods through deriving economies of scale, backward and forward linkages, and access to information, credit, technology, markets etc. Community Professionals, Community Resource Persons (CRPs) and 'Community Heroes' are being engaged for capacity building of SHGs and their federations. The Mission invests in building 'social capital' – community animators, activists, CRPs, etc., who are crucial in making the OLM community driven and sustainable. It ensures that the poor are provided with the requisite skills for managing their institutions, linking up with markets, managing their existing livelihoods, enhancing their credit absorption capacity



and credit worthiness. The focus is to develop and engage community professionals and CRPs for capacity building of SHGs and their federations as well as other collectives.

A Revolving Fund (RF) of Rs. 10,000 to Rs. 15,000 is given to the SHGs as corpus to meet the members' credit needs directly and as catalytic capital for leveraging repeat bank finance. The RF is given to SHGs that have been practicing 'Panchasutra' (regular meetings; regular savings; regular inter-lending; timely repayment; and up-to-date books of accounts). It provides Community Investment Fund (CIF) as seed capital to SHG Federations at the cluster level, in order to meet the credit needs of the members through the SHGs or Village Organizations (VOs), and to meet the working capital needs of the collective activities at various levels. Vulnerability Reduction Fund (VRF) is also provided to SHG Federations at the village level to address vulnerabilities like food security, health security etc., and to meet the needs of vulnerable persons in the village.

Under OLM, the flow of funds to members/SHGs is against the MIP (Micro-investment Plan) which is a participatory process of planning and appraisal at the household and SHG levels. Likewise, SHG-Bank linkage nurtures long term relationship between the poor households and the banks.

## 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 (Rural Development, Civil Supplies and Consumer Welfare, Agriculture, Horticulture) to help them improve the delivery of entitlements and services
- 5 Regularizing block nutrition convergence review mechanism





## 2. OLM in Koraput District, Odisha

OLM was initiated in 2012 in three blocks of Koraput district and gradually scaled up to four more blocks by 2016. OLM data (2016) shows that there are a total of 3,099 SHGs (tier-1), 274 Cluster Level Forums (CLFs) (tier-2), and 44 Gram Panchayat Level Federations (GPLFs) (tier-3) in Koraput district. Of the 3,099 SHGs, 1,008 SHGs are engaged in various food security, nutrition and Water, Sanitation and Hygiene (WASH) linked behaviour promotion and livelihood initiatives. By 2016, OLM covered 32,299 households. For programme purpose, OLM adopts two approaches of intervention and has divided the block into intensive and non-intensive Gram Panchayats (GPs). In Koraput there are six intensive and seven non-intensive GPs. In the intensive GPs there are GPLFs through which all CLF level activities are carried out. A Master Book Keeper is appointed from the community to maintain registers and records. This book keeper reports to the Block Mission Management Unit (BMMU) run by the Block Programme Manager (BPM) at the block level. A District Programme Management Unit (DPMU) supported by a thematic programme manager anchors various livelihood and nutrition initiatives in the district.

### Adopts Two Implementation Strategies



#### Strategy 2

Partner with Village Organizations to design, implement and monitor a multi-sector programme for adolescent girls and women.

The activities under this strategy include:

1

Training cadres of VOs Poshan Sakhis, to facilitate women-specific issues (Maitri Baithak) through monthly meetings with women's SHGs using participatory learning and action cycle methodology

2

Training cadres of VOs (Adolescent Sakhis) to form and facilitate fortnightly adolescent girls' clubs (Kishori Samooch) 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 Resource Persons) who in turn engage monthly with women farmer/producer groups of JEEViKA 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 (Poshan Sakhis) to identify at nutritional risk adult women (Mid-Upper Arm Circumference [MUAC] <23 cms 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 hotcooked noon meal

5

VOs conducting special meetings and rallies for newly-wed couples

6

VOs conducting a bi-annual process audit of their progress against plan



### **3. Swabhimaan Demonstration Programme (2016-2020), Koraput District, Odisha**

In 2016, OLM partnered with the United Nations Children's Fund (UNICEF) Odisha to initiate the Swabhimaan Project (2016-2020). The aim is to improve the nutritional status of adolescent girls, pregnant women and mothers of children under two years in Koraput Sadar block of Koraput district in Odisha, by increasing the coverage of five essential nutrition (specific and sensitive) interventions.

The OLM is anchoring and implementing the Swabhimaan programme, in coordination with the Departments of Health and Family Welfare, Civil Supplies and Consumer Welfare, Women and Child Development and Rural Development, 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 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).

Koraput Sadar block has 13 GPs (six intensive and seven non-intensive). The Swabhimaan programme is being implemented in six intensive GPs for three years with support from UNICEF. Seven other non-intensive GPs will serve as comparison/control GPs. Based on the results, the programme will be scaled up to the remaining seven non-intensive GPs in a phased manner.

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. The programme is reviewed at the national level bi-annually and is guided by a national technical expert group.

### **4. Swabhimaan Programme Baseline Survey (2016), Koraput District, Odisha**

Data collection for the baseline survey in Koraput block, Koraput district, was conducted in the intervention and comparison areas between October, 2016, and January, 2017.

Based on the outcome indicators and the change envisaged a representative sample of 740 adolescent girls, 438 pregnant women and 2,023 mothers of children under two years were interviewed. The baseline survey protocol, methodology and tools were approved by the Institutional Ethics Committee of AIIMS. Separate bilingual (English and Odia) 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 6 supervisors. 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 OLM services and decision making practices using pre-tested interview schedules. Nutritional status was assessed using anthropometry (weight, height and MUAC).



SWABHIMAAN PROGRAMME BASELINE (2016) -  
KORAPUT BLOCK, KORAPUT DISTRICT FACT SHEET

# ADOLESCENT GIRLS

(10-19 years)



## ADOLESCENT GIRLS (10-19 years)

Key Indicators		Intervention Area	Comparison Area	Total
<b>SOCIO-DEMOGRAPHIC INDICATORS</b>				
1.	Estimated sample of adolescent girls (n)	265	265	530
2.	Adolescent girls interviewed (n)	253	487	740
<b>Distribution of adolescent girls by age groups (years)</b>				
3.1	10-14 (%)	52.2	56.5	55.0
3.2	15-19 (%)	47.8	43.5	45.0
<b>Educational status of adolescent girls</b>				
4.	Never attended school (%)	4.7	13.6	10.5
5.	Currently attending school (%)	63.2	54.0	57.2
6.	Currently not attending school (%)	32.0	32.4	32.3
7.	Discontinued schooling in <sup>1</sup> (n)	81	158	239
7.1	Standard 1-5 (%)	39.5	46.2	44.0
7.2	Standard 6-8 (%)	29.6	31.0	30.5
7.3	Standard 9-12 (%)	30.9	22.8	25.5
8.	Adolescent girls who were engaged in paid work outside their home (%)	23.3	19.9	21.1
<b>Religion of the head of household</b>				
9.1	Hindu (%)	93.7	89.3	90.8
9.2	Muslim (%)	0.0	0.0	0.0
9.3	Others <sup>2</sup> (%)	6.3	10.7	9.2
<b>Caste/Tribe of the head of household</b>				
10.1	Scheduled Caste (SC) (%)	24.9	16.8	19.6
10.2	Scheduled Tribe (ST) (%)	41.1	51.0	47.6
10.3	Other Backward Classes (OBCs) (%)	18.6	19.5	19.2
10.4	Others (%)	15.4	12.7	13.6
<b>FOOD SECURITY</b>				
<b>Ration card</b>				
11.	Adolescent girls living in households having			
11.1	No ration card (%)	17.4	5.2	9.4
11.2	Above Poverty Line (APL) card (%)	5.1	2.7	3.5
11.3	Below Poverty Line (BPL) card <sup>3</sup> (%)	19.0	4.9	9.7
11.4	Antyodaya Anna Yojana (AAY) card <sup>4</sup> (%)	9.5	12.5	11.5
11.5	Any Other card (%)	49.0	74.7	65.9

### Notes

1. Of those adolescent girls currently not in school.
2. Others include Christians and others.
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. 876.42 (Odisha) (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	Intervention Area	Comparison Area	Total
	<b>Integrated Child Development Services (ICDS)</b>			
12.	Adolescent girls who visit Anganwadi Centre (AWC) for any service <sup>5</sup> (%)	46.6	54.0	51.5
13.	Adolescent girls who receive dry ration from AWC <sup>6</sup> (%)	78.1	76.5	76.9
14.	Adolescent girls who have accessed any health service or counselling from a frontline health worker in the six months preceding the survey <sup>7</sup> (%)	28.1	27.3	27.6
15.	<b>Adolescent girls living in households with a kitchen garden<sup>8</sup> (%)</b>	39.9	52.0	47.8
	<b>MICRONUTRIENT SUPPLEMENTATION AND DEWORMING</b>			
16.	Adolescent girls who ever received any Iron and Folic Acid (IFA) tablet (blue coloured) (%)	48.2	55.6	53.1
17.	Adolescent girls who have consumed at least four IFA tablets in the month preceding the survey (%)	27.7	33.7	31.6
18.	Adolescent girls who have taken any tablet for deworming in the six months preceding the survey (%)	43.1	40.2	41.2
19.	Adolescent girls living in households using adequately iodised salt <sup>9</sup> (%)	92.5	91.3	91.7
	<b>DIETARY DIVERSITY<sup>10</sup> (n)</b>	233	475	708
20.	Adolescent girls' mean Dietary Diversity Score (DDS) <sup>11</sup> [Standard Deviation (SD)]	5.0 [1.5]	4.7 [1.4]	4.8 [1.4]
21.	In the 24 hours preceding the survey, food groups consumed by adolescent girls			
21.1	Grains, white roots and tubers, and plantains (%)	100.0	100.0	100.0
21.2	Pulses (beans, peas and lentils) (%)	60.1	62.3	61.6
21.3	Nuts or seeds (%)	18.9	14.3	15.8
21.4	Dairy (%)	20.2	13.5	15.7
21.5	Meat, poultry and fish (%)	29.2	28.4	28.7
21.6	Egg (%)	11.6	10.5	10.9
21.7	Dark green leafy vegetables (%)	41.6	32.0	35.2
21.8	Other vitamin A-rich fruits and vegetables (%)	99.1	96.4	97.3
21.9	Other vegetables (%)	95.7	97.3	96.8
21.10	Other fruits (%)	27.9	19.2	22.0

#### 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 - 32; Comparison Area - 85; Total - 117).
- 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		Intervention Area	Comparison Area	Total
22.	Adolescent girls consuming food from specific food groups			
22.1	Animal-source food (meat, poultry, fish and egg) (%)	35.2	35.8	35.6
22.2	Pulses (beans, peas and lentils) and nuts or seeds (%)	65.7	65.7	65.7
22.3	Dark green leafy vegetables and other vitamin A-rich fruits and vegetables (%)	57.1	41.5	46.6
23.	Adolescent girls by number of food groups consumed			
23.1	Only one food group (%)	0.0	0.4	0.3
23.2	Only two food groups (%)	1.7	0.8	1.1
23.3	Only three food groups (%)	10.7	14.1	13.0
23.4	Only four food groups (%)	26.2	34.3	31.6
23.5	Less than five food groups (%)	38.6	49.7	46.0
24.	Adolescent girls with minimum dietary diversity score (5 or more out of 10) (%)	61.4	50.3	54.0
<b>ACCESS TO HEALTH SERVICES AND WATER, SANITATION AND HYGIENE (WASH)</b>				
<b>Kishori Divas</b>				
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 (%)	9.6	6.7	7.7
26.	Adolescent girls who have accessed adolescent health services (Kishori Divas) in the six months preceding the survey <sup>12</sup> (%)	16.6	10.1	12.3
27.	Adolescent girls who have attended any Kishori group meeting in the six months preceding the survey (%)	17.0	9.9	12.3
28.	Adolescent girls who have attended at least two Kishori group meetings in the six months preceding the survey (%)	12.3	5.1	7.6
29.	Number of Kishori group meetings attended in the six months preceding the survey			
29.1	Never attended (%)	83.0	90.2	87.7
29.2	Attended once (%)	4.7	4.7	4.7
29.3	Attended twice (%)	7.9	2.9	4.6
29.4	Attended thrice (%)	2.4	1.0	1.5
29.5	Attended more than three times (%)	2.0	1.2	1.5
30.	Topics discussed in Kishori group meetings <sup>13</sup>			
30.1	Life Skill (%)	27.9	45.8	37.4
30.2	Protection (%)	76.7	75.0	75.8
30.3	Nutrition (%)	69.8	85.4	78.0
30.4	Health (%)	88.4	91.7	90.1
31.	Knowledge of social protection scheme for adolescents			
31.1	Rashtriya Kishor Swasthya Karyakram (RKSK) (%)	27.2	14.7	19.1
31.2	Rajiv Gandhi Scheme for empowerment of adolescent girls (Sabla) %	13.8	8.6	10.4



Key Indicators		Intervention Area	Comparison Area	Total
32.	Adolescent girls who			
32.1	Ever received any vocational training (%)	15.8	13.8	14.5
32.2	Ever attended any school/community occasions (%)	73.1	70.8	71.6
32.3	Participated in activities to prevent child marriage or exploitation or violence during the three months preceding the survey (%)	13.0	11.7	12.2
32.4	Reported that they can socialize outside their home (%)	62.1	53.4	56.4

#### 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 - 43; Comparison Area - 48; Total - 91).

Key Indicators		Intervention Area	Comparison Area	Total
<b>Water, Sanitation and Hygiene</b>				
33.	Adolescent girls living in households having access to drinking water from			
33.1	Public tap/Stand pipe (%)	4.3	2.7	3.2
33.2	Tube well or Borehole (%)	64.8	70.8	68.8
33.3	Others <sup>14</sup> (%)	31.2	26.1	27.9
34.	Adolescent girls living in households with a			
34.1	Septic tank (%)	2.4	0.4	1.1
34.2	Pit latrine (%)	20.8	21.5	21.2
34.3	Biogas latrine (%)	0.0	0.0	0.0
34.4	Others (%)	6.8	6.5	6.6
35.	Adolescent girls living in households in which members practice open defecation (%)	70.0	71.5	70.9
36.	Adolescent girls living in households in which members use soap for hand-washing after defecation (%)	83.0	78.4	80.0
<b>Personal hygiene<sup>15</sup> (n)</b>		195	333	528
37.	Adolescent girls who use safe pads or sanitary pads during periods (%)	37.4	36.0	36.6
38.	Adolescent girls who use any cloth for protection during their periods (%)	77.4	80.8	79.5
<b>ABILITY TO MAKE CHOICES AND DECISIONS<sup>16</sup></b>				
39.	Adolescent girls taking decisions about their own health care (%)	32.4	27.1	28.9
40.	Adolescent girls taking decisions about making major purchases for the household (%)	31.2	23.0	25.8
41.	Adolescent girls taking decisions about making purchases for daily household needs (%)	34.4	27.5	29.9
42.	Adolescent girls taking decisions about visits to family members or relatives (%)	37.2	29.8	32.3
43.	Adolescent girls taking decisions about going to school or studying <sup>17</sup> (%)	33.6	30.0	31.3
44.	Adolescent girls taking decisions about keeping/spending the money they currently have (%)	30.4	24.4	26.5
45.	Adolescent girls who think that they can take decision regarding whom to marry (%)	22.5	14.8	17.4

#### 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 - 241; Comparison Area - 420; Total - 661).

Key Indicators	Intervention Area	Comparison Area	Total
<b>NUTRITIONAL STATUS<sup>18</sup></b>			
<b>Early adolescence (10-14 years) (n)</b>	129	278	407
46. Adolescent girls' mean weight (kg [SD])	34.7 [8.1]	34.3 [7.0]	34.4 [7.4]
47. Adolescent girls' mean height (cm [SD])	143.3 [8.9]	142.9 [8.1]	143.0 [8.4]
48.1 Adolescent girls' height for age < -2SD <sup>19</sup> (%)	20.3	21.2	21.3
48.2 Adolescent girls' height for age < -3SD <sup>20</sup> (%)	4.6	1.8	2.7
49. Adolescent girls' mean Mid-Upper Arm Circumference (MUAC) <sup>21</sup> (cm [SD])	21.1 [2.9]	21.1 [3.4]	21.1 [3.3]
49.1 Adolescent girls with MUAC < 17 cm (%)	6.9	4.3	5.2
49.2 Adolescent girls with MUAC between 17-18.9 cm (%)	22.5	20.4	21.0
49.3 Adolescent girls with MUAC between 19-20.9 cm (%)	15.5	28.4	24.3
49.4 Adolescent girls with MUAC between 21-22.9 cm (%)	31.8	22.6	25.5
49.5 Adolescent girls with MUAC 23 cm and above (%)	23.3	24.4	24.0
50. Adolescent girls' mean Body Mass Index (BMI) <sup>22</sup> [SD]	16.6 [2.5]	16.7 [2.6]	16.7 [2.5]
50.1 Adolescent girls with BMI for age < -2SD <sup>23</sup> (%)	14.0	15.1	14.7
50.2 Adolescent girls with BMI for age < -3SD <sup>24,25</sup> (%)	3.8	2.2	2.7
51. Adolescent girls experiencing both stunting and wasting <sup>26</sup> (%)	3.9	4.3	4.2
52. Adolescent girls experiencing severe stunting and wasting <sup>27</sup> (%)	0.8	0.0	0.3
<b>Late adolescence (15-19 years) (n)</b>	121	211	332
53. Adolescent girls' mean weight (kg [SD])	42.7 [6.7]	42.1 [5.5]	42.3 [5.8]
54. Adolescent girls' mean height (cm [SD])	149.8 [5.7]	149.1 [5.4]	149.4 [5.5]
54.1 Adolescent girls' height for age < -2SD <sup>19</sup> (%)	45.4	49.6	48.2
54.2 Adolescent girls' height for age < -3SD <sup>20</sup> (%)	8.2	10.4	9.6
55. Adolescent girls' mean Mid-Upper Arm Circumference (MUAC) <sup>21</sup> (cm [SD])	24.0 [2.5]	24.1 [2.2]	24.1 [2.3]
55.1 Adolescent girls with MUAC < 17 cm (%)	0.0	0.0	0.0
55.2 Adolescent girls with MUAC between 17-18.9 cm (%)	0.8	1.0	0.9
55.3 Adolescent girls with MUAC between 19-20.9 cm (%)	6.7	7.1	7.0
55.4 Adolescent girls with MUAC between 21-22.9 cm (%)	30.3	21.4	24.6
55.5 Adolescent girls with MUAC 23 cm and above (%)	62.2	70.5	67.5
56. Adolescent girls' mean Body Mass Index (BMI) <sup>22</sup> [SD]	19.0 [2.6]	19.0 [2.0]	18.9 [2.2]
56.1 Adolescent girls with BMI for age < -2SD <sup>23</sup> (%)	7.4	9.0	8.4
56.2 Adolescent girls with BMI for age < -3SD <sup>24,25</sup> (%)	0.8	1.4	1.2
57. Adolescent girls experiencing both stunting and wasting <sup>26</sup> (%)	1.7	5.2	3.9
58. Adolescent girls experiencing severe stunting and wasting <sup>27</sup> (%)	0.0	0.0	0.0



Key Indicators		Intervention Area	Comparison Area	Total
<b>Total adolescents (10-19 years) (n)</b>		250	489	739
59.	Adolescent girls' mean weight (kg [SD])	38.5 [8.5]	37.7 [7.5]	37.9 [7.8]
60.	Adolescent girls' mean height (cm [SD])	146.4 [8.2]	145.6 [7.7]	145.9 [7.9]
60.1	Adolescent girls' height for age < -2SD <sup>19</sup> (%)	32.5	33.5	33.2
60.2	Adolescent girls' height for age < -3SD <sup>20</sup> (%)	6.3	5.5	5.8
61.	Adolescent girls' mean Mid-Upper Arm Circumference (MUAC) <sup>21</sup> (cm [SD])	22.5 [3.1]	22.4 [3.3]	22.4 [3.2]
61.1	Adolescent girls with MUAC < 17 cm (%)	4.4	2.5	3.1
61.2	Adolescent girls with MUAC between 17-18.9 cm (%)	12.1	12.0	12.0
61.3	Adolescent girls with MUAC between 19-20.9 cm (%)	11.2	19.2	16.5
61.4	Adolescent girls with MUAC between 21-22.9 cm (%)	30.8	22.1	25.0
61.5	Adolescent girls with MUAC 23 cm and above (%)	41.6	44.3	43.4
62.	Adolescent girls' mean Body Mass Index (BMI) <sup>22</sup> [SD]	17.7 [2.8]	17.6 [2.6]	17.6 [2.6]
62.1	Adolescent girls with BMI for age < -2SD <sup>23</sup> (%)	11.1	12.5	11.9
62.2	Adolescent girls with BMI for age < -3SD <sup>24,25</sup> (%)	2.4	1.9	2.1
63.	Adolescent girls experiencing both stunting and wasting <sup>26</sup> (%)	2.8	4.7	4.1
64.	Adolescent girls experiencing severe stunting and wasting <sup>27</sup> (%)	0.4	0.0	0.1

#### 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 5 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 5 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, normal 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 5 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 5 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 (2016) -  
KORAPUT BLOCK, KORAPUT DISTRICT FACT SHEET

# PREGNANT WOMEN

(15-49 years)

## PREGNANT WOMEN (15-49 years)

Key Indicators		Intervention Area	Comparison Area	Total
<b>SOCIO-DEMOGRAPHIC INDICATORS</b>				
1.	Estimated sample of pregnant women (n)	187	187	374
2.	Pregnant women interviewed (n)	217	221	438
<b>Distribution of pregnant women by age groups (years)</b>				
3.1	15-19 (%)	17.1	16.3	16.7
3.2	20-29 (%)	70.5	70.1	70.3
3.3	30-39 (%)	11.1	12.2	11.6
3.4	40-49 (%)	1.4	1.4	1.4
<b>Marital Status</b>				
4.1	Currently married (%)	96.8	99.5	98.2
4.2	Remarried (%)	2.3	0.5	1.4
4.3	Live in relationship (%)	0.9	0.0	0.5
<b>Educational status of pregnant women</b>				
5.	Never attended school (%)	48.8	63.8	56.4
6.	Completed 10 or more years of schooling <sup>1</sup> (%)	30.6	21.2	26.7
<b>Self Help Groups (SHGs)</b>				
7.	Pregnant women who are members of SHGs (%)	23.4	25.5	24.4
8.	SHG members among the pregnant women who attended three or more Poshan Sakhi meetings in the 12 months preceding the survey <sup>2</sup> (%)	27.7	3.8	15.0
<b>Religion of the head of household</b>				
9.1	Hindu (%)	91.2	91.9	91.6
9.2	Muslim (%)	0.5	0.0	0.2
9.3	Others <sup>3</sup> (%)	8.3	8.1	8.2
<b>Caste/Tribe of the head of household</b>				
10.1	Scheduled Caste (SC) (%)	31.8	15.8	23.7
10.2	Scheduled Tribe (ST) (%)	39.6	52.5	46.1
10.3	Other Backward Classes (OBCs) (%)	14.7	15.4	15.1
10.4	Others (%)	13.8	16.3	15.1

### Notes

1. Considered only those pregnant women who have ever attended school (n: Intervention Area - 111; Comparison Area - 80; Total - 191).
2. n: Intervention Area - 47; Comparison Area - 53; Total - 100.
3. Others include Christians and others.

Key Indicators		Intervention Area	Comparison Area	Total
<b>Work and Employment</b>				
11.	Pregnant women who have worked in the 12 months preceding the survey (%)	21.2	14.0	17.6
11.1	Worked for <sup>4</sup>			
11.2	Family member (%)	67.4	71.0	68.8
11.3	Someone else (%)	30.4	25.8	28.6
11.4	Self-employed (%)	2.2	3.2	2.6
12.	Frequency of work done <sup>4</sup>			
12.1	Throughout the year (%)	43.5	48.4	45.5
12.2	Seasonally/part of the year (%)	45.7	48.4	46.8
12.3	Once in a while (%)	10.9	3.2	7.8
13.	Pregnant women who do not receive any payment for their work <sup>4</sup>	6.5	6.5	6.5
14.	<b>Pregnant women who consumed alcohol and/or tobacco during pregnancy (%)</b>	21.2	37.1	29.2
<b>FOOD SECURITY</b>				
<b>Ration Card</b>				
15.	Pregnant women living in households having			
15.1	No ration card (%)	24.4	14.9	19.6
15.2	Above Poverty Line (APL) card (%)	5.1	1.8	3.4
15.3	Below Poverty Line (BPL) card <sup>5</sup> (%)	16.1	3.6	9.8
15.4	Antyodaya Anna Yojana (AAY) card <sup>6</sup> (%)	6.0	3.6	4.8
15.5	Any Other card (%)	48.4	76.0	62.3

#### Notes

- Includes only those pregnant women who have worked in the 12 months preceding the survey (n: Intervention Area - 46; Comparison Area - 31; Total - 77).
- 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. 876.42 (Odisha) (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>.
- 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		Intervention Area	Comparison Area	Total
<b>Public Distribution System (PDS) and Integrated Child Development Services (ICDS)</b>				
16.	Pregnant women living in households with access to PDS in the month preceding the survey <sup>7</sup> (%)	57.9	46.3	51.7
17.	Average quantity of rice received by households by type of ration card <sup>8</sup>			
17.1	APL card (kg)	37.0	16.5	30.2
17.2	BPL card (kg)	24.4	15.0	23.1
17.3	AAY card (kg)	30.0	22.5	27.5
17.4	Any other card (kg)	19.8	19.5	19.6
18.	Pregnant women receiving ICDS entitlement for supplementary food <sup>9</sup> (%)	60.8	74.2	67.7
19.	<b>Pregnant women living in households with a kitchen garden<sup>10</sup> (%)</b>	26.7	37.1	32.0
<b>FOOD INSECURITY<sup>11</sup></b>				
20.	Pregnant women who experienced food insecurity in the 12 months preceding the survey			
20.1	Worried about insufficient food (%)	55.8	75.1	65.5
20.2	Unable to eat healthy and nutritious food (%)	52.1	70.1	61.2
20.3	Had to eat limited variety of food (%)	51.2	64.2	57.8
20.4	Had to skip a meal (%)	33.6	35.7	34.7
20.5	Had to eat less meals (%)	47.0	61.1	54.1
20.6	Household ran out of food (%)	30.4	37.1	33.8
20.7	Had no food to eat at any time (%)	14.3	19.5	16.9
20.8	Had to go an entire day without food (%)	11.1	15.4	13.2
<b>Food Insecurity Experience Scale (FIES)</b>				
21.1	Pregnant women living in food secure households (%)	33.6	18.6	26.0
21.2	Pregnant women living in mildly food insecure households (%)	12.9	14.5	13.7
21.3	Pregnant women living in moderately food insecure households (%)	38.2	46.2	42.2
21.4	Pregnant women living in severely food insecure households (%)	15.2	20.8	18.0
<b>Coping mechanism to manage shortfall of food</b>				
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) (%)	31.3	20.4	25.8
22.2	Unlike earlier, now female(s) of household start working outside home (%)	12.9	15.4	14.2
22.3	Unlike earlier, now children of household start working outside home (%)	5.1	3.6	4.3
22.4	Migration of a family member to another city to earn money and send it back to the family (%)	12.4	5.4	8.9
22.5	Borrowing money to meet household expenses (%)	81.6	85.1	83.3



Key Indicators	Intervention Area	Comparison Area	Total
22.6 Resort to low-cost food grains/items available (%)	76.0	83.3	79.9
22.7 Borrowing grains to meet food requirements (%)	67.7	79.6	73.7
22.8 Sold household articles or possessions (%)	19.8	17.2	18.5

#### 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		Intervention Area	Comparison Area	Total Area
<b>MICRONUTRIENT SUPPLEMENTATION AND DEWORMING</b>				
23.	Pregnant women (in 2 <sup>nd</sup> and 3 <sup>rd</sup> trimester) who received any Iron and Folic Acid (IFA) tablet <sup>12</sup> (%)	82.8	91.4	87.2
24.	Pregnant women (in 2 <sup>nd</sup> and 3 <sup>rd</sup> trimester) who consumed at least 25 IFA tablets <sup>13</sup> (%)	72.9	81.2	77.3
25.	Pregnant women (in 2 <sup>nd</sup> and 3 <sup>rd</sup> trimester) who received any calcium tablets <sup>12</sup> (%)	55.8	71.3	63.7
26.	Pregnant women (in 2 <sup>nd</sup> and 3 <sup>rd</sup> trimester) who consumed any tablets for deworming <sup>12</sup> (%)	18.3	28.2	23.3
27.	Pregnant women living in households using adequately iodised salt <sup>14</sup> (%)	95.3	94.1	94.7
<b>DIETARY DIVERSITY<sup>15</sup> (n)</b>		203	216	419
28.	Pregnant women's mean Dietary Diversity Score (DDS) <sup>16</sup> [Standard Deviation (SD)]	5.2 [1.6]	4.9 [1.4]	5.1 [1.5]
29.	In the 24 hours preceding the survey, food groups consumed by pregnant women			
29.1	Grains, white roots and tubers, and plantains (%)	100.0	100.0	100.0
29.2	Pulses (beans, peas and lentils) (%)	60.1	68.1	64.2
29.3	Nuts or seeds (%)	20.2	12.5	16.2
29.4	Dairy (%)	25.6	18.1	21.7
29.5	Meat, poultry and fish (%)	34.0	26.4	30.1
29.6	Egg (%)	12.3	9.2	10.7
29.7	Dark green leafy vegetables (%)	37.9	44.9	41.5
29.8	Other vitamin A-rich fruits and vegetables (%)	97.0	98.1	97.6
29.9	Other vegetables (%)	94.1	94.9	94.5
29.10	Other fruits (%)	34.0	23.6	28.6
30.	Pregnant women consuming food from specific food groups			
30.1	Animal-source food (meat, poultry, fish and egg) (%)	39.4	30.6	34.8
30.2	Pulses (beans, peas and lentils) and nuts or seeds (%)	64.5	71.8	68.3
30.3	Dark green leafy vegetables and other vitamin A-rich fruits and vegetables (%)	56.7	56.0	56.3
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 (%)	2.0	1.4	1.7
31.3	Only three food groups (%)	8.9	10.6	9.8
31.4	Only four food groups (%)	27.1	26.9	27.0
31.5	Less than five food groups (%)	37.9	38.9	38.4
32.	Pregnant women with minimum dietary diversity score (5 or more out of 10) (%)	62.1	61.1	61.6

#### Notes

12. Includes those pregnant women who are in their 2<sup>nd</sup> and 3<sup>rd</sup> trimester of pregnancy. (n: Intervention Area - 169; Comparison Area - 130; Total - 232).

13. Includes those pregnant women in their 2<sup>nd</sup> and 3<sup>rd</sup> trimester who received any IFA tablet (n: Intervention Area - 102; Comparison Area - 160; Total - 300).

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	Intervention Area	Comparison Area	Total
<b>ACCESS TO HEALTH SERVICES AND WATER, SANITATION AND HYGIENE (WASH)</b>			
<b>Registration in Antenatal Care (ANC) services</b>			
33. Pregnant women who have registered their pregnancy (%)	92.6	95.5	94.1
34. Pregnant women who have registered in the first trimester (%)	71.0	82.4	76.7
35. Pregnant women who have received a Mother and Child Protection (MCP) card <sup>17</sup> (%)	92.5	94.8	93.7
<b>ANC services received during pregnancy</b>			
36. Pregnant women who have sought ANC services (%)	87.1	93.2	90.2
37. Pregnant women who have had ANC check-up in the first trimester (%)	33.2	31.7	32.4
38. Pregnant women who have received Tetanus Toxoid (TT) injection (%)	79.3	86.4	82.9
39. Pregnant women who have received counselling on birth preparedness by a frontline health worker <sup>18</sup> (%)	81.6	85.1	83.3
<b>Monitoring of nutritional status during pregnancy</b>			
40. Pregnant women whose weight was monitored (%)	78.8	83.7	81.3
41. Pregnant women whose height was recorded (%)	18.0	14.9	16.4
42. Pregnant women whose Mid-Upper Arm Circumference (MUAC) was measured <sup>19</sup> (%)	24.0	16.3	20.1
<b>Village Health, Sanitation and Nutrition Day (VHSND)</b>			
43. Pregnant women who attended VHSND meetings in the six months preceding the survey <sup>20</sup> (%)	58.1	67.9	63.0
44. Pregnant women who attended at least three VHSND meetings in the six months preceding the survey (%)	34.6	33.5	34.0

#### 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 - 201; Comparison Area - 211; Total - 412).

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 across Odisha 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	Intervention Area	Comparison Area	Total
<b>Water, Sanitation and Hygiene</b>			
45. Pregnant women living in households having access to drinking water from			
45.1 Public tap/Stand pipe (%)	4.7	3.2	3.9
45.2 Tube well or Borehole (%)	60.0	70.7	65.4
45.3 Others <sup>21</sup> (%)	35.3	26.1	30.7
46. Pregnant women living in households with a	4.7	3.2	3.9
46.1 Septic tank (%)	2.3	0.5	1.4
46.2 Pit latrine (%)	18.6	16.2	17.4
46.3 Biogas latrine (%)	0.0	0.5	0.2
46.4 Others (%)	10.7	3.2	6.9
47. Pregnant women living in households in which members practice open defecation (%)	68.2	79.6	74.0
48. Pregnant women living in households in which members use soap for hand-washing after defecation (%)	86.6	80.5	83.6
<b>KNOWLEDGE AND EVER USE OF FAMILY PLANNING METHODS AS REPORTED BY PREGNANT WOMEN</b>			
49. Knowledge of family planning methods (%)	30.0	32.6	31.3
50. Used any method to delay or avoid getting pregnant before first pregnancy (%)	9.7	10.0	9.8
51. Adopted family planning methods to keep space between pregnancies <sup>22</sup> (%)	12.3	16.4	14.4
<b>ABILITY TO MAKE CHOICES AND DECISIONS<sup>23</sup></b>			
52. Pregnant women taking decisions about using the money they earned <sup>24</sup> (%)	81.8	52.2	69.6
53. Pregnant women taking decisions about using the money their partner earns (%)	80.6	71.0	75.8
54. Pregnant women taking decisions about their own health care (%)	80.6	67.0	73.7
55. Pregnant women taking decisions about making major purchases for household (%)	81.9	79.6	80.8
56. Pregnant women taking decisions about visits to family members or relatives (%)	84.7	82.8	83.8
<b>PERCEPTIONS OF PARTNER VIOLENCE</b>			
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 (%)	41.0	43.0	42.0
57.2 She neglects the house or children (%)	46.1	48.4	47.3
57.3 She argues with him (%)	45.2	37.6	41.3
57.4 She refuses to have sex with him (%)	26.7	27.1	26.9
57.5 She does not cook food properly (%)	26.7	20.4	23.5
57.6 He suspects her of being unfaithful (%)	24.9	32.6	28.8
57.7 She shows disrespect towards in-laws (%)	46.1	57.0	51.6



Key Indicators		Intervention Area	Comparison Area	Total
<b>NUTRITIONAL STATUS<sup>25</sup> (n)</b>		211	221	432
58.	Pregnant women's mean height (cm [SD])	150.8 [5.2]	150.3 [5.5]	150.6 [5.3]
58.1	Pregnant women with height<145 cm (%)	12.8	17.2	15.0
59.	Pregnant women's mean MUAC (cm) [SD]	24.2 [2.2]	24.0 [1.9]	24.1 [2.1]
59.1	Pregnant women with MUAC between 17-18.9 cm (%)	0.5	0.0	0.2
59.2	Pregnant women with MUAC between 19-20.9 cm (%)	5.2	4.5	4.9
59.3	Pregnant women with MUAC between 21-22.9 cm (%)	19.0	24.9	22.0
59.4	Pregnant women with MUAC 23 cm and above (%)	75.4	70.6	72.9
60.	Pregnant women experiencing both severe stunting and wasting <sup>26</sup> (%)	2.4	6.3	4.4

#### 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 – 146; Comparison Area – 146; Total - 292).

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 - 33; Comparison Area - 23; Total - 56)

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 (2016) -  
KORAPUT BLOCK, KORAPUT DISTRICT FACT SHEET

# MOTHERS

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

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

Key Indicators		Intervention Area	Comparison Area	Total
<b>SOCIO-DEMOGRAPHIC INDICATORS</b>				
1.	Estimated sample of mothers <sup>1</sup> (n)	670	670	1340
2.	Mothers interviewed (n)	1054	969	2023
<b>Distribution of mothers by age group (years)</b>				
3.1	15-19 (%)	9.3	8.7	9.0
3.2	20-29 (%)	72.6	70.9	71.8
3.3	30-39 (%)	16.3	17.8	17.0
3.4	40-49 (%)	1.8	2.7	2.2
<b>Marital Status</b>				
4.1	Never married (%)	0.1	0.1	0.1
4.2	Currently married (%)	97.2	98.0	97.6
4.3	Remarried (%)	1.4	0.7	1.1
4.4	Widowed/Divorced/Separated (%)	0.6	0.9	0.7
4.5	Live in relationship (%)	0.7	0.2	0.4
<b>Educational status of mothers</b>				
5.	Never attended school (%)	53.5	67.7	60.3
6.	Completed 10 or more years of schooling <sup>2</sup> (%)	26.1	15.4	22.0
<b>Self Help Groups (SHGs)</b>				
7.	Mothers who are members of SHGs (%)	24.8	33.0	28.8
8.	SHG members among the mothers who attended three or more Poshan Sakhi meetings in the 12 months preceding the survey <sup>3</sup> (%)	55.7	40.4	47.2
<b>Religion of the head of household</b>				
9.1	Hindu (%)	91.8	93.6	92.7
9.2	Muslim (%)	0.2	0.2	0.2
9.3	Others <sup>4</sup> (%)	8.0	6.2	7.1
<b>Caste/Tribe of the head of household</b>				
10.1	Scheduled Caste (SC) (%)	29.7	18.7	24.4
10.2	Scheduled Tribe (ST) (%)	42.1	51.3	46.5
10.3	Other Backward Classes (OBCs) (%)	14.8	16.8	15.8
10.4	Others (%)	13.4	13.2	13.3
<b>Work and Employment</b>				
11.	Mothers who have worked in the 12 months preceding the survey (%)	26.5	23.1	24.9
11.1	Worked for <sup>5</sup>			
11.2	Family member (%)	58.4	76.3	66.4
11.3	Someone else (%)	38.7	23.7	32.0
11.4	Self-employed (%)	2.9	0.0	1.6
12.	Frequency of work done <sup>5</sup>			
12.1	Throughout the year (%)	57.7	54.5	56.3
12.2	Seasonally/part of the year (%)	33.3	33.9	33.6
12.3	Once in a while (%)	9.0	11.6	10.1

	Key Indicators	Intervention Area	Comparison Area	Total
13.	Mothers who do not receive any payment for their work <sup>5</sup> (%)	5.4	5.9	5.6
14.	<b>Mothers who consumed alcohol and/or tobacco during the last pregnancy (%)</b>	25.8	38.0	31.7
<b>FOOD SECURITY</b>				
<b>Ration card</b>				
15.	Mothers living in households having			
15.1	No ration card (%)	23.6	12.0	18.0
15.2	Above Poverty Line (APL) card (%)	5.4	1.4	3.5
15.3	Below Poverty Line (BPL) card <sup>6</sup> (%)	11.5	5.5	8.6
15.4	Antyodaya Anna Yojana (AAY) card <sup>7</sup> (%)	5.7	3.2	4.5
15.5	Any Other card (%)	53.8	77.9	65.3

#### Notes

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 - 490; Comparison Area - 311; Total - 801).
3. n: Intervention Area - 253; Comparison Area - 322; Total - 575.
4. Others include Christians and others.
5. Includes only those mothers who have worked in the 12 months preceding the survey (n: Intervention Area - 279; Comparison Area - 224; Total - 503).
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. 876.42 (Odisha) (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		Intervention Area	Comparison Area	Total
<b>Public Distribution System (PDS) and Integrated Child Development Services (ICDS)</b>				
16.	Mothers living in households with access to PDS in the month preceding the survey <sup>8</sup> (%)	51.6	44.9	48.1
17.	Average quantity of rice received by households by type of ration card <sup>9</sup>			
17.1	APL card (kg)	20.8	23.8	21.5
17.2	BPL card (kg)	23.9	23.9	23.9
17.3	AAY card (kg)	25.3	30.4	27.0
17.4	Any other card (kg)	20.0	19.9	19.9
18.	Mothers receiving ICDS entitlement for supplementary food <sup>10</sup> (%)	73.3	81.7	77.3
19.	<b>Mothers living in households with a kitchen garden<sup>11</sup> (%)</b>	25.5	33.2	29.2
<b>FOOD INSECURITY<sup>12</sup></b>				
20.	Mothers who experienced food insecurity in the 12 months preceding the survey			
20.1	Worried about insufficient food (%)	66.8	81.0	73.6
20.2	Unable to eat healthy and nutritious food (%)	63.4	77.8	70.3
20.3	Had to eat limited variety of food (%)	61.1	71.0	65.8
20.4	Had to skip a meal (%)	39.4	37.2	38.3
20.5	Had to eat less meals (%)	57.4	69.9	63.4
20.6	Household ran out of food (%)	35.4	41.3	38.2
20.7	Had no food to eat at any time (%)	20.9	23.7	22.2
20.8	Had to go an entire day without food (%)	17.7	16.4	17.1
<b>Food Insecurity Experience Scale (FIES)</b>				
21.1	Mothers living in food secure households (%)	22.4	12.8	17.8
21.2	Mothers living in mildly food insecure households (%)	13.3	11.5	12.4
21.3	Mothers living in moderately food insecure households (%)	40.7	50.8	45.5
21.4	Mothers living in severely food insecure households (%)	23.6	25.0	24.3
<b>Coping mechanisms to manage shortfall of food</b>				
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) (%)	33.1	27.2	30.3
22.2	Unlike earlier, now female(s) of household start working outside home (%)	19.0	21.0	19.9
22.3	Unlike earlier, now children of household start working outside home (%)	3.6	3.2	3.4
22.4	Migration of a family member to another city to earn money and send it back to the family (%)	11.8	4.8	8.4
22.5	Borrowing money to meet households expenses (%)	80.5	88.8	84.5
22.6	Resort to low-cost food grains/items available (%)	77.8	89.1	83.2
22.7	Borrowing grains to meet food requirements (%)	74.4	83.4	78.7
22.8	Sold household articles or possessions (%)	19.9	19.6	19.8



**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		Intervention Area	Comparison Area	Total
<b>MICRONUTRIENT SUPPLEMENTATION AND DEWORMING</b>				
23.	Mothers who received any Iron and Folic Acid (IFA) tablets during the last pregnancy (%)	91.4	94.5	92.9
24.	Mothers who have consumed at least 100 IFA tablets during the last pregnancy <sup>13</sup> (%)	28.3	49.5	38.6
25.	Mothers who received any calcium tablet during the last pregnancy (%)	46.2	56.6	51.2
26.	Mothers who consumed any tablet for deworming during the last pregnancy (%)	33.1	36.7	34.8
27.	Mothers living in households using adequately iodised salt <sup>14</sup> (%)	95.1	94.6	94.9
<b>DIETARY DIVERSITY<sup>15</sup> (n)</b>		<b>949</b>	<b>932</b>	<b>1881</b>
28.	Mothers' mean Dietary Diversity Score (DDS) <sup>16</sup> [Standard Deviation (SD)]	4.8 [1.5]	4.6 [1.3]	4.7 [1.4]
29.	In the 24 hours preceding the survey, food groups consumed by mothers			
29.1	Grains, white roots and tubers, and plantains (%)	100.0	99.9	99.9
29.2	Pulses (beans, peas and lentils) (%)	54.8	63.7	59.2
29.3	Nuts or seeds (%)	12.3	7.7	10.0
29.4	Dairy (%)	19.2	13.2	16.2
29.5	Meat, poultry and fish (%)	30.3	28.9	29.6
29.6	Egg (%)	13.3	6.2	9.8
29.7	Dark green leafy vegetables (%)	40.1	35.3	37.7
29.8	Other vitamin A-rich fruits and vegetables (%)	96.6	97.5	97.1
29.9	Other vegetables (%)	92.9	94.2	93.6
29.10	Other fruits (%)	20.2	12.1	16.1
30.	Mothers consuming food from specific food groups			
30.1	Animal-source food (meat, poultry, fish and egg) (%)	36.1	32.4	34.3
30.2	Pulses (beans, peas and lentils) and nuts or seeds (%)	58.1	65.4	61.7
30.3	Dark green leafy vegetables and other vitamin A-rich fruits and vegetables (%)	49.5	41.4	45.5
31.	Mothers by number of food groups consumed			
31.1	Only one food group (%)	0.4	0.1	0.3
31.2	Only two food groups (%)	2.5	2.6	2.6
31.3	Only three food groups (%)	15.7	15.3	15.5
31.4	Only four food groups (%)	28.9	33.0	30.9
31.5	Less than five food groups (%)	47.5	51.1	49.3
32.	Mothers with minimum dietary diversity score (5 or more out of 10) (%)	52.5	48.9	50.7

#### Notes

13. Among those mothers who received IFA tablets during the last pregnancy (n: Intervention Area - 963; Comparison Area - 916; Total - 1879).

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	Intervention Area	Control Area	Total
<b>ACCESS TO HEALTH SERVICES AND WATER, SANITATION AND HYGIENE (WASH)</b>			
<b>Registration in Antenatal Care (ANC) services during last pregnancy</b>			
33. Mothers who registered (%)	97.8	98.7	98.2
34. Mothers who registered in the first trimester (%)	68.7	74.2	71.3
35. Mothers who received a Mother and Child Protection (MCP) Card <sup>17</sup> (%)	99.5	99.3	99.4
<b>Antenatal Care (ANC) during last pregnancy</b>			
36. Mothers who sought ANC services (%)	93.2	96.9	95.0
37. Mothers who had ANC check-up in the first trimester (%)	23.6	12.2	18.1
38. Mothers who had at least four ANC check-ups (%)	13.2	9.4	11.4
39. Mothers who received Tetanus Toxoid (TT) injection (%)	92.8	96.1	94.4
40. Mothers who received counselling on birth preparedness by a frontline health worker <sup>18</sup> (%)	89.2	94.2	91.6
<b>Monitoring of nutritional status during last pregnancy</b>			
41. Mothers whose weight was monitored (%)	88.4	90.2	89.3
42. Mothers who were weighed at least four times (%)	42.5	50.7	46.4
43. Mothers whose height was recorded (%)	22.0	20.3	21.2
44. Mothers whose Mid-Upper Arm Circumference (MUAC) was measured <sup>19</sup> (%)	32.1	15.4	24.1
<b>Delivery and Post-Natal Care (PNC)</b>			
45. Mothers who had an institutional delivery <sup>20</sup> (%)	78.7	63.9	71.7
46. Mothers who received IFA tablets after delivery (%)	57.7	61.4	59.4
47. Mothers who received calcium tablets after delivery (%)	49.5	56.3	52.8
48. Mothers who received maternity entitlement payment (JSY) from government <sup>21</sup> (%)	53.4	46.4	50.0
<b>Village Health, Sanitation and Nutrition Day (VHSND)<sup>22</sup></b>			
49. Mothers who attended VHSND meeting in the six months preceding the survey (%)	54.5	59.0	56.6
50. Mothers who attended at least three VHSND meetings in the six months preceding the survey (%)	31.8	33.7	32.7

#### 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 have registered their last pregnancy (n: Intervention Area - 1031; Comparison Area - 955; Total - 1986).

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 across Odisha 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	Intervention Area	Comparison Area	Total
<b>Water, Sanitation and Hygiene</b>			
51. Mothers living in households having access to drinking water from			
51.1 Public tap/Stand pipe (%)	2.7	2.3	2.5
51.2 Tube well or Borehole (%)	62.0	73.8	67.6
51.3 Others <sup>23</sup> (%)	35.3	23.9	29.9
52. Mothers living in households with a			
52.1 Septic tank (%)	2.7	0.4	1.6
52.2 Pit latrine (%)	19.6	20.0	19.8
52.3 Biogas latrine (%)	0.7	0.2	0.4
52.4 Others (%)	8.3	4.2	6.4
53. Mothers living in households in which members practice open defecation (%)	68.7	75.1	71.8
54. Mothers living in households in which members use soap for hand-washing after defecation (%)	83.3	80.1	81.8
<b>CURRENT USE OF FAMILY PLANNING METHODS AS REPORTED BY MOTHERS</b>			
55. Mothers who currently use any family planning method (%)	19.2	19.7	19.4
56. Mothers who currently use any modern contraceptive <sup>24</sup> (%)	18.2	19.3	18.7
<b>ABILITY TO MAKE CHOICES AND DECISIONS<sup>25</sup></b>			
57. Mothers taking decisions about using the money they earned <sup>26</sup> (%)	77.2	75.4	76.4
58. Mothers taking decisions about using the money their partner earns (%)	75.5	75.3	75.4
59. Mothers taking decisions about their own health care (%)	73.1	70.4	71.8
60. Mothers taking decisions about making major purchases for the household (%)	81.2	83.1	82.1
61. Mothers taking decisions about visits to family members or relatives (%)	80.8	84.2	82.5
<b>PERCEPTIONS OF PARTNER VIOLENCE</b>			
62. Mothers who think that a husband is justified in hitting or beating his wife if			
62.1 She goes out without telling him (%)	43.2	44.7	43.9
62.2 She neglects the house or children (%)	51.8	52.4	52.1
62.3 She argues with him (%)	46.6	40.8	43.8
62.4 She refuses to have sex with him (%)	26.1	28.5	27.3
62.5 She does not cook food properly (%)	24.8	24.5	24.6
62.6 He suspects her of being unfaithful (%)	27.9	34.1	30.9
62.7 She shows disrespect towards in-laws (%)	42.5	60.3	51.0

Key Indicators		Intervention Area	Comparison Area	Total
<b>NUTRITIONAL STATUS<sup>27</sup> (n)</b>		960	893	1853
63.	Mothers' mean weight (kg [SD])	44.1 [7.6]	42.6 [5.5]	43.4 [6.7]
64.	Mothers' mean height (cm [SD])	150.8 [5.2]	149.9 [5.3]	150.3 [5.3]
64.1	Mothers with height<145 cm (%)	13.4	17.7	15.5
65.	Mothers' mean Body Mass Index (BMI) <sup>28</sup> [SD]	19.4 [3.0]	18.9 [2.1]	19.2 [2.6]
65.1	Mothers who are underweight (BMI <18.5) (%)	42.6	45.3	43.9
65.2	Mothers who are normal weight (BMI between 18.5-24.9) (%)	52.0	53.1	52.5
65.3	Mothers who are overweight (BMI between 25-29.9) (%)	4.3	1.5	2.9
65.4	Mothers who are obese (BMI>29.9) (%)	1.2	0.1	0.7
66.	Mothers' mean MUAC (cm [SD])	24.3 [2.9]	23.8 [2.0]	24.1 [2.5]
66.1	Mothers with MUAC between 17-18.9 cm (%)	0.6	0.4	0.5
66.2	Mothers with MUAC between 19-20.9 cm (%)	5.2	5.0	5.1
66.3	Mothers with MUAC between 21-22.9 cm (%)	26.2	26.8	26.5
66.4	Mothers with MUAC 23 cm and above (%)	67.9	67.7	67.8
67.	Mother experiencing both severe stunting and wasting <sup>29</sup> (%)	5.2	7.4	6.3

#### 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 - 254; Comparison Area - 195; Total - 449).

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, 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







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