



Swabhimaan Programme

Bihar Midline (2018) Results

Jallalgarh and Kasba Blocks, Purnea District





Swabhimaan Programme, Bihar

Midline Survey (2018) Results: Purnea District



Background

1. JEEViKA Programme in Bihar

In 2007, the Government of Bihar launched the JEEViKA programme, 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 with 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 Bihar Rural Livelihood Promotion Society (BRLPS), an independent society of the Government of Bihar, under the stewardship of the National Rural Livelihood Mission (NRLM), Ministry of Rural Development and Panchayati Raj, with funding from the World Bank.

Operationally, JEEViKA creates multi-tier structure of women involving SHGs at tier- 1, Village Organisations (VOs) comprising 10 to 20 SHGs at tier-2 and Cluster/Gram Panchayat Level Federations (CLFs) at tier-3. In some districts, high tier federations at block and district levels are also being formed. The JEEViKA Programme Management Units (PMUs) at state, district and block 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 link age and income generation, the JEEViKA 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 6,07,702 SHGs (tier-1), 25,014 VOs (tier-2) and 318 CLFs (tier-3) in Bihar. VOs have been engaged in running meal provision centres for pregnant and lactating women (101 blocks; 11 districts), construction of toilets (64 Gram Panchayats in 10 districts) and manufacturing of sanitary napkins. They also utilize their SHG platform to disseminate messages and generate demand for behaviours/ entitlements (46 blocks; 14 districts) and food fortification units (4 blocks, 2 districts).

Each VO is registered as a society and has office bearers, Community Resource Person (CRP) and a book keeper. A health risk and vulnerability reduction/food security risk fund is available to the members (particularly those belonging to the poorest households) to seek loans for health and other family emergencies. Community Investment Fund (CIF) is also available to initiate various income generation activities.

2. JEEViKA in Purnea District, Bihar

The JEEViKA was initiated in 2007 in three blocks in Purnea district and gradually scaled up to all 14 blocks by 2012. Programme data (2016) shows that there are a total of 26,887 SHGs (tier-1), 1,885 VOs (tier-2) and 43 CLFs (tier-3) in Purnea district. A total of 1,382 VOs out of 1,885 are engaged in various food security, nutrition and WASH linked behaviour promotion and livelihood initiatives. In 2016, the JEEViKA programme covered 2,18,836 households. For programme purpose, JEEViKA has divided each block into three clusters (1, 2 and 3). Each cluster is supervised by a supervisor who reports to a block manager at block level. A district PMU supported by a thematic health and nutrition manager anchors various health and nutrition initiatives in the district.

3. Swabhimaan Programme (2016-2020), Purnea District

In 2016, JEEViKA partnered with the United Nations Children's Fund (UNICEF) Bihar to initiate the Swabhimaan Project (2016-2020) with an aim to improve the nutritional status of adolescent girls, pregnant women and mothers of children under two years in Kasba and Jalalgarh blocks of Purnea district in Bihar, by increasing the coverage of five essential nutrition (specific and sensitive) interventions.

The Swabhimaan Programme adopts two implementation strategies

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:

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

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

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

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

Regularizing block nutrition convergence review mechanism



JEEViKA is anchoring and implementing the Swabhimaan programme, in coordination with the Departments of Health, Civil Supplies, Social Welfare 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 process evaluation. The baseline survey was 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 (UCL) during the baseline survey (2016). The baseline survey has been registered with the Registry for International Development Impact Evaluations (RIDIE-STUDY-ID-58261b2f46876), Indian Council of Medical Research (ICMR) and National Clinical Trials Registry of India (CTRI/2016/11/007482). The International Institute for Population Sciences (IIPS) is the nodal agency for the process evaluation during the midline survey (2018). The process evaluation has been registered with the Institutional Review Board of IIPS – (IRB/SWABHIMAN/458/2018 for main survey and IRB/SWABHIMAN/702/2018 for anthropometric measurement).



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:

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

Training cadres of VOs (Kishori Sakhis) 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

Quarterly trainings of community farming cadre of VOs (Krishi Resource Person) 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

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 hot-cooked noon meal

VOs conducting special meetings and rallies for newly-wed couples

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

Jalalgarh and Kasba blocks are divided into three clusters of a total of 27, 41 and 36 villages respectively for impact evaluation of the programme. In the first year (2017) of programme implementation, a total of 41 villages of Cluster 2 served as the intervention area, while a total of 36 villages of Cluster 3 was designated control area. In each subsequent year, the remaining clusters of Jalalgarh and Kasba blocks are being added to the programme.

Additionally, in cluster 1 (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 JEEViKA via the Vulnerability Reduction Fund/other such options.

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 (2016), Purnea District

The Swabhimaan program baseline survey (2016) was conducted in Jalalgarh and Kasba blocks of Purnea district in Bihar. The data collection was carried out in the intervention (Cluster 2) and control (Cluster 3) areas between July and December 2016. A house-to-house census was conducted to enlist each and every house and its members in the two blocks between May and September 2016.

Based on the outcome indicators and the change envisaged a representative sample from all three target groups were selected using simple random sampling for the baseline survey in Jalalgarh and Kasba blocks. Finally, a total of 1,704 adolescent girls, 936 pregnant women and 2,612 mothers of children under two years were interviewed. The baseline survey protocol, methodology and tools were approved by the Institutional Ethics Committee of the AIIMS. Computer-Assisted Personal Interviewing (CAPI) based bilingual interview schedules were used for data collection. The baseline survey collected information on socio-demographic and household characteristics, educational attainment, diet diversity, availability of a homestead kitchen garden, access to health, ICDS and JEEViKA services and decision-making practices using pre-tested interview schedules. Nutritional status was assessed using anthropometry (weight, height and MUAC).

Dissemination of the baseline survey findings of Bihar was conducted on 12th July 2017. Based on the baseline survey data and findings, UNICEF and IIPS decided to prepare thematic papers on food security, nutrition status of adolescents, pregnant women and mothers of children under two years, ante-natal care (ANC), Water Sanitation and Hygiene (WASH), etc. Three of these thematic papers have been published in the international peer-reviewed journals, and others are under process.

5. Swabhimaan Programme Midline Survey (2018), Purnea District

In order to examine the intervention process and the extent of the reach of beneficiaries, NRLM and UNICEF entrusted IIPS for conducting the Midline process evaluation survey (2018- 2019). This is a mixed method design study which includes a cross-sectional survey and qualitative data collection in Kasba and Jalalgarh blocks of Purnea district in Bihar. The cross-sectional survey aims to assess the system strengthening process and coverage of VO led interventions among beneficiaries. Qualitative data collection included in-depth interviews and focus group discussions of target groups, community cadres and service providers.

The specific objectives of the midline survey are:

1. To study the extent of coverage of food security, health, nutrition and water and sanitation services in both intervention and control sites.

2. To determine the coverage of VO led interventions among beneficiary in intervention site.
3. Stakeholders view on areas requiring improvement on coverage of services, and behaviors.
4. To assess the nutritional status of women as well as their children under two years - to provide further program leads for improvement.

Methodology and data collection

The midline survey includes both quantitative and qualitative data collection methods.

Sampling

To study system strengthening interventions and reach of beneficiaries, samples were selected according to the baseline survey indicator on SHG enrolment. Based on the prevalence of an average 30% of households attached to SHGs, sample size was calculated to examine the reach of beneficiaries. A sample size of 484 was determined in both control and intervention areas employing multi-stage stratified cluster sampling and allowing for design effect of 1.5. However, considering the non-response, 500 sample for each adolescent girls and mothers of children under two years, and 300 sample of pregnant women (as it is difficult to get 500 samples) were estimated.

The samples for the quantitative data were drawn by using a multi-stage stratified cluster sampling procedure. In the first stage of sampling, villages were selected and considered as Primary Sampling Units (PSUs). In the second stage, a systematic random selection of households within each PSU was conducted. Finally, the survey was carried out in 45 PSUs (23 interventions and 22 control PSUs) of Purnea district, Bihar.

The list of villages from Census, 2011 was used as sampling frame. In each PSU, a mapping and household listing operation was carried out. The listing provides the necessary frame for selecting households at the second stage. In the midline survey, a 'village' is considered as a unit of at least 500 households. Therefore, small villages (with less than 500 households) were merged with the adjacent village in order to fulfill the criteria of at least 500 households. Afterwards, these villages were segmented into three sections based on certain characteristics and two segments were selected randomly using the Probability Proportional to Size (PPS) method. The household listing in the segmented PSUs was carried out only in the selected segments. After fulfilling the above criteria (minimum 500 households per village) a total of 23 villages were covered in intervention area and 22 villages in control area (Jalalgarh and Kasba block combined).

Techniques and Tools of Data collection

Data collection techniques included both quantitative and qualitative methods. The study instruments were developed by a group of experts to facilitate the midline survey.

The qualitative data tools include:

- In-depth Interviews (IDIs)
- Focus Group Discussions (FGDs)

The qualitative data mainly focused on strengthening the coverage and quality of VHSND (by service providers) and community-based activities (by community cadres- Poshan sakhi and Kishori Sakhi), roles and responsibilities; services being provided to the beneficiaries; major challenges; and suggestions for the improvement of Swabhimaan program. A total of 74 IDIs from- ANMs (2), Anganwadi workers/ICDS Supervisors (14), ASHAs (14), PDS Shopkeepers (5), Kishori Sakhi/Poshan sakhi (17), Village Resource Persons (8), Kisan Mitra (1), Panchayati Raj Institution representatives (4), VO/CLF members (2) and Administrative staffs (7) were conducted. Apart from that, 10 FGDs from- Adolescent girls (4) and Pregnant women/Mothers of children under two years (6) were also conducted.

Quantitative data were collected in Bihar through semi-structured questionnaires. A separate schedule was prepared for each target group including children under 2 years and were pretested. In baseline survey, there was no separate schedule for data collection of children under two years.

The quantitative data collection tools include:

- Household interview schedule
- Adolescent girls' interview schedule
- Pregnant women interview schedule
- Mothers of children under two years interview schedule
- Children under two years interview schedules

Information collected includes socio-demographic and household characteristics, educational attainment, diet diversity, food insecurity and availability of a homestead kitchen garden, access to health, ICDS, JEEViKA services, decision making practices and nutritional status. Identification of women respondents in the three target groups was done by Mapping and Listing during September and October 2018. After mapping and listing, 9030 adolescent girls, 2031 pregnant women, 5685 mothers of children under two years were identified. The target samples were selected based on the systematic random sampling method from the list of household selected in Mapping and Listing. The midline survey data collection was carried out during October to December 2018. A total of 1354 households in intervention and 1283 households in the control group were interviewed. Finally, 963 adolescent girls, 628 pregnant women and 1042 mothers of children under two years and their children were interviewed.

Anthropometric measurements (weight, height and Mid Upper Arm Circumference (MUAC)) were assessed using the standard technique by trained field investigators. All the measurements were taken twice in order to avoid measurement errors. Weight was measured barefooted in kilograms (kgs) using a SECA electronic weighing scale recorded to the nearest 0.1 kg. Height was taken barefooted in centimeters (cms) using stadiometer nearest to 0.1 cms. MUAC was also measured in centimeters with a non-stretchable measuring tape nearest to 0.1 cm. The tape was placed firmly but gently on the arm to avoid compression of soft tissue. Quality control checks were conducted for 10% of the interviewed population. The weighing scales and stadiometer were calibrated on a weekly basis prior to data collection with standard weights (1, 2 and 5 kg) and a metre rod (100 cm). Anthropometric measurements of 781 adolescent girls, 399 pregnant women and 828 mothers of children under two years and their children were assessed.

Technical Advisory Group (TAG) meeting

A Technical Advisory Group (TAG) was constituted to guide and approve the survey design, tools, and protocols for the Midline survey. The members include technical experts in nutrition, intervention studies, sampling and survey methodology. The Technical Advisory Group (TAG) meeting was conducted in IIPS on 11th August 2018 for reviewing and finalizing all the midline survey tools (Household, Adolescent Girl, Pregnant Woman, Mothers of children under two years and Children under two years interview schedules).

Ethical Consideration

The midline survey protocol, methodology and tools were approved by the Institutional Ethics Committee of the IIPS. Paper-pencil personal interviews based on bilingual interview schedules were used for data collection. Written consent was taken from all the participants before conducting the interviews. In the case of adolescent girls below 18 years of age, verbal consent were taken from them and written consent were also taken from their parents.

Midline Survey Factsheet

The factsheet of the midline survey is presented as a compilation of three parts viz. Midline factsheet (DID), Pathways of change and Ripple effect on children under two years. In the first part, Midline factsheet demonstrates the effect of the programme on selected indicators over time using difference in difference (DID) technique. In the second part, the Pathways of change factsheet envisage the progress of the programme in the intervention area by looking into the extent of coverage of selected process indicators. And the third part shows the ripple effect of the programme on the child feeding practices, immunization, health and nutritional status.

MIDLINE FACTSHEET:

Difference in difference (DID)

Adolescent Girls (10-19 Years): Purnea

	Key Indicators	Intervention Area		Control Area		
		Baseline 2016 (N=863)	Midline 2018 (N=493)	Baseline 2016 (N=841)	Midline 2018 (N=470)	Effect size of change
SOCIO-DEMOGRAPHIC INDICATORS						
1	Estimated sample of adolescent girls (n)	875	500	875	500	
2	Adolescent girls interviewed (n)	863	493	841	470	
	Distribution of adolescent girls by age groups (years)					
3.01	10-14 (%)	63.6(549)	50.5(248)	62.8(528)	52.5(252)	
3.02	15-19 (%)	36.4(314)	49.5(245)	37.2(313)	47.5(218)	
	Educational status of adolescent girls ¹					
4	Educational status of adolescent girls (10-14)	549	248	528	252	
4.01	Never attended school (%)	7.7	5.0	10.0	9.2	-1.9
4.02	Currently attending school (%)	86.0	81.6	86.9	78.1	4.4
4.03	Currently not attending school (%)	6.4	13.4	3.0	12.7	-2.7
5	Discontinued their schooling in ^{1a} (n)	35	38	16	32	
5.01	Standard 1-5 (%)	71.4	79.3	75.0	83.5	-0.6
5.02	Standard 6-8 (%)	28.6	20.7	25.0	16.5	0.6
6	Educational status of adolescent girls (15-19)	314	245	313	218	
6.01	Never attended school (%)	11.1	12.6	11.5	18.8	-5.9
6.02	Currently attending school (%)	72.0	59.3	69.3	48.3	8.3
6.03	Currently not attending school (%)	16.9	28.1	19.2	32.8	-2.4
7	Discontinued their schooling in ^{1a} (n)	53	71	60	71	
7.01	Standard 1-5 (%)	60.4	36.0	45.0	33.9	-13.3
7.02	Standard 6-8 (%)	20.8	43.9	43.3	40.7	25.8**
7.03	Standard 9-12 (%)	18.9	20.1	11.7	25.4	-12.5
8	Adolescent girls who were engaged in paid work outside their home (%)	13.6	7.2	9.8	6.4	-3
	Religion of the head of household					
9.01	Hindu (%)	47.4	53.5	36.3	44.1	
9.02	Muslim (%)	52.6	46.5	63.4	55.6	
9.03	Others ² (%)	0.0	0.0	0.4	0.3	
	Caste/Tribe of the head of household					
10.01	Scheduled Caste (SC) ³ (%)	26.9	21.0	11.1	16.1	
10.02	Scheduled Tribe (ST) (%)	8.5	7.4	1.2	8.4	
10.03	Other Backward Classes (OBCs) (%)	55.9	35.0	81.1	32.3	
10.04	Others ⁴	8.8	36.7	6.7	43.2	
FOOD SECURITY						
	Public Distribution System (PDS) and Integrated Child Development Services (ICDS)					
11	Adolescent girls who visit Anganwadi Centre (AWC) for any service ⁵ (%)	3.2	27.1	3.6	11.4	16.1***
12	Adolescent girls who receive dry ration from AWC ⁶ (%)	22.2	13.5	30.8	0.0	4.9
13	Adolescent girls living in households with a kitchen garden ⁷ (%)	28.2	11.4	18.2	5.2	-3.8
MICRONUTRIENT SUPPLEMENTATION AND DEWORMING						
14	Adolescent girls who ever received any Iron and Folic Acid (IFA) tablet (blue coloured) (%)	6.5	19.3	3.8	9.0	7.6***
15	Adolescent girls who have consumed at least four IFA tablets in the last month/last three months preceding the survey ⁸ (%)	3.2	7.1	2.1	4.6	1.4

	Key Indicators	Intervention Area		Control Area		Effect size of change
		Baseline 2016 (N=863)	Midline 2018 (N=493)	Baseline 2016 (N=841)	Midline 2018 (N=470)	
16	Adolescent girls who have taken any tablet for deworming in the last six months/one year preceding the survey ⁹ (%)	41.5	68.6	35.2	67.7	-5.4
17	Adolescent girls living in households using adequately iodised salt ¹⁰ (%)	78.8	95.8	68.0	93.0	-8***
DIETARY DIVERSITY¹¹(n)		782	488	825	459	
18	Adolescent girls' mean Dietary Diversity Score (DDS) ¹² [Standard Deviation (SD)]	3.9 [1.4]	4.87 [1.68]	4.0 [1.4]	4.85 [1.84]	0.12
19	In the 24 hours preceding the survey, food groups consumed by adolescent girls					
19.01	Grains, white roots and tubers and plantains (%)	100	100	96	100	-3.9***
19.02	Pulses (beans, peas and lentils) (%)	69.6	56.7	58.9	53.9	-7.9*
19.03	Nuts or seeds (%)	4.7	9.7	2.9	8.8	-0.9
19.04	Dairy (%)	33.0	38.8	28.5	38.9	-4.6
19.05	Meat, poultry and fish (%)	28.6	43.8	42.4	46.2	11.4
19.06	Egg (%)	7.8	23.0	11.9	20.3	6.8**
19.07	Dark green leafy vegetables (%)	29.8	50.6	43.8	51.2	13.4***
19.08	Other vitamin A-rich fruits and vegetables (%)	35.3	47.9	23.3	38.5	-2.6
19.09	Other vegetables (%)	75.3	85.9	79.5	86.9	3.2
19.10	Other fruits (%)	11.0	29.0	13.3	30.3	1.0
19.11	Any insects and other small protein foods (%)	0.9	0.4	0.4	1.1	-1.2*
19.12	Any sugar-sweetened beverages (%)	64.3	60.0	75.5	55.0	16.2***
19.13	Any savoury and fried snacks (%)	18.5	47.6	15.6	50.7	-6.0
20	Adolescent girls consuming food from specific food groups					
20.01	Animal-source food (meat, poultry, fish and egg) (%)	33.6	54.9	48.0	54.3	1.9***
20.02	Pulses (beans, peas and lentils) and nuts or seeds (%)	70.3	58.5	59.9	55.9	-7.9*
20.03	Dark green leafy vegetables and other vitamin A-rich fruits and vegetables (%)	36.3	62.1	50.3	64.3	11.8***
21	Adolescent girls by number of food groups consumed					
21.01	Only one food group (%)	1.0	0.1	2.7	1.4	0.2
21.02	Only two food groups (%)	13.7	7.4	12.1	9.5	-3.6
21.03	Only three food groups (%)	26.0	15.6	22.9	16.7	-4.2
21.04	Only four food groups (%)	27.5	20.2	27.4	17.8	2.3
21.05	Less than five food groups (%)	68.2	43.4	65.1	45.4	-5.1
21.06	More than five food groups (%)	31.8	56.6	34.9	54.6	5.1
22.01	Adolescent girls with minimum DDS (6 or more out of 10) (%)	12.9	33.0	14.4	33.4	1.1
22.02	Adolescent girls who ate at least three meals in the last 24 hours including main and small meals	93.2	98.3	96.2	98.2	3.1**
ACCESS TO HEALTH SERVICES AND WATER, SANITATION AND HYGIENE (WASH)						
	Kishori Divas					
23	Adolescent girls who think that there are times in a woman's cycle when she is more likely to get pregnant than other times ¹³ (%) (N)	4.1 (314)	15.7 (245)	2.6 (313)	12.6 (218)	1.5
24	Adolescent girls who have accessed adolescent health services (Kishori Divas) in the last one year preceding the survey ¹⁴ (%)	3.1	14.8	1.9	2.8	10.8***
25	Adolescent girls who have attended any Kishori	2.4	23.5	1.7	-	22.8***

	Key Indicators	Intervention Area		Control Area		
		Baseline 2016 (N=863)	Midline 2018 (N=493)	Baseline 2016 (N=841)	Midline 2018 (N=470)	Effect size of change
	group meeting in the six/three months preceding the survey ¹⁵ (%)					
26	Adolescent girls who have attended at least two Kishori group meetings in the three months preceding the survey (%)	1.2	19.0	1.1	-	18.9***
27	Number of Kishori group meetings attended in the six months preceding the survey					
27.01	Never attended (%)	97.6	77.2	98.3	100	22.0***
27.02	Attended once (%)	1.3	3.7	0.6	-	3***
27.03	Attended twice (%)	0.9	6.5	0.6	-	6.1***
27.04	Attended thrice (%)	0.0	4.0	0.4	-	4.3***
27.05	Attended more than three (%)	0.2	8.6	0.1	-	8.5***
28	Knowledge of social protection scheme for adolescents					
28.01	Rashtriya Kishori Swasthya Karyakram (RKSK) (%)	1.6	1.3	1.1	0.3	0.5
28.02	Rajeev Gandhi Scheme for Empowerment of Adolescent Girls (Sabra) (%)	0.6	1.8	0.5	0.9	0.8
29	Adolescent girls who					
29.01	Ever received any vocational training (%)	8.5	12.0	8.6	13.1	-1
29.02	Ever attended any school/community occasions (%)	21.1	22.0	18.4	11.8	7.5**
	Water, Sanitation and Hygiene					
30	Adolescent girls living in households having access to drinking water from					
30.01	Public tap/Stand pipe (%)	9.0	2.6	11.4	1.2	3.8**
30.02	Tube well or Borehole (%)	90.8	96.4	88.2	98.5	-4.7***
30.03	Others ¹⁶ (%)	0.2	1.0	0.4	0.3	0.9*
31	Adolescent girls living in households in which members practice open defecation (%)	74.5	59.9	84.3	57.0	12.7***
32	Adolescent girls living in households in which members use soap for hand-washing after defecation (%)	69.9	86.0	75.7	83.8	8.1**
	Personal hygiene¹⁷(n)	501	334	478	308	
33	Adolescent girls who use safe pads or sanitary pads during periods (%)	27.7	39.5	25.3	40.7	-3.6
34	Adolescent girls who use any cloth for protection during their periods (%)	73.3	60.2	79.3	58.5	7.7
	ABILITY TO MAKE CHOICES AND DECISIONS					
35	Adolescent girls taking decisions about their own health care (%)	26.2	32.3	25.1	25.6	5.6
36	Adolescent girls taking decisions about making major purchases for the household (%)	20.4	15.3	21.5	13.4	3
37	Adolescent girls taking decisions about making purchases for daily household needs (%)	37.9	23.0	41.5	26.4	0.2
38	Adolescent girls taking decisions about visits to family members or relatives (%)	18.5	9.1	20.9	10.2	1.3
39	Adolescent girls taking decisions about going to school or studying ¹⁸ (%)	70.7	70.0	66.1	71.3	-5.9
40	Adolescent girls taking decisions about keeping/spending the money they currently have (%)	55.5	54.0	59.6	55.4	2.7
41	Adolescent girls who think that they can take decision regarding whom to marry (%)	7.2	6.8	6.5	6.3	-0.2
	NUTRITIONAL STATUS¹⁹					

	Key Indicators	Intervention Area		Control Area		
		Baseline 2016 (N=863)	Midline 2018 (N=493)	Baseline 2016 (N=841)	Midline 2018 (N=470)	Effect size of change
	Early adolescence (10-14 years) (n)	549	198	528	202	
42	Adolescent girls' mean weight (kg [SD])	31.4 [7.90]	33.77 [7.78]	31.4 [7.70]	35.15 [10.98]	-1.4
43	Adolescent girls' mean height (cm [SD])	139.9 [10.80]	143.1 [12.13]	139.5 [10.50]	142.6 [13.13]	0.1
44.01	Adolescent girls' height for age < -2SD ²⁰ [% (SD)]	45.3 (0.50)	19.8 (0.39)	43.2 (0.50)	20.6 (0.39)	-2.9
44.02	Adolescent girls' height for age < -3SD ²¹ [% (SD)]	18.2 (0.39)	1.6 (0.10)	17.2 (0.38)	3.2 (0.17)	-2.6
45	Adolescent girls' mean Mid-Upper Arm Circumference (MUAC) ²² (cm [SD])	19.3 [2.60]	20.46 [2.54]	19.1 [2.60]	20.8 [2.50]	-0.5
46.01	Adolescent girls with MUAC < 17 cm [% (SD)]	20.9 (0.41)	5.0 (0.19)	20.5 (0.41)	5.7 (0.20)	-1.1
46.02	Adolescent girls with MUAC between 17-18.9 cm [% (SD)]	27.3 (0.45)	27.6 (0.41)	26.4 (0.44)	19.4 (0.36)	7.3
46.03	Adolescent girls with MUAC between 19-20.9 cm [% (SD)]	23.5 (0.42)	28.7 (0.42)	28.9 (0.45)	29.0 (0.42)	5.1
46.04	Adolescent girls with MUAC between 21-22.9 cm [% (SD)]	19.5 (0.40)	19.0 (0.36)	14.8 (0.36)	26.7 (0.41)	-12.4**
46.05	Adolescent girls with MUAC 23 cm and above (%)	8.7 (0.28)	19.7 (0.37)	9.3 (0.29)	19.3 (0.37)	1.0
47	Adolescent girls' mean Body Mass Index (BMI) ²³ [SD]	15.8 [2.5]	16.0 [2.3]	15.9 [2.6]	16.6 [2.7]	-0.5
48.01	Adolescent girls with BMI for age < -2SD ²⁴ [% (SD)]	29.5 (0.46)	18.5 (0.39)	25.4 (0.44)	15.5 (0.36)	-1.1
48.02	Adolescent girls with BMI for age < -3SD ^{25,26} [% (SD)]	8.1 (0.27)	2.6 (0.14)	7.4 (0.26)	3.3 (0.15)	-1.4
49	Adolescent girls experiencing both stunting and wasting ²⁷ [% (SD)]	19.1 (0.39)	7.0 (0.25)	15.1 (0.35)	5.0 (0.21)	-2.0
50	Adolescent girls experiencing severe stunting and wasting ²⁸ [% (SD)]	3.6 (0.19)	0.0 (0.0)	2.2 (0.14)	1.3 (0.10)	-2.7*
	Late adolescence (15-19 years) (n)	314	193	313	188	
51	Adolescent girls' mean weight (kg [SD])	40.3 [7.0]	42.64 [15.61]	41.0 [7.1]	41.92 [6.47]	1.4
52	Adolescent girls' mean height (cm [SD])	148.8 [7.60]	149.62 [8.92]	149.4 [7.3]	150.11 [6.37]	0.1
53.01	Adolescent girls' height for age < -2SD ²⁰ [% (SD)]	40.3(0.49)	40.1 (0.49)	40.6(0.49)	46.3 (0.49)	-5.9
53.02	Adolescent girls' height for age < -3SD ²¹ [% (SD)]	15.5(0.36)	9.4 (0.29)	14.7(0.35)	9.2 (0.29)	-0.6
54	Adolescent girls' mean Mid-Upper Arm Circumference (MUAC) ²² (cm [SD])	22.3 [2.5]	22.95 [3.24]	22.0 [2.3]	23.21 [2.55]	-0.6
55.01	Adolescent girls with MUAC < 17 cm [% (SD)]	2.5(0.16)	1.5 (0.11)	1.6(0.15)	1.1 (0.10)	-0.5
55.02	Adolescent girls with MUAC between 17-18.9 cm [% (SD)]	5.7(0.23)	1.4 (0.11)	4.2(0.20)	1.6 (0.12)	-1.7
55.03	Adolescent girls with MUAC between 19-20.9 cm [% (SD)]	19.7(0.40)	9.6 (0.28)	25.7(0.44)	12.1 (0.30)	3.5
55.04	Adolescent girls with MUAC between 21-22.9 cm [% (SD)]	32.5(0.47)	37.1 (0.45)	33.1(0.47)	33.3 (0.45)	4.4
55.05	Adolescent girls with MUAC 23 cm and above (%)	39.5(0.49)	50.4 (0.48)	35.4(0.48)	52.0 (0.49)	-5.7
56	Adolescent girls' mean Body Mass Index (BMI) ²³ [SD]	18.1 [2.5]	18.3 [2.0]	18.3 [2.7]	18.6 [2.5]	-0.1
57.01	Adolescent girls with BMI for age < -2SD ²⁴ [% (SD)]	28.4(0.45)	12.3 (0.34)	24.0(0.43)	10.9 (0.32)	-3.0
57.02	Adolescent girls with BMI for age < -3SD ^{25,26} [% (SD)]	8.1(0.27)	1.7 (0.14)	4.9(0.22)	4.4 (0.20)	-5.9**
58	Adolescent girls experiencing both stunting and wasting ²⁷ [% (SD)]	17.7(0.38)	6.6 (0.26)	11.7(0.31)	4.0 (0.20)	-3.4
59	Adolescent girls experiencing severe stunting and wasting ²⁸ [% (SD)]	4.2(0.20)	1.4 (0.12)	1.0(0.10)	0.5 (0.07)	-2.3
	Total adolescents (10-19 years) (n)	863	391	841	390	

	Key Indicators	Intervention Area		Control Area		Effect size of change
		Baseline 2016 (N=863)	Midline 2018 (N=493)	Baseline 2016 (N=841)	Midline 2018 (N=470)	
60	Adolescent girls' mean weight (kg [SD])	34.6 [8.7]	33.77 [7.78]	34.9 [8.8]	35.15 [10.98]	-1.1
61	Adolescent girls' mean height (cm [SD])	143.2 [10.7]	143.1 [12.13]	143.2 [10.6]	142.6 [13.13]	0.5
62.01	Adolescent girls' height for age < -2SD ²⁰ [% (SD)]	43.5 (0.50)	29.9 (0.45)	42.2 (0.49)	33.4 (0.46)	-4.8
62.02	Adolescent girls' height for age < -3SD ²¹ [% (SD)]	17.2 (0.38)	5.5 (0.22)	16.3 (0.37)	6.1 (0.24)	-1.5
63	Adolescent girls' mean Mid-Upper Arm Circumference (MUAC) ²² (cm [SD])	20.4[3.0]	20.46 [2.54]	20.2[2.8]	20.8 [2.5]	-0.5
64.01	Adolescent girls with MUAC < 17 cm [% (SD)]	14.3 (0.35)	3.3 (0.15)	13.5 (0.34)	3.4 (0.16)	-0.9
64.02	Adolescent girls with MUAC between 17-18.9 cm [% (SD)]	19.5 (0.40)	14.6 (0.32)	18.2 (0.39)	10.6 (0.28)	2.7
64.03	Adolescent girls with MUAC between 19-20.9 cm [% (SD)]	22.1 (0.42)	19.2 (0.37)	27.7(0.45)	20.6 (0.38)	4.2
64.04	Adolescent girls with MUAC between 21-22.9 cm [% (SD)]	24.2 (0.43)	28.0 (0.42)	21.6(0.41)	29.9 (0.43)	-4.5
64.05	Adolescent girls with MUAC 23 cm and above (%)	19.9 (0.40)	34.9 (0.44)	19.0 (0.39)	35.4 (0.46)	-1.4
65	Adolescent girls' mean Body Mass Index (BMI) ²³ [SD]	16.6 [2.7]	17.1 [2.5]	16.8 [2.8]	17.5 [2.8]	-0.2
66.01	Adolescent girls with BMI for age < -2SD ²⁴ [% (SD)]	29.1 (0.45)	15.4 (0.36)	25.0 (0.43)	13.2 (0.34)	-1.9
66.02	Adolescent girls with BMI for age < -3SD ^{25,26} [% (SD)]	8.1 (0.27)	2.2 (0.14)	6.5 (0.25)	3.9 (0.18)	-3.3*
67	Adolescent girls experiencing both stunting and wasting ²⁷ [% (SD)]	18.6 (0.39)	6.8 (0.25)	13.8 (0.34)	4.5 (0.20)	-2.5
68	Adolescent girls experiencing severe stunting and wasting ²⁸ [% (SD)]	3.8 (0.19)	0.7 (0.09)	1.8 (0.12)	0.9 (0.09)	-2.2**

Note:

Intervention Area – JEEViKA Cluster 2; Control Area – JEEViKA Cluster 1 or 3

Inference: *** p<0.01; ** p<0.05; * p<0.1

SD: Denotes the standard deviation of proportion

1. In baseline survey adolescent girls attending Madarsa were considered as formal education but in Midline survey Madarsa were not considered as formal education.
- 1a. Total number of adolescent girls who are currently not attending school. Baseline 10-14 years (n): Intervention Area =35; Control Area=16 and Midline (n): Intervention Area =38; Control Area =32. Baseline 15-19 years (n): Intervention Area =53; Control Area=60 and Midline (n): Intervention Area =71; Control Area =71.
2. Others include Christians, Buddhists, Sikhs and Jains
3. The given percentages of Scheduled Caste (SC) include Mahadalit. The most socially and economically disadvantaged castes from the SC category have been designated as Mahadalits by the Bihar state government.
4. Others include those who have reported others, can't say or don't know.
5. 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.
6. Dry ration is provided from the AWC to those adolescent girls who visited AWC for services and who weigh less than 35 kg. Baseline (n): Intervention Area=9; Control Area=13 and Midline (n): Intervention Area=31; Control Area=1. In midline survey reference period for availing AWC services was one year.
7. 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 plots, roadsides, edges of a field or even containers.
8. In baseline survey the information on the consumption of IFA tablets was based on the reference period of 'last month' and in midline the reference period was last 'three months' prior to the date of interview.
9. In baseline survey the information on the consumption of deworming tablets was based on the reference period of 'last six months' and in midline the reference period was 'last one year' prior to the date of interview.
10. In baseline 'Adequately' iodized salt is used to refer to salt that has iodine content greater than 15 ppm. In midline salt with

trademark logo bought from shops was used as a proxy measure for iodized salt.

11. 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.
12. 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).
13. The information was collected from girls in late adolescence aged 15-19 years. Baseline (n): Intervention Area=314; Control Area=313 and Midline (n): Intervention Area=245; Control Area=218.
14. Kishori Divas or Adolescent Girls' Day is held once in every three months at AWCs. Health services, including a free health check-up, are extended to all adolescent girls on this occasion.
15. In baseline survey the information on attending Kishori group meeting was based on the reference period of 'last six months' and in midline the reference period was 'last three months' prior to the date of interview.
16. Others include those households which have other source of drinking water (Cart with small tank/drum and Packaged /bottled water).
17. Includes only those adolescent girls who had started or experienced menstruation.
18. Only those adolescent girls who ever attended school are included (Baseline (n): Intervention Area - 786; Control Area - 752 and Midline (n): Intervention Area=458; Control Area=410).
19. Includes only those adolescent girls who had given their consent for taking their anthropometric measurements.
20. 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 35 flagged cases in baseline and 5 flagged cases in midline.
21. 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 35 flagged cases in baseline and 5 flagged cases in midline.
22. The measurement of MUAC is commonly used as a potential indicator of nutritional status.
23. 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).
24. 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 77 flagged cases in baseline and 9 flagged cases in midline.
25. Adolescent girls whose z-score of BMI for age 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 77 flagged cases in baseline and 9 flagged cases in midline.
26. Percentage of adolescent girls whose z-score of BMI for age 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.
27. 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.
28. 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.

Pregnant Women

	Key Indicators	Intervention Area		Control Area		Effect size of change
		Baseline 2016 (N=468)	Midline 2018 (N=322)	Baseline 2016 (N=468)	Midline 2018 (N=306)	
	SOCIO-DEMOGRAPHIC INDICATORS					
1	Estimated sample of pregnant women (n)	374	300	374	300	
2	Pregnant women interviewed (n)	468	322	468	306	
	Distribution of pregnant women by age groups (years)					
3.01	15-19 (%)	9.4(44)	16.8(50)	6.6(31)	19.6(63)	
3.02	20-29 (%)	68.8(322)	68.6(222)	71.8(336)	66.0(203)	
3.03	30-39 (%)	20.1(94)	12.6(44)	18.8(88)	13.1(38)	
3.04	40-49 (%)	1.7(8)	1.9(6)	2.8(13)	1.3(2)	
	Educational status of pregnant women					
4	Never attended school (%)	49.8	52.4	50.2	51.0	-1.8
5	Completed 10 or more years of schooling ¹ (%)	25.1	26.5	22.3	17.5	6.2
	Self Help Groups (SHGs)					
6	Pregnant women who are members of SHGs (%)	27.6	34.3	17.7	25.0	-0.6
7	SHG members among the pregnant women who attended three or more Poshan sakhi meetings in the 12 months preceding the survey ² (%)	3.9	4.3	0.0	0.2	0.2
	Religion of the head of household					
8.01	Hindu (%)	52.8	48.8	40.6	33.5	
8.02	Muslim (%)	47.0	51.2	59.4	66.5	
8.03	Others ³	0.2		0.0		
	Caste/Tribe of the head of household					
9.01	Scheduled Caste (SC) ⁴ (%)	21.8	16.6	14.5	16.3	
9.02	Scheduled Tribe (ST) (%)	9.2	6.1	2.1	5.2	
9.03	Other Backward Classes (OBCs) (%)	57.3	29.5	73.5	33.5	
9.04	Others ⁵ (%)	11.8	47.8	9.8	45.0	
10	Pregnant women who consumed alcohol and/or tobacco during pregnancy (%)	2.1	7.1	2.6	5.1	2.4
	FOOD SECURITY					
	Ration Card					
11	Pregnant women living in households having					
11.01	No ration card (%)	55.1	48.9	53.4	43.7	8.6
11.02	Above Poverty Line (APL) card (%)	12.8	14.9	13.7	19.8	-4.0
11.03	Below Poverty Line (BPL) card ⁶ (%)	32.1	33.2	29.5	34.3	-3.7
11.04	Antyodaya Anna Yojana (AAY) card ⁷ (%)	3.4	2.9	1.7	2.2	-0.9
	Public Distribution System (PDS) and Integrated Child Development Services (ICDS)					
12	Pregnant women living in households with access to PDS in the month preceding the survey ⁸ (%)	58.4	96.2	71.4	99.1	10.2**
13	Pregnant women receiving ICDS entitlement for supplementary food ⁹ (%) [*]	16.2	34.3	26.1	22.6	21.6
14	Pregnant women living in households with a kitchen garden¹⁰ (%)	18.8	10.7	14.3	2.8	3.4
	FOOD INSECURITY¹¹					
15	Pregnant women who experienced food insecurity in the 12 months preceding the survey					
15.01	Worried about insufficient food (%)	67.1	64.2	70.5	63.0	4.6
15.02	Unable to eat healthy and nutritious food (%)	68.2	62.2	70.1	69.5	-5.3
15.03	Had to eat limited variety of food (%)	66.2	67.0	68.8	71.9	-2.3
15.04	Had to skip a meal (%)	50.0	35.8	51.3	43.1	-6.0

	Key Indicators	Intervention Area		Control Area		Effect size of change
		Baseline 2016 (N=468)	Midline 2018 (N=322)	Baseline 2016 (N=468)	Midline 2018 (N=306)	
15.05	Had to eat less meals (%)	45.7	45.2	42.3	49.8	-8.0
15.06	Household ran out of food (%)	41.7	31.8	38.0	27.7	0.5
15.07	Had no food to eat at any time (%)	11.8	8.9	11.1	7.1	1.1
15.08	Had to go an entire day without food (%)	10.0	8.7	6.2	6.1	-1.3
	Food Insecurity Experience Scale (FIES)					
16.01	Pregnant women living in food secure households (%)	24.4	25.8	25.0	24.5	1.9
16.02	Pregnant women living in mildly food insecure households (%)	17.9	25.2	20.3	20.7	6.8
16.03	Pregnant women living in moderately food insecure households (%)	45.3	37.5	43.6	46.6	-10.8**
16.04	Pregnant women living in severely food insecure households (%)	12.4	11.4	11.1	8.1	2.0
	Coping mechanism to manage shortfall of food					
17	Coping strategies of the households as reported by pregnant women					
17.01	Household head now spends extra hours at work to earn more money (overtime) (%)	25.0	48.2	29.1	42.8	9.4
17.02	Unlike earlier, now female(s) of household start working outside home (%)	16.9	18.1	9.8	12.1	-1.0
17.03	Unlike earlier, now children of household start working outside home (%)	4.5	7.0	1.9	3.5	0.9
17.04	Migration of a family member to another city to earn money and send it back to the family (%)	43.8	65.4	47.6	64.8	4.4
17.05	Borrowing money to meet household expenses (%)	55.1	73.4	61.8	64.5	15.5***
17.06	Resort to low-cost food grains/items available (%)	50.9	59.7	60.0	64.1	4.8
17.07	Borrowing grains to meet food requirements (%)	51.3	60.0	56.8	61.1	4.4
17.08	Sold household articles or possessions (%)	9.4	11.7	9.6	6.8	5.1
17.09	Village has a system to save money or grains	17.1	15.9	16.7	7.5	7.9*
17.10	JEEViKA/VO/CLF helped to cope up during food insecurity	24.6	14.8	25.6	5.3	10.6***
	MICRONUTRIENT SUPPLEMENTATION AND DEWORMING					
18	Pregnant women (in 2nd and 3rd trimester) who received any Iron and Folic Acid (IFA) tablet ¹² (%)	46.7	83.9	63.0	69.9	30.3***
19	Pregnant women (in 2nd and 3rd trimester) who consumed at least 25 IFA tablets ¹³ (%)	42.3	44.6	51.0	44.9	8.4
20	Pregnant women (in 2nd and 3rd trimester) who received any calcium tablet ¹² (%)	11.8	68.9	13.7	61.4	9.4
21	Pregnant women (in 2nd and 3rd trimester) who consumed any tablet for deworming ¹² (%)	5.9	15.4	3.1	11.5	1.1
22	Pregnant women living in households using adequately iodised salt ¹⁴ (%)	79.9	95.6	66.5	91.5	-9.3
	DIETARY DIVERSITY¹⁵(n)	420	319	458	304	
23	Pregnant women's mean Dietary Diversity Score (DDS) ¹⁶ [Standard Deviation (SD)]	4 (1.4)	5.0 (2.0)	4.1(1.4)	4.5 (1.7)	
24	In the 24 hours preceding the survey, food groups consumed by pregnant women					
24.01	Grains, white roots and tubers, and plantains (%)	100.0	99.4	96.1	100.0	-4.5***
24.02	Pulses (beans, peas and lentils) (%)	68.6	55.2	65.1	53.8	-2.1
24.03	Nuts or seeds (%)	4.3	10.6	2.4	5.4	3.4
24.04	Dairy (%)	35.0	40.4	30.1	34.8	0.7
24.05	Meat, poultry and fish (%)	22.9	50.1	41.7	48.6	20.3***

	Key Indicators	Intervention Area		Control Area		Effect size of change
		Baseline 2016 (N=468)	Midline 2018 (N=322)	Baseline 2016 (N=468)	Midline 2018 (N=306)	
24.06	Egg (%)	7.4	19.5	9.8	14.6	7.3*
24.07	Dark green leafy vegetables (%)	48.3	57.0	52.0	56.6	4.0
24.08	Other vitamin A-rich fruits and vegetables (%)	24.8	48.9	20.5	24.2	20.5***
24.09	Other vegetables (%)	77.6	84.9	77.3	87.2	-2.6
24.10	Other fruits (%)	10.0	33.0	15.7	22.7	16.0***
24.11	Any Insects and other small protein source	1.0	3.9	0.4	0.8	2.6
24.12	Any sweets	43.8	63.8	65.9	60.0	26.0***
24.13	Savoury / Fried snacks	9.0	31.7	3.9	27.6	-1.0
25	Pregnant women consuming food from specific food groups					
25.01	Animal-source food (meat, poultry, fish and egg) (%)	27.4	56.3	46.3	52.3	22.9***
25.02	Pulses (beans, peas and lentils) and nuts or seeds (%)	69.0	58.2	65.9	55.1	0.0
25.03	Dark green leafy vegetables and other vitamin A-rich fruits and vegetables (%)	53.3	64.3	60.3	63.6	7.6
26	Pregnant women by number of food groups consumed					
26.01	Only one food group (%)	1.4	0.3	1.3	1.1	-0.9
26.02	Only two food groups (%)	12.4	11.3	10.9	10.3	-0.5
26.03	Only three food groups (%)	24.3	13.1	22.9	18.1	-6.4
26.04	Only four food groups (%)	30.2	19.2	29.7	25.5	-6.8
26.05	Less than six food groups (%)	86.4	62.9	83.4	74.8	-14.9***
26.06	Pregnant women with high dietary diversity score (6 or more out of 10) (%)	13.6	37.1	16.6	25.2	14.9***
27	Pregnant women having at least three meals in a day	90.2	93.2	93.9	96.8	0.0
	ACCESS TO HEALTH SERVICES AND WATER, SANITATION AND HYGIENE (WASH)					
	Registration in Antenatal Care (ANC) services					
28	Pregnant women who have registered their pregnancy (%)	60.9	74.6	70.3	63.9	20.1***
29	Pregnant women who have registered in the first trimester (%)	28.8	40.3	29.5	34.3	6.6
30	Pregnant women who have received a Mother and Child Protection (MCP) card ¹⁷ (%)	74.7	73.1	78.4	71.4	5.4
	ANC services received during pregnancy					
31	Pregnant women who have sought ANC services (%)	70.1	71.2	78.4	63.0	16.5***
32	Pregnant women who have had ANC check-up in the first trimester (%)	36.3	39.5	33.5	35.1	1.6
33	Pregnant women who have received Tetanus Toxoid (TT) injection (%)	83.1	66.8	91.7	35.9	16.4***
34	Pregnant women who have received counseling on birth preparedness by a frontline health worker ¹⁸ (%)	36.8	50.9	47.6	42.6	25.9***
	Monitoring of nutritional status during pregnancy					
35	Pregnant women whose weight was monitored (%)	62.0	62.2	65.8	44.4	21.7***
36	Pregnant women whose height was recorded (%)	3.6	35.3	2.8	12.8	21.7***
37	Pregnant women whose Mid-Upper Arm Circumference (MUAC) was measured ¹⁹ (%)	4.9	40.3	4.3	8.4	31.2***
	Village Health, Sanitation and Nutrition Day (VHSND)					
38	Pregnant women who attended VHSND meeting(s) in the six months preceding the survey ²⁰ (%)	9.2	49.1	7.3	38.8	8.*
39	Pregnant women who attended at least three VHSND meetings in the six months preceding the survey (%)	3.2	9.9	1.9	4.4	4.3

	Key Indicators	Intervention Area		Control Area		Effect size of change
		Baseline 2016 (N=468)	Midline 2018 (N=322)	Baseline 2016 (N=468)	Midline 2018 (N=306)	
	Water, Sanitation and Hygiene					
40	Pregnant women living in households having access to drinking water from					
40.01	Public tap/Stand pipe (%)	18.4	0.9	21.4	0.2	3.6
40.02	Tube well or Borehole (%)	81.6	98.0	78.4	99.4	-4.6*
40.03	Others ²¹ (%)	0.0	1.2	0.2	0.4	1.0
41	Pregnant women living in households in which members practice open defecation (%)	78.6	58.9	91.2	67.5	4.0
42	Pregnant women living in households in which members use soap for hand-washing after defecation (%)	71.6	95.6	75.4	91.6	7.9**
	KNOWLEDGE AND EVER USE OF FAMILY PLANNING METHODS AS REPORTED BY PREGNANT WOMEN					0.0
43	Knowledge of family planning methods (%)	29.7	90.8	31.8	87.8	5.2
44	Ever used any contraceptive (%)	2.1	12.6	1.1	7.6	4.0
45	Adopted family planning methods to keep space between pregnancies ²² (%)	3.5	14.4	2.5	9.2	4.2
	ABILITY TO MAKE CHOICES AND DECISIONS					
46	Pregnant women taking decisions about their own health care (%)	59.4	75.6	55.3	69.8	1.7
47	Pregnant women taking decisions about making major purchases for the household (%)	51.5	68.2	54.1	60.7	10.0*
48	Pregnant women taking decisions about making purchases for daily household needs (%)	61.3		61.5		0.2
49	Pregnant women taking decisions about visits to family members or relatives (%)	40.0	64.4	34.8	56.1	3.2
	NUTRITIONAL STATUS²³(n)	467	197	465	202	
50	Pregnant women's mean MUAC (cm [SD])	23. [2.2]	23.8 (2.2)	22.6 [2.2]	23.8 (2.6)	-0.5
50.01	Pregnant women with MUAC between 17-18.9 cm (%)	1.7 (0.13)	0.6 (0.01)	1.5 (0.12)	0.0 (0.0)	0.4
50.02	Pregnant women with MUAC between 19-20.9 cm (%)	11.6 (0.31)	5.1 (0.21)	19.6 (0.40)	7.2 (0.26)	5.9
50.03	Pregnant women with MUAC between 21-22.9 cm (%)	36.9 (0.48)	30.7 (0.45)	36.6 (0.48)	29.3 (0.45)	1.1
50.04	Pregnant women with MUAC 23 cm and above (%)	49.8 (0.50)	63.6 (0.48)	42.4 (0.49)	63.5 (0.48)	-7.2
51	Pregnant women experiencing wasting ²⁴	13.5 (0.34)	5.7 (0.23)	20.9 (0.41)	7.2 (0.26)	6.0
52	Pregnant women experiencing severe wasting ²⁵ (%)	1.9 (0.14)	0.6 (0.01)	1.5 (0.14)	0.0 (0.0)	0.2

Notes:

Intervention Area – JEEViKA Cluster 2; Control Area – JEEViKA Cluster 1 or 3

Inference: *** p<0.01; ** p<0.05; * p<0.1

SD: Denotes the standard deviation of proportion

1. Considered only those pregnant women who have ever attended school (Baseline (n): Intervention Area - 235; Control Area - 233; Total -468 and Midline (n): Intervention Area - 146; Control Area - 150; Total - 306).
2. Considered only those pregnant women who have are member of SHGs (Baseline (n): Intervention Area - 129; Control Area - 83; Total -212 and Midline (n): Intervention Area - 123; Control Area - 82; Total -205).
3. Others include Christians, Buddhists, Sikhs and Jains.
4. The given percentages of Scheduled Caste (SC) include Mahadalit. The most socially and economically disadvantaged castes from the SC category have been designated as Mahadalits by the Bihar state government.
5. Others include those who have reported others, can't say or don't know.

6. Below Poverty Line (BPL) cards are distributed to those households living below the poverty line, which includes households with a Monthly Per Capita Expenditure less than Rs. 971.26 (Bihar). 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 (<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 (<http://www.pdsportal.nic.in/main.aspx>).
8. Includes only those households which possessed a ration card. (Baseline (n): Intervention Area - 226; Control Area - 210; Total - 436 and Midline (n): Intervention Area - 163; Control Area - 170; Total - 333).
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 plots, road sides, 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.
12. Includes those pregnant women who are in their 2nd and 3rd trimester of pregnancy (Baseline (n): Intervention Area - 390; Control Area - 227; Total - 617 and Midline (n): Intervention Area - 281; Control Area - 238; Total - 519).
13. Includes those pregnant women who are in their 2nd and 3rd trimester and received any IFA tablet (Baseline (n): Intervention Area - 182; Control Area - 143; Total - 325 and Midline (n): Intervention Area - 175; Control Area - 134; Total - 309).
14. In baseline 'Adequately' iodized salt is used to refer to salt that has iodine content greater than 15 ppm. In midline salt with trademark logo bought from shops was used as a proxy measure for iodized salt.
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).
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 (Baseline (n): Intervention Area - 285; Comparison Area - 329; Total - 614 and Midline (n): Intervention Area - 231; Comparison Area - 201; Total - 432).
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 Bihar once every month. On this day, adolescent girls, pregnant women and lactating mothers are provided with integrated health solutions as per their needs.
21. Others include those households which have other source of drinking water (Cart with small tank/drum and Packaged/bottled water).
22. Includes only those pregnant women who had two or more pregnancies (Baseline (n): Intervention Area - 344; Control Area - 366; Total - 710 and Midline (n): Intervention Area - 241; Control Area - 232; Total - 473).
23. Includes only those pregnant women who had given consent for anthropometric measurements.
24. Pregnant women with MUAC < 21cm.
25. Pregnant women with MUAC < 19cm.

	Key Indicators	Intervention Area*		Control Area*		Effect size of change
		Baseline 2016 (N=1400)	Midline 2018 (N=532)	Baseline 2016 (N=1212)	Midline 2018 (N=510)	
	SOCIO-DEMOGRAPHIC INDICATORS					
1	Estimated sample of mothers ¹ (n)	1424	500	1424	500	
2	Mothers interviewed (n)	1400	532	1212	510	
	Distribution of mothers by age groups (years)					
3.01	15-19 (%)	2.7 (38)	9.4 (51)	1.2 (14)	8.0 (41)	
3.02	20-29 (%)	64.9 (908)	69.8 (373)	61.7 (748)	64.5 (349)	
3.03	30-39 (%)	27.2 (381)	17.7 (91)	30.8 (373)	24.9 (107)	
3.04	40-49 (%)	5.2 (73)	3.2 (17)	6.4 (77)	2.7 (13)	
	Educational status of mothers					
4	Never attended school (%)	56.4	54.9	64.8	58.1	5.2
5	Completed 10 or more years of schooling ² (%)	24.9	27.7	25.3	33.5	-5.4
	Self Help Groups (SHGs)					
6	Mothers who are members of SHGs (%)	35.4	43.7	24.1	26.6	5.8
7	SHG members among the mothers who attended three or more Poshan sakhi meetings in the 12 months preceding the survey ³ (%)	3.4	11.5	0.7	0.2	8.6
	Religion of the head of household					
8.01	Hindu (%)	49.2	51.4	29.1	36.5	
8.02	Muslim (%)	50.7	48.6	70.9	63.5	
8.03	Others ⁴	0.1	-	0.0	-	
	Caste/Tribe of the head of household					
9.01	Scheduled Caste (SC) ⁵ (%)	26.3	19.5	11.1	14.8	
9.02	Scheduled Tribe (ST) (%)	7.4	11.5	2.1	8.5	
9.03	Other Backward Classes (OBCs) (%)	55.2	30.3	79.7	29.0	
9.04	Others ⁶ (%)	11.1	38.7	7.1	47.7	
10	Mothers who consumed alcohol and/or tobacco during pregnancy (%)	3.6	4.7	3.3	2.2	2.2
	FOOD SECURITY					
	Ration Card					
11	Mothers living in households having					
11.01	No ration card (%)	47.9	48.5	46.3	43.8	3.1
11.02	Above Poverty Line (APL) card (%)	14.4	15.7	13.7	21.8	-6.8**
11.03	Below Poverty Line (BPL) card ⁷ (%)	35.1	34.5	38.0	32.6	4.8
11.04	Antyodaya Anna Yojana (AAY) card ⁸ (%)	2.6	1.3	2.1	1.9	-1.1
	Public Distribution System (PDS) and Integrated Child Development Services (ICDS)					
12	Mothers living in households with access to PDS in the month preceding the survey ⁹ (%)	64.2	93.7	72.5	96.4	-1.5*
13	Mothers receiving ICDS entitlement for supplementary food ¹⁰ (%)	17.3	37.3	27.8	30.4	17.4***
14	Mothers living in households with a kitchen garden¹¹ (%)	16.2	8.5	14.2	2.7	3.8*
	FOOD INSECURITY¹²					
15	Mothers who experienced food insecurity in the last 12 months preceding the survey					
15.01	Worried about insufficient food (%)	74.1	70.2	74.2	71.0	-0.7
15.02	Unable to eat healthy and nutritious food (%)	69.6	69.6	72.0	72.7	-0.7
15.03	Had to eat limited variety of food (%)	72.4	72.1	70.3	72.5	-2.5
15.04	Had to skip a meal (%)	57.4	47.3	55.5	46.7	-1.3
15.05	Had to eat less meals (%)	50.5	52.6	47.8	52.5	-2.6

	Key Indicators	Intervention Area*		Control Area*		
		Baseline 2016 (N=1400)	Midline 2018 (N=532)	Baseline 2016 (N=1212)	Midline 2018 (N=510)	Effect size of change
15.06	Household ran out of food (%)	45.6	36.4	43.2	34.3	-0.3
15.07	Had no food to eat at any time (%)	12.0	8.8	11.4	7.4	0.8
15.08	Had to go an entire day without food (%)	9.3	7.3	7.3	7.5	-2.2
	Food Insecurity Experience Scale (FIES)					
16.01	Mothers living in food secure households (%)	20.7	23.0	22.8	20.4	4.7
16.02	Mothers living in mildly food insecure households (%)	16.9	20.3	16.7	22.8	-2.7
16.03	Mothers living in moderately food insecure households (%)	49.9	46.8	48.9	47.6	-1.8
16.04	Mothers living in severely food insecure households (%)	12.4	9.9	11.6	9.2	-0.1
	Coping mechanism to manage shortfall of food					
17	Coping strategies of the households as reported by mothers					
17.01	Household head now spends extra hours at work to earn more money (overtime) (%)	29.1	44.8	28.4	37.8	6.3*
17.02	Unlike earlier, now female(s) of household start working outside home (%)	22.0	22.1	22.0	17.5	4.6
17.03	Unlike earlier, now children of household start working outside home (%)	4.1	5.5	4.3	6.2	-0.5
17.04	Migration of a family member to another city to earn money and send it back to the family (%)	45.9	65.6	49.8	63.9	5.6
17.05	Borrowing money to meet household expenses (%)	63.7	75.7	60.8	70.3	2.5
17.06	Resort to low-cost food grains/items available (%)	61.6	60.6	59.2	59.0	-0.8
17.07	Borrowing grains to meet food requirements (%)	56.6	66.2	57.1	59.3	7.4**
17.08	Sold household articles or possessions (%)	8.6	12.2	11.6	8.8	6.4***
17.09	Village-based institution helped by providing money or grains	22.4	14.6	16.6	7.0	1.9
17.10	JEEViKA/VO/ CLF helped by providing grain/food/money/grant/others	32.5	16.2	25.2	4.7	4.1
	MICRONUTRIENT SUPPLEMENTATION AND DEWORMING					
18	Mothers who received any Iron and Folic Acid (IFA) tablet during the last pregnancy (%)	49.9	70.0	44.1	65.8	-1.6
19	Mothers who consumed at least 100 IFA tablets during the last pregnancy ¹³ (%)	10.7	5.8	14.2	3.4	5.9**
20	Mothers who received any calcium tablet during the last pregnancy (%)	13.2	50.3	9.7	44.2	2.9
21	Mothers who have consumed any tablet for deworming during the last pregnancy (%)	7.9	17.2	5.2	14.2	0.3
22	Mothers living in households which use adequately iodised salt ¹⁴ (%)	82.3	95.8	71.0	90.2	-5.7**
	DIETARY DIVERSITY¹⁵(n)	1293	526	1189	508	
23	Mothers mean Dietary Diversity Score (DDS) ¹⁶ [Standard Deviation (SD)]	3.6 [1.4]	4.9 [1.9]	3.9 [1.5]	4.4 [1.7]	0.8
24	In the 24 hours preceding the survey, food groups consumed by mothers					
24.01	Grains, white roots and tubers and plantains (%)	99.1	100.0	96.2	100.0	-2.9***
24.02	Pulses (beans, peas and lentils) (%)	62.8	63.6	59.1	53.0	6.9*
24.03	Nuts or seeds (%)	3.9	9.4	1.6	6.5	0.6
24.04	Dairy (%)	29.5	37.1	22.1	28.4	1.3
24.05	Meat, poultry and fish (%)	30.0	43.2	38.9	45.7	6.4

	Key Indicators	Intervention Area*		Control Area*		
		Baseline 2016 (N=1400)	Midline 2018 (N=532)	Baseline 2016 (N=1212)	Midline 2018 (N=510)	Effect size of change
24.06	Egg (%)	8.4	18.2	11.9	17.2	4.5
24.07	Dark green leafy vegetables (%)	30.2	58.9	47.4	55.2	20.9***
24.08	Other vitamin A-rich fruits and vegetables (%)	18.6	41.8	23.0	31.7	14.5***
24.09	Other vegetables (%)	72.9	89.0	80.4	85.6	10.9***
24.10	Other fruits (%)	9.0	24.0	7.5	17.9	4.6
24.11	Any insects and other small protein foods (%)	0.5	1.7	1.5	1.2	1.5
24.12	Any sugar-sweetened beverages (%)	60.5	63.0	77.5	56.0	24.1***
24.13	Any savoury and fried snacks (%)	7.7	26.5	6.5	17.3	7.9***
25	Mothers consuming food from specific food groups					
25.01	Animal-source food (meat, poultry, fish and egg) (%)	35.5	49.4	45.0	51.0	7.9*
25.02	Pulses (beans, peas and lentils) and nuts or seeds (%)	63.7	66.7	59.5	54.5	8.0**
25.03	Dark green leafy vegetables and other vitamin A-rich fruits and vegetables (%)	35.8	70.0	51.9	67.1	19.0***
26	Mothers by number of food groups consumed					
26.01	Only one food group (%)	3.4	1.3	3.7	1.9	-0.6
26.02	Only two food groups (%)	16.6	7.1	13.5	9.4	-5.4**
26.03	Only three food groups (%)	30.2	17.8	23.7	20.5	-9.2***
26.04	Only four food groups (%)	25.7	18.8	28.3	26.2	-4.8
26.05	Less than five food groups (%)	75.9	45.1	69.0	58.0	- 19.8***
26.06	Five or more food groups (%)	24.1	54.9	30.7	42.0	19.5***
27.01	Mothers with minimum dietary diversity score (6 or more out of 10) (%)	8.5	35.3	12.4	23.1	16.1***
27.02	Mother who ate three meals in the last 24 hours including main and small meals	46.0	43.9	53.2	45.5	5.6
27.03	Mother who ate more than three meals in the last 24 hours including main and small meals	45.3	51.7	42.3	51.1	-2.4
	ACCESS TO HEALTH SERVICES AND WATER, SANITATION AND HYGIENE (WASH)					
	Registration in Antenatal Care (ANC) services during last pregnancy					
28	Mothers who have registered their pregnancy (%)	71.4	91.1	73.3	88.9	4.1*
29	Mothers who have registered in the first trimester (%)	35.1	56.6	32.0	41.3	12.2***
30	Mothers who have received a Mother and Child Protection (MCP) card ¹⁷ (%)	84.9	92.1	78.0	91.6	-6.5**
	ANC services received during last pregnancy					
31	Mothers who sought ANC services (%)	78.2	79.4	68.7	74.6	-4.7
32	Mothers who had ANC check-up in the first trimester (%)	36.3	42.7	27.7	33.1	1.1
33	Mothers who had at least four ANC check-ups (%)	16.4	19.3	14.5	13.4	4.0
34	Mothers who have received Tetanus Toxoid (TT) injection (%)	94.9	78.9	96.6	74.3	6.3**
35	Mothers who had received counselling on birth preparedness by a frontline health worker ¹⁸ (%)	42.6	72.8	37.8	64.0	3.9
	Monitoring of nutritional status during pregnancy					
36	Mothers whose weight was monitored (%)	64.9	70.7	54.5	64.9	-4.6

	Key Indicators	Intervention Area*		Control Area*		
		Baseline 2016 (N=1400)	Midline 2018 (N=532)	Baseline 2016 (N=1212)	Midline 2018 (N=510)	Effect size of change
37	Mothers who were weighed at least four times (%)	6.2	12.1	3.5	5.7	3.8*
38	Mothers whose height was recorded (%)	3.6	38.8	0.9	17.8	18.3***
39	Mothers whose Mid-Upper Arm Circumference (MUAC) was measured ¹⁹ (%)	3.8	57.0	3.0	24.5	31.7***
	Delivery and Post-Natal Care (PNC)					
40	Mothers who had an institutional delivery ²⁰ (%)	78.9	81.9	76.2	63.9	15.2***
41	Mothers who received IFA tablets after delivery (%)	24.1	67.4	17.9	54.3	6.9*
42	Mothers who received calcium tablets after delivery	18.8	63.5	13.6	47.2	11.1***
43	Mothers who received maternity entitlement payment (JSY) from government ²¹ (%)	58.8	56.5	59.5	43.9	13.4***
	Village Health, Sanitation and Nutrition Day (VHSND)²²					
44	Mothers who attended VHSND meeting(s) in the six months preceding the survey (%)	7.1	51.5	6.4	40.8	10.1***
45	Mothers who attended at least three VHSND meetings in the six months preceding the survey (%)	2.1	20.7	2.2	14.0	6.8***
	Water, Sanitation and Hygiene					
46	Mothers living in households having access to drinking water from					
46.01	Public tap/Stand pipe (%)	15.5	0.6	20.5	0.2	5.4***
46.02	Tube well or Borehole (%)	84.3	96.8	79.2	99.1	-7.4***
46.03	Others ²³ (%)	0.2	2.6	0.2	0.6	2.0**
47	Mothers living in households in which members practice open defecation (%)	79.6	69.9	90.7	63.0	18.0***
48	Mothers living in households in which members use soap for hand-washing after defecation (%)	87.7	92.5	77.7	90.0	-7.5***
	CURRENT USE OF FAMILY PLANNING METHODS AS REPORTED BY MOTHERS					
49.1	Currently use any family planning method (%)	10.3	16.4	8.8	13.7	1.2
49.2	Currently use any modern contraceptive ²⁴ (%)	9.2	13.5	7.7	10.7	1.3
50	Number of pregnancy including last birth (mean[sd])	3.4 [2.17]	3.2 [1.92]	3.7 [2.22]	3.3 [2.07]	
	ABILITY TO MAKE CHOICES AND DECISIONS					
51	Mothers taking decisions about their own health care (%)	59.3	76.7	66.7	74.4	9.7***
52	Mothers taking decisions about making major purchases for the household (%)	55.2	73.4	62.5	71.9	8.8**
53	Mothers taking decisions about making purchases for daily household needs (%)	65.2		71.2		
54	Mothers taking decisions about visits to family members or relatives (%)	43.5	66.9	48.5	67.3	4.6
	NUTRITIONAL STATUS²⁵ (n)	1400	421	1186	407	-154.0
55	Mothers' mean weight (kg [SD])	42.2 [8.9]	43.1 [6.8]	42.6 [7.5]	44.1 [7.0]	-0.6
56	Mothers' mean height (cm [SD])	146.9 [22.2]	149.8 [5.2]	148.8 [16.0]	150.9 [5.5]	0.8
56.01	Mothers with height<145 cm [% (SD)]	18.1 (0.36)	19.3 (0.40)	12.9 (0.35)	13.0 (0.34)	1.1
57	Mothers' mean Body Mass Index (BMI) ²⁶ [SD]	19.2 [2.6]	19.2 [2.7]	19.0 [2.4]	19.3 [2.6]	-0.3

	Key Indicators	Intervention Area*		Control Area*		Effect size of change
		Baseline 2016 (N=1400)	Midline 2018 (N=532)	Baseline 2016 (N=1212)	Midline 2018 (N=510)	
57.01	Mothers who are underweight (BMI<18.5) [% (SD)]	45.2 (0.50)	42.0 (0.50)	44.8 (0.50)	42.1 (0.50)	-0.5
57.02	Mothers who are normal weight (BMI between 18.5-24.9) [% (SD)]	51.8 (0.50)	53.3 (0.50)	52.7 (0.50)	54.7 (0.50)	-0.5
57.03	Mothers who are overweight (BMI between 25.0-29.9) [% (SD)]	2.6 (0.16)	4.1 (0.21)	2.4 (0.16)	2.8 (0.20)	1.1
57.04	Mothers who are obese (BMI >29.9) [% (SD)]	0.4 (0.15)	0.6 (0.08)	0.1 (0.04)	0.4 (0.5)	-0.1
58	Mothers' mean MUAC (cm [SD])	22.4 [2.5]	23.5 [2.9]	22.1 [2.3]	23.7 [2.7]	-0.5
58.01	Mothers with MUAC between 17-18.9 cm [% (SD)]	2.8 (0.17)	2.3 (0.15)	2.8 (0.21)	2.2 (0.15)	0.1
58.02	Mothers with MUAC between 19-20.9 cm [% (SD)]	17.5 (0.38)	7.9 (0.27)	21.8 (0.41)	8.8 (0.29)	3.4
58.03	Mothers with MUAC between 21-22.9 cm [% (SD)]	36.9 (0.48)	30.7 (0.46)	37.6 (0.49)	25.9 (0.44)	5.5
58.04	Mothers with MUAC 23 cm and above [% (SD)]	42.8 (0.50)	59.1 (0.49)	37.9 (0.48)	63.1 (0.49)	-8.9**
59	Mothers experiencing double burden of stunting and wasting ²⁷ [% (SD)]	11.0 (0.31)	10.6 (0.32)	9.1 (0.29)	6.4 (0.24)	2.3

Notes

Intervention Area – JEEViKA Cluster 2; Control Area – JEEViKA Cluster 1 or 3

Inference: *** p<0.01; ** p<0.05; * p<0.1

SD: Denotes the standard deviation of proportion

1. Mothers refer to women who have children under two years of age.
2. Considered only those mothers who have ever attended school (Baseline (n): Intervention Area - 611; Control Area – 427 and Midline (n): Intervention Area - 250; Control Area – 241).
3. Considered only those mothers who have are member of SHGs (Baseline (n): Intervention Area - 496; Control Area – 292 and Midline (n): Intervention Area - 228; Control Area – 149).
4. Others include Christians, Buddhists, Sikhs and Jains.
5. The given percentages of Scheduled Caste (SC) include Mahadalit. The most socially and economically disadvantaged castes from the SC category have been designated as Mahadalits by the Bihar state government.
6. Others include those who have reported others, can't say or don't know.
7. Below Poverty Line (BPL) cards are distributed to those households living below the poverty line, which includes households with a Monthly Per Capita Expenditure less than Rs. 971.26 (Bihar). 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 (<http://www.pdsportal.nic.in/main.aspx>).
8. 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 (<http://www.pdsportal.nic.in/main.aspx>).
9. Includes only those households which possessed a ration card. (Baseline (n): Intervention Area=729; Control Area=651 and Midline (n): Intervention Area=271; Control Area=279).
10. Supplementary Nutrition is provided to mothers 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 plots, road sides, 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.

13. Among those mothers who received IFA tablets during the last pregnancy. (Baseline (n): Intervention Area=698; Control Area=534 and Midline (n): Intervention Area=372; Control Area=351).
14. In baseline 'Adequately' iodized salt is used to refer to salt that has iodine content greater than 15 ppm. In midline salt with trademark logo bought from shops was used as a proxy measure for iodized salt.
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 thus created (1 being the lowest value, 10 being the highest).
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 (Baseline (n): Intervention Area - 1000; Control Area - 889 and Midline (n): Intervention Area - 485; Control Area - 452).
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. Institutional delivery refers to last birth(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 Bihar once every month. On this day, adolescent girls, mothers and lactating mothers are provided with integrated health solutions as per their needs.
23. Others include those households which have other source of drinking water (Cart with small tank/drum and Packaged /bottled water).
24. Modern contraceptives include female and male sterilizations, Intra-Uterine Devices (IUDs), injectables, pills, condoms and diaphragms.
25. Includes only those mothers who had given consent for taking anthropometric measurements. In baseline, women who gave birth in the preceding two months of the survey were excluded.
26. 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 weight, overweight or obese. It is calculated as weight (kilograms) divided by the square of height (metres).
27. Double burden of stunting and wasting is defined as mothers whose height is <145 cm and MUAC<23cm.

PATHWAY OF CHANGE

Adolescent girls (10-19 years)

	INDICATORS: Intervention Area	(%)
	Total Adolescent girls (10-19 Years) interviewed (n)	493
	HOUSEHOLD CHARACTERISTICS	
	JEEViKA Led Interventions	
1	Households with any Self-Help Group (SHG) member	61.3
2	Households with any Village organisation (VO)/ Cluster Level Federation (CLF) members	16.6
3	Households with any Farmer Producer Group member	6.1
4	Households with any member taken loan from JEEViKA in last one year	33.1
5	Types of loan taken	
5.01	Community Investment Fund	10.8
5.02	Vulnerability Fund	0.4
5.03	Revolving Fund	15.1
5.04	Health Risk Fund	1.2
5.05	Food Security Fund	4.1
5.06	Health Fund	1.5
	Public distribution system (PDS)	
6	Households informed about PDS system and its functioning during last one year	59.5
7	Household members received information on PDS system and its functioning from	
7.01	SHG member	2.9
7.02	Poshan/Kishori sakhi	1.5
7.03	VO member	3.2
7.04	CLF member	1.2
7.05	Panchayat representative	25.1
7.06	PDS shopkeeper	28.0
7.07	Others	8.5
8	Household members observed any change in the PDS services in last six months	20.3
9	Changes observed in the PDS services	
9.01	Opens at designated time	9.8
9.02	Regular supply	5.0
9.03	Quality of ration improved	14.4
9.04	Shopkeeper's behaviour improved	6.0
9.05	Received ration as per entitlement	9.7
9.06	Others	0.2
10	Households informed about process for applying ration card in last one year ¹	43.9
	Household assets	
11	Households with separate room for kitchen	86.8
12	Households using improved source of cooking fuel ²	6.6
13	Households using LPG for cooking	6.2
	Agriculture and farming	
14	Households own any agricultural land	31.3
15	Household members informed/trained about the nutrition sensitive agriculture during last one year	7.7
16	Household members who were informed/trained about the nutrition sensitive agriculture by	
16.01	VO	3.3
16.02	Poshan/Kishori sakhi	1.7
16.03	Village resource person (VRP)/Krishi Mitra	4.3
16.04	Panchayat representative	0.7
16.05	Others	0.8
17	Information/training received by households on	
17.01	Seed selection	5.0
17.02	Fencing	2.4
17.03	Land levelling	3.0
17.04	Multiple crop farming	2.6

	INDICATORS: Intervention Area	(%)
17.05	Irrigation techniques	4.2
17.06	Vermi-compost	1.7
17.07	Bio-fertilizers	3.5
17.08	Others	0.2
18	Households who adopted any practices after receiving the information/ training	5.7
	Nutrition garden	
19	Household members attended any meeting/training on nutrition garden during last two years	13.8
20	Household members who were informed about the meeting/training by	
20.01	VO	6.0
20.02	Poshan/Kishori sakhi	9.2
20.03	VRP/ Krishi Mitra	4.1
20.04	Neighbours	3.0
20.05	SHG members	5.4
20.06	Others	0.0
21	Topics discussed in the meeting/training on	
21.01	Fencing	8.3
21.02	Land levelling	5.6
21.03	Seeds selection	9.4
21.04	Multiple cropping	8.0
21.05	Irrigation techniques	4.3
21.06	Vermi-compost	3.1
21.07	Bio-fertilizers	2.8
21.08	Others	0.0
22	Households who adopted any practices after the meeting training on nutrition garden	6.1
	ADOLESCENT GIRLS' CHARACTERISTICS	
	EDUCATION	
	Currently drop out (n)³	109
23	Adolescent girls motivated to join back to the school/college	48.9
24	Adolescent girls motivated to join back to school/college by	
24.01	AWW	1.8
24.02	ASHA	0.9
24.03	Poshan/Kishori sakhi	3.7
24.04	SHG members	1.1
24.05	Family/ friends/ relatives	45.7
24.06	Others	2.1
25	Adolescent girls wanted to join back to school/college	43.5
26	Reason to join back to school (n) ^{3a}	47
26.01	Good life	40.1
26.02	Education	83.1
26.03	Get Mid-day meal	2.6
26.04	Get bicycle	1.5
26.05	Counselled by Kishori sakhi	1.1
26.06	Others	10.1
	Re-enrolment in school	
27	Adolescent girls who re-enrolled to school/college after discontinuation ⁴	3.2
28	Adolescent girls motivated to re-enrolled in the school/college ⁵	77.0
	Currently attending (n)⁴	349
29	Adolescent girls who are attending in	
29.01	Government school/college	91.5
29.02	Private school/college	8.5
30	Class in which adolescent girls are currently studying	
30.01	1-5	37.3

	INDICATORS: Intervention Area	(%)
30.02	6-8	38.3
30.03	9 or more	24.4
	Adolescent girls who were eligible for mid-day meal (till 8th standard) (n)⁶	222
31	Getting mid-day meal	92.4
	Only for those children who are getting mid-day meal	
32	Mid-day meal prepared inside the school ⁷	100.0
33	Getting mid-day meal on all school days ⁷	97.5
34	Quality of mid-day meal ⁷	
34.01	Good	78.3
34.02	Satisfactory	10.4
34.03	Bad	11.1
34.04	Can't say	0.4
35	Beside mid-day meal others things that adolescent girls get from school	
35.01	Bicycle	4.4
35.02	School uniform	43.6
35.03	Shoes	11.8
35.04	Books	70.3
35.05	Teaching learning aids	7.2
35.06	Others (cash/scholarship or bag etc)	33.1
	Never attended school (n)⁸	35
36	Reasons for never attending school	
36.01	School too far	20.6
36.02	Looking after siblings	11.4
36.03	Lack of money	41.8
36.04	Too much work at home	41.4
36.05	No separate school for girls	5.4
36.06	No accompanying person/girl	12.9
36.07	Others ⁹	31.5
37	Adolescent girls wanted to go to school	20.9
38	Reasons for wanting to go to school (n)	7
38.01	Would like to have a good life	25.5
38.02	Would like to have education	87.2
38.03	Would be able to read books	7.4
38.04	Will get mid-day meal	0.0
38.05	Will get bicycle	0.0
38.06	Counselling by Kishori sakhi	12.8
	FOOD AND DIET	
	Balanced diet (n)	493
39	Adolescent girls having knowledge about balanced diet	33.4
40	Adolescent girls' source of information about the balanced diet	
40.01	Doctor	1.5
40.02	ANM	1.3
40.03	AWW	3.4
40.04	ASHA	2.5
40.05	Poshan/ Kishori sakhi	19.4
40.06	SHG members	1.6
40.07	Family/friends/relatives	16.8
40.08	Others	10.3
41	Place where adolescent girls were counselled about balanced diet	
41.01	VHSND	2.1
41.02	Biannual health camps	0.6
41.03	Adolescent health day (AHD)	6.7

	INDICATORS: Intervention Area	(%)
41.04	Home visits by AWW	1.5
41.05	Home visits by ASHA	2.7
41.06	Home visits by Poshan/Kishori sakhi	7.9
41.07	Weekly Kishori Baithaks	11.8
41.08	Social drives (rallies)	0.2
41.09	Folk media	1.3
41.10	Through IEC material/ mass media	2.6
41.11	Others ¹⁰	15.2
42	Number of meals adolescent girls have in a day	
42.01	2 meals	17.2
42.02	3 meals	70.0
42.03	More than 3 meals	12.8
	ACCESS TO HEALTH AND ICDS SERVICES	
	Anaemia (n)	493
43	Adolescent girls who have heard about Anaemia	35.2
44	Adolescent girls' source of information about anaemia and its consequences	
44.01	Doctor	6.1
44.02	ANM	0.7
44.03	AWW	3.4
44.04	ASHA	2.7
44.05	Poshan/ Kishori sakhi	16.1
44.06	SHG members	0.2
44.07	Family/friends/relatives	15.7
44.08	Others ¹⁰	8.0
45	Place where adolescent girls got knowledge about anaemia and its consequences	
45.01	VHSND	1.8
45.02	Biannual health camps	0.9
45.03	Adolescent health day (AHD)	4.4
45.04	Health centre	4.2
45.05	Home visits by AWW	1.8
45.06	Home visits by ASHA	2.0
45.07	Home visits by Poshan/Kishori sakhi	6.2
45.08	Weekly Kishori baithaks	10.7
45.09	Social drives (rallies)	0.4
45.10	Folk media	1.6
45.11	Through IEC material/ mass media	3.3
45.12	Others ¹⁰	15.3
46	Adolescent girls who got blood tested in the last one year	8.0
47	Place where last blood test was done (n)	41
47.01	AHD	5.0
47.02	VHSND	1.6
47.03	Government facility	19.5
47.04	Private clinics	71.3
47.05	Others	2.6
	Iron Folic Acid (IFA) (n)	493
48	Heard about IFA	29.9
49	Reason for consumed/prescribed IFA (n) ¹¹	147
49.01	Reducing weakness	54.7
49.02	Improving haemoglobin level	41.2
49.03	Health worker suggested	9.4
49.04	Others	6.3

	INDICATORS: Intervention Area	(%)
49.05	Don't know	27.8
50	Adolescent girls received IFA tablets in last one year	64.4
51	Place from where adolescent girls received IFA tablets (n)	98
51.01	School	23.8
51.02	AWC	55.0
51.03	Health camp	1.2
51.04	AHD	13.0
51.05	VHSND	2.3
51.06	During home visit by AWW/ASHA	6.1
51.07	Health centre	5.1
51.08	Others	3.8
	Deworming (n)	493
52	Adolescent girls who have heard about worm infestation in abdomen	86.7
53	Adolescent girls who were informed about the importance of consuming deworming tablets by (n) ¹²	430
53.01	Doctor	9.4
53.02	ANM	2.4
53.03	AWW	13.7
53.04	ASHA	10.8
53.05	Poshan/Kishori sakhi	10.7
53.06	SHG members	0.3
53.07	Family/friends/relatives	35.3
54	Adolescent girls received deworming tablets from (n) ¹³	336
54.01	School	55.6
54.02	AWC	20.8
54.03	Health camp	1.3
54.04	AHD	3.5
54.05	VHSND	0.3
54.06	During home visit by AWW/ASHA	8.6
54.07	Health centre	6.7
54.08	Others	13.0
	Adolescent Health Day (AHD) (n)	493
55	Adolescent girls who have heard about Adolescent Health Day (AHD)/Kishori Divas organized at Anganwadi centres	22.7
56	Adolescent girls who have attended any Adolescent Health Day (AHD) in last one year	14.8
57	Adolescent girls informed/mobilised to attend AHD by	
57.01	ANM	0.9
57.02	AWW	2.3
57.03	ASHA	1.7
57.04	Poshan/Kishori sakhi	11.9
57.05	SHG Members	0.2
57.06	Family/friends/relatives	3.0
58	Service received from AHD in the last one year	
58.01	HB test	1.6
58.02	MUAC measurement	10.8
58.03	Malaria test	1.5
58.04	Height measurement	5.9
58.05	Weight measurement	9.7
58.06	Referral services	0.4
58.07	Take Home Ration (THR) services	1.7
58.08	Deworming tablet	5.8
59	Adolescent girls who have attended any special health camps mobilized by Kishori sakhi	17.2
60	Frequency of visits to AWC (n) ¹⁴	136

	INDICATORS: Intervention Area	(%)
60.01	Everyday	0.0
60.02	Weekly	11.2
60.03	Twice a month	11.7
60.04	Once a month	58.1
60.05	Others	19.0
61	Services received from Anganwadi Centre in the last one year	
61.01	Dry ration/ THR	1.1
61.02	Health check-up/ services	5.6
61.03	Counselling	5.8
61.04	Referral	0.2
61.05	HB testing	0.8
61.06	IFA tablets	10.4
61.07	Deworming tables	13.4
61.08	Sanitary napkins	1.4
61.09	Others	3.8
	NUTRITIONAL ASSESSMENT (n)	493
62	MUAC ever been measured by ASHA/ AWW/ Poshan/ Kishori sakhi in the last one year	42.6
63	Adolescent girls who were identified as nutrition at risk by Poshan/Kishori sakhi in the last one year ¹⁵	30.0
64	Adolescent girls who were visited by Poshan/Kishori sakhi/ AWW/ASHA at home and counselled on taking IFA tablets/ THR/ food intake ¹⁶	61.6
65	Frequency of visit by Poshan/Kishori sakhi among nutritionally at risk adolescent girls ¹⁶	
65.01	Weekly	44.8
65.02	Fortnightly	17.9
65.03	Quarterly	11.2
65.04	Monthly	24.0
65.05	Never visit	12.1
66	Frequency of visit by AWW/ASHA among nutritionally at risk adolescent girls ¹⁶	
66.01	Weekly	30.6
66.02	Fortnightly	7.1
66.03	Quarterly	9.8
66.04	Monthly	14.6
66.05	Never visit	37.9
67	Topics discussed during home visit by Poshan/Kishori sakhi /AWW/ASHA ¹⁶	
67.01	Food diversity	62.1
67.02	Prevention of anemia	58.9
67.03	Deworming	49.7
67.04	Personal hygiene	40.9
67.05	Family planning (only for 15-19 years girls) ¹⁷	15.7
68	At risk Adolescent girls who attended food demonstration and counselling session organised by Poshan/Kishori sakhi in the last one year ¹⁶	46.0
69	Frequency of food demonstration session ¹⁸	
69.01	Everyday	9.1
69.02	Weekly	47.7
69.03	Fortnightly	29.3
69.04	Quarterly	14.0
70	Number of food demonstration and counselling sessions attended by adolescent girls during the last one year ¹⁸	
70.01	<=2 session/s	53.0
70.02	3-5 sessions	32.8
70.03	More than 5 sessions	14.2
	KNOWLEDGE/OPINION/PRACTICE (n)	493
71	Adolescent girls who were aware about minimum age at marriage	

	INDICATORS: Intervention Area	(%)
71.01	Below 15 years	0.6
71.02	15-17 years	2.6
71.03	18 and above years	74.2
71.04	Don't know	22.6
72	Age at which adolescent girls want to marry	
72.01	Below 18 years	1.9
72.02	18 and above years	70.2
72.03	Don't know	27.9
	SANITATION AND HYGIENE (n)	493
73	Adolescent girls who experienced periods	67.2
74	Adolescent girls procure/purchase the sanitary napkins from (n) ¹⁹	143
74.01	ASHA	1.0
74.02	NGO	0.9
74.03	Shop	89.9
74.04	Others ²⁰	23.4
75	Disposal of cloths/ sanitary napkins ²¹	
75.01	Burying	52.1
75.02	Throwing	38.0
75.03	Burning	1.3
75.04	Others	7.8
76	Place where adolescent girls go for defecation	
76.01	Toilet within the premises	25.8
76.02	Toilet outside the premises (not shared, other than the household members)	13.4
76.03	Shared toilets (2-3 families)	1.1
76.04	Community toilet	0.1
76.05	Open defecation	59.5
77	Adolescent girls using toilet facility for (n) ²²	215
77.01	Less than one years	29.7
77.02	More than one years	63.1
77.03	Don't know/can't say	7.2
78	Reason for not using toilet or going for open defecation (n)	278
78.01	Don't have toilet	94.2
78.02	No water supply to the toilet	1.1
78.03	Using for other purpose	0.0
78.04	Don't want to use	78.7
78.05	No money from government for toilet construction	23.2
78.06	Others	8.2
	Hand washing (n)	493
79	Adolescent girls who were informed about the steps of hand-washing	76.5
80	Adolescent girls' source of information about the steps of hand-washing practices	
80.01	Doctor	3.5
80.02	ANM	1.5
80.03	AWW	7.9
80.04	ASHA	4.7
80.05	Poshan/Kishori sakhi	26.7
80.06	SHG members	2.7
80.07	Family/friends/relatives	39.8
80.08	Others ²³	32.6
81	Occasions on which girls washed hands with soap	
81.01	Before cooking	52.1
81.02	Before eating food	57.1
81.03	After cleaning house	45.1

	INDICATORS: Intervention Area	(%)
81.04	After cleaning child faeces	26.6
81.05	After defecation	95.1
81.06	Others	2.8
	JEEViKA PROGRAMME (n)	493
82	Adolescent girls who know about Kishori group/ Samooh in the village	40.8
83	Adolescent girls who are members of Kishori group/Samooh ²⁴	79.6
84	Adolescent girls who have attended any Kishori group/Samooh meeting in the last three month ²⁵	72.2
85	Frequency of Kishori baithak (n) ²⁶	125
85.01	Weekly	61.3
85.02	Fortnightly	13.5
85.03	Monthly	21.6
85.04	Quarterly	3.6
86	Topics discussed during the Kishori baithaks (n) ²⁶	125
86.01	Importance of education	48.3
86.02	Food and dietary habits	69.2
86.03	Nutrition garden	29.0
86.04	ICDS	10.7
86.05	Reproductive health	6.7
86.06	Menstruation	61.9
86.07	Early marriage	43.5
86.08	Hygiene and sanitation	84.4
86.09	Skill development	10.6
86.10	Empowerment	15.5
86.11	Group formation	10.7
86.12	Issues bothering your life	9.0
86.13	Anaemia and deworming	26.4
86.14	Don't know	4.5
87	Social drives organized in the village under JEEViKA programme in the last one year on	
87.01	Village cleanliness	11.4
87.02	Early marriage	16.8
87.03	Stop dowry practice	28.1
87.04	Food diversity	5.5
87.05	Ban alcohol	38.8
87.06	Gender discrimination	2.3
87.07	Domestic violence	1.7
87.08	Prevention from malaria	2.9
87.09	Tobacco drive	0.9
87.10	Issue based drives not organised	1.8
87.11	Don't know	49.1

Note:

- 1 Include only those households with no ration card (unweighted): (n)=74
- 2 Improved source of cooking includes LPG/natural gas/electricity/biogas.
- 3 Include only adolescent girls who are currently drop out of school (unweighted): (n)=109
- 3a Include only adolescent girls who are currently drop out of school and wanted to join back (unweighted): (n)=47
- 4 Include only adolescent girls who are currently attending school (unweighted): (n)=349
- 5 Include only re-enrolled adolescent girls (unweighted): (n)=11
- 6 Mid-day meal is provided to students in primary and upper primary classes in government or government aided schools
- 7 Include only adolescent girls who are getting mid-day meal (unweighted): (n)=205
- 8 Include only adolescent girls who have never attended school (unweighted): (n)=35
- 9 Others mainly include – personal choice/problem, going to madarsa, parents didn't allow, etc.
- 9a Include only adolescent girls who have never attended school and wanted to go to school (unweighted): (n)=7
- 10 Others mainly include – schools/teachers, family/parents, coaching institutions, etc.
- 11 Include only adolescent girls who have heard about IFA tablet in the last one year (unweighted): (n)=147
- 12 Include only adolescent girls who have heard about worm infestation in abdomen (unweighted): (n)=430
- 13 Include only adolescent girls who have taken deworming tablet (unweighted): (n)=336
- 14 Include only adolescent girls who have visited anganwadi centre (unweighted): (n)=136
- 15 Include only adolescent girls whose MUAC have been measured by ASHA/AWW/Poshan sakhi/Kishori sakhi (unweighted): (n)=209
- 16 Include only adolescent girls who have been identified as nutrition at risk by Poshan/Kishori sakhi in the last one year (unweighted): (n)=63
- 17 Include only adolescent girls in age group 15-19 years who have been identified as nutrition at risk by Poshan/Kishori sakhi in the last one year (unweighted): (n)=13
- 18 Include only adolescent girls who have been identified as nutrition at risk by Poshan/Kishori sakhi in the last one year and attended any food demonstration session (unweighted): (n)=29
- 19 Only for those adolescent girls who use sanitary napkins (unweighted): (n)=143
- 20 Others are mainly those adolescent girls who procure or purchase sanitary napkins from the market
- 21 Include only those adolescent girls who have experienced periods or mensuration (unweighted): (n)=334
- 22 Include only those adolescent girls using toilet facilities other than open defecation (unweighted): (n)=215
- 22a Include only those adolescent girls who go for open defecation (unweighted): (n)=278
- 23 Others mainly include – schools/teachers/madarsa/home, etc.
- 24 Include only those adolescent girls who know about the Kishori group/samooch (unweighted): (n)=212
- 25 Include only those adolescent girls who are member of any Kishori group/samooch (unweighted): (n)=172
- 26 Include only adolescent girls who are members of Kishori group/samooch and attended kishori meeting in last three months (unweighted): (n)=125

Pregnant women (15-49 years)

	INDICATORS: Intervention Area	(%)
	Total pregnant women interviewed (n)	322
	HOUSEHOLD CHARACTERISTICS	
	JEEViKA Led Interventions	
1	Households with any Self-Help Group (SHG) member	54.1
2	Households with any village organisation (VO)/ cluster level federation (CLF) members	13.8
3	Households with any Farmer Producer Group member	4.3
4	Households with any member taken loan from JEEViKA in last one year	26.5
5	Types of loan taken	
5.01	Community Investment Fund	11.7
5.02	Vulnerability Fund	0.0
5.03	Revolving Fund	9.1
5.04	Health Risk Fund	2.5
5.05	Food Security Fund	4.2
5.06	Health Fund	2.6
	Public distribution system (PDS)	
6	Households informed about PDS system and its functioning during last one year	41.3
7	Household members received information on PDS system and its functioning from	
7.01	SHG member	1.1
7.02	Poshan/Kishori sakhis	0.6
7.03	VO member	3.6
7.04	CLF member	0.3
7.05	Panchayat representative	19.0
7.06	PDS shopkeeper	19.3
7.07	Others	4.1
8	Household members observed any change in the PDS services in last six months	10.6
9	Changes observed in the PDS services	
9.01	Opens at designated time	5.2
9.02	Regular supply	4.1
9.03	Quality of ration improved	6.5
9.04	Shopkeeper's behaviour improved	3.1
9.05	Received ration as per entitlement	5.9
9.06	Others	0.0
10	Households informed about process for applying ration card in last one year ¹	34.5
	Household assets	
11	Households with separate room for kitchen	87.5
12	Households using improved source of cooking fuel ²	5.8
13	Households using LPG for cooking	5.6
	Agriculture and farming	
14	Households own any agricultural land	20.8
15	Household members informed/trained about the nutrition sensitive agriculture during last one year	4.5
16	Household members who were informed/trained about the nutrition sensitive agriculture by	
16.01	VO	2.8
16.02	Poshan/Kishori sakhis	1.0
16.03	Village resource person (VRP)/Krishi Mitra	0.8
16.04	Panchayat representative	0.9
16.05	Others	0.3
17	Information/training received by households on	
17.01	Seed selection	2.7
17.02	Fencing	3.4
17.03	Land levelling	3.9
17.04	Multiple crop farming	1.3

	INDICATORS: Intervention Area	(%)
17.05	Irrigation techniques	3.2
17.06	Vermi-compost	1.4
17.07	Bio-fertilizers	1.3
17.08	Others	0.3
18	Households who adopted any practices after receiving the information/ training	2.9
	Nutrition garden	
19	Household members attended any meeting/training on nutrition garden during last two years	8.7
20	Household members who were informed about the meeting/training by	
20.01	VO	3.9
20.02	Poshan/Kishori sakhis	5.7
20.03	VRP/ Krishi Mitra	3.5
20.04	Neighbours	1.9
20.05	SHG members	1.8
20.06	Others	0.0
21	Topics discussed in the meeting/training on	
21.01	Fencing	5.9
21.02	Land levelling	3.4
21.03	Seeds selection	5.9
21.04	Multiple cropping	4.4
21.05	Irrigation techniques	3.0
21.06	Vermi-compost	1.9
21.07	Bio-fertilizers	1.4
21.08	Others	0.0
22	Households adopted any practices after the meeting training on nutrition garden	2.6
	PREGNANT WOMEN'S BACKGROUND	
	Self Help Group (SHG) coverage	
23	Pregnant women who are members of any SHG	34.3
24	Pregnant women who are members of SHG in the last one year	28.3
	Food frequency and diet diversity (n)	322
25	Pregnant women having information about Poshan sakhi	25.0
26	Pregnant women informed by Poshan sakhi about	
26.01	Number of meals one should have daily	18.9
26.02	Importance of diverse diet	15.8
26.03	Types of food groups	12.2
26.04	Tiranga Bhojan	17.8
26.05	Food demonstration	8.6
27	Pregnant women who were advised by Poshan sakhi to have (n) ³	69
27.01	3 meals a day	68.7
27.02	4 or more meals a day	31.3
28	Pregnant women who included Tiranga Bhojan in diet ⁴	88.5
29	Reason for not following the advice given by Poshan sakhi ⁵	8
29.01	My preferences are different (by choice)	31.4
29.02	Lack of resources	68.6
30	Pregnant women motivated by someone other than Poshan sakhi to have diverse food daily	
30.01	Doctor	11.6
30.02	ANM	14.0
30.03	AWW	27.8
30.04	ASHA	34.4
30.05	SHG members	7.2
30.06	Family/friends/relatives	31.7
30.07	Others	0.2

	INDICATORS: Intervention Area	(%)
31	Meals taken by pregnant women	
31.01	<3 meals in a day	22.5
31.02	3 or more meals in a day	77.5
	HEALTH SERVICES DURING PREGNANCY	
	Pregnancy testing kit	322
32	Pregnant women who know about pregnancy testing kit	61.8
33	Pregnant women who were told about the pregnancy testing kit by (n)	203
33.01	Doctor	18.8
33.02	ANM	7.6
33.03	AWW	10.1
33.04	ASHA	35.4
33.05	Poshan sakhi	6.0
33.06	SHG members	1.8
33.07	Family/friends/relatives	14.5
33.08	Mass media	5.1
33.09	Others	0.5
34	Pregnant women who used pregnancy kit to confirm current pregnancy	52.1
35	Pregnant women who were assisted in pregnancy confirmation by	
35.01	Doctor	27.2
35.02	ANM	5.8
35.03	AWW	4.5
35.04	ASHA	27.8
35.05	Poshan sakhi	0.5
35.06	Family/friends/relatives	7.9
35.07	Self	22.0
35.08	Others	4.3
36	Pregnant women's age at the time of first pregnancy	
36.01	Less than 18	24.7
36.02	18 and above	75.3
37	Pregnant women's total number of pregnancies (including current pregnancy)	
37.01	3 or less	64.8
37.02	More than 3	35.2
	Pregnancy registration	322
38	Pregnant women's views on month in which a pregnancy should be registered	
38.01	First 3 months	56.7
38.02	4-6 months	12.8
38.03	More than 6 months	0.9
38.04	Don't know	29.7
39	Pregnant women who were informed about the importance of early pregnancy registration	65.8
40	Pregnant women informed about the importance of early pregnancy registration by (n) ⁶	213
40.01	Doctor	2.6
40.02	ANM	17.7
40.03	AWW	28.2
40.04	ASHA	86.1
40.05	Poshan sakhi	10.8
40.06	SHG member	3.7
40.07	Family/friends/relatives	18.1
40.08	Mass media	3.5
41	Pregnant women got help while registering current pregnancy from (n) ⁷	231
41.01	ANM	6.8
41.02	AWW	20.2
41.03	ASHA	46.7

	INDICATORS: Intervention Area	(%)
41.04	Poshan sakhi	20.1
41.05	SHG member	2.0
41.06	Family/friends/relatives	9.0
41.07	Self	4.2
42	Pregnant women who have registered their current pregnancy with ⁷	
42.01	ANM	33.2
42.02	AWW	48.7
42.03	ASHA	18.0
43	Pregnant women who know about using Mother and Child Protection (MCP) card for (n) ⁸	171
43.01	ANC services	23.4
43.02	PNC services	22.6
43.03	Child immunization	40.8
43.04	Child growth	10.2
43.05	Early childhood care and education	3.3
	Antenatal care (ANC) services received during pregnancy (n)	322
44	Pregnant women who were advised to avail antenatal care during current pregnancy	68.9
45	Pregnant women advised to avail ANC services during current pregnancy by (n) ⁹	220
45.01	Doctor	8.7
45.02	ANM	19.3
45.03	AWW	36.4
45.04	ASHA	85.0
45.05	Poshan sakhi	7.6
45.06	SHG member	1.1
45.07	Family/friends/relatives	19.1
45.08	Mass media	1.8
46	Pregnant women received counselling on birth preparedness	58.6
47	Pregnant women counselled for birth preparedness by	
47.01	Doctor	6.3
47.02	ANM	10.8
47.03	AWW	17.8
47.04	ASHA	48.2
47.05	Poshan sakhi	7.7
47.06	SHG member	4.6
47.07	Family/friends/relatives	14.7
47.08	Others	0.3
48	Type of counselling received by pregnant women on birth preparedness	
48.01	Identification of place of delivery	41.5
48.02	Transport facility for delivery	29.7
48.03	Arrangement of money	45.2
48.04	Birth attendant	11.2
48.05	Others	4.5
49	Pregnant women intend to deliver their current pregnancy at	
49.01	Home	9.0
49.02	Government health facility	87.9
49.03	Other facility	3.1
50	Pregnant women who were informed about the harmful effects of consuming tobacco/alcohol	29.9
51	Pregnant women informed about the harmful effects of consuming tobacco/alcohol by	
51.01	Doctor	5.7
51.02	ANM	5.2
51.03	AWW	7.7
51.04	ASHA	10.3
51.05	Poshan sakhi	4.5

	INDICATORS: Intervention Area	(%)
51.06	SHG member	1.7
51.07	Family/friends/relatives	10.9
51.08	Mass media	6.6
51.09	Others	2.0
	ACCESS TO VILLAGE HEALTH SANITATION AND NUTRITION DAY (VHSND)	322
52	Pregnant women who were informed about the importance of VHSND	42.5
53	Pregnant women informed about the importance of VHSND by	
53.01	Doctor	0.0
53.02	ANM	2.5
53.03	AWW	13.6
53.04	ASHA	36.3
53.05	Poshan sakhi	6.5
53.06	SHG members	3.0
53.07	Family/friends/relatives	2.7
54	Topics discussed on VHSND related to	
54.01	Early registration of pregnancy	23.6
54.02	ANC	23.6
54.03	PNC	12.7
54.04	Danger signs during pregnancy	15.3
54.05	Birth preparedness	19.3
54.06	Family planning	17.0
54.07	Child health	18.9
54.08	Nutrition	21.3
54.09	Sanitation and hygiene	22.1
54.10	Others	3.7
55	Pregnant women who did not attend any VHSND because of	
55.01	Family member not allowed	5.3
55.02	By choice/wish	2.9
55.03	Didn't get time	8.2
55.04	Others	5.4
55.05	Don't know	29.1
	INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS)	322
56	Pregnant women's knowledge about entitlement from anganwadi centre (AWC)	
56.01	Take home ration (THR)	83.7
56.02	Eggs	51.0
56.03	Hot cooked meal (HCM)	7.5
57	Pregnant women told about food entitlements from AWC by	
57.01	AWW	33.1
57.02	ASHA	41.7
57.03	Poshan sakhi	6.8
57.04	SHG members	1.3
57.05	Family/friends/relatives	36.0
57.06	Others	1.6
58	Pregnant women received entitlements during current pregnancy	
58.01	Take home ration (THR)	34.3
58.02	Eggs	19.6
58.03	Hot cooked meal (HCM)	1.5
59	Pregnant women who received THR/Eggs/Hot cooked meal after pregnancy registration at AWC	
59.01	Within a week after pregnancy registration	2.1
59.02	After a week	2.8
59.03	After one month	25.6

	INDICATORS: Intervention Area	(%)
59.04	Don't know/don't remember	3.9
60	Pregnant women who persistently receiving THR from anganwadi centre	
60.01	Daily/alternatively	1.2
60.02	Weekly	3.2
60.03	Monthly	29.7
60.04	Not given	0.3
61	Pregnant women counselled at AWC before pregnancy	34.8
62	Pregnant women who received information from ANM/AWW/ASHA on	
62.01	Child care practices	21.3
62.02	Family planning	22.0
62.03	Nutrition	15.7
62.04	Health	22.5
62.05	Hygiene	19.7
63	Pregnant women anticipated the services of AWC received in the last six months	
63.01	Improved	13.5
63.02	Remained the same	19.1
63.03	Worsened	1.2
63.04	Don't know/can't say	1.1
	FAMILY PLANNING	322
64	Pregnant women informed about the importance of family planning	48.2
65	Pregnant women informed about the importance of family planning by	
65.01	Doctor	2.5
65.02	ANM	15.3
65.03	AWW	13.4
65.04	ASHA	33.4
65.05	Poshan sakhi	6.2
65.06	SHG members	3.3
65.07	Family/friends/relatives	10.6
65.08	Mass media	4.9
65.09	Others	0.7
66	Pregnant women motivated for using family planning methods by	
66.01	Doctor	1.04
66.02	ANM	0.5
66.03	AWW	0.3
66.04	ASHA	4.6
66.05	Poshan sakhi	0.5
66.06	Family/friends/relatives	1.65
66.07	Mass media	0.3
66.08	Others	0.4
67	Pregnant women's reasons for not using family planning methods (n) ¹⁰	289
67.01	Unmet need	5.4
67.02	Wanted to be pregnant	59.4
67.03	Family members not allowed	18.0
67.04	Religion not permitted	6.7
67.05	Others	10.4
68	Pregnant women who received newlywed welcome kit	3.2
69	Pregnant women who found newly-wed welcome kit useful ¹¹	84.0
70	Pregnant women who attended newlywed couple meeting organised by Poshan sakhi in last one year	3.8
	SANITATION AND HYGIENE	322
71	Toilet facility	
71.01	Pregnant women using toilet within the premises	26.1
71.02	Pregnant women using toilet outside the premises (not shared, other than the household members)	11.0

	INDICATORS: Intervention Area	(%)
71.03	Pregnant women using shared toilets (2-3 families)	3.3
71.04	Pregnant women using community toilet	0.6
71.05	Pregnant women go for open defecation	59.0
72	Pregnant women who usually wash hands with bar soap/detergent/liquid soap	90.5
73	Pregnant women informed/encouraged to wash hands with bar soap/detergent/liquid soap by	
73.01	Doctor	10.6
73.02	ANM	14.2
73.03	AWW	20.5
73.04	ASHA	38.1
73.05	Poshan sakhi	11.8
73.06	SHG members	6.6
73.07	Family/friends/relatives	38.8
73.08	IEC material/mass media	7.0
73.09	Others	6.7
74	Occasions on which pregnant women wash hands with soap	
74.01	Before cooking	59.2
74.02	Before having food/feeding the child	52.8
74.03	After cleaning house	49.0
74.04	After cleaning child faeces	59.4
74.05	After defecation	91.5
74.06	Others	2.4
	PARTICIPATION IN JEEViKA INTERVENTIONS	322
75	Pregnant women identified as at nutritional risk/underweight/undernourished by AWW/ASHA/ Poshan sakhi	15.9
76	Pregnant women visited by Poshan sakhi/ AWW/ASHA at home and counsel on taking IFA tablets/ THR/ food intake ¹²	76.9
77	Pregnant women visited at home by Poshan sakhi ¹²	
77.01	Weekly	14.4
77.02	Fortnightly	6.4
77.03	Monthly	25.4
77.04	Quarterly	3.1
77.05	Never visit	50.7
78	Pregnant women visited at home by AWW/ASHA ¹²	
78.01	Weekly	21.4
78.02	Fortnightly	12.4
78.03	Monthly	31.1
78.04	Quarterly	3.1
78.05	Never visit	32.0
79	Pregnant women who have attended monthly food demonstration and counselling sessions for at-risk organized by Poshan sakhi during last six months ¹²	27.9
80	Pregnant women comprehension during home visits/ food demonstration session by Poshan sakhi on ability to ¹³	12
80.1	Explains clearly	
80.1.1	Very poor	4.6
80.1.2	Poor	8.0
80.1.3	Medium	15.6
80.1.4	Good	33.2
80.1.5	Very good	38.5
80.2	Knowledge about the topic	
80.2.1	Very poor	12.6
80.2.2	Poor	10.4
80.2.3	Medium	14.2
80.2.4	Good	22.9

	INDICATORS: Intervention Area	(%)
80.2.5	Very good	40.0
80.3	Ability to solve doubts	
80.3.1	Very poor	34.7
80.3.2	Poor	29.2
80.3.3	Medium	13.2
80.3.4	Good	22.9
80.3.5	Very good	0.0
81	Pregnant women who have attended any special health camps for women mobilized by ANM/AWW/ASHA/Poshan sakhi in last one year	16.7
82	Any social activities organized in village regarding existing social issues like village cleanliness, early marriage, stop dowry practice, food diversity, ban alcohol, gender discrimination and domestic violence	36.8
83	Pregnant women who worked in last 12 months	12.1
84	Pregnant women worked in the last 12 months for ¹⁴	
84.01	Family members	96.2
84.02	Someone else	0.0
84.03	Self-employed	3.8
85	Pregnant women who worked ¹⁴	
85.01	Throughout the year	20.8
85.02	Seasonally/part of the year	70.5
85.03	Once in a while	8.6
86	Pregnant women who worked in last 12 months and were ¹⁴	
86.01	Paid in cash only	47.2
86.02	Paid in cash and kind	29.8
86.03	Paid in kind only	21.1
86.04	Not paid	1.8
87	Person who decides how the money earned by pregnant women will be used ¹⁵	
87.01	Respondent only	20.6
87.02	Husband only	9.1
87.03	Husband/partner jointly	63.8
87.04	Others	6.6
88	Pregnant women who know any programmes in the area that give loans to women to start or expand a business of their own	29.3
89	Pregnant women who have ever taken loan, in cash or in kind, to start or expand a business	3.8
90	Pregnant women who have organized or participated in any community level programme	8.5

Note:

- 1 Include only those households with no ration card (unweighted): (n)=159
- 2 Improved source of cooking includes LPG/natural gas/electricity/biogas.
- 3 Include pregnant women who have heard about Poshan sakhi and were explained about number of meals she should have daily (unweighted): n=69
- 4 Include pregnant women who have heard about Poshan sakhi and were explained about Tiranga bhojan (unweighted): (n)=62
- 5 Include pregnant women who have heard about Poshan sakhi and were explained about Tiranga bhojan but not following it (unweighted): n=8
- 6 Include only pregnant women who were informed about importance of early registration (unweighted): (n)=213
- 7 Include only pregnant women who registered their pregnancy (unweighted): (n)=231
- 8 Include only pregnant women who received MCP card after registration (unweighted): (n)=171
- 9 Include only pregnant women who were advised for availing ANC during current pregnancy (unweighted): (n)=220
- 10 Included only pregnant women not using any family planning method (unweighted): (n)=289
- 11 Included only pregnant women received newly-wed welcome kit (unweighted): (n)=13
- 12 Included only pregnant women who were identified as nutritional risk/underweight/undernourished by AWW/ASHA/Poshan sakhi in the last three months (unweighted): (n)=41
- 13 Included only pregnant women who were identified as nutritional risk/underweight/undernourished by AWW/ASHA/Poshan sakhi in the last three months and attended any food demonstration session (unweighted): (n)=12
- 14 Included only pregnant women who worked in the last 12 months (unweighted): (n)=48
- 15 Included only pregnant women who worked in the last 12 months and paid in cash(unweighted): (n)=37

Mothers of children under two years (15-49 years)

	INDICATORS: Intervention Area	(%)
	Total mothers of children under two years interviewed (n)	532
	HOUSEHOLD CHARACTERISTICS	
	JEEViKA led interventions	
1	Households with any Self-Help Group (SHG) member	52.9
2	Households with any village organisation (VO)/ cluster level federation (CLF) members	12.0
3	Households with any Farmer Producer Group member	1.6
4	Households with any member taken loan from JEEViKA in last one year	29.1
5	Types of loan taken	
5.01	Community Investment Fund	10.1
5.02	Vulnerability Fund	0.3
5.03	Revolving Fund	13.6
5.04	Health Risk Fund	2.2
5.05	Food Security Fund	3.3
5.06	Health Fund	1.6
	Public distribution system (PDS)	
6	Households informed about PDS system and its functioning during last one year	44.9
7	Household members received information on PDS system and its functioning from	
7.01	SHG member	1.4
7.02	Poshan/Kishori sakhis	1.2
7.03	VO member	2.5
7.04	CLF member	0.6
7.05	Panchayat representative	18.4
7.06	PDS shopkeeper	23.6
7.07	Others	8.0
8	Household members observed any change in the PDS services in last six months	12.6
9	Changes observed in the PDS services	
9.01	Opens at designated time	6.6
9.02	Regular supply	3.5
9.03	Quality of ration improved	8.2
9.04	Shopkeeper's behaviour improved	4.3
9.05	Received ration as per entitlement	4.9
9.06	Others	0.9
10	Households informed about process for applying ration card in last one year ¹	26.1
	Household assets	
11	Households with separate room for kitchen	84.4
12	Households using improved source of cooking fuel ²	6.6
13	Households using LPG for cooking	6.5
	Agriculture and farming	
14	Households own any agricultural land	23.6
15	Household members informed/trained about the nutrition sensitive agriculture during last one year	6.1
16	Household members who were informed/trained about the nutrition sensitive agriculture by	
16.01	VO	1.6
16.02	Poshan/Kishori sakhi	0.9
16.03	Village resource person (VRP)/Krishi Mitra	2.2
16.04	Panchayat representative	0.7
16.05	Others	1.9
17	Information/training received by households on	
17.01	Seed selection	4.7
17.02	Fencing	2.5
17.03	Land levelling	2.5
17.04	Multiple crop farming	2.9

	INDICATORS: Intervention Area	(%)
17.05	Irrigation techniques	3.2
17.06	Vermi-compost	0.8
17.07	Bio-fertilizers	2.3
17.08	Others	0.2
18	Households who adopted any practices after receiving the information/ training	4.2
	Nutrition garden	
19	Household members attended any meeting/training on nutrition garden during last two years	9.2
20	Household members who were informed about the meeting/training by	
20.01	VO	2.0
20.02	Poshan/Kishori sakhi	5.7
20.03	VRP/ Krishi Mitra	2.8
20.04	Neighbours	1.6
20.05	SHG members	3.3
20.06	Others	0.4
21	Topics discussed in the meeting/training on	
21.01	Fencing	5.7
21.02	Land levelling	4.2
21.03	Seeds selection	6.5
21.04	Multiple cropping	6.2
21.05	Irrigation techniques	3.7
21.06	Vermi-compost	2.7
21.07	Bio-fertilizers	3.5
21.08	Others	2.8
22	Households adopted any practices after the meeting training on nutrition garden	2.8
	MOTHERS' BACKGROUND	
	Self Help Group (SHG) coverage	
23	Mothers who are members of any Self-Help Group (SHG)	43.7
24	Mothers who are members of SHG in the last one year	23.9
	FOOD FREQUENCY AND DIET DIVERSITY	
25	Mothers having information about Poshan sakhi	35.3
26	Mothers informed by Poshan sakhi about	
26.01	Number of meals one should have daily	25.4
26.02	Importance of diverse diet	23.3
26.03	Types of food groups	16.0
26.04	Tiranga Bhojan	24.4
26.05	Food demonstration	14.9
27	Mothers who were advised by Poshan sakhi to have three or more meals in a day (n) ³	138
27.01	3 meals in a day	67.4
27.02	4 meals in a day	32.6
28	Mothers who included Tiranga Bhojan in diet ⁴	95.7
29	Reason for not following the advice given by Poshan sakhi on Tringa Bhojan (n) ⁵	6
29.01	My preferences are different (by choice)	0.0
29.02	Lack of resources	77.0
29.03	Others	23.0
30	Mothers motivated by someone other than Poshan sakhi to have diverse food daily	
30.01	Doctor	10.1
30.02	ANM	11.2
30.03	AWW	28.9
30.04	ASHA	34.9
30.05	SHG members	8.4
30.06	Family/friends/relatives	29.7
30.07	Others	2.8

	INDICATORS: Intervention Area	(%)
31	Mothers having three or more meals in a day	
31.01	<3 meals in a day	24.0
31.02	3 or more meals in a day	76.0
	HEALTH SERVICES DURING PREGNANCY	
	Pregnancy testing kit	532
32	Mothers who know about pregnancy testing kit	62.3
33	Mothers who were told about the pregnancy testing kit by	
33.01	Doctor	20.9
33.02	ANM	7.4
33.03	AWW	12.3
33.04	ASHA	36.7
33.05	Poshan sakhi	5.2
33.06	SHG Members	1.4
33.07	Family/friends/relatives	18.5
33.08	Mass media	6.0
33.09	Others	0.4
34	Mothers who used pregnancy testing kit to confirm the last pregnancy	50.7
35	Mothers who were assisted in pregnancy confirmation by	
35.01	Doctor	31.8
35.02	ANM	3.7
35.03	AWW	3.5
35.04	ASHA	26.7
35.05	Poshan sakhi	0.5
35.06	SHG members	0.5
35.07	Family/friends/relatives	6.5
35.08	Self	23.8
35.09	Others	2.9
36	Mothers' age at the time of first pregnancy	
36.01	Less than 18	26.0
36.02	18 and above	74.0
37	Mothers' total number of pregnancies (includes last pregnancy)	
37.01	3 or less	65.6
37.02	More than 3	34.4
	Pregnancy registration	532
38	Mothers who were informed about the importance of early pregnancy registration	73.4
39	Mothers who were informed about the importance of early pregnancy registration by (n) ⁶	393
39.01	Doctor	2.8
39.02	ANM	13.5
39.03	AWW	27.6
39.04	ASHA	88.3
39.05	Poshan sakhi	8.8
39.06	SHG Member	1.2
39.07	Family/friend/relatives	14.8
39.08	Mass media	2.2
40	Mothers who were helped to get their last pregnancy registered by (n) ⁷	485
40.01	ANM	8.3
40.02	AWW	28.3
40.03	ASHA	80.0
40.04	Poshan sakhi	5.3
40.05	SHG member	0.4
40.06	Family/friends/relatives	10.2
40.07	Self	2.3

	INDICATORS: Intervention Area	(%)
41	Mothers registered their last pregnancy with ⁷	
41.01	ANM	35.6
41.02	AWW	45.9
41.03	ASHA	18.5
42	Mothers who know about using Mother and Child Protection (MCP) card for (n) ⁸	450
42.01	ANC services	30.4
42.02	PNC Services	20.6
42.03	Child Immunization	69.4
42.04	Child Growth	21.3
42.05	Early childhood care and education	8.9
42.06	Others	3.1
	Antenatal care (ANC) services received during last pregnancy	532
43	Mothers who were advised to avail antenatal care during last pregnancy	72.7
44	Mothers advised to avail ANC services during last pregnancy by (n) ⁹	392
44.01	Doctor	7.2
44.02	ANM	20.4
44.03	AWW	33.1
44.04	ASHA	90.0
44.05	Poshan sakhi	13.9
44.06	SHG member	2.2
44.07	Family/friends/relatives	23.2
44.08	Mass media	3.1
45	Mothers who received counselling on birth preparedness	72.8
46	Mothers who were counselled for birth preparedness by	
46.01	Doctor	8.2
46.02	ANM	10.5
46.03	AWW	18.3
46.04	ASHA	65.7
46.05	Poshan sakhi	7.9
46.06	SHG Member	1.0
46.07	Family/ friends/ relatives	18.0
47	Type of counselling received by Mothers on birth preparedness	
47.01	Identification of place of delivery	53.8
47.02	Transport facility for delivery	34.8
47.03	Arrangement of money	56.6
47.04	Birth attendant	17.8
47.05	Others	9.3
48	Mothers who were informed about the harmful effects of consuming tobacco/alcohol	31.0
49	Mothers informed about the harmful effects of consuming tobacco/alcohol by	
49.01	Doctor	3.6
49.02	ANM	2.6
49.03	AWW	5.9
49.04	ASHA	12.5
49.05	Poshan sakhi	5.0
49.06	SHG member	3.0
49.07	Family/ friends/ relatives	14.8
49.08	Mass media	6.6
49.09	Others	2.5
	ACCESS TO VILLAGE HEALTH SANITATION AND NUTRITION DAY (VHSND)	
50	Mothers who were informed about the importance of VHSND	44.9
51	Mothers informed about the importance of VHSND by	
51.01	Doctor	1.0

	INDICATORS: Intervention Area	(%)
51.02	ANM	6.0
51.03	AWW	14.3
51.04	ASHA	39.1
51.05	Poshan sakhi	7.9
51.03	SHG members	1.7
51.04	Family/friends/relatives	4.3
52	Topics discussed on VHSND related to	
52.01	Early registration of pregnancy	25.2
52.02	ANC	25.5
52.03	PNC	19.0
52.04	Danger sign during pregnancy	13.4
52.05	Birth preparedness	24.7
52.06	Family planning	24.8
52.07	Child health	24.0
52.08	Nutrition	25.2
52.09	Sanitation and hygiene	31.0
53	Mothers who did not attend any VHSND because of	
53.01	Family member not allowed	3.1
53.02	By choice/ wish	4.0
53.03	Didn't get time	13.0
53.04	Others	3.5
53.05	Don't know	23.3
	INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS)	532
54	Mothers' knowledge about entitlement from anganwadi centre (AWC)	
54.01	Take home ration (THR)	87.1
54.02	Eggs	57.8
54.03	Hot cooked meal (HCM)	8.6
55	Mothers told about food entitlements from AWC by	
55.01	AWW	32.6
55.02	ASHA	47.5
55.03	Poshan sakhi	5.6
55.04	SHG members	1.9
55.05	Family/friend/relatives	34.3
55.06	Others	3.2
56	Mothers received entitlements during last pregnancy	
56.01	THR	45.0
56.02	Eggs	20.4
56.03	HCM	1.0
57	Mothers who received THR/Eggs/Hot cooked meal after pregnancy registration at AWC	
57.01	Within a week after pregnancy registration	2.0
57.02	After a week	4.0
57.03	After one month	32.3
57.04	Don't know/ don't remember	6.7
58	Mothers who persistently received THR from anganwadi centre	
58.01	Daily/alternatively	0.7
58.02	Weekly	1.4
58.03	Monthly	41.1
58.04	Not given	1.8
59	Mothers counselled at AWC before delivery of last child	51.6
60	Mothers who received information from ANM/AWW/ASHA on	
60.01	Child care practices	33.1
60.02	Family planning	31.3

	INDICATORS: Intervention Area	(%)
60.03	Nutrition	25.8
60.04	Health	35.2
60.05	Hygiene	36.1
61	Mothers anticipation on the services of AWC received in the last six months	
61.01	Improved	20.3
61.02	Remained the same	24.0
61.03	Worsened	2.4
61.04	Don't know/can't say	4.9
	HEALTH SERVICES DURING DELIVERY AND POST NATAL CARE	532
62	Place where mothers delivered their last baby	
62.01	Home	15.7
62.02	In transit	2.5
62.03	Government health facilities	72.5
62.04	Private health facilities	9.3
63	Mothers who were advised about institutional delivery	72.4
64	Mothers advised about institutional delivery by	
64.01	Doctor	7.5
64.02	ANM	11.9
64.03	AWW	16.4
64.04	ASHA	66.2
64.05	Poshan sakhi	5.7
64.06	SHG member	1.4
64.07	Family/friends/relatives	24.2
64.08	Mass media	1.4
65	Mothers who know about the payments/benefits if the delivery takes place in a government hospital	79.7
66	Mothers who knew about payments/benefits from	
66.01	Doctor	3.2
66.02	ANM	6.8
66.03	AWW	10.6
66.04	ASHA	74.3
66.05	Poshan sakhi	4.4
66.06	SHG member	1.5
66.07	Family/friends/relatives	23.3
66.08	Mass media	3.2
66.09	Others	2.0
67	Mothers who got maternity entitlement payments from government through	
67.1	Janani Suraksha Yojana (JSY)	
67.1.1	Yes	45.1
67.1.2	Payment is being currently processed	8.7
67.1.3	Don't know/ Don't remember	0.9
67.2	Indira Gandhi Matritva Sahyog Yojana (IGMSY)/ Mamta Yojana	
67.2.1	Yes	5.4
67.2.2	Payment is being currently processed	0.4
67.2.3	Don't know/ Don't remember	3.7
67.3	Janani Shishu Suraksha Karyakaram (JSSK)	
67.3.1	Yes	14.9
67.3.2	Payment is being currently processed	1.0
67.3.3	Don't know/ Don't remember	2.5
67.4	Adarsh Dampati Yojna (ADY)/ Mahtari Express	
67.4.1	Yes	5.4
67.4.2	Payment is being currently processed	0.2
67.4.3	Don't know/ Don't remember	4.2

	INDICATORS: Intervention Area	(%)
68	Mothers who were visited at house within 7 days of delivery by	
68.01	ANM	2.7
68.02	AWW	11.8
68.03	ASHA	63.0
69	Mothers who were visited at house within 42 days of delivery by	
69.01	ANM	2.6
69.02	AWW	13.7
69.03	ASHA	62.2
	FAMILY PLANNING	532
70	Mothers who were informed about the importance of family planning	60.8
71	Mothers informed about the importance of family planning by	
71.01	Doctor	5.3
71.02	ANM	18.6
71.03	AWW	20.4
71.04	ASHA	46.5
71.05	Poshan sakhi	9.5
71.06	SHG members	2.9
71.07	Family/friends/relatives	15.6
71.08	Mass media	5.5
71.09	Others	1.6
72	Mothers motivated for using family planning methods by	
72.01	Doctor	1.5
72.02	ANM	1.5
72.03	AWW	1.6
72.04	ASHA	8.5
72.05	Poshan sakhi	1.0
72.06	Family/friends/relatives	4.2
72.07	Mass media	0.4
72.08	Others	0.1
73	Mothers reasons for not using family planning methods (n) ¹⁰	442
73.01	Unmet need	15.5
73.02	Wanted to be pregnant	43.0
73.03	Family members not allowed	28.7
73.04	Others	12.7
	SANITATION AND HYGIENE	532
74	Toilet facility	
74.01	Mothers using toilet within the premises	19.9
74.02	Mothers using toilet outside the premises (not shared, other than the household members)	8.1
74.03	Mothers using shared toilets (2-3 families)	2.0
74.04	Mothers using community toilet	0.6
74.05	Mothers go for open defecation	69.3
75	Mothers who usually wash hands with bar soap/detergent/liquid soap	90.2
76	Mothers informed/encouraged to wash hands with bar soap/detergent/liquid soap by	
76.01	Doctor	11.5
76.02	ANM	13.5
76.03	AWW	26.2
76.04	ASHA	48.7
76.05	Poshan sakhi	15.9
76.06	SHG members	10.5
76.07	Family/friend/relatives	34.9
76.08	Mass media	8.7
76.09	Others	5.9

	INDICATORS: Intervention Area	(%)
77	Occasions on which mothers wash hands with soap	
77.01	Before cooking	62.2
77.02	Before having food/feeding the child	53.3
77.03	After cleaning house	49.9
77.04	After cleaning child faeces	68.8
77.05	After defecation	92.5
77.06	Others	2.9
	PARTICIPATION IN JEEViKA INTERVENTIONS	532
78	Mothers who were identified as nutritional risk/ underweight/ undernourished by AWW/ASHA/ Poshan sakhi	16.2
79	Mothers who were visited by Poshan sakhi/ AWW/ASHA at home and counsel on taking IFA tablets/ THR/ food intake ¹¹	75.0
80	At risk mothers who were visited at home by Poshan sakhi ¹¹	
80.01	Weekly	8.3
80.02	Fortnightly	17.0
80.03	Monthly	25.0
80.04	Quarterly	6.2
80.05	Never visit	43.5
81	At risk mothers who were visited at home by AWW/ASHA ¹¹	
81.01	Weekly	12.9
81.02	Fortnightly	11.0
81.03	Monthly	32.3
81.04	Quarterly	1.5
81.05	Never visit	42.4
82	Mothers who have attended monthly food demonstration and counselling sessions for at-risk organized by Poshan sakhi during last six months ¹¹	27.6
83	Mothers comprehension during home visits/ food demonstration session by Poshan sakhi on ability to ¹²	
83.1	Explains clearly	
83.1.1	Very poor	0.0
83.1.2	Poor	0.0
83.1.3	Medium	7.9
83.1.4	Good	31.0
83.1.5	Very good	61.1
83.2	Knowledge about the topic	
83.2.1	Very poor	0.0
83.2.2	Poor	1.6
83.2.3	Medium	15.6
83.2.4	Good	32.3
83.2.5	Very good	50.5
83.3	Ability to solve doubts	
83.3.1	Very poor	14.1
83.3.2	Poor	1.6
83.3.3	Medium	9.8
83.3.4	Good	26.3
83.3.5	Very good	48.2
84	Mothers who have attended any special health camps for women mobilized by ANM/AWW/ASHA/Poshan sakhi in last one year	17.2
85	Any social activities organized in village regarding existing social issues like village cleanliness, early marriage, stop dowry practice, food diversity, ban alcohol, gender discrimination and domestic violence	47.3
86	Mothers who worked in last 12 months	15.8
87	Mothers worked in the last 12 months for ¹³	85
87.01	Family members	89.6
87.02	Self-employed	10.4

	INDICATORS: Intervention Area	(%)
88	Mothers who worked ¹³	
88.01	Throughout the year	31.4
88.02	Seasonally/part of the year	49.6
88.03	Once in a while	19.0
89	Mothers who worked in last 12 months and were ¹³	
89.01	Paid in cash only	58.2
89.02	Paid in cash and kind	26.2
89.03	Paid in kind only	15.6
89.04	Not paid	0.0
90	Person who decides how the money earned by mothers will be used ¹⁴	74
90.01	Respondent only	33.0
90.02	Husband only	9.3
90.03	Husband/partner jointly	57.7
91	Mothers who know any programmes in the area that give loans to women to start or expand a business of their own	31.4
92	Mothers who have ever taken loan, in cash or in kind, to start or expand a business	6.1
93	Mothers who have organized or participated in any community level programme	10.4

Note:

- 1 Include only those households with no ration card (unweighted): (n)=259
- 2 Improved source of cooking includes LPG/natural gas/electricity/biogas.
- 3 Include mothers who have heard about Poshan sakhi and were explained about number of meals she should have daily (unweighted): n=138
- 4 Include mothers who have heard about Poshan sakhi and were explained about Tiranga bhojan (unweighted): (n)=130
- 5 Include mothers who have heard about Poshan sakhi and were explained about Tiranga bhojan but not following it (unweighted): (n)=6
- 6 Include only mothers who were informed about importance of early registration (unweighted): (n)=393
- 7 Include only mothers who registered their pregnancy (unweighted): (n)=485
- 8 Include only mothers who received MCP card after registration (unweighted): (n)=450
- 9 Include only mothers who were advised for availing ANC during last pregnancy (unweighted): (n)=392
- 10 Include only mothers not using any family planning method (unweighted): (n)=442
- 11 Included only mothers who were identified as nutrition at risk by AWW/ASHA/Poshan sakhi in the last three months (unweighted): (n)=83
- 12 Include only mothers who have been identified as nutrition at risk by Poshan/Kishori sakhi in the last one year and attended any food demonstration session (unweighted): (n)=25
- 13 Include only mothers who worked in last 12 months (unweighted): (n)=85
- 14 Include only mothers who worked in last 12 months and paid in cash (unweighted): (n)=73

RIPPLE EFFECT ON CHILD

	Key Indicators	Intervention	Control	Total
	SOCIO-DEMOGRAPHIC INDICATORS	%	%	%
	Estimated sample of children (n)	500	500	1000
	Total children interviewed (n) ¹	531	508	1039
1	Distribution of children by age groups			
1.01	0-5 months [n]	[132] 24.2	[148] 28.4	[280] 26.6
1.02	6-8 months [n]	[61] 11.6	[75] 14.9	[136] 13.5
1.03	9-11 months [n]	[63] 11.5	[70] 13.6	[133] 12.7
1.04	12-17 months [n]	[165] 30.4	[126] 24.0	[291] 26.7
1.05	18-23 months [n]	[110] 22.3	[89] 19.0	[199] 20.4
2	Sex of the child			
2.01	Boy	50.7	48.0	49.1
2.02	Girl	49.4	52.1	50.9
3	Birth interval from last sibling (n)²	392	369	761
3.01	<1 year	8.8	18.0	14.1
3.02	1-2 years	43.0	35.0	38.4
3.03	2-4 years	38.6	37.6	38.1
3.04	> 4 years	9.6	9.3	9.5
4	Child with multiple birth	1.0	0.2	0.5
5	Birth order			
5.01	First child	23.7	24.7	24.3
5.02	Second child	25.5	20.2	22.4
5.03	Third child	21.2	18.6	19.7
5.04	Fourth or later child	29.6	36.5	33.6
6	Religion			
6.01	Hindu	51.1	36.8	42.8
6.02	Muslim	48.9	63.2	57.2
7	Ethnicity			
7.01	Scheduled caste (SC)	19.6	15.0	16.9
7.02	Scheduled tribe (ST)	11.4	8.6	9.7
7.03	Other backward classes (OBC)	30.6	29.0	29.7
7.04	Others ³	38.5	47.4	43.7
8	Household size			
8.01	3 or less members	9.9	11.2	10.6
8.02	4-6 members	60.5	52.4	55.8
8.03	7 or more members	29.6	36.5	33.6
9	BIRTH CARE			
9.01	Place of delivery			
i	Home	14.5	33.9	25.8
ii	In transit	3.6	4.6	4.2
iii	Government health facility	71.0	51.3	59.6
iv	Private health facility	10.9	10.2	10.5
9.02	Given first bath after birth			
i	Immediately	20.9	28.1	25.1
ii	After few minutes	1.7	4.6	3.4
iii	After hours	24.1	23.8	24.0
iv	After days	46.7	37.3	41.2
v	Don't know	6.6	6.1	6.3
10	HOME AND TRANSIT DELIVERY (n)	96	160	256
10.01	Cut umbilical cord with⁴			
i	Blade given in Mamta kit/new blade	88.0	93.6	92.1

	Key Indicators	Intervention	Control	Total
ii	Knife	1.2	0.9	1
iii	Used blade	4.5	3.0	3.4
iv	Others	0	0.4	0.3
v	Don't know	6.3	2.1	3.2
10.02	Substance applied on umbilical after cutting⁴			
i	Dettol	9.2	6.1	6.9
ii	Antiseptic cream/lotion	14.7	8.0	9.7
iii	Oil	22.1	26.7	25.5
iv	Mud	1.0	1.6	1.4
v	Cow dung	0	1.6	1.2
vi	Turmeric	4.7	0.4	1.4
vii	Ash	12.2	19.1	17.4
viii	Others ⁵	22.8	19.4	20.3
ix	Don't know	13.3	17.1	16.2
11	PRELACTEAL CARE			
11.01	Child put to breast (in mean hours)[sd] ⁶	5.76 [16.75]	6.04 [15.67]	5.89 [16.23]
i	In less than one hour	65.5	53.0	58.3
ii	In one hour	13.3	20.2	17.3
11.02	Child fed colostrum at birth ⁷	71.8	65.9	68.4
11.03	Child given fluid/water to drink in first three days after delivery	19.8	31.4	26.5
11.04	In first three days after delivery child given	531	508	1039
i	Milk such as tinned, powdered/fresh animal milk or Infant formula	9.7	20.6	16.0
ii	Plain water	1.1	2.9	2.1
iii	Sugar or glucose water or Gripe water	1.1	4.2	2.9
iv	Janam ghutti	1.2	2.1	1.7
v	Sugar-salt water solution	0.8	1.6	1.2
vi	Honey	4.0	5.2	4.7
vii	Others ⁸	4.0	3.3	3.6
12	BREASTFEEDING PRACTICES			
12.01	Early initiation of breastfeeding ⁹	72.0	60.3	65.3
i	0-11 months	73.1	61.6	65.8
ii	12-23 months	71.1	58.7	64.6
12.02	Exclusive breastfeeding under 6 months ^{9a}	83.3	87.4	85.9
12.03	Continued breastfeeding at 1 year (12-15 months) ^{9b}	98.0	93.8	95.8
13	COMPLEMENTARY FEEDING PRACTICES			
13.01	Fluid given to child yesterday (n)^{9c}	403	361	764
i	Plain water	82.7	83.1	82.9
ii	Other than mother milk	28.3	19.7	23.5
iii	Milk such as tinned, powdered/fresh animal milk	21.0	18.8	19.7
iv	Gripe water	5.3	3.0	4.0
v	Infant formula	1.2	1.1	1.1
vi	Jaggary water	2.4	1.7	2.0
vii	Tea	37.3	34.4	35.7
viii	Fruit juice	7.2	4.2	5.5
ix	Clear broth	33.6	25.9	29.2
x	Curd/butter milk	3.0	0.5	1.6
xi	Others	0.8	1.2	1.0
13.02	Introduction of solid, semi-solid or soft foods (6-8 months) ^{9d}	42.5	52.0	48.6
13.03	Minimum dietary diversity^{9e}	25.2	18.8	21.6

	Key Indicators	Intervention	Control	Total
i	6-11 months	16.6	8.7	11.6
ii	12-17 months	29.5	20.7	24.9
iii	18-23 months	28.1	31.3	29.8
13.04	Minimum meal frequency^{9f}	38.9	30.8	34.3
i	6-11 months	24.9	16.3	19.5
ii	12-17 months	41.9	31.3	36.4
iii	18-23 months	48.8	51.6	50.3
13.05	Minimum acceptable diet^{9g}	18.1	13.6	15.6
i	6-11 months	9.9	7.1	8.1
ii	12-17 months	22.1	14.2	18.0
iii	18-23 months	20.9	22.5	21.8
13.06	Consumption of iron-rich or iron-fortified foods^{9h}	60.0	50.6	54.7
i	6-11 months	40.2	28.3	32.7
ii	12-17 months	68.0	62.7	65.2
iii	18-23 months	69.4	68.2	68.7
13.07	Children ever breastfed⁹ⁱ			
i	0-11 months	99.2	99.8	99.6
ii	12-23 months			
13.08	Continued breastfeeding at 2 years^{9j}	84.2	76.1	80.0
13.09	Age-appropriate breastfeeding^{9k}	77.8	74.8	76.0
13.10	Predominant breastfeeding under 6 months^{9l}	83.3	87.4	85.9
13.11	Child given solid food yesterday (n)^{9c}	403	361	764
i	Any porridge or gruel (kheer, dal, bhat, soft khichdi)	53.3	51.4	52.2
ii	Any commercially fortified baby food	15.5	8.1	11.3
iii	Any bread, roti, chapati, rice, odles, idli, upma or any other foods made from grain	32.9	35.9	34.6
iv	Any pumpkin, carrot, squash or sweet potato that is yellow or orange	12.0	6.5	8.9
v	Any white potatoes, white yam, cassava, or other food made from roots	45.9	36.0	40.3
vi	Any dark green leafy vegetables	35.0	23.5	28.5
vii	Any ripe mango, papaya, grapes, banana, watermelon, cantaloupe or jackfruit	11.5	7.9	9.5
viii	Any other local fruits or vegetables (jamun, bare, singhada, etc)	9.2	3.0	5.7
ix	Any dry fruits (raisins, dry dates etc)	7.5	1.4	4.1
x	Any foods made from beans, peas, lentils	37.8	33.0	35.1
xi	Any nuts	4.6	0.6	2.4
xii	Any cheese, curd or other food made from milk	14.8	7.4	10.6
xiii	Any oil, ghee/butter	21.9	13.2	17.0
xiv	Any sugary foods (biscuits, chocolates, sweets, candies, cakes, etc)	70.5	65.7	67.8
xv	Any food made from Besan laddoo, bhujia, etc	12.9	10.2	11.4
xvi	Any junk foods (pkt. food like namkeen, wafer, kurkure etc)	23.4	14.3	18.3
xvii	Any food made from Maida odles, sewain, etc	7.6	4.2	5.7
xviii	Eggs	16.4	15.9	16.1
xix	Fresh or dried fish or shellfish	11.8	14.4	13.3
xx	Chicken, duck, or other birds	3.0	2.4	2.7
xxi	Any other meat	6.0	6.7	6.4
xxii	Any other	0.6	0.0	0.3
14	UTILIZATION OF ICDS			

	Key Indicators	Intervention	Control	Total
14.01	Aware about ICDS for child	68.6	54.2	60.2
14.02	Informed about ICDS services for children by			
i	Doctor	1.6	0.8	1.2
ii	ANM	12.3	4.4	7.7
iii	AWW/ASHA	66.7	51.2	57.7
iv	Poshan sakhi	11.0	0.0	4.6
v	Family/friends/relatives	9.5	10.2	9.9
vi	Others	0.2	0.8	0.5
14.03	Informed about ICDS services for children in			
i	VHSND	30.6	16.8	22.5
ii	Health camps	2.1	1.1	1.5
iii	Home visits by ASHA/AWW	51.1	41.1	45.3
iv	Home visits by Poshan sakhi	9.3	0.4	4.2
v	Maitri baithak	3.2	0.0	1.3
vi	Social drives	0.7	0.3	0.5
vii	ICE material	0.2	0.0	0.1
viii	Others	1.5	3.2	2.5
14.04	Received any services from ICDS/AWC	80.2	75.4	77.4
14.05	Received Take Home Ration (THR) from AWC	43.6	34.6	38.4
14.06	Frequency of THR received			
i	Regular	24.4	20.2	22.0
ii	Sometime	19.2	14.3	16.4
15	CHILD MORBIDITY			
15.01	Ever suffer from any of the following health problem	29.4	36.3	33.4
i	Birth defect	3.8	3.5	3.6
ii	Pneumonia/respiratory infection	9.3	13.1	11.5
iii	Asthma/allergy	3.3	2.7	2.9
iv	Jaundice	11.3	17.2	14.7
v	Typhoid	11.4	14.2	13.1
vi	Malaria/dengue	1.0	3.5	2.4
vii	Measles	3.5	8.8	6.6
15.02	Had fever/cough in the last two weeks	71.2	73.1	72.3
i	Seek advice or treatment for the fever/cough ¹⁰	93.5	93.2	93.3
15.03	Suffer from Acute Respiratory Infection (ARI) in last two weeks¹¹	5.1	6.9	6.1
15.04	Suffer from Diarrhoea in last two weeks	34.6	32.2	33.2
i	Seek advice or treatment for the diarrhoea ¹²	91.3	94.3	93.0
ii	Gave ORS packet or salt and sugar to stop diarrhoea ¹²	47.1	39.4	42.7
iii	Administered zinc/goli to stop diarrhoea ¹²	34.9	26.0	29.9
16	IMMUNIZATION STATUS			
16.01	Have a MCP card/card for vaccination	84.8	78.6	81.2
i	Card seen	73.5	65.8	69.0
ii	Card not seen	11.3	12.8	12.2
16.02	New born care (children with MCP card and card seen)¹³	391	353	744
i	Polio			
a	Polio (OPV 0) (given at birth) ^{13,14}	83.6	76.8	79.8
b	Oral Polio Vaccine (OPV 1) ^{13,15}	91.9	92.8	92.4
c	OPV 2 ^{13,16}	89.5	85.5	87.3
d	OPV 3 ^{13,17}	79.1	78.8	79.0
e	IPV (Inactivated Polio Vaccine) ^{13,17}	53.9	57.2	55.7
f	OPV Booster ^{13,19}	44.7	42.4	43.6
ii	Bacillus Calmette-Guerin (BCG)^{13,14}	94.8	94.4	94.6
iii	Pentavalent			

	Key Indicators	Intervention	Control	Total
a	Pentavalent 1 ^{13,15}	90.4	92.1	91.3
b	Pentavalent 2 ^{13,16}	87.0	84.4	85.6
c	Pentavalent 3 ^{13,17}	79.4	78.3	78.8
iv	Measles			
a	Measles (1 st dose) ^{13,18}	72.9	74.2	73.6
b	Measles (2nd dose) ^{13,19}	38.0	46.2	41.9
v	Vitamin A			
a	Vitamin A (1st dose) ^{13,18}	11.6	16.0	13.9
b	Vitamin A (2nd dose) ^{13,19}	3.5	5.8	4.6
c	Vitamin A (3rd Dose) ^{13,19}	1.8	0.8	1.3
vi	Hepatitis (given at birth)^{13,14}	77.5	63.5	69.8
vii	Japanese encephalitis			
a	Japanese encephalitis (J E) 1 ^{13,18}	11.3	12.5	11.9
b	Japanese encephalitis (J E) 2 ^{13,19}	5.3	6.4	5.8
viii	Diphtheria, tetanus and pertussis (DPT) booster^{13,19}	46.0	50.6	48.2
16.03	Full immunisation^{19a} (12-23 months with MCP card)	69.3	73.5	71.3
16.04	Any vaccination (all children 0-23 months)	99.0	95.5	97.0
17	PERSONAL HYGIENE			
17.01	Sanitation/defecation			
i	Using toilet	2.2	1.8	1.9
ii	Open defecation	28.0	31.4	30.0
iii	Child too small	69.8	66.8	68.1
17.02	Disposal of child stool if child too small (n)²⁰	384	360	744
i	In toilet	2.1	2.0	2.0
ii	In drainage	15.6	16.9	16.3
iii	Open garbage	52.4	51.3	51.8
iv	Any open space	29.9	29.9	29.9
17.03	Wash hand after child defecation	95.9	93.0	94.2
17.04	Proper handwashing²¹	92.2	87.6	89.5
17.05	Ever done body massage of the child	98.2	98.4	98.3
i	Currently doing body massage²²	89.4	91.1	90.4
ii	Frequency of massage^{22a}			
a	At least once in a day	89.1	92.4	91.0
b	Alternate day	5.1	4.8	4.9
c	Weekly	4.8	2.5	3.5
d	Monthly	1.0	0.4	0.6
17.06	Child bathing (In general)	98.2	98.4	98.3
i	Everyday	46.3	52.8	50.1
ii	Alternate day	29.5	27.4	28.2
iii	Weekly	19.1	15.1	16.8
iv	Not regular	5.2	4.8	4.9
17.07	Exposure to indoor air pollution			
i	Tobacco smoke	4.1	4.2	4.2
ii	Other smoke	19.0	17.8	18.3
18	WEIGHT AND GROWTH MEASUREMENT			
18.01	Weighed at the time of birth	83.6	68.6	74.9
18.02	Height/length of measured at the time of birth	10.5	6.3	8.1
18.03	Health workers (ANM/AWW/ASHA/Doctors) discuss about child's nutritional status with caregiver in the last one year	32.6	21.5	26.2
18.04	Discuss about child's nutritional status in the last one year with	32.6	21.5	26.2
i	AWW	16.2	7.5	11.2
ii	ANM	11.4	6.7	8.7

	Key Indicators	Intervention	Control	Total
iii	Doctor	4.4	6.3	5.5
iv	ASHA	26.4	11.5	17.7
v	Others	1.8	0.9	1.3
18.05	Ever suffered from under nutrition since birth	9.3	9.9	9.7
18.06	Ever admitted or enrolled in any health facility related to under-nutrition	2.6	2.7	2.6
18.07	Weighed in the last three months	47.7	37.8	41.9
18.08	Number of times weighed in the last three months			
i	One time	22.5	20.5	21.3
ii	Two times	14.5	11.7	12.9
iii	Three or more times	10.7	5.6	7.7
Nutritional status at the time of survey²³				
19	Boys aged 0-2 years	216	204	420
19.01	Mean weight (kg [SD])	8.13 [1.65]	8.34 [4.13]	8.24 [3.15]
19.02	Mean length (cm [SD])	71.89 [7.46]	70.71 [7.69]	71.30 [7.58]
19.03	Height-for-age < -2SD ²⁴ (stunted)	29.5	26.4	27.7
19.04	Height-for-age < -3SD ²⁴ (severely stunted)	14.2	10.8	12.2
19.05	Weight-for-height < -2SD ²⁵ (wasted)	17.4	11.6	14
19.06	Weight-for-height < -3SD ²⁵ (severely wasted)	3.2	1.8	2.4
19.07	Weight-for-age < -2SD ²⁶ (underweight)	27.6	23.3	25.2
19.08	Weight-for-age < -3SD ²⁶ (severely underweight)	11.2	6.3	8.4
19.09	Weight-for-age > +1SD ²⁶ (obese)	9.6	8.8	9.1
19.10	Mean Mid-Upper Arm Circumference (MUAC) (cm [SD]) of child in 0-6 months ²⁷	14.05 [2.33]	13.55 [1.72]	13.77 [2.03]
19.11	Mean Mid-Upper Arm Circumference (MUAC) (cm [SD]) of child more than 6 months ²⁸	14.30 [2.16]	14.26 [1.56]	14.28 [1.89]
19.12	MUAC < 11.5 cm (severe acute malnutrition) ²⁹	1.7	1.8	1.8
20	Girls aged 0-2 years	206	207	413
20.01	Mean weight (kg [SD])	7.49 [1.76]	7.36 [1.60]	7.42 [1.68]
20.02	Mean length (cm [SD])	69.55 [7.79]	68.67 [7.47]	69.09 [7.63]
20.03	Height-for-age < -2SD ³⁰ (stunted)	25.6	22.9	24
20.04	Height-for-age < -3SD ³⁰ (severely stunted)	8.3	6.1	7.0
20.05	Weight-for-height < -2SD ³¹ (wasted)	14.1	13.3	13.6
20.06	Weight-for-height < -3SD ³¹ (severely wasted)	2.8	1.6	2.1
20.07	Weight-for-age < -2SD ³² (underweight)	19.6	17.1	18.1
20.08	Weight-for-age < -3SD ³² (severely underweight)	6.8	2.8	4.4
20.09	Weight-for-age > +1SD ³² (obese)	10.2	10.2	10.2
20.10	Mean Mid-Upper Arm Circumference (MUAC) (cm [SD]) of child in 0-6 months ³³	13.26 [1.80]	12.96 [1.70]	13.10 [1.75]
20.11	Mean Mid-Upper Arm Circumference (MUAC) (cm [SD]) of child more than 6 months ³⁴	14.01 [2.29]	13.56 [1.08]	13.79 [1.81]
20.12	MUAC < 11.5 cm (severe acute malnutrition) ³⁵	1.1	4.1	2.9
21	All children aged 0-2 years	422	411	833
21.01	Mean weight (kg [SD])	7.81 [1.73]	7.71 [1.72]	7.76 [1.73]
21.02	Mean length (cm [SD])	70.76 [7.70]	69.70 [7.64]	70.21 [7.68]
21.03	Height-for-age < -2SD ³⁶ (stunted)	27.5	24.6	25.8
21.04	Height-for-age < -3SD ³⁶ (severely stunted)	11.2	8.4	9.5
21.05	Weight-for-height < -2SD ³⁷ (wasted)	15.7	12.5	13.8
21.06	Weight-for-height < -3SD ³⁷ (severely wasted)	3.0	1.7	2.2
21.07	Weight-for-age < -2SD ³⁸ (underweight)	23.6	20.1	21.5

	Key Indicators	Intervention	Control	Total
21.08	Weight-for-age < -3SD ³⁸ (severely underweight)	9.0	4.5	6.3
21.09	Weight-for-age > +1SD ³⁸ (obese)	9.9	9.5	9.7
21.10	Mean Mid-Upper Arm Circumference (MUAC) (cm [SD]) of child in 0-6 months ³⁹	13.63 [2.1]	13.25 [1.75]	13.43 [1.94]
21.11	Mean Mid-Upper Arm Circumference (MUAC) (cm [SD]) of child more than 6 months ⁴⁰	14.16 [2.21]	13.89 [1.39]	14.03 [1.86]
21.12	MUAC < 11.5 cm (severe acute malnutrition) ⁴¹	1.4	2.9	2.3

Note: Intervention Area – JEEViKA Cluster 2; Control Area – JEEViKA Cluster 3

- 1 Selected only completed interviews and matched with household datasets.
- 2 Includes only children born to mother with more than 1 live birth.
- 3 Others also include those household who do not know their caste/tribe.
- 4 Include children delivered at home and in transit (unweighted): Intervention (n)=96, Control (n)=160 and Total (n)=256.
- 5 Others include blue-ink/medicine/liquid, or medicine or powder etc.
- 6 Included children who have ever breastfed and time of putting child to breast was known (unweighted): Intervention=513 Control=479 Total=992.
- 7 Included children who have ever breastfed (unweighted): Intervention=521 Control=489 Total=1010.
- 8 Others include another mother's milk, sugar water, etc.
- 9 Proportion of children born in the last 24 months who were put to the breast within one hour of birth.
- 9a Proportion of infants 0–5 months of age who are fed exclusively with breast milk. Included only children in 0-5 months for exclusive breastfeeding (unweighted): Intervention (n)=113, Control (n)=129 and Total (n)=242.
- 9b Proportion of children 12–15 months of age who are fed breast milk. Included only children in 12-15 months for continued breastfeeding (unweighted): Intervention (n)=121, Control (n)=99 and Total (n)=220.
- 9c Included children aged 6-23 months (unweighted): Intervention (n)=399, Control (n)=360 and Total (n)=759.
- 9d Proportion of infants 6–8 months of age who receive solid, semi-solid or soft foods. Included only child in 6-8 months for early initiation of food other than milk (unweighted): Intervention (n)=61, Control (n)=75 and Total (n)=136
- 9e Proportion of children 6–23 months of age who receive foods from 4 or more food groups (out of 7 food groups). A 7 food group score comprises of the following: 1. *grains, roots and tubers* 2. *legumes and nuts* 3. *dairy products (milk, yogurt, cheese)* 4. *flesh foods (meat, fish, poultry and liver/organ meats)* 5. *eggs* 6. *vitamin-A rich fruits and vegetables* 7. *other fruits and vegetables*.
- 9f Proportion of breastfed and non-breastfed children 6–23 months of age who receive solid, semi-solid, or soft foods (but also including milk feeds for non-breastfed children) the minimum number of times or more.
- 9g Proportion of children 6–23 months of age who receive a minimum acceptable diet (apart from breast milk).
- 9h Proportion of children 6–23 months of age who receive an iron-rich food or iron-fortified food that is specially designed for infants and young children, or that is fortified in the home. Iron rich food like any pumpkin, carrot, squash or sweet potato that is yellow or orange/ any dry fruits (raisins, dry dates etc.)/ any foods made from beans, peas, lentils/ any nuts/ any food made from Besan laddoo, bhujia, etc./ chicken, duck, or other birds/ any other meat which are in the top ten list of absorbable iron content.
- 9i Proportion of children born in the last 24 months who were ever breastfed.
- 9j Proportion of children 20–23 months of age who are fed breast milk. Intervention (n)=87, Control (n)=62 and Total (n)=149.
- 9k Proportion of children 0–23 months of age who are appropriately breastfed. Infants 0–5 months of age who received only breast milk during the previous day and children 6–23 months of age who received breast milk, as well as solid, semi-solid or soft foods, during the previous day.
- 9l Proportion of infants 0–5 months of age who received breast milk as the predominant source of nourishment during the previous day.
- 10 Included child who had cough/fever in last 2 weeks (unweighted): Intervention (n)=378, Control (n)=363 and Total (n)=741.
- 11 Cough with rapid/difficult breathing and chest pain in the last two weeks.
- 12 Included child suffer from diarrhoea in last 2 weeks (unweighted): Intervention (n)=183, Control (n)=161 and Total (n)=344.
- 13 Include only children with MCP/vaccination card and card seen.

- 14 Included child aged 0-23 months (unweighted): Intervention (n)=391, Control (n)=353 and Total (n)=744.
- 15 Included child more than or equal to 1 month (unweighted): Intervention (n)=379, Control (n)=336 and Total (n)=715.
- 16 Included child more than or equal to 2 month (unweighted): Intervention (n)=364, Control (n)=325 and Total (n)=689.
- 17 Included child more than or equal to 3 month (unweighted): Intervention (n)=349, Control (n)=307 and Total (n)=656.
- 18 Included child more than or equal to 9 month (unweighted): Intervention (n)=247, Control (n)=198 and Total (n)=445.
- 19 Included child more than or equal to 16 month (unweighted): Intervention (n)= 110, Control (n)= 73 and Total (n)= 183.
- 19a Included child more than or equal to 12 month (unweighted): Intervention (n)=198, Control (n)=143 and Total (n)=341.
Full immunization includes BCG at birth, measles at 9-month, 3 doses of pentavalent (which include BCG) and 3 doses of Polio.
- 20 Included those children who reported child too small for using toilet (unweighted): Intervention (n)=384, Control (n)=360 and Total (n)=744.
- 21 Proper handwashing: Usually wash hand with bar soap/detergent/liquid soap.
- 22 Includes only children who have ever done massage (unweighted): Intervention (n) 523, Control (n)=501 and Total (n)=1024.
- 22a Includes only children who are currently doing massage (unweighted): Intervention (n) 471, Control (n)=458 and Total (n)=929.
- 23 Included children whose anthropometry measurement were completed for nutritional status assessment.
- 24 Included only unflagged cases for height-for-age (unweighted): Intervention (n)=193, Control (n)=193 and Total (n)=386.
- 25 Included only unflagged cases for weight-for-height (unweighted): Intervention (n)=195, Control (n)=200 and Total (n)=395.
- 26 Included only unflagged cases for weight-for-age (unweighted): Intervention (n)=200, Control (n)=195 and Total (n)=395.
- 27 Included only children age 0-6 months with MUAC >5 but <27 cm (unweighted): Intervention (n)=52, Control (n)=62 and Total (n)=114.
- 28 Included only children age more than 6 months with MUAC >5 but <27 cm (unweighted): Intervention (n)=158, Control (n)=141 and Total (n)=299.
- 29 WHO standards for mid-upper arm circumference (MUAC)-for-age show that in a well-nourished population there are very few children aged 6–60 months with a MUAC less than 11.5 cm. Based on WHO standard, diagnostic criteria for SAM in children aged 6–60 months is MUAC <11.5 cm. SAM require urgent action. Includes children aged 6-23 months (unweighted): Intervention (n)=158, Control (n)=141 and Total (n)=299.
- 30 Included only un flagged cases for height-for-age (unweighted): Intervention (n)=182, Control (n)=199 and Total (n)=381.
- 31 Included only un flagged cases for weight-for-height (unweighted): Intervention (n)=188, Control (n)=203 and Total (n)=391.
- 32 Included only un flagged cases for weight-for-age (unweighted): Intervention (n)=187, Control (n)=206 and Total (n)=393.
- 33 Included only children age 0-6 months with MUAC >5 but <27 cm (unweighted): Intervention (n)=61, Control (n)=65 and Total (n)=126.
- 34 Included only children age more than 6 months with MUAC >5 but <27 cm (unweighted): Intervention (n)=139, Control (n)=142 and Total (n)=281.
- 35 WHO standards for mid-upper arm circumference (MUAC)-for-age show that in a well-nourished population there are very few children aged 6–60 months with a MUAC less than 115 mm. Based on WHO standard, diagnostic criteria for SAM in children aged 6–60 months is MUAC <115 mm. SAM require urgent action. Includes children aged 6-23 months (unweighted): Intervention (n)=139, Control (n)=142 and Total (n)=281.
- 36 Included only un flagged cases for height-for-age (unweighted): Intervention (n)=375, Control (n)=392 and Total (n)=767.
- 37 Included only un flagged cases for weight-for-height (unweighted): Intervention (n)=383, Control (n)=403 and Total (n)=786.
- 38 Included only un flagged cases for weight-for-age (unweighted): Intervention (n)=387, Control (n)=401 and Total (n)=788.
- 39 Included only children age 0-6 months with MUAC >5 but <27 cm (unweighted): Intervention (n)=113, Control (n)=127 and Total (n)=240.
- 40 Included only children age more than 6 months with MUAC >5 but <27 cm (unweighted): Intervention (n)=297, Control (n)=283 and Total (n)=580.
- 41 WHO standards for mid-upper arm circumference (MUAC)-for-age show that in a well-nourished population there are very few children aged 6–60 months with a MUAC less than 115 mm. Based on WHO standard, diagnostic criteria for SAM in children aged 6–60 months is MUAC <115 mm. SAM require urgent action. Includes children aged 6-23 months (unweighted): Intervention (n)=297, Control (n)=283 and Total (n)=580.

For more information, please contact:

UNICEF Child Development & Nutrition Section UNICEF House
73, Lodi Estate
New Delhi 110003 India www.unicef.in