



SWABHIMAAN: 2016–2020

Integrated Multi-sector Strategy to improve girls and women's nutrition via federation of women agencies in Bihar, Chattisgarh and Odisha Design and Early Lessons

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01 Introduction

Improving girls and women's nutrition requires a combination of nutrition-specific and sensitive interventions (ENI-W).

Engagement of federations of women agencies' to mobilize girls and women's ENI-W service demand and support nutrition actions as an invested service remains to be tested in Aajeevika.

02 Objective

To improve the girls and women's nutrition through a combination of system approaches and community approaches (led by federation of women agencies promoted by Aajeevika) in Bihar, Chattisgarh and Odisha.

To develop the programmatic know-how and assess the "added value" and challenges of engaging of federation of women agencies for girls and women's nutrition actions (as an invested service) in Aajeevika programme.

03 Approach

ENI- W Intervention package

1

Improve food and nutrition intake



1. Access to household rations
2. Access to supplementary nutrition take home/hot cooked meal
3. Access to knowledge about how to improve diet diversity through education, nutrition-sensitive and pesticide free agriculture
4. Access to food in case of food insecure periods through household and community based coping mechanisms

2

Prevent micronutrient deficiencies and anemia



5. Iron and folic acid supplementation
6. Universal use of adequately iodized salt
7. Calcium and deworming
8. Access to information to prevent malaria and/or fluorosis

3

Increase access to VHND services and special care to at nutritional risk



9. Early registration in outreach health services
10. Recording and monitoring of nutritional status
11. Quality reproductive health, antenatal and postnatal care
12. Promotion of institutional delivery
13. Access to information about tobacco and alcohol use in pregnancy

4

WASH



14. Sanitation and hygiene information
15. Access to safe drinking water and sanitation commodities

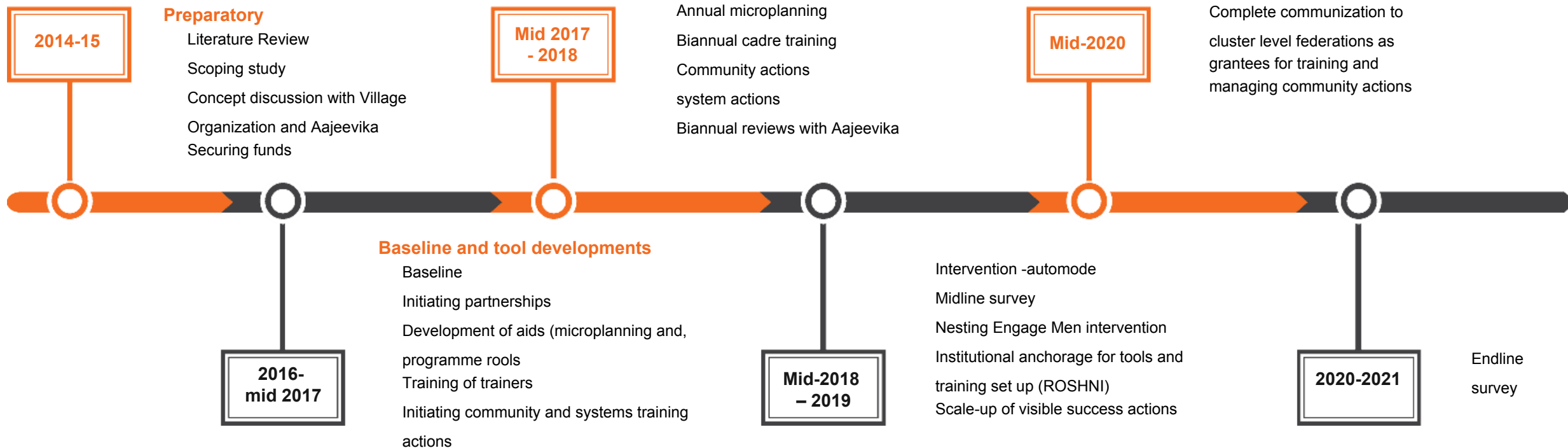
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Prevent early, poorly spaced or unwanted pregnancies



16. Delay age at first pregnancy
17. Prevention of repeated pregnancies
18. Improved spacing

Timeline



Swabhimaan Components Community Actions

(led by Aajeevika)



Cluster Level Federation Led Activities

Annual:

Lead preparation & Stock taking of the FNHW microplan

Biannual:

Newly-wed couple meets Women entitlement and check-ups

Quarterly:

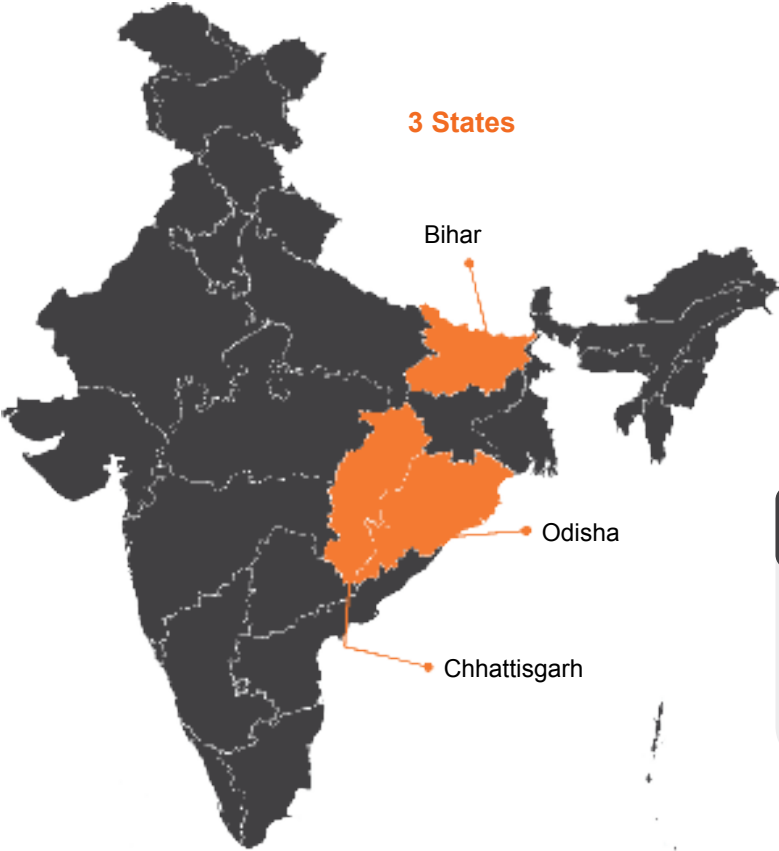
Training of CRP/Poshan Sakhi and VRP
Participate in block convergent reviews

Monthly:

Families with women and children at nutritional risk linked to Agri-poultry and social protection schemes

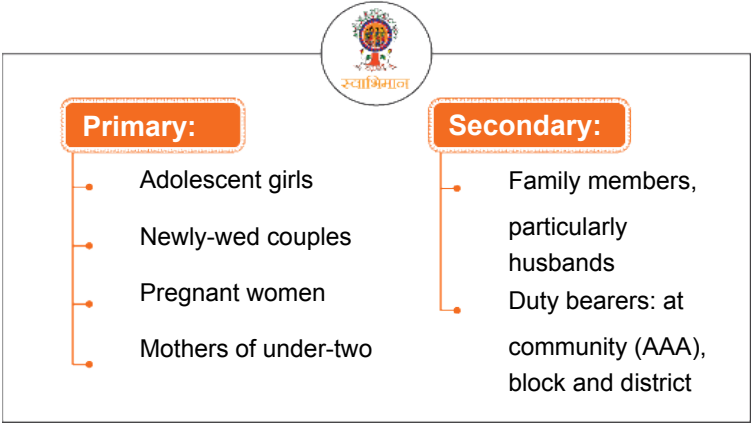
Provide loans for secondary education
Making Farmer field school sites (Community Krishi Vigyan Kendra)

Geographic scope



4 Districts (Purnea, Bastar, Koraput, Angul)
5 Poorest Aajeevika Resource Blocks
356 Villages
1,25,097 households
0.6 million population

Target Groups



Direct beneficiaries ~55,000 girls and women

30,01 adolescent girls	6,762 pregnant women
1,375 newly-wed couples	16,059 mothers of under -two

Swabhimaan Components Systems Actions

(led by Department of Health) Strengthening C2IQ for outreach services

Monthly (VHND)

Strengthening in N in VHND & including services for at nutritional risk and newly-wed in VHND

Annual

Orientation of service providers PDS, ICDS and PHED to ensure communities receive entitled services

Quarterly

Training of ANM on VHND Convergence review at district and block level to address VHND bottlenecks

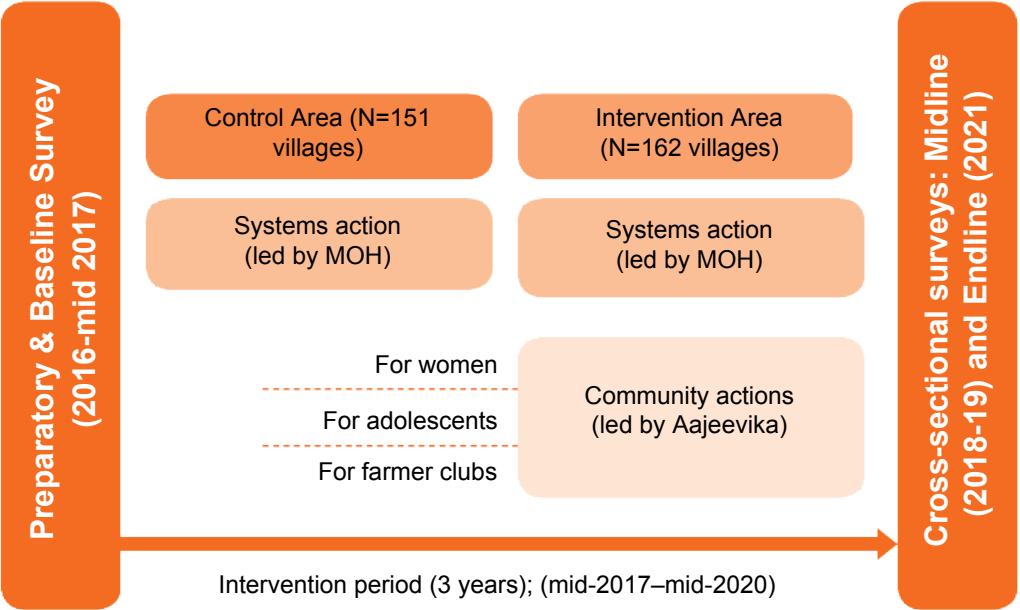
Women agencies involved for community actions

4175 Self Help Groups	231 Village Organizations	21 Cluster Federations	85 Farmer groups
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Service providers involved for systems actions


4175 28 Lady Supervisors	231 140 ANMs	21 935 ASHAs	85 233 PDS shop owners
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Intervention Design



Swabhimaan Components Community Actions

(led by Aajeevika)



Village Organization Led Activities

**Else Community Resource Person provided a top-up fund*

Optional: Formation of adolescent girls' clubs (by Poshan/Kishori Sakhi) and their fortnightly meetings

Village Organization Social action committee
Selection of Poshan Sakhi (1 per VO)*

Poshan Sakhi/CRP
FNHW microplanning (12 days over 2 months)
Monthly maitri bethak (open to non-members)
One additional monthly home visit/group meeting of at-nutrition risk women

VRP
Monthly maitri kishan bethak Support backyard Poshan beds/poultry

SHG
Mobilize for VHND services
Wash hands before weekly meeting starts

Cash grant to CLF by State Rural Livelihood Missions

Activity	Frequency	Incentive amount (INR)
CRPs		
Making of PMP (women's/ kishori's)	One time	450 per day @150 per day for 3 days
Monthly Maitri Baithak	Monthly	50 per meeting
Food demonstration session for at-risk	Fortnightly	100/150 per session
Newlywed couples meeting	Quarterly	100 per quarter

(Continued)

(Continued)

Activity	Frequency	Incentive amount (INR)
Adolescent group SHG meetings	Monthly	100 per meeting
Mobilizing women for VHSND	Monthly	100 per VHSND
Mobilizing women for women's camp	Biannual	500 per camp
Tracking and monitoring each "at nutrition risk", pregnant and lactating women for a maximum of 50 HH	Monthly	1000 for 50 HH

(Continued)

Activity	Frequency	Incentive amount (INR)
VO/ CLF/GPLF		
Programme review meeting by federation(GPLF/ CLF) for VO	Quarterly	Quarterly
PMP formation by GPLF/VO members	Once	1500 per PMP
Quarterly newly-wed couple meeting	Quarterly	500 per meeting
Monthly Maitri Baithak	Monthly	100 per meeting
Data entry incentive for baithak	Monthly	200 per month
Untied fund welcome Suitcase for newlywed (estimated 150 per year)	Once	2500 per newly-wed
Women Biannual camps (two per year)	Per Vos	1000 per camp
Three Issue-based drives alcohol, dowry, tobacco	3 per year	2000 per drive
Organizing recreational activities for adolescent girls	Biannual	1000 per event
Nutri-farm demonstration site	2 sites	1000 establishment and 5000 annual recurring cost



Evaluation

Impact Evaluation:

Prospective non-randomized control impact evaluation:

Research partners: IIPS Mumbai, AIIMS and UCL consulting

Baseline (2016-17), Midline (2018-19) and Endline survey (2020-21) cross-sectional surveys

Primary Outcomes

- % of adolescent girls with BMI <18.5 kg/m²
- Mean MUAC among pregnant women;
- % of mothers of children under two with BMI<18.5 kg/ m²

Secondary Outcomes: coverage of ENI-W

Midline Assessment

Agency: IIPS Mumbai

Mix Methods: Qualitative and Quantitative; covering both intervention and control areas; Standard Methods; Approved by TAG, NRLM and IIPS ethical committee

Aspects covered: Anthropometry (weight, height, MUAC), 18 ENI-W service coverage, timeliness and acceptability of the intervention actions.

	Bihar	Odisha	Chattisgarh
Data collection Data cleaning & analyses	Oct'18-Jan'19 Feb'19-Jul'19	Jan-Mar'19 Apr-Sept'19	May-June' 19 Ongoing

Midline Results Bihar

Selected Indicators	Intervention Area		Control Area	
	Baseline Survey	Midline Survey	Baseline Survey	Midline Survey
Sample Size				
Unmarried girls 10-19 years	863	493	841	470
Currently Pregnant women	468	322	468	306
Mothers of under-two	1400	532	1212	510
Diet Diversity - High DDS (%)				
Adolescent girls	12.9	33.0	14.4	33.4
Pregnant women	13.6	37.1	16.6	25.2
Mothers of under-two	8.5	35.3	12.4	23.1
PW consuming animal foods (%)	27.4	56.3	46.3	52.3
Health Services (%)				
AG consuming 4IFA in last mo	3.2	17.1	2.1	4.6
PW receiving ICDS THR	16.2	34.3	26.1	22.6
Eligible PW who received IFA	46.7	83.9	63.0	69.9
MU2 who consumed 100 or more IFA in pregnancy	10.7	5.8	14.2	3.4
WASH-Menstrual hygiene: AG using safe pads during periods (%)	27.7	39.5	25.3	40.7
MU2 adopting FP methods for birth spacing (%)	3.5	14.4	2.5	9.2

Midline Results Odisha

Selected Indicators	Intervention Area		Control Area	
	Baseline Survey	Midline Survey	Baseline Survey	Midline Survey
Sample Size				
Unmarried girls 10-19 years	724	533	1003	658
Currently Pregnant women	367	258	447	356
Mothers of under-two	1760	562	1844	621
Diet Diversity - High DDS (%)				
Adolescent girls	25.6	23.2	20.0	22.1
Pregnant women	22.1	25.9	22.5	20.8
Mothers of under-two	24.9	24.0	19.2	22.4
PW consuming animal foods (%)	39.2	44.7	32.9	41.2
Health Services (%)				
AG consuming 4IFA in last mo	13.7	20.4	19.2	21.6
PW receiving ICDS THR	53.1	67.7	57.5	73.1
Eligible PW who received IFA	79.8	71.3	77.9	73.4
MU2 who consumed 100 or more IFA in pregnancy				
WASH-Menstrual hygiene: AG using safe pads during periods (%)	48.6	71.3	46.8	75.2
MU2 adopting FP methods for birth spacing (%)	16.5	30.2	16.9	19.1



Conclusion

Midline Survey Early results from two states indicate the need to:
focus on quality and continuity of interventions
bolstering federation level activities and ownership