



# Evaluation of Dastak Abhiyaan, 2019 Madhya Pradesh

## A Study of Five Aspirational Districts

Dr. Kumar Raghubansh Mani Singh  
Dr. Niklesh Kumar

Population Research Centre  
(MoHFW, Government of India)  
Dr. Harisingh Gour Vishwavidyalaya, Sagar (M.P.)  
(A Central University)



### **Evaluation Team**

#### ***Population Research Centre (PRC) team:***

Dr. Kumar Raghubansh Mani Singh (Principal Investigator)

Dr. Niklesh Kumar

Manoj Kumar Namdeo

#### **Piramal Foundation team:**

Ashwin Deshmukh

Dinesh Jagtap

Sumeet Saxena

Punit Mishra

Malvika Sharma

#### **Survey Partner:**

Pragya Pranjali, Habitantes World Foundation

## Contents

|                                                            |    |
|------------------------------------------------------------|----|
| Executive Summary - - - - -                                | 1  |
| 1. Introduction and Background of DASTAK Abhiyaan- - - - - | 9  |
| 2. State and District Profile- - - - -                     | 11 |
| 3. Study Objectives - - - - -                              | 13 |
| 4. Study Design, Sample Size and Methodology - - - - -     | 14 |
| 5. Key Evaluation Findings - Quantitative Data - - - - -   | 17 |
| 6. Key Evaluation Findings – Qualitative Data - - - - -    | 47 |
| 7. Conclusion and Way Forward- - - - -                     | 55 |
| Photographs of Field Study - - - - -                       | 57 |

## **List of Tables**

|          |                                                                                                                                           |    |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------|----|
| Table 1  | Key Socio-Demographic Indicators of Visiting Districts                                                                                    | 12 |
| Table 2  | Key Health Indicators of Visiting Districts                                                                                               | 13 |
| Table 3  | Distribution of Dastak Evaluation Coverage                                                                                                | 14 |
| Table 4  | List of Stakeholders for In Depth Interviews                                                                                              | 16 |
| Table 5  | Percentage Distribution of Highest Level of Education for Father of the Child                                                             | 18 |
| Table 6  | Percentage Distribution of Highest Level of Education of the Mother/ Primary Care Giver of the Child                                      | 18 |
| Table 7  | Percentage Distribution by Background Characteristics of the Head of the Household                                                        | 18 |
| Table 8  | Percentage Distribution by Type of Fuel Used in the Household                                                                             | 19 |
| Table 9  | Percentage Distribution of Main Source of Drinking Water and Water Purifying System Being Used in the Household                           | 19 |
| Table 10 | Percentage Distribution of Cleaning Agent Used for Hand Washing by the Respondents                                                        | 20 |
| Table 11 | Percentage Distribution if Hand Washing Events by the Respondent                                                                          | 20 |
| Table 12 | Percentage Distribution of Type of Toilet Being Used, Disposing Faeces of Children and Disposing Solid Waste By Household                 | 21 |
| Table 13 | Percentage Distribution of Household Assets Owned and Assets Possessed by Any Member of the Household                                     | 22 |
| Table 14 | Percentage Distribution Ownership Status of Dwelling Unit and Agricultural Land                                                           | 23 |
| Table 15 | Percentage Distribution of Main Material of the Dwelling Roof                                                                             | 24 |
| Table 16 | Percentage Distribution about Awareness of Dastak Abhiyaan and Sources of Information about Dastak Abhiyaan                               | 25 |
| Table 17 | Awareness about the Dastak Abhiyaan                                                                                                       | 26 |
| Table 18 | Sources of awareness about Dastak Abhiyaan                                                                                                | 26 |
| Table 19 | Awareness about ORS through the Dastak Abhiyaan                                                                                           | 27 |
| Table 20 | Logistic regression of Awareness of Dastak Abhiyaan                                                                                       | 29 |
| Table 21 | Percentage Distribution of Houses Marked and Visited by Dastak Team                                                                       | 29 |
| Table 22 | Percentage Distribution of Gender of Children Examined and Hand Washing Practice Followed by Dastak Abhiyaan Team                         | 31 |
| Table 23 | Percentage Distribution of Children for whom Temperature Check, Respiratory Rate Monitoring, Measurement of Mid- Arm and Hb Test was Done | 31 |

|          |                                                                                                                                                                                           |    |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| Table 24 | Percentage Distribution of Oral Supplementation and Type of Supplement given to the child by Dastak Team and Any information provided by the Dastak team on proper nutrition of the child | 32 |
| Table 25 | Percentage Distribution of Any Referrals Done for Child Being Examined, Reasons for Referrals and Mode of Conveyance being used                                                           | 32 |
| Table 26 | Percentage Distribution of Information Provided by Dastak team on Diarrhoea, Pneumonia, Anaemia, ORS Preparation and Iodine Adequacy in Household Salt being Used During it Visits        | 34 |
| Table 27 | Percentage Distribution of Understanding of respondents about Diarrhoea                                                                                                                   | 35 |
| Table 28 | Percentage Distribution of Measures to Prevent and Materials Required for Treatment of Diarrhoea                                                                                          | 36 |
| Table 29 | Symptoms to identify the need to visit the health professional for treatment of diarrhoea                                                                                                 | 37 |
| Table 30 | Percentage Distribution of Respondent's Feeding the Child during Diarrhoea                                                                                                                | 38 |
| Table 31 | Percentage Distribution About Awareness of ORS and Reasons for its Usage and Preparation of ORS and its Consumption                                                                       | 39 |
| Table 32 | Percentage Distribution of Awareness about Zinc Tablets, Reasons for Consuming it and Method of Consumption                                                                               | 40 |
| Table 33 | Percentage Distribution of Understanding of Pneumonia, its Causes and its Adverse Impact                                                                                                  | 41 |
| Table 34 | Percentage Distribution of Measures to Prevent & Treat Pneumonia and Symptoms to Visit Health Professional                                                                                | 42 |
| Table 35 | Percentage Distribution of Place to Seek Advice from Health Professional and Feeding Practices During Pneumonia                                                                           | 43 |
| Table 36 | Percentage Distribution of Importance of Breastfeeding                                                                                                                                    | 44 |
| Table 37 | Percentage Distribution of Awareness on Duration of Exclusive Breastfeeding and Colostrums Feeding and Its Benefits                                                                       | 44 |
| Table 38 | Percentage Distribution of Breastfeeding Practices (Ever Breastfed, Duration of Breastfeeding etc.) being Followed                                                                        | 45 |
| Table 39 | Percentage Distribution of Understanding of Complementary Feeding and Practices                                                                                                           | 46 |
| Table 40 | Percentage Distribution of Quantity of food given to the child                                                                                                                            | 47 |

**List of Figures**

|          |                                                                                                       |    |
|----------|-------------------------------------------------------------------------------------------------------|----|
| Figure 1 | Deaths Associated with Under nutrition among Children under 5 years to age 11                         | 9  |
| Figure 2 | Percentage Distribution of Gender of Youngest Child in Dastak Abhiyaan                                | 17 |
| Figure 3 | Percentage Distribution of Household in Average Annual Income of the Districts                        | 23 |
| Figure 4 | Percentage Distribution of Availability of Work and Main Occupation of Chief Wage Earner in Districts | 24 |
| Figure 5 | Gender wise reasons for Diarrhoea                                                                     | 28 |
| Figure 6 | Methods of feeding zinc tablet to children.                                                           | 28 |
| Figure 7 | Percentage Distribution of number of Children Examined by Dastak Team in the Districts                | 30 |
| Figure 8 | Percentage Distribution of Place for Seeking Advice or Treatment for Diarrhoea in the Districts       | 37 |

## List of Acronyms

|          |                                                         |         |                                                             |
|----------|---------------------------------------------------------|---------|-------------------------------------------------------------|
| AAA      | ANM, Aanganwadi, ASHA                                   | MoHFW   | Ministry of Health and Family Welfare                       |
| AHS      | Annual Health Survey                                    | NBCC    | New Born Care Corner                                        |
| ANC      | Anti Natal Care                                         | NBSU    | New Born Stabilisation Unit                                 |
| ANM      | Auxiliary Nurse Midwife                                 | NCD     | Non Communicable Diseases                                   |
| ARSH     | Adolescent Reproductive and Sexual Health               | NBCC    | New Born Care Corner                                        |
| ART      | Anti Retro-viral Therapy                                | NBSU    | New Born Stabilisation Unit                                 |
| ASHA     | Accredited Social Health Activist                       | NCD     | Non Communicable Diseases                                   |
| AWW      | Aanganwadi Worker                                       | NFHS-4  | National Family Health Survey-4                             |
| BAM      | Block Account Manager                                   | NHM     | National Health Mission                                     |
| BCM      | Block Community Mobilizer                               | NLEP    | National Leprosy Eradication Programme                      |
| BEE      | Block Extension Educator                                | NMR     | Neonatal Mortality Rate                                     |
| BEmOC    | Basic Emergency Obstetric Care                          | NRC     | Nutrition Rehabilitation Centre                             |
| BMO      | Block Medical Officer                                   | NRHM    | National Rural Health Mission                               |
| BMW      | Bio-Medical Waste                                       | NSSK    | Navjaat Shishu Suraksha Karyakram                           |
| BPM      | Block Programmer Manager                                | NSV     | No Scalpel Vasectomy                                        |
| BB       | Blood Bank                                              | OBC     | Other Backward Class                                        |
| BSU      | Blood Storage Unit                                      | OCP     | Oral Contraceptives Pills                                   |
| CDPO     | Child Development & Project Officer                     | OPD     | Outdoor Patient Department                                  |
| CEO      | Chief Executive Officer                                 | ORS     | Oral Rehydration Solution                                   |
| CEmOC    | Comprehensive Emergency Obstetric Care                  | PHC     | Primary Health Centre                                       |
| CHC      | Community Health Centre                                 | PIP     | Programme Implementation Plan                               |
| CMHO     | Chief Medical and Health Officer                        | PMU     | Programme Management Unit                                   |
| CS       | Civil Surgeon                                           | PPIUCD  | Post-Partum Intra Uterine Contraceptive Device              |
| DAM      | District Account Manager                                | PPE     | Personal Protection Equipment                               |
| DC       | District Coordinator                                    | PSU     | Primary Sample Unit                                         |
| DCM      | District Community Mobilizer                            | PRC     | Population Research Centre                                  |
| DEO      | Data Entry Operator                                     | RBSK    | Rashtriya Bal Swasthya Karyakram                            |
| DH       | District Hospital                                       | RCH     | Reproductive Child Health                                   |
| DMO      | District Malaria Officer                                | RGI     | Registrar General of India                                  |
| DoH      | Department of Health                                    | RHS     | Rural Health Statistics                                     |
| DPM      | District Programmer Manager                             | RKS     | Rogi Kalyan Samiti                                          |
| EDL      | Essential Drugs List                                    | RKSK    | Rashtriya Kishor Swasthya Karyakram                         |
| EmOC     | Emergency Obstetric Care                                | RMNCH+A | Reproductive, Maternal, Newborn, Child Health & Adolescents |
| FRU      | First Referral Unit                                     | RNTCP   | Revised National Tuberculosis Control Program               |
| GOI      | Government of India                                     | RPR     | Rapid Plasma Reagent                                        |
| HMIS     | Health Management Information System                    | RTI     | Reproductive Tract Infection                                |
| IDI      | In-Depth Interview                                      | SAM     | Severe Acute Malnourishment                                 |
| IDR      | Infant Death Review                                     | SBA     | Skilled Birth Attendant                                     |
| IEC      | Information, Education, Communication                   | SC      | Schedule Caste                                              |
| IFA      | Iron Folic Acid                                         | SHC     | Sub Health Centre                                           |
| IMNCI    | Integrated Management of Neonatal and Childhood illness | SN      | Staff Nurse                                                 |
| IMR      | Infant Mortality Rate                                   | SNCU    | Special Newborn Care Unit                                   |
| IPD      | Indoor Patient Department                               | SPSS    | Statistical Package for Social Science                      |
| IYCF     | Infant Yong Child Feeding                               | SSK     | Swasthya Samvad Kendra                                      |
| JSSK     | Janani Shishu Surksha Karyakram                         | ST      | Schedule Tribe                                              |
| KMC      | Kangaroo Mother Care                                    | STI     | Sexually Transmitted Infection                              |
| LBW      | Low Birth Weighted                                      | STS     | Senior Treatment Supervisor                                 |
| LHV      | Lady Health Visitor                                     | STLS    | Senior Tuberculosis Laboratory Supervisor                   |
| LMO      | Lady Medical Officer                                    | T.B.    | Tuberculosis                                                |
| LT       | Lab Technician                                          | TT      | Tetanus Toxoids                                             |
| LTT      | Laparoscopy Tubectomy                                   | TU      | Treatment Unit                                              |
| MAA      | Mother Absolute Affection                               | U5      | Under Five Children                                         |
| MCH      | Maternal and Child Health                               | UPS     | Uninterrupted Power Supply                                  |
| MCP Card | Mother Child Protection Card                            | USG     | Ultra Sonography                                            |
| MCTS     | Maternal and Child Tracking System                      | VHND    | Village Health & Nutrition Day                              |
| MDR      | Maternal death Review                                   | VHSC    | Village Health Sanitation Committee                         |
| M&E      | Monitoring and Evaluation                               | WCD     | Women & Child Development                                   |
| MMR      | Maternal Mortality Ratio                                | WHO     | World Health Organization                                   |
| MMU      | Mobile Medical Unit                                     | WIFS    | Weekly Iron Folic-acid Supplementation                      |
| MP       | Madhya Pradesh                                          |         |                                                             |
| MPW      | Multi Purpose Worker                                    |         |                                                             |
| MO       | Medical Officer                                         |         |                                                             |

## **Rapid Assessment and Evaluation of DASTAK Abhiyaan in Madhya Pradesh 2019**

### **Executive Summary**

Child mortality rates are often used as an overall measure of population health, as well as to determine levels of social and economic development. The number young children dying can indicate the ability of communities to access basic healthcare, adequate nutrition and clean water and sanitation. Though India may now match the global average for under-five mortality rates at 39 deaths per 1,000 live births<sup>1</sup>, three countries within South Asia already have rates lower than this figure, outperforming India on this key development indicator.

Madhya Pradesh (Central Province) is a state situated in the geographic heart of the country with a population of under-five children (at 13% of the total population) around 1,02,07,969. WHO says that the leading cause of death in under-five children can be attributed to preterm birth complications, pneumonia, birth asphyxia, diarrhoea and malaria. About 45% of all child deaths are linked to malnutrition<sup>2</sup>.

Thus, the state took the initiative to address the root cause of poor health indicators in under-five children of Madhya Pradesh, which was backed by evidence. Dastak Abhiyaan is pioneer program of the state of Madhya Pradesh to give “DASTAK” (its literal translation being knocking at the doors of the houses with children of age less than 5 years) hence the name of the Abhiyaan- “Dastak Abhiyaan”, which was launched to improve the health status and for reduction in mortality of Under 5 children of the state.

The core interventions of Dastak are as follows:

- 1) Identification, management & referral of all sick U5 children
- 2) Community management of childhood Pneumonia
- 3) Raising community awareness on prevention of childhood Diarrhoea & ORS distribution
- 4) Active case funding of SAM and referral of medically complicated cases to NRCs
- 5) Screening of childhood anaemia and referral of severe anaemic cases
- 6) Identification of children with visible congenital defects & development delay
- 7) Vitamin A supplementation to all children 9m-59m
- 8) Enlist information of all children particularly/ unimmunized during HH visit
- 9) Extension of IYCF messages under MAA programme to the community door step
- 10) Promote screening & follow up of SNCU & NRC discharge children
- 11) Tracking of death in U5 children in last 6 months

These interventions are to be carried out by home-to-home visits with the help of Dastak Team comprising of Auxiliary Nurse Midwife (ANM) or Multipurpose Health Worker (MPW), Accredited Social Health Activist (ASHA) and Aanganwadi worker (AWW). It is now need of the hour to conduct an independent assessment on effectiveness and reach of Dastak Abhiyaan- the

---

<sup>1</sup>Levels and Trends in Child Mortality, the United Nations Inter-Agency Group for Child Mortality Estimation 2012-2017

<sup>2</sup> WHO Factsheet (available at <http://www.who.int/mediacentre/factsheets/fs178/en/>)

demand side along with process documentation- supply side, thereby enlisting the outcomes, achievements and challenges of Dastak Abhiyaan.

- The study was conducted in 5 Aspirational Districts of Madhya Pradesh where Piramal Foundation is present i.e. Khandwa, Damoh, Barwani, Vidisha and Singrauli in month of July- August, 2019.
- *WHO 30x7 cluster design* was adopted for each of the five aspirational districts. Thus, a total of 150 clusters were covered and keeping a sufficient non-response, 10 households (not 7) in each of these clusters covered with the total sample size of 1500 households.
- The investigating team selected households for study inclusion using the WHO 30x7 cluster survey method. The screening process entailed inquiring about the presence of a child less than five years of age in the household and if the child's primary caregiver was available and willing to participate in the study.
- If the household has a joint family with more than one eligible caregiver, only one caregiver was included after random selection.
- If the caregiver was responsible for two or more children under five years of age, he/she was asked to base the survey responses on the youngest child.
- After obtaining informed consent, the investigating team administered the survey questionnaire, translated in Hindi, to the primary caregiver.
- Quality Assurance and Monitoring of Household Data Collection work was done as per the common survey norms and techniques. Experienced investigators were selected and trained properly. Field pre-testing were done and after clarifying all the doubts and hands on training, real data collection work started. Rigorous Spot and Back check of tools had been done with proper scrutinising of filled in questionnaire by several experienced supervisors and senior research officials from various organisations.
- The qualitative assessment was done to understand the service provider perspective of Dastak Abhiyaan. In-depth interviews were done with all the stakeholders from state to village level to understand the planning, implementation and monitoring process from supply side for the smooth implementation of Dastak Abhiyaan. The qualitative assessment study was conducted in two districts: Damoh and Barwani.
- The quantitative data entry was done in CSPro entry software and analysis was done using SPSS software. Logical checks were programmed in data entry software to avoid the entry errors.

- The qualitative interviews were analysed using recording through content analysis. The report was written in the structure mutually agreed with the client team.

### **Key Findings from Quantitative Data**

- All the respondents as reported are more than 18 years of age. Among all the eligible interviewed youngest child households, 54 per cent are boys and 46 per cent are girls.
- The literacy levels of father of the child as well as mother/care giver of the child are very low.
- Around 92 percent of respondent belongs to Hindu religion. About 92 percent respondent belongs to OBC (51%), SC (21%) and ST (20%).
- About 59 per cent (Barwani 67 per cent, Damoh 73 per cent, Khandwa 61 per cent, Singrauli 34 per cent and Vidisha 56 per cent) of households have the annual income between Rs. 10001-50000. About 33 per cent (Barwani 25 per cent, Damoh 24 per cent, Khandwa 31 per cent, Singrauli 57 per cent and Vidisha 32 per cent) have annual income between Rs. 50001-100000. The average annual income of household is Rs.67651 (BarwaniRs. 62393, Damoh Rs. 53855, Khandwa Rs. 64625, Singrauli Rs.80154 and Vidisha Rs.79686).
- About 67 per cent, respondents reported that main wage earner of household works throughout the year (Barwani 81 per cent, Damoh 65 per cent, Khandwa 86 per cent, Singrauli 50 per cent and Vidisha 52 per cent)and about 33 per cent work seasonally/ part of year (Barwani 18 per cent, Damoh 35 per cent, Khandwa 14 per cent, Singrauli 50 per cent and Vidisha 48 per cent). About 49 per cent of the main wage earners are non-agricultural wage labourer, 22 per cent are cultivator and 16 per cent are self-employed.
- **Awareness and Recognition of Dastak Abhiyaan**
  - About 77 percent (Barwani 74 per cent, Damoh 91 per cent, Khandwa 66 per cent, Singrauli 87 per cent and Vidisha 69 per cent) of the respondents are aware and recognize Dastak Abhiyaan. About 22 per cent (Barwani 26 per cent, Damoh 7 per cent, Khandwa 34 per cent, Singrauli 13 per cent and Vidisha 30 per cent) are not aware of Dastak Abhiyaan especially by nomenclature. Almost same thing reflects in the response of the service officials at the block level, that, although the Abhiyaan has been smoothly implemented still community is not recognizing it by the name.
- **Services given by Dastak Abhiyaan Team**
  - About 90 per cent of respondents reported that the Dastak Team examined their child/ children during their visit to household. Those who reported of not having their child examined by Dastak team either were out of home or out of village when the team visited the Household. As understood by district and block team, the left-out households will be visited during the mop up round of Dastak Abhiyaan.

- About 76 per cent respondents reported that the Dastak team did check the temperature of the child using a thermometer while 24 per cent respondents reported that the Dastak team either did not check the temperature at all or even if they did, they did not check the temperature using a thermometer.
- About 80 per cent respondents reported that the Dastak team monitored the respiratory rate of child using a watch. About 88 per cent respondents reported that the Dastak Team took the mid-arm measurement of the child using MUAC tape.
- About 75 per cent reported that Hb test of the of child was done using WHO colour code scale whereas 25 per cent said no HB test was done during the visit.
- About 93 per cent (Barwani 96 per cent, Damoh 91 per cent, Khandwa 97 per cent, Singrauli 89 per cent and 95 per cent Vidisha) reported that some oral supplementation was given to the child by Dastak team.
- About 61 per cent reported that the supplements were both Iron Folic Acid and Vitamin A.

➤ **Knowledge, attitude and practice regarding childhood Diarrhoea management**

- Most of the respondents have correct Awareness about Diarrhoea, its Causes and adverse impact. About 63 per cent say that passing stool, more than three times a day is diarrhoea and 32 per cent say that passing loose, watery stool is diarrhoea.
- About 50 per cent respondents reported contaminated water consumption as cause of diarrhoea while 30 per cent report Unhealthy or unhygienic practices as causes of diarrhoea.
- A significant percentage (29%) says that they don't know the real cause of diarrhoea.
- About 65 percent reported weakening of child/malnourishment as one the adverse impacts of diarrhoea while 53 per cent report Loss of body fluid (dehydration) as adverse impact of diarrhoea.
- About 28 per cent of respondents report, even, death may happen to the child, as the adverse impact of diarrhoea.
- The respondents have reported correct knowledge on the measures to prevent and treatment of diarrhoea. About 50 per cent (Barwani 63 per cent, Damoh 46 per cent, Khandwa 86 per cent, Singrauli 18 per cent and Vidisha 39 per cent) report Washing hands with soap before and after using toilet/ changing soiled clothes of child.
- About 39 per cent report Preparing and storing the food in clean and covered utensils and about 32 per cent report Washing hands with soap before and after feeding the child as measures to prevent diarrhoea.
- A notable 35 per cent (Barwani 16 per cent, Damoh 38 per cent, Khandwa 19 per cent, Singrauli 60 per cent and Vidisha 40 per cent) don't know the measures to prevent diarrhoea.
- Regarding treatment of diarrhoea, 87 per cent (Barwani 89 per cent, Damoh 81 per cent, Khandwa 84 per cent, Singrauli 91 per cent and Vidisha 87 per cent) said, ORS as the most effective way to treat diarrhoea.

- About 20 per cent (Barwani 20 per cent, Damoh 19 per cent, Khandwa 19 per cent, Singrauli 23 per cent and Vidisha 18 per cent) also report salt and sugar solution as another way to treat childhood diarrhoea.
- About 90 per cent (Barwani 98 per cent, Damoh 89 per cent, Khandwa 97 per cent Singrauli 77 per cent, Vidisha 86 per cent) of the respondents report that they know the method to prepare ORS.
- About 81 per cent (Barwani 92 per cent, Damoh 81 per cent, Khandwa 90 per cent Singrauli 63 per cent, Vidisha 80 per cent have prepared ORS at their home.
- The awareness level and practice of zinc supplementation during childhood diarrhoea has a lot of variation among the community.

➤ **Knowledge, attitude and practice regarding childhood Pneumonia**

- About 23 per cent respondents say that they understand nasal blockage as pneumonia, 60 per cent understand it as cough with/ without fever, 58 per cent understand it as difficulty in breathing and 47 per cent understand it as fast breathing.
- The evaluation districts depict similar variations. About 35 per cent say that causes of pneumonia are infection, 22 per cent say malnutrition and 21 per cent say there are other causes such as hygiene and environment, cold etc. which causes pneumonia.
- About 30 per cent say that they don't know the causes of Pneumonia.
- About 43 per cent say that pneumonia can cause malnutrition among children, 59 per cent say that it can cause death of the child as well.
- About 20 per cent don't know what pneumonia can lead to affect health of the children.
- The respondents report several measures to prevent pneumonia, 39 per cent say it can be prevented by Covering the mouth and nose while sneezing or coughing, 28 per cent say by Washing hand with soap before and after sneezing or coughing, 24 per cent say by Using clean fuel for cooking and 16 per cent say by eating nutritious food.
- About 37 per cent don't know how pneumonia can be prevented.
- About 47 per cent respondents say that pneumonia can be prevented by antibiotics.
- About 80 per cent respondents say that they continue breastfeeding their child even during pneumonia.
- Although 56 per cent say that the breastfeeding done during pneumonia is somewhat less than the usual and 18 per cent say it is same as usual.
- Also, 59 per cent say that the quantity of food served to the child during pneumonia is somewhat less than usual.

➤ **Knowledge, Attitude and Practices on Infant and Young Child Feeding**

- About 79 per cent say that breastfeeding is important because it provides all nutrients to the child, about 57 per cent say it protects the child against diseases and 53 per cent say that it is whole food for child till 6 months of age.
- About 86 per cent report that the exclusive breastfeeding is for 6 months from date of child birth and 11 per cent say that it is more than 6 months.

- About 94 per cent say that the first pale yellow thick milk (colostrums) should be given to the child.
- About 85 per cent say that colostrums builds immunity of child against disease like diarrhoea and pneumonia.
- About 96 per cent respondents say that they have breastfed their child and 96 per cent say that they initiated the breastfeeding immediately within 1-2 hours of child birth.
- About 90 per cent say that complementary feeding is introduced to the child after 6 months of child birth.
- About 75 per cent say that the breastfeeding can/ should continue even after initiation of complementary feeding practice.

➤ **Key Qualitative Findings**

- Dastak Abhiyaan planning has decentralised approach. The State after envisaged the design for intervention and was transferred to District authorities- DC, CEO and CMHO for translating it into action at field level.
- The district authorities developed a micro plan for each block and village with the support and in consultation with BPMU. The DC, CEO and CMHO were oriented with modus operandi of Abhiyaan by state team.
- The block and AAA were oriented by respective district level team. All inventories and other logistic supply were made available 2-3 weeks well in advance before Dastak was rolled on ground.
- Even during shortfall in any of the medicines and inventory in midst of Abhiyaan, the ANMs could easily collect the required inventory from block office during weekly or fortnightly meetings. The Abhiyaan envisaged covering 25-30 households per day to be visited by AAA, which as reported was being done as per the plan.

➤ **Inter- Departmental Convergence and Coordination (PRI, AAA etc)**

- The inter-departmental convergence; DoH, WCD and PRI, primarily had variations across districts and also varied from individual's perspective.
- At the planning level, DoH and WCD although had to develop micro plan jointly, DoH took lead in there.
- At the execution level- village level, AAA- did joint visits for Abhiyaan. However, it was ANM who led the entire show.
- WCD officials and AWW were very clear (Read restrictive) about their role which is according to them was only MALNUTRITION and REFERRAL to NRC.

➤ **Monitoring and Supportive Supervision of Dastak Abhiyaan- Institutional Arrangements, Roles & Responsibilities, Reporting**

- The monitoring committee was constituted by CMHO which met every week mostly on Saturday to discuss the progress of Abhiyaan under the leadership of DC.

- There were monitoring meetings as well every level – weekly to discuss the progress and coverage of Abhiyaan. The feedbacks were also given to AAA by their respective supervisors.
- As far as the reporting was concerned the ANM had to maintain all the records. The ANM sent the details of households and children covered, electronically over WhatsApp on daily basis. Once Abhiyaan was over in a particular village the ANM sent the complete reporting format (taken from field) to BPM and the data is entered into the system by Data Analyst.
- The data is then sent to BMP who in turns shares the report with CDPO for joint discussion. The entered data is further viewed and discussed by district level authorities and DC.
- Field visits were also undertaken by officials of every level for their respective geographical locations and coverage and feedback in regards to progress and coverage were given.

➤ **Referrals and Community Mobilization Achievements of Dastak Abhiyaan**

- As reported, the current phase of Dastak was much well implemented compared to previous rounds. The reason being the stewardship- supportive supervision from leadership level.
- The major achievements of Dastak being the children who were otherwise being left out because of any reason were being identified. It was a much focused approach to provide the services and referrals to the children in need.
- The community level interaction for every household which has children below 5 years was ensured because of door to door visit.
- The SAM children were being referred to NRC. It was reported that the number of referrals for SAM children increased so much in volume that the district authorities planned to increase the number of beds with 5-10 from block to district level.
- Discussions are ongoing to sustain these extra beds even after the Abhiyaan is over. Another major achievement has been in terms of identification of anaemic children and their blood transfusion.

➤ **Gaps and Challenges of Dastak Abhiyaan**

- The planning although had decentralized approach, it lacked in being translated to ground level as it was envisaged by the state. Such as identification of sepsis which was being reported as difficult to be identified by ANMs at the community level because of which the number of sepsis cases were less.
- The state envisaged it for any infections in children below 2 years who were within the community or were admitted to hospital with some other complain (other technical details in detailed analysis).
- Other planning level gap, which was also self-acknowledged at block level was the planning could have gone extra mile in coming up with a customised micro plan for every

village. Such as, the districts which have difficult topography such as in Barwani could have had a need-based plan.

- The number of households to be covered by AAA per day was planned as 25-30, which at the ground is a challenging task.
- The circumstantial evidences establish the fact that 25-30 HH per day was definitely a difficult task and hence the quality of services and counselling done by AAA comes under scrutiny.
- The joint monitoring visits at field level by the departments involved- DoH and WCD in particular will further ensure and strengthen the quality of services being given.
- The feedback given was mostly in terms of coverage and progress of Abhiyaan. The quality part of the Abhiyaan was somehow being left out, in discussions as well as in reporting, the fact being that there were no official formats to report the quality of services being given.
- The involvement of PRI needs to further explored and defined to ensure their active participation.
- The AAA was observed being unsupported at times especially when it came to dealing with some adamant household/ family for any service or referral.
- The WHO colour code Hb card was reported as confusing by all the stakeholders up to district level, however, the state had envisaged its utility in a different perspective.

## **Rapid Assessment and Evaluation of DASTAK Abhiyaan in Madhya Pradesh 2019**

### **1. Introduction and Background of DASTAK Abhiyaan Program**

Child mortality rates are often used as an overall measure of population health, as well as to determine levels of social and economic development. The number young children dying can indicate the ability of communities to access basic healthcare, adequate nutrition and clean water and sanitation. Though India may now match the global average for under-five mortality rates at 39 deaths per 1,000 live births<sup>3</sup>, three countries within South Asia already have rates lower than this figure, outperforming India on this key development indicator.

The mortality rates of Bangladesh and Nepal, both countries with a lower per capita income than India's \$1,939 (\$1,546 and \$835, respectively) are 32 and 34, compared to 39 for India. Sri Lanka, which tops the South-Asian rankings with a rate of 9, also has the highest per capita income in the region: \$3,790. Bangladesh and Nepal had higher under-five mortality rates in 1990 than India (144 and 140 respectively vs 126 in India) but pulled ahead around a decade later in 2000. India's under-five mortality rate was 88 deaths per 1,000 live births in 2000, whereas Bangladesh recorded 84 deaths per 1,000 and Nepal 83<sup>4</sup>.

As part of the Sustainable Development Goals set out by the UN, India has committed to reaching an under-five mortality rate of 25 deaths per 1,000 live births by 2030. India's own National Health Profile has set an aim of 23 by 2025<sup>5</sup>. Tackling the diseases and conditions associated with the quality of care around the time of childbirth will help tackle new-born deaths, the report said. This will depend on strengthening health services and ensuring community base child health management plans in place.

Madhya Pradesh (Central Province) is a state situated in the geographic heart of the country with a population of under-five children (at 13% of the total population) around 1,02,07,969. WHO says that the leading cause of death in under-five children can be attributed to

preterm birth complications, pneumonia, birth asphyxia, diarrhoea & malaria. About 45 per cent of all child deaths are linked to malnutrition<sup>6</sup>. As per NFHS 4 (2015-2016), the factsheet for the state of Madhya Pradesh says that the under-five mortality rate is 65 per 1000 live births. 9.2 per cent children are suffering

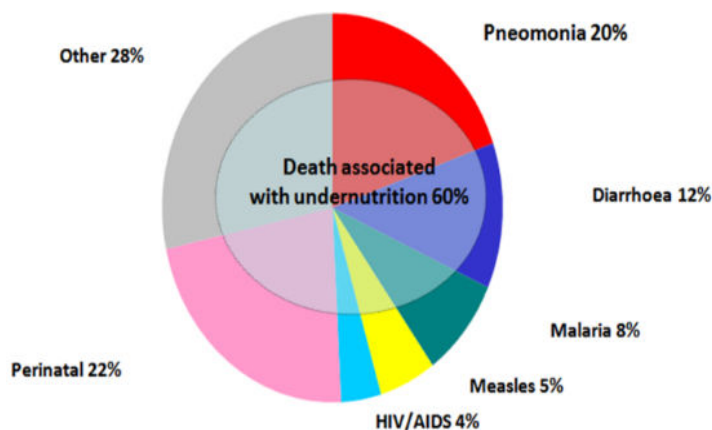


Figure 1: Deaths Associated with under nutrition among Children under 5 years to age 11

<sup>3</sup>Levels and Trends in Child Mortality, the United Nations Inter-Agency Group for Child Mortality Estimation 2012-2017

<sup>4</sup>Levels and Trends in Child Mortality, the United Nations Inter-Agency Group for Child Mortality Estimation 2012-2017

<sup>5</sup>Levels and Trends in Child Mortality, the United Nations Inter-Agency Group for Child Mortality Estimation 2012-2017

<sup>6</sup> WHO Factsheet (available at <http://www.who.int/mediacentre/factsheets/fs178/en/>)

from Severe Acute Malnutrition (SAM) in the State, the prevalence of Diarrhoea is 9.5 per cent, 68.5 per cent of under-five children are Anaemic; the prevalence of Acute Respiratory Illness is 2.1 per cent<sup>7</sup>.

One of the studies says that malnutrition affects child development through various mediators such as child morbidity, motor development, and growth<sup>8</sup>. Another study says that malnutrition in children makes them more susceptible to infectious diseases and also hinders their cognitive development<sup>9</sup>. This implies that improvement in nutritional status of children will lead to healthier and more productive future generation and in turn be an asset for national economic development<sup>10</sup>. Nutritional status of children and adequate growth of children can be assured by implementing infant and young child feeding practices ranging from exclusive breastfeeding to age-appropriate complementary feeding, especially diet diversity and its promotion at community level<sup>11</sup>.

Thus, the state took the initiative to address the root cause of poor health indicators in under-five children of Madhya Pradesh, which was backed by evidence. Dastak Abhiyaan is pioneer program of the state of Madhya Pradesh to give “DASTAK” (its literal translation being knocking at the doors of the houses with children of age less than 5 years) hence the name of the Abhiyaan- “Dastak Abhiyaan”, which was launched to improve the health status and for reduction in mortality of Under 5 children of the state. The uniqueness of Dastak Abhiyaan is that it involves active screening of under-five children with the help of integrated human resource of Department of Health and ICDS.

The program was first piloted in 168 blocks of the State, which had poor full immunization coverage between 16th to 30th November 2016. As the pilot testing turned out to be a huge success for the state, Dastak Abhiyaan was up-scaled in the entire state. In its present phase Dastak Abhiyaan is conducted bi- annually for 40 days each for entire state in the month of June and December, every year.

The core interventions of Dastak are as follows:

1. Identification, management & referral of all sick U5 children
2. Community management of childhood Pneumonia
3. Raising community awareness on prevention of childhood Diarrhoea & ORS distribution
4. Active case funding of SAM and referral of medically complicated cases to NRCs
5. Screening of childhood anaemia and referral of severe anaemic cases
6. Identification of children with visible congenital defects & development delay
7. Vitamin A supplementation to all children 9m-59m
8. Enlist information of all children particularly/ unimmunized during HH visit

<sup>7</sup> National Family Health Survey- 4 (2015 -16) State Fact Sheet- Madhya Pradesh <http://rchiips.org/NFHS/pd>

<sup>8</sup> Larson LM, Young MF, Ramakrishnan U, Girard AW, Verma P, Chaudhuri I, Srikantiah S, Martorell R. A Cross Sectional Survey in Rural Bihar, India, Indicates That Nutritional Status, Diet, and Stimulation Are Associated with Motor and Mental Development in Young Children. *The Journal of Nutrition*. 2017 Jun 14;jn251231.

<sup>9</sup> Engle PL, Fernández PD. INCAP studies of malnutrition and cognitive behavior. *Food and Nutrition Bulletin*. 2010 Mar;31(1):83-94.

<sup>10</sup> Martorell R. The nature of child malnutrition and its longterm implications. *Food and nutrition Bulletin*. 1999 Sep;20(3):288-92.

<sup>11</sup> Zongrone A, Winskell K, Menon P. Infant and young child feeding practices and child under nutrition in Bangladesh: insights from nationally representative data. *Public health nutrition*. 2012 Sep;15(9):1697-704.

9. Extension of IYCF messages under MAA programme to the community door step
10. Promote screening & follow up of SNCU & NRC discharge children
11. Tracking of death in U5 children in last 6 months

These interventions are to be carried out by home-to-home visits with the help of Dastak Team comprising of Auxiliary Nurse Midwife (ANM) or Multipurpose Health Worker (MPW), Accredited Social Health Activist (ASHA) and Aanganwadi worker (AWW).

To ensure tracking of children and taking them to a logical clinical conclusion, Dastak monitoring tool has been developed by the State to capture near real-time data which gives name-based details of the children. To monitor the activities of Dastak Abhiyaan, daily concurrent monitoring has been ensured by leveraging representatives of Donor Partners, officials of the State and district has led to immediate redressal of gaps. Punitive actions against errant ANMs and AWWs have been instituted by respective departments.

The beauty of Dastak Abhiyaan is that it is based on the concept of active case finding leveraging existing manpower of Health & ICDS without incurring any additional cost, thus extending the benefits of service delivery and outreach services up to the door step of the community.

It is hence need of the hour to conduct an independent assessment on effectiveness and reach of Dastak Abhiyaan- the demand side along with process documentation- supply side, thereby enlisting the outcomes, achievements and challenges of Dastak Abhiyaan.

## **2. State and District Profile:**

- Madhya Pradesh located in central India with 50 districts and 342 blocks has a total population of 7.2 crores (Census, 2011).
- There are total 31 Census Towns in Damoh, Vidisha, Singrauli, Khandwa and Barwani districts of the Madhya Pradesh.
- As per Census 2011 Damoh, Vidisha, Singrauli, Khandwa and Barwani has 1210, 1614, 744, 711 and 716 villages respectively.
- Literacy rate of Damoh, Vidisha, Singrauli, Khandwa and Barwani districts are 69.7, 72.1, 62.4, 67.5 and 50.2 percent respectively in the state. The female literacy rate is 59.2, 61.7, 49.9, 56.5 and 43.1 percent in respective districts. Female literacy rate has increased by 11.9, 14.3, 18.4, 7.9 and 11.1 points in Damoh, Vidisha, Singrauli, Khandwa and Barwani districts respectively from Census 2001 to 2011.
- The sex ratio of Damoh, Vidisha, Singrauli, Khandwa and Barwani are 910, 897, 916, 944 and 981 females per thousand males as compared to 930 per 1000 males for the state of

Madhya Pradesh. The child sex ratio has decreased by 6 points from 918 since Census 2001 to 912 in 2011 in Madhya Pradesh.

**Table 1: Key Socio-Demographic Indicators of Visiting Districts**

| Sr. | Indicator                                 | MP    |       | Damoh |      | Vidisha |       | Singrauli* |       | Khandwa |      | Barwani |      |
|-----|-------------------------------------------|-------|-------|-------|------|---------|-------|------------|-------|---------|------|---------|------|
|     |                                           | 2001  | 2011  | 2001  | 2011 | 2001    | 2011  | 2001       | 2011  | 2001    | 2011 | 2001    | 2011 |
| 1   | No. of Districts                          | 45    | 50    | --    | --   | --      | ---   | --         | --    | --      | --   | -       | -    |
| 2   | No. of Blocks                             | 333   | 342   | 7     | 7    | 7       | 7     | --         | 3     | -       | 7    | -       | 7    |
| 3   | No. of Villages                           | 55393 | 54903 | 1213  | 1210 | 1616    | 1614  | 744        | 744   | 797     | 711  | 746     | 716  |
| 4   | No. of Towns                              | 394   | 476   | 6     | 9    | 5       | 7     | 02         | 02    | 5       | 5    | 6       | 8    |
| 5   | Population (Million)                      | 60.34 | 72.52 | 1.08  | 1.26 | 1.21    | 1.46  | 0.22       | 1.17  | 1.1     | 1.4  | 1.7     | 1.3  |
| 6   | Decadal Growth Rate                       | 24.3  | 20.3  | 20.7  | 16.6 | 25.2    | 20.0  | 38.60      | 28.05 | 20.4    | 21.4 | 30.0    | 27.5 |
| 7   | Population Density (per km <sup>2</sup> ) | 196   | 236   | 148   | 173  | 165     | 198   | 162        | 208   | 147     | 178  | 200     | 256  |
| 8   | Literacy Rate (%)                         | 63.7  | 70.6  | 61.8  | 69.7 | 61.8    | 72.1  | 49.2       | 62.4  | 62.8    | 67.5 | 41.7    | 50.2 |
| 9   | Female Literacy Rate (%)                  | 50.3  | 60.0  | 47.3  | 59.2 | 47.4    | 61.7  | 31.5       | 49.9  | 48.6    | 56.5 | 32.0    | 43.1 |
| 10  | Sex Ratio                                 | 919   | 930   | 901   | 910  | 875     | 897   | 922        | 916   | 932     | 944  | 971     | 981  |
| 11  | Sex Ratio (0-6 Age)                       | 918   | 912   | 935   | 928  | 943     | 922   | 955        | 921   | 946     | 931  | 970     | 940  |
| 12  | Urbanization (%)                          | 26.5  | 27.6  | 18.9  | 19.8 | 21.4    | 23.7  | 20.9       | 19.3  | 20.1    | 19.8 | 14.5    | 14.7 |
| 13  | Percentage of SC (%)                      | 15.0  | 15.6  | 19.5  | 19.5 | 19.8    | 21.24 | -          | 12.8  | 11.1    | 12.0 | 6.3     | 6.3  |
| 14  | Percentage of ST (%)                      | 20.3  | 21.1  | 12.6  | 13.2 | 4.9     | 5.64  | -          | 32.6  | 29.7    | 35.0 | 67.0    | 69.4 |

Source: Census of India 2001, 2011 various publications, RGI

\* New District formed in 2008

- The latest round of Annual Health Survey (AHS) 2012-13 for MP reveals that Damoh, Vidisha, Khandwa and Barwani districts has IMR of 71, 65, 67, and 66 which is slightly higher than the state average (MP: 62). Three health division has maternal mortality ratio (MMR) of 322, 219 and 164 per 100,000 live births as compared to the state average of 227 per 100,000 live births. (Table 2)

| Table 2: Key Health Indicators of Visiting Districts                                                   |                                                         |      |       |         |         |         |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------|-------|---------|---------|---------|
| Sr.                                                                                                    | Indicator                                               | MP   | Damoh | Vidisha | Khandwa | Barwani |
| 1.                                                                                                     | Infant Mortality Rate (per 1000 live births)            |      |       |         |         |         |
|                                                                                                        | 2010-11                                                 | 67   | 80    | 72      | 68      | 69      |
|                                                                                                        | 2011-12                                                 | 65   | 77    | 68      | 68      | 67      |
|                                                                                                        | 2012-13                                                 | 62   | 71    | 65      | 67      | 66      |
| 2.                                                                                                     | Neonatal Mortality Rate( Per 1000 live birth)           |      |       |         |         |         |
|                                                                                                        | 2010-11                                                 | 44   | 61    | 52      | 45      | 42      |
|                                                                                                        | 2011-12                                                 | 43   | 58    | 51      | 44      | 42      |
|                                                                                                        | 2012-13                                                 | 42   | 53    | 48      | 43      | 41      |
| 3.                                                                                                     | Post Neonatal Mortality Rate (per 1000 live Birth)..... |      |       |         |         |         |
|                                                                                                        | 2010-11                                                 | 22   | 19    | 19      | 23      | 27      |
|                                                                                                        | 2011-12                                                 | 21   | 18    | 17      | 24      | 25      |
|                                                                                                        | 2012-13                                                 | 21   | 17    | 17      | 33      | 25      |
| 4.                                                                                                     | Maternal Mortality Ratio (per 100,000 live birth)       |      |       |         |         |         |
|                                                                                                        | 2010-11                                                 | 310  | 397   | 287     | 278     | 278     |
|                                                                                                        | 2011-12                                                 | 277  | 386   | 271     | 215     | 215     |
|                                                                                                        | 2012-13                                                 | 227  | 322   | 219     | 164     | 164     |
| 5.                                                                                                     | Sex Ratio at Birth                                      |      |       |         |         |         |
|                                                                                                        | 2010-11                                                 | 904  | 937   | 885     | 895     | 972     |
|                                                                                                        | 2011-12                                                 | 904  | 927   | 901     | 896     | 959     |
|                                                                                                        | 2012-13                                                 | 905  | 937   | 915     | 898     | 164     |
| 6.                                                                                                     | Sex Ratio (0-4 Years)                                   |      |       |         |         |         |
|                                                                                                        | 2010-11                                                 | 911  | 956   | 882     | 913     | 964     |
|                                                                                                        | 2011-12                                                 | 915  | 969   | 905     | 919     | 962     |
|                                                                                                        | 2012-13                                                 | 916  | 949   | 934     | 920     | 963     |
| 7.                                                                                                     | Crude Birth Rate (CBR)                                  |      |       |         |         |         |
|                                                                                                        | 2010-11                                                 | 25.0 | 29.2  | 29.9    | 23.6    | 32.2    |
|                                                                                                        | 2011-12                                                 | 24.8 | 29.0  | 29.7    | 23.4    | 31.4    |
|                                                                                                        | 2012-13                                                 | 24.5 | 28.8  | 29.5    | 23.1    | 31.2    |
| 8.                                                                                                     | Postnatal Care received within 48 Hrs. after delivery   |      |       |         |         |         |
|                                                                                                        | 2010-11                                                 | 74.2 | 55.4  | 84.6    | 62.7    | 69.0    |
|                                                                                                        | 2011-12                                                 | 77.8 | 58.8  | 88.4    | 64.3    | 70.5    |
|                                                                                                        | 2012-13                                                 | 80.5 | 68.2  | 82.5    | 63.4    | 70.1    |
| 9.                                                                                                     | Fully Immunized Children age 12-23 months (%)           |      |       |         |         |         |
|                                                                                                        | 2010-11                                                 | 54.9 | 31.1  | 34.4    | 50.5    | 50.6    |
|                                                                                                        | 2011-12                                                 | 59.7 | 35.5  | 35.2    | 58.0    | 59.3    |
|                                                                                                        | 2012-13                                                 | 66.4 | 42.4  | 48.9    | 64.5    | 68.3    |
| Note: Sr. no. 1 to 7 data collect by AHS, 2012-13 Bulletin and Sr. no. 8 to 9 AHS Factsheet 2010-2013. |                                                         |      |       |         |         |         |
| *Singrauli is New District formed in 2008 so AHS data are not available                                |                                                         |      |       |         |         |         |

### 3. Study Objectives:

The objectives of the study are to assess:

1. The coverage of key services provided under Dastak Abhiyaan.
2. The knowledge, attitude and practices related to childhood health and nutrition, specifically diarrhoea, pneumonia and infant and young child feeding (IYCF)

3. To understand the program design, planning and monitoring strategies of Dastak Abhiyaan

#### 4. Study Design, Sample Size and Methodology:

- The study was conducted in 5 Aspirational (NITI Ayog) Districts of Madhya Pradesh where Piramal Foundation is present namely, Khandwa, Damoh, Barwani, Vidisha and Singrauli in month of July- August, 2019.
- *WHO 30x7 cluster designs* was adopted quantitative data collection for each of the five aspirational districts. Thus, a total of 150 clusters was covered and keeping a sufficient non-response, we covered 10 (not 7) households in each of these clusters, i.e. the total sample size was 1500 (150x10) households.

**Table 3: Distribution of Dastak Evaluation Coverage**

| District              | Block     | No. of PSUs per Block | No. of PSUs per Block --> 10 |
|-----------------------|-----------|-----------------------|------------------------------|
| <b>Khandwa</b>        | Khandwa   | 10                    | 100                          |
|                       | Punasa    | 10                    | 100                          |
|                       | Khalwa    | 10                    | 100                          |
| <b>Damoh</b>          | Damoh     | 10                    | 100                          |
|                       | Patharia  | 10                    | 100                          |
|                       | Jabera    | 10                    | 100                          |
| <b>Barwani</b>        | Barwani   | 10                    | 100                          |
|                       | Sendhwa   | 10                    | 100                          |
|                       | Rajpur    | 10                    | 100                          |
| <b>Vidisha</b>        | Vidisha   | 10                    | 100                          |
|                       | Basoda    | 10                    | 100                          |
|                       | Sironj    | 10                    | 100                          |
| <b>Singrauli</b>      | Singrauli | 10                    | 100                          |
|                       | Chitrangi | 10                    | 100                          |
|                       | Deosar    | 10                    | 100                          |
| <b>Total Coverage</b> |           | <b>150</b>            | <b>1500</b>                  |

Note: The List of PSUs was shared by Piramal Foundation and the evaluation was conducted within 2-3 weeks of the Abhiyaan in selected PSUs.

- **Target Respondents for Household Survey was Mothers/Primary caregivers of children under five years of age.**
- **Inclusion Criteria:**
  - Presence of at least one under-five child in the household
  - Availability of primary caregiver at the time of the survey
  - Residing in the village during Dastak Abhiyaan (last 1 month)

➤ **Exclusion Criteria:**

- Caregiver not willing to participate in the survey
- Caregiver or child not present at the household at time of the survey

➤ **Data Collection Approach**

The investigating team selected households for study inclusion using the WHO 30x7 cluster survey method. The screening process entailed inquiring about the presence of a child less than five years of age in the household and if the child's primary caregiver was available and willing to participate in the study. If the household has a joint family with more than one eligible caregiver, only one caregiver was included after random selection. If the caregiver was responsible for two or more children under five years of age, he/she was asked to base the survey responses on the youngest child.

➤ **Data Collection Tool**

After obtaining informed consent, the investigating team administered the survey questionnaire, translated in Hindi, to the primary caregiver. The survey will include questions on:

- Household characteristics (including water and sanitation amenities)
- Socio-demographic data of the family and caregiver
- Awareness of Dastak Abhiyaan
- History of visit by Dastak team (to be verified by house marking)
- History of activities performed by Dastak team:
  - Hand washing
  - Health Check-up of child including taking temperature and checking respiratory rate
  - History of use of MUAC tape on child and whether the finding was shared with caregiver
  - History of Haemoglobin estimation of child
  - History of Vitamin A and IFA supplementation (verified with MCP card)
  - History of counselling by Dastak team and recall of key messages related to IYCF, diarrhoea management etc.
  - History of referral and follow up by Dastak team
- Knowledge, attitude and practices related to:
  - Childhood diarrhoea
  - Childhood pneumonia
  - Infant and young child feeding

***Note: The quantitative questionnaire was developed in English and translated in Hindi language for administering in field.***

### ➤ Team Composition and Duration of Study

The study team comprised of research team and field team. The research team had 2 researchers. The Senior Researcher oversaw the study, quality of deliverables and report writing. The junior researcher dealt with day- to- day management of study, training field investigators and data analysis. The field team was coordinated by a field manager. Given the wide spread of districts and completion date of Dastak Abhiyaan, the data collection team was of heterogeneous composition. The field team composition was as follows: 10 investigators, males- given the spread of the evaluation districts and coverage dates of Dastak Abhiyaan in selected PSUs. The data collection was completed in 16 days.

### ➤ Training of Field Team

The field investigator training was done in local language- Hindi, for 2 days including the classroom training, field practice and debriefing.

### ➤ Quality Assurance and Monitoring of Data Collection

The monitoring of data collection was done at 3 levels. The data was collected by field investigators and spot & back was done by supervisor, field coordinator and key researcher as per their availability and movement in the field. All the filled-up questionnaires were scrutinised by supervisor and field manager. Overall 5% of interviews were back checked by supervisor and field coordinator. The common, mistakes found during back check and data editing were communicated to all the investigators on regular basis. The investigators were doing self- scrutiny of the filled-up questionnaire and along with supervisor and field coordinator, wherever present on daily basis.

Daily reporting of the field movement, number of PSUs covered and challenges encountered was shared with Project Lead Team electronically on daily basis.

### ➤ Qualitative Study Design: Data Collection

The qualitative assessment was done to understand the service provider perspective of Dastak Abhiyaan. In-depth interviews were done with all the stakeholders from state to village level to understand the planning, implementation and monitoring process from supply side for the smooth implementation of Dastak Abhiyaan. The qualitative assessment study was conducted in two districts: Damoh and Barwani. The qualitative coverage included following stakeholders:

**Table 4: List of Stakeholders for In Depth Interviews**

| Sl. No. | Level    | Stakeholders Interviewed          |
|---------|----------|-----------------------------------|
| 1       | State    | Mission Director/ Deputy Director |
| 2       |          | Program Manager- Child Health     |
| 3       | District | CEO-Zila Panchayat                |

|    |       |                                    |
|----|-------|------------------------------------|
| 4  |       | Chief Medical Health Officer       |
| 5  |       | District Program Manager           |
| 6  |       | District Community Mobilizer       |
| 7  |       | District Program Manager- WCD      |
| 8  |       | Paediatrician at District Hospital |
| 9  | Block | Block Medical Officer              |
| 10 |       | Child Development Project Officer  |
| 11 |       | Block Programme Manager            |
| 12 |       | Block Community Mobilizer          |
| 13 |       | ASHA Facilitator                   |
| 14 |       | Lady Supervisor                    |
| 15 |       | ANM, ASHA, AWW                     |

➤ **Data Analysis and Report Writing**

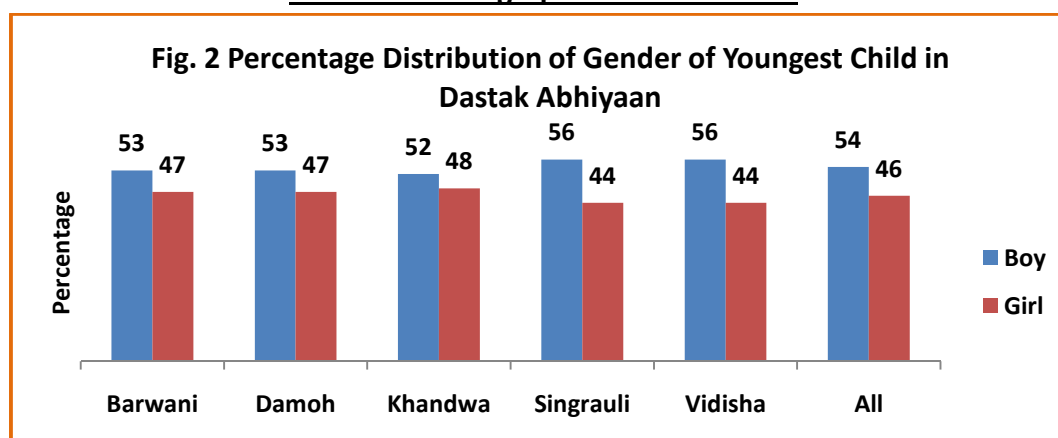
The quantitative data entry was done in CSPro and analysis was done using SPSS software. Logical checks were programmed in data entry software to avoid the entry errors.

The qualitative interviews were analysed using recording through content analysis. The report was written in the structure mutually agreed with the client team.

## 5. Key Evaluation Findings- Quantitative Data:

The present chapter provides details on the quantitative evaluation findings. The chapter will discuss the socio-demographic characteristics of respondents, awareness about Dastak Abhiyaan- providing an insight on the reach and coverage of Dastak Abhiyaan. The chapter will also provide analysis of Knowledge, attitude and practice regarding childhood Diarrhoea management, childhood Pneumonia and Infant and Young Child Feeding Practices.

### 5.1 Socio-Demographic Characteristics



n=HH having child less than 5 years of age

The study data shows that all the respondents participated in the survey are more than 18 years of age. The Figure 2 shows that about 54 per cent of the youngest children who are considered for evaluation are boys and 46 per cent are girls. The graph also gives district wise variation which is almost similar to the overall percentage.

**Table 5: Percentage Distribution of Highest Level of Education for Father of the Child**

| Educational Qualifications                 | Barwani | Damoh | Khandwa | Singrauli | Vidisha | All |
|--------------------------------------------|---------|-------|---------|-----------|---------|-----|
| Illiterate                                 | 27      | 7     | 16      | 9         | 14      | 15  |
| Below primary                              | 5       | 3     | 10      | 4         | 6       | 5   |
| 5 <sup>th</sup> to 8 <sup>th</sup> Class   | 40      | 49    | 40      | 47        | 48      | 45  |
| 10 <sup>th</sup> to 12 <sup>th</sup> Class | 22      | 32    | 23      | 32        | 19      | 26  |
| Above Graduate                             | 7       | 9     | 8       | 7         | 10      | 8   |
| Total                                      | 100     | 100   | 100     | 100       | 100     | 100 |

*n=All Respondents*

The Table 5, above reflected the literacy level of father of the child below 5 years of age. About 45 per cent are above primary and below secondary level. Twenty six percent have secondary level education and only 8 percent have Graduate and above education. Fifteen percent father reported as illiterate. The district wise variations presented in the table, also shows similar pattern across districts.

**Table 6: Percentage Distribution of Highest Level of Education of the Mother/ Primary Care Giver of the Child**

| Educational Qualifications                 | Barwani | Damoh | Khandwa | Singrauli | Vidisha | All |
|--------------------------------------------|---------|-------|---------|-----------|---------|-----|
| Illiterate                                 | 40      | 6     | 19      | 22        | 17      | 21  |
| Below primary                              | 6       | 5     | 12      | 8         | 12      | 10  |
| 5 <sup>th</sup> to 8 <sup>th</sup> Class   | 32      | 60    | 41      | 47        | 53      | 46  |
| 10 <sup>th</sup> to 12 <sup>th</sup> Class | 17      | 21    | 20      | 16        | 13      | 18  |
| Above Graduate                             | 4       | 6     | 6       | 7         | 4       | 5   |
| Total                                      | 100     | 100   | 100     | 100       | 100     | 100 |

*n=All Respondents*

Table 6 shows the literacy level of mother/primary caregiver of the child below 5 years of age. About 46 per cent are above primary and below secondary level. Eighteen percent have secondary level education and only 5 percent have Graduate and above education. About 21 percent mother reported as illiterate. The district wise variations presented in the table, also shows similar pattern across districts.

**Table 7: Percentage Distribution by Background Characteristics of the Head of the Household**

| Back ground Characteristics Head of the Household |         | Barwani | Damoh | Khandwa | Singrauli | Vidisha | All |
|---------------------------------------------------|---------|---------|-------|---------|-----------|---------|-----|
| Caste                                             | SC      | 23      | 26    | 18      | 6         | 27      | 20  |
|                                                   | ST      | 47      | 2     | 26      | 23        | 7       | 21  |
|                                                   | OBC     | 26      | 66    | 46      | 68        | 48      | 51  |
|                                                   | General | 2       | 6     | 9       | 4         | 16      | 7   |
|                                                   | Others  | 2       | 0     | 1       | 0         | 2       | 1   |

|          |              |     |     |     |     |     |     |
|----------|--------------|-----|-----|-----|-----|-----|-----|
| Religion | Hinduism     | 96  | 93  | 90  | 97  | 82  | 92  |
|          | Islam        | 4   | 4   | 8   | 3   | 16  | 7   |
|          | Christianity | 0   | 0   | 1   | 0   | 0   | 0   |
|          | Sikhism      | 0   | 0   | 0   | 0   | 0   | 0   |
|          | Jainism      | 0   | 2   | 0   | 0   | 0   | 1   |
|          | Refused      | 0   | 0   | 1   | 0   | 0   | 0   |
|          | Total        | 100 | 100 | 100 | 100 | 100 | 100 |

n=All Respondents

Table 7 shows that about 51 per cent of head of the household are from OBC category and 21, 20 per cent are from SC and ST category, respectively. The table reflects some variations across the districts (Barwani- OBC-26 per cent, ST 47 per cent and SC 23 per cent, Damoh- OBC 66 per cent, ST 2 per cent and SC 26 per cent, Khandwa- OBC 46 per cent, ST 26 per cent and SC 18 per cent, Singrauli- OBC 68 per cent, ST 23 per cent and SC 6 per cent and Vidisha- OBC 48 per cent, ST 7 per cent and SC 27 per cent). About 92 per cent of the head of the household follows Hinduism. The district wise variation also reflects the same picture.

## 5.2 Household Profile, Assets and Economic Status

**Table 8: Percentage Distribution by Type of Fuel Used in the Household**

| Type of Fuel Used in the Household | Barwani | Damoh | Khandwa | Singrauli | Vidisha | All |
|------------------------------------|---------|-------|---------|-----------|---------|-----|
| LPG                                | 59      | 43    | 67      | 43        | 39      | 50  |
| Natural gas                        | 1       | 0     | 0       | 0         | 0       | 0   |
| Coal/Lignite                       | 0       | 0     | 0       | 4         |         | 1   |
| Wood                               | 39      | 52    | 30      | 52        | 40      | 42  |
| Straw/shrubs/ grass                | 0       | 1     | 0       | 0         | 0       | 0   |
| Animal dung cakes                  | 1       | 4     | 3       | 1         | 19      | 6   |
| Total                              | 100     | 100   | 100     | 100       | 100     | 100 |

n=All Respondents

Table 8 reflects that about 50 per cent of the households are using LPG for cooking food while 42 per cent are using wood as main source of fuel. This variation is same across all the evaluation districts.

**Table 9: Percentage Distribution of Main Source of Drinking Water and Water Purifying System Being Used in the Household.**

| Main Source of Drinking Water       | Barwani | Damoh | Khandwa | Singrauli | Vidisha | All |
|-------------------------------------|---------|-------|---------|-----------|---------|-----|
| Piped water into dwelling yard/plot | 16      | 11    | 13      | 4         | 9       | 10  |
| Public tap/stand pipe               | 37      | 30    | 34      | 1         | 14      | 23  |
| Tube well or borewell               | 10      | 18    | 14      | 18        | 15      | 15  |
| Hand pump                           | 32      | 26    | 33      | 54        | 50      | 39  |
| Dug well                            | 4       | 11    | 3       | 6         | 8       | 6   |
| Unprotected dug well                | 1       | 2     | 1       | 18        | 1       | 4   |
| Other                               | 1       | 2     | 2       | 0         | 2       | 1   |

| Water Purifying System Being Used     |            |            |            |            |            |            |
|---------------------------------------|------------|------------|------------|------------|------------|------------|
| Do not use any water purifying system | 61         | 51         | 57         | 80         | 81         | 66         |
| Water filter                          | 28         | 41         | 30         | 13         | 13         | 25         |
| RO/Purifier                           | 2          | 0          | 1          | 0          | 1          | 1          |
| Use boil water                        | 0          | 2          | 4          | 0          | 1          | 1          |
| Other                                 | 9          | 6          | 9          | 6          | 3          | 7          |
| Don't Know                            | 0          | 0          | 0          | 0          | 1          | 0          |
| <b>Total</b>                          | <b>100</b> | <b>100</b> | <b>100</b> | <b>100</b> | <b>100</b> | <b>100</b> |

n=All Respondents

As per Table 9, about 39 per cent households are using hand pump as the main source of drinking water. About 23 per cent are using public tap/ stand tap, 15 per cent are using tube well or bore well and 10 per cent are using Piped water into dwelling yard/plot. The district wise variation also depicts same picture. Around 66 per cent of households are not using any water purifying water system whereas 25 per cent are using water filter for purifying the water. The evaluation districts also have same household water purifying system.

**Table 10: Percentage Distribution of Cleaning Agent Used for Hand Washing by the Respondents**

| Cleaning agent used for hand washing                 | Barwani    | Damoh      | Khandwa    | Singrauli  | Vidisha    | All        |
|------------------------------------------------------|------------|------------|------------|------------|------------|------------|
| Plain water                                          | 10         | 9          | 8          | 31         | 15         | 15         |
| Ash or mud or sand                                   | 0          | 1          | 2          | 10         | 5          | 4          |
| Soap (including liquid soap or shampoo) or detergent | 90         | 90         | 90         | 59         | 80         | 82         |
| <b>Total</b>                                         | <b>100</b> | <b>100</b> | <b>100</b> | <b>100</b> | <b>100</b> | <b>100</b> |

n=All Respondent

Table 10 shows that 82 per cent child care giver are using soap (including liquid soap or shampoo) or detergent to clean hands and 15 per cent are using just plain water to for the same purpose. The evaluation districts also reflect the same variation in the usage.

**Table 11: Percentage Distribution if Hand Washing Events by the Respondent**

| Events for Hand Washing  | Barwani    | Damoh      | Khandwa    | Singrauli  | Vidisha    | All        |
|--------------------------|------------|------------|------------|------------|------------|------------|
| Before cooking           | 65         | 87         | 62         | 100        | 82         | 79         |
| After cooking            | 88         | 91         | 82         | 99         | 75         | 87         |
| Before feeding the child | 88         | 91         | 89         | 97         | 81         | 89         |
| Before every meal        | 84         | 75         | 74         | 94         | 70         | 79         |
| After defecation         | 98         | 92         | 97         | 99         | 92         | 96         |
| Others                   | 0          | 0          | 0          | 0          | 2          | 1          |
| <b>Total*</b>            | <b>422</b> | <b>436</b> | <b>404</b> | <b>489</b> | <b>403</b> | <b>431</b> |

n=All Respondents \*Multiple Response, Hence percentage more than 100%

Table11 reflects that about 96 per cent of the respondents wash hands after defecation, 89 per cent before feeding the child, 87 per cent after cooking, 79 per cent before every meal and 79 per cent before cooking food.

**Table 12: Percentage Distribution of Type of Toilet Being Used, Disposing Faeces of Children and Disposing Solid Waste By Household**

|                                               | Type of Toilets                          | Barwani | Damoh | Khandwa | Singrauli | Vidisha | All |
|-----------------------------------------------|------------------------------------------|---------|-------|---------|-----------|---------|-----|
| <b>Toilet Being Used By Household</b>         | Flush/pour flush to - piped sewer system | 0       | 0     | 1       | 0         | 0       | 0   |
|                                               | Flush/pour flush to - septic tank        | 19      | 18    | 29      | 8         | 29      | 21  |
|                                               | Flush/pour flush to - pit latrine        | 27      | 15    | 23      | 0         | 16      | 16  |
|                                               | Ventilated improved pit latrine (VIP)    | 0       | 0     | 0       | 1         | 2       | 1   |
|                                               | Pit latrine with slab                    | 31      | 21    | 34      | 17        | 13      | 23  |
|                                               | Composting toilet                        | 1       | 10    | 0       | 21        | 10      | 8   |
|                                               | Pit latrine without slab/open pit        | 1       | 0     | 0       | 1         | 1       | 1   |
|                                               | Hanging toilet/hanging latrine           | 0       | 0     | 0       | 0         | 1       | 0   |
|                                               | No toilet facility/uses open space/field | 21      | 33    | 11      | 52        | 27      | 29  |
|                                               | Others                                   | 0       | 2     | 0       | 0         | 0       | 1   |
| <b>Places of Disposing Faeces of Children</b> | In a toilet                              | 43      | 28    | 49      | 7         | 25      | 31  |
|                                               | In a dustbin                             | 0       | 0     | 0       | 0         | 1       | 0   |
|                                               | In open field/backyard                   | 12      | 14    | 6       | 33        | 14      | 16  |
|                                               | Drainage                                 | 1       | 2     | 1       | 1         | 1       | 1   |
|                                               | Outside house                            | 43      | 56    | 40      | 59        | 49      | 49  |
|                                               | Compost pit                              | 0       | 1     | 3       | 0         | 5       | 2   |
|                                               | Others                                   | 0       | 0     | 2       | 0         | 4       | 1   |
| <b>Place for Disposing Solid Waste</b>        | In a toilet                              | 0       | 1     | 0       | 1         | 0       | 1   |
|                                               | In a dustbin                             | 8       | 7     | 6       | 0         | 10      | 6   |
|                                               | In open field/backyard                   | 6       | 16    | 8       | 26        | 17      | 14  |
|                                               | Drainage                                 | 0       | 1     | 0       | 0         | 0       | 0   |
|                                               | Outside house                            | 84      | 74    | 79      | 72        | 61      | 74  |
|                                               | Compost pit                              | 0       | 1     | 4       | 0         | 7       | 2   |
|                                               | On a road                                | 0       | 0     | 0       | 0         | 0       | 0   |
|                                               | Others                                   | 2       | 0     | 4       | 0         | 4       | 2   |
|                                               | Total                                    | 100     | 100   | 100     | 100       | 100     | 100 |

*n=All Respondents*

As per the Table 12, about 23 per cent households have Pit toilet with slab, 21 per cent have Flush/pour flush to septic tank. While 29 per cent still go out in field for defecation (open defecation). The districts also show similar trend except Khandwa where open defecation is 11 per cent and Singrauli is 52 per cent.

Around 49 per cent of households dispose child's stool outside the house. About 31 per cent throw it in toilet and about 16 per cent in open field/backyard. The evaluation districts show similar trend except in district Singrauli where only 7 per cent households are disposing stool in toilet and 59 per cent are disposing stool outside the house.

The Table also reflects that most of the households around 74 per cent in all the evaluating districts (Barwani 84 per cent, Damoh 74 per cent, Khandwa 79 per cent, Singrauli 72 per cent and Vidisha 61 per cent) are disposing the solid waste outside the house.

**Table 13: Percentage Distribution of Household Assets Owned and Assets Possessed by Any Member of the Household**

| Household Assets Owned                    | Barwani | Damoh | Khandwa | Singrauli | Vidisha | All |
|-------------------------------------------|---------|-------|---------|-----------|---------|-----|
| Electricity                               | 98      | 100   | 100     | 92        | 100     | 98  |
| Radio                                     | 5       | 7     | 6       | 12        | 4       | 7   |
| Television                                | 61      | 68    | 74      | 38        | 57      | 59  |
| Non- Mobile Telephone/ landline           | 0       | 1     | 1       | 0         | 2       | 1   |
| Fridge                                    | 21      | 10    | 29      | 16        | 17      | 19  |
| <b>Assets possessed by any HH members</b> |         |       |         |           |         |     |
| Watch                                     | 79      | 89    | 81      | 73        | 74      | 79  |
| Mobile                                    | 89      | 97    | 92      | 95        | 95      | 94  |
| Bicycle                                   | 33      | 73    | 37      | 63        | 37      | 49  |
| Motorcycle/ scooter                       | 57      | 46    | 57      | 46        | 48      | 51  |
| Animal Drawn Cart                         | 14      | 1     | 9       | 1         | 1       | 5   |
| Car/ Truck/ Jeep/ Van                     | 5       | 4     | 5       | 8         | 7       | 6   |
| Boat with Motor                           | 0       | 0     | 0       | 0         | 0       | 0   |
| Total                                     | 100     | 100   | 100     | 100       | 100     | 100 |

*n=All Respondents*

As per the Table 13, majority 98 per cent of households have electricity, 93 per cent don't have radio, 59 per cent have television, 99 per cent don't have landline and 81 per cent don't have fridge in the households. The evaluation districts also reflect similar trend of assets possession.

Around 79 per cent household have at least one member who has watch, 94 per cent household have at least one member who has mobile, 49 per cent household have at least one member who has bicycle, 51 per cent household have at least one member who has motorcycle/ scooter, 95 per cent household does not have even one member who has animal drawn cart, 94 per cent household does not have even one member who has car/ jeep/ truck/

van and none of the household have even one member who has boat with motor. The district wise variation reflects similar trend.

**Table 14: Percentage Distribution Ownership Status of Dwelling Unit and Agricultural Land**

| Back ground Characteristics Head of the Household |                             | Barwani | Damoh | Khandwa | Singrauli | Vidisha | All |
|---------------------------------------------------|-----------------------------|---------|-------|---------|-----------|---------|-----|
| Ownership status of dwelling unit                 | Own                         | 96      | 99    | 97      | 99        | 98      | 98  |
|                                                   | Rent                        | 3       | 1     | 2       | 1         | 1       | 1   |
|                                                   | Other (not owned or rented) | 1       | 0     | 1       | 0         | 1       | 1   |
| Agriculture Land                                  | Yes                         | 59      | 66    | 40      | 78        | 45      | 58  |
|                                                   | No                          | 40      | 34    | 60      | 22        | 55      | 42  |
|                                                   | Total                       | 100     | 100   | 100     | 100       | 100     | 100 |

Table 14 shows that about 98 per cent respondents in all the evaluation districts own the dwelling unit they are living (Barwani 96 per cent, Damoh 99 per cent, Khandwa 97 per cent, Singrauli 99 per cent and Vidisha 98 per cent). About 58 per cent respondents report ownership of agricultural land and 42 per cent report of not having ownership of any agricultural land.

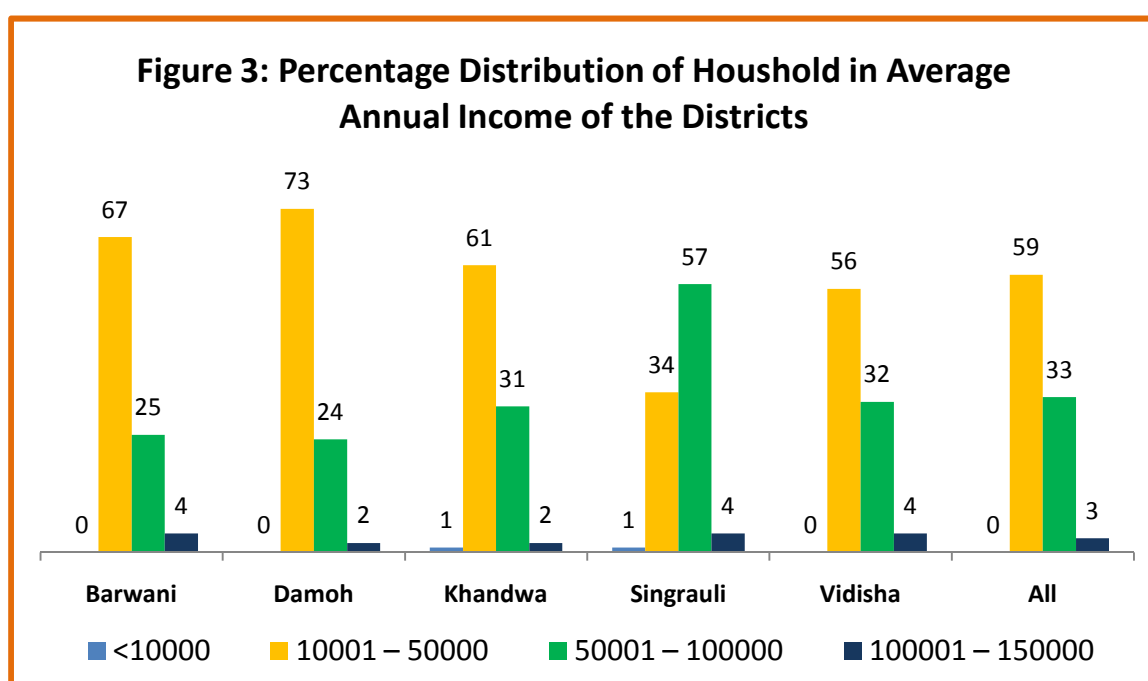


Figure 3 shows that around 59 per cent (Barwani 67 per cent, Damoh 73 per cent, Khandwa 61 per cent, Singrauli 34 per cent and Vidisha 56 per cent) of the households have the annual income between Rs. 10001-50000. About 33 per cent (Barwani 25 per cent, Damoh 24 per cent, Khandwa 31 per cent, Singrauli 57 per cent and Vidisha 32 per cent) have annual income between Rs. 50001-100000. The average annual income of household is Rs.67651 (Barwani Rs. 62393, Damoh Rs. 53855, Khandwa Rs. 64625, Singrauli Rs.80154 and Vidisha Rs.79686).

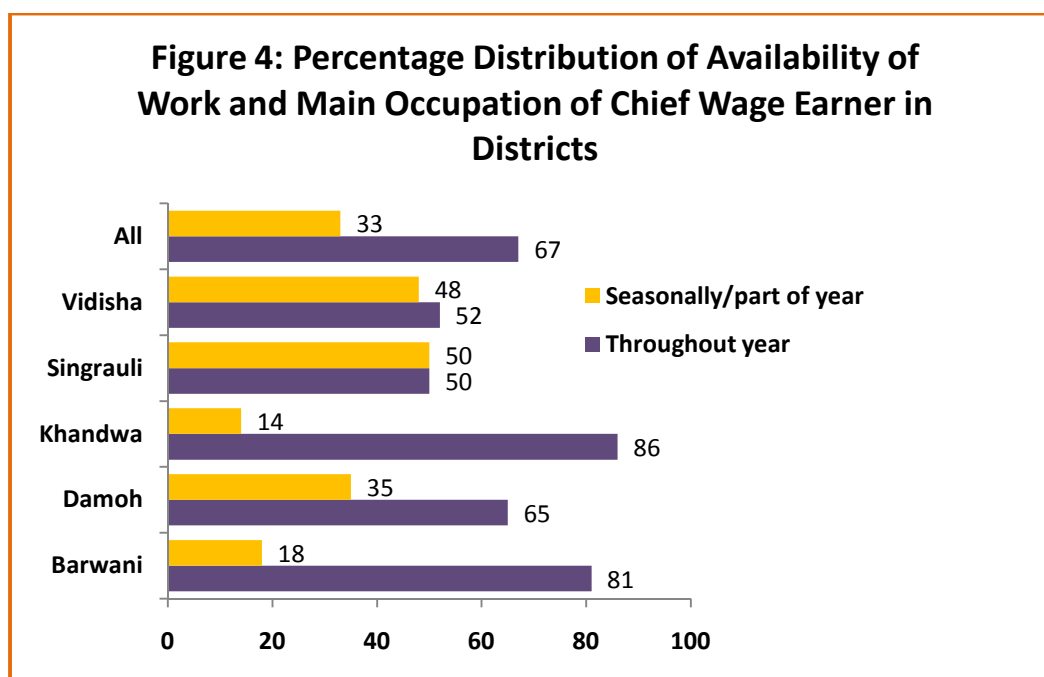


Figure 4 reflects that around 67 per cent respondents reported that main wage earner of household works throughout the year (Barwani 81 per cent, Damoh 65 per cent, Khandwa 86 per cent, Singrauli 50 per cent and Vidisha 52 per cent) and about 33 per cent work seasonally/part of year (Barwani 18 per cent, Damoh 35 per cent, Khandwa 14 per cent, Singrauli 50 per cent and Vidisha 48 per cent). About 49 per cent of the main wage earner is non- agricultural wage labourer, 22 per cent are cultivator and 16 per cent are self-employed. The evaluation districts also show similar trends.

**Table 15: Percentage Distribution of Main Material of the Dwelling Roof**

| Main material of the dwelling roof | Barwani | Damoh | Khandwa | Singrauli | Vidisha | All |
|------------------------------------|---------|-------|---------|-----------|---------|-----|
| <b>Natural Roofing</b>             |         |       |         |           |         |     |
| Thatch/Reed/Grass                  | 23      | 32    | 14      | 56        | 37      | 33  |
| Mud                                | 0       | 1     | 0       | 0         | 1       | 0   |
| Sod/Mud and grass mixture          | 1       | 0     | 0       | 0         | 1       | 0   |
| Plastic/Polythene sheeting         | 0       | 1     | 0       | 0         | 2       | 1   |
| <b>Rudimentary Flooring</b>        |         |       |         |           |         |     |
| Raw wood planks/timber             | 1       | 5     | 0       | 0         | 1       | 1   |
| Loosely packed stone               | 0       | 3     | 1       | 0         | 3       | 1   |
| <b>Finished Roofing</b>            |         |       |         |           |         |     |
| Metal/Galvanized Iron              | 41      | 6     | 51      | 4         | 13      | 23  |
| Wood                               | 8       | 15    | 9       | 0         | 3       | 7   |
| Calamine/Cement fibre              | 2       | 0     | 0       | 0         | 0       | 0   |
| Asbestos sheets                    | 0       | 1     | 1       | 9         | 1       | 2   |
| RCC/RBC/cement/concrete            | 7       | 19    | 15      | 14        | 23      | 16  |
| Roofing shingles                   | 14      | 8     | 6       | 6         | 6       | 8   |
| Tiles                              | 1       | 1     | 0       | 0         | 1       | 0   |

|              |     |     |     |     |     |     |
|--------------|-----|-----|-----|-----|-----|-----|
| <b>Slate</b> | 1   | 5   | 2   | 0   | 7   | 3   |
| <b>Other</b> | 0   | 4   | 0   | 11  | 2   | 4   |
| <b>Total</b> | 100 | 100 | 100 | 100 | 100 | 100 |

*n=All Respondents*

As per the Table 15, about 33 per cent (Barwani 23 per cent, Damoh 32 per cent, Khandwa 14 per cent, Singrauli 56 per cent and Vidisha 37 per cent) of dwellings have natural roofing that especially made of thatch/ reed/ grass. About 23 per cent (Barwani 41 per cent, Damoh 6 per cent, Khandwa 56 per cent, Singrauli 4 per cent and Vidisha 13 per cent) have finished roofing especially made of metal/galvanized iron and 16 per cent (Barwani 7 per cent, Damoh 19 per cent, Khandwa 15 per cent, Singrauli 14 per cent and Vidisha 23 per cent) have finished roof made of RCC/RBC/ Cement/ Concrete.

### **3.3 Awareness and Recognition of Dastak Abhiyaan**

**Table 16: Percentage Distribution about Awareness of Dastak Abhiyaan and Sources of Information about Dastak Abhiyaan**

| <b>Awareness of the respondent about Dastak Abhiyaan</b> |  | <b>Barwani</b> | <b>Damoh</b> | <b>Khandwa</b> | <b>Singrauli</b> | <b>Vidisha</b> | <b>All</b> |
|----------------------------------------------------------|--|----------------|--------------|----------------|------------------|----------------|------------|
| Yes                                                      |  | 74             | 91           | 66             | 87               | 69             | 77         |
| No                                                       |  | 26             | 7            | 34             | 13               | 30             | 22         |
| Don't know                                               |  | 0              | 1            | 0              | 0                | 1              | 1          |
| <b>Source of awareness</b>                               |  |                |              |                |                  |                |            |
| Radio                                                    |  | 0              | 0            | 0              | 0                | 1              | 0          |
| Television                                               |  | 0              | 0            | 0              | 1                | 0              | 0          |
| ANM/ ASHA/ Aanganwadi                                    |  | 98             | 93           | 96             | 95               | 92             | 95         |
| Other                                                    |  | 0              | 2            | 0              | 0                | 3              | 1          |
| Don't Know                                               |  | 1              | 4            | 3              | 3                | 4              | 3          |
| Total                                                    |  | 100            | 100          | 100            | 100              | 100            | 100        |

*n=All Respondents*

As per the Table 16, around 77 percent (Barwani 74 per cent, Damoh 91 per cent, Khandwa 66 per cent, Singrauli 87 per cent and Vidisha 69 per cent) of the respondents are aware and recognize Dastak Abhiyaan. About 22 per cent Barwani 26 per cent, Damoh 7 per cent, Khandwa 34 per cent, Singrauli 13 per cent and Vidisha 30 per cent) are not aware of Dastak Abhiyaan especially by nomenclature. Almost same thing reflects in the response of the officials at the block level, that, although the Abhiyaan has been smoothly implemented still community is not recognizing it by the name.

Almost all the respondents (95 per cent) who are aware of Dastak Abhiyaan reported that ANM/ ASHA/ AWW are their major source of information about the Abhiyaan. The state government and also block level officials report that public announcements, pamphlets etc. have been done and distributed. Still, the effectiveness of AAA has been better, possibly because of the access and penetration they have within the community.

**Table 17: Awareness about the Dastak Abhiyaan**

| Indicators                               | Aware About Program |
|------------------------------------------|---------------------|
| <b>Education of Head of Household</b>    |                     |
| No Education                             | 12.78               |
| Below Primary                            | 4.56                |
| Primary                                  | 17.76               |
| Middle                                   | 28.3                |
| Secondary & above                        | 36.6                |
| <b>Education of Mother or Care Giver</b> |                     |
| No Education                             | 18.03               |
| Below Primary                            | 8.6                 |
| Primary                                  | 18.2                |
| Middle                                   | 30.6                |
| Secondary & above                        | 24.57               |
| <b>Religion</b>                          |                     |
| Hindu                                    | 91.83               |
| Muslim                                   | 7.01                |
| Others                                   | 1.16                |
| <b>Caste</b>                             |                     |
| SC                                       | 20.82               |
| ST                                       | 17.74               |
| OBC                                      | 53.29               |
| General                                  | 8.16                |

Table 17 represents the awareness about Dastak Abhiyaan among the respondents. Table clearly shows that education has positive association with the awareness of the program. It is both with the father as well as mother's education. So, education plays an important role for childcare and development. Moreover, results also indicate that those mother or care givers have middle and secondary and above education are more aware about the program which is 28.3 and 36.6 percent. While in religious aspect Hindu were more aware about the program as compare to Muslim and others. However, the program have much impact on caste or social group belonging to other backward caste, who are more aware about the program as compare to other castes.

**Table 18: Sources of awareness about Dastak Abhiyaan**

| Indicators                            | Through Media | Through ANM/ASHA | Other | Total |
|---------------------------------------|---------------|------------------|-------|-------|
| <b>Education of Head of Household</b> |               |                  |       |       |
| No Education                          | 5.56          | 12.84            | 7.69  | 12.67 |
| Below Primary                         | 5.56          | 4.57             | 0     | 4.54  |
| Primary                               | 27.78         | 18.03            | 15.38 | 18.15 |
| Middle                                | 22.22         | 28.58            | 30.77 | 28.51 |
| Secondary & above                     | 38.89         | 35.97            | 46.15 | 36.13 |
| <b>Religion</b>                       |               |                  |       |       |
| Hindu                                 | 83.33         | 91.87            | 92.31 | 91.74 |
| Muslim                                | 5.56          | 7.08             | 7.69  | 7.06  |

|                |       |       |       |       |
|----------------|-------|-------|-------|-------|
| <b>Others</b>  | 11.11 | 1.05  | 0     | 1.19  |
| <b>Caste</b>   |       |       |       |       |
| <b>SC</b>      | 22.22 | 21.36 | 23.08 | 21.39 |
| <b>ST</b>      | 22.22 | 17.65 | 7.69  | 17.61 |
| <b>OBC</b>     | 50    | 52.78 | 53.85 | 52.75 |
| <b>General</b> | 5.56  | 8.21  | 15.38 | 8.25  |

The above table represent the source of awareness about the Dastak Abhiyaan. Now a day, government have more focus on the creating awareness of the different programmes in rural areas. The table reflects that awareness either through Media & advertisement or through sensitization of ANM, ASHA or Aanganwadi, it is positively associated with the education of father as well as mother. Also, in the caste point of view, OBC have better awareness about the programme compared to other castes.

**Table 19: Awareness about ORS through the Dastak Abhiyaan**

| <b>Indicator</b>                         | <b>Aware About ORS</b> |
|------------------------------------------|------------------------|
| <b>Education of Head of Household</b>    |                        |
| <b>No Education</b>                      | 14.71                  |
| <b>Below Primary</b>                     | 5.61                   |
| <b>Primary</b>                           | 17.17                  |
| <b>Middle</b>                            | 28.11                  |
| <b>Secondary &amp; above</b>             | 34.4                   |
| <b>Education of Mother or Care Giver</b> |                        |
| <b>No Education</b>                      | 20.79                  |
| <b>Below Primary</b>                     | 9.04                   |
| <b>Primary</b>                           | 17.46                  |
| <b>Middle</b>                            | 29.42                  |
| <b>Secondary &amp; above</b>             | 23.3                   |
| <b>Religion</b>                          |                        |
| <b>Hindu</b>                             | 92.05                  |
| <b>Muslim</b>                            | 7.07                   |
| <b>Others</b>                            | 0.88                   |
| <b>Caste</b>                             |                        |
| <b>SC</b>                                | 20.08                  |
| <b>ST</b>                                | 21.18                  |
| <b>OBC</b>                               | 51.06                  |
| <b>General</b>                           | 7.68                   |

Table 19 represents the awareness about the ORS through the Dastak Program. Education of the head of household and mother play an important role during the diarrhoea for childcare. Data clearly indicate that the mother whose education is middle and secondary and above have better knowledge about the ORS, which is 29.4 and 23.3 respectively. Moreover, for religious and caste wise result, similar pattern were observed as reported in the awareness about the Dastak Abhiyaan.

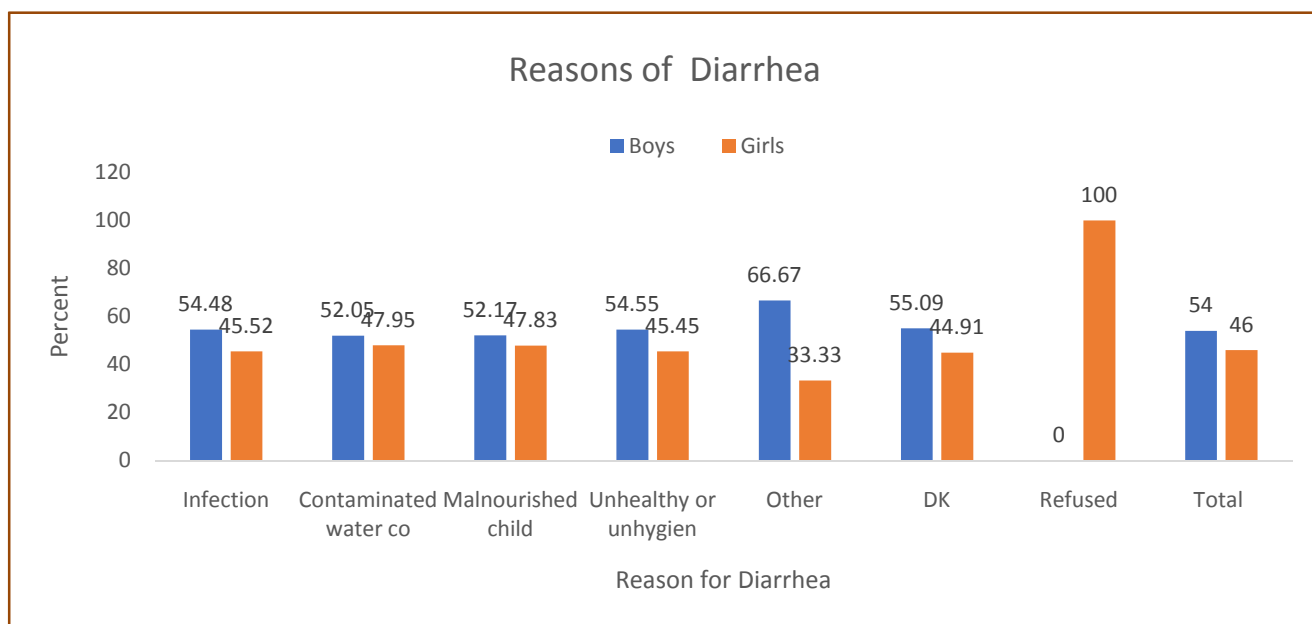
**Figure 5: Gender wise reasons for Diarrhoea**

Figure 5 depicts the Gender wise percent distribution of reasons for diarrhoea amount children. However, graph clearly indicate that percent of Boys having higher occurrence of diarrhoea as compare to Girls. While reasons of diarrhoea list mostly having infection, contaminated water, malnourished child and unhealthy or unhygienic practices were reported.

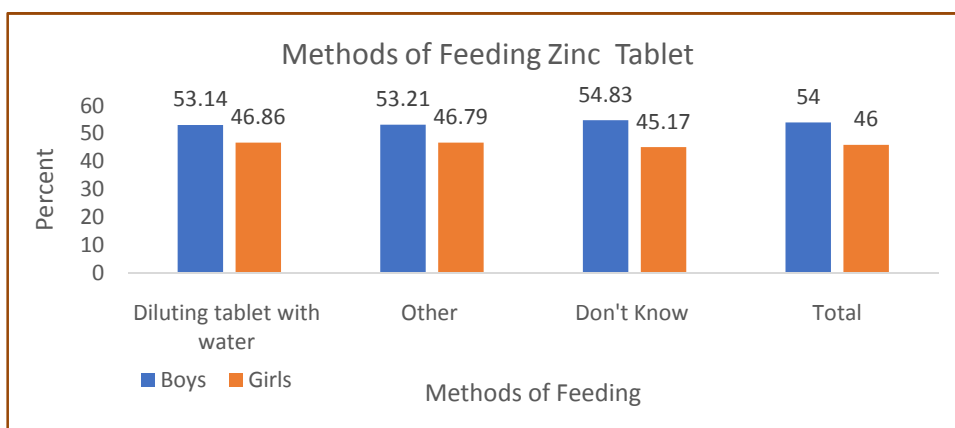
**Figure6: Methods of feeding zinc tablet to children.**

Figure 6 graph depicts the percent distribution for methods of feeding zinc table to the child. The percentage of receiving zinc tablet is higher for boys as compare to girls. Moreover, more than 50 percent children are receiving diluting tablet with water. While the total boys (54 percent) and girls are receiving 54 and 46 percent of zinc tablets.

Table 20: Logistic regression of Awareness of Dastak Abhiyaan

| Indicator                         | Coef.  | [95% Conf. Interval] |
|-----------------------------------|--------|----------------------|
| Gender                            |        |                      |
| Boys                              |        |                      |
| Girls                             | 0.077  | [-0.198- 0.353]      |
| Education of Head of Household    |        |                      |
| No Education                      |        |                      |
| Below Primary                     | -0.323 | [-0.902- 0.254]      |
| Primary                           | 0.614  | [0.137- 1.091]       |
| Middle                            | 0.293  | [-0.130- 0.717]      |
| Secondary & above                 | 0.607  | [0.137-1.077]        |
| Education of Mother or Care Giver |        |                      |
| No Education                      |        |                      |
| Below Primary                     | 0.249  | [-0.261- 0.760]      |
| Primary                           | 0.651  | [0.198- 1.104]       |
| Middle                            | 0.462  | [0.054-0.870]        |
| Secondary & above                 | 0.428  | [-0.048- 0.905]      |
| Religion                          |        |                      |
| Hindu                             |        |                      |
| Muslim                            | -0.020 | [-0.609-0.568]       |
| Caste                             |        |                      |
| SC                                |        |                      |
| ST                                | -0.855 | [-1.279- -0.437]     |
| OBC                               | -0.175 | [-0.572- 0.221]      |
| General                           | -0.243 | [-0.915- 0.428]      |
| _cons                             | 1.084  | [0.619-1.550]        |

Table 20 represent the logistic regression of awareness about the Dastak program with socio-demographic indicators. It is clearly observed with the reference categories of boys' that girls have less association as compare to boys. While education have higher association if mother education increase. While other indicator such as religion and caste have negative association between the variable.

### 3.4 Services given by Dastak Abhiyaan Team

Table 21: Percentage Distribution of Houses Marked and Visited by Dastak Team

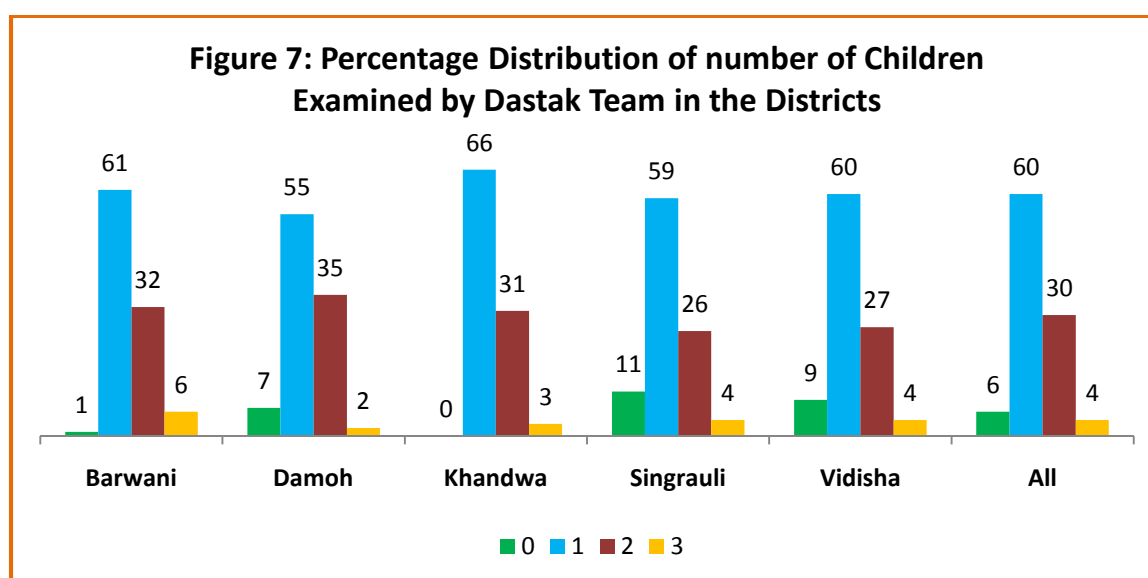
| House marked by the Dastak team                         | Barwani | Damoh | Khandwa | Singrauli | Vidisha | All |
|---------------------------------------------------------|---------|-------|---------|-----------|---------|-----|
| Yes                                                     | 73      | 79    | 82      | 81        | 81      | 79  |
| No                                                      | 27      | 21    | 18      | 19        | 19      | 21  |
| Visit of the Dastak team to the house of the respondent |         |       |         |           |         |     |
| Yes                                                     | 98      | 93    | 95      | 92        | 92      | 94  |
| No                                                      | 2       | 6     | 5       | 2         | 7       | 4   |

|            |     |     |     |     |     |     |
|------------|-----|-----|-----|-----|-----|-----|
| Don't Know | 0   | 1   | 0   | 6   | 1   | 2   |
| Total      | 100 | 100 | 100 | 100 | 100 | 100 |

*n= All Respondents*

Table 21 shows that about 79 per cent (Barwani 73 per cent, Damoh 79 per cent, Khandwa 82 per cent, Singrauli 81 per cent and Vidisha 81 per cent) households have Dastak Abhiyaan code earmarked. The remaining 21 per cent (Barwani 27 per cent, Damoh 21 per cent, Khandwa 18 per cent, Singrauli 19 per cent and Vidisha 19 per cent) don't have code earmarked or is not legible. Some of the possible reasons gathered from the field are due to rains the numbers have been washed away, some of the households have got their walls white washed and some of the codes have faded themselves.

Table 21, further reflects that although community may not be aware of the Dastak Abhiyaan by its name, however, about 94 per cent of the respondents reported that Dastak Team (AAA) did visit the household in the month of June or July 2019.



*n= All Respondents    \*n= those who responded Yes for Whether Dastak Team Examined the Child/Children in the Household*

Figure 7 reflects that, about 90 per cent of respondent's child/ children were examined by the Dastak Team during their visit to the household. Those who reported of not having their child examined by Dastak team either were out of home or out of village when the team visited the Household. As understood by district and block team, the left-out households will be visited during the mop up round of Dastak Abhiyaan. The average number of children which the team examined in each household was 1, 60 per cent or 2 children 30 per cent. The average age of children examined in the households was 28 months that is 2 years 4 months (Barwani 28 months, Damoh 28 months, Khandwa 28 months, Singrauli 27 months and Vidisha 28 months).

**Table 22: Percentage Distribution of Gender of Children Examined and Hand Washing Practice Followed by Dastak Abhiyaan Team**

| Gender of the children examined by Dastak team         |  | Barwani | Damoh | Khandwa | Singrauli | Vidisha | All |
|--------------------------------------------------------|--|---------|-------|---------|-----------|---------|-----|
| Boy                                                    |  | 47      | 49    | 50      | 50        | 54      | 50  |
| Girl                                                   |  | 53      | 51    | 50      | 50        | 46      | 50  |
| Hand Washing by Dastak Team before Examining the Child |  |         |       |         |           |         |     |
| Yes                                                    |  | 82      | 70    | 80      | 68        | 54      | 71  |
| No                                                     |  | 18      | 30    | 20      | 31        | 44      | 28  |
| Don't Know                                             |  | 0       | 0     | 0       | 0         | 2       | 0   |
| Total                                                  |  | 100     | 100   | 100     | 100       | 100     | 100 |

*n= Those who responded Yes for Whether Dastak Team Examined the Child/ Children in the Household*

Table 22 depicts, equal percentage of girl and boy child were examined by Dastak Team. About 50 per cent boys (Barwani 47, Damoh 49, Khandwa 50, Singrauli 50, and Vidisha 54 per cent) and 50 per cent girls (Barwani 53, Damoh 51, Khandwa 50, Singrauli 50, and Vidisha 54 per cent). About 71 per cent of the respondents reported that Dastak Team washed their hands before examining the child whereas 28 per cent reported that Dastak Team did not wash hands before examining the child.

**Table 23: Percentage Distribution of Children for whom Temperature Check, Respiratory Rate Monitoring, Measurement of Mid- Arm and Hb Test was Done**

| Temperature of the child monitored by Dastak team with a thermometer       |  | Barwani | Damoh | Khandwa | Singrauli | Vidisha | All |
|----------------------------------------------------------------------------|--|---------|-------|---------|-----------|---------|-----|
| Yes                                                                        |  | 91      | 70    | 88      | 62        | 66      | 76  |
| No                                                                         |  | 9       | 30    | 12      | 38        | 34      | 24  |
| Respiratory rate of the child monitored by Dastak team using a watch       |  |         |       |         |           |         |     |
| Yes                                                                        |  | 95      | 73    | 92      | 70        | 71      | 80  |
| No                                                                         |  | 5       | 27    | 8       | 30        | 28      | 19  |
| Measurement of mid-upper arm of the child by Dastak team using a MUAC tape |  |         |       |         |           |         |     |
| Yes                                                                        |  | 94      | 85    | 95      | 86        | 82      | 88  |
| No                                                                         |  | 6       | 15    | 5       | 14        | 18      | 12  |
| Any blood test (haemoglobin test) of the child performed by Dastak team    |  |         |       |         |           |         |     |
| Yes                                                                        |  | 90      | 75    | 87      | 64        | 59      | 75  |
| No                                                                         |  | 10      | 25    | 13      | 36        | 41      | 25  |
| Total                                                                      |  | 100     | 100   | 100     | 100       | 100     | 100 |

*n= Those who responded Yes for Whether Dastak Team Examined the Child/ Children in the Household*

As per Table 23, about 76 per cent respondents reported that the Dastak team did check the temperature of the child using a thermometer while 24 per cent respondents reported that the Dastak team either did not check the temperature at all or even if they did, they did not check the temperature using a thermometer. About 80 per cent respondents reported that the Dastak team monitored the respiratory rate of child using a watch and 19 per cent said that the respiratory rate was not monitored by the visiting team. About 88 per cent respondents reported that the Dastak Team took the mid-arm measurement of the child using MUAC tape.

About 75 per cent reported that Hb test of the of child was done using WHO colour code scale whereas 25 per cent said no Hb test was done during the visit.

**Table 24: Percentage Distribution of Oral Supplementation and Type of Supplement given to the child by Dastak Team and Any information provided by the Dastak team on proper nutrition of the child**

| Oral supplementati<br>on Given to<br>the child by<br>Dastak team                               |                 | Barwani | Damoh | Khandwa | Singrauli | Vidisha | All |
|------------------------------------------------------------------------------------------------|-----------------|---------|-------|---------|-----------|---------|-----|
| Yes                                                                                            |                 | 96      | 91    | 97      | 89        | 95      | 93  |
| No                                                                                             |                 | 4       | 9     | 3       | 11        | 5       | 7   |
| Type of oral<br>supplementati<br>on provided<br>to the child by<br>Dastak team <sup>+</sup>    | Iron Folic Acid | 9       | 8     | 9       | 19        | 13      | 12  |
|                                                                                                | Vitamin A       | 26      | 7     | 25      | 21        | 23      | 20  |
|                                                                                                | Both the above  | 58      | 76    | 60      | 56        | 55      | 61  |
|                                                                                                | Don't Know      | 7       | 8     | 5       | 3         | 9       | 6   |
|                                                                                                | Refused         | 0       | 1     | 0       | 0         | 1       | 0   |
| Any<br>information<br>provided by the<br>Dastak team on<br>proper<br>nutrition of the<br>child | Yes             | 93      | 84    | 87      | 72        | 72      | 82  |
|                                                                                                | No              | 7       | 16    | 13      | 28        | 26      | 18  |
|                                                                                                | Don't Know      | 0       | 0     | 0       | 0         | 1       | 0   |
|                                                                                                | Total           | 100     | 100   | 100     | 100       | 100     | 100 |

*n= Those who responded Yes for Whether Dastak Team Examined the Child/ Children in the Household +n= Those who responded Yes for Whether any Oral Supplement was given to the child by Dastak Team, (n= Those who responded Yes for Whether Dastak Team Examined the Child/ Children in the Household)*

Table 24 depicts that around 93 percent (Barwani 96 per cent, Damoh 91 per cent, Khandwa 97 per cent, Singrauli 89 per cent and 95 per cent Vidisha) respondent reported that some oral supplementation was given to the child by Dastak team. About 61 per cent reported that the supplements were both Iron Folic Acid and Vitamin A, whereas about 20 per cent said the supplement given was Vitamin A and about 12 per cent said Iron Folic Acid.

About 82 per cent (Barwani 93 per cent, Damoh 84 per cent, Khandwa 87 per cent, Singrauli 72 per cent and Vidisha 72 per cent) reported that some information was also given regarding child nutrition by the Dastak Team while about 18 per cent (Barwani 7 per cent, Damoh 16 per cent, Khandwa 13 per cent, Singrauli 28 per cent and Vidisha 26 per cent) said that no such information was given.

**Table 25: Percentage Distribution of Any Referrals Done for Child Being Examined, Reasons for Referrals and Mode of Conveyance being used**

| Referral provided by the Dastak<br>team to the child                           | Barwani | Damoh | Khandwa | Singrauli | Vidisha | All |
|--------------------------------------------------------------------------------|---------|-------|---------|-----------|---------|-----|
| Yes                                                                            | 3       | 1     | 2       | 2         | 3       | 2   |
| No                                                                             | 97      | 99    | 98      | 97        | 97      | 97  |
| Don't Know                                                                     | 0       | 0     | 0       | 1         | 0       | 0   |
| Reason for the referral provided by the Dastak team to the child <sup>++</sup> |         |       |         |           |         |     |
| Treatment of Diarrhoea                                                         | 14      | 25    | 22      | 18        | 9       | 16  |

|                                                                                |     |     |     |     |     |     |
|--------------------------------------------------------------------------------|-----|-----|-----|-----|-----|-----|
| Treatment of pneumonia                                                         | 14  | 0   | 56  | 18  | 18  | 22  |
| For severe malnutrition                                                        | 50  | 50  | 22  | 45  | 45  | 43  |
| For birth defect or congenital malformation                                    | 0   | 0   | 0   | 0   | 9   | 2   |
| For any other condition.                                                       | 14  | 25  | 0   | 18  | 18  | 14  |
| Don't Know                                                                     | 7   | 0   | 0   | 0   | 0   | 2   |
| <b>Place of referral provided by the Dastak team to the child<sup>++</sup></b> |     |     |     |     |     |     |
| PHC                                                                            | 14  | 0   | 0   | 27  | 0   | 10  |
| CHC                                                                            | 7   | 0   | 11  | 0   | 18  | 8   |
| District Hospital                                                              | 36  | 25  | 67  | 27  | 73  | 47  |
| NRC                                                                            | 29  | 50  | 11  | 45  | 0   | 24  |
| Other                                                                          | 14  | 25  | 11  | 0   | 9   | 10  |
| <b>Whether Child taken to the referred place<sup>++</sup></b>                  |     |     |     |     |     |     |
| Yes                                                                            | 79  | 25  | 67  | 55  | 82  | 67  |
| No                                                                             | 21  | 75  | 33  | 45  | 18  | 33  |
| <b>Transport used to reach the referred place<sup>++</sup></b>                 |     |     |     |     |     |     |
| Janani Express                                                                 | 27  | 100 | 50  | 17  | 22  | 30  |
| Own vehicle                                                                    | 36  | 0   | 33  | 33  | 0   | 24  |
| Rented private vehicle                                                         | 27  | 0   | 0   | 0   | 22  | 15  |
| Public transport (eg. Bus)                                                     | 0   | 0   | 0   | 0   | 11  | 3   |
| Other                                                                          | 9   | 0   | 17  | 50  | 44  | 27  |
| <b>Reason for child not taken to the referred place<sup>+++</sup></b>          |     |     |     |     |     |     |
| No Janani express                                                              | 33  | 0   | 0   | 0   | 33  | 12  |
| Family head not present                                                        | 0   | 0   | 100 | 40  | 33  | 35  |
| Any others                                                                     | 67  | 33  | 0   | 40  | 33  | 35  |
| Don't Know                                                                     | 0   | 67  | 0   | 20  | 0   | 18  |
| Total                                                                          | 100 | 100 | 100 | 100 | 100 | 100 |

*n= Those who responded Yes for Whether Dastak Team Examined the Child/ Children in the Household++n= Those who responded Yes to Whether any referral was done for the child being examined +++n= Those who responded No to Whether the child referred was taken to the place where he/ she was referred.*

Table 25 provides information about the referral services given by Dastak Team during their visit to Household. About 97 per cent (Barwani 97 per cent, Damoh 99 per cent, Khandwa 98 per cent, Singrauli 97 per cent and Vidisha 97 per cent) reported that no referral was done by Dastak Team, as the child did not require any referral services. For those who were referred about 43 per cent were referred due to malnutrition, 22 per cent were referred for treatment of pneumonia and about 16 per cent were referred for the treatment of diarrhoea. This is being reflected in discussion with AAA and other stakeholder as well during in depth interview. And they reported that a lot of referrals are being done for treatment of malnutrition. Due to delay of monsoon season, the outburst of diarrhoea has been slightly limited; still the referrals also have been for the same. About 47 per cent of the referrals were done at District Hospitals and 24 per cent were done at NRC. Out of those who were referred 67 per cent did go to the place where the child was referred. Out of 33 per cent who did not go to the referred place 35 per cent reported that the since the family heads were not present, they couldn't take decision or any arrangement. This reason was also reported by most of the stakeholders that due to family

problems and the need to take care of other children or elderly the children did not come to the place where they were referred. For those who came to the referred place the mode of conveyance was either Janani Express or private rented vehicle.

**Note: Since the referral was done for only 2-3 per cent of children who were examined across the evaluation districts. Hence, the responses which were recorded had very low denominator. The percentages hence are computed to very high, which have to be categorically interpreted.**

**Table 26: Percentage Distribution of Information Provided by Dastak team on Diarrhoea, Pneumonia, Anaemia, ORS Preparation and Iodine Adequacy in Household Salt being Used During it Visits**

| Information provided by Dastak team on childhood diseases like diarrhoea, anaemia, pneumonia |     | Barwani | Damoh | Khandwa | Singrauli | Vidisha | All |
|----------------------------------------------------------------------------------------------|-----|---------|-------|---------|-----------|---------|-----|
| Yes                                                                                          |     | 96      | 79    | 88      | 79        | 63      | 81  |
| No                                                                                           |     | 4       | 20    | 12      | 20        | 35      | 18  |
| Don't Know                                                                                   |     | 0       | 0     | 0       | 1         | 2       | 1   |
| Information provided by Dastak team on how to prepare and administer ORS                     | Yes | 99      | 88    | 100     | 86        | 81      | 91  |
| No                                                                                           |     | 1       | 12    | 0       | 13        | 19      | 9   |
| Don't Know                                                                                   |     | 0       | 0     | 0       | 1         | 0       | 0   |
| Dastak team asked HH for salt to observe the iodine adequacy                                 | Yes | 15      | 18    | 36      | 7         | 7       | 17  |
| No                                                                                           |     | 85      | 82    | 64      | 93        | 93      | 83  |
| Total                                                                                        |     | 100     | 100   | 100     | 100       | 100     | 100 |

n= All Respondents

Table 26 shows that about 81 per cent reported that the Dastak team did provide information on diarrhoea, pneumonia, anaemia etc. and 18 per cent said no such information was given. This is also being reflected in the knowledge and management of childhood diseases especially pneumonia, where the responses are not very clear, that is the understanding around pneumonia and its management is not very clear. The possible reason as understood from the field is the present round of Dastak Abhiyaan was focused mostly on Diarrhoea and other services. The round in December- January will focus more on Pneumonia because of the seasonality factor influencing it.

About 91 per cent said the information was also given on how to prepare ORS and administer it. This is further substantiated by the responses given on awareness about diarrhoea, it causes and management. Only 17 per cent reported that the iodine adequacy in salt used in the household was done where remaining 83 per cent reported no such test was done by Dastak Team. This can be understood from the qualitative insights as well where none of the stakeholders were actually focusing on this aspect.

### 3.5 Knowledge, attitude and practice regarding childhood Diarrhoea management

#### 3.5.1 Awareness about Diarrhoea, Causes and its Adverse Impact

Table 27: Percentage Distribution of Understanding of respondents about Diarrhoea

|                                                                    | Barwani    | Damoh      | Khandwa    | Singrauli  | Vidisha    | All        |
|--------------------------------------------------------------------|------------|------------|------------|------------|------------|------------|
| <b>Understanding of respondents about diarrhoea</b>                |            |            |            |            |            |            |
| Passing loose, watery stool                                        | 35         | 37         | 33         | 39         | 18         | 32         |
| Passing stool, more than three times a day                         | 63         | 55         | 61         | 58         | 72         | 62         |
| Don't Know                                                         | 2          | 8          | 6          | 3          | 9          | 5          |
| <b>Total</b>                                                       | <b>100</b> | <b>100</b> | <b>100</b> | <b>100</b> | <b>100</b> | <b>100</b> |
| <b>Reasons of diarrhoea as per respondents (Multiple Response)</b> |            |            |            |            |            |            |
| Infection                                                          | 24         | 21         | 25         | 7          | 12         | 18         |
| Contaminated water consumption                                     | 57         | 49         | 62         | 37         | 47         | 50         |
| Malnourished child                                                 | 11         | 16         | 15         | 20         | 17         | 16         |
| Unhealthy or unhygienic practices                                  | 43         | 19         | 38         | 23         | 28         | 30         |
| Other                                                              | 13         | 4          | 6          | 3          | 4          | 6          |
| Don't Know                                                         | 16         | 36         | 19         | 40         | 36         | 29         |
| <b>Outcome of diarrhoea as per respondents (Multiple Response)</b> |            |            |            |            |            |            |
| Loss of body fluid (dehydration)                                   | 65         | 50         | 62         | 43         | 46         | 53         |
| Death                                                              | 41         | 20         | 34         | 25         | 19         | 28         |
| Child becomes weak/malnourished                                    | 61         | 59         | 60         | 72         | 72         | 65         |
| Other                                                              | 4          | 17         | 13         | 7          | 11         | 10         |

*n=All Respondents Multiple Response hence percentage add up to more than 100%*

Most of the respondents have correct awareness about Diarrhoea, its Causes and Adverse impact. Table 27, reflects about 63 per cent say that Passing stool, more than three times a day is diarrhoea and 32 per cent say that Passing loose, watery stool is diarrhoea. About 50 per cent respondents reported contaminated water consumption as cause of diarrhoea while 30 per cent report Unhealthy or unhygienic practices as causes of diarrhoea. A significant percentage of 29 per cent say that they don't know the real cause of diarrhoea. About 65 per cent reported weakening of Child/ malnourishment as one the adverse impacts of diarrhoea while 53 per cent report Loss of body fluid (dehydration) as adverse impact of diarrhoea. About 28 per cent of respondents reported death of the child, even, as the adverse impact of diarrhoea.

### 3.5.2 Measures to Prevent Diarrhoea

**Table 28: Percentage Distribution of Measures to Prevent and Materials Required for Treatment of Diarrhoea**

|                                                                                                | Barwani | Damoh | Khandwa | Singrauli | Vidisha | All |
|------------------------------------------------------------------------------------------------|---------|-------|---------|-----------|---------|-----|
| <b>Measures to prevent diarrhoea as reported by respondents (Multiple Response)</b>            |         |       |         |           |         |     |
| Wash hand with soap before and after using toilet/ changing soiled clothes of child            | 63      | 46    | 86      | 18        | 39      | 50  |
| Wash hand with soap before and after feeding the child                                         | 49      | 30    | 51      | 10        | 23      | 32  |
| Wash hand with soap before and after using toilet/ changing soiled clothes of child            | 28      | 13    | 20      | 2         | 12      | 15  |
| Make the child eat freshly cooked food                                                         | 32      | 17    | 20      | 18        | 17      | 21  |
| Prepare and store the food in clean and covered utensils                                       | 12      | 8     | 7       | 4         | 8       | 39  |
| Use only purified water for drinking and cooking                                               | 3       | 4     | 2       | 1         | 4       | 3   |
| Vaccinate the child                                                                            | 2       | 5     | 0       | 8         | 10      | 5   |
| Other                                                                                          | 9       | 13    | 12      | 3         | 9       | 9   |
| Don't know                                                                                     | 16      | 38    | 19      | 60        | 40      | 35  |
| <b>Material used for treatment of diarrhoea as reported by respondents (Multiple Response)</b> |         |       |         |           |         |     |
| ORS                                                                                            | 89      | 81    | 84      | 91        | 87      | 87  |
| Rice or dal water                                                                              | 19      | 11    | 15      | 1         | 6       | 10  |
| Sugar salt solution                                                                            | 20      | 19    | 19      | 23        | 18      | 20  |
| Zinc                                                                                           | 2       | 6     | 7       | 5         | 13      | 7   |
| Nothing special                                                                                | 1       | 1     | 1       | 3         | 1       | 1   |
| Other                                                                                          | 2       | 5     | 4       | 2         | 9       | 4   |
| Don't know                                                                                     | 9       | 12    | 13      | 7         | 7       | 10  |

*n=All Respondents Multiple Response hence percentage add up to more than 100%*

The respondents have reported correct knowledge on the measures to prevent and treatment of diarrhoea. Table 28, reflect about 50 per cent (Barwani 63 per cent, Damoh 46 per cent, Khandwa 86 per cent, Singrauli 18 per cent and Vidisha 39 per cent) report Washing hands with soap before and after using toilet/ changing soiled clothes of child, about 39 per cent report Preparing and storing the food in clean and covered utensils and about 32 per cent report Washing hands with soap before and after feeding the child as measures to prevent diarrhoea. About 35 per cent (Barwani 16 per cent, Damoh 38 per cent, Khandwa 19 per cent, Singrauli 60 per cent and Vidisha 40 per cent) don't know the measures to prevent diarrhoea.

Regarding treatment of diarrhoea 87 per cent (Barwani 89 per cent, Damoh 81 per cent, Khandwa 84 per cent, Singrauli 91 per cent and Vidisha 87 per cent) ORS as the most effective way to treat diarrhoea. About 20 per cent (Barwani 20 per cent, Damoh 19 per cent, Khandwa

19 per cent, Singrauli 23 per cent and Vidisha 18 per cent) also report salt and sugar solution as another way to treat childhood diarrhoea.

**Table 29: Symptoms to identify the need to visit the health professional for treatment of diarrhoea**

| Symptoms to identify the need to visit the health professional for treatment of diarrhoea (Multiple Response) | Barwani | Damoh | Khandwa | Singrauli | Vidisha | All |
|---------------------------------------------------------------------------------------------------------------|---------|-------|---------|-----------|---------|-----|
| Persistent loose, watery stool                                                                                | 97      | 89    | 90      | 84        | 81      | 88  |
| Blood or mucous in stool                                                                                      | 17      | 15    | 15      | 14        | 5       | 13  |
| Weight loss                                                                                                   | 13      | 19    | 14      | 26        | 20      | 19  |
| Fever                                                                                                         | 3       | 17    | 14      | 38        | 29      | 20  |
| Inability to eat or drink                                                                                     | 30      | 14    | 30      | 22        | 22      | 24  |
| Pain in abdomen                                                                                               | 17      | 7     | 9       | 10        | 7       | 10  |
| Lethargic child                                                                                               | 42      | 42    | 48      | 8         | 38      | 36  |
| Other                                                                                                         | 0       | 1     | 1       | 0         | 0       | 1   |
| Don't Know                                                                                                    | 2       | 6     | 2       | 3         | 3       | 3   |

*n=All Respondents Multiple Response hence percentage add up to more than 100%*

Table 29, reflect that 88 per cent (Barwani 97 per cent, Damoh 89 per cent, Khandwa 90 per cent, Singrauli 84 per cent and Vidisha 81 per cent) feels the need to visit any health professional when child passes loose, watery stool persistently, then and 36 per cent (Barwani 42 per cent, Damoh 42 per cent, Khandwa 48 per cent, Singrauli 8 per cent and Vidisha 38 per cent) feels the need when the child is lethargic and is not active.

### 3.5.3 Child Nutrition and Care during Diarrhoea

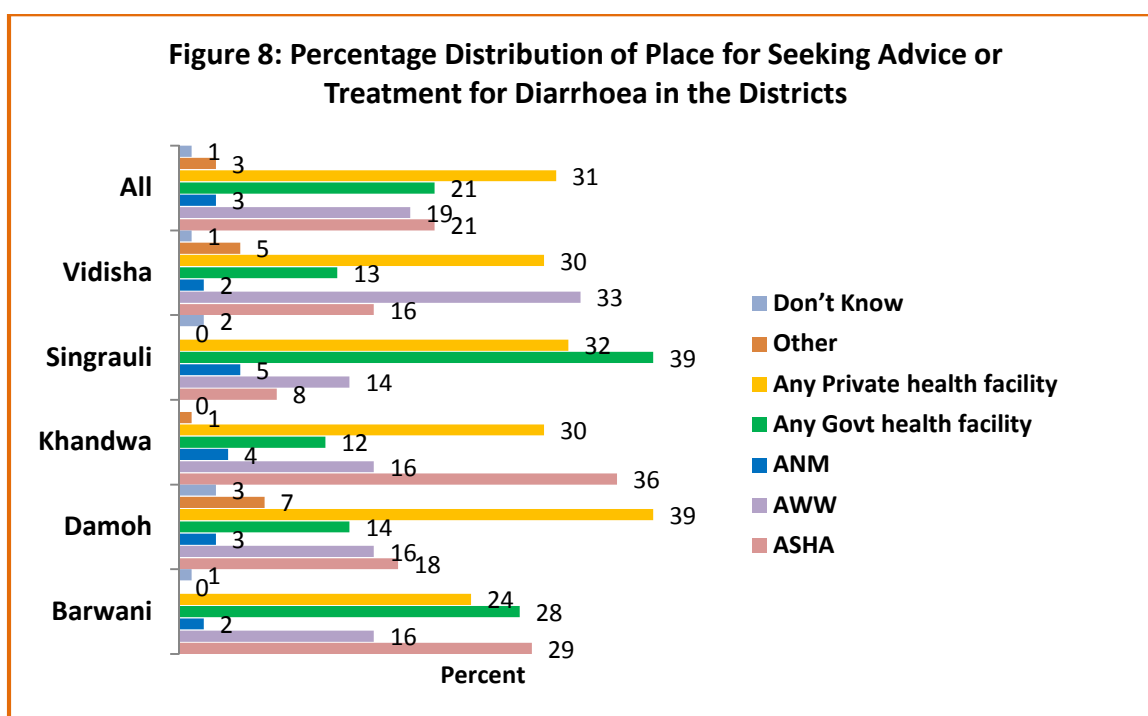


Figure 8 shows graph of about 21 per cent (Barwani 29 per cent, Damoh 18 per cent, Khandwa 36 per cent, Singrauli 8 per cent and Vidisha 16 per cent) report of visiting to ASHA for seeking advice, 21 per cent (Barwani 28 per cent, Damoh 14 per cent, Khandwa 12 per cent, Singrauli 39 per cent and Vidisha 13 per cent) visits any government health facility and 19 per cent (Barwani 16 per cent, Damoh 16 per cent, Khandwa 16 per cent, Singrauli 14 per cent and Vidisha 33 per cent) seek advice from AWW.

**Table 30: Percentage Distribution of Respondent's Feeding the Child during Diarrhoea**

| <b>Respondents</b>                                                                       |                 | <b>Barwani</b> | <b>Damoh</b> | <b>Khandwa</b> | <b>Singrauli</b> | <b>Vidisha</b> | <b>All</b> |
|------------------------------------------------------------------------------------------|-----------------|----------------|--------------|----------------|------------------|----------------|------------|
| <b>feeding their child during diarrhoea</b>                                              | Yes             | 93             | 66           | 89             | 82               | 94             | 85         |
|                                                                                          | No              | 7              | 32           | 10             | 15               | 5              | 14         |
|                                                                                          | Don't Know      | 0              | 1            | 0              | 2                | 1              | 1          |
|                                                                                          | Refused         | 0              | 1            | 0              | 0                | 0              | 0          |
| <b>Quantity of food given by respondents to the child during an episode of diarrhoea</b> | Much less       | 12             | 14           | 23             | 15               | 28             | 19         |
|                                                                                          | Somewhat less   | 72             | 55           | 58             | 72               | 46             | 61         |
|                                                                                          | About the same  | 16             | 15           | 16             | 6                | 18             | 14         |
|                                                                                          | More than usual | 0              | 0            | 0              | 0                | 1              | 0          |
|                                                                                          | Other           | 0              | 8            | 2              | 2                | 3              | 3          |
|                                                                                          | Don't Know      | 0              | 7            | 1              | 4                | 4              | 3          |
| <b>Respondents breastfed their child during an episode of diarrhoea</b>                  | Much less       | 12             | 11           | 19             | 9                | 25             | 16         |
|                                                                                          | Somewhat less   | 67             | 52           | 49             | 67               | 43             | 56         |
|                                                                                          | About the same  | 19             | 23           | 29             | 20               | 26             | 23         |
|                                                                                          | More than usual | 0              | 0            | 0              | 0                | 1              | 0          |
|                                                                                          | Other           | 1              | 9            | 2              | 2                | 3              | 3          |
|                                                                                          | Don't Know      | 0              | 4            | 1              | 2                | 2              | 2          |
|                                                                                          | <b>Total</b>    | <b>100</b>     | <b>100</b>   | <b>100</b>     | <b>100</b>       | <b>100</b>     | <b>100</b> |

*n= All Respondents*

As per Table 30 around 85 per cent (Barwani 93 per cent, Damoh 66 per cent, Khandwa 89 per cent, Singrauli 82 per cent and Vidisha 94 per cent) respondents said that they continue breastfeeding their child during the episode of diarrhoea. However, about 56 per cent (Barwani 67 per cent, Damoh 52 per cent, Khandwa 49 per cent, Singrauli 67 per cent and Vidisha 43 per cent) said they breastfeed the child somewhat less than usual. About 23 per cent (Barwani 19 per cent, Damoh 23 per cent, Khandwa 29 per cent, Singrauli 20 per cent and Vidisha 26 per cent) say that breastfed their child same as usual even during the episode of diarrhoea. About 61 per cent (Barwani 72 per cent, Damoh 55 per cent, Khandwa 58 per cent, Singrauli 72 per cent and Vidisha 46 per cent) of respondents say that quantity of food given to the child is somewhat less than what is given usually. Only about 14 per cent (Barwani 16 per cent, Damoh 15 per cent, Khandwa 16 per cent, Singrauli 6 per cent and Vidisha 18 per cent) say that quantity of food given to the child is same as usual even during diarrhoea.

**Table 31: Percentage Distribution About Awareness of ORS and Reasons for its Usage and Preparation of ORS and its Consumption**

| Awareness of respondents about ORS                   |                                                       | Barwani | Damoh | Khandwa | Singrauli | Vidisha | All |
|------------------------------------------------------|-------------------------------------------------------|---------|-------|---------|-----------|---------|-----|
|                                                      | Yes                                                   | 96      | 97    | 96      | 94        | 97      | 96  |
|                                                      | No                                                    | 3       | 1     | 4       | 3         | 2       | 3   |
|                                                      | Don't Know                                            | 0       | 1     | 0       | 3         | 0       | 1   |
|                                                      | Refused                                               | 0       | 0     | 0       | 1         | 0       | 0   |
|                                                      | To prevent dehydration                                | 98      | 95    | 97      | 93        | 92      | 95  |
| Awareness of respondents about reasons of giving ORS | Other                                                 | 0       | 0     | 1       | 1         | 1       | 1   |
|                                                      | Don't Know                                            | 2       | 5     | 2       | 6         | 7       | 4   |
| Awareness of respondents about preparation of ORS    | Yes                                                   | 98      | 89    | 97      | 77        | 86      | 90  |
|                                                      | No                                                    | 1       | 9     | 2       | 18        | 12      | 8   |
|                                                      | Don't Know                                            | 0       | 2     | 0       | 4         | 2       | 2   |
|                                                      | Yes                                                   | 92      | 81    | 90      | 63        | 80      | 81  |
| Respondents ever prepared ORS                        | No                                                    | 6       | 17    | 9       | 34        | 20      | 17  |
|                                                      | Don't Know                                            | 1       | 2     | 0       | 3         | 0       | 1   |
| Timings of providing ORS to the child                | After passage of every stool                          | 81      | 73    | 81      | 61        | 74      | 74  |
|                                                      | As and when child is thirsty                          | 16      | 17    | 17      | 30        | 14      | 19  |
|                                                      | Other                                                 | 0       | 2     | 1       | 0         | 6       | 2   |
|                                                      | Don't Know                                            | 3       | 8     | 2       | 9         | 5       | 5   |
| After preparation how long this ORS can be used      | Within 24 hour                                        | 67      | 42    | 67      | 46        | 50      | 54  |
|                                                      | Less than 24 hours                                    | 18      | 20    | 14      | 32        | 27      | 22  |
|                                                      | More than 24 hours (as long it takes to get finished) | 0       | 1     | 0       | 1         | 3       | 1   |
|                                                      | Other                                                 | 2       | 5     | 6       | 2         | 2       | 3   |
|                                                      | Don't Know                                            | 13      | 30    | 13      | 19        | 17      | 18  |
|                                                      | Refused                                               | 0       | 1     | 0       | 0         | 0       | 0   |
|                                                      | Total                                                 | 100     | 100   | 100     | 100       | 100     | 100 |

*n= All Respondents*

Table 31 shows about 96 per cent (Barwani 96 per cent, Damoh 97 per cent, Khandwa 96 per cent Singrauli 94 per cent and Vidisha 97 per cent) respondents report that they are aware about ORS. And about equal percentage 95 per cent (Barwani 98 per cent, Damoh 95 per cent, Khandwa 97 per cent Singrauli 93 per cent and Vidisha 92 per cent) say that ORS is given to prevent dehydration.

About 90 per cent (Barwani 98 per cent, Damoh 89 per cent, Khandwa 97 per cent Singrauli 77 per cent, Vidisha 86 per cent) of the respondents report that they know the method to prepare ORS. About 81 per cent (Barwani 92 per cent, Damoh 81 per cent, Khandwa 90 per cent Singrauli 63 per cent and Vidisha 80 per cent) have prepared ORS at their home. About 74 per cent (Barwani 81 per cent, Damoh 73 per cent, Khandwa 81 per cent Singrauli 61 per cent and Vidisha 74 per cent) respondents say that the ORS should be given after passage of every stool. About 19 per cent say that ORS should be given when the child's feel thirsty. About 54 per

cent (Barwani 67 per cent, Damoh 42 per cent, Khandwa 67 per cent Singrauli 46 per cent, Vidisha 50 per cent) of the respondents say that once prepared the ORS should be given within 24 hours and 22 per cent (Barwani 18 per cent, Damoh 20 per cent, Khandwa 14 per cent Singrauli 32 per cent, Vidisha 27 per cent) say that the prepared ORS should be consumed in less than 24 hours.

**Table 32: Percentage Distribution of Awareness about Zinc Tablets, Reasons for Consuming it and Method of Consumption**

| Awareness of respondents about any tablet given during diarrhoea      | Barwani | Damoh | Khandwa | Singrauli | Vidisha | All |
|-----------------------------------------------------------------------|---------|-------|---------|-----------|---------|-----|
| Yes, Zinc                                                             | 31      | 30    | 28      | 11        | 27      | 25  |
| Yes, but don't remember name                                          | 29      | 31    | 27      | 24        | 24      | 27  |
| No                                                                    | 18      | 15    | 19      | 24        | 26      | 20  |
| Other                                                                 | 1       | 0     | 0       | 0         | 1       | 0   |
| Don't Know                                                            | 21      | 23    | 26      | 40        | 23      | 27  |
| Refused                                                               | 0       | 1     | 0       | 0         | 0       | 0   |
| <b>Ever given Zinc tablet to the child during diarrhoea</b>           |         |       |         |           |         |     |
| Yes                                                                   | 42      | 45    | 40      | 17        | 34      | 35  |
| No                                                                    | 39      | 41    | 40      | 57        | 53      | 46  |
| Other                                                                 | 0       | 0     | 0       | 1         | 2       | 1   |
| Don't Remember                                                        | 19      | 14    | 20      | 25        | 11      | 18  |
| <b>Reasons of giving Zinc tablet to the child during diarrhoea</b>    |         |       |         |           |         |     |
| For treatment of diarrhoea                                            | 56      | 54    | 53      | 22        | 44      | 46  |
| To prevent further episodes of diarrhoea                              | 2       | 2     | 3       | 0         | 5       | 2   |
| Other                                                                 | 0       | 1     | 1       | 0         | 0       | 1   |
| Don't Know                                                            | 41      | 43    | 43      | 78        | 51      | 51  |
| <b>Methods of feeding Zinc tablet to the child during diarrhoea</b>   |         |       |         |           |         |     |
| Diluting tablet with water in a spoon                                 | 53      | 51    | 44      | 22        | 43      | 43  |
| Other                                                                 | 4       | 10    | 9       | 1         | 12      | 7   |
| Don't Know                                                            | 43      | 38    | 46      | 76        | 45      | 50  |
| Refused                                                               | 0       | 1     | 1       | 0         | 0       | 0   |
| <b>Number of days Zinc tablet given to the child during diarrhoea</b> |         |       |         |           |         |     |
| 14 days                                                               | 36      | 33    | 32      | 21        | 38      | 32  |
| 7 days                                                                | 1       | 2     | 0       | 0         | 1       | 1   |
| As long as diarrhoea lasts                                            | 15      | 2     | 9       | 0         | 1       | 6   |
| Other                                                                 | 3       | 11    | 10      | 0         | 6       | 6   |
| Don't Know                                                            | 44      | 50    | 48      | 78        | 55      | 55  |
| Refused                                                               | 0       | 1     | 0       | 0         | 0       | 0   |
| Total                                                                 | 100     | 100   | 100     | 100       | 100     | 100 |

*n=All Respondents*

Table 32 depicts the awareness level and practice of zinc supplementation during childhood diarrhoea has a lot of variation among the community. About 25 per cent respondents say that they are aware about zinc and 27 per cent say that they know about the tablet given during diarrhoea but are not aware of the name. About 35 per cent say that they have given zinc tablet to their child during diarrhoea and 46 per cent say they have not given zinc tablet to their child during diarrhoea. About 46 per cent say that know that zinc tablet is given for treatment of diarrhoea. About 43 per cent know and have given zinc tablet by diluting tablet with water in a

spoon. Although 50 per cent don't know how zinc tablet should be given to the child during diarrhoea. About 32 per cent know that zinc tablet should be given for 14 days and about 55 per cent don't know the duration for which zinc tablets should be given.

### **3.6 Knowledge, attitude and practice regarding childhood Pneumonia**

#### **3.6.1 Awareness about Pneumonia, Causes and its adverse impact**

**Table 33: Percentage Distribution of Understanding of Pneumonia, its Causes and Adverse Impact**

| Understanding of respondents by pneumonia (Multiple Response)       | Barwani | Damoh | Khandwa | Singrauli | Vidisha | All |
|---------------------------------------------------------------------|---------|-------|---------|-----------|---------|-----|
| Nasal blockage                                                      | 19      | 31    | 22      | 22        | 22      | 23  |
| Cough with/without fever                                            | 69      | 53    | 69      | 57        | 51      | 60  |
| Difficulty in breathing                                             | 63      | 61    | 59      | 45        | 64      | 58  |
| Fast breathing                                                      | 40      | 43    | 38      | 48        | 65      | 47  |
| Any other                                                           | 2       | 2     | 1       | 3         | 5       | 3   |
| Don't Know                                                          | 3       | 21    | 9       | 29        | 7       | 14  |
| <b>Reasons of pneumonia as per respondents (Multiple Response)</b>  |         |       |         |           |         |     |
| Infection                                                           | 43      | 35    | 44      | 21        | 31      | 35  |
| Malnutrition                                                        | 23      | 23    | 21      | 19        | 26      | 22  |
| Other diseases (eg. measles)                                        | 8       | 8     | 7       | 1         | 8       | 7   |
| Neglected/untreated simple cough                                    | 8       | 3     | 10      | 0         | 5       | 5   |
| Other                                                               | 35      | 8     | 36      | 4         | 24      | 21  |
| Don't Know                                                          | 15      | 41    | 20      | 56        | 19      | 30  |
| <b>What can happen if a child has pneumonia (Multiple Response)</b> |         |       |         |           |         |     |
| Malnutrition                                                        | 50      | 39    | 45      | 32        | 52      | 43  |
| Death                                                               | 71      | 46    | 63      | 57        | 58      | 59  |
| Other                                                               | 23      | 7     | 21      | 1         | 12      | 13  |
| Don't Know                                                          | 8       | 28    | 15      | 36        | 14      | 20  |

*n=All Respondents Multiple Response hence percentage add up to more than 100%*

Table 33 shows that about 23 per cent respondents say that they understand nasal blockage as pneumonia, 60 per cent understand it as cough with/ without fever, 58 per cent understand it as difficulty in breathing and 47 per cent understand it as fast breathing. The evaluation districts depict similar variations. About 35 per cent say that causes of pneumonia are infection, 22 per cent say malnutrition and 21 per cent say there are other causes such as hygiene and environment, cold etc. causes pneumonia. About 30 per cent say that they don't know the causes of Pneumonia. About 43 per cent say that pneumonia can cause malnutrition among children, 59 per cent say that it can cause death of the child as well. About 13 per cent respondents say the child can be weak- physically and mentally for entire life, will be adversely impacted by any disease easily etc. About 20 per cent don't know what pneumonia can lead to among children.

### 3.6.2 Measures to Prevent Pneumonia

**Table 34: Percentage Distribution of Measures to Prevent & Treat Pneumonia and Symptoms to Visit Health Professional**

| Measures can be taken to prevent pneumonia (Multiple Response)                                           | Barwani | Damoh | Khandwa | Singrauli | Vidisha | All |
|----------------------------------------------------------------------------------------------------------|---------|-------|---------|-----------|---------|-----|
| Covering the mouth and nose while sneezing or coughing                                                   | 45      | 30    | 57      | 21        | 41      | 39  |
| Wash hand with soap before and after sneezing or coughing                                                | 34      | 30    | 39      | 15        | 22      | 28  |
| Using clean fuel for cooking                                                                             | 30      | 26    | 31      | 12        | 20      | 24  |
| Eating nutritious food                                                                                   | 15      | 15    | 26      | 18        | 25      | 20  |
| Living in well ventilated house                                                                          | 1       | 1     | 1       | 0         | 2       | 1   |
| Vaccination                                                                                              | 5       | 5     | 5       | 6         | 5       | 5   |
| Other                                                                                                    | 7       | 5     | 6       | 2         | 9       | 6   |
| Don't Know                                                                                               | 30      | 47    | 22      | 56        | 29      | 37  |
| <b>Materials used for treatment of pneumonia(Multiple Response)</b>                                      |         |       |         |           |         |     |
| Antibiotics                                                                                              | 57      | 38    | 51      | 38        | 52      | 47  |
| Other                                                                                                    | 9       | 5     | 16      | 6         | 8       | 9   |
| Don't Know                                                                                               | 32      | 54    | 35      | 55        | 42      | 44  |
| <b>Symptoms to recognize the need to visit the health professional for pneumonia (Multiple Response)</b> |         |       |         |           |         |     |
| Cough with/without fever                                                                                 | 59      | 58    | 61      | 53        | 49      | 56  |
| Difficulty in breathing                                                                                  | 54      | 58    | 45      | 55        | 61      | 55  |
| Fast breathing with lower chest in drawing                                                               | 85      | 62    | 83      | 43        | 74      | 69  |
| Grunting                                                                                                 | 31      | 21    | 37      | 24        | 36      | 30  |
| Increased respiratory rate (increases as per age)                                                        | 6       | 3     | 4       | 2         | 5       | 4   |
| Inability to drink or eat                                                                                | 29      | 19    | 22      | 7         | 18      | 19  |
| Other                                                                                                    | 2       | 2     | 3       | 0         | 2       | 2   |
| Don't Know                                                                                               | 2       | 17    | 5       | 29        | 5       | 12  |

*n=All Respondents Multiple Response hence percentage add up to more than 100%*

Table 34 reflects the respondents report several measures to prevent pneumonia, 39 per cent say it can be prevented by Covering the mouth and nose while sneezing or coughing, 28 per cent say by Washing hand with soap before and after sneezing or coughing, 24 per cent say by Using clean fuel for cooking and 16 per cent say by eating nutritious food. About 37 per cent don't know how pneumonia can be prevented. About 47 per cent respondents say that pneumonia can be prevented by antibiotics. About 44 per cent say that they don't know how pneumonia can be treated. About 56 per cent say that when the child has cough with/ without fever, 55 per cent say when the child has difficulty in breathing, 69 per cent say when the child is breathing fast with lower chest in drawing and 30 per cent say that when the child is grunting, it is time to seek advice or visit to a health professional. About 12 per cent say that they don't the symptoms as to when shall one seek advice or visit health professional during pneumonia.

### 3.6.3 Child Nutrition and Care during Pneumonia

**Table 35: Percentage Distribution of Place to Seek Advice from Health Professional and Feeding Practices during Pneumonia**

|                                                                  |                                | Barwani    | Damoh      | Khandwa    | Singrauli  | Vidisha    | All        |
|------------------------------------------------------------------|--------------------------------|------------|------------|------------|------------|------------|------------|
| Place to seek advice or treatment for pneumonia                  | ASHA                           | 32         | 17         | 35         | 9          | 15         | 22         |
|                                                                  | Aanganwadi worker              | 16         | 13         | 15         | 14         | 28         | 17         |
|                                                                  | ANM                            | 1          | 4          | 3          | 6          | 2          | 3          |
|                                                                  | Any government health facility | 28         | 13         | 14         | 25         | 11         | 18         |
|                                                                  | Any private health facility    | 22         | 41         | 30         | 25         | 34         | 30         |
|                                                                  | Other                          | 0          | 6          | 1          | 0          | 8          | 3          |
|                                                                  | Don't Know                     | 0          | 6          | 1          | 21         | 1          | 6          |
| Respondents feed their child during an episode of pneumonia      | Yes                            | 90         | 67         | 86         | 64         | 90         | 80         |
|                                                                  | No                             | 10         | 23         | 13         | 13         | 7          | 13         |
|                                                                  | Other                          | 0          | 1          | 0          | 0          | 0          | 0          |
|                                                                  | Don't Know                     | 0          | 7          | 1          | 23         | 3          | 7          |
|                                                                  | Refused                        | 0          | 3          | 0          | 0          | 0          | 1          |
| Amount of food given to child during an episode of pneumonia     | Much less                      | 14         | 13         | 26         | 15         | 21         | 18         |
|                                                                  | Somewhat less                  | 77         | 50         | 65         | 49         | 52         | 59         |
|                                                                  | About the same                 | 9          | 17         | 8          | 7          | 20         | 12         |
|                                                                  | Other                          | 0          | 5          | 0          | 4          | 1          | 2          |
|                                                                  | Don't Know                     | 0          | 15         | 0          | 24         | 6          | 8          |
|                                                                  | Refused                        | 0          | 0          | 0          | 1          | 0          | 0          |
| Respondents breastfed their child during an episode of pneumonia | Much less                      | 10         | 11         | 20         | 18         | 19         | 16         |
|                                                                  | Somewhat less                  | 76         | 50         | 57         | 45         | 48         | 56         |
|                                                                  | About the same                 | 13         | 20         | 21         | 9          | 26         | 18         |
|                                                                  | More than usual                | 0          | 0          | 1          | 0          | 0          | 0          |
|                                                                  | Other                          | 0          | 8          | 1          | 4          | 3          | 3          |
|                                                                  | Don't Know                     | 0          | 11         | 0          | 24         | 2          | 7          |
|                                                                  | Refused                        | 0          | 1          | 0          | 0          | 0          | 0          |
|                                                                  | <b>Total</b>                   | <b>100</b> | <b>100</b> | <b>100</b> | <b>100</b> | <b>100</b> | <b>100</b> |

*n= All Respondents*

Table 35 depicts for seeking advice on pneumonia from service providers, around 30 per cent say that they seek advice from any private health facility. About 22 per cent seek advice from ASHA, 18 per cent from government health facility and 17 per cent from AWW. About 80 per cent respondents say that they continue breastfeeding their child even during pneumonia. Although 56 per cent say that the breastfeeding done during pneumonia is somewhat less than the usual and 18 per cent say it is same as usual. Also, 59 per cent say that the quantity of food served to the child during pneumonia is somewhat less than usual and only 12 per cent say that quantity of food served to the child during pneumonia is same as usual.

### 3.7 Knowledge, Attitude and Practices on Infant and Young Child Feeding

#### 3.7.1 Importance of Breastfeeding

**Table 36: Percentage Distribution of Importance of Breastfeeding**

| Importance of breastfeeding<br>(Multiple Response) | Barwani | Damoh | Khandwa | Singrauli | Vidisha | All |
|----------------------------------------------------|---------|-------|---------|-----------|---------|-----|
| Whole food for child till 6 months of age          | 53      | 53    | 62      | 46        | 52      | 53  |
| Provides all nutrients                             | 83      | 84    | 83      | 77        | 69      | 79  |
| Protects the child against diseases                | 68      | 49    | 71      | 38        | 57      | 57  |
| It is not important                                | 1       | 1     | 0       | 0         | 1       | 0   |
| Other                                              | 3       | 2     | 3       | 1         | 4       | 2   |
| Don't Know                                         | 0       | 3     | 1       | 4         | 3       | 2   |

*n=All Respondents Multiple Response hence percentage add up to more than 100%*

Table 36 depicts about importance of breastfeeding, about 79 per cent say that breastfeeding is important because it provides all nutrients to the child, about 57 per cent say it protects the child against diseases and 53 per cent say that it is whole food for child till 6 months of age.

#### 3.7.2 Exclusive Breastfeeding and Colostrums Feeding

**Table 37: Percentage Distribution of Awareness on Duration of Exclusive Breastfeeding and Colostrums Feeding and Its Benefits**

| Duration of exclusive breast feeding as per respondents                          | Barwani    | Damoh      | Khandwa    | Singrauli  | Vidisha    | All        |
|----------------------------------------------------------------------------------|------------|------------|------------|------------|------------|------------|
| Six months                                                                       | 82         | 84         | 80         | 99         | 83         | 86         |
| Four months                                                                      | 2          | 1          | 1          | 0          | 1          | 1          |
| More than six months                                                             | 15         | 14         | 15         | 0          | 13         | 11         |
| Other                                                                            | 0          | 0          | 1          | 0          | 2          | 1          |
| Don't Know                                                                       | 0          | 1          | 2          | 1          | 2          | 1          |
| <b>What should be done with the first, thick, yellow milk as per respondents</b> |            |            |            |            |            |            |
| Should be thrown away                                                            | 3          | 6          | 5          | 2          | 10         | 5          |
| Should be given to the child                                                     | 96         | 92         | 94         | 98         | 89         | 94         |
| Other                                                                            | 1          | 0          | 0          | 0          | 0          | 0          |
| Don't Know                                                                       | 0          | 1          | 1          | 0          | 1          | 1          |
| <b>Benefits of the first, thick milk for the child as per respondents</b>        |            |            |            |            |            |            |
| Builds immunity of child against disease like diarrhoea and pneumonia            | 92         | 88         | 88         | 79         | 76         | 85         |
| It is not important                                                              | 0          | 2          | 1          | 0          | 1          | 1          |
| Other                                                                            | 2          | 2          | 4          | 5          | 8          | 4          |
| Don't Know                                                                       | 6          | 8          | 7          | 16         | 15         | 10         |
| <b>Total</b>                                                                     | <b>100</b> | <b>100</b> | <b>100</b> | <b>100</b> | <b>100</b> | <b>100</b> |

*n=All Respondents*

Table 37 reflects about 86 per cent report that the exclusive breastfeeding is for 6 months from date of child birth and 11 per cent say that it is more than 6 months. About 94 per cent say that the first pale yellow thick milk (colostrums) should be given to the child only 5 per cent say that

it should be thrown away. About 85 per cent say that colostrums builds immunity of child against disease like diarrhoea and pneumonia.

### 3.7.3 Breastfeeding of the Child

**Table 38: Percentage Distribution of Breastfeeding Practices (Ever Breastfed, Duration of Breastfeeding etc.) being followed**

|                                                                                                        |                                    | Barwani    | Damoh      | Khandwa    | Singrauli  | Vidisha    | All        |
|--------------------------------------------------------------------------------------------------------|------------------------------------|------------|------------|------------|------------|------------|------------|
| <b>Respondents breast fed their child</b>                                                              | Yes                                | 97         | 93         | 98         | 99         | 93         | 96         |
|                                                                                                        | No                                 | 2          | 6          | 1          | 1          | 7          | 3          |
|                                                                                                        | Don't Know                         | 1          | 0          | 0          | 0          | 0          | 0          |
|                                                                                                        | Refused                            | 0          | 1          | 0          | 0          | 0          | 0          |
| <b>Period of start of breast feeding the child</b>                                                     | Immediately after birth            | 96         | 95         | 95         | 96         | 97         | 96         |
|                                                                                                        | One day after birth                | 1          | 2          | 2          | 3          | 1          | 2          |
|                                                                                                        | Other                              | 2          | 0          | 2          | 1          | 1          | 1          |
|                                                                                                        | Don't Know                         | 0          | 2          | 1          | 0          | 1          | 1          |
| <b>Incidence of giving pre-lacteal feeds such as ghutti or honey to the child before breastfeeding</b> | Yes                                | 29         | 10         | 22         | 6          | 12         | 16         |
|                                                                                                        | No                                 | 71         | 88         | 76         | 93         | 86         | 83         |
|                                                                                                        | Other                              | 0          | 1          | 1          | 0          | 1          | 1          |
|                                                                                                        | Don't Remember                     | 0          | 1          | 0          | 1          | 1          | 1          |
| <b>Incidence of giving only breast milk to the child (exclusive breast feeding), not even water</b>    | Yes                                | 95         | 95         | 96         | 90         | 90         | 93         |
|                                                                                                        | No                                 | 4          | 4          | 4          | 9          | 10         | 6          |
|                                                                                                        | Don't Remember                     | 0          | 1          | 0          | 1          | 0          | 0          |
| <b>Period of exclusive breast feeding</b>                                                              | Four months                        | 13         | 1          | 5          | 2          | 2          | 5          |
|                                                                                                        | Six months                         | 45         | 63         | 40         | 56         | 65         | 53         |
|                                                                                                        | Up to one year                     | 10         | 5          | 18         | 5          | 12         | 10         |
|                                                                                                        | Continued                          | 28         | 24         | 31         | 29         | 18         | 26         |
|                                                                                                        | Other                              | 4          | 5          | 6          | 7          | 3          | 5          |
|                                                                                                        | Don't Remember                     | 0          | 1          | 0          | 1          | 0          | 0          |
| <b>Time of breast feeding the child</b>                                                                | As and when child demands or cries | 80         | 87         | 88         | 98         | 88         | 88         |
|                                                                                                        | In every two hours                 | 15         | 5          | 8          | 1          | 5          | 7          |
|                                                                                                        | Other                              | 6          | 8          | 4          | 1          | 7          | 5          |
|                                                                                                        | <b>Total</b>                       | <b>100</b> | <b>100</b> | <b>100</b> | <b>100</b> | <b>100</b> | <b>100</b> |

*n=All Respondent*

Table 38 reflects about 96 per cent respondents say that they have breastfed their child and 96 per cent say that they initiated the breastfeeding immediately within 1-2 hours of child birth. About 83 per cent say that they have not given any pre-lactal feed to their child before initiating

breast milk. Only about 16 per cent say that they have given some any pre-lactal feed to their child before initiating breast milk. About 93 per cent say that they have done exclusive breastfeeding to their child out of which 53 per cent say that the exclusive breastfeeding was of 6 months periods from child birth, 10 per cent say up to 1 year and 26 per cent say that they still continuing the breastfeeding to the child. About 88 per cent say that they breastfeed the child as and when the child demands.

### 3.7.4 Complementary Feeding

**Table 39: Percentage Distribution of Understanding of Complementary Feeding and Practices**

| Understanding of respondent by complementary food                         | Barwani    | Damoh      | Khandwa    | Singrauli  | Vidisha    | All        |
|---------------------------------------------------------------------------|------------|------------|------------|------------|------------|------------|
| Introduced to child after six months of age                               | 90         | 87         | 88         | 96         | 90         | 90         |
| Given once breast feeding is stopped                                      | 1          | 1          | 1          | 1          | 2          | 1          |
| Other                                                                     | 0          | 0          | 0          | 0          | 1          | 0          |
| Don't Know                                                                | 9          | 12         | 10         | 3          | 7          | 8          |
| <b>What happens to breast feeding after initiating complementary food</b> |            |            |            |            |            |            |
| Continue to breast feed                                                   | 63         | 73         | 67         | 98         | 72         | 75         |
| It is stopped                                                             | 24         | 15         | 23         | 1          | 21         | 17         |
| Other                                                                     | 6          | 4          | 4          | 0          | 0          | 3          |
| Don't Know                                                                | 7          | 8          | 6          | 1          | 7          | 6          |
| <b>Type of complementary food given to the child</b>                      |            |            |            |            |            |            |
| Everything which is prepared at home                                      | 83         | 60         | 80         | 66         | 64         | 71         |
| Only breast milk                                                          | 7          | 16         | 7          | 10         | 11         | 10         |
| Infant formula                                                            | 1          | 3          | 2          | 4          | 3          | 3          |
| Dalia (porridge)                                                          | 2          | 5          | 3          | 2          | 9          | 4          |
| Dal/ rice water                                                           | 6          | 13         | 7          | 16         | 9          | 10         |
| Diluted Cow/ Buffalo milk                                                 | 0          | 1          | 0          | 0          | 2          | 1          |
| Other                                                                     | 1          | 0          | 0          | 1          | 2          | 1          |
| <b>Quantity of complementary food given to the child</b>                  |            |            |            |            |            |            |
| As per the given recommendations                                          | 74         | 67         | 70         | 51         | 48         | 62         |
| As much as the child demands                                              | 23         | 24         | 16         | 46         | 41         | 30         |
| From a small katori; Specify volume                                       | 2          | 3          | 15         | 3          | 7          | 6          |
| Other                                                                     | 0          | 5          | 0          | 1          | 4          | 2          |
| Don't Know                                                                | 0          | 1          | 0          | 0          | 0          | 0          |
| Refused                                                                   | 1          | 0          | 0          | 0          | 0          | 0          |
| <b>Total</b>                                                              | <b>100</b> | <b>100</b> | <b>100</b> | <b>100</b> | <b>100</b> | <b>100</b> |

*n=All Respondents*

Table 39 shows about 90 per cent say that complementary feeding is introduced to the child after 6 months of child birth. About 75 per cent say that the breastfeeding can/ should continue

even after initiation of complementary feeding practice. About 17 per cent say that breastfeeding should be stopped once complementary feeding is initiated. About 71 per cent say that they feed the child on everything which is prepared at home.

### 3.7.5 Awareness and Feeding Pattern of Child

**Table 40: Percentage Distribution of Quantity of food given to the Child**

| Quantity of complementary food given to the child | Barwani | Damoh | Khandwa | Singrauli | Vidisha | All  |
|---------------------------------------------------|---------|-------|---------|-----------|---------|------|
| As per the given recommendations                  | 74%     | 67%   | 70%     | 51%       | 48%     | 62%  |
| As much as the child demands                      | 23%     | 24%   | 16%     | 46%       | 41%     | 30%  |
| From a small katori<br>Specify volume             | 2%      | 3%    | 15%     | 3%        | 7%      | 6%   |
| Other                                             | 0%      | 5%    | 0%      | 1%        | 4%      | 2%   |
| Don't Know                                        | 0%      | 1%    | 0%      | 0%        | 0%      | 0%   |
| Refused                                           | 1%      | 0%    | 0%      | 0%        | 0%      | 0%   |
| Total                                             | 100%    | 100%  | 100%    | 100%      | 100%    | 100% |

*n=All Respondents*

Table 40 reveals about 62 per cent feed their child as the given recommendations, that is **6-8 months**: Start with thick porridge or mashed foods, 2-3 meals (of 2-3 table spoonful each time) with frequent breast feeding, **9-11 months**: Finely chopped or mashed foods and foods that baby can pick, 3-4 meals (half of 250 mL katori) with frequent breast feeding and **12-23 months**: Family food, chopped or mashed if necessary, 3-4 meals (3/4 of 250 mL katori) with frequent breast feeding, depending upon the appetite offer 1-2 snacks]. About 30 per cent say they feed the child as much as the child demands.

## 6. Key Evaluation Findings- Qualitative- Going Beyond Numbers:

### 1) Planning of Dastak Abhiyaan at Every Level

#### a) Development of Micro- Plan and Coverage of Dastak Abhiyaan

Dastak Abhiyaan planning has decentralised approach. The State after envisaged the design for intervention and was transferred to District authorities- DC, CEO and CMHO for translating it into action at field level. The planning process started around March 2019 in partnership with all the development partners. It was an intensive process. The training for developing micro- plan was done by the state team. The district authorities developed a micro plan for each block and village with the support and in consultation with BPMU. The DC, CEO and CMHO were oriented with modus operandi of Abhiyaan by state team. The block and AAA were oriented by respective district level team. As per the plan AAA were expected to cover 25-30 HHs per day giving 30 mins each to every HH for 11 baskets of services. During the discussion it was explored that whether the 25-30 HHs per day is rationalised estimation of coverage. It was reflected that;

the plan was to cover 25-30 HHS per days with 30 mins to be spent at every HH. Since the planning was done very hastily so some of the field challenges were not considered and coverage became challenging. Although the coverage was done as per the plan, however, the quality of services at HH level is definitely as concern.

The plan was to cover 25-30 HHs per day. The AAA is doing the coverage but the quality is being compromised due to weather etc. This is a problem of planning which has been recognised.- **Lal Chandan Jain- BCM and In charge BPM Block Jabera- District Damoh.**

We covered 25 HHs in peak summer which was very difficult. If the HHs were left for the day, we used to start early and leave late. (hesitant to say clearly)- **Malti Thakur- ANM Vijaysagar, Rekha- ASHA Vijaysagar, Anjani Bai Aadiwasi- AWW Vijaysagar- Block Jabera, District Damoh.**

At least 30 HHs in a day giving 30 mins per HH which is challenging given the topography. Left out children will be covered during mop- up rounds.-**Dr. Rakesh Pawar- BPM and Dr. R.K. Dubey-BMO- Block Rajpur, District- Barwani.**

From an independent perspective from the field, following observations were made:

- (i) 25- 30 HHs per day with the range of services and information to be given and shared is difficult target to be covered and also ensure quality. The topographical and weather challenges, which are but natural ones although are being acknowledged- were not considered during the development of micro- plan.
- (ii) The AAA who are responsible for field level implementation of Abhiyaan had to do the complete coverage in stipulated time period of 4-5 days. Further, whereas ASHA and AWW were from the same village, the ANM who was focal point person could possibly be from only 1 village. For the remaining villages she has to travel which was also not factored during the planning. The back- up plan for any of the human resource at field level was not available. So, whereas for the state the Abhiyaan was for 40 days still for 1 village the Abhiyaan was for 4-5 days only. Although, the ASHAs were expected to revisit but the incentives were only for first visit, hence, the revisits during Dastak Abhiyaan were not happening on ground.

#### **b) Supply and Logistics during Dastak Abhiyaan**

The entire inventory and other logistic supply (Refer Revised Preparedness Guideline for Dastak Abhiyaan.pdf) were made available 2-3 weeks well in advance before Dastak was rolled on ground. Even during shortfall in any of the medicines and inventory in midst of Abhiyaan, the ANMs could easily collect the required inventory from block office during weekly or fortnightly meetings. There were some cases of shortage on supply of antibiotics and Vitamin A still due to buffer supply in pipeline no major shortfalls were reported.

Vitamin A shortage was there due to problem in supply of raw material at the national level. But was not really visible in the field because of the pipeline stocks being available and we could manage the situation- **Dr. Pragya Tiwari Deputy Director- Child Health & Nutrition.**

Gaps have been on Gentamycin and Amoxicillin and at one or two places on zinc. Wherever there is shortage daily supplies are released from state.-**Dr. Manish- Program Manager- Child Health.**

Supply has been regular. Some antibiotics were intermittently unavailable but were restored. - **Dr. R. K. Bajaj- CMHO District Damoh.**

Supply has been regular. ANM did not have to carry. Everything has to be delivered at sector level. And the ANM collects from there. – **Dr. Bahadur Singh Thakur, BMO- Block-Jabera, District- Damoh.**

Antibiotics were not given. There is gap in the supply. - **Malti Thakur- ANM Vijaysagar, Rekha- ASHA Vijaysagar, Anjani Bai Aadiwasi- AWW Vijaysagar- Block Jabera, District Damoh.**

#### ➤ **Training and Capacity Building of all stakeholders**

The training and capacity building of all the district level authorities DC, CEO- Zila Panchayat, CMHO etc. was done at state level. The state level training for leadership level was done to ensure the provision of stewardship in their respective area. The trainings for DPMU, BPMU and AAA were done at district and block level, respectively. Regular hand holding support was given to AAA in service delivery through regular visits by all the stakeholders.

The capacity building even before development of micro plan was done involving all the donor partners and authorities which was a very laborious process and the effect of the stewardship is visible at implementation level. -**Dr. Pragya Tiwari- Deputy Director- Child Health & Nutrition.**

#### ➤ **Inter-Departmental Convergence and Coordination (PRI, AAA etc)**

The inter-departmental convergence; DoH, WCD and PRI, primarily had variations across districts and also varied from individual's perspective. At the planning level, DoH and WCD although had to develop micro plan, jointly, DoH took lead in there. At the execution level- village level, AAA- did joint visits for Abhiyaan. However, it was ANM who led the entire show. Even for report preparation ANM took the lead and was her responsibility.

WCD officials and AWW were very clear (Read restrictive) about their role which as according to them was only MALNUTRITION and REFERRAL TO NRC. It was reported by district level officials that the list of malnourished children from village level for entire district was shared by WCD to DoH to reach the actual number of children/ beneficiaries. This was appreciated by district authorities and matching of data was done at every level during the Abhiyaan which yielded fruitful results.

An exercise needs to see how many convergence meetings were happening at every level in 5 aspirational districts. And it was varied with the pro-activeness at leadership level. -**Dr. Pragya Tiwari- Deputy Director- Child Health & Nutrition.**

Inter departmental coordination has been good at grassroots level.-**Dr. R. K. Bajaj- CMHO District Damoh.**

ICDS department shared the list of 1500 SAM children and the same was shared with block level authorities to assess the current situation and do the required referrals. Because of clear identification of roles AWW came as a team during Dastak and hence ICDS coordination was better. -**Chandrashekhar Pandey- In Charge DPM District- Damoh**

Feedback sharing with ICDS at district level is not being done. **-Rishi Kumar Ahirwar- DCM District- Damoh.**

ICDS has supportive role. And to put blame for failure of program. List of malnourished children shared with health. **-Pradeep Rai- DPM ICDS Damoh.**

Support from ICDS is till AWC but not beyond it- at supervision level.-**Lal Chandan Jain- BCM and In charge BPM Block Jabera- District Damoh.**

ASHA and ANM have supported a lot in identification of malnourished children.-**JyotiBakshi- Lady Supervisor- District Damoh.**

Areas of common interest were not well coordinated especially with RBSK for Blood transfusion. ICDS has been supportive for monitoring, field visits. Data compilation is health mandate. It should be given to ICDS as well. So that additional level of check is also ensured-**Dr.Kirti Singh Chauhan- Paediatrician District Hospital and DIO- District Barwani.**

Convergence is good. In case there is problem it is resolved at CDPO level- **Dr. Rakesh Pawar- BPM and Dr. R.K. Dubey-BMO- Block Rajpur, District- Barwani.**

The current phase of Dastak saw the involvement of PRI for the first time. It was planned that once the Abhiyaan is completed in a village gram sabha will be organised by AAA under the leadership of PRI/ Sarpanch. The gram sabha's were anticipated to be the sort of closing remark for Dastak Abhiyaan for the village, where the sarpanch was expected to mobilise the community to follow the advice given by Dastak team and also facilitate the referrals of children.

The idea of involving PRI was to shift the focus from supply driven initiative to community participation. Dastak was conceptualised when Ms. Gauri was ACS- Health and then when she moved as ACS- PRD. It was taken there and the power support was banked on.-**Dr.Pragya Tiwari- Deputy Director- Child Health & Nutrition**

They (PRI) need to organise gram sabha. If the sarpanch and secretary are active it will have lot of impact as they belong to same village. – **Dr. Bahadur Singh Thakur, BMO- Block- Jabera, District- Damoh**

PRI need to active in gram sabha meetings- **Priyanaka Shah BCM Block- Rajpur District Barwani**

#### ➤ **Monitoring and Supportive Supervision of Dastak Abhiyaan- Institutional Arrangements, Roles & Responsibilities, Reporting**

The monitoring committee was constituted by CMHO mainly comprised of DHO, DPM, DTO, District Training Officer, DCM, ICDS- DPM- form District monitoring committee. However, this team was constituted with complete discretion of CMHO. The monitoring, which met every week, mostly on Saturday to discuss the progress of Abhiyaan under the leadership of DC. There were monitoring meetings as well every level – weekly to discuss the progress and coverage of Abhiyaan. The feedbacks were also given to AAA by their respective supervisors. As far as the

reporting was concerned the ANM had to maintain all the records. The ANM sent the details of households and children covered, electronically over WhatsApp on daily basis. Once Abhiyaan was over in a particular village the ANM sent the complete reporting format to supervisor who further sent to BPMU and the data is entered into the system by Data Analyst. The data is then sent to BMO who in turns shares the report with CDPO for joint discussion. The entered data is further viewed and discussed by district level authorities and DC. Field visits were also undertaken by officials of every level for their respective geographical locations and coverage and feedback in regards to progress and coverage were given. Here, also variation inter departmental convergence is visible. Where ever, the coordination is good then joint meetings are being held and discussions are being undertaken. Otherwise, the data sharing remains more of a protocol.

Joint monitoring visits are being undertaken and discussed during weekly meetings in Saturday. -**Dr. Girish Kumar Mishra- CEO- Zila Panchayat- District Damoh**

Joint visits are held time to time by the leadership- DC, CMHO and on daily basis from block level through grassroot level. Regular meetings at the district level are held for follow up on the coverage and services being given. Immediate actions are being taken. Mid-course evaluation meetings have been done. -**Chandrashekhar Pandey DPM District Damoh**

Blocks are allocated by CMHO for every person in monitoring committee. Mostly in coordination with BMO, along with sector supervisor. Spot checks of Dastak team for assessing the services being delivered. -**Rishi Kumar Ahirwar- DCM District Damoh**

Snapshot of all the anaemia slides for each ANM is asked for. -**Dr. Kirti Singh Chauhan- Paediatrician District Hospital and DIO- District Barwani**

Data gaps have been there from health and ICDS. Regular meetings are there by DC. -**Niranjan Singh Dogra CDPO Block Rajpur District Barwani**

Spot observations are done and on site inputs are given. For mass level inputs weekly meetings are held and same is communicated- **Dr. Rakesh Pawar- BPM and Dr. R.K. Dubey- BMO- Block Rajpur, District- Barwani**

At the State level, 10 Tele callers at state level- have been allocated 5 districts each. They call up ASHA and ANM. AWW is not contacted usually as their contact number is not available. The Discussion is around coverage of HHs and the 11 activities done. Supply gaps are also discussed mostly on major medicines- Vit A, ORS, Gentamycin, Amoxicillin and Zinc. All the data is being compiled at the state level since Oct 2018- with segregation of Pneumonia, Diarrhoea, SAM etc. Since there is no online software block wise magnitude of morbidity is not covered. The feedback is given to district authorities time to time depending on the data gaps in terms of services being given and the estimation of cases being done. For example, in sepsis, the cases were being counted only which were referred and hence the feedback was given that

those children which are being referred and those who are in OPD and are unwell will be counted for Sepsis- **Dr. Manish- Program Manager Child Health**

➤ **Achievements of Dastak Abhiyaan- Services delivered, Referrals and Community Mobilization**

As reported, the current phase of Dastak was much well implemented compared to previous rounds. The reason being the stewardship- supportive supervision from leadership level. The major achievements of Dastak being the children who were otherwise being left out because of any reason were being identified. It was a very focused approach to provide the services and referrals to the children in need. The community level interaction for every household which has children below 5 years was ensured because of door to door visit. The SAM children were being referred to NRC. It was reported that the number of referrals for SAM children increased so much in volume that the district authorities planned to increase the number of beds with 5-10 from block to district level. Discussions are ongoing to sustain these extra beds even after the Abhiyaan is over. Another major achievement has been in terms of identification of anaemic children and their blood transfusion. Other aspects such as ORS for diarrhoea management, hand washing, iron and vitamin A supplementation have been major achievements of Dastak Abhiyaan. There is some variation from Paediatrician from District Hospital who told that the admission in paediatric ward is because of seasonality and not because of Dastak.

All the children who reach facility in whatever manner- directly or through referral will be assessed on Dastak points- 11 services.-**Dr. Manish- Program Manager- Child health**

Birth defect identified and coordinated RBSK team for required surgeries and very less children are still with any anomaly. BT has been given to 49 children in less than 1 month Diarrhoea awareness is given and hand washing training is being done. -**Chandrashekhar Pandey DPM District- Damoh**

Screening of Malnourished children. 3 identified SAM referred to NRC. ORS and zinc awareness being given. Hand washing demonstrated done. No diarrhoea cases identified. – **Malti Thakur- ANM, Rekha- ASHA, Anjani Bai Aadiwasi and Droupadi Lodi- ASHA Facilitator- Village Vijaysagar, Block Jabera, District- Damoh**

Referrals were done regularly. NRC is full. Information is being given at HH level as well.- **Niranjana Singh Dogra- CDPO Block Rajpur District Barwani**

Referrals are being done. Service of '108' is available for transport. Even for malnourished children. At times there is delay but that is not a major problem. – **Sunita Thakaria ASHA Facilitator, Rajpur- B (Singun) District Barwani**

Referrals have been done. NRC is full. But no vehicle for transport. The AWW bring the child themselves or through some private conveyance. 108 is not available. They are only for

pregnant females. –**Sharmila Solanki -Lady Supervisor- Balasamund- Block- Rajpur, District Barwani**

For referrals Janani express and 108 are available. Although the preference is given to pregnant females need at least 2 more vehicles. Can be arranged in coordination with ANMs. The referrals NRC is being done in huge volume.-**Dr. Rakesh Pawar- BPM and Dr. R.K. Dubey- BMO- Block Rajpur, District- Barwani**

The success of Dastak Abhiyaan although, being recognised by the state team. Still, there are some insights regarding some major aspects especially on referrals. Regarding the SAM children who are being referred at the NRC, while on one hand the district team is overwhelmed with the referrals, the state team on the other hand has different approach towards this.

May- September is highly infectious period and hence the load at facility level increases. The cases which are referred are mostly divided in 3 categories- non- urgent, priority and non-urgent cases. Non- urgent cases were to be managed at facility level and if came at facility level, initial assessment will be done and basic treatment will be done and will then be discharged. For priority cases- decision needs to be taken for admissions in Paediatric Intensive care unit or children ward or to wait. For SAM grade 2-3SD community-based management will be done and advocated- **Dr. Manish Program Manager- Child Health**

For NRC level there is misinterpretation from every level. The SAM assessment was to be done on basis of two criteria- MUAC and Oedema- which will give around 25% of SAM burden. Out of which only 10% are medically complicated SAM. And intention was to bring those at the facility at the earliest. Presently, the facility is flooded with the non- medically complicated SAM cases also these were to be brought to facility sooner or later to pull them out of morbidity and mortality risks. But priority during Dastak was to address medically complicated SAM.-**Dr. Pragya Tiwari- Deputy Director Child Health & Nutrition**

At the leadership level at district, some authorities do share the same sentiments as that of the state. Still when it comes to ground level implementation a transfer of knowledge at levels below, we definitely see a gap there.

Beds can be increased. Resources are available. But outreach needs to be improved at the community level. Awareness needs to be done more for management of SAM and other child hood morbidity. Behaviour for child feeding needs to be changed. -**Girish Kumar Mishra CEO- Zila Panchayat District Damoh**

IDCF has major IEC component and less of service. Hence now the services should not be increased which will compromise the quality. Dastak has less of IEC which was not the intention.-**Dr. R. K. Bajaj- CMHO District Damoh**

➤ **Gaps and Challenges of Dastak Abhiyaan**

The planning although had decentralized approach, it lacked in being translated to ground level as it was envisaged by the state. Such as identification of sepsis which was being reported as difficult to be identified by ANMs at the community level because of which the number of sepsis cases were less. The state envisaged it for any infection in children below 2 years who were within the community or were admitted to hospital with some other complains.

Sepsis for 0-2 years children. But the identification has been low, may be due to lack of understanding. It has been instructed that all the children who come to facility with any other ailment in out-patient are also to be reported under Sepsis. Further, there is lack of understanding of data. Since the Dastak Abhiyaan at 1 village is for 4-5 days, hence the cases during those days are normal. But at the state level the data is seen for 40 days of Abhiyaan and hence the number falls short. This is lack of understanding of reading and interpreting data as well. -**Dr. Manish Program Manager- Child Health**

Other planning level gap, which was also self-acknowledged at block level was the planning could have gone extra mile in coming up with a customised micro plan for every village. Such as, the districts which have difficult topography such as in District Barwani could have had a need-based plan. The number of households to be covered by AAA per day was planned as 25-30, which at the ground is a challenging task. Interestingly, covering this number did not come up as direct challenge at any level although proxy challenges such as topography weather etc. were mentioned as factors which led the coverage to be difficult. Hence, the circumstantial evidences establish the fact that 25-30 HH per day was definitely a difficult task and hence the quality of services and counselling done by AAA comes under scrutiny. The joint monitoring visits at field level by the entire department involved- DoH and WCD in particular will further ensure and strengthen the quality of services being given. The feedback given was mostly in terms of coverage and progress of Abhiyaan. The quality part of the Abhiyaan was somehow being left out, in discussions as well as in reporting, the fact being that there were no official formats to report the quality of services being given. The involvement of PRI needs to further explored and defined to ensure their active participation. The AAA was observed being unsupported at times especially when it came to dealing with some adamant household/ family for any service or referral. The WHO colour code Hb card was reported as confusing by all the stakeholders up to district level, however, the state had envisaged it utility in a different perspective.

The WHO colour card for anaemia. Assessment for its sensitivity and specificity was done be AIIMS - to be used as community tool. It has precision of 96%. The problem is with the biasness of reading it- when the ANM reads it too early or too late. Has to be read in 30 secs in good proper light. The Hb meters are still pending from MoHFW. Tata Trusts gave it in 8 districts but there the problem is with replenishment of batteries and calibrations. So, till the time we have more effective community tool we have to go by what is available. Due to this biasness the

percentage of false positives and false negatives in Anaemia is very high at this time. The WHO colour scale estimates at 2 gms/dl- 6,8,10. Child anaemia is at 7 gm/dl. Hence, it was advised to overestimate than to under estimate and do re-estimation at nearest facility. The anaemia level being marginal the child will not manifest any symptom of anaemia which gives a false sense of well- being at the community level. And when there is a sudden episode of diarrhoea the child dies all of sudden. Hence, the only programs focusing on diarrhoea or pneumonia are not making any dent is because of underlying level of anaemia. - **Dr. Pragyav Tiwari- Deputy Director Child Health & Nutrition**

## 7. Conclusion and Way Forward:

The Dastak Abhiyaan is an Initiative of Government of Madhya Pradesh which was pilot tested in November 2016 and showed promising outcomes; further up-scaled in entire state. This campaign deals with active case finding house to house for Diarrhoea, Pneumonia, Severe Acute Malnutrition, Severe Anaemia and their treatment and referral by the Dastak Team comprising of Auxiliary Nurse Midwife, Accredited Social Health Activist, and Aanganwadi Worker. In this study, an attempt made to assess and understand the coverage and services given at the household level of Dastak Abhiyaan (June – July 2019) in 5 Aspiration Districts of Madhya Pradesh- Barwani, Damoh, Khandwa, Singrauli and Vidisha.

Overall, the program was implemented to extend preventive and promotive services at the doorstep of the people of Madhya Pradesh with the aim of reducing the under-five mortality and improve the poor health indicators whose major contributor is underlying malnutrition. This pioneer program possibly seems to mark a great success with such welcoming responses from the beneficiaries.

While understanding the program from supply as well as demand side perspective, it is clearly understood that the program offers holistic package of services to the community. Some of the key pointers as understood from the study are as follows:

- 1) The planning of the Dastak Abhiyaan at community/ village missed taking into considerations some of the very crucial factors.
  - (a) Weather and Topography of particular district
  - (b) Number of Households to be covered in 1 day against the kind of services and information to be given. The quality of service becomes a concern. The quantitative data also shows some lack of clarity as far as awareness on the feeding practices during diarrhoea and pneumonia. The same could be gauged through discussion with AAA and other stakeholders.
  - (c) The recall of the messages given during Dastak Abhiyaan. It was difficult for any caregiver to recall the messages given during the Abhiyaan, because for the state at large the Abhiyaan is for 40 days but for 1 village it is only for 4-5 days.
  - (d) Since the ANM had to visit the village from outside except for the village where she is situated, hence the Abhiyaan was conducted for 4-5 days in a village. Although, the ASHAs and AWWs were expected to revisit the households without ANM, still that did not happen. The reason was that the incentive given for Dastak Abhiyaan was for only one visit.

- 2) The roles and responsibilities of Gram Panchayat needs to be earmarked clearly and also they need to become role model themselves while availing the services and following the advices given in their respective households.
- 3) The AAA at times appeared as unsupported at the community level when they encounter some adamant family. The role of Gram Panchayat becomes really crucial at that point.
- 4) The stewardship from state and district collectors led to the smooth and effective implementation at the village level.
- 5) The feedback and supportive supervision should be strengthened more so as minimize the subjectivity which gets percolated in AAA during examination. For i.e. The WHO Colour code scale. The scale is sensitive only when all the nuances are followed during examination. It was observed that at times it was not being followed in the field and there was lack of clarity on how to mark and code the Hb Level.

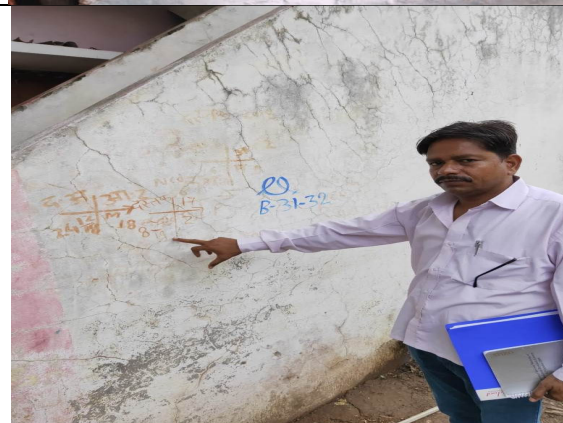
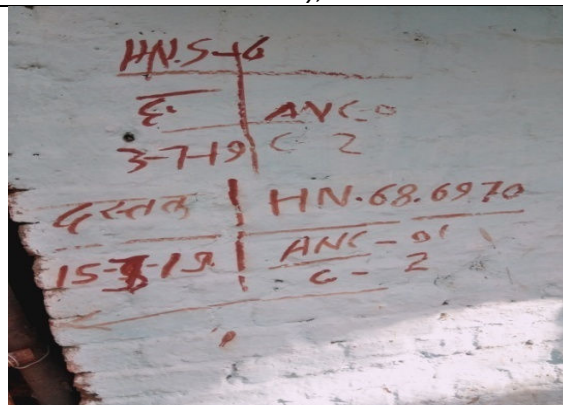
For malnutrition, the range of SAM should be same. Due to field practicality MUAC tapes were used to identify and refer SAM children to NRC. As understood NRC does not follow MUAC parameters, it follows Height for Age parameters, hence, at time the children were turned away from NRC. Hence, if not for all, at least from Dastak Abhiyaan, some common minimum range should be agreed upon with the support from experts so that there is clarity at both the ends.

### Some Glimpses from the Field Survey of DASTAK Evaluation Study

Photograph of Pilot study of Dastak Abhiyaan in Vidisha district visited on 9 July, 2019



Photograph of Dastak Abhiyaan Monitoring by PRC in Damoh district visited on 14 July, 2019



Photograph of Dastak Abhiyaan Monitoring by PRC in Khandwa district visited on 26 July, 2019



Photograph of Dastak Abhiyaan Monitoring by PRC in Damoh district visited on 26 July, 2019

