EVALUATION OF QUALITY OF IPC & COUNSELING SESSIONS BY USING INTINTIKI ANGANWADI

(COUNSELLING BOOK)

Study Report BY CRU - NIRDPR

CRU COMMUNICATION RESOURCE UNIT
A JOINT INITIATIVE OF NIRDPR & UNICEF

Acknowledgement

Communication Resource Unit (CRU) of National Institute of Rural Development and Panchayatraj (NIRD&PR) has undertaken the study of Evaluation of quality of IPC & Counseling sessions by using Intintiki Anganwadi (Counselling book). The evaluation was conducted in five districts i.e. Asifabad, Bhupalpally, Hyderabad, Khammam and Wanaparthy. CRU is grateful to Department of Women Development and Child Welfare (DWD&CW), Government of Telangana for selecting CRU to carry out the evaluation study.

First and foremost, we would like to thank the Ex. Director of DWD&CW-Telangana Ms. Viziendira Boyi, IAS. for giving us the opportunity to undertake the evaluation. CRU extends gratitude to present Commissioner & Secretary of Women Development and Child Welfare Ms. Divya Devarajan, IAS for her continued support and guidance.

CRU is extremely grateful to Dr. W. R. Reddy, IAS Director General of NIRDPR for inspiring leadership, guidance and permission to take up the study.

CRU extends gratitude to Joint Project Coordinator and SPMU team of POSHAN Abhiyaan for their support and help in connecting us with Project officials from sample districts.

We are extremely grateful to all the Child Development Project Officers (CDPOs), Supervisors, Anganwadi workers and Helpers for their support and cooperation at the field without which the task could not have been achieved.

We would like to express our deep gratitude to the beneficiaries of the ICDS programme, but for their co-operation and inputs, the study would not have been possible.

We also thank field investigators who supported in data collection from the field.

We acknowledge and thank the support extended by UNICEF, particularly C4D team for supporting the unit to extend support on SBCC to government departments.

Communication Resource Unit

Table of Contents

Acronyms

S.no	Acronyms	Expansion
1	ANC	Antenatal care
2	AWC	Anganwadi centre
3	AWW	Anganwadi worker
4	BCC	Behavioural change communication
5	CAS	Common application software
6	CBE	Community based event
7	CDPO	Child Development Project Officer
8	DWD&CW	Department of Women development and child welfare
9	IPC	Interpersonal Communication
10	ILA	Incremental learning approach
11	IIAW	Intintiki Anganwadi
12	IFA Tablet	Iron folic acid tablet
13	MPR	Monthly progress report
14	MAM	Moderate Acute Malnutrition
15	NHE	Nutrition and Health Education
16	SAM	Severe Acute Malnutrition
17	THR	Take home ration
18	VHSND	Village health sanitation and nutrition day
19	WASH	Water Sanitation and Health

List of Tables

List of Figures

Executive Summary

DWD&CW, Telangana has developed an IPC material titled Intintiki Anganwadi Counselling book, a ready reckoner containing various messages/tips for the Anganwadi worker to counsel the beneficiary and her family members. As commissioned by DWD&CW of Telangana, CRU conducted a study to evaluate the quality of interpersonal communication sessions conducted by Anganwadi workers and to understand their capacity building needs in IPC.

Study covered 30 Anganwadi Workers, 28 Supervisors/CDPOs and 30 beneficiaries selected randomly from the list shared by the department in five districts i.e, Asifabad, Bhupalpally, Hyderabad, Khammam and Wanaparthy. The study was aimed at understanding the process of planning home visits, conducting home visits, monitoring and supportive supervision extended by supervisors and the feedback on services accessed by the beneficiaries from the Anganwadi Centre.

Key findings

Planning of home visits

Anganwadi workers from Hyderabad and Asifabad who have access to Common Application Software (CAS) are conducting home visits as per the reminders received through CAS and are reporting visit details in CAS. Anganwadi workers from other districts i.e, Bhupalpally, Khammam and Wanaparthy are making plans in Register No-8 (Home Visit Planning Register). However, none of the AWW from these districts are planning home visits in advance in a systematic manner using the Register No-8.

About 53% of the Anganwadi workers do not have knowledge on correct order of prioritization for conducting home visits. As per the guidelines given in IIAW counselling book, Anganwadi teachers are expected to prioritize 7-9 months pregnant women and lactating women within the first week of delivery for home visits. And close to one half of the Anganwadi workers have not updated the visit particulars in the home visit planning register No-8.

While Khammam and Hyderabad Anganwadi workers accomplished the expected number of home visits per month, Anganwadi workers from other three districts i.e, Asifabad, Bhupalpally and Wanaparthy could not accomplish the expected number of home visits to be made in a month. Similarly category wise number of home visits from Anganwadi workers of Hyderabad and Khammam was good whereas this needs improvement in Asifabad, Bhupalpally and Wanaparthy districts.

Study team observed skills of Anganwadi workers in demonstration of an IPC session on 20 points checklist given in IIAW counselling book. Only three behaviours listed in the checklist, were followed by more than 80% of the AWW, clearly indicating a huge scope for improvement in rest of the 17 behaviours i.e, to start the session well with proper greeting and briefing on purpose of the visit, to find out feeding practices of applicable category, appreciate the right things done to encourage them, correct wrong practices if any subtly, clarify all the doubts, gather information on tests to be done

during the relevant period, inform when doctor should be consulted, explain role of family members and additional care in case of anemic mothers.

None of the Anganwadi workers understood the growth monitoring abstract given at the end of the IIAW counselling book. Even the supervisors are not familiar with the growth monitoring abstract given in reference page 5&6 of IIAW counselling book.

Monitoring and Supportive Supervision

Only Supervisors of Hyderabad district reported to be monitoring the home visits of Anganwadi workers on a daily basis. The rest of the supervisors monitor the home visits during centre visits and project meetings conducted on a monthly basis.

All the supervisors informed to be using sector and project meetings as platforms to give inputs and feedback to Anganwadi workers and provide handholding support during accompanied home visits. Concept of supportive supervision with constructive feedback on home visits from the supervisors is lacking across all the districts.

Beneficiary's feedback

About 77% of the beneficiaries have enrolled their name at the Anganwadi Centre in the 2nd and 3rd month. This indicates the good rapport, early registration and coverage of beneficiaries for various services extended through Anganwadi centre.

All the beneficiaries reported that they received eggs from the Anganwadi centre. About 97% of the beneficiaries reported to have received Nutrition and health education on various behaviours that are to be practiced during pregnancy, lactating and child nurturing period through the Anganwadi worker.

Of the various services accessed by the beneficiaries, Mid-day meal and Health Education topped the most liked services by the beneficiaries.

About 73% of the beneficiaries were able to recall the message of taking rest for two hours at day time during pregnancy and 68% recalled messages on feeding practices, 53% recalled the message of starting the complementary feeding on reaching 6 months to the baby, 43% recalled the message on consumption of healthy foods and fruits during pregnancy and 42% recalled the message of breastfeeding the child till two years.

Recommendations

Anganwadi workers have not received any formal training on IPC/Counselling skills. IPC skills can be enhanced among the Anganwadi workers by enhancing knowledge through training, facilitate practice sessions during meetings and by providing regular feedback. Having invested resources in counselling book that is well appreciated by users and beneficiaries, DWD&CW, Telangana may conduct a full pledged training on IPC/Counselling, category wise visits expected to be conducted and growth

monitoring to all the Anganwadi workers. This will certainly help in improving skills of Anganwadi workers and result in improving nutritional outcomes.

Supervisors need a specific training on supportive supervision and on how to give constructive feedback to improve the skills of Anganwadi workers in delivering key messages on health and nutrition through IPC.

Department may consider to give supervisors a simple format for giving constructive feedback to Anganwadi workers on key observations of accompanied home visits. Alternately they can write the observations/action points in visitors register and follow it up to check if the action points are addressed in following visits.

Based on the training needs that emerged from the discussions with supervisors, Anganwadi workers and onsite observations of skills demonstrated in using IIAW Counselling book, a two day training is proposed to State Resource team on the following topics. After the training of State Resource team, department may conduct an exclusive training on IPC and counselling skills to all the Anganwadi workers at block or district level.

- Behaviour change communication process
- Basics of Interpersonal Communication
- **GATHER** approach for conducting IPC Sessions
- Category wise key message delivery to mothers and family members (1000 days)
- Key messages for mothers with SAM/MAM children
- Growth monitoring of 0-2 years children using IIAW counselling book
- Planning and prioritization of home visits
- Recording and reporting of home visits
- Basics of training/facilitation skills (SRGs)
- Practicing IPC skills and institutionalizing feedback on IPC skills conducted through home visits

A 15-20 minute video on IPC (GATHER) approach may be developed using internal resources. Similar video on GATHER approach used by ANMs of health departments was found to be a very good resource for the frontline workers. This can be circulated to all the AWWs across the state to watch and learn the approach and develop IPC skills through practice sessions.

Chapter 1: Introduction

1.1 Introduction about the importance of Interpersonal Communication

IPC is widely used approach across education, health and nutrition education interventions to improve behaviours that promote education, health and nutritional outcomes. Several studies found IPC to be an effective method of social and behavior change communication process**.**

Interpersonal communication (IPC) is a process of exchange or sharing of information, thoughts, ideas and feelings verbally or non-verbally between two or more people to address behavioral determinants of nutrition and health. It is influenced by attitudes, values, social norms and the individuals' immediate environment. The communicators, message, noise, channel, context and feedback are the key elements of IPC.

Nutrition, Health Education and Counselling is a major component in ICDS programme to ensure that mothers/parents/community receives messages on key behaviours to promote good health and improve nutritional status among children and women. The Anganwadi workers are primarily responsible for making home visits for educating parents and families of children below three years who

are not attending the AWCs so that the mother/ family of the child is enabled to play an effective role in child's growth and development.

IDinsight as part of **'Poshan Abhiyan Social and behavior change communication in aspirational districts'** conducted a survey with about 6,000 pregnant and lactating women across 27 aspirational districts in 8 states of India for the Ministry of Women and Child Development. A key finding of the survey was that across 21+ platforms ranging from mass media to interpersonal communication, **home visits** were found to be the most effective in reaching women[i]**.**

In an exploratory study on Health Communication and Behavioural Change among Marginalized Communities in Rural West Bengal, India, it was found that awareness about Infant Feeding amongst the mothers resulted in improvement in variety, quantity and consistency of Complementary Feeding fed. Active feeding behaviours were adopted (6.6% pre-NE vs 66.6% post-NE). Weight for age and weight for length showed improvement[ii]**.**

1.2 **Nutritional scenario in the country**

High prevalence of low birth weight, high morbidity and mortality in children and poor maternal nutrition of the mother continue to be major nutritional concerns in India. Anaemia in India is a severe public health problem among women, adolescent girls and young children.

Key findings of NFHS-4 study conducted by *International Institute for Population Sciences (IIPS) and ICF in India* **on Nutrition and Telangana are;**

Nutritional status of children: Thirty-eight percent of children under age five years are stunted (short for their age); 21 percent are wasted (thin for their height); 36 percent are underweight (thin for their age); and 2 percent are overweight (heavy for their height).

In Telangana, 28% of children under five years of age are stunted and it varies across districts, ranging from 15.7% in Hyderabad to 38.3% in Adilabad. The prevalence of wasting and severe wasting among children is 18% and 4.8%, respectively.

Initial breastfeeding: About two-fifths (42%) of children born in the last 5 years were breastfed within 1 hour of birth in India and in Telangana it is 36%, which is less than national average. Thus, many infants are still deprived of the highly nutritious first milk (colostrum) and the antibodies it contains.

Exclusive breastfeeding: Fifty-five percent of children under age six months in India are exclusively breastfed. Exclusive breastfeeding in Telangana for children under six months is at 67.3% which is higher than the national average (54.9%).

Anaemia among children: Fifty-eight percent of children in India in the age group of 6-59 months have anaemia (haemoglobin levels below 11.0 g/dl). In Telangana 61% of children in age group of 6-59 months are anaemic. This includes 25 percent who are mildly anaemic, 34 percent who are moderately anaemic, and 3 percent who suffer from severe anaemia. Boys (62%) are slightly more likely than girls (59%) to have anaemia.

Micronutrient intake: In India, Sixty percent of children in age group of 6-59 months were given vitamin-A supplements in the six months preceding the survey. Forty-four percent of children in age group of 6-23 months consumed foods rich in vitamin A in the day or night before the interview and 18 percent consumed iron-rich foods. In **Telangana**, about three-fourths (76%) of children in age group of 9-59

months were given a vitamin A supplement in the past six months, but less than half (48%) of children in age group of 9-23 months ate vitamin-A rich foods during the day or night before the survey.

Nutritional status of adults: In India, Twenty-three percent of women and 20 percent of men in age group of 15-49 years are thin. Almost the same percentage are overweight or obese (21% of women and 19% of men). In Telangana, over half (51%) of women and 46 percent of men are malnourished, that is, they are either too thin or are overweight or obese.

Anaemia among adults: In India, Fifty-three percent of women and 23 percent of men in age group of 15-49 years have anaemia. In Telangana, 56.7% anemia among women of reproductive age is a serious public health concern; it is higher than the national average (53%). More than half the population of women of reproductive age is anemic. Yet, the proportion of women who consumed IFA tablets for 100 or more days is only 52.8%.

Complimentary feeding: After the first 6 months, breastmilk is no longer enough to meet the nutritional needs of infants. Therefore, complementary foods should be added to the diet of the child. At age 6-8 months less than two-thirds of children (56%) in Telangana receive breastmilk and complementary foods.

Less than one-third (30%) of children in age group of 6-23 months are fed the recommended minimum number of times per day and even fewer (27%) are fed from the appropriate number of food groups. Only 10 percent are fed according to all three recommended practices[iii].

Evidence suggests that using multiple SBCC approaches and channels to change behaviors is more effective than using one, that targeting multiple contacts has a greater effect than targeting only the woman herself, and that more visits or contacts results in greater change[iv].

1.3 **Background of the study**

The ICDS programme provides nutrition and health services for children under age six years and for pregnant and breastfeeding women, as well as early childhood care or preschool activities for children age 3-5 years. These services are provided through community-based anganwadi centres. In the era of India's commitment to global nutrition targets, it is an opportune time for Telangana to set its own nutrition targets, and to accelerate actions necessary to improve all forms of malnutrition. To achieve progress on nutrition, Telangana has undertaken various activities to improve the coverage of interventions targeting the undernutrition in children, the first 1000 days of life, and continues to invest in sustaining adequate access to nutritional initiatives.

DWD&CW, Telangana initiated an innovative approach **'House to House Campaign'** with customized counselling by AWWs through Intintiki Anganwadi Counselling book. With an overall determination of making home visits more productive and influence the specific behaviors among beneficiaries. The IPC material titled Intintiki Anganwadi Counselling book, is a ready reckoner containing various messages/tips for the Anganwadi worker to counsel the beneficiary and her family members to improve nutritional outcomes among children and women. This book was given to the Anganwadi workers in October, 2018.

With the help of IIAW counselling book, Anganwadi Workers are expected to impart knowledge on various nutritional and health behaviours to be followed **during pregnancy**, **Post Delivery**, **Early Childhood years**, **Importance of ECCE**, **Developmental Milestones-developmental delays**, **Early Stimulation, Care and protection at home** etc. to pregnant/lactating mothers and to her family members during home visit. Separate sheet to track the Developmental Milestones of children was given at the end of the book. The book also contains key behaviours to be practiced by Anganwadi workers while conducting IPC session, information on dos and don'ts to the mothers, age relevant play material and recipes to improve nutrition among children.

Category wise key messages expected to be delivered by Anganwadi workers through home visits are;

Category	Key Messages
Pregnancy	• ANC registration at AWC and PHC on confirmation of pregnancy • Every pregnant woman should undergo at least four ANC checkups covering TT injections, weight monitoring, blood pressure monitoring, blood and urine testing and abdominal examinations. • She must also take 180 IFA tablets from the fourth month of pregnancy as well as calcium and deworming tablets as prescribed. • She must eat a diverse diet of grains and pulses, iron-rich green leafy vegetables, vitamin A-rich yellow/orange fruits and other vegetables including beetroots, carrots, milk and milk products, oils and nuts and if non-vegetarian, then eggs, fish and meat. • She should consume three meals and two snacks daily. • She requires adequate rest. • She also requires support and care from her husband and mother-in-law / family members. • She and her family should prepare in advance for institutional delivery to reduce the risk of complications • Planning and preparation for delivery is essential • Breastfeed the child within 1 hour of birth • Note and report in case there is High risk pregnancy risks
0-6 months	• A breastfeeding mother should eat 3 meals and 3 snacks every day. She must eat a diverse diet of grains and pulses, iron-rich green leafy vegetables, vitamin A-rich yellow/orange fruits and other vegetables including beetroots, carrots, milk and milk products, oils and nuts and if non-vegetarian, then eggs, fish and meat. • The baby should have skin-to-skin contact with the mother while breastfeeding

	within the first hour of birth. • The first milk 'Colostrum' acts as the first immunization for baby. • No other food, ghutti, gripe water, honey, and not even water should be given to the new born at birth. • Breast milk has all the desired nutrients and water that the infant needs, so the infant should not be given water or any other fluid/food during the first six months. • Immunization BCG, Hepatitis, PVV and Polio should be given to child at suggested dates. • Breast feed the child at least 8-10 times • Talk to the child and encourage to move her hands and legs • Monitor the growth and refer if the child falls under SAM/MAM • Explain safe and hygienic practices if baby is on alternate milk • Infants with low birth weight require extra warmth, preferably through skin-to-skin contact with the mother or the other family members, extra breastfeeding and extra cleanliness. • Extra care for the low birth weight new-born should be continued for a week and the family should be supported with visits by the ASHA. • Prepare for complementary feeding
7-12 months	• On completion of 6 months, breast milk alone cannot meet the nutritional needs of the baby. • Complementary feeding with soft, well cooked, mashed and homemade foods is essential to meet the nutritional needs of a growing child. • The child should be offered food of different kinds and taste and frequently. • The complimentary food should be thick enough to stay on a spoon and not drip off. • Good hygiene is important to prevent diarrhoea and other illnesses. • Administer Measles and Vitamin syrup at 9th month • Diarrhoea and pneumonia are the major childhood illnesses. • ORS should be given for 14 days even if diarrhoea stops. • A child with pneumonia should be kept warm and covered and given normal diet. They should be referred to a health centre and the dose of oral antibiotics completed, if prescribed.

1-2 years	• From one year onwards, ensure that the child gets deworming syrup/tablet every 6 months. • Measles-2, DPT, OPV, Polio booster and the first dose of vitamin A is given upon completion of 9 months along with measles injection. Thereafter one dose is to be given every six months till the age of 5 years. • Common minor side effects after vaccination such as slight fever, pain, swelling or redness at injection site, irritability, etc. usually resolve without any serious consequences. • Explain hygienic feeding practices • Child should be fed at least 5-6 times • Diverse diet of grains and pulses, iron-rich green leafy vegetables, vitamin A-rich yellow/orange fruits and other vegetables including beetroots, carrots, milk and milk products, oils and nuts and if non-vegetarian, then eggs, fish and meat.
2-3 years	• Vitamin-A and Deworming syrup at prescribed periods • Diverse diet of grains and pulses, iron-rich green leafy vegetables, vitamin A-rich yellow/orange fruits and other vegetables including beetroots, carrots, milk and milk products, oils and nuts and if non-vegetarian, then eggs, fish and meat. • Child should be fed at least 5-6 times
3-5 years	• Enrolment at Anganwadi centre • Vitamin-A and Deworming syrup at prescribed periods • Child should be fed meal 3 times and snacks 2 times
Caring for sick child	• Diarrhoea and pneumonia are the major childhood illnesses. • ORS should be given for 14 days even if diarrhoea stops. • A child with pneumonia should be kept warm and covered and given normal diet. They should be referred to a health centre and the dose of oral antibiotics completed, if prescribed. • Good sanitation behaviours include handwashing with water and soap before feeding/eating, preparing food hygienically, safe disposal of all faeces, including that of children. • Clean drinking water (Filtered or boiled)

1.4 **Study Objectives**

The study aimed to evaluate the quality of Interpersonal Communication (IPC) and Counselling sessions conducted by Anganwadi workers using Intintiki Anganwadi (IIAW) Counselling book. The study assesses the skills of Anganwadi workers in bringing behavior change among beneficiaries/families on various POSHAN behaviours and aims to identify the capacity building needs in the area of IPC and counselling.

The study covered 10 ICDS projects, 30 Anganwadi Centres in five districts Asifabad, Bhupalpally, Hyderabad, Khammam and Wanaparthy districts. Study majorly assessed the skills of Anganwadi workers in **planning the home visits**, **in conducting the IPC sessions** and **supportive supervision** extended by supervisors to Anganwadi Workers by using the IIAW counselling book effectively. The details of the sample districts and respondents interviewed are given in table-1.

Major objectives of the study are:

- To assess the planning and preparation process to organize home visits at the CDPO/Supervisor/ AWC level
- To assess the quality of IPC sessions by Anganwadi Worker (AWW) using Intintiki Anganwadi Counselling book
- To assess the skills of AWW to organize IPC sessions using Intintiki Anganwadi Counselling book
- To identify capacity building needs of AWW in the area of IPC & Counseling

1.5 Methodology:

The methodology adopted for the study involved qualitative interviews with Anganwadi Workers, Supervisors, CDPOs, Beneficiaries and observation of home visit sessions while Anganwadi Workers demonstrated IPC Sessions with the beneficiaries. The overall methodology of the study is depicted in below diagram.

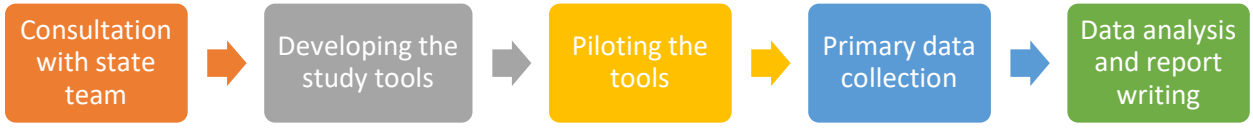


Table-1 Sample districts and respondents

S.no	Districts	Projects	AWCs	No. Of Sessions observed	Interviews			
					AWW	Supervisors	CDPOs	Beneficiaries
1	Hyderabad	2	6	6	6	3	2	6
2	Asifabad	2	6	6	6	3	2	6
3	Khammam	2	6	6	6	4	2	6
4	Bhupalpally	2	6	6	6	4	2	6
5	Wanaparthy	2	6	6	6	4	2	6
	Total	10	30	30	30	18	10	30

1.6 The need for the evaluation of Intintiki Anganwadi counselling service:

Anganwadi worker is the community based voluntary frontline worker selected from the same community. She plays an important role in triggering the behaviours of the community due to her close and continuous contact with the beneficiaries. Her educational level and knowledge of nutrition plays an important role in her performance at anganwadi centers. Since the home visit and counselling the beneficiaries individually is an important part of her daily work, she requires skills in planning, conducting sessions and seeking regular support from the superiors. In this context, based on the request from DWD&CW-Telangana, this study to evaluate the quality of IPC & Counseling sessions by using Intintiki Anganwadi Counselling book has been taken up by CRU-NIRDPR.

Chapter 2: Study Findings

2.1 Mode of Analysis

Primary data collection was completed in the month of February-March 2019 through a trained resource team. CRU team visited more than half of the sample sites during the data collection process to observe and validate the data collection. Study team has done quantitative and qualitative data analysis methods to draw inferences and interpret the findings.

2.2 Educational and work background of the Anganwadi workers

Of the 30 Anganwadi workers interviewed, 7% are post graduates, 33% are graduates, 24% have completed Intermediate, 30% completed SSC and 3% have high school education. Average age of AWWs studied was 43 years. Ninety percent of the Anganwadi workers have more than 10 years of experience. Only 10% of the Anganwadi workers have less than ten years of experience.

Figure 1: Educational qualification of Anganwadi Teachers

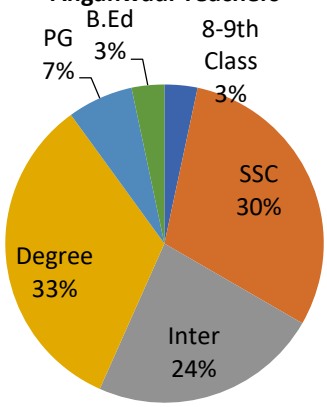
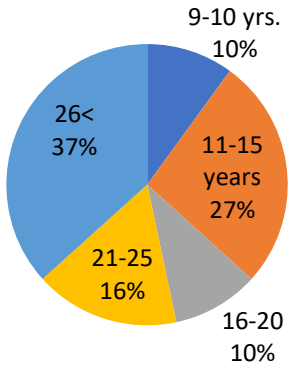


Figure 2: Work experience of Anganwadi Teachers



2.3 Status of training on Intintiki Anganwadi Counselling book

Eighty three per cent of the Anganwadi workers reported to have received training on Intintiki Anganwadi Counselling Book. Majority of them have received one day training. In addition, 90% of them reported to have undergone more than four modules of Incremental Learning Approach. AWWs informed that these trainings are very useful to understand the key messages to be delivered in different case scenarios. Anganwadi Workers reported to have received these trainings in project and sector meetings conducted every month by the supervisors. AWWs of Hyderabad reported to have received additional training on '**Nourishing Womb-Nourishing Life'** from UNICEF team. This module consists of key messages to be delivered during pregnancy and child care until 2 years, popularly known as first 1000 days.

Figure 3: Status of training on Intintiki Anganwadi counselling Book

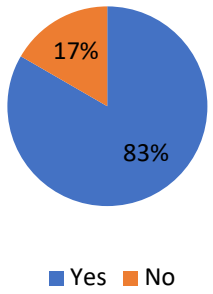
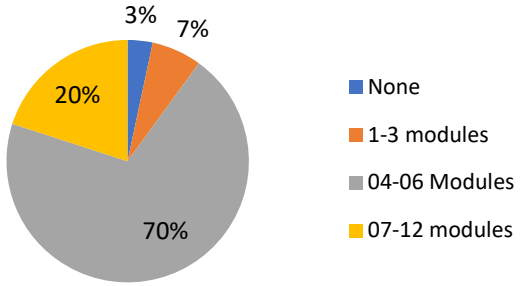


Figure 4:Number of ILA modules completed by Anganwadi Teachers



2.4 Planning of Home Visits

Planning home visits in advance is a key process for optimum coverage of women and children in the operational area with category wise messages. Of the five districts where the study was conducted, two districts i.e, Hyderabad and Asifabad have access to tablets and Common Application Software (CAS) whereas the other three districts i.e, Bhupalpally, Khammam and Wanaparthy do not have access to CAS.

ICDS-CAS has been specially designed by DWD&CW, India to strengthen the Service Delivery System as well as the mechanism for Real Time Monitoring (RTM) for nutritional outcomes. CAS enables data capture, ensures assigned service delivery and prompts for interventions wherever required. This data is then available in near real time to the supervisory staff from Sector, Block, District, State to National level through a Dashboard, for monitoring. AWWs and Supervisors have been equipped with smart phones/tablets pre-installed with software. The software application facilitates the capture of data by frontline functionaries and a six-tier dashboard ensures the monitoring and intervention mechanism. It enables growth monitoring of children with the help of auto plotting of growth chart to the mobile application. Auto-generates task list and home visit scheduler for enabling AWW to focus on the beneficiaries and stakeholders.

Anganwadi workers who have access to CAS, follow the reminders received through CAS and find it very useful to plan and report their home visits. The only challenge reported by those who have access to

CAS was burden of writing details of home visits in Register-8 as well as data entry in CAS. There are mixed messages from CDPOs to Anganwadi workers on whether to continue to use Register No-8 or not. While Hyderabad AWWs are instructed to continue to use this, Asifabad Anganwadi workers are instructed not to use Register No-8 as CAS supports home visits planning and reporting.

Those who do not have access to CAS find it difficult to plan their home visits in a systematic manner. Although register no-8 is meant to make advance plan of home visits, more than half of the Anganwadi workers were found to be not using the register to plan home visits. Lack of step by step planning is impacting optimum coverage of category wise beneficiaries with appropriate messages in the operational area.

2.4 Prioritization of home visits

As per the IIAW guidelines, Anganwadi workers are expected to prioritize home visits sequentially to the 7-9 months pregnant women first, followed by just delivered mothers, SAM/MAM, 8-30 days babies, 6-8 months babies, 1-5 months babies, 9-11 months babies and the remaining children. About 53% of the Anganwadi workers do not have knowledge on correct order of prioritization of pregnant women and children for home visits.

Nearly, 47% of the Anganwadi workers were found to have not updated the Home visits planning register-8. Those who have updated the home visits planning register do not have dates indicating advance planning of home visits. Key reasons listed for not updating the register are; *Aya* position vacant, instructions from top (Asifabad), high workload and non-availability of registers. Further in most of the centres, date of visit in IIAW counselling book and Home visit register did not match.

Figure 5 Knowledge on correct order of prioretization of beneficiaries for home visit

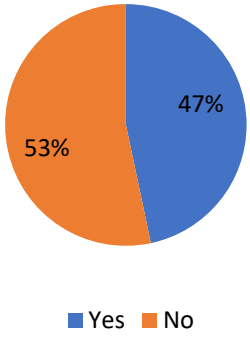
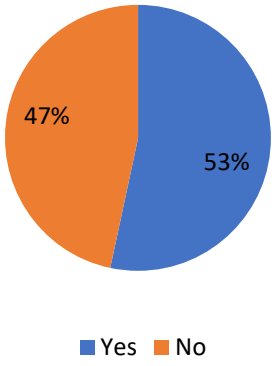
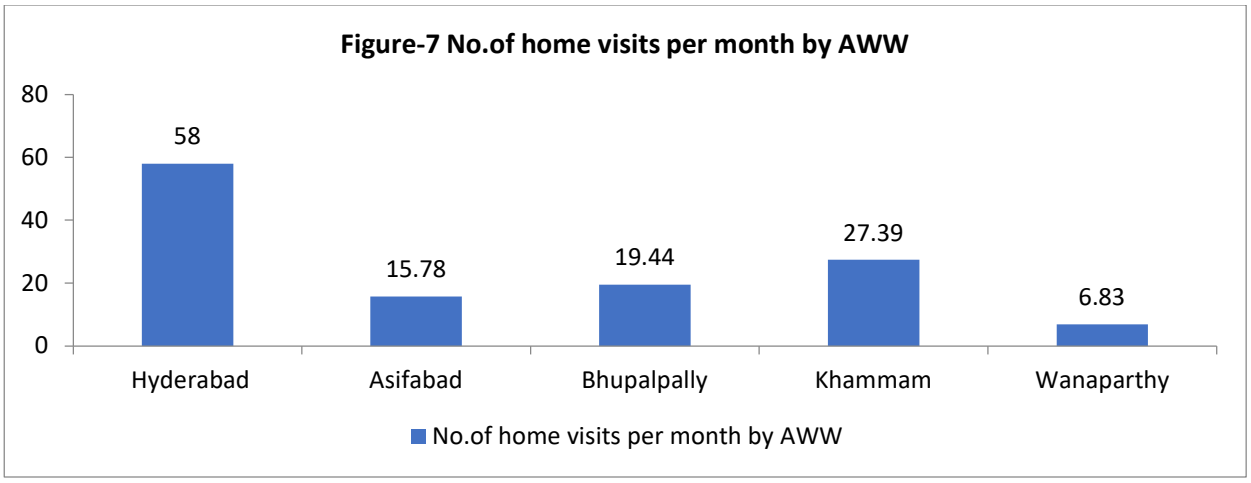


Figure-6 Status of home visit register updation

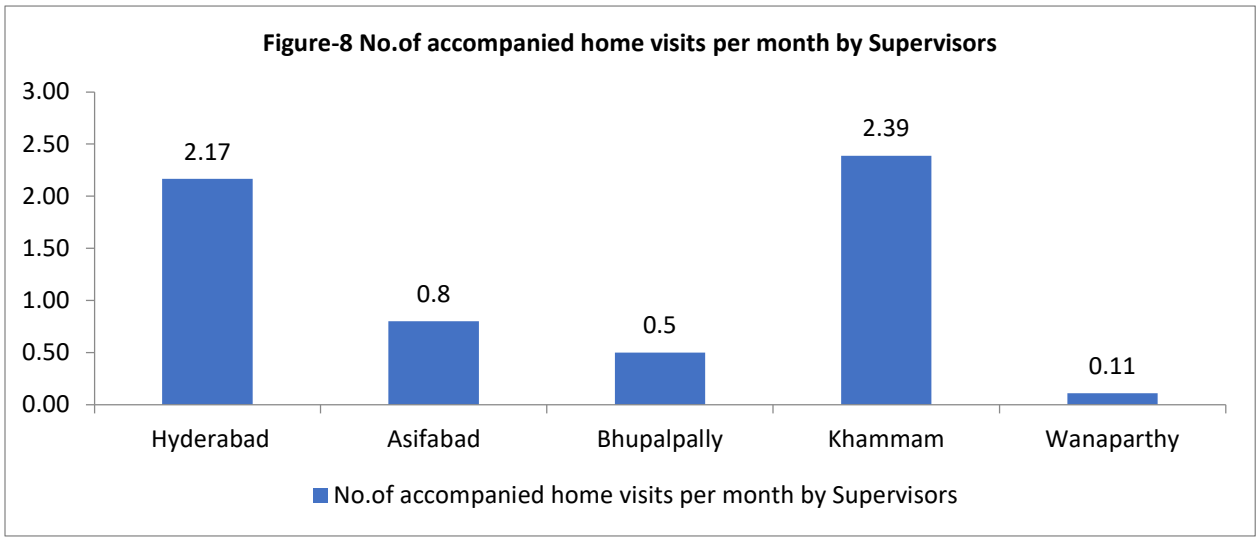


2.5 Number of home visits made by Anganwadi workers and supervisors

As per the IIAW guidelines, Anganwadi workers are expected to make at least one home visit a day. While Hyderabad and Khammam AWWs have achieved their target, Asifabad, Bhupalpally and Wanaparthy have fallen behind. Average number of home visits by AWWs of Wanaparthy is sub optimal. Anganwadi workers stated migration of beneficiaries as the main reason for sub optimal number of visits. Anganwadi workers of Hyderabad district were able to make 2 visits per day mainly due to good strength of beneficiaries in most of the centres and proximity to visit families.



Average number of accompanied home visits by supervisors to the centres studied was found to be good at Hyderabad and Khammam while other three districts need to improve.



2.6 Category wise number of home visits done by Anganwadi Workers

IIAW counselling book has guidance on expected number of visits to be made to the beneficiaries category wise for promoting healthy nutritional behaviours. An effort was made to understand the category wise number of home visits made to pregnant women and children below 2 years. The only limitation was, data reported could not be verified as the registers were not updated in many instances.

Expected number of visits to be made as per the IIAW guidelines are;

3-6 months of ANC	7-9 months ANC	0-3 months child	4-6 months child	7-12 months child	1-2 yrs. child	2-3 yrs. child	3-5 yrs. child	SAM/MAM
2	1	4	2	2	4	12	4	Monthly

Table-2 Category wise percentage of home visits made by AWW to beneficiaries against the expected number of visits					
Indicator	**Hyderabad**	**Asifabad**	**Bhupalpally**	**Khammam**	**Wanaparthy**
Percent of Visits made during 4-6 months of pregnancy	136%	63%	125%	119%	53%
Percent of visits made during 7-9 months of pregnancy	100%	96%	100%	111%	57%
Percent of visits made within 1-7 days after delivery	25%	75%	50%	85%	45%
Percent of visits made within 8-30 days child	90%	67%	33%	59%	29%
Percent of visits made during 1-5 months child	170%	84%	80%	107%	33%
Percent of visits made during 6-11 months child	129%	64%	79%	111%	32%
Percent of visits made during 12-17 months child	106%	84%	66%	128%	21%
Percent of visits made during 18-24 months child	64%	60%	89%	106%	22%
80% and above					
50-79%					
Below 50%					

The above table indicates, anganwadi workers made adequate number of visits during pregnancy and 1-5 months period in most of the districts except Wanaparthy. As per the guidelines, the first week of birth is supposed to be a high priority for making optimum number of visits to promote early and exclusive breastfeeding but the reported data indicates inadequate number of visits in all the districts. One reason predominantly reported was due to non-availability of mother baby pair at their residential area as it is customary to visit maternal home for delivery in the state.

Table-3 Gap between each visit to randomly selected beneficiaries

Hyderabad	Asifabad	Bhupalpally	Khammam	Wanaparthy	Visit
25.17	59.83	28.25	42.17	32.50	1st to 2nd visit
47.00	83.00	30.00	29.20	62.00	2nd to 3rd visit
54.00	33.67	22.00	49.00	33.00	3rd to 4th visit
42.50	20.33	28.00	66.25	45.00	4th to 5th visit
21.67	80.00	22.00	35.00	#DIV/0!	6th to 7th visit
60.00	45.00	14.00	14.00	#DIV/0!	7th to 8th visit

Study team explored the gap between each visit of randomly selected mothers. Using the IIAW book, gap between each visit was identified. Above table depicts average gap between each visit. Except in Bhupalpally district, visits are inconsistent with highest gap of 83 days to a lowest of 20 days in all the districts. Ideally, guidelines specify that the time gap between each visit should be less than 30 days from registration to until the child reaches 1 year.

2.7 Skills of Anganwadi workers in Interpersonal Counselling

Study team observed 29 sessions conducted by Anganwadi workers at the residence of beneficiary. A common checklist was prepared based on the guidelines given in the IIAW counselling book. Check list consists of skills expected to be used while starting the session, while conducting the session and while concluding the session. Category wise mothers visited while conducting the session was given below;

Table-4 Category of mothers who received IPC session during the study

3-6 months Pregnant woman	7-9 months Pregnant women	Mother with 1-90 days child	Mother with 3-6 months child	Mother with 7-12 months child	Mother with 1-2 years child	Mother with 2-3 years child	Child care 3 to 5 years
5	9	3	3	3	4	0	2

80% above	**50-79%**	**Below 50%**

Table-5 Skills demonstrated by AWW in IPC Session with beneficiary

Expected behaviour	**% followed**
Greeted the women	62%
Purpose of the visit explained	45%
Behaviour of AWW trustworthy	76%
Appropriate local language used	97%
Appreciated the right things done	41%
Explained wrong methods of feeding if any	10%
Doubts raised by beneficiaries clarified	41%
No. of check-ups/immunization to be done for the applicable category explained	90%
Tests to be done for the relevant category explained	52%
Growth milestones of the relevant category explained	83%
When, a doctor should be consulted explained	48%
Feeding practices of the relevant category explained	76%
Additional care in case of anaemia/Malnutrition or HRP explained	38%
Role of family members in care explained	38%
Key messages relevant to the category explained	59%
Content handout given to mother for reading	79%
Signature of the mother obtained on counterfoil	72%
Information on immunization/Tests obtained	62%
Information on immunization/Tests of relevant category noted	31%
Thanked the beneficiary and informed about next visit	21%

The above table indicates that Anganwadi workers need to improve in many aspects highlighted in red and yellow colour. For an optimum impact of the IPC session, it is important to start the session well with proper greeting and upfront briefing on purpose of the visit. During the session it is important to find out feeding practices of applicable category and AWW should appreciate the right things done to encourage them and correct wrong practices if any subtly and clarify all the doubts. Other areas where they should improve are; information on tests to be done during the relevant period, when doctor should be consulted, role of family members and additional care in case of anemic mothers. While closing the session, it is important to give handout to mother for further reference and reading, take her signature in the counterfoil, thank the mother for her time and inform her about the next visit.

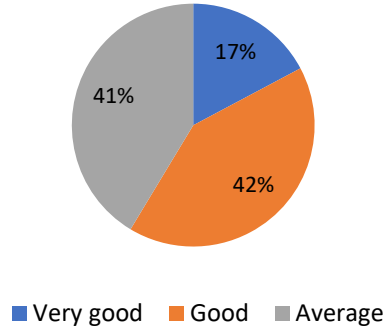
Other observations

- 90% of the AWWs spoke confidently and responded to the questions asked by the beneficiaries.
- Only 10% of the beneficiaries had difference of opinion on certain practices, AWWs managed them effectively.
- Many AWWs were found to be reading the messages from the book rather than explaining and linking the benefits of nutritional habits to the mother and child.
- AWWs are not familiar with graduating mothers into the next category as and when they cross that period in IIAW book. As a result beneficiary is not receiving category wise handouts for reading and reference. At the most, study team could find only 2-3 handouts with the beneficiaries.
- The average duration of the session was 16 minutes. To cover the content of relevant category fully, IPC session duration should be increased to 25-30 minutes.
- None of the AWWs understood the growth monitoring abstract given at the end of the book. Even the supervisors are not familiar with the growth monitoring abstract.

2.9 Quality of the session

Study team rated the quality of the sessions by observing the sessions conducted with a checklist. The picture below indicates that 59% of AWWs did well in conducting IPC session and there is scope for improvement among the 41% of the AWWs.

Figure-9 Quality of the IPC sessions conducted by AWTs



2.10 Platforms used for group education/counselling

Team explored platforms used for group education/counselling. As part of their routine work, AWWs conduct several community-based events and mobilize community for the events. AWWs make use of these events to deliver key messages to mothers and family members.

- VHSND
- Seemantham
- Annaprasanna
- Handwash Day
- Nutrition Health day
- Immunization Day
- Akshara Abhyas Day
- Mothers meeting
- Arogyalakshmi Committee Meeting
- Early Childhood Care day
- Birth Day
- Deworming Day
- Suposhan Diwas
- Poshan Maa
- Grama Sabha Meeting
- Breast Feeding promotion week

2.8 Challenges in using IIAW Counselling Book

Fifty percent of the AWWs stated that they do not have any challenges and found this book to be very informative and useful to educate mothers. The rest of the 50% reported following challenges in using the book.

- IIAW book is heavy to carry
- Due to high workload, unable to complete all the documentation in IIAW Counselling book
- Beneficiaries do not spare much time during home visits
- Non programmatic work is more (*Badi bata, Palle pragati,* Booth Level Officers duty and etc.)
- AWWs need Urdu IIAW book to cater to muslim community who cannot read Telugu.

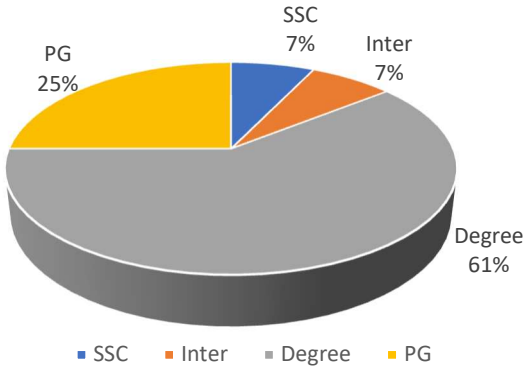
Chapter-3 Monitoring and Supportive supervision

To understand monitoring and supportive supervision extended by supervisors to ensure expected home visits to beneficiaries under AWWs operational area, team interviewed 12 CDPOs and 18 Supervisors.

3.1 Qualification of CDPOs/Supervisors

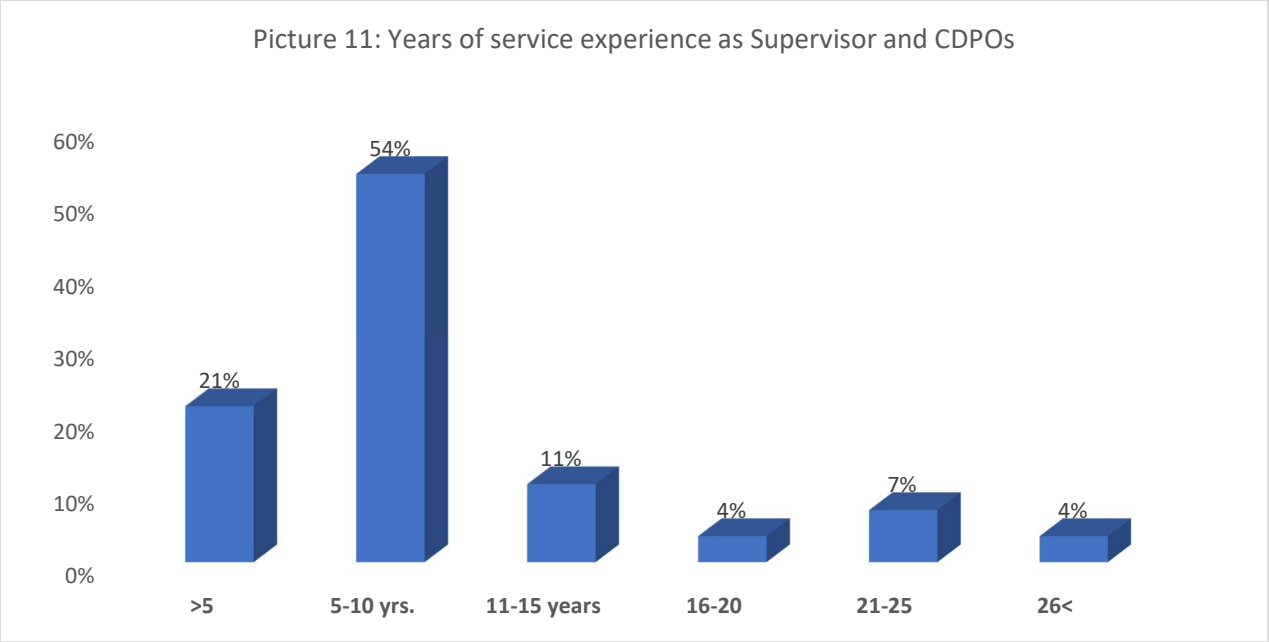
Below diagram depicts the qualification of the respondents interviewed. Sixty percent of the respondents are graduates, 25% of the respondents are Post Graduates. Around 14% of the respondents had Inter and SSC as qualification.

Figure 10: qualification of supervisor/cdpos



3.2 Years of service as Supervisor/CDPO

More than 50% of respondents interviewed, have 5 to 10 years of experience as supervisor and CDPO. 21% have less than five years of experience, 11% of them have 11 to 15 years and around 15% of CDPOs/supervisors interviewed have more than 16 years of experience.



3.3 Monitoring system of home visits

As per supportive supervision guidelines for improved monitoring issued by Poshan Abhiyan, Supervisors are expected to visit 15 AWCs per month and in each visit to AWC, they are expected to accompany at least one home visit along with AWW. CDPOs are expected to make one visit per sector. Generally each CDPO oversees 5-6 sectors on an average.

Supervisors and CDPOs informed that CAS dashboard is a very useful tool to monitor the home visits in the districts it is being implemented. Otherwise there is no concrete and real time system to monitor the home visits of the Anganwadi workers to beneficiary families. In project and sector meetings they verify the MPR data with IIAW register and Home visits planning register-8 to check number of visits planned and how many were accomplished. Many of the supervisors informed that they initiated whatsApp group to monitor the home visits. In Hyderabad district, supervisors who have access to CAS data reported that they monitor the visits of AWWs on a daily basis and they alert the AWW when visits are not done as indicated through CAS.

Whenever CDPO/Supervisor accompanies AWW for the home visit, they seek feedback on when the last visit was conducted by AWW and what messages were given and whether beneficiaries could recall any messages of last visit etc. And sometimes, they visit randomly selected houses to verify the home visits of AWW and messages given etc. Findings of these visits are discussed in project meeting by CDPO to supervisor and in turn supervisor to Anganwadi workers in sector meetings. During Community Based Events (CBE), Supervisors/CDPOs ask the beneficiaries about usefulness of the messages given by AWWs in home visits, and whether they practice any healthy and hygienic behaviours.

Supervisors stated that they compare whether the home visits planned as per register 8 and home visits reported in IIAW book are matching and give feedback to AWWs.

3.4 Frequency and mode of feedback

CDPOs and Supervisors give feedback to AWWs during accompanied home visits and monthly project and sector meetings. About 59% of the respondents reported that they give feedback to AWWs on a monthly basis. About 41% of the respondents stated that they give feedback whenever they visit the Anganwadi centre. The feedback is provided verbally based on the observations of the home and centre visit. There is no system to provide feedback in writing in a prescribed format or a record.

3.5 Frequency of accompanied home visits:

CDPOs and Supervisors reported to be accompanying AWWs for home visits on a monthly basis or rather whenever they visit Anganwadi centre. As per the guidelines, Supervisors are expected to visit 15 Anganwadi Centres per month. CDPOs informed that supervisor positions in the district are vacant and it is impacting in monitoring the Anganwadi Centres and accompanying for home visits.

3.6 Average number of accompanied visits by SW/CDPO per month

The average number of accompanied home visits by CDPO across the sector is found to be 7 per month and 13 by supervisor. There is no record to verify the accompanied home visits of CDPO/Supervisor in the field. The number reported by Supervisors/CDPOs was considered for the study purpose. Supervisors informed to be over burdened with other department works, hence they could not make the expected number of accompanied visits.

Table-6 gives district wise home visits per month reported to have been made by CDPO and Supervisor:

Districts	CDPO	Supervisor
Hyderabad	0.0	10.8
Asifabad	6.0	15.3
Bhupalpally	7.5	8.1
Khammam	1.8	18.8
Wanaparthy	16.7	12.3
Average	7.7	13

3.7 Support extended by Supervisors to Anganwadi workers

In sector and project meetings, the CDPO/Supervisor reviews the home visit planning register-8 and discuss on how planning and prioritization of beneficiaries should be made for home visits. They brainstorm the AWW to list out the families who need home visit based on risk of the case or sensitivity to provide particular message during that period etc. Anganwadi workers are advised to cover women in 7 to 9 months pregnancy and 0 to 1 month lactating mothers as a top priority. Anganwadi workers prepare the home visit planner based on these criteria.

3.8 Capacity building system followed to improve skills of Anganwadi Workers

During sector and project meetings supervisors get an opportunity to interact with group of AWWs and review their capacities and internally facilitate the capacity building through experienced AWW. In addition, supervisors share their field observations and brain storm within the group for improving skills on gaps. Supervisors reported that POSHAN Abhiyaan team's inputs and ILA sessions are helping in enhancing the capacities of AWW around IPC and counselling.

3.9 Training needs of Anganwadi workers

Majority of the CDPOs and Supervisors felt that Angannwadi worker's capacities should be enhanced on IPC, BCC and counselling to improve the quality of counselling sessions influence nutritional behaviours of the people. Both Aganwadi AWW and Supervisors mentioned that AWW require full pledged training on how to use IIAW effectively. They indicated that time spared for training at Project/Sector meetings is inadequate as they are engrossed in routine review. CDPOs/Supervisors suggested quarterly training by external resource persons (Resource persons from other districts). The key topics for training requested by Supervisors and Anganwadi workers were;

Table-7 Training Needs

As stated by Supervisors	As stated by Anganwadi workers
• IPC & BCC • Counselling • Life skills, Time Management, Stress management • Monitoring and Supervision • Preschool education • Growth Monitoring • Conducting CBE events	• IPC & BCC • Early Childhood Education • WASH • SAM/MAM identification • Home visits planning • Growth monitoring • Infant Young Child Feeding • Community Based Events • Records writing & CAS • Micro nutrients and vitamins • Complementary Feeding

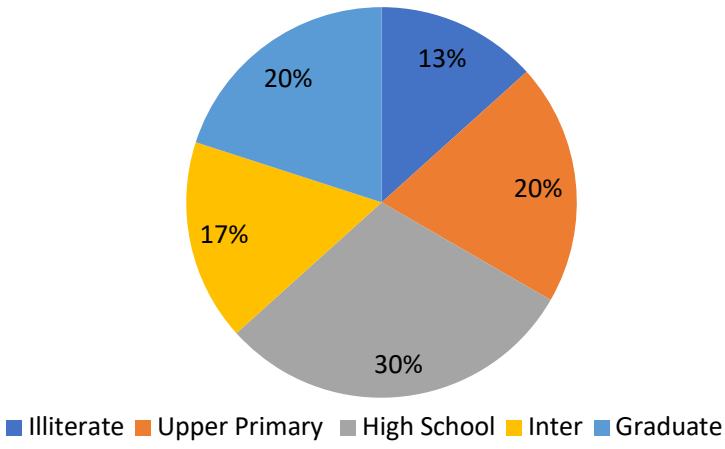
Chapter- 4 Beneficiary's Feedback

Study team interviewed 30 beneficiaries across five districts to understand the services accessed by them from the Anganwadi centre, seek feedback on health education given by Anganwadi workers in home visits and key messages they can recall and very importantly to validate home visits conducted by them.

4.1 Educational Qualification

This pie diagram gives the information about the qualification of the beneficiaries interviewed. About 30% of the beneficiaries have high school as qualification, 20% have a graduation and 17% have intermediate as education. About 20% of the beneficiaries completed upper primary school and 13% were found to be illiterate.

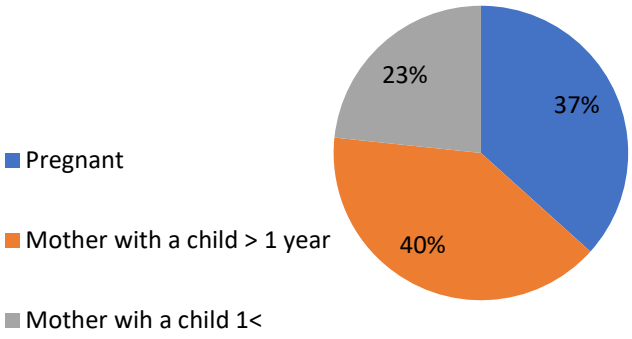
Figure 12: Educational qualification of the beneficiareis interviewed



4.2 Category of Respondents

The study covered three types of respondents. Forty percent of the beneficiaries interviewed were found to be mothers with less than one-year old child. Thirty seven percent of beneficiaries were pregnant women in different category of month and 23% were mothers with above one-year old child.

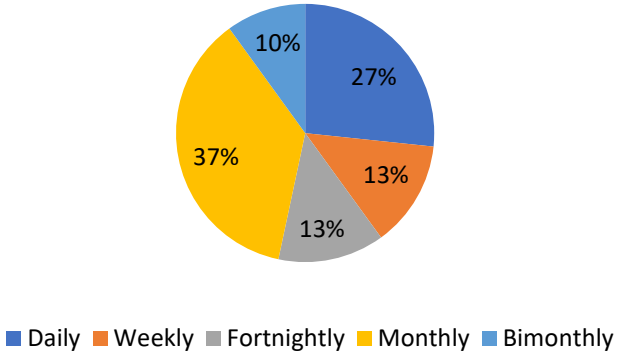
Figure 13 :Category of beneficiareis interviewed



4.3 Frequency of home visits by AWW

Beneficiaries gave several options when they were asked about the frequency of home visits by AWWs. Nearly, 37% of the beneficiaries informed that Anganwadi workers visit their houses on monthly basis. Interestingly 27% of beneficiaries felt that AWW visit them daily. Most of these are pregnant women who eat mid-day meal at Anganwadi centre. AWW visit their home daily to call them for lunch. 13% each of the beneficiaries informed that AWWs visit them at home on fortnightly and weekly. Only 10% of the respondents reported the frequency of home visits to be bimonthly.

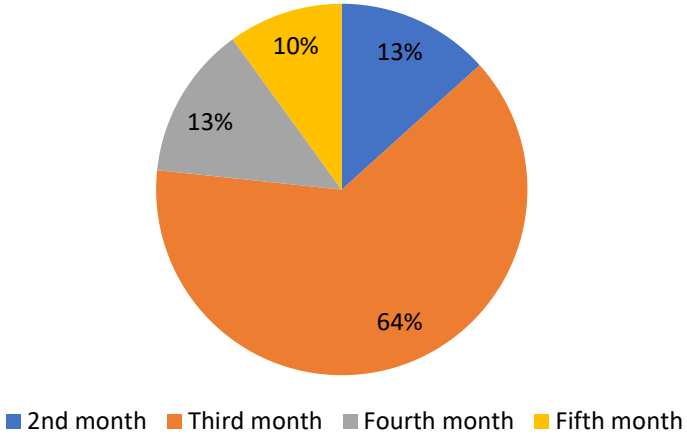
Figure 14: Frequency of home visits by AWT



4.6 Enrollment at Anganwadi Centre

Study team explored the time of registration at Anganwadi Centre. It was found that 64% of the beneficiaries enrolled at the Anganwadi centre in the third month itself. One can understand out of this, the rapport that Anganwadi Workers have with the community to encourage early registration for extending ANC services for healthy delivery. Interestingly 13% of the beneficiaries were able to enroll at the second month and 23% of the beneficiaries enrolled at AWC at fourth and fifth month.

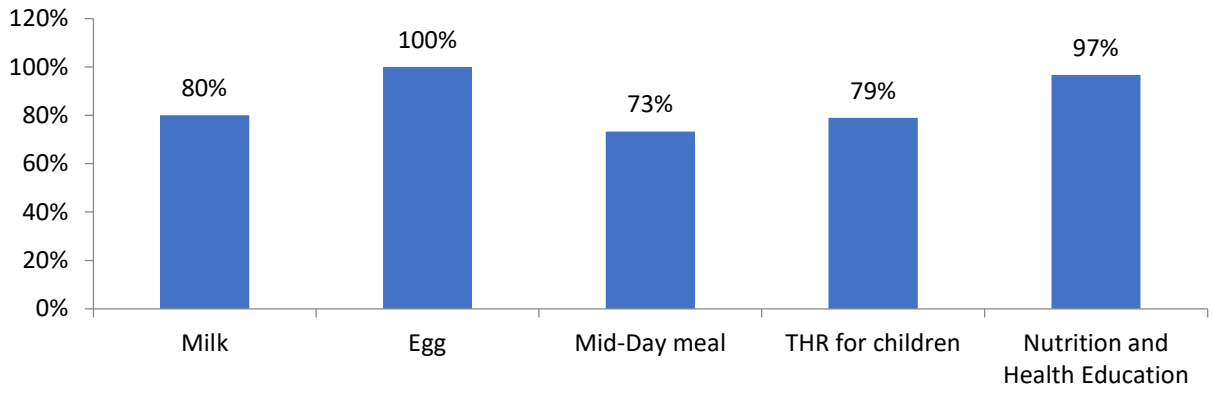
Figure 15: Month of registration at Anganwadi Centre



4.7 Services accessed from Anganwadi Centre

Majority of the beneficiaries (86%) reported to be availing the services that are being provided at the Anganwadi centres to improve nutritional outcomes. All the beneficiaries reported that they received eggs from the Anganwadi centre. About 97% of the beneficiaries reported to have received Nutrition and health education on various behaviours that are to be practiced during pregnancy, lactating and child nurturing period through the Anganwadi worker. About 80% of beneficiaries' availed milk, 79% availed Take Home Ration (THR) and 73% had hot cooked meal at AWC as part of supplementary nutrition.

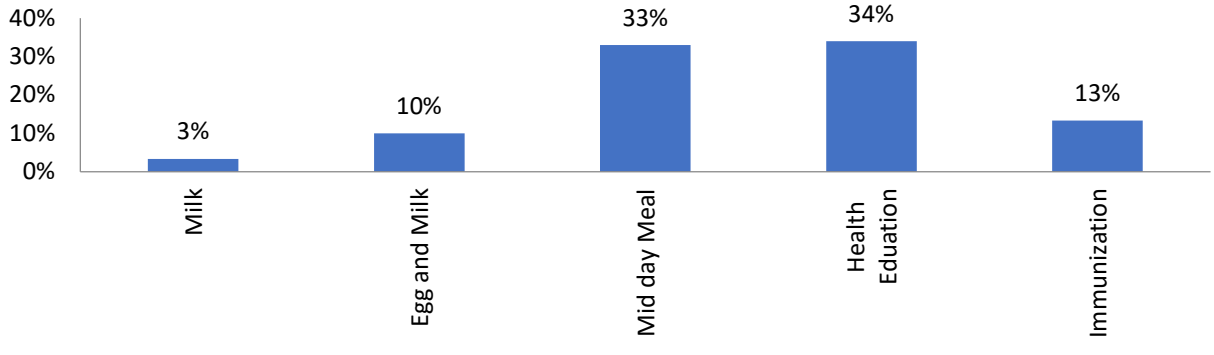
Figure 16: Feedback on access to services



4.8 Services most liked by beneficiaries

When beneficiaries were asked about the services most liked, 34% informed Nutrition and Health Education that Anganwadi workers provide to be the service they like most. About 33% of women reported Mid-day meal as the most liked service as they are served hot cooked meal with daal and curry with leaf vegetables. About 13% felt Immunization as most liked services. About 13% reported Egg and Milk as the most liked service.

Figure 17: Services most liked by Beneficiaries



4.9 Usefulness of the information given by AWW

All the beneficiaries interviewed stated that information given by Anganwadi Worker is very useful for

the betterment of their nutritional growth as well as for wellbeing of their children. And it was also found that most of the women interviewed reported to have had lunch at Anganwadi centre for 20 or more days.

4.10 Recall of the messages

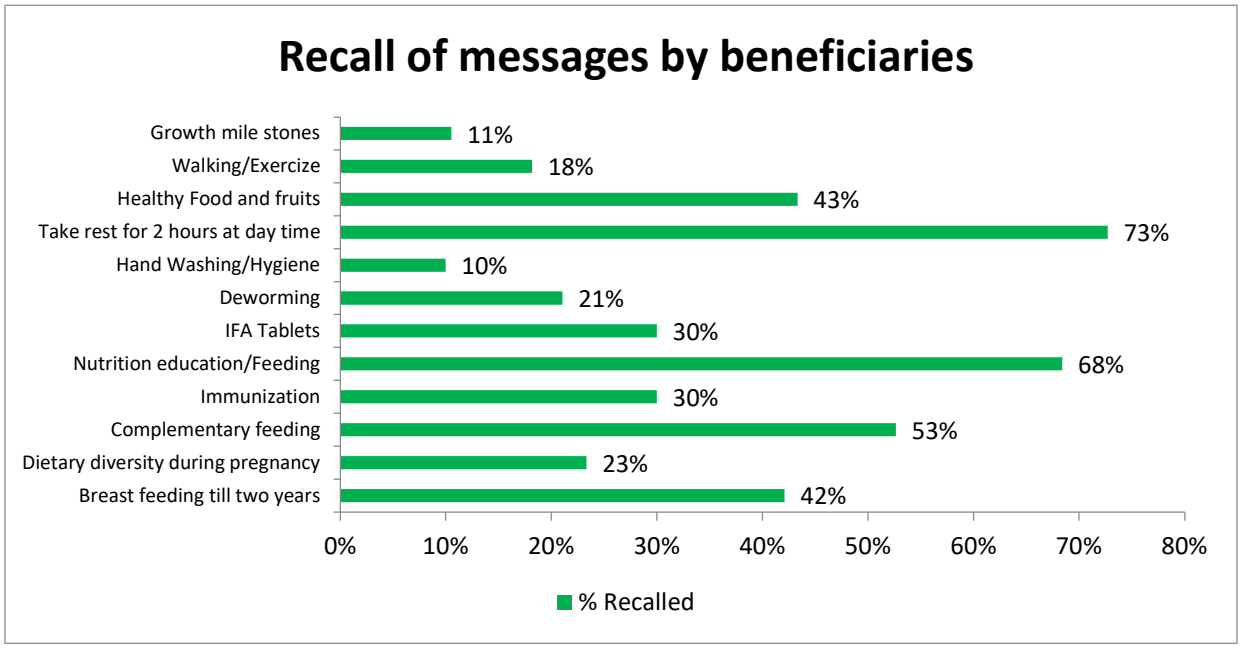
As part of the study, beneficiaries were asked to recall the messages that were provided by Anganwadi worker during home visit. From below diagram one can understand various messages that beneficiaries recalled. About 73% of the beneficiaries recalled the message of taking rest for two hours in day time during pregnancy and 68% recalled on feeding practices, 53% recalled the message of starting the complementary feeding to the baby on reaching 6 months, 43% recalled the message on consumption of healthy foods and fruits during pregnancy and 42% recalled the message of breastfeeding the child till two years.

It was found that the recall percentage of the message to be practiced at individual level is found to be very less. Only 10% of the beneficiaries were able to recall the message of handwashing and hygiene during various occasions. Only 11% of the beneficiaries recalled the message of growth milestones and care that they are supposed to take. Only 23% recalled about the importance of dietary diversity for the overall wellbeing of the mother and children.

IDinsight survey of Poshan Abhiyaan and SBCC in aspirational districts conducted in November 2018 report stated the recall levels of nutrition messages such as dietary diversity during pregnancy to be 42%, breast feeding 39% and complimentary feeding 36%.

As per IIAW study findings, while recall rates on complimentary feeding and breastfeeding are better in Telangana, recall rate on dietary diversity during pregnancy is almost half of the national study conducted by IDinsight.

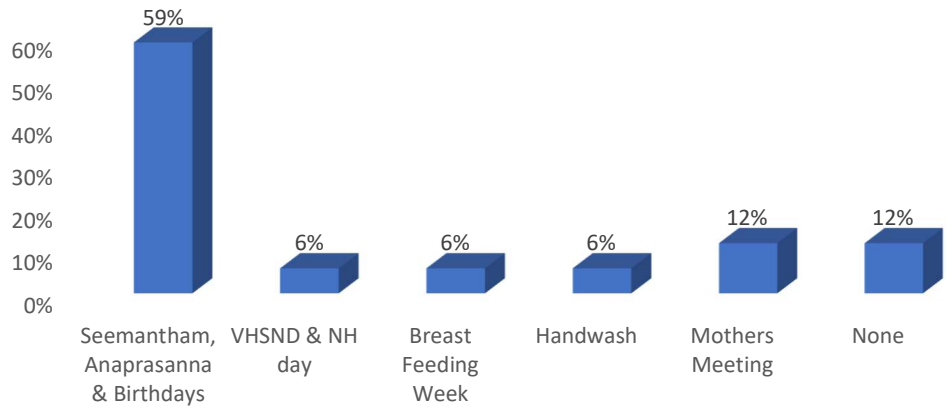
Table-8 Recall of the messages



4.11 Participation in an event at Anganwadi Centre

Majority of the beneficiaries (59%) reported to have participated in Seemantham, Annaprasana and Birthday events that were organized at the Anganwadi Centre as part of Community based events. Other events which beneficiaries participated were VHSND, Nutrition Health Day, Breastfeeding week celebrations, Hand wash, Mothers meeting etc. About 12% of the respondents did not attend in any event at the Anganwadi Centre.

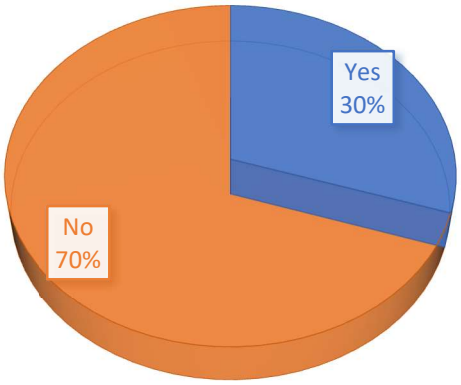
Figure 18: Participation in events at AWC



4.12 Visit to beneficiary's house by Supervisor and CDPO

The CDPO and Supervisors were encouraged to accompany the Anganwadi workers for home visits to observe the sessions conducted by her and also to provide additional information that she misses. When the beneficiaries were asked if supervisor/CDPO ever visited their house, majority 70% of the respondents reported that neither CDPO nor supervisor visited their house. Only Anganwadi worker visited their houses and she provides various messages. On a positive side about 30% of the beneficiaries informed that supervisor/CDPO visited their house.

FIGURE-19:VISIT TO BENEFICIARY'S HOUSE BY SUPERVISOR AND CDPO



Chapter 5: Other observations and recommendations

5.1 Limitations of the study

In the study design, it was proposed to observe 20 IPC sessions but team decided to cover at least 30 sessions as it is expected to give better perspective on training needs of Anganwadi workers. Team were able to observe 29 sessions, only at one centre in Wanaparthy district IPC session by Anganwadi worker did not take place as none of her beneficiaries were available at the time of data collection.

With regard to data on home visits by Anganwadi workers and accompanied visits by supervisors, team had to rely on the information provided by the respondents as the team did not find records for validation.

5.2 Other observations

- Although CAS is used by Anganwadi workers to report in Asifabad district, supervisors do not have tabs to monitor CAS. As a result they are unable to monitor the home visits of Anganwadi workers on a daily basis. They rely on the district SPMU team for the reports on home visits.
- Anganwadi Workers requested to minimize or simplify documentation work. They feel that they have lot of documentation to do and it is impacting in quality health education to children and mothers.
- In many of the home visits, sessions are not happening as indicated in Intintiki Anganwadi counselling book. AWWs use the visits just to keep in touch with the beneficiaries.
- Anganwadi worker is not ensuring the presence of family members especially husband, in-laws during the session.
- AWWs are meeting the beneficiaries and giving information directly without referring to the messages given in the last session.
- Supervisors reported that there are no directions on number of home visits that supervisor/CDPO should accompany AWW on a monthly basis.
- In all the districts, Supervisors reported that they are handling additional charge of many centres due to the vacancy of supervisor positions in the district.
- In most of the centres, there is no supply of milk across all the districts in the month of February 2020. Eggs supply is done for about 20 days a month in many centres.

- *Balamrutham* supply shortage was reported in Asifabad and Wanaparthy district from February 2020.
- Pregnant women who visited the centre for lunch requested for rice cooked with small rice (*Sanna Biyyam)* as they find it difficult to digest rice cooked with thick rice (*Doddu Biyyam)*.

5.3 Recommendations

Training

- Anganwadi Workers have not received formal and full pledged training on IPC/Counselling skills so far. An exclusive training on IPC/Counselling, category wise visits expected to be conducted and how to record growth monitoring will certainly help in improving their skills.
- There is a huge scope for improvement in process of conducting IPC session. Training on GATHER approach while conducting IPC would be useful for the AWW to make a positive impact of the session. GATHER approach is widely used by ASHA and ANM while conducting IPC sessions with pregnant and lactating women. GATHER stands for Greet, Ask, Tell, Help, Explain and Return. If these steps are followed while conducting session, impact of the IPC session will be fruitful.

Monitoring Support

- There is limited support from supervisor and CDPO in enabling Anganwadi workers to conduct IPC sessions and monitoring the growth of children using the counselling register. Focus is more on data entry through ICDS-CAS. Supervisors should be equipped with skills on effective use of IIAW counselling book as they play key role in enhancing the skills of Anganwadi workers on delivering key messages on nutrition and health.

- Concept of supportive supervision with constructive feedback on home visits from the supervisors is lacking across all the districts. Department may consider to give supervisors a simple format for giving constructive feedback to Anganwadi workers on key observations/action points of accompanied home visits. Alternately they can write the observations/action points in visitors register and follow it up to check if the action points are addressed in following visits.

- Monthly reviews are conducted regularly and there is an opportunity to conduct hands on training with proper planning, the focus seems to be more on routine review. Dedicated time may be slotted in every meeting for an exclusive training on IPC using IIAW.

Capacity Building needs

Based on the training needs that emerged from the discussions with supervisors, Anganwadi workers and observations on skills of Anganwadi workers while using IIAW Counselling book, two day training is proposed to State Resource team on the topics listed below. After the training of State Resource team, department may conduct an exclusive training to all the Anganwadi workers at block or district level.

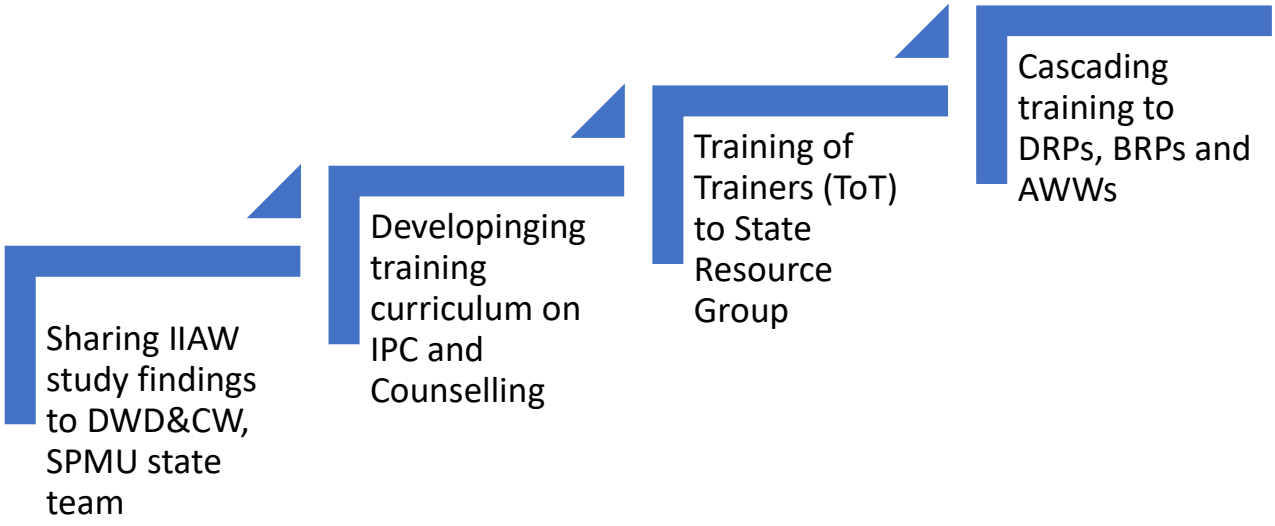
- Behaviour change communication process

- Basics of Interpersonal Communication
- **GATHER** approach for conducting IPC Sessions
- Category wise key message delivery to mothers and family members (1000 days)
- Planning and prioritization of home visits
- Key messages for mothers with SAM/MAM children
- Growth monitoring of 0-2 years children using IIAW counselling book
- Recording and reporting of home visits
- Basics of training/facilitation skills (SRGs)
- Practicing IPC skills and institutionalizing feedback on IPC skills conducted through home visits

It may be difficult to cover all the topics listed in table number- 07 (**Training needs)** as many of those topics are routine program activities and part of ILA training. Proposed training will cover category wise key messages listed in IIAW counselling book and on how to deliver these messages effectively to mothers and family members.

A 15-20 minute video on IPC (GATHER) approach may be developed using internal resources. Similar video used by ANMs of health departments was found to be a very good resource for the frontline workers. This can be circulated to all the AWWs across the state to watch and learn the approach and develop IPC skills through practice sessions.

5.4 Next steps



As a next step, CRU-NIRD&PR proposes to share the findings of the IIAW study findings to DWD&CW and SPMU state team. This will be followed by developing training curriculum on topics suggested in the study findings with specific focus on IPC and Counselling. Training of Trainers (ToT) will be conducted to State Resource Group at state level and ToTs trained may cascade the training to District Resource Persons, Block Resource Persons and finally to AWWs.

Due to emerging epidemic of Covid-19, if direct face to face trainings are cannot be conducted, an alternate approach of training through zoom platform can be considered to SRGs and DRPs at state level. Zoom conference platform allows 500 participants at a time and through this training SRGs and DRPs can be trained directly. As it is difficult conduct training through zoom conference platform continuously, the training curriculum can be divided into 5-6 sessions and delivered to SRGs/DRPs on a weekly basis. Although online training does not match face to face training in terms of effectiveness, in Covid-19 scenario, where travel face to face training is restricted, it is found to be the best alternative to enhance the capacities of AWW on IPC and counselling.

5.5 Conclusion

Intintiki Anganwadi is one of the innovative Social and Behaviour Change Communication (SBCC) approach developed by DWD&CW-Telangana. Study on evaluation of quality of IPC & Counselling sessions by using Intintiki Anganwadi Counselling book has given insights on planning and preparation process of home visits at AWW level and Supervisor level. Through direct observations of sessions conducted by AWWs, study team assessed the quality of IPC sessions conducted by AWW and found gaps in planning and prioritization of home visits, process of conducting an effective IPC session and reporting visits in prescribed registers.

The study also elicited elaborate list of capacity building needs of AWW. While some of the topics listed by the AWW can be covered through **'Incremental Learning Approach'** through regular trainings conducted by DWD&CW-Telangana, a full pledged training on IPC and counselling, category wise key message delivery and other knowledge and skill gaps identified specifically in use of IIAW counselling book is necessary to improve nutritional outcomes among pregnant women and children under 5 years.

ANNEXURES

Annexures 1: Study Tools

Evaluation of quality of IPC and Counselling sessions by using Intintiki Anganwadi (Counselling Book)
Study tool of Anganwadi Worker

Date of Assessment:

District: **Block:**

Village: **Anganwadi No:**

I) Basic Profile

1) Name of the participant :
2) Age :
3) Marital Status :
4) Educational Qualification :
5) Years of service as AWW :

II) Particulars of training received

1) Have you received any training on BCC/IPC and Counselling in the last one year?

   a) Yes b) No

   If yes, state place and duration of training:

2) List if there are any alternate methods of training on BCC and Counselling to Mothers.
3) Specify number of ILA Modules, you have completed?

III) Planning and conducting home visits for counselling

1) Explain the process of home visit planning?

2) How do you prioritize home visits to families? List type of families prioritized in sequence?

3) Is the Home visit Register updated?

   a) Updated b) If not updated specify reason **(Verify Register No-8)**

4) If updated, specify number of home visits made in the last quarter.

5) How many home visits were accompanied by your supervisor or CDPO in the last quarter?

6) What kind of support you received from your supervisor in ensuring home visits for counselling?

7) What platforms do you use for group/education or counselling?

8) What are the additional topics/skills that you need to enhance your skills on communication and counselling?

9) Can you explain challenges faced in using Intintiki Anganwadi Counselling book, if any?

10) Verify the register and list number of visits made for a beneficiary type listed below in the last calendar year.

	4-6 months pregnancy (2*)	**7-9 months pregnancy (2*)**	**1-7 days child and PNC care (2*)**	**8-30 days Child and PNC care (3*)**	**1-5 months child and PNC care (2-3*)**	**6-11 months child care (3*)**	**12-17 months Child care (1-2*)**	**18-24 months Child care (2-3*)**
No. Registered								
No. of visits made								

***Expected no. of visits to be made during the period**

11) Verify the register and state the frequency of home visits to three randomly selected families (Weekly/Fortnightly/Monthly/Bi monthly/Quarterly) If the frequency does not match the above specify date of visits to the 3 families in the last one year?

Part-B Observation Tool for assessing the skills of AWW while conducting session

Module has category wise sessions for 9 target groups. 1) 3-6 month pregnant woman 2) 7-9 months pregnant woman 3) PNC and child care 0-3 months. 4) PNC and child care 4-6 months 5) Child care 7-12 months 6) Child care 1-2 yrs. 7) Child care 2-3 yrs. 8) Child care 3-5 yrs. 9) Care for SAM children. Of the 30 sessions to be observed in the study, all the target groups listed above should be covered at least once (3-4 clients in each category).

12) Skills used by AWW for developing good rapport with the beneficiary (Observe the session and tick all the appropriate indicators)

a) Greeted the woman
b) Purpose of visit explained
c) Behaviour of AWW is trustworthy
d) Used language/words that beneficiary understands
e) Appreciated right things done in taking care of self/the child
f) Explained wrong methods of care if any,
g) Doubts if any clarified
h) Information relevant obtained from family members when necessary
i) Thanked the beneficiary while concluding and informed about next visit

13) Skills demonstrated by AWW while delivering the relevant content (Observe the session and tick all the appropriate indicators)

a) Number of checkups/immunization to be done to the applicable category explained
b) Various tests relevant to category to be completed explained
c) Growth milestones relevant to the category explained
d) At what situations doctor should be consulted explained
e) Relevant feeding practices explained
f) Additional care in case of Anemia/Malnutrition or other High risk pregnancy care explained
g) Role of family members in care explained to family members
h) Key messages relevant to the category explained accurately

14) Other checklist

a) Relevant content handout given to the mother for reading
b) Obtained Signature of beneficiary on counselling register
c) Information relevant to the category noted and updated in the register

15) **Duration of the session**:

16) Child care for Severe Acute Malnutrition child (Cover at least one client per district in this category)

a) SAM children identified and prioritized for service delivery
b) Growth monitored and recorded every week
c) Referral to NRC facilitated for eligible child
d) Registered SAM child for supervisory feeding
e) Homemade nutritious food supplementation options and preparation process explained

17) Did the beneficiary ask any questions during the session? If yes, state if AWW responded appropriately?

18) Did AWW speak with confidence a) Yes b) No

19) How did AWW demonstrate her convincing skills where there is a difference of opinion on any message or advice?

20) How would you rate the quality of the session

a) Very good b) Good c) Average d) Below average

21) List any other observations either positive or constructive on IPC/BCC and counselling skills of AWW.

Name of the Observant/Interviewer:

Signature:

Evaluation of quality of IPC and Counselling sessions by using Intintiki Anganwadi (Counselling Book)
Study tool for Supervisors/CDPOs

Date of Assessment:

District: **Mandal:**

I) Basic Profile

1) Name of the participant :
2) Age :
3) Educational Qualification :
4) Years of service as Supervisor/CDPO :

II) Key Questions

1) What kind of support do you extend to AWW for planning home visits?
2) How do you monitor the home visits to beneficiary families?
3) What's the frequency and mode of feedback on home visits for counselling?
4) How often do you accompany the home visits of AWW?
5) Specify number of accompanied home visits made in the last quarter?
6) Explain the capacity building process followed in improving the skills of AWW on IPC/BCC and Counselling.
7) What additional trainings/topics do you think AWW requires for improving her skills on IPC/BCC and Counselling?

Name of the Observant/Interviewer:

Signature:

Evaluation of quality of IPC and Counselling sessions by using Intintiki Anganwadi (Counselling Book)
Study tool of Beneficiary

Date of Assessment:

District: **Mandal:**

I) Basic Profile

1) Name of the Participant
2) Age: Number of children:
3) Education level :
4) Type of Respondent **:** Pregnant woman/ PNC /Mother of a child above 1 year
5) Address:

II) Key questions to the Beneficiary

1) How often AWW visits you?
2) At which month of pregnancy did you enroll at Anganwadi?
3) What services among the below, you accessed from the Anganwadi centre?
   a) Milk b) Mid-Day meal c) THR for children d) IFA tablets e) Nutrition and Health education
4) Please state the service you like the most?
5) How many times have you eaten lunch at Anganwadi Centre?
6) Do you find the information given in home visits useful to you?
   a) Yes b) No (If no specify why)
7) Can you list some of the key messages that you remember?
8) What messages given by AWW, you practiced?

9) Specify instance that you participated in an event at AWC? Name the event?

10) Can you explain an instance of calling/visiting AWW for help?

11) What do you like most about AWW?

12) What aspects you do not like about AWW?

13) How does AWW remind you about checkups or Tests or Immunization due?

14) Who else in addition to AWW provides you information about ANC/PNC and early childhood care?

15) Have you been ever visited by ICDS supervisor/CDPO at your home? If yes specify when?

Name of the Observant/Interviewer:

Signature:

Annexure-2 References

[i] POSHAN ABHIYAAN SOCIAL & BEHAVIOUR CHANGE COMMUNICATION (SBCC) SURVEY IN ASPIRATIONAL DISTRICTS-IDinsight

Ii Effect of nutrition education of mothers on infant feeding practices. Sethi V[1], Kashyap S, Seth V.

Iii Suggested citation: International Institute for Population Sciences (IIPS) and ICF. 2017. National Family Health Survey (NFHS-4), 2015-16: India. Mumbai: IIPS.

Iv Evidence of Effective Approaches to Social and Behavior Change Communication for Preventing and Reducing Stunting and Anemia-Findings from a Systematic Literature Review by USAID