



Improving Home Visits and Counselling by Anganwadi Workers in Uttar Pradesh

December 2012

Background

Some of the major health challenges that the Government of India (GOI) is addressing include the interlinked issues of poor maternal nutrition, low birth weight, and high child morbidity and mortality. Poor infant and young child feeding practices coupled with high rates of infection are the proximate causes of malnutrition in the first two years of life, and malnutrition is an underlying cause for up to 50 percent of all under-five deaths.

Statistics reveal¹ that every sixth undernourished child in India lives in Uttar Pradesh (UP); every third infant born in UP is of low birth weight; every second child in UP is undernourished and every second adolescent girl, pregnant or lactating woman is anaemic. Malnutrition needs urgent attention to ensure that UP's high rate of infant and maternal mortality ends.

The GOI's Integrated Child Development Services (ICDS) scheme (Box 1) aims to reduce high levels of malnutrition and anaemia through education and services for pregnant women and children under six. *Anganwadi* workers (AWWs) are expected to use opportunities to communicate with mothers and caregivers during home visits, beneficiary visits at the *Anganwadi* Centre (AWC), and during Village Health and Nutrition Days (VHNDs) to bring about desired health behaviour changes. The Ministry of Women and Child Development (MWCD) leads ICDS and works with different ministries like the Health and Family Welfare (MHFW), Primary Education, Agriculture and Rural Development and Local Governance (*Panchayati Raj*) to address the complex issues underling malnutrition. The Department of Women and Child Development (DWCD) in UP requested the USAID-funded Vistaar Project to provide technical assistance to ICDS. This Technical Brief shares results and lessons from this work in UP.

In 2007, near the beginning of the Project, the team facilitated evidence reviews with Indian public health experts. These reviews showed that counselling pregnant women and mothers with infants and children, especially by frontline workers during home visits could contribute significantly to better health and

Box 1: Integrated Child Development Services (ICDS) Scheme

In 1975, Government of India (GOI) launched the ICDS scheme adopting a holistic approach to child wellbeing incorporating health, education and nutrition interventions. Today, ICDS represents one of India's flagship programmes in the Ministry of Women and Child Development (MWCD) and is the world's largest programme for early childhood development. One of the major objectives of ICDS is to improve the nutritional and health status of children up to age 6 years and improve care and nutrition for girls, pregnant and lactating women for reduction of malnutrition and anaemia.

Operationally, ICDS is implemented through a network of community-level *Anganwadi* Centres (AWCs). The *Anganwadi* worker (AWW), an honorary worker selected from within the community, is mainly responsible for delivering ICDS services. At the sector level, the *Mukhya Sevika* has the responsibility for supervising and supporting about 20 to 25 AWWs and providing on-job training. A Child Development Project Officer (CDPO) is overall in charge of the ICDS programme at the block level and a District Program Officer (DPO) oversees the ICDS programme at the district level.

nutrition outcomes and also demonstrated that effective utilisation of frontline workers requires strong supervisory and monitoring systems. However, performance needs assessments showed that AWWs were not often conducting home visits or receiving supportive supervision (Box 2).

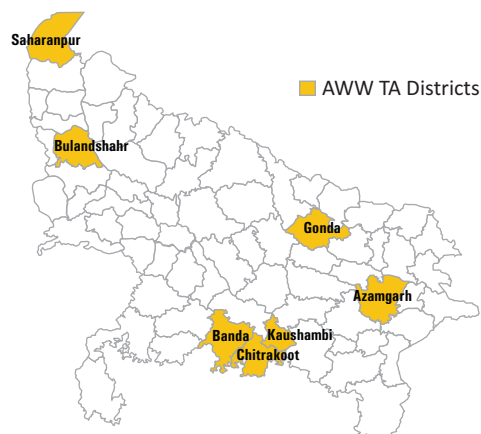
Box 2: Key Findings from Performance Needs Assessments and Baseline Surveys (December 2008-February 2009)

- Less than 0.5 percent of recently delivered women received AWW visits after delivery
- Only 38 percent of recently delivered women received advice on nutrition during pregnancy
- AWWs rarely received any refresher training, although many had served for years in their position
- AWWs lacked counselling skills to encourage behaviour change
- AWWs had to contend with and prioritise many job responsibilities
- Monthly sector meetings of AWWs were not being well-used and did not include programme review or problem-solving
- AWWs were not able to identify malnourished children because they lacked basic skills in growth monitoring or were not trained on new WHO growth charts
- ICDS supervisors lacked skills in providing supportive supervision and were not supporting AWWs to make home visits

Scale of Technical Assistance

The Project worked in collaboration with the DWCD in seven of the high burden districts of UP; Azamgarh, Banda, Bulandshahr, Chitrakoot, Gonda, Kaushambi, and Saharanpur, reaching a total population of 19,397,706 in 86 blocks, with 15,779 AWWs and 439 *Mukhya Sevikas* (MSs) Figure 1). The Project contracted with a non-governmental organisation, Catholic Relief Services (CRS), to support these interventions, especially at the district and block levels.

Figure 1: AWW Technical Assistance Districts in Uttar Pradesh



Key Technical Assistance Approaches

Based on the findings of the evidence reviews and needs assessment, the Vistaar Project worked with the DWCD and DHFW to identify specific technical assistance (TA) approaches, which included the following:

- Improving AWWs' capacity in counselling and conducting home visits
- Strengthening supervisory and monitoring mechanisms within the ICDS programme
- Strengthening monthly meetings
- Integrating an equity and gender focus in all systems strengthening efforts

Each of these technical assistance approaches is described in more detail in the following sections.

Improving AWWs' capacity in counselling and conducting home visits

Enhancing skills in Interpersonal Communication (IPC) and Counselling: One of the major gaps identified by the performance need assessments was the lack of IPC skills among the AWWs, which undermines their self-confidence and makes home visits less effective. The Project provided TA to the government in improving the capacity of AWWs by developing a customised capacity-building programme on IPC and counselling skills for maternal, infant and young child nutrition using a cascade model. The Project identified and trained master trainers at the state level, who in turn conducted a three-day non residential training of trainers (ToT) for CDPOs and MSs. A total of 19 ToTs were held across the seven Project supported districts covering 454 CDPOs/MSs. These CDPOs/MSs in turn conducted a two-day training of AWWs covering 25-30 AWWs in each batch. According to the Project MIS, a total of 15,415 (98%) of AWWs in the Project districts received training on IPC and counselling. Further, the Project supported routine monthly meetings between AWWs and MSs at the sector level to reinforce the AWWs' knowledge and skills through interactive activities including quiz, case studies and role plays.

Developing and promoting use of job aids: The Project also worked with government officials to develop job aids to improve the quality of AWW counselling during home visits. Job aids like a counselling guidebook acted as reference material for AWWs to review and prepare in advance for home visits, and flipbooks were meant to be carried along and used while

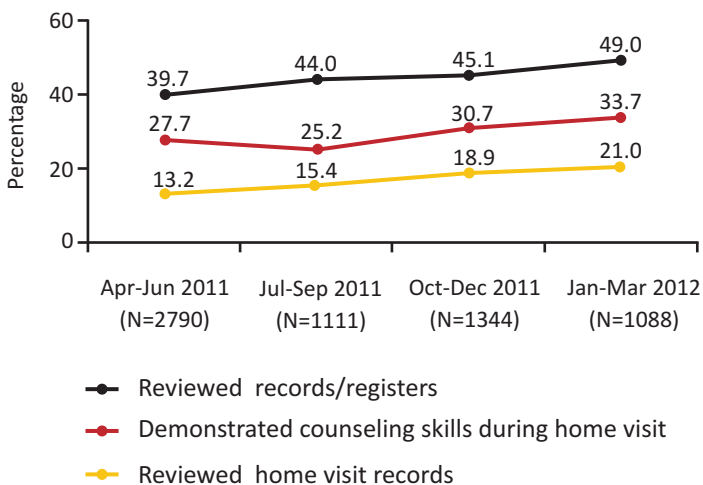
counselling the beneficiaries. AWW training covered counselling techniques like the “Observe, Reflect, Personalise and Act” (ORPA) approach and tips on how to use the job aids effectively.

Over 93 percent of the AWWs surveyed at the end of the Project reported receiving job aids including the flipbook and counselling guidebook. One third of AWWs said they carry the job aids to home visits and used them almost all of the time and 57 percent said they used the aid only as needed. AWWs pointed out numerous advantages to these job aids such as they were easy to understand and helped them explain advice to beneficiaries. Others pointed out that they make the interaction with the beneficiary more interesting and engaging.

Promoting joint home visits of supervisors and AWWs: During the IPC training AWWs learned about the key nutrition messages to provide during pregnancy, infancy and early childhood home visits. In order to enhance actual performance, the Project collaborated with DWCD officials to promote periodic joint home visits by MSs and AWWs to increase AWW confidence and provide on-site mentoring, feedback and/or demonstration of counselling skills.

The Project Monitoring Information System (MIS) collected data from AWWs which demonstrated that supervisors regularly reviewed registers during their interactions in the field or in monthly sector meetings, communicating the importance of home visits as well as maintenance of home visit records (Figure 1).

Figure 1: Home visit-related monitoring and support by Mukhya Sevika as reported by Anganwadi workers



The AWWs surveyed at endline also reported that MSs provided guidance on how to fill registers during supervisory interactions (89%), assisted with use of job aids (84%), made joint home visits (38%) and provided feedback on their counselling skills (38%).

Advocating for improved home visits records: AWWs were encouraged to prioritise making home visits and to identify high priority households to receive home visits (e.g., home with pregnant and/or women with children under 2 years). Supervisors reinforced ICDS guidelines on conducting home visits to encourage AWWs to consider this a priority in their work. Since the system lacked a systematic and universal format for recording home visits including follow-up visits, the Project worked with government officials to design a *Grih Bhraman* or home visit record.

Strengthening supervisory and monitoring mechanisms within ICDS

Strengthening supervisory skills: Based on the supervision guidelines of the ICDS, the Project worked with DWCD to develop a two-day training module on supportive supervision, differentiating supportive supervision from a punitive supervision approach, which is a common practice. The training focused on the importance of supervisors providing encouragement and feedback to AWWs, problem-solving, on-the-job mentoring, and recognition of good performance.

The endline survey found that nearly all of MSs in the Project-supported districts participated in training on supportive supervision. More than 91 percent of MSs reported improvements in their supportive supervision practices. MSs mentioned that they treat AWW in a respectful manner (60%), make joint home visits (56%) and spend time reviewing the home visit register (51%).

AWWs reported that they regularly see MSs and receive support from them. Ninety-five percent of AWWs reported interacting with their supervisor three or more times over the last three months. These interactions took place during monthly sector meetings (95%), routine AWC visits (62%) or VHNDs (39%). This indicates that supervisors are using multiple forums to supervise and support AWWs.

“Now we don't give the AWWs instructions, but instead we inquire about their problems and work with them on those. Earlier we used to scold them and give them orders, but the training brought a change in our approach.”

*Mukhya Sevika, Focus Group Discussion
Qualitative Study*

Reorganising sectors: One of the gaps identified was that sectors were allocated to MSs for supervision on an ad hoc basis, resulting in an unequal distribution of sectors and minimal or no geographic contiguity in the assigned sectors, which made supervisory visits difficult. The Project worked with ICDS officials to reorganize the sectors (as per ICDS norms), consolidate sectors geographically to ensure continuity, accessibility and reduced travel distance.

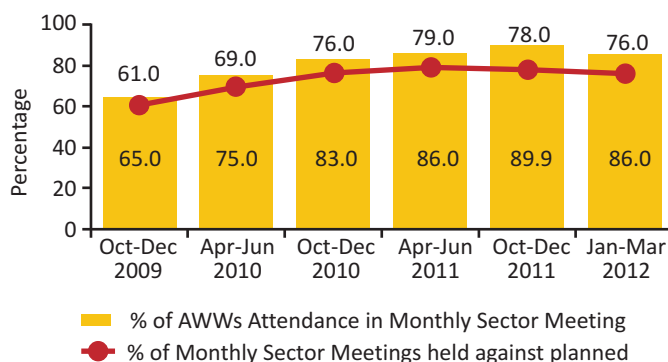
Strengthening monthly meetings

Increasing the value of monthly meetings: The Project promoted improved use of monthly meetings (e.g., sector meetings of AWWs, block level meetings of MSs and district level meetings of their supervisors) for performance review, problem-solving, capacity-building, recognition of good performance and supervision and support to AWWs. The supportive supervision training also addressed how to effectively organize a monthly meeting with AWWs, including giving advance notice to them about the next meeting, setting up a formal agenda, improving the quality of minutes of the meeting, and using the minutes to track actions at subsequent meetings.

Regularising meetings and participation: The Project team worked to improve the frequency and participation of AWWs in monthly meetings. The Project advocated with the Government system to expand the scope of these meetings beyond the submission of monthly progress reports, which was the norm, to include critical functions such as performance reviews, capacity-building, and problem-solving.

The Project's endline survey indicated that 87 percent of AWWs participated in a sector meeting in the last month. AWWs reported many benefits from participation in sector meetings and the capacity-building provided during these meetings. Half of AWWs felt that the sessions gave them more confidence to communicate with beneficiaries and address challenges they experience in their work. More than 60 percent mentioned that their technical knowledge had increased. AWWs also indicated that the capacity-building sessions related helped them prioritise home visits. During Focus Group Discussions with MSs in Banda District, UP, they said that, with Project's assistance, their meetings now have an agenda and are facilitated in a participatory way with role-plays and question and answer sessions to explain and review technical topics. Project MIS data shows increasing levels of participation in monthly sector meetings (Figure 2).

Figure 2: Status of monthly sector meetings and participation of AWWs



Integrating an equity and gender focus in all systems strengthening efforts

Inequities related to discrimination impede both access to and quality of health and nutrition care, not just through the public delivery system but within the household. Therefore, the Vistaar Project focused on equity and gender as a cross-cutting area in all system strengthening efforts. The Project conducted needs assessment related to equity and gender, and incorporated relevant issues into training modules, job aids and other project materials and approaches. For example, the Project's work in capacity-building and supervision emphasised the importance of reaching disadvantaged groups while planning home visits.

The Project team's technical assistance included providing AWWs in the seven districts with training on equity and gender. According to data from the Project MIS a total of 14,384 AWWs (91%) in the Project districts received training on equity and gender. The training focused on developing AWW understanding of the concepts of equity and gender discrimination, the link with health and nutrition, implications in the context of health and nutrition and the role of AWWs in dealing with equity and gender related issues in the community.

Monitoring and Evaluation

The Project established a Management Information System (MIS) to capture process and output level data during July 2009 - March 2012 from the Project-supported districts. The Project also contracted with an external research agency and an independent expert to conduct a qualitative study to validate successful trends indicated by the MIS data and to better understand the factors underlying the successes. These studies were conducted in October 2011 in two Project-supported districts in UP: Banda and Saharanpur.

For evaluation purposes, the Project contracted with external agencies to conduct a baseline survey from December 2008 to February 2009 and an endline survey from January to March 2012. These surveys were conducted in seven Project-supported districts in UP with pregnant and recently delivered women, household decision-makers, district officials, and frontline workers from the DHFW and ICDS. More findings from the endline survey are available in other technical briefs at www.intrahealth.org/vistaar. Some of the key findings related to AWW and home visits are presented below.

Key Findings

The findings from the Project MIS, qualitative surveys and baseline and endline survey demonstrate that strengthening the systems that support AWW performance have contributed to an increase in the number and quality of home visits, improved counselling, and improved nutrition knowledge at community and household level. In all tables and Figure 3 the level of statistical significance is highlighted by * to indicate a statistically significant difference at 5 percent level of significance between baseline and endline results.

Increased interactions with AWWs

Endline survey results show that 63 percent of recently delivered women met with an AWW during their pregnancy and on an average they had 3.2 contacts. One in ten recently delivered women received a home visit for their newborn from an AWW, up from less than 1 percent at baseline. Another 15 percent received a visit after their child was six months old (Table 1).

Table 1: Interactions with AWWs among recently delivered women (RDW)

RDW reporting interaction with AWWs	% RDW		Frequency of interaction
	Baseline	Endline	Endline
Interacted during antenatal period	7.7	62.9*	3.2
Received newborn care home visits	0.8	10.7*	2.5
Number of recently delivered women with infants 0-11 months	7,842	7,163	
Received home visit after child turned 6 months old	NA ¹	15.1	2.6
Number of recently delivered women with infants 6-11 months	3,589	3,579	

(1) During the baseline, the data on this indicator was not collected.

Improved counselling

As noted, the Project supported capacity-building of AWWs to improve their counselling skills. Recently delivered women were asked to recall the messages received from AWWs during pregnancy and after delivery. At the endline, recall rates of messages received during pregnancy were highest for the core messages around consumption of nutritious foods (30%), having two doses of tetanus toxoid (TT) (30%), consumption of Iron Folic Acid (IFA) (21%), consumption of one extra meal (17%), rest for two hours/day (13%) and getting at least three antenatal check-ups (12%).

Recently delivered women who received an AWW visit reported higher levels of recall of newborn care messages at endline compared to baseline. The recall of messages from AWWs about exclusive breastfeeding up to six months increased from three percent at baseline to 10 percent at endline. Similarly, over 10 percent of women recalled receiving counselling from AWWs about early initiation of breastfeeding (Table 2).

Table 2. Recall of newborn care messages received from AWWs during pregnancy by recently delivered women

Recall of newborn care messages	% RDW Counsellled by AWW	
	Baseline	Endline
Exclusive breastfeeding up to 6 months	3.0	10.3*
Initiation of breastfeeding within an hour of birth	2.3	10.1*
Benefits of colostrum feeding	NA ¹	9.6
Immunisation (OPV-0 dose and BCG)	4.9	9.0*
Newborn weighing	1.1	5.8*
Drying and wrapping of newborn immediately after birth	1.6	4.9*
Not bathing newborn for 7 days	NA ¹	3.9
Cord care	1.4	2.2*
Number of recently delivered women with infants 0-11 months	7,842	7,163

(1) During the baseline, data on these indicators were not collected.

Given child malnutrition patterns in India, AWW counselling to mothers of infants above six months is critical to ensure that infants are receiving proper nutrition after the exclusive breastfeeding period. Table 1 suggests that only 15 percent of recently delivered women received a visit from an AWW after their child turned 6 months, when complementary feeding should begin. Among those who did receive such a visit, AWWs provided counselling on the importance of increasing quantity

and frequency of food for infants (73%) and advice on age appropriate foods (56%). Messages on hand washing before handling food (44%) and breastfeeding on demand for children up to 2 years (35%) were also given by AWWs. The data suggest that increasing coverage of AWW home visits is important to promote improved child nutrition, as AWWs are providing important counselling during home visits.

Improved nutrition related knowledge and attitude in the community

The endline survey data show that nutrition and anaemia related knowledge among pregnant women has improved. Awareness of anaemia among recently delivered women was high at baseline (82%) and further increased at endline (92%). More women knew the causes of anaemia and how to prevent it (such as by increasing consumption of green leafy vegetables) than at baseline. This suggests that nutritional counselling is reaching beneficiaries. Table 3 shows improvements in attitudes towards antenatal care among pregnant women contacted during the endline survey versus those contacted at baseline. However, the attitude of CPW towards taking two hours of rest during the day has decreased somewhat from baseline and endline.

Table 3. Antenatal care related attitude among currently pregnant women (CPW)

Antenatal care related attitudes	% CPW	
	Baseline	Endline
Consider it necessary to take IFA tablets or iron syrup	88.7	91.0*
Consider it necessary to consume more food during pregnancy	26.9	31.4*
Consider two or more TT injections necessary	94.5	98.6*
Consider necessary to take 2 hours rest during day	93.5	89.7*
Number of Currently Pregnant Women	3,743	3,575

Improved nutrition related practices during pregnancy

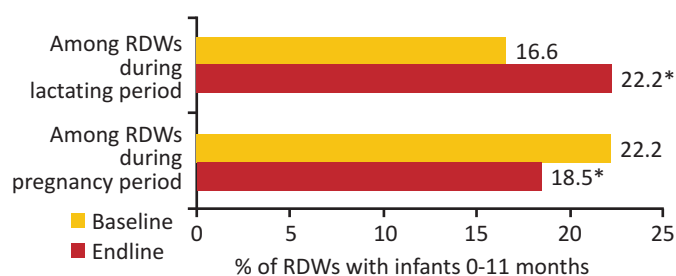
Iron and folic acid supplementation is a proven best practice during the antenatal period and the Project endline survey indicates that the proportion of women who received IFA during pregnancy increased significantly from 18 percent at baseline to 37 percent at endline. The proportion of recently delivered women who consumed the recommended amount of IFA during their pregnancy increased from 9 percent to 15 percent (Table 4).

Table 4. Antenatal care services and practices by recently delivered women during the last pregnancy

ANC services received/practices	% RDW	
	Baseline	Endline
Received 100 or more IFA tablets/3 bottles of syrup	18.0	36.7*
Consumed 100+ IFA tablets/3 bottles of syrup	9.3	15.2*
Received de-worming medication	0.8	2.4*
Number of recently delivered women with infants 0-11 months	7,842	7,163

Guidelines recommend women eat an additional meal during pregnancy and lactation. Twenty-two percent of recently delivered women reported consuming an extra meal each day during pregnancy at endline, a small but significant increase from 17 percent at baseline, but still well below desired levels. There was a small reduction in the proportion of women who had one extra meal during lactation (Figure 3).

Figure 3. Consumption of an extra meal per day during pregnancy and lactation



Change in breastfeeding and complementary feeding practices

The endline survey data show important improvements in indicators around initiating breastfeeding, not giving pre-lacteal food, and colostrum feeding among women who had given birth in the last five months (Table 5).

Table 5: Breastfeeding related practices followed by recently delivered women

Breastfeeding related practices	% RDW	
	Baseline	Endline
Initiated breastfeeding within one hour of birth	14.0	26.0*
Gave newborn colostrum	57.9	77.8*
No pre-lacteal feed given to the newborn	30.9	46.4*
Number of recently delivered women with infants 0-5 months	4,253	3,584

However, despite increased counselling on the topic, complementary feeding practices have either remained unchanged or decreased over the period (Table 6). Endline data suggest that most infants are not getting the quantity of food needed to sustain health after six months of age. Only 25 percent of children who had received complementary food the previous day had two servings, which is a reduction from the baseline. Likewise only 25 percent received food from three or more major food groups, also a decline from the baseline. Poverty levels, rising food prices or increasing pressure on women to work outside the home may be contributing to this downward trend.

Table 6: Infant feeding practices followed by recently delivered women

Infant feeding practices	% RDW	
	Baseline	Endline
Infants aged 6-11 months currently breastfed and received solid or semi-solid food in the 24 hours preceding the survey	80.3	80.7
Infants aged 6-11 months currently breastfed and received food from 3 or more major food groups in the 24 hours preceding the survey	32.6	24.7*
Infants aged 6-11 months currently breastfed and received semi-solid and/or solid foods in the 24 hours preceding the survey and had two servings per day	48.7	24.9*
Number of recently delivered women with infants 6-11 months	3,589	3,579

Increased distribution and receipt of supplementary nutrition

One of the key responsibilities of AWWs is to provide supplementary nutrition to pregnant and lactating women and children during Village Health and Nutrition Days. Nearly 32 percent of currently pregnant women received take home rations compared to just 16 percent at baseline. Among recently delivered women, 38 percent reported receiving supplementary nutrition in the two months preceding the survey, a significant increase from the baseline (Table 7).

Table 7: Receipt of supplementary nutrition among currently pregnant women and recently delivered women

Received any supplementary food	% CPW		% RDW	
	Baseline	Endline	Baseline	Endline
Received supplementary nutrition from AWC/VHND during two months preceding survey	16.2	31.6*	16.1	38.2*
Number of currently pregnant women/Number of recently delivered women with infants 0-5 months	3,743	3,575	4,253	3,584

Lessons Learned and Recommendations

The Vistaar Project findings indicate that AWW knowledge and skills in the area of interpersonal counselling and home visits increased, and that the frequency and quality of supportive supervision for AWW also increased related to counselling and home visits. As result of the increase in number of contacts between an AWW and CPW or RDW the women's recall of important health and nutrition messages and several critical practices also increased, such as IFA consumption, early and exclusive breastfeeding and colostrum feeding. However, some nutrition practices have not changed significantly, or have even decreased, especially around complementary feeding. The major lessons learned and recommendations from the collaborative efforts of the Project and GOUP to improve home visits and counselling by AWWs are summarised below:

Partnering with Government officials and building on

Government priorities: The Project worked with block, district and state governments on priority issues as identified by them. The Project team used respectful and collaborative approaches which built trust and ensured local ownership and commitment to the interventions.

The causes of malnutrition are complex and require a multi-sectoral response, including a focus on equity and gender

barriers: Nutrition is a cross-cutting issue that ideally should be addressed by collaborative efforts across multiple programmes led by the Department of Health and Family Welfare (DHFV), Primary Education, Agriculture, Rural Development and Panchayati Raj (Local Governance). While improving health education and services can do much to improve nutrition, other key factors like cost and availability of food are also critical. Further, cultural factors often impede improved nutrition. For example, three out of four household decision-makers stated that women should eat after men or elderly members of the household, which may mean less food is available for pregnant or lactating women to consume.

Changes in nutrition require a substantial level of inputs, time and an enabling environment:

Making a change in nutrition practices is challenging and likely requires multiple inputs (beyond AWW home visits and counselling) and more time. Women who received home visits were more likely to recall counselling messages, but often it requires repeated visits and other influences, in order for counselling and knowledge to translate into attitude and behaviour changes. In addition, knowledge alone may not lead to behaviour change and other factors usually need to be present, such as an enabling environment, including family and community support, and the purchasing power to buy enough food and good quality food.

Vision

IntraHealth International believes in a world where all people have the best possible opportunity for health and well-being. We aspire to achieve this vision by being a global champion for health workers.

Mission

IntraHealth empowers health workers to better serve communities in need around the world. We foster local solutions to health care challenges by improving health worker performance, strengthening health systems, harnessing technology, and leveraging partnerships.

For more information, visit www.intrahealth.org

The Purpose of the Vistaar Project

To assist the Government of India and the State Governments of Uttar Pradesh and Jharkhand in taking knowledge to practice for improved maternal, newborn, and child health and nutritional status

Use existing trainers and programmatic platforms for planning, monitoring and capacity-building: Using existing platforms within the government systems (such as using monthly sector meetings) can lead to improved results and sustainability, compared to initiating a new platform. A rational re-allocation of geographically contiguous sectors to ICDS supervisors in UP required no major changes in workload or costs, but made it possible for supervisors to do a better job. Also, regularising sector meetings and using them to share field level monitoring results, problem-solving, follow-up, and capacity-building of AWWs proved to be a sustainable effort. Involving the MSs as trainers also helped improve their facilitation skills, which was needed for them to continue building the capacity of AWWs during the sector meetings. Using trainers from within the system is more cost effective and sustainable as external trainers may leave with the end of project funding.

The multiple job responsibilities of AWW limit time for home visits: AWWs have many job responsibilities and most are tied to the *Anganwadi* Centre which limits the time for home visits. Additionally AWWs are often engaged in work assigned by other departments which lessens their time available for tasks like making home visits. ICDS supervisors should assist the AWWs to prioritise work and allocate more time for making targeted home visits. ICDS should consider providing an additional community level worker, if required, to focus on targeted home visits and nutrition counselling.

Support and involve supervisors: The Project experience reinforces the important role of supportive supervision in improving the performance of frontline workers, by offering them a platform for problem-solving as well as keeping their morale and motivation levels high. With supportive supervision training, MSs were able to identify AWWs who needed additional hand-holding and support in the field. It also helped improve the relationship between the MSs and increased AWW perception of their supervisors as mentors and someone they could approach for help in problem-solving. In order to increase support to AWWs, vacancies in supervisory positions should be reduced and travel budgets for making AWC visits should be increased.

Conclusions

In conclusion, the Vistaar Project achieved many positive results through working in alignment with Government programmes and priorities, integrating evidence based interventions into existing government programmes, leveraging existing opportunities to build the capacity of AWWs and their supervisors. Although progress has been made, significant improvements in nutrition will depend on further health systems improvements (such as filling vacancies in the supervisory cadre in ICDS) and increased efforts to address the cultural and economic factors, such as gender discrimination and poverty levels which affects household food security.

IntraHealth International, Inc. is the lead agency for the Vistaar Project. For more information on the Vistaar Project, see: www.intrahealth.org/vistaar

Technical assistance partners:



¹International Institute for Population Sciences (IIPS) and Macro International. 2007. National Family Health Survey (NFHS-3), 2005-05: India: Volume I. Mumbai: IIPS.