Summer Training at

Save the Children
New Delhi, India
(18 April 2013-20 June 2013)

Analysis of Health and Nutrition Status of Pregnant Women in Different States in India

By
Deeksha Bhardwaj

Under the guidance of
Dr. Barun Kanjila

MBA- Hospital & Health Management (MBA-HM)
2013-2015

The IIHMR University, Jaipur
2014

INSTITUTE OF HEALTH MANAGEMENT RESEARCH
1, Prabhu Dayal Marg
Sanganer Airport, JAIPUR - 302 029, INDIA
Tel. : 3924700, 2791431-32
Fax : 91-141-3924738
E-mail : iihmr@iihmr.org
URL : http://www.iihmr.org
Gram : HEALTHINST

CERTIFICATE

This is to certify that **Dr. Deeksha Bhardwaj** has completed the Summer Training at **Save the Children** from 18.04.14 to 20.06.14 and have conducted the following project under my personal guidance and supervision. All the data related to the study was secondary data provided by Save the Children.

✓ Project: Analysis of Health and Nutrition Status of Pregnant Women in Different States in India.

Her approach to the projects has been sincere, scientific and analytical. This work is partial fulfillment to the course requirements, recommended for the Post Graduate Diploma in Health and Hospital With specialization in Health Management.

I wish her all the success in future endeavors.

Colonel (Dr.) Ashok Kaushik
Dean (Academic & Students Affairs)
IIHMR, Jaipur

Dr. Barun Kanjilal
Professor
IIHMR, Jaipur

Table of Contents

Acknowledgement

Initially, in my report I want to give my special gratitude & thanks to all who were guiding and helping me during my internship.

I would like to acknowledge the role of MIS Manager (SC) Mr. Neeraj Mishra who gave me this opportunity to do summer training from save the children and guided me throughout my internship.

I express my gratitude towards entire KM Team (SC)- Dr. Poonam, Mr. Soumen Ghosh & Miss Radhika Manchanda for helping me out and giving me work to enhance my knowledge during my internship .

Lastly, I want to give thanks to my mentor Dr. Barun Kanjilal without whom this report could not be completed.

I would also like to give thanks to IIHMR and faculty members to enhance my knowledge, so that I am here to do such an internship.

Dr. Deeksha Bhardwaj

IIHMR (Jaipur)

Abbreviations

MIS	Monitoring Information System
SC	Save the Children
KM	Knowledge Management
IIHMR	Institute of Health Management Research
UN	United Nations
BCG	Boston Consulting Group
CEO	Chief Executive Officer
DRR	Disaster Risk Reduction
CPCs	Child Protection Committees
CPiE	Child Protection in Emergencies
NBCS	New Born and Child Survival
ECCD	Early Childhood Care and Development
EWS	Early Warning Systems
GOI	Government of India
HR	Human Resource
ACC	Advocacy Campaign Communication
Admin.	Administration
SC Info	Save the Children Information System
ANM	Auxilliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
ANC	Antenatal Care
PNC	Postnatal Care
MGD	Millennium Development Goal
IFA	Iron Folic Acid
TT	Tetanus Toxoid
SBA	Skilled Birth Attendent

Introduction

Save the Children is the world's leading independent organization for children. Save the Children has had a presence in India since the 1920s. In 2008, Save the Children India started its operations as **Bal Raksha Bharat**, an independent Indian entity and the 28th member of Save the Children International.

Save the children International today comprises of 30 member countries and works in over 120 countries. In India, they now work across 15 states to ensure that children's **rights are fulfilled.**

Historical background:

Save the children was founded in 1919 by Eglantyne Jebb. Her 'declaration of rights of the child' was adopted by the League of Nations in 1924 and inspired the UN convention on the rights of the child.

Figure no. 1: Eglantyne Jebb

Eglantyne Jebb's principles, her pragmatic management skills and her communication tactics were just so modern. Her vision was of a powerful, international organisation that, as she put it, "could reach to the farthest corners of the world". So it wasn't a charity as such, it was more a cause. She was arrested in Trafalgar Square in 1919 for distributing what was seen then as anti-war propaganda. In fact what she was handing out were just photographs of starving, stunted children on the wrong side of the post-war blockade lines. She represented herself in court and although she was found guilty and fined £5, the Crown Prosecutor was so impressed by her that he paid the fine himself. This was the first donation to what became Save the Children. Later, in 1923, she wrote the Children's Charter, the precursor to the UN Convention on the Rights of the Child.

"We cannot leave defenceless children anywhere exposed to ruin- moral or physical. We cannot run the risk that they should wep, starve, despair and die, with never a hand streched out to help them."
-Eglyntene Jebb

She understood the power of celebrities to get a message across. We might think of this as a fairly new thing, but Eglantyne was doing it a hundred years ago. She took out full-page ads in newspapers and got people like Thomas Hardy and George Bernard Shaw to support Save the Children.

Vision and Mission:

- **Vision:** A world in which every child attains the right to survival, protection, development and participation.
- **Mission:** To inspire breakthroughs in the way the world treats children, and to achieve immediate and lasting change in their lives.

Values:

1. **Accountability:** We take personal responsibilities for using our resources efficiently, achieving measurable results, and being accountable to supporters, partners and, most of all children.
2. **Ambition:** We are demanding of ourselves and our colleagues, set high goals and are committed to improving the quality of everything we do for the children.
3. **Collaboration:** We respect and value each other, thrive on our diversity, and work with partners to leverage our global strength in making a difference for children.
4. **Creativity:** We are open to new ideas, embrace change, and take disciplined risks to develop sustainable solutions for and with children.
5. **Integrity:** We aspire to live at the highest standards of personal honesty and behavior, we never compromise our reputation and always act in the best interests of children.

Strategic Goals:

1. Implement quality, child-centered program delivery in development and in humanitarian response which seeks to impact 5 million of the most marginalized children in India.
2. Be their voice and create the paradigm shift needed to attain their right to survival, protection, education, and participation.
3. Develop a diverse supporter base of 3.5 lkh individuals, corporate and institutions, contributing Rs. 500 crores towards creating a stronger impact for children.
4. Be the repository of knowledge on children's issues with respect to our chosen thematic areas.
5. Build a financially stable and credible organization through best in class systems and processes.
6. Be a "Go-To" organization for the best talent in the sector.

Strategic Approach of Save the Children:

Their strategy was developed in 2008 with the support of Boston Consulting Group (BCG). We have defined four clear thematic areas of intervention.

- **Building the strategy:** Save the Children conducted an interactive and participatory strategy planning process. Strategic questions were articulated in consultation with the board members and staff from across the country. They invited feedbacks from representatives of civil society organizations, multilateral and bilateral agencies, government bodies and corporate through a round table consultation. They also received inputs from the CEOs of other Save the Children members. Also, the strategy was shared with children who put forward their demands and innovative ideas.
- **The strategic focus is on the following aspects:**
    1. Assessing their thematic and geographic areas.
    2. Developing a sustainable program implementation model.
    3. Ensuring the right mix of funding to build a sustainable program.
    4. Enhancing their advocacy function to be a stronger voice for children.
    5. Creating a robust monitoring system to measure the impact of their interventions.
- **Theory of Change:**

  Globally Save the Children's model of achieving results is based on the theory of change. The focus is on the most marginalized children and that they collaborate with other civil society players, with government, civil society, business and international bilateral and multilateral agencies.

  They have further refined their subthemes to look at the large number of children in states that are caught up in or are displaced by civil strife, children on the move, and children in urban situations and committed themselves to a renewed focus on girl child.

  Therefore, the theory of change has become an important tool in designing, executing and evaluating their programs.

  They work to create impact for children by being their voice, being innovators in their field and achieving results at scale through building partnerships with children, civil society organizations, the government and the communities.

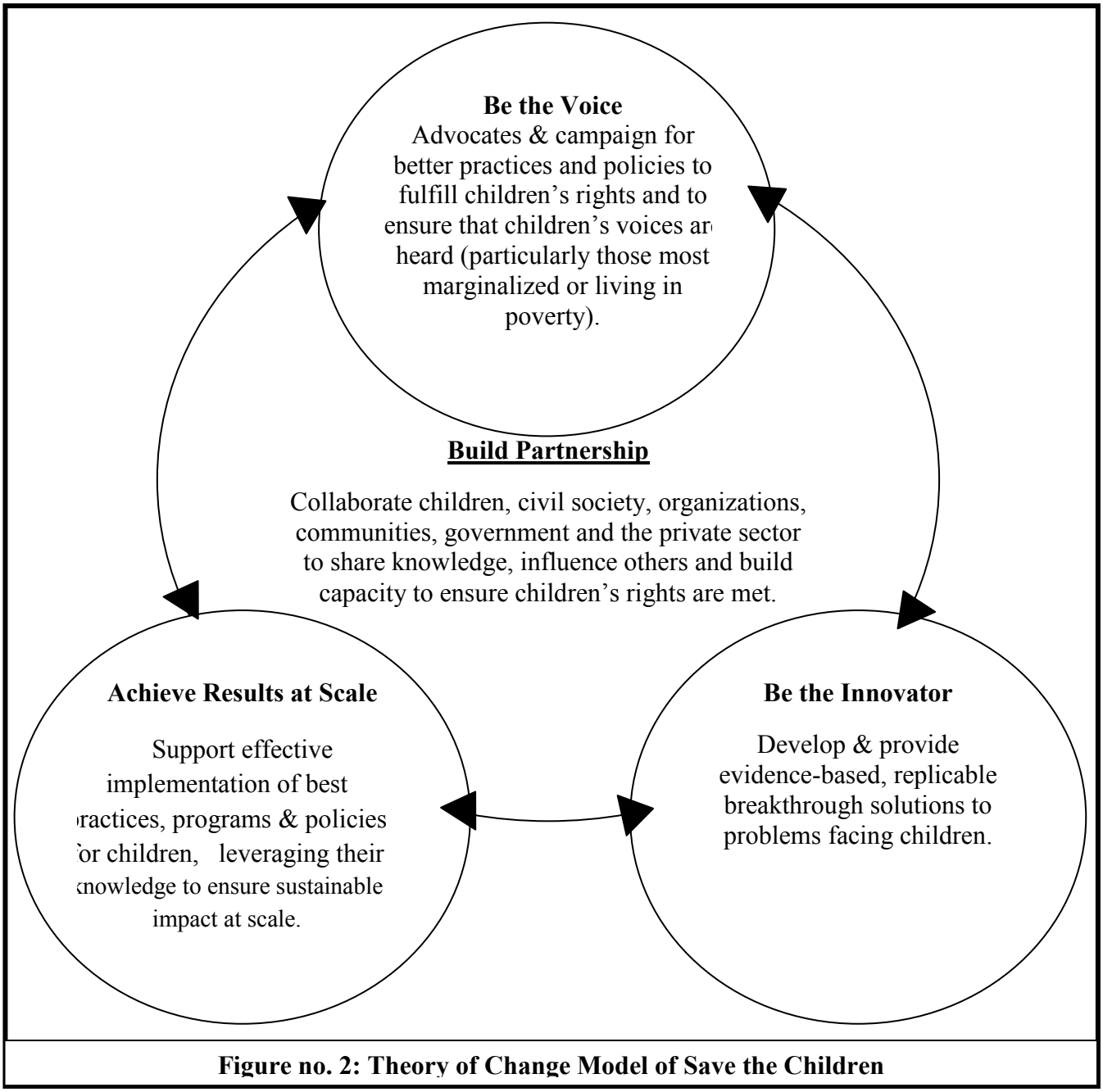

Figure no. 2: Theory of Change Model of Save the Children

Thematic areas of Save the Children:

In 2008, Save the Children started its four different themes. To arrive at these four themes they followed **Lens Approach**. For this purpose they had focused on their strengths, the unique aspects of their existing programs (niche developers) and funding channels to identify areas of overlap. They then used the process of phasing out to eliminate programs that did not combine all three elements. So, by this process they chose their four themes.

These themes are as follows:

1) Child Protection
2) Child Survival or Health and Nutrition
3) Education
4) Humanitarian Response and Disaster Risk Reduction (DRR)

1. **Child Protection:** India has largest number of working children, with over 12.6 million children actively engaged in work. Save the Children strives to build a stronger institutional child protection system and promote linkages with social protection schemes. They have been instrumental in setting Child Protection Committees (CPCs). They encourage greater child participation in their programs and work towards ensuring birth registrations, as the identity of a child is a crucial tool for social protection, opportunities and entitlement.

   Save the Children focus its Child Protection strategy on the following:

   i. Child Labour**:** Children are often forced to work in various hazardous industries. Children removed from labour should be provided with formal education and primary healthcare. Save the Children focus on the following groups:
      a) Children in agriculture.
      b) Children in garment industries.
      c) Child domestic workers.

   ii. Children in Conflict Areas**:** The security of children is threatened during conflict. Children are at risk due to unrest in their areas of residence and are often forced to migrate.

   iii. Children on the move**:** India's urban cities and towns have significant numbers of street children that include migrants and trafficked children from other states.

   iv. Children without Appropriate Care**:** They include orphans and other vulnerable children who are in inadequate care situations.

   v. Child Protection in Emergencies (CPiE)**:** During humanitarian crises, children are at a greater risk of being abused and exploited. We aim to ensure that children are protected during emergencies.

2. **Child Survival or Health and Nutrition:** Nearly 1.73 million children die in India every year due to lack of treatment. Save the Children work with communities & the government health systems to improve child & maternal health care.

   Their Health and Nutrition strategy focus on the following:

   i. New Born and Child Survival (NBCS)**:** Seek to ensure that new born child survived the critical first month of their lives. They focus on low cost, community based methods as

well as institutional strengthening. They wage a nationwide call for action to reduce maternal, newborn and child deaths.

ii. Child health and nutrition**:** Their programs promote children's healthcare and nutrition and seek to prevent common childhood illness in the first 2 years of their lives. They promote appropriate maternal, infant and young child feeding practices among communities.

3. **Education:** 7.1 million Children in India do not go to school. Save the Children work to ensure that all children join school. This helps them stay out of child labour as well as in building a promising future for them.

   Save the Children focus its Education strategy on the following:

   i. Early childhood education.
   ii. Ensuring right to education.
   iii. Vocational skills for out of school children (15-20 years).
   iv. Education model for internally displaced people.

4. **Humanitarian Response and Disaster Risk Reduction (DRR):** Children are the worst affected victim of natural disasters. Save the Children work to ensure their right to survival & development after an emergency by providing immediate support. Save the Children also train children to resist critical situations during natural disasters.

   Their Humanitarian Response and Disaster Risk Reduction (DRR) strategy focus on the following:

   i. Safer child and safer communities.
   ii. School and ECCD safety.
   iii. Community-based recovery/ restoration.
   iv. Pathfinding study on children and climate change.
   v. Early warning systems (EWS).

Geographical coverage of Save the Children:

Save the Children has its unique method of selection of its intervention regions. They term this selection procedure as geographic approach. This geographic approach consists of two steps.

These steps are named as step one and step two respectively. In the figure 2 and figure 3 these approaches are further explained.

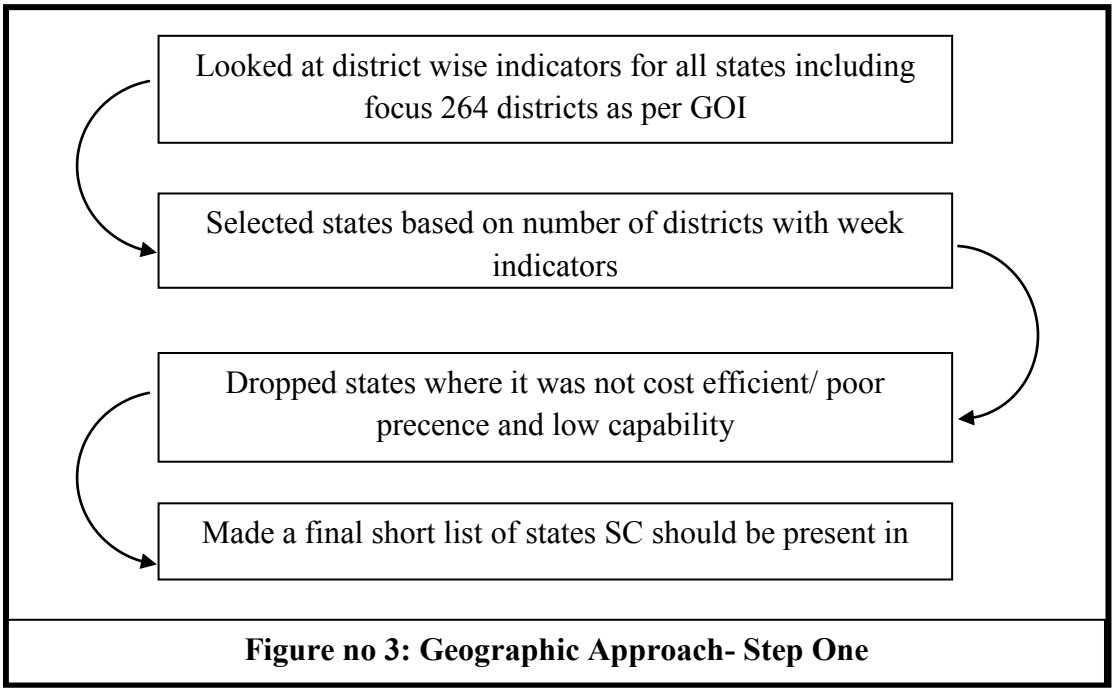

Figure no 3: Geographic Approach- Step One

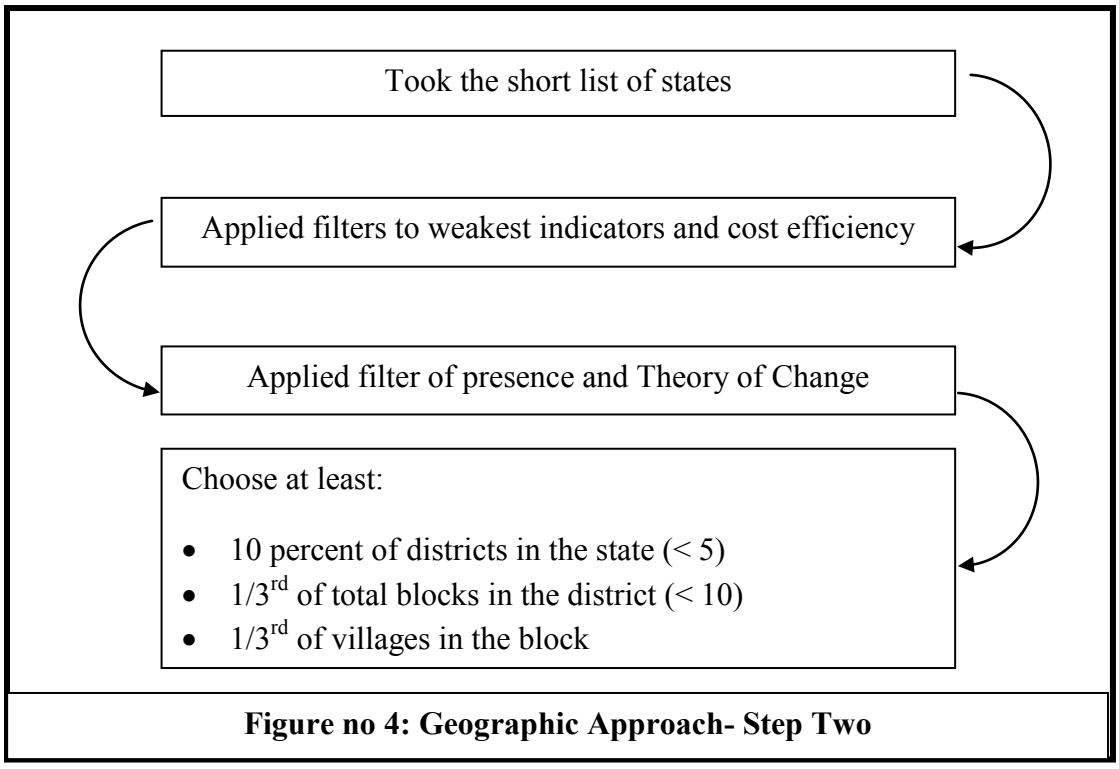

Figure no 4: Geographic Approach- Step Two

- Currently Save the Children work in following states: Andhra Pradesh, Bihar, Delhi, Gujarat, Jammu & Kashmir, Jharkhand, Maharashtra, Odisha, Rajasthan, Uttar Pradesh, West Bengal and Tamil Nadu.
- Areas of expansion till 2016: Assam, Chattisgarh, Haryana, Karnataka, Madhya Pradesh, and Punjab. Urban Programs: Banglore, Chennai, Kolkata, Mumbai.

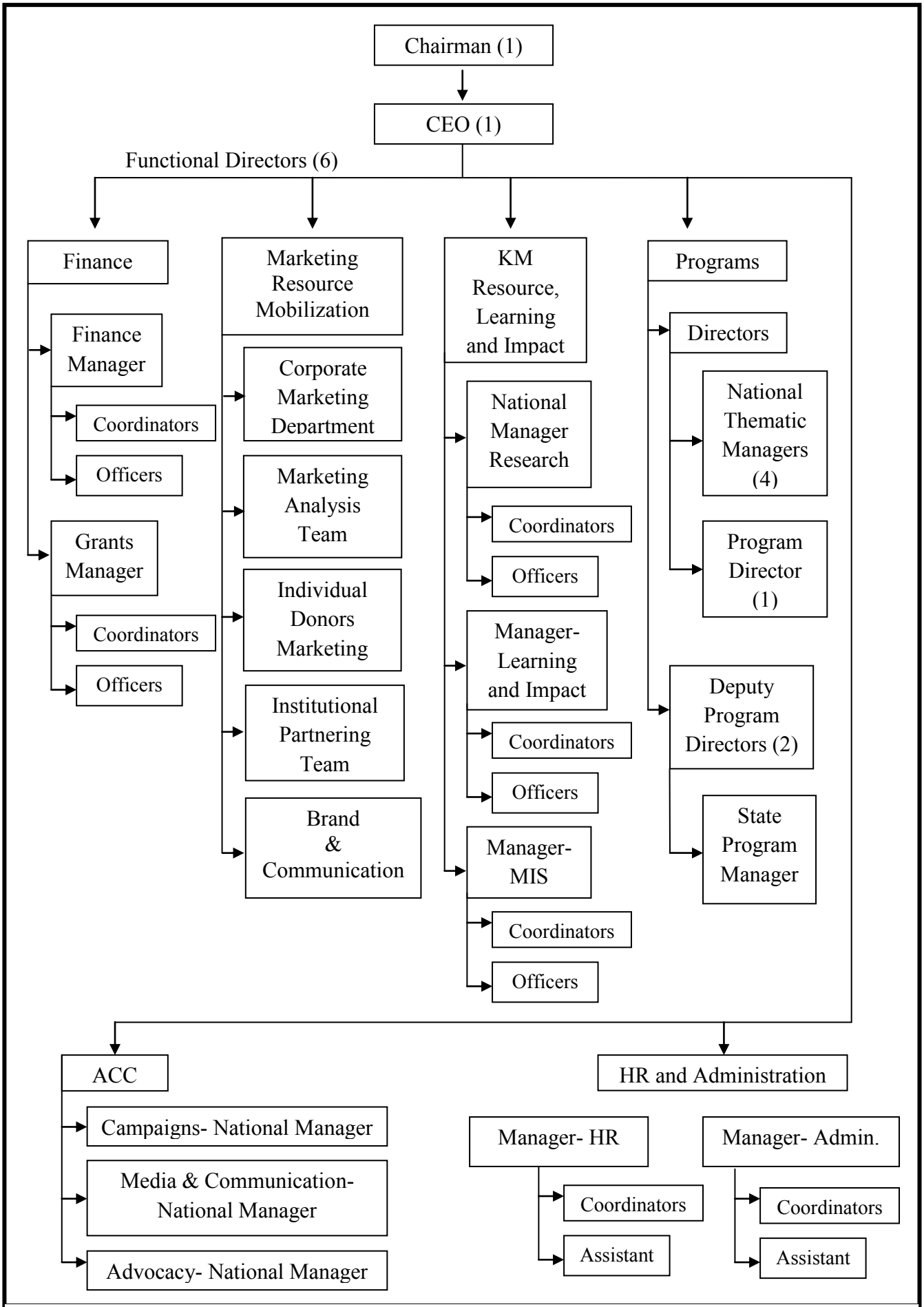

Figure no. 5: Organogram of Save the Children, New Delhi

List of people interacted during training period:

S. No.	Name	Designation
1	Thomas Chandy	CEO
2	Deepali Bhardwaj	Director of HR & Admin.
3	Dr. Deepali Nath	Director KM
4	Shireen Miller	Director ACC
5	Neeraj Mishra	Manager MIS
6	Dr. Poonam Mehta	Learning and Impact Manager
7	Pooja Mathur	HR Manager
8	Prasann Thatte	National Manager- Research
9	Pragya Vyas	Campaign Manager
10	Radhika Manchanda	KM Officer
11	Rachika Malik	Communication Officer
12	Soumen Ghosh	Research Office

List of Tables

List of Figures

An Overview of MIS and SC Info

Introduction of MIS:

The MIS team of Save the Children is divided at various levels. These teams are responsible for collecting information on key indicators which monitor progress over a period and guide national level thematic managers and others to use data for planning and decision making.

Following are the different Systems currently operating in the Organization:

- Project wise MIS: The Project teams are responsible for the project wise data. There are different projects in each thematic area. So, there are various project wise MIS teams who are collecting, evaluating and monitoring data of their own projects.
- Organisation wide MIS (**SC Info**): This is the nation wise data collecting and monitoring system. It is operated by Knowledge Management team at the national office (i.e., Delhi office) as well as Project teams.
- Reach MIS
- Monthly and Quarterly state reports

During my internship I got an opportunity to work with the Organization wide MIS team of Save the Children. Therefore, I have given basic information about SC info.

Background of SC Info:

To get access to a vast amount of information and data collected from field there is no way of accessing it without a protracted process of emails and phone calls to multiple focal points. Also there is no standardised way of collecting data or measuring impact from one project to another. This gap has been filled through establishment of SC Info system for collecting information on key indicators which monitor progress over a period and guide national level thematic managers and others to use data for planning and decision making. The data under SC Info is collected at an interval of every six months.

Objective of SC Info:

The main object behind SC info was to: “To design a system to organise, store and innovatively present monitoring indicator data organized by themes, projects and geographic areas in order to track SC’s progress against project and organisational result areas and inform the overall outcome”

Process of design of SC Info Systems:

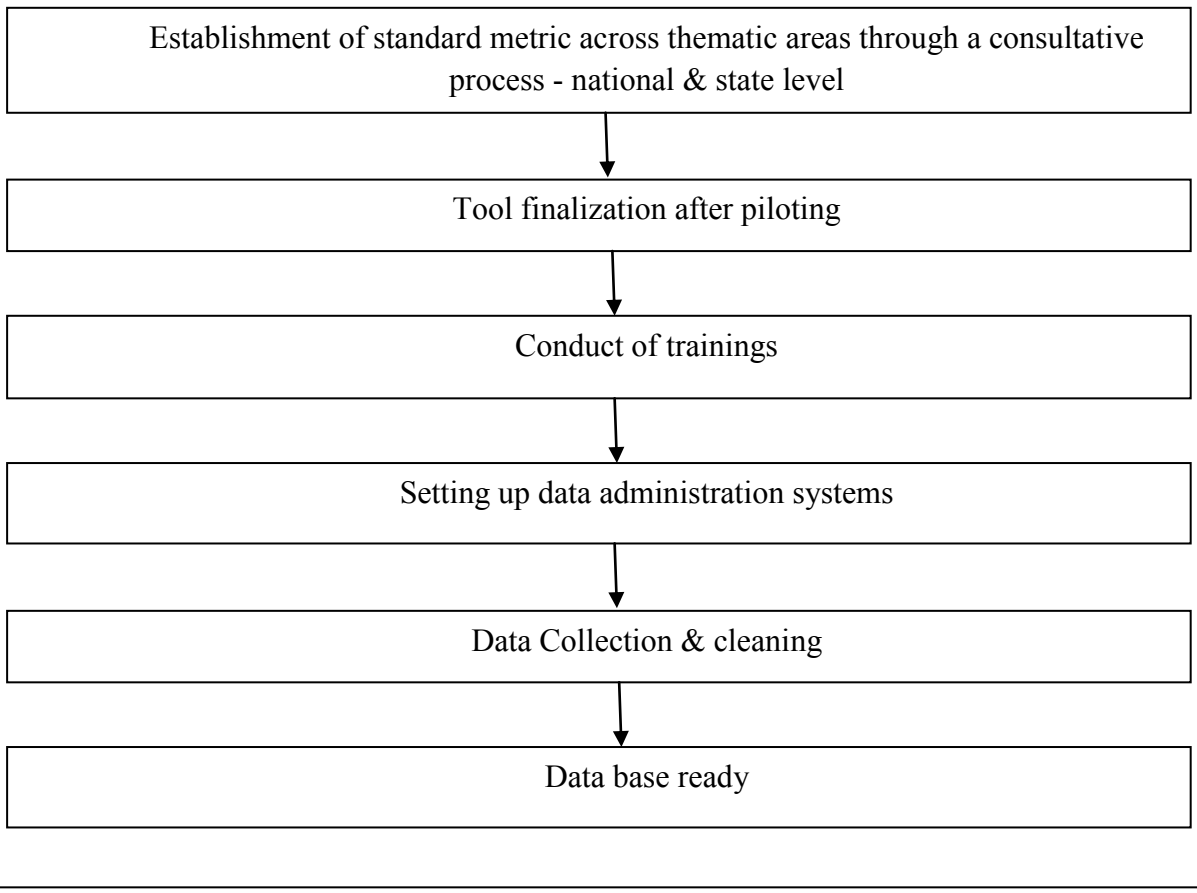

Figure no. 6: Process of design of SC Info Systems

Data Flow – (SC India Info):

The monitoring of the projects is done through SC Info. The data under SC Info is collected at an interval of every six months and the source of data collection is through various tools. The partners collect data from ANMs and then send it to State Office, which then consolidate the data and checks for the validation of data. This data is then sent to the National Office where reviewing and normalization of data is done. From this data interpretation is done to assess the progress & gaps for further intervention and factsheets are made bi-annually to capture key indicators. This whole process is done through SC info.

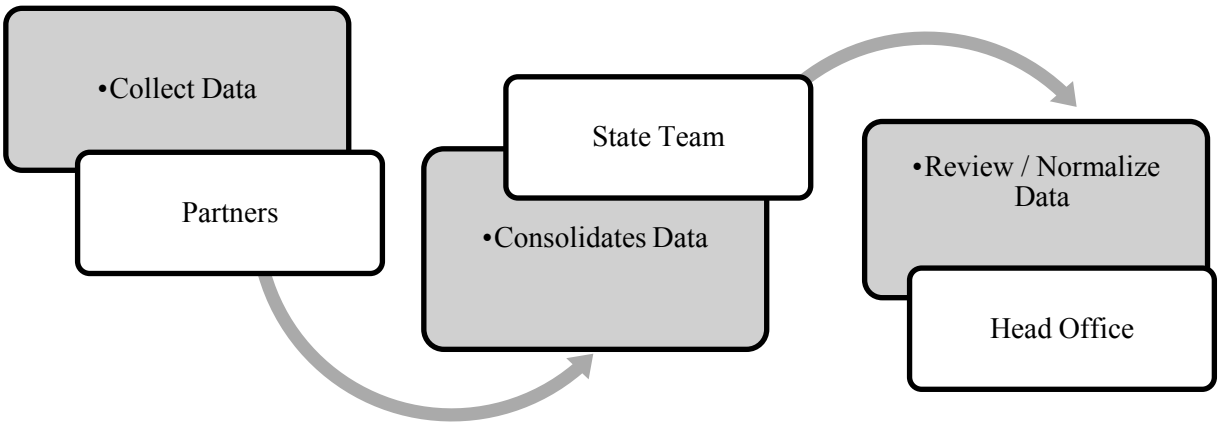

Figure no. 7: Data Flow – (SC India Info)

Rounds of Data collection: Till date 4 rounds of data collection have been completed. Currently, collection of data for round 5 is going on. Round 1 data is taken only as an exercise or pilot and this data is not used for any comparison.

Duration of the Rounds:

- Round 2: April 11 to March 12,
- Round 3: April 12 to December 12/March 13,
- Round 4: April 13 to November / December 13

An Overview of Health and Nutrition Program of Save the Children

Introduction:

In India, Health and Nutrition Program of Save the Children is running in 10 States and 26 Districts to ensure that every child has a happy and healthy childhood. An introduction about the program is already provided above under the heading of thematic areas so, we are not going in detail about that. However, how Save the Children approaches to accomplish their goals related to Health and Nutrition programs are mentioned below:

Approaches:

1. **Community mobilisation**- Awareness generation on the need for appropriate behaviour change among communities, and increased demands based on the realisation of their rights.
2. **Enhancing capacity of frontline health worker**- Capacity enhancement and role realisation of three women health workers who can effectively address the programmes- Auxiliary Nurse Midwives (ANM), the Accredited Social Health Activist (ASHA) and Anganwadi Worker (AWW)
3. **Strengthening primary health care-** Engage with government to ensure communities have access to affordable and quality health care through existing systems. Mobile Health Units are deployed in appropriate areas and water and sanitation programmes are implemented.

Geographic Coverage of Health & Nutrition:

The Health and Nutrition Program is currently running in following 10 states of India:

Andhra Pradesh, Bihar, Delhi, Jharkhand, Maharashtra, Orissa, Rajasthan, Uttar Pradesh, West Bengal, and Tamil Nadu.

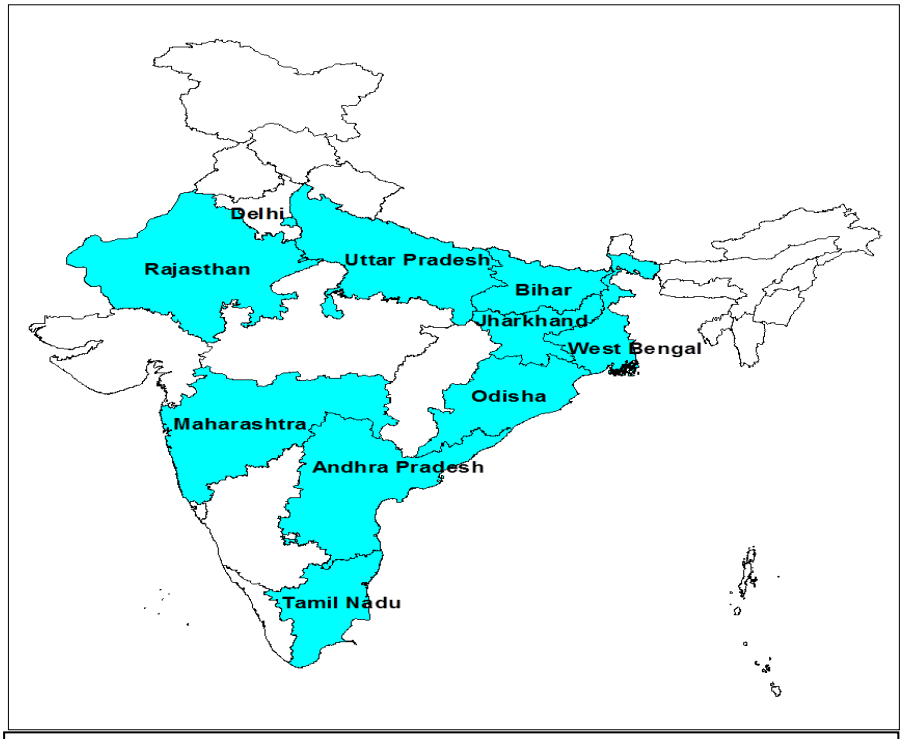

Figure no. 8: Geographic Coverage of Health and Nutrition Program

Table no. 1: Overall Coverage of Health and Nutrition Program

Coverage	Round 2	Round 3	Round 4
State	5	8	10
District	16	19	26
Block	N/A*	29	39
Gram Panchayat		158	313
Village		817	1210
Ward	47	51	59
Total Project	9	14	17
Multistate Project	N/A*	1	5
Partners	15	21	28+1 DI

Analysis of Health and Nutritional Status of Pregnant Women in Different States of India

Executive summary:

There are 17 projects running related to Health and Nutritional Status of Pregnant Women. In these projects data collection is done related to status of Pregnancy Registration, ANC services, Delivery Care and PNC services through various indicators.

This report helps us to assess the project wise progress of different indicators related to Pregnancy Registration, ANC services, and Delivery Care in Round 2, 3 & 4 of data collection.

In this report only those projects are mentioned which were common in all three rounds of data collection.

Through this report we can identify that approximately all indicators are improved project wise from Round 2, 3 & 4 but proper monitoring & implementation of projects are necessary.

Introduction:

Save the Children is working to help India reach MDG 4 and MGD 5 on reducing child mortality by 2/3rd and maternal mortality by three quarters by 2015.

For this there are around 17 projects running (common & separate) currently in 10 states of India. The monitoring of these projects is done through SC Info. The data under SC Info is collected at an interval of every six months and the source of data collection is ANM tool. From this data interpretation is done to assess the progress & gaps for further intervention. Also, factsheets are made bi-annually for SC India Info to capture key indicators.

In this report only common projects were considered. The names of the projects are not mentioned in the report due to confidentiality issues. However, names of the states and districts where these projects are running are mentioned.

Following are the lists of these common projects:

Table no. 2: List of Common Projects in Round 2,3 and 4 (State Wise)	
States	**Districts**
Delhi	Urban Slums
Maharashtra	Urban Slums of Mumbai
West Bengal	South 24 Parganas District, Kolkata
Rajasthan	Churu, Dungarpur, and Tonk,

Table no. 3: List of Common Projects in Round 3 and 4 (State Wise)	
States	**Districts**
Andhra Pradesh	Khammam, Warangal
Bihar	Sitamarhi, Gaya
Jharkhand	Dumka, Jamtara
Odisha	Kandhmal, Naupada

Objectives:

1. To analyze the data given by Save the Children.
2. To compare the data of different rounds (Round 2, 3 and 4) in common projects.
3. To prepare the factsheet of "Health and Nutrition" according to the results.

Methodology:

1. **Research Design: Analytical Study**
2. **Source of data collection:** Secondary Data given by SC India Info
    a. Data Collection Technique: Survey
    b. Data Collection Tool: Questionnaire (ANM Tool)

3. **Data Analysis Plan:**

Dump data given by SC India Info, ANM printable tool, and SC guidelines (Health) & SC Presentations (Health) were studied and used for making. The data exists in dump data is filtered through Microsoft excel for every round (Round 2, 3 &4) for all indicators. After that percentages were calculated for every indicator to compare between rounds and to see the trend over rounds. Then interpretations were made and the fact-sheet of "health & nutrition" was prepared.

Results and Interpretations:

Analysis of results covers mainly the percentage increase or decrease of indicators from round 2 to 3 to 4 (in common projects of round 2, 3 & 4) and from round 3 to 4 (in common projects of round 3 and 4).

Indicators Used:

- Registration of Pregnancy
- Antenatal Care
- Delivery Care

Results of Common Projects in Round 2, 3 and 4:

1. Registration of Pregnancy:

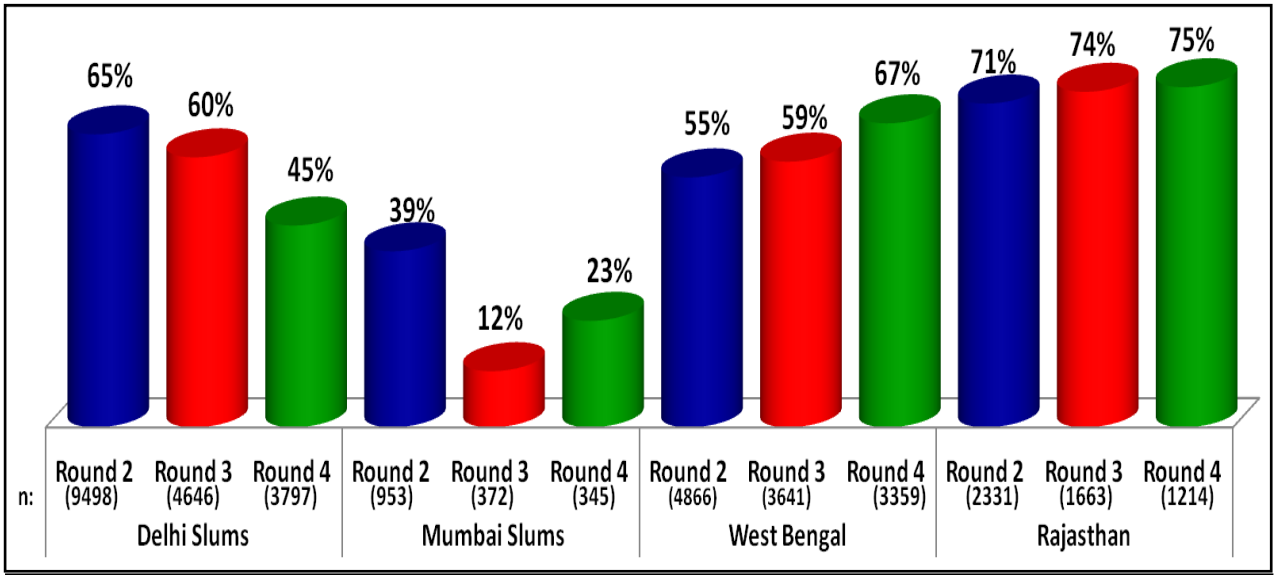

Figure no. 9: Percentage of Pregnant Women Registered in 1st trimester of Pregnancy

NOTE: In this "n" is the total number of pregnant women registered.

Discussion:

Although there is an increase in registration of pregnancy in West Bengal and Rajasthan but a decrease is seen in Delhi and Mumbai. The possible reasons for this decrease are as follows:

- In Delhi, two partners (Child Survival India and Smile Foundation) withdrew after Round 2. As a result there is a decline in this indicator.
- In Mumbai, Round 2 data was collected by a single person. So, there may be the chances of data manipulation.

2. ANC Services:

The ANC services includes: 3 ANC checkups, 100 IFA tablets, and 2 TT injections &/or booster dose injections.

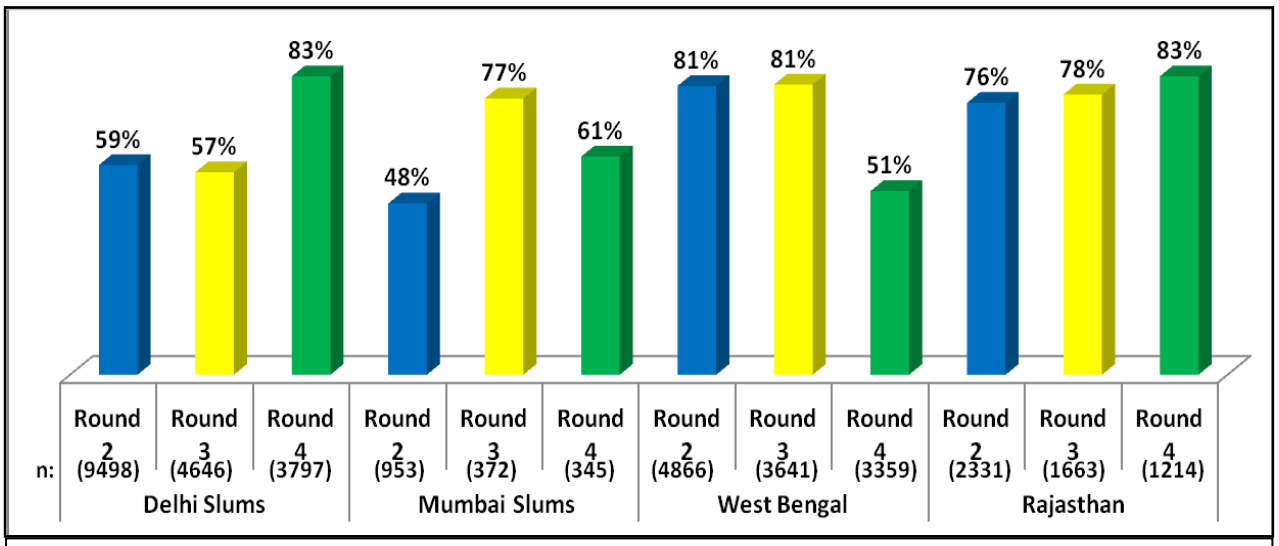

Figure no. 10: Percentage of Pregnant Women Received 3 ANC Checkups

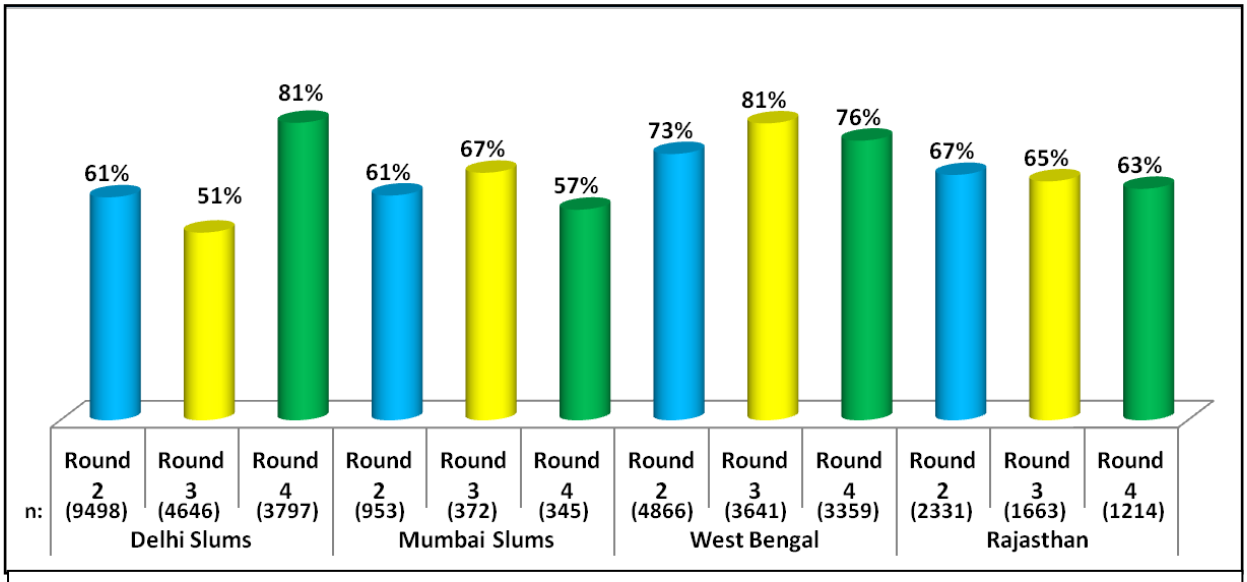

Figure no. 11: Percentage of Pregnant Women Received 100 IFA

Table no. 4: Percentage of Pregnant Women Received TT Injections			
States	**Rounds**	**Indicators**	
		Percentage of pregnant women received 2 TT injection	**Percentage of pregnant women received TT booster dose injection**
Delhi Slums	Round 2	71%	49%
	Round 3	65%	20%
	Round 4	88%	
Mumbai Slums	Round 2	52%	26%
	Round 3	68%	31%
	Round 4	68%	
West Bengal	Round 2	76%	9%
	Round 3	89%	4%
	Round 4	70%	
Rajasthan	Round 2	68%	25%
	Round 3	62%	36%
	Round 4	97%	

NOTE 1: For all the Figures and Table included in ANC services the "n" is the total number of pregnant women registered.

NOTE 2: In Table no. 4: Percentage of Pregnant Women Received TT Injections, for round 4 the indicator is Percentage of pregnant women received 2 TT injections and/or booster dose injection.

Discussion:

1. The indicators are improving in case of Delhi and Rajasthan.
2. In Mumbai, Indicators are decreasing from Round 3 to Round 4. There could be 2 Possible Reasons for that:
    - Number of Slum Clusters which were included in Save the Children Intervention had increased from 12 to 33 in Round 3 to Round 4, respectively.
    - New indicators were added in Round 4 which provided a better picture of the scenario. So, there were less chances of duplication of data.
3. In West Bengal there is a decrease in indicators in Round 4. This could be due to the reason that round 4 of data collection occurred during Monsoon season and rainfall during that time was quite high in West Bengal, especially in South 24 Parganas District.

3. Delivery Care:

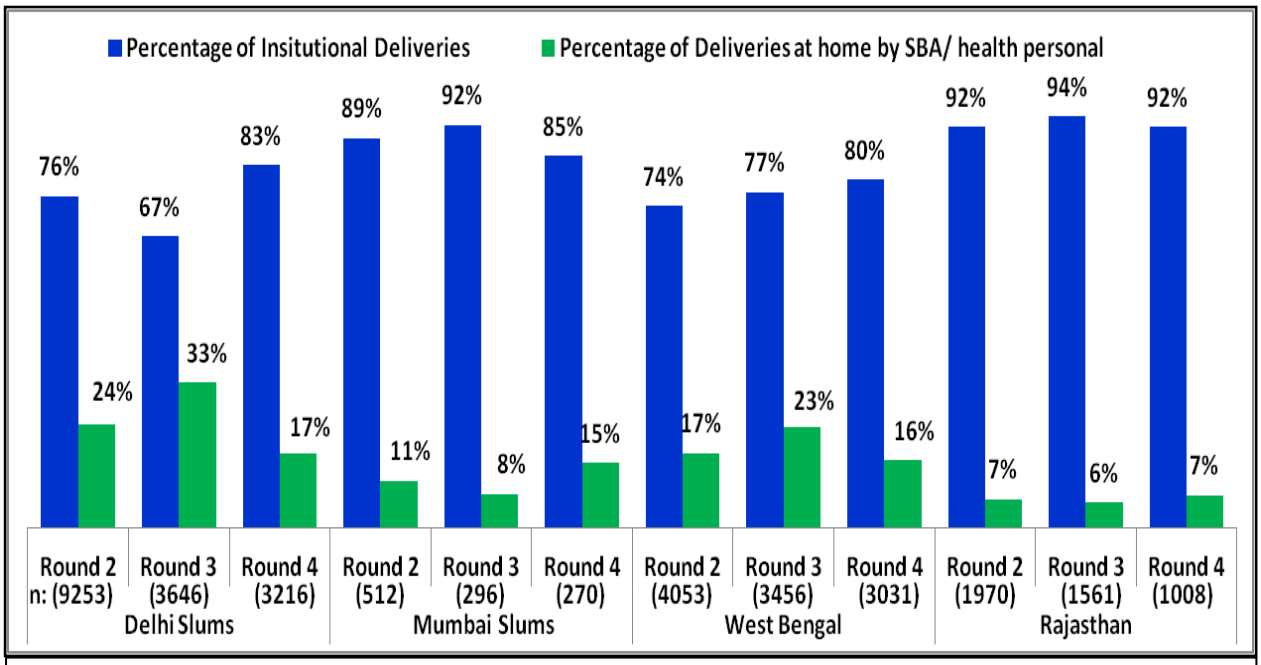

Figure no. 12: Percentage of Institution Delivery

NOTE: In this "n" is the total number of deliveries in the reporting period.

Discussion:

1. Percentage of institutional deliveries is increasing in almost all states mentioned here.
2. In Mumbai, there is a decrease in this indicator. The reason is same as mentioned in registration of pregnancy.

Results of Common Projects in Round 3 and 4:

1. Registration of Pregnancy:

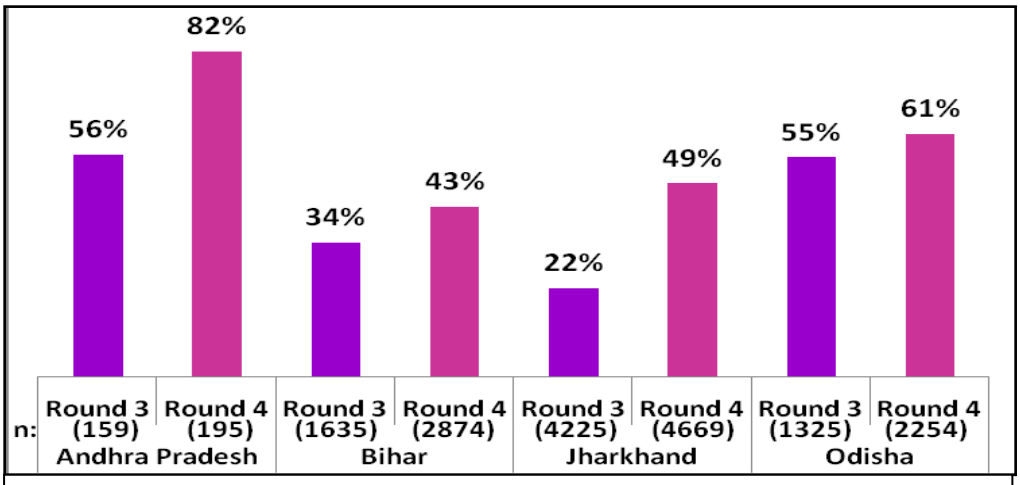

Figure no. 13: Percentage of Pregnant Women Registered in 1st trimester of Pregnancy

NOTE: In this "n" is the total number of pregnant women registered.

Discussion:

This indicator has improved in all states mentioned in the figure.

2. ANC Services:

The ANC services includes: 3 ANC checkups, 100 IFA tablets, and 2 TT injections &/or booster dose injections.

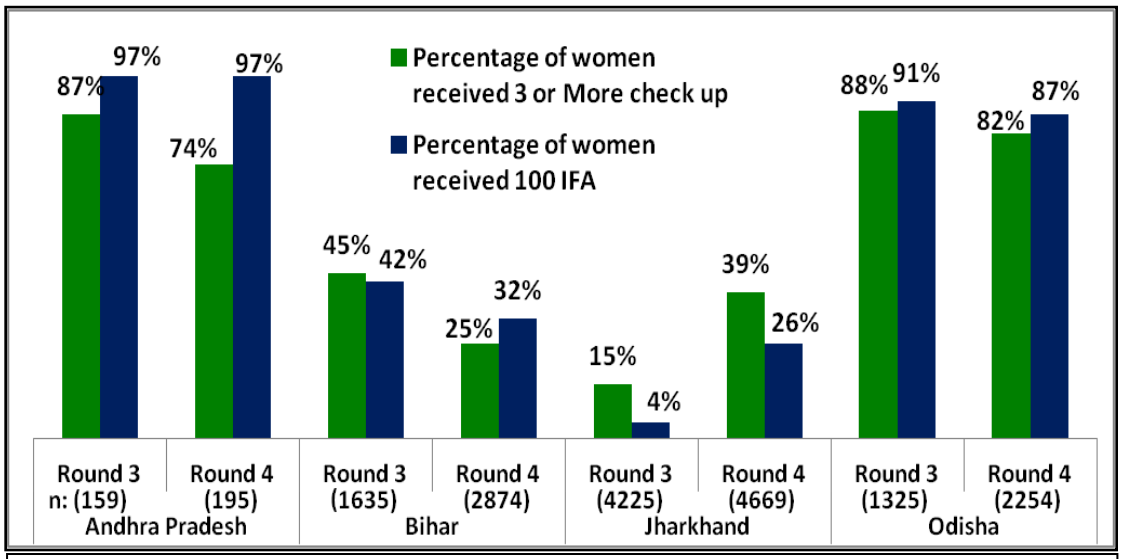

Figure no. 14: Percentage of Pregnant Women 3 ANC Checkups and 100 IFA

Table no. 5: Percentage of Pregnant Women Received TT Injections

States	Rounds	Indicators	
		Percentage of pregnant women received 2 TT injection	Percentage of pregnant women received TT booster dose injection
Andhra Pradesh	Round 3	88%	14%
	Round 4	92%	
Bihar	Round 3	88%	1%
	Round 4	64%	
Jharkhand	Round 3	14%	2%
	Round 4	58%	
Odisha	Round 3	82%	24%
	Round 4	66%	

NOTE 1: For all the Figures and Table included in ANC services the “n” is the total number of pregnant women registered.

NOTE 2: In Table no. 4: Percentage of Pregnant Women Received TT Injections, for round 4 the indicator is Percentage of pregnant women received 2 TT injections and/or booster dose injection.

Discussion:

There is an improve in indicators in Odisha.

In Andhra Pradesh, a decline is seen in 3 ANC checkups indicator. This might be because Warangal district was added in Round 4.

Cyclone Phailin hit the region of Andhra Pradesh and Bihar during round 4 of data collection. This could be an another reason for the decline of the indicators.

3. Delivery Care:

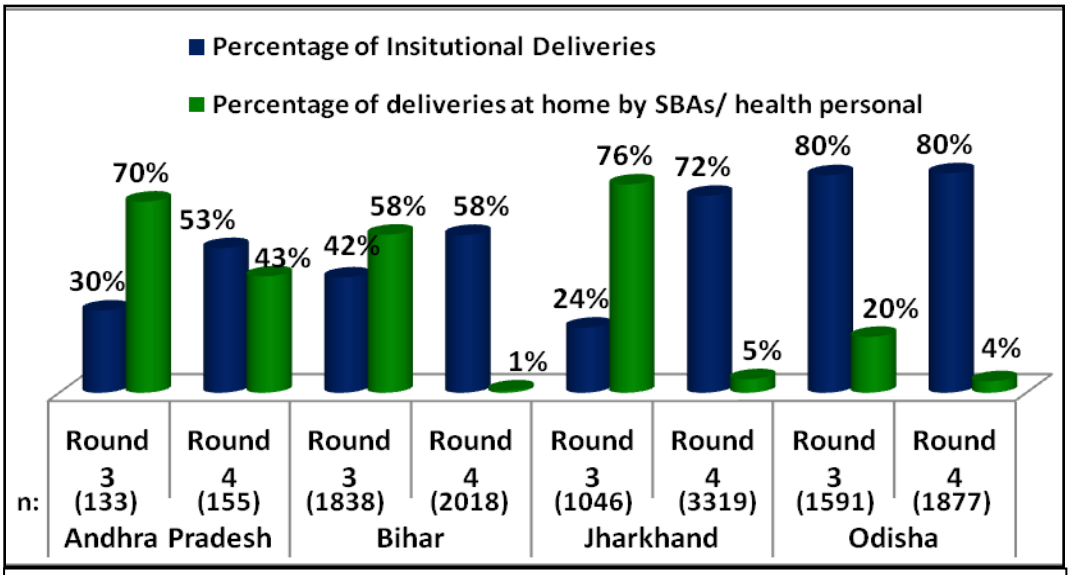

Figure no. 15: Percentage of Institution Delivery

NOTE: In this "n" is the total number of deliveries in the reporting period.

Discussion:

In round 4 data of Bihar, Jharkhand and Odisha, there is a steep difference between institutional deliveries and deliveries at home by SBA. There are two reasons for this:

- Non-response could be one of the reason.
- Deliveries at home which were not conducted by SBA were not mentioned in this graph. So, it might be possible that a large chunk of population belongs to this category.

Reasons for Home Deliveries: Most of the districts of Bihar and Jharkhand are Naxalite prone areas. Also, Cyclone Plailin hit the region of Gaya and there was a flood in that district at the time of round 4 data collection.

Limitations:

a. Limitations of Data:

i. Improper capturing of indicators by AWW's or ANM's
ii. Improper monitoring of survey.
iii. Due to non-response results are not exact.
iv. Addition of New Indicators.

b. Limitation from my side:

i. Time constaint

Suggestions:

1. Continued training of ANMs & ASHAs should be done.
2. Proper measures should be taken for missing data and duplication of data.
3. Measures should be taken for continuation of projects and for proper implementation.
4. More field visits for officers should be organized for checking.
5. Validation checks should be done.
6. Data collected from partners should be checked.
7. Knowledge Management Team should check all the data.

Conclusion:

From the results it is clear that there is an improvement in the indicators related to health status of pregnant women. However, these indicators are not enough to describe the nutrition status of the pregnant women. So, there is a need for adding new indicators to capture the nutritional aspect also. These result outcomes were due to the projects which were running in these states. Some projects were in implementation phase, some projects were closed, and some projects were just opened. So, results vary accordingly. We also find out that there were gaps in the data analysis and data collection. Some problems like duplication of data and non-response also came in light. Moreover, the results were also affected due to geography of the region (e.g., Sundarbans), climate (e.g., Cyclone Plailin) and other factors like naxalisim. So, to achieve the health and nutritional goals, Save the Children has to continue with the projects which are showing improvements and the projects which are not showing results should be rechecked and if necessary should be terminated. Also, proper data checking and proper implementation of projects should also be done.

References

- SC Info guidelines
- SC Presentations
- Data Collection Tool (ANM and AWW).

Annexures

Data collection Tool (ANM Tool)

HEALTH AND NUTRITION TOOL (ANM)

1a) ID		
1	Project Name:	
2	FSC Code:	
3	Project Duration:	
4	Start Date:(refered to as beginning of the project)	
5	End Date:	
6	Partner Name:	
1b) Profile		
7	State Name:	
8	District Name:	
9	1=Urban/2=Rural	
For Rural Please provide the details		
10	Name of Block:	
11	Name of Gram panchayat in case of Rural	
12	Name of Village	
For Urban Please provide the details		
13	Name of City/Town/Zone	
14	Ward Name/Ward Number	
15	Name of Sub Center/ Health unit at ward level	

1c) Information of Block / Ward	
Number of villages / slum clusters under Ward covered by the Subcentres / Health units at Ward level	
Number of villages / slum clusters under Save the Children intervention covered by the Subcentres / Health units at Ward level	

	1d) Other Information	
a	Date of Data Collection:	
b	Name of Data Collector:	
c	Name of Supervisor:	

Table 2	Indicators/Maternal and Child Health Care	Jan 2013 to Sep 2013
	Antenatal Care	
2	Number of women under reproductive health age group (15-49 years) in the village/ward (intervention area)	
2a	Total pregnant women in the village/ward (intervention area)	
2b	Number of pregnant women registered in the reporting period.	
2c1	Number of pregnant women registered in 1st Trimester (within 12 weeks)	
2c2	No. of Pregnant Women registered in 2nd Trimester	
2c3	No. of Pregnant Women registered in 3rd Trimester	
2d	Number of women received 3 Antenatal Care (ANC) checkups	
2e	Number of pregnant women received 100 IFA	
2f	Number of pregnant women received 2 TT and/or booster dose injection	

	Table 3 Delivery Care/Post natal care (6-8 weeks after birth)	**Jan 2013 to Sep 2013**
3a	Number of deliveries during the reporting period	
3b	Number of Insitutional Deliveries	
3c	Number of deliveries at home	
3d	Number of deliveries at home by skilled birth attendants/ health personal	
3e	Number of women received full ANC (3 or more Check up+100 IFA+2TT)	
3f	Number of women received 3 or More check up	
3g	Number of women received 100 IFA	
3h	Number of women received 2TT and/ or booster doses	
3i	Number of caesearian section conducted	

Thank You