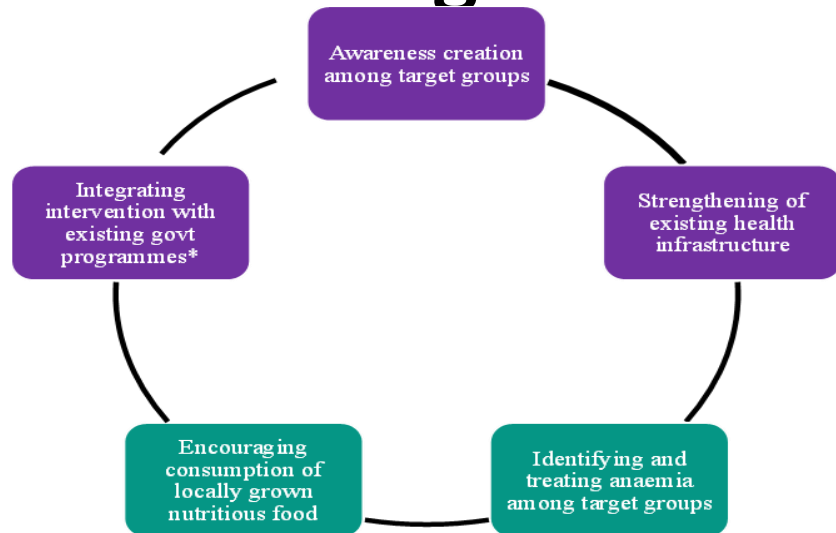


Impact Assessment of ITC's Mission Sunehra Kal Initiative: Mother and Child Health and Nutrition Programme (MCHN) - Assam and West Bengal

Catalyst Management Services Pvt. Ltd.

*Submitted to : ITC Ltd
March 2025*

MCHN Programme



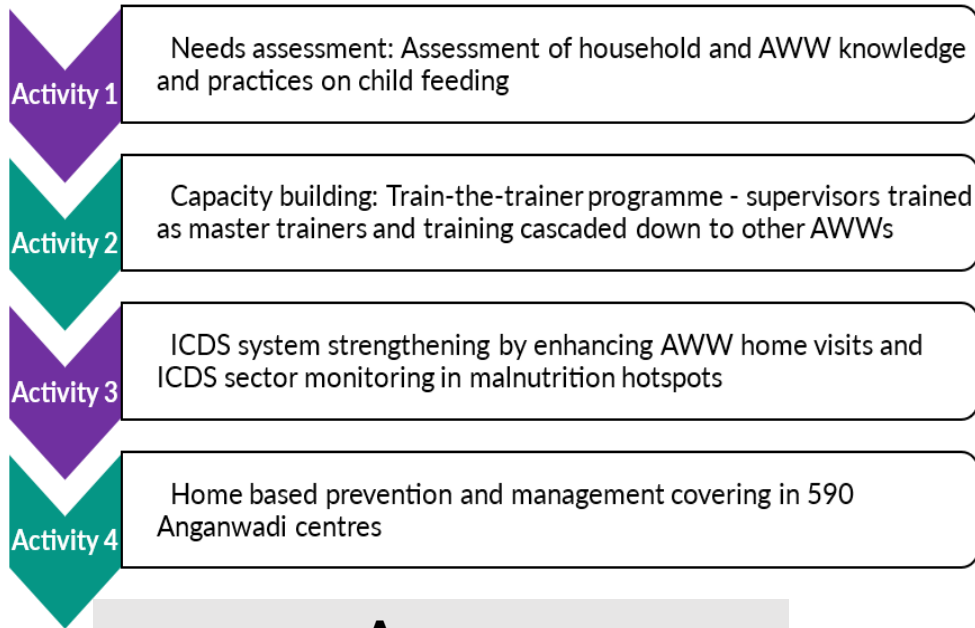
*Includes Anaemia Mukht Bharat, Integrated Child Development Services (ICDS), and Rashtriya Bal Sawasthya Karyakaram (RBSK)

Two unique interventions were piloted in Assam and West Bengal, each customised to local priorities. In Assam, the focus was on enhancing maternal and child nutrition outcomes during 1,000 days window in amplification areas, with an added emphasis on Adolescent Nutrition and Anaemia Prevention within core regions. Meanwhile, the intervention in West Bengal targeted critical issue of child malnutrition and Anaemia Prevention and Family Planning, following a life cycle approach

Indicator	Assam	West Bengal	India	Source
Infant Mortality Rate (per 1,000 live births, 2019)	40	20	30	Sample Registration System (SRS) Statistical Report 2020 (RGI, 2022)
Under-5 Mortality Rate (per 1,000 live births)	48	33	32	Sample Registration System (SRS) Statistical Report 2020 (RGI, 2022)
Maternal Mortality Rate (per 100,000 live births, 2018-20)	195	103	97	SRS Special Bulletin on Maternal Mortality in India 2018-20 (RGI, 2022)
Percentage of Stunted Children (0-59 months)	35.3%	33.8%	35.5%	NFHS-5 (2019-21), Assam & WB Fact Sheets, India Report (IIPS & ICF, 2021)
Percentage of Wasted Children (0-59 months)	21.7%	20.3%	19.3%	NFHS-5 (2019-21), Assam & WB Fact Sheets, India Report (IIPS & ICF, 2021)
Percentage of Underweight Children (0-59 months)	32.8%	32.2%	32.1%	NFHS-5 (2019-21), Assam & WB Fact Sheets, India Report (IIPS & ICF, 2021)
Percentage of Anaemic Children (6-59 months)	68.4%	69.6%	67.1%	NFHS-5 (2019-21), Assam & WB Fact Sheets, India Report (IIPS & ICF, 2021)
Percentage of Women (15-49 years) with Anaemia	65.9%	71.4%	57%	NFHS-5 (2019-21), Assam & WB Fact Sheets, India Report (IIPS & ICF, 2021)

All data points enumerated in the table above have been derived from the sources duly cited. For a comprehensive account of these references, kindly consult Slide 26, wherein the full list of data sources employed in the compilation of this table is provided.

Interventions



Assam

ITC collaborated with the Assam Directorate of Women and Child Development to implement interventions in eight Aspirational Districts of the State: Hailakandi, Dhubri, Darrang, Barpeta, Goalpara, Udalguri, Baksa; plus Kamrup Rural.

West Bengal

This programme was targeted within a 10-kms radius of ITC factories in Kolkata, Howrah, and Hooghly for socio-economically vulnerable communities. In partnership with YouthInvest Foundation, a Community Partnerships project has been implemented to address the following objectives:

- To improve health & nutritional status of women children and adolescent girls during critical periods of life cycle.
- Strengthen community groups (Sathi Groups) through participatory processes and ensure convergence with Government departments for an integrated service delivery.

Study Objectives

Quantitative Assessment of Programme Outcomes

Impact on direct and indirect health and nutrition indicators of children aged 0-6 years, eligible couples, and pregnant and lactating women.

Attribution and Contribution Analysis

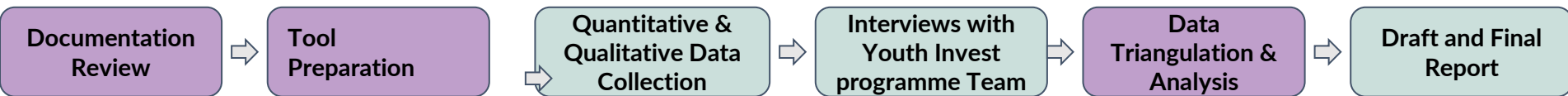
Conducting a rigorous impact analysis, identifying success factors, understanding variations in outcomes, and analysis of contextual influences.

Process documentation and Learning

Documentation of best practices, challenges, assessment of capacity building, and systems strengthening.

Recommendations for Programme Strengthening: Providing actionable insights on programme design, implementation efficiency, scaling strategies, and other recommendations.

Overview: Methodology - Approach



Treatment Area		Control Area	
State - District	Gram Panchayat	State - District	Gram Panchayat
Assam - Kamrup	Champaknagar	Assam - Nalbari	Ghoga
Assam - Darrang	Sherpur	West Bengal - Kolkata	Wards 74, 82
Assam - Barpeta	Kalgachia	West Bengal - Hooghly	Berelakonchmali
Assam - Udalguri	Bahipukhuri	West Bengal - Howrah	Bagnan
West Bengal - Kolkata	Wards 79, 80, 75, 134		
West Bengal - Hooghly	Magra I, Chandrahati II		
West Bengal - Howrah	Beldubi, Tulshiberia		

Selection of non-intervention/control areas

- **Matched Context:** Control areas in West Bengal and Assam were selected to mirror the socio-economic profile, cultural norms, and reliance on government services of treatment sites.
- **No Programme Interventions:** These areas had no ITC interventions, ensuring uncontaminated comparison.
- **Boundary Integrity:** Clear administrative separation prevented indirect influence from ITC's campaigns or trainings.
- **Reason for different district as control site in Assam:** Due to amplification programme, in some programme districts, likelihood of project influence on programme districts was high in Assam, hence Ghoga (Nalbari District, Assam) was chosen after discussions, and a comparable non-intervention rural setup was selected as Control.
- In the findings shown in subsequent slides, control data is shared where data was available

Overview: Methodology - Mixed Methods

Sampling

Tool Development

Data Collection & Triangulation

Data Analysis

Method of Sampling: Multi-Stage Sampling

Tools used: for Quantitative Survey, FGDs, & KII

Pregnant and Lactating Mothers, Mothers of under 5 children

AW supervisor, AWW, ASHA and ANM

Adolescent girls

Government Officials

Young married women

No. of Quantitative Interviews in Assam and West Bengal

Treatment: 516

Control: 199

No. of Qualitative Interviews in Assam and West Bengal

29 (incl. FGDs & KII)



Data cleaning followed by quant data triangulation. Substantiating and backing the quant data by qualitative insights from personal interactions

Developing the Framework for analysis | Thematic Analysis of Qualitative Data | Quant. Analysis Treatment and comparison of group data offer insights on the impact of the intervention



Key Findings

In the programme implemented in collaboration with the Government of Assam, **84% ASHA and Anganwadi Sevikas reported enhancement in their capabilities.** Training of frontline workers resulted in **95% counselling coverage in breastfeeding preparedness.** There was an improvement in the delivery of health and nutrition services with **84% adolescents receiving Iron Folic Acid (IFA) tablets (control 29%), 68% receiving deworming (control 29%) and 94% receiving dietary diversity counselling in schools (control 65%).**

ACTIVITIES

OUTPUTS & OUTCOMES

1

Capacity Building of FLWs

100%

Attended at least one training session

75%

Used pictorial IEC in group counselling

2

Context-specific IEC material to AWWs

63%

Attended more than 2 sessions

100%

Seen improvement in observation of VHSND*, after training

3

On ground support to AWWs

84%

ASHA and Anganwadi Sevikas feel that training was sufficient in enhancing knowledge and capabilities

*Village Health, Sanitation and Nutrition Day

“This was the first time someone explained to us not just what to say, but how to say it. I now use simple stories and flipcharts to counsel women”

1

Since there is migrant population, FLWs report difficulty in following up with women/mothers that results in mothers receiving the counselling

2

High workload and difficult terrain

3

Travel difficulties during floods

FLWs



87.5% observed better maternal nutrition in their area

100% regularly participate in meetings/discussions with other FLWs on maternal & child health

FGDs done revealed methods used by ITC to train FLWs particularly the IEC helped them understand and further explain the content well to the mothers

CDPO, Pub Mangaldai - training programmes by ITC have increased AWWs' comprehension of important topics including exclusive breastfeeding and complementary feeding.

CHALLENGES (Reported by Participants)

Programme Participants

Other Findings

ACTIVITIES

OUTPUTS & OUTCOMES

1

Counselling from AWWs, ASHA and ANM for behaviour change

T-94
C-91

Pregnant women received and consumed IFA tablets regularly

T-100
C-87

Received calcium supplements during pregnancy

T-95
C-82

% received counselling on birth and breastfeeding preparedness

T-94

% who have seen the growth chart

T-2.27
C- 2.05

Avg# of ANC check-ups attended for the last pregnancy

“The AWW didn't just tell me to eat better—she has drawn a plate and explained how to fill it. Now my husband buys extra vegetables once a week”

1

Since there are migrant groups of mothers and women following up with all 7 home-visits cannot be ascertained

2

Transportation challenges for mothers (in remote areas) due to the floods which has a bearing on ANC/visiting the AW center/ attending Village Health, Sanitation and Nutrition Day

Pregnant Women



Awareness and consumption of IFA is commendable

Mothers appreciated simplified counselling by ITC staffs.

CDPOs also reported that ITC tailored its approach to address unique challenges and problems in remote areas. In minority areas, there is a general lack of knowledge on feeding babies (e.g., on whether kids can be fed maida, water, etc.) since mothers go to work. There are also some groups that are unwilling to take their children for another round of immunisation. For such groups, ITC supported organisation mobilised these groups and linked them for checkups for Pregnant & Lactating women, immunisation for children, and provision of IFA supplements to adolescent girls and pregnant women during Village Health, Sanitation and Nutrition Days

CHALLENGES (Reported by Participants)

Programme Participants

Other Findings

ACTIVITIES

OUTPUTS & OUTCOMES

1

Counselling from
Awws, Asha and
ANM for
behaviour change

T-100
C-100

% practicing
early initiation
of breastfeeding

T-100
C-88

% who delivered
at government
facility

T-79

% noticed
improvements in
their own health

T - 2.72
C - 2.65

Avg. Birth
weight of the
child in Kgs

1

Follow up with migrant
households is difficult

2

During floods there are
challenges with maintaining
Take Home Ration (THR)
stocks as transportation is
difficult

3

Lack of willingness among
families in approaching
NRCs since it means loss
of work-days

Lactating
Women



100% early initiation of
breastfeeding reported

FGDs revealed that
compared to three years ago,
the belief that colostrum
(first milk) is dirty has been
changed as a result of ITC's
awareness endeavours

Women who are from
migrant households are
unable to get the PNC or the
regular care their child needs
in the initial 1,000 days

Strong FLW counselling
during third trimester

CHALLENGES (Reported
by Participants)

Programme Participants

Other Findings

1

Counselling from
Awws, Asha and
ANM for
behaviour change

T-84
C-29

% who received IFA
tablets in school in
the last 6 months

T-68
C-29

% who recd.
deworming tablets
in school (last 6
months)

T-100
C-50

%FLWs providing IFA to
out-of-school girls

T-94
C-65

% who received dietary
counselling in school

Adolescents



1

Persistent myths around menstrual hygiene

2

Older girls, especially those out of school,
were less likely to participate in group
sessions

ACTIVITIES

OUTPUTS & OUTCOMES

1

**Counselling from
AWWS, ASHA and
ANM on Family
Planning**

T-63
C-60

% using family
planning method

T-100
C-100

% aware of the
importance of birth
spacing

T-59
C-53

% counselled by
ASHA on family
planning

T-24
C-21

% counselled by
ANM on family
planning

T-26
C-17

% counselled by
Doctor on family
planning

1

While 100% of FLWs reported engaging men, these were mostly informal interactions and a more structured or systematic male engagement is required

**Eligible
couples**



Couples reported that both the husband and wife were involved in decision-making on pregnancy.

Couples report that they notified ASHA workers after conception, after which they were prescribed iron and calcium supplements.

Couples provided positive reviews on care provided by both family members and ASHA workers. ASHA workers counselled couples regarding family planning and the need for a gap between the first and second pregnancy. Couples also reported using contraceptives like diaphragms, ANTARA injections (on ASHA worker's suggestion), and copper T.

**CHALLENGES (Reported
by Participants)**

Programme Participants

Other Findings

District-Level Maternal and Child Indicators, Assam (few additional parameters)

Indicators	Kamrup	Barpeta	Udalguri	Darrang
Institutional deliveries	100%	100%	100%	100%
PNC within 48 hours of delivery	83.3%	100%	100%	85.7%
% Children fully immunised (12-23 months)	81%	58%	53%	47%
% Consumed ≥ 4 food groups (24 hrs)	75%	64%	55%	61%
% Introduced to semi-solids at 7-8 months	71%	59%	41%	67%
% Received Vitamin A (last 6 months)	82%	61%	48%	65%

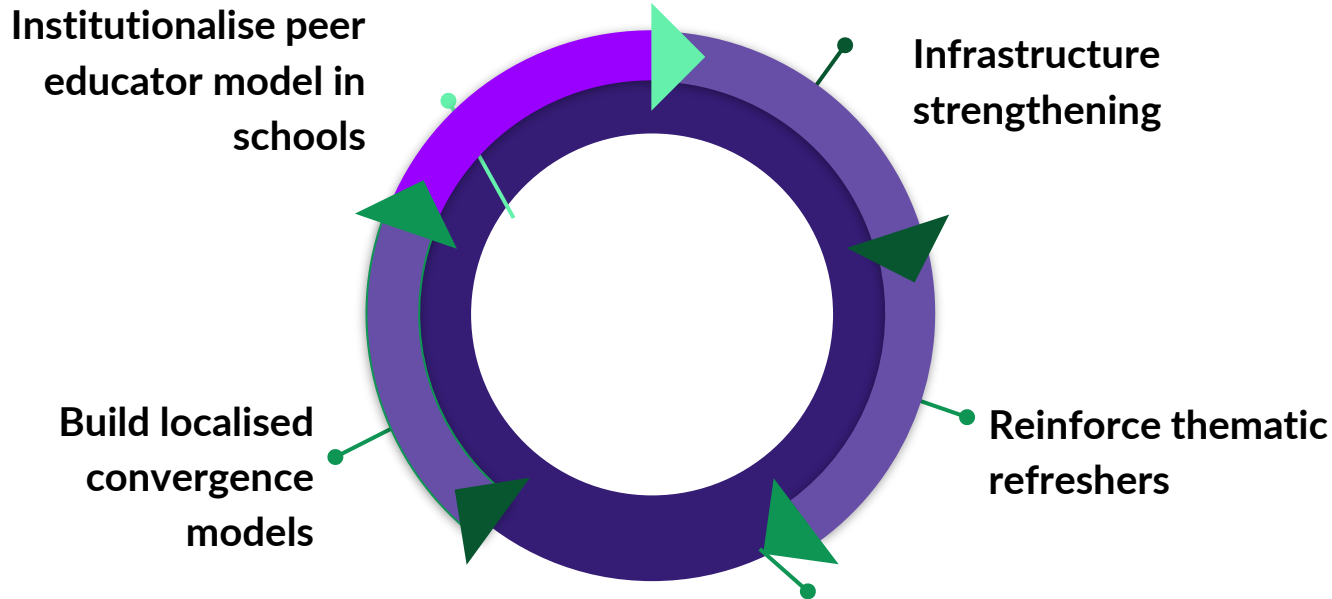
Kamrup consistently leads in core service indicators such as child immunisation and dietary diversity.

Maternal service utilisation also varied.

Darrang along with Barpeta and Udalguri presented mixed results with Darrang doing better in Child level nutrition indicators

Barpeta shows mixed performance- leading very well in maternal indicators relative to the child indicators.

Recommendations for Assam





Key Findings

76% of frontline workers reported that the training sessions adequately enhanced their knowledge. **90% of pregnant women** received counselling on birth and breastfeeding preparedness, while **98% of pregnant women** regularly received and consumed IFA tablets and **96% received calcium supplementation** during pregnancy. Following their participation in the programme, **88% of respondents** made dietary changes, and **84% received counselling on appropriate complementary feeding.**

ACTIVITIES

OUTPUTS & OUTCOMES

1

Capacity Building of FLWs

100%

Attended at least one training session

94%

Used pictorial IEC in group counselling

76%

Feel that training was sufficient in enhancing knowledge

2

Context-specific IEC material to AWWs

41%

Attended more than 2 sessions

41%

Find no challenges in using IEC

70%

Seen improvement in observation of VHSND, after training

3

On ground support to AWWs

“Before ITC, I’d explain feeding in one line. After the training, I use locally relevant examples - fish curry with greens—and show mothers the flipchart. They remember that better than words.”

1

Uneven Training Coverage

2

Limited reach to adolescents

3

Transport limitations during emergencies

FLWs



FLWs requested refresher sessions and workload support

High IEC usage and confidence in knowledge

Challenges faced by FLWs in using IEC material include community members not having enough time to receive counseling.

CHALLENGES (Reported by Participants)

Programme Participants

Other Findings

ACTIVITIES

OUTPUTS & OUTCOMES

1

Counselling from
AWWS, ASHA and
ANM for
behaviour change

T-95
C-87

% received and
consumed IFA
tablets regularly

T-96
C-81

% received calcium
supplements during
pregnancy

T-94

%Who has seen the
growth chart

T-1.94

Avg # of ANC check-
ups attended for the
last pregnancy

“Earlier, we visited the AWC just for rations. Now, I go there for advice. The AWW tells me what to eat, how to eat. I trust her.”

1

Cultural and
structural barriers

2

Male partners still
less involved

3

Transportation
challenges for
mothers

**Pregnant
Women**



Mothers appreciated simplified counselling by ITC staffs

Under the ITC MSK Project, Community Growth Charts were given to core area Anganwadi Centres (AWCs). So, the percentage of people who have seen the growth chart can be credited to the programme.

CHALLENGES (Reported
by Participants)

Programme Participants

Other Findings

ACTIVITIES

OUTPUTS & OUTCOMES

1

Counselling from
Awws, Asha and
ANM for
behaviour change

T-84

% practicing
early initiation
of breastfeeding

T-79

% who delivered at
Government facility

T-76
C-63

PNC home visit
within 48 hrs of
delivery

T-80
C-69

% noticed
improvements in
their own health

T-2.61

Birth weight of
the child in Kgs

“Earlier, women delivered at home because they feared hospitals; now, FLW counselling and accompaniment have made institutional delivery the norm”

1

Cultural barriers

2

Male partners still
less involved

3

Transportation
challenges for
mothers

**Lactating
Women**



Mothers appreciated
simplified counselling by
Awws

Side effects of IFA
tablets led to non-
compliance in some
cases

CHALLENGES (Reported
by Participants)

Programme Participants

Other Findings

ACTIVITIES

OUTPUTS & OUTCOMES

1

Counselling from
AWWS, ASHA and
ANM for
behaviour change

T-84
C-29

% who received
Dietary counselling

T-66
C-13

% Adolescents
screened for
anemia

T-57
C-13

% who recd.
deworming tablets
in school (last 6
months)

T-94
C-83

% FLWs providing
IFA to out-of-
school girls

“We now have a discreet space in school to talk about periods; makes us feel respected”

1

Persistent myths around
menstrual hygiene

2

Supply of sanitary
pads is inconsistent –
FGD - Adolescent
Girls, Howrah

Adolescents



In intervention areas there
is scope for FLWs to tackle
myths around menstrual
health

Strong school level
counselling appreciated by
adolescents

FGD - Adolescent Girls, Kolkata - adolescents exhibited basic
awareness on personal and menstrual hygiene during the FGD, which
they reported receiving from ITC representatives.

CHALLENGES (Reported
by Participants)

Programme Participant

Other Findings

ACTIVITIES

OUTPUTS & OUTCOMES

1

Counselling from
Awws, Asha and
ANM on Family
Planning

T-63
C-67

% using family
planning method

T-50
C-44

% counselled by
ASHA on family
planning

T-74
C*-92

% aware of the
importance of birth
spacing

T-28
C-18

% counselled by
ANM on family
planning

T-11
C-0

% counselled by
Village Health,
Sanitation and
Nutrition Day
meeting

1

Teenage pregnancies
prevalent

2

Cultural barriers

3

Despite receiving
counselling on family
planning, couples are not
consistently
implementing the advice-
FGD-FLWs, Hooghly

Eligible couples



Teenage pregnancies
prevalent among daily
wage workers or
couples from LIGs

Teenage couples
ready to follow
family planning
methods

Pressure from elders to deliver a child within the first year of
marriage

CHALLENGES (Reported
by Participants)

Programme Participant

Other Findings

District-Level Maternal and Child Indicators, West Bengal (few additional parameters)

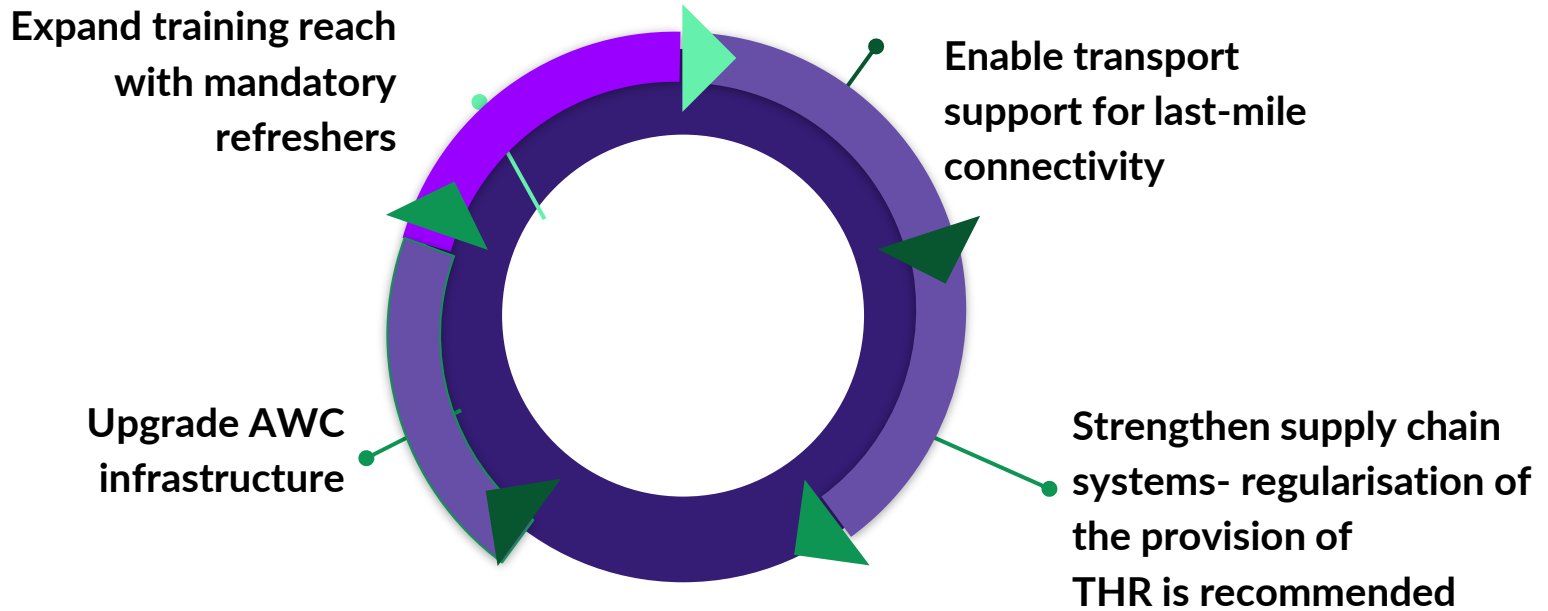
Indicator	Howrah	Hooghly	Kolkata
PNC visits within 48 hrs of delivery	58%	76%	79%
Children fully immunised	50%	70%	61%
Consumed ≥ 4 food groups (past 24 hrs)	63%	73%	63%
Introduced to semi-solids at 7-8 months	43%	67%	61%

Intervention districts such as Hooghly have seen stronger health and nutrition outcomes.

Hooghly is doing best on most service indicators

Knowledge from FLWs is slowly and gradually translating into behaviour change in West Bengal

Recommendations for West Bengal



Notes

- District wise control group nos. was very less and the difference in percentage points might have been influenced by individual characteristics of respondents. Therefore, representativeness is limited.
- While district-wise percentages are calculated using precise denominators specific to each question and district, the cumulative state-level percentages may show slight variation due to rounding, response variability, and sample composition differences. For example, not all respondents in each district were eligible or answered every question (e.g., only those who had given birth were asked about PNC or institutional deliveries). Therefore, when calculating for state level, we use a weighted method based on how many people actually answered each question, and not a simple average of the three district percentages.
- T= Treatment Group ; C= Control Group

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Thanks !

