

Assessing gaps in Infant and Young Child Feeding (IYCF) practices and capacity building of functionaries and beneficiaries of Integrated Child Development Services (ICDS) for improved outcomes

Suneeta Chandorkar, Tasneem Miyawala

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Abstract

Knowledge, Attitude and Practices (KAP) of Anganwadi workers (AWW) i.e. ICDS functionaries and mothers regarding maternal health care practices during pregnancy and IYCF practices were assessed. The AWWs were well aware about the objectives of the ICDS program. Knowledge scores of functionaries regarding maternal health care and IYCF at baseline were good. Most AWWs had little information on the importance of the Nutrition Health Education (NHE) service and how it should be implemented. Knowledge scores of mothers regarding IYCF were sub optimal. Utilisation of antenatal care by mothers was good with 90% of mothers receiving more than three checkups. Utilisation of food supplements and attending sessions by mothers at the Anganwadi (ICDS centre) was sub-optimal at baseline. There was lack of convergence between ICDS and health sector. Appropriate interventions led to improved counseling and delivery of nutrition, health services by ICDS functionaries and adoption of optimal IYCF practices by mothers.

Key Words: Infant and Young Child Feeding (IYCF); Antenatal Check up; Counseling; Integrated Child Development Services (ICDS) Program

Introduction

There is a critical window of opportunity starting from women's pregnancy to her child's second birthday –the first 1000 days of life. Nutrition during this period is very crucial as it has greatest impact on saving child lives, and promoting physical and cognitive development. (www.savethechildren.net). The first 2 years of life, particularly the earliest months, are crucial for addressing under nutrition that arises as a result of a combination of low birth weight, suboptimum feeding, and infections such as diarrhea. Early under nutrition predisposes to irreversible effects on educational attainment, adult height, income, and the birth weight of subsequent

off spring. (Paul et al, 2011). After the age of two, the window closes and the opportunity for the child is lost. This 'Window of Opportunity' to prevent under nutrition is the same period when the recommended Infant and Young Child Feeding Practices (IYCF) are applied. Indian Academy of Pediatrics (IAP) formulated the National Guidelines for IYCF in 2004 and revised the same in 2010. Early initiation of breastfeeding, exclusive breastfeeding for the first six month of life followed by continued breastfeeding for up to two years and beyond with adequate complementary foods has been proposed as the most appropriate feeding strategy for infants and young children. Adequate nutrition and anemia control for adolescent girls, pregnant and lactating mother is also advocated. (IAP 2010). Integrated Child Development Services (ICDS) Program is the largest nutrition health program in India addressing the challenge of vicious cycle of malnutrition, morbidity, mortality and reduced learning capacity through a life cycle approach. In order to achieve the stated objectives the following services are offered – supplementary nutrition, health check up, immunization, referral services (for children 0-6 years and pregnant and lactating women), pre-school non-formal education (for children 3-6 years) and nutrition health education (for women 15-45 years). The services are offered through Anganwadi centers by functionaries namely the Anganwadi Workers (AWWs) and Anganwadi helpers. The Take Home Ration (THR) consists of four types of ready to cook energy dense blended food fortified with eight essential micronutrients for the targeted beneficiaries free of cost. Mamta Diwas is celebrated on fourth Wednesday of every month and aims at delivering antenatal care services to pregnant women including Nutrition Health Education through convergence of health sector and ICDS. Annaprashan Diwas is celebrated on fourth Friday wherein lactating women gather at the AWCs. They are counseled on optimal IYCF practices, hygienic feeding practices, appropriate feeding for children during and after illness etc. Despite best efforts we have not been able to reduce the maternal mortality, infant mortality and undernutrition appreciably. Under utilization of antenatal health care services by pregnant women, lack of knowledge among frontline health workers and lack of counseling on breastfeeding from any frontline health workers are the major barriers to early initiation and exclusive breast feeding. Late introduction of complementary foods coupled with lower frequency, lack of food diversity,

Suneeta Chandorkar*, Tasneem Miyawala

Department of Foods and Nutrition, The Maharaja Sayajirao University of Baroda, Vadodara 390002, Gujarat, India

*Tel: 0091 265 2795526

*Email: suneetachandorkar@gmail.com

inappropriate consistency and quantity along with lack of knowledge and misconceptions among elderly like mothers - in-law were found to be the common bottlenecks in optimal complimentary feeding. (Population Council, 2010). Also, significant gaps in the knowledge and practices of mothers regarding optimal IYCF practices have been reported. There is a need to reposition ICDS as true development program to produce 'Smart children' and thus a 'Smart society'. Further, redefining the role of our frontline workers is essential; primarily the AWW should perform the role of skilled counselor with a context of child development and other specific roles. (Kumar et al, 2008). Therefore, in order to address the above issues a qualitative research approach was adopted to identify gaps in knowledge attitude and practices, develop effective interventions and assess the impact of the same on IYCF practices.

Methodology

Thirty Anganwadi centers were selected from a total of 303 Anganwadi centers of urban slums of Vadodara using Probability Random Sampling Method. Mothers who delivered from September 2010-october 2012 who were available and willing to participate were enrolled for the study. After receiving necessary consent, data were collected using semi structured and pretested interview schedules on a sample of 419 subjects. The parameters studied were - utilization of antenatal care services during last pregnancy, knowledge and perceptions of the AWW and helper regarding IYCF practices and importance of ICDS services. Utilization of ICDS services like supplementary food, Mamta divas activities and Annaprashan divas activities by the mothers. Capacity building of AWW and helper for counseling on appropriate IYCF practices and impact evaluation of the intervention was carried out. The one day training session was divided into following sessions:

1. Under nutrition and its types.
2. Under nutrition in Gujarat.
3. 1000 days and its importance.
4. Initiation of breastfeeding within 1 hour of birth, Exclusive Breast Feeding and introduction of complementary feeding at 6 months.
5. Quantity and quality of complementary foods.
6. Feeding during and after illness.

Focus Group Discussion was conducted at the end of the session to identify the main barriers and challenges to optimal IYCF practices and response and feedback of the workers.

Then a surprise visit for observation of annaprashan day was made on the last Friday of December 2012. A checklist was prepared to observe the activities carried out by the worker and helper on the Anganwadi center on the annaprashan day.

Data were entered, cleaned and analysed using Microsoft Excel 2007. This study was approved by the Institutional Medical Ethical Committee of faculty of Family and Community Sciences, The M.S. University of Baroda under the protocol no. IEHCR/2012/11.

Specific objective

1. To assess the gaps in knowledge and practices regarding IYCF and importance of ICDS services.

2. Capacity building of ICDS service providers namely, AWWs and helpers towards improved delivery of services including counseling for IYCF.

Results

Table 1: Utilization of antenatal care service by the mothers

Indicators	%
Antenatal Checkups Done (N=419)	
Done	97.37
Not done	2.63
Frequency of antenatal checkups (N=408)	
≥3	90.7
<3	9.3
Place of Antenatal check up (N=408)	
Private Hospital	60.5
Govt. Hospital	34.5
Sub-center/PHC/ CHC	0.73
Anganwadi	3.5
Home	1
Antenatal Checkup conducted by (N=408)	
Doctor	86.3
Nurse	13.5
ANM/LHV	2.4

Table 1. on utilization of antenatal care services by the mothers indicates that the status of antenatal checkup was good. Majority of pregnant women (97%) had utilized the antenatal services of which 91% had 3 or more checkups and only 9% of women had less than 3 antenatal checkups. The most preferred place for antenatal checkup was private hospital (60%), followed by a government hospital (34%) with very few opting for sub-centre/PHC/CHC and home. Majority of them (87%) had antenatal checkup conducted by doctors in a private hospital. The results from present study are encouraging as compared to the CES (2009) data. The national figures indicate that 90.4 % of recently-delivered women received at least one antenatal check-up during their last pregnancy with higher proportion in urban areas (82.7%) than rural areas (63.3 %) and 68.7% of the women received three or more antenatal checkups. In Gujarat, 45.7% of the mothers received full antenatal care, 95 % of the women received 1 antenatal checkup, 83.2 % of them received 3 antenatal checkups and 5.2% of the mothers received no antenatal care. (CES, 2009). The association between utilization of antenatal care and improved perinatal outcomes is well

Table 2: Counseling on initiation of breastfeeding, positioning and attachment.

Indicators	Percentage
Counseled on Initiation of Breastfeeding (n=419)	
Correct response	64.0
Incorrect response	36.0
Counseled for Initiation of Breastfeeding by (n=268) (multiple response)	
AWW	15.8
ANM	4.5
Doctor	65.3
Others	20.2
Counseled on Positioning and Attachment of the Baby while Breast Feeding (n=419)	
Correct response	62.0
Incorrect response	38.0
Counseled on Positioning and Attachment by (n=259) (multiple response)	
AWW	14.7
ANM	4.6
Doctor	65.6
Other	20.1

established. Still births and LBW babies were high in mothers who did not get any antenatal checkup. Iron and folic acid intake and antenatal care improved the pregnancy outcome significantly. The most powerful of all interventions was found to be the education of the girls. Better access to antenatal care offered opportunities for counseling and risk detection. Effective communication, empowerment of individuals and families through appropriate IEC can go a long way in ensuring improved maternal and child health. (Singh et.al. 2012).

Data from CES (2009) suggest that 69% of the women receive advice on breastfeeding practice and nutrition during pregnancy in India. In Gujarat, 74.0 % of the women received nutrition advice during the antenatal care among the mothers who delivered during 12 months preceding the survey. (CES, 2009). Data obtained from the present study (Table 2) are better than the previous studies.

Table 3. Attendance in Mamta Day Activities.

Attendance in Mamta day activities in last 3 months (n=616)	Percentage
Once	26.3
Twice	23.7
Thrice	41.2
Don't know	8.8

Data presented in the table 3 on attendance during Mamta day activities indicate that 41% of the mothers attended Mamta day in last three months. Fifty percent of the mothers attended the Mamta day activities once or twice in last three months, while 9% of the mothers were unaware of the Mamta day in the Anganwadi center. The poor attendance by mothers at the Mamta day may be a possible reason for poor rates of counseling by ICDS service providers on IYCF.

Table 4: Utilization of ICDS supplementary feeding services by the Mothers.

Child currently receiving Supplementary food (Balbhog) from Anganwadi (n = 324)	Percentage
Yes	77.8
No	22
No. of packets received each month (n=252)	
<4 packets	38.5
4-5 packets	26.2
5-6 packets	6.3
7 packets	26.9
Reason for not receiving or receiving >7 packets (N=256)	
Non availability at the center	11.7
Don't take packets as child does not like the taste	38.2
Only 1 packet given each week	15.1
Other	35.7
Full packet of Balbhog given to the child (N=252)	
Yes	56.7
No	43.3
Reason for not feeding full packet (N=109)	
Child does not like taste	49.5
Non consumable / bad quality	5.5
Share with siblings	33
Other	11.9

The data presented in the table 4 on utilization of supplementary foods from ICDS reveal that 78% of the mothers reported to receive balbhog from the AWC and 22% of the mother reported to not receive balbhog from the center. Thirty nine percent of the mothers reported to have received less than 4 packets of balbhog from the Anganwadi center while 33% of the mothers reported to receive 4-6 packets of balbhog in a month and only 27% of the mothers reported to receive 7 packets of balbhog every month.

The major reason stated for collecting less than 7 packets of balbhog in a month were unacceptable taste of the balbhog packet by the child (38%), followed by only one packet given per week from the center (15%), unavailable at the center (12%), and child does not eat etc. On observation it was realized that the poor utilization of balbhog was due to lack of variety in the recipes prepared out of the mix.

Data from NFHS-3 (2005-2006) show that 26% of the children under 6 years received supplementary food from Anganwadi center and of them 33% received supplements less than once a week. (International Institute of Population Sciences and Macro International, 2007).

A departmental study showed that majority of the mothers (50%) were unaware of the ration of supplementary food distributed to a normal and severely malnourished child and half of them did not feel there was any improvement in the health of their children on consuming supplementary foods at Anganwadi centers. It also showed that most of the children liked the Anganwadi center's snack but took it home and shared with their siblings or mothers. (Daxini and Kanani, 2008).

Data presented in table 5 on knowledge of AWW about initiation of breastfeeding show that a majority of AWWs counseled mothers regarding initiation of breastfeeding during last trimester of pregnancy and were trained how to help primi mothers to initiate breastfeeding to the child. Mother support group was reported to be present in 57% of the cases who mainly helped the AWWs in calling the mothers to the AWC. The overall knowledge of workers about IYCF practices was optimal. All workers (100%) were aware about initiation of breastfeeding within 1 hour of birth and breastfeeding as the first feed of the newborn. Every worker (100%) reported that prelacteal feed should not be fed to the child and all of them knew that the initial secretion from breast is known as colostrum. Most of them (80%) knew the advantages of feeding colostrum to the new born and referred to it as first immunization of the child that improved the immunity of the child '*pilu dudh balakni rog pratikarak shakti vadhare*'. Daxini and Kanani, (2008) reported that majority of the AWWs interviewed believed that the child should be fed breast milk immediately after birth. More than half of the (50-90%) were aware of the advantages of feeding colostrum in terms of improved immunity. Almost 50% of the workers gave the right advice to increase the frequency of breastfeeding to mothers not having enough breast milk while 45% of the workers reported to advice the mothers to eat healthy foods like pulses, fruits, vegetables etc, send the mother to the doctor or hospital, counsel on positioning, to drink water half an hour prior to feeding, or do some 'mannat' etc. Seven percent of the workers reported to advice mother with inadequate breast milk secretion to stop breastfeeding the child.

Table 5. Knowledge of AWW about Early initiation of Breastfeeding.

Correct time to start counseling the mothers regarding breastfeeding (n=30)	Percentage
During pregnancy	93.3
After child birth	6.7
Received any training regarding how to help a primi mothers about initiation of breastfeeding (n=30)	
Yes	90
No	10
Presence of mother support group in area(n=30)	
Yes	56.7
No	43.3

Kind of help received from mother support group (multiple response) (n=17)	
Counsel regarding breastfeeding	23.5
Call them up to AWCs for Mamta divas	70.6
Other	23.5
Correct time to attach baby to breast after birth	
Correct response	100
First feed of the baby	
Correct response	100
Advantages of colostrum (multiple response) (n=30)	
Child becomes healthy	43.3
Colostrum is energy dense/nutritious	13.3
Improves the immunity	80
Other	6.7
Advice to be given to mother with inadequate breast milk secretion (n=30)	
Increase breastfeeding	46.6
Do not breastfeed	6.7
Other	46.6
Frequency of breastfeeding day and night (n=30)	
As and when child demands	26.6
6-8 times	30
8-10 times	26.6
More than 10 times	16.7
Should the child be given anything else along with breast milk (n=30)	
Correct response	90
Incorrect response	10

Twenty seven percent of the workers reported the ideal frequency of breastfeeding to be as and when demanded by the child day and night, while 30% and 27% of them reported breastfeeding the child 6-8 times and 8-10 times in day and night respectively. Majority (90%) of the workers responded that nothing should be fed to the child along with breast milk till 6 months of age.

A study conducted in rural Uttar Pradesh (North India) showed that many frontline health workers supported the practice of exclusive breastfeeding. However, as they were not aware of the composition of breast milk and that breast milk contains 80% water, which is adequate for a child aged less than 6 months, they advised women to feed water to the child. (Population Council, 2010).

A study in urban slums of Allahabad showed that knowledge regarding optimal infant and young child feeding practices was very poor with respect to initiation of breast-feeding within six

hours (17.4%), colostrum feeding (34.8%), exclusive breastfeeding (5.8%) and it was also observed that significant gaps existed between knowledge and practice. (Kumar et.al 2008).

Data presented in table 6 on knowledge of AWW about exclusive breastfeeding, shows that majority of the AWWs (87%) reported the correct age for exclusive breastfeeding as six months while 10% reported the same as less than six months and 3% as more than six months. Fifty three percent of the workers reported the correct method of breastfeeding as emptying one breast before offering the other. Majority of the workers (90%) reported the correct age of feeding water to the child as after 6 months, however 10% of them were unaware about the correct age of feeding water to the child. Seven percent of the workers reported that water should be given to the child immediately after birth and only 3% of the workers reported the same to be fed as and when required by the child.

A study conducted in rural Vadodara showed that 60% of the AWWs believed 6 months as the age for exclusive breastfeeding (not even water) and 85% of the AWWs opined that water should be given before 6 months. Thus they lacked knowledge regarding age of exclusive breastfeeding and initiation of water to the child. (Daxini and Kanani, 2008). The most common counseling option by the workers (53.3%) for working mothers for exclusive breastfeeding of the child was to express the milk and store it before going to work and 70% of the workers were aware about technique of breast milk expression and storage. On the other hand, 30% of the workers did not know that breast milk can be expressed and stored. Forty percent of the workers reported to counsel the mothers to extend the maternity leave or take break from the work to facilitate exclusive breastfeeding.

The overall knowledge of AWW about Complementary foods was average. Sixty three percent of the workers reported the right age of introducing complementary foods while almost 40% reported the age of introducing complementary foods either too early or too late. Twenty percent of the workers reported the age of introduction of solid foods before 6 months and 17% reported it to be after seven months. The most common reason reported by the workers (83%) for early introduction of complementary foods to the child was breast milk alone being insufficient for child's growth and 17% reported as the child is grown up to introduce solid foods to the child. Majority of the workers (80%) reported that timely introduction of solid foods to the child makes the child healthy and promotes growth and 20% reported that through timely introduction of solid foods child will be able to learn eating. Most of the workers (93%) reported that late introduction of complementary foods to the child causes growth faltering of the child and almost 30% reported that late introduction of solids to the child will cause child to be cranky and child will fall ill more often. Dal water (77%), khichdi (60%) and raab (53%) were the most preferred solid foods to be introduced to the child while mashed potatoes were preferred by 27% of the workers as a solid food for the child. The quantity of complementary foods for the child as reported by most of the workers (67%) was either one or two spoon i.e. (<1/2 katori) which was less than the ideal quantity. Only 23% of the workers reported the right quantity of feeding solid foods for the child i.e. 1/2-1 katori. Almost 57% of the workers reported the consistency of solid foods for the child as semi solid mashed while 43% of the workers still reported the consistency of foods for child as liquid soups. Most of the workers (60%) reported the ideal frequency of foods as 2- 3 times a day while 20% reported to feed the child as and when demanded by the child.

Table 6: Knowledge of AWW about Exclusive Breastfeeding

Duration of Exclusive Breastfeeding (n=30)		Percentage
Correct response		86.7
Incorrect response		13.3
Correct method of breast feeding the child (n=30)		
Correct response		53.4
Incorrect response		46.6
Age of feeding water to the child (n=30)		
Correct response		90
Incorrect response		10
Counseling on options for working mothers for exclusive breastfeeding till 6 months (multiple response) (n=30)		
Extend maternity leave		23.3
Express the milk and store it before going to work		53.3
Take break from work and feed the child		16.7
Other		13.3
Knowledge about breast milk expression and storage (n=30)		
Correct response		70
Incorrect response		30

Table 7: Knowledge of AWW about Complementary foods. (Timely Introduction, Quality, Quantity, Frequency).

Right age of introducing complementary foods to the child (n=30)		Percentage
Correct response		63.3
Incorrect response		36.7
Reason for early introduction of complementary foods (n=6)		
Breast milk alone is not sufficient for child's growth.		83.3
Child is grown up now		16.7
Benefits of timely introduction of complementary foods to the child foods (multiple response)		
Child remains healthy and grows well		80
Child becomes playful		6.7
Child learns to eat		20
Don't know		3.3
Other		6.7
Disadvantages of late introduction of complementary feeding to the child foods (multiple response)		
Child will become cranky		33.3
Childs growth will falter		93.3
Child will fall ill more often		30
Initial foods to be introduced to the child's diet (multiple response)		
Dal water (thin lentil soup)		76.7
Raab (thin wheat/rice porridge)		53.3
Khichdi (boiled semi-solid rice and lentil preparation)		60
Mashed potatoes		26.7
Other		23.3
Right quantity of complementary foods for the child (n=30)		
Correct response		30
Incorrect response		70
Right quality of complementary foods for child (n=30)		
Correct response		56.7
Incorrect response		43.3
Initial frequency of feeding complementary foods to the child (n=30)		
Correct response		60
Incorrect response		40
Best way of feeding the child (n=30)		
Correct response		76.6
Incorrect response		23.4
Hygiene practices to be observed by the mother before feeding (multiple response) (n=29)		
Hand washing with soap		72.4
Using clean washed utensils		51.72
Covering the food		31
Heating the food/fresh homemade foods		34.5
Other		3.45
Content of Counseling to the mothers (multiple response)		
There should be no sharing		26.7
The child should be fed the packet and should not throw away or given to cows		23.3
It is good for child's growth and development		63.3

Majority of the workers (77%) reported that the correct way of feeding the child was to encourage the child to finish up the meal and feed the child on demand while 23% reported force feeding the child as the correct method.

A study conducted to assess the knowledge, attitude and perception about promotion of community based complementary feeding practices of ICDS, AWW from semi tribal sector Vadodara showed that the knowledge of AWWs regarding key IYCF practices was average and overall knowledge and perception for promoting complementary feeding practices score was 40%. (Parikh and Sharma, 2011).

A study conducted in rural Uttar Pradesh (North India) showed that about 80% of frontline health workers (Accredited Social Health Activists (ASHAs), AWWs and Auxiliary Nurse and Midwives (ANMs)) had correct knowledge regarding the type of complementary food to be given to a child. However, only 11-25 % were correctly aware of the recommended frequency of feeds but their knowledge on the quantity of food to be fed to children was low. Thus, it can be concluded that frontline health workers were not aware of the critical link between complementary feeding and child malnutrition and its consequences. (Population Council, 2010).

Hygiene practices like hand washing with soap and using clean utensils were reported by 72% and 52% of the AWWs respectively as preparation by mothers before feeding solid to the child. The other important preparations like covering the food, heating the food/preparing fresh homemade foods were not perceived as important by the workers which could be due to lack of awareness of the workers. All the workers reported to counsel the mothers regarding importance of feeding balbhog to the child with majority (63%) stating that balbhog is good for child's growth and development and the whole packet should be fed to the child and not thrown away to cows (27%). Counseling included preparing a variety of preparations like bhakri (unleavened bread), raab (thin porridge), sukhdhi (sweet cake like preparation) out of balbhog through "rasoi show" (cookery show).

Table 8: Knowledge of AWW about Annaprashan Divas.

When is the Annaprashan divas celebrated (n=30)		Percentage
Correct response		83.3
Incorrect response		16.7
Objective of annaprashan divas(n=30)		
To promote introduction of safe, energy dense complementary foods to the child in addition to breast milk.		96.7
Don't know		3.3
Do all the lactating women in the area attend annaprashan divas (n=30)		
Correct response		86.7
Incorrect response		13.3
Activities to be undertaken with mothers on annaprashan divas (multiple response)		
Recipe demonstration		66.7
Growth monitoring		13.3
Counseling		23.3
Distributing balbhog recipe to mother and encouraging them to feed the child		60
Hand washing practices		10
Filling the attendance sheet		20
Preparations to be done (multiple response)		
Cleaning the AWC		20
Informing and motivating mothers to attend		66.7
Cleaning the kitchen area		13.3
Hanging posters		10
Arranging water and soap for hand washing		3.3
Arranging for clean drinking water facility		3.3
Hanging annaprashan hoarding outside AWC		10
Maintaining the attendance register		26.7

Most of them (83%) reported about preparations a day prior to the annaprashan divas, while 13% reported that there is no need of any prior preparations. The main prior preparations reported were informing and motivating mothers to attend (67%) and maintaining the register (27%). The AWWs were not aware about preparations like cleaning the kitchen area, hanging annaprashan posters, arranging for water, soap and safe drinking water as a part of preparations a day before annaprashan divas was organized.

A one day interactive session for AWWs, helpers and ANMs was planned and the results of the baseline survey including nutritional status of the children and status of key IYCF practices among the infants less than two years were presented. Capacity building of service providers to improve the status of IYCF practices among health sector at different contact points and to improve the implementation of Annaprashan divas was carried out.

The post intervention assessment of knowledge of AWWs on optimal IYCF practices and delivery of ICDS services namely, celebration of Annaprashan divas showed significant improvement over baseline. The knowledge of AWWs, helpers and ANM regarding Annaprashan day improved after the intervention. The knowledge of functionaries about the right age of introducing solid foods and the quantity to be fed to the child at one time also increased after the intervention. A study in urban Vadodara reported similar findings as the present study. Observation data revealed that vertical campaigns took up about one fifth of ICDS workers' time during the study period and adversely affected functions like NHE. Prior to intervention, AWWs had adequate knowledge regarding quality and quantity of foods to be fed to children under 3 years but post intervention nearly half of the AWWs could recall the right messages regarding frequency and quantity of meals for various age groups as communicated in the training workshop. (Daxini and Kanani, 2008).

Conclusion

It can be concluded that the utilization of antenatal care services by the mothers who delivered in the past two years was good. The delivery of services namely, counseling regarding optimal IYCF practices and celebration of Annaprashan divas was sub-optimal. The service providers had good knowledge about optimal breast feeding practices while knowledge about quality, quantity and frequency of complementary foods was sub-optimal. However, capacity Building of key functionaries of ICDS and promoting appropriate convergence between health and nutrition sector can improve young child nutrition further. Also in-service training of functionaries should be carried out as mandated.

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