HANS Mobile Medical Service Project-Base Line Report Year 2020-2021

PRASAR, Lucknow

Supported By:

The Hans Foundation,
New Delhi.

Content

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Acronyms

PRA	Participatory Research Appraisal
FGD	Focused Group Discussion
PRI	Panchayat Raj Institution
CBO	Community Based Organization
TBA	Traditional Birth Attendants
ASHA	Accredited Social Health Activist
ANM	Auxiliary Nurse Midwife
GP	Gram Panchayat
CWC	Child Welfare Committee
BPL	Below Poverty Line
APL	Above Poverty Line
HH	Household

Executive Summary

PRASAR with the financial support of The Hans Foundation has been implementing Overall Women & Adolescent Health Care Programme since June 2011 in 127 villages of Banki, Masauli and Dewa Blocks of district Barabanki (UP).

The programme evidently sought to ensure maternal and adolescent Health care through awareness and education and strong services delivery system having implication for substantial reduction in infant mortality rate (IMR) and maternal mortality ratio (MMR). The service delivery system involves Mobile Medical Health Services with a Lady Gynecologists, four staff Nurse, every Gram Panchayat of One Swasthya Sakhi coupled with the provision of pathology test and free distribution of medicines. We conducted the baseline survey in 7 new villages which include villages-Bhaisuriya, Hasanpur Tanda and Rauja of block Fatehpur, Achecha, Amrauli and Sirauli Kala of block Ram Nagar and Wajidpur of block Masauli district Barabanki (UP) ***phased in*** the Financial Year 2020-21 with the objectives to know the knowledge, attitude and behavior of the Women & Adolescent girls in particular and other community members in general related to Maternal, Adolescent and child health.

The base line survey had many stages like desktop review of the project documents, review of base line report of previous year conducted in the new villages phased in during the financial year, capturing of quantitative and qualitative data through PRA, FGDs and personal interviews, preparation of master-sheets, table formulation and data analysis etc.

Problems related to reproductive health, experiences of women & adolescent girls of excluded communities, reasons why the access of government services were neglected, which services the community expects to get benefitted from THF project, what needs to get from government related to reproductive health, what the communities do for the treatment of reproductive health related issues, places where the births are taken place, pre & post-natal care practices, immunization, adolescent girls' health related issues and girls marriage practices have been the major findings of the base line survey.

Introduction

Brief Narrative about the organization

PRASAR a Lucknow based nonprofit Non-Governmental Organization has been working selflessly with dedication and commitment to improve the lives of the marginalized group in the rural areas of Banki block of Barabanki district since 1998.The initial activities included information dissemination on local self – governance, mobilizing community for active participation in local level development and primary education especially of the girl child and marginalized sections of the community. It was in 2003 that PRASAR formally came into existence with the above thematic areas in focus. PRASAR envisages a society where the marginalized and weaker sections of the community have an opportunity to Develop and Enhance their abilities and capacities without discrimination of age, caste, class, gender and race so that they are able to take active part in the development process. PRASAR works in the areas of Health, nutrition, Early Childhood Care and Development, Education, Livelihood, climate informed Agriculture, Gender equality and Women Empowerment .PRASAR believes in Inclusive development and mobilization of women, girls, Scheduled Castes and other excluded and marginalized communities in critical areas of health, nutrition, Early childhood care & development education, livelihood and agriculture. PRASAR is presently working in all the 15 blocks of district Barabanki with focus in Masauli, Banki, Fatehpur, Deva and Ram Nagar Development blocks of Barabanki with support of The Hans Foundation, New Delhi to ensure the overall health care to women and adolescent health. We continued our partnership with SBI-Life Insurance, Lucknow this year also for developing the infrastructures and improving WASH components in the government primary and Junior High Schools in operational blocks with kind support of SBI Life Insurance. With support of Ipas Foundation, we have been promoting safe abortion in all the 15 blocks of the district Barabanki and to implementing Girls Icon Program which aims at promoting adolescent girls 'health and education rights with ***Milaan Foundation***respectively. We also have been working with ***UPVAN*** network to promote male participation in family planning.

We recently entered into new partnership with ***ChildFund India*** to implement the project "Strengthening CSOs towards fostering ***Women Empowerment***" in 15 villages of block Masauli, district Barabanki through promoting gender equality, climate change informed agriculture and digitalization of the entire process of the project through Women Farmers Group and establishing Farmers Producer Company. Also, started a short term new venture with ***CARE India*** to promote mint farming and carry out Covid 19 relief work in Number of women's SHGs covered under the project: 400 and Number of FPCs covered under the project: 8 of 11 blocks of district Barabanki.

We successfully implemented CSR project Hepatitis "C" Awareness and Early Diagnosis in blocks Banki, Masauli, Dewa and Harakh blocks of district Barabanki with support of Mylan Foundation and PACS Program (A DFID Program), New Delhi from year:2011-2015 in block Rampur Sangramgarh, district Pratapgarh(UP).

PRASAR has a great deal of working experiences in the fields of health &nutrition, early childhood care and development, education and livelihood. PRASAR has already been working in these areas since the year 2011 with PACS Programme(A DFID Programme) in district Pratapgarh. However, the organization has expertise working in the areas of Health& Sanitation and Nutrition, Early Childhood Care and Development. PRASAR has already been working in Banki, Masuali, Dewa, Fatehpur and Ram Nagar

Development blocks of Barabanki with support of The Hans Foundation, New Delhi since the year 2011 to ensure Maternal and Adolescent Health care through awareness and education and strong services delivery system having implication for substantial reduction in infant mortality rate (IMR) and maternal mortality ratio (MMR) in 121 villages. It was initiated in June 2011 with the support of Hans Foundation, New Delhi. The programme evidently sought the service delivery system involves Mobile Medicare Clinic with couple of lady gynecologists, four staff Nurse, coupled with the provision of pathology test and free distribution of medicines. Official programs with qualified and experienced team members

PRASAR has comprehensive and successfully implemented Nutrition and strengthening ICDS program under its PACS Program in 25 Gram Panchayat of block Rampur Sangramgarh of state UP from the year 2011 to the year 2015.We mainly focused on strengthening ICDS programs which includes-capacity building of AWWs/ASHA/ANM on proper care and nutritional aspects of the children, pre-schooling, capacity building of Village Health, Sanitation and Nutrition Committee, ***Matritwa Samiti,*** capacity building of People's organization, implementation of PD Hearth Approach, Deworming and health checkups of children and mothers. We also worked on the issues of quality education and livelihood strengthening the system of MNREGA under the PACS Program.

Over the years we got the opportunities to work with few CSR organizations like SBI Life and Mylane Foundation.These associations were of durations ranging from 6 months to years.

BASELINE AIMS AND OBJECTIVES

Our social aims and objectives are central to our service offering and how we deliver them. We work with individuals and organizations that deliver social change and have compatible values. We believe that by helping those making a positive difference to the lives of the women, adolescent and children their families and the community they live or their environment, our support will activate a multiplier effect. The aims and objectives of the baselines are to:

- Know the knowledge, attitude and behavior of the Women & Adolescent girls in particular and other community members in general related to maternal, Adolescent and child health in 7new villages phased in during the current financial year.
- To assess and identify the issues, gaps and, delivery mechanisms of government schemes and, opportunities related to women and child welfare & allied sector in project intervention area

This survey finding will be helpful for the setting benchmark of project area and in implementation planning with focus on

- Improving knowledge and understanding to fill the gaps between govt. services/schemes and delivery mechanism.

Survey Methodologies

Quantitative survey

Quantitative survey was done in selected 7 villages of blocks Ram Nagar, Fatehpur and Masauli, district Barabanki of UP. Total no. of households in the project villages is 2294 and total population is 15198.TotalNo. of APL families are 1107 and BPL families are 1287

Experienced surveyors from PRASAR did the survey and it was constantly monitored and facilitated by the evaluation coordinator. The Women from CBOs, general community members and adolescent girls were the respondent in the survey. Quantitative survey was done by using different formats in which information related to health related issues and practices of women, adolescent girls and children were gathered.

Qualitative survey

Qualitative survey was done in all the project villages. It was done by using PRA tools, FGDs and personal interviews. PRA tools like Social Mapping, force field analysis, trend analysis, matrix ranking and seasonality were used for qualitative assessment. During the PRA exercise, women CBO members, male and female community members, male and female children, PRI members and facilitator from PRASAR were present.

Secondary literature review:

The proposed study focused on to Know the knowledge, attitude and behavior of the women & adolescent girls in particular and other community members in general related to Maternal, Adolescent and Child health in 7 villages-3 from Ram Nagar block,3 from Fatehpur and 1 village from Masauli block of district Barabanki. The intended study also proposes the women participation in their health related issues can be reviewed in both theoretical predictions and empirical findings.

According to The National Family Health Survey (NFHS-4) report, infant mortality rate in UP is 43 which is the highest in the country after MP which is 47. The under five-mortality rate is 73 is also the highest in the country after MP which is 77. Infant mortality rate in rural areas is 17 percent higher in comparison to the urban areas. Prenatal mortality, which includes stillbirths and very early infant deaths, is estimated at 60 deaths per 1,000 pregnancies that lasted 7 months or more. Prenatal mortality is 33 percent higher in rural areas than in urban areas.

As far as the situation of health is concerned in the district Barabanki, the Women and Adolescent girls suffer the most in terms of reproductive health. They are vulnerable to ill health as they are not aware of their personal health and hygiene. The problem can be attributed to a large extent to the unhygienic conditions that they live in. Also because of biological changes in this age, they susceptible to physical and psychological pressure and become easily prey of lots of myths and superstitions which hindering block to their well-being.

The analysis of the health status shows that despite the creation of extensive health care infrastructures, the people especially rural poor have limited outreach. For poor and marginalized, easy access to better health services is still a dream to come true.

One out of four women can be seen complaining with reproductive tract infection or other complains related to the reproductive system. The Adolescent health is at the lowest priority due to which more than 40% adolescent girls are anemic. Reproductive Tract Infection (RTI) are very common among the adolescent girls. Therefore, the focuses on adolescent health become more persistent. Though the cases of RTI among women have drastically reduced during the year 2019-20

Adolescent and young couples have poor knowledge and lack of awareness about physical and physiological changes associated with the onset of adolescent. They usually learn about sexuality and secondary sex characteristics primarily from their peer groups or other inappropriate sources. Most girls

are not informed about menarche and how to manage menstrual bleeding and they also lack knowledge about reproductive health issues. Married adolescent are more vulnerable because of the serious reproductive health risks associated with early marriage, early sexual activity and early child bearing. The anemia is another major health problem among women and adolescent girls in particular.

The Malnutrition is a major health problem. The situation is worst in comparison to that of the average of the state's situation of the malnourishment. As per government data recently revealed in block Masauli and Banki of district Barabanki,30% children of age 0-5 years were moderate malnourished while 8% were severe malnourished in block in Masauli and 25% were found moderate while 6% were severe malnourished in Banki block. Ina study conducted by PRASAR in its two operational blocks Banki and Masauli in district Barabanki among 0-5 years' children, around 60-70% of children were found malnourished.

High Rate of Infant Mortality Rate and Still Births have emerged the major health challenges during the year.11 Infants deaths and 5 Still Births have taken place in the project area from April 2019- March 2020. It has been noticed that the majority of the cases of infant deaths and still births have been taking place in Dalit and Muslim communities.

The study revealed that the high rate of Infant Mortality and Still Births and malnutrition, percentage are high among the children due to lack of exclusive breastfeeding up to the age of 6 months, not feeding the mother's first breast milk (colostrums), lack of personal hygiene and sanitation, unhygienic working condition and pollution in the family, incidences of Diarrhea, ARI, measles etc.

The knowledge and awareness level in the community regarding various aspects related to Nutrition is very poor. This affects the attitude, behavior and practices within the families in a negative way and facilitates malnutrition among all, especially among the pregnant women, children less than 5 years, working children and adolescent girls. Very poor ANC and PNC status within the families lead to poor nutrition status of the pregnant women and small children. Very low rate of immunization among children leads to various diseases like tuberculosis/primary complex, measles etc. causing malnutrition among children.

As per the available data, more than 40% of the families do not have access of safe drinking water and only less than 20% of the households have usable toilets. Thus the open defecation is very common in the project area creating unhygienic environment resulting in many diseases despite of efforts made under Swachh Bharat Mission

Geographical scenario of Eastern Uttar Pradesh

There are 25 districts in eastern Uttar Pradesh, located between 240 to 27.340 N latitudes and 81.130 to 84.110 E longitudes. The area has been divided into three agro-climatic zones namely, North Eastern Plain Zone (NEPZ), Eastern Plain Zone (EPZ) and Vindhyan Zone (VZ). Majority of the soils are under the order of Inceptisol followed by Alfisol, Entisol, Vertisol and Mollisol. The average annual rainfall in eastern U.P. is around 1100 mm, it is quite erratic and confined to July-September (85-90%) and the water table varies from 1 to 14.5 m during pre-monsoon and 0.5 to 7.5 m during post monsoon. The population of eastern Uttar Pradesh is 35% of the total population of Uttar Pradesh, whereas nearly 85% population lives in rural areas.

The major area of this region predominantly of wheat-rice cropping system. The eastern U.P. contributes

about 30% of total food grain production of the state. The NPK fertilizer consumption data showed that the use of fertilizers is inadequate (130 kg NPK/ha) and imbalanced (6.8: 2.8: 1.0)

Brief summary of project area district Barabanki is as follows:

Barabanki

Barabanki is one of the four constituent districts of Faizabad Division. It is situated between 27°19' and 26°30' north latitude, and 80°05' and 81°51' east longitude; it runs in a south-easterly direction, confined by the nearly parallel streams of the Ghaghara and Gomti. It stretches out in a level plain interspersed with numerous jhils or marshes. In the upper part of the district the soil is sandy, while in the lower part it is clayey and produces finer crops. The district is well fed by rivers Ghaghara (forming the northern boundary), Gomti (flowing through the middle of the district) and Kalyani and their tributaries, for the major part of the year. Some rivers dry out in the summer, and get flooded during the rainy season. The changing course of the river Ghaghra changes the land area in the district, year to year.

District Barabanki has been divided into six subdivisions, popularly known as tehsils and 15 development blocks. According to the 2011 census Barabanki district has a population of 3,260,699. The district has a population density of 740 inhabitants per square kilometer (1,900/sq. mi). Its population growth rate over the decade 2001-2011 was 26.40%. Barabanki has a sex ratio of 887 females for every 1000 males, and a literacy rate of 47.39%.
The principal crops are rice, wheat, pulse and other food grains and sugarcane. Trade in agricultural produce is active. It has good road connectivity also including National Highways NH 28, State Highways and various link roads.

The district's economy is primarily based on agriculture. Agriculture, bio-gas plants, animal husbandry, small-scale industries provide direct and indirect employment to the people of district.

The annual normal rainfall of the district is 1056 mm. In Barabanki net irrigated area is 84.2 per cent as compared to U.P. 79.0 per cent. The intensity of irrigation in Barabanki is 176.9 per cent when it is 140.0 per cent in U.P. In district Barabanki irrigation facility is above the state average. In Barabanki most of irrigation is done by private Tubewells and canals. In district Barabanki subsistence agriculture is practiced. Farmers rotate up to five crops round the year. The dominant crops are cereals mainly paddy and wheat covering 34.4 and 31.3 per cent respectively lands of gross cropped area, whereas in U.P., it is 23.1 and 40.6 per cent respectively.

Barabanki district is leading the country in menthol farming. Barabanki's menthol cultivation is spread over 20,000 acres. Apart from crop farming, Livestock based farming system, Broiler farming, and Fish cultivation is also prevalent in the district.

Sampling and data collection process:

Baseline of project “Maternal and Adolescent Health Care Program” was conducted in 7 villages where the project phased in during the year 2020-21.These 7 villages are located in three different development blocks-Ram Nagar(Villages-Achecha,Amlora and Sirauli Kala),Fatehpur(Villages-Bhaisuriya, Hasanpur Tanda and Rauza) and Masauli(Village-Wajidpur) of district Barabanki. The data collection for the baseline survey was done through household survey with women & other family members and FGDs with women in each of the seven villages.

Selection of Households for survey

The random sampling of households was done for the survey with the women and other family members. Available secondary data review has also been done for collection of the facts and figures.

Target groups:

Project target is women/Adolescent girls and other members of the families in particular and other community members in general, , PRIs and Govt functionaries.

Data quality checks:

The data quality check was done through monitoring of the data collection process and collected data at field level, regular reporting and feedback from the volunteers, follow up and monitoring by project senior team members and random cross check of collected data.

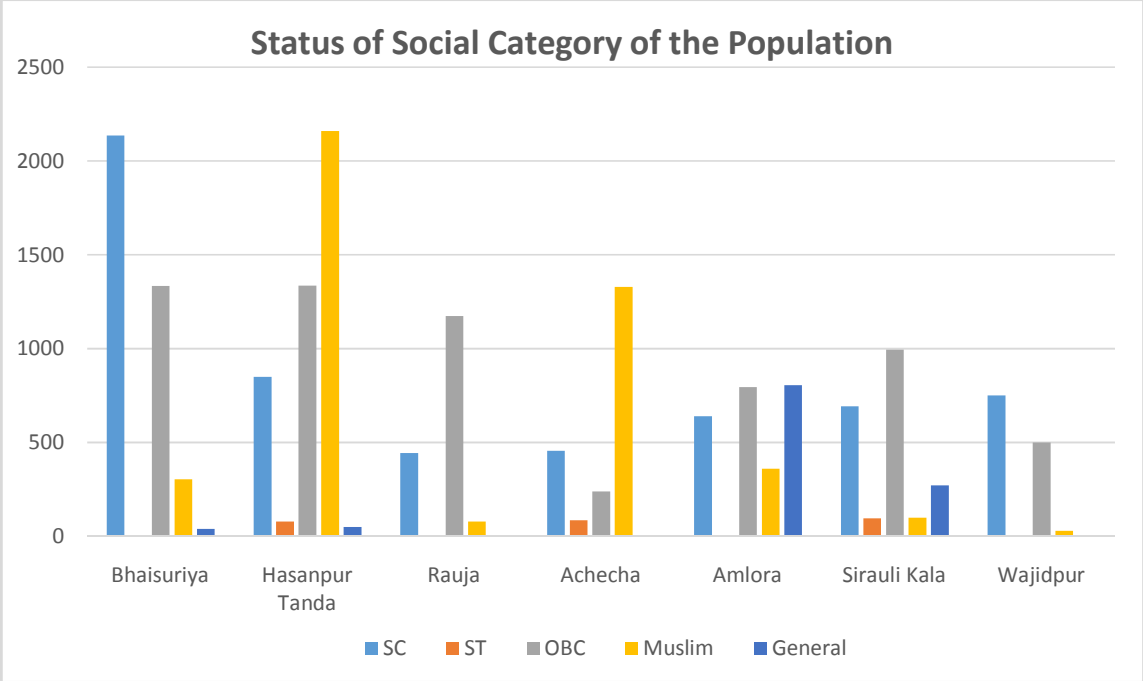
Baseline team orientation:

7 volunteers in 7 different selected villages were engaged to conduct household survey. An orientation session was conducted with them on household level survey questionnaire, dos and don'ts for baseline process.

Survey Findings/Analysis

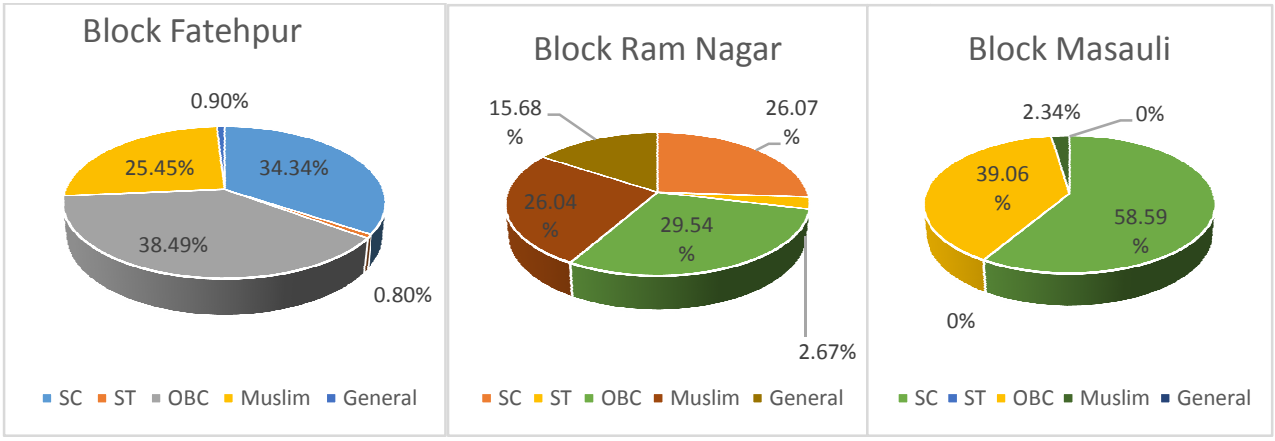
Table/Figure No 1: Population with social category

Sl.No	Block	Name of GP/Village	SC	ST	OBC	Muslim	General	Total Population
1	**Fatehpur**	Bhaisuriya	2137	0	1335	303	40	3815
2		Hasanpur Tanda	850	80	1337	2160	50	4477
3		Rauja	444	0	1174	80	0	1698
Total(a)			**3431**	**80**	**3846**	**2543**	**90**	**9990**
4	**Ram Nagar**	Achecha	456	87	239	1330	0	2112
5		Amlora	640	0	795	360	805	2600
6		Sirauli Kala	694	97	995	99	272	2157
Total(b)			**1790**	**184**	**2029**	**1789**	**1077**	**6869**
7	**Masauli**	Wajidpur	750	0	500	30	0	1280
Total(c)			**750**	**0**	**500**	**30**	**0**	**1280**
Grand Total(a+b+c)			**5971**	**264**	**6375**	**4362**	**1167**	**18139**



The above table and graphs shows total population in individual villages with the composition of social category of the total population. It shows that majority of the population in these villages belong to OBC which is 35.14%, with 32.91% SC community, 24.07% Muslim,6.43% General whereas 1.45% with the population of ST category.

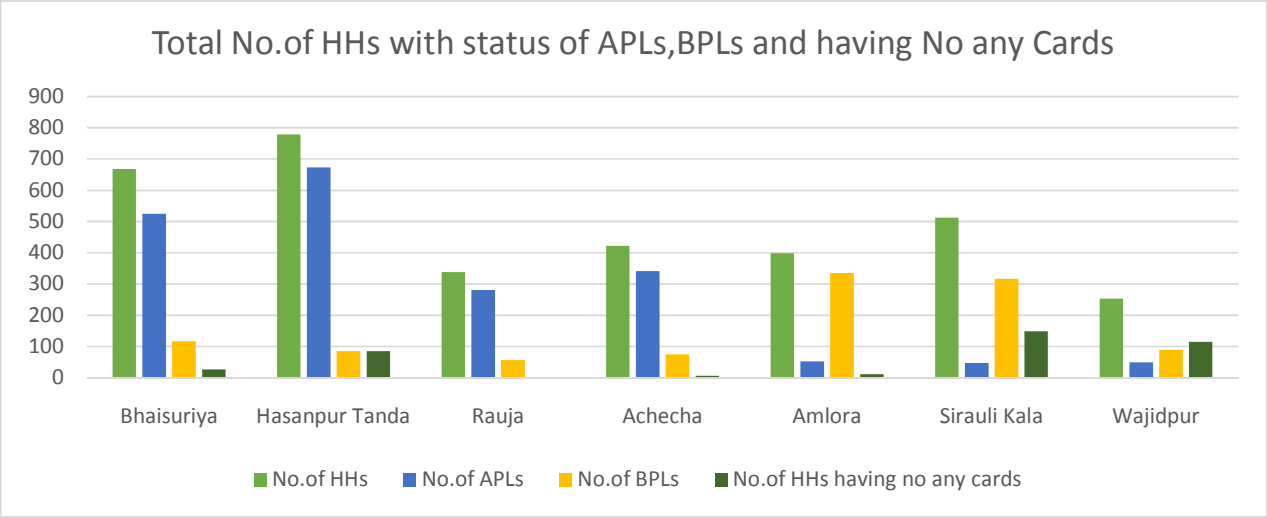
Block wise Status of Social Category of the population

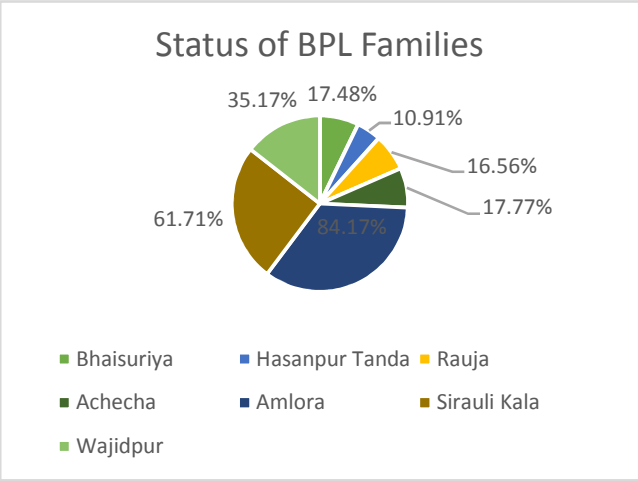


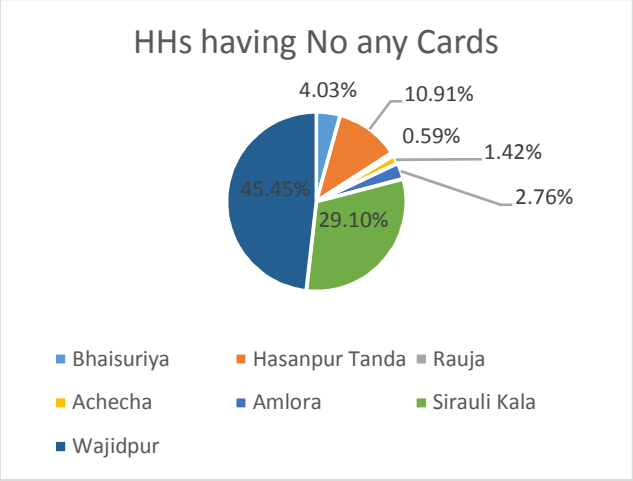
The above chart shows that in block Fatehpur,34.34% population belongs from SC community,38.49% belong to OBC community,25.4% from Muslim community,0.90% population from general while only 0.80% belongs from ST population. Similarly, in block Ram Nagar, 26.04% population belongs from SC community,29.54% belong to OBC community,26.04% from Muslim community,15.68% population from general while only 2.67% belongs from ST population. As far as block Masauli is concerned, there is only on village Wajidpur and have 58.59% of SC population,39.06% OBC population,2.34% population from Muslim community whereas no population belong from general and ST community.

Table /Figure No 2: Total No. HHs with status of APL and BPL families

Sl.No	Block	Name of GP/Village	Total Population	Total Households (HH)	No. of HHs of APL	No. of HHs of BPL	No. of HHs having no any card
1	**Fatehpur**	Bhaisuriya	3815	669	525	117	27
2		Hasanpur Tanda	4477	779	674	85	85
3		Rauja	1698	338	280	56	2
Total(a):			**9990**	**1786**	**1479**	**258**	**114**
4	**Ram Nagar**	Achecha	2112	422	341	75	6
5		Amlora	2600	398	52	335	11
6		Sirauli Kala	2157	512	47	316	149
Total(b):			**6869**	**1332**	**440**	**726**	**166**
7	**Masauli**	Wajidpur	1280	253	49	89	115
Total(c):			**1280**	**253**	**49**	**89**	**115**
Grand Total(a+b+c)			**18139**	**3302**	**1968**	**1103**	**395**



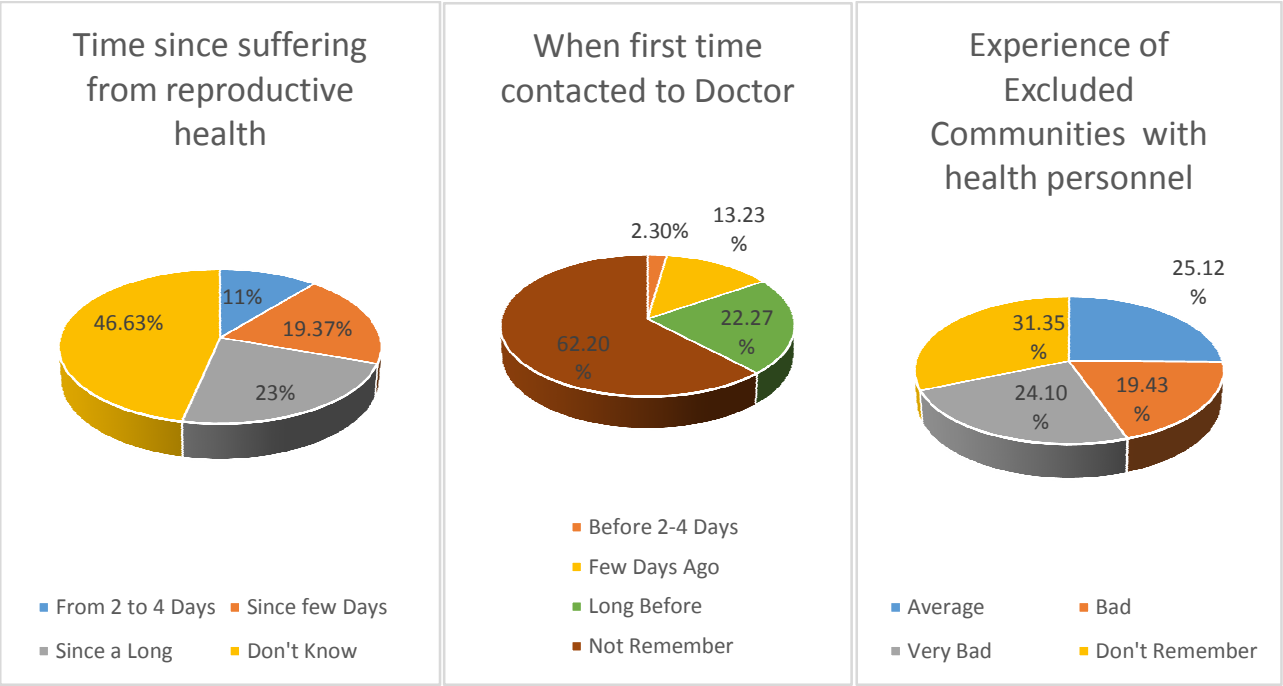




The above table and figures shows that out of total 3502 number of households in 7 villages, 33.40% (1103) families are below poverty line,59.62%(1968) are living above poverty line whereas 11.96%(395) families have no any cardsas a whole. However, if we depict the chart(i)village wise we find that in village Bhaisuriya,17.48% families are BPL, in the same way village Hasanpur Tanda has 10.91% BPL, Rauja has 16.56%, Achecha 17.77%, Amlora the highest 84.17%%, Sirauli Kalasecond highest 61.71%% whereas village Wajid Nagar has 35.17% families living below poverty line.

Similarly, if we depict chart(ii) village wise of HHs having no any cards, we find that in village Bhaisuriya,4.03% families have no any cards, in the same way village Hasanpur Tanda has 10.91%, Rauja has 0.59%, Achecha 1.42%, Amlora 2.76%%, Sirauli Kala 29.10%% whereas village Wajid Nagar the highest has 45.45% families having neither BPL or APL cards.

Table/Figure No 3: Problem Related to Reproductive Health



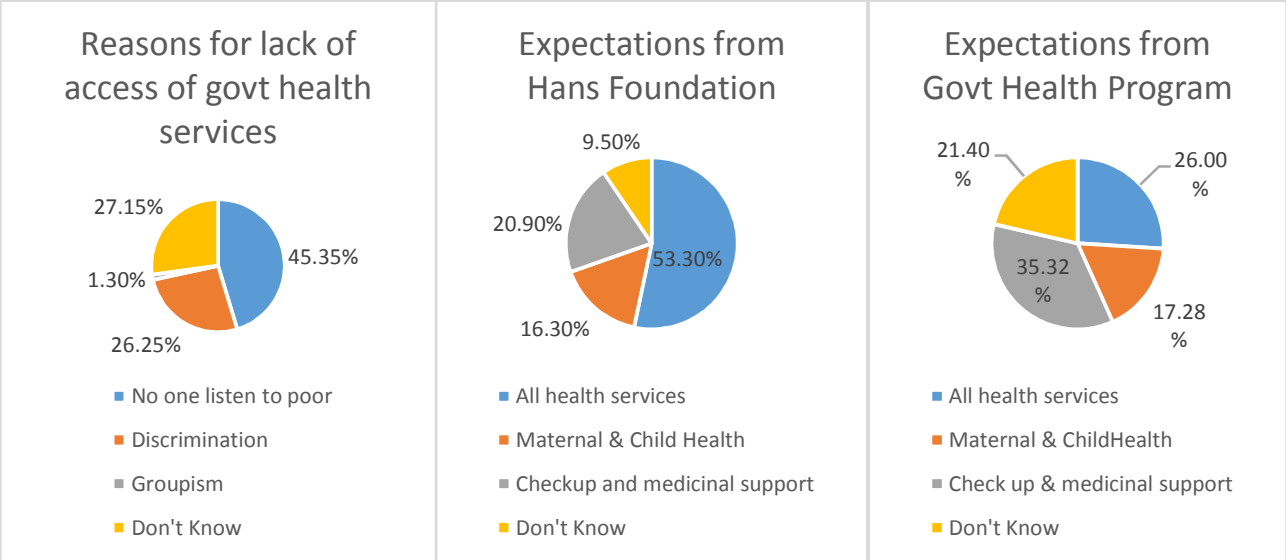
Out of total 3302 families, 330(10%) families were surveyed randomly. When respondents of these families were asked since when they are suffering from problems related to reproductive health, 11% responded that they had been suffering from since 2-4 days,19.37% responded that they had been suffering since few days,23% since long while 46.63% responded that they did not remember since when they had been suffering.

When asked these respondents when they first time contacted to Doctor,2.3% responded that they contacted to Doctor only 2-4 days back,13.23% contacted few days back,42.27% contacted long before while 62.20% responded that they did not remember when they contacted to Doctor

When attempted to know the experiences of the women/adolescent girls belonging from excluded communities,25.12% responded that their experiences were average, 19.43% had bad experiences, 24.10% had very bad experiences while 31.35% did not know exactly of their experiences

Table/Figure No 4: Reasons for lack of access of government health services and expectations from PRASAR/Hans Project and Government

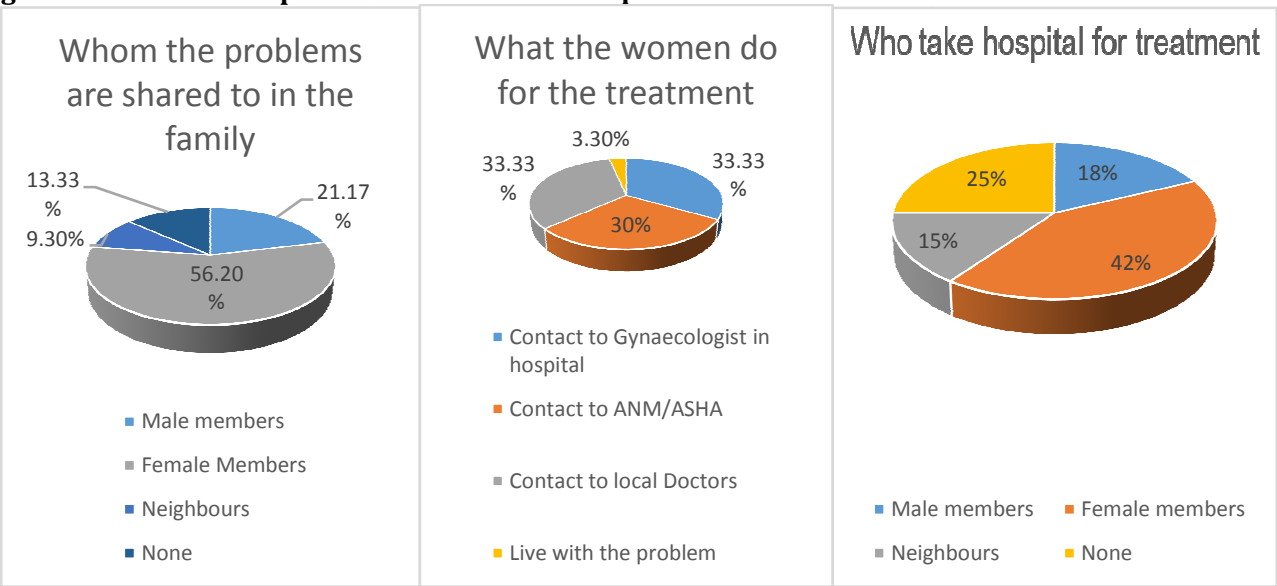
The figures below depict the reasons why the people lack to access the government health services and expectations from HANS/PRASAR and Government Health departments. When the respondents were asked the reasons for having lack of access of the government health services, majority of them (45.35%) responded that no one listens to the poor, while 26.2% asserted that they had been the victims of the discrimination,1.3% of them ascertained that that groupism has been the major reasons while 27.15% of them responded that they did not know the exact reasons



When asked their expectations what they would like to be benefited from HANS Project/PRASAR, majority of them i.e.53.30% responded that they would like to get all the health services,16.3% of them wanted to get services related to Maternal and Child Health,20.9% wanted to get health checkup and medicinal support while 9.5% did not know exactly what they want to get.

Similarly, when asked about their expectations from government health departments,26% wanted to get all the health services,17.28% wanted to get services related to Maternal and Child Health,35.32% Health Checkup and Medicinal support while 21.4% did not know exactly what they wanted to get.

Table/Figure No 5: Information related to support of family members the women/adolescent girls get in treatment of reproductive health related problems

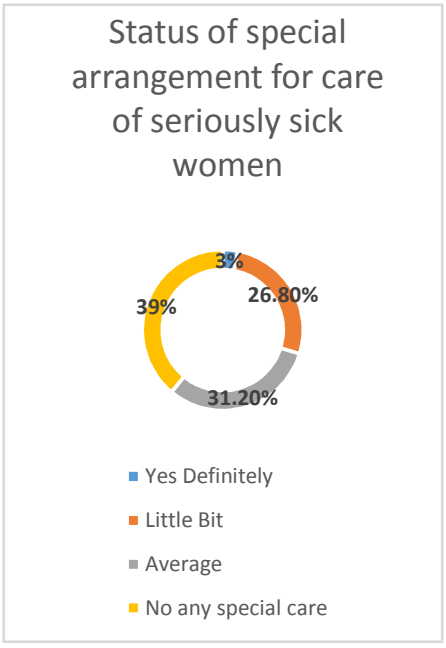


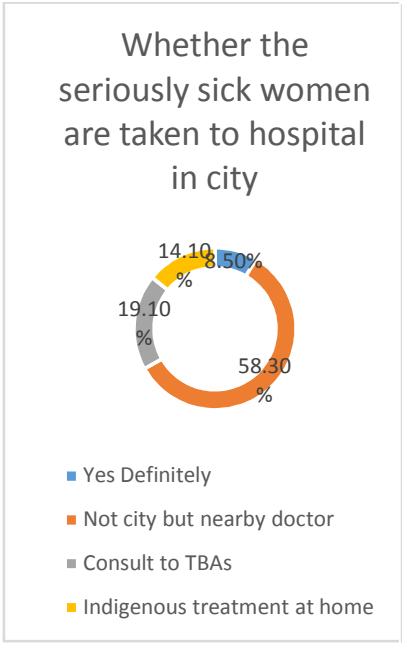
When the responding women were asked whom they share their reproductive health related problems,21.17% responded that they share with the male members/husbands,56.2% share with the female members of the family,9.3% share with the neighbors while 13.33% share with none.

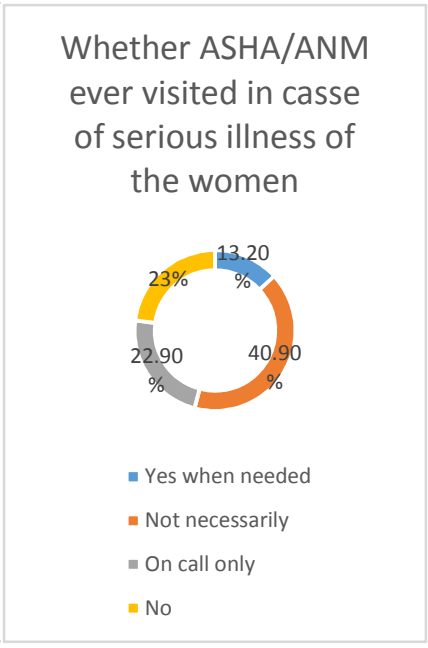
When asked what they do for the treatment, only 33.33% responded that they resort to gynecologists in the hospital,30% contact to ANM/ASHA, majority of them around 33.33% contact to the quacks while 3.3% of them live with their problem and contact to none

When asked who take them to the hospital,18% responded that their male counterpart take them to the hospital,42% female members of the family take them to the hospital,15% neighbors while 25% responded that none of the above take them for treatment

Table/Figure No 6: Practices in case of serious illness of the women:





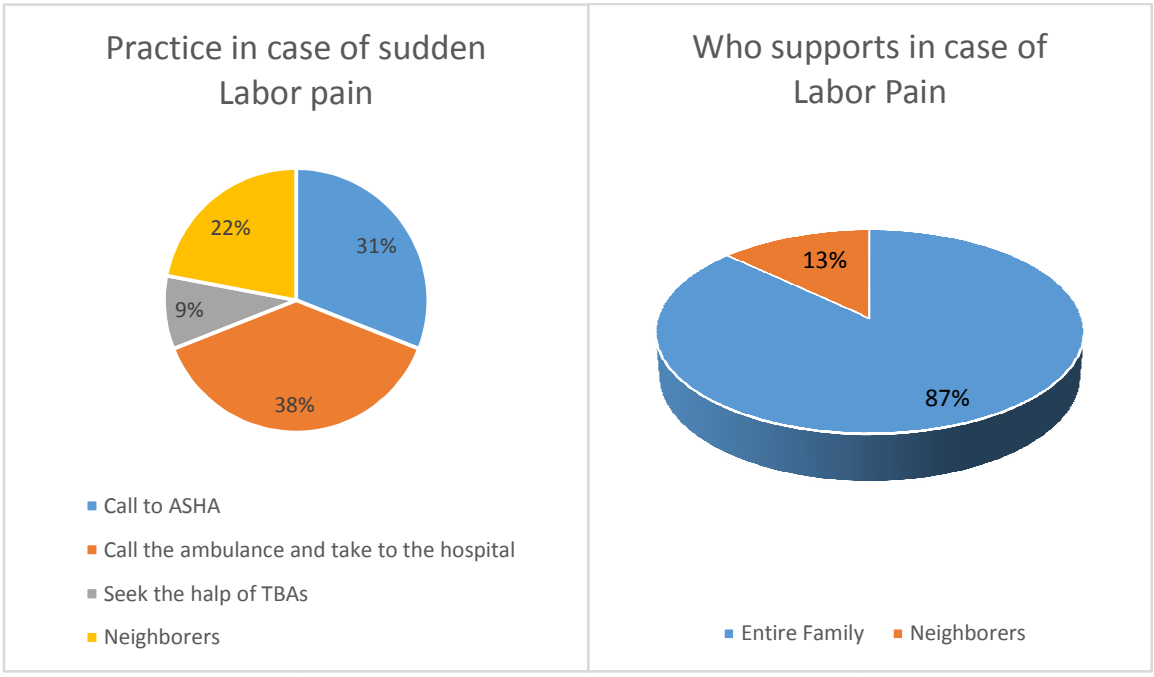


The above figures reveal the care practices of the seriously ill women. It speaks that only in 8.5%% cases the seriously ill women are taken to hospital in city,58.3% are taken to the nearby doctors,19.1% are consulted to TBAs only while in 14.1% cases only indigenous domestic treatment is given.

As far as the arrangement of the special care of the seriously ill women is concerned, only in 3%cases it is made, in 26.8% a little bit special care is made, in 31.2% cases it is average where as in 39% cases, no any arrangement for special care is made.

When attempted to know whether ASHA/ANM ever visited home in case of serious illness, only13.2% respondents spoke “Yes” when needed,40.9% responded as“Not Necessarily”,22.9% responded that they visit only on call whereas in 23% cases, no visit by the ASHA/ANM has been made to the home of such cases.

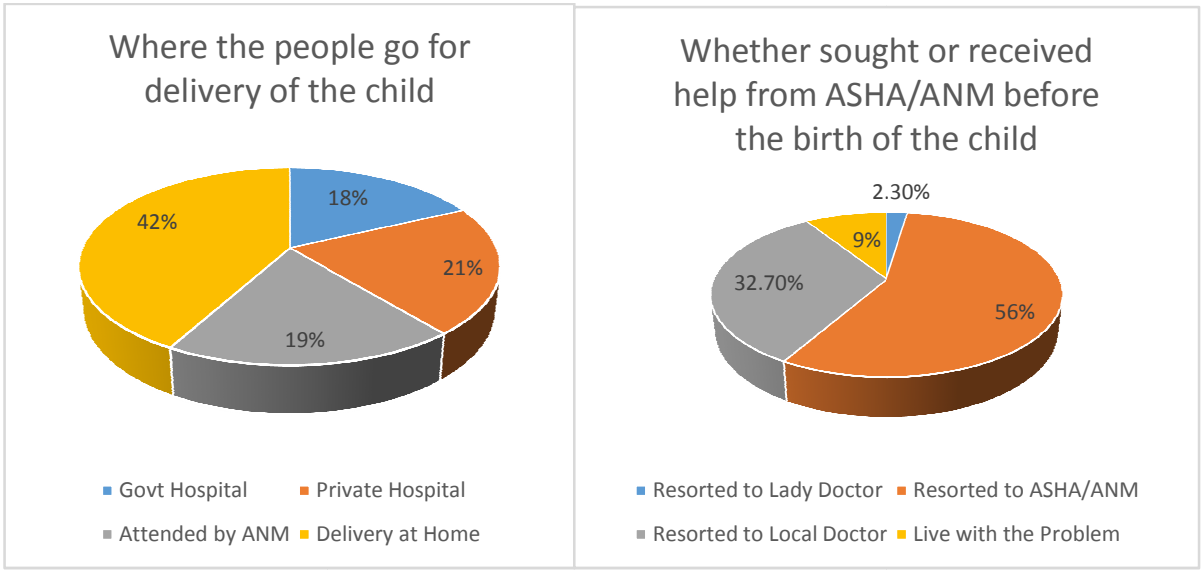
Table/Figure No 7: Information related to Emergency Response/Support



The above figures reveal that in case of sudden labor pain,31% families call to ASHA and seeks support from them,38% call the ambulance and take to the hospital,9% seek the help of TBAs whereas in 22% cases neighborer women help them.

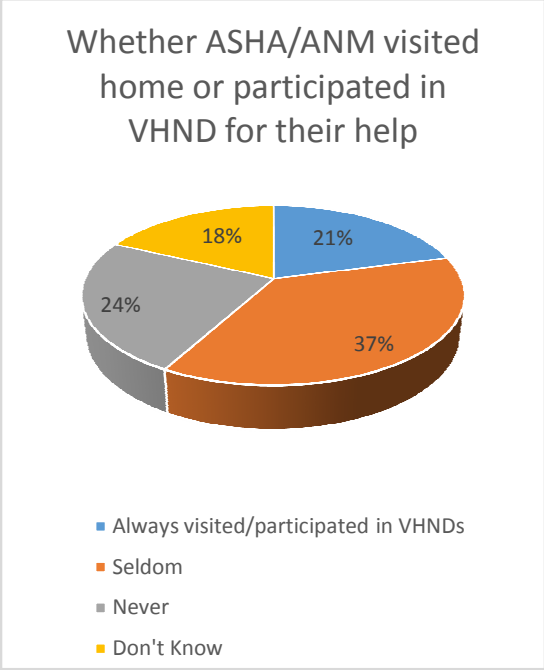
In 87% cases entire family members support in case of sudden labor pain whereas in 13% cases, it is neighbors who support them in such cases.

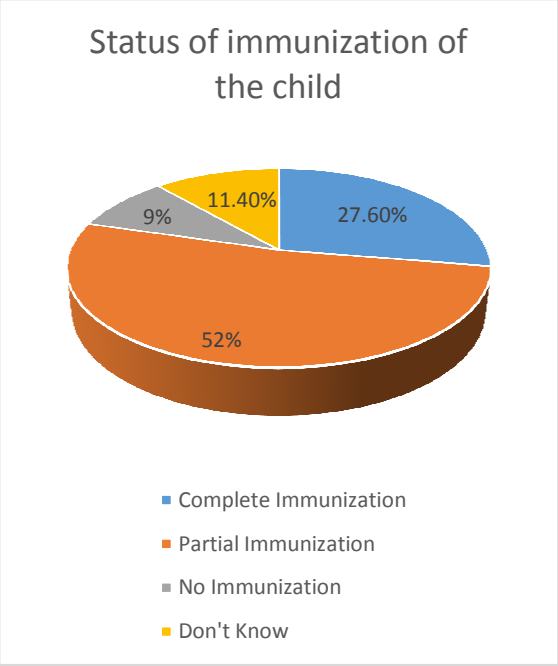
Table/Figure No 8: Information related to Child Health



The above figures depict that 18% people go to government hospital for delivery,21% go to the private hospital,19% births are attended by ASHA or ANM whereas 42% deliveries take place at home with or without help of Traditional Birth Attendants or Quakes-(Figure 1). The Covid-19 restrictions and fear have been the major reasons for low turn up at government hospital for institutional deliveries and high rate of deliveries at home

When asked whether they ever sought or received the help from ASHA or ANM, 2.3% responded that they would resort to lady doctor in hospital, 56% would contact ASHA/ANM,32.70% would resort to consult local doctors/quakes whereas 9% did not seek any help from anyone and live with the problem. Here, one thing is clear that a majority of the population still consult the local doctors or quakes for medical help (Figure 2)

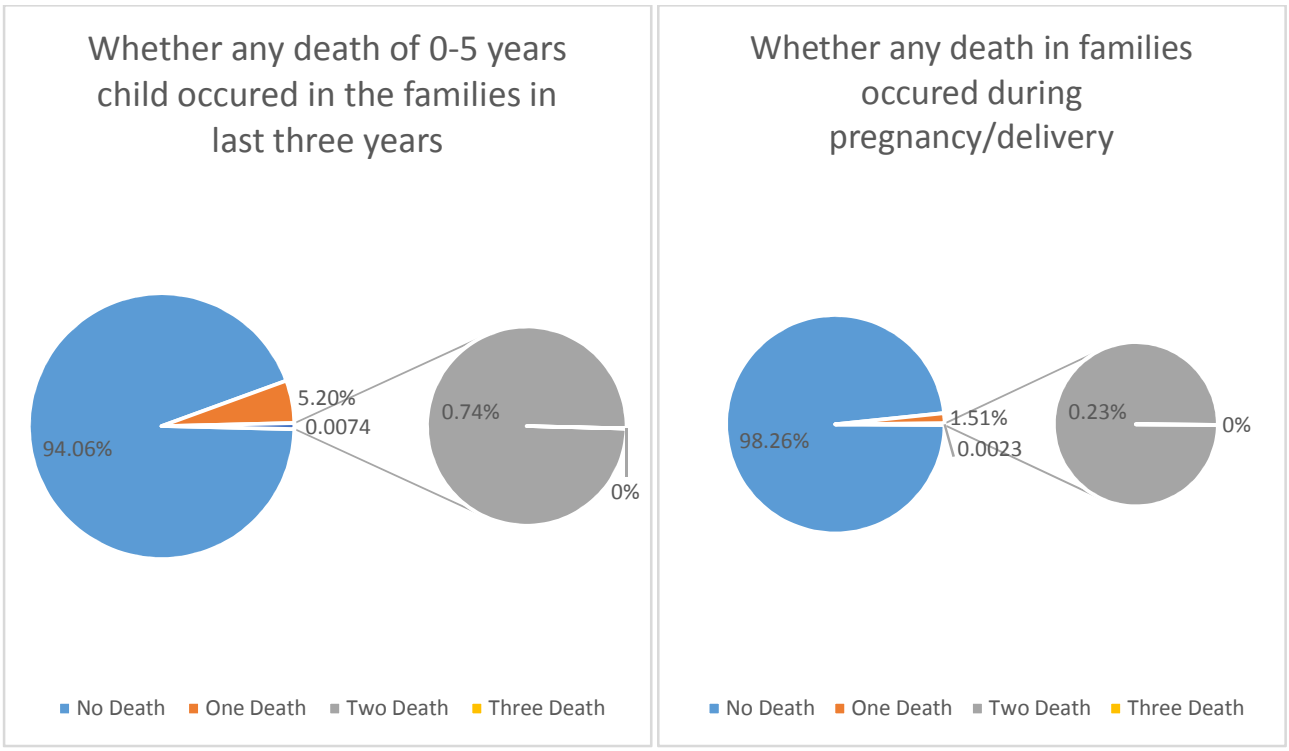




When in case they get help from ASHA/ANM attempted to know the way they got the help,21% told that they participated in VHND,37% got seldom help,24% never got any help whereas 18% responded that they didn't know(Figure 3).

When asked about the status of the immunization of the child,it was revealed that complete immunization is only 27.6%,Partial immunization is 52%,No Immunization is 9% while 11.4% responded that they were not aware of the status of the child immunization(figure 4)

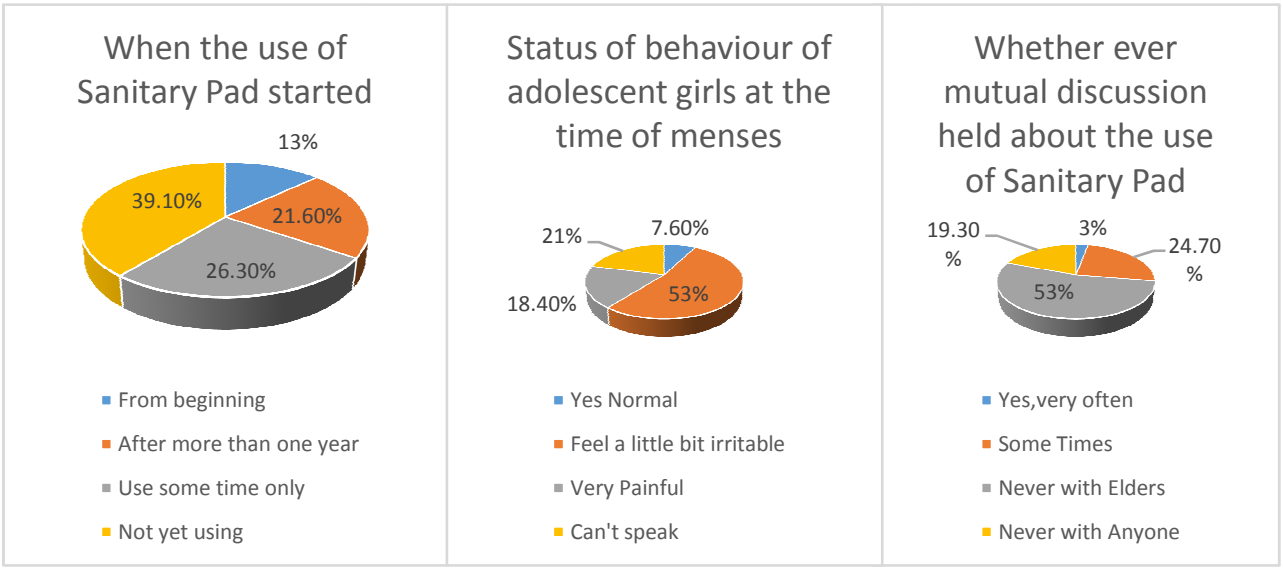
Table/Figure No 9: Status of U-5-year Child and Maternal Mortality:



The above figures reveal that in 94.06% families, no under five years' children' death occurred during last three ,5.2% families had death of one child,0.74% families had two deaths whereas no families had three deaths of children below five years. This figure presents that the Infant Mortality Rate in the area is 52 i.e. if 1000 live births took place during a year,52 children die before they reach to their five years of age.

Similarly, it reveals that 98.26% families had no maternal deaths,1.51% had one death,0.23% had two deaths whereas no family had three maternal deaths during last three years. This figures reveals that the MMR in the identified seven villages is very high which and needs immediate attention.

Table/Figure No 10: Knowledge and Practices of adolescent girls related to menstrual cycles:

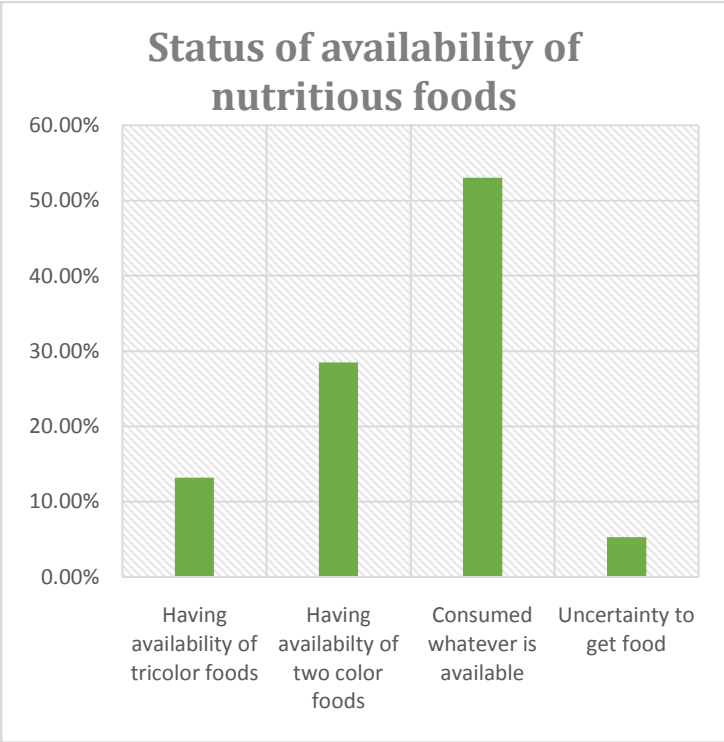


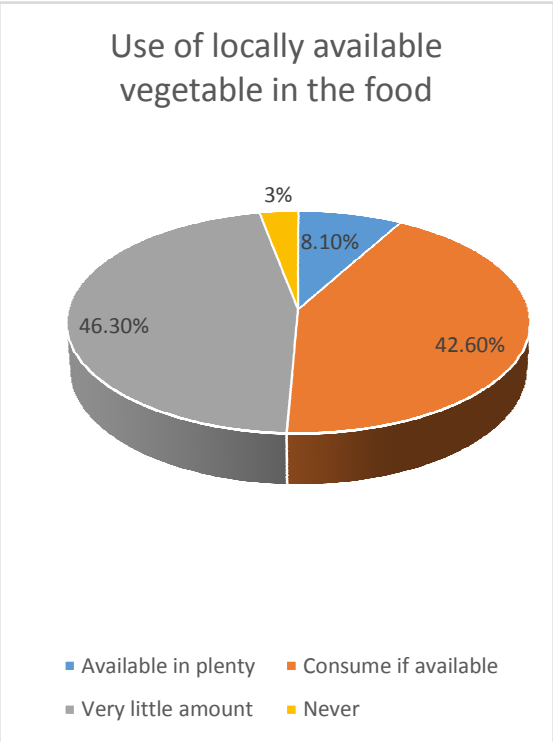
The above figures speak about the behavior of the adolescent girls at the time of menses, when they started the use of sanitary pad and whether they ever mutually discussed about the use of sanitary pad. As far as the behavior at the time of menses is concerned, 7.6% felt normal, 53% felt a little bit iiritation,18.4% felt very painful whereas 21% of them did not respond.

Further, when asked when they started to use the sanitary pad,13% responded that they started to use from the beginning of their menstrual cycle started,21.6% of them started to use it only after more than one year of their menstrual cycle started,26.3% of them use only sometimes whereas 39.1% responded that they yet had not been started its use. ***Thus a majority of the adolescent girls (26.3%) use the sanitary pad only for some times and a considerable number of 39.1% of adolescent girls are not using the sanitary pad at all***

Further when asked whether they ever mutually discuss about the use of sanitary pad,3% responded to have discussion very often,24.7% discussed some times,53% never discussed with the elders and 19.3% of them never discussed with anyone.Further, it was revealed that 33% of the above respondents participated in any of the social events when they got an opportunity,17% participated only when they would have the spare time,23% replied they wished to participate but did not participate while a considerable number of 27% adolescent girls never cared about it.

Table/Figure No 11: DailyFood Habits

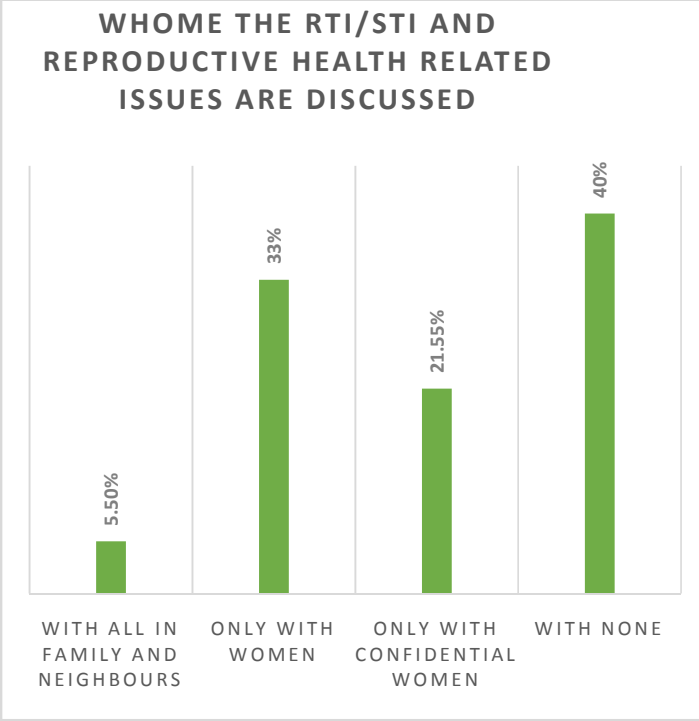


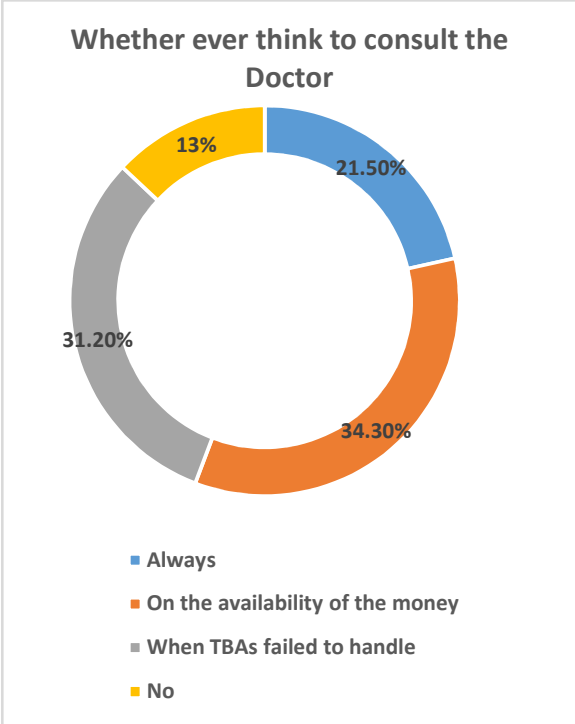


The above graph/figure speaks of daily food habits of the families. it shows that only 13.2% families have the availability of tricolor foods,28.5% have two color foods, majority of the 53% of them spoke that they consume whatever they would get which depends upon the availability while only 5.3% would have uncertainty whether they would get the food.

When asked to know about the use of locally available vegetables by the families,8.1% families told they had availability of the vegetables in abundance,42.6% would consume if available,46.3% had availability of the vegetables in very little amount whereas only 3% families had no availability of the vegetables.

Table/Figure No 12:Discussion on RTI/STI and reproductive health related issues and treatment practices





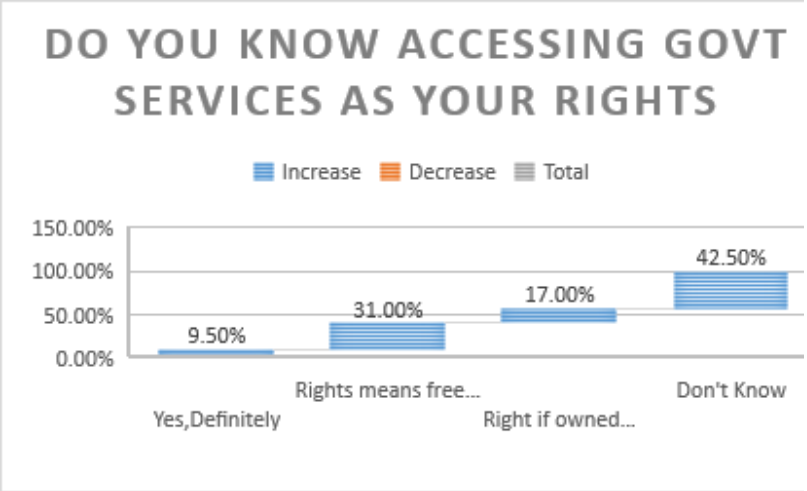
The graphs below speak of the persons whom the RTI/STI and reproductive health related issues are shared. It reveals that only 5.5% of the respondents discussed the issue with either all members in the family or their neighborers,33% would talk with the women only,21.55% would discussed with the confidential women only whereas 40% would talk with none.

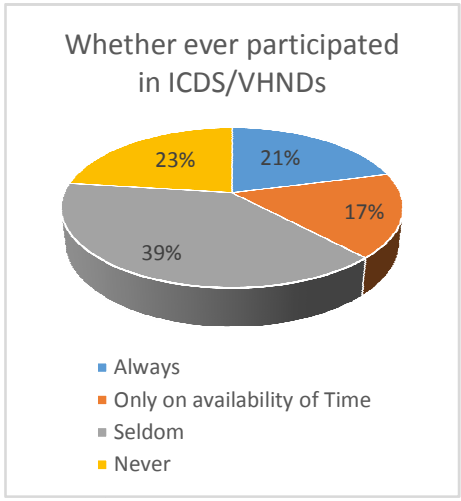
When asked whether they ever think to consult the doctors for the treatment of RTI/STI or other reproductive health problems,21% responded that they always would like to consult the doctor,34.3% would consult only on the availability of the money,31.2% would consult only in the case the TBAs failed whereas 13% would not consult to anyone.

Table/Figure No 13: Entitlements:

The figures below reveal that only 9.5% people know that accessing the government services is their rights,31% understand rights mean anything which is accessed free of cost,17% think that they would have right only on the things created/gained by their own earning while 42.5% did not know exactly what the right is.

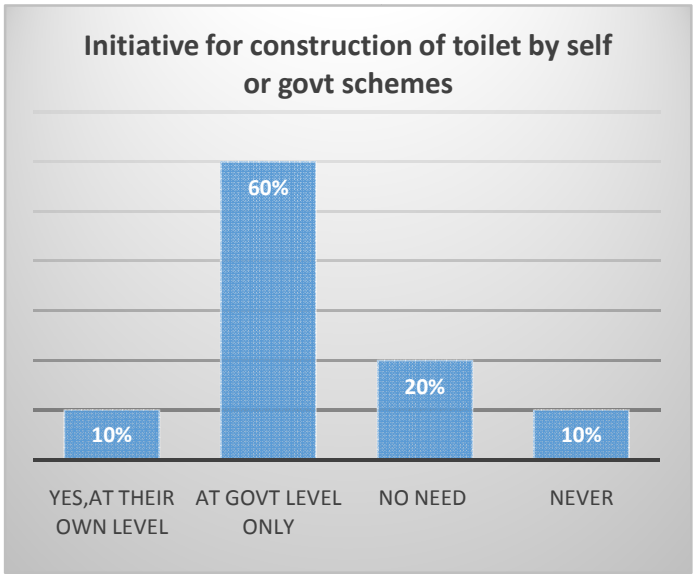
When asked about their participation in VNND/ICDS program,21% responded that they wouuld participate always,17% would participate if they got time,39% of them would participate seldom while 23% of them never participated in such programs.





It clearly shows very poor level of the participation of the community in the VHND/ICDS program.Also,it needs to create the awareness at mass level among communities to raise their demands of rights with the government departments

Table/Figure No 14: Sanitation related issues:



The above figures reveal the sanitation practices by the families.When asked about any initiative taken by the families to get the toilet constructed,only 10% families took initaitive to get the toilet constructed in the family by their own however,60% of them took initiative at govt level under ***Swachh Bharat Mission***,20% of them responded that they had no need of the toilet whereas only 10% had taken no initiative in this regard.

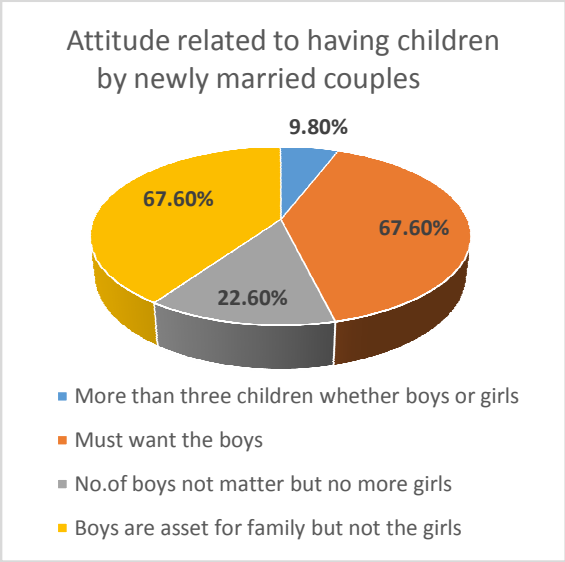
The above pictures reveal the fact that a majority of the families have been covered under Swachh Bharat Mission to construct toilets.

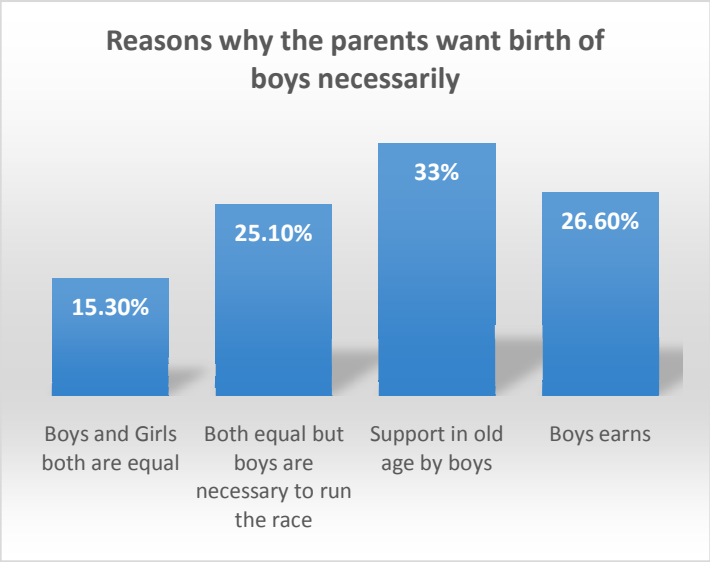
When attempted to know the handwash practices among the community,37.5% told they would wash their hand with soap before meal,53% after defecation,7% were not sure whereas 2.5% would never wash their hand with soap.

Further,the level of awareness towards sanitation and hygiene practices have improved amidst the Covid-19 pandemic due to efforts taken by the govt and other agencies towards awareness generation initiatives.

It has also been found that approximately 50% of the population is accessing the drinking water from India Mark II handpumps and almost same magnitued of the population has no access of source of safe driking water and using the water for drinking from shallow handpumps

Table/Figure No 15: Wants of having Children by the newly married couples:

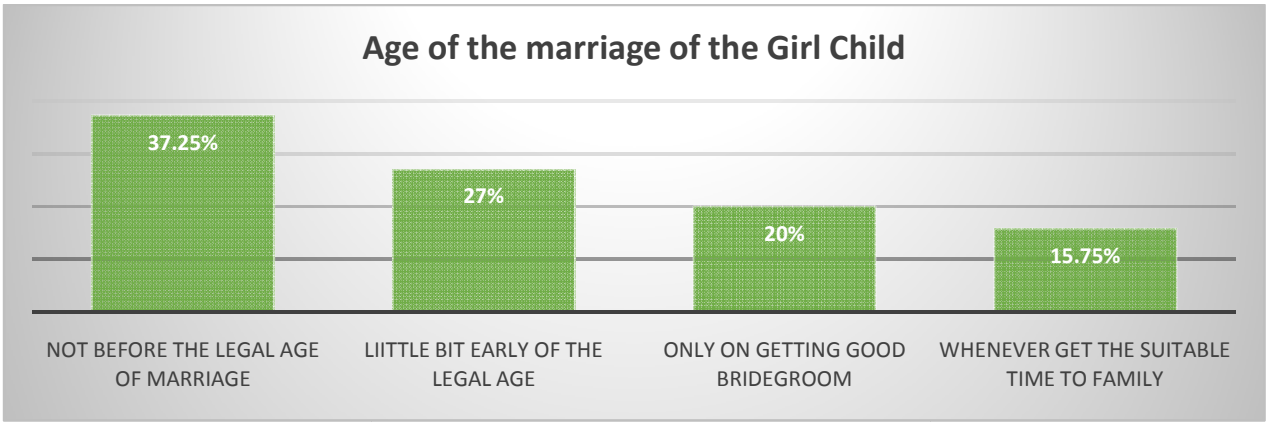




The figures depicts the attitude of newly married couple about having children and reasons why the parents want the birth of the boys necessarily.9.8% of the respondant wanted more than three children no matter whether boys or girls,a majority of 67.6% wanted the boys necessarily,for 22.6% of them the number of boys not matter but they would not need more girls whereas the same number of 67.6% who wanted the boys necessarily consider the boys as the assets for the family but not the girls.

When asked reasons why the parents want the birth of the boys necessarily,15.30% opinioned that both are equal,25.10% were the view that both the boys and girls are equal but the birth of the boys is necesssary for running the race,33% of them were of the opinion that the boys support in the old age whereas 26.60% wanted the boys because in their opinion they earnand responsible to manage the fam

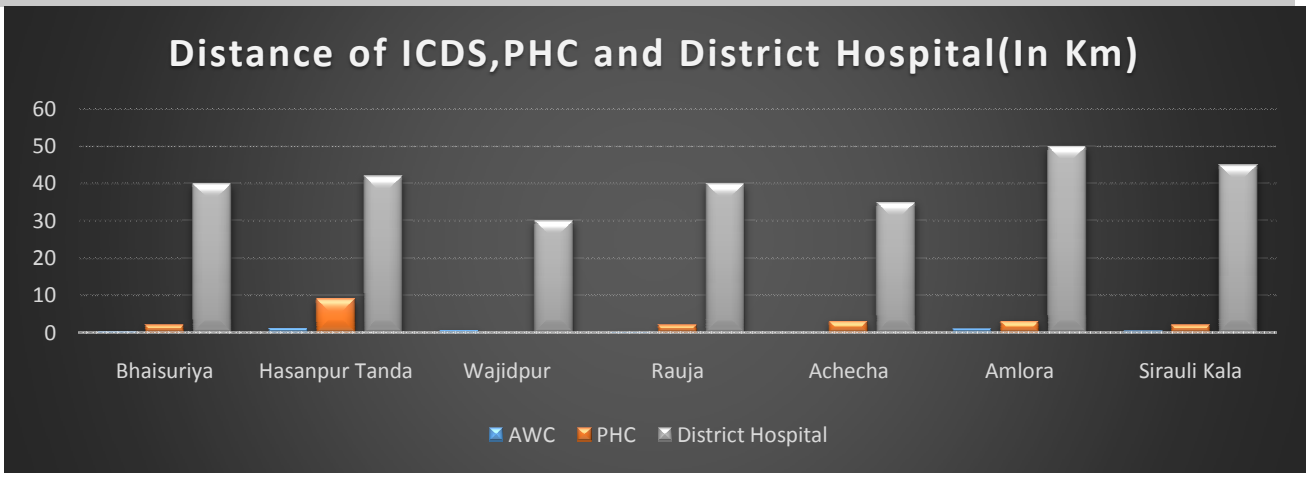
Table/Figure No 16: Age of marriage of the Girl Child:



The above graphdepicts the age and pattern of marriage of the girl children by the families.37.2% of the respondents told that they would marry their girl children only at the legal age of the marriage, 27% of them would be fine with the marriage in little bit early legal age of the marriage,20% responded that they would get their daughters married only when they get good bridegroom whereas 15.8% of them would marriage whenever they get suitable time for their family.

Table/Figure No.17: Distances of ICDS Centers, PHCs and District Hospital from respective villages(In Km)

Village	ICDS Centre	PHC	District Hospital
Bhaisuriya	0.2	2	40
Hasanpur Tanda	1	9	42
Wajidpur	0.6	-	30
Rauja	0.1	2	40
Achecha	-	3	35
Amlora	0.9	3	50
Sirauli Kala	0.4	2	45



As per the above table and graph shows that the distance of ICDS centers from villages ranges from 100 meters(minimum) in village Rauja to 1 km(maximum) in village Hasanpur Tanda.Similarly the distance of Primary Health Centers from villages ranges from 2 Km from villages Bhaisuriya,Rauja and Sirauli Kala to maximum of 9 Km from village Hasanpur Tanda.However,the distance of district hospital from these villages is situated at the long distance of 30-50 kms owing to which a majority of the population is deprived from the access of quality and specialized health services.

Conclusions and Recommendations

Conclusions

- The majority of the population in the villages where the baseline has been conducted belong to OBC which is 35.14%, with 32.91% SC community the second largest group, 24.07% Muslim,6.43% General whereas 1.45% with the population of ST category
- A considerable magnitude of 33.4% population living below poverty line and 59.62% of them are above poverty line. Also, a big portion of 11.96% of the families have no any types of the cards
- Reproductive health related issues are very common. A majority of 46.63% of the respondents did not remember since when they had been suffering from reproductive health related issues.23% disclosed they had been suffering from a long duration. Out of these,42.27% contacted to doctor for treatment long before and majority of 62.2% did not remember since when they had been suffering.
- 19.43% women/adolescent girls from excluded communities had bad experiences whereas 24.10 % of them experienced very bad with respect to the doctors in this regard in getting treatment
- 45.35% community do not access the services of the government health department because of the neglecting attitude of the authorities while 26.2% of them had been the victim of the discrimination
- 53.30 population expect to get all the health services from HANS project/PRASAR. 16.3% of them wanted to get services related to Maternal and Child Health,20.9% wanted to get health checkup and medicinal support while 9.5% did not know exactly what they want to get.
- Majority of the population have no trust upon the government services that is why only 26% of them wanted to get all the health services from government health department while only 17.28% wanted to get services related to maternal and child health from government health department
- Only 33.33% women/adolescent girls contacted to qualified gynecologist/lady doctors for treatment of reproductive health problems while same magnitude of the population contact to quakes (33.33%) whereas 3.3% live with their problems (38.82%)
- Male members provide their support only in 18% families in taking the women doctors for checkup and treatment while in 42% cases female members of the families take them to the hospital
- In case of serious illness only 8.5% women are taken to the hospital in the city

- In case of sudden labor pain, only 48% families call for ambulance while rest of them rely either on ASHA/ANM, TBAs or neighbors.
- 18% people go to government hospital for delivery,21% go to the private hospital,19% births are attended by ASHA or ANM whereas 42% deliveries take place at home with or without help of Traditional Birth Attendants or Quakes.
- Only 21% participate in VHND whereas 24% never got any help from VHND/ICDS program and 37% did not know about VHND or ICDS program
- The rate of complete immunization is only 27.6%, Partial immunization is 52%, No Immunization is 9%
- In 94.06% families, no under five years children' death took place in during last three ,5.2% families had death of one child,0.74% families had two deaths whereas no families had three deaths of children below five years.
- Similarly, 98.26% families had no maternal deaths,1.51% had one death,0.23% had two deaths whereas no family had three maternal deaths during last three years
- 53% adolescent girls felt a little bit irritation during the menses whereas 18.4% felt very painful
- A majority of the adolescent girls (39.1%)are not using the sanitary pad.
- Only 13.3% families have the availability of tricolor foods, 28.5% have two color foods, majority of the 53% of them spoke that they consume whatever they would get which depends upon the availability while 5.3% would have uncertainty whether they would get the food.
- Only 8% families have availability of the vegetables in abundance,42.6% consume if available,46.3% have very little availability of the vegetables whereas 3% families had no availability of the vegetables
- Only 5.5% of the respondents discussed the issue with either all members in the family or their neighborers, 33% would talk with the women only, 21.55% would discussed with the confidential women only whereas 40% would talk with none.
- As far as the practice of consultation with doctor for the treatment of RTI/STI or other reproductive health problems, 2% always would like to consult the doctor, 34.3% would consult only on the availability of the money, 31.2% would consult only in the case the TBAs failed whereas 13% would not consult to anyone.
- Only 9.5% people know that accessing the government services is their rights,31% understand rights mean anything which is accessed free of cost,17% think that they would have right only on the things created/gained by their own earning while 42.5% did not know exactly what the right is
- Only 21% families never participate in VHND/ICDS programs. It clearly shows very poor level of the participation of the community in the VHND/ICDS program.
- Only 10% families took initiative to get the toilet constructed in the family by their own while majority of 60% families took initiative to get the toilet constructed thru Govt. schemes (under SBM) ,20% of them responded that they had no need of the toilet whereas 10% had taken no initiative in this regard.
- As far as the practice of hand wash with soap is concerned only 37.5% wash their hand with soap before meal, 53% after defecation,7% were not sure whereas 2.5% would never wash their hand with soap. The level of awareness towards sanitation and hygiene practices have improved amidst

the Covid-19 pandemic due to efforts taken by the Govt. and other agencies towards awareness generation initiatives.

- Approximately 50% of the population is accessing the drinking water from India Mark II hand pumps and almost same magnitude of the population has no access of source of safe drinking water and using the water for drinking from shallow hand pumps.
- 9.8% of the families want no more than three children no matter whether boys or girls, 67.6% wanted the boys necessarily, for 22.6% of them the number of boys not matter but they would not need more girls whereas 67.6% of them wanted the boys as in their opinion the boys are the assets for the family but the girls are not.
- 15.30% of the families are of the opinion that both the boys or girl are equal,25.10% were the viewed that the birth of the boys is necessary for running the race,33% of them were of the opinion that the boys support in the old age whereas 26.60% wanted the boys because in their opinion they earn.
- 37.2% of the families marry their girl children only at the legal age of the marriage, 27% of them would be fine with the marriage in little bit early legal age of the marriage,20% responded that they would get their daughters married only when they get good bridegroom whereas 15.8% of them would marriage whenever they get suitable time for their family.
- As far as the distances of ICDS centers, PHCs and District Hospital from villages are concerned, the distance of ICDS centers from villages ranges from 100 meters(minimum) in village Rauja to 1 km(maximum) in village Hasanpur Tanda. Similarly the distance of Primary Health Centers from villages ranges from 2 Km from villages Bhaisuriya, Rauja and Sirauli Kala to maximum of 9 Km from village Hasanpur Tanda. However, the distance of district hospital from these villages is situated at the long distance of 30-50 kms owing to which a majority of the population is deprived from the access of quality and specialized health services.

Recommendations:

- Advocacy initiatives with PRIs to get the ration cards to those 11.96% families who do not have any cards.
- Sensitization and awareness building among the community on the issues of women and adolescents health
- Formation of collectives of women and adolescent girls, their capacity building on different aspects of health and nutritional rights and organize interface meeting with the service providers at the GP and block level in order to ensure the access of the quality services to the women, adolescent and children in particular
- Linkages of the women groups formed by the project with NRLM in order to provide livelihood option to the women
- Strengthening the decision making bodies such as Matritwa Samiti, VHSCs and SMCs etc to improve the participation level of the community in the government programs and its quality as well.
- Strengthen the government's vaccination program to improve the rate of the complete immunization of the children. Prepare due list and organize special camps for immunization and promote four key messages of immunization among the community
- Strengthening the VHNDs should be a major focus

- Aware the community on institutional delivery, JSY, Maternal Benefit Schemes and importance of the first 1000 days after the pregnancies for mother and child
- Establish strong networking and liasoning with the government health and ICDS department to ensure the access of quality services. Interface and Public Hearings are also recommended
- Identify the cadres from among the adolescent girls, train them on health and nutrition issues. Also, train them to prepare indigenous sanitary napkins and promote its use during menstrual cycles.
- Organize health camps on regular intervals.
- A huge amount of the toilets (60% HHs) have been constructed under the SBM but majority of them are not in use. A Community Led Total Sanitation campaign need to be carried out in the villages to ensure the use of these toilets also.
- Promote the practice of washing hand with soap among the community. Children may prove as change agents in this regard
- Promote Poshan Vatika/Kitchen Garden among the community in coordination with State Poshan Mission.
- Creation of awareness generation among the community to discourage the early marriage of the girls' children in particular thru street play, puppet and film shows etc.
- Advocacy with the ICDS department to establish and run the ICDS centers within the communities in order to improve the participation of children of age 3-6 years in center based activities.
- Integration with the activities of other projects within the organization.
- Covid-19 post lockdown response should be the cross cutting issues.
- Sensitization and awareness on emerging issues of gender and climate change.