

PACE

(Participatory Action For Community Empowerment)

Report Impact Assessment of PRASAR (2011-2017: Maternal and Adolescent Health Care Program



Promoting Participation, educating all, empowering communities and transforming lives since 2000



Treading healthy paths of development

We Care Internship: 1st Feb-24th February 2018



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PREFACE

As part of the civic engagement project, “We Care”, in the curriculum of MBA program at Narsee Monjee Institute of Management Studies, the students are expected to intern with a non-profit organization for a period of one month. This is to expose the students to the social issues that impact our country and sensitise them towards the sad realities and problems plaguing the society. I was placed at PACE, Lucknow under the guidance of Ms. Rajvinder Kaur, secretary of the organisation where I got the chance to closely work with its partner “NGO – PRASAR” in Barabanki district with the team of Mr. Shishupal Yadav, the NGO Secretary

PACE believes in participatory approaches and practices participatory methodologies for empowering the rural and urban community. It strives to educate, organize and empower the rural poor to promote people centred development as a liberating force aimed at social justice, economic growth and self-reliance. Over the years, PACE has undertaken projects in the field of health, education & vocational training, poverty, children and environment.

I had the project to make an impact assessment of PRASAR operations and its project on Maternal and Adolescent Healthcare Program on the beneficiary communities since 2011. PRASAR is the outcome of a decade of isolated individual endeavours, fighting adverse government and social conditions for bringing about a change in limited range of activities, education and awareness of SCs and other marginalised communities of Barabanki district of UP. Today its portfolio encompasses diverse areas of maternal and adolescent health care, eye care, social inclusion, empowerment of excluded marginalised and poor communities, livelihood etc. It was great opportunity to have an inside look at the grass-root level functioning of NGO by working closely with the operational field team and by interacting with the various stakeholders.

This internship gave me an opportunity to understand the under privileged rural community in terms of their healthcare and livelihood needs and the how small actions towards their upliftment can bring manifold change in their perception towards life and boost their morale to lead healthy and self- reliant lives.

ACKNOWLEDGEMENT

I take this opportunity to express my gratitude to **Ms Rajvinder Kaur**, my organisational mentor and **Mr. Shishupal Yadav**, Secretary PRASAR for his guidance, mentoring and constant encouragement throughout the course of my internship. In spite of his busy schedule he always spared time for me, supported in every possible way -be it help in travelling for field visits or in gaining access to historic statistical data and gave feedbacks to make my internship experience more fruitful.

I am also thankful to the support team members, doctors and staff nurses of PRASAR for their key insights into the working of the organisation and their help and cooperation during field visits.

The acknowledgment remains incomplete if I miss the contribution of my faculty and **We Care Team** for placing us with the NGO, providing a structured framework for the internship and for the designing this unique program.

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1. Introduction of PACE

Participatory Action for Community Empowerment (PACE) is a voluntary development organization, registered under Societies Registration Act of 1860, committed for people centred development established on 18th Dec 2000 with the mission of empowering the Dalit's, women, and poor and marginalized, children and old aged community people. It was established by a group of young and dynamic citizens with professional background from XISS, Ranchi, Jharkhand, India who have deep social concern and commitment for social change processes It focuses on mobilizing the community; educating them and sharing right information which would give them an advantage in their social economic and political live and liberate them from all injustice, vulnerability and marginalization

1.1 Thematic Areas

1. Promoting Elementary Education for children both in rural and urban areas.
2. Children's Development through Promoting Health and Education.
3. Community based Primary Health Care for the deprived communities.
4. Combating HIV and AIDS through targeted intervention and capacity building.
5. Women Empowerment to achieve socio, economic and political.
6. Promoting Livelihood and Sustainable Agricultural Practices.
7. Entitlement Realisation by the Marginalised community.

1.2 Programmatic Approach

PACE since the last seven years have focused on the four major sectors and undertaken projects and programmes on Health, Education, Livelihood and Entitlement. There are four different the strategies to reach the goal i.e., capacity building of the community, community mobilization, networking, and research and policy advocacy.

1.3 Social issues handled by the organisation

Health	Education & Vocational training	Poverty	Children	Environment
<ul style="list-style-type: none">• Financial support to elderly, anemic women, girl child• Construction of toilets• Working for maternal and child health• Awareness building about HIV AIDS• Health camps and immunization programs	<ul style="list-style-type: none">• Promoting environment of education• Capacity building of education committees• Promoting adult literacy centers• School level competitions• Organizing children fair's	<ul style="list-style-type: none">• Forming Self help groups and supporting micro finance activities• Computer training• Tailoring and other vocational training• Development of poultry and fishery units	<ul style="list-style-type: none">• Child line, 1098 toll free phone service for children in need of care and support.• Strong sustainable plan for action for strengthening child protection.	<ul style="list-style-type: none">• Production of electricity in un electrified village through gassifier plant• Transmission of ecological message by way of stories and pictures• Plantation of trees.

2. About PRASAR

PRASAR a Lucknow based non-profit Non-Governmental Organization which came into formal existence in the year 2003. It has been working with commitment to improve the lives of the marginalized group in the rural areas 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 works in the areas of health, nutrition, early child hood care and development, education and livelihood. PRASAR believes in Inclusive development and mobilization of women, girls Scheduled Castes and other marginalized communities.

2.1 Mission

Toward 'Social Democracy': 'One person one value'

It guides to work for change, for supporting the excluded, poor and marginalized sections of the communities so as to enable them to meet their immediate needs of health, nutrition, education and livelihood and long term security.

Vision

Enabling people to end poverty

It is possible to change the human system and structure by working together to achieve a common goal of ending inequality and poverty for the common good.

Goals

Enabling and supporting excluded, poor and marginalized communities to avail opportunities and face challenges

- Extending the provisions of essential services like health care-reproductive and child health, nutrition, education- of girl child, good governance etc.to the poor.
- Creating conditions sustainable livelihood by developing necessary skill and know-how, facilitating access to capital and establishing market linkages.
- Addressing inequality and safeguarding earth's finite resources.

Objectives

- Achieving greater inclusion of poor and marginalized communities through the provisions of services like health, nutrition, education, credit, infrastructure etc. for reducing inequality in the socio-economic systems.
- Enabling these communities to access the basic rights and entitlements.
- Seeking to pursue work in social and economic justice in livelihood etc., extends to concern like climate change, environment sustainability etc.

2.2 Existing Program Focus

- Health & Sanitation, Nutrition, Early Childhood Care & Development(ECCD)
- Education- Primary education with focus on the girl child and those belonging to weaker sections of the community, strengthening School Management Committees.
- Empowerment of excluded communities for livelihood generation and realization of rights.
- Inclusive development and mobilisation of women, Scheduled Castes and other marginalized communities in critical areas of health, education and livelihood.

2.3 Project wise Geographical coverage

1. Project: Maternal and Adolescent Health care Program

Operational Area: 167 villages of Banki, Deva and Masauli Blocs of Barabanki district.

Supporting Organisation: The Hans Foundation, NewDelhi

2. Project: CSR project Hepatitis C Awareness & Early Diagnosis

Operational Area: Banki, Masauli, Deva, Harakh, Nindura, Fatehpur, Bani Kodar, Sidhuar, Trivediganj Blocks of Barabanki

Supporting Organisation: Mylan Foundation

3. Project: Ensuring access of safe drinking water and sanitary disposal

Operational Area: Banki and Masauli Blocks of Barabanki

Supporting Organisation: SBI, Life Insurance, Lucknow, Uttar Pradesh.

4. Project: Empowering Socially Excluded Communities (Women, Muslims and SC) to gain access to Livelihood opportunities and ensure entitlement of Basic Rights to lead a dignified life, PACS Program (A DFID Program)

Operational Area:100 villages of Rampur, Sangramgarh in Pratapgarh district, Uttar Pradesh

Partner Organisation: PACE, Lucknow Uttar Pradesh

3. MATERNAL AND ADOLESCENT HEALTH CARE PROGRAM:

PRASAR with the financial support of The Hans Foundation has been implementing ***Overall Women & Adolescent Health Care Program*** since 2011 in 167 villages of Banki and Masauli Blocks of district Barabanki (UP).

The program 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 two *Mobile Health Care Units with a lady gynecologist, staff*

nurse and one Swasthya Sakhi from every Gram Panchayat coupled with the provision of pathology test and free distribution of medicines.

Coverage of the Program:

Particulars	Total Coverage till date (2017)	Caste Composition		
		SC	OBC/Muslims	General
No. of Villages (Banki Block)	64	24	58	28
No. of Villages (Masauli Block)	63	25.15	58.23	16.61

4. IMPACT ASSESSMENT OF PROJECT

4.1 Purpose

1. To assess the extent to which the project:

- Has brought created awareness about the critical issues of maternal health and menstrual hygiene for better life of adolescent girls.
- Has improved on the number of institutional deliveries.
- Brought down the number of high risk cases and infant mortality rates.
- Has broken taboo and malpractices and brought a change in outlook of the beneficiaries.

2. To review the lessons learned from project implementation and prepare a summary of the results compared with the goals and objectives outlined in the project document.

4.2 Methodology of Study

The study was carried out to provide qualitative and quantitative (where data was available) assessment and analysis of the project.

The assessment was based on:

1. Open ended questions through focussed group discussions with stakeholders, mainly adolescent girls, women (both ANC and PNC), pathologists, doctors and project staff
2. Interviews with the NGO staff and program secretary to understand the operations, progress and criticalities in the project implementation and beneficiaries to understand the manner in which the Prasar activities has benefitted them and changed their lives
3. Continuous observation and interaction during field visits and assessment of annual reports (Year 2011 onwards) to compare initial conditions of community at the inception of project with the current condition to gauge the impact

4.3 Key Activities of Project

1. **Base line Survey:** PRASAR conducts *Baseline survey* in new villages before it phases into these villages to assess the health status of women, children and adolescent girls in project area. It also includes knowledge, attitude and behaviour of the women and adolescent girls in particular towards the in health related issues. E.g. In one of the recent base line surveys it was found that more than half (55% precisely) of women/adolescent girls were suffering from reproductive health problem for quite long time; and a great number (67%) of them see it as necessary corollary of their (women's) life. Majority (63%) blames it to poverty.
2. **Mobile Health Clinics:** These are mobile units (Ambulances) which cover 21 Gram Panchayats and cater to the needs the needs of the target community at their door steps and providing free consultation, medicines, diagnostic tests especially for pregnant and lactating mother and children and adolescent girls. This facility (Img. 1 & 2) is well equipped with health care unit comprising Gynecologist (Img. 4), Staff Nurses, *Swasthya Sakhis* and necessary health equipment's for immediate relief to the poor women in remote Gram Panchayats.



Image 1: Women with their child and adolescent girls at the medical camp to get free check-up and medicines



Image 2: Mobile health clinic with mobile units(ambulance), Pathologists(left),staff nurse and Swasth Sakhis.

3. Awareness Meetings with pregnant and lactating mothers & adolescent girls(Img. 3)



Image 3: Awareness meeting conducted by Swasthsakhi of GP and Staff nurse

4. **Follow up of High- Risk Pregnancy Cases:** have been done on regular basis through out the years. EDD over due, anaemia, swelling in the legs, night blindness, high blood pressure, excessive bleeding, fluid discharge, MTP etc. have been the major causes of the follow up.



Image 4: Gynaecologist giving consultation to women and adolescent girl

5. **Training and capacity building** of Swasth Sakhis and monthly review meetings(Img.5 below)



6. **Active involvement in VHNDs** of the project operational GPs for strengthening it.

4.4 Impact

- Baseline Surveys have always given a realistic view of the socio –economic condition of the villages to design an effective personalized program to address their specific needs and helped in *judicious allocation of resources and efforts*.
- Most of the adopted villages didn't have appropriate health care facility in the vicinity and through interviews with the community members it was found that the government functional programs operationalized by ASHA weren't as *successful in execution* as the ones run by Prasar through its Swasth Sakhis to provide *easy, frequent and free of cost access to healthcare facilities at the door step*.
- Prasar has *built trust* with the community and has friendly and *approachable medical staff* to listen patiently to the problems related to reproductive and sexual health of women and adolescent girls of villages who were initially reluctant to talk openly to professional doctors.
- The consistent efforts since 2011 through awareness meetings with pregnant and lactating mothers has improved the health of ANC and PNC women and has *lesser cases of malnutrition in child and infant mortality* due to healthier eating habits, distribution of medicines-Iron Folic Acid and calcium tablets, regular checkups and weight monitoring and vaccination.
- *Breastfeeding practice is now been increasingly adopted* by the new mothers due to continuous emphasis and advice during medical camps and this has improved the health of the infants due to proper nutrition intake.
- The infant mortality rates and death rates of mothers has seen a dip over the years since the number of *institutional deliveries (private/government)* has increased due to better awareness about the risks of home deliveries.
- Sanitary hygiene: Training sessions for adolescent girls on preparation and use of indigenous sanitary napkins and awareness about their right disposal method, physical changes during adolescent ages and importance of maintaining personal hygiene during menses by washing hands with soap frequently has created highlighted the idea of hygiene among village women over the years and many have started implementing the hygienic practices. This has substantially *decreased the cases of UTI*.
- Awareness session about *family planning* with women and men has helped in *controlling the unwanted pregnancies and helped in population control*. Distribution of contraceptives-birth control pills, condom and pregnancy detection kits has also helped in this direction and has *brought a change in the mindset of people* as community women are now less reluctant to ask for contraceptives during the camps than earlier.

- *Follow up of high risk cases:* As a result of continued efforts in mobilization and awareness, many of the high risk women visits to the district hospital by their own for further check-up and treatment. Average 5-6 home visits are made to the high risk cases by the concerned Swasthya Sakhis in each block which has *brought down many of the cases to lower level of risks.*
- The allotment of Swasth Sakhi in each GP has helped in *better communication, better connect with the community* and has also *motivated the girls* to get education and be self-reliant as the recruited Swasth Sakhis are literate and are given salaries and leadership roles to talk to the women of their GP and *spread awareness* and act as point of contact between the NGO and their villages.
- *Training and Capacity building* program for Swasth Sakhis has helped in raising their *skill and confidence level* in their interaction with their community and has *improved the efficacy of the program.*

4.5 Recent Parallel Activities Impact of Prasar:

1. **Ensuring Access of Safe Drinking Water:** Through the partnership with SBI, Life insurance Prasar has been able to ensure the access of safe drinking water to the population of 3773 from 381 households from 16 villages of block Masauli and Banki of district Barabanki in 2016-17.



2. **Hepatitis “C” Awareness and Early Diagnosis project:** Through partnership UPVHA, Lucknow supported by Mylan Foundation community level awareness meeting organised in 9 blocks of Barabanki district helped in raising awareness about the symptoms of Hepatitis B and C through home visits by volunteers since 2015 along with this health check-up camps and awareness campaigns through wall writing and rallies were organised to spread awareness about Hepatitis B and Hepatitis C.



3. **Free Eye check-up camps:** Eye check-up camps have been held by Prasar time to time in various villages of Dewa and Masauli bloc to distribute corrective lenses and give back the gift of sight to the beneficiaries through medical science.



4. **Shivansh Composting:** Prasar has recently took up the task of educating the farmers about the benefits of making and using the Shivansh Fertilizer (Img. 6) instead of chemical fertilizer. This is a step towards making the farmers self-reliant as the compost can be made by readily available materials with farmers and has helped in increasing their incomes by reducing dependence on chemical fertilizers. It is also a faster (18days) organic composting method.



Alternative layers of Dry (yellow) and green before composting



Prepared Shivansh fertilizer after 18 days of composting

Image 6: Preparation of Shivansh fertilizer

Impact of Prasar Activities over the years by comprehensive analysis of Quarterly,6-monthly and Annual Reports (2011-2017)

Activities	2011(Jun-Dec)	2012(Jun-Dec)	2013(Apr-Jun)	2013(Jul-Sept)	2013(Oct-Dec)	2014(Jan-Mar)	Oct14-Mar 15	2016-17
High Risk Cases	99	64	49	49	27	37		
Institutional Deliveries	147/195=75.38%	235/334=70.34%	83/114=72.8%	119/135=88.14%	77/112=68.75%	108/131=82.44%	261/303=86.1%	99%
Beneficiaries	4462	15585	6401	6394	5524	5229	10,828	
Health camps	115	225	79	84	82	83	168	785
Adolescent Girl Awareness	990	3415	1058	851	905	799	1875	7963
VHND Participation		1047	376	1085	823	800	1698	6982
New registrations		2409	1239	1497	1590	1196		5636
Diagnostic Tests		915	250	182	178	233	5545	1210
Referral Cases		273	19	26	14	10		187

Notable points:

- The number of prevalent high risk cases has been on continuous decline since 2011 to 2017 due to better hygiene, awareness and treatment.
- Institutional deliveries have gone up from 75.38 % in 2011 to the remarkable figure of 99% currently.
- The number of beneficiaries and new registrations has been continuously increasing with newer adoption of target villages every year after improving the situations in existing adopted villages.
- The geographical coverage of Prasar activities has increased over the years as it covers more Gram Panchayats (>21)now and services to more than 150 villages as compared to the initial 66 villages. It is gradually taking projects in different districts also.
- The number of health camps held per year has increased over time.
- The number of Diagnostic Test beneficiaries has increased to 1210 per year this has led to lesser cases of UTI, anemia deficiency, Hepatitis etc.
- The awareness through the camps has brought a change in the mindset as the VHND participation and adolescent girl awareness meeting participants has increased over years as in the above table.
- Above activities has helped in better health and hygiene practices for villagers.

5. PRIMARY RESEARCH

Primary research was done during field visits by observing activities and conducting FGD with the beneficiaries and through interviews with the Secretary and project staff.

Field Visits conducted during impact assessment:

Masauli Bloc	
1	Chacherua village
2	Gurela Village
3	Gadaipur Village
Banki Bloc	
4	Godaha Village
5	Khijirpur Village

5.1 Key insights from the beneficiaries through focused group discussion: During the above field visits focused group discussions and open ended questions resulted in the following key insights-

- **What are the things you like about our organization and what changes have you seen?**
 - “We get free consultation, required medicines and forum to discuss our problems freely and Prasar has been quite helpful to us” - Adolescent girl, Gadaipur village
 - “We don’t have to go far outside our village for basic medicinal requirements and our spouses are also now quite supportive due to counseling sessions”-Married woman, Gadaipur
- **What are some bad things or areas of improvement for us according to you?**
 - “The medical-aide provided is upto the mark but sometimes there are delays and long waiting periods as doctor doesn’t come at time on the site -Elderly woman, Gadaipur

5.2 Key insight from Program Secretary

- **Since the inception of this project in 2011 what all changes have you seen in the beneficiary community?**
 - “Since the starting we have been instrumental in spreading awareness about the basic rights of the underprivileged regarding government schemes and welfare programmes, over the year I have observed a rise in the awareness level of women and

adolescent girls in the villages where we are operational. Beneficiaries are now more aware of VHND, best practices for child care and maintaining personal hygiene during menses, the number of new registrations for medical camps is increasing and we have achieved upto 99% institutional delivery cases. Many of the villages we adopted initially developed to the desired extent according to our objectives in a couple of years and we have been continuously adopting newer villages of the district to reach to more needful people. I have also observed a change in attitude of people during my interactions with them as they are now lesser reluctant to talk about their reproductive health issues. This is a very positive change and it has come due to continued efforts and by involvement of both men and women in family planning”

5.3 Key insight from Gynecologists and Pathologists

- **What are the challenges you face in treating rural people of these village?**
 - “A lot has changes with years but lack of education and casual attitude towards their health(as some of them don’t take medicines on time as advised), work conditions and social taboos exist in villages and due to this they are sometimes difficult to treat as they require extensive counseling, perception change and motivation to continue the medication ” –Lady Gynecologist
- **What diagnostic tests are performed and what trend have you seen in the reports?**
 - “Majorly haemoglobin, blood group, sugar, VDRL, HBSAG(Hepatitis) and Urine tests are performed for the patients as advised by the gynac. The frequency of hepatitis cases have decreased over times but still it is more frequent in some communities and IFA tablets distribution has helped in bringing down anaemia deficiency among women(ANC,PNC)” -Pathologist



Image 7: Pathologist taking blood samples for diagnostic test

6. KEY LEARNINGS

- Working of the NGO Prasar and its connection with supporting organizations like THF and SBI and its partners PACE.
- Field work at grass root level in the health care sector and major issues related to maternal and adolescent health
- Importance of development of trust and motivation which can cure many diseases as there were many success stories where a women were able to conceive a child after many years just due to change in perceptions and support
- Challenges in the NGO sector and funding requirements
- Reporting and monitoring process inside the NGO
- Best practices for Post Natal Care and Ante Natal Care of Women and child growth.
- Importance of spreading awareness about existing welfare schemes and there operations.

7. CHALLENGES FACED

1. Prasar team is putting good efforts in spreading awareness during camps but during field visits it was found that some beneficiaries (specially married and middle aged women) were still unaware and not practicing the suggested activities for better health and hygiene.
2. Sometimes the cooperation with Gram Panchayats is an issue to host a medical camp in that area.
3. Some women are still reluctant to consume the medicines initially and are shy to talk about their problems.
4. In some projects e.g. The Hamrahi project which works to sensitize men about their responsibility respect towards their wives and women the volunteers faced issues in making self-help groups (Hamrahi) as many men were looking for only monetary gains for being a part of the group.
5. As per the feedback by some beneficiaries, sometimes there are delays and time loss due to coordination issue between the doctors and villagers. Sometimes the camps are running but still patients don't come on time and in a few cases doctors couldn't reach on time.

8. RECOMMENDATIONS

1. Effective monitoring system should be designed to assess the impact of the awareness created among the adopted villages e.g. through questionnaires by Swasth Sakhis to understand the awareness level and actual implementation of the practices suggested.
2. Existing relations with the Gram Pradhans are cordial and continued efforts should be made to have friendly relations with them for future cooperation in conducting medical camps in the GPs to benefit the communities.
3. Social barriers can't be overcome instantly hence efforts should be continued to abolish social barriers and during awareness meeting women should be encouraged to speak up openly by training the Swasth Sakhis to increase their community's involvement in meetings and by instructing them to conduct interactive meetings to reduce their hesitation to talk about reproductive and menstrual health issues.
4. Men need to be motivated more to help their wives during pregnancy and post it by sensitizing them for better child care and growth and letting them know that family should be the first priority and not money.
5. Communication mechanism between the NGO and communities can be made more smooth and efficient by improving the trainings of Swasth Sakhis and the lag time during occasional delays in Doctors arrival should be capitalized on for effective involvement with the beneficiaries by educating the field team members (specially the new ones) to be more interactive in educating them about NGO operations and government welfare schemes.
6. If some beneficiaries are not following proper hygiene practices then understand the root cause behind that by asking questions and then resolving the issue if possible. E.g. some village women might not use appropriate food item /antiseptic soap before washing hands because of the lack of money to buy it, water shortage or inaccessibility to water source, difficult access to the market, inability to persuade the husband to bring it at home. So such issues can be solved by distributing antiseptic soaps or giving hand sanitizers in regions of water shortage during camps for free.