IMPACT ASSESSMENT OF CINI PROJECT IN THE CWFC VILLAGE IN UTTAR DINAJPUR

Dissertation
At
CINI (Child In Need Institute), Kolkata

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Under the guidance of
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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that Melvin John Baxla student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone dissertation at CINI, Kolkata from 16th March, 2015 to 13th May, 2015.

The Candidate has successfully carried out the study designated to him during dissertation and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

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help the mother
help the child...

Provisional Completion Certificate

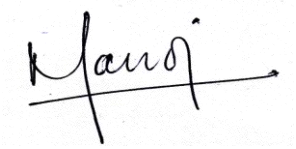
Certified that Mr. **Melvin John Baxla** an MBA graduate from The IIHMR University, 2013-2015 was placed in Child in Need Institute (CINI) during the period from **16th March, 2015-13th May 2015** for the purpose of academic internship.

During the period of the internship he has undertaken an evaluation study titled **"A Progress Report on the Child and Woman Friendly Communities in the villages of North Dinajpur district of West Bengal"**. He has gone through extensive field work and subsequent document review for the purpose of the study.

This provisional certificate is being issued as a token of recognition to the submission of the draft report. However the final completion certificate would be issued to him once his guide confirms the final report in consultation with him.

This soft copy of the certificate may be considered for the academic purposes only and the final completion certificate would be issued to him in due course after his report is accepted at the institutional level In CINI.

We wish him all the best for future endeavors



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This is to certify that the dissertation titled "An Impact Assesment by CINI on the CWFC Village in Uttar Dinajpur" and submitted by Melvin John Baxla Enrollment No. IIHMR/PGDHM/2013-15/1464 under the supervision of Dr. Tanjul Saxena for award of MBA Hospital and Health Management/ MBA Pharmaceutical Management of the university carried out during the period from 16th March, 2015 to 13th May, 2015 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

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TITLE: An Impact Assessment of CINI project in the CWFC Village in Uttar Dinajpur

AUTHOR: Melvin John Baxla

INTRODUCTION: The current project of creating a CWFC village has been aimed at one of the Panchayat in Uttar Dinajpur, West Bengal as a pilot initiative to create a model where the issues of RCH, child education and protection will be addressed holistically. The core framework of the project is to ensure three-partite partnership in between local self Government, services providers and community in bringing changes in the situation.

CINI proposes to adopt "Women and Child Friendly Community'' approach aiming at empowering the community and collectively work with community level stakeholders on issues pertaining to education, health, protection and nutrition (EPHN). CWFC aims at helping deprived children and women (and their communities) identify and work on local issues that impact their lives. Children and women are supported in processes aimed at fulfilling their rights, particularly in the education, protection, health and nutrition (EPHN) sectors. The emphasis is also on strengthening partnerships and joint action involving communities, local government bodies and service providers. These three stakeholders are seen as key actors that make the CWFC approach work. CINI acts as a facilitator, supporting them in developing and implementing plans based on local needs and concerns.

METHODOLOGY:

Setting of the study/ Study area: Bangalbari in the Hemtabad Block of North Dinajpur district of West Bengal.

Type of Study: Qualitative

Study Design: Descriptive, Cross-sectional

Medium of instruction: Bengali

Sample: 3 Better Performing Villages & 6 Moderate Performing Villages

FGD's of the Women Community Group, Self-Help Group, Adolescents Group.

Interview with the PRI members and with the VLCPC representatives.

FINDINGS: With the due facilitation of CINI, the community has gathered more knowledge on various schemes that are laid for them by the Government, directly. Where and how can they avail these laid down schemes. What are the different services available for the children in school. How to avail the benefits of the Anwesha counselor as in the case of the adolescents. It is without question that CINI has definitely played a major role in establishing the empowerment and the awareness factor among the community members of Bangalbaree Gram Panchayat.

The women community and the SHGs have definitely become more empowered and now can take the initiate to go to any authority in a collective manner for any issue or any problem. This factor was evidently visible in the better performing villages than the moderate performing ones where collective participation was not present and in the former it was noticeably there. The women have now understood the fundamental reality and necessity of EPHN and have also started acting towards it in the required manner possible.With the introduction and exposure of new trainings and capacity building campaigns, the adolescent groups are requesting for more. The adolescent groups are much more aware than the women community and are well sentient of various rights in terms of their health, education and protection and expect more Government aid/funds for the same.

ACKNOWLEDGMENT

The internship opportunity I had with CINI, Kolkata, was a great chance for learning and professional development. Therefore, I consider myself as a very lucky individual as I was provided with an opportunity to be a part of it.

Bearing in mind previous I am using this opportunity to express my deepest gratitude and special thanks to Nilanjana Ghosh, CWFC Co-ordinator, Child In Need Institute (CINI), who in spite of being extraordinarily busy with her duties, took time out to hear, guide and keep me on the correct path and allowing me to carry out my project at their esteemed organization and extending during the training.

I express my deepest thanks to Dr. Tanjul Saxena, Associate Professor for taking part in useful decision & giving necessary advices and guidance and arranged all facilities to make life easier. I choose this moment to acknowledge her contribution gratefully.

It is my radiant sentiment to place on record my best regards, deepest sense of gratitude to Mr. Manoj Sircar, Planning and Monitoring Officer; & Coordinator - Education Resource Centre for their careful and precious guidance which were extremely valuable for my study both theoretically and practically.

I perceive as this opportunity as a big milestone in my career development. I will strive to use gained skills and knowledge in the best possible way, and I will continue to work on their improvement, in order to attain desired career objectives. Hope to continue cooperation with all of you in the future.

Melvin John Baxla

The IIHMR University, Jaipur

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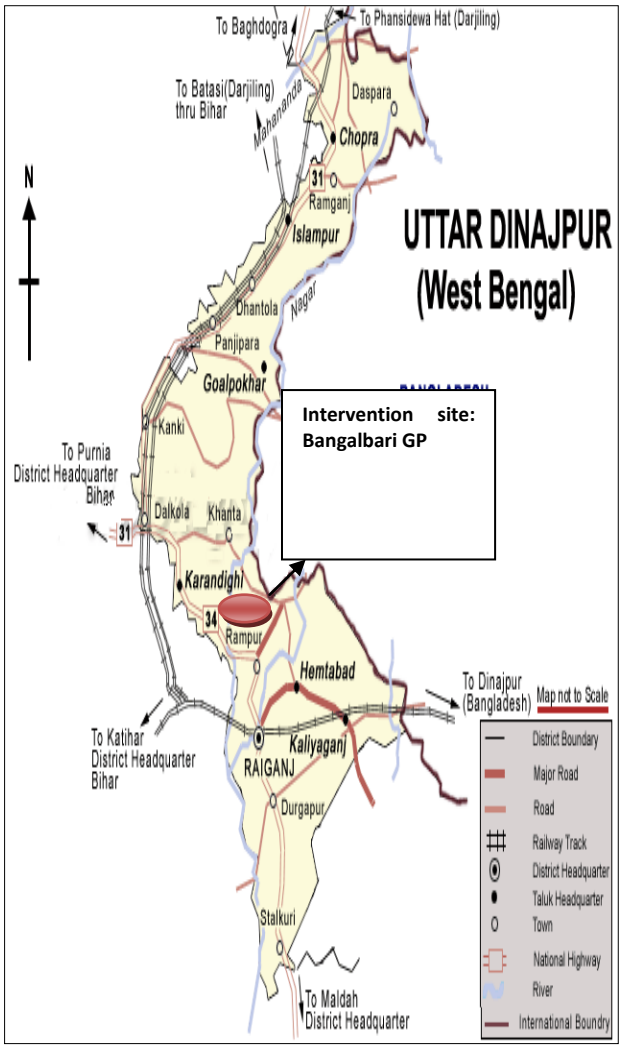
Glossary

MDG	Millennium Development Goals
SRS	Sample Registration Survey
NFHS	National Family Health Survey
DPT	Diptheria Pertusis Tetanus
IMR	Infant Mortality Rate
CES	Coverage Evaluation Survey
ORS	Oral Rehydration Salt
UEE	Universal Elementary Education
NUEPA	National University for Education, Planning and Administration
DISE	District Information System for Education
CWFC	Child and Women Friendly Communities
CINI	Child In Need Institute
SC	Scheduled Caste
ST	Scheduled Tribe
HIV	Human Immunodeficiency Syndrome
AIDS	Acquired Immune Deficiency Syndrome
MMR	Maternal Mortality Rate
EPHN	Education, Protection, Health and Nutrition
SD	Strategic Decision
PRI	Panchayati Raj Institutions
ULB	Urban Local Bodies
RSH	Reproductive and Sexual Health
FGD	Focused Group Discussions
RCH	Reproductive and Child Health
ANC	Ante Natal Care
PHC	Primary Health Centre
VHND	Village Health and Nutrition Day
VHSC	Village Health and Sanitation Day
AWW	Anganwadi Worker
IPHS	Indian Public Health Standards
JSY	Janani Surakshi Yojna
TB	Tuberculosis
STI	Sexually Transmitted Infection
ANM	Auxiliary Nurse Midwife

INTRODUCTION

The current project of creating a CWFC village has been aimed at one of the Panchayat in Uttar Dinajpur district of West Bengal as pilot initiative to create a model site where the issues of mother and child health, child nutrition, child education and protection will be addressed holistically. The core framework of the project is to ensure three-partite partnership in between local self Government, services providers and community in bringing changes in the situation. Here, CINI Australia is supporting towards this endeavor in one of the most vulnerable districts of West Bengal where only 47.89% of the population is literate and of that female literacy rate is only 36.51% and 39.1 % of girl's marrying before completing 18 years.

Map a



The district has a total population of 2.5 million- the majority of which reside in the rural areas. The male: female ratio of the district among children in the age-group 0-6 years is 965. About 47% of the total population constitute from Muslim community and largely placed in the villages. The district observes a large-scale migration of the population to outside states like Delhi, Mumbai and Kolkata respectively. The SC and ST population comprises about 32% of the total population while the population density is around 778.

The district is highly vulnerable due to its large stretch of international border with Bangladesh- cross border migration, along with Murder, dacoit, cattle lifting, smuggling; kidnapping, etc. are the major criminal activities available in the police record. Trafficking in persons- both of women and children within the district and from the neighboring country of Bangladesh is quite a common phenomenon. In a recent study by CINI, this district has been identified as moderately vulnerable in terms of reported cases of trafficked or missing children. The district is ranked ‘’A’’ in terms of vulnerability context- of HIV/AIDS. The percentage of pregnant women who go for Institutional delivery is less than 30%, leading to the problem of high MMR. The immunization status of the children in the district stands at 51%- which is the lowest in the state.

RESEARCH PROBLEM

Utilization of health services is a complex behavioral phenomenon. The public health care system is inadequate in quality as well as in quantity. The growing demand for the quality health care by the village community of Bangalbari in North Dinajpur and the absence of matching delivery mechanisms pose a great challenge. Absenteeism, low quality in clinical care, low satisfaction levels of quality care (clinical and with regards to courtesy and amenities) and rampant corruption plague the system. This has led to mistrust of the system, rapid increase in use of the treatment services provided by the private sector, high out of pocket expenditure that take a serious toll on families and quality of care. Empirical studies of preventive and curative services have often found that use of health services is related to the availability, quality and cost of services, as well as to social structure, health beliefs and personal characteristics of the users.

In the village where the major chunk of population lives, the main source of health care is the Government health centres that include the PHC which is locationed right at the centre of the busy area of the village and two sub-centres, traditional healers, quacks and the private practitioners. The quality of Government services in the area has deteriorated to a great extent, especially of the PHC making these health centres dysfunctional due to lack of medicines and medical staff. 75 per cent of the health infrastructure and medical personnel in India are concentrated in the urban areas (Patil, et al, 2002). Extreme inequalities and disparities persist in terms of access to health care. This large disparity across India places the burden on the poor and especially women and children (the future of our nation).

REVIEW OF LITERATURE

1) From recent State Health Department estimates, birth rates in Uttar Dinajpur were close to 33 per thousand populations, against 18.8 per thousand population for West Bengal as a whole.
   [http://wbplan.gov.in/HumanDev/DHDR/DHDR-UttarDinajpur/PDF/Chapter3.pdf]
2) Only a fifth of all children completed the full course of immunisation with immunisation dropout levels touching 47 percent.
   [http://wbplan.gov.in/HumanDev/DHDR/DHDR-UttarDinajpur/PDF/Chapter3.pdf]
3) 7 out of every 10 children in Uttar Dinajpur suffered from some form of malnutrition.

[http://wbplan.gov.in/HumanDev/DHDR/DHDR-UttarDinajpur/PDF/Chapter3.pdf]

Even though the immunisation programme for mothers through the administration of 2 or more tetanus toxoid [TT] injections had reached more than 70 percent of the eligible women in the district, less than 43 percent of the expecting mothers had received 3 or more antenatal checkups [ANCs].

[http://wbplan.gov.in/HumanDev/DHDR/DHDR-UttarDinajpur/PDF/Chapter3.pdf]

RATIONALE OF STUDY

- *Precise facts plus information is essential to develop exact programming:*

Interventions such as community observing and encouraging women in accessing government services and awareness programs with community in ensuring children's right to health along with various programmes designed to engage with community based health workers like ASHA, ANM and AWW brings improvement in the health services overall. To bring in long lasting changes in behaviour and practices with in community, the program needs to give more focus on the behavioural aspect and attitudinal change towards common perception and practices. To design such program, specific behaviour related data is required from both beneficiary and service provider's levels. This information would contribute in identifying the intervention areas, the areas which are needed to be looked at to bridge the gap of implementation and to bring lasting change in health status of community.

- *Explanations for insufficient operation of community based services necessitate profound investigation:*

Often the reasons for insufficient implementation are simplified as lack of commitment of health service providers, lack of supplies of medical materials, or community unaware and un-educated to understand importance of treatment seeking behaviour. From time to time it has been found that government system shows indifference to reach out to the people in remote areas. The health seeking behaviours also differs from one community to other. Some of the traditional beliefs and practices responsible are in not accepting government health facilities. The survey would attempt to go deeper and gather our some of the critical areas of concern in service delivery and service acceptance. The community health service providers often face serious problems in delivering services. Those areas need to be analysed.

RESEARCH OBJECTIVES

1) To perform an impact assessment survey of the CWFC initiative by CINI in the villages of Bangalbaree Gram Panchayat, Raiganj.

2) To assess the resources available and the hindrances persisting at the government, community and family levels that impact achieving of MDGs, EPHN status of children and women and to plan action in collaboration with the community, the local government and the service providers.

3) Monitor, document and distil the programme learning in order to disseminate and replicate a method for accelerating MDG's achievement, minimum EPHN standards for children and women, with the involvement of the community, the local government and the service providers.

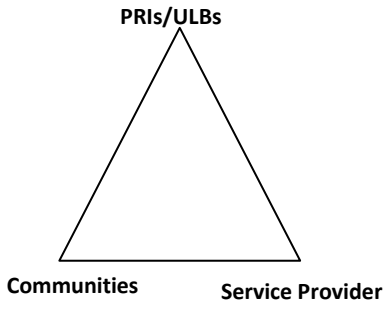
CINI's Approach

CINI proposes to adopt "Women and Child Friendly Community'' approach aiming at empowering the community and collectively work with community level stakeholders on issues pertaining to education, health, protection and nutrition (EPHN).

Child And Woman Friendly Communities (CWFC) Approach

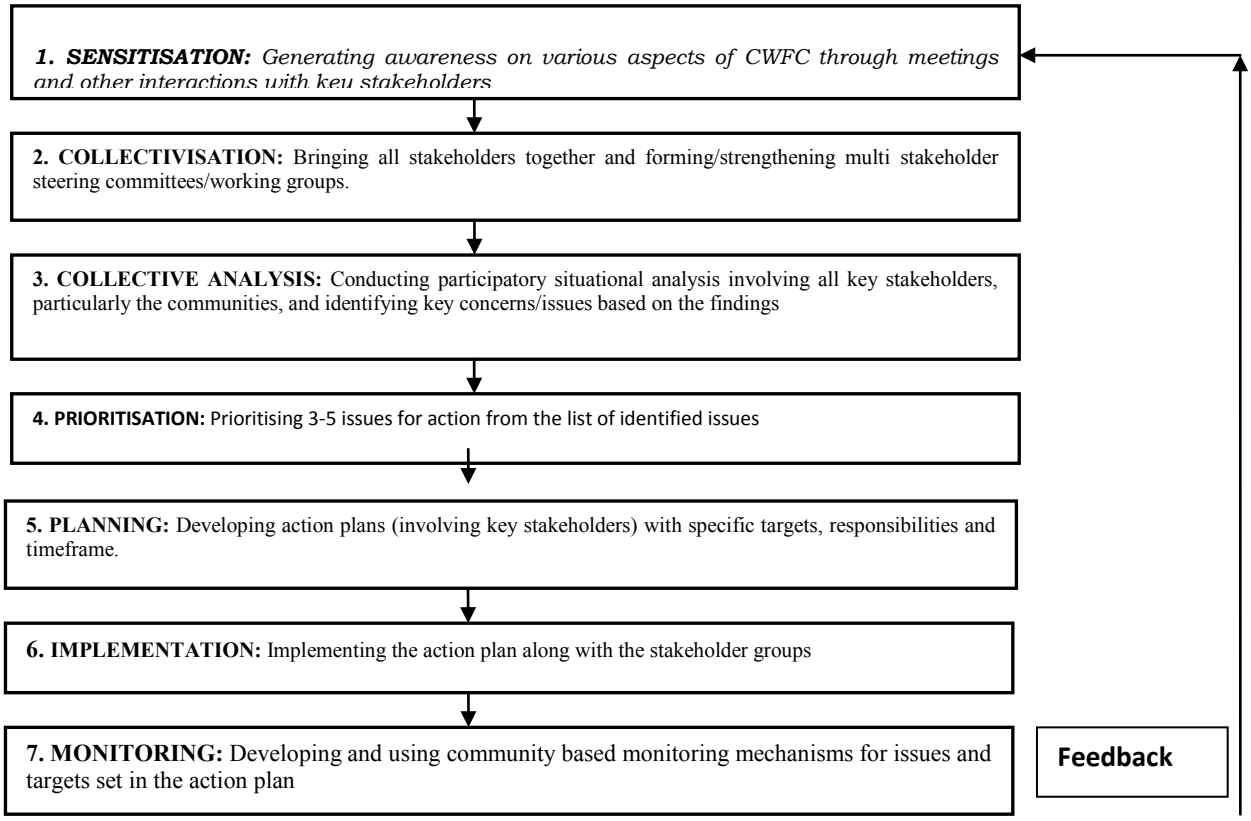
Broadly, CWFC aims at helping deprived children and women (and their communities) identify and work on local issues that impact their lives. Children and women are supported in processes aimed at fulfilling their rights, particularly in the education, protection, health and nutrition (EPHN) sectors. The emphasis is also on strengthening partnerships and joint action involving communities, local government bodies and service providers. These three stakeholders are seen as key actors that make the CWFC approach work. CINI acts as a facilitator, supporting them in developing and implementing plans based on local needs and concerns.

The CWFC approach essentially involves several, interlinked processes **Sensitization** of all the stakeholders, **Collectivization** of different stakeholder groups, **Collective Analysis** of the situation, **Prioritization** of key issues, **Planning** with specific targets and responsibilities on key issues, **Implementation** of the action plan, **Monitoring -** Designing of community- based monitoring mechanisms. These are the seven building blocks of CWFC.



The project goes in the process of the seven building blocks of the CWFC approach through sensitization, collectivization, collective analysis, prioritization, planning, implementation and monitoring which is a continuous process that

every times needs to be covered. The target community, local self-government service providers and other stakeholders are made aware, oriented and trained on the approach, all EPHN services and issues that emerged as a requirement for them in this period.The movement from one block to another may not always be systematic. There can be specific, contextual variations.



Project Description

FOCUS OF THE PROJECT:

To create a model of ‘’Child and Women Friendly Community (CWFC)’’ where the issues of education, protection, health and nutrition would be addressed through community level collective action.

PROJECT DURATION – APRIL 2012-MARCH 2015

The proposed outcomes and objectives of the project further strengthen and add value to CINI's mission and key priority areas. The table below brings out the inter-relation between institutional mission and key focus areas with the project's objectives and outcomes.

Table a. Strategic Intervention Areas

S.No	Institutional priority areas and Future Strategic Directions [SD]	Project priority areas
SD 1	Developing and implementing comprehensive community based package of services encompassing nutrition, health, education and protection --- Creating Child and Woman Friendly Communities.	The current project facilitates the process of community members, especially women, actively participating in planning, decision-making, implementing and monitoring of various initiatives. The key domains of intervention here are - education, protection, health and nutrition. Overall, a more conducive environment for children, women, and adolescents is envisioned.
SD 2	Ensuring active engagement and participation of PRIs of all three tiers and urban local bodies, as envisaged in 73rd and 74th amendments of the Constitution, in all our programmes.	The project identifies local self-government bodies like Panchayat (along with communities and service providers) as one of the key stakeholders. Local legislative bodies play a crucial role in the process of planning, implementing and monitoring of various programmes.
SD 3	Direct implementation of programmes in areas where CINI has a long presence will be to create models and methodologies that can be replicated by the system at scale, in other areas CINI plays facilitator's role working through local Civil Society Organizations.	Project site in Uttar Dinajpur district of West Bengal is the pilot intervention sites under CWFC approach. The project seeks to develop implementation strategies and models that could be replicated at a much larger scale in various other sites.
SD 4	CINI acts as a competent technical support organization, to improve the quality of service and the inclusion of so long excluded population in the existing development programmes of the state and center.	Technical support is one of the key strategies of the current project. Under the project, various capacity building programmes with key stakeholders seek to develop their skills to facilitate effective implementation as well as to facilitate inclusion of women and other marginalized groups in development activities.
SD 5	Developing capacities of staff and partners to take the above strategic directions forward.	Regular capacity building activities (such as orientation workshops, training workshops and refresher courses on CWFC, it's methodologies and issues related Education, Protection, Health and Nutrition) of the staff members are conducted under the current project.

EXPECTED OUTCOMES

Health & Nutrition: CINI's 1,000 Day's Programme envisaged focused support to pregnant women and lactating mothers with children of age 0-24 months. It looked after successful implementation through good inter-departmental convergence and integration with each body, PRI/ULB, Service Providers and the community and the where each player has a vital role in ensuring expected outcome for each mother and child. The Women's Self Help Groups would play a vital role in bringing about the desired outcomes and hence CINI deliberately targeted this section of the community as well so as to make sure that they get as much facilitated collaboration from the community part as well.

Expected outcome for Mother and Child health and nutrition in 1,000 days:

1. Early initiation of breastfeeding within one hour of birth;
2. Exclusive breastfeeding during the first six months of life;
3. Timely introduction of complementary foods at six months;
4. Age-appropriate, energy and nutrient-dense complementary foods for children 6-24 months of age with continued breastfeeding
5. Safe handling of complementary foods and hygienic complementary feeding practices
6. Full immunization and bi-annual vitamin A supplementation with de-worming;
7. Frequent feeding and breastfeeding during and after illness, including oral rehydration therapy and zinc supplementation for children with diarrhea;
8. Timely and quality therapeutic feeding and care for children with severe acute malnutrition;
9. Improved food and nutrient intake for adolescent girls, particularly to prevent anemia; and
10. Improved food and nutrient intake for adult women, particularly during pregnancy and lactation.

Adolescent Outcomes:

1. Improved knowledge amongst adolescents regarding nutrition and RSH issues like early marriage, early pregnancy, unsafe sexual behaviour and contraceptive usage
2. Improved pre-pregnancy nutritional status for girls
3. Enhanced awareness and positive health and nutrition related behaviours among adolescent girls and boys.
4. Delay in pregnancy and childbearing among adolescent girls
5. Improved awareness regarding availability of sexual and reproductive health services among stakeholders.

Education and Protection outcomes:

1. Ensuring 100% enrolment of drop out children.
2. All reported case of child trafficking and child abuse or early marriage cases are intervened.

METHODOLOGY

Setting of the study/ Study area: Bangalbari in the Hemtabad Block of North Dinajpur district of West Bengal.

Type of Study: Qualitative

Study Design: Descriptive, Cross-sectional

Medium of instruction: Bengali

Sample: 3 Better Performing Villages & 6 Moderate Performing Villages

FGD's of the Women Community Group, Self-Help Group, Adolescents Group.

Interview with the PRI members and with the VLCPC representatives.

Sample Size:

An extensive survey over 1 PHC, 2 Sub-centers, 26 Focused Group Discussions on 9 Women Community Groups, 9 Self-Help Groups, 8 Adolescents Groups in Bangalbari GP was undertaken. Using a specific health institution guideline, questionnaire based on the experiences of the beneficiaries and a women-oriented questionnaire were determined. Local health-related behaviours and attitudes as well as communication with the ANM's were also focused upon.

Tools And Techniques:

A semi-structured questionnaire was used to target the beneficiaries of the PHCs and the village women community, self-help groups and the adolescent groups. The questions were about their experience with the practitioners, the staff and employees of the concerned health centre along with their satisfaction levels regarding their services. The FGD conducted was done among a group of women, and questions were asked about their perceptions, opinions, beliefs, and attitudes towards the service provided by the health institutions and health service workers. Questions are asked in such a manner of in an interactive group setting where the women were free to talk with other group members with a unanimous reply.

DATA COLLECTION & FINDINGs

The (FGDs) Focused Group Discussions were performed in two different parts where one part comprised of the better performing villages and the other was the moderate or the mediocre performing villages. The FGDs were acted upon in a manner where all the three groups of the women community, the SHG's and the adolescent groups were done in each village simultaneously. Of the total 19 sansads, 50 percent, simple random sampling was prepared and 3 better performing villages and 9 moderate performing villages were selected, in total 9 villages were chosen for the data survey.

The main objective of the survey was to find out the knowledge and the familiarity levels and the perspectives of the beneficiaries and the clientele in terms of service delivery, their awareness levels on the various Governmental schemes and the legislative assistance that are there at present for them as per the respective age groups and also the ones they are currently receive from the lawmaking body.

Figure a. Women Community of Bangalbaree

It would be through the FGDs that the community viewpoint and outlook would come in light and few additional initiatives and interventions could be done so as to facilitate the community beneficiaries' current scenario and make them more mobilized for their own needs and requirements. The three year program of the CWFC Village in North Dinajpur, West Bengal by CINI, Kolkata has clearly articulated the fact that with coherent and lucid assistance brings about synchronization and proper mobilization among the community members. The appropriate facilitation assisted by CINI in the villages where it has rendered its services has evidently revealed the difference from the mediocre performing villages in the better performing villages.

1) Women Community Group:

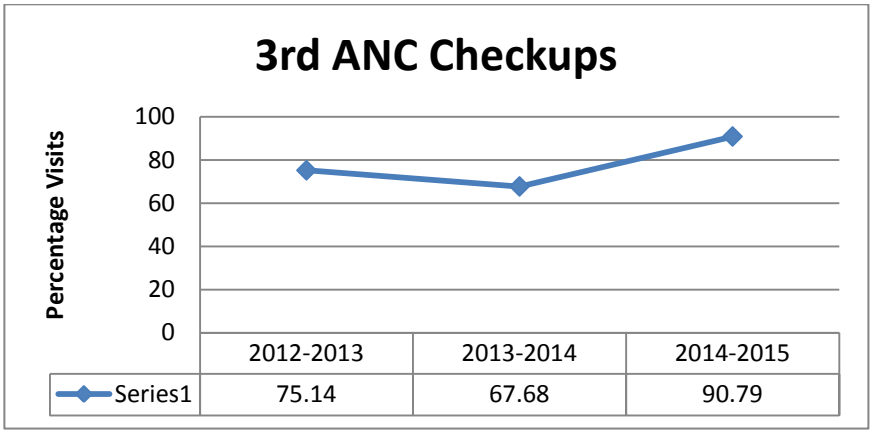
The women community groups in the villages of Bangalbari mostly spend their livelihood in household chores, daily home activities along with the agriculture work. That makes them highly occupied. The least amount of exposure to the outside world makes them ignorant and unacquainted with the different benefits that they can avail from the Government. As the women fundamentally keep themselves tied up in their domestic errands and do not give time for any trainings or meetings held through the Government, they do not get awareness on different issues on RCH, health and nutrition and all the factors involving it.

With the facilitation by CINI in the intervention villages, the current situation of the women community has improved in a very progressive manner. The manner in which women have started being aware of various issued in the education, health and nutrition perspective has shot up in an incredibly rapid rate. The women community group from the villages of *Laxmidanga*, *Purba Islampur* & *Pashchim Islampur* has stately shown downright improvement in the likes of mobilizing themselves in all the spheres of awareness and

understanding. These are those specially focused villages where CINI has intervened and has acted out thoroughly in sensitizing the women of the society making them wholly entitled and mobilized concerning their own needs and necessities in terms of EPHN.

With the trainings and the different means of guidance by the CINI representatives in these three villages especially, the women communities have achieved a great deal of self awareness, entitlement and are visibly conscious on various issues such as health and nutrition, maternal health, child health, sanitation, hygiene and education. It is evidently noted that they themselves inquire about the various issues, involving wellbeing, family planning and other matters as per their concern with the CINI representatives. The table explains how the percentage of visits has risen from 2012 to 2015, in a most evident manner. The midyear drop in the visits was most because of the possibility of migration of families or due to the house-shifting of the mother to her paternal home. However, with the constant intervention and facilitation through various meetings and trainings, the women in the villages now definitely feel the due need to complete all the 3 ANC visits so as to ensure a healthy state of herself as well as the healthy state of her newborn baby.

Table 1.1. Percentage Visits of 3 ANC Visits by Pregnant women



It should also be noted that the psychological mindset of the women in the village while not getting aided about any additional benefits and their rights to health tends to make them immune towards any usual picture of the RCH component, health and nutrition, sanitation, hygiene and also protection. That factor is very apparent in the other 9 villages of *Uttar Noorpur, Dakshin Noorpur, Dakshin Krishnapur, Purba Guthin, Pashchim Guthin and Dakshin Sashan*. These are the moderate performing villages where the proper facilitation of CINI, Kolkata has not been fully functional and they are just on the initial phases of extending the assistance of awareness campaigns and purposeful meetings so as to make the women of the household aware of what their rights, needs and requirements are.

The community women in these particular villages seem to be pretty much laid back in their life and chores and appear to have been in content with what the Government support they receive. For people living below poverty line, an illness not only represents a permanent threat to their income earning capacity, in many cases it could result in the family falling into a debt trap. When the need to get the treatment arises for poor families they often ignore it because of lack of resources, fearing wage loss, or wait till the last moment when it's too late. Even if they do decide to get the desired health care it consumes their savings, forces them to sell their assets and property or cut other important spending like children's education. Alternatively they have to take on huge debts. Including this, ignoring the treatment may lead to unnecessary suffering and death while selling property or taking debts may end a family's hope of ever escaping poverty.

Pertaining to this, the Government provisions various schemes for the women such as free treatment facilities, treatments and medications. Instead of remaining sick it is advisable that they avail treatments provided by the Government without failure for their own

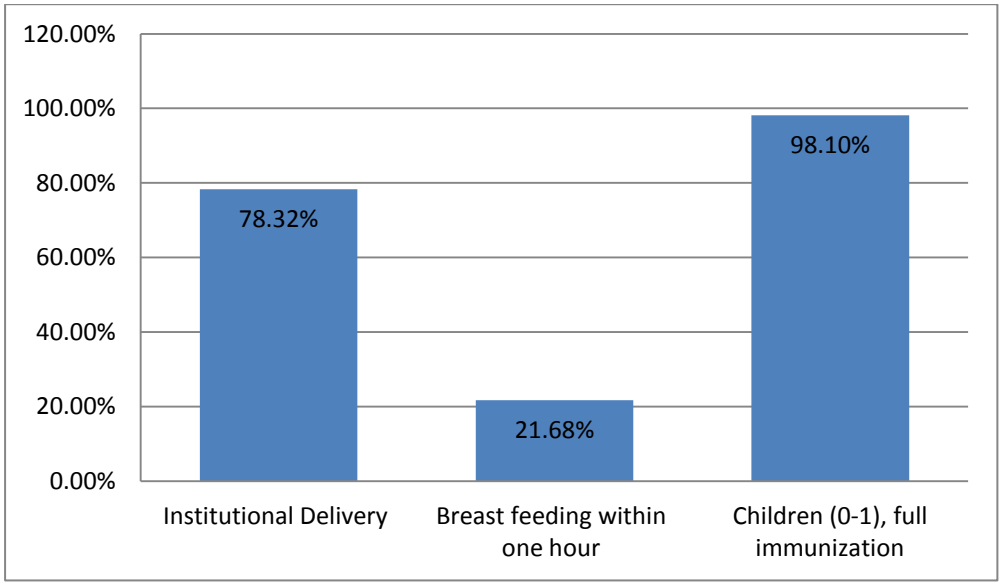
betterment. The women community being questioned upon the choices of availing the health services provisioned by the Government produces expected results but with surprising findings. These women community groups vouched for taking Government provided services but then they also seemed very apprehensive about the treatment and the medication provided by them. The practitioners would not properly listen to their ailments, illness and problems, but would simply prescribe medicines automatically. A few mentioned that they prescribed the same medications for all ailments, be it fever, joint pain, body swelling, or any other illness and also the same dosage for the child as well as for the mother. The medicines do not function effectively and the dosage would extend for months, nonetheless, they remain ineffective.

The community groups mentioned that they were also referred to the district hospital at Raiganj from the PHC as per the complexity of the cases. As far as accessibility to the PHC and the Sub-centres is concerned, the Sub-centres were found to be well placed and located in the midst of the village without any hindrance to accessibility worries. From the community perspective they were reasonably satisfied with the kind of services they received from the government health service providers. However at the PHC level, few groups did complain that they did not receive sound functioning medicine from the practitioners. On the contrary few cited that the practitioners would not properly listen to their ailments, illness and problems, but would simply prescribe medicines automatically where on the other hand the other groups would exclaim that the same would thoroughly listen to whatever issues and problems they had to say. The community women did criticize the behavior and manners of the nurses and mentioned that the nurses working were rude and uncouth and would also ask for money or else they would not put the injections prescribed by the practitioner to them.

The Village Health and Nutrition Day (VHND) is duly observed every month in each village of the block for the provision of health care services to women, adolescents and children. The VHSC comprises of the AWW, the ANM and the PRI representatives and they mobilize the women, adolescents and the children.

It is here that the CINI representatives, through meetings and trainings to the women community puts emphasis on health education, personal hygiene, education of children, dangers of sex selection, age at marriage, information on RTIs, STIs, HIV and AIDS, awareness of family planning, child nutrition, mother nutrition, hygiene or household sanitation. Once attended, the village women understand the main motive of the guidance being offered to them, they consciously take measures to go ahead and actually execute their obligations up to the mark. The three better performing villages under CINI's facilitation are fully aware and very much thorough with their needs and requirements.

Table 1.2 Percentage distribution of Institutional Delivery, Breastfeeding in one hour and full immunization



Topics such as child marriage, child's right age at marriage, penalty concerning child marriage, health problems with the girl if she's married at an early age, the other health

concerns with the child, both in mental level and physiological level; all are covered and brought upon in these meetings and trainings by the CINI facilitators. The women community group gives the impression to have taken these trainings very seriously and have wanted more and more. They have mobilized themselves in such a manner that they are now confident enough and also practice guiding the other women's in their village who fail to have attended the meeting due to any problem or were delayed.

It was widely proclaimed by the better performing villages (Laxmidanga, Purba Islampur & Pashchim Islampur) that they were now well acquainted with the fact of no-child marriages occurring in their village. And it was all due to the number of trainings and the capacity-building meetings that CINI, Kolkata had articulated through that they were now more responsive and sentient about it. 7 Awareness programme among the community, mothers, SHG service through distribution of IEC material, video shows, quiz competition on breastfeeding, nutrition for mother and children – macro & micro, govt. schemes & services under EPHN and CWFC approach was organized. The women have now grouped together so as to abhor any type of child marriages taking place or even on the verge of happening. The fundamental idea behind forbidding has been thoroughly provided by the CINI representatives and the facilitators and has been very appropriately accepted by the women community people once they were through with the information and all the specifics encircling it.

2) Self Help Groups:

In Bangalbaree, the Self-Help Groups are reckoned as Co-operatives within a Co-operative. The groups in these 9 villages surveyed are informal groups of 6-12 persons, each group of the same low level of economic condition, belonging to the same locality or hamlet. The groups have an absolutely open and voluntary membership, democratic control of members, participation of members in economic activities of the Group, autonomy and independence, education, training and information, cooperation amongst different groups and concern for the community. The following roles are played by the Self-Help Groups:

(1) Economic activities for Self-sustenance

The major strategy of the SHGs is to generate income through self employment means. They ensure this strategy by regular savings by each of the members and depositing of the same, assessment of the fund requirement for consumptive / productive activities of the members, prioritization of the loan proposals through discussion within the Group, keeping of accounts and records. Loans are also provided for consumptive purposes like medical treatment, marriage or like social function, children's education etc.

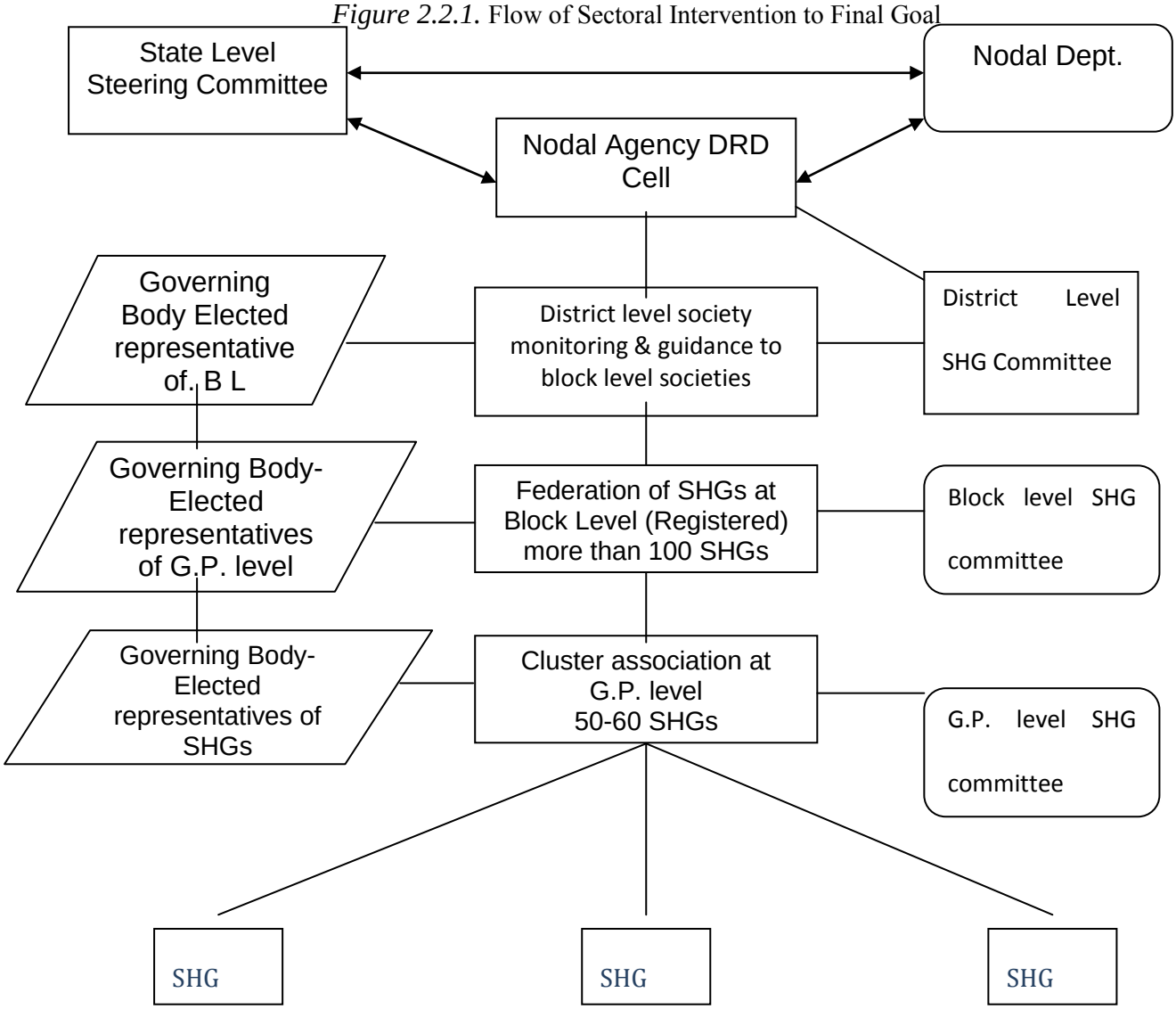
Figure.2.1.1 Resource Mapping

(2) Social activities

United fight against the social evils, e.g., child violence, women violence, torture on wives by their husbands, wastage of hard-earned money in liquor shop, unhygienic sanitary system leading to diseases, illiteracy, dowry system etc., hospitalization of the ailing member, participation in immunization and social forestry programmes.

Through the sensitization programme of CINI with the SHG's along with the village's health functionaries were done. This has actually ensured the SHGs to purposely and effectively take the health facility of the villagers and tracking of the children and the pregnant mothers to timely enrollment in health sub center. Intensive capacity building workshops and training organized with the Self Help Group and for the Self Help Groups on various schemes and services on EPHN brought about more knowledge among the group members about collectivization and collective approach towards working for CWFC. With the methodical and comprehensive trainings the SHGs seemed to have been very much entrusted with the issues of mother and child care during first 1000 days of life of a child, adolescent health and development, enrolment of children to schools and protection of children and women as well as their roles and responsibilities.

Figure 2.2.1. Flow of Sectoral Intervention to Final Goal



The SHGs effort involves a lot of money transactions of all the members of the group as their work involves keeping track of the regular savings by each of the members and depositing of the same, assessment of the funds, prioritization of the loan proposals through discussion within the group along with the keeping of accounts and records. All these require being thoroughly aware, conviction and self reliance and hence the group has a strong feeling of affinity, relationships of trust, non-exploitative relationships, and homogeneity among members, voluntarism and willingness to support one another in need of certain structural features – common origin /same livelihood / gender bond.

Table. 2.2.2. Sectoral Intervention

Broad Sectoral Intervention in	**Approach**	**Intermediary Goal**	**Final Goal**
Financial Services	Institutional Building	Economic Empowerment of Women	Poverty Elimination & Improved Quality of Life
Social Sector Services	Facilitation		
	Service Provisioning	Women's Collective Voice & Political Empowerment	
Livelihood Services	Engagement for rights		

The table clearly implicates that directly or indirectly the SHGs contributes to the women empowerment, all in terms of economic, voice or political directly putting in efforts to improved quality in life. CINI, Kolkata takes this goal process as the tool for capacity building of the SHGs and makes them more mobilized and entitled towards their roles and responsibilities by empowering them through knowledge training campaigns about various schemes and Governmental aids. The more empowered and strong the group is, the more the women community will seek assistance and the more the group will move ahead to give guidance in all matters and issues of EPHN to mothers and children of the village.

The SHGs in the better performing villages are very empowered in their work and make sure that each and every woman are entitled to their rights and benefits as per their

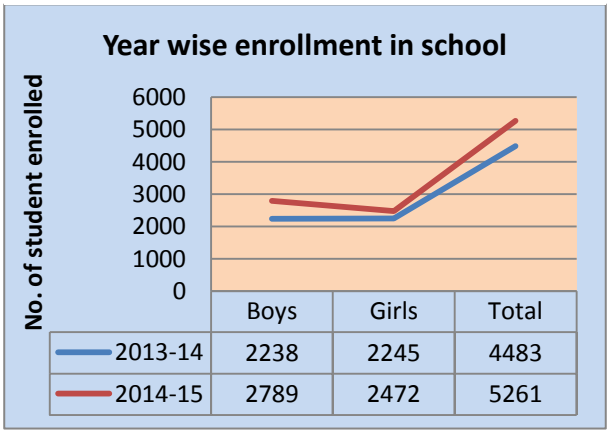
needs and requirements. The other mediocre performing villages have lagged behind in showing the same strength of mobilized characteristics among themselves. Few of the not-so good performing villages have not shown the behavior of collective participation or homogeneity which is highly required which is the main reason of them falling behind as their other counterparts.

3) Children-Adolescent Groups:

- ✓ Nationally, 55.8% of adolescent girls in the 15-19 age group are anemic [NFHS 3]
- ✓ West Bengal is among top 5 states in India with highest number of out-of-school children [6-14 years]
- ✓ 22.7%* women who give child birth are in the age group of 15-19 years•
- ✓ Only 49.5%* women heard about HIV and AIDS•
- ✓ Only 42.7%* children received breast milk within 1 hour of birth•
- ✓ More than 60%* women have not heard about RTI/STI

[*Source: District Level Household Survey (DLHS) 3, Burdwan district].

Figure 3.1 Year Wise Enrollment in School



The children and the adolescents are the future of our nation and are absolutely unknown and unfamiliar to a number of issues, in the health-nutrition, protection and education perspective. CINI, Kolkata seeks to especially look after the specific

needs and requirements of these children and adolescents. Issues relating to reproductive and sexual health, education and protection rights of young people (in the age group 10-24) are all campaigned upon in the different trainings and meetings held especially for the children and the adolescents.

The children and adolescents groups are slowly and gradually being built up in the different villages of Bangalbaree Gram Panchayat. Few groups are still withdrawn and introvert and is very visible that they need all the more training and need to build up more confidence as per as want of all their specific needs are concerned. The other more confident groups are very much empowered of their needs, like the one of the Dakshin Sashan, they are very much aware of the various schemes from the Government especially for the school going children.

They are very well cognisant of the mid-day meal scheme and the different variety of food that they are supposed to receive at school for their daily nutrition. The children do let their parents know of any inconsistency in the meals available to them at school or any incongruity in the quality of food. The children, apart from the ones who are bashful also are very well aware of the RTE (Right To Education) for themselves.

As for the adolescents, the adolescent girls did mention that initially they were not aware of the IFA (Iron Folic Acid Tablets) and were scared of the side effects that it could do due to mis-conceptions and did not used to consume it and throw them away. During the group discussions, they did mention that they came to know much about the significance of the tablets once they went to the trainings and meetings especially for them. They did exclaim that they found the CINI representatives to be very comfortable to speak with and also could confide their private issues without hindrance. Through this behaviour change among many, it was a bit unproblematic to explain them more about sexual issues and problems.

With the increase in the confidence level of the behavioural characteristics in a lot of the adolescent children, it was very evident to find that CINI was pretty much able to increase knowledge and understanding of issues pertaining to youth reproductive and sexual health, education and protection, contribute to programme development and advocacy, develop innovative youth-friendly programme models in order to address specific issues relating to youth reproductive and sexual health, education and protection rights according to a life-cycle approach and to network, partner and develop the capacity of agencies committed to developing, promoting and scaling up models on priority issues pertaining to youth reproductive and sexual health, education and protection rights.

CINI, Kolkata has definitely worked progressively with the adolescents in the most rapid manner with the best results obtained. The children and adolescents are more empowered, more aware on EPHN, more entitled to their needs and requirements, are more ready to speak up about any type of violence or cruelty to any child around the same age. They have stood up for child marriage in the village and a few have also acted maturely in grave situations.

4) PRI & Service Providers:

CINI, Kolkata has worked very closely with the PRI/ULB and the service providers so as to being in pool resources and perform collaborated work to achieve the highest outcome possible from all the interventions made by the Government and the non-Government bodies for the benefit of the community, women and the children.

The women community groups mentioned that the ANM took a dynamic part in the immunization procedure and also in letting them know about how to take care of themselves before delivery and also how to take care of the newborn baby, after delivery. The scenario is that the ANM would let the village members know about the tentative date for immunization

for their children and the beneficiaries' would go along with their children to the respective Sub-centre to get their children immunized.

The only problem was that the ANM mentioned about less of manpower at her Sub-centre which resulted in delaying of various work and pending work as well. The Sub-centre did not have any male helper. There were two ANMs who worked in shifts and there was no male worker who could guard the centre which made it very prone to theft and pilferage. There was no proper lightning facility which made the room rather stuffy.

The PHC at Bangalbaree was situated at the most appropriate area, very well connected with the road, right beside the main street; so there was no problem for the community members for accessibility. However, the community members did mention that the helpers at the PHC were not friendly and did not behave courteously with the people as compared to the fair behavior of the physician.

Interview with the Panchayat Executive member showed light on the various issues of Bangalbaree GP that the community was not very much mobilized and were very much dependent on the Government and the similar bodies. Though they did mention that CINI, Kolkata had functioned in the most positive manner in bringing a whole lot of behavioural changes among the community and has definitely made them more empowered and mobilized than before. Now after CINIs intervention, the community has started seeking for answers to their issues and has gradually begun towards striving for their specific needs and requirements in the individual level, family level and also the community level.

CONCLUSIONS

Though a lot of policies and programs are being run by the Government but the success and effectiveness of these programs is questionable due to gaps in the implementation. It is without question that CINI has definitely played a major role in establishing the empowerment and the awareness factor among the community members of Bangalbaree Gram Panchayat.

With the due facilitation of CINI, the community has gathered more knowledge on various schemes that are laid for them by the Government, directly. Where and how can they avail these laid down schemes. What are the different services available for the children in school. How to avail the benefits of the Anwesha counselor as in the case of the adolescents.

The women community and the SHGs have definitely become more empowered and now can take the initiate to go to any authority in a collective manner for any issue or any problem. This factor was evidently visible in the better performing villages than the moderate performing ones where collective participation was not present and in the former it was noticeably present. Considering the breadwinner of the house would daily go to work and as women, juggling with both the household chores and the daily outside work is not an easy task. But the women have now understood the fundamental reality and necessity of EPHN and have also started acting towards it in the required manner possible.

The adolescent groups are much more aware than the women community and are well sentient of various rights in terms of education and protection. With the introduction and exposure of new trainings and capacity building campaigns, they are requesting for more. They are now thinking of learning something more worth rather than getting materialistic applications from the Government for daily use. The children and the adolescents have now understood the need for education in a more precise manner and want to pursue more and expect Government aid/funds for the same so that they could work and could support their family in the future.

RECOMMENDATIONS

In order to improve the current ongoing scenario of the Bangalbaree GP:

- The SHGs, women community and the children's/adolescent group are provided with trainings and meetings regarding the various schemes and all the other information's concerning EPHN, but still a lot of capacity building process is required for them to aware themselves with sufficient knowledge and continue the process on their own.
- The PRI/ULB could be made aware of the scenario as to when CINI won't be facilitating, the scenario might have the possibility to go haywire, and so they will have to work in conjunction the betterment of the community.
- A lot of the members have no idea about the VLCPC body. Proper awareness and knowledge could help in a lot for progressive action.
- Strengthen the VLCPC body.
- Involvement of Children, ensuring child participation in governance.
- The community is very much dependent on CINI, so a bit of self entitlement trainings could help them go the right direction.
- Mobilizing men too in this aspect, rather than just focusing on women and child can also lead to prospective results.
- Improve the Drop In Centres for better facilitation.
- Increased motivation for the women who have stopped working due to no availability of funds.
- Try to being in the Anwesha Counselors' work office closer to the Bangalbaree, as for adolescents; it is troublesome to travel that far.
- Ask the higher authorities for appointment of adequate manpower both in the health facilities of PHCs- Gynaecologists and LHV and at the Sub Centre-male helper.

ANNEXURES

FGD Questioner for Mother's Community Group

1) Do you know about CINI?
2) What role CINI has played for the community?
3) What do you understand by CWFC (Child & Woman Friendly Communities)?
4) What has CINI done in concern with CWFC, especially the women?
5) How you are linked with the CINI activities?
6) According to you, what do you think is your contribution to make the area child and woman friendly?
7) Do you identify any community based problems with special regard to your own concerns and requirements?
8) Where you go to solve these problems?
9) What kind of support do you receive from the service providers and the SHGs?
10) Are you aware of the roles and responsibilities of SHGs?
11) Do you see any changes in the knowledge of yours in maternal health, child health & nutrition, education or even any child protection issue?
12) Are any of your problems/issues solved?
13) Do you think the facilities being provided to you are up to the mark?
14) How do you feel are the accessibility of the government/non-government facilities? Are they sufficient?
15) Do you think that CINI has performed as good facilitators for your need and requirement?
16) Are there any changes you see after two-three years through this approach? If yes then what changes
    - Service provision by government.
    - Service uptake by the community.
    - Behavioural changes.
17) Are you aware of any committee/authority where you place your problems?
18) Is the committee functional?
19) As per you, at what level woman and children are involved in decision making?

FGD Questioner for Children's/Adolescents

20) What do you understand by CWFC (Child & Woman Friendly Communities)?
21) Are you aware about RTE (Right to Education) Act & Child Protection & Child Rights?
22) Do you know about CINI?
23) What has CINI done in concern with CWFC, especially the children?
24) Do you identify any community based problems with special regard to your own concerns and requirements?
25) Where do you go to solve the problem?
26) Are any of your problems/issues solved? & how?
27) How much are you aware with respect to the special needs of the children around your age for the requirement of appropriate nutrition and proper health for smooth growth?
28) Are you made aware for the necessity and importance of child education?
29) What kind of support do you receive from the service providers and the SHGs?
30) Have your knowledge and information about sexual reproductive health increased?
31) Is the uptake of service in Anwesha clinic has increased?
32) How do you feel are the accessibility of the government/non-government facilities? Are they sufficient?
33) Do you think the facilities being provided to you are up to the mark?
34) Do you think that CINI has performed as good facilitators for your need and requirement?
35) What is CHILDLINE?
36) Do you think CHILDLINE has helped you in any manner? What kind of help were they?
37) Are the growing children and the adolescents specially provided with awareness regarding the changes occurring in their body in the sense of physically body transformations?
38) Do you help your fellow friends in the community or spread friendly awareness among yourselves?
39) What changes/improvements would you like have in the current scenario of service provision by the service providers catering you?
40) Are there any changes you see after two-three years through this approach? If yes then what changes
    - Service provision by government.
    - Service uptake by the community/adolescents.
    - Behavioural changes.
41) Is there any committee/authority where you place your problems?
42) Is the committee functional?
43) Do you feel that you can continue the process in the absence of the facilitation of CINI?

FGD Questioner for SHG

44) How long has it been since the formation of the group?
45) What gave you the drive to bring everyone together in this group?
46) What were the challenges that you came across in forming the group?
47) What were the issues that you came across in representing yourselves at the district?
48) How recurrent does your group collectively assemble together to discuss on trivial issues?
49) What are the different subjects and concerns discussed in the meeting?
50) How do you promote leadership qualities among themselves?
51) How often you interface with PRI and service providers and in which platform?
52) What do you think is the role of PRI in making CWFC/CFC?
53) Is everyone in the group has equal autonomy to speak and give views on the issues discussed?
54) How do you bring about collective decisions among yourselves?
55) How do you spot community based issues and where do you go to solve the issue?
56) What do you understand by Child & Woman Friendly Community?
57) What are your roles and involvement to make the village area child and woman friendly?
58) Do you face any trouble/inconvenience with the local panchayat and the service providers while addressing your issue?
59) Have you received any training/guidance on EPHN (Education, Protection and Health & Nutrition)? If yes then on what matters?
60) How far do you think that you have gone ahead in the aspect of spreading awareness among the community regarding child education and restoring information regarding child protection?
61) How much have you utilized the understanding achieved at the EPHN training?
62) How accessible are the government facilities that are provided for the community?
63) Do you think that the benefits received from the service providers for the community are up to the mark?
64) Did you come across any difficulty in concern with the Service Providers in service delivery?
65) At what level woman and children are involved in decision making?
66) Do you feel that your group is sufficiently equipped to identify and solve a problem related to the community in future?
67) Are you facing any difficulties in making the community Child and Woman Friendly? What do you are the major issues behind it?
68) Are there any changes you see after two-three years through this CWFC approach? If yes then what changes
    - Service provision by government.
    - Service uptake by the community.
    - Behavioural changes.
69) Is there any committee/authority where you are member?

70) Is the committee functional?
71) Can you continue the process in the absence of CINI?

FGD Questioner for Service Providers

72) Do you know about CINI?
73) What role CINI has played for the community?
74) What do you understand by CWFC (Child & Woman Friendly Communities)?
75) What has CINI done in concern with CWFC, especially the children and women?
76) How has CINI's facilitation mode of work has helped you in achieving your performance?
77) According to you, what do you think is your contribution to make the area child and woman friendly?
78) How far do you think that you have achieved the targets and levels that you wanted to accomplish by now?
79) Do you identify any community based problems and issues all by yourself with special regard to the communities' concerns and requirements?
80) Do you consult with the SHGs in regard with the same?
81) At what level woman and children are involved in decision making?
82) Do the SHGs or the community members have any say in the solutions that you provide to the people in the community?
83) How do you function in instances of cases of any backfire of any of the solutions you provide?
84) Have you got any training on EPHN? If yes then on what issues?
85) How you utilised the knowledge gained at training?
86) According to you is there any gap in providing adequate services to the community and what do you feel to be done to resolve/minimize the gap if any?
87) Are there any changes you see after two-three years through this approach? If yes then what changes?
    - Service provision by government.
    - Service uptake by the community.
    - Behavioural changes.
    - Involvement of panchayat
    - Involvement of community (SHG, Children , local leaders etc)
88) Is there any committee where you place your problems?
89) Is the committee functional?
90) Are you a member of the committee?
91) How frequent the committee sit for discussion?
92) Are you facing any difficulties in making the community Child and Woman Friendly? What are the major issues?
93) Can you continue the process in absence of CINI?

FGD Questioner for Panchayat

94) What do you understand by Child & Woman Friendly Community?
95) What are your contributions to make the area child and woman friendly?
96) Do you know about CINI?
97) What role CINI has played for the community?
98) What has CINI done in concern with CWFC, especially the children & the women?
99) How you are linked with the CINI activities?
100) What are the various issues that you come across for the community?
101) How frequent does the Panchayat sits for discussions?
102) Do Panchayat see the importance of including community (SHG. Women, Children) in their decision making or planning process?
103) How you identify community based problems and how you solve it?
104) According to you is there any gap in the provision of services to the community?
105) What do you feel needs to be done to resolve/minimize the gap if there are any?
106) Does the community come in person to ask to solutions to their issues?
107) How do you deal with all of them?
108) How do you doeal with the issues or problems brought by the SHGs?
109) Are there any changes you see after two-three year through this approach? If yes then what changes?
    - Service provision by government.
    - Service uptake by the community.
    - Behavioural changes.
    - Planning and monitoring process
    - Functionality of various committees or meetings
110) At what level woman and children are involved in decision making?
111) Are you facing any difficulties in making the community Child and Woman Friendly? What are the major issues?
112) Is panchayat have any local level committee in place is it functional?
113) Can you continue the process in absence of CINI?
114) What are your monitoring processes for CWFC?
115) How do you plan to continue the CWFC process (like joint situation analysis (resource map, issue prioritization, planning and monitoring) in your community?

Questionnaire for VLCPC

116) What are the needs of the children that you look up to?
117) Are there any special issues in your village?
118) What do you think they are?
119) Can children talk to professionals when they need help?
120) When a child needs help, does he/she go alone to address it? Or is there an adult who can accompany the child?
121) Is the specialist help available as long as the child needs it?
122) Do the children have a good awareness of personal safety?
123) Are the children's concerns are treated seriously and respectfully?
124) Do the children understand what happens to them and are supported by their families and the guardians?
125) Are the members of the public, confident that the local services being provided by the Anwesha counsellors/ CHILDLINE protects their children?
126) Do you think VLCPC is a CINI facilitated body or a government initiated structure?
127) Do the members of the public know who to contact if concerned for a child's safety?
128) Does CHILDLINE always have professional staff who can be easily contacted?
129) Do the professionals listen to and record the views of children and their families?
130) Do the professionals help the children and families to express their views?
131) All professionals take prompt action to prevent continued harm?
132) Is there a consistent response to the concerns of child protection?

SUB-CENTRE CHECKLIST

Name of the Sub-Centre:

Block:

District: 6hours*6days: Yes ☐ No ☐

Sl. No.	Indicators	As per IPHS 2012	Present Status
		INFRASTRUCTURE	
1	Building	Well maintained/ good condition	
2	Location	Own premises	
		3-4 km from the population	
3	Water	Adequate supply	
4	Electricity	Regular electricity	
5	Lavatories	Proper functioning toilets	
6	Signboard	Visible	
7	Rooms available	Waiting Room	
		Labour Room (01) with labour table (01)	
		Room (01) with beds (02-04); nursing mothers	
		Store room (01)	
		Clinic/Office room (01)	
		Attached toilet with labour room (01)	
8	Residential Accomodations (02 staffs)	Rooms (02); 3.3 m* 2.7 m	
		Kitchen (01); 1.8 m *2.5 m	
		Bathroom (1.5 m * 1.2 m)	
		Water closet (1.2 m * 9 m)	
		EQUIPMENT AND SUPPLIES	
9	Table (01)		
10	Chairs (02)		
11	Examination Table/IUCD table with foram mattress (01)		
12	IUCD Kit		
13	Delivery Kit		
14	Weighing Machine For Adults		
15	Weighing Machine For Infants		
16	Functional Stove		
17	Covered Container for Waste Disposal		
18	Apron		
19	Non electric Autoclave		
20	Instrument Sterilizer/Boiler		

Sl. No.	Indicators	As per IPHS 2012	Present Status

EQUIPMENT AND SUPPLIES

21	RCH Kit A & B	
22	BP Apparatus	
23	Fetoscope/Stethoscope	
24	Gloves	
25	Copper T	
26	Nirodh	
27	Oral Pills	
28	Bleaching Powder	
29	Soap & Detergent	
30	Cotton Wool	
31	Towels	
32	Dressings	
33	Vehicle for mobility	
34	Registers/Records	

SERVICES

35	Medicines	Malaria	
		Leprosy	
		Fever, Cough & Cold	
		Iron Folid Acid	
		Family Planning Products	
36	Lab	Urine Pregnancy Test	
		Estimation of Haemoglobin	
		Urine test for Protein (using Dispstick)	
37	Pregnancy Reg.	Within 1st Trimester - 12th week of pregnancy	
38	Ante Natal Checkups, including Reg.	1st visit : within 12 week	
		2nd visit : between 14-26 week	
		3rd visit : between 28-34 week	
		4th visit : between 36 week & term	
39	General Examination; ANC Services by ANM	Height	
		Weight	
		BP	
		Anaemia	
		Abdominal Examination	
		Breast Examination	
		IFA Supplement	
		Tetanus Toxoid Injection	
40	Risk Identification & Management	Post Partum Haemorrhage	
		Eclampsia	
		Sepsis (boils)	

Sl. No.	Indicators	As per IPHS 2012	Present Status
		SERVICES	
41	Primary Medical Care	Injuries	
		First Aid	
		Incision & Drainage of Abscess	
42	Record Keeping	Survey of the area, map, village, family	
		List of eligible couple	
		Patient of Leprosy & TB	
		Surveillance register on Malaria	
		Preparation of Annual Health Plan in support with ASHA, PRI & AHSC submission to block.	
43	Staff	ANM (02)	
		Health worker; male (01), preferable	
42	House to House Survey		
43	Health Eucation		
44	Recording Vital Events		

REFERENCES

1). www.cini-india.org

2). http://wbplan.gov.in/HumanDev/DHDR/DHDR-UttarDinajpur/PDF/Chapter3.pdf

3). IPHS Guidelines