# An Impact Assessment Of CINI project in the CWFC Village in Uttar Dinajpur


PRESENTED BY

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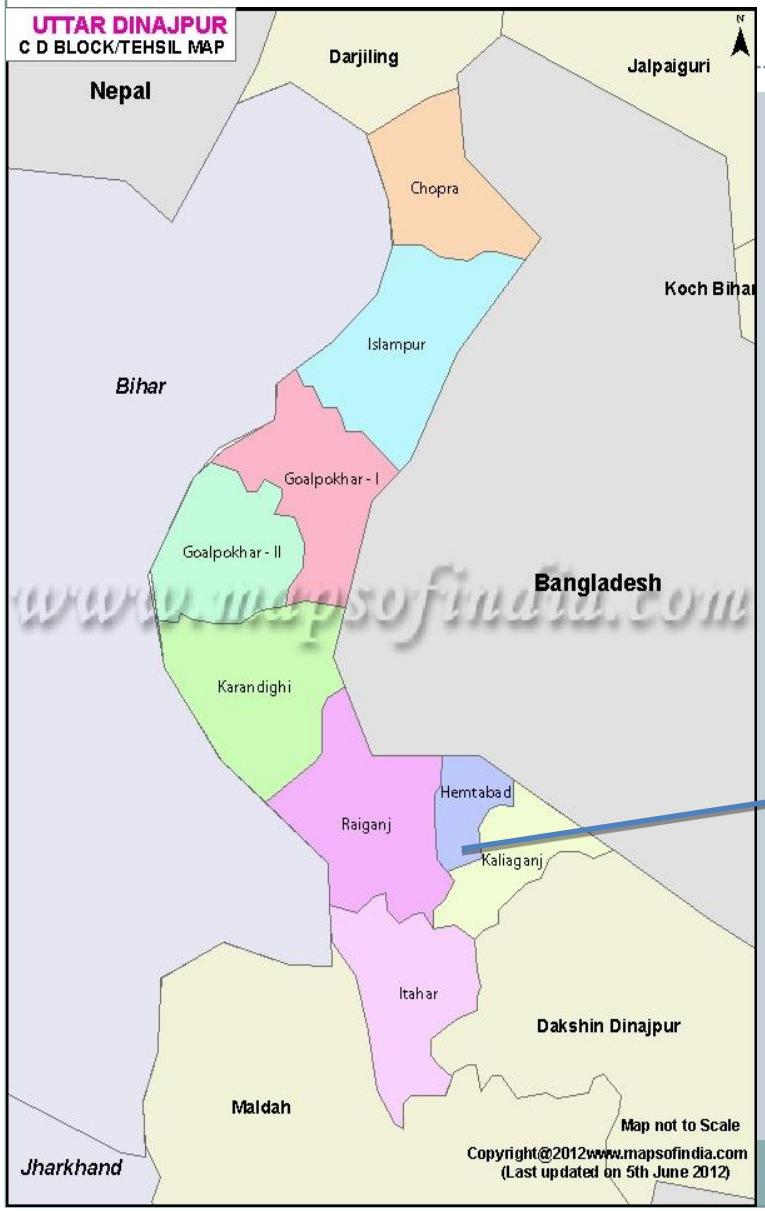
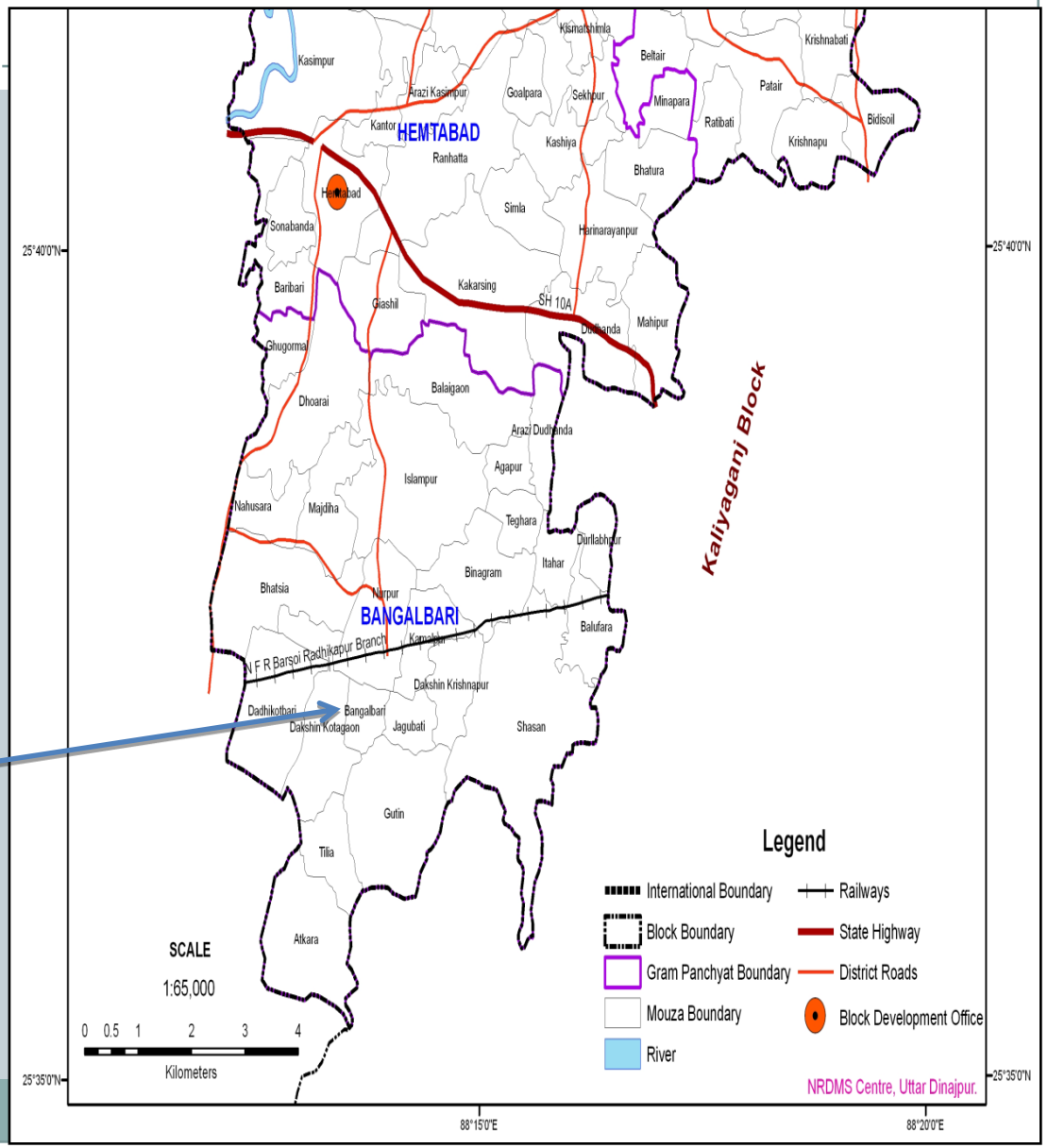
# Project Location

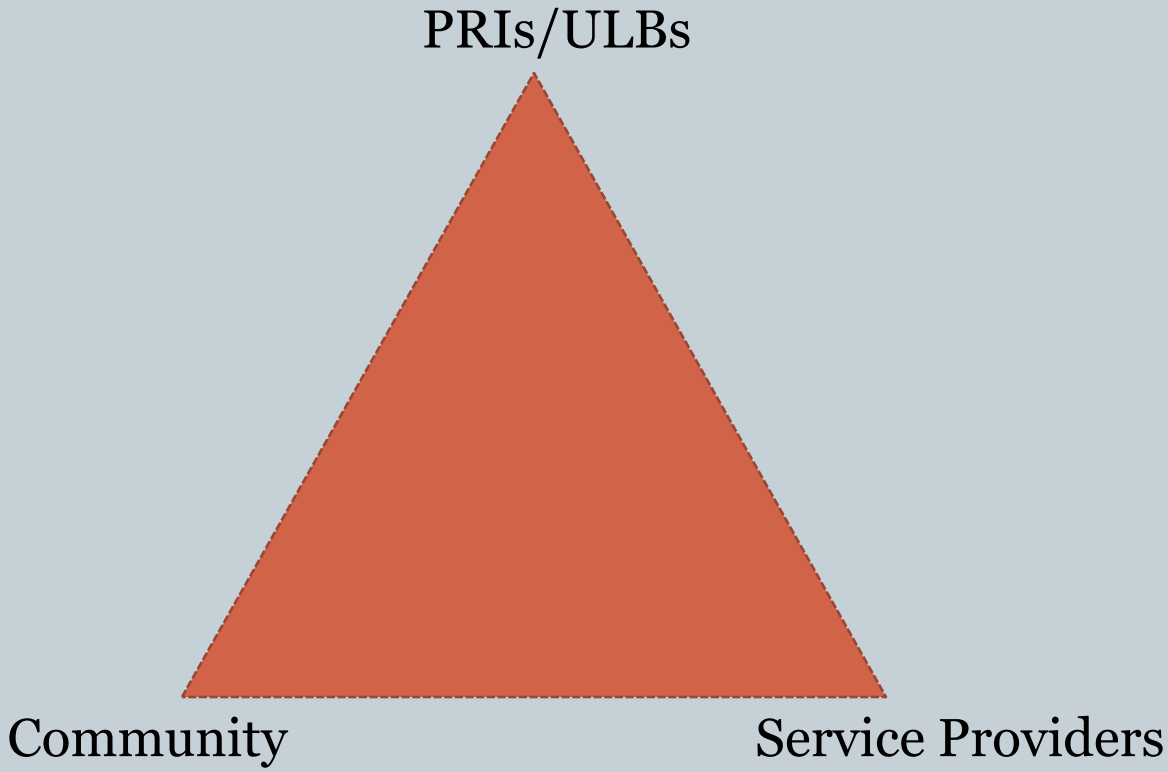


# Vulnerability Of The District

| HEALTH INDICATORS | UTTAR DINAJPUR DATA |
|---|---|
| Safe Delivery | 26.90 % |
| % of children fully Immunized | 27.56 % |
| Any Ante-Natal Check-up | 81.2 % |
| 3 or more Ante-Natal Check-ups | 42.7 % |
| Institutional Delivery | 27.3 % |
| Delivery at home, assisted by a doctor/ nurse/ LHW/ANM (%) | 3.7 % |
| Mothers registered in the first trimester when they were pregnant with last live birth/ still birth (%) | 37.7 % for rurals |

# CINI's Approach



# Child and Women Friendly Communities

- The CWFC approach essentially involves several, interlinked processes:

1) **Sensitization** of all the stakeholders,
2) **Collectivization** of different stakeholder groups
3) **Collective Analysis** of the situation,
4) **Prioritization** of key issues,
5) **Planning** with specific targets and responsibilities on key issues,
6) **Implementation** of the action plan,
7) **Monitoring -** Designing of community- based monitoring mechanisms.

# Objectives Of The Project

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

# 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.

# Data Collection & Findings

# Women Community Group

# HEALTH SCENARIO

*Laxmidanga, Purba Islampur & Pashchim Islampur*

- Institutional Delivery 76 %
- The community member are well aware of the positive factors concerning institutional delivery.
- They are now conscious about the JSY benefits
- The community duly seeks services from the ANMs and the PHC.

*Uttar Noorpur, Dakshin Noorpur, Dakshin Krishnapur, Purba Guthin, Pashchim Guthin and Dakshin Sashan*

- Institutional Delivery is at 48 % ,
- The community still caters to the services of the quacks and the RMP.
- Only *Purba Guthin, Pashchim Guthin* community are aware of the JSY benefits.
- The community usually take methods through superstitious beliefs.

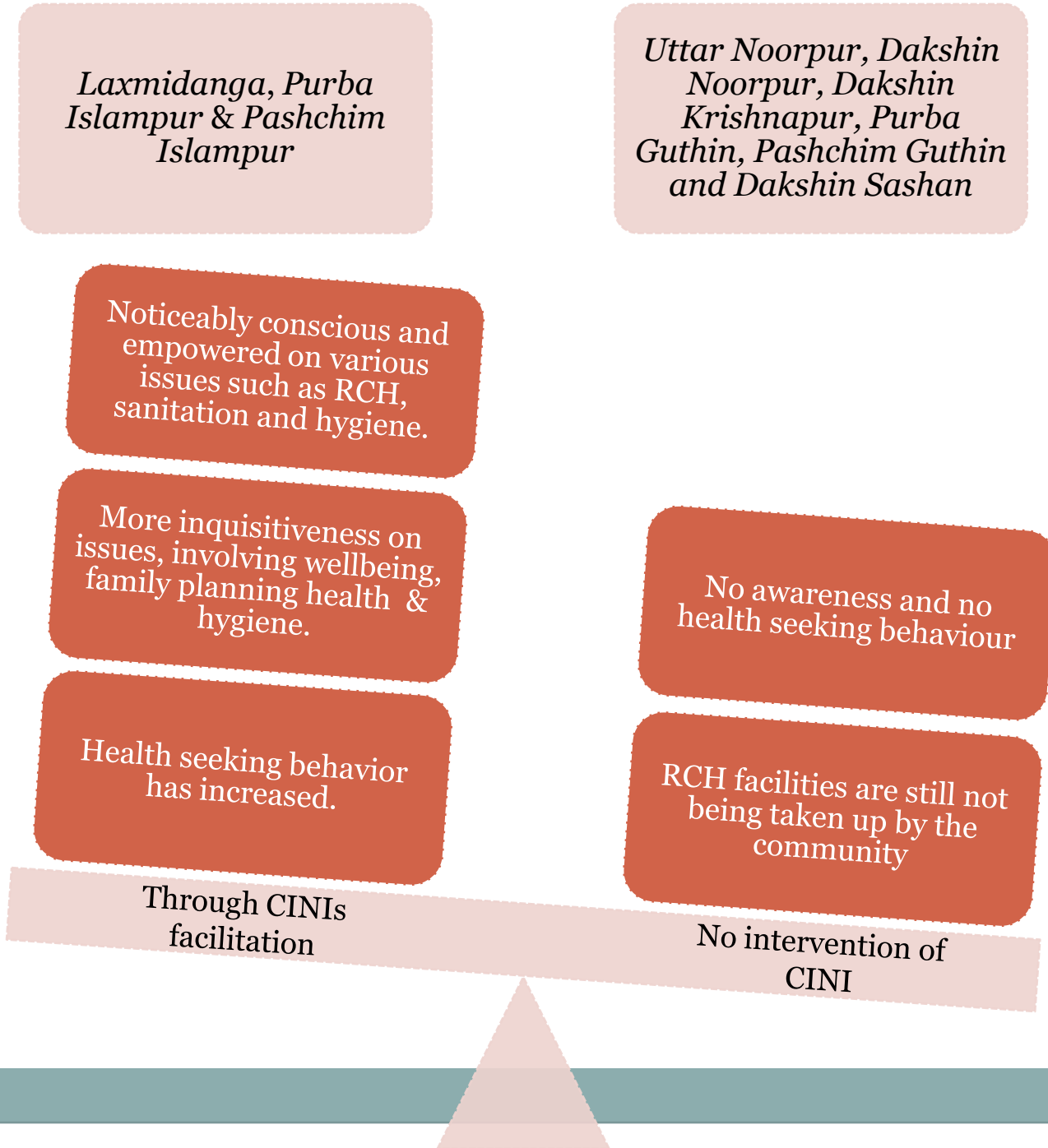
# NUTRITION SCENARIO

*Laxmidanga, Purba Islampur & Pashchim Islampur*

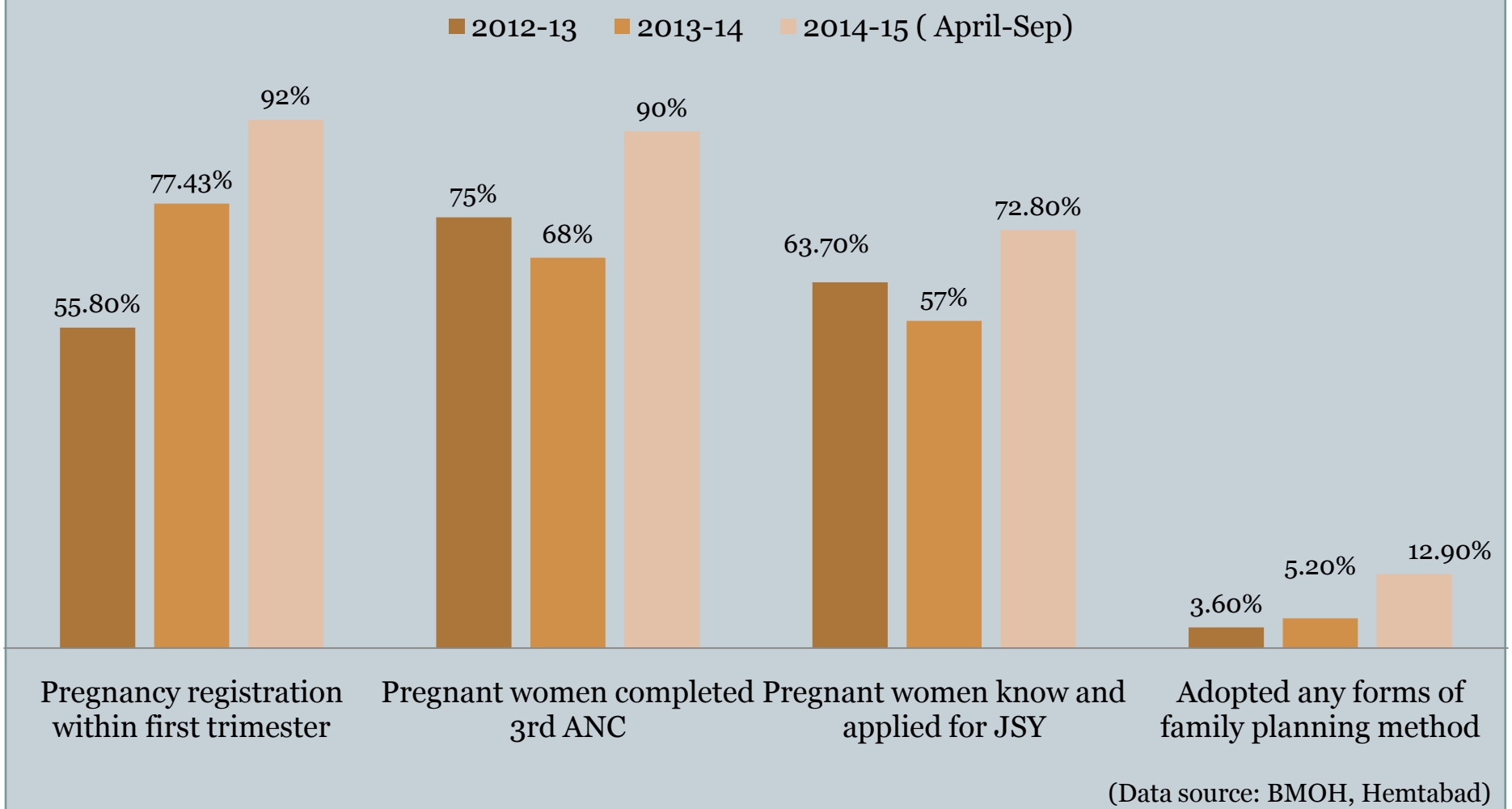
- More empowerment is present about the nutritional requirements during pregnancy.
- They are now sentient of the various child requirements, like exclusive breastfeeding & complimentary feeding.
- The pregnant women duly go for all the 3 ANC checkups.
- Deliberately ask the ANM to visit or themselves go to the AWC for checkups.

*Uttar Noorpur, Dakshin Noorpur, Dakshin Krishnapur, Purba Guthin, Pashchim Guthin and Dakshin Sashan*

- Only *Uttar Noorpur, Dakshin Noorpur, Dakshin Sashan* were aware of the nutrition requirements during pregnancy.
- The community is still immune regarding the child health and do not prefer giving the first milk of the mother.
- The community do not take the checkups seriously and make long gaps between two checkups or sometimes even three.
- Do not feel the need to go for checkups, before or after pregnancy.


Laxmidanga, Purba Islampur & Pashchim Islampur
Uttar Noorpur, Dakshin Noorpur, Dakshin Krishnapur, Purba Guthin, Pashchim Guthin and Dakshin Sashan
Noticeably conscious and empowered on various issues such as RCH, sanitation and hygiene.
More inquisitiveness on issues, involving wellbeing, family planning health & hygiene.
Health seeking behavior has increased.
No awareness and no health seeking behaviour
RCH facilities are still not being taken up by the community
Through CINIs facilitation
No intervention of CINI

# Comparative status of health service uptake




(Data source: BMOH, Hemtabad)

# Self Help Groups

# HEALTH SCENARIO

*Laxmidanga, Purba Islampur & Pashchim Islampur*

- The SHGs effectively keep track of the children and the pregnant mothers to timely enrollment in health sub center.
- The women community mentions being made aware of the RCH and health and nutrition aspects to the community, by the trained SHGs
- The SHG's assist the women during institutional delivery.
- The SHGs so understand the benefits of helping the community as a whole and take the issues as their own.

*Uttar Noorpur, Dakshin Noorpur, Dakshin Krishnapur, Purba Guthin, Pashchim Guthin and Dakshin Sashan*

- Due to monetory dissatisfactions the groups are not motivated to work for the community.
- The groups do not feel the need to disseminate the issues of RCH, health and sanitation information to women community.
- The SHGs do not initiate and just forward the ANMs number to the perganant women or their family members.
- The SHGs are merely focusing on generating income through self employment means for their own establishment.

# NUTRITION SCENARIO

*Laxmidanga, Purba Islampur & Pashchim Islampur*

The SHGs take the community problems as their own and proactively go for the CINI trainings so as to spread the gained information.

They are found to be more aware of various schemes such as JSY, JSSK, RSBY.

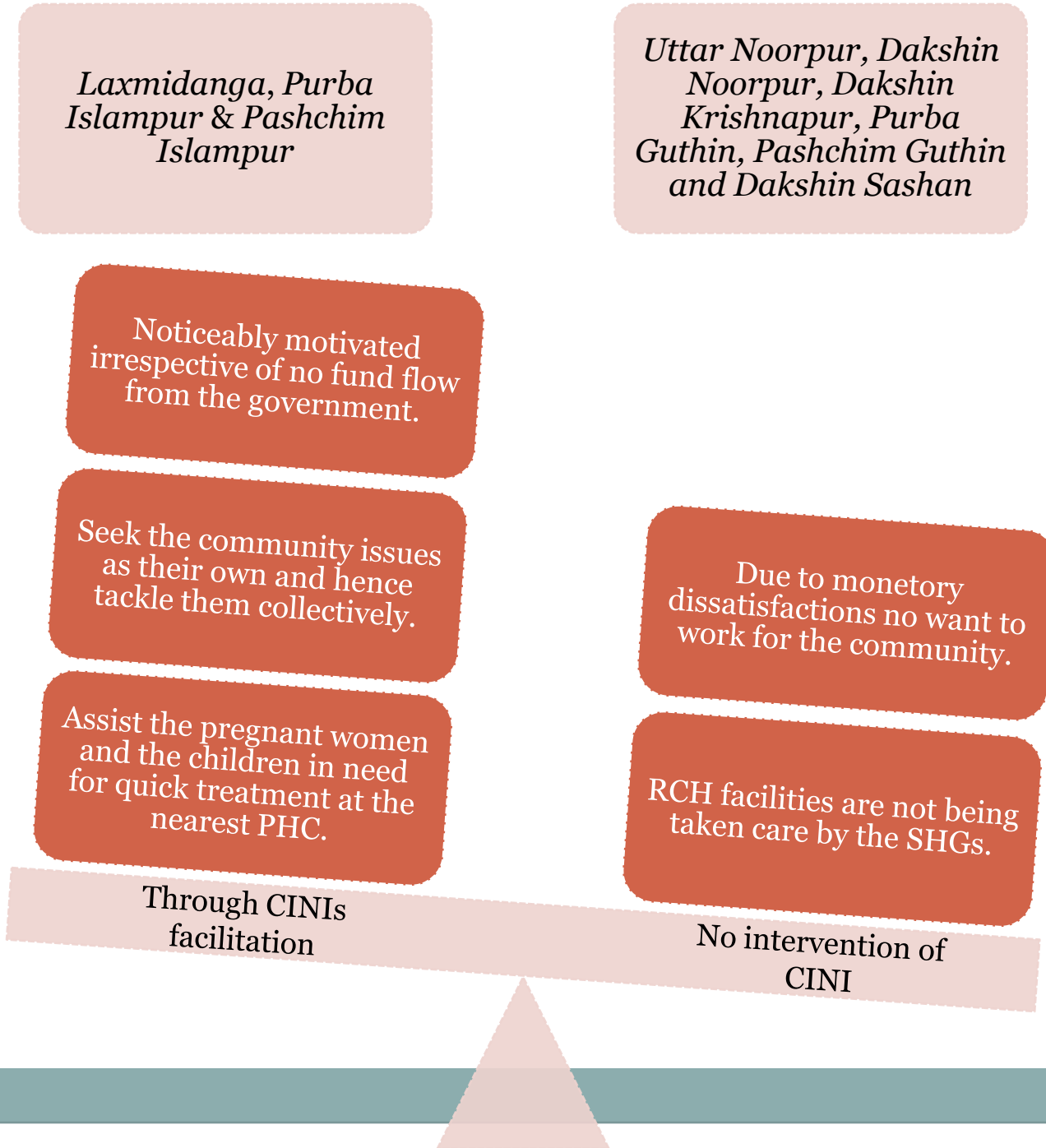
With the regular updating of the resource map, every three months, they were able to explain the prevalent disease in their village area among the children.

*Uttar Noorpur, Dakshin Noorpur, Dakshin Krishnapur, Purba Guthin, Pashchim Guthin and Dakshin Sashan*

The SHGs are merely focusing on means for their own establishment.

The SHGs were found to be only aware of the RSBY and free institutional delivery scheme but were unaware of the monetary benefit after institutional delivery & rest of the schemes or government services.

The last village mapping was performed seven months ago.


Laxmidanga, Purba Islampur & Pashchim Islampur
Uttar Noorpur, Dakshin Noorpur, Dakshin Krishnapur, Purba Guthin, Pashchim Guthin and Dakshin Sashan
Noticeably motivated irrespective of no fund flow from the government.
Seek the community issues as their own and hence tackle them collectively.
Assist the pregnant women and the children in need for quick treatment at the nearest PHC.
Due to monetory dissatisfactions no want to work for the community.
RCH facilities are not being taken care by the SHGs.
Through CINIs facilitation
No intervention of CINI

# Children & Adolescent Groups

# EDUCATION & NUTRITION SCENARIO

## *Laxmidanga, Purba Islampur & Pashchim Islampur*

- The children claim to have been more empowered regarding various health and nutrition issues, such as healthy eating habits and sanitation and hygiene.
- These groups are more aware of the health benefits of the IFA tablets.
- These groups attend a lot of trainings at CINI workshops and hence are found to be very thorough with topis about ARSH.
- These group members are very proactive in availing the government schemes such as Kishori Shakti Yojna and has also availed vrious sponsorships for school funds
- These children are found to complete their class 10 and also expect to receive grants for pursuing further studies.

## *Uttar Noorpur, Dakshin Noorpur, Dakshin Krishnapur, Purba Guthin, Pashchim Guthin and Dakshin Sashan*

- The children comparatively are aware but are not found to be practicing voluntarily, as viewed by the SSK school teachers and principal.
- Are still oblivious to the health benefits of the IFA tablets.
- Due to parental pressure, the children do not attend these meetings and also show lack of interest and are found to be way behind in health and nutrition issues.
- Noticeably unaware of such schemes by the government and hence are not sent to school by their families.
- The groups are not aware of the benefits of education and hence, leave their studies midway for labour.

# CHILD PROTECTION SCENARIO

*Laxmidanga, Purba Islampur & Pashchim Islampur*

The children are well aware of the legal age for marriage and the legal implications relating to getting married before the legal age.

Child violence are found to be at minimum; the children are also equipped enough to call 1098 (Childline services)

*Uttar Noorpur, Dakshin Noorpur, Dakshin Krishnapur, Purba Guthin, Pashchim Guthin and Dakshin Sashan*

Few cases of child marriage, especially girls to elder men are still prevalent in these villages .

As no violence cases have been found, but 3 cases of girl trafficking in the last 2 months has resulted in calling for Childline.

- The establishment of the Drop-in-Centres (DIC) has made the children and the adolescents more active in discussing various issues.
- They are now more active and interested in learning new things, both technical and procedural for their livelihood.
- Awareness on various health issues has increased, both in terms of hygiene and food requirements.
- The adolescents are found to be more proactive in spreading awareness to their peer group members.
- The VLCPC body has brought another platform for grievance handling.

# VLCPC

- Pradhan Pachayat:

- The Pradhan Panchayat was found to be unaware of the fact that whether VLCPC (Village Level Child Protection Committee) was of a Government's initiative or of CINIs.
- She had not attended the 4th Saturday meetings, held at every month with the different stakeholders.
- The ANMs had mentioned that the VLCPC meetings were never scheduled timely and the stakeholder representatives were mostly never found present.

## Panchayat Executive:

- As a member of the VLCPC committee, the member had no idea of what did VLCPC stands for.
- The ANM (member of the VLCPC committee) had mentioned that it had been 13 meetings since which he has not attended.
- The Panchayat Executive mentions VLCPC to be of CINIs new intervention which will take a few more years to be more functioning at a more practical level.

# Service Providers

## Sub-Centre Checklist

| S.No. | | Laxmidanga | Purba Guthin |
|---|---|---|---|
| 1 | Boundary wall/fencing | X | X |
| 2 | Water Provision | X | ✓ |
| 3 | Visible Signboard | ✓ | ✓ |
| 4 | Blood Pressure Monitor | X | ✓ |
| 5 | Waste disposal twin bucket for hypochlorite solution/bleach | ✓ | X |
| 6 | Dust Bin with lid | X | X |
| 7 | Dipsticks for urine test for protein and sugar | X | X |
| 8 | Ipills | ✓ | |
| 9 | Condoms | ✓ | ✓ |
| 10 | Disposable Sterile Swabs | X | X |
| 11 | Routine Immunization Monitoring Chart | ✓ | ✓ |
| 12 | Disposable lancet (Pricking needles) | ✓ | ✓ |
| 13 | Salt - Iodine test kit | X | X |
| 14 | Urine Pregnancy Testing | ✓ | X |
| 15 | Electricity | X | X |
| 16 | 2 ANMS | ✓ | ✓ |
| 17 | Male Worker | X | X |

# Sub-Centres

## Laxmidanga

This SC is very finely connected with the roadways. The walls of the establishment is strongly built but now has acquired a very dilapidated condition.

Black walls has cracks appearing on them and has a leaking roof.

The lavatory present is very filthy with no water provisions.

Completely unprotected, the equipments and supplies lie all on the verge of getting stolen any moment.

The room has no light facility, no fan services and no electricity which makes entirely impossible for the ANM to work inside.

## Paschim Guthin

This SC is very conveniently connected to roadways.

This SC is very well positioned along the roadways with an apt position of signboard right in front of it.

Has the provision of fair flow of water even with a sink facility inside the establishment, made available by the Government

Though this SC is very well constructed with strong well-maintained walls and an entrance with grills for safety it does not has the access to water in its establishment.

This SC has just one room, with just 2 chairs and 2 tables, although it has the provisions of a cemented wall and a roof. With no fan and no electricity services it is very troublesome for the ANM to work in the small room.

# Challenges Faced

- Delay in the process of formation of new PRI board , has hampered the process of collectivization.
- Non availability of place in the villages is delaying the setting up of Drop in Centres.
- Frequent changes of staff has hampered the progress of the project.
- Political disturbance
- Inactive involvement of Panchayat Pradhan .
- Some SHGs are still not so mobilized.
- Discontinuation of Government incentive to the SHGs reduces their motivation to do their work.

# Recommendations

- A lot of capacity building process is required for the SHGs, women community and the children's/adolescent group 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.

Thank you!