STUDY AND EVALUATION OF *MAHILA SWASTHYA SHIVIR* AT VILLAGE LEVEL SUMMER INTERNSHIP PROJECT UNDER NHM MADHYA PRADESH

INTRODUCTION

According to SRS bulletin 2012-13 the MMR of India is 167 whereas Madhya Pradesh stands at fifth position from bottom with **MMR of 221**. To reduce the MMR and to improve the health of rural women, Govt. of Madhya Pradesh has organised many programs like ***MAMTA ABHIYAAN***, ***JANANI SHISHU SURAKSHA YOJANA***. ***MAHILA SWASTHYA SHIVIR*** *is* one of the best initiative started by National Health Mission Madhya Pradesh. ***MAHILA SWASTHYA SHIVIR*** program *is* running to improve the women health in rural and unreached area since 2015, the efficiency and effectiveness of the program has been a major challenge to achieve the **MMR of**

OBJECTIVES

- To know the number of ASHA workers trained for door to door survey before the program.
- To assess the services rendered by ASHA before the *Shivir* during door to door survey.
- To explore the Range of Services being rendered to Pregnant women and Non-Pregnant Women during the program.

LIMITATION

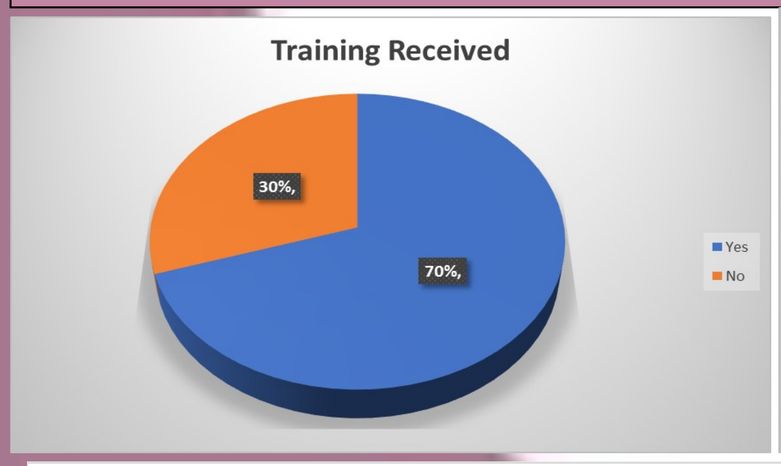
- Only a single village was visited in a day.

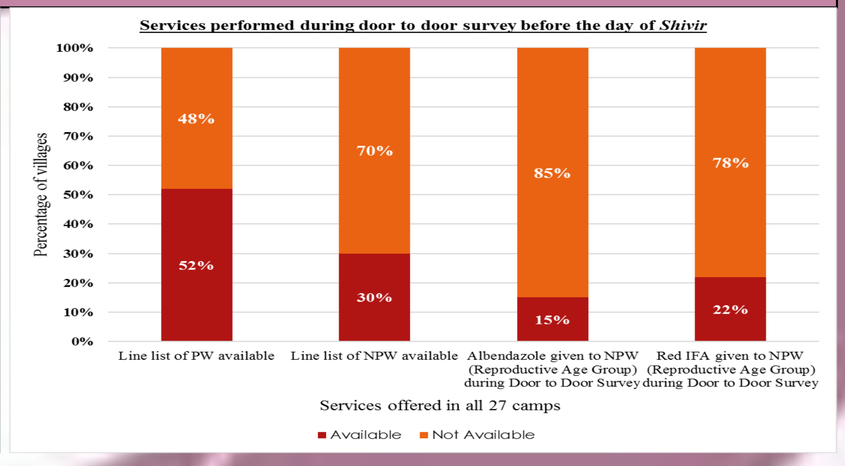
/RESEARCH METHODOLOGY

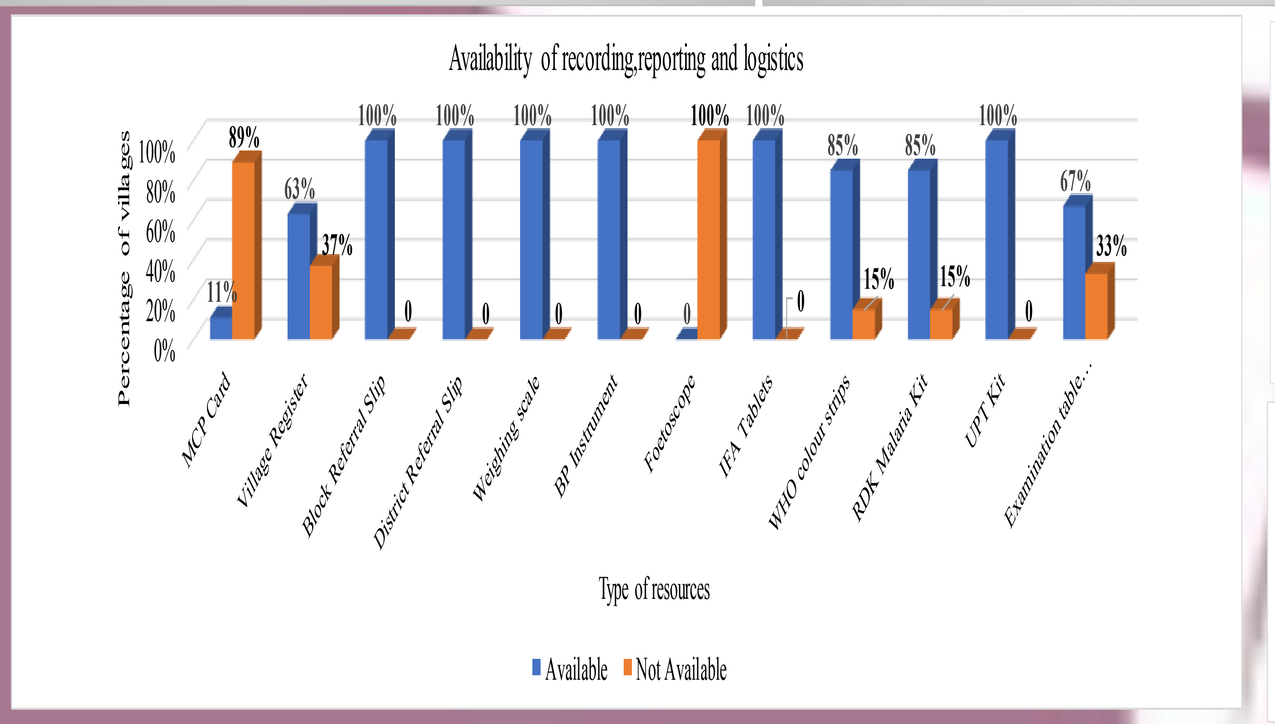
- **Research Design–** Descriptive Cross Sectional Study
- **Study Area-**The study was carried out in camp area of 27 villages in district Bhopal and Raisen of Madhya Pradesh. Sub-centre, Aanganwadi, Government School and any possible spacious place were taken for the camp.
- **Sample Frame-**1669 villages of both district where camps were conducted
- **Sampling technique-**Non-probability Purposive Sampling
- **Sample Size-**27 villages of both district where camps were conducted
- **Method of data collection–** Through Observation
- **Type of Data-**Primary Data

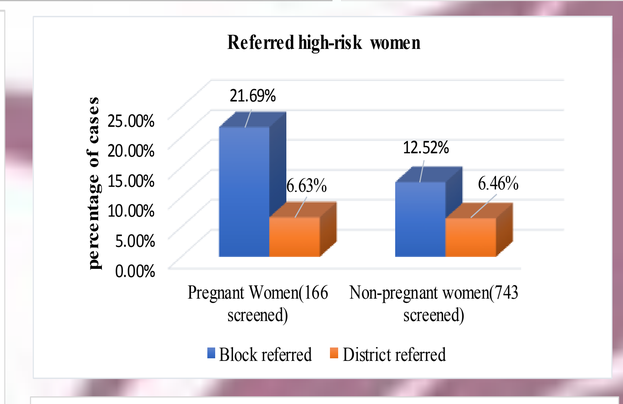
  Secondary Data-Schedule of *Shivir* provided by DPMU and BPMU.
- **Tool of data collection-**Checklist

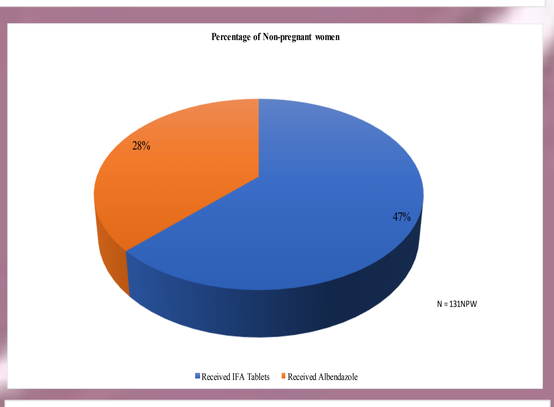
FINDINGS

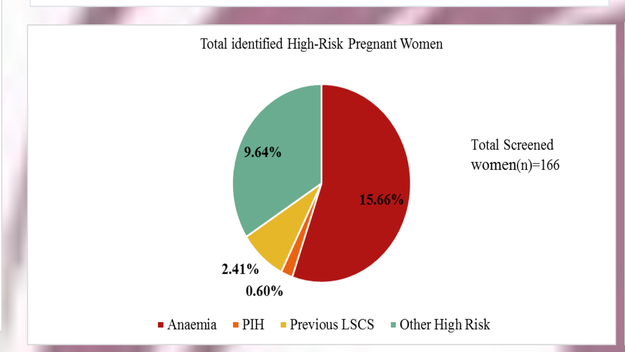


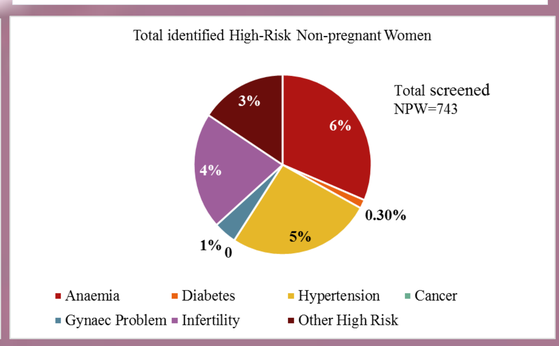












SUGGESTIONS

- ASHA of the village for door to door survey and Doctors should be given incentive.
- All the villages should be provided Foetoscope for check-up of pregnant women.
- Examination table should be used by doctor for check-up of pregnant women.
- Reduce the communication gap between top management level and field workers for getting the positive results

CONCLUSION

ASHA didn't performed responsibilities related to shivir as ASHA of some villages were not trained or were engaged in some other household works. If All the ASHA had made line listing of PW and NPW and if all the supplied had been used for identifying High-Risk women, then the shivir would have covered more number of High-Risk women and women of the village would have taken benefits of such kind of program.

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