Summer Placement

in

CINI Kolkata

(April 8th to Jun 6th , 2015)

A Study on the Available Government Health Facilities in Urban Slums and Role of CINI in Ensuring Health Service Uptake by Community

A Report

By

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2014-2016

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CERTIFICATE

This is to certify that the project work titled "A Study on the Available Government Health Facilities in Urban Slums and Role of CINI in Ensuring Health Service Uptake by Community" of CINI India (Kolkata), has been done entirely and submitted by Mr. Prabal Mukherjee, a student of Masters of Business Administration in Hospital and Health Management-19th Batch from Institute Of Health Management and Research, Jaipur.

The study project was prepared during the internship period from April 8th, 2015 to June 5th, 2015 at CINI (Child In Need Institute). This is his original work.

I wish him all success for future endeavors.

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help the mother
help the child...

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Date: 5th June 2015

Completion Certificate

Certified that Mr. Prabal Mukherjee, MBA Hospital and Health Management First Year student from IIHMR University, Jaipur, Rajasthan was placed in Child in Need Institute (CINI) during 8th April to 05th June 2015 for the purpose of two months summer training.

During the course of the internship he was engaged in understanding and learning through programme interventions of CINI. He undertook a study on the "Available Government Health Facilities in Urban Slums and Role of CINI in Ensuring Health Service Uptake by Community". He has undertaken home visits, conducted community and stakeholder's meetings for the purpose of developing this concept note.

He has shown keen interest in understanding the activities of the organisation and also interacted with senior officials for the purpose of summer training. He is very hard working and made necessary field visits for the purpose of learning.

We wish him all the best.

05/06/15

Manoj Sircar
Planning and Monitoring Officer
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ACKNOWLEDGEMENT

The success of any task would be incomplete without the expression of gratitude to the people who made it possible. We express sincere gratitude towards everyone who helped directly or indirectly incompletion of my Summer Training from CINI INDIA(Kolkata).

At the onset of my report, we would like to acknowledge my sincere thanks to our institute, Institute of Health Management and Research, Jaipur for providing us platform to gain enough knowledge and skills in different aspects of health management.

We express my gratitude and regards to my mentor Dr.Susmit Jain for his able guidance and useful suggestions which helped me in completing the project work.

Special thanks to our project coordinator Dr. Shalini Gupta for the faith shown upon me and guidance given without which the assignment would not have been possible.

I would like to thank to supervisors and coordinators for their help at various stages of my project.

I would also like to thank my faculty members without whom this project would have been a distant reality. My seniors and colleagues also hold a special mention here for believing in me and supporting me throughout summer training.

Finally, and most importantly, I would like to thank God for allowing me to complete my project, my beloved parents for their blessings and my friends for their help and wishes for the successful completion of this training.

Thanking You

Prabal Mukherjee

IIHMR Jaipur

ACRONYM	FULL FORM
ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
AWW	Anganwadi Worker
BCC	Behaviour Change Communication
BFM	Beneficiary Feedback Mechanism
CA	Change Agent
CBO	Community Based Organization
CINI	Child In Need Institute
GPAF	Global Poverty Action Fund
ICDS	Integrated Child Development Services
IEC	Information Education Communication
IFA	Iron Folic Acid
JSY	Janani Surakshya Yojana
KMC	Kolkata Municipal Corporation
LBW	Low Birth Weight
MACHAN	Maternal and Child Health & Nutrition
NRC	Nutrition Rehabilitation Centre
NREP	Nutrition Rehabilitation Education Programme
NUHM	National Urban Health Mission
PNC	Post Natal Care
SHG	Self Help Group

ABOUT THE ORAGANISATION

CINI (Child in Need Institute)

CINI, or the **Child in Need Institute**, often known internationally as **Child in Need India**, is an international humanitarian organization aimed at promoting "sustainable development in health, nutrition and education of child, adolescent and woman in need" in India. The India-based Child In Need Institute is headquartered in Kolkata and operating in some of the poorest areas in India, whereas its international arm Fondazione CINI International is based in Verona, Italy.

Founded by pediatrician Samir Chaudhuri in 1974, CINI is involved in several major community development focused projects in India, driving at the underlying social causes of poverty, and collaborates with the Indian government and other local and international NGOs. To date its activities have reached around five million people living in the states of West Bengal and Jharkhand. The organization is also increasingly involved in projects in other countries within Asia and Africa, in cooperation with both aid organizations and UN agencies.

CINI shares its approaches with other organizations working in related fields, especially smaller, locally based, community NGOs. CINI has twice been awarded the Indian Government's National Award for Child Welfare.

CINI has around 1300 employees. Its activities are supported by independent national associations in a number of countries, and by Fondazione CINI International in Italy. CINI cooperates with Save the Children, UNICEF, CARE, the UK Department for International Development, the World Bank, the Indian government and private corporations such as KPMG.

What makes CINI unique in India

CINI focuses primarily on the issues of **health, nutrition, education** and **protection** of children and mothers

Nutrition-

- The family – To promote pregnancy weight gain through appropriate feeding and caring practices of pregnant women, breastfeeding promotion, introducing semi-solid low-cost nutritious foods from six months onward in the child's diet (in terms of improved food quantity, quality and frequency), safe water and hygienic practices, early seeking of health care for childhood ailments, adequate feeding of girls and women, and empowerment of women to choose for themselves and their children

- The community – to enhance health and nutrition education involving women's groups and local elected members (rural Panchayat Institutions and Urban Local Bodies), promote environmental sanitation, including use of toilets, maintenance of drainage and safe disposal of solid waste, prevent early marriage and pregnancy
- Institutional services – to ensure referral and treatment of severely malnourished children to Nutrition Rehabilitation Centres (NRC) managed by CINI and the Government
- Government – to train frontline anganwadi workers and supervisors of the national Integrated Child Development Services (ICDS) programme, the flagship nutrition initiative of Government of India

Health

- CINI works at the family, community, institutional and government levels to bridge the gap between service providers and service users. It helps deprived communities acquire information, knowledge and capacity to access healthcare services.

- In parallel, CINI trains health service providers, such as government frontline community health ASHA workers, to act as effective healthcare agents as mandated by the National Health Mission, which has entrusted CINI to function as the West Bengal State Nodal Agency (SNA).

- Trained and motivated local women, organised in Self-Help Groups or acting as community-level workers, interact with families to facilitate access to primary health care services for women and children residing in villages and slum areas.

- With the help of community mapping and Mother and Child Protection (MCP) Cards,CINI make sure that no one is left unserved.

- CINI educate communities in issues relating to child health, reproductive and sexual health, including HIV/AIDS, and appropriate hygienic practices to prevent common illnesses at home.

Education

- Friendly Schools to stand as primary institutions for education and child protection at the core of Child and Woman Friendly Communities.

- To prevent dropping out, CINI offer remedial education services through coaching centres being run on school premises or in the community.

- CINI work to overcome forms of social exclusion based on caste and gender discrimination that continue to play a part in keeping children, particularly girls, out of school.

- In poor urban and rural areas, where childcare may be inadequate, CINI supports families in properly stimulating, educating and caring for young children.

- Members of Self-Help Groups and adolescent girls are equipped with training and Early Child Care and Education kits to strengthen families in their capacity to support the emotional and psychological development of their children and prepare them to enter primary education.

Protection

- Since the late ’80s, CINI has worked with children living on the streets, run-away, missing, sexually and physically abused, at risk of early marriage, out of school, or victims of other forms of violence.
- CINI Child Protection Resource Centre coordinates programme activities and fosters innovation in both institutional and community-based child protection work.

- CINI extends protection interventions to over 5,000 children through a institution-based services and 21,500 children through community-based services.

TOPIC OF REAEARCH

"A Study on the Available Government Health Facilities in Urban Slums and Role of CINI in Ensuring Health Service Uptake by Community"

Globally an estimated 287,000 maternal deaths occurred in 2010, when the global maternal mortality ratio was 210 maternal deaths per 100,000 live births. Sub-Saharan Africa (56%) and Southern Asia(29%) accounted for 85% (or 245,000 in numbers) of the global burden of maternal deaths in 2010.At the country level, India accounted for 19% (56,000 in numbers) of all global maternal deaths.

In India, an estimated 26 millions of children are born every year. As per Census 2011, the share of children (0-6 years) accounts 13% of the total population in the Country. An estimated 12.7 lakh children die every year before completing 5 years of age. However, 81% of under-five child morality takes place within one year of the birth which accounts nearly 10.5 lakh infant deaths whereas 57% of under-five deaths take place within first one month of life accounts 7.3 lakh neo-natal deaths every year in the Country.

Despite India being amongst the top five countries in terms of absolute numbers of maternal and child deaths, encouraging progress has been made in terms of reducing maternal and child mortality rates. In 1990, when the global under -five mortality rate was 88 per 1,000 live births, India carried a much higher burden of child mortality at 115 per 1,000 live births. In 2010, India's child mortality rate (59 per 1,000 live births) almost equals the global average of 57. As per the report of Maternal Mortality Estimation Inter-Agency Group, maternal mortality has shown an annual decline of 5.7%between the years 2005 and 2010.

In 2000, 189 nations made a promise to free people from extreme poverty and multiple deprivations. This pledge became the eight Millennium Development Goals (MDGs) to be achieved by 2015. As per MDG "Goal 4" and "Goal 5"are the focus area is to reduce child mortality and improve the maternal health.

INTRODUCTION:

MACHAN project is based on urban slum context in Kolkata. Slums are unavoidable part of Kolkata and these areas are pervasively present in the system. Slums were a fixture of colonial Kolkata prior to industrialization, but their sustaining pattern of permanent existence and growth took shape as industries of Kolkata demanded for labour. After the middle 19th century, the slum population rapidly accelerated as rural migrants flocked to Kolkata to work with new industries. The Factories did not provide housing which inevitably led to the establishment of slums as close as possible to the factories. These people live in without inadequate amenities, overpopulated and unhygienic conditions. Slums are generally refered as *bustees* and squatter settlements. *Bustees* are legally recognized settlements that the Kolkata municipal corporation supplies with services such as water, latrines, trash removal and electricity (occasional). They are basically permanent in structure which are not under any demolition allowing *bustee c*ommunities to develop a sense of permanency and focus on issues of poverty beyond shelter availability. Squatters on the other hand are illegal clusters of impermanent residency located along canal and railways and are not provided with any vital living amenities like water, latrines toilets and have to depend on other source on this issues. However distinction between these two does not embody the diversity of slum life.

Another major component of GPAF project is structure and function of Kolkata Municipal Corporation. The city is divided into 144 administrative wards that are grouped into 15 boroughs. Each of these wards elects a councillor to the KMC. Each borough has a committee consisting of the councillors elected from the respective wards of the borough (for details go to KMC Act 1980)

. One of CINIs ongoing project in the urban slums of Kolkata is MACHAN – Maternal and Child Health and Nutrition, a collective effort of CINI-India and CINI-Hope, UK under GLOBAL POVERTY ACTION FUND (GPAF) from UKAID. The project started in December 2012 in 9 wards of Borough VII of Kolkata & 15 Gram Panchayats of Goalpokhar 1 Block of North Dinajpur. The main objective of this project is to improve Maternal and Child Health and Nutrition indicators by working to create greater demand and make the community aware about different services & schemes offered by the government. Here this project is like a bridge which is trying to erase the gaps between government & community, through this way two things can happen first the optimum use of government services & secondly due to awareness, community will gain the confidence to demand quality government services. This project can also help to create a good health seeking behaviour in community level. The project aims to reduce child malnutrition during first 1000 days of life. It is a very critical time period. Through advocacy with government bodies at different levels the project aims to increase accessibility of JSY, ICDS, and Routine Immunization Programme etc. some of the milestones of the GPAF MACHAN project are-

- Women acquire the knowledge and skills to act as volunteer change agents and promote essential Maternal and Child services and increase MCH awareness among community members.
- Enhanced capacity of stakeholders and service providers (CINI Staff, government ICDS, NRHM supervisors) enables quality services delivery.
- Increased access to essential ANC and PNC services for mother and child nutrition services for 0-2 years of a child's life
- Increased knowledge of and access to the government funded JSY scheme for pregnant women in the communities.
- Increased awareness involvement and coordination of stakeholders in JSY, ANC, PNC, ICDS services.

In this project CINI is working like a bridge in between the community and the government. CINI facilitate communication upward from people to the government and downward from the government to the people. Communication upward involves informing government service providers about the problems faced by community members while communication downward involves informing local people about government schemes, programmes, services etc.

The programme implementation activity plan is made by the programme management team, the field coordinators monitor the regular activities whereas the day to day activities at field level is planned by the Ward Supervisors. They also have the task of making strategies to overcome challenges faced at the field level. The change agents are base level worker in this project. They are selected from the same locality. Each of the change agents cover approximately 1000 population. The basic function of a CA is registration of women during pregnancy, generating awareness on ANC, PNC check- up, JSY, monitoring immunization etc.

Supervisors monitor the function of changing agents. In this project there are 7 supervisors who are working in urban location of Borough VII, Kolkata. There are around 300 change agents, under each of the supervisor & covering 75000-80000 population.

In the year of 2014 a pilot project was launched known as BFM (Beneficiary Feedback Mechanism) within the GPAF project. This pilot study intended to collect feedback from the community regarding the access/availability /quality of the government services, especially focussing on the MACHAN project indicators (first 1000 days of a child's life).4 wards were selected through the ward selection process, where the context was analysed and the change agent and population ratio were taken into consideration. The tools of feedback collection and the whole process were developed during the implementation stage by the Community Feedback Officer in consultation with the MACHAN project supervisors and community members. At initial stage the participation level of community was very limited. Earlier when the supervisors shared verbal feedback from the community with health and ICDS officials, they always faced questions on the authenticity of that information. Therefore, this BFM concept comes from that necessity. The community chose the indicators. Mothers had to mark whether they were satisfied/ not satisfied with each of the services. At initial level they faced problem with this beneficiary feedback mechanism format, because the direct beneficiaries of the GPAF is women and child and here most of the women are illiterate, they could not fill the format by themselves, and required the help of CA or supervisors. The formats however limited the beneficiaries to the indicators and reasons given. Later the communities were asked to write in white paper, so that they could provide feedback on anything of concern. In this approach low level of literacy was the greatest barrier. Therefore, changes took place continuously. the format presently used is a pictorial format with pictures supporting each of the questions, which are discussed also in the mothers meetings. These pictorial messages are taken from the mothers calendar (self monitoring 1000 days calendar, developed under the GPAF project), and also in immunization card; so mothers are already familiar with the pictures which makes it easy for them to provide feedback. . Now this feedback format contain four parts: indicators related to pregnant woman, lactating women, women with children below 2 yrs of age and the last one is on health, hygiene and sanitation for stakeholder and all community members. Community members fill up the feedback formats and put these in the drop boxes put up within the slums.

Drop box & Notice Board- Each of the 4 wards have two drop boxes and these drop boxes have been installed in areas where maximum people will be able to access them. Only supervisor can open the lock of drop box. The notice boards, placed along with the drop box are means of information provision to the community. Different information related to good hygiene practices, about the problems of locality, on JSY, immunization, ANC & PNC check-ups etc are put up so that the community can see them.

Sharing of Feedback - The feedback received are shared with the community, government service providers, essential stake holders specially the councillors & their responses are again shared with the community, so that they know something is being done with the feedback they are providing.

Ward Sabha- In all the wards the GPAF staff have tried to create/strengthen a steering committee. The members of this committee are, councillor of that particular ward, party representatives, government service providers (ICDS/HHW), SHG, CBO (club members) & influential person of that area. .

In Ward sabha, the members and the community members gather at a particular place and share their grievances. There should be a meeting of every Ward Sabha once in two months. The main purpose is to trace out different problems of the ward & make an action plan to solve those problems. In urban slums of Borough VII, CINI is taking the initiative to organise the ward sabha once in every 3 months.

From the last 5-6 months, community is providing feedback. Few problems are already addressed through this process but most of the problem remains unsolved, which create dissatisfaction at community level, because community wants instant solution to their problems, whereas govt redressal mechanism is very slow.

Observe the availability of Government Health Facilities in Urban Slums.

Observe role of CINI in Ensuring Health Service Uptake by Community.

Study type- Descriptive study

Study Area- Kolkata Borough VII (ward no- 56, 59, 63 & 67)

Sample size- For JSY- The respondents are mothers who have delivered in last two years (n=106)

For Immunization- The respondents are mothers who have delivered in last two years (n=105)

Total Sanitation Facility- Taken from different households

	Ward No 56	Ward No 59	Ward No 63	Ward No 67
JSY	23	31	22	30
Immunization	22	31	22	30
Sanitation	30	40	30	30

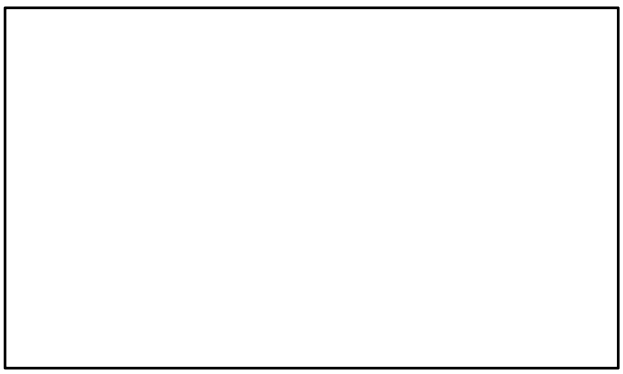
Sampling Technique- Random Sampling

Data Collection Method- Focus Group Discussion

Duration of Study-8th April to 5th June 2015

Data Analysis– Univariate analysis using MS Excel

DESCRIPTION



Context analysis of the ward visited:

The total population of this are 37000 (approximately).Most of the inhabitants residing in the slum of Bibi Bagan Lane are minority (Muslim). The interior of the area is connected with the main road that merges with the Topsia Road. The slum comprises of Bengali as well as non Bengali community There are on an average nearly 10-90 rooms in one small gully of the slum. Each room is habited by 15-20 people. Just behind the urban locality of

Topsia where one gets to see high rise buildings, huge showrooms, fancy restaurants, visitors are welcomed by the sights of a huge slum with congested rooms, dirty stagnant water, clogged drains, narrow lanes, heaps of garbage etc. The main source of livelihood is rickshaw or van pulling or working in lather factories The main source of livelihood is rickshaw or van pulling or working in lather factories and the average income of people is around 4000-5000 per month.

Some portions of this slum are unregistered. Once, there was a jute mill which was shut down in 1990. As a result, the place was evacuated by the workers After some years, some migrant people started staying in this area, major part of this area is yet not registered.

First problem is water according to slums people. People receive water but not clean drinking water. Secondly, there are no toilets there. People use the drains to relieve themselves. Open defecation is practiced there are few people who use pay toilets. In rainy season there is water logging due to poor drainage system.

The other part of this ward is Motijheel. In this part, the situation is comparatively better than Bibi Bagan. The houses are in better condition. Drainage system is better here. People complain mainly about toilet facilities. Total population of this area is 10000 (approximetly). According to our observation, the sanitation practices of Hindu community area are better than Muslim communities. The main source livelihood of people is the small leather factories. The overall facilities like drainage, drinking water facilities or garbage cleaning is comparatively better in Bibi Bagan.

The total no of ICDS Centre is six and Routine immunization centre is two.

Under the GPAF project, 34 change agents are there, 7 Lead CA and 1 supervisor are monitoring the field activity of the ward. . As per the peoples need the drop boxes were installed at Bibi bagan and Motijheel.

The supervisor conducts nine meeting every month. Out of these nine meetings, seven meetings take place for mothers, called mothers meeting, where pregnant and lactating woman participate. Mothers meetings are mainly organised by change agents. Here CA explain to mothers about the do and dont's during pregnancy, make them aware of different schemes provide by government like JSY, ICDS, Immunization, ANC & PNC check-ups etc. Mothers also share their problems in receiving the services.

One meeting is held with club members. In the presence of club secretary or president feedback received from community is shared in this meeting and the possible action that can be taken to improve the situation is also discussed. They are also encouraged to provide feedback on any issue of concern.

Only one steering committee meeting (ward sabha) has been conducted by the supervisor. The participants were the representative of the councillor (MRS Deepali Das), ICDS supervisor, secretary & presidents of different local clubs (Rakhal samiti, Entaly Boys Club, United Friend Society etc). Different problems of the ward like why people are not getting services & how this situation can solved was discussed and action plan for the coming 3 months was made

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Introduction

A meeting took place called mothers meeting. The subject was on JSY. The meeting held in presence of 3 representatives of CINI , supervisor Swarnalata Shyamal and two lead CA Kaikasa banu and Jeba Afrin. The pregnant and lactating women participated. At first change agents started explaining the following topics-

- What are the benefits of JSY
- Why ANC&PNC check-ups are necessary
- How mothers should take care of themselves & their babies
- The hygiene practices, which mothers should follow

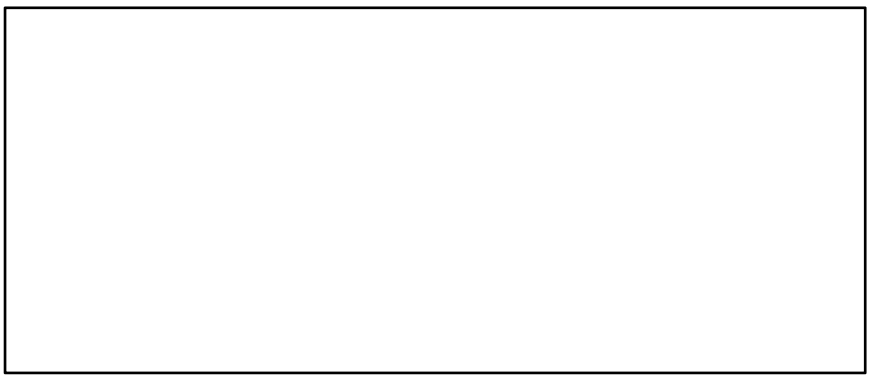
Topic of Discussion-

After explaining the said topics mentioned above the meeting organizer and participants were talking each other about the details of JSY in the time of talking the supervisor asked the following questions and information-

- What is JSY scheme and what are basic norms?
- Documents required for getting the money - BPL cards, ration card, voter id proof.
- Registration and four compulsory ANC check-up.
- How they get the money after delivery?

Way Forward -

At the end of the meeting, feedback was collected from the beneficiaries. The problems are: lack of identity proof , lack of toilets, absence of proper drainage, drinking water problems etc. There were some problem related to ICDS. The participants are very much comfortable with change agent and supervisor, so they can share their problems easily. Their major problem to get the money for JSY as they don't have proper identity proof because most of them are migrant from different areas like Bangladesh, Bihar, Jharkhand. Most of them have 2-3 children even they did not maintain interval of 3 years. They had lots of complain regarding the healthcare providers of government hospital. At the end of the meeting, participants fill the feedback format with the help of change agents.



Mrs Meera Das starts explaining that what the roles of a honorary health worker HHW are. From the last fifteen years, she is working as a HHW. The basic jobs of an HHW are organise different awareness campaigning & making people aware about different schemes and services provided by government like JSY, ANC & PNC check-ups, immunization. Here, she shared a very important information that from the last 2-3 years they achieve a great success with the help of immunization programme and there are no immunization drop out case in her area. Now people are very much aware about the important sides of immunization. If they find any disease they refer those cases to the medical officer for further treatment.

On the other hand, they were not satisfied about their own facilities. They are complaining that they have huge workload due to insufficient helpers.

They are aware about CINI's function. Meera di told that CINI helps them a lot & makes their job a little easier. From CINI they receive information's like if any one have any complain related to ANC & PNC check-ups or if there is any immunization dropouts etc.

They are also aware about drop box facility and feedback mechanism of CINI

- The problems addressed by them:

The community faces many problems regarding JSY. Many mothers do not get money due to the lack of proper identity proof. A major part of this population is migrant and these peoples having no valid ID proof like BPL cards, Voter or Ration card etc. As a result, they are not eligible for this facility.

Overall observation – People of this area are living with different problems

- They do not have toilets facility. Some people who can afford have made toilet for own family
- Drinking water supply is not sufficient

- Drainage system is very poor. There is no service of Municipality to clean the area so each family have to contribute RS.60/- for cleaning purposes
- People are mostly suffering the diseases like diarrhoea, cholera, malaria & skin problems

Context analysis of the ward

Ward no of the visited area is 67. Total population is 32000 (approximately). Hindu & Muslim both communities' people are staying but most of the people belong from Hindu community. Here it is noted that the area is not slum like others, mixture of middle class and lower class people reside in this area. Middle class building and lower class jhupri are seen side by side.

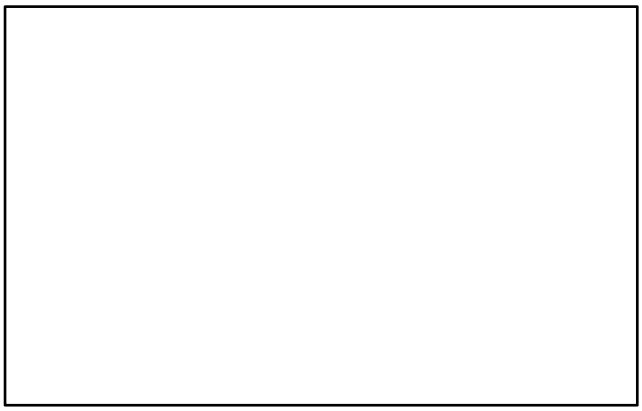
Information about the day-to-day life was collected during the visit. There are so many problems according to the community, some of which have been addressed now. People are satisfied with drainage facility, water and

roads. Sufficient number of dustbins have been put and the community knows how to use it. Municipality cleans these dustbins at regular intervals so there are no issue related cleaning garbage. Now the main problem is toilet facility. Though there are some toilets here, but the condition of those is very pathetic, as a result, most of the people of that community have to use the open defection. Some of them use pay toilets as per economical condition. At the same time, noted that averagely, there is only one toilet for fifty families.

Around 70 % person of the population is literate (have been to school for some classes) and people sent their children's to ICDS. These slums are registered that's why the services are comparatively better.

The supervisor of this area is Rinki Saha & under her 30 change agents and 7 lead CA are working. There are 2-drop boxes & notice boards, one installed at Swinhoe covering around 10000 populations & the second is at Satyan Bose Club, at Bosepukur Lane covering 8000 population. Every month supervisor organise two "Annaprashan" & two "Shad" programme in the locality. These events are done for the purpose of generating mass awareness on women and child nutrition and health.

The total no of ICDS centre are twenty-four and Routine immunization centre is one, are located at Swinhoe Lane.



The meeting took place in an ICDS centre. The process of meeting is like interview and the participants were mothers. Here total seven mothers were present at that day. There were some questions, which we asked to the mothers to get that how much the schemes are accessible by the common people and what is the community level feedback regarding these schemes.

The questions were-

- How many of them have received JSY. If not then what was the problem they faces?
- Are they satisfied about ICDS?
- How many of them have attended ANC & PNC.
- Are they aware about this feedback system?

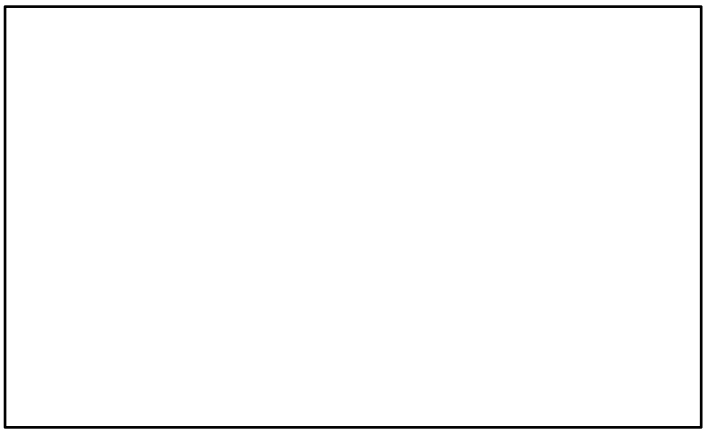
Discussion-

When the discussion started one by one different issues came up.. JSY coverage was very poor out of seven mothers present in the meeting only two had received JSY, but all of them had valid ID proof. The main cause was negligence of service providers. Immunization coverage was good, no dropouts were there. Complain came from the mother regarding ANC&PNC checkups. They said that when they went for PNC check up the service providers refused to check up. ICDS timings is a problem according to the mothers but overall they were satisfied.

They are aware about feedback (BFM) system. The mothers have provided feedback in the drop box on the above mentioned issues but there has been no change.

Way Forward-

From this meeting we get some important information's regarding government service providers and their mode of service delivery. It was also understood that the community wants instant change if they are complaining, but do not realize that government services require time to improve.



Introduction-

The meeting was on the same topic and participants were asked the same questions as in previous meeting.

Discussion-

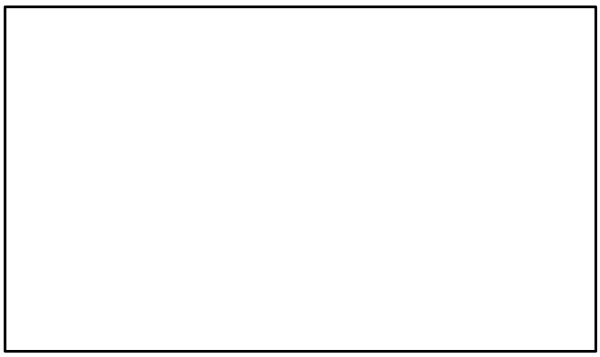
The key area of discussion was ANC, PNC & JSY. Here women are facing lots of problem during their delivery at government hospital. One more important thing is that people are not getting JSY services still they have all the identity proofs (BPL, Voter card, Ration Card). When they were asked about their experiences then they were just blasts out in anger, none of them was satisfied about the services. Then the question was how many of them have received this scheme & surprisingly most of them starts saying that now JSY is not available and this information was delivered by the hospital itself. It was not the end, though all of them have submitted their documents for JSY but later on from hospital they got information that JSY is closed & all of the submitted documents had lost. They had only negative feedback for all, from doctors to nurses, staff-members.

Way Forward -

The situation was very sensitive, though they want government services but the service providers have no intention for giving services. Therefore, the community have to go private hospitals. The inequity is created in healthcare system. As a result the extra burden of health care cost is on the people. Here another major problem was the ICDS centre. Which are not running properly, it do not have any regularity. People also complaining about the quality & quantity of the food served by ICDS. However, people were very friendly with CINI workers and had confidence of sharing problems with the staff.

Overall observation

1. The socioeconomic condition was good. The occupation of most of the male members of the families is business. Noted that females here, are more educated than male. Couple have 1-2 children on an average so TFR is totally controlled.
2. Under JSY services, the coverage was not good; out of seven mothers, those who were attend that meeting only two of them have received JSY. Now the community response was near about it. According to govt rules that, people who have proper id proof only they can receive the facility of JSY. However, according to the observation, the most people of this community have proper identity proof but still they have not receive the facility of JSY.
3. People are also not satisfied with ICDS centre because ICDS give food at 1:30 p.m. and peoples think it is very late to serve the food.
4. Immunization status was good.
5. Their major problem is toilet facility is not sufficient. Drainage facility is also in very poor state, during rainy season the water clogged and most of the water borne diseases occurs. Drinking water is not properly available in all the places and most of the time the earthworm, mud present in water.
6. Socio economic condition was good. Most of the people have completed at least secondary level of education. Source of income is small business or taxi driving.
7. JSY status is not good because they do not go for delivery in government hospital due to bad behaviour of the service providers.



Context Analysis:

This ward is covering a vast area where you will find lots of variation, from vertical slums to horizontal slums this area having different kind of characteristics. Darapara has highly dense population of 51000 (approximately). Here most of the people are from Muslim community. The main source livelihood of people is rickshaw or van pulling or working in lather factories. Here people having many problems related to drinking water, drainage facility, and toilets. Some parts of the slums are unregistered where mainly migrant people are staying thats why most of them having no identity proof.These people do not have identity proof so they cannot apply for government provided schemes like JSY. This area having some political issues too, some anti social movement is also going on.

Another side of this area is calling Auddy Bagan, here slums developed on the sides of train lines and this area having unauthorised slums only. Here situation is most pathetic people do not have proper houses to stay, they are staying in jhupris. They have no sanitation facilities no proper drainage system, the nearest drinking water outlet is around one km away from this locality. You can easily find a malnourished child in each of the house. In a single word, the situation is just horrible; there is a high chance of affecting by any communicable diseases. Here people are suffering from different types of diseases like diarrhoea, malaria etc. The main source of income is rickshaw or van pulling or collecting plastics, papers or used plastic bottles and selling. Here mainly BPL categories people are staying most of them having no identity proof and this area is unregistered so they do not get any government facility.

At that area we met with an AWW named Narayani Dhar, who is working from 2003.The centre timing is 12p.m. to 4 p.m. This centre only provides spot feeding facility. On an average 10-15 children coming everyday in this centre. The AWH teaches some basic numerical and small poem means which normally should happen in a ICDS centre. However, the problem is this centre only provides spot feeding. The ICDS worker told that as per government new rule, now only spot feeding allowed and people cannot take the food with them but the thing is it is partly correct not completely.

She told that People are not interested for Khidchi providing by ICDS centre. Even interested persons cannot have it because of hesitation. Actually, they have to take this food, in-front of everyone & most of the time this is not liked by their husbands or mother-in-law's. Women are mostly busy with their daily routine works at that time

so do not go to ICDS. However, she told that children come daily. When she came to know that people having complains about ICDS facility she told that she just follow her supervisors order here she can't do anything about spot feeding problems but she will inform her about this problem.

Blue Star club established in the year of 1982. The president of this club is one of the most influential people of this area and in Darapara area this club play a vital role for this project. Initially the club members were not participating, they seemed to be least interested. The Club secretary Md. Sk. Juman asked –"what's our benefit and do something for our club" then we explained about the project & what the benefits of community are. They have many complains about government services they told that the last councillor did nothing for the community, people have many problems and they have inform many times to councillor but he did nothing. One of the club member named Mohammad Farid share a experience that last year the slum was badly affected by fire & at that time they do not get any help from government only club was there for people.

They also organise functions & health camps like blood donation camp, prize distribution those who passed in secondary & higher secondary exams.

The club members are satisfied about CINI's work, they are met regularly and updated about the programme activities, they provide space for all meetings to CINI. They are aware about the feedback system, the box and board was first put up in their club. Their major concern is that most of the problems are not yet solved. They have a demand for a health centre and a community hall.

Discussion-Two CA named Sain khatun and Pooja tripathy conducted the meeting. We had attended one mothers meeting related to ANC. Total members of that meeting was ten.The area of discussion was mainly on JSY. ANC & PNC check-up, institutional deliveries, hygiene practices, immunization coverage.

The best part about this meeting is the awareness level was very strong among the mothers, they were aware about ANC & PNC check-up's, institutional deliveries, hygiene practices etc. People are aware about JSY but

because of proper identity proofs, most of the mothers did not get this service. They have some complains about ICDS facility. Because of spot feeding, they do not prefer to go ICDS. However, they send their children regularly to the ICDS. They told that another problem they face that is toilet problem there are no sufficient toilets in the locality. Out of ten mothers, only three mothers received money from JSY.

There was a child who was severely malnourished and with the help of CINI change agents this child was sent to NRC clinic. After attending NRC now that child is in much better condition.

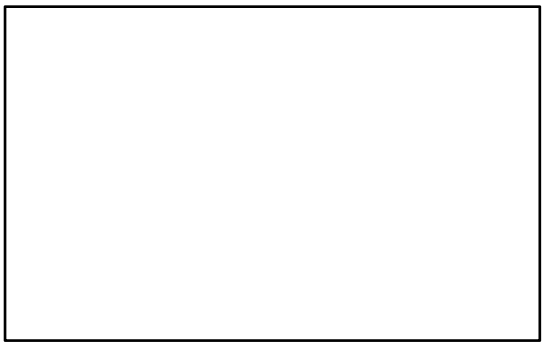
Way Forward-

From the CA's we get a very important information that at early stages when they joined, at that time they were not very much confident even they don't interact with others who are not known to them. But now, not only they are confident but also they are very much proud about themselves & now they have developed some mothers who are motivating other mothers. Here CINI get a huge success to produce some cadre, after end of this project, these cadres will perform an important role they will give the sustainability to the projects outcome

Overall observation:

- People are not interested for Khidchi providing by ICDS centre.
- Even interested persons cannot have it because of hesitation. Actually, they have to take this food in front of everyone & most of the time this is not liked by their husbands or mother-in-law's.
- Women are mostly busy with their daily routine works at that time so do not go to ICDS.
- Problem regarding drinking water.
- Another major problem is absence of proper drainage. As a result most of the people majorly suffering from malaria & diarrhoea.
- They have a demand, for a heath centre and one community hall.
- Some political issues are there.
- Fully participating for GPAF programme
- Drinking water and drainage problem.

- Birth Certificate Problem:
- Most of the time after 10 months of the delivery, the birth certificates are given so if someone forget to receive the certificate with in that span then they have to pay extra amount to local agent and that will create excess financial burden on them.



Context analysis of the ward visited:

\ This ward is very different from rest of the three wards. At a glance, it is hard to identify that what is the actual problem of this area. Here mainly middle class and lower middle class people are living. Most of the household having their own toilet, the roads are mostly clean and every turning of the street you will find a dustbin. Here all types of essential commodity is available in each family. The population of this area is 4000 (approximately), where most of them are Muslim and their main occupation is taxi driving , small business. Here females are mostly educated than male even most of the females are graduate. The major problem is scarcity of drinking water. There are so many taps of drinking water here and there but water with full of mud is coming from the outlets and the flow is very slow.

The supervisor of this area is Chaya mondal. Three change agents are working there. The drop boxes have been installed at Collin lane and Ismail lane. No notice board is present in the entire ward. Still now only one ward sabha has been organised and people complained a lots of problem in that meeting.

The no of ICDS centre is 9 and health centre is 1 which is located at Mallick bazar. At present no routine immunization centre is present in that ward.

Now the councillor of the ward is Mrs. Susmita bhattyachariya and she is also chairperson of borough 7

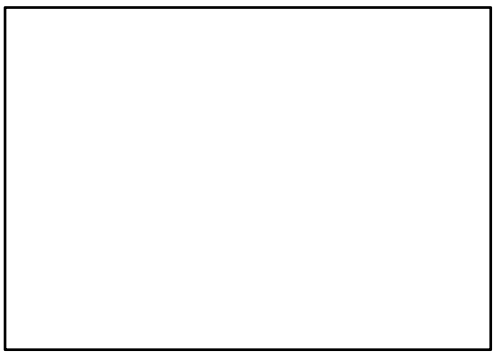
Meeting with Government Health Workers:

Interviewees voice/ opinion: Community are not much interested for ICDS services. Women do not come to the centre. They do not have time to come to centre for taking food. In this area, women are very conservative. Every time they cannot go outside except their husband permission. Therefore, AWW workers have to go their

houses and serve the food. Here people do not send there children's to ICDS centre for preschool education, they preferring private kindergarten institutes.

The problems addressed by them: There are many problems. It was a very small room where three ICDS centre is running. As a result none of this centres getting sufficient space for daily purposes like, there was not enough space for sitting as a result pre-school teaching service is not available. Only 2 AWW are looking after this centre so another problem is human resource. Here people are not interested about the government services so they do not send their children's to ICDS and they are supportive. Here another problem is that women do not go the government hospital for the time of delivery. They go to the private hospital because of good services, unavailability of lady doctors etc.

Meeting with Club members:



Introduction: This is the only club from this locality, which is participating in this project. Basically the club is driven by the local government. Every Thursday the counsellor presents in this club and monitoring the ward level activity.

Topic of discussion: Ward level problems (drainage, drinking water, healthcare facility) and its solution.

Discussion: At first, the club member shared the history of the club. They informed that development of ward is running due to changing the political colour. According to them now there is nothing, which can be present as a problem. They told that people of this area are very much satisfied from government services and this change is take place just because of this new government. Externally they are supporting CINI. In the time of discussion a problem came, which is drinking water. Before some days the drainage system has been changed to pipeline. The problem of disease has been come in the time of discussion and it is opened that here the community is free from the communicable disease. Last year during rainy season they were taking the initiative to clean the

clogged water. Whenever people face any problem, first, they inform to the club member and members try to solve the problem as soon as possible.

Major problems in this area are:

Drinking water-Here people mostly complain regarding drinking water, there are so many outlets for drinking water but the quality of the water is no good, and as a result water born diseases are very common in this area.

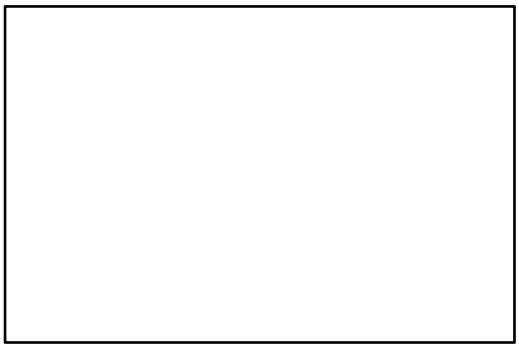
Drainage facility is not very good but now drainage is much better and club members told that now municipality corporation is doing well in this area.

Conclusion: Here this club member plays a very influential role in this community. Externally they support the CINIs work activity but initially when CINI worker told about their feedback system club member did not give the place for install the drop box and notice board. Even club member did not allow doing immunization camp within their premises.

Overall observation: In this particular ward people doesn't depends on the government services.

1. The economical condition of the people is good.
2. Community are not interested for the government schemes like JSY, ICDS.
3. Now the drainage, toilet facility is properly available in this entire ward.
4. Education status is good in this area.
5. Drinking water is not properly available at every place and the main problem is quality of drinking water is not good.

Training Program for Change Agents



Introduction:

The main objective of GPAF project is to reduce the death of mother and child so the training is necessary .The training offers the proper knowledge and proper skill through which a trainer can convince practically. Change Agents work like a bridge in between the community and CINI. They play a most important role in this project. A Lead Change Agents are monitoring the activity of 5-6 change agents (approximately 5000-6000 population). There is a major role of LCA. If LCA got proper training they can easily convince the community.

The topic of discussion was related to mothers and child health and nutrition, different government schemes like JSY, ICDS, Immunization, NRC etc

Discussion: At the very beginning of the training programme, the participants played a small game and made some small groups. Each group consisted 2 members. Then each participant are introduced by another group member. After that again a 4 larger group formed and shared a case study by the trainer. Trainer assigned same task to the 4 groups. The task was to read the case and to solve some questions. Then each group presented their opinion about the case. The trainer highlighted some key areas like ANC, JSY, PNC, Immunization, Growth monitoring of a child. The trainer also discussed that if the baby was acute malnourished then sent to NREP (Nutrition Rehabilitation Education Programme) and severe malnourished babies sent to NRC (Nutrition Rehabilitation centre).

Major Key areas:

Trainers gave the knowledge about diff types of severe acute malnutrition-Kwashiorkor and Marasmus. What are symptoms to identify these two diseases. Secondly introduced a new concept -food pyramid. In the pyramid,

vegetables are at the base level and oil and water are situated at the top of the pyramid. Practically all foods kept the pyramid are essential for growing and developing of child's body.

Way Forward:

To reduce the maternal and child death some important steps should follow-

1. Prevent early marriage especially in Muslim society.
2. Generate awareness about family planning. Most of the couples have 3-4 children even they didn't maintain space of 3 years.
3. Educate or trained the family members for sending the pregnant women to hospital for ANC and PNC check-up.
4. Full immunization of a child up-to 16 years.
5. If community faced any problem then informed through drop box.

Interview of the supervisors

Introduction-

Supervisors play most important role in this project. From CA selection, training and monitoring field activities, collecting and checking the feedback formats, organizing meetings with Community based organizations, formation and strengthening community action groups (steering committee), , sharing with the councillor about the problems of people, these all are the part of a supervisor's job. Monitoring and advocacy are the two main components of their work. They are responsible for making the field operational plan and day to day monitoring. They are the faces of this project and at ground level, people trust and believe the supervisors. Each ward have two drop boxes that were installed in those areas where maximum people will be able to access. The notice boards are put up beside the drop boxes for the purpose of information provision. Information on good hygiene practices, feedback received from community, IEC materials on JSY, immunization, ANC & PNC checkups etc., important phone number of ambulance etc are put up on notice board.

Swarnalata Sanyal is the supervisor of 59 no ward, for the last 12 years she is part of CINI. In this project from the first day, she is part of this GPAF project. At initial level, she also faces many challenges and the problems mainly came from the political and local clubs level. The councillor of her area thought that through this feedback mechanism CINI is trying to spoil his image. She tells that the councillor did not allow her to install the drop boxes in his area. Then after a meeting where the representative of councillor, local club members, government officials

(ICDS supervisor, Honourable Health Worker) participate, here for the first time Swarna di get success to convince about the positive sides of this project, that this project is just for the community people and they are not against anybody they just trying to trace out the community level problems and which indirectly will help the councillor because through these feedbacks councillor can recognise in which areas people are not getting the facilities.

For the first time with the help of this feedback process, community people have a platform where they can come up with their problems. After this meeting, she get help from all levels like from local clubs to political level and from community level. Health worker was also happy because the chain agents of CINI help them by providing information's.

After two years of this MACHAN now mothers aware about government schemes, they have good sense that how they should take care of their babies. Some facilities like drinking water facility & drainage facility in some parts of the locality is improved.

Here supervisor share a very important information that with the help of this mothers meetings now they get a success to develop some mothers who can influence and aware other mothers of their locality. She also told that the CAs of her locality influences other girls too, these CA motivating other girls for higher education and doing jobs.

Rinki saha is the supervisor of ward no 67 Under her thirty change agents and seven lead CA are effective.

She share that at initial level when she joined as supervisor of this area, she faced lots of problem in this ward, club/CBO was not interested about CINI's project, health and ICDS officials thought that CINI's is doing something against of government and they are trying to influence people against the government service providers. However, this situation changed after first meeting when councillor of this ward Mr Dipu Das, ICDS supervisors, members of local clubs participated. After the meeting, she started getting support from the councillor, even the councillor helped her to select the appropriate areas for putting up the drop boxes and she also reviewed the questions for the feedback format. After this, the acceptance level amongst club members and health workers improved. Over a period, a rapport and relationship has developed between club members and the supervisor, as a result, the club members provide club's space for group meetings and to store the PNC kits until they are distributed.

Another problem she faced at the time of CA recruitment is the political interference and the problem continues. There is a huge turnover of CA due to less incentive provided from the project. They leave their job without any information, or proper handing over of documents.

Now after two years of hard work, the situation is much stable. By distributing PNC kits and meetings, CINI is trying to change the behaviour of mothers. Now community knows about the feedback mechanism, they know

that through this feedback system their problems can be solved. Now they are aware about the government services and places of service delivery like JSY, ICDS, Immunization or ANC & PNC check-ups.

Chaya Mandal is the supervisor of 53 no ward. Like other supervisors, she also faces problems but interestingly her problem was very different from rest of the supervisors. As we have already discuss about this ward & the problems of this ward it is very clear that in this ward people are in much better condition, they also have problems but it is not that severe. In short, here the necessity of peoples is very different so they are not that much dependable on government facilities. This is the major problem for the supervisor. That is why neither community level and nor the clubs members are interested about this project. As a result during mothers meeting or at the time of any other activities she do not get space because in her area from clubs she do not get much support. No notice board is present in the entire ward. Still now, only one ward sabha has been organised. She does not get much support from the clubs, here the main club is Collin Street Welfare Committee and the members of this clubs are most influence persons of this area. Chaya Mandal share a very shocking incident that once form government level an initiate taken to open a immunization centre in this area and this club support this initiative and open their space for this purpose. However, at that day when the immunization programme was running the club members stop this programme, and no one from the community level oppose against this action. At present, no routine immunization centre is present in that ward. Soma di told that people are aware about government schemes & facilities but they are not interested about these services. There trust and interest is towards private services only. Soma di told that from community level the ICDS participation is almost zero nobody comes in ICDS

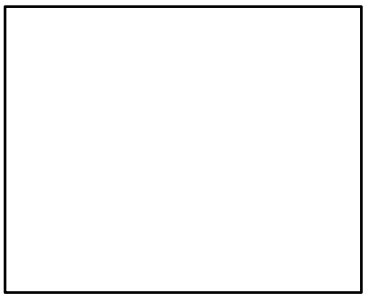
.She is the most experience supervisor of this project. Before this project she has handled some others important projects for CINI. She has been associated with the MACHAN project as a supervisor from the beginning. Her area is vast covering 52000 population (approximately). .She has a good rapport and gets a extensive support from CBO/ club level. At the same time the councillor, also helpful. But she face problem due to some political issues, actually in her area the main club is Blue Star club, and the members of this club is the most influential peoples of this area, but club members relation was not good with the councillor of her area, as they belong to different political parties. So if she plans to implement something with the help of the councillor then the club members do not support, and the councillor though always working for the community, does not actively work for the area where this club is located. Presently after the Municipal elections, the councillor has been changed, but this has created more problems, as the work in this area has to start from scratch by sharing the project details with the new members.

But this blue star club and some other clubs like Pradip Samiti Club, Thakur Pukur Club, Janakalyan samiti etc help her a lot, club members open their club's space for group meetings and to store the PNC kits until they are distributed.

Here community people are very poor, a great part of this population is migrant, and most of them are illiterate so initially they did not understand about this project or feedback system. However, when Soma Manna organised some mother meetings/ Community meeting with the influential people (club member, school teacher, retired govt officials etc) gradually the knowledge about the role of CINI increased She also shared that without help of CAs it was not possible to get the success. After two years of MACHAN project, especially after the feedback mechanism was set in, situation has improved, as now mothers are aware about JSY, ICDS or ANC&PNC check-ups. Immunization dropout problem have almost solved. This could be done by organising regular meetings, distribution of IEC materials and filling up of feedback forms.

Here community level and CBOs participate actively in this project and when she organised the first steering committee meeting she received a good level of participation from councillor level to CSO, club level and government health officials like ICDS officials also participate in this meeting. The positive outcome she shared that at least people are participating in this programme and acceptance level is also good

Some Success Stories

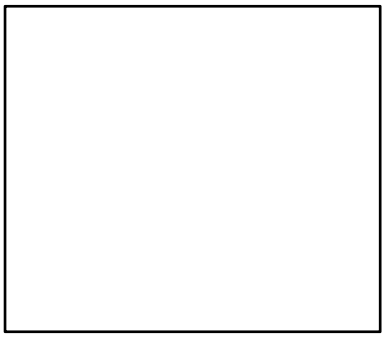


Marzina Begum stays at Topsia. Now her age is 22. She gave birth to a female child on 27th of June, 2014. The location of delivery (caesarean delivery) was Chittaranjan(Hazra). At the time of delivery, the body weight of her baby was 2 kg, which is considered as underweight, and the immunity power was poor. That's why within one day she died. The light of this world got shattered to her on 28th of june,2014.

Marzina was eligible for JSY because as per the norms she had BPL Card, and had delivery in a govt hospital. But she didn't receive the money of JSY. At that time the hospital authority said that she was not eligible for JSY because her baby was dead. She got discharged on 3rd july,2014.

She approached to CINI in a mothers meeting regarding that problem. The change agents informed the supervisor about it. The supervisor named Soma Manna took her to the Chiitaranjan hospital authority and described her problem. After that she received the cheque of 900/- on 11th of October from hospital authority.

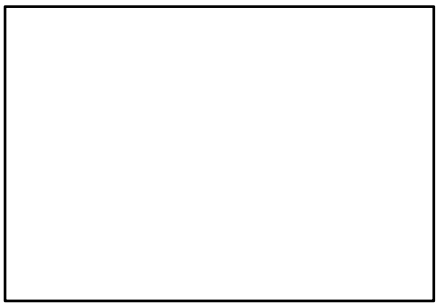
Only because of CINI's intervention, she received the cheque. She was thankful to CINI and gave the feedback, "if Soma di was not with me it would have been impossible to get the money".



Sufion Piyada with four family members stays at .Now her age is 20. She got marriage at the age of 15 because of the family issue. But the proper age of marriage of a girl is 18. At present Sufion has 2kids one is 2years 8 months old and other one is 2 years old. But Generally The gap between two kids should be 3 years. The second child was born on 25th of may,2013 with deformities at that time the body weight of the child was 1.9kg that is considered as underweight. Therefore, Doctor advised her to go to the NRC. But the Muslim society is very much conservative and they do not allow the woman to go out of the house. Therefore, she didn't go to the NRC.

When CINI went for counselling they discover that the child was severe acute malnourished. They convinced her family to admit the child to the NRC. So the child was admitted in NRC in the month of September 2013. At the time of admission, her body weight was 2.8kg. She stayed there under treatment for 9 days and their after her body weight increase to 8.6kg. But despite increasing the body weight her brain was not functioning properly. The doctor detected it and discharged her. Then her family consulted with paediatrician and at present, she is under treatment.

Here the role of CINI was that their counselling was on proper time. They convinced the child's family to take her to the NRC as a result her body weight improved. The change agents are visiting her regularly and monitoring her growth.



Central government launched ICDS in 1975 for woman and child development. Now a day's many people know about the services provided ICDS. But still now the facility's of ICDS is not accessible to everyone. It is the responsibility of the AWW to spread awareness regarding their services.

Moumita Adhikary stays at with her husband at 1/64 Swin hoe lane. Kolkata. The couple have 1 girl child. During pregnancy, she was unaware about ICDS, though she resides in front of the ICDS centre. The worker also didn't inform her about it. As per government norms after the registration of pregnancy women are eligible to get food from ICDS Centre. However, Moumita didn't get it. Thus because of the inability of the ICDS worker a gap is created between the government and the community.

When CINI's worker went to visit her and asked her about the role of ICDS she replied that she didn't know about it. Then CINI supervisor, Mrs Rinki saha approached the worker. After that she received services from ICDS. But the workers misbehaved with her. Still now she doesn't receive well behaviour from them.

Here due to CINIs intervention a harmony is created between the government and the community. Therefore, the ICDS workers are obliged to provide all the services which she deserved. Now she regularly goes to the centre and collects her food. So she is great full to CINI for their co-operation.

Status of JSY accessibility of four wards

Figure:1

Total Immunization Coverage of Four Wards

Figure:2

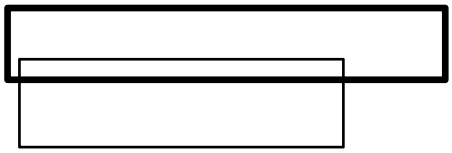
Response for Total Sanitation Facilities

Figure:3

Figure:4

Figure:5

Figure:6



Total Comparison of 4 Wards

Figure:7

- In ward no 63 people are not very much interested to go governmental hospitals they mainly depend on private health care facilities. They always go for institutional delivery but in private hospitals so they are not elegible for JSY.
- People are very conscious about immunization and immunization coverage is almost hundred percent.
- The sanitation scenario what we have present on the above is totally depends on the response of people of those wards.

Suggestions-

- Need to produce more community cadre or participants for better sustainability of project outcomes.
- The incentive of field agents (Change Agents) is very less, so the incentive should be increase, which will also help the project in terms of producing better result.
- Ward sabha or steering committee meetings should held on regular intervals (Once in a month)

The summer internship was our first exposure to knowing deeply about the health delivery system. We mainly focussed on 4 wards in Borough VII, under the Kolkata Municipal Corporation & observed that each ward is different from the other in terms of socio economic profile and government service delivery, resulting in differences of problems faced. Like in ward no 63 the conditions are much better than rest of the three wards. In 63 no ward all the government facilities are available, the socio-economic condition is also good, so here people are not much concerned about receiving government services, they visit the private nursing homes and doctors for health check-up. On the other hand rest of the wards (ward no- 56, 59 & 67) are struggling for basic facilities. The areas where the GPAF MACHAN project is operating, we observed that the community members are more conscious about the government health services and also uptake the services. The changes seen were completion of 4 ANCS, increase in institutional deliveries, increase of PNC checkups, and complete immunization. The change agents are trying hard to aware people about different government services. We observe that one of the key achievements of the MACHAN project is the empowerment of girls & women in the community by creating of change agents. The other areas where major inroads have been made are regular weighing of children, identification of malnourished children & thereafter referral to NREP sessions & NRC.

CINI through this project has succeeded in producing a community cadre, there are some mothers and change agents in each of the wards who can aware & motivate the other mothers after the end of this project, these cadres will perform an important role, they will give the sustainability to the projects outcome. The steering committee group will also take forward the work of listening to community feedback and referring them to service providers.

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