Summer Training at
Shree Bhuvneshwari Mahila Ashram
(April 15, 2013 – June 8, 2013)

Assessment of Mother and Child Health: A Study
[In Gairsain Block of Chamoli District, Uttarakhand]

By
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Under the guidance of
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Post Graduate Diploma in Rural Management
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CERTIFICATE

This is to certify that, **Dr.Archana gupta**, student of Post Graduate Diploma in Rural Management (PGDRM) from Institute of Health Management Research, Jaipur, batch 3rd (2012-2014) has undergone summer internship training at **Shri Bhuvneshwari Mahila Ashram, Gairsain (Chamoli), Uttarakhand** and has done project on "**Assesment Of Mother And Child Health: A Study In Gairsain Block Of Chamoli District, Uttarakhand**"

The candidate has successfully carried out the work assigned to her during her summer internship training from **15th April 2013 to 8th June 2013** and her approach has been sincere, scientific and analytical.

I wish her success in all her future endeavors.

Dr.Anoop khanna
Associate professor &
Dean (Research) & mentor
IIHMR, Jaipur

Dr. Goutam Sadhu
Associate Professor
Cum Dean, (RM),
IIHMR, Jaipur

REGN-NO-2426/78-79

श्री भुवनेश्वरी महिला आश्रम

अंजनीसैंण, टिहरी गढ़वाल, उत्तरांचल

प्रमाणित किया जाता है कि कु०/श्रीमती/श्री डा० अर्चना गुप्ता

पुत्री/पत्नी/पुत्र डा० ओ० पी० गुप्ता पता I.I.H.M.R. JAIPUR

(RAJASHTHAN) ने श्री भुवनेश्वरी महिला आश्रम के प्रशिक्षण केन्द्र में

संस्था द्वारा संचालित INTERNSHIP परियोजना/कार्यक्रम के

अन्तर्गत दिनांक 15 अप्रैल से 15 जून-13 तक आयोजित 60 दिवसीय

MOTHER AND CHILD HEALTH प्रशिक्षण पाठ्यक्रम/कार्यक्रम में

सफलता पूर्वक भाग लिया।

सचिव

कार्यक्रम समन्वयक

CONTETS

ACKNOWLEDGEMENT

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I must convey my sincere regards and gratitude to my parents who through all trials and discouragements, in all difficulties and perplexities, have been my pillars of strength and with their blessings and support I have been able to accomplish this goal.

And above all, I would like to thank **"Almighty God"** who gave me the opportunity and strength to complete this work.

(Archana Gupta)

SHRI BHUVNESHWARI MAHILA ASHRAM (SBMA)

About SBMA

SBMA is an independent organisation that works with the people of Garhwal Himalayas.

The SBM Ashram Evolved out of years of community struggle led by our founder late Dr. Swami Manmanthan, a Crusader from Kerala, strongly committed to the progress of Uttarakhand.

In the activist tumult of the 1960's and 70's the people of Garhwal, especially women, gave voice to frustration against bad governance and superstition.

As a platform for their struggle, Swami Manmathan founded SBMA in 1977 in Anjanisain, Tehri Garhwal and since it inception it has been dedicated to the development and well being of the women and children of Uttarakhand.

SBMA now serving the communities of more than 1600 villages in Uttarakhand with National and International initiatives. It also concentrates on building bridges between voluntary organizations, Government and community.

SBMA/Plan Gairsain

SBMA and PLAN International both entered into partnership in 1996 and one year later the partnership was also started in Gairsain area. Till FY' 04 the Gairsain was acting as a branch/sector office. In FY 05 the formal split happened and interventions from Tehri area was withdrawn. This gave an opportunity to Gairsain area to become a full-fledged PU and the caseload was increased to 2900 sponsored children, in FY 09, achieved the caseload from 2900 to 4500.but in FY 12 the caseload is in decreasing proportion in the end of FY-12 caseload reduced to 3974 from 4200. SBMA/Plan project area is covering 240 villages/locations of 86 Gram Sabah's (Village Panchayats). Village Panchayats are increased 86 to 95 Village Panchayats in Gairsain block after implementing the new policy of demarcation. The Gairsain town is located on Haldwani-Ranikhet-Karanprayag-Srinagar-Haridwar motor road (National Highway 87) and is 90 Km. far from Raniketh and 50 Km from Karanprayag. Gairsain is a small town and small market place, a community Health Centre that is up graded in community health center recently, a college for higher education (only for Art student), a branch of State Bank of India and government departments. 60per cent of villages are situated on high altitude

and is 3-6 hour walk from the roadside. The SBMA-Plan Gairsain PU has 1 central coordinating and administrative office called the PU office, which is located in village Saliyana Bend, 7 cluster offices each covering at an average 11-12 village and 3 Sector offices each covering at an average 40-50 villages.

SBMA vision

Happy children from happy families from happy communities

SBMA Mission:

Our mission is to strive for a Child Centered Community Development in partnership with Government, national and international Donor Agencies, Technical and Academic Institutions, and other Civil Society Organizations resulting in happy and healthy Children through a inclusive and participatory approach for enhancing Child rights & Protection, Health, Quality Education, Livelihood, Environment Conservation and Disaster Response support.

SBMA Strategy

Sensitize and build capacities of the people so that they can actively participate in the process of their own development

SBMA Approach

Organize people in groups, encourage them to discuss their issues, search solutions and influence Panchayats agenda of development

CHAMOLI DISTRICT AT A GLANCE

Chamoli district is the second largest district of Uttarakhand state of India. It is bounded by the Tibet region to the north, and by the Uttarakhand districts of Pithoragarh and Bageshwar to the east, Almora to the south, Garhwal to the southwest, Rudraprayag to the west, and Uttarkashi to the northwest. The administrative headquarters of the district is Gopeshwar.

According to the 2011 census Chamoli district has a population of 391,114, roughly equal to the nation of Maldives. This gives it a ranking of 559th in India (out of a total of 640). The district has a

population density of 49 inhabitants per square kilometer (130 /sq mi). Its population growth rate over the decade 2001-2011 was 5.6per cent.Chamoli has a sex ratio of 1021 females for every 1000 males, and a literacy rate of 83.48per cent.

Gairsain at a Glance

Gairsen or Gairsain is a village in Chamoli district in central Uttarakhand India.

According to an old tale the name Gairsain comes from the Garhwali language. Gair means deep and sain means plane, referring to a place such as a valley, a plane area at the foot of hills.

It is situated in the center of the Garhwal and Kumaoun mandal. It is 1,750 metres (5,740 ft) high above sea level.

Gairsain is also the site of the source of the Ramganga River, the doodhatoli parwat where the Ramganga River rises.

Gairsain is just about 16 km from Almora border at the national highway 87 extension. Nearest railway station from Gairsain is Ramnagar which is 150 km away. Nearest airport is Gaucher which is about 54 km.

It is being seen as a future capital of Uttarakhand. Government of Uttarakhand had constituted Dixit commission for the search of a permanent capital which recommended Gairsain for the capital but the file related to this is gathering dust in Dehradun.

Recently Chief Minister Vijay Bahuguna in his first visit to Gairsain promised a lot of developmental projects to this town. He promised that an air strip would be laid in Gairsain. Apart from this one session of legislative assembly will be held in Gairsain annually.

SBMA's Working area:

- Total communities - 1600
- Total block - 37
- Total districts - 13
- State - Uttarakhand

Targeted Population:

- Vulnerable groups especially Children and Women

SBMA's Major Partners:

- Plan International (India)
- UKHSDP- Govt. of Uttarakhand
- Health & Family Welfare Department (UK & GoI)
- UNDP
- LIPH - Govt. of Uttarakhand
- Sir Ratan Tata Trust (SRTT)
- Tehri Hydro Development Corporation (THDC)
- Room to Read
- SWAJAL
- NABARD

Activities We Do With Institution

VILLAGE PANCHAYAT FUN:-

Skill devlopment, support to planning process

VAN PANCHAYAT:-

continue meeting about water conservation, management, catchments protection, plantation.

KISHORI SAMOOH:-

Skill development, education motivation, family life education, community sensitization, leadership building..

BAL PANCHAYAT:-

Sill development, Leadership building, ROC, Amazing kids, Journalism

MAHILA MANGAL DALs:-

Skill dev., leadership, social development, motivation of MMD for implementation of activity, saving, Inter loaning, trg on ECCD, fodder dev.

KISHAN FEDERATION:-

Trg. on Varius livelihood option, technical and harware support to farmers and farmer group.

SCHOOLs:-

Spoken english Radio program, teachers trg., school supplies, play ground upgradation, building repair/maintenance, educational tour, comm. Teachers and computer teacher.

MAJOR AREA OF OUR WORK

01- Child Rights and Protection

02- HEALTH

03- EDUCATION (ECCD and Model School)

04- Participation of Children in Governance

05- WATER & ENVIRONMENT SANITATION

06- DISASTER PREPAREDNESS

07- LIVELIHOOD/HES

08- WATERSHED MANAGEMENT

09- LEADERSHIP DEVELOPMENT

10- COMMUNITY MOBILIZATION

MOTHER AND CHILD HEALTH (MCH)

Objectives:

- To find out the health status of women of antenatal and postnatal period.
- To know awareness about the institutional delivery.
- To know the participation of ASHA workers in the district.
- To know the common health problem among infants and children (up to 5 years) of age.
- To know about immunization status.

Methodology

Project Site: The study was conducted under the guidance and supervision of SBMA, Gairsain, district Chamoli, Uttarakhand.

Number of Samples: 45 No. of Samples of 9 villages were taken in the study. 5 samples were taken from each village.

Duration of Study: Study was undertaken for a period of 8 weeks.

Sample selection: Samples were selected on basis of Random Sampling Method.

Inclusion Criteria: Following consideration was kept in mind before including a case.

- Pregnant women of reproductive age group.
- Women having children up to 5 years of age.
- Infants and child up to 5 years of age.

Questionnaire: A proper questionnaire was designed for the study with the approval of the Guide and project manager of SBMA on the basis of issues and problems prominent in that area.

TOPIC: MOTHER AND CHILD HEALTH PROGRAMME

Topics covered under are:-

1. Antenatal care
2. Immunization- UIP (Universal Immunization Programme)
   A. Neonate (from birth to 1 month of age)
   B. Infant (from 1 month to 12 months of age)
   C. Child (1 to 5year)
3. Postnatal care
4. ASHA

FINDINGS

GRAPHICAL PRESENTATION OF AGE GROUP FEMALES TAKEN FOR STUDY

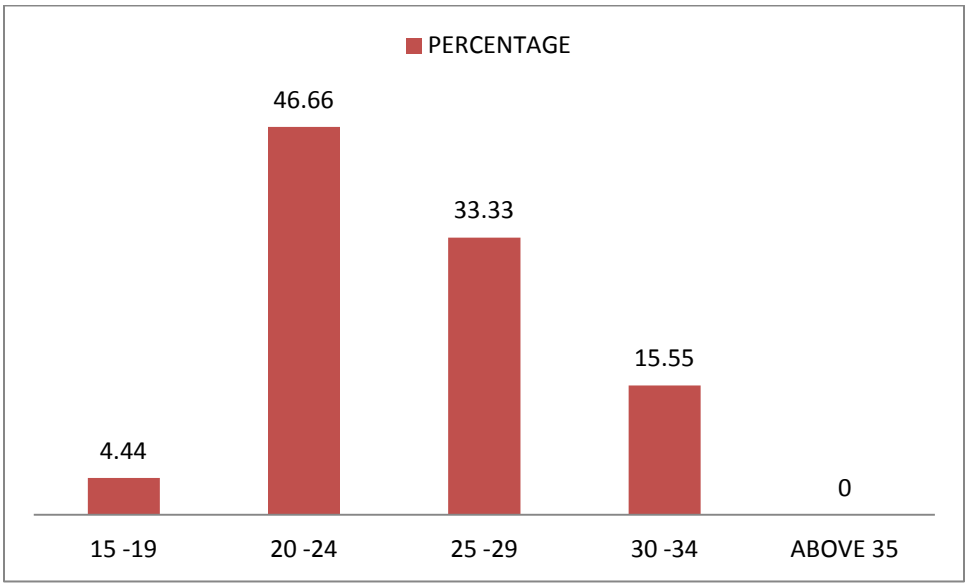

Fig. 1

Graphical presentation shows that among 45 women taken for study more than 47 percent women belongs to 20 – 24 years age group, more than 33 percent belongs to 25 – 29 years, more

than 15 percent belongs to 30 – 34 years and around 5 percent belongs to 15 – 19 years age group.

Graphical representation Showing Distribution Of Socio-Economic Status in Study

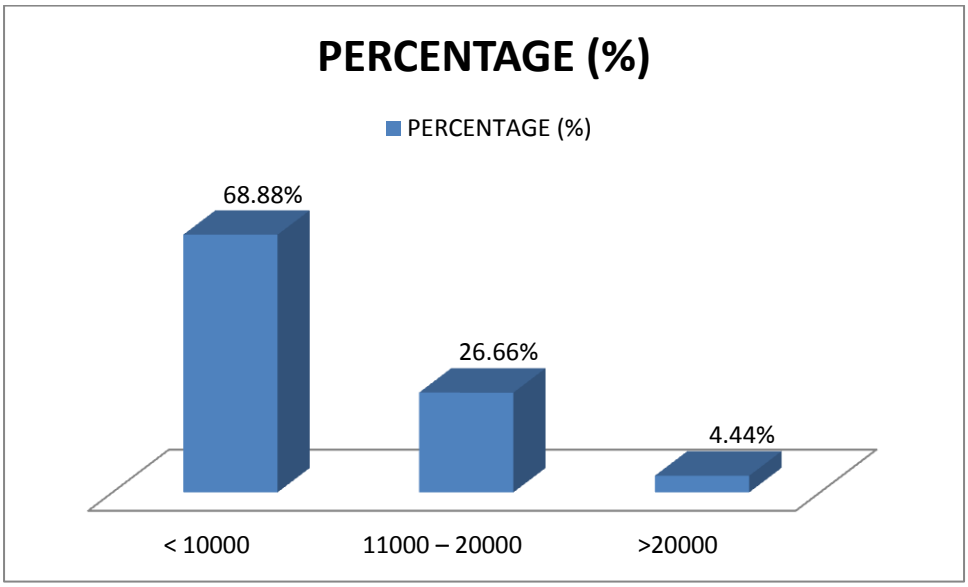

Fig. 2

Graphical presentation in figure 2 suggests that in this study around 70 percent households are of lower socioeconomic status, where 26% were of middle income group, and only 4% were of higher socioeconomic status according to our criteria.

Graphical Presentation Showing Literacy Rate Of Females Taken For Study

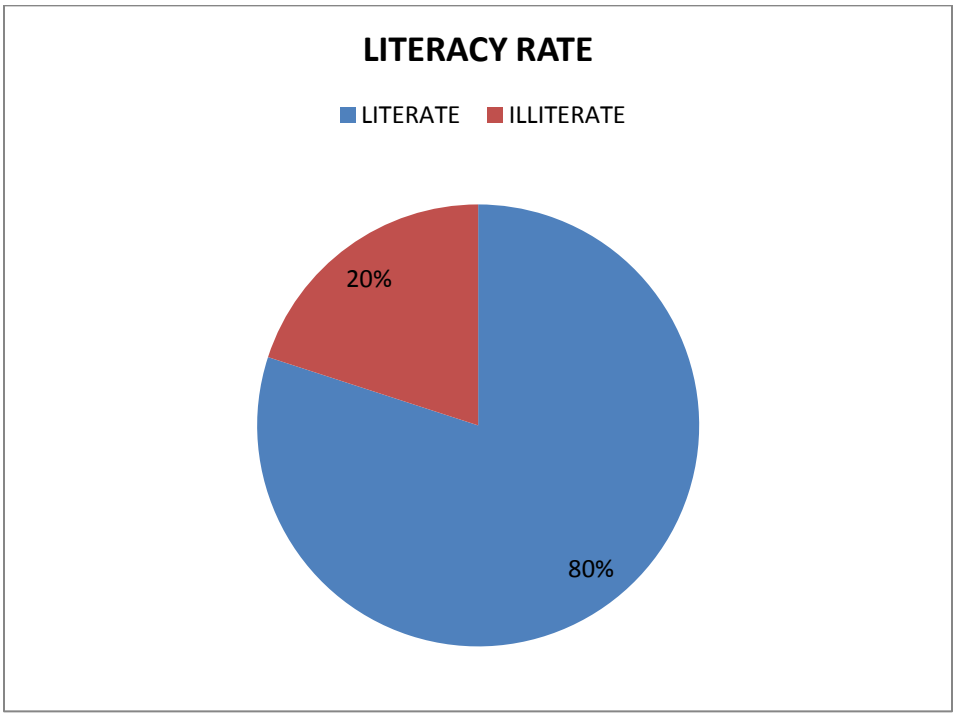

Fig. 3

Graphical presentation of figure 3 shows that among 45 women taken for study 80 % were literate and 20 % were illiterate.

Graphical Representation Showing
Occupation of Females Taken For Study

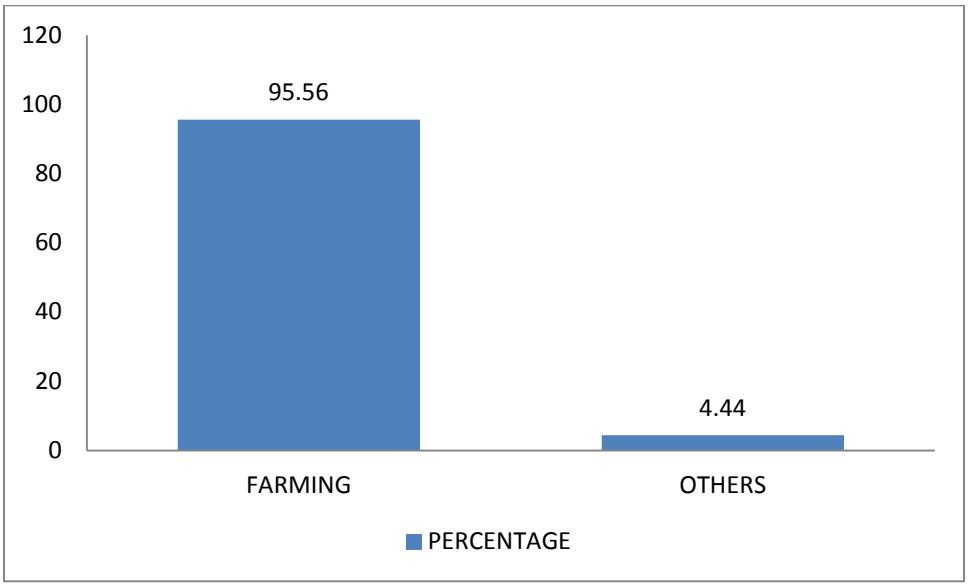

Fig. 4

Graphical presentation of figure 4 shows that among 45 women taken for study more than 95 % were engaged in farming related work and less than 5 % engaged in household and other works.

Graphical Representation Showing Number of Antenatal Visits During Pregnancy

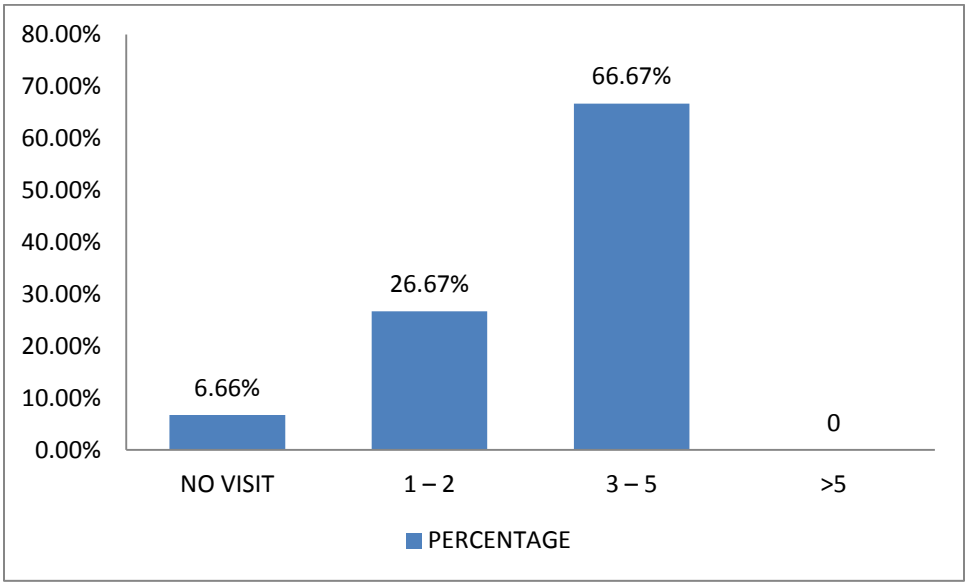

Fig. 5

Graphical presentation of figure 5 suggests that in this study more than 67% pregnant women visited 3 to 5 times for antenatal checkup, around 27% visited for 1 to 2 time and around 6 % women do not went for any antenatal checkup.

Graphical Representation Showing Number ofASHA visits

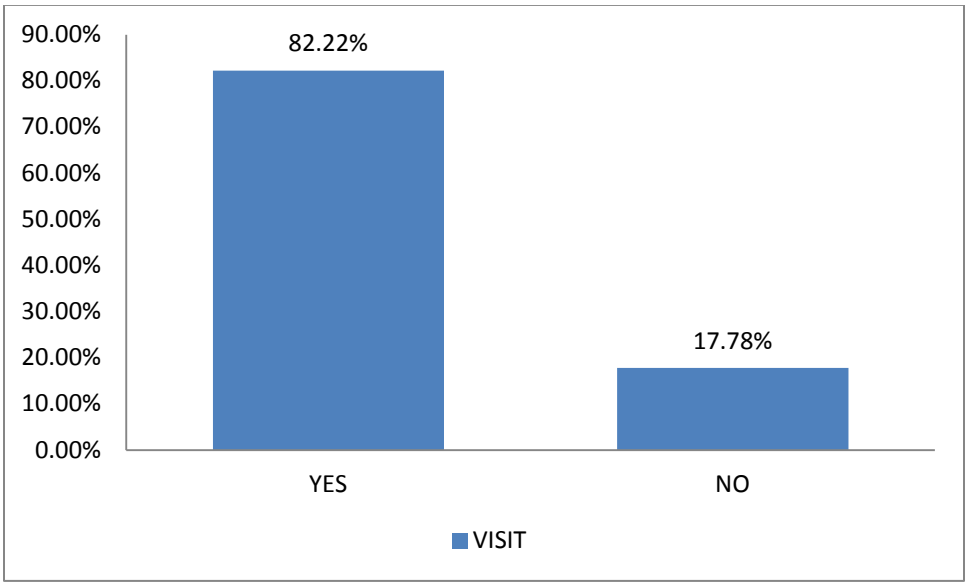

Fig. 6

Graphical presentation of figure 6 shows that around 82% household confirmed ASHA visits at their houses and around 18% dissatisfied with ASHA visits.

Graphical Representation Showing History of Abortion

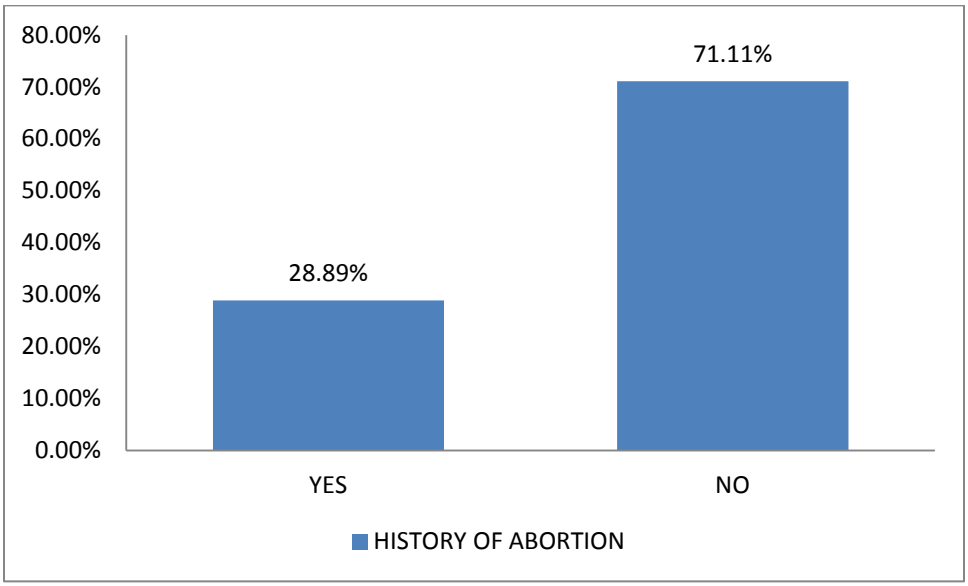

Fig. 7

Graphical presentation of figure 7 shows that around 29% Females among 45 have history of abortion and more than 71% do not have any history of abortion.

Graphical Representation Showing Percentage of Institutional delivery

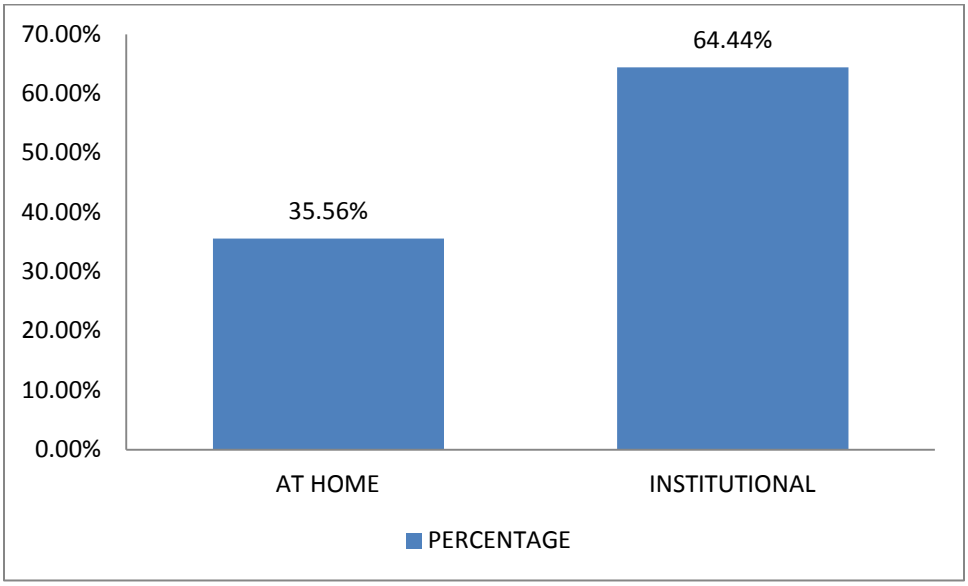

Fig. 8

Graphical presentation of figure 8 suggests that more than 64% deliveries were institutional and around 36% were conducted at home.

Graphical Representation Showing Facility of 108 Ambulance

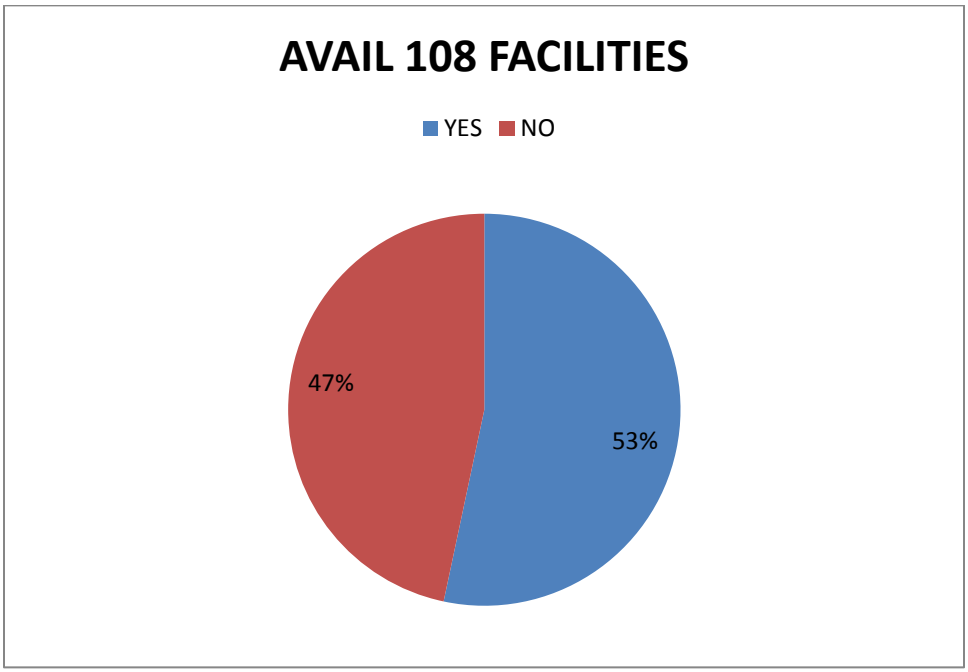

Fig. 9

Graphical presentation of figure 9 shows that 47 % women told that when they needed 108 ambulances they got facility on time and 53 % did not get that facility.

Table Showing Type of Feeding

Type of Feeding	Percentage
Only Breast Feeding	20%
Breast feeding With Other Alternatives	66.66%
Only Other Alternative	13.33%

Table – 1

Above table shows that out of 45 women taken for study only 20% women fed themselves their child, more than 66% women used other alternatives with breast feeding and around 14% totally depended on other alternatives.

Table Showing Duration of First Feed After Delivery

Time	Percentage
Within 1 hour after delivery	55.55%
After 1 hour after delivery	44.44%

Table – 2

Above table shows that more than 55% females provided feed to their child within 1 hour after delivery.

Table showing diseases children
Suffered During childhood (Since birth – 5 year)

Disease	Percentage
Neonatal Jaundice	10%
Infantile Diarrhea	20%
Fever	70%
Worm Infestations	42%
Constipation	35%

Table – 3

Above table shows that 10% children suffered from fever, 20% suffered from infantile diarrhea, 70% suffered from fever, 42% suffered from worm infestations, and 35% suffered from constipation.

***** There were so many children suffered more than one manifestation, their percentage taken separately.

Graphical Representation Showing Immunization At Birth (BCG)

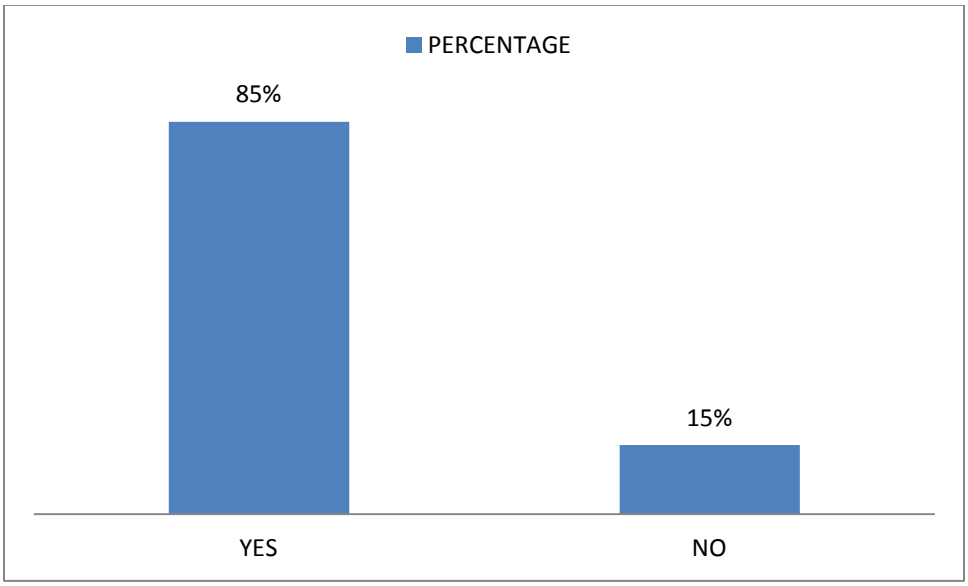

Fig. 10

Graphical presentation of figure 10 shows that 15% of children not got BCG immunization at the time of study.

Table Showing Status of Immunization

Immunization	Percentage
Complete	64.44%
Partial complete	24.44%
Incomplete	11.11%

Table – 4

Above table shows that around 65% children are fully immunized at their age, around 24% were partially immunized and 11% were not immunized at all.

RECOMMNDATIONS

- There is deficiency of milk in lactating mothers, so the nutritional status should be improved in adolescent girls , pregnant women and lactating mothers.
- The government should make such health policies and ensure their implement by which number of abortion decrease.
- Most of the females are farmers, so due to workload they cannot do proper care of their child. So there is a need to lessen workload by provide them other livelihood opportunities.
- BCG vaccine stocks are short since March 2013. This should be corrected.
- Worm infestation is a common problem in children, so there is need to de-worm them by provides safe drinking water.

QUESTIONNAIRE

1. **Personal Details:-**
   - (a) Name:
   - (b) Age:
   - (c) Relation with Head of family:
   - (d) Address:
   - (e) Occupation:
   - (f) Education:
   - (g) Total Monthly income (Family):
     - (a) 5000 >
     - (b) 5001 – 10000
     - (c) 10001 – 15000
     - (d) 15001 – 20000
     - (e) 20001 <

2. **History of abortion:** Yes [ ] No [ ]

3. **How many antenatal visits you have made?**

   (a) 0 (b) 1 – 2 (c) 3 – 5

4. **Had you any complications at the time of previous pregnancy or birth?**

    1. Swelling in the feet
    2. Abdominal pain
    3. Low back pain
    4. Vertigo

5. **You were Breast feeding**?

    Yes [ ] No [ ]

6. **After birth first time child fed?**

    (a) within 1st hour (b) after 1st hour

7. **Do ASHA workers visit regularly?**

    Yes [ ] No [ ]

8. **Is the Information provided by the ASHA workers satisfactory?**

    Yes [ ] No [ ]

9. When you went hospital first time?

(a) Before complications

(b) After complication

10. Do you get facilities of 108 Ambulance?

Yes [ ] No [ ]

11. What diseases the mother suffered after pregnancy:-

(a)	Breast Heaviness	YES [ ]	NO [ ]
(b)	Insufficient milk	YES [ ]	NO [ ]
(c)	Leucorrhea	YES [ ]	NO [ ]

12. Where were delivery had been conducted?

(a) Hospital

(b) Home

13. Did you have any complications during pregnancy and delivery?

Yes [ ] No [ ]

14. Did you immunize your baby at birth?

Yes [ ] No [ ] Not Remembered [ ]

15. Immunization status in children?

1. Complete
2. Partial Complete
3. Incomplete

16. Did you find antenatal care helpful? (Please tick)

Yes [ ] No [ ]

17. Which diseases the children suffered during childhood:-

(a) Neonatal jaundice Yes [ ] No [ ]

(b) Infantile diarrhea Yes [ ] No [ ]

(c) Fever Yes [ ] No [ ]

(d) Worm infestations Yes [ ] No [ ]

(e) Constipation Yes [ ] No [ ]