Project Report

"Evaluation of Ashray Mahila Samudaya Vikas Sanstha : A Service NGO in Akola District of Maharashtra"

Submitted to:

State Health System Resource Centre, Pune

Submitted by:

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Executive Summary

Background:

Service NGO Scheme is expected to promote the achievement of the RCH objectives in the areas which are un-served or under-served by the public health services and infrastructure. One such NGO in Akola district of Maharashtra had been approved as service NGO. Ashray Mahila Samudaya Vikas Sanstha, covering villages in Akot and telhara Block was selected as service NGO in Akola District in Maharashtra. This NGO has identified 27 villages in Akot and Telhara Block as un/underserved area. Pravara Institute of Medical Sciences, one of the empanelled consultant organizations on SHSRC, Pune, was identified as agency for third party evaluation of SNGO project in Akola district of Maharashtra.

Methodology:

Cross-sectional quantitative and qualitative data was collected from range of respondents. In addition to the primary data secondary data such as SNGO reports, logbooks etc. were also collected.

Study Findings:

1. SNGO does not have Hospital of its own, and hospital of Dr. Mrs. R. M. Mate is shown as hospital of SNGO, and concerned owner is shown as officer under same project. All the villages under project i.e. 27 do not have separate field worker and 3 villages are covered by one worker. As there are only 9 field workers in place of 27, it may affect the quality of work.
2. Indicators related to ANC coverage, home deliveries conducted by skilled birth attendant, immunization coverage and awareness sessions conducted are showing progress compared to baseline and expected figures. However indicators related to age at marriage, families receiving JSY benefits, use of modern family planning methods, teenage pregnancies need further improvement.
3. Interview with Eligible couples revealed that majority of the beneficiaries (85%) were not using any type of family planning methods. Out of 101 eligible couple 6% were opted Permanent (sterilization) method of family planning and 9% beneficiaries were using Spacing methods. Majority of the beneficiaries does not wish to have more children; however they are not using any kind of contraceptive. There is knowledge-application gap.44% of respondents witnessed presence of SNGO once a month in their village. There is need to improve performance of SNGO in this important issue.
4. Interview with mother's of Children 0-12 months shows that only 50% deliveries were institutional. Proportion of deliveries conducted by & or motivated by SNGO appear less and its presence has not significantly improved to reach 100% institutional delivary target.

5. Inolvement of men in RCH need to be improved. Contribution of SNGO staff in promoting breastfeeding, weaning is less compared to work done by ASHA and Anganwadi workers. Work of SNGO is obvious in only half of the total area.
6. Interview with Mothers of children 12 to 24 months shows that all the beneficiaries (100%) had government issued immunization card. Majority of (83%) beneficiaries were fully immunized. 92% beneficiaries completed their primary immunization. Out of 100 beneficiaries 65% were aware of SNGO. However there is need to give health education to people about benefits and possible side effects of vaccination.
7. Interview with Adolescent girls revealed that there is better awareness among most of the adolescent girls to wish to marry and conceive after the age of 18 years. Out of all 101 beneficiaries 75% were aware of SNGO. Most of them opined that there is no parental support for such meetings due to cultural reasons.
8. Interview with Antenatal women (ANC) revealed that alhough 83% beneficiaries got married after 18 years of age 17% are still getting married before legal age. 85% beneficiaries had not arranged transportation for their delivery. Here SNGO as well as PHIs of government need to identify private vehicle owners in the area and circulate their phone/mobile numbers to all field workers for contact in emergency situation. 88% pregnant women said there is no active participation from their husband. This reflects poor participation of husbands which need to be improved.
9. Although SNGO staff appears to encourage the beneficiaries, major contribution in this regard is being done by ASHA, ANM and anganwadi workers.
10. Interview with PHC Medical Officer shows that except for Mundhwa PHC Medical officer all three PHC MOs have said that performance of SNGOs in most of the areas was not satisfactory. 100 % Medical Officers said that monthly visits with SNGO are not conducted, showing that there is no coordination on regular basis as well as monitoring between PHCs and SNGO.
11. There is lack of regular dialogue between SNGO and gov. health functionary and most of them do not recommend the replication of the SNGO scheme in other sub centres as they do not perceive any additional benefit due to presence of SNGO in their area.
12. We can conclude that this is flaw in the scheme that there is no integration at village/block/district level health administration between SNGO and PHIs.
13. Interview with Sarpanch in villages of project area shows that most of sarpanchs opined that there was no significant help from SNGO or any notable change in health of village. 100% sarpanch were aware about village health, nutrition & sanitation committee in their village. It is very much necessary to involve head of village/sarpanch as he/she is opinion leader and can influence people at large. SNGO must involve them on a regular basis.

14. Even District program manager and District RCH officer feel that replication of SNGO scheme in other PHC areas would not offer additional benefit and not sure

about actual contribution of SNGO in achieving various targets/indicators related to RCH.

15. There is no regular monitoring and supervision visits to SNGO by DPM, DRCHO and DHO and state NGO coordinator. Reciprocally District Program Manager under NRHM thinks that SNGO scheme should not be replicated in other districts as it does not have any added benefit over existing health care institutions of government. This clearly indicates that there is gross confusion about accountability of SNGO.

16. Taluka medical officer (TMO) is not monitoring the work of SNGO regularly.
17. There should be uniformity in guidelines in relation to implementation of guidelines of SNGO scheme from Center, state and district level authorities and these must be strictly followed.
18. Utilization of funds reveal that SNGO has spent more amount on training component, though training capabilities of staff are not upto the mark.

Recommendations:

1. Overall working of the SNGO is not very satisfactory and up to the mark. However considering the positive and negative factors reported in this study, thorough assessment of these factors is essential before taking the decision for continuation of funding. The SNGO must comply with the observations/suggestions made and should give clarifications.
2. SNGO must have own hospital in project area. If other's private hospital is used by showing owner as Medical Officer, credibility becomes an issue. SNGO must justify their MOU that how interests of private hospital and SNGO do not clash each other.
3. Nonclinical services and IEC activities of SNGO were found satisfactory but there is need of increased contribution for clinical services.
4. SNGO must be made accountable by monitoring performance of various targets on monthly basis in presence of all 4 medical officers by DHO, DRCHO and DPM, so that everyone knows "who is doing what". Otherwise they may take credit for job done by others, so their exact role/jurisdiction has to be clearly defined.
5. Training should be provided for field workers in relation with common health problems in community pertaining to objectives of SNGO. There has been overutilization of budget in training, but proper training of key persons is lacking. Hence SNGO should strictly emphasize and look in to the quality of the training they provide.
6. Improved coordination is required among SNGO, government health officials including peripheral health staff i.e. ANM in sub center, Medical Officer in PHC as evident from findings. This can be done by keeping monthly meeting of PHC/RH where all sub center ANMs and SNGO staff are present.

7. Regular monitoring visits and feedback should be given by State NGO coordinator to SNGO, at least twice annually before release of next installment of fund.
8. There should be proper and detailed guidelines about implementation of SNGO scheme by State level authorities.
9. DHO must call SNGO representative for monthly meeting for medical officers to assess their performance on regular basis and see improvements in indicators related to objectives of SNGO. There seems lack of coordination between state level NGO coordinator and district health administration and SNGO.
10. State NGO officials should introspect the coverage expectancy targets given to SNGO, whether they are realistic or not and come to consensus in discussion with DHO, DRCHO, DPM
11. There is little dialogue between SNGO and DRCHO; DPM. SNGO must be called at regular monthly meetings, quarterly/half yearly/annual appraisal of targets. That is why officials are not in favour of replicating the scheme; probably they think that it does not offer added benefit to existing public health infrastructure.
12. Improvement in nonclinical services is essential by SNGO to optimum level.
13. Improvement in coordination with block and district is required. It is obvious that SNGO though partner of peripheral health institutions is not keeping regular contact with ANM,PHC MO, Block level RH and District level health authorities. It should be compulsion for them to attend periodic meetings and show involvement in each other's activity.
14. Presentation of work performance in monthly meetings should be made mandatory. District RCH officer opines that SNGO presence does not improve the health indicators
15. Improvement in community participation is also necessary. Action should be taken by the SNGO in this regard.

Chapter 1: Background

NGOs with an established institutional base and delivery infrastructure are encouraged to complement the public health system in achieving the goals of the RCH programme. Any NGO that is engaged in directly providing integrated services in an area co-terminus to that of a CHC/block PHC with 1, 00,000 populations (approximately 100 villages or more) is called a Service NGO.

Service NGO Scheme is expected to promote the achievement of the RCH objectives in the areas which are un-served or under-served by the public health services and infrastructure and complement the MNGO Scheme. SNGOs can provide a range of clinical and non-clinical services, directly to the community. For example, services for safe deliveries, neo-natal care, treatment of diarrhoea and ARI, abortion and IUD services, RTI/STI etc. Non-clinical services could include documentation and surveillance of data, health data management, and training of dais, village health committees, SHG leaders and micro credit groups, PRIs among others. To provide these services effectively, the applicant NGO must have appropriate staff, infrastructure such as clinic/hospital, ambulance, etc. Evaluation of this scheme would be beneficial to understand the processes involved, the challenges faced and evolve recommendations on how best the scheme may be implemented further.

One such NGO in Akola district of Maharashtra had been approved as service NGO. Ashray Mahila Samudaya Vikas Sanstha, covering villages in Akot and telhara Block was selected as service NGO in Akola District in Maharashtra. This NGO has identified 27 villages in Akot and Telhara Block as un/underserved area.

Indicators of SNGOs were as follows:
ANC coverage
PNC coverage
Institutional deliveries
Unmet need for spacing, % of husbands using modern family planning methods
Immunization
Malnutrition among under-three year children
Adolescent/STI treatment
Human resource development
Behavior Change Communication
% of girls marrying before legal age
Specific objectives of SNGO were to increase complete qualitative ANC care from 24.7% to 100% in three years, to increase institutional deliveries to 75% in three years, to decrease malnutrition under 3 years old children by 10% in three years and to increase full immunization from 35.57% to 100% in three years .

Pravara Institute of Medical Sciences, one of the empanelled consultant organizations on SHSRC, Pune, was identified as agency for third party evaluation of SNGO project in Thane and Akola district of Maharashtra vide letter from SHSRC dated 30/10/2012.

Chapter 2: Objectives

1.To evaluate clinical services provided by SNGO viz. safe deliveries, neo-natal care, treatment of diarrhea and ARI, abortion and IUD services, RTI/STI

2. To evaluate non-clinical services provided by SNGO viz. documentation and surveillance of data, health data management, and training of dais, village health committees, SHG leaders and micro credit groups, PRIs among others

3. To assess the budget utilization as per norms by SNGO

4. To compare the health indicators of the area covered by the SNGO over a period of time.

5. To understand the problems faced by the SNGO in implementing the scheme in their area

6. To find out the gaps / deficiencies and recommend ways for improving the scheme.

Chapter 3: Methodology:

Cross-sectional quantitative and qualitative data was collected from range of respondents. In addition to the primary data secondary data such as SNGO reports, logbooks etc. were also collected.

Villages were randomly selected from list of 27 villages in Akot and Telhara Block.

List of PHC wise villages is given below:

SR. NO	VILLAGE	PHC	SUBCENTRE
1	Diwanzari	Danapur	Soundali
2	Dhonda Aakhar	Aadgaon	Bhili
3	Kherkhed	Mundgaon	Pimprikhurd
4	Jitapur	Mundgaon	Pimprikhurd
5	Makrampur	Mundgaon	Umra
6	Shahanur	Mundgaon	Popatkhed
7	Nevhri(Bk)	Mundgaon	Umra
8	Khirkund(kd)	Sawara	Ruikhed
9	Koha	Sawara	Vastapur
10	Bochara	Sawara	Ruikhed
11	Pimpalkhed		

From each selected village beneficiaries from following category were interviewed:
1) Pregnant women
2) Mothers of infants (children aged 0 – 11 months)
3) Mothers of children aged 12 – 23 months (for child immunization)
4) Adolescent girls (11 to 19 years)
5) Eligible couples (15 to 45 years)

In addition to this some patients with R.T.I/S.T.I./A.R.I/Diarrhea were interviewed. Interview schedule was prepared for it. Medical Officer of P.H.C., Sub center ANM and Sarpanch/PRI member was also interviewed.

Following were the components which were assessed during the evaluation:

1) Assessment of meetings/trainings conducted by SNGO

- Minutes of meeting

- Who have attended meetings/trainings?

- Whether SNGO is working birth plan/checking related record

2) Assessment of knowledge and skills of SNGO staff in relation to A.R.I/ Diarrhea/STI: Knowledge of SNGO staff (Medical Officer, Project coordinator and no of CHVs) in relation to management of diarrhea/ARI and RTI/STI was assessed. Checklist for Assessment of knowledge and skills of SNGO staff in relation to A.R.I/Diarrhoea, R.T.I/S.T.I. was prepared.

3) Assessment of clinical and other records/registers (Photograph/ Xerox).

4) Assessment of Infrastructure for providing clinical services:

- Human Resource/Equipments / Building /Clinic, adequacy of skilled staff, and appropriate network for referral services.

Human Resource: Staff of SNGO: Following things were verified:

*Pass book, Daily Diaries, Log book, Staff agreement copy, Tour book, Comments (*shere book*) register, checking performance reports submitted by SNGO)

*Budget utilization as per norms by SNGO: Audit reports available or not

Budget: Spread out/One time utilization

Training of field investigators:

One day Training workshop of field staff was organized for field investigators on 29/1/2013.Following topics were discussed:

Sr. no	Topic	Speaker
1	Service NGO concept and guidelines	Dr.P.A.Giri
2	Brief summary of project	Dr.D.B.Phalke
3	Methodology	Dr.J.D.Deshpande
4	Experience sharing and data analysis	Dr.J.V.Dixit
5	Exercises-tools for data collection	Dr.D.B.Phalke,Dr.J.D.Deshpande, Dr.P.A.Giri,

Data collection was carried out between 7/07/2013 to 11/07/2013.

Following personnel from SNGO/NRHM/Village level officials were interviewed:

No	Name	Position In SNGO
1.	Dr. R.M. Mate	Medical officer
2.	Mis.Vaishali Datir	Nurse
3.	Tushar Palaskar	Project Coordinator
4.	Madhura Gaiakwad	Field Worker
5.	Nisha Gawande	Field Worker
6.	Rashmi Katle	Field Worker
7.	Rupali Walse	Field Worker
8.	Usha Thakare	Field Worker
9	Sarla Aagre	Field Worker
10.	Sunita Gavhale	Field Worker
11.	Nilima Mahalle	Field Worker
12.	Rekha Pawar	Field Worker
13.	Shilpa Tayade	Social worker
14.	Nilesh Shende	Arogya Pracharak
15.	Shashikant Rajurkar	Arogya Pracharak
16.	Vishal ingole	Arogya Pracharak
17.	Sarang Puranik	Arogya Pracharak
18.	Sarita Bundile	LMV

Following staffs from District, Taluka, P.H.C and sub centre level were interviewed.

Sr. No	Designation	Name
1	Medical Officers	PHC Sawra, Mundgaon, Adgaon, Danapur
2	ANMs	At Subcentres Sawra, Umra, Bhili and Sondhala
3	Taluka Medical Officer Akot and Telhara	Dr. Tornekar
4	District RCH officer, Akola	Dr. Pande (During evaluation period), Dr. Bharati (joined recently)
5	District Program Manager-NRHM, Akola	Mr. Thakare

Data was entered and analyzed in MS-Excel.

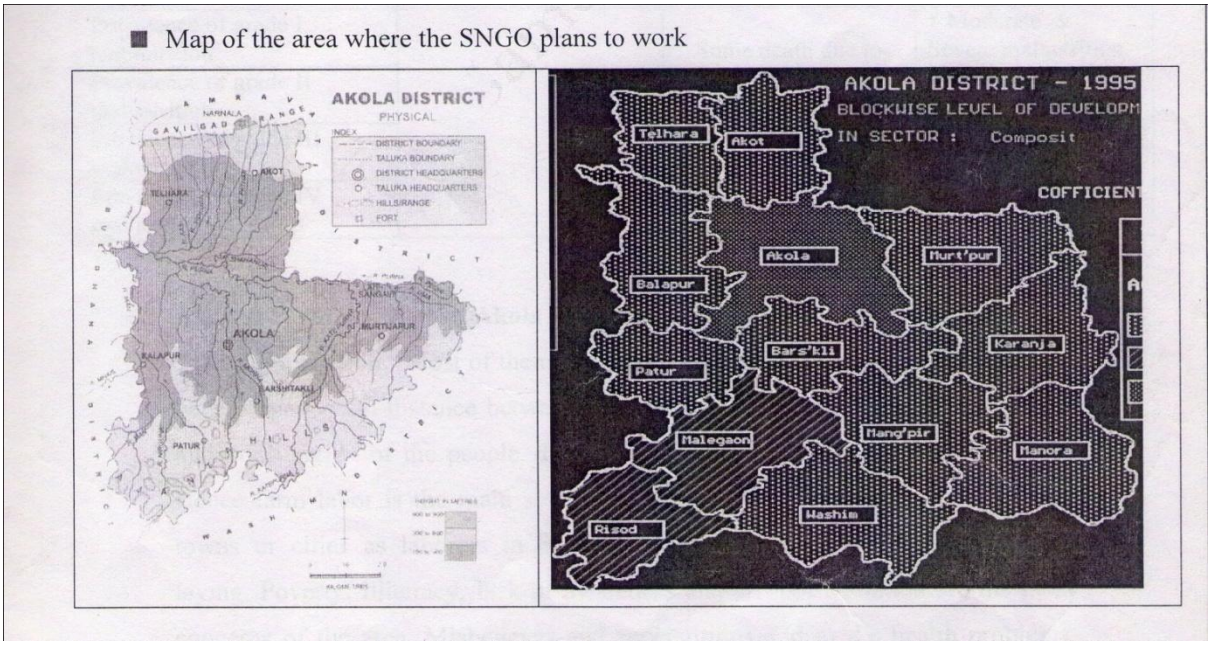
Chapter 4: Results:

Following are the Milestones of SNGO Project Ashray Mahila Samudaya Vikas Sanstha, Service NGO in Akola District in Maharashtra.

Sr. No.	Activity	Date
1	Selection as an SNGO	1/7/2007
2	Training Workshop on Base Line Survey	3/9/2007-7/9/2007
3	Training Workshop on Project Proposal	18/6/2009
4	Conduction of Base Line Survey	June-July 2009
5	Project Proposal Submission	31/1/2009
6	Agreement of MOU	7/9/2009
7	Permission to Start Project Work	1/4/2011
8	Till today total Period of Project Implementation	2 years 3 months

1) General information about SNGO and Profile of population:

Map of Akola district showing location of area of SNGO



Population Profile Of The village under SNGO's Area

Indicator	Data
Total Population	16079
Male	8,839
Female	7,240

Sex Ratio	1: 0.83
SC Population (%)	30%
ST Population (%)	62%
Other Population (%)	8%
Eligible Couples	2360
No. Of Married Women < 18 Years	685
Population 0 -12 Months Male Female	 890 826
Population 13 – 72 Months Male Female	 4628 4126
Population 10 – 19 Years Male Female	 4121 3546

WORK PROFILE OF THE SNGO STAFF INVOLVED IN THE PROJECT:

Sr.no.	Name	Position In SNGO	Qualification	Details Of The Work
1	Dr. Mrs. R.M Mate	Medical officer	MBBS	Clinical
2	Miss. Vaishali Datir	Nurse	ANM	Clinical
3	Tushar Palaskar	Project Coordinator	B.com	Field Worker
4	Kamal Gavatre	Field Worker	H.sc	Field Worker
5.	Nisha Gawande	Field Worker	H.sc	Field Worker
6.	Rashmi Katle	Field Worker	B.com	Field Worker
7.	Rupali Walse	Field Worker	BSW	Field Worker
8.	Usha Thakare	/LMV	H.sc	Field Worker
9.	Sunita Gavhale	/LMV	H.sc	Field Worker
10.	Nilima Mahalle	/LMV	H.sc	Field Worker
11.	Rekha Pawar	/LMV	H.sc	Field Worker
12.	Shilpa Tayade	Social worker	MSW	Field Worker
13.	Rajendra Gavhale	Driver/Helper	H.sc	Field Worker
14.	Nilesh Shende	Arogya Pracharak	BSW	Field Worker
15.	Shashikant Rajurkar	Arogya Pracharak	BSW	Field Worker
16.	Vishal ingole	Arogya Pracharak	BSW	Field Worker

17.	Sarang Puranik	Arogya Pracharak	BA	Field Worker
18.	Sarita Bundile	/LMV	ANM	Clinical

Campus Interviews, Referral and Advertisement in the newspaper were given by SNGO to get the resume of the candidates. Newspaper cutting of advertisement in the newspaper was verified and was available with S.N.G.O.

Passbooks were not available with any staff of SNGO. Bank statement was provided by SNGO. Field workers received cash/voucher payment. Medical officer and project coordinator and visiting medical staff received cheque payments. Documents such as logbook of ambulance were available. Visit book of coordinator was maintained which covers visits given by medical officer, police patil, sarpanch, ANM, Anganwadi worker etc.

One LHV cover 3 villages. Justification given was that payment as per norm is less (750/- per month) and SNGO finds it difficult to get staff on such meagre salary. Thus 27 villages are covered by 9 field workers.

Ashray Mahila Samudaya Vikas Sanstha,(S.N.G.O) is having following 27 villages in Akot and Telhara Block under project.

Sr. No	Village Name	Distance from SNGO Office	Distance From CLINIC OF	PHC	Population	Name of LHV
1	Pinpalkhed	85	45	15	1350	Rashmi Katle
2	Borvha	82	30	15	1069	Rashmi Katle
3	Divanzari	70	25	12	442	Rashmi Katle
4	Chipi Gayran	60	15	10	925	Rupali Walse
5	Dhonda aakhar	67	25	10	692	Rupali Walse
6	Khairkhed	67	22	30	1023	Rupali Walse
7	Chorvad	63	18	20	292	Rupali Walse
8	Jitapur Ad	67	22	25	792	Nisha Gawande
9	Jitapur Rupa	67	22	25	383	Nisha Gawande
10	Makrampur	67	22	20	569	Nisha Gawande
11	Ladegaon	54	9	25	707	Sunita Gavhale
12	Nevhari khurd	61	16	16	145	Sunita Gavhale
13	Nevhari Bu.	60	15	15	610	Sunita Gavhale
14	Kolvihir	52	7	25	110	Sunita Gavhale
15	Shahanur	65	20	30	551	Nilima Mahlle

16	Makrampur	61	16	30	425	Nilima Mahlle
17	Kirkhund bu.	75	30	15	1369	Rekha Pawar
18	Kirkhund Khurd	75	30	12	288	Rekha Pawar
19	Dangarkhed	70	25	5	325	Rekha Pawar
20	Chichpani	72	30	15	577	Usha Thakre
21	Kund	67	25	42	362	Nilima Mahlle
22	Koha	67	25	42	556	Nilima Mahlle
23	Mardi	63	22	40	500	Rekha Pawar
24	Mahagaon Khurd	65	20	15	373	Usha Thakre
25	Mahagaon Bu.	70	25	15	638	Sunita Gavhale
26	Mankari	68	27	20	556	Sunita Gavhale
27	Bochara	54	14	15	450	Usha Thakre
	Total				16079	

Name of PHC Head quarter among villages covered by SNGO:

1. PHC Centre Danapur : - 1. Pinpalkhed 2.Divanzari
2. PHC Centre Adgaon : - 1. Chipi2. Dhonda aakhar 3. Borvha
3. PHC Centre Mundgaon: - 1. Dhonda aakhar 2. Khairkhed 3.Chorwad 4.Jitapur Ad 5. Jitapur rupa 6. Makrampur 7.Ladegaon 8.Nevhari khurd 9. Nevhari bu. 10. Kolvihar 11.Shahanur 12. Malkapur

4. PHC Savra : - 1. Khirkhund bu. 2. Khirkhund Khurd 3. Dandarkhed 4. Chichpani 5. Kund 6. Koha 7. Mardi 8.Mahagaon Khurd 9.Mahagaon bu. 10. Bochara 11. Mankari

Name of Sub centre for Villages covered by SNGO

1. Varkhed - Pimpalkhed
2. Saundala - Divanzari
3. Bhili - 1.Chipi 2.Dhonda aakhar ,
4. Pimpari khurd- 1. Khairkhed 2. Chorwad 3. Jitapur ad 4. Jitapur rupa
5. Umra - 1. Makrampur2. Ladegaon 3. Nevhari bu.4. Nevhari Khurd 5. Nevhari bu. 6.Kolvihir
6. Popatkhed - 1. Shahanur 2. Malkapur
7. Ruikhed - 1. Khirkhund bu. 2. Khirkhund khurd
8. Vastapur - 1. Dangarkhed 2.Chichapani 3. Kund4.Koha

9. Ruikhed - 1.Mardi 2. Mahagaon khurd 3 Mahagaon bu.

4. Mankari 5.Bochara

SNGO headquarter is at Akola and S.N.G.O. Clinic is at Akot.

S.N.G.O. was asked that why Telhara and Akot talukas was were selected in the project? It was because of Hilly area, poor transport, poor complete ANC coverage Low institution deliveries, malnutrition problem, poor tribal and SC community, Girls are married before 18 years.

Details of Record:

Sr. No.	DETAILS	RECORD	
1	Is the copy of the proposal sent to the STATE available?	Yes	
2	Is the copy of the proposal approved by the STATE available?	Yes	
3	Is the list of unserved / underserved areas available?	Yes	
4	Is the copy of the quarterly monitoring reports available?	Yes	
5	Is the copy of the annual monitoring reports available?	Yes	
6	Are last year's financial expenditure statements available?	Yes	
7	Are the reports of activity performance available?	Yes	

Copy of proposal, quarterly monitoring reports, annual monitoring reports, expenditure statements reports of activity performance were available with SNGO.

2) Clinical services provided by the SNGO:

S.N.G.O. Clinic is at Akot. It is not owned by SNGO but having tie-up with private clinic of Dr.Mrs.R.M.Mate, who is also working as Medical officer under the project.

Following table shows the various clinical services provided by the SNGO and their utilization for year 2011-12 and 2012-13.

Sr. No	**Description**	**2011-12**	**2012-2013**	**Total**
1	Total no. of cases in ANC Clinic	522	653	1175
	New registration	305	445	750
	Old Cases	217	208	425
	Total cases	522	653	1175
	High risk cases (specify)	25	24	49
	Primigravida	164	289	453
	Anaemia	41	46	87

	Sickle cell Anaemia	03	04	07
	Others	36	23	59
2	Total Number of Maternal Admissions	351	450	801
	Antenatal cases	351	450	801
	Total Deliveries	54	76	130
	• Live Births	53	75	128
	• Still Births	01	01	02
	Abortion Cases	04	02	06
	MTP cases	01	03	04
	Postnatal Cases	90	234	324
3	No of Normal Deliveries	48	73	121
4	No. of LSCS Performed : (Lower Segment Caesarian Section 1/2)	04	02	06
5	No. of cases Referred to higher centers	297	374	671
6	Benefits given to Mothers : Under JSY	182	255	437
7	Total NICU Admissions : (Neonatal Intensive Care Unit)	08	10	18
8	Total no of neonates treated	08	09	17
	Total Sterilization Operations :	08	49	57
	• Vasectomies / NSV	09	40	49
	• Tubectomies	15	00	15
	• Laproscopies	00	00	00
	No. of IUD Inserted	10	36	46
9	Mgt of RTI/STI	293	329	622
	Total no. of screening	217	218	435
	Total no. of diagnosis	163	173	336
	Services provided	152	164	316
	- Referral services	65	54	119
	- Counseling	181	198	379
	- Partner Treatment	163	173	336

10	HIV Tests :	138	132	270
	Total No. of client referred to ICTC/ PPTCT	63	87	150
	Tests Performed	54	67	121
11	Total no. of children hospitalized	194	204	398
	- ARI	77	101	178
	- Diarrhoea	75	68	143
	- Other Medical illness	42	35	77

3) View points of respondents about various services provided by SNGO:

Eligible couples

Out of 101 eligible couple 95% (96) were aware about the SNGO and around 5% were unaware of it.

Use of family planning methods: (n=101)

Using family planning	No. of beneficiaries
Yes	15 (14.85%)
No	86 (85.14%)
Total	101(100%)

Majority of the beneficiaries (85%) were not using any type family planning methods.

Method of contraception (n=101)

Method of contraception	No. of beneficiaries
Permanent (sterilization)	06 (5.94%)
Spacing	09 (8.91%)
Not applicable	86 (85.14%)
Total	101(100%)

Out of 101 eligible couple about 6% were opted Permanent (sterilization) method of family planning and 9% beneficiaries were using Spacing.

Candidate of permanent sterilization (n=101)-

Candidate of permanent sterilization	No. of beneficiaries
Husband	00 (0.00%)
Wife	06 (5.94%)
Not applicable	95 (94.05%)

Total	101 (100%)

6% wives had undergone permanent sterilization.

Method of spacing (n=101)

Method of spacing	No. of beneficiaries
Intra-uterine device (IUD)	02 (1.98%)
Oral contraceptive pill (OCP)	00 (0.00%)
Condoms	07 (7.92%)
Other	00 (0.00%)
Not applicable	92 (90.09%)
Total	101 (100%)

Out of all spacing method user majority beneficiaries (7%) had opted Condom as a method of choice

Years of use of spacing method (n=101)

Years of using spacing method	No. of beneficiaries
Less than 1 year	0
1 to 2 years	01
2 to 3 years	04 (3.96%)
More than 3 years	02 (1.98%)
Not applicable	91 (90.09%)
Total	101 (100%)

Most of the beneficiaries (4%) have been using spacing method since more than 3 years.

Place of obtaining contraceptives? (n=101)

Place	No. of beneficiaries
Rural hospital	02 (1.98%)
Medical store	08 (7.92%)
Field NGO staff	00 (0.00%)
Sub-centre	00 (0.00%)
PHC	00 (0.00%)
District hospital	00 (0.00%)
Private hospital	00 (0.00%)
Other	00 (0.00%)
Not applicable	91 (90.09%)
Total	101 (100%)

Main place of obtaining spacing devices are Medical store (8%) followed by Rural Hospital (2%)

Staff encouraging adoption of family planning method (n=101)

Staff	No. of beneficiaries
Service NGO staff	00 (0.00%)

ASHA	02 (1.98%)
Anganwadi worker	00 (0.00%)
ANM	01 (0.99%)
Medical officer	08 (7.92%)
Family member	01 (0.99%)
Other	00 (0.00%)
Not applicable	89 (88.11%)
Total	101 (100%)

Mainly Medical officers (8%) encouraged couples to adopt family planning methods. Out of all contraceptive users no one had any side effects/ problems of contraceptives use.

Sharing of knowledge of contraceptives with other (n=101)

sharing of knowledge	No. of beneficiaries
Yes	15 (14.85%)
No	00 (0.00%)
NA	86 (85.14%)
Total	101 (100%)

About 15% beneficiaries shared their knowledge of contraceptives with other.

Wish to have more children

wish to have more children	No. of beneficiaries
Yes	39 (38.61%)
No	47 (46.53%)
Not applicable	15 (14.85%)
Total	101 (100%)

Majority of the beneficiaries 47% does not wish to have more children; however they are not using any kind of contraceptive. There is knowledge-application gap.

Visit by SNGO staff in village (n=101)

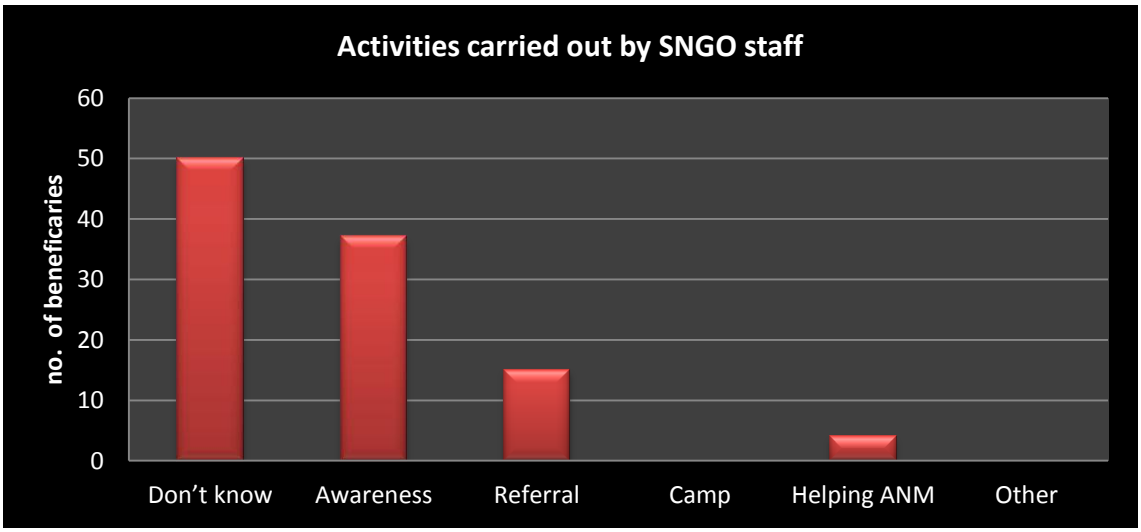
No of visits	No. of beneficiaries
Once a month	44 (43.56%)
Don’t know	38 (37.62%)
Less than once a month	19 (18.81%)
More than once a week	00 (0.00%)
Once a week	00 (0.00%)
Once a fortnight	00 (0.00%)
Total	101 (100%)

Majority (44%) had responded that SNGO visited their village once a month and 18% said that they visited less than once a month.

Activities carried out by SNGO staff (multiple responses)

Activities by SNGO staff	No. of beneficiaries
Don't know	50 (47.16%)
Awareness	37 (34.90%)
Referral	15 (14.15%)
Camp	00 (0.00%)
Helping ANM	04 (3.77%)
Other	00 (0.00%)

More than 50% beneficiaries were aware of SNGO activities in the village. About 35% responded that SNGO did awareness activities in their village followed by referral activities (14%)

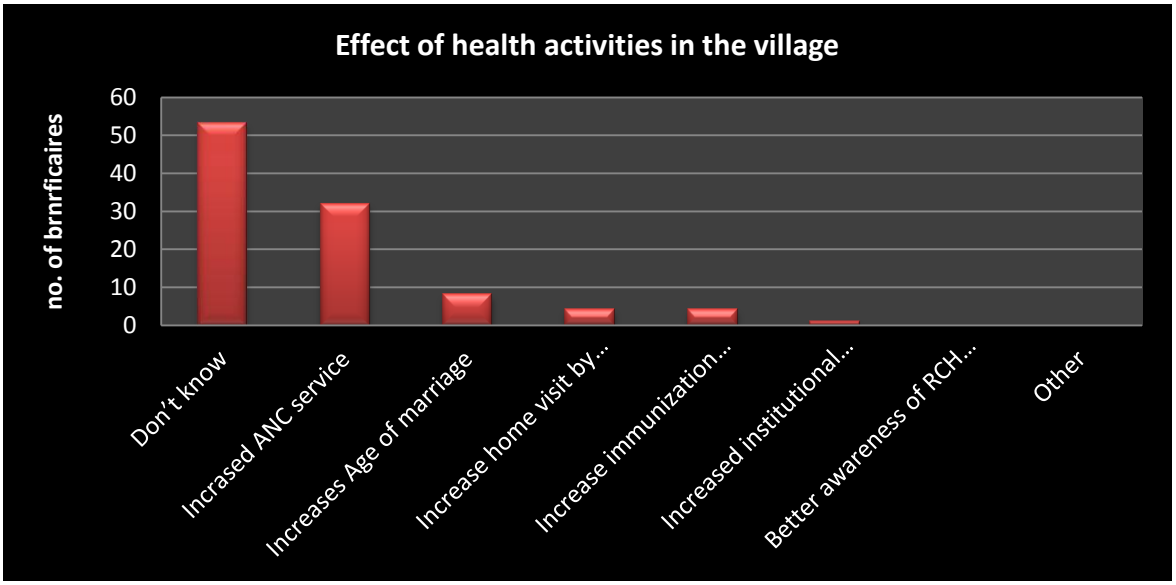


Effect of health activities in the village (multiple responses)

Effect of activities	No. of beneficiaries
Increase home visit by ANM/ PHC staff	04 (3.96%)
Increased ANC service	32 (31.68%)

Increase age of marriage	08 (7.92%)
Increase immunization coverage	04 (3.96%)
Increased institutional delivery	01 (0.99%)
Better awareness of RCH issue	00 (0.00%)
Other	00 (0.00%)
Don't know	53 (52.47%)

32% beneficiaries responded that due to health activities ANC services has been increased followed by increased in age of marriages (7%) and also increased in home visit of ANM and PHC staff.



Interview with Eligible couples:

Out of 101 eligible couple 95% (96) were aware of SNGO and around 5% were unaware of it. Majority of the beneficiaries (85%) were not using any type family planning methods. Out of 101 eligible couple about 6% were opted Permanent (sterilization) method of family planning and 9% beneficiaries were using Spacing.

6% wives who had undergone permanent sterilization. Out of all spacing method user majority beneficiaries (7%) had opted Condom as a method of choice. Most of the beneficiaries (4%) have been using spacing method since more than 3 years. Main place of obtaining spacing devices are Medical store (8%) followed by Rural Hospital (2%). Mainly Medical officers (8%) encourage couples to adopt family planning methods. Out of all contraceptive users no one had any side effects/ problems of contraceptives use. About 15% beneficiaries shared their knowledge of contraceptives with other. Majority of the beneficiaries 47% does not wish to have more children; however they are not using any kind of contraceptive. There is knowledge-application gap. Majority (44%) had responded that SNGO visited their village once a month and 18% said that they visited less than once a month. More than 50% beneficiaries were

aware of SNGO activities in the village. About 35% responded that SNGO did awareness activities in their village followed by referral activities (14%) 32% beneficiaries responded that due to health activities ANC services has been increased followed by increased in age of marriages (7%) and also increased in home visit of ANM and PHC staff.

Interview with mothers of Children 0-12 months

Awareness about SNGO (n=99)

aware of SNGO	No. of beneficiaries
Yes	94 (95.95%)
No	05 (4.05%)
Total	99 (100%)

Out of 99 beneficiaries 95% (94) were aware of SNGO.

Place of delivery (n=99)

Place of delivery	No. of beneficiaries
Sub centre	01(1.01%)
PHC	16 (16.16%)
Government hospital	20 (20.20%)
Private hospital	14 (14.14%)
Home	48 (48.48%)
In transit	00 (0.00%)
Other	00 (0.00%)
Total	99 (100%)

More than 50% delivers were institutional (20% in Government hospital, 16% in Primary health centre.) about 48 were home deliveries.

Home delivery conducted by (n=99)

Staff	No. of beneficiaries
Doctor	00 (0.00%)
ANM/LHV	01 (1.01%)
Trained dai	47 (47.47%)
Untrained dai	00 (0.00%)
Relative/ neighbor	00 (0.00%)
Nobody	00 (0.00%)
Not applicable	51 (51.51%)
Total	99 (100%)

47% of deliveries were conducted by trained dai.

Staff encouraging for institutional delivery (multiple responses)

Staff	No. of beneficiaries
Service NGO staff	11(9.09%)
ASHA	14 (11.57%)
Anganwadi worker	14 (11.57%)
ANM	01 (0.82%)
Medical officer	02 (1.62%)
Family member	31 (25.61%)
Not applicable	48 (39.66%)

25% beneficiaries responded that their family member encouraged them to go for institutional delivery followed by SNGO staff (10%) and ASHA and Anganwadi staff by 11%

Decision maker for institutional delivery? (Multiple response)

Decision maker	No. of beneficiaries
Self	33 (20.62%)
Husband	47 (29.37%)
Mother in law	20 (12.5%)
Father in law	04 (2.5%)
Mother	05 (3.12%0
Father	03 (1.87%)
Not applicable	48 (30%)

About 29% responded that their Husband took the decision for institutional delivery followed by their own decision (20%)

Reason for institutional delivery (multiple responses)

Reason of institutional delivery	No. of beneficiaries
Facility near village	00 (0.00%)
Transportation available	05 (4.5%)
Doctors available	00 (0.00%)
Good facilities	00 (0.00%)
Family member's decision	38 (37.62%)
Affordable care	00 (0.00%)
Suggested by ASHA/ANM	09 (8.91%)
Suggested by SNGO staff	06 (5.94%0
Not applicable	50 (49.50%)
Other	01 (0.99%)

Birth weight of baby (n=99)

Birth weight	No. of beneficiaries
Less than 2.5 kg	03 (3.03%)
More than 2.5 kg	51 (51.51%)
Don't know	45 (45.45%)
Total	99 (100%)

More than 50% new born were of more than 2.5 kg of weight

Initiation of breast feeding (n=99)

Initiation of breast feeding	No. of beneficiaries
Within ½ hour	67 (67.67%)
½ to 2 hour	20 (20.20%)
2 to 24 hour	08 (8.08%)
After 24 hour	04 (4.04%)
Total	99 (100%)

About 67% responded that they had initiated to breast feeding within half hour after delivery

Colostrums given (n=99)

Colostrums given	No. of beneficiaries
Yes	99 (100%)
No	00 (0.00%)
Total	99 (100%)

Colostrums was given by all the beneficiaries (100%) to their babies

Informed about benefits of exclusive breast feeding

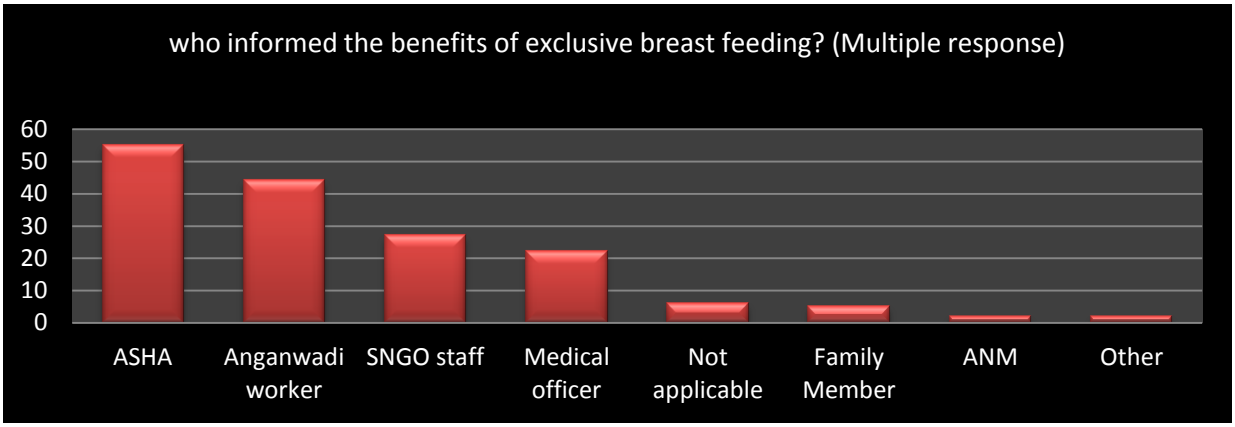
benefits of exclusive breast feeding	No. of beneficiaries (n=99)
Yes	92 (92.92%)
No	07 (7.07%)
Total	99 (100%)

Majority of beneficiaries (92%) had received information regarding benefits of breast feeding

Who informed the benefits of exclusive breast feeding? (Multiple response)

Staff	No. of beneficiaries
Field NGO staff	27 (16.56%)
ASHA	55 (33.74%)
Anganwadi worker	44 (26.99%0
ANM	02 (1.22%)
Medical officer	22 (13.49%)
Family member	05 (3.06%)
Other	02 (1.22%)
Not applicable	06 (3.68%)

Most of the information of breast feeding was given by ASHA (33%) followed by anganwadi worker (26%) and SNGO staff (17%)



Have you been told about complementary feeding (n=99)

told about complementary feeding	No. of beneficiaries
Yes	89 (89.89%)
No	10 (10.10%)
Total	99 (100%)

90% beneficiaries had been told about complementary feeding.

Who informed about complementary feeding (multiple response)

Staff	No. of beneficiaries
Field NGO staff	26 (17.44%)
ASHA	52 (34.89%)
Anganwadi worker	37 (24.83%)
ANM	01 (0.67%)
Medical officer	20 (13.42%)
Family member	02 (1.34%)
Other	01 (0.67%)
Not applicable	10 (6.71%)

→ Mainly information regarding complementary feeding was given by ASHA (35%), Anganwadi worker (24%) followed by SNGO staff (17%)

visit of staff at home after delivery? (n=99)

staff visit at home	No. of beneficiaries
Yes	84 (84.84%)
No	15 (15.15%)
Total	99 (100%)

→Around 84% beneficiaries responded that health worker had visited their home after delivery.

Who had visited at home after delivery? (Multiple response)

Staff	No. of beneficiaries
Service NGO staff	21 (16.27%)
ASHA	64 (46.61%)
Anganwadi worker	27 (20.93%)

ANM	02 (1.55%)
Medical officer	00 (0.00%)
Not applicable	15 (11.62%)

Most of the home visits were done by ASHA (46%) followed by Anganwadi worker (20% and SNGO staff (16%)

How many hours/day after delivery they visited? (Multiple response)

Hours/days	No. of beneficiaries
1 day	01 (1.01%)
2 days	24 (24.24%)
7 days	44 (44.44%)
15 days	14 (14.14%)
Other	01 (1.01%)
Not applicable	15 (15.15%)
Total	99 (100%)

Mainly (45%) these visits were conducted within 7 days after delivery

What did the staff do during visit? (Multiple response)

Type of work	No. of beneficiaries
Did not do anything	01 (0.60%)
Discuss health problem	63 (38.41%)
Give specific information	02 (1.21%)
Checked the infant	83 (50.60%)
Not applicable	15 (9.14%)

Around 50 % beneficiaries said that staff had checked their infant during home visit followed by 38% said that they had discussed health problems with them.

Information given about immunization of infant (n=99)

Information of immunization given	No. of beneficiaries
Yes	84 ((84.84%)
No	15 (15.15%)
Not applicable	00 (0.00%)
Total	99 (100%)

Majority (84%) of these beneficiaries had received information regarding vaccination of infant

Infant received any vaccine until now? (n=99)

infant received any vaccine	No. of beneficiaries
Yes	99 (100%)
No	00 (0.00 %)
Total	99 (100%)

All the infants (100%) of beneficiaries had received vaccination.

Were you told about the methods of spacing? (n=99)

told about the methods of spacing	No. of beneficiaries
Yes	60 (60.60%)
No	39 (39.39)
Total	99 (100%)

60% of the beneficiaries had been told regarding spacing method of contraceptives.

Currently using method of spacing (Multiple response)

method of spacing	No. of beneficiaries
Condoms	76 (67.85%)
Oral contraceptive pill	12 (10.71%)
IUD	01 (0.89%)
Abstinence	00 (0.00%)
Calendar/ rhythm method	00 (0.00%)
Nothing	23 (20.53%)

Out of them 68% were using condoms as a spacing method

Were you given advice on nutrition and dietary habits? (n=99)

advice on nutrition and dietary habits	No. of beneficiaries
Yes	72 (72.72%)
No	27 (27.27%)
Total	99 (100%)

Visit of SNGO staff in the village (n=99)

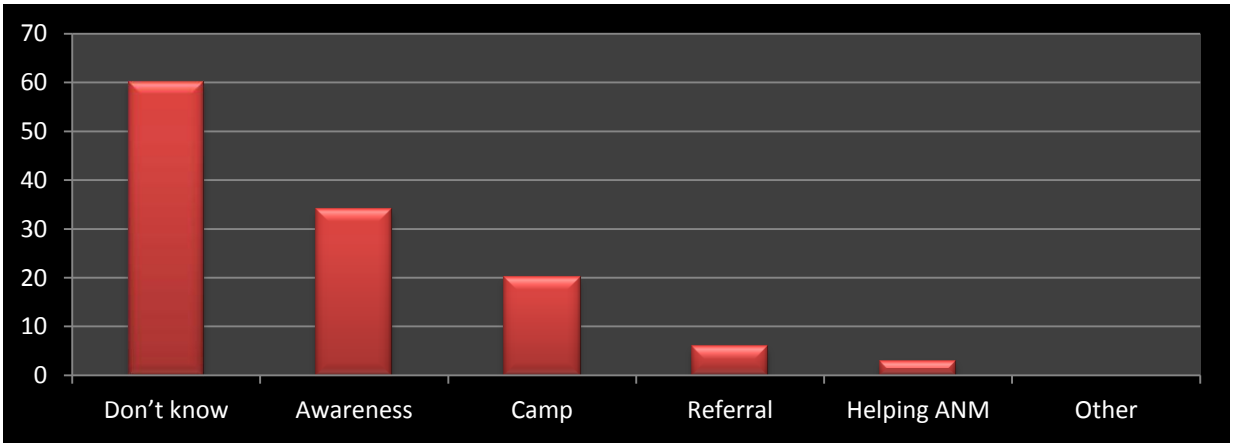
visit of SNGO staff	No. of beneficiaries
Once a month	26 (26.26%)
Don't know	23 (23.23%)
Less than once a month	47 (47.47%)
More than once a week	01 (1.01%)
Once a week	00 (0.00%)
Once a fortnight	02 (2.02%)
Total	99 (100%)

47% respondents said that SNGO visited their villages less than once a month and 26% said that they came once a month.

Activities carried out by SNGO staff (multiple responses)

Activities by SNGO staff	No. of beneficiaries
Don't know	60 (48.78%)
Awareness	34 (27.64%)
Referral	06 (4.87%)
Camp	20 (16.26%)
Helping ANM	03 (2.43%)
Other	00 (0.00%)

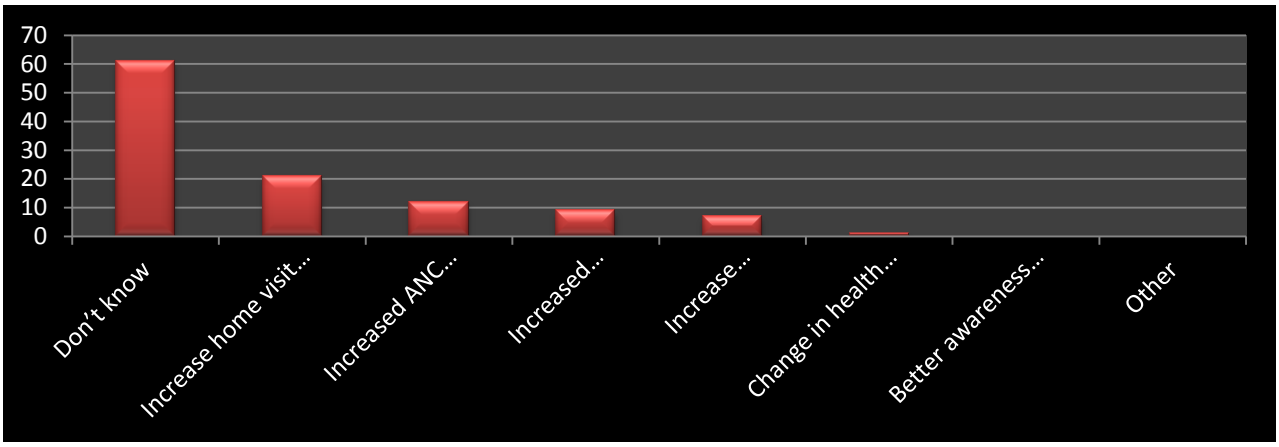
27% beneficiaries said SNGO did awareness activities in their village, 16% were said they had conducted camp their village and 48% were unaware of these acitvites.



Effect of health activities in the village (multiple responses)

Effect of activities	No. of beneficiaries
Increased home visit by ANM/ PHC staff	21 (17.5%)
Increased ANC service	12 (10%)
Increased age of marriage	09 (7.5%)
Increased immunization coverage	07 (5.83%)
Increased institutional delivery	09 (7.5%)
Change in health seeking behavior	01 (0.83%)
Better awareness of RCH issue	00 (0.00%)
Don't know	61 (50.83%)

21% beneficiaries responded that due to health activities home visits of ANM and PHC staff has been increased followed by increased in ANC services by 10%



Interview with mother's of Children 0-12 months:

Out of 99 beneficiaries 95% (94) were aware of SNGO. More than 50% delivers were institutional (20% in Government hospital, 16% in Primary health centre.) about 48 were home deliveries. 47% of deliveries were conducted by trained dai. 25% beneficiaries responded that their family member encouraged them to go for institutional delivery followed by SNGO staff (10%) and ASHA and Anganwadi staff by 11%. About 29% responded that their Husband took the decision for institutional delivery followed by their own decision (20%). More than 50% new born were of more than 2.5 kg of weight. About 67% responded that they had initiated to breast feeding within half hour after delivery. Colostrums was given by all the beneficiaries (100%) to their babies. Majority of beneficiaries (92%) had received information regarding benefits of breast feeding. Most of the information of breast feeding was given by ASHA (33%) followed by anganwadi worker (26%) and SNGO staff (17%) 90% beneficiaries had been told about complementary feeding. Mainly information regarding complementary feeding was given by ASHA (35%), Anganwadi worker (24%) followed by SNGO staff (17%).Around 84% beneficiaries responded that health worker had visited their home after delivery. Most of the home visits were done by ASHA (46%) followed by Anganwadi worker (20% and SNGO staff (16%)

Mainly (45%) these visits were conducted within 7 days after delivery. Around 50 % beneficiaries said that staff had checked their infant during home visit followed by 38% said that they had discussed health problems with them. Majority (84%) of these beneficiaries had received information regarding vaccination of infant. All the infants (100%) of beneficiaries had received vaccination. 60% of the beneficiaries had been told regarding spacing method of contraceptives. Out of them 68% were using condoms as a spacing method. 47% respondants said that SNGO visited their villages less than once a month and 26% said that they came once a month.. 27% beneficiaries said SNGO did awareness activities in their village, 16% were said they had conducted camp their village and 48% were unaware of these activities.21% beneficiaries responded that due to health activities home visits of ANM and PHC staff has been increased followed by increased in ANC services by 10%.

Interview with Mothers of children 12 to 24months

Immunization card available (n=100)

Immunization card available	No. of beneficiaries
Yes	100 (100%)
No	(0.00%)
Total	100 (100%)

Immunization card issued by Government or SNGO (n=100)

Immunization card	No. of beneficiaries
Government card	100 (100%)
SNGO card	(0.00%)
Total	100 (100%)

All the beneficiaries (100%) had government issued immunization card

Immunization status of child till date (n=100)

Immunization status	No. of beneficiaries
Fully immunized till date	83 (83%)
Partial immunized	17 (17%)
Total	100 (100%)

Majority of (83%) beneficiaries were fully immunized.

Has the child completed primary immunization by 12 months of age?

completed primary immunization	No. of beneficiaries (n=100)
Yes	92 (92%)
No	08 (8%)
Total	100 (100%)

92% beneficiaries completed their primary immunization.

Awareness about SNGO?

aware of SNGO	No. of beneficiaries (n=100)
Yes	65 (65%)
No	35 (35%)
Total	100 (100%)

Out of 100 beneficiaries 65% were aware of SNGO

Informed about benefits of immunization

benefits of immunization	No. of beneficiaries (n=100)
Yes	34 (34%)
No	66 (66%)
Total	100 (100%)

34 % beneficiaries had been told benefit of immunization.

Reason for incomplete immunization (n=100)

Reason for incomplete immunization	No. of beneficiaries
Not necessary	00 (0.00%)
Side effects	00 (0.00%)
No knowledge	08 (8%)
No Family support	00 (0.00%)
Myths	00 (0.00%)
Not applicable	92 (92%)
Total	100 (100%)

8% beneficiaries do not have the knowledge of immunization.

Informed about adverse reaction of vaccination (n=100)

Informed	No. of beneficiaries
Yes	06 (6%)
No	94 (94%)
Total	100 (100%)

94% of beneficiaries had been never informed regarding adverse reaction of vaccination.

Who informed about the adverse reaction of vaccination (n=100)

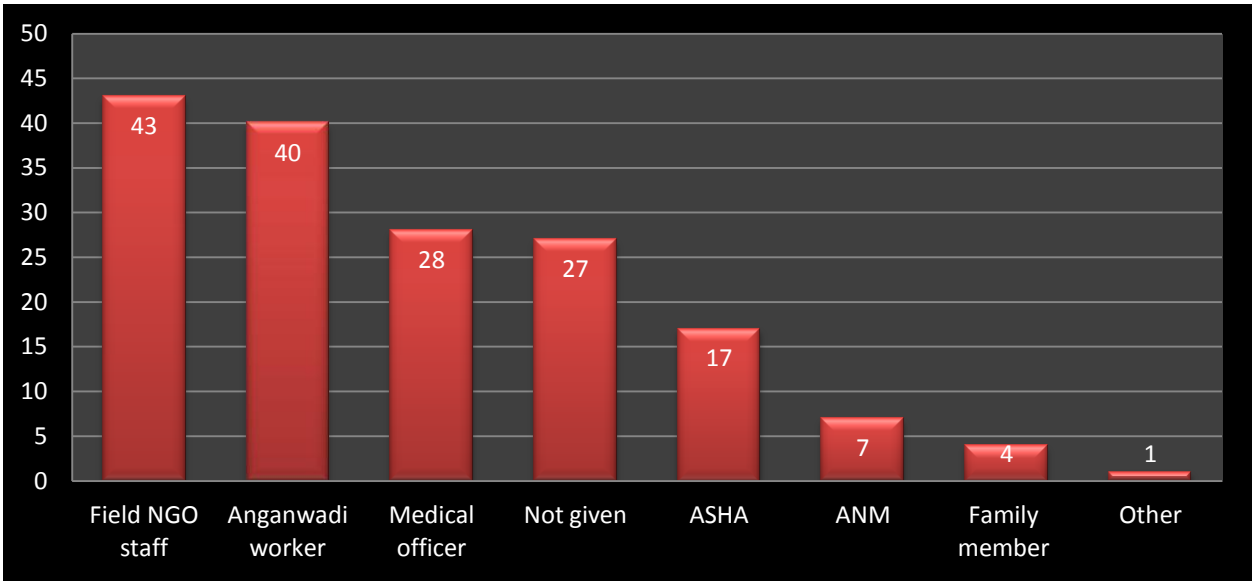
Staff	No. of beneficiaries
Field NGO staff	03 (3%)
ASHA	00 (0.00%)
Anganwadi worker	02 (2.0%)
ANM	00 (0.00%)
Medical officer	01 (0.00%)
Family member	00 (0.00%)
Not applicable	95 (95%)
Total	100 (100%)

3% beneficiaries received information from SNGO staff.

Who gave the following information? (Multiple response)

Topics	Staff	No. of beneficiaries
ARI Pneumonia Diarrhea Malnutrition Referral services	Field NGO staff	43 (25.74%)
	ASHA	17 (10.17%)
	Anganwadi worker	40 (23.95%)
	ANM	07 (4.19%)
	Medical officer	28 (16.76%)
	Family member	05 (2.39%)
	Not given	27 (16.16%)

Most of the information's (25%) were given by field NGO staff followed by Anganwadi worker (23%)



Visit by SNGO staff in village (n=100)

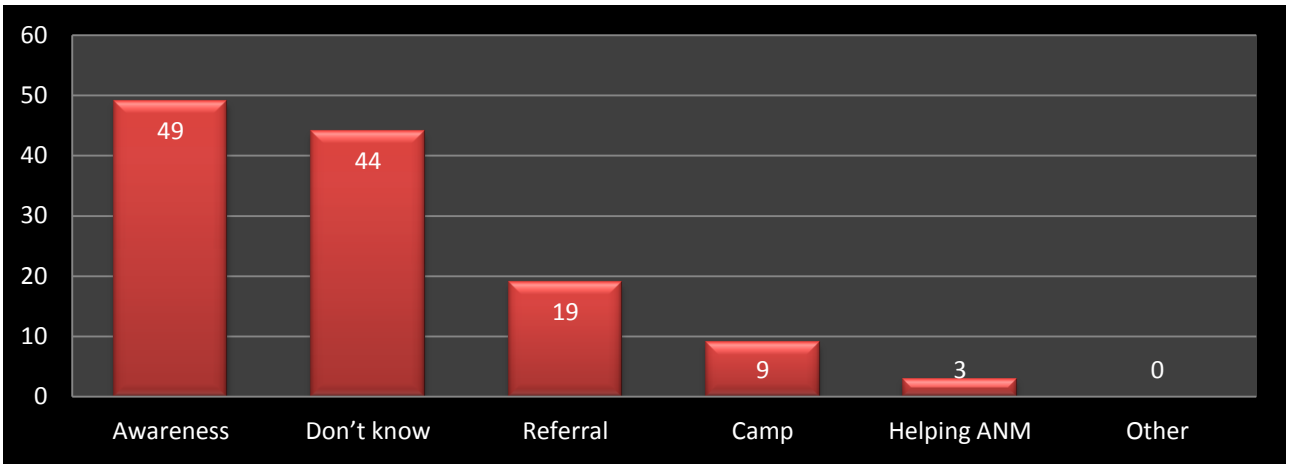
No of visits	No. of beneficiaries
Once a month	23 (23%)
Less than once a month	29 (29%)
More than once a week	00 (0.00%)
Once a week	00 (0.00%)
Once a fortnight	12 (12%)
Don't know	36 (36%)
Total	100 (100%)

23% said that SNGO visited their village less than once in a month and 23% said they visited once in a month.

Activities carried out by SNGO staff (multiple responses)

Activities by SNGO staff	No. of beneficiaries
Don't know	44 (35.48%)
Awareness	49 (39.51%)
Referral	19 (15.32%)
Camp	09 (7.25%)
Helping ANM	03 (2.41%)
Other	00 (0.00%)

40% responded that SNGO done awareness activities in their villages and 35% were unaware of these activities.



Effect of health activities in the village (multiple responses)

Effect of activities	No. of beneficiaries
Increased awareness of child health	06
Improved maternal health	13
Increased immunization coverage	09
Don't know	74

Majority of them (74%) were unaware of the effect of these activities.

Interview with Mothers of children 12 to 24months:

All the beneficiaries (100%) had government issued immunization card

Majority of (83%) beneficiaries were fully immunized.. 92% beneficiaries completed their primary immunization. Out of 100 beneficiaries 65% were aware of SNGO

34 % beneficiaries had been told benefit of immunization. 8% beneficiaries do not have the knowledge of immunization. 94% of beneficiaries had been never informed regarding adverse reaction of vaccination. 3% beneficiaries received information from SNGO staff. Most of the information's (25%) were given by field NGO staff followed by Anganwadi worker (23%). 23% said that SNGO visited their village less than once in a month and 23% said they visited once in a month. 40% responded that SNGO done awareness activities in their villages and 35% were unaware of these activities. Majority of them (74%) were unaware of the effect of these activities.

Interview with Adolescent girls:

Marital status of adolescent (n=101)

Marital status	No. of adolescents
Unmarried	101 (100%)
Married	00 (0.00%)
Total	101 (100%)

At what age do you wish to get married? (n=101)

Age (years)	No. of adolescents
Less than 18years	00 (0.00%)
More than 18 years	101 (100%)
Total	101 (100%)

All the (100%) adolescent girl wants to marry after the age of 18 years.

At what age would like to conceive your first child? (n=101)

Age (years)	No. of adolescents
Less than 18years	00 (0.00%)
More than 18 years	101 (100%)
Total	101 (100%)

→All the (100%) adolescent girl wishes to conceive after the age of 18 years.

→92% adolescent were completed their Secondary school.

→ Out of 101beneficaries 31 (30%) were school dropout.

→ 19% adolescent said that their family didn't allowed to complete education, and 10% said reason of school being far away.

Are you aware of SNGO? (n=101)

are you aware	No. of adolescents
Yes	76 (75.24%)
No	25 (24.75%)
Total	101 (100%)

Out of all 101 beneficiaries 75% were aware of SNGO

Was meeting held in the village to discus adolescent health issue?

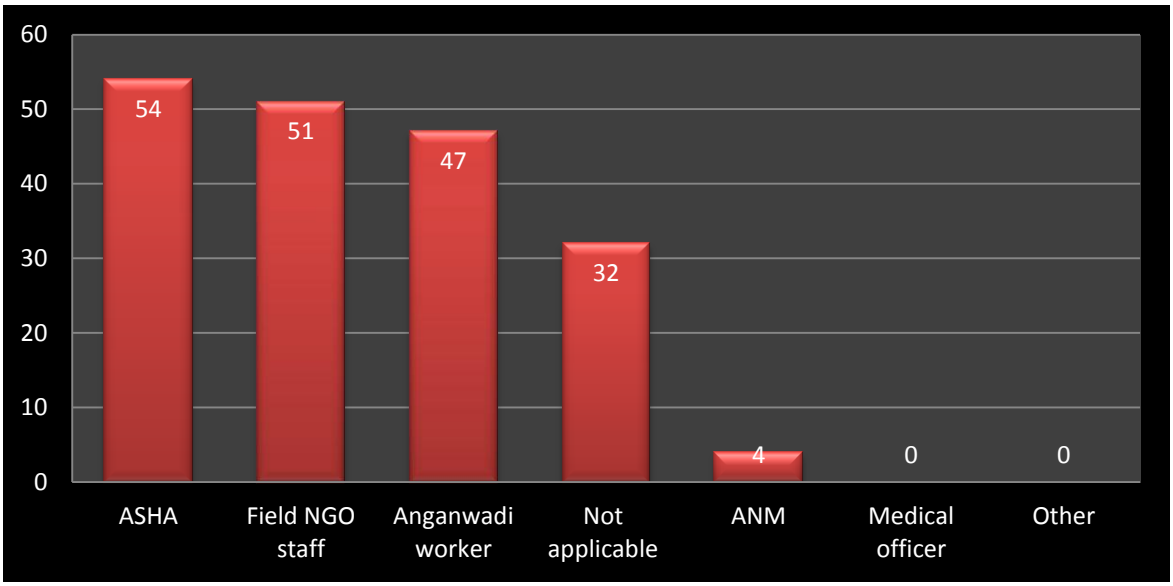
Meeting held	No. of adolescents (n=101)
Yes	69 (68.31%)
No	32 (31.68%)
Total	101 (100%

68% said they had discussed health issue in village meetings.

Who conducted these meetings? (Multiple response)

Staff	No. of adolescents
Field NGO staff	51 (27.12%)
ASHA	54 (28.72%)
Anganwadi worker	47 (25.00%)
ANM	04 (2.12%)
Medical officer	00 (0.00%)
Other	00 (0.00%)
Not applicable	32 (17.02%)

Majority of these meeting (28%) were conducted by ASHA followed by SNGO worker (27%)



Topics discussed in the health meetings (Multiple response)

Topics discussed	No. of adolescents
Age of marriage	71 (59.16%)
Menstruation	20 (16.66%)
Physical changes in adolescent	17 (14.16%)
Psychological changes in adolescent	09 (7.5%)
Anemia	02 (1.66%)
Teenage pregnancy	01 (0.83%)
RTI/STI/AIDS	00 (0.00%)

59% said that topic of age of marriage was discussed mainly in theses meeting.

Were you aware about health issue before meetings? (Multiple response)

Aware about health issue	No. of adolescents
Yes	35 (34.65%)
No	66 (65.34%)
Total	101 (100%)

66% adolescent were unaware of health tissue before meetings

What did you do with information received? (Multiple response)

Information	No. of adolescents
Make notes	00 (0.00%)
Share with friends	50 (46.72%)
Share with family	04 (3.73%)
Nothing	52 (48.59%)
Other	01 (0.93%)

46% adolescent had share information with their friends and 48% did nothing with this information

20% adolescent had received information about contraceptives and 80% received no information about contraceptives.

What is the ideal family size you prefer? (n=101)

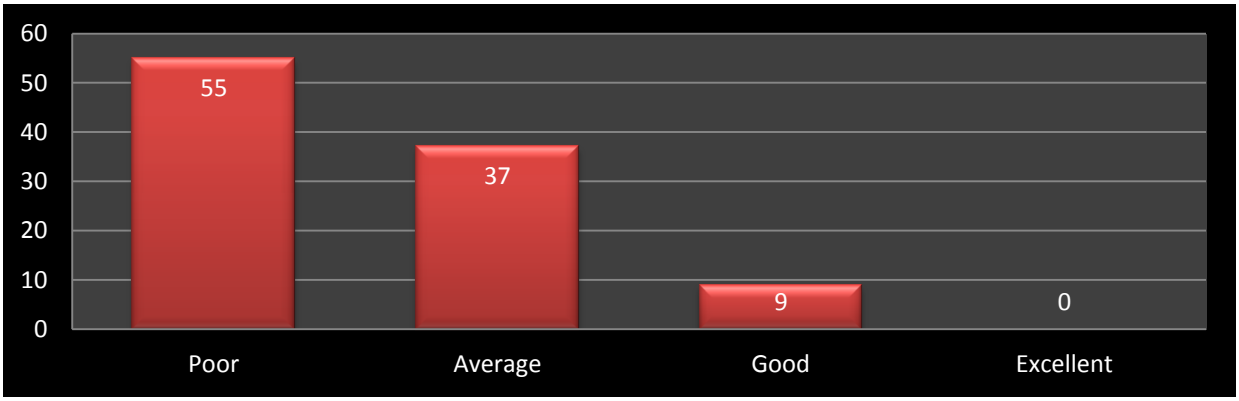
Ideal family size (no. of children)	No. of adolescents
02	30 (29.70%)
03	58 (57.42%)
04	11 (10.89%)
05	02 (1.98%)
Total	101 (100%)

57% adolescent had said that they will prefer 3 children and 30% adolescent will prefer 2 children after their marriage.

Communication skills of the staff (n=101)

Communication skills	No. of adolescents
Average	37 (36.63%)
Good	09 (8.91%)
Excellent	00 (0.00%)
Poor	55 (54.45%)
Total	101(100%)

37% said communication skill of SNGO staff was average and 54% responded that it was poor.



Parent's awareness regarding meetings (n=101)

Parent's awareness	No. of adolescents
Yes	28 (27.72%)
No	73 (72.27%)
Total	101 (100%)

72% responded that their family were not aware the meetings.

Have you got parents support? (n=101)

Parents support	No. of adolescents
Yes	29 (28.71%)
No	72 (71.28%)
Total	101 (100%)

72% responded that their parents did not supported for these meetings

How many meetings have you attended? (n=101)

No. of meetings attended	No of adolescent
02	43 (42.57%)
01	47 (46.53%)
None	11 (10.89%)
Total	101 (100%)

47% adolescent had attended one meeting and 42% had attended 2 meetings.

Did some visit your home to discuss health issue? (n=101)

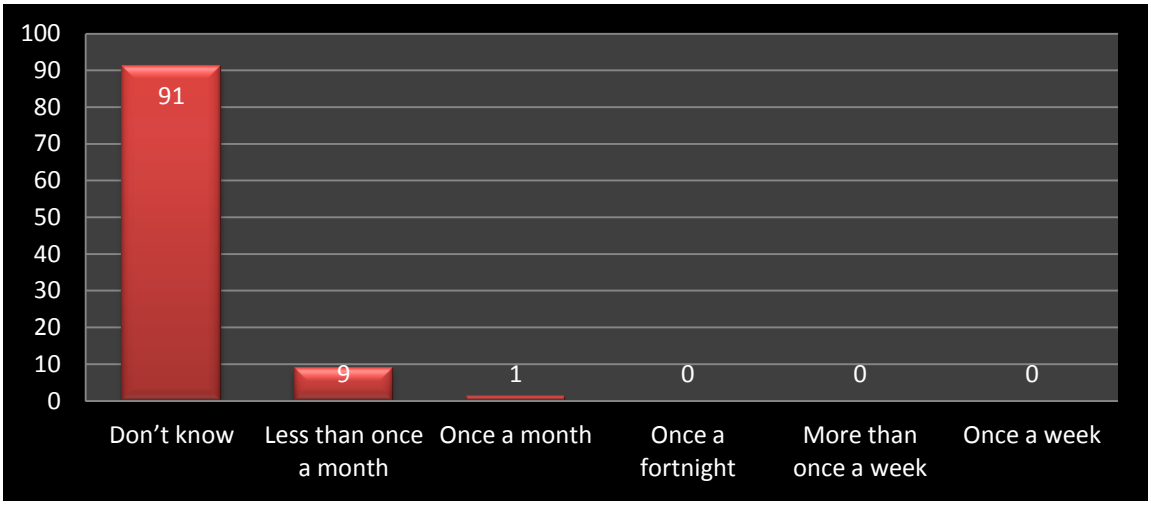
Visit to home	No of adolescent
Yes	20 (19.80%)
No	81 (80.19%)
Total	101 (100%)

81% beneficiaries said no one visited their home to discussed health issue.

How often does the NGO staff visit your village? (n=101)

No of visits	No. of beneficiaries
Don't know	91 (90.09%)
Less than once a month	09 (8.91%)
Once a month	01 (0.99%)
Once a fortnight	00 (0.00%)
More than once a week	00 (0.00%)
Once a week	00 (0.00%)
Total	101 (100%)

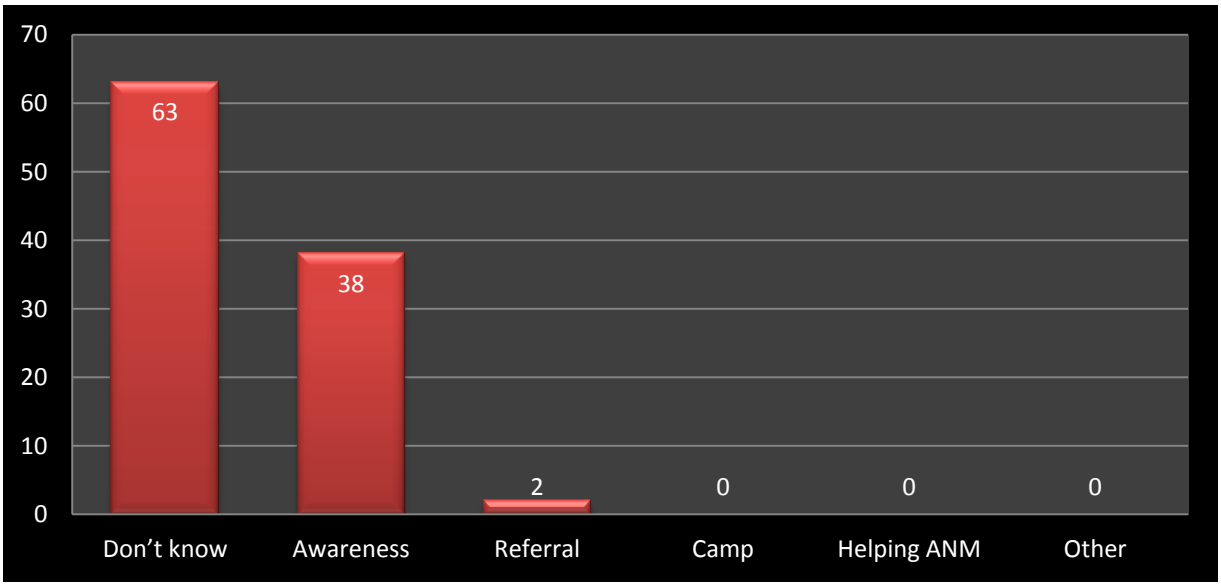
91% beneficiaries of were unaware of visit of SNGO staff in the village



Activities carried out by SNGO staff (multiple responses)

Activities by SNGO staff	No. of beneficiaries
Don't know	63 (62.37%)
Awareness	38 (36.89%)
Referral	02 (1.94%)
Camp	00 (0.00%)
Helping ANM	00 (0.00%)
Other	00 (0.00%)

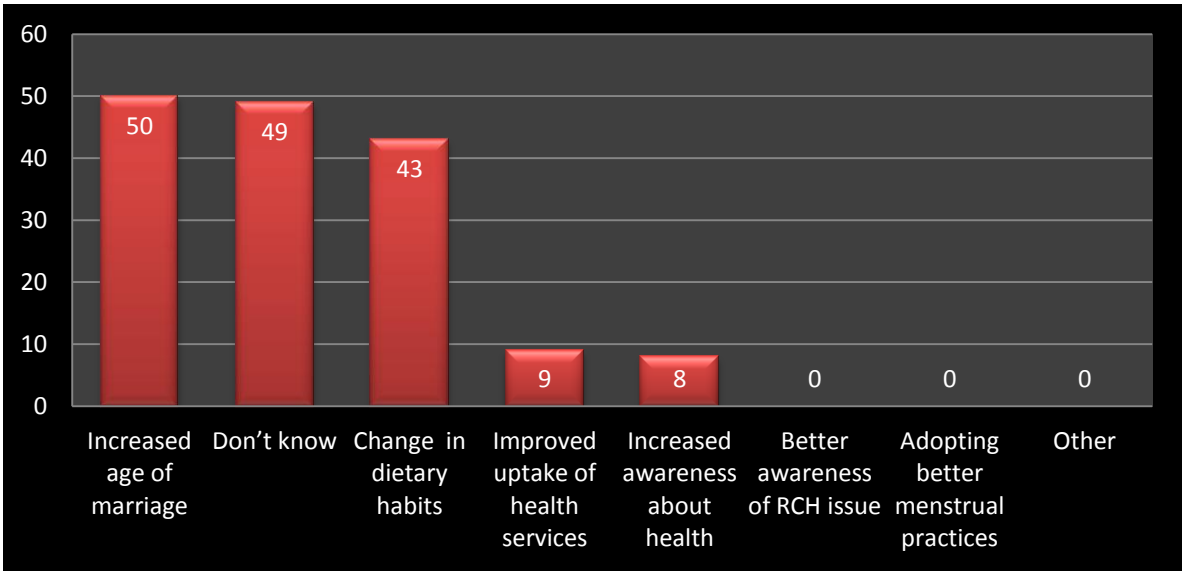
38% adolescent said SNGO did awareness in their village and 62% don't have any knowledge of these activities.



Effect of health activities in the village (multiple responses)

Effect of activities	No. of beneficiaries
Increased age of marriage	50 (31.44%)
Change in dietary habits	43 (27.04%)
Improved uptake of health services	09 (5.66%)
Increased awareness about health	08 (5.03%)
Better awareness of RCH issue	00 (0.00%)
Adopting better menstrual practices	00 (0.00%)
Don't know	49 (30.81%)
Other	00 (0.00%)

31% responded that due to SNGO activities the age of marriage has been increased and 27% said their dietary habits were changed.



Interview with Adolescent girls:

All the (100%) adolescent girl wants to marry after the age of 18 years. All the (100%) adolescent girl wishes to conceive after the age of 18 years. 92% adolescent were completed their Secondary school. Out of 101beneficaries 31 (30%) were school dropout. 19% adolescent said that their family didn't allowed to complete education, and 10% said reason of school being far away. Out of all 101 beneficiaries 75% were aware of SNGO. 68% said they had discussed health issue in village meetings. Majority of these meeting (28%) were conducted by ASHA followed by SNGO worker (27%).59% said that topic of age of marriage was discussed mainly in theses meeting. 66% adolescent were unaware of health tissue before meetings. 46% adolescent had share information with their friends and 48% did nothing with this information. 20% adolescent had received information about contraceptives and 80% received no information about contraceptives.57% adolescent had said that they will prefer 3 children and 30% adolescent will prefer 2 children after their marriage. 37% said communication skill of SNGO staff was average and 54% responded that it was poor. 72% responded that their family were not aware the meetings. 72% responded that their parents did not supported for these meetings. 47% adolescent had attended

one meeting and 42% had attended 2 meetings. 81% beneficiaries said no one visited their home to discussed health issue. 91% beneficiaries of were unaware of visit of SNGO staff in the village. 38% adolescent said SNGO did awareness in their village and 62% don't have any knowledge of these activities. 31% responded that due to SNGO activities the age of marriage has been increased and 27% said their dietary habits were changed.

Interview with Antenatal women (ANC)

Age of interviewed beneficiaries was in range of 17-27 years (n=84)

Age of marriage of beneficiaries (n=84)

Age of marriage	No. of beneficiaries
17 years and less	14 (16.66%)
18 years and above	70 (83.33%)
Total	84(100%)

83% beneficiaries got married after 18 years of age.

Gravida Status of beneficiaries (n=84)

Gravid	No. of beneficiaries
1st gravida	36 (42.85%)
2nd gravid	35(41.66%)
3rd gravida	13 (15.47%)
Total	84 (100%)

Period of gestation (n=84)

Period of gestation	No. of beneficiaries
2nd trimester	34 (40.47%)
3rd trimester	50 (59.52%)
Total	84(100%)

Out of 84 beneficiaries 59% beneficiaries were in 3rd trimester and 40% were in 2nd trimester

Beneficiaries' awareness regarding SNGO (n=84)

Aware to SNGO	No. of beneficiaries
Yes	65 (77.38%)
No	19 (22.61%)
Total	84 (100%)

77% beneficiaries were aware of SNGO and 22% were unaware.

Place of registration (multiple responses)

Place of registration	No. of beneficiaries
Subcenter	25 (28.40%)
PHC	44 (50.00%)

Private Clinic/	07 (7.955%)
Other	12 (13.63%)
No one	00 (0.00%)

→ Majority of beneficiaries (50%) were registered them as an ANC at PHC followed by at sub-center (28%)

Antenatal check-up during current pregnancy (n=84)

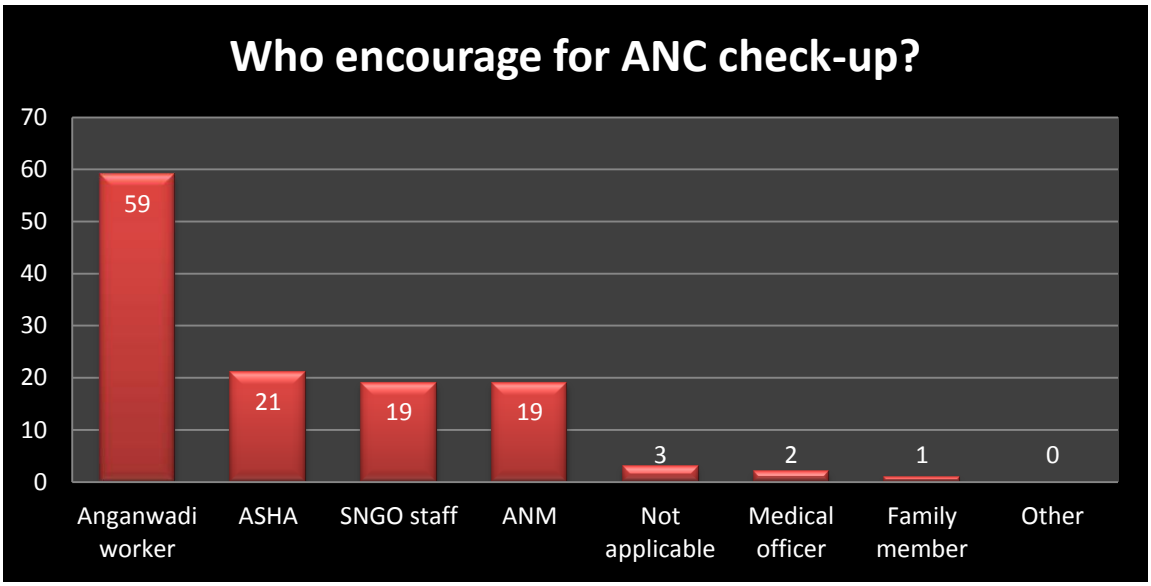
No. of antenatal check-up	No. of beneficiaries
0	03 (3.57%)
01	24 (28.57%)
02	36 (42.85%)
03	21 (25%)
04	00 (00.00%)
Total	84 (100%)

42% ANC received two antenatal check up and 28% received one antenatal check up during current pregnancy.

Who encourage for Antenatal check-up? (Multiple response)

Staff	No. of beneficiaries
SNGO staff	19 (15.2%)
ASHA	21 (16.8%)
Anganwadi worker	59 (47.2%)
ANM	19 (15.2%)
Medical officer	02 (1.60%)
Family member	01 (0.8%)
Other	00 (0.00%)
Not applicable	03 2.4%)

47% ANC check up encouraged by Anganwadi worker followed by ASHA and SNGO 16% and 15% respectively.



Number of TT doses received during current pregnancy

No. of doses	No. of beneficiaries (n=84)
Not received	02 (2.38%) 0
1 dose	31 (36.90%)
2 dose	51 (60.71%)
Booster dose	00 (00.00%)
Total	84 (100%)

60% ANC had received two doses of TT injection during current delivery and 36% received single dose of TT injection.

Beneficiaries consuming iron and folic acid (IFA) tablets

Consuming IFA tablets	No. of beneficiaries (n=84)
YES	83 (98.80%)
No	01 (01.19%)
Total	84 (100%)

More than 98% had consumed IFA tables during their pregnancy

Desire about Place for current delivery (n=84)

Place	No. of beneficiaries
PHC	17 (20.23%)
Government hospital	33 (39.28%)
Private	13 (15.47%)
Not decided	12 (14.28%)
Home	08 (9.52%)
Sub-centre	01 (1.19%)
Total	84 (100%)

Out of 84 ANC 39% wished to have delivery conducted at government hospital followed by at PHC (20%)

Received encouragements for institutional delivery

Received encouragement	No. of beneficiaries
Yes	82 (97.61%)
No	02 (2.38%)
Total	84(100%)

97% pregnant women had received encouragement for institutional delivery.

The benefits of institutional delivery (multiple response)

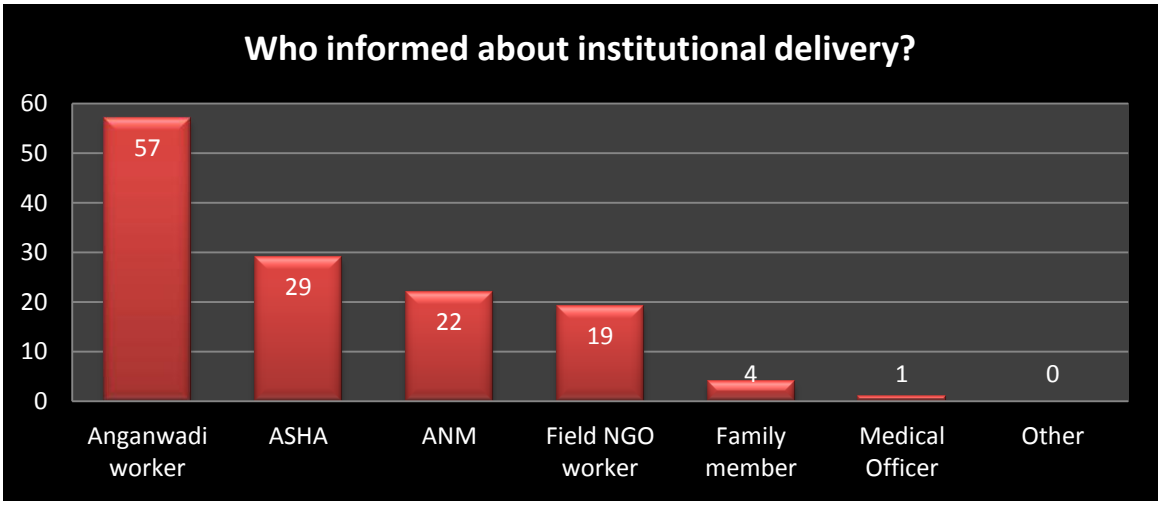
Benefits	No. of beneficiaries
Safe deliveries	54 (51.92%)
More attention	23 (22.11%)
Good for baby	27 (25.96%)
Cash incentives	00 (0.00%)
Other	00 (0.00%)

Around 50% beneficiaries considered institutional deliveries are safe and 25% said it is good for baby.

Who informed about institutional delivery? (Multiple response)

Staff	No of beneficiaries
Anganwadi worker	57 (43.18%)
ASHA	29 (21.96%)
ANM	22 (16.66%)
Field NGO worker	19 (14.39%)
Family member	04 (3.03%)
Medical Officer	01 (0.75%)
Other	00 (0.00%)

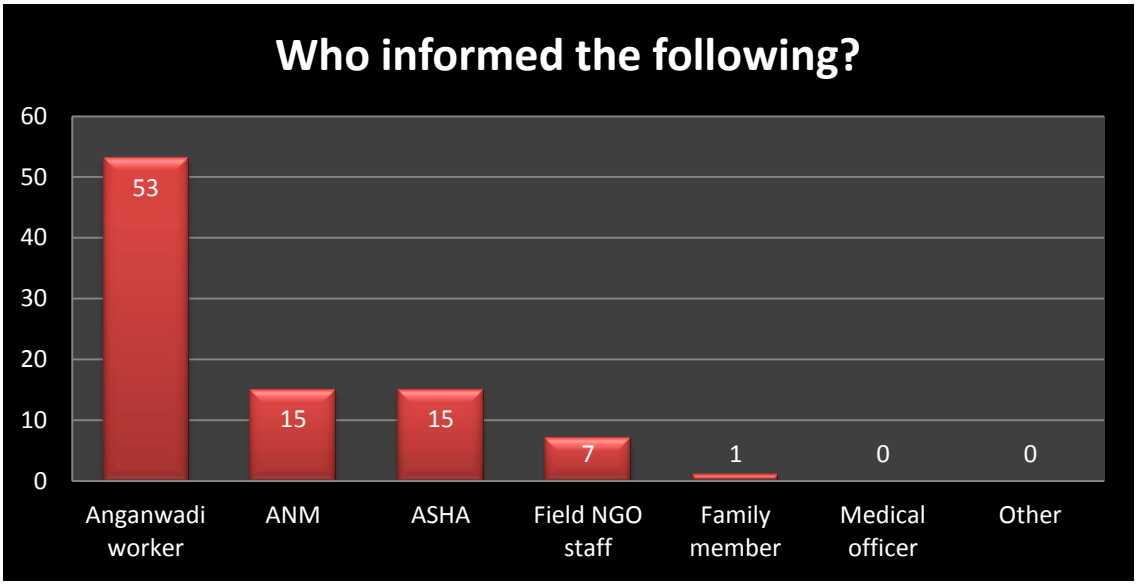
→ 43% responded that information about institutional was given by Anganwadi worker and 21% said it was given by ASHA and 14% said it was given by SNGO staff.



Who informed the following? (Multiple response)

Topics	Informed by	No. of beneficiaries
1.Danger sign of pregnancy	Anganwadi worker	53 (58.24%)
	ANM	15 (16.48%)
2.Diet during pregnancy	ASHA	15 (16.48%)
	Field NGO staff	07 (7.69%)
3.Birth plan	Family member	01 (1.09%)
	Medical officer	00 (0.00%)
4.Colostrums importance	Other	00 (0.00%)
5.Exclusively breast feeding		

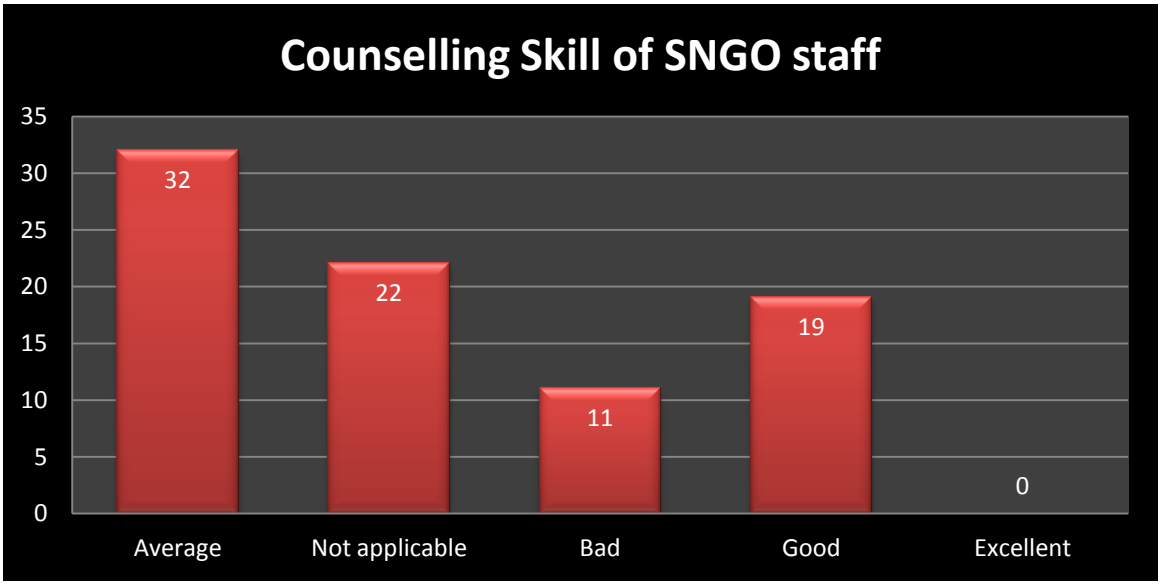
58% beneficiaries had got information from anganwadi worker, 15% had got information from ANM and ASHA and 7% had got information from SNGO staff.



Counseling skill of SNGO (n=84%)

Skill grading	No. of beneficiaries
Average	32 (38.09%)
Not applicable	22 (26.19%)
Bad	11 (13.09%)
Good	19 (22.61%)
Excellent	00 (00.00%)
Total	84 (100%)

Out of all beneficiaries 38% think counseling skill of SNGO staff was average and 19% said it was good



What would you do during complication? (Multiple response)

Event of complication	No. of beneficiaries
Visit to closest health centre	31 (30.69%)
Informed to health worker	43 (42.57%)
Inform to family	25 (24.75%)
Self medication	01 (0.99%)
Other	01 (0.99%)
Take rest	00 (0.00%)

Have you arranged transportation for delivery? (n=84)

Arranged transportation	No. f beneficiaries
Yes	12 (14.28%)
No	72 (85.71%)
Total	84 (100%)

85% beneficiaries had not arranged transportation for their delivery

Active participation from Husband (n=84)

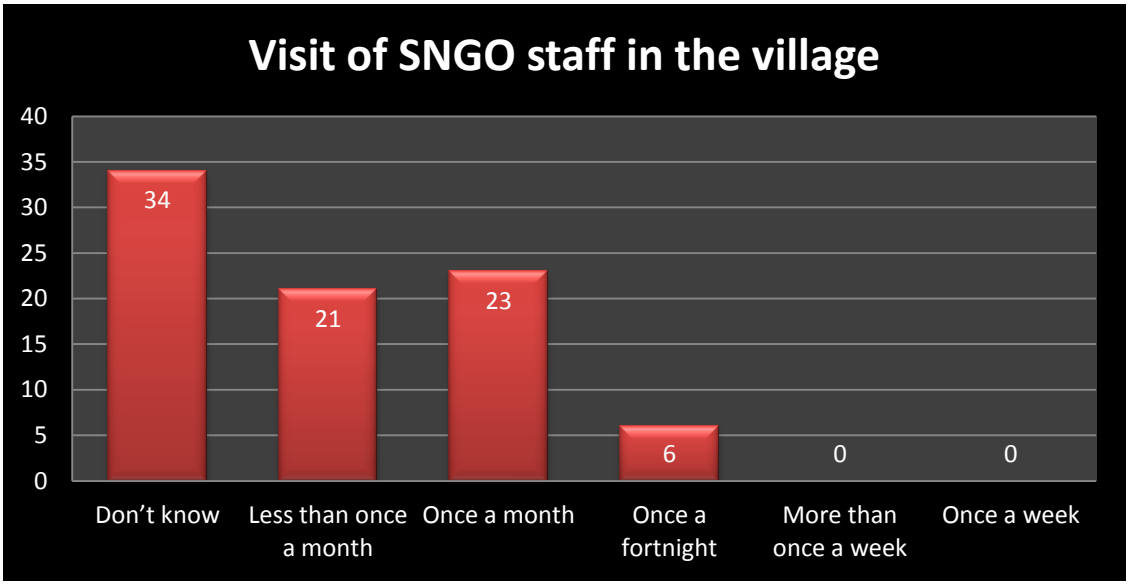
Husband's active participation	No. of beneficiaries
Yes	10 (11.90%)
No	73 (88.09%)
Total	84 (100%)

88% pregnant women said there is no active participation from their husband. This reflects poor participation of husbands.

Visit by SNGO staff in village (n=84)

No of visits	No. of beneficiaries
Don't know	34 (40.47%)
Less than once a month	21 (25.00%)
Once a month	23 (27.38%)
Once a fortnight	06 (7.14%)
More than once a week	00 (0.00%)
Once a week	00 (0.00%)
Total	84 (100%)

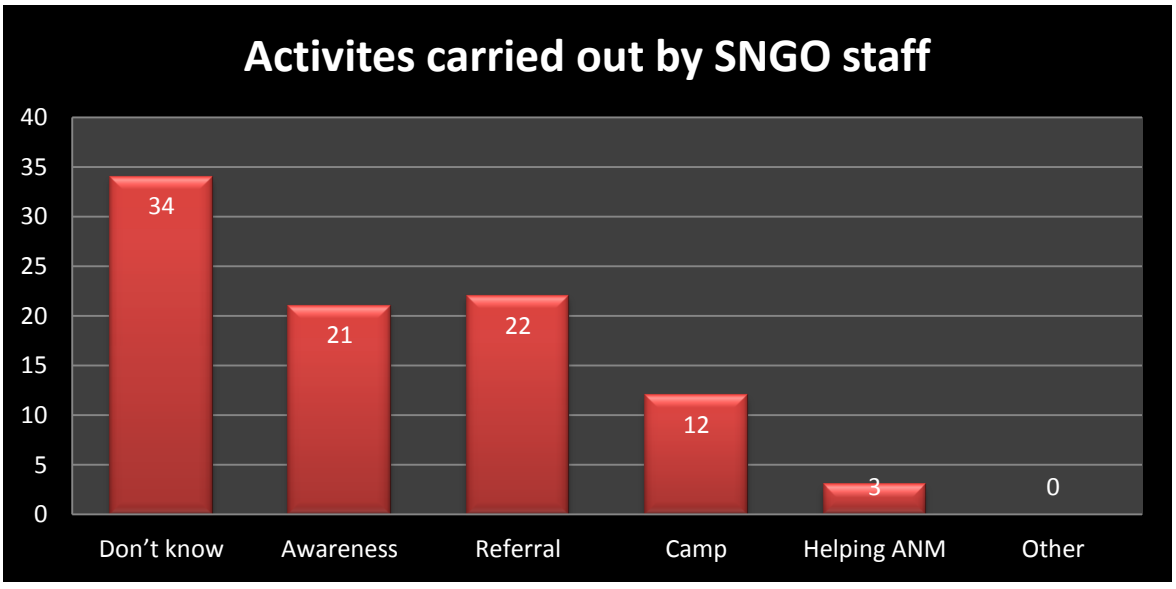
28% beneficiaries responded that SNGO visited once in a month in their village and 25% said that they visited less than once in a month and 40% were unaware their visit.



Activities carried out by SNGO staff

Activities by SNGO staff	No. of beneficiaries
Don't know	34 (36.95%)
Awareness	21 (22.82%)
Referral	22(23.91%)
Camp	12 (13.18%)
Helping ANM	03 (3.57%)
Other	00 (0.00%)

Out of 63% respondent, 23% said SNGO did referral services in their village, 22% said they did awareness and 36% were unaware of SNGO activities.



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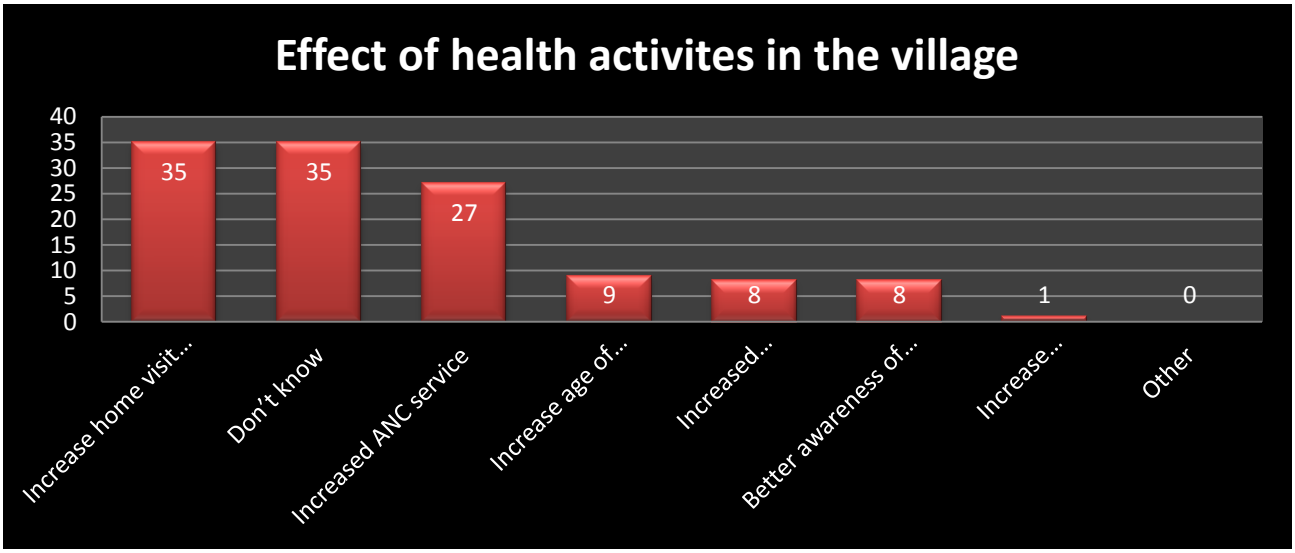
Effect of health activities in the village (multiple responses)

Effect of activities	No. of beneficiaries
Increase home visit by ANM/ PHC staff	35 (28.45%)
Don't know	35 (28.45%)
Increased ANC service	27 (21.95%)
Increase age of marriage	09 (7.31%)
Increased institutional delivery	08 (6.50%)
Better awareness of RCH issue	08 (6.50%)
Increase immunization coverage	01 (0.81%)
Other	00 (0.00%)

According to 28% beneficiaries home visit by ANM/ PHC staff has been increased and 21% think ANC services also increased, 28% unaware the effects of these activities.



Interview with Antenatal women (ANC):

83% beneficiaries got married after 18 years of age. Out of 84 beneficiaries 59% beneficiaries were in 3rd trimester and 40% were in 2nd trimester. 77% beneficiaries were aware of SNGO and 22% were unaware. Majority of beneficiaries (50%) were registered them as an ANC at PHC followed by at sub-center (28%) . 42% ANC received two antenatal check up and 28% received one antenatal check up during current pregnancy. 47% ANC check up encouraged by Anganwadi worker followed by ASHA and SNGO 16% and 15% respectively. 60% ANC had received two doses of TT injection during current delivery and 36% received single dose of TT injection.

More than 98% had consumed IFA tables during their pregnancy. Out of 84 ANC 39% wished to have delivery conducted at government hospital followed by at PHC (20%). 97% pregnant women had received encouragement for institutional delivery.

Around 50% beneficiaries considered institutional deliveries are safe and 25% said it is good for baby. 43% responded that information about institutional was given by Anganwadi worker and 21% said it was given by ASHA and 14% said it was given by

SNGO staff. 58% beneficiaries had got information from anganwadi worker, 15% had got information from ANM and ASHA and 7% had got information from SNGO staff.

Out of all beneficiaries 38% think counseling skill of SNGO staff was average and 19% said it was good. 85% beneficiaries had not arranged transportation for their delivery. 88% pregnant women said there is no active participation from their husband. This reflects poor participation of husbands . 28% beneficiaries responded that SNGO visited once in a month in their village and 25% said that they visited less than once in a month and 40% were unaware their visit. Out of 63% respondent, 23% said SNGO did referral services in their village, 22% said they did awareness and 36% were unaware of SNGO activities. According to 28% beneficiaries home visit by ANM/ PHC staff has been increased and 21% think ANC services also increased, 28% unaware the effects of these activities.

Interview with sub center ANM:

Detail of SNGO's work

Activities	Response of sub center ANM			
	Ruikhed	Umara ANM	Bhili ANM	Soundhala ANM
Home visits	Satisfactor	Not	Satisfactory	Satisfactory
Registration of pregnant women, eligible couples	Satisfactor y	Not satisfactory	Satisfactory	Satisfactory
health educations	Not	Not	Satisfactory	Satisfactory
Counseling for using	Not	Not	Satisfactory	Satisfactory
Bringing beneficiaries for	Not	Not	Satisfactory	Satisfactory
Organizing diagnostic	Satisfactor	Not	Satisfactory	Satisfactory
Adolescent camps	Satisfactor	Not	Satisfactory	Satisfactory
Referring high risk cases	Not	Not	Satisfactory	Satisfactory
JSY	Not	Not	Satisfactory	Satisfactory
100% satisfactory response by Bhili and				

What is the frequency of interaction with the SNGO?

Frequency of interaction	Response of ANM			
	Ruikhed ANM	Umara ANM	Bhili ANM	Soundhala ANM
More than once a week				
Once a week				
Once in 15 days				
Once a month	Once a month	Once a month	Once a month	Once a month
Less than once a month				
100% once a month response				

Have you interacted with all the staff member of the SNGO?

Answer	Response of ANM			
	Ruikhed ANM	Umara ANM	Bhili ANM	Soundhala ANM
Yes				
No	No	No	No	No

What ate the difficulties in working with the SNGO

Response of ANM			
Ruikhed ANM	Umara ANM	Bhili ANM	Soundhala ANM
Lack of	Lack of	Lack of	Poor quality of work
Poor quality of work	Poor quality of work		
Poor Ambulance			

What difficulties does the SNGO mention?

Response of ANM			
Ruikhed ANM	Umara ANM	Bhili ANM	Soundhala ANM
Non availabilities of supplies	Non availabilities of supplies	Community participation	Community participation

How will you rate the SNGO work?

Response of ANM			
Ruikhed ANM	Umara	Bhili ANM	Soundhala
Not	Not	Satisfactory	satisfactory
50%			

Interview with sub center ANM:

Mixed type of response of ANMs about functioning of SNGO: 100% satisfactory response by Bhili and Soundhala subcentre ANM, 100% unsatisfactory response by Umara subcentre ANM & 60% unsatisfactory response by Ruikhed subcentre ANM

When asked about the frequency of interaction with the SNGO, all of them replied that they had monthly interaction. On asking whether they have interacted with all the staff member of the SNGO, all of them (100 %) replied that none of them interacted with all staff of SNGO. Difficulties in working with the SNGO were Lack of Commitment, Poor quality of work & Poor Ambulance facility for delivery patients

When asked how you will rate the SNGO work 50 % said that it was satisfactory and other 50% opined that it was not satisfactory.

Knowledge of beneficiaries regarding A. R. I. and Diarrhea

Type of disease child suffering from (n=45)

Type of disease	No. of beneficiaries
ARI	24 (53.33%)
Diarrhea	21 (46.66%)
Total	45 (100%)

Place of treatment taken (n=45)

Place of treatment	No. of beneficiaries
PHC	18 (40%)
Anganwadi	15 (33.33%)
Private hospital	08 (17.77%)
Sub centre	04 (8.88%)
Total	45 (100%)

Who have given the treatment? (n=45)

Staff	No. of beneficiaries
Medical officer	18 (40%)
Anganwadi sevika/ ASHA	15 (33.33%)
ANM	04 (17.77%)
Private doctor	08 (8.88%)
Total	45 (100%)

Did SNGO staff has helped you in during illness? (n=45)

Helped of SNGO staff	No. of beneficiaries
Yes	12 (26.66%)
No	33 (73.33%)
Total	45 (100%)

26% respondent had got helped from SNGO in their illness.

Knowledge of beneficiaries regarding A. R. I. and Diarrhea

Out of 45 patients of ARI and diarrhea 40% beneficiaries took treatment at PHC, 33.33% from ASHA/AWW, 17.77% with subcenter ANM and 8.88% from private doctor. 26% respondent had got help from SNGO in their illness.

- **Assessment of knowledge and skills of SNGO staff in relation to A.R.I/ Diarrhea/STI:**

Medical officer working with S.N.G.O. was having practical and clinical knowledge about basic ailments. Project coordinator was having average knowledge about A.R.I/ Diarrhea and STI. Field worker were also found to have average knowledge about diagnosis and treatment of A.R.I. and diarrhea but having poor knowledge about S.T.D. randomly, three field level workers were asked to demonstrate W.H.O. O.R.S. packet preparation, which was demonstrated correctly but field level workers could not be able to demonstrate/properly answer about homemade O.R.S. preparation.

PHC Medical Officer

Detail of SNGO's work

Activities	Response of PHC medical officer				
	Aadgaon	Danapur	Sawara M.O	Mundagaon	Sawara
Home visits	No answer	No answer	Satisfactory	Satisfactory	Not
Registration of	No answer	Satisfactory	Satisfactory	Satisfactory	Not
Need specific health	No answer	No answer	Not	Satisfactory	Not
Counseling for	No answer	No answer	Not	Satisfactory	No answer
Bringing	No answer	Satisfactory	Not	Satisfactory	Not
Organizing	No answer	Satisfactory	Not	Not	Not
Adolescent camps	Satisfactory	Satisfactory	Not	Satisfactory	Not
Referring high risk	No answer	No answer	Not	Satisfactory	Not
JSY	No answer	No answer	Not	Satisfactory	Not
Any other (Please	No answer	No answer	Not	Satisfactory	Not

Are monthly visit being conducted regularly with SNGO?

Response of MO	Name of PHC					Total
	Aadgaon	Danapur	Sawara	Mundagaon	Sawara	
Yes	-	-	-	-	-	No 100%
No	No	No	No	No	No	

What are the difficulties in working with the SNGO

Types of difficulties	Name of the PHC				
	Aadgaon	Danapur	Sawara	Mundagaon	Sawara
No difficulties			Yes	Yes	Yes
Lack of commitment	Present	Present			
Inadequate					
Poor quality of work					
Poor reporting					
Other					

What difficulties does the SNGO mention to you?

Types of difficulties	Name of the PHC				
	Aadgaon	Danapur	Sawara	Mundagaon	Sawara
Funds transfer					
Community participation	Yes	Yes			
No supply					
Other				Not mention	
No answer			No ans.		No ans.

Which of the SNGO scheme activities have you been involved in?

Types of difficulties	Name of the PHC				
	Aadgaon	Danapur	Sawara	Mundagaon	Sawara
Planning			√		
Camp	√	√		√	
IEC activities		√	√	√	√
Training					
Monitoring					
Other					

Are you aware of the objectives of the SNGO?

Response of MO	Name of PHC					Total Response
	Aadgaon	Danapur	Sawara M.O I	Mundagaon	Sawara M.O. II	
Yes	Yes	Yes	Yes	Yes	Yes	Yes 100%
No						

Have you interacted with all the SNGO staff?

Response of MO	Name of PHC					Total
	Aadgaon	Danapur	Sawara	Mundagaon	Sawara	
Yes						No 100%
No	No	No	No	No	No	

Does the SNGO approach you in case of any problem?

Response of MO	Name of PHC					Total
	Aadgaon	Danapur	Sawara	Mundagaon	Sawara	
Yes	Yes				Yes	Yes 40%

No		No	No	No		

How will you rate the SNGO?

Response of MO	Name of PHC					Total
	Aadgaon	Danapur	Sawara	Mundagao	Sawara	
Satisfactor	Satisfactor	Satisfactor	Satisfactor	Satisfactor		Satisfactor y 80%
Not					Not	

Can you list the challenges faced in implementation the SNGO scheme in your PHC area

Types of difficulties	Name of the PHC				
	Aadgaon	Danapur	Sawara	Mundagaon	Sawara
Funds transfer					
MNGO involvement and					
FNGO involvement and					
Community participation			√		
Other					
Not answer	Not	Not		Not answer	Not

Rate the performance in the sub centre prior to the implementation of the SNGO scheme

Types of difficulties	Name of the PHC				
	Aadgaon	Danapur	Sawara	Mundagaon	Sawara
Excellent					
Poor					√
Improved		√	√	√	
Can't say	√				

Would you like to recommend the replication of the SNGO scheme in other sub centre too?

Respons e of MO	Name of PHC					Total
	Aadgao	Danapu	Sawar	Mundagao	Sawar	

Yes	Yes	Yes				No 60%
No			No	No	No	

Interview with PHC Medical Officer:

Except for Mundhwa PHC Medical officer all three PHC MOs have said that performance of SNGOs in most of the areas was not satisfactory. 100 % Medical Officers said that monthly visits with SNGO are not conducted showing that there is no coordination on regular basis as well as monitoring between PHCs and SNGO. Out of 5 MOs 3 said that they did not have difficulties in working with SNGO, whereas 2 mentioned that there is lack of commitment on part of SNGO. Which of the SNGO scheme activities have you been involved in? Most of MOs said that their involvement in SNGO activities were in mainly in IEC activities & camps. Only one said that he was involved in planning as well. All MOs replied that they were aware of the objectives of the SNGO.On asking whether they have interacted with all the SNGO staff- all MOs replied that they have not. When asked whether SNGO approach them in case of any problem- 60 % of them replied negative and 40% replied positive.80 % of them rated the SNGO as satisfactory and 20% said it was not satisfactory. When asked what were the challenges faced in implementation the SNGO scheme in your PHC area, most of them did not reply ,only one said that there is problem in community participation. When asked about Rate the performance in the sub centre prior to the implementation of the SNGO scheme, 3 MOs felt that it improved, one said it was poor and other said that he was not sure. When asked it they like to recommend the replication of the SNGO scheme in other sub centre too, the reply was NO by 60% medical officers, whereas 40% of them replied positively.

Interview with Sarpanch in villages of project area:

Most of the respondents told that residents of their village seek the treatment mostly in government hospital/PHC and to lesser extent from private practitioners.80% of them were aware of aware of existence of SNGO and told that it mainly spread awareness about health related issues in their area. One respondant mentioned about organization of camp as one of the activity of SNGO. 70% respondents mentioned that the NGO staff visit their villages once a month, 30% were not aware of the same. When asked whether anybody in the village got any benefit from their work, 100% told that there was no significant help from SNGO.100% sarpanch were aware about village health, nutrition & sanitation committee in their village. Activities of a village health, nutrition & sanitation committee as per them were support for malnourished child & water and sanitation activities.100% SNGO work for health with village health, nutrition & sanitation committee. As per their reply the secretary of village health, nutrition & sanitation committee is Anganwadi worker. Only one said that it was sarpanch.Most of them replied that village health, nutrition & sanitation committee do have independent Bank Account and they received money ranging from 5000 Rs to 10000 Rs. for that. All of them opined that there is no coordination

between SNGO and Staff from Gov. Institution. Most of them perceived that there is hardly any change in health of the village in general after the work of the SNGO.When asked if they like to suggest any changes in the work pattern of SNGO most of them were ready for that.

Patients treated for Sexual Transmitted Infection-

Where you have taken treatment?

Place of treatment	No. of beneficiaries
Private hospital	18 (40.90%)
SNGO	09 (20.45%)
Anganwadi	01 (2.27%)
Government Hospital	03 (6.81%)
PHC	02 (4.54%)
No treatment	11 (25.0%)

Did SNGO staff have helped you during illness?

Help of SNGO staff	No. of beneficiaries
Yes	24 (66.66%)
No	12 (33.33%)
Total	36

66% beneficiaries got helped during their illness

Out of 36 patients of Sexually transmitted Diseases, 40.9% patients took treatment at private hospital, 25% did not take any treatment, 20.45% in SNGO, 6.81% in government hospital and 4.54% in PHC.

Interview with THO, DPM and District RCH officer about SNGO:

	District	*District RCH	**District RCH	Taluka Medical
Involvement in	IEC activities	Planning and	Planning	Planning and
Aware of the	Yes	Yes	Yes	Yes
Does SNGO	Yes	No	No	Yes
Have you interacted	No	Yes	No	Yes
Do you inspect the	Yes	No	No	No
What is the	Twice in a year	no	Once a year	No
Funds utilization	Satisfactory	Satisfactory	Not	Do not know
Staff Position	Not	Satisfactory	Not Satisfactory	Satisfactory
Programme	Satisfactory	Satisfactory	Not Satisfactory	Satisfactory
Community	Not Satisfactory	Satisfactory	Not Satisfactory	Satisfactory
How will you rate	Satisfactory	Satisfactory	Not Satisfactory	Satisfactory
Areas for	I]Need more	i) Increase	Physical work	-i)Increase

(*District RCH officer 1 was working as previous D.H.O. during the SNGO Project period.

**District RCH officer 2 is having charge of D.H.O. since 5 th July 2013))

There is discrepancy in the opinions of District level officer. Communication and interaction is necessary between SNGO and District authority. District level officer should inspect the SNGO's work from time to time. Frequency of visit by some district authority is less. District Programme Manager expressed the need of clear guidelines from State level for SNGO scheme implementation. Supervision from state co-coordinator is necessary. SNGO should Increase community participation as well as coordination with Medical officer.

4) Non-clinical services:

1. Safe delivery awareness program

2. Guidance to ANCs about nutritious food

3. Street play on breast feeding

4. Street play on early marriage

5. Kalapathak of SNGO create awareness about JSY, Maternity scheme,

6. Female foeticide picture exhibition

7. Demonstration of nutritious food

8. Antakhasri for adolescent girls on health related issues

9. Guidance about sexually transmitted infections

10. Mahila bachat Gat (SHG) were given education about family planning

11. Street play for prevention of early marriage

12. Demonstration about personal hygiene for anganwadi children

13.Rugna kalyan Mandal

Award: Government of Maharashtra, Woman and child welfare development department has given punyashlok ahilyabai Holkar award to this SNGO for work related to mother and child in 2013.

5) Budget utilization:

Following are the details of funds received:

Sr no	Installment(Rs)	Received date
1	750000/-	24.02.2011
2	750000/-	18.12.2012
3	750000/-	31.03.2012

4	75000/-	31.03.2013

Grant Received From State (Rs)			Grant Spent(Rs)	Balance (Rs)
Date	Amount	Received in Time?		
24.02.2011	750000/-	Yes	750000/-	Nil
18.12.2012	750000/-	No	750000/-	Nil
31.03.2012	750000/-	No	75000/-	Nil
31.03.2013	750000/-	No	75000/-	Nil
		Cash in Hand		Nil

The funds flow from the STATE to SNGO Delayed by >3 months

VARIOUS HEADS FOR EXPENDITURE UNDER THE PROJECT: (2011-2012)

Sr No	Budget heads	Amount proposed (Rs)	Amount granted (Rs)	Amount utilized (Rs)
1	Salaries	519600	519600	520516
2	Trainings	260000	260000	329809
3	Medicines/ DRUG KITS	90000	90000	90100
4	IEC strategies	112000	112000	176551
5	POL	94000	80000	93930
6	Contingency	33900	33900	56448

VARIOUS HEADS FOR EXPENDITURE UNDER THE PROJECT: (2012-2013)

Sr No	Budget heads	Amount proposed (Rs)	Amount granted (Rs)	Amount utilized (Rs)
1	Salaries	520516	523915	523915
2	Trainings	313500	313500	654002
3	Medicines/ DRUG KITS	105000	105000	111497
4	IEC strategies	121000	121000	121995

5	POL	94000	90000	93930
6	Contingency	36500	36500	53823

Audited reports by Chartered Accountant of last 2 years i.e. 2011- 2012, and 2012-2013 were available (enclosed as Annexure). Discrepancy is evident in above table in amount received and amount utilized. For instance amount proposed for training was 313500/- Rs, whereas amount actually spent is more than double ie 654002/- Rs. (2012-13)

Following are the fixed assets purchased from of the budget of SNGO.

DETALS OF FIXED ASSETS PURCHASE							
SR.NO.	BILL NO.	DATE	PARTICULARS	ITEMS	AMOUNT	NAME OF ASSETS	DT.OF INSTALATION
1	1287	26.03.2011	Shashikant Sene Redio	Ahuja Amp;ifar	4270.00	Amplifier Machine	30.03.2011
				M.No.DPA 370		& Sound System	
				SR.NO.051316			
2	913	26.03.2011	Shashikant Sene Redio	Ahuja Pahorr Speker	4800.00	Amplifier Machine	30.03.2011
						& Sound System	
3	127	23.03.2011	PSH Sales & Services	CC Tv Camera 03 Nos	12000.00	C C Tv Camera	30.03.2011
				DVR Card 4 Channel			
4	342	30.03.2011	Gayatri Enterprises	LCD Monitor Hard DSK CD,	20800.00	Computer	30.03.2011
				DCD Drive,Mouse,Katbord			
5	764	27.03.2011	Gayatri Enterprises	Model No.Benqmps 23	42000.00	DLP Projector	28.03.2011
				SR.NO.39900094001			
				Tripod Sereen 6*8Ft			
6	127	25.03.2011	PSH Sales & Services	EPABX 308 3 Pot line 8	11457.00	PABX System	25.03.2011
				Extension & Cable			
7	127	25.03.2011	PSH Sales & Services	Bectel Phone C-11 03 Nos	1269.00	Telephone	25.03.2011
						Instrument	
8	127	25.03.2011	PSH Sales & Services	M Sonic Baomatric Thumb	21000.00	Thumb Attendance	30.03.2011
				Attendance Macgune &		Machine	
				Finger Print Registration			
				Instalation & Testing Cha.			
9	PM-16	14.04.2012	Mittal Electronics	Voltas Water Cooler	16000.00	Valtas Water Cooler	15.04.2012
				20/20 PSS			
10	GMG 20E	14.04.12	Mittal Electronics	Godrej Microwave Oven	6000.00	Godrej Microwave	15.04.2012
				Model GMG 20 E		Oven	
11	639	25.12.12	Hitech Computars	HP All In One 1213 NF	15700.00	Printer	25.12.2012
				Total	155296.00		

RAMESH CHAUDHARI & CO.
Chartered Accountants

"Saurabh"", Behind Aakashwani
Shastri Nagar, AKOLA, 444001

RCH PROJECT SNGO A/C RUN BY
ASHRAY MAHILA SAMUDAY VIKAS SANSTHA
RECEIPTS & PAYMENT ACCOUNT FOR THE YEAR ENDED 31-03-2013

RECEIPTS	AMOUNT	AMOUNT	PAYMENTS	AMOUNT	AMOUNT
OPENING BALANCES :					
Cash in hand	1230.00		Antenatal Clinic delivery	143163.00	
Cash at Bank	11898.00	13128.00	Medicine Stock & Other Supplies	111497.00	
			RTI/ STI/ Treatment And Unmet	58434.00	
GRANT RECEIVED			Mini Bus Services	128070.00	
From Dist.Health & FW Society Akola	1500000.00		Meeting For Community Mobilisation	16590.00	
Misc Receipt	8500.00	1508500.00	Monthly Group Meeting	95405.00	
			Advocacy Meeting	5000.00	
			Liasion and networking meeting	5000.00	
CREDIT PURCHASE		0.00	Conveyance Two Wheeler	46495.00	
			Conveyance Four Wheeler	21000.00	
			Other Visit Related To Rch	20935.00	
INTEREST FROM BANK		0.00	Repairs & Maint Exps	7500.00	
			Project Officer / MO	120000.00	
			Co-ordinator	60000.00	
			Gynaecologist	156059.00	
			Pead & Anesthetics	97856.00	
LOANS & ADVANCES :-			Staff Nurse	90000.00	
Ashray Mahila Samuday Vikas sanstha	435460.00	435460.00	Honorarium Community Health Volunteer	223920.00	
			Salary/ Remuneration	421000.00	
			Workshop	9082.00	
			Documentation Expenses	18670.00	
			Telephone / Fax Exps	7133.00	
			Stationery Exps	13700.00	
			Advertisement	2500.00	
			Bank Charges	836.00	
			Audit Fees	7500.00	
			Postage & Telegram	733.00	
			Misc Office Exps.	10251.00	1898329.00
			FIXED ASSETS		
			Printer HP (All In One)	15700.00	
			Voltas Water Coolor	16000.00	
			Godrej Mricrowave Oven	6000.00	37700.00
			CLOSING BALANCES :-		
			Cash in hand	4860.00	
			Cash at Bank	16199.00	21059.00
	TOTAL RS	**1957088.00**		**TOTAL RS**	**1957088.00**

CERTIFICATE

This is to Certify that the figures Shown in the above Receipts & Payments account of the above institution For the year ended 31st March 2013 are in agreement with the Books of accounts as Maintained by the Said institution

PLACE :- AKOLA

DATED :- 10/05/2013

अध्यक्ष / सचिव
आश्रय महिला समुदाय विकास संस्था, अकोला

Ramesh Chaudhari & Co. AKOLA F.R. No. 108534 W Chartered Accountants

FOR RAMESH CHAUDHARI & CO.
CHARTERED ACCOUNTANTS

(RAMESH CHAUDHARI...PARNTER)

AMESH CHAUDHARI & CO.
Chartered Accountants

"Saurabh"", Behind Aakashwani
Shastri Nagar, AKOLA, 444001

Ashray Mahila Samuday Vikas Sanstha, Akola RCH Project (SNGO A/c)

RECEIPTS & PAYMENT ACCOUNT FOR THE YEAR ENDED 31-03-2012

RECEIPTS	AMOUNT	AMOUNT	PAYMENTS	AMOUNT	AMOUNT
OPENING BALANCES :		568725.00			
Cash in hand	54635.00		Antenatal Clinic delivery		95953.00
Cash at Bank	514090.00		Medicine Stock & Other Supplies		90100.00
			RTI/ STI/ Treatment And Unmet		50030.00
INTEREST FROM BANK		0.00	Gynaecologist		50300.00
			Meeting For Community Mobilisation		14051.00
			Monthly Group Meeting		154500.00
			Advocacy Meeting		4000.00
			Liasion and networking meeting with		4000.00
			Conveyance Two Wheeler		39080.00
Credit Purchase:-		13100.00	Conveyance Four Wheeler		20090.00
Taori Agencies	13100.00		Other Visit Related To Rch		18130.00
			Ambulance Repairs & Maint Exps		58490.00
			Project Officer / MO		120000.00
			Co-ordinator		60290.00
			Gynaecologist		154226.00
			Anesthetics		96000.00
LOANS & ADVANCES :-		941900.00	Staff Nurse		90000.00
Ashray Mahila Samuday Vikas sanstha	941900.00		Other Remuneration		67471.00
			Workshop		9938.00
			Honorarium Community Health Volunteer		252400.00
			Documentation Expenses		16568.00
			Telephone / Fax Exps		6442.00
			Stationery Exps		12100.00
			Advertisement		21135.00
			Bank Charges		303.00
			Audit Fees		5000
			CLOSING BALANCES :-		13128.00
			Cash in hand	1230.00	
			Cash at Bank	11898.00	
	TOTAL RS	**1523725.00**		**TOTAL RS**	**1523725.00**

CERTIFICATE

This is to Certify that the figures Shown in the above Receipts & Payments account of the above institution For the year ended 31st March 2012 are in agreement with the Books of accounts as Maintained by the Said instiution

PLACE :- AKOLA

DATED :- 03/05/2012

Ramesh Chaudhari & Co. AKOLA F.R. No. 108534 W Chartered Accountants

FOR RAMESH CHAUDHARI & CO.
CHARTERED ACCOUNTANTS

(RAMESH CHAUDHARI...PARNTER)

RAMESH CHAUDHARI & CO.
Chartered Accountants

"Saurabh"", Behind Aakashwani
Shastri Nagar, AKOLA, 444001

ASHRAY MAHILA SAMUDAY VIKAS SANSTHA, AKOLA (SNGO A/C)
RCH PROJECT A/C
INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31ST MARCH 2011

PARTICULAR	AMOUNT	AMOUNT	PARTICULAR	AMOUNT	AMOUNT
Service Delivery Exps :-		20569.00	**By Grant Received**		750000.00
Clinical Services Exps :-	0.00				
Antenatal Clinic delivery	0.00				
Medicine Stock & Other Supplies	20569.00				
RTI/ STI/ Treatment and Unmet	0.00				
Need/MTP and Family Planning Services	0.00				
Referal Linkages/ Regular Follow		0.00			
Up For RCH Care Exps :-	0.00				
Mobile Mini Bus Services for :-					
High Risk and Primigravindra	0.00				
for one antenatal check up by					
Gynaecologist	0.00				
BCC /Community Participation :-		0.00			
eting For Community Mobilisation	0.00				
nthly Group Meeting	0.00				
vocacy Meeting	0.00				
Liasion and Networking Meeting with					
Public and Private Partners	0.00				
Monitoring Travellling & Conveyance		30900.00			
For Field Visit Expenses :-					
Conveyance Two Wheeler	0.00				
Conveyance Four Wheeler	0.00				
Other Visit Related To RCH	0.00				
Ambulance Repairs & Main Expenses	22700.00				
Street Play Remuneration	8200.00				
HRD Expenses :-		0.00			
Salary / Honorarium	0.00				
Project Officer / MO	0.00				
Co-ordinator	0.00				
Gynaecologist	0.00				
Anesthetics	0.00				
Staff Nurse	0.00				
pacity Building :-		0.00			
Workshop	0.00				
Honorarium Community Health Volunteer	0.00				
Administrative Expenses :-		12210.00			
Documentation Expenses	0.00				
Telephone / Fax Expenses	0.00				
Stationery Exps	0.00				
Advertisement	9800.00				
Bank Charges	910.00				
Audit Fees	1500.00				
To Surplus Transfered to Balance-Sheet		**686321.00**			
	TOTAL RS	**750000.00**		**TOTAL RS :-**	**750000.00**

Place :- Akola

Date :- 11/06/2011

सचिव
"आश्रय" महिला समुदाय विकास संस्था
अकोला

Ramesh Chaudhari & Co. Chartered Accountants Akola

FOR RAMESH CHAUDHARI & CO.
CHARTERED ACCOUNTANTS

[RAMESH CHAUDHARI PROP.)

6) Indicator wise progresses:

Following is report of Indicator wise progress given by SNGO.

No.	Indicators	Baseline	Expected	Achieved
1	MATERNAL & CHILD HEALTH (MCH)			
2	Women received complete antenatal care (ANC) during pregnancy	34	62	58
3	Institutional deliveries	37	63	58
4	Home Deliveries conducted by skilled birth attendant (SBA)	23	41	38
5	Children aged 12-24 months completely protected against the 6 vaccine preventable diseases (VPD)	58	69	67
6	Families received benefit under JSY	43	72	68
7	FAMILY PLANNING (FP)			
8	Eligible couples using modern FP methods	33	57	47
9	ADOLESCENT GIRLS			
10	Girls marrying before legal age of marriage	33	28	22
11	Married girls conceived during adolescence	27	23	21
12	IEC			
13	Awareness sessions held with community	22	64	68

It appear that indicators related to ANC coverage, home deliveries conducted by skilled birth attendant, immunization coverage and awareness sessions conducted are showing progress compared to baseline and expected figures. However indicators related to age at marriage, families receiving JSY benefits, use of modern family planning methods, teenage pregnancies need further improvement.

However it is very difficult to ascertain exact contribution of SNGO in improvement if indicators, as other PHIs of government are also contributing for the same. Efficient Health Data surveillance System is not existing and getting latest information of various indicators is big challenge.

7) Problems faced by the SNGOs in implementing the scheme in their area

1. As per statement by SNGO director DHO, DRCHO and DPM were unable to give time and visit due to their other commitments.

2. Delay in release of funds from State level makes it difficult to pay regular salary due to many field workers leave the job and it becomes difficult to retain them on regular basis.

3. Honorarium for field worker is very and it can affect quality of work.

4. Funds under the SNGO scheme are not sufficient to cater for manpower, ambulance and other IEC activities

5. Due to frequent transfers of district and PHC level officers', difficulty in coordination is experienced by SNGO.

6. There is discrepancy in guidelines given by center, state and district health authorities.

7. Language barrier of local tribal people, i.e. korku is the local language and people may difficulty in understanding

8. Political interference and financial expectations by sarpanch and anganwadi workers as per statement of SNGO director.

SNGO hospital photograph

I

Inspecting team in action

Chapter 5: Conclusion:

1. SNGO does not have Hospital of its own, and hospital of Dr.Mrs.R.M.Mate is shown as hospital of SNGO, and concerned owner is shown as officer under same project. All the villages under project i.e. 27 do not have separate field worker and 3 villages are covered by one worker. As there are only 9 field workers in place of 27, it may affect the quality of work.
2. Indicators related to ANC coverage, home deliveries conducted by skilled birth attendant, immunization coverage and awareness sessions conducted are showing progress compared to baseline and expected figures. However indicators related to age at marriage, families receiving JSY benefits, use of modern family planning methods, teenage pregnancies need further improvement.
3. Interview with Eligible couples reveal that majority of the beneficiaries (85%) were not using any type of family planning methods. Out of 101 eligible couple 6% were opted Permanent (sterilization) method of family planning and 9% beneficiaries were using Spacing methods. Majority of the beneficiaries does not wish to have more children; however they are not using any kind of contraceptive. There is knowledge-application gap.44% of respondents witnessed presence of SNGO once a month in their village. There is need to improve performance of SNGO in this important issue.
4. Interview with mother's of Children 0-12 months shows that only 50% deliveries were institutional. Proportion of deliveries conducted by & or motivated by SNGO appear less and its presence has not significantly improved to reach 100% institutional delivery target.
5. Involvement of men in RCH need to be improved. Contribution of SNGO staff in promoting breastfeeding, weaning is less compared to work done by ASHA and Anganwadi workers. Work of SNGO is obvious in only half of the total area.
6. Interview with Adolescent girls revealed that there is better awareness among most of the adolescent girls to wish to marry and conceive after the age of 18 years. Out of all 101 beneficiaries 75% were aware of SNGO. Most of them opined that there is no parental support for such meetings due to cultural reasons.
7. Interview with Antenatal women (ANC) revealed that alhough 83% beneficiaries got married after 18 years of age 17% are still getting married before legal age. 85% beneficiaries had not arranged transportation for their delivery. Here SNGO as well as PHIs of government need to identify private vehicle owners in the area and circulate their phone/mobile numbers to all field workers for contact in emergency situation. 88% pregnant women said there is no active participation from their husband. This reflects poor participation of husbands which need to be improved.
8. Although SNGO staff appear to encourage the beneficiaries, major contribution in this regard is being done by ASHA,ANM and anganwadi workers.
9. Interview with sub center ANM shows that there is less coordination by SNGO with sub center ANMs. Although Bhili and Soundhala subcentre ANMs were

satisfied with association with SNGO, Umara and Ruikhed subcentre ANMs expressed dissatisfaction due lack of commitment, poor quality of work & poor Ambulance facility for delivery patients

10. Interview with PHC Medical Officer shows that except for Mundhwa PHC Medical officer all three PHC MOs have said that performance of SNGOs in most of the areas was not satisfactory. 100 % Medical Officers said that monthly visits with SNGO are not conducted, showing that there is no coordination on regular basis as well as monitoring between PHCs and SNGO.
11. Considering this lack of regular dialogue/communication most of them do not recommend the replication of the SNGO scheme in other sub centers as they do not perceive any additional benefit due to presence of SNGO in their area.
12. Interview with Sarpanch in villages of project area shows that most of sarpanchs opined that there was no significant help from SNGO or any notable change in health of village. 100% sarpanch were aware about village health, nutrition & sanitation committee in their village. It is very much necessary to involve head of village/sarpanch as he/she is opinion leader and can influence people at large. SNGO must involve them on a regular basis.
13. Even District program manager and District RCH officer feel that replication of SNGO scheme in other PHC areas would not offer additional benefit and not sure about actual contribution of SNGO in achieving various targets/indicators related to RCH.
14. There is no regular monitoring and supervision visits to SNGO by DPM, DRCHO and DHO and state NGO coordinator. Reciprocally District Program Manager under NRHM thinks that SNGO scheme should not be replicated in other districts as it does not have any added benefit over existing health care institutions of government. This clearly indicates that there is gross confusion about accountability of SNGO.
15. Taluka medical officer (TMO) is not monitoring the work of SNGO regularly.
16. There should be uniformity in guidelines in relation to implementation of guidelines of SNGO scheme from Center, state and district level authorities and these must be strictly followed.
17. Except for the first installment, all three subsequent installments have been delayed. Delay in release of funds from State level makes it difficult to pay regular salary of workers on time. Due to this many field workers leave the job and it becomes difficult to retain them on regular basis. Further bank passbooks for field workers are not available.
18. Utilization of funds reveal that SNGO has spent more amount on training component, though training capabilities of staff are not up to the mark.

Chapter 6: Recommendations

1. Overall working of the SNGO is not very satisfactory and up to the mark. However considering the positive and negative factors reported in this study, thorough assessment of these factors is essential before taking the decision for continuation of funding. The SNGO must comply with the observations/suggestions made and should give clarifications.
2. SNGO must have own hospital in project area. If other's private hospital is used by showing owner as Medical Officer, credibility becomes an issue. SNGO must justify their MOU that how interests of private hospital and SNGO do not clash each other.
3. Nonclinical services and IEC activities of SNGO were found satisfactory but there is need of increased contribution for clinical services.
4. SNGO must be made accountable by monitoring performance of various targets on monthly basis in presence of all 4 medical officers by DHO, DRCHO and DPM, so that everyone knows "who is doing what". Otherwise they may take credit for job done by others, so their exact role/jurisdiction has to be clearly defined.
5. Training should be provided for field workers in relation with common health problems in community pertaining to objectives of SNGO. There has been overutilization of budget in training, but proper training of key persons is lacking. Hence SNGO should strictly emphasize and look in to the quality of the training they provide.
6. Improved coordination is required among SNGO, government health officials including peripheral health staff i.e. ANM in sub center, Medical Officer in PHC as evident from findings. This can be done by keeping monthly meeting of PHC/RH where all sub center ANMs and SNGO staff are present.
7. Regular monitoring visits and feedback should be given by State NGO coordinator to SNGO, at least twice annually before release of next installment of fund.
8. There should be proper and detailed guidelines about implementation of SNGO scheme by State level authorities.
9. DHO must call SNGO representative for monthly meeting for medical officers to assess their performance on regular basis and see improvements in indicators related to objectives of SNGO. There seems lack of coordination between state level NGO coordinator and district health administration and SNGO.
10. State NGO officials should introspect the coverage expectancy targets given to SNGO, whether they are realistic or not and come to consensus in discussion with DHO, DRCHO, DPM
11. There is little dialogue between SNGO and DRCHO; DPM. SNGO must be called at regular monthly meetings, quarterly/half yearly/annual appraisal of targets. That is why officials are not in favour of replicating the scheme;

probably they think that it does not offer added benefit to existing public health infrastructure.

12. Improvement in nonclinical services is essential by SNGO to optimum level.
13. Improvement in coordination with block and district is required. It is obvious that SNGO though partner of peripheral health institutions is not keeping regular contact with ANM,PHC MO, Block level RH and District level health authorities. It should be compulsion for them to attend periodic meetings and show involvement in each other's activity.
14. Presentation of work performance in monthly meetings should be made mandatory. District RCH officer opines that SNGO presence does not improve the health indicators
15. Improvement in community participation is also necessary. Action should be taken by the SNGO in this regard.