Project Report

"Evaluation of Dr.M.L.Dhawale memorial trust Mumbai: Service NGO in Vikramgarh Block, Thane, in Maharashtra"

Submitted to:

State Health System Resource Centre, Pune

Submitted by:

Pravara Institute of Medical Sciences, Deemed University, Loni, Dist-Ahmednagar

Contents

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 Thane district of Maharashtra had been approved as service NGOs. Dr.M.L. Dhawale memorial trust Mumbai has been selected by Ministry of health and Family Welfare, GOI, as a service NGO for Thane District in Maharashtra. This NGO has identified 94 villages in Vikramgad Block as un/underserved area. Pravara Institute of Medical Sciences, one of the empanelled consultant organization on SHSRC, Pune was identified as agency for third party evaluation of SNGO project in Thane district of Maharashtra vide letter from SHSRC dated 30/10/2012.

Methodology:

Qualitative and quantitative study methods were used for primary data collection. Secondary data was also used such as SNGO office registers, records etc. Data was entered and analyzed in MS-Excel.

Study findings:

1. Institute has good facility for 24 hours delivery and also has good transport system and referral facility to their own specialty centre at Palghar, about 32 KM away, which is teaching institution offering MD course in homeopathy. Few doctors are posted on rotation to SNGO headquarter at Bhopoli.
2. There is no provision of doing caesarian section in emergency situation at headquarters. There is no facility for even basic investigations at SNGO. Cases are referred to Palghar for emergency LSCS. All laboratory specimens are also sent to Palghar. However the medical officer residing at headquarters seems competent and committed. The gynecology and pediatrics specialist are visiting to centre every week/fortnight.
3. Indicator wise there seems to be some improvement in ANC coverage, Institutional delivery , immunization coverage and number of eligible couple using family planning methods; but still there is scope of improvement for these and other indicators in SNGO area.
4. Number of women received benefit under JSY: There is scope for improvement & better coordination with government health functionaries can improve the utilization of JSY scheme by the beneficiaries.
5. The SNGO does not cover entire project area of Vikramgarh block (94 villages distributed in three PHC areas) as mentioned in project proposal and sanction letter by Government. The SNGO only covers about 30 villages (1/3rd of Block) mostly under only one PHC i.e. PHC Kurunze.
6. SNGO is facing irregular fund flow from the government. There is delay for transfer of funds by 4-6 months each time. Except for first installment all others have come late by 4-5 months. It is difficult to carry out activities during that period and NGO have to full resources from other sources e.g. donations.

7. SNGO has done audit two times in project period, but audit report of current year is pending.
8. Many of the Community health volunteers selected by SNGO are also working as ASHA under NRHM; hence it is difficult to assess their exact output for SNGO. Except for kurunze PHC, other two PHCs in the block are not aware of the activities and even medical officers opined that SNGO is not having any liaison with them.
9. District RCH officer has not visited the SNGO at all. As per guidelines of SNGO, GOI there should be 6 monthly visits to the SNGO. She has further expressed that SNGO scheme has not added advantage on existing infrastructure and NOT in favor of replication of scheme. She has suggested that there should be effective communication from SNGO at block and district level which is lacking.
10. District program manager under NRHM also expressed the same opinion. SNGO activities need to be regularly monitored by District Program Manager, District RCH officer & DHO.
11. Interview with PHC medical officer, sarpanch, subcentre ANM, and villagers has confirmed that SNGO has practically no existence in other two PHC areas namely Malwada and Talwada.
12. On analysis of indicator wise progress it is evident that SNGO is lacking as far as target of 100% institutional delivery is concerned. Even the District RCH officer is of the opinion that SNGO scheme does not have added advantage over existing PHI and DOES NOT recommend replication of the scheme in other parts. This is the proof that there is gross error in functioning due to various reasons. She also feels that SNGO does not approach her in case of difficulty.
13. There seems a feeling by SNGO that they get funds from state and are NOT answerable to local/block/district level administration. Otherwise they should be summoned by concerned authorities to present monthly performance

Recommendations

1) Taking into consideration of all positive and negative factors mentioned above, decision to continue the funding may be taken. The SNGO must comply with the observations made and give clarifications.
2) SNGO must submit the audited statement of this year.
3) On asking “why SNGO is not covering all 94 villages?” the answer was “it is practically impossible with current financial input given by government i.e. 15 lack per year. Government needs introspection here, when 3 fully staffed and equipped PHCs are not able to achieve the targets and cover entire block-how are we given with such unrealistic targets and SNGO with meager funds? One of the PHCs we visited did not have facility for delivery- the new building was under construction for many years yet incomplete.
4) 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

5) 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.

6) There is definite need of additional health inputs in this underserved, difficult geographical region where population is living in hilly terrains and even one village is made up of many Padas(small hamlets) often not well connected, poor road conditions and transport/communication system. Even CHVs should get extra transport allowance to come to centre, in addition to their honorarium.

7) Honorarium of all categories of staff including medical Officer need to be increased as they are the backbone of services of SNGO. Further it may be directly deposited to their bank accounts as confirmed from Adhar card, so that no amount should be deducted on any grounds.

8) There is scope of improvement in nonclinical services by SNGO.

9) 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.

10) Presentation of work performance in monthly meetings should be made mandatory. Despite of existence of SNGO, there are no 100% institutional deliveries taking place and District RCH officer opines that SNGO presence does not improve the health indicators.

11) Compared to other areas without SNGO, it clearly calls for compulsion by block/district health authorities to make them present their performance for each indicator on monthly basis in presence of all medical officers of block to find out 'Who is doing what?'.SNGO may take credit for the work done by government health authorities.

12) Improvement in community participation: Interviews with various stakeholders and beneficiaries clearly indicate lack of coordination and community participation.

13) State authorities must monitor performance of various targets vs. achievements before releasing next installment every 6 months. Due consultation is required with sub center, PHC Medical Officers and District health officer/RCH officer and District Program manager by State NGO coordinators.

14) Strengthening of existing health infrastructure of PHCs: One of the PHC in the area was having just two rooms in old building as new constructed building was ready but not functional due to various reasons. This has lead to serious underutilization of manpower and supplies.

15) More budget is required for training component of staff in all categories eg medical officer in essential obstetric care, newborn care, management of

STI/RTI. NRHM should specify whether Ayurveda and homeopathy drugs prescribed singly/in combination with Allopathy are rational.

16) Training related to health management is required by project manager and coordinator.

17) Due involvement & coverage of news related to organization of camp/free services of SNGO in media (local newspaper and radio) is required to make people aware about the event and use the opportunity.

18) Emergency caesarian section facility must be made available by training medical officer/on call gynecologist, as referral facility is more than 20 km away.

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 Thane district of Maharashtra had been approved as service NGOs. Dr.M.L. Dhawale memorial trust Mumbai has been selected by Ministry of health and Family Welfare, GOI, as a service NGO for Thane District in Maharashtra. This NGO has identified 94 villages in Vikramgad Block as un/underserved area.

Objective/indicators of SNGOs were as follows:

1. ANC coverage
2. PNC coverage
3. Institutional deliveries
4. Unmet need for spacing, % of husbands using modern family planning methods
5. Immunization
6. Malnutrition among under-three year children
7. adolescent/STI treatment
8. Human resource development
9. Behavior Change Communication
10. % of girls marrying before legal age

Pravara Institute of Medical Sciences was identified as agency for third party evaluation of SNGO project in Thane 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 SNGOs in implementing the scheme in their area

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

Chapter 3: Methodology

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

Ten villages were randomly selected from list of 94 villages of Vikramgarh block.

PHC wise number of villages is given below.

1) PHC Kurunze- 6 villages
2) PHC Malwada-2 villages
3) PHC Talwada-2 villages

From each selected village 10 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).
6) Patients of R.T.I/S.T.I./A.R.I/Diarrhea/Abortion/I.U.D:3 % sample of cases from SNGO register during period of 2011-2012
7) Knowledge of SNGO staff (Medical Officer, Project coordinator and 30 CHVs) in relation to management of diarrhea/ARI and RTI/STI
8) Sarpanch
9) Sub center ANM

Following were the components whose assessment had been done during the evaluation:

1) Assessment of meetings/trainings conducted by SNGO
    a. Minutes of meeting
    b. Who have attended meetings/trainings?
    c. Whether SNGO working birth plan/checking related record
2) Assessment of knowledge and skills of SNGO staff in relation to A.R.I/ Diarrhea/STI
3) Assessment of clinical and other records/registers (Photograph/ Xerox will be taken for necessary documents
4) Assessment of Infrastructure for providing clinical services: Human Resource/Equipments/ Building

Equipments / Building /clinic, equipment adequately skilled staff, and appropriate net work for referral services.

Human Resource: Staff of SNGO: Following things to verify/check

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

Budget utilization as per norms by SNGO: A competent person from accounts department will assess the budget utilization as per norms by SNGO.

Budget: Spread out/One time utilization

Checking financial reports submitted by SNGO

5) Checklist for A.R.I/Diarrhoea

6) Checklist for RTI/S.T.I:

7) Checklist for Assessment of knowledge and skills of SNGO staff in relation to A.R.I/

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.P.A.Giri, Dr.D.B.Phalke,Dr.J.D.Deshpande

Data collection was carried out between 11/2/2013 to 15/2/2013. Preliminary discussion about results was done with Sr. Consultant, SHSRC.

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

Sr no	Designation	Name
1	Project Director of the SNGO	Dr. Chandrashekhar Goda

2	Field coordinator	Mr.Dhanwa
3	Medical Officers	PHCs Kurunze, Talwada and Malwada under Vikramgarh block
4	ANMs	PHC/subcentres
5	Sarpanch/ president of SHG	of villages in project
6	Taluka Medical Officer	Dr.Ritesh Patel
7	District RCH Officer Thane	Dr.Pooja Singh
8	District Program manager-NRHM Thane	Miss.Rita Gaikwad

Data entry was done in ms-excel.

Chapter 4: Results

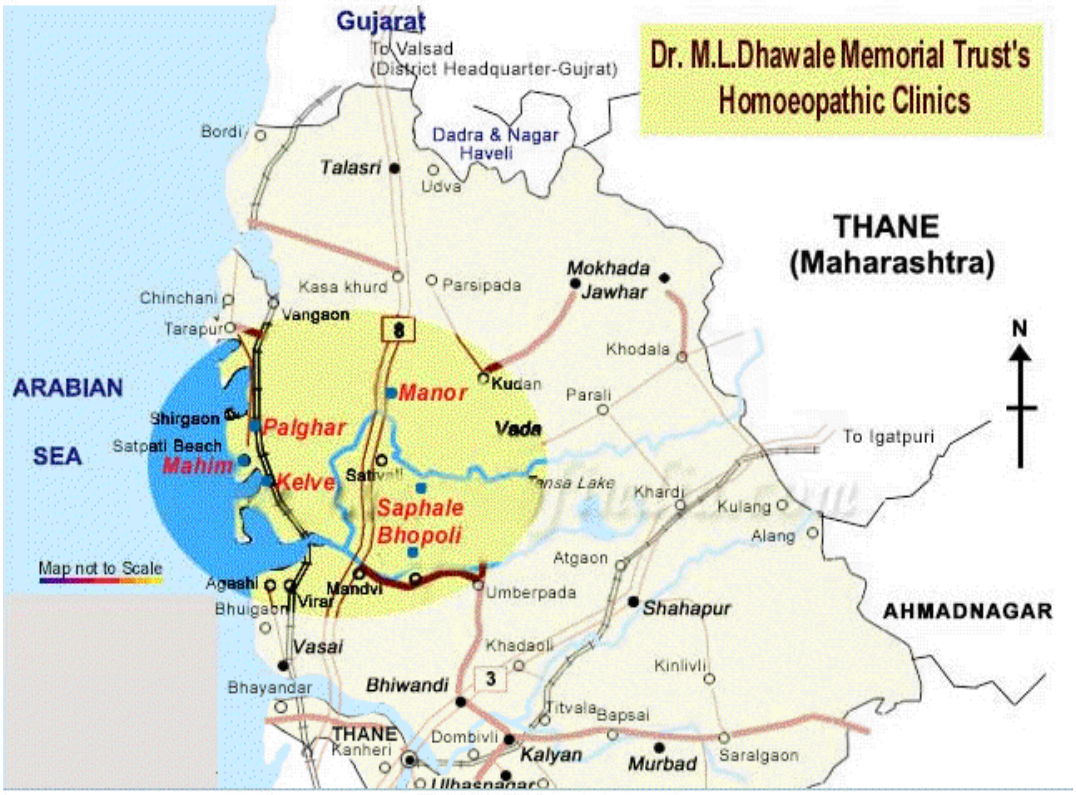
Following are the Milestones of SNGO Project in Dr.M.L. Dhawale Memorial Trust's smt.JBD Homoeopathic Hospital & Share and Care Community Health Centre Bhopli, Tal:Vikramgad ,Dist : Thane

Sr. no	Activity	Date
1	Selection as an SNGO	January 2008
2	Training Workshop on Base Line Survey	5th to 8th May 2008
3	Training Workshop on Project Proposal	5th t0 7th Aug 2008
4	Conduction of Base Line Survey	Dec-2008 to January 2009
5	Project Proposal Submission	January 2010
6	Agreement of MOU	January 2011
7	Permission to Start Project Work	Apr 2011
8	Till today total Period of Project Implementation	23 months

General information:

Map of Thane district showing location of Vikramgad

Geographical map and road access to SNGO:



Vikramgarh block: Project area covering 94 villages in three PHC area and headquarter of SNGO at BHOPOLI:

RH Vikramgad
PHC 1 Kurunza
PHC 2 Malwada
PHC 3 Talwada
SNGO headquarter Bhopoli

Sr. No	Village Name	Distance From Bhopoli Center	PHC	Population
1	Karsod	8 Km		1900
2	Ghanede	7 Km		0580
3	Kondgaon	8 Km		1500
4	Vedhe	5 Km		1013
5	Dolhari Khurd	16 Km		1737
6	Chinchghar	5 Km		1966
7	Apti	7 Km		1374
8	Chari Budruk	6 Km		0600
9	Sathkhor	18 Km		1388
10	Uprale	8 Km		1433
11	Deherje	9 Km		2152
12	Khandeghar	12 Km		0571
13	Bangarchole	4 Km		0471
14	Kev	7 Km		2217
15	Talawali	5 Km		1474
16	Ghaneghar	6 Km		1385
17	Bhopoli	0 Km		1080
18	Hatne	12 Km		0549
19	Vilest	10 Km		0800
20	Shil	3 Km		0758
21	Boranda	5 Km		0984

22	Kurunze	9 Km		4000
23	Shilshet	6 Km		0697
24	Tetwali	10 Km		1474
25	Bandhan	9 Km		1374
Total				33477

SNGO headquarter at Bhopoli:

A) Clinical services provided by the SNGO

Following table shows the various clinical services provided by the SNGO for the first quarter of the year 2012.

Sr. No	Description	Apr-12	May-12	Jun-12	Total
1	Total no. of cases in ANC Clinic				
	New registration	58	74	51	183
	Old Cases	61	58	106	225
	Total cases	119	132	157	408
	High risk cases (specify)	20	22	24	66
	Primigravida	20	22	24	66
	Anaemia	0	0	0	0
	Sickle cell Anaemia	0	0	0	0
	Others	0	0	0	0
2	Total Number of Maternal Admissions				
	Antenatal cases	21	36	25	82
	Total Deliveries	18	26	21	65
	• Live Births	18	26	21	65
	• Still Births	0	0	0	0

	Abortion Cases	0	0	0	0
	MTP cases	0	0	0	0
	Postnatal Cases	0	0	0	0
3	No of Normal Deliveries	14	23	19	212
4	No. of LSCS Performed : (Lower Segment Caeserion Section 1/2)	4	3	2	9
5	No. of cases Referred to higher centres	0	0	0	0
6	Benefits given to Mothers : Under JSY	47	57	67	171
7	Total NICU Admissions : (Neonatal Intensive Care Unit)	0	0		0
8	Total no of neonates treated	0	0	0	0
	Total Sterilization Operations :	0	0	0	0
	• Vasectomies / NSV	0	0	0	0
	• Tubectomies	0	0	0	0
	• Laproscopies	0	0	0	0
	No. of IUD Inserted	0	0	0	0
9	Mgt of RTI/STI				
	Total no.of screening	0	0	0	0
	Total no. of diagnosis	0	0	0	0
	Services provided	0	0	0	0
	- Referral services	0	0	0	0
	- Counseling	0	0	0	0
	- Partner Treatment	0	0	0	0
10	HIV Tests :				
	Total No. of client refeferred to ICTC/ PPTCT	40	51	27	118
	Tests Performed	40	51	27	118

11	Total no.of children hospitalized				
	- ARI	0	0	0	0
	- Diarrhoea	0	0	0	0
	- Other Medical illness	2	4	4	10

Family planning, STI/RTI, management of ARI/Diarrhoea are gray areas which need to be improved.

Following table shows the clinical services provided by the SNGO for the second quarter of the year 2012.

Description	Jul-12	Aug-12	Sep-12	Total
Total no. of cases in ANC Clinic				
New registration	26	40	62	128
Old Cases	385	353	355	1093
Total cases	411	393	417	1221
High risk cases (specify)	76	80	90	246
Primigravida	76	80	90	246
Anaemia	0	0	0	0
Sickle cell Anaemia	0	0	0	0
Others	0	0	0	0
Total Number of Maternal Admissions				
Antenatal cases	38	27	29	94
Total Deliveries	33	22	22	77
• Live Births	33	22	22	77
• Still Births	0	0	0	0
Abortion Cases	0	0	0	0
MTP cases	0	0	0	0
Postnatal Cases	0	0	0	0

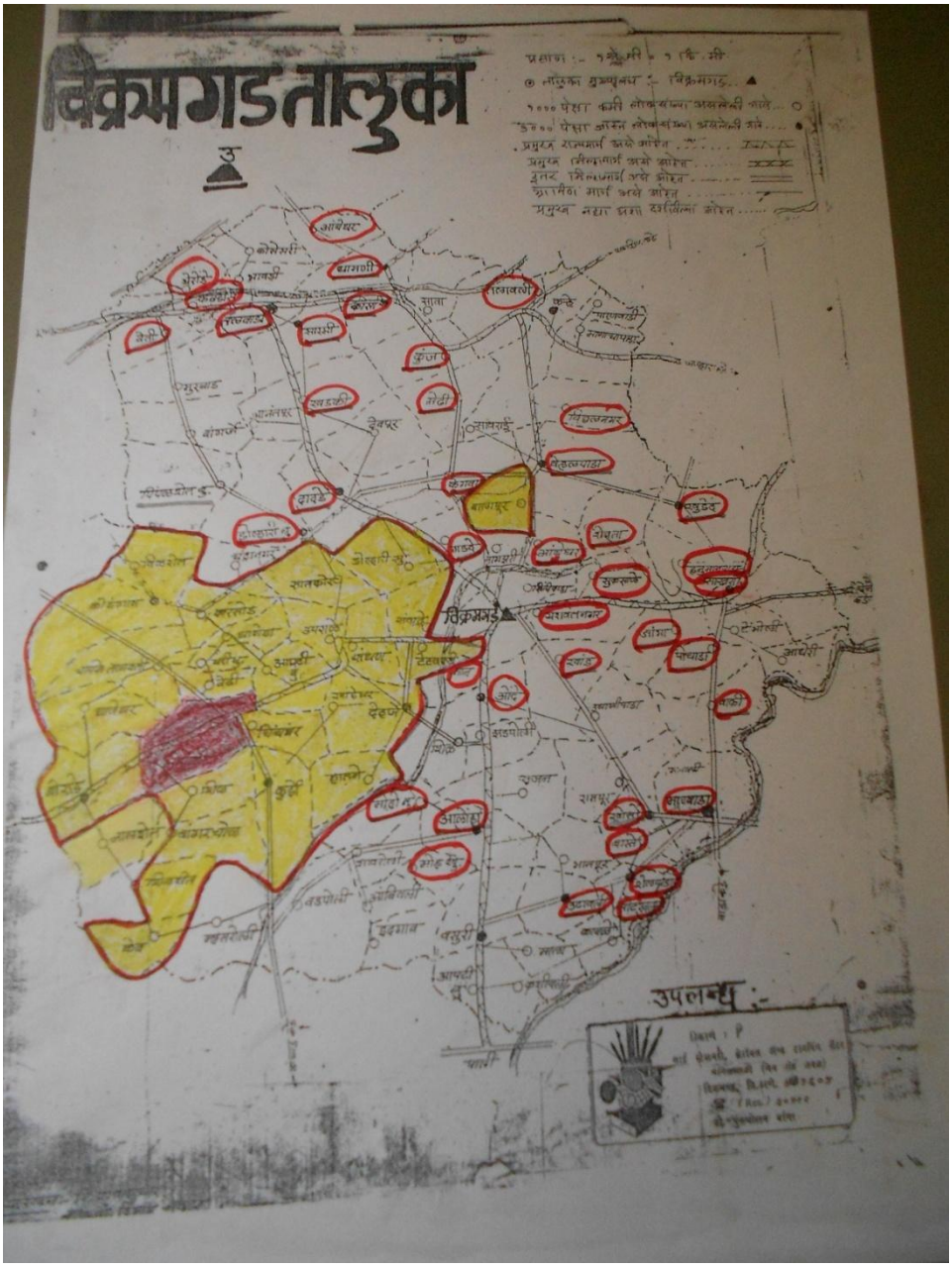
No of Normal Deliveries				
No. of LSCS Performed : (Lower Segment Caeserion Section 1/2)	4	4	4	12
No. of cases Referred to higher centres	0	0	0	0
Benefits given to Mothers : Under JSY	32	50	38	120
Total NICU Admissions : (Neonatal Intensive Care Unit)	0	0	0	0
Total no of neonates treated	0	0	0	0
Total Sterilization Operations :	0	0	0	0
• Vasectomies / NSV	0	0	0	0
• Tubectomies	0	0	0	0
• Laproscopies	0	0	0	0
No. of IUD Inserted	0	0	0	0
Mgt of RTI/STI				
Total no. of screening	0	0	0	0
Total no. of diagnosis	0	0	0	0
Services provided	0	0	0	0
- Referral services	0	0	0	0
- Counseling	0	0	0	0
- Partner Treatment	0	0	0	0
HIV Tests :				
Total No. of client reoffered to ICTC/ PPTCT	55	60	67	182
Tests Performed	20	45	74	139
Total no. of children hospitalized				
- ARI	0	0	0	0
- Diarrhoea	0	0	0	0

- Other Medical illness	8	7	4	19


Interview with ASHA:


Assessment of knowledge of SNGO staff/field staff about ARI/Diarrhoea/STI

Although all 94 villages covering all three PHC areas in following to be covered by SNGO as per submitted project proposal, actually only one third villages under only one PHC ie Kurunze are being covered, as shown in yellow shaded area map:



We observed that only villages shaded yellow were actually covered by SNGO , among 94 villages.

Interview with key stakeholders & beneficiaries:

a) Interview with adolescent girls:

IF UNMARRIED, AT WHAT AGE DO YOU WISH TO GET MARRIED?

<18 years	0	0
≥ 18 years	93	92.08
No Answer	8	7.92

Most girls wish to marry after the age of 18 years. No answer by 8 respondents is a matter of concern as this may mean child marriage in future.

AT WHAT AGE WOULD LIKE TO CONCEIVE YOUR FIRST CHILD?

<18 years	0	0
≥ 18 years	97	96.04
No Answer	4	3.96

This table gives little information as more than or equal to 18 does not give any idea as regards their knowledge regarding delaying the first pregnancy. If girl marries after 18years of age she will conceive at that age only!

EDUCATION COMPLETED

Illiterate	4	3.96
Primary	22	21.78
Secondary	70	69.31
Higher secondary	5	4.95

Only 4% girls are illiterate. This is a good sign as in most of the child marriages one of the compelling reason is the fact that the girl is not going to school.

ARE YOU A SCHOOL DROPOUT?

Yes	20	19.80
No	78	77.23
No Answer	3	2.97

23 respondents seem to be at risk of getting married as a child.

IF YES, WHY?

School far away	1	0.99
Family members didn't allow	11	10.89
Household duties	8	7.92
Other	0	0
No Answer	86	85.15

Actually school far away can be one factor due to which family members won't allow the girls to go to school due to fears related to her safety.

ARE YOU AWARE Dr. Dhavale(SNGO) IS WORKING IN YOUR VILLAGE?

Yes	40	39.60
No	52	51.49
No Answer	9	8.91

Only 40% girls are aware about SNGO.

WERE ANY MEETINGS HELD IN YOUR VILLAGE TO DISCUSS HEALTH ISSUES WITH YOU AND OTHER ADOLESCENT GIRLS?

Yes	57	56.44
No	40	39.60
No Answer	4	3.96

56.44% replied positively about conducting meetings by SNGO in their village to discuss health issues concerned with them.

IF YES, WHO CONDUCTED THESE MEETINGS?

Field NGO staff	26	25.74
ASHA	59	58.42
Anganwadi Worker	32	31.68
ANM	43	42.57
Medical officer	2	1.98
Other	7	6.93

NGO contribution to meetings is only 26%. Needs to be improved.

WHICH OF THE FOLLOWING TOPICS WERE DISCUSSED DURING THESE MEETINGS?

Physical changes during adolescence	40	39.60
Psychological changes during adolescence	4	3.96
Menstruation	68	67.33
Age of marriage	63	62.38
Teenage pregnancy	2	1.98
RTI/STD/AIDS	6	5.94
Anemia	5	4.95
Other	1	0.99
No Answer	8	7.92

More stress was given on topics like physical changes, menstruation and age at marriage. Issues related to sexuality like teenage pregnancy and RTI/STI were given less emphasis.

WERE YOU AWARE ABOUT PUBERTY & RELATED HEALTH ISSUES PRIOR TO ATTENDING THESE MEETINGS?

Yes	36	35.64
No	62	61.39
No Answer	3	2.97

It is nice to see that 36 respondents had prior knowledge about puberty and related health issues. The contribution of mothers and school teachers can be worth noting.

WHAT DO YOU DO WITH THE INFORMATION RECEIVED DURING THESE MEETINGS?

Make notes	1	0.99
Share with friends	32	31.68
Share with family	15	14.85
Nothing	50	49.50
Other	2	1.98
No Answer	13	12.87

It is seen that 63% of the respondents have not taken the opportunity of sharing the knowledge with others which is not a good sign. This may be due to failure on the part of trainers to convince the respondents about importance of spreading this useful information among family members and friends.

HAVE YOU BEEN INFORMED ABOUT THE VARIOUS TYPES OF CONTRACEPTIVES?

Yes	21	20.79
No	73	72.28
No Answer	7	6.93

Surprisingly only 21 respondents were informed about contraceptives. In this era of changing values in the society the girls must know about methods to protect themselves from unwanted pregnancy.

WHICH METHOD OF CONTRACEPTION WOULD YOU LIKE TO ADOPT?

Condoms	8	7.92
Oral contraceptive pills	23	22.77
IUDs	3	2.97
Natural methods	1	0.99
None	67	66.34
No Answer	7	6.93

2/3rd respondants were not in favour of using any method, whereas OC pill was common choice among those willing.

WHAT IS THE IDEAL FAMILY SIZE YOU PREFER? _____

2	5	4.95
3	4	3.96

4	34	33.66
5	29	28.71
6	15	14.85
7	6	5.94
No Answer	8	7.92

Ideal family size as per majority of them was more than three.

WHAT IS YOUR OPINION ABOUT THE COMMUNICATION SKILLS OF THE STAFF?

Average	30	29.70
Good	29	28.71
Excellent	0	0
Poor	39	38.61
No Answer	3	2.97

As per respondents very few staff had good communication skills.

HOW MANY MEETINGS HAVE YOU ATTENDED? _____

1	47	46.53
2	31	30.69
3	6	5.94
4	1	0.99
5	0	0
6	1	0.99
7	2	1.98
0	13	12.87

If total meetings were 7 then only 2 respondents had attended all meetings. It appears that the staff conducting these meetings could not hold on these respondents for various reasons. There is a need for training of these staff.

DID SOMEONE VISIT YOU AT YOUR HOME TO DISCUSS THESE ISSUES?

Yes	24	23.76
No	68	67.33
No Answer	9	8.91

Only in 24 respondents someone has made a home visit.

HOW OFTEN DOES THE NGO STAFF VISIT THE VILLAGE?

More than once a week	4	
Once a week	21	
Once a fortnight	4	
Once a month	3	
Less than once a month	3	
Don't know	63	
No Answer	1	

Most of the respondents do not know about the SNGO staff, activities and its effect in the village.

WHAT ARE THE ACTIVITIES CARRIED OUT BY THE NGO STAFF IN THE VILLAGE?

Awareness	35	
Camps	2	
Referral	18	
Assisting the ANM in her work	0	
Other	0	
Don't know	62	
No Answer	1	

Awareness, referral and organizing camp were the activities of SNGO in their villages , but many were not knowing exact role.

WHAT HAS BEEN THE EFFECT OF THESE ACTIVITIES IN THE VILLAGE?

Increased awareness about health	31	
Improved uptake of health services	5	
Change in dietary habits	5	
Increased age at marriage	24	
Better awareness of RCH issues (ANC & immunization)	0	
Adopting better menstrual hygiene practices	1	
Other	0	
Don't know	63	
No Answer	1	

Effect of activities as perceived by respondants was increased awareness about health, change in dietary pattern, increased age at marriage.

b) Interview with eligible couples:

More than 50% of eligible couples are not aware of SNGO in their village.

ARE YOU USING ANY FAMILY PLANNING METHOD?

Yes	58	63.04
No	34	36.96

Almost 63% are using FP method.

IF YES, WHICH METHOD IS IN USE?

Permanent (Sterilization)	20	21.74
Spacing	37	40.22
No Answer	35	38.04

Respondents prefer spacing methods over permanent methods. Of course this will have to be seen in the light of age of the respondents.

IF PERMANENT METHOD, WHO HAS UNDERGONE STERILISATION?

Husband	2	2.17
Wife	16	17.39
No Answer	74	80.43

Mostly women are undergoing sterilization operation. Hence a need to create awareness in the men.

IF SPACING METHOD, WHICH ONE?

Intra-uterine device (IUD)	8	8.70
Oral contraceptive pills (OCP)	4	4.35
Condom	26	28.26
Other	0	0.00
No Answer	55	59.78

Good to see the use of condoms in 28% respondents.

SINCE HOW LONG HAVE YOU BEEN USING THIS SPACING METHOD?

≤ 1 year	25	27.17
1-2 years	8	8.70
2-3 years	0	0.00
>3 years	4	4.35
No Answer	55	59.78

Most of the respondents know contraceptives since last 1-2 years and very few for more than 3 years.

FROM WHERE DO YOU OBTAIN THE CONTRACEPTIVES?

Field NGO staff	0	0
Sub centre	18	19.57
PHC	20	21.74
Rural hospital	0	0
District hospital	0	0
Private hospital	1	1.09
Medical store	0	0
Other	0	0
No Answer	53	57.61

Sub center and PHC were the common places to avail contraceptives.

ARE THEY EASILY AVAILABLE?

Yes	38	41.30
No	0	0.00
No Answer	54	58.70

WHO ENCOURAGED YOU TO USE THE FAMILY PLANNING METHODS?

Service NGO Staff	0	0
ASHA	21	22.83
Anganwadi Worker	2	2.17
ANM	17	18.48
Medical officer	8	8.70
Family member	0	0.00
Other	0	0.00
No Answer	44	47.83

SNGO has not encouraged anyone to use contraceptives. Needs improvement.

HAVE YOU FACED ANY PROBLEMS/ SIDE EFFECTS DUE TO THE CONTRACEPTIVE USE?

Yes	1	1.09
No	43	46.74
No Answer	48	52.17

It is necessary to know about the side effects/problems so that remedial measures can be taken.

YES, WHERE DID YOU SEEK CARE?

Sub centre	1	1.09
PHC	0	0.00
Rural hospital	0	0.00
District hospital	0	0.00
Private hospital	0	0.00
Service NGO	0	0.00
Other	0	0.00
No Answer	90	97.83

IS YOUR FAMILY AWARE OF YOUR PARTICIPATION IN THE ACTIVITIES?

Yes	29	31.52
No	25	27.17
No Answer	38	41.30

Only 31% participants have taken their families in confidence regarding their participation. Needs correction.

DO YOU SHARE YOUR EXPERIENCES WITH YOUR FRIENDS, NEIGHBOURS AND EDUCATE THEM ABOUT CONTRACEPTIVES?

Yes	34	36.96
No	19	20.65
No Answer	39	42.39

Most of them are sharing the information.

HOW OFTEN DOES THE SERVICE NGO STAFF VISIT THE VILLAGE?

More than once a week	0	0
Once a week	18	19.57
Once a fortnight	11	11.96
Once a month	8	8.70
Less than once a month	3	3.26
Don't know	17	18.48
No Answer	35	38.04

Half of the respondents do not know the SNGO, its activities and their effects on the village.

WHAT ARE THE ACTIVITIES CARRIED OUT BY THE FIELD NGO STAFF IN THE VILLAGE?

Awareness	25	27.17
Camps	22	23.91
Referral	0	0.00
Assisting the ANM in her work	0	0.00
Other	34	36.96
Don't know	21	22.83
No Answer	1	1.09

Most of the respondants replied that activities carried out by SNGO in their village were conducting camps and create awareness about health.

WHAT HAS BEEN THE EFFECT OF THESE ACTIVITIES IN THE VILLAGE?

Increased home visits by ANM / PHC staff	1	1.09
Improved ANC services	26	28.26
Increase in the institutional deliveries	16	17.39

Increased immunization coverage	1	1.09
Increased age at marriage	1	1.09
Better awareness of RCH issues	7	7.61
Other	35	38.04
Don't know	21	22.83

Increased institutional deliveries, ANC coverage & better awareness about RCH issues were positive effects of these activities in village

c) Interview with pregnant women:

GRAVIDA

1st	25	29.76
2nd	32	38.10
3rd and above	26	30.95

Gravida status of pregnant women was 1st (about 30%); 2nd (about 38%) and 3rd/more in rest of respondants.

PERIOD OF GESTATION

2nd Trimester	40	47.62
3rd Trimester	42	50.00
1st Trimester	2	2.38

ARE YOU AWARE Dr.Dhavale Trust SNGO , Bhopoli IS WORKING IN YOUR VILLAGE?

Yes	69	82.14
No	14	16.67
No Answer	1	1.19

Good to see that 82% are aware about SNGO.

HOW MANY TIMES HAVE YOU RECEIVED ANTENATAL CHECK-UP DURING THIS PREGNANCY?

0	2	2.38
1	1	1.19
2	25	29.76
3	45	53.57
4 and above	11	13.10

82 out of 84 have received some service under ANC

WHO ENCOURAGED YOU TO TAKE ANTENATAL CHECK-UP?

Service NGO Staff	29	34.52
ASHA	71	84.52
Anganwadi Worker	50	59.52
ANM	77	91.67
Medical officer	12	14.29
Family member	2	2.38
Other	0	0.00
Not Applicable	1	1.19

Contribution of SNGO is poor. Here multiple sources are operative.

Most of them had taken inj Tetanus toxiod doses and few had taken iron and folic acid tablets.
REASONS FOR NOT CONSUMING IFA TABLETS

No supply/Irregular Supply	4	4.76
Side effects	23	27.38
Possibility of adverse effects on baby	5	5.95
Family members opposed	5	5.95
Other	3	3.57
Not Applicable	42	50.00

Few women were not consuming the iron tablets due to black coloured stool and constipation.

WHERE DO YOU INTEND TO HAVE YOUR DELIVERY CONDUCTED?

Sub centre	30	35.71
PHC	62	73.81
Government hospital	22	26.19
Private hospital	3	3.57
Home	0	0.00
Not decided	2	2.38

No answer	3	3.57

Good to note that 95% have decided to have deliveries at hospital. This should be raised to 100%.

HAVE YOU BEEN ENCOURAGED FOR INSTITUTIONAL DELIVERY?

Yes	79	94.05
No	4	4.76
No Answer	1	1.19

Most of them responded that they were encouraged for institutional delivary.

IF YES, WHAT ARE THE BENEFITS OF INSTITUTIONAL DELIVERY?

Safe delivery	77	91.67
More attention	43	51.19
Good for baby	29	34.52
Cash incentive	14	16.67
Other	0	0.00
No answer	5	5.95

Most of them replied that it was safe for both mother and child.

WHO INFORMED YOU ABOUT THE INSTITUTIONAL DELIVERY?

Field NGO Staff	25	29.76
ASHA	74	88.10
Anganwadi Worker	33	39.29
ANM	74	88.10
Medical officer	23	27.38
Family member	0	0.00
Other	0	0.00
No Answer	5	5.95

Poor contribution of SNGO is seen here. Majority got information from other sources.

DANGER SIGNS DURING PREGNANCY: Contribution by SNGO was less(13.1%), compared to ANM,ASHA .

Field NGO Staff	11	13.10
ASHA	28	33.33
Anganwadi Worker	2	2.38
ANM	31	36.90
Medical officer	2	2.38
Family member	0	0.00
Other	0	0.00
No Answer	10	11.90

NUTRITIOUS DIET DURING PREGNANCY: contribution by SNGO less than 10%, comaparatively more by ASHA and ANM.

Field NGO Staff	8	9.52
ASHA	30	35.71
Anganwadi Worker	3	3.57
ANM	33	39.29
Medical officer	0	0.00
Family member	0	0.00

Other	0	0.00
No Answer	10	11.90

PREPARATION OF A BIRTH PLAN: contribution by SNGO less than 6%, more by ANM, MO and ASHA.

Field NGO Staff	5	5.95
ASHA	13	15.48
Anganwadi Worker	1	1.19
ANM	37	44.05
Medical officer	15	17.86
Family member	0	0.00
Other	0	0.00
No Answer	14	16.67

IMPORTANCE OF COLOSTRUM

Field NGO Staff	3	3.57
ASHA	9	10.71
Anganwadi Worker	4	4.76
ANM	21	25.00
Medical officer	7	8.33
Family member	0	0.00
Other	0	0.00
No Answer	40	47.62

EXCLUSIVE BREASTFEEDING: Contribution by SNGO less than 5%

Field NGO Staff	4	4.76
ASHA	10	11.90
Anganwadi Worker	5	5.95
ANM	15	17.86
Medical officer	8	9.52
Family member	0	0.00
Other	0	0.00
No Answer	42	50.00

COMPLEMENTARY FEEDING: Contribution by SNGO less than 5%

Field NGO Staff	4	4.76
ASHA	7	8.33
Anganwadi Worker	4	4.76
ANM	21	25.00
Medical officer	7	8.33
Family member	0	0.00
Other	0	0.00
No Answer	41	48.81

IMMUNIZATION SCHEDULE OF NEW BORN: Contribution is mainly by ANM and Medical Officer, negligible by SNGO .

Field NGO Staff	1	1.19
ASHA	5	5.95
Anganwadi Worker	1	1.19
ANM	43	51.19

Medical officer	21	25.00
Family member	0	0.00
Other	0	0.00
No Answer	13	15.48

IN THE EVENT OF A COMPLICATION, WHAT WOULD YOU DO?

Take rest	3	3.57
Self Medication	2	2.38
Inform family	65	77.38
Immediately inform health worker	20	23.81
Immediately visit closest health centre	37	44.05
Other	0	0.00
No Answer	2	2.38

Most of respondants inform family members first, and then go to nearest health facility.

HAVE YOU ARRANGED FOR YOUR TRANSPORTATION TO THE HEALTH INSTITUTION FOR DELIVERY?

Yes	40	47.62
No	43	51.19
No Answer	1	1.19

Good that 47% have arranged for the transport. This needs to be aligned with the period of gestation and expected date of delivery.

IS YOUR HUSBAND ACTIVELY INVOLVED IN THESE ACTIVITIES?

Yes	70	83.33
No	10	11.90
No Answer	4	4.76

Nice to see the husband's involvement to the extent of 83%.

HOW OFTEN DOES THE SERVICE NGO STAFF VISIT THE VILLAGE?

More than once a week	0	0
Once a week	7	8.33
Once a fortnight	3	3.57
Once a month	23	27.38
Less than once a month	11	13.10
Don't know	40	47.62

Almost half of the respondents do not know about the SNGO, its activities and impact.

WHAT ARE THE ACTIVITIES CARRIED OUT BY THE FIELD NGO STAFF IN THE VILLAGE?

Awareness	36	42.86
Camps	9	10.71
Referral	37	44.05
Assisting the ANM in her work	9	10.71
Other	0	0.00
No answer	36	42.86

WHAT HAS BEEN THE EFFECT OF THESE ACTIVITIES IN THE VILLAGE?

Increased home visits by ANM / PHC staff	16	19.05
Improved ANC services	38	45.24
Increase in the institutional deliveries	24	28.57
Increased immunisation coverage	26	30.95
Increased age at marriage	5	5.95
Better awareness of RCH issues	7	8.33
Other	0	0.00
Don't know	40	47.62

Increased ANC coverage, institutional delivaries and better immunization coverage were

d) INTERVIEW SCHEDULE FOR SARPANCH / SELF HELP GROUP (SHG) PRESIDENT

WHERE DO PEOPLE FROM YOUR VILLAGE SEEK TREATMENT FOR THE HEALTH PROBLEMS?

Sub centre	4	36.36
PHC	9	81.82
Government hospital	1	9.09
Private hospital	1	9.09
Other	0	

Most of villagers seek treatment from PHC/subcenter.

Project related questions:

ARE YOU AWARE Dr.Dhavale Trust NGO (SNGO), Bhopoli, IS WORKING IN YOUR VILLAGE?

Yes	6	54.55
No	5	45.45

Almost half of the respondents are not aware about the SNGO, its activities and its effect. This is a serious issue as self help groups and Sarpanch are the people who can provide support to the activities of SNGO. And no organization can work in isolation without involving these local influential people.

IF YES, WHAT TYPE OF WORK ARE THEY DOING?

Awareness	3	27.27
Camps	0	0
Referral	6	54.55
Assisting the ANM in her work	0	0
Other	0	0
Don't know	1	9.09
No Answer	4	36.36

Referring patients and creating awareness of health related issues were main responces.

HOW OFTEN DOES THE NGO STAFF VISIT THE VILLAGE?

More than once a week	0	0
Once a week	2	18.18
Once a fortnight	1	9.09
Once a month	1	9.09
Less than once a month	1	9.09

Don't know	3	27.27
No Answer	3	27.27

More than 1/3rd respondants are not aware of visit of SNGO staff in their village.

HAS ANYBODY IN THE VILLAGE GOT ANY BENEFIT FROM THEIR WORK?

Yes	6	54.55
No	2	18.18
No Answer	3	27.27

6 out of11 replied that they got some benefit from SNGO activity in village.

IF YES, WHO HAS GOT BENEFIT?

Pregnant women	6	54.55
Lactating women	0	0
Children	0	0
Adolescent girls	4	36.36
Other	0	0
Don't know	1	9.09
No Answer	4	36.36

Most feel that pregnant women are benefited.

IS THERE A VILLAGE HEALTH, NUTRITION & SANITATION COMMITTEE (VHNSC) IN YOUR VILLAGE?

Yes	11	100
No	0	0

All villages have VHNSCs.

IF YES, DESCRIBE THE ACTIVITIES OF THE VHNSC

Referral transport	7	63.64
Repairs for Anganwadi / Sub Centre	0	0
Support for malnourished children	7	63.64
Water and sanitation activities	10	90.91
Awareness activities	3	27.27
Other	0	0

Respondents are aware about the activities of VHNSC.

DOES THE SERVICE NGO WORK FOR HEALTH WITH THE VHNSC?

Yes	0	0
No	8	72.73
No Answer	3	27.27

SNGO should have worked with VHNSC for synergetic work and better impact and cooperation.

The silence of respondents is noted when asked about exact activities done by VHNSC.

WHO IS THE SECRETARY OF THE VHNSC?

MO PHC	0	0
ASHA	0	0
Gram sevak	1	9.09
AWW	11	100.00
Sarpanch	11	100.00
Other	0	0

DOES HE VHNSC HAVE AN INDEPENDENT BANK ACCOUNT?

Yes	11	100
No	0	0

100% told that independent bank account is there. They got money from 5000/- to -10000/-rs.

5000	6	54.55
8000	2	18.18
10000	3	27.27

Inability to tell how the funds are utilized poses a question mark on the activities of VHNSC!

IS THERE ANY COORDINATION BETWEEN THE SNGO AND STAFF FROM GOVERNMENT INSTITUTIONS?

Yes	5	45.45
No	4	36.36
No Answer	2	18.18

5 out 11 respondants said that there is coordination whereas 6 others replied negatively/did not answer the question.

HOW DO YOU PERCEIVE THE HEALTH OF THE VILLAGE IN GENERAL AFTER THE WORK OF THE SNGO?

Much better	1	9.09
Slightly better	4	36.36
Hardly changed / As before	1	9.09
Worse than before	0	0
Don't know	4	36.36
No Answer	1	9.09

45% of them perceived some positive change due to work of SNGO.

e) Interview with Sub center ANM:

No.	**Activity**	**Support Given By The SNGO To The Sub Centre**			
		Satisfactory (01)	Not Satisfactory (02)	Not Applicable (99)	No Answer (0)
1.	Home visits	3	2	0	3
2.	Registration of pregnant women, eligible couples	3	2	0	3
3.	Health education	1	4	0	3
4.	Counselling for using contraceptive methods	1	4	0	3
5.	Bringing beneficiaries for immunisation	1	3	1	3
6.	Organising diagnostic camps	1	4	0	3
7.	Adolescent camps	0	5	0	3
8.	Referring high risk cases	3	1	1	3
9.	JSY	1	3	1	3
10.	Any other (Please specify)	0	1	0	5

The support given by SNGO for various activities shows that there is very little contribution by SNGO.

WHAT IS THE FREQUENCY OF INTERACTION WITH THE SNGO?

More than once a week	1	12.5
Once a week	1	12.5
Once in 15 days	0	0
Once a month	0	0
Less than once a month	0	0
No Answer	6	75

Shows little coordination between SNGO and ANMs.

HAVE YOU INTERACTED WITH ALL THE STAFF MEMBERS OF THE SNGO?

Yes	1	12.5
No	3	37.5
No Answer	4	50

Only 1 ANM has interacted with all staff of the SNGO which explains the reality on ground!

WHAT ARE THE DIFFICULTIES IN WORKING WITH THE SNGO?

No difficulty	0	0
Lack of commitment	1	12.5
Inadequate staff	0	0
Poor quality of work	0	0
Poor reporting	0	0
Other	2	25
No Answer	5	62.5

It seems there are many difficulties experienced by the ANMs to work with SNGO.

WHAT DIFFICULTIES DOES THE SNGO MENTION?

Funds transfer	**0**	0
Community participation	**0**	0
Non-availability of supplies	**0**	0
Other	**5**	62.5
No Answer	**3**	37.5

SNGO has not mentioned any difficulties, but the responses should be understood in the context that there is no coordination between the two!

Overall Comments

HOW WILL YOU RATE THE SNGO WORK IN YOUR SUB CENTRE AREA?

Satisfactory	3	37.5
Not Satisfactory	2	25
No Answer	3	37.5

When asked about suggestions for improvement in SNGO scheme, no one has responded. It tells the reality about work of SNGO, its coordination with health system.

f) Interview with mothers of 0-12 months infant

ARE YOU AWARE Dr Dhavale Trust, Bhopoli (SNGO) IS WORKING IN YOUR VILLAGE?

Yes	70	74.47
No	24	25.53

Most of the respondents were aware about the NGO. Considering the nature of activities under the scheme, almost all respondents are expected to know about NGO. This can be improved in future.

WHERE DID THE DELIVERY TAKE PLACE?

Sub centre	3	3.19
PHC	32	34.04
Government hospital	22	23.40
Private hospital	3	3.19
Home	34	35.18

36% women delivering at home indicates great failure of the public health service and also the SNGO which has failed to create adequate awareness in the people.

REASONS FOR HOME DELIVERY

Not felt necessary by the woman	2
Not felt necessary by the family members	2
Hospital / Health centre far from village	15
Transportation facility not available	15

It is worth noting that lack of transportation and large distance of health centre are responsible for mothers to undergo home delivery. These causes can be tackled by existing schemes such as JSY.

If Institutional Delivery

WHO ENCOURAGED YOU TO GO FOR INSTITUTIONAL DELIVERY?

Service NGO Staff	22	23.40
ASHA	13	13.83
Anganwadi Worker	15	15.96
ANM	47	50.00
Medical officer	9	9.57
Family member	12	12.77
Other	1	1.06
No answer	2	2.13

Only 23.4% of the mothers are encouraged by the SNGO to go for institutional deliveries. This reflects poor performance of the SNGO in this regard. Compared to SNGO the ANM of health system seems to have worked better! SNGO needs to improve upon this activity.

WHO TOOK THE DECISION FOR INSTITUTIONAL DELIVERY?

Self	0	0.00
Husband	50	52.43
Mother-in-law	11	11.70
Father-in-law	19	20.21
Mother	1	1.06
Father	1	1.06

Other	1	1.06
No answer	2	2.13

This table shows the significant role of husbands in decision making as regards hospital delivery. Hence awareness should be also created among men. It is a bit surprising to see more father in laws in decision making than the mother in laws!

REASONS FOR INSTITUTIONAL DELIVERY
(multiple response)

Facility in / near to the village	12	12.77
Transportation facility available	9	9.57
Doctors and staff available	11	11.70
Good facilities	12	12.77
Family members' decision	44	46.81
Affordable care	36	38.30
Suggested by ASHA / ANM	47	50.70
Suggested by FNGO staff	13	13.83
Other	1	1.06
No answer	2	2.13

Highest contribution by ASHA and ANM of subcenter is noted.

BIRTH WEIGHT OF THE BABY

< 2.5 kg	26	27.66
≥ 2.5 kg	68	72.34
Don't know	0	0.00

The percentage of low birth weight babies is in line with the national average.

INITIATION OF BREAST-FEEDING

Within ½ hour	74	81.91
½ to 2 hours	16	17.02
2 to 24 hours	03	0.00
After 24 hours	1	1.06

It is good to see that in most cases the breast feeding was initiated within 2 hours.

WAS COLOSTRUM GIVEN?

Yes	87	92.55
No	7	7.45

It is a matter of concern to note that out of 94 babies 7 have not received colostrum which is a serious issue and can result in fatal infections of alimentary tract and respiratory tract.

HAVE YOU BEEN TOLD ABOUT BENEFITS OF EXCLUSIVE BREAST-FEEDING?

Yes	86	91.49
No	8	8.51

Similar number of respondents has informed that they were not told about exclusive breast feeding. If mothers are not told about advantages of exclusive breast feeding then merely advising about breast feeding immediately after birth may not be useful.

IF YES, WHO INFORMED YOU THE SAME?

Field NGO Staff	18	19.15
ASHA	25	26.60
Anganwadi Worker	23	24.47
ANM	52	55.32
Medical officer	4	4.26
Family member	2	2.13
Other	3	3.19
No answer	8	8.51

ANM has worked better than the NGO worker in this regard.

02.13 HAVE YOU BEEN TOLD ABOUT COMPLEMENTARY FEEDING?

Yes	83	88.30
No	10	10.64
No answer	1	1.06

11 mothers were not told about complementary feeding. It seems that as the message passed on to the mothers as regards breast feeding was a bit fragmented, the practice also is faulty. There is a need to properly train health workers in breast feeding so that they can create better awareness.

IF YES, WHO INFORMED YOU THE SAME?

Field NGO Staff	15	19.15
ASHA	14	21.28
Anganwadi Worker	6	6.38
ANM	47	50.00
Medical officer	1	5.32
Family member	0	2.13
Other	0	3.19

AFTER DELIVERY, DID ANY STAFF VISIT YOU AT HOME?

Yes	78	82.98
No	15	15.96
No answer	1	1.06

Nice to note that almost 83% mothers were visited by somebody after delivery.

IF YES, WHO?

Service NGO Staff	8	8.51
ASHA	23	24.47
Anganwadi Worker	13	13.83
ANM	52	55.32
Medical officer	0	0.00
No answer	15	15.96

The NGO's performance seems to be poor in this regard.

WHAT DID THE STAFF DO DURING THE HOUSE VISIT?(multiple response)

Did not do anything	2	2.13
Discuss health problems	46	48.94
Gave information on specific topics	10	10.64
Checked the infant	74	78.72
Other	0	0.00

It is surprising to see that the staff visiting the mothers has not examined 26% of the newborn babies

WAS INFORMATION GIVEN ABOUT THE IMMUNIZATION SCHEDULE OF THE INFANT?

Yes	83	88.30
No	3	3.19
No answer	8	8.51

Almost 88% mothers got information about immunization.

HAS THE INFANT RECEIVED ANY VACCINES UNTIL NOW?

Yes	94	100.00
No	0	0.00

All infants have received one or the other vaccine.

WERE YOU TOLD ABOUT THE METHODS OF SPACING?

Yes	67	71.28
No	27	28.72

Every mother should be told about spacing methods. This percentage is less.

WHAT METHOD HAVE YOU ADOPTED CURRENTLY?

Condoms	12	12.77
Oral contraceptive pills	37	39.36
IUD	25	26.60
Abstinence	0	0.00
Calendar/ rhythm method	0	0.00
Nothing	12	12.77
No answer	15	15.96

Most of them are using either OC pills or IUDs. The protected couples appear to be more than 78% which is good.

WERE YOU GIVEN ADVICE ON NUTRITON AND DIETARY HABITS?

Yes	80	85.11
No	10	10.64
No answer	4	4.26

Advice on diet and nutrition should be given to all mothers. There is a need to improve in this regard.

HOW OFTEN DOES THE SERVICE NGO STAFF VISIT THE VILLAGE?

More than once a week	2	2.13
Once a week	10	10.64
Once a fortnight	0	0.00
Once a month	5	5.32
Less than once a month	9	9.57
Don't know	67	71.28
No answer	1	1.06

It is surprising to know that only 32% of the respondents know about the frequency of visits of the SNGO staff. It may be so that the SNGO staff has restricted their activity in a limited pocket.

WHAT ARE THE ACTIVITIES CARRIED OUT BY THE SERVICE NGO STAFF IN THE VILLAGE?

Awareness	5	5.32
Camps	21	22.34
Referral	13	13.83
Assisting the ANM in her work	1	1.06
Other	0	0.00
Don't know	68	72.34
No answer	1	1.06

In the same way almost 69% respondents do not know the activities of the SNGO.

WHAT HAS BEEN THE EFFECT OF THESE ACTIVITIES IN THE VILLAGE?

Increased home visits by ANM / PHC staff	0	0.00
Improved ANC services	20	21.28
Increase in the institutional deliveries	21	22.34
Increased immunisation coverage	5	5.32
Increased age at marriage	1	1.06
Better awareness of RCH issues	2	2.13
Change in health seeking behavior	0	0.00
Better referral services	0	0.00
Other	0	0.00
Don't know/ no effect	68	72.34
No answer	1	1.06

Majority of respondents do not know about the SNGO and naturally do not know about effects of these activities. SNGO needs to improve in this regard. If SNGO has resorted to work only in few villages such condition may occur.

g) Interview with mothers of 12-24 months child

IS THE IMMUNISATION CARD AVAILABLE?

Yes	77	81.91
No	17	18.09

Immunization card was not available with all respondants .

HAS THE CHILD COMPLETED PRIMARY IMMUNISATION BY 12 MONTHS OF AGE?

Yes	80	85.11
No	12	12.77
No Answer	2	2.13

Good to see that 80% infants have received complete immunization, the figure is far better than the national average. But of-course we should aim for 100%.

ARE YOU AWARE Dr.Dhavale trust (SNGO) IS WORKING IN YOUR VILLAGE?

Yes	39	41.49
No	51	54.26
No Answer	4	4.26

Awareness about NGO is only in 41% respondents.

HAVE YOU BEEN TOLD ABOUT THE BENEFITS OF IMMUNISING YOUR CHILD?

Yes	37	39.36
No	55	58.51
No Answer	2	2.13

There is a problem when the babies are given vaccines without telling their mothers about its importance. These are the future cases of defaulters. There is a need to rectify this problem.

IF IMMUNIZATION NOT COMPLETE, WHAT ARE THE REASONS FOR IT:

Not necessary	8	13.83
Side effects	2	2.13
No knowledge	1	17.02
No family support	3	3.19
Misconceptions/ myths	0	0

WERE YOU INFORMED ABOUT THE COMMONLY OCCUING ADVERSE REACTIONS TO VACCINES?

Yes	18	19.15
No	72	76.60
No Answer	4	4.26

It seems that mothers were not informed about the side effects of the vaccine. This may be a cause for anguish in the community if a child gets a known side effect of the vaccine in practice.

IF YES, WHO INFORMED YOU THE SAME?

Field NGO Staff	4	4.26
ASHA	24	25.53
Anganwadi Worker	11	11.70
ANM	26	27.66
Medical officer	2	2.13
Family member	3	3.19
Other	0	0
No Answer	43	45.74

SNGO has miserably failed in this regard.

HOW OFTEN DOES THE SERVICE NGO STAFF VISIT THE VILLAGE?

More than once a week	2	2.13
Once a week	5	5.32
Once a fortnight	13	13.83
Once a month	6	6.38
Less than once a month	1	1.06
Don't know	66	70.21
No Answer	1	1.06

Most people do not know about visits of SNGO staff.

WHAT ARE THE ACTIVITIES CARRIED OUT BY THE NGO STAFF IN THE VILLAGE?

Awareness	24	25.53
Camps	2	2.13
Referral	24	25.53
Assisting the ANM in her work	0	0

Other	0	0
Don't know	65	69.15
No Answer	0	0

Most respondents do not know about the activities of the SNGO.

WHAT HAS BEEN THE EFFECT OF THESE ACTIVITIES IN THE VILLAGE?

Increased awareness of child health	5	5.32
Improved maternal health services	8	8.51
Increased immunisation coverage	23	24.47
Other	0	0
Don't know	65	69.15
No Answer	1	1.06

Naturally 65 of them do not know the effect of these activities.

h) INTERVIEW SCHEDULE FOR THE PRIMARY HEALTH CENTRE (PHC) MEDICAL OFFICER

Details of the SNGO's Work

No.	Activity	Support Given By The SNGO		
		Satisfactory	Not Satisfactory	Not Applicable
1	Home visits	1	1	1
2	Registration of pregnant women, eligible couples	1	1	1
3	Need specific health educations	0	1	2
4	Counseling for using contraceptive methods	0	1	2
5	Bringing beneficiaries for immunization	0	1	2
6	Organizing diagnostic camps	1	1	1
7	Adolescent camps	0	1	2
8	Referring high risk cases	1	1	1
9	JSY	0	1	2
10	Any other (Please specify)	0	1	2

It is clear that only one PHC which cater to the area where SNGO Bhopoli is located i.e. Kurunze PHC medical officer gave satisfactory response to activities of SNGO in his area. Remaining two PHC medical officer expressed total dissatisfaction and even absence of services in their area.

ARE MONTHLY MEETINGS BEING CONDUCTED REGULARLY WITH THE SNGO?

Response	Medical officers	Percentage
Yes	0	0.00%

No	2	66.67%
No Answer	1	33.33%

→ This table shows that SNGO does not conduct regular meetings with PHC medical officers & there is absence of coordination.

Table: ARE YOU AWARE OF THE OBJECTIVES OF THE SNGO?

Response	**Medical officers**	**Percentage**
Yes	0	0.0%
No	1	33.33%
No Answer	2	66.67%

→33% No response indicate that there is lack of information about the scheme.

Table: HAVE YOU INTERACTED WITH ALL THE SNGO STAFF?

Response	**Medical officers**	**Percentage**
Yes	1	33.33%
No	2	66.66%
No Answer		

Two medical officers from PHC Talwade and Malwada are located away from SNGO and not even interacted with SNGO officials.

Table: DOES THE SNGO APPROACH YOU IN CASE OF ANY PROBLEMS?

Response	**Medical officers**	**Percentage**
Yes	0	0.0%
No	2	66.67%
No Answer	1	33.33%

→ It seems that SNGO is functioning in total isolation.

Table: HOW WILL YOU RATE THE SNGO SCHEME IN YOUR PHC AREA?

Response	**Medical officers**	**Percentage**
Satisfactory	1	33.33%
Not satisfactory	2	66.66%
No Answer		

Table: CAN YOU LIST DOWN THE CHALLENGES FACED IN IMPLEMENTING

THE SNGO SCHEME IN YOUR PHC AREA?

Challenges	**Medical officers**	**Percentage**
Funds transfer	0	0.00%
MNGO involvement and work	0	0.00%
FNGO involvement and work	0	0.00%
Community participation	0	0.00%
Other	0	0.00%
No Answer	3	100%

The NO answer from all indicate that there is lack of ownership.

Table: RATE THE PERFORMANCE IN THE SUB CENTRES PRIOR TO THE IMPLEMENTATION OF THE SNGO SCHEME

Performance	Medical officers	Percentage
Excellent	0	0.0%
Poor	0	0.0%
Improved	1	33.33%
Can't say	0	0.0%
No Answer	2	66.67%

→ only one medical officer opined that there is improved performance in area after implementation of SNGO scheme in the area.

Table: WOULD YOU LIKE TO RECOMMEND THE REPLICATION OF THE SNGO SCHEME IN OTHER SUB CENTRES TOO?

Response	Medical officers	Percentage
Yes	1	33.33%
No	0	0.00%
No Answer	2	66.67%

→ Only one medical officer gave positive response to this question.

ii) Interview with District RCH officer Thane - Dr. Pooja Singh: Highlights

Even the District RCH officer is of the opinion that SNGO scheme does not have added advantage over existing PHI and DOES NOT recommend replication of the scheme in other parts. This is the proof that there is gross error in functioning due to various reasons. She also feel that SNGO does not approach her in case of difficulty. She has suggested following points for improvement in functioning of SNGO:

1. Improvement in coordination with block and district
2. Presentation of work performance in monthly meetings
3. Improvement in community participation

There seems a feeling by SNGO that they get funds from state and are NOT answerable to local/block/district level administration. Otherwise they should be summoned by concerned authorities to present monthly performance

j) District Program manager shared same feeling that SNGO scheme does not have added advantage over existing PHI and DOES NOT recommend replication of the scheme in other parts.

* Pl. return this form by email attachment to: deephalke@yahoo.co.in
psm@pmtpims.org

EVALUATION OF THE SNGO SCHEME IN MAHARASHTRA

INTERVIEW SCHEDULE FOR THE DISTRICT RCH OFFICER

Date:

01. General Information

01.01. NAME OF THE DISTRICT Thane

01.02 REGION

Pune	01	Nashik	03	Aurangabad	05	Akola	07
Thane	(02)	Kolhapur	04	Latur	06	Nagpur	08

01.03 NAME OF THE RCH OFFICER Dr. Pooja Singh

01.04 YEARS OF SERVICE IN THE PARTICULAR DISTRICT: 2

02. Involvement In The SNGO Scheme Activities

02.01. WHICH OF THE SNGO SCHEME ACTIVITIES HAVE YOU BEEN INVOLVED?

Planning	(01)
Camps	(02)
IEC activities	(03)
Training	(04)
Monitoring	(05)
Other	09 (Please specify) _____

02.02 ARE YOU AWARE OF THE OBJECTIVES OF THE SNGO?

Yes	(01)
No	02

02.03 HAVE YOU INTERACTED WITH ALL THE SNGO STAFF?

Yes	01
No	(02)

02.04 DOES THE SNGO APPROACH YOU IN CASE OF ANY PROBLEMS?

Yes	01
No	(02)

02.05 IF YES, WHAT EFFORTS DO YOU TAKE IN SUCH SITUATIONS?

_____

_____

_____

03. Monitoring Of The SNGO Activities

03.01 DO YOU INSPECT THE SNGO'S WORK FROM TIME TO TIME?

Yes 01

No 02

03.02. IF YES, WHAT IS THE FREQUENCY OF INSPECTION?

More than once in a quarter 01

Quarterly 02

Twice in a year 03

Once a year 04

Other 09 (Please specify) _____

03.03. HOW WOULD YOU RATE THE MAJOR OBSERVATIONS?

03.03.01 Funds Utilisation

Satisfactory 01

Not Satisfactory 02

03.03.02 Staff Position

Satisfactory 01

Not Satisfactory 02

03.03.03 Programme Activities

Satisfactory 01

Not Satisfactory 02

03.03.04 Community Participation

Satisfactory 01

Not Satisfactory 02

04. Overall Comments

04.01 HOW WILL YOU RATE THE SNGO SCHEME IN YOUR DISTRICT?

Satisfactory 01

Not Satisfactory 02

04.02 LIST DOWN THE CHALLENGES FACED IN IMPLEMENTING THE SNGO SCHEME IN YOUR DISTRICT?

Funds transfer 01

MNGO involvement and work 02

FNGO involvement and work 03

Community participation 04

Non availability of supplies 05

Other 09 (Please specify) _____

04.03 CAN YOU SUGGEST AREAS FOR IMPROVEMENT IN THE SNGO SCHEME IN YOUR DISTRICT?

a) Improvement in co-ordination with the block and district level
b) Presentation of work performance in monthly meetings officials
c) Improvement in community participation in the block.

04.04 IF YOU COMPARE THE PERFORMANCE IN THE PHCS NOT COVERED BY THE SNGO HOW WOULD THEY FARE?

Better than the PHCs covered by the SNGOs	01
Same as the PHCs covered by the SNGOs	02
Worse than the PHCs covered by the SNGOs	03
Can't say	(10)

04.05 WOULD YOU LIKE TO RECOMMEND THE REPLICATION OF THE SNGO SCHEME IN OTHER PHCS?

Yes	01
No	(02)

04.06 IF YES, CAN YOU ELABORATE IN WHICH PHC AND WHY?

a) _____
b) _____
c) _____

Poojari 18/2/13

B) Non-clinical services observed were documentation and surveillance of data, health data management, and training of dais, village health committees, SHG leaders and micro credit groups, PRIs among others. NGO has been implementing various projects related to ecofriendly environment, education of school children, Warli painting project, literacy mission ,health awareness camps with appropriate staff,
infrastructure such as clinic/hospital, ambulance, etc.

C) Funds utilization

Following are the details of funds received:

Sr no	Installment(Rs)	Received date
1	First Installment 7,50,000/-	26/4/2011
2	Second Installment 7,50,000/	2/2/2012
3	Third Installment 7,50,000/	29/8/2012
4	Fourth Installment 7,50,000/	5/2/2013

It is evident that except for first installment others have been delayed by few months. This may cause unrest among field staff and retaining them become difficult.

	VARIOUS HEADS FOR EXPENDITURE UNDER THE PROJECT				
		Apr-11 to Mar-2012		Apr-12 to Jan-13	
Sr.No.	Budget Heads	Amt. Granted	Amt.Utilized	Amt. Granted	Amt.Utilized
1	Salary	519600	542100	519600	324032
2	Capacity Building	265000	263075	313500	182500
3	Administration(Overhead cost)	32900	27836	35000	24084
4	Service delivery	230000	295504	299400	225404
5	Referal Linkages	113400	104660	125000	37100
6	BCC Community	112000	37716	121000	19550

	Participation				
7	Monitoring Travelling	75600	49300	85000	44560
8	Instrument & Infrastructure	150000	0	0	149785
9	Yearly Audit	1500	0	1500	0
	Total	1500000	1320191	1500000	1007015

It was noted that audited statement of one year was pending.

*Total Sanction Budget of SNGO Rs.4500000

*Details of Grants Status of SNGO

Grant Received From State (Rs)			Grant Spent(Rs)	Balance (Rs)
Date	Amount	Received in Time?		
4/26/2011	750000	Yes	583700	166300
2/2/2012	750000+166300=916300	4 Months Late	736491	179809
8/29/2012	750000+179809=929809	5 Months Late	0	0
2/5/2013	750000+929809=1679809	4 Months Late	1007015	0
		Cash in Hand	20382	652412

Equipments/Instruments/Furniture purchased through SNGO scheme:

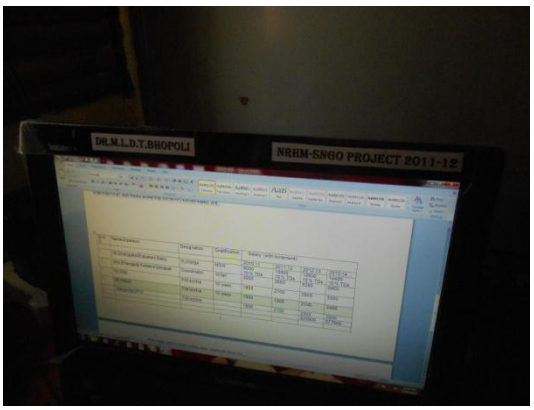
Equipments purchased from grant:


DR.M.L.D.T. BHOPOLI NRHM- SNGO PROJECT (2011-12) CUB-02


NRHM-SNGO


DR.M.L.D.T. BHOPOLI NRHM- SNGO PROJECT (2011-12)


DR.M.L.D.T.BHOPOLI NRHM-SNGO PROJECT 2011-12


DR.M.L.D.T.BHOPOLI
NRHM-SNGO PROJECT 2011-12

***

Statement of Expenditure (SOE) for SNGOs

SN.	Heads of Expenditure	Amount (in Rs.)	Expenditure (in Rs.)
			Period
		Budget for 6 months	30.11.2011 to 16.4.2012
1	Infrastructure - one time available	0	0
2	Salary for the Staff	259800	259800
3	Capacity Building Workshops for SNGOs, and experience Sharing meeting with Stake holder	130000	133675
4	Administration	16950	17102
5	Service delivery	115000	198004
6	Referral linkages Regular Follow-up for RCH	56700	70710
7	BCC Community Participation	56000	27000
8	Monitoring, Travelling & Conveyance for Field Visit	37800	30200
	Total Expenditure	750000	736491

Expenditure:

Detail of expenses of SNGO Project Expenses for the period of Apr to July-12				
Administrative Cost				
Salary	Apr-12	May-12	Jun-12	Jul-12
Dr.Mahammed Sayyad(MO)	10000	10000	10000	10000
Mr.Naresh Dhanva(Co-ordinator)	5000	5000	5000	5000
Dr.Sudhir Muneshwar (Gynaecologist)	12800	12800	12800	12800
Dr.Kurdukar (Aneshtetist)	8000	8000	8000	8000

Miss.Kunda Warangade--Staff Nurse	2500	2500	2500	2500
Miss.Anita Dhotare--Staff Nurse	2500	2500	2500	2500
Vandana Dhangda--Staff Nurse	2500	2500	2500	2500
Capacity Building	0	0	0	0
Workshop	1000	0	1000	0
CHV Honororium	21000	21000	21000	21000
Administration	0	0	0	0
Documentation	1250	1250	1250	1250
Telephone/Fax	500	500	500	500
Stationary	900	900	950	950
Programme Cost	0	0	0	0
ANC clinics	10200	10200	8500	8500
Medcine stock & other supplies	7500	7500	7500	7500
Expenses of Refral to Higher centre	4800	4500	4800	4800
MTP & Family planning services	0	0	0	0
	0	0	0	0
REFERREAL LINKAGES REGULAR FOLLOW UP FOR RCH	0	0	0	0
Mobile minibus services for high risk & primi gravida for 1 ANC check up by Gynaecologist; 8 trips per month X 60 kms	7350	7350	7350	7350
Deposit for installation of tel	0	0	0	0
BCC Community participation	0	0	0	0
Meetings for community mobilization	1050	1050	1050	1050
Monthly Group meetings	600	600	600	600
Advocacy meetings 2 per quarter	500	500	500	500

Liason & networking, meeting with public & pvt.partner, 1 per quarter	1000	0	0	0	
Monitoring, Travelling & Conveyance for Field visit	0	0	0	0	
2 wheeler; 80 km for 20 days	3200	3200	3200	3200	
4 wheeler; 40 km per day X 8 days	1600	1600	1600	1600	
other visit related to RCH	0	0	0	0	
Total Expenses for six months	105750	103450	103100	102100	414400

Rs/- Four Lakh fourteen thousand four hundred only.

*Indicator wise progress of SNGO-Target vs achievement:

Thane SNGO : Dr.M.L.Dhawale Memorial trust					
Sr. No.	Indicators	% of BLS 2008-09	Apr-2011 to Mar-12 (12 months)	Apr-12 to Dec-12(9 months)	Remark
1	No of Women received complete ANC during pregnancy	40.83%	75%	71%	Increased compared to BLS,need improvement
2	No of deliveries conducted at Institutions	24.87%	68%	66%	Increased compared to BLS,need improvement
3	No of Eligible couples using modern family planning methods	24.87%	42%	40. 51%	Increased compared to BLS,need improvement
4	No of Eligible couples reporting current unmet needs	77%	42%	40%	decreased compared to BLS,need further

	of contraception				decline
5	No of 12-24 months children completely protected against 6-vac Preventable Diseases	34%	27.76%	53.38%	Increased compared to BLS,need improvement
6	No of Eligible couples reported Symptoms of RTI/STI (Referred for treatment)	29%	0	4%	It seems that number has gone down but it may be due to ignorance and social stigma for non reporting
7	No of Eligible couples completed treatment	100%	0	100%	Satisfactory
8	No of girls marrying before attaining legal age of Marriage	64%	11.71%	2%	Satisfactory
9	No of married girls conceived during adolescence	20.95%	11.70%	2%	Good progress Sustainability required
10	No of families received benefit under JSY	Indicator not available in BSL form	29.32%	37%	Need improvement Better coordination with govt health functionary required

Indicator-wise progress:

Indicator wise there seems to be some improvement in ANC coverage, Institutional delivery , immunization coverage and number of eligible couple using family planning methods; but still there is scope of improvement for these and other indicators in SNGO area.

Problems faced by the SNGOs in implementing the scheme in their area:

1. SNGO feels that budget provided for the scheme is not sufficient if entire area of block covering 94 villages is to be covered
2. Field workers trained by them leave the job and join as ASHA or other private hospital due to higher financial incentive

Chapter 5: Conclusion

1) Institute has good facility for 24 hours delivery and also has good transport system and referral facility to their own specialty centre at Palghar, about 32 KM away, which is teaching institution offering MD course in homeopathy. Few doctors are posted on rotation to SNGO headquarter at Bhopoli.
2) There is no provision of doing caesarian section in emergency situation at headquarters. There is no facility for even basic investigations at SNGO. Cases are referred to Palghar for emergency LSCS. All laboratory specimens are also sent to Palghar. However the medical officer residing at headquarters seems competent and committed. The gynecology and pediatrics specialist are visiting to centre every week/fortnight.
3) Indicator wise there seems to be some improvement in ANC coverage, Institutional delivery , immunization coverage and number of eligible couple using family planning methods; but still there is scope of improvement for these and other indicators in SNGO area.
4) Number of women received benefit under JSY: There is scope for improvement & better coordination with government health functionaries can improve the utilization of JSY scheme by the beneficiaries.
5) The SNGO does not cover entire project area of Vikramgarh block (94 villages distributed in three PHC areas) as mentioned in project proposal and sanction letter by Government. The SNGO only covers about 30 villages (1/3rd of Block) mostly under only one PHC i.e. PHC Kurunze.
6) SNGO is facing irregular fund flow from the government. There is delay for transfer of funds by 4-6 months each time.

7) SNGO is not paying the entire salary to staff including medical officer as well as field workers and deducting some amount for TDS .Actually the income is not taxable. SNGO has done audit two times in project period, but audit report of current year is pending.

8) Many of the Community health volunteers selected by SNGO are also working as ASHA under NRHM; hence it is difficult to assess their exact output for SNGO. Except for kurunze PHC, other two PHCs in the block are not aware of the activities and even medical officers opined that SNGO is not having any liaison with them.

9) District RCH officer has not visited the SNGO at all. As per guidelines of SNGO, GOI there should be 6 monthly visits to the SNGO. She has further expressed that SNGO scheme has not added advantage on existing infrastructure and NOT in favor of replication of scheme. She has suggested that there should be effective communication from SNGO at block and district level which is lacking.

10) District program manager under NRHM also expressed the same opinion. SNGO activities need to be regularly monitored by District Program Manager, District RCH officer & DHO.

11) Interview with PHC medical officer, sarpanch, subcentre ANM, and villagers has confirmed that SNGO has practically no existence in other two PHC areas namely Malwada and Talwada.

12) On analysis of indicator wise progress it is evident that SNGO is lacking as far as target of 100% institutional delivery is concerned. Except for first installment all others have come late by 4-5 months. It is difficult to carry out activities during that period and NGO have to full resources from other sources e.g. donations.

13) Even the District RCH officer is of the opinion that SNGO scheme does not have added advantage over existing PHI and DOES NOT recommend replication of the scheme in other parts. This is the proof that there is gross error in functioning due to various reasons. She also feels that SNGO does not approach her in case of difficulty.

14) There seems a feeling by SNGO that they get funds from state and are NOT answerable to local/block/district level administration. Otherwise they should be summoned by concerned authorities to present monthly performance

Chapter 6: Recommendations

1) Taking into consideration of all positive and negative factors mentioned above, decision to continue the funding may be taken. The SNGO must comply with the observations made and give clarifications.
2) SNGO must submit the audited statement of this year. They must not cut any amount in name of TDS. The human resource working for SNGO from medical officer to last field workers are precious as they are serving underserved area and should receive the honorarium actually entitled.
3) On asking "why SNGO is not covering all 94 villages?" the answer was "it is practically impossible with current financial input given by government i.e. 15 lack per year. Government needs introspection here, when 3 fully staffed and equipped PHCs are not able to achieve the targets and cover entire block-how are we given with such unrealistic targets and SNGO with meager funds? One of the PHCs we visited did not have facility for delivery- the new building was under construction for many years yet incomplete.
4) 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
5) 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.
6) There is definite need of additional health inputs in this underserved, difficult geographical region where population is living in hilly terrains and even one village is made up of many Padas(small hamlets) often not well connected, poor road conditions and transport/communication system. Even CHVs should get extra transport allowance to come to centre, in addition to their honorarium.
7) Honorarium of all categories of staff including medical Officer need to be increased as they are the backbone of services of SNGO. Further it may be directly deposited to their bank accounts as confirmed from Adhar card, so that no amount should be deducted on any grounds.
8) There is scope of improvement in nonclinical services by SNGO.
9) 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.

10) Presentation of work performance in monthly meetings should be made mandatory. Despite of existence of SNGO existence if institutional delivaries are not reaching the target of 100% and District RCH officer opines that SNGO presence does not improve the health indicators.
11) Compared to other areas without SNGO, it clearly calls for compulsion by block/district health authorities to make them present their performance for each indicator on monthly basis in presence of all medical officers of block to find out 'Who is doing what?'.SNGO may take credit for the work done by government health authorities.
12) Improvement in community participation: Interviews with various stakeholders and beneficiaries clearly indicate lack of coordination and community participation.
13) If state authorities must monitoring performance of various targets vs achievements before releasing next installment every 6 months. Due consultation is required with subcenter, PHC Medical Officers and District health officer/RCH officer and District Program manager by State NGO coordinators.
14) If due care is not taken SNGO scheme will be money siphoning system without serving the un/underserved area.
15) Strenghtning of existing health infrastructure of PHCs: One of the PHC in the area was having just two rooms in old building as new constructed building was ready but not functional due to various reasons. This has lead to serious underutilization of manpower and supplies.
16) More budget is required for training component of staff in all categories e.g. medical officer in essential obstetric care, newborn care, management of STI/RTI. NRHM should specify whether Ayurveda and homeopathy drugs prescribed singly/in combination with Allopathy are rational.
17) Training related to health management is required by project manager and coordinator.
18) Due involvement & coverage of news related to organization of camp/free services of SNGO in media (local newspaper and radio) is required to make people aware about the event and use the opportunity.
19) Emergency caesarian section must be made available by training medical officer/on call gynecologist, as referral facility is more than 20 km away.