



Project Outcome report

(01st JULY 2019 TO 31st DECEMBER 2022)

Project Name: “REDUCING COMMUNICABLE, MATERNAL, NEO-NATAL AND NUTRITION RELATED MORBIDITIES IN TRIBAL COMMUNITY OF PRATAPGARH” (NIROGI GRAM PARIYOJNA)

Project ID: 3222/A



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CONTENT

SN	Title	Page No.
I	Background	4
II	Summary of Project Activities	5
III	Results Achieved	91
IV	Findings of Baseline and Endline Survey	92
V	Outreach (Direct Beneficiaries)	94
VI	Challenges Encountered	95
VII	Case Studies	96
VIII	Annexures	119
IX	Summary of Activities	132

I. BACKGROUND

The project **“Reducing Communicable, Maternal, Neo-Natal and Nutrition Related Morbidities in Tribal Community of Pratapgarh” (Nirogi Gram Pariyojna)** was initiated in July 2019 and sought to improve access to assured preventive, promotive, curative, rehabilitative and palliative quality health services to all the people in 30 villages of Pratapgarh district of Rajasthan to reduce morbidities and premature mortalities arising out of communicable, maternal, neonatal and nutritional deficiencies. The project covered a population of 27478 of which about 97% were scheduled tribes. Total number of households in the project area was 5535.

The project strategy was to build demand through awareness, creation of community-based forums for discussion and joint action, citizen centric planning and monitoring of public health facilities.

The following were the key approaches adopted under the project:

- ☐ Generate critical understanding in the community on health and health rights
- ☐ Forge community members to build and strengthen systems and platforms where they can effectively engage in interventions aimed at planning, demanding and claiming health as a right.
- ☐ Motivate community to give up detrimental practices such as child marriage which increases vulnerabilities to poor health
- ☐ Develop synergy between public health service providers and community for regular communication and coordination

This report corresponds to activities held over the entire period of the project from July 2019 to December 2022.

II. SUMMARY OF PROJECT ACTIVITIES

1. Identification & Orientation of Project Team:

The project began with the formation of project team and their orientation. Apart from the Project Management team who would essentially coordinate the overall execution of the program and manage its accounts and administration, three Field Coordinators were appointed to carry out actual implementation of activities in the 30 project villages. The Field Coordinators comprised of experienced staff of Prayas holding vast experience of working in the area of health. It was particularly taken care of that the staff is well versed about the socio-cultural dynamics of the area and is comfortable with the local language. The field was then divided into three clusters with 10 villages each and the Field Coordinators were given the responsibility of one cluster each.

Once the team was formed a two days orientation of project team was organised in Chittorgarh on 9th and 10th July 2019. The orientation was essentially to brief the team about the project and its objectives and to also orient them about the project activities and the deliverables to be achieved. At the end of the two days' workshop the team was able to develop a detailed activity plan and timeline to meet project objectives of first year within the stipulated time period. The workshop also outlined the roles and responsibilities of each team member. This brought about role clarity among the team members and a defined line of communication and reporting was set up.

Another round of orientation of the project team was held in Jaipur on 29th and 30th September 2020. During the orientation the team was briefed about the project objectives for the next year and a detailed review of project performance with regard to goals set for first year was carried out. Team members evaluated their

own work over the period of one year and discussed their key achievements, shortfalls and lessons learnt. Following this the team planned further course of the project taking into account the challenges they faced in the first year and how they can position themselves better to deal with them in the future.

2. Monthly Meetings of Project Team:



Project team meetings were a regular part of the project which helped the team take regular stock of project progress and review achievements and challenges encountered in project interventions. These meetings were held at least once every month. The meeting included participation by the entire project management team. The meetings were utilised to discuss and set timelines, draw advocacy plans, assess need for capacity building and awareness creation among the project team members as well as

within the community and to identify systems and policy issues which require greater attention. There were 41 meetings (one every month) held during the reporting period. Some of the meetings were held virtually during the COVID-19 pandemic phase.



Monthly meetings of project team

3. Selection and Orientation of Village Health Animators:

To have a common link between the project and the community at the village level, a Village Health Animator was identified in each project village. An Animator was a young, active, educated person (preferably a woman) of the village identified to facilitate different health activities in the village. The person was selected through a consensus by the community in the village. The main attributes of animators were that they should preferably be a woman, a daughter in law of the village to ensure her longer stay, functionally literate, has willingness to work in the community and community also believes in them. All village health animators were trained on primary health issues and in the course of time they were expected to turn into strong agents of change and information dissemination at the grassroots. Their role was also to compliment the work of ASHAs in their villages and to help them ensure that no person in the village, especially women and children, were left out of essential health care services. Each Animator was a volunteer and the only compensation they received was a small amount to take care of their travel. There were at least one Animator in each village and villages which were larger in size (have more than one anganwari) were deployed with two or more animators.

While the initial idea was to have only women animators but identifying and retaining women had been a challenge. Quite a few of them relinquished after some months of work. New selections were made after vacancies but attrition had been high. Therefore, with no option left male animators were chosen wherever female animators were not available. In some instances, the male animators were also assisted by their wives.

The animators were mandated to carry out the following functions in their respective villages:

- Facilitate regular meetings of VHSNCs, women's and adolescents' groups
- Maintain village health register and discuss the entries of the register with members of different village-based groups.
- Educate and counsel village people on different aspects of health and take proactive action for preventive health.
- Keep an eye on the health problems especially of any outbreak and report to appropriate authorities.
- Support and participate in different project activities and help in community mobilization for meetings, health camps and village level campaigns.

Orientations of village health animators:

To orient the Animators on their roles and responsibilities and to enhance their understanding on health and health rights, three orientation workshops were organised over the project period. In the first and second years, two days workshops were organised, while in the third year of the project a one-day refresher was held. The orientations involved interactive sessions and discussion to help Animators build a scientific perspective towards health and to help them understand how social components play a role in determining health of an individual, household or a community as a whole. Apart from this the animators were also oriented on the following:

- General anatomy and physiology of human body
- Common communicable and non-communicable diseases and their prevention
- Basic awareness on reproductive health, including ANC, PNC, institutional delivery and contraception.
- Significance of breastfeeding
- VHSNCs and their roles
- Key health programs and scheme

Details of the orientations:

S.no	Date	No. of participants
1	8th and 9th August 2019	39
2	6th and 7th November 2020	38
3	27th November 2021	34





Monthly meeting of animators

4. Monthly Meetings of Village Health Animators:

Village Health Animators were an important part of the project implementation team and had a crucial role to play in achieving project objectives. They acted as the key link between the project and the community members and were the ones who provided serious insights to the core project team on the ground realities and helped them plan village campaigns and other activities effectively. They were also the ones who were responsible for regular tracking of pregnant women, children with malnutrition, patients with TB and other diseases, thus feeding critical information into the MIS. Community mobilisation for different activities, including village level meetings and conducting rapid surveys from time to time, were also some of their other mandates. Animators from the 30 project villages met once every month to review the work carried out by them, share their experiences with each other and to deliberate on different health issues which they identified. These monthly meetings were important for realising project objectives as they helped build collective plans and strategies for execution of activities as well as raising demands with the government authorities. During the project period 36 such meetings were thus held.





Orientations of animators

5. Exposure Visit of Project Team:

Exposure visit 1:



A two days exposure visit for 30 project team members including village health animators was held on 27th and 28th September 2021. During the exposure the team visited two organizations doing exemplary work in the field of public health at the grassroots, Action Research and Training for Health (ARTH) and Basic Health Services (BHS), both of which have their work spread out in the tribal belts of Udaipur district. ARTH is a not-for-profit organization which has been relentlessly working to strengthen health service for meeting the reproductive health needs of adolescents, women and men, as well as children and also strives to build capacities of health care providers to deliver services effectively. BHS too is a not-for-profit organization which provides a responsive, empathetic primary health ‘circle of care’, that is rooted in the community. BHS reaches the most vulnerable communities through a network of responsive primary healthcare and nutrition services.

During the visit the team including Cluster Coordinators and animators from different villages spent time at the above two organisations and interacted with their teams and community members with whom they worked. In ARTH the team met Tarun Sakhis, community volunteers who create awareness around reproductive health and services and were informed about Ritu Cup (menstrual cup) which they promote in the community. The team also visited of ARTH Hospital where they were provided detailed information on the range of services delivered by them and how the hospital manages to maintain quality in all the services they deliver.

In BHS the team visited ‘Amrit Clinics’ operated by teh organisation in Bedwal, Gathed and Nithua villages. In Nlthua the clinic is operated in collaboration with the government in Public Private Partnership (PPP) mode.

The team also visited the Phulwaris (akin to anganwari centres) run by the organisation in Bedwal and Gathed villages. There the team interacted with the BHS team working at the phulwaris and also with the community members whose children availed services from there. The team also had a n opportunity to interact with some TB patients and parents of SAM and MAM children with whom BHS worked closely to ensure that they receive complete treatment.



Team exposure visit

Exposure visit 2:

In the second exposure visit a team of 23 project team members and village health animators visited the organisation Sewa Rural in Gujarat. It was a two days visit held on 28th and 29th of July 2022. Sewa Rural is a not-for-profit organization which has been working to strengthen health services for meeting the reproductive health needs of adolescents, women and men, as well as children and also strives to build capacities of health care providers to deliver services effectively. During the visit the team visited the health care centre run by the Sewa Rural in Jhagadia and also observed community interventions around reproductive health being undertaken by the organisations in the surrounding villages. During village visits the team interacted with the members of adolescent boys' and girls' groups formed by the organisations and learned about the various activities being undertaken by them.



Team exposure visit

6. Organising and Orienting Community Members:

A. Formation of Community Groups:

To disseminate health awareness in the community different community groups were formed at village level keeping into account the fact that people in different age groups have their own specific health information needs. The objective of forming these groups was also to ensure that a process of peer learning and mutual support is encouraged in the community. During the initial months of the project the focus was therefore in building rapport with the community members and gradually organising them into these groups. There were essentially three kinds of groups which were formed in all the 30 project villages:

- i) Women's Groups (Consisting of married women in the reproductive age 15-49 years)
- ii) Adolescent Girls' groups (Consisting of adolescent girls in the age group 14 to 18 years)
- iii) Adolescent Boys' groups (Consisting of adolescent boys in the age group 14-18 years)

Through these groups, the project team was able to directly connect with about 493 adolescent girls, 454 adolescent boys and 496 women.

VHSNCs:

Apart from forming the above groups, the project also strived to organise and activate Village Health Sanitation and Nutrition Committees (VHSNCs). VHSNCs are an important component of National Rural Health Mission (NRHM) and every revenue village is supposed to have a VHSNC well recognised by the government. A VHSNC has about 15-20 members consisting of Wardpanch or Sarpanch, ASHA, ANM, Anganwari Worker, a member of the SHG, a teacher from the school, a representative of an NGO working in that area, and other members from the community who are unanimously chosen by the villagers to represent different community groups. VHSNCs are supposed to hold meetings every month, discuss village health issues, monitor health and nutrition services and also evolve village health plans. They are also mandated to receive a sum of Rs. 10,000 annually to be spent on any health-related intervention that the committee may deem essential for the village. The Wardpanch chairs the committee while the ASHA is supposed to be its convener. However, while these VHSNCs do exist on papers as per the government records, it has been found that most of these committees are defunct and its members have never received any kind of orientation. The same was the situation in the 30 project villages during the initiation of the project. The project, therefore, attempted to activate these VHSNCs as they have a crucial role to play in monitoring, planning and shaping the health of a village.

During the project period VHSNCs in 28 villages were reconstituted and their regular meetings held.

Reactivating VHSNC bank accounts:

In the second year of the project VHSNC bank accounts for receiving untied funds of 15 villages namely, Kamalakudi, Magri, Dharani, Gamet, Bordi, Adavela, Jolar, ShamliPathar, Hathinikudi, Sita Mangri, Karma Kheda, ShahjiPathar, Lalpura, Devgarh and Phulda had become inoperative because of change in Wardpanch who is the Chair Person of the VHSNCs. VHSNC bank accounts are opened in the joint name of the Wardpanch and the ASHA. As such if either of them changes it is required that the bank account is renewed with the new names of account holders and only then would the account become functional again. It usually requires quite some documentation with the bank and often due to laidback approach of the bank officials the process takes up a lot of time. Prayas team members assisted the Wardpanchs and the ASHAs of these villages to complete the process which is quite cumbersome. This required collecting all the required documents from the Wardpanchs and the ASHAs, verifying them and submitting them to the bank with the required completely

forms duly filled and signed by the account holders. As a result of these efforts bank accounts of the aforementioned 15 villages were reactivated and they can now receive untied funds and make transactions through their accounts.

Release of untied funds:

During the process of organising and reactivating VHSNCs it was noted by the project team that none of the VHSNCs in the project area had received any untied fund since last three years. Rigorous advocacy was therefore undertaken to ensure that the annual untied funds of Rs. 10,000 was released by the government to all the VHSNCs. For the financial year 2021-2022 untied funds were thus received by 14 VHSNCs. (Ranpur, Bordi, Chiklad, Magari, Kamlakudi, Gamet, Kotwal, Lalpura, Fulda, Anoppura, Gyaspur, Kesarpura, Piplikheda, Pungatala, Pal). For the financial year 2022-23 untied funds were transferred to five (Dharani, Sita Mangri, Chhoti Lankh, Badi Bambori and ShahjiPathar) out of the 28 VHSNCs as of now, the rest are under process.

Use of untied funds:

During the second year of the project, 10VHSNCs (Bordi, Chiklad, Gamet, Fulda, Anoppura, Samli Pathar, Piplikheda, Magri, Gyaspur, Pal) utilised their untied funds to purchase required furniture and equipments (chair, height scale, B.P. machine, hub cutter, flax etc.) During the third year of project nine VHSNCs utilised their untied funds to purchase required furniture (chair, almirah, table etc) for the anganwari centres in their villages. The nine villages were Ranpur, Kamlakuri, Kotwal, Lalpura, Sitamangari, Kesarpura, ChhotiLankh, ShahjiPathar and Badi Bambori.

Four villages namely Ranpur, Kamlakuri, Kotwal and Lalpura also used the funds to prepare village maps and posters for the anganwaris based on village social mapping.

B. Monthly Meetings of Community Groups:

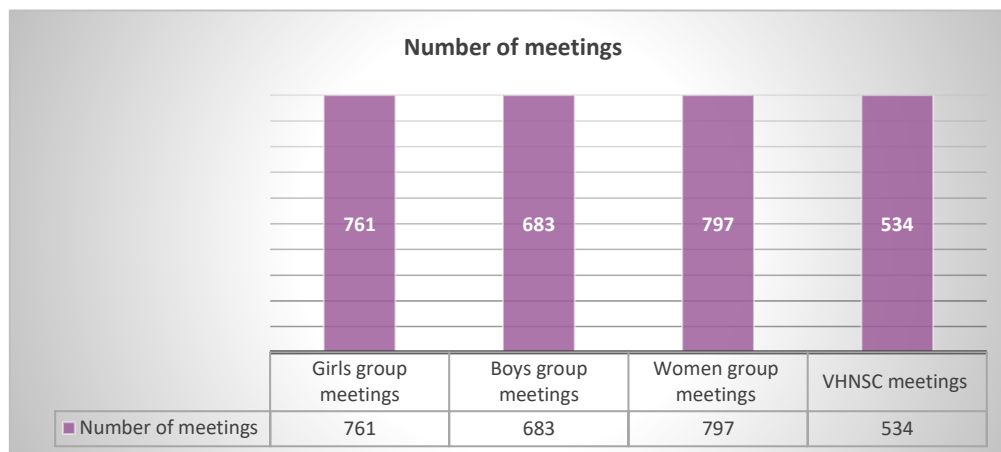
The monthly meetings of community groups which include women's groups, adolescent girls' groups and adolescent boys' groups, were held as routine activities under the project every month in each of the project villages. During the meetings, the participants essentially discussed about common health issues which they counter and how to prevent them. At the same time, they were also informed about adopting healthy lifestyle, understanding the concept of health and health rights, different health schemes and programs which they can benefit from and how to access them etc. These group meetings also gave participants a forum where they could be themselves with their peers, ask questions that they had not been able to ask anybody and share problems about personal issues or even otherwise. The meetings with women involved discussion around, disease prevention, reproductive health including taking care during pregnancy, ANCs, anemia, exclusive and immediate breastfeeding, nutrition supplements, contraception etc and also informing them about important maternal health schemes such as PMMVY, Janani Suraksha Yojna, etc. Meetings with adolescent boys and girls largely revolved around emotional and physical changes during adolescence, menstruation and menstrual hygiene management, child marriage etc. The meetings with women as well as adolescents also included discussion around social issues and stigma. With the onslaught of COVID-19, discussion around the disease has also been a part of monthly meetings.

During the project period 761 monthly meetings of adolescent girls' groups, 683 meetings of adolescent boys' groups and 797 meetings of women's groups were organised.

Apart from the above meetings, 534 meetings of VHSNC groups were also organised during the project period. The meetings could not be held in large numbers as envisaged essentially due to the following reasons:

- Reorganising VHSNCs was a time taking process and required bringing different stakeholders together.
- Due to postponement of Panchayat elections in the district owing to COVID-19, PRI members stood suspended from their positions and refrained from attending any meetings.

Below is a graphical representation of different community meetings held in the project period :



Testimonies of Group Members :



"We have an adolescent girls' group in our village formed by Prayas which has 14 members. I also helped Prayas in organising the group. We hold meeting once every month. The information that we get through the group are new to us which we don't even get to learn in school. We want these meetings to continue."

-Shyama Kumari, 15, Adolescent Girl's Group Member, Village- Peeplikheda



"I lead the adolescent boys group formed by Prayas in my village. We hold meetings every month where we are oriented on different issues including health, hygiene and diseases . In the last meeting we were also shown a short film on how our brain functions."

-Rajkumar Meena, 15, Adolescent Boy's Group Member, Village-Ranpur



"The VHSNC in my village has been able to raise several issues around health and nutrition with the support of Prayas. We gave a memorandum to the District Collector earlier regarding appointment of ANM in our village the post of which had been lying vacant since past 3-4 years. We now have an ANM. We also raised issues regarding irregularities in distribution of supplementary nutrition and immunisation during the lockdown."

-Ishwar Lal Meena, Wardpanch and VHSNC Chairperson, Village-Magri



"Me and 10-12 other women of my village are the members of women's health group. We meet every month and discuss on health issues such as pregnancy, immunisation etc. We get to learn new things in the meetings."

-Manju Bai Meena, Women's Group Member, Village-Ranpur



For past several months I was experiencing heavy menstrual bleeding but was reluctant to see a doctor thinking that my uterus would be removed. During women's group meeting in the month of August 2021, I shared my problem with Heera Bai (village health animator) and Geeta ji from Prayas. They explained to me that there's nothing to worry as there are all possibilities that the problem can be treated through medication and that operation or removal of uterus is always the last resort. This brought me some relief and I decided to visit district hospital on 30th August 2021 and Heera Bai accompanied me. I was prescribed a month long course of medicines by the doctor at the hospital after which my problem was resolved. I am completely fine now, all thanks to Heera bai and Geeta ji.

- Mrs Leela Bai, Age 42, member of women's group, Village Mangri



Following a long period of advocacy, untied fund of Rs. 5000 finally arrived into the VHSNC account this year after a gap of almost six years. In the VHSNC meeting held on June 2021 the members discussed on how to utilise this amount for improving health care services in the village. It was then decided that VHSNC would procure necessary equipments such as hub cutter, BP machine and height measuring scale through this money for all the three anganwari centres functional in the village. In July 2021 the aforementioned equipments were thus procured by the VHSNC. It was the first time that we utilised untied fund for something so productive.

-Mrs Ramu Bai ,ASHA and Convener of VHSNC, Village Chiklad



Monthly meetings of VHSNCs



Monthly meetings of boy's groups



Monthly meetings of girl's groups



Monthly meetings of women's groups

C. Knowledge Assessment of Community Groups:

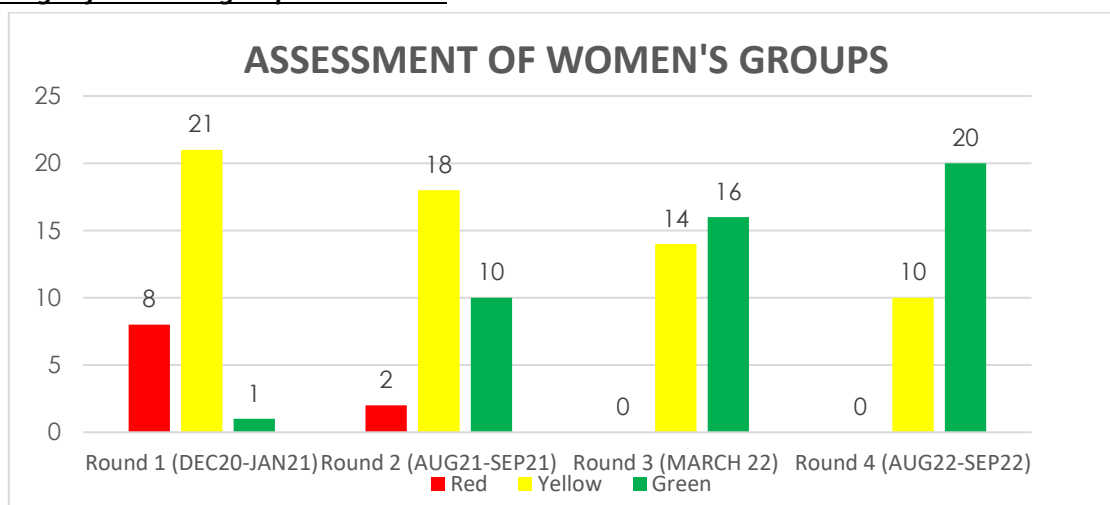
Knowledge assessment of various community groups formed at the village level (women's groups, adolescent girls' group and adolescent boys' group) was a regular activity conducted twice every year. The objective of the assessment was to determine the effectiveness of group meetings and how well the group members had been able to absorb the information provided to them through these meetings. To do this a simple yet comprehensive tool was developed to help Cluster Coordinators assess knowledge level of the groups. The tool involved set of distinct 20 questions carefully drafted for each group category. Through interactive activities every group was asked those questions and the responses of each group member was recorded. Based on how many group members gave correct answers and how many incorrect, the group was allotted a score for each question. Once all the questions from the tool were asked, cumulative score was calculated. If the score achieved by the group was less than 50% the group performance was assessed to be poor and was categorised as RED group. If the score was between 50-80% the performance was regarded as average and it was categorised as YELLOW group. If the score was more than 80% the performance was regarded as good and the group then fell under GREEN category.

Once the assessment was completed the results were shared with the group members. The Cluster Coordinators and the animators then tried to plan their meeting sessions so as to shift poor performing groups to higher categories.

During the project period four such rounds of assessments were held. The first round of this assessment was conducted between December 2020 and January 2021, second round of assessment was conducted between August 2021 and September 2021, third round of assessment was conducted in March 2022 and fourth round

of assessment was conducted between August to September 2022 the results of the same are described below.

Key findings of women's group assessment:

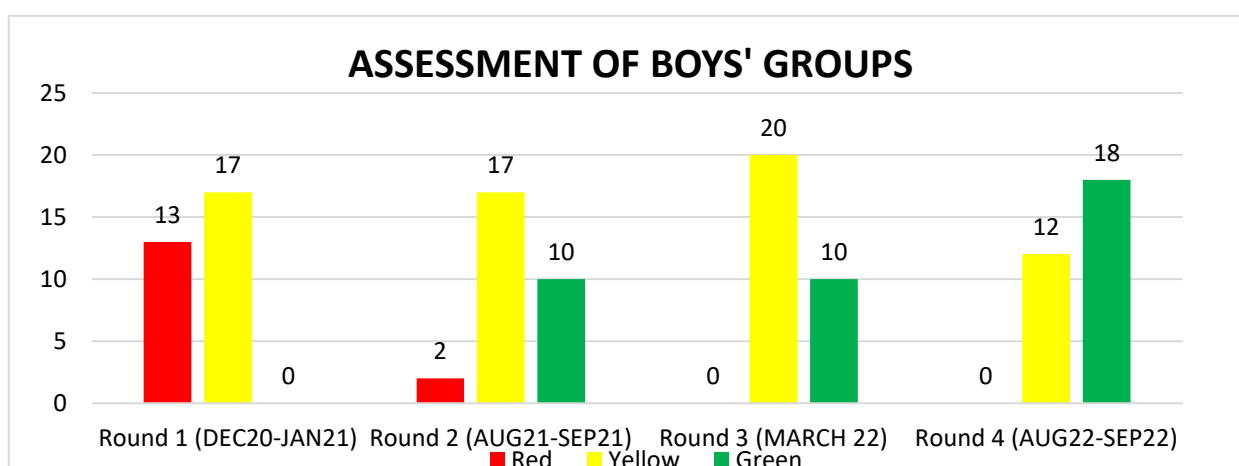


The number of women's groups making it to the GREEN category progressively increased through the four rounds of assessment, from only one group entering the GREEN category in the first round, to 10 in the second round, 16 in the third round and 20 in the fourth and the last round of assessment. Currently there are 10 groups in the YELLOW category and no group in the RED category.



Knowledge assessment of women groups

Key findings of adolescent boys' group assessment:



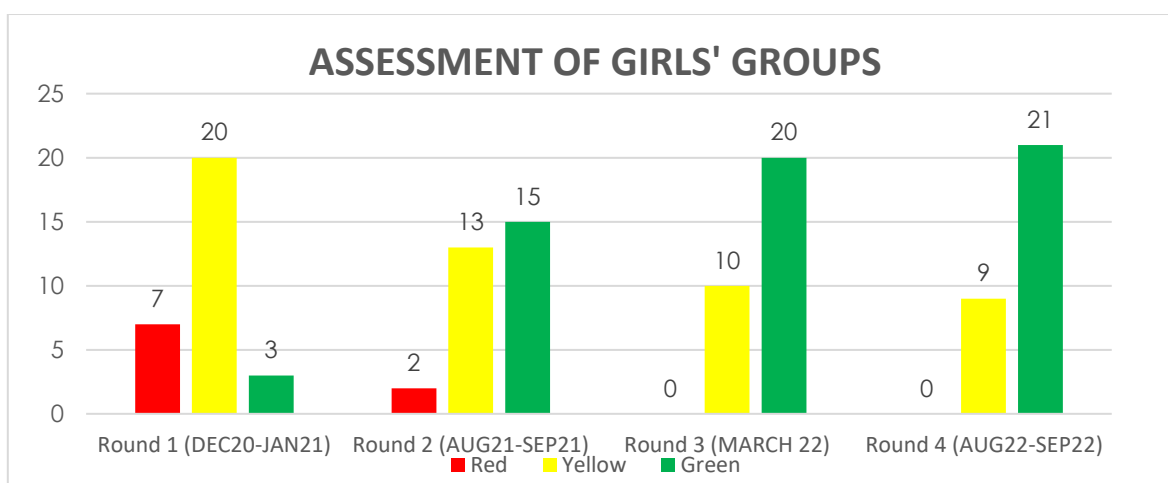
In the case of adolescent boys' groups, currently there's no group in the RED category while there are 12 groups in the YELLOW category and 18 in the GREEN category. The number of groups in the GREEN category was zero in the first round, which then rose to 10 in the second and the third rounds of the assessment and to 18 in the fourth round. Currently there are 12 groups in the YELLOW category and none in RED.



Knowledge assessment of boy's groups

Key findings of adolescent girls' groups:

Among the 30 adolescent girls' groups, while there were only three groups in the GREEN category in the first round, 15 groups in the second round, 20 in the third round and 21 in the fourth round made it to this category. Currently there are nine groups in the YELLOW category and none in RED.



Knowledge assessment of girl's groups

7. Orientation of Community Members:

Orientation of different community groups was a major component of the project. The orientations were essentially aimed at introducing community members to the project and to build their understanding on basic health concepts so that they could engage and contribute effectively to project activities. The details of the various training workshops so organised are as follows:

I. Orientation of Women's Health Group Members:

Orientation of women's health groups was held on 28 & 29 January 2020 at Prayas campus in Devgarh. The orientation was held in two batches wherein 65 women from project villages participated. The idea was to have two active group members from each village attend the orientation who would then take the message from the workshop forward and disseminate them to their respective group members.

The workshops were planned such that to keep them participative and engaging. The sessions apart from verbal dissemination of key messages also included interactive activities, games and visuals to help participants understand and internalise messages and information more readily. The messages were conveyed as far as possible in local language and by citing examples from local context which the participants had a familiarity with. Sessions such as those related to body mapping and menstrual hygiene, which are considered to be taboo subjects, were dealt with in the most sensitive manner so that women were comfortable talking about them.

The broad themes covered through the workshop were as follows:

- Gender norms and gender-based discrimination
- Body mapping and reproductive health system
- Menstrual health management
- Care during pregnancy and the significance of immediate and exclusive breastfeeding for 6 months to the new-born
- Family planning, methods of contraception and safe abortion
- Child marriage and violence against women



Details of the training:

S.no	Orientation	Number of Batches	Date	No. of participants
1	Orientation of women group members	2	28/01/2020 29/01/2020	65

II. Orientation of Adolescent Girls' Group Members:

Orientation of members of adolescent girls' groups were also organised on 28 and 29 January 2020 at Devgarh campus of Prayas. 50 adolescent girls participated in the orientation workshops so held in two batches. The reason why both women's groups orientations and that of adolescent girls were held on the same dates was because the parents of the girls felt more comfortable sending them away when they were accompanied by other women from their village.

Similar to women's group orientation, the workshop for the adolescent girls were made interesting through interactive activities and games to keep the girls involved and enthusiastic about the sessions. From each village group, two active adolescent girl representatives attended the orientation.

The workshops for the adolescent girls focussed on the following key areas:

- Gender norms and gender-based discrimination
- Body mapping and physical and emotional changes during adolescence
- Reproduction and menstrual hygiene management
- Child marriage and violence against women
- Protecting oneself from sexual abuse – Good touch, bad touch.

Details of the training:

S.no	Orientation	Number of Batches	Date	No. of participants
1	Orientation of adolescent girls	2	28/01/2020 29/01/2020	50



Orientation of adolescent girls

III. Orientation of Adolescent Boys' Group Members:

The orientation workshops for the members of village adolescent boys' groups were held on 31st January 2020 in two batches at Devgarh campus of Prayas. 60 adolescent boys participated in the workshops. The workshops apart from focussing on the issues concerned with adolescent health gave utmost priority to building greater sensitivity among the boys around the challenges that the girls face essentially due to gender discrimination and how boys can help make lives easier and safer for girls. The sessions were marked with interactive activities, group discussions as well as experience sharing.



The key issues covered in the workshops were:

- Gender norms and gender-based discrimination
- Body mapping and changes during adolescence
- Reproduction
- Child marriage and violence against women
- Protecting oneself from sexual abuse – Good touch, bad touch.



Details of the orientations:

<i>S.no</i>	<i>Orientation</i>	<i>Number of Batches</i>	<i>Date</i>	<i>No. of participants</i>
1	Orientation of adolescent boys	2	31/01/2020	60

IV. Orientation of PRI Members:



The members of Panchayati Raj Institutions (PRIs) such as the *Sarpanchs* and the *Wardpanchs* were an important component of the project. They are people's representatives and are endowed with the responsibility to make every effort possible for the welfare of the community. Health is a major area where they are supposed to intervene and ensure that health care needs of the people are met and their rights protected. PRI members are also important members of the VHSNCs which are supposed to play a crucial part in improving village health status. However, due to limited orientation on health and health rights and a lack of scientific understanding of diseases, their prevention and cure, they fail to perform to their optimum abilities. In order to ensure that PRI members begin to priorities health in the plans which they develop, play an active role in promoting healthy practices among the community and take initiatives to improve health care services it is important to enhance their orientation on health and health rights. Hence, orientation of PRI members was carried out once every year under the project. There were thus three orientations held during the project period, once every year. The participants included *Wardpanchs*, *Sarpanchs* and Panchayat Secretaries.

The sessions involved interactive discussion and participatory activities to help participants build better understanding on health rights, social factors impacting health and their roles and responsibilities towards improving health status of the communities as Panchayat representatives

Details of the orientations:

S.no	Date of training	No. of participants
1	19 th February 2020	37
2	21st and 22nd December 2021	47
3	21 st February 2022	37



There is a lot of fear around COVID vaccines in our village. Vaccination related rumours, fake news are widespread and people fear that they would die or become impotent if they get vaccinated. During the orientation we were explained in a very simple way how vaccines work and how they help protect us against diseases. I now know that the vaccines have been carefully tested and only then brought into use. They are completely safe. I myself had several doubts about COVID vaccines which have been cleared. We will share all this information in our community and motivate others to get vaccinated.

- Mr Satya Narayan Meena, Gameti (Community Leader), Village Chhoti Lankh



Despite being a Panchayat representative it was for the first time that I participated in a health workshop. I am happy that the workshop has helped me understand my role as a PRI member in improving the health status of my village better.

- Kanti Lal, Ward Panch, Village -Kamlakudi

I was surprised to find out the status of health, nutrition and sanitation of my village. It was interesting to learn how different social factors impact health of individuals as well as the community.

- Sangeeta, Sarpanch, Village -Pal



Orientation of PRI members

V. Orientation of Gadda Patel:



Gadda Patels are the local community heads in the villages. They are the heads of their village communities and as such play a major role in taking important decisions on various matters concerning their community. They are highly respected and their words hold real weight in the community. As such it was important to include community leaders as key stakeholders in the project and to seek their support and cooperation in promoting best health practices

and creating awareness on health, sanitation and hygiene. Three health sensitization workshop was thus organized for Gadda Patels from 30 project villages, one in each year of the project. The interactive sessions so held during the orientations introduced participants to the following:

- Health, hygiene and disease prevention
- Social determinants of health
- Common communicable and non-communicable diseases and their prevention
- Preventing maternal and child deaths
- VHSNCs and their roles
- Their roles and responsibilities towards improving health status of the communities.

Details of the orientations:

S.no	Number of Batches	Date	No. of Participants
1	3	17/07/2020 18/07/2020 10/08/2020	53
2	1	11/08/2021	30
3	1	08/6/2022	51





Orientation of gadda patel

VI. Orientation of Traditional Faith Healers (Bhopas) :



Role of faith healers which in local parlance are called “bhopa” is very important in time of any crisis in a family especially of tribal community. Institution of bhopa as therapist has existed since several generations and is part of culture in which most people have grown. It becomes all the more important when there is near absence of affordable health services. The pronouncements made by bhopas are rooted in the community’s psyche and it is generally not disobeyed for fear of unknown damages. Lack of awareness and ignorance further compounds more of such behavior. As such Bhopas are quite rampant

in the region and have prevailed over the ages. Though awareness creation and mass sensitization can to a great extent help do away with superstitions and promote people to have a scientific perspective on health and diseases, yet to have such messages conveyed by the Bhopas themselves can have greater impact on people’s mindsets. Henceforth, the Bhopas from 30 villages were mobilized and their orientation held once every year. Thus three orientations of Bhopas were organized in four batches.

The orientation was essentially aimed to seek their support in promoting health and hygiene practices in the community so as to prevent diseases and improve health status.

Details of the orientations:

<i>S.no</i>	<i>Number of Batches</i>	<i>Date</i>	<i>No. of participants</i>
1	2	22/07/2020 10/08/2020	36
2	1	10/8/2021	36
3	1	08/06/2021	45



Orientation of bhopas

VII. Orientation Of VHSNC Members:



To ensure that VHSNCs played an active role in planning and monitoring of health care services in their villages it was important that they were oriented on basic concepts of health and health rights and equipped with skills and tools for facilitating village activities. The committees were also gradually capacitated to generate village health plans taking health components and population needs into priority, produce village health report cards and conduct audits of health care facilities. While a lot of capacity building was to happen right on the ground during their monthly meetings, they also required continuous handholding by the Cluster Coordinators and the animators to get used to conducting these tasks.

In order to sensitise VHSNC members on the basic concepts of health, nutrition, hygiene and sanitation and to orient them on the roles and responsibilities that they are mandated with, a one-day orientation was organized in two batches on 7th and 10th August 2020 in Devgarh campus of Prayas. There were 44 VHSNC members who actively participated in the orientations. The sessions in the workshop involved interactive activities and the members were motivated to share experiences related to access to health care from their villages. Participants were thus able to get an understanding of the different factors which acted as barriers to access and how different community groups faced different health challenges. Most of the participants had no idea about the untied fund and how it can be utilized. The workshop also helped them get a better understanding of it.



Orientation of VHSNCs members

Details of the training:

S.no	Orientation	Number of Batches	Date	No. of Participants
1	Orientation of VHSNC members	2	07/08/2020 10/08/2020	44

VIII. Orientation of Eligible Couples on Methods of Contraception:



The project since its initiation made efforts to improve community awareness on diverse methods of contraception and to help them access them easily. The project team with the help of the village health animators tried to identify couples in the reproductive age and provided them with information on various methods of contraception that they can choose from. It has been observed that both men and women in rural areas have limited access to information on the range of methods of contraception available to them and hence they fail to make the right and timely choice.

The unmet need for contraception in the project area was quite high initially which meant that many eligible couples did not have information and access to contraception. This also meant that women often underwent frequent pregnancies without adequate spacing between the children which often took a toll on their health. Since abortion services were not readily available many women also often resorted to unsafe abortion practices at home putting their lives at risk. If couples are sensitively counseled on why they should be adopting birth control measures and ensure adequate spacing between children, it can help ensure better health of women and safer child birth experiences.

As the project team provided counseling to the eligible couples on the methods of contraception, their role was not to force a method onto the couples but to inform them of the options available, tell them the pros and cons of each of them and let them make the choice. During the reporting period the project team was able to counsel 1026 couples in the project area.



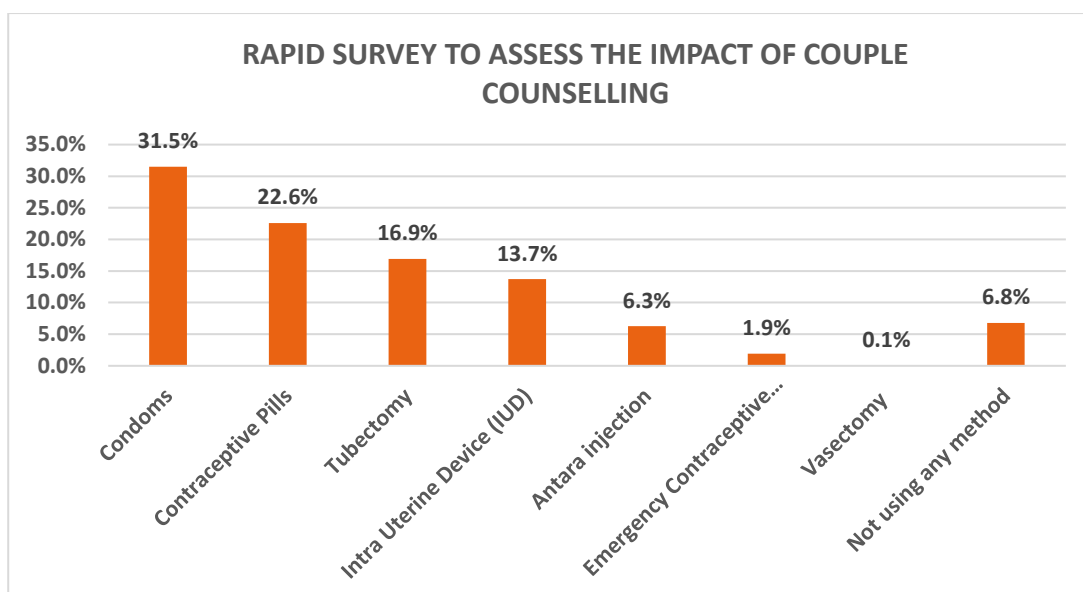


Eligible couples being oriented on methods of contraception

a) Rapid Survey to Assess the Impact of Couple Counselling:

To assess if the couple counseling helped couples adopt methods of contraception, a rapid survey was conducted in all the 30 villages. From July 1, 2019 to March 31, 2022 a total of 886 couples were counseled under the project. The rapid survey required the village health animators to meet all the 886 couples from their respective villages, find out what method of contraception were they using and take record of that in a simple tool which was developed for the survey purpose (please see annexure- 5 for the tool). The assessment was thus conducted in the month of March 2022 with 868 couples. 18 couples were left out due to their unavailability in the village at the time of the survey as they had migrated to nearby cities for livelihood.

The survey revealed that as is the general scenario, the burden of contraception was largely borne by the women. 61.5% of the women reported using one or the other method of contraception while only 31.7% of the men reported using any contraception. Of all the 868 couples interviewed 31.5% reported use of condoms, 22.6% reported use of contraceptive pills, 16.9% reported going through Tubectomy, 13.7% reported use of Intra Uterine Device (IUD) and 6.3% reported using Antara injection. Vasectomy was reported by just one (i.e. 0.1%) couple and 1.9% reported using emergency contraceptive pills. While there were 7.1% couples who were found to have adopted more than one method of contraception, there were 6.8% couples who reported not using any method of contraception at all.



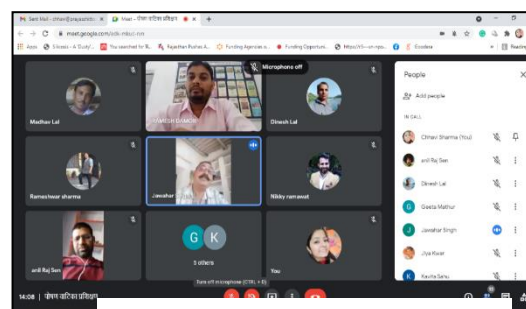
Heera bai and Ishwar Lal Meena from village Mangri had been married for last 12 years. In August 2020 they had their fourth child. It was in August 2020 that Cluster Coordinator Mr. Vijaypal decided to meet Ishwar Lal and his wife and counsel them on why they must think of limiting their family now that they had four kids already. He informed them about the different methods of contraception that they could choose from and catered to their many doubts and apprehensions. The counselling helped Ishwar and Heera Bai make a decision and in December 2020 Heera Bai had a tubectomy done at Primary Health Center, Devgarh.

8. Promotion of Poshan Vatika (Nutrition Gardens):

The importance of nutritional food is constantly discussed with all pregnant, lactating women, adolescent and community member during the various program activities. During the discussion it was found that there is a lack of green vegetables in the diet of the families of the village which adversely affects the health and nutritional levels of women and children. In this sequence, it was decided that nutrition gardens (Poshan Vatika) should be promoted in the villages with the help of women's groups. Keeping this objective in mind, about 450 women of 30 groups were oriented on the concept of Poshan Vatikas and provided five types of vegetable seeds for planting (bitter gourd, bottle gourd, ridged gourd, sponge gourd (gilki) and ladyfinger,) and two papaya plants in the second year and five types of seeds: bottle gourd, ridged gourd, okra, black-eyed peas (bean) and sponge gourd during the third year of the project.

Nutrition gardens were also developed in the premises of 41 Anganwadi centres. Anganwadi workers, ASHAS, and women's group members jointly managed these nutrition gardens.

Before the initiation of nutrition gardens (Poshan Vatika), a one-day orientation of project team members and anganwadi supervisors of Devgarh cluster was also organized virtually on 26th



Orientation on nutrition and nutrition garden

June 2021 in collaboration with Krishi Vigyan Kendra and Department of Women and Child Empowerment Pratapgarh, in which the experts discussed the aspect such as why the garden is necessary, its importance and the how community may be motivated and assisted to develop them.



During the meeting of the women's group in our village we discussed that most households in the village lack green vegetables in their diet consumption of which is crucial for the health of pregnant women and children. During this meeting, all women along with the village health workers (ASHA and Anganwari worker) decided to set up nutrition gardens in our homes as well as the anganwari centre which would ensure that households have regular access to green vegetables. Prayas team provided a vegetable seeds kit to each group member in which five type of seeds: bottle gourd, ridged gourd, okra, black-eyed peas (bean) and sponge gourd were given and we were also briefed about the importance of nutrition garden. All of us have now developed nutrition garden at our home.

- Nathi Bai, Women Group Member ,Village -Chhoti Lankh



Glimpses of nutrition garden

9. MASS AWARENESS ACTIVITIES AND CAMPAIGNS:

A. Awareness Campaigns

I. Slogan Writing:

Wall paintings and slogan writings can be an effective means of creating awareness and conveying social messages to the masses. As such, slogan writings on walls were carried out in the 30 project villages. The messages catered to issues such as child marriage, immediate and exclusive breastfeeding, maternal health, sanitation and hygiene, tuberculosis etc.



Slogans written on the walls

II. Campaigns and Street Plays (Kala Jattha) :



Every year awareness campaigns through kala jattha (street plays) at the village level on various social themes were organised under the project. The project team worked closely with the kala jattha troupes for weeks to script the plays and to ensure that the messages are conveyed to the community in the most impactful manner which is both entertaining and informative. The plays included dramatized stories, songs and dance, all in the local dialect

which was easily comprehensible by the community members. The following campaigns and kala jattha were organised during the project period:

A. Campaign to Prevent Maternal, Neonatal and Infant Deaths :

To address the issue of maternal and infant deaths which is quite rampant in the project intervention area a campaign to prevent maternal, neonatal and infant deaths was carried out during the second year of the project.

The campaign was organized in all the 30 project villages from 10th to 25th March 2021 and reached out to more than 4435 people with messages around care during pregnancy, significance of four ANC's, how to counter anaemia, how institutional deliveries can save lives, and how early marriages and frequent pregnancies can detrimentally affect mother's as well as child's health and even put them at the risk of mortality. The messages were conveyed to the community through kala jattha performed by local professional street play troupes.



Kala Jattha sessions in process

B. Campaign to Promote Public Health Care Services and COVID-19 Vaccination:

The campaign was organized from 15th to 24th December 2021 and reached out to more than 3155 people across the 30 villages through kala jattha programs. The key messages imparted through the campaign were around why on falling ill people must seek care from public health care facilities rather than visiting traditional faith healers (bhopa) or the unqualified practitioners (bangali doctor), how unnecessary medicines, injections and drips harm patients and drains the family financially, why getting vaccinated against COVID-19 is important, how child marriages have detrimental impact on the girl's health and how it leads to children born weak and undernourished etc. The campaigns also tried to bust various superstitions which affect health and lead to delay in appropriate treatment and also tried to cater to various myths around COVID-19 vaccines.



Kala Jattha sessions in process

C. Campaign against Child Marriages:

Child marriage is the most regressive social practice still quite common in rural and tribal areas which can have a huge detrimental impact on the physical and mental health of those who get married at an early age, particularly the girl. As a result of early marriage, girls tend to conceive early which may lead to severe complications during pregnancy and childbirth thus affecting their health. These girls also undergo frequent pregnancies for which they are often not ready. They are also more prone to domestic and sexual violence if married early. Campaign against child marriages was thus held every year under the project along with the above-mentioned campaigns to create awareness about the detrimental effects of child marriage. With the help of Kala Jattha (street plays), messages were conveyed on how child marriage may affect a person emotionally, mentally and physically. The plays were well received by the community members.

Below is the summary of campaigns held each year:

Year	Date	Total no of participants
Year 1	20/09/2019 -05/10/2019	4500
Year 2	10/03/2020 -31/03/2021	4435
Year 3	15/12/2021 – 24/12/2021	3155



Kala Jattha sessions in process

D. Campaign for immediate and exclusive breastfeeding:



There is a common practice among the community in the project area wherein the newborns are not fed the first milk (colostrum) of the mother and is instead fed with an artificial preparation called gulla (made of goat's milk). This practice is harmful to the child's health and goes completely against the concept of immediate and exclusive breastfeeding as recommended by WHO. To create awareness about the significance of

immediate and exclusive breastfeeding campaigns around it were organised in all the three years of the project. In the first year of the project community meetings were held and women in reproductive age were oriented on how significant mother's milk is for a child's physical and mental development. The campaign was carried out in the months of September and October 2019. This was followed by kala jattha programs in the project villages in the evenings.

In the second and the third year of the project, community events were organised as part of the campaign at Panchayat Level. The campaigns were held in the week 1st – 7th August of both the years week which is globally marked as World Breastfeeding Week. During the campaign meetings and interactive sessions with women were organized in 15 panchayat headquarter villages in the project area. The discussion aimed at educating women on how *gulla* feeding harms the health of the new born and why immediate and exclusive breastfeeding is crucial for overall physical and mental development of the child. The meetings also tried to clear the misconception that a COVID infected women may pass on the virus to the child if she breastfeeds etc.

Below is the summary of the campaigns so held :

Year	Date	Total no of participants
Year 1	20/09/2019 -05/10/2019	4500
Year 2	01/08/2021-07/08/2021	870
Year 3	01/08/2022-07/08/2022	935



Sessions on immediate and exclusive breastfeeding in process

10. School Poster Competitions:



To sensitize children on the significance of health and health care services and to generate in them a sense of ownership and responsibility towards public health care services, poster competitions were organized every year for senior and senior secondary school children on various health related topics. The competition was open for children from the class 6th and above.

The project team collaborated with the local senior secondary schools for organizing

the competition and the school staff readily agreed to support the events. The competitions were held in the school premises itself, thus the logistic support was provided by the schools. The stationary required to prepare the posters were to be arranged by the participating students individually while Prayas provided the chart papers to draw on. However, considering that some students from deprived backgrounds may not have the required stationeries, Prayas arranged colours for them so that they don't miss out on the opportunity to participate in the competition. The winners were judged by a mixed panel of experts which



included wardpanch/sarpanch of the area, a senior public health functionary, teacher representative of the school and a senior staff member of Prayas. The posters were assessed on the parameters of drawing skills, visualization, colour use and neatness. From each school 1st, 2nd and 3rd rank holders were given trophies and certificates while all the participants were provided certificate of participation. The table below provides a summary of poster competitions held during the project period, the themes they were held on and the number of students who participated.

Details of the competition:

S.no	Theme of Poster Competition	Number of Schools where competition was organised	Names of schools	Date	No. of participants
1	Mera Asptal Kaisa Ho	3	Sr. Sec. School Devgarh, Chiklad and Gyaspur	20/2/2020	113
2	COVID -19 Se Suraksha Ke Upay	3	Sr. Sec. School Devgarh, Chiklad and Gyaspur	08/9/2021	150
3	Swachh evam Swasth Gaanv Hum Sab Ki Jimmedari	3	Sr. Sec. School Devpura, Kotwal and Karmakheda	15/10/2022	220



Pictures from poster competition

11. Fairs and Special Events:

I. Women's Health Fair:

During the project period three women health fairs were organized under the project, one in each year.

The objectives of the health fairs were to:

- Build camaraderie and solidarity among women from different villages and backgrounds on common issues faced by them
- Disseminate information on various upcoming opportunities for women for their social, financial, political, cultural and educational development.
- Create awareness on legislations to prevent gender-based violence viz. domestic violence act., sexual harassment at work places act, PCPNDT act etc.
- Create health awareness, especially on reproductive health rights of women
- Develop scientific perspective towards health and diseases and build awareness on basic health and hygiene issues.
- Create awareness on issues such as declining child sex ration, female foeticide, child marriage etc.

To make the assembly more informative and entertaining different kiosks were set up at the venue. Each kiosk was facilitated by a team of Prayas staff and health workers deputed by the health and ICDS departments. The kiosks were based on the following themes:

- Film screening (Menstrual hygiene, safe pregnancy, immediate and exclusive breastfeeding, prevention of diseases such as malaria, COVID-19 and HIV & AIDS.)
- Health checkup and counseling (Hemoglobin tests, prevention of anemia)
- Understanding body functioning (Human anatomy and physiology, body functioning)
- Games and quiz around health and hygiene (jalebi race, musical chair, tug of war)
- Recipes to make from supplementary THR (set up by ICDS department)

Experts from various fields of work including social activists, health functionaries, women entrepreneurs, panchayati raj representatives were invited to the fair. They addressed the participants, shared their knowledge and life experiences and motivated women to always stand up for their rights. Women who had come from different villages also shared their experiences.

Details of the fairs:

S.no	Date	No. of Participants
1	7 th March 2020	228
2	8 th March 2021	168
3	24 th February 2022	205

Testimony from health worker:



On Women's Health Fair our PHC collaborated with Prayas to organize a kiosk for hemoglobin test of women and to counsel them on how to prevent anemia. During the camp, a woman from Bambori village (Lali Bai) who was seven months pregnant, was found to have hemoglobin level of less than 7 mg. She was immediately referred to PHC Devgarh by us for further check up and was provided IFA tablets. The ASHA of the village has been asked to keep regular track of her health.

- Mrs. Santosh Meena, LHV, PHC Devgarh



During the women's fair, we shared with the women different recipes that they can prepare with the help of take home ration they receive from the aanganwaris as nutrition supplements. We also informed them why a balanced diet is important to maintain good health. Women found it very interesting. This should promote wider consumption of THR among women.

- Vishnu Kunwar, AWW, Devgarh





Glimpses from women's health fair

II. Adolescent Health Fair:



Three adolescent girls' health fairs were organized during the project period, one in each year. The objectives of the fairs were to provide a common platform to adolescent girls from different villages where they can meet each other and grow camaraderie, share experiences and learn from each other, build their understanding on health and hygiene, and engage in fun activities and games where they can just be themselves.

The fair was divided into different informative corners with each corner being facilitated by a team of Prayas and health workers:

- Film screening (Menstrual hygiene, changes during adolescent age, COVID-19 and Olympic games)
- Health checkup (Hemoglobin, height and weight)
- Health counseling and guidance (Human anatomy and physiology, body functioning)
- Nutrition counseling (Nutrition food supplement)
- Games and quiz

The adolescent girls were free to move around and visit the corners of their choice and were motivated to engage in discussion and interactions which were an important part of each corner. The workers from PHC Devgarh and ICDS department were approached to provide their services at the fair to which they readily agreed. They set up health examination corner in the fair and also provided important health information to the girls.

Details of the fair:

S.no	Date	No. of Participants
1	17 th and 18 th August 2020	77
2	29 th August 2021	89
3	27 th May 2022	226



Glimpses from adolescent health fair

III. Village Level WASH Mela (WASH Fairs):



WASH melas were organized every year in all the project villages to create community awareness on safe water, sanitation and hygienic practices. The melas rather than promoting WASH components through conventional lectures adopts the mode of interactive discussions, quiz and practical sessions to develop community understanding around significance of safe water, sanitation and hygiene in keeping

healthy. The baseline survey which was carried out during the initiation of the program revealed that only about 15% households in the villages used toilets, 41.3 % used soap to wash their hands after defecation and only 4.8% used ladles to drink water from the pot. This low level of hygiene consciousness makes people in the area more prone to infectious diseases.

The mela was characterized by a community assembly wherein important messages on WASH were conveyed to the villagers through interesting and engaging activities such as quiz, live demonstrations of hand washing and ladle use, signature campaigns etc. Participants who answer quiz questions correctly are also awarded prizes in the form of sanitation and hygiene items such as soaps and soap case, dandi lota (ladle to drink water from a pot), chhanni (strainer)etc. Key messages disseminated through the WASH mela were usually related to using ladle to drink water from the pot, using soap for hand washing, using toilets for defecation, purifying water by sieving and boiling before drinking, maintaining personal hygiene etc. The members of adolescent girls' and boys' groups from the villages who were regularly oriented on WASH components during their monthly meetings also played a crucial part in organising and conducting WASH melas. The mela was also marked by signature campaign wherein the community members pledged to adopt WASH practices of washing hands with soap, using toilets for defecation and keeping surroundings clean.

During the reporting period 90 WASH melas were organized in all the project villages, one in each village every year.

Details of Wash Mela (Fair)

S.no	Number of Wash Melas	Year	No. of Participants
1	30 villages	2019-2020	2288
2	30 villages	2020-2021	3388
3	30 villages	2021-2022	2356





Glimpses from WASH melas (fair)

Testimonies from the participants:



During the monthly meetings of adolescent girls' group in our village we learned the right process of washing hands and its significance. We informed the same to other community members during the WASH mela this year and enjoyed conducting the session.

- Seema Kumari, Adolescent group member, Village - Mangri



Through the WASH mela I understood the importance of cleanliness and hygiene and also got to know how we can prevent diseases like COVID -19 through regular handwashing and being hygiene conscious .

- Thavri Bai -Village - Angora



"I liked the concept of WASH mela. Through the event I realised why it is so important to discuss on hygiene and sanitation so that people can adopt healthy practices."

-Mr. Krishan Kumar Sharma, Teacher, Government secondary school, Village- Devpura



"Orientation about Dandi Lota for drinking water (ladle to drink water from a pot) was well explained and it was very relevant and important information for us. In future we will only use Dandi Lota for drinking water."

- Ms. Dali Kumari Meena , Village- Dharni



"I was very surprised to know how much difference there is between washing hands only with water and washing them with soap. Now onwards I will always use soap to wash hands before cooking. and after defecation."

- Mrs. Radha Bai,Village -Kesarapura

IV. Block Level Consultation on WASH:



Block level consultations on WASH were organized in Pratapgarh once in every project year, thus a total of three. The consultations involved participation by individuals from different backgrounds including PRI members, govt. officials, academicians and representatives from civil society organisations who jointly discussed how WASH practices including use of toilets for defecation and washing hands with soap can be promoted among community members. The participants were convinced that with

rise in infectious and communicable diseases such as COVID-19, it was important that WASH practices were given paramount importance and that community sensitisation campaigns must be carried out. They suggested use of different IEC tools for the same including nukkad natak and film screenings.

Details of block WASH fairs:

S.no	Date of WASH Melas	No. of Participants
1	19 th August 2020	38
2	11 th September 2021	98
3	16 th September 2022	158



Block level WASH fair

V. Swasthya Chetna Yatra and Community Health Conventions:

A. Swasthya Chetna Yatra:

A Community Health Convention was planned to be organized in the first year in order to generate mass awareness on health and health rights. However, owing to COVID-19 lockdown and govt. guidelines restricting gathering of people in large numbers, the convention could not be organized in the format as it was planned initially. However, in order to meet the activity objectives, the intervention was carried out with a slightly different design in the form of an awareness drive in 30 villages titled 'Swasthya Chetna Yatra'.

The Yatra carried out between 17th August to 27th August 2020 included Prayas team driving through the villages on a 'health awareness vehicle', holding community meetings and spreading health messages. The objective of the drive was to dispel popularly held health myths, generate scientific perspective on health among people and inform them about different govt. health schemes and programs.

The Yatra was organized with the help of village health animators, health workers and PRI members who helped mobilize people for the meetings and discussion. During the ten days Yatra the team stopped at 30 villages, conducted public meetings, motivated people to seek public health care services, distributed pamphlets, and painted informative slogans on the walls.

The Yatra was very well received at all places by the villagers as well as by govt. officials. About 700 people were reached out and sensitised through the intervention.



Glimpses from swasthya chetna yatra

B. Health Conventions:

During the second and third year of project two Community health conventions were held, one in each year at Prayas' rural campus in Devgarh. The objectives of the conventions were to discuss and inform the various community leaders and active citizens from the project villages about major health schemes and programs, orient them on health, sanitation and hygiene, dispel popular myths and superstitions around various ailments and their cure, generate a scientific outlook on health and eliminate various misconceptions around COVID-19 and its vaccines. At the same time, the convention also involved discussion around the various health issues at the village level and challenges faced by the community members in accessing health care. Participants raised issues such as erratic distribution of ration from the anganwaris, lack of clean drinking water, health care becoming expensive etc. During the convention, information about seasonal diseases, communicable and non-communicable diseases and ways to prevent them were also discussed. Film screenings were also done on various health issues.

Details of community health conventions

S.no	Date	No. of Participants
1	20th August 2021	96
2	31st May 2022	113



Glimpses from community Convention

12. Significant Days Celebration:

I. World Population Day:

To mark world population day the following events were organised during the project period:

a) District level consultations (15th July 2019-Pratapgarh, 12th July 2021-Devgarh, 11th July 2022-Pratapgarh):

To mark World Population Day three district level consultations were organised for creating awareness on the significance of family planning and adopting methods of contraception. A total of 297 women and men from the project villages, government officials and members of civil society participated in these consultations. The consultations were addressed by senior district health officials and members from Prayas who oriented the participants on methods of contraception, spacing between children, reproductive health rights etc. An awareness rally was also organized by the frontline health workers on the occasion on 15th July 2019.





Glimpses of World Population Day

b) Awareness Campaign (11th -25th July 2020):

To mark World Population Day, an awareness campaign on family planning and methods of contraception was carried out in all the project villages between 11th-25th July 2020. The campaign involved setting up awareness kiosks in the villages, carrying out signature campaigns wherein eligible couples pledged to adopt family planning methods for spacing between births and limiting their family, and public meetings on reproductive health rights were held. About 478 participants joined in the campaign.



Glimpses from World Population Day

Details of consultations:

S.No	Date of Consultations	Total Participants
1	15 th July 2019	69
2	11/07/2020 -25/07/2020 (fortnightly awareness campaign)	478
3	12 th July 2021	98
4	11 th July 2022	130

II. World AIDS Day:

To mark World AIDS Day four consultations were organized during the project period, one virtually and three through physical mode. Members of different civil society organizations, lawyers and government officials participated in the discussions held in these consultations. The objective was to sensitize CSO representatives and the legal advocates on issues surrounding HIV & AIDS and how they can play an important part in advocating for increased access to medicines, treatment and care for those affected by it. their rights and increased access to treatment he workshops attempted to orient the participants on the basics of HIV & AIDS, as in how it spreads and how can it be prevented. The workshop also attempted to discuss how stigma and discrimination attached to HIV & AIDS makes it even more difficult for those affected by it to lead a normal life. The participants also discussed about the need to make more people aware about it.

Below are the details of the consultations held:

S.No	Date of Consultations	Total Participants
1	3 rd December 2019	85
2	1 st December 2020 (trough webinar)	55
3	4 th December 2020	38
4	1 st December 2021	85



Glimpses from World AIDS Day

III. International Women's Day :

On 7th March 2020 a women's rally was organized in Pratapgarh to mark International Women's Day. The rally was flagged off by Mr. Pankaj Dwivedi, Deputy Director, Women's Empowerment Department Pratapgarh, Dr. Ramkesh Gurjar, Block Chief Medical Officer Pratapgarh and Dr. Narendra Gupta, Public Health Specialist and founder member Prayas. The rally started from the Municipal Council to Sukhadiya Stadium. More than 172 women consisting of women from the project villages, anganwari workers, ASHAs, ANMs, school teachers, students etc. enthusiastically participated in the rally. The rally was marked by slogans on women's rights, gender equality, right to health etc. and demands for equal opportunities and dignity for women. Women in the rally held banners and placards displaying their key demands.



Women's rally on International Women's Day

IV. World TB Day:



Tuberculosis is a serious health problem in rural areas and particularly in the population which are deprived and impoverished. The awareness on the disease and its treatment is still very low in the community and what makes it even more challenging is the fact that the treatment is long and one has to adhere very strictly with the regimen. This requires firm discipline on the part of the patient and his/her family in following the treatment and close monitoring by the health workers to ensure adherence. In order to sensitize community members on

these aspects of TB two district level workshops were organized during the project period to mark World Tuberculosis Day. The workshops apart from having participation from community members, health care providers etc, also had participation from persons who had battled TB successfully and are now leading a healthy life. These "TB Warriors" shared their experiences of living with TB and how they defeated it. The officials from the health department provided important information on identification and treatment of TB to the participants and also informed them about the various schemes and provisions by the government meant for people living with TB.

Below is the summary of the two workshops so held:

S. No	Date of Consultations	Total Participants
1	24 th March 2021	55
2	29 th March 2022	105



Workshops on World Tuberculosis Day

V. International Literacy Day (8th September 2021):



To mark International Literacy Day, 'Children Assemblies' were organized on 8th September 2021 in three Government Senior Secondary Schools, namely: Devgarh, Chiklad and Gyaspur. More than 432 students and school staff participated in the events. The day was addressed by the members of Prayas, school teachers and PRI members who discussed the challenges faced by children during COVID 19 especially with regard to continuing their education as the

schools remained shut. The children shared how the lockdown and closure of schools affected their mental health and how they coped with it. Children reported losing touch with their studies as there was no one to guide them in the family and the home environment diverted their attention from studies to household chores. Most children were happy about the schools reopening after the long closure. However, there were also concerns raised that many of the students haven't started coming to schools and some may even drop out. Teachers, PRI members and the students pledged to motivate other children and their parents to resume attending schools



Children assembly on International Literacy Day

13. Strengthening Systems Capacity to Improve Access to Treatment:

I. Orientation of Health Care Providers:



Health care providers are the main actors in any health care system and their role in ensuring equitable access to health care and protecting health rights is paramount. However, it has been noted that most often health care providers have an extremely clinical approach to health care and are barely oriented on public health dimensions of health or social epidemiology. This limits their ability to explore and understand how various socio-cultural factors have a crucial

role to play in deciding people's health and health behaviors and their ability to access or demand health care. This often creates a gap between service providers and the receivers as they both carry different perspectives

and approaches to health and fail to understand where one is coming from or why one is behaving a certain way or not understanding a simple thing. This gap further tends to create an antagonistic view of each other, leading to bitterness and a complete communication breakdown where neither of the parties is ready to consider other's point of view. The health care providers owing to their education and position often find it okay to regard community from poor and deprived communities as ignorant while the community members find it hard to give up on their age-old practices and behaviors and tag health care providers as arrogant beings. It is important that this entire gap between community and health care providers is bridged so that there's an environment of cooperation and mutual understanding necessary to increase uptake of health care services and protection of rights of both patients and service providers. Hence, the project had envisaged organizing orientation workshops for health care workers and service providers in the project area.

During the project period there were eight workshops organized with ASHAs, AWWs and ANMs. The workshops essentially focused on evolving a public health orientation and sensitizing health workers to adopt a rational and socio-epidemiological perspective while promoting or delivering health services. There were also detailed discussions held on dealing with health care challenges during COVID-19 pandemic.

Similarly, an interactive session was organized with the medical officers of Pratapgarh district on issues surrounding COVID-19 and their role during the pandemic as health care providers. They also discussed the challenges that they have been confronting while working in limited resource settings and how they can strive to deliver the most amidst all the constraints. There were 13 doctors from the project area who participated in the discussion held on 26th August 2020. The discussion was organized virtually on zoom.

Summary of all the workshops are as below:

S.no	Orientation	Number of Batches	Date	No. of participants
1	Orientation of ANMs	2	10/07/2020 24/07/2020	47
2	Orientation of AWWs	2	29/07/2020	35
3	Orientation of Doctors (Through webinar)	1	26/08/2020	13
4	Orientation of ASHAs	1	29/08/2020	41
5	Orientation of ANMs	1	30/07/2021	31
6	Orientation of AWWs and ASHAs	1	30/09/2021	45
7	Orientation of AWWs and ASHAs	1	3/10/2022	55
8	Orientation of ANMs	2	31/10/2022	60

Testimonies from Health Care Providers:



"I attended the training organised by Prayas. It was interesting as we got a chance to exchange on community health issues, especially during a pandemic."

-Lajwant Kharadi, ANM, Sub-centre -Chiklad



"I liked the training organised by Prayas. Through the discussion I realised that it is so important to overcome the fear and stigma around COVID-19 so that people can access treatment more readily."

-Amu Meena ,ASHA, AWC-1, village- Chiklad



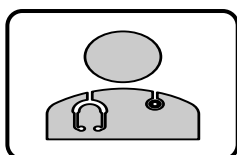
"The Orientation we provided by Prayas on how the health seeking behaviour has changed after COVID- 19 and the role a doctor can play in such trying times was very relevant. Information was well explained through the webinar."

-Dr Rajesh, PHC Dhamotar, Pratapgarh



"I was very confused after reading different articles in newspapers about COVID-19 and vaccine development. However, after the orientation by Prayas many of my doubts were cleared. Dr. Narendra helped me broaden my understanding of the pandemic and the health systems challenges around it."

-Dr Chetan Gurjar, Pratapgarh



"We appreciate the efforts by Prayas in creating health awareness in the community and the support extended by them to the health team in organising VHNDs."

-Dr. Vishwanath Singh, Incharge, PHC Devgarh



"Prayas has been doing good work around health. They support us with our outreach activities especially during VHNDs. On 10th July 2020 they also conducted a training for our ANMs in which Dr. Narendra Gupta oriented them on COVID-19 and reproductive health issues. We found it very useful."

-Saramma, LHV, PHC Devgarh



Orientation of health care providers

II. Health Camps for Screening of Patients:



Health camps were regularly organised in the project villages essentially with the objective of catering to patients where no public health facilities are available and to identify patients with serious ailments who may need higher medical care. The project area has poor public health care facilities with most of the health centres functioning without adequate staff and many being non-functional for years.

During the project period 66 health camps were thus organised in the project villages wherein about 3457 people availed basic health care services. Out of these patients about 89 were referred to district hospital Pratapgarh for higher medical attention.

Of the 66 health camps 30 camps were organised in collaboration with the district health administration. This entails that the project team was able to convince the health department about the need for such camps in the area. This is also important keeping the sustainability of the intervention into account. Every health camp so organised consisted of the following main components:

1. Registration of patients
2. Treatment
3. Counselling
4. Medicine distribution
5. Referral

Most of the patients in the camps reported common ailments such as cough, cold, fever, headache, skin problems, stomach ache, diarrhoea, body pain etc. Those who were suspected of critical or chronic health problems such as asthma, tuberculosis, ENT related problems, night blindness, severe anaemia etc were referred to district hospital Pratapgarh for further diagnosis and treatment.

Details of the health camps:

S.no	Year	Number of camps	Total no. of patients examined	Patients referred for higher Treatment
1	2019-2020	22	1448	63
2	2020-2021	22	921	14
3	2021-2022	22	1088	12



Glimpses from Health Camps

III. Identification and Tracking of TB Suspects and Patients:

One of the important components of the project was to identify suspected cases of tuberculosis in the project area, get them screened and link them up with treatment based on the diagnosis. This was essentially done either through health camps or with the help of the village health animators during the meetings with community groups. As such, in the reporting period 68 patients with tuberculosis or those suspected of TB were identified. Out of the 68, 55 patients were diagnosed as confirmed TB cases.

Village health animators were supposed to conduct regular follow-ups of these patients so as to ensure that they availed complete treatment which was crucial for their recovery. There are currently six TB patients who are being monitored by the animators.

The project team also ensures that the identified TB patients are linked with the financial benefit scheme of the government which mandates financial assistance of Rs. 500 per month over the course of treatment.

Testimonies from TB patients:



I would never have known about the government's nutrition support scheme (Rs. 500 per month) and travel support scheme (Rs.750) meant for TB patients if Dinesh Kumar (Prayas' cluster coordinator) had not informed me about it. He helped me link with the schemes after which I was able to avail financial aid of Rs.3000 as nutrition support and Rs. 750 as travel support. This was very useful in meeting food and other expenses during my treatment. I took my medicines diligently and now I have completely recovered from TB .

-Ishwar Lal, TB warrior, Village -Chhoti Lankh



It was only due to the timely help of Ramesh Kumar (village health animator) that I was able to survive TB. Once when I suddenly started to vomit blood he arranged to take me to the TB hospital in Udaipur for treatment and stayed there with me for 7 days. After returning home he kept following up about my health regularly and also helped me avail benefits of the nutrition support scheme of the government . I am very thankful to him !

-Chetan Meena, TB warrior, Village- Pal



Indermal aged 35 years from Sitamagri village had been regularly consuming alcohol and tobacco for many years. Lately, his health began to deteriorate and he had terrible cough and weight loss. In this sequence, he got cough and fever and was losing weight continuously. Bhavna Bai, the village health animator, got to know about Indermal's health and went to meet him. Knowing of Indermal's symptoms Bhavna suspected that it could be a case of TB. She suggested Indermal to come with her to District Hospital Pratapgarh for a health examination. On 9th December, 2020 Indermal went to the hospital along with Bhavna where he was suggested certain tests and X-ray. Bhavna's worst fear came true, Indermal was diagnosed with TB. He was immediately prescribed a six months TB treatment course and was also registered to receive the monthly incentive of Rs. 500 under Nikshay Poshan Yojana. During the course of his treatment Bhavna diligently followed up with Indermal to ensure that he wasn't missing his doses. On 7th February 2021 Indermal went to the district hospital for his check up and considerable improvement was noted in his health. He continued taking his medicines regularly and on 12th May 2021 after a health examination in district hospital he was declared cured of TB. During the treatment he also availed benefit of Rs. 3000 through Nikshay Poshan Yojana. Had Bhavna not pushed Indermal to visit the hospital on time and assisted him with the treatment he wouldn't have been cured in such a short span.



I would never have known about my TB disease if Mrs. Gyarsi Bai (village health animator) had not awared me that my long cough could be a TB disease.

-Mr Ishwar Lal, Village Chhoti Lankh,Pratapgarh



I had been taking medication for TB since past 3 years, but I would quit intermittently. In the month of June 2020, Dinesh ji from Prayas advised me to resume my treatment and continue it properly. After that I went to Pratapgarh district hospital and consulted the doctor. Now I am taking my medicines regularly. I have noted improvement in my health and feel that I will get well soon.

-Shyam Lal Meena , TB patient, Village- Peepli Kheda

IV. Identification of Children with Malnutrition:

The project team had been relentlessly working on the ground to prevent malnutrition among children and to ensure that any child with malnutrition was identified immediately and had access to required treatment and care. Malnutrition among children is common in the project area due to poverty and poor dietary intake. Project team therefore tried to ensure that children received regular supplementary nutrition from the anganwaris and at the same time they also diligently tracked children who were identified as malnourished. The objective was to prevent mortalities among children through early identification of children with malnutrition and linking them with treatment. This intervention become even more important since the onslaught of COVID-19 as the household income went down and anganwari services were severely impacted.



In the project period 82 malnourished children were identified by Prayas team. Of them, 74 were newly identified cases that had been linked with treatment through efforts of Prayas and the rest were such who were already registered as malnourished in the anganwaris but were yet to recover. Parents of these children were counselled and were advised on feeding their children with proper meals and supplementary diet. They were also encouraged to seek medical care from Malnutrition Treatment Centre (MTC) for quick recovery.

Project team is currently monitoring the health of 5 children with malnutrition. All 6 (100%) children are under home treatment.

Testimonies of Patients:



"During the visit by Prayas team, I came to know that my son was malnourished. They informed the anganwari worker and constantly monitored the health of my child. They also counseled me about feeding my son nutritional food. After sustained care my child is now healthy again.

-Pappudi , Mother of Yuvraj, village – Badi Bambori



During a community meeting in village Mandakala Prayas team got to know that a maternal death had happened in the nearby village Keli and since the mother was no more the newborn was taken care of by the deceased's parents (i.e. the new born's maternal grandparents) who lived in Mandkala. Knowing this Prayas team went to meet the family so as to find out if the child was keeping well. During the visit the team observed that the child was extremely weak and looked severely underweight. The team conveyed the same to the grandparents who were now the guardians of the child and suggested that they take the child to the District Malnutrition Treatment Centre (MTC) in Pratapgarh for treatment. They agreed and on 17th March 2021 they visited the MTC accompanied by the village health animator. The doctor at the MTC identified the child as malnourished and immediately admitted him at the centre. The baby was discharged after a week long treatment on 24th March 2021 following improvement in his health. Prayas team with the help of the village health animator have since then been regularly monitoring the health of the child through home visits.

V. Tracking of Pregnant Women:

Village health animators under the project were required to keep track of all the pregnant women in their respective villages and ensure that they received all the care, including ANC's, IFA tablets and the nutrition supplements that they were mandated to receive through health and ICDS departments. To keep a track of all the pregnant women in the villages a village health register was developed and provided to all the animators. The register helped them keep a record of all the essential information related to pregnant women and makes it easier for the animators to follow up with them. This was essentially to ensure that women in the project area received adequate care during their pregnancies and could undergo safe deliveries. This further compliment and substantiates the work carried out by the ASHAs to improve maternal health outcomes. In the project period 1580 pregnant women were tracked of which 1274 women gave birth. Through the tracking it was found that:

- Out of the 1274 women who gave birth 1201 (94.3%) women were such who had completed all the four ANC's before their delivery.
- 1192 (93.5%) women gave birth in a health institution.
- 1217 children (95.5%) were breastfed immediately within one hour of birth and were not fed gulla (artificial feed made of goat's milk, honey etc).

The village health register, apart from maintaining records of pregnant women, also helped animators record other village health details such as those related to maternity benefit schemes accessed, immunisation, abortions, maternal and child deaths, malnutrition, women suffering from STDs and RTDs, TB cases, child marriages, etc.

In order to motivate more and more pregnant women to avail four ANC, an invitation cum reminder card was also developed under the project. The card provided details of the next Village Health and Nutrition Day (VHND) to be held and reminded pregnant women of their due ANC. Village health animators went door to door to invite women to the VHND and handed them the invitation card at least two days before the VHND. The card also contained important health information and phone numbers of animators, frontline health workers, ambulance service etc which the women or their family members could use in case of any health emergency or if they sought any information.



Pregnant women being invited for VHND

गर्भवती महिला स्वास्थ्य जाँच आमन्त्रण पत्र

श्रीमती पति/पिता श्री
 गांव फला/मकड़ा/मोहल्ला

प्रिय बहन,
 गर्भावस्था के दौरान कम से कम चार बार स्वास्थ्य की जाँच आपके एवं आपके होने वाले बच्चे दोनों के लिए आवश्यक है। अतः अपने स्वास्थ्य की निःशुल्क जाँच करने हेतु स्वास्थ्य विभाग द्वारा आयोजित **मानु एवं शिशु स्वास्थ्य पोषण दिवस** में नीचे दिए स्थान एवं समय अनुसार अवश्य भाग लें।

प्रसवपूर्व जाँच - प्रथम/द्वितीय/तृतीय/चतुर्थ

दिनांक बार समूह बच्चे से बच्चे तक

स्थान कोतवाली

प्रेषित-ग्राम स्वास्थ्य उत्तरेक, प्रयास

गर्भावस्था एवं प्रसव/बापा सम्बंधित अधिक जानकारी के लिए निम्न नम्बरों पर संपर्क करें -

1. स्वास्थ्य उत्तरेक 2. नर्स बहिन जी 3. आरामा
 935 8422150 6755892054



VHND invitation card

Pregnant women being tracked

निरोगी ग्राम परिरोजना गर्भवती महिला की दिनांक का सितरण											
प्रपत्र - 1											
क्र. सं.	महिला का नाम	पति का नाम	भ्रमण	आयु	वर्तमान आयु	वर्तमान आयु	वर्तमान आयु	वर्तमान आयु	वर्तमान आयु	वर्तमान आयु	वर्तमान आयु
2	परियाँ	कमल	नमराज जी	25	18	27	20	ए.स.टी./ए.स.टी.	ए.पी.ए.	2	पानी
3	समीरा	काई	धनराज जी	23	17	25	19	ए.स.टी.	ए.पी.ए.	3	करी
4	कोलली	काई	अनिल नाथ जी	22	18	27	23	ए.स.टी.	ए.पी.ए.	3	करी
5	सामा	काई	कैसरी मल जी	21	18	23	20	ए.स.टी.	ए.पी.ए.	0	करी
6	दलुजी	काई	प्रकाश-चन्द मीठा	22	17	25	22	ए.स.टी.	ए.पी.ए.	2	करी
7	दुकाजी	काई	बिनेन्द्र जी	22	18	26	20	ए.स.टी.	ए.पी.ए.	2	करी
8	सोनी	काई	दुपरी जी	20	17	23	19	ए.स.टी.	ए.पी.ए.	0	करी
9	नीता	काई	पद्मा जी	20	18	23	20	ए.स.टी.	ए.पी.ए.	0	करी
10	गोवरी	काई	गोवरी जी	30	18	25	19	ए.स.टी./ए.स.टी.	ए.पी.ए.	2	करी
11	पुष्पा	काई	पुष्पा जी	25	17	27	18	ए.स.टी./ए.स.टी.	ए.पी.ए.	4	करी
12	पिन्की	काई	हिरी/माला	26	18	28	18	ए.स.टी./ए.स.टी.	ए.पी.ए.	3	करी
13	कावरी	काई	कुन्वर	25	16	27	18	ए.स.टी./ए.स.टी.	ए.पी.ए.	21-4-2	करी
				01/09/2020	17						

Maintaining records of pregnant women

Testimonies of Village Health Animators:



"When I was doing a line listing of pregnant women in the village through the village health register I found that two pregnant women were not registered in AWC. I immediately informed the ASHA and got them registered."

-Yashoda Meena ,Village Health Animator, Village -Bordi



"I ensure continuous tracking of all pregnant women in my village as well as help health workers during the VHNDs organised every month to deliver ANC and immunisation of women and children. During the VHND I get to know the health status of pregnant women and children of my village so that I can follow-up with them continuously for their good health."

-Heera Meena ,Village Health Animator, Village - Mangri



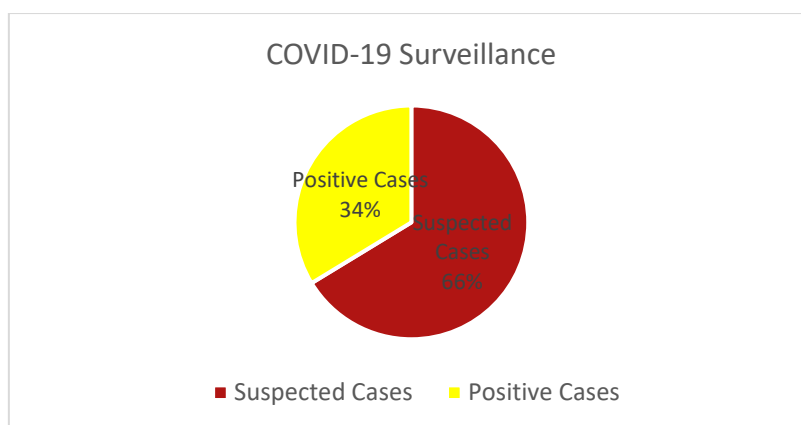
"A part of my responsibilities is to ensure that all pregnant women come to the VHND for ANCs. I also make sure to invite them a day before the VHND is organised. During one of the VHNDs I noted that a woman named Lali Bai whose ANC was due did not turn up. I along with Prayas team member Dinesh Ji then immediately went to her house. It was only after convincing her a multiple times that she and her husband agreed for the ANC."

-Jamna Meena ,Village Health Animator, Village - Pal

VI. Tracking of COVID -19 Patients:

As COVID-19 pandemic penetrated rural areas and cases began to show in the project area as well, the project team geared up to identify people with COVID like symptoms and link them with medical care and treatment. As the community members were reluctant to report their symptoms and illnesses out of fear of isolation and various myths around COVID-19 doing the rounds, village health animators and cluster coordinators reached out to families and counselled them to get tested and treated for their ailments. Project team also helped the frontline health workers carry out screenings and assisted suspected cases of COVID in accessing tests and treatment. As the number of cases began to rise in the region and government hospitals were overloaded with patients, project team played a crucial role in arranging beds, oxygen, medicines and other health services for those who needed them. The project team also worked closely with the frontline health workers, PHC and CHC staff in disseminating information about COVID care services available for the community, promoting COVID appropriate behaviour and linking up the needy individuals and families with appropriate services and relief schemes.

Thus, between April to June 2021, about 120 suspected COVID patients were motivated by the project team to get tested for COVID, out of which 61 patients were such whose test reports came out positive. The health status of these 61 confirmed cases of COVID were continuously monitored by the project team members and they were provided all the assistance as required. Of the total 61 patients, 57 were under treatment at home while four patients were under treatment in hospitals. Of the 61 patients, 59 fully recovered while two patients passed away due to COVID related complications.



VII. Motivating Community for COVID -19 Vaccination And Rapid Survey to Assess Vaccination Status:



The onslaught of COVID-19 brought about newer health challenges in front of the project team and they were required to undertake various new interventions which were otherwise not part of the initial project plan. This included identification of persons with COVID like symptoms, counseling and motivating their families to get them tested and to ensure that they are linked with treatment if found positive. Alongside this, relief efforts which consisted of distribution of ration, hygiene items,

masks etc to the needy families and to inform and counsel the communities on how to protect themselves from COVID-19 were some other crucial activities. This was followed by informing communities about COVID-19 vaccination and to convince them to get vaccinated. There was a lot of reluctance initially in the communities about vaccination owing to various rumours, myths and misconceptions which were widely circulating. The pace of vaccination in the project area was therefore initially extremely slow. However, with



COVID -19 vaccination survey being carried out

consistent efforts by the health department and Prayas team in creating awareness among the communities, vaccination rates gradually picked up.

To understand the status of vaccine coverage in the project villages Prayas carried out two rounds of rapid surveys in the reporting period covering 15902 persons above the age of 18 years from 6704 households of the 30 villages. The survey was carried out by the village health animators in their respective villages. Project team developed a simple tool for the survey which was easy to use by the animators. The first round of survey was carried out in the month of October and November 2021 and the second round, which was essentially a follow up round, in March 2022. Village health animators went from house to house to collect information about Covid vaccination from all women, men and young people above 18 years of age in each family.

In the first round of survey, it was found that 44.7% of the surveyed persons above the age of 18 years had received both the doses of COVID-19 vaccine, 49.2% had received only the first dose while 6.1% had received

no dose. Based on the findings from the first round of the survey the village health animators and the Cluster Coordinators strived to ensure that those who have still not got vaccinated or have delayed their second dose are individually met, counselled and motivated for vaccination. Project team also ensured that if there was need for a vaccination camp in a particular area the health department was informed about it and the camp organized without any delay.

The second round of the survey in March 2022 revealed a good leap in vaccination coverage with 96.5% persons receiving both the doses (as compared to 44.7% in the 1st round), about 2% receiving only the first dose (as compared to 49.2% in the 1st round) and 1.5% (as compared to 6.1% in the 1st round) were such who had received no dose. Efforts are on to ensure that 100% of the eligible population in the project area receives complete vaccination. The focus is now also on children between the age 15 to 18.

14. Monitoring and Advocacy to Build Systems Accountability:

I. Assessment of Health/ICDS/PDS services:

One of the major objectives of the project was to improve the quality of health care and nutrition services in the area. It was therefore important that the health care facilities, anganwaris and PDS shops, which were the main delivery points of health and nutrition services in the villages, were regularly assessed and the gaps and lacunae so identified in the functioning of these institutions and service delivery through them were reported to the concerned departments and corrective measures taken immediately. In the long run, it was envisaged that these assessments would be carried out by the community members themselves as they would actively engage in monitoring of health and nutrition services in their respective villages. As of now, project team members along with the animators and VHSNC members conducted the review of these services periodically using specifically devised formats which are simple and easy to use. It was usually attempted that each institution was reviewed once every quarter. The findings from the review were then shared with other VHSNC members and the community at large during village meetings or other community gatherings. Based on the assessed gaps in services the community members were encouraged to take a call on what should be done to ensure that those gaps were done away with. Usually the initial suggestion that came up was to send a demand letter or a memorandum to the concerned department. Most of the times the letter was drafted on the letterhead of the VHSNC or on a plain paper which was then signed by community members. This was a vital process which instilled a sense of empowerment in the community. Once the problem was resolved it also assured the community members of their power to bring about a change.

During the project period 43 anganwari centres, 15 Sub Centres, 2 PHCs, 12 PDS shops and 376 VHNDs were assessed regularly by the project team and the community members. Through the assessment the following key issues were raised with different departments: lack of delivery of services, medicines and diagnostics at health facilities, poor infrastructure in anganwari centres, poor infrastructure and lack of human resource in health facilities, irregularities in the delivery of ANC and immunization services at the village, discrepancies in the distribution of nutrition supplements from anganwaris, irregularities in ration distribution from PDS shops etc.

The following were some of the specific improvements noted after the assessments and sustained advocacy during the project period:

VHND:

- VHNDs in the 7 villages Mandkala, Magri, Kamlakudi, Dharni, Gamet, Kalakhet and Kotwal , which would barely happen earlier started to happen regularly: .
- Health check-up corners were setup for privacy of women during health examination in VHND Badi Bambori, Pal and Khalel, Chhoti Lankh, Shahji ka Pathar, Kotwal, Jollar and Badi Bambori.
- BP instruments, hub cutters, height measuring scales, and weighing machines were procured for anganwari centres Bordi and Chiklad.
- Improved hand washing facilities were reported in five VHNDs: Badi Bambori, Lalpura, Magri, Hatnikudi and Gamet



VHND Badi Bambori- Before



VHND Badi Bambori- After

Anganwari Centres:

- New furniture, a table and four chairs, were procured in AWC Gyaspur. Earlier there was no furniture available and the Anganwari worker and the ANMs had to work sitting on the floor.
- Mamta card tracking box was put up in AWC Lalpura
- Regular distribution of supplementary nutrition reported from all AWCs.



Table and chairs procured in AWC Gyaspur



Mamta Card Tracking Box- AWC Lalpura

Sub-Centres:

- Health functionaries appointed and OPDs resumed in 6 sub-centres which were locked and defunct since past 4-5 years: Kotwal, Jolar, Adawela, Mandkala, Talaipal and Pal.
- Jolar and Kotwal which had zero OPD earlier as they were defunct now report an average OPD of 120 per month.
- Essential medicines, stethoscope and sanitary napkins procured in sub centre Chiklad, Talayi Pal, Kotwal and Mandkalan after demand raised by the community members.

- BP and weighing machines procured in five sub-centres: Bordi, Chiklad, Kotwal, Gamet and Kamlakudi.
- Considerable improvement was noted in the building infrastructure and their maintenance in Sub Health Centres Jollar, Chiklad, Mandkalan, Pal, Chhoti Lank, Achalpur, Anoppura, Badi Lank and Kotwal.
- New electricity connection installed in Sub Health Centres Achalpur, Kotwal and Badi Lank.
- A new building was constructed for Talai Pal Sub Health Center and now the centre operates from the new building which is much more spacious and well maintained.
- Digital stethoscopes, hemoglobin meters and thermometers were procured by Achalpur and Badi Lank Sub Health Centres.
- Delivery facility initiated at Pal Sub Health Centre.
- Construction of toilets in Kotwal, Chiklad and Jolar SHCs were completed and they have functional toilets now.
- Two roof fans were installed in Kotwal SHC.
- Automatic foetoscope and HB meters were made available at all the SHCs of the project area by the health department.



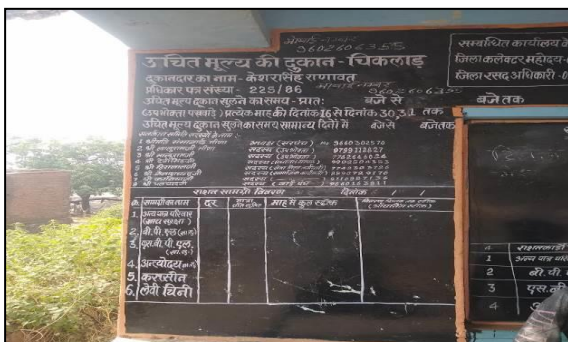
SC Kotwal-Before



SC Kotwal-After

PDS

- Stock information is being displayed regularly outside PDS Chiklad, Jollar, Kotwal.
- Piplikhera PDS shop was shifted to a new building for better storage and safety of ration material.



Review and assessment of PDS



Review and assessment of VHND

II. Block cum District Level Public Dialogue:

In order to highlight the incidents of lack of health rights and to take prompt action from the health department to prevent such incidents in the future, three block cum district level public dialogues were organized under the project, one in every project year. During the public dialogues so held, 127 cases of violation of health rights and denial of services were brought up into the notice of a panel comprising of senior block and district officials from the Health, ICDS and Social Justice Departments. Cases largely comprised of denial of benefits of health schemes such as JSY, PMMVY, IGMPY etc, adverse medical consequences including sterilisation failure and denial of compensation for the same, lack of infrastructure and services at the health facilities and anganwari centres, poor ambulance services including money extortion from patients by ambulance drivers, lack of human resource etc. Individual testimonies were presented by the victims themselves or their family members and wider health and nutrition issues affecting the entire village population were raised by the concerned PRI members.

In the first year of the project as part of the preparation of the event a health awareness drive and community meetings were organized in 60 villages of Pratapgarh, Pipalkhut, Mungana and Dhamotar blocks of Pratapgarh district before the public dialogue. During the community meetings discussions were held to identify cases of violation of health rights. Relevant documents were collected as evidences from the individuals/households to validate their claims.

All the cases brought up during the public dialogues were well documented with all the facts, sequence of events and supporting documents as annexure and shared with the panellists. The officials who heard the cases promised to look into all the cases and take appropriate actions as required. Prayas team members then diligently followed up with the departments to ensure that timely action was taken with respect to each and every case.

Of the 127 cases presented during the public dialogue's grievances have been resolved in 70 cases. The details of the resolved cases are as follows:

Year 1:

- 8 grievances related to JSY were resolved
- 6 grievances related to PMMVY schemes were resolved.
- 7 grievances related to Rajshree payment were resolved
- 5 grievances related to 5 ltr GHEE to BPL families were resolved

Year 2:

11 grievances related to PMMVY schemes were resolved.

5 grievances related to IGPMY schemes were resolved.

3 grievances related to JSY were resolved

3 grievances related to irregular distribution of poshahar from anganwari centres were resolved.

3 grievances related to Rajshree payment were resolved

2 grievances related to sub-center (medicine, equipments)

Year 3:

9 grievances related to PMMVY schemes were resolved.

7 grievances related to Rajshree payment were resolved

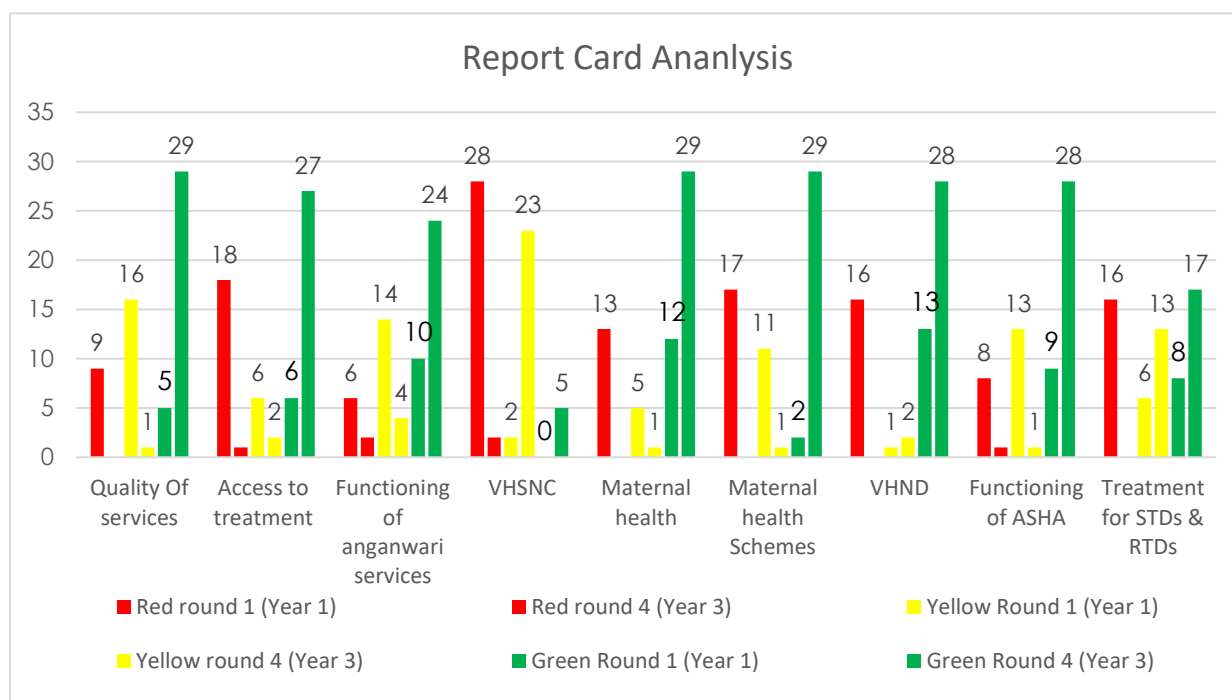
1 grievance related to JSY was resolved

The remaining cases are still under process and Prayas team is regularly following up regarding them with the concerned departments.

<i>S.no</i>	<i>Date</i>	<i>No. of Participants</i>	<i>Cases of health rights violation presented</i>	<i>Grievances redressed</i>
1	19 th August 2020	180	52	26
2	24 th September 2021	192	35	27
3	11 th September 2022	140	40	17



15. Village Health Report Card Generation:



Community members participating in FGD

Village health report card generation is a unique tool to assess community satisfaction with regard to health and nutrition related services at the village level. The tool focuses on gathering community perceptions regarding quality-of-service delivery and access to government schemes and programs related to health and nutrition. It provides community members with an opportunity to evaluate health and nutrition services on their own and identify the areas where the availability or access is poor. Following this, the community members can further identify areas where their village is lagging behind and where they would like the government to put in more efforts.

To generate village health report cards, specific tools were developed using which FGDs were carried out with different community group members including men, women in reproductive age, pregnant and lactating mothers etc in each village. The FGDs were largely based around services such as immunisation, ANC, functionality of health care centre and anganwari centres, performance of health workers, functionality of VHSNCs, adverse incidents such as maternal and infant deaths, access to maternal health schemes such as JSY, PMMVY, JSSK etc, access to free medicines and diagnostic services, health education, etc. Based on the responses

during FGDs, there were scores allotted for each issue-based

category to each village. The scores were further converted into colour codes for the ease of understanding of the community members. Scores less than 50% were given red colour, score between 50-75% were marked in yellow and those with scores above 75% were given green colour. Following this, the efforts are to be made to convert red scores into yellow and eventually green and to ensure that areas in green sustain their colour.

In the project year 12 rounds of report cards (once every quarter) were generated in 30 villages. The first round of report card was generated in the months of August-September 2019 while the last round was carried out in the months of August - September 2022. It is evident from the findings of the report cards as below that there have been many improvements in the quality of health service, functioning of anganwaris, maternal health, access to maternal health schemes, VHND, functioning of ASHAs etc during the project period as most of the villages showed a shift from RED to YELLOW and GREEN zones.

An analysis and comparison of the report card findings of the first and the final rounds is as below:

Quality of services: There was substantial increase in the number of villages in GREEN category from 5 in the 1st round to 29 in the final round, while the number of villages in the RED and YELLOW categories went down from 9 to 0, and 16 to 1 respectively. This essentially indicates that people's satisfaction with regard to health service delivery has increased considerably.

Access to treatment: The number of villages in the GREEN category went up from 6 in the 1st round to 27 in the final round, which is a great indication. While the number of villages in the YELLOW category went down from 6 to 2 and the number of villages in the RED category went down from 18 to just 1.

Functioning of anganwaris: The number of villages in the GREEN category increased from 10 in the 1st round to 24 in the final round, indicating considerable improvement in the functioning of anganwaris in the project area. The number of villages in the YELLOW zone went down by 14 to 4, while those in the RED zone reduced from 6 to 2.

VHSNCs: Community feedback about the functioning of VHSNCs in the project period showed some good signs. The number of villages in the RED zone substantially reduced from 28 in the 1st round to 2 in the final round. Most of the villages in the RED zone in the 1st round shifted to YELLOW zone as the numbers increased from 2 in the 1st round to 23 in the final round. Five villages were found to be in the GREEN zone in the final round while there was none in the 1st round.

Maternal Health: The number of villages in the GREEN zone for maternal health services increased from 12 to 29 which indicates increased community satisfaction with regard to delivery of maternal health services. The villages in the YELLOW zone went down from 5 in the 1st round to 1 in the final round. No villages were found to be in the RED zone in both the rounds.

Maternal Health Schemes: Villages reported improvement in the access to maternal health schemes as the number of villages in the GREEN zone went up from just 2 in the 1st round to 29 in the final round. The number of villages in the YELLOW category reduced from 11 to 1 and the number of villages in the RED category went down from 17 to 0.

Village Health and Nutrition Days (VHNDs): People's satisfaction with regard to the functioning of VHNDs showed much improvement. While the number of villages in the GREEN zone increased from 13 in the 1st round to 28 in the final round and the number of villages in the RED zone went down from 16 to 0, the number of villages in the YELLOW zone increased from 1 to 2.

Functioning of ASHAs: Substantial improvement was seen in terms of people's feedback with regard to the performance of ASHAs in the project period. While in the 1st round there were 9 villages in the GREEN zone,

the number rose to 28 in the final round. The number of villages in the YELLOW zone declined from 13 to 7 and those in RED from 8 to 1 in the 1st and the final rounds respectively.

Treatment for STDs/RTDs: This area also showed quite some improvement as the number of villages in the GREEN zone increased from 8 in the 1st round to 17 in the final round, those in YELLOW increased from 6 to 13 while the villages in the RED zone reduced from 16 to 0.

16. Village Health Dashboards and Health Charters:

Village health dashboards were put up in all the 30 project villages as an important medium to keep community members updated with the health status of the village. The dashboard is essentially a display of crucial health indicators and its determinants such as immunization, maternal and infant mortalities, incidence of common communicable and non-communicable diseases, number of households using toilets for defecation, number of households using soap for hand washing etc. The board was prepared with the help of health functionaries and community members from the village and displayed at a place where it could easily be seen by all. The information is regularly updated as some of the health indicators may frequently change. The dashboard thus does not only help community members get a sense of general health status of their village, but it also helps equip them with information essential for planning and implementing health plans.

Village health dashboard was coupled with Village Health Charter which is essentially a statement outlining shared vision, goals and targets related to health which the community wants to achieve over a certain period of time. The village health dashboards also act as an important tool to assess how much the community has achieved based on the charter.





Village animators and community members interacting on Dashboards and Charters

17. Village Health Plans:

A major outcome envisaged at the end of the project was that the community members begin to take charge of their health and engage in effective planning and monitoring of health care services in their villages. This certainly is going to take time and would need considerable amount of orientation, confidence building and hand holding support before community members begin to do it all independently. However, it was important that they were introduced to the concepts of planning and monitoring early on and that they gradually get used to them.

Hence, towards the end of each year the project team carried out the exercise of village health plan development in all the project villages. A village health plan is a detailed document which outlines the major health issues of the village and accordingly evolves a plan to counter them within a stipulated period of time, usually a year. The exercise was undertaken through community participation which is led by the VHSNC and health activities essential to improve health status of people in the village are listed out, responsibilities distributed and timeline set.

Every year the project team members then provided the required hand holding support and through active participation of the community and through participatory appraisals village health plans were carved out in 30 villages. These plans were endorsed by PRI members and brought into use as an effective guiding tool while health issues are discussed during gram sabhas or subsequent VHSNC meetings.



Community members participating in FGD

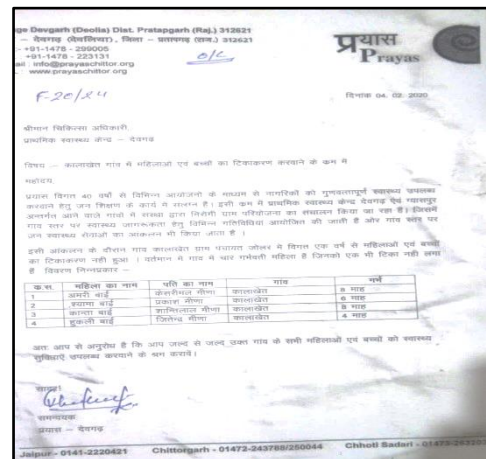
18. Advocacy Efforts:

During the course of the project the project team members along with active participation from the community members relentlessly strived to bring about major difference in people's access to health and nutrition services and kept raising systems and service delivery issues identified in the villages with the concerned government officials. The following key advocacy efforts were thus made during the project period by the project team in conjunction with the community members:

a) Delivery of Immunisation Services in Kalakhet Village:

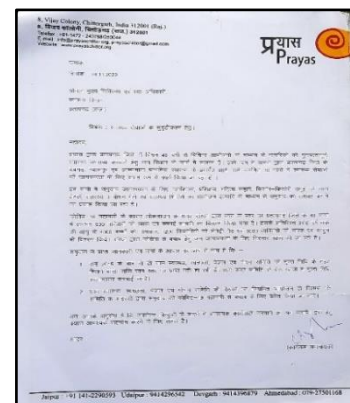
On 26 January 2020, a meeting was held with the women in Kalakhet village during which it was shared that no immunization or ANC services had been delivered in the village since past almost one year and because of this, the villagers had no other option but to visit PHC Devgarh, 20kms from Kalakhet, for even basic health care. Several pregnant women of the village have thus remained deprived of essential ANC services including TT shots.

Following this, the women of the village along with the Prayas representative decided to write a letter to the CMHO demanding that ANC and immunization services be delivered in the village on an urgent basis. Prayas held a meeting with the district CMHO and handed him the letter. Soon after this, immunization and ANC drive was carried out in the village by the district health department.



b) Irregularities In Distribution Of COVID-19 Ration from PDS And Anganwaris:

On 8 April 2020, a meeting was held with the District Collector and District Supply Officer Pratapgarh to bring to their knowledge the irregularities reported in the distribution of ration from PDS shops and anganwaris as announced under the relief package by the state and central govt. Project team members had prepared a list of all such families from the project villages who had not been able to avail ration due to technical reasons or because they were deprived but not registered under NFSA. The team also updated the officials about the discrepancies noted in the distribution of ration to pregnant and lactating women, children under 6 years of age and adolescent girls from the anganwaris. The district administration took immediate cognizance of the issues so raised and gave strict instructions to the departments to ensure that ration is delivered to the eligible persons and those in need without any indiscretion.



c) Distribution of Sanitary Napkins to Adolescent Girls:

With the lockdown in the wake of COVID-19, all the schools and anganwaris had remained closed. This led to complete disruption in the distribution of sanitary napkins to adolescent girls in the villages. Adolescent girls' groups from seven project villages and members of the VHNSCs hence wrote letters in the month of May 2020 to the district Collector and the concerned departments asserting the demand for resuming distribution of sanitary napkins. These letters were handed over to Prayas which were further submitted to the concerned officials by Prayas team members who also discussed the issue with them in detail. Following the meetings,

the ICDS, health and education departments were instructed by the District Collector to distribute sanitary napkins to adolescent girls. Details are enclosed with the report as case study 6.

d) Sharing of Findings from VHND Assessment with The Health Functionaries of PHC Devgarh:

On 27 May 2020, a review meeting was held with the health service providers of Primary Health Center, Devgarh. The meeting was based on the assessment of four Village Health and Nutrition Day (VHNDs) held in the month in the villages which come under the purview of the PHC. The health facility in-charge was informed about the gaps found in the organization of the VHNDs and was given a written letter requesting to improve VHND services. The letter highlighted issues such as not pregnant women not being weighed during the VHND, no equipment to weigh young children, unavailability of Mamta cards etc. The officer in charge assured that the services will be improved before the next VHND.



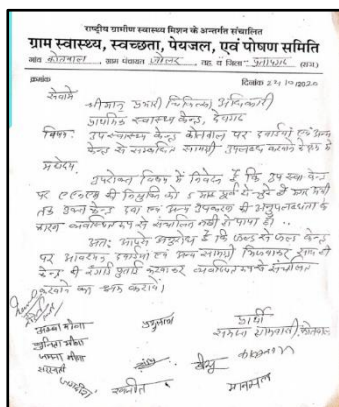
e) Delivery of Immunisation Services in Magari Village:

During a community meeting in Magari village on 9th June 2020 it came out that no health care worker visited the village to deliver essential outreach health services such as immunization and ANCs even after the VHNDs had resumed in other villages since May 2020 following three months of suspension due to COVID lockdown. This issue was raised with the PHC Devgarh incharge during a sharing meeting by Prayas team and a letter demanding resumption of ANC and immunization services in the village was submitted. The demand was well taken by the PHC and a VHND was organized in the village on 15th June.

f) Advocacy for Untied Funds of VHSNCs:

On 24th November 2020, a sharing meeting was held with the Chief Medical and Health Officer and Principal Medical Officer of Pratapgarh district. In the meeting, the officials were briefed about the project activities so held in the last few months together with highlighting the major gaps in health care services which were identified by the project team. Project team also submitted a letter of demand to the officials asking the government to release untied fund of Rs. 10,000 to the VHSNC accounts which has been due since the year 2015. Senior government health officials assured the team that they would look into the matter. Following this, the funds were subsequently released to 18 out of the 28 VHSNCs in the project area. Please see case study 9 for more details.

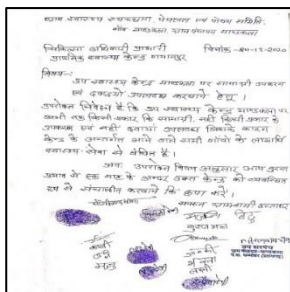
g) Advocacy for Essential Health Services: Village Kotwal:



The sub-centre Kotwal had become functional in May 2020 after remaining locked for a period of about four years. This became possible only after a long struggle by Prayas team with the support of the community members to get the facility functional again. After the services were resumed at the facility an assessment of the centre was conducted in the month of October 2020. During the assessment it was found that essential supplies and equipments such as basic medicines, sanitary napkins, blood pressure machine, weighing machines and stethoscope were not available at the centre. The ANM at the centre as a result was only able to provide limited services to the village population. The team soon discussed the issue in the VHSNC meeting and shared the findings

with the committee members. The VHSNC then decided to draft a letter for the in-charge of the corresponding Primary Health Center, Devgarh demanding that the essential medicines and equipment be provided to the centre immediately. After a few follows ups the demand was catered to and all the essential medicines and equipment were refurbished by the month of December 2020.

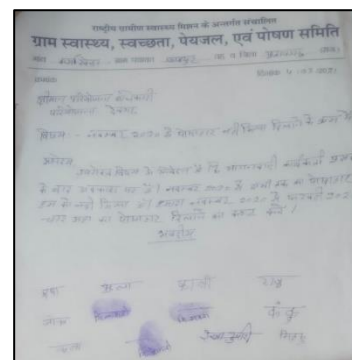
i) Advocacy for Essential Health Services –Village Mandkalan:



The VHSNC of village Mandkalan in a meeting held on 24th December 2020 took note of the fact that the health care services at their Sub health centre was suffering essentially because it did not have the required essential medicines, health equipment's and furniture since the time the centre became functional in May 2020. Members of VHSNCs raised the issue and drafted a letter addressed to the in-charge of corresponding Primary Health Centre Gyaspur demanding that essential supplies and equipment's be provided at the health facility. The department after that initiated the process of procuring the required items for the sub centre.

i) Advocacy for Supplementary Nutrition –Village Karmakheda :

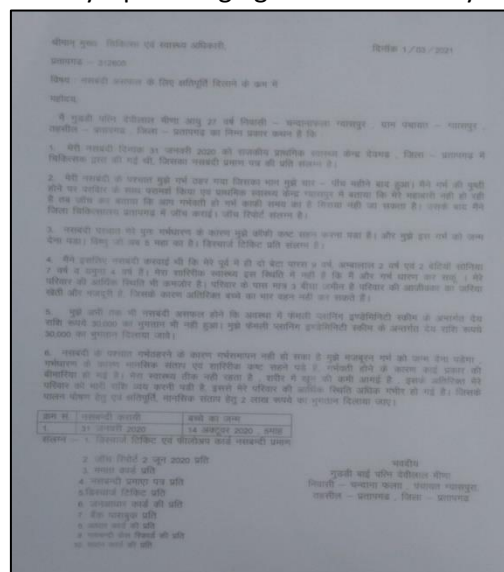
In a meeting held on 4th March 2021 in village Karmakheda, VHSNC members raised the issue that the distribution of supplementary nutrition from the anganwari to pregnant and lactating women as well as children up to the age of 6 years had remained suspended since November 2020 as the Anganwadi Worker went on maternity leave. After discussion the committee decided to draft a letter addressed to the Program Officer, ICDS, Devgarh demanding that the distribution of supplementary ration from the anganwari be immediately resumed. Soon after this the Lady Supervisor, ICDS for the sector herself came over to the village to distribute ration to the eligible women and children.



j) Advocacy for Compensation Under Family Planning Indemnity Scheme (FPIS)- Village Gyaspur:

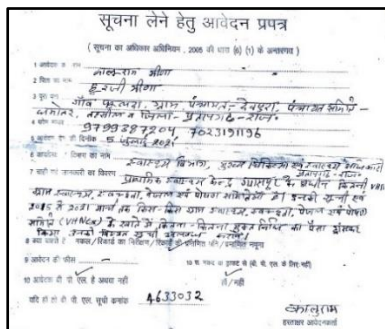
After having five children Guddi Bai (27) wife of Devilal Meena from Gyaspur village got her tubectomy done on 31st January 2020 at PHC Devgarh. However, just after a few months when Guddi Bai began to miss her menstrual cycles she visited PHC Gyaspur. She was then tested for pregnancy and found pregnant. She wanted to abort the pregnancy but by then it was already past 20 weeks of conception and hence abortion wasn't an option. On 14th October 2020 she gave birth to a baby boy, her sixth child.

It was a clear case of sterilization failure and as per the Family Planning Indemnity Scheme (FPIS) Guddi Bai was eligible to receive a compensation of Rs. 30,000. However, she never applied for it essentially because she wasn't aware of it and neither was she informed by the health care providers at the PHC or the health workers in the village about this provision.



When Prayas team members got to know about Guddi's case, they immediately drafted a letter to the District CMHO Pratapgarh on 1st March 2021 demanding that Guddi Bai be provided the compensation that she is eligible for. The demand is under consideration and it is hoped that Guddi Bai would receive the compensation soon.

k) Advocacy For Untied Funds of VHSNCs:



The project team had been continuously advocating for the allocation of the mandated annual untied fund of Rs. 10,000 for VHSNCs. After multiple letters written to the health department, an RTI was filed to check whether the untied funds have been transferred to any of the VHSNCs recently. The RTI was filed by Kalu Ram Meena, the Wardpanch of Gyaspur village on 5th July 2021 with assistance from Prayas team inquiring about the status of transfer of untied funds to the VHSNCs in the 19 villages under Gyaspur PHC area. In a reply dated 4th August 2021, the health department informed that Rs. 5000 was transferred to 18 VHSNCs under Gyaspur PHC. Of these seven

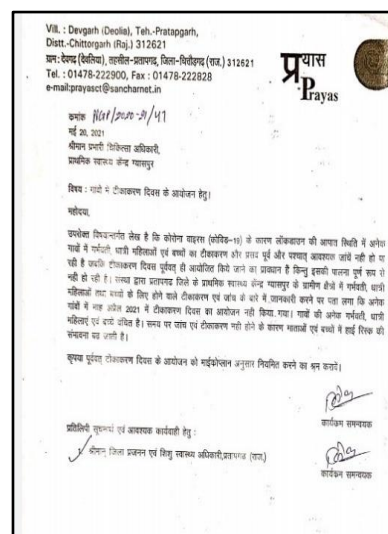
villages fall under the project area. Although this is only half the amount, yet this achievement cannot be undermined as there had been no untied fund transfer since 2015. After receipt of the funds, VHSNCs started preparing plans to utilize the amount so received.

l) Advocacy for Supplementary Nutrition – Village Fulda:

In a meeting held on 17th June 2021 in village Fulda members of the VHSNC raised the issue that supplementary nutrition to pregnant and lactating women as well as children up to 6 years was not distributed in the month of May 2021. After discussion, the committee decided to send out a letter to the Program Officer, ICDS, Devgarh, informing them about women and children missing out on the supplementary nutrition (ration) in the month of May and demanding that full supplementary ration be immediately distributed to them. Soon thereafter, on 24 June 2021, all the women and children were provided full quantity of ration comprising of rice, wheat and lentils.

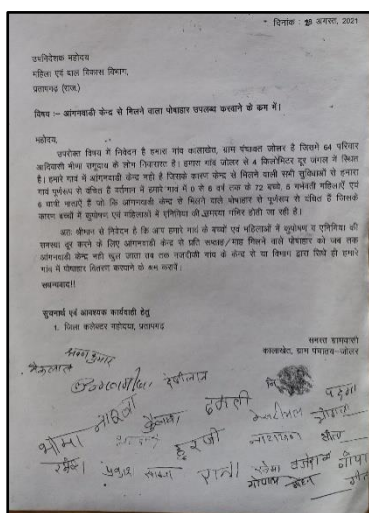
m) Advocacy for Village Health and Nutrition Day (VHNDs)– Villages (Anoppura, Karmakheda, Fulda, Khalel, Devpura, Pal And Piplikheda):

An important component of the project was to ensure that Village Health and Nutrition Days (VHNDs) are organised regularly in all the villages and all the mandated services are effectively delivered by them. However, in the months of April and May 2021 it was reported that VHNDs were not organized in villages Anoppura, Karmakheda, Fulda, Khalel, Devpura, Pal and Piplikheda under Gyaspur PHC. Project team members reached out to the concerned ANMs to understand why the VHNDs were suspended in the aforementioned villages and were told that it was because a few COVID-19 cases were identified in surrounding villages. Project team members informed the same to the community members and it was discussed that it made no sense suspending the VHNDs in all the villages just because COVID-19 cases have been reported in certain villages and that immunisation and ANC, the two very crucial services delivered from the VHNDs, must not be discontinued in any case. With the consensus of the



community members Prayas team thus drafted a letter addressed to the Medical Officer In-charge of PHC Gyaspur on 20th May 2021 demanding that VHNDs in the villages be resumed. The issue was also discussed at the PHC level meeting on 21st May 2021 with the officials. This matter was taken seriously by the Health Department and all villages were assured of regular VHNDs from June 2021. In the month of June team visited the area and found that VHNDs were conducted in all the villages thereafter.

n) Advocacy for Supplementary Nutrition – Village Kalakhet:

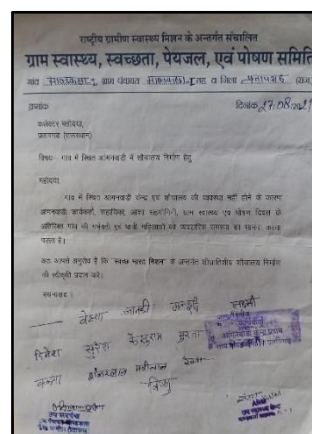


In a community meeting held in village Kalakhet on 28th August 2021, community members raised the issue that since there's no anganwari center in the village 11 pregnant and lactating women and 72 children up to 6 years of age are deprived of supplementary nutrition which is crucial for their health. It was thus decided to raise the demand for an anganwari centre with the District Collector and ICDS department of Pratapgarh district. A demand letter was drafted putting up the demand for anganwari centre and to make alternate arrangement for supplementary nutrition distribution in the village until the anganwari centre is approved. In the letter community members also suggested that till the time Kalakhet gets its own anganwari centre the village should be linked with the nearest anganwari centre which is in Jolar village and supplementary nutrition be provided to women and children through it. This demand was also raised in the public dialogue held on 24th

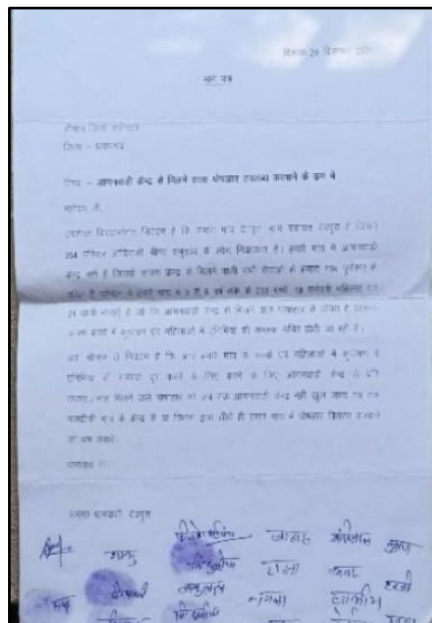
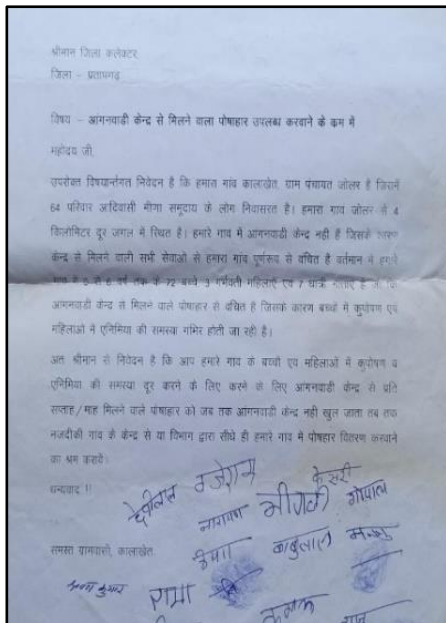
September 2021 in Pratapgarh and continuous follow up is being done by the project team and community members to ensure that their demands are met.

o) Advocacy For Toilet Facility in Anganwari Centres:

Most of the anganwari centres in the project area are devoid of any toilets. It was found that out of the 43 anganwari centres functional in the project area, 40 centres do not have toilets. This often causes discomfort to women who are suggested pregnancy or urine tests during VHNDs and also to children who spend their day in the anganwaris. This issue was discussed with community members during VHSNC meetings and the meetings of women's groups and it was decided to send out letters to the District Collector demanding construction of toilets in the anganwari centres under Swachh Bharat Mission. In August 2021, a demand letter for construction of toilets in all the 40 anganwaris was sent out by Prayas to the District Collector. VHSNCs of eight villages also wrote letters to the District Collector demanding construction of toilets in the anganwaris of their respective villages. The demand is under consideration and the project team is following up with the administration for quick action.



p) Advocacy Of Anganwari Facilities (Village Devpura and Kalakhet)

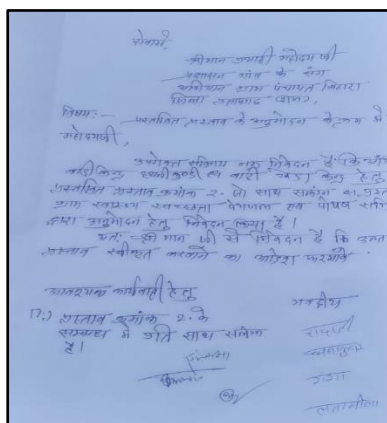


Village Kala Khet and Devpura have been without any anganwari centre keeping about 200 children under the age of six years devoid of essential health and nutrition services mandated to be delivered from the anganwaris. Since there are no anganwari centres in the two villages, no VHNDs are organised here and neither are nutrition supplements provided to pregnant and lactating women and children under six years. Pregnant women and children are thus forced to travel to the

Demand letter raised by community members of Kalakhet and Devpura

sub-centre for ANCs and immunization. Project team with the help of the community members from the two villages have been raising the issue and demanding anganwari centres since a long time now. The issue was also taken up in the Public Dialogue organised last year and in the previous planning and sharing meetings with the officials of ICDS department. Continuing the advocacy measures a demand letter was given to the District Collector on 28th December 2021. This issue was also raised again in a joint meeting held on 4th February 2022 with the District Collector.

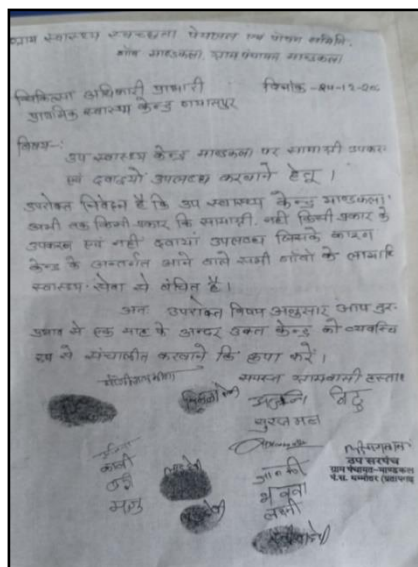
q) Advocacy of Aanganwari Building in Hathnikudi



Village Hathnikudi has two anganwari centres, one in Hathnikudi and the other in the hamlet Bari ka Kheda. However, both the anganwaris function from rented buildings which are not only small but also in extremely poor condition. In the VHSNC meeting organised in the village on 08/12/2021 this issue was discussed. Since there is no other building in the village where the anganwari could be shifted it was decided that the demand for a government building for the two anganwaris must be raised so that anganwaris could function smoothly. The VHSNC thus drafted a demand letter for the same and gave it to the ICDS department. This issue was also raised in a joint meeting held on 4th February 2022 with the District Collector and demand for construction of anganwari buildings was

reiterated.

r) Advocacy of Essential Medicines and Equipments at Health and Wellness Centre (HWC) Mandkalan :



The ANM at the health Health & Wellness Centre Mandkalan is supposed to organise Mother and Child Health and Nutrition (MCHN) day in every village of her jurisdiction once every month during which she carries out ante-natal checkups of the pregnant women, post-natal check-up of lactating women, immunisation of infants and pregnant women and also provides medicines to persons suffering with minor ailments. However, due to lack of medicine supplies at the HWC she was not been able to cater to people's health problems properly. The issue was raised in the VHSNC meeting held soon after the MCHN day on 24th December 2021 in village Mandkala. It was then decided to draft a letter to the health department demanding adequate stocks of essential medicines mandated at the HWC. The advocacy worked and the health department organised a medical camp in village Mandkalan on 30th January 2022, treated patients and also refurbished required medicines to the HWC. The HWC now has complete inventory of medicines and the ANM is able to cater to health issues reported by the villagers better. This has led to reduction in out-of-pocket expenditure as earlier these patients were

seeking treatment from the unqualified private practitioners.

s) Advocacy for Regular Distribution of Sanitary Napkins under Udaan Scheme of the Government of Rajasthan:

Rajasthan government had recently announced *Udaan* Scheme for the distribution of free sanitary napkins from the anganwari centres to all the girls and women in the age 10-45 years. However, in the meetings of the women and adolescent groups it came about that they were not provided any sanitary napkins despite rolling out of the scheme. The groups then decided to write a demand letter to the concerned department demanding immediate distribution of free sanitary napkins. On July 15, 2022, the adolescent girl group members from village Sowani, Ranpur, Deogarh and Samli Pathar went to Pratapgarh to submit letter to the Director, Women and Child Development Department of Pratapgarh district demanding the same. The demand was duly taken into account and free distribution of sanitary napkins was initiated in the villages August 2022 onwards.

t) Advocacy for Untied Funds of VHSNCs:

During the meetings of VHSNCs in various villages it was noted that the untied fund for the financial year 2022-23 had not yet arrived which prevented VHSNCs from undertaking required health interventions in their villages. The committee members then decided to demand immediate release of untied fund. The issue was vehemently taken up by the VHSNCs in Kotwal, Magri, Kamalakudi, Dharani, Bordi, Chiklad, Ranpur, Lalpura, Samalipathar, Adawala, Hathinikudi and Kesarpura villages. On 6 May 2022, VHSNC members from these villages decided to meet the Block Chief Medical and Health Officer (BCMHO) and kept their demand in front of him. They also shared how in the lack of untied funds VHSNCs was impeding their work. The BCMHO assured the committee members that the funds would be released at the earliest. Following this, the funds were received in July 2022 by the VHSNCs in Dharani, Sita Mangri, Chhoti Lankh, Badi Bambori and Shahji Pathar villages. Advocacy for the release of funds to the remaining VHSNCs is on.

19. Sharing and Planning Meetings with Health Officials:

Regular sharing and planning meetings with government officials is a crucial part of the project. The meetings are usually used as an opportunity to brief officials about the important interventions carried out under the project, to inform them of the gaps and lacunae identified in delivery of services and to suggest reforms and actions so as to strengthen health services in the region. These meetings also help put across community voices and demands in front of the govt. and generates an environment where govt. officials are open to considering people's demands and grievances and take remedial measures.

During the reporting period about 48 such meetings were held with different departments including health, ICDS and PDS. A summary of the meetings so held is provided in the annexure 4.



Meeting with health officials

Meeting with PDS officials

20. Publications:

In order to create awareness on various health issues, IEC material were developed and widely disseminated in the community. During the reporting period three posters were developed on:

Year 1:

- (i) Anemia (Poster)
- (ii) Village health and nutrition day (Poster)
- (iii) Prevention of infectious diseases including COVID-19. (Poster)
- (iv) Importance of family planning and methods of contraception (Pamphlet)
- (v) Prevention and treatment of scabies and other skin infections (Pamphlet)
- (vi) Irrational use of injections and drips. (Pamphlet)

Year 2:

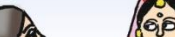
- (i) Information about village health and sanitation committee (Poster)
- (ii) World Mental Health Day (Poster)
- (iii) Immunity: Myths and Realities (Pamphlet)



(Pamphlets)

(Pamphlets)

Page | 79

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1. महिलाओं में किशोरावस्था प्रवेश होने के साथ ही एक निश्चित अवधि के अनन्तर पुरुष यौन संबंध स्थाप्य प्रारंभ हो जाता है। एक स्वस्थ महिला की प्रक्रिया 3-4 दिन के लिए लगभग 26-32 दिन के अनन्तर परावर्ती है। इन प्रकार के रक्त चक्रों की प्रतीत समुदाय में अनेक भविष्य में 1 जैसी महिला का रक्तों, यौन अंग अथवा अन्य कार्यों की प्रतीत का मानना है कि प्रवेश निषेध व महिला के एकानावास करने को प्रेरित करता है। ये सब प्रतीत महिला पर मानसिक एवं जनन स्वास्थ्य पर प्रतिकूल प्रभाव डालती है।

2. इनके विपरीत समाज में सब मानना होना है

याद रखो: प्रजनन तंत्र एवं यौन संचारित रोगों का उपचार प्रत्येक महिला का अधिकार है।



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प्रयास द्वारा संयोजित 'विशाली ग्राम विद्यालय' के अंतर्गत वर्तमान में प्रकाशित वे प्रसारित

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1. जो सप्ताह जो अधिक समय तक जारी
2. जारी में लगन और कभी खून का आ
3. हल्का ज्वर नियंत्रण रूप से सावधान को
4. बचन कम होने लगना

(यहां यह समझ लेना आवश्यक है कि लगन इस प्रकार के लगन रोग जैसे रिविल विषाणु से नहीं होकर सांस के माध्यम से रेत के कारण फेफों में जमा होने के कारण होता है।)

टीबी रोग की संभावना की पुष्टि के लिए बलगम की जांच की जाती है। इस रिविल प्रत्येक ऐसे व्यक्ति खांसी हो उसे अपने बलगम की जांच निकटतम प्राथमिक स्वास्थ्य केंद्र / हेल्थ एंड वेलनेस प्रतिकारक की सहायता पर अन्य जांच की कवायम की आवश्यकता हो सकती है।

एक टीवी चैनल भारत की एक पड़ोश और चीन के पड़ोश क्षेत्रों के पड़ोश उपचार पूर्ण करना है। एक टीवी चैनल की पहचान होनी चाहिए और फिर फिर विश्वविद्यालय पूर्ण करना है। अनेक पड़ोश के उपचार के साथ जल संचयन के द्वारा महसूस होना है तो उपचार अच्छा पूर्ण करना है। उपचार में पानी, श्रवण वस्तु में शामिल करना है और उनमें प्रारंभिक टीवी में उपचार होना चाहिए। एक कठोर टीवी चैनल प्रतिक्रिया (महसूस) रफ़्तार और टीवी चैनल के संचालन विधि मना। फिर उपचार प्रसार की अनेक टीवी चैनल ओपिथीयों के उपचार विधि जाना है और उपचार की टीवी चैनल के अनेक प्रतिक्रिया और टीवी चैनल टीवी चैनल होने की ही जानकारी मिली है। प्रभाव में होना है। इसीलिए उपचार टीवी चैनल समान करना है तो समझ में आने की शीघ्र पड़ोश करना जाना है। इस प्रतिक्रिया की आवश्यकता है कि क्योंकि एक विचार उपचार से जुड़ा एक समझ में टीवी चैनल से समझ में एक समझ है।

"टीबी रोग की पुष्टि होने पर उसके पूर्ण उपचार में न्यूनतम 6 माह तक आवश्यक है। उपचार के टीबी रोग नियंत्रण कार्यक्रम के अंतर्गत सभी सरकारी स्वास्थ्य केंद्रों के माध्यम से उपलब्ध है। अतिरिक्त पोषाहार प्राप्त करने के लिए सरकार द्वारा प्रदान किए जाते हैं।"

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Page | 80

Education, Forest Rights Act to name a few and enforcement of these protective laws has provided much needed relief, but in the absence of any entitlement for free health care nearly 50 million people in India and about 3 million in Rajasthan alone slide into poverty every year.

Civil society organizations and more specifically Prayas has been campaigning for promulgation of Right to Health Act since a long time and had it included in the political manifesto released at the time of state elections of Rajasthan in 2018. Subsequently, it provided a draft bill to the Government which has been reviewed many times in different meetings and consultations by the state government. This entails making basic primary health services available within half an hour walking distance for anybody, full comprehensive primary health services which do not require hospitalization of more than 24 hours within 12 kms, all emergency medical care including facility for blood transfusion in a distance which can be covered within one hour through any motorized vehicle and all kinds of specialty and super specialty medical services within the distance 150 km. The draft bill suggests rationalization in the system of health seeking so that under and over utilization of any health facility could be avoided. For this, the patients who wish to have treatment of ailments which do not require hospitalization should mandatorily approach the nearest health and wellness centre of their residence and those travelling could find the nearest health and wellness centre through app on their cell phones. However, the patients in critical conditions and require immediate hospitalization directly approach higher level institutions.

The meeting also discussed about the status of women and children's health and noted that a large number of maternal deaths in the state do not get recorded and therefore, required remedial measures to prevent future deaths for the similar reasons becomes difficult and women continue to die for preventable reasons. Participants of the meeting shared their experiences of denial of medical care services in the wake of COVID-19 pandemic and initial few months of lockdown imposed. Now with the availability of vaccines, participants affirmed to educate communities about it.

A delegation of the members of civil society also met the Chief Secretary of the state to apprise him of the deliberations of the meeting.



Glimpses from State Consultation

ii. 15th September 2021, Jaipur:



The second state level consultation on 'Right to Health' was organized on 15th September 2021 at Rajasthan Prodh Shikshan Samiti, Jaipur in which about 85 persons including members of CSOs from across the state, government officials, public health experts, academicians and community representatives participated. The consultation was aimed at deliberating on major public health interventions in the state and to understand how the various health schemes and programs being implemented in the state are performing. The consultation also tried to underscore what should be the key components of the Right to Health Care Act, which the government of Rajasthan has committed to bring about, and discuss how the Act can help transform the face of public health system and the quality of health care delivery in the state. The consultation was thus informative in nature, explaining and discussing health schemes and policies, together with being consultative by attempting to source opinions and suggestions from the participants, mostly grassroots organizations, community members and PRIs, for effective health care implementation.

The discussion highlighted that implementation of the Right to Health Care Act is not going to put any immediate additional financial burden on the state government and that the state only needs to streamline existing resources, strengthen the monitoring system and guarantee availability of services to the citizens. The participants demanded that the state government must include the following important components in the Act :

1. Basic health care services is accessible to every citizen of the state within 3 kms (*or 30 minutes of walking distance*), full range of primary care services within 12 kms, services for treatment of serious illnesses within 50 kms (one hour by transport) and access to treatment of critical illnesses within 100-150 kms by fully skilled human resource with state-of-the-art infrastructure, blood bank, equipments and delivery of services.
2. In case of non-availability of medical facilities, cognizance of the complaint made by the patient should be taken in the same manner as is taken under the Right to Information Act.
3. In order to strengthen the monitoring systems and to augment community participation in health care planning and monitoring, the law must emphasise on institutionalizing mechanisms such as social audit and public dialogues.

Apart from the above the following demands were also discussed :

1. Since March 2020, many people in Rajasthan died with symptoms like Covid-19 but this could not be verified through RTPCR test essentially because the availability of test could not be ensured. All these deaths are in those families who are financially most deprived and live in remote rural areas or those who tried but could not access health care. All such families are considered ineligible for Mukhya Mantri Corona Sahayata Yojana right now while they are the ones who need this assistance the most. In order to identify such unverified deaths due to COVID-19 and to help their families get the benefits of Mukhya Mantri Corona Sahayata Yojana, a process of verbal autopsy (or verbal death audit) should be adopted by the government.
2. Almost none of the doctors in the state follow the standard treatment protocol and rational therapeutics. As a result of this, not only unnecessary and harmful chemicals go into the patients' bodies, but it also leads to unnecessary out of pocket expenditure pushing a large number of families towards poverty. Therefore, a competent independent body or authority should be established in the state, which can evaluate the treatment provided by the doctors, regulate prescription practices and take necessary action.
3. All the government doctors who also carry out private practice at their residence should necessarily be directed to prescribe only the medicines available under the Chief Minister's Free Medicine Scheme. These medicines should be made available to the patients free of cost from the nearest free medicines distribution counter.
4. To further strengthen Chief Minister's Free Medicines and Free Diagnostic Schemes, a dedicated help and redressal number should be run by the health department so that in case of non-receipt of necessary medicines or tests from any hospital, the patient can immediately file complaint and seek action. Such a process was also adopted in the initial phase of the free medicines scheme and it proved to be very useful in monitoring the execution of the scheme.
5. In order to ensure that the services provided by private sector medical institutions are available to the public at reasonable prices according to the standard operating procedure, the 'Clinical Establishment Act' passed in 2010 should be notified and implemented strictly.
6. A thorough assessment of all the government primary health centers operating on PPP mode must be immediately carried out and any health center found below the standards should be immediately withdrawn from PPP mode.

After the consultation participants went on to meet 10 MLAs including three ministers handing them the memorandums consisting of the aforementioned demands. A press conference was also organized towards the end of the consultation in which the points of discussion in the consultation were presented in front of the media and the demand for Right to Health Act was raised.



Glimpses from state consultation

iii. **1st August 2022, Jaipur:**



A state level consultation was organized at Birla Auditorium, Jaipur in collaboration with the State Health Department to discuss the various budget announcements made by the state government around medical and health and the progress made so far related to them. Around 90 persons including those from civil society, state health and finance departments, public health experts and community members etc participated in this joint consultation. The following discussion were held in the consultation:

- The state budget for Rajasthan for the fiscal year 2022-23 announced by the Chief Minister, Sh. Ashok Gehlot, on 23rd February 2022 had a range of announcements related to health care but had no mention of the much awaited Right to Health Act, one of the key promises made by the government in its election manifesto (which is now a policy document). In his last budget speech the Chief Minister had mentioned of bringing about 'Right to Health Bill' but it's extremely disappointing that he gave it a complete miss in this budget speech, which has again raised a huge question mark on the government's intent of bringing about the Act.
- However, the announcement that "OPD and IPD services in all government hospitals would be entirely free" is a welcome step. This announcement apparently means that government health care services across all levels of health facilities in the state would now be entirely free for everyone and all kinds of user charges will be done away with. This should alternately mean that all the private chemist shops, diagnostic centres and life line drug counters in and around the govt. hospital premises will be redundant and will be eliminated. If this happens it would substantially augment access to health care services in the state and would lead to drastic reduction in out-of-pocket expenditure on health care.

- The CM in its another big announcement said that the coverage of Chiranjeevi health insurance scheme would be increased from an annual cover of Rs. 5 lakh per family to Rs. 10 lakh, expanding the range of diseases covered. The govt. has allocated a huge budget of Rs.2,228 crores for the same (as compared to Rs. 1463.4 crores last fiscal). While at a glance it appears like a great step forward, but it also implies that the government's dependency on private health care sector is going to increase further, and this is not a sensible public health policy. It has been evident time and again how publicly financed health insurance schemes tend to increase patient exploitation at the hands of unregulated private sector and how it hardly helps reduce out of pocket expenditure as patients are forced to spend money despite the coverage.
- The government should rather be opting for schemes and policies which reduces its dependency on private sector instead of increasing it. The fact that the district collectors would have the power to sanction free treatment to the needy who are poor and not registered under the scheme is a sensitive step, but this is somehow contradictory to the announcement that all OPD and IPD services in public health facilities would be free for all.
- Overall, the health budget heavily inclines towards health insurance scheme and doesn't really show any substantial increase in the overall allocation for health.
- Right to Health Act has been kept in limbo again but if user charges are being done away with across all public health facilities making health care free for all in real sense, it covers a crucial mandate of the Act.

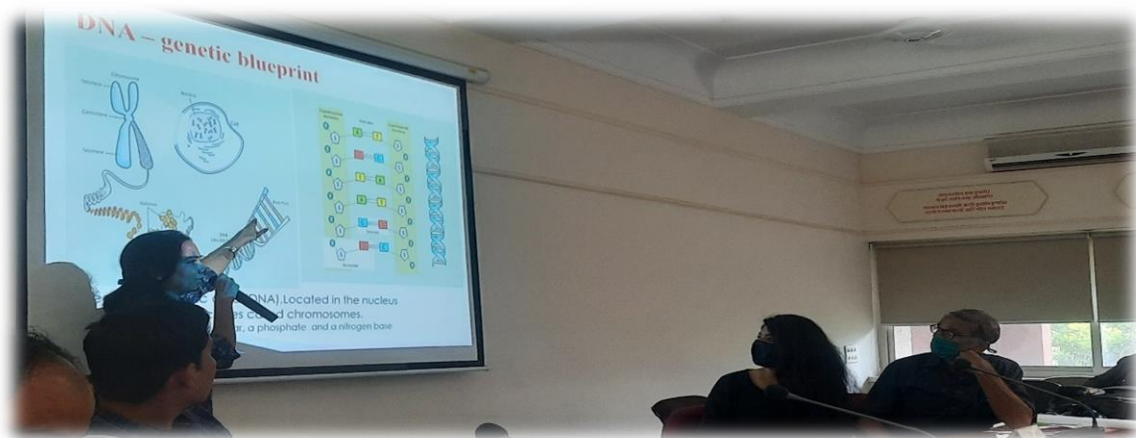


Glimpses from state consultation

Details of the consultations:

S.no	Date	No of Participations
1	19/03/2021	86
2	15/09/2021	85
3	1/08/2022	90

22. State Level Consultations on 'Rare and Neglected Disease' :



Two state level consultations on 'Rare and Neglected Diseases' were organized at Rajasthan Prodh Shikshan Samiti, Jaipur. The first consultation was held on 16th September 2021 and the second on 29th November 2022 in which 73 and 76 persons respectively from various backgrounds including clinicians, public health experts, CSO members, PRI members and persons affected with rare diseases and their families participated.

The objectives of both the consultations was to increase awareness around rare diseases and to exchange knowledge and experiences with different stakeholders with the aim to enhance policies and health care services around these diseases. The consultation had detailed discussion around the recent 'National Policy for Rare Diseases- 2021' examining it from the patients' rights perspective. It was deliberated and agreed upon that wider infrastructure and organizational arrangements are required in the country and the state to address unique healthcare needs of people with rare diseases in an effective way.

It was discussed that strengthening of primary health care services along with sensitization of health care providers around rare diseases is crucial for ensuring early diagnosis and effective treatment of these diseases. Everybody agreed that social security mechanisms for those affected by rare diseases and their family/caregivers is important to ensure that people with rare diseases can lead a dignified life. However, not much attention has been paid on this front by the government. It was also deliberated that access to highly specialized care and treatment options for several rare diseases is still very difficult in the country and there's an urgent need to upgrade services.

The consultation was addressed by panels of experts including functionaries from Thalassemia Children Society Jaipur, clinicians specializing in treatment of rare diseases, counselors specialized in addressing psychosocial effects of rare diseases, activists advocating for the rights of persons with rare diseases, parents of children with rare diseases such as thalassemia and muscular dystrophy.



Glimpses from state consultation

Details of the consultations:

S.no	Date	Total no of participants
1	16th September 2021	73
2	29th November 2022	76

23. Covid-19 Specific Activities:

I. Tracking of Government Schemes in the Context of COVID 19:

A simple information sheet in tabular format has been developed in Hindi to summaries major relief packages announced by the state and central govt. for relief during in the wake of COVID19. The sheet is being distributed in the community and also disseminated for mass awareness through social media platforms.

COVID 19 के मध्यमजर राज्य एवं केंद्र सरकार द्वारा जनहित में घोषित विभिन्न योजनायें/लाभ					
केंद्र/राज्य	बम और योजनाएं विभाग	सामाजिक सुरक्षा पैकज	जन - धन सहायता	खाद्य एवं नागरिक आपूर्ति विभाग	अन्य सहायता
राजस्थान सरकार	राज्य सरकार के विभिन्न बम 1000 के अति अधिक बम के अंतर्गत में घोषित की जाती है। पाकता : 1) BPL, State BPL और अन्योपयुक्त योजना के अंतर्गत आने वाले परिवारों के लिए की जाने वाली सहायता (जो प्रथम चरण में निर्धारित नहीं है)। 2) प्रत्येक परिवार के लिए (जो प्रथम चरण में निर्धारित नहीं है)। 3) प्रत्येक परिवार के लिए (जो प्रथम चरण में निर्धारित नहीं है)। 4) अन्य बम, रिक्तता पैकज, अग्रिम जमापत्र, परिवार की अग्रिम का बम खाता न होने पर कर्तव्य प्राप्त अग्रिम पैकज की किता जा सकता है। (समाचारिक: एकमात्र)	सामाजिक सुरक्षा पैकज के अंतर्गत में घोषित की गई है। एकमात्र फिलीपीन राशन 1500 रुपये एवं दूसरे अतिरिक्त की राशन होती है (पूर्व में निर्धारित)। अन्य अग्रिम : यह राशि सीधे लाभार्थियों के बैंक खाते में जमा होती है।	जन - धन सहायता	5 किगो आटा/चावल, 3 किगो सब्जी, 1 किगो दाल, 1 किगो चने। पाकता : अग्रिम राशन : निर्धारित और अन्योपयुक्त पाकता हेतु किसी भी दस्तावेज की राशि नहीं की जाती। (समाचारिक: 17 मार्च तक)	अन्य सहायता
केंद्र सरकार	मुद्रण, विभाग और विभाग के एकमात्र 1000 रुपये के बम के अंतर्गत में घोषित की जाती है। (समाचारिक: यह बम से शुरू तक)	सामाजिक सुरक्षा पैकज के अंतर्गत में घोषित की गई है। एकमात्र फिलीपीन राशन 1500 रुपये एवं दूसरे अतिरिक्त की राशन होती है (पूर्व में निर्धारित)। अन्य अग्रिम : यह राशि सीधे लाभार्थियों के बैंक खाते में जमा होती है।	जन - धन सहायता	5 किगो आटा/चावल, 3 किगो सब्जी, 1 किगो दाल, 1 किगो चने। पाकता : अग्रिम राशन : निर्धारित और अन्योपयुक्त पाकता हेतु किसी भी दस्तावेज की राशि नहीं की जाती। (समाचारिक: 17 मार्च तक)	अन्य सहायता

Matrix of government schemes

II. Emergency Food Supplies:

The most vulnerable and poverty-stricken households are being identified and distributed dry ration kits comprising of wheat, rice, legumes, salt, edible oil spices, sugar and tea leaves so that they don't have to face daily distress due to uncertainty of food or starve. A dry ration kit so provided can easily serve a family of five for about two weeks. More than 500 families have been supported with dry ration supplies as of now in the project area.



Distribution of ration kits

III. Hygiene Kits Supplies:

Hygiene management as an apart of preventing diseases and protecting health is crucial during any disease outbreak. Hygiene kits are being distributed to families who are not able to afford them due to economic hardship or who are unable to access them due to lockdown and poor supplies. Each hygiene kit consists of a bathing soap, soap for washing clothes, a dish cleaning soap, a soap case, a pack of detergent powder, a toothpaste and a water strainer (paani ki chhanni). More than 500 households have been provided these kits as of now.



Distribution of hygiene kits

IV. Menstrual Hygiene Management:

The supplies and availability of sanitary napkins essential for maintaining menstrual hygiene has been badly disrupted in the rural areas. Girls who would earlier get it from the schools are now left with no source to access them since the schools have been closed. Prayas has hence initiated activity for the distribution of

sanitary napkins to adolescent girls in the villages. More than 1200 packets of sanitary napkins have been distributed to girls in more than 30 remote villages.



Distribution of sanitary napkins

V. Covid-19 Resource Center and Helpline:

Prayas has established two resource centers on COVID-19, one each in Chittorgarh District and Pratapgarh District. Each resource centre acts as a hub of information for those who may want to know more about COVID-19, quarantine facilities, tests and treatment. The centres also provide support to people who may need information or assistance with regard to accessing relief packages announced by the government. People can connect with the centres through a helpline number 7891274240 which has widely been circulated in the community.

VI. Homemade Face Masks:

Prayas team members in collaboration with community volunteers and women from the SHGs have engaged in making cloth masks at home which are then distributed in the villages. Along with the distribution, community members are also oriented on how to use the masks cautiously and keep them clean and sterilized. Prayas has been able to make and distribute more than 5000 masks in last one month.



Team members of Prayas stitching masks

A villager wearing the mask made by Prayas team

VII. Supplementary Nutrition:

As the anganwaris and schools across the state remain closed due to COVID-19, a large number of children remain devoid of their basic right to supplementary nutrition. Taking note of the situation Prayas has taken an initiative to provide one time ready to eat nutrition mix comprising of rice flakes, sugar, puffed barley, roasted gram and roasted peanuts to about 4000 children in 30 remote villages of Pratapgarh district. Each 100 gms of ready to eat has 40 gms rice flakes, 12 gms roasted gram, 10 gms roasted peanuts, 10 gms puffed barley and 28 gms sugar. It is recommended that child of 1 to 3 years should have 30 gms and child of above 3 years should consume 50 gms of the mix daily. This mix provides 375 calories and 9.8 gms protein for every 100 gms. It's being noted that children just relished eating it because of its taste.



Distribution of supplementary nutrition

VIII. Migrant Support:

Since a large number of people from the region are seasonal migrants to neighbouring states and cities in other parts of Rajasthan, most of them are now returning to their respective villages after they have lost their livelihood amidst the lockdown. They are poor, in extreme distress and completely uncertain about their future. Prayas team has made sure that they stand by their side at this time of intense hardship. Prayas has been engaged in identification and listing of migrants who have arrived back home and are linking them with the health system for screening, testing, quarantine and treatment as required. Prayas is also striving to ensure that these migrants are linked with government relief packages and that immediate assistance with regard to shelter, food supplies and medical care is made available to whosoever needs them. Prayas is thus directly engaged with about 400 migrants in the region.

III. RESULTS ACHIEVED

- An additional cadre of health volunteers has been developed at the village level akin to the ASHAs for generating health information and health care promotion.
- Diverse community forums have been created to forge discussion on health issues within the community and to generate greater demand for improved health care services.
- Increased sensitisation in the community about health rights and entitlements. Community members have started to raise demand for health care services. VHSNCs, women's health groups and adolescent groups have been writing to govt. officials demanding regular immunisation services, filling up of vacant health staff positions, allotment of additional anganwaris to cater to children, distribution of supplementary nutrition through anganwaris, distribution of sanitary napkins etc.
- Gradual increase in community participation in village health planning and monitoring of health services.
- Campaigns such as those on WASH have led to greater awareness in the community about health.
- As a result of vigorous advocacy under the project 6 health facilities became functional after remaining non-functional for 4-5 years.
- Increase in access to treatment. 12 ANMs/GNMs were newly appointed in different health facilities to fill up the vacant positions. With opening up of sub-centres which had been defunct for 4-5 years, availability of primary health care services has increased. This will eventually reduce people's dependency on quacks and private health care providers, thus also reducing out of pocket expenditure on treatment.
- Regular VHNDs and immunisation sessions have strengthened outreach maternal and child health services.
- Regular assessments of health facilities, AWCs and VHNDs is leading to visible improvement in health care infrastructure and quality of service delivery. (Equipment's, medicines etc)
- Greater convergence with government. Joint events such as health camps, trainings of health care providers, sharing and planning meetings etc are paving way to greater systems accountability and better synergy and coordination between community and health care providers.
- Knowledge assessment of community groups reflect increased awareness on health issues among the community members.

IV. FINDINGS OF BASELINE AND ENDLINE SURVEYS

To get a better understanding of health status, sanitation and health care seeking behaviour of the population in the 30 villages, a baseline and endline survey was carried out. The baseline survey was carried out in the months of September and October 2019 while the endline survey was carried out in December 2022. The survey consisted of two components: (i) Household survey and (ii) Interviews of married women in reproductive age. Specific tools were developed for both the components and the tools were then digitised. The entire data collection was then carried out with the help of tablets and android phones to minimise data errors and anomalies. A 10% sample size of households was taken from each village to represent the population. Households were then selected based on random sampling method. While in the baseline interview of one woman in the reproductive age from 30% of the households surveyed were carried out in each village, in the endline survey one women from each of the household surveyed was interviewed. Thus in the baseline survey 616 household surveys and 187 women interviews were carried out, while in the endline 719 household and an equal number of women interviews were carried out.

The assessment tried to cover areas such as WASH, common diseases, reproductive health, child health, access to maternal health schemes, breastfeeding practices, access to health care etc.

Comparative findings from the baseline and endline surveys:

The key findings from the baseline and endline surveys and their comparative analysis is as below:

WASH:

- There was substantial increase noted in the number of households with toilets from 38% in the baseline to 62% in the endline survey.
- The percentage of households using toilets in the endline survey was 26.7 points higher (41.7%) as compared to baseline (15%).
- The percentage of households washing hands with soap after defecation was 41.3% in the baseline which increased to 83.4% in the endline, an increase of more than 42.1%.
- The percentage of households with bathroom facility increased from 19.2% in the baseline to 34.9% in the endline.
- A steep increase was noted in the number of households using ladle or pot with faucet for drinking water from just about 4.3% in the baseline to 42.4% in the endline.

Child health:

- While 7.8% households reported having an infant death in last two years in the baseline survey, only a negligible 0.1% households reported so in the endline. This shows considerable reduction in infant mortality.
- While 13.1% households reported under-5 mortality in the last two years in the baseline, no under-5 mortality was reported in the endline.
- A comparison of the baseline and end line surveys for immunisation shows that there has been substantial rise in the number of children fully immunised. While in the baseline 73% of the children upto two years of age were found to be fully immunized, in the endline there was an increase of about 19 points bringing the numbers to 92%.

- 97.5% children born in last two years were breastfed immediately within one hour of birth and were not fed any gulla (artificial feed made of goat's milk, honey etc).

Reproductive health:

- 52.7% of the women in reproductive age reported using some kind of contraception in the baseline which increased to 66.4% in the endline, an increase of about 14%.
- There was considerable increase noted in the use of contraceptive IUDs, contraceptive pills and female and male sterilisations in the endline survey as compared to the baseline. While in the baseline of all the women using some kind of contraception only 1.1% reported using IUD, the percentage went up to 8.8% in the endline. The percentage of women using contraceptive pills increased from 9.6% in the baseline to 20.7% in the endline. While 14.8% women reported undergoing sterilisation operations in the baseline, the numbers increased to 54.3% in the endline. Increase was also noted in the number of male sterilisations. While no case of male sterilisation was noted in the baseline survey, in the endline survey was 5.4% male sterilisation cases were reported. This is a sign of increased male participation in contraception. Not much change was noted in the use of male condoms though from 5.7% in the baseline 7.1% in the endline. Also, lesser number of women seemed to prefer Antara injections in the endline as compared to the baseline. While 24.4% of the women reported using Antara injections in the baseline only 3.6% reported so in the endline.
- Substantial increase was noted in the number of pregnancies in last two years registered in the anganwaris in the endline as compared to the baseline. While in the baseline only 66.7% of the pregnancies were reported to be registered in the anganwaris, in the endline the percentage rose to 88.8%.
- Also, a huge increase was noted in the registration of pregnancies in the anganwari centres in the first trimester. While in the baseline only 25% of the women reported registering with the anganwaris in the first trimester, in the endline the numbers increase to 85.1%.
- While 61.1% of the women who gave birth in the last two years reported receiving four ANC's in the baseline, this number increased to 93.2% in the endline, a considerable increase.
- While 66.7% women who gave birth in the last two years reported receiving 100 IFA tablets in the baseline, the endline showed a steep increase to 88.7% in the endline.
- In the baseline while 83.3% of the women who gave birth in last two years reported receiving two TT shots, the numbers rose to 98.9% in the endline.
- Substantial decrease was noted in the number of women suffering from RTDs/STDs between the baseline and the endline surveys. While Approximately 18.2% women reported suffering from RTDs/STDs in last two years in the baseline, only 6.6% women reported so in the endline.
- Women seeking treatment for RTDs/STDs also saw some increase. While in the baseline 26.8% women reported accessing treatment for RTDs/STDs, in the endline 37.8% women reported so.
- Access to maternal health schemes:
- While in the baseline 75.8% of the women who gave birth in last two years reported receiving the benefits of Janani Suraksha Yojana (JSY) scheme, the numbers rose to 90.5% in the endline.

- Similarly, considerable increase was noted in the number of women receiving benefits of Pradhan Mantri Matru Vandana Yojana (PMMVY). While in the baseline only 45% of the eligible women reported receiving PMMVY benefits, in the endline 77.8% of the eligible women reported so.

Disability:

- While in the baseline 2% of the population was found to be disabled out of which only 35.5% reported having a certificate of disability. In the endline survey only 0.14% population was found to be disabled of which which 71.43% reported having disability certificate.

V. OUTREACH (DIRECT BENEFICIARIES)

The project during the reporting period has been able to meet the following reach out:

- About 23 women and 17 men have been associated as animators.
- More than 475 women and men have been organized as members of the VHSNCs
- More than 496 women are associated with the project as members of women's health groups
- More than 493 adolescent girls are associated with the project as members of adolescent girls' groups
- More than 454 adolescent boys are associated with the project as members of adolescent boys' groups
- More than 150 slogan writings have been carried out on the significance of immediate and exclusive breastfeeding, prevention of malnutrition, child marriage, care during pregnancy, sanitation and hygiene etc.
- More than 4500 community members have been sensitised on the detrimental effects of child marriage through 'kala jattha' programs, IEC promotion and community meetings.
- More than 3328 community members of 30 villages have been oriented on WASH components through WASH melas and have been introduced to scientific perspective to disease spread and prevention. To promote use of soap for washing hands and use of ladle for drinking water, 1350 soaps, 750 soap cases 690 ladles and 90 water sieve (chhanni) were distributed to the winners of the quiz held during the WASH melas.
- To sensitize children on the significance of health and health care services and to generate in them a sense of ownership and responsibility towards public health care services, poster competitions were organized in three government schools with participation from 483 students.
- 66 Health camps organised in collaboration with the health department in the most remote villages where there were no health care providers. About 3457 patients availed primary health care services through these camps. Screening of patients during health camps helped identify 89 patients with severe ailments such as TB, heart disease and other chronic diseases who were referred to higher facility for further diagnosis and treatment.
- 1580 pregnant women have been tracked in 30 project villages.
- Three public dialogues were organized. During the dialogues 127 cases of health rights violation were identified and documented. The cases were mostly related to denial of benefits of JSY, PMMVY, non-availability of ambulance, money extortion by ambulance drivers etc,

- More than 1026 eligible couples have been counselled to adopt methods of contraception for family planning. They have thus been introduced to diverse contraceptive choices.
- More than 3000 men and women in the project area were counselled and motivated to get vaccinated against COVID-19.

VI. CHALLENGES ENCOUNTERED

- Scattered population makes it challenging to gather community members for village meetings.
- Tough terrain and poor road and transport facilities make it challenging for the project team to access some villages especially during the rainy season when some of them get completely cut off from the main road. Similarly, it also poses a challenge to the communities of those villages to attend trainings and other events during the rainy season.
- Identification and retention of village health animators is a challenge. Difficult to find educated women in the villages who can take up the task. Many discontinue due to lack of motivation and household work burden.
- Between March to June many planned activities were either delayed or couldn't be held due to COVID-19 and lockdown.
- There's still uncertainty about until when the lockdown rules in the wake of COVID-19 would remain imposed. This may lead to further delay in certain activities especially those which require large community gatherings.
- COVID-19 has led to huge disruption in delivery of routine health and nutrition services. This has emerged as an added challenge for the project team to achieve project goals.

VII. CASE STUDIES

CASE STUDY – 1 : ADVOCACY TO RESUME IMMUNIZATION IN REMOTE VILLAGE



Memorandum was given to District Collector and CMHO

On 16th October 2019, a meeting of the village animators was held under the project to discuss the issues of health during which it came out that the posts of ANM at Pal, Mandakala, Talai Pal, Kotwal, Jhollar, Adavaila and Hathnikudi sub health centers have been vacant since past 3-4 years because of which all the villages which fall under these health centers have remained deprived of essential outreach services including immunization, ANCs etc. On 25th October 2019 a memorandum was given to District Collector and CMHO by

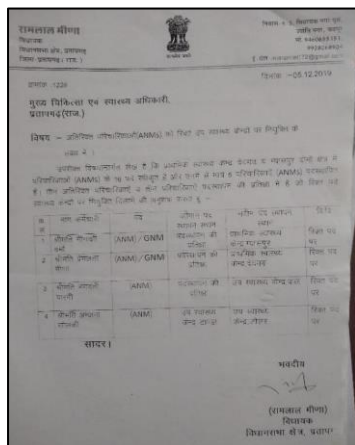


Media clip of memorandum

the community members with the help of the project team demanding that vacancies be filled up and outreach healthcare services be resumed in those villages. Following this the community members were assured that the vacant posts will be filled up soon and until then some adhoc arrangement for the immunization of children would be made. On 30th October 2019 the project team and the community representatives met the CMHO to work out a plan of action for the immunization of children in the left-out villages. A detailed plan was carved out based on which exclusive immunization drives were carried out in the villages of Kotwal, Kalakhet, Dharni, Gamet, Kamlakudi, Magri, Mandkalan, Pal and Khalel. This came as a huge relief to the villagers as in the absence of immunization services at the village level they were compelled to travel 15-20 kms to reach the nearest PHC to get their children immunized.

CASE STORY – 2 : ADVOCACY FOR FILLING UP VACANT POSITIONS AT PHCs AND SUBCENTERS

In the month of October, a memorandum was given to the CHMO Pratapgarh regarding vacant posts of nursing staff since last 3-4 years at Pal, Mandakala, Talai Pal, Kotwal, Jolar, Aadavala and Hathnikudi sub-health centers and Devgarh and Gyaspur PHCs. In this regard, the health department was regularly contacted by the project team members but no action was being taken.



On 4th December 2019, it was noticed that five ANMs had arrived at CMHO office but no appointments were made in the aforementioned Sub Health Centers. When the CMHO was inquired regarding this, he explained that how it was not in his hands to appoint any service provider and that they should be approaching higher authorities. He suggested that for appointments either the MLA of the area or the District Collector should be contacted.



Memorandum was given to MLA-Pratapgarh

On 5th December 2019 a demand letter was thus submitted to the local MLA regarding filling up of the vacant posts at the sub-health centers and PHCs.

Reference letter written by MLA

Soon after this, orders were issued by the health department for the appointment of ANMs. ANMs have thus taken charge in Gyaspur and Devgarh PHCs and appointments have been made at the sub health centers Pal, Talai Pal, Mandakalan, Joller, Kotwal, Adawela of Pal, Jhollar and Chiklad Panchayat where the positions were vacant.



Before condition of sub-centre (Non-functioned from last 5 years)



(Kotwal) Refunctioned after 5 years (Kotwal)



Media clips of memorandum

CASE STORY – 3: HEALTH CAMP HELPS GOPAL RECEIVE TREATMENT FOR FREE



On 24th December 2019, a health camp was organized by Prayas in village Gamet where a 6-year-old boy named Gopal came along with his uncle for a health checkup. Gopal was from a nearby village called Kamlakudi.

When Gopal was about 3 years old, he got one of his arms badly burnt during a fire accident at his house. The entire house was ablaze and Gopal suffered severe burn injuries especially in his left arm. Due to this, he had been unable to use his left arm for any work as a

consequence of which his routine functions and participation in activities outside his home had remained very limited. He belongs to a poor family with his father being a daily wager who often migrates seasonally to Ahmadabad for livelihood and his mother is a house wife. The family thus was unable to afford treatment for Gopal's arm which was estimated to be quite expensive when they initially consulted some doctors.

When Gopal came to Prayas' health camp which was also attended by a team from Rashtriya Bal Swasthya Karyakram (RBSK), they immediately registered him under RBSK and provided him a RBSK card. Gopal was then advised to visit the district hospital in Pratapgarh for treatment and was assured that any expenses that would be required for the treatment will be taken care of by the government under RBSK program. Gopal visited Pratapgarh district hospital on 4th January 2020 from where he was referred to Pacific Hospital in Udaipur, a government empanelled private hospital under RBSK, for higher treatment and required surgery. On 9th January 2020, Gopal underwent his first surgery, absolutely free as the cost was covered under RBSK, and his arm is in a much better condition now. Gopal would soon be going for a second surgery to get his arm even better. Gopal's parents are very happy as they had never thought that they would ever be able to afford treatment for their child. They can see Gopal's condition improve and are hopeful that his arm would be completely alright and that he would begin to live a healthy life without any physical challenges.

CASE STORY – 4: KALAKHET RECEIVES ANC AND IMMUNIZATION SERVICES FOR THE FIRST TIME AFTER A GAP OF MORE THAN A YEAR



Mrs Shyama Bai

24 years old Shyama Bai was married to Prakash Meena and lived in Kalakheth village of Jolar Panchayat in Pratapgarh district. The village is 20 Kms away from the nearest PHC Devgarh. It's a tribal village thickly covered with forest. The road to the village was constructed about 15 years ago and is now in a terrible shape due to no repairs over the years. Kalakheth is a small village with just about 54 households belonging to Meena community. There's a primary school in the village but no anganwari centre or health facility. The main occupation of the people here is farming which is dependent hugely on monsoons. Most of the youngsters from the village move out to bordering state of Gujarat to work as construction workers to earn a living as the income from farming is usually meagre.

The nearest health centre to the village is sub-centre Jolar which is about 3 kms away but has is lock and utilized since past several years. Shyama, who is educated only till 5th standard, got married to Prakash five years ago. They are a family of five with an 18 months old daughter and Prakash's parents. Shyama was expecting another child and was pregnant by six months but had received no ANC all this while.

On 26 January 2020 a meeting was held with the women in Kalakheth village during the process of village health report card generation wherein Shyama also participated. In the meeting Shyama revealed that no immunization or ANC services were being delivered in the village since past almost one year and because of this the villagers had no other option but to visit PHC Devgarh, 20kms from Kalakheth, for even basic health care. Shyama and other women also informed that there were four pregnant women in the village (including Shyama) and none of them had received even a single TT shot or an ANC in their entire pregnancy. All of them were in their 2nd and 3rd trimesters.

Following this, the women of the village along with the Prayas representative decided to write a letter to the CMHO demanding that ANC and immunization services be delivered in the village on an urgent basis. Prayas thus wrote a letter to the CMHO on behalf of the villagers along with providing details of the four pregnant women who were deprived of essential health services that they were entitled for during pregnancy and demanded that immunization and ANC services be immediately provided to the children and women of Kalakheth.

As a result of the demand so raised, the health department organized an immunization day in Kalakheth on 13th February 2020. Health staff of PHC Devgarh and the ASHA of the neighboring village delivered immunization and ANC services. Thus, Shyama and other three pregnant women availed ANC services for the first time in their pregnancy period. A new case of pregnancy was also reported on the day and the woman was registered and provided her first ANC. Along with that, eight children of the village were vaccinated.

क्र.सं.	महिला का नाम	पति का नाम	प्राग्गणक	मास
1	श्यामा बाई	प्रकाश मेहता	कालखेत	6 मास
2	प्रकाश बाई	कालखेत	कालखेत	6 मास
3	कालखेत बाई	कालखेत	कालखेत	6 मास
4	कालखेत बाई	कालखेत	कालखेत	6 मास

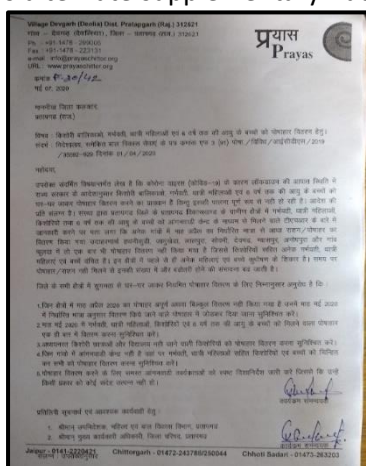
Demand letter was written by Prayas

CASE STORY – 5 : VHSNCs COME FORWARD TO DEFENDRIGHT TO SUPPLEMENTARY NUTRITION

Due to COVID-19 pandemic health and nutrition services at the village level had been badly disrupted. Rajasthan government came out with the orders for temporarily closing anganwaris across the state in March 2020. This meant that all the services mandated to be delivered through anganwari centres would stand suspended. One of the major activities carried out through anganwaris was distribution of supplementary nutrition, in the form of take-home ration (THR) or hot cooked meals, to pregnant and lactating mothers, children up to 6 years of age and adolescent girls. Due to closing of anganwaris, this service abruptly came to halt and many women, children and adolescents remained deprived of essential nutrition promised to them by the government. However, in April 2020, the state government came out with another order stating that nutrition services will continue to be delivered to women, children and adolescents, but in an alternate form of grains. The order said that the government has made provision for supplies of wheat/rice and pulses to be provided as follows:

Nutritional food items (For 25 days in a month)				
Sr. no	Nutritional food item	Pregnant women and lactating mother and 11 to 14 years adolescent girls (school dropout girls)	For children aged 6 months to 6 year	For underweight children aged 6 months to 6 year
1	Wheat or Daliya	3000 gm	2000 gm	3000 gm
2	Channa, Moong, Moth or Masoor daal	1000 gm	1000 gm	2000 gm

This alternate supplementary nutrition provision in the form of grains wasn't judged a great move by health



and nutrition experts, but it was better than people being given nothing at all. However, despite the announcements and the order it was found that there were major delays and inconsistencies in distribution of provisioned items in most of the villages. When Prayas health team tried to assess



Issue of supplementary nutrition covered by media

Memorandum letter was given by Prayas the distribution in the month of April 2020, they found that in many of the project villages the quantity of ration distributed to the beneficiaries was half of what was mandated, and in some villages such as Hathnikudi, Jambukheda, Lalpura, Sovani, Devgarh, Gyaspur, Anooppura and Foolda, no ration was distributed by the anganwaris at all. This was a serious violation of people's right to nutrition especially at a time when most households were going through acute economic and food crisis.

In the context of given situation Prayas team held discussion with Village Health Sanitation and Nutrition Committee (VHSNCs) members of these villages. The VHSNCs agreed that the issue must be raised with the

appropriate authorities as it was something which could have serious repercussions on the health of village women and children. Following this, the VHSNCs of six villages drafted letters addressed to the district collector Pratapgarh requesting that distribution of grains through anganwaris be efficiently be carried out and that the inconsistencies being reported be addressed immediately.

After the submission of these letters from VHSNCs followed by a detailed note submitted by Prayas on 11th May 2020, the district authorities took strong cognizance of the issues highlighted and directed ICDS officials to address the gaps immediately. Soon, it was reported that ration distribution from anganwaris had begun in the aforementioned villages and that the beneficiaries were provided full amount of ration which they were supposed to get. Prayas health team also got a call from the ICDS department updating them that ration distribution has started in the villages and that the team can verify if it's undergoing as per the norms.



Supplementary nutrition distributed by AWW

[illegible]

Demand for supplementary nutrition raised by VHNSCs

CASE STORY – 6: ADOLESCENT GIRLS' GROUPS CLAIM THEIR RIGHT TO FREE SANITARY NAPKINS



Distribution of sanitary napkins to adolescent girl

Menstrual hygiene management is a crucial part of women's health. Often due to lack of awareness on the significance of menstrual hygiene, a large number of women and girls in the country end up going through extreme health issues following reproductive tract infections. The problem is even more grave in economically deprived sections of the population who live in an environment of various constraints with limited access to even basic amenities such as water, toilets and bathrooms, essential for hygiene management. Most girls and women also resort to using cloths during menstruation either because they can't afford to buy sanitary napkins or because of poor access. It was with this in mind that both central and the state

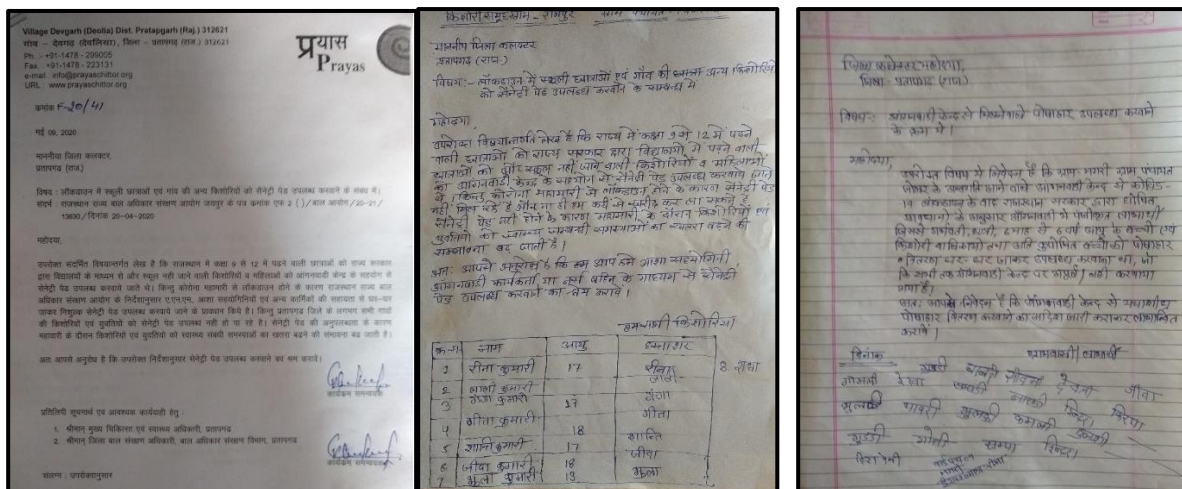
governments had been prioritising promotion of menstrual hygiene among adolescents and women as an important component of reproductive health, and had also made provisions for free distribution of sanitary napkins to adolescent girls through schools and anganwaris. While poor implementation of these services had always been an issue of discussion, but during the lockdown in the wake of COVID-19 as the schools and anganwaris were shut down, these services came to an abrupt halt altogether. This meant that a large number of adolescent girls who would earlier use sanitary napkins had to shift back to using cloths during their periods.



Issue of sanitary pads covered by media

The pinch of not having access to sanitary napkins during periods was also felt by the members of adolescent girls's groups formed by Prayas. During informal interactions with Prayas' health animators in the villages, they shared that sanitary napkins were much more convenient to use but now that the schools and anganwaris were shut they had to resort back to using cloths. When Prayas team members discussed the issue with them they all decided that they must write about it to the District Collector Pratapgarh demanding that the distribution of sanitary napkins from anganwaris and schools be resumed. Thus, adolescent girls from seven project villages wrote letters in the month of May 2020 stating their demand and handed them to Prayas team to be submitted to the Collector.

Following the demand raised by adolescent girls, the District Collector issued letters to the ICDS and education department officials asking them to distribute sanitary napkins lying with them. Soon, the officials got into action and girls were provided free sanitary napkins. The girls were delighted to see that their advocacy efforts didn't go in vain.



Demand for sanitary napkins raised by adolescent girls and Prayas

CASE STORY – 7: IDENTIFICATION AND TRACKING OF TB PATIENT



32-year-old Ishwar Lal lives with his wife and four children in Chhoti Lankh village of Pratapgarh district. Ishwar Lal has a small agricultural land holding not enough for the sustenance of his family and hence usually works as a daily wage at construction sites in Pratapgarh town to make ends meet. He had been an alcoholic since many years and would drink almost daily.

It was in the month of January that Nathi Bai, Village Health Animator of Chhoti Lankh, noticed that Ishwar had been having bouts of heavy cough. On inquiring about his health Ishwar told Nathi that he had been having bad cough since almost two months. Nathi, who had earlier been oriented on TB and its symptoms by Prayas team, got alert on hearing this and suspected that

Ishwar might be infected with TB since his cough had persisted since a long time and medications like cough syrups didn't seem to help him any bit. Nathi immediately informed village ASHA, Gyarsi Bai, about Ishwar's condition. Nathi and Gyarsi then went to meet Ishwar and discussed about his health. Ishwar informed that earlier he had visited a doctor complaining of persistent cough and the doctor had prescribed him some medicines following an X-ray of his chest. However, the medication didn't help.

Nathi and Gyarsi advised him to seek medical help again as his health was deteriorating and it could be a case of TB. They suggested that he gets a health check up done at the District Hospital Pratapgarh so that he doesn't have to spend out of his pocket on tests and medicines. Ishwar Lal agreed and on 22nd January 2020 he, accompanied by Gyarsi Bai, visited the hospital and got all the essential tests done as suggested by the doctor. The sputum test confirmed that Ishwar indeed had TB. The doctor without any delay initiated his treatment and prescribed DOTS regimen to be adhered to right from the next day.

Ishwar Lal has since been on DOTS and is following the regimen strictly. This has brought about considerable improvement in his health. Nathi has been visiting Ishwar Lal regularly to inquire about his health and is keeping a track of his recovery.



Housing condition of Ishwar Lal

CASE STUDY - 8: MOTIVATION OF HESITANT LALI BAI

The village Pal where Prayas works through Nirogi Gram Pariyojna is in the middle of Sita Mata Wild Life Game Sanctuary. The village is connected by a fair-weather kutchra road of 8 kms long to reach to the main road at Annoppura. The village has no electricity, no public transport and no assured water supply system. Most houses are spread out in large area on undulating terrains and are kutchra with bare minimum goods for living. Awareness level of persons about their health and education is limited and therefore there is always need for counselling and cajoling to improve both. Social sector services provided by the government are very poor both in numbers and quality. School and Health and Wellness Centre buildings are unkempt, staff less in number than sanctioned strengths and who are deputed try to get themselves transferred as soon as possible or remain absent half of the time. Most deliveries happen at homes and people depend on unqualified practitioners for treatment of their illnesses.



To provide ANC, PNC and immunisation services to all in the state, Govt. Of Rajasthan uses an electronic application called as Pregnant, Child Tracking and Health Services Management Services (PCTS). This is also linked with the Mother and Child Tracking Services (MCTS) application of the Govt. of India. As soon as the ASHA of any village gets to know of any woman of reproductive age missed period, she tests her for pregnancy. She fills up a card called Mamta card if the pregnancy is confirmed. This filled up card is retained by the woman however it is digitally maintained in PCTS. The PCTS further on is used to alert the local health staff and the woman if there is any cell phone registered by her about the date on which next level of services is to be sought and so on.

Services of ANC, PNC and immunisation to children are provided through Mother and Child Health Nutrition (MCHN) day also called as Village Health and Nutrition Day (VHND). It is an important monthly health event to provide ante and post-natal services to women and immunisation to children. MCHN sessions are either held in the Health & Wellness Centre if it is there in that village or at the Aganwadi centre other villages (held at

most central aganwadi of the village if there are more than one). Aganwadi is the one such centre where pregnant and nursing mothers are supposed to come every week to collect food packets called Take Home Ration of supplementary nutrition for themselves and their children of 6 to 36 months.

During the period of lockdown which was imposed in the third week of March 2020, MCHN day related services were abruptly stopped which after six months began in the form of services to individuals at their homes in Pal. As consequence immunisations, ANC and PNCs got delayed, MCHN day session is conducted by the ANM of the health sub centre (Now renamed as Health & Wellness Centre). She is assisted by the ASHA of the village whose essential task on that day is to ensure all women due for ANC and PNC and the children for immunisation arrive at the vaccination site. Aanganwari worker and her assistant helped in organising logistics at the vaccination site. MCHN session in the village where HWC exist is done there itself. However, since the enforcement of the first lockdown announced on 20th March 2020 Aanganwari are closed. Even the MCHN days were suspended for several months and resumed only from November 2020. During that period, MCHN services were provided at household level but did not function properly.

During the MCHN session of Pal village held on 22nd October 2020, it was observed by Prayas team member Dinesh Kumar that according to the due list 5 pregnant women should have come for the ANC but only 3 turned up. Two out of those turned up were provided tetanus toxoid vaccination by the ANM and all three had antenatal checkups. Out of the two who did not come for the ANC, one Lali Bai was at her home while the other one had gone to her natal home. On enquiry, the ASHA of the village said that Lali Bai, who is currently 8 months pregnant has not received any vaccination or ANC. Both ASHA Mohini Meena and the ANM of the HCW Kavita Ninama said that they have made several attempts to counsel and convince Lali Bai and her husband for registration of pregnancy, need for ANC and the benefits under the Janani Suraksha Yojna (JSY), Pradhan Mantri Matratav Vandana Yojana (PMMVY) etc. But they failed to convince the couple. They have said yes, every time but did not avail the services.

Knowing this, Prayas team member Dinesh Kumar and health activist Jamana Bai went to the house of Lali Bai and her husband Dhulia Meena to understand the reasons for not seeking services provided to pregnant women. The couple was at their home, when the Prayas team reached there. Dinesh and Jamana explained the reason for their visit to the couple's house and made attempt to counsel and convince the couple about the need of the ANC and immunisation during pregnancy. But the couple put counter questions with regard to immunisation. However, on probing further they revealed the real fear which they had. It seems that they were told by some one that aadhar number is essential for registration and the same was not available with them. Husband Dhulia said that I have married Lali Bai after payment of bride price under Nata tradition for which I was to pay Rs. 1.5 lacs but so far, I have paid only Rs. 1.2 lacs and for this reason Lali's parents have retained Aadhar and other documents related to her with them only. But, when Prayas team told them that non-availability of Aadhar would not be a reason for Lali Bai to receive services, they instantly agreed. Both Lali Bai and her husband travelled with them to the vaccination site where the ANM gave tetanus toxoid injection and other tests. She found that Lali's haemoglobin is only 7 and suggested that she be given iron sucrose at the PHC Gyaspur as early as possible. To facilitate the process as early as possible she called up the medical officer of the PHC and explained that Lali requires iron sucrose as her haemoglobin is low. She also informed the medical officer that Lali does not have Aadhar card or name listed in the ration card. The MO asked the ANM to advise Lali to visit the PHC even if there is no document. Lali did it, got a shot of the iron sucrose which improved her haemoglobin level to 11. Finally, Lali delivered a healthy baby girl. In the meanwhile, Dinesh visited Lali's natal home in Deepura and helped Lali to get her documents from there.

CASE STUDY – 9 : ADVOCACY FOR UNTIED FUND OF VHSNCs (APPLIED RIGHT TO INFORMATION FOR UNTIED FUND)

The project team has been continuously advocating for the allocation of the mandated untied fund of VHSNCs. Team members got to know that untied funds have not been transferred to VHSNCs of the project area since 2015-16. Further enquiry revealed that funds were not allocated to any VHSNC of the district. Project team members supported the non-official members of the VHSNCs to write to the block and district health officials for the release of



funds. But, there was no response. After a series of discussions with the representatives of PRIs, an application under the Right to Information was filed by Shri Vikram Meena, panchayat ward member from Devgarh village on 4th January 2021. This shook up the health department a reply given by them had orders that ten VHSNCs have been released Rs. 5000/- each. Later orders for release 18 more committees were released. Receipt of funds though only half of the mandated amount was by no means a small achievement. After receipt of funds, VHSNCs met regularly and prepared plans for utilisation of funds.

खण्ड मुख्य चिकित्सा अधिकारी प्रतापगढ़
(जिला स्वास्थ्य समिति प्रतापगढ़) (राजो)

सूचना लेन हेतु आवदन प्रपत्र

दिनांक 12.01.2021

श्रीमान सिंद पार्ड पंच

देवगढ़ प्रतापगढ़

विषय- सूचना अधिकांश अधिनियम-2005 के तहत निम्न विवरणानुसार सूचना के सम्बन्ध में।

सन्दर्भ- श्रीमान मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी महीन प्रतापगढ़ के प्रकोष्ठ 32 दिनांक 04.01.2021 की अनुपालना में

उपरोक्त विषयान्तर्गत मांगी गई सूचना के सम्बन्ध में प्राथमिक स्वास्थ्य केन्द्र देवगढ़ के अन्तर्गत ग्राम स्वास्थ्य स्वच्छता एवं घेयजल पोषण समितियों में उपलब्ध शेष निम्नानुसार है

क्रम संख्या	आशा नाम	आंगनवाडी का नाम	खाला संख्या	शेष 01.04.2020	स्थानान्तरित राशी	कुल राशी
1	कमला मीणा	देवगढ़	उपलब्ध	12997	0	12997
2	चन्दा मीणा	चिकलाड	नहीं	0	0	0
3	कौरल्ला	आडारिला	उपलब्ध	0	5000	5000
4	कमला	बारी	उपलब्ध	1764	5000	6764
5	ममता	बोरदी	नहीं	0	0	0
6	तोली मीणा	जोलर	उपलब्ध	25550	0	25550
7	रतन मीणा	मंगरी	उपलब्ध	1319	5000	6319
8	राधा	पुगा तालाब	उपलब्ध	0	5000	5000
9	राम मीणा	चिकलाड	नहीं	0	0	0
10	राजवन्ती	राणपुर	उपलब्ध	500	5000	5500
11	मायत्री	खुटगढ़	उपलब्ध	0	5000	5000
12	सीता	धारणी	नहीं	0	0	0
13	जुमा मीणा	जोलर	नहीं	0	0	0
14	शान्ती	लालपूर	उपलब्ध	849	5000	5849
15	कुष्णा	कैसरपूर	उपलब्ध	988	5000	5988
16	लीला	सामलीपठार	नहीं	0	0	0
17	मांगू मीणा	कमलगुडी	उपलब्ध	1698	5000	6698
18	कैसरी	गमेत	उपलब्ध	589	5000	6589
कुल योग				46254	50000	96254

खण्ड मुख्य चिकित्सा अधिकारी
खण्ड प्रतापगढ़ जिला प्रतापगढ़

प्रतिलिपि सुधनार्थ-

- श्रीमान मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी प्रतापगढ़।
- जिला लेखाधिकारी एनएचएम प्रतापगढ़।

खण्ड मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी प्रतापगढ़
(जिला स्वास्थ्य समिति प्रतापगढ़)

दिनांक 12.01.2021

श्रीमान सिंद पार्ड पंच

देवगढ़ प्रतापगढ़

विषय- सूचना अधिकांश अधिनियम-2005 के तहत निम्न विवरणानुसार सूचना के सम्बन्ध में।

सन्दर्भ- श्रीमान मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी महीन प्रतापगढ़ के प्रकोष्ठ 32 दिनांक 04.01.2021 की अनुपालना में

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क्रम संख्या	आशा नाम	आंगनवाडी का नाम	खाला संख्या	शेष 01.04.2020	स्थानान्तरित राशी	कुल राशी
1	कमला मीणा	देवगढ़	उपलब्ध	12997	0	12997
2	चन्दा मीणा	चिकलाड	नहीं	0	0	0
3	कौरल्ला	आडारिला	उपलब्ध	0	5000	5000
4	कमला	बारी	उपलब्ध	1764	5000	6764
5	ममता	बोरदी	नहीं	0	0	0
6	तोली मीणा	जोलर	उपलब्ध	25550	0	25550
7	रतन मीणा	मंगरी	उपलब्ध	1319	5000	6319
8	राधा	पुगा तालाब	उपलब्ध	0	5000	5000
9	राम मीणा	चिकलाड	नहीं	0	0	0
10	राजवन्ती	राणपुर	उपलब्ध	500	5000	5500
11	मायत्री	खुटगढ़	उपलब्ध	0	5000	5000
12	सीता	धारणी	नहीं	0	0	0
13	जुमा मीणा	जोलर	नहीं	0	0	0
14	शान्ती	लालपूर	उपलब्ध	849	5000	5849
15	कुष्णा	कैसरपूर	उपलब्ध	988	5000	5988
16	लीला	सामलीपठार	नहीं	0	0	0
17	मांगू मीणा	कमलगुडी	उपलब्ध	1698	5000	6698
18	कैसरी	गमेत	उपलब्ध	589	5000	6589
कुल योग				46254	50000	96254

खण्ड मुख्य चिकित्सा अधिकारी
खण्ड प्रतापगढ़ जिला प्रतापगढ़

प्रतिलिपि सुधनार्थ-

- श्रीमान मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी प्रतापगढ़।
- जिला लेखाधिकारी एनएचएम प्रतापगढ़।

CASE STUDY – 10 : REGULAR FUNCTIONING OF SUB (HEALTH AND WELLNESS CENTRE) BADI LANK



In the meeting of the VHSNC Chhoti Lank held in the month of December 2020, one of the issues discussed was the irregularity of the ANM from the sub health centre Bari Lank and finding the sub centre locked if someone from Chhoti Lank went there to get medicines for minor health ailments. The health sub centre at Badi Lank is about 3 kms from Chhoti Lank and it serves Sita Magri, Karoli and Odvada besides Chhoti and Bari Lank. The committee decided that this irregularity of the ANM and sub centre closure should be reported in the Chief Minister Complaint portal. The complainant for it was village health animator Nathi Bai and area coordinator Dinesh Kumar. Soon after the complaint filed, the CM&HO of the district and block CM&HO sought explanation from the ANM about it and instructed to carry out her duties properly. Since then the ANM has become regular and health sub centre opens every working day except on the days of MCHN.

CASE STUDY -11: VHSNC, DEVPURA LED ADVOCACY FOR FILLING UP OF PITS IN FRONT OF HEALTH & WELLNESS CENTRE (H&WC)



With the continuing facilitating support of Prayas, the Village Health Sanitation and Nutrition Committee (VHSNC) meeting of village Devpura in Dhamotar block of Pratapgarh district

began to get organized every month regularly. As directed under the National Health Mission (NHM), the chairman of the committee is the panchayat representative Shri Heera Lal Meena and member secretary is the ASHA of the village Ms. Radha Meena. All official and most of the non-official members attend the meetings, discuss and find resolutions of the general and family specific health problems of the village. Some topics and issues discussed are construction of toilets and their regular use by all family members including children, washing of hands by soap after defecation, personal sanitation and hygiene, prevalence of different kinds of diseases in different seasons and preventive measures for them, PDS, nutrition and availability of health care services. Devpura is a panchayat head quarter village and the Health & Wellness Centre (Sub

Centre) is also located there. In the meeting of VHSNC held in the month of September 2020, the members present in the committee narrated about the problem because of three big pits in front of the H&WC which make access very difficult especially during the rainy season. H&WC is the place where MCHN sessions are organized every month for which pregnant and lactating women have to visit for ANC and immunizations. There had been a couple of minor accidents because of these pits. The committee decided to approach the panchayat for filling up these pits by gravel and decided to raise the issue in the next Gram Sabha. The next gram sabha was on 2nd October 2020 where members of the VHSNC raised the issue and also personally discussed the issue with other representatives of the Panchayat. The issue was raised several times in monthly panchayat meetings by the panch representative of the village. Finally, the advocacy worked and in July 2021 before the monsoon struck the area pits were filled up with gravel and this made the accessibility to the sub centre very easy and comfortable.

CASE STUDY - 12 :DISTRIBUTION OF TAKE-HOME RATION



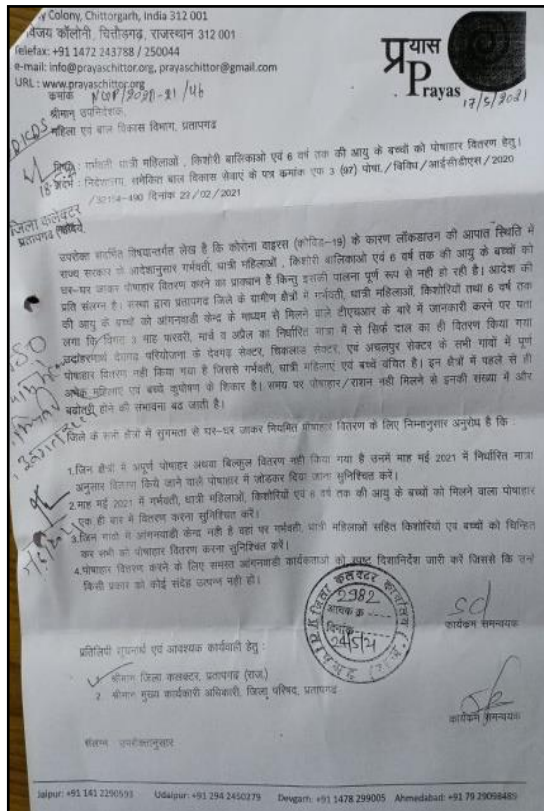
Prayas has been trying to improve the accessibility to health and nutrition related services in three sectors – Devgarh, Chiklad and Achalpur of Pratapgarh/Dhamotar development blocks of Pratapgarh district under the project. The project has evolved a system of community-based monitoring of the services delivered through anganwari centres (AWC) under the ICDS and the health department. After the imposition of the lockdown amidst Covid-19 pandemic, services delivered through AWCs were abruptly stopped. Much later, the Government decided to provide uncooked food material at door steps in lieu of the hot cooked meal (HCM) to children and

take-home ration (THR) to younger children, pregnant and lactating mothers. Prayas through members of the VHSNC members regularly oversaw the distribution. The dry food material for distribution was 3 Kgm of dal (lentil), 1.5 Kgm of wheat and 1.5 Kgm of rice per enrolled person in the AWC per month.

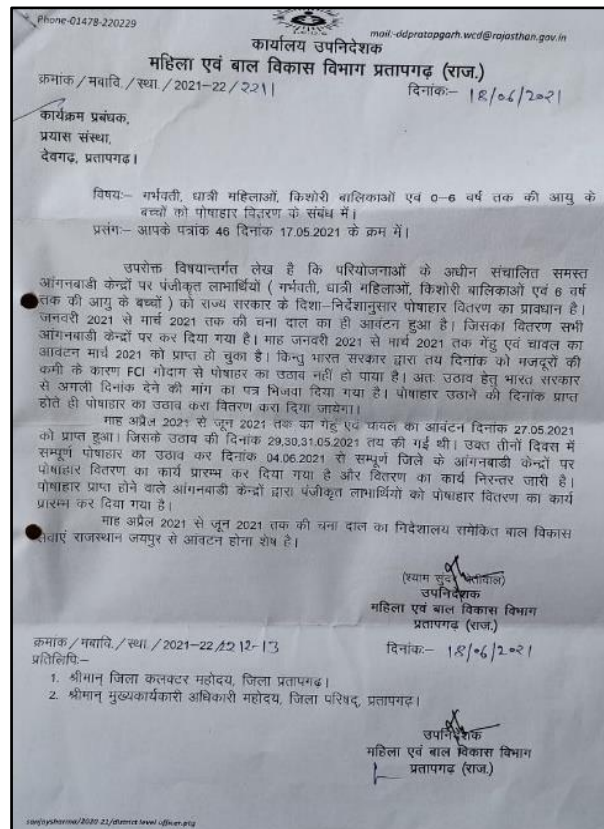
The community-based monitoring in which enquiries were made from the pregnant and lactating mothers found that no food item was distributed in any of the project village in the month of April 2021. When enquired with the anganwari workers (AWWs) and later with the ICDS project officer of Devgarh the answer was that they have not got any supply from the senior authorities and hence no distribution. VHSNC members of all the 30 villages where the project is being implemented were annoyed and angry of this response of the department and decided to demand for it. It was decided to wait till 15th May 2021 and when the supply was not made then it was decided to send a petition to the Dy. Director ICDS Pratapgarh with copies to the Collector, the Chief Executive Officer, Zila Parishad, Pratapgarh. The petition had following demanded that wherever the food material as per government norms have not been distributed in the month of May it be delivered immediately and this may be delivered with what is supposed to be delivered in the month of June 2021.

There was a response from the Dy. Director, ICDS Pratapgarh through a letter dated 18th June addressed to Prayas in which it was stated that the stock of the food items to be distributed to the community under the ICDS programme for the months of April to June was allotted on 27th May and it was collected on 31st May 2021. The letter also mentioned that distribution of food items to AWCs have begun from 4th June 2021 and distribution to all eligible persons have begun already.

The village group after receipt of the letter began to monitor the receipt of food items at AWC and distribution to the beneficiaries. By 30th June, 2021 all eligible persons/families received the food items in all the 30 villages.



Demand letter for ration to ICDS by Prayas



Reply letter by ICDS Department to Prayas

CASE STUDY - 13 : CONSTRUCTION OF TOILET BY WOMEN GROUP MEMBER



Prem, his wife Jamna with his two sons Rahul and Mukesh live in village Devpura. Premji is a mason and migrate out to Marwar area of Rajasthan for most of the time in a year. Jamna is just literate and Prem had studied up to class 5. His wife along with the sons who are 11 and 8 years old and both studying in class 4 and class 2 respectively stay here in the village. Jamna works on less than acre of their agriculture land and also earns some income through working under the NREGS in the village. Their house is on the road which connects Devpura with Chiklad a main village on Pratapgarh- Dharywad-Udaipur road. Quite a few of their relatives and acquaintances frequent their house as this being on the road side. The house which is semi pucca was without any toilet. The village health animator of Devpura along with the Cluster Coordinator of the area met the family several

times and convinced the family about the usefulness and necessity of toilet. The family finally decided to construct the toilet even when the subsidy from the Government under the Swachh Bharat Mission was not available and getting delayed. The family spent money from its own savings for the construction. An overhead tank was placed on the top of the toilet with pipeline and family ensured that the overhead tank has water all the time. Now the family has begun using it regularly for which they had to bring a significant change in their behaviour. Animator and Cluster Coordinator also explained to them about how to keep the toilet clean so that it does not stink and does not become a breeding place for flies and mosquitoes which could cause harm then any good. Family feels happy to have the toilet constructed and it has also boosted their status in the village.

CASE STUDY -14 :INITIATIVE FOR NUTRITION GARDENS THROUGH WOMEN'S GROUPS



Meetings of the women's groups are being held every month in every village under the project. Issues about women's health, sexual and reproductive health are the main topics of discussion in these meetings. It has been noted that most of the women who attend these meetings and others in villages have body mass index (BMI) less than normal and are also anaemic. But, it's not that only women have low BMI and anaemia, even men have low BMI and children suffer from varying degree of malnutrition in the form of underweight, wasting and stunting. The reasons for it are evidently inadequate diet both in quantity and diversity coupled with frequent episodes of infective diseases caused by poor sanitary conditions. Since almost all families in the villages are engaged in

hard physical work their need for nutrition is more than those who are into sedentary work. The women's group of village Sita Magri of Bari Lank panchayat in its meeting held on 15th June 2021 discussed about the issue of wide spread malnutrition in people of all age groups in the village. All attending members were more worried about the poor nutritional status of young children as they have a long life ahead. Prayas Cluster Coordinator attending the meeting explained to the participants that the first 1000 days of life starting from the conception in mother's womb to 2 years after birth determine the physical and cognitive development of an individual for the rest of life in which availability of nutrition is the single most important aspect. He suggested that the need is to have adequate food both in quality and quantity. He further mentioned that eating vegetables and especially green leafy vegetables is very essential. The village animator Bhavna Meena and the AWW suggested that there could be 'Poshan Vatika' (Nutrition garden) in a patch near AWC which can be looked after by the families whosoever is interested. Vegetables such as bottle gourd, ridged gourd, bitter melon, lady finger etc can be grown there and families who participate in its development could equally share the proceeds. It was also decided to fence the area where this vatika would be protected from the animals. Seeds of different vegetables were provided by Prayas. The area was cleared, fenced and seeds sowed. Poshan Vatika is thus been prepared .



CASE STUDY –15 : REGULAR ORGANIZATION OF MOTHER AND CHILD HEALTH DAY IN VILLAGE KALAKHET



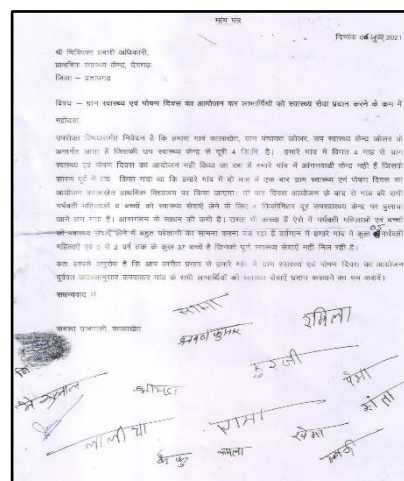
Village Kalakheth in Jolar panchayat is in the middle of a forest. About 54 families reside here. The village is served by PHC Devgarh which is 25 Kms away and a health and wellness centre (sub centre) which is 4 Kms away. In the absence of no all-weather tar road to approach the village from outside, villagers are compelled to travel on 4 Kms of kutcha road. The village also is not linked to any public transport so people have to walk at least 4 Kms to reach or else they have to use their private vehicles. There is no AWC in the village though

a primary school with two teachers is there. At the time of writing this case study, there were 6 pregnant women, and 37 children of less than 2 years.

Since last two years there was no VHND session taking place in the village. Pregnant women and women with young children had to travel 4 Kms to get their ANC and vaccinations which was quite a difficult task owing to limited awareness and motivation. To address this issue the women's group in the village formed under the project had written a letter to the Medical Officer of the PHC Devgarh following which the department had provisioned organizing VHND in the village once every two months. But, in the months of March and May 2021, no VHND sessions were held in the village and all women and children to be provided services were informed through word of mouth to seek services from the sub centre in Jollar. Since, there was no clear information a lot of children who were due for vaccination did not get it and women did not have their ANCs. Many of them could not go to Jollar because it was not possible to travel on foot and they did not have any vehicle in their houses.

Prayas Cluster Coordinator got to know that last two mandated VHND sessions were not organized in the village only when the village level meeting of Kalakheth was organized in the month of June 2021 and as a result quite a few women and children could not be vaccinated. In the meeting it was decided to write to the medical officer (MO) in charge of PHC Devgarh once again and demand for immediate restoration of the system of VHND session. The letter for it was drafted on the same day on which 25 villagers signed. This letter was delivered to the MO on 8th June in Devgarh and the matter was discussed in detail. Based on the discussion, the MO directed sub centre Jolar to include VHND session in the monthly vaccination plan from then on.

There was a swift response. The ANM of the sub centre and AWW of AWC Jolar reached Kalakheth on 17th June 2021 and VHND was organized in the premises of the primary school of the village. 4 pregnant women and 12 children were administered vaccines in that session. ANC was also conducted of the pregnant women.



CASE STUDY - 16 : VILLAGE HEALTH ANIMATOR LINKS WOMAN WITH CHIRANJEEVI YOJANA



(Savari Bai Meena)

34 years old Savari Bai Meena, wife of Kesrimal Meena, is a resident of Kotwal village in Jolar Panchayat. Savari Bai has two children, Ramchandra Meena aged 15 years, and Sanjay aged 9. She is a homemaker and her husband does agricultural work and also serves as a daily wageer at construction sites to make a living. In March 2021 Savari Bai had sudden abdominal pain. The pain which was initially bearable began to grow worse day by day and Savri would feel tired and sick all the time. Looking at her condition some of her relatives advised her to get a health examination done at Laddha Hospital, a private hospital, in Banswara. On 9th August 2021 Savari along with her husband Kesrimal went to Laddha hospital where she was asked to get a sonography and some medical tests done. Following the test results Savari was told by the doctor that she has uterine cancer and she will have to undergo a surgery immediately else the problem may deteriorate and could turn life threatening.

Without giving any time to Savari and Kesimal to take a second opinion, the hospital showed extreme urgency and asked them to arrange two lakh rupees for the surgery and treatment.

Panicked as he was Kesrimal rushed to his village and began to reach out to different people to arrange the suggested amount. He also met the village health animator Lakshman Meena and told him about his wife's health problem and how he was in an urgent need of money for her treatment. Two lakhs was a huge amount for Kesrimal and Lakshman was well aware of it. He suggested Kesrimal to avail the benefit of government's health insurance scheme 'Chiranjeevi Yojana' which would save him of all the financial burden. Kesrimal informed that his family was not enrolled under the scheme and hence they can't avail its benefits. Lakshman immediately reached out to the Cluster Coordinator and discussed how they can help Kesrimal register under the scheme. Lakshman with the help of the Cluster Coordinator initiated the registration process immediately and convinced Kesrimal that once they are registered, they would be able to get the entire treatment for Savari without any out-of-pocket expenditure. Kesrimal was convinced and he got Savari discharged from Laddha Hospital. Lakshman tried his best and was able to get Kesrimal's family registered under Chiranjeevi scheme in next few days. On 27th August 2021 Lakshman went along with Savari and Kesrimal to Gitanjali Hospital in Udaipur which is an empanelled hospital under Chiranjeevi scheme and assisted them seek free treatment for Savari's health issue. Things went smooth and Savari was admitted in the hospital for treatment under Chiranjeevi scheme and underwent a successful operation on 30th August 2021, all cashless. Savari was discharged from the hospital after a week and Kesrimal did not have to spend any money out of his pocket for the entire course of treatment. Savari is now healthy and leading a normal life. Lakshman's efforts thus saved Kesrimal's family from a huge catastrophic expenditure.

CASE STUDY - 17 : ANIMATOR SHARDA MOTIVATES COMMUNITY FOR COVID VACCINATION



(Animator Sharda)

There are about 300 families in village Chiklad which is also a Gram Panchayat. About 85% population of the village consists of people from Meena tribe. Community members here had deep apprehensions about COVID-19 vaccines and outrightly rejected any vaccination camps which were organized. In the month of July 2021 when the health department organized a vaccination camp in Mala Phala hamlet of the village, community members pelted stones at the health functionaries and rushed them away. There were misconceptions that the vaccines would make people sick, impotent and even kill them. As such vaccination level in the village was very low.

All this was extremely concerning as community members without vaccination were at a higher risk of COVID infection. Cluster Coordinator and the village health animator, Sharda, discussed the issue and organised a community meeting in the hamlet to address various myths and apprehensions around vaccines which prevailed in the minds of the people. Following the meeting, Sharda kept visiting households door to door to convince them to get vaccinated. She explained how people in the cities are getting vaccinated without any fear and nothing is



happening to them, this shows that the vaccines are completely safe. She also informed them how vaccines would help protect them against COVID-19.

All the counseling and community sensitization by Sharda and the Cluster Coordinator slowly began to pay off. During a vaccination camp held in Sub Health Centre, Chiklad on 13th August 2021 Sharda was able to mobilise 11 women from the women's group and her family members to get vaccinated. She took the jab herself first and waited for an hour to convince other women that no adverse reaction would happen. This motivated others to go ahead with their jabs. In another vaccination camp held on 28th August 2021 in Chiklad sub-health center Sharda convinced and mobilised 18 people to get vaccinated. Soon, other villagers also followed and gradually there was an increased demand for vaccines in the village. Prayas team conveyed the demand to the health department following which a vaccination camp was organized right in the hamlet at the anganwari centre on 16th September 2021 in which 135 people got vaccinated. It was all because of Sharda's relentless efforts that the village could achieve all this.

CASE STUDY 18 :VILLAGE HEALTH ANIMATOR AVERTS DELIVERY AT HOME



Bhula being transported to District Hospital by 108 ambulance

Bhula Meena wife of Dhulchand is 24 years old and resides in the hamlet Dotad falan of Devpura village. Bhula was 9 months pregnant when she began to experience labour pain in the morning of 16th December 2021. It was her second pregnancy and all her health reports were normal. As her labour pains began her family members called for the village midwife (Dai) to assist the delivery at home. When the village health animator Kalu Lal Meena got to know of this he rushed to Bhula's home and spoke to her husband and other family members about taking Bhula to the District Hospital in Pratapgarh for delivery rather than having it done at home. He briefed them about the various risks pertaining to

delivery at home and how delivery at the hospital is much safer and would also provide them with benefits such as that of Janani Suraksha Yojana (JSY) etc. Kalu Lal thus convinced the family about taking Bhula to the hospital. He immediately arranged 108 ambulance for shifting Bhula to the hospital. Bhula gave birth to a healthy girl through normal delivery at the hospital. She was also entitled to receive Rs. 1400 under JSY and that of Rs. 1000 Indira Gandhi Matratav Vandana Yojna (IGMPY). The baby was also registered under Rajshree Yojana for further financial benefits.

It was because of Kalu Lal's prompt action which not only prevented delivery at home but also helped the family avail benefits of various government schemes which they would have otherwise missed out.

CASE STUDY 19 : ADOLESCENT GIRLS' GROUP MEMBER LINKED WITH TREATMENT



Lata Meena(L), Bhawna Meena (R)

During the meetings of the adolescent girls, issues about menstrual hygiene and its management are discussed and they are provided sanitary napkins after teaching them how to use them. Lata Meena (name changed for anonymity) aged 18 years and a student of first year in Government Girls College Pratapgarh is one of the adolescents who regularly participates in the meetings approached and confided to Bhavna, the village health animator that she experiences heavy bleeding during menstruation and she feels physically weak. She also said that for this reason, she cannot concentrate on her academic studies. The village animator first understood her problem and persuaded Lata to seek treatment for this from the ANM posted in the nearby Health and Wellness Centre at Bari Lank. The animator one day went along with Lata to Health and Wellness Centre, Bari Lank and explained

the entire problem to the nurse posted there. The nurse provided treatment and told her how to take the medicines. The medication and exercises suggested led to improvement in health and reduction in menstrual flow but it again recurred after two months and her health further detoured. On this the animator discussed the issue with the parents of Lata and took her to the district hospital at Pratapgarh. There she was shown to the lady doctor Neelam Shukla who after examination and laboratory investigations prescribed medicines which were dispensed by the free drugs counter of the hospital. Dr. Shukla also advised her about the kind of food Lata should eat. The treatment is continuing and there is gradual improvement in Lata's health. She also finds reduction in menstrual flow.

CASE STUDY 20 : ANIMATOR HEERA MOTIVATES COMMUNITY FOR COVID VACCINATION



Heera Bai

Magri village in Magri gram panchayat is located in the middle of forest in buffer area of Sita Mata wild life sanctuary. The village has 421 households, out of which 99% belong to Bheel Meena community. A few OBC families also live there. Village did not experience much of an onslaught of Covid-19 and for one such reason most of the eligible villagers resisted to be inoculated by Covid -19 even during the first dose vaccination drive. Some of the myths prevailed among them were that they may die after the jab and all this is being done by the government to kill people to reduce population growth, other myths were that Covid is an illness of cities, people will lose virility and women may not be able to conceive after vaccination. Prayas team joined hands with the state health department to educate people and increase vaccination coverage. Prayas team with the animator of the village went house to house to explain the importance and need for vaccination. This led to

improvement in number. However, vaccination for the second dose became a tough call when it became due in October and November 2021. The animator and Prayas team decided to do house to house survey after line listing and found 142 eligible persons for second dose still have not got it. It was noted that all of them were avoiding the jab for no expressed reasons. The survey data was shared with the health department officials as well and joint efforts were made to motivate these left persons for vaccination but it did not work out.

The village health animator Heera Bai on knowing about it took up the responsibility of getting these 142 persons for vaccination on herself. She along with Prayas staff Vijay Pal Singh and Geeta Mathur organised a series of meetings of women's groups and of VHSNC members. After a series of meetings, Heera Bai took it upon herself to get all unvaccinated persons get jab in her village. She communicated this to the ANM of the

area Ms. Anita Meena that she will get all these persons at one place in the village on 8th December 2021 for vaccination and the team could arrive there for it.

Heera Bai went to houses of each of the persons who had not received the second dose, explained them the need for second dose, cajoled and motivated them for it. 85 persons were given second dose of Covid-19 vaccine on 8th December and 53 were jabbed on 12th December by the health team in the drives assisted by Heera Bai and other Prayas team members. Finally, out of 1098 eligible persons, 1059 people got both doses of the vaccine which is 96.45% of the target. The role of Heera Bai was appreciated by the health department of the Government.

CASE STUDY 21 :WOMEN GROUP MEMBER LINKED WITH TREATMENT



Leela Bai

Leela Bai aged 43 years is a resident of village Gyaspur. She has six children - 4 daughters and 2 sons. Since last six months she has been experiencing huge discomfort and feeling sick owing burning micturition, itching in reproductive parts, white discharge and heavy menstrual flow during the periods. She did not tell about this or sought any treatment for quite some time as she felt ashamed of talking about it. However, in the meeting of the village women's group held on 23rd October 2021, Leela Bai confided about her problems with the village animator Prema. Prema soon understood that it is a case of reproductive tract infections (RTI) which may or may not be sexually transmitted. She advised Leela Bai about the menstrual hygiene and seek medical advice. The health department organised a medical camp in village Gyaspur in November 2021 and Prema persuaded Leela Bai to seek medical treatment for her problem. Prema went with Leela Bai to the camp where she

was dispensed medicines but Leela Bai did not find any improvement even after taking medicines. Then on 10th December Prema escorted Leela Bai to Gyaspur

PHC and consulted the lady doctor Suji Singh posted there. The doctor prescribed medicines and explained about how to keep reproductive parts clean. Prema regularly checked with Leela Bai about the relief from her problems and improvement in her health. Prema again escorted Leela Bai to PHC Gyaspur on 17th January to consult with the doctor as the problem continued at lesser intensity. The doctor reexamined the patient, prescribed medicines and advised about the regular cleanliness of the reproductive parts, use of sanitary pads etc. Leela Bai is cured of the problems now which became possible after seeking treatment and health advice.

CASE STUDY 22 : ADOLESCENT GIRLS CONNECTED TO SEWING TRAINING



Girls connected to sewing training

Adolescents girls' groups have been formed in every village of the project area. These groups hold monthly meetings and the village health animator facilitates the process. Topics for discussion in these groups are about adolescents related issues-growing up physically and cognitively, opportunities for education, skill building, family relations and events happening around them which could have bearing on them such as difference between sex and gender and why gender equity is important. Schools, colleges and other educational institutions are closed since past 2 years owing to Covid pandemic onslaught. Only online studies for a couple of hours

were organized for which smart phones were needed but most adolescents did not have any and

so were almost deprived of any kind of education. This forced many adolescents to migrate or get full time into casual wage labour on fields or construction sites.

In such a scenario, the village animator of Chhoti Lank got to know that the Baroda Self-Employed Development Institution, an institution created by Baroda Grameen Bank is offering skill building training gratis to adolescents in different trades for self-reliance. The trades in which trainings are imparted were both on farm and off farm painting, beauty parlour operations, formation of self-help groups - dairy development, sewing, electric repair, photography, repair of motorised two wheelers, mushroom cultivation, toy making, decorative pieces making, food processing, herbal medicine production, mobile repair etc. When adolescents were told about this opportunity for skill building in meetings, most members decided to opt for sewing as it did not require any pre-requisite educational qualification and some of them were doing something in this area.

A total of nine adolescent girls - 7 from village Chhoti Lank and 2 from village Shah ji ka Pathar were enrolled on 23rd October 2021 in the institution at Pratapgarh for one month training. These adolescent girls travelled every day to Pratapgarh. Their training got over on 22nd November 2021. All of them received the certificate of course completion and two of the adolescents have begun the work soon after. The institution also has provision for a loan up to Rs. 50,000 for setting up the unit post training, out of which Rs. 10,000 is subsidy. But, none of the trained adolescent girl has applied for it so far.

CASE STUDY 23 :WOMEN GROUP MEMBERS OF VILLAGE CHHOTI LANK LINKED TO LABOUR CARD (SHRAMIK CARD) SCHEME



Regular meetings of the women's groups are held in all the villages under the project Nirogi Gram Pariyojna. These meetings are coordinated by the village health animators identified by Prayas in consultation with the members of the groups from among them only. Discussion points in these meetings are related to livelihood, maternal and children's health issues and gender sensitisation. Groups also discuss about different kinds of government developmental schemes. Most members of these groups are engaged in labour either in the agriculture fields of their own or as wage labourers of others or in MGNREGA or with private contractors in construction

Group members linked to labour card (shramik card) or road building works.

Nathi Bai is the village health animator in village Chhoti Lank. In one of the meetings of the women group the members expressed economic hardship they have been exposed to owing to ongoing restrictions imposed because of Covid pandemic. The animator shared with the members that all the women who are engaged in the wage labour should register under the Building and Other Construction Workers (BOCW) Act which has many schemes for the economic support to the members. For this the labourer should be the resident of the state, and should be engaging into wage labourer in construction related labour for certain period in a year. She also informed the members that the benefit under the scheme are pension, economic support for treatment on becoming ill, compensation on meeting with accident, compensation to family on death, loan for construction of house, scholarship for children's education, financial assistance for skill development, subsidy for electricity connection, subsidy for buying improved tools for work, cash support for marriage of daughter of the labourer and support during delivery of child. Knowing about the benefits of registration as a labour under the BOCW Act the group constituted a smaller group to go ahead with registrations for the Labour Card. This smaller group approached the labour department and requested them for the registration of women labourers of its village and requested to hold a camp in the village itself.

Accepting the request, the labour department on March 10th organised a camp in village Chhoti Lank in which the animator mobilised 23 women and their husbands for registration under the BOCW Act.

VIII. ANNEXURES:

Annexure 1: Assessment Tool of Village Level Groups



निरोगी ग्राम परियोजना (वर्ष 2020-2021)

महिला समूह (मूल्यांकन प्रथम / द्वितीय)

गाँव का नाम

उत्प्रेरक का नाम समन्वयक दिनांक.....

1. क्या आप मानते हैं की स्वास्थ्य सेवा का अधिकार भी हमारा प्रमुख अधिकार है ?

क्रं संख्या	विकल्प	संभागी संख्या (विकल्प चयन करने वाले संभागियों की संख्या)	प्राप्तांक (सही जवाब देने वाले संभागियों की संख्या)
(अ)	हां		
(ब)	नहीं		
(स)	पता नहीं		

2. किसी व्यक्ति के बीमार होने पर हमें क्या करना चाहिये ?

क्रं संख्या	विकल्प	संभागी संख्या (विकल्प चयन करने वाले संभागियों की संख्या)	प्राप्तांक (सही जवाब देने वाले संभागियों की संख्या)
(अ)	अस्पताल लेकर जाना चाहिये		
(ब)	देवरे में लेकर जाना चाहिये		
(स)	झोला -छाप (बंगाली) के पास		
(द)	झाड़ -फूँक करनी चाहिये		

3. गाँव में सार्वजनिक स्वच्छता किसकी जिम्मेदारी है ?

क्रं संख्या	विकल्प	संभागी संख्या (विकल्प चयन करने वाले संभागियों की संख्या)	प्राप्तांक (सही जवाब देने वाले संभागियों की संख्या)
(अ)	पुरुषों की		
(ब)	महिलाओं की		
(स)	सरपंच की		
(द)	सभी ग्रामवासियों की		

4. निम्न में से कौन से लक्षण एनीमिया के हैं ?

क्रं संख्या	विकल्प	संभागी संख्या (विकल्प चयन करने वाले संभागियों की संख्या)	प्राप्तांक (सही जवाब देने वाले संभागियों की संख्या)
(अ)	आँखों एवं जीभ का फीकापन		
(ब)	चेहरे पर पीलापन		
(स)	पैरों में सुजन		
(द)	उपरोक्त सभी		

5. निम्न में से कौन से लक्षण टीबी रोग के नहीं हैं ?

क्रं संख्या	विकल्प	संभागी संख्या (विकल्प चयन करने वाले संभागियों की संख्या)	प्राप्तांक (सही जवाब देने वाले संभागियों की संख्या)
(अ)	3 हफ्ते से ज्यादा खांसी चलना		
(ब)	हाथ -पैरो का फूलना		
(स)	वजन कम होना		
(द)	बुखार आना		

6. निम्न में से कौनसी बीमारी मच्छर के काटने से नहीं होती है ?

क्रं संख्या	विकल्प	संभागी संख्या (विकल्प चयन करने वाले संभागियों की संख्या)	प्राप्तांक (सही जवाब देने वाले संभागियों की संख्या)
(अ)	मलेरिया		
(ब)	ब्लड प्रेशर		
(स)	डेंगू		
(द)	चिकनगुनिया		

7. शौच के बाद हाथ किससे धोना चाहियें ?

क्रं संख्या	विकल्प	संभागी संख्या (विकल्प चयन करने वाले संभागियों की संख्या)	प्राप्तांक (सही जवाब देने वाले संभागियों की संख्या)
(अ)	मिटटी से		
(ब)	राख से		
(स)	साबुन से		
(द)	केवल पानी से		

8. पेयजल रखने का सबसे सही तरीका क्या है ?

क्रं संख्या	विकल्प	संभागी संख्या (विकल्प चयन करने वाले संभागियों की संख्या)	प्राप्तांक (सही जवाब देने वाले संभागियों की संख्या)
(अ)	मिटटी के खुले बर्तन में		
(ब)	प्लास्टिक के खुले बर्तन में		
(स)	साफ बर्तन जिस पर सही तरीके से ढक्कन लगा हो		
(द)	पता नहीं		

9. क्या माहवारी के समय कोई महिला/किशोरी अशुद्ध होती है?

क्रं संख्या	विकल्प	संभागी संख्या (विकल्प चयन करने वाले संभागियों की संख्या)	प्राप्तांक (सही जवाब देने वाले संभागियों की संख्या)
(अ)	हाँ		
(ब)	नहीं		
(स)	पता नहीं		

10. क्या माहवारी के दौरान रोज़ के काम कर सकते हैं जैसे स्कूल जाना, खाना पकाना, खेलकूद करना और खेती का काम करना ?

क्रं संख्या	विकल्प	संभागी संख्या (विकल्प चयन करने वाले संभागियों की संख्या)	प्राप्तांक (सही जवाब देने वाले संभागियों की संख्या)
(अ)	हाँ		
(ब)	नहीं		
(स)	पता नहीं		
(द)	कभी -कभी		

11. गर्भावस्था के दौरान देखभाल हेतु कम से कम कितनी बार जांच जरूरी है ?

क्रं संख्या	विकल्प	(संभागी संख्या (विकल्प चयन करने वाले संभागियों की संख्या)	प्राप्तांक (सही जवाब देने वाले संभागियों की संख्या)
(अ)	1 बार		
(ब)	2 बार		
(स)	3 बार		
(द)	4 बार		

12. गर्भावस्था के दौरान कौनसी मुख्य जांचें की जाती हैं ?

क्रं संख्या	विकल्प	संभागी संख्या (विकल्प चयन करने वाले संभागियों की संख्या)	प्राप्तांक (सही जवाब देने वाले संभागियों की संख्या)
(अ)	खून और पेशाब की जांच		
(ब)	वजन और ब्लड प्रेसर		
(स)	पेट की जांच		
(द)	उपरोक्त सभी		

13. क्या गर्भावस्था के दौरान घी एवं दही का सेवन नहीं करना चाहिये क्योंकि वह बच्चे के उपर जम जाता है?

क्रं संख्या	विकल्प	संभागी संख्या (विकल्प चयन करने वाले संभागियों की संख्या)	प्राप्तांक (सही जवाब देने वाले संभागियों की संख्या)
(अ)	हां		
(ब)	नहीं		
(स)	पता नहीं		

14. जननी सुरक्षा योजना में प्रसव (जापे) के बाद कितने रुपये मिलते हैं ?

क्रं संख्या	विकल्प	संभागी संख्या (विकल्प चयन करने वाले संभागियों की संख्या)	प्राप्तांक (सही जवाब देने वाले संभागियों की संख्या)
(अ)	1400		
(ब)	1000		
(स)	800		
(द)	2000		

15. शिशु के जन्म के कितने समय बाद स्तनपान प्रारम्भ कर देना चाहिये?

क्रं संख्या	विकल्प	संभागी संख्या (विकल्प चयन करने वाले संभागियों की संख्या)	प्राप्तांक (सही जवाब देने वाले संभागियों की संख्या)
(अ)	एक दिन बाद		
(ब)	आधा घंटे के अन्दर		
(स)	दो घंटे के बाद		
(द)	पांच घंटे बाद		

16. जन्म के बाद बच्चे को कम से कम कितने माह तक माँ का दूध पिलाना आवश्यक है ?

क्रं संख्या	विकल्प	संभागी संख्या (विकल्प चयन करने वाले संभागियों की संख्या)	प्राप्तांक (सही जवाब देने वाले संभागियों की संख्या)
(अ)	6 माह तक		
(ब)	3 माह तक		
(स)	9 माह तक		
(द)	पता नहीं		

17. क्या बच्चे को जन्म के बाद गुल्ला पिलाना चाहिए ?

क्रं संख्या	विकल्प	संभागी संख्या (विकल्प चयन करने वाले संभागियों की संख्या)	प्राप्तांक (सही जवाब देने वाले संभागियों की संख्या)
(अ)	हाँ		
(ब)	नहीं		
(स)	पता नहीं		

18. शिशु के जन्म के तुरंत बाद उसे कौनसा टीका लगवाना आवश्यक है ?

क्रं संख्या	विकल्प	संभागी संख्या (विकल्प चयन करने वाले संभागियों की संख्या)	प्राप्तांक (सही जवाब देने वाले संभागियों की संख्या)
(अ)	BCG		
(ब)	पेंटावैलेंट		
(स)	मीजल्स व रूबेला (खसरा)		
(द)	पता नहीं		

19. निम्न में से कौनसा परिवार नियोजन का स्थाई साधन है ?

क्रं संख्या	विकल्प	संभागी संख्या (विकल्प चयन करने वाले संभागियों की संख्या)	प्राप्तांक (सही जवाब देने वाले संभागियों की संख्या)
(अ)	कंडोम		
(ब)	गर्भनिरोधक गोली		
(स)	कोपर -टी		
(द)	महिला नसबंदी		

20. किसी किशोरी या महिला से गलती हो जाने पर उसके पति/ भाई द्वारा मारपीट किया जाना सही है ?

क्रं संख्या	विकल्प	संभागी संख्या (विकल्प चयन करने वाले संभागियों की संख्या)	प्राप्तांक (सही जवाब देने वाले संभागियों की संख्या)
(अ)	हाँ		
(ब)	नहीं		
(स)	पता नहीं		

अंक सारणी

प्रश्न संख्या	प्राप्तांक (सही जवाब देने वाले संभागियों की संख्या)
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25	
कुल अंक =	

गणना	विवरण
(कुल प्राप्तांक) X 100/ पूर्णांक)	   (> 80 %) (50% -80%) (< 50%)
टिपणी	

संदर्भ नोट :

- ✓ पूर्णांक : उपस्थित संभागियों को कुल प्रश्नों से गुणा करें
- ✓ प्राप्तांक : सभी प्रश्नों के प्राप्तांक जोड़े (सही जवाब देने वाले संभागियों का जोड़ करें)

उदाहरण :

- ❖ यदि उपस्थित संभागियों की संख्या 15 है तो उसे कुल प्रश्न से गुणा करें जैसे : $15 \times 25 = 375$
- ❖ यदि सभी प्रश्नों के प्राप्तांक का कुल जोड़ 300 है तो प्राप्तांक = 300
गणना = $300/375 \times 100 = 80 \%$

समूह मूल्यांकन मार्गदर्शिका

1. समूह की बैठको में सदस्यों के सीखने के स्तर जांचने हेतु सत्र के पूर्व -पश्चात मूल्यांकन का आयोजन किया जाना है ।
2. क्षेत्रीय समन्वयक सत्र के मूल्यांकन की प्रक्रिया एवं उद्देश्य सभी सदस्यों के साथ साझा कर उन्हें समझाए की यह कोई परीक्षा नहीं है यह केवल समूह के सदस्यों के सीखने के स्तर को जांचने की एक आसानी सी प्रक्रिया है ।
3. संभागियों द्वारा बैठक स्थल को प्रश्न के विकल्प (अ,ब,स,द) अनुसार अलग दो से चार कोनों में बाटें, मूल्यांकन की प्रक्रिया शुरू करने पर प्रत्येक प्रश्न एवं विकल्प (आप्शन) पढ़ कर सभी को सदस्यों को बताना होगा ताकि समझने में आसानी हो सके ।
4. सदस्यों से कहे की वे अपने स्वयं द्वारा चुने गए विकल्प अनुसार अनुसार उस कोने में जाकर खड़े हो जाये ।
(बैठक स्थल को निचे दिए गए चित्र अनुसार चार अलग -अलग कोने में बाटें)



5. मूल्यांकन के दौरान सभी कोनों में उपस्थित सदस्यों जोड़ कर उनकी संख्या प्रपत्र में विकल्प के आगे की ओर लिख दें ।
6. प्रत्येक प्रश्न के दौरान यही प्रक्रिया दोहराएं ।

Annexure 2: Tool for Covid 19 Survey to Assess Status of Complete Covid Vaccination Among Community Members

कोविड टीकाकरण सर्वेक्षण

(गाँव में कोविड 19 टीकाकरण स्थिति आंकने हेतु सर्वेक्षण)

फले/महहोले का नाम गाँव पंचायत

उत्प्रेरक/सर्वेक्षणकर्ता का नाम _____ संपर्क नंबर _____ सर्वेक्षण दिनांक _____

सर्वेक्षण हेतु मार्गदर्शिका :

1. सर्वेक्षणकर्ता द्वारा घर-घर जाकर प्रत्येक परिवार में 18 वर्ष से अधिक आयु के सभी महिला, पुरुष व युवा व्यक्तियों से कोविड टीकाकरण की जानकारी एकत्रित की जाएगी।
2. टीकाकरण की जानकारी भरने के लिए सारणी में पूछे गए प्रश्नों को अच्छे से समझ ले उस के पश्चात पात्र व्यक्तियों से प्राप्त जानकारी इस प्रपत्र में अंकित करें।
3. कोई जानकारी प्राप्त न होने पर आप उनसे मोबाइल पर आये सन्देश को देखने का अनुरोध करें या अपने क्षेत्र की आशा से जानकारी प्राप्त करने का अनुरोध करें।
4. यदि किसी टीके से सम्बंधित किसी प्रकार की विशेष टिपणी या जानकारी जोड़ना चाहते हैं तो टिपणी वाले कोलम में जोड़े। जेसे की टीकाकरण लगाने के अधिक दिन तक भी कोई प्रभाव या किसी प्रकार की समस्या।
5. यदि एक भी टीका नहीं लगा है तो कारण वाले प्रश्न में सारणी के अंत में दिए गए कारणों के कोड अंकित करें।

कोविड टीकाकरण सर्वेक्षण (गाँव में कोविड 19 टीकाकरण स्थिति आंकने हेतु सर्वेक्षण)[illegible]

टीका नहीं लगवाने के कोड 1. समय नहीं मिला व्यवस्तता के कारण 2. आवश्यकता नहीं 3. टिके से बीमारी/मृत्यु/स्वास्थ्य पर हानिकारक प्रभाव का भय 4. परिवार/रिश्तेदार/समुदाय में किसी सदस्य की टीका लगने से मृत्यु 5. पिछले तीन माह में कोविड पाँजितन हुए 6. निकतन टीकाकरण केंद्र पर वेक्सिन की उपलब्धता व कैंप का आयोजन नहीं 7. महिला गर्भवती/ धात्री हैं 8. गंभीर बीमारी के कारण

Annexure 3: Tool to Assess the Impact of Couple Counselling

	निरोगी ग्राम परियोजना	
योग्य दंपति परामर्श सर्वेक्षण (परिवार नियोजन साधन के उपयोग की स्थिति आंकने हेतु सर्वेक्षण)		
फले/ का नाम _____ गाँव _____ पंचायत _____		
उत्प्रेरक/सर्वेक्षणकर्ता का नाम _____ संपर्क नंबर _____ सर्वेक्षण दिनांक _____		
सर्वेक्षण हेतु मार्गदर्शिका :		
- परियोजना के अंतर्गत सभी 30 गाँव में उन सभी योग्य दंपति का परामर्श किया जा रहा है जिन्होंने किसी भी परिवार नियोजन के स्थायी साधन का उपयोग नहीं किया है। परामर्श के पश्चात की स्थिति ज्ञात करने हेतु सर्वेक्षणकर्ता द्वारा उन सभी योग्य दंपति का सर्वेक्षण किया जाएगा जिनका परिवार नियोजन के अंतर्गत परिवार नियोजन के साधनों पर परामर्श किया गया है। (परामर्श समयावधि 1 जुलाई 2019 से 28 फ़रवरी 2022 के मध्य) - सर्वेक्षणकर्ता द्वारा सम्बंधित क्षेत्रीय समन्वयक की सहायता लेकर अपने गाँव में परामर्श प्राप्त योग्य दंपतियों की सूची तैयार की जायेगी। - सूचि अनुसार उन सभी योग्य दंपति के घर -घर जाकर उनसे परिवार नियोजन के साधन को अपनाने की जानकारी एकत्रित की जाएगी की परामर्श के पश्चात उनके द्वारा किसी साधन का उपयोग किया गया है या नहीं। - परामर्श की दिनांक को दिन/माह/वर्ष अनुसार भरें। (उदाहरण : 01/07/2019) - यदि किसी दम्पति द्वारा अंतरा इंजेक्शन, कोपर -टी, महिला नसबंदी व पुरुष नसबंदी जैसा स्थायी साधन अपनाया गया है उस कोलम जी जानकारी में दिनांक लिखना अनिवार्य है। (दिनांक दिन/माह/वर्ष अनुसार भरें) - यदि किसी दम्पति द्वारा अस्थायी साधन जैसे कंडोम, गर्भनिरोधक गोली व आपातकालीन गर्भनिरोधक गोली का उपयोग किया गया है व उन्हें दिनांक याद नहीं है उस स्थिति में संभावित माह व वर्ष भरें। किसी दंपति द्वारा बिलकुल दिनांक नहीं बता पाने की स्थिति में यदि उक्त साधन का उपयोग किया है तो ✓ निशान लगायें और नहीं किया गया है तो x का निशान लगायें		



योग्य दंपति परामर्श सर्वेक्षण (परिवार नियोजन साधन के उपयोग की स्थिति आंकने हेतु सर्वेक्षण)

Planning and Sharing Meetings					
Year 1 (July 2019- September 2020)					
S.no	Meetings	Participants	Date	No. of participants	
1	Meeting with frontline health workers	ASHA, AWW and members from project team	03/07/2019	43	
2	Meeting with District health officials	CMHO, BCMO,PMO,project team and community members	30/10/2019 31/10/2019	9	
3	Meeting with frontline health workers	ASHA, AWW and members from project team	02/12/2019	46	
4	Meeting with District health officials	CMHO, BCMO,PMO,project team and community members	31/01/2020	8	
5	Meeting with frontline health workers	ASHA, AWW and members from project team	25/02/2020	26	
6	Meeting with PDS officials	District Supply Officer members from project team.	8/04/2020	7	
7	Meeting with ICDS officials	Deputy director ICDS, lady supervisor, members from project team and community members	15/05/2020	10	
8	Meeting with health workers at Devgarh PHC (PHC officials)	ANM, LHV ,Medical officer and members from project team	27/05/2020	8	

9	Meeting with health workers at Devgarh and Gyaspur PHC (PHC officials)	ANM, LHV ,Medical officer and members from project team	27/05/2020	13
10	Meeting with frontline health workers	ASHA, AWW and members from project team	02/07/2020	27
11	Meeting with frontline health workers	ASHA, AWW and members from project team	01/09/2020	35
12	Meeting with District health officials	CMHO, BCMO,PMO,project team	11/9/2020	6
Planning and Sharing Meetings - Year 2 (October 2020- September 2021)				
1.	Meeting with ICDS officials	Deputy Director ICDS, Lady Supervisor, members from project team and community members	29/10/2020	13
2	Meeting with PDS officials	District Supply Officer members from project team and community members	29/10/2020	7
3	Meeting with frontline health workers	ASHA, AWW and members from project team	2/11/2020	42
4	Meeting with frontline health workers	ASHA, AWW and members from project team	3/11/2020	36
5	Meeting with district health officials	Chief Medical and Health Officer (CMHO), Principal Medical Officer (PMO), project team members and community members	24/11/2020	6
6	Meeting with frontline health workers (ASHA)	ASHA, members from project team	28/12/2020	36
7	Meeting with health workers at Devgarh PHC (ANM and PHC officials)	ANM, LHV ,Medical officer and members from project team	23/1/2021	13
8	Meeting with health workers at Gyaspur PHC (ANM and PHC officials)	ASHA, ANM, LHV ,Medical officer and members from project team	29/1/2021	56
9	Meeting with Subdivisional officer ,Pratapgarh	Subdivisional officer, community members and members from project team	22/2/2021	8
10	Meeting with ICDS officials	Deputy Director ICDS, Lady Supervisor, members from project team and community members	5/3/2020	9
11	Meeting with PDS officials	District Supply Officer members from project team and community members	10/3/2020	6

12	Meeting with district health officials	Chief Medical and Health Officer (CMHO), Principal Medical Officer (PMO), project team members and community members	12/03/2020	10
13	Meeting with ICDS officials	Deputy Director ICDS, Lady Supervisor, members from project team and community members	29/06/2021	17
14	Meeting with PDS officials	District Supply Officer members from project team and community members	29/06/21	07
15	Meeting with frontline health workers	ASHA, AWW and members from project team	03/09/2021	38
16	Meeting with district health officials	Chief Medical and Health Officer (CMHO), Principal Medical Officer (PMO), project team members and community members	30/09/2021	08
Planning and Sharing Meetings - Year 3 (October 2021- September 2022)				
1	Meeting with frontline health workers (PHC Gyaspur)	ASHA, AWW and members from project team	10/11/2021	46
2	Meeting with health workers at Gyaspur PHC (ANM and PHC officials)	ASHA, ANM, LHV, Medical officer and members from project team	25/11/2021	08
3	Meeting with frontline health workers (PHC Devgarh)	ASHA, AWW and members from project team	29/11/2021	32
4	Meeting with district health officials	Chief Medical and Health Officer (CMHO), Principal Medical Officer (PMO), project team members and community members	29/11/2021	04
5	Meeting with ICDS officials	Deputy Director ICDS, Lady Supervisor, members from project team and community members	30/12/2021	08
6	Meeting with PDS officials	District Supply Officer members from project team and community members	30/12/2021	08
7	Meeting with health workers at Devgarh PHC (ANM and PHC officials)	ANM, LHV ,Medical officer and members from project team	22/02/2022	08
8	Meeting with district health officials	Chief Medical and Health Officer (CMHO), Principal Medical Officer (PMO), project team members and community members	22/02/2022	05

9	Meeting with health workers at Devgarh PHC (ANM and PHC officials)	ANM, LHV ,Medical officer and members from project team	23/02/2022	09
10	Meeting with Collector, Pratapgarh	District collector ,Subdivisional officer, community members and members from project team	30/01/2022 07/03/2022	03 15
11	Meeting with ICDS officials	Deputy Director ICDS, Lady Supervisor, members from project team and community members	07/03/2022	06
12	Meeting with frontline health workers (PHC Devgarh)	ASHA, AWW and members from project team	25/03/2022	36
13	Meeting with health workers at Gyaspur PHC (ANM and PHC officials)	ASHA, ANM, LHV ,Medical officer and members from project team	26/03/2022	46
14	Meeting with PDS officials	District Supply Officer members from project team and community members	28/03/2022	05
15	Meeting with ICDS officials	Deputy director ICDS, lady supervisor, members from project team and community members	07/04/2022	15
16	Meeting with health workers at Devgarh PHC	Medical officer, CHO, LT, ANM, LHV and project team	30/04/2022	39
17	Meeting with District health officials	CMHO, BCMO,PMO,project team and community members	06/06/2022	11
18	Meeting with frontline health workers at Devgarh	LHV, ANM ASHA, AWW and members from project team	30/06/2022	36
19	Meeting with ICDS officials	Deputy director ICDS, lady supervisor, members from project team and community members	26/07/2022	12
20	Meeting with District health officials	CMHO, BCMO, PMO, project team and community members	30/07/2022	9

IX. SUMMARY OF ACTIVITIES (QUANTITATIVE)

NGP- Summary of Activities (Quantitative)		
Activities/Indicators	Planned	Activity Status
Team orientation and capacity building	1 Training	Carried out 2 trainings
Orientation of animators	3 Trainings	Carried out 3 trainings
Monthly meetings of animators	39 meetings	36 Meetings were held with village animators
Baseline assessment and endline of health indicators (household survey)	Target in 30 village 557 household and 163 women	Baseline carried out in 30 village with 616 household and 187 women. Endline carried out with 719 households and 719 women.
Formation adolescent girls 'group	Formation 30 groups	Formed 30 groups in 30 villages
Orientation of adolescent girls 'group	1 Training	1 Training was organized
Monthly meetings of adolescent girl groups	Monthly meeting of each group	761 Meetings were held
Formation of adolescent boys' group	Formation 30 groups	Formed 30 groups in 30 villages
Orientation of adolescent boys 'group	1 Training	1 Training was organized
Monthly meetings of adolescent boys' groups	Monthly meeting of each group	683 Meeting were held
Formation and women's groups	Formation 30 groups	Formed 30 groups in 30 villages
Monthly meetings of women's groups	Monthly meeting of each group	797 Meetings were held
Orientation of women's groups	1 Training	1 Training was organized
Monthly meetings of VHSNCs	Monthly meeting of each group	534 Meetings were held
Orientation of VHSNCs	1 Training	Carried out 1 training
Street plays (Kala Jattha)	3 events in 30 villages	90 events were held
Wall paintings and slogan writing	30 Villages (150 slogans)	Carried out 5 slogans in each project village (150 slogans)
Development and printing of Training module, posters, pamphlets, factsheets on health rights and entitlements	14 Publications	Developed 14 publications
Campaign for immediate and exclusive breastfeeding	3 Events	32 Events were held
Campaign against child marriages	90 Events	90 Events were held
Village level WASH mela	90 WASH melas	90 WASH melas were organized
Block level wash mela	3 Event	3 Event were held
Orientation of eligible couples on contraception	1000 Eligible couples	1026 Couples were oriented
Quarterly village level report card generation	12 rounds	12 Round of report card were carried out
Quarterly PDS assessment	12 rounds	12 Round of assessment was carried out

Quarterly anganwari assessment	12 rounds	8 Round of assessment was carried out
Quarterly sharing meetings with ICDS and PDS departments	36 meetings	48 Meetings with health, PDS and ICDS officials
Health camps for early screening of communicable and non-communicable diseases	66 camps	66 Health camps were organized
Screening of suspected cases of tuberculosis and linking them with treatment	55 Patients	68 Patients were identified and regularly tracked
Children with SAM/MAM	55 Children	82 Children were identified and regularly tracked
Quarterly audit of public health facilities	12 Round	12 Round of assessment was carried out
Monthly project review and planning meetings	42 Meetings	41 Meetings were held
Orientation of PRI members	3 Trainings	3 Training were held
Orientation of community leaders	3 Trainings	3 Training were held
Orientation of traditional faith healers	3 Trainings	3 Training were held
Adolescent health fair	3 Fair	3 Fairs were held
Women's health fair	3 Fair	3 Fairs were held
Community health convention	3Convention	3 Conventions were held
School/college events are held	9 Events	Carried out 9 events
Village health plans and health charters are developed	30 villages	Developed village health plan in all 30 project villages
Health facilities and anganwaris in intervention area report improvement in infrastructure and service delivery		12 Health workers appointments have been made at the 6 sub health centres
Village health dashboards are created in all 30 villages	30 villages	Developed dashboards and charters in all project villages
Tracking of pregnant women	In 30 villages	In 30 villages 1580 women were tracked
District level public dialogue	3 Event	3 Events were held
3 State level consultation on health and nutrition	3 Event	3 Events were held
2 State level consultation on rare and neglected disease	2 Event	2 Events were held
Orientation of ASHA and ANMS	3 Training	3 Training were organized
Orientation of aanganwari workers	3 Training	3 Training were organized
Orientation of doctors	1 training	1 Training was organized with 13 participants (through webinar)