

# ANNUAL REPORT

## 2004-2005



**MAMTA SAMAJIK SANSTHA**  
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## **VITAMIN -A Administration Campaign in Uttaranchal:**

Keeping in mind the low coverage of Vitamin A administration, Uttaranchal has been chosen by MOST India/USAID Micronutrient program as one of the priority state. Mamta Samajik Sanstha was chosen by the MOST India/USAID Micronutrient Program to conduct capacity building Trainings for the frontline functionaries of services providers and the beneficiaries at community level in order to ensure their active Participation in the program.

Vitamin A deficiency has been observed to be a key factor for poor child Survival and health status of children under 5 in. India. Currently in Uttaranchal only 41% children aged 12-23 months have received all the Doses of prescribed vaccines. A report on Nutritional status of women & Children in U.P (Deptt. OF Women & child development, U.P. January 1999) Says that in Uttaranchal only 18.3% children get first dose, 12.3% get second dose & 10.1% get third dose.

MOST India/USAID Micronutrient program had a several rounds of Meetings with the senior government officials to grass root level Functionaries of the health and ICDS departments to facilitate a discussion in Order to take policy level decision, understand the situation of Vitamin A Supplementation and chalk out implementation strategy for improving Vitamin A coverage in Uttaranchal. Finally it was resulted in conduction of Mop-up round in Uttaranchal in the month of May-June, 04 to improve the Coverage of Vitamin A administration. Further it was decided to conduct Capacity building trainings for frontline functionaries of services providers and the beneficiaries at community level in order to ensure their active Participation in the program and Mamta Samajik Sanstha was chosen by the MOST India/ USAID Micronutrient Program to conduct capacity building Trainings for the above groups.

Mamta constituted a team of 20 trainers and motivators to undertake block Level and urban level capacity building trainings and social mobilization drive in the entire district of Dehradun. These teams were headed by 2 team Leaders i.e. one for 6 rural Blocks and one for 7 urban sectors to coordinate the program at different level i.e. in collaboration with MOST India/USAID Micronutrient Program, Health & ICDS department.

A TOT was conducted for 20 Trainers of Mamta and selected ICDS Supervisors to develop their capacity as trainer and prepare them for Conducting Block/sector level trainings for service providers and Beneficiaries at community level.

Mamta has conducted 17 capacity building trainings for the service Providers at rural and urban area of district Dehradun. There were altogether 729 service providers have been trained during these trainings i.e. 197 ANM, HV, PHN from health department and 532 AWWs and few helpers From ICDS department. Medical Officers Incharge, DPO, CDPOs Supervisors of respective Blocks/sectors has been with facilitators and us as resource Persons. The pre and post evaluation exercises were conducted during these trainings to assess their knowledge about the subject And Mop-up round before and after the training. The trainers kept their Focus on the issues related to their needs. This activities was conducted under 3 phases at the community level which Included:

- \*KAP/Situational Analysis
- \*Social mobilization activities
- \*Impact assessment

A KAP/ Situational Analysis was conducted with 1500 mothers, particularly 0-36 months children in 30 villages of 6 Blocks and 30 urban areas of district Dehradun by the team of MAMTA for a pre evaluation of the knowledge, attitude and practices (KAP); of the community already prevailing about routine immunization and Vitamin A administration. More than half of the mothers on which the survey was conducted were Unaware about importance of Vitamin A, its supplementation and another 23% mothers had no knowledge about the administration of 5 doses of Vitamin A especially in rural areas. Apart from lack of information and Knowledge about Vitamin A unavailability of Vitamin A syrup especially in Certain urban areas were revealed as major reasons for ineffective Immunization.

This KAP/Situational Analysis enabled MAMTA to figure out the key Issues prevailing in the community regarding which the information should be disseminated and KAP meetings organized. Following the analysis of This KAP/ Situational Analysis a checklist and a brief outline for the social Mobilization activities was prepared.

Social mobilization activities were undertaken from 19th May, 04 to 29th June 04 in the entire district with the help of Mamta team, ICDS workers, ANMs, volunteers & social groups. 30 village level meetings in 6 Blocks and 34 urban level meetings were conducted with mothers of children 0-36 months and local

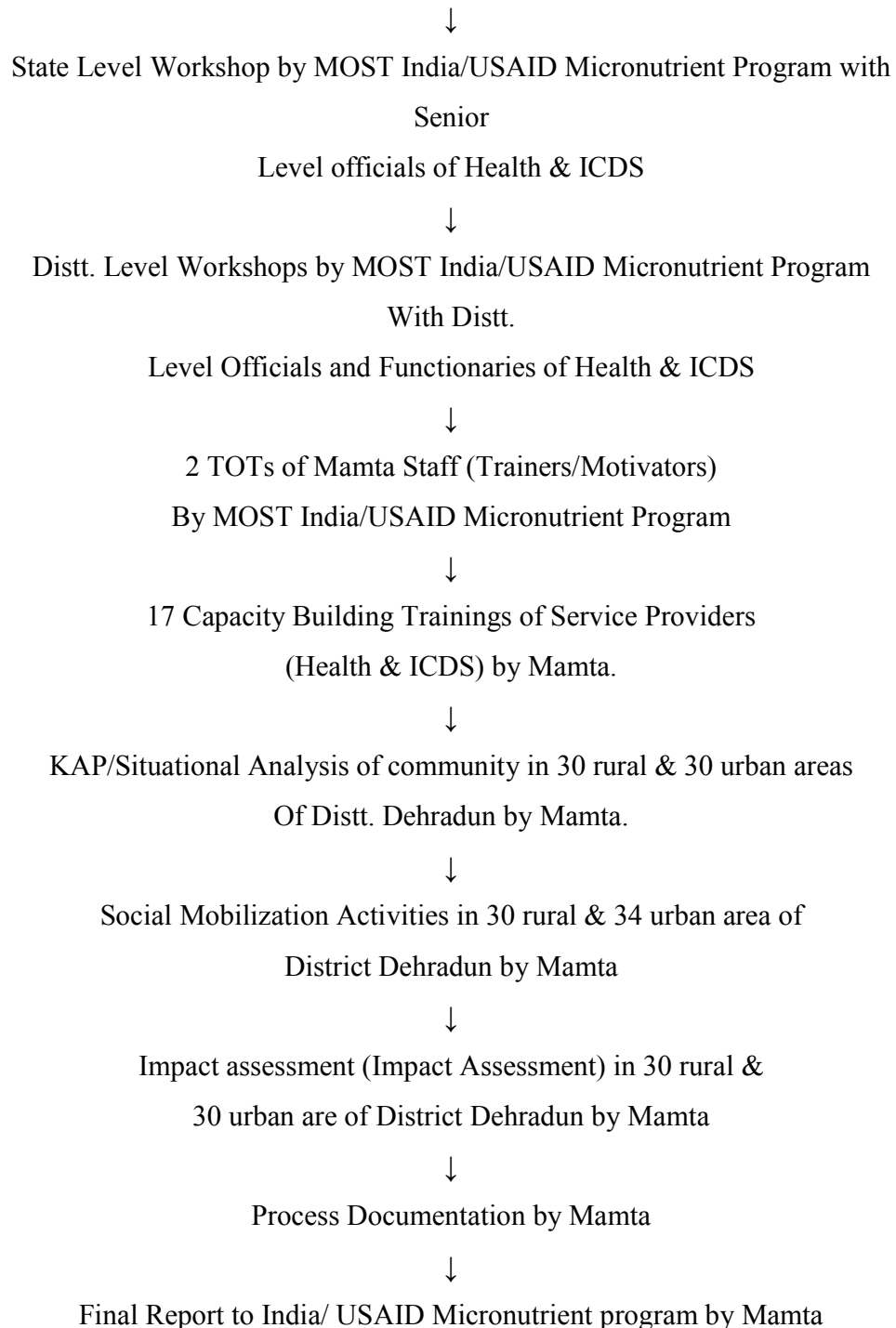
groups to sensitize them about importance of Vitamin A and give them information about Mop-up month.

Baseline information was shared with the community during village level Meetings and according to their felt needs they were informed about key Messages regarding primary health care including importance of routine Immunization and Vitamin A.

After having completed the social mobilization activities with the Beneficiaries at community level, an impact assessment was also conducted By MAMTA to assess the impact of the Vitamin A program and know the Status of KAP among the community about routine immunization and mop-up Month of Vitamin A. The result of the impact assessment showed that Almost 80% mothers in each village on which the end line was conducted had completed knowledge about immunization. The numbers of children who have taken the dose of Vitamin A before the mop up month of June was very low when compared to the no of children who were reported to have given Vitamin A dose during the mop up month. About 100% Vitamin 'A' Administration was also reported in certain areas during Mop-up round.

There was two levels of activities conducted for promotion of Vitamin 'A' Administration. First, capacity building trainings were conducted for service providers to strengthen their knowledge about issues and facilitate them to prepare their micro plan for conducting Vitamin A program in their Respective areas in the mop up month. Secondly, social mobilization drive was undertaken with the community at rural and urban level to create Awareness amongst them about routine immunization, Vitamin 'A' Administration and encouraging them to bring their children to their nearest Health center or Anganwadi center during Mop-up month.

## FLOW CHART FOR THE VITAMIN A ADMINISTRATION PROGRAM



## **CONCLUSION AND RECOMMENDATION**

Mamta in the district of Dehradun conducted capacity building trainings for service providers and social mobilization Activities for community, to promote Vitamin A administration program in the mop-up month i.e. June 04. These activities were conducted in association with the Health and ICDS department and supported by MOST India/ USAID Micronutrient Program. Mamta in a very short span of 45 days Implemented the program at all levels very effectively. There were two Levels of activities conducted for promotion of Vitamin A administration. First, capacity building trainings were conducted for service providers to strengthen their knowledge about key issue and facilitate them to prepare Their micro plans for conducting Vitamin A program in their respective areas In the mop up month. Secondly, social mobilization drive was undertaken with the community at rural and urban level to create awareness amongst them about routine immunization, Vitamin A administration and Encouraging them to bring their children to their nearest health center or Anganwadi center during Mop-up month. We have been successful at both Levels. Our achievements are highlighted in the following:

### **Our Achievements**

- 2 TOTs were conducted for Mamta trainers/motivators to develop their capacity as a trainer and conduct KAP/Situational Analysis.
- MAMTA conducted 17 capacity building trainings for the frontline functionaries of service providers like ANM, HV, PHN AND AWW for effective execution of Vitamin A administration program.
- Simultaneously the team of MAMTA in 30 villages and 30 urban areas to assess the knowledge, attitude and practice of the community regarding Vitamin 'A' supplementation, childcare and routine immunization conducted a KAP/Situational Analysis. A Questionnaire was developed in consultation with MOST India /USAID Micronutrient Program to conduct the KAP/Situational Analysis. Our team conducted the KAP Situational Analysis on Mothers of children between 0-36 months of age in about 1500 mothers including both villages and urban areas.
- The motivators of MAMTA organized 64 village & urban level meetings of social mobilization activities in the respective village and urban areas of district Dehradun.
- Impact assessment was also conducted in 30 villages and 30 urban areas to see the impact of the program.

- Impact assessment revealed that 1219 (81%) children of the mothers visited during KAP/Situational Analysis and participated in social mobilization activities have received Vitamin A dose during the Mop-up month.
- In spite of the constraint of time and large distances, the trainers and motivators at the respective areas organized scheduled trainings for the service providers and community meetings efficiently.

Though the results of the KAP/Situational analysis revealed poor Information about Vitamin A and low immunization of children, a definite Impact of the program was observed through the results of the Impact Assessment.

It was observed that the mothers were better informed about the 5 doses of Vitamin A and its importance as a micronutrient for their children. The Women also showed enthusiasm towards the coming mop-up month of Vitamin A and were willing to take their children to the respective ANM Center and AWC for Vitamin A dose administration. The no. of children Who received Vitamin A during the mop up month had increased to 81% From mere 61% during the KAP/Situational analysis. During these Meetings the problems of the community like unawareness about Vitamin A Unavailability of Vitamin A syrup and ANM or AWC situated at a large

Distances from the village were also encountered as the major hindrance to The complete immunization and Vitamin A supplementation program. At the Service provider level also issues like lack of knowledge, inability to correctly administer Vitamin A and unavailability of adequate stock were Observed. Hence, steps should be taken to put an end to these problems both At the service provider and at the community level for maximum coverage And better outreach among the community.

### **Constraints**

A part from this, even the team of MAMTA had certain constraints during the course of the program. The most important issue was that within a time Period of about 45 days, we had to conduct all the activities shown above which could have affected the participation of the community.

- Initially, the data obtained from the KAP/Situational Analysis of the 1500 households had to be analyzed at the office of MAMTA on the basis of which the village meeting of the community women with the motivators.

- If sufficient time would have been given, the motivators could have interacted with the women of the community prior to the meetings and inform them beforehand about the time and venue of meeting that could have resulted in increased participation from the community. However, since enough time was not available to inform the mothers prior about the meeting, the team went directly to the villages or urban areas and gathered the women from mothers on whom the baseline was conducted and other community women resulted in delay in the meetings.
- Also, the Impact assessment for the program was conducted within a short time after the program was completed. Hence, a relatively small period was given for assessing the level of knowledge and the change in the behavioral practice of the community which could have otherwise resulted in much better results than now.

## **Recommendations**

**Recommendations** for the Forthcoming program:

- From the constraints faced during the organization of this program we recommend that large-scale program should be well planned in advance. Like the organization and planning of the coming Mop-up month in December 04 should be initiated well 3 months in advance.
- A follow up the program for 2 weeks should be continued to know the number the children left out during the program because they were not in the village during that time of the program or they were sick at the time of the program or unaware. The follow up period will also give time for interpersonal counseling with individual mothers on the importance of Vitamin 'A' and the administration of 5 doses of Vitamin 'A'.
- There should be a prior notification to the community members about the date and venue of Vitamin A administration during the mop up month. For this purpose ANM center or AWC notice boards can also be used for delivering information regarding the mop-up month. The venue and time of administration should be convenient for the mothers to bring their Children for supplementation.
- Micro plan of the ANM and AWW should be chalked out well in advance with the list of children and supply of Vitamin A syrup for early



procurement if the supply is not enough so as to effectively administer Vitamin A program.

- For a wide coverage and better outreach to the interiors there should be an attempt to use different publicity methods like-banners, posters, school rallies etc. Self composed songs on Vitamin A and immunization can be taught to village women or children for widespread of message and small nukkad naatak (role play) can also be organized in the villages and slumps. Apart from this distribution of IEC material to the trainees and motivators for illustrative display of message should also be followed.
- Various channels for good communication and promotion of the message should be effectively tapped. Government departments like the field publicity department, song and drama division and district health information education officer responsible for such activities should take an initiative towards this cause.
- Strengthening of local groups like self help groups, Panchayat, youth, TB as can be brought about for dissemination of information among the Community and used as community mobilizers.

**List of Service Providers trained  
During  
Capacity Building Trainings**

S.N.	Date	Place	No. Of Participants			No. Of Trainers, resource Persons, Guests	Total
			ANM, PHN	HV,	AWWs, Helpers		
1.	21.05.04	P.H.C. Sahia, Block Kalsi	7		27	11	45
2.	21.05.04	Block Meeting Hall, Kalsi	11		46	10	67
3.	21.05.04	P.H.C. Tyuni, Chakrata	3		12	9	23
4.	21.05.04	Block Meeting Hall, Chakrata	13		23	12	48
5.	10.06.04	Block Meeting Hall, Sahaspur	8		41	11	60
6.	10.06.04	PHC, Sahaspur	8		19	9	36
7.	10.06.04	Block Meeting Hall, Vikasnagar	7		36	10	53
8.	11.06.04	Vikasnagar Block.	7		40	9	66

9.	11.06.04	P.H.C. Prem Nagar	23		53	8	84
10	15.06.04	Block Meeting Hall, Doiwala	14		32	11	57
11.	15.06.04	PPC, Hakikatrainingar	21		37	14	74
12.	17.06.04	ICDS City, D.Dun.	*		28	14	42
13.	17.06.04	P.H.C. Raipur	20		48	15	83

14.	17.06.04	P.P.C, Women Hospital Hakikatainagar D.Dun.	21	29	12	62
15.	18.06.04	P.H.C. Menhuwala	7	28	10	45
16.	18.06.04	A.P.H.C. Chhidarwala, Diowala	8	18	15	40
17.	18.06.04	Milan Kendra Thanu, Raipur	9	21	9	39
<b>Grand Total</b>			<b>197</b>	<b>532</b>	<b>182</b>	<b>911</b>

### **List of Participants Participated in Social Mobilization Activities**

<b>S.N.</b>	<b>Date</b>	<b>Venue</b>	<b>No. Of participants</b>
1.	19.06.04	Madrasi colony, D.Dun	37
2.	19.06.04	AWC, Dhakra, Chakrata	29
3.	19.06.04	Sapera Basti, D.Dun.	35
4.	20.06.04	Amarnath Colony, Race Course, Nai Basti D.Dun.	33
5.	20.06.04	Panchayat Bhawan, Sujau, Chakrata	21
6.	20.06.04	Panchayat Bhawan, Patel Nagar, D.Dun.	38
7.	20.06.04	AWC, Adhoiwala, D.Dun.	27
8.	20.06.04	Dharkot, Raipur	29
9.	21.06.04	Barotiwala, Vikasnagar	35
10.	21.06.04	Kunjagrang, Vikasnagar	44
11.	21.06.04	AWC, Mohna, Chakrata	23
12.	21.06.04	Shiva Mandi, Jatia Mohalla, D.Dun.	43
13.	21.06.04	AWC, Rajeev Nagar, Rispana	35
14.	21.06.04	AWC, Baderna, Raipur	30
15.	21.06.04	AWC, Chander Road, D.Dun.	29

16.	21.06.04	Sainj, Kalsi	18
17.	22.06.04	Indira Colony, D.Dun.	42
18.	22.06.04	Nawabgarh, Vikasnagar	27
19.	22.06.04	AWC, Timli, Vikasnagar	24
20.	22.06.04	Dharamshala, Indresh Nagar D.Dun.	36
21.	22.06.04	AWC, Chidiamandi, D.Dun.	33
22.	22.06.04	AWC, Aryanagar, D.Dun.	25
23.	22.06.04	AWC, Samalta, Kalsi	24
24.	23.06.04	Chukhuwala, Nai Basti.	34

25	23.06.04	ANM, center Dhakrani, Vikasnagar	28
26.	23.06.04	AWC, Sanjay Colony, D.Dun.	32
27.	23.06.04	AWC, Lakhi bagh, D.Dun.	30
28.	23.06.04	Bhagwanpur, Raipur	36
29.	23.06.04	AWC, Pathripur, D.Dun.	29
30.	23.06.04	Badrinath colony, D.Dun.	36.
31.	23.06.04	Panchayat Bhawan, Kotha, Tarali, Kalsi	23
32.	23.06.04	AWC, Badasi, Raipur	34
33.	24.06.04	AWC, Dhaki, Sahaspur	43
34.	24.06.04	Govt. school, Puran Basti, D.Dun.	40
35.	24.06.04	AWC, Rishi Nagar, D.Dun.	33
36.	24.06.04	AWC, Ahir Mandi, D.Dun.	26
37.	24.06.04	AWC, Tipau, Kalsi	36
38.	24.06.04	Panchayat ghar, Lohari, Chakrata	39
39.	24.06.04	Ritha Mandi, Muslim Colony, D.Dun.	36
40.	25.06.04	Shankarpur, Sahaspur	23
41.	25.06.04	AWC, Azad Nagar, D.Dun.	34
42.	25.06.04	Ambedkar Colony, D.Dun.	37
43.	25.06.04	AWC, Maldevta, Raipur	29
44.	25.06.04	Sayed Mohalla, D.Dun.	36

45.	25.06.04	AWC, Desau, Kalsi	30
46.	25.06.04	AWC, Jadhi, Chakrata	35
47.	25.06.04	AWC, Bhagt Singh Colony, D.Dun	36
48.	25.06.04	AWC, Shivpuri, D.Dun	36
49.	26.06.04	AWC, Redapur, Sahaspur	36
50.	26.06.04	Nalapani, D.Dun	35
51.	26.06.04	AWC, Teliwala, D.Dun	50
52.	26.06.04	Govindgarh Azad Colony, D.Dun	30
53.	26.06.04	Comet Bulb Factory, D.Dun.	40

54.	27.06.04	AWC, Gandhi Gram, D.Dun.	35
55.	27.06.04	AWC, Kudkawala, Doiwala	45
56.	27.06.04	Panchayat Bhawan, Nathuwala, D.Dun.	40
57.	28.06.04	AWC, Harawala, D.Dun.	51
58.	28.06.04	Shiva Mandir, Resham Majri, D.Dun.	45
59.	28.06.04	Jamanpur, Sahaspur	27
60.	29.06.04	AWC, Laxmipur/Chanchak, Sahaspur	34
61.	29.06.04	Valmikinagar, Railway Road, Rishikesh	33
62.	29.06.04	Chandrashekhar Nagar, Rishikesh	63
63.	29.06.04	Habib Building, Bye Pass Road, Clock Tower, Mussoorie	37
64.	29.06.04	Rajmandi, Mussoorie	37
		<b>Total</b>	<b>2168</b>

\*Complete female participation in the meeting.

## Mamta Team: List of Trainers/ Motivators & volunteers

S.N.	Name of trainer/motivator	Role	Area
1.	J.M. Singh	Team Leader	Rural
2.	Ms. Beena Walia	Team Leader	Urban
3.	Mr. Dhiraj Shankhwar	Trainer	Rural/Urban
4.	Ms. Pushpa Rani	Trainer supervisor ICDS	Rural/Urban
5.	Mr. Om Prakash	Trainer	Rural
6.	Mr. Ravi Vyas	Trainer	Rural
7.	Mr. Gyan Singh	Motivator	Raipur/Doiwala
8.	Mr. Roshan Dabral	Motivator	Chakrata/Doiwala
9.	Ms. Anita Bhandari	Motivator	Chakrata
10.	Ms. Mujahid	Motivator	Sahaspur
11.	Ms. Sudesh Gupta	Motivator	Sahaspur
12.	Ms. Pushpa	Motivator	Vikasnagar / Sahaspur
13.	Ms. Radha Gupta	Motivator	Vikasnagar/Sahaspur
14.	Ms. Sona Devi	Motivator	Kalsi
15.	Ms. Archana Joshi	Motivator	Kalsi
16.	Ms. Reena	Motivator	Kalsi
17.	Mr. Ajay Jairwan	Motivator	Urban
18.	Mr. Kaushal	Motivator	Urban
19.	Ms. Indu Ahuja	Motivator	Urban
20.	Ms. Archana	Motivator	Urban

21.	Ms. Geeta Rani	Motivator	Urban
22.	Ms. Priyanka	Motivator	Urban
23.	Ms. Nirmala Sharma	Motivator	Urban

24.	Ms. Akansha	Motivator	Urban
25.	Ms. Sadhana Sharma	Supervisor ICDS	Documentation
26.	Ms. Sushma Kothari	Supervisor ICDS	Documentation
27.	Ms. Seema Arya	Supervisor ICDS	Documentation
28.	Ms. Indra Shah	Supervisor ICDS	Documentation
29.	Ms. Manjeshwari Rawat	Supervisor ICDS	Documentation
30.	Ms. Nirmala Bahuguna	Supervisor ICDS	Documentation
31.	Ms. Payal Gupta	Documentation	Final Report
32.	Ms. Puja Choudhary	Computer Work	Final Report

### **Project on Uttaranchal Community Health Initiatives with ACTION AID**

Mamta initiated a project with ActionAid in 50 villages of one tribal block Kalsi of district Dehradun on various component of RCH.

### **UCHI: RESPONSE AND INTERVENTION**

Uttaranchal faces the usual problems to health as in any part of India but due to added dynamics of geographical isolation and cultural aspects they become adversely affecting issues. Our strategies to address these issues were based on case studies from region for specific understanding and initiatives. The response and intervention concentrate at three levels, namely, community (micro) level, meso level and micro level.

### **COMMUNITY LEVEL:**

#### **1. AROGYA JATHA (Health Awareness Troupe)**

This was an entry point activity where in cultural troupes were taking up social mobilization and environment-building campaign in the villages by putting up dramatic presentation of health based issue, highlighting health problems at community level or distortions at health service delivery level.

*Arogya Jatha*, further encouraged the local individuals to join the village based programme also. These were contributing to environment building for the more focused community level health interventions. This was simultaneously laying the foundation for selection and promoting a community health volunteer in the village.

## **2. AROGYA SAKSHI(Women Health Volunteer):**

The social mobilization in each village was followed by 3-4 community level meetings wherein focused discussions were taken up on health issues, problems at village level. The community level interactions help in identifying the community health volunteer, Arogya Sakhi, for each village & hamlet who understands the issue and volunteer to take up as health volunteer at community level.

### **The role of Sakhi at village level was following:**

- ❑ Provide basic health awareness among the community.
- ❑ Collect information about health issue of the community
- ❑ Ensure better utilization of existing public health care services.
- ❑ Promote community initiatives with respect to healthcare
- ❑ Provide immediate relief to common health problems at the hamlet level and help the community avoid needless, expensive, often hazardous care and reduce health complications.
- ❑ Organize community, especially women and other weaker sections on health care issues
- ❑ Sensitize Panchayats committees for taking health as one of the major concern in their action plan.

### **THRUST ON TRADITIONAL BIRTH ATTENDANTS (TBAs):**

Similarly, TBAs were identified as Sakhi, for further training so as to tackle the RCH related issues at the hamlet level. TBAs play a role of catalytic in RCH as their knowledge is based upon years of experience and traditional practices.

The role of TBAs is quite significant in Uttaranchal since 46%of the births are assisted by them (Source: National Family Health Survey 1998-99). Percentage of births whose mothers were assisted at delivery by a doctor is 24.8% whereas by ANM/ Nurses/ Midwives is 9.8%.



We conducted few case studies with local TBAs to understand their current level of skill and experience in order to use their strength and rectify their weakness if any. We provided them trainings on various RCH components including observing 5 clean during conducting deliveries. We also encourage them to refer pregnant mothers for institutional delivery to their nearby health centre.

### 3. AROGYA KOSH(Health Revolving Fund)

Thousands of women groups have been formed not only in Uttranchal but across the country that have fair amount of Revolving fund which is understandably not being used to its fullest. The concept of Arogya Kosh (Health Revolving Fund) was infused in already formed women groups where some amount of revolving fund was earmarked specifically for health expenditure.

The non-health seeking behavior due to financial crunch and probable were focused through these funds. Arogya Kosh initiated the practice of taking health needs as one of the priorities and utilizing the already existing revolving funds for such consumption purposes.

#### Status of Health Revolving Fund in Block - Kalsi

S. No.	Name of the Kosh	Total Member in the Kosh	Saving per month & per member	Total seeking	Total family benefited by Kosh
1	Farsu Ram S.H.G.	18	20/-	8,840/-	18
2	Sivajee S.H.G. khairwa	15	20/-	16,000/-	15
3	Mahila Mangal Dal Khairwa	10	50/-	6,000/-	10
4	Akta S.H.g. Dimou	12	50/-	14,400/-	12
5	Surat S.H.G. Dimau	10	50/-	15,000/-	10
6	Nav Yuwak S.H.G. Tipou	20	20/-	9,600/-	20
7	Luxmi S.H.G. Koh	15	20/-	30,000/-	15
8	Ojjawal S.H.G. Samalla	10	20/-	4,800/-	10
9	Mayur S.H.G. Jhusan Bhakrow	10	20/-	8,000/-	10
10	Jasabe S.H.G. Kuroli	10	50/-	12,500/-	20
11	Pargati Kishan S.H.G.	8	20/-	4,240/-	8

12	Luxmi S.H.G. Tarli	12	20/-	6,500/-	12
13	Kati S.H.G. Kati ichhachi	15	50/-	36,750/-	15
14	Jai Durga S.H.G. Sctiya	10	50/-	25,00/-	10

#### □ AROGYA AUDIT

Health is a state subject and we believe in holding the state accountable if health services are not reaching to the most marginalized communities, as promised. The main concern for creating Uttaranchal state was inaccessibility of government services to the mountainous villages and people in Lucknow (the state capital of UP) couldn't after 3 years of creation of Uttaranchal the situation in the villages has not changed and indicates us to work on policy advocacy and remind the government about their prior commitments.

The advocacy programme of Mamta started right from a far off village and straight went up to state level. The state level advocacy was taken up by the resource center and at the village level the community was capacitated and prepared, initially by Mamta, in conducting an "audit" of healthcare services. These Arogya Audit not only evaluated the services available at the village level for the village-specific common diseases but also made the health staff accountable. During audit it was ensured that the PRI members, local health functionaries, community and NGO persons participate.

#### POLICY ADVOCACY:

At UCHI we aimed to go beyond the issues and looked at the complete spectrum of policies, procedures, strategies, practices, provider capacity, quality of services, etc. from marginalized community's perception.

Fixed day immunization: every Wednesday at the Sub-Centre and every Saturday in other villages; on Monday also if necessary (i.e. if there are more than 4 villages under the Sub-Centre). All outreach sessions will be held at the Anganwadi or (if there is no Anganwadi) school or Panchayat Bhawan. Joint home visits by the ANM and Anganwadi worker (AWW) after the outreach session.

Fixed day joint reviews: third Friday at PHC (both block PHC as well as additional PHC- each to be responsible for an identified set of sub-centers), fourth Friday at the block level and first Monday at the district level.

### **Trainings of ICDS Frontline Functionaries at Mamta's Training Centre**

Mamta is running a Aganwadi Workers Training Centre at Village Paundha in Dehradun with the support of ICDS, Women & Child Development department. We conduct various courses throughout the year for Aganwadi workers and their helpers from different part of Uttaranchal.

#### **52 Days Job Training Conducted during in 2004-05**

<b>S. No.</b>	<b>Date</b>	<b>Name of Training</b>	<b>Block</b>	<b>No. of People attended program</b>
1	10-03-04 to 30-04-04	52 days training program of Aaganwadi Workers.	Doiwala	35
2	05-05-04 to 27-06-04	52 days training program of Aaganwadi Workers.	Sahaspur, Raipur, Chakrata, Doiwala	32
3	09-08-04 to 29-09-04	52 days training program of Aaganwadi Workers.	Uttarkashi, Khatima	30
			Total	97

#### **Refresher Courses conducted for the ICDS workers**

<b>S. No.</b>	<b>Date</b>	<b>Name of Training</b>	<b>Block</b>	<b>No. of People attended program</b>
1	21-07-04 to 04-08-04	15 days refresher course for workers	Chakrata, Kalsi	49
2	18-10-04 to 01-11-04	15 days refresher course for workers	Vikasnagar	3
3	01-12-04 to 15-12-04	15 days refresher course for workers	Doiwala	43

4	17-01-05 to 31-01-05	15 days refresher course for workers	Sahaspur	26
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### **Refresher Course for ICDS Helpers**

S. No.	Date	Name of Training	Block	No. of People attended program
1	05-07-04 to 11-07-04	Refresher Course of helpers.	Sahaspur, Chakrata, Kalsi	50
2	18-10-04 to 01-11-04	Refresher Course of helpers.	Sahaspur	51
3	01-12-04 to 15-12-04	Refresher Course of helpers.	Sahaspur	41
			Total	142

### **Training of Arogya Sakhis (Female Health volunteers)**

S. No.	Venue	Dates	Participates
1	AWTC Pondtha	9-10 March'04	40
2	AWTC Vikasnagar	2-3 Sep.' 04	35

## **REPRODUCTIVE CHILD HEALTH PROGRAM**

The government officials, community leaders and community at large have known Mamta Samajik Sanstha as a health oriented organization. We have been getting lot of demands from our partners like local NGOs' Distt. & Block Officials and community leaders to start health programs in rural and urban areas of Haridwar as health indicators of distt. Haridwar shows very bad condition of health services in comparison to other districts of Utranchal. Keeping in mind the above status and demands, Mamta decided to undertake health activities in rural and urban area of Haridwar more frequently.

Mamta is having a field office in Laksar since April 03. Further we decided to have our field office in Haridwar so that we can expand our activities in the whole district covering rural and urban area. We started our field office in Haridwar since June 04 and initially started our activities in our projects villages at Laksar block and 5 urban slums of Haridwar. We conducted village and slum

level meetings with mother and children to understand their health problems and give them knowledge about RCH through Flash Cards and posters about care of pregnant, breastfeeding and child immunization against 6 killer diseases. We have taken weight of mothers and children to know whether they are healthy or malnourished. If they are malnourished we taught them as how to feed their children so that their child may come out of malnutrition. We have also conducted meetings with couples to advise them about small family norms and guide them to use appropriate family planning methods. We also encouraged institutional delivery, hence promoted linkages between community and service providers i.e. ANM and Anganwadi workers to increase service delivery at community level. We also told them about common diseases with more focus on TB and HIV/AIDS.

We have observed world Breastfeeding Week from 1-7 August 2004 in Haridwar district. We have conducted awareness programs with the community in rural and urban area of Haridwar. Simultaneously conducted one-day trainings for Anganwadi workers at AWTC, Kankhal and Jwalapur to train AWWs from 6 blocks of Haridwar. Chief Medical Officer, Haridwar, Dr. A.K. Sharma, Haridwar, DPO, CDPO, Supervisors, ICDS, principals, Instructors, AWTC have been with us in these trainings as Resource Persons.

The objectives of these trainings and awareness drive were to educate people about the following:

- The importance of early & exclusive Breast Feeding and colostrums.
- What is proper and complete breast-feeding?
- The relationship between breast-feeding and health of infant.
- Complementary feeding after child 6 months.
- Role of mother and family in ensuring complete breast-feeding.
- Advantage for mother to breast-feed her child
- Comparison between mother's milk and top milk (Advantage of mother's milk for mother and child and disadvantage and adverse effect of top milk like bottle feeding).

## **Activities undertaken in the year 2004-2005**

### **Awareness Camps on Reproductive child Health**

Mamta Samajik Sanstha through its field office, Haridwar has undertaken a special drive on Reproductive child Health in urban areas of Haridwar and rural areas of Laksar block, Haridwar to create awareness among the community about Reproductive child health, particularly among women of reproductive age and adolescent girls. There were different kinds of activities like Mothers meeting, Adolescent girls Meeting, Baby show, School health program, health check up etc. conducted with the help of health & ICDS Deptts., particularly with the help of ANM, CDPO, Supervisors, AWWs, & helpers of ICDS. Mamta Team used Flash card, Posters, Leaflets, handbills on various components of health, Nutrition & RCH to educate the people. Mamta also put up exhibition and displayed IEC material during these programmes to make people understand the various aspects of health care. Following topics were covered during RCH Camps: -

- Care of Pregnant and lactating Mothers
- Importance of 5 clean at the time of delivery
- Importance of Breast feeding and care of New born
- Importance of immunization including pulse polio and Vitamin - supplementation.
- Care of Anaemic Mothers & Adolescent girls. '
- Care of Anaemic Mothers & Adolescent girls.
- Care of undernourished children
- Growth Monitoring of children under the age of 5 years.
- Importance of small family norms & various methods of family welfare, contraceptives etc.
- Knowledge about Nutrition, Micro-nutrients i.e. Iron, Vitamin-A, IDD.
- Control and treatment of childhood diseases like Diarrhea, Pneumonia and measles etc.
- Knowledge about STD, AIDS, T.B., etc.
- Health & Nutrition of Adolescent girls.

**The RCH camps were conducted at the following places: \_**

<b>S.No.</b>	<b>Date</b>	<b>Place</b>	<b>Participats</b>
1	8-8-2004	Vishnu Thapa House, Rajiv Nagar, Haridwar	17
2	8-8-2004	Lal Mandir Jwalapur, Haridwar	27
3	10-08-2004	Aaganwadi Centre Bakerpur, Laksar, Haridwar	24
4	11-08-2004	Aaganwadi Centre Bhogpur, Laksar, Haridwar	62
5	12-08-2004	Aaganwadi Centre Sultanpur, Laksar, Haridwar	43
6	24-08-2004	Vishwa Bharti Public School Jwalapur, Haridwar	31
7	25-08-2004	Ramnagar Mohalla Sultanpur, Laksar, Haridwar	46
8	27-08-2004	Health (RCH) Mela Sultanpur, Laksar, Haridwar	121
9	01-12-2004	Vishwa Bharti Public School Lal Mandir, Jwalapur, Haridwar	20
10	05-08-2005	Sonia Basti, Haridwar	40

**RCH Health Checkup Camp at Ramnagar, Sultanpur,  
Laksar block, Haridwar**

A RCH health Checkup Camp was organized on 27-08-2004 by Mamta field office, Haridwar at village Ramnagar, Sultanpur, Laksar, Haridwar with the help of local village leader (Pradhan) health and ICDS workers. All together 114 women and adolescent girls from the surrounding villages got benefit from the camp.

Beside Mamta team, Chief Coordinator Beena Walia, Lab Technical, Hemat, Field coordinator, Gyan Singh, health & ICDS team participated as resource team. Local Aaganwadi workers, ANM, ICDS Supervisor & CDPO, Laksar, Ms. Asha Tripathi was present throughout the camp.

Following activities were conducted during the camp:

- Health checkup of Pregnant, Lactating Mothers, Adolescent Girls
- T.T. Immunization and Hemoglobin (Anaemia) Test of Pregnant Mothers & Adolescent girls.

- Distribution of IFA Tablets & De- worming tablets
- Talk on health, RCH & Nutrition By Mamta team, Health & ICDS workers.
- Exhibition on health, RCH, Nutrition, STD, AIDS, T.B., common diseases.
- Growth Monitoring & weighting of children and mothers.
- Salt testing for Iodine content by salt testing kit.
- Distribution of IEC material.
- Healthy mother & child competition

### **Observed Breast Feeding week in Haridwar**

An early and exclusive breast-feeding is very essential for the life of an infant baby and it's a right of every child to have mother's milk. Many mothers are not aware as how important breast-feeding is for their infants and for themselves as well. Working women and modern mothers don't feed their children due to various reasons and their own logics.

In view of the above fact, world breast feeding week is observed every year from 1-7 August worldwide to create awareness among the people about importance of Breast-feeding, particularly among lactating and pregnant mothers.

Mamta Samajik Sanstha also observed breast-feeding week in various places of Haridwar, Dehradun, Chamoli and Saharanpur to mark the occasion. Mamta field office, Haridwar conducted a programme on Breast Feeding at Sonia Basti, Haridwar on 5th August 2005 with the help of Aaganwadi Training centre, Kankhal, Haridwar.

There were all together 40 participants in the program from Sonia Basti Aaganwadi workers from surrounding colonies, Staff of A.W.T.C. and Mamta team i.e. Chief coordinator, Beena Walia, Instructors, Bimla Rawat, Kiran and Principal of A.W.T.C. Anita Sharma.

Mamta Team had discussion with the Participants about the importance of Breast-feeding. They told that exclusive and early breast-feeding is important for a child upto 6 months. Exclusive means only mother's milk, No top milk, water or honey. Early means as early as possible after the birth of an infant, preferably within one hour. Colostrums feeding is must for a baby. It is a first natural immunization for a child, which develops immunity to fight against early childhood diseases.



A healthy baby competition was also conducted to encourage mothers to breast-feed their children. Also health exhibition was put up & IEC material distributed to inform mothers about better childcare.

It was also taught to the mothers that after six months, mother's milk is not enough for the growing child. Hence, complementary feeding has to be started on completion of six months of the child. Further, it was taught that regular growth monitoring should be done by taking child weight at the Aaganwadi Centre every month. Growth monitoring may help mother to see the progress of her child's health.

### **Polio Community Mobilizers Training in U.P.**

CORE organization assigned us the responsibility to provide training to their Polio community mobilizers in various districts of U.P. We conducted these trainings through our Master trainers to motivate and guide these mobilizers as how to provide quality services to eradicate polio from their respective areas.

#### **Training for CMC**

<b>S. No.</b>	<b>Block</b>	<b>Dates</b>	<b>Trainers</b>
1	Mirzapur	15-05- 2004	Mr. Ravi Vyas
2	Jaitipur	16-05- 2004	Mr. J.M. Singh
3	P.H.C. Banda	17-05- 2004	Miss. Beena Walia

#### **Training for CMC**

<b>S. No.</b>	<b>Block</b>	<b>Dates</b>	<b>Trainers</b>
1	Mirzapur	20-21 June 2004	Mr. Dheeraj
2	Kalan	20-21 June 2004	Mr. J.M. Singh
3	Urban (Saharanpur)	20-21 June 2004	Miss. Beena Walia
4	Jaitipur	22-23 June 2004	Mr. J. M. Singh
5	Banda	22-23 June 2004	Mr. Dheeraj
6	Furkaji	23-24 June 2004	Miss. Beena Walia
7	Khutar	24-25 June 2004	Mr. Dheeraj
8	un	25-26 June 2004	Mr. J. M. Singh

### **One day training Program on Polio eradication**

<b>S. No.</b>	<b>Venue</b>	<b>Date</b>	<b>Support organization</b>	<b>No. Of Participants</b>	<b>Trainers</b>
1	Khutar, Sahjanpur	15 May' 2004	Manav Seva Sansthan Adra India	16	Mr. Dheeraj
2	Kalan, Sahjanpur	16 May' 2004	Manav Seva Sansthan, Adra India.	16	Mr. Dheeraj
3	Dadri, Ghaziabad	17 May' 2004	C.I.H.D. Ghaziabad	15	Mr. Dheeraj
4	Bisrakh, Ghaziabad	18 May' 2004	C.I.H.D. Ghaziabad	13	Mr. Dheeraj
			<b>Total</b>	<b>60</b>	

### **Polio Programe in City Slums of Saharanpur**

Mamta with the support of World Vision India undertaken Pulse Polio drive in 40 city slums of Saharanpur. We appointed one community mobilizer in each slum to undertake various activities on Polio. Our mobilizers conducted activities like meetings with religious priests, parents of children, taken out polio rallies before every round of polio day. They put up polio booth in their respective slums with the help of local volunteers each time of polio day followed by house to house visit to ensure 100% coverage.

#### **Polio Panch Sammelan**

##### **Hotel President Saharanpur**

The polio Panch Samelan program was organized in Hotel President, clock tower, Saharanpur. The program was organized by Mamta Samajik Sanstha to encourage community leaders, religious leaders and other stakeholders to provide their support for polio programme in their respective area. D.M., CMO and all district level officials were present in the programme and they all requested the support of local leaders for polio programme.

Beside this we have conducted Mother in laws and daughter in laws meetings, Sanitation drive, ORS demonstration in these slums throughout the year to encourage people to have clean environment which will also prevent polio virus.

**Polio Mother & Daughter in laws Meetings Oct,04 in slums of Saharanpur(U.P.)**

<b>S.N.</b>	<b>Activities</b>	<b>Date</b>	<b>Time</b>	<b>Area</b>	<b>Name of CMC</b>	<b>No.of Participants</b>
1-	In laws Meeting	22-10-04	10:00 AM	JaffarNaurg	Muskan	35
2	In laws Meeting	23-10-04	11:00 AM	Aziz Colony	Khushm	22
3	In laws Meeting	25-10-04	11:00 AM	Suraj Nagar	Nazia	40
4	In laws Meeting	26-10-04	12:00 AM	Hayat colony	Shaheen	20
5	In laws Meeting	29-10-04	10:00 AM	Chaverbajdara	Tabbasum	18

**Polio Women Meetings in slums of Saharanpur(U.P)**

<b>S.N.</b>	<b>Activities</b>	<b>Date</b>	<b>Time</b>	<b>Area</b>	<b>Name of CMC</b>	<b>No.of Participants</b>
1	Women Meeting	22-10-04	12:00 AM	Aziz Colony	Khushm	40

2	Women Meeting	23-10-04	12:00 AM	JaffarNaurg	Muskan	38
3	Women Meeting	24-10-04	10:00 AM	Hayat colony	Shaheen	25
4	Women Meeting	25-10-04	12:00 AM	Suraj Nagar	Shaheen	30
5	Women Meeting	30-10-04	11:00 AM	Chaverbajdara	Tabbasum	22

### **Polio Flag Rally- Oct.04 in Slums of Saharanpur(U.P)**

S. N.	Name of Activity	Dated	Time	Area & place	Name of C.M.C.	No. of Participate
1	Flag Rally	9-10-04	9 AM- 11 AM	Nehru Market to Jafar Nawaj	Muskhan	150
2	Flag Rally	9-10-04	11 AM- 12 AM	Islamabad	Reshura	100
3	Flag Rally	9-10-04	12 AM- 1 PM	Hakawshah colony	Shahidor	150

### **Polio IEC Activities in Slums of Saharanpur - Oct.04**

S. N.	Name of Activity	Dated	Time	Area & place
1	Publicity through loud speaker	9-10-04	9 AM- 5 PM	Nehru Market Chavarboadon , Eketa colony Jaffar nawaj Sanadar, Islamabad, Sinaj Colony jain coly, Hyat colony
2	Publicity though loud speaker	10-10- 04	9 AM- 2 PM	Nai Basti, Hussain Basti, Suraj vihar, Habin garh, Aziz colony, Moh. Ali

### Polio Flag Rally- Oct.04

S. N.	Name of Activity	Dated	Time	Area & place	Name of C.M.C.	No. of Participate
1	Flag Rally	19-11-04	11 AM- 2 PM	Khamlarui Pura, qila nawab ganj, Samder, nai basti hussain basti	10 CMC	500
2	Flag Rally	20-11-04	11AM-2 PM	H.R.Area	10 CMC	500
3	Flag Rally	20-11-04	3:30 PM	CMO office	20 CMC Madan	500

### Polio IEC Activies in Slums of Saharanpur - Oct.04

S. N.	Name of Activity	Dated	Time	Area & place
1	Publicity through loud speaker	19-11- 04	9 AM- 5 PM	H.R. Area, CMC
2	Publicity though loud speaker	20-11- 04	9 AM- 5 PM	H.R.Area, CMC
3	Publicity though loud speaker	21-11- 04	9 AM- 5 PM	CMC Area

### Sanitation Drive - Octo. 04

S. N.	Name of Activity	Dated	Time	Area & place	Name of C.M.C.	No. of Participate
1	Sanitation Drive	27-10- 04	10 AM- 2 PM	Qila Nawab Ganj	Muskhan	
2	Sanitation Drive	31-10- 04	10 AM - 1 AM	Moh. Ali	Reshura	

### Video Shows on Polio and Sanitation in Slums of Saharanpur-Nov. 04

S. N.	Name of Activity	Dated	Time	Area & place	Name of C.M.C.	No. of Participate
1	Video Show	1-11-04	7 PM	Mahipura	Showsheed Ali	80
2	Video Show	2-11-04	10 AM	Islamabad	Reshura	35

### O.R.S. Demonstration in slums of Saharanpur Oct- 04

S. N.	Name of Activity	Dated	Time	Area & place	Name of C.M.C.	No. of Participate
1	O.R.S.	28-10-04	10 AM	Suraj Vihar	Nagira	40
2	O.R.S.	28-10-04	12 AM - 2 PM	Habib colony	Arsiajea	45
3	O.R.S.	30-10-04	11 Am-2 PM	Habib colony, Akta colony, Hakinshah colony	Shahida	55
4	O.R.S.	29-10-04	11 AM- 2PM	Hakmi Shah colony		

### O.R.S. Demonstration in Slums of Saharanpur- Nov.04

S. N.	Name of Activity	Dated	Time	Area & place	Name of C.M.C.	No. of Participate
1	O.R.S.	4-11-04	11 AM- 1 PM	Hussain basti	Rehuua	30
2	O.R.S.	4-11-04	1 PM	Nai Basti	Asha Puri	60
3	O.R.S.	6-11-04	11 AM	Aziz Colony	Khushum	55
4	R.C.H. Camp	11-11-04	11 Am	Gatashah	Frach	40

