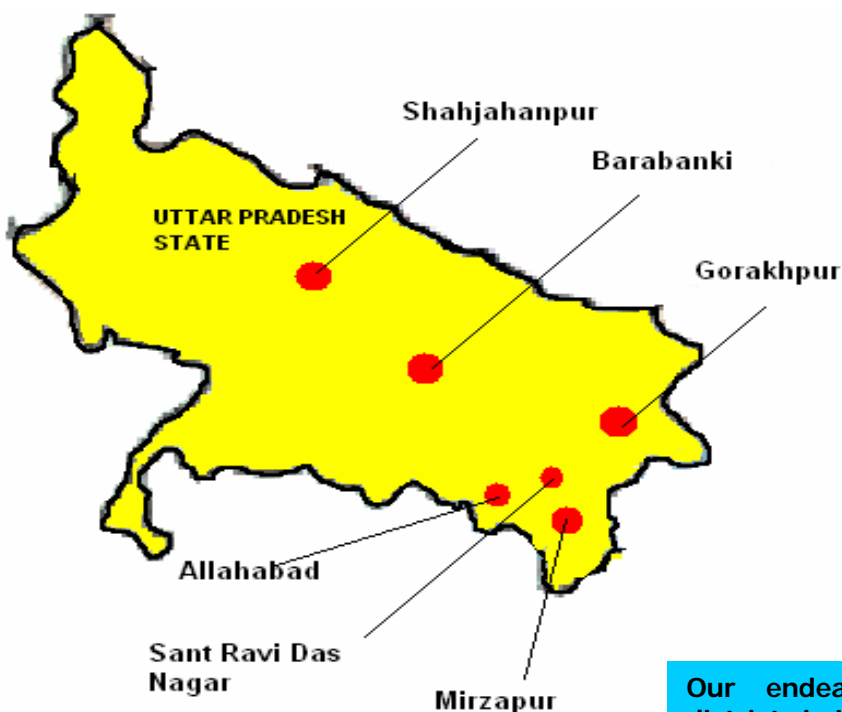




## Objectives in view:

1. To sensitize, train and build capacities of the stakeholders (including Govt. stakeholders at the block and district level, ANMs, AWWs, Panchayat Health Committees, RMPs, Community Health Educators, SHG members, etc.) for improving the quality of RCH services and ensuring its sustainability.
2. To raise awareness and sensitize the target community on RCH issues and health and treatment seeking behavior through intensive IEC/ BCC activities, and
3. To deliver quality RCH services adapting a life cycle approach.
4. To significantly increase individual, household and community action that directly & indirectly improves maternal and newborn health.
5. To enhance systems and institutional capabilities for sustained improvement in maternal and newborn care and health status.
6. To promote micronutrients coverage through behavior change communication activities



**Our endeavors cover 6 districts in Uttar Pradesh**

## Sector Perspective:

In spite of the Government of India's efforts to reduce the MMR and IMR in the state, Uttar Pradesh still ranks far above to its neighboring states in the listings of IMR and MMR.

The ratio of Primary Health Centers is also quite low. Improper immunization in children, Lack of childcare knowledge amongst pregnant women, Insufficient knowledge of family planning and contraceptives, Untrained Dais, are a few of the other problems prevailing in these areas.

In view of the prevailing situation, we have taken a step towards integrated management of childhood illnesses (IMCI), reducing prevalence of anaemia among adolescent and pregnant mothers, and delivering quality RCH services adapting LCA.

**Rajesh Mani**  
Executive Secretary  
Manav Seva Sansthan  
"SEVA"

### Action:

Our Mother & child health intervention targets pregnant women, lactative women and children below the age of two years. The main objective of the intervention is to increase effective coverage & ensure quality services in maternal and new born care, immunization and integrated management of child illness.

### Enhancing the access to Quality RCH services:

The organization has come up with the concept of community driven Swasthya Suchana Avam Seva Kendra to improve service delivery to the target groups. This Kendra is equipped with essential medicines for childhood illnesses, contraceptive supplies, treatment and management of STD/RTIs, and general ailments. Doctors visits once a week in each of these kendras. Patients visiting these centers are be levied a nominal user charge of Rs. 5- 10/- for availing the services. Appropriate linkages and referrals are also built with the block level PHC to manage the high risk and complicated cases.



Swastya suchana Avam Seva Kendra –  
Rakhukhor



Dr. Kanchan at Swasthya Suchana  
Avam Seva Kendra

### The Kendra offers following services:

- Ante natal check up
- Post natal counseling
- Immunization
- Growth progress of a new born up to 5 years of age
- Family planning services
- RSH Counseling for adolescents
- Treatment of RTI/STD
- General health check up
- Referral services for emergency obstetric care
- Counseling services for RH, family planning, VCTC/ PMTCT, etc.
- Information dissemination on RCH and RSH issues  
e.g; HIV/AIDS

### Community Speaks:

*“Initially there was lot of apprehensions in talking openly about issues related to reproductive and child health among the community. But today the whole scenario has changed, members of the community support us and positively contribute in addressing this issue and ensuring the message reaches the unreached”.*

*Geeta Devi,  
Community Health Educator*

Each Kendra has a bank account operated by the members of the management committee. The resource generated would not only be used to strengthen the center, but also to sustain the services in the long run.

### Inducing behavioral change through community based health workers:

An individual, who is respected by the villagers, has a say in village matters and can be instrumental in bringing about the catalytic change in the thought process of the community is what the organization (SEVA) desires about a CHE. The CHEs are such individuals who (a) are trusted by the community and to whom the community listens to and respects, (b) are motivated individuals who have no conflicting ideas both with the organization (NGO) and other health officials and (c) are willing to help, have communication skills and their ideology is in line with the objectives of the programme. The main roles & responsibilities of CHEs are (a) mobilization and sensitization of the community (b) Formation of Adolescent and self health group & its mobilization, (c) management of health center in coordination with Panchayat health committee (d) liaison and converging with grass roots level service providers and (e) social marketing



### Behavioral Change programs:

**Counseling of pregnant women:** The Simple, easy-to-catch messages are provided to pregnant mothers with the aim towards the betterment of their health status and the well-being of their yet to be born child.

The pregnant women are counseled on issues like:

1. Importance of tetanus toxoid vaccination
2. iron-folate tablet consumption
3. Importance of eating small frequent meals and the inclusion of GLV's, fruits and vegetables
4. Importance of rest and routine ante-natal check-ups.
5. Importance of availing services of trained birth attendant

**Counseling of lactative mothers on feeding practices & new born care:** Using local terminology key messages are conveyed which can easily be incorporated into the lifestyles of these women.

These women are counseled on issues like:

1. Colostrum feeding
2. Breast feeding practices
3. Complementary feeding

### Capacity Building program:

**Skilled attendance for maternal & newborn care:** The organization has designed and delivers in service training programs for services providers like Dai (traditional Birth attendant), mid wives and front line health workers. MSS has trained **410 traditional birth attendants** in Camperganj and Kajani block of Gorakhpur district. The TBAs were trained on doe's & don'ts were attending a birth, importance of colostrums feeding, Birth registration etc.



**Capacity building of various stake holders:** We have initiated capacity building of Panchayat Raj health committee, ANMs, and community health mobilisers. MSS organized two day training for **140 panchayat raj**

**health functionaries'** of 54 Gram Sabhas in Chargaawa block of Gorakhpur district. The course focused on imparting enough information about Govt. run health schemes, importance of MCHN & RCH. MSS also organized three day training for **299 community mobilisers** who would act as catalyst for change in the community. The community mobilisers were provided enough relevant information to be able to promote behavioral change in their community in the area of health (MCHN /RCH) and nutrition.

**Capacity building of Community health educators:** MSS has developed a five day training module for building the capacities of CHE's. The training module is designed to be participatory in nature, with thematic session, group works, open discussion and field visits. The module focuses on on following topics:

1. Mother & child Health: Change, development, concept & situation
2. Reproductive Child health: elements, concept, understanding & situation
3. identification of high risk family & mother child care/nutrition
4. Pregnant, lactative mother & risks of early child marriage, pros & cons of birth spacing (social myths )
5. Neo natal care/breast feeding practices
6. Nutrition & micro nutrient – qualitative & quantitative

Convergence and ownership are also given prime importance during the training period.

### Family Planning & social marketing of contraceptives

To enhance the family planning program and social marketing of contraceptive, MSS has introduced the concept of "basket of choice". The whole program is run through the community based workers so that the women can access the services with out any hiccups. Male & female condoms, oral pills, ORS packets, sanitary napkins and IFA tablets are the products offered through this program. Door to door services are also offered to enhance women's access to these products. The community based depots are linked with agencies like HLL & DKT to ensure supply of products.

"Our task has become easier with the introduction of change agents. Since they are the local residents the acceptability is high. We have been working closely with these community and things are improving on the front of increasing awareness of people on reproductive and child health."

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Ashwini Mishra,  
Field Supervisor



**Accelerated Immunization Efforts:** Immunizing of children for polio is vital for their development. The organization is initiating mobilizing programs like Community and mothers meetings, Religious leaders meeting, Nukkad Natak, magic shows and puppet shows, Bulawa Toli and School rallies to ensure ensure that every targeted family turns to the booths.

**Strengthening routine immunization:** To strengthen the routine immunization we adopted effective model of Joined-Up-advocacy approach (community, aganwadi

workers, ANMs, health visitor PHC doctor & MOIC) using direct communication medium. The staffs initiate advocacy right from the bottom i.e community especially the target group pregnant women and lactative women and sensitize and mobilize them for availing the immunization services. Then they target the service providers at the community level like aganwadi workers, ANMs, health visitor, multi purpose worker for regular service delivery. Then the staffs advocates with PHC doctors & MOIC to facilitate the service delivery system so that the services reaches the target group.

**Add on activities:** SEVA organizes regular health camps in identified areas (e.g., HRA, weak RI, and Outreach Areas). These areas are identified with support from the local health department and WHO district field offices.



One day before the camp, drum beatings is done in the local market, and miking activities to deliver messages to the community about the health camp days, venue, and services to be provided. Through networking with health department, SEVA ensured the availability of a medical officer, ANMs, health visitors, general medicines and vaccine supplies in the health camps. SEVA also hired private female doctors for ensuring target service delivery. The services provided in these camps were:

Immunization for pregnant women and children (0-5 years of age), general health check ups, referral services, message delivery stalls on polio, and counseling of community on the issues of polio and oral polio vaccines

### Information Education & Communication program:

Under IEC MSS gives more stress to wall writings. These wall writings are single but important messages painted at strategic locations. The main objective of this activity was to sensitize the community about reproductive and child health (RCH) related issues, including RTIs/ STIs /HIV/AIDS. They were done on the walls of houses/public places/shops etc. The main topics that they cover are messages on family planning, breast feeding, immunization of children & pregnant women, HIV/AIDS and making people aware of the RCH services delivered by the project.



**Managerial information systems:** MSS has developed many effective MIS to facilitate the implementation of the programs and monitor the progress of the health program. The MIS developed are:

- Mother health card
- Child health card
- Target couple & follow up card
- Check-up register
- Patient slip

- Stock register for medicines & assets

### Child Development and Nutrition:

The organization is playing a major role in strengthening the ICDS schemes initiated by the Govt. of India. The organization is working with ICDS centers to improve the nutritional and health status of vulnerable groups including pre-school children, pregnant women and nursing mothers through providing a package of services including supplementary nutrition, pre-school education, immunization, health check-up, referral services and nutrition & health education. The organization strengthens the ICDS program by initiating capacity building programs for anganwadi workers and helpers. The training programs focus on issues like nutrition, micronutrient, program management, counseling techniques, data generation and management etc. Besides training the organization workers i.e. community health workers mobilize the community to avail the services at their nearest ICDS centers.



The organization also uses various medium of communications like Nukkad Natak, Video Shows, leaflets, posters, wall writings, stickers, decals etc to generate awareness and sensitize the community on the issues like

- Dietary diversification, dietary patterns etc,
- Locally available **micronutrient** enriched foods,
- Importance of consuming fortified foods,
- Disorders due to micronutrient deficiency.

**Food Fortification:** The organization is carrying out vigorous campaign among the community on the issue of consumption of iodized salt and fortified products to reduce malnutrition in micronutrient. The campaign uses traditional songs, nukkad natak and local terminology which can easily be incorporated into the lifestyles of the community.

### Promoting sustainable nutritional food security:

To ensure a sustained nutritional intake among the needy women and children, the organization introduced various innovative concepts like:

**Ahar Ghar:** A system of collection and distribution of excess grains, fruits and vegetables for the community was established in the form of "Ahar Ghar". SEVA had designed storage containers in line with traditional methods of storage with the help of community contributions. A food security committee for the management of Aahar Ghar was formed that consisted of the Pradhan, village elders, TCG members and Community Mobiliser. The committee has the responsibility of collection of surplus produce and identification of families for the distribution of the gathered food items.

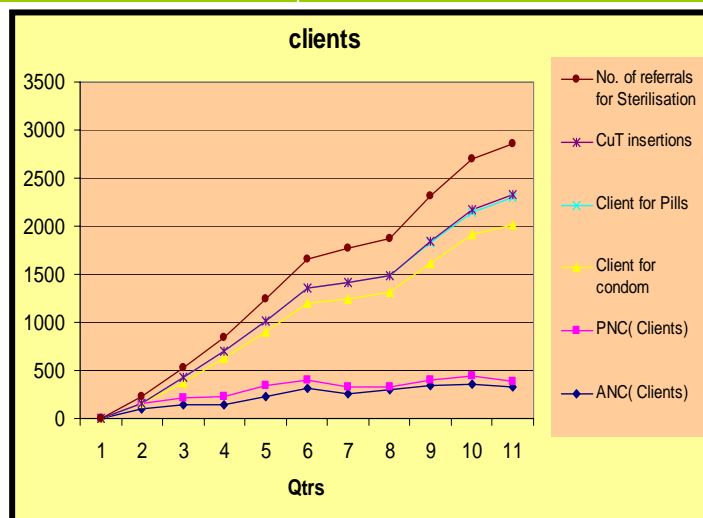
**Achievements:**

A short analysis of the significant difference in the micronutrients coverage

BLOCK	DISTRICT	STATUS OF VITAMIN 'A' IN JUNE, 2006	STATUS AFTER VITAMIN 'A' IMMUNIZATION
Jasra	Allahabad	21%	85%
Handia	Allahabad	26%	95%
Gopiganj	Sant Ravidas Nagar	26%	77%
Aurai	Sant Ravidas Nagar	25.9%	85%

**Story of Shakuntla**

Shakuntla (30) w/o Ram Mohan from Palia village with two children had problems related to menstruation. She was feeling uneasy to discuss her problem with any one and affected very badly. She says " mujhe is andaruni beemari ke bare me kishi se puchana kharab lagta tha. Jiski bajah se meri beemari aur jayada bad gayi ." One day her husband contacted with community health educator and discussed his wife problem. CHE took her to health information and service center where she was properly examined by doctor and prescribed to take medicine for one month. Now she is perfectly alright. She says "I am benefited a lot from this project. SEVA is doing a good job for people like us in village where there is no such services are available by government."



**I would be unaware if SEVA won't be there.....**

Kusum (22) wife of Chhedi from Ahiroli village gave birth to a baby (45 days). This is her first child. She says "I knew almost nothing about RCH before SEVA intervention. CHE and other staff from SEVA organization use to visit home to home and provide knowledge about mother and child health care. They organize regular meeting with target groups and make understand us on various health issues." She listened to us , took care of herself, went to have three check ups and got iron folic acid tablets from ANM of the area. Now Kusum has a healthy 45 days old baby boy. It is good way to educate people on health issues in village. SEVA provided a wide range of health services in the village. She replied

**The Vision:**

We see a society where sustainable opportunities are ensured to the poor and disadvantaged within their knowledge, attitude and practice

**The Mission:**

Ensuring socio-economic development of the poor and disadvantaged resembling vulnerable women and children devoid of basic rights through community based area development approach.

**Thematic Areas of Concentration:**

MSS SEVA addresses various issues which are in need of multifaceted interventions. During the year we have addressed following issues:

- **Cross Border Anti Trafficking Campaign**
- **Health**
  - **Reproductive Child Health**
  - **HIV/AIDS**
  - **Nutrition**
- **Sustainable Agriculture**
- **Women Empowerment**
- **Care of elderly people**

**Networks**

Manav Seva Sansthan "SEVA" is a member of

- **International HIV/AIDS Alliance, UK**
- **Peer Education Program of Los Angeles**
- **White Ribbon Alliance For Safe Mother Hood**
- **Q Web - A Women's Empowerment Base, Sweden**
- **GAATW, Thailand**
- **IFOAM**
- **One World International**
- **Vital Voices, Washington**
- **South Asia Forum Against Human Trafficking**

Networks initiated by Manav Seva Sansthan "SEVA"

- **Cross Border Anti Trafficking Network (CBATN)**
- **National Federation FOR Rural Organic Agricultural Mission (NFFORAM)**
- **Developing Healthy Attitude & Action Towards Life (DHAAL)**

**Staff Structure:** Manav Seva Sansthan "SEVA" employs 74 full time and 64 volunteers

**Annual Turnover:** During 2006-07 the organization's Annual Turnover was Rs. 1, 46, 00, 000/-

**Sources of Support over the year**

**Government Agencies**

Govt. of India  
Govt. of Uttar Pradesh  
Uttar Pradesh Police  
D.S.T.  
CAPART  
UPHSDP

**U. N. Organizations**

UNIFEM  
UNODC  
UNDP-TAHA  
UNDP-SAJI  
UNICEF

**INGOs**

PFI  
CARITAS  
SKN  
JAPAN EMBASSY  
JAPAN Foundation  
TFD