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PRIA

research paper

March, 2018



Base Line Study Report

(Based on data generated during April -October, 2017)

For project

**“Reforming Local Governance for Responsive and Effective
Service Deliveries**

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The baseline study was full of unexpected challenges but finally it has given us great insights for present and future programmes. We are once again grateful to APPI for providing us this opportunity.

March 2018.

PRIA-Team
at Banswara
at Govindgarh
at Jaipur and
at New Delhi

List of Important Acronyms (Alphabetical)

ANC – Antenatal Care

ANM - Auxiliary Nurse Midwives

ASHA - Accredited Social Health Activists

AWC – Angan Wadi Centres

AWW- Angan Wadi Workers

IMR- Infant Mortality Rate

MCHN – Maternal and Child Health Nutrition Days

MMR – Maternal Mortality Rate

NFHS – National Family Health Survey

OBC – Other Backward Class

PESA - Panchayats (Extension to Scheduled Areas) (referring to the PESA Act 1996)

PHC – Primary Health Centres

SC – Scheduled Caste

SJC – Social Justice Committee

ST – Scheduled Tribe

VHSWNC- Village Health, Sanitation, Water and Nutrition Committee

1. Introduction

'Reforming Local Governance for Responsive and Effective Service Deliveries in Selected Blocks of Rajasthan' is a three-year (2017-2020) project funded by Azim Premji Philanthropic Initiative (APPI). The project is managed by Dasra and is being implemented by Society for Participatory Research in Asia (PRIA) in two blocks of two districts in Rajasthan: Banswara (in the Banswara district) and Govindgarh (in the Jaipur district). Since people in both blocks and districts are Hindi-speaking, local stakeholders found it difficult to relate with the formal name of the project (Reforming Local Governance for Responsive and Effective Service Deliveries in Selected Blocks of Rajasthan). Animators and field staff have therefore begun informally



referring to this project as "*Apna Swasthya, Apni Pehe!*" (ASAP). This colloquial name has become more popular than the formal name in the field. The term ASAP project in this report will therefore be used to refer to the joint initiative of APPI, Dasra and PRIA.

The overall objectives of the project are to strengthen the capacities of Gram Panchayats in such a manner that they would be able to prepare and implement their annual plans in a participatory manner to improve people's access to maternal health

care services in the intervened blocks. There are a total of 104 Gram Panchayats (GPs) in intervention areas. Of these, 45 GPs are in the Govindgarh block, and 59 GPs are in Banswara. It should be noted that the Banswara block was recently divided into two blocks, namely, Banswara and Talwara. This has led to a revision of division of blocks; technically, 36 GPs belong to the Banswara block and 23 GPs are in the Talwara block. But this division is merely for administrative convenience. For the purpose of this project and this report, the GPs in the Banswara block and GPs in the Talwara block have been taken together as GPs from Banswara block.

The ASAP-project assumes that local level planning, monitoring and oversight by the GPs and Gram Sabhas will lead to better accountability in health delivery systems. It also assumes that the process and output of participatory planning will generate demand, leading to socially accountable and responsive Gram Panchayats and the positive evidence produced and showcased by project interventions will inspire changes in policies. It will also encourage the State government to devolve more powers and authorities to local Panchayats in order to further improve service deliveries.

2. Aims and Objectives of the Baseline

The purpose of the baseline data is to take a first measurement of major and long-term indicators for successes of the ASAP project. The specific objectives of this baseline survey are:

1. To serve as the first measure of all outcome indicators as per agreed matrix of project framework.
2. To support continuous monitoring and evaluation (M&E) of the progress of the project in terms of output indicators for agreed targets.

3. Evaluation Methodology

The project matrix divides outcomes into four categories on the basis of level of changes. Accordingly,

- Outcome 1 corresponds to changes at the Individual or Family/Household level
- Outcome 2 corresponds to changes at the Community and Gram Sabha level
- Outcome 3 corresponds to changes at the Gram Panchayat and respective Committees level
- Outcome 4 corresponds to changes at the System and State level

For outcome 1, a sample survey was undertaken in both blocks. Detailed information about the sample survey is provided below.

District	Block	Total	
Banswara	Banswara	594	910
	Talwara	316	
Jaipur	Govindgarh	898	898
Total		1808	1808

For outcome 2, 3 and 4, information from the aforementioned sample survey (on the awareness of women about Panchayat system and governmental initiatives) and PRIA's field reports on meetings and functioning of Gram Sabha, Gram Panchayats and standing committees has been used. Initial interactions with elected Panchayat representatives and recruited community volunteers during April – June, 2017 provided very informative data. This information about the systems and communities were further explored through specific Focus Group Discussions (45 FGDs in 45 GPs of Govindgarh and 52 FGDs in 59 GPs of Banswara). In the case of Outcomes 2, 3 and 4, the following sources of information have been used:

- (i) Field reports on participation and planning in Gram Sabha and Gram Panchayats
- (ii) Status of standing committees
- (iii) Reports on orientation (during April – June 2017) of volunteers and elected representatives

- (iv) Reports on meetings with Block and district level officers of Panchayats and Health departments, interactions with Sarpanches and Panches. Meetings with ANMs, ASHAs and Angan Wadi Workers
- (v) Assessment of situations at state level on the basis of available information in the public domain.

3.1 Sample Survey:

Since the project focuses on maternal health and delivery of services, women in the reproductive age (15-49 years) and their families are the primary stakeholders. Accordingly, indicators (list given in annexure) of project outcome 1 are centered around women in reproductive age group. Taking into account the population of women in Banswara and Govindgarh during the 2011 Census, it was determined that a sample of 900 women (in reproductive age) would be surveyed in both blocks in order to understand their current status surrounding maternal health services. Thus, a sum total of 1808 women were surveyed in the two blocks during October – December 2017. From a baseline point of view, this survey was completed a bit late. The reasons behind this delay are further explained in the field limitations section.

3.1.1 Sampling

The planned survey was postponed twice due to external circumstances beyond our control. In the third attempt, we were running against time and so, rather than using the initially planned two-stage stratified random sampling (GPs as first stage and within selected GPs, women respondents to be selected from different age groups as the second)¹, female respondents were selected randomly from a list of all Gram Panchayats in Banswara and Govindgarh.

With support from Accredited Social Health Activists (ASHAs), Angan Wadi Workers (AWW) and the Auxiliary Nurse Midwives (ANMs) in the GPs of the two blocks, the following list was prepared for every GP: Two categories of women from reproductive age (15-49 years) were included in the sample:

- (i) Currently Pregnant Women
- (ii) Currently Lactating Women

By the time the actual survey was held, animators had developed good rapport in the GPs. So, it was not difficult to identify women of different categories from the above

¹ Details of initial plan given in annexure

list. From every Gram Panchayat (and all villages within that GP), women were selected randomly from the list. Those (from the aforementioned list) who met first and were ready to be interviewed, were included in the sample. Efforts were made to include equal numbers of pregnant and lactating women from each Panchayat in the survey. 16 women were selected from each of 59 GPs in Banswara. In case of Govindgarh, 20 women were selected from each of 45 GPs. During the survey, we came to know that some of the pregnant women (from the list) had miscarriages, while some were not actually pregnant (but were part of list provided by ASHA/ANM). We did not exclude them and so, they were included in the sample. The final sample from both blocks actually had women of the reproductive age from 3 categories:

- (i) Currently Pregnant Women
- (ii) Currently Lactating Women
- (iii) Married women without children or pregnancy

The final sample as emerged after completion of survey is as listed below

District	Block	Age Groups (in years)						Total	
		15 to 18	19 to 25	26 to 30	31 to 35	36 to 40	46 and above		
Banswara	Banswara	5	432	128	19	9	1	594	910
	Talwara	1	266	44	4	1	0	316	
Jaipur	Govindgarh	13	670	199	14	2	0	898	898
Total		19	1368	371	37	12	1	1808	1808

3.1.2 Training

PRIA first called a meeting of its programme officers from field locations. These programme officers were intensively oriented about objectives and methodologies of survey. They were asked to act as Master Trainers-cum-Quality Assurance Supervisors for the surveys in Banswara and Govindgarh.

PRIA employed local youths as field facilitators or animators. These animators are educated locals who know the localities and people very well. Intensive orientations were provided to animators about: how to select respondents and how to administer questionnaires so that elicited information was of high quality. The original questionnaire was translated into local Hindi (dialect). Animators, after thoroughly understanding the questions, supported translations. Questionnaires were later field-tested for modifications. This testing, led by the Programme Officers in both blocks, also helped animators to practice surveying in the field.

3.1.3 Data Collection:

The investigators visited Gram Panchayats in teams. Each team consisted of a male and female investigator. With support from local Gram Panchayats, they identified the women of reproductive age group. Following the sampling method, identified women were interviewed by a female animator. The interview was a very informal conversation with lots of emotional support to help women recall the numbers and timing



Baseline Survey in Govindgarh



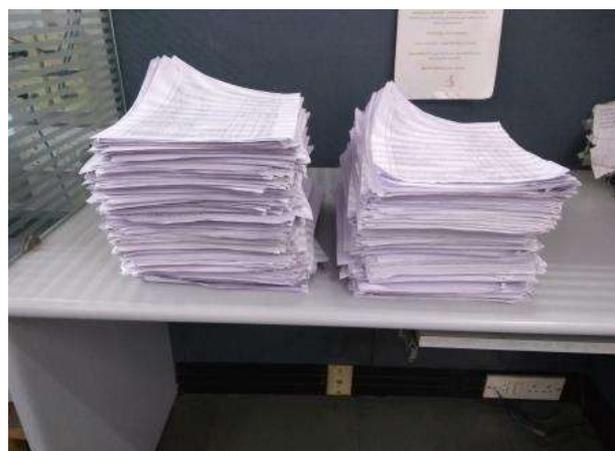
Baseline Survey in Banswara

of events (such as first visit to PHC, first ANC, immunization). Wherever possible, official documents (like Mamta Card, doctors prescriptions) were compared to confirm the validity of participant answers. Including the time to create an enabling

environment for the interview and time spent in appropriate recall of events, each questionnaire (interview) took almost 1.5 hours on average.

3.1.4 Analysis of Data:

A total of 1808 woman were surveyed in both blocks: 910 women in Banswara and 898 women in Govindgarh. The completed questionnaires were converted into quantitative data sheets after assigning different codes to different variables according to a specially designed code-sheet for the survey (a copy of code sheet is annexed with the report). The data was entered into SPSS for further analysis.



One set of filled in questionnaire

3.1.5: Quality of Data:

Despite PRIA's best efforts to use local dialect, the survey suffered some level of communication gaps between investigators and respondents. While having local animators as investigators was a great advantage, it also had its disadvantages. Due to pre-existing familiarity between investigators and respondents, some responses by respondents (e.g. family support in MCH) were deliberately answered positively. For example, about 66% of women in Banswara and Govindgarh reported that their 'larger' families provided ample supports in doing household works during pregnancy. This differs greatly, at least in the case of Banswara, from observed realities. Such straightforward social questions were responded in perceived politically correct ways (prestige responses), rather than truth. If we consider the responses to questions such as 'who takes decisions on health and nutrition' or 'who accompanies you during Ante-Natal Care', realities are reported differently. Due to such issues, some responses/data were treated as 'not sure', during the cleaning processes (these responses were not included in the final analysis). It can be said with great confidence that the data presented in this report were thoroughly checked for their consistencies and so, are of good quality.

3.1.6. Field Limitations: Postponements of Survey

Overall, the survey went well due to the good rapport of animators with respondents. However, external circumstances in Banswara forced us to postpone the survey twice.

- (i) *Communal Riots in Banswara during May-June 2017*: From the 12th May until June 2017, Banswara was engulfed with communal violence and continuous tension. Unfortunately (government-led) surveys send multiple signals among communities. So, as precautionary measure, we were advised by local partners and officials to avoid undertaking any survey or similar activity during this time period. PRIA had originally planned for the baseline survey to begin in May, hence postponing the survey.
- (ii) *Restrictive District Administration under media pressure due to mismanagement of Rain, Flood and Seasonal Diseases during August – September 2017*: The schedule was revised following these delays and the Baseline Survey was rescheduled for the 15th of August. However, the field situation again became disenabling. Incessant rain and flash floods in Banswara wreaked havoc (including the death of the local SDM whose vehicle was carried away by the flooding). This was followed by

Local Newspapers were full of reported child



an outbreak of seasonal diseases and the death of many children (in one day alone, 83 children passed away). Both national and local media placed pressure on the government to conduct investigations by central and state authorities to look into the deaths of such a large number of children. These tragedies in Banswara again prevented the survey from commencing on time. Consequently, since the survey in Govindgarh was also linked with survey in Banswara (to ensure that both blocks have same reference period for baseline data), the Govindgarh survey was also postponed until it was conducted in Banswara.

Finally surveys in both blocks were completed from Oct- Dec, a period of festivals such as *Durga Puja* and *Diwali*, keeping October 2017 as reference month. Thus, baseline data is from October 2017, 6 months after the project's start. As explained in the field limitations section, field situations were not appropriate to start any intensive awareness campaign or any intensive interactions with the women. Campaign and group interactions were thus intensified only after October 2017. A delay of survey data collection therefore did not affect data nor have any significant impact on overall results. It may be emphasized here that only survey data from Outcome indicator 1 have October 2017 as a reference month. The data for the other 3 outcomes (2,3 and 4) are truly baseline data as all relevant information was collected during April – June 2017.

4. Baseline Status of Outcome Indicators - Findings from Survey and Other Sources

4.1: Outcome Indicator 1:

It was determined that at least 925 women should be interviewed in each of the two blocks. However, after cleaning the filled-in questionnaires, it was found that only 910 women were validly surveyed in Banswara and only 898 usable questionnaires were filled in Govindgarh. Hence the true final sample size was 1808. The information about these 1808 women were collected on various parameters already delineated in the questionnaires, which is included in the annexure of this report.

1.1.1 Profile of Respondents:

The age distribution of respondents in both blocks are similar and conform to macro trends observed in other surveys such as National Family Health Survey (NFHS). The frequency distribution of age of sample in both blocks are given in table 1.

Table 1: Age Distribution of Sample Women

Age Group (in years)	Frequency			Percentage		
	Govindgarh	Banswara	Total	Govindgarh	Banswara	Total
15 - 18	13	6	19	1.5	0.7	1.1
19 - 25	670	698	1368	74.5	76.8	75.7
26 – 30	199	172	371	22.2	18.9	20.5
31 – 35	14	23	37	1.6	2.6	2.0
36 – 40	2	10	12	0.3	1.1	0.7
40 - 45	0	0	0	0	0	0
46 - above	0	1	1	0	0.1	0.1
Total	898	910	1808			100.0

From the table above, it is found that about 76% of respondents are in the age-group 19-25 years. In fact, 96% of all respondents are in the age-group 19-30 years, which is the most fertile age group in Banswara and Govindgarh. The women of this age group are the most important primary users of services of health department and Panchayats for maternal health care.

Table 2: Caste Profile of Sample Women

Caste	Frequency			Percentage		
	Govindgarh	Banswara	Total	Govindgarh	Banswara	Total
General	124	22	146	13.9	2.5	8.1
SC	192	29	221	21.4	3.2	12.2
ST	90	807	897	10.1	88.7	49.6
OBC	484	46	530	53.9	5.1	29.3
Minority	5	1	6	0.6	0.2	0.3
Others*	3	5	8	0.4	0.6	0.4
Total			1808			100.0

- Women who preferred to not respond about category of their caste

The tribal population in Banswara is around 90% and so, it is very natural that 89% of the respondent women in Banswara block are tribal. Govindgarh has a mixed population with a larger proportion of OBCs, which is also reflected in the table 2. The women from OBC constitute about 54% in Govindgarh. The Govindgarh sample comprises women from all categories. This is favourable in understanding the inter-caste variations in access to health and panchayat services.

Table 3: Educational Qualification of Sample Women

Educational Qualification	Frequency			Percentage		
	Govindgarh	Banswara	Total	Govindgarh	Banswara	Total
Illiterate	48	308	356	5.4	33.9	19.7
<= Class 5	121	273	394	13.5	30.0	21.8
Class 6-9	206	164	370	23.0	18.1	20.5
Class 10-12	199	120	319	22.2	13.2	17.6
Graduate & Above	323	45	369	36.0	4.9	20.4
Total			1808			100.0

From table 3, it seems that most of the respondents are functionally literate with some level of schooling. In the total sample, 42% of the respondents have basic educational qualification (less than high school, class 10). This is in line with prevailing female literacy rates in the blocks.

The sample accidentally included 3 respondents who were not married (they have been excluded from most parts of analyses). That said, 99.7% of respondents were married at the time of survey. As Table 4 below shows, 98.7% of the respondents are married by the age of 25 years. In disaggregated table, the pattern of age of marriage is almost same in both blocks. However, child marriages have been reflected significantly in Govindgarh, where about 8% of girls are married before the age of 15 years. This is in line with true circumstances, as higher castes and better-off groups in non-tribal belts are known to practice child marriages. Rajasthan is also known for early marriages, as reflected in table 4. Almost 55% of girls in the total sample are married before they become an adult voter in our democratic system. The most common (93%) age group for marriage in total sample blocks is 15 to 25 years.

Table 4: Percent Distribution of Age at Marriage in the sample

Age at Marriage	Percentage of Women		
	Banswara	Govindgarh	Total
Less than 15 years	3.1	7.7	5.4
15 – 18	59.3	40.0	49.6
19 – 25	37.3	50.2	43.7
26 – 30	0.3	2.1	1.3
Total			100.0

The distributions of women with different numbers children across the sample from both blocks are almost same, as shown in Table 5. About 23% of women in total sample do not have any children. More than 37 of these women had experienced miscarriages (an issue of concern and so, require deeper analysis of data and future actions, accordingly). Most women from the sample have either one child or two children. That means the majority of women in sample are those who either previously experienced or are currently experiencing the issues and services related to maternal health.

Table 5: Number of children to sample women

Number of children	Frequency			Total Percentage (%)
	Govindgarh	Banswara	Total	
No Child	200	207	407	22.5
One child	361	323	684	37.9
Two children	230	244	474	26.3
Three children	71	81	152	8.4
>3 children	33	55	88	4.9
Total	895	910	1805	100

4.1.2. Awareness about and Access to Maternal Health Services:

(i): **Awareness about Menstrual Health and Hygiene**

Menstrual hygiene is an important factor affecting women's health and social behaviours. The data (in Table 6 below) on use of sanitary napkin is startling in Banswara; just 10% of respondents affirmed that they were using sanitary napkins. The remaining 90% of respondents responded that they did use discarded household clothes during their menstruation period. What is also worrying that women in Banswara do not talk about menstruation with adolescent girls or other young women in their families. Menstrual education is therefore an important issue in Banswara. Taking into account the local realities however, where rituals and religion regulate menstrual issues, this issue needs to be handled carefully. District administration could play an important role in the sensitization and awareness building surrounding menstrual hygiene.

Table 6: Percent Distribution of Use of Sanitary Napkins and Discussion with Family women

	Use of Sanitary Napkins		Conversations about Mensuration	
	Yes	No	Yes	No
Banswara	9.9	90.1	19.0	81.0
Govindgarh	83.6	16.4	91.3	8.7

The situation in Govindgarh is relatively much better; 84% of women use sanitary napkins and over 90% of women talk to other women in family on this issue and discuss menstruation.

(ii): Awareness about Confirmation of Pregnancy:

In response to the question 'how you found out about your present or past pregnancy', 84.4% of women in Govindgarh reported that the doctor confirmed it, while only 29.1% of women in Banswara visited the doctor or used medical methods to confirm their pregnancy. Most of the Banswara women suspected (but did not confirm) their pregnancy due to changes of their period during first 2-3 months. Their pregnancies were confirmed only when they visited a doctor after 2 or 3 months of change in their period. 32.1% of women in Banswara and 15.1% of women in Govindgarh were not aware of importance of pre-delivery check-ups.

(iii) Registration of Pregnancy and Issuance of Mamta Card:

Table 7 below shows percent distribution of the issuance of the Mamta Card amongst eligible women in Banswara and Govindgarh. The Mamta Card is a government scheme aimed at reducing the Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR). The card reflects data on the registration of pregnancies. From the table, it seems that a large number of pregnancies remain unregistered in Banswara (33%). The situation in Govindgarh is better; almost 98% of pregnancies were reported using the Mamta card.

Table 7: Percent Distribution of Mamta Card Registration

Block	Percentage of Eligible Women who were registered for Mamta Card		
	Registered	Not registered	Total
Banswara	67.1	32.9	100
Govindgarh	97.9	2.1	100

(iv) Ante Natal Care (ANC) Check-ups:

From the disaggregated data, it was found that 99.3% of respondent women in Banswara went for their first ANC after 1 month of change in period. In Govindgarh, 86.2% of women visited for their first ANC after 1 month of the change in period.

Among the women registered for the ANC, about 11 % of women completed all 4 ANCs (this was 6% for Banswara and 9% for Govindgarh as per Annual Health Survey, 2012-13). While 17% of women in Banswara had just one ANC, the percentage was 15 in Govindgarh. Among those who responded, 44.7% of women in Banswara and 62% of women in Govindgarh had 3 ANCs. As the conversation

during survey and raw data suggests, almost 90% of all sample women had a maximum of 3 ANC's.

Table 8: Percent Distribution of Number of ANC Check-ups

Number of ANC's	Percentage of Women (%)	
	Banswara	Govindgarh
Only One	16.9	14.8
Only Two	38.4	23.5
Three or more	44.7	62.0

The incomplete course of all 4 ANC's could be partially explained by Table 9 below, which shows the timing of first ANC. Only 0.7% of women in Banswara and 14.2% of women in Govindgarh went for ANC during first month of their pregnancy. In fact, 77% of women in Banswara and 54% of women in Govindgarh went for their first ANC after 2 months of their pregnancy.

Table 9: Percent Distribution of time of First ANC

Time of First ANC	Banswara (in %)	Govindgarh (in %)	Total (in %)
Within One Month	0.7	14.2	7.4
After One Month	22.6	32.3	27.4
After Two Months	40.0	25.7	32.9
After Three Months	30.9	15.8	23.4
After Four Months	5.8	12.0	8.9

(v) Awareness about Self Care during pregnancies:

52.4% of women in Banswara and 17.3% of women in Govindgarh were not aware about their date of delivery during their recent, past or current pregnancies. 51.7% of women in Banswara and 99.6% of women in Govindgarh reported that they knew the importance of appropriate rest during pregnancy. Unfortunately, 36.5% of women in Banswara (and comparatively only 3.2% of women in Govindgarh) reported that they did not have money for any emergency care during pregnancy.

(vi) Counselling on Complexities during Pregnancy:

A very large percentage (69.8%) of women in Banswara were not counselled by anyone. The situation in Govindgarh was much better; 59.2% of women were counselled and knew about possible complexities during pregnancy. Among the

women who were counselled, 78.4% of women in Banswara were counselled by ASHAs or ANMs. Only 2.2% of women were counselled by a doctor at PHCs. In Govindgarh, 71.8% of women were counselled by ASHAs or ANMs, but a significant percentage (20.7%) of women were counselled by PHC-doctors.

(vii) Government's Ambulance Services for Deliveries:

Unfortunately, very few respondents (just 6%) in Banswara were aware of the possibility of dialling 104 or 108 to call ambulance services run by the Government of Rajasthan. Out of those who knew and tried to use this service, their experiences with the ambulance service was not very positive. Either the ambulance did not come or came after 3-4 hours.

The situation in Govindgarh was better as 52% of respondents had heard about 104 and 108 numbers for Ambulance Services; however, the average response was that ambulances reached only after between 1-3 hours following a call.

(viii) Institutional Deliveries

It was heartening to find that 92.7 % of women in Banswara preferred deliveries in government hospitals. The District Fact Sheet of the NFHS (2015-16) reported that 92.8% of births

Table 10: Preference for Place of deliveries: Percent Distribution

Block	Preference for Place of delivery (%)			
	Traditional/Village Doctor (quack)	At Home	Government Hospital	Private Hospital
Banswara	0.1	7.2	86.6	6.1
Govindgarh	0	0.2	77.0	22.8
Total	0.1	3.7	81.8	14.4

took place in the hospital while only 2.6% of women had home deliveries. In our sample, 7.2% of women in Banswara preferred the home as place of birth delivery. From the above data, it seems that awareness about institutional deliveries is high in Banswara. In the case of Govindgarh, 77% of women preferred government hospitals as the place of their deliveries (from other sample data, 90% of deliveries in Govindgarh take place in Government hospital in reality). Here, about 23% of women preferred private hospital, respondents in Govindgarh referred to them as more

professional and more comfortable, but also more costly (e.g., hospital in Jaipur or Jaipur-Govindgarh highway). Because Govindgarh is quite close to Jaipur city, the de-facto preference for institutional deliveries in Govindgarh could be 99.8%.

4.1.3. Awareness about and Access to Child Care Services

(i) Awareness about Baby Care:

Since most deliveries in Banswara and Govindgarh are institutional, more than 95% of women who had institutional deliveries in both blocks reported that their child was weighed and immunized immediately after delivery and immunization card was issued.

The time to breast feed the babies had variations across the two blocks (see Table 11). It was shown that almost one third of women in Banswara breast-feed their child within one hour of delivery. Tribal tradition in Banswara also emphasizes breast-feeding. This percentage is however quite low (12%) in Govindgarh, where more than 20% of women breast-fed their children after 4 hours of birth. This finding is in contrast to the finding from the Annual Health Survey 2012-13, which found that 34.9% of women in Banswara rural district and 60.4% of women in Jaipur rural district breast-fed their children within one hour of birth.

Table 11: Time for Breast feeding to Start

Block	Start of first Breast Feeding			
	Within an hour	1-2 hours	2-4 hours	>4 hours
Banswara	32.3	51.5	10.0	6.1
Govindgarh	11.8	51.2	16.6	20.4

In terms of the period of breastfeeding, 83% women in Banswara and 87% of women in Govindgarh reported that they breast-fed their babies until 6 months of age.

(ii) Vaccination in Hospital, immediately after Deliveries:

Hospitals in Rajasthan are supposed to immunize children after birth. Almost all respondents (with institutional deliveries) reported that their children were immunized. However, 55.7% of respondents in Banswara could not recall the name of any of the vaccines. But 96.7% of such respondents in Govindgarh were able to recall the name BCG and Polio vaccines. DPT was most forgotten vaccine among

respondents in both the blocks. Only 8.2% of respondents in total sample reported that their children were immunized with DPT vaccines.

(iii) Awareness about Nutrition and Vaccination for Children:

The overall awareness about nutrition and vaccination, as seen in Table 12, seems to be very good in Govindgarh; about 90% women know about healthy nutrition for their babies. 98% of Govindgarh women also know importance of timing of vaccination. But in the case of Banswara, the findings also reflect the state of the hospital system in the district, as the respondents in Table 12 are mostly those who had hospital births. Even then their awareness about nutrition and vaccination seemed to be on lower side. The data also implies that in the future, focussed interventions should be undertaken to improve the awareness of nutrition and vaccination of children.

Table 12: Percent of women aware about Nutrition and Vaccination for Children

Block	% aware about Nutrition		% aware about Vaccination	
	Yes	No	Yes	No
Banswara	76.3	23.7	62.3	37.7
Govindgarh	89.4	10.6	98.4	1.6

4.1.4. Roles of Families and Communities

(i) Roles of Family and Community in managing MCH:

Table 13 represents the prevailing social situations in the blocks. While tribal Banswara provides a certain freedom for its women to take decisions on their health and nutrition, mainstream Govindgarh does not do so. Only 19% of women in Govindgarh reported that they took decisions on their health and diets. The 'someone else' in Table 13 usually refers to males or senior female members in the family. Many times "someone else" could be referring to a *Bhopa* or other traditional 'doctors' who control the health and diets of women. This table also reflects very high dependency of women in the sample. A significant percentage of women (71%) reported that someone else decides what they are supposed to do or eat.

Table 13: Decisions about Own Health and Nutrition

Women in Block	Decisions on Health & Nutrition		Total
	Self	Someone else	
Banswara	349 (38.4)	559 (61.6)	908 (100)

Govindgarh	171 (19.1)	724 (80.9)	895 (100)
Total	520 (28.8)	1283 (71.2)	1803 (100)

Figures in parentheses are respective percentage

(ii) Support of Family during Pregnancy/ANC:

74.2% of women in Banswara and 66.3% of women in Govindgarh reported that their husband accompanied them during Ante Natal Cares (ANCs). It seems support from other members of the family is better for women in Govindgarh. Almost one-third of Govindgarh respondents credited other family members (other than their husband) as supportive during their ANC. In both cases, a mother-in-law was the most common 'other' family member accompanying the pregnant woman.

(iii) Availability of Supporting Community Volunteers:

Table 14 reveals lack of community supports. About 80% of women in the total sample did not find local support system in case of emergency needs of MCH services. They must either depend on their family members, local health workers or front-line workers such as Accredited Social Health Activist (ASHA) or Auxiliary Nurse Midwife (ANM) or Angan Wadi Worker (AWW). Though it was essentially a hypothetical question, the answers of respondents reflect the absence of expected timely support from the community in the case of any medical emergency. Large numbers of women in both blocks could not identify any person who could be available for seeking appropriate supports.

Table 14: Availability of Community Volunteers (excluding- ASHA, AWW and ANM)

Block	Whether Volunteers are available to provide support on MCH		
	Yes	No	Total
Banswara	133 (14.6%)	775 (86.4%)	908 (100%)
Govindgarh	182 (20.5%)	707 (79.5%)	889 (100%)

This explains how useful it would be for the project to create informed, aware and skilled volunteers

4.1.5. Knowledge of Gram Sabha

In general knowledge about the Gram Sabha was very poor, though in Table 15 below, it shows that 72% of women in Banswara knew about Gram Sabha. This data is misleading, as further probing suggested. Banswara, as we know, is predominantly tribal. In tribal areas, including in Banswara, PESA rules of Panchayat apply. Traditionally tribal clans do frequent the Gram Sabha to sort out some differences or to decide on any social issue. The majority of women were perhaps referring to the tribal Gram Sabha, not the constitutional Gram Sabha, as prescribed in 73rd Constitutional Amendment Act, 1992.

Table 15: Awareness about Gram Sabha and Participation in Gram Sabha Meeting

Block	Knowledge about Gram Sabha (%)		Other Family member participate in Gram Sabha (%)	
	Yes	No	Yes	No
Banswara	71.5	28.5	18.4	81.6
Govindgarh	39.0	61.0	45.5	54.5

The data on female participation in Gram Sabhas, as shown in Table 15 is also conditioned as the responses relate to responses of the women who knew about the Gram Sabha. In general, female participation in Gram Sabha as per this survey, was negligible. However, the second part of table also suggests that other members of women's families do not participate in Gram Sabhas. This poses questions of the practical relevance of Gram Sabha meetings, which are supposed to be platform for direct democratic decision-making by the community.

4.1.6. Interactions with Panchayats

In general, women's interface with elected Panchayats was found to be very weak. Only 19% of women in Banswara and 22% in Govindgarh reported that they ever interacted with any member of the Gram Panchayat. The majority of those who interacted, told that their interactions were mainly surrounding personal issues- nothing to do with Panchayat. Official interaction as such seemed to be almost non-existent in both blocks. This also reflects on the proactivity of Panchayats in taking up women's issues in their development agenda.

Table 16: Response of Panchayats and Inclusion in Planning Process

Block	% ever interacted with any member of the GP	% who knew about planning by Gram Panchayat or Gram Sabha	% who ever participated in planning meeting of Gram Panchayat or Gram Sabha
Banswara	19.2	7.5	1.4
Govindgarh	22.3	2.9	2.2

As per Rajasthan Panchayati Raj Act, Gram Panchayats have to take the responsibility of women's health by including it in their planning and preparation of the yearly development plan for well-being of women and the villages. But as Table 16 above suggests, knowledge about and participation of women in Gram Panchayat-led development planning is very poor.

In response to other questions about functioning of VHSWNC (Village Health, Sanitation, Water and Nutrition Committee), women reported very weak awareness and understanding. Not a single respondent woman ever had interface with any VHSWNC in Banswara. Only 14 respondents out of 898 in Govindgarh knew about the VHSWNC and had interacted with some member of the committee- but mostly at personal level. Similarly, 0.3% of respondent women in Banswara and 1% of respondent women in Govindgarh reported that they had heard about some special committee of the Gram Panchayat who would take care of issues in women's health. This committee is actually a statutory standing committee called the Social Justice Committee; these were not functional in more than 99% of Gram Panchayats when this project started in April 2017.

4.1.7. Awareness about Other Schemes and Services

Awareness about Government Schemes and Facilities:

42-43% of women in both blocks reported that they were aware about governmental schemes such as *Janani Suraksha Yojna* and *Bhamashah Yojna*. 62-63% of women in both blocks were aware about MCHN day but more than half of them did not know the details of the MCHN day. About 70% of women in Banswara were not aware about their nearest PHCs.

As far as use of government facilities are concerned, fair uses of Primary Health Centres and AWCs have been reported from Banswara and Govindgarh. The most prominent use of these facilities is for immunization of pregnant women and children

The AWC is used by more than half (52.4%) of women (in total sample) for their own vaccination and also for the vaccination of their children. 87.2% of respondents in Banswara used the services of AWC for immunization. But in Govindgarh, people seem to have better access and preference to Primary Health Centres (PHCs) or Sub Centres, which have better facilities for immunization and medical check-up. Accordingly, about 64% of respondents in Govindgarh reported the use of PHC as place of immunization.

Table 18: Percent Distribution of Women as per Place of Vaccination

Venue of Immunization	Blocks		Total (%)
	Banswara (%)	Govindgarh (%)	
At Home	0.4	6.3	4.0
PHC/Sub Centre	12.4	63.9	43.6
AWC	87.2	29.8	52.4

Angan Wadi Centres (AWC) seem to be quite active in both blocks. While awareness about Angan Wadi Centres is quite high in both blocks, 79% of respondent women with little kids (aged 3-6 years) in Banswara reported that they do visit AWCs quite often and participate in events there. One of the reasons for more popularity of AWC in Banswara is that it is hub of activities (nutrition supplements to immunization) in Banswara, while people in Govindgarh have other alternatives such as accessible PHCs for immunization.

Table: 19: Awareness about AWCs and Participation in AWC programmes

Block	Awareness about facilities of AWC (%)		Participation in AWC Programmes (%)	
	Yes	No	Yes	No
Banswara	78.6	21.4	78.8	21.2
Govindgarh	80.4	19.6	65.0	35.0

4.2: Output Indicator 2: Gram Sabha and Community

On the basis of 45 Focus Group Discussions (FGDs) held in Gram Panchayats of Govindgarh and 52 FGDs in Banswara, it was found that the level of awareness of Gram Sabhas and also interests therein were quite low among the community members.

1. As per table 14 above, only 15% women in Banswara and 21% women in Govindgarh thought of seeking support from any available volunteers from community for accessing MCH services. This reflects the absence of community engagement with MCH issues in the intervened panchayats.

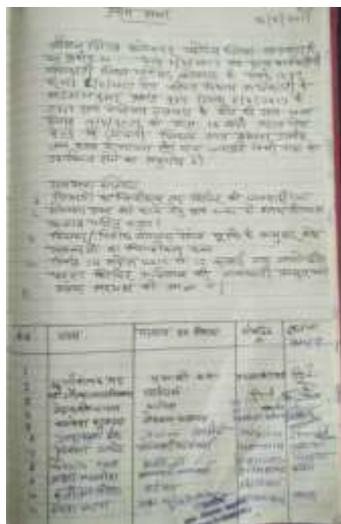


Hadota Gram Sabha, Govindgarh, on 16 May 2017. Total GS-members 4200. There are 6 elected women representatives - all are in picture

2. As explained in Table 15 above, women were neither aware about the Gram Sabha nor did they get opportunities to participate in the Gram Sabha. In orientation interactions with volunteers and elected representatives, it was found that:

3. Gram Sabhas are convened by State Government Officials. There are 4 mandatory Gram Sabhas. In addition to these, there are special Gram Sabhas are also convened by the state government.

4. Gram Sabha meetings and their agendas are controlled by State Government. Panchayats or and community members don't have any say on the agenda. So, normally communities may not find Gram Sabha interesting to participate in.

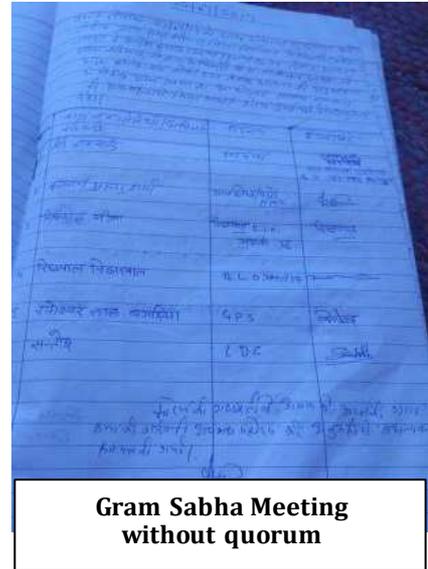


Convening of Gram Sabha with agenda set by

5. Most of the Gram Sabhas are held without quorum (10% of total adult population of the Gram Panchayat) or quorum is completed on paper by moving the attendance register from house to house. As per PRIA records from 104 Gram Sabhas, only 14 Gram Sabhas (13.5%) actually garnered quorum for their April 2017 meeting. However, quorum is usually shown in GS-register

by taking signatures later, skewing data.

6. Participation of Scheduled Caste and Scheduled Tribes in Gram Sabha is negligible. Usually, only people close to the Sarpanch, some front-line workers, some beneficiaries (of governmental schemes whose selection is to be finalized by the Gram Sabha) participate in the Gram Sabha.
7. Women participation in Gram Sabha is extremely lacking due to prevailing patriarchies and also due to the absence of encouragements from Panchayats or State Government.
8. To ensure women participation in Gram Sabha, the Mahila Sabha was initiated in Rajasthan in 2012. But later on, no special initiative was taken to organize Mahila Sabhas. Out of 104 intervened Gram Panchayats in Banswara and Govindgarh, PRIA could not find any record in any GP where Mahila Sabhas were held during January 2017 – June 2017.
9. Gram Panchayat Development Plans (GPDP) were not discussed in detail in any Gram Sabha of Banswara or Govindgarh. However, some Gram Panchayats completed formalities after taking signatures from some members of the Gram Sabhas.



4.3 Outcome Indicator 3: Gram Panchayat, VHSNWC and Social Justice Committee:

The level of interfaces between women and their Gram Panchayat is well reflected by Table 19 above. Panchayats in Govindgarh are relatively more active to pursue development initiatives than Panchayats in Banswara. This is because of the history of engagements of external facilitators (including PRIA) in Govindgarh and also because of its physical proximity to state capital -Jaipur. However, even for Gram Panchayats in Govindgarh MCH is not a priority development issue.

Sarpanches in Banswara and Govindgarh are most active- rightly or wrongly. Ordinary ward members of Panchayats do not play any significant role in decision making of Panchayats. It was found out by PRIA during the field interactions in April-June 2017 that over 80% of ordinary ward members had no idea about income, expenditure or planning (GPDP) in their Panchayats.

The Government of Rajasthan issued new guidelines on the 3rd of June 2016 to reconstitute VHSNWC. Not a single VHSNWC was reconstituted as per the new guidelines in Banswara until June 2017. The old VHNSWCs used to irregularly meet without any concrete action.

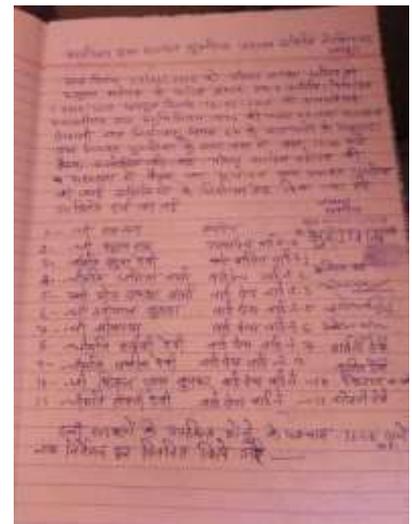
1. There should be 116 appropriately constituted VHSNWCs in Govindgarh. Until June 2017, 115 VHSNWC were reconstituted, but only 16 VHSNWC were functional.



Meeting minute of 'old' VHSNWC- no action plan

2. As per the Rajasthan Government Order, the village health plan is to be prepared by VHSNWC in consultation with the community and Panchayat. No health planning was undertaken in any GP of Banswara or Govindgarh until June 2017.

3. The Social Justice Committee was constituted on paper in all 45 GPs of Govindgarh and 43 GPs of Banswara during June 2015. But by June 2017, the most recent meeting of any SJC in any block was held only in June 2016. After that, there has been neither any meeting nor action plan.



Constitution of SJC, Govindgarh during June '16

4. There are large number of younger elected representatives (both men and women) in Gram Panchayats now. They are interested in doing something but don't have guidance and supports from external agencies. The training programmes conducted by Government of Rajasthan were least participatory, and so, least useful.

5. Gram Panchayats did receive orders (from appropriate authorities of state government) for conducting Gram Panchayat Development Planning (GPDP) for the utilization of the resources under 14th Central Finance Commission. However, as in June 2017, GPs were waiting for further details on future GPDP. Panchayat members didn't have any clue about the process of GPDP. They had and have not received any specific training on GPDP.

4.3 Outcome Indicator 4:

Improving maternal health in the state is a priority of the state government. But the health department and the State Health Mission division, nodal agencies for maternal health in the state, have not provided centrality to Panchayats in their scheme of things.

1. None of the officers of Panchayat departments in Banswara and Jaipur district were aware about the precise role of Panchayat in MCH care or the provision of Mahila Sabha. PRIA provided them in June 2017, the copy of a government order related to holding of Mahila Sabha in GPs of Rajasthan. This order was issued by the Principal Secretary (Panchayati Raj and Rural Development), Government of Rajasthan in 2012.
2. As in June 2017, the state government had devolved primary health (including those related to maternal and child health) to Panchayats. But this devolution was on paper only. All activities of health department were controlled by Chief Medical and Health Officer and Block Programme Manager (National Health Mission) without any interface with Panchayat department or Gram Panchayats.
3. The National Health Mission (NHM) and its State Counterparts undertook district health planning to prepare District Health Action Plan (Rajasthan Government Order dt.30/03/2009). This had no link with the village health plan supposed to be prepared by VHSNWC.
4. State department had asked Panchayats to prepare Gram Panchayat Development Plan (GPDP). The GPDP could include planning for MCH in Gram Panchayats. But clarity on this matter is lacking.
5. As in June 2017, the State (or district) Health department was neither aware about the GPDP nor was thinking to link village health planning with the GPDP process.
6. The training curricula of State Institute of Rural Development (Indira Gandhi Panchayati Raj & Gramin Vikas Sansthan) for capacity building of elected panchayat representatives does not emphasize health planning.
7. Government-led periodic awareness campaigns about health issues have good resources in terms of campaign materials and involvement of government officials. Its impacts are visible in the field. But the previous impacts do not justify the huge investments made by the government. No

other agencies were involved in Jaipur or Banswara to optimize the use of such resources. PRIA could use these 'unused' IEC materials in field.

8. The ASHAs, ANMs and AWWs have not been oriented about roles and responsibilities of Panchayats in managing the MCH. Their periodic trainings from departments have very little reference to how they could seek support from Panchayats and how could they provide support to Panchayats.

5. Ways Forward

The baseline data provides ample insight regarding possible future action. Many of the required actions, such as awareness building, training, volunteerism, support to planning by panchayats and local level convergence of health and panchayat agencies, are already part of the current project. However, certain planned actions need to be aligned to the prevailing realities in the field. Accordingly, the following issues should be addressed by the future plans (in addition to the currently planned activities) and actions of the project.

1. Sensitization and awareness about menstrual health and hygiene should be undertaken in Banswara. Taking into account the sensitivities in tribal areas, strategic collaboration with the district administration for this campaign would be important.
2. Awareness about confirmation of pregnancies and so, early registration of pregnancies are important issues to be addressed. They also require proactive support from the local health workers and Panchayats, besides the awareness of the future mothers.
3. Counselling during pregnancy and ambulance services need to improve in Banswara and Govindgarh.
4. Family and community play very significant roles in decisions about health and nutrition of pregnant women. Panchayats, led by the Sarpanches and ward members should discuss these issues with families. Panchayats could generate enough social pressure (through Gram Sabha) to ensure better health, nutrition, and comfort of pregnant women.
5. Traditional leaders such as *Bhopas*, *Bhaganjedyas*, *Guru Jis* as well as *Bengali doctors* should be appropriately included for effective sensitization of families and women in managing their MCH issues.
6. Women's participation in Gram Sabha needs to be encouraged and supported.
7. Efforts should be made for departmental convergence, but at local level VHSNWC and SJC convergence could be achieved sooner.

8. Animators could play crucial roles in the suggested items above (4,5,6, and 7). So, their capacities need to be strengthened periodically.
9. Govindgarh has slightly better development parameters, as the baseline data suggest, but that difference is not so significant. Equally intensive efforts would also be required in Govindgarh.
10. Gram Sabhas and special Gram Sabhas ordered by the Central and State Governments have become least people-centric. State government should not impose its agenda for meetings of the Gram Sabhas.
11. District administration and State government should be reconvinced to emphasize the importance of Mahila Sabha before every Gram Sabha.
12. GPDP should be taken more seriously by state government by bringing in accountability of Panchayat officials and Sarpanches in ensuring people's participation in the processes of the GPDP.
13. Primary Health Centres should improve their functioning in Banswara so that people can approach them.
14. Local media should be strategically roped in to educate people and support advocacy with Government.
15. Capacity building of ASHA, ANM, AWW, and other front-line workers should be improved to help them work better with Panchayats and their officials.

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10. National Family Health Survey-4- 2015-16

Annexures:**I. Questionnaire**

समुदाय स्तर के लाभार्थियों हेतु सर्वे प्रपत्र	
साक्षात्कार की दिनांक	
उत्तरदाता का नाम	
उत्तरदाता का मोबाइल नम्बर	
जिला	
पंचायत समिति/ब्लाक का नाम	
प्राथमिक स्वास्थ्य केन्द्र का नाम	
उप स्वास्थ्य केन्द्र का नाम	
ग्राम पंचायत का नाम	
राजस्व गांव का नाम	
साक्षात्कार प्रारम्भ समय व अंत समय	
साक्षात्कारकर का नाम	

Outcome 1 : Women of reproductive age group are aware about their rights and entitlements regarding Maternal Health Care services and are able to access these services in Banswara Block.

प्र.न.	प्रश्न	उत्तर	आगे बढें	Comments
1	आपकी उम्र कितनी है?			Profile
2	आपने पढ़ाई/शिक्षा कहाँ तक की है?			Profile
3	आपकी जाति क्या है?			Profile
4	क्या आप विवाहित/शादीशुदा है?			Profile
5	विवाह के समय आपकी उम्र क्या थी?			Profile
6	क्या आपके पति या घर के पुरुष धर के कामों में सहयोग करते हैं?			Profile
7	क्या आपके परिवार में स्वास्थ्य और पोषण से संबंधित निर्णय आप स्वयं लेती है या कोई और?			Profile
8	आपके कितने बच्चे हैं?			Profile
9	उनकी उम्र क्या है?			Profile
10	क्या आपने कभी किसी ऐसा लड़का या लड़की को जन्म दिया हो जो जन्म के समय जीवित था और बाद में उसकी मृत्यु हो गई हो?			Profile
11	क्या आपके पास आपातकालीन परिस्थितियों (महिला या बच्चे की स्वाथ्य) के लिये कुछ पैसा रहता है?			Access to MCH
12	क्या आप के गांव में गर्भवती एवं माताओं के लिए आशा, आगंवाड़ी सेविका को छोड़ कर अन्य कोई व्यक्ति या महिला ; स्वयंसेवक हैं जिससे आप आवश्यकता होने पर सम्पर्क कर सकते हैं। यदि हा तो उनका नाम बताये?			Access to MCH
13	आपको अपने गर्भ ठहरने का पता कैसे लगा?			ANC
14	आपका गर्भवस्था के समय पंजीकरण हुआ है/था?			ANC

15	पंजीकरण के पश्चात ममता कार्ड दिया गया है/था?			ANC
16	क्या गर्भावस्था के समय आपने प्रसवपूर्व जांच कराई है/थी?			ANC
17	प्रसवपूर्व जांच कुल कितनी बार कराई ? संख्या लिखें?			ANC
18	आपकी पहली जांच कितने महीने में हुई?			ANC
	वजन लिया गया?			ANC
	बी.पी. की जांच की गई?			ANC
	पेशाब की जांच हुई?			ANC
	पेट के निचले हिस्से की जांच हुई?			ANC
19	क्या आपको प्रसव पूर्व जांच के दौरान प्रसव के जटिलता के बारे में बताया गया है/था?			ANC
	यदि हा तो किसने बताया?			ANC
20	गर्भावस्था में आपने टी.टी. का टीका लगावाया है /था?			ANC
	यदि हा तो कितनी बार?			ANC
21	क्या आपको यह पता है कि प्रसव पूर्व जांच क्यों कराई जाती है?			ANC
22	गर्भावस्था के आखरी तीन महीनों में आपको कौन-कौन सी सलाह दी गई?			ANC
23	गर्भावस्था के दौरान कितना आराम करती है /थी?			ANC
24	क्या आपको अपने प्रसव की अनुमानित दिनांक पता है /थी?			ANC
25	क्या आप नियमित जांच के लिये अस्पताल जाती है /थी?			ANC
	यदि हा तो किसके साथ?			ANC
26	क्या आपको गर्भावस्था के दौरान अपनी देख भाल करने के बारे में जानकारी है/थी?			ANC
	अगर बच्चा 2 साल से छोटा है तो			
27	आपका प्रसव कहां हुआ था?			Delivery
	घर पर / अस्पताल में?			
28	यदि घर पर तो प्रसव के समय आपकी सहायता किसने की थी?			Delivery
29	यदि अस्पताल पर तो बच्चों का जन्म कैसे हुआ था?			Delivery
	सामान्य प्रसव/ आपरेशन से?			PNC
30	आप प्रसव के लिए अस्पताल कैसे गई थी?			Entitlement
	सरकारी एम्बुलेन्स या निजी साधन?			
31	यदि निजी साधन से तो अस्पताल जाने के लिए आपको कितना पैसा खर्च करना पड़ा?			Entitlement
32	104/108 फोन करने के कितनी देर बाद आई?			Entitlement
33	प्रसव पश्चात आप कितने दिन अस्पताल में रही?			PNC
34	प्रसव के बाद किसी ने आपके स्वास्थ्य की जांच की?			PNC
35	यदि बच्चों का जन्म अस्पताल में हुआ तो अस्पताल में उसे कौन-कौन से टीके लगाये गये?			PNC
36	क्या बच्चों के जन्म के पश्चात उसका वजन किया गया था?			PNC
37	आप बच्चों को टीके लगवाने कहां जाती है या गई थी?			PNC
38	क्या आपके पास बच्चों का टीकाकरण कार्ड हैं जिसमें टीकाकरण के विषय में सम्पूर्ण जानकारी है?			PNC
	क्या-क्या सेवाएं दी जाती है?			

	स्वास्थ्य संबंधी?		
	पोषण संबंधी?		
39	क्या आपको स्तनपान कराने के फायदे के बारे में पता है?		PNC
40	जन्म के कितने समय बाद बच्चों को स्तनपान शुरू कराया?		PNC
41	जन्म के कितने दिनों /महीनों तक आपने बच्चों को सिर्फ स्तनपान कराया?		PNC
42	क्या आपने बच्चे को अपना पहला दूध गाढा पीला पिलाया था ?		PNC
43	क्या आपके बच्चे के लिए पर्याप्त पोषण के बारे में जानते हो ?		PNC
44	क्या आपको बच्चे की टेबलेट या सिरप दिया गया था?		PNC
	यदि हां तो कितने दिनों तक कितनी टेबलेट या सिरप लिया?		
45	पिछले छः महीनों में क्या बच्चों को विटामिन ए की खुराक दी गई है?		PNC
46	यदि बच्चा छः महीनें पूर्ण कर चुका है तो अभी आप उस बच्चों को क्या-क्या खाने/पीने के लिए दे रही हैं?		PNC
47	क्या पिछले दो सप्ताह में आपके बच्चों को दस्त हुए थे?		PNC
48	क्या दस्त के लिए कोई सलाह या उपचार लिया है?		PNC
49	दस्त के समय उसे कभी पाउडर या पदब की टेबलेट दी गयी थी?		PNC
50	क्या इलाज के लिए कुछ और दिया गया था?		PNC
51	क्या आपको पता है कि टीके लगवाने से आपके बच्चों को बहुत सारी जान लेवा बीमारियों से बचाया जा सकता है?		Awareness of RCH
52	क्या आपने लडके/लडकी को समान रूप से सारे टीके लगावा		Awareness of RCH
53	क्या आपको पता है कि छोटे बच्चे को कोई भी दवाई डाक्टर से बिना पूछे नहीं दी जानी चाहिये?		Awareness of RCH
54	क्या आप अपनी बेटी या परिवार में किसी और युवा लडकी से मासिक धर्म के बारे में बात करती है?		Awareness of RCH
55	आप मासिक धर्म के समय खून के दाग से बचने के लिए क्या इस्तेमाल करती हैं?		Awareness of RCH
56	क्या आपने कभी ए.एन.एम को टेबलेट द्वारा गर्भवती महिलाओं को सुझाव / परामर्श देते हुए देखा है?		Anganwadi services
57	क्या आप आशा व आंगनबाडी कार्यकर्ताओं को गांवो के मातृ एवं शिशु स्वास्थ्य सुधार हेतु सहयोग प्रदान करती है?		Anganwadi services

58	क्या कभी ए.एन.एम या आशा आपके घर पर आकर आपसे मिली है या मिलती है?			Anganwadi services
59	क्या आप परिवार नियोजन के विषय में जानते हैं?			Awareness of RCH
60	अगर आपने नसबंदी कराई है तो कब और कहा से कराई?			Awareness of RCH
61	क्या कभी किसी ने आपसे परिवार नियोजन के संबंध में बात की थी? (पहली गर्भावस्था में देरी, ANC, प्रसव, PNC की जानकारी)			Awareness of RCH
62	क्या आपको महिलाओं को होने वाली कुछ आम बीमारियों के बारे में जानकारी है?			Awareness of RCH
63	लडका होगा या लडकी इस के लिये कौन जिम्मेदार है?			Awareness of RCH
64	किसी भी तरह की बीमारी होने पर क्या आपके परिवार के पुरुष आपको या बच्चे को दिखाने आपके साथ अस्पताल या चिकित्सक के पास जाते हैं?			Awareness of RCH
65	क्या आप सोचती है गर्भधारण रोकने के लिए अगले 12 महीनें किसी भी साधन का उपयोग करेंगी?			Awareness of RCH
66	क्या आपके पास आधार कार्ड, भामाशाह कार्ड, बच्चे का जन्म प्रमाण पत्र वगैरह है?			Awareness of RCH
67	क्या आप आंगनवाड़ी केन्द्र पर जाती हैं ?			Anganwadi services
	यदि हां तो किस लिए?			
68	क्या आप आंगनवाड़ी केन्द्र पर दी जाने वाली सुविधाओं के बारे में जानती है?			Anganwadi services
69	क्या आपके यहां के केन्द्रो पर किसी भी तरह के जागरूकता के कार्यक्रमों का आयोजन होता है?			Anganwadi services
70	क्या आप अपने पास के आंगनवाड़ी सेन्टर पर होने वाले किसी भी कार्यक्रम में भाग लेती है?			Anganwadi services
71	क्या आपको चित्रों, पोस्टरों या फिल्मों के द्वारा कोई जानकारी या परामर्श दिया जाता है?			Anganwadi services
72	क्या आप MCHN Day के विषय में जानती है?			Anganwadi services
73	क्या आप आंगनवाड़ी केन्द्र पर दिये जाने वाले पोषाहार का प्रयोग करती है?			Anganwadi services
74	क्या आप आंगनवाड़ी केन्द्र पर मिलने वाली सुविधाये अच्छी और फायदेमंद है?			Anganwadi services
75	क्या आप आंगनवाड़ी केन्द्र पर किये जाने वाले व्यवहार से सतुष्ट है?			Anganwadi services
76	क्या आपके गांव में ग्राम सभा होती है ? हा/ नहीं?			Community Institutions/Panchayat
77	क्या ग्राम सभा को लेकर अन्य लोगों में उत्साह होता है?			Community

				Institutions/Panchayat
78	यदि हाँ तो आप या आपके परिवार का कोई सदस्य उसमें भाग लेता है / लेती है?			Community Institutions/Panchayat
79	समुदाय के लोगों को ग्राम सभा की दिनांक, समय व स्थान का पता कैसे चलता है?			Community Institutions/Panchayat
	विज्ञापन/सूचना पत्र/लाउडस्पीकर / अन्य साधन			
80	पिछली ग्राम सभा कहाँ हुई थी?			Community Institutions/Panchayat
	पंचायत भवन/स्कूल / सार्वजनिक भवन/ अन्य स्थान/पता नहीं?			
81	क्या आपको कभी गांव या वार्ड के प्रमुख लोगों के सामने अपनी समस्या रखने का मौका मिला है?			Community Institutions/Panchayat
	यदि हाँ तो उनका व्यवहार कैसा था?			
82	क्या आपके होने वाली ग्राम सभा में महिलाये भाग लेती है?			Community Institutions/Panchayat
83	क्या सभा के दौरान आम लोगों मुख्यतः वंचित समुदाय की महिलाओं एवं युवाओं के स्वास्थ्य मुद्दे आमंत्रित किये जाते है?			Community Institutions/Panchayat
84	क्या आपको अपने ग्राम पंचायत का स्वस्थ योजना की जानकारी है?			Community Institutions/Panchayat
85	क्या आपने कभी गांव की स्वास्थ्य योजना बनाने में भाग लिया है?			Community Institutions/Panchayat
86	क्या आपके यहां सामाजिक न्याय समिति या किसी अन्य प्रकार की कोई समिति बनी हुई है?			Community Institutions/Panchayat
87	क्या आप या आपके परिवार का कोई सदस्य किसी भी समिति का सदस्य है?			Community Institutions/Panchayat
88	क्या आपके यहां किसी देवता, भोपा, भापजी की मान्यता होने के कारण टीकाकरण नहीं करवाते है?			Old traditions
89	क्या आपको सरकार और विभाग के द्वारा महिलाओं और बच्चों के चलाई जा रही योजनाओं की जानकारी है?			Welfare schemes
90	क्या आपने जनकी शिशु सुरक्षा योजना, भामाशाह स्वास्थ्य योजना का लाभ लिया है?			Welfare schemes
91	आपको इन योजनाओं की जानकारी कहां से मिली और किसने दी?			Welfare schemes
92	क्या आपको लगता है कि इन योजनाओं का लाभ सभी का समान रूप से मिलता है?			Welfare schemes
93	इन योजनाओं के ज्यादा से ज्यादा प्रचार और प्रसार के लिये क्या करना चाहिये जिससे यह सभी तक पहुंचे?			Welfare schemes
94	प्रसव कराने के लिये आपकी सबसे पहली प्राथमिकता कहां होगी ?			PVT service provider
	नीम हकीम			
	घर पर			

	सरकारी अस्पताल			
	या निजी अस्पताल			
95	क्या आपको अपने आस पास के निजी पढे लिखे डाक्टरों या अस्पतालों की जानकारी है?			PVT service provider
96	आपके हिसाब से सबसे अच्छी सेवाये कहां मिलती है प्राईवेट अस्पताल या सरकारी में?			PVT service provider

Outcome 2: Men and Women of all communities, including marginalized, SC, ST participate in the Gram Sabha meetings, plan for the Maternal Health Services and supports the health sub committee of their respective Gram Panchayats in monitoring the delivery of health services - Banswara and Gobindgarh block

Outcome 3: Gram Panchayats (particularly the health sub committee) in Banswara and Govindgarh blocks are capacitated and strengthened to prepare and implement GP Maternal Health Service Plans for improved MHC services

Methodology for Outcome 2 & 3: FGD with Sarpanchs, GP Secretaries, ANMs, ASHAs, AWWs & Volunteers so that claims can be cross-verified

प्र.न.	प्रश्न	उत्तर	आगे बढ़ें	Comments
1	पिछले ग्राम सभा में लोगो का भाग लेना कैसा था? (पुरुष/महिला/SC/ST)			
2	क्या इस ग्राम सभा के कार्यसूची में मच सेवाओं था? (हाँ या ना)			
3	योजना वाली ग्राम सभा के कार्यसूची में MCH था? (हाँ या ना)			
4	क्या GP Social Justice Standing Committee मौजूद हैं? (हाँ या ना)			
5	अगर हाँ तो क्या GP Social Justice Standing Committee MCH पर चर्चा और योजना बनाती है? (हाँ या ना)			
6	क्या VHSNC और GP Social Justice Standing Committee साथ बैठक करते हैं? (हाँ या ना)			
7	क्या ग्राम पंचायत द्वारा मच सेवाओं निगरानी की जाती है? (हाँ या ना)			
8	अगर हाँ तो कैसे?			
9	अगर GP Social Justice Standing Committee बनी है तो उसकी क्षमता बनी है? (हाँ या ना)			

Outcome 4: State Government creates an enabling environment for the panchayats to execute and improve Maternal Health Services

Methodology: Examine the level of responsiveness from District and Block officials to MCH issues by discussing impact on the ground at GP level with ANMs, ASHA and AWWs

प्र.न.	प्रश्न	उत्तर	आगे बढ़ें	Comments
1	जिला और ब्लॉक अधिकारियों को MCH के मुद्दों पर कितना उत्तरदायित्व है?			Use Scale from 1 to 5 where 1 is least responsive and 5 is maximum responsiveness to measure the response to MCH

				by Govt: officials
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II. Code-sheet

	Outcome 1 : Women of reproductive age group are aware about their rights and entitlements regarding Maternal Health Care services and are able to access these services in Banswara Block.	Coding		Summary
		Options	Code	
	Heads			
	Survey form for community level beneficiaries			
	Date of interview			
	Responder's name			
	Mobile number of respondent			
	District	Banswara	1	NoD
		Jaipur	2	NoB
	Panchayat Committee / Block Name	Banswara	1	
		Talwara	2	
		Govindgarh	3	
	Primary health center name			
	Sub health center name			
	Name of Gram Panchayat			
	Revenue Village Name			
	Interview start time and end time			
	Interviewee's name			
Sl. No	Questions			
1	What is your age?	less than 15 years	1	AgeoRes
		15 to 18	2	
		19 to 25	3	
		26 to 30	4	
		31 to 35	5	
		36 to 40	6	
		41 to 45	7	
		46 and above	8	
2	Till what level have you studied? (education Level)	Illiterate	1	EdoRes

		Literate	2	
		Less than Class 5	3	
		Class 6 to 9	4	
		Class 10 to 12	5	
		Graduate	6	
		Post Graduate	7	
		Professional but UG	8	
		Professional and PG	10	
		Other	9	
3	What is your caste?	General	1	CastoRes
		SC	2	
		ST	3	
		OBC	4	
		Minority	5	
		Other	9	
4	Are you married or un-married?	Married	1	MariSt
		Un Married	2	
		Deserted	3	
		Widow	4	
		Other	9	
5	What was your age at the time of marriage?	less than 15 years	1	AgetoMar
		15 to 18	2	
		19 to 25	3	
		26 to 30	4	
		31 to 35	5	
		More than 35	6	
6	Do your husband or the men in the house cooperate with the work of Dhar?	Yes	1	Spcoop
		No	2	
7	Do you decide on health and nutrition decisions in your family or on some side?	Self	1	DecoHealt
		Some one else	2	
8	How many children do you have?	No child	1	ChidloRes
		One Child	2	
		Two Child	3	
		Three Child	4	
		More than Three	5	
9	What is their age?	Child One		AgeChild1
		Less than one year	1	
		1 to 5 years	2	

		6 to 12 years	3	
		13 to 18 years	4	
		More than 18 years	5	
		Child Two		AgeChild2
		Less than one year	1	
		1 to 5 years	2	
		6 to 12 years	3	
		13 to 18 years	4	
		More than 18 years	5	
		Child Three		AgeChild3
		Less than one year	1	
		1 to 5 years	2	
		6 to 12 years	3	
		13 to 18 years	4	
		More than 18 years	5	
		Child Four		AgeChild4
		Less than one year	1	
		1 to 5 years	2	
		6 to 12 years	3	
		13 to 18 years	4	
		More than 18 years	5	
		Child Five		AgeChild5
		Less than one year	1	
		1 to 5 years	2	
		6 to 12 years	3	
		13 to 18 years	4	
		More than 18 years	5	
10	Have you ever given birth to a boy or girl who was alive at birth and later died?	Yes	1	Alivebirth
		No	2	
11	Do you have some money for emergency situations (maternal & child health)?	Yes	1	MonEmgSit
		No	2	
12A	Do you expect pregnant women in your village and any other person or woman, except the firewadi crew? There are volunteers that you can contact if you need it.	Yes	1	VolinPreg

		No	2	
12 B	If yes, tell their name?	Sister		NameVol
		Sister in Law		
		Mother		
		Mother in Law		
		Other		
13	How did you find out about your present/past pregnancy?	Change in Period	1	IdPreg
		Visit to Doctor	2	
		Both 1 and 2	3	
		Any other symptom	4	
14	Did you register at the time of your pregnancy?	Yes	1	RegPreg
		No	2	
15	Mamta card was issued after registration?	Yes	1	MmCdPreg
		No	2	
16	Have you underwent antenatal check in pregnancy?	Yes	1	AntNatPreg
		No	2	
		Not informed		
17	How many times the prenatal screening was done? Write the number?	Never	1	TimScrePNat
		Once	2	
		Twice	3	
		More than two times	4	
18	How many months have you been examined?	With in One month	1	MonthExam
		After One month	2	
		After Two months	3	
		After Three months	4	
		After Four months	5	
		Never	6	
	Got weight?	Yes	1	WeightEx
		No	2	
	BP Checked?	Yes	1	BPEX
		No	2	
	Checked urine?	Yes	1	UrEx
		No	2	
	The lower part of the stomach was examined?	Yes	1	AbdEx

		No	2	
19A	Have you been told about the complexity of delivery during prenatal screening?	Yes	1	ComDelPrNat
		No	2	
19 B	If yes, who told?	Family member	1	InfComDelPN
		ASHA worker	2	
		ANM	3	
		Doctor at PHC	4	
		Doctor at CHC/District	5	
		Other	9	
20A	TT in pregnancy Is it vaccinated?	Yes	1	TTVacPreg
		No	2	
20 B	If yes, how often?	once	1	FreTTVacPreg
		Twice	2	
		More than two time	3	
21	Do you know why to check before childbirth?	Yes	1	KnoCheBeBir
		No	2	
22	What advice were you given in the last three months of pregnancy?	Not to do heavy work	1	AdvLasPreg
		Not to do any work	2	
		Do all the routine work	3	
		Other	4	
23	How much rest / during the pregnancy?	Yes	1	RestDuPreg
		No	2	
24	Do you know the estimated date of delivery?	Yes	1	EstDtoDel
		No	2	
25A	Do you go to the hospital for regular checkup?	Yes	1	RegChecHos
		No	2	
25 B	If yes, with whom?	Husband	1	CoregChecHos
		Mother in Law	2	
		Sister in Law	3	
		Mother	4	
		Sister	5	
		Other	9	
26A	Do you have information in your care during pregnancy?	Yes	1	InfoCaerPreg

		No	2	
26 B	If the child is younger than 2 years then			
27	Where was your delivery?	Home	1	DelPlc
		Hospital	2	
		Any other Place	9	
28	If at home, who helped you at the time of delivery?	ANM	1	HelpDelHom
		Doctor	2	
		Husband	3	
		Mother in Law	4	
		Sister in Law	5	
		Mother	6	
		Sister	7	
		Any trained Dai	8	
		Other	9	
29	If at hospital, how were the children born?	Normal Delivery	1	HosDelMeth
		Operation	2	
30	How did you go to the hospital for delivery?	Government Ambulance		ModeHos
		Private Vehicle		
31	How much money did you have to spend going from hospital (Govt./Private)?	Zere		MonExHos
		Rs 1 to Rs 250		
		Rs 251 to Rs 500		
		More than Rs 500		
32	104/108 Ambulance came how long after calling?	Less than 30 Minutes	1	TimGapAmbu
		31 minutes to one hour	2	
		One hour to two hours	3	
		Two to three hours	4	
		More than three hours	5	
		Not came at all	6	
33	How many days were you in the hospital after delivery?	Less than A day	1	DaysAftDel
		One Day	2	
		Two days	3	
		More than two days	4	
34	Did someone check your health	Yes	1	HelChecAfDel

	after delivery?			
		No	2	
35	If the children were born in the hospital, which vaccines were given in the hospital?	BCG	1	VacHos
		DPT	2	
		Polio	3	
		Do not Know	4	
36	Was the child weighed after the completion of birth?	Yes	1	ChildWeAtBir
		No	2	
37	Where did you go to vaccinate children or go?	Done at Home	1	PlaOfVac
		PHC/ Sub Centre	2	
		Anganwadi	3	
		Not Done	4	
38	Do you have a children's entitlement card which contains complete information about immunization?	Yes	1	ChilEntVac
		No	2	
	What services are provided in DBCH?			SerDBCH
	Health related?			SerHel
	Nutritional?			SerNut
39	Do you know about the benefits of breastfeeding?	Yes	1	BenOfBrFd
		No	2	
40	How much time after birth did the child started breastfeeding?	Within an hour	1	TimGapto BrFd
		1 to 2 Hours	2	
		2-4 Hours	3	
		More than 4 hours	4	
41	How many days / months of birth did you breastfeed only for the children?	Less than 1 month	1	MonthBrFd
		1 to 6 months	2	
		7 to 12 months	3	
		More than 12 months	4	
42	Did you feed your baby first yellow to yellow?	Yes	1	FdYel
		No	2	
43	Do you know about your child's requirement for adequate	Yes	1	ChldReAdNut

	nutrition?			
		No	2	
44A	Do you know Was the tablet or syrup given?	Yes	1	InfoTabSyr
		No	2	
44 B	If so, how many days did the tablet or syrup take?	less than 3 days	1	DayTabSyr
		4 to 7 days	2	
		8 to 15 days	3	
		More than 15 days	4	
45	In the last six months, have children given Vitamin A supplements?	Yes	1	VitASup
		No	2	
46	If the child has completed six months, what are you still giving to those children to eat / drink?	Only breast feeding	1	FdAftSixMon
		Breast feeding with cereals	2	
		Only Cereals	3	
47	Have you had diarrhea in the past two weeks?	Yes	1	DiaTwoWeek
		No	2	
48	If Yes, then Did you take any advice or treatment for diarrhea?	Yes		AdvDia
		No		
49	Was he ever given a tablet tablet at the time of diarrhea?	Yes	1	TabDia
		No	2	
50	Was there anything else for the treatment of diarrhea?	Yes	1	OtDia
		No	2	
		Not sure	3	
51	Do you know that having a vaccine can save your child from many diseases and be saved from diseases?	Yes	1	BenofVac
		No	2	
52	Do you take all vaccines in the same manner to the boy / girl	Yes	1	ConOfVac
		No	2	
53	Do you know that a small child should not be given any medicine without asking the doctor?	Yes	1	InfoMed
		No	2	
54	Do you talk to any other young girl in your daughter or family about menstruation?	Yes	1	DisMen
		No	2	

55	What do you use to avoid blood stains during menstruation?	Cloth	1	BldMen
		Saniteray Napkins	2	
		Other	9	
56	Have you ever seen ANM suggesting / advising pregnant women?	Yes	1	ANMPreg
		No	2	
57	Do you support Asha and Anganwadi workers to improve the maternal and child health of the village?	Yes	1	ImpMatHel
		No	2	
58	Has ANM or Asha come to your house or met you or is it?	Yes	1	AnmAshaVis
		No	2	
59	Do you know about family planning? (post marriage counseling for delaying first pregnancy, ANC, delivery and PNC)	Yes	1	
		No	2	
60	If you have made a sterilization, then when and how to do it?	We have to break it in 2		Ster
61	Did anybody talk to you about family planning?	Yes	1	FamPlan
		No	2	
62	Do you have information about some common diseases occurring to women?	Yes	1	ComDis
		No	2	
63	Will the boy or the girl be responsible for this?	Husband	1	ResBirBG
		Wife	2	
		Both	3	
		Not Sure	4	
64	Do your family members go to the hospital or doctor with you to show you or the child when there is any kind of illness?	yes	1	HosIllness
		No	2	
65	Do you think any tool will be used to prevent pregnancy in the next 12 months?	Yes	1	TooPrePreg
		No	2	
66	Do you have Aadhar card, Bimaashah card, birth certificates etc.?	Yes	1	Adhar

		No	2	
67A	Do you go to Anganwadi center?	Yes	1	VisAngCen
		No	2	
67 B	If so for what?	For check up	1	WhyAngCen
		For medicine/ vaccination	2	
		For supplimentary food	3	
		other	9	
68	Do you know about the facilities offered at Anganwadi center?	Yes	1	FacAngCen
		No	2	
69	Are there any awareness programs organized at your centers?	Yes	1	AwaPrgAngCen
		No	2	
		Do not Know	3	
70	Do you participate in any program on your Anganwadi center?	Yes	1	PartAngCen
		No	2	
71	Are you given any information or advice through pictures, posters or films?	Yes	1	InfoAngCen
		No	2	
72	Do you know about MCHN Day?	Yes	1	InfoMCHNDay
		No	2	
73	Do you use nutrition given on Anganwadi center?	Yes	1	NutAngCen
		No	2	
		Never received	3	
74	Are the facilities available at Anganwadi center good and beneficial?	Yes	1	FacAngCenGB
		No	2	
75	Are you satisfied with the behavior done at Anganwadi center?	Yes	1	SatBehAngCen
		No	2	
76	Is the Gram Sabha conducted in your village? Yes / No?	Yes	1	GSCon
		No	2	
77	Does the Gram Sabha generate enthusiasm in the people of the village?	Yes	1	GSEnthu
		No	2	
		Not Sure	3	
78	If yes, do you or any member of	Yes	1	FamGS

	your family take part in it?	No	2	
79	How do the people of the community know the date, time and location of the Gram Sabha?	Advertising/ Loudspeaker	1	InfoGS
		Notice	2	
		Other	3	
80	Where was the last Gram Sabha?	Panchayat Bhawan	1	LastGSPlc
		School	2	
		other Public Building	3	
		Open place	9	
81	Have you ever got an opportunity to put your problem in front of the main people of the village or ward?	Yes	1	ShainfoCom
		No	2	
82	Will women participate in your upcoming Gram Sabha?	Yes	1	WomPartGS
		No	2	
83	Are the health issues of women and children of the disadvantaged community discussed during the meeting?	yes	1	DisHelGS
		No	2	
		Not Sure	3	
84	Are you aware of the Gram Panchayat's health plan?	Yes	1	GPHelPln
		No	2	
85A	Have you ever participated in planning the village health plan?	Yes		PartVilHelPln
		No		
85 B	If so, how was his behavior?			
86	Do you have a committee of social justice or any other type of committee?	Yes	1	ComSocJus
		No	2	
		Not Sure	3	
87	Are you or a member of your family a member of any committee?	Yes	1	MemSocJus
		No	2	
88	Do not you get any vaccination/nutrition/medcation due to the belief of any god, goddess Bhapji?	Yes	1	BelVac
		No	2	

89	Do you know about the schemes being run by women and children by the government and the department?	Yes	1	SchmforWCD
		No	2	
90	Have you taken advantage of Janaki Shishu Suraksha Yojna, Bhamashah Health Scheme?	Yes	1	AdvJSS
		No	2	
91	Where did you get the information about these plans and who gave it?	From GP	1	InfoAbtJSSPln
		From Govt Dept	2	
		From News	3	
		Other	9	
92	Do you think the benefits of these plans are equally shared with everyone?	Yes	1	SharPlnJSS
		No	2	
		Not Sure	3	
93	What should be done to maximize the publicity and spread of these schemes so that it can reach everyone?	IEC publication	1	MaxPuJSS
		Media (print/electronic)	2	
		Campaign	3	
		Regular meetings	4	
		Other	9	
94	Where will you be your first priority for delivery?	Quack	1	PriOfDel
		At home	2	
		Government Hospital	3	
		Or Private Hospital	4	
95	Do you have information about doctors or hospitals written about you personally?	Yes	1	InfoDocPers
		No	2	
96	Where do you find the best services in private hospitals or government?	Private	1	BestServ
		Government	2	
Outcome 2: Men and Women of all communities, including marginalized, SC, ST participate in the Gram Sabha meetings, plan for the Maternal Health Services and supports the				

health sub committee of their respective Gram Panchayats in monitoring the delivery of health services - Banswara and Gobindgarh block				
Outcome 3: Gram Panchayats (particularly the health sub committee) in Banswara and Govindgarh blocks are capacitated and strengthened to prepare and implement GP Maternal Health Service Plans for improved MHC services				
Sl. No:	Questions			
1	At present, when will you organize a Gram Sabha in your village?			
2	Are there social security committees in your Gram Panchayat.			
3	Are there any volunteers in your village?			
4	There is discussion about the health of women and children in your Gram Sabha.			
5	You have ever helped in planning a scheme for the health of women and children in the Gram Sabha.			
6	When was your last plan for the health of women and children in your village?			
7	What resources are available for the health of women and children in your village?			
8	Who collaborate in making maternal and child health plans?			
9	Who executes and monitors the health plan?			
10	How do members of SJC, VHSNC, other members of Gram Panchayat, AWW, ASHAs, ANM prepare village health plans.			
11	What is the role of the Panchayat Secretary?			
12	Does everyone knows about the budget of the Panchayat Health Plan?			
13	Which people participate in your Gram Sabha?			
14	Whether margnlized women of disadvantaged community also participate?			

15	In your panchayat who works for the welfare of women and children?(ASHAs, AWWs, Sarpanch, ANM or other)			
16	What are the people who monitor the health facilities in your village panchayat?			
17	Who registers pregnant women?			
18	Facilities to be given for pregnant women are discussed.			
Outcome 4: State Government creates an enabling environment for the panchayats to execute and improve Maternal Health Services				
Sl. No:	Questions			
1	How responsive to MCH issues are District and Block officials?			

III. Initial Sampling Design (which was later changed due to time constraints)

The sampling will be done in 2 stages in the 2 blocks of Talwara and Banswara in Banswara district, Rajasthan. The survey will cover the awareness, access and knowledge of 900 women of reproductive age groups (Age: 15-49) in the 2 blocks. The sample population size is thus 900. We are focussing on selecting 12 women from a revenue village in the 2 blocks.

These 12 women from every village will be disaggregated into 3 categories:

4 women from the 15-19 years age group

4 women from the 20-35 years age group

4 women from the 36-49 years age group

The rationale behind selecting revenue villages is that aside from being an administrative unit, a revenue village is also a social and cultural unit which created a common socio-economic and cultural context within which women are being interviewed.

The sampling will be done in 2 stages:

1. Radom Sampling of Revenue Villages in Banswara and Talwara

There are a total of 70 revenue villages in Talwara and 177 revenue villages in Banswara. Proportion of women to be surveyed in each block would be:

Banswara = (Total Sample)*(No: of revenue villages in Banswara)/(Total revenue villages)

$$= 900*177/247$$

= 645 women

Talwara = (Total Sample)*(No: of revenue villages in Talwara)/(Total revenue villages)

= $900 \times 70 / 247$

= 255 women

Number of revenue villages to be chosen from each block is:

Banswara = $645 / 12 = 54$

Talwara = $255 / 12 = 21$

These 54 revenue villages from Banswara and 21 villages from Talwara will be chosen at random and finalized once randomization through either picking of lots or randomize tables in MS Excel are done.

2. **Random sampling of 12 women in each of the randomly selected revenue village**

Once the randomly selected villages are chosen, the survey teams of 2 persons each will proceed to each of the villages and begin the process of selecting women as they come in contact with them. The mode of the questionnaire will be through personal interviews done through conversations which incorporate the questions. The presence of at least one woman in every team here is important as sensitive questions related to reproductive and maternal health care are being asked. At present there are 5 women and 3 men who work as animators in the Banswara team. This is also the reason personal interviews are being used to rather than group discussions which can cause barriers to the flow of information.

At both stages we are avoiding purposive sampling so as to make the results as statistically sound as possible.

The survey teams which are working in pairs will also generate baseline data on some selected indicators related to the other outcomes in the proposal:

Outcome 1: Changes at the Individual or Family/Household level

Outcome 2: Men and Women of all communities, including marginalized, SC, ST participate in the Gram Sabha meetings, plan for the Maternal Health Services and supports the health sub-committee of their respective Gram Panchayats in monitoring the delivery of health services

Outcome 3: Gram Panchayats (particularly the health sub-committee) in Banswara and Govindgarh blocks are capacitated and strengthened to prepare and implement GP Maternal Health Service Plans for improved MHC services

Outcome 4: State Government creates an enabling environment for the panchayats to execute and improve Maternal Health Services

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