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# A Study of MNGO Scheme Impact on RCH Indicators in Himachal Pradesh.

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ABBREVIATIONS

ANC -Ante Natal Care
ANM -Auxiliary Nurse Midwife
ARC -Apex Resource Cell
ARH -Adolescent Reproductive Health
BCC -Behaviour Change Communication
CNA -Community Needs Assessment
CBO -Community Based Organisation
DoFW- Department of Family Welfare
DWCRA- Development of Women and Children in Rural Areas
FNGO -Field NGO
FP -Family Planning
GIAC- Grants-in-Aids Committee
GoI -Government of India
HIV/AIDS- Human Immuno Virus/ Acquired Immune Deficiency Syndrome
ICDS -Integrated Child Development Services
IEC -Information, Education, Communication
IFA- Iron Folic Acid
IPC -Inter Personal Communication
IUD- Intra-Uterine Device
LHV -Lady Health Visitor
MCH -Maternal Child Health
MIS -Management Information System
MNGO- Mother NGO
MO -Medical Officer
MTP -Medical Termination of Pregnancy
MoU -Memorandum of Understanding
MoHFW- Ministry of Health & Family Welfare
MTP -Medical Termination of Pregnancy
NGO -Non-Government Organisation
NPP- National Population Policy
NYK- Nehru Yuva Kendra
PHC -Primary Health Centre
PNDT- Pre-Natal Diagnostic Techniques
PPC -Past Partum Centre
PRIs -Panchayati Raj Institutions
RCH -Reproductive Child Health
RRC -Regional Resource Centre
RTI -Reproductive Tract Infections
SNGO- Service NGO
STI -Sexually Transmitted Infections
TBA- Trained Birth Attendant
TFR -Total Fertility Rate
VHC -Village Health Committee

## INTRODUCTION

The Government of India and several state governments have been encouraging NGO involvement in various development sectors over the years. Well-established GO-NGO collaborative models are available in the sectors of Education, Women and Child Development, HIV/AIDS and Natural Resource Management amongst others. The collaborators are as partners in primary health care for over two decades and more recently in the area of Reproductive and Child Health (RCH).

Partnership with NGOs in delivering and provision of Reproductive and Child Health (RCH) services through mother NGO (MNGO) in the un-served and under-served regions is one of the important initiatives in India. The scheme involves large number of contracts between government and the NGOs.

The Department of Family Welfare in the Ninth Five Year Plan (1997-2002) introduced the Mother NGO scheme under the Reproductive and Child Health Programme. Under this Scheme, small organizations at the village,Panchayat and Block levels are assisted through Mother NGOs. NGOs with substantial resources and proven competence are selected as Mother NGOs. They are given grants by the Department directly once in a year at the beginning of the year. At the village, Panchayat and Block levels, Field NGOs are involved for advocacy of RCH and Family Welfare Practices and for counseling to explain the facts and consequences of using or not using RCH/Family Welfare Practices. Under the scheme, the small NGOs are not required to come to National Capital or State Capitals wasting their meager resources as they are funded by the Mother NGOs. The DoFW sanctioned grants to Mother NGOs in allocated district/s. These MNGOs, in turn, issued grants to Field NGOs (FNGOs), in the allocated district/s. The grants were to be used for promoting the goals/objectives as outlined in the Reproductive and Child Health (RCH) Programme of GoI.

Mother NGO Programme is a Public-Private Partnership Programme of GOI.
MNGO programme is adopted as one of the strategy to achieve the RCH Objectives
These MNGOs through 49 Field NGOs assist the department in achieving RCH objectives in underserved and un served areas of the districts.
The scheme is identifying the gaps in RCH services and catering them by supplementing the efforts of State Government where sub center staff is unavailable and complementing the health department in providing the qualitative health services, where department staff is available.
MNGOs are also working as a resource for information to civil society/communities where in they are working and also are mobilizing communities for utilizing the services of the department. Mother NGOs are providing good support to the health department.
Both, RCH programme as well National Population Policy (2000) placed importance on achieving the policy goal of Sustainable Development through Population Stabilization and reduction in maternal, infant and child mortality and morbidity.
Both envisaged strategic theme of a meaningful partnership with Non- Governmental Organizations (NGOs) in pursuance of above Goal as NGOs have a comparative advantage of flexibility in procedures, and a rapport with the local population.

Belief: Gaps in services could be reduced if the capacity of NGOs is combined with Government.

Towards this, MNGO Programme functions in two kinds of scenarios:

Where the Government infrastructure is present and functional with staff, supplies and service capacity: In such areas, the NGOs complement the service delivery by enhancing and sustaining the demand for RCH services at community level.

Where the Government infrastructure is not in place, or available but with poor service quality: In such areas, NGOs complement service delivery by strengthening the Government system, providing services and sustaining the demand for RCH services at community level, as the need may be.

**OBJECTIVE OF THE STUDY**

- Study the impact of the MNGO scheme on the RCH indicator in Himachal Pradesh.
- Find out that Government and NGOs Partnership is useful or not in health sector.
- Review the achievements of MNGOs in the Himachal Pradesh.

**METHODOLOGY:-**

This study based on secondary data collects from the Himachal Pradesh NRHM.
The evalution has been done by Economics & statistics Deptt.

**Background of Himachal Pradesh.**

In January 1971, Himachal Pradesh was granted the status of a full fledge state of the Indian Union. The state has 12 districts, 75 Medical Blocks, 60 towns 17,495 inhabited villages, 2659 health institution, and 3243 Gram Panchayats. According to per capita income, Himachal Pradesh ranks 11among the Indian States. The annual per capita income in the state is Rs 22,576.As per estimates provided by the planning Commission 30% of rural population and 9% urban population in Himachal Pradesh was living below the poverty line (Central statistical Organization 1999). Only 13% of rural women live in a village with primary Health Centres, 46% live in a village with sub centre and 48% live in village with either a PHC or a sub centre. The proportions who live in a village with other health facilities are 7% for hospitals and 41% for dispensaries or clinics. Overall 60% of women live in village that has some kind of health facility. Median distances from particular health facilities are 6.4 km from a primary Health Centres, 1.5 km from a sub centre, 9.9 km from a hospital and 2.3 km from dispensary or clinic. 8% rural population in Himachal Pradesh need to travel a maximum 5-9 km in order to reach the nearest health facility.

Himachal Pradesh Health Institutions
(Medical, Public Health and Ayurvedic)SOURCE: YEARLY BOOK 2006

| | |
|---|---|
| Hospitals Community | 50 |
| Health Centres | 73 |
| Primary Health Centres | 448 |
| Civil Dispensaries | 22 |
| Health Sub Centres | 2071 |
| Tuberculosis Hospitals | 2 |
| District T.B. Clinic/Centres | 13 |
| T.B. Sub Clinics | 7 |
| Leprosy Hospitals | 3 |
| STD Clinics | 26 |
| STD Units | 45 |
| Ayurvedic Hospitals | 22 |
| Ayurvedic Health Centres | 1108 |
| Unani Dispensaries | 2 |
| Homeopathic Dispensaries | 14 |

Himachal Pradesh

1. No. of Districts = 12
2. Area in sq.Km. = 55673
3. Total Population =60,70,305 persons
   30, 80,781 males
   29, 89,524 females.
4. Decadal Population Growth =+ 17.39%.
5. Population Density = 109(highest density 369 in Hamirpur district
6. Sex Ratio = 970
7. 0-6 Population =12.84%
   a) Males population = 13.34%
   b) Female population = 12.32%
8. Literacy = Persons=77.13%
   = Males= 86.02%
   = Female= 68.08%

HEALTH SYSTEM STRENGTH

Signs of fertility decline are visible among the 5 States in the country to have made significant achievement in Health Indicators.

- Attempting to build scientific database for important health programmes in the State.
- Women empowerment is getting impetus.
- Attempting involvement of PRIs in the State in the implementation of Health Programmes.
- Female Headed Households are high.
- CPR is increasing fast to around 60%
- Sex ratio is 970 (2001-Census)
- Literacy status of Women has shown an appreciable increase (52.13 in 1991 to 68.4 - Census 2001).

Availability of Media

| Media | Urban | Rural | Total |
|---|---|---|---|
| Radio | 63.0% | 52.2 % | 55.0 % |
| TV | 94.8 % | 74.5 % | 76.3 % |

- Expose to Family planning massages on Radio/Television, news paper ,hoarding or other sources = 88.4 %
- Percentage age of Ever married Women Ages15-49 exposed to any media = =83.7%.

Family Planning (Contraceptive Prevalence)

1. **All Methods = 67.7%**
2. **Modern Permanent Methods = 52.4%**
3. **Modern Temporary Methods = 8.4%**

| **Health Indicators(SRS Rates)** | **HIMACHAL PRADESH** | **INDIA** |
|---|---|---|
| **1.Birth Rate-(2003)** | **20.6** | **24.8** |
| **2.Death Rate-(2003)** | **7.1** | **8.0** |
| **3.Infant Mortality Rate-(2003)** | **49** | **60** |
| **4.Child Mortality rate-(2002)** | **14.4** | **17.8** |
| **5.Total Fertility Rate-(2002)** | **2.1** | **3.0** |

**Review of literature:-**

In 1997, the Ministry of Health and Family Welfare, in accordance with the ICPD Cairo Conference and in concurrence to the Ninth Five Year Plan (1997 - 2002), initiated the RCH programme aimed to provide integrated health and family welfare services to meet the felt needs for health care for women and children. The concept was to provide the Beneficiaries with need based, client centered, demand driven, high quality and integrated Reproductive and Child Health (RCH) services. In the same year, the Ministry introduced the Mother NGO (MNGO) scheme under the RCH programme in which selected NGOs were identified and designated as MNGOs. These MNGOs were provided grants to strengthen RCH services in selected districts. These MNGOs in turn award grants to smaller NGOs called Field NGOs (FNGOs) to further strengthen the services at the grass-root levels and promote the goals/objectives of the RCH programme. MNGOs needed considerable capacity strengthening.
For this purpose, the Government of India decided to establish Regional Resource Centers (RRCs) with financial assistance from the UNFPA to provide technical and programmatic support towards capacity building of MNGOs. National level NGOs had been identified as Regional Resource Centres (RRCs) to provide technical support to the MNGOs. In the Beginning, a panel of four National NGOs has been selected under the RCH Programme to make verification of credentials of Mother NGOs. Apart from the verification of Mother NGOs, National level NGOs are also assigned the work of the assessing the performance of Mother NGOs on a regular basis.

These MNGOs are-

After that, it was proposed to expand the panel of NNGOs on basis of select criteria such as:

- Policy perspective and advocacy experience
- Grass-roots & Gender perspective
- RH expertise in at least 3-4 RH services
- Research experience
- Training capacity
- Strong Financial Management systems
- Minimum ten years experience

In 2010 name of RRCs is as below.

- Voluntary Health Association of India(VHAI)
- Child in Need Institute (CINI)
- Family Planning Association of India (FPAI)
- Gandhi gram Institute of Rural Health and Family Welfare
- Centre for Health Education, Training and Nutrition Awareness (CHETNA)
- Hindustan Latex Family Planning Promotion Trust (HLFPPT)
- Mamta Health Institute for Mother and Child (MAMTA)
- Population Foundation of India (PFI)
- State Innovation in Family Planning Services Project Agency (SIFPSA)
- Assam Voluntary Health Association

MNGOs in this scheme were selected based on strong RCH programme and training experiences, understanding of gender issues and advocacy skills, strong networking ability and credibility in programme management and national status. The Mother NGO scheme is now part of National Rural Health Mission scheme implemented by Government of India.

The underlying philosophy of the Mother NGO scheme has been one of nurturing and capacity building.

Broadly the objectives of the programme are:

- Addressing the gaps in information or RCH services in the project area
- Building strong institutional capacity at the state, district/ field level
- Advocacy and awareness generation.

National Health Policy (NHP) 2002 and 10th plan document (2003-2008), that place emphasis on decentralization of program management and RCH service delivery using a gender sensitive approach, the NGO guidelines were revised in 2003. This also is in accordance with the RCH II approach. The objectives of the MNGO scheme, are to improve RCH indicators in the underserved and unserved areas, with specific focus on MCH, FP, Immunization, institutional delivery, RTI/STI and adolescent reproductive health care.. Interventions must seek to enhance male involvement and partnership in improving the reproductive health status of women and children **The UN-SERVED AREAS specifically include hilly, desert and mountainous regions, SC/ST habitats, urban slums and in areas where the government infrastructures are functioning sub optimally**. Under the revised mode, NGOs are expected to facilitate RCH service delivery in addition to addressing the awareness, education and advocacy requirement. The overall approach has shifted from a project to a program mode (from one-year cycle to 3-5 year cycle). Rationalization of NGO jurisdiction (reducing coverage from 5-8 districts or more to 1-2 only), and each MNGO to work with only 3-4 Field NGOs (FNGOs) from each district, encouraging each MNGO to identify the un-served and underserved pockets within the districts in consultation with district health Officials, identification of FNGOs from the same pockets to serve populations covering 1-2 sub centres in the provision of RCH service delivery related to FP, Immunization, MCH and access to institutional delivery. RTI/STI, adolescent reproductive health care, implementation of Janani Suraksha Yojana (JSY) are some of the salient features. 101 Mother NGOs had been selected. They have covered 420 districts of the country with the involvement of more than 800 Field NGOs. (2006)

The interventions must also include adolescent population. Community needs to be adequately mobilized to generate demand for RCH services. Greater emphasis on service delivery means that the service providers are able to measure outcomes concretely. The role of MNGO becomes one of an active facilitator and manager of the project and not only a fund distributor. A decentralized approach is adopted in the management and implementation of the MNGO Scheme. This means, starting from identification of NGOs, recommending NGO proposals for GoI approval, the State RCH Society takes responsibility for implementing the scheme. The MNGOs are members of the District RCH Society. The role of Government of India is one of policy guidance, approvals, funding and technical support.

In order to optimize results, the NGO is expected to complement and supplement the government health infrastructure and not substitute it. The NGOs' efforts are more effective by developing linkages with local governments, related government departments, and establishing networks with technical and resource institutions.

**MNGO Scheme 1997- 2000**

from the time of inception in 1998/99, till March 2003, 105 Mother NGOs (MNGOs) and over 800 field NGOs (FNGOs) have been participating in the scheme. More MNGOs and FNGOs are expected to join by end of December 2004 under the revised NGO scheme, which is likely to take up the numbers to nearly 300 MNGOs including Service NGOs. The presentation of the scheme as it evolved is divided into two sections, from 1998-2000 till 2004 in-order to highlight the learning and processes adopted for strengthening the partnership effort.
The design of the MNGO scheme during the 9th five-year plan placed a major focus on capacity building of implementing NGOs. A number of positive outcomes are available in terms of FNGO gaining management and technical skills and leveraging resources with other donors and thus graduating to applying for MNGO status.

**MNGO Scheme 2001- 2004**

The MNGO scheme has witnessed a very active period from the early 2001 and 2003 in terms of introduction of policies and changes in program content towards strengthening GO-NGO partnership. The National Population Policy 2000, National Health Policy 2000, National Health Policy (NHP) 2002 and $10^{th}$ plan document (2003-2008) which place emphasis on decentralization and RCH service delivery using a gender sensitive approach, guided the development of revised NGO guidelines. Apart from the policy framework, field insights from the MNGO/FNGO evaluations and lessons from other NGO initiatives guided the above process. The key learning includes:

- Capacity building goes beyond making funds available. Selection of the technical support unit must be done carefully to avoid friction with the implementing NGOs.
- Creating frequent interaction opportunities between NGOs and the state/district government and among NGOs for sharing and learning, establishment of enabling mechanisms, and organized systems that bring clarity in roles and responsibilities for all the stakeholders, are critical for strengthening partnership and capacity building.

The period between 2001-2003 could also be termed as a period of transition for the MNGO scheme. The revised guidelines development required that the number of procedural administrative and program content issues were discussed adopting a participatory and consultative process by governments and NGOs, prior to finalizing the guidelines. Accordingly, in 2003, all of the existing 105 existing MNGO went through an orientation on the revised guidelines, providing them with an opportunity to comment and provide feedback on the various aspects of the implementation. \five regional level advocacy workshops were organized to orient the state government health officials and an opportunity to provide their views, perspectives and suggestions.

**MNGO Scheme in RCH II Programme**

Based on the experience gained from first phase of RCH programme implementation and World Bank assessment of RCH I, several modifications were made in the MNGO scheme under RCH II.

Key changes are as follows:

- In addition to community mobilisation, components of service delivery are added to the programme.

- The jurisdiction of MNGO area was also redefined. One MNGO would work only in the identified un-served and underserved areas of one or a maximum of two districts.
- The concept of Service NGO, conceptualised in the original Mother NGO scheme plan document, was introduced in RCH II to directly provide integrated services in an area co-terminus to that of CHC/ block PHC with 100,000 populations. Service NGOs (SNGOs) are expected to provide a range of clinical services directly to the community.
- Greater emphasis is laid on specific output indicators for each of the programme component 6. MNGOs prepare their project proposals after doing a community need assessment (CAN) study of the area allocated to them. Evaluations will be done after first and third year and NGOs have to report progress on specific indicators identified in the CNA study.
- From 105 Mother NGOs in 2003, the number of MNGOs has almost doubled during 2005. RCH II programme intend to scale up MNGO scheme to cover all districts of India. Because of the increased coverage and to facilitate technical support to implementing agencies six new RRCs were selected. This increased the number of RRCs to ten. List of RRCs given above.
- Management of the programme was decentralised to the state level. State RCH society and state health department were actively involved in the selection of NGOs, disbursement of funds and monitoring of the activities. More RRCs were added for capacity strengthening of the NGOs and fostering effective partnership.
- Best practice centres were identified in states to compliment the RRC efforts.

**Infrastructure involved in MNGO scheme.**

**State RCH Society**:
This society is an independent society within state health department for RCH programme implementation. The role of state RCH society is that of selection of MNGO, recommendations of MNGO projects for MoHFW approval, fund disbursement and monitoring and evaluation.

**State NGO Selection Committee:**
This committee is chaired by the Secretary, Family Welfare and it is represented by MoHFW representative, Regional Director, State NGO coordinator, Director (Family Welfare) and RRC representative.

**District RCH Society**:
This society is represented by District RCH/FW Officer and is responsible for selection and approval of FNGOs and recommendation of MNGO projects.

**Regional Resource Centre (RRC)**:
The objective of the RRC is to provide technical assistance and capacity building support for a range of programme management and technical intervention areas to the state NGO Committee, MNGOs / FNGOs and SNGOs.

Regional Resource Centre (RRC) is expected to provide technical support in following areas:
- Capacity building of NGOs in working in partnership and develop networking of these institutions
- Support MNGOs to develop training and technical assistance plans based on participatory needs assessment.

- Share experience/skills in conducting surveys/FGD, monitoring and providing technical assistance for capacity building
- Sensitize the NGOs and stakeholders about RCH service delivery strategies
- Ability to streamline the MIS/reporting system
- Specific regional RCH issues addressed through training, technical assistance and nurturing of NGOs
- Identifying best practice centre and documentation of various experiences

The RRCs are expected to work as models for public -private partnership between government and non-government organisations. The key programme outcomes expected from RRCs are:

- A network of institutions across the country capable of providing high quality technical assistance to a range of NGOs working in partnership with the Government on RCH issues as per the goals of the NPP 2000.
- Closer linkage between State governments and MNGO at state and district levels.
- Increased access of NGOs to district level disaggregated data, training and communication material, and information on policies and programmes.
- Development of NGO resource directory for RCH issues at state level.
- State governments and GOI receive inputs for midcourse correction and policy modification

These MNGOs through 49 Field NGOs assist the department in achieving RCH objectives in underserved and UN served areas of the districts.
The scheme is identifying the gaps in RCH services and catering them by supplementing the efforts of State Government where sub center staff is unavailable and complementing the health department in providing the qualitative health services, where department staff is available.
MNGOs are also working as a resource for information to civil society/communities where in they are working and are mobilizing communities for utilizing the services of the department. Mother NGOs are providing good support to the health department.

**Appraisal and Evaluating Agencies:**

- The Regional Resource Centers conduct the field appraisals prior to MNGO selection. There is a panel of identified and trained evaluating agencies at the regional and state levels that conduct the subsequent midterm and final evaluations. The state can request any of these agencies to evaluate the MNGO project. The agencies also obtain feedback from the State RCH Society and the District RCH Society who are responsible for periodic monitoring of the MNGO projects.

**Inter-Departmental Linkages**

- NGOs under the MNGO scheme are expected to network with PRIs, women's groups including self-help groups, youth networks, teachers, parents and other members in the community.

**Role of MNGOs and FNGOs**

FNGOs under the MNGO Scheme are involved in service delivery, in addition to advocacy and awareness generation.
The key service delivery areas under the MNGO Scheme are:

- Maternal and Child Health
- Family Planning
- Adolescent Reproductive Health
- Prevention and Management of RTI

The role of the MNGO includes the following functions:

- Identification of un-served and underserved areas
- Release of advertisement, identification and selection of FNGOs
- Motivate NGOs, CBOs, SHGs and other local level bodies in case of non-availability of suitable FNGOs
- Development of baseline data through Community Needs Assessment (CNA) and end line project data
- Impart project orientation to FNGOs
- Development of proposal with output and process indicators for approval
- Provision of IEC materials to FNGO
- Capacity building of FNGOs
- Technical support to FNGO for induction and in-service training of project staff
- Ensure that qualified staff is appointed by FNGO according to the job requirement and support their search for the same through development of TOR, information on resources
- Liaise, network and coordinate with state and district health services and Panchayati Raj Institutions, linkages with other NGOs and technical institutions
- Monitor performance of FNGOs and progress of the project through supportive supervision
- Exchange and share learning and experiences with other MNGOs in the state and region
- Work closely with RRCs and State NGO Coordinator
- Document best practices
- Submit quarterly financial and project progress reports to State RCH Society and District RCH Society
- Submit statement of expenditure & utilization certificates as per MoU

The role of FNGOs includes the following functions:

- Conduct Community Needs Assessment
- Develop proposal based on baseline data
- Provision of RCH services as proposed
- Interaction for convergence with ICDS, rural development and anganwadi initiatives
- Share information on the type of services that can be availed from the government health infrastructure

- Create conducive working environment for the ANM
- Facilitate the monthly RCH camps conducted by the PHC through mobilization of community
- Timely submission of quarterly progress reports, utilization certificates etc. as per agreement to the MNGO
- Documentation and maintenance of records and registers.

**Objectives of MNGOs**

- Improvement in institutional deliveries and deliveries by skilled Birth attendants.
- Access to quality antenatal care services.
- Ensuring 100% reduction in unmet need for Family planning services and 100% registration of pregnant women.
- Ensuring 100% immunization of 0-12 months.
- Access of adolescent girls and boys to knowledge and counseling /clinical services related to Adolescent reproductive Health.
- Prevention and Management of Reproductive Tract Infection (RTI).

**Eligibility Criteria for MNGO**

1. Registration
   - NGO should be registered under ISR Act / Indian Trust Act / Indian Religious and Chartable Act / Company Act or their state Counterparts for more than three years
   - NGOs applying for MNGO status in a state other than that of its registration should have state specific chapters registered. Alternatively, branches affiliated to national level federation / organization can be registered with the parent body

2. Experience
   - Proven experience of working for three years in health & family welfare and the social sector
   - Implemented preferably a field project in health or RCH
   - Scale of operation during the last three years should be comparable to the funding sought
   - Field presence for at least two years in the district for which the NGO is seeking MNGO status
   - Experience in capacity building, organizing training in health / RCH, gender and other social sectors is preferred
   - An NGO blacklisted or placed under funding restriction by any ministry or department of the GoI, state government or CAPART is not eligible for applying under the scheme

3. Assets
   - Minimum fixed assets of Rs.2 lakhs in the name of the NGO, in the form of land and / or building. This should be reflected in the latest audited balance sheet of the NGO and should be retained during the length of the project
   - Office premises in the district where it wants to operate

4. Jurisdiction

- Each MNGO is allotted only two districts to work
- Only one MNGO can work in a district

Preference is give to NGO, which seeks to cover un-served and underserved areas in the district. The NGO identifies these areas in consultation with district RCH officer

**Selection Procedure for MNGO**

- Advertisement is given in two leading news papers
- Complete applications to be submitted at Regional Director (RD) office
- The office of Regional Director conducts desk review based on checklist
- The NGO selection committee chaired by the joint secretary carries out MNGO selection.
- Other members of the committee are
    - State health and family welfare secretary
    - Regional director
    - RRC representatives
    - Project director RCH society/director FW as member secretary
    - 1-2 co-opted members
- Selection is based on desk review reports and field appraisal conducted by the RRC.
- After selection, NGO selection committee places the recommendation to the GIAC approval.

**Process guidelines after selection of MNGO**

- Selected MNGOs go through induction training within 4-6 weeks of selection by the RRCs.
- MNGOs identify suitable FNGOs in the un-served and underserved areas
- The state RCH society releases grants to the MNGO.

**Funding the Scheme**

Under the MNGO scheme, the projects are sanctioned for a period of three years. Funds for the programme are transferred from the MoHFW to the State RCH Society. The State RCH Society disburses the money to the district RCH society for supporting the activities of NGOs. The national budget estimate for MNGO scheme during 2006-07 is Rs. 329.10 million that is 0.36 per cent of the budget earmarked for National Rural Health Mission in India 7.

- First Release for a period of 18 months
- Second Release for next 16 months based on favorable evaluation report.

- Third Release of 2 months on receiving UC and audited statement of finance.

The salary component of the budget is not expected to exceed 35 per cent of the total budget. Based on the number of FNGOs and nature of proposed interventions, MNGOs get an annual support of
approximately Rs. 0.5 to 1.5 million per district. MNGOs are allowed to retain 20 percent of the total project cost for administrative and establishment purpose including for capacity building activities. Besides, the MNGOs are allowed a non-recurring grant of Rs. 150,000 towards purchase of assets and Rs. 100,000 for meeting exigencies such as drugs, vaccines and contraceptives.

**Reporting and Monitoring of MNGOs**

- Every MNGO and Field NGO is accountable to respective District and State Health authorities.
- Every FNGO is accountable to respective Block Health authorities in addition to MNGO.
- MNGO is performance-based programme; therefore, monthly reporting in a prescribed format is mandatory for every MNGO. Based on the information received, performance of every MNGO is looked into.
- Every MNGO discusses their work with the respective District health authorities every month in monthly meetings.

**Evaluation process guidelines for NGOs**

- Performance is evaluated at end of year one and year three by external agencies.
- State RCH Society commissions the evaluation.

RESULT:-

**FRIENDS CLUB**

**Mother NGO for district Chamba**

| S.No | Indicator | Baseline Findings | Objectives | Evaluation Findings |
|---|---|---|---|---|
| 1. | Complete ANC | 15 % | 50 % | 54 % |
| 2. | Deliveries By Skilled Birth attendants | 6 % | 35% | 97 % |
| 3. | Complete Immunisation(0-12 Months) | 12.05% | 50 % | 78 % |
| 4. | Institutional deliveries | 4% | 40% | 3 % |
| 5 | Family Planning( Use of modern methods) | 10 % | 40 % | 60 % |

**MOTHER NGO HIMACHAL PRSEH VOLUNTARY HEALTH ASSOCIATION (HPVHA )**

**Mother NGO for district Bilaspur and Mandi**

| S.No | Component | Baseline Findings | Targets (06-08) | Evaluation Findings |
|---|---|---|---|---|
| 1. | To increase complete Antenatal checkups | 42% | 55% | 100% |
| 2. | Increase Institutional Deliveries | 47% | 60% | 67% |
| 3. | To increase immunisation | 74% | 90% | 94.37% |
| 4. | To decrease unskilled Birth attendant Deliveries | 53% | 40% | 0% |

MNGO SOCIETY FOR SOCIAL UPLIFT THROUGH RURAL ACTION(SUTRA)
Mother NGO for district Kangra and Una

| S.No | Component | Baseline Findings | Targets (06-08) | Evaluation Findings |
|---|---|---|---|---|
| 1. | To increase Early Registration (< 12 weeks) of Pregnancy | 55.18 % | 56% | 73% |
| 2. | To Increase Institutional deliveries | 11.34 % | 17 % | 42 % |
| 3. | To increase full immunisation ( 0-12 months old) | NA | 100% | 93.76 % |
| 4. | To increase complete Antenatal Checkups | 49 % | 69 % | 97% |

**MAHILA KALYAN PARISHAD (MKP)**
**Mother NGO for district Kinnuar**

| S.No | Indicator | Baseline Findings | Objectives | Evaluation |
|---|---|---|---|---|
| 1. | Complete Immunisation | 80 % | 100 % | 98 % |
| 2. | Complete ANC | 20 % | 100% | 94% |
| 3. | Institutional deliveries | 24% | 100% | 28% |
| 4. | Family Planning ( Use of Modern Methods) | 27% | | 31 % |
| 5 | RTIS (Prevalence) | 23 % | 5 % | 12% |

## Society For Advancement of Village Economy(SAVE)

**Mother NGO for district Kullu**

| S.No | Indicator | Baseline Findings | Objectives | Evaluation |
|---|---|---|---|---|
| 1. | Complete ANC | 2.7 % | 100 % | 95% |
| 2. | Complete Immunisation (0-12 Months) | 6.5 % | 100 % | 95 % |
| 3. | Institutional deliveries | 8 % | 60 % | 47 % |
| 4 | Family Planning( Use of modern methods) | 7.9% | 50% | 42% |
| 5. | Family Planning( Permanent methods) | 32% | 55 | 58 |
| 6. | RTIs in<br>Men<br>Women | <br>30<br>68 | <br>10<br>30 | <br>0<br>12 |

## SHASTRA

**Mother NGO for district Lahaul &Spiti**

| S.No | Indicator | Baseline Findings | Objectives | Evaluation |
|---|---|---|---|---|
| 1. | Complete Immunisation | 80 % | 100 % | 98 % |
| 2. | Complete ANC | 20 % | 100% | 94% |
| 3. | Institutional deliveries | 24% | 100% | 28% |
| 4. | Family Planning ( Use of Modern Methods) | 27% | | 31 % |
| 5 | RTIS (Prevalence) | 23 % | 5 % | 12% |

MOTHER NGO HIMACHAL PRSEH VOLUNTARY HEALTH ASSOCIATION (HPVHA )

**MNGO FOR MANDI**

| S.No | Component | Baseline Findings | Targets (06-08) | Evaluation Findings |
|---|---|---|---|---|
| 1. | To increase complete Antenatal checkups | 10% | 25% | 98% |
| 2. | Increase Institutional Deliveries | 31% | 50% | 48% |
| 3. | To increase immunisation | 82% | 97% | 93.79% |
| 4 | To decrease unskilled Birth attendant Deliveries | 69% | 50% | 9% |

**MNGO SNS FOUNDATION**

Mother NGO for district Shimla and Solan

**SHIMLA**

| S.No | Component | Baseline Findings | Targets (06-08) | Evaluation Findings |
|---|---|---|---|---|
| 1. | To increase Complete ANC | 37% | 80% | 85% |
| 2. | To increase Postnatal Care | 10% | 40% | 54% (within two hrs) |
| 3. | Increase Immunisation(0-12 Months) | 60% | 100% | 83.85% |
| 4. | Increase Institutional deliveries | 5% | 20% | 66 % |

**Social Action for Rural Development in Hilly area(SARDHA)**

**Mother NGO for district Sirmaur .**

| S.No | Indicator | Baseline Findings | Objectives | Evaluation Findings |
|---|---|---|---|---|
| 1. | Complete ANC | 8.71 % | 100 % | 90 % |
| 2. | Complete Immunisation(0-12 Months) | 61.05 % | 100 % | 99 % |
| 3. | Institutional deliveries | 13.06 % | 50 % | 39 % |
| 4. | Family Planning( Use of modern methods) | | | 46 % |
| 5. | RTIS ( Prevalence) | 43.94 % | 25.5% | 14 % |

**SOLAN**

**MNGO SNS FOUNDATION**

| S.No | Component | Baseline Findings | Targets (06-08) | Evaluation Findings |
|---|---|---|---|---|
| 1. | To increase Complete ANC | 27% | 95% | 88% |
| 2. | To increase Postnatal Care | 30% | 60% | 60% (within two hrs) |
| 3. | Increase Immunisation(0-12 Months) | 81% | 100% | 93.5% |
| 4. | Increase Institutional Deliveries | 22.75 % | 60% | 21%* |

**UNA** : MNGO SOCIETY FOR SOCIAL UPLIFT THROUGH RURAL ACTION(SUTRA)

| S.No | Component | Baseline Findings | Targets (06-08) | Evaluation Findings |
|---|---|---|---|---|
| 1. | To increase Early Registration (< 12 weeks) of Pregnancy | 38 % | 53 % | 35.4% |
| 2. | To Increase Institutional deliveries | 9.8 % | 16% | 74% |
| 3. | To increase full immunisation ( 0-12 months old) | NA | 100% | 85.97 |
| 4. | To increase complete Antenatal Checkups | 22% | 44% | 97% |

## Family planning methods

**(District wise comparison between base line survey and E&S studies**

| Districts | Sterilization | | | |
|---|---|---|---|---|
| | Male | | Female | |
| | Baseline | Evaluation | Baseline* | Evaluation |
| Kangra | 2.96 % | 2.33 % | N.A. | 97.66% |
| Mandi | 12.95 % | 12.28 % | N.A. | 87.72% |
| Solan | 8.69 % | 9.12 % | N.A. | 90.87% |
| Shimla | 12.47 % | 37.97 % | N.A. | 38.43% |
| Una | 2.17 % | 8.28 % | N.A. | 91.71% |
| Bilaspur | 4.2 % | 6.37 % | N.A. | 93.63% |

**Solan:**

During evaluation study four FNGO namely ARTI, GANPATI, HJVS and NAVJYOTI work's was studied who were working under SNS as MNGO and in this process our department surveyed 12 villages (Census) of four medical blocks viz. Dharmpur, Chandi, Arki & Sayri and Nalagarh. Following observations were made by our field officials.

- Family planning is almost successful programme except that some couples in the hope of a son prefer additional number of children. Ascending trends were found when comparing the study result with base line survey.

- As regards immunization, Sterilization concerned MNGO set 100%target to be achieved during the given period but our study results shows that they are lagging in achieving these targets.

- As far as child health care is concerned some shortcoming are still there that may be due to some areas are far flung and they may have no access to hospitals/PHCs/Dispensaries/PHCs. It has also been observed that scope of new institution is still there.

- For institutional births, they set 60% targets where as they achieved 21%, which is far behind than, targets.

**Shimla**

During the evaluation programme in this district four FNGOs work was assessed and they were namely Manav Kalyan smiti, Parivartan, Gramaydog worker welfare and Sehyog these FNGOs were associated with SNS as MNGO. During the study, some observations were made.

Methodology adopted by them was good because it involved all comprehensive components as stated below:

- Baseline assessment-sample Household survey: The sample household survey was initially held and the survey was followed by a complete census of the target area denoting all the areas of concerned under the programme.
- They worked for the capacity building of the CBOs e.g. Mahila Mandals, Yuvak Mandals and SHGs to make the outcome up to the roots of the society.
- Regular health check up/Awareness Camps: They organized various camps for providing different services to the villagers.
- Volunteers from the society: to achieve better result in terms of early registration and ANC they deployed youth from the same society so that they can understand the basic problems of local people.

**UNA**

During the evaluation study four FNGOs namely Ankur Welfare Association, CREATER, EEG and SAVE work was considered. These FNGOs were working under SUTRA the main MNGO and it was found that for implementation of RCH-II programmes, the role of district administration looked appreciable because they provided guidance to classify the areas in three segments.

1. Served Area.
2. Semi served area
3. Un- served area

Chief Medical Officer with the help of Block Medical officer allocated semi-served area and Un-served area to the NGOs for improving health amenities. Following special observation were noticed during the study.

- It was observed that all NGOs are engaged in building proper reproductive child health services and for this they were adopting full proof system by maintaining register indicating full details of eligible couples ,children who required immunization, how much live birth took place in that particular area.
- Institutional deliveries were encouraged by avoiding untrained midwife.
- Check on the working on NGOs was quite effective because budget to the NGOs is provided under different heads in break up items wise after submitting clear objectives, providing summary of the manpower plan and other cost factor etc.

**Kangra:**

Many MNGO/FNGO are engaged in this district but mainly work of the three namely SUTARDHARA, SRDA and PARA who are working under SUTRA work has been evaluated. Under these three MNGO's nine villages were surveyed on census basis and following observation were observed during survey.

- After studying the methodology adopted by these MNGO's it was found that they use to select first farthest village then medium distanced village and after that nearest village from the Health Sub-Centre situated in particular area. After this process, their campaigning for awareness programmes starts and it was found that it is very effective technique.

- It was found that these FNGO's are providing helping hand in the process of implementation of various Govt. schemes time to time. Their role looks indispensable so govt. should promote and engage more and more NGO's for the implementation of various schemes but the field functionaries should be duly trained to carry the message of the scheme.

**Mandi:**

In this district work of five FNGO's namely SRDA, HMM, PARA, JSKM and SKVM were studied. These FNGOs are working under HPVHA. Fifteen villages were covered on census basis during the study. The methodology adopted by the FNGO's was appreciable. They also included three villages under coverage of one health sub centre i.e. first nearest second medium distanced and third last village from the centre. They adopted criteria that if the population exceeds 6000 of these three selected villages only then they will cover 100% population. Some other important observations were noticed and they are stated below.

- It was observed that around 90% deliveries were conducted by the trained Dais and in the PHC's/Hospitals.
- 94% immunization was in the selected villages.
- People are adopting spacing method with the use of contraceptives on the advice of FNGOs. It was also observed that they are providing free oral pills and condoms to the people for spacing method.
- People are fully aware about the STD and HIV/AIDS .It is the result of camps and seminars organized with the help of health deptt. in villages/CHCs/PHCs on rotation basis.
- Volunteers of FNGOs are creating awareness for health programmes of the govt., motivating the people for gender sensitization, health, nutrition and immunization.

**Bilaspur:**

During the evaluation study, four FNGOs work was evaluated namely MSS, SATRC, HPVHA and HJVSS all these are associated with HPVHA. All objectives of the FNGOS were studied fixed by them regarding use of spacing and contraceptives methods, for ANC and PNC, prevalence of RTI, awareness for safe deliveries, Sensitization of rural people about adverse effects of marriage.

- To educate the people about importance of spacing and modern contraceptives and decrease unmet need of spacing from 31.5%to 15%.
- To improve the ANC from the present status of 52.6% to 70%and PNC services by strengthen the sub centre level network.

To reduce the RTI prevalence from 33.43%to 18%among the women and ensure partner treatment.
To decrease the unsafe deliveries from 46%to 30%.
To sensitize rural people about the adverse effects of early age of marriage by reducing it from present 23.34%to 15%among the girls and from 8.4% to 1% among boys in three years.
To improve the complete immunization up to 100%.

**CHAMBA:**

During evaluation study four FNGO namely ANKUR, NYDC, EDUCATIONAL SOCIETY and DEMONSTRATION PROJECT work's was studied who were working under SNS as MNGO and in this process our department surveyed 24 villages (Census) of four medical blocks viz. Kihar, Tisa. Following observations were made by our field officials.

Family planning is almost successful programme except that some couples in the hope of a son prefer additional number of children. Ascending trends were found when comparing the study result with base line survey.

As regards immunization, Sterilization concerned MNGO set 100% target to be achieved during the given period but our study results shows that they are lagging in achieving these targets.

For institutional births, they set 100% targets where as they achieved around 3 %, which is far behind than, targets.

As far as RTIs/STIs concerned, they have set the target to reduce RTI among migratory laborers in project area. Improve full ANC coverage to 100 %, Reduce RTI prevalence to 10 % and Promote condom usage for RTI, STD reduction and prevention of adolescent pregnancies. So far, there is some success.

**KINNAUR**

During the evaluation programme in this district four FNGOs work was assessed and they were namely MAHILA KALYAN PARISAD, ABODAYA, MAHILA MANDAL SHIASU & SEWA these FNGOs were also associated with SNS as MNGO. During the study, some observations were made.

As whole initiatives taken by the MNGO was appreciable but some targets left unmet like 100% institutional deliveries and 100% awareness for the contraceptive methods. They have set the targets to reduce the prevalence of RTIs to 5% by organizing health camps and referrals in area, Increase full ANC coverage of pregnant women to 100% and maintain it throughout, Increase institutional deliveries from 100 % and 100% institutional deliveries for identified high-risk pregnancies in target population.

Achieve and Maintain 100% immunization coverage for 0-12 month's old children, to ensure that unmet need for spacing is minimized to 27 % and unmet for limiting is reduced to 18%. Promote condom usage for RTI, STD reduction and prevention of adolescent pregnancies. Address the RCH need of migrant population in target areas.

**KULLU**

During the evaluation study four FNGOs namely HPMKM, CREATER, SAVE and ANKUR WELFARE ASSOCIATION, work was considered. During the study, some observations were made.

Check on the working on NGOs was quite effective because budget to the NGOs is provided under different heads in break up items wise after submitting clear objectives, providing summary of the manpower plan and other cost factor etc. these NGOs have set the target to Increase in Male sterilization to 85%, Increase in Female Sterilization to 50% , increase in use of modern spacing methods to 35%, Increase in complete ANC to 30%, increase in Institutional deliveries to 35%, increase in deliveries conducted by skilled staff 35%, increase in complete child immunization to 30%, decrease in RTI prevalence in women to 30%, decrease in RTI prevalence in men to 10%. These targets are yet to become the reality.

**L&S:**

During the evaluation programme in this district four FNGOs work was assessed and they were namely LAHAUL TRIBAL WELFARE ASSOCIATION, LAHAUL KALYAN SANGH, RICHEN ZANGPA SOCIETY FOR WELFARE and HIMALAYAN WELFARE INSTITUTE work has been evaluated. Under these organizations 12(24) villages were surveyed on census basis and following observation were observed during survey.

It was found that these FNGO's are providing helping hand in the process of implementation of various Govt. schemes time to time. Their role looks indispensable so govt. should promote and engage more and more NGO's for the implementation of various schemes but the field functionaries should be duly trained to carry the message of the scheme.

After detail deliberation of results after study it was found that targets set for immunization level, family planning methods and institutional deliveries are not compatible. So it required on the part of this MNGO to take healthy steps to meet the targets mentioned in baseline survey.

These organizations has set the targets to reduce RTI among women by 4% and ensure checkup of their husbands, increase full ANC coverage of pregnant women by 11 percent, reduce adolescent marriages by 5%, increase institutional deliveries by 5% and ensure institutional deliveries for all identified high risk pregnancies, achieve 100% immunization coverage for 0-12 months old children, increase awareness of family planning and the usage of male and female sterilization, condoms, IUDs and OCPs by 4 percent. These targets are unmet till the survey was conducted

**SIRMOUR:**

In this district work of five FNGO's, namely SAATHI, PARIVARTAN, ASRA and CARE were studied. 12 FNGO villages and 12 non-FNGO villages were covered on census basis during the study. The methodology adopted by the FNGO's was appreciable. Some other important observations were noticed and they are stated below.

It was observed that around 44% deliveries were conducted by the doctors/ Dais and in the PHC's/Hospitals.

90% immunization was in the selected villages.

These organizations has set the targets to increase the percentage of women receiving complete ANC to 100%, to increase the accessibility and utilization of institutional deliveries to 50%, to minimize the STD/RTI prevalence to 25%, to increase the percentage of immunization of children to 100%, to strengthen the existing infrastructure for improved quality of health services delivery, ensure that need for spacing and limiting is reduce to minimum (about 5%).

**CONCLUSION:-**

As whole initiatives taken by the MNGO was appreciable but some targets left unmet like 100% institutional deliveries and 100% awareness for the contraceptive methods. So it is desired from the concerned MNGO to take stringent effort to meet the above-mentioned targets.

People are adopting spacing method with the use of contraceptives on the advice of FNGOs. It was also observed that they are providing free oral pills and condoms to the people for spacing method.

Volunteers of FNGOs are creating awareness for health programmes of the govt., motivating the people for gender sensitization, health, nutrition and immunization.

It was observed that all NGOs are engaged in building proper reproductive child health services and for this they were adopting full proof system by maintaining register indicating full details of eligible couples ,children who required immunization, how much live birth took place in that particular area.

Institutional deliveries were encouraged by avoiding untrained midwife.

As far as child health care is concerned some shortcoming are still there that may be due to some areas are far flung and they may have no access to hospitals/CHCs/Dispensaries/PHCs. It has also been observed that scope of new institution is still there.

In spite of all above mentioned it was noticed that enough ground is left out to work on to implementing RCH-II.

After detail deliberation of results after study it was found that targets set for immunization level, family planning methods and institutional deliveries are not compatible. So it required on the part of this MNGO to take healthy steps to meet the targets mentioned in baseline survey.

- An Overall Above result shows the achievement of the NGOs under the scheme. In some areas, the achievement of the NGO is not up to the mark but there are few incidences of that. So overall, we can say that MNGO scheme is a success and continuation of the scheme can make a change in the RCH scenario of the state.

**RECOMMENDATIONS:-**

- . Early recruitment of ANMs in vacant sub-centres (may also take retired ANM contractual basis) and PHCs by ISM&H doctors, failing which involvement of private qualified practitioners available locally.
- To improve service delivery, client satisfaction survey should be carried out on a regular basis.
- Fair and transparent system of evaluation should be established by the state government wherein RFP should be floated and criteria for selection should be shared with the applicants.
- Media should be involved more proactive and responsible in dissemination of work carried out by MNGOs for wider reach of messages.
- Although the state government has initiated Atal Swasthya Sewa but its reach is limited to district level and will probably not benefit the underserved and unserved population. Improvement is necessary.
- To deal with different perspective and attitude of the community towards health it was recommended that state should adopt a need based behavior change communication strategy.
- Expediting the process of decision making at state government level would help in effective and timely execution of the programme
- Technical capacities of MNGOs on understanding baseline data, RCH issues, programme management, project development, strategy formation, budgeting, documentation, report writing, communication skills etc. Should be build by the RRC at the earliest.
- The mechanisms for conducting concurrent research and assessment should be established by the state government.
- The accountability should be fixed for each and every stakeholder and increased participation of NGOs was expressed by the participants.
- For better visibility of the programme the documentation of the best practices in a newspaper was recommended
- In order to deal with odd and difficult situation evolution of emergency health plans was recommended.
- Strongly recommended that quarterly review should be carried out on a regular basis by the state NRHM authorities.

**References:**


1. Contracting-out of Reproductive and Child Health (RCH) Services through Mother NGO Scheme in India:Experiences and Implications, Ramesh Bhat Sunil Maheshwari Somen Saha, W.P. No.2007-01-05 January 2007.
2. CHAPTER 4: CONVERGENCE, Report No. 8 of 2009-10 saiindia.gov.in/cag/content/chapter-4-convergence
3. National Rural Health Mission (NRHM) ,Partnership with Non-.Government Organisations,Chapter 8. mohfw.nic.in/.../**Chapter**%208%20**Partnership**%20with%20**non**-G%20FINAL.pdf
4. Guidelines for Department of Family Welfare Supported NGO Schemes Division,Department of Family Welfare,Ministry of Health and Family Welfare, Government of India,final.pmd 7/16/2003,]
5. Himachal Pradesh profile,NHSRC,Government of India. nhsrcindia.org/download.php? downloadname =pdf_files/resources...
6. Planning commission Government of india,New delhi,Himachal Pradseh development report
7. International Institute for Population Sciences. National family health survey (NFHS 3), India, 2005-06: Rajasthan. Mumbai: International Institute for Popu-lation Sciences, 2008:61-3.
8. Ronsmans, C. and W.J. Graham, Maternal mortality: who, when, where, and why. Lancet, 2006. 368(9542): p. 1189-200.]
9. RCH-NRHM Report,hardoi.nic.in/CMO/June%20Report/June%20(C).pdf
10. Study On Rch In One Grampanchayat Of Seven Southern Districts Of Orissa, A Comprehensive Report
11. PIP,Himachal Pradesh.


**Annexure:-**

**NUMBER OF EVER MARRIED AGED 15-49 YEARS WHO WERE PREGNANT DURING LAST 365 DAYS AND THEIR DISTRIBUTION BY STATUS OF PREGNANCY**.

| District FNGO | No. of pregnant women | Pregnant women by status of pregnancy | | | | | |
|---|---|---|---|---|---|---|---|
| | | Currently pregnant | delivered live birth | delivered still birth | had abortion | had medical termi-nation of pregnancy | Total |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Kangra | 38 | 5 (13%) | 31 (82%) | 2 (5%) | - | - | 38 (100%) |
| Mandi | 92 | 19 (21%) | 65 (71%) | 8 (8%) | - | - | 92 (100%) |
| Solan | 34 | 15 | 19 | - | - | - | 34 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | (44%) | (56%) | | | | (100%) |
| Shimla | 99 | 46 (46%) | 52 (53%) | 1 (1%) | - | - | 99 (100%) |
| Una | 34 | 15 (44%) | 19 (56%) | - | - | - | 34 (100%) |
| Bilaspur | 86 | 41 (48%) | 45 (52%) | - | - | - | 86 (100%) |
| Grand Total | 383 | 141 (37%) | 231 (60%) | 11 (3%) | - | - | 383 (100%) |

**TABLE 4.2**
**NUMBER OF PREGNANT WOMEN (15-49YRS) AND THEIR DISTRIBUTION BY REASON FOR SEEKING PRE-NATAL CARE.**

| District/ FNGO | Number of pregnant women | Number of registered women | Reason for seeking pregnant care | |
|---|---|---|---|---|
| | | | Routine Pre-Natal Care | Investigations |
| 1 | 2 | 3 | 4 | 5 |
| Kangra | 38 | 37 (97%) | 37 (97%) | 36 (95%) |
| Mandi | 92 | 90 (98%) | 90 (98%) | 84 (91) |
| Solan | 34 | 30 (88%) | 30 (88%) | 30 (88%) |
| Shimla | 99 | 84 (85%) | 84 (85%) | 84 (85%) |
| Una | 34 | 33 (97%) | 33 (97%) | 24 (71%) |
| Bilaspur | 86 | 86 (100%) | 86 (100%) | 81 (94%) |
| Grand Total | 383 | 360 (94%) | 360 (100%) | 339 (94%) |

**Table 4.3**

**DISTRIBUTION OF PREGNANT WOMEN (15-49 YRS.) REGISTERED FOR PRE-NATAL CARE BY TYPE OF HOSPITAL / DOCTOR**

| District/ FNGO | Type of hospital / doctor | | | |
|---|---|---|---|---|
| | Govt. sources | Private sources | No | Total pregnant women |
| 1 | 2 | 3 | 4 | 5 |
| Kangra | 37 (97%) | 0 | 1 (3%) | 38 (100%) |
| Mandi | 90 | 0 | 2 | 92 |

| | | | | |
|---|---|---|---|---|
| | (98%) | | (2%) | (100%) |
| Solan | 30 (88%) | 0 | 4 (12%) | 34 (100%) |
| Shimla | 75 (76%) | 9 (9%) | 15 (15%) | 99 (100%) |
| Una | 26 (76%) | 7 (21%) | 1 (3%) | 34 (100%) |
| Bilaspur | 86 (100%) | 0 | 0 | 86 (100%) |
| Grand Total | 344 (90%) | 16 (4%) | 23 (6%) | 383 (100%) |

**TABLE 4.4**
**DISTRIBUTION OF PREGNANT WOMEN (15-49 YRS) BY ANTI- TETANUS VACCINE TAKEN.**

| District / FNGO | Received | Not- received | Total |
|---|---|---|---|
| 1 | 2 | 3 | 4 |
| Kangra | 35 (92%) | 3 (8%) | 38 **(100%)** |
| Mandi | 87 (95%) | 5 (5%) | 92 **(100%)** |
| Solan | 28 (82%) | 6 (18%) | 34 **(100%)** |
| Shimla | 81 (82%) | 18 (18%) | 99 **(100%)** |
| Una | 33 (97%) | 1 (3%) | 34 **(100%)** |
| Bilaspur | 85 (99%) | 1 (1%) | 86 **(100%)** |
| Grand Total | 349 (91%) | 34 (9%) | 383 **(100%)** |

**TABLE 4.5**
**DISTRIBUTION OF PREGNANT WOMEN (15-49 YRS) BY NUMBERS OF IRON-FOLIC ACID (IFA) TABLETS TAKEN**

| District /FNGO | Number of IFA tablets received | | | Not received | Not reported | Total | No. of P.W. reported satisfaction |
|---|---|---|---|---|---|---|---|
| | 1-49 | 50-100 | 100+ | | | | |
| 1 | 2 | 3 | 4 | 5 | 5 | 6 | 7 |
| Kangra | 0 | 37 (97%) | 0 | 0 | 1 (3%) | 38 (100%) | 37 (100%) |
| Mandi | 5 (5%) | 35 (38%) | 44 (48%) | 6 (7%) | 2 (2%) | 92 (100%) | 82 (98%) |
| Solan | 0 | 14 (41%) | 16 (47%) | 0 | 4 (12%) | 34 (100%) | 29 (97%) |
| Shimla | 18 | 40 | 6 | 20 | 15 | 99 | 63 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | (18%) | (40%) | (6%) | (20%) | (15%) | (100%) | (98%) |
| Una | 4 (12%) | 26 (76%) | 1 (3%) | 2 (6%) | 1 (3%) | 34 (100%) | 30 (97%) |
| Bilaspur | 5 (6%) | 33 (38%) | 46 (54%) | 2 (6%) | 0 | 86 (100%) | 84 (100%) |
| Grand Total | 32 (8%) | 185 (48%) | 113 (30%) | 30 (8%) | 23 (6%) | 383 (100%) | 325 (98%) |

**TABLE 4.6**
**DISTRIBUTION OF MOTHERS BY TYPE OF MEDICAL ATTENTION AT CHILD BIRTH RECEIVED DURING LAST 365 DAYS**.

| **District FNGO** | **Govt. appointed doctor** | **Other than govt. appointed doctor** | **Govt. appointed nurse/ midwife** | **Other than govt. appointed nurse/ midwife** | **Other (including self and family member** | **Total** |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **Kangra** | **6 (18%)** | **2 (6%)** | **21 (64%)** | **-** | **4 (12%)** | **33 (100%)** |
| **Mandi** | **24 (33%)** | **2 (3%)** | **33 (45%)** | **6 (8%)** | **8 (11%)** | **73 (100%)** |
| **Solan** | **4 (21%)** | **-** | **11 (58%)** | **3 (16%)** | **1 (5%)** | **19 (100%)** |
| **Shimla** | **34 (64%)** | **-** | **15 (28%)** | **-** | **4 (8%)** | **53 (100%)** |
| **Una** | **8 (42%)** | **6 (32%)** | **5 (26%)** | **-** | **-** | **19 (100%)** |
| **Bilaspur** | **30 (67%)** | **-** | **15 (33%)** | **-** | **-** | **45 (100%)** |
| **Grand Total** | **106 (44%)** | **10 (4%)** | **100 (41%)** | **9 (4%)** | **17 (7%)** | **242 (100%)** |

**TABLE 4.7**
**DISTRIBUTION OF MOTHERS BY PLACE OF CHILD BIRTH.**

| **District FNGO** | **Place of child birth** | | | | | |
|---|---|---|---|---|---|---|
| | **govt. hospital** | **PHC/ CD/ SC** | **Private hospital/ nursing home** | **Home** | **Others** | **Total** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| **Kangra** | **8 (24%)** | **4 (12 %)** | **2 (6 %)** | **19 (58 %)** | **-** | **33 (100%)** |
| **Mandi** | **31 (42 %)** | **-** | **4 (8%)** | **38 (52%)** | **-** | **73 (100%)** |
| **Solan** | **4 (21%)** | **--** | **-** | **15 (79%)** | **-** | **19 (100%)** |
| **Shimla** | **35 (66%)** | **-** | **-** | **18 (34%)** | **-** | **53 (100%)** |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Una** | **5 (26%)** | **3 (16%)** | **6 ( 32%)** | **5 ( 26%)** | **-** | **19 (100%)** |
| **Bilaspur** | **30 (67%)** | **-** | **-** | **15 ( 33%)** | **-** | **45 (100%)** |
| **Grand Total** | **113 ( 47%)** | **7 ( 3%)** | **12 ( 5%)** | **110 ( 45%)** | **-** | **242 (100%)** |

**TABLE 4.8**
**DISTRIBUTION OF MOTHERS BY TYPE OF DELIVERY**

| District FNGO | Type of delivery | | | |
|---|---|---|---|---|
| | Normal | Ceasarean | Other assistance | Total |
| 1 | 2 | 3 | 4 | 5 |
| Kangra | 33 (100%) | - | - | 33 (100%) |
| Mandi | 63 (86%) | 7 (10%) | 3 (4%) | 73 (100%) |
| Solan | 19 (100%) | - | - | 19 (100%) |
| Shimla | 51 (96%) | 1 (2%) | 1 (2%) | 53 (100%) |
| Una | 11 (58%) | 7 (37%) | 1 (5%) | 19 (100%) |
| Bilaspur | 45 (100%) | - | - | 45 (100%) |
| Grand Total | 222 (92%) | 15 (6%) | 5 2%) | 242 (100%) |

**TABLE-5.1**

**BREAST FEEDING BY DISTRICTS**

| | **NAME OF** | **PERIOD OF BREAST FEEDING (HOURS)** | | | | | |
|---|---|---|---|---|---|---|---|
| **SR.NO.** | **DISTRICTS** | **<1** | **>2** | **>3** | **>4** | **>5** | **>6** |
| 1 | BILASPUR | 159 | 52 | 12 | 189 | 18 | 5 |
| 2 | KANGRA | 0 | 89 | 48 | 13 | 78 | 131 |
| 3 | MANDI | 165 | 233 | 66 | 48 | 9 | 19 |
| 4 | SHIMLA | 0 | 240 | 172 | 78 | 59 | 62 |
| 5 | SOLAN | 9 | 41 | 37 | 50 | 10 | 67 |
| 6 | UNA | 6 | 72 | 125 | 132 | 56 | 167 |
| | **TOTAL** | **339** | **727** | **460** | **410** | **230** | **451** |

**TABLE-5.2**
**IMMUNISATION RECEIVED**

| | BILASPUR | KANGRA | MANDI | SOLAN | SHIMLA | UNA |
|---|---|---|---|---|---|---|
| DPT-1 | 255 | 175 | 328 | 133 | 323 | 219 |
| DPT-2 | 251 | 171 | 319 | 133 | 310 | 214 |
| DPT-3 | 252 | 167 | 314 | 133 | 296 | 210 |
| POLIO-1 | 253 | 172 | 330 | 133 | 327 | 218 |
| POLIO-2 | 250 | 165 | 317 | 133 | 317 | 214 |
| POLIO-3 | 250 | 160 | 310 | 133 | 303 | 212 |
| MEASLES | 245 | 159 | 293 | 133 | 314 | 205 |
| BCG | 256 | 177 | 337 | 133 | 284 | 217 |
| VITAMIN DOSES | 242 | 166 | 301 | 133 | 198 | 207 |

**TABLE-5.3**

**IMMUNISATION NOT RECEIVED**

| | BILASPUR | KANGRA | MANDI | SOLAN | SHIMLA | UNA |
|---|---|---|---|---|---|---|
| DPT-1 | 10 | 2 | 11 | 10 | 19 | **32** |
| DPT-2 | 14 | 6 | 20 | 10 | 32 | **37** |
| DPT-3 | 13 | 10 | 25 | 10 | 46 | **41** |
| POLIO-1 | 12 | 5 | 9 | 10 | 15 | **33** |
| POLIO-2 | 15 | 12 | 22 | 10 | 25 | **37** |
| POLIO-3 | 15 | 17 | 29 | 10 | 39 | **39** |
| MEASLES | 20 | 18 | 46 | 10 | 28 | **46** |
| BCG | 9 | 0 | 2 | 10 | 58 | **34** |
| VITAMIN DOSES | 23 | 11 | 38 | 10 | 144 | **44** |

**TABLE-5.4**

**PERCENTAGE OF CHILDREN AGE 0-6 YEARS WHO HAVE RECEIVED SPECIFIC VACCINATIONS**

| | BILASPUR | KANGRA | MANDI | SOLAN | SHIMLA | UNA | **TOTAL** |
|---|---|---|---|---|---|---|---|
| **DPT-1** | **96.23** | **98.87** | **96.76** | **93.01** | **94.44** | **87.25** | **94.43** |
| **DPT-2** | **94.72** | **96.61** | **94.10** | **93.01** | **90.64** | **85.26** | **92.39** |
| **DPT-3** | **95.09** | **94.35** | **92.63** | **93.01** | **86.55** | **83.67** | **90.88** |
| **POLIO-1** | **95.47** | **97.18** | **97.35** | **93.01** | **95.61** | **86.85** | **94.24** |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **POLIO-2** | **94.34** | **93.22** | **93.51** | **93.01** | **92.69** | **85.26** | **92.00** |
| **POLIO-3** | **94.34** | **90.40** | **91.45** | **93.01** | **88.60** | **84.46** | **90.37** |
| **MEASLES** | **92.45** | **89.83** | **86.43** | **93.01** | **91.81** | **81.67** | **89.20** |
| **BCG** | **96.60** | **100.00** | **99.41** | **93.01** | **83.04** | **86.45** | **93.09** |
| **VITAMIN DOSES** | **91.32** | **93.79** | **88.79** | **93.01** | **57.89** | **82.47** | **84.54** |
| **AVERAGE** | **94.51** | **94.92** | **93.38** | **93.01** | **86.81** | **84.82** | **91.24** |

**TABLE-5.5**

**SOURCE OF IMMUNISATION**

| SR. NO. | SOURCE OF IMMUNISATION | BILASPUR | KANGRA | MANDI | SOLAN | SHIMLA | UNA |
|---|---|---|---|---|---|---|---|
| **1** | **Govt. Hospital** | 3 | 0 | 84 | 7 | 150 | 80 |
| **2** | **Primary Health Centre** | 96 | 82 | 39 | 15 | 9 | 0 |
| **3** | **Civil Dispensary** | 1 | 15 | 58 | 2 | 0 | 3 |
| **4** | **Sub-Centre** | 132 | 78 | 146 | 109 | 164 | 135 |
| **5** | **Pvt.Hospital/Nurshing Home** | 1 | 0 | 1 | 0 | 0 | 0 |
| **6** | **Home** | 0 | 0 | 0 | 0 | 0 | 0 |
| **7** | **Camp** | 0 | 0 | 0 | 0 | 0 | 1 |
| **8** | **Ayurvedic institution** | 20 | 0 | 0 | 0 | 0 | 0 |
| **9** | **Other** | 2 | 0 | 0 | 0 | 0 | 0 |
| | TOTAL | 255 | 175 | 328 | 133 | 323 | 219 |

**TABLE-5.6**

**PERCENT DISTRIBUTION OF CHILDREN 0-6 YEARS WHO HAVE RFECEIVED VACCINATION BY SOURCE OF IMMUNISATION**

| SR. NO. | SOURCE OF IMMUNISATION | BILASPUR | KANGRA | MANDI | SOLAN | SHIMLA | UNA | TOTAL |
|---|---|---|---|---|---|---|---|---|
| **1** | **Govt. Hospital** | 1.18 | 0.00 | 25.61 | 5.26 | 46.44 | 36.53 | **19.17** |
| **2** | **Primary Health Centre** | 37.65 | 46.86 | 11.89 | 11.28 | 2.79 | 0.00 | **18.41** |
| **3** | **Cvil Dispensary** | 0.39 | 8.57 | 17.68 | 1.50 | 0.00 | 1.37 | **4.92** |
| **4** | **Sub-Centre** | 51.76 | 44.57 | 44.51 | 81.95 | 50.77 | 61.64 | **55.87** |
| **5** | **Pvt.Hospital/Nurshing Home** | 0.39 | 0.00 | 0.30 | 0.00 | 0.00 | 0.00 | **0.12** |
| **6** | **Home** | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **7** | **Camp** | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.46 | **0.08** |
| **8** | **Ayurvedic institution** | 7.84 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **1.31** |
| **9** | **Other** | 0.78 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.13** |
| | **TOTAL** | 100 | 100 | 100 | 100 | 100 | 100 | **100.00** |

**TABLE-6.2**

| AGE GROUP | STERLISED | TYPE OF STERLISATION | | |
|---|---|---|---|---|
| | YES | VASECTOMY | TUBECTOMY | BOTH |
| 15-19 | 1 | 0 | 1 | 0 |
| 20-24 | 42 | 7 | 34 | 1 |
| 25-29 | 212 | 28 | 179 | 0 |
| 30-34 | 343 | 36 | 299 | 1 |
| 35-39 | 378 | 50 | 316 | 0 |
| 40-44 | 296 | 39 | 243 | 1 |
| 45-49 | 229 | 25 | 206 | 1 |
| ALL | 1501 | 185(12%) | 1278(85%) | 4 |

**TABLE: 6.3**
**AGE WISE DISTRIBUTION OF CONTRACEPTIVES USED BY COUPLES IN THE AGE GROUP 15-49 DURING LAST 365 DAYS IN HIMACHAL PRADESH**

| | SERVICES RECEIVED DURING LAST 365 DAYS | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | WHETHER STERLISED NO | IUD | ORAL PILLS | NIRODH | DIAPHRAGM | PERMICIDE | MTP | INJECTON | NO RESPONSE | TOTAL |
| 15-19 | 58 | 2 | 8 | 18 | 0 | 0 | 0 | 0 | 30 | 58 |
| 20-24 | 377 | 35 | 94 | 168 | 1 | 2 | 0 | 0 | 80 | 380 |
| 25-29 | 351 | 40 | 100 | 152 | 4 | 1 | 0 | 0 | 54 | 351 |
| 30-34 | 153 | 11 | 31 | 88 | 1 | 0 | 0 | 0 | 22 | 153 |
| 35-39 | 101 | 10 | 25 | 49 | 0 | 1 | 1 | 0 | 15 | 101 |
| 40-44 | 73 | 7 | 12 | 43 | 0 | 0 | 0 | 0 | 11 | 73 |
| 45-49 | 61 | 4 | 12 | 19 | 0 | 0 | 0 | 0 | 23 | 58 |
| ALL | 1174 | 109 | 282 | 537 | 6 | 4 | 1 | 0 | 235 | 1174 |

Table-6.4

RATE OF ADOPTION OF DIFFERENT CONTRACEPTION METHODS

| METHODS | PERCENTAGE |
|---|---|
| **Pills** | 11 |
| **IUD** | 4 |
| **Female Sterilization** | 49 |
| **Male Sterilization** | 7 |
| **Condom** | 20 |
| **No Response** | 9 |
| **Total** | 100 |

**TABLE-7.1**

**BREAST FEEDING**

| **SR No.** | **Name of District** | **Did you Breast fed** | | **Total** |
|---|---|---|---|---|
| | | Yes | NO | |
| **1** | **Bilaspur** | **404 (16.27)** | **31 (16.84)** | **435** |
| **2** | **Kangra** | **359 (14.46)** | **8 (4.34)** | **367** |
| **3** | **Mandi** | **540 (21.75)** | **12 (6.520** | **552** |
| **4** | **Shimla** | **507 (20.42)** | **104 (56.52)** | **611** |
| **5** | **Solan** | **214 (8.62)** | **13 (7.06)** | **227** |
| **6** | **Una** | **458 (18.45)** | **16 (19.04)** | **474** |
| | **Total** | **2482 (93.00)** | **184 (7.00)** | **2666** |

**TABLE- 7.2**

**TIMING OF BREAST FEEDING**

| **SR NO.** | **Name of the District** | **Timing of breast feeding** | | | | | |
|---|---|---|---|---|---|---|---|
| | | <1 | <2 | <3 | <4 | <5 | <6 |
| 1 | Bilaspur | 149 | 42 | 12 | 178 | 18 | 5 |
| 2 | Kangra | 0 | 89 | 48 | 13 | 78 | 131 |
| 3 | Mandi | 165 | 233 | 66 | 48 | 9 | 19 |
| 4 | Shimla | 0 | 160 | 152 | 74 | 59 | 62 |
| 5 | Solan | 9 | 41 | 37 | 50 | 10 | 67 |
| 6 | Una | 6 | 72 | 125 | 32 | 56 | 167 |
| **Total** | | **329** | **637** | **440** | **395** | **230** | **451** |

**TABLE- 7.3**

**COLOSTRUM**

| **Sr No.** | **Name Of The Districts** | **Colostrum** | |
|---|---|---|---|
| | | **Yes** | **No** |
| 1 | Bilaspur | 260 | 144 |
| 2 | Kangra | 357 | 2 |
| 3 | Mandi | 449 | 91 |
| 4 | Shimla | 399 | 108 |
| 5 | Solan | 159 | 55 |

| | | | |
|---|---|---|---|
| 6 | Una | 386 | 72 |
| **Total** | | **2010** | **472** |

**TABLE-7.4**
**CHILD PREFERENCES**

| Sr No. | Name Of The Districts | How Many Children Should A Couple Have | | | |
|---|---|---|---|---|---|
| | | 1 CHILD | 2 CHILD | 3 CHILD | 4 CHILD |
| 1 | Bilaspur | 42 | 386 | 6 | 1 |
| 2 | Kangra | 6 | 355 | 6 | 0 |
| 3 | Mandi | 139 | 324 | 89 | 0 |
| 4 | Shimla | 0 | 485 | 96 | 30 |
| 5 | Solan | 208 | 18 | 1 | 0 |
| 6 | Una | 14 | 443 | 16 | 1 |
| **Total** | | **409** | **2011** | **214** | **32** |

**TABLE -7.5**
**IDEAL AGE OF MARRIAGE**

| SR NO | Name of the Districts | At what age a girl should marry | | | |
|---|---|---|---|---|---|
| | | <18 | 18-20 | 20-22 | >22 |
| 1 | Bilaspur | 57 | 130 | 173 | 75 |
| 2 | Kangra | 0 | 177 | 121 | 69 |
| 3 | Mandi | 10 | 184 | 283 | 75 |
| 4 | Shimla | 0 | 228 | 382 | 1 |
| 5 | Solan | 41 | 178 | 8 | 0 |
| 6 | Una | 10 | 123 | 215 | 126 |
| Total | | 118 | 1020 | 1182 | 346 |

**Table-7.6**
**Place of Delivery**

| SR NO | Name of the District | Place of the Delivery | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | GH | PHC | CD | SC | PH/NH | H | C | AI | O |
| 1 | Bilaspur | 357 | 50 | 0 | 4 | 8 | 16 | 0 | 0 | 0 |
| 2 | Kangra | 181 | 90 | 0 | 2 | 3 | 91 | 0 | 0 | 0 |
| 3 | Mandi | 427 | 2 | 1 | 2 | 1 | 119 | 0 | 0 | 0 |
| 4 | Shimla | 558 | 1 | 0 | 0 | 0 | 52 | 0 | 0 | 0 |
| 5 | Solan | 208 | 0 | 0 | 1 | 6 | 12 | 0 | 0 | 0 |
| 6 | Una | 379 | 13 | 0 | 7 | 23 | 52 | 0 | 0 | 0 |
| Total | | 2110 | 156 | 1 | 16 | 41 | 342 | 0 | 0 | 0 |

**TABLE-7.7**
**WHO SHOULD ATTEND THE DELIVERY**

| SR NO | Name of the District | Who should attend the delivery | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | GD | HW(F) | HW(M) | TD | UTD | PM | PD/N | S |
| 1 | Bilaspur | 407 | 8 | 0 | 16 | 0 | 0 | 4 | 0 |
| 2 | Kangra | 124 | 3 | 0 | 230 | 1 | 0 | 9 | 0 |
| 3 | Mandi | 427 | 0 | 116 | 9 | 0 | 0 | 0 | 0 |
| 4 | Shimla | 559 | 0 | 0 | 0 | 0 | 52 | 0 | 0 |
| 5 | Solan | 60 | 23 | 0 | 144 | 0 | 0 | 0 | 0 |
| 6 | Una | 221 | 95 | 0 | 153 | 0 | 3 | 2 | 0 |
| Total | | 1798 | 129 | 116 | 552 | 1 | 55 | 15 | 0 |

**Table: 1**
**Deliveries conducted by whom and where**
**(District wise comparison between base line survey and E&S studies)**

| **Districts** | **Institutional Deliveries** | | **Home Deliveries** | |
|---|---|---|---|---|
| | **Baseline** | **Evaluation** | **Baseline** | **Evaluation** |
| Kangra | 11.3% | 42% | 88.7% | 58% |
| Mandi | 31% | 48% | 69% | 52% |
| Solan | 22.75% | 21% | 77.25% | 79% |
| Shimla | 5% | 66% | 95% | 34% |
| Una | 9.82% | 74% | 90.18% | 26% |
| Bilaspur | 42.5% | 67% | 57.5% | 33% |

* N.A. - Not available Source: Baseline survey and primary data

**Table-2**
**Family planning methods**
**(District wise comparison between base line survey and E&S studies)**

| Districts | Sterilization | | | | Contraceptive methods | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Male | | Female | | Condoms | | IUD | | Oral Pills | |
| | **Baseline** | **Evaluation** | **Baseline** | **Evaluation** | **Baseline** | **Evaluation** | **Baseline** | **Evaluation** | **Baseline** | **Evaluation** |
| Kangra | 2.96% | 2.33% | N.A. | 97.66% | 13.24% | 36.83% | N.A. | 14.68% | N.A. | 3.1% |
| Mandi | 12.95% | 12.28% | N.A. | 87.72% | 11.49% | 36.34% | 1.10 | 16.14% | N.A. | 4.88% |
| Solan | 8.69% | 9.12% | N.A. | 90.87% | 28.15% | 74.02% | 9.24 | 14.45% | N.A. | 7.75% |
| Shimla | 12.47% | 37.97% | N.A. | 38.43% | 16.84% | 41.02% | 7.36 | 44.48% | N.A. | 12.71% |
| Una | 2.17% | 8.28% | N.A. | 91.71% | 27.60% | 56.95% | N.A. | 8.81% | N.A. | 4.85% |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Bilaspur | 4.2% | 6.37% | N.A. | 93.63% | 12% | 50.88% | 0.7 | 33.6% | N.A. | 15.35% |

N.A. Not Available
Source: primary data

Table-3
Comparative Percentage use of current contraception methods of different surveys

| Different surveys | Female Sterilization | Male Sterilization | IUD | Oral Pills | Condoms |
|---|---|---|---|---|---|
| **NFHS-2** | 45.1 | 7.3 | 2.1 | 1.3 | 5.0 |
| **NFHS-3** | 49 | 6.3 | 1.4 | 2.7 | 11.5 |
| **EVALUATION STUDY(E&S)** | 48.5 | 7.6 | 4.1 | 10.5 | 20.1 |

Source: NFHS-2 Report
NFHS-3 Report

**Table-4**
**Total Immunization**
**(District wise comparison between base line survey and E&S studies)**

| Districts | Immunization | |
|---|---|---|
| | **Baseline** | **Evaluation** |
| Kangra | N.A. | 93.76% |
| Mandi | 82.35% | 93.79% |
| Solan | 81.0% | 93.5% |
| Shimla | 60% | 83.85% |
| Una | 86.75% | 85.97% |
| Bilaspur | 74.1% | 94.37% |

N.A. Not Available
Source: primary data & evaluation study

**Table-5**

Comparative percentage wise use of immunization among children

| Different surveys | **DPT-1** | **DPT-2** | **DPT-3** | **POLIO-1** | **POLIO-2** | **POLIO-3** | **BCG** | **MEASEALES** |
|---|---|---|---|---|---|---|---|---|
| **NFHS-2** | 97.7 | 95.1 | 87.9 | 97.3 | 95.4 | 88.8 | 94.6 | 83.8 |
| **NFHS-3** | 96.6 | 91.9 | 85.1 | 96.8 | 94.6 | 88.6 | 97.2 | 86.3 |
| **EVALUATION STUDY(E&S)** | 94.4 | 92.3 | 90.8 | 94.2 | 92.0 | 90.3 | 93.0 | 89.2 |

Source: NFHS-2 Report

**Table: 6**

**Deliveries conducted by whom and where**

**(MNGO wise comparison between base line survey and E&S studies)**

| **Districts/MNGO/ FNGO** | **Institutional Deliveries** | | **Home Deliveries** | | **Deliveries Attended By Untrained Staff** | |
|---|---|---|---|---|---|---|
| | **Baseline** | **Evaluation** | **Baseline** | **Evaluation** | **Baseline** | **Evaluation** |
| **KANGRA** | | | | | | |
| PARA | **14.41%** | **87.5%** | **85.5%** | **12.5%** | **NA** | **0%** |
| SRDA | **5.63%** | **27.3%** | **94.37%** | **72.7%** | **NA** | **0%** |
| SUTRADHARA | **14%** | **21.5%** | **86%** | **78.5%** | **NA** | **28.5%** |
| **MANDI** | | | | | | |
| HMM | **76.4%** | **72.72%** | **25.6%** | **27.28%** | **21.1%** | **21%** |
| SKVM | **11.8%** | **28%** | **88.2%** | **72%** | **88.2%** | **0%** |
| PARA | **26%** | **36.36%** | **74%** | **65.64%** | **60%** | **0%** |
| SRDA | **5.3%** | **39.33%** | **94.7%** | **60.67%** | **94.7%** | **0%** |
| JSKM | **36.4%** | **50%** | **63.6%** | **50%** | **63.6%** | **30%** |
| **SOLAN** | | | | | | |
| GHNAPATI | **NA** | **100%** | **NA** | **0%** | **NA** | **0%** |
| HJVS | **NA** | **50%** | **NA** | **50%** | **NA** | **0%** |
| ARTI | **NA** | **14%** | **NA** | **86%** | **NA** | **14%** |
| NJF | **NA** | **11%** | **NA** | **89%** | **NA** | **22%** |
| **SHIMLA** | | | | | | |
| PARIVARTAN | **NA** | **14%** | **0%** | **86%** | **NA** | **0%** |
| MKSS | **NA** | **33%** | **0%** | **67%** | **NA** | **67%** |
| GWWS | **NA** | **85%** | **0%** | **15%** | **NA** | **15%** |
| SHAYOG | **NA** | **96%** | **0%** | **4%** | **NA** | **0%** |
| **UNA** | | | | | | |
| CREATER | **2.54%** | **100%** | **97.46%** | **0%** | **NA** | **0%** |
| ANKUR | **4.76%** | **63.63%** | **95.24%** | **36.37%** | **NA** | **36.37%** |
| EGG | **22%** | **0%** | **88%** | **100%** | **NA** | **100%** |
| SAVE | **10.23%** | **100%** | **89.77%** | **0%** | **NA** | **0%** |
| **BILASPUR** | | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| HPVHA | **50.7%** | **66%** | **49.3%** | **34%** | **49.4%** | **0%** |
| SATRC | **29.6%** | **82%** | **70.4%** | **18%** | **57.8%** | **0%** |
| MSS | **44%** | **50%** | **56%** | **50%** | **54%** | **0%** |
| HJVSS | **46.1%** | **66.67%** | **53.9%** | **33.33** | **52%** | **0%** |

Source: primary data & evaluation study

## Table-7

**Family planning methods**

**(MNGO/FNGO wise comparison between base line survey and E&S study)**

| Districts | Sterilization | | | | Contraceptive methods | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Male | | Female | | Condoms | | IUD | | Oral Pills | |
| | Baseline | Evaluation | Baseline | Evaluation | Baseline | Evaluation | Baseline | Evaluation | Baseline | Evaluation |
| **Kangra** | | | | | | | | | | |
| PARA | .40% | 3% | 47.4% | 97% | 18.73% | 32.5% | N.A. | 2.5% | N.A. | 42.5% |
| SRDA | 8% | 4% | 66% | 96% | 4% | 0% | N.A. | 6.8% | N.A. | 4.54% |
| SUTRADHARA | .48% | 0% | 54% | 100% | 17% | 78% | N.A. | 0% | N.A. | 0% |
| **Mandi** | | | | | | | | | | |
| HMM | 0% | 0% | N.A. | 100% | 20.8 | 34.8% | 1.5% | 18.6% | N.A. | 13.9% |
| SKYM | 22.94% | 8.6% | N.A. | 91.4% | 6.76% | 50% | .59% | 2.1% | N.A. | 4.2% |
| PARA | 2.81% | 7% | N.A. | 93% | 14.04% | 43% | .7% | 0% | N.A. | 20% |
| SRDA | 36.5% | 44% | N.A. | 56% | 2.1% | 26.4% | 2.1% | 3.7% | N.A. | 34% |
| JSKM | 2.5% | 1.8% | N.A. | 98.2% | 13.75% | 27.5% | .63% | 0% | N.A. | 8.6% |
| **Solan** | | | | | | | | | | |
| GANPATI | N.A. | 5% | N.A. | 95% | N.A. | 100% | N.A. | 0% | N.A. | 0% |
| HJVS | N.A. | 0% | N.A. | 100% | N.A. | 42.5% | N.A. | 0% | N.A. | 42.8% |
| ARTI | N.A. | 18% | N.A. | 82% | N.A. | 95% | N.A. | 0% | N.A. | 5% |
| NJF | N.A. | 13.5% | N.A. | 86.5% | N.A. | 58.6% | N.A. | 31% | N.A. | 10% |
| **Shimla** | | | | | | | | | | |
| PARIVARTAN | N.A. | 90 % | N.A. | 10% | N.A. | 50.37% | N.A. | 12.78% | N.A. | 34.58% |
| MKSS | N.A. | 52 % | N.A. | 48% | N.A. | 30.43% | N.A. | 13.4% | N.A. | 56.52% |
| GWS | N.A. | 5.6 % | N.A. | 94.4% | N.A. | 42.85% | N.A. | 7.89% | N.A. | 46.4% |
| SHAIOG | N.A. | 4.3 % | N.A. | 95.7% | N.A. | 40.4% | N.A. | 16.8% | N.A. | 40.4% |
| **Una** | | | | | | | | | | |
| CREATER | 3.13% | 16.42% | 70.63% | 83.58% | 19.38% | 68 | N.A. | 0% | N.A. | 0% |
| ANKUR | 1.55% | 3.8% | 67% | 96.2% | 14% | 47% | N.A. | 10.5% | N.A. | 34.1% |
| EEG | 2.0% | 9.01% | 38% | 90.9% | 57% | 54% | N.A. | 5.4% | N.A. | 0% |
| SAVE | 2.0% | 3.9% | 72% | 96.1% | 20% | 58.8% | N.A. | 3.5% | N.A. | 1.17% |
| **Bilaspur** | | | | | | | | | | |
| HPVHA | 2.29% | 0% | N.A. % | 100% | 10.3% | 37% | 1.71% | 21.4% | N.A. | 41% |
| SRTRC | 8.5% | 2% | N.A. % | 98% | 15.6% | 46% | .8% | 29% | N.A. | 25% |
| MSS | 1.8% | 12% | N.A. % | 88% | 21.3% | 80% | .4% | 6.66% | N.A. | 13.33% |
| HJVSS | 4.17% | 11.5% | N.A. % | 88.5% | .76% | 40.5% | 0% | 4.34% | N.A. | 55.07% |

N.A. Not Available

Source: primary data

**Table-8**
**Total Immunization**
**(MNGO/FNGO wise comparison between base line survey and E&S studies)**

| Districts | Immunization | |
|---|---|---|
| | **Baseline** | **Evaluation** |
| **Kangra** | | |
| PARA | NA | 97.65 |
| SRDA | 44.83 | 90.17 |
| SUTRADHARA | NA | 93.47 |
| **Mandi** | | |
| HMM | 85.71 | 91.83 |
| SKYM | 84.4 | 93.44 |
| PARA | 81.67 | 96.74 |
| SRDA | 74.4 | 95.52 |
| JSKM | 85.6 | 91.48 |
| **Solan** | | |
| GANPATI | NA | 95 |
| HJVS | NA | 95 |
| ARTI | NA | 97 |
| NJF | NA | 87 |
| **Shimla** | | |
| PARIVARTAN | NA | 90.4 |
| MKSS | NA | 83 |
| GWS | NA | 65.9 |
| SHAIOG | NA | 96.09 |
| **Una** | | |
| CREATER | 80 | 77.4 |
| ANKUR | 87 | 74.9 |
| EEG | 100 | 93.6 |
| SAVE | 80 | 98.4 |
| Bilaspur | | |
| HPVHA | 86.92 | 88 |
| SRTRC | 44.4 | 97 |
| MSS | 93.5 | 100 |
| HJVSS | 71.6 | 92.49 |

N.A.: Not Available  Source: primary data

**Table: 9**

**Deliveries conducted by whom and where**
**(District wise comparison between FNGO & NON-FNGO)**

| Districts | FNGO | | NON-FNGO | |
|---|---|---|---|---|
| | Institutional Deliveries | Home Deliveries | Institutional Deliveries | Home Deliveries |
| Chamba | 1% | 99% | 10% | 90% |
| Kinnaur | 40% | 60% | 55% | 45% |
| Kullu | 47% | 53% | 38% | 62% |
| L&S | 67% | 33% | 44% | 56% |
| Sirmaur | 39% | 61% | 44% | 56% |
| **Average** | **38%** | **62%** | **41%** | **59%** |

Source: Baseline survey and primary data

**Table: 10**

**RATE OF ADOPTION OF DIFFERENT CONTRACEPTION METHODS**

| METHODS | FNGO (%) | NON-FNGO (%) |
|---|---|---|
| **Pills** | 11 | 14 |
| **IUD** | 4 | 4 |
| **Female Sterilization** | 24 | 17 |
| **Male Sterilization** | 20 | 21 |
| **Condom** | 30 | 32 |
| **DIAPHRAGM** | 1 | 1 |
| **No Response** | 10 | 11 |
| **Total** | 100 | 100 |