Seva Mandir

Planning Commission - Civil Society Window
29th October, 2009

Work Area

- Seva Mandir works in 626 villages and 56 urban settlements in Udaipur and Rajsamand districts of southern Rajasthan
  - 70,000 households
  - 360,000 families
  - 68% tribal population
Improving Sub-Centre Reliability
### Monitoring Results (Date and Time Stamping Machines)

<table>
<thead>
<tr>
<th>Category</th>
<th>Three Days Monitoring (Dec'05 – Mar'07)</th>
<th>Monday Monitoring (Mar'06 – Mar'07)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presence (Including half days)</td>
<td>45%</td>
<td>45%</td>
</tr>
<tr>
<td>Absence</td>
<td>16%</td>
<td>11%</td>
</tr>
<tr>
<td>Exempted</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Total</td>
<td>81%</td>
<td>76%</td>
</tr>
</tbody>
</table>

**Note:** Remaining % is associated with problem of machinery and leaves availed by the ANMs

### Monitoring Results (Random Visits)

<table>
<thead>
<tr>
<th>Random Checks Performed (Mar'06 – Mar'07)</th>
<th>Treatment Subcentres</th>
<th>Control Subcentres</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total random checks performed</td>
<td>734</td>
<td>416</td>
</tr>
<tr>
<td>Average attendance of three days</td>
<td>49%</td>
<td>31%</td>
</tr>
<tr>
<td>monitoring Subcentres</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average attendance of Monday monitoring</td>
<td>41%</td>
<td>19%</td>
</tr>
<tr>
<td>Subcentres</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average number of patients found at the</td>
<td>40 patients / 100</td>
<td>24 patients /</td>
</tr>
<tr>
<td>subcentres</td>
<td>visits</td>
<td>100 visits</td>
</tr>
</tbody>
</table>
Absence has as much to do with dereliction as with contradictory expectations.

Monitoring system did not lead to any significant improvement in presence.

The system was not only indifferent to low presence but actively colluded in covering up.

Ensuring presence is an essential first step along with the competence, motivation and resources issues.
The Problem

- **Worldwide** 7,000 children die every day from vaccine-preventable diseases (2.5 million per year) (WHO 2006)
- **India** has among lowest immunization rates in the world
  - Only 43.5% of 1 year-olds have
    - BCG, 3 DPT, 3 Polio, MMR (NFHS III, 2005-06)
  - Slow progress -- 42.0% in NFHS II (1998-99)
  - Rural areas are much worse

**The Problem**

**Full immunization rate by state**

% of 1-year olds fully immunized, NFHS III (2005 – 2006)
The Problem

• 95% have at least 1 vaccination (NFHS III)

• Half drop out before full immunization

• National progress has been painfully slow
  – Increase of only 1.5 percent in 7 years

• Why?

Unreliable supply
Nurses often absent
– 40% nationwide (Chaudhury 2006)
– 45% in Udaipur (Banerjee, Deaton, Duflo 2003)
Randomized Evaluation

Conducted by J-PAL - MIT based researchers
30 hamlets with regular reliable camps
74 control hamlets

Baseline study - only 3% of children fully immunized (2004)

Increase Demand
1kg bag of daal for
scheduled vaccination

The Solution

That set upon full
immunization
Results: Immunization Rates
A large increase after only 20 months
Percentage of 1-year olds fully immunized (2006-07)

Results: Geographical
Impact on other hamlets within 6km
Percentage of 1-year olds fully immunized (2006-07)
Results in Context

- In 7 years – National immunization rate only rose from 42.0% to 43.5%

- In 20 months – Udaipur immunization rate increased from 6.2% to 38.3%

- Encouraged more parents to keep coming back for full immunization course

The Model: Essential Elements

- Camps must be predictable & reliable
  - Camera monitoring tied to payment works
  - Terms of contract must be enforced
  - Implementation and monitoring must be separate

- Incentives encourage parents to do the necessary 5 trips to fully immunize their children
Addressing Anemia - Current Practices

Decentralized Iron Fortification

Households in difficult districts

Any food or who purchase whole grains from PDS, such as tilak

The population that does not reach the poorest who are not purchasing

Fortification of foods: much cheaper & easier to reach wide segment of

Pregnant women, hard to distribute and take regularly

Iron pills: not attempted on large scale in developing countries except for
Decentralized Flour Fortification - An Innovation

Community Iron Fortification - The only solution for these households

Mill to get their grain milled.

76% of households in our work area never purchase flour and go to a local miller to get their grain milled.

Flour Fortification

A Feasible And Innovative Option - Decentralized
Cost of Fortification

Households get their grains milled and fortified at the mills.

Mills supplied with fortification machines and pre-blended feed-blends are trained on fortification process.

1 ppm (preparatory centerally)

Pre-blend (pre-mix mixed with fort on-site that the concentration is 3300 mg/kg)

Premix (ferrous sulfate and folate and powder purchased centrally)

Decentralized Flour Fortification – How it Works.
Anaemia – Objective was to find a decentralised solution; tried flour fortification at local mill level; 68 treatment and 74 control hamlets; midline results show haemoglobin increase of 0.65g/dl.
Currently working with 200 centers (about 4,500 children)
since early 90s
involved in finding local solutions for early childhood care
Seva Mandir Belwars –
Equal emphasis on indoor activities (drawing, creative activities, puppets, story-telling, dance, etc.)

One hot cooked meal and one ready to eat fortified snack everyday

Micronutrient supplements and medicines provided at Centre
Sancharika Profile

From the same hamlet or village.

Majority of them have studied between 6th and 8th class.

Age range from 25 to 50 years.

15-18 days of phased out trainings for her per year.
The challenge is to also scale-up those elements that cannot be planned.

Second, two do not lead to the first set of levels resilient to blueprinting, whereas the pre-existing discourse seems limited largely.

3. Good governance - a culture of responsibility
2. Motivational aspects, dignity, trust and leadership
1. Incentives, technical solutions, systems

Quality service provision depends on:

- Performance of these children in school
- Higher enrollment, retention and markedly improved
- Impact on children’s maintenance
- Educational activities
- Mothers and older siblings able to engage in productive and
- A safe and secure environment for children

Key Impact Areas