Chapter Five

In Retrospect
CHAPTER V

In Retrospect

The present study highlights the differences occurring in achieving the objectives through different strategies, in order to assess efficacy of one method over the other. The methodology chosen for the implementation of the programme influence the success of the programme. Peoples participation in the programme also contributes to the success of the programme. The programme should be the people's programme rather than the Govt. programme. The extent of participation of the community in the programme determines the degree of success and also the sustainability of the programme. The researcher has been working in TINT programme as District communication officer for more than two decades. The involvement of the researcher in the programme made him to experiment the effective methodology which lead to success as well as sustainability. The experience in other programmes has proved that participatory methods is one of the effective methods for creating an awareness, change of attitude and healthy practice by the community.

The study area was chosen based on ceteris paribus concept and also familiarity and accessibility of the community. The present study, although confined to two blocks in one district, has been systematic and careful
enough in the process of selecting study centres. The success of the participatory method in the promotion of MCH programmes are proved by the formation of VLMC which took the responsibility of motivating the mothers to avail the services and achieve the objectives. The sustainability of the programme is also ensured by the formation of VLMC. The parental role in rearing the children was well recognised and the male participation in MCH programmes is by for, perhaps, the greatest achievement. The centres were well maintained by the male members and also they contributed in raising the kitchen garden in the households, community garden in the centre and protecting them by way of fencing and helping the workers to provide play materials for joyful learning.

While the male members concentrated in the centre building and community garden maintenance the mothers concentrated in promoting the nutritional status of the family. They were eager to learn nutritious recipes. All of them brought the ingredients from their home and actively participated in cooking demonstration. They learnt through doing.

The participatory method helped to identify the workers as one of the community members. Earlier the workers were viewed as government staff, but after the implementation of the programme through participatory method a cordial and good relationship exist between the community and workers
and they were called either by their names or called as 'AKKA' (i.e. sister) to indicate their relationships and acceptance.

The experience of the researcher is definitely replicable elsewhere.

**A. Highlights** of the present study

**KAP study results**

1. Regarding early registration of pregnant mothers, the KAP level of mothers in the case of NCs and NNCs high during the baseline survey then ACs. But in the terminal evaluation study the KAP of mothers in the case of ACs has been very high compared to other centres.

2. Regarding taking additional food during pregnancy, the terminal evaluation study shows that there is an improvement in KAP in all the centres over the baseline survey. More mothers have KAP change, but the change has been very high in the case of ACs and less in the case of other centres.

3. The findings show that the KAP on medical checkup during pregnancy level was high in the case of NCs and low in ACs during baseline survey. Due to intervention the knowledge level of mothers shot up to 100 percent and practice level increased to 74 percent from 37 percent. In the terminal evaluation study the knowledge level remains the same in all the centres. One noticeable difference with reference to attitudinal and
behavioural change is only 48 percent of mothers went for medical checkup in the case of NCs though the knowledge level is 100 percent.

4. Regarding weighing of AN mothers in the case of NNCs, mothers had highest knowledge and attitude level, but the practice level was low compared to the ACs. The NCs had lowest knowledge level but the practice level was higher than the ACs during baseline survey. In the terminal evaluation study the ACs had highest KAP level than the other centres.

5. The T.T immunisation for AN mothers shows that even during baseline survey the knowledge and attitude level of mothers was high in all the centres but variation could be observed in the practice level. It was high in NNCs followed by the NCs and ACs. In the terminal evaluation study it has been observed that the knowledge level of mothers reached 100 percent in all the centres. In the case of ACs and NNCs all the mothers have positive attitude but the practice level has been very high in the ACs and low in the case of other centres.

6. The KAP of mothers regarding delivery plan, more than 60 percent of mothers knew about it. A little more than 50 percent of mothers felt that it is good. The practice level was high in the case of NCs than other centres during the baseline survey. In the terminal evaluation study the knowledge level was high in the case of ACs and NNCs than NCs. The same pattern was
observed in the attitude level also but there is a considerable improvement both in knowledge and practice level in the case of AGs.

7. Regarding the community groups and its utilisation more than 90 percent of the mothers in all the centres knew about the existence of WWG and the attitudinal level was high in NNCs and low in AGs during baseline survey. An improvement has been noticed in KAP in all the centres during the terminal evaluation study than the baseline survey, but an improvement is significantly high in the case of AGs than the other centres.

8. The KAP findings during the baseline survey and terminal evaluations show that all the mothers aware of the advantages of weighing the children in all the centres. The attitudinal level was also more than 94 percent in all the centres during the baseline survey and it has been increased to 100 percent during terminal evaluation study. The baseline survey shows that the practice level of weighing the children was 88 percent both in the AGs and NNCs and a little less in the NCs. During the terminal evaluation study the practice level is high in AGs and low in other centres.

9. The KAP level of mothers regarding colostrum feeding even during baseline survey all the mothers had knowledge about it, both in NCs and NNCs and it was only 96 percent in the case of AGs. In the terminal evaluation the knowledge level has increased to 100 percent among the
mothers in all the centres. Regarding attitude more than 84 percent have positive attitude in all the centres during baseline survey. In the ACs the practice level has increased to 98 percent during the terminal evaluation. Though there is an improvement in the practice level in the NCs and NNCs the increase has been very high in the ACs than the other centres.

10. Regarding immunisation of children, all the mothers knew about immunisation and had positive attitude both during baseline survey and terminal evaluation study. The practice level indicates that more than 93 percent in all the centres immunised their children during baseline survey. In the terminal evaluation study the practice level has been 100 percent in the case of ACs and 96 percent in the case of NCs and NNCs.

11. The survey finding on which month onwards supplementary food shall be given to the children show that the knowledge level was good in all the centres during baseline survey. The attitude level was high in NNCs followed by ACs and NCs. In the terminal evaluation study the awareness level is same in all the centres. The attitude level of mothers also improved in all the centres. But in practice, all the mothers started supplementary feeding in right time in the case of ACs and it is very less in other centres.

12. More than 94 percent of the mothers in all the centres knew about diarrhoeal management, but there was a big gap between knowledge, attitude
and practice during baseline survey. A considerable improvement can be observed during terminal evaluation study. The knowledge and attitude towards diarrhoeal management has been 100 percent and the practice level is 88 percent in the case of AGs, the highest among the other centres.

13. During the baseline survey more than 96 percent of the mothers in all the centres knew about vit/A" solution. The attitude level was more than 80 percent and the practice level was more than 76 percent in all the centres. Surprisingly the knowledge and attitude level was high in the case of NCs but the practice level was low when compared to ACs and NNCs. In the terminal evaluation study the knowledge level is 100 percent in all the centres, the practice level in ACs and NNCs has been 96 percent and 90 percent respectively. The practice level is low in the case of NCs.

14. The knowledge regarding community groups and its utilisation was found to be high in all the centres. The attitude level was more than 60 percent in all the centres during baseline survey and it increased to 100 percent in the case of AGs, 92 percent in the NNCs and it is only 80 percent in the case of NCs during terminal evaluation study. The increase is high in the case of ACs than other centres.

15. Village level monitoring committee (VLMC) and participatory cooking demonstrations are conducted every month in the ACs apart from
other regular communication methods. These meetings are mainly responsible for the improvement, that has taken place in the AGs. It is quite evident that participatory methods has a significance in MCH programme. Therefore it is clear that the participatory methods helped to increase the knowledge and attitude level of mothers regarding MCH and which influenced the practice level also. Due to participation in the programme, the number of mothers availing the MCH services increased and which was reflected in the increased coverage of target groups for immunisation and other services and reduced morbidity and mortality. This demonstrates the effectiveness of participatory methods over other traditional methods.

Indicator study results

1. The AN registration in this study proves that mere community involvement will not influence the programme output. Community participation couples with workers motivation through the participatory methods will have a definite influence as demonstrated in the case of AGs when compared to other centres.

2. The coverage of food supplementation for pregnant and nursing women has been increased in the AGs. This shows the effectiveness of participatory methods in motivating the pregnant and nursing women to take part in the feeding programme.
3. The percentage of low pre pregnancy weight and low birth weight babies have been brought to 'Nil' in the ACs. The reduction is mainly through participatory methods.

4. Though there is an improvement in the coverage of T.T immunisation among the pregnant mothers in all the centres, in the case of ACs it has reached the maximum of 100 percent, but in other centres the improvement is less.

5. The coverage of monthly weighing among the targeted children is slightly high in the ACs and the regular growth monitoring seems to be high in the case of ACs when compared to the other centres.

6. The reduction of moderate and severe malnutrition is high in the ACs than other centres. The project aims an improvement in the regular growth monitoring and reduction in severe malnutrition which has been realised through the participatory methods.

7. The measure of eligibility for food supplementation in the centre has been reduced in the case of ACs while a very low reduction could be achieved in other centres.

8. Regarding the participation of Gr. II, III & IV children, the concentration is same in all the centres. But a less concentration has been observed regarding Normal and Gr. I children in the case of NCs and NNCs.
At the same time a high concentration is observed in the case of ACs mainly due to participatory methods, 100 percent achievement could be made.

9. Higher percentage of children graduated in the ACs than in the other centres. The relapse rate also has been dramatically reduced in the ACs than in the other centres. The rapid graduation and a reduction in the relapse rate in the ACs are highly appreciable and a good sign towards the reduction in malnutrition and morbidity.

10. A high coverage of health services observed in the case of ACs than other centres. The coverage of vit.A has been increased 10 percent and immunisation coverage is achieved 100 percent in the ACs due to the participatory methods.

In the backdrop of the experience of the present study with special reference to trying out the participatory approach, there is room enough to question the use of the term 'beneficiaries'. Perhaps the more meaningful term could be 'participants'.

B. Recommendations for action

1. All the TINP staff should be trained in PRA* methods.

* PRA practitioner all over seems to have moved another step ahead with the approach now referred to as Participatory Learning and Action (PLA).
2. The TINP staff should be encouraged to use PRA/PLA for effective implementation of the programme through community participation.

3. PRA/PLA method should be adopted in each and every activity of the TINP staff work routine

4. Village Level Monitoring Committee should be formed in each and every centre and activated**.

5. The male participation should be encouraged through VLMC monthly meeting.

6. Participatory cooking demonstration may be organised every month in all the centres.

7. The District Training Team (DTT) and Block Training Team (BTT) may be formed and trained in PLA methods. The total responsibility should be given to DTT and BTT for the training of TINP staff at all levels.

C. Suggestions for further research

1. Attitudinal study among TINP staff is needed to assess their attitude towards the programme and towards the people.

2. The role of youth and male members in the MCH programme may be defined through properly designed studies.

** Indeed, action in this direction by the state government is already afoot as this thesis is being submitted.
3. The extent of inter-sectoral co-ordination in the TINP programme may be studied for further improvement.

4. The effectiveness of PLA methods may be experimented and studied in other districts also.

5. With the cooperation of relevant specialists, training may be given to the TINP staff through Horticulture department for establishing kitchen gardens and the reach and effectiveness of the same may be studied.