

Management Response	
Country	India
Programme	2017-2021
Type Evaluation	Final
Overall Comment	

Programme	Priority to achieve expected results (1 = High; 5= Dismissed for the moment)
-----------	--

Recommendation 1	Consider working on choosing from these issues which are ; a)Women age 20-24 years married before age 18 years (%) :- NO change i.e. 41.6 in 2015-16 b)Unmet need for family planning :- Little change – 7.5 in 2015-16 to 7.0 in 2019-20 c)Mothers received post natal care : Slow increase – 61.1 in 2015-16 to 68.0 in 2019-20 d)Children with fever/ARI symptoms taken to health facility/health provider :- Little change – 73.5 in 2015-16 to 71.3 in 2019-20
-------------------------	--

Management Response	This recommendation is relevant, accepted and incorporated in the 2022-26 phase of implementation.
----------------------------	--

Key Actions	Due Date	Responsible	Follow-up	
			Status	Comments
1.1 Monitoring of ICDS & PDS services		Sandip	Other	Commencing from April 2022 and will go on till 2026
1.2 Prevention and control of early marriage and pregnancy		Sandip	In Progress	Already started in previous programme and continue in new phase 2022-26
1.3 Promotion of family planning		Sandip	Other	Commencing from April 2022 and will go on till 2026
1.4 Promotion of institutional delivery, maternal & child care		Sandip	In Progress	Already started in previous programme and continue in new phase 2022-26

Recommendation 2	Consider working on choosing from these issues which are: i)Newborns breastfed within 1 hour of birth(%): Slight increase from 47.4 in 2015-16 to 59.4 in 2019-20. ii)Children under 6 months exclusively breastfed(%): Nearly NO increase – from 52.3 in 2015-16 to 53.3 in 2019-20. iii)Children age 6-8 months receiving solid or semi-solid food and breastmilk (%): Slow increase from 52.0 in 2015-16 to 67.8 in 2019-20. iv)Children under 5 years who are stunted (height for age) (%): INCREASED from 32.5 in 2015-15 to 33.8 in 2019-20. v)Children under 5 years who are wasted (weight for height) (%): NO CHANGE 20.3 vi)Children under 5 years who are Severely wasted (weight for height) (%): INCREASED from 6.5 in 2015-16 to 7.1 in 2019-20 vii)Children under 5 years who are Underweight (weight for age) (%): INCREASED from 31.6 in 2015-16 to 32.2 in 2019-20
-------------------------	--

Page No. 99

2

Page No. 99

3

Management Response	Recommendation is partially accepted, promotional activity will be done by involving stakeholders and community leaders at all level. (recommendation 8 & 9 are merged to this one)			
Key Actions	Due Date	Responsible	Follow-up	
			Status	Comments
2.1 Baseline survey of 0-5 yrs Children	August'22	Ketaki	Other	Commencing from June 2022
2.2 Promotion of exclusive breast feeding and weaning		Ketaki	Other	Commencing from August 2022 and will go on till 2026
2.3 Prevention of malnutrition among children from one month to five years (promotion of low cost nutrition food and kitchen garden)		Ketaki	Other	Commencing from August 2022 and will go on till 2026
2.4 Community involvement to raise their voice for malnutrition management		Ketaki	Other	Commencing from August 2022 and will go on till 2026

Recommendation 3	Consider using Outcome Harvesting as a monitoring methodology which has been developed by intrac for civil society (Document shared).			
Management Response	Recommendation accepted			
Key Actions	Due Date	Responsible	Follow-up	
			Status	Comments
3.1 Development of systematic monitoring plan	April-May 2022 (draft)	Sandip	Other	Will be start in new phase 2022-26
3.2 Development of software for systematic MIS	December'22	Sandip	Other	External professional will develop the software

Recommendation 4	If basic healthcare support programme is to extend support to the groups to access medicine connecting them to pharmacy or other medicine supplier.			
Management Response	Recommendation is not relevant. BHCSP focus on strengthening of public actors of the health system (not the for-profit pharmacy)			
Key Actions	Due Date	Responsible	Follow-up	
			Status	Comments
Not applicable				

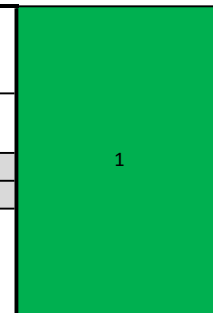
Page No. 100

1

Page No. 100

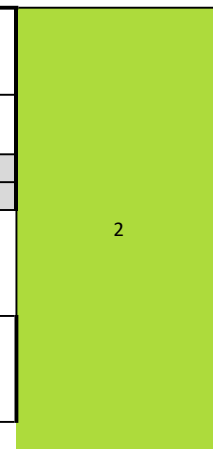
5

Recommendation 5	Health camps are to continue as before with addition to few more preventable diseases.			
Management Response	Recommendation accepted as outreach camp only for vulnerable areas on request of Block health authorities			
Key Actions	Due Date	Responsible	Follow-up	
			Status	Comments
5.1 Outreach clinic	Continue going on	Mithu	In Progress	This will be continued from the previous phase of implementation



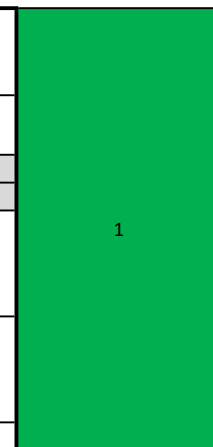
Page No. 100

Recommendation 6	BHCS P has to extend more support in solid waste management as it is a significant driver to prevent diseases.			
Management Response	Recommendation accepted. The experience of local initiative will be used as starting point to develop new activities on waste management			
Key Actions	Due Date	Responsible	Follow-up	
			Status	Comments
6.2 Training of Waste management Committee	February'23	Ketaki	Other	Will start from December'22
6.1 Promotion of waste management (dry and wet)	Continue going on	Ketaki	In Progress	Started in past phase of implementation



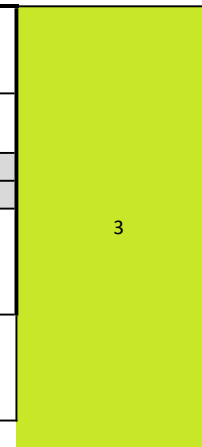
Page No. 100

Recommendation 7	New BHCS P is to extend to Water, Sanitation and Hygiene, assessment of source of drinking water to increase access to safe water, increase use of toilet, awareness on faeces management and other hygienic measures as separate section			
Management Response	Recommendation accepted, incorporated in 2022-26 plan			
Key Actions	Due Date	Responsible	Follow-up	
			Status	Comments
7.1 Maintenance of water sources		Sandip	Other	Will be commencing from June 2022
7.2 Promotion and linkage for low cost toilets		Sandip	Other	Will be commencing from June 2022
7.3 Awareness on faeces management		Sandip	Other	Will be commencing from June 2022



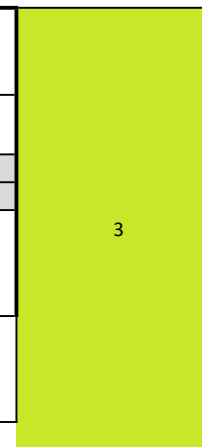
Page No. 100

Recommendation 8	Programme is required in the next step of nutrition which is to be added along with healthcare support programme. BHCSP support is required to improve access to ICDS services and improving the access to water sources			
Management Response	Recommendation accepted and merged with recommendation 2. See recommendation 2 for activity planned			
Key Actions	Due Date	Responsible	Follow-up	
			Status	Comments
Activity number 2.1				
Activity number-2.2				



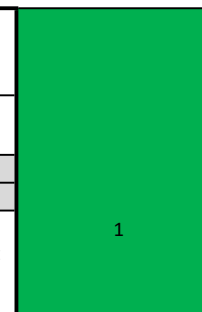
Page No. 100

Recommendation 9	More support is required to help them create community's own voice in local self governance related to access to health and nutrition services. Initiative towards microplanning is to be added in the programme agenda.			
Management Response	Recommendation accepted and activity is merged with 2. See activity 2.4 for action planned.			
Key Actions	Due Date	Responsible	Follow-up	
			Status	Comments
Same as 2.4				



Page No. 100

Recommendation 10	More adolescent groups are to be created by BHCSP with follow up visits to Anwasha clinic, linking them to government schemes to increase the coverage further.			
Management Response	Recommendation accepted			
Key Actions	Due Date	Responsible	Follow-up	
			Status	Comments
10.1 Creation and networking of adolescent groups		Abhra	In Progress	The activity started in last phase of implementation and to be continued in current phase



Page No. 101

10.2 Linking the adolescent groups/networks with the existing government schemes and programs for demanding their entitlements (interface/		Abhra	In Progress	The activity started in last phase of implementation and to be continued in current phase	
--	--	-------	-------------	---	--

Recommendation 11	The training and awareness programmes on the issues covered by BHCSPP are to continue for the rest of the self help groups as they have mentioned that quality and effectiveness of BHCSPP training are significantly impactful and can bring rapid progress compared to full dependence on community only to continue the training and support.				1
Management Response	Recommendation accepted				
Key Actions	Due Date	Responsible	Follow-up		
			Status	Comments	
11.1 Creation and networking of women groups		Ketaki	In Progress		
11.2 Linking the adolescent groups/networks with the existing government schemes and programs for demanding their entitlement (interface/advocacy/charter of demand)		Ketaki	In Progress		

Page No. 101

Recommendation 12	BHCSPP is to strengthen local self governance and health centres to include more geriatric healthcare support in sub health centre				1
Management Response	Recommendation accepted				
Key Actions	Due Date	Responsible	Follow-up		
			Status	Comments	
12.1 Creation and networking of elderly		Ketaki	In Progress		
12.2 linking elderly with the existing health system for demanding their entitlements (interface/advocacy/charter of demand)		Ketaki	In Progress		

Page No. 101

Recommendation 13	More follow up training and awareness programmes are to be conducted in the community along with handholding support to trained members to facilitate them to raise their own voice, seek service and facilitate other community members and measure their progress.				1	Page No. 101
Management Response	Recommendation accepted and merged with activities of recommendation 10,11 &12					
Key Actions	Due Date	Responsible	Follow-up			
			Status	Comments		

Recommendation 14	BHCSP support is to create community meetings with BMOH and CMOH – higher level of district health governance to create and bring the community voice directly to them. Such meetings are to be made periodic and continuous.				1	Page No. 101
Management Response	Recommendation accepted and merged with the activities 10.2, 11.2 and 12.2					
Key Actions	Due Date	Responsible	Follow-up			
			Status	Comments		

Recommendation 15	BHCSP support is to be extended in detail to improve care for anemia among adolescents and mothers				3	Page No. 101
Management Response	Recommendation accepted and merging with recommendation 2					
Key Actions	Due Date	Responsible	Follow-up			
			Status	Comments		

--	--	--	--	--	--

Recommendation 16	Rest of the SHGs is to be trained and equipped with the help of BHCSP. Community leaders need more time to be well prepared to be self sufficient. They are not fully prepared to support the community as supported by BHCSP.				1
Management Response	Recommendation accepted and merged with recommendation 11				
Key Actions	Due Date	Responsible	Follow-up		
			Status	Comments	

Page No. 101

Recommendation 17	BHCSP is to create access to anemia test for each girl and women, access to other health tests and sanitary napkins through sub centre and SHGs				3
Management Response	Recommendation is partially accepted and restricted to anemia test and merged with recommendation 2				
Key Actions	Due Date	Responsible	Follow-up		
			Status	Comments	

Page No. 101

Recommendation 18	More training programmes are to be arranged on the awareness regarding new variants of COVID 19				1
Management Response	Recommendation accepted and understood as to promote Covid appropriate behavior				
Key Actions	Due Date	Responsible	Follow-up		

Page No. 101

Key Actions	Due Date	Responsible	Status	Comments
18.1 Capacity building of BHCSP team members on covid appropriate behavior	continually going on	Ketaki	In Progress	Evolving as adapetd to pandemic situation and disease evolution
18.2 Capacity building of community group members on covid appropriate behavior	continually going on	Field assistant coordinators	In Progress	Evolving as adapetd to pandemic situation and disease evolution
18.3 Community level awareness by community leaders on Covid appropriate behavior	continually going on	Field assistant coordinators	In Progress	Evolving as adapetd to pandemic situation and disease evolution

