

ANNUAL REPORT

2009 - 2010

Communication to :

Project Director

Society for Health & Demographic Surveillance

2nd Floor, Gole Market, Chaitali More,

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ABBREVIATIONS

SHDS	Society for Health & Demographic Surveillance
HHQ	Household Questionnaire
HH	Household

PART –I
ORGANIZATIONAL INFORMATION

SOCIETY FOR HEALTH & DEMOGRAPHIC SURVEILLANCE (SHDS)

Status : Registered under West Bengal Society Registration Act.
Registration No. 52109 of 2008 - 2009.

Chief Functionary/Designation: Dr. Abhijit Chowdhury, Member Secretary/Project Director

New Branch Office Address: Society for Health & Demographic Surveillance
2nd Floor, Gole Market, P.O- Suri, Birbhum, West Bengal, INDIA

Head Office Address : Swastha Bhawan, GN –29, Sector –V, Kolkata - 91

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Genesis :

In order to derive population based health and socio-economic information, the need for a population laboratory had been recognized as a global necessity. There had been many such attempts in developing countries, beginning with MATLAB in Bangladesh. Inspired by such attempts and the fact, that our health planning needs a geographically defined cohort of people who will be observed and analyzed in a scientific manner over a period of time – The Government of West Bengal has initiated this project called “Health and Demographic Surveillance System”.

It was established formally on 1st August 2008 and the office has currently been shifted to the above stated address. Logo of the society is BiRPoP, which means Birbhum Population Laboratory. The focusing issue of SHDS is Population and Health. It has total 60 (6 office and 54 field) staffs of different categories at its suri office. Its main work can be divided into two area i.e data collection and linkage with targeted population with maintenance of data-warehouse.

Vision:

To create an institution with improves understanding and knowledge culture for innovation and better quality health services.

Mission:

Develop, test and promote realistic solutions guiding planning of major public health problems faced by the Indian people and improve the understanding of natural history and biology of diseases of public health priority are essential in order to guide interventions.

Objectives of the Society:

- To plan, organize, develop and maintain a health and demographic surveillance system (HDSS) that will help providing information for health planning and human development in West Bengal.
- To carry out research in area pertaining to health strategy, policy and interventions, useful in the context of the West Bengal.
- To facilitate population based research in different diseases and health conditions as may be deemed to be priorities, from time to time.

- To generate health awareness and capacity building of the staffs as well as target population to prevent diseases.
- To establish scientific collaboration and cross talk with national and international forums relevant in population and health research.
- To ensure scientific excellence in data generation, maintenance ethical standards and dissipation of the gathered information.

Working Strategies Adopted:

- There are 157 mouzas in our project area. Total no of village is 333. The whole mouzas are divided into 40 clusters and one surveyor looks after one cluster.
- There are 8 field monitors and each field monitor (on an average) guide and supervise the activity of 5 surveyors. 4 additional surveyors have been recruited this year to tackle the critical situation and keep continue the spirit and speed of time bound surveys.
- There are 3 data entry operators for data compilation etc.
- Each surveyor has prepared a cluster map and has a specific work plan. Surveyors submit their plan to the respective field monitor and field monitors submit their plan to the survey manager and survey manager to the research coordinator. SM and DM are answerable to the RC whereas RC is answerable to the FD & PD.
- Every staff has a diary and it is being maintained daily. They write their daily achievements, problems and observations.
- Linkage building with panchayats, health sub centers, blocks, ICDS centers, SHGs etc. to have effective communication and interaction on the health and population issue.

Methodologies Followed:

1. Used Statistical Technique for identification of project villages in 4 CD blocks (project area). Socio-economic status analysis of all blocks of birbhum district done.
2. Advertisement and bid for identifying the project office at Gole Market, Suri Town of Birbhum district of West Bengal.
3. Advertisement and test followed by personal interview for the selection of the staffs at several times done. Staff recruitment of staffs had done on the base of Merit List prepared.
4. Orientation and workshop followed by field exposure and focus group discussion for enhancing the staff capacity building.
5. Brainstorming session and focus group discussion among technical persons for the preparation and finalization of 3rd & 4th Phase questionnaire, vital events registration and smoking survey. Pre-test on questionnaire & guideline preparation done before final shape of data collection.
6. Close monitoring and re-checking on the surveyed data before final entry into the computer ensuring quality control at different stages i.e Field Monitor, Survey Manager, Data Manager, Research Coordinator and Medical Coordinator.
7. Software & Questionnaire preparation and finalization done with the help of experts from IDSK, Kolkata and Dr Saugata Basu and Dr Sujit Sarkhel, Koklata.
8. Data entry and analysis based on computer software programme at each stages.
9. Interaction with govt. administration and elected representatives by personal visit and interaction meet.

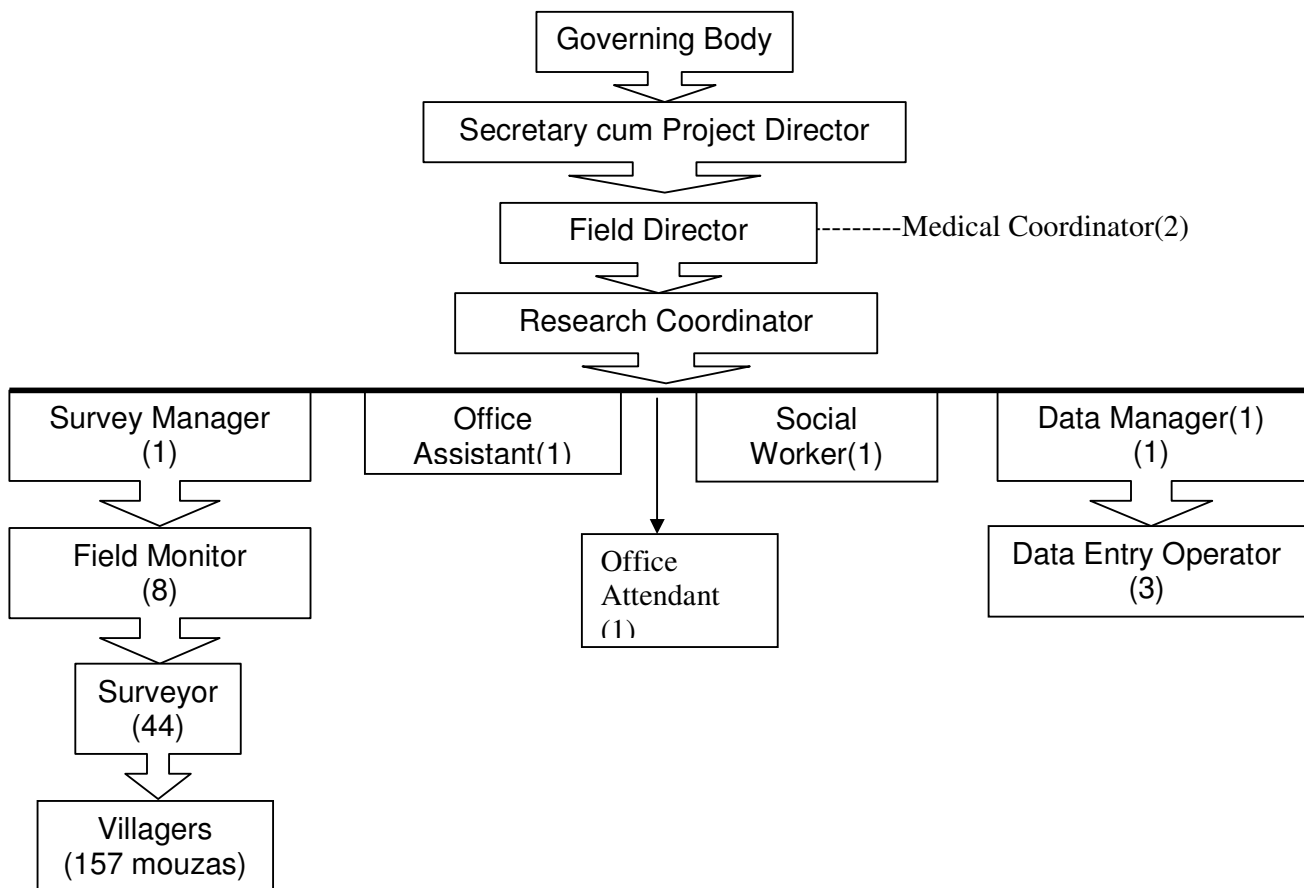
Geographical Nature & Sampling : 157 Mouzas(333 villages) in Suri 1, Md Bazar, Sainthia & Rajnagar blocks of Birbhum district of W.B.

Sampling Type -Stratified Sampling & Sampling Size : 13,261 HH.

Project Area Detail

Name of Block	No of Mouja	No of Village
Suri 1	35	59
Rajnagar	17	59
Md. Bazar	48	114
Sainthia	57	101
Total	157	333

ORGANOGRAM



PART-II
HUMAN RESOURCE PROFILE AT SURI OFFICE

Total staff strength at Suri Branch office is 60. Details are given below :

Manpower Profile of SHDS, Suri Office					
Sl	Block	CI No	Name of Employee	Designation	Qualification
1			Ashoke Gorain	Survey Manager	MSW, BLIS, Ph.D(in progress), 1 Yr Computer Course
2			Saikat Majumdar	Data Manager	M.Sc(Eco), DCA, C & C++, Visual Basic, CCA & studying in MARD
3			Mrinmoy Das	Office Assistant	B.Com, Computer knowledge
4			Biswajit Sen	Social Worker	B.A
5			Jagannath Das	Office Attendant	8th Standard
6			Chandan Mukherjee	Field Monitor	MA in History
7			Snehansu Ghoshal	Field Monitor	B.Com
8			Sadhan Kumar Sen	Field Monitor	B.Sc
9			Chanchal Banerjee	Field Monitor	B.Sc
10			Uday Chatterjee	Field Monitor	B.A(Hons)
11			Manas Banerjee	Field Monitor	B.Sc
12			Partha Ghosh	Field Monitor	MA in Rural Development
13			Radha Ballav Chatterjee	Field Monitor	B.Com
14			Subrata Kumar Chaudhuri	Data Entry Operator	Madhyammik, DTP & CCA, Typing in english
15			Pradip Ghosh	Data Entry Operator	B.Com, O Level Computer course, Typing in english
16			Joydeep Bandyopadhyay	Data Entry Operator	B.Com, DCA, Typing in english
17	Suri	1	Madhumita Singh	Surveyor	H.S
18	Suri	1.1	Purnima Das	Surveyor	H.S
19	Suri	2	Soumi Banerjee	Surveyor	H.S
20	Suri	3	Husnera Khatun	Surveyor	H.S
21	Suri	4	Mabia Khatun	Surveyor	H.S
22	Suri	4A	Subhodra Mukherjee	Surveyor	H.S
23	Suri	5	Hasi Sen	Surveyor	H.S
24	Suri	5A	Sanghamitra Das	Surveyor	H.S
25	Suri	6	Mithu Das	Surveyor	H.S
26	Suri	6A	Pratima Roy	Surveyor	H.S
27	Rajnagar	7	Pinku Swarnkar	Surveyor	H.S
28	Rajnagar	7.1	Sonali Mishra	Surveyor	H.S
29	Rajnagar	8	Subhra Dutta	Surveyor	H.S
30	Rajnagar	8A	Subhra Acharya	Surveyor	H.S
31	Rajnagar	9	Sima Das Bhakta	Surveyor	H.S
32	Rajnagar	10	Manisha Mondal	Surveyor	H.S
33	Rajnagar	11	Piyali Roy	Surveyor	H.S
34	Md. Bazar	12	Namita Mardi	Surveyor	H.S
35	Md Bazar	13	Sravanti Mondal	Sureyor	H.S
36	Md. Bazar	14	Sohada Begum	Surveyor	H.S
37	Md. Bazar	14.1	Mustakima Khatun	Surveyor	H.S
38	Md. Bazar	14A	Srabani Sadhu	Surveyor	H.S
39	Md. Bazar	15	Jaba Gorai	Surveyor	H.S
40	Md. Bazar	16	Samapti Chandra	Surveyor	H.S
41	Md. Bazar	17	Nur Nehar Begam	Surveyor	H.S
42	Md. Bazar	18	Iva Chatterjee	Surveyor	H.S
43	Md. Bazar	19	Kanika Mondal	Surveyor	H.S
44	Md. Bazar	19A	Pratima Nayek	Surveyor	H.S
45	Md. Bazar	20	Tuktuki Pal	Surveyor	H.S
46	Md. Bazar	20.1	Priyanka Mukherjee	Surveyor	H.S

47	Md. Bazar	21	Rekha Chatterjee	Surveyor	H.S
48	Sainthia	22	Daymoy Pal	Surveyor	H.S
49	Sainthia	23	Tripti Biswas	Surveyor	H.S
50	Sainthia	24	Fatema Khatun	Surveyor	H.S
51	Sainthia	25	Latika Das	Surveyor	H.S
52	Sainthia	26	Isanur Iman	Surveyor	H.S
53	Sainthia	27	Parimal Gorai	Surveyor	H.S
54	Sainthia	28	Subodh Gorai	Surveyor	H.S
55	Sainthia	29	Ruparani Mondal	Surveyor	H.S
56	Sainthia	30	Kakali Pramanik	Surveyor	H.S
57	Sainthia	31	Chandana Saha	Surveyor	H.S
58	Sainthia	32	Joyashree Pal	Surveyor	H.S
59	Sainthia	33	Mousumi Singh	Surveyor	H.S
60	Sainthia	34	Sadai Bagdi	Surveyor	H.S

Field Area Responsibility Chart : SM, FM & Surveyors

	Field Monitors	Surveyors	Clusters
Survey Manager	Partha Ghosh(1)	Madhumita Singh Soumi Benerjee Husnera Khatun Mabia Kathun Subhadra Mukherjee	1 2 3 4 4A
	Chandan Mukherjee(2)	Purnima Das Hasi Ghosh Sen Sanghamitra Das Mithu Das Pratima Roy	1.1 5 5A 6 6A
	Sadhan Kr Sen(3)	Pinku Sarnakar Sonali Mishra Subhra Dutta Subhra Acharya Sima Das Bhakta Manisha Mondal Piyali Roy	7 7.1 8 8A 9 10 11
	Radha Ballav Chatterjee(4)	Namita Mardi Sravanti Mondal Sohada Begam Mustikama Khatun Srabani Sadhu Joba Gorai	12 13 14 14.1 14A 15
	Snehanshu Ghoshal(5)	Samapti Chandra Nur Nehar Begam Iva Chatterjee Konika Mondal Pratima Nayek Tutuki Pal Priyanka Mukherjee Rekha Chatterjee	16 17 18 19 19A 20 20.1 21
	Manas Banerjee(6)	Dayamoy Pal Tripti Biswas Fathema Khatun Latika Das	22 23 24 25

	Chanchal Banerjee(7)	Md. Isanur Iman	26
		Parimal Gorain	27
		Parimol Gorai	28
		Ruparani Mondal	29
		Kakoli Pramanik	30
	Uday Chatterjee(8)	Chandana Saha	31
		Joyshree Pal	32
		Mousumi Singh	33
		Sadai Bagdi	34

PART-III
PROJECT WORK FLOW WITH TIME PLAN AT A GLANCE

Work Flow	← → Time Flow
Field Survey on smoking questionnaire started	Dec 2010
Field survey on verbal autopsy questionnaire started	Dec 2010
Training & Field test on verbal autopsy questionnaire done	Dec 2010
Continuation of vital events survey ...	Dec 2010 Onwards
Training & field test on smoking questionnaire completed	Dec 2010
Preparation, finalization & Printing of smoking questionnaire(smoking & smokless tobacco)	Nov -Dec 2010
Brainstorming workshop on 2 nd phase resurvey on socio-economic analysis guided by IDSK, Kolkata	Nov 2010
Preparation, finalization & Printing of verbal autopsy questionnaire	Nov 2010
Completed analysis on vital events data – 2009 & 2010	Nov 2010
Completed survey on vital events (demographic survey) – 2 years span.	Nov-Dec 2010
Training and Field testing & survey on vital events registration survey.	October 2010
Questionnaire preparation, finalization and printing on vital events(demographic survey) i.e birth, death, marriage & migration & Matri Mrityu..	Sep 2010
Project Review Committee Meet (Prof. V.I.Mathan, Dr. Dilip Kr Mahalanabis & other eminent persons participated & contributed)	August 2010
Analysis on mental morbidity survey completed	Aug- Sep 2010
Mental Morbidity survey completed	August 2010
Analysis on Anthropometric survey completed	July- August 2010
Data Collection on 3 rd Phase Anthropometric measurement survey completed.	June 2010
Field survey started on mental morbidity.	May 2010
Training & Field testing on Mental morbidity survey	March- April 2010
Questionnaire preparation and finalization and printing on mental morbidity survey(4 th phase) guided by Dr Sujit Sarkhel and Dr Saugata Basu, Kolkata	March 2010

Staff review meeting held once in every month	Every month
FM review meeting held once in every week	Every week
Field interaction with representatives of Monus University, Australia	January 2010
3 rd Phase survey continued....	September 2010 – June 2010

PART-IV
PROGRESS OF ACTIVITIES DURING THE YEAR 2009-2010

The ACTIVITIES DONE in this year can be categorized below :

A. SURVEY SECTIONS

1. SURVEY FINDINGS ON ANTHROPOMETRIC MEASUREMNT & BP (3rd Phase)

The Anthropometrics Measurement survey completed on June 2010 and then the analysis part was finished by July- August 2010.

Objectives of the Survey :

- o To know the status of (SDHS Sample HH) of blood pressure(10 years & above) in sitting and sleep mode, weight, waist hip, mid arm circumferences and height.
- o To know the nutritional status among SHDS selected individual family members.

About the Questionnaire :

Prof. Premananda Bharati of ISI Kolkata guided the society to finalize the questionnaire and also assist in the capacity building of the SHDS staffs. This is a one-page questionnaire divided into two parts. The collected data reviewed at regular intervals. Focus was given on the collection of data related to weight, height, mid arm circumferences and blood pressure. Blood pressure was measured in two mode i.e sitting and sleep to know the status of postural hypertension among the sampled population.

Equipments Used for Survey Purpose :

- | | | |
|----|--|---------|
| 1. | Adult Weighing Machine - | 25 pcs. |
| - | Crown Krups Model
Capacity up to 150 kgs. | |
| 2. | Baby Weighing Machine with tray - | 25 pcs. |
| | Doebel Braun Model
Capacity up to 10 kg. | |
| 3. | Measuring tape (steel) - | 25 pcs. |
| 4. | Anthropometre - | 08 pcs. |
| | Capacity up to 200 cms. | |
| 5. | Blood Pressure Instrument - | 25 pcs. |
| | Diamond Delux Model
Capacity up to 290 mml lg | |

Format of Anthropometric Measurement Survey (Nutritional Assessment)

Society for Health & Demographic Surveillance Nutritional Assessment (Anthropometric Measurement) Program

Page No. :-	<table border="1" style="width: 100%; text-align: center;"> <tr> <td colspan="4">Anthropometric Measurement Phase :-</td> </tr> <tr> <td style="width: 25%;">1</td> <td style="width: 25%;">2</td> <td style="width: 25%;">3</td> <td style="width: 25%;">4</td> </tr> <tr> <td colspan="4" style="text-align: center;">(টিক চিহ্ন দিন)</td> </tr> </table>	Anthropometric Measurement Phase :-				1	2	3	4	(টিক চিহ্ন দিন)				Date	<table border="1" style="width: 100%; text-align: center;"> <tr> <td colspan="4">Anthropometric Measurement Phase :-</td> </tr> <tr> <td style="width: 25%;">1</td> <td style="width: 25%;">2</td> <td style="width: 25%;">3</td> <td style="width: 25%;">4</td> </tr> <tr> <td colspan="4" style="text-align: center;">(টিক চিহ্ন দিন)</td> </tr> </table>	Anthropometric Measurement Phase :-				1	2	3	4	(টিক চিহ্ন দিন)				Date
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ক্রমিক নং	সার্ভেয়ারের নাম এবং স্বাক্ষর		পরিবারের সদস্যদের নাম								ক্রমিক নং															
	বছর	মাস	বয়স				ওজন				উচ্চতা	উর্ধ্ববাহুর মধ্যভাগের মাপ	বছর	মাস	বয়স				ওজন				উচ্চতা	উর্ধ্ববাহুর মধ্যভাগের মাপ		
			দাঁড়ানো অবস্থায় (৭ বছর বা তার উপরে)	শুয়ে থাকা অবস্থায় (৭ বছর বা তার উপরে)	কিলোগ্রাম	কিলোগ্রাম	সেমি	সেমি	সেমি	সেমি					দাঁড়ানো অবস্থায় (৭ বছর বা তার উপরে)	শুয়ে থাকা অবস্থায় (৭ বছর বা তার উপরে)	কিলোগ্রাম	কিলোগ্রাম	সেমি	সেমি	সেমি	সেমি				
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Some Analysis on Anthropometric Measurement Survey

In Analysis, efforts has been made to find out the Anthropometric failure (Stunting, Wasting, Both sutnting and wasting), Hypertension, Obese and BMI. The analysis is shown below:

1) Table 1: - Sex wise family member of the selected household (12,837)

Total Population Surveyed	Male	Percentage	Male 18 and above	Percentage
54807	27259	49.74	16980	30.98
	Female	Percentage	Female 18 and above	Percentage
	27548	50.26	17668	32.24

Stunting

Low length –for-age, stemming from a slowing in the growth of the fetus and the child and resulting in the failure to achieve expected length as compared to a healthy, well nourished child of the same age, is a sign of stunting. Stunting is an indicator of past growth failure. It is associated with a number of long-term factors including chronic insufficient protein and energy intake, frequent infection, sustained inappropriate feeding practices and poverty. Stunting, or low height for age, is caused by long-term insufficient nutrient intake and frequent infections. Stunting generally occurs before age two, and effects are largely irreversible. These include delayed motor development, impaired

cognitive function and poor school performance. Nearly one third of children under five in the developing world are stunted.

Wasting

Wasting is the result of a weight falling significantly below the weight expected of a child of the same length or height. Wasting indicates current or acute malnutrition resulting from failure to gain weight or actual weight loss. Weight-for-height is not advised for evaluation of change in a population since it is highly susceptible to seasonality. Wasting, or low weight for height, is a strong predictor of mortality among children under five. It is usually the result of acute significant food shortage and/or disease. There are 24 developing countries with wasting rates of 10 per cent or more, indicating a serious problem urgently requiring a response.

Overweight is an increasingly important issue all over the world: 20 developing countries have rates above 5 per cent. Childhood under nutrition and overweight co-exist in many countries, leading to a double burden of malnutrition.

Table 2: - About **Anthropometric Failure**

Anthropometric Failure 0 to <=5 Year				
Sex	Normal	Stunted	Wasted	Stunted & Wasted
Female	596	795	103	1257
Male	659	717	114	1329
Total	1255	1512	217	2586
Percentage	22.53	27.15	3.90	46.43

- 2) Table 3: - **Category wise classification of under weight & Anthropometric failure (0 to 5 years).**

Under Nutrition Category	Number	Percentage
Under Weight	2634	43.17
Anthropometric Failure	4315	70.73

- 3) Table 4: - **Category wise classification of Anthropometric failure up to 5 years children**

Anthropometric Failure (0 to 60 Month)													
U.N.	<1	1 to 3	4 to 6	7 to 9	10 to 12	13 to 18	19 to 24	25 to 30	31 to 36	37 to 42	43 to 48	49 to 54	55 to 60
	2	158	236	186	312	369	405	323	505	306	557	309	647

- U.N. means under nutrition.

- 4) Table 5: - **Under Nutrition upto 5 years children of those household in which at least one married female is literate or not**

0 to 5 Year Under Nutrition under Literate & Illiterate Family			
Category	Total	Under Nutrition	Percentage
Literate	2580	1788	29.31
Illiterate	3521	2527	41.42

- 5) Table 6: - **Family size wise under nutrition of total household surveyed**

Average size	No of household	No of HH affected by under nutrition	Percentage
1-4	7878	6868	87.18
5-9	4763	4657	97.77

>=10	193	191	98.96
Total	12834	11716	91.29

6) Table 7:- **Anthropometric failure of 0 to 5 years children of those household who availed Govt. sector or Private sector**

Health Facility	Total	For treatment at Govt. Sector	For treatment at Private Sector
Anthropometric failure <5 Years	4315	2611	1704
Percentage	100	60.51	39.49

7) Table 8: - **Caste wise Anthropometric failure of 0 to 5 years children**

Caste wise Under Nutrition	SC	ST	OBC	General	Total
Under Nutrition (0 - 5 Years)	1416	511	217	2160	4304
Percentage	32.90	11.87	5.04	50.19	100.00

8) Table 9: - **Income group wise Anthropometric failure of 0 to 5 years children**

	Income Group			Total
	Up to 2000	2001 to 5000	Above 5000	
Under Nutrition	1818	100	2397	4315
Percentage	42.13	2.32	55.55	100.00

9) Table 10: - **Type of house wise Anthropometric failure of 0 to 5 years children**

Quality of Housing	Pacca House	Semi Pacca House	Kachcha House
% of Anthropometric failure among <=5 years	14.70	14.87	70.43

Body Mass Index

In India, Normal BMI is less than 23, Overweight is above 23 and Obese is above 25 as per revised values by the Health Ministry in 2008).The body-mass index (BMI) is calculated by dividing your weight (in kg) by the square of your height (in meters).A BMI greater than 23 may indicate that you are overweight, while a BMI greater than 25 generally indicates obesity. According to guidelines, cut-offs for waist circumferences will now be **90 cm for Indian men** (as opposed to 102 cm globally) and **80 cm for Indian women** (as opposed to 88 cm at the international level).

We have followed the above guideline while analyze the data. Classification wise BMI & Waist circumference as follows

- Male age 18 and above
- Female age 18 and above
- Male & female age 18 and above

Age 18 Yrs & above Male Percentage : Table -10

Age in Year	Male Percentage							
	BMI					Waist Circumference		
	Normal	Over Weight	Obese	Under Nutrition	Total	Normal (<= 90 cm)	Over (>90 cm)	Total
>= 18 to <= 30	34.55	3.23	1.95	60.27	100	98.69	1.31	100
>30 to <=50	36.39	6.22	4.22	53.18	100	94.48	5.52	100
> 50 to <= 60	33.74	5.64	3.98	56.64	100	92.09	7.91	100
> 60	28.15	4.23	2.99	64.63	100	92.65	7.35	100
Percentage Total	34.68	4.93	3.29	57.10	100	95.48	4.52	100

Age 18 Yrs & above Female Percentage : Table-11

Age in Year	Female (Percentage wise)							
	BMI					Waist Circumference		
	Normal	Over Weight	Obese	Under Nutrition	Total	Normal (<= 80 cm)	Over (>80 cm)	Total
>= 18 to <= 30	37.43	4.45	4.16	53.97	100	92.15	7.85	100
>30 to <=50	37.36	9.18	8.1	45.36	100	83.48	16.52	100
> 50 to <= 60	32.6	6.47	7.51	53.42	100	80.59	19.41	100
> 60	23.43	4.22	4.01	68.35	100	86.11	13.89	100

Age 18 Yrs & above Male & Female Population & Percentage : Table -12

Age in Year	Total Male & Female Percentage 18 Years & above							
	BMI					Waist Circumference		
	Normal	Over Weight	Obese	Under Nutrition	Total	Normal (<= 80)	Over (> 80)	Total
>= 18 to <= 30 (A)	36.11	3.88	3.14	56.87	100.00	95.16	4.84	100.00
>30 to <=50 (B)	36.87	7.69	6.15	49.28	100.00	89.00	11.00	100.00
> 50 to <= 60 (C)	33.20	6.03	5.66	55.10	100.00	86.62	13.38	100.00
> 60 (D)	25.86	4.22	3.48	66.43	100.00	89.48	10.52	100.00
Total Percentage	35.21	5.79	4.75	54.23	100	91.03	8.96	100

Corelation between High BP & Waist Circumference

Age & sex group wise waist circumference where BP (S) is (>=130).

Waist circumference

- Male (>=90 cm)
- Female (>=80 cm)

Table-13

Age Group	Male	Waist Circumference (>=90 cm) and BP (S) >=130	Percentage
>=18 to <=30	5887	47	0.80
>30 to <=50	7445	217	2.91
>50 to <=60	2110	120	5.69

<60	1538	98	6.37
-----	------	----	------

Table-14

Age Group	Female	Waist Circumference (>=80 cm) and BP (S) >=130	Percentage
>=18 to <=30	6906	94	1.36
>30 to <=50	7398	502	6.79
>50 to <=60	1917	246	12.83
<60	1447	173	11.96

Hypertension Status

Category wise classification of Hypertension of age 10 and above Table 15

Total Member All Age	Total Member Age 10 and above	Total Member Age (<18yrs)		Total Member Age (>=18 yrs & <36 yrs)		Total Member Age (>=36 Yrs & <60 Yrs)		Total Member Age 60 Yrs and above	
		Members	Percentage	Members	Percentage	Members	Percentage	Members	Percentage
54807	43543	8895	100	15292	100	15548	100	3808	100
BP Laying position	Normal	8533	95.93	13052	85.35	10423	67.04	1417	37.21
	High Normal	233	2.62	1108	7.25	1826	11.74	578	15.18
	Hypertension Stage I (Mild)	115	1.29	949	6.21	2254	14.5	987	25.92
	Stage II (Moderate)	9	0.1	135	0.88	724	4.66	554	14.55
	Stage III (Severe)	5	0.06	48	0.31	321	2.06	272	7.14

Hypertension of age 16 and above Table 16

Member Total 16 years and above	Total Hypertension all ages	Percentage
43543	6373	14.64

Analysis of Undernutrition and Hypertension According to Chi-Square Test

Under Nutrition of 0 to 5 Year members where at least one female member in the family is literate or no all female members are illiterate in the family.

Category	Under Nutrition Member	Normal Member	Total	Percentage
1	1788	792	2580	29.31
2	2527	994	3521	41.42

- Category 1:- Literate here signifies at least One literate female in the family.
 2:- Illiterate here signifies there are no literate female in the family.
 Chi – square test significant as p value is (>0.05).

Under Nutrition as Family size of a Household

Family size Category	Under Nutrition	Normal
1 to 4	6868	1010
5 to 9	4657	106

10 and above	191	2
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- Category
- A) 1 to 4 :- A Household consists of One to Four Family Members.
 B) 5 to 9 :- A Household consists of Five to Nine Family Members.
 C) 10 and above :- A Household consists of ten and above Family Members.
 Chi – square test significant as p value is (>0.001).

Under Nutrition of 0 to 5 years members where the house structure's category are different

House Structure	Under Nutrition	Normal
Pacca House	632	159
Semi Pacca House	639	225
Kachcha House	3027	1395

Category of House Structure

- A) Pacca House :- Where those 0 to 5 years member are live in.
 B) Semi Pacca House :- Where those 0 to 5 years member are live in.
 C) Kachcha House :- Where those 0 to 5 years member are live in.
 Chi – square test significant as p value is (>0.001).

Age Category wise Family Members affected by Hypertension

Age Category	Hypertensive	Non Hypertensive
(>=18) to (<36)	1132	13052
(>=36) to (<60)	3299	10423
(>=60)	1813	1417

Age Category

- A) (>=18) to (<36) :- Where the Family member's age are 18 to below 36 year.
 B) (>=36) to (<60) :- Where the Family member's age are 36 to below 60 year.
 C) (>=60) :- Where the Family member's age are 60 year and above.
 Chi – square test significant as p value is (>0.001)

2. SURVEY FINDINGS ON MENTAL MORBIDITY (4th PHASE)

The Mental Morbidity Survey was started on May 2010 and completed on August 2010 and then the analysis part was done in the months of August- September 2010.

Objectives of the Survey :

- o To find out prevalence of mental illness in community.
- o To know the status of mental retardation, chronic psychosis and dementia among the SHDS sampled HH.

About the Questionnaire :

- The mental morbidity questionnaire has two parts i.e part A was regarding the mental illness and part B was regarding the mental retardation, chronic psychosis and dementia related questions. In Part A, it has 28 general questions divided into 4 parts i.e Somatic symptoms, Anxiety and insomnia, Social dysfunction and Depression and in part B some questions related to mental retardation, chronic psychosis and dementia were there. Mental illness related questions asked to those who attained the age of 16 or more years. Part B questions for all age groups. Dr Saugata Basu and Dr Sujit Sarkhel, Kolkata guided us to formulate and plan the survey. We had prepared a detailed guideline on the base of which the total survey was done.

Process Followed :

- Existing Indian data reveal that the prevalence of mental disorders ranging from 14.5 to 130.0 per 1000.
- In the present study, we aimed to cover a broader sample and identify those cases which would fall below diagnostic threshold and as a result, would be less likely to approach the available health services.
- GHQ-28 was specifically chosen to identify the individuals having minor mental disorders .This tool is used worldwide to screen large populations for psychiatric morbidity, mostly the non-psychotic type.

Tool Used for the Survey :

General Health Questionnaire or GHQ 28 (Goldberg and Hiller, 1988)

Bengali Adaptation by Basu & Dasgupta (1996)

Cut off Score:4/5 (out of 28)

GHQ 28 was included :

- Somatic symptoms
- Anxiety and insomnia
- Social dysfunction
- Depression

Whole range of neurotic, stress related, adjustment disorders and somatizations

The data suggest that a sizable amount of population is suffering from mental health related problems in the SHDS research area. Availability of relevant health related to service is very low. Moreover, there is lack of awareness to get the access of available services. Intervention is to be planned to cater the need of the people.

Some Analysis on Part B (In addition to GHQ-28 screening)

(Point to remember: These statistics are based on total population, i.e. 59516; not only 16 years and above)

Mental Retardation

- Male: 53 (0.15%)
- Female: 32(0.09%)

Chronic Psychosis

- Male: 48 (0.14%)
- Female: 32(0.09%)

Substance Abuse : Alcohol

- Male: 2294 (13.36%)
- Female: 373(2.08%)

Substance Abuse : Ganja

- Male : 132(.76%)
- Female: 14(.08%)

Dementia

- Male: 10(0.03%)
- Female: 27(0.08%)

Future Plan

- To apply structured questionnaires and rating scales to categorize the identified population
- To identify disorders specific to children and adolescents in the target population

3. SURVEY FINDINGS ON VITAL EVETNS & MATRI MRITYU(Demography Survey)

Vital Events Survey has been started on October 2010 and completed by Nov -Dec 2010 for the year 2009 & 2010. It is doing on continuing basis and collected data on monthly basis. Vital events survey includes Birth, Death, Marriage and Migration. Apart from this, the data on Marti Mrityu(Maternal Mortality) is being collected.

Objectives behind :

- To know the yearly status of birth, death, marriage and migration among SHDS sampled HH.
- To know the causes and status of maternal mortality in SHDS sampled villages.

Birth Status Analysis : 2009- 2010

(Data collected for all age groups among SHDS Sampled HH)

Total no of child born : 1256

Table No: - 1

Year	Total baby born	Male	Female	Others
2009	671	353	318	0
2010	585	299	285	1
Total	1256	652	603	1

Table No: - 2

Code wise religion				
Year	Hindu (1)	Muslim (2)	Christian (3)	Others (99)
2009	462	204	3	2
2010	376	207	1	1

Table No: - 3

Code wise Caste						
Year	SC (1)	ST (2)	OBC (3)	General (4)	Others (8)	Unknown (99)
2009	262	76	36	291	6	0
2010	206	70	32	274	3	0

Table No: - 4

Nature of Delivery			
Year	Normal (51)	Forceps Delivery (52)	Cesarean Delivery (53)
2009	591	15	65
2010	492	24	69

Table No: - 5

Registered or not		
Year	Yes (1)	No (2)
2009	592	79

2010	461	124
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Table No: - 6

Year	Place of birth code wise								
	At home (1)	PHC (2)	BPHC (3)	RH (4)	Sub. Div (5)	SH (6)	MC (7)	Nursing home (8)	Others (9)
2009	190	45	97	9	30	253	4	39	4
2010	164	46	73	10	23	224	0	42	3

Death Status Analysis : 2009-2010

(Data collected for all age groups among SHDS Sampled HH)

Total no of persons died : 526
 Total no of families in which persons died : 517

Table 1: Death Case vs Age

Code of Age	Total Death Members counted
Q (11)	
Within 7 days from birth	9
(8-28) Days	3
Below 1 year but more than 28 days	17
1-5 years	10
(6-14) years	9
15 Yrs & above but below 18 Yrs Years	17
18 Yrs & above but less than 49 Years	98
49 Yrs & above but less than 60 Years	91
60 Years	272
Total	526

Table 2 : Death case vs Sex

Code of Sex	Description	Total Death Members Counted
Q (12)		
1	Male	284
2	Female	242
Total		526

Table 3 : Death case vs Caste

Code of Caste	Total Death Members Counted
Q (13)	
SC	183
ST	62
OBC	26

Code of Caste	Total Death Members Counted
Q (13)	
GENERAL	251
Not Applicable	4
Total	526

Table 4 : Religion vs Death

Code of Religion	Total Death Members Counted
Q (14)	
Hindu	382
Muslim	139
Christian	3
99	2
Total	526

Table 5 : Cause of Death wise No of Death Cases

Code of "Cause of Death"	Total Death Members Counted
Q (15)	
Home	386
PHC	5
BPHC	7
Sub-divisional hospital	1
District Sadar Hospital	85
Medical college hospital	14
Private hospital or Nursing home	2
Others	26
Total	526

Table 6 : Death vs Place of treatment

Code of "Place of treatment "	Total Death Members Counted
Q (17)	
Blank	39
Treatment at home	220
Treatment at hospital	267
Total	526

Table 7 : Treatment documents vs Death case

Code of Treatment documents	Total Death Members Counted
Q (18)	
Blank	28
Yes	313
No	185
Total	526

Table 8 : Cause of Death wise Death Member Count

Code of “Cause of Death”	Total Death Members Counted
Q (19)	
Burn	9
Electric shock	1
Road accident	10
Suicide	16
Snake bite	3
Dog bite	2
Fall from tree	1
Murder	1
Infection at respiratory organ	16
Senility	109
Stroke	127
Asthma	33
Diarrhea	13
Hepatitis	17
Tumor	12
Malaria	7
Malnutrition	5
Urinal problem	10
Diabetes	4
Heart Disease	22
TB	23
Convulsion	6
Epilepsy	4
Cancer	34
Kidney damage	6
Meningitis	2
Digestive disorder	3
Malnutrition	1
Immature & LBW baby	3
Sepsis	3
Absence of pulse for newborns	1
Others	15
Respiratory problem of Newborns	3
Congenital problems	4
Total	526

Table 9 : Death Registration vs death case

Code of Death Registration	Total Death Members Counted
Q (20)	
Blank	3
Yes	340
No	183
Total	526

Table 10 : Health Insurance vs Death case

Code of "Health Insurance"	Total Death Members Counted
Q (21)	
Blank	1
Yes	6
No	519
Total	526

Table 11 : Life Insurance wise Death case

Code of "Life Insurance"	Total Death Members Counted
Q (22)	
Blank	2
Yes	39
No	485
Total	526

Table 12: Expenditure for Treatment vs Death case

Code of "Expenditure for Treatment"	Total Death Member Count
Q (24)	
Blank	24
Rs 2000 or less	116
Rs (2001-5000)	128
Rs (5001-10000)	76
Rs 10000 & above	182
Total	526

Table : 13 Source of Expenditure vs Death case

Code of "Source of Expenditure"	Total Death Member Count
Q (25)	
Blank	46

Code of "Source of Expenditure"	Total Death Member Count
Q (25)	
Household income/ savings	221
Other sources (incl.sale of ornaments and other physical assets [land])	88
Borrowings	63
Insurance	1
Others	107
Total	526

Table 14 : Referral Service available vs Death case

Code of "Referral Service"	Total Death Member Count
Q (26)	
Blank	246
Ambulance	21
Hire car	152
From friends & relatives	5
Van or Rickshaw	44
Others	58
Total	526

Marriage Status Analysis : 2009-2010

(Data collected for all age groups among SHDS Sampled HH)

Total no of marriage case found : 1077

Table No: - 1

Year	Total Marriage	Male	Female
2009	420	50	370
2010	657	45	612
Total	1077	95	982

Table No: - 2

Code wise religion				
Year	Hindu (1)	Muslim (2)	Christian (3)	Others (99)
2009	291	129	0	0
2010	418	236	1	2

Table No: - 3

Code wise Caste						
Year	SC (1)	ST (2)	OBC (3)	General (4)	Others (8)	Unknown (99)
2009	150	48	17	204	1	0
2010	231	40	34	350	1	1

Table No: - 4

Education				
Year	Total Member	Literate	Illiterate	Unknown
2009	420	361	59	0
2010	657	590	66	1

Table No: - 5

Education (In-migration)		
	2009	2010
Not literate	59	66
Literate, without formal schooling	0	1
Below primary	54	63
Primary	140	222
Middle	79	142
Secondary	47	95
Higher Secondary	23	38
Diploma /Certificate course	1	1
Graduate	13	21
PG & above	4	7
Unknown	0	1

Table No: - 6

Registered or not		
Year	Yes (1)	No (2)
2009	77	343
2010	130	527

Table No: - 7

After Marriage			
Year	Started to stay that HH (1)	Left that HH (2)	Staying that HH (3)
2009	221	194	5
2010	302	345	10

Table No: - 8

Code wise occupational status	Occupation	
	2009	2010
Self-employed/small business man (10)	4	3
Self-employed (skilled)(11)	0	0
Businessman (employer)(12)	1	0
Service holder (13)	6	6
Agriculture related work (employer)(14)	1	2
Non-agriculture related work (employer)(15)	0	0
Agricultural share cropper (16)	0	1
Agriculture related work (labor)(17)	9	8
Non-agriculture related work (labor)(18)	6	3
Other sectors related work (labor)(19)	30	22
Home work (with earnings)(21)	8	19
Other earning related jobs (22)	3	10
Child labor (23)	0	0
Home work (without earnings)(31)	318	517
Unable to do job (child/old/handicapped)(32)	4	4
Unable to do job (ill)(33)	0	0
Did not work but was seeking and/or available job)(34)	1	5
Active unemployed (student)(35)	28	57
Retired /pension holder (41)	0	0
Unknown	1	0
Total	420	657

Migration Status Analysis : 2009-2010

(Data collected for all age groups among SHDS Sampled HH)

Table No: - 1

Year	Total members of Migration	In-migration			Out-migration			Unknown
		Total members	Male	Female	Total members	Male	Female	
2009	2312	291	44	247	2015	1210	805	6
2010	1554	391	34	357	1163	504	659	0

Table No: - 2

Reasons for In-migration						
Year	Total members of In-migration	Family-related	Work-related	Housing-related	Education	Marriage
2009	291	37	26	1	10	217
2010	391	38	8	6	7	332

Table No: - 3

Reasons for Out-migration							
Year	Total members of Migration out	Family-related	Work-related	Housing-related	Education	Marriage	Unknown
2009	2015	269	1094	103	312	236	1
2010	1163	142	512	63	69	372	5

Table No: - 4

Religion wise (In-migration)					
Year	Total Members	Hindu	Muslim	Christian	Others
2009	291	195	96	0	0
2010	391	246	144	1	0

Table No: - 5

Religion wise(out-migration)					
Year	Total Members	Hindu (1)	Muslim (2)	Christian (3)	Others (99)
2009	2015	1364	634	15	2
2010	1163	759	401	2	1

Table No: - 6

Education (In-migration)				
Year	Total Members	Total Literate	Total Illiterate	Unknown
2009	291	240	44	7
2010	391	331	52	8

Table No: - 7

Education (In-migration)		
	2009	2010
Not literate	44	52
Literate, without formal schooling	4	1
Below primary	36	43
Primary	100	122
Middle	41	72
Secondary	31	63
Higher Secondary	16	19
Diploma /Certificate course	1	0
Graduate	9	10
PG & above	2	1
Unknown	7	8

Table No: - 8

Education (Out-migration)				
Year	Total	Total Literate	Total Illiterate	Unknown
2009	2015	1505	275	235
2010	1163	811	189	163

Table-9

Education (Out-Migration)		
	2009	2010
Not literate	275	189
Literate, without formal schooling	17	3
Below primary	246	156
Primary	471	282
Middle	280	156
Secondary	159	96
Higher Secondary	147	69
Diploma /Certificate	18	3

course		
Graduate	120	33
PG & above	47	13
Unknown	235	163

Table: - 10

Caste wise In-migration							
Year	Total Members	SC	ST	OBC	General	Others	Unknown
2009	291	101	45	6	138	0	1
2010	391	119	36	18	215	3	0

Table: - 11

Caste wise Out-migration							
Year	Total Members	SC (1)	ST (2)	OBC (3)	General (4)	Others (8)	Unknown (99)
2009	2015	532	197	111	1138	18	19
2010	1163	372	122	53	603	9	4

Table: - 12

Code wise occupational status	Occupation in 2009		Occupation in 2010	
	In-migration	Out-migration	In-migration	Out-migration
Self-employed/small business man (10)	1	27	1	5
Self-employed (skilled)(11)	0	72	0	16
Businessman (employer)(12)	3	3	0	2
Service holder (13)	2	224	4	67
Agriculture related work (employer)(14)	0	6	0	2
Non-agriculture related work (employer)(15)	0	0	0	0
Agricultural share cropper (16)	0	0	1	0
Agriculture related work (labor)(17)	5	16	7	10
Non-agriculture related work (labor)(18)	1	10	3	12
Other sectors related work (labor)(19)	17	410	13	271
Home work (with earnings)(21)	7	42	8	35
Other earning related jobs (22)	2	139	2	50
Child labor (23)	2	19	0	6
Home work (without earnings)(31)	215	438	317	410
Unable to do job (child/old/handicapped)(32)	14	179	13	114
Unable to do job (ill)(33)	1	4	1	4
Did not work but was seeking and/or available job)(34)	1	13	0	8
Active unemployed (student)(35)	20	354	21	136
Retired /pension holder (41)	0	5	0	1
Unknown	0	54	0	14
Total	291	2015	391	1163

Table No: - 13

Type	2009		2010	
	In-migration	In-migration	Migration In	Out-migration
Single	227	927	348	640
Partial	18	331	14	124
Group	2	73	0	69

4. SURVEY ON SMOKE & SMOKELESS TOBACCO (Continuing)...

The survey on smoke and smokeless tobacco has been started on last week of November 2010 and it is continuing till now.

Objective of the Survey :

- o To know the status of having smoke and smokeless tobacco among SHDS sampled HH.
- o To know the status of passive smoking among SHDS sampled HH.

About the Questionnaire :

The questionnaire has been prepared by SHDS itself in suri office. For the purpose of validation, it has been discussed with Dr Subrata Mukherjee, IDSK, Kolkata. The questionnaire has two parts Part I & II and again each parts has two sections i.e Section A & B. In part I questions have been asked on the smoke related questions and in Part II questions have been asked on smokeless. In Section B of each part, questions have been asked on past experience on having smoke and smokeless tobacco. There are all together 46 questions. In some questions multiple answers may be given. A guideline has been prepared and on the base of it survey is continuing and is expected to complete it within 2 to 3 months.

Progress as on till date :

Training and field test has been completed – 500 HH.
Field survey as on Dec 15th 2010 – completed 1500 HH.

5. VERTICAL AUTOPSY ON DEATH CASES(Continuing)....

The Verbal Autopsy on Death Cases has been started in December 2010 among the SHDS sampled HH and is continuing....

Objective of the Verbal Autopsy

- o To know the history and causes of death as stated by the persons associated with the death person of SHDS sampled HH.
- o To know the background information i.e treatment, type of death, source of money, referral facility, awareness, age, caste and occupational background of the death case.

About the Questionnaire :

The questionnaire has been prepared by SHDS itself in suri office. It is a detailed questionnaire. Major stress has been given on the verbal enquiry of death cases and collected background information about the death occurred. It will be used as learning, capacity building as well as policy formulation purpose.

Progress as on till date :

Questionnaire finalization and Training has been completed.
Field exercise and data collection is about to start(by Dec 2010).

6. RE-SURVEY ON SOCIO ECONOMIC STATUS OF SHDS SAMPLE HH.....

The society has been decided that the resurvey on the socio economic status of SHDS HH be done and it will be started as early as possible.

Objective of the Survey :

- o To know the socio economic status of SHDS Sample HH.

Progress as on till date :

- A brainstorming workshop has been conducted under the leadership of Prof. Achin Chakraborty, Dr Swasata Ghosh and Dr Subrata Mukherjee, IDSK, Kolkata on 18th Nov 2010 at Suri.
- Framework and subjects of the questionnaire chalked out and planned.

B. OTHER SECTIONS

1. OFFICE SHIFTING

SHDS Suri Branch office has been shifted to a more spacious complex in 2nd floor of Gole Market on 1st September 2010. The building is maintained by the Birbhum Zilla Parishad. The new office complex has 3 separate rooms, one is used for Library cum meeting room, one is for data section and one is for survey section. Water supply, electricity and bathroom facility is there.

We have an agreement with BZP and we pay Rs 3000/- p.m as rent.

2. STAFF RECRUITMENT THROUGH INTERVIEW

We have recruited 4 additional surveyors and 1 office assistant and for this the interview was held at Kolkata(19th Feb 2010). The objective behind the recruitment of 4 additional surveyors were :

- a. Regular survey work affected due to pregnancy and other critical problems.
- b. In some areas villages were located in far away, so it was a problem for the respective surveyors to do the survey in a system.
- c. In some clusters the no of sample HH was very big in compare to other clusters.

Another new post created in the name of Social Worker to provide 24 hours health care and advice service to the sample HH members at Suri Sadar hospital. The earlier staff working in the post of office clerk cum accountant has been posted to this post and now the office assistant is looking after the accounts and other office related activities.

On the other hand one research coordinator has been engaged to see the over all activities of SHDS at suri office.

Staff Selection Process:

- Advertisement published in 2 local newspapers and written information given to the local panchayat, schools and health centres.
- Personal interview for appointment of staffs by SHDS management.
- Engagement of staffs as per merit and interview and for surveyor selection local resident having voter card was given priority.

Dates of Interview	Posts	Venue	Outcome	Means of Verification
19.02.2010	Additional Surveyor 4 & Office Assistant -1	Kolkata	Interview held and 4 additional surveyors and 1 office assistant recruited.	Application paper, merit list & joining documents.

3. INTERACTION AND FORWARD LINKAGE

a. Regular interaction held with dist level govt health and administrative officials and elected representatives at field as well(DM, ADM-Dev, CMOH, BDO & BMOH, Panchayat Pradhan, P.S members, health sub centre staffs). It assisted us to enhance the acceptance and establishing good rapport with the target population except the personal efforts of SHDS staffs.

b. We have had a regular interaction with different stakeholders on several issues related to the SHDS survey matters time to time. Some of these are as follows :

Type of Interaction	Date & Venue	Persons interacting	Outcome	Means of Verification
Representatives of Monas University, Australia & IDSK, Kolkata	28.01.2010	Dr. Gordon, Monus University & Prof Achin Chakraborty & Dr. S.Ghosh of IDSK and Prof Chowdhury of SHDS with villagers.	Discussed about the aims, objectives & activities of SHDS. Villages and block health centre of Rajnagar block visited to see the education, health problem and SHDS intervention on it. Expressed willingness to work with SHDS on health issues.	Photograph Visit report
Interaction with research scholar, IDSK, Kolkata	May 2010	Srimantini, a Ph.D student, IDSK & Prof Achin Chakraborty	Interacted with staffs at suri and identified the SHDS field for data sampling.	Visitors book
Project Review Committee Meet & interaction with some eminent persons	28.8.2010	Prof. V.I.Mathan, Dr Dilip Mahalanabis, Dr S. Panda, Prof Achin Chakraborty, Dr M.N.Roy, Dr. S.Bhaumik & Prof Chowdhury	Given presentation on the progress of SHDS activities. Shared knowledge on how to improve it. Resolutions taken :	Resolutions copy Minutes Photograph

			<ol style="list-style-type: none"> 1. Formation of ethical committee. 2. Drive for extra morale funding. 3. Identified the perspective area of SHDS. 	
Interaction with NRHM Mission Director, W.B	8.10.2010	Dr Dev Kr Chakraborty, Mission Director, RC, SM & DM	Shared the progress of activities of SHDS till date. Stressed should be given on the causes of migration and mental morbidity causes and counseling.	Minutes
Representatives of Monas University & IDSK	19.09.2010	Dr. Gordon & Dr Maria of Monas University and Prof Amiya Bagchi, Prof Achin chakraborty and Swasata Ghosh of IDSk and Prof Chowdhury of SHDS and DM of Birbhum dist.		Photograph Report Attendance

4. TRAINING , ORIENTATION AND STAFF REVIEW MEETING

The following trainings, orientations and staff review meetings have been conducted this year.

Process Followed:

- Training and orientation need identification on the base of survey.
- Training design prepared followed by date, venue, schedule and TLM.
- Reporting and monitoring.

Programmes organized in the year 2009-10

Particular	Date & Venue	Facilitators	Outcoms	Means of Verification
Training on verbal autopsy & smoking questionnaire	28.11.2010 SHDS, Gole market, Suri	RC, SM & DM	15 staffs participated in the training programme. Staff capacity building on verbal autopsy and smoking questionnaire made. Shared experiences and tested on the questionnaire.	Minute book Attendance register Photographs
Workshop cum review meeting on 2 nd Phase Re-	18.11.2010 SHDS, Gole Market, Suri	Dr. Abhijit Chowdhury, PD	53 staffs were participated in the training programme.	Minute book Attendance

survey(socio-economic)		Prof Achin Chakraborty, Dr Swasata Ghosh & Dr Subrata Mukherjee of IDSK, Kolkata	Shared information on the different aspects of socio economic survey. Decided that re-survey on socio economic status of population would be done. Capacity building of staffs on the survey done.	register Photographs
Orientation on Health, Hygiene and sanitation	11.11.2010, SHDS, Gole Market, Suri	RC, SM & DM	15 staffs took part in it. Built capacity on the stated matters.	Minutes Register
Orientation on ANC & PNC	24.10.2010 Sahitya Parishad Hall, Suri	RC, SM & DM	53 staffs participated in the orientation. Built staffs capacity on the ANC & PNC. Shared experiences and distributed formats for data collection.	Minutes Register
Brainstorming on 3 rd Phase anthropometric measurement survey	4 th Week of June 2010 SHDS, Suri	SM, DM & FM & DEO	Discussed on the quality control of 3 rd phase survey. Documentation of not surveyed families and planned to visit the families.	Minutes Register
Training on mental morbidity survey	2.5.2010 Sahitya Parishad Hall, Suri	Dr. Saugata Basu & Dr. Sujit Sarkhel of Kolkata	Built capacity of staffs on mental health survey. 60 staffs took part in it.	Minute book Attendance register Photographs
Orientation on Mental morbidity survey	13.3.2010	Dr. Saugata Basu & Dr. Sujit Sarkhel of Kolkata	57 staffs participated in the orientation programme. Staff capacity built on different aspects of mental morbidity. Discussions held on the patterns of mental morbidity survey questionnaire.	Minutes book Attendance register
FM review meeting	Every Week	Survey Manager	8 FMs took part in it. Detailed discussions held on the progress of activities. Sharing difficulties and possible way out for solution. Given new information for field. Format and plan collection.	Attendance register Reports

			Capacity building of FM on survey issues.	
Staff Review Meeting	4 th week of every month	RC, SM & DM	<p>All staffs(60 nos) took part in it.</p> <p>Sign on Accounts register and slip done.</p> <p>Experienced shared by all.</p> <p>Capacity building of staffs on various issues done.</p> <p>New information shared among all.</p> <p>Discussion held on field testing and survey findings.</p>	<p>Attendance register</p> <p>Reports</p> <p>Photograph</p>

PART-V
PROBLEM FACED & OVERCOME

3rd Phase Anthropometric Measurement Survey

In 3rd Phase survey on anthropometric measurement each and every HH members were taken. It took little bit more time to complete the survey. We again find the cases of non-cooperation families but its volume has been reduced compared to the early phases. We tried at different level to make them convince.

There were some families who permanently left the village to whom survey not done.

There were some families who seasonally migrated to the other places for paddy harvesting, brick-skline work etc. They will return back to the village within 2-3 months. We failed to survey to these families also.

In Md Bazar block, problems found among the tribal and non tribal in relation of in stone crushing business resulting violence among them. A significant no. of families including sample and non sample HH migrated temporarily for search of employment. This was a major blow to the surveyors working in Md Bazar block in this phase. Gradually after conducting a series of discussions with them the problem mitigated.

4th Phase Mental Morbidity Survey

It was also a very vital survey. We faced comparatively less problem in this phase. People accepted us very well. While asking the suicide and relatively sensitive questions, mostly wives were crying, youths in some areas were strongly rejected that they would not be asked the suicide questions, other problems like non cooperation and migration etc were less in this phase.

Other Survey Related

We have conducted survey on vital events with matri mrityu and smoking etc. These are doing on continuous basis. We have not faced any problem in it. Except in case of out migration, we failed to get the data on education, occupation etc because nobody was there in the family to answer.

PART –VI
DATA QUALITY CONTROL, LEARNING & ATTENTION AREAS

Data Quality Control

Data quality is assured by all forms being re-checked by field monitors before submission to the office; the subjects of 20 % of forms are re-interviewed by field monitors; and 10 % are re-interviewed by Survey Manager & 5% are re-interviewed by Research Co-coordinator & Medical Coorinator; 30 % of collected questionnaires are desk checked before computer entry. A database system using Microsoft Access was developed locally to handle the data.

Weekly FM Review Meeting

Every field monitor meets his/her surveyors at least twice to thrice each week and discussing the problems and guide accordingly. The Survey Manager, Research Coordinator, Field Monitors, and Data Manager meet every Sunday at project office to review the progress and plan for the week and also for capacity building of office staffs & field monitors.

Monthly Staff Review Meeting

In each month the field and office team meet together at Suri where they discuss the progress and problems and sharing experiences each other and drive for find out the suitable strategy for problem solving and management of team work. Staffs also meet every month for capacity building on several survey matters which is being facilitated by the Research Coordinator.

Learning

Different types of survey conducted by different agencies and people at the same geographical area before initiation of this project. So, it was a formidable task for us to differentiate the objectives of the earlier survey held and the survey conducting by the society. People, mostly, found unhappy of the earlier survey. What we learnt in the 1st and 2nd phase of survey that continuous relations building with the target families and subject clarifications are very essential because we faced less obstacles compared to the first phase of survey. In the first year we started to build relationship and this year have been able to improve and strengthen it. We faced a lot of queries regd sampling, BPL listing, govt facilities etc in the first year but this year we made them able to understand about the objectives and functions of SHDS. Alos clarified them about the sampling. The sample HH members are cooperating more with the surveyors.

At the time of Anthropometric Measurement Survey we had used the BP machine, weighing machine etc, that attempt, at the one hand, gave the scope to the surveyors for their capacity building and self confidence and on the other hand both sample and in most members from the non sampled HH came to the surveyors and checked their BP and weight and received the guidance for health awareness in general which were little bit absent in 1st year.

In 4th phase(mental morbidity survey) survey we asked every individual members the questions where we learnt that in most of the cases wives are in pathetic conditions, they

mostly were crying at the time of interview, in some cases tried to talk more time with the surveyors.

Attention Areas

Out side training /orientation is very much essential to generate new ideas and and its implecation for the future development of SHDS.

Demand is being generated from the community. We can think about it.

General health training at internal house is very much essential and required for the surveyor.

IEC preparation and development and distribution is another attention areas in coming days.

Library development with enriched knowledge (books, journals, posters, charts atlas etc) is another attention areas.

PART –VII
COMMUNICATION RESOURCE MATERIAL

Infrastructures

Head Office

Swastha Bhawan, GN 29, Sector V, Salt Lake City, Kolkata.

Branch Office

1. Rented office building - 3 rooms(562 sq ft)
2. Office Furniture
Steel chair-3, Fibre chair –10, Table – 3 pcs, Almirah – 2 pcs, Steel Library almirah– 5 pcs.
3. Computer 6 pcs, printer – 2 pcs & Xerox cum fax – 1pcs.

Human Resource

Type of Staff	No of staffs		
	M	F	Total
Professional/ semi professional & core expertise	02	0	02
Middle level facilitators	10	0	10
Lower level (Field / Deo/ attendant)	09	39	48
Total	21	39	50

Communication Resource

SHDS has a very small but rich library with quality survey formats and IEC materials. It contributes a lot for the knowledge enhancement of its staffs and outsiders. Some information regarding this communication materials are as follows :

Library Book & Other Documents

Subjects	Quantity	Subjects	Quantity
Books	05	Hand outs	500 copy
Census Copy	01	Photo Album	02
Report/articles	02	Map	50

IEC Material

Leaflet/ Folders : Hand note on SHDS.
FAQ on SHDS.
Annual Report 2008-09
Questionnaire & Guideline.

SWOT Analysis of SHDS

<i>Strength</i>	<i>Weakness</i>
<ul style="list-style-type: none"> • Experienced and dedicated staffs. • Strong rapport with target community. • Handhold support from different stakeholders. • Highly intellectual and well known governing board member • Good relations IDSK, ISI, kolkata and Goct health administration & district administration. 	<ul style="list-style-type: none"> • Communication barrier : remote and scattered filed population. • Paucity of funds. • Lack of available space and infrastructure • Lack of adequated professional persons on several sectors. • Local language familier(tribal). • Laking in computer proficiency among most of the staffs.
<i>Opportunity</i>	<i>Threats</i>
<ul style="list-style-type: none"> • SHDS Target area is deprived. So research design and implementation(health & population) can be done. Lack of health awareness, anemia, TB, AIDS etc. • Coordination with government & other supportive agencies. • Assurance from dist general and health administration. • Birbhum is considered of the poorest and SC, ST and OBC dominated districts. 	<ul style="list-style-type: none"> • Lack of adequate financial resources • Migration (for employment) • Lack of political will for target area development.