Introduction

Uttar Pradesh is the most populous state in India, with a population size of over 19,000,000; accounting for 16.4% of the country's population¹. It is administered through 71 districts and 300 sub-blocks. It has 107,452 villages – more than Bihar and Maharashtra put together. UP has 59 million people below the poverty rate, the most for any state in the country. UP's vast population presents a challenge for the development of an effective and comprehensive BCC strategy. The State Action Plan for Uttar Pradesh (2008-2009) identifies "lack of a state specific integrated BCC strategy and implementation plan" as a key area for strategic input. It also reiterates the need to undertake regular research and evaluation studies for BCC interventions.



SELECTED INDICATORS

U5 Mortality: 68

Infant Mortality Rate (IMR): 53 Maternal Mortality Rate (MMR): 292 Total Fertility Rate (TFR): 3.3

Crude Birth rate: 25.5 Literacy Rate: 67.6%

Snapshot

Even though there has been a steady improvement in the health and education status of the population of Uttar Pradesh over the last several decades, the level of social development in the state and the persistent inequalities based on socio economic status continue to be a cause of significant concern..

Social indicators for UP show that it is one of the lowest ranking states in India in terms of medical facilities per capita, primary schools, overall mortality rate, infant mortality rate, literacy, per capita income, and electrification of villages. Health indicators again mark UP among the lowest Indian states. UP is beset with short life spans (female expects to live less than 55 years), the highest under-5 mortality rate, second highest crude death rate and the lowest life expectancy rate with respect to the rest of the Indian states. In addition, UP has the

¹ Census. 2011. Government of India

highest birth rate and highest fertility rate. Uttar Pradesh is among the group of the most socioeconomically disadvantaged states in India, known as the Empowered Action Group (EAG) states.

Educational attainment in the state is equally poor. Although literacy levels have been improving rapidly in the recent years, more than two-fifths of the 7+ total population and more than three-fifths of the female population in this age group was still illiterate in 2001. The state is the second lowest among all states in terms of literacy.

An integrated, evidence-based behaviour change strategy could be critical to address the socio-cultural barriers and to help in acceptance and adoption of preventive practices and appropriate care seeking specifically in health. An effective behaviour change communication strategy would help address serious concerns such as the low uptake of health care services, poor knowledge of entitlement to health services, literacy, poor sanitation and hygiene in the State.

Concerns

- Need to improve access to knowledge, information and services across the State's population.
- Huge demand for capacity building, improved training and support mechanisms for FLWs.
- Extensive requirement for tracking, monitoring and evaluation of implementation of existing services.
- Lack of primary data across sectors which could yield a crucial database of vital information.

Action Points

- Prioritise projects that have the greatest impact on maternal and child health and survival.
- Identify the key stakeholders who can impact within domains of health, education and information dissemination.
- Ensure participation of stakeholders at different levels including the government, community, service providers and front line functionaries across the domains of health, literacy and women empowerment.
- Facilitate partnerships between internet and mobile service providers, NGO's, application developers and the IT department.
- Build state/district capacity by developing databases which would be important for program implementation and monitoring across domains.