



Sub Center Assessment for Skilled Attendance by Auxilliary Nurse Midwives (ANMs) / Lady Health Visitors (LHVs) in 10 districts of Rajasthan, India

15-30th December 2006

Policy Brief

Expected Outcome of the National Rural Health Mission- (2005-2012)

- Infant Mortality Rate reduced to 30/1000 live births
- Maternal Mortality Ratio reduced to 100/100,000
- Total Fertility Rate reduced to 2.1

Recognizing the importance of health in the process of economic and social development and improving the quality of life of its citizens, the Government of India launched the National Rural Health Mission (NRHM) on 12th April 2005 at the National level and 30th May 2005 in the state of Rajasthan to carry out necessary architectural correction in the basic health care delivery system. The Goal of the Mission is to improve the availability of and access to quality health care by people, especially for those residing in rural areas, the poor, women and children. Maternal Health is one of the critical components of the NRHM.

One of the essentials to reduce maternal mortality is Skilled Birth Attendance (SBA) by health professionals. The Ministry of Health and Family Welfare, Government of India released the guidelines developed by the White Ribbon Alliance-India for SBA by ANMs in 2004.

The Government of Rajasthan (GOR) initiated the process of implementation of guidelines in March 2006. This assessment was conducted on request of the Department of Medical, Health and Family Welfare. The purpose of this exercise was to support the district health authorities in identification of appropriate sub centres and ANMs for the SBA training.

Districts

10 districts from the desert, rugged and plains were identified based on the NGO presence and mandate to work on maternal health and willingness to participate in the assessment. These districts are: Bikaner, Barmer, Churu, Chittorgarh, Jaisalmer, Jaipur, Jhunjhunu, Karauli, Kota and Sawai Madhopur.

Developing standardised tools

The draft checklist for monitoring of Sub centres for Indian Public Health Standards (IPHS) developed by the Director General of Health Services, Ministry of Health and Family Welfare, Government of India was transcreated in Hindi and used for the assessment.

Methodology

Purposive sampling was done. In all, 26 PHCs, which were within the NGO operational area were identified based on their performance. All the sub centres within the coverage of the PHC were identified and assessed. Triangulation was done with the PHC and women who were enrolled in serial no 5, 10 and 15 in the MCH register of the Sub centre. A total of 607 women were identified and interviewed.

Findings

Of the 226 Sub centers assessed

- 62 % Sub centers had inadequate infrastructure, access and supplies.
- 70% Sub Centers did not have ANMs staying 24x7
- 58% ANMs did not assist in delivery.
- 79% ANMs expressed willingness to participate in the SBA training.

The reasons for unwillingness include ANM presently not conducting delivery, inclination to get transferred; not enough support – infrastructure, supplies from the system and the community.

Observations at the Primary Health Centre

Visits to the Primary Health Centers indicated an increase in the number of deliveries, particularly after the implementation of Janani Suraksha Yojna (JSY) in September 2006. However, the Primary Health Centres need to be strengthened in terms of skilled human power, infra structure, drugs, equipments and supplies.

District wise details

Sr. No	District	PHC-SC	Total Sub Centers	No of Sub Centres equipped for SBA Training	No. of ANM's available 24x7	No. of ANM conducting delivery	ANM willing for SBA training
1	Churu	1. Somasi-4	8	nil	5	3	8
		2. Binasar-4					
2	Jhunjhunu	1. Birmi-6	14	nil	4	13	14
		2. Ladusar-8					
3	Bikaner	1. Gadiala-8	22	11	11	11	17
		2. Kolayat-14					
4	Karauli	1. Shri Mahaveerji-9	23	1	1	13	38
		2. Kela Devi-14					
5	Sawai Madhopur	1. Vajeerpur-6	16	nil	nil	8	13
		2. Choth Ka Barwada-10					
6	Jaipur	1. Kadedda-6	36	34	9	10 Some times	33
		2. Mandavri-6					
		3. Bichun-9					
		4. Manda-7					
		5. Bagru-8					
7	Kota	1. Kheda Rasulpur-5	19	nil	1 Some times	nil	8
		2. Manasgaon-8					
		3. Arandkheda-6					
8	Chittorgarh	1. Karunda-7	15	13	8	9	13
		2. Bambodi-8					
9.	Jaisalmer	1. Deva-13	36	13	15	13	12
		2. Bhaniana-11					
		3. Mohangarh-12					
10	Barmer	1. Ramsar-11	37	14	14	14	14
		2. Baytu-14					
		3. Bakhasar-12					
Total	10	26	226	86	68	94	178
	Percentage (%)			38%	30%	42%	79%

Interviews with women

Six hundred and seven women were interviewed to seek their responses on the services provided by the sub centre and their views on enhanced skilled services provided by ANM. Three women were identified using their registration number in the multiple of 5- 5,10,15 from on the MCH register maintained by the ANM.

Of the 607 women interviewed

- 100% women registered mentioned that they have received some service from the ANM.
- 100 % women mentioned that during pregnancy, they received Iron tablets and tetanus toxoid from the ANM.
- 30% women, particularly in the desert districts of Barmer and Jaisalmer, mentioned that ANM provided services during childbirth.
- 30% women mentioned that the postnatal services received were weighing of the newborn and immunisation of the child.
- 100% women mentioned that the ANM informed them about their entitlements from Janani Suraksha Yojna (JSY).
- 23 % women mentioned that they received benefits of JSY for an amount of Rs.500-700.
- 53 % women mentioned that they spent an amount of Rs. 1000-5000 on transport and medicines
- 70% women mentioned that the ANM informed them about Family Planning methods.
- 95 % women mentioned that it would be useful if the ANM received skilled-based training.

Dialogue with stakeholders

- 220 NGOs/ CMHOs/PMOs/MO PHC participated in 10 district level orientation workshops. Public Health Department representatives did not participate in workshops in Churu, Jhunjhunu, Kota and Barmer districts due to preoccupation in Swasthya Chetna Rath and the year ending processes.

A total of 3880 community members participated in 44 meetings conducted in 265 villages of the entire 226 sub centers.

- 465 Dais(Traditional Midwives) participated in discussion on partnerships with ANMs and AWWs and ASHAs for linkages with the sub centers and referral centers as well as need for organizing.
- 2460 Auxilliary Nurse Midwives (ANMs) /Accredited Social Health Activist /Angan Wadi Workers (AWW) / Self Help Group members participated to discuss their own roles and responsibilities and resolve conflicts to ensure better coordination.
- 490 Panchayat Representatives participated in seven districts to discuss their role in enhancing women's access to the public health services, particularly facilitating the stay of the ANMs in the Sub Centre.
- 187 young girls and boys in Jaipur district met to discuss their role in saving women's lives and volunteering for blood donation.
- 278 local media representatives and community women and men participated in the dialogues to appraise themselves on skilled assistance.

Conclusion

The assessment clearly indicated that communities are willing and want to avail the services provided by the public health system. The sub centre being the first point of contact between the community and the public health system has a critical role to play in image building and service provision. While the skill building and investing in human resource is important, there is also a need to equip the providers with the necessary and basic facilities to be able to perform their services optimally. Training of ANMs for SBA must be accompanied by site preparedness and community partnership to achieve the goal of MMR less than 100/1000 live births by the year 2012.

Recommendations

- Sub center needs to be strengthened in terms of infrastructure, supplies and human resource, being the first contact of the community with the public health system.
- There is a need to enhance community ownership of the public health system through regular interaction and dialogue with the service providers and key stakeholders. This must form the agenda of the Panchayat meetings and the Gram Sabha.
- Community stake holders-CBOs/PRI/SHGs/Dais /SHGs and ASHAs can play a major role in monitoring of services and also supporting the ANMs to full fill their roles and responsibilities. Greater opportunities must be provided to facilitate dialogue and communication between the service providers and stakeholders.
- The assessment of the sub centers has been done in a comprehensive manner. There is a need to design an intervention to improve the status of the sub centers and work with the community to improve the status in these areas.
- Regular and periodic monitoring of the SCs is essential to assess the progress of implementation of Indian Public Health Standards through the NRHM. The Community Based Monitoring Mechanisms as stated by the could be a critical aspect to strengthen the public health systems

Acknowledgement

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