

Empowering Communities to Enhance Access to Maternal Health Care Services in Navsari District of Gujarat State



Raising Consciousness



Creating Awareness

August 2011

To improve women's access to information and quality maternal healthcare services from the Public Health System

- for marginalized and disadvantaged communities
- from underserved areas in the State of Gujarat

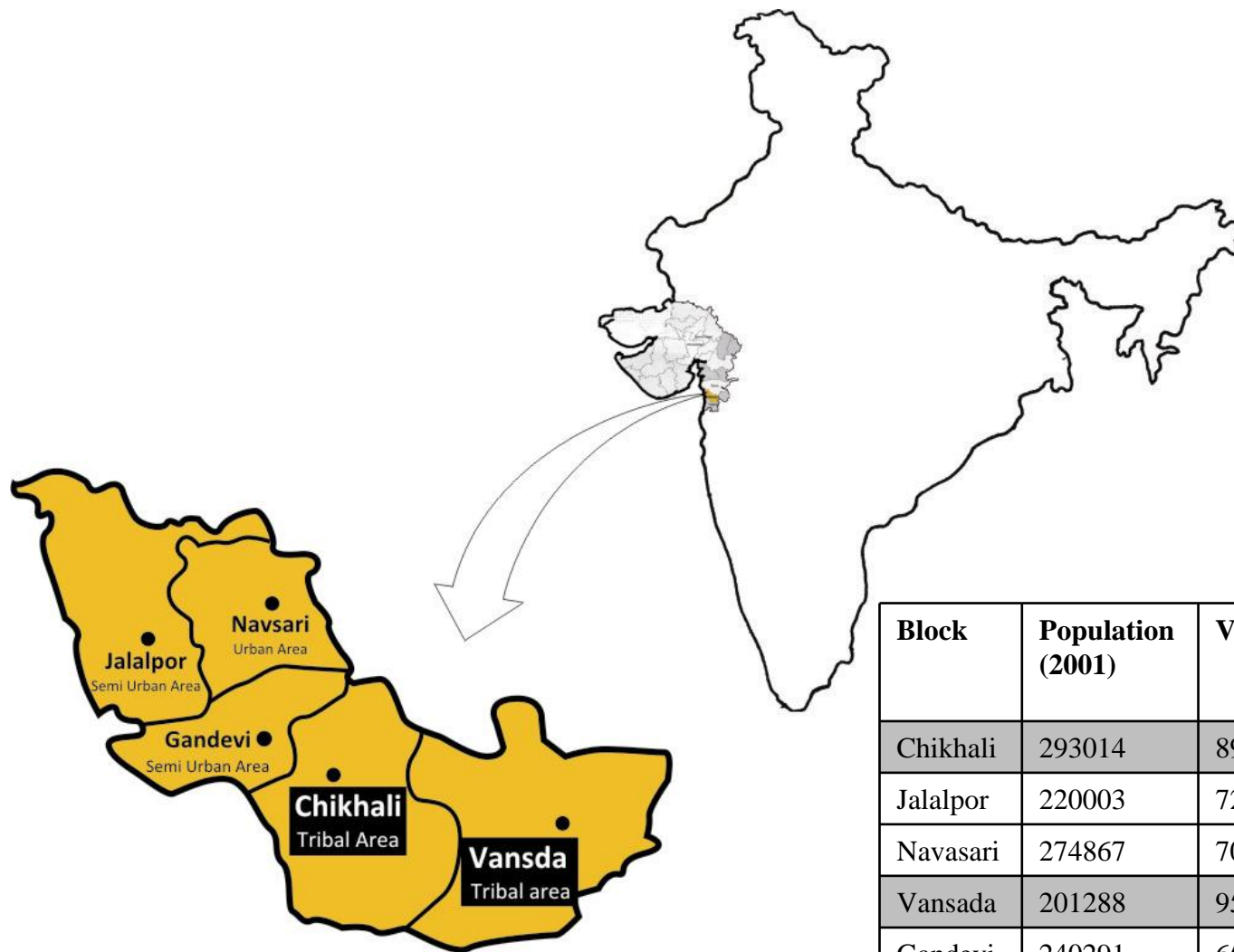
2006-2009

Collaborative effort of

- Academy of Nursing Studies (ANS)
 - Building capacity of Female Health Workers and Lady Health Visitors in knowledge and skills related to midwifery
- CHETNA
 - Mobilise and empower community to access maternal health services and strengthen the social role of FHWs
- Centre for Social Ethics and Research (CSER)
 - Monitoring and Evaluation of the community level interventions
- Government of Gujarat
 - **Active Partnership:** During the intervention period Chiranjeevi scheme was initiated, monitoring on institutional deliveries and outreach services though MAMTA day was emphasised.

Financial support from Mac Arthur Foundation

Project Area



Block	Population (2001)	Villages	Gram Panchayat	PHCs
Chikhali	293014	89	88	12
Jalalpor	220003	72	65	6
Navasari	274867	70	62	4
Vansada	201288	95	86	8
Gandevi	240291	65	65	6
Total	1229463	391	366	36

- Vansada and Chikhali blocks of Navsari District -
60 Villages (47) Vansada and (13) Chikhali

Vansada	PHC	Villages
	Mankuniya	13
	Kandopada	12
	Mahuvas	11
	Anklach	11
Chikhali	Toranvela	13

Allocation of the PHC was done by GOG

Glimpse of Intervention Area



CHETNA

For Women Young people Children



- The community based model was designed to address the three delays that contribute to maternal deaths in the country.
- **First Delay:** Identification of complications and taking timely decisions
- **Second Delay:** Reaching the appropriate health facility
- **Third Delay:** Initiation of treatment at the health centre level

CHETNA field team -

- built capacity of TBAs, FHWs, SHG members to create awareness among the pregnant women, lactating mothers and family members about complication, birth preparedness and health service entitlements.
- mobilized and built capacity of community level stakeholders by CHETNA field team
- utilised Gram Sabhas to share the concerns related to access to maternal health care services
- built capacity of Traditional Birth Attendants

Twenty five village meetings with Pregnant women, lactating mothers and family members revealed that community was poorly informed about the maternal health service entitlements



Creating Health Awareness about

- Maternal health care and entitlements among women and family members
- Complication during pregnancy and child birth, birth preparedness
- Role of family members to avail services



Development cost of health education material was financed by Government of Gujarat

Introduced the concept of birth preparedness through.....

- FHW/ANM
- TBAs

Family's Plan for Safe Childbirth

This plan has to be prepared by pregnant woman and her family members in presence of the Auxiliary Nurse Midwife

Date _____
My Name _____ Age _____
My husband's/ partner's name _____ Name of a senior member of my family _____
This is my _____ pregnancy (number)
I have _____ children, _____ girls, _____ boys
I had my last menstrual period on _____
I am expecting the birth of my baby on _____

Have you done this for your wife? Please tick mark ☒ ☐

☐ Has she registered with the Nurse Midwife? _____
☐ Has she taken the first dose of Tetanus Toxoid? _____
☐ Has she taken the second dose of Tetanus Toxoid? _____
☐ Is she taking 100 Iron Folic Acid Tablet, 1 Tablet per day regularly?
☐ Is she eating along with you and your family members?
☐ Is she eating nutritious food?
☐ Is she taking at least 2 hours rest during the day?
☐ Are you observing danger symptoms regularly?
☐ Have you accompanied her for atleast three checkups during pregnancy?
☐ Date of 1st ANC _____ Date of 2nd ANC _____ Date of 3rd ANC _____
☐ Has she got her abdominal examination done, BP and urine examination done from the nurse midwife?
☐ Have you started saving money for any emergency related to pregnancy and Childbirth?

Some of the important information you need to keep ready

Name of ANM and trained traditional midwife _____
Contact _____

Person who will give money when needed
Name _____
Contact _____
Phone/Mobile Number _____


Person who will provide vehicle to reach the hospital
Name of person _____
Contact _____
Phone _____

If Blood is needed contact
Donors name _____
Phone/mobile Number _____
Address of Blood Bank _____
Phone No _____

Complications arise, contact
Community Health Centre (Public Hospital)
Address _____
Phone No _____
Doctors Phone No _____

Watch out for:

- Severe headache and dizziness
- Pain in abdomen
- Bleeding
- Extreme Pallor

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PRIs and SHGs had not received health training earlier and had inadequate knowledge about maternal health entitlements and their role in accessing health services

Capacity Building

- Sensitisation about maternal health
- Their role in monitoring access to maternal health care services.
- Exposure Visit to PHC.
- Develop an action Plan for each village
 - Organise transport
 - Discuss about maternal health in Gram Sabha.
 - Facilitate the process of availing maternal benefit Scheme.
 - Support activity of Mamta day
 - Display information related to Health services



CHETNA team introduced the agenda of maternal health in Gram Sabha. Concerns related to access to maternal health services were also shared to take necessary actions.



Training of TBAs as a link person to ensure continuum of care

- Classroom Training- 10 days in two phases of 5 days each
- Mentoring and follow up support for six months

Topics Covered

- Importance of Antenatal Care and Postnatal Care
- Inform community about maternal health entitlements and motivate them to avail it.
- Advice family about birth preparedness, diet and rest
- Identification of Morbidities, complications and appropriate referrals.
- Promoting institutional deliveries.

Linking TBAs with FHWs & Anganwadi Worker-AWWs to ensure ANC and PNC

They were also trained on..

- Basic understanding of human body structure and functions
- Management of Normal Labour

Capacity Building of TBAs



**Training module was
recognized by Government
of Gujarat**

153 TBAs were trained and
mentored

- FHWs remained present during the capacity building process
- TBA training was intensive in terms of time, human and financial resources.
- Each training required 5-6 trainers
- It was worth investing: Retention of knowledge after three years
 - 63% TBAs had retained knowledge above 80%
 - 36% TBA/Dais retained knowledge between 60-80%

The Training of TBAs of Vansada was partially funded by Government of Gujarat-(GoG)

Second Delay: Reaching an appropriate health facility

- Organise transport :Meeting with vehicle owners and fixing the rate
- Developing confidence and skill to dial 108
- Mapping of facilities providing safe delivery services and emergency obstetric care introducing a handy telephone diary and a sticker to be displayed at the prominent place of the house.
- Developing a list of voluntary blood donors that were forwarded to the blood bank.



Third Delay: Initiation of treatment at the health centre level

- Training of FHW by Academy of Nursing Studies (ANS) Hyderabad in technical aspects and by CHETNA in strengthening their social role
- District and State level meeting with govt. officials and health functionaries to share, learn and develop action plan to strengthen access to health services

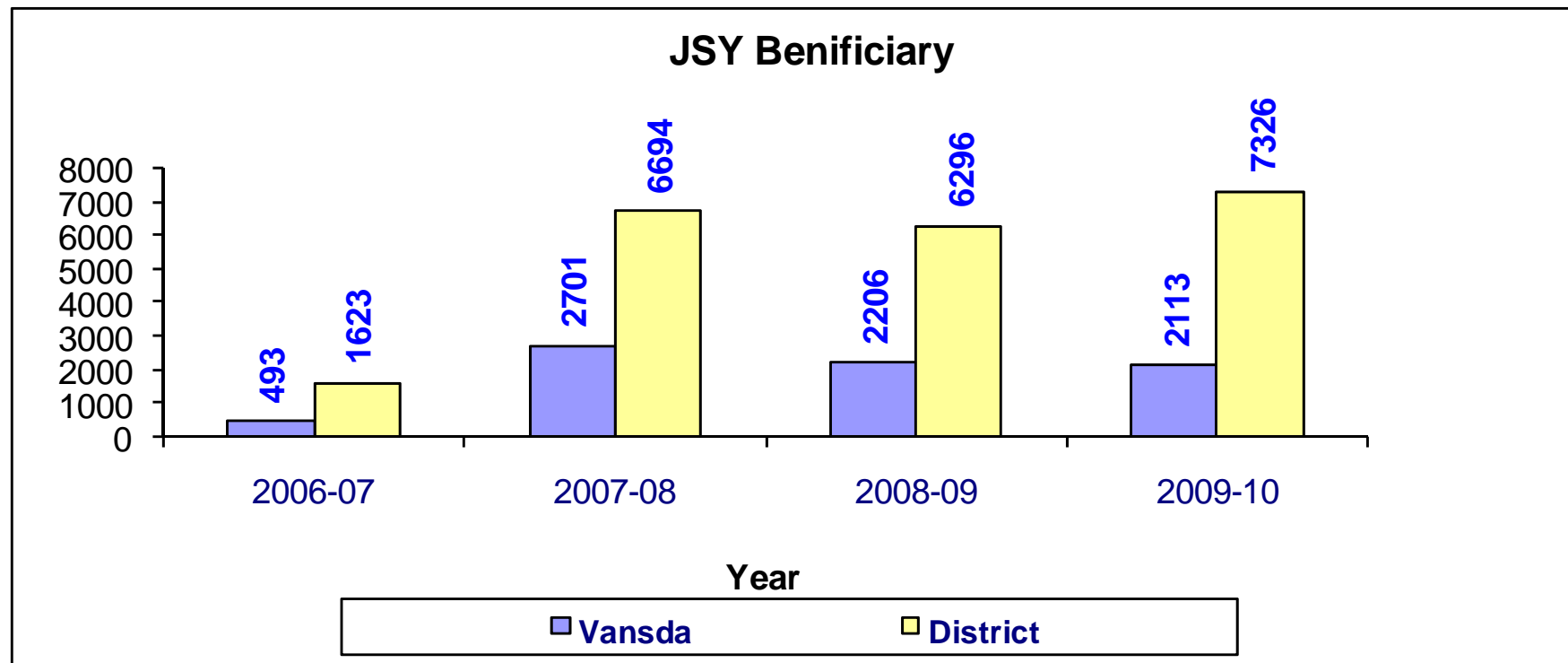


- The original evaluation design was based on baseline-endline comparison.
- A total 665 eligible women (who experienced Pregnancy, Child birth, Miscarriage or Abortion within the last six months from the date of survey) were surveyed in the selected villages of five blocks of Navsari district.
- The endline study was restricted to Vandsa block. The concept of control group was introduced at the time of endline survey.
- In all, 20 villages were selected for the endline study using simple stratified random sampling.
- A total of 570 eligible women were surveyed, among them 312 had experienced child birth in the last six months and 258 were pregnant at the time of the interview.

Government Data of the institutional deliveries for Vandsa Block

Year	Total Delivery	Total Home Delivery	Institutional Delivery		Total Institutional Delivery
			Govt.	Pvt.	
2005-06	4164	1328	637	2199	2836
(%)		31.9	22.5	77.5	68.1
2006-07	3148	1313	1243	592	1835
(%)		41.7	67.7	32.3	58.3
2007-08	2708	1039	988	681	1669
(%)		38.4	59.2	40.8	61.6
2008-09	3317	765	1411	1141	2552
(%)		23.1	55.3	44.7	76.9
2009-10 (Upto Oct-09)	1855	329	824	702	1526
(%)		17.7	54.0	46.0	82.3

Government Data for the Uptake of JSY for Vansda Block



Results Endline survey-Vansada Block

Registration for ANC Care

Indicator	Baseline (2006)	Endline (2009)	
		Intervention area	Control area
Numbers of deliveries (N)	102	191	121
Registration with Govt , hospitals	52.9%	20.4%	37.2%
Visit to PHC for ANC	---	50.3%	28.1%
Registration with FHW/ANM for ANC	75.5%	72.3%	71.1%
Registration with Private Hospitals	28.4%	6.3%	14%
Registration with Chiranjeevi Hosp for ANC	2.9%	33.5%	23.1%
Contact with ANM during pregnancy	77.5%	91.6%	81.0%

Social Role of FHW/ANM

Action Taken by FHWs/ANMs in educating the community

Indicator	Baseline (2006)	End line (2009)	
		Intervention area	Control area
Numbers of deliveries (N)	113	191	121
Advised about rest, diet by FHW/ANM	40.91%	80.4%	88.5
Advised about birth preparedness by FHW/ANM	13.64%	81.8%	85.4
Advised about risk during pregnancy by FHW/ANM	12.12%	90.6%	80.2
FHW/ANM gave information about Chiranjeevi and JSY? (pregnancy)		86.4%	71.9
ANM filled up the Chiranjeevi/JSY form for you?		82.2%	66.9

Role of TBAs as link person

Action taken by TBAs as link person

Indicator	Baseline (2006)	Endline (2009)	
		Intervention area	Control area
Contact with TBA during pregnancy	31.3%	66.5%	36.4%
Advised about rest, diet given by TBA	30.36%	64.4%	28.1%
Advised about birth preparedness by TBA	16.07%	54.5%	14.6%
Advised about risk during pregnancy by TBA	16.07%	55.7%	19.5%
Advised about ANC checkups	-	56.0%	22.3%
Advised about arrangement for blood	-	11.0%	5%
TBA offered advice on Chiranjeevi Scheme	-	10.5%	1.7%
TBA offered advice on Janani Surkaksha Yojana	-	20.9%	3.3%

- Institutional deliveries increased from 43.4% at time of baseline to more than 60% in control and intervention areas
- The deliveries at CHC and at the Chiranjeevi clinic has increased
- Percentage of delivery in private hospital has decreased in both control and intervention area

Improvement in utilisation of government health services.

- Deliveries conducted by TBA decreased from about 40% to 33% (trained TBAs).
- Deliveries conducted by ANMs and staff nurse has increased from 4.4 to 40% in both the areas

Indicator	Baseline (2006)	Endline (2009)	
		Intervention area	Control area
Numbers of deliveries (N)	113	191	121
PNC visit within 72 hours	16.5%	39.7%	23.9%
Contact with TBA after delivery	52.4%	60.2%	44%
Contact with ANM after delivery	36.9%	37.6%	23.1%

- 42% women were in contact with PRI and SHG members during ANC period
- About 80% women who had institutional deliveries and 73% women who received JSY benefits were contacted by PRI/SHG groups

Project Expenditure

Particulars	Contribution of MacArthur Foundation (RS.)	Contribution of GOG (Rs.)
Training	13,01,680/-	
Training of Dais		6,00,000/-
Training of Education materials Material for maternal health entitlements	4,26,987/-	5,00,000/-
Field Level Activities	3,81,837/-	
Monitoring and Evaluation	8,41,771/-	
Travel	43,310/-	
Human Resource	14,91,253/-	
Grand Total	49,86,838/-	11,00,000

- Total Field level expenditure- Rs. 60,86,838/-
- Duration- 3 years
- 60 Villages-
Rs. 33,815/- Per Year Per Village
Rs. 32,12,425 for Vansada Block (95 Villages)

The model is easily replicable in Mother NGO scheme

- Establish Health Education Bureau in Department of Health and Family Welfare in partnership with civil Society Organisation/s at state and district levels with adequate budget
 - to build field level workers knowledge and skills in
 - Health communication to ensure standard health messages
 - Counselling
 - Gender equality
 - To develop and implement need based Behavioural Change Communication strategies
 - To work as helpline for the community members to get 24x7 information related to maternal health entitlements and how to access it.

- To develop IEC material on maternal health entitlements and maternal benefit schemes for mass distribution
- Translate the Government Resolutions in local and user friendly language to share it to the concern community level stakeholders
- Recognize ASHA and TBAs as link person and train them to play that role to ensure continuum of care.
- Train ASHAs, TBAs and ANMs for birth preparedness
- Introduce birth preparedness tool and monitor its use
- Introduce a module to strengthen the ANMs social role in their regular training
- Train and mentor PRI members/ VHSC for monitoring the access and quality of maternal and child health services and to put a transport mechanism in place.