Situation Analysis of Gram Arogya Kendra at BHOPAL district

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Concept of GAK

The 12th Five Year Plan for health builds on the achievements of the 11th Plan and takes forward the concept of Universal Health Coverage (UHC). The National Health Mission (with the components of the National Rural Health Mission and the National Urban Health Mission) seeks to improve the health of every Indian through various programs and strategies.

The Dept. of Public Health and Family Welfare of the Government of Madhya Pradesh implements various components of the NRHM throughout the state. The innovation brought in has been in actively promoting the convergence of health and ICDS and also in strengthening community ownership of programs at the village level. This is being sought to be achieved through the establishment of Anganwadi-cum-Gram Arogya Kendra (Village Health Centre) in each village.

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- Gram Arogya Kendra initiative was conceptualised and rolled out in the year 2011-12 by the then Collector Dr.Sanjay Goyal in Sehore district of Madhya Pradesh, which fortunately is also the home district and assembly constituency of Hon. Chief Minister and is part of Parliamentary constituency of Hon. Union Minister for External Affairs, Ms. Sushma Swaraj.
- . A decentralized service delivery system which caters to the last mile population with basic health services and provides a platform for convergence of health and nutrition services. Gram Arogya Kendra (GAKs) are established at existing Anganwari Centers.

Introduction

- In Nov. 2012, Dept. of Public Health & Family Welfare along with the Dept. of Women & Child Development started a new initiative under the “Health for all” campaign was to provide essential health and nutrition services at the village level through the establishment of “Aganwadi – cum - Gram Arogya Kendra” in each village. Today 49489 Gram Arogya Kendras were well established in 52117 villages of MP. Majority of GAKs are situated in Aganwadi, few were in sub center and Panchayat bhawan.
- In year 2014-15 in conjunction with above the ASHA support system were also formed in National Health Mission Madhya Pradesh. ASHA support system at state level constitute ASHA Resource System Cell, NHM, Bhopal and At Districts appointed 51 District Community Mobilizer and in 313 blocks by appointed Block Community Mobilizer and 3999 ASHA Shahyogi who do handholding supervision of 59036 ASHAs working in rural villages of MP. Later on, the supervision and accountability of GAK(s) shifted on shoulders of this ASHA support system.

Study Objectives

1. Assessment of utility of and acceptance of Gram Arogya Kendra in village residents and health workers

2. Understanding operational challenges in service delivery at GAKs

3. Assessment of functionality of Gram Arogya Kendra's.

Methodology

- Semi-structured Interviews ***(Purposive sampling)***

100Village residents from 100 villages

100 ASHAs

100 ANMs

- Status check of functional items on a 57 item checklist

100 GAKs ***randomly selected at Bhopal districts***

Data collection during February-April at Bhopal districts of Madhya Pradesh

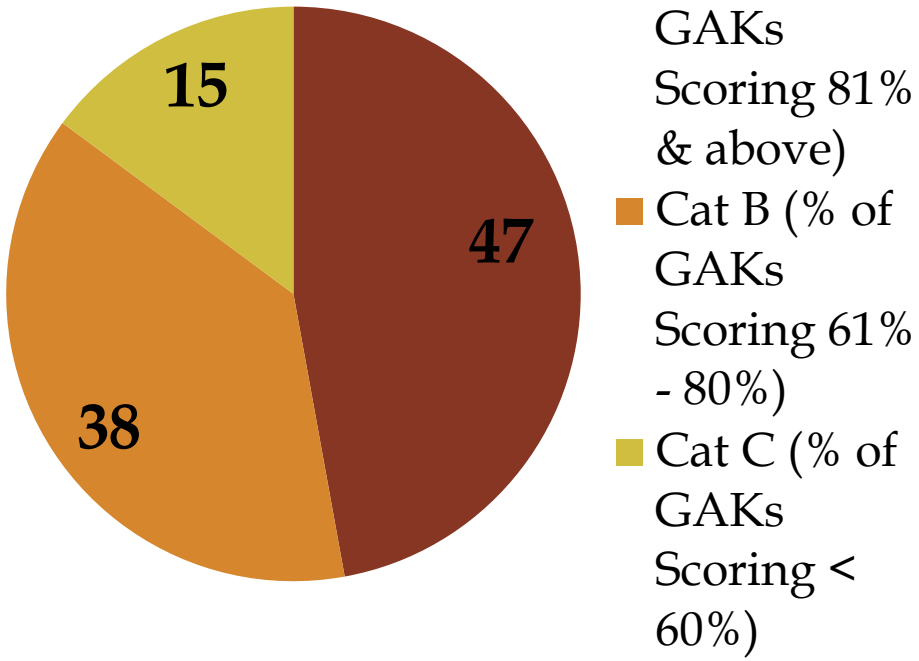
Limitation of the study

- GAKs were selected randomly because of limited mobility.
- Lack of timing because of Overlapping of different health program (like MAHILA SWASTHYA SHIVIR and MISSION INDRADANUSH)
- Job responsibility cannot be delegated so at this situation it was very hard to manage time to visit GAK at official timing.

Results

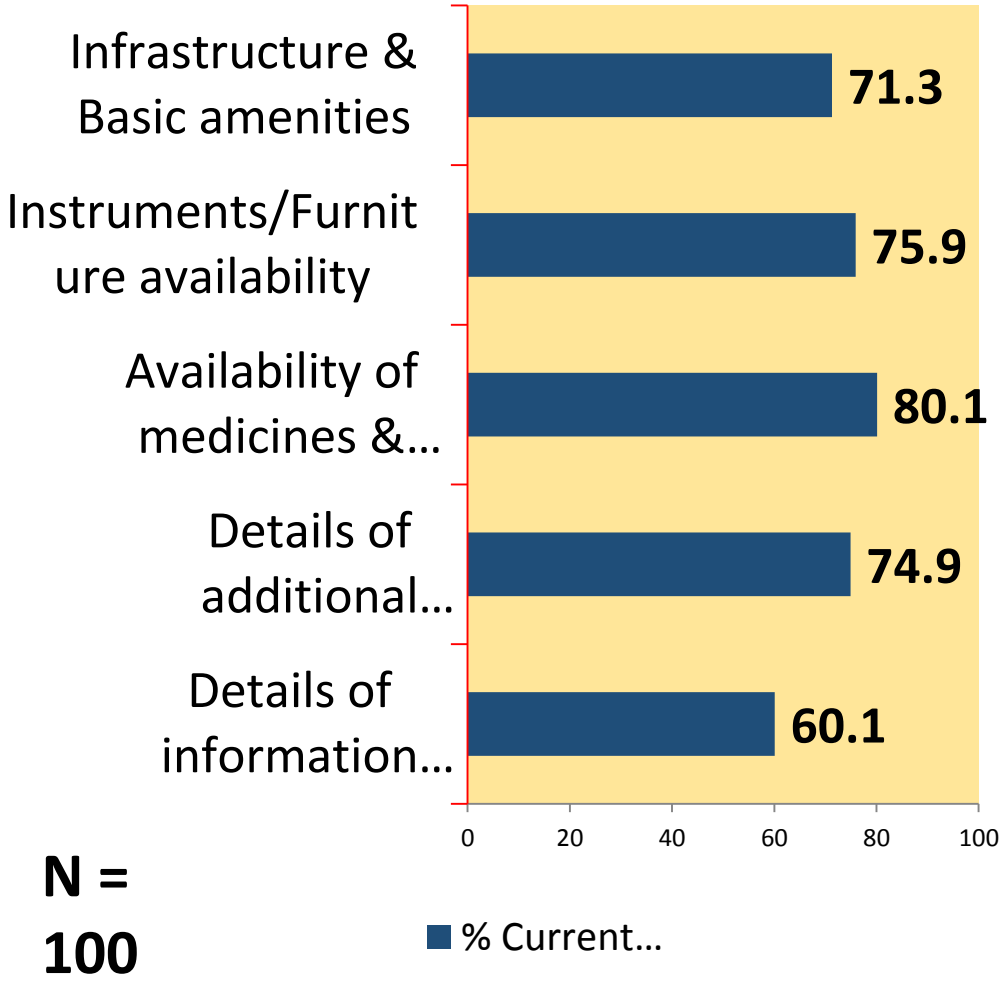
Scores on 4 groups of parameters on the 57 item checklist

Categories of 100 Gram Arogya Kendra based on the 57 item checklist score



N = 100

Status of Gram Arogya Kendra functionality on 57 item checklist



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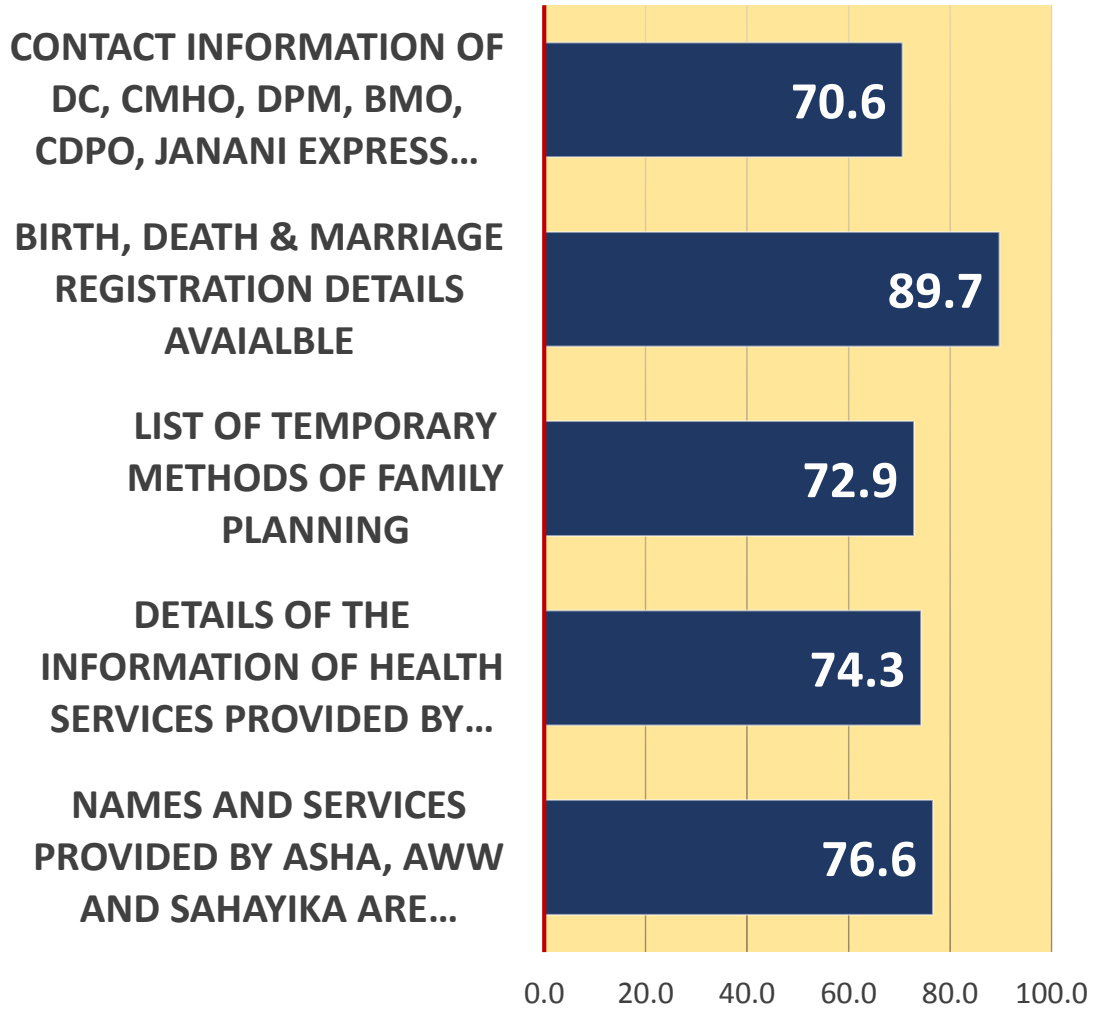
Infrastructure & Basic Amenities in %



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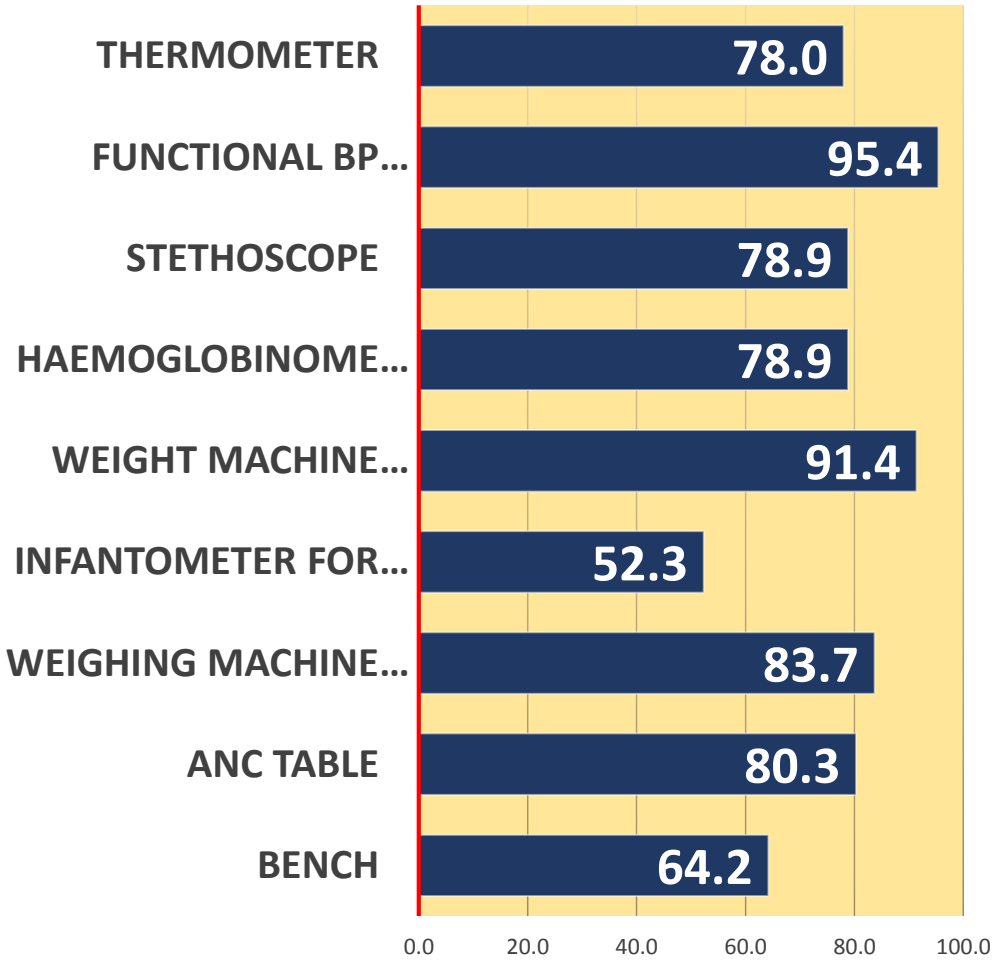
Availability of Instruments and Furniture in %



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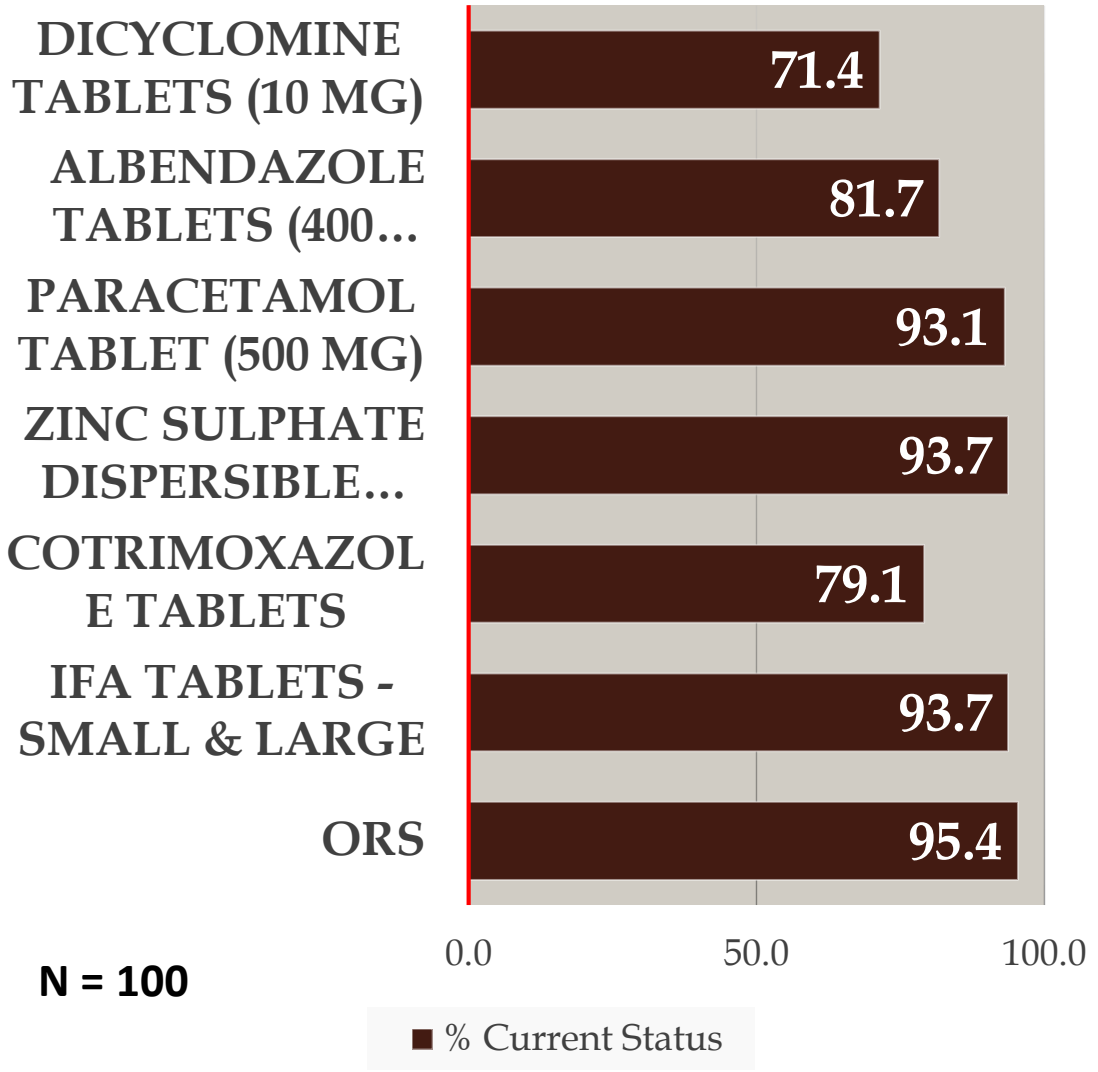
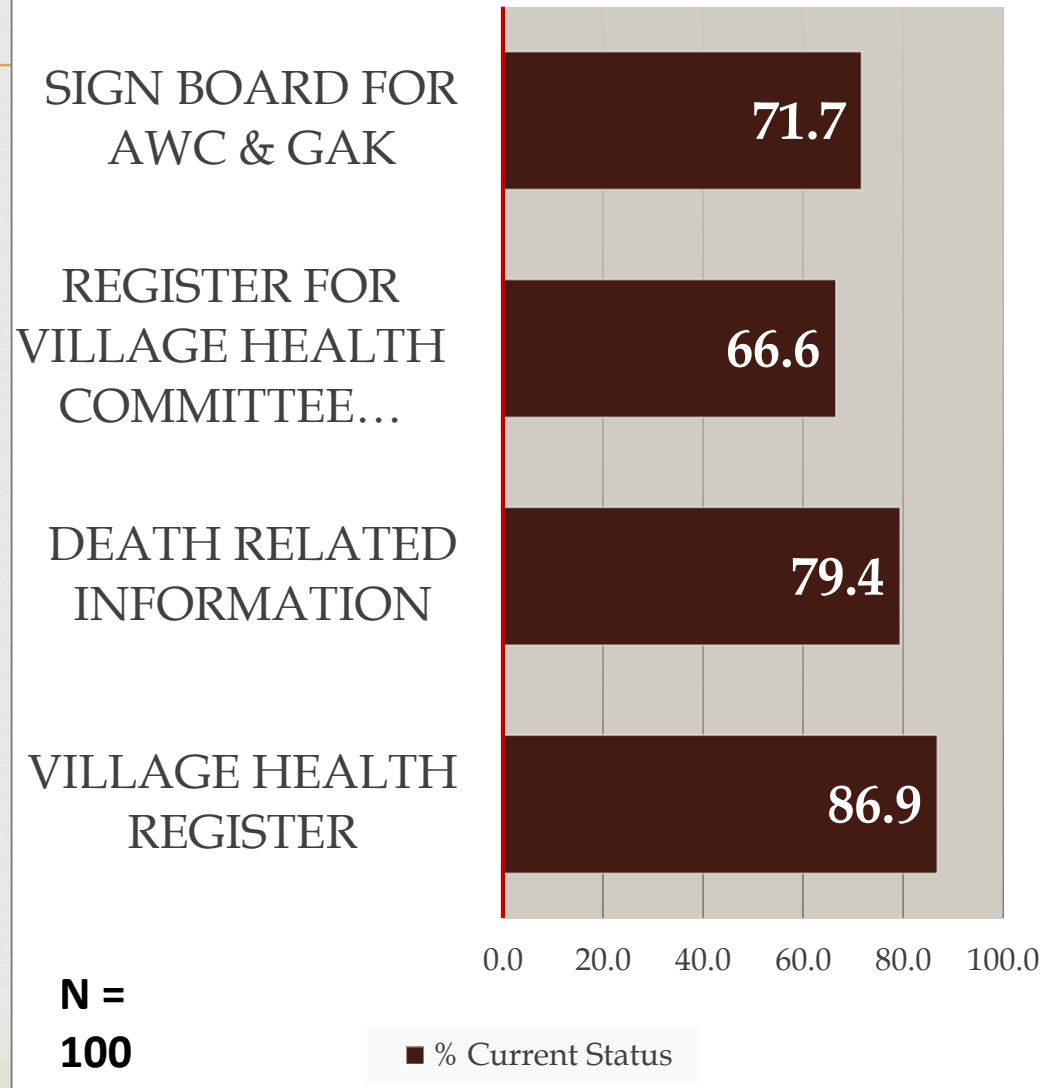
Availability of medicines & consumables in %



N = 100

Details of additional information in %



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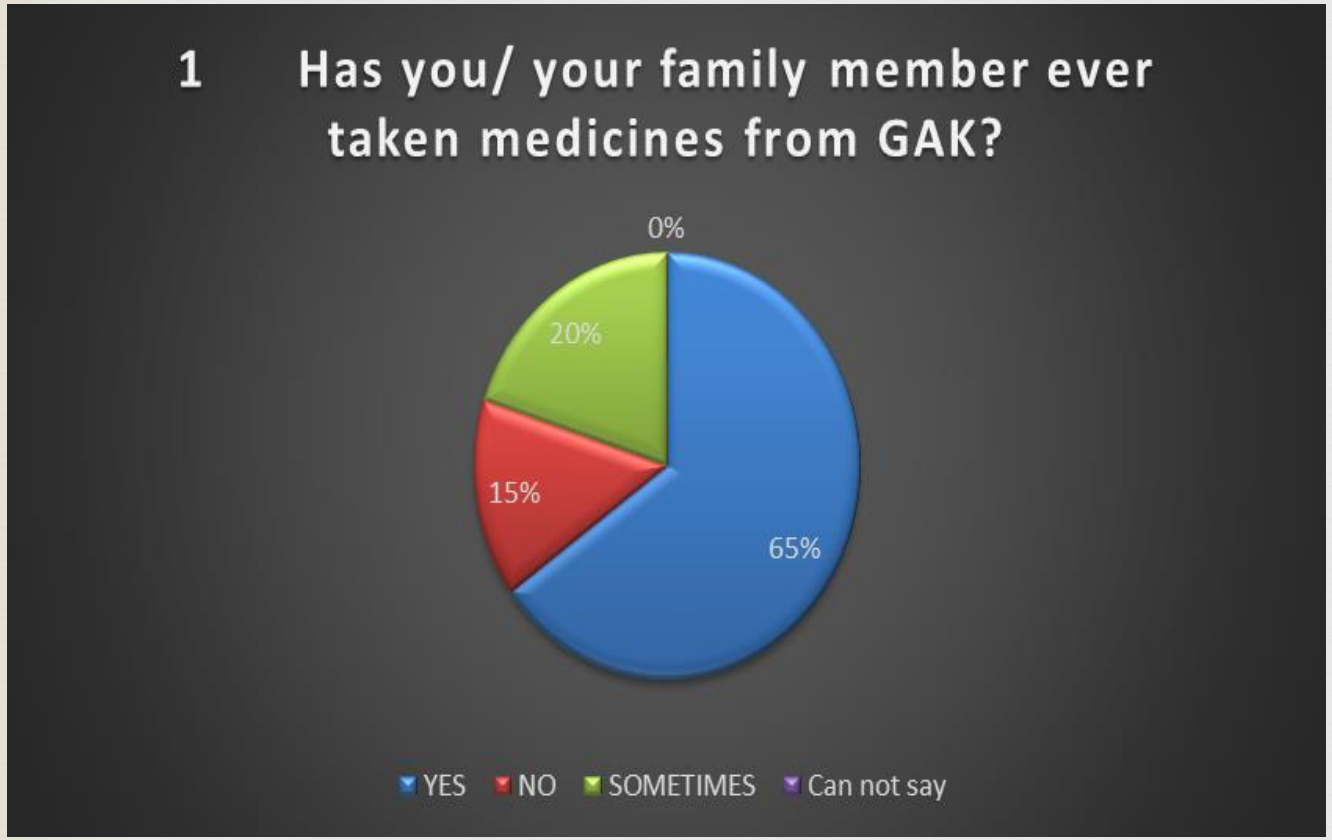
Results

Key responses from the interviews of health workers and village residents

Respondent of villagers



- The graph clearly shows that majority of villagers that is 65% villagers taken medicine from GAK and 15% villagers Nevers taken medicine from GAK and 20% villagers taken medicine from GAK sometimes.

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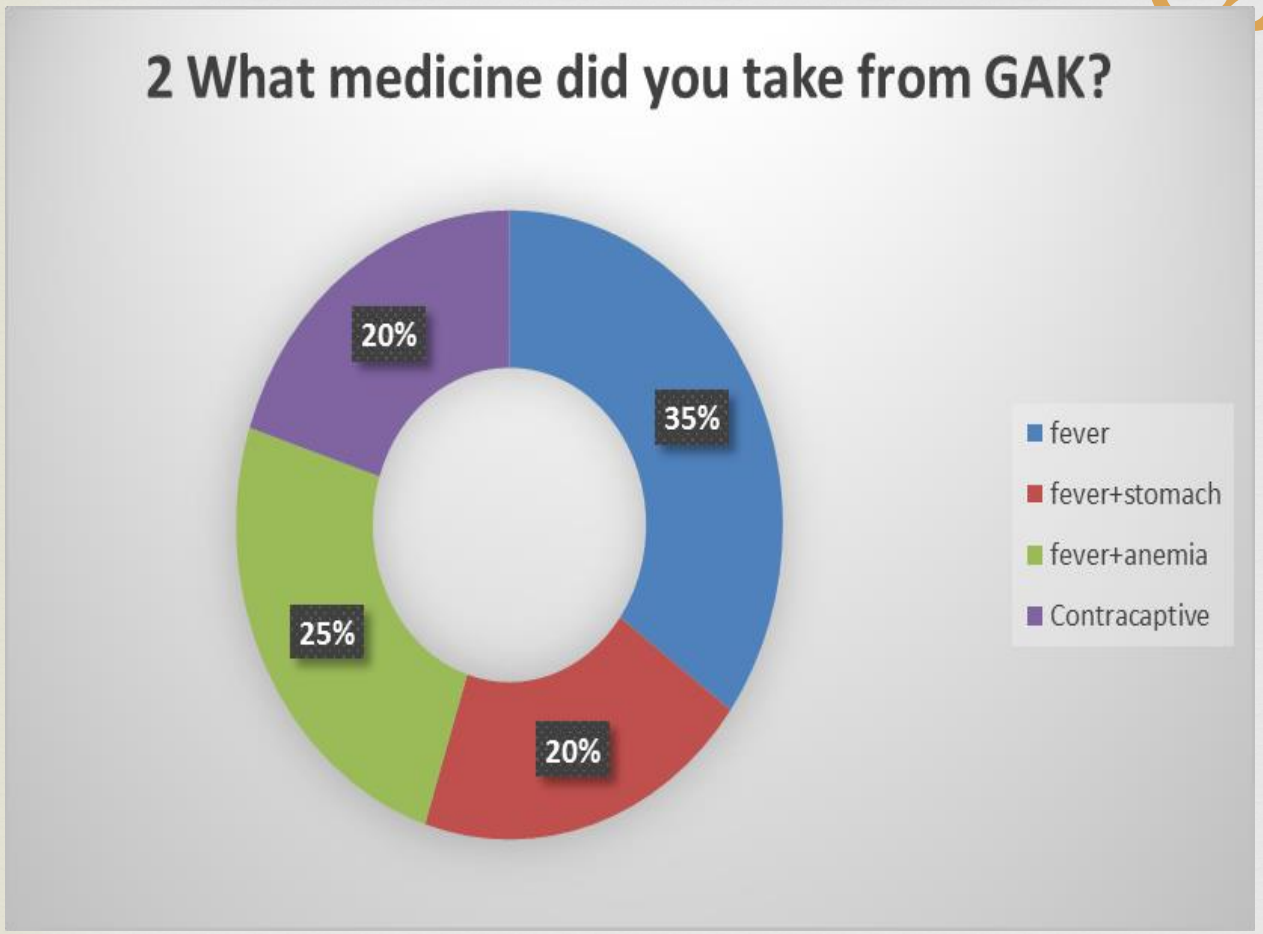

- 35 percent villagers taken fever medicine like paracetamol tablet because this medicine have trusted among villagers and they know that this medicine easily available at GAK. 20 percent villagers went GAK to take medicine like fever and stomach and 25 percent villagers taken medicine from GAK of fever and IRON tablet and iron tablet is also very high number among villagers to take from GAK.

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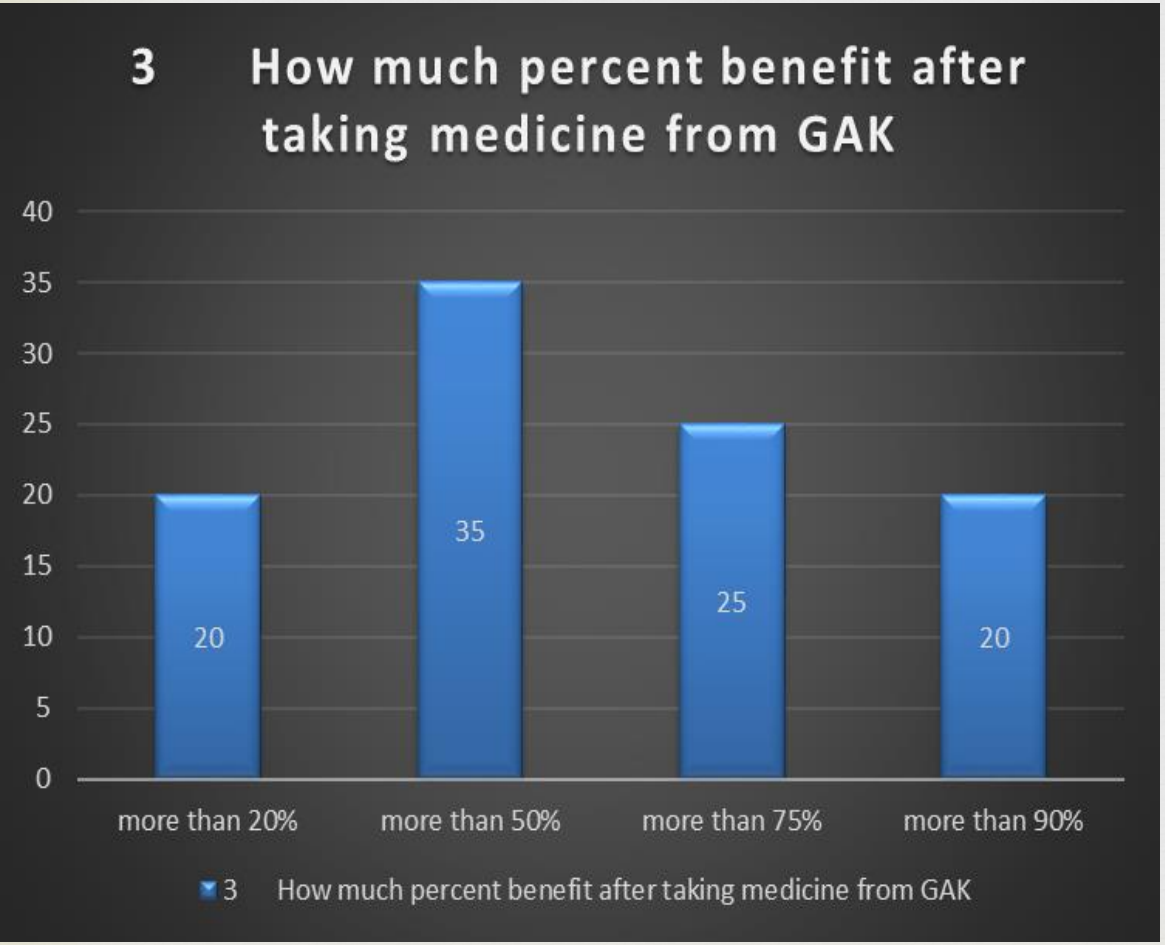

- The popularity of GAK among villagers is reflect in this data. Around 20 percent villagers who said that more than 90% benefit after taken medicine from GAK and these villagers who are poor and schedule caste. Around 25 percent villagers said that more than 75% benefit after taken medicine from GAK. 35 percent villagers said that more than 50% benefit after taken medicine from GAK and these patients are generally referred to PHC or CHC because they are suffering from various diseases. 20 percent villagers.

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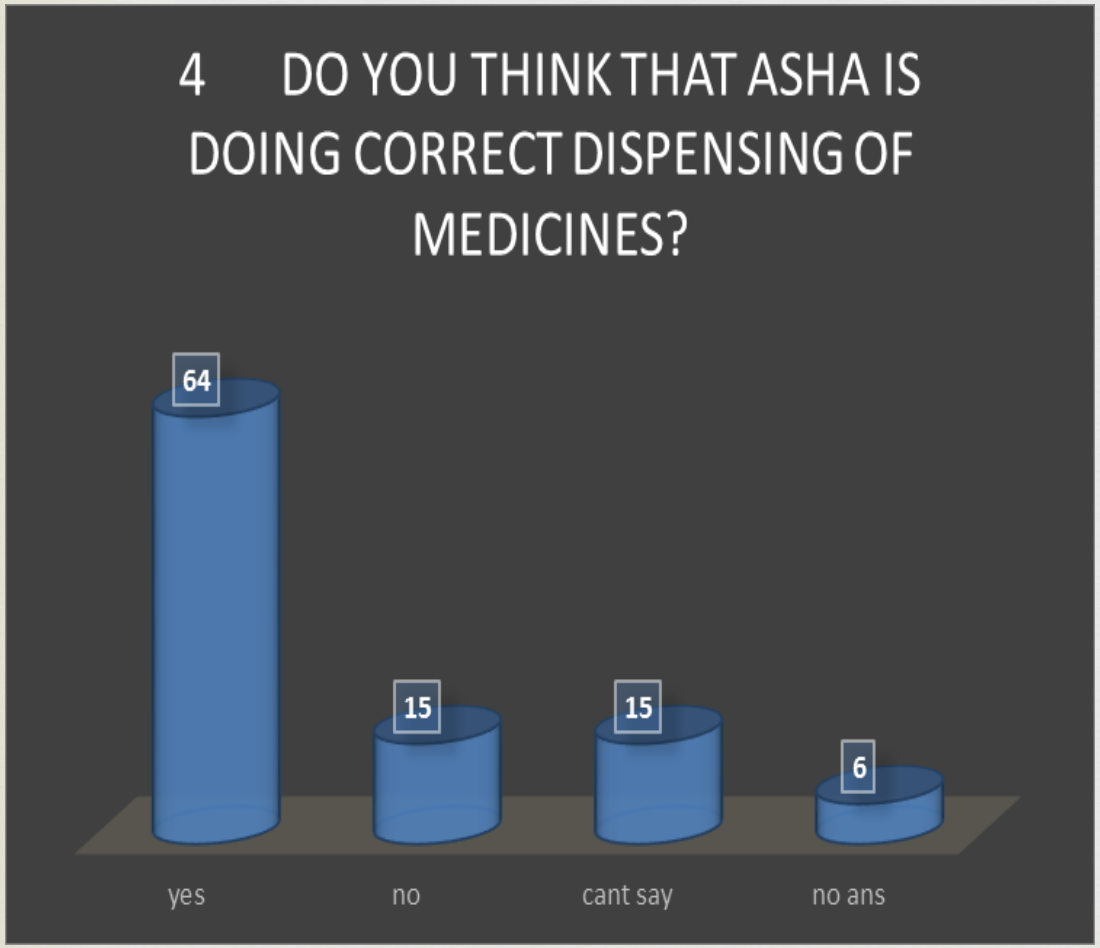

- 64 percent villagers thought that ASHA is correctly dispensing medicines and they said that generally ASHA gave medicine for minor disease like fever and iron. But in critical situation ASHA gives medicine after suggestion from ANM and in critical situation ANM will refer to patient in PHC. While on the other hand 15 percent villagers thought that ASHA have no knowledge about medicine and they were not correctly dispensing of medicine. On the other hand, 15 percent have no idea about it whether she is correctly dispensing or not because some villagers are illiterate.

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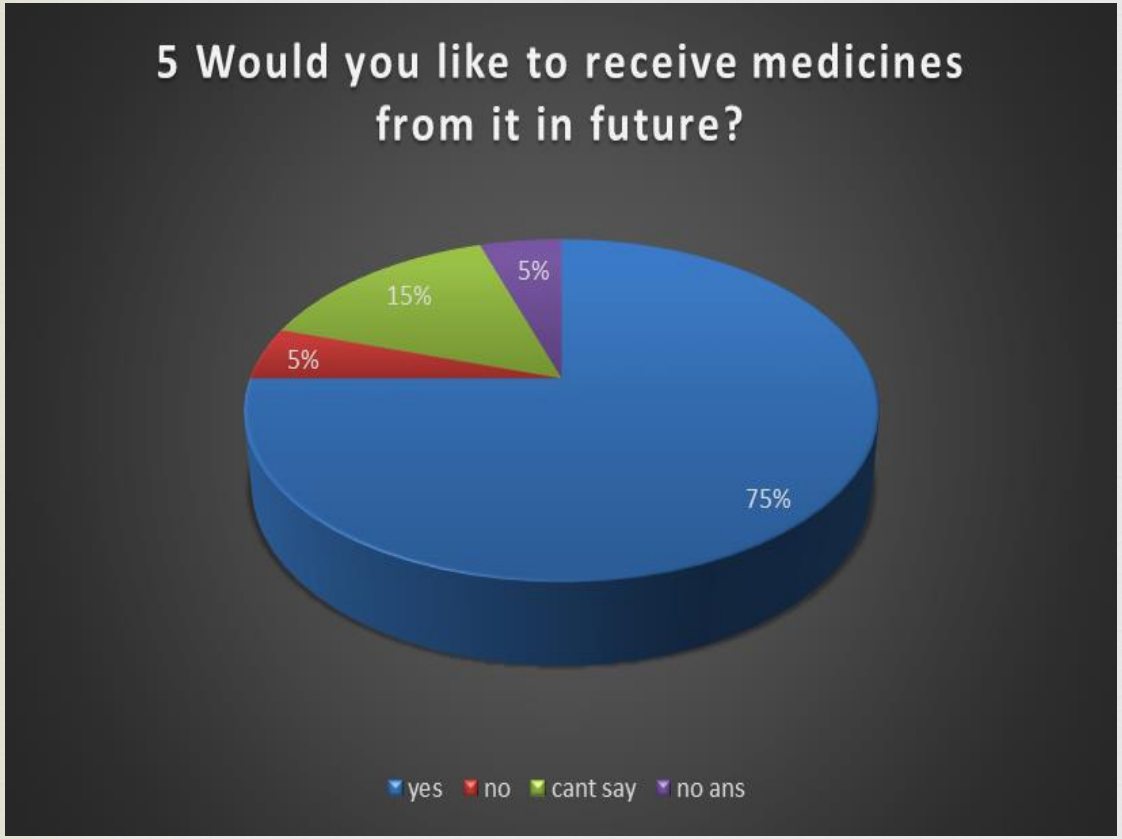

- The popularity of GAK among villagers is very high. Aound 75% villagers gave their opinion that they use to take medicine from GAK in regular interval. Only 5% villagers said that they will not take medicine from GAK in future. 15% villagers have given no response.

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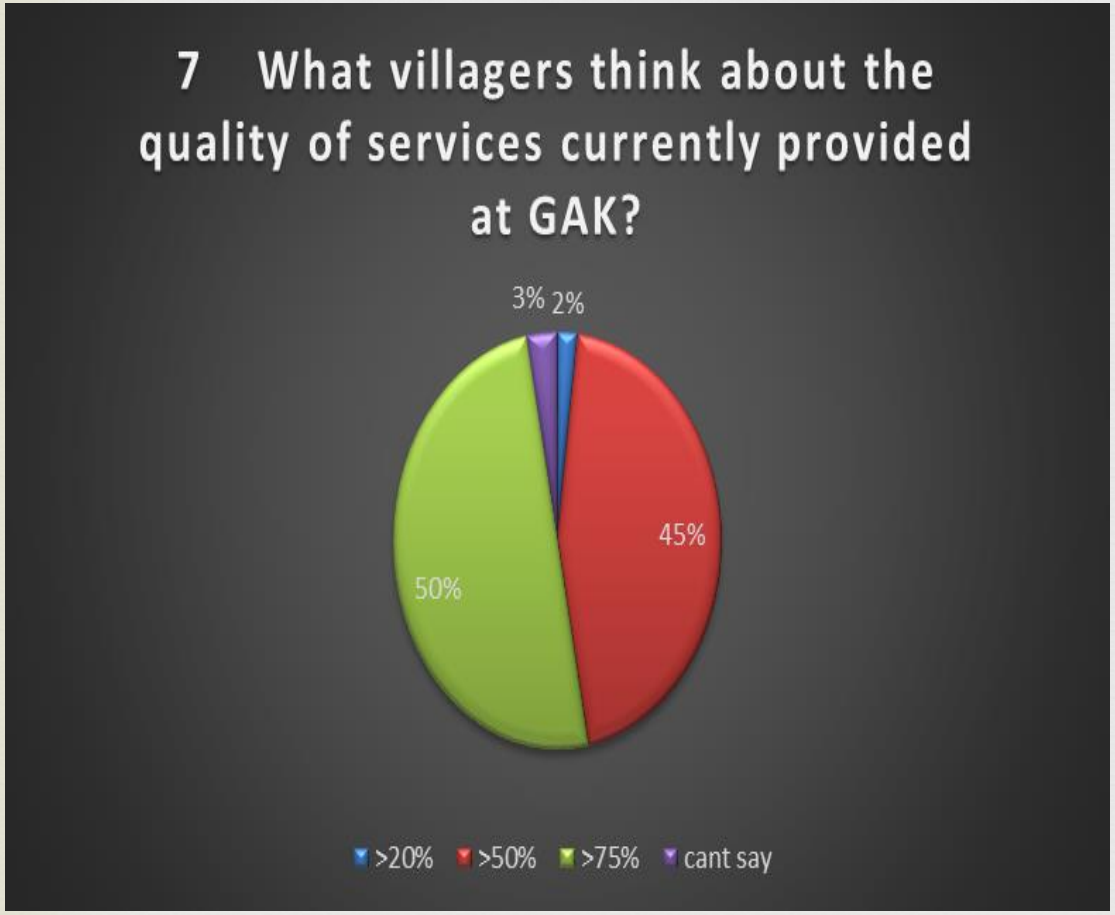

- 45% villagers have opinion about quality of services at GAK is more than 75%. On one hand they have taken medicine from GAK, on the other hand they took protein of their child and pregnant women. 50% villagers thought that at GAK the quality of medicine is good but other facility like pregnancy checkup and other instrument is not good so they have given only 50% out of 100.

Responses from ASHA

- More than 80% ASHA have provided orientation before setting of GAK and they know their job responsibility about GAK. They are trained for dispensing of 16 medicine which are available at GAK and knows family planning method that how to aware the villagers especially women about family planning.

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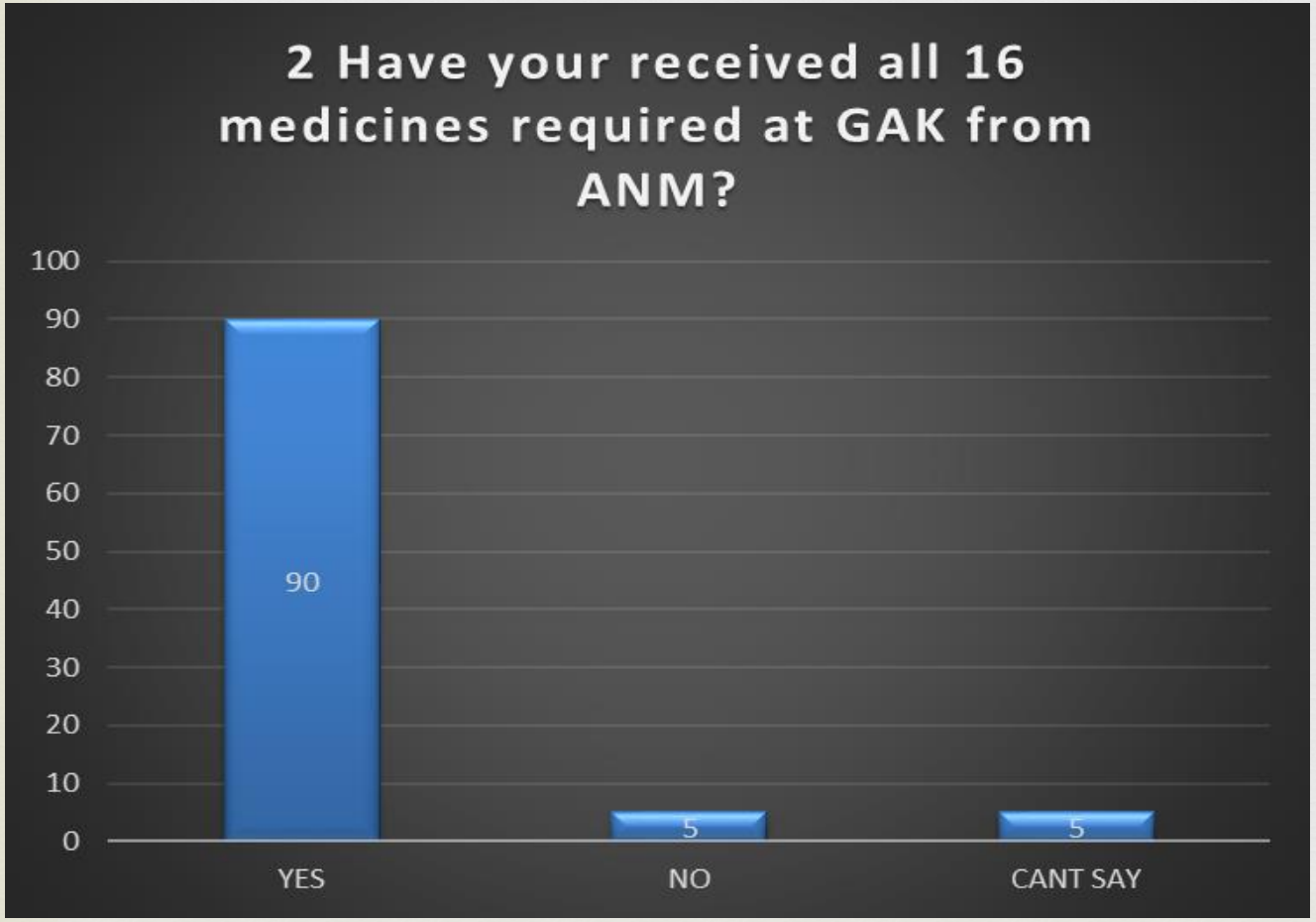

- 90% ASHA have knowledge about all 16-medicine available at GAK or not but on the other hand 5% ASHA who have newly appointed have no knowledge about 16 type of medicine.

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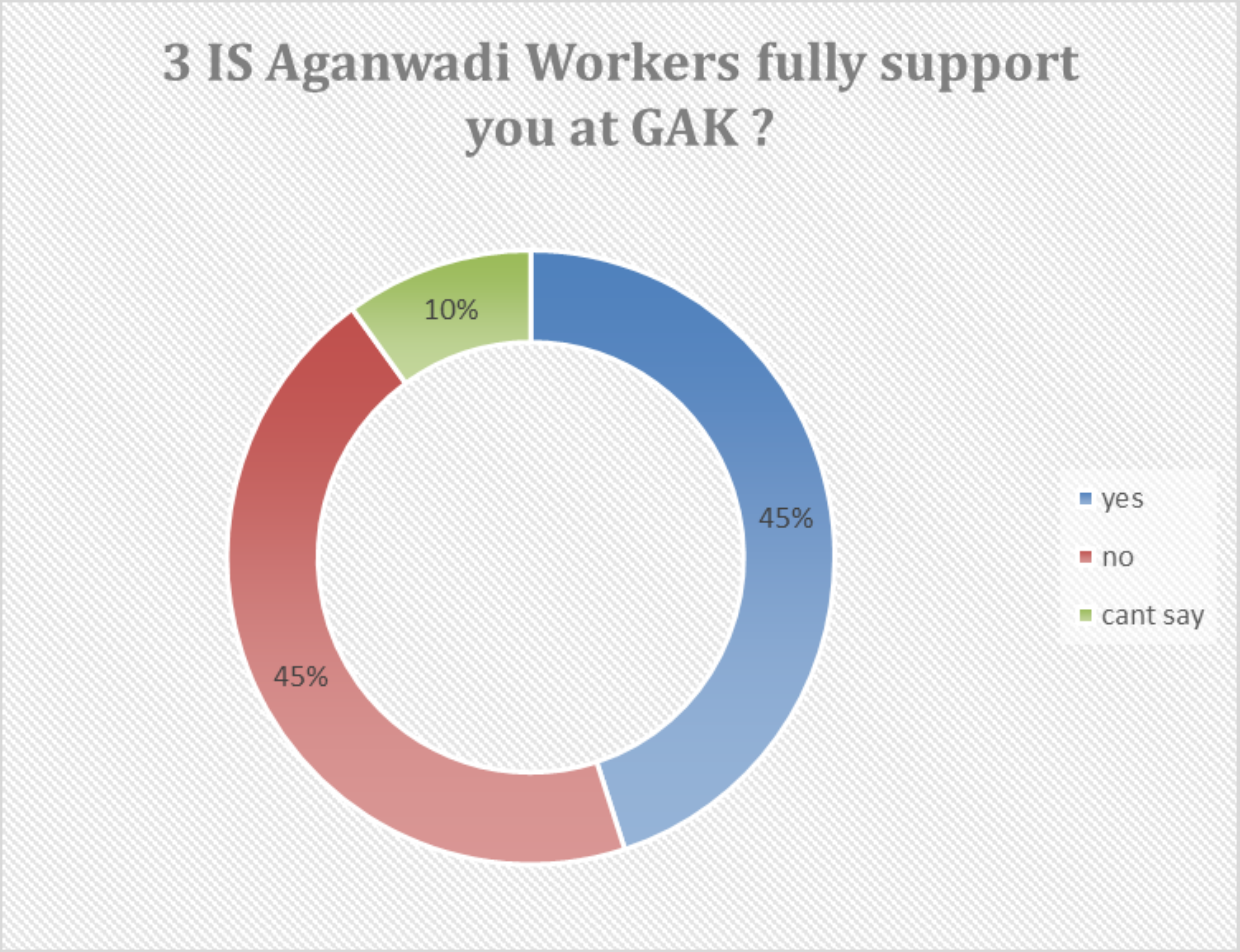

- This data is very interesting because generally at GAK ASHA and Aganwadi workers have different job responsibility at GAK and in some situation, they are not support each other. Around 45% ASHA said that Aganwadi workers have not support and same number of ASHA said that all have done their work with mutual understanding and 10% ASHA said have not given their opinion because they have not much experience because they are new.

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- At 35% GAK around 20 patient have visited at GAK and those village where population is more than 1000 have more patient visited in a day and on the other village where population is less than 1000 have less patient visited in a day.25% GAK have less than 10 patient visited in a day. Where 10% GAK have more than 30 patient have visited at GAK.

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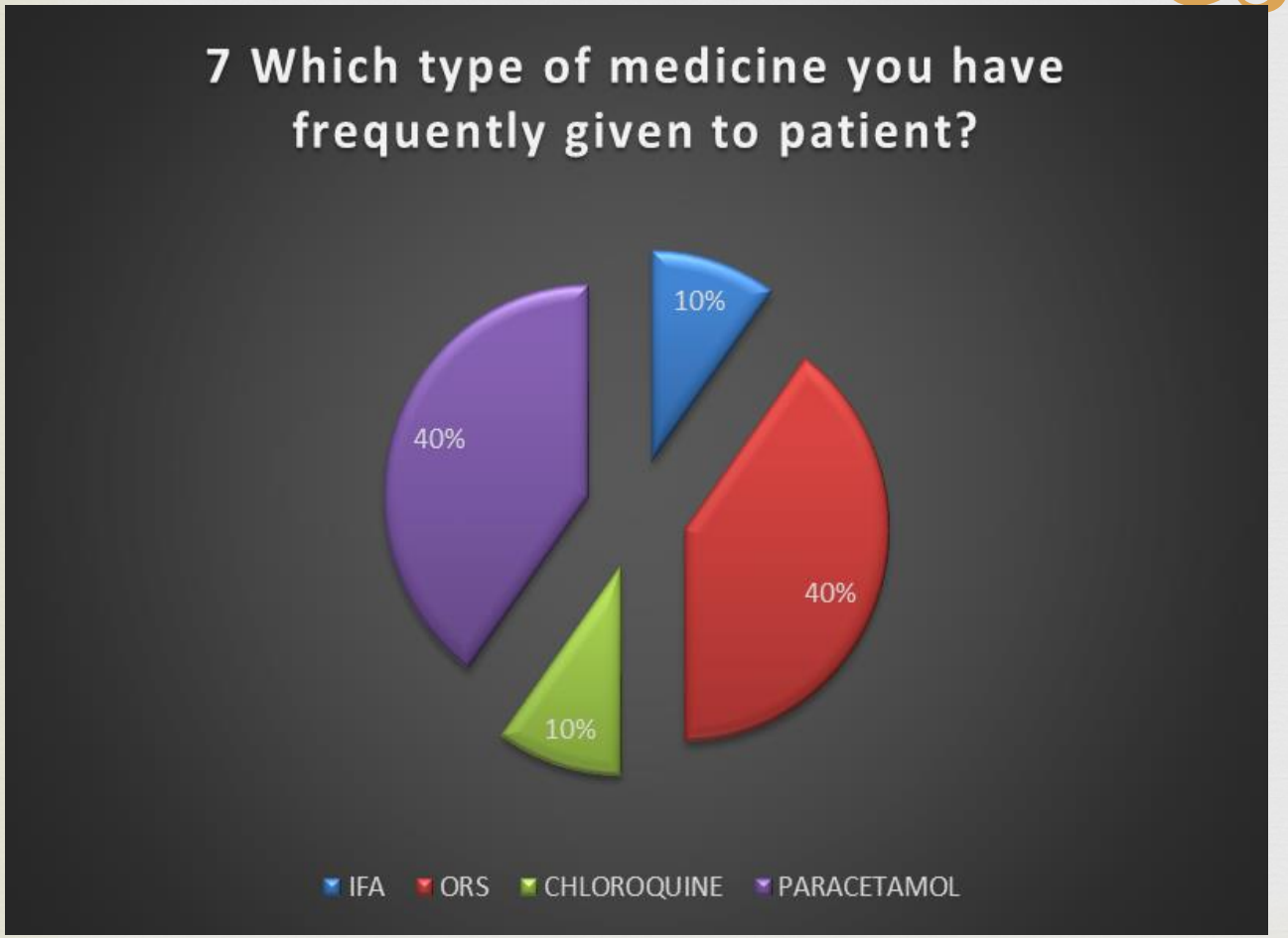

- Around 40% villagers have taken medicine like Paracetamol and the ORS packet and this medicine have more demand in all season. Around 10% villagers have shown their interest in Chloroquine and Iron tablet.

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- ASHA is comfortably manage their duties between setting at GAK and household visit and around 80% ASHA were managed their duties and they have no problem and around 15% ASHA facing problem at setting at GAK and household visit because their village population is high.

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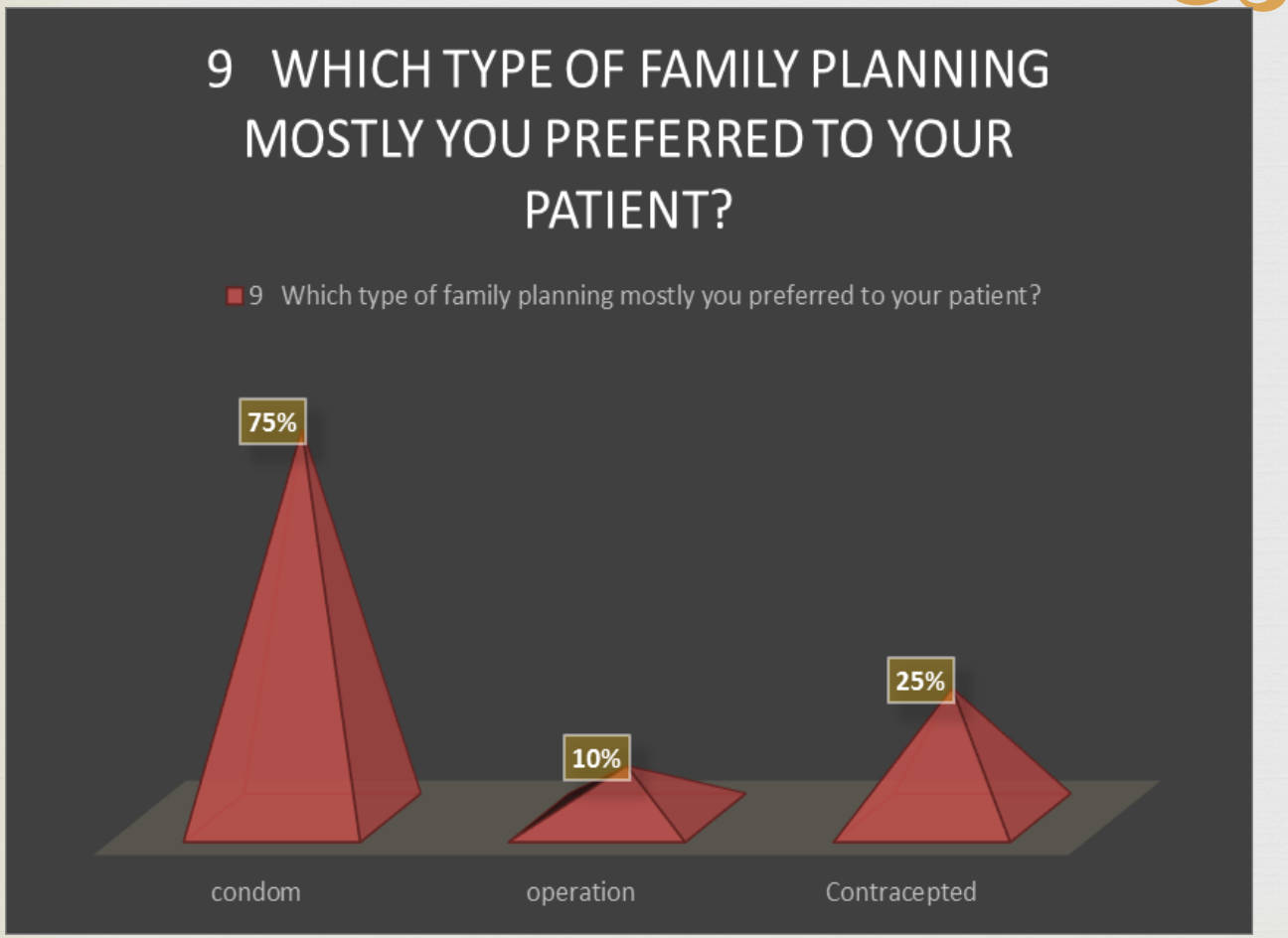

- family planning method ASHA role is very important and they aware the villagers about family planning. 75% women who have visited GAK have given condom packet and 10% have suggested about operation and 25% women have used to contracepted.

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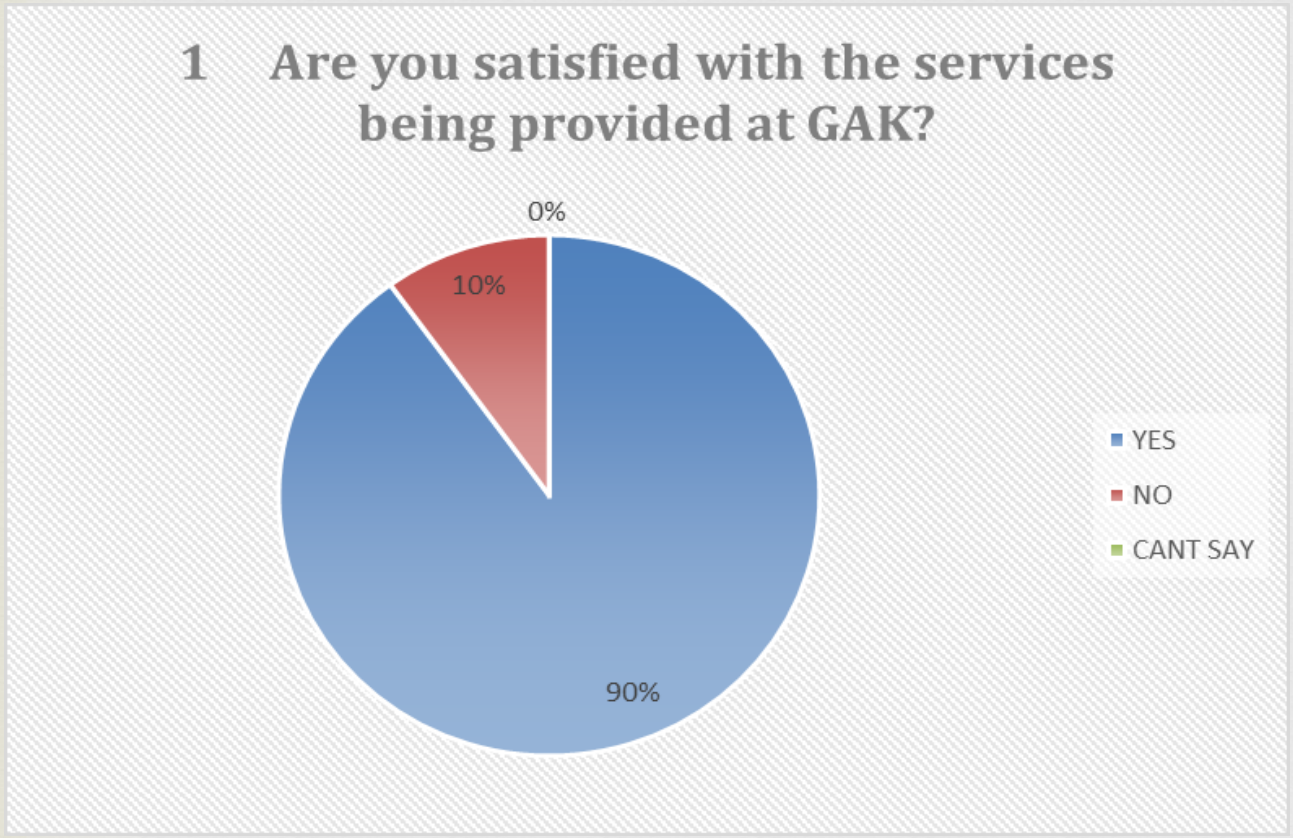
- ASHA role after GAK is running is much better before GAK. Around 55% ASHA thought that as a health activist after running of GAK is comfortable manage their duties and villagers have touch with them and in one platform villagers have taken more facility regarding health issues.

Responses from ANM



- services provided at GAK is adequate and 90% ANM were thought the same. Only 10% ANM were not satisfied the services provided at GAK.

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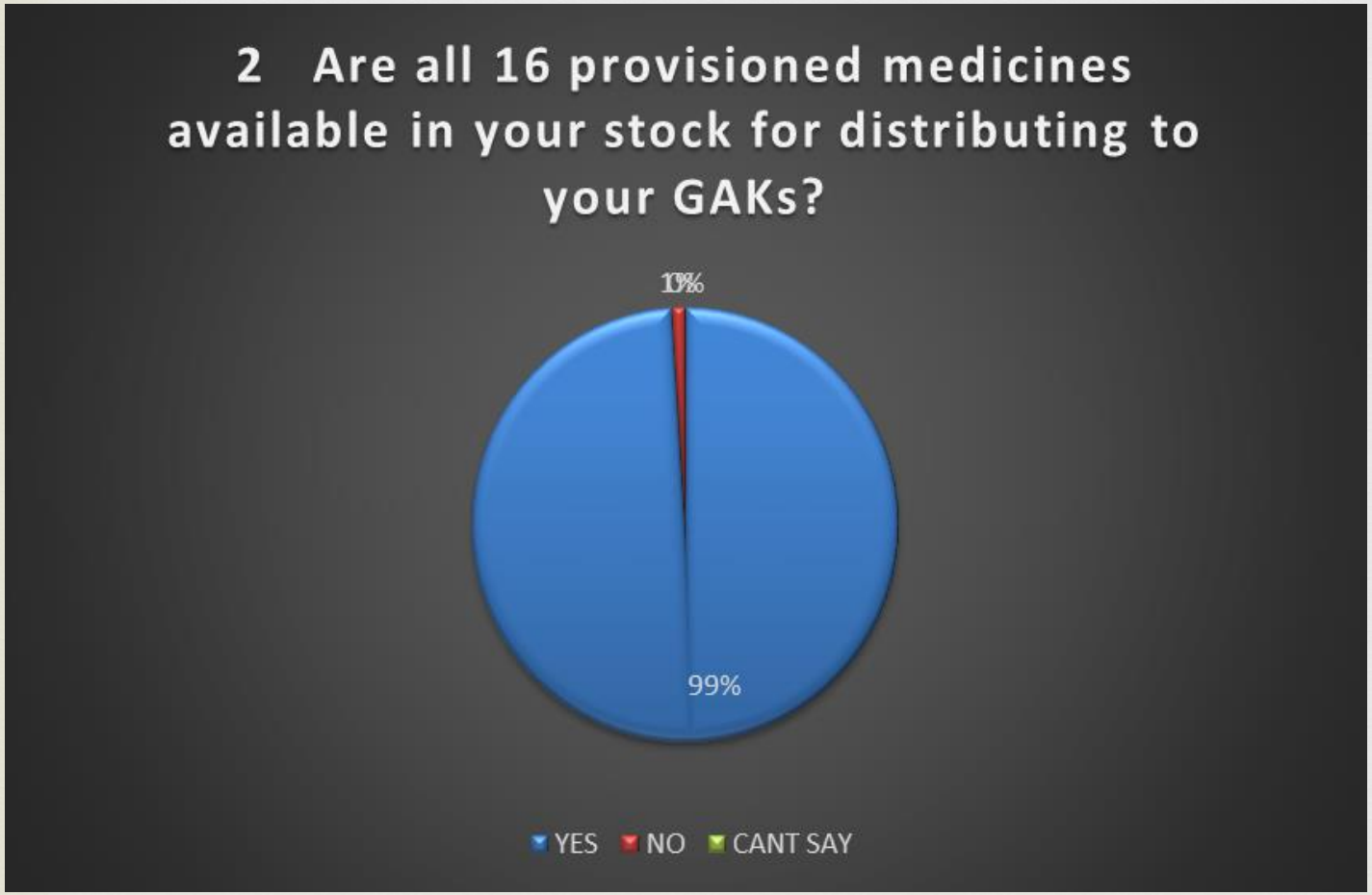


- All 16-type medicine are available a GAK and around 99% ANM said tha medicine is regularly fill up by th support of BCM.

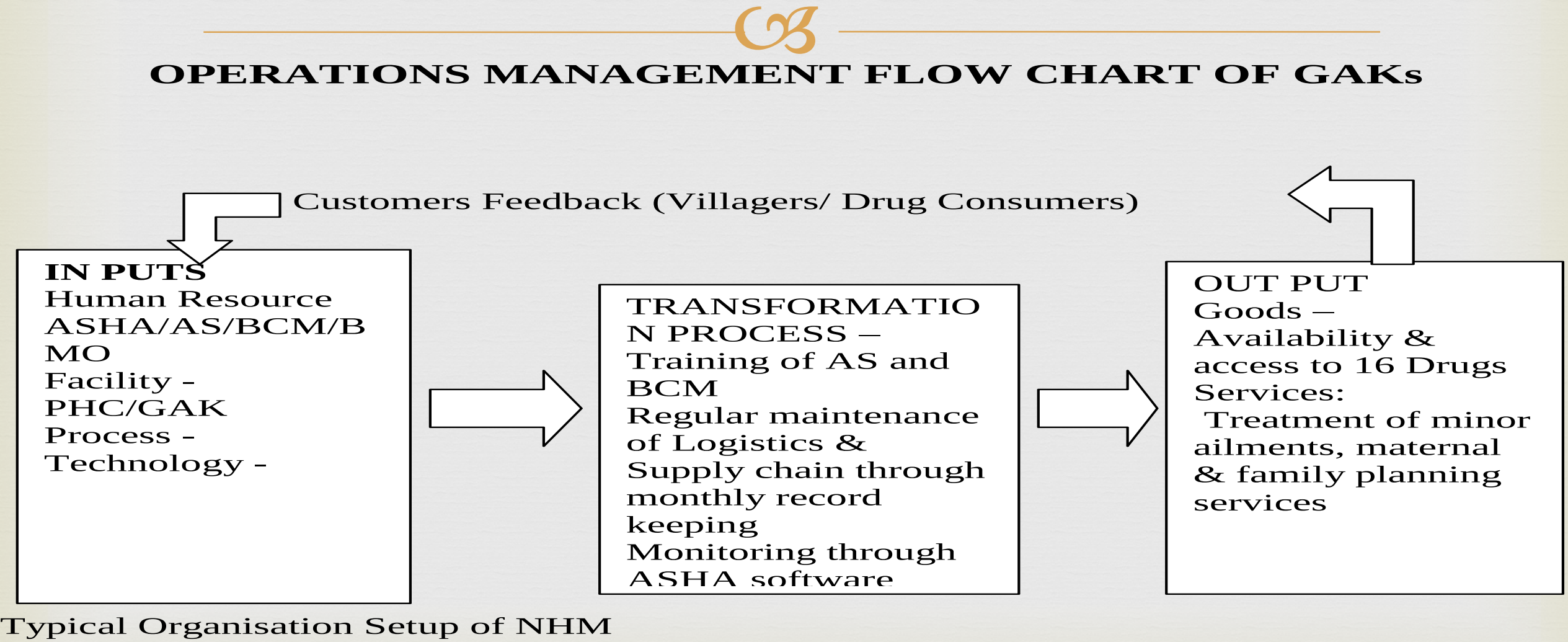
Result summary: acceptance

- An overall positive attitude and acceptance in village respondents observed, which is backed by good utilization of existing services as well as willingness of utilization in future.
- The ASHAs perceive their role better now with a responsibility of providing medication to villagers
- The ANMs find their workload to have reduced, however with added responsibility of monitoring ASHAs work
- The Sector Medial Officers appreciate the presence of GAKs and find it a good concept to reduce geographical limitation and out of pocket expenditure for basic health problems.

Results Summary: Challenges

- ASHA:
  - to manage their work
  - seek more support from ANMs
  - fixed remuneration for this activity with provision of more dedicated space.
  - Village residents:
  - demand for more medicines and for more time spent by ASHA
  - Medical officer’s visit at least once a month.
- ANMs: Rrecord updating by ASHA at GAK remains a problem.
- Medical officers find management of supplies and monitoring visits by themselves and ANMs a challenge.

OPERATIONS MANAGEMENT FLOW CHART OF GAKs



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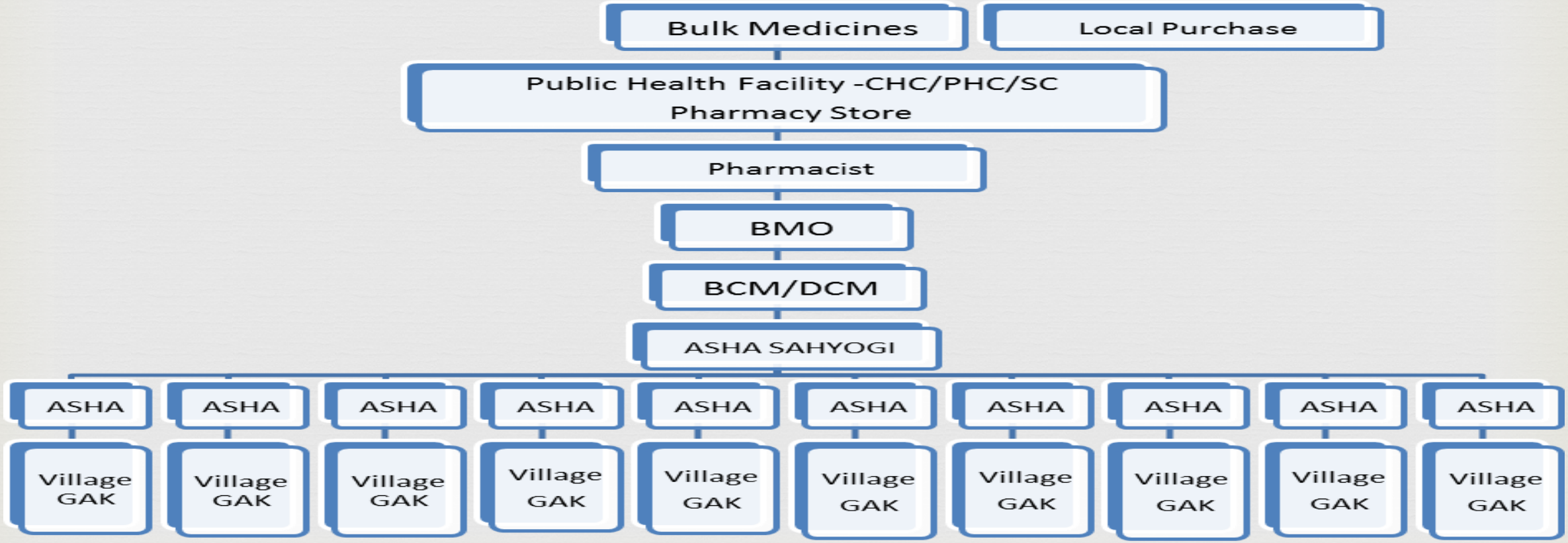
Bulk Medicines
Local Purchase
Public Health Facility -CHC/PHC/SC Pharmacy Store
Pharmacist
BMO
BCM/DCM
ASHA SAHYOGI
ASHA
Village GAK

OBSERVATIONS/FINDING

AGANWADI- SAH -GRAM AROGYA KENDRA: Village- TILAKHEDI

- ASHA though she is low literate (5th pass) but her level of knowledge is good
- In above village GAK some drugs are kept open and some in white boxes on small table in unorganized manner. All drugs either in open or in boxes **they are in reach of small children** who are attending Aganwadi for pohsahan ahar (nutrition food)

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On open racks

AGANWADI- SAH -GRAM AROGYA KENDRAs

Drugs in GAKs are kept **unorganized in labeled/unlabeled transparent boxes in** working or examination tables or in open racks or in rack between children toys and not labeled properly. Drugs are kept expose to sun light and humidity. No space of work for VHND sessions

In rack between children toys

- In Kalkhedi GAK drugs are kept in transparent boxes on working tables. The sticker box labelled as Co-trimaxazole but inside the box along with packing box of co-trimaxazole three other antibiotics strips are also placed inside. **Misleading Labels on boxes**
- The labels are placed to identify the medicine either by putting name of drug on sticker label or by simply writing name of drug by marker pen on box. Secondly to identify the medicine they recognize by symptom as drug for fever or vomiting or abdominal pain or diarrhea
- They **do not write Expiry date & Batch no on labels**

SUMMARY AND CONCLUSION

- AGANWADI SAH GRAM AROGYA KENDRA innovation brought in by Govt. of MP has been actively promoting the health & nutrition services through convergence of health and ICDS Department. GAK is now building community ownership and high acceptability among villagers especially for treatment of minor ailments, family planning services and investigation facilities.

- Strengthening of GAK through decentralization process is required. There is a need for establishment of a structured, regular support & monitoring system for availability of essential equipment like BP Machine, Stethoscope, thermometers Uristics for albumin and sugar, RDK kit for malaria and Nischay Pregnancy test kit and all 16 drugs for treatment of minor ailments between community and district health system.

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1. Elimination of geographical barrier improves access of unreached. Reduce the travelling time for treatment of minor illness /health issues avoid local practitioners in order to reduces out of pocket expenditures and early symptoms when checked in time result in early referrals improves health outcomes and meets the objectives of Universal health Coverage which can be achieves with well functional GAK.

- These changes have been further translated into better service delivery by hands holding training of ASHA support system BCM, DCM AS and ASHA.

THANKS