Coverage Evaluation of maternal health services in Dang district, Gujarat

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Introduction

- Gujarat has maternal mortality ratio of 122 and infant mortality rate of 38.
- According to DLHS-3, The Dangs had infant mortality of fifty nine (59). In the same study, institutional delivery was reported at 28.3%.
- During the year 2013-2014, 10 maternal deaths and 162 infant deaths were reported. And institutional delivery was 54.7%.

Rationale

- To see if the reported data of the district from MIS is similar to the coverage evaluation survey.
- For improving the status of maternal health services in the district, maternal health program should be base on evidence of Ante Natal Care service and programs that are associated with promotion of institutional delivery like conditional cash benefits.

RESEARCH QUESTION

- What is the coverage status of maternal health services in The Dangs?

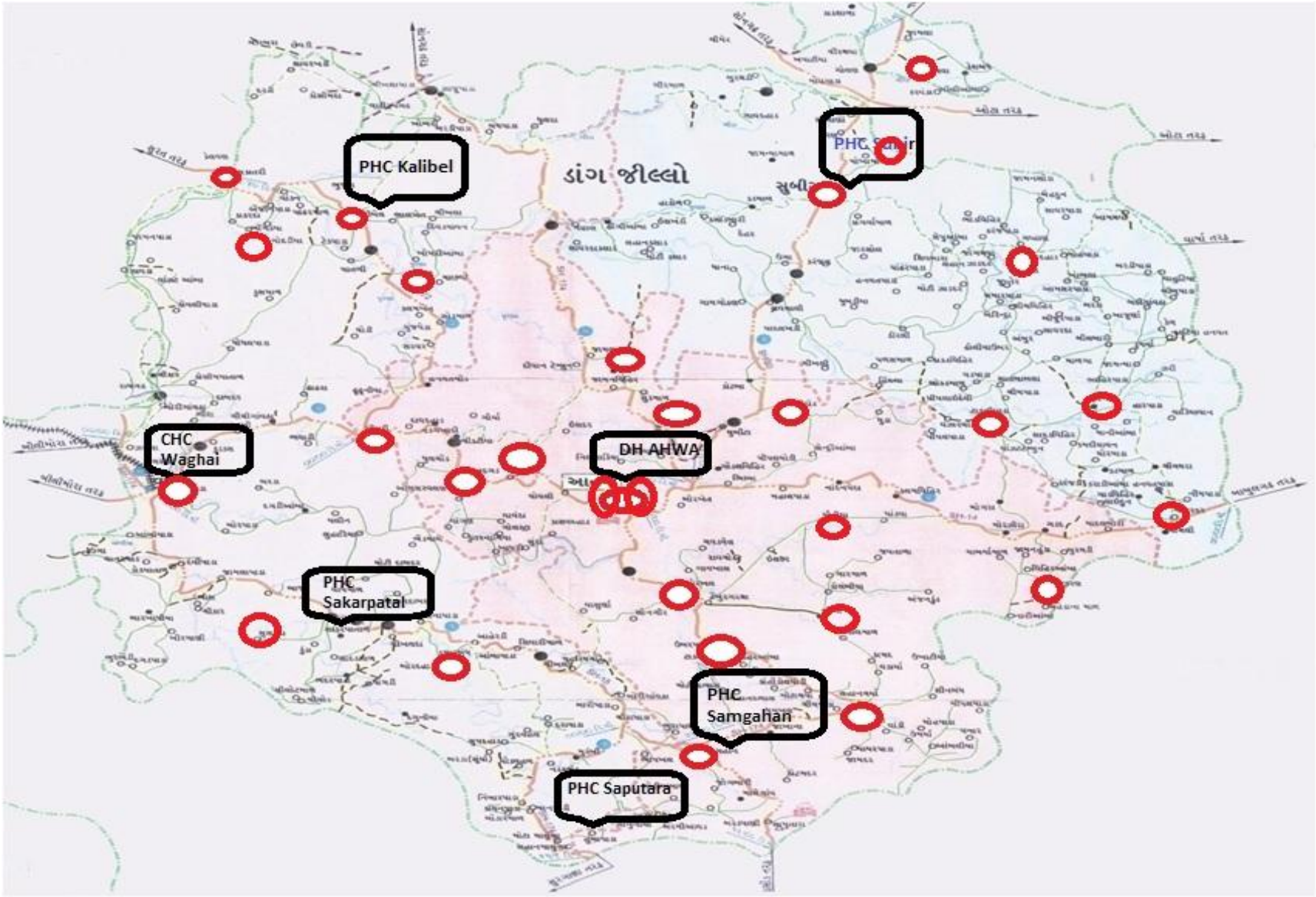
OBJECTIVE

- To do the Coverage evaluation of Ante natal care services.
- To find the awareness and utilization status of the programs associated with ante natal care viz Janani Suraksha Yojna, Kasturba Poshan Sahaay Yojna, free referral transport and Janani Shishu suraksha karyakram.

METHODOLOGY

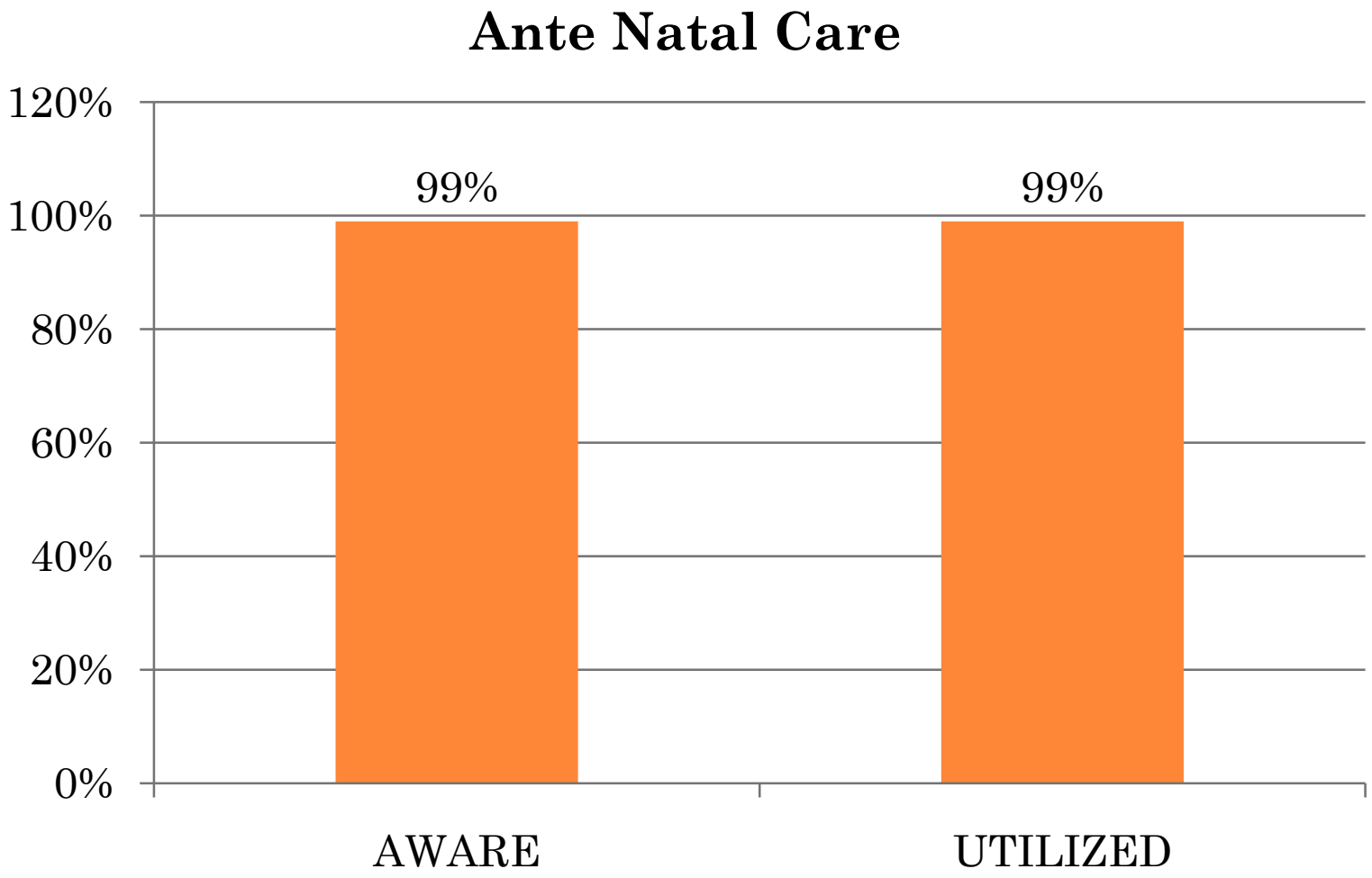
- Study Design : descriptive cross sectional study.
- Study Area: Dang district of Gujarat.
- Study population: Women who delivered in last one year in the Dang district.
- Sampling method: 30*7 cluster sampling.30 clusters were selected.(see cluster map below). 7 women who delivered in last one year were interviewed from each of the 30 clusters.
- Sample Size: 210 women who delivered in past one year.
- Study tool: Questionnaire consists of closed-ended items.
- Data collection: Interview of 210 women

CLUSTER MAP

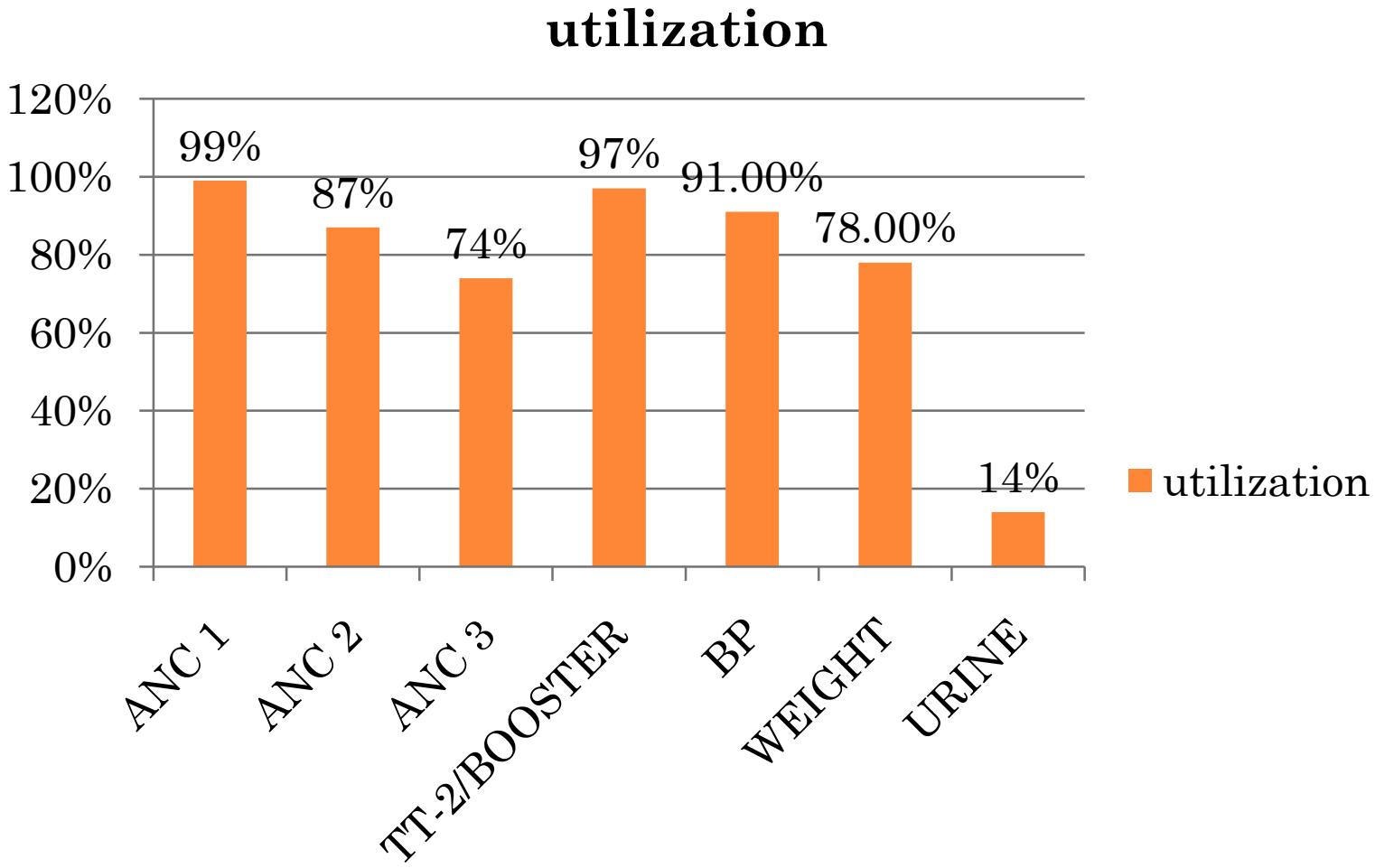

PHC Kalibel
ડાંગ જીલ્લો
CHC Waghai
DH AHWA
PHC Sakarpatal
PHC Samgahan
PHC Saputara

Results

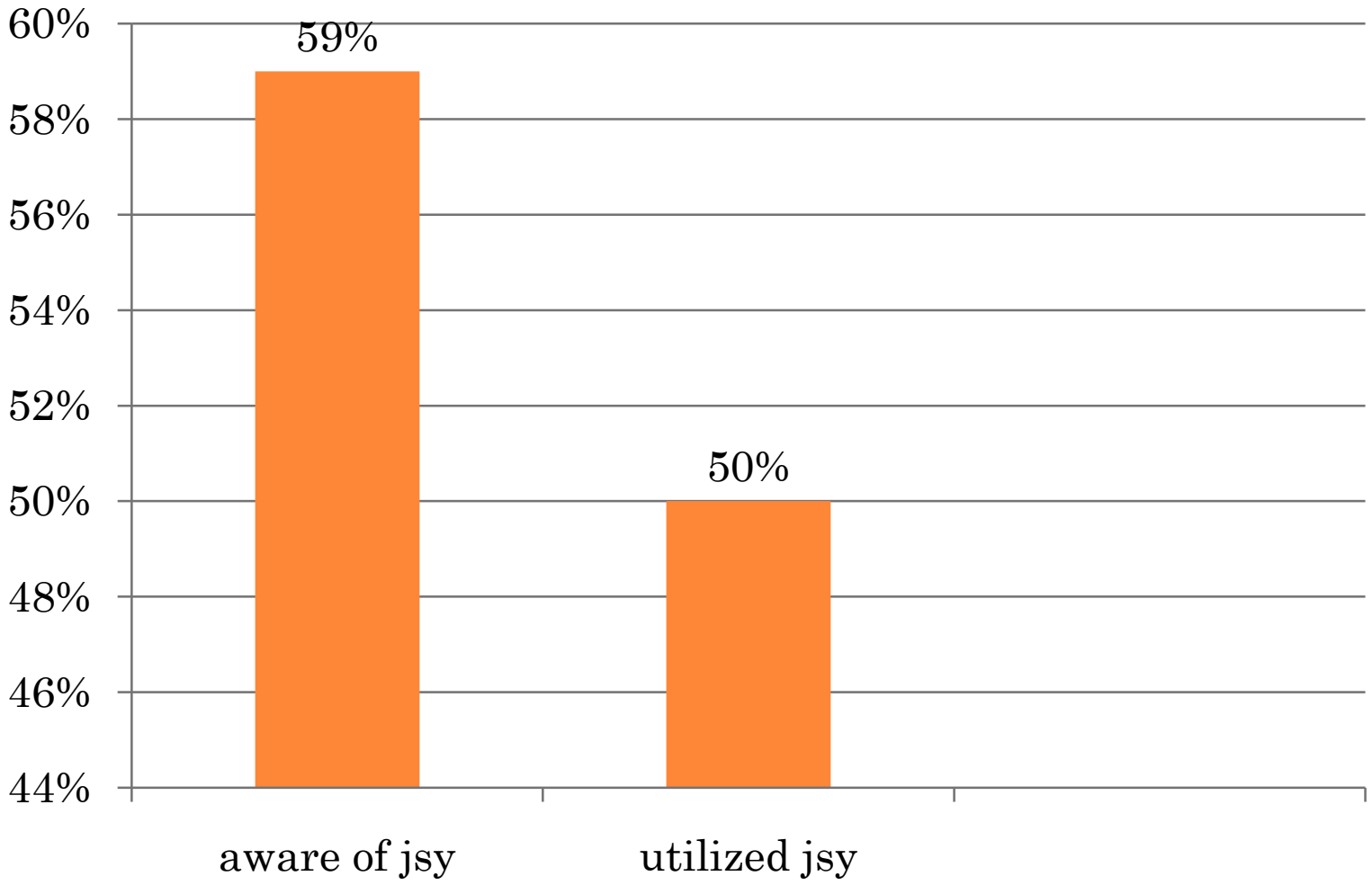
1. Awareness of ante natal care (n=210)



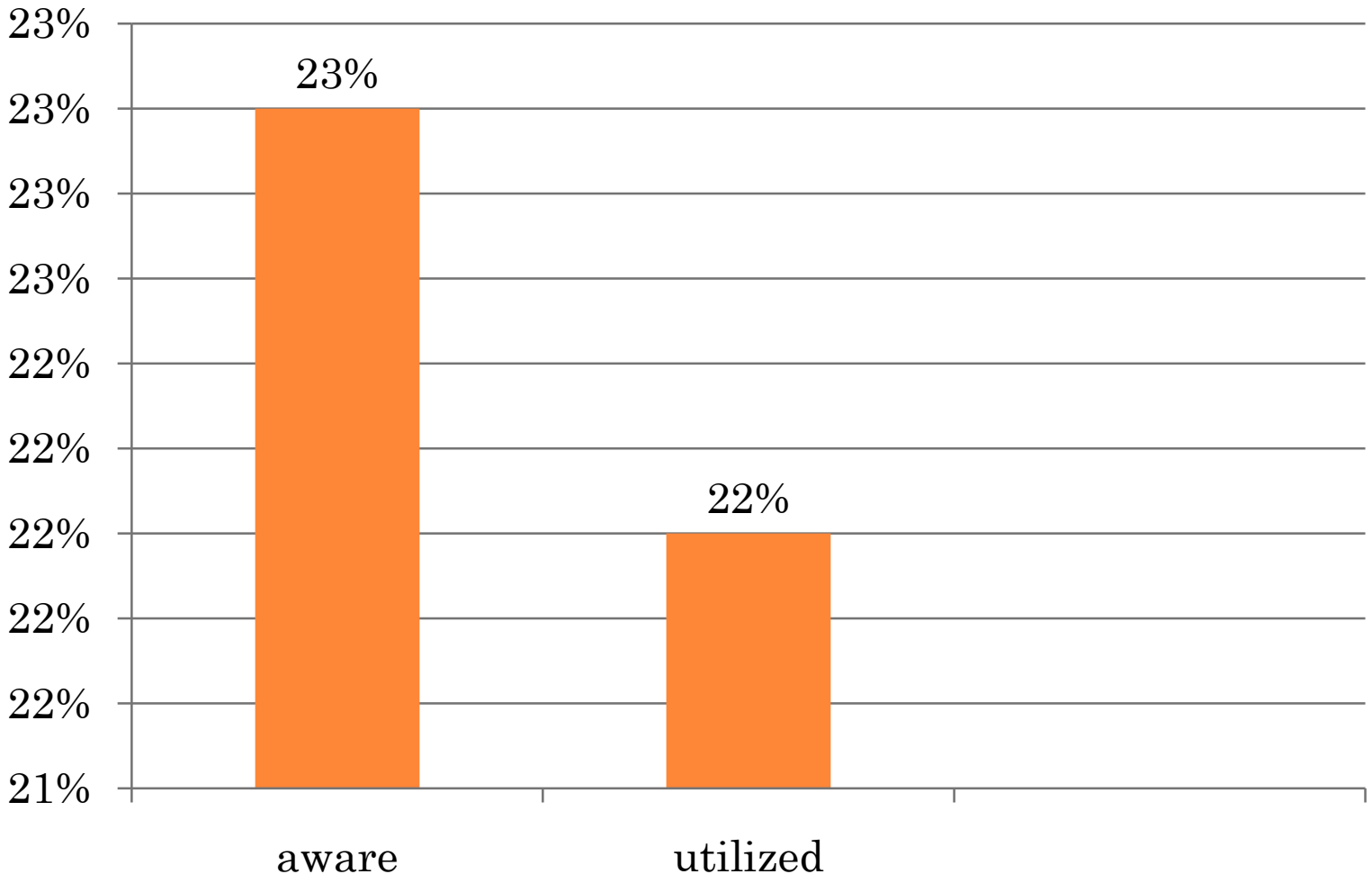
1. ANTE NATAL CARE (CONT..)



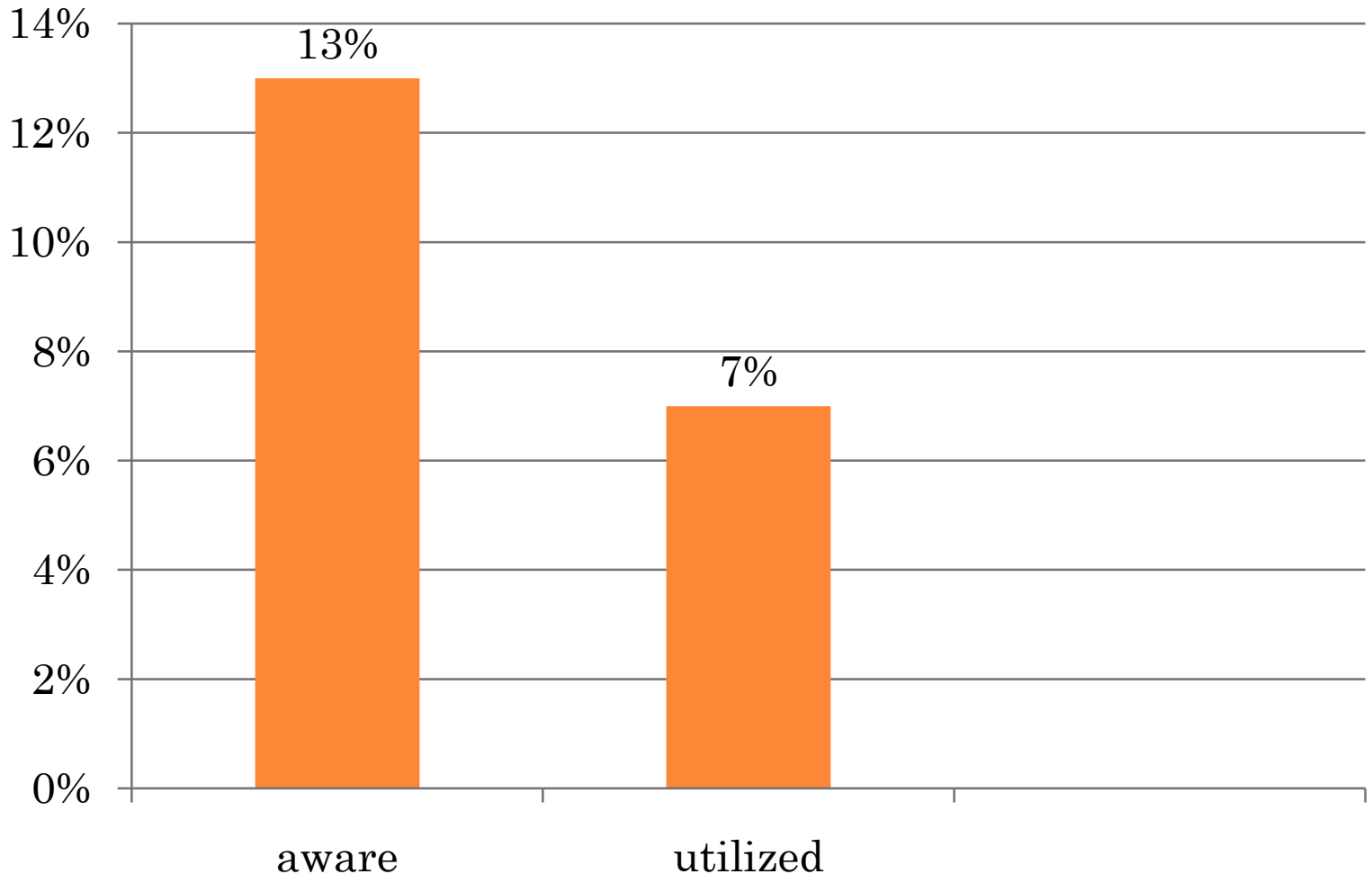
2. Awareness and utilization of janani suraksha yojna. (n=210)



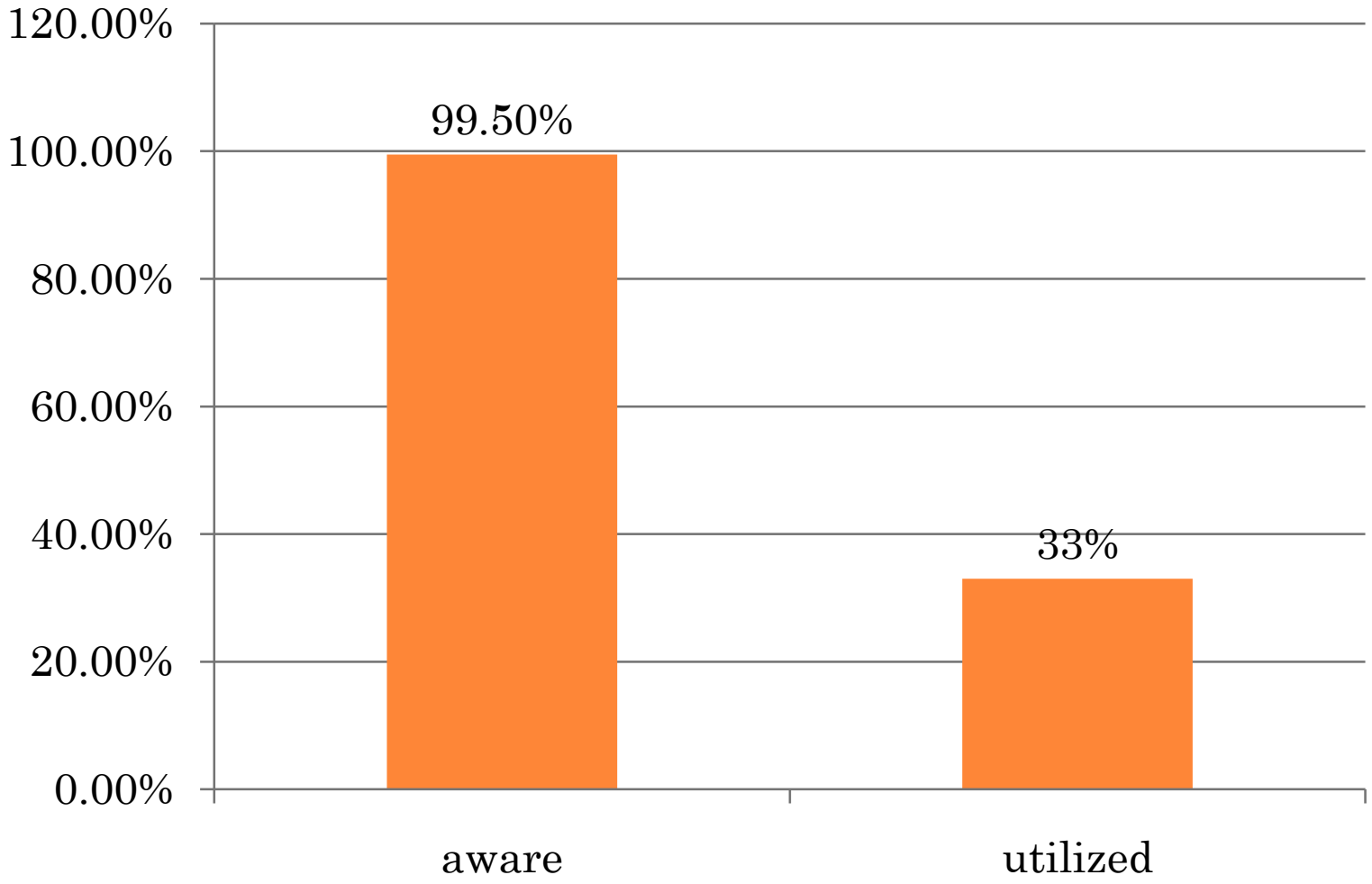
3. AWARENESS AND UTILIZATION OF KASTURBA POSHAN SAHAY YOJNA (N=124)



4.AWARENESS AND UTILIZATION OF JANANI SHISHU SURAKSHA KARYAKRAM (N=210)



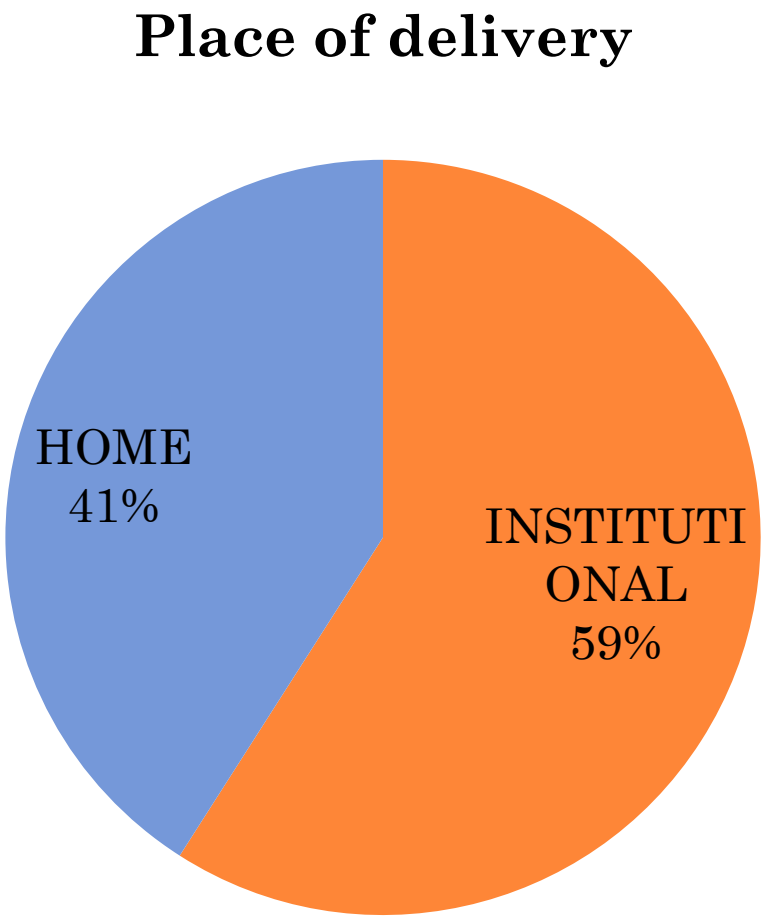
5. AWARENESS AND UTILIZATION OF FREE REFERRAL TRANSPORT (N=210)



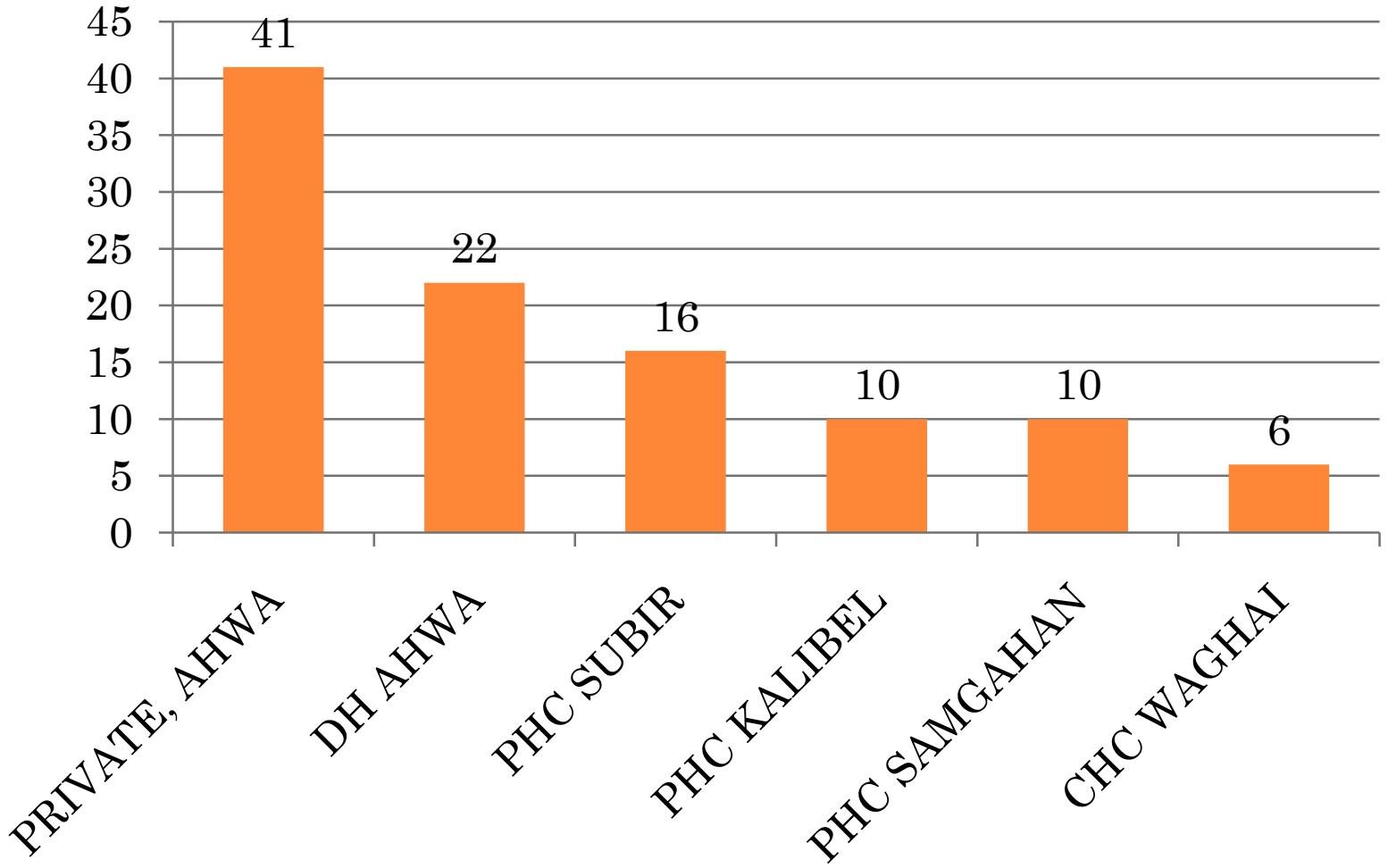
REASONS FOR NON- UTILIZATION OF FREE REFERRAL TRANSPORT

Have Own Vehicle	30
No Answer	25
Delay In Decision Making	20
Health Facility Very Close To Home	18
Never Felt Need	12
Wanted Home Delivery	10
Hired Vehicle	8
Wanted To Go To Private Hospital And 108 Takes Us To Govt	4
No One At Home To Call 108	4
108 Came Late	3
No Phone Network	1
Non Supporting Family	1
Poor Financial Condition	1
Scared Of Goin To Hospital	1
Unavailabilty Of Cell Phone	1
Failure To Connect To 108 Helpline	1

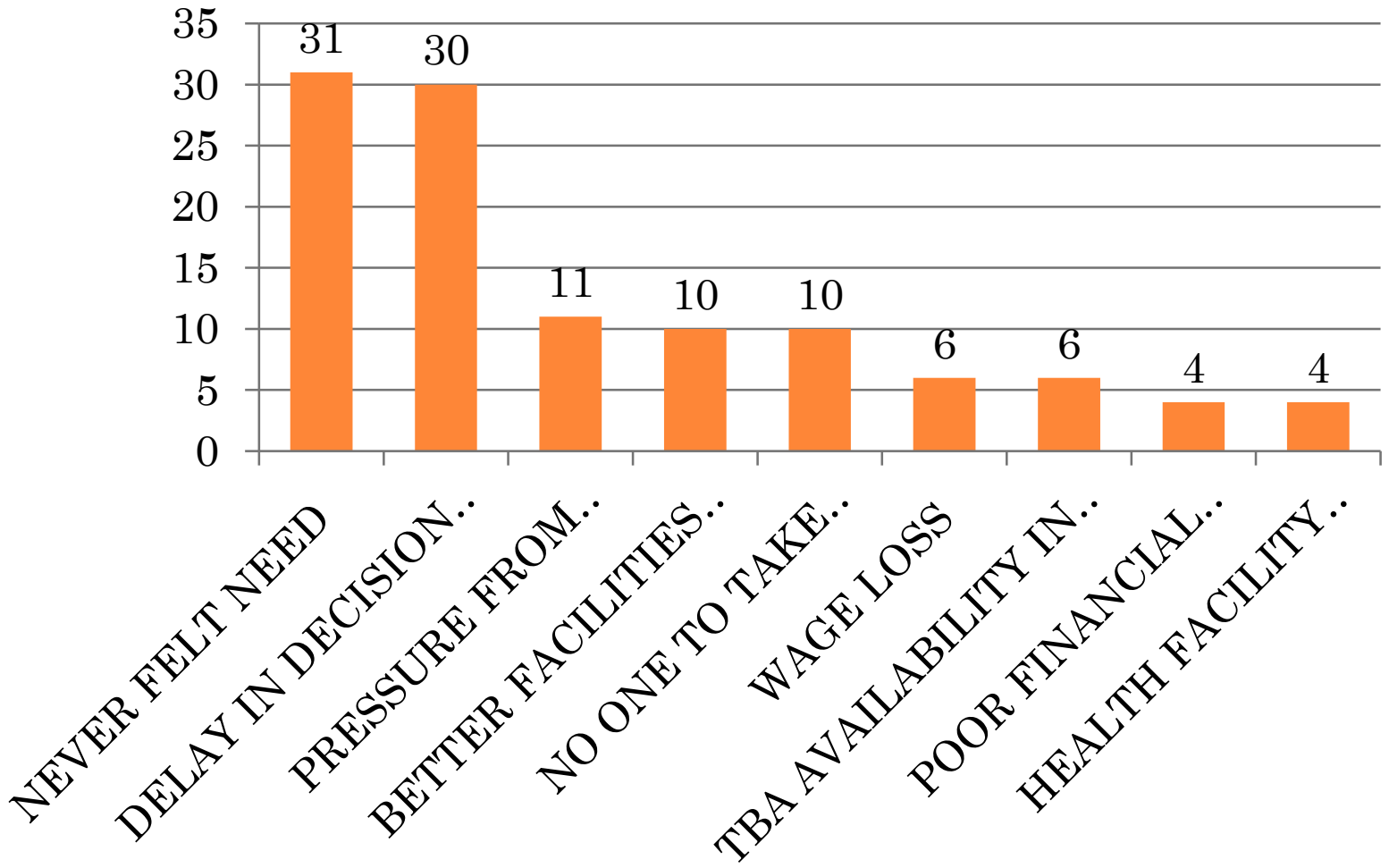
Utilization of health institution for delivery services.



Health institutional providing delivery services in dang and their prevalence of delivery



REASONS OF HOME DELIVERY



Reported coverage and evaluated coverage

Indicators	MIS	CES
ANC - 3	81%	74%
TT-2/BOOSTER	86%	97%
Institutional delivery	54%	59%
JSY	75%	50%
KPSY	25%	22%

Conclusion and recommendations

- Drop out from service is 25%. Tracking of beneficiary and utilization of MCTS would decrease the drop out and increase the coverage. Intradepartmental convergence is essential to address the problems of migrating population.
- Awareness of flagship programs is low among beneficiaries. Counseling and education is important part of mamta session. ASHA and ANM should focus on educating the beneficiary. Refresher training of ASHA and ANM about JSY,JSSK,KPSY should be undertaken.

Conclusion and recommendations (Cont..)

- Utilization of cash incentive is low. Reason for this was unavailability of bank account of the benefeciary. Only one bank is available in entire district. Instead of giving cash incentives by account payee cheques, cash/ bearer cheque should be issued so that benefit of the program can be utilized.
- Majority of institutional delivery in the district takes places in one private hospital. Partnering with this hospital would decrease the out of pocket expenditure and also the benefits under JSSK would be utilized.

Conclusion and recommendations (cont..)

- Modifiable factor for home delivery viz delay in decision making should be focused to increase home delivery. Also operationalising mamta ghar in the district would address this delay.
- Earlier DAIs were paid incentives for mobilisation of pregnant women for delivery. Re-introduction of this incentive would increase institutional delivery

- The end