REVIEW OF PROVISION AND UTILIZATION OF MATERNAL AND CHILD HEALTH SERVICES FOR THE URBAN POOR IN JAIPUR SLUMS, RAJASTHAN

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Introduction

54% of world population in urban areas

66% by 2050

404 million people by India followed by China and Nigeria

Reasons for rural- urban migration:

- Marriage for women
- Employment
- Rapid urbanization

Result of migration:

- Changes the demographic profile of a country
- Affects the social and economic aspect of people's lives
- Rural areas lose skilled individuals
- Slums formation in Urban areas

Introduction (Contd.)

According to census 2011,

- 17.4% of Indian population lives in slums
- Rajasthan largest state with 73.53 million population has poor health indicators: MMR 331, U5MR 79 and TFR of 3.3 according to Annual Health Survey 2007-2009.
- Jaipur city has 3.5 lakh slum population
- 15% of the total population.
- HUP report: total 237 listed slums (190 slums under JMC, 47 slums under JDA)

How slum formation affects the health of mother and child?

Aim :

To describe the provision of health care services for the maternal and child component of Reproductive, Maternal, Newborn, Child and Adolescent Health Services for Urban Poor in Rajasthan and describe the utilization of various services by the mother and child in Jaipur Slums, Rajasthan.

Objectives:

- To describe the maternal and child health components of RMNCH+A services available in the state of Rajasthan.
- To identify the provision of maternal and child health services in the state of Rajasthan.
- To identify the utilization of the services by the mother and child in the slums of Jaipur, Rajasthan.

Methodology

- Since RMNCH+A is a very comprehensive program with maternal and child health being the core and critical part of the program forming its base, hence a descriptive study on the two components is done .
- Search engines like PubMed, Google Scholar and Google were used.
- lack of relevant data about urban poor particularly for Jaipur city
- search engines like Google scholar and Google were approached.
- Around 100 articles were collected based on their abstract and relevance to the topic.
- The articles and reports were further scrutinized depending on their content, relevance and requirement for the project.
- A baseline study conducted by HUP on sample chosen from the slums that were under the record of the government were also referred for this study
- Information through Health of the Urban poor program officers and BCT officers and were also collected.

Review of literature

Definition of slums under Section-3 of the Slum Area Improvement and Clearance Act 1956 are '*those residential areas where dwelling are in any respect unfit for human habitation by reasons of dilapidation, over- crowding, faulty arrangements and designs of such buildings narrowness or faulty arrangements of streets, lack of ventilation, light, sanitation facilities or any combination of these factors which are detrimental to safety, health and morals'.*

Additionally, as per UN Habitat, '*slum is characterized by lack of durable housing, insufficient living area, lack of access to clean water, inadequate sanitation and insecure tenure'*

Types of slums

3 types of slums according to Census 2011:

Notified Slum*: 'all notified areas in a town or city notified as 'Slum' by State, Union Territories Administration of Local Government under any act including a 'Slum Act''.*

Recognized Slums: '*all areas recognized as Slum by State, Union Territories Administration or Local Government, Housing and Slum Boards, which may not have been formally notified as slum under any act*'.

Identified Slums: '*a compact area of at least 300 population or 60-70 households of poorly built congested tenements, in unhygienic environment usually with inadequate infrastructure and lacking in proper sanitary and drinking facilities. Such areas should be identified personally by Charge officer and also inspected by an officer nominated by Directorate of Census Operations. This fact must be duly recorded in the charge register'.*

Factors that contribute to vulnerability of Urban poor

Why are the urban poor vulnerable?

Factors	Situation Affecting Health Vulnerability in Slums
Economic condition	Irregular employment, poor access to fair credit
Social conditions	Widespread alcoholism, gender inequity and poor educational status
Living environment	Poor access to water supply and sanitation facilities, over- crowding, poor housing and insecure land tenure
Access and use of public health services	Lack of access to ICDS and primary health care services and poor quality of health services
Hidden/ Unlisted slums	Many slums are not notified in official records and remain outside the purview of civic and health services
Rapid mobility	Temporary migrants denied access to health services and other development programs, difficulty in tracking and providing follow up health services to recent migrants
Health and disease	High prevalence of diarrhea, fever and cough among children
Negotiating capacity	Lack of organized community collective effort in slum

Source: State of the Urban Health in Rajasthan, 2007

Reproductive Maternal Newborn Child and Adolescent Health (RMNCH+A)

RCH – October 15th 1997

- Aimed to achieve a status in which women could regulate their fertility, Safe pregnancy and child birth.
- Survival and wellbeing of mother and child after pregnancy.
- Family planning and prevention of STDs with over all reduction of infant, child and maternal mortality.

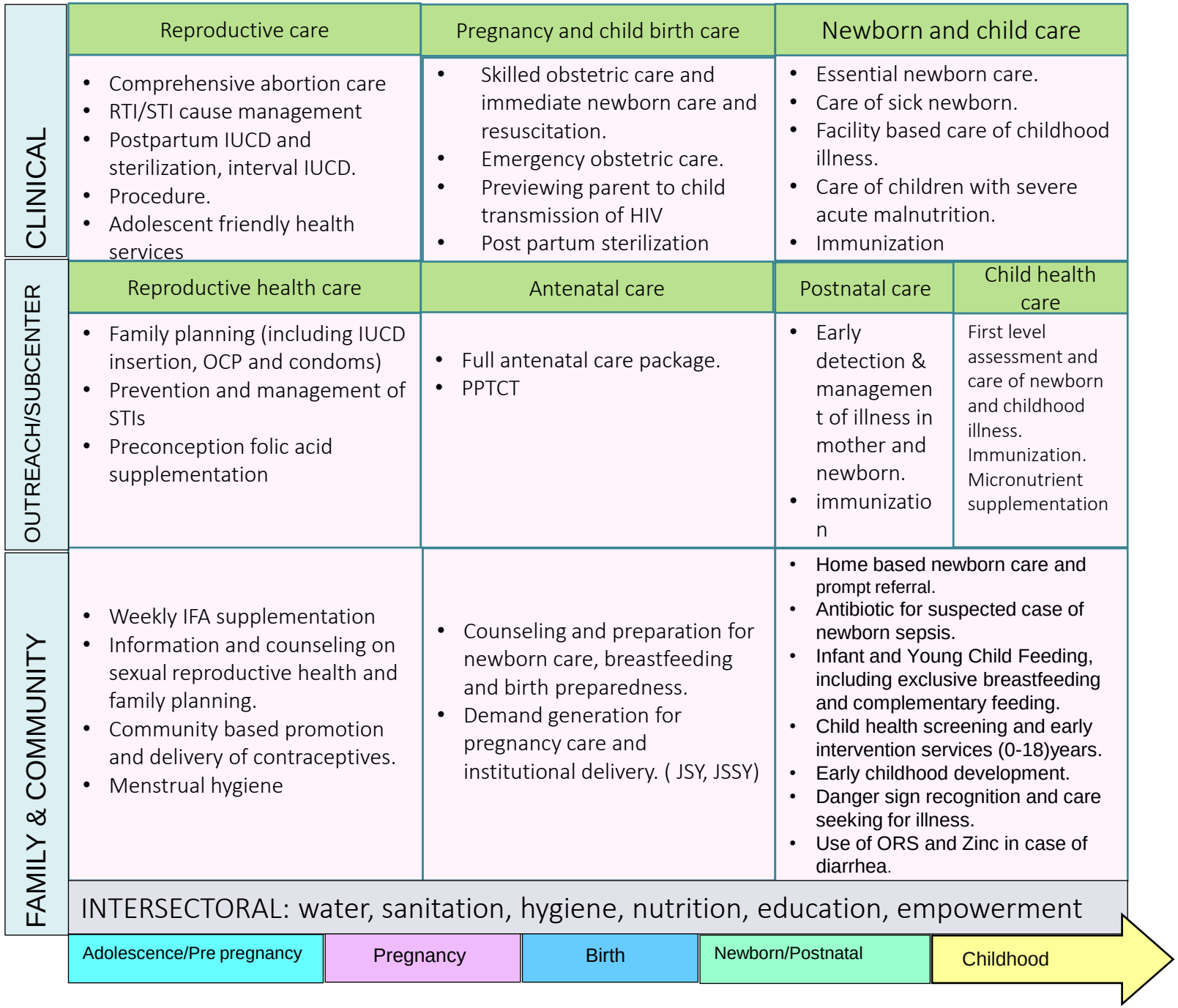
RCH phase II April 1st 2005

- Main objective: to bring about a change in the health indicators:
- Reduction in Total Fertility Rate, Infant Mortality Rate, Maternal Mortality Rate with a view to realizing the outcomes envisioned in the Millennium Development Goals.

RMNCH+A 2013

- Address the major causes of mortality among women and children.
- address the delays in accessing and utilizing health care and services.
- developed to provide an understanding of 'continuum of care' to ensure equal focus on various life stages.
- New initiatives: score cards to track performances, national iron + to address anemia.
- Comprehensive Screening and Early interventions.

RMNCH+A ‘continuum of care across life cycle and different levels of health system’



Health of the Urban Poor (HUP) Program

- Initiative to address the underserved people of urban population in India
- Started in 2009 in 8 states (Rajasthan, Madhya Pradesh, Orissa, Chhattisgarh,
- Bihar, Jharkhand, Uttrakhand, Uttar Pradesh).

Prime Recipients:

Technical Assistance:

Sub- Recipients:

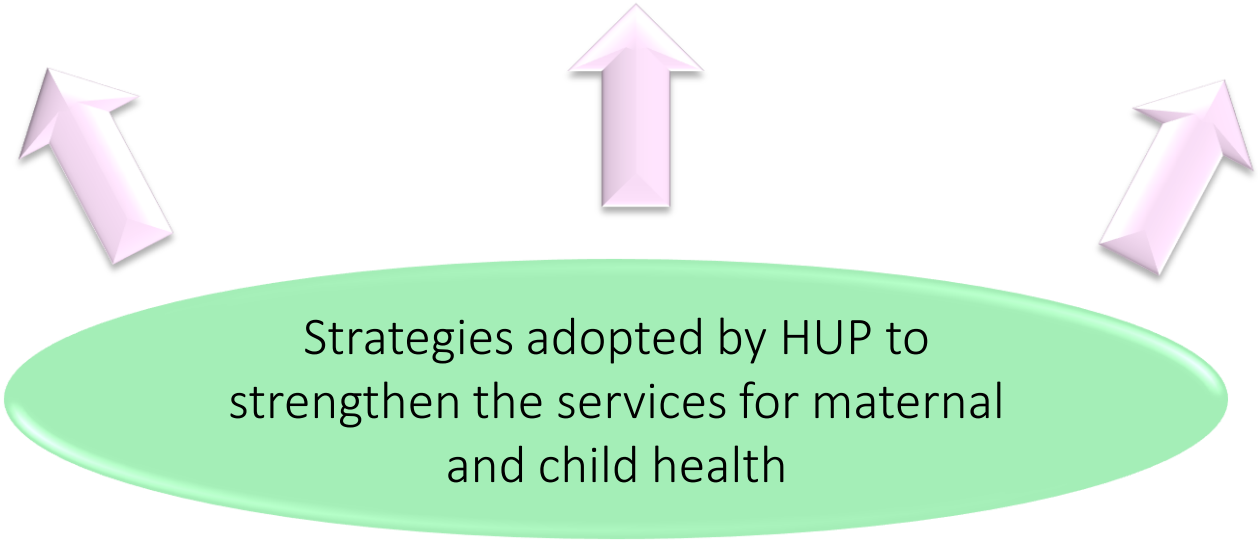
Implementation Partners:

Initiatives by HUP for Maternal and Child Health.

Advocating Maternal and Child Health.

Providing technical support to government in policies and interventions targeting maternal and child health.

Evaluation to assess the impact of intervention. Conducting pre and post surveys.



Mahila Arogya Samiti (MAS)

- Women's group of 10-15 members.
- Covers 50-100 households.
- Involves community participation at all levels- planning, implementation and monitoring of health services.
- Chair person and secretary elected.
- ASHA- member secretary.
- Addresses issues related to health, water, sanitation, nutrition and social determinants of health in slums.

Objectives of MAS

- Provide platform- social determinants of health & public services related to health.
- Act as medium for community.
- Create awareness amongst people and motivate them.
- Focus on preventive care.
- Assist ASHAs and other front line health workers.
- Link between HWs and community
- Organize community level services.
- Inform people about various services and programs

Urban Health and Nutrition Day (UHND)

- Provides nutritional services to the urban poor.
- Services provided through- MAS, ANMs, AWWs, ASHAs.
- UHND make services more accessible to people, increases the reach.
- Incorporation of WASH in UHND
- To promote the importance of safe drinking water, treatment of water at the Point of Use, safe handling of water, counseling on construction of toilets and hygiene by the Anganwadi workers.
- Provide health and nutritional services to people form an identified point.
- Usually carried out once a month at community health center

City Health Plan

- Detailed analysis of health infrastructure and facilities available is done.
- Gaps between the two are identified to improve the delivery of health services.
- Various departments of government come together – develop plan for current and future facilities.

Health Management and Information System (HMIS)/ Mother and Child Tracking System (MCTS)

- Monitoring tool for collection and analysis of data related to:
- Mother and child, water, sanitation.
- Done by health workers during their visit to the community.
- Regularly analyzed to monitor the progress of the ongoing program

Intervention for health and sanitation

- Point of Use (POU)
- To prevent mortality due to water transmitted disease.
- Sensitize community with proper water handling techniques.
- H2S kits- to detect bacteria in water.
- Various other water purification methods for home were taught.

Sensitization of community:

- Regarding health hazards due to open defecation.
- Drew color coded maps of the community.
- Marked areas used for open defecation.
- Sensitized the community about diseases transmitted due to open defecation & health hazards
- Capacity building & training of HWs done on POU, communicable and non-communicable diseases.

Current scenario of Jaipur City.

Environmental condition in ‘basti’:

- Lack of safe water
- Absence of toilets in most houses
- Poor sanitation facilities.
- Open defecation common.
- Open and blocked sewages
- As a result frequent re-occurrence of disease among children
- Small houses over-crowded with people
- Common use of firewood and kerosene for cooking

Common diseases among children in slums:
Pneumonia, diarrhea, fever, cough, skin infections, rashes and shortness of breath.

- A study done in Jaipur showed houses with proper water and sewerage facilities spend less on health care compared to those without the facilities.
- Another study showed high malnutrition and stunting in children below five the reasons for which were not just lack of food, but also the social and environmental condition- unavailability &inaccessibility of health care, clean water and sanitation facilities, frequent reoccurrence of infection, mother's natal & post natal nutrition and breast feeding.

Health care services for the mother and child in Jaipur slums

- Comprehensive program like NRHM for rural was missing for the urban poor.
- Some services of NRHM did cover the urban poor : JSY, programs targeting TB, malaria and Immunization etc.
- Department of Health and Family Welfare and Department of Medical and Health are the main regulatory bodies for services.
- Health posts, urban family welfare center, Urban PHCs and Anganwadi centers are few health care infrastructure that provide services.

- First point of contact for people are the Anganwadi centers
- Health workers like ASHAs chosen from the community and Anganwadi workers deliver the services.
- They provide door to door services.
- Auxiliary Nurse Midwives also provide outreach services like immunization of children and women during their pregnancy.
- ANMs not from the community and visits particular days in a week

Services that cover RMNCH+A continuum of care

Family Planning services and supplies: through a network of government health care centers like Urban Family Planning Welfare centers and Urban PHCs.

Services provided through various schemes:

'Panchamrit' (*Panch*: five, *Amrit:* nectar of immortality)

Five programs dedicated to the mother and child.

1. Elimination of Vaccine Preventable Diseases: through universal immunization

   (BCG, DPT, measles and TT for mothers)

2. Elimination of Micronutrient Deficiency.

   provision of micronutrient supplements (vitamin A, IFA), promotion of breastfeeding

3. Family Welfare

provides counseling on Family Planning, importance of spacing births, advocacy of IUD insertion and distribution of contraceptives. Counseling for right age at marriage.

4. Safe Motherhood.

Pregnant women were registered and provided with Antenatal check-ups on spot.

promotion of institutional deliveries by counseling women and family members on:

1) *'un-predictability of pregnancy outcome'*.
2) *'Importance of its preparedness'.*
3) *'value of institutional delivery'*
4) *'institutions in vicinity where Emergency Obstetric Care services are available all the time'* and
5) *'inform the community about the funds available with her for referral transportation for mothers in emergency to higher institution*

5. Ensuring Healthy Newborn

Registration of the newborn, on spot inspection of the baby and informing about future inspections.

Integrated Child Development Scheme (ICDS)

- Launched on October 2nd, 1975 in India
- Improve the health and the nutritional status of children

Services delivered:

- Supplementary nutrition program
- Beneficiaries: pregnant women, lactating mothers and children who require supplementary nutrition and micronutrients.
- Distribution of fixed amount of ration.
- Malnourished children given additional food at health centers.

ICDS (contd.)

- Immunization of pregnant women (TT) and children (BCG, DPT, measles)
- Health check ups of women and children : weight, height, immunization, management of malnutrition, treatment of diarrhea, deworming and distribution of medicines.
- Referral of pregnant women and children if required.
- Nutrition and health education through counseling on breastfeeding, healthy nutrition, family planning, utilization of health services and sanitation.

Janani Suraksha Yojana (JSY)

- Under the umbrella of NRHM.
- Increase the institutional deliveries of the poor
- Reduction of maternal and infant mortality
- Mother and Child Health Card
- Registered at the Anganwadi Center
- Must go through all the antenatal check- up and postnatal once the baby is delivered.
- An incentive of amount 1000 is given to the mother
- Rs. 200 to the health worker of which Rs.100 given after the antenatal check- ups and the remaining after postnatal checkups

Janani Sishu Suraksha Yojana (JSSY)

- Launched on September 12th 2011
- Aim to reduce the maternal and infant mortality
- Promotes free maternity services and newborn care in all the public health care institutions
- Provides diet, free drugs, disposable, diagnostics, blood transfusion, referral transport and even drop back facility.

Gaps in the Services

Issues in services :

- Health centers are usually far from reach
- Absence of healthcare providers like the ANMS, doctors or other community health workers
- Population to health worker ratio is too high leading to poor coverage
- Scarce supply of medicines and equipment
- Compelled to avail the private services through qualified/ unqualified health practitioners such as the quacks or TBAs and licensed/ unlicensed drug dealers primarily via out-of-pocket expenditure
- Many slums are not recognized by the government

Baseline report of HUP:

- Average age of marriage among women in Jaipur slums was 16 years
- Average number of children born to women in Jaipur slums were 2.7
- 57% of women had two or less than two children.
- 37% couples in Jaipur slums first used contraception after having three or more children
- The survey also showed that the experience of child loss is inversely related to their education

Antenatal check-ups

'Percentage of women who received Antenatal check-ups'

Antenatal check ups	Slum	Non-slum	total
Women who registered pregnancy with ANM	63.8	70.6	67.9
Women who received registration card from ANM	87.0	95.0	92.0
Women who visited any health professional for ANC check up	99.4	99.4	99.5
Women who visited any health professional for ANC check- up in first trimester	69.9	81.5	76.9
Mean no of ANC visits	5.8	7.3	6.7
Number	95	285	380

Source: HUP Baseline Report, 2011

Source of Health Facility for Antenatal Care

'Percentage of women who received antenatal care through different sources in Jaipur'

Source of health facility	slums	non-slums	total
Govt./ Municipal hospital	58.1	46.7	51.0
Govt. Dispensary/UHC/UHP/UFWC	14.3	9.4	11.3
Anganwadi/ ICDS/Village clinic	7.0	7.2	7.3
PHC/ Sub center	0.0	0.0	0.0
ANM/Other public sector			
Private medical sector	40.2	56.2	50.4
NGO/ Trust Hospital/clinic	0.0	1.2	0.7
Home	8.7	17.7	14.6
other	2.0	0.0	0.2
Number	87	272	359

Source: HUP Baseline Report, 2011

' Percentage of married women during pregnancy received TT injections, IFA tablets/syrup and deworming drugs'

TT injections & IFA tablets/syrup and deworming drugs	Slums	Non-slums	Total
Women who received TT Number of TT 1	1.4	2.9	2.7
Number of TT 2+	98.6	97.1	97.3
Consume IFA tablets/syrup	67.1	75.1	71.9
Women who consumed IFA tablets/syrup for 90+ days	41.9	60.7	53.8
Women who took drugs to get rid of worms	6.6	7.7	7.1
Number	90	276	366

Source: HUP Baseline Report, 2011

Delivery

- Delivery a very critical factor
- Report by HUP: majority of women prefer home to institutional delivery
- Prefer home: ill treated by staff, unfriendly behavior.
- Evaluation report on JSY states beneficiary's incentives taken by staff.
- Physical abuse, name callings and bribe by health professionals.
- Prefer to get discharged sooner due to poor hygiene and lack of sanitation facilities
- According to NFHS 3 data only 22.4% of the urban poor in Rajasthan delivered in health facilities while 77.6% people delivered at home
- Those who get delivered at home remain unregistered particularly the people living in unlisted slums

Postnatal Check up

Percentage of women with at least 1 birth in institution according to the timing and type of provider for PNC'

Timing and type of health care provider	Slum	Non-slum	total
Timing of first post natal check up			
Check up within 48 hours	93.6	95.8	95.0
Check up within two weeks	100.0	100.0	100.0
Type of provider of first postnatal check ups			
Doctor	80.2	81.7	81.2
ANM/nurse/midwife/LHV	19.8	18.3	18.8
Other health professional	0.0	0.0	0.0
Dai/TBA	0.0	0.0	0.0
Others	0.0	0.0	0.0
Total	100.0	100.0	100.0
number	65	235	300

Source: HUP baseline Report, 2011

Immunization for children

'Vaccine coverage. Percentage of children age 12-23 months who received specific vaccine during the three years preceding the survey by HUP according to the vaccination card or mother's report by type of locality in Jaipur, 2011'

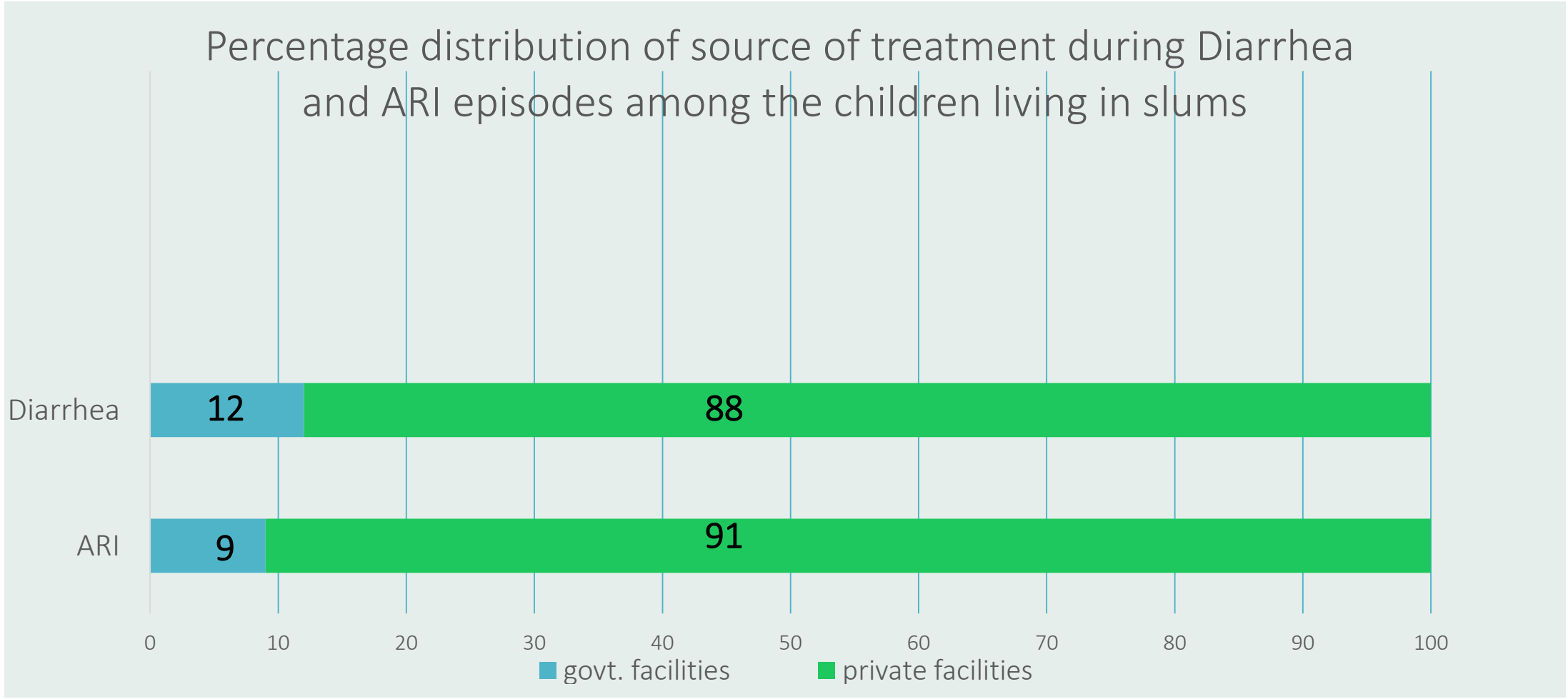
	Slum	Non-slum	Total
BCG	77.1	93.5	87.2
DPT	73.3	89.6	83.4
1			
2	71.4	85.2	79.9
3	59.0	76.2	69.3
Polio			
1	59.0	73.0	67.6
2	71.4	83.5	78.5
3	63.8	74.0	70.0
Measles	61.0	74.3	70.0
All vaccination	32.4	46.7	41.2
No vaccination	16.2	4.4	9.0
Vaccination card seen	26.1	37.9	33.1
Children age 12-23 months who received most of the vaccinations in public health facilities	87.4	73.3	78.8
Number	60	182	242

Some reasons for low immunization rate:

- poor health infrastructure facilities
- the national level programs such as the polio divert the attention of the health workers from the regular immunizations.
- Hospitals where they get children immunized are far from reach.
- Daily wage earners afraid to lose job.
- No time
- Labors find no need for vaccination.
- Since they as children not immunized hence, don’t see the need of it

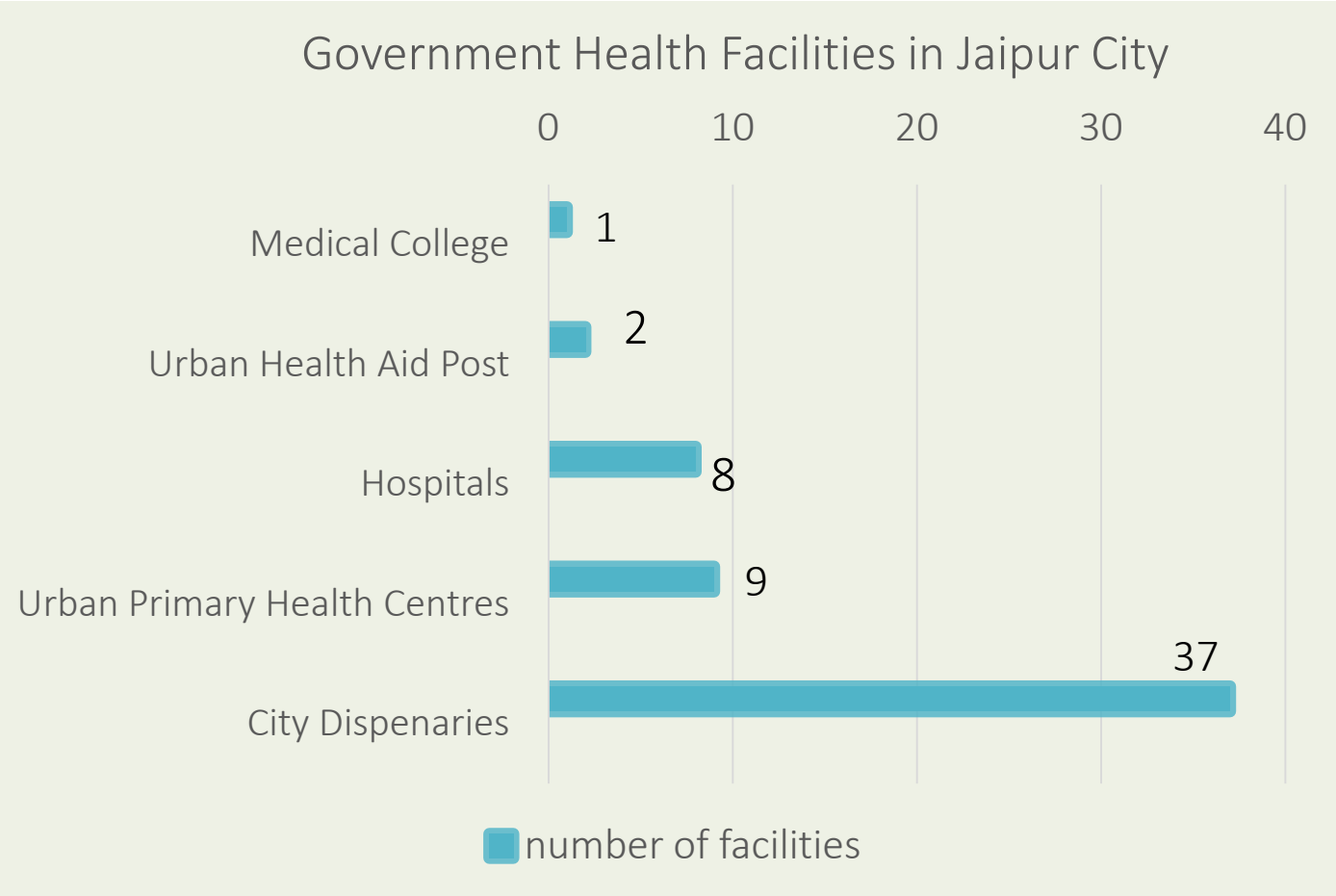
Common disease among children

- Most common diseases are diarrhea and ARI
- Knowledge of ORS administration for diarrhea is low.
- According to NFHS 3 data only 11.1% children suffering from diarrhea received ORS



Source: HUP, Findings of Baseline Study, 2012

Government facilities in Jaipur city



- Inaccessibility of health care facilities adds up to the problem.
- Most slums are opportunistic in nature, settle where location is appropriate.
- This could be one reason for scare health facilities in slums settings

Source: HUP, Findings of Baseline Study, 2012

Percentage distribution of households by source of health care that household members generally used in slums compared to non -slum areas in Jaipur.

Source of health care	Slum	Non-slum	total
Govt. municipal hospital	19.9	19.9	19.9
Govt. dispensary/UHP	14.7	14.8	14.8
PHC/Sub-centers	**	1.6	1.1
ICDS/Anganwadi	**	**	**
Private Medical Sector	63.0	61.0	61.7
NGO/Trust hosp.	**	0.5*	0.5*
others	2.1*	2.2	2.1

*Note: * based on fewer than 10 unweighted cases. ** figure not shown; based on fewer than 5 unweighted cases*

Source: HUP Baseline Report, 2011

'The percentage of households whose members do not generally use the government health facility for various reasons'

Reasons	Slums	Non-slums	Total
No nearby facility	60.1	48.9	52.7
Facility timing not convenient	9.5	12.4	11.4
Health personal often absent	5.7	8.7	7.7
Waiting time too long	51.0	47.8	49.0
Poor quality of care	34.6	35.4	35.1

Source: HUP Baseline Report, 2011

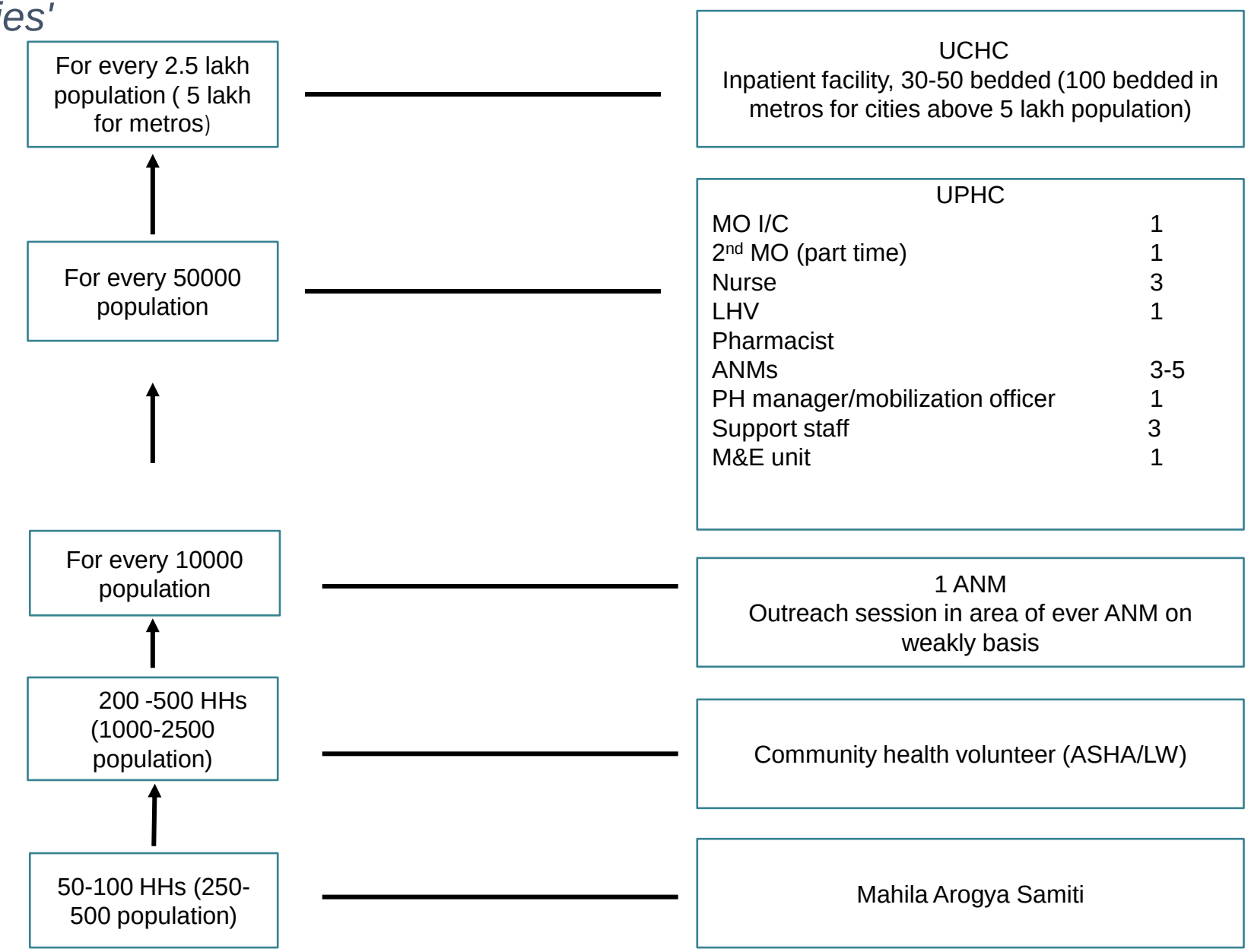
National Urban Health Mission (NUHM)

- A submission of National Health Mission.
- Approved by the cabinet on May 1st 2013.
- To meet the health care needs of Urban population with focus on urban poor.
- Making available essential primary health care services and reducing out- of-pocket expenditure
- Health care delivery system of NUHM provides services through the Urban PHCs and the Urban CHCs, facility of outreach services through monthly health, sanitation and nutrition day in addition to the routine outreach services.

NUHM (Contd.)

- Outreach services provided by Female Health Worker(FHW), mostly ANM.
- Stationed at Urban PHC.
- Commute to different areas including schools and provide services during certain days of the week.
- Remaining days the ANMs would provide immunization and ANC services.
- The MAS group would be provided with an incentive of Rs.5000 annually to spend on organizing meetings of the MAS, sanitation, hygiene and on emergency health needs.

'Urban Health Care Facilities'



Source: National Urban Health Mission: Framework for Implementation, 2013

Challenges

- Many slums are not recognized by the government.
- Mahila Arogya Samiti is not fully functional yet.
- Lack of awareness and knowledge among people about the importance of services and their own health.
- Services provided during the day when the people are not present to avail the services.
- Lack of support and confidence from the family.
- Myths and taboos prevalent in the community.

Recommendations

1. Continuous Monitoring and evaluation of the policies laid down by NUHM and services provided. Identify the gaps in the provision and utilization of services- Actual and Perceived, implementing controls at each level.
2. Review NRHM program, identify the gaps in the program, see if the lessons learnt can be implied to the urban setting so that the mistakes are not repeated. Keeping in mind the urban scenario which is different from rural setting.
3. Introduction of m-Health: to increase effective learning and training of health workers, tool for referral, data collection, identification and diagnosis of complications, medium to educate the community through audio visual aids and messages.

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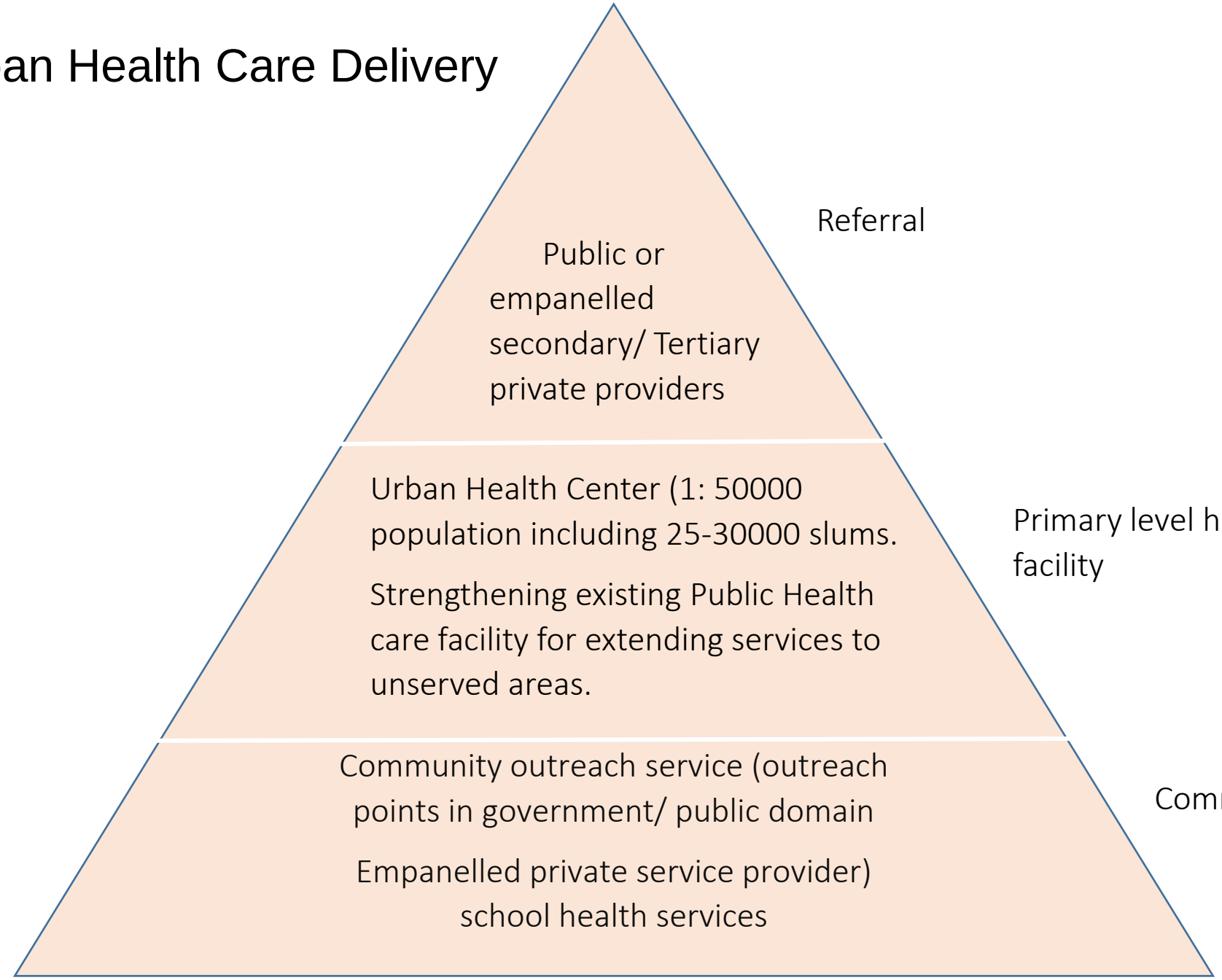
Annexure

NUHM: 'Urban Health Care Delivery Model'



Source: National Urban Health Mission: Framework for Implementation, 2013

HUP Goals

The goal of this program was to improve the health status of the urban poor by adopting effective, efficient and sustainable strategic intervention approaches, and the principle of convergence for various development programs

Objectives:

To provide quality assistance to the government of India, states and cities for effective implementation of proposed National Urban Health Mission (NUHM)'.

'Expand partnership in Urban Health including engaging the commercial sector in public private partnership activities'.

'Promote the convergence of different GOI urban health and development efforts'

'Strengthen urban planning initiatives by the state through evidence based city level demonstration and learning efforts'

Strategies by HUP

- *Need based Technical Assistance for Operationalization of Urban Health Program within the Public Health System at all levels'.*
- *'Convergence at all levels for improved health (MNCH), nutrition, water, sanitation and hygiene through institutionalization'.*
- *'Capacity building for high Quality accessible and sustainable health, nutritional and water and sanitation services'.*
- *'Leveraging resources'.*
- *'Gender Equity and Male Engagement'.*
- *'Empowering community for improved negotiation and ownership'.*
- *'Fostering strategic alliances and partnership at all levels'.*
- *'Demonstration, documentation, systematic replication of successful urban health intervention models'.*

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