STUDY ON IMPACT OF KUSHAL MANGAL PROGRAMME WITH A SPECIAL FOCUS ON SAFE MOTHERHOOD DAY

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NRHM
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INTRODUCTION

Every year many women die due to the complications during pregnancy and child birth. Indian maternal mortality rate is reduced from 212 deaths per 100000 live births in 2007 to 178 deaths in 2012. The advance is largely due to key government interventions , a nationwide scaleup of emergency referral systems and maternal death audits and improvements in the governance and management of health services at all levels.

However adolescent and illiterate mothers and those living in hard to reach areas still have much greater chances of dying during child birth. Most maternal death occur due to haemorrhage, sepsis, toxemia, obstructive labour and unsafe abortions.

The health department had launched Kushal Mangal Karyakram (KMK) in July as an effort to achieve the millennium development goal of reducing MMR. Under the new scheme, the health department identifies high risk pregnancies.

OBJECTIVES

General objective

To assess the utilization of antenatal services in high risk pregnancy women.

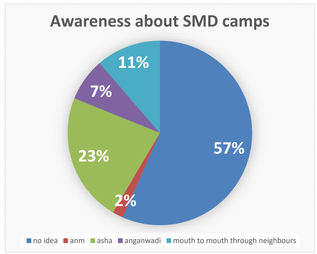
Specific objective

To assess the antenatal services provided to high risk pregnancy women with a special focus “SAFE MOTHERHOOD DAY”.

METHODOLOGY

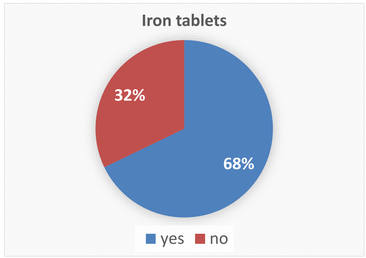
Study design- CROSS SECTIONAL RETROSPECTIVE study.
Study area- district sikar, Jaipur 1 and Jaipur 2.
Study population- pregnant women in the age group between 15-49 years. ANM’s ASHA’s and CHC in-charge of the CHC’s.
Sampling and sample design- non probability purposive sampling.
Study duration- period of two months.(april,may 2015)
Sample size – 54 pregnant women, 7 ANM’s , 7ASHA’s and 7 CHC in charge.
Data collection tools-semi structured questionnaire .
Data collection technique- face to face interviews and observations at the CHC’s.
Data collection procedure- 7 CHC of district Jaipur and sikar were visited on safe motherhood day on every Friday. All the pregnant women who came for the checkup were interviewed along with ANM’s, ASHA’s and CHC in-charge and functioning of safe motherhood day was observed.
Data analysis- simple descriptive statistics were used to analyze the data using Ms excel.

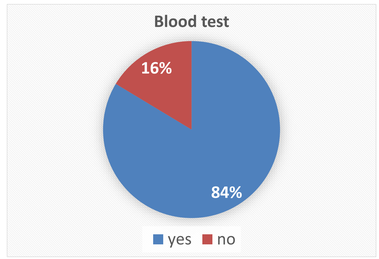
RESULTS



It was noticed that most of them, that is around 57% of the women were not aware about these camps. While 23% women had came to know about organization of these camps through ASHA workers of that area. And a minority of them had came to these camps through ANM’s or through neighbours.

Most of the women who came to the camp were taking iron tablets as advised by the gynaecologist. While some of them came for the 1st time and some did not take tablets due to various reasons

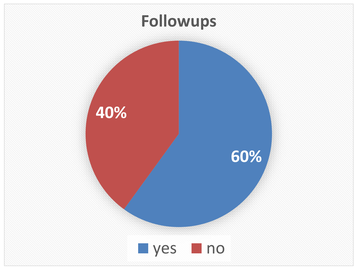




Most of the women that is around 84% had undergone blood test as advised. But some of them did not because they wanted the test done from some private labs because of trust issues with government facilities.

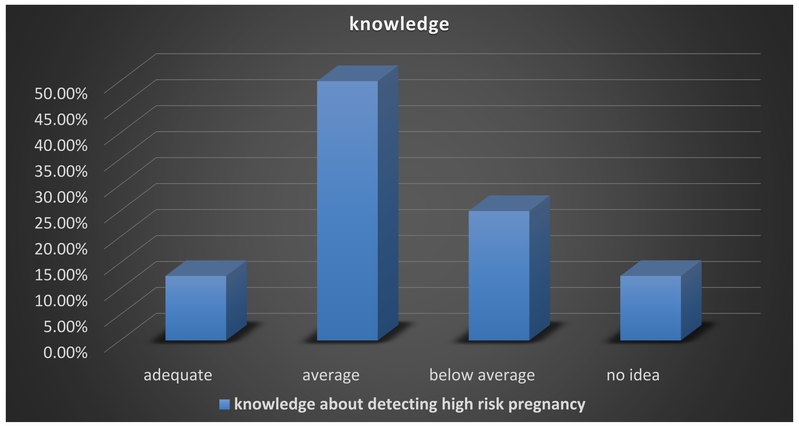
Around 60% of them were asked for the follow ups while rest were not.

Which shows that not all the women are properly treated and not given proper attention which is fairly necessary in high risk pregnancy groups.



About knowledge of detecting HRP

While most of the ANM had knowledge about high risk pregnancy some of them were not aware about more than 2-3 criteria .



RECOMMENDATIONS

Facility level-

The specialist should ask every HRP for follow up. Consistent monitoring of the HRP is a must.

Scheduled Timings of the camps should mandatorily be followed.

ANM/ASHA should be trained to measure blood pressure, hemoglobin etc so that they can identify the HRPs at a very early stage as they are the frontline health workers.

A proper and safe transportation facility is required in all the CHC’s conducting the camps for easy and early referral of the women to the higher facility.

It is important to ensure that all the camps are held by specialists

District/block level:

A streamlined and more structured monitoring at the block level is essential.

An educative training for health care providers should be encouraged and planned on regular basis.

Realignment of the procedures of identification of the HRP is must so that not even a single HRP go unnoticed.

CONCLUSIONS

The ANM and ASHA had a good knowledge about high risk pregnancy and were trained well for their part in the implementation of the program.

People don’t have knowledge of these camps so it hinders the success of these camps to some extent

The IEC material for the camps are inadequate at most of the CHC’s.

The arrangements for the camps are not up to the mark.

There is no proper counselling of the high risk pregnancy women.

All the criteria for the detection of HRP are not taken into consideration.

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