Summer Training at
Prognosis Management & Research Consultants Pvt. Ltd.
(April 9, 2012-May 31, 2012)

Concurrent Monitoring of RCH Services by PCMC Health Services

By
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Under the Guidance of
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Post Graduate Diploma in Hospital and Health Management
2011-2013

Institute of Health Management Research,
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Certificate

This is to certify that Ms. Monica Malpani has undergone summer training in Prognosis consultancy management & research, Pune from 9th April to 1st June, 2012.

The candidate carried out all the studies related to summer training herself. Her approach to the studies has been sincere, scientific, and analytical. This summer training in partial fulfillment of the course requirement is recommended for the award of Post Graduate Diploma in Hospital & Health Management.

I wish her success in all future endeavors.

Dr .P. R.Sodani
(Dean Academics and student affairs)

Mr. Alok Mathur
(Assistant Professor)

PROGNOSIS
Management & Research Consultants Pvt. Ltd.

1st June 2012

Summer Internship completion Certificate

To Whomsoever Concerned

This is to certify that Ms. Monica Malpani has done her internship for 2 months from 9th April 2012 to 31st May 2012 here with Prognosis Management & Research Consultants Pvt. Ltd. She has worked on following Projects: "Concurrent monitoring of RCH services by PCMC Health Services" & "Study to evaluate impact of training program on Use of data for Program planning and Management for Mid-level Health Managers".

Her work and contribution to the organization is appreciated and we are completely satisfied with her performance during her internship.

We wish her success in all her future endeavours.

Regards,

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Acknowledgement

I owe a great debt to all the professionals at **Prognosis Management & Research Consultants Pvt. Ltd** for generously sharing their knowledge and time, which inspired me to do my best at this project study.

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I would like to express my heartiest thanks to my parents for their moral support, which always inspires me to perform best. And finally credit goes to all my friends and colleagues who helped me in this study.

Sincerely

Monica Malpani
PGDHM- 16th Batch
IIHMR, Jaipur

Prognosis

The creation of Prognosis Management & Research Consultants Pvt. Ltd., hereon referred to as PROGNOSIS, in 2010, is a progressive step by the management of Pune Health Care Management & Research Centre, an Organization working in the Health Development Sector since 2005.

The primary intent behind establishment of this enterprise was to traverse geographical boundaries and specific work themes. The Development Sector is now our canvas for work, which primarily includes health and allied themes.

PROGNOSIS offers plethora of services aimed at improving the quality of services rendered by various sectors including mechanism for strengthening existing delivery systems.

It seeks to deliver such services that are cost-effective, efficient and which translate into sustainable development.

Mission
"Considering the prevailing dynamics, provide utmost client centric services enabling them to institute processes for sustainable development"

Vision

"PROGNOSIS is considered a vital resource by multiple stakeholders for rendering specialty services to ensure sustainable growth of clients and PROGNOSIS"

Logo

Prognosis Management & Research Consultants Pvt. Ltd.

ABBREVIATIONS

ANC	:	Antenatal care
MC	:	Menstrual cycle.
MDG	:	Millennium Development Goal.
MH	:	Menstrual hygiene.
MP	:	Menstrual periods.
MO	:	Medical officer.
PCMC	:	Pimpari chinchwad Munciple corporation.
SACOSAN	:	South Asian Conference on Sanitation.
WHO	:	World Health Organization.

Introduction:

Pimpri-Chinchwad Municipal Corporation (PCMC) was established in 1982 covering an area of about 87 square km. The corporation is currently divided into 105 electoral wards.
Health Infrastructure:

The Health Department under PCMC is proactive and has developed a health infrastructure with a view to provide quality health service to the population. Details of the same are as follows:
There are total 8 Government hospitals in the area:
The Biggest hospital in this area is the YCM hospital which provides tertiary level care.
The other hospital that provides secondary level care is the Talera Hospital in Chinchwad which is a 100 bedded unit.
Besides the above mentioned hospital PCMC area has 6 maternity homes.
Each hospital has a Health Post attached, thus in all the corporation consists of 8 Urban Health posts (UHPs) under RCH, of which 5 UHPs are currently functional.
The corporation has 15 functional local dispensaries, 1 Medical Officer (MO) is allotted to each dispensary. The dispensaries mainly provide Primary Health Care Services that include OPD services and Outreach.
In all 35 Medical Officers work under the PCMC area:
15 for the dispensaries as mentioned above.
20 Medical officers work for the 8 hospital mentioned above.
Therefore considering the number of electoral wards, each MO is distributed for 3 wards (105 electoral words managed by 35 MOs).

Rationale of the Study:

The study mainly focuses at 1 cohort that is ante natal care within the community under the Reproductive & Child Health (RCH) programme. Various services are provided by PCMC under that cohort as per the requirement. The services include outreach as well as OPD and secondary level services as per requirement.

Submitted by – Monica Malpani

Considering the well defined health infrastructure mentioned above, it is critical to monitor the quality of services being provided. Although regular reports and meetings provide updates about the work progress it is always necessary to monitor the work from a third dimension. Monitoring of the work done at the outreach is always difficult as there can be a possibility of manipulation of the data due to lack of supervision and monitoring on the staff working at the field.
Thus, community perception and response is the best method to monitor the outreach work. The authenticity of the data collected from the field and the actual work done by the ANM can be scrutinized by the responses ascertained.
The study will mainly focus on following aspects of Outreach Services such as:

1. Regular house to house visits by the ANM.
2. Promotion of activities under Ante natal care (ANC).
3. Provision of appropriate and timely services to the community.
4. Quality of services provided.

Objectives of the study:

To find the community awareness about the ANM visits to their ward.
To find if appropriate health services are being provided to eligible beneficiaries.
To find the referral mechanisms within the community.
To find the preference of the community over seeking health services.
To find the quality of health service provided.
To identify the areas where the community needs help w.r.t. primary health care.

Need for a concurrent and ongoing evaluation study:

An evaluation has been the key process to measure the overall performance of any program or activity. Usually an annual survey or mid-term evaluation is conducted to ascertain required information; the data is elicited after the program has completed a certain period to assess the achievements. The outcomes of such evaluation can be used for macro level planning, policy making and building strategies based on the gaps identified. However for implementing agencies like the corporation/council (health department) a detailed micro planning is required for efficient implementation. A constant quality check on the services provided / performance of the human resource deployed and loopholes in the implementation of the program need to be assessed on time in order to provide timely and appropriate services to the desired beneficiaries. Thus, the current study on “Quality Assessment of implementing activities under RCH” is a key tool towards improving the quality of health care services provided by the PCMC health personnel.
The key aspects of this study are as mentioned below:

PCMC conducts a monthly review meeting to assess the monthly performance of the public health care service provider in the area. The quality of in house reporting has been criticized all over due to the manipulation of data provided, this study will be the best way to monitor the actual work done in the field and the coverage and quality of services provided by this staff **in contest with the ANC services. (Tab)**

The study also signifies a concurrent & ongoing third party evaluation of the services implemented through the PCMC health department. Due to involvement of a third party, unbiased and authentic data will be elicited to give a clear picture about the coverage & quality of services and performance of the staff.

[The study will regularly evaluate the coverage of services provided under the Reproductive & Child Health (RCH) indicators thus the weak areas will be identified during an appropriate period and need based interventions can be planned at the right time without delay and thus timely services can be provided. This will be the major advantage of a concurrent and ongoing evaluation over a mid-term or annual evaluation; quick actions can be taken only on a regular basis through an ongoing activity.]

For E.g. In a given area if the services for Pregnant women are poor and the ANM does not visit the area then it can be brought to the departments notice so that immediate actions can be taken, whereas during a mid-term/annual evaluation the time span for the gap in service provision will be large and hence the damage due to the same will be of greater impact. Thus, ongoing monitoring is the utmost need for better performance and implementation.

As the activity will be carried out throughout the year, the health care staff will be under constant surveillance of the third party, thus leading to a healthy burden on the staff to perform well.

PCMC is a widely spread area, thus with a large number of wards. Thus, the need of health care services may vary area wise. This study gives the one ward named Bhatnagar ward performance of providers. Weak areas can be identified and more emphasis can be given in building strategies to elevate these areas, the trends in improvement can be timely monitored through the ongoing evaluation study.

Besides, the study brings the community's opinion and view about the health care service provided by the government to a forum where modifications can be done as per community's need.

Periodic comparison of the data collected at different intervals of time can be a key tool to measure the progress of the implemented plan.

Thus the study is a key revolution in the health care system that covers various aspects such as regular monitoring & evaluation, inputs for management of programme & provision of timely services, coverage of services provided, client satisfaction & third party perspective under same umbrella for a more organized, planned & efficient functioning of Public heath care system under PCMC.

Methodology:

Study time

The research was carried out in the months of April & May 2012.

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Study site and population

The study was conducted in an identified ward of Health department of PCMC. The study unit was Bhatnagar ward. Study population was 87 pregnant women found in that bhtnagar ward area. The pregnant women who were present in their house while survey & willing to participate in the study were included.

Study design, techniques and tools

This was a descriptive cross-sectional study in which quantitative methods were applied. Face to face interview was used to collect the information. The tool, i.e, survey questionnaire prepared in English & it was pre-tested in one of area of PCMC.

Data collection

Data collection was carried out at the Bhtnagar ward site during day hours with due verbal consent from PCMC health department. The face to face interview survey was carried out in their house. Before starting the interview I explained the purpose of the study and method of completing the questionnaire and took verbal affirmation from the respondents to participate in the study. The survey was conducted with a total of 87 respondents in 30 days.

Data Analysis

Quantitative data from the survey was analyzed using SPSS 16.0 software. Descriptive statistics and frequency tables were generated to show the Community Awareness about the ANM visits & their Health care service provider.

TYPE OF DATA:-

PRIMARY DATA

1. Collected through face to face interview.

2. Interacting with the respondents and their family.

SECONDARY DATA

1. Information obtained through previous annual report.

2. Information gathered through internet.

Findings:

Table1. Education

Total 87 pregnant women were surveyed for Quality Assessment for programme implementation.

ANM services and awareness study was done in the area of PCMC ward Bhtanagar and findings wwere as follows

Education Distribution of Mother		
Education Iist	**Number**	**Percentage**
1. Illiterate	12	13.8
2. 1 To 4	5	5.7
3. 5 To 10	61	70.1
4. 11 To 12	7	8
5. Under Graduate	1	1.1
6. post Graduate	1	1.1
	87	100

Table 2 shows that out of total sample study only 13.8 were illiterate and remaining were literate. Of which mostly (70.1%) were 5^{th} to 10^{th} standard passed. Only 1 woman i.e. 1.1% was post graduate.

Occupation

Occupation Distribution of Mother		
Occupation	**Number**	**Percentage**
1. House Wife	87	100
	87	100

Table3. Shows that all women we surveyed were house wives occupation wise.

Religion

Table 4		
Religion Distribution		
Religion	**Number**	**Percentage**
1. Hindu	62	71.26
2. Bouddha	21	24.14
3. Muslim	3	3.45
4. Chrichan	1	1.15
	87	100

Table 4 Caste wise 71.26% were Hindu and remaining were other caste.

Type of House

Table 6		
Type of House		
Type	**Number**	**Percentage**
1. Sulm Kachha	50	57.47
2. Slum Pakka	37	42.53
	87	100

out of surveyed sample size 57% were having slum kachha type of house and 42.5% were having slum pakka type of house.

Total no. of Family members

Table 7		
Total Number of Family Member		
Family Member	**Number**	**Percentage**
2 To 5	54	62.1
6 To 10	32	36.8
11 To 15	1	1.1
	87	100

From the above table it's clear that from the total sample size surveyed 62% sample was having 2-5 family members and 36.8% was having 6-10 no. of family members and only 1.1% was having 11-15 no. of family members.

No. of children

Table 8		
Total No. of living children		
Child	**Number**	**Percentage**
0	57	65.5
1	27	31
2	9	10.3
	93	106.9

It was found that 65.5% women were having no child in their home while 31% were having 1 child and 10.3 were having 2 children at their home.

Gestation age

Table 9		
LMP age in Month		
Age	**Number**	**Percentage**
<=3	22	25.29
4 To 6	41	47.13
7+	24	27.59
	87	100

From the above data it was found that 25.29% of women were having gestational age of more than three months, while 47% women were having 4-6 months of gestational period and 28% women were having more than 7 months of gestational age.

How often does the ANM visit your home?

Table 12 A		
No. of visits of ANM at home		
Time	**Number**	**Percentage**
1. Once in a month	4	4.6
2. twice in a month	4	4.6
4. Never comes	1	1.1
9999. N. A.	78	89.7
	87	100

When survey was done in the Bhatnagar area, it was clear that there was 90% women did not have any information regarding ANM visit and only 9% women were giving information that ANM visited twice in month.

Did they provide any information about ANC

Table 13		
Information	**Number**	**Percentage**
1. Registration For ANC	9	10.3
2. Child immunization	1	1.1
9999. N. A.	77	88.5
	87	100

From the above table it is clear that only 11% women told that they have received information about ANC registration and 1 woman told that she received information about child immunization.

Did the ANM provide any counseling & referral for ANC

	Number	**percentage**
1.Counseling	32	36.78
2.Referral for ANC	45	51.72
9999. N.A.	20	22.9

From the above data it was clear that only 37% women got counseling from the ANM while only 51.7% got referral for ANC among the sample size 23% women were not aware about this fact.

Place of Registration

Table 14		
ANC Check up Place , YES		
Place of visit	**Number**	**Percentage**
1. Govt. Hospital	68	78.2
2. Pvt. Hosptial	8	9.2
	76	87.4

From the above table it was clear that after counseling with the ANM and the remaining women decided place for their registration. Out of the total sample size 78% were decided to register in Government hospital while 9% decided to register in private hospital.

Did you consume the IFA tablets provided?

Table 30		
Consume the IFA tabets provided		
	Number	**Percentage**
1. Yes all tablets	66	76
2. Not all the tablets	4	5
3. None	2	2
9999. N. A.	15	17

After ANC registration Iron Folic acid tablets consumption was like 66 women took all the tablets provided while 4 women did not take all the tablets while 2 women did not take any tablet.

If no, state the reason for the same

Table 30 A		
If no, state the reason for the same		
	Number	**Percentage**
1. Nausea	4	5
3. Unwilling ness to take the tablet	2	2
9999. N. A.	81	93
	87	100

When we asked why they did not take the tablets the reason was 4 women told that they were nauseates while 2 women told they were having unwillingness to take tablet.

Was a per abdominal examination done during each check up

Table 31		
Was PA examination done during each checkup		
	Number	**Percentage**
1. Yes	65	75
2. No	22	25
	87	100

Now coming to their physical checkup it was clear 65 women told that they were examined while 22 women told they were not, out of 87 women.

Who did the per abdominal examination

Table 32		
Who Did the PA examination		
	Number	**Percentage**
1. Doctor	63	72
2. ANM	2	2
9999. N. A.	22	25
	87	100

As per information got while surveying it was clear that 72% women were having examination done by Doctor and 2% women having examination done by ANM 25% women were not having any examination done by anyone.

How did you find the services provided

Table 33		
How did the services provoded?		
	Number	**Percentage**
1. Yes	65	75
9999. N. A.	22	25
	87	100

While surveying we got the answer from the women about services, that was 75% was satisfactory and 25% was unsatisfactory.

If above services were not received states the reason for the same

Table 34		
If above services were not received		
Reasaon	**Number**	**Percentage**
1. Did not find the need	4	5
2. Does not know where to go	1	1
6. If other	17	20
9999. N. A.	65	75
	87	100

When we asked about the services that why they did not receive the services or reason for that then we found out that 5% women did not find need for that while 1% did not know where to go, 17% women were having some another problem and 75% women did not reponed.

Have you planned where to go for the delivery

Table 35		
Where to go for the delivery?		
Place	**Number**	**Percentage**
1. Govt. Hospt/ Mat. Home	61	70
2. Pvt. Hosp/ Mat. Home	10	11
4. Not planned yet	16	18
	87	100

While doing survey we asked about their planning of place of delivery so the response was 70% women decided to go to the government hospital while 11% decided to go to private hospital and 18% women were not planned till that date.

Who to contact in case of some problem during pregnancy

Table 36		
Who to contact in case of some problem during pregnancy		
Place	**Number**	**Percentage**
1. Govt. Clinic/ Hosp	67	77.0
2.Famili doctor	1	1.1
3. Pvt. Clinic/ Hosp	13	14.9
4. Not yet decided	6	6.9
	87	100

Further asked about their health care during pregnancy so the response was 77% women were ready to go the government hospital for their complication during pregnancy while 15% were ready to go to the private clinic/ hospital while just 1% was ready to go to their family doctor.

Have you made arrangement for a vehicle in case of emergency during pregnancy?

Table 37		
Have you made arrangement for a vehicle in case of emergency during pregnancy?		
	Number	**Percentage**
1. Yes	19	21.84
2. No	68	78.16
	87	100

To analyze their preparations during ANC period we asked about the vehicle arrangement in case of emergency so the response was only 22% women were having any arrangement in

emergency while pregnancy and 78% women did not do any arrangement for their emergency during pregnancy.

Do you know about the JSY Scheme

Table 38		
Have you heard about JSY		
	Number	**Percentage**
1. Yes	35	40.2
2. No	37	42.5
3. No proper information	2	2.3
	13	14.9
	87	100

Knowledge about the NRHM services like JSY was analyzed among that sample group so the response was 40% women were having proper knowledge of JSY scheme and 43% were not having any knowledge about JSY scheme while 3% were having improper knowledge of it.

Ethical consideration:

Rights, anonymity and confidentiality of the respondents were respected in all phases of the study. Informed verbal consent with the respective Hospital and the respondents were taken before data collection. Through verbal consent process, the type and purpose of the survey, discussion or interview; issues of anonymity and confidentiality;
Voluntary participation and freedom to discontinue the interview/discussion at any stage; and absence of any known risk or benefit for participating in the study was explained beforehand.

Concurrent monitoring of RCH services by PCMC Health Services

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