2019-2020

JANSWASTHYA SAHYOG

[SUMMARY REPORT]

IGUNATMAC PROJECT

FUNDED ACTIVITIES AND RESULTS 2019-20

Our goal for this project has been to improve the quality of maternal and newborn healthcare at both secondary and primary care levels and use our experience at the facilities to advocate for policy improvements at the state levels. The direct beneficiaries have been various providers from specialists to paramedical staff, while indirect beneficiaries are the thousands of patients

During the reporting period, our key activities at the secondary care facilities (district hospitals and First Referral Units) which are part of our intervention were:

1. Continue to provide clinical training to various cadre of providers
2. In service mentoring of nursing staff at the selected facilities
3. Supporting facility and state driven MDRs in Madhya Pradesh
4. Provide technical assistance in different ways e.g help in LaQshya certification [LaQshya certification] of facilities, help DH Shahdol in setting up of Obstetric HDU

Along with providing support to the facilities, we have been continuously advocating with the state administration for increased monitoring for availability of non-replacement and timely blood for patients, and a more reliable ambulance facility especially in tribal areas, to ensure timely referral

As part of our continuum of care intervention, our goal has been to improve the quality of primary health care given in 12 sub centres, 1 CHC and 1 PHC in a selected area with special focus on maternal and newborn care by

1. Strengthening facilities by improving infrastructure, HR and availability of resources
2. Strengthening community processes.
3. Improving access and ambulance services in 2 sectors.
4. Make Pushprajgarh CHC Cesarean Section active.

At the District Hospitals

When we started the project three years ago in 2016, as can be seen from the result of the baseline assessment in the table below, the overall performance in the maternity wing of most of the facilities (except Dindori and Shahdol) was quite poor in all the key aspects like availability of resources, organization of the labor room and especially poor in clinical practices of the staff. Now in most facilities, the situation is comparatively better as can be seen by the result of the assessment done in 2019, though more needs to be done. However, as the clinical practices score was the poorest when we started, more time is required to bring them to a high level of quality. Staff shortage also negatively affects quality of clinical management as providers have to resort to shortcuts when staff is not adequate no matter how trained they are.

COLOR LEGEND

RED	Scored <= 50%
ORANGE	Score between 51% and 69%
YELLOW	Score between 70 and 79%
GREEN	Score >= 80%

District Hospital (total number of visits)	**Availability of Resources**			**Labour room Management**			**Clinical Management**		
	Baseline	Last visit	Percent points	Baseline	Last visit	Percent points	Baseline	Last visit	Percent points
Anuppur (16)	82	96	14	82	94	12	69	87	18
Dindori (9)	84	90	6	61	59	-2	71	81	10
Shahdol (6)	77	90	13	53	94	41	70	82	12
Mandla (11)	66	95	29	59	78	19	38	77	39
Umaria (10)	80	84	4	82	88	6	48	60	12
Sidhi (13)	63	83	20	57	53	-4	36	54	18
Mungeli (9)	40	82	42	42	67	25	19	56	37
Bilaspur (10)	60	76	16	59	67	8	42	54	12

At the Community Health Centers:

CHC (total number of visits)	**Resources**			**Labour room Management**			**Clinical Management**		
	Baseline	Last visit	Percent points	Baseline	Last visit	Percent points	Baseline	Last visit	Percent points
Rajendragram (11)	68	86	18	53	78	25	31	75	44
Shahapur(7)	90	90	0	73	75	2	51	73	22
Beohari(4)	78	81	3	82	78	-4	73	72	-1
Rampur Naikin(10)	52	89	37	40	69	29	28	68	40
Nainpur (9)	52	83	31	36	53	17	27	67	40
Pali(9)	87	78	-9	88	71	-17	73	56	-17
Lormi(11)	41	69	28	48	86	38	24	50	26
Kota(9)	62	60	-2	42	59	17	31	43	12

Overall

1. We see improvement in clinical skills of staff nurses via frequent training and on-site handholding especially in handling complications like PPH and eclampsia. There is a reduction in the number of referrals due to these causes.
2. Supervisors are being trained to be better supervisors.
3. More resources and staff nurses are now available at the facilities.
4. We are not only technical support for the state but also of the providers at the facilities. Many of them call us when they need any help.
5. Some of the supporting facilities have received national quality certification and some are in process having cleared state level assessment with our support
6. Some of the better performing facilities now need shift in focus to help them sustain the improvement made
7. All the SHCs/PHC and CHC that we have worked with now have an appropriate building, water, electricity mostly lacking prior to our intervention. With continuous advocacy, HR gaps

have been filled now. The availability of medicines has significantly improved. Treatment of all common illnesses is now being provided, with a significant increase in the number of deliveries and outpatients. Seeing this 4 out of 12 SHC have been designated as Health and Wellness Centers by the Government.

8. All ASHA workers are being trained every month by our continuum of care work, which has led to improvement in their confidence and skills. There is a significant increase in services being provided by them (for e.g. malaria tests being conducted by them)
9. Improved accountability of facility staff especially doctors via state driven maternal death reviews

Policy implications of these activities

- Greater focus by the state blood cell of Madhya Pradesh on various aspects
    - Strengthening of facility laboratory services
    - Testing and Management of Sickle Cell Disease.
    - New post created for full time nodal officers for Blood Blanks and haemoglobinopathies in tribal districts of MP and these nodal officers look at also improving the non-remunerated voluntary donations in these blood banks.
- The Principal Secretary, Health of MP has agreed to do a review of the quality of ambulance services available in tribal districts on our recommendation.
- Additional human resource in Pushprajgarh primary care facilities
- Filling of human resource gaps (Staff Nurses and ANMs) after over two years of advocacy with the state leadership
- Selection of our continuum of care facilities for HWC program
- Following the facility level MDRs in District Hospitals initially led by JSS and later by the maternal Health Division of State Health Department. The government has realized that care at District hospital needs to improve. Gaps in knowledge and skills that came out after these MDR have been taken up as topics for CMEs that JSS had conceived. We are hopeful that these CMEs will become an important part of learning for specialist and Medical officers in these facilities on a regular basis.

REFLECTION

Learnings from the past year

1. Sustaining the improvements made: Over the last three years, we have seen improvements in quality of services provided by staff nurses in the facilities. Now, we are exploring how to sustain these changes. Hence we are starting to include training on QI methods to the maternity wing staff.
2. Institutionalizing innovations: The CME training for medical officers and specialists has been well appreciated by all but currently JSS remains the only organization to be able to run them. Now we are exploring ways in which to embed this training program into the system.

Overall, our engagement with MP has expanded while our engagement with CG has reduced significantly due to lack of support from state leadership

1. Onsite mentoring: We did not have a plan of onsite mentoring in our initial proposal but very soon realized that not only this component was required but also visits needed to be frequent and long initially as it involved closer supervision, for getting the administrative bottlenecks moving for change to be sticky and visible.
2. Intensive CoC: Similarly our continuum of care activities needed to be more comprehensive and deep as the area we have chosen has very high home delivery rates and maternal and perinatal mortality due to non-availability of primary health care services (including poor infrastructure in sub centers and lack of staff).
3. RKS: We have not been successful in improving the quality of RKS. We have found it to be it is very difficult to be allowed to participate in these meetings. Also many times these meetings happen on paper only.
4. Deeper understanding into some core issues: Not all issues can be resolved at the facility level. Some issues require assessment and solutioning at all levels - state, district, facility.
    a. Availability of non-replacement blood
    b. Reliable availability of essential drugs and consumables
    c. How can the training be made more selective and relevant so that the learning's are used

5. Less number of MDRs but building state capacity to drive them and take appropriate systemic intervention

CHALLENGES AND RISKS

Challenge: Doctors, especially specialists. While overall we see an improvement in knowledge and skill, and processes but their impact on outcomes is often stymied by the following challenges
Private practice which is mostly by doctors but also by some about paramedical staff and it is not just about financial loses i.e. increased out of pocket expenditure but also about unethical and harmful practices for patients. So there is lack of accountability to the patients which is because of huge knowledge asymmetry and also because of social and class bias. This is essentially because health and health care are not an important agenda for electoral politics. So monetary inputs by the center and states are limited into health and health care and they are grossly inadequate.
Human resources, especially doctors and specialists are scarce (currently only 20-30 % strengths are available), and therefore many functions are performed only cursorily, with this shortage as an easy escape for them. Even within this shortfall, posting for larger district headquarters are more sought after and often allotted for certain consideration.

Risk: Sustainability of the gains made Sustainable changes will need to be embedded in the system and there is need to have enhanced accountability to clients and to the health system hierarchy.