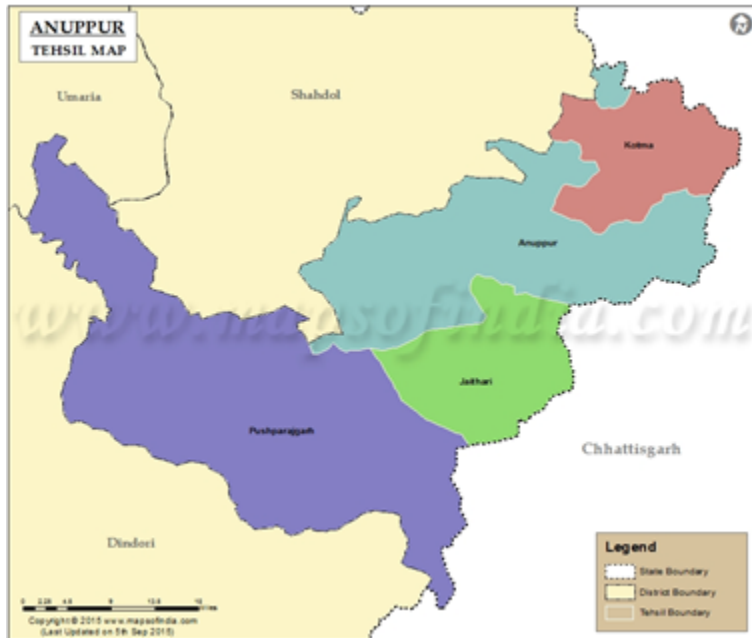


# Continuum of Care Report 2020-2021

## Background

Anuppur is one of the peripheral districts of MP, bordering Chhattisgarh. According to the 2011 census, almost 7.49 lakh population, with 72 percent rural population with 571 villages. 47.9 percent of the population belongs to the Scheduled Tribes category. It has 4 blocks. Pushprajgarh is the largest Block with 268 villages. Estimated population in 2018 is 2.3 lakhs, with 96.3 percent rural population. It mostly has a tribal population, with very limited means of income.



Map of Anuppur district

It is divided into 8 sectors in terms of health administration. Karpa and Titahi-jaitihri Sectors are most backward in terms of road, water, electricity, and communication.

Sector Name	Area (Sq. Km.)	Villages	Population	Health Facilities
Karpa	20	37	26000	CHC 1, SHC 9, Gram Arogya Kendra
Titehi-Jaitehari	30	38	23000	PHC 1, SHC 5, Gram Arogya Kendra

Health facilities and outcomes are extremely poor in these two sectors. Number of home deliveries are very high. Both these sectors also have high infant and maternal mortality (many of these deaths are not even recorded).

Our goal in this area is to improve the quality of primary health care given in 12 sub centres, 1 CHC and 1 PHC in this area with special focus on maternal and newborn care. We believe that when both infrastructure and quality of care available to people improves, it will in turn improve the number of Institutional Deliveries in this area, and also help reduce Maternal and Newborn mortality and morbidity. With that in mind, we came up with the following focus areas to work on

- 1) Improve primary healthcare services through facility strengthening
- 2) Strengthening community processes.
- 3) Improving access and ambulance services in 2 sectors.
- 4) Make Pushprajgarh CHC Cesarean Section active.

It was important for us to consider the above mentioned 4 components so that we build a connection or say a chain of healthcare from grassroots to facility level. Through the process of strengthening community processes we could work with ASHA's, intervene in VHND, work for the improvement of Gram Arogya Kendras and see and advocate for the challenges that they face. At facility strengthening, we make an effort to work with local administration and make the facilities capable enough to provide services for minor ailments, treatment for seasonal diseases like malaria, scabies, diarrhea, conduct deliveries and bring health services closer to people. Through this we have also been able to work closely with ANMs, understand their challenges and work hand in hand to some extent. Improving access and ambulance services in these 2 sectors will further bring health services closer to people. If CHC Rajendragram becomes a Caesarean Section active facility then the whole block of Pushparajgarh will be able to avail this facility on time and it will indirectly reduce maternal mortality and infant mortality in this area.

Along with funding support from the MacArthur Foundation, both the District Mining Fund and NHM, MP have been supplementing a significant portion of funding for the continuum of care work here.

### **1. Improve primary healthcare services through facility strengthening**

Facility strengthening has been a major component of CoC. It was important for us to focus on facility strengthening as our main aim was to strengthen facilities like Sub Health Centre, Primary Health Centers and Community Health Centers, which would be capable enough to provide the necessary care as expected in their facility and if necessary can refer to a higher centre. Typically a district hospital is the best resourced medical facility in most rural districts like the ones where we are working. If the facilities in the field are not strengthened and if it is too far from where people live, people prefer coming directly to DH and this facility will be overloaded with cases of minor ailments which could be managed in the field.

It has the following parts

- Improvement of infrastructure
- Placement of HR
- Facilitating proper supply of drugs and consumables

Improvement of infrastructure

When we started working, most of the sub centres were in abyssal shape both for patient care and for accommodation of ANM. With repeated follow up meetings with local administration we have been able to achieve completion of most of the work. It is important to assure that there is proper ANM Accommodation, as only if there is a trained health worker like ANM, people of the village will get health services 24x7.

When we started work with these facilities in 2018 almost all 12 sub centres required minor repair work. 5 facilities did not have accommodation for 2nd ANM and 7 facilities needed repair work of the accommodation. In PHC also minor repair work was done in both facilities and staff accommodation. Now all facilities have ANM accommodation and most of them except 2 have fair sub centre infrastructure. This has resulted in ANMs living at SHCs along with ANM mentors and improvements in services.

Status of Infrastructure work	Status of minor civil work in 12 Sub Centers	Total 6 ANM Residence	Availability of electricity	Availability of Water
<b>Completed Work</b>	100% Completion in 7 Sub Centers	5 Completed <i>(ANM have started staying in these residences)</i>	Available in 11 Sub Centers	Available in 11 Sub Centers
<b>Incomplete Work</b>	20% work is remaining in 5 Sub Centers	30% work is remaining in one residence	It is in process in case of 1 Sub Center	It is in process in case of 1 Sub Center

Challenges we faced in improvement of infrastructure

There has been significant delay in completing repair work in sub centres and new ANM accommodation at few sub centres. Panchayat is the implementing agency for civil work in these villages. Despite timely release of funds and regular monitoring by us and also by government engineers there have been delays.

## Placement of HR

Recruitment of additional ANMs: As per Indian Public Health Standard each sub health centre should have 2 ANM for it to function optimally. In these 12 sub centres only 11 ANM were posted. Most of the ANMs were not stationed at the sub centre, they performed their duties from home. Hence the sub centre becomes a facility which provides only OPD services, when ANM comes there on days she doesn't go to the field. With repeated advocacy at the state, nearly after 2 years the state government has recently posted a second ANM in all the intervention subcenters.

To improve skills of ANMs posted by the government we posted a cadre of ANM Mentors with an idea that they will be available at the sub centre 24x7 and mentor the ANMs to improve their delivery skills. Due to heavy workload and inadequate staff, ANM mentors also became providers of services rather than mentoring other ANMs above. Now that the 2nd ANM has been posted, the mentoring program is being strengthened.

## Recruitment of sub center caretaker

Now, every sub centre has a sub centre caretaker (a post not there in the IPHS) who keeps the sub centre clean and assists ANM as and where required. The Sub Centre caretaker is from the same village. Even when ANM and ANM Mentor go to the field, she is there in the sub centre. This keeps the facility open the whole day. Initially when we had started, when the sub centre was found locked, it was misunderstood as ANM was missing, even if she had gone to the field to do immunization/home visit. Places where an ANM/ANM Mentor is staying alone sub centre caretaker are a big support and stay with them at night, as and when required.

As a result of the efforts on infrastructure and appointment of staff the survive improvements are visible enough through the following data:

### Number of deliveries at Sub Health Centres

sub center /phc /chc	2018-19	2019-20	2020-21 april to march
Tithi Jaithari HWC	21	46	80
Alwar HWC	26	61	73
Ledra HWC	67	45	101
Gonda HWC	NA	21	37
Khamraudh PHC	NA	104	210
Karpa CHC	NA	163	186
<b>Total</b>	<b>114</b>	<b>440</b>	<b>687</b>

### Total number of patients treated at facilities

sub center /phc /chc name	2019-20	2020-21 april to march
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Tithi Jaithari HWC	4237	2453
Alwar HWC	3239	3371
Baditumi SHC	1385	1140
Ufrikala SHC	1160	1194
Ledra HWC	1563	858
Gonda HWC	1763	1622
Duradhar SHC	812	2228
Nagula SHC	919	910
Padri SHC	1395	1826
Sarai SHC	457	1661
khamraudh PHC	8737	5615
Karpa CHC	5932	8238
<b>Total</b>	<b>31599</b>	31116

Facilitating adequate supply of drugs and consumables

The drugs and consumables expected to be available at the Gram Arogya Kendra, Subcenters and PHCs were always in severe short supply, when we started work. However, over a period of over two years, we have been able to rectify the situation through generating adequate demands (indenting), repeated follow ups with the block and district health authorities.

## **2.Strengthening community processes**

Strengthening of community processes such as VHND, Immunization, work of ASHA, etc was important to ensure that the community gets the health services that they are entitled to at village level. Proper ANC examination in VHND will help identify women who are at high risk due to pregnancy, a proper follow up system will ensure that they get the right treatment done at the right time. ASHA and ANM will also regularly visit them, check their health and timely intervention can be done, if any emergency arises. This system had gaps which needed intervention and regular follow up. We are trying to close these gaps with help from the local health team.

Components of strengthening community processes are:

- a) Intervention in Village Health and Nutrition Day
- b) Empowerment of Village Health Sanitation and Nutrition Committee (VHSNC)
- c) Training of ASHA and ASHA Sahyoginis

### **Intervention in Village Health and Nutrition Day(VHND)**

Village Health and Nutrition Day is a community based, health service package delivered on a fixed day approach. On this day ASHA, ANM and the Anganwadi worker provide services

such as Antenatal Care( ANC) check up, Immunization for both children and pregnant women, counselling to pregnant women on danger signs that can occur during pregnancy, diet counselling should be and importance of having their delivery in facility. On this day all ANC women are supposed to get a wholesome meal. This day as ANM visits the village, the community gets offered health services from her. Anganwadi Centre is identified as the place where all the services are provided on the day of VHND.

When we started our work in 2018, VHND was mostly a day of immunization in most of the places. Check up of all ANC women of that village was not done meticulously. Some high risk women were missed out and even when high risk pregnant women were identified, their follow up was not very stringent. VHND was mostly known as Immunization day, even then all 75 villages in the 2 sectors were not covered for immunization. There were multiple reasons for it like shortage of HR, lack of sufficient vehicle to transport vaccines, distance from where vaccines were supplied on VHND day ( by the time they reached that village it was almost evening) terrain was not suitable in some places for running of vehicle and in some areas distances were too long for ANM's to cover them on foot.

#### Our work

- We started the intervention by having at least a monthly meeting of the health staff of the 2 sectors under the chairmanship of the Block Medical Officer. In this meeting gaps were discussed and responsibilities were allocated to the concerned person to fill the gap. Even though we could not have this meeting periodically, this way of sitting together and discussing gave a good start.
- To make sure all ANC women came to anganwadi centre on the day of VHND and had their check ups, our project assistants went around the village, door to door to the house of eligible couples. ANC women were identified and were asked to come to VHND for their check ups. Later, it was made sure that ASHA went around the village and informed all ANC women one day before VHND. With this we saw an increase in attendance of ANC women at VHNDs.
- High Risk pregnant women were identified and regular follow up was done by ASHA till they had their delivery and 6 weeks post delivery and 6 weeks post delivery. This was closely followed by our project assistants with ASHA.
- To make sure that all villages have VHND and at least immunization on time, we have been speaking and advocating with the district health team to place a Ice Lined Refrigerator (ILR) in the nearest CHC or PHC but this has not been possible yet due to various reasons.



Conduction of VHND and participation of community members

**Improvements seen in VHND after intervention for a year:**

- a) We are seeing an increase in attendance of ANC women in VHND. This can be a result of working closely with the ASHA, facilitating community mobilization along with her and doing a close check of her documentation in ASHA diaries related to Maternal and Child health.
- b) Initially a single ANM was not able to do all tests that had to be done for a woman in ANC, it was also because enough consumables were not available. Now with a second ANM and ANM Mentor accompanying her in VHND and improvement in availability of resources, almost 80% of check ups are complete.
- c) There is a provision by the government to provide a wholesome meal on VHND day to ANC women, children and people who come there for treatment but this is not in put into practice in any of the villages due to reasons such as unavailability of funds, lack of close monitoring, etc. We spoke about it to ANM's, District health team and ground team who are involved in this process. By repeated approach in a few VHNDs, ANM and AWW have started to arrange a meal.
- d) There is improvement in identification and follow up of High Risk Pregnant women in these 2 sectors.

## **Empowerment of Village Health Sanitation and Nutrition Committee (VHSNC):**

Village Health Sanitation and Nutrition Committee is the key element of the National Rural Health Mission. This committee, when established and functional, is expected to take decisions related to health and social determinants of health at village level. VHSNC is expected to act as a local leadership platform for taking decisions related to village health plans, improve awareness and community access to health services, support ASHA, etc. There should be at least 15 members in this committee, with representation from all categories and all hamlets of the village. Chairperson of the committee is usually a woman elected member of the gram panchayat(panch), preferably belonging to the SC/ST community. ASHA is the member secretary and convenor of VHSNC. This committee should open a bank account in which an untied fund of Rs 10-15k is provided by the government which can be used for the benefit of the village. Chairperson and member secretary are the signatories for withdrawing money from untied funds.

Public services which should be monitored by VHSNC are health services located in their vicinity, MNREGA, Rations from Public Distribution System, Mid day Meal, Anganwadi Services, Access to Clean Toilet, Safe drinking water. As a whole VHSNC gives power to the village people to make decisions for their betterment.

When we started our work in these 2 sectors we found VHSNC non existent in many villages, in some it was existent on paper and members mentioned in them were not even aware about their membership in the committee. Most of them did not have bank accounts and hence they never got their funds, some had accounts with money but didn't know how to use it.

VHSNC should be an empowered committee of the village, taking decisions for better facilities and upkeep of the community. We realized making it functional and empowering it, is one of the keys for people to get better health services in VHND.

- Hence we started with community meetings. At least 2 community meetings for every 2 weeks is held to make people aware about VHNSC, its role, what is VHND, what are the services that a village should get from VHND and not just immunization and how VHNSC has a major role in improving VHND.
- VHSNC members were identified, committees which did not have accounts, bank accounts are being opened for them. Their roles and responsibilities are being explained to them.
- VHSNC accounts which had untied funds, but did not know how to use these. In those places we have facilitated purchase of furniture, stationery that is to be used for VHND and few consumables which are required for home based newborn care has also been purchased in some villages. VHSNC and Gram Arogya Kendra are very related. Gram Arogya kendra is a village level health unit which integrates the nutrition, health, education, water, sanitation, hygiene and panchayati raj activities at a single place involving villagers for their betterment through a formal institution. It is an initiative of MP, NHM. Consumables like furniture, stationery from Gram Arogya Kendra are used for VHND. Funds from VHSNC are utilized to purchase



them. For health related activities funds come to ASHA and for nutrition related activities funds come to Anganwadi Worker.

- In our area, Participatory Learning and Action(PLA) program by Ekjut is also in place . Some amount of untied funds from VHSNC is being used for this program.
- In this area we also realised with time that more than VHSNC members and ASHA, Block Community Mobilizer(BCM) has more say on how this fund, if available, should be utilised.

In 2018, out of 74 Gram Arogya Kendras only 51 had active bank accounts, now 72 Gram Arogya Kendras have active bank accounts. Along with this we have completed baseline survey of 46 VHSNCs.

### Training of ASHA and ASHA Sahyoginis

ASHA, ASHA Sahyogini are the backbone of community processes. Any pregnant woman who has got all her 4 ANC is well nourished check ups done, has good Hb during delivery and has a safe delivery in the facility, all this credit goes to ASHA, ANM and ASHA Sahyogini of that area. Door to door survey and spreading awareness on health and nutrition is a major task that this workforce has been doing everyday. For people to get good care in the community, we need a well trained health team, hence training of ASHA, ASHA Sahyogini and ANM is being done periodically.



Community doctor providing training to ASHAs

Details of trainings:

Month	Number of Batches	Number of Participants	Total present participants
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October 2020 (3rd round )	5	98	75
November 2020 (4th round )	5	98	78
January 2021 ( 5th round )	4	98	82
February 2021 (6th round)	4	98	74

### **3. Improving access and ambulance service in the 2 sectors:**

Ambulance services are one of the crucial components of patient care. A proper ambulance service means a patient is reaching the health facility on time to get the necessary care. Thanks to the government run 108 and 102 ambulance services, this need is fulfilled to a great extent. However, there are many interior and hard to reach areas which do not get the benefit of ambulance services when in dire need. The 2 sectors of Pushparajgarh block in Anuppur district of Madhya Pradesh have been very unfortunate in this respect, availing ambulance services when in need.

Scenario when we started in December 2017:

There were only 2 ambulances to cover the 2 sectors which itself was grossly inadequate considering the spread and terrain of the area. These were not in good shape. All the inside parts including seats and tyres had worn out and the vehicle could not run at a speed above more than 30km/hr speed. In a difficult terrain with no proper roads, there were many occasions when ambulances could never reach when required, and many avoidable deaths occurred.

Status of availability of Ambulance in 2021

With repeated advocacy to the district administration, 3 ambulances have been purchased using the District Mineral Fund. One ambulance is stationed at CHC Karpa and one at PHC Khamroud. This helps in on time availability of ambulance service when required. There were challenges in getting a driver for the ambulances and bringing it into mainstream service, which have now been overcome.

We have also proposed for 1 motorcycle ambulance which will be stationed in a village under the supervision of a volunteer from the village. This can be used in the immediate vicinity of the area. We hope this will provide faster access to patients in need.

### **4. Making Pushprajgarh CHC Caesarean Section active**

We plan to identify pregnant women during ANCs who will require Caesarean section (elective) and conduct 3-4 LSCS in CHC. Initially the plan is that the JSS team would come and

help perform the surgery and meanwhile teach the resident doctors also. Then slowly hand over the process to them. This will help ANC's with complications in nearby villages to get LSCS services nearby and on time. This initiative will also decrease the load of LSCS at the District hospital.

We have done an assessment of the Operation Theatre of the CHC. Demand has been sent to the district through Block Medical Officer for required consumables, equipment for the OT. It it

Partly in our plan for this year to make this facility Caesarean Section active.

Improvement seen in patient care

With availability of sufficient HR and slow improvement in supply of essential drugs we have seen an increase in patient load and improvement in care. Presence of ANM mentors in the facility and recent availability of 2nd ANM has made it possible for a health staff to be in the sub centre 24x7. Intervention in community processes and advocacy with district administration for availability of ambulances when required, has improved delivery load and care in sub health centres. When we had started work in 2018 only 3 sub centres were functioning as delivery points. Today out of 12, 6 sub health centres are functioning as delivery points.