

# **Community Health- An Experience**

**SEVA MANDIR, UDAIPUR**

# Status of Health and Health Services In Udaipur

# Data Sources

- 100 hamlets from 362 villages where Seva Mandir operates (poorer than average)
- Facility survey
  - 143 public facilities
  - Several hundreds “modern” private facilities
  - 225 bhopas

# Poverty

- Very poor, largely tribal population
  - More than 40 percent below official PL, of 13 percent in rural Rajasthan
  - 46 percent males and 11 percent females are literate
  - 21 percent households have electricity

# Health status

- 80% adult females & 27 % adult males with hemoglobin < 12 gm/dl
- Standard cutoffs, men as likely as women to be anemic, older women as anemic as younger women: diet?
- BMI 17.8 (men), 18.1 (women), 93% (men), 88% (women) BMI < 21
- Many self-reported symptoms, substantial fraction “serious”

# A perfect Public Health Care System...

- India has the model health care system for a large developing country:
  - An Aid Post or Subcenter within a few kilometers of each house, serving 3,000 individuals, staffed by one nurse (ANM) providing basic services and referral
  - PHC and CHC as the second tier, with doctors and specialists
  - District hospitals as the last tier.
- No vacancies in aid post and subcenters

# ...Yet

- People get most of their health care from the private sector, not the public health care system.
  - Udaipur health survey: Out of 0.51 visit to a health provider, 0.12 are to a public facility, the rest to private doctors or traditional healers
- End up spending lots of money (7% of their budget in Udaipur survey) to get health care of uncertain quality (36% of main providers have a doctor's degree and 36% have no college degree of any kind).
- Basic services that the public health care system should deliver are not delivered: In particular full immunization rates were shown to be less than 2.5% at baseline!!

# What are the problems?

- **Under-funding and under-equipment.**
  - 20% of the aid posts and one-third of subcenters lack a stethoscope, or a blood pressure instrument, or a thermometer or a weighing scale
  - None of the subcenters have water supply, 7% have a toilet for patients and 8% have electricity
  - NRHM is trying to address that by providing an untied allowance to the subcenter.
  - Drugs seem to be available.
- **Lack of demand for those services**
  - Most visits to private facility end with a drip or an injection
  - Rarer in public facility.
- **Very high absence rate.**

# Very High Absence Rates

- **Udaipur Continuous facility survey:** cover all the subcenters and PHC serving 100 villages, weekly, over a year.
  - 45% of nurses in subcenters are absent
  - 36% of medical personnel in CHC/PHC is absent
  - No predictability.
- **Not isolated problem**
- **Negative correlation** between usage and absence, so one could hope that reducing absence would increase usage (though causality could go both ways)

# Private Health Care

- Yet households spend 7.3% of budget on healthcare, and only slightly less per visit at public than private facilities
- Drugs at public facilities, or doctors
- Bhopas important & more so for poorer
  - More use in villages where public facilities are open less often
- Private “doctors”
  - 41% have no medical degree
  - 18% have no medical training of any kind
  - 17% have not graduated from high school

# **Examples of Interventions in Community Health**

- **Improving sub centers reliability**
- **Improving Immunization Status**
- **Maternal Health**

# Improving sub centers reliability - ANM intervention

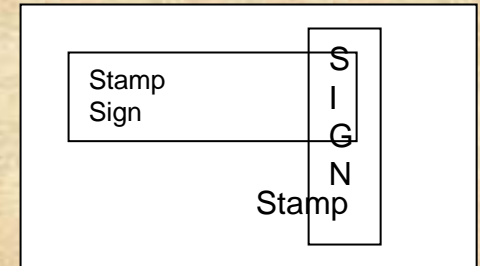
- GoR appointed extra-nurse in the most remote subcenters
- Seva Mandir proposed to monitor the appointed extra nurse
- Approval in Jan 2006 to monitor the extra nurse 3 days a week and regular nurse 1 day a week in the treatment centers with only one nurse
- Punishment for absence ruled by the district administration: for more than 50% absence on monitored days, deduction in proportion of the absence in the 1st month, suspension in the 2nd month.

# Monitoring Technology

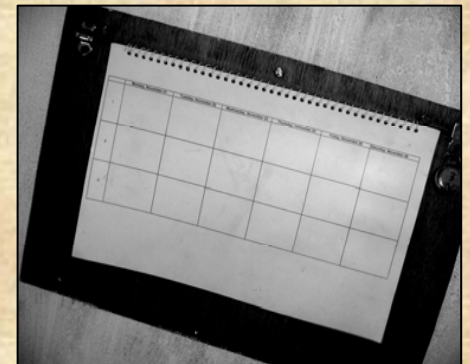
**Date and time Stamping machine**



**Signing and stamping, 3 times a day**



**Register: secured to the center's wall,  
collected once a month, sent to  
CMHO, who sends to PHC**



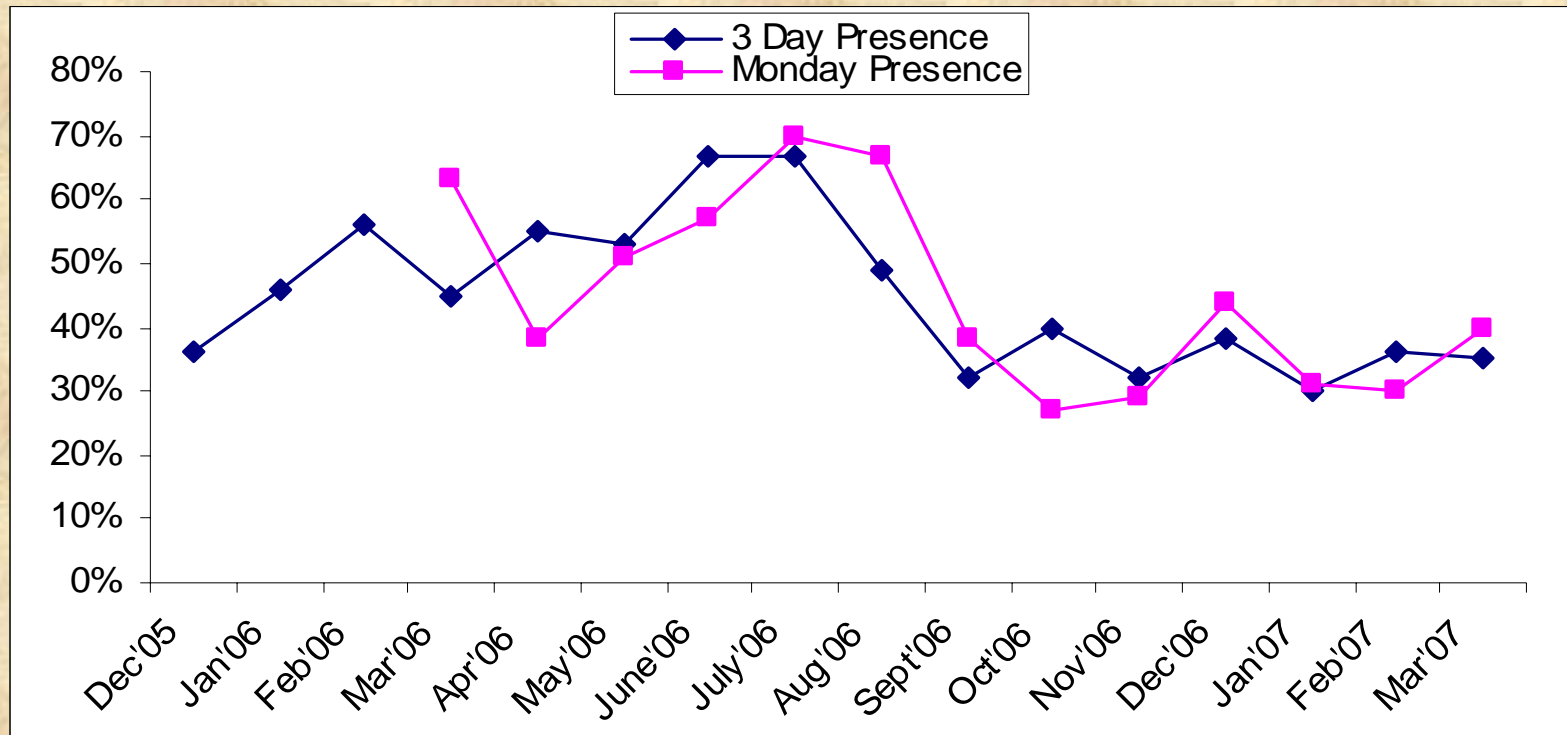
# Evaluation Methods

- Two ANMs: 16 treatment centers, 12 control centers
- One ANM: 33 treatment centers, 39 control centers
- Centers chosen to serve 135 villages in the Udaipur Health Care Study
- Treatment and control centers were randomly selected (BEFORE it was decided that there would be two nurses in some centers: no stratification).
- “Random checks” once a month (from May 2006)
- Evaluation carried out by MIT- JPAL

# RESULTS

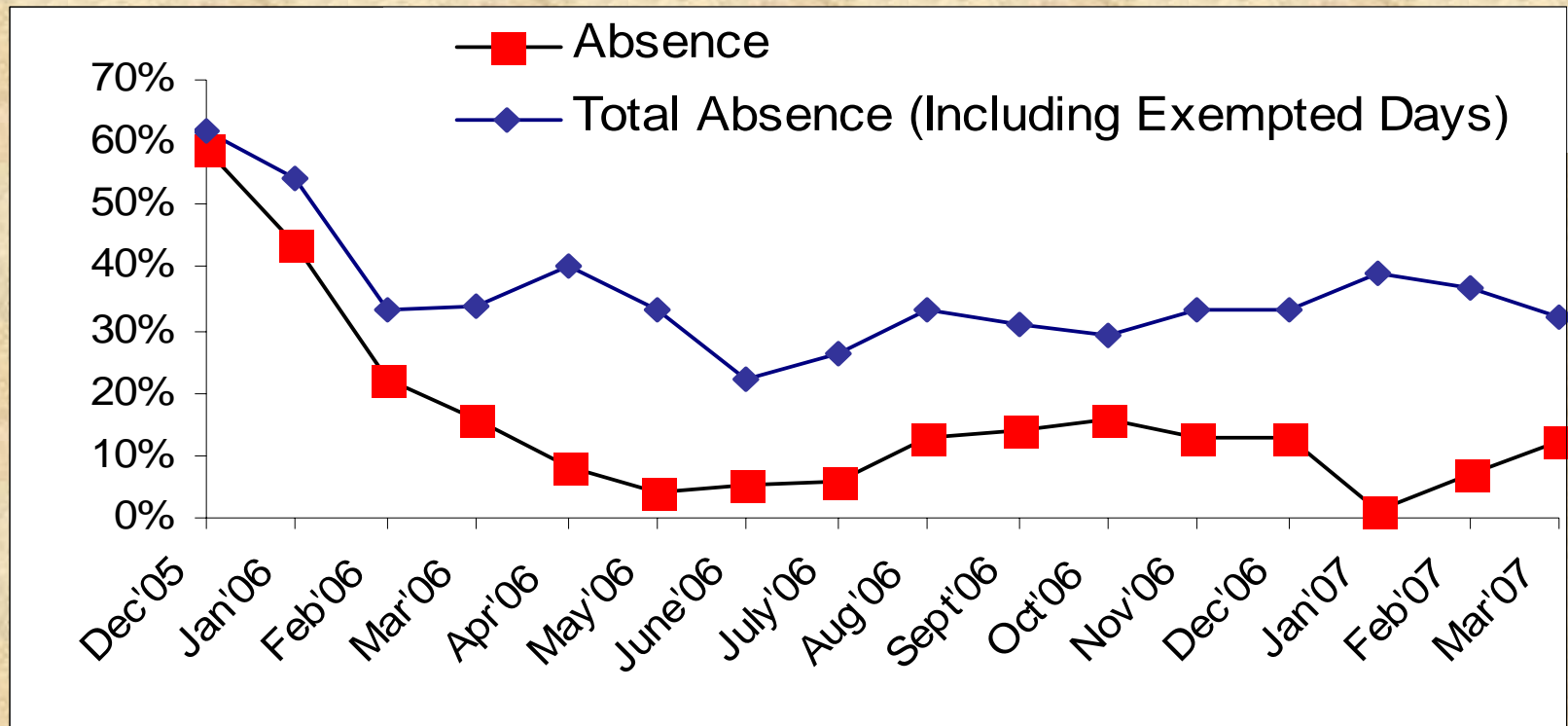


# Presence (Stamping Machine)



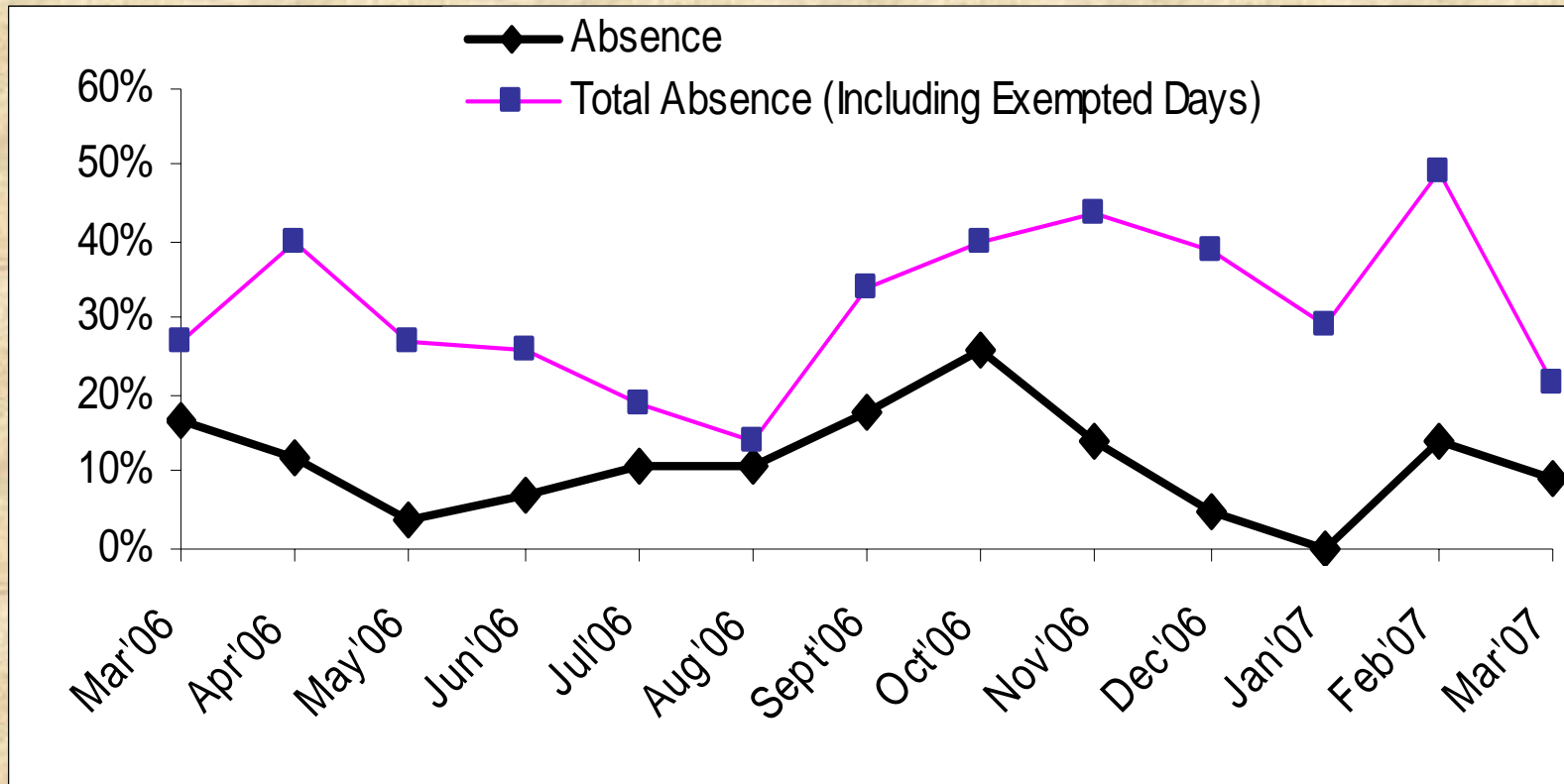
- **Rose from 36% in Dec'05 to 67% in Jul'06 and later on started falling down and reached 32% in Sept'07.**
- **Then stayed stable at approximately 35% till Mar'07.**
- **Similar trends in the Monday monitoring.**

# Absence (trends in 3 days monitoring)



- **Around 59% Absence in Dec'05, Around 16% in Mar'06, by Mar'07 came down to 12%**
- **However, total absence at the Subcentre has not changed much after Feb'06. Exempt days have grown to compensate for reduced absence**

# Absence (trends in Monday monitoring)



- **10% Exempt days in Mar'06**
- **Reached its peak to 35% in Feb'07**

# Average Attendance (Date and Time Stamping Machines)

<b>Category</b>	<b>3 Days Monitoring (Dec'05 – Mar'07)</b>	<b>Monday Monitoring (Mar'06 – Mar'07)</b>
<b>Presence (Including half days)</b>	<b>45%</b>	<b>45%</b>
<b>Absence</b>	<b>16%</b>	<b>11%</b>
<b>Exempted</b>	<b>20%</b>	<b>20%</b>
<b>Total</b>	<b>81%</b>	<b>76%</b>

**Note : Remaining % is associated with problem of machinery and leaves availed by the ANMs**

# Monitoring Results (Random Visits)

## Random Checks Performed (Mar'06 – Mar'07)

<b>Category</b>	<b>Treatment Subcentres</b>	<b>Control Subcentres</b>
<b>Total random checks performed</b>	<b>734</b>	<b>416</b>
<b>Average attendance of three days monitoring Subcentres</b>	<b>49%</b>	<b>31%</b>
<b>Average attendance of Monday monitoring Subcentres</b>	<b>41%</b>	<b>19%</b>
<b>Average number of patients found at the subcentres</b>	<b>40 patients / 100 visits</b>	<b>24 patients / 100 visits</b>

# Conclusion

- Monitoring system has improved presence in treatment Subcentres
- However, the Subcentres still not open on all the monitoring days largely because exempt days are increasing
- Unclear priorities and collusion within the Government system renders monitoring effective

# Interventions to improve immunization rates: great success



# **Interventions to improve immunization rates**

- **Improve reliability of supply:**
  - **Monthly immunization camps in 60 villages**
    - **Main feature is regular schedule.**
    - **Over 20 months, 67 camps were cancelled, while 1269 were held.**
  - **Publicity of camps, timing etc. by Seva Mandir Paraworkers**
    - **Honorarium to paraworkers for each camp.**
- **Increase parents' demand: (In 30 villages)**
  - **1 kg of dal for each immunization shot**
  - **A set of plates for complete immunization**

# Results After One Year

## Immunization Rates

Type of Hamlets	Complete Imm. (children 1-2 yrs age grp)	One shot (children below 2 yrs age grp)
Comparison	5.5 %	44%
Camp	19%	69%
Camp + Encouragement	36.5%	67%

# Results After One Year

- 2.8 times more children in encouragement camps than in regular camps
- Hence cost per shot is smaller in encouragement camps, despite the incentives
- As per administrative data of Seva Mandir, the administrative cost per shot is:
  - Rs 171 per shot in encouragement camps.
  - Rs 248 per shot in regular camps.

# Maternal Health

- Work through a cadre of trained local TBAs
- Trained TBAs ensure safe delivery, regular ANC and PNC services
- Initiate and build a dialogue on safe motherhood in communities



# Learnings

- Even now most deliveries at home
- Interventions like TBAs critical but have limitations
- JSY has increased institutional deliveries but largely from areas close to CHCs
- Rent seeking behaviour of hospital staff renders incentives like JSY quite inadequate
- Health Institutions often discourteous to patients and their anxiety

# Issues

- A failing Public health system
  - Absenteeism
  - Corruption
  - Do not Infuse trust in villagers
- Distorted Demand