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No. 22

JAPAN INTERNATIONAL COOPERATION AGENCY (JICA)

DEPARTMENT OF HEALTH AND FAMILY WELFARE,
THE GOVERNMENT OF MADHYA PRADESH, INDIA

THE DEVELOPMENT STUDY ON REPRODUCTIVE HEALTH IN THE STATE OF MADHYA PRADESH, INDIA

Final Report

Volume 1 - Summary

March 2002

SYSTEM SCIENCE CONSULTANTS INC.

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Preface

In response to a request from the Government of India, the Government of Japan decided to conduct a Development Study on Reproductive Health in the State of Madhya Pradesh, India and entrusted to study to the Japan International Cooperation Agency.

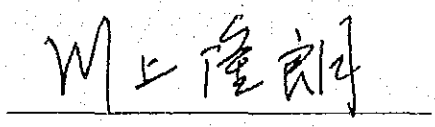
JICA selected and dispatched a study team headed by Ms Masako Tanaka of System Science Consultants Inc. to India, three times between November 2000 and February 2002.

The team held discussions with the officials concerned of the Government of Madhya Pradesh and conducted field surveys at the study area. Upon returning to Japan, the team conducted further studies and prepared this final report.

I hope that this report will contribute to the promotion of this project and the enhancement of friendly relationship between our two countries.

Finally, I wish to express my sincere appreciation on the officials concerned for their close cooperation extended to the study.

March 2002



Takao Kawakami

President

Japan International Cooperation Agency

March 2002

Mr. Takao Kawakami

President
Japan International Cooperation Agency
Tokyo, Japan

Letter of Transmittal

We are pleased to submit herewith the final report of "The Development Study on Reproductive Health in the State of Madhya Pradesh, India."

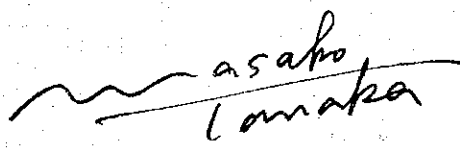
This report compiles the results of the work and investigation carried out by the Study team organised by System Science Consultants Inc. from November 2000 through February 2002. The report consists of situation and problem analysis of reproductive health in Sagar Division and district master plan for improvement of reproductive health in two districts of the Division.

We wish the report and the recommended projects in the district master plan will contribute to improving reproductive health in Sagar Division, Madhya Pradesh.

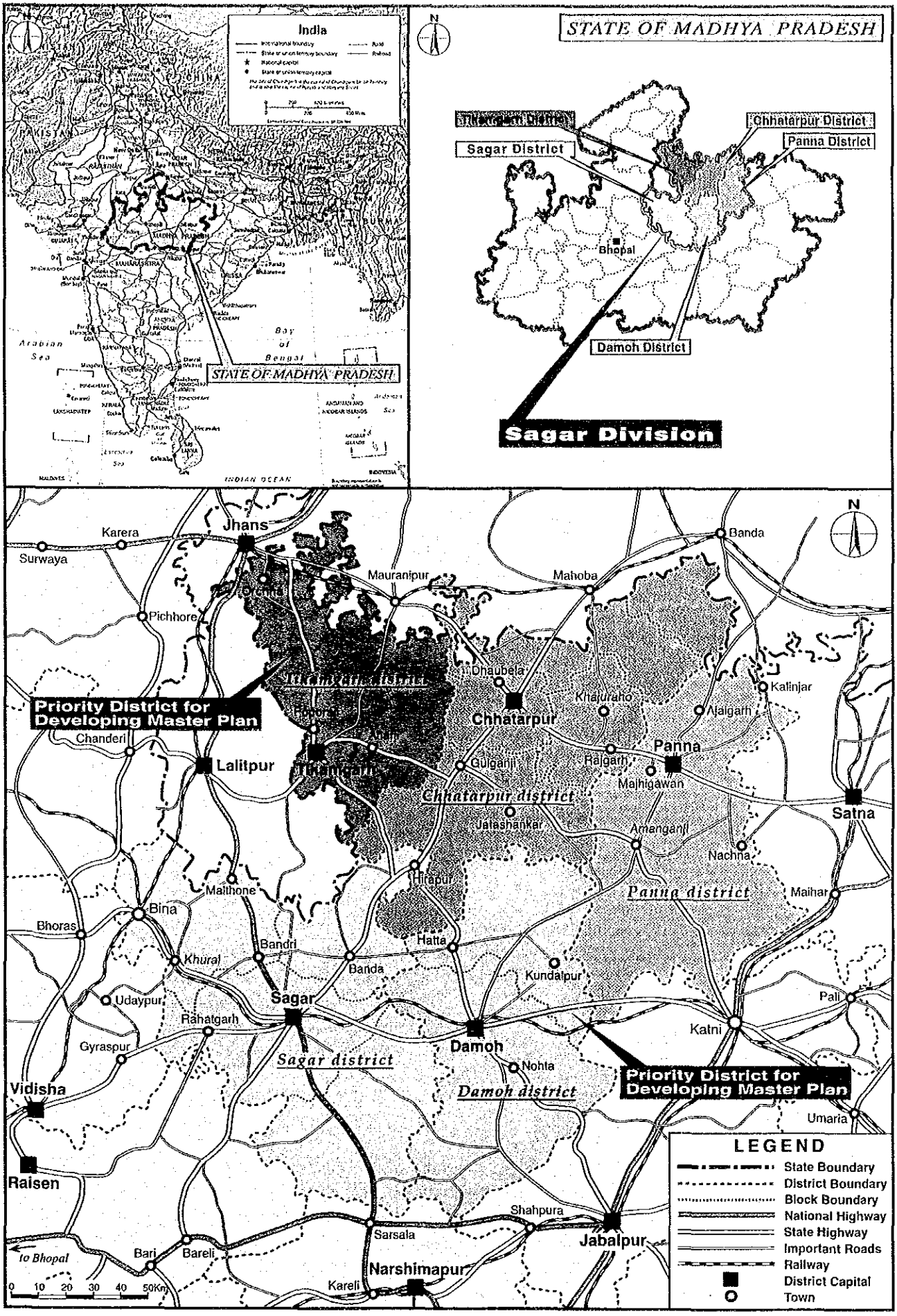
We owed a lot to many people to the accomplishment of the Study. We would like to express our deep appreciation and gratitude to the Indian officials concerned, Ministry, in particular, the Department of Public Health and Family Welfare of the Government of Madhya Pradesh, the Indian counterpart agency, for their close cooperation and assistance extended to the team during the Study.

We also wish to express our sincere gratitude to all concerned officials of your Agency, Delhi office, the JICA Advisory Committee, Embassy of India and Ministry of Foreign Affaires.

Very truly yours,



Masako Tanaka
Team Leader,
Development Study on Reproductive Health
in the State of Madhya Pradesh, India
System Science Consultants, Inc.



MAP OF STUDY AREA

EXECUTIVE SUMMARY

1. BACKGROUND OF THE STUDY

1.1 BACKGROUD OF THE STUDY

India was the first country in the world to launch a national programme emphasizing family planning to stabilize the population at a level consistent with the requirements of the national economy. Since then, the family welfare programme has always been the one of the highest priority programmes in India. The International Conference of Population and Development (ICPD) in Cairo 1994 established a growing international consensus on population and sustainable development, and a broad and comprehensive definition of "Reproductive Health" was accepted by all participating countries. This marked a turning point in the approach of the family welfare programme of India.

Japan has had a serious concern for population and AIDS as issues common to all humanity that must be tackled immediately. It announced Japan's Global Issues Initiative (GII) on Population and AIDS in 1994, prior to the series of conferences of ICPD (Cairo), the AIDS Summit (Paris), and the World Women's Conference (Beijing), in order to actively confront these global issues. It has pursued a policy of actively promoting the Programme of Action that was set forth at the ICPD. India is one of the 12 priority countries named in the GII. Japan sent a Project Formulation Mission to India in 1995, and it was agreed between the Japanese and Indian governments that assistance was needed to develop a district-level master plan (the "development study") for improvement of women's reproductive health for the state of Madhya Pradesh (MP) in northern India, which has poor indices of human development and women's health.

Under these circumstances, the Government of India requested the Government of Japan to provide technical cooperation to develop a district plan for improvement of reproductive health. In response to the request, the "Development Study on Reproductive Health in the State of Madhya Pradesh, India" was carried out between November 2000 and March 2002.

1.2 OUTLINE OF THE STUDY

The objectives of the Study were (1) to formulate District Plan for Improvement of Reproductive Health for Damoh and Tikamgarh districts of Sagar division, the state of Madhya Pradesh, India for the target year 2010, and (2) to carry out technical transfer to the Indian counterpart personnel throughout the Study.

The Study was implemented in two phases: Phase I from November 2000 to June 2001 and Phase II from July 2001 to March 2002. The study was conducted in all five districts of Sagar division, and emphasis is put on the studies and surveys in the districts of Damoh and Tikamgarh.

In Phase I, the situation analysis of reproductive health (mainly of women) and related issues was conducted. The past, on-going and planned projects/programs and studies related to reproductive health issues were also reviewed. Based on these analyses and findings, the constraints and issues in improving reproductive health were identified, and strategies for the district plans for improving reproductive health were elaborated.

In Phase II, based on the results of the Phase I study and the strategies elaborated, supplementary field studies were conducted and data/information were collected as necessary, and the district plans for improving reproductive health at district level were formulated.

The methodologies used in the study are:

Study on secondary data sources

- Review of documents and publications from international agencies, NGOs and Government.
- Analyses of existing secondary statistical data
- Review of existing project and programmes

Collection of primary data - qualitative information

- Qualitative assessment of health system and RCH services provision was conducted through direct observation, in-depth interviews, and discussions with health staff, other stakeholders and key informants in communities.
- Rapid assessment of RCH service delivery by using simple questionnaires in the field.
- Focus group discussions with community people which were conducted by a subcontracted local consulting firm
- Review of existing projects and programmes related to RCH
- Exchange of opinions in meetings and workshops with health administrative staff and health care providers.

Collection of primary data - quantitative information

Four sample surveys were subcontracted to a local consulting firm. These studies gathered statistical data using structured questionnaires.

- Knowledge, attitude and practice (KAP) study on health care seeking behaviour in Damoh and Tikamgarh Districts (household survey)
- Beneficiary interview survey at health facilities and at home in five districts in Sagar Division
- Health facility and human resource survey in five districts in Sagar Division
- A community survey in five districts in Sagar Division, including interviews with women's groups and community health providers

Meetings and Workshops

To present and share the team's work plan and findings of the study, several meetings and workshops were held at state, district and block level through the study period. Participants' opinions and inputs were taken into consideration in analysis of the current situation of reproductive health, and particularly in developing strategies and district plans for improving reproductive health.

Development of geographical information system (GIS) for Tikamgarh and Damon district

Basic GIS maps of Tikamgarh and Damoh were developed and available data mainly from 1991 census data were incorporated in the GIS. However, due to difficulties in obtaining data and the poor quality of the data, only limited data from each district were utilized.

- Analysis of accessibility of SCs using GIS was conducted.
- Training on the basics of GIS was conducted for state level health officers and computer programmers.

2. ISSUES IN REPROEUCTIVE AND CHILD HEALTH

As indicated in the State Population Policy, the following are the major issues in RCH.

(1) High fertility rate and unmet need for family planning

(2) High maternal mortality ratio

(3) High infant and child mortality rate

(4) High prevalence of STIs/RTIs

All the causes to these issues in RCH are collected and categorized into the following four major groups in general.

A. Problems and constrains in RCH service delivery system
   - Inadequate Coverage (Actual availability and access) of RCH Services
   - Poor Quality of Services

B. Lack of awareness and knowledge of RCH and RCH service and behaviour changes among general population

C. Social and cultural factors which hinder RCH improvement

D. Lack of management capacity of health administrative office at district level and block level, and PRIs

3. DISTRICT MASTER PLAN

3.1 OVERALL GOAL

"To improve health status of all women and children through a Reproductive and Child Health (RCH) approach contributing to population stabilization in the target districts."

<Quantitative goals>

Reduction of TFR:	2.1 by 2011 in both Tikamgarh and Damoh District
Reduction of MMR:	50% reduction in 2010 in both Tikamgarh and Damoh District
Reduction of IMR:	80 in 2007, and 70 in 2010 in Tikamgarh District
	75 in 2007, and 65 in 2010 in Damoh District

3.2 SOCIAL FRAMEWORK

Even though the assumption of decreasing in TFR to 2.1 in 2011 is adopted, population of Tikamgarh and Damoh district will increase to 1,427 thousands in 2011 from 1,203 thousands and 1,261 thousands in 2011 from 1,082 thousands at present. This implies that 18% and 17 % increase in social service demands in 2011 compared to the present.

Literacy, one of indicators of development in a society, forms an important input in the overall development of individuals enabling them to comprehend their social environment and respond to it appropriately. The literacy rates will be 81% (male) and 58% (female) in Tikamgarh, and 84% (male) and 62% (female) in Damoh.

3.3 OBJECTIVES

The overall goal , the following three objectives were sets:

(A) To Improve the access to high quality RCH services

(B) To promote effective and efficient RCH service delivery through improved management

(C) To encourage women's empowerment and improvement of women's quality of life

3.4 STRATEGIES AND NECESSARY INTERVENTIONS

To achieve the set objectives, strategies and necessary interventions are formulated. In these strategies, the four key words in Madhya Pradesh State Health Strategy, "Convergence", "Implementation", "Micro-planning" and "Monitoring" are incorporated.

Objective (A) To improve the access to high quality RCH services

<Increase of coverage of RCH services>

A1. Improve infrastructure (health facilities and equipment) to facilitate availability of high quality of health services and emergency obstetric care.

A2. Increase adequate (quality) coverage by field staff (Enhance field activities in villages)

A3. Fill the vacancy posts at PHC, CHC and District Hospital.

A4. Implement functioning and adequate referral systems

A5. To provide basic infrastructure in order to improve communication and accessibility

<Improve quality of RCH services>

A6. Increase knowledge and skills of health service providers

A7. Increase number and proximity of EOC and EmOC services and MTP service provision

A8. Improve availability of drugs and medical supplies

A9. Build up user- fee structures for proper utilization of services

<Increase knowledge and awareness and behaviour change of population on RCH>

A10. Strengthening of IEC and Introduction of BCC

A11. Encourage voluntary health activities at community level (Social and community mobilization and involvement)

Objective (B) To promote effective and efficient RCH service delivery through improved management

B1. Improve management capabilities of health administrative organization and Panchayat

B2. Increase linkages between and within governments, programmes, NGOs and private sectors (to enhance linkage between different levels and to encourage collaboration between different sectors)

Objective (C) To encourage women's empowerment and improvement of women's quality of life

C1. Promote and encourage women's empowerment

C2. Improve women's quality of life

4. PROPOSED PRIORITY PROJECTS

4.1 PROJECT FOR IMPROVEMENT OF ACCESS AND QUALITY OF RCH SERVICES

The project purpose is to improve the RCH coverage and quality of services focusing on essential and emergency obstetric care and neonatal care through management capacity building, health and communication skill development, referral service establishment, provision of equipment and upgrading/construction of health facilities.

The project duration will be five years and its activities fall under four major sub-components: (1) project preparation includes establishment of a coordinating committee in each district (2) strengthening of management capacity through training and OJT (on the job training) including HMIS improvement, referral system improvement, supervision system improvement, improvement of drug supply logistics and stock control management, etc., (3) improvement of skills of health staff and health related field workers, and (4) renovation of facilities and supply of essential equipment.

Regarding the operation of the project, after an evaluation of the activities and results of the pilot project in the first year, area for implementation will be extended to two to three blocks in the second year, and then entire district in the third year.

Many state level initiatives are in planning and in discussion at present, therefore, coordination and incorporation of these initiatives are important in the project implementation.

4.2 PROJECT FOR RCH IMPROVEMENT THROUGH STRENGTHENING BEHABIOUR CHANGE COOMUNICATION (BCC) / IEC LINKED WITH GENDER AWARENESS CAMPAIGN PROGRAM

The purpose of the project is to create the context for positive behaviour change in several identified problem RCH areas including social gender issues through a series of linked BCC interventions in the project area.

The three major components of the BCC Strategy implementation for this project are: (1) BCC campaign preparation including gender awareness campaign, (2) mass media/materials' development, and (3) social mobilisation and community-based campaign.

All three components will involve the long-term project co-ordinator, based in Damoh District and state IEC staff. Counterparts for the Government of India (GOI) will be assigned from the State IEC Bureau and the District IEC Bureau. State IEC Bureau participation will focus primarily on the second component which District IEC Bureau participation will focus on the first and third components. Short-term technical assistance for the first and the third components will be provided to the project as indicated in the timeline. The second

component will be managed primarily by the long-term project co-ordinator and the implementation of this component will be sub-contracted to one or more advertising agencies.

4.3 PROJECT FOR RCH IMPROVEMENT THROUGH COMMUNITY BASED ACTIVITIES

The purpose of the project is to improve RHC status of population by increase of access and community participate in RCH services through revitalization of village health committee.

The Project Activities fall under four major sub-components: (1) establishment or revitalization of Village Health Committee (VHC), (2) establishment of coordination mechanism for health workers, other health related field workers and VHC, (3) raising awareness of RCH and RCH services and demand creation

4.4 PROJECT OF SOCIAL MARKETING AND FAMILY LIFE EDUCATION FOR ADOLESCENT

The objective of the project is to improve the level of sexual and reproductive health services and family planning acceptance with particular emphasis on younger acceptors through behaviour change communication, social marketing, and advocacy. A secondary objective of the project will be to enable adolescents and youth to make positive behaviour changes to deal effectively with the demands and challenges of their everyday life.

This project is proposed as a NGO partnership project in Damoh district. The project components are (1) project preparation (conducting a formative research and Obtaining of consensus of key stake holders), (2) family life education and BCC (includes formation of peer groups and orientation and establishment of adolescent and youth counselling centres), (3) social marketing, and (4) sensitisation and coordination for VHC.

4.5 LIFE ENVIRONMENT DEVELOPMENT PROJECT FOR RURAL WOMEN

Project purpose is to improve women's quality of life through reducing women's workload by introduction of ecological friendly bio-gas technology and increasing intake of nutritious food by introduction of kitchen garden.

This project needs inter-departmental coordination since the project intends to integrate existing schemes carried out under the department of agriculture with MP agro industry development corporation and energy development corporation, the department of horticulture, and department of women and child development for improvement of life of women.

The Project Activities are (1) introductory workshop of life environment development program for officers, (2) bio gas (Cow dang gas) plant will be introduced to the households that required, (3) smokeless energy efficient oven will be introduced to the households that required, (4) kitchen garden program for each household will be guided and implemented, and (5) other life Improvement skill will be guided through agricultural extension worker.

Linkages of several kinds are crucial to the success of this project: on-going bio-gas plant introduction programme by Agriculture Department, MP Agro Industry Development Corporation and Energy Development Corporation, agriculture extension workers and health workers, ICPD nutrition programme by Department of Women and Child Development, etc.

THE DEVELOPMENT STUDY
ON
REPRODUCTIVE HEALTH
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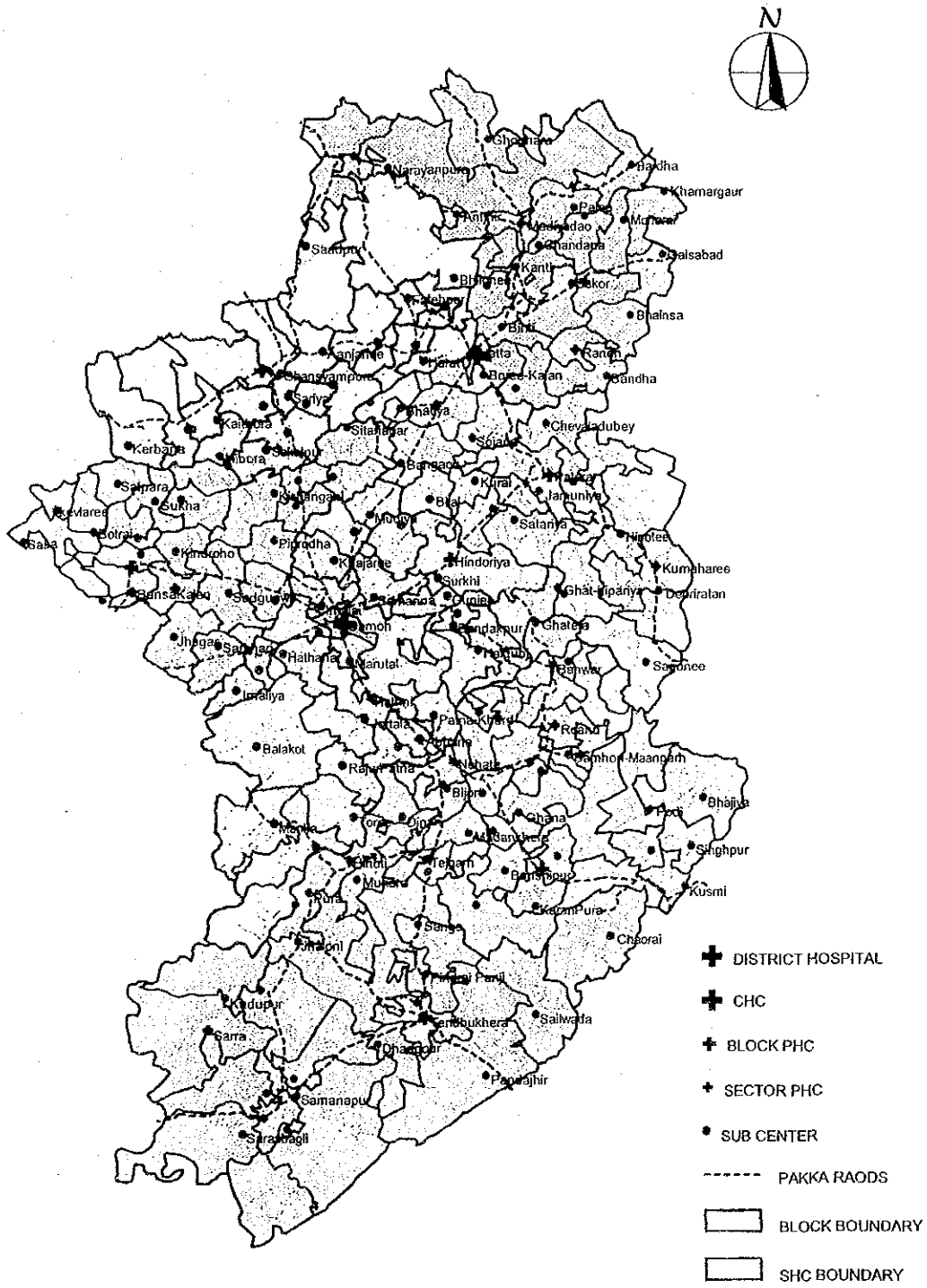
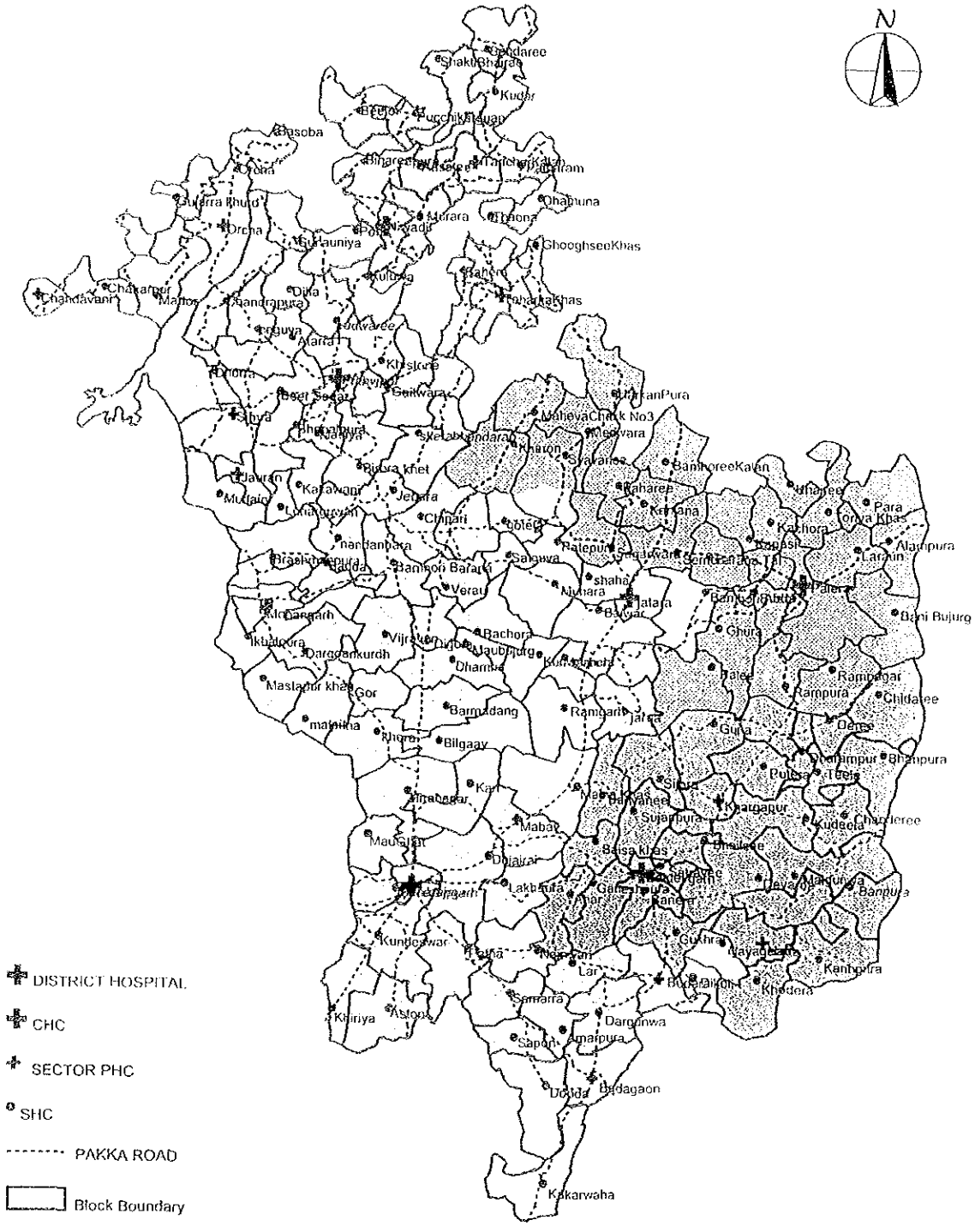
List of Volumes

Volume 1	**Summary**
Volume 2	Main Report
Volume 3	Supporting Report
Volume 4	Data Book

Damoh District
Distribution of Health Facilities



Tikamgarh District
Distribution of Health Facilities



<District Hospital -Tertiary Care Facility >

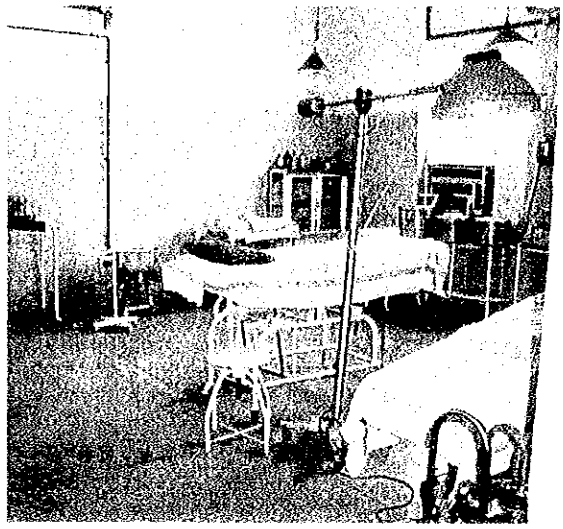
District Hospital is the only government facility in the district where Caesarean section, abdominal incisions and blood transfusion can be conducted. Damoh District Hospital covers 11 lakh population, and Tikamgarh District Hospital, covers 12 lakh population.

Damoh District Hospital
(175 beds hospital)

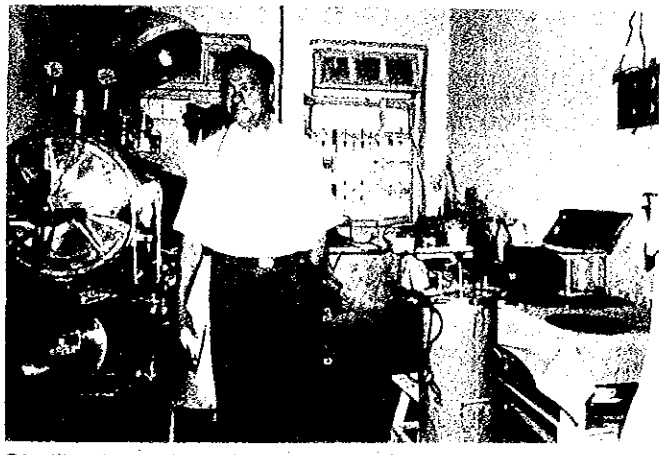
Tikamgarh District Hospital
(135 beds hospital)

Maternity ward,
DamohDistrict Hospital

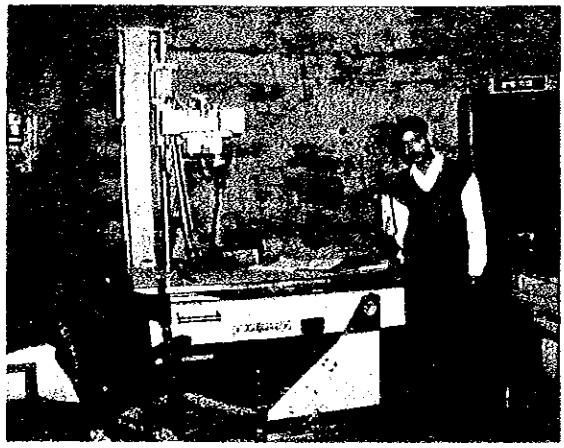
Major operation theatre, Damoh District Hospital:
Specialists available in this hospital are 3 ob/gyns, 3 paediatricians, 1 surgeon, and 1 anaesthetist



Major operation theatre, Tikamgarh District Hospital:
Specialists available in this hospital are 1 ob/gyn, 1 paediatrician and 1 surgeon. Anaesthetist is not available.



Sterilization unit for the operation theatre,
Damoh District Hospital



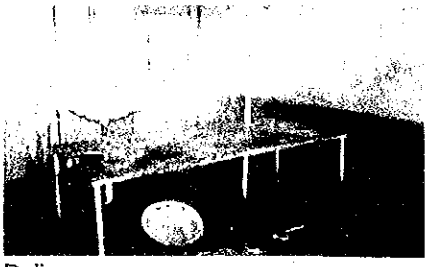
X-ray unit, Tikamgarh District Hospital
Major equipment available for diagnosis in this hospital are only X-ray machines and electrocardiograph monitor.

<Community Health Centre(CHC) and Block-level Primary Health Centre(B-PHC) - Secondary Care Facility>

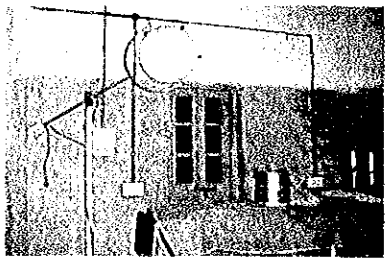
District is divided into blocks. Each block has a CHC or a B-PHC. Although all B-PHCs were supposed to be upgraded to CHCs, only limited number of them has been upgraded actually.
There are only few facilities which provide emergency obstetric care (EmOC) at this level. The CHC should be functioning as a First Referral Unit as a linkage in referral system, however, due to lack of facilities/equipment, human resources and supplies, the referral system is not functioning. These are one of the factors for high maternal mortality ratio.

Hatta CHC, Damoh District: This is the only one CHC in Damoh District. Minor surgeries are conducted, but Caesarean section and other general surgery are not conducted in this facility.

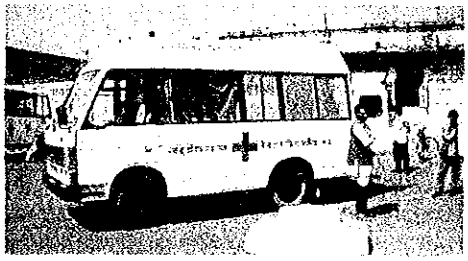
Scene of medical consultation by a medical doctor; the doctor sees a patient over the desk, and a patient is standing.



Delivery room

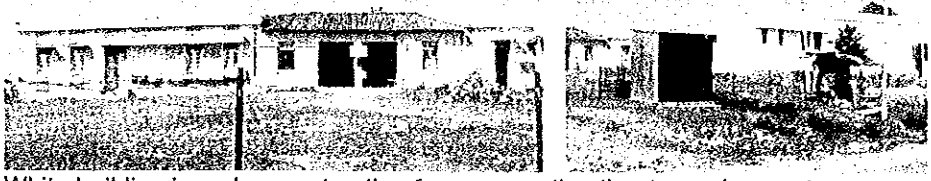


Minor operation theatre



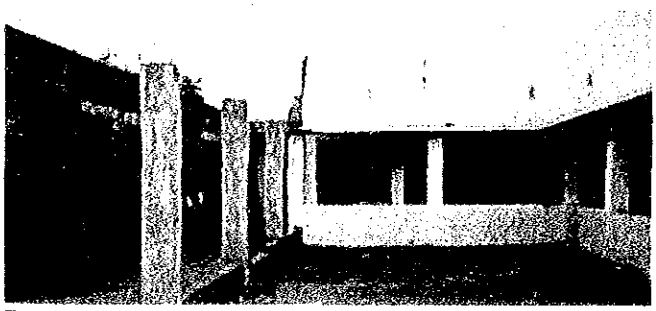
Ambulance: Only three ambulances are available in Damoh district: one at District Hospital, and two at Hatta CHC. Other health facilities don't have any for referring emergency patients.

Bardevgarh CHC: Tikamgarh District Bardevgarh CHC is not functioning as a CHC and its buildings and facilities are almost the same as a sector-level PHC. The existing 42 years old building is deteriorated. Extension work of wards and an operation theatre is on-going.

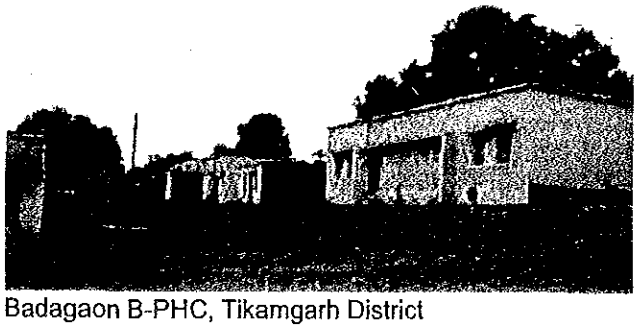


White building is under construction for an operation theatre and a ward.

Inside of the ward under extension work



Tendukuhera B-PHC, Tikamgarh district: A part of the building under extension work. Column reinforcement appears minimal.



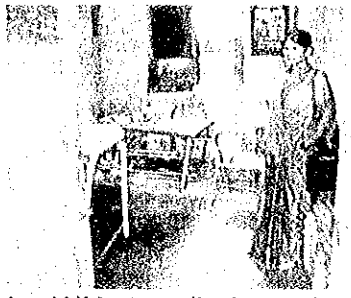
Badagaon B-PHC, Tikamgarh District

<Sector-level Primary Health Centre(S-PHC)- Primary Care Facility with a Medical Doctor>

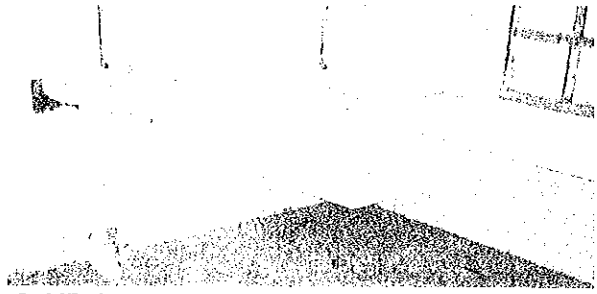
One medical doctor (general practitioner) is assigned in a S-PHC and the doctor should be stationed there. However, many of the doctors stay in town and come to S-PHC daily, or do not come. Emergency Obstetric Care (EmOC) is not provided at this level.Some of the S-PHCs in Damoh and Tikamgarh district is under renovation or extension work. On the other hand, many facilities and equipment are not maintained.

Mariyado S-PHC, Damoh District

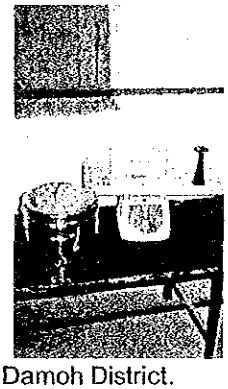
Hata S-PHC, Tikamgarh District

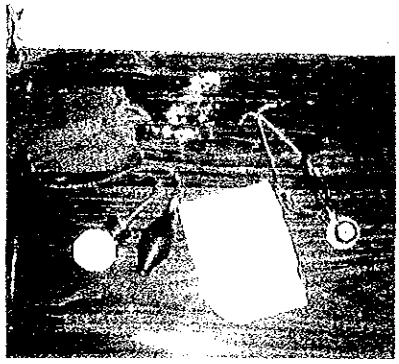


An ANM at medical examination room of S-PHC



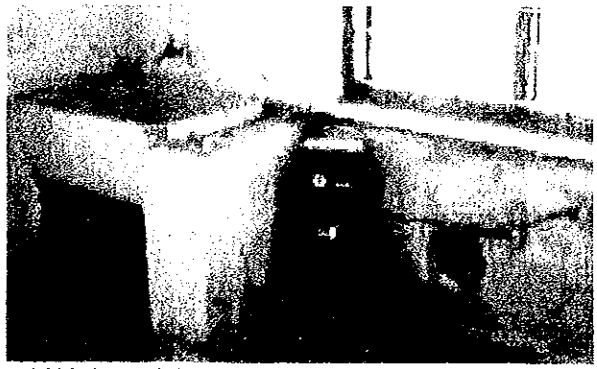
Mohangarh S-PHC: This is a newly constructed S-PHC by the GoMP, however, it is not used due to water supply problem and cracks on the wall.





Equipment, drugs and supplies available at Simra S-PHC, Damoh District.
Their quantity and quality are almost the same at many SCs. Weight scale for infant is available, but it does not seem to be used. Resuscitation equipment is not available.

In general, management and keeping of drugs, books and IEC materials are not in good condition in SCs. The situation is the same in CHCs/B-PHCs and S-PHCs.



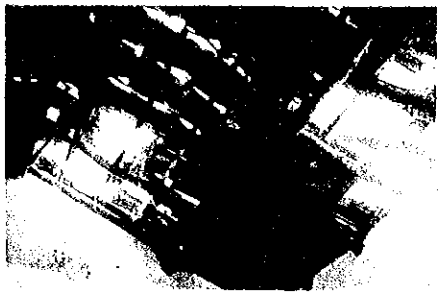
S-PHC, Damoh District: A damaged water pump. Water supply equipment is not always available at all facilities.

<Sub-Centre(SC)- Primary Care Facility without a Medical Doctor>

Two health workers, a male MPW and a female MPW or an ANM, are assigned to a SC, and stationed in the same village where the SC is located. The SC provides mainly MCH services and family planning service, and covers about 4~12 villages. Frequent absence of health workers at the SC because of home visiting in other villages and meetings at sector/block level are some of the reasons for the low utilization of SCs by community. Many of the SCs are not operated in government facilities but in rented buildings or other buildings. Type and shape of SC facilities vary.

Singrampur SC, Damoh District

One of the typical types of the SC. The right wing is residence of the health worker, and the left is for health care provision.



No maintenance of missing roof tiles.

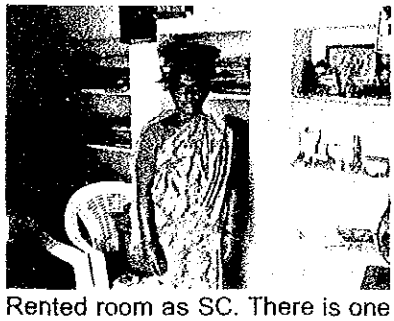
This is the SC constructed by DANIDA support. The right wing is residence of the health worker, and the left is for health care provision.

There is a space for delivery with a bed behind the screen (at right side of the photo). But it doesn't seem to be used.

Consultation room.

Banverr SC

Living room for MPW serves as a consultation room as well.

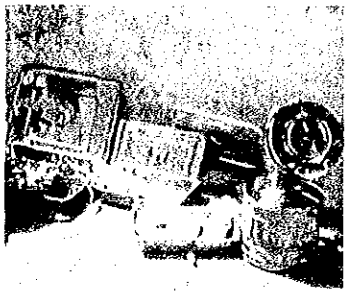


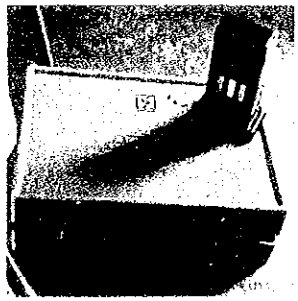
Rented room as SC. There is one bed, but it is not used as a delivery bed.

Equipment and Drugs

Equipment and drugs available at SCs.

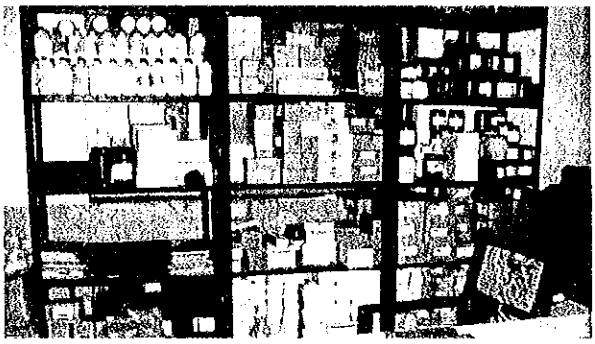
Regarding anaemia test of pregnant women, a simple colorimeter provided sometime ago is no longer used due to lack of reagent. A simpler method using to compare colour of absorbed blood on special paper with the standard colour paper is recommended, but the paper is not available at many SCs.





Drug Supply System

Drugs are generally supplied in short at all governmental health facilities, particularly in the facilities at the block level and below the block level. This is one of the factors for the low utilization of government health facilities by communities. One of the issues to be considered is logistics management of drugs, which is conducted separately by each vertical programme at present.



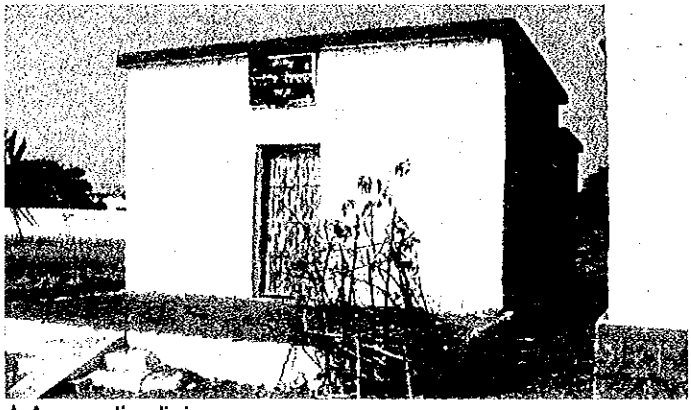
Drug store, Hatta CHC. Damoh

Drug store, Jatara CHC, Tikamgarh

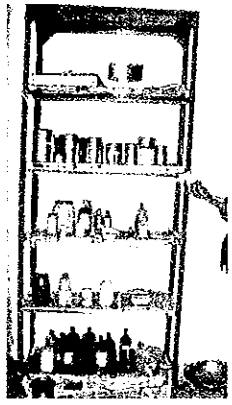
Other Health facilities

Indian System of Medicine

Department of Medical Education & Indian Systems of Medicine has Ayurvedic and Homeopathy clinic in each district (37 in Damoh, 28 in Tikamgarh). Trained TBAs are assigned to many of these clinics and providing care to pregnant women.



↑ Ayurvedic clinic



Use and kinds of drugs in Ayurvedic medicine are different from those used for western medicine. They also use western drugs combined with Ayurvedic drugs.

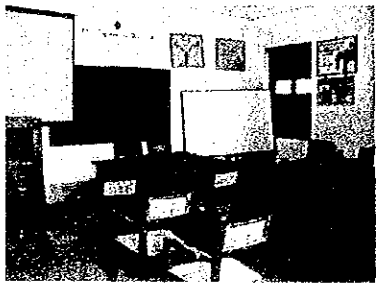
Private practitioner →

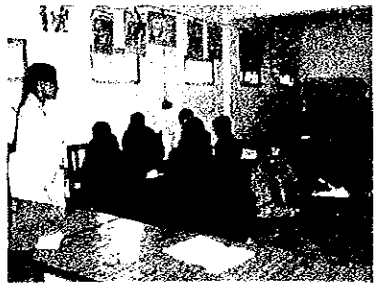
There are many private practitioners in villages and towns. In general, many drugs are available and more patients come to them. Some of these practitioners are not qulified.

Training Centrer

Trainings for health workers (ANMs and MPWs) after the pre-service training are conducted at each District Training Centre (DTC). Tikamgarh district has a Nursing Training Centre (NTC) for ANM and female MPW. Training staff and teaching materials are in short.

Jatara DTC, Tikamgarh district





Nursing Training Center, Tikamgarh:
Training for ANM/MPW

One of the characteristics of the study area is that many villages with small population are scattered in rural areas. The people of the area are mainly Hindu (93%). Different social strata (general caste, scheduled caste and scheduled tribe) usually form clusters by themselves and live separately in the village.

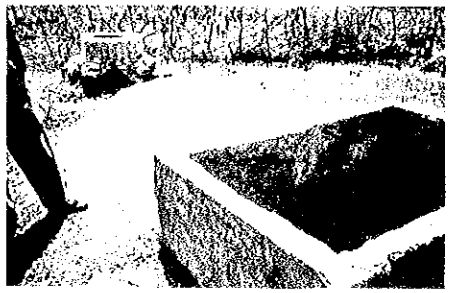
Living conditions in rural areas

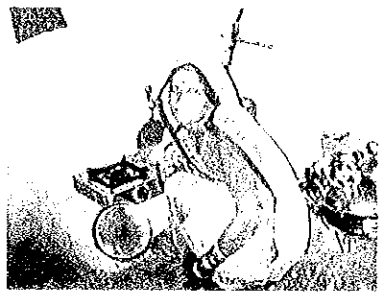
An isolated village in Damoh District: No public transport nor private car available in the village.

A middle-size village in Damoh District

Houses in tribal village in Damoh District

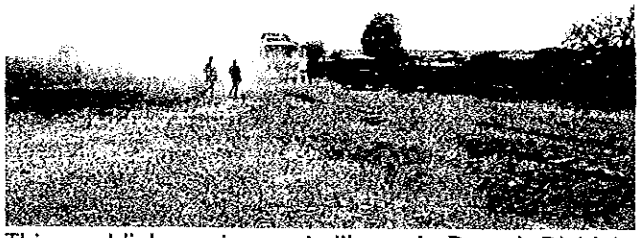
A cooking stove seen in a house of the rural area in Damoh District. No ventilation system in the house. Smoke from the stove may have harmful effect on health.





A biogas plant and gas kitchen stove installed by the scheme of Agriculture Department.

Road conditions and access to rural areas



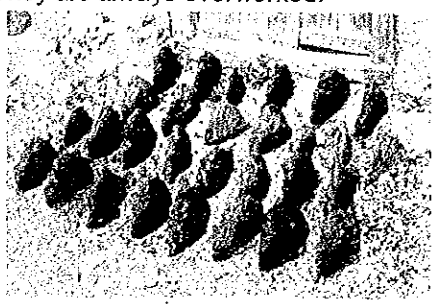
This road links major rural villages in Damoh District, most part of which is unpaved. Public buses run every day.

One of the access roads to rural villages. Condition of these road is very bad, and sometime inaccessible to motorcars.

Women`s housekeeping work

Women and girls have a lot of housekeeping work besides agricultural work. They are always overworked.

Drawing and carrying water is one of many tasks for women and girls. School attendance rate is low for girls since they are important labour force for family.



Dried cow-dung: Used as fuel. Making them is one of women*s work

Women's work for wage

Agriculture is the main industry in the study area, but its productivity is low. Wives and children of poor family, particularly families without any land, do domestic work and sell vegetables in a market to obtain a small income.

Making Bidi (local cigarette) is a traditional source of income in Damoh. However, the wage is very low.

Making incense is also a source of income.

Selling vegetables at neighbouring village and town is one of the sources of income.

Women's and child health

Women and children in an isolated rural village in Damoh. Only Traditional Birth Attendants (TBA) are available in this village for health and obstetric care.

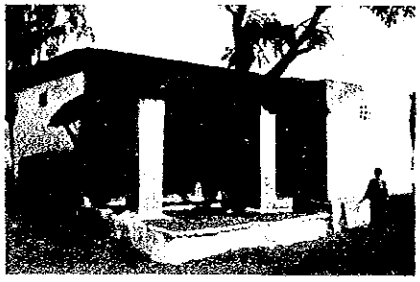
A place for delivering baby: In rural areas, women deliver babies at home. Since delivery is considered dirty, pregnant women stay at shed (as one in the picture above) before and after the delivery.

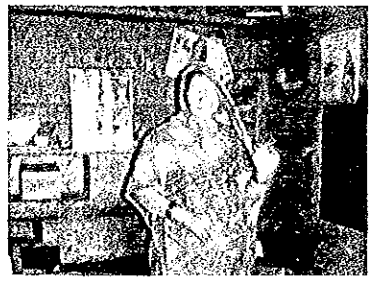
TBA is called Dai in Hindi *and they* generally belong to lowest caste.

Anganwadi Centre (AWC) and Anganwadi Worker (AWW)

Anganwadi centre is usually established in all villages by the programme of Department of Women & Child Development. An Anganwadi worker (volunteer) works at AWC, and provides services on nutrition and health education for pregnant women and children. Facilities and equipment of AWC vary from village to village. Knowledge of AWW and level of activities also vary.

Anganwadi worker assistant in Damoh District





Anganwadi worker in Tikamgarh District

Primary Education

*It is widely known that improvement of women's education level interrelate with improvement of women*s life and health.* Education Guarantee Scheme has been promoted in the state of Madhya Pradesh and women's literacy rate remarkably increased.

Primary schools are constructed within 1 km distance from residential area in all villages.

3. Study

■ Interviewing with medical staff at CHC (Community Health Center) in Hatta Block, Damoh

■ Discussion with medical staff at PHC (Primary Health Center) in Damoh

■ Visiting to SHC (Sub-Health Center) in Damoh

■ Interviewing with people in the village

■ "P" mentioned on the wall means "Polio vaccination" and the date is also mentioned.

■ Interviewing with women in tribal area, Damoh

■ RRA (Rapid Rural Assessment) with people in the village, Damoh

4. Meeting and workshop

■ Presentation on study to counterpart of GoMP

■ Counterpart listening to presentation of study team at state level

■ Workshop in Sagar Division

■ Discussion with participants in the workshop in Tikamgarh

■ Group discussion together with ANM and officer

■ Presentation of the results of group discussion

THE DEVELOPMENT STUDY
ON
REPRODUCTIVE HEALTH
IN
THE STATE OF MADHYA PRADESH, INDIA

Final Report
(Volume 1 – Summary)

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ABBREVIATIONS

ADB	Asian Development Bank
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
ARI	Accute Respiratory Infections
ASO	Assistant Statistical Officer
AWC	Anganwadi Center
AWW	Anganwadi Worker
BCDH	Border Cluster District Health
BEE	Block Extension Educator
BMO	Block Mediacal Officer
BJP	Bharatiya Janata Party
B-PHC	Block-level Primary Health Center
CBD	Community-based Distribution
CBHI	Central Bureau of Health Intelligence
CEO	Chief Executive Officer
CHC	Community Health Center
CHV	Community Health Volunteer
CMHO	Chief Medical and Health Officer
CNAA	Community Needs Assessment Approach
DRDA	District Rural Development Authority
CPR	Couple Protection Rate
CSSM	Child Survival and Safe Motherhood
DANIDA	Danish International Development Assistant
DANLEP	DANIDA-assited National Leprosy Education Progaramme
DC	District Collector
DCC	District-Level Coordination Committee
DEMO	District Extension Media Officer
DFID	Department for International Development
DMEISM	Department of Medical Education & Indian System of Medicine
DMO	District Malaria Officer
DMS	Director of Medical Services
DPHFW	Department of Public Health & Family Welfare
DPHE	Department of Public Health and Engineering
DPRD	Department of Panchayat & Rural Development
DPT	Diphtheria, Pertussis, Tetanus
DSO	District Statistical Officer
DTC	District Training Center
DWCD	Department of Women and Child Development
EC	European Commission
ELISA	Enzyme-linked Immunosorbent assay
EOC	Essential Obstetric Care
EmOC	Emergency Obstetric Care
FGD	Focus Group Discussion
FPAI	Family Planning Association of India
FRU	First Referal Unit
GDI	Gender Development Index
GII	Japan Global Issues Initiative
GIS	Geographical Information System
GOI	Government of India
GOMP	Government of Madhya Pradesh
GP	Gram Panchayat

GS	Gram Sabha
HDI	Human Development Index
HMIS	Health Management Information System
HIV	Human Immunodeficiency Virus
IAS	Indian Administrative Services
ICDS	Integrated Child Development Scheme
ICPD	International Conference on Population and Development
IDA	International Development Association
IDD	Iodine Deficiency Disorder
IEC	Information Education and Communication
IECB	IEC Bereau
IFA	Iron and Folic Acid
IIFM	Indian Institute of Forest Management
IMR	Infant Mortality Rate
IP	In Patient
IPC	Inter-personal Communication
IPD	Integrated Population & Development
ISD	International Subscriber Dialing
IUD	Intrauterine Device
JICA	Japan International Cooperation Agency
JBIC	Japan Bank for International Cooperation
JP	Janpad Panchayat
JSR	Jan Swasthaya Rakshak
LDC	Lower Division Clerk
LHV	Lady Health Visitor
MCH	Maternal and Chaild Health
MIES	Management Information and Evaluation System
MMR	Maternal Mortality Ratio
MMS	Mahila Swasthaya Sangh
MSS	Mahila Swasthaya Samiti
MP	Madhya Pradesh
MPFD	Madhya Pradesh Forest Department
MPW	Multi-purpose Worker
MTP	Medical Termination of Pregnancy
NACO	National AIDS Control Programme
NDP	Net Domestic Product
NFHS	National Family Health Survey
NHIS	National Health Information Systems
NGO	Non Governmental Organisation
NIC	National Informatics Center
NRIS	National Resource Information System
NSSO	National Sample Survey Organisation
NTC	Nursing Training Center
OBC	Other Backward Classes
OB/Gyn	Obsterician & Gynaecologist
OC	Oral Contraceptives
ODA	Official Development Assistance
OP	Out Patient
OPEC	Organization of Petroleum Exporting Countries
ORS	Oral Rehydration Salt
OT	Orientation Training
PCO	Public Call Offices
PHC	Primary Health Center
PNC	Postnatal Care
PRI	Panchayat Raj Institution
PVO	Private Voluntary Organization

PWD	Public Work Department
RCH	Reproductive and Child Health
RKS	Rogi Kalyan Samiti
RMP	Rural Medical Practitioner
RRL	Regional Research Laboratories
RTI	Reproductive Tract Infections
SC	Scheduled Caste
SCOVA	State Committee on Voluntary Action
SDP	Sevice Delivery Point
SDP	State domestic Product
SFC	State Finance Commission
SHC	Sub-Health Centre
SHG	Self-help Group
SIHCM	State Institute of Health Communication and Management
SIS	Statistical Information System
SOE	Statement of expenditure
S-PHC	Sector-level Primary Health Center
SRS	Sample Registration System
ST	Scheduled Tribe
STD	Subscribers Trunk Dialing
STI	Sexually Transmitted Infections
TB	Tuberculosis
TBA	Traditional Birth Attendant
TFR	Total Fertility Rate
TINP	The Integrated Nutrition Project
TT	Tetanus Toxioid
ULB	Urban Local Bodies
UN	United Nations
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UP	Uttar Pradesh
USAID	United States Agency for International Development
VHAI	Voluntary Health Association of India
VHG	Village Health Guide
WB	World Bank
WHO	World Health Organization
ZP	Zilla Parishad

1 INTRODUCTION

1.1 BACKGROUND

The International Conference of Population and Development (ICPD) in Cairo 1994 established a growing international consensus on population and sustainable development and policies to achieve population stabilization. A broad and comprehensive definition of "Reproductive Health" was accepted by all participating countries including India. This marked a turning point in the approach of the family welfare programme of India. After the ICPD in Cairo, India has respected the ICPD framework, and in conjunction with the Programme of Action adopted at the ICPD, it has promoted comprehensive reproductive health, improved access to health services, improvement of women's status, and strengthening of women's right. These were clearly described in the Ninth National Development Plan. In addition, community needs assessments were implemented and programmes with a bottom up focus rather than the hitherto top down focus were promoted.

Japan has had a serious concern for population and AIDS as issues common to all humanity that must be tackled immediately. It announced **Japan's Global Issues Initiative (GII) on Population and AIDS** in 1994, prior to the series of conferences of ICPD (in Cairo), the AIDS Summit (in Paris), and the World Women's Conference (in Beijing), in order to actively confront these global issues. Japan has sent a Project Formulation Mission to various countries, beginning with the 12 priority countries with high assistance needs in the areas of population, reproductive health, and AIDS, and has continued to actively provide development assistance in these sectors to the present.

India is one of the 12 priority countries named in the GII, and Japan sent a Project Formulation Mission to India in 1995 to study the assistance needs in these sectors and to hold discussions with the Indian government. Based on these discussions, it was agreed between the Japanese and Indian governments that assistance was needed to improve women's health status with the approach of integrated reproductive health and women's empowerment in accordance with the international consensus in the Cairo Conference, and a project for implementation of technical cooperation to develop a master plan (the "development study") for improvement of women's reproductive health at the district level was formulated for the state of Madhya Pradesh (MP) in northern India, which has poor indices of human development and women's health.

Under these circumstances, the Government of India requested the Government of Japan to provide technical cooperation to develop a district plan for improvement of reproductive health. In response to the request, based on the prevailing conditions in MP state, the Japanese government concluded that improvement of women's health in the state was exceedingly important for the state's development and dispatched a preliminary study team, which resulted in the Scope of Work (S/W) for the "Development Study on Reproductive Health in the State of Madhya Pradesh, India" signed by the respective representatives of the Government of MP and Japanese International Cooperation Agency (JICA) on the 20th of April 2000.

After the Cairo ICPD, during these process for implementation of the JICA Study the government of MP has promoted population programmes and reproductive health improvement as priority areas along with the national policies and programmes. In 2000, the MP government formulated the state population policy that respected the reproductive health framework. However, these reproductive health policies and programmes have not been fully

implemented as expected, and still more efforts will be needed at the implementation level to achieve reproductive health goals.

1.2 OBJECTIVES OF THE STUDY

The objectives of the Study were,

(1) To formulate District Plans for Improvement of Reproductive Health for Damoh and Tikamgarh districts of Sagar division, the state of Madhya Pradesh, India, primarily based on the current situation/problem analysis related to women's health, nutrition, hygiene, education, and the labour environment.

    The District Plans will mainly target women in reproductive age group and extend to 2010.

(2) To carry out technical transfer to the Indian counterpart personnel throughout the Study.

1.3 STUDY AREA

The geographical study area is Sagar Division of the State of Madhya Pradesh. The Division consists of five districts: Chhatarpur, Damoh, Panna, Sagar and Tikamgarh.

The study was to be conducted in all five districts of Sagar division, and emphasis is put on the studies and surveys in the districts of Damoh and Tikamgarh.

The population of the total area is approximately 6.6 millions in total, 1.2 and 1.1 millions respectively in Tikamgarh and Damoh districts.

1.4 TIME FRAME OF THE STUDY

The study spans 14.2 months, taking place from mid-November 2000 to the end of March 2002. The Study was implemented in two phases: Phase I from November 2000 to June 2001 and Phase II from July 2001 to March 2002.

A diagram outlining the overall study process is given as Figure 1 on the last page of this chapter.

1.5 STUDY APPROACH AND METHODOLOGY

1.5.1 Phased approach of the Study

The study was implemented in two phases; each phase covered the following areas.

(1) Phase I (November 2000 - April 2001)

    In Phase I, the situation analysis of reproductive health (mainly of women) and related issues was conducted. The past, on-going and planned projects/programmes and studies related to reproductive health issues were also reviewed. Based on these analyses and findings, the constraints and issues in improving reproductive health were identified, and strategies for the district plans for improving reproductive health were elaborated.

(2) Phase II (July 2001 – March 2002)

Based on the results of the Phase I study and the strategies elaborated, supplementary field studies were conducted and data/information were collected as necessary, and the district plans for improving reproductive health at district level were formulated.

1.5.2 Study Methodology

The methodologies used in the study are:

(1) Study on secondary sources:

- Review of documents and publications by international agencies, donors, NGOs and Government.
- Analysis of existing secondary statistical data
- Review of existing project and programmes

(2) Collection of primary data - qualitative information:

- Qualitative assessment of health system and RCH services provision was conducted through direct observation, in-depth interviews, and discussions with health staff, other stakeholders and key informants in communities.
- Rapid assessment of RCH service delivery by using simple questionnaires in the field.
- Focus group discussions with community people which were conducted by study team members and a subcontracted local consulting firm
- Review of existing projects and programmes related to RCH
- Exchange of opinions in meetings and workshops with health administrative staff and health care providers.

(3) Collection of primary data - quantitative information:

Four surveys were subcontracted to a local consulting firm. These studies gathered statistical data using structured questionnaires.

(a) Knowledge, attitude and practice (KAP) study on health care seeking behaviour in Damoh and Tikamgarh Districts: 1,080 ever-married women (age 15-49) and 976 of their husbands were interviewed.

(b) Beneficiary interview survey at health facilities and at home in five districts in Sagar Division: 387 clients visiting government health facilities (CHC, PHC and SC) and 216 clients who received care at home from health workers were interviewed.

(c) Health facility and human resource survey in five districts in Sagar Division: 75 government facilities including district hospital, CHC, PHC and SC were surveyed. A total of 174 health care providers working at health facilities were interviewed.

(c) A community survey in five districts in Sagar Division, including interviews with women's groups and community health providers: 13 urban communities and 80 rural communities (villages) were surveyed.

(4) Meetings and Workshops

To present and share the team's work plan and findings of the study, several meetings and workshops were held at state, district and block level through the study period. Participants' opinions and inputs were taken into consideration in analysis of the current situation of reproductive health, and particularly in developing strategies and district plans for improving reproductive health.

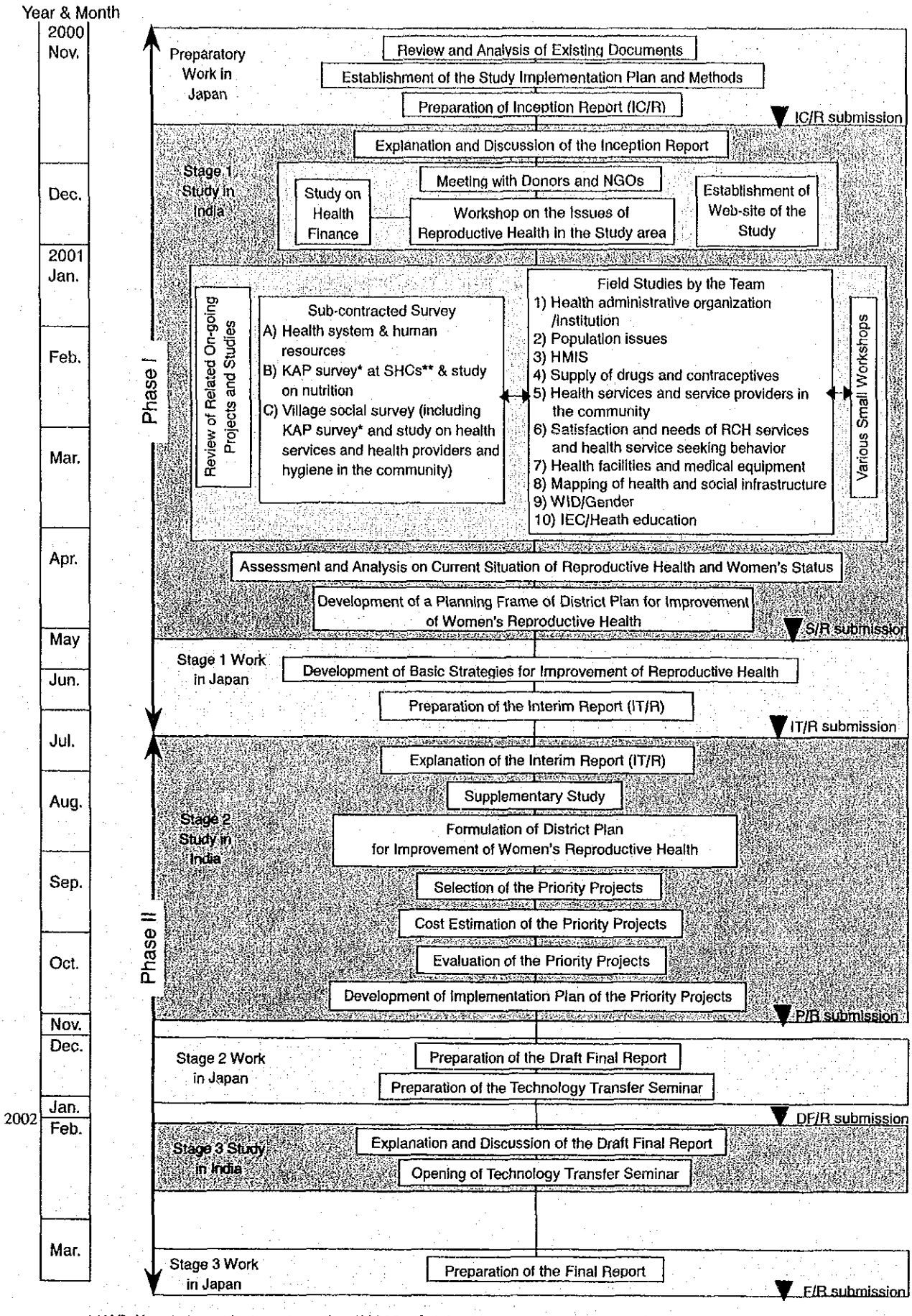
(5) Development of geographical information system (GIS) for Tikamgarh and Damon district

Basic GIS maps of Tikamgarh and Damoh were developed and available data mainly from 1991 census data were incorporated in the GIS. However, due to difficulties in obtaining data and the poor quality of the data, only limited health related data from each district were utilized.

- Analysis of accessibility of SCs using GIS was conducted.
- Training on the basics of GIS was conducted for state level health officers and computer programmers.

1.5.3 Project Website

A domain name has been obtained and a website has been established with the project information. It has been regularly updated with the study progress (workshops, visits, reports).



* KAP: Knowledge, attitude and practice, **SHCs: Sub-health centers
(IC/R: Inception report, S/R: Status report, IT/R: Interim report, P/R: Progress report, DF/R: Draft final report, F/R: Final report)

Figure 1 Study Activities Flowchart