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Name of Best Practices:

Strengthened and efficient Referral Transport services coupled with equitable access to institutional care and real time monitoring of JSSK and Referral transport to improve institutional delivery and reducing OOP in Madhya Pradesh

Geographical Area:

Piloted by UNICEF & NHM GoMP in Guna and Shivpuri and up-scaled by NHM Madhya Pradesh state wide.

MCH Theme Covered:

Intrapartum Care and 24x 7 Access to Institutional Delivery under Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakram (JSSK)

Operational Mechanism:

Madhya Pradesh had the fourth highest Maternal Mortality Ratio at 335 per 100,000 live birth in India as per SRS 2004-06. GoI had launched the conditional cash transfer scheme to increase access to institutional services. However, key barriers of inequitable distribution of Health centres and no access to referral transport created pockets of low institutional delivery and geographical exclusion. Additionally a higher load of deliveries was found in First Referral Units (FRUs) where capacity of health care providers was also affecting quality of care. This diluted the gains of JSY scheme.

Thus UNICEF along with District Health Society (DHS) and GoMP together developed a four pronged strategy to increase access to Institutional:

1. Provide 24x7 Free Referral Transport for pregnant women and children (Home to Facility, Inter Facility and Drop back)
2. 24x7 safe delivery close to community -Facility services Level 1 MCH centres
3. Ensure Free Drugs, Diagnostics, Food, and treatment
4. Real time monitoring with JSSK monitoring and feedback system

Referral Transport Services: This included;

- a. Basic and Advanced Life Support Ambulance Services -108 for all emergencies were provided. A total of 604 vehicles had been provided in the state.
- b. Additional Janani Express for transport of Pregnant women and Sick Children to hospital and drop back
- c. Call Centre Connectivity of Janani Express for real time coordination and monitoring of service calls completed and dropped by the Janani Express.
- d. Online monitoring of Janani Express Yojana (JEY) to record data on calls completed, beneficiaries reached, communities reached and to monitor the most marginalised and vulnerable populations reached through these centres.

With Technical support of UNICEF, initially the state provided 39 ambulances and 28 Delivery centres in Shivpuri district which was up-scaled from 2007 till 2009. Over the years the state has now up-scaled to 1041 Janani Express Ambulances to provide 24x7 referral transport services in 50 districts in 2014. This has seen a massive jump in reach from 23,545 beneficiaries to 11,70,305 beneficiaries in 2014 thus benefiting a total of 37,45,573 women and children (Figure 1). All vehicles were installed with GPS and online monitoring was linked for all. Beneficiary/ Client feedback was in built for JSSK under the JEY online monitoring soft-ware. The software was completely supported by UNICEF.

With the support of the online monitoring system call conversion rate was reported for the period Jan 2013-6th May 2015 at 96.5 % (of total beneficiaries who called 96.5% received the services of the Janani Express). Out of the Total beneficiaries served for period Jan 13-6th May 2015 -13,56,385 , 34.4% received services between 6 am and 12 pm, 21% between 12-2 pm, 26.4% received services between 6pm-12 am and 18% between 12 and 6 am. Similarly for the same duration it was recorded that 39% of beneficiaries reached were from OBC, 20.5% from Scheduled caste, 32.5% from Schedule Tribes and 7.7% were from general class. The most important service provided was recorded and measured in terms of response time per call made to the JEY call centre (figure 2) . From Jan 2013-6th May 2015 among the 97,0172 beneficiaries whose response time was recorded 30.7% reached the facility less than 1 hour of call received, 48.6% reached between 1 and 32 hours, 12% reached within 2-3 hours and 8.7% took more than 3 hours to reach. This is essential to document as other research publications have emphasized that every hour counts. It takes 2 hours for a patient with PPH to die, 12 hours for APH to die, 24 hours for ruptured uterus to death, 2 days for eclampsia to death, 3 days for obstructed labour to result in death and 6 days for maternal sepsis to lead to death.

From the 1st Jan 2013-6th May 2015 in Guna and Shivpuri on an average 92% travelled less than 30 kms of which 71% of beneficiaries had to travel less than 20KMs. While from Jan 2013 to 6th May 15, 86% of beneficiaries in the state of MP had to travel less than 3 kms on an average to reach the nearest Institutional delivery point. The data also reports that the service awareness is fairly high among the beneficiaries as 59% were ASHAs and Anganwadi worker and 25 % were relatives, sarpanch or community member and 16.8% were hospital staff.

The online monitoring system also records feedback of JSSK services from clients. Call Centre employees make and record calls to take feedback from clients. It generates reports regarding money spent by mothers/ beneficiaries on different services, post -natal services and JSY transfers. Feedback is shared with District officials through auto generated mails and action taken based on feedback by the district. JSSK feedback recorded for 8513 beneficiaries of which 97.4% reported JSSK services availed. A few beneficiaries 28.3% recorded out of pocket expenses of which 10% paid tips for hospital staff and drivers. Out of the 7756 beneficiaries 43.6% reported Post -natal home visits by ASHAs.

Finally MCH level 1 Services were brought closer to the community. In the pilot districts of Guna and Shivpuri Health Sub Centres in remote village pockets were upgraded to provide institutional deliveries with trained skilled birth attendant and upgraded 24x7 MCH centres with a well quipped labour room.

Any Evaluation conducted:

All the above strategies led to over 4 million pregnant women being transported for institutional deliveries. DLHS 3 data was considered as the baseline for Pilot districts Guna and Shivpuri. The institutional delivery rate increased from 50% in Guna during DLHS 3 (2007-08) to 93% in AHS 12-13. Similarly it increased from 44% in Shivpuri during DLHS 3 to 89% in during AHS 12-13. For the state of Madhya Pradesh Institutional delivery increased from 47% in DLHS 3 to 83% in AHS 12-13.

Remarks/ Figures: Figure 1:

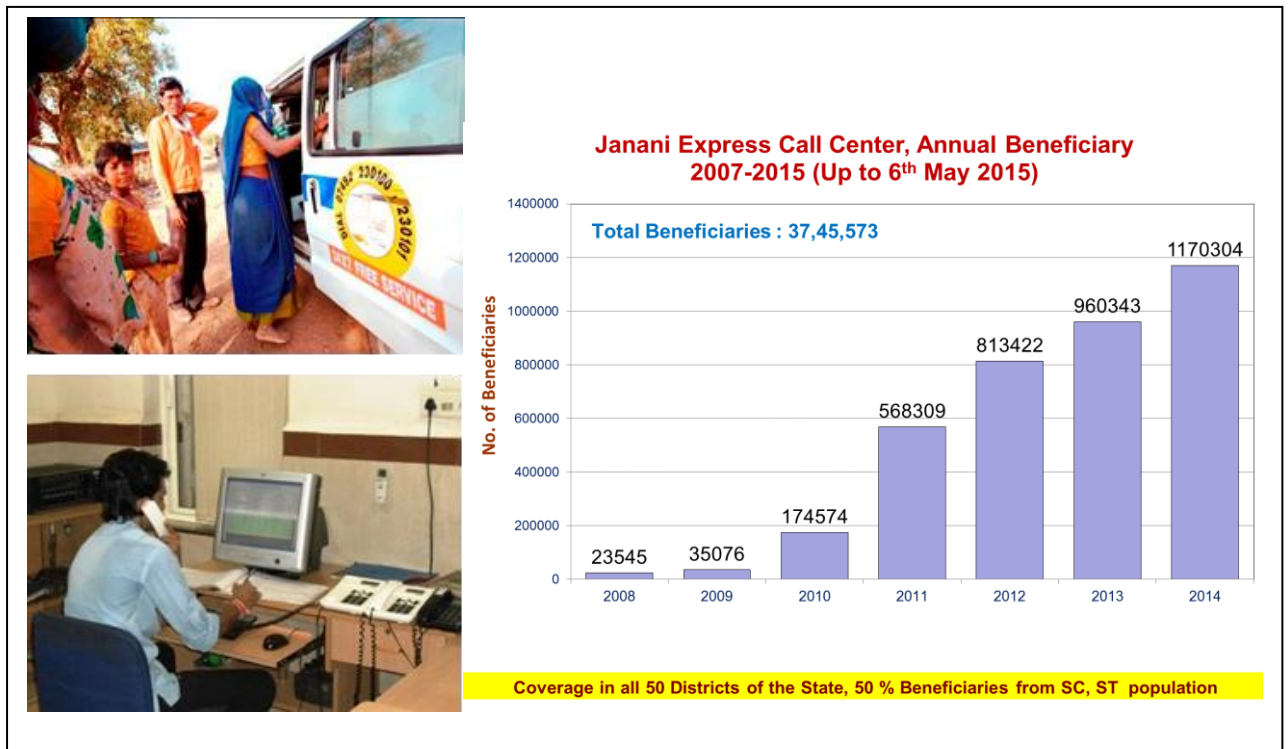
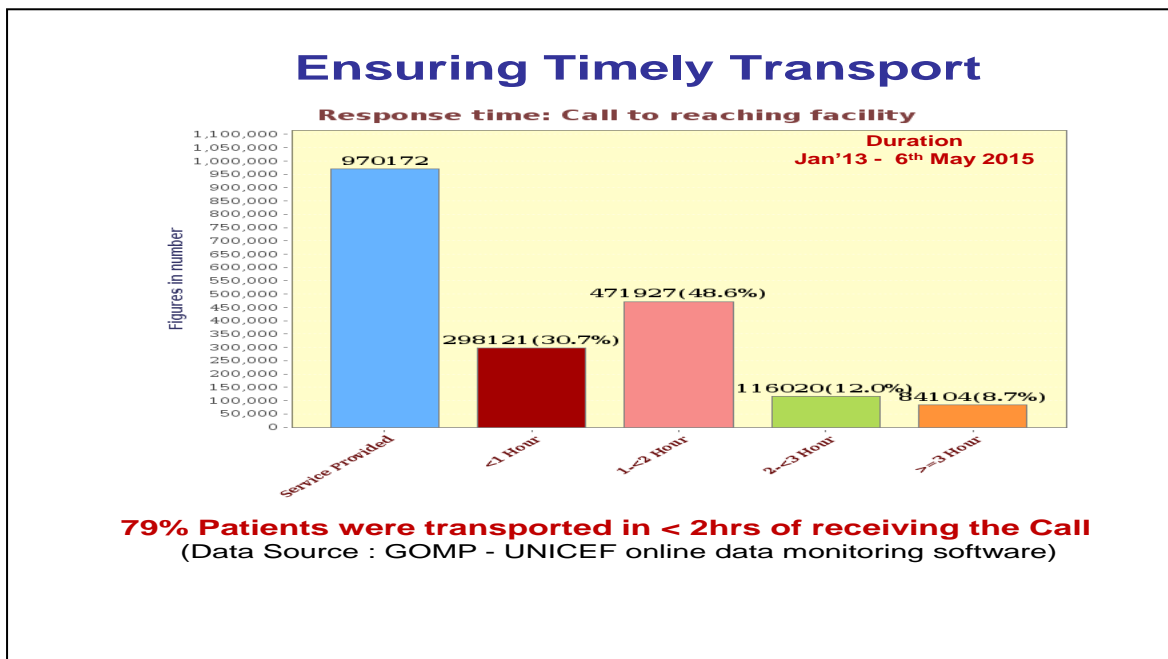
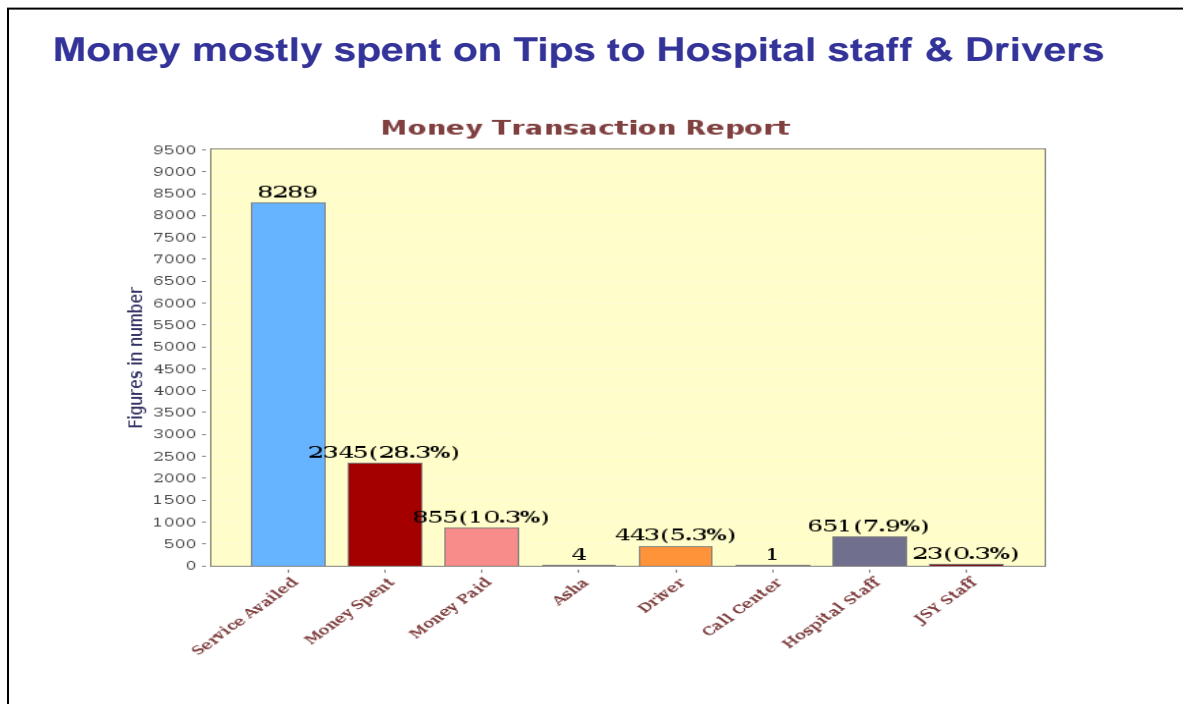


Figure 2:

Figure 3: JSSK Feedback from Call Centre



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