



CHETNA

For Women Young people Children

Reaching the Unreached

In partnership with the Department of Health and Family Welfare, Gujarat and four community based organizations,
Technical Support by
CHETNA Regional Resource Center



Raising Consciousness



Creating Awareness

30 January 2012

CHETNA implemented a three-year programme in 35 tribal villages of Khedbramha block, Sabarkantha district, to increase access to maternal and child health services and avert maternal and child deaths.

During the intervention period (2006-2009) only one maternal death and nine infant deaths were recorded of a total of 2,768 live births.



To improve the health of women and children in the selected villages of Khedbramha block, Sabarkantha District.

Increase access to ante natal checkups from 15 to 85 percent.

Increase spacing as well as terminal methods of contraception by 30-35 percent

Increase complete immunization of children from 40 to 80 percent

Partnership with the Public Health Department for provisioning of services

Capacity building and mentoring of village link workers and community based organizations for community mobilization

A baseline survey was conducted as per the guidelines of the Ministry of Health and Family Welfare (MOHFW), Government of India, in 15 villages by interviewing 2562 eligible couples. The survey revealed that

15% women received three ante natal check ups (ANCs)

40 % of the children received complete immunization

Over 70 % women gave birth at home

Women rarely received post natal checkups (PNCs)



Human Chain of Communication

Thirty five young leaders of the area (15 women and 20 men) were identified and trained as link workers by CBO partners and CHETNA's field staff.

Capacity building was followed up by regular mentoring and refresher training for three years. The role of the link workers was to inform women, family members and couples.

Ensuring Checkups

Every quarter, health camps were held in collaboration with PHC and a local trust hospital. Counselling based on the checkups was given;

Risks to mothers were identified and postnatal checkups (PNCs) and complete immunization of children was also ensured.

Increasing Institutional Delivery

Link workers made birth plans with the pregnant women and conducted regular home visits, particularly during the last three months of pregnancy. They also accompanied pregnant women for institutional delivery or provided support in taking care of children and family members at home.

Referral Transport Support

A list of private vehicle owners and their phone numbers were provided to all pregnant women and their families. This list was used by the families to make transport arrangements.

Women started accessing this service to reach institutions accompanied by the link worker. The link workers demonstrated the use of 108

CHETNA was able to bring about a perceptible change in the health status of rural communities in the tribal villages of Sabarkantha district of Gujarat by strengthening the capacities of village level link workers and CBOs. In a three year period, access to maternal and child health services improved.

Pregnant women registering with the Female Health Worker (FHW) in the first three months of pregnancy increased from 30 to 76 percent

Pregnant women receiving three checkups increased from 15 to 96 percent

Women giving births in health facilities increased from 22 to 67 percent

Children receiving BCG vaccination increased from 40 to 90 percent

In a total of 2768 births, one maternal death and nine infant deaths recorded against the expected 40 maternal and 54 infant deaths

The NRHM needs to devise specific strategies to save lives of mothers and newborns in interior, tribal areas which are difficult to access.

In tribal and difficult areas where homes are scattered there must be hamlet-wise placement of ASHAs. Villages having a population of less than 1000 people must have an ASHA.

For ASHAs to be effective a long term capacity enhancement plan, with monthly reviews at the sub centre level and quarterly training programmes, must be developed. Special attention should be given to strengthen her skills in behaviour change communication, community mobilization, counselling and advocacy.

PHCs and CHCs situated in difficult, tribal areas must be prioritized and strengthened to provide 24x7 services backed with ambulance and referral support systems