

Reproductive and Child Health Program Implementation in India. Focus Group Discussion with Auxiliary Nurse Midwives in Andhra Pradesh.

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Summary & Conclusions

Focus Group discussions were conducted with the Auxiliary Nurse Midwives (ANMs) from three districts. Two groups of ten participants from each district were randomly selected from a panel of ideal typical ANMs nominated by Medical Officers working in PHC of respective districts.

Many of the ANM groups, were concerned about persisting superstitions and difficulty in imparting health education. All ANM groups felt that education of girl child will help improve health status. Younger age at marriage of girls and boys was recognized as a problem by four groups.

The ANMs expressed that it is easier to persuade and convince educated women about health issues. Another argument to educate the girl child, is that it gives confidence to be more proactive about their reproductive choices. Village heads and pujari (priests) play an important role in sustaining the superstitions and hence the need to educate and train them.

All the groups were concerned about the heavy workload and the resultant dilution in quality of their service. An unanimous view that the sub centre population coverage should be revised to 3000 instead of 5000 was strongly expressed. Full or part time helper is required to assist the ANM. Lack of transport facilities was cited among all the six discussions. The moped scheme designed to improve ANMs mobility to be fully operationalised.

Availability of sub center building can bring substantial improvement in services. But inconvenient location of sub center buildings also severely affects access to its services. Hence accessible location of sub center building would improve the delivery of health care service. Another important problem is the inadequacy of equipment, medicines and supplies in sub centres.

At the PHC level, non availability of medical officer in the headquarters reduces the people's confidence in the PHCs. Regular visits by the medical officer to the sub center will increase confidence of villagers on the ANM and the sub center. Poor leadership and supervision by the PHC team was noticed. Supervisors are usually interested in achievement of targets, reporting of figures, maintenance of records, procedures and documentation rather on quality of service delivery.

The groups flagged many instances of faulty program implementation. There is usually a tendency for certain important program features to be diluted or altogether altered at the stage of implementation. Hence concrete evaluation and qualitative studies of delivery process at the cutting edge would help improve program impact. Some ANM groups were concerned about unrealistic sterilisation operation targets that they have to meet.

There was a felt need for sustained continuing education programs would improve the skill of ANMs in dealing with new health problems like HIV, hepatitis B and post immunisation reaction etc. All ANMs groups appreciated the usefulness of training programs organised by the family welfare department.

Most ANMs noted with concern, lack of support by first referral hospitals. Availability of vehicle in the PHC and telephone facility in the PHC and sub center will help to refer cases to an institution where services is likely to be available.