

RCH Camp Services Assessment

For

RCH/ NRHM, Rajasthan

By



State Institute of Health and Family Welfare, Jaipur
(An ISO 9001:2008 Certified Institution)



Executive Summary

Reduction in Maternal Mortality Ratio and Infant Mortality Rate and Total Fertility has been a challenging task for the Health Sector in India. Since beginning various interventions had been planned and implemented and some of them are still being implemented.

In order to address the needs of vulnerable groups in hitherto unreached areas (C type of villages), various activities were planned in RCH I. RCH Camps were introduced to improve the Maternal Health and Child Health of India. These camps provided an opportunity to integrate the efforts of service providers and increase access to reproductive health services, especially to people living in remote areas where the existing services are underutilized. The scheme is implemented in the 10 weak states and also in the eastern States. Rajasthan was one of the 8 EAG states where this scheme was started.

This scheme was well appreciated in the rural community and large number of people attended these camps. The positive response, led to the barging of scheme into RCH-II PIP also.

As per the report of RCH II, as on March 2008, total 1682 RCH camps were held in 33 district of Rajasthan, almost 51 camps per District on an average.

The RCH camps provide services as per pre-determined calendar, combine benefits of rural outreach and high quality services related to Maternal Health, Child Health and Family planning services under one roof. Women and children were able to get all these services close to their homes on an assured basis.

The purpose of the RCH Camps is to increase utilization of selected underutilized PHCs and to provide services to remote communities that have limited access to PHC services. These RCH camps were held once in two months on a scheduled date. The site of the camp was PHC. Six camps per year were proposed to be conducted in the selected PHCs.



SIHFV carried out Impact Assessment of RCH Camps with the following objectives:

- To find out the coverage and access of services in the selected PHC area by RCH camps.
- To assess the implementation of plan developed by state and district for RCH camp.
- To assess the feedback of beneficiaries regarding services provided during the camp.

The assessment was carried out in 14 districts of Rajasthan using structured questionnaires in the second quarter of 2008. The district which had more than the state average (6 camps) during the year 2007 - 2008 was selected as high coverage district whereas district which had less than state average was selected as low coverage districts.

High Coverage districts: Bhilwara, Hanumangarh, Dholpur, Alwar, Barmer, Jhalawar and Dungarpur.

Low Coverage districts: Ajmer, Ganganagar, Sawai Madhopur, Sikar, Jodhpur, Kota and Chittorgarh.

It was projected to assess two camps from each block. Hence in all the 14 districts, 56 camps were appraised. To assess the impacted of these camps 10 men and 10 women from each camp area were interviewed. Similarly 2 service providers, two activity head and camps organizer were also interviewed. In all 1198 respondents were contacted, which included - Medical Officers, Public Representatives and beneficiaries.

Observations:

In around 59% cases Medical Officers reported that camps were organized once in two months. This trend was similar among the district surveyed except Barmer, Bhilwara, Dungarpur and Jhalawar where they reported either twice a month or occasionally.

It was decided by the government to select 20 PHC for organizing the RCH camps in every alternate month in a financial year in each district except Jaisalmer where number of PHC is only 16. Only 60 camps were targeted to organize in each district. This target was 50% of the guidelines.



Only 22.4% Medical Officers had knowledge regarding 20 camps to be organized in their district. They were mainly from Barmer, Sawai Madhopur, Bhilwara, Sikar, Jodhpur and Dholpur districts.

Majority of the respondents reported that mainly Gynae checkups, Immunization, sterilizations, tests and distribution of medicines were done in the camps. This trend was similar among the districts surveyed. Counselling was reported only by the representative of Alwar district.

It was suggested by the representatives that the camps will be organised every month and the quality services be given. 10.4% of representatives of Bhilwara, Kota, Dungarpur, Jhalawar and Dholpur reported that more IEC was required.

1099 beneficiaries who had visited camps during last one year were contacted. 41.3% of them were male and 58.7% of them were female. It might indicate that female were more alert regarding their health in comparison to male. Female participation was seen mainly in Bhilwara, Sawai Madhopur, Barmer, Ajmer, Jodhpur and Sri Ganganagar districts.

It was reported by the beneficiaries that they had received information mainly through loud speakers followed by pamphlets and group discussions. Information through Banner and Slogan writing was reported by 15% respondents respectively.

In 92.5% cases respondents reported that camp was organised at PHC while 4.8% were reported CHC as place of camp. This trend was similar among the districts surveyed.

In 64.6% cases respondents reported that Ayurvedic Medical Officer (Vaidhya) was available in the camp while 37% reported Homeopathic doctor were available in the camp. Around 9% respondents reported person from Siddha and Unani techniques during the camp.

Majority of the respondents reported that facilities like sitting arrangement, drinking water, availability of specialist services and availability of specialists, medicine, FP methods etc were available during the camp. Display of layout about the services was mainly reported by the respondents of Sawai Madhopur, Jhalawar, Dholpur, Ganganagar and Kota districts.



Generator was the prime requirement of a camp. Poor availability of generator was reported by the respondents of Alwar, Barmer, Sikar, Ajmer, Dungarpur, Hanumangarh and Kota districts.

Similarly poor or non availability of ambulance in the camp was reported by the respondents of Bhilwara, Sawai Madhopur, Chittorgarh, Ajmer, Jodhpur, Dholpur and Ganganagar districts.

In majority of cases respondents received treatment of aches and pains, sterilization services and treatment of common illness. Services regarding sterilization were reported mainly by the respondents of Alwar, Ajmer and Kota districts. Treatment of fever was reported by the respondents of Chittorgarh, Dungarpur and Dholpur districts.