Janmangal Programme in Rajasthan

Concurrent Evaluation

By

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(An ISO 9001: 2008 certified Institution)

Executive Summary

Rajasthan is the only State in the country, where community based distribution of contraceptives and other services like mobilizing people for safe sexual behaviour, immunization, distribution of ORS etc is being implemented through community based volunteers-*Janmangal Couples*. These Janmangal Couples have been working in the state under the FW programme to increase the access of non clinical contraceptives to the eligible couples in the community. This program was started in the beginning of last decade (1992) in two districts Udaipur and Alwar. The success of the program led to extend the program in all the districts of the state.

Number of scheme has been introduced in the country based on success of JMC program in Rajasthan. ASHA Sahyogini concept also emerged on the basis of this component. Even after the introduction of Asha Sahyogini, Janmangal Couples still have their relevance in the field.

State Institute of Health and Family Welfare undertook an independent evaluation of the scheme to assess its impact and relevance after introduction of ASHA Sahyogini in the State between Dec 07- Feb 08.

Scope of the study:

- To find out present coverage and status of the JMC in terms of their training, services provided by them, availability of contraceptives to the eligible couples through JMCs , attendance of JMC in the Millan Baithaks.
- To evaluate the contribution and involvement of JMC in promoting services of spacing methods of contraception and termination.
- To assess effectiveness of JMC in addressing the issues of FP unmet needs.
- Gaps and problems in the implementation of program.
- Suggest appropriate strategy and implementation frame work for better implementation to justify the utility of the program.

Tool:

Primary data collection was done through structured questionnaires prepared separately for the different category of respondents- District Janmangal Coordinator, MO, ANM, JMCs, beneficiaries and non beneficiaries

Sample:

A total of 7 districts of Rajasthan were identified on various indicators. Criteria as one district per zone with geographical representation and number of JMC working in the district were used to select the districts. The districts selected in the sample were – Alwar, Bhilwada, Dungarpur, Sriganganagar, Jalore, Kota and S. Madhopur. From each district three blocks were selected.

From each block two PHC were supposed to be selected in the sample but due to less number of JMC present at the time of survey at their places more PHCs and sub centers were covered.

A total of 69 PHCs, 490 SCs and 854 villages were covered in the study.

43 MOs, 237 ANMs, 20 District Coordinators (including those of non-sample districts), 1047 JMCs, 4933 beneficiaries and 5120 non beneficiaries could be contacted for the interviews.

Observations:

Janmangal Couples:

JMC are very popular in the villages. More then 90 % users have good rapport with JMC and regularly receiving the contraceptives.

About 46.13 % couple out of total couples interviewed were found more then 35 years of the age which is higher than the guidelines and thus posing a communication problem with the young couples.

JMCs are like role models but it was found that 49% of them had more than two children. How can they set an example for small family norm when they themselves violate it! More than 50 % couples have opted permanent methods but again if we analyse the age factor more than 25% couple have completed their fertility cycle.

Other than distribution of non clinical contraceptives JMCs are providing counselling services to the eligible couples to use the IUD or sterilization method. JMCs are also contributing in immunization, total sanitation campaign, promotion of DOTS and Depot holder of malaria.

The study reveals that about 20% JMC are still untrained. 10.51% Couple were oriented only for 2 days duration training. A gap of about 3-4 years has passed since the training and thus reorientation training is required now to update the knowledge. Only 138 participants could recall all the aspects of training contents.

More than 49% opined that they opted to become JMC out of self motivation whereas same numbers of people accepted that they came forward to join this program on the motivation from other persons i.e. ANM, AWW or other workers including LHV.

About 80% respondents accepted that their society status and respect increased in the society after joining the scheme as volunteers. The decision of Panchayat to recommend them as ASHA –Sahyogini is one of the evidence of this response.

Bimonthly meetings called Milan meetings are conducted at PHC level to collect reports; training/ education and problem solving; distribution of contraceptives, information on program and IEC material and honorarium distribution. Out of total 1047 JMCs interviewed 90 percent were aware about the duration and provision of Milan meetings.

In case of change in the date of meeting information was disseminated by sources as ANMs or JM Coordinator.

70% accepted that MOs are present in the meetings while others indicated that MOs do not take interest. Most active participants of the meetings are ANMs and LHV.

About 80% JMCs were report that MPR is being submitted by them to the PHC in charge. Distribution of honorarium, distribution of contraceptives and discussions on problems were the other important activities held during the meeting**.** New information were also disseminated in the meetings about programme planning or implementation related issues.

Distribution of contraceptives was indicated as the most important task by the JMCs but still there were about 20% respondents who did not indicate it as responsibility. Information dissemination, counselling and listing of eligible couples were some of the other responsibilities acknowledged by JMCs. Apart from the basic task JMCs were also involved in motivating people for ANC and institutional delivery (18.43%), support in MCHN days (22.6%) and immunization (61%).

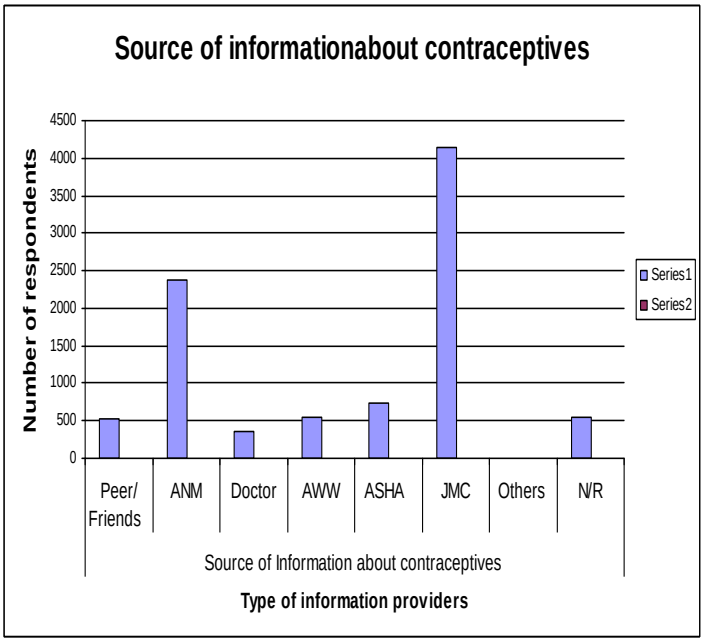
99% agreed that the contraceptive supply was always there and the shortage if any can be sorted at the local level very well through the ANMs.

As per the finding one JMC is providing services to average 4.87 couples for using the Oral Pills, 7.25 average couples are being benefited for CC use. Use of Copper T is very less but it is additional work of JMC so credit is to be given to the JMCs that still they are motivating couples for using IUD as well as sterilization also.

Out of total 1047 respondents interrogated during the survey 996 accepts that honorarium is being distributed but it is delayed. Most of the respondents opined that the honorarium is very and not being paid on time.

Community:

To assess the impact of JMC and the services they provided, responses from community was taken. About 50% of the non-beneficiaries were aware about the JMC scheme and the services they provided. Amongst the beneficiaries there were 0.77% who said that they do not know about JMC which suggests that they received the services from other source.



Regarding the tasks and responsibilities of JMCs the community responded that JM couples performed tasks as providing information regarding spacing methods, distribution of contraceptives, motivation for ANC/PNC and like.

Among beneficiaries 88.80% percent were aware about different spacing methods whereas 74.90% among non beneficiaries were aware.

Both the beneficiaries and non-beneficiaries were receiving information about contraceptive methods from different sources as ANM, ASHA, and JMC. Contribution of JMC in this aspect is quite high. Out of total beneficiaries interviewed 84.20% were informed by JMCs about spacing methods. In non beneficiaries this number is recorded as 38.16%.

Both beneficiaries and non-beneficiaries were using spacing methods, the non beneficiaries using the method had either opted for the permanent method or were getting spacing methods from service provider other than JMC. As per finding out of total beneficiaries 50.18 % were using condom, 36.5 % using Oral Pills and 1.05% were using Copper-T, rest were on permanent methods. This finding provides evidence of active service of JMCs.

Non beneficiaries were interrogated about the reason of not using the modern methods of contraceptives, only 1.42 % respondents were given the answer of non availability of contraceptives whereas 5.1% couples were not using any method due to fear. Lack of knowledge is also one of the reasons for non acceptance of spacing methods (4.29%).

16.48% of non-beneficaries preferred traditional methods.

Community representatives were interrogated about the behaviour of the JMCs.71.48% of beneficiaries and 68.63% of non-beneficiaries aware of JMC considered the behaviour of the JMC as good.

As per the findings 25.56 % beneficiaries and 33.53% non beneficiaries were aware about ASHA –Sahyogini of there village. Rest were not aware.

ASHA is seen as JSY motivator and JMC as FP method provider. 79.14% of beneficiaries considered JMC better than ASHA while 30.46% of non-beneficiaries opined the same thought.

ANM:

Total 237 ANMs were interrogated from all the 7 districts.

24.47% of the ANMs were having less than a year's experience and were thus least aware about JMC services.

37 ANMs responded that that they themselves inquired from JMC about the demand and then ensure the supply whereas 76% ANMs received demand from JMCs. Most of the ANMs were aware about the responsibilities of JMCs except 16. They enlisted responsibilities as listing of eligible couple and contacting them; providing information about and distribution of spacing methods; awareness and motivation and counselling to the couples.

Regarding the supplementary works ANMs responded that JMCs also provided support in pulse polio drive, *Swasthya chetna yatra,* social awareness on national health programmes and motivating couples for sterilization.

35.86% accepted that honorarium is not being paid to JMC on time (regular in each meeting). Others responded the opposite as correct.

Lacking in monitoring system, irregular meetings, lack of motivation among JMCs, introduction of ASHA Sahayogini has created the duplication are some of the issue raised by ANMs as problem in the implementation of scheme.

77.21% ANMs found JMC scheme relevant even after introduction of Asha Sahyogini. In their opinion JMCs has specific role in reducing the TFR but have broader roles and responsibility in which FP programme gets least priority.

MOs:

Out of total covered PHCs 43 Medical officers were interrogated. 37.2% had less than a year's experience, and thus had less information about the progress made by the JMCs in their areas.

Regarding selection of JMC, 79% MO were aware about the process but rest 21% were not clear about the responsibility and selection criterion of JMC.

MOs said that supervisory meetings are also conducted by them, but no JMC or ANM or other staff members gave any consent on this issue. Some MOs also said (off the record) that they don't find time to undertake visit to see the performance of the JMCs.

Regarding logistic and supply of the spacing methods MOs gave the opinion that there no short supply. This supply is being done regularly from regular stock of PHC. Demand was generally received from JMCs during the meetings. Sometimes it received from ANM also. Most of the MOs were aware about the role and responsibilities of the JMCs.

A mixed response on payments was received-50% were found it satisfactory. As per their opinion it is being paid regularly in each meeting but rest 50 % accepted the delay in the payment. Most of the MO found this scheme depends on motivation of JMCs which is lacking. But in other hand MOs themselves are found least interested in the program.

Out of total MO respondents 65% found JMC scheme fruitful and relevant even after introduction of ASHA–Sahyogini scheme whereas 20% found it mere duplication. As per their opinion there is no relevance of the scheme.

District Janmangal Coordinator

Open ended questions were set to get the opinions of the Janmangal Coordinators. They expressed that the supervision and monitoring of the programme is assigned to them alone, which is very impractical because one person cannot move in the entire district to supervise the program. PHC MOs have least interest to monitor or supervise this program. Supervisory targets need to be assigned to the officer like MO, LHV, BPM etc.

An increase in the honorarium to the couples is required to keep the motivation in the scheme, similarly timely payments also needs to be focused.

ASHA- Sahyogini has great importance in the community but they have not been able to replace the JMC. ASHA sahyoginis are reporting to DWCD and their main concern is with women alone. Male partner among couple is only served by JMC male partner. No doubt female counter part of JMC couple is found to be more active in the field but male are also providing services.

General Observations and Recommendations:

Overall it was observed that the Janmangal couples had low attendance in the meetings and IEC/counseling material was not sufficient. Many JMCs did not attend meetings because they were not given the payment there.

In some of the areas, payment is being made quarterly or six monthly. An advance fund to each PHC may be given to ensure the regular payment in the meetings. Directions from DMHS may be issued to districts and MO PHCs for using the funds in payment of JMCs honorarium from untied grant of NRHM, in case delay in payment from treasury.

Age, illiteracy and couples not using spacing methods themselves is proving a hindrance in the program. Remuneration of JMCs and District coordinators need to be increased. As per the requirement fresh recruitment may be done for better candidates. To give identity to the JMCs Identity Cards may be issued.

Trainings have been conducted under the scheme but still there is need for organised training to couples who have not attended the training. Reorientation is also required.

Regular feedback system from state via any publication like News letter would be fruitful to express the problems of JMCs. It will encourage and motivate them to better work.

Bimonthly meeting is not a good and sufficient system to monitor the work of JMCs a meeting at sub centre level should also be introduced. BPMs under NRHM should be made responsible to look after this scheme at block level.