# RCH Camp Services Assessment

**For**

**RCH/ NRHM, Rajasthan**

**By:**


**State Institute of Health and Family Welfare, Jaipur**

**(An ISO 9001: 2008 Certified Institution)**

## Preface

To improve the Maternal Health and Child Health, an approach of RCH Camps has been introduced. Camps are a good way of reaching the backward and underserved people of the state, particularly so when the resources are limited. These camps provide an array of Maternal Health, Child Health and family planning services under one roof. The objectives of the Camps are as follows:-

- To increase the access to Reproductive Health services in remote and underserved areas through Camps, till such time as the rural Health Care system become fully operational to render Primary Health Care.
- To provide an array of good quality RCH services in a safe, client friendly and infection free environment.
- To involve the Community in providing Reproductive Health Care to create awareness and generate support.

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

The purpose of the RCH Camps is to increase utilization of selected under utilized 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.

A total of 1682 RCH camps were held in Rajasthan by March 2008, which comes up to 51 camps per district on an average.

SIHFW carried out Impact Assessment of RCH Camps in 14 districts of Rajasthan thus wrapping 56 camps in all and covering 1198 respondents, which included - Medical Officers, Public Representatives and beneficiaries.

SIHFW is thankful to RCH-NRHM for providing an opportunity to carry out the assessment of such an important approach in health facilities.

We are also thankful to the district authorities, respondents and those involved directly and indirectly in the assessment for their cooperation and valuable time.

# INDEX

# Chapter 1

## Introduction

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. RCH-II and NRHM core programme objectives have focused on the unmet needs of vulnerable groups of the country. To ensure the access to quality services is the biggest challenge.

Major paradigm shifts in the Health care delivery system were suggested during the Alma Ata declaration (1978) and ICPD conference (1994). The prudent and pragmatic approach adopted focused on sterilization to strengthen Maternal and Child Health Care services. This was followed by the major thrust programme Child Survival and Safe Motherhood (CSSM) Programme.

In order to address the needs of vulnerable groups in hitherto unreached areas (C type of villages), various activities were planned in RCH I. 24 Hr Delivery Scheme, Dai Training, RCH outreach camps and RCH Camps at under served and underutilized PHCs were some of the schemes.

In order to improve the Maternal Health and Child Health of India, a scheme of RCH camps was introduced. These camps provided an opportunity to integrate the efforts of service providers and increase access to reproductive Health Services. In order to provide the RCH services to people living in remote areas where the existing services are underutilized, a scheme for holding camps was initiated during Phase-I of RCH in the year 2001. 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.

**Objective of RCH Camps**

- To increase the access to Reproductive Health services in remote and underreported areas through camps, till such time as the Rural Health Care system become fully operational to render primary heath care.

- To provide quality RCH service in a safe, client-friendly and infection free environment.

- To involve the community in providing Reproductive Health care to create awareness and generate support.

The purpose of the RCH Camps is to increase utilization of selected under utilized 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.

**Service Providers**

For a camp, services of Gynecologist, Pediatrician, Anesthetist (in case of sterilization operation conducted), MO, Staff Nurse, Lab Technician, LHV, ANM and Sweeper were needed. The mobile team consisted of specialists (Gynecologist/Pediatrician/Anesthetist) from the district hospital or FRU or Medical College.

In the remote PHCs, where no medical officer was available and operative services had to be provided, the CM&HO made arrangement for a temporary posting of one MO for about 7 days i.e. 2 days before and 3-4 days after the camp.

**Services Provided in the Camps**

In the camp, services related to Antenatal Care, identification and management of high risk pregnancies, referrals, advice and counseling for safe deliveries, Postnatal Care, identification and management of related complications, MTP services, IUD insertion, sterilization, post camp follow up, counseling for birth spacing, RTI/STI management and counseling for HIV/AIDS, management of other gynecological problems, immunization services, management of newborn and childhood diseases- ARI/Diarrhea, laboratory services for examination of Hemoglobin, Blood Group, Urine examination, slide for RTI/STI examination were provided.

The district RCHO was responsible for the RCH camps. He identified, selected and listed the under utilized and remote area PHCs and made them available at the state headquarter. The number of PHCs selected in a district was 20 (Jaisalmer-16). District authorities would decide the specific day of week on which a camp was held at each PHC. Each identified district was required to prepare a detailed implementation plan which was based on micro plan prepared at PHC level.

State Institute of Health & Family Welfare, Rajasthan was approached to carry out Impact Assessment of RCH camps in selected 14 districts of Rajasthan on the basis of high and low coverage services.

Assessment of RCH camp was conducted by SIHFW with 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 feed back of beneficiaries regarding services provided during the camp.

# Chapter 2

## Approach and methodology

### 2.1 Scope of Work

The Scope of work includes assessment of:

1. Level of utilization of services.
2. Quality of services provided in these camps.
3. Outreach services.
4. Impact of these camps on the community.
5. Utilization of funds given for AYUSH activity.

### 2.2 Target group

1. Beneficiary
2. Service provider/Officials
3. Motivators

### Methodology

### 2.3 Selection of the Districts

The study was carried out in 14 districts of Rajasthan (two districts per zone). The selection of districts was done on the basis of a high coverage and low coverage, in consultation with Demographer and Evaluation Officer DM & HS, Jaipur. It was decided by the government to organize at least 20 camps during the year, except Jaisalmer where 16 camps were planned. But on an average 6 camps were organized across the districts. The districts having more than state average (6 camps) during the year 2007 - 2008 were selected as high coverage districts whereas districts having less than state average were selected as low coverage districts.

| **Zone** | **District** | |
|---|---|---|
| | **High coverage** | **Low coverage** |
| Ajmer | Bhilwara | Ajmer |
| Bikaner | Hanumangarh | Ganganagar |
| Bharatpur | Dholpur | Sawai Madhopur |
| Jaipur | Alwar | Sikar |
| Jodhpur | Barmer | Jodhpur |
| Kota | Jhalawar | Kota |
| Udaipur | Dungarpur | Chittorgarh |

## 2.4 Selection of the Unit

Two blocks were selected from each district where RCH camps were held during last one year. The list where camps took place was obtained from the concerning RCHO of the selected district.

## 2.5 Sample Size

With the estimation of two camps per block, 56 camps from the 14 districts were assessed.

To assess the impacted of these camps 10 men and 10 women from each camp area were interviewed. Similarly 2 service providers, two activity heads and camps organizer were also interviewed.
The estimation of sample was as under;

High coverage 2 Block X 2 camps x 7 dist = 28 Camps
2 Block X 2 camps x 20 beneficiaries x 7 dist = 560 persons
Low Coverage 2 Block X 2 camps x 7 dist = 28 Camps
2 Block X 2 camps x 20 beneficiaries x 7 dist = 560 persons

To assess one camp a time period of two days was allotted. The team consisted of three investigators and one supervisor. To complete the task in the stipulated time four such teams were deployed.

## 2.6 Data Collection

The quantitative data was collected through in-depth interviews and structured questionnaire.

## 2.7 Duration

The field work was carried out from 10th April to 24th May 2008 in all the 14 districts.

## 2.8 Information Areas

Information was collected on social profile, awareness/ knowledge, attitude/perception, and practices/ behaviors of the respondents.

## 2.9 Training to Field Staff

Supervisors and investigators were oriented for the field work e.g. data collection, compilation etc. at SIHFW for one day. The data entry work was outsourced to a competent agency.

One supervisor and five investigators visited the camp site to document responses from selected beneficiaries regarding the camp.

Three such teams were formed for entire duration of survey. Internal staff of SIHFW was assigned the task to monitor quality of data collected by each team in the selected districts. Medical Officers of the selected CHC/PHC were also contacted to gather secondary data related to PHC activities.

# Chapter 3

## Observations

### 3.1 Observation from Service Providers

#### A. Medical Officer

It was proposed to have interaction with 4 Medical Officers per district. Accordingly, 56 Medical Officers were supposed to be contacted from all the 14 selected districts. However, only 51 medical officers could be interviewed during the course of entire field work.

#### Planning of the Camp

As per the guidelines preparing an Action plan was a major activity. This plan was developed at District level with all the concerned PHC in-charge and Nodal Officer of the programme in district. Same was repeated at PHC level by MO in–charge along with ANM and AWW and ASHAs.

**Table 1: Person responsible for preparation of plan**

| Person | Number | Percentage |
|---|---|---|
| CM & HO | 9 | 17.6 |
| DRCHO | 11 | 21.6 |
| DAO | 6 | 11.8 |
| All three | 20 | 39.2 |
| CM & HO & DRCHO | 5 | 9.8 |
| **Total** | **51** | **100.00** |

The observation as reported by 39.2% Medical Officers is that CM & HO, DRCHO and District Ayurved Officer were responsible to make plan for RCH camp.

**Table 2: Frequency of camps**

| .No | Districts | Frequency | | | | | Total |
|---|---|---|---|---|---|---|---|
| | | Once a month | Twice a month | Once in 2 months | Half yearly | Occasionally | |
| 1. | Barmer | 1 | 0 | 0 | 2 | 0 | **3** |
| 2. | S. Madhopur | 1 | 0 | 2 | 0 | 0 | **3** |
| 3. | Alwar | 0 | 0 | 4 | 0 | 0 | **4** |
| 4. | Ajmer | 0 | 0 | 4 | 0 | 0 | **4** |
| 5. | Hanumangarh | 0 | 0 | 4 | 0 | 0 | **4** |
| 6. | Ganganagar | 0 | 0 | 4 | 0 | 0 | **4** |
| 7. | Chittorgarh | 0 | 0 | 1 | 0 | 2 | **3** |
| 8. | Bhilwara | 0 | 2 | 1 | 0 | 0 | **3** |
| 9. | Sikar | 1 | 0 | 1 | 0 | 2 | **4** |
| 10. | Kota | 0 | 2 | 2 | 0 | 0 | **4** |
| 11. | Jodhpur | 0 | 1 | 3 | 0 | 0 | **4** |
| 12. | Dungarpur | 0 | 0 | 0 | 1 | 2 | **3** |
| 13. | Jhalawar | 0 | 2 | 1 | 1 | 0 | **4** |
| 14. | Dholpur | 1 | 0 | 3 | 0 | 0 | **4** |
| | **Total** | **4 (7.8)** | **7 (13.7)** | **30 (58.8)** | **4 (7.8)** | **6 (11.8)** | **51 (100.0)** |

The camp activity, it appears is an adhoc business purely based on convenience and no fixed schedule is being followed in any of the District; some are organizing it monthly while some are taking it casually and responded that it is an occasional activity.

**Criteria for organizing the Camp**

Government of India has decided certain criteria for organizing the RCH Camps. Following are the basic criteria:-

- Camps are proposed for ensuring the reach of the backward and under-served population. These camps will provide opportunity to integrate the efforts of service providers and increase access to reproductive Health Service.

- RCH camps provide assured service as per a pre determined calendar, combine benefits of rural RCH and high quality services. These camps will provide an array of Maternal Health, Child Health and planning services under one roof.

- Women and children will be able to get all these services close to their habitats on an assured basis. These camps will focus on women's health, stress their importance and hence encourage health care seeking behaviour among women of backward and under-served areas.

- RCH camps will be held once in two months on a predetermined date .The place of the camps will be the selected PHC which is considered as under-served and under-utilized. All the six camps would be conducted in the selected PHCs per year.

Respondents were asked about the criteria of RCH camp specially the duration and date of the Camp. In around 59% cases Medical Officers reported that camps were organized once in two months. This opinion was similar among the district surveyed except Barmer, Bhilwara, Dungarpur and Jhalawar where they reported either twice a month or occasionally. This answers shows that MOs are not aware about the guidelines of the RCH camps.

In some of the cases there was confusion in RCH camp and Family/ planning camps which are organized twice in a month or in each month.

For ensuring better planning and reach of the information to the clients, State has suggested fixing a date for each PHC to organize the camp. This has been followed by some of the districts but some have not decided on a fixed date for the camp. Local convenience is one of the reasons behind this approach.

**Table 3: Status of camp scheduling**

| S.No | Districts | Day fix for camp | | Total |
|---|---|---|---|---|
| | | Yes | No | |
| 1. | Barmer | 1 | 2 | **3** |
| 2. | S. Madhopur | 0 | 3 | **3** |
| 3. | Alwar | 1 | 3 | **4** |
| 4. | Ajmer | 2 | 2 | **4** |
| 5. | Hanumangarh | 4 | 0 | **4** |
| 6. | Ganganagar | 3 | 1 | **4** |
| 7. | Chittorgarh | 0 | 3 | **3** |
| 8. | Bhilwara | 0 | 3 | **3** |
| 9. | Sikar | 1 | 3 | **4** |
| 10. | Kota | 0 | 4 | **4** |
| 11. | Jodhpur | 4 | 0 | **4** |
| 12. | Dungarpur | 0 | 3 | **3** |
| 13. | Jhalawar | 0 | 4 | **4** |
| 14. | Dholpur | 0 | 4 | **4** |
| | **Total** | **16 (31.4)** | **35 (68.8)** | **51 (100.0)** |

It was reported by 31.4% Medical Officers that a day was fixed for RCH camps. Fix day was mainly reported by Medical Officers of Ajmer, Hanumangarh, Ganganagar and Jodhpur districts. 79% MO has responded that date is not fixed for the camp.

**Table 4: Accountability to fix camp schedule**

| S.No | Districts | Person fixed the day | | | | Total |
|---|---|---|---|---|---|---|
| | | State Level Officer | District Level Officer | Block Level Officer | PHC In-charge | |
| 1. | Barmer | 0 | 1 | 0 | 0 | 1 |
| 2. | S. Madhopur | 0 | 0 | 0 | 0 | 0 |
| 3. | Alwar | 0 | 1 | 0 | 0 | 1 |
| 4. | Ajmer | 0 | 2 | 0 | 0 | 2 |
| 5. | Hanumangarh | 0 | 4 | 0 | 0 | 4 |
| 6. | Ganganagar | 0 | 1 | 1 | 1 | 3 |
| 7. | Chittorgarh | 0 | 0 | 0 | 0 | 0 |
| 8. | Bhilwara | 0 | 0 | 0 | 0 | 0 |
| 9. | Sikar | 0 | 1 | 0 | 0 | 1 |
| 10. | Kota | 0 | 0 | 0 | 0 | 0 |
| 11. | Jodhpur | 1 | 3 | 0 | 0 | 4 |
| 12. | Dungarpur | 0 | 0 | 0 | 0 | 0 |
| 13. | Jhalawar | 0 | 0 | 0 | 0 | 0 |
| 14. | Dholpur | 0 | 0 | 0 | 0 | 0 |
| | **Total** | **1 (6.2)** | **13 (81.4)** | **1 (6.2)** | **1 (6.2)** | **16 (100.0)** |

According to 81.4% Medical Officers, particular day was fixed by the district level officers. This tendency was similar among Ajmer, Hanumangarh, Ganganagar, Sikar and Jodhpur districts. One of the biggest advantages to fix up the date of camp is to remind the people about the date. One time efforts for printing of publicity material and wall paintings can save the money and fund also.

**Table 5: Responsibility for organization of camp**

| S.No | Districts | Person responsible for camp | Total |
|---|---|---|---|

| | | CM & HO | Dy. CM & HO | DRCHO | MO I/c PHC | |
|---|---|---|---|---|---|---|
| 1. | Barmer | 1 | 0 | 1 | 1 | **3** |
| 2. | S. Madhopur | 0 | 0 | 2 | 1 | **3** |
| 3. | Alwar | 0 | 0 | 3 | 1 | **4** |
| 4. | Ajmer | 0 | 0 | 0 | 4 | **4** |
| 5. | Hanumangarh | 0 | 3 | 1 | 0 | **4** |
| 6. | Ganganagar | 1 | 0 | 2 | 1 | **4** |
| 7. | Chittorgarh | 0 | 0 | 2 | 1 | **3** |
| 8. | Bhilwara | 0 | 0 | 1 | 2 | **3** |
| 9. | Sikar | 0 | 0 | 4 | 0 | **4** |
| 10. | Kota | 2 | 0 | 2 | 0 | **4** |
| 11. | Jodhpur | 0 | 0 | 4 | 0 | **4** |
| 12. | Dungarpur | 2 | 0 | 0 | 1 | **3** |
| 13. | Jhalawar | 2 | 0 | 1 | 1 | **4** |
| 14. | Dholpur | 0 | 2 | 2 | 0 | **4** |
| | **Total** | **8 (15.7)** | **5 (9.8)** | **25 (49.0)** | **13 (25.5)** | **51 (100.0)** |

According to 49% Medical Officers district RCH Officer was primarily responsible for conduction of RCH camps. This inclination was akin among the districts surveyed except Ajmer and Bhilwara where they had reported for medical officer incharge of the respective PHCs.

**Table 6: Number of PHC selected for Camps /district**

| S.No | Districts | Number of PHC for camps/district | | | | | Total |
|---|---|---|---|---|---|---|---|
| | | 20 | 18 | 16 | 10 | Not aware | |
| 1. | Barmer | 1 | 0 | 0 | 0 | 2 | **3** |
| 2. | S. Madhopur | 1 | 0 | 0 | 0 | 2 | **3** |
| 3. | Alwar | 0 | 0 | 0 | 0 | 4 | **4** |
| 4. | Ajmer | 3 | 0 | 0 | 0 | 1 | **4** |
| 5. | Hanumangarh | 0 | 0 | 0 | 0 | 4 | **4** |
| 6. | Ganganagar | 0 | 0 | 0 | 0 | 4 | **4** |
| 7. | Chittorgarh | 0 | 0 | 0 | 0 | 3 | **3** |
| 8. | Bhilwara | 1 | 0 | 0 | 0 | 2 | **3** |
| 9. | Sikar | 3 | 0 | 0 | 0 | 1 | **4** |
| 10. | Kota | 0 | 0 | 0 | 0 | 4 | **4** |
| 11. | Jodhpur | 1 | 0 | 0 | 0 | 3 | **4** |
| 12. | Dungarpur | 0 | 0 | 0 | 0 | 3 | **3** |
| 13. | Jhalawar | 0 | 0 | 0 | 1 | 3 | **4** |
| 14. | Dholpur | 1 | 0 | 0 | 0 | 3 | **4** |
| | **Total** | **11 (22.4)** | **0 (0.0)** | **0 (0.0)** | **1 (2.0)** | **39 (79.6)** | **51 100.0)** |

State has given flexibility to District RCHO to identify and select the under utilized PHCs and the PHCs in remote areas. The number of PHCs selected in a district should be 20. Number of PHC in Jaisalmer is only 16 so all the PHCs have been covered under this scheme.

Only 22.4% Medical Officers had exact knowledge regarding guidelines for deciding the numbers of PHCs where camps could be organized in their district. They were mainly from Ajmer and Sikar districts. About 39% MOs were unaware about the number of PHCs where provision for organizing the RCH camps has been made.

**Table 7: Information sharing mechanism regarding camps**

| S.No | Districts | Information sharing mechanism | Total |
|---|---|---|---|

| | | Banner /Wall paint | Loud Speaker (Mike) | Pamphlet | By staff | |
|---|---|---|---|---|---|---|
| 1. | Barmer | 2 | 0 | 0 | 1 | **3** |
| 2. | S. Madhopur | 0 | 3 | 0 | 0 | **3** |
| 3. | Alwar | 1 | 3 | 0 | 0 | **4** |
| 4. | Ajmer | 0 | 4 | 0 | 0 | **4** |
| 5. | Hanumangarh | 0 | 3 | 1 | 0 | **4** |
| 6. | Ganganagar | 1 | 3 | 0 | 0 | **4** |
| 7. | Chittorgarh | 0 | 1 | 2 | 0 | **3** |
| 8. | Bhilwara | 1 | 1 | 1 | 0 | **3** |
| 9. | Sikar | 1 | 3 | 0 | 0 | **4** |
| 10. | Kota | 0 | 4 | 0 | 0 | **4** |
| 11. | Jodhpur | 2 | 1 | 1 | 0 | **4** |
| 12. | Dungarpur | 0 | 1 | 1 | 1 | **3** |
| 13. | Jhalawar | 0 | 1 | 1 | 2 | **4** |
| 14. | Dholpur | 0 | 2 | 2 | 0 | **4** |
| | **Total** | **8 (15.7)** | **30 (58.8)** | **9 (17.6)** | **4 (7.8)** | **51 (100.0)** |

Under guidelines of RCH Camps provision of publicity has been made. Certain amount of budget has also been earmarked (Rs.1500) for the publicity. As per guidelines:-

- Publicity is needed to make people aware of the consultation of good quality services available near their door steps. The services available will be listed in wall painting at campsites and at prominent places to serve as a reminder. Cloth banner at road crossing will be put in all large villages' fairs and markets.
- The information provided to the community should be specific, in so far, as the detail of the services available or not available at the camps. This should also include information on where and to whom the community should go for the referral care.
- A few days prior to each camp pre recorded loud hailer messages with attractive jingle set to film music will be played in town and in important market and villages in the catchments area of each camp to attract prospective clients. PHCs will be provided with a public address systems, cassettes and funds to carry out this activity.
- Loudspeaker placed in rickshaws will be used for announcement of date and place of camp.
- Pradhan and religious leaders will be involved in community mobilization.
- NGOs can help in providing information on camp date.
- The ANMs, AWW, MSS, TBA will also motivate patients to attend RCH camps.
- ZSS should also be involved in publicity of the camps.

Knowledge of MOs was assessed on this provision of publicity or RCH camp during the survey.

According to the 58.8% Medical Officers, loud speaker was used to inform public of their respective areas followed by distribution of pamphlets and display of banner. Banner or wall painting was used as IEC tool mainly in Barmer and Jodhpur district whereas pamphlets were used in Chittorgarh and Dholpur districts.

**Table 8: Availability of basic facilities**

| S.No | Districts | Availability of basic facilities | | Total |
|---|---|---|---|---|
| | | Yes | No | |
| 1. | Barmer | 2 | 1 | **3** |
| 2. | S. Madhopur | 2 | 1 | **3** |
| 3. | Alwar | 0 | 4 | **4** |
| 4. | Ajmer | 0 | 4 | **4** |
| 5. | Hanumangarh | 4 | 0 | **4** |
| 6. | Ganganagar | 1 | 3 | **4** |
| 7. | Chittorgarh | 2 | 1 | **3** |
| 8. | Bhilwara | 1 | 2 | **3** |
| 9. | Sikar | 0 | 4 | **4** |
| 10. | Kota | 4 | 0 | **4** |
| 11. | Jodhpur | 4 | 0 | **4** |
| 12. | Dungarpur | 2 | 1 | **3** |
| 13. | Jhalawar | 3 | 1 | **4** |
| 14. | Dholpur | 0 | 4 | **4** |
| | **Total** | **25 (49.0)** | **26 (51.0)** | **51 (100.0)** |

49% of the Medical Officers reported that basic facilities required for a camp was available in their PHCs during the camp day including provision of specialists, drugs, equipments, testing facilities etc. Basic facilities were not reported by the Medical Officers of Alwar, Ajmer, Ganganagar, Sikar and Dholpur districts. As per their opinion, there has been a gap between existing facilities and the required facilities. In some of the district, it has been found that the team of the experts does not reach on the time on the camp day. Some of the specialists are not attending the camps even after their deputation in the camp.

**Table 9: Type of alternate arrangements**

| S.No | Districts | Type of alternate arrangement | | | | Total |
|---|---|---|---|---|---|---|
| | | Support from CHC | Tent house | From hospital | Others | |
| 1. | Barmer | 0 | 0 | 0 | 1 | 1 |
| 2. | S. Madhopur | 1 | 0 | 0 | 0 | 1 |
| 3. | Alwar | 3 | 1 | 0 | 0 | 4 |
| 4. | Ajmer | 0 | 0 | 2 | 2 | 4 |
| 5. | Hanumangarh | 0 | 0 | 0 | 0 | 0 |
| 6. | Ganganagar | 2 | 0 | 1 | 0 | 3 |
| 7. | Chittorgarh | 0 | 0 | 1 | 0 | 1 |
| 8. | Bhilwara | 0 | 0 | 2 | 0 | 2 |
| 9. | Sikar | 4 | 0 | 0 | 0 | 4 |
| 10. | Kota | 0 | 0 | 0 | 0 | 0 |
| 11. | Jodhpur | 0 | 0 | 0 | 0 | 0 |
| 12. | Dungarpur | 0 | 0 | 0 | 1 | 1 |
| 13. | Jhalawar | 0 | 0 | 0 | 1 | 1 |
| 14. | Dholpur | 3 | 0 | 1 | 0 | 4 |
| | **Total** | **13 (50.0)** | **1 (3.8)** | **7(26.9)** | **5 (19.3)** | **26 (100.0)** |

In the PHCs where basic facilities were not available, alternate arrangements were done. In 50% cases, support was taken from the CHC followed by OT team was called from the district hospital. This trend was similar among the districts surveyed.

**Table 10: Number of camps organized**

| S.No | Districts | Number of camps organized | | | | Total |
|---|---|---|---|---|---|---|
| | | Less than 3 | 3 - 5 | More than 5 | No Camp | |
| 1. | Barmer | 0 | 1 | 0 | 2 | **3** |
| 2. | S. Madhopur | 2 | 1 | 0 | 0 | **3** |
| 3. | Alwar | 0 | 4 | 0 | 0 | **4** |
| 4. | Ajmer | 2 | 2 | 0 | 0 | **4** |
| 5. | Hanumangarh | 1 | 0 | 3 | 0 | **4** |
| 6. | Ganganagar | 1 | 1 | 2 | 0 | **4** |
| 7. | Chittorgarh | 1 | 2 | 0 | 0 | **3** |
| 8. | Bhilwara | 1 | 0 | 2 | 0 | **3** |
| 9. | Sikar | 3 | 1 | 0 | 0 | **4** |
| 10. | Kota | 2 | 2 | 0 | 0 | **4** |
| 11. | Jodhpur | 0 | 2 | 2 | 0 | **4** |
| 12. | Dungarpur | 2 | 0 | 0 | 1 | **3** |
| 13. | Jhalawar | 0 | 1 | 2 | 1 | **4** |
| 14. | Dholpur | 0 | 3 | 1 | 0 | **4** |
| | **Total** | **15 (29.4)** | **20 (39.2)** | **12 (23.5)** | **4 (7.8)** | **51 (100.0)** |

Coverage of camps was reported by the Medical Officers. In 39.2% cases, 3 to 5 camps were organized while in 29.4% cases less than 3 camps were organized. In two PHCs of Barmer and one PHC each of Dungarpur and Jhalawar, camps were not organized during the financial year 2007 -2008.

More than five camps were organized in selected PHCs of Hanumangarh, Ganganagar, Bhilwara, Jodhpur, Jhalawar and Dholpur districts.

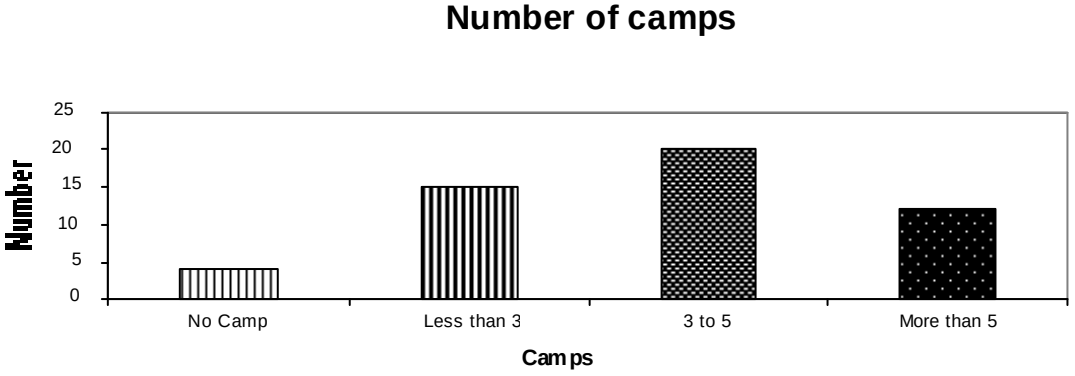



**Table 11: Departments involved in camp**

| Departments | Number | Percentage |
|---|---|---|
| Medical department | 25 | 49.0 |
| Ayurved department | 18 | 35.3 |
| ICDS | 8 | 15.7 |

| | | |
|---|---|---|
| **Total** | **51** | **100.00** |

Involvement of Ayurved department was sought in camp. It was decided at the state level to involve Ayurved department in the camp. A separate budget of Rs. 1000 was also kept for the Ayurved medicines. According to the Medical Officers interviewed, besides medical department officials, department of Ayurved and women and child development also participated in the camp. In Barmer, Ganganagar, Chittorgarh, Jodhpur and Dungarpur, Ayurved department was not involved in the camp.

**Table 12: Type of specialists involved**

| Specialists | Number | Percentage |
|---|---|---|
| Medicine | 40 | 78.4 |
| Pediatrics | 43 | 84.3 |
| TB | 7 | 13.7 |
| Gyane | 46 | 90.2 |
| **Total** | **51** | **100.00** |

(Multiple Answer)

In majority of cases involvement of Medical Experts, Pediatrician and Gynecologist was reported by the MO surveyed.

**Table 13: Services of person taken**

| Services of | Number | Percentage |
|---|---|---|
| ANM | 48 | 94.1 |
| AWW | 34 | 66.7 |
| MSS | 5 | 9.8 |
| TBA | 2 | 3.9 |
| NGO | 2 | 3.9 |
| PRI | 10 | 19.6 |
| Others | 11 | 21.6 |
| **Total** | **51** | **100.00** |

(Multiple Answer)

Beside the specialists, services of the support health staff were also taken. Support of ANM and Anganwadi workers was taken mainly during the camp. This trend was similar among the districts surveyed.

**Table 14: Type of services provide in Camps**

| S.No | Districts | Services provide in camps | | | | | | Total |
|---|---|---|---|---|---|---|---|---|
| | | ANC/ PNC | Counsel | Mgt. of complicatio n | Lab service | FP service | Referral services | |

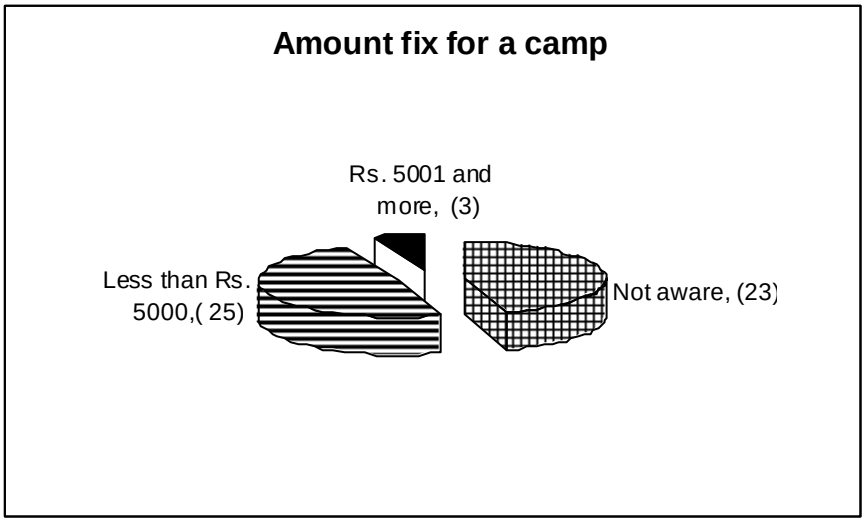
| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1. | Barmer | 2 | 2 | 2 | 2 | 2 | 2 | **3** |
| 2. | S. Madhopur | 3 | 3 | 1 | 3 | 3 | 3 | **3** |
| 3. | Alwar | 1 | 1 | 4 | 4 | 4 | 0 | **4** |
| 4. | Ajmer | 4 | 4 | 2 | 4 | 4 | 3 | **4** |
| 5. | Hanumangarh | 4 | 4 | 4 | 4 | 4 | 4 | **4** |
| 6. | Ganganagar | 4 | 3 | 2 | 3 | 4 | 0 | **4** |
| 7. | Chittorgarh | 3 | 2 | 2 | 2 | 3 | 2 | **3** |
| 8. | Bhilwara | 3 | 1 | 0 | 3 | 3 | 1 | **3** |
| 9. | Sikar | 2 | 3 | 2 | 4 | 4 | 1 | **4** |
| 10. | Kota | 1 | 1 | 3 | 2 | 4 | 1 | **4** |
| 11. | Jodhpur | 4 | 2 | 2 | 4 | 3 | 4 | **4** |
| 12. | Dungarpur | 2 | 1 | 2 | 1 | 2 | 2 | **3** |
| 13. | Jhalawar | 3 | 2 | 2 | 1 | 3 | 0 | **4** |
| 14. | Dholpur | 4 | 4 | 1 | 3 | 4 | 0 | **4** |
| | **Total** | **40(78.4)** | **33(64.7)** | **29 (56.9)** | **40(78.4)** | **47(92.1)** | **23(45.1)** | **51(100.0)** |

(Multiple Answer)

According to Medical Officers, ANC/PNC, Lab services, Family Planning services, Counselling and Management of complications are the main services provided in the camp.

**Table 15: Understanding of amount fix for organization of a camp**

| Amount | Number | Percentage |
|---|---|---|
| Not aware | 23 | 45.1 |
| Less than Rs. 5000 | 25 | 49.0 |
| Rs. 5001 and more | 3 | 5.9 |
| **Total** | **51** | **100.00** |




Rs.10000 only was given for a camp. That amount includes expenditure on publicity, camp arrangements, transport provision and purchase of drugs /consumables etc. In 45.1% cases Medical Officers were not at all aware about the amount given for organization of camp. In 49% cases Medical Officers reported less than Rs.5000 while in 5.9% cases they

were reported more than Rs.5000. None of the Medical Officer reported accurate amount. This trend was similar among the districts surveyed.

**Table 16: Amount for medicine**

| Amount | Number | Percentage |
|---|---|---|
| Not aware | 49 | 96.0 |
| Rs.1000 | 1 | 2.0 |
| Rs. 1001 and more | 1 | 2.0 |
| **Total** | **51** | **100.00** |

An amount of Rs. 5000 was given to a PHC to purchase medicine for a camp. That amount includes amount to purchase ayurved medicine also. It was noticed from the data that 96% of the Medical Officers are not aware about the amount given to a PHC to purchase medicine for a camp. Only two Medical Officers reported Rs. 1000 or more which did not match with the amount given. The Medical Officers are from Chittorgarh and Sikar districts.

When asked about the ignorance, it was told by the Medical Officers that the medicine was purchased at the state level or at the level of CM & HO and supplied to them for organising the camp. In some of the district it has been decided to procure the medicine and other items including stationary and publicity material centrally.

**Table 17: Amount for Ayurved medicine**

| Amount | Number | Percentage |
|---|---|---|
| Not aware | 46 | 90.2 |
| Rs. 1000 | 5 | 9.8 |
| **Total** | **51** | **100.00** |

Only 9.8% Medical Officers were aware about the amount fixed to purchase ayurved medicine. They are from Chittorgarh and Bhilwara districts.

As per guidelines of RCH camps, supervision and monitoring of camp should be ensured from state and district level officials. Following aspects are to be monitored and supervised.

- Planning of the camp.
- Availability of check list for the camp and arrangement according to this check list.
- Manpower: Gynaecologist, Paediatrician, Anaesthetist Medical Officer (preferably female MO), paramedical staff to be pre informed.
- Publicity: Banners, audio cassettes public address system, munadi to be completed.
- Camp Arrangements: Layout of services generators, waiting areas, tents, chairs refreshment for the clients to be finalized.
- Transport Provision: POL for transportation of specialist team, District Officers, Medical Officer, Paramedical Staff, Sterilization acceptors.

**Table 18: Supervision of the camp done**

| Supervision done | Number | Percentage |
|---|---|---|
| Yes | 4 | 7.8 |
| No | 47 | 92.2 |
| **Total** | **51** | **100.00** |

Only 7.8% Medical Officers reported that supervision of the camp activity was done. They are from Chittorgarh, Sikar and Jhalawar districts.

**Table 19: Person responsible for record keeping**

| S.No | Districts | Record keeping done by | | | | | Total |
|---|---|---|---|---|---|---|---|
| | | MO | Statistical Assistant | Health staff | Other staff | No record keeping | |
| 1. | Barmer | 0 | 1 | 1 | 0 | 1 | **3** |
| 2. | S. Madhopur | 2 | 0 | 1 | 0 | 0 | **3** |
| 3. | Alwar | 4 | 0 | 0 | 0 | 0 | **4** |
| 4. | Ajmer | 2 | 1 | 1 | 0 | 0 | **4** |
| 5. | Hanumangarh | 3 | 0 | 1 | 0 | 0 | **4** |
| 6. | Ganganagar | 3 | 0 | 1 | 0 | 0 | **4** |
| 7. | Chittorgarh | 1 | 0 | 0 | 2 | 0 | **3** |
| 8. | Bhilwara | 1 | 0 | 2 | 0 | 0 | **3** |
| 9. | Sikar | 4 | 0 | 0 | 0 | 0 | **4** |
| 10. | Kota | 2 | 1 | 0 | 1 | 0 | **4** |
| 11. | Jodhpur | 3 | 0 | 0 | 1 | 0 | **4** |
| 12. | Dungarpur | 1 | 0 | 1 | 0 | 1 | **3** |
| 13. | Jhalawar | 1 | 1 | 1 | 0 | 1 | **4** |
| 14. | Dholpur | 4 | 0 | 0 | 0 | 0 | **4** |
| | **Total** | **31 (60.8)** | **4 (7.8)** | **9 (17.6)** | **4 (7.8)** | **3 (5.9)** | **51(100.0)** |

In 60.8% cases, record of the camp activities was maintained by the Medical Officers. This trend was similar among the districts surveyed, except, Barmer district where record was maintained by the statistical assistant. In Chittorgarh and Bhilwara record was maintained mainly by the health staff and other staff members.

In one PHC each of Barmer, Dungarpur and Jhalawar record of the camp activities was not maintained.

**Table 20: Person prepared camp report**

| By | Number | Percentage |
|---|---|---|
| DRCHO | 4 | 7.8 |
| Dy CM & HO | 2 | 3.9 |
| MO I/C | 35 | 68.7 |
| Statistical Assistant | 3 | 5.9 |
| others | 4 | 7.8 |
| None | 3 | 5.9 |
| **Total** | **51** | **100.00** |

In 68.7% cases, report was maintained mainly by Medical Officer in-charge of the respective PHC. This trend was similar among the districts surveyed.

**Table 21: Understand reason for low coverage**

| S.No | Districts | Reason for low coverage | Total |
|---|---|---|---|

| | | Lack of facilities | Nr. to Urban area | Backward area | Illiteracy | Illness | Collector's denials | Not specify | |
|---|---|---|---|---|---|---|---|---|---|
| 1. | Barmer | 0 | 0 | 0 | 0 | 0 | 0 | 3 | **3** |
| 2. | S. Madhopur | 1 | 1 | 0 | 0 | 0 | 0 | 1 | **3** |
| 3. | Alwar | 0 | 0 | 2 | 2 | 0 | 0 | 0 | **4** |
| 4. | Ajmer | 0 | 0 | 1 | 0 | 2 | 0 | 1 | **4** |
| 5. | Hanumangarh | 0 | 0 | 1 | 0 | 1 | 1 | 1 | **4** |
| 6. | Ganganagar | 0 | 0 | 0 | 0 | 1 | 0 | 3 | **4** |
| 7. | Chittorgarh | 0 | 0 | 0 | 0 | 2 | 0 | 1 | **3** |
| 8. | Bhilwara | 0 | 1 | 1 | 0 | 1 | 0 | 0 | **3** |
| 9. | Sikar | 0 | 3 | 1 | 0 | 0 | 0 | 0 | **4** |
| 10. | Kota | 0 | 2 | 1 | 0 | 0 | 0 | 1 | **4** |
| 11. | Jodhpur | 0 | 0 | 1 | 1 | 0 | 0 | 2 | **4** |
| 12. | Dungarpur | 0 | 0 | 0 | 0 | 1 | 1 | 1 | **3** |
| 13. | Jhalawar | 3 | 0 | 0 | 0 | 0 | 0 | 1 | **4** |
| 14. | Dholpur | 0 | 1 | 3 | 0 | 0 | 0 | 0 | **4** |
| | **Total** | **4 (7.8)** | **8(15.7)** | **11(21.6)** | **3 (5.9)** | **8(15.7)** | **2(3.9)** | **15(29.3)** | **51(100.0)** |

A question was asked to the Medical Officers of the respective PHC to find out reasons for low coverage. Majority of the Medical Officers reported backward area as main reason for low coverage followed by near to urban area and collector interference as other reasons.

## B. Public Representative

Public representative were contacted to obtain their views regarding RCH camps and its utility. From all the 14 districts surveyed, 48 representatives were contacted. The findings are as under;

**Table 1: Respondent's sex**

| S.No | Districts | Sex | | Total |
|---|---|---|---|---|
| | | Male | Female | |
| 1. | Barmer | 1 | 1 | **2** |
| 2. | S. Madhopur | 0 | 4 | **4** |
| 3. | Alwar | 3 | 1 | **4** |
| 4. | Ajmer | 0 | 4 | **4** |
| 5. | Hanumangarh | 3 | 1 | **4** |
| 6. | Ganganagar | 1 | 2 | **3** |
| 7. | Chittorgarh | 1 | 2 | **3** |
| 8. | Bhilwara | 1 | 2 | **3** |
| 9. | Sikar | 4 | 0 | **4** |
| 10. | Kota | 3 | 0 | **3** |
| 11. | Jodhpur | 2 | 1 | **3** |
| 12. | Dungarpur | 3 | 0 | **3** |
| 13. | Jhalawar | 3 | 1 | **4** |
| 14. | Dholpur | 1 | 3 | **4** |
| | **Total** | **26 (54.2)** | **22 (45.8)** | **48 (100.0)** |

Observation and feed back about RCH camp was obtained from male and female respondents from the category of public representatives of the selected PHCs of selected districts. Out of Total represented 54.2% respondents were male while 45.8% were female.

**Table 2: Respondent's age**

| S.No | Districts | Age | | | Total |
|---|---|---|---|---|---|
| | | 18 - 25 years | 26 - 44 years | More than 44 years | |
| 1. | Barmer | 1 | 1 | 0 | **2** |
| 2. | S. Madhopur | 0 | 4 | 0 | **4** |
| 3. | Alwar | 0 | 3 | 1 | **4** |
| 4. | Ajmer | 1 | 3 | 0 | **4** |
| 5. | Hanumangarh | 0 | 4 | 0 | **4** |
| 6. | Ganganagar | 0 | 2 | 1 | **3** |
| 7. | Chittorgarh | 1 | 1 | 1 | **3** |
| 8. | Bhilwara | 1 | 2 | 0 | **3** |
| 9. | Sikar | 1 | 3 | 0 | **4** |
| 10. | Kota | 0 | 1 | 2 | **3** |
| 11. | Jodhpur | 0 | 1 | 2 | **3** |
| 12. | Dungarpur | 0 | 1 | 2 | **3** |
| 13. | Jhalawar | 0 | 4 | 0 | **4** |
| 14. | Dholpur | 0 | 4 | 0 | **4** |
| | **Total** | **5 (10.4)** | **34 (70.8)** | **9 (18.8)** | **48 (100.0)** |

Various age group members of the public representatives were contacted. Majority of them were in the age group of 26 to 44 years while 18.8% of them reported more than 44 years of age.

**Table 3: Respondent's education level**

| Education | Number | Percentage |
|---|---|---|
| Illiterate | 1 | 2.1 |
| Primary | 5 | 10.4 |
| Middle | 22 | 45.8 |
| Higher Secondary | 12 | 25.0 |
| Graduate and above | 8 | 16.7 |
| **Total** | **48** | **100.00** |

Majority of them qualified up to middle class followed by higher secondary. Only 16.7% representatives had qualification of graduation or above level. This trend was similar among the districts surveyed.

**Table 4: Respondent's caste**

| S.No | Districts | Caste | | | | Total |
|---|---|---|---|---|---|---|
| | | General | SC | ST | OBC | |
| 1. | Barmer | 1 | 0 | 0 | 1 | **2** |
| 2. | S. Madhopur | 3 | 1 | 0 | 0 | **4** |
| 3. | Alwar | 2 | 1 | 1 | 0 | **4** |
| 4. | Ajmer | 1 | 0 | 0 | 3 | **4** |
| 5. | Hanumangarh | 1 | 0 | 0 | 3 | **4** |
| 6. | Ganganagar | 1 | 2 | 0 | 0 | **3** |
| 7. | Chittorgarh | 1 | 0 | 0 | 2 | **3** |
| 8. | Bhilwara | 1 | 1 | 0 | 1 | **3** |
| 9. | Sikar | 0 | 0 | 0 | 4 | **4** |
| 10. | Kota | 1 | 1 | 0 | 1 | **3** |
| 11. | Jodhpur | 1 | 1 | 0 | 1 | **3** |
| 12. | Dungarpur | 0 | 0 | 3 | 0 | **3** |
| 13. | Jhalawar | 1 | 1 | 0 | 2 | **4** |
| 14. | Dholpur | 3 | 0 | 0 | 1 | **4** |
| | **Total** | **17 (35.4)** | **8 (16.7)** | **4 (8.3)** | **19 (39.6)** | **48 (100.0)** |

In 39.6% cases respondents belonged to other backwards class followed by general caste. This trend was similar among the districts surveyed.

**Table 5: Respondent's marital status**

| Marital Status | Number | Percentage |
|---|---|---|
| Married | 44 | 91.7 |
| Unmarried | 4 | 8.3 |
| Divorcee | 0 | 0.0 |
| Other | 0 | 0.0 |
| **Total** | **48** | **100.00** |

In 91.7% cases respondents were married. Unmarried respondents belonged to Barmer, Ajmer, Bhilwara and Jhalawar.

**Table 6: Awareness regarding RCH camp**

| Awareness | Number | Percentage |
|---|---|---|
| Yes | 48 | 100.0 |
| No | 0 | 0.0 |
| **Total** | **48** | **100.00** |

All the representatives contacted were aware about the RCH camps.

**Table 7: Type of services in camp**

| Type of services | Number | Percentage |
|---|---|---|
| Gynae checkups | 9 | 18.6 |
| Sterilizations | 8 | 16.7 |
| Immunization | 8 | 16.7 |
| Tests | 8 | 16.7 |
| Medicines distribution | 8 | 16.7 |
| FP method distribution | 2 | 4.2 |
| Counseling | 1 | 2.1 |
| Others | 4 | 8.3 |
| **Total** | **48** | **100.00** |

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

**Table 8: Services of the specialists in the camp**

| Person | Number | Percentage |
|---|---|---|
| Surgeon | 32 | 66.7 |
| Medicine expert | 11 | 22.9 |
| Gyane doctor | 37 | 77.1 |
| Child specialist | 35 | 72.9 |
| Anesthetic | 7 | 14.6 |
| ANM | 22 | 45.8 |
| Asha | 10 | 20.8 |
| **Total** | **48** | **100.00** |

**Multiple answers**

It was reported by majority of the respondents that services of surgeon, lady doctor, child specialist was seen in the camps. This trend was similar among the districts surveyed. Services of anaesthetist was reported by the representatives from Barmer, Sawai Madhopur

**Table 9: Respondents visited the camps**

| Visit | Number | Percentage |
|---|---|---|
| Yes | 48 | 100.0 |
| No | 0 | 0.0 |
| **Total** | **48** | **100.00** |

93.7% of the representatives visited camp during the camp day. This trend was similar among the districts surveyed.

**Table 10: Provide services in the camps**

| S.No | Districts | Provide services | | Total |
|---|---|---|---|---|
| | | Yes | No | |
| 1. | Barmer | 2 | 0 | **2** |
| 2. | S. Madhopur | 4 | 0 | **4** |
| 3. | Alwar | 1 | 3 | **4** |
| 4. | Ajmer | 4 | 0 | **4** |
| 5. | Hanumangarh | 1 | 3 | **4** |
| 6. | Ganganagar | 3 | 0 | **3** |
| 7. | Chittorgarh | 3 | 0 | **3** |
| 8. | Bhilwara | 3 | 0 | **3** |
| 9. | Sikar | 2 | 2 | **4** |
| 10. | Kota | 0 | 3 | **3** |
| 11. | Jodhpur | 3 | 0 | **3** |
| 12. | Dungarpur | 1 | 2 | **3** |
| 13. | Jhalawar | 1 | 3 | **4** |
| 14. | Dholpur | 3 | 1 | **4** |
| | **Total** | **31 (64.6)** | **17 (35.4)** | **48 (100.0)** |

64.6% (31) representatives out of the 48 representative who visited the camp reported that they had given their services in the camps. Mostly representatives of Kota, Alwar and Jhalawar reported that they have not given services during the camp.

**Table 11: Motivated people for camp**

| Motivation | Number | Percentage |
|---|---|---|
| Yes | 48 | 100.0 |
| No | 0 | 0.0 |
| **Total** | **48** | **100.00** |

All the representatives reported that they had motivated people for the camp.

**Table 12: Respondents suggestions**

| Suggestion | Number | Percentage |
|---|---|---|
| Quality service be given | 17 | 35.4 |
| on every month | 18 | 37.5 |
| Medicine as per need | 5 | 10.4 |
| More IEC | 5 | 10.4 |
| Team must be on time | 3 | 6.2 |
| **Total** | **48** | **100.00** |

It was suggested by the representatives that the camps would 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 needed.

### 3.2 Observation from service users

### C. Beneficiary

Beneficiaries from all selected PHC areas of 14 districts were contacted. Out of total 56 PHCs of 14 Districts 1099 beneficiaries were contacted from the 14 selected districts in place of **1120**. Remaining **21** could not be contacted even after repeated visits.

**Table 1: Respondent's sex**

| S.No | Districts | Sex | | Total |
|---|---|---|---|---|
| | | Male | Female | |
| 1. | Alwar | 40 | 41 | **81** |
| 2. | Bhilwara | 13 | 45 | **58** |
| 3. | Sawai Madhopur | 15 | 65 | **80** |
| 4. | Barmer | 29 | 52 | **81** |
| 5. | Chittorgarh | 31 | 49 | **80** |
| 6. | Sikar | 34 | 46 | **80** |
| 7. | Ajmer | 17 | 59 | **76** |
| 8. | Dungarpur | 41 | 39 | **80** |
| 9. | Jodhpur | 26 | 54 | **80** |
| 10. | Jhalawar | 40 | 41 | **81** |
| 11. | Dholpur | 30 | 51 | **81** |
| 12. | Hanumangarh | 57 | 23 | **80** |
| 13. | Ganganagar | 29 | 53 | **82** |
| 14. | Kota | 49 | 30 | **79** |
| | **Total** | **454 (41.3)** | **645 (58.7)** | **1099 (100.0)** |

1099 beneficiaries who visited camps days 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 males. Female participation was seen mainly in Bhilwara, Sawai Madhopur, Barmer, Ajmer, Jodhpur and Sri Ganganagar districts.

**Table 2: Respondent's age**

| S.No | Districts | Age | | | | Total |
|---|---|---|---|---|---|---|
| | | Less than 18 Years | 18 - 25 years | 26 - 44 years | More than 44 years | |
| 1. | Alwar | 0 | 11 | 46 | 24 | **81** |
| 2. | Bhilwara | 4 | 9 | 31 | 14 | **58** |
| 3. | S. Madhopur | 1 | 30 | 44 | 5 | **80** |
| 4. | Barmer | 9 | 7 | 37 | 28 | **81** |
| 5. | Chittorgarh | 5 | 13 | 27 | 35 | **80** |
| 6. | Sikar | 9 | 6 | 39 | 26 | **80** |
| 7. | Ajmer | 11 | 10 | 31 | 24 | **76** |
| 8. | Dungarpur | 10 | 17 | 27 | 26 | **80** |
| 9. | Jodhpur | 9 | 26 | 32 | 13 | **80** |
| 10. | Jhalawar | 14 | 9 | 35 | 23 | **81** |
| 11. | Dholpur | 3 | 18 | 46 | 14 | **81** |
| 12. | Hanumangarh | 9 | 18 | 33 | 20 | **80** |
| 13. | Ganganagar | 3 | 12 | 53 | 14 | **82** |
| 14. | Kota | 6 | 13 | 46 | 14 | **79** |
| | **Total** | **93 (8.5)** | **199 (18.1)** | **527 (47.9)** | **280 (25.5)** | **1099 (100.0)** |

Majority of respondents who visited camps were in the age group of 26 to 44 years. 8.5% respondents in the age group less than18 years also visited the camps for seeking information/treatments. They were mainly from Ajmer, Dungarpur and Jhalawar districts.

**Table 3: Respondent's education level**

| S.No | Districts | Education | | | | | Total |
|---|---|---|---|---|---|---|---|
| | | Illiterate | Primary | Middle | Higher Secondary | Graduate & above | |
| 1. | Alwar | 36 | 8 | 24 | 10 | 3 | **81** |
| 2. | Bhilwara | 37 | 10 | 6 | 4 | 1 | **58** |
| 3. | S. Madhopur | 38 | 15 | 17 | 6 | 4 | **80** |
| 4. | Barmer | 62 | 11 | 6 | 2 | 0 | **81** |
| 5. | Chittorgarh | 48 | 15 | 15 | 2 | 0 | **80** |
| 6. | Sikar | 21 | 31 | 18 | 9 | 1 | **80** |
| 7. | Ajmer | 44 | 16 | 11 | 3 | 2 | **76** |
| 8. | Dungarpur | 27 | 22 | 24 | 7 | 0 | **80** |
| 9. | Jodhpur | 34 | 13 | 13 | 17 | 3 | **80** |
| 10. | Jhalawar | 29 | 15 | 14 | 15 | 8 | **81** |
| 11. | Dholpur | 43 | 10 | 17 | 9 | 2 | **81** |
| 12. | Hanumangarh | 29 | 23 | 21 | 5 | 2 | **80** |
| 13. | Ganganagar | 33 | 28 | 14 | 3 | 4 | **82** |
| 14. | Kota | 19 | 19 | 26 | 10 | 5 | **79** |
| | **Total** | **500 (45.5)** | **236(21.5)** | **226(20.6)** | **102 (9.3)** | **35 (3.1)** | **1099(100.0)** |

RCH camps mainly benefited the illiterate people but educated group of the society also attended the camp and benefited from the services of the camp. Out of the total

beneficiaries 45% were from illiterate class. People with high education constituted only 3.1% of all contacted.

**Table 4: Respondent's caste**

| S.No | Districts | Caste | | | | Total |
|---|---|---|---|---|---|---|
| | | General | SC | ST | OBC | |
| 1. | Alwar | 25 | 20 | 20 | 16 | **81** |
| 2. | Bhilwara | 15 | 13 | 14 | 16 | **58** |
| 3. | S. Madhopur | 11 | 23 | 13 | 33 | **80** |
| 4. | Barmer | 4 | 33 | 9 | 35 | **81** |
| 5. | Chittorgarh | 10 | 18 | 36 | 16 | **80** |
| 6. | Sikar | 9 | 10 | 1 | 60 | **80** |
| 7. | Ajmer | 18 | 16 | 3 | 39 | **76** |
| 8. | Dungarpur | 2 | 7 | 69 | 2 | **80** |
| 9. | Jodhpur | 10 | 14 | 7 | 49 | **80** |
| 10. | Jhalawar | 21 | 10 | 14 | 36 | **81** |
| 11. | Dholpur | 41 | 24 | 1 | 15 | **81** |
| 12. | Hanumangarh | 5 | 14 | 5 | 56 | **80** |
| 13. | Ganganagar | 17 | 28 | 10 | 27 | **82** |
| 14. | Kota | 12 | 25 | 10 | 32 | **79** |
| | **Total** | **200 (18.2)** | **255 (23.2)** | **212 (19.3)** | **432 (39.3)** | **1099 (100.0)** |

All the categories of respondents were contacted including SC, ST, OBC and general class of society. Out of total 1099 respondents about 40% of the respondents belonged to other backward class followed by scheduled caste, scheduled tribes and general castes.

**Table 5: Respondent's marital status**

| S.No | Districts | Marital Status | | | | Total |
|---|---|---|---|---|---|---|
| | | Married | Unmarried | Divorcee | Others | |
| 1. | Alwar | 76 | 3 | 2 | 0 | **81** |
| 2. | Bhilwara | 55 | 2 | 0 | 1 | **58** |
| 3. | S. Madhopur | 76 | 1 | 3 | 0 | **80** |
| 4. | Barmer | 68 | 12 | 0 | 1 | **81** |
| 5. | Chittorgarh | 68 | 6 | 5 | 1 | **80** |
| 6. | Sikar | 64 | 10 | 5 | 1 | **80** |
| 7. | Ajmer | 61 | 10 | 4 | 1 | **76** |
| 8. | Dungarpur | 63 | 16 | 1 | 0 | **80** |
| 9. | Jodhpur | 62 | 11 | 5 | 2 | **80** |
| 10. | Jhalawar | 56 | 20 | 3 | 2 | **81** |
| 11. | Dholpur | 79 | 2 | 0 | 0 | **81** |
| 12. | Hanumangarh | 66 | 12 | 2 | 0 | **80** |
| 13. | Ganganagar | 76 | 4 | 1 | 1 | **82** |
| 14. | Kota | 65 | 12 | 2 | 0 | **79** |
| | **Total** | **935 (85.0)** | **121 (11.0)** | **33 (3.0)** | **10 (1.0)** | **1099 (100.0)** |

85% of the respondents were married followed by unmarried. This trend was similar among the districts surveyed.

**Table 6: Source of informations**

| Source | Number | Percentage |
|---|---|---|
| MO I/c | 111 | 10.1 |
| Medical officer | 136 | 12.4 |
| ANM | 650 | 59.1 |
| MPW/MHW | 236 | 21.5 |
| PRI member | 123 | 11.2 |
| Other | 253 | 23.0 |
| **Total** | **1099** | **100.00** |

(**Multiple Answers)**

59.1% respondents reported that they had received information regarding camps through ANMs while 21.5% reported about other health workers. However, Medical Officer in-charge contributed mainly in Hanumangarh district while other Medical Officers shared information to respondents in Jhalawar district. Other health workers contributed in Sikar district while PRIs contributed mainly in Bhilwara and Kota districts only.

**Table 7: Medium of information**

| S.No | Districts | Medium of information | | | | | | Total |
|---|---|---|---|---|---|---|---|---|
| | | Pamphlet | Slogan | Mike | GD | Banner | Other | |
| 1. | Alwar | 42 | 13 | 49 | 15 | 23 | 4 | **81** |
| 2. | Bhilwara | 22 | 7 | 21 | 12 | 9 | 31 | **58** |
| 3. | S. Madhopur | 10 | 1 | 32 | 49 | 4 | 15 | **80** |
| 4. | Barmer | 42 | 3 | 57 | 5 | 0 | 4 | **81** |
| 5. | Chittorgarh | 32 | 9 | 63 | 10 | 9 | 11 | **80** |
| 6. | Sikar | 17 | 24 | 56 | 47 | 11 | 2 | **80** |
| 7. | Ajmer | 13 | 7 | 49 | 6 | 16 | 29 | **76** |
| 8. | Dungarpur | 35 | 0 | 62 | 49 | 18 | 10 | **80** |
| 9. | Jodhpur | 36 | 7 | 47 | 18 | 0 | 16 | **80** |
| 10. | Jhalawar | 46 | 25 | 30 | 37 | 28 | 28 | **81** |
| 11. | Dholpur | 10 | 3 | 36 | 40 | 5 | 21 | **81** |
| 12. | Hanumangarh | 7 | 30 | 74 | 43 | 7 | 1 | **80** |
| 13. | Ganganagar | 44 | 27 | 29 | 21 | 26 | 29 | **82** |
| 14. | Kota | 29 | 9 | 34 | 38 | 11 | 18 | **79** |
| | **Total** | **385(35.0)** | **165(15.0)** | **639(58.1)** | **390(35.5)** | **167(15.2)** | **219(19.9)** | **1099(100.0)** |

(**Multiple Answers)**

It was reported by the beneficiaries that they had received information mainly through loud speaker followed by pamphlets and group discussions. Information through Banner and Slogan writing was reported by 15% respondents respectively. This trend was similar among the districts surveyed. Information through pamphlets was done mainly in Alwar, Barmer, Jhalawar and Sri Ganganagar districts while information through slogan writing was reported by the respondents of Sikar and Hanumangarh districts.

**Table 8: Received information by duration**

| S.No | Districts | Duration | | | | | Total |
|---|---|---|---|---|---|---|---|
| | | A month before | 15 days before | 7 days before | A day before | On the day | |
| 1. | Alwar | 0 | 7 | 18 | 53 | 3 | **81** |
| 2. | Bhilwara | 4 | 14 | 32 | 8 | 0 | **58** |
| 3. | S. Madhopur | 0 | 1 | 28 | 49 | 2 | **80** |
| 4. | Barmer | 0 | 0 | 44 | 37 | 0 | **81** |
| 5. | Chittorgarh | 1 | 0 | 26 | 38 | 15 | **80** |
| 6. | Sikar | 3 | 1 | 33 | 43 | 0 | **80** |
| 7. | Ajmer | 9 | 19 | 31 | 16 | 1 | **76** |
| 8. | Dungarpur | 0 | 0 | 19 | 54 | 7 | **80** |
| 9. | Jodhpur | 2 | 7 | 23 | 47 | 1 | **80** |
| 10. | Jhalawar | 22 | 13 | 17 | 20 | 9 | **81** |
| 11. | Dholpur | 1 | 6 | 36 | 36 | 2 | **81** |
| 12. | Hanumangarh | 2 | 2 | 39 | 37 | 0 | **80** |
| 13. | Ganganagar | 8 | 15 | 39 | 17 | 3 | **82** |
| 14. | Kota | 2 | 9 | 27 | 24 | 17 | **79** |
| | **Total** | **54(4.9)** | **94(8.5)** | **412(37.5)** | **479(43.6)** | **60(5.5)** | **1099 (100.0)** |

43.6% of the respondents reported that they had received information only a day before while 37.5% reported that they had received information seven day before the camp day. Around 13% respondents reported that they had received information 15 days to one month before. Those who had information before a month were mainly from Jhalawar district while those who had information before 15 days of camp were mainly from Ajmer, Jhalawar and Sri Ganganagar districts.

5.5% respondents reported to received information regarding organization of camp on the camp day itself. These respondents were mainly from Chittorgarh and Kota districts.

**Table 9: Duration of camp**

| Duration | Number | Percentage |
|---|---|---|
| One day | 1065 | 96.9 |
| Two days | 19 | 1.8 |
| More than two days | 6 | 0.5 |
| Not aware | 9 | 0.8 |
| **Total** | **1099** | **100.00** |

Majority of the respondents reported that the duration of camp was one day only. This trend was similar among the districts surveyed.

**Table 10: Respondents visited the camp**

| Visit | Number | Percentage |
|---|---|---|
| Yes | 1099 | 100.0 |
| No | 0 | 0.0 |
| **Total** | **1099** | **100.00** |

All the respondents reported visiting the camp.

**Table 11: Awareness about camp site**

| S.No | Districts | Place of camp | | | | | Total |
|---|---|---|---|---|---|---|---|
| | | CHC | PHC | DH | Private | Other | |
| 1. | Alwar | 2 | 79 | 0 | 0 | 0 | **81** |
| 2. | Bhilwara | 3 | 53 | 0 | 1 | 1 | **58** |
| 3. | S. Madhopur | 0 | 80 | 0 | 0 | 0 | **80** |
| 4. | Barmer | 0 | 81 | 0 | 0 | 0 | **81** |
| 5. | Chittorgarh | 0 | 80 | 0 | 0 | 0 | **80** |
| 6. | Sikar | 1 | 79 | 0 | 0 | 0 | **80** |
| 7. | Ajmer | 1 | 64 | 3 | 0 | 8 | **76** |
| 8. | Dungarpur | 6 | 74 | 0 | 0 | 0 | **80** |
| 9. | Jodhpur | 1 | 77 | 0 | 0 | 2 | **80** |
| 10. | Jhalawar | 10 | 59 | 4 | 0 | 8 | **81** |
| 11. | Dholpur | 11 | 70 | 0 | 0 | 0 | **81** |
| 12. | Hanumangarh | 1 | 79 | 0 | 0 | 0 | **80** |
| 13. | Ganganagar | 6 | 74 | 2 | 0 | 0 | **82** |
| 14. | Kota | 11 | 68 | 0 | 0 | 0 | **79** |
| | **Total** | **53(4.8)** | **1017(92.5)** | **9(0.8)** | **1 (0.1)** | **19(1.8)** | **1099 (100.0)** |

In 92.5% cases respondents reported that camp was organised at PHC while 4.8% reported CHC as the place of camp. This trend was similar among the districts surveyed. Those who have reported CHC as place of camp were mainly from Jhalawar, Dholpur and Kota districts. District hospital as place of camp was reported by the respondents of Ajmer and Jhalawar districts. Other place of camp was reported by the respondents of Chittorgarh districts.

**Table 12: Understanding about the organizer of the camp**

| S.No | Districts | Camp organized by | | | | | Total |
|---|---|---|---|---|---|---|---|
| | | Team from DH | Team from CHC | MO CHC | MO PHC | Other specialist | |
| 1. | Alwar | 28 | 52 | 0 | 1 | 0 | **81** |
| 2. | Bhilwara | 17 | 12 | 12 | 13 | 4 | **58** |
| 3. | S. Madhopur | 43 | 13 | 6 | 18 | 0 | **80** |
| 4. | Barmer | 4 | 0 | 4 | 73 | 0 | **81** |
| 5. | Chittorgarh | 9 | 0 | 0 | 70 | 1 | **80** |
| 6. | Sikar | 31 | 49 | 0 | 0 | 0 | **80** |
| 7. | Ajmer | 1 | 9 | 14 | 43 | 9 | **76** |
| 8. | Dungarpur | 34 | 1 | 9 | 35 | 1 | **80** |
| 9. | Jodhpur | 4 | 10 | 3 | 63 | 0 | **80** |
| 10. | Jhalawar | 31 | 3 | 16 | 28 | 3 | **81** |
| 11. | Dholpur | 67 | 0 | 0 | 14 | 0 | **81** |
| 12. | Hanumangarh | 4 | 76 | 0 | 0 | 0 | **80** |
| 13. | Ganganagar | 4 | 20 | 15 | 37 | 6 | **82** |
| 14. | Kota | 38 | 4 | 11 | 26 | 0 | **79** |
| | **Total** | **315(28.7)** | **249(22.6)** | **90(8.2)** | **421(38.3)** | **24(2.2)** | **1099(100.0)** |

In 38.3% cases respondents replied that camps were organised by the Medical Officer of PHC. In 28.7% cases they reported that team that visited from the district hospital organised the camp. In 22.6% cases respondents reported that team from CHC organized the camps. Those who reported team from district hospital were mainly from Sawai Madhopur, Dholpur and Kota districts.

**Table 13: Person motivated for camp**

| S.No | Districts | Person motivated for camp | | | | | Total |
|---|---|---|---|---|---|---|---|
| | | Friends | Asha | ANM | PRI | Others | |
| 1. | Alwar | 39 | 4 | 37 | 1 | 0 | **81** |
| 2. | Bhilwara | 4 | 20 | 11 | 18 | 5 | **58** |
| 3. | S. Madhopur | 33 | 21 | 15 | 2 | 9 | **80** |
| 4. | Barmer | 14 | 7 | 50 | 1 | 9 | **81** |
| 5. | Chittorgarh | 4 | 2 | 26 | 11 | 37 | **80** |
| 6. | Sikar | 38 | 8 | 34 | 0 | 0 | **80** |
| 7. | Ajmer | 1 | 43 | 5 | 7 | 20 | **76** |
| 8. | Dungarpur | 51 | 2 | 18 | 1 | 8 | **80** |
| 9. | Jodhpur | 0 | 6 | 54 | 1 | 19 | **80** |
| 10. | Jhalawar | 52 | 18 | 5 | 2 | 4 | **81** |
| 11. | Dholpur | 30 | 6 | 36 | 5 | 4 | **81** |
| 12. | Hanumangarh | 33 | 8 | 34 | 5 | 0 | **80** |
| 13. | Ganganagar | 9 | 35 | 26 | 3 | 9 | **82** |
| 14. | Kota | 48 | 11 | 18 | 2 | 0 | **79** |
| | **Total** | **356(32.4)** | **191(17.4)** | **369(33.5)** | **59(5.4)** | **124(11.3)** | **1099(100.0)** |

In majority of cases respondents reported that ANM motivate them for camp followed by friends and relatives. In 17.4% cases ASHA Sahyogini motivated respondents for camp. PRI member contributed in 5.4% cases. This trend was similar among the districts surveyed. ASHA Sahyogini motivated respondents mainly in Bhilwara, Sawai Madhopur, Ajmer and Ganganagar districts while PRI members motivated mainly in Bhilwara and Chittorgarh districts only. Other persons motivated in Chittorgarh, Ajmer and Jodhpur districts.

**Table 14: Specialty wise MO in Camp**

| Specialty | Number | Percentage |
|---|---|---|
| Ayurved | 710 | 64.6 |
| Siddha | 58 | 5.3 |
| Unani | 40 | 3.6 |
| Homeopathic | 407 | 37.0 |
| Others | 516 | 47.0 |
| **Total** | **1099** | **100.00** |

(Multiple Answers)

In 64.6% cases respondents reported that Ayurvedic Medical Officer (Vaidhya) was available in the camp while 37% reported Homeopathic doctor was available in the camp. Around 9% respondents reported person from Siddha and Unani techniques during the camp. Participation of doctor of Siddha was reported by the respondents from Alwar and Jhalawar while participation of Unani practitioner was mainly reported in Jhalawar district.

**Table 15: Services received in the camp**

| Type of services | Number | Percentage |
|---|---|---|
| Free Lab / Medicine | 835 | 76.0 |
| Transportation facility | 34 | 3.0 |
| Treatment of all diseases | 89 | 8.1 |
| IEC | 17 | 1.5 |
| FP facilities | 22 | 2.0 |
| Immunization | 70 | 6.4 |
| Operation facility | 13 | 1.2 |
| Others | 19 | 1.8 |
| **Total** | **1099** | **100.00** |

Majority of the respondents reported that they had received free laboratory services as well as medicines in the camp. Treatment of all diseases was reported mainly by the respondents of Alwar districts.

**Table 16: Facilities available in the camp (N=1099}**

| Facilities | Yes | | No | | Not aware | |
|---|---|---|---|---|---|---|
| | No | % | No | % | No | % |
| Layout about services | 437 | 39.8 | 332 | 30.2 | 330 | 30.0 |
| Generator | 445 | 40.5 | 439 | 39.9 | 215 | 19.6 |
| Sitting arrangement | 1032 | 93.9 | 33 | 3.0 | 34 | 3.1 |
| Drinking water | 1016 | 92.5 | 50 | 4.5 | 33 | 3.0 |
| Tea & Food | 691 | 62.9 | 296 | 26.9 | 112 | 10.2 |
| Specialist services | 977 | 88.9 | 36 | 3.3 | 86 | 7.8 |
| Gyane doctor | 951 | 86.5 | 53 | 4.8 | 95 | 8.7 |
| Pediatrician | 928 | 84.4 | 46 | 4.2 | 125 | 11.4 |
| Medicine | 951 | 86.5 | 58 | 5.4 | 89 | 8.1 |
| Ambulance | 585 | 53.2 | 328 | 29.9 | 186 | 16.9 |
| Announcement | 591 | 53.8 | 255 | 23.2 | 253 | 23.0 |
| Operation facility | 653 | 59.4 | 244 | 22.2 | 202 | 18.4 |
| FP method availability | 879 | 80.0 | 69 | 6.3 | 150 | 13.7 |
| Lab facility | 850 | 77.3 | 78 | 7.1 | 171 | 15.6 |
| Sweepers | 882 | 80.3 | 111 | 10.1 | 106 | 9.6 |
| Waste disposal | 733 | 66.7 | 148 | 13.5 | 218 | 19.8 |
| Others | 24 | 2.2 | 2 | 0.2 | 1073 | 97.6 |

(Multiple Answers)

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. Around 40% of the respondents reported availability of layout about services and generator facilities. Around 55% respondents reported about the availability of ambulance, announcement and operation facilities. Availability of waste disposal facilities was reported by the 66.7% respondents. This trend was similar among the districts surveyed.

**Table 17: Duration of stay in a camp**

| S.No | Districts | Duration of stay | | | | Total |
|---|---|---|---|---|---|---|
| | | Less than 2 hours | 2 – 4 hours | 4 – 6 hours | More than 6 hours | |
| 1. | Alwar | 64 | 14 | 2 | 1 | **81** |
| 2. | Bhilwara | 27 | 8 | 18 | 5 | **58** |
| 3. | S. Madhopur | 68 | 9 | 1 | 2 | **80** |
| 4. | Barmer | 72 | 0 | 7 | 2 | **81** |
| 5. | Chittorgarh | 57 | 19 | 4 | 0 | **80** |
| 6. | Sikar | 75 | 5 | 0 | 0 | **80** |
| 7. | Ajmer | 62 | 6 | 8 | 0 | **76** |
| 8. | Dungarpur | 72 | 8 | 0 | 0 | **80** |
| 9. | Jodhpur | 68 | 6 | 2 | 4 | **80** |
| 10. | Jhalawar | 63 | 11 | 3 | 4 | **81** |
| 11. | Dholpur | 76 | 4 | 0 | 1 | **81** |
| 12. | Hanumangarh | 79 | 1 | 0 | 0 | **80** |
| 13. | Ganganagar | 46 | 18 | 1 | 17 | **82** |
| 14. | Kota | 69 | 5 | 4 | 1 | **79** |
| | **Total** | **898 (81.7)** | **114 (10.4)** | **50 (4.5)** | **37 (3.4)** | **1099 (100.0)** |

Majority of the respondents stay in a camp for less than two hours while 10.4% respondents stayed for two to four hours. Those who have reported to have stayed for more than four hours were mainly from Bhilwara and Ajmer districts.

**Table 18: Respondents received services**

| S.No | Districts | Service received in camp | | Total |
|---|---|---|---|---|
| | | Yes | No | |
| 1. | Alwar | 65 | 16 | **81** |
| 2. | Bhilwara | 47 | 11 | **58** |
| 3. | Sawai Madhopur | 79 | 1 | **80** |
| 4. | Barmer | 56 | 25 | **81** |
| 5. | Chittorgarh | 75 | 5 | **80** |
| 6. | Sikar | 71 | 9 | **80** |
| 7. | Ajmer | 54 | 22 | **76** |
| 8. | Dungarpur | 80 | 0 | **80** |
| 9. | Jodhpur | 77 | 3 | **80** |
| 10. | Jhalawar | 63 | 18 | **81** |
| 11. | Dholpur | 75 | 6 | **81** |
| 12. | Hanumangarh | 59 | 21 | **80** |
| 13. | Ganganagar | 59 | 23 | **82** |
| 14. | Kota | 74 | 5 | **79** |
| | **Total** | **934 (85.0)** | **165 (15.0)** | **1099 (100.0)** |

85% of the respondents reported that they have received services in the camp. This trend was similar among the districts surveyed. Those who have not reported to receive services were mainly from Alwar, Barmer, Hanumangarh and Ganganagar districts.

**Table 19: Type of services received**

| Type | Number | Percentage |
|---|---|---|
| Diarrhea | 40 | 4.3 |
| Cu T insertion to wife | 18 | 1.9 |
| Sterilization | 155 | 16.6 |
| Pain & aches | 291 | 31.2 |
| White watery discharge treatment | 16 | 1.7 |
| eyes problem | 19 | 2.0 |
| Medicine for ribs | 2 | 0.2 |
| Fever | 96 | 10.3 |
| Cough | 77 | 8.2 |
| ANC | 26 | 2.8 |
| Take medicine | 57 | 6.1 |
| Diabetes | 29 | 3.1 |
| Seek Information | 3 | 0.3 |
| Immunization | 19 | 2.0 |
| Asthma treatment | 8 | 0.8 |
| Skin disease | 9 | 1.0 |
| RTI | 2 | 0.2 |
| Not received | 67 | 7.2 |
| **Total** | **934** | **100.0** |

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.

**Table 20: Advantages from the services**

| S.No | Districts | Advantage from service | | Total |
|---|---|---|---|---|
| | | Yes | No | |
| 1. | Alwar | 48 | 17 | 65 |
| 2. | Bhilwara | 46 | 1 | 47 |
| 3. | Sawai Madhopur | 77 | 2 | 79 |
| 4. | Barmer | 41 | 15 | 56 |
| 5. | Chittorgarh | 67 | 8 | 75 |
| 6. | Sikar | 49 | 22 | 71 |
| 7. | Ajmer | 54 | 0 | 54 |
| 8. | Dungarpur | 58 | 22 | 80 |
| 9. | Jodhpur | 77 | 0 | 77 |
| 10. | Jhalawar | 63 | 0 | 63 |
| 11. | Dholpur | 75 | 0 | 75 |
| 12. | Hanumangarh | 47 | 12 | 59 |
| 13. | Ganganagar | 59 | 0 | 59 |
| 14. | Kota | 64 | 10 | 74 |
| | **Total** | **825 (88.3)** | **109 (11.7)** | **934 (100.0)** |

88.3% of the respondents reported profit from the services availed in the camps. This trend was similar among the districts surveyed.

# Chapter 4

## Summary and conclusion

The study was carried out in 14 districts of Rajasthan which were picked by random selection on the basis of two districts per zone. The selection of districts was done on the basis of a high coverage and another on low coverage district in consultation with Demographer and Evaluation Officer DM & HS, Jaipur. It was decided by the government to organize at least 20 camps during the year except Jaisalmer where 16 camps were planned. But on an average 6 camps were organized across the districts. 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.

These RCH camps were held once in two month on a pre determined date. The place of camp was PHC. Six camps were proposed to be conducted in the selected PHCs per year.

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.

Initially a team of a supervisor and eight investigators visited the field during first phase of field work. Afterwards, the team was curtailed down and one supervisor and five investigators visited the camp site to document responses from selected beneficiary about the camp.

Three such teams were formed for entire duration of survey. Internal staff of SIHFW was assigned the task to monitor quality of data collected by each team in the selected districts. Medical Officer of the selected CHC/PHC was also contacted to gather secondary data related to PHC activities

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 needed.

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 speaker 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.

# Chapter 5

## Recommendations

- ✓ Planning of RCH camp is required to be strengthened at district and PHC level. Need is to give more flexibility to MO PHC in organizing the Camp. The micro level action plan should follow as far as possible the guidelines set in the RCH camp.
- ✓ Funds for the camp should be provided well in advance to PHCs. Central procurement of medicine is good strategy but supply of medicine is needed to be ensured well in advance prior to the dates of the camp. Money regarding medicine can also be given to the Medical Officer in-charge of the respective PHC directly to buy the area and disease specific medicine.
- ✓ Family Planning is one of the activities of the RCH camp. Merging of sterilization camps with RCH has changed the whole focus of the activity. Repetition of RCH camp is necessary for its impact and follow up services.
- ✓ Availability of team members of camp including gynaecologist, paediatrician, surgeon and anaesthetist should reach on time to the camp site so that client could get the services on time.
- ✓ Time consumed in the inaugural function including speeches should be kept as minimum as possible (not more than 15 minutes).
- ✓ For smooth functioning and to manage the crowd efficiently one (may be SI) should be engaged to do the job of PRO.
- ✓ Screening of patients and filling up of referral cards before RCH camp to be stressed.
- ✓ It is necessary to have an additional gynaecologist and paediatrician in each camp. Moreover, they should not be engaged to treat minor ailment patients.
- ✓ Facility of generator and safe drinking water must be ensured at the camp-site.
- ✓ Display of layout indication/Site map must be ensured at the camp-site.
- ✓ Proper and repeated announcement should be ensured.

Bureaucratic delay in releasing of money was noticed in some selected districts. It is suggested that the RCH outreach Scheme should be continued for a longer time. Moreover, the rules and regulations regarding intra-department flow of money needs to be simplified and flexible for optimum utilization of money in time.

## Guidelines of the Scheme

TO improve the Maternal Health and Child Health of India, a scheme of RCH Camps is being proposed as a good way of reaching the backward and under-served people of the country. These camps will provide opportunity to integrate the efforts of service providers and increase access to reproductive Health Service. RCH camps provide assured service as per a pre determined calendar, combine benefits of rural RCH and high quality services. These camps will provide an array of Maternal Health, Child Health and planning services under one roof. Women and children will be able to get all these services close to their on an assured basis. These camps will focus on women's health, stress their importance and hence rage health, stress their importance and hence encourage health care seeking behaviour among women of and undeserved areas.

This has been observed as per facility survey reports that percentage of adequately equipped PHCs in the country is very low in number e.g. Assam (9.9%), Bihar (0.3%), Madhya Pradesh (5.7%), Orissa (9.3%), Uttar Pradesh (8.2%) and West Bengal (8.2%) at some places PHCs do have the infrastructure but are underutilized due to lack staff and less. Accordingly to facility survey 22% in Haryana 33% in Bihar 23%in Madhya Pradesh 27 % in Rajasthan 29% in utter Pradesh and 41% in Assam. Camps will be organized for under utilized PHCs and PHC notes areas (inadequately Equipped PHCs)

**Actives of RCH camps**

To increase the access to reproductive health services in remote and under-served areas through camps till such time as the Rural Health Care system becomes fully operational to render primary health care.

To provide an array of good quality RCH services in a safe client friendly and infection free environment. To involve the community providing reproductive health care to create awareness and generate support.

**Purpose of RCH camps in two Folds**

- To increase utilization of selected under utilized PHCs.
- To provide service to remote communities that has limited access to PHC services of RCH camps.
- PHCs (well-equipped) having an operation theatre and equipped for MTP, sterilization, IUD Insertion and D&C, generator set present/hired.

- Remote PHC (not fully equipped) where adequate facilities are not available it is advisable not to carry out the surgical procedure in the camps held in these areas. All other services including IUD insertion can however, be carried out.

RCH camps will be held once in two months on a predetermined date. The six camps will be conducted in the selected PHCs per year.

**Providers:-**

- Gynaecologist
- Paediatrician
- Anaesthetist (In case of sterilization operation are also conducted )
- MO
- Staff nurse
- Lab technician
- LHV
- Theatre assistant
- ANM
- Sweeper

Mobile team of specialist (Gynaecologist / Paediatrician / Anaesthetist) will be from the district hospital or FRU Medical College. In the remote PHCs where no Medical officer is available and operative services are sought to be provided, the district authorities as CM&HO should make arrangement for temporary posting of one MO for about seven days i.e., 2 days before and 3-4 days after the camp.

Range of services to be provided:-

1. Antenatal care:
    a. Identification of management of high risk pregnancies
    b. Referral
2. Advice & Counselling of Safe Deliveries:
    a. Institutional
    b. Deliveries by trained person
3. Post natal care, identification and management of any complication
    a. MTP services
4. IUD insertion
5. Sterilization
6. Post Camp follow-up
7. Counselling for Birth spacing
8. RTI/STI management and counselling including for HIV/AIDS
9. Management of other gynaecological problems
10. Immunization services

11. Management of new born and childhood dieses –ARI/DIARRHOEA
12. Laboratory services HB Blood Groups, urine examination slide for RTI/STI examination
13. Referral: wherever cases requiring referral for treatment are identified facilities to transport them should be provided as part of the camp. Patients treated at the camp should be made aware of the nearest referral facility where they should go in case of any problem.

**Scheme:**

1. The District RCHO will be responsible for the RCH camps.

2. RCHOs should identify and select the under utilized PHCs and the PHCs in remote areas. The list of both types should be made available to the state headquarter. The number of PHCs selected in a district should be 20 (Jaisalmer-16).

3. District authorities should decide the specific day of the week on which a camp is to be held at each PHC. As the number of PHC selected for the camp will be 20 per district so the camp should not be held on the same day at all PHCs as the number of specialist available will be much less.

4. Each identified district will be required to prepare a detailed implementation plan which will be based on micro plan prepared at PHC level.

5. CM&HO and RCHO should identify the team of specialist (Gynaecologist, Paediatrician, and Anaesthetist) and make a roster for deploying them for RCH camps. They should also identify the Medical Officer to be deputed to the remote PHCs for 7 days a roster of MO will also be made. Other support services like Immunization follow up card, IFA, ORS packets, Vitamin-A, contraceptives should be tied up.

6. Calendar should be prepare for at least a month in advance and publicized through banners and interpersonal communication (IPC)

7. Essential equipments for underutilized PHCs like laparoscopes, if required will be brought by the team coming from District Hospital, FRU or Medical College. Essential equipments for remote PHCs needs to be transferred from the FRUs/CHCs well in advance of the date of the camp.

8. For transportation, vehicles need to be fixed and budget for PCI provided to transport doctors to camp site and to provide transport for sterilization clients.

9. Recurring cost of medicines, transportation and publicity will be given on per camp basis.

10. CM&HO and RCHO of the district will be made responsible for purchase of capital items and providing them to PHCs, while money for camp arrangements, publicity etc. will be given directly to the Medical Officer In-charges of PHC. All arrangement will be made by the district health office which will be given the responsibility for organizing the camps. The camp management will be decentralized to PHC level and all required and supplies will be dispatched from the district to campsite well in advance.

11. It should be ensured that all patients attending the camp should be provided with free medication. In case of patients, who have undergone any operative procedure, should be given a full course of antibiotics for at least 5 days. Antibiotics like Amoxycillile, Ampicilline may be prescribed.

12. National AIDS Control Organization conducts National Family Health Awareness campaign periodically. Since RCH camps also provide services relating to RTI/STI and counselling for HIV/AIDS, RCH camps and the awareness campaign by NACO are complimentary to each other and duplication is avoided.

**Publicity:**

- Publicity is needed to make people aware of the constellation of good quality services available near their door steps. The services available will be listed in wall painting at campsites and at prominent places to serve as a reminder. Cloth banner at road crossing will be put in all large villages' fairs and markets.
- The information provided to the community should be specific in so far as the detail of the services that are available or not available in the camps. This should also include information on where and to whom the community should to go the referral care.
- A few days prior to each camp pre recorded loud hailer messages with attractive jingle set to film music will be played in town and in important market and villages in the catchment area of each camp to attract prospective clients. PHCs will be provided with a public address systems, cassettes and funds to carry out this activity.
- Loudspeaker placed in rickshaws will be used for announcement of date and place of camp.
- Pradhan and religious Leaders will be involved in community mobilization.
- NGOs can help in providing information on camp date.
- The ANMs, AWW, MSS, TBA will also motive patients to attend RCH camps.
- ZSS should Laos be involved in publicity of the camps.

**Monitoring:**

Camp Monitoring: RCH camp planning checklist is completed
Manpower: Gynaecologist, Paediatrician, Anaesthetist Medical Officer Preferably lady MO), paramedical staff to be pre informed
Publicity: Banners, audio cassettes public address system, munadi to be completed.
Camp Arrangements: Layout of services generators, waiting areas tents chairs refreshment for the clients to be finalized.
Transport Provision: POL for transportation of specialist team, District Officers, Medical Officer, Paramedical Staff, Sterilization acceptors.

**Medical Equipments:**

a) Laparoscopes will be brought by the team.
b) Equipment needed for remote PHCs will be brought from FRUs/CHCs.
c) Drugs/ vaccines/ contraceptives will be made available from district headquarter.

**Camp day/Follow up/ Monitoring**

Camp Monitoring is crucial to maintain standard and collect feedback from district that will be responsible for providing support in mobilizing cases and closely monitoring the quality at sites and follow-up of cases. He will be documenting the various activities and outcome of the camp through his report. The CM&HO and the other are from the state may visit the camps from time to time.

Following information should be part of the review system of RCH camp:

- District schedule for the RCH camps along with camps actually held
- Progress and financial reports of camps held by the district
- Deputy CM&HO/RCHOs quality assessment report for each camp.
- A monitoring system needs to be established for tracking activities and performance of these camps.

Monitoring form can be modified to include sections on readiness, supplies, expenditure along with the ices and performance.

**Financial Implication**

Selected district will be given Rs.12 lakhs per year for conducting six camps/PHC,in a year, in 20 PHCs

Following inputs will be provided for each RCH camp at PHC

| | Amount |
|---|---|
| **Publcity**<br>Loud Speaker<br>Munadi | Rs 1500/- |
| **Camp Arrangements**<br>Lay out of services<br>Generator<br>Waiting area<br>Agencies | Rs 1500/- |
| **Trnsport provision**<br>For transportation of specialists, district official Medical officers , para medicals staff & equipments | Rs 2000/- |
| **Medicines/Drugs/Consumables** | Rs5000/- |
| **Per camp** | Rs10,000/- |

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