

Janani Suraksha Helpline : Promoting Safe Deliveries in DHOLPUR

The Problem

Despite low government figures on maternal deaths, a hallmark of developing countries, maternal mortality during recent years have been recognized as a major public health problem in South Asia, South East Asia, Latin America and Africa. Maternal mortality, according to an estimate, is as high as 400 per 100,000 live births in developing countries, which when compared with that of 25 per 100,000 live births in developed countries reveal the true contrast, as well as, solemnity of the problem. The relative importance of maternal deaths as a proportion of death among women of reproductive ages may, therefore, vary from less than one percent in low mortality countries to about 25-30 percent in high mortality countries.

The level of maternal mortality is a sensitive index of the prevailing health conditions and general socio-economic development of a community. Taking serious note on the issue, the International community deliberated a great deal on 'Safe Motherhood Initiative' at Nairobi's International conference (1987). Since then, a number of organizations have participated in the launch of the safe Motherhood Initiative by supporting both research on the determinants of maternal mortality and interventions to reduce levels of maternal mortality. Among the interventions being promoted by various safe motherhood/maternal mortality projects are those that encourage change in the status of women, programme that offer family planning, prenatal care, nutritional supplementation, and tetanus immunization, programme that provide more effective linkages between traditional birth attendants and the modern health system, and programmes that undertake overall improvements in access to and the quality of emergency obstetric care.

Janani Suraksha Yojna Helpline is one of such intervention to reduce maternal mortality, being implemented by a Non Governmental Organisation, MANGLAM Seva Samiti, through financial and administrative support from UNICEF & Distt.Health Society Dholpur.

The Area and Programme :

The health indicators of the recently carved out district of Dholpur from Bharatpur obviously match the poor health indicators of the state of Rajasthan. According to District Level Household Survey (DLHS, 2004), Dholpur has a high birth rate (26.53), which is justifiable by the mean age at marriage of girls that stands at 17.40 and low female literacy rate (41.84). Naturally, under the given circumstances maternal mortality of the district would be somewhat similar to that of Rajasthan.

Dholpur is not only one of the remotest but also one of the most difficult places to live in Rajasthan. Notorious for being a hide out for dacoits for its proximity to the chambal ravines, In Dholpur also has few fully equipped health facilities and still fewer transportation and communication facilities. A traditional stronghold where gender disparity is high, the women at Dholpur allegedly preferred home treatments for their medical problems, and as such, institutional deliveries was a rarity, which when combined with poor health facilities, low literacy and poor transportation must have resulted in high number of maternal, as well as, child deaths. As would be the case in similar developing countries, like Bangladesh, or for that matter Niger in Africa.

Distt.Health Society Dholpur. through a local NGO of Dholpur, namely *Manglam Sewa Samiti* initiated an intervention that broadly aimed at reducing maternal deaths by running and managing a 24/7 helpline for the assistance of pregnant women. Based at Distt. Hospital Dholpur & Community Health Centre's (CHC) Bari, Baseri, Rajakhera, Mania & Saipau the helpline arranges/provides transport for reaching out for CHC's or District Hospital at Dholpur, assisting critical delivery cases at health facilities, and quite often provides financial and emotional support as well.

The sequel, through which this whole network of helpline operates, however, is much more complex. The strong traditional roots, scanty financial resources, inadequate facilities at health centers, all combined, have broadened the area of work for Manglam. Thus, by the end of the year, the programme developed as a comprehensive intervention where work starts right from the time a woman becomes pregnant. It now, thus, involves early registration throw ANM / AWW / ASHA of pregnant women, ensuring ante-natal check ups, identifying potential complicated delivery, preparation of birth plan, providing transport in case of emergency and manpower in the case of lonely women, facilitating doctors and family in delivery—all ensuring safe deliveries and protecting the life of mother and child.

The Intervention Process

Pregnancy is the precondition of a maternal death. A woman must be pregnant and experience some complication of pregnancy or child birth, or have a preexisting health problem that is aggravated by pregnancy, before her death can be defined as maternal death. This sequence of outcomes is most directly influenced by four sets of intermediate determinants; the health and reproductive status of the woman; her health care behaviour; and her access to health services. Basically Janani Suraksha Helpline intervention operates around these determinants to improve the outcome of pregnancy by promoting institutional delivery, as illustrated in figure 1.

- ***Registration***

Manglam Samiti & DHS ensures the registration throw ANM / AWW / ASHA of every pregnant woman in Dholpur Distt.. This assists the workers in learning about woman's personal health during pregnancy, which by adequate handling could influence the chances of developing and surviving a complication. The leading preexisting health conditions that are exacerbated by pregnancy and delivery and account for approximately one quarter of maternal deaths in Rajsthan are, for example, anemia, hypertension and tetnus.

- ***Full ANC***

Manglam & DHS ensures that throw ANM / AWW / ASHA of every registered women receives full ANC. This helps in improving the health of a pregnant woman by taking of IFA, Tetnus injections and likewise.

- ***Sensitization and Birth Plans***

By learning about the health status, as well as, the history of a pregnant woman, *Manglam* identifies potential complications. The registration form, drafted for the purpose entails some basic questions, which help in learning if the present delivery could develop a complication. Some of these questions were, status of previous delivery, hemoglobin level, swelling and likewise. Given the wide pervasiveness of home deliveries, sensitization remains a mission to be accomplished. *Manglam* workers ensures this by making repeated visits to the residence



of the pregnant women and by convincing not only the woman, but also, her family about the utilities of seeking medical help at health institutions

- **Transportation, Financial and Emotional Support**

Much of the predicament in seeking medical help at health institution at Bari, just like in the



rest of Rajasthan, is owing to the resources, be it physical or financial. In Bari setting, the physical distances between services and women in need of reproductive health care are considerable. The Dang area affected by difficult terrain,



and dacoits renders the use of road hazardous. To counter this, Manglam has done a resource mapping of every village in the block, which lists every vehicle and phone in the



village. The birth plan includes these provisions, as well as, contact details of the owner of vehicle to use in case of emergencies. In case of the non-availability of a local vehicle, the family is urged to contact the helpline, which then



arranges and sends a taxi from Bari at nominal fare. Prior to this, in a sensitization meeting of taxi operators at Bari, fares were decided and fixed according to the distance, which were classified from nearest to farthest (A, B and C) with fares of Rs. 200, 300 and 400 respectively.

Access, however, is still a much wider concept than physical distance. It also includes financial access. Given considerable poverty in Bari, Manglam also arranges finances for ailing women in extreme circumstances. At times when there is no body to accompany a woman to health facility, Manglam sends a person to assist the former at every stage.

One of Manglam workers is always present at CHC Bari to assist obstetric cases that arrive unaware of the helpline facility. In other circumstances, however, the helpline number 9351623535 has been given wide publicity.

Through the above cited interventions, Manglam and UNICEF have been working towards 'Safe Motherhood' by promoting institutional delivery.

The Impact



The Janani Suraksha Helpline, in a year, has started to show considerable impact on the maternal health indicators of the Bari block in Dholpur Distt.

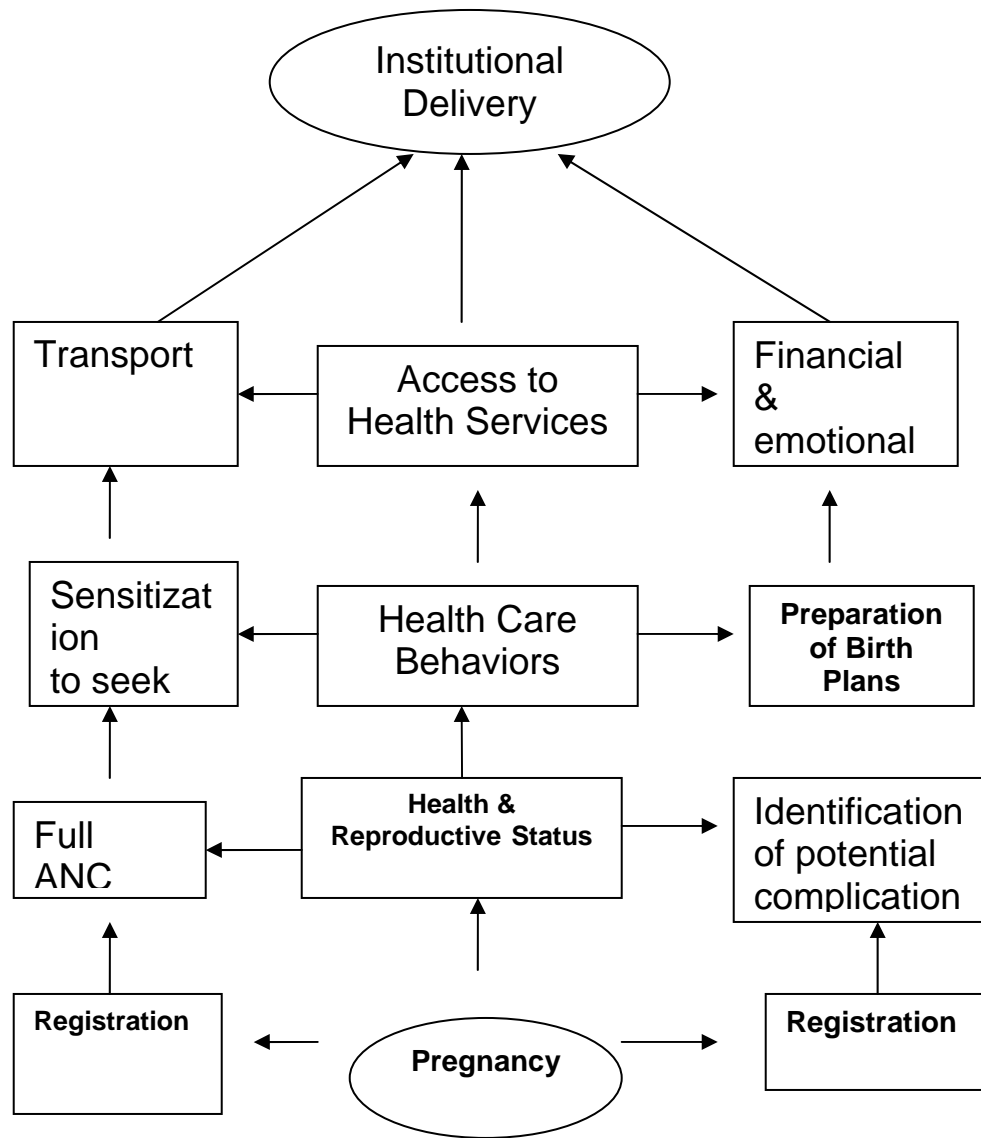
In case, if the quantitative analysis does not portray the impact of the helpline to its full extent, qualitative analysis, might be of some help to us here. Many women were saved from an inevitable death had there been no

assistance from the helpline. **Geeta Devi**, aged 24 was virtually on death bed, when her baby died while half outside and half inside the womb. Blood was profusely coming out. The mother was slowly approaching death when the *dai* called the helpline number. The helpline members quickly rushed the women to CHC Bari where after surgery, the life of the mother was saved. Geeta, now on her part, is ever so thankful to the helpline and remembers that painful time with nostalgia and with tears in her eyes. There are other women like Geeta who repeatedly chants the helpline. It is a tribute to the efforts of the helpline members that a person as illiterate as a traditional *dai* remembered the otherwise lengthy helpline phone number by heart, and proudly repeated the number many time before us.

Perhaps, for the first time in the history of taxi operators at Bari, the two hostile groups were united for this noble cause. Today, they feel proud to be associated with the helpline in saving the lives of the mothers, and never fringe from shouldering the responsibility of carrying the pregnant women to hospital in their taxi, at any time of the day, and that too at nominal fare. Munna, the taxi operator narrates with a sense of pride the incidence where he not only took the ailing women to hospital, but also paid other expenses from his pocket.

Dholpur, now, wears a new look. Helpline number, slogans and pamphlets could be seen everywhere. The hardworking attitude and temperament of the members of Helpline has earned them the status of, probably, a '*jinni*' who with a magic lamp could solve many a problem. Not surprisingly and sometime irritatingly, helpline members have been found running from pillar to post for speeding up the financial assistance from government under JSY scheme and answering queries relating to it.

The Pradhan panchayat samiti Baseri, sarpanch of Khanpur, surgeon of CHC Bari and leader of NSUI, all from varied background and profession, unequivocally pledge their support for the helpline. Local Hindi Dailies has given adequate coverage to the intervention programme, and if that is not enough to speak of the success, the fact that the model developed in this remote part of Rajasthan has now become a model to be followed up in the entire state, might well do.



JSY Helpline Dholpur : Report

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