

## FUNCTIONING OF GOVERNMENT AND NGO-RUN ANGANWADI CENTRES IN DELHI: A COMPARATIVE STUDY

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### ABSTRACT

*The introduction of public-private partnership in running the Anganwadi Centers (AWCs) in under-privileged areas is an innovative step by the Ministry of Women and Child Development, Government of India. However, success of such an initiative affected by several factors need to be studied for further strengthening the programme. The present study attempts to compare the functioning of government and privately-managed AWCs in the slum areas in Delhi. The study found that AWC run by the NGO had better qualified, trained, knowledgeable and pro-active workers with flexibility in approach; and their performance was also better as compared to their counterparts in the government-run AWC. The only constraint was lack of coordination from local government health functionary and absence of supervisory mechanism for the NGO-run AWC. The study also found that given a level playing field, the NGO run AWC may outperform the government-run AWC. The detailed cost benefit analysis and coverage of services has been major limitation of the study. The study recommends further expansion of NGO run AWCs in the country.*

**Key words:** AWC, AWW, CDPO, ICDS, MUAC, Non-Formal Pre-School Education.

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## **A STUDY ON THE CONTENT OF ANC SERVICES PROVIDED BY THE SUB-DISTRICT LEVEL HOSPITALS OR THEIR EQUIVALENTS AND THE PERIPHERAL HEALTH FACILITIES IN A SELECTED DISTRICT OF DELHI**

**Shalini Kelkar<sup>1</sup> and K. Kalaivani<sup>2</sup>**

### **ABSTRACT**

*The aim of this study was to assess the content of the ante-natal services provided by the sub-district level hospitals or their equivalents and by the peripheral health facilities in Delhi; whether the content matched the norms; and what were the deficiencies or gaps in the operating system of these health facilities. The content of ante-natal care services provided to 247 new cases of pregnancy in the above-mentioned health facilities was observed. ANC records of 276 women delivered in the sub-district hospital (or its equivalent) during January 2012 to December 2012 were studied for the details of the content of ante-natal care provided to these cases w.r.t. history, examination, investigations advised and/or done and ante-natal management of these cases. All the health facilities had the written guidelines given by the Government of India for provision of ANC services. There was adequate trained manpower available for provision of ante-natal care services in all the health facilities and there was no deficiency of both consumables as well as equipment in all the health facilities. Lack of supervision was noticed in all the health facilities. Many of the services were not being effectively delivered e.g. weight not being measured, proper history not being taken, laboratory investigations not being done, etc. There was lack of utilization of the consumables and equipment available for provision of ante-natal care services. The sub-district hospital or its equivalent was overloaded with normal cases of pregnancy which should otherwise be managed by the peripheral health facilities. No per-abdominal examination was being performed at any of the dispensaries. In none of the health facilities, anaemia treatment was being done as per the guidelines. Proper referral mechanism was not functional- the health facilities referring the ante-natal cases to the sub-district hospital for management at the time of delivery or complication were not sending the ante-natal details of cases which could play a crucial role at the time of management.*

**Key words:** Ante-natal care (ANC), Content, Referral mechanism, SDH (Sub-district hospital), PUHC (Primary Urban Health Centre), Maternity Homes.

## **A STUDY OF ORGANIZATIONAL STRUCTURE AND FUNCTIONING OF CHACHA NEHRU SEHAT YOJNA (CNSY) IN GOVERNMENT SCHOOLS OF A SELECTED DISTRICT IN DELHI**

**Prakash Jha<sup>1</sup> and A. K. Sood<sup>2</sup>**

### *ABSTRACT*

*Providing efficient school health services to all the government school children of the State of Delhi is a enormous challenge. The present article looks at the matter from the provider's end, highlights the structural, organizational features and functioning of Chacha Nehru Sehat Yojna in government schools of West-A district in Delhi and tries to come out with some suggestions for its improvement. The organizational structure in West-A district was according to CNSY guidelines but no separate post for district In-charge was sanctioned. The coverage of CNSY was also very poor and only 50% of government schools were covered during 2013-2014. There is a need for better coordination between health and education department and clearly defining their roles to implement this scheme in the district. There was no adequate mechanism of transport for referral of students or follow-up cases which needs urgent attention to improve the CNSY services. Proper documentation of CNSY health records and timely dissemination of reports to concerned stakeholders are also equally important and need improvement.*

**Key words:** Chacha Nehru Sehat Yojna (CNSY), School Health Programme, National Rural Health Mission, Government Schools.

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## DESIRE TO TERMINATE FERTILITY IN MADHYA PRADESH

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### ABSTRACT

*This paper is an attempt to study the differentials in desire for no more children and determinants by the women's background characteristics and by using data from the National Family Health Survey-III, conducted during 2005-06 for Madhya Pradesh. Data from the Sample Registration System of different years are also used for this study. Both bivariate and multivariate analyses have been used in the present study. The various independent variables such as Place of Residence, Caste, Religion, Women Educational level, Work status of women, Wealth index, Age at first marriage, Experience infant death and Media Exposure are used in this study. Percent not desiring another child naturally increases with increasing number of living children. This is 34 per cent, 90 per cent, 97 per cent for those with one, two and third and above living children in urban areas, the pattern is similar in rural areas but the levels are lower 30 per cent, 83 per cent, and 93 percent respectively. With increasing level of education desire for no more children increases. By age at first marriage, desire for no more children increased with increasing age at marriage. The differentials are wide for women with one living child but narrower among those with two or more living children. The logistic regression analysis indicates that Caste, Religion, Women Educational level, Wealth index, Work status of women Age at first marriage, Experience of infant death and Media Exposure are major determining factors for not desiring another child in Madhya Pradesh.*

**Kew words:** Differentials, Determinants, Desire fertility, Terminate fertility, Madhya Pradesh.

## PROGRESS AND CONSTRAINTS OF REPRODUCTIVE HEALTH IN INDIA AT SUB-NATIONAL LEVEL: AN EXPLORATORY STUDY

Gargi Bhattacharya<sup>1</sup> and Sushil K. Haldar<sup>2</sup>

### ABSTRACT

*This study tries to evaluate the status of reproductive health (RH) comprising five selected parameters across 15 major states of India over five time points using the National Family Health Survey (NFHS) and District Level Household Facility Survey data. There exists wide range of inter-state variations of RH status. The trend of inequality of RH Index is found to be declining but parameter specific inequality is quite mixed. The determinants of RH parameters across states are examined in panel data regression incorporating both demand and supply side factors. Female literacy, female labour force participation rate and per capita social sector expenditure appear to be significant in most of the regressions of RH parameters; in some cases poverty and health infrastructural gap are revealed to be appeared significant. Achievements of Millennium Development Goals (MDGs) in respect of RH and 'Health for All' programme have been a distant dream in India.*

**Key words:** Reproductive Health, Achievement Index, Health Infrastructure, Reproductive Health Inequality, Demographic Dividend.

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## UTILIZATION OF THE PHC AND SUB-CENTRE BY THE COMMUNITY IN A RURAL AREA NEAR BANGALORE, INDIA

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### ABSTRACT

*In public sector, the Primary Health Centre (PHC) is the cornerstone of rural health services while the Sub-Centre (SC) is the most peripheral and first point of contact between the primary health care system and the community. To find out the utilization of PHC and SC by the women in study area; and to describe the availability of infrastructure and services provided in the PHC and SC; this descriptive study was done over a period of 6 months during April-September 2014 in the rural field practice area of a medical college near Bangalore. The study subjects were resident mothers of the area and Junior Health Assistant Female (JHAF). 200 mothers were interviewed. The findings show that 85 (85%) had heard about PHC and 72 (72%) had heard about SC. Among them, 72 (84.7%) and 59 (81.9%) of the subjects had utilized the PHC and SC. Utilization of PHC was mainly for OPD (76.4%), MCH services (93.1%) and family planning (12.7%). Utilization of SC was mainly for OPD (57.6%) and MCH services (98.3%). 27% of the respondents had informed that the JHAF had visited their homes and majority of visits were made once a month. 95.8% and 44% were satisfied with the services provided by the PHC and SC. 67% 81.9% and 50 % of the PHC and SC had own building. Utilization of the PHC was high and sub-centre utilization was low.*

**Key words:** PHC, Sub-centre, Mothers, JHAF, OPD, Health services.