Collaborating for Change

This document outlines Sabuj Sangha's engagement in 2 key government schemes (Ayushmati and Community Delivery Centres) operationalised in the Sundarbans in West Bengal, India. These schemes utilise the potential of Public Private Partnerships in enabling deprived communities living in remote areas to access services related to institutional delivery.

Background

Institutional Delivery: An Urgent Imperative

The Millennium Development Goals triggered greater interest and action on maternal and child health issues worldwide. India too committed to reducing its maternal mortality ratio to two-thirds by 2015 (Goal 5). This translated into a target maternal mortality ratio (MMR) of 109. By 2006, the national MMR had come down to 254.[1] Clearly, accelerated and strategic efforts are needed if India is to achieve its target.

Significantly, the intranatal/intrapartum (labour) stage is being seen as a particularly critical phase for intervention. This results from an understanding of the 'clustering of mortality around delivery'[2] and the need for appropriate and timely medical care for dealing with haemorrhage, infections and other complications. Moreover, these complications and maternal mortality have direct implications on child survival. In fact, 'adoption of a core strategy of intrapartum care based in health centres' has been advocated as the best strategy for reaching Millennium Development Goal 5.[3] This involves ensuring that pregnant women access appropriate health services including timely referrals for emergency obstetric care services.

Institutional delivery is critical for ensuring safe motherhood and child survival

Unfortunately, the rate of institutional delivery in the country is still low at 40.7% Births assisted by doctor/nurse and other health personnel fare marginally better at 48.3%. The corresponding figures for the state of West Bengal are 43.1% (institutional births) and 45.7% (assisted by health personnel).[4] Incidentally, recent state level data show that institutional delivery has increased to 60.2%. However, there are variations within the state.[5]

Undoubtedly, enhancing institutional delivery is a complex and challenging task. Factors such as specific traditional norms/ practices favouring home deliveries, lower priority to women's health and limited access to health services need to be addressed. Distance, costs and even concerns regarding quality of health services act as barriers. Communities living in remote locations, such as the Sundarbans, with insufficient communication and transport systems face even greater problems in accessing services.

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[1] http://www.un.org.in/UNDP/Joint%20Advocacy/2010/MDGIndiaFactSheet/MDG%205.doc accessed on 12.09.10

[2] Filippi, V., Ronsmans, C., *et al.* (2006). Maternal Survival 5 Maternal health in poor countries: the broader context and a call for action. *Lancet,* 368: 1535-41

[3] Campbell, OMR., Graham, WJ. (2006). Maternal Series 2 Strategies for reducing maternal mortality: getting on with what works. *Lancet,* 368, 1284-1299

[4] International Institute for Population Studies (IIPS) and Macro International. (2007). *National Family Health Survey (NFHS-3), 2005-06; India: Volume I.* Mumbai: IIPS

[5] Department of Health and Family Welfare -Government of West Bengal. *Health Systems Development Initiatives: Reforms and Achievements 2005-2009*

The Sundarbans Context

The Sundarbans constitute the world's largest delta. It is formed by the confluence of 3 rivers across 2 countries (India and Bangladesh). The Indian section of the Sundarbans comes under North 24 Parganas and South 24 Parganas districts of West Bengal. Floods and cyclones are a common feature here. Boundaries between land and water shift constantly, adding to the vulnerability of the local communities living on the many islands in the region.

Sunderbans - Living with uncertainty

Unfortunately, local transport systems are not well developed. Some of the islands that are far from the mainland do not even have electricity. Health infrastructure is inadequate, particularly in terms of dealing with any major health issues. For instance, residents of Lakshmijanardanpur *gram panchayat* (Pathar Pratima block in South 24 Parganas, south eastern part of Sundarbans) have to cross 2-3 rivers and travel for about 3 hours to reach the Raidighi Block Primary Health Centre or even the Diamond Harbour Sub Divisional Hospital.

Traditionally, home deliveries have been the norm with traditional birth attendants and female relatives playing an important role. In recent times, the number of unregistered practitioners (quacks) working and handling home deliveries has multiplied. These quacks - particularly those of a more unscrupulous nature - exert significant control on families. Thus, complicated cases are brought in for appropriate medical treatment only at the last moment. Many of these women were never screened for risk factors or received appropriate care during their pregnancy.

In 2007-08, there were 4405 home deliveries in Pathar Pratima and 2941 in the neighbouring Mathurapur II block. The corresponding figures for institutional deliveries were 872 and 726 respectively. There were 13 maternal deaths in these 2 blocks. Areas like the Sundarbans contribute to the state's maternal mortality burden which otherwise fares better than the national figure.[6] Meanwhile, by 2009-2010, the number of maternal deaths in the two blocks had come down to 6. Home deliveries still dominated (Pathar Pratima - 4267, Mathurapur II -2139). But the number of institutional deliveries was also rising slowly (Pathar Pratima - 906, Mathurapur II -1278).[7]

Clearly, a lot still remains to be done. However, growing collaboration between the state and private players promises to improve these results further in the coming years.

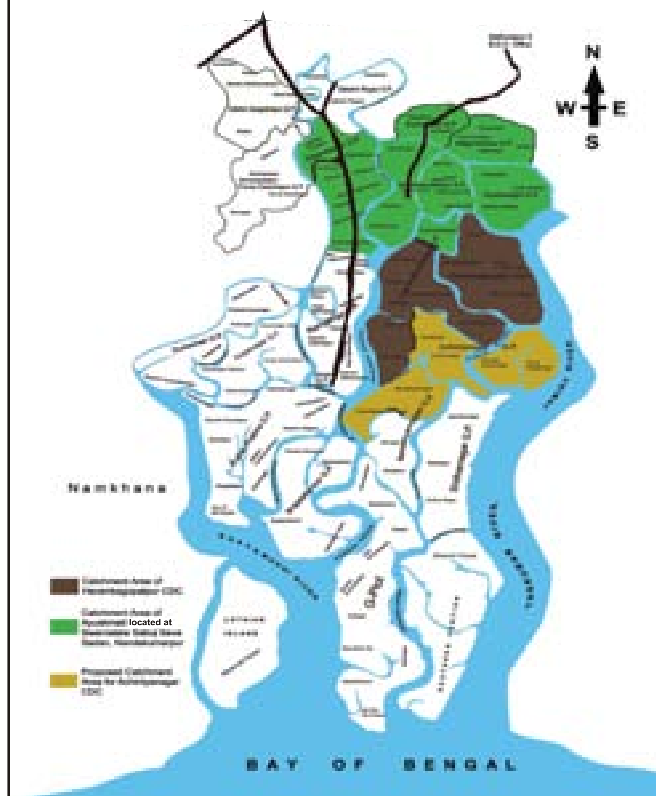
[6] MMR in West Bengal-196; Health and Family Welfare Department - Government of West Bengal. *'Ayushmati' Scheme*
[7] As shared by District Health and Family Welfare Samity, South 24 Parganas

Public Private Partnerships for Change

Launched in 2005, the National Rural Health Mission emphasises on community mobilisation and strengthening linkages between communities and service providers for improving key maternal and child health (MCH) outcomes. It sees Public Private Partnership (PPP) as a critical area of action. These aspects find reflection in key policies and programmes in West Bengal as well.[8]

During 2008-2009, 2 key government schemes on promoting institutional delivery were initiated in the Sundarbans. These schemes were Ayushmati and the Community Delivery Centre (CDC).[9] The aim was to converge resources with private players and maximise access to appropriate services for deprived communities living in remote locations. While private service providers empanelled under CDC would handle normal deliveries, those enlisted for Ayushmati would offer emergency obstetric care services as well.

Catchment Area of CDC and Ayushmati schemes as implemented by Sabuj Sangha District : South 24 Parganas, West Bengal



Sabuj Sangha and the Ayushmati Scheme

The Panchayat and Rural Development Department of the Government of West Bengal issued a call for applications for the Ayushmati Scheme in the Sundarbans in Oct 2007. Sabuj Sangha applied. Incidentally, its maternity home in Nandakumarpur (Mathurapur II block, South 24 Parganas) had been licensed the same month. The maternity home - known as Swarnalata Sabuj Seva Sadan - had the necessary infrastructure and other statutory requirements in place. This facilitated clearance for empanelment under the Ayushmati scheme.

On March 13, 2008, the then Chief Medical Officer of Health (CMOH) for South 24 Parganas Dr Sachidananda Sarkar informed Sabuj Sangha and 4 other NGOs about their selection. Representatives were invited to a meeting to discuss the modalities. Subsequently, an agreement was signed between the CMOH (on behalf of the District Health & Family Welfare Samity) and the Secretary of Sabuj Sangha. The organisation began implementing the scheme from April 1, 2008.

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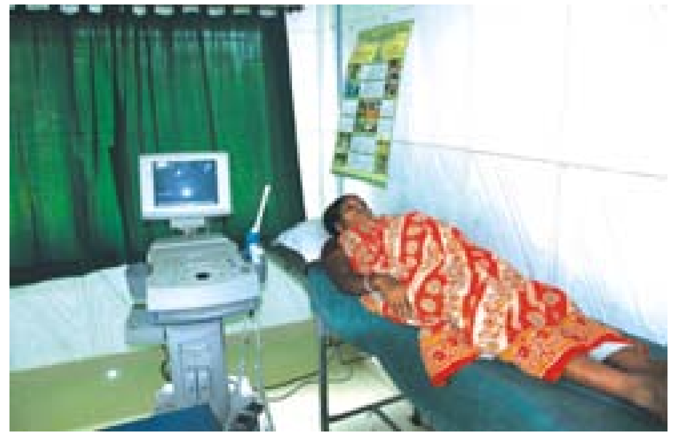
[8] Some of these key documents include the *Health Sector Strategy* (2004-2013), *Health Systems Development Initiative* and the *Public Private Partnership Policy*.

[9] These schemes were operational in other parts of the state before they were initiated in the Sundarbans.



Swarnalata Sabuj Seva Sadan at Nandakumarpur in South 24 Parganas

<table>
<tr><th colspan="2">Ayushmati Scheme: Quick View</th></tr>
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Objectives

- Increase the number of institutional deliveries by partnering with private sector facilities empanelled against certain pre-determined criteria
- Ensure quality of service delivery in the empanelled private sector facilities by stringent monitoring and supervision

Benefits for Pregnant Women

- No payment for accessing delivery services
- Financial benefits from 2 other schemes bundled
  - Rs 500 (second instalment of the Janani Suraksha Yojana, JSY)
  - Referral transport charges (upto 10 km: Rs 150, 10-20 km: Rs 250, 20-30 km: Rs 350, above 30 km: Rs 450)
- Also added: Hypothermia kit for neonatal care

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Target Group

Pregnant women belonging to scheduled caste (SC), scheduled tribe (ST) and those belonging to below poverty line (BPL) categories

Women need to furnish proof of their SC/ST/BPL status through appropriate certification or letter from the gram panchayat. They also need to show their antenatal card.

Reimbursement for Private Partners

- Deliveries (@ Rs 3200 per delivery)
- JSY and referral transport claims
- As per scheme, payment is to be made for a batch of 100 deliveries. In practice, reimbursements on a quarterly basis

Reporting Systems

- Submit report of deliveries conducted by 5th of every month

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Tracking Progress

During 2008-09, 84 deliveries were conducted at the Swarnalata Sabuj Seva Sadan under the Ayushmati scheme. During 2009-10, this figure rose to 191. Between April - Dec 2010, 177 deliveries had been conducted. Overall, there has been a slow but steady growth.

"Hather kacche protisthan aache. Lokerau aage aasche," affirms Palan Chandra Paik, *pradhan* of the Nandakumarpur *gram panchayat.* (The institution is closeby. People are also coming forward to access the services.) "JSY *aar* Ayushmati *te* awareness *bedeche*," affirms Jhontu Charan Das, the *up pradhan.* (JSY and Ayushmati have helped increase awareness). Ansuman Das, secretary-Sabuj Sangh, feels that the financial incentives have enhanced interest in institutional delivery. More importantly, he points out, "*Ek baar* family *te* institutional *delivery hole, porer baru* institutional delivery *hobar chance bede jaye*." (There are greater chances of an institutional delivery being chosen again if it has happened once earlier.)

Narratives of Impact

I. **Aparna Mirdya,** resident of Nandakumarpur (Mathurapur II, South 24 Parganas)

"Aabar baccha hole jabo," says Aparna with a shy smile. (Whenever I have my next child, I will go there again.) Aparna's first child (a boy) was born at the Swarnalata Sabuj Seva Sadan on June 29, 2009. She had been eligible for the Ayushmati scheme. She received the mandated financial benefits and the hypothermia kit. *"Jete ektu bhoye korecchilo. Pore badi aaste icche kore ni,"* recalls Aparna. (Initially, I was a little afraid about going. But later, I didn't feel like coming home.) She had also received continuous support and inputs from Sabuj Sangha's local community health worker during her pregnancy.

II. Chabi Manna, resident of Nandakumarpur (Mathurapur II, South 24 Parganas)

"Pariseba ta bhalo. Kono ashubidhe hoye ni," says Chabi whose second child was born at the Swarnalata Sabuj Seva Sadan on June 12, 2010. (The service is good. I did not have any problems.) Why did she opt for an institutional delivery? *"Badi te* risk *hote pare,"* comes the prompt reply. (Home deliveries can be risky.) Kanchan Mondal, the local community health workers, nods her head in agreement. She is glad that she was able to convince Chabi and her husband for an institutional delivery.

Chabi's haemoglobin level had reduced from 12.4 to 9.8 during her pregnancy. She had not gained sufficient weight. There were other concerns as well. Kanchan ensured that Chabi underwent periodic antenatal care check ups and monitored her condition. Necessary inputs and support (arranging medicines etc) were provided.

During her delivery, Chabi experienced severe blood loss (haemorrhage). Blood from the blood bank at the Diamond Harbour sub divisional hospital was arranged. The Swarnalata Sabuj Seva Sadan staff helped Narayan (Chabi's husband) in doing the necessary modalities. In fact, Narayan had been informed that such a situation could arise.

Chabi's daughter (named Arpita) was born with a birth weight of 2.2 kg. This placed the newborn at significant risk as well. The family was informed about the necessary precautions, feeding and caring practices needed. Arpita is now 4 months old and weighs a healthy 5 kg. Chabi had also received all the entitlements under the Janani Suraksha Yojana, referral transport and the hypothermia kit.

Chabi with her daughter Arpita

Women from mainly Nandakumarpur, Digambarpur and Lakshmijanardanpur *gram panchayats* (GPs) have availed the scheme. Few women from Kumrapara, Nagendrapur and Konkondighi GPs have also undergone institutional delivery at the Swarnalata Sabuj Seva Sadan. (All these GPs are spread across Pathar Pratima and Mathurapur II blocks.)

*Panchaya*t members feel that more awareness activities are required. "Lady doctor *hole bhalo hoye*," adds Majibur Rahman Khan, another *panchayat* member. (It would be good if there was a lady doctor.) Meanwhile, staff members have to contend with numerous challenges and other contextual issues as well (*see subsequent sections on learnings and future plans*). But all agree that a good beginning has been made.

Sabuj Sangha and the CDC Scheme

The Panchayat and Rural Development Department had invited applications for the CDC scheme during Oct-Nov 2007. Subsequently, 7 local NGOs/institutions (including Sabuj Sangha) participated in a preliminary meeting on CDC convened by the CMOH on Dec 4, 2007.

Incidentally, Sabuj Sangha had established an Outreach Resource Centre in Herambagopalpur (Pathar Pratima block) earlier that year. The centre was used for providing trainings across multiple sectors, disseminating information on government schemes and offering basic health services. It was also being developed as a demonstration site equipped with specific technologies/models related to agriculture, sanitation and water treatment. Sabuj Sangha felt that the available resources and infrastructure could be utilised in establishing a Community Delivery Centre. Accordingly, it formally applied for the scheme on Dec 5, 2007. There were further discussions with the CMOH in subsequent months. Formal sanction was granted on March 28, 2008.

DFID representatives (left), CMOH Dr Sachidananda Sarkar (second from right) and Sabuj Sangha Secretary Ansuman Das (right) discussing the scheme in mid 2008

Community Delivery Centre Scheme: Quick View	
Objectives • Promote institutional deliveries in areas where health facilities are inaccessible/poor by partnering with private sector facilities that can run 24X7 hours delivery centre	**Target Group** All pregnant women Those belonging to SC, ST and BPL categories would also be able to get their mandated benefits through the CDC. However, they will need to furnish proof of their SC/ST/BPL status through appropriate certification or letter from the *gram panchayat*. They also need to show their antenatal card.

Benefits for Pregnant Women

- No payment for accessing delivery services
- Financial benefits from 2 other schemes bundled
  - Rs 500 (second instalment of the Janani Suraksha Yojana)
  - Referral transport charges (upto 10 km: Rs 150, 10-20 km: Rs 250, 20-30 km: Rs 350, above 30 km: Rs 450)
- Also added: Hypothermia kit for neonatal care

Reimbursement for Private Partners

- Annual grant of Rs 15,10,000 per CDC received in 2 instalments
- JSY and referral transport claims submitted quarterly

Reporting Systems

- Submit report of deliveries conducted by 5th of every month according to prescribed format
- Submit expenditure statement every six months

Sabuj Sangha began implementing the scheme in April 2008. It undertook the prescribed roles of creating awareness about CDC, conducting normal deliveries, providing antenatal care, postnatal care and contraceptive services and developing referral transport systems. Here, Sabuj Sangha's existing boat ambulance service proved to be immensely valuable.

A pregnant woman with 2 doctors and nurse at the CDC

Tracking Progress

During 2008-09, 59 deliveries were conducted at the CDC. "*Prothom bocchore* awareness *low chhilo*. Quacks *der opore-u lokera* dependent *chhilo*," recounts Arunabha Das member of Sabuj Sangha. (The awareness level was low in the first year. The communities were also dependent on quacks.) During 2009-10, the figure rose to 119. Between April-December 2010, 176 deliveries had been conducted at the CDC.

Narratives of Impact

III. Namita Pradhan, resident of Purba Chintamanipur (Pathar Pratima, South 24 Parganas)

During her first pregnancy 9 years ago, Namita had been advised to undergo a caesarean operation. She had consulted a doctor at a private nursing home in Raidighi (South 24 Parganas). The operation would have cost Rs 10,000. Namita knew that her family could not afford it and so, she chose to have a home delivery. But she remained stressed for the entire course of her pregnancy. Fortunately, there were no complications during her delivery and she gave birth to a baby boy. Her sister, who had joined Sabuj Sangha as a community health worker, had informed about the CDC and she decided to have her second child there. Accordingly, she came to the CDC on July 21, 2010 when she experienced labour pains. "*Daktar shonge shonge dekhe gaelo. Saade saathtae elam. Dostae baccha hoye gaelo*," she says with a smile. (The doctor came immediately. I had come at 7.30 pm and the child was born at 10.00 pm.)

IV. Balika Giri, resident of Herambagopalpur (Pathar Pratima, South 24 Parganas)

Balika's first child was born at her mother's home in Achintanagar. She had decided to do the same in her second

pregnancy as well. Jayashree Swasmal, the local community health worker, dissuaded her from doing so. "*Oke bojhalam ekhane* CDC *pashe*," says Jayashree. (I explained to her about the CDC which is very close to her house.) "*Didi bollo aami acchi. Kono bhoye ni*," recalls Balika. (Didi said that she is there. I have nothing to fear.) Jayashree spoke to Balika's husband who works as a fisherman. She convinced him as well. Meanwhile, she tracked Balika's pregnancy and provided supportive inputs. She also helped the family in obtaining a certificate from the local *panchayat* which stated that they were poor. This enabled them to access JSY benefits.

On Jan 12, 2010, Balika was admitted at the CDC. She gave birth to a healthy baby boy. "*Mashari, jama kapad, taka - shob peyechhilam*," she says with a shy smile referring to the hypothermia kit and the JSY money. (Mosquito net, clothes for the child, money - I got everything.)

Balika with her son

In fact, community health workers entrusted with creating awareness and mobilising communities for institutional delivery are encouraged by these positive experiences. "*Mayera bole ekhane poribesh bhalo. Onoderu bole*," they say with visible satisfaction. (Mothers say that the CDC provides a comfortable environment. They tell others.)

"*Chobbis ghanta* delivery centre-*e labh*

Pregnant women from surrounding areas at the CDC

hoyeche," asserts Banamali Ghorui, *pradhan* of the Herambagopalpur *gram panchayat*. (We have benefited from the 24 hours delivery centre.) Amrit Ranjan Giri, a local community leader, echoes the spirit of PPP as he says, "GP, NGO *aar* government - *aamra to shobayi chayichi ki loker jaano unnati hoye*." (GP, NGO and government - we all want development and progress for our people.) Overall, women from Herambagopalpur, Achintanagar and Lakshmijanardanpur GPs have availed the scheme.

Key Learnings

The experience of implementing Ayushmati and CDC schemes for the past two years has taught Sabuj Sangha many valuable lessons. There is now a deeper understanding of the challenges, organisational strengths and other facilitating factors.

Key Challenges

Creating awareness about institutional delivery:

It is important to work with a range of community level stakeholders to promote institutional delivery. One has to counter accepted practice and even negotiate power dynamics. Sabuj Sangha has been focusing on engaging these stakeholders (particularly mothers-in-law and quacks) through various activities. Also, there has to be an emphasis on balancing the aspect of financial incentives with a more fundamental understanding of why institutional delivery is important.

Improving internal transport systems:

Link roads within islands are often unevenly paved. Many are even unusable. It is difficult to bring pregnant women through such routes. There is a need to work specifically on customising local machine vans and other modes of transport for pregnant women. Besides, families often end up paying huge sums for transportation (across roads and rivers). In fact, women shared that many local van pullers and boat owners are aware of the referral transport payments. They refuse to negotiate their charges accordingly. Sabuj Sangha does make arrangements for transport. However, it is not able to adequately cover all cases.

Dealing with expectations of local communities:

Local communities expect the CDC to cater to complicated deliveries. Of course, one understands that pregnant women and their family members often travel significant distances to reach CDC. It is obviously difficult to then take a complicated case further to a more equipped hospital (whether Swarnalata Sabuj Seva Sadan or other government hospitals). Also, the CDC has a provision for 5 beds. Even if more women arrive, they have to be turned away. Besides, community members demand other health services as well. The staffs have to deal with these issues and often find themselves in a difficult position.

Retaining medical staff:

This has been one of the biggest challenges for Sabuj Sangha. It is difficult to find doctors and nurses who would want to live in the Sundarbans for a prolonged period of time. It has had to look at strategies like rotating staff between the Swarnalata Sabuj Seva Sadan and CDC and providing incentives like free accommodation to enhance retention.

Facilitating Factors

Growing rapport with local communities:

Sabuj Sangha's rapport with local communities has helped it in implementing the schemes. The vast women Self Help Group network associated with the organisation has also emerged as an important channel for generating awareness about the need for institutional delivery and the related services available.

Linkages with ongoing community health programme:

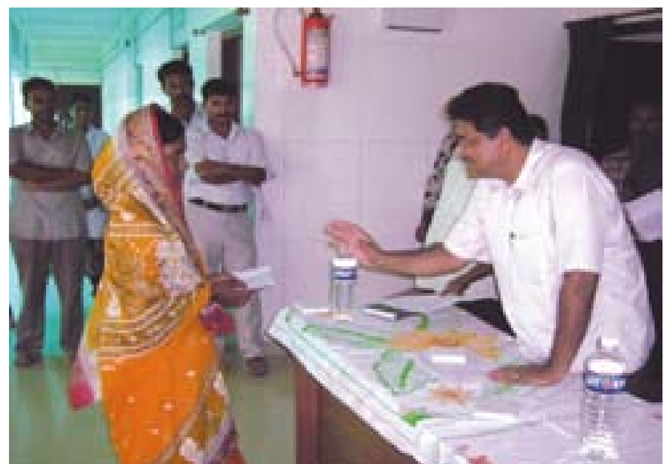
The involvement of local women as community health workers (*swasthya sevikas*) has been a key facilitating factor. These women are growing as key community resources on maternal and child health issues. They are encouraging families on birth preparedness and facilitating institutional delivery in various ways.

Existing organisational infrastructure:

Sabuj Sangha has been able to take advantage of its existing infrastructure in creating health facilities. In fact, the organisation has consciously sought to complement public healthcare infrastructure and services.

Support of government health authorities:

Sabuj Sangha would not have been able to implement these schemes without the support of the key government health authorities, particularly at the district and the block levels. The sub divisional hospital at Diamond Harbour has also taken adequate care for all the cases that were referred to it.



Previous CMOH Dr Sachidananda Sarkar interacting with a mother who has benefitted from the Ayushmati Scheme at the Swarnalata Sabuj Seva Sadan

Support of* panchayats*:

Local *panchayats* have also pitched in many ways. Sabuj Sangha participates in the fourth Saturday meetings in 4 *panchayats* (Nandakumarpur, Herambagopalpur, Achintanagar and Lakshmijanardanpur). These meetings bring *panchayat*, health, Integrated Child Development Services and other allied stakeholders together to discuss and act on health and nutrition issues at the *panchayat* level. Sabuj Sangha has begun to utilise these platforms for highlighting institutional delivery and related aspects. It is also a member of the Swasthya Sthayee Samiti in these 4 *panchayats* since 2006.

The Next Step

The following aspects have been identified as areas for greater emphasis and action. These constitute the foundation for Sabuj Sangha's future plans.

- Strengthening the entire continuum of care for pregnant women in partnership with relevant stakeholders (example - focus on joint activities such as ANC camps with government health services for pregnant women in the Sundarbans)
- Enhancing understanding of the catchment area for the Ayushmati and CDC schemes and devising appropriate strategies for ensuring 100% institutional delivery in the area

Maternity ward at Swarnalata Sabuj Seva Sadan

- Articulating and supporting collective action to improve transport systems (at micro level - local referral transport involving vans, boats or *bhot bhoti* etc; at a broader level - working with relevant government departments and others for improving transport systems)
- Improving systems of internal monitoring of the Ayushmati and CDC schemes
- Upgrading CDC at Herambagopalpur into a health facility of a Primary Health Care centre standard
- Upgrading Swarnalata Sabuj Seva Sadan into a 50 bedded hospital focusing on maternal and child health and eye care (another key health concern in the region)

Chief Medical Officer of Health Dr S Guchait and Deputy III Dr L K Hatui (centre) during a CDC monitoring visit on July 21, 2010. Also present Herambagopalpur pradhan *B Ghorui (extreme left)*

Operationalising CDC in Achintanagar

The two islands of Purba Sripatinagar and Paschim Sripatinagar collectively constitute the Achintanagar *gram panchayat*. Residents from these islands have to cross 2 rivers to reach the CDC at Herambagopalpur. There has been a growing community demand to establish a CDC at Achintanagar itself. This CDC can cater to the K Plot, Banoshyamnagar and Lakshmijanardanpur islands as well.

Significantly, Sabuj Sangha has a two storied building in Achintanagar that can house the CDC. The building is currently being used as a multipurpose community centre as well as a flood shelter. The organisation has submitted an application in May 2010 for operationalising a CDC in Achintanagar. This is currently under consideration.

About Sabuj Sangha

Sabuj Sangha began as a village club in 1954 in Nandakumarpur in South 24 Parganas, West Bengal, India. Its growth was spurred by the passion and enthusiasm of local men and women who wanted to facilitate development in the Sundarbans region. Sabuj Sangha was registered under the Societies Registration Act in 1975 and started working in a more focused manner. In 1996, its association with Society for Participatory Action and Reflection (SPAR), a leading NGO in the country, introduced it to participatory development processes.

Today, Sabuj Sangha is a dynamic organisation committed to working with rural and urban deprived communities and making significant improvements in their lives. It works in the interrelated domains of **health and nutrition**; **water, sanitation and hygiene**; **education and protection**; **livelihood and women's empowerment** and **environment and disaster response** across multiple districts in West Bengal.

Ensuring safe motherhood and child survival requires collective and coordinated efforts

We would like to thank the functionaries of the Department of Health and Family Welfare (Government of West Bengal) at the state and district levels for their support.

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