

Delivering Reproductive Health Services in Rural Andhra Pradesh. Insights from the Field.

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India launched in 1997 the Reproductive and Child Health (RCH) program to meet the total needs of both mother and child. The program covers all aspects of reproductive process, such as care of the young married girls, ante natal care, child birth and care of new born as well as children under 5 years. It includes components to deal with sexually transmitted disease (STD) and reproductive tract infections (RTI). The Andhra Pradesh state in addition drew up a Vision 2020 document setting ambitious health and population program goals. Primary health centres have a pivotal role in RCH program implementation. Medical officers incharge of Primary Health Centres (PHCMOs) are responsible for health care delivery and RCH program implementation. To understand various aspects of the program implementation and gain insights for future action, we organised a three day workshop with 18 PHCMOs. The objectives for these consultations were; (a) to seek creative ideas to improve women and child health status in the state, (b) to elicit opinions, perceptions, and understandings of field health personnel about implementation of programs in their spheres of work, and (c) to explore new and potential programs, so as to improve reproductive and child health in the state. We report here results of these Medical officers group discussions².

Methodology:

Each of the 22 District Medical and Health Officers (DMHOs) in the state were requested to nominate five “ideal typical” PHCMOs from their respective districts. The following criteria was suggested to identify the PHCMOs: (a) Comprehensive understanding of RCH services and programs (b) Understanding of Women and Child health problems (c) Effective management of PHC activities (d) Usually resides at head quarters (e) Good communication and managerial skills and (f) Proactive, enthusiastic and dedicated to service. The institute got a list of 110 PHCMOs i.e. five PHCMOs from each of the 22 districts. A random sample of 20 PHCMOs was drawn from this list. All except two participants, one from Khammam and another from Ranga Reddy district, attended the workshop.

The workshop had three main activities, namely (a) Focus group discussions of the PHCMOs (b) deliberations by the PHCMOs as expert groups, and (c) a Policy-Panel discussion. In the three day workshop, six FGDs were organized, in which the PHCMOs had an opportunity to discuss various operational issues. Participants in these small groups were encouraged to raise concerns and suggest recommendations for the effective implementation of the RCH program. In the FGD sessions, the participants were prompted to (a) place themselves in the role of the Governor, the Chief Minister, and / or the Health Minister of the state (b) assume that they have full authority but have to operate within the overall

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² Detailed report of the Medical officers Group Discussions have been published as Report Series - RP 19/2002. This paper summarises the key discussions and conclusions arising from them.