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# Rapid Assessment of Chiranjivee Yojna in Gujarat:Methodological Issues

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# **Scope of Presentation**

- Genesis
- Study objectives
- Design
  - Sampling
  - Respondents
  - Tools for data collection
- Data collection
- Analysis plan
- Recommendations

#### **Genesis:**

- State Govt planning to scale up in all districts: Providing a sound basis
- Need for fine tuning of strategies
- Seen as an integral component of UNFPA technical assistance to RCH2 implementation in the state

# **Objectives**

- Review "increased access" to obstetric services and emergency obstetric care
- What are the patterns in utilization of services?
- What about equity objectives being met?
- Understand "client satisfaction" and "provider perceptions"
- Recommendation for improving uptake and explore opportunities for expanding package

# Design

#### Sampling

- Two districts
- One "good" performing and one "poor" performing
- Seven blocks in Panchamahal and four blocks in Kutch district covered
- Random selection from blocks based on available secondary data
- For providers and also for acceptors

# **Study Sample**

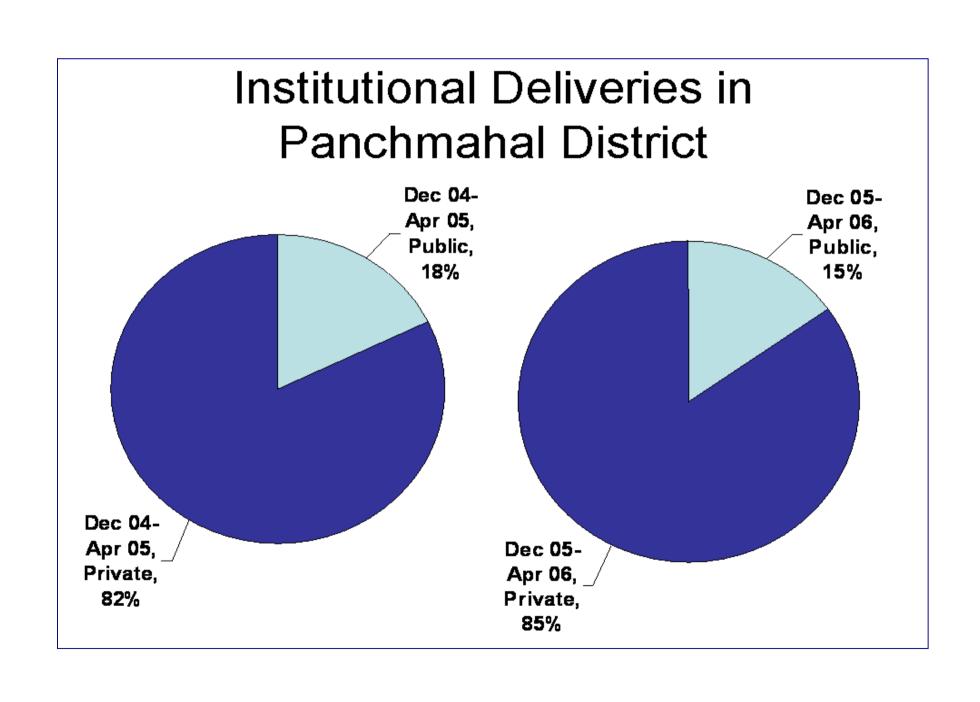
Programme Managers	23	State, district, block
Providers	15	From Contracted agencies
Field Functionaries	8	FHWs, AWWs, TBAs
Acceptors	100	Users
Non- Acceptors	60	Non users
Potential	60	Currently pregnant

# **Tools Development**

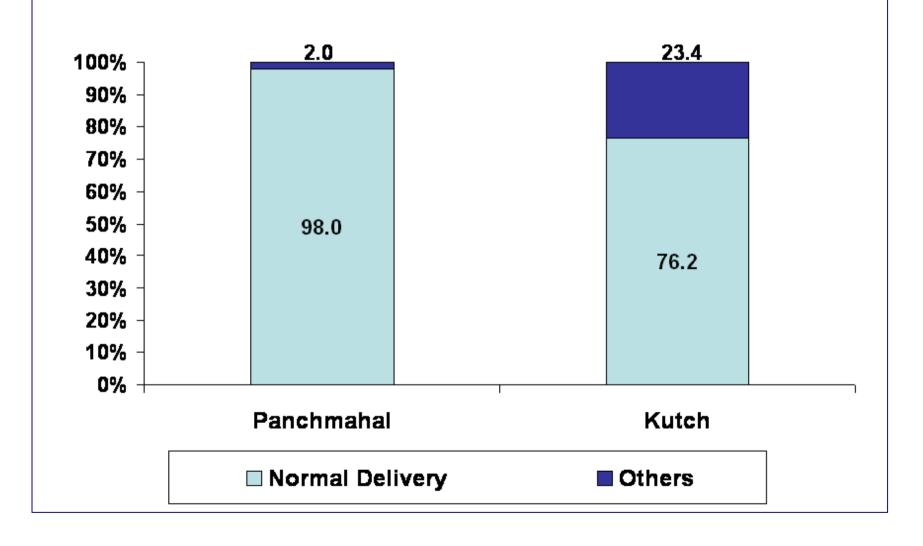
- Checklists for interviews with programme managers, contracted agencies providers and field functionaries
- In-depth Interview schedule for acceptors, nonacceptors and potential acceptors
- Tools for Record Review
- Pre-testing of tools

#### **Data Collection Team**

- Five member team raised for field operations
- Profiles: Four Investigators with Social Sciences background
- Interviews with Programme managers by UNFPA state office staff
- Entire Team was oriented in administration of tools by the UNFPA technical support team



# Type of Institutional Deliveries in Panchmahal and Kutch Districts



# **Analysis of Data**

- Service Access: Distribution of public/private providers and mean no. of institutions per 100,000 population: block-wise
- Service utilization: Mean number of deliveries block-wise
- Public sector vs. contracted institutions
- BPL vs. non BPL
- Normal deliveries vs. complicated

# Acceptors/non acceptors Perspectives

- Ease of enrolment in scheme
- Perceived quality : doctors attending vs. nurses: private doctors doing free service
- Top up expenses
- Inclusions/exclusions
- Complicated deliveries
- Increased respect for FHWs

# **Providers Perspectives**

- Reasons for Association
- Apprehensions: Timely payments
- Costing of Services
- Inclusions and exclusions in package
- Streamline Contract Management

### **Key Recommendations**

- Modifications in the design
  - Protocols of care
  - Differential pricing for normal, complicated & C- Section
  - Non-monetary recognition to providers
  - Expanding package by adding contraception/STIs
- Scheme Management
  - Accreditation systems and procedures
  - Outsource voucher management functions
- Communication
  - Information kits for different categories
  - Branding/logo

# Key Methodological challenges

- Updated database for providers and voucher holders is critical
- How do we measure service quality? Exit interviews/ questionnaires for providers
- Avoid "courtesy biases" in responses



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# Thank you

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