

**Technical Report 9: Assessment of
sub-centers in Jhansi district in preparation
for Clinic-Based Family Planning (CBFP)
Training and Upgrading**

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PRIME

Technical Report

**Assessment of sub-centers in Jhansi district
in preparation for Clinic-Based Family Planning (CBFP) Training and
Upgrading**



Prepared for: SIFPSA, CMO/Jhansi & USAID/India

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List of Acronyms

ANM	Auxiliary Nurse Midwife
CBFP	Clinic-Based Family Planning
CHC	Community Health Center
CMO	Chief Medical Officer
DCMO	Deputy Chief Medical Officer
DFW	Directorate Of Family Welfare
FP	Family Planning
GOUP	Government Of Uttar Pradesh
IEC	Information, Education And Communication
IFPS	Innovations In Family Planning Services
IUCD	Intrauterine Contraceptive Device
LHV	Lady Health Visitor
MOIC	Medical Officer In-Charge
PPC	Postpartum Center
PHC	Primary Health Center
PHN	Public Health Nurse
RCH	Reproductive And Child Health
RH	Reproductive Health
SIFPSA	State Innovations In Family Planning Services Agency
U P	Uttar Pradesh
USAID	United States Agency For International Development

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Introduction

1. PRIME Technical Assistance Background

PRIME is providing technical assistance to the United States Agency for International Development (USAID)-assisted Innovations in Family Planning Services (IFPS), a project administered by the State Innovations in Family Planning Services Agency (SIFPSA). One of the projects to which PRIME is providing technical assistance is Clinic Based Family Planning (CBFP). The purpose of this technical assistance is to develop and implement a phased-program for performance-based training of Public Health Nurses (PHNs), Lady Health Visitors (LHVs) and Auxiliary Nurse Midwives (ANMs) working at different levels of the government health delivery system, such as the district Postpartum Center (PPC), Urban Family Welfare Centers, Community Health Centers (CHC), Primary Health Centers (PHC) and sub-centers. As part of PRIME's technical assistance, all the PHNs, LHVs and ANMs (including sub-center ANMs) will be trained to provide quality Family Planning (FP)/Reproductive Health (RH) services.

The first phase (pilot) of CBFP training for PHNs, LHVs and ANMs from district PPCs, CHCs, and PHCs in Jhansi district was completed in February 1998. The trainees were grouped in four batches at the designated training sites in Jhansi district, namely Jhansi PPC (19), Moth (12), Mauranipur (15) and Babina (16). In all, a total of 62 service providers (PHNs, LHVs and ANMs) were trained in the first phase. In the second phase of CBFP training, all the sub-center ANMs will be trained.

2. Purpose and Objectives of Assessment

During the pilot training the trainees pointed out that many of the 255 sub-centers in Jhansi district were not supplied, equipped or spatially conducive to providing the quality of FP services for which they were being trained, IUCD and FP counseling services in particular. This sub-center assessment was undertaken to evaluate the types of FP services provided and client volumes at the various sub-centers as well as to inventory the material characteristics of the sub-centers. The information gathered through this assessment will be used as follows:

- To prioritize Jhansi district sub-center staff for the phase-wise ANM training and to further tailor the curriculum and training to the location.
- To help program managers and the implementing agency (SIFPSA) to estimate the total types and amount of essential equipment to supply to the sub-centers to ensure they are well equipped to provide standard FP/RH including IUCD services. In addition, to determine whether a sub-center can be justifiably brought up to standard, particularly if it is a rented space.

The specific objectives of this health sub-center assessment of Jhansi district were to obtain information on:

- geographic distribution of sub-centers, building design and utilities, and land ownership of sub-center building.
- the type of FP services provided in sub-centers and the client volume for each type of service.
- availability of basic clinic equipment and supplies for providing IUCD services and FP counseling.

Methodology

1. Instrument

A self-administered questionnaire was developed in English and translated into Hindi to collect the required information (see Appendix 1). The questionnaire consisted of two parts. The **first part** provided information on the facilities, availability of amenities such as electricity and water, types of family planning services and client load for the past six months in the sub-center. The **second part** of the questionnaire included an inventory of basic clinical equipment and supplies related to IUCD services prescribed in CBFP training.

2. Data collection

Initially, it was thought that PRIME would undertake the sub-center assessment with its own resources, but upon further discussions with SIFPSA and USAID, it was decided that a capacity building approach should be adopted. As part of this approach, PRIME staff oriented the Deputy Chief Medical Officers (DCMOs) on the nature and purpose of the information to be collected. The DCMOs then provided the guidelines to the Medical Officers In-charge (MOICs) of Primary Health Centers (PHC) for administering the schedule. The MOICs explained and distributed the questionnaire to sub-center ANMs during the monthly meeting. ANMs were asked to return the completed questionnaires at the next monthly meeting. MOICs collected the completed questionnaires and submitted them to the CMO who in turn forwarded them to PRIME. All the 255 questionnaires were completed and returned by the sub-center ANMs of Jhansi district.

3. Data processing and analysis

Data were entered in a **Data Expert** software package. Subsequently, data were processed for all the variables studied as part of the sub-center assessment. The sub-centers were then grouped in terms of their readiness for CBFP training based on a set of pre-determined criteria (refer to Findings section 4 for criteria).

Findings

The general findings are presented below in 7 sections.

1. Geographic distribution of sub-centers

The 255 sub-centers in Jhansi district are arranged into eight blocks, each with approximately 32 sub-centers catering to an average of 3,995 people. The sub-centers are quite far from the PHC and the CHC. On average, a sub-center is 14.4 kms and 21.9 kms away respectively from the PHC and the CHC. Therefore, in order to comply with referral, clients have to travel a considerable distance.

Table 1: Geographic Profile of Sub-centers

No. of sub-centers	255
No. of blocks	8
Average no. of sub-centers per block	32
Average sub-center population	3955
Average sub-center distance to the nearest	
PHC	14.4 Km
CHC	21.9 Km

2. Building design and utilities

As many as 71 percent of the sub-centers function in rented accommodation, most of which have only a single room. A single room sub-center not only provides less space for storing equipment but also inhibits the *privacy* needed for performing procedures and discussing personal issues essential to providing effective FP counseling. The remaining 29 percent of the sub-centers are housed in government buildings and have 3 rooms.

Only 11 percent of the sub-centers have electricity and only 22 percent have running water (Table 2). Only 31 percent of the sub-centers have a separate space for IUCD insertion and FP counseling. This is consistent with the finding that only 29 percent of the sub-centers function in government buildings and usually have three rooms, including a separate room for FP counseling. As many as 91 percent of the sub-centers have provisions for safely storing and locking equipment. A little more than three-fourths (77%) of the sub-centers provide IUCD services.

Table 2: Utilities, Privacy and Security

(N=255)	
Water	22 %
Electricity	11 %
Privacy possible	31 %
Provision of locks for equipment	91 %

3. FP Client Volume

In the past six months, the typical sub-center served, on average, 94 new FP clients, of whom 35 received condoms; 23, pills; and 19, IUCDs. In the same period, 12 clients were referred for tubal ligation; and 7, for vasectomy.

Table 3: Average number of FP acceptors/sub-center in the past 6 months

Condoms	35
Pills	23
IUCD	19
Tubal ligation*	12
Vasectomy*	5
Total	94

*** Referred**

4. Supplies and equipment

Data indicated that 74 percent of the sub-centers receive an adequate and regular supply of condoms. On the other hand, only 26 percent of the sub-centers receive a regular and adequate supply of pills. In 37 percent and 47 percent of the sub-centers, respectively, IUCD and information education communication (IEC) materials are regularly supplied in adequate quantity (Table 4).

Fifty percent or more of the sub-centers have chairs, work tables, examination tables and pressure sterilizers. Reusable surgical gloves and a plastic container for chlorine are available in less than 10 percent of the sub-centers. Betadine is virtually unavailable in any of the sub-centers.

Table 4: Supplies and Equipment in Sub-centers

Regular supply of FP & RCH material (N = 255)	
Condoms	74 %
Pills	26 %
IUCD	37 %
IEC materials	47 %
Functional equipment (N = 255)	
Chairs – 2	52 %
Work table – 1	60 %
Examination table	50 %
Light source	40 %
Autoclave	28 %
Pressure Sterilizer	66 %
Stove	36 %
Reusable surgical gloves	4 %
Betadine	0 %
Plastic container for chlorine	9 %
Covered container for waste	28 %

5. Obstacles to providing quality IUCD services

Some 77 percent of the sub-centers provide IUCD services. In the remaining sub-centers, lack of equipment, training and space are the three main reasons mentioned by ANMs for not providing IUCD services.

Table 5: Reasons for not providing IUCD service

(N= 59)	
a. Lack of equipment	86.4 %
b. Lack of training	67.8 %
c. Lack of space	50.8 %
d. Others	6.8 %

The findings of the overall assessment indicate that a number of sub-centers that are currently providing IUCD services do not have the space, amenities and equipment that PRIME deems a pre-requisite for providing good quality FP services.

Application of Assessment Results to Program Issues

1. Prioritizing ANMs for Phase-wise Training

It was decided instead to prioritize ANM's working in sub-centers that have the minimum essential equipment and supplies to provide IUCD services for PRIME/INTRAH training. ANMs working in Jhansi district were placed into two training groups as follows;

Group I consisted of ANMs from those sub-centers that already have the basic minimum amenities and equipment to provide IUCD and other FP services. The basic minimum amenities and equipment criteria were:

1. Availability of examination table (1), work table (1) and chairs (2).

[Working environment]

2. Availability of Autoclave or Pressure Sterilizer and a stove.

[Infection prevention]

3. Availability of separate space for private consultation with clients.

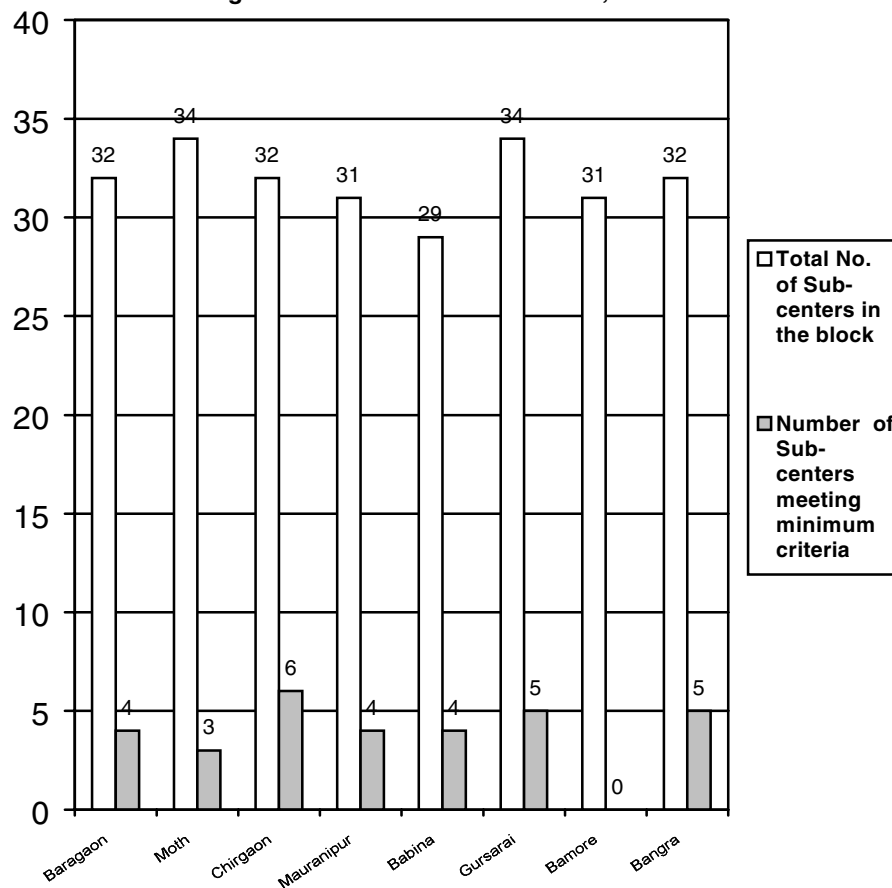
[Client privacy]

The use of the third criterion, however would have substantially reduced the number of qualified sub-center staff, thus the first two criteria were used to obtain the 'first batch' of ANM trainees. The results reveal that as many as 31 (12%) sub-centers have essential and general infection prevention equipment.²

¹ Over the past six months, on average, a sub-center has provided IUCD services to 19 new clients, with the number of clients receiving IUCD services varying between 1 and 90 (see table 3). From our experience in Jhansi district these figures appeared high for sub-center level services.

² **Note:** The availability of an IUCD kit has not been considered as a criterion for prioritizing since an IUCD kit will be supplied to all trained ANMs as part of project inputs immediately after the training. Rather the availability of clean water and soap for hand washing, sterilization equipment, and..... comprise essential and general infection prevention equipment.

Figure 1:
Number of sub-centers meeting the selection criteria for initial training in each block of Jhansi district, India



On the basis of data collected, it is proposed that 31 ANMs from those sub-centers that fulfill the first two criteria should be trained initially. Since these ANMs have basic essential equipment at their sub-centers, they should be able to practice quality IUCD services immediately following training. However, these centers should eventually be given the remaining equipment and supplies, preferably before, or immediately after the training. To ensure privacy in the short term, single rooms were divided into two parts or temporarily partitioned with a curtain. The long-term efforts should be aimed at building an additional room.

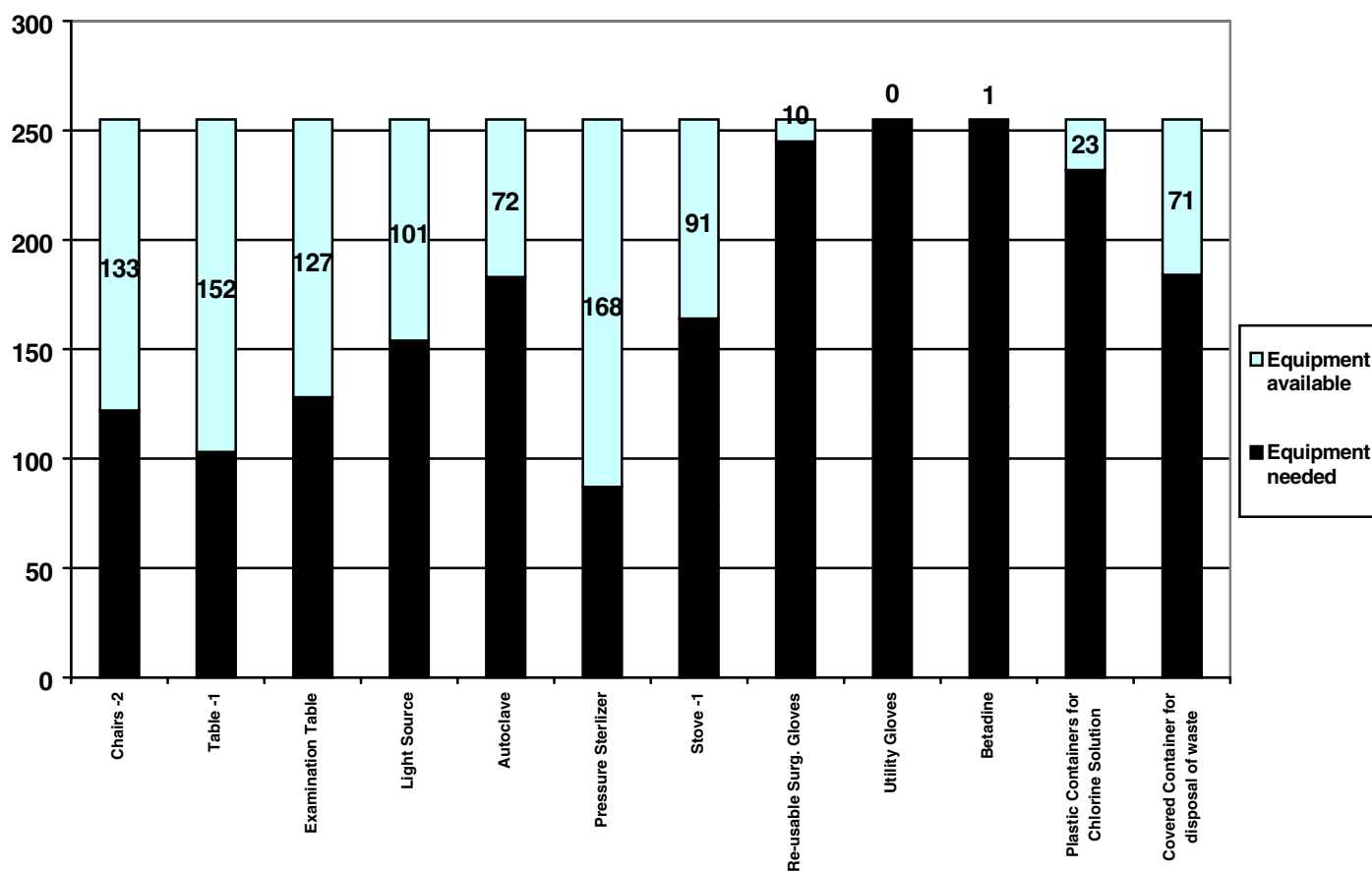
Group II: The second group consists of the remaining 224 sub-centers. ANMs from these sub-centers will be trained after all the ANMs of group I are trained. The time lag between the training of the two groups would enable the CMO and SIFPSA to provide group II sub-centers with essential equipment and supplies and an additional room to ensure privacy.

The final list of sub-center ANMs requiring CBFP training from group I are listed in Appendix I.

2. Addressing issues of equipment, facilities and supplies needed at sub-centers

This assessment provides both estimates on the number and nature of equipment, supplies and facilities required for all the sub-centers in Jhansi district and information on sub-center land ownership (Figure 2). The findings of this study, along with the data from individual sub-centers, will be shared with SIFPSA, USAID, CMO/DCMOs, Jhansi, and all the MOICs of Jhansi and IFPS liaison office. PRIME suggested that the implementing agency and MOICs should--in turn--share the findings of this report with the respective ANMs. Such information will enable district health authorities and SIFPSA to provide the equipment and supplies that are a pre-requisite to providing quality FP services.

Figure 2:
Equipment available and to be provided to various Sub-centers in Jhansi District, India



Conclusions And Recommendations

1. Conclusions

- The findings have helped to group the sub-centers on the basis of availability of basic essential equipment for IUCD and thus to prioritize their staff for the PRIME phase-wise training. ANMs from 31 sub-centers that have basic essential equipment for IUCD services will be trained first.
- The sub-center assessment provides the implementing agency (SIFPSA) and program managers with valuable data to develop and implement a plan of action to upgrade sub-center facilities for CBFP training. The upgraded sub-centers will enable ANMs to better apply the knowledge and skills acquired from training and thus to provide quality FP services to the sub-center population.
- By including the DCMOs, MOICs and ANMs in the assessment process not only was the process made more participatory and efficient but more importantly, these authorities are better prepared to independently undertake such an assessment in the future.

2. Recommendations

For assessment methodology

- Sub-center assessment data are based on self-reporting, thus more inaccuracies are expected than if the form were filled out by an interviewer. Although instructions in the self-assessment forms said (to use records to report client volume for each method), some data on the number of FP clients may have been completed through recall. A post-assessment survey on a sample of sub-centers should be undertaken to verify the accuracy of information. Efforts should be made to obtain more objective baseline and follow up data in the future based on these findings.
- In the section on equipment, the ANMs were asked to indicate if the equipment was functioning. ANMs may have applied varying standards to respond to this question. Furthermore, since it was not known whether the reported non-functioning equipment could be repaired or not, it has been assumed that such equipment was irreparable and would have to be supplied to sub-centers. Further checks should confirm whether any of the equipment could be repaired and it should be inventoried as such to assist with planning and save on equipping costs.

For policy/program implementation

- Sub-centers functioning in one-room premises should be upgraded to provide an additional room for privacy. It is imperative to do so in order to provide quality FP services. Health authorities should ensure that premises rented for sub-centers have at least two rooms or make other arrangements for obtaining the additional rooms.
- All sub-centers should be well-equipped with basic supplies and equipment before ANMs are trained. This is important, as it will allow ANMs to practice their skills immediately after training, facilitating better practice of quality FP/RH services, including IUCD services.
- The CMO/DCMOs should discuss the results of this assessment during monthly meetings with MOICs. MOICs should discuss the results with their respective sub-center ANMs, both individually and collectively, to chart initiatives for improving the quality of FP services.
- A capacity building approach, such as the one taken in this assessment, should be used in the future with this project as well as in other PRIME/INTRAH initiatives in order to build the capacities of our host countries.

Appendix I

List of sub-center ANMs to be trained in Group 1, based on selected sub-centers

SUB-CENTER	ANM NAME
Block: BARAGAON Amvavam Aari Karari Bhojla	1.Kiran Rabila 2.Shashi Kala 3.Surendrajit Kaur 4.Mamta Jain
Block: MOTH Amarokh Kumharar Khiriyaghat	5.Mariamamma Mathew 6.Asha Sharma 7.Shanti Devi Namdev
Block: CHIRGAON Parsa Rampura Pipra Dhamna Khurd Vamanuan Kargavan	8. Mira Dwivedi 9. Rashida Bano 10.Neena Ahuja 11.Meva Devi 12.Meena Gupta 13.Savita Saini
Block: MAURNIPUR Tilaira Sijari Vekhai Syawari	14.Kamala Kum.Vajpai 15.Urmila Devi 16.Phoola Devi 17.Maya Devi
Block: BABINA Bataora Rajapura Baijpur Hansati	18.Bina Sharma 19.C Masih 20.K.S. Pankajavalli 21.Vijayalakshmi
Block: GURSARAI Dhawari Dhurvai Nipan Tehrauli Quila Tondi Fatehpur	22.Kiran Chaurasiya 23.Nutan Shrivastav 24.Sandhya Karotiya 25.Jawamma P D 26.Eliamma Samuel
Block :BANGRA Pachwara Kuangaon Luhargaon Bhitaura Kachnev	27.Ram Kishori 28.Mithilesh Saxena 29.Sarla Soni 30.Chandrakanta 31.Gupta 32.S Vadhkumari Yogi

Appendix II

Assessment of Sub Centers (SC) for CBFPT of LHVs & ANMs, U.P.

Identification Sheet

1. Name of city/town & no.

--	--

2. Name of site & no.

--	--	--

3. Name of ANM

4. Name of LHV

5. Type of SC site

Rented - 1

Government - 2

No. of rooms

6. Population Size

--	--	--

Assessment Date

Day

Month

Year

General Information About the SC

1. What are the subcenter timings? (Please fill the time along with A.M./P.M.)
 Morning _____ to _____ Evening _____ to _____
2. How many days in a month are you present at the subcenter? _____
3. How many days in a month do you make home visits? _____

4. Are the following present at the subcenter? (Write response in the box using the code.)

Yes - 1 No - 2

- a. Does the center have water?
- b. Does the center have electricity?
- c. Is privacy possible at consultation area (space available out of earshot of other clients)?
- d. Can you lock the equipment away so it is safe?

5. Do you routinely provide IUD insertion/removal services?

--	--

If no, specify why by filling the appropriate number in the box:

- a. Lack of equipment - 1
- b. Lack of training - 2
- c. Lack of space to perform procedure - 3
- d. Other (Specify) _____ - 4

6. When did the LHV make her last visit to the SC. (Tick ✓ the appropriate response.)

- a. Within the last month
- b. Between 1-3 months ago
- c. Between 3-12 months ago
- d. More than 12 months ago

7. What is the name and distance of the nearest referral center PHC/CHC from the SC

Center	Km	Name
PHC	<input type="text"/> <input type="text"/>	_____
CHC	<input type="text"/> <input type="text"/>	_____

Service Records

8. No. of FP acceptors (last 6 months) (write the number from the records in the boxes).

FP Method	Provided by ANM
a. Condom	<input type="text"/> <input type="text"/>
b. Pills	<input type="text"/> <input type="text"/>
c. IUD	<input type="text"/> <input type="text"/>
d. Female Sterilization	<input type="text"/> <input type="text"/>
e. Male Sterilization	<input type="text"/> <input type="text"/>

9. No. of IUDs removed by you

10. Supply of contraceptives (write the response in the boxes using the code)

Regular and adequate -- 1 Regular and not adequate -- 2
Not regular and adequate -- 3 Not regular and not adequate -- 4
Out of stock -- 5

a. Condoms	<input type="text"/>
b. Pills	<input type="text"/>
c. IUD	<input type="text"/>

11. Supply of IEC material on FP & RCH available

Yes – 1 No – 2

Subcenter Assessment, Sitapur Equipment and Supplies

General Equipment

1.1 Are the following equipment available at the center:
(Write the response in the box using the code.)

Available and working	1
Not available	2
Available and not working	3

- | | |
|-----------------------------------|--------------------------|
| a. Chairs - 2 | <input type="checkbox"/> |
| b. Table - 1 | <input type="checkbox"/> |
| c. Examination Table - 1 | <input type="checkbox"/> |
| d. Weighing machine (infants) - 1 | <input type="checkbox"/> |
| e. Weighing machine (adults) - 1 | <input type="checkbox"/> |
| f. Test tubes | <input type="checkbox"/> |
| g. Light sources (lamp/torch) - 1 | <input type="checkbox"/> |

1.2 Are the following equipment available to ensure infection prevention:
(Write the response in the box using the code.)

Available and working	1
Not available	2
Available and not working	3

- | | |
|----------------------------|--------------------------|
| a. Autoclave - 1 | <input type="checkbox"/> |
| b. Pressure sterilizer - 1 | <input type="checkbox"/> |
| c. Bleach | <input type="checkbox"/> |
| d. Detergent | <input type="checkbox"/> |

- e. Soap
- f. Matchbox with matchsticks
- g. Stove - 1
- h. Spirit lamp - 1
- i. Kerosene oil
- j. Spirit
- k. HLD/Sterile disposable gloves
- l. Reusable surgical gloves
- m. Utility gloves
- n. Antiseptic solution for cleaning cervix
 - i.) Betadine ®
 - ii.) Dettol ®
 - iii.) Savlon ®
- o. Gauze or cotton balls
- p. Plastic containers for chlorine solution - 2
- q. Covered container for disposal of waste - 1
- r. Covered container for disposal of used sharps - 1
- s. Brush - 1

3.3 Is IUCD insertion/removal kit available? (Write response in the box using the code.)

- Available and working 1
- Not available 2
- Available and not working 3

Item	Quantity	Response
a. Tray (12" x 8" x 2")	1	<input type="checkbox"/>
b. Tray cover (12" x 8" x 2")	1	<input type="checkbox"/>
c. Small bowl for antiseptic solution	1	<input type="checkbox"/>
d. Kidney basin, 8"	1	<input type="checkbox"/>
e. Vaginal speculum (Graves), bivalve,		
Large	1	<input type="checkbox"/>
Medium	1	<input type="checkbox"/>
Small	1	<input type="checkbox"/>
f. Forceps, sponge (ring), straight, 10"	1	<input type="checkbox"/>
g. Forceps, Uterine Tenaculum: alternative		
Curved, 10"	1	<input type="checkbox"/>
h. Sound uterine (Simpson), calibrated		
in cm, 12 1/2"	1	<input type="checkbox"/>
i. Scissors, uterine (Mayo), curved 8"	1	<input type="checkbox"/>
j. Forceps, uterine packing (Bozeman),		
curved 10 1/2"	1	<input type="checkbox"/>
k. Forceps, utility sterilising, cheattle,		
11 1/2"	1	<input type="checkbox"/>

**The map of Uttar Pradesh is not on electronic file; it is located with the hard copy.