



## COUNSELORS PROGRAM

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**ABSTRACT**

Voluntary organizations of Melghat and government (Zilla Parishad, Amravati) started the counsellor program in all government hospitals of Melghat in 2006-07 with the objective of strengthening the government hospitals with external monitoring and improving the health status of pregnant ladies and children of Melghat. The ultimate goal was to reduce child and maternal deaths. Before the program, the condition of most of the government hospitals were bad, patients were not treated after 12 noon, most of the severely malnourished babies were given poor quality of food, referral facilities were poor, ambulance services were poor even for serious patients, hygiene of hospitals were very bad. The medical treatment provided was not satisfactory. Patients were reluctant for hospitalization of severely malnourished babies due to superstitions, poor socio economic conditions and negative attitude of hospital staff.

The joint counsellor program was working in proper fashion till January 2010. Ex. district collector of Amravati, Dr. Bhapkar (IAS) and ex CEO-ZP, Mr. Mutthuswami (IAS) were very much convinced with the utility of program and asked for continuation of the program. Due to the program, there was significant qualitative and quantitative improvement in all hospitals of Melghat. The number of patients attending the OPD and indoor services increased by 13% while the expenditure for the same was just less than 5%. Numbers of hospital deliveries were increased from 5% to 15%. The duration of stay of severely malnourished babies increased. The referral facilities, ambulance services, food quality to severely malnourished babies & hygiene improved. The hospitals are providing services to patients for 24 hours and the attitude of staff towards patients improved. Bhavishya Alliance, an international tri-sectorial partnership conducted third party evaluation of the program and recommended continuation of the program. Even it has potential to be replicated in other tribal block of Maharashtra. Most of the medical officers of PHCs have given good remark about most of the counsellors.

A PIL was put by KHOJ and MAHAN in Mumbai high court as the program was stopped without any prior information to the acting body during Jan 2010. Honorable chief justice of Mumbai High court responded quickly and gave the motivating decision of continuation of the counsellors. Even high court advised government to replicate the program in other tribal blocks of Maharashtra.

Now the program is extended to Government hospitals of Amravati and Achalpur along with Melghat. This is the first effort in India. This innovation has been well regarded by many national and international experts.

**KEYWORDS :****Introduction**

- Melghat consists of two blocks Chikhaldara and Dharni are mostly inhabited by Korku and other tribal.
- The population is around 2.8 lacs.
- 75% of them are tribal and majority are Korku.
- The area has been always in limelight for reasons such as child malnutrition and child deaths. Besides malnutrition and death among child, Malaria, gastro-enteritis, anaemia, respiratory tract infection, hyper tension, cataract, are some of the common diseases prevalent in the region and causes mortality.
- Although the area has health structures, the coverage in terms of OPD and IPD do not have been very satisfying
- E.g. -institutional delivery was awfully low at 5-8%,
- Hospitalisation of sick and malnourished child was almost nil.
- High rates of referrals from PHC to District Hospital
- If anybody reported to the hospital, they did not stay till the child was cured, but preferred to go back to the village and eventually the child dies without proper treatment.
- The shying away from the institutions is because of family needs, ignorance and expectation of early cure and also because of non responsive attitude of the hospital staffs.
- Poor connectivity of the medical institutions coupled with blind beliefs, not so responsive care at the government hospitals and limited knowledge of facilities available in institutions force the tribal to treat themselves by the traditional healers, take assistance of magic at the village level.
- Over a period of observation of the life style of the populace reveals that, they don't prefer to go all the way to the institutions for care.
- There is a need of persistent motivation and guidance at the hospital level and proper information on institutional care, government schemes and also on the diseases itself.
- A responsive institution, knowledge on their health rights and the causes of the disease shall build their confidence on the institutions, proper utilisation of services and also lead them to light from ignorance.

**Story of denial of rights of severely malnourished children in SDH, Dharni**

- Collector of Amravati requested voluntary organizations to admit

severely malnourished babies in hospital. MAHAN trust admitted 4 severely malnourished babies in SDH Dharni in 2006. On 4<sup>th</sup> day the mothers left the hospitals with children and told to us that they were not cared by doctors and nurses and very poor quality and quantity of food was served to them. So MAHAN investigated the case and found many lacunae in the govt. hospitals especially communication gap and lack of facilities.

- MAHAN and KHOJ approached Dr. Mishra ( IAS, National Human Rights Commission, special reporter & ex secretary of govt. of India), Divisional Commissioner Dr. Goyal and District Collector Dr. Bhapkar for government hospital strengthening.
- On our request local tribal youths were appointed as counsellors in all government hospitals of Melghat.

**Goals and Objectives****Goals**

- To improve health of people of Melghat.
- To reduce child deaths and maternal deaths.

The basic objective of the counsellors program was **govt. hospitals system strengthening & patient mobilization for hospital care**, so that the basic health need of the tribal which is their right should be delivered. There should be transparency and commitment in the services which is delivered to the tribal by the Government institutions.

**Objectives:**

1. To increase the hospitalisation of severely malnourished babies by at least 35% over the existing status in 14 government hospitals of Melghat over 3 years.
2. To improve proper care given to hospitalised malnourished babies.
3. To increase the hospitalisation of pregnant ladies for deliveries by at least 35% over the existing status in 14 government hospitals of Melghat over 3 years.
4. To make a role model of counsellors strengthening the Govt. Health system.
5. To improve the health facilities catered in hospitals.
6. To improve the general facilities in hospitals.
7. To increase the number of patients attending the OPD by at least

- 35% over the existing status in 14 government hospitals of Melghat over 3 years.
8. To establish proper information & communication system in hospitals.
  9. To create positive and healthy environment in hospitals
  10. To ensure responsive health institutions in Melghat.
  11. Ensure 24X7 facilities in critical PHC.
  12. Bridging the demand and supply gap.
  13. Explore Civil Society – Government partnership

#### Interventions, activities and responsibilities of counselors

- Proper counselling/ dialogue with people.
- Behavior change communication.
- Strengthening the health programmes of the institutions
- Training of counsellors.
- Supervision of counsellors.
- Establishment of Help desk and 24X7 help for the patients.
- BCC by Flip chart of MAHAN on nutrition
- One to one counselling.
- Group counselling
- Ensuring proper referrals & availability of vehicles to the patients.
- Ensuring availability of food and other basic proper facilities to the patients.
- Motivate patients for hospitalisation.
- Monitoring of food & other services provided in hospital.
- Monitoring of health services.
- Helping the staff for communication with relatives.
- Call to MO- concerned PHC/ TMO/ ADHO/ Dr. Satav, Bandy, own NGO/ NRHM- / DHO/ Collector in case of guidance or emergency.
- Prevent addiction (alcohol, tobacco, *ghutka* or smoking) by any govt. employee on duty as per govt. law or inform immediately to concern person for further action.
- They should rather bridge leadership and facilitate appreciative inquiry.
- They shall act as a help in the hospital. When a patient comes in, he or she shall write down the details of the patient and guide them to take up required services in the hospital.
- If the patient needs hospitalization, shall counsel him/her to stay in the hospital for cure. She shall try to build confidence amongst the patients of service and care in hospital.

#### Eligibility of Counsellor

- The counselors shall be minimum 10th pass. They must be from the local community with fluent in *Korku* and those having some experience of working with communities & voluntary organizations would be preferred.
- The most important criteria were sensitivity to solve problems of patients.

#### Training Given

##### Flipchart Training

Periodic training of counseling with the help of Flip chart (prepared by MAHAN on nutrition and malnutrition )was given to all the counselors.

##### Training on graphs and Statistics

Training of tabular formatting of the statistical data and plotting the graph for various indicators .

##### Soft Skill Training

- Periodic training over the communication skills, listening skills, counseling skills
- Caloric requirement
- Government schemes & hospital facilities
- Hospital monitoring and strengthening
- Immunization
- Teenage pregnancy, adolescent education, contraception, STD & HIV
- Mode of training includes role play, group discussion, lectures, questionnaire and query handling.

##### Monitoring and guidance

- Counsellors were regularly monitored & guided by :
- Co-ordinators
- Co-ordination committee (MAHAN, KHOJ, ADHO, TMO, *Bhavishya Alliance* and other voluntary organizations.)



#### Impact of counselor program

- Communication development between doctors and community.
- Increased number of patients attending OPD by 30% when it compared to baseline.
- Increased number of severely malnourished children from 4 severely malnourished children as of baseline to 58 in 2009-10 admitted in government hospitals.
- Percentage increment in hospitalization of severely malnourished children by 1566%
- Percentage increment in hospitalization of severely malnourished children by 1350%
- Increased number of institutional deliveries by 212% by comparing the period of baseline with the help of counselors, ASHA and TBA.
- Qualitative and quantitative improvement in health facilities (e.g. presence of doctors, etc.).
- Improved hygiene, water, electricity and other support facilities of hospitals.
- Improved quality of food served to severely malnourished babies in hospitals.
- Improved referral services (ambulance) and increased number of serious patients attending higher referral hospitals. Increased partnership between government and civil societies/voluntary organizations.
- Self development of tribal counsellors and their families.

#### Stories of Success

1. Saloni Dilip Bharve, resident of Chikhali was suffering from diarrhea from June 4, 2009. Due to the interventions made by Shivlal, who was a counsellor in Semadoh Primary Health Center, She was immediately admitted to the Primary Health Center, Semadoh. Saloni declared as a malnourished child under grade III. She got treatment over there and discharged on June 10, 2009. When she was leaving the hospital with her parents, ANM gave them money for the four days of hospitalization in PHC instead of 7 days. When Shivlal came to know that there is an injustice from the Government officials, he raised his voice against it and informed the same to the Medical Officer of Semadoh PHC. MO gave him cold shoulders by saying that he should not interfere in this matter. After this reaction, he gathered all the villagers and told them about the incidents and their rights. He told the villagers, "Yeh PHC hamari hai, koi unke ghar ki dukandari nahi, ke wo jo chahe kare? Ye hamara apna davakhana hai, humme marna bhi yaha hai aur jina bhi. Inka kya hai, ye saal-do saal rahenge aur chale jayenge!" by seeing this rigorous response of the villagers, MO and ANM got pressurized. After this incidence, ANM personally went to the home of Saloni Dilip Bharve and returned the remaining amount to her father for taking good care of her. With this, tribal villagers got faith on the team efforts and they came to know about their rights. Next morning, Shivlal join the PHC as usual to make aware his tribal counterparts about their rights!
2. In the evening of September 2, 2009, when I (Sabulal Dahikar, Counsellor, Chikhaldara) joined my duty in RH, Chikhaldara, I saw a pregnant lady patient in the general ward no. 2. After inquiry about her, I came to know that the lady was in emergency need of cesarean delivery. That lady and her mother in law were completely reluctant to go to the SDH, Achalpur for further treatment. Instead they wanted to go to their home in such a critical condition. I convinced the patient and her in law to go to the Achalpur and told her that I will with you for any kind of help over there. After a long discussion they were ready to go to the Achalpur. At sharp 11:00 PM we left Chikhaldara and boarded the ambulance for Achalpur. At late night, in 1:30 AM, Dr. Mrs. Rathi checked the patient and referred her to Amravati. Now, the in law of that lady scolded me as there was no chance of treatment of her daughter in Achalpur! I made a call to ADHO and told the whole story. ADHO asked to take a written letter from that doctor that she cannot operate the patient in SDH. Due to that, doctor got

pressurized and was ready to operate patient in the same place. Lady delivered a baby before dawn. Doctor told me that the patient need blood. After calling to TMO, the arrangement of blood was done by his instruction. In law of the lady patient felt sorry for the misbehavior of her with me. And gave me many thanks without exhausting!

Now, the lady and her baby are in good health. I have become a family member of that house. She always thanks me regarding the good health of her baby and reminds the incidence with two drops of tear of joy in her eyes!

3. MAHAN sent her ambulance to Ghota village to receive one serious girls at 11 pm on April 2011. When the patient was seen by dr. Satav, she was suffering from severe anemia (HB=2.7 gm.). Dr. Satav requested medical officer of Dharni SDH to arrange for blood transfusion. He said we don't have blood at present and the patient will get blood tomorrow at 12 noon. Dr. Satav decided to shift the girl to Amaravati for blood transfusion. But he called counselor Surendra from Dharni SDH and asked him to arrange blood. Surendra assured to arrange blood. The patient was shifted by MAHAN ambulance to SDH and counselor in the midnight arranged blood for the poor tribal girl and saved her life. The next day morning after request by dr. Satav, Surendra personnel accompanied the patient to Amaravati for further transfusion.

So the counselor saved a live when Medical officer was reluctant.

Similarly most of the counselors saved lives of many patients by proper interventions.

**Vital Statistics**

(May 2008 - March 2011\*) except Feb to 15 June 2010

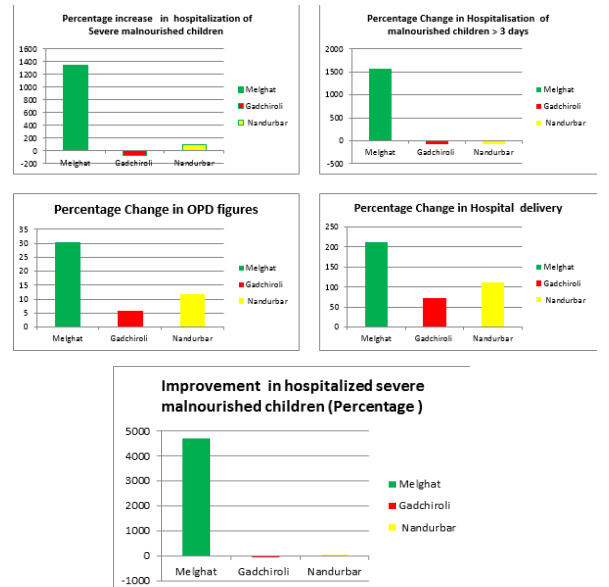
Sl. No.	Perticulars	Total	Performance measure
1	OPD Registration	425367	
2	IPD Registrations	27047	6.35850924
3	Counseling of patients through flip chart	14739	54.49402891
4	Total No. of Pregnant Ladies in OPD	8073	
5	Total No. of institutional deliveries	2381	29.49337297
6	No. of ladies hospitalized for institutional delivery from home	731	30.70138597
7	No. of pregnant ladies conveyed by the counselors for institutional deliveries from OPD	901	37.84124318
8	No. of malnourished children turned for admission to the hospital by counselors from OPD	662	
9	Stay of malnourished children for more than 3 days due to efforts of counselor	824	
11	No. of referred patients accompanied by counselor	1573	
12	Participations in MCP and health camps	1726	
13	Cleanliness of PHC	85% of PHCs scored fair grade	
14	Grading of institution regarding the facilities and services provided	92% of PHCs scored fair grade	

Different health indicators of the government hospitals of Melghat were compared with that of Nandurbar and Gadchiroli as these areas have near about same geographical and socio-economical environment. In these 3 areas, government health interventions including NRHM are equally active except counsellor program in Melghat. The data on different health indicators in these areas is as follows:

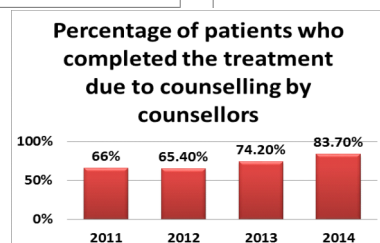
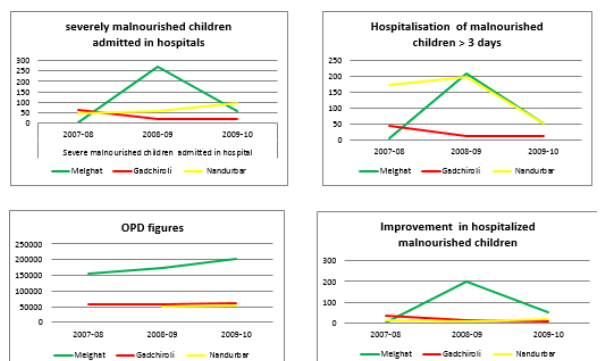
Comparative Analysis of health Indicators of Melghat, Gadchiroli and Nandurbar

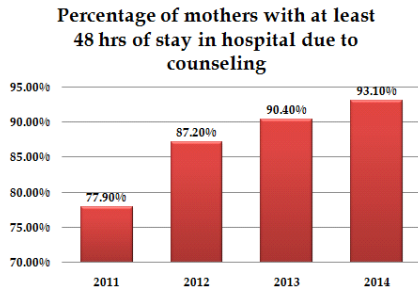
Effect of counselor program on government hospitals	Year	Melghat		Gadchiroli		Nandurbar	
		Number	% change	Number	% change	Number	% change
Severe malnourished children admitted in hospital	2007-08	4		61		48	
	2008-09	271		19		56	
	2009-10	58	1350	17	-72.1311	95	97.9166

Hospitalisation of malnourished children > 3 days	2007-08	3		44		174	
	2008-09	210		12		200	
Improvement in hospitalized malnourished children	2007-08	1		35		13	
	2008-09	199		10		4	
Hospital delivery	2007-08	493		240		1759	
	2008-09	1096		248		2332	
	2009-10	1538	211.9675	413	72.08333	3735	112.3366
OPD figures	2007-08	154749		58695			
	2008-09	172195		58222		49576	
	2009-10	201575	30.25932	62096	5.794361	55414	11.77586



**Graphical comparison of health indicators of Melghat, Gadchiroli and Nandurbar (Baseline to 2010)**





### Problems faced by counselors

It is always difficult to absorb a new face in the system and counselors are not an exception to it. Initially staff of the hospital was quite reluctant towards the counselors. Genuine problems in the hospitals which were faced by the tribal patients and picked by the counselors had hardly any attention. But with the help of proper training and orientation, communication, counselors made their place in PHCs and SDHs. Now they are bridging the gap between the hospital staff and tribal patients. Tribal patients also feel that there is someone who is a local one and understands their pain. This positive attitude change is the main reason for the increment in the numbers of the tribal patients in the Government hospitals.

### Contribution of coordination committee

A monitoring committee was founded which is headed by ADHO, voluntary organizations like MAHAN Trust, KHOJ, Bhavishya alliance, TMO, Melghat Mitra, Sarita, SBK, etc.

The volunteer organizations which are working in the Melghat region since many years, proved to be very much beneficial for the success of the program. As these have direct contact with the people and know the problem of the region, program got its orientation.

Meanwhile the positive approach and support of the Government with this regards was also appreciable.

External evaluation of counselors program done by CEHAT (Bhavishya Alliance- an international trisectorial partnership between govt. of Maharashtra, corporate sector and voluntary organizations) found the program to be effective when it comes to the improvement in the health facilities and faith building of tribal in the Government institutions.

### There are some opinions which are expressed by some eminent personalities about the counselors program:

“Counselors Program is a good innovative program which has helped the tribal people to take advantage of Government health services, the program should be supported all the way.” **Dr. Bhapkar, IAS , Municipal Commissioner, Aurangabad & Ex- Collector, Amravati.**

“Quite successful program, it injected element of local monitoring on service delivery and also patients were guided, where and how to go for referrals.” **Mr. Muthu Sankar Naraynan, IAS, Collector, Akola & Ex-CEO, Zilha Parishad, Amravati.**

Health education CDs and flipchart, prepared by the MAHAN Trust (one of voluntary organization involved in the program) are also used by the Govt. health department. It insured the quality of the health education given to the tribal by the counselors. Periodic review was also taken and appropriate training was also given to the counselors in MAHAN Centre (it is worth to mention that MAHAN Trust is also running a tribal hospital and Dr. Ashish Satav, M.D. president, MAHAN Trust is a qualified doctor serving the Melghat since 12 years. He know the health problems of the Melghat in better manner)

### Conclusions:

The counselor program resulted in statistically highly significant improvement (p value<0.0001) in condition of hospitalized severely malnourished children. It is safe, affordable, approachable, acceptable and hence replicable in other rural and tribal area of Melghat.