



JAISALMER

ADVANCING HEALTH AND CHOICES

Jaisalmer, also known as the golden city of India, distinguished by its yellow sandstone architecture lies in the heart of the Thar Desert (the Great Indian Desert). It is the largest district in the state of Rajasthan with a population of about 0.6 million (Census 2011).

The golden glow of the district diminishes when we realise that it has a high incidence of home deliveries and a low percentage of antenatal and postnatal care (NFHS 2015–2016). Child marriages are rampant and the sex ratio is highly skewed (Census 2011).

Jaisalmer suffers from acute shortage of human resource in the health sector particularly specialists at the secondary and tertiary healthcare level because of its remote location far from the capital city of Jaipur.

In the year 2013 UNFPA decided to take up the cudgels for women's health in this region in partnership with the District Administration and State Health Department. This was a turning point for Jaisalmer.

UNFPA initiated a detailed situational analysis and undertook mapping of health institutions, human resource planning, identification of health institutions for interventions, capacity building of health service providers on evidence-based maternal and new-born practices, mobilization of resources to strengthen the infrastructure, encouragement to communities on the issue of home deliveries and improvement in accessing quality family planning services.

These are success stories of UNFPA's interventions.

AN ADVOCATE FOR WOMEN'S HEALTH

Within the interiors of an imposing Rajasthani haveli, that housed the office of the District Collector, the fluorescent lights seemed rather incongruous.

But this is the epicentre for development of this district. The chambers of the District Collector of Jaisalmer, Mr. Ashish Modi, located in this building is where policy and resource allocation decisions are made, that have a long lasting impact on development outcomes, including for education and healthcare for countless women and girls.

When Mr. Modi first arrived in Jaisalmer in July 2020, many were not only skeptical of his young age, but also expected him to lobby with his bosses in Jaipur and Delhi for a transfer before the year was over, like many other Collectors before him had. But not Mr. Modi! Despite his youthful age, he is proving skeptics wrong. He took a keen interest in the lives of this district's inhabitants.

"Seeing is learning and learning is doing," is Mr. Modi's mantra.

"I personally visited several homes in the hamlets of the district and realised that distance played a crucial role in accessing basic healthcare. I came across a case where an ANM (Auxiliary Nurse Midwife) had gone on leave to fetch her child from an adjoining district which was about 300 kilometres away. While she was travelling for a duration of two days, a woman went into labour and because of non-availability of substitute skilled staff the woman was compelled to deliver the baby at home. These are ground realities that we face all the time," said Mr. Modi sadly.

According to the National Family Health Survey (2015-16), institutional delivery in the district accounts for only 49.8% of births, with a high incidence of home deliveries without any medical supervision.

"Small interventions can go a long way in helping these women. Our efforts are focused on creating a system of healthcare substitutes so that women at all times have medical support available to them. This will certainly help in bringing down the maternal mortality ratio... for me each missing delivery is a mother and child, not just a statistic," added Mr. Modi with fervour.

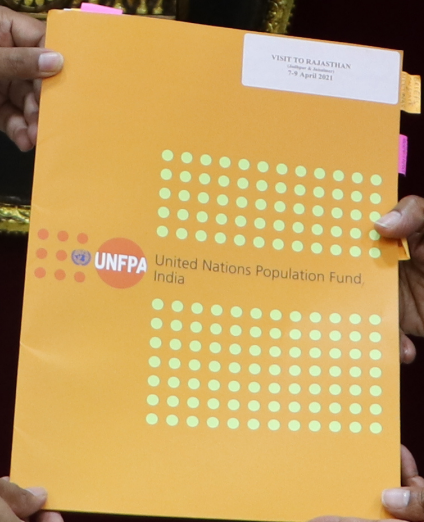
As an interim measure, the District Collector has issued orders that in case an ANM goes on leave, the nearby Sub Health Centre will provide services. He emphasized on the importance of birth planning and using information technology to provide pregnant women with information on delivery services and guide them to the nearest health institution.

The high incidence of child marriage among girls (48.4% as per NFHS 2015-2016) in this district is well above the state average of 35.4%. The reasons are the deeply entrenched beliefs and traditions among the local populace.

"Communities are diverse and therefore interventions too need to be community specific, and designed keeping in mind the culture, beliefs and practices of each community," he added.

The topographical challenges of the arduous desert terrain, vast distances and difficult weather conditions are the main impediments in accessing healthcare in this region. Despite women being open to institutional delivery, it is not easy for ambulances to reach remote areas in a timely manner.

Mr. Modi praises his team and UNFPA for playing an important role in ensuring that the women of this district receive proper healthcare particularly reproductive health services when he said, "I am extremely fortunate to have a team of people who are dedicated to saving lives and I am thankful to UNFPA for working diligently round the clock to make quality healthcare accessible," he concluded.



DISTRICT COLLECTOR MR ASHISH MODI WITH UNFPA INDIA REPRESENTATIVE MS ARGENTINA MATAVEL PICCIN

A PURPOSE TO SERVE

Twenty-six-year-old Dr. Khemraj (MBBS) is the medical officer in charge of the community health centre (CHC) in Sam, an area nestled between the sand dunes of the Thar desert. He and his fellow doctor are in-charge of 16 sub centres covering 73 villages.

Doctor Khemraj completed his medical education from the southern Indian city of Bengaluru and returned to his hometown Sam armed with a desire to serve his people by providing them medical assistance.

Despite tremendous challenges, human resource shortage and the Covid-19 pandemic, Dr. Khemraj and his staff never stopped working towards their goal. Their motto is 'service before self' and they live up to it by maintaining their CHC to the highest standards and by updating their skills by regularly attending trainings.

"Family planning counselling is central to our function as healthcare providers. We have a family welfare counselling room to promote contraceptive options...where we offer seven methods of contraception to people and also encourage women to take independent decisions for their own health and well-being." Dr. Khemraj, who is also trained on abortion care and the procedure of MVA (Manual Vacuum Aspiration), spoke about the various services provided at the CHC.

"We take maternal death very seriously here. In the unfortunate event of a maternal death, we have a review based on a checklist which we submit within 24 hours of the incident," Dr. Khemraj explained.

ANM Rukhmani Kaur, CHC Sam, has been working at the labour room for the last 17 years. During her early years, the centre faced severe challenges in terms of equipment, drugs and infrastructure required for a labour room. Since 2007, the situation has been steadily improving. The CHC now has provision of phototherapy for infants, breastfeeding counselling for new mothers, postnatal care and family planning counselling after delivery.

"With UNFPA's support and coordination, the quality of intrapartum care services through regular training of medical officers and nurses, availability of critical equipment and drugs, and the infrastructure of the CHC has improved tremendously. We take our trainings very seriously because of which our capacities to handle challenging circumstances has been upgraded," said Rukhmani with pride.

The CHC has also mobilised two teams that travel from village-to-village, disseminating information about sexual and reproductive health, and more recently on Covid-19.

ANM Lichhama Meena is a member of this team and is responsible for ten villages and dhanis (hamlets).

"The incidence of home deliveries has declined considerably with women now opting for institutional delivery. There is zero maternal death. I counsel on antenatal care, provide tetanus shots to pregnant women and also address postnatal care. I have seen many positive changes in the communities I serve... most women now choose to have only two children; they practice birth spacing and also use contraceptives. They are learning to make choices about their health and their bodies," ANM Lichhama Meena spoke about the progress made in the region.







BECAUSE EVERYONE COUNTS

Mentoring the Future

UNFPA provides technical support in the roll-out of the 'Scheme for Adolescent Girls' programme in the district. Under this scheme 2,881 girls have been given enhanced access to information on reproductive and general health through adolescent clubs, each one of which is guided by a Sathin (friend).

The programme has been specifically designed for out of school adolescent girls, many of whom had to leave school due to unfortunate family circumstances.

"I love working with them and feel like a proud older sister ... especially when I see them empowered with knowledge and improving their lives. I am very happy with the work that I do," said Sathin Aski.

This programme helps young girls to get back into school, counsels them on the harmful effects of child marriage, physiological changes that occur during adolescence, and menstrual hygiene and its management.

"How can a child have a child of her own! We understand the damaging effects of early marriage and teenage pregnancy and how it can negatively affect our bodies and health. We look forward to these meetings and have a strong desire to learn about things we are ignorant about. We want to do something important and useful in our lives. We have dreams and ambitions and this support group brings us one step closer to realising them," seventeen-year-old Geeta talks about their aspirations and echoes the sentiment of all the girls in this group who are looking to improve their lives.

A Determined Mind and a Strong Will

Ms. Geeta Bari is the ANM at the Sub Health Centre (SHC) in Bhakarani. She has been working at the SHC since 2009 and has delivered over 150 babies.

"I have been working very hard for over a decade to help the women in my district have access to healthcare. Initially the women were hesitant about using contraception, but gradually with constant counselling, there was a change in their perspectives... when one woman benefitted from use of contraception or by availing institutional delivery, other women too felt encouraged to use the same facilities. Today our SHC is a delivery point for normal deliveries, and I am very proud of this," said Ms. Geeta Bari, who has also received SBA (skilled birth attendant) training.

Geeta covers 145 households and 110 eligible couples. She lives within the complex of the Sub Health Centre which has two beds in the maternity ward and a counselling room.

"We are trained to identify maternal high-risk cases such as high blood pressure, eclampsia, and women who are HIV positive. We refer them to the CHC or the District Hospital and transfer them via ambulance in case of an emergency. Our health centre is equipped with testing kits for haemoglobin, blood pressure and HIV," she explained.

Geeta campaigns across villages assigned to her for maternal and child health, immunizations and family planning services.

"Covid has not stopped me or even slowed me down. I realised that it was important to continue these essential services and encourage women to avail institutional delivery and contraception even in these challenging times...so I carried on with my routine of going from house-to-house distributing pamphlets, while using all covid related precautions," she added talking about her work during the pandemic.

Because of Geeta's continuous advocacy and counselling, women are now choosing to have only two children, have become more aware of their health issues and are also opting for contraceptive options. They realise how important it is to focus on their own health and ensure a good future for their children by limiting the number of births and spacing them properly. This change lays a strong foundation for a better tomorrow for the next generation.

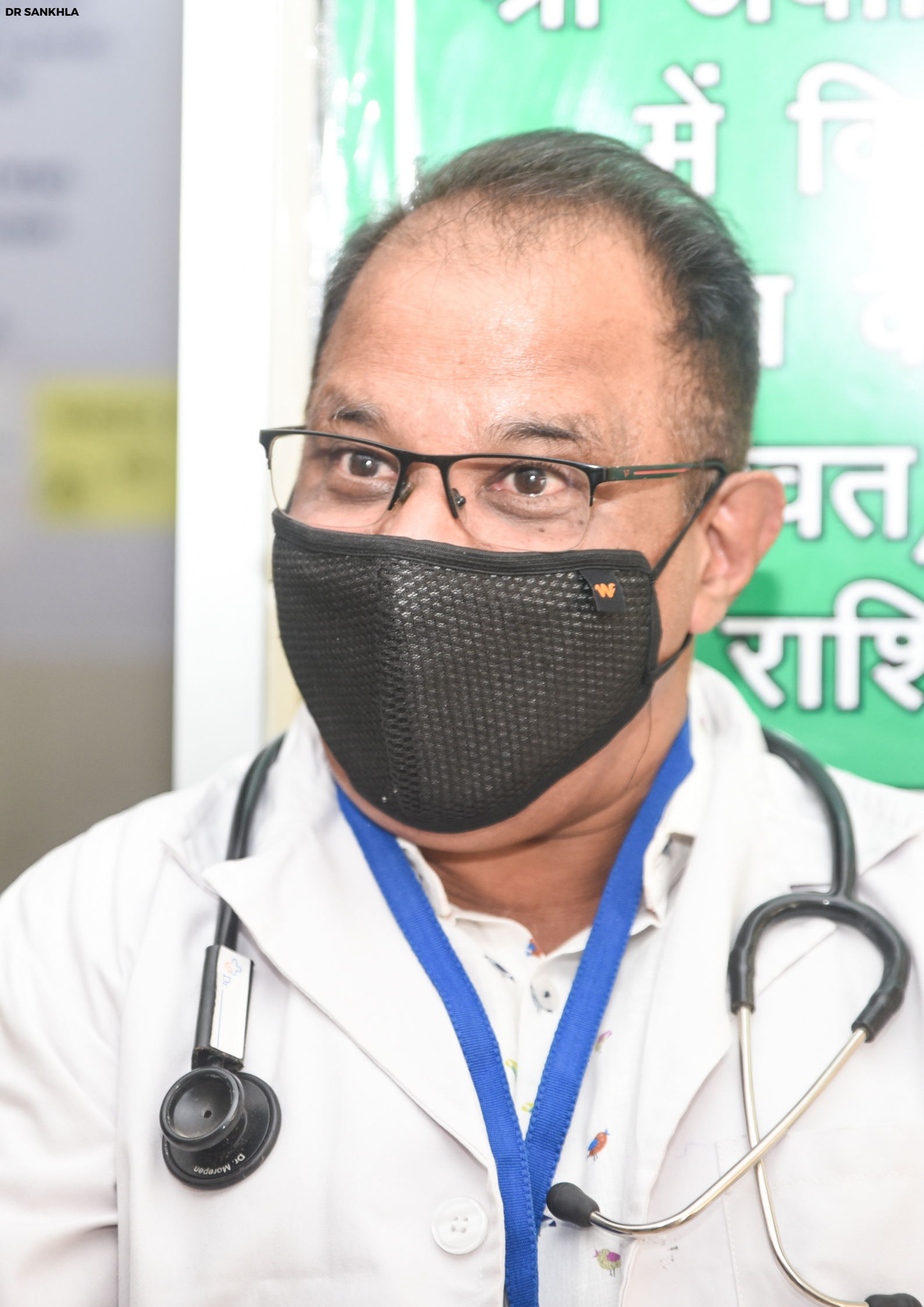
An Unstoppable Spirit

Dr. Rabindra Sankhla is the sole gynaecologist in the District Hospital of Jaisalmer. He and his dedicated staff and nurses are responsible for the maternal department of the hospital.

"I work round the clock as I am the only gynaecologist here...we do about 300 deliveries and almost 25 C-sections per month! My eight nurses can handle the most difficult situations and high-pressure cases efficiently. Our hospital is equipped with a room for eclampsia, an SNCU (Specialised NewBorn Care Unit), a cancer wing and a family planning room, all dedicated to enable women to access decent and dignified care," Dr Rabindra Sankhla elaborated on the healthcare provided at the hospital by his team.

With UNFPA's intervention and partnership, the district hospital has significantly improved. The hospital which was a mere 30% in terms of sanitation, hygiene and infection preventive practices has increased to 94.3% which is very creditable.







The responsibility is tremendous but these brave frontline workers and officials are committed to their district. Every day they strive to push themselves harder to improve the conditions that would enable women and girls get access to better healthcare and be in a position to take decisions about their own bodies and their health.

Nearly half the women from 57 developing countries do not have the right to decide regarding their bodies whether it is using contraception, seeking health care, or even about their sexuality,” says the UNFPA State of World Population Report – ‘My Body is My Own’.

Learn more about the report [here](#). Take an in-depth look at the drivers and consequences of the lack of bodily autonomy.

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