ANALYSIS OF GUJRAT'S MATERNAL HEALTH PERFORMANCE FY 2023-24 AND INSIGHTS FROM FIELD VISITS ON MAMTA DIWAS

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NATIONAL HEALTH MISSION, GUJARAT

NHM was launched nationwide on 1st May 2013 by the Government of India which consists of two submissions, NRHM on 12th April 2005 & NUHM on 1st May 2013.

Maternal Health is one of the Sustainable Development Goal and a vital component towards achieving Continuum of Care. Gujarat has reduced from 172 per 1 lakh live births in year 2001 – 2003 to 57 per 1 lakh live births in year 2018 – 2020 (SRS).

VISION

To provide universal access to equitable, affordable, and quality healthcare services, addressing the health needs of underserved rural and urban areas.

MISSION

To enhance healthcare access and quality, focusing on maternal and child health, disease control, and family planning. It aims to improve health infrastructure and ensure safe water and sanitation. Community participation and equitable healthcare delivery are central to its efforts.

ORGANIZATIONS STRUCTURE

- MISSION DIRECTOR (NHM)
- ADDITIONAL DIRECTOR (FAMILY WELFARE)
- ASSISTANT DIRECTOR (FAMILY WELFARE)
- DEPUTY DIRECTOR (MCH)
- CONSULTANT / PROJECT OFFICER
- PROGRAMME OFFICER

MAMTA DIWAS : INSIGHTS FROM FIELD VISITS FOR MATERNAL AND CHILDHEALTH

Mamta Divas is an initiative aimed to improve maternal and child healthcare, a day dedicated to providing free health services to expectant mothers, post-natal mothers, children aged 0 to 5 years, and adolescent girls in Anganwadi centers and sub-centers across the state every Wednesday.

KEY OBSERVATIONS

- Role of ASHA and Female Health Workers:
  - ASHA confidently explained each scheme to pregnant women, counselled them on diet, and explained the criteria for filling out forms. She also shared her contact information for further assistance.
  - She made detailed entries in Mamta cards, recording vitals and health information.
  - ASHA worker was not aware of a new scheme related to high-risk pregnancies. This could potentially hinder its implementation and outreach to women who might qualify for additional support.
- Services Offered :
  - Immunizations for mothers and children, but some women skipped their vaccines and when asked they responded they were not available there.
  - Blood pressure (inconsistency observed in blood pressure check ups across locations)
  - Dietary counseling.
  - Identification of high-risk cases.
  - Information and counselling on health schemes (JSY, JSSK, PMMVY, Namoshree).
- Infrastructure Variations:
  - Recently renovated HWCs: provided clean and spacious facilities.
  - Some HWCs lack privacy in OPD areas, proper toilets, and water coolers.
  - Anganwadi's can be well-equipped and require better maintenance.
- Attendance Variations:
  - Low participation observed in rural areas even after ASHA contacted them from due list for their schedule
  - Also in urban area which were newly constructed.
- High-Risk Case Identification:
  - Mamta Diwas helps identify mothers with low weight or requiring additional support.
- Community Awareness Challenges:
  - Low awareness about vaccinations exists in some communities.

SWOT ANALYSIS

STRENGTH
- Effective Counseling by ASHA.
- Hygiene Practices maintained by FHW .
- Maintaining records in MAMTA card.
- Community Engagement and awareness.

WEAKNESS
1. Incentive Issues
2. Infrastructure Limitations
3. Staffing Shortages
4. Malfunctioning Equipment and Facilities

OPPORTUNITIES
1. Training and Awareness
2. Infrastructure Development
3. Incentive Programs
4. Technological Integration

THREATS
1. Inadequate awareness about new scheme.
2. Staff Burnout
3. Lack of special attention to high risk cases.

PRACTICAL EXPOSURE

1. Conducting field visits to observe ASHA workers performing ANC checkups, counseling, and record-keeping(verifying Mamta Divas checklist)
2. Witnessing Anganwadi functioning including providing supplementary nutrition to children under RBSK.
3. Analyzing JSY/JSSK data for evaluating the effectiveness of program .
4. Observing HWCs functioning, including NCD screening and vaccinations(verifying through HWC checklist)

THEORETICAL UNDERSTANDING

1. Used data triangulation to address data inconsistencies.
2. Assessed JSY/JSSK effectiveness through program evaluation frameworks.
3. Identified solutions for ASHA worker incentives and staffing shortages also unawareness about the new schemes.

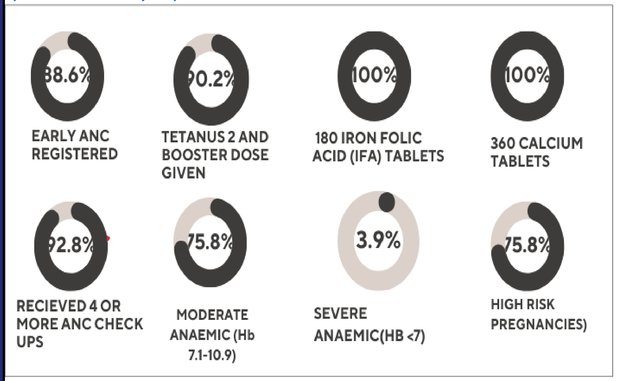
ANALYSIS OR MATERNAL HEALTH PERFORMANCE FY 2023-2024

DATA SOURCE -HMIS

Total number of NEW Pregnant Women registered for ANC

14 lacs

1)ANTENATAL CARE (ANC):



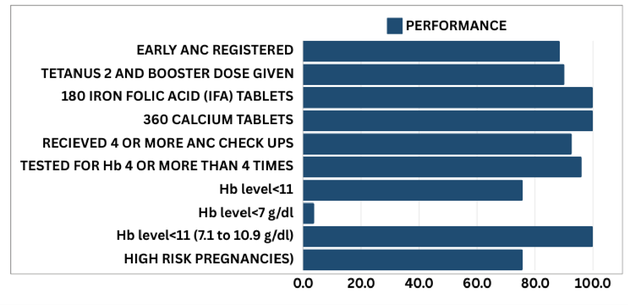
(1)HIG ANC REGISTRATION:
- Most pregnant women (≈92.8%) are registering for antenatal care early. This is crucial for early detection of potential problems and ensuring healthy pregnancies.

(2) IMMUNIZATION AND SUPPLEMENTATION RATES:
- A significant portion of women are receiving tetanus vaccinations (≈90.2%) and iron-folic acid (IFA) supplementation (≈92.8%), which helps prevent anaemia and birth defects. A good percentage (≈75.8%) also received calcium tablets, aiding bone development in the fetus.

(3)DELIVERIES:
- Nearly all deliveries (≈99.89%) were institutional deliveries which decreases the risk of complications for both mother and baby compared to home births. A much smaller percentage (≈0.11%) of deliveries occurred at home.

(4)POSTNATAL CARE (PNC):
- Most (≈83.24%) of women are receiving postnatal checkups, allowing for early detection of postpartum complications.

(5)MATERNAL DEATH REVIEW:
- ≈98% of maternal deaths are reviewed.



CHALLENGES FACED

- Language Barrier.
- Extreme Weather Conditions .
- Limited time to conduct comprehensive studies and analyses.
- Limited field visits.

LEARNINGS AND VALUE ADDITION

- Gained knowledge about how the healthcare system operates at the grassroots level.
- Learned about Data analysis and to make comprehensive/One page interpretation report.
- Learned how to write a proposal.
- Realized the importance of time management and setting realistic goals to meet deadlines.
- Gained experience in conducting field visits.
- Learned about the critical role of ASHA workers and FHWs in delivering healthcare services at both the event and community levels.
- Enhanced Soft skills.

SUGGESTIONS

- Conduct monthly ASHA worker training sessions with video support.
- Increase the frequency of field visits to observe data collection challenges firsthand and validate data accuracy across different healthcare facilities.
- Address infrastructure challenges at HWC such as privacy issues at OPD , inadequate sanitation facilities, and lack of diagnostic tools in healthcare facilities to improve service delivery and patient care.