IIHMR UNIVERSITY

Presented by - Aahel Adhikary (MBA-HHM)
Enrollment Number - 1656

To Evaluate the impact and limitations of Prasuti Pratikshalay launched by Tata Steel Foundation

TATA STEEL FOUNDATION

Mentors -
Dr Dhirendra Kumar (Professor, IIHMR)
Dr Vishal Chandra (Project Manager, TSF)

TATA STEEL FOUNDATION

Overview - The Tata Steel Foundation anchors one of the most profound and arguably most diversified societal developmental efforts, impacting more than 1.5 million lives directly, annually, across 4,500 gram-panchayats in Jharkhand and Odisha.

Vision - To enable an enlightened, equitable society in which every individual realizes her potential, with dignity.

MANSI+

MANSI+ is built on the successful collaboration and engagement in phase 1 and 2 of the MANSI project. It is envisaged to be a holistic program seeking to reduce preventable new-born mortality and improve health outcomes in pregnant & lactating women, adolescents, and young children. This will be achieved by strengthening the capacity of the Government frontline workers (ASHAs, ANMs and AWWs) and project team members (MANSI Mitra), to deliver quality home-based care, empowering adolescent girls, support in strengthening public health services.

Program Title:	Maternal and New-born Survival Initiative Plus (MANSI+)
Country/State	India, Jharkhand
Project Duration:	5 Years
Target Population:	4 million vulnerable and marginalized populations in the Kolhan region of Jharkhand
Geographical Area:	Kolhan division - 38 Blocks across three districts of East Singhbhum, West Singhbhum and Saraikela, Jharkhand, India.
SDG Impacted:	SGD 3: Good Health and Wellbeing SDG 5: Gender Equality SDG 10: Reducing inequalities. SDG 17: Partnership for Goals.
Project Partners:	American India Foundation, National Health Mission-Jharkhand and Tata Steel Foundation

Objectives -

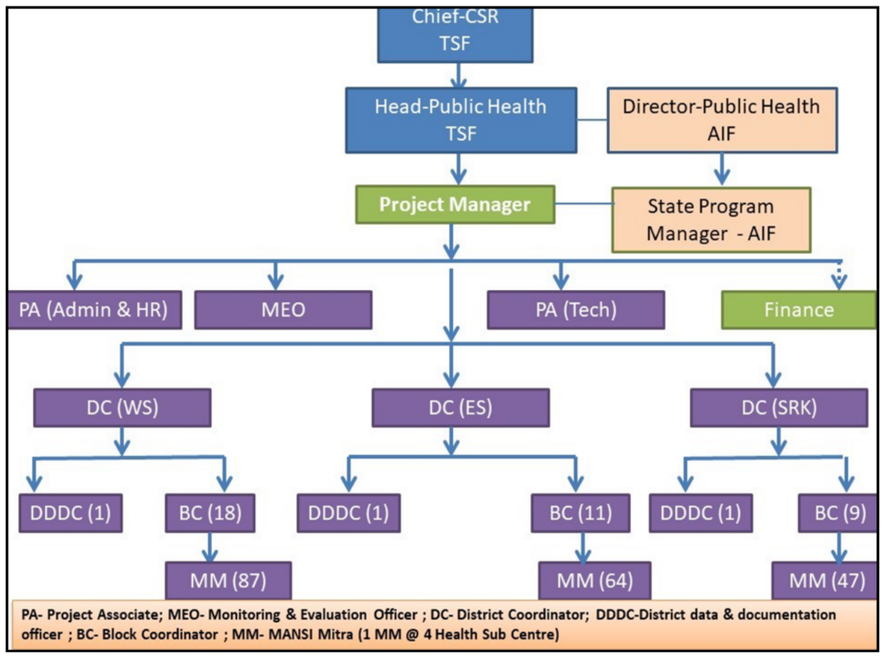
- To reduce the incidence of underage marriage and delay the first pregnancy among underage married girls to at least 19 years of age - *Kishore Nav Dampati MANSI Mandali, Anemia screening among adolescent girls.*
- To strengthen the Home Base Care during the antenatal period, post-delivery till the child is 2 years old. (1000-day care) - *ILA session to train ASHAs, Home Visits, Saas Bahu Pati Sammelan.*
- Reduction in prevalence of Anemia among girls, women, and underweight children up to 5 years - Annaprasan Diwas, Referral of Severe Acute Malnutrition - *SAM children to MTC, Nutrition Garden, Orientation for AWW.*
- Demonstrate innovative low-cost technology interventions for improving service quality care under the public health system and in the community - *Prasuti Pratikshalay, Development and Upgradation of Operation Sunshine, HD AI based Stethoscope.*
- Strengthening of existing Community based institution to improve maternal and child health outcome - *VHNSC meetings, VHND, Training of VHSNCs members.*

PRASUTI PRATIKSHALAY

Project Prasuti Pratikshalay, or Birth Waiting Facility, is being developed to provide accommodation to pregnant women approaching their expected delivery date, ensuring timely institutional deliveries. Such institutions are essential in remote areas where accessing medical services in time for institutional births is severely hampered by a lack of transportation. This is especially important for high-risk pregnant women. One such difficult-to-reach pocket has been identified in each of the three districts by the MANSI team in collaboration with the District Health Authorities.

Three health centers were identified in the mentioned pockets and they were equipped with essential services including food, water, beds, medicines, equipment, and trained ANMs who can ensure the safe delivery of pregnant women. The first center was established in Dumaria Block of East Singbhum district in September 2023, followed by Kuchai Block of Seraikela Kharaswan district in November 2023 and Bandgaon Block of West Singbhum district in January 2024.

ORGANIZATIONAL STRUCTURE

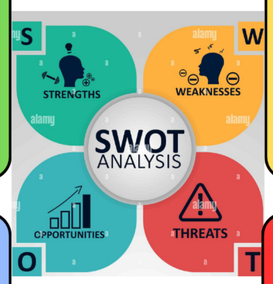


PA- Project Associate; MEO- Monitoring & Evaluation Officer ; DC- District Coordinator; DDDC-District data & documentation officer ; BC- Block Coordinator ; MM- MANSI Mitra (1 MM @ 4 Health Sub Centre)

SWOT ANALYSIS OF PRASUTI PRATIKSHALAY

- Long associate with credible partners like AIF and NHM Jharkhand.
- Deployment of project staff in HWC level from same community.
- No language barrier.
- Close monitoring of the project through digital platforms.
- MANSI+ has been built on successful PPP over the last decade.
- Skilled ANM experienced in delivering deployed in Prasuti Pratikshalay.

- Absence of frontline health workers in most villages.
- Coordination with weak and inactive front-line health workers.
- Delay in registration of pregnancy resulting in wrong EDD by 2 weeks to a month rendering the services provided in PP useless for the beneficiaries.
- Mansi Mitra do not advise pregnant women in some hard-to-reach areas to opt for PP because of lack of food provisions or Mamta Wahan.



- Close monitoring of the project through digital platforms.
- MANSI+ has been built on successful PPP over the last decade.
- Skilled ANMs experienced in delivering deployed in Prasuti Pratikshalays.

- No support from the Government programs.
- Dependency on Frontline healthcare workers (ASHA, AWW, ANM)
- Dependency on technology in hard-to-reach areas where no network is available.
- Lack of safe roads for Mamta Wahan to travel in hard-to-reach areas.
- Existence of Marxist Communist Party preventing ambulance in village at night.
- Existence of Pathalgari system in some villages/families.

DIFFERENCE BETWEEN PRACTICAL EXPOSURE AND THEORETICAL UNDERSTANDING

Theoretical Understanding

- Detailed understanding of initiatives under MANSI+
- Literature review of Maternity Waiting Homes.
- In depth understanding of VHSNC, Nutrition Garden, MTCs, VHND.
- In depth understanding of the role of ASHA, ANM and AWW in the government programs to improve health outcomes in the community.

Practical Exposure

- Field visit to conduct pilot study of VHSNC, Nutrition Garden, PP.
- Creating data collection tools based on the results of pilot study to conduct study on impact and limitations of PP.
- Understanding the challenges in the implementation of various interventions by interviewing frontline health workers and the community.
- Conducting a meeting in Kuchai block with ASHAs, ANMs, CHOs, Manki Munda and Mukhiya to spread awareness of PP.

METHODOLOGY

Tool used: Semi structured questionnaire

Distinct Groups:

- Manki Munda: Community Leaders.
- Mothers who delivered in PP.
- Mothers who opted for home delivery.

Sample Size: 86 candidates.

Sampling Method: 2 eligible candidates of each group from all Panchayats.

Study area: All areas falling under the cluster mapping of PP in Bandgaon, Dumuria and Kuchai Block.

Data for the financial year 2023-2024 of Institutional deliveries, home deliveries, abortions, stillbirths, and maternal and child deaths were taken from HWC.

CHALLENGES FACED DURING INTERNSHIP

- Secondary data of Sursi HWC could not be collected as only 3 villages were in the HSC's catchment area which were identified as hard to reach pockets.
- Secondary Data of Gurabanda panchayat might be incomplete as there is no ANM in the panchayat and thus data was collected from ASHA Supervisor who allegedly doesn't keep previous year's data in registers after submitting the data in HMIS. Data was taken from ASHA Supervisor's unofficial diary which may not have complete data.
- Secondary data of HSC's from Bandgaon couldn't be collected due to time constraints.

SUGGESTIONS GIVEN TO ORGANIZATION

- As seen from primary data, in the villages where Manki Munda has knowledge of PP, institutional delivery is preferred more than home delivery while the same cannot be said for villages where Manki Munda is not aware of PP, as in some of those villages home delivery is preferred. Mansi Mitra/ Block Coordinator should hold community meetings with Manki Munda and ASHA and encourage them to promote PP in Gram Sabha.
- Families should be made aware of the JSY incentive for institutional delivery and the advantage of free birth certificate, immediate vaccination, IFA, calcium pills and their necessity, and encouraged to take early admission in PP in areas with lack of transportation or lack of food provisions at their own expense until those services could be provided.
- Strengthening of Saas Bahu Pati Sammelan and Kishore Dampati Nav MANSI Mandali to counter lack of family support.
- MM and ASHA should pay more focus to beneficiaries who have delivered in home as data shows that women who are accustomed to home delivery tend to reject institutional deliveries and hide their pregnancies than women who are expecting for the first time.
- Community counselling regarding the importance of noting down the correct date of LMP and marking in calendars. Additionally, distribution of calendars with steps explained in picture format to the community by TSF.

USEFULNESS OF INTERNSHIP

- My experience allowed me to apply theoretical knowledge to practical situations.
- I gained valuable insights into the implementations of public health programs and their impact in the community.

LEARNING OUTCOMES

- Ground-level challenges for community participation.
- Primary and Secondary Data Collection and Analysis.
- Front Line Health Workers and Community Leaders' Role in improving health outcomes.
- Mother and Child Protection Card and its impact in reducing maternal and newborn death.
- Conducting pilot study and creating Questionnaire tools.
- In-depth understanding of the JSSK scheme and its implementation in the community.

FINDINGS

Pre intervention:

- Home delivery is 27.5% in Kuchai.
- Home delivery is 10.46% in Dumuria.

Post intervention:

- Home delivery reduced to 9.9% in Kuchai. PP contributed to 10.61% of the total deliveries.
- Home delivery is 3.94% in Dumuria. PP contributed to 24.73% of the total deliveries.

Limitations of current strategy

- Lack of food provisions in Dumuria and Bandgaon block, and lack of ambulance service in Kuchai block leads to OOP for pregnant women and her family, especially if they are referred to secondary tier health centers.
- Conformity to home delivery leads to hiding pregnancy from frontline healthcare workers in the community, which sometimes leads to no MCP card.
- Late registration of first ANC leads to wrong estimation of EDD by 2 weeks to 1 month which makes the point of PP moot.
- In some hard-to-reach areas, ASHA are newly appointed, and they do not know how to facilitate institutional deliveries in the face of network issues.
- Lack of family support is a major reason in both Bandgaon and Kuchai block.