Maternal overview of Aspirational Districts

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DEPT. - **MATERNAL HEALTH**

NATIONAL HEALTH MISSION

National Health Mission (NHM) was started as National Rural Health Mission (NRHM) in the year 2005 after the National Health Policy of 2002, which stated the need to address the rural health of the country through a **decentralized** approach to effectively target the unique public challenges which varies by the region. It aims to provide accessible and affordable healthcare to the underserved population. Subsequently it was found that the component of urban health often underperforms its rural counterpart on various health indicators. Following this, National Urban Health Mission (NUHM) was floated by the GoI, and in 2013, NUHM and NRHM were combined to form NHM as it exists today.

MATERNAL HEALTH

Maternal Health is one of the five pillars of RMNCAH+N along with Reproductive Health, Neonatal Health, Child Health and Adolescent Health - based on the principle of '**continuum of care**' to ensure that people at these life stages get equal emphasis. Several schemes have been initiated by the Government to improve health of mothers, provide quality maternity care and reduce preventable maternal and newborn morbidity and mortality. The Maternal Health Department engages with all the building blocks of WHO's Health System framework—Service Delivery, Health Financing, Health Workforce, Access to Medicines and Technologies, and Health Information Systems to effectively meet the public health needs.

DAKSHATA TOT

Dakshata is a training program for healthcare workers to enhance the quality of care provided to the mother and the newborn during the delivery and the post partum period till discharge. Dakshata Training of Trainers is a 5 day workshop conducted for master trainers through series of presentations, lab simulations and role play activities.

STRENGTHS

- Dakshata Mentors can deliver training in culturally appropriate language and manner.
- Hiring specialized trainers is cost-effective as it is a one-time expense.
- Logistical costs are reduced as all HRH need not travel to the state capital.

WEAKNESSES

- Subject experts are not necessarily good tutors
- Dakshata Mentors should have labour room experience to know the field realities.
- Five days might not be enough time period for quality training.
- Attrition of trained personnel can disrupt the chain of training.

OPPORTUNITIES

- Collaboration with private sector doctors as tutors might bridge the quality gap between private and government facilities.

THREATS

- Beliefs might shape mistrust of locals on quality provided by public facilities.
- Lack of equipment/essential drugs.

LEARNINGS

- Experience in handling and interpreting large volumes of data.
- Hands on proficiency in MS Office tools.
- Understanding of metrics used to capture the progress of various Govt. schemes.
- Gained insights in project implementation and monitoring.
- Administrative functioning of an government entity.

ORGANOGRAM

CHALLENGES FACED

- Hindi being the administrative language.
- Limited feedback reduced opportunities for reflection and improvement.
- Instructions provided were brief, offering limited opportunity to seek clarification or deeper understanding.
- No field visits were conducted.

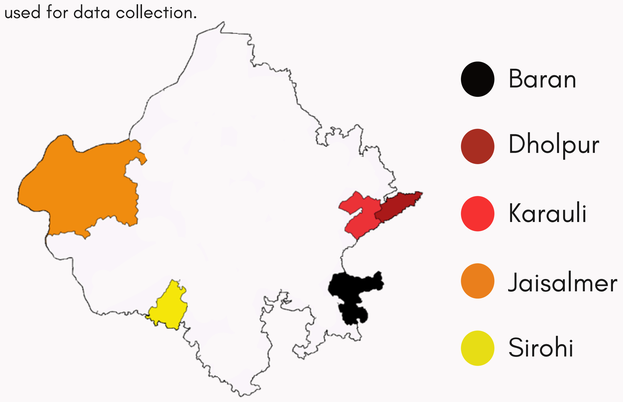
THEORETICAL LEARNINGS VS PRACITCAL EXPOSURE

- Program implementation complexities and communication errors were highlighted in practical exposure.
- Informal interactions with Nursing Officials and RCHOs provided deeper insights into administrative and field-level challenges, uncovering inconsistencies that may not be evident through formal reporting mechanisms.

ASPIRATIONAL DISTRICT PROGRAM

ADP was pioneered by the GoI in 2018 in 112 under-developed districts of the country for a targeted development. The five broad themes covered under ADP are - **Health and Nutrition, Education, Agriculture and Water resources, Financial Inclusion,** and **Skill Development and Infrastructure**.

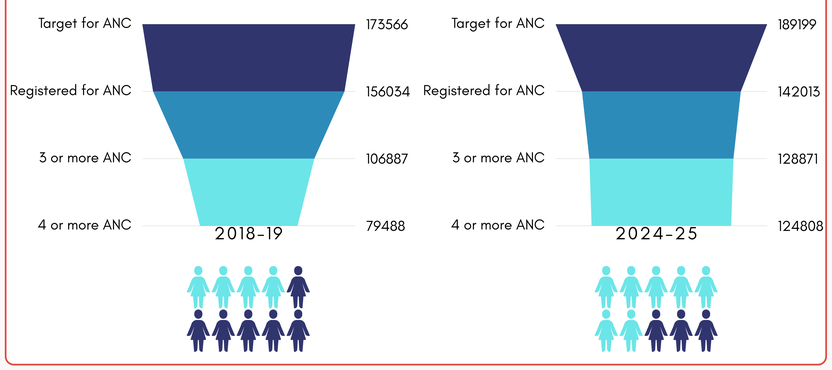
A trend analysis was carried out by tracking the performance of maternal indicators of aspirational districts vs the rest of the state to test the effectiveness of the ADP since seven years of its inception. **PCTS portal** was used for data collection.



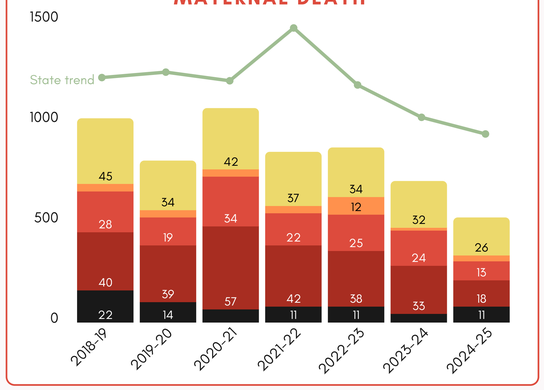
KEY FINDINGS

1. There has been an increase in the proportion of pregnant women that attended 4+ ANCs against the target registration, with 7/10 target women covered in aspirational districts as compared to the state value of 6/10.
2. A decline in absolute numbers can be seen in the registered ANC and the target ANC saw an increase, however, the decline in KPI was not statistically significant at 95% confidence level.
3. Aspirational districts perform better than the state average for early ANC registrations (earlier than 12 weeks) to total ANC registrations.
4. The cumulative maternal deaths in aspirational districts have followed the state's declining trend, with their share of the overall maternal death burden reducing from 10.5% in 2018 to 7.3% in 2025.
5. Institutional deliveries also saw a progress, with the share of home deliveries in aspirational districts declining from 10.02% in 2018 to 5.18% in 2025.
6. According to the PCTS portal, institutional deliveries in aspirational districts have reached 99.75% owing to GoI schemes such as JSY, JSSK, Prasuti Niyojan Diwas etc.

ANC COMPREHENSIVENESS



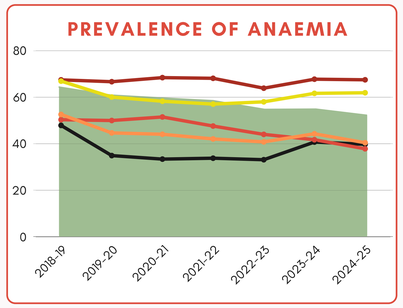
MATERNAL DEATH



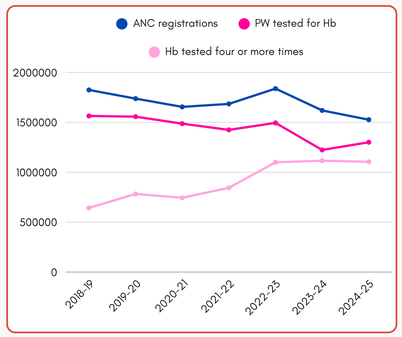
GAPS

1. Anaemia continues to be a major public health challenge with Dholpur and Sirohi showing prevalence higher than the state levels (in green).

PREVALENCE OF ANAEMIA



2. Although 4+ ANC coverage is rising, a quality gap persists between the total ANC registered and Pregnant women tested for Hb even once during their ANC.



SUGGESTIONS

1. The parameter of 4+ ANC covers all ANCs and not the WHO norm of 1 in first, 1 in second and 2 in third trimester. A better measure of comprehensive ANC coverage will be to take Early ANC registrations as a reference instead of total ANC registrations.
2. The PCTS portal includes two separate entries—one for pregnant women consuming 180 IFA tablets, and the other for those consuming 300 IFA tablets. This often leads to duplication of data which should be kept in check at data entry level.
3. Introducing Ferric Carboxymaltose (FCM) at a nominal cost would be an effective intervention for managing severe anaemia, while also addressing the challenge of low adherence to IFA tablets.
4. A special focus on urban blocks like Jaipur-I for ANC - the values go over 100% because of attrition, however, there might be pregnant women within Jaipur-I itself that are not receiving ANC care. This can be addressed by block level monitoring of ANC line-listing.
5. Leadership should focus on creating a workplace environment that is more welcoming and supportive of new ideas and encourages innovative approaches to everyday tasks.
6. Inter-departmental communication should be encouraged to improve efficiency, reduce redundancies, and promote knowledge sharing across teams.