

MANSI+:Strengthening Maternal And Newborn Survival

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TATA STEEL FOUNDATION

Overview: Tata Steel Foundation (TSF) anchors one of the deepest and most diverse societal development efforts that directly reach more than 1.5million lives across 4,500 gram-panchayats in Jharkhand and Odisha every year.

Vision: To Create 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, adolescent, and young children. This will be achieved by strengthening the capacity of the Government frontline workers(ASHAs, ANMs and AWW) 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
Targeted Population:	4 million Vulnerable and marginalized populations in the Kolhan Region of Jharkhand
Geographical Area:	Kolhan Division-38 blocks across 3 district of East Singhbhum, West Singhbhum, Saraikela, Jharkhand ,India
SDG Impacted:	SDG 3:Good Heath and wealth being SDG 5: Gender Equality SDG 10: Reducing inequalities SDG 17 : Partnership for Goals
Project Partners:	American India Foundation(AIF),National health Mission- Jharkhand, Tata Steel Foundation

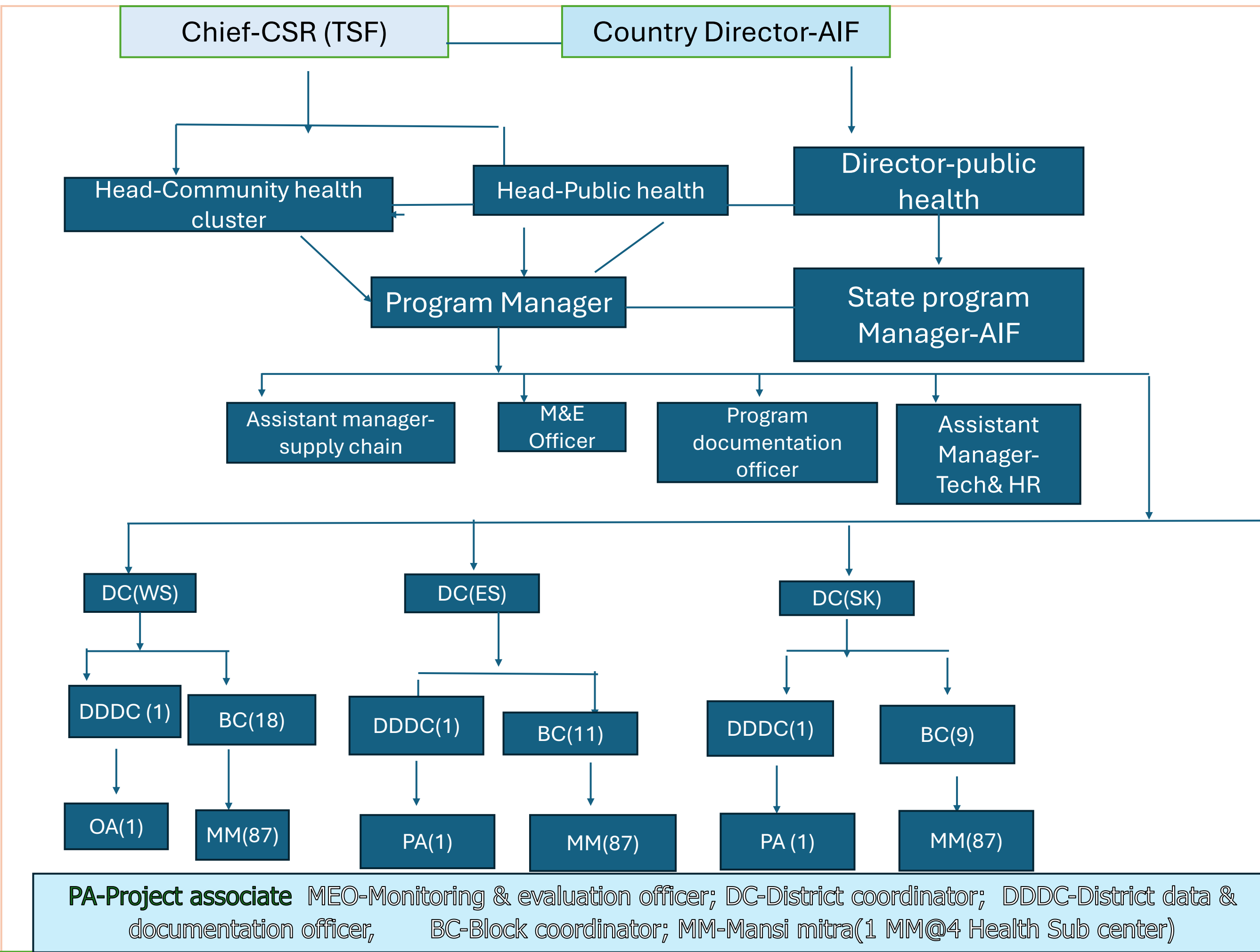
: OBJECTIVES:

1. 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.
2. To strengthen the Home-Based Care during the antenatal period, and post-delivery until the child is 2 years old-(1000 day care)ILA session to train ASHAs, Home visits, Saas Bahu Pati Sammelan.
3. To reduce prevalence of anemia among adolescent girls (10-19 years of age) and women (pregnant women, postnatal mothers up to 42 days after & underweight children up to 5 years-Annaprashan Diwas, Referral of Severe Acute Malnutrition-SAM children to MTC, Nutrition Garden, Orientation for AWW.
4. To demonstrate innovative low-cost technology interventions for improving service quality care under the public health system and in the community-Prashuti pratikshalaya, Hd AI based Stethoscope.
5. To strengthen existing community-based institutions to improve maternal and child health outcomes-VHSNC meetings,VHND,Training of VHSNCs members.

CHALLENGES FACED DURING INTERNSHIP-

- Unpredictable weather: Heavy rainfall disrupted scheduled field visits and data collection.
- Language barrier due to unfamiliarity with Santali and HO impacted community interaction.

ORGANIZATION STRUCTURE



SWOT ANALYSIS OF MANSI +

STRENGTH: - Long associate with credible partner like American India Foundation and National Health Mission. - Deployment of program staff at the Health Sub Centre level from the same community. - No language barrier. - Close monitoring of the program through digital platforms. - MANSI+ has been built on successful PPP over the last decade	WEAKNESS: - Absence of front-line health workers in most of the villages - Coordination with weak and inactive front-line health workers - Presence of hard-to-reach area in the region - Inactive Village Health Sanitation and Nutrition Committee. - Poor quality, inconsistent and irregular training of frontline health workers.
OPPORTUNITY: - Life-cycle approach that includes preventive measures since adolescent stage. - Convergence with Govt's activity through Engagement and Coordination Arrangement - Support from other development agencies that are already working in the region - Legacy of Tata Steel Foundation	THREATS: - No support from the Govt. programs - Dependency on front line health workers (Sahiyyas, AWW and ANM) - Life-Cycle approach (simultaneous work on HBNC, HBYC, adolescent health and nutrition) - Dependency on technology in hard-to-reach area where no network is available - Expectation of the community from Tata Steel - Traditional cultural rigidity among the tribal group

LEARNING OUTCOMES-

- Recognized the importance of local language skills in effective community engagement.
- Understood community-level causes of neonatal and post-neonatal deaths through death audits.
- Learned to design effective baseline questionnaires aligned with study objectives.
- Ground level challenges for community participation.
- Primary data collection.
- Frontline health workers and community leaders roles in improving health outcomes.

DIFFERENCE BETWEEN THEORITICAL UNDERSTANDING AND PRACTICAL EXPOSURE

THEORITICAL UNDERSTAND

- Detailed understanding of initiatives under MANSI+.
- Literature review of Maternity Waiting Homes In-depth.
- Understanding of VHSNC, Nutrition Garden, MTCs, VHND,KNDMM.
- In-depth understanding of the role of ASHA, ANM and AWW in the government programs to improve health outcomes in the community.
- Review of maternal and neonatal Death Audits.
- Understanding of self-monitoring tool – MANSI Darpan.
- Case definitions of High-Risk Pregnancy and Newborns.

:USEFULNESS OF INTERNSHIP:

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

PRACTICAL EXPOSURE

- Field visit to understand functioning of VHNDs, Nutrition Gardens, and Prasuti Pratikshalaya.
- Conducted in-depth interviews with beneficiaries in 2 blocks for the MANSI Darpan project to understand data collection practices, field challenges and to make the survey tool for collection of the baseline data.
- Developed and structured case definitions for high-risk pregnancy and newborns, including: condition name, signs & symptoms, diagnostic criteria, and standard references. Collected data for maternal and neonatal death audits through field visits to high-burden blocks.
- Conducted a meeting in Sonua block with ASHAs, ANMs, CHOs, and MANSI Mitras to understand their field-level responsibilities and challenges.
- Carried out literature reviews for two focused studies: KNDMM and MTC
- Gained insights into Anganwadi Centre functions, including Take-Home Ration (THR) services, child growth monitoring, and supplementary nutrition distribution
- Understood the challenges in implementing interventions by interacting with frontline health workers and community members.

SUGGESTIONS GIVEN TO ORGANIZATION: Promote adolescent health sessions like KNDMM more actively in schools and villages to delay early pregnancy.

Undertaken Research Study-MANSI DARPAN

Title	Impact of Self-Monitoring Tool on Maternal Health Outcomes Among High-Risk and Non-High-Risk Pregnant Women in Jharkhand: A Cluster Randomized Controlled Trial.
Background	Maternal and child health remain major public health concerns in rural Jharkhand, with high maternal mortality and low institutional deliveries. Despite government interventions, gaps in maternal health literacy and timely care persist. MANSI Darpan, a self-monitoring tool, helps pregnant women identify risks early and seek timely care.
Problem statement	In Jharkhand's remote areas, limited ANC coverage, delayed identification of high-risk pregnancies, and poor access to timely care contribute to adverse maternal and newborn outcomes, highlighting the need for self-monitoring tools like MANSI Darpan.
Objective	1.To assess the usability and acceptability of the self-monitoring tool among the target population. 2. To evaluate the impact of the MANSI Darpan tool on the utilization of antenatal care (ANC) services among high-risk and non-high-risk pregnant women.3. To compare maternal health outcomes (institutional deliveries, timely referrals, maternal complications) between the intervention and control groups.4. To identify barriers and facilitators to the adoption and effective use of the self-monitoring tool at the community level.
Research Question	1.What is the effect of MANSI Darpan on the utilization of antenatal care (ANC) services among high-risk and non-high-risk pregnant women?
Methodology	Study Design: The study will employ a cluster randomized controlled trial (RCT) design, blocks with similar demographic and public health characteristics in a district will be randomly assigned to either: Block 1: Intervention group (PW,HR pregnant women and U2 children)to be administered with the MANSI Darpan self-monitoring tool. Block 2:Control group where no intervention other than MANSI+ activities will be delivered. Sample Size: A sample size of 1000 (500 in intervention and 500 in control). Data Analysis: Data will be analyzed using SPSS software. Statistical tests to be used:• Descriptive analysis: To summarize demographic and baseline characteristics.• Chi-square test: To compare pregnancy outcomes between intervention and control groups.• Logistic regression: To evaluate the effect of MANSI Darpan on ensuring safe pregnancy outcomes. *Data collection is currently in progress across selected blocks.*
Expected Findings	1.Higher ANC visit compliance and early risk identification among intervention group compared to control group 2.Improved awareness of maternal danger signs among pregnant women using the tool. 3. Increased timely referrals for high-risk pregnancies in intervention blocks.
Recommendations	1. Integrate MANSI Darpan into routine maternal health programs of Jharkhand's National Health Mission for wider coverage.2. Train frontline health workers (ASHAs/ANMs) extensively on using the tool and assisting pregnant women with limited literacy. 3. Develop a mobile-based version of MANSI Darpan with audio/visual instructions in local languages to overcome literacy barriers.4. Strengthen community awareness campaigns on maternal risk factors and the importance of self-monitoring. 5. Introduce periodic monitoring and supportive supervision to ensure consistent and quality use of the tool.6. Collaborate with local SHGs and community leaders to promote early adoption and trust in the intervention

TOWS ANALYSIS	Opportunities	Threats
Strengths(S)	SO Strategies - Leverage strong partnerships (S1) to align with NHM activities (O2). - Use digital platforms (S4) to improve coordination with government schemes (O2). - Utilize local staff (S2) to enhance life-cycle interventions (O1).	ST Strategies - Use Tata Steel's credibility (S5) to engage culturally rigid tribal groups (T6). - Strong monitoring (S4) to manage dependency on technology (T4). - Build trust with community leaders (S2) to reduce resistance to interventions (T2).
Weakness (W)	WO Strategies - Train VHSNCs (W5) with support from development agencies (O3). - Deploy mobile health vans in hard-to-reach areas (W3) using partnerships (O1, O3). - Strengthen training programs (W5) with government convergence (O2).	WT Strategies - Create a contingency plan for technology failures (W3, T4). - Develop backup workforce strategies to reduce dependency on inactive workers (W1, T2). - Empower SHGs to compensate for inactive VHSNCs (W4, T6).

