HCLFoundation

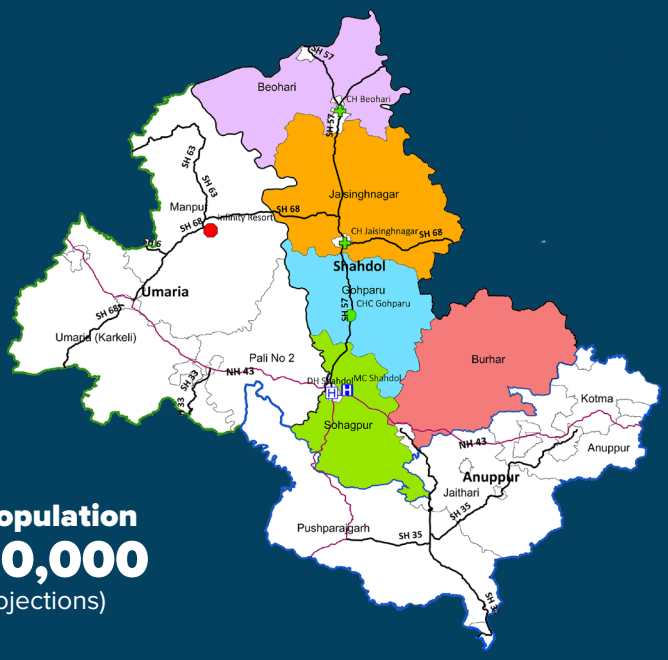
PROJECT MANCH
HEALTHY MOTHER, HEALTHY CHILD

ihat

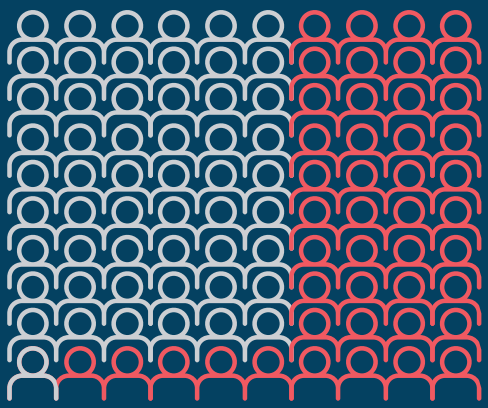
Project Maternal Newborn & Child Health (MANCH)

SHAHDOL

Nestled in the northeastern part of Madhya Pradesh, Shahdol is a district known for its natural beauty, cultural diversity, and economic significance. Spanning an area of 6,205 sq. km, Shahdol is part of the Shahdol Division, along with Umaria and Anuppur districts.



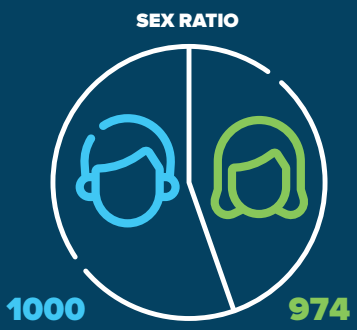
Total population
12,80,000
(2023 projections)

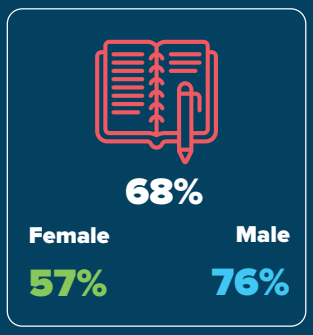


Tribal population
476,008 (45%)
(2011 census)

Indigenous communities

BAIGA	KOL	GOND & SUB TRIBES
21%	23%	40%





Shahdol district thrives on its rich cultural heritage and vibrant traditions. Agriculture forms the backbone of its economy, supported by mineral wealth and the culturally significant Mahua tree. Shahdol's tribal legacy, natural splendour, and economic diversity make it a vital and unique part of Madhya Pradesh.

Women actively participate in economic activities through schemes like MGNREGA during harvest seasons and as daily wage labourers and are less likely to migrate for work than men. Men typically serve as heads of households, and women often migrate only after marriage. There remains a societal preference for boys, perceived as future income earners for the family

Shahdol is home to several tribal groups as shown above. These Indigenous communities face severe socio-economic marginalisation, often living in remote and inaccessible areas. Their deep-rooted cultural heritage is centred around traditional livelihood practices and health traditions.

Rituals surrounding agriculture, worship of forest deities, and using Mahua trees for food, medicine, and cultural ceremonies further highlight their deep spiritual connection with nature. A notable aspect of Shahdol's cultural practices is the strong faith in tribal healers, who are regarded as custodians of traditional medicine and spiritual well-being. These healers are pivotal in tribal communities, offering remedies derived from forest resources and ancestral knowledge.

Project MANCH

The MANCH project, launched in 2021 in Shahdol district through a collaboration between NHM-MP, HCL Foundation and IHAT, is a pivotal initiative to improve health outcomes among tribal populations. The project focuses on enhancing antenatal and postnatal care coverage, identifying and tracking high-risk pregnancies and newborns, addressing home delivery challenges, and building the capacity of frontline health workers, including ASHAs, Anganwadi Workers, ANMs, and Nursing Officers.

Project Interventions

Baseline Survey:

A baseline survey was conducted in the year 2022 to understand the current situation of the field (community) and facilities. At the end of the survey, 755 women were interviewed and 90 nursing officers were assessed for their knowledge, skills, and practices around MNCH.

Key findings of baseline survey

1 **Uptake of Antenatal Care (ANC) services:** Women receiving ANC services at least once during pregnancy was nearly universal (98.5%), and 72.7% of women received it in the first 12 weeks of pregnancy. The coverage of full1 ANC and quality2 ANC services irrespective of pregnancy trimester was 38.5% and 26.1%

2 **High Risk Pregnancies:** Approximately 49% of women were identified as high risk pregnancies (HRPs4), with 37% being diagnosed with anaemia and 10% with hypertension. The high prevalence of anaemia contributes significantly to the high proportion of HRPs.

3 **Quality of health services received at the facility:** Initial Assessment: About 78% of SNs/ANMs were aware of any vital signs to be measured during admission, and merely 1% knew about all vital signs. Very few SNs/ANMs mentioned about measuring the temperature, respiratory rate and fetal heart rate of pregnant women while admitted in facility; approximately 71% of SNs/ANMs acknowledged the importance of measuring blood pressure.

4 **Post Natal Care:** Approximately 44% of mothers did not receive any home visits from ASHA/AWW during the first week after delivery. During the first month after delivery, ASHAs conducted home visits and weighed the majority of the infants (80.9%), while measuring the temperature for just over half of the infants (55.3%). ASHAs checked breastfeeding for about 32% of the infants. As far as counselling mothers are concerned, about half of the mothers (49.6%) discussed breastfeeding, and only 3% of mothers were asked about vagina bleeding by ASHA

Establishment of Mini Skill Labs

Mini Skill Labs (MSLs) were established across all 5 blocks of Shahdol in Community Sub health centres and Civil Hospital. One nurse mentor is posted in each MSL. MSL has emerged as a key platform to increase the knowledge and skills of the health care staff on critical domains of facility-level and community-level maternal, new born care practices.

High Risk Pregnant Women detection

Early identification of high risk pregnant women is critical. Recording and reporting was strengthened by providing registers and trainings

HRP Clinic and Sector Meeting Strengthening by NMs-

IHAT supported actively in strengthening of services through HRP clinic and sector meetings

Onsite mentoring of Nursing Officers by NMs-

IHAT Nurse Mentors provide on-site mentoring to the Nursing Officers & ANM of delivery points on a regular basis using different methodologies like demonstration, lecture method, drills, audio-visual, etc. Topics include like essential new-born care (ENBC), new-born resuscitation (NBR), kangaroo mother care (KMC), partograph, Triage, Abdominal Examination, Normal Vaginal Delivery, Active Management of Third stage of Labor (AMTSL), PPH Management etc.

Care of Newborns training

The Care of Newborn training is a practical, skill-based program designed to strengthen routine and emergency care for newborns. It covers essential areas like the routine care of normal newborns, identifying and managing emergencies, appropriate referral practices, breastfeeding techniques, and kangaroo mother care. Participants also gain hands-on experience with equipment to provide comprehensive care. Expert neonatologists and paediatricians lead the training sessions. 255 out of 302 healthcare workers from 32 delivery points in Shahdol were trained across 10 batches.

District and Block Level Data Validation Committee Workshops

District and block-level workshops have been conducted annually to enhance the quality of health data. The primary focus was forming a Data Validation Committee to ensure accurate HMIS reports. The workshop included training on the HMIS format for community health officers, ANMs, and supervisors, with discussions centred on improving data consistency. Additionally, hands-on training was provided on using the HMIS data validation tool.

ANC (Antenatal care) Kit distributed to ANMs of Jaisinghnagar Block:

In Jaisinghnagar block of Shahdol, to improve coverage and quality of antenatal services in VHSND sessions, which are being conducted by ANMs, Around 61 ANC kits were procured as per the number of sub-centers in the block.

Digital ANC Kit

Mentoring of outreach ANMs by Nurse Mentors in sector/PHC wise and in VHSND session-

Nurse Mentors play a crucial role in enhancing the skills of outreach ANMs during VHSND sessions. They provide mentoring through various methods such as classroom training, group mentoring, and on-job guidance. The mentoring focuses on all components of ANC (Antenatal Care) Check-up, including abdominal examination, calculating the EDD, measuring weight and blood pressure, estimating Hb levels, conducting urine tests for albumin and sugar, checking blood sugar levels, performing urine pregnancy tests, and improving history-taking, intrapartum and postpartum postnatal care

Reducing Home Deliveries

Efforts focused on tracking home deliveries, counselling traditional birth attendants (Dais) on timely referrals, and promoting institutional births through community awareness sessions.

CRSS (Community Response Strength System)

It focuses on building community capacity to address maternal, neonatal, and child health challenges through early detection and timely interventions. Currently implemented in 15 SHCs across Shahdol, CRSS strengthens platforms like JAS, SHG, VHSNC, and PRI to enhance community engagement and awareness. Activities under CRSS are:

- **JAS Strengthening:** Enhances the performance of Jan Arogya Samiti (JAS) by promoting community participation in healthcare planning, monitoring, and evaluation, strengthening governance, improving resource mobilization, and addressing local health challenges.

- **ASHA Area Mapping:** Conducted in selected SHCs of Beohari, Gohparu, and Jaisinghnagar blocks, this activity involved ASHAs in mapping, assessment, and training sessions focused on community services, covering map preparation and symbol usage for improved service delivery.

Gender Workshop

In 2024, the MPIH state and district teams organized a gender integration workshop and refresher workshop to integrate a gender equality perspective into MP IHAT programs. The workshop emphasized the importance of adopting a gender-responsive approach in service delivery and workstream interventions to ensure that all activities align with gender equality principles.

Identification and Tracking of Migration Pockets

Migration pockets were identified, and a line listing of migrant women was completed to track their health needs. This process aims to address migration-related issues and implement appropriate interventions for better healthcare access.

Current Challenges in MNCH after Four Years of Intervention

After four years of intervention, the project has significantly improved maternal, neonatal, and child health (MNCH) outcomes. However, several challenges persist, particularly in remote tribal areas, affecting the accessibility and quality of healthcare services. These ongoing challenges highlight the need for continued efforts to address social, economic, and healthcare system barriers. Below are the key challenges currently faced despite the project's interventions.

- **Ensuring 4+ ANC Coverage**
  Achieving 100% coverage of 4+ ANC visits remains a significant challenge, especially among women from

S.No	INDICATORS	FY 21-22	FY 22-23	FY 23-24	FY 24-25
1	Percentage Antenatal care registration (ANC)	78	83	87	82
2	Percentage 4+ANC	67	67	84	91
3	Percentage of Hypertensive Pregnant Women identification	3	3	4	5
4	Percentage of Institutional Delivery against estimated	65	71	80	77
5	Percentage of Initiation of Early Breastfeeding	94	89	82	80
6	Percentage Low Birth Weight (1801-2500gms)	19	20	18	21
7	Percentage Low Birth Weight (>1800GMS)	Data not available	Data not available	3	4
8	Percentage Low Birth Weight Intrapartum complication identification	Data not available	Data not available	6	11
9	Number of Home Delivery	846	499	299	
10	Percentage Women receiving 1st postpartum checkup between 48hrs and 14 days	7	8	37	71
11	Percentage Newborns received 6 HBNC visits after	72	80	55	86

Data Source: HMIS (Government tool)

vulnerable groups and those residing in hard-to-reach areas, where accessibility and awareness are limited.

- **HBNC – 21% Gap in Visit (NFHS 5)**
  There is a significant gap in Home-Based Newborn Care (HBNC) visits, which affects the early detection of neonatal health issues.
- **Nutrition**
  Poor maternal and child nutrition remains a significant issue, impacting pregnancy outcomes and child development. This has been identified as key determinant for LBW and premature babies.
- **High HRP in Vulnerable Populations**
  Tribal and remote populations face high vulnerability due to limited healthcare access and unreliable emergency medical transport, increasing risks of maternal and neonatal complications.
- **Gender**
  Gender inequality and limited decision-making power for women often result in delayed healthcare seeking, especially for maternal and newborn care.
- **Awareness Gaps and Cultural Barriers in Tribal Populations**

  Limited awareness of maternal and child health practices, along with cultural beliefs and myths, hinder timely healthcare access and adherence to recommended practices.
- **Migration Contributing to Maternal Deaths and HRP Cases**
  Migration, particularly during pregnancy, leads to delayed access to care and contributes to maternal deaths and high-risk pregnancies.
- **Vacant Positions of FLW - HRA**
  Vacant frontline worker positions in health facilities, especially in hard-to-reach areas, hamper effective maternal and child health services.
- **Community Follow-Up of SNCU/NBSU Discharge Neonates**
  Inadequate follow-up care for neonates discharged from specialized care units leads to missed opportunities for necessary post-discharge support.
- **Non-Health Determinants**
  Factors such as poverty, lack of family and community ownership, and inadequate knowledge of newborn care significantly contribute to poor health outcomes.

Way Forward

Based on the current challenges in MNCH, we will focus on strengthening community engagement and addressing barriers such as lack of awareness, cultural myths, and gender inequality. Efforts will be directed toward improving access to healthcare in remote tribal areas, including enhancing emergency medical transport systems and ensuring timely follow-up for neonates discharged from specialized care units. By mobilising communities and healthcare workers, we will work to bridge gaps in antenatal care (ANC) and home-based newborn care (HBNC) visits. Additionally, filling vacant frontline worker positions and addressing nutrition deficiencies will be prioritized. To support these efforts, we will develop targeted SBCC strategies and IEC materials to raise awareness and promote healthier behaviors, ultimately working towards more sustainable improvements in maternal, neonatal, and child health outcomes.

Annexure A- Shahdol Profile

Domain	Indicators	Shahdol	Beohari	Jaisinghnagar	Gohparu	Sohagpur	Burhar
Demography	Population	1297877	290702	210509	215816	270922	309928
	Population (avg)	12.98	2.91	2.11	2.16	2.71	3.10
	ST pop%	45%	44%	51%	62%	53%	44%
	Literacy	67%	66%	68%	69%	65%	66%
	Sex ratio	974	948	977	1011	985	927
Health facilities	Medical College	1	0	0	0	1	0
	District Hospital	1	0	0	0	1	0
	Civil Hospital	2	1	1	0	0	0
	Primary Health Centre	35	6	6	5	10	8
	Community Health Centre	8	1	1	1	1	4
	Sub Health Centre	227	32	58	34	54	49
	Delivery Points	32	6	7	3	6	10
Estimates	PW	32738	6859	5936	3321	8413	8209
	Deliveries	30118	6310	5461	3055	7740	7552
	Live births	29464	6173	5342	2989	7572	7388
	Neonatal deaths	1179	247	214	120	303	296
HR	Specialists-Gynae	6	0	0	0	6	0
	Specialists-Paed	13	0	1	0	12	0
	Specialists-Anae	5	0	0	0	4	1
	MO	50	10	10	7	10	13
	Nursing Officers	235	27	22	12	144	30
	CHO	193	29	46	29	53	36
	ASHA	1115	204	286	132	234	259
	ASHA Sahyogi	95	17	27	14	19	18
	ANM	296	57	52	44	76	67
Assessments	LaQshya	DH Shahdol	CH Beohari				CH Burhar
	MusQan	DH Shahdol					
	NQAS	DH Shahdol		PHC Amjhore			CH Burhar, CHC Dhanpuri
Trainings	IMNCI	168/254 ANM					
	ANC/PNC	120/254 ANM					
	Saans	160/254 ANM					
	Dakshta	7 MO, 31 NO, 13 ANM					
	FCM	19/50 MO					
	CNS	20 NO, 11 ANM, 14 MO out of 77					
Meetings in 15 selected sub centres	JAS	9					
	VHSNC Assessment	61/61					
	Community Committee	6					
	VHSND (Ideal VHSND)	35/61					
	CRSS orientation	5 by 5					
	ASHA area mapping	61 by 61					

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