Gaps in service provision – outreach

- Not enough Link workers / ASHAs on ground (120/564)
- AWW is the first point of contact. But, poor coordination with ICDS – informal at grassroots without formal agreements between departments
- Lack of uniform system for implementation of Urban Health and Nutrition Day (UHND) covering entire city
- Lack of morbidity surveillance and hence late identification and referral of maternal and neonatal morbidity
- Lack of uniform system for periodic house visiting, surveillance and monitoring (not in JD of any worker) – hence no follow up

Gaps in service provision – utilization of public facilities

- Under utilization of primary care and major load of MNH handled by secondary and tertiary facility
- Underutilization of the Govt. schemes – JSY, JSSK, 10B services
- Poor linkage between primary and secondary / tertiary level facilities
- Lack of defined population coverage by Urban Primary Health Centres (UPHC)
- People were unaware about which services were being provided and where
- Lack of in house diagnostic services at all levels

Gaps in service provision – institutional capacities

Training
- No system for assessing training needs and capacity building plan
- No dedicated training institution for the urban health and Health and Family Welfare Training Centre (HFWTC). District Training Team (DTT) utilized by rural health training

Management capacities
- Lack of micro planning (top-down approach)
- Monitoring and review are facility based rather than population based
- No quality assurance mechanisms; Indian Public Health Standards (IPHS) standards for NUHM - lost in files

Gaps in service provision – HR, recruitment & workflow

- Vacant scheduled posts - poor salary structure for Specialists, MOs
- No fixed salary or incentives for the outreach staff
- Staff on contractual basis – no accountability
- No uniformity in recruitment of ASHAs under various schemes and delayed recruitment of ASHAs
- Difficulty in retention of ASHAs

Conclusions

- ANC was mainly self initiated and equal number go to public and private facilities. However, JSY incentives not available at Private
- ANC services predominantly limited to enrolment only. Concerns about package of services and quality
- Delivery predominantly in government facilities and limited to tertiary facility and few secondary facilities (undue burden on tertiary).
- Large number of mothers / newborns receive PNC visit within 24 hrs. at facility (due to more than 48 hrs. stay in facility). However, PNC following facility discharge (home based) significantly poor.
- Care seeking for sick newborn is high and predominantly from private sector.
- Rationalization of specialist HR services; training on the basic maternal and newborn care need are of the hour.
- All the facilities require functional linkages with the primary facilities on one hand and tertiary facilities on the other hand
- Need to urgently activate outreach sessions, community processes.

Objectives of the Study

- To understand the community needs, behaviors and perception for MNH in urban poor settings.
- To explore various factors (both demand and supply side) affecting care seeking for MNH.
- To assess the preparedness of the urban health system for providing MNH services at various levels of care in terms of infrastructures at various levels of care, HR availability and capacity, logistics, drugs & equipment, referral, recording & reporting, supervision, governance and financial modalities.

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Results

Social profile of the women

- 95% have had at least 5 years of formal education
- 59% have passed 10th standard or more

Pregnancy Outcomes

- 78% have stayed in the same location for more than 5 years
- 43% were married
- 36% were single
- 14% were divorced
- 1% were widowed

Number of Pregnancy by Age

- 25% of RDWs currently in their teens had already experienced multiple pregnancies
- By the age 24 yrs., over 50% RDWs have already had more than one pregnancies
- 70% of the women aged 25-29 yrs. had experienced more than 2 pregnancies

Antenatal Care (ANC) Registration & Services

- About 65% women received first ANC before 4th month
- 15% received first ANC as late as in the 9th month

Place of Ante-natal Examinations

- Pregnancies were frequently registered with Private Hospitals (44%)
- Only 1.7% women registered either with frontline workers or at primary health facilities

Awareness of Danger Signs in Pregnancy

- Severe abdominal pain, headache and oedema of face/ hands/ legs, most cited symptoms of danger signs
- In case of any danger signs during pregnancy, around one- third would consult a private sector facility
Gaps with respect to Antenatal Care

- Registration of pregnancy usually in the first trimester, but actual ANC starts in the second trimester
- ANC services at outreach almost non-existent; Uptake of ANC was mostly self-initiated
- ANC counselling was reportedly mostly on early initiation of breast feeding and regarding financial preparation
- Awareness on danger signs and pregnancy complications was poor amongst pregnant women

Place of Delivery

- Majority of deliveries conducted in private hospital and tertiary care public facilities.
- Those who have not delivered in the govt facilities, cited ‘poor quality of service’, and ‘husband/ family didn’t allow’ as the main reasons.
- Only 10% availed any govt. vehicle for delivery.
- Around 30% deliveries are C-section deliveries ~ Govt.: 20% and Pvt.: 40%

Self Reported Complications During Delivery

- 41% of RDWs who had delivery complications referred to a higher up facility
- 62% of the RDWs never landed up in the referral facility they were referred to, cited it was unnecessary to visit the referred facility

Birth weight recorded

- Less than 2.5 kg – 20%
- Huge amount of clustering at 2.5 kg implicating that the recording was 2.5 kg irrespective of their actual weight.

Pre-discharge Counseling

- Little discussion on danger signs or critical aspects of newborn care
- Limited discussion of family planning (need or methods)
- The three most popular topics were breast feeding, nutrition and routine immunization
Post natal check up of the mother:

- Less than 50% women and newborn had received post-discharge follow up.
- Outreach of PNC services by ANM was non-existent.

Post natal check up of the newborn:

- Among 601 RDWs, 12% (N=71) had experienced at least one danger signs in their baby in the first month.
- 93% Families sought treatment; 74% had taken their child to a private facility and 29% to district hospital.

Symptoms in Sick Newborns as reported by RDWs:

- 35.2% of families had experienced yellow palms/soles/eyes.
- 29.6% reported fever.
- 19.7% reported other symptoms.
- 12.7% had a baby that was difficult-fast breathing.
- 8.5% had a baby that was too small or born too early.
- 7.0% had a baby that was cold.
- 7.0% had none of the above.
- 4.2% had poor sucking or feeding.
- 1.4% had red swollen eyes/discharge.
- 1.4% had unconsciousness.

Source of Information regarding MNH Services:

- 79.2% of information came from Health Personnel.
- 77.5% from Family Members/Relatives.
- 43.3% from TV/Radio.
- 40.4% from AWW.
- 33.9% from Newspaper/Magazine.
- 21.0% from Posters/Pamphlets.
- 16.0% from ANM.

Source of consultation regarding ANC, delivery or PNC needs:

- 28.0% visited a private hospital/nursing home.
- 34.9% visited a private doctor.
- 16.6% visited pharmacy/chemist.
- 15.7% visited dispensary/maternity home.
- 0.3% visited district hospital.
- 1.8% visited other.

Main reason behind visiting a private facility:

- 37% cited short distance.
- 21% cited affordability.
- 29% cited comfort level.

Exposure to Health Issues through Community Meetings:

- Primarily, AWW doing nutritional counselling (93%), promotion of WASH practices (68%), newborn care and breastfeeding (65%).