HUMANA
PEOPLE TO PEOPLE INDIA

Strengthening Community-based Healthcare Services for Mothers and Babies

A Case Study on a Maternal and Child Health Intervention by Humana People to People India in Ranga Reddy, Telangana

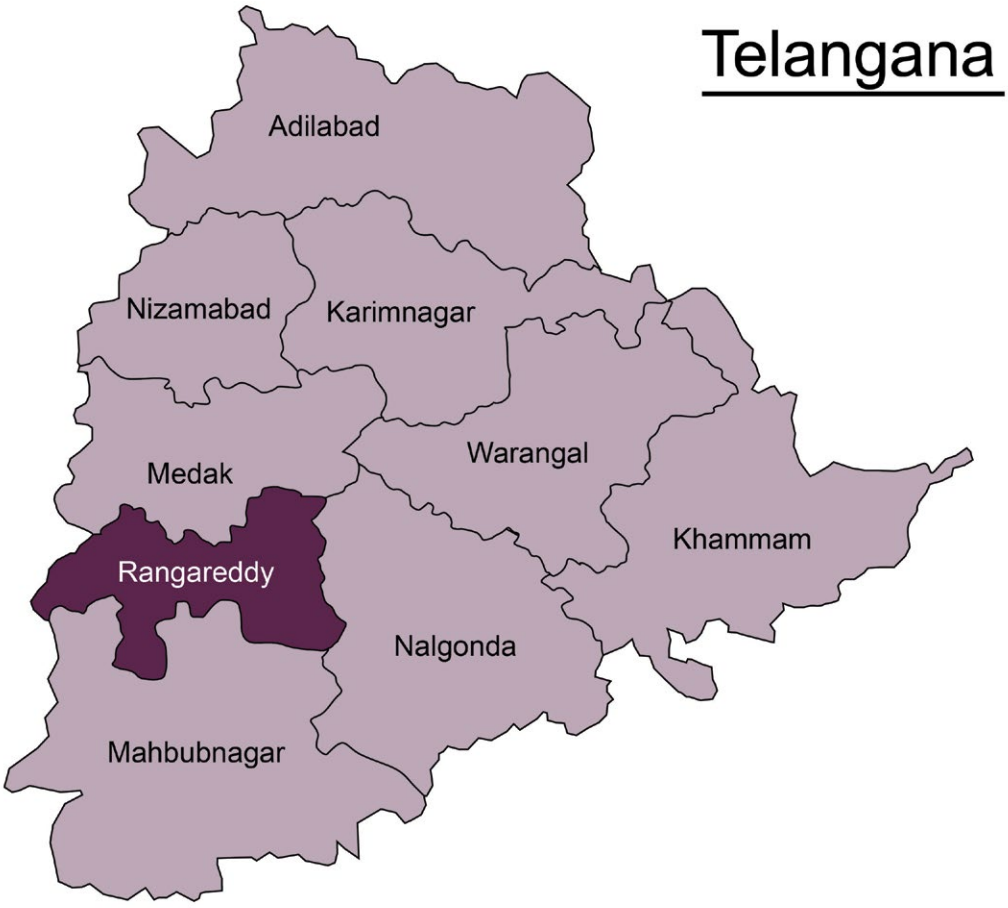
Introduction

Maternal and child health form the foundational building blocks of any society. Therefore, ensuring optimum well-being of mothers, infants, and children is an important public health goal for any nation.

In India, the Integrated Child Development Services Scheme (ICDS), under the Ministry of Women & Child Development, is one of the flagship programs of the Government and represents one the world's largest programs for early childhood care and development. The integrated scheme aims to provide quality pre-school non-formal education to children in the age group of 0-6 years on one hand, while targeting the vicious cycle of malnutrition and women & child morbidity on the other. According to the latest survey figures*, children in the age group 0-6 years constitute nearly 158 million of the population of India.

** Census of India, 2011*

In order to bolster the Government's efforts in this area, in April 2016, Humana People to People India (HPPI), in partnership with the Government of Telangana, launched its 'Strengthening Community-based Healthcare Services for Mothers and Babies' project, in the Ranga Reddy district of the state. The project, in its second phase starting in the year 2019, focussed exclusively on maternal and child health, and culminated in March 2022.



AREA: 5,031 SQ KM
POPULATION: 2,446,265
VILLAGES: 602
LITERACY RATE: 71.88%

The broad objective of the project has been to complement the government's healthcare and education services by the capacity building of the frontline workers and providing basic and preventive healthcare facilities and quality education to the community, with a focus on women and children. The project achieves this through improving the quality of living of the residents in 85 villages in the operational area, by strengthening the Anganwadi Centres (AWCs) and Government health sub-centres.

The project in the initial years focused on turning the selected AWCs in the intervention area into model Centres by improving their physical infrastructure and digitising them, in line with

most modern pre-school centres. Simultaneously, the project helped build the capacity of the Anganwadi staff at these Centres through trainings and mentoring sessions to ensure quality service delivery of Early Childhood Care and Education (ECCE), immunisation and nutrition.

In the area of maternal and child health, the project has successfully trained and mentored community health workers called ASHAs (Accredited Social Health Activists) and ANMs (Auxiliary Nurse Midwives) engaged in Government Health Sub-centres to extend awareness and quality services for the women in their perinatal period and in identifying high-risk cases of pregnancy.

During its six years of implementation, the project has been able to provide quality learning environment to 15,044 pre-school children in 151 AWCs in 181 villages of the district. These AWCs today function as model AWCs in the district, complete with digital infrastructure and invigorating play material for the pre-school children. Further, the project has built the capacity of 302 Anganwadi staff, 113 ASHA workers and 50 ANMs during the project implementation period, including the staff trained to monitor the growth and development of children and sustained delivery of quality pre-school education.

This case study encapsulates the progress and challenges of the project in improving the quality of life of the young children and women in their perinatal period in 181 villages of Shadnagar and Kothur mandals of Ranga Reddy, Telangana. While providing the contextual realities that hamper the access to quality health and educational services in these regions, this document, through the testimonies of the project's key stakeholders, provides a consolidated perspective of the urgent need of quality education and community engagement in making the objectives of such an endeavour a success.

Dr. Damodar
Dy. District Health and Medical Officer
Ranga Reddy, Telangana

"The HPPI project and its members have played a major role in MCH services, i.e., the registration of pregnant women for antenatal and postnatal check-ups and ensuring preferential normal deliveries in the entire Shadnagar division of the Ranga Reddy district.

During the entire pregnancy period in which the pregnant women require support, the HPPI health project team worked closely with the 5 PHCs of the Shadnagar division. The project staff is well qualified and trained and has played a key role in health awareness of the community, motivating the patients towards seeking institutionalised treatments through PHCs and counselling the pregnant women and their caretakers. Even post-delivery, the staff conducts regular home visits in counselling and mobilising the mothers about timely vaccinations.

Apart from the health awareness and community mobilisation activities, the project is also organising training programs for ASHAs and ANMs in all the PHCs of Shadnagar division. This is very helpful for all the community health workers of our division in building their capacity and in helping them provide quality services to the residents of the villages in the catchment area.

> "Without the HPPI project team's support and help, we could not have reached even one-tenth of the numbers of COVID-19 vaccination we have achieved in Ranga Reddy district.

The support of the project team has been particularly significant since the COVID-19 pandemic started. The team has not just been a valuable support but also has been working closely with all the government health staff in identification of patients, testing, diagnosis, tagging, tele-calling, treatment and rehabilitation. Without the HPPI project team's support and help, we could not have reached even one-tenth of the numbers of COVID-19 vaccination we have achieved in Ranga Reddy district. This support has been noticed by my superiors as well, including the District Medical & Health Officer (DM&HO).

The project has provided very good specialised services of consultant nutritionists, paediatrician and gynaecologist in several remote villages of the district through specialised health camps Specialised resources have also been provided in the training of Community Health Workers (CHWs).

The Shadnagar division can be considered as little India. People from Kashmir to Kanyakumari come here in search of work. Due to development activities, there has been a huge influx of workers and labourers in the unorganised sector here. In some of the villages nearly 30-40% population is from outside the state. The Government infrastructure is robust. In the remote villages, no health services except those provided by the Government exist. Hence, HPPI's intervention has been commendable and very significant for providing access to quality health services to the residents of such remote rural areas.

I'm very thankful for this valuable support and wish the project and its staff all the very best.

1. Context and Background

The National Family Health Survey (NFHS) - 5 data of year 2019-20 for Ranga Reddy district of Telangana presents certain glaring findings that indicate the critical need of scaling up quality community-based health care initiatives in the district. Some of these findings[1] are listed below:

- 14.2% of children under the age of 12-23 months are not fully immunized
- Only 26.6% mothers consumed iron folic acid tablets for 180 days or more when they were pregnant
- Around 5% of the antenatal care (ANC) mothers are still not reached for the check-up during their first trimester
- About 25% of the mothers still do not complete 4 ANC visits

Various other factors contribute to the persisting issues of low quality child and maternal health services in the region. A 2015 study[2] by the Harvard University indicates that extreme poverty, poor dietary diversity and mother's lack of education are

1 *National Family Health Survey-5 (2019-20), District Factsheet, Ranga Reddy, Telangana*
2 *https://www.hsph.harvard.edu/news/press-releases/top-risk-factors-for-child-undernutrition-in-india-identified/* (accessed on 25 March, 2022)

some of the significant contributory factors for malnourishment and poor health of children in India.

These research findings throw a flood of light on the critical role played by Community Health Workers and other Health Service Providers, and their efficiency and effectiveness in performing their roles at an optimal level, in ensuring maternal and child health in a community. While the ANMs receive basic training from the Government Health Department, this training is often inadequate for conducting day-to-day operations and mitigating challenges towards maternal and child health. Similarly, training provided to Anganwadi workers and ASHAs as community mobilisers is generally found to be inadequate in identifying high-risk pregnancy cases of the villages. Even after years, AWCs are mostly not recognised by the community members for delivering quality early childhood healthcare and education services.

2. Project Overview and Operational Model

In order to address the persisting issues of quality child and maternal health, HPPI, in partnership with the Government of Telangana, launched the 'Strengthening Community-based Healthcare Services for Mothers and Babies' project in April 2016. The intervention continued till March 2022.

Through the project, HPPI was able to reach out to nearly 2,50,000 people in 181 villages through the health awareness of the community and capacity building of the Community Health Workers (CHWs), i.e. ANMs and ASHAs. The project put particular emphasis on the Anganwadi staff – Anganwadi Worker (AWW) and Anganwadi Helper (AWH) – as they are the first point of contact in the villages for pregnant and lactating mothers for their registration, pregnancy-care, nutritional intake and their children's pre-school education.

The integrated approach of the project focuses on optimum utilisation of the existing human resource and educational and health infrastructure to make them more efficient and to provide quality services to the community. This includes, modernising the AWCs to augment the enrolment of children in these Centres along with active involvement of the parents.

In the domain of health, the project ran health services through a static clinic comprising of a qualified doctor and health workers, while catchment areas of selected AWCs and sub-centres were catered through mobile health services such as periodic Health Camps. Various awareness sessions and events were organised as a part of the project to engage Panchayat and village-level women's groups to bring sustainability in behavioural practices. Further, regular orientation and capacity building trainings have been conducted of ASHAs, ANMs and CHWs under the project.

3. Project Implementation

3.1. Anganwadi upgradation: While mapping the AWCs in the intervention area, the project team found that the Centres functioning in the villages of the operational area lacked child-friendly infrastructure and there were no adequate growth monitoring devices. The Anganwadi staff was also found to be not skilled enough to implement the objectives of ICDS. As a result, there has been a decrease in the enrolment of children and other beneficiaries.

> "In 2016, when HPPI started its operations in the Anganwadi Centres here, the walls were painted in attractive colours and messages, and new chairs and play material were introduced for indoor and outdoor games. The organisation studied the Anganwadi syllabus and introduced more effective methods of engaging the children at the Centres. Further, the project team also conducted two-day workshops each month for the Anganwadi teachers to develop best practices in engaging young children."

Ms. Nagamani
Child Development Project Officer (CDPO)
Shadnagar Division, Ranga Reddy, Telangana

To complement the ICDS initiative, the project adopted 151 AWCs in Ranga Reddy district in order to develop them as model, child-friendly learning centres. The upgradation at these Centres included tidying up of the infrastructure and painting the walls of the Centres with colourful images and alphabets to make them more attractive to the children. The local communities Panchayati Raj Institutions (PRI) and the ICDS department actively contributed in these efforts.

All the AWCs under the project have been digitised with the introduction of LCD screens and pre-loaded digital content aligned to the syllabus. The staff at these Centres periodically given refresher trainings to successfully adapt to the digital methodology. The screens with pre-loaded content works educational and recreational medium for the children who have now started enrolling in these Centres at an increased rate.

> "Under the project our Anganwadi Centre has been made digital. HPPI staff has also been conducting regular training sessions to make the staff at the Centre comfortable with using the digital interface. The digital content provided is also aligned with the Anganwadi syllabus. This Centre is mainly meant to cater to children in the 3-5 years age group. But after the digitalisation, even 6-year-olds are also coming to the centre now. Also, audio-visual material for WASH has been included which is very beneficial to educate the children."

Lakshmi Prasanna
Anganwadi Teacher
Sai Baba Colony, Ranga Reddy, Telangana

3.2. Training of Anganwadi Teachers and Helpers: Pre-School Education is one of the most important components of the ICDS and the Government is focussed on strengthening AWCs to become the first village outpost for health, nutrition and early learning.

The project organized periodic training sessions for 302 Anganwadi Teachers and Helpers on pre-school education. The training programs commenced by asking activity updates

from the previous month, discussing responsibilities of Anganwadi Teachers and Helpers, good habits, curriculum, rhymes, etc.

Each training session is initiated by the ICDS Supervisor by welcoming Anganwadi Teachers/ Helpers, followed by introduction of the project staff. The supervisors discuss the roles and responsibilities of the Anganwadi teachers and helpers in detail. The training includes demonstration of rhymes with physical actions and facial expressions with the help of LED TVs provided by the project, so as to enable the teachers to effectively deliver the lessons to the children. Each Anganwadi teacher also demonstrates how they are using play material provided by the project to the Anganwadi. The intervention has led to improved attendance and retention of the children at the AWCs. As children are constantly kept engaged in games and learning, their duration of stay at the Centre is now also increased.

3.3. Regular healthcare services through static clinic: A static health clinic called 'Jeevan Jyothi Clinic' established under the project in Penjerla village in July 2016 has brought positive changes in the health of the community members residing in the operational area. The clinic was successfully run by a team of one Medical Officer (MBBS, General Physician) and three health workers providing basic medical services to the

community members, especially children and women who are at high-risk due to lack of optimum antenatal and postnatal care.

On an average, the daily footfall recorded in the clinic was 40-50 patients, mostly suffering from seasonal diseases and some cases of hypertension, diabetes, anaemia and skin-related problems. Following the diagnosis, the clinic also provided free medicines to the patients.

"The Jeevan Jyothi clinic running under the project has been very helpful for all the residents of the village, particularly the aged members of the community like me. I am an octogenarian and have trouble visiting the closest private clinic which is about 5 kilometres away. It costs Rs. 60 to visit the clinic and then we're never sure if the doctor will be available. At Jeevan Jyothi clinic I get free check-up of my knee ailment along with free medications and general blood pressure checks which is very convenient."

Narayan Reddy
Resident, Penjerla Village
Ranga Reddy, Telangana

3.4. Orientation and Capacity Building of ANMs and ASHAs on Maternal & Child Health: Maternal mortality is universally accepted as a key health indicator. In recent years, India as progressed in leaps and bounds in reducing its Maternal Mortality Rate (MMR). According to a special bulletin on MMR released by the Registrar General of India March 14, 2022, India's MMR has improved to 103 in the year 2017-19, from 113 in 2016-18[3]. The country's MMR stood at 130 in 2014-16[4].

Direct causes of maternal deaths are well known and largely preventable and treatable. One of the ways to ensure this is by optimum and quality training of the primary community healthcare providers who are usually the first point of contact in cases of pregnancy. One of the key aspects of the project has been securing proper antenatal care and postnatal care (ANC/PNC) check-up and 100% institutional delivery, including securing 100% immunisation. This is secured through regular Capacity Building trainings of the ASHAs and ANMs on maternal and child health, conducted in close cooperation with the district health department and healthcare specialists.

In all, 113 ASHA workers and 50 ANMs of the district have benefitted from these trainings under the project.

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3 *Special bulletin on MMR released by Registrar General of India, posted on 14 March, 2022*
4 *Sample Registration System (SRS) report by Registrar General of India, posted on 12 February, 2021*

"I cater to a population of 1,300 residents covering 5 villages. I regularly undertake visits to the ANC and PNC cases and conduct immunisation drives. The number of home visits needed is overwhelming for one ANM. So, the launch of the project by HPPI has been very beneficial for all the residents of these villages. Health workers under the project are able to visit all the cases and provide focussed attention with correct information which was lacking earlier. Due to the implementation of the project here, more high-risk pregnancy cases are now being successfully identified and referred further."

Gausiya Begum
ANM, Ranga Reddy, Telangana

3.5. General Health Camps: Majority of the people living in rural hinterland of India are farmers with very small landholdings or daily wage labourers with low income. Due to time and money constraints, even if they fall sick they don't go to hospitals or get a health check-up done. Also, lack of medical facilities in such remote areas makes access to healthcare services a critical challenge. These factors coupled with a general lack of awareness about health & hygiene and nutritional intake turn into severe cases of illnesses when they are mostly easily curable.

In order to provide easy access to healthcare services for disease-prevention, detection, diagnosis, treatment, and improved quality and expectancy of life and preventable death, the project regularly organised health camps at the sub-centres and AWCs, with particular focus and women and children. The aim of organising the health camps is primarily to create awareness about health, hygiene, seasonal diseases, nutritional intake. These health camps also provide sound medical guidance and treatment to people suffering from any form of illnesses. All consultation services provided at the camp are free for the beneficiaries.

Further, the project has partnered with a reputed local medical college-cum-hospital where patients diagnosed with serious health issues during the health camp are referred to and where they can get free treatment, medicines, food and accommodation.

3.6. Specialised Health Camps: To cater to the special needs and ailments of the residents of remote villages in the operational area, the project, in close cooperation with the District Health Department, organised periodic special health camps at the local Primary Health Centres (PHCs). Besides the general health screening, during these camps the residents benefit from the presence of a qualified nutritionist, gynaecologist and a paediatrician.

Access to such specialised healthcare is very rare in most parts of rural India. Even where these services are available, the exorbitant consultation costs are a significant deterrent for most village residents who are battling intergenerational poverty and are barely able to make ends meet.

“I’m a paediatrician practicing in Hyderabad. I’ve participated in a few specialised health camps under the HPPI project. Such health camps are very helpful for the underserved and underprivileged residents of the remote rural areas here. I’ve observed that children in these regions are vulnerable to malnutrition. It is a significant finding I’ve experienced through these health camps. The malnutrition in turn makes these children susceptible to numerous infections. As specialists, we can diagnose the issues closely through these health camps and provide specific remedies for the ailments.”

Dr. Abhinav
Paediatrician

3.7. Mahila Aarogya Samiti or Women Health Group: Women Health Groups are the main driving force behind any community-level health and nutrition program targeting maternal and child health.

Under the project, Mahila Arogya Samiti or Women Health Groups (WHGs) were formed in each intervention village to create awareness in the villages about available health services and their health entitlements while also sharing knowledge about immunisation, nutritional intake, and general health & hygiene among the women and their children.

"I am a member of the Mahila Arogya Samiti of my village. I am pregnant for the second time, this time with twins. HPPI health worker visits me regularly for follow ups. She took me to the PHC along with the ASHA for consultation and informed me about the precautions to take. During my counselling I was informed about the nutritious food to take and not to lift heavy weights, to take more fruits, and instead of eating thrice a day to eat smaller quantities 4-5 times to help in digestion.

Initially, I had haemoglobin level of 12. Now, after following the diet suggested by HPPI health worker it is 13.* HPPI staff visits me regularly and if I have any issues, they coordinate with the ASHAs and ANMs to take me for a check-up. Though it is twin pregnancy, I'm feeling confident and healthy due to this support."

G Madhavi
23 years old, high-risk ANC case
Resident of Rangasamudram
Ranga Reddy, Telangana

**It is critical to maintain the Hb of 13gm in the case of twin pregnancy.*

These WHGs assemble monthly and are supported by a dedicated health worker from the project. The WHGs under the project play an active role in supporting project activities by:

- Supporting health staff by informing villager residents about the dates of health camps in Anganwadi centre
- Making sure Anganwadi teachers are using materials provided by the project in a proper manner
- Helping project staff and ANMs in early registration of beneficiaries, tracking ANC/PNC cases and making sure that they are getting regular health check-ups
- Helping project staff to solve any conflicts that may arise in the village

Some of the key themes discussed during the monthly WHG meetings are ANC/PNC and safe motherhood, seasonal diseases, significance of nutritional intake during pregnancy, institutional deliveries through the national government's Janani Suraksha Yojana and the Janani Shishu Suraksha Karyakram (JSSK), which promises all the pregnant women to have free deliveries in public health institutions, including caesarean section, and provision of free transport.

3.8. Door-to-door visits: Due to their pregnancies, several women are unable to visit the health sub-centres of the village PHCs for consultations. In such cases, heath workers involved with the project who have preliminary qualifications in midwifery and maternal and child health acted as an essential extension to the existing health facilities by bringing basic health services to people's doorsteps in the intervention villages.

During their door-to-door visits the health workers would provide information about nutritional support and healthcare for children and pregnant/lactating mothers, to reduce mortality, morbidity, and malnutrition. They also played a major role in supporting Anganwadi worker and ASHAs to tracking pregnant women, new-borns, malnourished children, delivering key health-related information, and promoting better health-seeking behaviour, right at their homes.

The visiting health workers also provided counselling to couples, pregnant women, lactating mothers, supporting peer educators at the village level, helping with village health plans, providing medical care for minor ailments such as diarrhoea and first aid for minor injuries, and mobilising people for immunisations.

During the door-to-door visits, the health worker also ensured that every pregnant woman is getting a minimum of at least four ANCs including early registration and 1st ANC in the first trimester along with physical and abdominal examinations, Haemoglobin estimation, urine investigation, 2 doses of T.T immunisation and consumption of iron folic tablets (6 months during ANC and 6 months during PNC).

"I was registered by the project health officer and my local ASHA during a door-to-door visit when I was in the third month of my pregnancy. In the final month, the amniotic sac broke but there was no pain. I immediately called the ASHA and was taken to the nearby PHC from where I was referred to the government Hospital in Hyderabad. Since there was no pain, the delivery could not take place at the PHC. At the hospital I had a normal delivery, but the doctor informed me that the baby is underweight at 2KG.

After I got back home, the ASHA and HA visited me and informed me in detail about the KMC technique (Kangaroo Mother Care). They also informed me about proper way of breast-feeding and burping. I was also informed that low-weight birth babies are more prone to infections and how to prevent them and counselled about nutritious food intake for me and the child. By KMC the baby's weight has improved and he has become healthy. Now the weight is 4KG.

Supriya
Resident of Kothur village
Ranga Reddy, Telangana

The project health worker and ASHA counselled me during the ANC period, during the delivery and also post-delivery. Even today they regularly check up on my and the child's wellbeing. Their support has been consistent."

Health workers also ensure postnatal care within first 24 hours of delivery and subsequent home visits on 3rd, 7th and 42nd day as it is important for the identification and management of emergencies occurring during the postnatal period. During these visits, health team also counselled lactating mothers about the significance of eating nutritious food and immunisation.

Lakshmi
Public Health Officer
Strengthening Community-based Healthcare Services for Mothers and Babies Project, Ranga Reddy, Telangana

"I'm Lakshmi, working as a Public Health Officer in HPPI's 'Strengthening Community-based Healthcare Services for Mothers and Babies' project in Ranga Reddy, Telangana. The main aim of the project is strengthening the community-based healthcare of the underprivileged mothers and children. Through this the project aims to reduce the maternal and infant mortality in the intervention area by increasing the number of institutional deliveries and improved nutrition among the beneficiaries.

In the initial days of project implementation, we observed that the ASHAs only focussed on counselling the pregnant women about nutritional diet. The critical points of which diet should be taken in each trimester and specific instructions for high-risk cases were never touched upon. Further, ASHAs and ANMs were found to be neglecting the simple vital measurements such as Blood Pressure and haemoglobin levels which are primary indictors of a high-risk pregnancy case.

In order to overcome these critical gaps in quality health services, the project provided training to the frontline healthcare workers in which we informed them about the ANC and PNC care and the vital points to be observed during home visits and patient counselling. We've been able to observe the results in a short time due to the concerted and focussed training that these healthcare workers have received. For example, we've observed that almost all ASHAs are now diligently looking into the MCP (Mother and Child Protection) cards instead of simply giving oral instructions. This has helped significantly in identification of high-risk pregnancies and provide customised remedies to individual cases.

The other major issue that the project is addressing is the issue of malnourished children. According to the NHFS-5 data, approximately 29.5% children in Ranga Reddy district are severely underweight and malnourished. This translates to 2-3 malnourished children in every Anganwadi Centre. The project has successfully counselled the parents in identifying these clinical symptoms, since Ranga Reddy district does not have a Nutritional Rehabilitation Centre. The consultant paediatrician visiting the specialised health camps organised under the project have been able to check severely acute malnourished (SAM)cases to provide clinical assessment and suggest appropriate treatment. Also, the nutritionist, as a part of the project, is also providing customised diet plan to the mothers which has immensely helped in addressing the issue of malnourishment of the children.

"According to the NHFS-5 data, approximately 29.5% children in Ranga Reddy district are severely underweight and malnourished. This translates to 2-3 malnourished children in every Anganwadi Centre. The project has successfully counselled the parents in identifying these clinical symptoms, since Ranga Reddy district does not have a Nutritional Rehabilitation Centre.

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Humana People to People India (HPPI) is a development organisation registered as a not-for-profit company under section 25 of the Companies Act, 1956 as of 21st May 1998. It is a non-political, non-religious organisation working for the holistic development of the under-privileged and marginalised people in rural and urban India through social development and poverty alleviation interventions by coordinated and focused interventions in education, life skills, improved livelihoods, empowerment of women, health and sanitation, and environmental sustainability. HPPI works in partnership with international and national private and public partners. HPPI is implementing 70+ projects accross 15 states in India with an outreach of over 2 million people.

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