Addressing SDGs in Aspirational Districts

Piramal Foundation

WE ARE PASSIONATE ABOUT EMPOWERING COMMUNITIES FOR THEIR BETTER HEALTH

PIRAMAL SWASTHYA

A registered not for profit organization based in Hyderabad

Endeavours to bridge the last mile gap in primary healthcare service delivery through its innovative solutions

Complement and supplement the government's healthcare delivery efforts while empowering communities

Build innovative IT based solutions for healthcare needs of the country

16 STATES | 34 PROJECTS |
368 CALL CENTER SEATS | 428 MOBILE MEDICAL VANS
4000+ Employees | 9.8 CRORE BENEFICIARIES |

OUR EXPERIENCE
10+ years IN PUBLIC HEALTHCARE

OUR STRENGTH
Expertise: 4000+ EMPLOYEES|
580+ Doctors

OUR EXPERTISE
Operations | Innovation | Technology

SOLUTIONS

- Remote Health Advisory & Intervention Services
- Community Outreach Program
- Tribal Healthcare Program
- Integrated Electronic Medical Records

FOCUS*

In 3 Years
Reduction of MMR by 30% Reduction of IMR by 20%

In 5 Years
Reduction of Risk of premature mortality by 25% * in intervention areas

- Reducing maternal mortality
- Reducing preventable newborn and under-five deaths
- Ensuring universal access to RCH services
- Ensuring access to essential medicines
- Attention to training and development of health workforce

- Addressing stunting and wasting in under-five children
- Addressing nutritional needs of pregnant women and lactating mothers
- Ensure access to safe and nutritious food

Transforming Health and Nutrition Status of Aspirational Districts is imperative to attain SDGs

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Madhya Pradesh Health System

Madhya Pradesh – Overview

- The state of MP has a total **geographical area of 308245 km sq.** and a population of 7.26 crores as per 2011 census.
- There are 51 districts in MP and has been identified by **the National Health Mission as a high focus state .**
- The state is marked with a **complex social structure, a predominantly agrarian economy, a difficult and inaccessible terrain, and scattered settlements over vast area** that together pose several formidable problems to health service delivery systems
- Madhya Pradesh **has some of the poorest maternal and child health indicators in India.**

Madhya Pradesh – Overview

- **Average Rural Area coverage per SC, PHC and CHC is higher** in MP which means more people have to be covered for each health centres.
- The **Average Radial Distance covered by a SC, PHC and CHC is also higher** as compared to India which shows that people have to travel far off distances in MP to reach these health centres
- At the **subdistrict level, lack of specialists and of blood storage units** create challenges for maternal care.
- **Access to and affordability of care** are challenges for Madhya Pradesh
- Administrative challenges include the **lack of trained workforce and lack of incentives or motivation to work in these districts**

Madhya Pradesh – Overview

- The government is **not getting fair returns on its investment in health care** and there is widespread dissatisfaction with the access and quality of health care in the government health care institutions
- In service delivery, there is a **shortage of workers** for the health sector **, lack of monitoring and evaluation** as required by the National Health Mission Guidelines, low quality of care, and lack of specificity in training
- Large **gaps in healthcare infrastructure, lack of timely transportation** for maternal care, and weak referral linkages to the district level

Madhya Pradesh – Overview

- Widespread **lack of awareness of entitlements or of healthy behaviors** among the beneficiaries, social stigma, lack of sanitation, and high migration rates.
- **Duplicated data, and lack of accountability** in ensuring data accuracy.

Innovative thinking financing mechanism for health care and modern management with defined autonomy, responsibility, output and outcome orientation, should go a long way to improve the health of the people in the state of MP

Madhya Pradesh – Overview

- MP has made **impressive strides** towards reducing the MMR and IMR
- The **IT system (HRMIS, E aushadhi, ANMOL etc.)** has made if one of the leading states in the aspirational state group
- **MMUs** are running for all the tribal blocks. This should benefit the beneficiaries living in scattered/ hard to reach areas
- The **incentive mechanism** for the front line worker also should help in catalyzing better performance from the FLWs
- **ICDS – CAS** under the ICDS of the WCD has turned around the whole data management and analytics at the AWCs
- **Newer schemes** like the PMMVY, PMSMA etc have been closely monitored. Conditional benefit transfer.
- There have been **serious efforts made for convergence** of departments for better outcomes (Mission Indradhanush)

Madhya Pradesh – Way forward (POV)

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Points of discussion – Governance

- The activities must be carried out on a **mission mode**
- **AAA** still remain the backbone of the outreach and basic primary services & hence all efforts must be directed towards these
- Strengthen the **convergence** between Departments within NHM and also outside NHM.
  - WCD/ Tribal/ Education/ PRI/ PHE/ UDD etc
  - Development partners/ NGOs/ CSR
- A **State level committee** can be formed under the chairmanship of the CS. This will bring in more focus on convergence for the programs.
- There is a need for **training of the program managers** both at the block and the district level. There is dirt of professionals at both the levels
- The vacancies for the **paramedical staff** must be filled as soon as possible
- **Data analytics and planning** at the block level should help in better planning and ranking and rating of the districts/ blocks for competition
- The separate **monitoring and evaluation unit** can also be created, that is separate from the Department. The same could sit on top of the data that is suggested to be carved out from the NHM and health departments

Points of discussion – Technology

- The **DPMU and the BPMU units** have KRAs; however, there performance needs to be closely measured through mobile applications
- **Application for ASHA** working similar to ICDS- CAS
- The **Data part and in general all the IT related work** if monitored/outsourced to an external agency would bring in significant transparency in the system and also the data quality could become much better
  - There is mismatch of data filled at various levels and also between the NFHS and HMIS
- **Use of technology must be promoted to offset** the defecit in the trained manpower
  - Telemedicine
  - Call centers for reminder, promotion of schemes, feedbacks and monitoring
  - Monitoring the field visits of the district and the block level program managers

Points of discussion – Others

- There needs to be **more vocational training institutes** in public health. This could be in public health planning & monitoring, critical care, diabetes management, HT management, counselling etc. Apart from the traditional staff nurse, GNM/ ANM schools
- There still needs **a lot to be done for the tribal districts** in terms of stemming the migration and uplifting the economic situation. A convergence between various department and a consolidated plan for the tribals would help not only in health but also education indicators.
  - Focus now must be on newer models of health care delivery for tribals like mobility and bikes/ boat ambulance etc.
- **Encouragement of PPP** to bring in efficiencies and effectiveness
  - Tech deployment
  - Lab and diagnostics
  - IT management
  - Supply chain management
  - Facility management
- **Health security/ coverage and preventive and promotive health** (NCDs)

Madhya Pradesh – Interventions

Interventions in MP

- **Ground up planning through Root cause analysis** with a focus on **last mile delivery**
- **Convergence** at the District and block level
- Capacity building of the **Program management unit**
- **VHSND as a platform** to deliver all services as per guidelines
  - Continuity / Quality/ Coverage and Intensity
- **Awareness program**
  - Nutrition and diet
  - Address myths and misconceptions
  - Better penetration of schemes
- **Plan to utilize CSR funds for newer initiatives like**
  - Tribal model using bikes
  - Nutirition hubs with telemedicine units
  - Bike and boat ambulance
  - Solar panels for AWC and converting AWCs to Model AWC etc
- **Zero Diarrhoeal deaths**
- **Mapping and RCA for HDP and myths and misconceptions**
- **Mapping of Urban slums in 5 districts**

Capacity Building

- Supportive Supervision
- Leadership Development
- Technical Training

Facility Transformation

- District Hospital Upgradation in each District
- 3 First Referral Units to be upgraded in each District
- Enabling establishment of Health & Wellness Centres
- Ensure Quality Labour rooms (LaQshya)
- Key interventions around delivery period
- Strengthening Supply Chain at the last mile

Key Themes for Improving Indicators

Community Engagement

- Community based events
- Addressing Teenage Pregnancy
- Village Health Sanitation & Nutrition Day (VHSND)
- Addressing Community Myths & Beliefs
- Jan Andolan

Effective Scheme Implementation

- Poshan Abhiyaan rollout & implementation
- Improve effectiveness of JSY, JSSK, RBSK
- Assessment of JSY, JSSK, RBSK

Village Health Sanitation and Nutrition Day

- VHSND is a platform to provide services related to Maternal, Child Health & Nutrition
- 23 out of 31 ADT indicators can be addressed through VHSND
- **6 interventions** have been selected for implementation based on continuum of Care

Selected Services
• Antenatal Care
• Immunization
• Counselling
• Growth Monitoring
• Supplementary Nutrition
• Referral

Pilot:

- In **Phase-1:** Piramal Foundation has taken up 1 AWC per block

Scale-up:

- **Phase-2:** All supervisors from departments and individuals from development partners will take-up 1 AWC each i.e. approximate 100-150 per district - in next 6 months
- **Phase-3:** Remaining facilities will be taken up by respective departments – after 6 months

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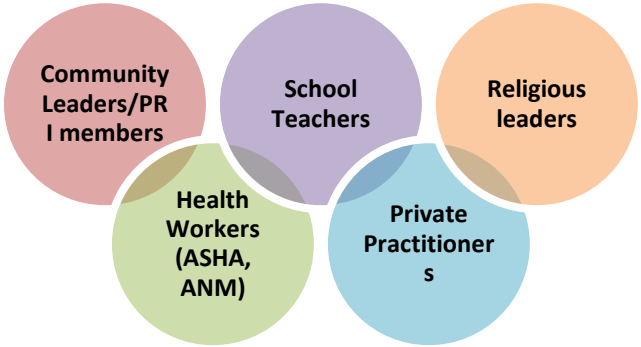
Engaging Community Influencers to Address Myths, Misconceptions and Malpractices

- Religious and Community leaders are **crucial in promoting healthcare seeking behaviour of the community**
- Piramal Foundation proposed a partnership with UNICEF for conducting **advocacy trainings, developing content and a communication strategy for religious influencers**
- The state and district teams identified **religious influencers & beliefs, faith based organisations and practices** which influence health seeking behaviour



Proposed Cascade Plan for The Training Of Religious Leaders and Influencers

Phase I Training of Religious leaders as Master Trainers at State Level

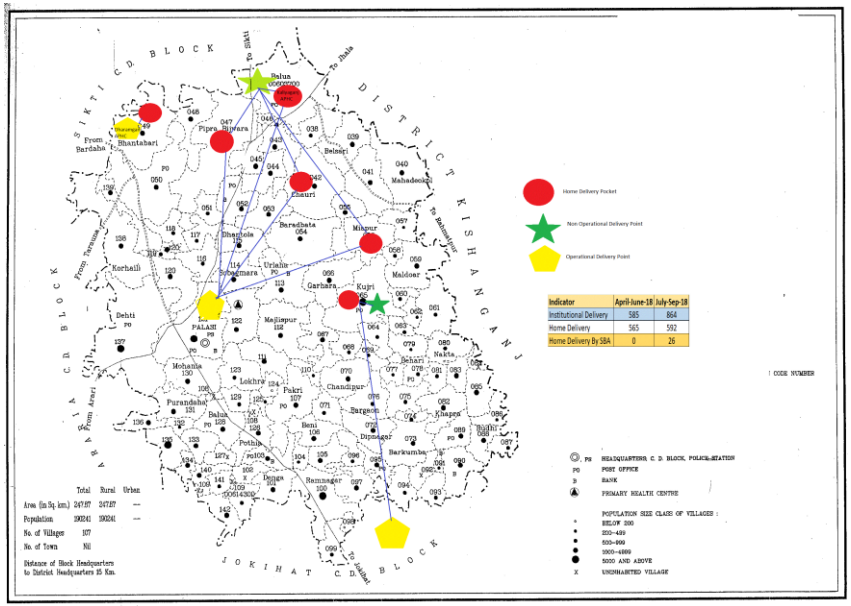
Phase II Training of religious leaders at District Level

Phase III Training of religious leaders at Block Level

Addressing Home Delivery Pockets

- **16 districts with low rate of institutional deliveries** (compared to state average) are in focus
- Mapping of home delivery pockets in all the blocks of the identified districts complete
- Reasons behind high rate of home delivery in these pockets identified

1. Mapping of the delivery points in the block
2. Analysing institutional deliveries records of past three months
3. Identifying pockets of lesser institutional delivery areas
4. Interact with the FLWs and community members of these villages
5. Planning of next steps with MO, Sector Supervisors, BMO and other stakeholders

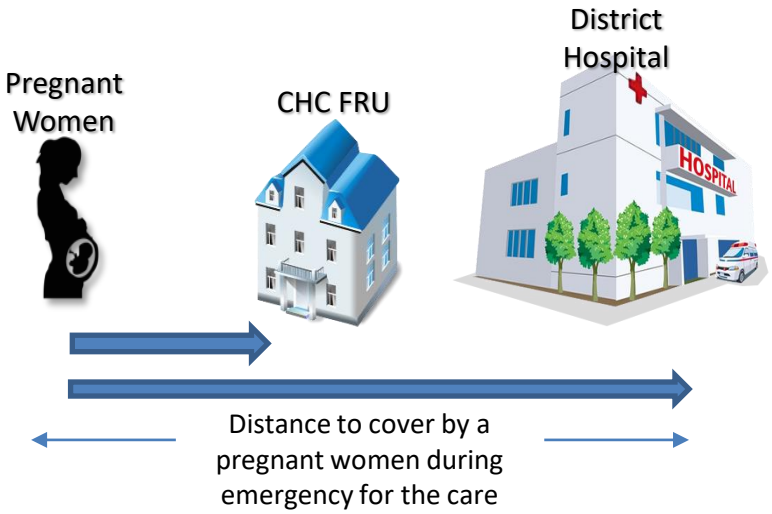


Common Reasons Identified

- **Inadequate coverage of referral transport**
- **Distance/time taken to reach** the nearest operational delivery point
- **Poor road and network** connectivity
- **Myths and misconceptions** around institutional deliveries
- **Previous experience in facility** dissuades many from seeking institutional delivery- lack of respect/poor quality of service/behavior of health personnel

Strengthening District Hospitals and First referral units (FRUs)

- To ensure that Emergency Obstetric Care (EmOC) services are provided to pregnant women with complications, existing community health centres, sub-district hospitals and district hospitals are to be strengthened as First Referral Units (FRUs).
- As part of the ADT programme, we are looking to **strengthen 1 DH + 3FRU in each district**.



Before and After images of an FRU in Begusarai district, Bihar| Facility was shifted to a new building

Capacity Building

Supportive supervision is of paramount importance in smooth implementation and ensuring quality of health care and nutrition service delivery at the grass root level. Such supervision ensures providing the requisite support or changing staff attitude to work more effectively towards achieving the goals of program. It also provides greater coordination between the supervisor and employee to resolve problems and to create a better working environment.

- Joint problem solving on possible solutions to performance problems
- Provision of technical updates and guidance
- On-the-job training where necessary
- Use of data to help identify opportunities for improvement
- Follow-up on the previously identified problems
- Actions and discussions are recorded
- Ongoing monitoring of weak areas and improvements
- Follow-up on prior visits and problems

Target Audience

1. Programme managers of Health and ICDS (Government and Piramal Foundation)
2. Supervisors and mentors who are responsible for health services and ICDS services at health facility and community levels; and
3. Trainers who provide in-service and pre-service training to health care and ICDS workers

Thank You