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, 108 services
- Poor linkage between primary and secondary / tertiary level facilities
- Lack of defined population coverage by Urban Primary Health Centres (UHPC)
- 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 are need 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.

Acknowledgements

This Situation Analysis was carried out by Save the Children's Saving Newborn Lives (SNL) Program in collaboration with the Pune Municipal Corporation (PMC) and the National Health Mission — Government of Maharashtra. The team extends its sincere thankfulness to the National Health Mission— Government of India for the constant encouragement and support. The team is grateful to the National Technical Advisory Group constituted under the program for its continuous inputs and guidance. Acknowledgement goes to all the study participants (recently delivered women, their families; the slum communities, and representative members and organizations; frontline workers, health care providers and staff in the public and private healthcare system; the Municipal Corporation and State Government Officials) who spared their time and enthusiastically participated in the study. The SNL Program is funded by the Bill & Melinda Gates Foundation.

For Further Information, Contact

Saving Newborn Lives, Save the Children

1st & 2nd Floor, Plot No. 91, Sector 44, Gurugram-122003, Haryana

Phone : +91-124-4752000 E-mail: snl@savethechildren.in Website: www.savethechildren.in

Save the Children®

Situation of Maternal and Newborn Health in Urban Slums of Pune

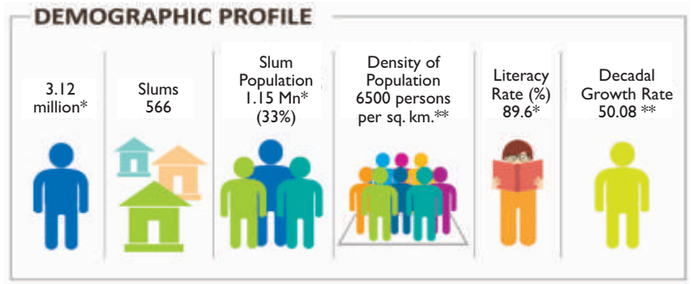
Key Findings 2016

Objectives of the Study

- To understand the community needs, behaviors and perception for MNH lin 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.

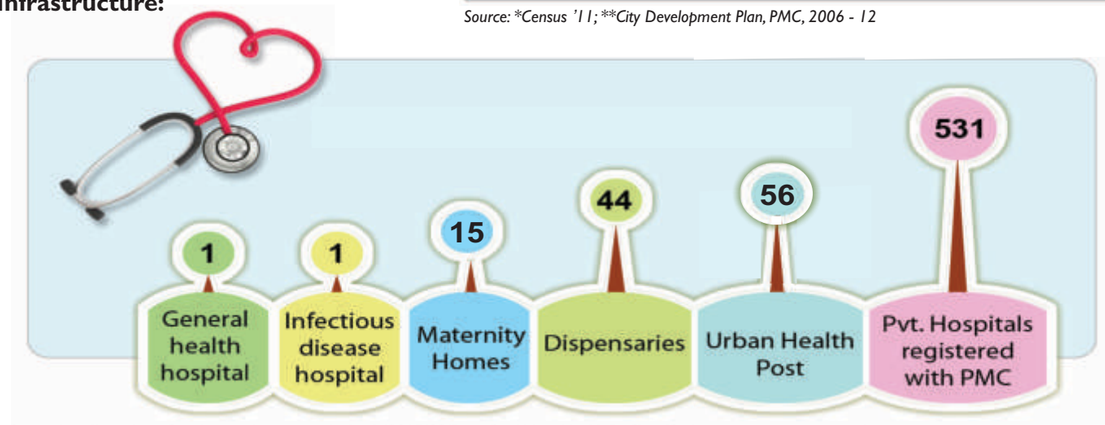
Conceptual Framework

Pune City Profile



*Source: *Census '11; **City Development Plan, PMC, 2006 - 12*

Existing Urban Health Infrastructure:



Source: http://populationfoundation.in/wp-content/uploads/2015/09/Pune-City-Urban-Health-Profile.pdf

Study Coverage

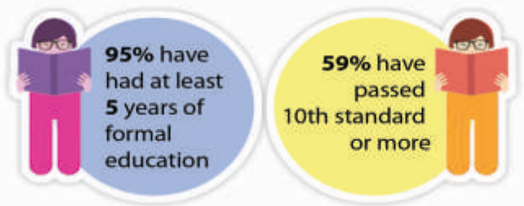
Respondent	Methods	No.
Census of 30 slum clusters	HH enumeration and mapping	15,592 HH
Recently Delivered Women (RDW) with 0-6 months child	Household survey	601 HH
	Event narratives	18 Case studies
Husbands & MIL	FGD	4 Groups each
Front Line Workers - ANM/ASHA/AWW	FGD	10 Groups
Members of MAS/ SHG	FGD	4 Groups
City and ward committee members, teachers, religious leaders	FGD	4 Groups
Facility Level MO/Ob. & Gyn., AYUSH; SN	Observations/audit In-depth Interviews (IDI)	10 Facilities 10 IDIs
Informal & Formal Pvt. Providers	IDI	8 IDIs (each)
Key NHM / Municipal Corporation officials	IDI	10 IDIs

Geographical Coverage

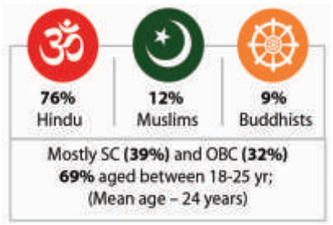
Number of Zones	Number of Wards	Slums covered		
		Notified	Non-notified	Total
6	10	26	4	30

Results

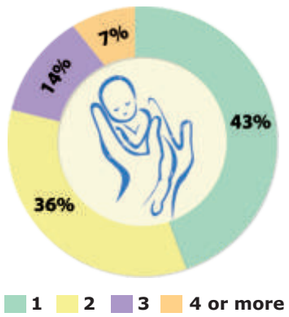
Social profile of the women



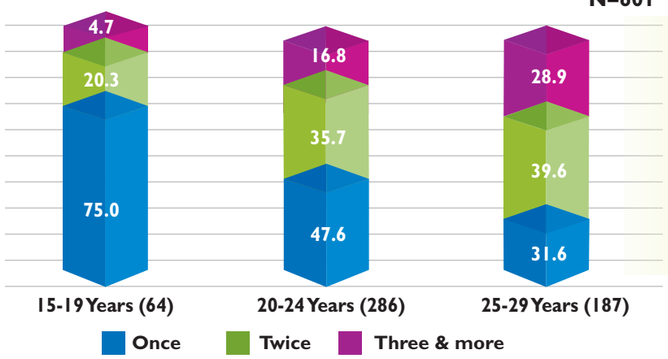
N = 601



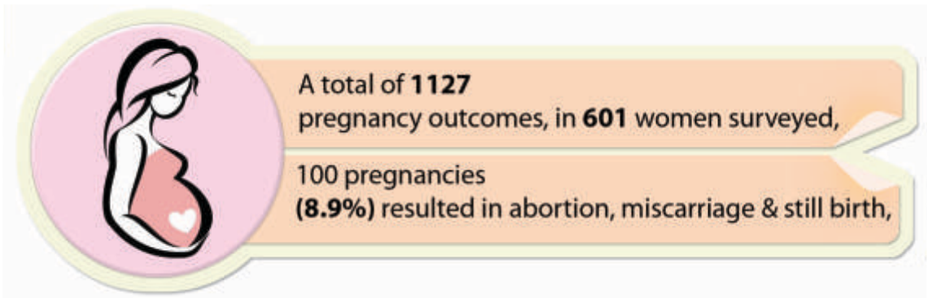
Pregnancy Outcomes



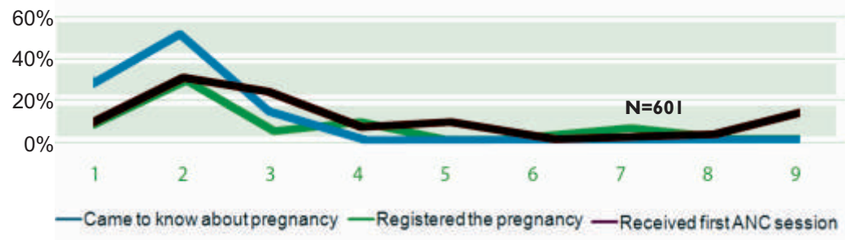
Number of Pregnancy by Age



- 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

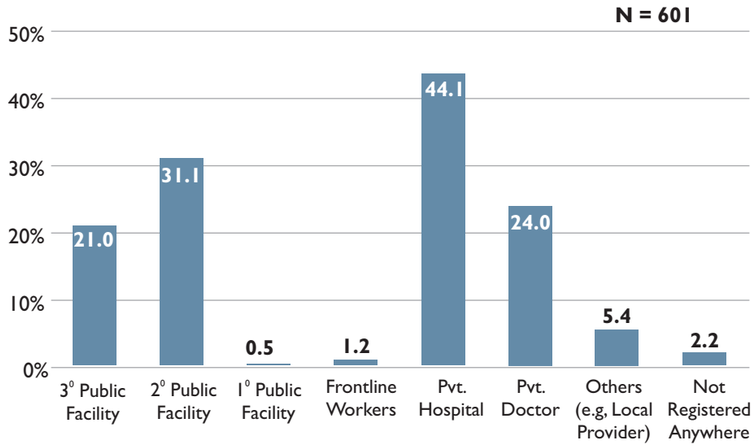


Antenatal Care (ANC) Registration & Services



- About 65% women received first ANC before 4th month
- 15% received first ANC session 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

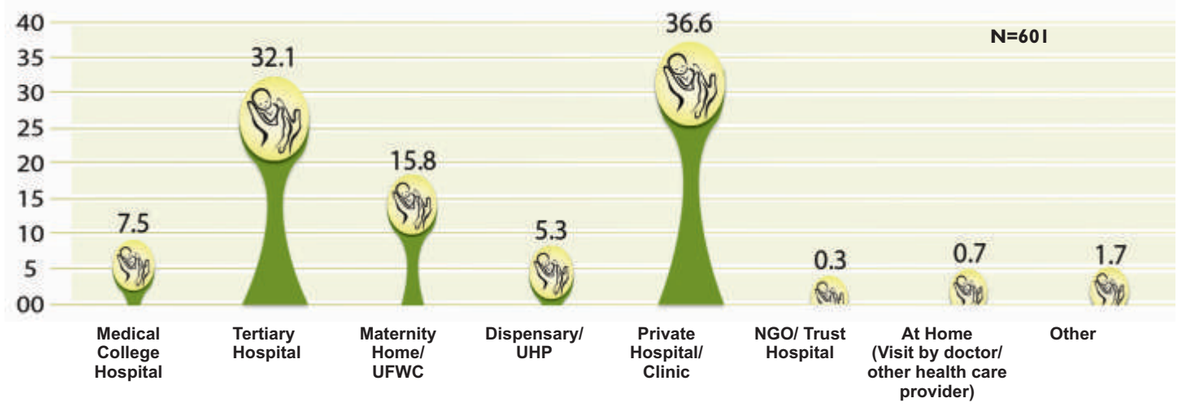
Awareness of Danger Signs in Pregnancy

- 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

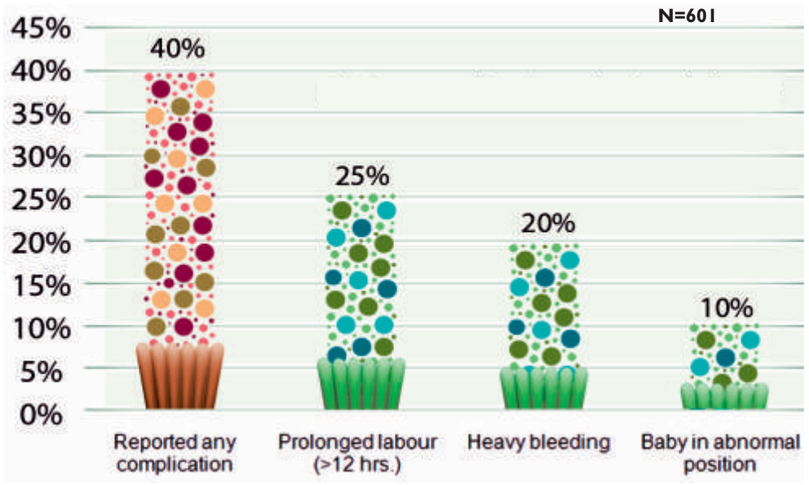
- Registration of pregnancy usually in the first trimester, but actual ANC starts in the second trimester
- ANC services at outreach almost non-existent; Uptake of ANC was mostly self-initiated
- ANC counselling was reportedly mostly on early initiation of breast feeding and regarding financial preparation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

Place of Delivery



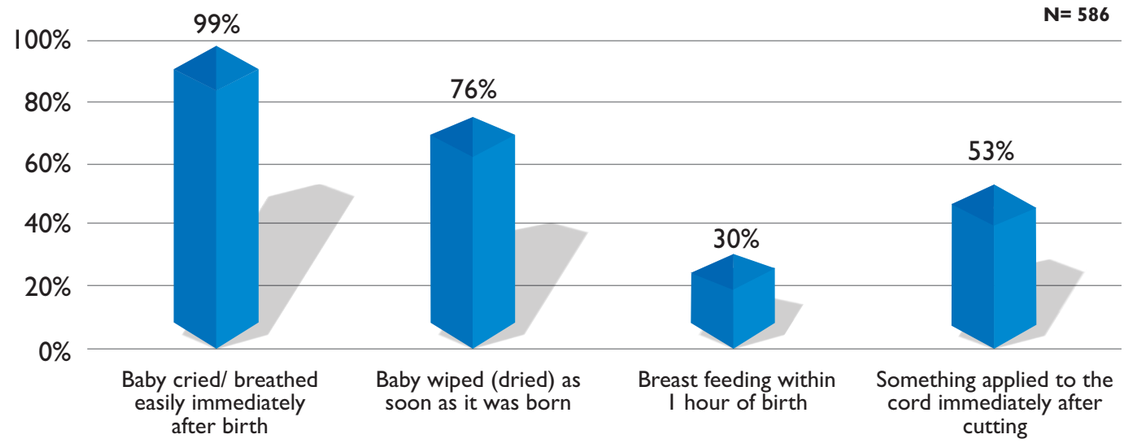
- Majority of deliveries conducted in private hospital and tertiary care public facilities.
- Those who have not delivered in the govt facilities, cited 'poor quality of service', and 'husband/ family didn't allow' as the main reasons.
- Only 10% availed any govt. vehicle for delivery.
- Around 30% deliveries 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

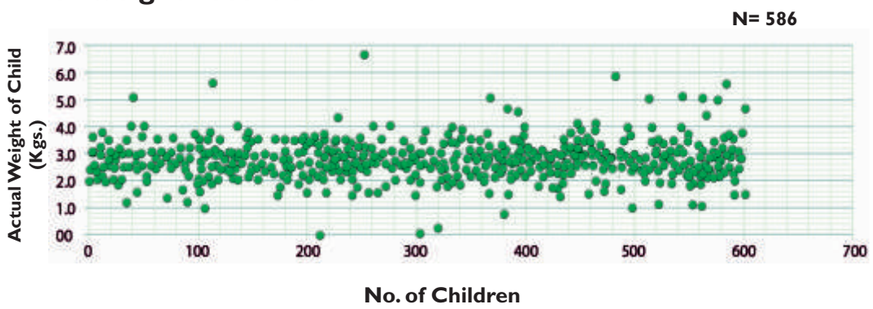
Immediate Newborn Care



Gaps with respect to Delivery Services

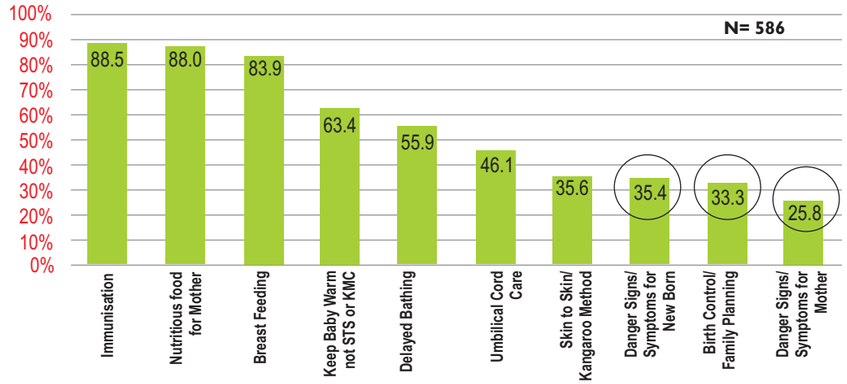
- High out of pocket expenditure in private sector deliveries.
- Little or no awareness about the entitlement based services (JSY, JSSK), hence, poor uptake of the same.
- Role of health workers was minimal - rarely sought at the time of delivery.
- Referral compliance for complications during labour was poor.
- Only 30% initiated breast feeding within first hour of child birth.

Birth weight recorded



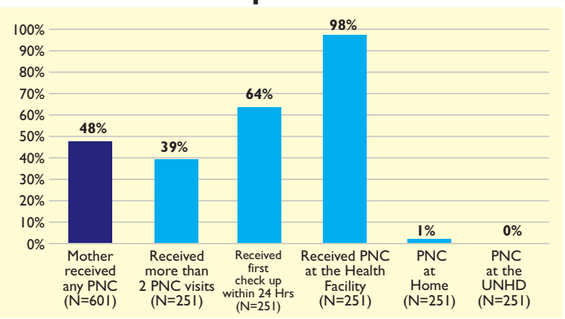
- Less than 2.5 kg – 20%
- Huge amount of clustering at 2.5 kg implicating that the recording was 2.5 kg irrespective of their actual weight.

Pre-discharge Counseling

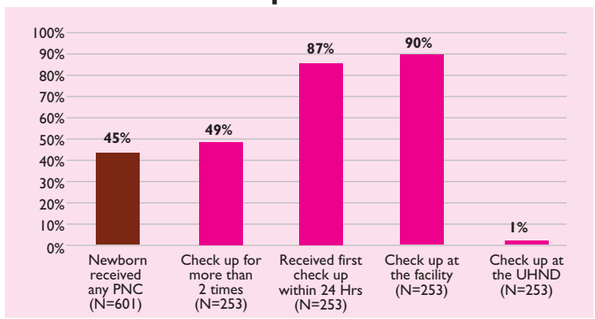


- Little discussion on danger signs or critical aspects of newborn care
- Limited discussion of family planning (need or methods)
- The three most popular topics were breast feeding, nutrition and routine immunization

Post natal check up of the mother

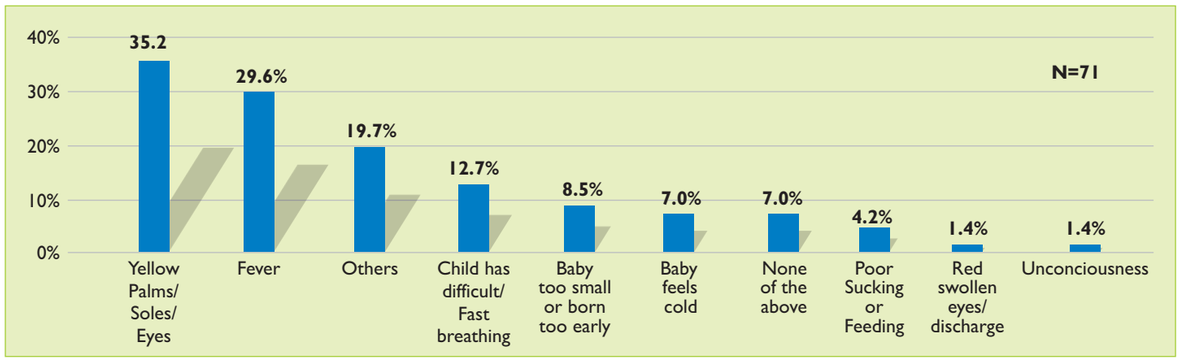


Post natal check up of the newborn

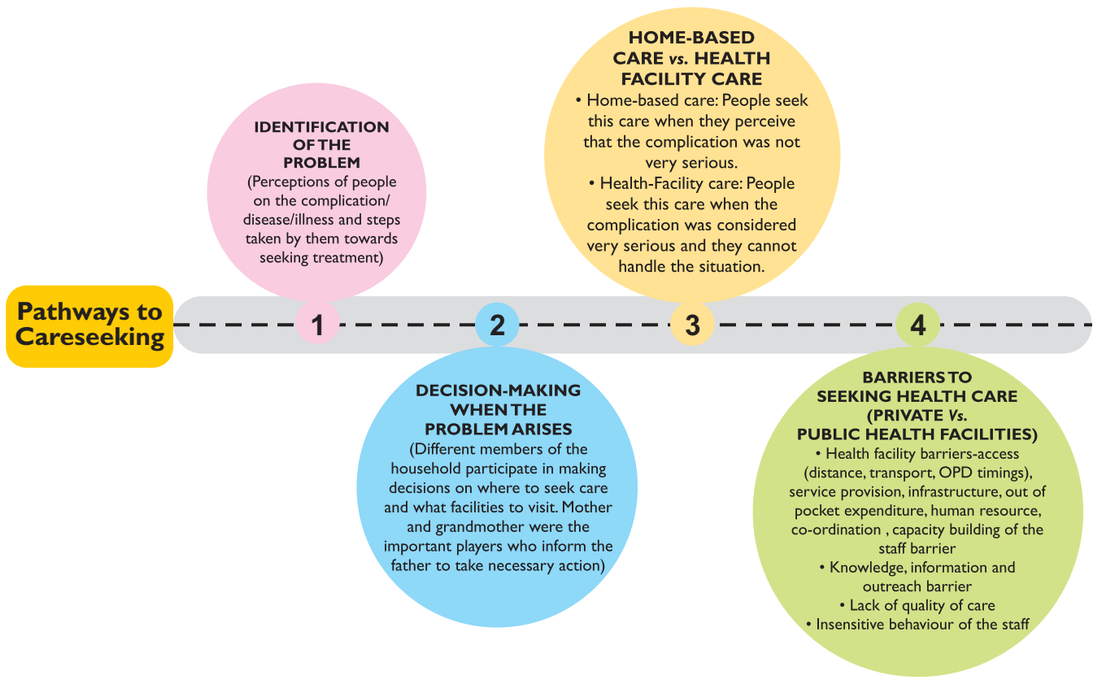


- Less than 50% women and newborn had received post-discharge follow up
- Outreach of PNC services by ANM was non-existent.

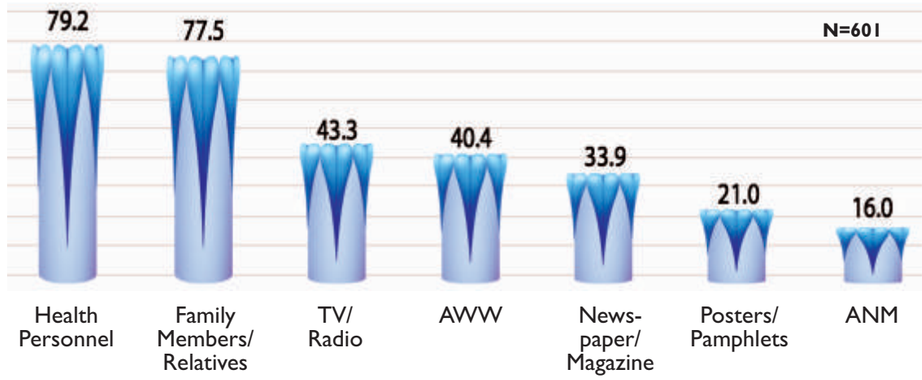
Symptoms in Sick Newborns as reported by RDWs



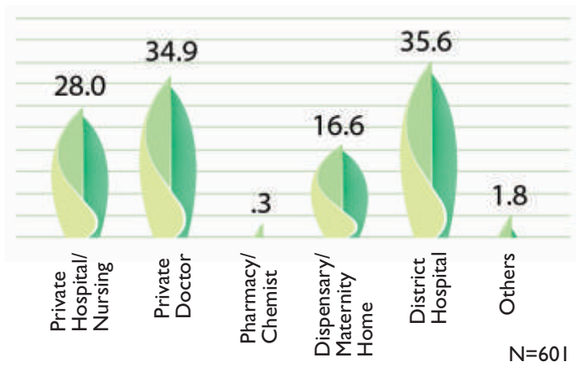
- Among 601 RDWs, 12% (N=71) had experienced at least one danger signs in their baby in the first month
- 93% Families sought treatment ; 74% had taken their child to a private facility and 29% to district hospital



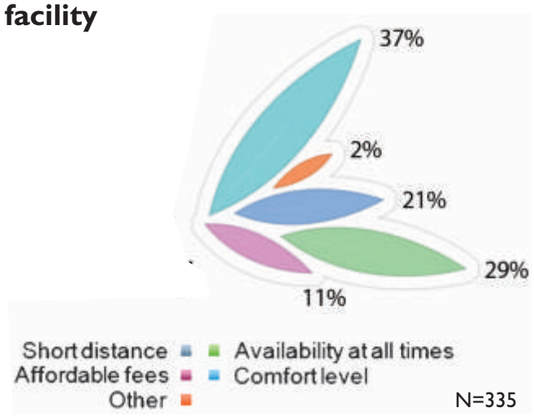
Source of Information regarding MNH Services



Source of consultation regarding ANC, delivery or PNC needs

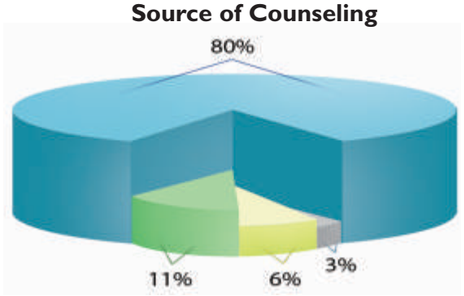


Main reason behing visiting a private facility



Exposure to Health Issues through Community Meetings

Source of Counseling



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

N=35