

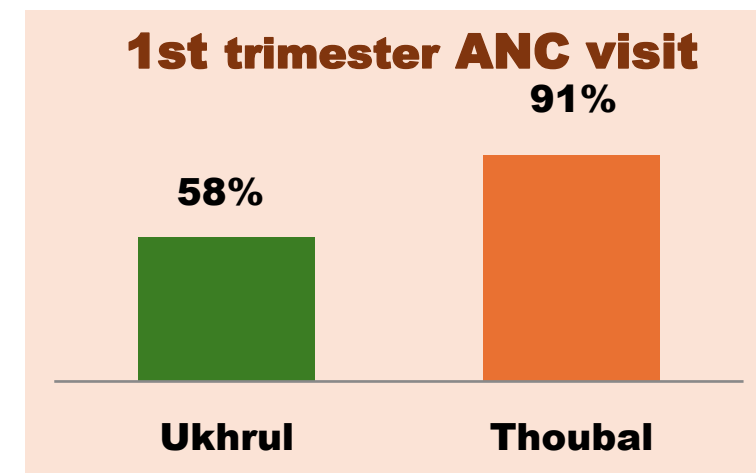
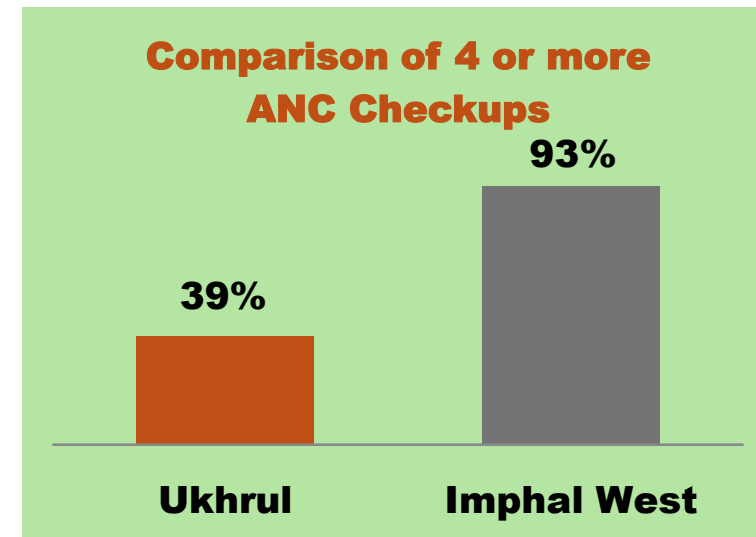
**9th NATIONAL SUMMIT ON GOOD,
REPLICABLE PRACTICES AND
INNOVATIONS IN PUBLIC HEALTHCARE
SYSTEMS IN INDIA**

**STATE HEALTH SOCIETY,
NATIONAL HEALTH MISSION, MANIPUR**

Manipur: “Mironbising Gi Khudol” (A gift for expectant mother)

PROBLEM STATEMENT:

- 90% Hilly terrain & 10 % and valley area
- High MMR (82) in hilly districts compared to valley districts (58) in last 5 years
- Limited Human resource : OBGY & Radiologists
- PMSMA volunteer doctors : Confine to valley districts
- Many High risk PWs in far flung rural areas remain undetected
- Lack of awareness on importance of ANC, danger signs, nutrition, etc.
- Low ANC coverage in Ukhurul compared to Imphal West



Source: NFHS-5

INTERVENTIONS : Methodology

Meetings & capacity Building- state, district officials, PMSMA volunteers and stakeholders

High level motivational meetings with Health Minister, Commissioner (H) & SMD, NHM with Volunteer doctors

Engaging potential volunteer doctors by:

- i) Identifying catchment areas for OBGY doctors like FOGSI, IMA, Rotary Club, Lions Club & private hospitals
- ii) Meetings/awareness programs /delivered talks



INTERVENTIONS : Methodology



Involved enthusiastic Doctors in Regional workshops for PMSMA.

Recognized them for "I pledge for 9 Award for PMSMA".

Released of video & documentary which showcase the benefit of the program & the exemplary services performed by the Volunteer Doctors & other stakeholders.



INTERVENTIONS : Methodology



All plannings are communicated and activities performed shared through this WA group

Follow up by State MH officials at the respective hospitals

Selection and Identification of the program venue from hard-to-reach and very hard-to-reach areas

Co-ordination with district at least one month ahead

Line listing of pregnant women through mobilization by ASHAs and AWWs

Fixing the date as per feasibility of volunteer doctors

Logistics and HR arrangement by State & district team

Developed a high risk tracking format for HRP pregnant women for follow up till the delivery

INTERVENTIONS :

FUNCTIONALITY

- Footfalls increased significantly
- Involvement of multi-stakeholders for mobilization of pregnant women
- Evidence of quality services and appropriate management of PMSMA program
- Significant increase in HRP detection and prompt management.
- Provision of 100% USG services
- Compulsory representation from State Maternal Health Division in all the programs to ensure quality services

STAKEHOLDERS



CRPF

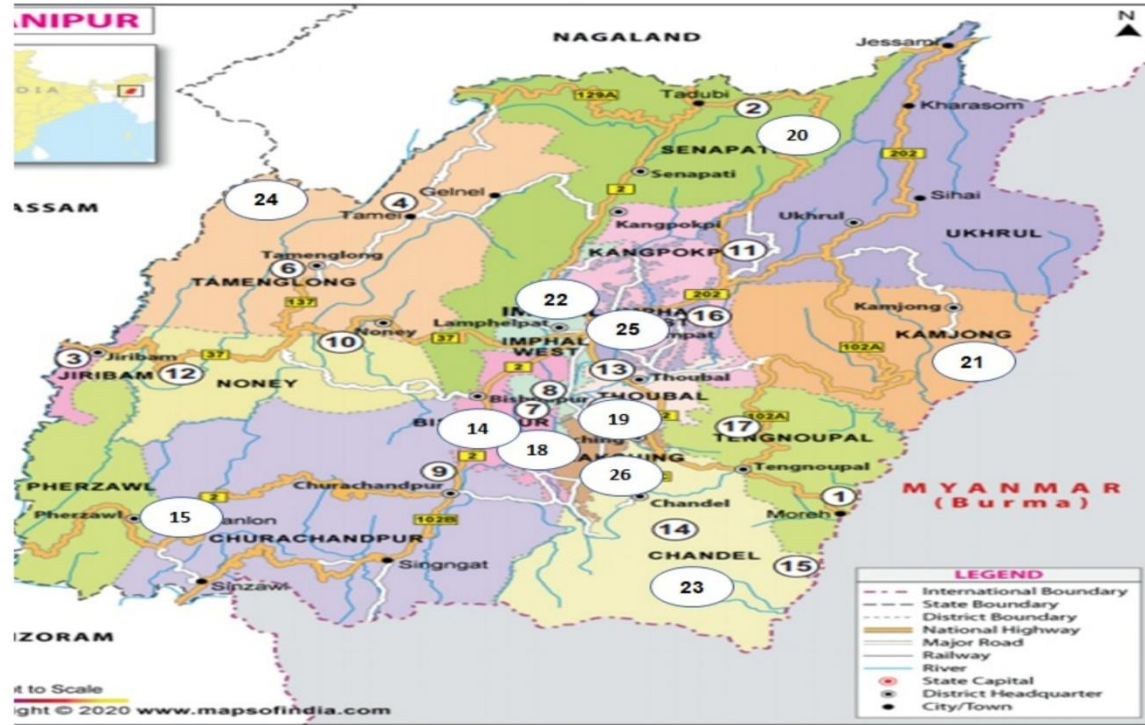


Monetary donation by local MLA



District administration

Places where "Mironbising Gi Khudol" programs are conducted



1. SDH Moreh
2. CHC Mao
3. CHC Jiribam
4. PHC Tamei
5. PHC Saikul
6. CHC Chakpikar
7. PHC Sagang
8. PHC Komlathal
9. PHC Noney
10. CHC Lilong Hao
11. DH Tamenglong
12. PHC Khoupum
13. PHCs Thanga &
14. PHC Thanlon
15. PHC Lamlai
16. PHC Machi
17. HWC Ithai
18. CHC Heirok
19. PHC Maram
20. PHC Kasom Khu
21. AAM Awang W
22. PHC Talui
23. AAM Saibol Jou
24. PHC Tousem
25. Youth Hostel re
26. CHC Kakching



Village Chief



DDK Imphal



District administration

Extra Activities

Provision of USG services

Display of nutritious food items by SW

PMMVY registration

Special lunch for PW

Yoga for pregnant women

Educating PW by dietician

Awareness program



Few Glimpses

Pradhan Mantri Surakshit Matritva Abhiyaan
A new initiative
On the 9th of Every Month
Moreh Hospital



RESULT OF THE INTERVENTION

26 such programs conducted successfully

2057 pregnant women (PW) reached out by MOs/OBGY

373 High-Risks detected and 100 % management due to timely intervention

More than one thousand ultrasound (USG) provided

1057 general lab tests

Counselling done for those who required

Services expanded to 115 PWs and 55 lactating mothers (IDPs) at relief camps

OUTCOME OF THE INTERVENTION

17.5% HRPs detected compared to 8.5% in normal PMSMA and 1.9% in HMIS.

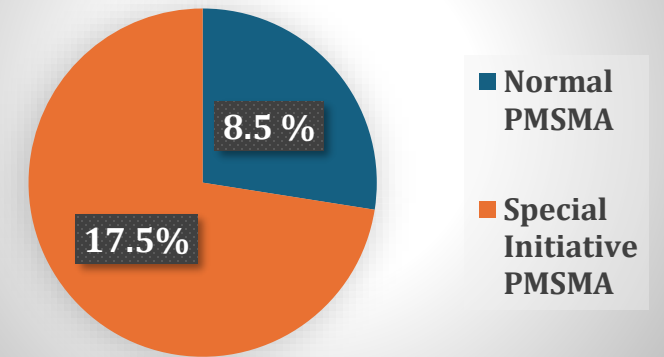
100% management of high risk pregnancies

Increase of more number of PMSMA facilities (from 74 to 132 at present)

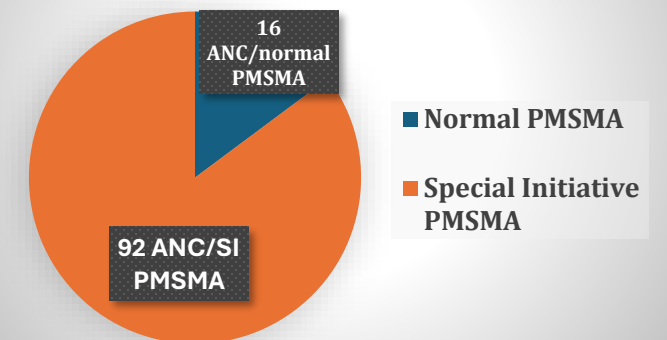
Evening clinics started by PMSMA volunteer doctors for underprivileged urban population of the state by replicating Mironbising Gi Khudol initiative

Mironbising Gi Khudol program initiated at Subcentre level (AAM Awang Wabagai) successfully, 50 AAMs (subcenters) identified and initiated

Comparison of HRP detected



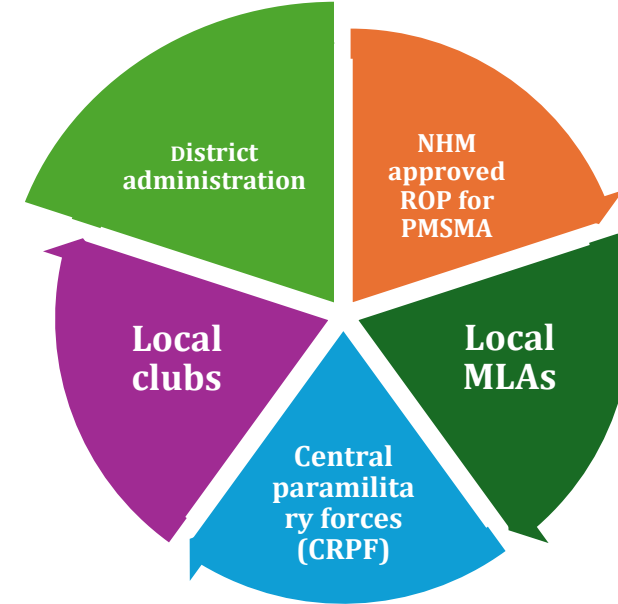
Comparison of ANC received



COST IMPLICATION

Cost effective since no additional fund is required

Funding source



SCALABILITY

- **Enrolment of more OBGY specialists as PMSMA volunteers**
- **Extension of ANC services in the evening clinics**
- **Extension of such initiative in all the PMSMA facilities**
- **Conversion of non-PMSMA facilities as PMSMA facilities**
- **Services is expandable to more relief camps**

LESSONS LEARNT/ WAY FORWARD



Challenges

- Very few OBGY specialists, mostly confined in valley districts & Non-availability of PMSMA volunteers every month
- Inhospitable hilly terrains and non-motorable roads during rainy seasons hampered planned programs
- Co-ordination with multi-stakeholders - a big challenge (PRI members, local MLAs, Manipur State AIDs Control Society, Rotary Club, Manipur Chapter, etc).
- Follow up to the concerned facility for prompt referral & proper management of the HRPs.
- Non-availability of proper accommodation for overnight stay for state officials and private volunteers.
- Non-availability of public transport for pregnant women for attending the program.

