



mMitra Report

(Sep 2014-Mar 2015)

United Association for Public Health and Education



A Project on Maternal & Child health

Background and Rationale:

Globally maternal health advancement and healthcare improvements have been key topical issues to address preventable maternal and child deaths. It is part of the Millennium Development Goals (MDGs), which is a blue print agreed by most of the countries and development institutions to galvanise unprecedented efforts to meet the needs of the poorest countries. The 5th MDG is designed to improve maternal health at global level, by establishing universal healthcare access throughout the reproductive life of a woman. The main objective is to reduce the global incidence of maternal deaths to 100 per 100,000 deliveries by 2015.

There is a major difference in healthcare systems in developed and developing parts of the world, e.g., a woman in the developing world is subjected to 36 times of higher risk of death during pregnancy, compared to a woman in the developed world. Only 35% deliveries are conducted by skilled birth attendants (SBAs) in developing countries, and nearly 85% were performed under observation in the developed nations. Similar disparities are observed in several healthcare areas such as; provision of family planning needs, antenatal visits coverage, postnatal care services, vaccination and access to emergency obstetrics care.

Underpinned by these inequalities, programs to achieve the MDG received great eminence in the last decade with progress at global level reported to be very slow and unsatisfactory. The global reduction in Maternal Mortality Ratio (MMR) is less than 0.4% per year, and thus nearly 188 years will be required to achieve MDG 5 with the current progress rate.

Globally, every year over 500,000 women die of pregnancy related causes and 99 percent of these occur in developing countries. India as a whole and most states within it lag behind this target considerably. India accounts for the maximum number of maternal deaths in the world — 17 per cent or nearly 50,000 of the 2.89 lakh women who died as a result of complications due to pregnancy or childbearing in 2013. While Maharashtra has achieved the Millennium Development Goals of reducing MMR below 109, Mumbai continues to have worrisome maternal deaths.

Data available with the Brihanmumbai Municipal Corporation's (BMC's) health department reveals that the total number of deaths in Mumbai has jumped over the last few years with 222 maternal deaths recorded during 2010-2011, 259 in 2011-2012, 278 in 2012-2013 and 260 deaths recorded in the first 11 months of the financial year (April 2013 till February 2014). The country too is lagging behind in curbing the MMR with 178 deaths per one lakh live births recorded in the period 2010-2012.

A major cause of these depressing numbers is the lack of access to basic education on health promotion, disease prevention, birth preparedness and complication readiness during the antenatal, postnatal and infancy periods. Women do not access antenatal care until the seventh month of pregnancy. Also, due to various systemic factors, especially overcrowding of government hospitals, there is very little counselling offered to pregnant

women, even they have recommended number of antenatal visits. Moreover, not many uneducated pregnant women understand their medical needs and visit nearby hospitals. They do not realise the importance of safe motherhood.

Above scenario surely indicates the need to intervene and chalk out the focused programme directed towards the wellbeing of pregnant women and children.

United Association for Public Health and Education:

We as a world need to come together to provide health & education to all children, and adults, so that we can insure a better future for our children. We live today, in a world of war and terror. For many children, today's world is all that is known. If we educate our children of today along with keeping them healthy and fit, we will help to create a more peaceful and healthy world for their children. The healthy and educated have opportunity. Public Health & Education frees people. It provides opportunity. It can and will change our world.

United Association for Public Health & Education (UAPHE) was started with a motto of "Aude Sapere" i.e. being "Dare to be Wise" is an example of such an effort from team of experts constituting public health professionals from various medical backgrounds, teachers and communication specialist to reach out for effective intervention for diseases and maintain health for all.

UAPHE works to spread awareness of health and hygiene in the society. Such expertise with substantive experience is intended to address society at various levels to spread awareness about health & hygiene and to add to it the importance of education. The primary objective of this organization is to improve public health and attain health for all status along with spreading the importance of education.

Project Summary:

Unites Association for Public Health and Education in partnership with ARMMAN is implementing mMitra Project in different locations across Mumbai namely Versova, Madh island, Marve, Uttan, Manori, Oshiwara, Behrambaug, Juhu Koliwada, Khardanda and Worli. The Project is exclusively on Maternal and Child Health with its unusual way of reaching out to women through mobile. One of our youngest projects, mMitra that provides free voice messaging service in urban India that provides culturally appropriate comprehensive information in a timed and targeted manner. A free Voice messaging service is on preventive care and simple interventions to reduce maternal and child mortality and morbidly directly on pregnant women's and mother's mobile at her preferred time slot in the day.

mMitra Project is a part of the global MAMA partnership (Mobile Alliance for Maternal Action) and MAMA's flagship program in India. **MAMA** is a global partnership among USAID, Johnson & Johnson, the mHealth Alliance, the UN Foundation and Babycenter focused on the use of mobile based messaging to address maternal and infant mortality problems around the world.

An experts committee from FOGSI and National Neonatology Forum, Maharashtra have perused these messages and ensured that the messages speak to the specific needs of the women from Maharashtra.

Every week/twice a week/monthly (as appropriate), voice messages specific to the gestational age of the fetus or age of the child are sent to the woman at no cost. These voice messages are delivered to the mother from the 2nd month of her pregnancy till the 1st year of her child's life.

The frequency of messages is as follows:

- Pregnancy: twice a week
- First week after birth: daily
- Second week after birth until three months after birth: twice a week
- Fourth month after birth until end of first year of child's life: weekly

We believe that mMitra will act as a facilitator which will empower women with knowledge and link her up to the existing health care programmes and services. Further, such easy availability of information will trigger changes in health promoting behaviours and adoption of healthy practices.

Being a partner organisation, we had to reach out to 3,200 pregnant women & nursing mothers in the first phase of implementation which was from July 2014 to March 2015.

Goal and Objectives:

Goal: To reduce the incidence of prenatal mortality and morbidity and have an impact on maternal, neonatal and child mortality and morbidity in underprivileged urban communities

Objectives:

- To improve the wellbeing of 3,200 pregnant & lactating mothers with newborn infants and children up to 1year of age.
- To improve maternal and child health information access in urban underprivileged community in Mumbai (Versova, Madh island, Marve, Uttan, Manori, Oshiwara, Behrambaug, Juhu Koliwada, Khardanda and Worli).
- To raise awareness about Government schemes and services on Maternal and Child Health in the said community.

Narrative of Activities:

Training of mMitra Project staff:



Being a new project, it was essential to understand the project completely. Hence, mMitra Project staff of UAPHE was trained by ARMMAN team on mMitra Project. Around 30 Aarogyasakhis were trained along with the programme staff of mMitra Project which includes one Programme Officer and four Field

Coordinators. Detailed information was given on mMitra starting from its conception, its need & importance, concept, features and expected outcome. It was further expected to continue and carry forward this training to the next cadre of community outreach workers which is likely to be involved in mMitra Project as we go along.

Community Mapping:

To commence with any community intervention it is important to recognize available community resources & infrastructure in the given Community. Hence, community mapping exercises were carried out in Versova, Madh island, Marve, Uttan, Manori, Oshiwara, Behrambaug, Juhu Koliwada, Khardanda and Worli area to understand available health care services & present infrastructure in the respective areas. Information was gathered on available public and private health care services such as number of maternity hospitals, diagnostic centres, private clinics, local mandals, Self help groups, NGO's, Anganwadis, Balwadis, and active members from the community. This exercise helped us not only to chalk out our strategies but also to gain better understanding of the community & its infrastructure.



Training of Aarogya sakhis:

We have successfully trained more than 100 Aarogya sakhis under mMitra Project in its first phase of implementation (July 2014-March 2015). Our community outreach team whom we call our Aarogyasakhis consist of our Balwadi teachers, assistants, community health volunteers, Aanganwadi workers, active members from the community and NGO. This health team works in the community to do door to door mMitra registrations. Each Aarogya Sakhi has assigned specific area for which she is responsible and answerable. She fills in the mMitra registration form of each pregnant woman & woman with infant upto 6 months and takes her consent for availing the service of mMitra free voice calls. Our Aarogya sakhi helps the beneficiary to understand the importance of mMitra Project in her life.



Awareness Activities:

We have done various awareness activities to increase the visibility of mMitra project.



Awareness activity was conducted on 6th December 2014, at Worli, Mumbai. As large number of people are drawn to Worli on the occasion of Mahaparinivaran Day. Awareness activity was also conducted on 24 January 2015, at Andheri, Mumbai. A cultural activity (Haldi kunku function) for women was organized by UAPHE where women from local community met together. Health talks were given by BMC officials & NGO representatives. UAPHE took the opportunity spread the

awareness regarding the importance of Maternal and Child health among the people. Also, about mMitra program which is free mobile voice call service which and infant provides culturally appropriate comprehensive information on prevention and simple interventions to reduce maternal mortality and morbidity. We took this opportunity to reach out to masses by giving informative talk on mMitra Project and its features.

Registration of Pregnant and Lactating Mothers:



With the efforts of more than 40 aarogya sakhis along with the hard work of 3 field coordinators and program officer we were able to successfully enrol 5145 (Both ANC and PNC) mothers in total in the different project areas of UAPHE. UAPHE successfully achieved the planned target of reaching 3200 and also enrolled more 1945 mothers in the project with the help of various technical and field reasons, we were able to create a network involving the government as well as non government facilities

in the areas in order to reach to the assigned target of enrolment of mothers.

Aarogya sakhi meetings:



Aarogyasakhi meetings are aimed to refresh Aarogya sakhis project knowledge and to understand the progress of the project. Also, these monthly meetings help them understand their role & responsibilities as Aarogya Sakhi & become the platform to share their concerns while working in the community. There have been refreshers

training programmes conducted to update them with the progress of the project & to emphasize on target based approach. There is a regular co-ordination between our Field co-ordinator & Aarogya sakhis to assess their work pace. They are motivated and guided towards our goal of reaching out to all women who are in need of accurate and appropriate maternal and child health care information.

Networking:

Frequent Visits were made to the Health Departments of BMC at ward level as well as to their central office located in Parel. A series of meetings had taken place with Executive Health Officer, Medical officers, Health posts and Assistant Medical officers of 'K (E)' ward, 'S' ward & 'R' ward. These ward offices of BMC covers the strategic locations of our operational areas. Efforts were made towards possibilities of working together. As a result of this Project, we are able to start collaborating with Government. We have also been jointly doing health awareness programmes in the community.

Visit:

MAMA (Mobile Alliance for Maternal Action) along with partners USAID, Johnson & Johnson, the mHealth Alliance, the UN Foundation and Babycenter visited fisher folk community in Versova, it is one of the area on of intervention of UAPHE.



Conclusion:

The focus on curative services in urban India has also meant that the primary preventive health care approach is given short shrift. Hence an ambitious project like mMitra would surely benefit pregnant women & nursing mothers through which we can stretch out to targeted population at the preferred time slot in the day with vital information on preventive care and interventions to reduce maternal and child mortality and morbidity.

This endeavour would assist large number of women and ensure that women are equipped with the basic health education on health promotion, disease prevention, birth preparedness and complication readiness during the antenatal, post natal and infancy periods and don't miss out their ANC visits and immunisations. mMitra Project will ensure that no woman is left behind in availing health care services. mMitra, a loyal friend & companion who will gently guide the woman through pregnancy & infancy.

Case Studies:

Case study – 01:

Mrs. Irfana Sheikh, a 22 yr old female, was interviewed by Dr. Rujuta Shukla and Mrs. Salma on 3rd of April, 2015 at the Oshiwara Hospital, Jogeshwari, Mumbai. This is her first pregnancy. She has no previous history of abortions/miscarriages. She has no relevant past medical history. Her last menstrual cycle was on 11th July, 2014. Since then she has been regularly reporting for ANC check-up at a monthly interval. The patient was 9 months pregnant at the time of interview.

Family Support

Only the subjects' mother is aware of her enrolment with mMitra. She tells the information received on the calls to her mother regularly who agrees with the same. The mother has no objection to her receiving the calls.

Call technicalities

The subject is comfortable with the medium of communication chosen by mMitra, which is voice SMS. She has been receiving calls regularly at the frequency of two calls per week in Hindi language on her mother's mobile phone. The call duration is 2 mins on an average. She usually gets the calls between 2:00 pm to 2:30 pm. The time and language of call is suitable to the subject, however the time was not explicitly selected by her. The language of call is as per her choice. She is satisfied with regard to the call duration, volume and clarity. The subject reported that she understood the information explained over the phone and found it useful too. She finds the information in accordance to the month and hence very relevant.

Overall assessment and changes expected

The patient feels that her overall experience with mMitra has been good. She however feels that the when she receives any call from mMitra, it should ring for a longer time. She finds the ringing time insufficient to answer the call. Also, if a call has not been answered, she does not get a call back from mMitra team. On a scale of 0-10, she ranks her overall experience with mMitra at 7.

Case study -02:

Mrs. Reema Yadav, a 25 yr old female, was interviewed by Dr. Rujuta Shukla and Mrs. Salma on 3rd of April, 2015 at the Oshiwara Hospital, Jogeshwari, Mumbai. She has a 2 year old daughter. She has no previous history of abortions/miscarriages. She has no relevant past medical history. She has been regularly reporting for ANC check-up at a monthly interval. The patient was 9 months pregnant at the time of interview.

Family Support

Only the subjects' husband is aware of her enrolment with mMitra. The phone number enrolled with mMitra belongs to subject's husband who is usually available at home at the call time selected by the subject. In the event that he is not at home, he listens to the calls and informs the details to Mrs. Reema.

Call technicalities

The subject is comfortable with the medium of communication chosen by mMitra, which is voice SMS. She has been receiving calls regularly at the frequency of two calls per week in Hindi language on her husband's mobile phone. The call duration is 4-7 mins on an average. She usually gets the calls between 9.30 am to 11.00 am. The time and language of call is suitable to the subject and as per her selection. She is satisfied with regard to the call duration, volume and clarity. The subject is comfortable with the medium of communication chosen by mMitra, that is voice SMS. She has been receiving calls regularly at the frequency of two calls per week in Hindi language on her husband's mobile phone. The call duration is 4-7 mins on an average. She usually gets the calls between 9.30 am to 11.00 am. The time and language of call is suitable to the subject and as per her selection. She is satisfied with regard to the call duration, volume and clarity.

Overall assessment and changes expected

The patient feels that her overall experience with mMitra has been good. Even if busy, she keeps her work aside and first listens to the call from mMitra before resuming her work. On a scale of 0-10, she ranks her overall experience with mMitra at 10.