

# EVERY MOTHER MATTERS. EVERY CHILD MATTERS.

Strengthening Reproductive, Maternal, Newborn, Child Health (RMNCH)

— Glimpses from the field —



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# About RMNCH

As part of our Continuum of Care, Reproductive, Maternal, Newborn, and Child Health (RMNCH) refers to an integrated system of healthcare services that are provided to women of reproductive age, pregnant women, newborns, and children up to five years of age. This continuum spans across different stages of life and includes a range of preventive, promotive, curative, and rehabilitative services.

We leverage digital technology to enhance RMNCH outcomes by enhancing the quality of data, improving engagement with beneficiaries, providing remote care, facilitating early surveillance of risks and personalizing health interventions.

## Spotlight Programs

### Health Information Helpline

Provides round-the-clock health advice to remote and vulnerable communities and is staffed by Health Advisory Officers, Medical Officers, Medical Specialists, and Counseling Officers.

Our flagship SARATHI 104 helpline is a telephone-based, non-emergency service that offers both inbound and outbound guidance to beneficiaries in Assam.

### Xushrukha

Xushrukha is a pilot project on early identification & management of high-risk pregnancies (HRP) with a goal to reduce Maternal Mortality Rate (MMR). It is a research-based program launched with the National Health Mission, Assam in collaboration with Kamrup rural district authorities to address MMR in 3 blocks of the district.

It focusses on providing digital job aid to frontline workers and uses the Utpreona app for early identification and early referral of HRP.

### USAID Saksham

A four-year (2021-2025) project in three States of Assam, Chhattisgarh and Odisha.

It offers a unique blend of expertise in capacity building, private-providers engagement, industry leverage and community participation to enhance Maternal Newborn and Child Health (MNCH) outcomes.

[Learn more about RMNCH from our Program Director, Dr. Manisha Mehta.](#)



# Digitally trained Auxiliary Nurse Midwives(ANM) transform healthcare in Bihar

Equipping frontline workers with digital skills is at the heart of improved coverage, efficient delivery and quality of services. In Bihar, we are leveraging digital technologies to equip 18,365 ANMs across 38 districts - for effective delivery of child and maternal health services.

We support ANMs in overcoming digital hurdles by training them to use new technologies such as the ANMOL mobile application, with ease. We have conducted comprehensive training, adoption, and governance strategies; designed modules on smartphone literacy and data quality in ANMOL and developed a cadre of 1000+ Master Trainers.

Manoj Kumar, Block Health Manager, Banka District, Bihar observes the impact of these efforts:

“The government came up with a game-changing ANMOL app but barely 33% of the ANMs knew how to use it. Now with the newfound digital skills provided by Piramal Foundation to all ANMs, they can effectively serve more beneficiaries. ANMOL adoption has gone up from 9% to 80%.”

Our capacity-building has given ANMs a sense of hope to learn more, and the confidence to catalyze change. It has given them wings to soar in their journey as impact agents.

Mundrika Kumari, ANM, Banka district, Bihar, speaks of her empowerment journey:

“Earlier we faced many difficulties and had to carry around cumbersome registers for field visits. Even though apps like ANMOL were introduced, it was difficult to learn the new mobile technology. But with the help of training, I can now use the app confidently. I can take better care of mothers and children in the area”

[Click on this photograph to see our intervention in motion!](#)



## SARATHI 104 helpline saves lives at the last mile

Through our SARATHI 104 helpline, we deliver timely and reliable medical information to those in need. Many of these calls pertain to maternal and child health, where beneficiaries require urgent assistance during childbirth crises. These are addressed by the ECD team of the helpline.

One distressing call came from a beneficiary who was in tears, pleading for help. He explained that his wife had been admitted to Karimganj Civil Hospital the previous day, and at 11:30 AM the following day, she delivered a baby. Although both mother and baby were moved to the observation room in the gynecology ward, they received no attention from the hospital staff. The mother was experiencing severe abdominal pain and was unable to breastfeed. In desperation, the beneficiary reached out to 104 for assistance.

The ANM from the ECD helpline encouraged the caller to stay calm and assured her that she would do her best to help. The 104-team promptly contacted the Superintendent of Karimganj Civil Hospital, sharing the details of the case and the beneficiary's situation. The Superintendent assured them she would personally address the issue. The Sarathi 104 team then updated the beneficiary on the actions taken and requested his patience while the hospital staff worked to find the best possible solution.

The beneficiary expressed gratitude:

**“The Superintendent visited us right away and provided all the necessary assistance. Two nurses were assigned to care for us, and now both my wife and baby are happy and healthy. I am incredibly grateful for the help, and I thank the 104 team profusely for their prompt response.”**



Meet Ms. Nikita  
Kalita, Health  
Advisory Officer  
at our SARATHI  
104 Helpline.

## Enhancing access to maternal care via the SARATHI 104 helpline

Under SARATHI 104, our Early Childhood and Development (ECD) Helpline in Assam supports pregnant women through regular outbound calls providing essential medical information. Antenatal Care (ANC) calls are made periodically by the Auxiliary Nurse Midwives of the ECD to women at various stages of pregnancy.

“Timely intervention and follow-up by the 104 team saved our lives. Without their help, my baby's life could have been in imminent danger. I took a huge risk by opting for a home delivery despite repeated counseling from the ANM. Had it not been for the 104 team, I would have faced serious consequences for my decision. I am incredibly grateful to the team. My family and I have been using the 104 SARATHI Helpline for many years and have greatly benefited from their services.”

During one such ANC follow-up call, the team discovered that a beneficiary had delivered a baby just an hour prior, at their home. Unfortunately, the placenta had not been removed, putting both the mother and child in critical danger. The mother was in tears, overwhelmed by pain and anxiety for her baby's health.

Recognizing the urgency of the situation, the 104-team arranged for the beneficiary to be transported to the nearest hospital using the 108 emergency transport services. However, the family lived in a remote area across a river, making it impossible for the ambulance to reach them.

The team then reached out to the village ASHA worker, briefed her on the situation, and coordinated an arrangement to cross the river by boat to reach the nearest health facility. Additionally, the team contacted the District Program Manager (DPM) to update him on the case.

An outbound call was later made to check on the beneficiary's health, and it was confirmed that both the mother and child are now safe and out of danger.



# Visually-impaired mother Sonmoni gives birth with our support

Maternal, newborn and childcare (MNCH) is at the heart of our Continuum of Care as witnessed in this story of Sonmoni, a visually impaired beneficiary from the mountainous village of Hatigarh, Assam. Through our Xushrukha program, not only were we able to identify her case as high-risk but were also able to support the pregnancy through targetted counselling of ASHA workers.

Sonmoni lost her sight at the age of two and was living with her husband, who was also partially visually impaired. They were expecting their second child when she became a part of our Xushrukha project

Partha, our field supervisor and an Accredited Social Health Activist (ASHA) worker Jayanti were conducting registrations on the Utpreona job aid when they met Sonmoni and recognized her need for special attention and care.

They provided her with crucial support by facilitating access to medical resources, coordinating transportation for regular check-ups, and ensuring that all health protocols were strictly followed.

Under Continuum of Care, our interventions go beyond prenatal care and successful delivery. We believe in supporting a beneficiary even after birth through post-natal care, child development and adolescent health. This integrated, continuous approach ensures that women like Sonmoni continue to have access to quality care.

## Sonmoni expresses her gratitude :

“Partha and Jayanti went beyond their call of duty and provided us immense emotional strength and holistic medical attention. They were passionate, committed and personally monitored my progress. Their consistent, comprehensive approach ensured that my pregnancy progressed smoothly, and I gave birth to a healthy baby boy”



[Listen to our Community Health Officer Ms. Minakshi Das, as she shares her experience of being a part of the Xushrukha Program](#)



# From Home to Hospital: Overcoming Resistance towards Institutional Deliveries

USAID Saksham aims to enhance Maternal Mortality Rate (MMR) via institutional deliveries. In Odisha, many villages still practice home births due to traditional maternity customs, poor healthcare infrastructure and distrust of public systems. This contributes to an alarmingly high MMR of 119 per 100,000 live births.



*\*Photograph is representative*

During her pregnancy with her fifth child, ASHA Anita Majhi, who had been mentored by Saksham team, identified Chanka as a high-risk case and worked tirelessly to encourage her to opt for an institutional delivery.

While Chanka agreed to follow Anita's advice her husband Sina Majhi was skeptical. He opposed institutional delivery, influenced by the successful home births of their other children.

When Chanka went into labor on April 12, 2023, Sina initially did not allow her to be transported to the Sikarpai Community Health Centre (CHC). After persistent persuasion from community members, Sina recognized the need for professional medical care and agreed to the institutional delivery.

At CHC Sikarpai, Chanka delivered a baby boy, who required urgent resuscitation at the Special Newborn Care Unit (SNCU) at Rayagada District. The efforts and actions of Saksham and the dedication of Frontline Workers like Anita Majhi ensured a healthy and successful delivery.

**“The training sessions and appreciation of my efforts by my seniors and Saksham team members have boosted my confidence to do good work for the community. I have learnt to appreciate communities’ point of view and learned to keep my patience and continue to put in my best efforts.”**

**Anita Majhi, ASHA worker**

# Grassroot collaborations save lives in rural Chhattisgarh

In districts like Kanker in Chhattisgarh we have partnered with USAID SAKSHAM to build capacities of staff at community levels of healthcare. We have constituted a Frontline Workers (FLW) core group with Accredited Social Health Activists (ASHA), ASHA Facilitators and Auxiliary Nurse Midwives. This cohort receives mentorship on HRP, antenatal care and relevant skills to handle emergencies.

This region reports high maternal and infant mortality rates due to home deliveries, poor health seeking behavior, and limited provision of health services. 27-year-old Tijeshwari Jurri who is from the district narrates the dire situation faced by many other women:

“My husband is a construction worker and earns barely Rs 10,000 a month. I unexpectedly conceived, and during my 2nd trimester, I started facing High Risk Pregnancy complications like elevated blood pressure and reduced amniotic fluid. The nearby hospitals lacked the precautionary measures to support my case.”

Our efforts have been a game-changer for the lives of women in the districts.

“My complicated case was taken up by FLWs due to which I got regular home follow-ups, close monitoring and individualized attention. They also facilitated timely intervention and swift referrals to hospitals and ambulances.

When I was issued a referral to the tertiary hospital in Raipur, Anita (ASHA) and Yamuna (ANM) challenged this decision citing potential risks during increased transit time. They persuaded the hospital staff with the help of the Saksham Team to deliver the baby in Kanker itself. Eventually on 16th June 2023 I delivered a baby boy weighing 2.2 kg via a successful caesarean section.”

-Tijeshwari Jurri



\*Photograph is representative

# Community efforts drive maternal care in the Bamunpukhuri Tea garden

USAID Saksham initiated an important orientation program for selected Village Health Sanitation and Nutrition Committees (VHSNCs) for birth preparedness and complication readiness (BPCR) for pregnant women and families in the tea gardens.

The goal of this innovative effort was to ensure safe and healthy deliveries for expectant mothers. VHSNC members created individualized health charts for each pregnant woman, displaying crucial information right at the woman's home.

They included reminders for taking iron, folic acid, and calcium supplements, recommendations for adequate rest, and essential contact details for important resources, such as ambulance drivers, ASHA workers, and blood donors.



Meet Mr. Dibakar Ghatowar, a Saksham youth volunteer inspiring change in the tea gardens

Today, one beneficiary of this program \*Lata Devi proudly holds her six-month-old healthy child after a complicated pregnancy. She received mentorship from VHSNC with regular monitoring and personalized support.

The learning from this initiative underscores that when communities come together to support expectant mothers, they can significantly improve maternal and child health outcomes, fostering a healthier future for generations to come.

**“Throughout my pregnancy, the VHSNC members visited me four times to monitor my health and provide guidance. This consistent support made a significant difference, helping to alleviate concerns and ensuring that I adhered to health recommendations”**

**- Lata Devi\* (name changed)**





This compilation showcases one of our capacity-building interventions in Bihar, two success stories from our SARATHI 104 helpline, a case study highlighting our Xushrukha program in Assam, and one story each from our USAID Saksham intervention in Chhattisgarh and Odisha.

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