

Precious Mothers, Sustainable Partnerships – Enhancing Access To Maternal Health Care In The Tea Gardens Of Lowairpoa, Assam

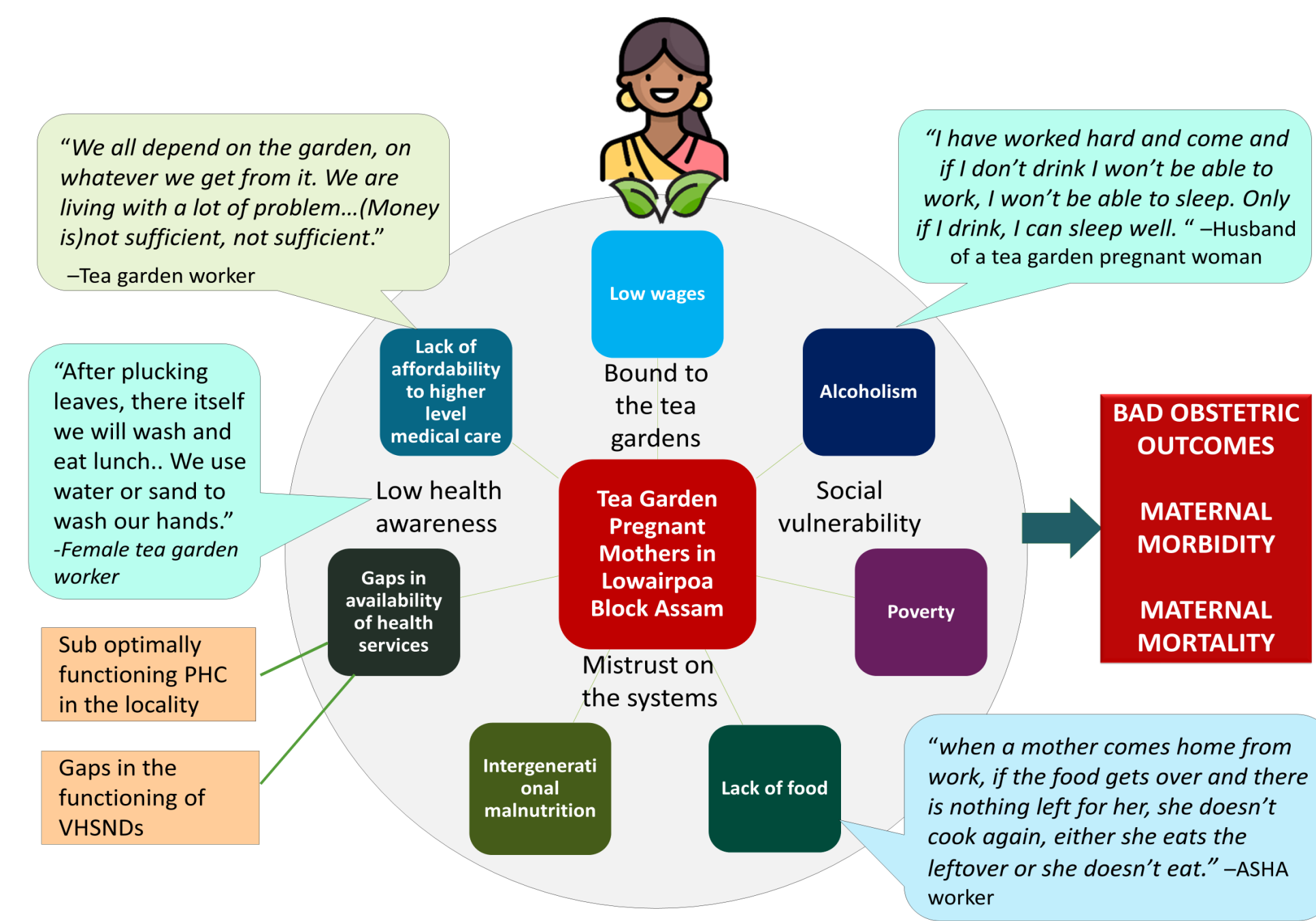


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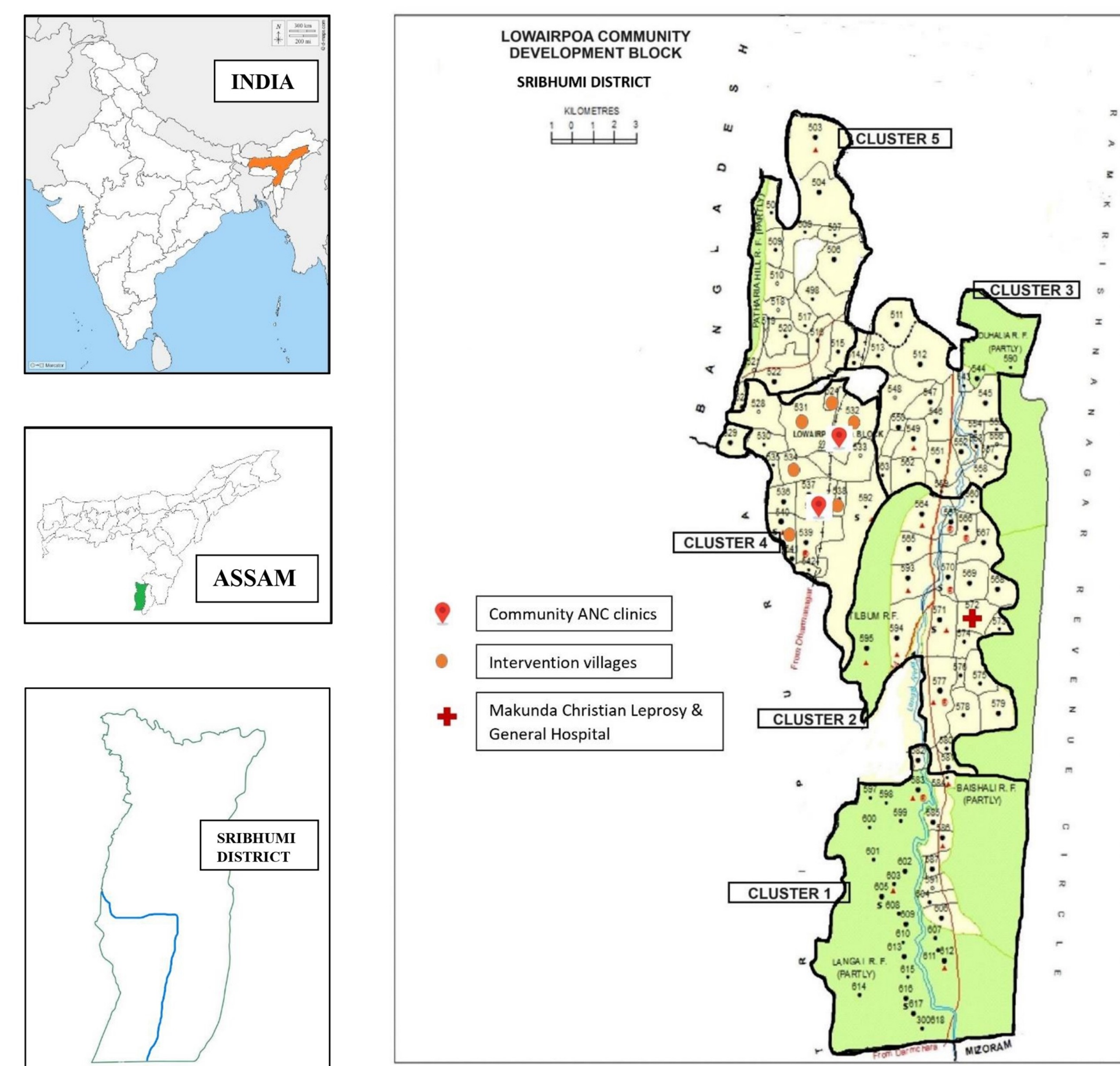
INTRODUCTION

Assam has the highest maternal deaths in the country. **34% of the population in Lowairpoa Community Development Block are tea garden tribes**, the Adivasis historically displaced from central India, to work in the tea gardens of Assam during British colonial rule.



Source: A qualitative exploration on anemia in tea garden pregnant women of Lowairpoa – an unpublished study

LOCATION



6 villages
 INR 1838 monthly per capita income
 10,426 population

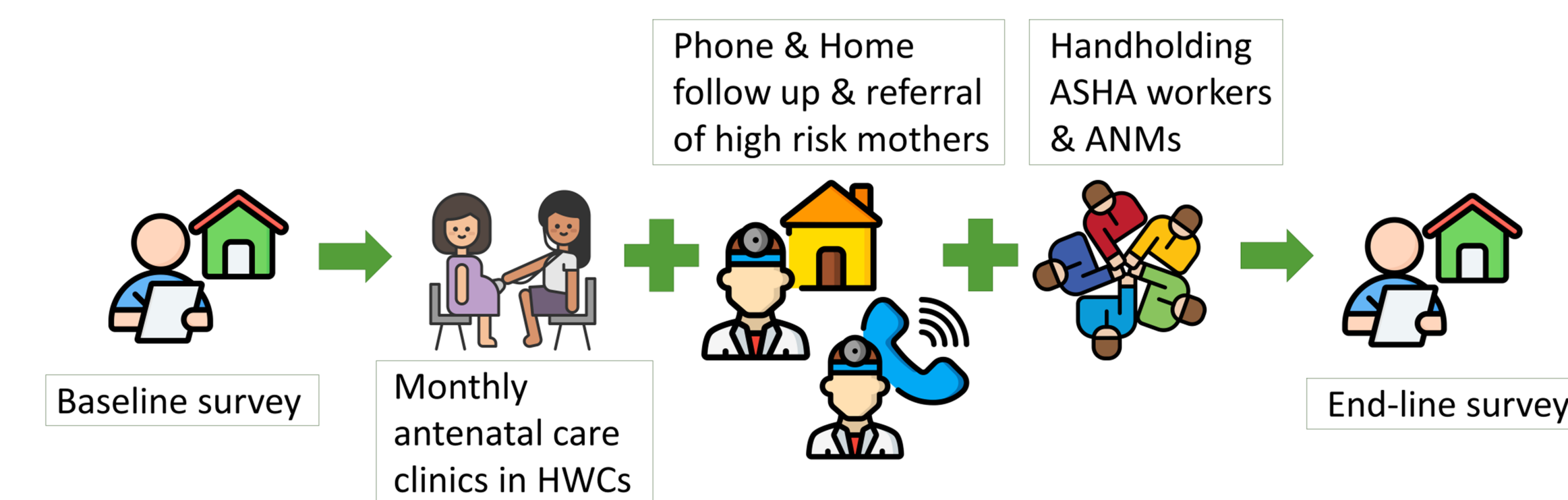
OBJECTIVE

To see if once-a-month community antenatal clinics conducted closer to the tea estates coupled with intensive follow up in partnership with the public health system will reduce bad obstetric outcomes in the selected 6 tea garden villages.

INTERVENTION

- ✓ Community ANC clinics
- ✓ Follow up of high-risk mothers
- ✓ Handholding ASHA workers

METHODOLOGY



The intervention is done in **2 locations, Shephinjuri/Kukital HWC and Tilbhum HWC** in the Lowairpoa Block covering 6 tea garden villages in Shephinjuri and Tilbhum tea estates.

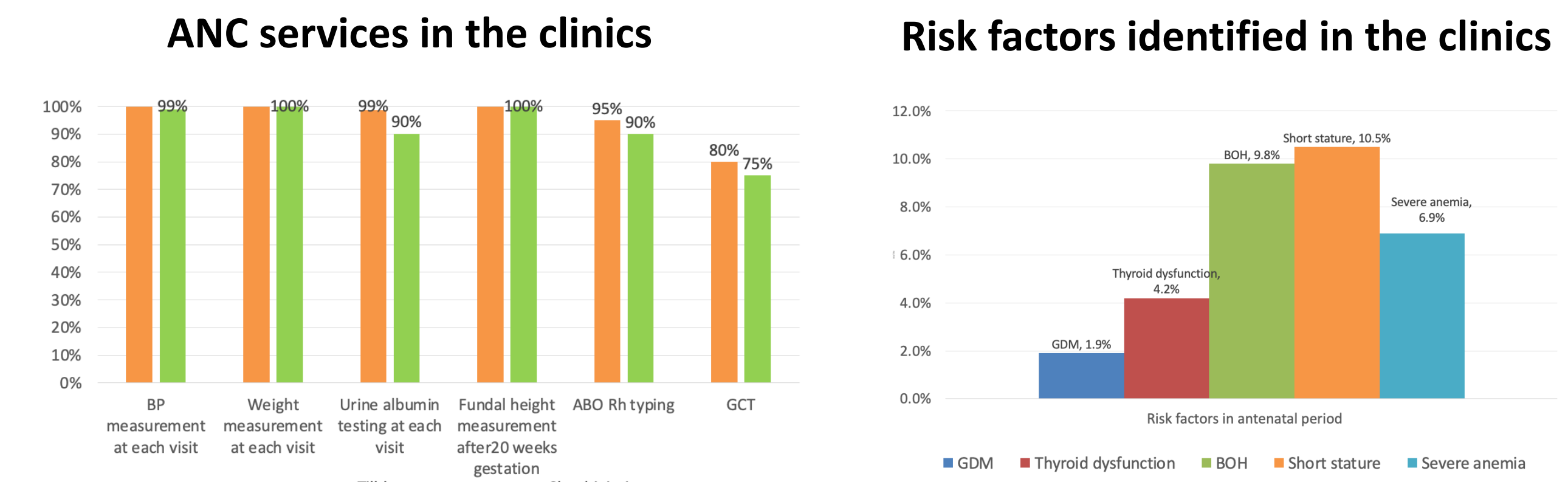
The baseline survey (door-to-door) of the 6 villages was done in May-Sept 2023 and were chosen for intervention based on the high mortality indicators.

The intervention was carried out for a year (Apr 2024-Mar 2025) and an end line survey is done in Jan-Mar 2025.

Partnership in the community clinics	
Makunda Hospital team (free of cost services)	Public health system team
Measuring BP, pulse rate, anthropometry, history-taking, health education	Mobilizing pregnant women to the clinic, Registration of pregnant women.
Conducting lab tests – Hb (using hemocue), urine albumin, urine sugar, ABO/Rh typing, 50 g GCT (at 24-28weeks) urine leukocytes(if required)	HIV, VDRL rapid tests, TT immunization
Fundal height palpation, fetal heart rate measurement, identifying risk factors and communication to ASHAs and ANMs.	Discussion and communication of treatment and referral with high-risk patients, family members and Makunda team
Medications (only which are not available in the HWCs)	IFA, Calcium, Albendazole and other antenatal medications given from HWC stock
Home follow up of high-risk mothers WhatsApp group reminders to ASHAs	Accompanying high risk mothers for referral visits and deliveries

FINDINGS

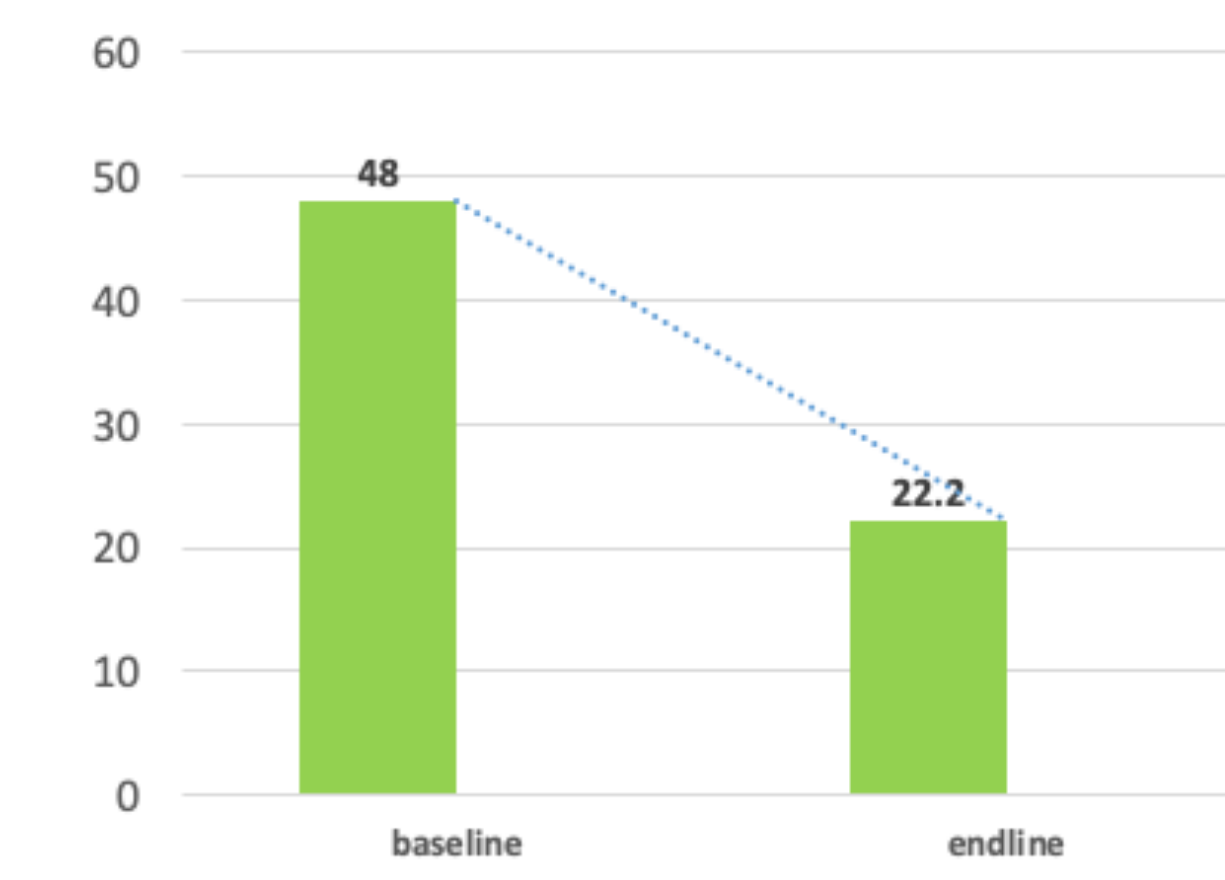
- ✓ **29%** of the first visits to the clinics were in first trimester
- 36%** of the pregnant women were underweight at first visit (BMI<18.5)
- 75%** of the pregnant women were anemic



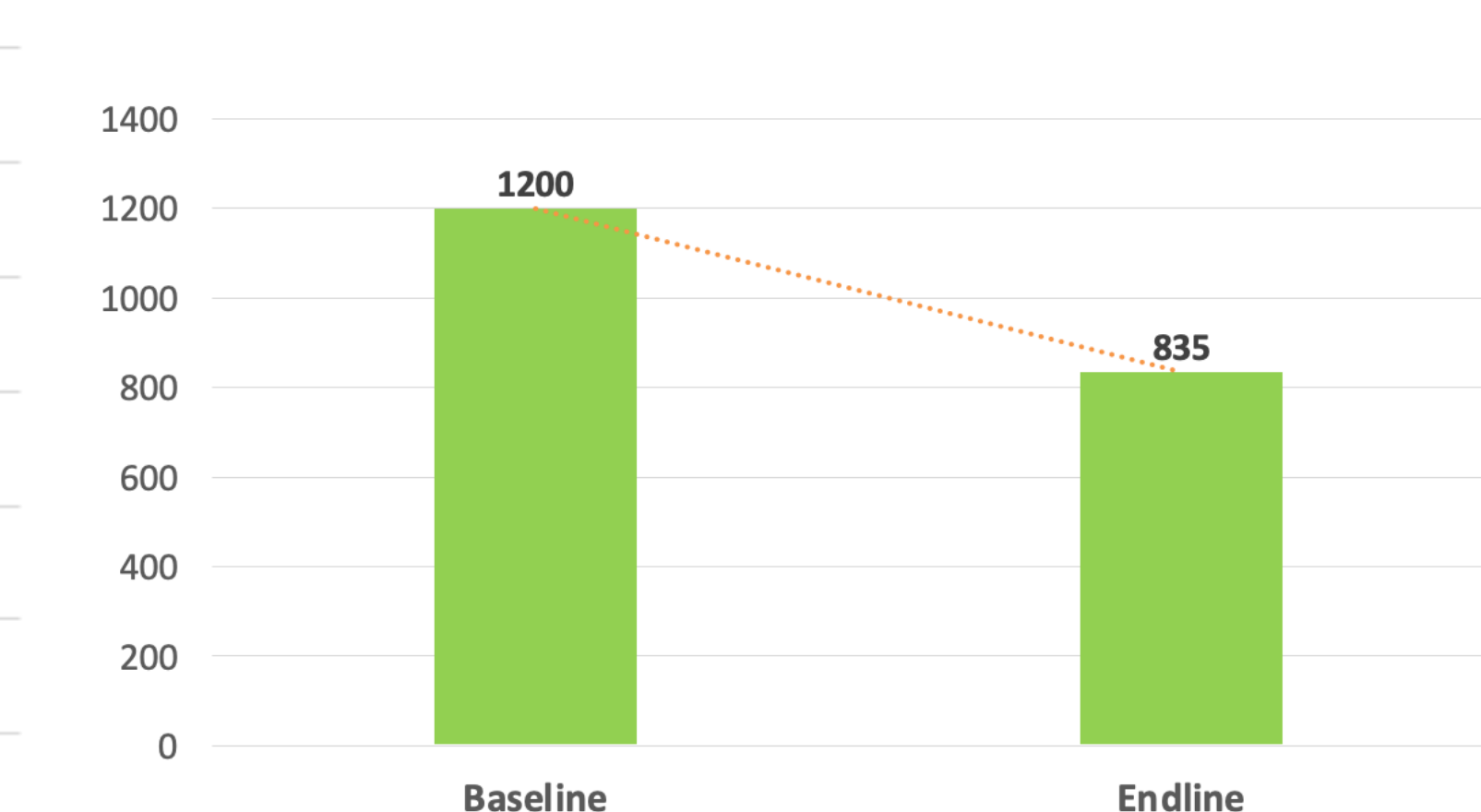
43% referrals are done out of which **42.7%** were completed

64.8% pregnant women had atleast one ultrasound done (free of cost) in Makunda

Neonatal Mortality Rate



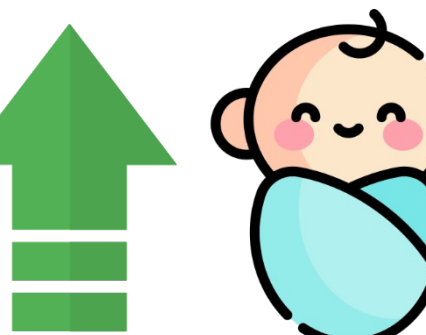
Maternal Mortality Rate



17 (5.6%) women had blood transfusions in Makunda

6 (1.9%) women went into Severe Maternal Morbidity (SMM)

9.4%



Institutional deliveries after intervention

LEARNINGS

- In places where **PHCs are functioning sub optimally**, filling the diagnostic and pharmacy gap at the primary care level is of utmost importance.
- Working hand-in-hand with the public health system will increase community acceptance and improve the outcomes.
- Low health awareness, mistrust on the systems and lack of affordability pose a significant challenge.
- Genuine concern of their well being and appreciation of their efforts will motivate the ASHAs to work better.

WAY FORWARD & CONCLUSION

Community antenatal clinics which provide quality antenatal care services with intensive follow up in partnership with the public health system **shows promise in improving the obstetric outcomes**. Strengthening VHSND services and community mobilization will go a long way in the fight against maternal and neonatal mortality.