

NITI for States



VIKSIT BHARAT STRATEGY PLATFORM

Choose a Topic



SECTORS



DEMO USE CASES



*ASPIRATIONAL
DISTRICTS PROGRAMME*



*ASPIRATIONAL
BLOCKS PROGRAMME*

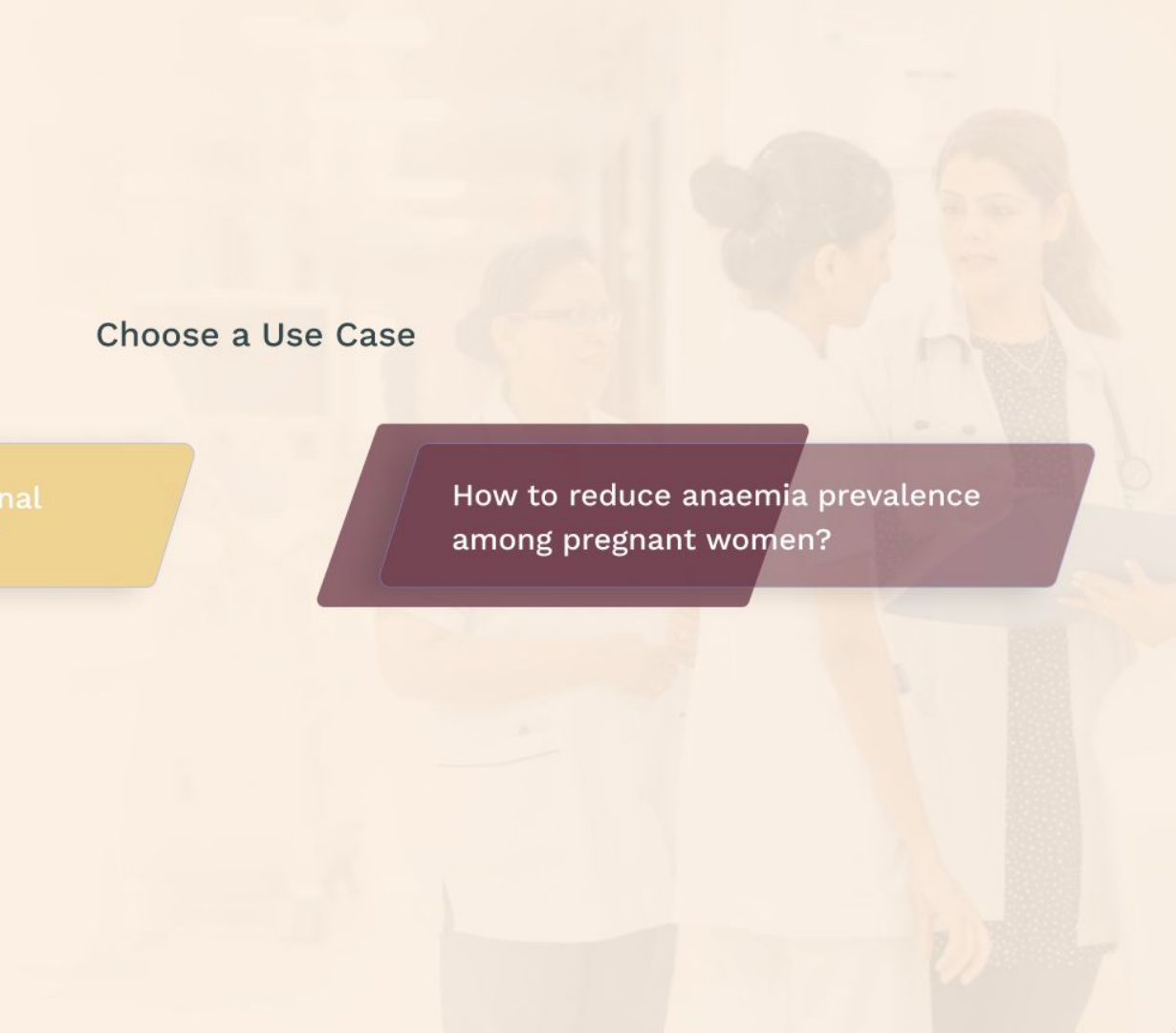
Choose a sector to explore use cases



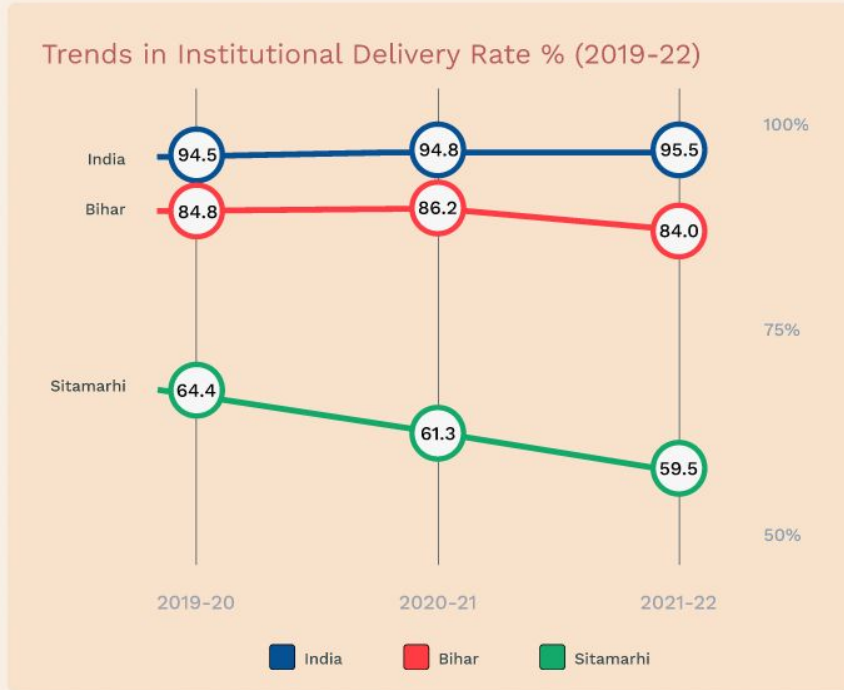
Choose a Use Case

How to improve the Institutional Delivery Rate in your district?

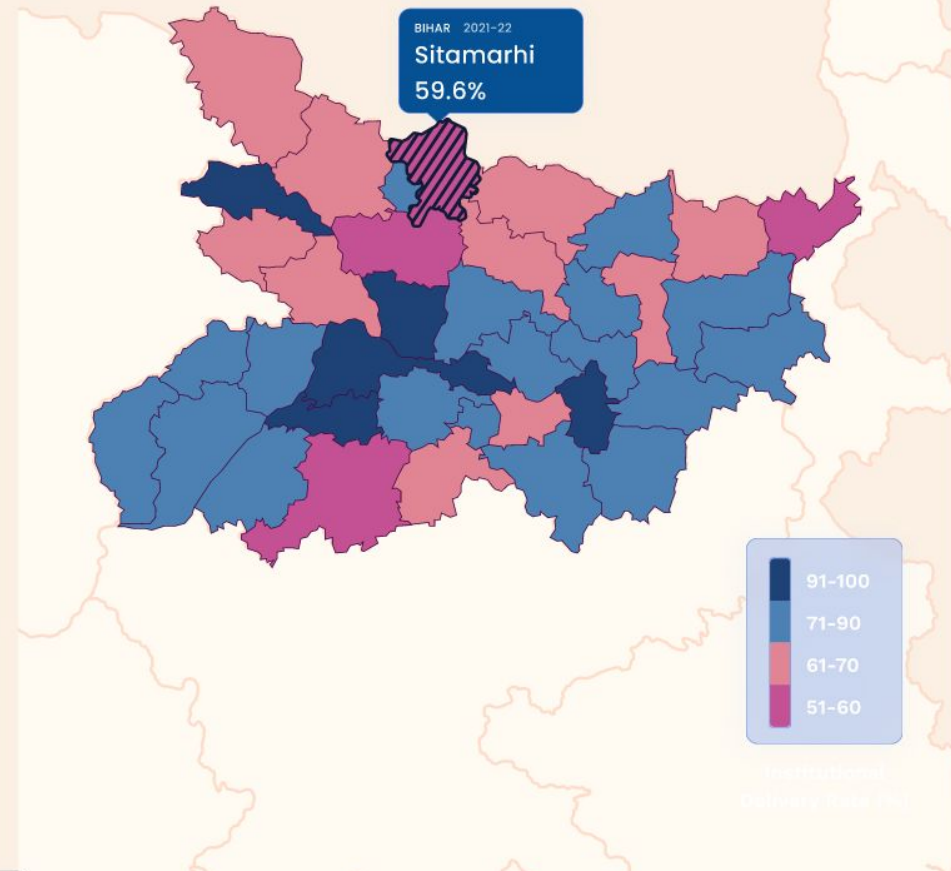
How to reduce anaemia prevalence among pregnant women?



Sitamarhi will have to move up **36%** and **24%** points to meet the national and state average respectively



Data Source | Health Management Information System, 2021-22



Factors impacting Institutional Delivery Rate (IDR)

INFRASTRUCTURE FACTORS

To quantify the availability of healthcare facilities and services

Number of Sub Centres

Number of Primary Health Centres/
Aarogya Mandirs

Number of Community Health
Centres

Number of First Referral Units

Number of District and Sub-Division
Hospitals

BEHAVIOURAL FACTORS

To quantify decision making behaviour related to seeking institutional healthcare services

Number of Mothers Registered for
Antenatal Checkups

% of mothers who registered for
ANC in first trimester

% of mothers who had at least 4
Antenatal Checkups

SOCIAL FACTORS

Social demographic data that influences decision making with respect to seeking institutional healthcare services

% of women married before 18

% of women who are literate

Mother's schooling (in years)

■ Low Performing Indicator

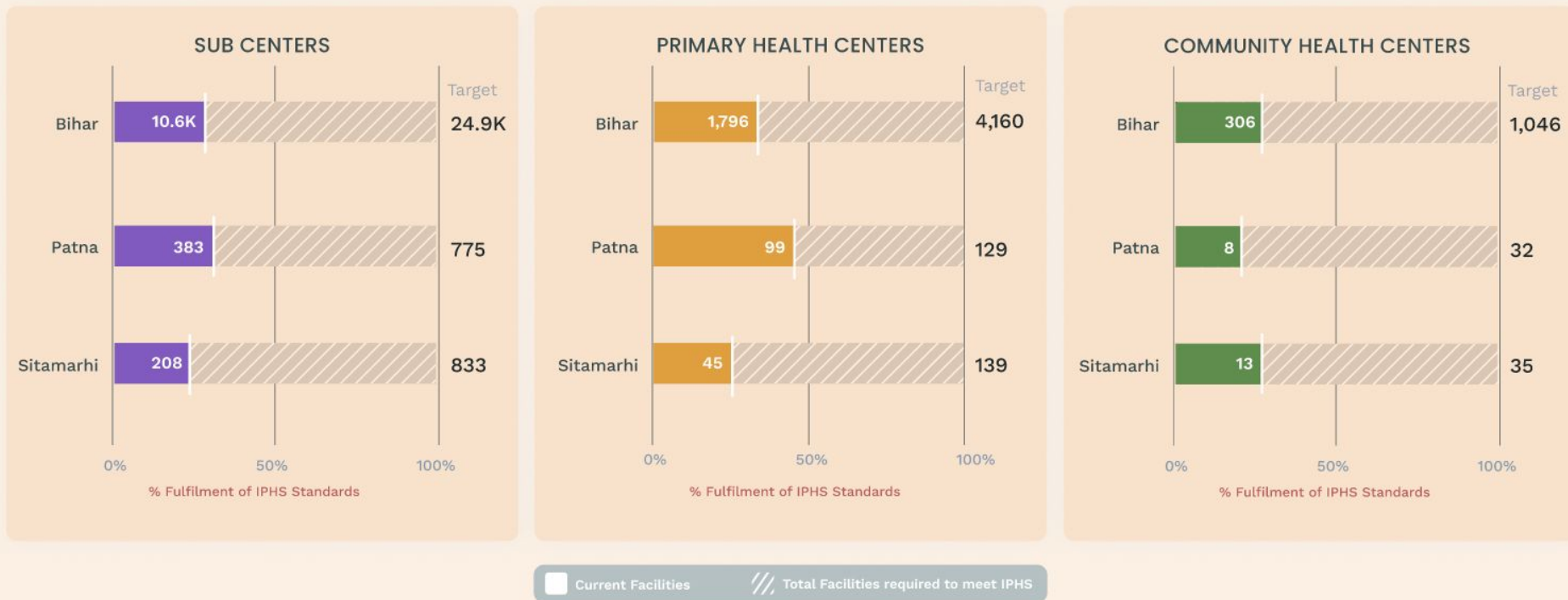
■ High Performing Indicator

■ Insufficient Data

Infrastructure Factors

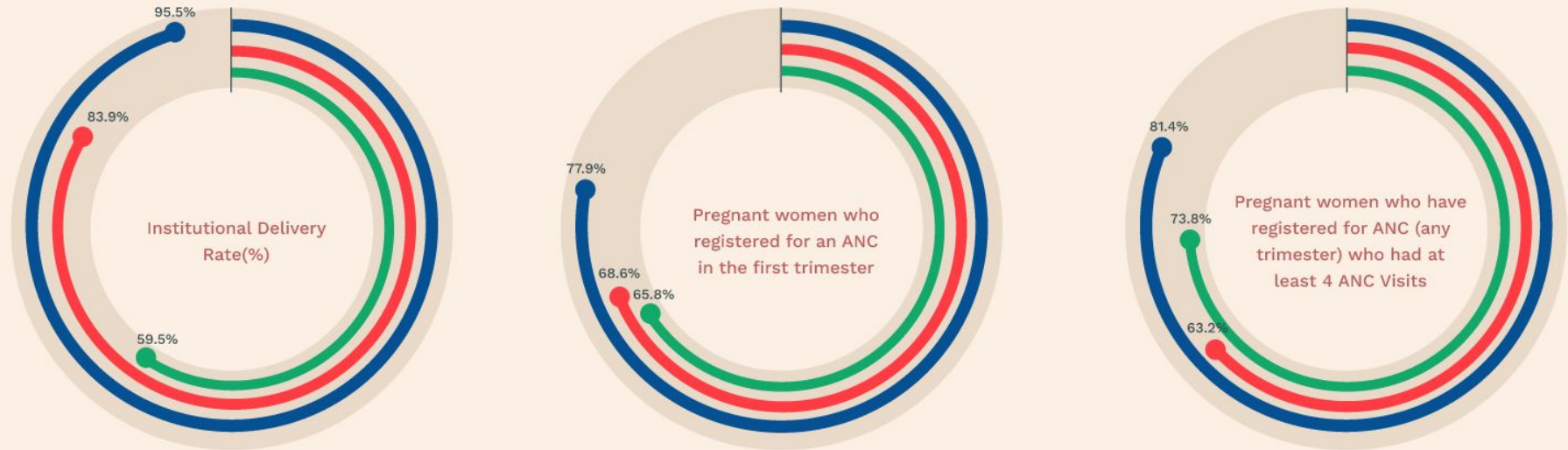
The Indian Public Health Standards (IPHS) prescribes an ideal number of primary healthcare facilities for a given population

Sitamarhi needs 625 additional Sub-centres, 94 PHCs, 22 CHCs to meet the ideal requirements set out in the IPHS



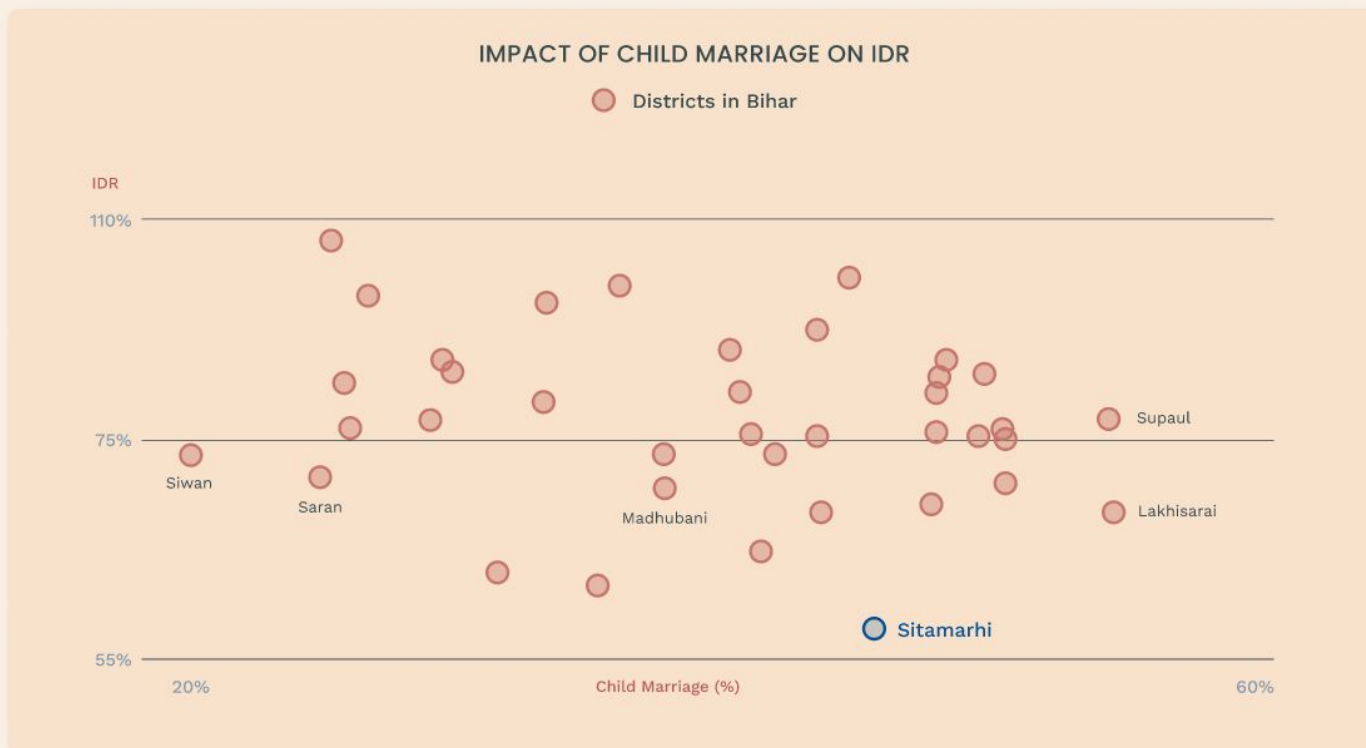
Behavioural Factors

Driving ANC registrations can impact IDR positively. In Sitamarhi, adoption of ANC services is relatively better than in Bihar on average. However, ANC registrations in the first trimester need to be increased.



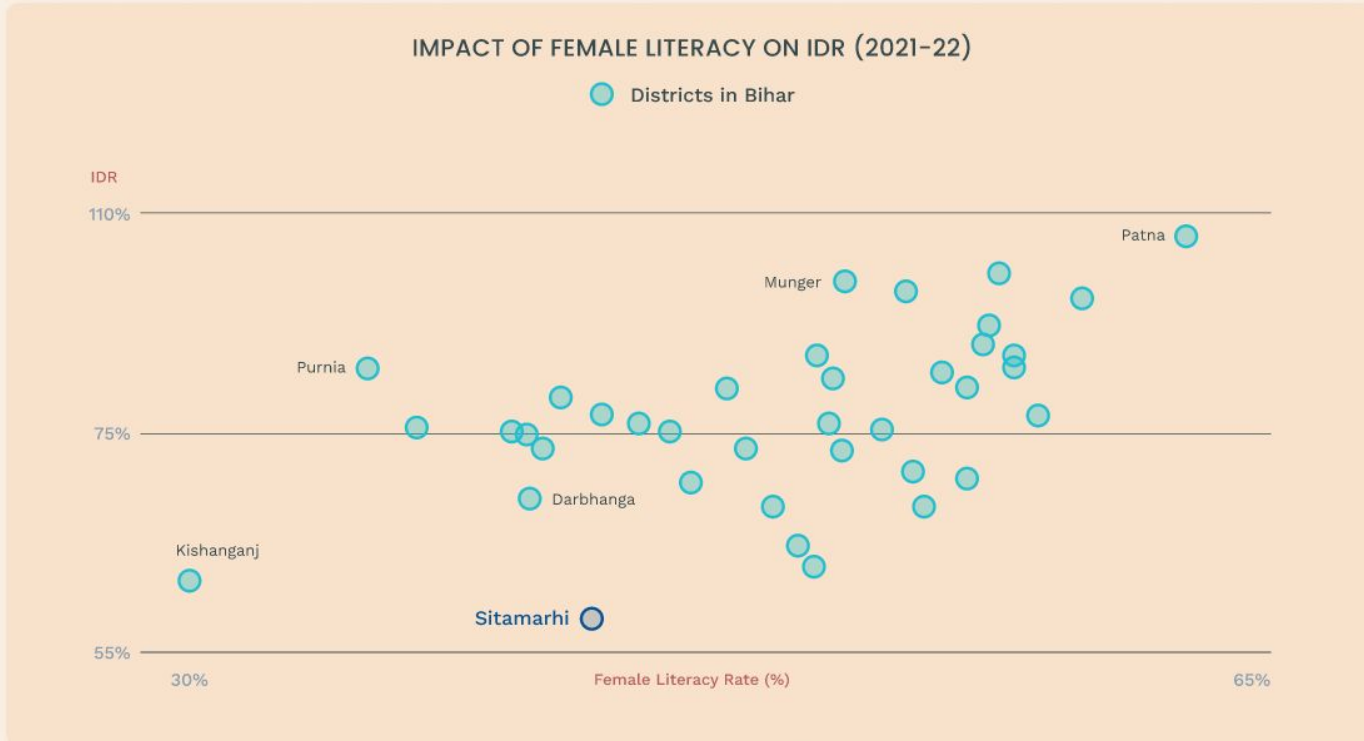
Social Factors

A study into low IDR in Sitamarhi identified low female literacy and education and early/child marriage as key causes, the scatterplot graphs below shows the interplay between female literacy and child marriage to IDR in all 38 districts in Bihar.



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Social Factors

The more years of schooling mothers have, the more likely they are to choose institutional delivery. In Sitamarhi, 50.3% of women with no education opted for ID, compared to 96% of women with 12 or more years of education.

EDUCATION OF ALL WOMEN AGED 18-49



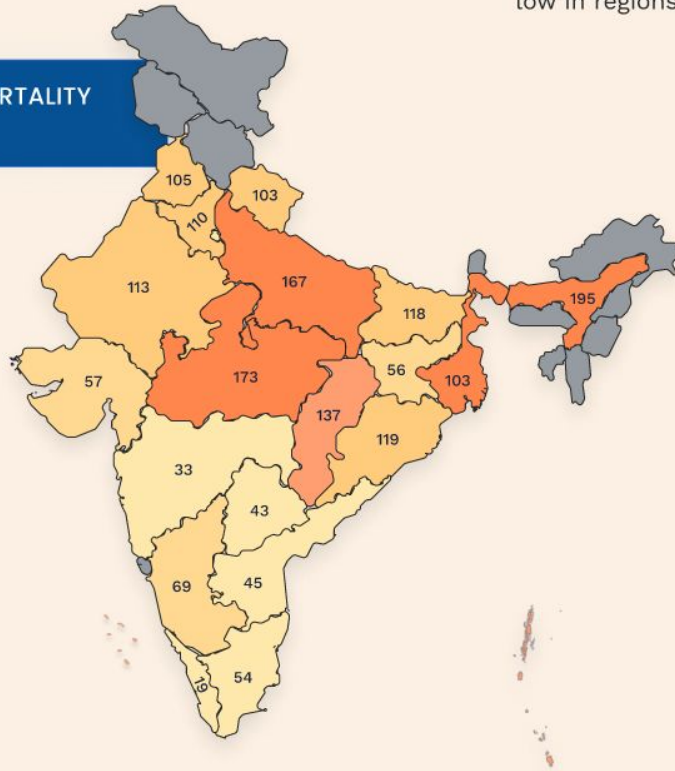
EDUCATION OF WOMEN WHO OPTED FOR INSTITUTIONAL DELIVERY



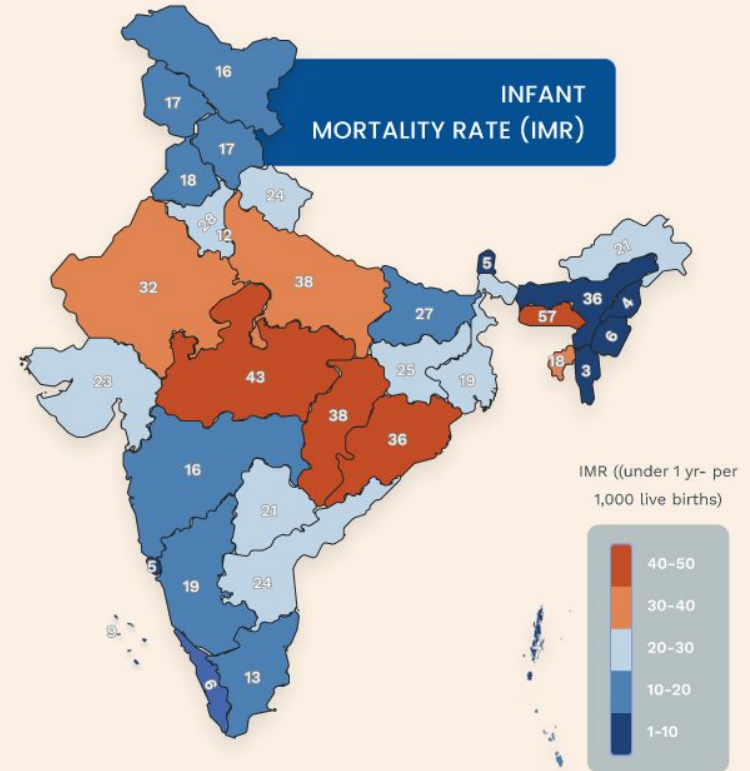
Health Outcomes

Increase in IDR can decrease the incidence of maternal and infant deaths. The heat maps below show that IMR and MMR is low in regions with high IDR

MATERNAL MORTALITY RATE (MMR)



INFANT MORTALITY RATE (IMR)



 **Recommendations to improve IDR in Sitamarhi district**

Infrastructure



Ayushman Aarogya Mandirs can be retrofitted with labour rooms to bridge gaps in accessing full-fledged healthcare facilities.



Giridih, Jharkhand



Last-mile connectivity issues can be addressed through maternal hostel facilities, where women in flood-prone and difficult terrain can temporarily reside in their final trimester



Karbi Anglong, Assam | Odisha



Deploying bike/auto ambulances, using mobile units and increasing 108 ambulance service can also solve for issues of last mile connectivity and access.



Kandhamal, Odisha

Behavioural and Social



Leveraging community leaders and experienced mothers to counsel young couples and expectant mothers to avail ANC services



Chitrakoot, UP | Koraput, Odisha



Community health workers and local faith based leaders and elders can advise against child marriage. Children should be encouraged to reject child marriage by informing trusted teachers and community elders.



Ri-Bhoi, Meghalaya | Koraput, Odisha



Ensure adequate focus on educating adolescents, especially young girl children on the importance of reproductive health and availing ANC when they are pregnant in their adulthood.



Koraput, Odisha

Find Recommendations & Best Practices



Retrofit Ayushman Aarogya Mandirs with labour rooms for safe deliveries

📍 Jamua, Giridih, Jharkhand

Infrastructure Central Zone



Leveraging church leaders and community elders to encourage ANC registration

📍 Umling, Ri-Bhoi, Meghalaya

Social Behavioural East Zone



Encourage Institutional deliveries through Residential maternal waiting homes

📍 Nilip, Karbi Anglong, Assam

Infrastructure East Zone



Counsel young brides and couples to avail maternal healthcare services

📍 Ramnagar, Chitrakoot, UP

Social Behavioural North Zone



Improve access to institutions for safe delivery through bike and auto ambulances and delivery vans

📍 Kandhamal, Odisha

Infrastructure East Zone



Ending child marriage in Odisha through "Aparajita"

📍 Koraput, Odisha

Social Behavioural East Zone

Choose a Best Practice for more details

RETROFIT AYUSHMAN AROGYA MANDIRS WITH LABOUR ROOMS FOR SAFE DELIVERIES

AIM

Bridge the gaps caused by limited infrastructure and a lack of trust in public health facilities to encourage pregnant women to choose institutional delivery.

STRATEGY

Nearest Ayushman Arogya Mandirs fitted with delivery services to increase access to healthcare facilities with labour rooms, and awareness campaign launched to socialise safe institutional deliveries.

INTERVENTIONS

- Dedicated maternal health unit established within Ayushman Arogya Mandirs in 2 villages in Jamua block.
- Free prenatal and postnatal care services provided.
- Community awareness programs held to educate families about the importance of institutional deliveries.
- Transportation (via Manta Vahan) facilities provided to pregnant women to ensure timely access to

REGION Jamua Block, Giridh District, Jharkhand

FUNDING ₹ 100,000

YEAR Implemented 2023



KEY RESULTS

90% IDR recorded in two Panchayats - Bhupatdih and Nawdiha

LEVERAGING CHURCH LEADERS AND COMMUNITY ELDERS TO ENCOURAGE ANC REGISTRATION

AIM

Encourage Umling's largely tribal population, living in difficult terrain, to utilise public healthcare facilities for regular ANC and institutional deliveries and reduce reliance on traditional healers

STRATEGY

Leverage considerable influence of faith-based leaders and community elders to dispel fears over institutional healthcare facilities and increase ANC registration.

INTERVENTIONS

- Village and Household saturation approach was adopted to ensure mapping of hard to reach areas (HTRAs), household level database for HTRAs created and door-to-door tracking and monitoring by human development teams conducted based on the database created.
- Large number of persons in HTRAs regularly attended church despite the difficult terrain and so church leaders encouraged community members to access healthcare at government institutions as opposed to traditional healers

REGION Umling Block, Ri-Bhoi District, Meghalaya

FUNDING Existing funds under NHM utilised

YEAR Implemented in 2023



KEY RESULTS

Umling Block's performance on ANC registrations (64.3%) and percentage of institutional deliveries (84.4%) are higher than the state average

ENCOURAGE INSTITUTIONAL DELIVERIES THROUGH RESIDENTIAL MATERNAL WAITING HOMES

AIM

Mitigating maternal and neonatal health complications in the remotest corners by increasing IDR and improving community health outcomes.

STRATEGY

Ensure proximity of healthcare centres to villages and increase women's trust in doctors and health infrastructure.

INTERVENTIONS

- Matri Ghar (birth waiting homes) created for pregnant women to ensure proximity to healthcare services during the critical period of labor and delivery.
- The six-bedded Matri Ghar was established in 2021 at Block PHC to provide a safe and comfortable environment for pregnant women. It includes in-house kitchen facilities managed by a caretaker on a reimbursement basis, ensuring essential support for expectant mothers.
- Matri Ghar is located near the PHC and other block healthcare facilities to ensure quick access to

REGION

Nilip Block, Giridih District, Jharkhand

FUNDING

Existing Funds under NHM

YEAR

Implemented 2021



KEY RESULTS

Zero maternal deaths recorded in the block in the last 2 years

COUNSEL YOUNG BRIDES AND COUPLES TO AVAIL MATERNAL HEALTHCARE SERVICES

AIM

Identify young couples and brides to counsel them about the importance of registering for ANC and opting for institutional delivery

STRATEGY

Community-led intervention focused on experienced mothers and community health workers to drive ANC registration and therefore improve IDR.

INTERVENTIONS

- Target couples identified amongst those who are newly married, expecting or have recently delivered a child within 1 year.
- Young brides and pregnant women were encouraged to register for ANC and community elders such as experienced mothers and community health workers were advised to counsel them about specialist services for prenatal care available at institutional health facilities such as instrumentation to check fetal heartbeat and blood and ultrasound testing for the mother.

REGION Ramnagar Block, Chitrakoot, Uttar Pradesh

FUNDING Existing funds under NHM utilised

YEAR 2023-2024



KEY RESULTS

ANC Registration as of April 2024 recorded at 99.8%

IMPROVE ACCESS TO INSTITUTIONS FOR SAFE DELIVERY THROUGH BIKE AND AUTO AMBULANCES AND DELIVERY VANS

AIM

Connect pregnant women living in 114 hard-to-reach tribal villages in Kandhamal district with institutional delivery services. Over reliance on untrained 'dai' midwives is also to be addressed by increasing access to hospitals with trained healthcare professionals

STRATEGY

District administration improved transportation facilities and labour and delivery wards in public healthcare facilities to increase trust in institutional deliveries.

INTERVENTIONS

- All labour and delivery wards servicing hilly tribal terrains were made functional.
- To encourage transport to these delivery facilities, 5 Bike Ambulances and 11 Janani Auto vehicles were operationalised.
- Further, all existing government health department vehicles including government ambulances for 4001 and 4002 services, Arogya Plus vehicles and Mobile Health Units with Mobile Health Teams were

REGION

Kandhamal District, Odisha

FUNDING

Existing Funds (NHM, State Govt. Schemes)

YEAR

Implemented in 2019



KEY RESULTS

97% increase in IDR and 65% decrease in number of maternal deaths

ENDING CHILD MARRIAGE IN ODISHA THROUGH “APARAJITA”, A PROGRAM TO EMPOWER GIRL CHILDREN TO COMPLETE SCHOOL EDUCATION

AIM

Eradicate child marriage from the district, starting with reducing child marriage by 10% by the end of 2020.

STRATEGY

Campaign centred around a year-long awareness plan to empower schoolchildren and make them champions to end child marriage

INTERVENTIONS

- Girl students empowered to reject child marriage through an awareness campaign where block education officers and school teachers identified as trusted elders to protect vulnerable girls.
- Five adolescent girls who rejected their own child marriages were made brand ambassadors for Aparajita and given educational scholarships worth INR 5000. These girls were encouraged to act as community voices to advocate for an end to child marriage and to encourage girls to complete education.

REGION

Koraput District, Odisha

FUNDING

Existing Funds (NHM, State Govt. Schemes)

YEAR

2019-2020



KEY RESULTS

204 child marriages stopped

