

IMPROVING PRIVATE MATERNAL HEALTH CARE IN INDIA THROUGH A TOTAL MARKET APPROACH



IMPACT BY THE NUMBERS

615

Facilities strengthened to provide quality care

~3,000

Community health workers trained

~2,000

Outlets reached by last mile outriders, increasing access to quality (and less expensive) medicines



160,000+

Women with improved access to quality care

PLACE	Uttar Pradesh (3 districts)
SCALE	615 health providers and ~3,000 community health workers
TIMEFRAME	March 2013 – May 2016
PARTNERS	Pathfinder International and World Health Partners

OVERVIEW

Although fewer women in India are dying in pregnancy and childbirth, India still has the second highest number of maternal deaths globally. Particularly in rural India, women tend to have limited options for quality maternal care nearby, often seeking care from a variety of public and private health providers who deliver varying levels of care.

Through the Matrika program (meaning mother in Sanskrit), Pathfinder International and World Health Partners (WHP) partnered to improve access to quality maternal health and postpartum family planning services in rural Uttar Pradesh. Supported by *MSD for Mothers*, Matrika broadened WHP's Sky Network social franchise—which links remote providers with urban doctors via telemedicine—to include antenatal care. The project connected franchised providers with higher level public and private referral facilities, working closely with providers to improve the quality of care throughout.

SUCCESSES

- Expanded options for remote maternity care:** Introduced antenatal care to the Sky Network's telemedicine social franchise
- More standardized care among public and private providers:** Improved the quality of maternity care delivered by more than 600 public and private providers via training and quality improvement
- 'Last mile' access to medicines:** Improved access to quality medicines through "last-mile outriders" who delivered Sky-branded products directly to providers and local drug shops
- Low-cost technology to save women's lives during transport:** Introduced the non-pneumatic anti-shock garment (NASG) in local ambulances and facilities – a first-aid device that stabilizes women with obstetric hemorrhage and shock

LESSONS LEARNED

- ✓ Social franchising is a tool for organizing remote healthcare providers and expanding the services they offer
- ✓ Telemedicine is an effective way to bring quality maternal health care to underserved areas
- ✓ Public community health workers (ASHAs) can a) help women navigate both public and private care settings and b) make more informed choices about where to seek quality care

WHAT'S NEXT

MSD for Mothers is supporting WHP to transition their Sky Network to a more financially sustainable model so that providers can continue offering quality antenatal care to rural women.

STORY FROM THE FIELD

When Deepa Tiwari, a young mother from the Sajethi village in Kanpur Nagar, missed her period, she returned to her local community health worker (ASHA) at the Sky Health Center (SHC) nearby, where she had previously received good medical services. There, Deepa had her first antenatal care visit and a teleconsultation with a doctor. While her blood pressure and weight were normal, her iron levels were low. Deepa was advised to rest, eat well and take iron and calcium supplements. Deemed a high-risk pregnancy, she was also referred to a public facility for additional treatment. She had regular check-ups and teleconsultations at the SHC and her iron levels slowly improved. Deepa was advised to register the birth at a public health center in Ghatampur, where she had a normal delivery. As part of her postpartum care, Deepa received family planning counseling where she decided to take up a family planning method.

