Strengthening maternal and child health and nutrition services through women's participation.

Anusandhan Trust – SATHI

(Project Period- January 2023 to March 2026)

I. Background

The Government implements a range of health services, facilities, and welfare schemes for women and children through the Health Department and the Integrated Child Development Services (ICDS). These services are available for newborns, adolescent girls, and women across different age groups. Antenatal Care (ANC) and Postnatal Care (PNC) services provided to pregnant and lactating women have contributed to reducing maternal and child mortality, leading to positive outcomes in safe motherhood. The efforts of ASHA workers have also helped reduce the incidence of home deliveries. Furthermore, children from birth to six years of age receive immunization, supplementary nutrition, health check-ups, and treatment services through Anganwadi centres and the health system.

Despite these efforts, challenges related to safe deliveries, high-risk pregnancies, malnutrition, anemia, sickle cell disease, and child health and nutrition continue to persist, particularly in tribal and rural areas. Regions such as Melghat and Nandurbar continue to report high rates of maternal mortality, infant mortality, home deliveries, and child malnutrition. In the blocks of Dhadgaon, Dharni, and Ghatanji, incomplete immunization, high-risk pregnancies, and child malnutrition remain significant concerns. Factors such as seasonal migration, early marriage, frequent pregnancies, difficult geographical conditions, inadequate transportation, and limited awareness of health services further increase health risks for women and children.

Although government schemes are available, many beneficiaries are unable to access their full benefits due to a lack of information, documentation-related challenges, Aadhaar-bank linkage issues, digital system errors, and vacancies within the public health system. At the same time, the increasing workload on ASHA and Anganwadi workers and the challenges of reaching remote hamlets weaken the connection between communities and health services. As a result, maternal and child health and nutrition services often fail to reach the most vulnerable populations effectively.

Against this backdrop, Anusandhan Trust – SATHI has been working for over a decade in collaboration with local systems to improve access to health, nutrition, and social welfare services for marginalized communities. Building on this experience, SATHI implemented the initiative **"Strengthening Maternal and Child Health and Nutrition Services Through Women's Group Participation"** from February 2023 to March 2026 across 61 villages in four tribal blocks: Dhadgaon (Nandurbar district), Dharni (Amravati district), Ghatanji (Yavatmal district), and Murbad (Thane district).

The initiative went beyond simply facilitating service delivery. It placed pregnant women, lactating mothers, and parents of children aged 0–3 years at the center of the process, focusing on improving their access to services, participation, and decision-making capacities. The project fostered collaboration among women's groups, field facilitators, ASHA workers, Auxiliary Nurse Midwives (ANMs), Anganwadi workers, and the local health system. Through community participation, regular dialogue, and close coordination with local health institutions, the initiative sought to strengthen the management and delivery of maternal and child health and nutrition services.

Over the three-year period, the initiative contributed to increased awareness of health and nutrition services within communities, improved utilization of government services, strengthened trust in the public health system, and enhanced collective community action around maternal and child health issues.

Project Objectives

- To increase awareness about maternal health services during pregnancy and after childbirth, government welfare schemes, and nutrition services.
- To strengthen community empowerment through local interventions and improve access to public health and nutrition services.
- To prevent and reduce malnutrition among children aged 0–3 years.

Our Approach

- Conduct health and nutrition service tracking, screening, home visits, regular follow-up, and awareness activities through trained village-level community workers.
- Provide continuous and individualized follow-up support to high-risk pregnant women, mothers with low haemoglobin levels, and malnourished children.
- Facilitate regular coordination meetings and administrative follow-up among ASHA workers, Anganwadi workers, Health and Wellness Centres (HWCs), and local government authorities.

II. Summary of key outcomes

During the project period, substantial progress was achieved in improving maternal and child health services across the four intervention blocks—Dhadgaon, Ghatanji, Dharni, and Murbad. At the beginning of the project, the number of registered pregnant and lactating mothers was 677 and the number of children (0–3 years) was 1641. Through continuous outreach, tracking, and community engagement, the total number of beneficiaries covered during the project period increased to more than 5,500.

In total, 2,329 pregnant and lactating women and 3,361 children were registered under the intervention. The project focused on strengthening awareness, improving access to public health and nutrition services, and addressing malnutrition among children aged 0–3 years through a community-based approach.

Under Objective 1, the project significantly improved awareness about Antenatal Care (ANC), Postnatal Care (PNC), nutrition services, and government welfare schemes. A total of 136 issues were resolved, most of which were at the individual beneficiary level. Through counselling, home visits, PHC meetings, and village meeting discussions, mothers and families became more aware of the importance of institutional delivery, nutrition services, and scheme benefits. As a result, registrations and follow-ups for schemes such as PMMVY, JSY, Matruttva Anudan Yojana, and Budit Majuri Yojana increased substantially, enabling many beneficiaries to receive financial and service benefits.

Under Objective 2, the project focused on improving access to public health and nutrition services by strengthening the link between communities and service providers. Maternal health services during pregnancy improved significantly. Over 95% of registered women received essential ANC services,

including MCP cards, urine tests, HIV tests, height measurement, and TD injections. Sonography services were accessed by 85.3% of pregnant women, mostly through government facilities or tie-up centers. Institutional deliveries also increased significantly, with 81.6% of deliveries taking place in government hospitals, while home deliveries reduced considerably. A total of 59 issues related to access to services were resolved through community monitoring, PHC-level coordination, and administrative interventions.

Under Objective 3, the project worked towards reducing malnutrition among children aged 0–3 years. Regular growth monitoring, home-based counselling, and referrals to health facilities played a crucial role in improving the nutritional status of children. A total of 52 issues related to malnutrition were resolved, with the majority addressed directly at the individual beneficiary level. Several severely malnourished children were admitted to Nutrition Rehabilitation Centres (NRCs) and showed improvement after treatment and follow-up. Regular coordination between ASHA, Anganwadi workers, and ANMs strengthened the identification and management of malnutrition cases.

Overall, the project demonstrated that community-based follow-up and strengthening coordination between field facilitators and health systems can significantly improve the utilization of maternal and child health services. The intervention helped bridge the gap between the availability of services and their actual utilization by beneficiaries, leading to improved awareness, better service uptake, and progress in addressing maternal and child malnutrition.

Progress made against each of the project objectives

Total beneficiaries	Dhadgaon	Ghatanji	Dharni	Murbad	Total
Total Registered Women in the project	374	412	1194	349	**2329**
Total children	**587**	**425**	**1880**	**469**	**3361**

In the beginning, the total number of registered pregnant and lactating mothers in the project was 677, and children from birth to 3 years of age were 1641. By the end of the project period, the total number of beneficiaries exceeded 5,500.

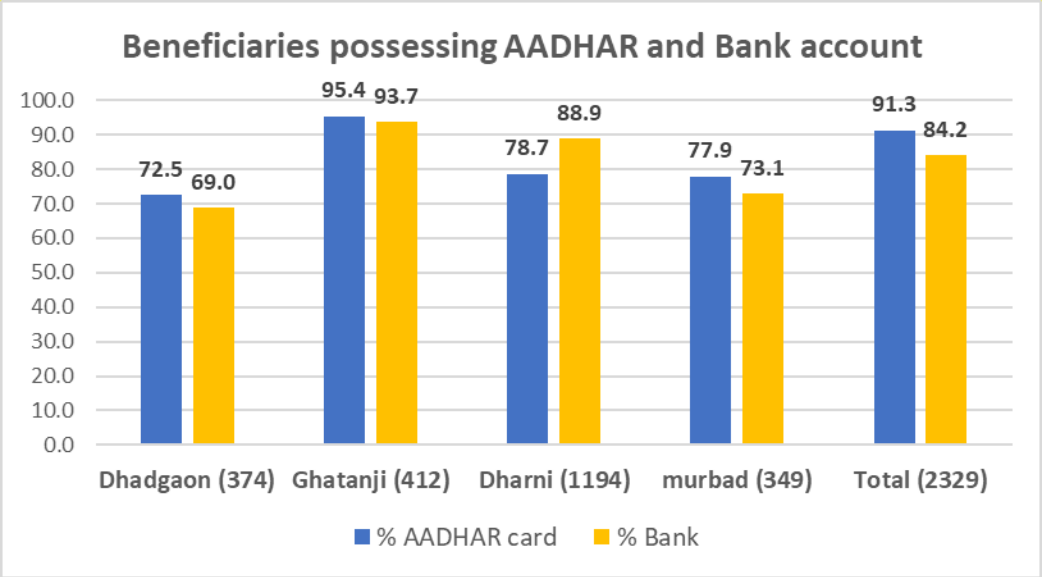
To improve awareness of ANC-PNC, government schemes, and nutrition services

Under this objective, significant progress was achieved across all four talukas in increasing awareness regarding Antenatal Care (ANC), Postnatal Care (PNC), government schemes, and nutrition services. A total of 136 issues were resolved in this thematic area. Among these, the highest number (46 issues) was addressed in Dhadgaon taluka, followed by 35 in Murbad, 31 in Ghatanji, and 24 in Dharani.

At the individual beneficiary level, substantial efforts were made. For example, in Dharani, a high-risk mother, Revati Bhilavekar, who was planning a home delivery, was counseled with her family and motivated to opt for institutional delivery. In Dhadgaon, a woman such as Rasika Vasave was identified and registered for pregnancy, bringing her into the formal service and scheme delivery system. In Murbad, Jayashree Shid was supported with marriage registration, Aadhaar update, and bank account

opening, making her eligible for government scheme benefits. In Ghatanji, parents of a malnourished child, such as Anjali Kondekar, received nutrition counseling and appropriate dietary guidance.

At the PHC and Anganwadi level, 26 issues were resolved in this thematic area. These included ensuring the timely distribution of Amrut Aahar in Dharani, addressing complaints of poor-quality Take-Home Ration (THR) in Dhadgaon by escalating the issue to the CDPO, restoring regular egg supply under Amrut Aahar in Murbad after raising the issue in taluka meetings, and initiating the practice of providing boiled eggs instead of raw eggs in Anganwadis in Ghatanji.



At the taluka and district levels, key systemic issues were resolved. Intervention tackled various issues regarding registrations of schemes, conducting AADHAR camps in the various field areas, taking follow-up for timely registrations, as well as scheme benefits. Though the availability of AADHAR and bank is increased, most of the scheme benefits were submitted but stuck due to a non-functional bank account in the maternal name, or there were significant delays found to submit documents from the beneficiaries.

Scheme benefits received

Awareness of schemes and timely registrations played a significant role in receiving scheme benefits in the intervention period. At the beginning of the project Pradhan Mantri Matru Vandana Yojana (PMMVY) scheme was non-functional due to a website issue. That caused a great impact on the registrations in the scheme and on receiving the scheme benefits in the first year of the project. But during the process, follow-ups from registration in the scheme to tracking benefits played a significant role, which resulted significant impact of receiving schemes

PMMVY	Dhadgaon	Ghatanji	Dharni	murbad	Total
PMMVY received	15	63	71	11	160
PMMVY follow-up in process	48	124	268	74	514
Total PMMVY forms filled	**63**	**187**	**339**	**85**	**674**

Out of 893 women registered for 1st pregnancy/ delivery in the project, forms were filled out by 674 beneficiaries. Out of this, 160 (23.7%) beneficiaries received benefits of the PMMVY scheme. At the baseline, beneficiaries who received benefits from PMMVY were only a few.

JSY	Dhadgaon	Ghatanji	Dharni	murbad	Total
Total deliveries	**366**	**400**	**1124**	**334**	**2224**
Received	29.5	48.8	39.0	55.4	41.6
Follow-up in process	28.1	28.5	37.7	15.6	31.2

From JSY highest benefits received were reported in Murbad, followed by Ghatanji. More pending cases were found in the Dharni block, where the highest number of registered mothers (1194) was during the project period.

Matruttva Anudan Yojana and Budit Majuri Yojana (MAY)

MAY	Dhadgaon	Ghatanji	Dharni	murbad	Total
Out of (registered for 1st & 2nd delivery)	**304**	**564**	**1323**	**396**	**2587**
Received	**96**	**35**	**445**	**149**	**725**
Follow-up in process for the MAY scheme	66	274	428	60	828
BMY	**Dhadgaon**	**Ghatanji**	**Dharni**	**murbad**	**Total**
Out of (registered for 2nd delivery)	**188**	**366**	**904**	**236**	**1694**
Received	**110**	**111**	**182**	**104**	**507**
Follow-up in process for BMY scheme	46	69	398	44	557

At the staff level, 28 issues were resolved. These included correcting incomplete entries in MCP cards in Dharani, taking action against an absent vaccination assistant in Dhadgaon, and securing orders for a new appointment, improving coordination among ASHA, Anganwadi workers, and ANMs in Murbad to better identify left-out mothers and children, and addressing irregular attendance of Anganwadi workers in Ghatanji. Notably, 70 out of the 136 issues in this domain were resolved at the individual beneficiary level, demonstrating that awareness efforts translated into direct benefits for mothers and children.

Conclusion:

- Despite the availability of government schemes, awareness about the information and procedural aspects was limited.
- Awareness regarding ANC-PNC and nutrition services increased significantly through PHC meetings, Gram Sabhas, and home visits.
- Counseling and real-life examples helped in building greater trust in the public health system.

To improve access to public health and nutritional services by empowering the community through local interventions

Services during pregnancy	Dhadgaon	Ghatanji	Dharni	murbad	Total
Total Registered Women	374	412	1194	349	**2329**
Received MCP Card	353	412	1194	330	**98.3**
Urine Test Done	349	410	1186	330	**97.7**
Height Measured	354	412	1192	328	**98.2**
HIV Test Done	324	403	1186	329	**96.3**
TD Injection Received	323	403	1182	325	**95.9**
Sonography Done	262	394	1013	317	**85.3**

After registration during pregnancy, during ANC, various checkups are carried out. Some checkups and services are received on a monthly basis, such as weight, blood pressure monitoring, Haemoglobin checkup, and abdominal checkup. Urine test, height measured, and noted in the MCP card.

Sonography	Dhadgaon (374)	Ghatanji (412)	Dharni (1194)	murbad (349)	Total (2329)
Sonography Done	**262**	**394**	**1013**	**317**	**1986**
GOVERNMENT	238	342	1004	4	1588
PRIVATE	4	52	8	282	346
Details not received	20	0	1	31	52

Out of 2329 total registered mothers, 1986 mothers received at least one sonography. Most of them went to government hospitals or tie-up centres for sonography. Almost all women who spent on sonography, were received back the full or part of the amount spent. During the entire period of intervention, many issues regarding sonography were raised and tackled at various levels, including tie-up facilities, transport of the women, long queues, and food arrangement for pregnant women who travel long distances for sonography.

In the entire project period availability of the MCP card was improved notably, and mothers started maintaining their MCP cards due to follow-up in the project. At the beginning of the project Many beneficiaries from Dhadgaon did not receive MCP cards, whereas cards were not filled timely in Murbad.

High risks in pregnancy reported	Dhadgaon	Ghatanji	Dharni	murbad	Total
More number of pregnancies (> 2 deliveries)	156	31	323	55	565
Low weight (Wt below 40 (last measured weight)	21	12	26	32	91
Low HB during pregnancy (HB < 9.0 for more than 2 months)	56	70	597	74	797
Less than 18 years old at the time of pregnancy	17	20	11	13	61
Low Blood Pressure during ANC (during > 2 ANC checkups)	63	42	23	21	149
Earlier complications in pregnancy	136	12	119	11	278

Attendance for ANC checkups increased significantly in the project period. Various awareness was generated for complications in deliveries, and rounds of follow-ups were done for the pregnant mothers identified with risks during pregnancy. Many of them had more than one risk during the pregnancy.

For pregnant mothers having low HB, follow-up of the receipt and consumption of iron and calcium tablets was monitored closely. Women having HB less than 7 were followed up for iron sucrose and regular check-up by ANM.

Place of delivery

Place of delivery	Dhadgaon	Ghatanji	Dharni	murbad	Total
Government hospital	244	382	960	228	1814
Home deliveries	84		51	3	138
Private hospitals		18	9	84	111
Not updated	38	0	104	19	161
Total deliveries	366	400	1124	334	2224

The number of deliveries in government hospitals significantly increased (81.6%) during the intervention, followed by a reduction in home deliveries as compared to baseline. Out of total deliveries, only 6% home deliveries, where most of the deliveries were noted from Dhadgaon and Dharni, where there are many adverse conditions to reach institutions. Follow-up of institutional deliveries and referral services was done rigorously during the intervention.

Ambulance service was received during delivery	Dhadgaon	Ghatanji	Dharni	murbad	Total
Out of Deliveries in Government	244	382	960	228	1814
Referral service received	228	122	952	101	1403
% Referral received	**93.4**	**31.9**	**99.2**	**44.3**	**77.3**

Most of the times ambulance service is received only one time, free of cost. One time, families had to spend from their own pockets.

Under this objective, a total of 59 issues were resolved to strengthen access to public health and nutrition services through community empowerment. Of these, 16 were in Dharani, 18 in Dhadgaon, 15 in Murbad, and 10 in Ghatanji.

At the PHC and Anganwadi level, the highest number (35 issues) was resolved. For example, in Dharani, the dilapidated Dharanmuhoo Sub-Centre building was replaced with a new structure, and 4–5 deliveries per month resumed at the facility. In Dhadgaon, a non-functional ambulance at Roshmal PHC was replaced with a new one. In Murbad, a dysfunctional weighing scale at Kevharwadi Anganwadi was replaced with a digital weighing machine. In Ghatanji, Rayasa Anganwadi received proper windows after nearly ten years.

At the staff-related level, 12 issues were addressed. These included restoring regular communication with ANMs in Dharani through village-level meetings, reducing the additional workload of the LHV at Bilgaon PHC in Dhadgaon, arranging alternative mechanisms during ASHA strikes in Murbad (through

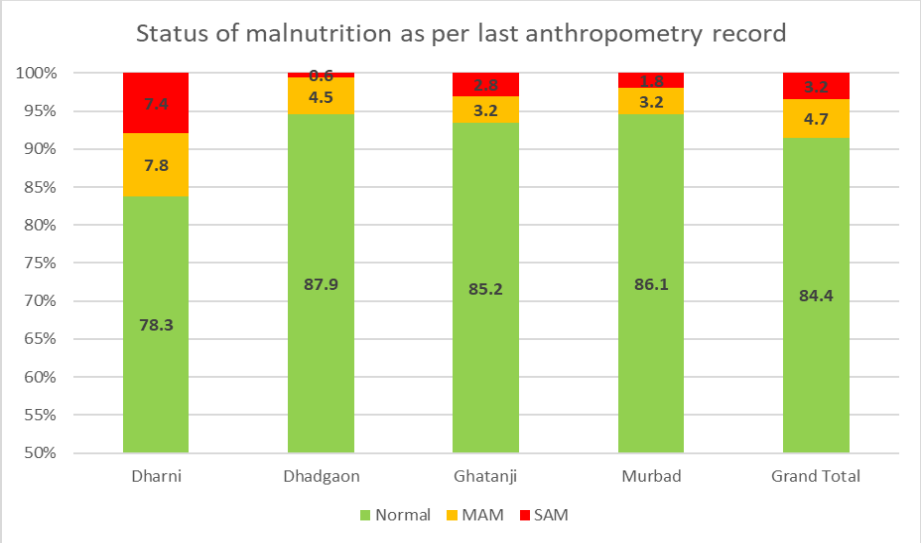
increased home visits and supervisory support), and resolving complaints about the inappropriate behavior of an Anganwadi helper in Ghatanji by counseling her on appropriate conduct.

At the taluka and district levels, 12 issues were resolved to provide administrative backing to local interventions. These included initiating VCDC in Dharani and streamlining the process for reimbursement of private vehicle expenses raised during PHC melavas in Dhadgaon. Additionally, 10 issues were resolved at the individual beneficiary level, reflecting the gradual strengthening of community agency access to services.

Conclusion:

- Trained community-level workers act as a crucial "link" between the community and public health services.
- Local-level meetings, grievance registers, and written administrative orders help make the health system more accountable.
- The transition from services merely being "available" to being "actually utilized" was made possible through community empowerment.

To tackle malnutrition in the age group 0 to 3 years



Following up with children on a regular basis to reduce malnutrition was one of the prime objectives of the intervention. From the intervention, except for Dharni, significant improvement was found in improving malnutrition. In Dharni, tracking of children got significantly improved, followed by referrals to health institutions. Home-based counselling of the parents of malnourished children was one of the major parts of the intervention in all the project areas, which showed a significant impact in the reduction of malnutrition.

Under this objective, a total of 52 issues were resolved to address malnutrition among children aged 0–3 years. Of these, 15 were in Dharani, 12 in Dhadgaon, 12 in Murbad, and 13 in Ghatanji.

At the individual beneficiary level, 42 issues were resolved, reflecting direct action against malnutrition. For example, in Dharani, four malnourished children—Pallavi Jambekar, Hardik Patorakar, Sumit Uike, and Nayra Bhilavekar—were admitted to NRC and showed weight gain. In Dhadgaon, two SAM

children—Riya Bhilavekar and Munna Javarkar—were admitted to NRC and improved their nutritional status. In Murbad, the twin daughters (one SAM and one MAM) of Pushpa Kavte from Kevharwadi were followed up consistently, resulting in improvement in their nutritional category. In Ghatanji, malnourished children such as Prithviraj, Rishi, and Karishma from Jatala village were identified and admitted to NRC.

At the PHC and Anganwadi level, 7 issues were resolved to strengthen preventive systems. These included ensuring regular weight and height measurement in Dharani, facilitating the timely release of Gram Panchayat funds for malnourished children in Dhadgaon, ensuring accurate weight recording by Anganwadi workers in Murbad, and providing Anganwadi workers in Ghatanji with NRC contact details to improve follow-up.

During the intervention period, immunisation of all children was observed and documented by field facilitators

Immunisation	Dhadgaon	Murbad	Ghatanji	Dharni	Total
Total children	**1880**	**587**	**425**	**469**	**3361**
Polio 0	1762	585	414	358	2938
BCG	1698	582	400	264	2553
Hipatitis B 0	1372	575	391	187	2075
Age group >1 month	**1876**	**585**	**415**	**445**	**3270**
OPV 1	1788	558	407	318	2793
DPT 1 /PENTA 1	1688	542	400	213	2332
Hipatitis B 1	1048	512	390	136	1695
Age group >2 months	**1813**	**529**	**391**	**415**	**3071**
OPV 2	1737	551	391	257	2540
DPT 2 /PENTA 2	1664	571	391	125	1951
Hipatitis B 2	829	589	393	56	1213
Age group >3 months	**1663**	**453**	**355**	**371**	**2754**
OPV 3	1595	485	362	161	2071
DPT 3 /PENTA 3	1513	516	369	46	1415
Hipatitis B 3	749	548	373	12	767
Age group >9 months	**1443**	**365**	**311**	**318**	**2353**
Measles	1078	363	275	74	1348
Vit A	803	359	242	0	631
Rubella	459	354	212	0	264
Age group >16 months	**306**	**149**	**150**	**491**	**1096**
DPT Booster	175	129	117	0	421
OPV Booster	90	108	88	0	152
Vit A 16/ 18/ 24 months	27	76	61	0	42

At the staff-related level, 3 issues were resolved. These included improving coordination among ASHA, Anganwadi workers, and ANMs in Dharani for effective follow-up of malnourished children, addressing delays in data submission by Anganwadi workers in Dhadgaon, and resolving behavioral conflicts involving an Anganwadi worker in Murbad to improve service delivery.

Conclusion:

- Regular home visits and consistent weight monitoring play a key role in controlling malnutrition.
- Post-NRC follow-up is as important as the treatment itself.
- Community-based monitoring enables the early identification of risks among children in the 0–3 age group.

Annexure I: Case Story

1. **Promoting Institutional Delivery Through Timely Counselling**

Village: Dhakarmal, Dharani Taluka
Beneficiary: Kanchan Hiralal Sawalkar (23 years, Primigravida – First Pregnancy)
Date: 4 October 2025

Background

Kanchan Sawalkar was in the final stage of her first pregnancy. As her expected date of delivery approached, the ASHA worker conducted two home visits to encourage her to opt for institutional delivery. However, despite repeated counselling, the family insisted on conducting the delivery at home.

Home delivery remains a common practice in remote rural areas due to traditional beliefs, misconceptions, and a lack of awareness about potential complications.

Intervention

Recognizing the risk involved, the ASHA informed the community health worker. At 8:00 PM, despite the late hour, both the ASHA and field facilitators jointly visited Kanchan's home.

During the visit, they counselled not only the mother but also her in-laws, clearly explaining the risks and long-term implications of home delivery:

- A child born at home may face difficulties in obtaining a birth certificate.
- Delays in birth registration can create challenges in securing an Aadhaar card and other essential documents.
- Timely immunization may be compromised.
- Institutional delivery ensures access to skilled medical care and emergency support if complications arise.

The discussion focused on both immediate health risks and future administrative challenges, helping the family understand the broader implications of their decision.

Outcome

After detailed counselling and clarification of misconceptions, Kanchan agreed to opt for institutional delivery. A 108 ambulance was immediately arranged, and she was safely transported to the hospital. She delivered a healthy baby through a normal delivery under medical supervision.

Key Learning

In rural communities, resistance to institutional delivery often stems from tradition rather than negligence. However, joint home visits, respectful dialogue, and clear explanation of both health and social consequences can effectively shift decisions.

The late-night visit demonstrates the dedication and responsiveness of grassroots field facilitators. Their proactive approach not only ensured a safe delivery but also strengthened trust between the community and the public health system.

Field Facilitator, Dharni block, District Amravati

2. When Persistence Heals: A Story of System Strengthening from Bhanoli Village

Village: Bhanoli, Dhadgaon Taluka
Mother: Ritya Bhalerao Pawara
Infants: Twin boys – Riansh and Viraj
Period: November 2025

In a small tribal village of Bhanoli, Ritya Bhalerao Pawara was struggling to care for her newborn twin boys, born on 19 August 2025. The family's financial condition was fragile. Ritya's breast milk was insufficient, and purchasing infant milk powder was beyond their means.

Soon, both infants developed painful skin infections and rashes. Even the mother began experiencing similar symptoms. What started as a minor skin irritation gradually became a serious health concern.

On 28 November 2025, Ritya visited Son Primary Health Centre (PHC) seeking help. However, the required medicine was not available at the facility. She was advised to buy it from a private pharmacy. For a family already struggling to afford basic nutrition, this was not an option.

The situation might have ended there – untreated and unnoticed – had it not been for a routine home visit by a community health worker on 8 December 2025. During the visit, field facilitators observed the worsening condition of the twins and immediately recognized the urgency of the situation.

What followed was not a single action, but a chain of coordinated efforts:

- The case was escalated to the Community Health Officer (CHO), ANM, and MPW.
- Discussions were held with the PHC doctor regarding the unavailability of medicines.
- When the initial follow-up did not result in action, further escalation continued.
- On 20 December 2025, the CHO personally brought the mother and twins back to Son PHC.
- By 22 December 2025, the MPW procured the necessary medicines and infant milk powder from Dhadgaon and delivered them to the family.

Treatment finally began. The skin infections started healing, and the infants received adequate nutritional support.

Why This Case Matters

- This was not just a case of skin infection. It was a reflection of how systemic gaps – medicine stock-outs, financial constraints, and delayed response – can push vulnerable families into deeper health risks.
- The turning point was persistent follow-up. From home visit to facility-level coordination, and from block-level engagement to direct service delivery, this case demonstrates how grassroots field facilitators act as a vital bridge between the community and the public health system.
- Their role goes beyond awareness generation – they ensure accountability, continuity of care, and last-mile delivery of services.

Key Insight

Health system strengthening is not only about infrastructure or supplies. It is about ensuring that when systems fail temporarily, someone follows up persistently until solutions are found.

In Bhanoli, that persistence ensured that two vulnerable infants received timely treatment and nutrition – potentially preventing further complications.

Field Facilitator, Dhadgaon block, Dist. Nandurbar

3. Enabling Access to PMMVY Benefits for Two Lactating Mothers

Village: Sharad, Ghatanji taluka
Beneficiaries: Meera Gajanan Kanake and Swati Sachin Chaudhary
Scheme: Pradhan Mantri Matru Vandana Yojana (PMMVY)

Background

Meera Kanake and Swati Chaudhary, both lactating mothers from Sharad village, had been attempting for several months to avail the ₹5,000 maternity benefit under PMMVY. Despite being eligible, their application forms could not be submitted. The reason was a technical barrier: their identification numbers had not been registered in the official system by the ANM. Without system registration, the application process could not move forward. As a result, both women were at risk of being excluded from the scheme due to an administrative lapse rather than ineligibility.

Intervention

During routine follow-up under the Maternal and Child Health and Nutrition Strengthening process, this issue came to light. The field facilitators met with the concerned health staff and explained the seriousness of the situation. Although the health worker was handling additional responsibilities and had a heavy workload, the team emphasized that eligible women from economically vulnerable backgrounds should not be deprived of their rightful entitlements due to technical delays. Persistent follow-up and direct coordination were carried out to resolve the issue.

Outcome

On 6 November, through in-person follow-up at the health facility, the required information was successfully uploaded into the system. The ID numbers for both women were generated, enabling the completion and successful submission of their PMMVY application forms.
Both beneficiaries were thus able to access their entitled maternity benefit.

Key Learning

This case highlights that:

- Technical or system-level barriers can prevent eligible women from accessing welfare schemes.
- Field-level presence and consistent follow-up are critical in resolving administrative bottlenecks.
- Even when frontline staff are overburdened, collaborative engagement and constructive dialogue can lead to solutions.
- Grassroots field facilitators play a vital role in ensuring that no woman is excluded from government entitlements due to procedural gaps.

This case reinforces the importance of accountability, coordination, and persistence in strengthening last-mile delivery of social protection schemes.

Field Facilitator, Ghatnji block, District Yavatmal

4. Saving a High-Risk Mother and Newborn Through Timely Referral and Multi-Level Care

Village: Mohwadi, Murbad
Beneficiary: Suman Raghunath Chaudhary (30 years, Second Pregnancy)
Risk Category: Previous Caesarean Section (High-Risk Pregnancy)
Health Status: Hb 9.3 g/dL, BP 110/71 mmHg
Expected Date of Delivery: 24 August 2025

Background

Suman Chaudhary was categorized as a high-risk mother due to her previous caesarean delivery. Throughout her pregnancy, she received continuous counselling during village meetings and home visits by field facilitators. She was guided on:

- Regular antenatal check-ups
- Blood pressure and haemoglobin monitoring
- Timely sonography
- Consulting a gynaecologist with the investigation reports
- Recognizing early warning signs

Despite routine monitoring, high-risk pregnancies require close and timely medical supervision to prevent complications.

Critical Intervention

Considering her previous C-section history, the community health worker proactively referred Suman to a gynaecologist at the Rural Hospital on 17 August 2025 for review of her sonography and other reports.

During the examination, the doctor identified that she had been experiencing mild abdominal contractions since the morning, which she had ignored.

Medical Advice

The doctor advised an immediate caesarean section. However, a qualified surgeon for a C-section was not available at the government hospital at that time.

Immediate Action

Suman's husband contacted the field facilitators to explain the situation. Understanding the urgency, the field facilitators advised them to immediately proceed to Central Hospital, Ulhasnagar, or a private hospital.

Suman was admitted to a private hospital there, and by the time the field facilitators arrived, the caesarean section had been completed.

The mother was safe. However, due to delayed intervention, the baby had passed meconium inside the womb, creating complications. The hospital lacked advanced neonatal facilities, and referral to a higher center was advised.

Further Referral and Neonatal Care

Due to fear and time constraints, and with the support of a social worker, the newborn was shifted to Thane for specialized treatment. The baby received free treatment at the facility and remained admitted for 15 days.

After discharge, follow-up visits were conducted for the next 15–20 days as advised by doctors.

Final Status

Today, both mother and child are healthy and stable.

The baby's pending immunization, which had been delayed during the emergency period, was completed on 14 November 2025 after coordination with the nursing staff.

Key Learnings

- Accurate identification and continuous monitoring of high-risk pregnancies are critical for

preventing maternal and neonatal mortality.

- Early referral and decisive action can save lives.
- In high-risk cases, it is essential not to remain confined to local facilities but to utilize district- or higher-level healthcare services when required.
- Persistent follow-up and real-time guidance by field facilitators enable families to make timely, life-saving decisions.

This case demonstrates how proactive surveillance, timely referral, and multi-level coordination within the health system can protect both maternal and newborn lives.

Field Facilitator, Murbad block, Dist.Thane

Block-level Orientation Workshop with stakeholders in four blocks.: Dhadgaon (Nandurbar Dist.), Dharani (Amravti Dist.), Ghatnji (Yavtmal Dist.), and Murbad (Thane Dist.).


Women group formation, Training, and Women groups meeting at Village level


Awareness programmes and village meetings were conducted in collaboration with Anganwadi workers to promote maternal and child nutrition. These activities included providing information on optimal breastfeeding practices, promoting the use of locally available nutritious foods and traditional food practices, organizing food demonstrations, and conducting awareness campaigns during initiatives such as *Sthanpan Saptah* (Breastfeeding Week) and *Poshan Maah*. In some villages, 'Ran Bhajya' (wild edible vegetables) exhibitions were also organized to encourage the consumption of locally available nutritious foods





PHC-wise beneficiaries' Melavas- PHC-wise beneficiary Melavas were conducted to identify and understand the barriers faced by beneficiaries in accessing health and nutrition services


Block-level official meetings- Quarterly meetings were conducted with local health officials and concerned service providers to improve health and nutrition services and address challenges at the local level. Block-level dialogues were also organized with Health Department and ICDS officials to resolve issues related to service delivery. A total of eight block-level meetings were conducted across the four project blocks

District-level conventions were convened in four districts (Yavatmal, Nandurbar, Amravati, and Thane), bringing together women's groups, ICDS officers and workers, relevant health officials, and Panchayati Raj Institutions (PRIs) members. These gatherings served as platforms to discuss the challenges faced and potential improvements within the project.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