ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಇಲಾಖೆಯ ಯೋಜನೆ
(ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ಹಾಗೂ ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆಯ ಸಹಯೋಗದೊಂದಿಗೆ)

ತಾಯಿ ಕಾರ್ಡ್
(ತಾಯಿ ಮತ್ತು ಮಗುವಿನ ಸಂರಕ್ಷಣಾ ಕಾರ್ಡ್)

ಸುರಕ್ಷಿತ ಮಾತೃತ್ವ ಆಶ್ವಾಸನೆ

ಸುಮನ್

ಹೆಚ್ಚಿನ ಮಾಹಿತಿಗಾಗಿ : ನಿಮ್ಮ ಕ್ಷೇತ್ರದ ಆಶಾಕಾರ್ಯಕರ್ತೆ / ಕಿರಿಯ ಮಹಿಳಾ ಆರೋಗ್ಯ ಸಹಾಯಕಿ ರವರನ್ನು ಸಂಪರ್ಕಿಸುವುದು ಅಥವಾ ಹತ್ತಿರದ ಆರೋಗ್ಯ ಕೇಂದ್ರಕ್ಕೆ ಭೇಟಿ ನೀಡುವುದು ಹಾಗೂ "104" ಆರೋಗ್ಯ ಸಹಾಯವಾಣಿ"ಗೆ ಕರೆಮಾಡಿ.

INFOSYS FOUNDATION SAMAGRA URBAN MOTHER AND CHILD PROJECT

Annual Report

2024

HEALTH SYSTEMS TRANSFORMATION PLATFORM

ACKNOWLEDGEMENTS

ACRONYMS

AB: Ayushman Bharat
ABDM: Ayushman Bharat Digital Mission
AB-HWC: Ayushman Bharat - Health and Wellness Centres
ArK: Arogya Karnataka
ANC: Antenatal Care
ASHA: Accredited Social Health Activist
BCC: Behavior Change Communication
CBO: Community-Based Organization
CEO: Chief Executive Officer
CPHC: Comprehensive Primary Health Care
CSR: Corporate Social Responsibility
DAY-NULM: Deendayal Antyodaya Yojana-National Urban Livelihoods Mission
DHO: District Health Officer
DoHFW: Department of Health & Family Welfare
GoK: Government of Karnataka
HCP: Healthcare Provider
HSS: Health Systems Strengthening
HSTP: Health Systems Transformation Platform
HWC: Health and Wellness Center
IEC: Information, Education, and Communication
IRB: Institutional Review Board
IMR: Infant Mortality Rate
JAS: Jan Arogya Samiti
KHPT: Karnataka Health Promotion Trust
KMC: Kangaroo Mother Care
LMIC: Lower- and Middle-Income Countries
MAS: Mahila Arogya Samiti
M&E: Monitoring and Evaluation
MMR: Maternal Mortality Ratio
MNCH: Maternal, Neonatal, and Child Health
NCD: Non-Communicable Disease
NFHS: National Family Health Survey
NGO: Non-Governmental Organization
PHC: Primary Health Centre
PNC: Postnatal Care
QIC: Quality Improvement Committee
RMNCH+A: Reproductive, Maternal, Neonatal, Child, and Adolescent Health
SAST: Suvarna Arogya Suraksha Trust
SHG: Self-Help Group
SJMC: St. John's Medical College
SJMC-IEC: St. John's Medical College Institutional Ethics Committee
UHC: Universal Health Coverage
ULB: Urban Local Body
UPHC: Urban Primary Health Centre
WC: Ward Committee

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HSTP

Infosys Foundation Samagra Urban Mother & Child Project Annual Report

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EXECUTIVE SUMMARY

Urbanization in India is rapidly transforming the healthcare landscape, with projections indicating that by 2030, approximately 40% of the population will reside in urban areas. This demographic shift has heightened the demand for effective and accessible healthcare services while presenting complex health challenges exacerbated by environmental, structural, socioeconomic, and functional factors. Urban populations face significant issues, including air pollution, substandard housing, inadequate water and sanitation, and lifestyle-related health risks, leading to the phenomenon known as the 'urban health disadvantage.' In this context, targeted interventions are crucial to mitigate these multifaceted challenges.

The need for a robust primary healthcare system is underscored by evidence linking its strength to improved health outcomes and achieving Sustainable Development Goals (SDGs), including Universal Health Coverage (UHC). However, in lower- and middle-income countries (LMICs) like India, persistent gaps in primary healthcare infrastructure hinder progress toward these goals. Mysuru, a culturally and economically significant city in Karnataka, exemplifies these challenges. Despite notable achievements in healthcare indicators, such as high rates of institutional delivery and antenatal care, the city grapples with pressing health issues, including child malnutrition, anemia among women and children, and low rates of preventive services.

Recent research conducted by the Health Systems Transformation Platform (HSTP) in collaboration with the Karnataka Health Promotion Trust has illuminated systemic barriers on both the supply and demand sides of healthcare in Mysuru. While a substantial percentage of women utilize public services for maternal and neonatal care, significant gaps persist in critical areas such as early breastfeeding initiation and child nutrition, exacerbated by socioeconomic and historical factors that disempower vulnerable communities.

EXECUTIVE SUMMARY

Additionally, resource constraints and insufficient coordination among healthcare departments further complicate the implementation of Comprehensive Primary Health Care (CPHC) services under the Ayushman Bharat program.

The Infosys Foundation Samagra Urban Mother and Child Project is a strategic initiative designed to address these challenges by enhancing healthcare access and outcomes for vulnerable populations, particularly in urban slums. Targeting an estimated population of 185,351, with 35% identified as vulnerable, the project aims to develop an urban healthcare delivery model that strengthens CPHC services. Key initiatives will focus on building resilient community structures, improving service coverage and quality, and fostering stakeholder collaboration to create a more integrated healthcare system.

Designed for a duration of 40 months from December 2023 to March 2027, the project will be implemented across four Urban Primary Health Centres (UPHCs) in Mysuru, covering approximately 210,153 residents, including 53,722 vulnerable individuals. Through comprehensive planning, resource allocation, and community engagement, the project is set to improve health outcomes for Mysuru's most underserved populations, thereby positioning the city as a model for urban health initiatives in rapidly urbanizing regions of India.

The expected outcomes include increased access to Reproductive, Maternal, Neonatal, Child, and Adolescent (RMNCH+A) services, improved quality of care, reduced out-of-pocket expenditures for vulnerable groups, and enhanced health coverage among mothers, children, and adolescents. By tackling the root causes of health disparities and fostering an inclusive healthcare environment, this project aims to make significant strides towards UHC and better health outcomes for all in Mysuru.

PROJECT BACKGROUND & CONTEXT

Urbanization in India is advancing rapidly, with projections indicating that by 2030, 40% of the population will live in urban areas. This demographic shift has increased the demand for effective and accessible healthcare services. However, urbanization brings complex health challenges, influenced by environmental, structural, socioeconomic, and functional factors. Issues such as air pollution, poor housing conditions, inadequate water and sanitation facilities, and lifestyle-related health risks significantly impact urban populations, job security, and working conditions despite the urban setting, many of the urban poor face substantial barriers to accessing primary healthcare and social safety services, a problem known as the 'urban health disadvantage.' This highlights the need for targeted interventions to address these multifaceted challenges.

Robust evidence indicates that a strong primary healthcare system is crucial for improving health outcomes and achieving the health-related Sustainable Development Goals (SDGs). Such a system is also essential for realizing Universal Health Coverage (UHC), which encompasses financial protection, access to essential healthcare services, and affordable, quality medicines. However, in lower- and middle-income countries (LMICs) like India, significant gaps in primary healthcare infrastructure create major obstacles to achieving these goals.

Mysuru, a city of cultural and economic importance in Karnataka, faces significant urban health challenges despite being well-equipped with both public and private healthcare services. With an estimated population of 11 lakhs in 2020, of which 18% live in slums or slum-like areas, the city has made significant strides in healthcare, with high rates of institutional delivery, antenatal care coverage, and childhood immunization.

Although Mysuru shows better health outcomes compared to state averages, it faces significant challenges, including child malnutrition, anaemia among women and children, and low rates of preventive services like cancer screening, as reported by NFHS-5 (2019-2020). Recent research conducted by HSTP in collaboration with Karnataka Health Promotion Trust, and St. John's Research Institute (2022) has identified barriers on both the supply and demand sides of healthcare.

Systemic challenges identified include poor coverage of primary healthcare services, lack of priority given to the health needs of vulnerable communities, and barriers to access caused by historical socio-economic disempowerment and inadequate community involvement.

Additionally, resource shortages, low motivation among healthcare staff, and poor coordination between various departments have hindered the implementation of Comprehensive Primary Health Care (CPHC) services under the Ayushman Bharat program. Addressing these issues through targeted recommendations will improve health outcomes in Mysuru and position the city as a model for other rapidly urbanizing cities across India.

The urban poor in Mysuru are more vulnerable than their rural counterparts, with higher out-of-pocket healthcare expenditures and lower access to quality care. The need for a comprehensive urban health project in Mysuru was therefore critical.

Key findings show that while 50% of women accessed public services for maternal and neonatal care and 77% for child immunization, significant gaps persist in areas like early breastfeeding initiation, where only 50% of newborns were breastfed within an hour of birth.

Additionally, 27% of children under five were stunted, 28% suffered from wasting, and 24% of pregnant women were anaemic. Mysuru reported a Maternal Mortality Ratio (MMR) of 84 per lakh live births in 2019, compared to Karnataka's 83, and an Infant Mortality Rate (IMR) of 22 per 1000 live births in 2021, slightly higher than the state's 21.

"The vulnerable population is characterized by high residential insecurity, often residing in slums or slum-like settings. These communities are heterogeneous, including socio-economically diverse groups such as migrants, the poor, the elderly, and other marginalized populations."

Factors Influencing & Intersecting Health

Environmental Factors

Socio-economic Factors

Institutional Factors

Overcrowded living conditions, poor sanitation, and environmental degradation in urban slums heighten health risks and exposure to infectious diseases.

Limited access to education and healthcare services disproportionately affects the urban poor, exacerbating health disparities.

Primary healthcare facilities in many areas lack sufficient infrastructure and workforce capacity, which limits service availability and quality.

Existing health policies at national and local levels often require improved implementation and better alignment with the needs of vulnerable urban populations.

Addressing these multi-faceted challenges demands a comprehensive, community-oriented approach that strengthens primary healthcare systems and bridges critical service gaps.

By adopting a targeted, multi-sectoral approach, the project aims to reduce health disparities, improve access to care, and make meaningful strides toward the SDGs and UHC for India's urban population.

The Infosys Foundation Samagra Urban Mother and Child Project, in close collaboration with the Department of Health and Family Welfare, Government of Karnataka, is jointly implemented by the Health Systems Transformation Platform and funded by the Infosys Foundation's CSR wing.

Key initiatives include developing resilient community structures to foster leadership, active community participation, and ownership of RMNCH+A care; enhancing service coverage and quality among vulnerable populations to improve maternal and childbirth outcomes; and reinforcing the urban CPHC healthcare system by promoting convergence between stakeholders.

Through holistic planning, improved resource allocation, and greater community involvement, this project has significantly improved health outcomes for Mysuru's most vulnerable populations.

The project is scheduled for a duration of forty months, starting in December 2023 and concluding in March 2027. KHPT began providing charitable support to the funding organization on April 15, 2024, which will continue until project completion.

The project aims to address healthcare disparities by strengthening the city's healthcare system, improving service delivery—particularly for Reproductive, Maternal, Neonatal, Child, and Adolescent (RMNCH+A) outcomes—and ensuring better access to essential healthcare services for vulnerable communities.

The project envisages develop an urban healthcare delivery model to enhance RMNCH+A outcomes by strengthening Comprehensive Primary Health Care (CPHC) services for vulnerable populations in urban areas.

Key Focused Areas

01. Strengthening Health Facilities

Strengthening Health Facilities: Prioritize the enhancement of healthcare facilities to improve service quality and accessibility, addressing gaps in infrastructure and resources

02. Supportive Supervision Mechanism

Establish a structured system for supportive supervision to monitor progress, provide technical assistance, and enhance the capacity of state and district teams in delivering RMNCH+A services

03. Stakeholder Collaboration

Foster partnerships with key stakeholders to effectively implement and scale up RMNCH+A interventions across all life stages, ensuring an integrated and sustainable approach.

04. Monitoring and Evaluation (M&E)

Develop a robust M&E framework to track exposure to high-priority health interventions, utilizing data to inform decisions and improve program outcomes.

05. Equity and Universal Health Coverage (UHC)

Promote equitable and universal care through a focus on quality, health systems strengthening (HSS), community mobilization, data-driven action, and accountability, advancing progress toward UHC

PROJECT DESIGN & APPROACH

The project aims to establish a bi-directional referral system to ensure seamless care by facilitating referrals to higher-level facilities and returning patients to the referring facility for continued care and community-level follow-up. It adopts an embedded implementation model designed with sustainability features to ensure long-term impact. Key innovations include the Arogya One Kiosks for point-of-care services, extended service coverage through evening clinics, and the implementation of the e-Sanjeevini tele consultations. The overall goal is to develop a sustainable, replicable urban primary healthcare model focused on RMNCH+A services, enhancing maternal and child health outcomes, particularly for adolescent girls.

The project is implementing a multi-layered approach that combines community strengthening with the improvement of CPHC services outlined in the AB programme, while also enhancing the quality of healthcare delivery with a specific focus on RMNCH+A services. By integrating disease prevention, health promotion, and healthcare delivery, this strategy aims to create a holistic impact on the health of the community.

This approach not only enhances existing health systems but also fosters convergence among various health services, optimizing service delivery processes to improve both accessibility and quality of care. To effectively bridge the existing gaps in the healthcare system, the project introduces innovative strategies within the CPHC framework. These strategies involve deploying new models for health interventions, improving coordination across departments, and leveraging community engagement to extend the reach and effectiveness of health services.

By ensuring that both preventive and curative aspects of healthcare are addressed, this comprehensive approach ultimately fosters healthier communities while reducing the burden on secondary and tertiary healthcare facilities. The project is actively developing customized approaches to address urban health needs, engaging three primary stakeholders: the Health and Family Welfare Department, the City Corporation, and community structures. The Health and Family Welfare Department oversees the district health care system and plays a central role in implementing CPHC services across the intervention sites.

To strengthen the healthcare system's capacity, the project is facilitating active involvement from the Mysuru City Corporation. This partnership fosters an enabling environment and ensures convergence of services, creating a unified approach to addressing health challenges. Strategies are currently being implemented to build the capacities of both the City Corporation and Health Department, as well as local partners, to boost community mobilization and empowerment. By empowering these organizations, the project aims to improve community health outcomes through a more responsive and cohesive healthcare framework.

Innovative solutions are being piloted to address specific program gaps and improve the efficiency of services. For example, targeted interventions are introduced to streamline service delivery, improve resource allocation, and reduce bottlenecks in healthcare provision.

The project follows an "Implementation Research Approach," integrating continuous monitoring, evaluation, and research at every stage. This approach allows real-time learning and adaptation, as lessons from each phase of implementation inform the next steps. This cyclical feedback loop ensures that the project team can make timely adjustments, refine strategies, and address emerging challenges, resulting in more effective and sustainable health interventions for the urban population.

Community participation is a critical component of the project, involving community health workers, and community-based organizations to facilitate service delivery at the grassroots level. These stakeholders are instrumental in identifying beneficiaries, providing health education, and ensuring access to healthcare services.

Aim

Objectives

To develop an urban healthcare delivery model to improve RMNCH+A outcomes by strengthening CPHC systems for vulnerable populations in urban areas

Building resilient community structures to build leadership and facilitate active community participation and ownership in the delivery of CPHC services with a focus on RMNCH+A

Strengthen service coverage and quality of RMNCH+A-focused CPHC care among vulnerable populations for improved maternal and childbirth outcomes

Strengthen the urban CPHC system in the context of RMNCH+A services by promoting convergence between the stakeholders.

HOW WE WORK

STRENGTHENING HEALTHCARE SYSTEMS

We integrate disease prevention and health promotion with targeted system enhancements to optimize service delivery. Innovative CPHC models are strategically deployed to address urban-specific healthcare challenges.

COLLABORATING WITH STAKEHOLDERS

We strategically engage the Health and Family Welfare Department, City Corporation, and Community Structures. By fostering active participation and convergence, we aim to enhance resource allocation and capacity within the healthcare system.

IMPLEMENTING & LEARNING

Using an Implementation Research Approach, the project continuously monitors, evaluates, and integrates learnings at every level. This cyclical process allows for timely adjustments and improvements in the implementation.

PROJECT INTERVENTION SITES

The project aims to cover **24%**

Vulnerable Population   **53,722**

Of the city's 2. 10 lakh population

Kumbarakoppalu | Vishweshwariah Nagar | Lakshar B Gandhinagar | Bannimantap

Urban Primary Health Centre	No. of Wards Covered	Estimated UPHC Population 2021	Estimated vulnerable population covered by UPHC	% vulnerable population covered
Kumbarakoppalu	3	53467	8345	16
Vishweshwariah Nagar	4	58909	10415	18
Lakshar B Gandhinagar	2	48074	10362	22
Bannimantap	3	49703	24600	49

HSTP manages the project implementation Bannimantap and Lakshar B Gandhinagar, while KHPT oversees implementation in Kumbarakoppalu and Vishweshwariah Nagar.

The project covers vulnerable populations, including eligible couples, pregnant women, adolescents aged 10-19 years, lactating mothers, and children under 5 years of age.

Eligible Couples

Pregnant Women

Adolescents

Lactating Women

Children under 5 years

The project aims to reach

70,000 ◀·························· Direct Breneficiaries

Indirect Beneficiaries ··························▶ **100,000**

TARGET BENEFICIARIES

The project covers vulnerable populations, including eligible couples, pregnant women, adolescents aged 10-19 years, lactating mothers, and children under 5 years of age.

Eligible Couples	Pregnant Women	Adolescents	Lactating Women	Children under 5 years
	4000	44,000	3600	19,000

The project aims to reach

70,000 ⟵·· Direct Breneficiaries

Indirect Beneficiaries ··⟶ **100,000**

THE PROJECT AIMS TO

Reduce inequities of Health care access

Reduce Out Of Pocket Expenditure

Decrease in MMR, IMR, NMR

Reduce anaemia among adolescents and pregnant women

Decrease rate in low birth weight in the newborns

Enhance quality of healthcare & increase in footfall at UPHC

Enhance community empowerment

Increase in access to the continuum of care

Increase in nutritional awareness

Increase in trained staff at facility level

Increase in vulnerable populations having insurance coverage

Decrease in social health determinants

Sr. No	Ward Level Indicators	%
1	No. of Wards	12
2	No. of UPHC covered	4
3	Estimated population in the wards	210153
4	Male	107178
5	Female	102975
6	Estimated Children under 5 Yrs	18914
7	Estimated adolescent children (10-19 yrs in the wards)	44132
8	Estimated pregnant women in a year	3993
9	Estimated lactating mothers in a year	3573
10	Estimated persons with diabetes- Female	6055
11	Estimated persons with hypertension- Female	10812
12	Estimated persons with TB	427
13	Estimated eligible couples (15-49 years of age)	26059

The purpose of CPHC with emphasis on RMNCH+A is to provide quality health services to the entire population, with equity of access to preventive, promotive, curative, palliative and rehabilitative services with minimal out-of-pocket expenditure for all the stages of life through a continuum of care with a holistic and whole of society approach to achieve our goals like reduction in MMR, IMR by early detection and interventions and also by creating awareness through health education with community engagement and strengthening referral systems.

UPHC FOOTFALL-MONTH WISE

The data reflects outpatient service utilization across four UPHCs from April-September 2024.
Bannimantap UPHC consistently experiences the highest footfall, peaking in August (3,684), due to the increased outreach activities.
Kumbarakoppalu and Lashkar Gandhinagar UPHCs exhibit stable attendance trends, signifying sustained community trust and service uptake. Meanwhile, Vishweshwaraiah Nagar UPHC shows notable variability, with a harp rise in June (2,722).

These trends underscore the importance of sound monitoring to optimize resource allocation, strengthen service delivery, and address population-specific healthcare needs effectively.

Attendance Kumbarakoppalu	April 2024	May 2024	June 2024	July 2024	August 2024	September 2024
Allopathic-Outpatient attendance	1612	1854	1837	1783	2016	1664
Attendance-Lashkar Gandhinagar	April 2024	May 2024	June 2024	July 2024	August 2024	September 2024
Allopathic-Outpatient attendance	843	1012	1054	1170	1100	1065
Attendance Bannimantap	April 2024	May 2024	June 2024	July 2024	August 2024	September 2024
Allopathic-Outpatient attendance	2701	2916	3310	3342	3684	3211
Attendance Vishweshwaraiah Nagar	April 2024	May 2024	June 2024	July 2024	August 2024	September 2024
Outpatient attendance	1748	2024	2722	1797	1927	1918

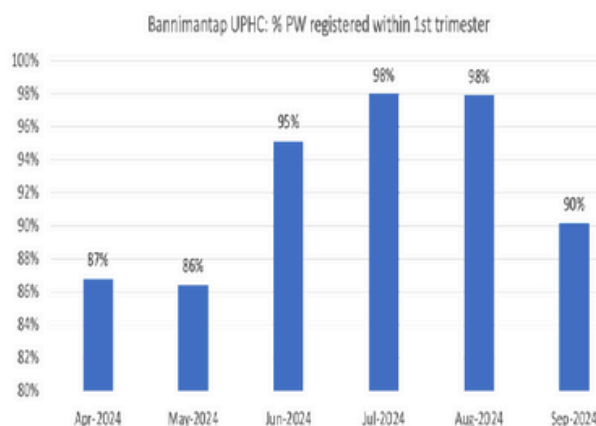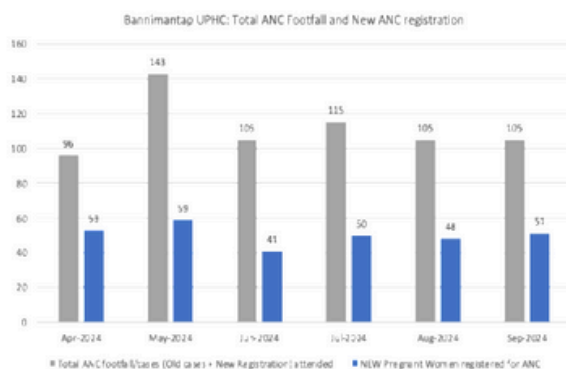UPHC footfall month-wise has increased steadily due to outreach activities

Tracer Indicator-Vishweshwara Nagar
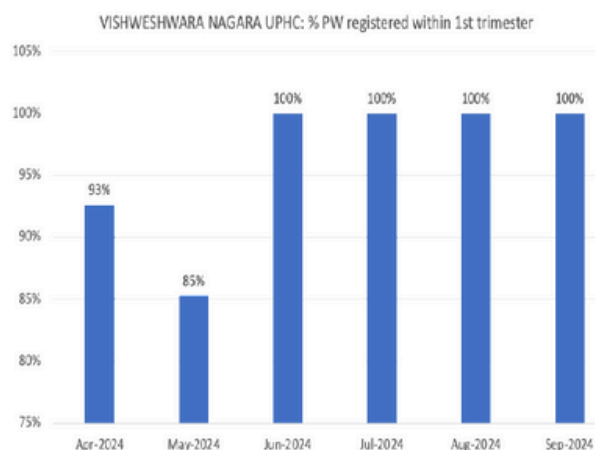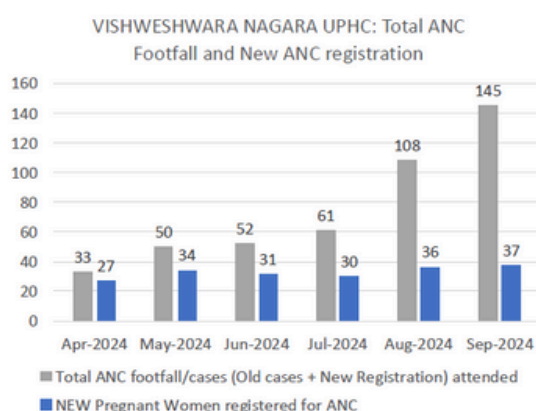
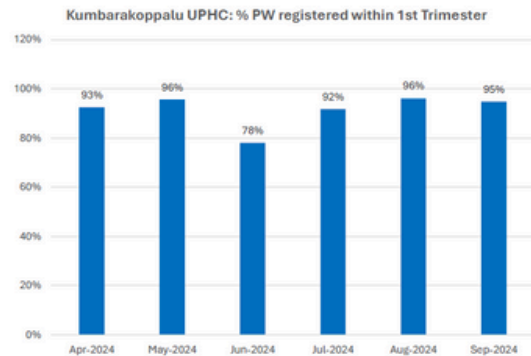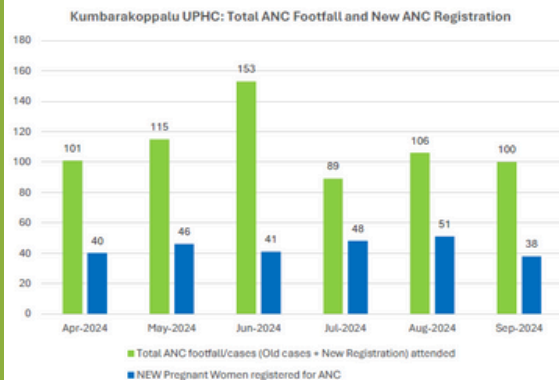## Tracer Indicator-Bannimantap UPHC

PROJECT PROGRESS

UPHC footfall month-wise has increased steadily due to outreach activities

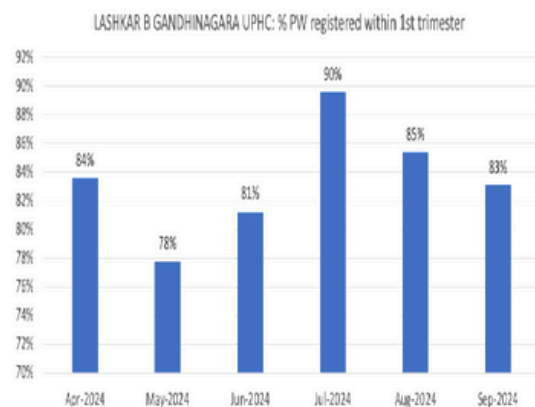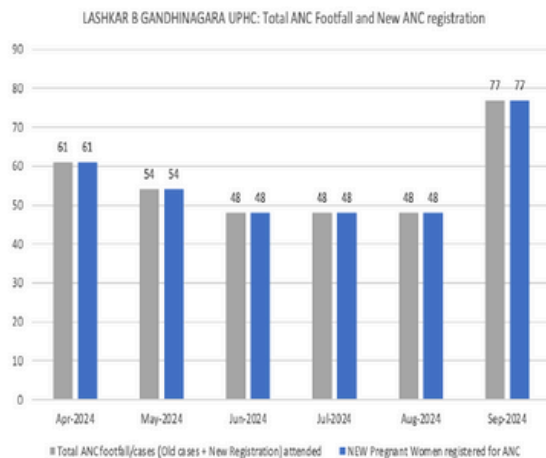## Tracer Indicator–Kumbarakoppalu

Tracer Indicator– Lashkar B Gandhinagar

Convergent Meetings

1.

Performance review meeting with KHPT was held on 4th June 2024 at the HSTP Office, Mysuru

2.

In June 2024, a meeting was held with the BIOCON Foundation, Bangalore to seek their assistance for screening of oncology cases

3.

In 2024, another meeting was held at Infosys Foundation at Bangalore to discuss various issues related to RMNCH+A services

4.

A meeting with Health Commissioner was held at Bangalore in June 2024 to apprise the RMNCH+A activities

5.

A meeting with NULM was held in August 2024 to create awareness about breastfeeding

6.

Breastfeeding week was celebrated at maternity hospital, Jayanagar, Mysore in August 2024.

Convergent Meetings

7.

In August 2024, an orientation program was conducted at Naidu Nagar (Kesare). Nearly 40 SHG members attended the meeting as a part of breastfeeding week celebration

8

Second round of discussion was held with the BIOCON Foundation to study the feasibility of a non invasive, radiation free diagnostic image screening for cancer in August 2024

9.

In August 2024, HSTP team met Sri Byralingaiah of NULM and apprised him about the orientation program to be held in September at Naidu Nagar

10.

In September 2024, meeting with Sri. Byralingaiah was held to discuss about the orientation program for SHG membersndar

CHALLENGES

Conflicting Priorities

Every stakeholder has their own priorities. When these priorities conflict, reaching a consensus becomes a challenging task.

Expertise Gap

Not all stakeholders possess the same level of expertise and understanding of RMNCH+A services.

Scheduling Challenge

Coordinating a common date and place for everyone to assemble can be a difficult task.

Commitment Disparity

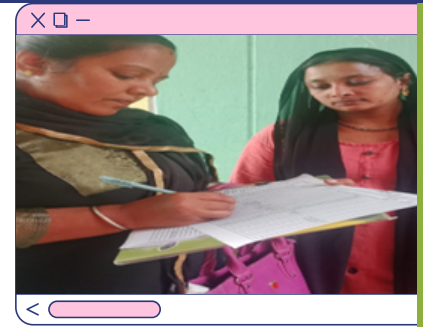Stakeholders may differ in their level of commitment to implementing the scheme.

MITIGATION STRATEGY

Trust Building

Establishing trust and fostering collaboration can help overcome such hurdles.

Household Surveys

1.

Initiated with a formative assessment to address the growing significance of Urban Primary Health Care in Mysuru in 2022.

2.

Combined quantitative and qualitative methods for comprehensive insights.

3.

Included a household survey, facility assessment, and qualitative situation analysis.

This formative research, conducted in 2022 as part of a larger implementation project by HSTP in collaboration with KHPT and St. John's Research Institute, identified key barriers and facilitators to primary health care in Mysuru from both supply and demand perspectives.

It addresses health disparities by strengthening the city's healthcare system, enhancing service delivery - particularly for Reproductive, Maternal, Neonatal, Child, and Adolescent (RMNCHA+) outcomes, and ensuring that vulnerable communities have better access to essential healthcare services.

The project would lead to the development an urban healthcare delivery model to improve RMNCH+A outcomes by strengthening Comprehensive Primary Health Care (CPHC) services for vulnerable populations in urban areas.

The project will end on 31st March 2027.

ENUMERATION SURVEYS

EVERY COUNT MATTERS
Driving Change through Informed Decisions

ENUMERATION SURVEYS

An enumeration survey was conducted in Bannimantap, Gandhi Nagar, Lashkar Mohalla, Kumbarakoppalu, and Vishweshwara Nagar.

5635 House visits were conducted in Gandhinagar UPHC & Bannimantap UPHCs.

6974 House visits were conducted in Kumbarakoppalu & Vishweshwara Nagara UPHCs.

12,609

POPULATION COVERED

HOUSE VISITS COMPLETED

63,045

2

6

HOUSEHOLED ENUMERATIONS

ZONAL COORDINATORS

COMMUNITY FACILITATORS

Initially, data was entered in paper format and later it was switched over to digital format. Digitisation of the entire vulnerable population has been completed.
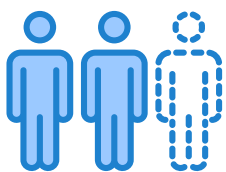
CHALLENGES

Community Resistance
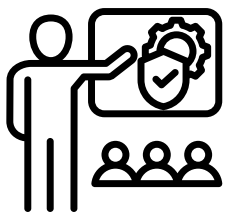
Stronger in Bannimantap UPHC area

Human Resource Shortage

One Community Facilitator is over burdened with project activities

Outreach Challenge

Reaching to areas that are inaccessible pose a challenge to the field staff

Inadequate Capacity Building Programs

Training and capacity building of the existing staff are not carried out on a regular basis

Cultural Sensitivity

Addressing cultural barriers in RMNCHA programs for marginalized communities in slums and urban areas.

Data Accuracy

Ensuring consistent, reliable data collection in RMNCHA programs for marginalized populations in urban slums.

MITIGATION STRATEGY

Regular Monitoring

Continuous M&E to identify and bridge Gaps and Emerging Needs

PLAN OF ACTION

We have identified the vulnerable population in our intervention areas and assessed their needs and gaps through trained FLWs during formative surveys and household enumeration conducted in 2022.

CHALLENGES

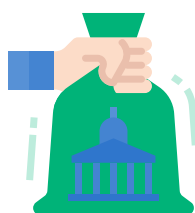|	
	Limited financial resources restrict the scope & sustainability of outreach program
	Shortage of adequately trained staff hampers the delivery of quality healthcare service delivery
	Mobilizing & sustaining active community participation
	Delayed implementation of digital referral system

MITIGATION STRATEGY

With support from the finance department, we have mitigated challenges by reallocating and recasting budget heads to address emerging needs.
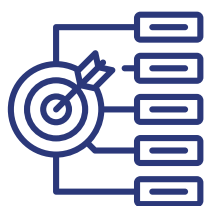
Regular orientation programs are conducted to ensure project staff are aligned and equipped.

Maintained ongoing engagement with SHGs, MAS, and other stakeholders for seamless coordination.
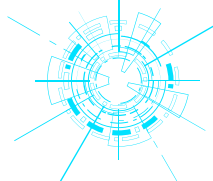
Collaborated closely with Access Health International to enable the introduction of a digital referral system.

WAY FORWARD

Currently, our focus is on implementing light-touch interventions for non-communicable diseases (NCDs). As the need arises, we plan to expand our efforts to include cancer screening and similar initiatives.

In November 2024, a second round of detailed discussions was held with **Yuva Spandana Kendra** regarding the joint implementation of the adolescent program.
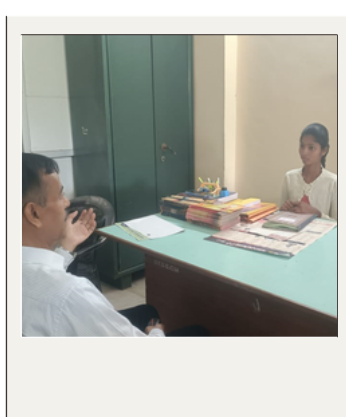
We aim to engage communities on RMNCH+A issues, raising awareness about the importance of preventive healthcare measures, including immunization, nutrition, and hygiene.
We aim to promote positive health behaviors like regular check-ups, a balanced diet, and vaccination, while focusing on preventing common health issues and diseases.

PROJECT ACTIVITIES　　　　　　**ROUTINE IMMUNIZATION**

THURSDAY

RI DAY IN MYSURU KARNATAKA

TO ENSURE 100% VACCINATION COVERAGE

1 Planning and coordination for vaccination

2 Training and capacity building of health workers : ANMs, AWWs, ASHAs

3 Cold chain management and vaccine logistics

4 Community engagement and vaccine hesitancy

5 M&E through data collection to identify gaps and needs

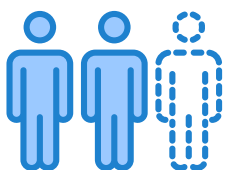District Task Force

Block Task Force

UHNDs conducted

CHALLENGES

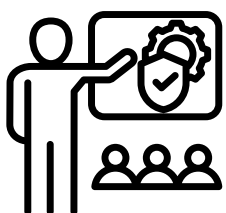### Community Resistance
Stronger in Bannimantap UPHC area

Human Resource Shortage
One Community Facilitator is over burdened with project activities

Outreach Challenge
Reaching to areas that are inaccessible pose a challenge to the field staff

Inadequate Capacity Building Programs
Training and capacity building of the existing staff are not carried out on a regular basis

Cultural Sensitivity
Addressing cultural barriers in RMNCHA programs for marginalized communities in slums and urban areas.

Data Accuracy
Ensuring consistent, reliable data collection in RMNCHA programs for marginalized populations in urban slums.

MITIGATION STRATEGY

Regular Monitoring
Continuous M&E to identify and bridge Gaps and Emerging Needs

FEW MORE CHALLENGES

Traditions and Beliefs: Deeply rooted cultural beliefs and traditions obstruct the acceptance of health messages. .

Gender Norms: Societal norms limit women and adolescents' access to health information and services.

Health Literacy Level: Low health literacy levels hinder individuals from understanding and applying health information effectively.

Misinformation and myths about health practices that spread rapidly, undermine awareness initiatives

ROUTINE & REGULAR ACTIVITIES

STAFF RECRUITMENT

Community Facilitators have been recruited, with two have been allocated for each facility. They completed two phases of training, totaling five days, to develop the skills and knowledge required for effective community interaction. The training has enabled them to mobilize community members, share accurate information, and facilitate access to RMNCH+A services under their respective UPHCs.

MEETING WITH UPHC MEDICAL OFFICERS

Regular meetings and discussions are conducted with UPHC Medical Officers (MO) to discuss project progress, gather feedback on establishing Arogya One Kiosks, review the household enumeration survey, digitization of survey data, Ayushman card registration, and the restructuring of MAS.

AYUSHMAN CARD REGISTRATION

In August, the training session on the Ayushman Bharat Digital Mission (ABDM) was conducted virtually and was attended by 4 **community facilitators.**

Organized by **Ayushman Bharat Digital Mission Karnataka**, the session aimed to familiarize participants with the objectives of ABDM. These objectives include developing the necessary digital infrastructure to support integrated health services and bridging gaps among stakeholders in the healthcare ecosystem through digital channels.

Following this, a request was made for the private facility list in both UPHC areas, which was subsequently shared during the month.

The Ayushman Bharat Yojana Scheme, which includes the AB-PMJAY and Ayushman card, is designed to provide accessible healthcare to economically disadvantaged individuals, offering comprehensive coverage of up to Rs. 5 lakh per family annually for secondary and tertiary hospitalization care.

The enrolment for the Ayushman card has been conducted in both the **Kumbarakoppalu and Vishweshwariah Nagar UPHC** catchment areas- both outreach and house-to-house visits.

1686 Individuals are enrolled

Restructuring of Mahila Arogya Samiti

8 Mahila Arogya Samitis (MAS) are restructured with the support of ASHA workers.
An orientation session was conducted to familiarize them with their goals and objectives, ensuring they understand their roles within the community.

They are instrumental in identifying local health needs, advocating for women's health issues, and facilitating access to various healthcare services.

Comprehensive training content focused on Maternal, Neonatal, and Child Health (MNCH) was developed for them.
Information, Education, and Communication (IEC) materials were prepared to support outreach efforts.

MAS meetings were conducetd across Kumbarakoppalu and Vishweshwariah nagar UPHCs. These meetings focused on nutrition's role in boosting immunity, discussing how malnutrition leads to immunodeficiency.

08

95 MAS members attended the meetings, demonstrating strong community engagement and a commitment to improving health through nutritional education.

COMMUNICATION EFFORTS

Empowering Communities
Engage effectively

DEVELOPMENT OF FACILITATOR'S GUIDE FOR SELF-HELP GROUPS TO ENHANCE RMNCH+A OUTCOMES

DISCUSSIONS WITH 8 SHGs FOR THEIR INPUT & SUGGESTIONS

FACILITATOR'S GUIDE FOR SELF-HELP GROUPS ON ENHANCING RMNCH+A OUTCOMES SUBMITTED TO NULM

"

This Transactional Tool is specifically designed for the Self-Help Group (SHG) facilitators. The Facilitator Guide aims to equip them with comprehensive knowledge and practical skills to effectively promote and counsel on RMNCH+A outcomes within their communities.

Through interactive discussions, case studies, and role-playing activities, they will gain the confidence and competence necessary to support families and communities in making informed health decisions for themselves and their infants.

To aid facilitators in conducting the sessions, the guide is organized into five sections, each focusing on a component of RMNCH+A. Each session includes case studies, group discussions, role plays, and quizzes to enhance engagement and make learning enjoyable. Key discussion points for each topic are also provided.

The objective of this training is to empower SHG members and the broader community with the knowledge and behaviors needed to improve health and nutrition practices, ultimately enhancing RMNCH+A outcomes.

Although this orientation package is tailored for SHG women, it should also serve as a reference for the entire family.

"

SOCIAL MEDIA CAMPAIGN-WORLD BREASTFEEDING WEEK AUGUST 2024

HSTP implemented a 7-day **social media campaign** on its LinkedIn handle during **World Breastfeeding Week** from 1st -7th August 2024.

This year's theme, "**Closing the Gap: Breastfeeding Support for All,**" emphasized the importance of supporting mothers to breastfeed anytime and anywhere.

The campaign created a buzz, engaged followers and contributed to the larger goal of creating a supportive environment that enhances mothers' self-efficacy and nurtures the health and well-being of infants.

World Breastfeeding Week

SOCIAL MEDIA CAMPAIGN CREATIVES

World Breastfeeding Week

#IPC #CounselingMatters #SupportMoms

SOCIAL MEDIA CAMPAIGN CREATIVES

World Breastfeeding Week

WORLD BREASTFEEDING WEEK
1-7 AUGUST 2024

HSTP
Health Systems Transformation Platform

Breastfeeding
When do I initiate and for how long?

Initiate breastfeeding within an hour of birth

Colostrum- yellow or golden first milk produced in the first days, an important source of nutrition and immune protection for the newborn.

Exclusive breastfeeding for the first 6 months of life- no solids/other liquids

Helps in optimal growth, development, and health

Continue breastfeeding until the baby is 2 years old

Infants must receive appropriate, adequate, and safe complementary foods to ensure the right transition from breastfeeding to family foods.

Babies do not need water before they are 6 months old, even in a hot climate.

Water given to babies increases the risk of diarrhoea & malnutrition

#WorldBreastfeedingWeek #TogetherForMoms #SupportForMoms #SDGs #Breastfeeding #NormalizeBreastfeeding #EducateandSupport

Closing the Gap

WORLD BREASTFEEDING WEEK
1-7 AUGUST 2024

HSTP
Health Systems Transformation Platform

Closing the Gap

Support MoMs to Breastfeed ANYTIME, ANYWHERE

Café

MOVIE TIME

Let's work to normalize breastfeeding

#WorldBreastfeedingWeek #TogetherForMoms #SupportForMoms #SDGs #Breastfeeding #NormalizeBreastfeeding #EducateandSupport

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This year's campaign is dedicated to #supportmothers to breastfeed anytime, anywhere, embracing all forms of diversity. Societal pressures create immense hurdles, labeling mothers who choose to breastfeed publicly as vulgar or attention-seeking. To counter this, consider these tips for normalizing breastfeeding:

SOCIAL MEDIA CAMPAIGN- OUR FOCUS

Through community-based programs, healthcare partnerships, and health awareness initiatives, we are dedicated to ensuring every mother receives the guidance and encouragement she needs to give her child the best start. HSTP proudly joined the global effort to promote and support breastfeeding. Increasing breastfeeding rates could save over 820,000 children's lives each year. This campaign was focused on #SupportMothers, embracing all forms of diversity and encouraging societal change.

Our campaign also addressed the #Barriers to exclusive breastfeeding, providing practical solutions for #WorkingMothers who balance their work and family responsibilities without compromising timely breastfeeding. These messages aim to not only champion the benefits of breastfeeding and raise awareness but also support mothers in overcoming #Stigma and #Shame when breastfeeding in public.

SOCIAL MEDIA CAMPAIGN- OUR FOCUS

We recognize that societal pressures create hurdles, often labeling mothers who choose to breastfeed publicly as vulgar or attention-seeking. Our #WorldBreastfeedingWeek2024 campaign featured a series of informative posts and videos that highlighted the importance of a supportive environment, the role of interpersonal communication (IPC) skills, and the involvement of fathers in the breastfeeding journey. We champion the right of women to breastfeed anywhere and anytime, addressing various technical aspects of breastfeeding. However, several concerns persist among breastfeeding mothers, including ensuring adequate milk intake for their babies, determining the appropriate timing and duration of breastfeeding sessions, deciding whether to continue breastfeeding after the baby turns one and understanding the best practices for storing and warming expressed breast milk.

The fear and frustration surrounding public breastfeeding are very real, with the looming threat of #Judgment often labeling it as inappropriate or immodest. This mindset results in #Prescriptive messages dictating when and where women should breastfeed, reflecting broader societal expectations aimed at controlling women. The solution lies in understanding the entire narrative through a gender lens. We roped in the thoughts of the Gender Specialist (Sushmita Mukherjee, Director of Gender and Adolescent Girls, PCI India) to share her views on this and how mothers should address these rigid, patriarchal mindsets.

PROJECT ACTIVITIES

STAKEHOLDERS: ROLES & ENGAGEMENTS

The Department of Health & Family Welfare (DoHFW), Government of Karnataka holds the portfolio for maintaining and developing the healthcare system in the state and guiding and supervising the Health & Family Welfare programs in the State. In collaboration with DoHFW, HSTP is implementing the Infosys Foundation Samagra Urban Mother and Child project, which aims to develop and validate one or two models of comprehensive primary healthcare focused on RMNCH+A services in urban areas. This initiative seeks to enhance health outcomes by improving access to quality care, establishing effective referral mechanisms, and fostering strong community engagement.

To facilitate this project, permissions were secured from the Government of Karnataka (GoK) and the Mysore City Corporation (MCC) through direct discussions with key officials, including the Mission Director of the National Health Mission, the Health Secretary of GoK, and the Nodal Officer for Urban Health. Preliminary workshops held in Bangalore and Mysore helped garner support from state and district-level stakeholders. Additionally, ethics approval was obtained from the KHPT Ethics Committee (SJMC-IEC), and informed consent was collected from study participants.

ROLES OF CONSORTIUM PARTNERS

INFOSYS FOUNDATION (DONOR)

Under Section 135 of the Companies Act 2013, Infosys Limited is fulfilling its Corporate Social Responsibility (CSR) obligations through its Foundation. The Foundation manages CSR activities, identifies focus areas, recommends expenditure on the identified CSR activities, implements the CSR policy, and executes initiatives in alignment with the company's CSR objectives.

HSTP (IMPLEMENTER)

HSTP plays a pivotal role in promoting awareness through the creation and delivery of training modules. The organization is responsible for developing comprehensive content, including training materials, technical write-ups, briefs, best practices, and project updates, ensuring that stakeholders stay informed. HSTP also supports Behavioral Change Communication (BCC) efforts by designing communication materials tailored to resonate with the community. Additionally, the organization actively participates in joint reviews of data, providing valuable feedback to improve project effectiveness. HSTP also offers supportive supervision of project activities, ensuring that they align with the overall goals and objectives, ultimately contributing to the successful implementation of health initiatives.

ROLES OF CONSORTIUM PARTNERS

KARNATAKA HEALTH PROMOTION TRUST(IMPLEMENTING PARTNER)

During the pilot phase, the project focuses on four UPHC areas, covering an approximate population of 210,000 across 12 wards. KHPT implements initiatives in the Kumbarakoppalu and Vishweshwariah nagar UPHC areas, following the terms and regulations set by HSTP.

The primary emphasis will be on delivering RMNCH+A services from April 15, 2024, to March 31, 2027, as outlined in Amendment 1 to the MOU with the Infosys Foundation, ensuring a unified strategy across all four UPHC areas. HSTP pilots interventions in the remaining two UPHCs—Lashkar Mohalla-Gandhinagar and Bannimantap. To foster innovative ideas for further intervention activities based on the existing framework, intensive sprint workshops will be conducted by HSTP.

STAKEHOLDERS' ENGAGEMENT MEETINGS

DHO BRIEFING

Mr. Rajeev Sadanandan, CEO, HSTP met with the DHO to provide an overview of the project. This briefing was attended by key stakeholders, including HSTP staff, and other NCD staff members, fostering collaboration and understanding among essential health leaders

SITE VISIT TO VISHWESHWARAIAH UPHC

Mr. Sadanandan, accompanied by Dr. Sudha, Advisor , HSTP, Dr. Prasad, Mysuru Project Lead, Mr. Niranjan, and KHPT representatives Mr. Praveen and Krishna Prasad, conducted a site visit to the Vishweshwariah Nagar UPHC. This visit provided first-hand insights into the available facilities and medicine stock, with interactions held with ANMS, lab technician, and pathology lab staff to assess operational needs

CONVERGENT MEETINGS WITH SELF-HELP GROUPS

A convergent meeting with Self-Help Group members under DAY-NULM and the Sri Manjunathshwara Trust was chaired by Dr. Sudha. The meeting took place in the Jayachamaraja Wodeyar Hall of Mysore City Corporation, with Sri Bhyralingaiah, CMM of Mysore City Corporation, who highlighted the importance of collaboration with community stakeholders.

REVIEW MEETINGS

Regular review meetings between HSTP and KHPT are conducted at the HSTP Mysuru office. These sessions are chaired by Mr. Rajeev Sadanandnan and co-chaired by Dr. Sudha Chandrashekar, ensuring continuous evaluation and alignment of project objectives.
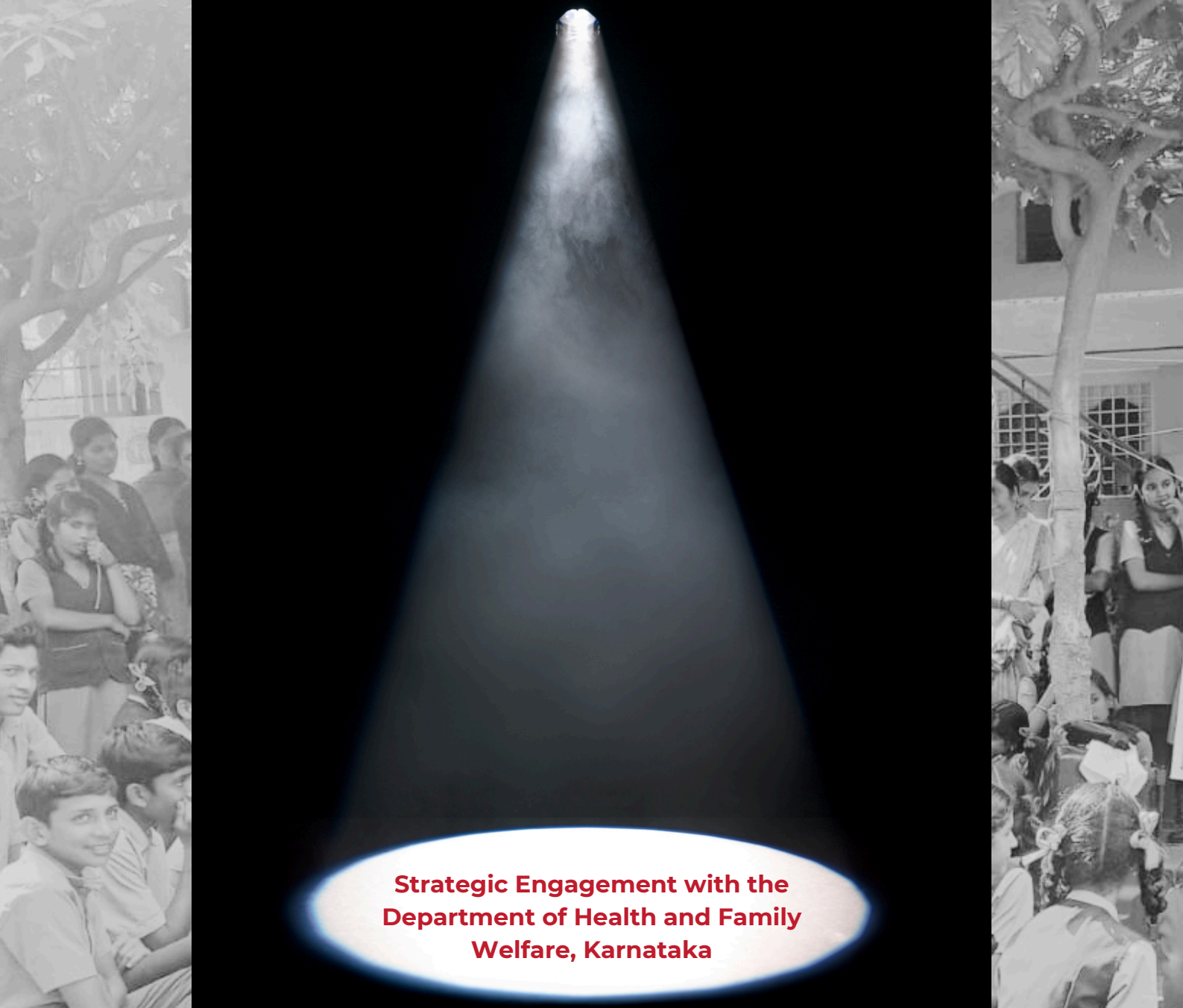
Strategic Engagement with the Department of Health and Family Welfare, Karnataka

On 14th October 2024, a high level strategic meeting was convened under the leadership of in Vikasa Soudha, Bengaluru, Karnataka with key departmental officials in attendance.

Sri. Harsh Gupta, IAS
Principal Secretary to Government,
Department of Health & Family Welfare

Dr. Sudha Chandrasekhar, Advisor, HSTP, provided a comprehensive briefing on the project's vision, objectives, implemented activities, key initiatives, and measurable progress to date.

Acknowledging the impact and dedication demonstrated, the Principal Secretary lauded the achievements and emphasized the need to scale up these efforts by extending the project's interventions to additional Urban Primary Health Centres (UPHCs) for broader public health benefits.
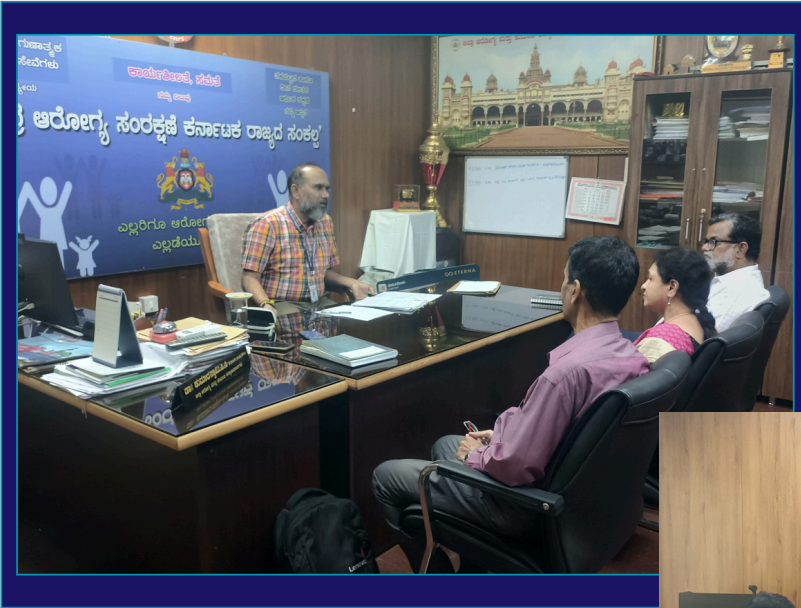
DHO BRIEFING

UPHC VISHWESHWARA NAGAR VISIT BY CEO, HSTP

Convergent Meeting with Representatives of Self-Help Groups of DAY- NULM & Sri Manjunathshwara Trust

Chaired by Dr Sudha, Advisor, HSTP, the meeting took place on 7th June 2024 in Jayachamaraja Wodeyar Hall (Conference Hall) of Mysore City Corporation, Mysuru, Karnataka.
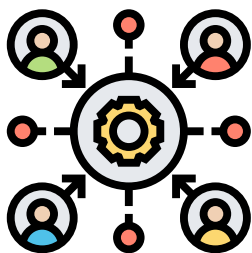
She presided over the session, with Sri Bhyralingaiah, CMM, Mysore City Corporation, and extended a warm welcome to all participants.

CAPACITY BUILDING

The capacity-building efforts within the KHPT project are structured to empower both central and city field teams based in Mysuru. The central team, responsible for the project's overarching vision, strategic planning, and advocacy consists of key staff including the Team Leader and specialists in community intervention, technical expertise, and monitoring and evaluation.

The team plays a vital role in developing partnerships, communication strategies, and tools, alongside capacity-building initiatives aimed at enhancing the overall effectiveness of the project. To ensure robust project management, the central team includes support from communication, administrative, and finance officers, who facilitates the operational aspects necessary for successful implementation
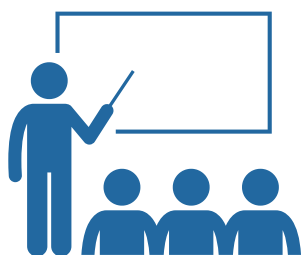
The field team comprising five staff members supported by four community facilitators has undergone extensive training. This training, conducted in two phases over five days, focused on the core components of KHPT's vision, mission, and culture, as well as critical aspects of CPHC and the MNCH continuum of care.

The staff were trained in facility assessment, QIC methodologies, and comprehensive project-level planning with defined timelines and deliverables.
This structured approach to capacity building is designed to equip the field teams with the necessary skills and knowledge to carry out effective daily interventions, thereby ensuring the successful delivery of RMNCH+A services within the community.

Our sustainability plan lays the foundation for a community-driven, resilient healthcare system in Mysuru. By fostering convergence, empowering community platforms, enhancing healthcare access, and leveraging technology, this roadmap ensures long-term impact through strengthened governance, capacity-building, and innovative collaborations. Together, we pave the way for sustainable urban healthcare transformation.

Building a Healthier Tomorrow: Sustainable Solutions for Mysuru

Robust Framework of Covergence

Development of a Framework of convergence to strengthen referral pathways and integrated care models for delivering primary healthcare in Mysuru and integrate the mechanism into city governance structures, encouraging regular coordination meetings between health departments, social welfare departments, and city corporations.

Ownership

After the project, ongoing support for community platforms like MAS, SHG, and JAS can be sustained by transferring Ownership to local community leaders and representatives, along with regular orientation on their roles and responsibilities.

Network of Primary Healthcare Providers

A Network of primary healthcare providers established in the intervention sites would improve access and delivery of primary healthcare in urban areas.

City Action Plan and Models

For coordinated and integrated primary healthcare delivery systems.

Collaborate with local NGOs to continue health literacy and social behavior change campaigns and awareness drives post-project

SUSTAINABILITY PLAN FOR LONG-TERM IMPACT

THE GLOBAL GOALS

Our sustainability plan lays the foundation for a community-driven, resilient healthcare system in Mysuru. By fostering convergence, empowering community platforms, enhancing healthcare access, and leveraging technology, this roadmap ensures long-term impact through strengthened governance, capacity-building, and innovative collaborations. Together, we pave the way for sustainable urban healthcare transformation.

Building a Healthier Tomorrow: Sustainable Solutions for Mysuru

Scale-up-Strategies

For city-wide implementation of urban primary healthcare in the city.

Capacity Building

Capacity Building of Healthcare Providers by introducing and including capacity-building modules into local health training curricula and establishing partnerships with medical institutions to ensure continuous upskilling of UPHC staff.

Transition from Paper to Digital Data

Transition household databases to digital formats accessible to local health departments and periodically updated by community health workers

Partnerships

Foster partnerships with local technology providers to maintain and expand services like Arogya-1 kiosks and e-Sanjeevini, with community volunteers trained to manage these technologies.

We plan to implement routine monitoring through a real-time system. Additionally, we aim to organize health camps and melas to raise awareness among the vulnerable groups.

HEENA

> *I eagerly await the birth of my first child, and I thank the frontline workers for the critical information they have shared about childbirth practices.*

Heena Kouser, 22, a resident of Ghousiya Nagar within Giriyabovipalya, UPHC, Mysuru, Karnataka, has embarked on a remarkable journey of motherhood. The consistent reinforcem of Community Facilitators and Zonal and City Coordinators dur the home visits made Heena learn about healthy behaviors during pregnancy, and warning signs during pregnancy and childbirth.

She gained a deep understanding of proper nutrition, exclusive breastfeeding, and hygiene practices, ensuring her access to essential antenatal care services including micronutrient supplementation, hypertension treatment, and tetanus immunization.

HSTP is implementing the Infosys Foundation Samagra Mother and Child project in Mysuru which aims to enhance RMNCH+A outcomes by strengthening UPHCs for urban vulnerable populations.

Driven by an All-Women Frontline Workforce, the project exclusively employs and empowers women to improve maternal and child health outcomes.

HSTP

From Misinformation to Empowerment: Manjula's Journey to Safe Motherhood

Introduction: A Mother's Tale of Mistrust and Misguidance

In the urban slums of Mandya, where misinformation about healthcare practices runs rampant and often leads to dire consequences for vulnerable families, stories of struggle and resilience are woven into everyday life. Among them, Manjula's journey stands out. With a family marked by hardships and setbacks, she was determined to create a brighter future for her children. Yet, when it came to her health and family planning, she encountered a difficult choice between traditional advice from neighbors and the professional healthcare services offered by government health centers. Misguided by unqualified sources and harboring initial mistrust in government healthcare, Manjula almost made a decision that nearly cost her unborn child's life.

Her story highlights the vital role community health workers play in building trust and providing accurate healthcare information. When she finally connected with frontline health workers and medical officers, a potential tragedy transformed into a testament to survival, strength, and support. It reflects the Health Systems Transformation Platform's (HSTP) commitment to bridging the healthcare trust gap and delivering reliable and accurate information to underserved communities, empowering individuals to make informed, life-saving choices.

Background: A Life of Resilience

Growing up, Manjula shouldered responsibilities from a young age. After her father abandoned the family, her mother took up strenuous jobs to support Manjula and her siblings. Manjula's younger brother struggled with addiction, and her family felt the weight of every challenge they faced. Despite these hardships, she remained determined to change her circumstances and give them a decent life. Manjula, being a graduate secured a job that helped arrange her younger sister's marriage, sacrificing her comfort to ensure her family's well-being. In 2021, she married and soon gave birth to a baby boy. Yet, the couple decided to wait before having a second child, hoping to plan their family responsibly. Though educated, she faced cultural and social challenges that restricted her access to reliable health information. She relied on advice from neighbors who dissuaded her from using medically approved contraceptives. Instead, she was encouraged to adopt the Rhythm method—a far less effective and unreliable means of family planning.

- Enhanced Health Literacy: Expanding programs that promote reliable health information and foster health literacy at both community and individual levels.
- Trusted Communication Channels: Leveraging social and mass media to counteract misinformation, especially regarding Comprehensive Primary Health Care (CPHC) and Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCH+A) services.
- Reducing Out-of-Pocket Expenditure (OOPE): Encouraging families to access services through UPHCs, thus lowering OOPE.

Conclusion: A Healthier Tomorrow for Mothers Like Manjula

Manjula's story ends on a hopeful note. Today, she is preparing to welcome her second child, buoyed by the reassurance that she now has a dependable healthcare system on her side that is easily *accessible, affordable, and available*. Through the collaborative efforts of community facilitators, frontline workers, and medical officers HSTP's initiative provided her with life-saving support when she needed it most. Her journey reminds us that accurate, professional healthcare advice is not merely beneficial—it is essential. By investing in public trust and accessible health education, HSTP aims to change the narrative for women like Manjula, ensuring that they have the knowledge and confidence to make the best decisions for their families' well-being.

As we leave Manjula in her home, basking in the glow of her pregnancy, she expresses heartfelt gratitude for HSTP's support. *"I had always thought these concerns were just for minor issues. I never knew they would genuinely care about my family and support me through such a critical time,"* she says.

Misguided by well-intentioned but unqualified advice, Manjula found herself facing an unexpected pregnancy, reflecting the consequences of widespread health misinformation in underserved communities and highlighting the pressing need for trusted sources of healthcare guidance.

The Crisis: A Misguided Decision

Manjula's neighbors and family friends cautioned her against medically reliable contraceptives, suggesting instead the Rhythm method, which they believed to be "safe" and "natural." Without consulting qualified health workers, she followed this advice. When she missed her menstrual cycle, she tested herself with an over-the-counter pregnancy kit, which gave her a negative result. In the meantime, she developed a perforated eardrum and was prescribed medication for a month, unaware of the potential risks if she were pregnant.

Terrified and uncertain, she feared her baby might suffer anomalies. Distrusting government services, she initially sought advice from private practitioners who suggested she proceed with her pregnancy rather than opt for termination. Left with no other options, she turned to the very people she once avoided—community health workers and medical doctors at the local Urban Primary Health Center (UPHC).

The Turning Point: Rebuilding Trust Through HSTP's Community Facilitators

Manjula's perspective began to shift through her interactions with government healthcare providers. HSTP-trained and dedicated community facilitators provided her with trustworthy, accurate pieces of information. During their house visits, they spent time understanding her concerns, explaining the risks, and helping her consider her options. Through compassionate and clear communication, they reassured Manjula, dispelling the misconceptions she had held about government healthcare and ultimately helped her decide to continue her pregnancy. One of HSTP's core goals is to establish a trustful relationship between healthcare providers and communities—a goal that, in Manjula's case, proved lifesaving.

Reflecting on the support she received, Manjula said, *"Had I known earlier that I could rely on them, I would not have gone through this alone. Their advice saved my child."*

With the advice of a qualified government doctor, Manjula decided to continue with her pregnancy, opting to undergo a tubectomy after delivering her second child to ensure a stable and healthy future for her family.

Lessons Learned: Addressing Gaps in Health Literacy

Manjula's story highlights the urgent need for health literacy and the imperative need to dispel misinformation and refute rumors within the communities. HSTP is committed to tackling such gaps through:

PROJECT TEAM

HEALTH SYSTEMS TRANSFORMATION PLATFORM

Dr Sudha Chandrashekar	Advisor , HSTP
Dr. H.S. Prasad	Team Lead-Mysuru Project, Comprehensive Primary Healthcare
Mr. Niranjana Prasad	Area Coordinator
Mr. R . Diwakar	Zonal Coordinator
Ms. Triveni	Community Facilitator
Mr. Pramod Patel	Community Facilitator
Ms. Debamitra Bhattacharya	Manager-Communications

KARNATAKA HEALTH PROMOTION TRUST

Dr Swaroop N	Thematic Lead-CPHC
Dr Prarthana B S	Thematic Lead-MNCH
Ms Poornima Bathi Siddappa	Deputy Director-Programs
Mr Praveen Kumar	Lead-Urban Interventions
Mr Vidyacharan Malve	Monitoring and Evaluation Manager
Mr Krishna Prasad M	Project Officer-Mysore
Ms Ashwini N	Community Facilitator
Ms Nandini KB	Community Facilitator
Ms Sudha KB	Community Facilitator
Ms Pratima Gurunatha Chakrasari	Community Facilitator

The Infosys Foundation Samagra Urban Mother and Child Project is a pivotal response to the pressing healthcare challenges of rapid urbanization in Mysuru. With an estimated 40% of India's population expected to reside in urban areas by 2030, the demand for effective and accessible healthcare services is paramount, particularly for vulnerable communities facing urban health disadvantages. This project is strategically designed to strengthen Comprehensive Primary Health Care services, addressing community, facility, and systemic barriers historically hindering health outcomes.

The initiative envisages improving access to essential Reproductive, Maternal, Neonatal, Child, and Adolescent services, enhancing the quality of care, and reducing financial burdens on vulnerable, and underserved populations. By fostering community engagement and collaboration among stakeholders, the project aspires to create a resilient urban healthcare model that serves as a beacon for Mysuru and contributes significantly to achieving Sustainable Development Goals and Universal Health Coverage in rapidly urbanizing regions across India.

Ultimately, this project seeks to empower communities, mitigate health disparities, and ensure that health services are inclusive and equitable for all residents through targeted interventions and strategic resource allocation.

THANK YOU!

Contact

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