

# IMPACT BRIEF



## MATERNAL AND NEWBORN SURVIVAL INITIATIVE (MANSI)

utilizes a public-private partnership model to reduce maternal and child mortality by providing resources and support, thus empowering local communities to care for their mothers and children while improving the local health systems.

## IMPACT

MANSI has contributed significantly to:

- 46%** • Decrease in Neonatal Mortality Rate
- 39%** • Decrease in Infant Mortality Rate
- 44%** • Decrease in Child Mortality Rate
- 94%** • Increase in Pregnant Women Receiving Medical Checkups
- 87%** • Increase in Institutional Deliveries
- 83%** • Increase in Newborns Being weighed at Birth

MANSI's alignment with the SDGs



## THE CONTEXT

Nearly 1.2 million children in India die before they reach their 5th birthday every year, while 696,000 newborns die during the first month of life. In addition, 46,000 women in India lose their lives to complications during pregnancy and childbirth. These maternal and neonatal deaths in India constitute nearly 20%–30% of respective deaths globally<sup>1</sup>. Most of these deaths are preventable. Global evidence shows that community health workers like Accredited Social Health Activist (ASHA), Auxiliary Nurse Midwife (ANM), and Anganwadi Worker (AWW) when appropriately trained, supplied, supported and supervised, can effectively contribute to improving maternal health and reducing child mortality<sup>2</sup>.

To reduce maternal and child mortality in rural and impoverished areas, the American India Foundation and its coalition of partners launched the Maternal and Newborn Survival Initiative (MANSI) in 2009. MANSI is a simple but effective set of home-based community-focused health interventions that address the problem of access to quality and affordable health care for mothers and newborns close to their place of residence in a low resource setting.

At MANSI's core lies the empowerment of local frontline health workers (ASHAs and ANMs identified under NHRM), so that they can save lives of mothers and newborns in remote rural areas, often tribal areas, where there are no doctors or Primary Health Centers for miles. In collaboration with the state governments of Jharkhand, Odisha, Uttarakhand and ITDA Paderu Andhra Pradesh, these frontline workers receive training, mentoring and support in cost-effective interventions during the antenatal period, the time around birth and the first week of life, as well as for the care for small and sick newborns.

### FOCUS AREAS



**TRAINS ASHAS (COMMUNITY HEALTH WORKERS)**  
in essential maternal and newborn healthcare practices



**PROVIDES CARE TO MOTHERS AND INFANTS**  
to prepare for survive, and thrive during and after pregnancy



**SAVES MOTHERS AND THEIR NEWBORNS/CHILDREN**  
from maternal and infant/child mortality through strengthening knowledge and health systems

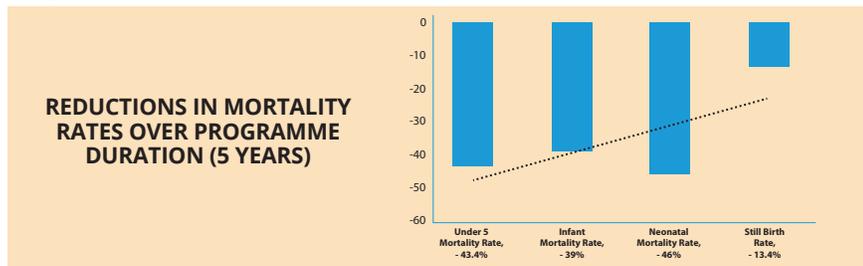
## REACH

-  • **65,165** Newborns treated with cost-effective interventions
-  • **81,300** Pregnant Women served during ante-natal period, during delivery, and post-natal period.
-  • **3657** ASHAs / Community Health Workers trained in high-risk regions of India
-  • **3389** Villages in remote rural and tribal regions of India
-  • **2.14** million population covered in 4 States, 7 Districts, 20 Blocks

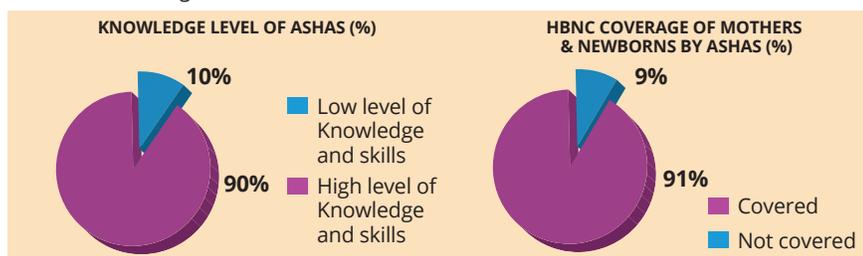
# THE EVIDENCE

The results of a rigorous, independent, mixed-methods evaluation<sup>3</sup> of MANSI show:

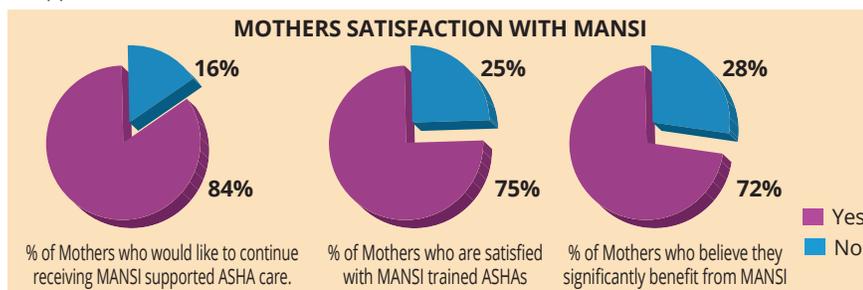
- **Impact:** Over a period of 5 years, MANSI contributed in substantially reducing the neonatal, infant, and child mortality by nearly 46%, at least three times the estimated impact by the World Health Organization.



- **Capacity Building:** More than 90% of the ASHAs trained demonstrated high level of knowledge and skills as a result of the MANSI training and capacity-building approach. ASHAs have instilled confidence in community members who now value and seek out their services, managing most of the low risk neonates, some high risk newborns as well and some cases of pneumonia and diarrhea in children with support from the MANSI supervisors. The ASHAs provided home-based care (HBNC) to mothers and newborns with 91% coverage.



- **Positive Behavior Changes and Services:** Mothers were highly satisfied with the services of MANSI trained ASHAs (75%). They would like the ASHAs to continue receiving MANSI support (84%).



# CONCLUSION

MANSI is an evidence-based demonstration that effective training, support and supervision of India's community health workers can effectively contribute to improving maternal health and reducing child mortality. MANSI's 5-year results demonstrated that:

1. The HBMNC model can be replicated in difficult areas and states where healthcare is comparatively inaccessible. This can be done with high coverage and good quality, through existing community health workers
2. MANSI contributed significant reductions in NMR (neonatal mortality), IMR (infant mortality) and U5MR (child mortality) by a range of 40% to 50%, almost at the level of national goals.
3. Successful partnership approach, involving a technical partner, a local implementation partner, a facilitator partner, and the government health system, together could deliver much better than what either of them could alone have done.

Based on these results, AIF has moved ahead in scaling up the program to 4 states of India, and train twenty times the number of community health workers, with new and existing partners.

<sup>1</sup> WHO, Global Burden of Disease, World Health Organization, 2015

<sup>2</sup> H.B.Perry, R.Zulliger, and M.M.Rogers, 'Community Health Workers in Low, Middle, and High Income Countries', Annual Review of Public Health, 35: 399-421, 2014

<sup>3</sup> MANSI Evaluation Report 2015, Dr Abhay Bang of SEARCH Gadchiroli and Dr Ranjani Gopinath

# IMPACT STORY



Usha Rana is an Accredited Social Health Activist (ASHA) of Himrol village in the mountainous region of Uttarakhand. As a Community Health Worker, she represents a health workforce that is empowered to improve the health and well-being of mothers, babies, and families across the country. "Every morning, what pulls me back to work, is the woman who is pregnant. I want to help her bring a new life into this world and put a healthy baby into her arms," says Usha, as she gets ready for the day. She begins her day by visiting pregnant and new mothers in the village to conduct check-ups. She then convenes a community meeting, to engage and educate women, men and village elders on the importance of safe pregnancies and deliveries.

Mansa Devi, 8 months pregnant, says, "One thing I have learnt from Usha Didi is to have a balanced diet. This time, I am feeling better. We have registered ourselves at the health centre and will go there for my delivery." After regular home visits by Usha Didi, Mansa is convinced that an institutional delivery is the safest way for her. Usha has ensured that Mansa receives timely antenatal tetanus shots and takes her iron supplements daily.

In many parts of India, Usha and community health workers like her, are often the first and only link that women and children have to basic healthcare. MANSI is leading a determined effort to train and support thousands of Usha Didis to catapult India's healthcare agenda to success.

# AIF IMPACT BRIEFS

This Impact Brief is part of a suite of Impact Briefs which provide evidence on the impact of AIF's programs, available at [www.AIF.org/news-updates/knowledge-center/](http://www.AIF.org/news-updates/knowledge-center/)