



Annual Project Report 2023-2024

SAMPURNA

About Project Sampurna

Project Sampurna is an initiative by Glenmark Life sciences LTD through CSR. The project is implemented in Urban slum areas in Solapur city in Maharashtra state. The objective of the initiative is to overall improve maternal and child health with a key focus on mortality and morbidity indicators. The project was inaugurated on March 2023.

The project works in collaboration with Solapur Municipal Corporation. (SMC). Currently the project is being implemented in 5 urban Primary Health centres (UPHC) – namely Ramwadi, Darasha, Bhavnarushi, Nai Zindagi and Vidi Gharkul. The UPHC was chosen after discussion with SMC and considering the residing vulnerable population within these health posts.

Implementation strategy

UPHC provides services for pregnant women like antenatal care, injection tetanus, Iron and folic acid supplementation and immunization services for children. UPHC has outreach services provided through ANM (Auxiliary Nurse midwife) and ASHA workers. Behaviour change communication for effective utilization, desired positive behaviours, screening at risk mothers, expert check-up and anomaly scanning were some of the deficiencies in the services. HMF through its staff filled this gap in the services. HMF has a Project coordinator with 5 supervisors support by Project Director. ANM and ASHA workers were supported with kits to improve quality of antenatal care. Kits included weighing machine, blood pressure machine, glucometer with strips, etc.

List of activities

1. Home visits - Behaviour change communication with Pregnant women to increase awareness on health check-up is being done through interpersonal communication and or through home visits. Tetanus immunization, consumption of IFA tablets, Institutional delivery etc.

A total 7154 (103% against target) beneficiaries were reached during the year 2023-2024.

Sr. No.	Indicators	Target	Performance
1	Antenatal Check-up / Home visit	2000	2254
2	Pregnant Women with Anaemia	1100	791
3	Pregnant Mothers with Diabetes	140	2
4	Pregnant Mothers with Complications	300	421
5	USG (Sonography)	0	229
6	Post Pregnancy Women	900	950
7	Adolescent Girls Screening & counselling	1000	982
8	Adolescent Girls with Anaemia	600	579
9	New Born Children	900	946
	Total Beneficiaries	6940	7154

2. Camps for Pregnant women and Adolescent girls

Camps were organized for antenatal check, especially for at risk pregnant women and to screen anaemia in adolescent girls. Camps were held on following dates and venue

	Date	Venue	Remark
1	09/04/23	Utkarsh Nagar	
2	20-04-23	Sarvade Nagar	
3	21-04-23	Kongad Galli	
4	29/04/23	Utkarsh Nagar	
5	03/05/23	Tilaka Nagar	
6	06/05/23	Kongad Galli	
7	09/05/23	Tilak Nagar	
8	11-05-23	Sanjay Nagar	
9	18-05-23	Raghvendra Nagar	
10	18/09/23	Raghvendra Nagar	

11	10/10/023	Bapuji Nagar	
12	18/10/023	Rajshri Shahu Prashala	
13	19/10/023	Timmappa Bnada Prashala	
14	20/10/023	Survase Prashala	
15	01/02/024	SonamataPrashala	
16	03/02/024	Rajshri Shahu Prashala	
17	15/02/024	Gondhale Vasti	
18	24/02/024	Nai Zindagi UPHC	
19	02/03/024	Nai Zindagi UPHC	
20	09/03/024	Shinde School	
21	09/03/024	Ramwadi UPHC	
22	11/03/024	Darasha UPHC	
23	11/03/024	Bhavnarushi UPHC	
24	13/03/024	Ramvadi UPHC	
25	13/03/024	Vidi Gharkul UPHC	
26	14/03/024	Bhavnarushi UPHC	
27	15/03/024	Vikas Nagar	
28	16/03/024	Vidi Gharkul UPHC	

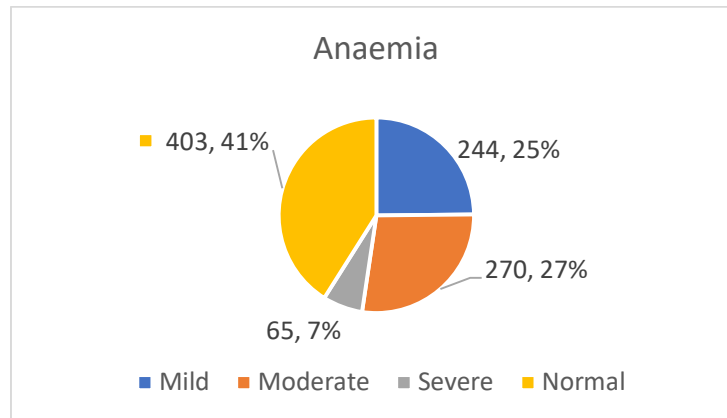
3. High risk Pregnancies

High risk pregnancies were identified during camps and during check-up at UPHCs. These women were counselled for their risks, timely care, institutional deliveries.

.	INDICATOR	Ramwadi	Vidi Gharkul	Darasha	Bhavanarushi	Nai Zindagi	TOTAL
1	Thyroid	5	0	5	5	13	28
2	Elderly pregnancy	3	13	2	6	3	27
3	Multipara Pregnancy	9	0	10	9	12	40
4	Anaemia	20	4	28	13	19	84
5	Previous LSCS	11	22	17	12	13	75
6	Multiple Abortion	1	20	17	17	13	68
7	High BP	5	1	0	3	20	29
8	Twins Pregnancy	2	0	2	2	0	6
1	Post IVF	2	0	0	0	0	2
10	Anomaly	0	1	0	0	0	1
11	Blood Group Negative	0	2	0	0	0	2
12	Diabetes	0	0	0	1	1	2
13	Previous MTP	1	2	0	0	7	10
14	Height Less than 5 ft	3	2	0	2	0	7
15	Low BP	0	0	1	1	1	3
16	Still Brith	0	6	1	1	0	8
17	Ectopic Pregnancy	0	0	0	1	0	1
18	Consangious marriage	2	0	0	0	0	2
		64	73	83	73	102	395

4. Anaemia in adolescent girls (N-982)

982 adolescent girls were screened. 41 % had normal haemoglobin. 7 % had severe anaemia while 27 % had moderate anaemia and 25 % had mild anaemia.



5. Newborn Health

.	Indicator	Ramwadi	Vidi Gharkul	Darasha	Bhavanarushi	Nai Zindagi	TOTAL
1	Low Birth Wt. Baby	13	1	34	24	26	97
2	Premature	0	0	10	0	4	14
3	Anomaly	1	3	2	1	1	7
4	Total	14	3	46	23	28	113

6. International Environment Day

Environment Day was celebrated on Monday 05 June 2023 by planting trees on the occasion of Environment Day at Dyan Jyoti Marathi Vidyalaya, Jule Solapur, under Project Sampurna and supported by Halo Medical Foundation and Glenmark Life Sciences Ltd. Principal of the school Mr. Chavan sit co- teacher Yadav sir and co-teacher Kole Madam were present for this program. A total of 5 saplings of 2 Pimpal trees, 2 Ashok trees and 1 Gulmohar were planted in the school premises by digging pits.



7. Quality Improvement Workshop for Urban health facility staff

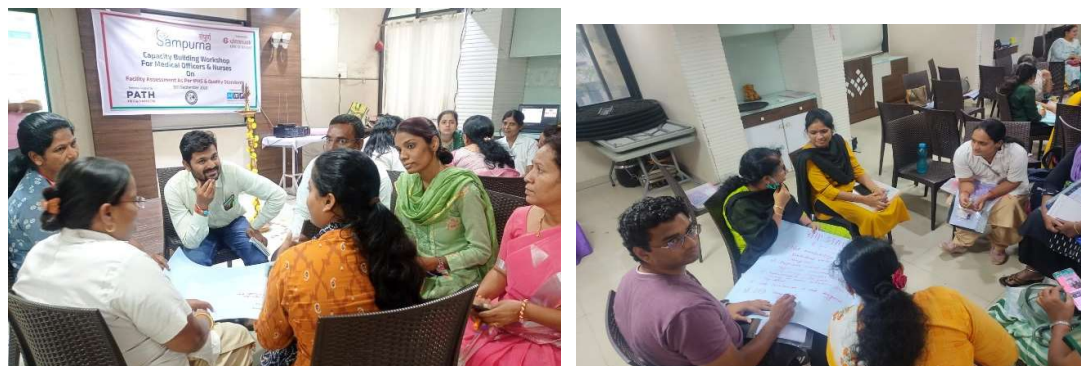


A workshop was organized on IPHS (Indian Public Health standards) for all medical officers and staff nurses of Solapur Municipal Corporation. The workshop was inaugurated by Dr. Arundhati Haralkar, Dr Apoorva Akre, Mr. Beldar of Glenmark Life Sciences Ltd, Dr. Atish Borade, Dr. Kranti Rayamane & Dr. Jayanti Adke.

Introduction was done by Dr. Kranti Rayamane, Dr. Apoorva Akre gave information about IPHS status nomination in one day workshop through PPT.

Participants were introduced to the concept of NQAS and its programmatic approach. An open forum discussion on quality improvement at urban facilities was conducted, focusing on critical components such as RMNCHA, particularly adolescent health. Checklists for different levels of facilities were discussed. All the Medical officers 2 PHN - Participated actively.

Participants engaged in group activities where they identified quality-related gaps in their facilities. They used methodologies like root cause analysis (RCA), fishbone diagrams, and "why-why" analysis to determine the underlying causes of these gaps. Gap prioritization was carried out using the PICK chart methodology. Each group presented their gap identification and prioritization, followed by the development of action plans based on the identified gaps. All the participants were actively gave solutions to their problems as well.



8. Laparoscopy Inauguration



Laparoscopy is an established modality to conducted operations for family planning and is a diagnostic tool for patients of infertility. Punyashlok Ahilyabai Holkar Hospital of SMC conducts laparoscopic surgeries. The laparoscope was not functional and SMC was in dire need of new laparoscopes.

Two Laparoscope's were donated by Glenmark Life Sciences Ltd through Project Sampurna. The program was presided over by Hon. Municipal Commissioner Mrs. Sheetal Ugile Teli, Dr. Kranti Rayamane of HMF, Mrs. Vidya Pol (Dy. Commissioner) & Dr. Manjiri Kulkarni Health Officer SMC and Mr Sitaram Beldar. Hon. Commissioner Sheetal Ugile Teli thanked GLS and HMF. She said that the services will be available to residents of Solapur at no-cost.

Kits were given to 130 ASHA workers from 5 health posts from project area. Kit includes thermometer, scales, oximeter, glucometer, blood pressure measuring device etc. The chief Gynecologist Dr. Sodal expressed his gratitude to HMF and Glenmark life sciences Limited. He was very happy with these instruments. He gave vote of thanks to HMF and Glenmark life sciences Limited. City Program Manager Dr Atish Borade, City Account Manager Siddheshwar Borge and Dr. Jayanti Adke, and all the supervisor of Sampurna project were present.



9. Maternal & Child Health Workshop



HMF under aegis of Project Sampurna, Indian Medical Association and SMC organized a workshop on child death review on 14th February 2024. . The workshop was attended by all medical officers and staff nurses of SMC.

Dr. Shirshetty spoke on the causes of neonatal death, and infant death, and how it can be prevented. MOH, Dr Manjari Kulkarni stressed on the importance of home visits during Antenatal period and regular ANC check up by gynaecologist as well as anomaly scan. Supervisor of Sampurna project also presented the case studies regarding the still birth which they had attended and anomalies which were detected in the foetus. Dr Shirshetty appreciated and acknowledged the project activities.

10. CASE STORIES

Case Story # 1

A lady in her third pregnancy was subjected to anomaly scan. She had complaints of reduced fetal movement. It was revealed that there was no movement of the baby and there was no proper development of the brain. Even after the delivery of the child baby would not survive. So she was referred to civil hospital and the pregnancy was terminated.

Case story # 2

A woman had a Consanguineous marriage. This was her first pregnancy. The Consanguineous marriage has a high chance of anomalies. So, she was advised anomaly scan. The scan revealed a heart defect, which is incompatible to life. A second opinion was taken. The baby had a little chance to survive after delivery. The case was referred to a hospital and the pregnancy was terminated.

Case Story # 3

A pregnant woman had Haemoglobin of 7.3 gm %. She has thyroid problem also. She was convinced to take IFA tablets daily as prescribed. She followed the advice. Her Hb rose to 9.3 gm%. She delivered a low-birth-weight baby weighing only 1.5 kg. She was advised early and exclusive breastfeeding. With all proper care, the baby is alive and fine.

Mr. Arvind Giri, CSR-Lead, Glenmark Life Sciences Ltd- Home visit & project visit



Health Check-up camps



Challenges faced

- Health is not a priority for vulnerable population. Hence behaviour change is a quite slow
- Perception of public hospitals is poor. Hence, referral to public hospitals is a challenge and private hospitals are costly.
- IFA (Iron and Folic acid tablets) are not available on a regular basis in public hospitals.
- Anomaly Scan is not available in public hospitals and timely appointment for ultrasound is a challenge.
- Specialized care is not available at a decentralized level

Learnings

- There is a huge unmet need for maternal & newborn health in vulnerable population
- Continuous efforts and follow-ups are necessary for behaviour change
- Anomaly scan was helpful for community
- Need to strengthen UPHC and primary health care

Way Forward

- Continue working in population of 5 UPHC and anaemia screening for adolescents
- Strengthen home visits and referral
- Capacity biding of ASHA and ANM in UPHC

- Increase in coverage area of intervention
 - Strengthen specialized care at UPHC and community level.
 - Infrastructure support to maternity homes
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