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| **Title of Innovation in policy and practice presentation** Intersectoral collaborative model to improve maternal and child health among urban poor in Chandigarh, a north Indian city |
| **Setting/problem**Improving urban health especially of urban poor is a great cause of concern especially for India due to increasing urban population. This abstract presents the findings of an innovative model of intersectoral collaboration to improve maternal and child health (MCH) among urban poor in Chandigarh, a north Indian city, from 2011-12 to 2017-18.**Intervention**An intersectoral collaboration between state health department and department of community medicine, Postgraduate Institute of Medical Education and Research, was established in 2011, to improve MCH indicators in the catchment area of Civil Hospital, Chandigarh, and to train the community medicine resident doctors. It catered to a population of 81,332, out of which 61% were vulnerable migrants with poor housing and sanitary conditions. MCH program implementation was strengthened through supportive supervision of MCH staff, enhanced community engagement through inter personal communication, husband’s counseling for family planning, tracking of high-risk pregnant women, identification of problem families and problem solving with cascade model (first level counseling with auxiliary nurse/social worker, then with resident doctors), and efficient referral system. MCH indicators were monitored by conducting annual health surveys at the end of each financial year. MCH indicators in a control area without the intervention, with similar settings, was also identified and monitored from 2011-12 to 2014-15. **Outcomes**Early registration of pregnant women in the first trimester increased from 39% to 95.4%, tetanus immunization from 70.8% to 100%, four antenatal check-ups from 82.7% to 100%, institutional deliveries increased from 78.7% to 99%, at least three post-natal check-ups increased from 47.5% to 100%, fully immunized children increased from 85.8% to 99.8%, contraceptive use rate from 56.9% to 86.7% from 2011-12 to 2017-18. No maternal deaths reported during 2017-18. Infant mortality rate declined from 25.6 to 4.3 per thousand live births. There was no such improvement in the control area without the intervention. **Implications**A policy regarding involvement of community medicine department in the medical schools in improving the MCH indicators of the urban poor, through intersectoral collaborative model, should be considered, especially, in the resource constraint low and middle-income countries.**Preferred presentation format**Oral |