Proposed project for Sun Pharma Research Fellowship

By

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1. Title of the proposed research project:

Enhancing Reproductive and Child Health Access for Tribal Migratory families: A Comprehensive Registration and service providing approach

2. Summary (up to 250 words): A structured summary should contain the following subheadings: Rationale/ gaps in existing knowledge, Novelty, Objectives, Methods, and Expected outcome.

The previous study which was conducted by the author has found following gaps in the RCH services for tribal migratory women and children in his study.

1. Family planning coverage was just 40% in comparison to NFHS-5 in which at national level it was 66.7% and at Gujarat state level 65.3%.
2. Around 40% of families had 3 or more than 3 children.
3. Institutional delivery rate was 82% among this group, whereas NFHS-5 had reported 88.6% notational level and 94.3% at Gujarat state level.
4. Anemia was quite high prevalent among this group with 71% mild to severe anaemia whereas national it was around 65%.
5. Among 13% of women had reproductive tract infection (RTI) symptomatically and 8% of them had menstrual problem.
6. Mamta card coverage was observed among 43% of women and children.
7. ANC care coverage 4 visits or more was observed among 50% of women.
8. Iron folic acid tablet coverage was around 63%.
9. Full vaccination coverage as per the age was found among 76.7% which should be more than 95% ideally.

These gaps were observed and also tried to get reasons for these gap. It was found that the major issue was with frequent migration and change of place. This group of women and children are frequently moving from one place to other till the task finish. There is an urgent need to target their movement with effective tracking mechanism and providing effective services at door step. The current intervention project to provide the effective and efficient RCH services to these women in urban area of Gujarat.

Keywords: Six keywords separated by comma which best describe your project may be provided.

Rationale of the study:

Urbanization, characterized by the continuous influx of labor, has transformed the demographic landscape of cities. Within this intricate urban fabric, tribal migratory families engaged in construction, roadside, and various labor-intensive occupations form a vulnerable and often neglected population. The need for a comprehensive intervention to enhance Reproductive and Child Health (RCH) access

for these communities arises from a confluence of factors that collectively contribute to a pervasive and pressing public health concern.

At the heart of this rationale is the recognition of the unique challenges faced by tribal migratory families in accessing essential healthcare services. Their transient nature of work, moving from one worksite to another, often leads to their exclusion from the administrative apparatus of the urban healthcare system. Without a systematic registration process, these families remain invisible, navigating a fragmented healthcare landscape that fails to acknowledge their specific health needs.

The absence of a structured registration system perpetuates a cycle of unmet healthcare needs and undocumented health data. The dearth of comprehensive health data on tribal migratory families impedes the formulation of targeted interventions and policies. Understanding their health dynamics is essential for developing healthcare strategies that not only address their immediate needs but also contribute to breaking the cycle of intergenerational health disparities.

Moreover, the traditional service delivery model proves inadequate for the mobile lifestyle of these communities. The services, designed for a stable, resident population, lack the flexibility required to cater to the dynamic healthcare needs of a migratory workforce. The provision of Reproductive and Child Health services is particularly compromised, leaving mothers and children vulnerable to preventable health issues.

Reproductive and Child Health is pivotal for the overall well-being of any population. In the context of tribal migratory families, the lack of consistent access to family planning, antenatal care, immunizations, and child healthcare services not only jeopardizes their health but also has far-reaching consequences for future generations. Breaks in the continuum of care for these families lead to missed opportunities for preventive healthcare, perpetuating a cycle of health disparities.

Therefore, the rationale for this study is rooted in the imperative to bridge these gaps and improve healthcare outcomes for tribal migratory families. A comprehensive registration process is proposed to address the invisibility of these communities within the urban healthcare system. This process seeks to not only identify and document these families but also ensure continuous tracking as they move within the city. By establishing this foundational step, the study aims to integrate tribal migratory families into the healthcare system, acknowledging their presence and healthcare needs.

Hypothesis/ Research question:

In tribal migratory families engaged in construction and other labor-intensive occupations in urban areas, does the implementation of a comprehensive registration process and service delivery approach (intervention), compared to traditional healthcare approaches (comparison), lead to improved access to Reproductive and Child Health (RCH) services, enhanced healthcare utilization, and better health outcomes (outcome)?

Study Objectives:

1. To Evaluate the Efficacy of the Comprehensive Registration Process including adherence and compliance in this process

2. To evaluate the impact of urban primary health centre and private health care facility model for tailor health services focusing RCH services.

3. To assess the utilization rate and health impact of these two models among the tribal migratory women and children.

Methodology:

1. To Evaluate the Efficacy of the Comprehensive Registration Process including Adherence and Compliance:

Methodology:

a. Study Design: - Implement a prospective observational study.

Sample size – The study will be conducted in one major city of Gujarat, that is Vadodara.

b. Registration Process: - the study will be started after the Institutional ethics committee permission. Develop a standardized registration protocol for tribal migratory families who are living in urban area for short duration. The consent from head of family and construction site honour will be taken and data registration will be started. The train registration personnel will visit the various construction sites or road construction site or other where tribal families are coming for work in urban area. The train person will collect all basic demographic information of families with their home town and record with geo-location. Also the phase 2 of intervention will be informed to all participants. The issues of compliance and short duration stay will be understood and regular registration process will be developed. The stake holders will be involved to understand the process of registration as this is migratory population.

Inclusion criteria – Those tribal families who are coming for urban area for temporary work purpose, they should have permanent address at some tribal areas of Gujarat or India; one female should be in reproductive age, husband and wife with children should leave together

Exclusion criteria – Those who are not ready to give consent, local Aadhar card or address proof, working in area for more than year.

c. Data Collection: - The special online system will be developed to collect the data. Collect data on the number of families registered. - Assess the completeness and accuracy of registration records. - Conduct surveys and interviews to understand the perception of the registration process among tribal migratory families.

d. Analysis: - Employ statistical analysis to quantify adherence and compliance rates. - Conduct qualitative analysis of survey and interview data to gather insights into the acceptability and challenges of the registration process.

2. To Evaluate the Impact of Urban Primary Health Center and Private Healthcare Facility Model for Tailored Health Services, Focusing on RCH Services:

Methodology*:*

a. Study Design: - Implement a comparative effectiveness study, it is non-randomized intervention study

b. Selection of sample size – The study will have three arms and in each arm there will be one zone of city and 50 tribal migratory families from selected zone will be taken as study participants.

City -1 City -2 City -3

Mode of intervention

RCH services with UPHC zone | RCH services with private facilities | Control

Each selected intervention zone, will have RCH service package as per national programme be delivered through UPHC government health functionaries and in second zone the private doctors or hospital services designed and services catered. The third zone will act as the control and no intervention will be done.

The registered families will tack for the service utilization and issues to use services will be monitored and recorded.

c. Data Collection: - Collect data on the utilization of RCH services from both models. - Assess the coverage, quality, and effectiveness of RCH services provided. - Conduct interviews with healthcare providers to understand their perspectives on the tailored service delivery model.

e. Analysis: - Quantitatively compare the utilization rates and health outcomes between UPHCs and private facilities. - Qualitatively analyze interview data to gain insights into the strengths and challenges of each service delivery model.

3. To Assess the Utilization Rate and Health Impact of These Two Models Among Tribal Migratory Women and Children:

Methodology:

a. Study Design: - Implement a mixed-methods study.

b. Utilization Rate Assessment: - Analyze registration and service utilization data to determine the rate of engagement with UPHCs and private healthcare facilities. - Conduct surveys and interviews to understand the factors influencing utilization decisions among tribal migratory women and children.

c. Health Impact Assessment: - Analyze health outcome data, including maternal and child health indicators, from both models. - Use standardized assessment tools to measure the impact of healthcare services on the health status of tribal migratory women and children.

d. Analysis: - Quantitatively assess the utilization rates and health impacts of both service delivery models. - Qualitatively analyze survey and interview data to explore the perceptions and experiences of tribal migratory women and children regarding healthcare services.

Expected outcome/ Deliverables from the project

At the end of phase one of registration, the feasibility issue and solution of registration of such migratory tribal population in urban area will get. The phase two of intervention will give the comparative data revealing the rate of RCH service utilization between UPHC and Private sector with cost evaluation. Also it will give the percentage of improve services in term of quality and coverage. Also it will give insight for challenges and solution to deliver services to such small but important population. Thus it will help to achieve larger goal of RCH related points in SDG of country.

Timelines with achievable targets: GANTT/ PERT chart to be included

Time line

First Year – 1-2 months recruitment and ground work and permission

3-4 months - Training and concept to the staff with visits of selected cities and coordination

5-6 months – visit of various places, map making for various tribal migratory workers location and RCH services data

6-10 months – Registration software preparation testing, and start data collection online

11-12 months – Analysis of phase -1 data and report writing

Year-2

1-2 months – planning of intervention, service package development with government as per programme at UPHC and for private doctors and estimation of cost in two intervention cities

2-4 months – service packages feasibility testing at various level

5 to 12 months – Intervention on ground in city-1 and city 2

3rd Year –

1 -5th months - Intervention on ground in city-1 and city 2

6 -9 month – Post intervention data collection and analysis

10-12 months – dissemination and sharing of information and various other issues with completion of project