

# Meerut Urban MNCRH Project: Background and Methods

A collaborative project of: UHRC, JHU and  
CSMMU (KGMU)

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Development

# Presentation Outline

- Goals and objectives of the project
- Criteria for selection of Meerut
- Phases of the project
- Formative research study methods:  
Quantitative and qualitative

# Meerut Project: Objectives

- To develop cost-effective and sustainable urban MNCRH service delivery models with a focus on urban poor
- The program goal is to achieve:
  - Improvements in availability, accessibility, quality and affordability of MNCHR services
  - Reduce neonatal and infant mortality by at least 25%
- To facilitate scaling up of the MNCRH program to other urban areas.

# Meerut, Uttar Pradesh, India

## Criteria for Selecting Meerut

- A medium size city with about 2 million population
- Large urban slum population
- Existence of unlisted/unregistered slums
- Large pockets of underserved slum population
- Underutilization of existing health services



# Meerut Study: Phases

- Phase 1: Formative research
  - To generate information to design the intervention models
  - Establish baseline measurements
- Phase 2: Implement, evaluate and scale up
  - Evaluate using rigorous design
  - Scale up by providing program and policy support

# Formative/ Baseline studies

Included both quantitative and  
qualitative methods

# Quantitative Data Collection

- Survey: Household survey using structured interview format
- Objective:
  - To assess current level of knowledge, practices and coverage with regards to maternal, neonatal, child and reproductive health
  - To measure patterns of neonatal morbidity and care-seeking behaviors for neonatal illness
  - To estimate Infant and Neonatal Mortality Rates

# Survey Data Collection

- TNS Global was contracted for field data collection and data management
- Female interviewers were recruited; they received 7 days training in Meerut
- 33 data collection teams each with 4 interviewers and a supervisor deployed

# Data Quality Assurance

- Supervisors checked all data forms for completeness and consistency
- In addition, separate data quality assurance teams re-interviewed 5% of all households / respondents
- The interview and re-interview data were compared on a real time and feedbacks were provided to TNS

# Survey sample

Group Sampled	Number in Sample
Primary Sampling Units: Slums	225
Households	44 888
Women of reproductive age	40 084
Women who gave birth 36 months preceding the survey (Recently delivered women)	15 025

# Data Collection Tools

- Household survey: Household socio-economic and demographic information
- Survey of Ever Married women: Full pregnancy history of women of reproductive age, residing in the household – data used to estimate mortality rates
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- Survey of Recently Delivered Women (RDW): Detailed data on knowledge, practices, coverage and care-seeking of mothers, newborns and infants

# Data Management and Analysis

- Scrutiny of the questionnaires
- Coding of the open-ended questions
- Data entered in software with built in checks
- Development of tabulation plan
- Data analysis on SPSS

# Qualitative Data Collection

- Aim: To develop culturally appropriate behavior change messages to promote uptake of evidence based maternal, neonatal, infant and reproductive health practices
- Types of data:
  - Assessed current community perceptions and practices with regards to the pregnancy, intra-partum and post partum care
  - Identified barriers and facilitators to care practices and care seeking during pregnancy, intra-partum and post partum periods

# Qualitative Data Collection

- Study was conducted in 8 purposively selected slums of Meerut.
- Slum selection was based on distance from the main road and health care-facilities. 4 slums close to the road and 4 slums at a considerable distance from the main road were chosen.
- Field investigators from within the slums were recruited and trained.
- Semi-structured in-depth interviews (IDI) and focus group discussions (FGD) were conducted

# Respondents & Sample Size

IDI	Mother of infant (0-1 year)	48
IDI	Mother of sick neonate	32
IDI	Commonly used health care provider	7
IDI	Dai	7
FGD	Mother in law	8
FGD	Husband	8

# Meerut Project: Next Steps

- Design intervention models based on the formative research findings, UHRC's experience in other cities and expert consultations
- Implement and evaluate the models, adjust as needed, disseminate
- Provide program and policy support for large scale implementation
- Evaluate and adjust programs as needed