India Country Profile

Jhpiego in India

Quick Facts

- Estimated total population: 1.3 billion
- Maternal mortality ratio: 167/100,000 live births
- Infant mortality rate: 42/1,000 live births
- Under-five mortality rate: 49/1,000 live births
- Total fertility rate: 2.3
- Contraceptive prevalence: 49% (modern methods) 56% (all methods)
- HIV prevalence: 0.35%
- Neonatal Mortality Rate: 28/1,000 live births

Sources:
1 Population Reference Bureau 2015 Population Data Sheet;
2 Sample Registration System, Registrar General of India, 2013, MMR Bulletin;
3 Sample Registration System, Registrar General of India, 2013, Vital Statistics;
4 United Nations Population Division World Contraceptive Use 2011;

Background

India is the second most populated country in the world after China. With more than a billion people and more than 160 women dying in childbirth for every 100,000 births, India has one of the highest numbers of maternal deaths in the world. With 50,000 women dying from pregnancy and childbirth complications each year, India accounts for 17% of global maternal deaths—most of them preventable. Improving access to high-quality family planning (FP) services, ensuring quality care for mothers and newborns, especially during the intrapartum and immediate postpartum periods (the periods of highest risk of morbidity and mortality for both mothers and babies) and preparing a strong and competent health workforce can vastly improve the health conditions of mothers and children in India.

Jhpiego began working in India in the 1980s, collaborating with the Ministry of Health and Family Welfare (MoHFW) to strengthen reproductive health services. Numerous physicians and nurses from Indian medical and nursing colleges participated in Jhpiego training courses in the U.S. and at Jhpiego-affiliated regional training centers in Asia. Beginning in 1992, Jhpiego was named a key partner in a five-year project, funded by the U.S. Agency for International Development (USAID), to strengthen reproductive health services in the largest state in India, Uttar Pradesh. Under this project, Jhpiego successfully oversaw the training of thousands of physicians, nurses and auxiliary nurse midwives (ANMs), as well as the development of many standardized training materials. To this day, the innovations in training and quality improvement (e.g., competency-based training using participatory approaches and the use of anatomic models in clinical training) continue to be used in training conducted under the auspices of the MoHFW.

Since 2006, Jhpiego has worked closely with the MoHFW, Government of India (GoI), to improve access to high-quality reproductive health, FP and maternal and newborn health (MNH) services. Jhpiego has collaborated with the GoI at the national and state levels, providing technical assistance (TA) in formulating strategies and roadmaps for: 1) revitalizing postpartum family planning (PPFP) services in India; 2) strengthening the nursing midwifery cadre in India; and 3) improving the quality of intrapartum and immediate postpartum care in India. These interventions are described in more detail below.

Current Program Highlights

Strengthening Postpartum Family Planning Services

Jhpiego works closely with the GoI at the national and state levels providing TA in revitalizing PPFP services in the country. Jhpiego applies a systems approach to address the consistently high unmet need for pregnancy spacing methods, especially in the postpartum period, and aims to expand the choice of PPFP options. Along with a 360-degree advocacy strategy, Jhpiego focuses on building the system’s capacity to train providers by developing training sites and preparing state-level master trainers from within the system. Jhpiego is also developing an enabling environment at the facilities through on-site mentoring support.

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By strengthening counseling services, Jhpiego ensures that women and families get to make informed choices about FP. The system’s capacity to record, report and analyze data is also strengthened to enable use of data for decision-making.

The scale-up of PPFP programs has been well-planned and done in a phased manner. Work that began with one facility at Queen Mary Hospital in Lucknow, Uttar Pradesh, spread to more than 1,000 facilities across 19 states, establishing 75 training sites and training approximately 11,000 providers. By the end of October 2015, 603,561 women had accepted postpartum intrauterine contraceptive devices (IUCDs) and 326,892 of these acceptors had received follow-up. The quality of services has been and remains the cornerstone of every Jhpiego program. The follow-up findings of acceptors revealed that the expulsion rate is low and comparable to that of the interval IUCD at 3.1%, and the infection rate also remains low at 2%.

Jhpiego’s FP programs in India are supported by the Bill & Melinda Gates Foundation, Norway India Partnership Initiative (NIPI), a large anonymous donor, the David and Lucile Packard Foundation and USAID.

Strengthening the Nursing Midwifery Cadre in India

A high-quality health workforce is dependent on well-prepared professionals able to perform the tasks required to meet national health goals. Nurse midwives make up around 30% of the total health care workforce of India and are an integral part of India’s public health system. Recognizing the critical role of the nursing cadre in achieving Sustainable Development Goal 3, and keeping in mind the acute shortage of competent ANMs and staff nurses in the country, the GoI has prioritized the deployment, empowerment and overall strengthening of nurse midwives through development of a roadmap. Jhpiego is working closely with the MoHFW, GoI, 12 state governments and the Indian Nursing Council by providing TA to strengthen the nursing cadre in India. This support includes:

1) improving the quality of pre-service education by strengthening the nursing institutions in high-focus states;
2) creating an enabling policy environment for the nursing cadre;
3) improving the leadership and management capacity of the nursing cadre by creation of nursing directorates at national and state levels; and
4) ensuring a greater role for nurse midwives in clinical and programmatic decision-making.

As a part of efforts to strengthen pre-service nursing midwifery education, nodal centers of excellence are being established at both national and state levels. These nodal centers, besides serving as model teaching institutions, will serve as pedagogic resource centers for the ANM and general nursing and midwifery (GNM) schools in their region and also provide support in the concurrent strengthening of these ANM/GNM schools. Jhpiego also provides institution-level TA to more than 200 public sector nursing institutions for improving the quality of pre-service education through a standards-based approach. The interventions aim at strengthening the educational processes, clinical site practices, training infrastructure and overall school management and enhancing the knowledge and clinical skills of faculty, thereby leading to the production of more competent and confident nurse midwives. To address issues of sub-optimal quality of nursing education and shortage of nursing faculty, Jhpiego has established virtual classrooms in all ANM/GNM schools in Bihar. This intervention aims at enhancing the clinical skills and knowledge of nursing students on key MNH components through a specially designed 72-hour virtual training package. More than 1,200 students from ANM/GNM schools in Bihar have already had their capacity built through virtual training.

To create an enabling environment for nurse midwives, Jhpiego is advocating for enhanced clinical autonomy of nurses by scaling up the Nurse Practitioner in Midwifery program, increasing engagement of nurse midwives in management of public health programs, developing vision documents, and envisaging the career progression pathways for nursing personnel in the fields of education, clinical practice and public health.
Jhpiego is also providing TA for strengthening the leadership and management capacity for nursing at the national level and in targeted high-focus states by establishing and operationalizing independent nursing cells/directorates. Jhpiego’s work in strengthening the nursing midwifery cadre is supported by NIPI, the U.K. Department for International Development (UKAID), USAID, CARE International UK and Boston Scientific.

**Improving the Quality of Maternal and Newborn Health**

Jhpiego is strongly committed to improving the quality of MNH care available to women and their children at public and private health facilities in India. Focusing strategically on the intrapartum and immediate postpartum periods—the periods of highest risk of morbidity and mortality for both mothers and babies—Jhpiego’s MNH programming aims to institutionalize high-impact, evidence-based practices at health facilities providing MNH care through two major approaches—the Safe Childbirth Checklist (SCC),3 and clinical standards using the Jhpiego-developed Standards-Based Management and Recognition (SBM-R®) approach to improving the quality of services. The GoI’s recently launched strategic initiative for quality improvement in labor rooms, “Dakshata,” was developed with TA from Jhpiego and draws heavily from the learnings of Jhpiego’s quality improvement initiatives.

Jhpiego is working with the national and state governments to implement the Dakshata program in approximately 90 districts across the states of Madhya Pradesh, Odisha, Rajasthan, Maharashtra, Andhra Pradesh, Telangana and Gujarat.

The impact of the first phase of the program to integrate the SCC in quality and performance improvement at 101 facilities in Rajasthan has been very positive. A simple, paper-based tool was used suggesting action at four stages (before, during and immediately after birth, as well as upon discharge). The aim of the program was to address the most common causes of maternal mortality (hemorrhage, infections, hypertensive disorders and obstructed labor), intrapartum-related stillbirths and neonatal mortality (birth asphyxia, infection and complications of prematurity).

The monitoring data collected from periodic assessments show that there has been a clear improvement in adherence to essential lifesaving practices, together with wider improvements in the care environment, such as hygiene and cleanliness. For example, pre-eclampsia/eclampsia management has improved from 65% to 92%; more newborns are being dried, preventing them from hypothermia (increased from 54% to 81%); more newborns are being monitored for respiratory rate within one hour of birth, ensuring they don’t have breathing difficulty (increased from 49% to 70%); and breastfeeding is being initiated within one hour of birth in many more cases (increased from 62% to 88%).

Witnessing the impact of the first phase of the SCC program in Rajasthan, supported by the Children’s Investment Fund Foundation, the state governments of Andhra Pradesh, Telangana and Gujarat showed interest in implementing this program in their states. This led to Jhpiego providing strategic TA to their state governments for implementing the SCC program and integrating the SCC into their quality assurance framework.

In Maharashtra and Haryana, Jhpiego is providing TA to the state governments in improving the quality of intrapartum and immediate postpartum care. With a goal of implementing and demonstrating a responsive model to improve the quality of intrapartum and immediate postpartum care at high delivery-load facilities, Phase 1 of this program was implemented in 13 health care facilities across three districts of Maharashtra. Within one year, the program already showed remarkable improvements in essential practices such as use of oxytocin for active management of the third stage of labor, use of the partograph for tracking progress of labor and measurement of blood pressure at the time of admission for delivery. Under Phase 2 of the program, direct TA was provided to the Government of Maharashtra to continue implementation at the existing 13 facilities through refresher training to ensure sustained adherence to high-quality care practices.

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3 This checklist has been adapted from the World Health Organization’s Safe Childbirth Checklist.
Subsequently, 15 additional facilities in the state were included in the initiative. Strategic support and TA were also provided to the Governments of Maharashtra and Haryana to use their financial resources through the National Health Mission for implementing the clinical standards in selected, high delivery-load facilities in an additional nine high-priority districts of Maharashtra and 21 districts of Haryana.

Recognizing that the private sector contributes to care for a large proportion of institutional deliveries in India, as well as the need for quality improvement at these facilities and the need for engagement in government schemes in a more structured fashion, Jhpiego, in collaboration with the state and national governments and the Federation of Obstetric and Gynaecological Societies of India (FOGSI), is implementing a three-year program. The aim is to increase access to high-impact, evidence-based antenatal, intrapartum and immediate postpartum care to mothers by leveraging the presence and enterprise of private sector providers in Uttar Pradesh and Jharkhand. Under this program, Jhpiego is facilitating the implementation of its quality-of-care framework, using clinical standards of performance, at selected, high delivery-load private sector facilities in these states. Simultaneously, the program team is working with the respective state departments to streamline the accreditation process of these providers under schemes such as Janani Suraksha Yojana. This program is being implemented in 11 large cities of these two states—Lucknow (including Barabanki), Kanpur, Meerut, Agra, Varanasi and Allahabad in Uttar Pradesh; and Ranchi, Giridih, Dhanbad, Bokaro and Jamshedpur in Jharkhand. Approximately 120 private sector facilities are being targeted under the program. Around 1,300 providers have been trained on lifesaving intrapartum and immediate postpartum care practices, with around 100 being trained for delivery of PPFP (including postpartum IUCD) services. Apart from this clinical training, Jhpiego has also trained more than 100 staff who handle data for efficient data collection using standardized tools (partograph, labor room birthing register, SCC, etc.).

Jhpiego’s work in improving the quality of MNH care is supported by CIFF, the John D. and Catherine T. MacArthur Foundation, MSD for Mothers and NIPI.

**Partners and Donors**

- Jhpiego’s past and current donors in India include: USAID, UKAID, the Government of Norway (through NIPI), CIFF, the Bill & Melinda Gates Foundation, the John D. and Catherine T. MacArthur Foundation, the David and Lucile Packard Foundation, MSD for Mothers, a large anonymous donor and Boston Scientific.


**References**


