

## Improving Quality of Maternal and Newborn Health in India

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**Partners:** Governments of Rajasthan, Maharashtra, Uttar Pradesh, Jharkhand, Haryana, Andhra Pradesh and Telangana; Federation of Obstetric and Gynecological Societies of India (FOGSI)

**Donors:** Children's Investment Fund Foundation, John D. and Catherine T. MacArthur Foundation, MSD for Mothers, Norway India Partnership Initiative

Jhpiego is strongly committed to improving the quality of care in the field of maternal and newborn health (MNH). Focusing strategically on the intrapartum and immediate postpartum period—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), and the clinical standards using Standards-Based Management and Recognition (SBM-R).

### Integrating the Safe Childbirth Checklist<sup>1</sup> into Quality and Performance Improvement in India

Jhpiego, in partnership with the Children's Investment Fund Foundation and the state governments of Rajasthan, Andhra Pradesh, Telangana and Gujarat, is implementing a program using the Safe Childbirth Checklist (SCC) —a simple tool that helps the service providers to remember to perform safe care practices during and immediately after childbirth—to improve the Quality of Care (QoC) at public health facilities in these states.

The SCC program was first initiated in Rajasthan in mid-2012. The goal of this program has been to implement the SCC at the public sector health facilities providing childbirth care in the state and evaluate its impact on perinatal



mortality rate (still birth and mortality within the first 7 days) among children born in these centers using a quasi-experimental design. Seven intervention and six control districts were identified for this proof of concept study. 101 health facilities at selected intervention districts are currently implementing the SCC program and another 99 facilities are acting as control sites.

A well thought out strategy, with several ingenious interventions has helped achieve a lot within these three years. One of the initial activities undertaken was forming a Technical Advisory Group (TAG) in July 2012 that took strategic decisions and periodically reviewed the program's progress. Another important activity was conducting a detailed assessment of 200 health facilities across 13 districts (intervention and control), on existing resources and practices during intrapartum and immediate postpartum care. This assessment

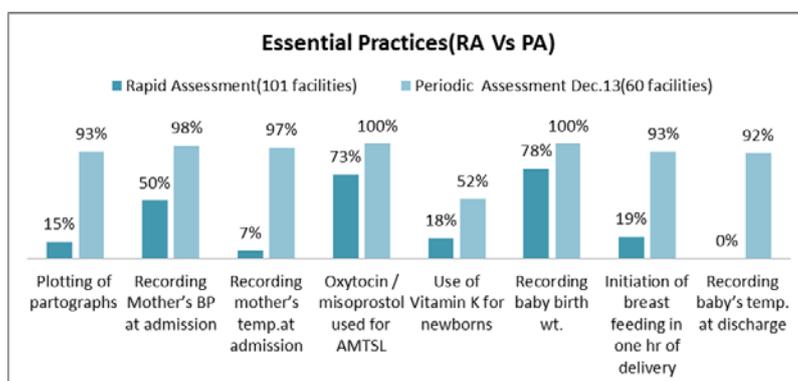
<sup>1</sup> This checklist has been adapted from the World Health Organization's Safe Childbirth Checklist

helped in ensuring the provision of essential resources for high quality intrapartum and immediate postpartum care across all these 200 facilities. The SCC was then field tested in September 2012 by Jhpiego's program officers in collaboration with facility administrators and clinical leaders at four health facilities thought to be representative of overall intervention facilities. This field test brought in observations to the program managers, and helped make the interventions context appropriate and implementable. Based on feedback received, a customized one and a half day provider orientation package was developed, primarily focusing on how to use the SCC in different settings. It also helped in developing and testing data collection and reporting mechanisms, as well as the monitoring and evaluation systems.

So far, 993 providers (95% of the total number of providers) have been oriented across all the intervention facilities using this orientation package.

Supportive supervision (SS) constitutes an important part of this program and Jhpiego conducts regular visits to the intervention facilities, ensuring essential supplies, meeting the staff and interacting with facility in-charges. Jhpiego has also orientated more than 125 district and block-level officials for conducting SS for QoC practices at these facilities.

Visible changes in essential practices, as can be seen in the graph, have been noted at facilities after adherence to the SCC. It becomes imperative to mention the impact this program has had on the frontline healthworkers—the nurses and Auxilliary Nurse Midwives—who feel that this program has expanded their capacity with updated knowledge and skill, and has empowered them to provide quality care to mothers and infants during childbirth.



Witnessing the impact of adherence to the Safe Childbirth Checklist in Rajasthan, the state governments of Andhra Pradesh, Telangana and Gujarat showed interest in implementing this program in their states. This has led to Jhpiego providing strategic technical assistance to these state governments for implementing the SCC program and integrating the SCC in their quality assurance framework. The states are utilizing their own funds in procuring essential drugs, supplies and commodities. Jhpiego is assisting the states by preparing master trainers (122 in AP, 95 in Telangana and 40 in Gujarat), providing handholding support in conducting district level trainings and performing supportive supervision to facilities.

### Improving Quality of Intra and Immediate Postpartum Care in Maharashtra and Haryana

In Maharashtra and Haryana, Jhpiego, with support from the John D. and Catherine T. MacArthur Foundation, is providing technical assistance to the state governments in improving the quality of intrapartum and immediate postpartum care in these states. With a goal to implement and demonstrate a



responsive model to improve the quality of intrapartum and immediate postpartum care at high delivery load facilities, phase I of this program was implemented at 13 healthcare facilities across three districts of Maharashtra—Thane (4), Pune (4) and Raigad (5). Significant improvements were seen within one year at these facilities— usage of oxytocin for active management of third stage of labor (AMTSL) increased from 9% to 98%, usage of partograph rose from 9% to 64%, and measurement of blood pressure (BP) at the time of admission for delivery increased from 14% to 98%.

Under this program, a set of 40 clinical standards—focusing on normal delivery, management of complications during intrapartum and postpartum period, postpartum care, infrastructure and human resources—is implemented at the target facilities using a participatory approach. The first step of this implementation process is the assessment of facility readiness for safe childbirth care. Based upon this assessment, Jhpiego staff facilitates resource availability and development of a quality-enabling environment at these facilities.

Following this, need-based clinical trainings on select midwifery skills, including plotting partographs, AMTSL, essential newborn care, newborn resuscitation, management of postpartum hemorrhage, pre-eclampsia/eclampsia, infection prevention and postpartum counseling, are conducted directly at the intervention facilities. Post-training follow-ups and support visits are conducted subsequently at these facilities by Jhpiego staff and district/state level designated supervisors to ensure translation of acquired skills into practice.

Currently, the second phase of the program is being implemented. Under this, direct technical assistance is being provided to the Government of Maharashtra to continue implementation at the existing 13 facilities. Refresher trainings are ongoing in these facilities to ensure sustained adherence to quality care practices. Additionally, 15 new facilities in the state have been added in the districts of Thane, Palghar, Pune, Raigad, Ahmednagar, Nandurbar and Nashik. The implementation approach remains the same as the first phase.

Another important component of Phase II of the program is the strategic support and technical assistance being provided by Jhpiego to the Governments of Maharashtra and Haryana in using their financial resources through National Health Mission (NHM) for implementing the clinical standards at selected high delivery load facilities in an additional nine “high priority” districts of Maharashtra and twenty one districts of Haryana. While implementing this second strategy, Jhpiego will provide strategic guidance to state- and district-level governments implementing the clinical standards with a vision to build the system’s capacity to take the intervention to scale. This strategic technical assistance will focus on capacity building, support while planning the intervention, backstopping trainings conducted by district level staff, and joint supportive supervision visits with implementing government staff.

In this second phase, two-day clinical skill standardization trainings have been completed for more than 550 providers in the two states (265 in Maharashtra and 286 in Haryana). In addition, Master Trainers have been prepared by Jhpiego (30 in Maharashtra and 13 in Haryana) to provide trainings in the high delivery load facilities. To strengthen the performance measurement capacity at the facilities and to enable monitoring, reporting and recognition of quality achievements, a monitoring and evaluation workshop was conducted for 40 officials from direct intervention facilities as well as high delivery load facilities in Maharashtra.

## Leveraging Private Enterprise to Improve Maternal Newborn Health and Family Planning in India

Considerable efforts have been made in the recent years to increase access to high-quality institutionalized care during antenatal, delivery, and postpartum periods at public sector healthcare facilities. However, despite contributing to care for a large proportion of institutional deliveries, the private sector has not received similar focus and there is a need for quality improvement and engagement in government schemes in a more structured fashion. Jhpiego, in collaboration with the state and national governments and FOGSI, and with support from MSD for Mothers, is implementing a three-year program which aims 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 implementing a quality of care framework (clinical standards of performance) at selected private sector facilities with high delivery load 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 (JSY). This project is being implemented in eleven large cities of these two states— Lucknow (including Barabanki), Kanpur, Meerut, Agra, Varanasi, and Allahabad in Uttar Pradesh; Ranchi, Giridih, Dhanbad, Bokaro, and Jamshedpur in Jharkhand. Approximately 120 private sector facilities are being targeted under the program.

No.	Areas	Number of standards
1.	Normal Labor and Delivery including Immediate Newborn Care	13
2.	Management of Antenatal, Intrapartum and Postpartum Complications	5
3.	Post Natal Care for a Woman and the Neonate	5
4.	PPIUCD services	4
Total		27

As a first step under Jhpiego's SBM-R approach to improve the quality of care, Jhpiego facilitated the development of clinical standards for intrapartum and immediate postpartum care for private sector facilities through national and state level consultations in Delhi, Uttar Pradesh and Jharkhand which were attended by government representatives, local FOGSI chapter office-bearers, and selected private providers. This was followed with city-level program plan dissemination and standard sharing workshops in all the 11 cities. More than 180 private providers, including those selected for program implementation, participated in these meetings where they learned about the clinical standards and the SBM-R process for quality improvement. The workshops were organized by Jhpiego in close coordination with the local FOGSI chapters.



Between January and April 2014, Jhpiego completed the baseline assessments (also termed as first internal assessment under the SBM-R process) for all the 120 private provider facilities. While the primary objective of this assessment was for private sector facilities to understand their own performance via clinical standards, another tool (termed periodic assessment tool) was used simultaneously by Jhpiego staff to objectively assess the quality of care being provided by these private providers at baseline.

A customized two-day training package was developed for the private sector providers, focusing on the essential practices for addressing major causes of maternal and newborn mortality, the needs identified through the baseline assessments, and the vision for introducing newer guidelines and techniques such as the Safe Childbirth Checklist (SCC) etc.

Recently, more than 700 providers were trained on life-saving intrapartum and immediate postpartum care practices. Alongside, more than 100 providers (doctors and nurses) were trained in the delivery of postpartum family planning (including postpartum IUCD) services. Apart from these clinical trainings, Jhpiego has also trained more than 100 data handling staff for efficient data collection using standardized tools (Partograph, labor room birthing register, safe childbirth checklist etc.)



Alongside, Jhpiego staff is also conducting mentorship and support visits to the target facilities to provide onsite support for facilitating resource availability, do need-based skill corrections for trained staff, and help create an enabling environment for translation of learned skills into practice.

To ensure continuous engagement with the facilities, Jhpiego is organizing experience sharing workshops in all project cities. The aim is to bring private and public sector health providers on the same platform, allowing them an avenue to openly share concerns and achieve a common ground where they can work together.

### **Future plans**

The project is piloting an m-health package in Uttar Pradesh where, using mobile phones, messages and reminders will be sent to women attending antenatal clinics for ensuring better practice leading to safe outcomes in pregnancy.

Jhpiego is also piloting a comprehensive safe delivery kit that will be used during intrapartum care and postpartum care by healthcare providers.

With support from the Norway India Partnership Initiative, Jhpiego is providing technical assistance to the national government and the government of Madhya Pradesh in an initiative to empower health workers to improve the quality of childbirth care.