

# Jhpiego in India

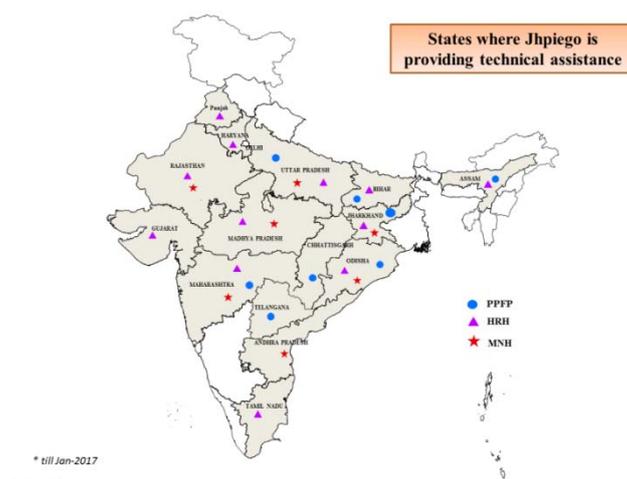
## Factsheet: January 2017

### Background

India is a country of more than 1.2 billion people<sup>1</sup>, second only to China in the world's most populated countries. India boasts of the earliest Family Planning (FP) program in the world, which was launched in 1952. In the last two decades, the country has seen tremendous progress, with a sharper decline in maternal and child mortality than the global average. The National Rural Health Mission (NRHM), which was launched in 2005 and was reclassified as the National Health Mission (NHM) in 2013, brought about unprecedented acceleration in the coverage and quality of health care for mothers and children. Government schemes like the Janani Suraksha Yojana—a conditional cash transfer scheme aimed at reducing maternal and neonatal mortality by promoting institutional delivery among poor pregnant women, has increased institutional deliveries to around 80%. India stands committed to provide universal health coverage and significantly increase access to FP services under its FP2020 commitments.

While much has been achieved, a lot still remains to be done. India still loses more than 160 women in childbirth for every 100,000 births<sup>2</sup>. Infant mortality rate stands at 37 per 1,000 live births<sup>3</sup>. India has the highest number of neonatal deaths in the world<sup>4</sup>. Improving access to high-quality FP services, ensuring quality care for mothers and newborns at healthcare facilities and preparing a strong health workforce with the knowledge, skill and competence to provide quality care can vastly improve the health conditions of mothers and children in the country.

### Jhpiego's work in India



Jhpiego is an international, non-profit, global health affiliate of Johns Hopkins University. For 44 years and in over 155 countries, Jhpiego has worked to prevent the needless deaths of women and their families. Jhpiego began working in India in the 1980s, collaborating with the Ministry of Health and Family Welfare (MoHFW), Government of India (GoI), 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. Since 2006, Jhpiego has worked closely with the MoHFW, GoI, to improve access to high-quality reproductive health, FP and maternal and newborn health (MNH) services. Jhpiego opened its India office in 2009 and has been closely collaborating with MoHFW, GoI, at the national and state levels, providing Technical Assistance (TA) in the areas of: 1) Strengthening FP services; 2) Strengthening the Human Resources for Health (HRH); and 3) Improving the quality of MNH care.

<sup>1</sup> Census 2011

<sup>2</sup> MMR: 167/100,000 live births. Sample Registration System, Registrar General of India, 2014, MMR Bulletin

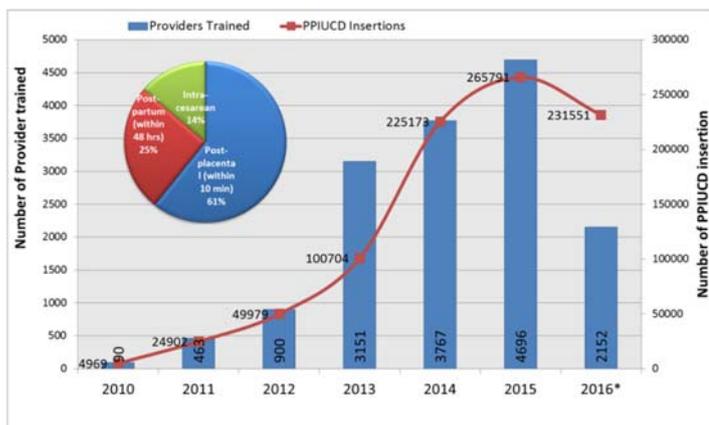
<sup>3</sup> SRS Bulletin Vol 50 NO 2. December, 2016

<sup>4</sup> Number of neonatal deaths: 6,95,852 (Source: Unicef. Country-specific neonatal deaths. Estimates generated by the UN Inter-agency Group for Child Mortality Estimation (IGME) in 2015 )

Here is a write up on Jhpiego's current programmatic areas, briefly outlining its ongoing programs:

## Strengthening Family Planning Services

The FP program in India is being looked at with renewed interest in the last decade with its repositioning (beyond population stabilization) as a key initiative to promote maternal and child health, and reduce maternal, infant and child mortality and morbidity.



*Rapid scale up of PPF Services: India (2010 to Nov 2016\*)*

Jhpiego works closely with the GoI, at the national and state level, providing TA in strengthening FP services in the country. Jhpiego applies a systems approach to address the consistently high unmet need for pregnancy spacing, and aims to expand the basket of contraceptive methods with the inclusion of newer modern methods of contraception in the basket of FP options.

Work that began in 2009 with one facility at Queen Mary Hospital in Lucknow, Uttar Pradesh, spread to more than 1,100 facilities across 20 states, establishing 75 training sites, training more than 15,700 providers. Till Nov 2016, a total of 10,79,279 women have accepted PPIUCD insertions which translates to an acceptance rate of 11.6%. Quality has been and continues to remain the cornerstone of every Jhpiego program. The follow-up findings of acceptors reveals that expulsion rate is low and comparable to that of interval IUCD at 3.3% and the infection rate also remains low at 1.7%.

### The National Technical Support Unit–Family Planning (NTSU–FP)

**Donor:** Bill & Melinda Gates Foundation (BMGF)

Jhpiego provides technical support to the FP Division, GoI through the NTSU-FP in strengthening voluntary high-quality FP services in India. Set up in 2014, this partnership helps strengthen and scale-up the provision of FP services for improved maternal and child health

outcomes in line with India's FP2020 commitments with special focus on the six high focus states (with high Total Fertility Rate)– Uttar Pradesh, Bihar, Jharkhand, Rajasthan, Madhya Pradesh and Chhattisgarh.

### Scaling-Up Postpartum IUCD in India: Leveraging the Confluence of Positive Factors for National Impact

**Donor:** Bill & Melinda Gates Foundation (BMGF)

In light of the fact that, in most districts, more than two-third institutional deliveries in the public sector occur at the sub-district level health facilities, in 2013, the BMGF supported program moved to the next level of introducing and establishing Postpartum Family Planning (PPFP) and Postpartum Intrauterine Contraceptive Device (PPIUCD) services beyond the district level to the sub-district level facilities. This effort was further intensified in the states of Uttar Pradesh and Bihar. Along with training doctors and nurses in providing PPF services, Jhpiego focused on generating demand by developing IEC/BCC material, ensuring informed choice by training providers in counseling skills and strengthening data management systems by training data handlers in recording and reporting quality data.

### Expanding Access to Intrauterine Contraceptive Device Services in India (EAISI)

**Donor:** Anonymous

Further intensifying efforts to provide FP services at the sub-district level, the EAISI program aims at dramatically expanding access to long-term and reversible contraceptive methods to women in the two states of Odisha and Chhattisgarh. While focusing on ensuring quality of care, the program works to establish and strengthen postpartum, interval (general) IUCD, post-abortion, and FP counseling services at its 187 program facilities.

### The Maternal and Child Survival Program (MCSP)

**Donor:** USAID

MCSP is supporting GoI to expand access to quality FP services and contribute to India's FP2020 commitments in the states of Telangana, Odisha, Chhattisgarh, Assam and Maharashtra. The program is providing technical support to GoI for increasing the contraceptive basket by including newer proven modern contraceptive methods (Injectables, Progesterone-only Pills (POPs), Centchroman and others) and for delivering quality FP services in the public health system. Drawing on the success of USAID's predecessor Maternal and Child

Health Integrated Program (MCHIP), MCSP is advocating for the adoption of evidence-based approaches, strategies, interventions and solutions to strengthen the delivery of quality contraceptive services with an aim of ending preventable maternal and child deaths. The program is built on the tenets of informed choice, respectful care, gender-sensitivity and community participation. MCSP has initiated its efforts towards introducing POP and Centchroman in the contraceptive basket and strengthening quality of FP services in the intervention facilities of the five states.

**Strengthening Postpartum Family Planning and Quality of Family Planning Services in Bihar**

**Donor:** The David and Lucile Packard Foundation

Jhpiego provides strategic TA to the Government of Bihar (GoB) for facilitating the implementation of a comprehensive PFP multiyear implementation strategy along with scaling up some components of the strategy in five focus districts—Muzaffarpur, Gaya, Saran, Bhagalpur and Madhubani; and demonstrate a feasible, efficient and effective programmatic model to strengthen provision of high quality FP services in these five focus districts. The PFP services include Lactational Amenorrhea Method (LAM), PPIUCD and Postpartum Sterilization (PPS). In addition to expanding access to PFP services, the project will pilot an introduction of Progestin only Pills (POP) in the public sector health facilities in the district of Gaya.

**Strengthening Family Planning Services in India through a Quality Assurance Model**

**Donor:** Bill & Melinda Gates Foundation (BMGF)

Recognizing the need for improving the quality of reproductive, maternal, newborn, child, and adolescent health services, especially FP services, the GOI has laid focus on the quality of services and efforts to expand FP access to women and couples in need. Taking the same forward, BMGF is rolling out the Quality in FP project. This 30-months initiative (started in August 2016) is developing, will pilot and advocate for a simplified, contextualized, evidence based and scalable quality assurance model in Jharkhand, India.

To accomplish this goal, Jhpiego is gathering knowledge and engaging the public and private sectors through formative research and engagement with the government; collaborating with the government and other stakeholders to develop a quality assurance model that would be facilitated in three districts in Jharkhand

and will subsequently advocate for it to be integrated into the health system.

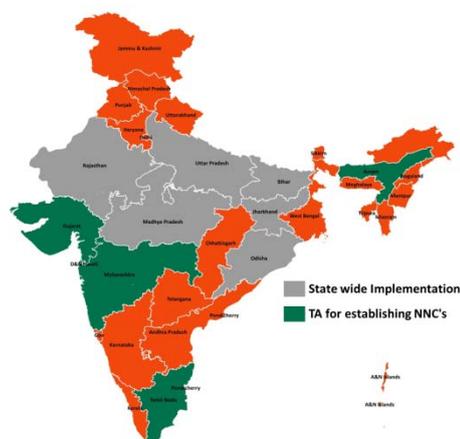
The model will incorporate strategies that will work to resolve the key constraints to quality such as financial provider incentives, poor preparedness and management at the service delivery point, engagement with community stakeholders (such as ASHA), supplies, infrastructure and competent human resources for FP services. Key stakeholders, especially the government decision makers and implementers will be continuously engaged during the development and the testing of the model as an ongoing policy engagement process.

Though Jhpiego’s area of focus is Jharkhand, selection of the pilot site will be done in close consultation with the district authorities, state health department and MoHFW. The proposed effort will support the GOI’s FP2020 vision to reach an additional 48 million users over the next four years.

**Advance Family Planning (AFP) program**

**Donor:** Bill & Melinda Gates Foundation (BMGF)

This 10 months BMGF supported project aims at working with the GoI to increase the budgets for FP services and quality parameters within the Program Implementation Plans of the National Health Mission for the state of Jharkhand. Using advocacy as a major tool to implement the same, the program will establish a functional State Working Group (SWG) and two functional District Working Groups (DWGs) for FP and gender rights in the state.



## Strengthening Human Resources for Health (HRH)

**Donors:** Norway India Partnership Initiative (NIPI), UKAID-Department for International Development and USAID

Nurse-midwives comprise around 30% of the total health care workforce of India and are an integral part of India's public health system. Jhpiego is working closely with the Indian Nursing Council (INC) and MoHFW, GoI by providing TA for strengthening the nursing cadre in India. This support includes work on improving the quality of Pre-Service Education (PSE) by strengthening the public and private sector nursing institutions in high focus states, creating an enabling policy environment for nursing, improving the leadership and management capacity of the nursing cadre by formation of nursing directorates at national and state levels, and ensuring a greater role for nurse-midwives in clinical and programmatic decision making. Jhpiego, through its HRH programs, is not only building the competencies of faculty and students of nursing midwifery institutions, but also strengthening the capabilities of existing service providers through onsite trainings and continuous mentoring support.

With Jhpiego's advocacy, NHM funds allocated towards strengthening of nursing cadre have increased manifold from about 550 million rupees in year 2013-14 to almost 2,300 million rupees in year 2015-16, a whopping four-fold increase in just three years.

Jhpiego is providing TA and support for establishment of nodal centers of excellence for nursing midwifery education at both national and state levels. These nodal centers, besides serving as model teaching institutions, would serve as pedagogic resource centers for the ANM/ GNM schools in their region and also provide support in the concurrent strengthening of these schools.

Jhpiego provides institution level TA to more than 230 public/ private sector nursing institutions across program states 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, overall school management and enhancing the knowledge and clinical skills of faculty, thereby leading to the production of more competent and confident nurse-midwives.

Jhpiego provides ongoing TA to the MoHFW and states for development and appraisal of Program Implementation Plans (PIPs) for leveraging resources under NHM, guidelines and training manuals, conducting competency-based recruitment and competency-based assessments of in-service staff nurses and ANMs, standardization of 6 days skill lab (Daksh) trainings, facilitating online admission of nursing students and strengthening PSE at scale.

Jhpiego's advocacy efforts include enhanced clinical autonomy for nurses through scale up of the Nurse Practitioner in Midwifery program and introduction of Nurse Practitioners in Critical Care and Primary Health Care, increased engagement of nurse-midwives in management of public health programs, TA for developing vision documents envisaging the career progression pathways for nursing personnel in the fields of education, clinical practice and public health.

Jhpiego is providing TA for strengthening the leadership and management capacity for nursing by establishment and operationalization of independent nursing cells/directorates in targeted states.

To address issues of suboptimal quality of nursing education and shortage of nursing faculty, Jhpiego established virtual classrooms at all government run

Geographical Coverage of Jhpiego's HRH programs						
S. No.	State	Govt. Institute			Private	Total
		ANMTCs	GNM	CoN		
1	Bihar	21	6	1	3	31
2	Rajasthan	27	13	1	-	41
3	Madhya Pradesh	13	21	2	5	41
4	Uttar Pradesh	40	8	3	-	51
5	Odisha	19	8	1	9	37
6	Jharkhand	10	3	1	8	22
7	Haryana	-	-	-	3	3
8	Delhi NCR	-	-	-	4	4
9	Uttarakhand	-	-	1	-	1
10	Tamil Nadu	-	-	1	-	1
11	Gujarat	-	-	1	-	1
12	Maharashtra	-	-	1	-	1
13	Assam	-	-	1	-	1

ANM/GNM schools in Bihar. This intervention was aimed at enhancing the clinical skills and knowledge of nursing students on key components of Maternal and Newborn Health (MNH) through a specially designed 72 hour virtual training package.

With the private sector contributing to 93% of India's nursing graduates, Jhpiego is working towards

strengthening 32 private sector nursing institutions across 6 states (Bihar, Madhya Pradesh, Odisha, Jharkhand, Haryana and Delhi-NCR).

## Improving Quality 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)<sup>5</sup>, and the clinical standards of performance.



Implementation Approach of Jhpiego’s MNH Programs

### Dakshata- Government of India’s strategic initiative for Quality Improvement in Labor Rooms

**Donors:** Children’s Investment Fund Foundation, Norway India Partnership Initiative (NIPI)

Jhpiego has been the lead technical partner in developing Dakshata, GoI’s strategic initiative aimed at strengthening the quality of care during and immediately after childbirth through competent, skilled and confident providers. With Jhpiego’s support, GoI’s Dakshata program is currently being implemented in over 80 districts across the states of Rajasthan, Madhya Pradesh, Odisha, Andhra Pradesh, Maharashtra, Jharkhand and Telangana.

The four key components of this initiative are centered around using the SCC as a framework for improving the skills of health workers, prioritizing resource availability, improving compliance to safe care practices, and improving use of data for action. 19 key practices from the SCC have been prioritized for action under Dakshata. The training package focuses on knowledge

and skill building of health workers, apart from improving the SCC use. For further capacity building, in-facility support to health workers in translating the learned skills into practices is provided through structured mentorship package, wherein emergency obstetric drills on key maternal and neonatal complications are also conducted with the facility staff. Advocacy actions to ensure availability of all essential supplies (mentioned under the SCC) at each target facility are undertaken by the program team. Collation and use of data for action and for advocacy at various administrative levels has been initiated through standardized client case records, birthing registers and other standard reporting tools.

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

**Donor:** MSD for Mothers

Jhpiego, in collaboration with the state and national governments and FOGSI, and with support from MSD for Mothers, implemented a three-year program which aimed 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 implemented a quality of care framework (clinical standards of performance) at select high delivery load private sector facilities. The project was 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 140 private sector facilities were targeted under this program.

A customized two-day training package was developed for the private sector providers, incorporating the need to focus on the essential practices that address major causes of maternal and newborn mortality, the specific needs identified through the baseline assessments, including the vision of introducing newer guidelines and techniques such as the SCC etc. into regular practice. The methodology included the use of an innovative simulation exercise during the training to be followed up with regular mentorship and support visits. An m-health package was also piloted wherein, using mobile phones, messages and reminders are sent to women attending antenatal clinics for ensuring better practice leading to safe outcomes in pregnancy. Other initiatives included piloting the comprehensive safe delivery kit and

<sup>5</sup> This checklist has been adapted from the World Health Organization’s Safe Childbirth Checklist

introducing labor room registers to generate evidence through recording of delivery related data.

A joint NABH-FOGSI certification mechanism was also piloted to test the development of a viable quality assurance system for the private sector through use of a global toolkit, the Private Maternity Care Quality Toolkit (PMCQT), developed jointly by India and Uganda. Two out of the six prepared facilities from this pilot have already achieved the NABH entry level certification while the remaining four are in process.

Recently this program has transitioned into its second phase as **‘Sustaining Quality Assurance Accreditation for Maternal Healthcare in India’s Private Sector’**. During the first two years of this phase, Jhpiego will work closely with the proposed partners like FOGSI to develop and validate a viable and investable business model for the Quality Assurance (QA) mechanism, while laying the groundwork for sustainable Quality Improvement (QI) efforts in the private maternal healthcare sector in India. The process will include enrolling select private health facilities from states of Uttar Pradesh, Maharashtra and Jharkhand for certification on NABH entry level standards with an added component of excellence in maternity services.

### **Defining an operational model for ANC-based GDM screening and management in India**

**Donor:** Educational Grant from Novo Nordisk

Jhpiego India has also forayed into increasing awareness and access to screening, diagnosis and management of non-communicable diseases.

Jhpiego supported the Government of India (GOI) and the Ministry of Health and Family Welfare (MOHFW) in drafting new national guidelines for universal screening of Gestational Diabetes Mellitus (GDM).

Based on these guidelines, Jhpiego is working with the government of Madhya Pradesh to demonstrate the operationalization of an integrated Antenatal Care (ANC)-based service delivery model for GDM screening and management. The model aims to screen all pregnant women for GDM using the Oral Glucose Tolerance Test (OGTT) and appropriately manage those diagnosed with GDM with Medical Nutrition Therapy (MNT) and Insulin therapy if required.



This two-year demonstration project will be implemented in Hoshangabad district of Madhya Pradesh and its implementation should be able to generate important data and evidence which may inform its further scale up across the country.

Along with introducing universal GDM screening in accordance with the new national guidelines, the program will work towards increasing community awareness about GDM, ensure appropriate referral, treatment and follow-up support for all women diagnosed with GDM, and document and disseminate the learnings to the rest of the country.