

Improving Quality of Maternal and Newborn Health in India

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Partners: Government of India (GoI), State Governments of Rajasthan, Maharashtra, Uttar Pradesh, Jharkhand, Andhra Pradesh and Telangana, Madhya Pradesh, Odisha; Federation of Obstetric and Gynecological Societies of India (FOGSI).

Donors: Children’s Investment Fund 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)¹, and the clinical standards using Standards-Based Management and Recognition (SBM-R).

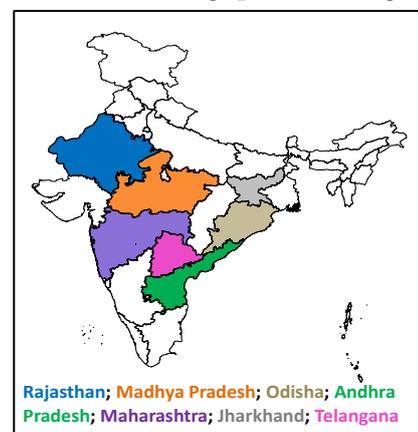
Dakshata-Government of India’s strategic initiative for Quality Improvement in Labor Rooms



On April 30, 2015, GoI launched *Dakshata*, a strategic initiative aimed at strengthening the quality of care during and immediately after childbirth through competent, skilled and confident providers. Jhpiego has been GoI’s lead technical partner in developing this initiative. The program draws heavily from the learnings of Jhpiego’s quality improvement initiatives—the SCC program in Rajasthan and the standards based quality improvement program in Maharashtra. While the SCC has been used to define the framework of action, approaches such as the use of clinical standards, clinical skill standardization training, post-training



Implementation Approach of Jhpiego’s MNH Programs



Geographic Coverage of Dakshata

¹ This checklist has been adapted from the World Health Organization’s Safe Childbirth Checklist

mentorship and support, and data for decision making and improvement have been used as the main pillars of this initiative.

The SCC program, which has informed the Dakshata initiative, was a three year program first initiated in Rajasthan in mid-2012. The goal was to implement the SCC at select 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 districts (101 health facilities) and six control districts (99 health facilities) were identified for this proof of concept study. The Checklist program brought about a remarkable transformation in practices with an independent evaluation showing 11% reduction in in-facility perinatal mortality at the intervention sites.

Another approach that significantly informed the Dakshata initiative was Jhpiego's SBM-R approach. The SBM-R approach to quality improvement was first implemented at Maharashtra, 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. Significant improvements were seen within a year, such as 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%.

With Jhpiego's support, GoI's Dakshata program is currently being implemented in over 80 districts across the selected states (states marked in map on page 1). High case load facilities in the focus

districts of each state have been identified, and the baseline assessments (to assess adherence to recommended practices, skill levels of providers, and availability of essential supplies) have been completed. The first phase involves operationalization of Dakshata at the district level, sensitization meetings with selected clinicians, administrative managers and leaders.

The strategic approach works at different levels—with Training of Trainers (ToT), identification of Master Trainers, and further trainings of labor room staff, including doctors and nurses—in using the SCC, building essential life-saving skills, and in evidence based practices and competencies. Jhpiego also provides strong post-training hand-holding support to saturated² health facilities through mentorship visits which ensure program sustainability.



Skill Building under Dakshata

Till date, Jhpiego has conducted 31 ToTs, preparing more than 600 master trainers across these states. More than 450 district level trainings have been completed where more than 7000 participants (doctors and staff nurses) have been trained on the

key evidence-based, life-saving practices under this initiative. Jhpiego staff has conducted more than 1000 facility-based Mentorship and Support Visits (MSVs) across the saturated facilities. These MSVs have been designed as structured hand-holding activities, wherein emergency obstetric drills on key maternal and neonatal complications are also conducted with the facility staff. These help to orient the facility staff on complication preparedness and readiness. Other components of the visits include strengthening the labor room environment, improving resource availability, better record

² Facility where all providers have been trained

keeping and reporting, and onsite practice for strengthening of key skills.

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. There was a considerable need for quality improvement in the private health facilities and engagement with 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, 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, and worked with the respective state departments to streamline the accreditation process of these providers under schemes such as Janani Suraksha Yojana (JSY). 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.

Jhpiego facilitated the development of clinical standards for intrapartum and immediate postpartum care for private sector facilities through national and state level consultations, followed by city-level program plan dissemination and standards sharing workshops in all the 11 cities. More than 350 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.

A customized two-day training package was also developed, 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.

More than 1300 providers have been trained in life-saving intrapartum and immediate postpartum care

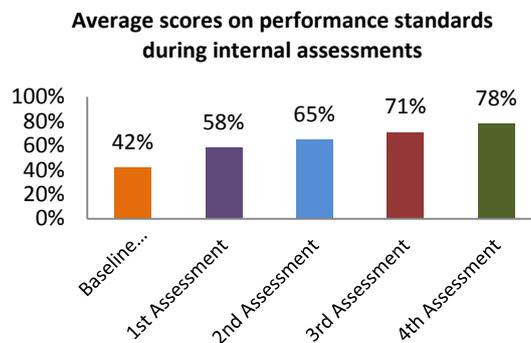


practices, with around 500 being trained alongside for delivery of postpartum family planning (including postpartum IUCD) services. Apart from these clinical trainings, Jhpiego has also trained more than 250 data handling staff for efficient data collection

using standardized tools (partograph, labor room birthing register, SCC etc.)

To supplement the quality improvement activities, Jhpiego also introduced innovative strategies including frugal technologies, low cost bundled products such as the **safe delivery kits** and **mHealth** based behavior change interventions. The program forged strategic partnerships and collaborations with the manufacturers of these products to ensure their availability at an affordable cost to the health providers. Other innovations included **structured mentorship visits including simulation exercises** with facility staff and introduction of **labor room registers** to generate evidence through recording of delivery related data. With the aim of bringing the private and public sector health providers on the same platform, various experience sharing workshops were also organized at all project cities.

This ground-breaking program has resulted in improved adherence to high impact practices in the target facilities and has presented a scalable model for quality improvement of maternity services in the private sector in India. The overall scores on standards have increased from 42% in the baseline to 78% in the fourth internal assessment reflecting the adherence to standards practices as defined in the program. After five rounds of assessments, of 140 participating facilities 122 facilities (87%) have achieved at least 70% of the performance standards.



Building on the lessons from this program, Jhpiego has led the development of a standardized toolkit for improving quality of care in private sector institutions in developing country settings. This toolkit aims to improve the quality of MNH services across the private sector facilities globally, and was launched at the 2016 Women Deliver Conference in Copenhagen and is available in the public domain (pmcqt.org).

During this phase, Jhpiego also facilitated a pilot to learn about the process and test the feasibility of the National Accreditation Board for Hospitals and Healthcare providers (NABH) entry level certification amongst eight facilities certified by FOGSI on clinical standards. The NABH has already assessed six facilities (three in Uttar Pradesh and three in Jharkhand) for their preparedness, with two facilities from Uttar Pradesh been awarded the certification. Since these facilities are already FOGSI certified, this process gave valuable insights into the procedural requirements, timeframe, and implementation approach for the certification.

Recently this program has transitioned into its second phase as **‘Sustaining Quality Assurance Accreditation for Maternal Healthcare in India’s Private Sector’**. Jhpiego views this proposed two-year

MSD for Mothers supported program as the initial phase of a larger five year effort. During the first two years, Jhpiego will work closely with the proposed partners 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

tested through FOGSI-adapted core clinical standards of the private sector toolkit. Jhpiego proposes to hand this established QA system over to NABH and FOGSI for sustained implementation. During this period, systems will also be set up for QI through proposed QI hubs linked with the FOGSI structure.

Way Forward

Jhpiego, with support from NIPI and CIFF, aims to work with GoI and the state governments of Madhya Pradesh, Odisha, Rajasthan, Andhra Pradesh, and continue its support in Maharashtra, Jharkhand and Telangana, to implement the Dakshata program. This initiative has been envisioned as a “game-changer” strategy by experts and various government and non-government counterparts, in achieving Sustainable Development Goal-3, “Ensure healthy lives and promote well-being for all at all ages”.

Jhpiego with support from MSD for Mothers and FOGSI will work for preparing the private healthcare facilities for ‘NABH certification for excellence in maternity services’, with the ultimate aim of demonstrating a sustainable and scalable business model for quality assurance in the private sector.

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

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, in collaboration with Novo Nordisk under its Changing Diabetes® in Pregnancy program, 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.