Improving Quality of Maternal and Newborn Health in India

Fact Sheet: November 2017

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.

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 Safe Childbirth Checklist¹ (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, and post-training mentorship and support, and data for decision making and improvement have been used as the main pillars of this initiative.

The SCC program 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. The 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 more than 1000 facilities across 98 districts in the selected states (states marked in map on page 1). The first phase

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¹ This checklist has been adapted from the World Health Organizations’ Safe Childbirth Checklist.
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), trainings of labor room staff, including doctors and nurses, identification and training of dedicated mentors for the facilities for providing strong post-training hand-holding support to saturated\(^2\) health facilities. A structured mentorship package has been developed for this. Regular reviews and recognition of performers at state and national levels has been institutionalized to ensure program sustainability.

Till date, Jhpiego has conducted 35 ToTs, preparing 650 master trainers across these states. 612 district level trainings have been completed where close to 9000 participants have been trained on the key evidence-based, life-saving practices and the use of SCC under this initiative. Almost 2500 facility-based Mentorship and Support Visits (MSVs) have been conducted by Jhpiego and the state mentors. Emergency obstetric drills on key maternal and neonatal complications are also conducted as a part of these MSVs that help to orient the facility staff on compiliation preparedness and readiness. Other components of the visits include strengthening the labor room environment, improving resource availability, better record keeping and reporting, and onsite practice for strengthening of key skills.

Results from latest assessments in key states show that the facilities are better resourced, labor room environment supports adherence to standards and on an average, 10 more safe care practices are being adhered to at the facilities since the start of intervention.

Based on the significant results of the program and expression of interest from newer states, GoI is in the process of scaling-up the program to newer states like Kerala, Nagaland and Assam, with increasing the coverage to more districts in the existing states. Jhpiego will continue to provide technical support for this scale-up process.

**Sustaining Quality Assurance Accreditation for Maternal Healthcare in India’s Private Sector**

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 FOGSI, and with support from MSD for Mothers, implemented a three-year program ‘Leveraging Private Enterprise to Improve Maternal Newborn Health and Family Planning in India’. The program 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.

Based on the success of this program, MSD for Mothers has supported Jhpiego for implementation of a new program for private sector facilities in Uttar Pradesh, Jharkhand and Maharashtra. Jhpiego views this proposed two-year 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 has commenced with the launch of this quality management program, called ‘Manyata’, in the 3 proposed states for certification on NABH entry-level standards with an added component of

\(^2\) Facility where all providers have been trained
excellence in maternity services tested through FOGSI-adapted core clinical standards of the private sector toolkit. Activities such as sensitization of FOGSI local chapters, baseline assessments of the select facilities under Manyata, 1-day training of facility managers have been completed in all three states, and the trainings of staff on a customized three day package are ongoing. Jhpiego proposes to hand this established QA system over to FOGSI for sustained implementation through structured implementation. During this period, systems will also be set up for QI through proposed QI hubs, managed through a National Program Management Unit (NPMU) based within FOGSI.

Till date, six QI hubs have been established (two in each state) and training of NPMU staff on the program aspects is in process. More than 750 staff have been trained for implementation of clinical and hospital standards in their facilities. More than 200 MSVs have been completed and 22 facilities have applied for NABH certification. By the end of first year, the program aims to achieve ‘Manyata’ certification on clinical standards by FOGSI to 100 facilities across the three states.

Born Healthy: Addressing Maternal Infections to Improve Newborn Outcomes in India

Funded by the Children’s Investment Fund Foundation, Jhpiego has recently started a new three-year program that will test a “Proof of Concept” in India to transform the way antenatal care (ANC) is provided. It will test a model of improved antenatal care called group antenatal care that will include testing and treatment of infections, and the provision of essential services like iron folic acid and calcium in pregnant women. Technology in the form of Point-of-Care tests will be brought in to make testing and treatment efficient, cost-effective and readily available. This program will be piloted in four districts of Rajasthan, namely Bikaner, Sikar, Dholpur and Udaipur. Jhpiego will also support the Government of Rajasthan in improving the ANC services pan-state.

Way Forward

Jhpiego, with support from NIPI and CIFF, aims to work with the GoI and the state governments of Madhya Pradesh, Odisha, Rajasthan, Andhra Pradesh, and continue its need-based support in Jharkhand, Telangana and Maharashtra, to implement the Dakshata program. Jhpiego will also support the scale-up of program to newer states of Kerala, Nagaland and Assam. 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 quality improvement on clinical and hospital standards to achieve the Manyata certification by FOGSI. Interested facilities will also be supported for applying to quality assurance certifications such as by the NABH. Demonstrating a sustainable and scalable business model for quality assurance in the private sector remains the ultimate goal of this program. Jhpiego is in the process of developing the resource packages for its new program on ‘Born Healthy’ for improving the quality of antenatal care and addressing maternal infections for improving newborn outcomes. This program is envisioned to transform the way antenatal care is provided by developing an integrated and improved model package of antenatal care.

Data updated till September 2017