



Jhpiego in India

Factsheet: November 2017

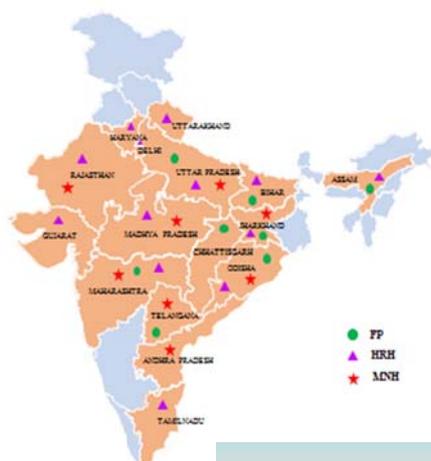


Background

India is a country of more than 1.2 billion people¹, 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 births². Infant mortality rate stands at 37 per 1,000 live births³. India has the highest number of neonatal deaths in the world⁴. 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's presence in India

Jhpiego is a nonprofit global health leader and Johns Hopkins University affiliate that is saving lives, improving health and transforming futures. We partner with governments, health experts and local communities to build the skills and systems that guarantee a healthier future for women and families. We build health providers' skills, and we develop systems that save lives now and guarantee healthier futures for women and their families. Our aim is revolutionizing health care for the planet's most disadvantaged people. 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. 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 maternal and newborn health (MNH) care. In a country where a large proportion of healthcare is provided by the private sector, Jhpiego's work also includes working with and strengthening India's private sector health institutions. Similarly, with more than 90% of India's nursing students come from the private sector nursing institutions, Jhpiego's work has expanded to strengthening private sector pre-service education. Jhpiego India also works in the field of Non-Communicable Diseases, especially Gestational Diabetes Mellitus.

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

¹ Census 2011

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

³ SRS Bulletin Vol 50 NO 2. December, 2016

⁴ 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)



a key initiative to promote maternal and child health, and reduce maternal, infant and child mortality and morbidity.

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.



Jhpiego's PPFp journey since year 2009

Work that began in 2009 with one facility at Queen Mary Hospital in Lucknow, Uttar Pradesh, spread to more than 1,955 facilities across 19 states, establishing 85 training sites, training more than 18,342 providers. Till September 2017, a total of 14, 40,062 women have accepted PPIUCD insertions which translates to an acceptance rate of 11.8%. 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 1.5%.

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 PPFP 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 PPFPP 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 PPFPP services include Lactational Amenorrhea Method (LAM), PPIUCD and Postpartum Sterilization (PPS). In addition to expanding access to PPFPP 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 is incorporating 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 are being 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 has been done in close consultation with the district authorities, state health department and MoHFW.

Advance Family Planning (AFP) program

Donor: Bill & Melinda Gates Foundation (BMGF)

This BMGF supported project is 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.

In October 2016, Jhpiego was awarded a second grant wherein the reach of the program spread beyond Jharkhand to Assam and Maharashtra. With the baseline assessment completed, the program aims at establishing fixed day static services to institutionalize family planning services through an accreditation process. While the SWG and DWG for Jharkhand have been established, the same is being advocated for in Assam and Maharashtra and is in the pipeline.

The programs will also work towards initiating a private-public partnership in family planning services at two districts in Jharkhand – Ranchi and Bokaro by modifying private-public partnership guidelines that ensure transparency in accrediting site, providers and payments.

Strengthening Human Resources for Health (HRH)

Donors: Norway India Partnership Initiative (NIPI), World Bank 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

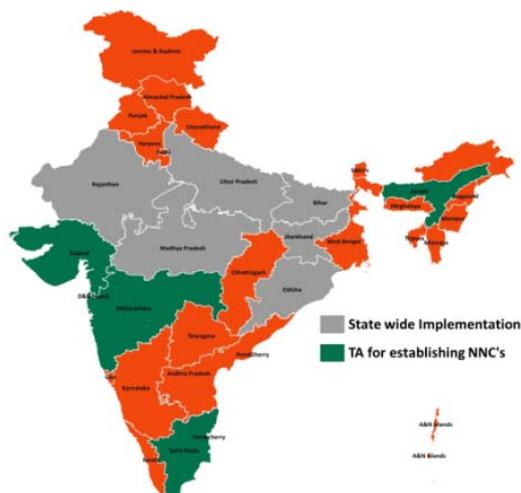


students of nursing midwifery institutions, but also strengthening the capabilities of existing service providers through onsite trainings and continuous mentoring support.

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 250 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.

| Geographical Coverage | | | | | | |
|-----------------------|----------------|-----------------|-----|-----|---------|-------|
| S. No | State | Govt. Institute | | | Private | Total |
| | | ANMTCs | GNM | CoN | | |
| 1 | Bihar | 21 | 6 | 1 | 7 | 35 |
| 2 | Rajasthan | 27 | 13 | 1 | - | 41 |
| 3 | Madhya Pradesh | 13 | 21 | 2 | 6 | 42 |
| 4 | Uttar Pradesh | 40 | 11 | 6 | 12 | 69 |
| 5 | Odisha | 19 | 8 | 1 | 9 | 36 |
| 6 | Jharkhand | 10 | 3 | 1 | 11 | 25 |
| 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 |
| Total | | 130 | 62 | 17 | 52 | 260 |

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 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 52 private sector nursing institutions across 7 states (Bihar, Madhya Pradesh, Odisha, Jharkhand, Haryana, Uttar Pradesh 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)⁵, and the clinical standards of performance.

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

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



Implementation Approach of Jhpiego’s MNH Programs

Jhpiego has been the lead technical partner in developing Dakshata, Gol’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, Gol’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.

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

Donor: MSD for mothers

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

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



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 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.

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.

Updates till September, 2017