



Jhpiego in India

Factsheet: April 2018



Background

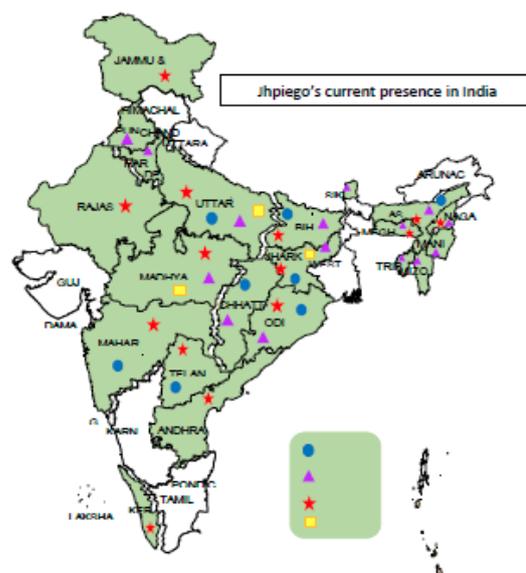
India is a country of more than 1.2 billion people¹, second only to China in the world's most populated countries. India boasts of the earliest Family Planning (FP) program in the world, which was launched in 1952. In the last two decades, the country has seen tremendous progress, with a sharper decline 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 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 build health providers' skills and 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, Adolescent



Health and HPV Vaccines.

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,

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)



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.



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 19,132 providers. Till Feb 2018, a total of 16,71,460 women have accepted PPIUCD insertions which translates to an acceptance rate of 12.1%. 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 3.2% 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 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. The goal of the Phase II of the EAISI project is to ensure sustained contraceptive prevalence rates in the states of Odisha and Chhattisgarh at its 388 program facilities, particularly ensuring that LARC such as IUCDs are part of the expanded contraceptive choices offered; which also complements and contributes to the achievement of the FP2020 goals.

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, Progestin-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.

To establish quality FP services, MCSP is strengthening the ecosystem for delivering quality services. This includes setting up quality counseling services and counseling corners, expanding trainers' pool, streamlining facility level management processes, strengthening facility, district and state quality assurance mechanisms, strengthening community linkages and addressing the system level gaps.

MCSP is also working on strengthening other components of the ecosystem for delivering quality family planning services. This includes strengthening community linkages through introduction of pre-registration mechanism and client card for sterilization services, setting up of Fixed Day Static (FDS) calendars for routinized sterilization service provision, setting up of counseling corners and establishing quality circles for monitoring FP services at the facility.

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)

The goal of this 30-month program is to develop, pilot test and advocate for simplified, contextualized, evidence based and scalable quality assurance model

in Dhanbad, Giridih and Ramgarh districts of Jharkhand that could effectively be scaled-up by the Ministry of Health and Family Welfare (MOHFW).

To address key constraints to quality, the model is incorporating strategies such as financial provider incentives, planning & management of service delivery point, engagement with community stakeholders (through the support of Accredited Social Health Activists (ASHA)), improved supply of family planning commodities and training human resources for family planning 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.

Successful policy advocacy has been undertaken for developing ASHA as 'Family Planning Communicator' to combat the human resource gap in counseling.

Advance Family Planning (AFP) program

Donor: Bill & Melinda Gates Foundation (BMGF)

The 'Advance Family Planning' program focuses on mainstreaming quality in India's FP2020 commitments through the SMART advocacy approach in the states of Assam, Jharkhand, Maharashtra and Uttar Pradesh. The overall goal of the program is to successfully advocate for sanctioned increase in budgets for family planning services and quality within the 'Program Implementation Plans' of the National Health Mission for the focus states. In accordance with the Government of India's vision for quality family planning, Jhpiego is successfully integrating the AFP advocacy efforts to establish state and district working groups (DWGs) for family planning and quality assurance by effectively diffusing the AFP SMART Advocacy approach throughout government and regional organizations working for family planning. The combined advocacy approach has leveraged government resources, resulting in policy and financial quick wins.

Advocacy efforts by Jhpiego India's AFP team mobilized additional budget from National Health Mission, India for improving the visibility and overall quality of family planning information and service delivery mechanism. Resources leveraged include several policy-level wins such as Jharkhand approving the pilot of Sahhiya as 'Family Planning Communicator' at public health facilities, and Maharashtra procuring MEC wheel and IUCD register for client tracking for improving quality of FP services.



Strengthening Human Resources for Health (HRH)

The Sustainable Development Goals (SDGs), along with committing to drastically reduce maternal and infant mortality, commit to increase health financing and the recruitment, development, training and retention of health workforce, especially in countries that face great human resources challenges in health, like India. Nurses and midwives comprise around 30% of the total health care workforce of India and are an integral part of India's public health system.

Recognizing the critical role of the nursing cadre in achieving the Sustainable Development Goal 3, and acknowledging the acute shortage of competent nurse-midwives and staff nurses in the country, the Government of India (GoI) has prioritized the deployment, empowerment and overall strengthening of the nurse-midwifery cadre through the development of a roadmap.

Jhpiego is working closely with the Ministry of Health & Family Welfare, GoI and the Indian Nursing Council by providing technical assistance for strengthening the nursing cadre through its various programs. The human resources for health program envisages strengthening of both the pre-service and in-service nursing cadre through a multipronged approach such as influencing policy makers to create an enabling environment for nursing cadre towards increasing the clinical and programmatic autonomy of nursing cadre through introduction of advanced Nurse Practitioners and ensuring representation of nurses in State & District Program Management Units of National Health Mission. Convergence is created between Indian Nursing Council and the State Nursing and Regulatory Councils (SNRCs) for strengthening their regulatory capacity.

Strengthening Pre-Service Education for Nurse Midwifery Cadre in India

Donor: Norway India Partnership Program (NIPI)

Based on the encouraging results of the PSE project in Bihar, MOHFW, GoI, and INC decided to scale up this program model to 10 high focus states of the country (including all NIPI focus states), and earmarked funds through respective state PIPs. Again, for this initiative, Jhpiego was identified as the lead technical agency and the INC signed a five-year MoU with Jhpiego. Jhpiego, with support from NIPI implemented a comprehensive program to bring about holistic improvement in the quality of nurse midwifery

education in the states of Madhya Pradesh, Odisha, Bihar and Rajasthan by undertaking interventions complementary to the existing initiatives of the GoI and the state governments. The duration of this phase was 2013 – 2017. Key achievements include:

- Educational processes, clinical practice and training infrastructure strengthened in 136 NIPI supported public sector institutions in four states. All the five State Nodal Centres (SNC) in four NIPI states are operational and 6 week training for faculty of Auxiliary Nurse Midwife or General Nurse Midwife (ANM/GNM) schools are ongoing. More than 600 faculty from the four states have been trained in a 6-week training at National or State Nodal Centre. More than 4,000 personnel across the four intervention states have been trained in CSS/Dakshata and clinical skills standardization.
- INR 304.79 million (USD 4.69 million) approved in the NHM Program Implementation Plan 2017-18 for PSE strengthening in four NIPI states

PSE strengthening program has been scaled up to non-NIPI districts in NIPI states. Also, in Jharkhand, Assam, Maharashtra, Tamil Nadu, Gujarat, West Bengal, Uttar Pradesh, Uttarakhand, Haryana and J&K. Technical support is being given to state government and selected nursing institutions for establishment of nodal centres.

Strengthening nursing education in private sector institutions

Donor: United States Agency for International Development (USAID)

Jhpiego is working towards strengthening Pre-Service Education for nurse-midwives in private nursing institutions across six states (Bihar, Madhya Pradesh, Odisha, Delhi/NCR, Haryana and Jharkhand) for accelerating reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) outcomes. Partnerships for leveraging private sector resources are being established towards inclusive and sustainable improvement in the quality of PSE. PSE in private sector nursing training institutions is being strengthened using the INC's established educational and clinical standards. Tested IT is being leveraged to build the capacity of faculties and improve knowledge and skills of students in private nursing training institutions. Institutional mechanism for continuing professional development (CPD) for faculty is also being created in private sector institutions.



Strengthening of Pre-service Education for Nursing-Midwifery Cadre

Donor: University of Manitoba (UoM) and Uttar Pradesh-Technical Support Unit (UP-TSU)

The project will implement strategies and activities in Uttar Pradesh in alignment with Technical Support Unit-Uttar Pradesh to contribute towards improvement in quality of RMNCH+A programs by strengthening the quality of pre-service education in public and private sector nursing institutions, leading to an increase in the number of competent nurse-midwives. The program will increase the number of competent nurse-midwives in the state of UP in partnership with state government and the State Nursing and Registration Council (SNRC). This will be achieved by strengthening the quality of pre-service education in all public sector nursing institutions in UP by implementing INC standards. A feasible model of PSE strengthening will be demonstrated for the private sector by implementing INC standards. The capacity of SNRC and the State Nursing Directorate will be strengthened in regulation, management and leadership to strengthen nursing-midwifery cadre in UP. The Government of UP will also be assisted in operationalization of Health and Wellness Centres (HWCs) by supporting roll out of bridge program for creation of Mid-level Providers (MLPs).

Establishment and operationalization of Health and Wellness Centres (HWCs)

Donor: United States Agency for International Development (USAID) – Maternal and Child Survival Program (MCSP)

Health and Wellness Centres (HWCs) have been conceptualized to provide comprehensive primary health care (CPHC), which ensures the highest possible level of health and well-being at all ages, through a set of preventive, promotive, curative and rehabilitative services. The Ministry of Health and Family Welfare (MoHFW) envisages upgrading 1.5 lakh sub-centres (SCs) across the country to HWCs in a phased manner, by the incremental addition of Mid-Level healthcare providers to deliver CPHC services. Jhpiego is providing technical assistance at National and State levels for strengthening the delivery of CPHC services by ensuring the availability of skilled health workforce, creation of sustainable training ecosystems, improved healthcare infrastructure and responsive health systems. The project includes developing of roadmaps, operational plans and financial proposals for setting up of HWCs in the intervention states. Additionally,

the project will also build the institutional capacity of the intervention states to train mid-level healthcare providers in a six-month Bridge course on standard treatment and primary healthcare protocols by establishing the required number of training sites and creation of a pool of trainers. This program is being implemented in five high focus USAID states (Assam, Chhattisgarh, Jharkhand, Odisha and Madhya Pradesh) and six North-eastern states (Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura). Reach: 32,292 Sub-Centers (about one-fourth of total Sub-Centers in India).

Strengthen midwifery Services in high focus states of India

Donor: United States Agency for International Development (USAID) – Maternal and Child Survival Program (MCSP)

GoI envisages creation of midwife led “Certified Birthing Centres” in 89 districts across nine high focus states to improve availability of quality midwifery services at the sub-district level. Establishment of these centres will help to decongest District Hospitals by providing specialized midwifery services at sub-district level along with targeted approach for the pockets of high home delivery rates. It is envisaged that these birthing centres will be independently manned by specialist midwives, thereby, task shifting the basic emergency obstetric care (BEmOC) services.

Jhpiego will support the establishment and operationalization of “Certified Birthing Centres” in three high focus states (Assam, Jharkhand and Madhya Pradesh) thereby, contributing to strengthening of high-quality maternal and newborn healthcare services. The scope of technical assistance includes engagement with national and state levels governments for developing the necessary policy frameworks, state specific operational plans and creation of sustainable training ecosystems for specialist midwives. This program covers two districts in each of the three high focus states of Assam, Jharkhand and Madhya Pradesh.

Strengthening Nursing Midwifery Skills for Universal Health Coverage

Donor: World Bank

This project aims to assess and improve the skills and competencies of frontline health workers and their supervisors to enhance the effectiveness of primary health teams for providing high-quality, collaborative



primary health care at the sub-block level in Madhya Pradesh. The scope of the project also includes landscaping of capacity and performance of nurses and recommendations on contextually appropriate and cost effective skill development strategy for nursing professionals in Punjab to address the state's evolving needs and demand for healthcare. These solutions will result in strengthened delivery of affordable and high-quality health care services for Universal Health Coverage.

SAMARTH Initiative

Donor: University of Manitoba (UoM) and Uttar Pradesh-Technical Support Unit (UP-TSU)

SAMARTH, a FOGSI-Jhpiego partnership initiative jointly funded by UoM and UP-TSU, intends to develop skill-based competencies of in-service nursing staff of identified private hospitals/ nursing homes across the state of Uttar Pradesh (UP) through a comprehensive induction or on-the-job training. Under this initiative, Jhpiego will partner with FOGSI in creating a sustainable business model wherein select private nursing institutions of UP would be transformed into training sites for nursing professionals in the private sector.

Improving Maternal and Newborn Health Outcomes through Technology Driven Interventions-Alliance for Saving Mothers and Newborn (ĀSMĀN)

Donor: ĀSMĀN-Tata Trust, USAID, BMGF, Reliance Foundation and MSD for Mothers

The ĀSMĀN program will leverage new technology to more effectively drive the use of evidence-based best practices that reduce early maternal and newborn mortality. Adoption of technology in selected key areas will result in improved efficiency and quality of facility-based services. Facility-based service delivery will improve as a result of increased health worker capacity, on-demand clinical decision-making support and support for data-driven decision making at the facility level. This program will add value to maternal and newborn mortality reduction efforts by building on existing efforts by Government of India through the introduction of key technologies that accelerate the adoption of best practices and drive the achievement of outcomes shared across program initiatives. The ĀSMĀN program is being

implemented in the states of Madhya Pradesh and Rajasthan to help create innovative, facility-based interventions that enable provision of high-quality care during childbirth and the first 48-60 hours after childbirth.

ASMAN project will follow the Dakshata approach for quality improvement and capacity building at the facilities. The technology driven interventions will be centered around five components - a) digitizing case records for improved efficiency of care, b) use of technology for improved clinical monitoring, c) self-directed learning platforms, d) remote support center for better support to facilities and e) system based analytics and reports for quality improvement. These technology components will be in form of an integrated platform which will be a tablet based tool for intrapartum and immediate postpartum decision support to the service providers.

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)

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 almost 1200 facilities across more than 120 districts in the selected states of Rajasthan, Madhya Pradesh, Odisha, Andhra Pradesh, Telangana, Maharashtra and Jharkhand. Newer states such as Kerala, Assam, Nagaland, Meghalaya and Jammu & Kashmir have also initiated the program

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



activities with technical assistance from Jhpiego in 60 districts.

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.

Based on the significant results of the program and expression of interest from newer states, Gol is in the process of scaling-up the program to other new states of the country also. Jhpiego proposes to continue providing technical support for this scale-up process. Jhpiego is also supporting Gol in development of a national Management Information System (MIS) for the labor rooms and a mentoring app for Dakshata program through which the components of data recording and reporting and reviews mechanisms are expected to be strengthened.

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 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 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, one-day training of facility managers and the trainings of staff on a customized three-day package have been completed in all three states during the first year. During this period, systems were set up for QI through QI hubs, managed through a National Program Management Unit (NPMU) based within FOGSI.

Currently (in the second year) Jhpiego, in consonance with MSD for Mothers and FOGSI, is working to explore possibilities of an alternative system for quality management apart from NABH and to hand this system over to FOGSI for sustainability through structured implementation.

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

Donor: Children's Investment Fund Foundation

Jhpiego has started a new three-year program that will test a "Proof of Concept" in India to transform the way Antenatal Care (ANC) is provided. This program is an attempt to devise an evidence-based ANC model with a special focus on the identification and management of maternal infections as well as



targeted nutritional supplementation during pregnancy. It will test a model of improved antenatal care called group antenatal care, and technology in the form of Point-of-Care (PoC) tests will be brought in to make testing and treatment of key high risk maternal conditions efficient, cost-effective and readily available. The Born Healthy program has initially been introduced in 125 facilities across 14 blocks of four districts of the state of Rajasthan – Bundi, Dholpur, Karauli and Udaipur. The lessons learnt from program implementation in these four districts will help the national and state governments in updating the entire ANC package for the state and country.

Jhpiego is in the process of developing resource packages that are envisioned to transform the way antenatal care is provided. This program aims to achieve a pan-country scalability through informing the ANC guidelines for the country.

Addressing India's Non Communicable Disease burden

The spectre of Non-Communicable Diseases (NCDs) looms large over India's health horizon, contributing to nearly three-fifth of mortality and morbidity. In India, the estimated deaths due to NCDs in 2008 were 5.3 million (World Health Organization - NCD Country Profiles, 2011). Jhpiego is working on three key non-communicable disease areas—Gestational Diabetes Mellitus, advocating and providing TA to GoI in developing a roadmap for HPV Vaccine Program in India, and improving access to early detection and treatment to Breast Health Care in India.

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

Donor: Educational Grant from Novo Nordisk

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 worked 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 aimed 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 was implemented in Hoshangabad district of Madhya Pradesh and its implementation has generated important data and evidence.

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

HPV Vaccine Program in India – Advocacy and Roadmap

Donor: GAVI

Jhpiego is working to develop a roadmap for GoI/ states in their decision making process towards introduction of HPV vaccination into the public health program in India, thereby contributing to the primary prevention of cervical cancer in India. The primary areas of work are to develop an investment case for GoI/ states to introduce HPV-including a costing exercise and impact estimates of introducing and scaling up HPV vaccine on adolescent and women's health; develop a program-learning toolkit based upon global and national best practices; coordinate with all the relevant stakeholders including the Expanded Program on Immunization (EPI) partners at the national level through an advocacy plan for prevention of cervical cancer through screening and HPV Vaccine program in India/ states and engage with community stakeholders to understand and document their perspective on HPV vaccines and prevention of cervical cancer.

Improving access to early detection and treatment to Breast Health Care in India

Donor: Jhpiego General Fund

Breast cancer is the leading cancers amongst women in India with a prevalence of 25.8 per 100,000 women (while cervical cancer comes a close second with 22 per 100,000 women⁶). Jhpiego proposes to adopt a systematic strategy, based on evidence-based interventions, to support the

incidence, mortality and prevalence of major types of cancer at national level in 184 countries of the world.

⁶ As per Globocan 2012, which is a project by the World Health Organization's International Agency for Research on Cancer (IARC), has put together various publically available data to estimate the



Government of India in its efforts to improve access to quality breast healthcare for women. The cornerstones of this strategy will include a strong learning and advocacy agenda, creating awareness about breast health among providers and communities, and demonstration of a well-functioning early detection system at the primary health care level that is linked to timely diagnosis and treatment at referral hospitals. This will create a platform to share learnings and forge collaborations to solve problems in the pathway of care provision for breast health in the country. While the upstream work related to learning, advocacy and collaboration will be undertaken at the national level, the demonstration of a well-functioning early detection system along with awareness generation activities will be undertaken in a defined geographical location.

Jhpiego's Other Programs

The Technical Support Unit–Adolescent Health (TSU–AH)

Donor: USAID

Jhpiego provides technical support to the Adolescent Health (AH) Division, MoHFW, GoI through the TSU-AH to strengthen the adolescent health mandate in India. The TSU works with the GoI in planning, implementing and monitoring the Rashtriya Kishor Swasthya Karyakram (RKSK) across the country. It is committed to innovating and enhancing the components under the six strategic areas of RKSK. It works to institutionalize robust systems and mechanisms for coordination/convergence within the MoHFW, and other stakeholders in adolescent space, provide support to develop innovative approaches in the SBCC strategy, advocate with the state governments for adopting and budgeting evidence-based interventions as per the national AH policy framework.

Technical Assistance to National Vector Borne Disease Control Program (NVBDCP)- MoHFW, towards Malaria Elimination

Donor: Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), USAID

Globally, Jhpiego leads USAID's flagship Maternal and Child Survival Program (MCSP), which supports high-impact health interventions in 26 priority countries to prevent child and maternal deaths. In India, MCSP is supporting the National Vector Borne Disease Control Programme (NVBDCP), and the two active malaria grants from the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), through provision of technical assistance for malaria surveillance and reporting. This is expected to enhance national capacity to gather, analyze and act upon information on malaria prevalence and outbreaks, and on the coverage attained by malaria prevention and control activities.

Updates till March, 2018