

Improving Quality of Maternal and Newborn Health in India

Fact Sheet: April 2018

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 evaluation² showing 11% reduction in in-facility perinatal mortality at the intervention sites.



Another approach that significantly informed the Dakshata initiative was Jhpiego's Standards Based Management and Recognition (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.



Skill Building under Dakshata

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%³.

With Jhpiego's support, GoI's Dakshata program is currently being implemented in almost 1200 facilities

¹ This Checklist has been adapted from the World Health Organization's Safe Childbirth Checklist.

² Findings from external evaluation of SCC program by PHFI.

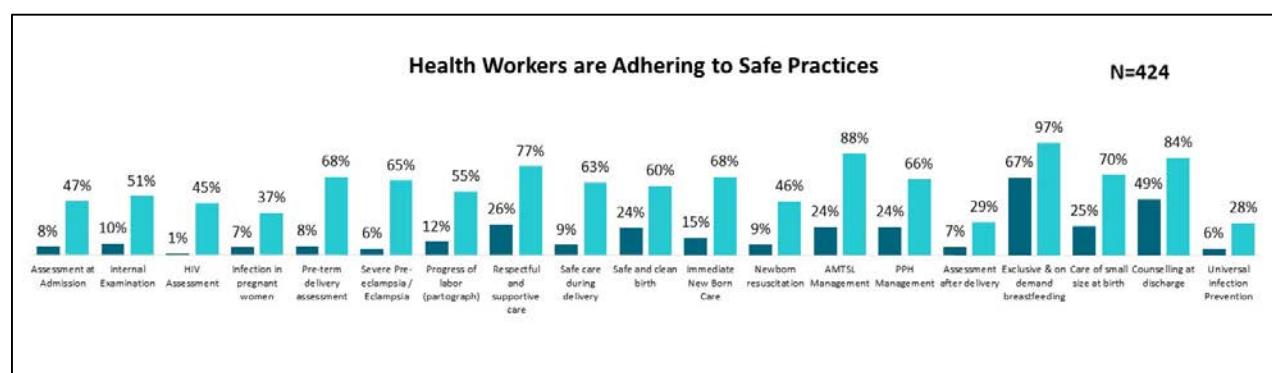
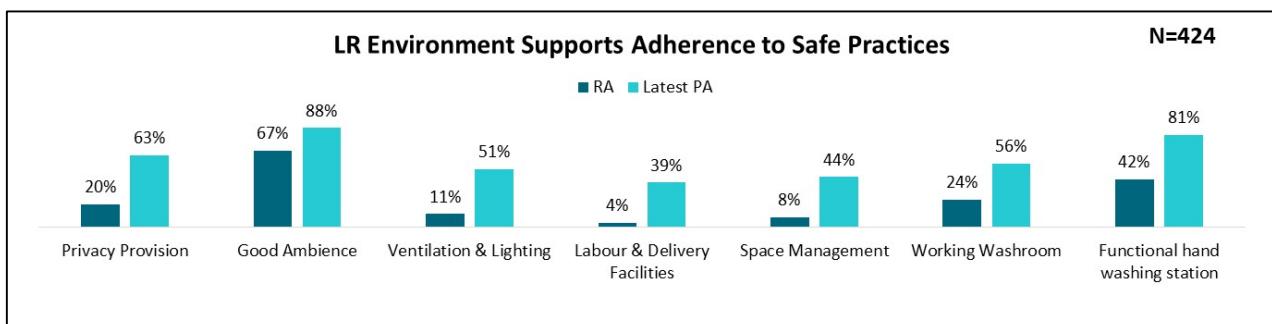
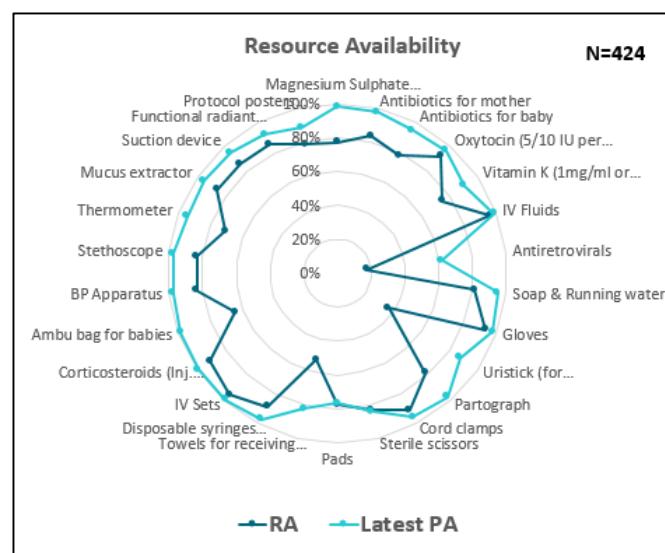
³ Results from SBM-R program in Maharashtra

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 activities with technical assistance from Jhpiego at more than 800 facilities in 60 districts. The operationalization involves sensitization meetings at state and district levels, followed by a strategic approach 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 handholding support to saturated²⁴ 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 51 ToTs, preparing 987 master trainers across these states⁵. 823 district level trainings have been completed where nearly 13,000 participants have been trained on the key evidence-based, life-saving practices and the use of SCC under this initiative⁵. Almost 4,100 facility-based Mentorship and Support Visits (MSVs) have been conducted by Jhpiego and the state mentors⁵. 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 complication

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 the following: facilities are better resourced with 23 out of the 26 essential resources for a labor room available at more than 85% intervention facilities; labor room environments have been transformed to support adherence to standards; and, on an average, 11 more safe care practices are being adhered to at the facilities since the start of intervention⁵.



⁴ Facility where at least 80% providers have been trained

⁵ Data till March 2018 from Dakshata factsheet

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 other new states of the country also. Jhpiego proposes to continue providing technical support for this scale-up process. Jhpiego is also supporting GoI 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

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.

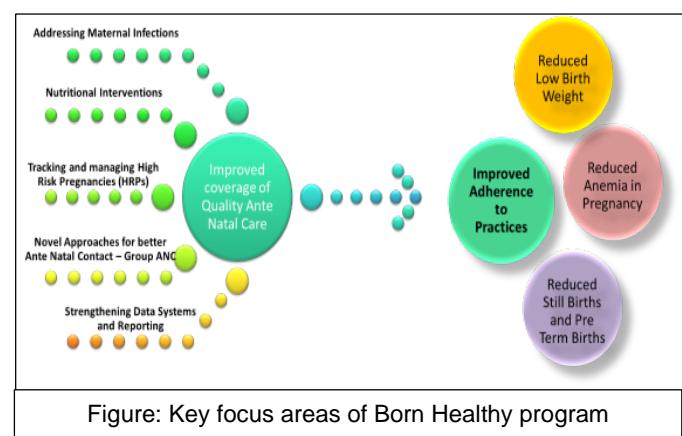
Based on the success of this program, MSD for Mothers has supported Jhpiego for implementation of a new program for private sector facilities in Uttar Pradesh, Jharkhand and Maharashtra. During these two years, Jhpiego will work closely with the proposed partners to develop and validate a viable and 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 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. As of March 2018*, 13 QI hubs have been established (six in Uttar Pradesh, four in Maharashtra and three in Jharkhand) and training of NPMU staff on the program aspects has been completed⁶. More than 1,300 staff have been trained for implementation of clinical and hospital standards in their facilities⁶. To carry training activities forward, Jhpiego in coordination with premier providers has established six centers for skill enhancement. More than 650 MSVs have been completed and 130 facilities have received Manyata certification from FOGSI⁶. 56 facilities have applied for NABH certification and six have received NABH entry level certification. By the end of second year, the program aims to achieve 'Manyata' certification on clinical standards by FOGSI to 300 facilities across the three states.

(Data from Manyata program reports as of March 2018)

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



Funded by the 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.

As of March 2018, the baseline assessments have been completed in all intervention facilities, four sensitization meetings at district level have been done orienting 76 participants from these facilities and district administration, the learning resource package developed for frontline workers has been field tested and finalized. The trainings of these frontline health workers are currently in progress with more than 500 of them trained in 21 batches. The data recording and reporting tools are in the process of being finalized and will be ready for roll-out at these facilities soon.

(Data from Born Healthy program reports as of March 2018)

Way Forward

For the Dakshata program, 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 other states including the support for program scale-up to newer states of country. 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.

For the Born Healthy program, concurrent to program implementation at the intervention facilities, 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.

*Data till March 2018