



# Jhpiego in India

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**Factsheet: October 2018**



## Background

India is a country of more than 1.2 billion people<sup>1</sup>, 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.

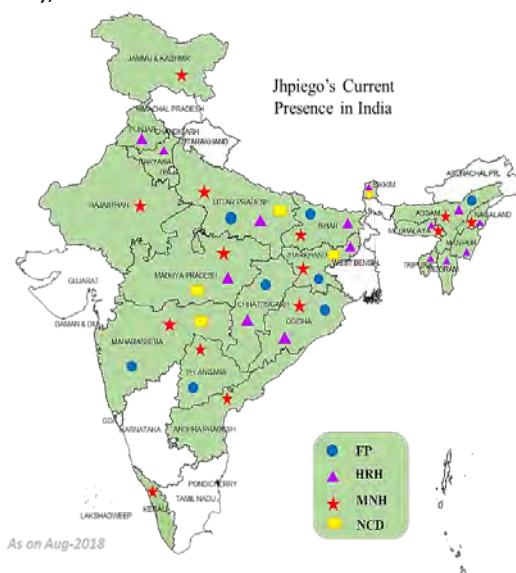
While much has been achieved, a lot remains to be done. India still loses more than 160 women in childbirth for every 100,000 births<sup>2</sup>. Infant mortality rate stands at 41 per 1,000 live births<sup>3</sup>. India has the highest number of neonatal deaths in the world<sup>4</sup>. Improving access to high-quality FP services, ensuring quality care for mothers and newborns at health care facilities, and beyond, 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 to build the skills and systems that guarantee a healthier future for women and families. Jhpiego translates the best of science and practice into moments of care that mean the difference between life and death for women and families. Through our partnerships, we are revolutionizing health care for

the world's most disadvantaged and vulnerable 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, newborn and child newborn health (MNCH) care. In a country where a large proportion of health care is provided by the private sector, Jhpiego's work also includes working with and strengthening India's private sector health institutions. Similarly, as more than 90% of India's nursing students come from the private sector nursing institutions, Jhpiego's work has also expanded to "strengthening private sector pre-service education." Jhpiego India also works in the field of non-communicable diseases (NCDs), and adolescent health.



<sup>1</sup> Census 2011

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

<sup>3</sup> NFHS-4. The National Family Health Survey 2015-16 (NFHS-4), the fourth in the NFHS series, provides information on population, health and nutrition for India and each State/Union territory.

<http://rchiips.org/nfhs/pdf/NFHS4/India.pdf>, link accessed on 10 Nov 2018 at 9:50 AM.

<sup>4</sup> 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)



Here is a write up on Jhpiego's current programmatic areas, briefly outlining their ongoing programs:

### Strengthening FP 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, and reduce maternal, infant and child mortality and morbidity. Jhpiego works closely with the GoI, at the national and state levels, 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 20,123 providers. Till August 2018, 1,914,260 women have accepted PPIUCD insertions, which translates to an acceptance rate of 12.6%<sup>5</sup>. Just in the past three years, Jhpiego has supported the GoI to save the lives of an estimated 60,000 children and 6,000 women through improved contraceptive services. Averting an estimated 8.5 million unintended pregnancies and 4 million abortions saved an estimated USD 418 million (INR 26.5 billion) in direct health care spending<sup>6</sup>. 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 1.4%.

### The National Technical Support Unit–Family Planning (NTSU–FP)

**Donor:** Bill & Melinda Gates Foundation (BMGF)

Jhpiego provides technical support to the FP division, MoHFW, 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 (TFR) – Uttar Pradesh, Bihar, Jharkhand, Rajasthan, Madhya Pradesh and Chhattisgarh.

### Supporting Postpartum Family Planning Transition to State Governments in Uttar Pradesh and Bihar and Assessing Post-Abortion Comprehensive Family Planning Gaps

**Donor:** Bill & Melinda Gates Foundation (BMGF)

To improve access and quality of FP services in Uttar Pradesh and Bihar, from November 2010 - July 2018, Jhpiego's technical assistance to the state governments has been to ensure PPF services, specifically PPIUCD services, are available and provided with quality at the intervention facilities of the two states. To ensure the sustenance of these PPF-PPIUCD services provided at health facilities and gradually expand these services to all delivery sites in these two states to effectively address unmet need, Jhpiego, along with the Uttar Pradesh and Bihar governments and their respective state technical support units (TSUs), have identified the areas that still need strengthening.

Jhpiego will work with the state governments to transition oversight of service availability, workforce capacity and service quality to the agencies chosen by the respective states.

SIFPSA, the state institution in Uttar Pradesh, will take over the 769 facilities from Jhpiego and sustain these efforts while also planning for expansion in other sites. In Bihar, Jhpiego will work closely with the State Health Society to ensure transfer of ownership of the 492 PPF-PPIUCD program sites as well as its expansion to other delivery sites in the state. Also, to respond further to the unmet need in Uttar Pradesh and Bihar, Jhpiego will leverage its experience in strengthening post-abortion family planning (PAFP) services in Odisha and Chhattisgarh, to evaluate the situation through a landscape assessment of PAFP in Bihar and Uttar Pradesh.

### 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 (LARC) methods to women in the two states of Odisha and Chhattisgarh. While focusing on ensuring quality of care, the program

<sup>5</sup> Jhpiego database. Data from Jhpiego supported facilities

<sup>6</sup> Estimates calculated using Impact 2, Marie Stopes International, 2016



works to establish and strengthen postpartum, interval (general) intrauterine contraceptive device (IUCD), PAFP, 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 (201 new facilities and 187 phase-I facilities) program facilities, particularly ensuring that LARC such as IUCDs are part of the expanded contraceptive choices offered.

### The Maternal and Child Survival Program (MCSP)

**Donor:** United States Agency for International Development (USAID)

MCSP is providing TA to the 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 in expanding the contraceptive basket with inclusion of newer proven modern contraceptive methods (Progestin-only Pills (POPs), Centchroman and others) and establishing quality service provision for FP at select public health facilities in the intervention states. 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.

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. It also includes strengthening community linkages through introduction of pre-registration mechanism and client card for voluntary female sterilization services, setting up of fixed day static (FDS) calendars for routinized service provision and establishing quality circles for monitoring FP services at the facility.

### Strengthening Postpartum Family Planning (PPFP) and Quality of Family Planning Services in Bihar

**Donor:** The David and Lucile Packard Foundation

Jhpiego provides strategic TA to the government of Bihar for facilitating the implementation of a comprehensive PPFP multiyear implementation strategy along with scaling up some components of the strategy in five focus districts—Muzaffarpur, Gaya, Saran, Bhagalpur and Madhubani; and demonstrating a feasible, efficient and effective programmatic model to strengthen provision of high-quality FP services in these five focus districts. The PPFP services include Lactational Amenorrhea Method (LAM), PPIUCD and Postpartum Sterilization (PPS). In addition to expanding access to PPFP services, the program piloted the introduction of Progestin-only Pills (POP) in the public sector health facilities in district Gaya. The program's long-term goal is to address unmet need for modern contraceptive methods, in particular during the postpartum period, thereby empowering women and couples in India to fulfill their reproductive health wishes.

### Advocating for Quality in Family Planning (QFP)

**Donor:** Bill & Melinda Gates Foundation (BMGF)

The goal of this program is to develop, pilot test and advocate for a 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 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 a 'family planning communicator' to combat the human resource gap in counseling.



## Advance Family Planning (AFP) Program

**Donor:** Advance Family Planning (AFP)

AFP 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. In its third year with Jhpiego India, the overall goal of the program is to successfully advocate for sanctioned increase in budgets for FP services and quality within the 'program implementation plans (PIPs)' of the National Health Mission (NHM) for the focus states. In accordance with the GoI's vision for quality FP, Jhpiego is successfully integrating the AFP advocacy efforts to establish state and district working groups (DWGs) for FP 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 several policy and financial quick wins. Advocacy efforts by Jhpiego India's AFP team mobilized additional budget from the NHM for improving the visibility and overall quality of FP information and service delivery mechanism. Resources leveraged include several policy-level wins such as Jharkhand approving the pilot of Sahhiyas<sup>7</sup> as 'FP communicators' at public health facilities, and Maharashtra procuring Medical Eligibility Criteria (MEC) wheel and IUCD register for client tracking for improving quality of FP services.

## Ensuring Quality and Informed Choice for Family Planning (EQIC-FP)

**Donor:** Anonymous

There exists a need for strategic investments to ensure that women in India are fully supported to select the FP method that best suits their needs. To this end, Jhpiego has successfully piloted an innovative model to support the government of Jharkhand in implementing a range of policies, capacity-building approaches, and

managerial/operational processes and tools. With this philanthropic investment, Jhpiego plans to implement the lessons learned from the state of Jharkhand in select districts of Maharashtra and Assam. Jhpiego will convene and actively engage government FP champions as thought partners and messengers to propel statewide scale-up of a quality improvement model in Maharashtra and Assam through data-driven advocacy at district and state levels. Jhpiego will also assist in the rollout of reformed incentive mechanisms to ensure that success is defined not only by number of new acceptors, but also by the assurance that each woman has received the best available method to meet her needs.

## Strengthening Human Resources for Health (HRH) in India

In India, nurses and midwives comprise around 30.5% of the total health care workforce<sup>8</sup> and they are an integral part of India's public health system. A paper on composition and distribution of the health workforce in India suggests that in 2011 - 2012, there were 2.5 million health workers (density of 20.9 workers per 10 000 population). However, 56.4% of all health workers were unqualified, including 58.4% of nurses and midwives and 69.2% of health associates<sup>9</sup>. Given the acute shortage of competent nurses and auxiliary nurse midwives (ANMs) in the country, and recognizing the critical role of the nursing cadre in achieving the sustainable development goal (SDG) 3<sup>10</sup> (ensure healthy lives and promote well-being for all at all ages), 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 MoHFW, GoI, Indian Nursing Council (INC) and various state governments to provide 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

<sup>7</sup> Terms used for community health workers in Jharkhand

<sup>8</sup> The health workforce in India. Human Resources for Health Observer Series No. 16. Document available at - World Health Organization (WHO) website.

[http://www.who.int/hrh/resources/16058health\\_workforce\\_India.pdf](http://www.who.int/hrh/resources/16058health_workforce_India.pdf). Accessed on 24 Oct 2018 at 3:00 PM.

<sup>9</sup> Rao KD, Shahrawat R, Bhatnagar A. Composition and distribution of the health workforce in India: estimates based on data from the National Sample Survey. WHO South-East Asia J Public Health [serial online] 2016

[cited 2018 Oct 24]; 5:133-40. Available from: <http://www.who-seajph.org/text.asp?2016/5/2/133/206250>

<sup>10</sup> The Sustainable Development Goals (SDGs), otherwise known as the Global Goals, are a universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity. SDG 3 is "ensure healthy lives and promote well-being for all, at all ages." <http://www.undp.org/content/undp/en/home/sustainable-development-goals.html>



enabling policy environment for nursing, improving the leadership and management capacity of the nursing cadre and ensuring a greater role for nurses and midwives in clinical and programmatic decision making.

## Strengthening of Pre-Service Education (PSE)

### Strengthening Nursing-Midwifery Cadre in Uttar Pradesh, India

**Donors:** University of Manitoba (UoM)

Jhpiego is synergizing Uttar Pradesh (UP) technical support unit's efforts towards improving RMNCH+A services resulting in improved health outcomes by providing technical assistance to strengthen nursing-midwifery training institutions in the state. The program has four objectives: to strengthen quality of PSE in all public sector nursing institutions in UP by implementing standards-based approach; demonstrate a feasible model of PSE strengthening for the private sector by implementing INC standards in 10-15 private institutions; strengthen capacity of State Nursing Registration Council (SNRC) and State Nursing Directorate (SND) in regulation, management and leadership; and, assist in operationalization of 'Health and Wellness Centers (HWCs)' by supporting roll-out of certificate course in community health.

### Strengthening Management and Leadership Capacity for Nursing

**Donor:** United States Agency for International Development (USAID)

Jhpiego, in partnership with USAID, is working to improve the quality of PSE for the nursing midwifery cadre in private sector 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 information technology is being leveraged to build the capacity of faculty members and improve knowledge and skills of students in private nursing

training institutions. Institutional mechanism for continuing professional development for faculty is also being created in private sector institutions.

## In-Service Capacity Building of Nursing Workforce and Primary Health Care Teams

### Strengthening Nursing Midwifery Skills for Universal Health Coverage

**Donor:** World Bank

This program 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 program 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 health care.

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

**Donors:** ĀSMĀN-Tata Trusts, Bill and Melinda Gates Foundation (BMGF), USAID, Reliance Foundation and *MSD for Mothers*

ĀSMĀN initiative leverages new technology to effectively drive the use of evidence-based best practices that reduce early maternal and newborn mortality. This program adds value to maternal and newborn mortality reduction efforts by building on existing efforts by GoI. The hypothesis is that adoption of technology in selected key areas will result in improved efficiency and quality of facility-based services. As a result, facility-based service delivery will improve because of increased health worker capacity, on-demand clinical decision-making support and support for data-driven decision making at the facility level. The key stakeholders of this initiative are governments of Madhya Pradesh and Rajasthan, where this project is being piloted in four districts each. Jhpiego is the lead implementation agency. The technology partner for ĀSMĀN application is 'Avalon Information Systems' and the gamification partner is 'Bodhi Foundation.'



## SAMARTH Initiative

**Donor:** University of Manitoba (UoM)

SAMARTH, a FOGSI - Jhpiego partnership initiative is working to develop skill-based competencies of in-service nursing staff of identified private hospitals/ maternity homes across the state of Uttar Pradesh (UP) through a comprehensive on-the-job training. Core purpose of the partnership is to create a sustainable business model wherein select private nursing institutions of UP would be transformed into training sites for nursing professionals in the private sector.

## Health System Strengthening and Role Expansion of Nurses

### Establishment and Operationalization of Health and Wellness Centers (HWCs)

**Donor:** United States Agency for International Development (USAID), as part of its Maternal and Child Survival Program (MCSP)

Under the government's flagship Ayushman Bharat initiative, Health and Wellness Centers (HWCs) have been conceptualized to provide comprehensive primary health care (CPHC), which will ensure the highest possible level of health and well-being at all ages, through a set of preventive, promotive, curative and rehabilitative services. Under this initiative, the Ministry of Health and Family Welfare (MoHFW) envisions upgrading 150,000 sub-centers (SCs) and all existing primary health centers (PHCs) and urban PHCs, across the country to HWCs in a phased manner, by the incremental addition of mid-level health care providers (MLHPs) to deliver CPHC services and strengthen existing RMNCH+A services.

For this, USAID's flagship Maternal and Child Survival Program (MCSP), led by Jhpiego is providing technical assistance for strengthening delivery of CPHC and RMNCH+A services and creation of sustainable training ecosystems. The program includes developing of roadmaps, operational plans and financial proposals for setting up of HWCs in intervention states. Additionally, the program is also building the institutional capacity of the intervention states to train MLHPs in a six-month certificate course on community health by establishing the required number of training sites (program study centers) and creation of a pool of trainers.

## Strengthen Midwifery Services in High Focus States of India

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

In India, there is a shortage of doctors for providing quality maternity services especially in the peripheral facilities. In the current circumstances, promotion of midwifery can be a very good medium-term solution for the development of task shifting mechanism within the health care delivery system resulting in improved maternal and newborn outcomes.

Jhpiego will provide support to strengthen the midwifery cadre by developing an action plan, which will guide the national and state governments to implement midwifery led services. The scope of TA includes engagement with national and state level governments for developing the necessary policy frameworks, and creation of sustainable training ecosystems for specialist midwives.

## Improving Quality of Maternal, Newborn and Child Health (MNCH) in India

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 MNCH programming aims to improve quality of care by institutionalizing high-impact, evidence-based practices at health facilities.

### Dakshata: Gol's strategic initiative for Quality Improvement (QI) in Labor Rooms

**Donors:** Children's Investment Fund Foundation (CIFF) - for Rajasthan, Andhra Pradesh, Maharashtra, Jharkhand, and national level support for new states; Norway India Partnership Initiative (NIPI) – for Madhya Pradesh, Odisha, Bihar and Jammu & Kashmir

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 Bihar, Kerala, Assam, Nagaland, Meghalaya and Jammu & Kashmir have also initiated the program activities with technical assistance from Jhpiego.

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 Dakshata program and expression of interest from newer states, Gol has scaled up the program to other states, and Jhpiego is providing technical support for this scale-up process. Jhpiego has also supported Gol in the development of a national management information system for labor rooms (LRMIS) and a mentoring app for the Dakshata program, thus strengthening the data recording, reporting and review mechanisms. Also, utilizing the learnings from the Dakshata program, Jhpiego has been Gol's key technical partner in the development of the six QI cycles under the LaQshya initiative.

### **Manyata: Sustaining Quality Assurance (QA) Accreditation for Maternal Health Care 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 health care

facilities. However, despite contributing to care for a large proportion of institutional deliveries, the private sector has not received similar focus. To strengthen quality of services related to maternity care at the private health facilities Jhpiego, in collaboration with Federation of Obstetric & Gynaecological Societies of India (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 phase of the 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 QA mechanism, while laying the groundwork for sustainable QI efforts in the private maternal health care sector in India. Now called 'Manyata', this program is working in the three intervention states with the component of excellence in maternity services tested through FOGSI-adapted core clinical standards of the private sector toolkit. Sensitization of FOGSI local chapters, baseline assessments of facilities, customized trainings for facility managers and staff have been completed. QI hubs have been established and are 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 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 (CIFF)

Jhpiego under this three-year program in Rajasthan is testing a 'proof of concept' to transform the way antenatal care (ANC) is





provided. It 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 strengthening targeted supplementation of iron and calcium 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) diagnostics will be brought in to make testing and treatment of key high-risk maternal conditions efficient, cost-effective and readily available. Strengthening identification and tracking of high-risk pregnancies is also a key focus area.

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. Jhpiego has developed resource packages for service providers and managers in order to transform the way ANC services are being provided as well as monitored by key stakeholders, and has initiated trainings of service providers in all the four districts. The learnings from program implementation in these four districts will help the national and state governments in updating the entire ANC package for the state and the country. The program aims to achieve a pan-country scalability through informing the ANC guidelines for the country.

### Norway India Partnership Initiative (NIPI) Phase-3

**Donor:** Norway India Partnership Initiative (NIPI)

NIPI is an outcome of the joint statement of the Prime Ministers of India and Norway for achieving 'global health goals.' NIPI's vision is providing strategic, catalytic and innovative support to India's health program, National Health Mission (NHM). The approach of NIPI is trying out 'innovations' for a brief period and scale-up through India's health program, NHM and Indian health systems. The geographical focus of NIPI are the states of Bihar, Odisha, Madhya Pradesh, Rajasthan and Jammu & Kashmir, where NIPI is also working as the lead development partner under RMNCH+A strategy of GoI. For NIPI-3, Jhpiego has been identified as the

implementing partner, and the program has the following three objectives:

1. **Taking NIPI to scale in India:** strategic, technical assistance (TA) for scaling up of identified NIPI best practices of phase-2 (2013-2017).
2. **Innovation Hub:** institutionalization of innovation development capacity within the public health system via an innovation hub on maternal newborn and child health (MNCH).
3. **Taking NIPI to Global Scale:** document best practices in maternal and newborn child health carried out under the National Health Mission and NIPI for documentation and dissemination.

### Addressing India's Noncommunicable Disease Burden

Noncommunicable diseases (NCDs) kill 41 million people each year, equivalent to 71% of all deaths globally<sup>11</sup>. In India, NCDs are estimated to account for 63% of all deaths<sup>12</sup>. Undoubtedly, there is a need to prioritize NCDs. Jhpiego is providing technical assistance (TA) to GoI in three key noncommunicable disease areas - Gestational Diabetes Mellitus (GDM), supporting the key stakeholders and states in documentation to better understand the Human Papillomavirus (HPV) vaccine service delivery and community perspective for HPV program, and improving breast health care.

### Defining an Operational Model for an Antenatal Care (ANC) based Gestational Diabetes Mellitus (GDM) Screening and Management in India

**Donor:** Educational Grant from Novo Nordisk, World Diabetes Foundation (WDF)

Jhpiego, in collaboration with the GoI and the Government of Madhya Pradesh (GoMP), implemented a two-year demonstration project (November 2015 - October 2017) in Hoshangabad district of Madhya Pradesh to 'operationalize an ANC based service delivery model for GDM screening and management, as envisioned in the national GDM guidelines'. The program worked hand-in-hand with health workers at the facility level as well as field-based health service providers

<sup>11</sup> From the World Health Organization (WHO) website; <http://www.who.int/en/news-room/fact-sheets/detail/noncommunicable-diseases> (Accessed on 9th Oct 2018 at 4:30 PM)

<sup>12</sup> [http://www.who.int/nmh/countries/2018/ind\\_en.pdf?ua=1](http://www.who.int/nmh/countries/2018/ind_en.pdf?ua=1) (data year: 2016)



to integrate GDM services at all ANC service delivery platforms.

Through additional support from WDF, Jhpiego will provide support to GoI to scale-up the intervention at national level and continue its work in Madhya Pradesh. Additional assistance in Hoshangabad district will also expand to Betul district, essentially to make these districts as model sites for GDM implementation for the state and for the nation. The work in these sites will continue to help Jhpiego understand the ground realities and challenges, and provide pathways to address these challenges.

### HPV Vaccine Program in India

**Donor:** Gavi, the Vaccine Alliance

Jhpiego is providing support to a few states who have taken their own initiatives to introduce HPV vaccine, thereby contributing to primary prevention of cervical cancer in the country. The program is focusing on conducting an extensive literature review, documenting HPV vaccination efforts and learnings from states in India who are rolling out the HPV vaccinations, preparing a program-learning toolkit of global and sub-national (state) best practices for HPV vaccine implementation, and facilitating the use of these best practice documents. The team is also engaging with community stakeholders to understand and document their perspective on HPV vaccines and have a dialogue with adolescent girls' groups, women's groups and communities on reproductive and sexual health and on cervical cancer and its prevention. The program is also working on investment case for HPV introduction. An important area of work is to create a map of critical stakeholders for HPV vaccination to share the learnings with these stakeholders, which includes the universal immunization program partners.

### Improving Breast Health Care in India

**Donor:** Johns Hopkins University

Breast cancer is the leading cancer among women in India. Globocan<sup>13</sup> estimates that the age standardized incidence rate of breast cancer in India is 24.7 per 100,000 women, while cervical cancer comes a close second with 14.7 per

100,000 women. Jhpiego is providing TA to the Government of Uttar Pradesh and Jharkhand in its efforts to improve access to quality breast health care for women in India. Based on evidence-based interventions, the cornerstones of Jhpiego's strategy include a strong learning agenda among providers and communities, and demonstration of a well-functioning early detection system at the primary health care level that links to timely referral to a designated tertiary care hospital.

While, the upstream work related to learning and advocacy is being undertaken at the national level, the demonstration of a well-functioning early detection system along with awareness generation activities is being piloted in a district each of Uttar Pradesh and Jharkhand. Jhpiego will also be extending its breast health work to Maharashtra, working with the Government of Maharashtra and Tata Memorial Hospital, to support and learn more about task sharing for increasing access to cancer care, including chemotherapy, in a selected district of the state.

### Jhpiego's Other Programs

#### The Technical Support Unit - Adolescent Health (TSU-AH)

**Donor:** United States Agency for International Development (USAID)

Jhpiego provides technical support to the Adolescent Health (AH) Division, MoFHW, 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.

Updates till August 2018

<sup>13</sup> Globocan 2018, a project by the World Health Organization's International Agency for Research on Cancer (IARC), has put together various publicly available data to estimate the incidence, mortality and

prevalence of major types of cancer at national level in 184 countries of the world.