

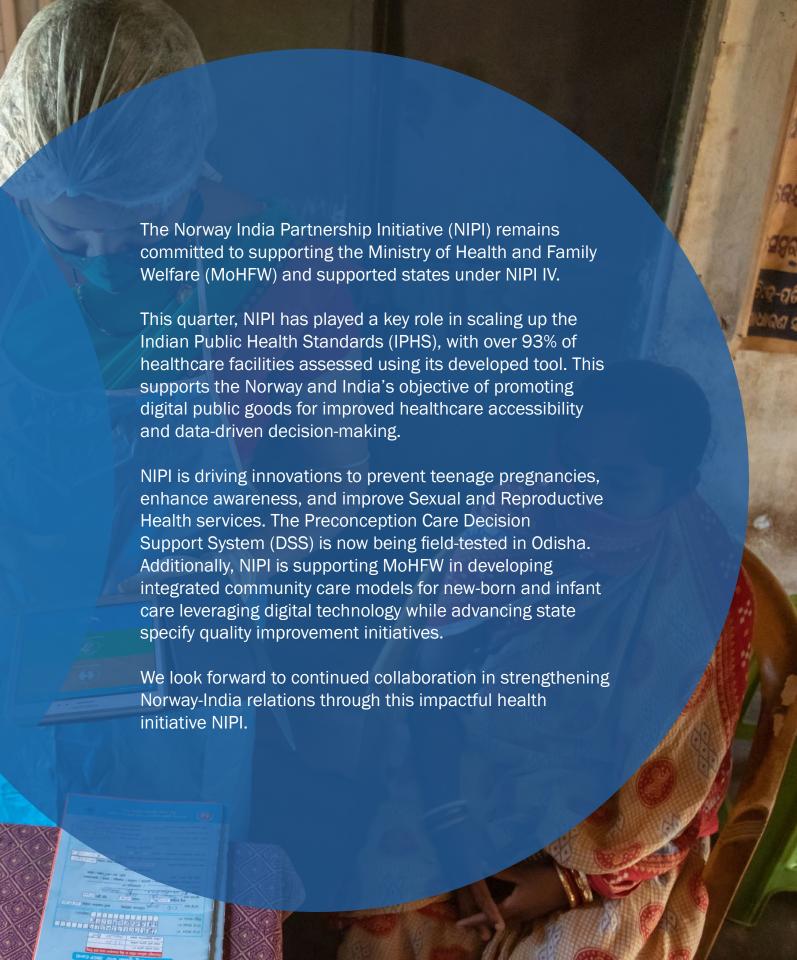


DIGITAL LEAP...

...in Reproductive, Maternal, Newborn, Child Adolescent Health (RMNCAH)



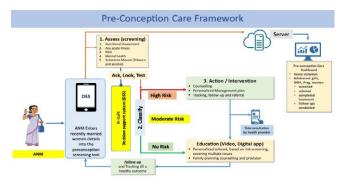




INNOVATE







Odisha Pioneers Digital
Pre-Pregnancy Care to Combat
Low Birth Weight

Innovating for SRH and Reducing Teenage Pregnancies

Odisha has made notable progress in maternal and child health, yet 19.2% of babies are born with Low Birth Weight (LBW), exceeding the national average of (NFHS-5). Teenage pregnancies, affecting 7.6% of women aged 15–19 years, further contribute to this issue. To address these challenges, the Government of Odisha, with support from the Norway India Partnership Initiative (NIPI), and development partners UN introduced pre-pregnancy care (PPC) interventions in 29 aspirational blocks. These include weekly Iron Folic Acid (IFA) supplementation for adolescent girls under the Rashtriya Kishore Swasthya Karyakram (RKSK) scheme and a newly developed integrated package to prevent and manage LBW and early growth failure.

To enhance implementation, NIPI has digitized PPC modules, simplifying decision-making for service providers. A three-day Training of Trainers (ToT) program in December, 2024 prepared state and district officials to roll out these initiatives effectively. With Odisha becoming the first state in India to digitize pre-conception care, this innovation showcases the potential of technology to improve grassroots healthcare and ensure better outcomes for mothers and children.



From Birth to Growth: Enhancing Child Health through Innovation

Innovating for strengthening community care for New-born and Young children

India has made remarkable strides in reducing newborn, infant, and child mortality through community and facility-based interventions like Home-Based Newborn Care (HBNC) and Home-Based Care for Young Child (HBYC). However, challenges in service delivery, systemic operations, and policy frameworks continue to affect the quality of care at the community level. To address these gaps, the Ministry of Health and Family Welfare (MoHFW) has convened a National Technical Advisory Group (TAG) in 2024 to develop an integrated, community-centered approach for newborn and child healthcare.

A key development from this initiative is the Integrated Community Care Model for Newborn and Child Health, proposed by the Norway India Partnership Initiative (NIPI) and endorsed by national experts. This model streamlines service delivery by integrating child health programs, enhancing frontline health workers' decision-making, and improving beneficiary tracking through digital solutions. With structured supervision and an expanded scope of care for children up to three years of age, this transformative shift aims to ensure continuous, high-quality healthcare, laying a strong foundation for early childhood development in India.

REPLICATE







Accelerating healthcare
Transforming Child Health
with DSS-IMNCI (Decision
Support System for Integrated
Management of Neonatal and
Childhood Illness) HM

Decision Support Systems for ensuring Evidence Based Care (EBC)

NIPI is committed to strengthen maternal and child healthcare services in Bihar, developed a Decision Support System for Integrated Management of Newborn and Childhood Illness (IMNCI) mobile application. Designed for Community Health Officers (CHOs) and Auxiliary Nurse Midwives (ANMs), which supports the management of sick newborns and children under five by aiding in disease classification, treatment recommendations, and referrals based on GoI (IMNCI) protocols. Piloted in Bihar's Nalanda and Muzaffarpur districts, CHOs received training to integrate the DSS tool into their work at Ayushman Aarogya Mandirs (AAMs), with ongoing technical support to ensure as effective usage.

To address gaps caused by staff turnover, a retraining session was held on December 11, 2024, in Nalanda, involving 23 CHOs and 7 ANMs. The training provided practical guidance on app functionalities, disease severity classification, and planning follow-up care. Early adoption has been encouraging, with data for over 150 children already captured. By enhancing decision-making, the DSS-IMNCI app is poised to significantly improve child healthcare outcomes in Bihar.

Improving Quality of Health Care: Gap Assessment in Rajasthan

Rajasthan has taken a major step toward improving healthcare quality by completing a comprehensive Gap Assessment of 14,436 institutions (82% of its facilities) under Indian Public Health Standards (IPHS). This achievement was enabled by the IPHS Gap Assessment software, co-developed by the Norway India Partnership Initiative (NIPI) and National Health Systems Resource Centre (NHSRC), which utilized an Open Data Kit (ODK) for streamlined data collection. Assessors were supported by an informative video guide and a robust validation mechanism, ensuring data accuracy through checks by Medical Officers, block-level officers, and state teams.

The NIPI Jaipur office operated as the Control Room, resolved issues and provided analytical insights, while the State Health Directorate ensured smooth coordination. Weekly video conferences at the state level monitored progress and addressed challenges. This initiative demonstrates Rajasthan's commitment to delivering quality healthcare and setting a benchmark for efficient health system assessments.





82% and Rising: Rajasthan Leads the Charge in Quality Care Assessment!





Uniting for Health: Odisha's "Learning Sites" are Paving the Path to Better Low Birth Weight Care.

Strengthening Care for Low Birth Weight (LBW) Babies in Odisha

To address the needs of low birth weight (LBW) babies in remote areas, the National Health Mission (NHM), Odisha, in collaboration with the Norway India Partnership Initiative (NIPI), has introduced Family Participatory Care (FPC) and Kangaroo Mother Care (KMC) in 18 Primary Health Centres (PHCs) through Public-Private Partnerships. While some centers excel, others face challenges in meeting performance goals. To improve consistency and quality, NHM and NIPI have established "Learning Sites" in high-performing PHCs to facilitate cross-learning.

Top-performing PHCs—Dumurimunda (Nabarangapur), Paschimabad (Baleswar), and Gaudagotha (Ganjam)— have been designated as Learning Sites. These hubs will provide guidance through structured learning visits, which include sessions on FPC-KMC protocols, best practice demonstrations, and field visits. This initiative aims to increase the access to care by LBW babies, enhance follow-up for discharged babies, and improve neonatal survival rates in Odisha's most underserved regions.

Care of Small and Sick Newborns: Family Participatory Care Training Conducted at NMCH, Patna

The Government of Bihar has rolled out the Family Participatory Care (FPC) program across all Special Newborn Care Units (SNCUs) in district hospitals. This initiative enables caregivers to actively participate in the care of sick newborns, enhancing their knowledge and skills for providing better care at home post-discharge. Trained healthcare staff guide caregivers through FPC sessions, boosting their confidence and competency in newborn care.

To ensure the success of this program, a two-day training session was held at Nalanda Medical College and Hospital (NMCH) in Patna in October 2024. 24 Staff Nurses from district hospitals were trained to support caregivers in delivering effective FPC. The training included interactive learning methods such as video demonstrations, hands-on practice, and role-playing real-time FPC activities. Supported by the State Health Society Bihar (SHSB) and the Norway India Partnership Initiative (NIPI), this initiative aims to empower caregivers and enhance newborn care practices in Bihar, ensuring better outcomes for infants.

READ MORE







From Hospital to Home:
Strengthening Newborn Care with
Family Support in Bihar





Empowering Care, Saving Lives: MusQan's Impact in Bihar

MusQan Initiative: Transforming New born and Child Health Services

Launched by the Ministry of Health & Family Welfare in 2021, the MusQan initiative aims to reduce child mortality and morbidity by ensuring child-friendly services at public health facilities. Implemented in Bihar starting in 2022, the initiative focuses on strengthening clinical protocols, improving management processes, and ensuring respectful care for newborns and children. The Norway India Partnership Initiative (NIPI) has played a key role in supporting health facilities in obtaining MusQan certification by conducting gap analyses and action plans to improve services in Special Newborn Care Units (SNCUs), Pediatric Care Wards, and Nutrition Rehabilitation Centers (NRCs).

In October 2024, a state-level assessment team visited the District Hospital in Saharsa to evaluate its progress under the MusQan initiative. The team assessed several departments, including the SNCU, Pediatric Ward, and NRC, and identified both strengths and areas for improvement. While the facility was found to be clean, well-equipped, and well-maintained, improvements in documentation and staff skills assessments were recommended. The findings were shared with district health officials, and action steps were outlined to enhance the facility's quality, bringing it closer to certification.

COLLABORATE





& Kashmir Leads the Way: A Model of Health and Nutrition Excellence

Transforming Baramulla: A Success Story of Collaboration and Innovation in the Aspirational District Program

As part of the Government of India's "Transformation of Aspirational Districts" program, Baramulla in Jammu and Kashmir was identified for focused improvements in health and nutrition indicators. The National Health Mission (NHM) Jammu and Kashmir partnered with the Norway India Partnership Initiative (NIPI) to implement targeted interventions. The program began with a baseline assessment in 2018, followed by the creation of a Block-Level Aspirational District Dashboard to track granular progress. Monthly reviews and tailored technical support helped address underperforming areas, driving improvements across the district.

Between 2018 and 2024, Baramulla achieved remarkable progress, significantly improving health and nutrition outcomes. Antenatal check-ups increased from 92% to 97%, and early registration during pregnancy rose from 93.5% to 99.36%. The district eliminated severe and moderate malnutrition, reduced underweight children from 13.92% to nearly 0%, and maintained a 100% breastfeeding rate within one hour of birth. Institutional deliveries and immunization rates soared, while health facilities saw major upgrades. Baramulla's success highlights the power of collaboration, innovation, and strategic interventions, setting a model for other districts to follow.

TRAININGS

















ASSESSMENTS & MEETINGS

















