



# PROMOTING HEALTH IN INDIA



## Ensuring resumption of essential RMNCHA+N activities

**T**he COVID-19 pandemic has had a profound impact on our healthcare systems and potentially on reproductive, maternal, new-born and child health outcomes. A recently released Lancet study estimates an increase in maternal deaths from 3.8% to 38.6% and child deaths, including effect of increased wasting, from 9.8% to 44.7% in low- and middle-income countries. In India, it is estimated that severe disruption due to COVID-19 may lead to an additional 2,398 maternal and 50,000 child deaths per month.

Ministry of Health and Family Welfare, Government of India is doing commendable work in handling the COVID-19 pandemic. Realising the importance to ensure non-disruption of essential services, it has also taken a policy decision to sustain the essential RMNCHA+N services during pandemic to avoid the impact on maternal & child health. As a technical support partner of MoHFW and State Health Missions, Norway India Partnership Initiative (NIPI) project team is working very closely with four states of Bihar, Rajasthan, Odisha, Madhya Pradesh and Union Territory of Jammu and Kashmir to ensure continued provision of key RMNCHA+N services.

The following pages of the NIPI Quarterly Newsletter: January to March 2021 will take you through the work done by the project teams supporting states in key RMNCHA+N services. The teams are undertaking program quality assessment, supporting documentation work, strengthening innovation development capacity using technology and innovative.

# Glimpse of our key activities from Jan - Mar 2021



## Delivering Quality Health Services with Technology in Jammu & Kashmir

To ensure effective and timely delivery of quality health services, ANMOL (Auxiliary Nurse Midwife Online), has been implemented across India by Ministry of Health and Family Welfare, Government of India. As the name suggests, ANMOL aims at empowering Auxiliary Nurse Midwife (ANMs) in the field across the country. Most importantly, it serves as a tool to digitize health information to improve quality of health services provision for individuals, families and communities being served by them. The application also assists ANMs to digitize the registration process for eligible couples, pregnant women, and children, and make information readily available in the form of due list and dashboard for all health services.

On 4th March, 2021 National Health Mission (NHM) J&K in collaboration with Government Medical College Jammu and support of Norway India Partnership Initiative (NIPI) launched the ANMOL application in Jammu & Kashmir. Shri Atal Dulloo, Financial Commissioner of Health and Medical Education, Jammu & Kashmir launched the application and distributed digital tablets to ANMs from various blocks



of Jammu district. The ceremony was attended by Mr. Choudhary Yasin, Mission Director NHM, Dr. (Prof.) Shashi Sharma, Principal Government Medical College (GMC), Jammu, Dr. Saleem Ur Rehman, Director General H&FW, Dr. Renu Sharma, Director Health, Jammu as well as Chief Medical Officer, block medical officers, other health professionals and J&K team of Norway India Partnership Initiative (NIPI). ***READ MORE...***

NIPI supported NHM and Government Medical College, Jammu to launch ANMOL application in Jammu & Kashmir with an aim to facilitate monitoring, supportive supervision and Training of Trainers (ToTs).



## Accelerating SAANS with HBNC+/HBYC: A NHM, Government of Madhya Pradesh, led and NIPI supported innovation at community level for effective reduction of Pneumonia

**W**ith an objective of preventing child death from Pneumonia and Diarrhoea, the state of Madhya Pradesh aims to expand its reach to every child by trained frontline functionaries. The state is targeting to protect 1.8 million young children from these diseases. The trained frontline functionaries namely Accredited Social Health Activist (ASHAs) and Auxiliary Nurse Midwife (ANMs) will conduct the home visits to provide preventive and promotive health and nutrition services to every child in the community.

In view of these interventions being implemented in state, the **“Social Awareness & Action plan to Neutralise Pneumonia Successfully” (SAANS)** campaign was launched on 5th February 2021 by Hon’ble Health Minister Dr. Prabhuram Chaudhari, Mr. Mohammad Suleman (Additional chief Secretary GoM), Dr. Sanjay Goyal, Commissioner Health, Ms. Chhavi Bhardwaj (Mission director, NHM, MP).



*Honourable Health Minister Addressing at SAANS campaign*

Launch of SAANS aims “to intensify action for reducing mortality due to childhood Pneumonia in India to less than 3 per thousand live birth by 2025,”. Objective of the SAANS campaign is to create awareness in the community on interventions to protect and prevent childhood pneumonia as well as to increase caregiver’s awareness to enable them to identify pneumonia early.

As a part of strategic catalytic support to the state, NIPI made a poster presentation to Hon’ble Health Minister, Government of Madhya Pradesh and participants on community based intervention package of Home-Based Newborn Care Plus (HBNC+), now implemented as Home-Based Care of Young Child (HBYC) as a strategy to address childhood Pneumonia.

[READ MORE...](#)

## Transforming Delivery of Quality Health Services in Labour Rooms in Bihar

**I**mproving the health of mothers and children continues to be a priority under National Health Mission. Ministry of Health & Family Welfare (MoHFW), Government of India launched an ambitious program LaQshya in 2017 with an objective of reducing maternal and new-born morbidity and mortality by improving quality of care around birth in Labour rooms, Maternity Operation Theatres, Obstetrics Intensive Care Units (ICUs) & High Dependency Units (HDUs). This program has been initiated in high delivery load facilities of Bihar including 143 facilities of 13 aspirational districts. During FY 2020-21,



Labour room & Maternity OT of District Hospital-Moitihari, East Champaran have qualified for state level assessment.



Government of Bihar has been actively following the due processes and getting its facilities LaQshya certified. Quality Improvement in labour room and maternity OT is being assessed through National Quality Assurance Standards (NQAS). Every facility achieving 70% score on NQAS is certified as 'LaQshya certified facility'.

NIPI has been supporting State of Bihar to achieve LaQshya certification by conducting gap analysis, periodic assessment and sharing plans for improvement with the facilities. [READ MORE...](#)

NIPI is supporting state of Bihar to achieve LaQshya certification by conducting gap analysis, periodic assessment and sharing plans for improved facilities.

## Strengthening Child Death Review mechanism in Bihar

**I**mproving Child survival and development is one of the key goals of NHM. It is recognized that most child deaths occurring across the country are preventable.

An operational guideline has been developed by MoHFW for strengthening the mechanism of Child Death Review. It is envisaged that through Child Death Review (CDR) process all child deaths are reported and accounted for and the cause of death is investigated for corrective action. The CDR follows systematic process of notification, investigation, assigning the cause and reporting of the cases. The process has to be done both at the community level as well as at the designated facilities of the state.



*Participation of NIPI and other Development partners like UNICEF and CARE*

For the state of Bihar, Child Death Review Process was initiated in August 2015 and implemented across the state through capacity building of the stakeholders, notification of the CDR committees, identification of the facilities for facility based CDR process, identification of the nodal officers for the process, holding of the review meetings at various level, printing of the reporting formats and CDR formats.

NIPI supported the State Health Society, Bihar and State Child Health Division to conduct a review meeting on 29th Jan 2021 at the state level under the leadership of Executive Director NHM Mr. Manoj Kumar. **READ MORE...**



## NIPI supports NHM, Odisha in kick-starting the process of institutionalizing innovation

There is a greater demand for health programs and interventions which are more cost-effective, accessible, equitable and sensitive to regional, cultural differences from the client and service providers' side. With the advancement of technological revolution and increased usage of IT, there is a strong sense of belief that innovations can play a bigger role and find solutions to such challenges arising in the health sector.

NHM, Odisha with the support of NIPI has strived to make the process of innovations more democratic, participatory and systematic. With consistent advocacy from NIPI, NHM Odisha has made provision of Rs 8 cr in PIP 2021-22 for innovation. A virtual orientation workshop was organized on 19.11.2020 by NIPI with the support



*NIPI supports NHM, Odisha in kick-starting the process of institutionalizing innovation*

NIPI with the support of NHM Odisha has made provision of Rs 8 cr in PIP 2021-22 for innovation. A virtual orientation workshop was organized on 19.11.2020 by NIPI with the support

from NHM where NIPI presented steps and processes of writing innovation proposals. As a result, 9 proposals from various districts and program divisions were received by the State Innovation Secretariat. [READ MORE...](#)

NIPI is making a sustained effort to ensure the process of innovations is more democratic, participatory and systematic.



## Usefulness of QR Codes Integration into ANMOL application in Odisha

The state of Odisha has introduced QR code enabled MCP cards and code scanning functionality in ANMOL in two districts (Bolangir and Mayurbhanj) with support from NIPI. This feature enabled ANMs to get immediate access of beneficiary details and information about due services to be provided to beneficiaries.

A qualitative assessment using Technology Acceptance Model (TAM-3) was conducted by NIPI team in selected 8 blocks to determine ease of use, acceptability and usefulness of the new feature included in ANMOL application. A total of 72 In-depth interviews with study participants (Auxiliary Nurse Midwives (ANMs), Block Data Managers (BDMs) & beneficiaries) were conducted in the month of March 2021.



*ANM Interview*

The findings of study suggest that majority of ANMs were found satisfied with this innovation. According to them, the inclusion of QR Codes are saving their quality time, efforts and help in improving their performance during routine work. [READ MORE...](#)



# A picture is worth a thousand words



Community based paediatric care



Continued breastfeeding ensures proper nutrition for new-borns



Nurturing family's role to improve quality of life for new-born



Family Centered Care approach for sick neonates



Facility based paediatric care



New-born care approach training at health facility



## Use of Technology to address Quality of Care through virtual LaQshya Certification in Rajasthan

**M**inistry of Health & Family Welfare, Government of India launched a quality certification program *LaQshya* in 2017. Objective of the initiative is to reduce maternal and newborn morbidity and mortality by improving quality of care around birth in Labour Rooms (LRs), Maternity Operation Theatres (OTs), Obstetrics Intensive Care Units (ICUs) and High Dependency Units (HDUs). Government of Rajasthan is very proactive and plans to get its all High Delivery Load facilities as LaQshya certified.



*National LaQshya Virtual Assessment, District Hospital*

Norway India Partnership Initiative supports the state in the process of LaQshya certification. A mentoring visit was undertaken by NIPI team to District Hospital, Baran in March, 2020 and gaps were identified. District Hospital Baran was supported in improving the layout of Labour Room, calculating the outcome indicators, preparing documents, gathering resources. Once facility (LR & MOT) achieved minimum 70 percent fulfilling all five essential criteria, it was asked to submit application for state level assessment, The institute secured the required minimum

score in the state assessment in all mandatory areas and qualified for national assessment. Subsequent to this, NIPI team helped the facility team in preparation for the assessment and coordinated with NHSRC for National LaQshya Virtual Assessment. **READ MORE...**

NIPI coordinated with National Assessors & facility level team for the National Level LaQshya Assessment through virtual tour of the facility.



## Undertaking Situational Analysis to further strengthen Quality of maternal health services in Jammu & Kashmir

**T**he Government of Jammu & Kashmir, through its National Health Mission, has done excellent work through successful implementation of many programs in area of maternal and child health. However, there is lack of systematic documentation and dissemination of best practices.

NIPI is assisting the Government of J&K in reducing preventable maternal deaths and improving maternal health through strengthening of pre-existing services and adoption of evidence based practices. In order to design effective strategies for strengthening maternal health care

in UT of J&K, NIPI and NHM planned to conduct situational analysis in identified facilities. Situational analysis will also help in conducting estimation of maternal mortality trends and help the Government to take informed data driven decisions, while designing contextually appropriate action plans, district level targets and true coverage of program activities. [READ MORE...](#)



## LaQshya: Addressing quality of care in Labour Rooms and Maternity OTs in Madhya Pradesh

To ensure quality of care during intrapartum and immediate post-partum period and to reduce maternal and newborn morbidity and mortality, Ministry of Health & Family Welfare, Government of India has initiated the "LaQshya" program. Implementation of LaQshya program is supported by the existing quality assurance framework of the NHM. Under LaQshya program quality improvement activities have been implemented in labour rooms and maternity OTs. Multi-pronged strategy has been adopted such as improving infrastructure, ensuring availability of essential equipment, providing adequate human resources, capacity building



of health care workers and improving quality processes in labour room. Quality Improvement in labour room and maternity OT has been assessed through NQAS checklist and for certification under LaQshya program facility shall score more than 70% score in assessment.

National Health Mission, Madhya Pradesh has started the implementation of the LaQshya Program in 2018-19. In

first phase 20 district hospitals were chosen for LaQshya program. At present LaQshya program has been implemented in 51 District Hospitals, 70 Civil Hospitals and 133 Community Health Centres. In FY 2020-21 total 61 Facilities (DHs/CHs/CHCs) have been recommended for National level LaQshya certification and 34 facilities (DHs/CHs/CHCs) for State Level LaQshya certification.

NIPI is supporting two aspirational districts; Rajgarh and Singrauli in LaQshya program. Total seven facilities (2 district and 5 sub-district level) have been assigned to NIPI. [READ MORE...](#)

NIPI is supporting LaQshya program in two aspirational districts; Rajgarh and Singrauli to assist the assigned facilities in preparation of action plan, orientation of healthcare professionals in quality improvement activities



## Assessing Health of Our Young Ones: HBYC Periodic Assessments in Madhya Pradesh and Rajasthan

The Government of India implemented Home Based care for Young Child (HBYC) program in 2018. HBYC is designed and built on the architecture and experience of the Home Based Newborn Care Plus (HBNC+) program which NIPI introduced and piloted in 13 districts of four states Rajasthan, Odisha, Madhya Pradesh and Bihar. HBYC is an intervention package addressing the survival and development of every young child in the community. The program is being implemented in aspirational and non-aspirational districts of five NIPI focus states

including Madhya Pradesh and Rajasthan since 2019. NIPI provides techno-managerial support for its effective implementation.

The states of Madhya Pradesh and Rajasthan planned and undertook periodic assessment of HBYC program in their respective state. This vast and important exercise was conducted in eight aspirational districts of Madhya Pradesh (Rajgarh, Guna, Damoh, Chhatarpur, Badwani, Khandwa, Singrauli and Vidisha) and five aspirational districts in Rajasthan (Baran, Dhaulpur, Jaisalmer, Karauli and Sirohi). The state of Rajasthan expanded the mandate of the assessment by further including another 15 non-aspirational districts as well. The objectives of the assessment were: 1) to ascertain the implementation of the HBYC program implementation status, 2) to assess knowledge and practices of field functionaries (ASHA, ANM, AWW and ASHA supervisors) as well as the mothers of young children (the beneficiaries) being visited under HBYC. These assessments in both states were supported by the NIPI team and jointly conducted with team members from the state NHM. [READ MORE...](#)



*Mother's Interview during assessment*



## Technology Intervention: A step towards developing mobile-based Decision Support tool for Community Health Officers in Madhya Pradesh

The National Health Policy, 2017 recommended strengthening the delivery of primary health care, through establishment of "Health and Wellness Centers" as the platform to deliver comprehensive primary health care. The Government of India with its commitment to 'leave no one behind' has launched the Ayushman Bharat- Health and Wellness centers, an attempt to

move from sectorial and segmented approach of health services delivery to a comprehensive need based health care services.

The Ministry of Health and Family Welfare (MoHFW) envisions upgrading 1,50,000 Sub-Centers (SCs), existing Primary Health Centers (PHCs), and Urban PHCs across the country to HWCs in a phased manner by December 2022. Under this arm of Ayushman Bharat, a Community Health Officer (CHO) positioned at HWCs is expected to provide specific services, leadership, supervision, management and take pro-active role in all community level activities along with organizing various health programs and activities related to health promotion.



*DSS workshop with NIPI and Khushi baby team at Jaipur Rajasthan*

Norway India Partnership Initiative (NIPI) and Government of Madhya Pradesh has agreed to develop a Decision Support System for Community Health Officers (CHOs). Digital tool will ease the complex decision making system into a simple symptom and signs based classification. This will drive CHOs from presenting symptoms of OPD patient to systemic assessment, possible classification /diagnosis and suggestive treatment as well as follow up. **READ MORE...**

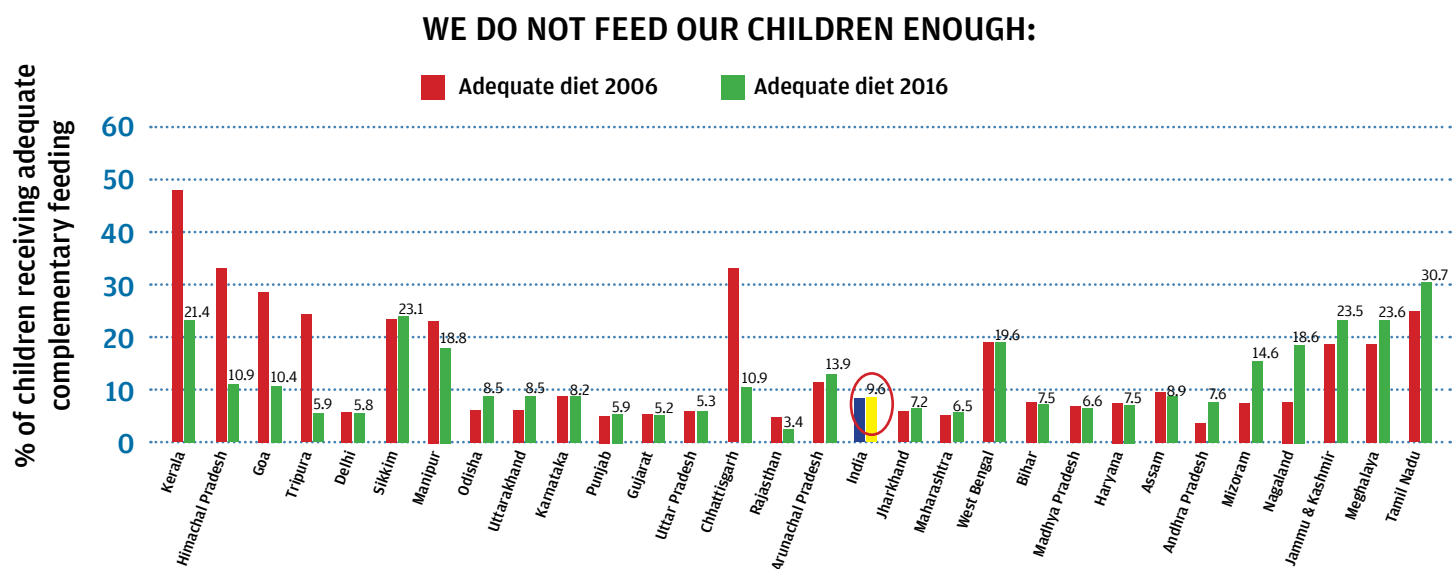




## Tackling malnutrition - Expanded focus of NIPI

Around **90% of our young children are nutrition hungry**. As per the evaluated National Family Health Survey, **only 9.6% of children in India have adequate diet as shown in the figure** (**Adequate diet** = child 6-24 months fed either breast milk/source of dairy; and age-appropriate number of food groups and age-appropriate number of meals per day).

Fig: Changes in adequacy of complementary feeding for children 6-24 months of age, 2006 - 2016, by state



Adequate diet = child 6-24 fed either breast milk / source of dairy; and age-appropriate number of food groups and age-appropriate number of meals per day NFHS-3 indicator calculation by IFPRI; NFHS-4 indicator as reported in fact sheets.



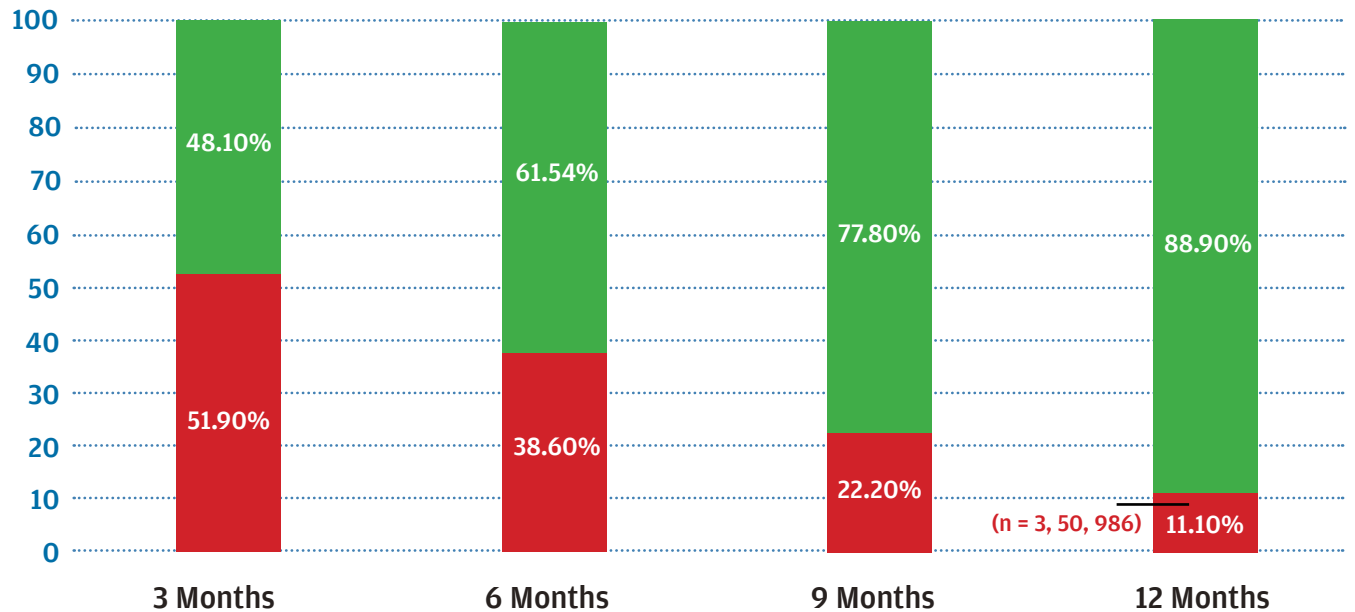
Norway India Partnership Initiative (NIPI) conceptualised a continuum of care innovative packaging model till one year named as "Home Based Infant Care" (HBNC+). This was implemented as a 'demo innovation' in 13 districts of 4 states of Bihar, Madhya Pradesh, Odisha and Rajasthan. Tasks that were performed by the community health worker ASHA under HBNC+ included:



1. Ensure Growth Monitoring and its recording in the Mother and Child Protection (MCP) card
2. Promote Infant and Young Child Feeding practices (IYCF) practices through exclusive breastfeeding till 6 months
3. Initiate complementary feeding at 6 month of age - **with focus on ensuring adequacy of diet**
4. Promote and provide Iron and Folic Acid (IFA) supplementation, starting at 6 month of age
5. Provide Oral rehydration Salt (ORS)S packet to the family and demonstrate ORS preparation
6. Promote Early Child Care and age appropriate Development (ECD) through adequate play and communication with infants
7. Promote home infant care and hygiene practices such as hand washing
8. Ensure age appropriate immunization.

To analyse the nutritional status (weight-for-age), a descriptive analysis was done by NIPI. A cohort of approximately 350,000 infants between 3 and 12 months of age provided home visits under HBNC+. The results of the study showed that at 3 months of age, out of 3,50,986 infants provided home visits, 1,82,049 (51.9%) were **underweight as per WHO definition with weight for age z-score  $\leq -2$  SD; this was reduced to 11.1% at 12 months of age in the same cohort.**

## IMPROVEMENT IN WEIGHT FOR AGE AMONG INFANTS (3 -12 MONTHS)



■ Underweight Infants

■ Infants with normal weight



The study concluded that catch-up growth in terms of weight-for-age among malnourished children is possible within one year of age. Frequent contacts with the health care functionaries through home visits may result in this improvement. As a way forward under NIPI Phase 3, NIPI team is supporting all the intervention states to ensure that HBNC+ innovation, now named as Home Based Care for Young Children (HBYC), is scaled up.

The study has been published in a peer reviewed international Journal, Indian Paediatrics and below is the link of the published paper:

<https://www.indianpediatrics.net/epub012021/RP-00281.pdf>

# Glimpse of NIPI Supported activities

## Home Based Care of Young Child Assessment - Odisha



## Home Based Care of Young Child Assessment - Rajasthan



## Situational Analysis Jammu Division



## Family Participatory Care Assessment - Odisha



# Joining Hands Against COVID-19



Government of India launched the largest vaccination drive against COVID-19 on 16th January 2021. Prior to this, Government of India has issued directives to all states to constitute state/ district task forces to assess the preparedness for vaccination, trainings, awareness generation and monitoring vaccination sessions. National and state government have given responsibilities to development partners for successful implementation of largest vaccination drive. NIPI is one of the key partners at national and in 5 of the program states supporting the vaccination campaign. Team NIPI has been consistently supporting the National and state government in policy making, awareness generation, capacity building, trainings & monitoring.

## Highlights of NIPI Support in COVID-19 Vaccination Drive

NIPI as a technical partner is a key member of National and State task force committees constituted for monitoring COVID 19 vaccination related activities. The teams have been attending meetings on a regular basis and providing feedback to implement the vaccination drive seamlessly at both State and National level.



*Monitoring of Vaccination Session - Bihar*



*Monitoring of Vaccination Session- Odisha*

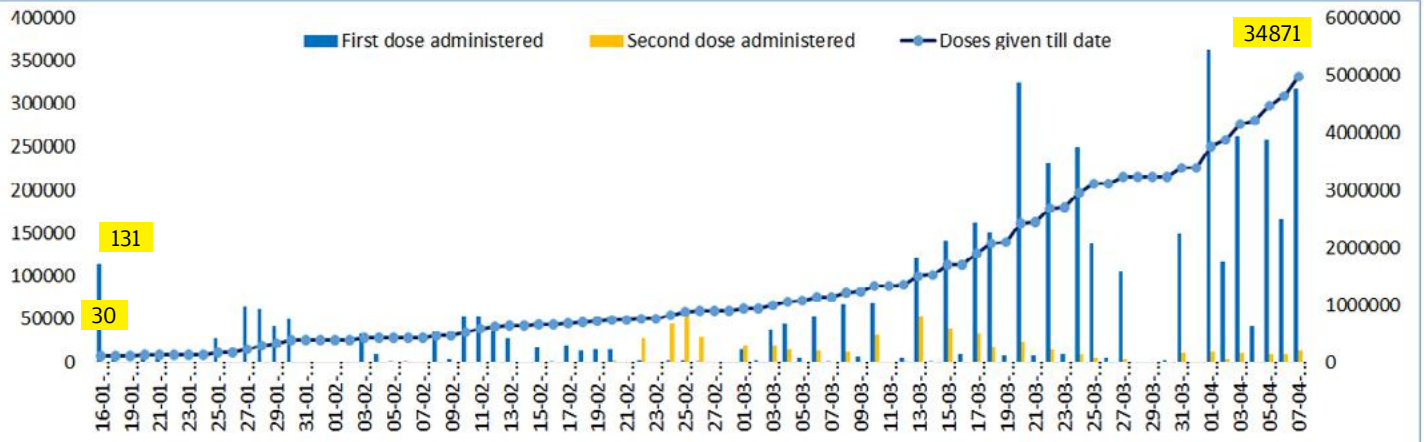


*Monitoring of Vaccination Preparedness- J&K*

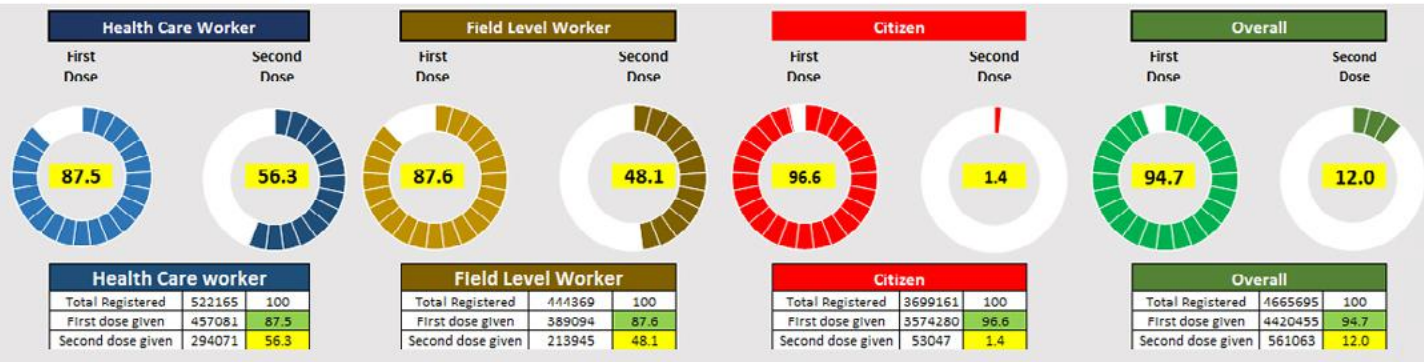
Monitoring of vaccination drive in terms of session held against planned, number of beneficiaries getting 1st and 2nd dose, Average vaccine being given per site both in public and private sector is critical to tracking the district wise vaccination performance. NIPI supported NHM Madhya Pradesh in designing COVID vaccination monitoring dashboard. MD NHM has asked the State Routine Immunization Joint Director to upload this analysis and Dashboard on SARTHAK Portal (Sarthak is Government of MP digital portal and use for decision making).



# COVID 19 vaccination Dash board - Madhya Pradesh



Division wise	Name of District				
Bhopal	Agar	Chhatarpur	Hoshangabad	Narsinghpur	Sconi
Gwalior	Alirajpur	Chhindwara	Indore	Neemuch	Shahdol
Indore	Anuppur	Damoh	Jabalpur	Panna	Shajapur
Jabalpur	Ashoknagar	Datia	Ihabua	Raisen	Sheopor
Rewa	Dalaghat	Dewas	Katni	Rajgarh	Shivpuri
Sagar	Barwanl	Dhar	Khandwa	Ratlam	Sidhi
Ujjain	Betul	Dindori	Khargone	Rewa	Singrauli
	Bhind	Guna	Mandla	Sagar	Tikamgarh
	Bhopal	Gwalior	Mandsaur	Salria	Ujjain
	Burhanpur	Harda	Morena	Sehore	Umaria



NIPi supported orientation & trainings of health workers for COWIN application use along with regular technical support to COVID vaccination centers in troubleshooting of COWIN Portal as and when required in all intervention states. Orientation of Community Mobilizers (ASHAs) on importance of COVID 19 vaccination to mobilize people for vaccination was also provided.



Training of Health workers on COWIN portal- J&K



Orientation of ASHAs on importance of Vaccination- J&K

- In Bihar, NIPI team supported establishment of Vaccination site in 6 CGHS empaneled hospitals and in Patna High court.
- Bihar NIPI team followed up with 10 districts (Katihar, Khagaria, Kishanganj, Lakhisarai, Madhepura, Madhubani, Munger, Muzaffarpur, Nalanda, Patna) for updation of Google spreadsheet to collect COVID vaccination reports 3 times in a day.
- Supported states in preparation of reports related COVID vaccination.
- Facilitated registration and verification process on COWIN Portal for COVID vaccination of CM, Deputy CM, Judges along with NHM Bihar.



COVID 19 Vaccination Drive- Bihar





Promoting Health in India



A health initiative between Government of India and Government of Norway, the Norway India Partnership Initiative (NIPI) aims to innovate and scale up quality continuum of care for Maternal, Newborn and Child Health in India

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