

CONTINUING SUPPORT TO ACHIEVE QUALITY OF RMNCHA+N SERVICES





t is pretty evident that in the last two years, the COVID-19 pandemic has led to disruption of health services, at varying scale, across the globe. With approximately 25 million pregnancies and births per year in India, primarily at public health facilities, it is imperative that key health services continue to function. The Ministry of Health & Family Welfare and State National Health Missions have ensured provision of essential routine RMNCHA+N services alongside managing the COVID-19 pandemic so that national and global commitments in health are reached.

The Norway India Partnership Initiative (NIPI) supports the governments at the national and state level in implementing key initiatives under NHM's RMNCHA+N strategy in states of Rajasthan, Bihar, Madhya Pradesh, Odisha and Union Territory of Jammu & Kashmir with innovative approaches and solutions that leverage technology. In Madhya Pradesh, Odisha and Bihar, NIPI is supporting the state NHMs in piloting a Decision Support System (DSS) for Community Health Officers to improve evidence based management of common maternal and child health conditions. NIPI also introduced Pediatric COVID-19 Chatbot for timely identification of high risk cases by health workers in Bihar and supported assessments of Health and Wellness Centers (HWCs) using mobile based Open Data Kit (ODK) application to provide quick analysis and results towards strengthening of Comprehensive Primary Health Care (CPHC) in Jammu and Kashmir.

NIPI supported the states of Bihar & Madhya Pradesh in furthering certification of Labour Rooms under LaQshya and strengthening of newborn services, including key practices such as Family Participatory Care (FPC), at Newborn Stabilization Units (NBSUs) in Odisha, Special Newborn Stabilization Units (SNCUs) in Odisha, Madhya Pradesh, Bihar and Rajasthan. NIPI is working with NHM Madhya Pradesh to strengthen maternal & child death reporting and reviews and is supporting all states in scale-up of Home Based Care of the Young Children (HBYC). The delegation from Royal Norwegian Embassy also visited NIPI project activities in Rajasthan in March 2022.

This newsletter will provide glimpses of NIPI supported work during January- March 2022.

Glimpses of field visit by Delegation from Royal Norwegian Embassy

Witnessing impressive results of NIPI's work in Maternal and Child Health in Rajasthan

Norwegian Development Policy accords health as high priority among its five thematic areas. The Royal Norway Embassy (RNE) is supporting the SDG 2030 agenda in India and promoting maternal and child health through Norway India Partnership Initiative (NIPI), a bilateral partnership between the two countries since 2006. The Norway Embassy delegation consisting of Deputy Chief of Mission Ms Martine Bottheim, Counsellor Ms Marit Strand and Adviser Mr Suresh Mathevan visited NIPI project activities in Rajasthan in March 2022. As part of the two-day visit, various NIPI supported initiatives were witnessed up close in Alwar and Jaipur districts.

In Alwar, the delegation visited village Chikani and interacted with community health workers (ANM, AWW, ASHA) to learn of various services being provided by them in the community. The delegation also undertook visits to few households to understand the various components of HBYC program and its implementation. Thereafter, the team visited the Sick and Newborn Care unit, AANCHAL Mothers Milk Bank and the Emergency Triage Assessment and Treatment center at the Children Hospital along with district health officials and appreciated the quality of the care being provided at the public institution.

In Jaipur, the delegation interacted with Mission Director, National Health Mission on various priorities in health and appreciated the quality work being done by health functionaries in the communities. They also visited the upgraded SNCUs at JK Lon Hospital and met with doctors, staff nurses and the counselor at the Human Milk Bank unit and applauded their dedication and hard work in saving more and more newborns.

Concluding the visit with a meeting with the Health Secretary, Rajasthan, the delegation shared the background of NIPI and NIPI's goals and objectives and the learnings from the two-day field visit appreciating the maternal, newborn and child services being provided in the communities by Govt of Rajasthan.



Interaction with ASHAs and Anganwadi Workers at Village Chikani, Block Kishangarh Bas, District Alwar.

Visit to beneficiaries of Home Based Care of Young children (HBYC) program at Village Chikani, Block Kishangarh Bas, District Alwar.





Visiting Family Participatory Care (FPC) Centre at SNCU District Hospital, Alwar. Meeting with Shri Nannu Mal Pahadia, District Collector, Alwar and Dr. O. P. Meena, Chief Medical and Health Officer, Alwar.





Visit to J K Lon Auditorium, SMS Medical College, Jaipur, which was renovated with NIPI support.

Meeting with Shri Ashutosh A.T. Pednekar, Secretary, Medical and Health, Rajasthan.





Visit to Special newborn care unit (SNCU), J K Lon Hospital, SMS Medical College, Jaipur.



Meeting with Dr. Jitendra Kumar Soni, Mission Director and state officals NHM, Rajasthan.



Visit to Aanchal Mothers Milk BANK in District Women Hospital Alwar.

Glimpse of our key activities from January - March 2022



Since the emergence of COVID-19 pandemic, Government of Bihar has been proactive in responding to this global crisis and has undertaken several initiatives including introduction of innovative solutions for identification of suspected cases, testing high-risk population and isolating COVID-19 positive cases to minimize disease transmission. It is equally important that the health system can quickly triage and screen potentially high-risk populations to identify transmission pockets and take necessary measures swiftly and timely.

The fight against COVID-19 in India as well as in Bihar has been a challenge due to poor community awareness about symptoms, warning signs, time taken to seek care and sub optimal adherence to COVID-19 appropriate behaviour and quarantine protocols. MoHFW has issued guideline for paediatric COVID-19 management for which implementation at the field level is a bigger challenge considering the scarcity of resources in Bihar.

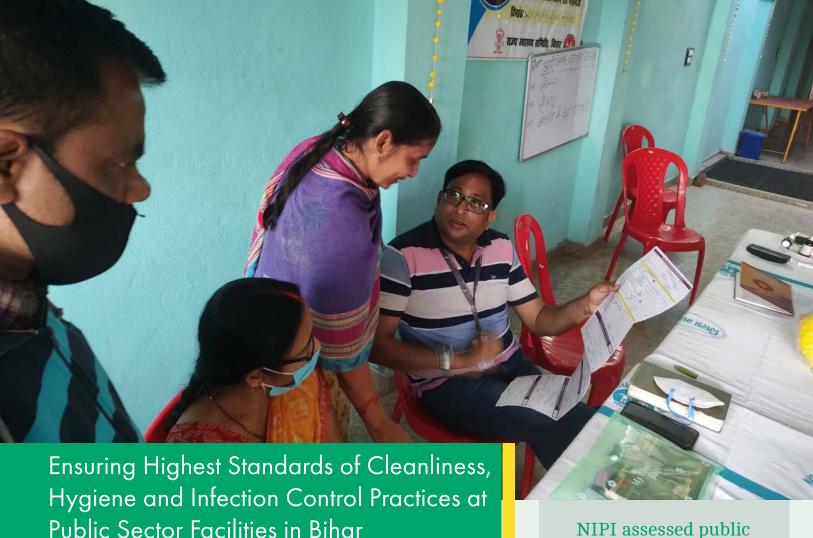
Under the objective on innovation, Norway India Partnership Initiative is supporting National Health Mission, Bihar in identifying suspected COVID-19 cases by deploying innovative solutions and thus limiting the transmission.

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NIPI developed a user-friendly tool the Swasthya Mitra Chatbot for screening of suspected COVID-19 cases among pediatric population



Discussion with frontline workers on use of the Swasthya Mitra Chatbot application



large section of populations seeks access to health services at public sector health facilities. To ensure highest standards of care to minimize spread of infection during visits at these facilities and to provide an experience of hygienic environment as well as to promote practices of cleanliness in these facilities, the Kayakalp program is being implemented by National Health Mission, Ministry of Health & Family Welfare. Kayakalp is aligned with Government of India's Swachh Bharat Abhiyan initiative which was launched by Honourable Prime Minister of India in October 2014. Under Kayakalp, public health facilities demonstrating high levels of cleanliness, hygiene and infection control practices are recognized and rewarded.

The facilities included under Kayakalp are assessed once a year to assess if the program objectives are met. To assess the 20 selected facilities in 6 districts, State Health Society Government of Bihar (SHSB) formed an external assessment team consisting of SHSB officers and members from various development partners.

NIPI being a technical partner of SHSB supported this external assessment of Kayakalp program in two district hospitals (DH) of Khagaria and Kaimur and two Community Health Centers (CHC) Karakat and Shivsagar, both in district Rohtas. NIPI team visited and assessed the abovementioned facilities on the key areas included under Kayakalp.

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NIPI assessed public
health facilities on the
key areas included under
Kayakalp such as hospital
upkeep, sanitation &
hygiene, support services,
waste management and
infection control



Visit to Community Health Center, Karakat



aQshya program, initiated in 2017, aims to reduce maternal and new-born morbidity and mortality by improving quality of care around birth in labour rooms (LR) and maternity operation theatres (MOTs). In Bihar, LaQshya is being implemented at 167 high delivery load facilities in 38 districts. Norway India Partnership Initiative (NIPI) is supporting the State Health Society Bihar, in mentoring of six LaQshya facilities, five in aspirational and one in non-aspirational district with an aim to achieve national certification.

In view of the same, a mentoring visit by a team, led by SHSB, at district hospital Muzaffarpur was undertaken on 28th & 29th January 2022. The assessing team comprised of one member from NIPI team, an external assessor and a representative from regional coaching team. At the district hospital, to assess the facility, the team undertook visits to LR, MOT, Wards, OPD area, interviewed staff, nurses and doctors and reviewed service delivery records as per the LaQshya assessment guidelines. During the assessment, the team noted that the LR and MOT were clean and well maintained, though equipment was not calibrated, New Born Care Corner (NBCC) area was well equipped with essential medicines & equipment, central O² supply and prescribed IEC material was available at LR and adequate signage was found at most places across the facility. Documentation of services was being done at the district hospital but wasn't complete in all respects.

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NIPI is supporting the State Health Society Bihar in mentoring of 6 LaQshya facilities with an aim to achieve national certification



LaQshya assessment team sharing feedback with facility staff

OUR WORK IN THE STATE OF BIHAR



Mentoring visit to District Hospital, Muzaffarpur under LaQshya program



NIPI team presented NMR Reduction Strategy for Bihar to Hon'ble Health Minister, S. Mangal Pandey



Monitoring quality of HBYC ASHA trainings during a field visit to understand the use of HBYC card in SDH Baliya district Begusarai



Orientation and mentoring of Health Staff on LaQshya program at District Hospital, Aurangabad



Monitoring Quality of HBYC trainings in District Gaya



NIPI supported Refresher Cum Orientation training for SNCU health staff in 38 districts of Bihar



ndia is committed to achieving Universal Health Care for All by 2030. In 2018, the Government of India renewed its commitment to Universal Health Coverage by announcing the launch of Ayushman Bharat Yojana (ABY). Under this initiative, existing 1,50,000 health facilities, Sub-Centres (SCs) and rural & urban Primary Health Centres (PHCs) are being upgraded into Health & Wellness Centres (HWCs) across the country to provide comprehensive primary health care in communities. This transformation is aligned with national and international commitments to strengthen delivery of primary health care services, including disease prevention and health promotion.

In Jammu and Kashmir (J&K), currently 1,290 HWCs are functional in 20 districts. The National Health Mission (NHM), J&K assessed preparedness of these functional HWCs in January & February 2022 with technical support from Norway India Partnership Initiative (NIPI). The assessment covered domains of Drugs and Consumables, Diagnostic Services, Service Delivery, COVID-19 Activities, IT Systems, Infrastructure, Human Resources and Trainings as prescribed in CPHC guidelines. The assessment helped in gaining insights on readiness of the health system, existing gaps and key bottlenecks in delivering quality comprehensive primary health care to people of J&K.

For the assessment, 140 functional HWCs (95 SCs and 45 UPHC/PHCs) from 45 blocks of 20 districts were randomly selected.

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NIPI supported NHM, J&K in assessing readiness of the health system, existing gaps and key bottlenecks in delivering quality comprehensive primary health care services at Health & Wellness Centers





OUR WORK IN THE UNION TERRITORY OF JAMMU & KASHMIR





NIPI supported NHM and Health Department, J&K in conducting assessments of Health and Wellness Centers





NIPI participated in progress review meeting of aspirational district, Baramulla chaired by District Development Commissioner



Monitoring visit in Srinagar with Mission Director, NHM during combined entrance exam for mid-level health providers for bridge course



Participation in roll-out meeting of Ayushman Bharat Digital Mission (ABDM) chaired by ACS on National Digital Health Mission (NDHM) in Sher-i-Kashmir Institute of Medical Sciences



he National Health Mission (NHM) and Health Department, Government of Rajasthan is undertaking intensive efforts to reduce newborn and child mortality. State is implementing Facility Based Newborn Care at Special Newborn Care Units (SNCU), Newborn Stabilization Units (NBSUs), Newborn Care Corners (NBCC), and Regional Newborn Care Resource Centres (RNCRC) across the state to further improve quality of facility-based care to ensure better child survival.

Led by the Child Health Division, the NHM undertook assessments of the ongoing facility and community level child health programs across the state. The assessments were conducted by a 3-member team assigned to each of the 34 districts from 5th to 27th January 2022. The Norway India Partnership Initiative, NIPI team led the activity in the districts of Ajmer, Dausa and Sawai Madhopur.

In Ajmer, assessments at RNCRC Beawar along with three SNCUs-SDH Kishangarh, DH Kekdi and DH Beawar were conducted. Assessments were also conducted at seven NBSUs of Ajmer district (CHCs Sarwar, Sawar, Todgarh, Nasirabad, Bijainagar, Pisangan and Pushkar). In district Dausa, SNCU at DH Dausa with five NBSUs (SDH Lalsot, CHCs Sikandara, Bandikui, Mahwa and Paparda) were assessed.

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NIPI supported NHM
Rajasthan in assessing
the ongoing facility and
community-level child
health programs in
districts of Ajmer, Dausa
and Sawai Madhopur.



Meeting with SNCU in-charge of District Hospital, Beawar



aking learnings from the past COVID-19 waves, Government of Rajasthan has planned to strengthen and equip health systems further for efficiently and effectively to manage any future COVID-19 waves. National Health Mission (NHM), Rajasthan with support of Norway India Partnership Initiative (NIPI) and other development partners conducted a state-wide assessment of the health facilities to measure the COVID-19 preparedness.

Mission Director NHM, Rajasthan guided these state-wide assessments of public health facilities (district hospitals, sub-district hospitals and community health centers) from 1st to 5th January 2022. For each of the 34 districts in the state, a team consisting of three members was constituted to assess 3 to 4 facilities in the assigned district. One member from each team was assigned as the team lead to coordinate the assessment in the allotted district as well as to share the assessment findings with the district authorities. NIPI team led assessments at 14 facilities in four districts of Alwar, Chittorgarh, Jodhpur and Kota (4 each in Alwar & Jodhpur and 3 each in Chittorgarh & Kota). Each assessment at a facility included examining the preparedness with respect to availability of trained manpower, formation of various recommended teams, availability of infrastructure such as (oxygen beds, oxygen concentrators and cylinders, oxygen generation plants), consumables (PPE kits, N-95 masks, surgical masks, test kits, sanitizer, hypochlorite solution), drugs, various instruments and COVID-19 appropriate behavior.

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NIPI supported NHM,
Rajasthan in conducting
assessment of 14 health
facilities in districts
of Alwar, Chittorgarh,
Jodhpur and Kota to
measure COVID-19
preparedness



Assessment visit to District Hospital, Chittorgarh

OUR WORK IN THE STATE OF RAJASTHAN



Participation in discussion on gender issue during National Girl Child Day in District Sawai Madhopur



NIPI facilitated training session on Family Participatory Care in District Sawai Madhopur



NIPI conducted training and assessment of SNCU in Ganga Nagar



NIPI team conducting assessment of SNCU & orientation of staff at District Hospital, Jhunjhunu





Training of Health Staff on Family Participatory Care at Government Medical College, Kota



NIPI Supported state-level HBNC/HBYC review meeting



NIPI facilitated HBYC review meeting to ensure timely action for improvement in District Jhunjhunu





LaQshya mentoring and Capacity Building of Health Staff in CHC Rajgarh District Churu



naemia and under-nutrition in children is highly prevalent in Odisha. According to NFHS-5 (2020-21), 36% children are stunted, 19% are wasted and 32% are underweight in India. The same accounts for 31%, 18% and 30% in Odisha, respectively. Similarly, 67% children in India and 64% in Odisha are anaemic (NFHS 5). These rates are higher in the rural areas of Odisha (66%). As per National Deworming Day (NDD) guidelines, intestinal parasitic worms are one of the major causes for under nutrition and anaemia. These parasitic infections result from poor sanitation and hygiene conditions, and are easily transmitted among children when in contact with infected soil. Worms also affect the mental and physical development of children.

Each year, since February 2015, the Ministry of Health and Family Welfare (MoHFW), Government of India observes NDD on February 10th followed by 'Mopup Day' on February 15th with an aim of deworming all preschool and school-aged children from 1-19 years through Anganwadi centers and schools, respectively. This drive under the initiative aims to improve their overall health, nutritional status and quality of life. The NDD guidelines also recommend all states to conduct the biannual mass deworming by integrating it with the Vitamin-A prophylaxis of the children.

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NIPI supported NHM and Health Department of Odisha in monitoring the deworming campaign in districts







ewborn Stabilization Unit (NBSU) is an integral component of facility-based newborn care and plays a key role in stabilizing the sick and weak new-borns at a facility. NBSU is located within or in close proximity of the maternity wards at public health facilities. All First Referral Units (FRUs) and Community Health Centers (CHCs) are required to establish a NBSU in addition to the newborn care corner.

State of Odisha has 46 NBSUs across 30 districts and the Norway India Partnership Initiative (NIPI) is supporting NHM, Odisha in strengthening five poor performing NBSUs in five districts. These NBSUs are CHC Kesinga, SDH Kuchinda, CHC Muniguda, Sub-district Hospital (SDH) Talcher, SDH Hindol in districts Kalahandi, Sambhalpur, Rayagada, Angul and Dhenkanal, respectively. NIPI is working closely with NHM to mentor staff posted and working in NBSUs and in conducting orientations in virtual mode as well as reviews during COVID-19 pandemic. In March 2022, NIPI with other NHM officials undertook assessment of the performance of various NBSUs.

It was observed that performance of assessed NBSUs has increased substantially over a period of one year. The average number of admissions observed during assessment in March 2022 are: 39 in Kesinga, 32 in Kuchinda, 22 in Talcher, 35 in Muniguda and 7 in Hindol whereas in March 2021 it was 9, 17, 5, 24, 3, respectively.

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NIPI is supporting NHM, Odisha in reviewing and mentoring the staff posted and working in NBSUs by conducting their orientation periodically





OUR WORK IN THE STATE OF ODISHA



Facilitated state-level NBSU training of trainers in Bhubaneshwar



Health staff orientation at Public Health Centers in hard to reach areas on FPC/KMC activities





State-level LaQshya assessments of SDH Udala, Rairangpur and CHC Jashipur District Mayurbhani



NQAS assessment of PHC Gudugudia at Block Jashipur, District Mayurbhani



Review meeting of FPC/KMC activities in PHCs of hard to reach areas



mprovement of labor room (LR) practices at public health facilities is essential to improving the quality of intrapartum and post-partum care for pregnant women. The National Health Mission, Madhya Pradesh is focusing efforts to improve quality of care being provided at labor rooms at 22 district and sub-district facilities.

The state hopes to achieve national level LaQshya certification for these 22 facilities and Norway India Partnership Initiative (NIPI) is providing the required technical support. Led by NHM, NIPI is supporting these facilities in adhering to standard protocols and building skills of health staff in LRs. Three sub-district facilities, with NIPI's technical support, are now qualified for the national level external assessment. These facilities are Civil Hospital Biora, district Rajgarh and Community Health Center (CHC) Deosar, & CHC Chitrangi both in district Singrauli (remotely situated, nearly 700 kilometers from state headquarter).

The National level external assessments were conducted in March 2022 and NIPI provided the necessary support and facilitated the assessments. The assessments went satisfactorily; the External Assessors appreciated the work being done by medical officers and staff nurses for conducting more than 100 deliveries in a month without the support of any specialist. The assessors appreciated the documentation skills and knowledge of staff at these facilities as well.

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NIPI is supporting health facilities in adhering to standard protocols by building skills of health staff in Labor Rooms



Labour room assessment at CHC, Chitrangi



Group Photo after assessment at CHC, Deosar



overnment of India launched the "Maternal, Perinatal, Child Death Surveillance Response (MPCDSR)" portal for strengthening the reporting and review of maternal and child deaths on 29th October 2021. The portal is providing vital information related to maternal and child deaths in an integrated manner and in real time thus allowing continuous surveillance of the deaths.

In this regard Health Department and National Health Mission (NHM), Government of Madhya Praesh organized orientation of officials on the MPCDSR software virtually. Chief Medical and Health Officers (CMHOs), Civil Surgeons(CS), District Health Officers (DHO), Block Medical Officers (BMOs), Facility Nodal Officers, Divisional RMNCH+ Coordinators, District Programme Managers, District Community Mobilizers, Urban Assistance Programme Managers, District Monitoring & Evaluation Officers, Block Community Mobilizers and Block Programme Managers were oriented on MPCDSR portal. Nodal person of MDSR, M&E and data managers involved in MDSR process from medical colleges were also trained.

Form each division, more than 250 participants were oriented and from seven divisions of the state, more than 2,000 health staff involved in the maternal and child health programs were oriented.

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assistance in creating MPCDSR portal and made presentation on processes and data entry in new software



OUR WORK IN THE STATE OF MADHYA PRADESH





HBNC/HBYC induction training of CHOs on improving health of young ones





Orientation of new SNCU staff on strengthening FPC and importance of KMC & breastfeeding at District Hospital, Badwani



Virtual Divisional Orientations on Maternal, Perinatal, Child Death Surveillance Response (MPCDSR) software



HBNC & HBYC session during induction training of newlyposted Community Health Officers in Bhopal





VOICES FROM THE FIELD

Ensuring Continuum of Care for Newborns

Nearly 6,500 ASHAs, including Gomati, have been trained in Home Based Care for Young Children (HBYC) by NIPI. Gomati has been conducting visits in her village as an ASHA worker to monitor eligible children under 15 months of age. Seeing the encouraging results of the program, Government of Madhya Pradesh has scaled and implemented the HBYC program in all 51 districts of the state under the Atmanirbhar Bharat initiative.





I feel proud to be a part of the HBYC program as my relentless efforts as an ASHA worker has brought me recognition in my village. Many pictures of my field visits have been printed on the cover of HBYC module as a token of appreciation and recognition for my handwork. I have visited more than 65 children in my village since the inception of HBNC+ program in year 2013 and I wish to continue making structured visits to all eligible children in my village.

99

- GOMATI BASOR

ASHA Worker, Village Imaziri, District Narsingpur, Madhya Pradesh

Evidence-based decision making for Primary Healthcare with e-DSS

In an effort to aid Community Health Officer (CHOs) in complex decision making, eDSS (Decision Support System) aims to build and further their capacity patient management at community level. With technical support by NIPI, CHOs have effectively managed, early diagnosis and treatment of malnutrition and continuum of care.





Decision Support System for Community Health Officer is a mobile based tool developed by NHM, Madhya Pradesh and NIPI which aims to support the CHOs for timely identification and management of high-risk under-five children and mothers. This is also helping the CHOs like me to identify the SAM (Severe Acute Malnutrition) and MAM (Moderate Acute Malnutrition) children who otherwise would have been missed.



- DEEPALI MALVI

Community Health Officer, HWC Gajikhedi, District Sehore, Madhya Pradesh

Delivering Quality Health Services with Technology

To overcome the challenge of sub-optimal tracking of pregnant women throughout their pregnancy, the state of Odisha piloted integration of QR code in ANMOL application. NIPI national and state teams observed the training of frontline workers to gain understanding of facilitators and barriers from users Saha on 'ground zero'.





QR Code enabled ANMOL application and MCP card helped me a lot in updating the services given data (both mother and child) in ANMOL application quickly. This new feature has saved a lot of my time as I was able to make 100% data entry and that too without any duplicate record. I am grateful to NIPI team for all their support.



- TWINKLE SAHA

Community Health Worker (F), Nahandasole SC, Betnati Block, Mayurbhani, Odisha

Using an Innovative Approach for Cervical Cancer Screening

Evidence from developed countries and around the world shows that screening leading to early detection and treatment reduces chances of mortality. NIPI is supporting home-based screening of cervical cancer using HPV kits by training health workers in 'screen and treat' approach, sample collection and testing process.





I am happy that Cervical Cancer Screening through HPV kit is piloted in our Urban PHC area. Initially I was a little apprehensive regarding acceptance by the female population of this locality but after the success of the first camp, many eligible beneficiaries felt motivated. As a first step, all the ASHAs and Health Workers collected their own sample through self-collection HPV kit. Soon after that, I became confident and was able to collect 700 samples from my area. All the beneficiaries are appreciating this initiative as this program has the potential of saving precious lives as we are creating awareness regarding cervical health. I am thankful to the officials of NIPI and NHM Odisha for their relentless support in making this initiative successful.



- PRATIVA BISWAL

Health Worker (F), Ward No. 33, Thoria Sahi, Cuttack, Odisha

COVID-19 SUPPORT

Participation in COVID-19 Vaccination planning and monitoring meeting





Assessment of COVID-19 facilities in district Alwar, Kota & Chittaurgarh



COVID-19 Vaccination monitoring and Facility Preparedness Assessment at District Hospital, Badwani with Regional Joint Director



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

CONTACT US

Visit https://www.nipi-cure.org/ for more updates

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