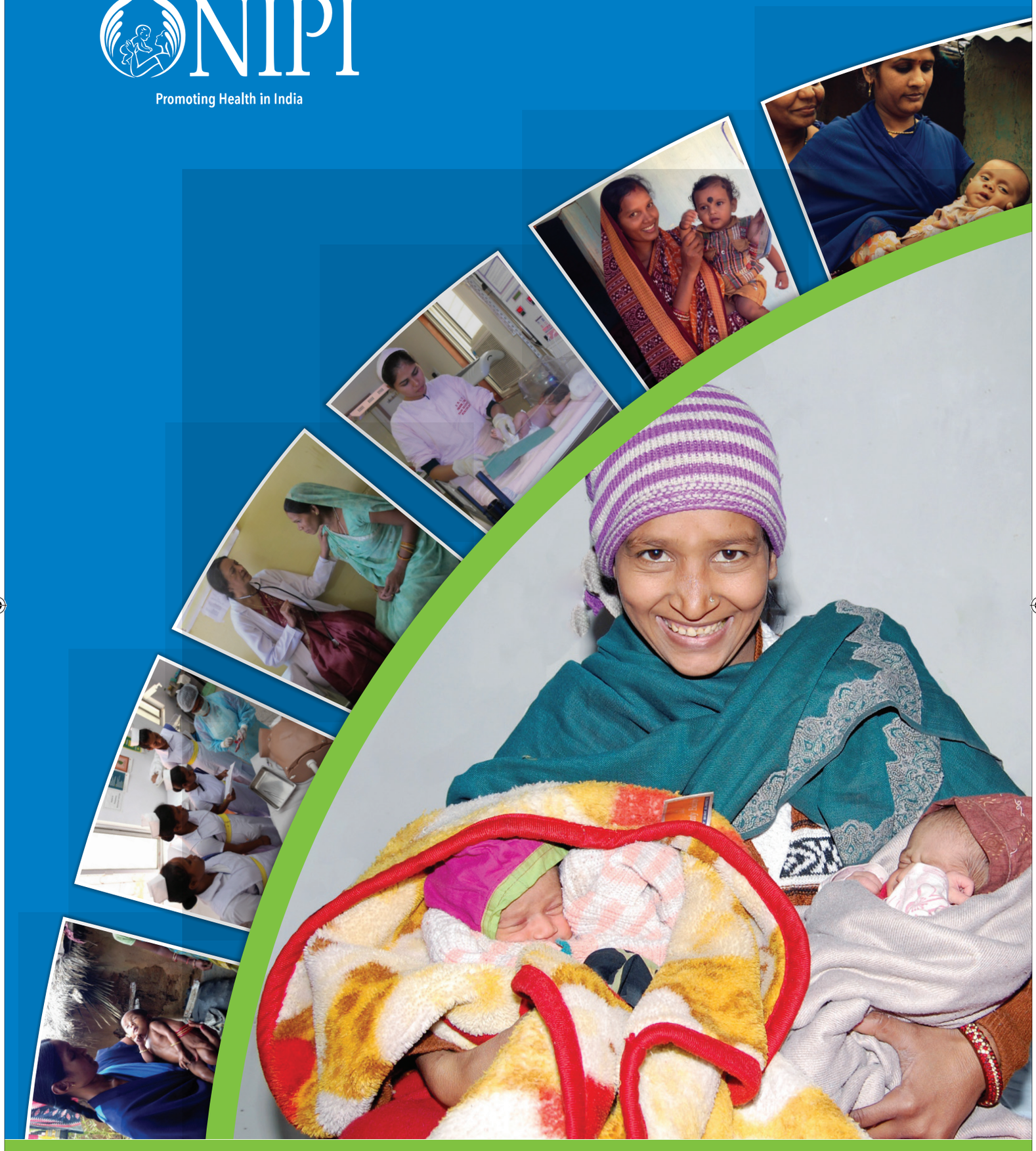
NIPI

Promoting Health in India



COMPENDIUM OF INNOVATIONS

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Main Picture - NIPI Newborn Project

Left – Right

a) NIPI Coordination Unit

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Contents

Credit: NIPI Newborn Project

Introduction

NORWAY INDIA PARTNERSHIP INITIATIVE (2013-2017)

In 2006, the Governments of Norway and India agreed to collaborate towards achieving MDG 4 to reduce child mortality based on commitments made by the Prime Ministers of the two countries. The Norway India Partnership Initiative (NIPI), aligned with Government of India's flagship National Rural Health Mission (NRHM), now National Health Mission (NHM), aims at facilitating rapid scale-up of quality newborn, child and related maternal health services in four high focus states, namely Bihar, Madhya Pradesh, Odisha, and Rajasthan.

An evaluation of the first phase of the initiative, spanning five years, revealed that NIPI has largely achieved its objectives of providing strategic, catalytic and innovative support to the NRHM. NIPI's efforts have helped increase focus on newborn health issues at state and national level.

In 2013, the initiative was formally extended to 2017, with NIPI continuing its focus on maternal, newborn and child health.

Approach

Testing innovations and providing strategic support to improve newborn, child and maternal health for scale-up by State and National Health Missions

Geographical Coverage

19 districts
across the states of
Bihar, Jammu and Kashmir, Madhya Pradesh, Odisha, and Rajasthan

Implementing Partners

- NIPI Newborn Project (IPE Global Ltd.)
- Jhpiego
- Public Health Foundation of India (PHFI)

NIPI Coordination Unit provides secretariat services to the governing board of NIPI

Credit: NIPI Coordination Unit

Monitoring and Evaluation

Robust monitoring and evaluation processes have been put in place with each implementing partner to document the results for long-term impact. The NIPI monitoring system focuses on:

- District and state level trends based on NHM indicators
- Programme performance at state and district level based on data from a NIPI programme information system
- Aggregate national and state level results

Some of the key reviews conducted till date include process evaluations of both phases of the initiative, baseline study of Phase II, mid-term review of Phase II, and impact evaluation on select interventions of Phase II.

NIPI Governing Structure

NIPI is governed by a Joint Steering Committee (JSC), chaired by the Secretary of Health and Family Welfare, Ministry of Health and Family Welfare (MoHFW), Government of India and co-chaired by the Ambassador of Norway to India. The state secretaries are the members of the NIPI governing board. The JSC is guided by a Programme Advisory Group (PAG) chaired by Additional Secretary and Mission Director, NHM and receives inputs from State Coordination Committee (SCC) in each NIPI state.

The NIPI Coordination Unit serves as a secretariat for the JSC, PAG and SCCs, performing executive functions on behalf of the JSC.


Credit: NIPI Coordination Unit


Credit: NIPI Coordination Unit

Officals from MoHFW (Government of India) and Ministry of Foreign Affairs (Government of Norway) at the signing of the letter of intent in Oslo on June 18, 2012

Key NIPI Innovations

- **Pre-Service Education in Nursing and Midwifery:** Technical support to improve quality of teaching and faculty and strengthening educational processes, infrastructure and clinical practices
- **Swasthya Slate:** Demonstration of impact of equipping frontline health workers with a m-health tool to improve quality of care
- **Home Based Newborn Care Plus (HBNC+):** An intervention package bundling key interventions for prevention of diarrhoea, pneumonia and malnutrition for infant care through home visitation by the community health worker
- **PPFP:** Revitalization of Post-Partum Family Planning (PPFP) Services
- **Sick Newborn Care Unit Plus (SNCU+):** Ensuring optimal care of small and sick newborns discharged from SNCUs through home visitation by health worker
- **Child Health Training:** Harmonization of child health training packages for MoHFW
- **RMNCH+A:** Technical support to the implementation of the National RMNCH+A Strategy in the state of Jammu and Kashmir

- **Newborn Care Resource Centre at State and District Level:** Strengthening District SNCU to expand their role in quality care to include supportive supervision of sub-district facilities
- **Strengthening Paediatric Care Services:** Assessment of the paediatric care services in NIPI states and establishing demonstration centres of emergency triage assessment and treatment (ETAT)
- **Technical Assistance to National Rashtriya Bal Swasthya Karyakram (RBSK):** Technical assistance at the national level for rolling out screening and treatment of birth defects, diseases, deficiencies and disabilities (the "4Ds") of children aged 0-18 years
- **Family Centred Care (FCC):** Empowering families to take care of small newborns
- **National Dakshata Programme:** Labour room strengthening and technical support to national Dakshata programme in Madhya Pradesh and Odisha

HBNC+: Improving Quality of Care for Child Survival and Development

NIPI Newborn Project

Approximately
1 million home
visits provided to
3,17,157
infants

The Home Based Newborn Care Plus (HBNC+) innovation packages multiple evidence-based interventions for improving survival and development of infants through incentivized structured home visitation by the community health worker, ASHA (Accredited Social Health Activist), at 3,6,9 and 12 months. HBNC+, targeting the key causes of childhood deaths, aims to reduce pneumonia and diarrhoea-related morbidity and prevent malnutrition through a set of evidence-based interventions.

Strategy

- Promoting Exclusive Breastfeeding for 6 months
- Ensuring continued breastfeeding and complementary feeding from 6 months
- Promoting routine immunisation
- Providing counselling for handwashing
- Facilitating prophylactic distribution of oral rehydration solution (ORS) and iron and folic acid (IFA) syrup
- Ensuring regular growth monitoring
- Promoting Early Child Care and Development (ECCD)

Monitoring and Evaluation

Internal periodic monitoring exercise: Four rounds of district level validation exercises conducted by the project team have revealed substantial improvements in child care practices against baseline findings.

District-level baseline and validation exercise findings

Indicators (%)	Baseline (Oct-Dec 13)	Periodic Monitoring Exercises 2014 - 2016			
		(Oct 2014)	(April 2015)	(Oct 2015)	(April 2016)
Households with infants received home visits by ASHA	29	95	98	97	98
Infants with an immunization card	67	90	79	86	91
Exclusive breastfeeding rate	72	64	81	83	89
ORS use rate during infancy	41	67	83	90	79
Age appropriate immunization	60	*	81	84	79
Timely initiation of complementary feeding	45	69	77	80	83
Infants provided bi-weekly Iron supplementation	*	6	60	61	55

** Data not available*


Credit: NIPI Newborn Project

Status

- **Tools:** Training materials for ASHAs and supervisors, operational guidelines and an online monitoring and analysing mechanism
- **Capacity Building:** 20,327 field functionaries trained under HBNC+ and 856 (100%) ASHA Supervisors / Facilitators trained under HBNC+ and SNCU+
- **Supportive Supervision:** 80,416 Supportive Supervision Visits conducted

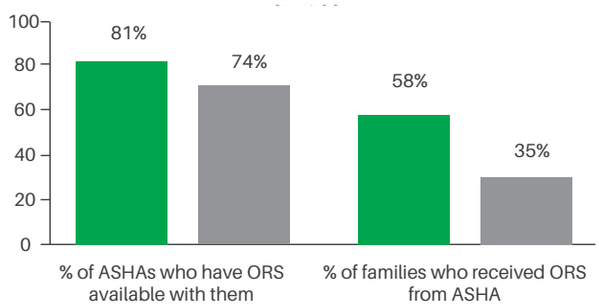
Major Activities	Total Achievements	State wise Achievements			
		Bihar	Rajasthan	Odisha	Madhya Pradesh
ASHAs trained	20,327	4,568	7,083	3,027	5,649
Supervisors trained	856	184	301	81	290
Infants received home visitation	6,30,198	1,31,624	2,48,943	93,325	1,56,306
Infants received 4 visits	4,34,808	1,00,101	1,67,627	63,741	1,03,339
ASHA received Supportive Supervision	13,801	3,742	2,779	2,750	4,530

Independent Evaluation of the HBNC+ innovation: Case Control Study in Rajasthan

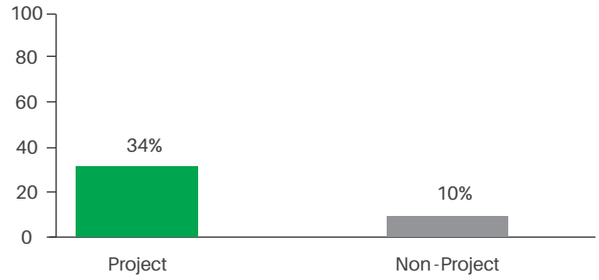
A case-control study done in Rajasthan by an independent research agency demonstrated that HBNC+ has demonstrated significant improvements in key indicators.

Findings of the Case Control Study of HBNC+ Programme in Rajasthan (Nov. 2015)

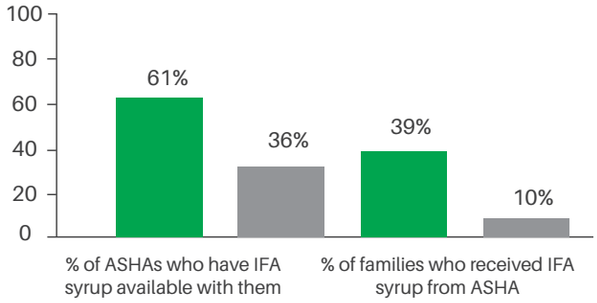
Availability of ORS with ASHAs and families



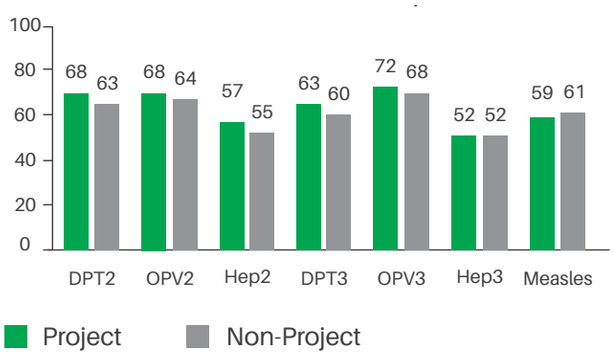
% of children given IFA syrup in last two weeks



Availability of IFA syrup with ASHAs and families



Administration of vaccines (for children aged 3 to 23 months)



An operational research through INCLEN (a research organization) is ongoing to evaluate the HBNC+ innovation for global learnings.

Scaling up

The HBNC+ innovation is planned to be scaled up in the states of Bihar and Madhya Pradesh across all districts. Madhya Pradesh will scale up the innovation in its current form, while Bihar will focus the innovation packeage on low birth weight infants. Rajasthan and Odisha intend to scale up the innovation in 10 and 3 districts, respectively.

In case of countrywide scale-up, 9.8% possible decline in <5 deaths by HBNC+ as extrapolated from LiST (The Lives Saved Tool)

There is a potential case for countrywide scale up of HBNC+:

- Tasks are doable: 70% HBNC+ children registered in MCTS reached in 2.5 years
- Significant increase in coverage of essential interventions
- High potential of reducing mortality (9.8%) and improving nutrition
- Streamlining of financial flow to ASHA
- Platform can be used for adding interventions

Strengthening Pre-Service Education in Nursing and Midwifery

JHPIEGO

Strengthened clinical skill development of GNM and ANM students in 140 institutions across 4 NIPI-supported states

NIPI in collaboration with Jhpiego provides technical assistance to the states of Bihar, Madhya Pradesh, Odisha and Rajasthan towards improving the quality of pre-service education (PSE) at scale for the nursing and midwifery cadre.

Strategy

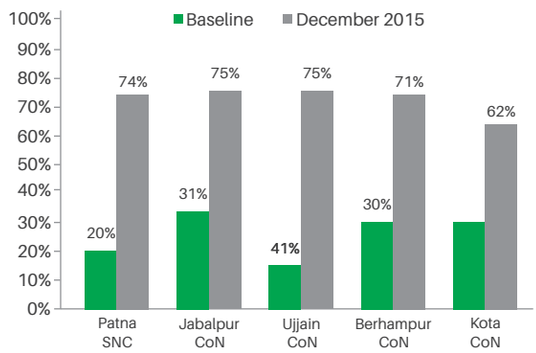
- Establish State Nodal Centre (SNC) of Excellence in four NIPI states
- Improve educational processes and infrastructure in 135 public General Nurse Midwifery (GNM) and Auxiliary Nurse Midwife (ANM) schools
- Strengthen clinical skill development of GNM and ANM students by strengthening the clinical practice sites
- Improve teaching skills, MNCH/FP knowledge and clinical skills of GNM and ANM faculty through a customized 6 weeks training at the National Nodal Centre (NNC)/ SNC

- Strengthen capacity building of the State Nursing Councils
- Support pilot of 6-month internship for ANM graduates passing out after 18 months of training in Bihar

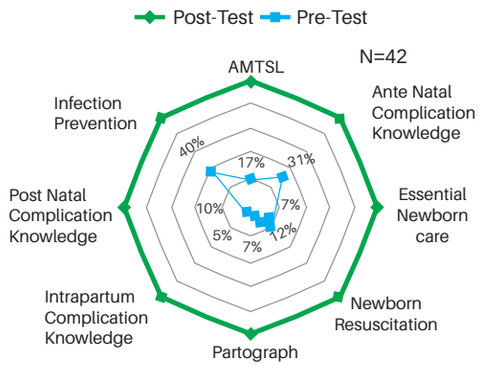
Status

- State Nodal Centres
  - » College of Nursing (CoN), Patna has been established and made functional in 2014 as SNC
  - » SNC Jabalpur (75.3%), Ujjain (75.3%) and Berhampur (71%) have achieved >70% of standards and are ready to start functioning as SNCs
- Improved educational processes and infrastructure in 135 ANM and GNM schools
  - » 8% (11/135) ANM/ GNM schools have already achieved >70% standards and 47% (64/135) have 50-69% standards.
  - » 34% (46/135) Skills Labs, 69% (93/135) IT Labs and 67% (91/135) functional libraries established
  - » Utilization of learning labs (skills labs and IT labs) by nursing students being ensured.
  - » Infrastructural strengthening ongoing in ANM/GNM schools in Madhya Pradesh, Rajasthan, Bihar and Odisha

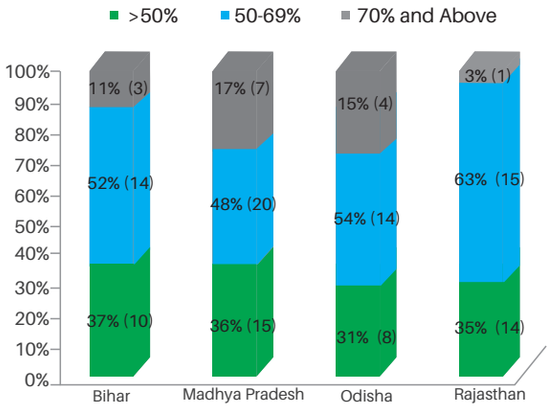
Strengthening status at SNCs in Bihar and Madhya Pradesh



Pre and Post Evaluation of Clinical Skills at SNC Patna



State-wise overall standards (%) achieved in nursing institutions



- Strengthened clinical skill development of GNM and ANM students in 140 institutions
  - » Clinical Skills Standardization completed at clinical sites of 130/135 (96%) targeted institutions
  - » 1,644 (402 faculty, 1036 staff nurses, 181 doctors and 24 others) trained for improving clinical practices
  - » 419 participants trained in 27 refresher Clinical Skills Standardization trainings in Madhya Pradesh and Bihar
  - » 134 faculties from four states have been trained in 6 week training at NNC/SNCs till date
  - » 16% (21/135) of ANM/GNM schools across 4 states have at least two 6-week trained faculties

- All faculties oriented on revised ANM syllabus and examination guidelines in the four NIPI states
- Regular state level Technical Advisory Group /State Coordination Committee meetings held to review and steer the process of PSE strengthening activities in all four states

Scaling up

Significant improvements in quality of PSE in public sector institutions in the four NIPI states warrant a focus on public and private institutions in non-NIPI states as well.

Standardized PSE operational guidelines, performance standards for guiding quality improvement process at targeted nursing institutions and other tools for implementation are readily available as resource materials.

Non-NIPI states like Assam, Gujarat, Haryana, Jammu & Kashmir, Jharkhand, Maharashtra, Tamil Nadu, Uttarakhand, and West Bengal have already initiated PSE strengthening. Setting up and strengthening of nursing cells/ directorates in all states, including non-NIPI states, needs to be accelerated to provide leadership and oversight to PSE strengthening interventions.

Focusing on private sector is imperative as private sector institutions account for almost 90% of total institutions, with nursing midwifery graduates passing out every year from these institutions across the country.

Credit: Public Health Foundation of India

Swasthya Slate: An End-to-End Digital Solution for Public Health

PHFI

Nearly 29,000 beneficiaries registered, 906 high risk pregnancies referred

Credit: Public Health Foundation of India

In collaboration with PHFI, NIPI is piloting an innovative technology to improve the delivery of reproductive, maternal, newborn, child and adolescent health (RMNCH+A) services in six high priority districts in Jammu and Kashmir, namely, Rajouri, Poonch, Doda, Kishtwar, Ramban and Leh. The innovation uses Swasthya Slate, a tablet device that can be used by a health worker, such as the ANM, to perform multiple activities related to diagnostics, health communication and data collection. The Swasthya Slate has the potential to revolutionize monitoring and reporting functions by employing on-the-spot digitization of data/patient records.

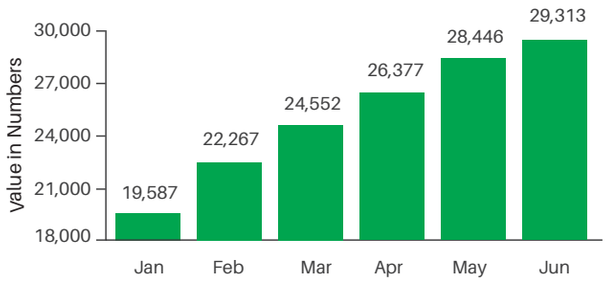
Key Components

- **End-to-end digitization solution for health care worker:** An ANM can register, deliver care, monitor and report using the tablet
- **Provision of point of care diagnostics:** An ANM can conduct all the tests required for antenatal care and postnatal care at a health centre
- **Supportive supervision of health workers through call centre** and intermittent visits by supervisors
- **Strengthening of referral and follow up,** key to early diagnosis and management of at-risk mothers

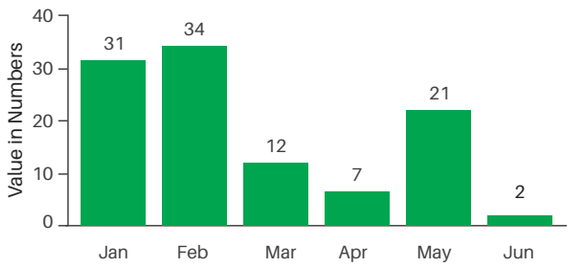
Status

- Nearly 29,000 beneficiaries registered
- 906 high risk pregnancies referred
- Tool in use by 525 ANMs

Care provided in six high priority districts of J&K (January - June 2016)



Intra Natal Care provided in the six high priority districts of J&K (January - June 2016)



Scaling Up

Set within a patient-centred and health system strengthening approach, the Swasthya Slate is an example of how ICT can empower health workers to provide timely services with quality, thus helping reduce maternal, newborn and infant mortality.

Dakshata: Strengthening the Quality of Care in Labour Rooms

JHPIEGO

Approximately
170 delivery
points across
27 districts
targeted

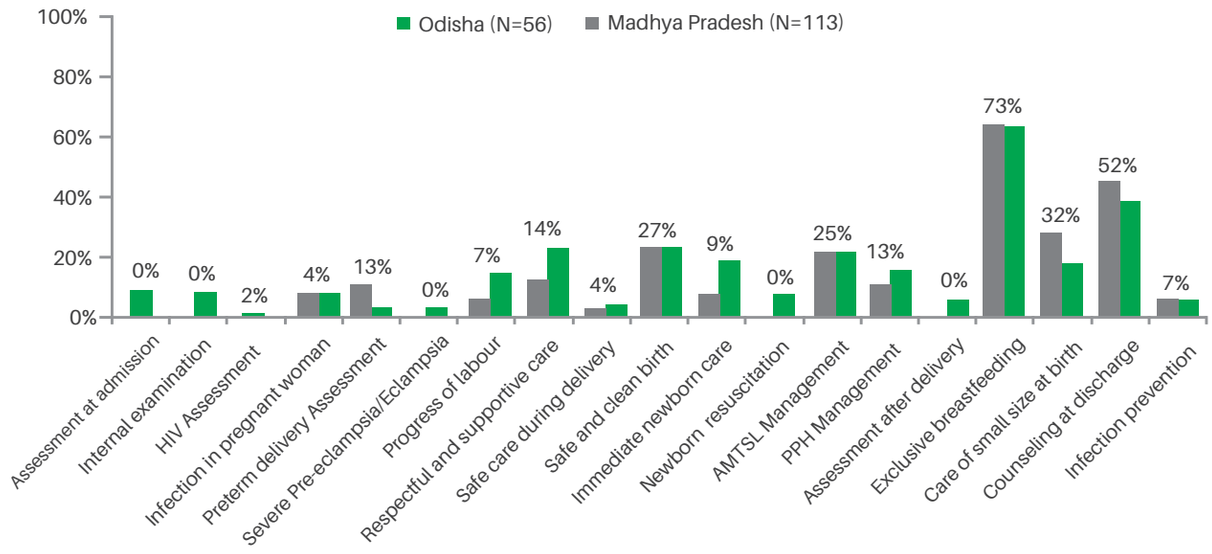
Given that most maternal and newborn deaths occur around and during delivery, quality improvement of childbirth services is critical. In line with the Government of India's strategic initiative, Dakshata, NIPI supports Jhpiego's Maternal Newborn Health program, which focuses on strengthening the quality of care in labour rooms in two NIPI focus states of Madhya Pradesh and Odisha.

NIPI-supported technical assistance by Jhpiego at the national level contributed significantly to the design of the Dakshata initiative, informed by learnings from Jhpiego's work with the World Health Organization on Safe Childbirth Checklist. NIPI also supported the rollout of Dakshata at the national and state levels.

Strategy

- Strengthening **competency** of service providers in labour rooms through training and onsite mentorship for translation of skills into practice
- Ensuring **availability** of resources necessary for essential practices
- Improving **adherence** to evidence-based practices through use of compliance tools
- Improving **accountability** through better data recording, utilization, and reporting

Percentage of Facilities Adhering to Evidence-based Practices (Baseline Assessment)



Status

- National/ State level launch of the initiative in Madhya Pradesh and Odisha with development of state operational plans
- Approximately 170 delivery points across 27 districts targeted for Dakshata implementation
- Learning Resource Packages (LRPs) developed for capacity building of health workers working in labour rooms in line with Dakshata operational guidelines
- District level programme sensitization meetings organized in target districts, engaging more than 700 key officials and health workers on Dakshata
- Facility assessments conducted in all 169 health facilities in the two states using the Dakshata programme tools to identify gaps relating to skills, resources, and infrastructure
- Remedial plans included as a part of state Programme Implementation Plans
- Five batches of training of trainers completed in these states training 60 master trainers
- 24 batches of training of District Hospital staff completed, training more than 350 health workers on life-saving practices
- Dakshata coordinators (quality improvement mentors), responsible for implementing the programme at the district level, have been deployed in all target districts in Odisha and some districts in Madhya Pradesh

Scaling up

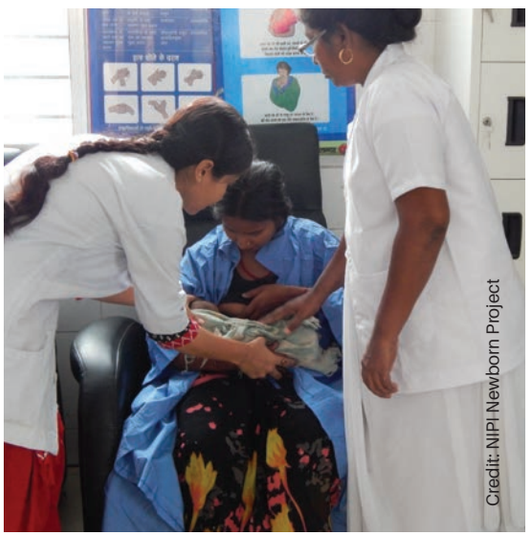
National guidelines, including packages for training, tools for periodic assessments, and tools for improving use of data for action, have been developed for Dakshata programme and will be implemented in six high focus states .The programme will be scaled up both within the NIPI supported states as well as additional states leveraging NHM resources and existing systems for ensuring sustainability.

Within NIPI focus states of Madhya Pradesh and Odisha, the programme will be scaled up beyond current 15 and 12 high priority and NIPI focus districts, respectively, using NHM resources. Apart from two NIPI focus states, the programme is being implemented in Andhra Pradesh, Maharashtra and Rajasthan through NHM resources.

Family Centred Care: Empowering Families to Take Care of Small Newborns

NIPI Newborn Project

2,209 mothers/ parents received FCC sessions in four states



Sick and low birth weight newborns are highly vulnerable and require careful nurturing in order to survive the neonatal period and first year of life. Evidence shows that improved communication and involvement of parents in their baby's care can reduce the length of stay and need for re-hospitalisation of newborns in the neonatal unit.

Family Centred Care (FCC) provides a setting wherein the family is empowered for newborn rearing practices. FCC creates a developmentally supportive environment for the sick baby and is responsive to the family needs.

The NIPI Newborn Project has implemented FCC innovation in five district hospitals in Bihar, Madhya Pradesh, Odisha and Rajasthan.

Strategy

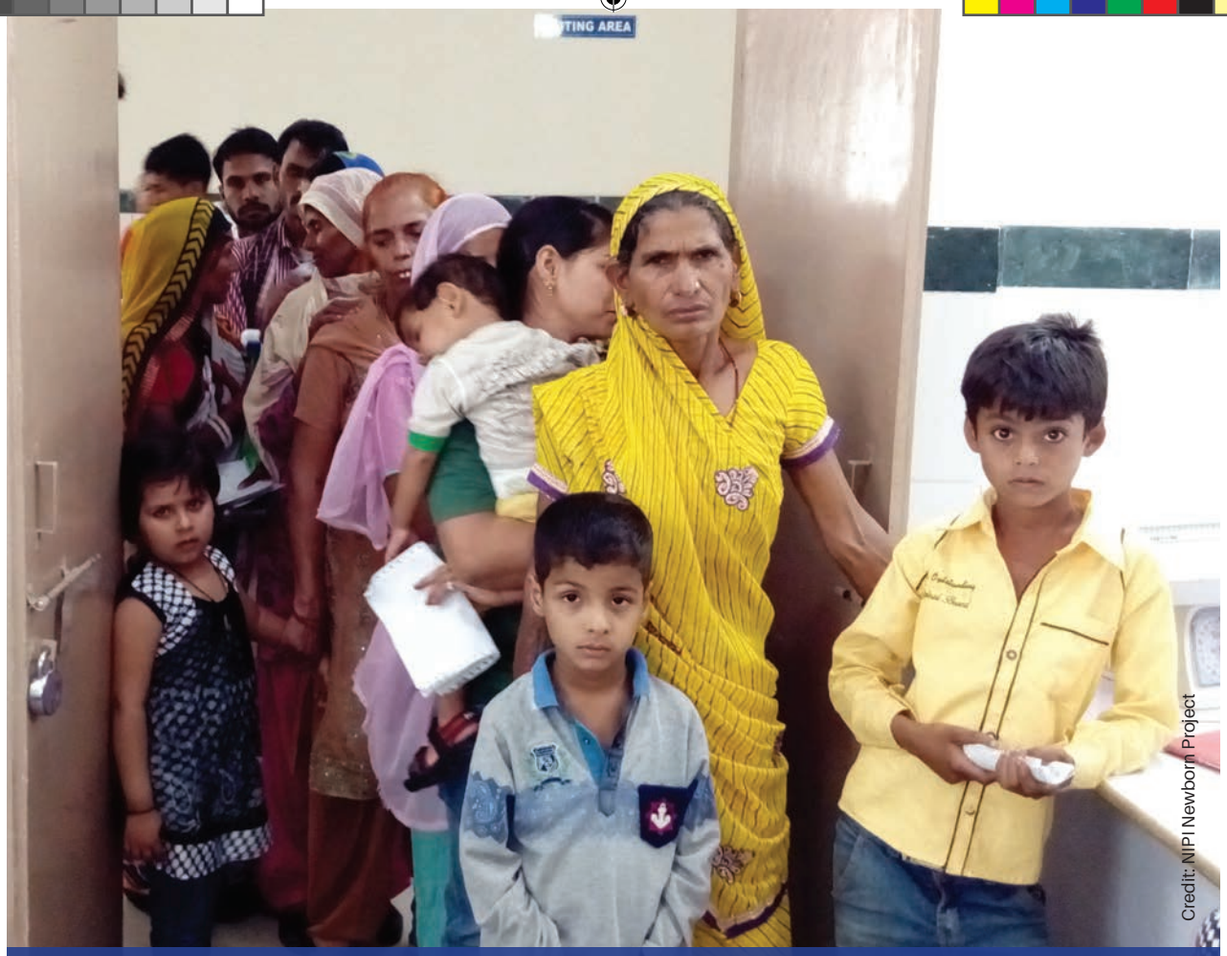
- Moves from a predominantly provider-centric to a shared model of newborn care, where parents and providers work together to ensure the well-being and survival of the most vulnerable newborns
- Builds upon Kangaroo Mother Care (KMC) and optimal feeding for low birth weight babies
- Designed to align with India Newborn Action Plan 2014

Status

- **FCC implementation** has been initiated in five district hospitals (Alwar, Hoshangabad, Jharsuguda, Nalanda, and Raisen)
- **Tools:** Operational guidelines, FCC training package and audio-visual teaching aids for parents-attendants have been developed in technical collaboration with Ram Manohar Lohia - Postgraduate Institute of Medical Education and Research
- **Infrastructure:** Required gap support in infrastructure has been provided
- **Capacity Building:** Training of trainers, followed by training of all doctors and nurses positioned at the five Sick Newborn Care Units (SNCUs) have been accomplished
- **Data monitoring** system has been set up to track progress
- **Implementation results:**
  - » FCC established in five SNCUs
  - » 2,209 mothers/parents received FCC sessions till March 2016
  - » Initial assessment shows that breastfeeding and KMC rates have improved

Scaling up

All four NIPI implementing states (Bihar, Madhya Pradesh, Odisha and Rajasthan) have plans for scaling up FCC using existing NHM funds.



Credit: NIPI Newborn Project

Strengthening Paediatric Care Services

NIPI Newborn Project

Emergency Triage and Treatment of children established in five District Hospitals

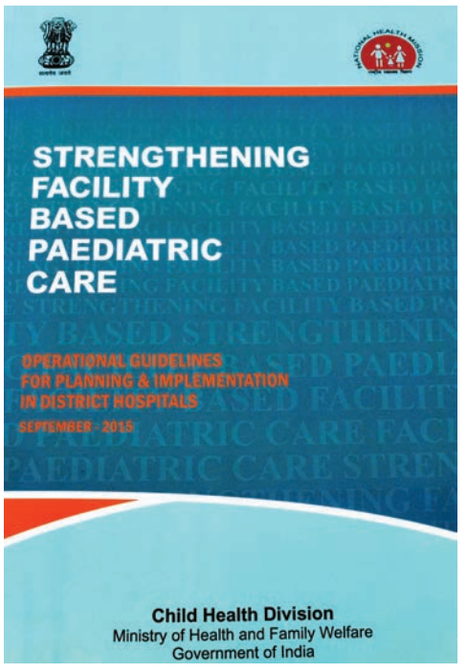
Credit: NIPI Newborn Project

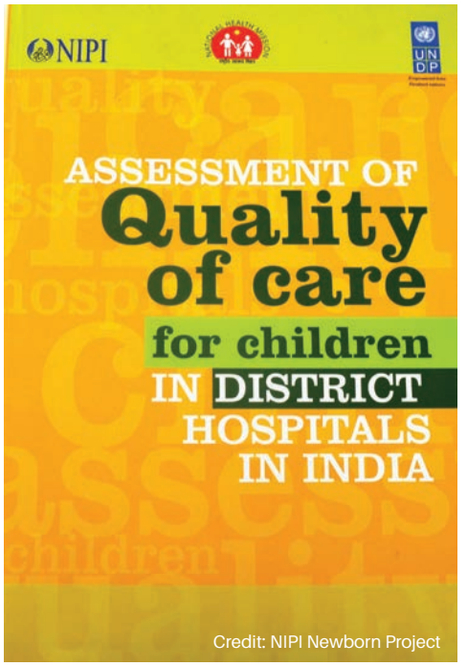
Facility-based emergency and inpatient care play a significant role in reducing child mortality, which entails a high level of preparedness at referral health facilities. District Hospitals, positioned in the continuum of care as referral health facilities, are key units at the district level with regard to provision of specialist care under NHM.

In 2014, an evaluation was conducted by MoHFW, supported by NIPI Newborn Project, in 13 District Hospitals across the states of Bihar, Madhya Pradesh, Odisha and Rajasthan to assess quality of care for children. The study revealed that none of the 13 District Hospitals included in the study have a system for triage and emergency care for sick children. Precious time is lost during transfer of children to paediatric wards for initiation of treatment. The study also revealed the lack of specific guidelines or standards for setting up and operationalization of paediatric care facilities.

To address this gap, the NIPI Newborn Project facilitated the development of Operational Guidelines for strengthening paediatric care at District Hospitals. The Project team in consultation with the state governments identified select District Hospitals as Demonstration Centres for NHM in NIPI-support states to implement Emergency Triage and Treatment (ETAT) of children.

Emergency paediatric care for children is now a priority area for intervention within the framework of MoHFW paediatric care guidelines.





Credit: NIPI Newborn Project

Strategy

- Assessment of quality of care for children in District Hospitals conducted in 2014; report published in January 2015
- National ETAT Resource Centre identified at Kalawati Saran Children's Hospital in New Delhi
- Operational Guidelines for strengthening facility-based paediatric care at District Hospitals developed and released in September 2015
- Five District Hospitals (Alwar, Hoshangabad, Jharsuguda, Nalanda, and Raisen) identified as Demonstration Centres for implementing pilots for ETAT of children under NIPI Newborn Project
- Infrastructure strengthened and paediatric equipment mobilised in the five Demonstration Centres
- ETAT training package for nurses and doctors finalised by NIPI Newborn Project team and faculty from Lady Harding Medical College
- Training of trainers of nurses and doctors at Kalawati Saran Children's Hospital
- Of the 3,000 infants attended in ETAT, 24% identified as priority cases for emergency care, which otherwise would have been missed

Scaling up

Improved facility-based paediatric care can lead to a reduction in disease-specific mortality rates in sick children. District hospitals across the country need strengthening toward this end. Operational guidelines for strengthening paediatric care can be disseminated to all states and provision for funds built into State PIP 2016-2017. The National ETAT Resource Centre at Kalawati Saran Children's Hospital and NIPI Newborn Project can provide technical support for countrywide scale up.

Regional Resource Centres: Improving Quality of Facility-Based Newborn Care

NIPI Newborn Project

Divisional Resource Centres provided 160 Mentoring Visits to 98 NBCCs and 36 NBSUs

MoHFW has operationalized Facility Based Newborn Care (FBNC) to counter the grave challenge of neonatal mortality. FBNC comprises thousands of Newborn Care Corners (NBCCs) at delivery points as well as Newborn Stabilizing Units (NBSUs) and SNCUs. Quality of care at birth through NBCC and NBSU is critical to the survival of newborns as prevention of fatal conditions such as birth asphyxia is a more cost effective option than treatment of complications in SNCU.

An assessment done by MoHFW in 2011-12 recognised the need for strengthening quality of care at sub-district level facilities. The large number of human resources at these facilities need supportive supervision to develop and maintain critical skills for newborn resuscitation and essential care at birth. It is estimated that on an average 50-75 service providers need supportive supervision and mentoring support in each district. However, there is no provision for this support currently and the estimated load far exceeds the available capacity of the few state/regional centres.

Strategy

- To improve the quality of immediate newborn care in sub-district facilities, at least one SNCU at divisional level has been identified to function as a Divisional Resource Centre in each state.
- This SNCU, designated as a Regional/ SNCU Treatment & Training Centre, is assigned a dual role by providing clinical care and hands-on training and supportive supervision to providers from NBCCs and NBSUs in the district.
- Selection criteria for SNCU Treatment & Training Centre include availability of space, manpower and willingness besides being able to maintain their own quality of care.

Status

- The NIPI Newborn Project established and supports five SNCUs as Resource Centres for newborn care, namely Raisen and Hoshangabad in Madhya Pradesh; Nalanda in Bihar; Alwar in Rajasthan; and Sambalpur in Odisha.
- The project provided human resource, gap support in infrastructure & maintenance, and travel support for mentoring and supportive supervision to NBSU and NBCC by doctors and staff nurses. Hands-on trainings of NBSU and NBCC staff was conducted.
- State Resource Centres have also been established in three states - J.K. Lone hospital in Rajasthan, Nalanda Medical College Hospital in Bihar, and Shishu Bhawan in Odisha. These resource centres provide FBNC training and two-week SNCU observership.
- In 2015, Divisional Resource Centres provided 160 Mentoring Visits to 98 NBCCs and 36 NBSUs. State Resource Centres conducted mentoring visits to 23 SNCUs. Score based checklists have been developed to enable quality check of various aspects of care at NBCC during mentoring visits.
- An online SNCU platform has been developed which generates data from all SNCUs across the states. Reporting of data focuses on admissions, deaths and causes of admissions.
- A composite index for quality of care in SNCU has been developed, which provides a performance overview of all SNCUs at a glance on a single sheet and also allows for identifying domains where corrective actions need to be taken. This index has been successfully tested in Odisha and Rajasthan and is being used by the State Health Missions.

Scaling Up

The MoHFW has now recommended State Newborn Resource Centres for scale-up using NHM funding. Since NHM plans to support State level Newborn Care Resource Centres with its funds, operationalizing divisional /district-level resource centres for each state to improve quality of facility based newborn care also warrants serious consideration.


Credit: NIPI Newborn Project

SNCU+: Extending Continuum of Care to Sick Newborns at Home

NIPI Newborn Project

Less than 0.5% mortality among infants discharged from SNCUs covered by SNCU+


Credit: NIPI Coordination Unit

Sick Newborn Care Units (SNCUs), part of Government of India's Facility Based Newborn Care initiative, aim to reduce neonatal deaths by providing intensive care to the most vulnerable newborns. Post-discharge, these infants typically move into the care of community health workers (like ASHAs) with limited competence to identify danger signs among newborns or adequate skills and knowledge for counselling mothers on essential newborn care, thus, increasing the chances of morbidity and mortality. The lack of a follow up system for these newborns leads to nearly 10% newborns dying after discharge within the first year of life (UNICEF).

Sick Newborn Care Plus (SNCU+) is a low cost innovation being implemented by the NIPI Newborn Project. The innovation extends the continuum of care to sick newborns at home after discharge from SNCU, by involving a trained health worker, i.e. the ANM, in following up and caring for these infants.

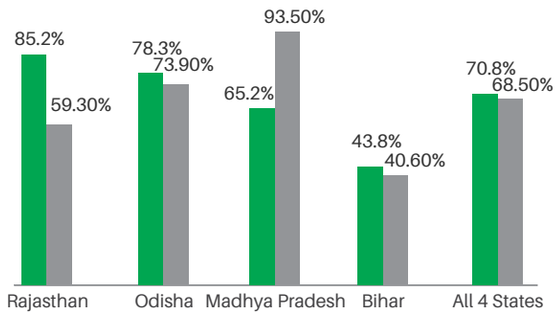
Strategy

- The ANM, along with the ASHA, makes three home visits to newborns discharged from SNCU within the first 42 days of life to provide special care and ensure compliance with:
  - » Discharge instructions
  - » Kangaroo mother care guidelines (KMC)
  - » Quality feeding for low birth weight newborns
  - » Early Child Care & Development (ECCD) for improving sensitivity and responsiveness of mothers
  - » Early identification of signs of sickness
  - » Referral

Status

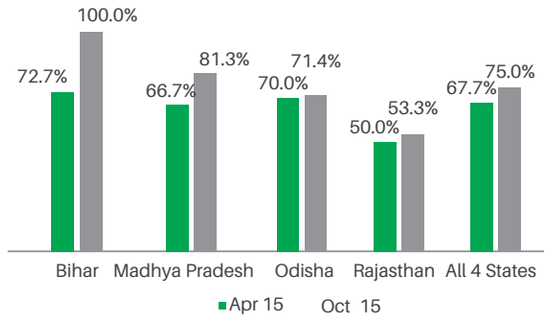
- **Tools:** Training package prepared for health workers and supervisors developed
  - » Monitoring and analysing progress with line-listing in online data management system
  - » Child Health Info developed by NIPI
- **Capacity Building:** Two day training in SNCU+ package provided to more 16,000 field functionaries (ANMs and ASHAs) in the four states
- **Community Follow-up:**
  - » System of reward introduced for high performing ANMs to raise the motivation of the cadre - In 2015, 212 ANMs received reward and recognition under SNCU+ across the NIPI states
  - » As of 2016, 3,923 (43%) against 9,123 infants discharged from SNCUs were visited by ANMs for SNCU+

Periodic Monitoring Exercise October 2015 (SNCU+) - Key Indicators



% Newborns discharged from SNCU received any visit from ANM within 42 days of life

% Mothers of SNCU discharged newborns complied with prescribed medicines and health facility follow up



% Mothers with new born less than 2 Kg, practising KMC at least 1 hour everyday at home

Scaling Up

Scaling up of SNCU+ could lead to significant reduction in neonatal mortality rate by promoting increased uptake of best practices in newborn health such as practising KMC, optimal feeding of low birth weight infants, administering Gentamicin injection to infants with presumptive infection, and care seeking for most vulnerable newborns.

SNCU+ also provides a platform for operationalizing some of the Government's key initiatives such as use of injectable Gentamicin to prevent infection in vulnerable infants and focus on improving the quality of life rather than just ensuring survival of newborns.

Providing Technical Assistance to the National RMNCH+A Strategy in Jammu and Kashmir

PHFI

122 VHND sessions monitored out of targeted 216 and findings shared with districts and state

In 2013, the MoHFW launched the National Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) strategy to fulfil its commitment for improving maternal health and child survival by adopting a comprehensive approach and linking together a set of initiatives and strategies that address each life stage. A total of 184 high priority districts (HPDs) were prioritized for action with identified high impact RMNCH+A interventions. It was also felt that in order to accelerate progress in these districts, technical assistance and continuous mentoring support to the state governments need to be leveraged with support from development partners.

For the state of Jammu and Kashmir, NIPI was entrusted as the State Lead Partner to provide technical support in implementation of RMNCH+A strategy. PHFI, NIPI's implementing partner, provides technical support through establishment of a Technical Support Unit (TSU) at national, state and district level - State Resource Unit (SRU) and district monitors in six HPDs, namely, Rajouri, Poonch, Doda, Ramban, Kishtwar and Leh.

Strategy and Status

In consultation with the state of Jammu and Kashmir, five key objectives have been identified as key support areas for RMNCH+A implementation in the state:

Objective 1: Supportive supervision visits in the HPDs as per MoHFW mandate

- 229 supportive supervision visits conducted of the targeted 144 (159%) in all delivery points and corrective actionable areas shared with districts and state health officials
- Monthly monitoring data shared with National RMNCH+A Unit

Objective 2: Technical support in formulation of District Health Action Plan (DHAP) and State Programme Implementation Plan (PIP)

- Evidence-based budgeting prepared with real time data captured by m-Health application utilized in planning, budgeting and policy making
- Statewide gaps analysis using MoHFW Checklist done at 1800 listed facilities
- Technical inputs for inclusion of financial support of INR 29.76 crores in State PIP for RMNCH+A activities in the six HPDs

Objective 3: Strengthening Village Health and Nutrition Days (VHNDs)

- 122 VHND sessions monitored out of targeted 216 and findings shared with districts and state
- 54 block level meetings held to sensitize ANMs about significance of VHND as a platform to increase outreach and provide services to community
- VHND micro planning formats prepared and shared with district and blocks

Objective 4: Establish RMNCH+A review mechanism

- Two state level RMNCH+A review meetings conducted
- 54 block level meetings and 42 district level meetings attended by district monitors

Objective 5: State level technical support

- Technical support and monitoring done by district, state and national coordinators in immunization campaign, 'Mission Indradhanush'
- Technical support provided at state level for strengthening RMNCH+A high impact interventions

Providing Technical Assistance to Rashtriya Bal Swasthya Karyakram

NIPI

Structured health screening of children for early detection and management of 4Ds

MoHFW, under the flagship NRHM, introduced the Rashtriya Bal Swasthya Karyakram (RBSK) as a structured health screening of children for early detection and management of defects at birth, diseases, deficiencies and developmental delays including disabilities, i.e. the 4Ds.

In 2013, the NIPI Governing Board JSC approved NIPI's technical support to RBSK, with the Government of India, under NHM, bearing the cost of nationwide implementation of the programme.

NIPI supported the initial establishment of a RBSK Resource Unit, headed by a Senior Technical Advisor and a team of professionals with expertise in programme management and development of guidelines to assist the RBSK programme, including resource mapping.

Strategy

- Development of need-based guidelines and tools identified by the Child Health Technical Division of MoHFW
- Development of capacity building packages including supportive supervision
- Identification of research priorities
- Design of IT based web enabled programme management tool with individual tracking system to monitor the programme at national level
- Support in development of State Programme Implementation Plans for RBSK fund provision
- Documentation of RBSK activities

NIPI supported the National RBSK Resource Unit placed at National Institute of Health & Family Welfare till May 2015. The RBSK Resource Unit has since been taken over by NHM and NIPI's role is now limited to providing agreed gap funding support.


Credit: NIPI Newborn Project

Harmonizing Child Health Training Packages

NIPI Newborn Project

Standardization of content and use of evidence-based methodologies to improve quality of training

MoHFW has mandated the NIPI Newborn Project to provide technical support for revision and harmonization of various child health training packages. Currently, there are duplications, conflict of messages across packages and non-reflection of various policy guidelines.

The revised packages are likely to improve the skills of health manpower as per the changing needs of the programme. In addition, there is a need to incorporate evidence-based training methodologies such as low frequency high dose training, simulation methods using different fidelity mannequins and using IT to improve the quality of training.

Strategy

The Technical Advisory Group for Child Health Division of MoHFW has proposed a review of existing training packages and strategies in order to incorporate most recent recommendations and standardize and streamline content across training packages.

Alternative strategies such as use of information, communication and technology (ICT) platforms and skills labs will also be explored in order to not only expand the scope of trainings but also to adopt competency-based approaches.

Status

- Process of harmonization initiated with the constitution of Technical Advisory Group, comprising national programme officers from MoHFW, child health experts, state programme managers, training institutes and development partner representatives
- Landscape analysis of child health trainings in the country undertaken and different levels of care, core training packages and lead institutes identified
- Current adaptation issues for each base package (e.g., Integrated Management of Neonatal and Childhood Illnesses [IMNCI], Facility based IMNCI, and Navjaat Shishu Suraksha Karyakram) identified
- Revised draft packages (except Modules 6 and 7 of the ASHA training package) available with lead institute and ready to be shared for wider consultation
- Consultations started and training packages to be finalised over July-September 2016 with subsequent pilot testing in the field
- Evidence based training methodologies to be incorporated for accelerating trainings

Scaling up

This task has the potential of changing the face of skilling in India which enjoys a high degree of enthusiasm at the national and state level. With adequate financial support over the next few years for completion of activities, this initiative can lead to a significant improvement in quality of health care services in the country.

Revitalizing Post-Partum Family Planning Services

JHPIEGO

Service delivery standards

implemented at all 138 facilities and expected level of achievement of standards

Family planning (FP) empowers a person of reproductive age with the ability of having children by choice and not by chance and has a direct bearing on the health outcomes of childbearing for women, children and their families.

NIPI partnered with Jhpiego to provide technical assistance to GoI in implementing a two-year programme (2013-2015) on repositioning FP as a maternal health initiative. Under this programme, Jhpiego worked on revitalizing, expanding and strengthening Postpartum Family Planning (PPFP)/ Postpartum Intrauterine Contraceptive Device (PPIUCD) services at the district and sub-district level across 13 districts of the four states of Bihar, Madhya Pradesh, Odisha and Rajasthan.

Strategy and Status

Objective 1: Developing District Level training site

- 11 out of 13 district level PPFP/PPIUCD training sites developed and around 1200 providers trained
- All 11 training sites equipped
- Two providers from each district level training site identified as trainers and their training

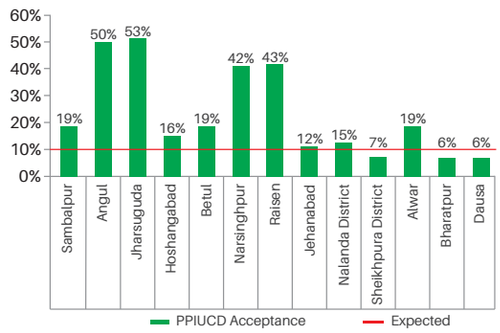
skills developed with the use of Jhpiego's self-paced computer-based Training Skills Course i.e. Modified Computer Assisted Learning (ModCAL ©)

- A total of 31 trainers available at the district level training sites to facilitate provider trainings in PPFP/PPIUCD at the 11 district training sites.
- Post-assessment, training site standards implemented at 11 out of 13 sites

Objective 2: Introduce PPFP/PPIUCD services health facilities in the NIPI focus districts

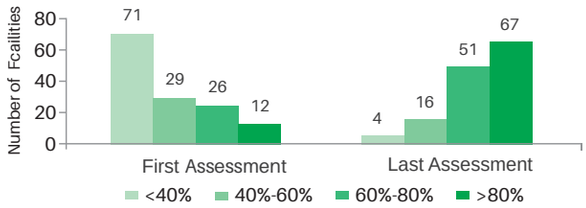
- 311 providers in all district level facilities trained in provision of PPFP/PPIUCD services
- 325 state, district and block level programme managers as well as representatives from medical colleges oriented
- 138 focus facilities (district and sub-district level) assessed at programme initiation
- At sub district level, 736 providers trained on PPFP/PPIUCD services, ensuring the availability of trained providers across all 124 sub-district level facilities
- Providers supported in establishing PPFP/PPIUCD services at their respective facilities during supportive supervision visits by project staff
- Each trained provider followed up for their performance during the project period; 619 of 918 trained providing regular services
- Service delivery standards implemented at all 138 facilities and expected level of achievement of standards, set at 80%, achieved by 67 of 120 facilities at endline

District wise Percentage PPIUCD Acceptance (Apr-Jun 15)



- A set of data collection tools, PPIUCD insertion kits and follow-up register provided

Facilities achieving PPFP/PPIUCD service delivery standards



Objective 3: Generate awareness and create demand for PPFP services

- Resource materials for community and facility based frontline health workers developed and adapted
- Training of trainers conducted in each state on PPFP messages, and 70 trainers trained to further train community and facility level providers from focus facilities
- 14,767 ASHAs, approximately 91% of the total, attached to the 138 focus facilities trained on delivery of key PPFP messages in their respective communities
- 272 nurses and ANMs trained in family planning counselling services
- IEC/BCC materials, including posters and video CDs, distributed at facilities and their appropriate display and use verified during supportive supervision visits

Objective 4: Provide state level strategic and catalytic support for scaling beyond the four NIPI focus districts

- State governments supported in planning and budgeting for scale up of PPFP/PPIUCD related activities in the annual NHM PIPs, leading to an increase of more than USD 3 million in proposed/approved budget for PPFP activities across four NIPI states for FY 2014-15
- PPIUCD scaled up in 2015 in the four NIPI states using NHM funding

Credit: NIPI Coordination Unit





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