

MCHIP India Programs Annual Report 2010-11

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TABLE OF CONTENTS

I	Introduction	2
II	Brief Results.....	2
	A. Pre-service Nursing and Midwifery Education	2
	B. Repositioning Family Planning (FP) within Maternal Newborn and Child Health (MNCH)	3
	C. Essential Newborn Care and Resuscitation	3
	D. Vaccine Preventable Diseases.....	4
	E. Water, Sanitation and Hygiene: Contribution to Aquatabs™ Efficacy Study	4
III	Activity in Detail.....	4
	A. Pre-Service Nursing and Midwifery Education.....	4
	B. Repositioning Family Planning (FP) within Maternal Newborn and Child Health (MNCH)	7
	C. Essential Newborn Care and Resuscitation	18
	D. Vaccine Preventable Diseases.....	23
	E. Water, Sanitation and Hygiene: Contribution to Aquatabs™ Efficacy Study	31
IV	Challenges.....	34
	Pre-Service Nursing and Midwifery Education	34
	Repositioning Family Planning (FP) within Maternal Newborn and Child Health (MNCH)	34
	Water, Sanitation and Hygiene: Contribution to Aquatabs™ Efficacy Study	35
V	The Way Forward.....	35
	A. Integration at MCHIP supported sites and MCHIP focus districts in Jharkhand ---	35
	B. Pre-Service Nursing and Midwifery Education.....	36
	C. Repositioning Family Planning (FP) within Maternal Newborn and Child Health (MNCH)	36
	D. Essential Newborn Care and Resuscitation	37
	E. Vaccine Preventable Diseases.....	37
VI	Success Stories.....	38
	Lead by Example.....	38
	Reaching New Heights – A Case Study.....	39

I) Introduction:

The goal of USAID's Maternal and Child Health Integrated Program (MCHIP) in India is to scale up evidence-based, high impact maternal, newborn and child health (MNCH) including family planning (FP) interventions toward reductions in maternal and child mortality. The activities of MCHIP in the priority states of Jharkhand, Uttar Pradesh (UP) and Uttarakhand and at the national level are being rolled out as per the workplan to impact key Ministry of Health and Family Welfare (MoHFW) programs and policies and, ultimately, to leverage the necessary resources to take high impact, evidence-based MNCH intervention packages to scale.

MCHIP's program in India focuses on five critical gaps in India's MNCH/FP situation:

1. The well documented lack of nurses and midwives in India's public health sector who are qualified and sanctioned to deliver the complete package of evidence-based MNCH care;
2. The high rates of newborn death from largely preventable causes in health facilities and households such as birth asphyxia, hypothermia and neonatal infection;
3. The continuing low rates of immunization coverage that lead to correspondingly high rates of vaccine preventable diseases in many of India's states;
4. The lack of routine, systematic access to contraception in MNCH services to prevent unintended pregnancies; the sterilization dominated contraceptive method mix that does not provide contraceptive choice for women wanting to space their births; and
5. The here-to-date untapped opportunity that exists to deliver integrated packages of high impact MNCH/FP interventions at all levels of India's health system.

A significant event during the year was the Global Mid-Term Evaluation and as part of it a team reviewed made a 5-day country visit to interview MCHIP stakeholders and view field programs, including visits to the Jharkhand State and two districts within the state to view activities at facilities and communities. The team in its report has praised the MCHIP team for building on the work of the predecessor projects to develop good traction within a relative short period of time, especially in ANM training, strengthening postpartum family planning, and immunization. Further the team recommended for documenting the lessons learned in MCHIP-India with particular attention to how MCHIP India has been able to position its technical assistance in ways that maximize the potential for sustainability and scale up of project-stimulated innovations that may benefit other MCHIP country programs, as well as future USAID central projects in general. This report has been an attempt in documenting the efforts of the MCHIP India team and the lessons learned this year.

II) Brief Results

A. Pre-service nursing and midwifery education

- **Development of 6 weeks Curriculum and Learning Resource Package (LRP) for ANMTC faculty**
- MCHIP facilitated the process of **establishment of five National Nodal Centers** of excellence in Nursing and Midwifery education and strengthening them by implementation of educational and clinical standards through the SBM-R process
- Two NNCs viz. CMC Vellore and St. Stephen's Delhi- were acknowledged by the INC and MCHIP for the **attainment of 85% of the educational standards**

B. Repositioning family planning (FP) within maternal newborn & child health (MNCH)

- **Development of PFP/ PPIUCD LRP, IEC Material and recording and reporting formats** at the national level and their adaptation at the MCHIP focus states
- **Strengthening of FP Service Delivery sites** 3 focus districts of Jharkhand and Urban Health Centres of Uttarakhand
- **Establishment of decentralized clinical training centers-** Divisional Clinical Training Centers in Uttar Pradesh
- **Revitalization of PFP/ PPIUCD services** at the national level and introduction of PPIUCD at selected facilities of MCHIP focus states. On the request of GoJh, MCHIP is providing state level strategic support for the scale-up of the PFP/PPIUCD services in additional 165 facilities, in Jharkhand
- **Introduction of PPIUCD services in private sector** through the "Saathiya" Network of Private providers in states of Uttar Pradesh and Uttarakhand
- **Strengthening of ANM Training Centers** in Jharkhand, Uttarakhand and in Uttar Pradesh so as to improve the pre-service education and training of Nursing and Midwifery students of these centers
- **Strengthening of Skill Birth Attendance (SBA) Training Sites** based on the request of the Govt. of Uttarakhand

C. Essential newborn care and resuscitation

- **National partnership forum** at the national level evolved with focus on the essential newborn care and resuscitation established.
- **Facility based newborn care operational guide** adopted by GOI.
- **“Newborn and Child Health Strategy 2011-2015”** was prepared as a part of the consultation lead by Government of India with experts, states governments & other stakeholders
- **State partnerships to implement and improve the essential newborn care & resuscitation improved.**
- **Navjaat Shishu Suraksha Yojna (NSSK) rolled out in 24 districts of Jharkhand and 37 districts of Uttar Pradesh;** 224 health providers trained in NSSK (ENC/R) at state and district level this year.
- State Program implementation Plan (PIP) developed for 2011-2012, to include funds for training on NSSK
- **HBB job-aid in Hindi adopted by state of Jharkhand and Uttar Pradesh. Resuscitation Job aid has been displayed at 215 centres in UP and Jharkhand. GOJ has gone ahead with printing the same with state funds.**
- **Facility readiness completed** and finding disseminated for the focus districts in Jharkhand and **facility-wise and district action plan** prepared
- Updated the standards on the essential and newborn care supported to be incorporated in the INC pre-service curricula

D. Vaccine Preventable Diseases

- **Development of National Guidelines** with TA of MCHIP team:
(a) Comprehensive Multi Year Plan (cMYP) for year 2010-17; (b) Revised guidelines for RI PIP (also reviewed RI PIP from 5 states); (c) Revised AEFI guidelines; (d) Operational guidelines for 2nd dose of measles and catch up campaigns; (e) Introduction of Hepatitis B vaccine; (f) Revised guidelines for JE vaccination in endemic districts and states;(g) Introduction of Liquid Pentavalent Vaccine (LPV)
- **Participation and co-facilitation during national level meetings and forums** for detailed program review and strategic plans for improving immunization coverage in the low performing states through monitoring and supportive supervision, and the communication strategies. MCHIP team chaired important sessions during these meetings
- TA to Govt of India for introduction of new and underutilized vaccine which can potentially result in protection of more number of children against life threatening VPDs and strengthens immunization program. TA to GOI resulted in improved working relationship between Government and MCHIP
- **Scale-up of RAPID (*Regular Appraisal of Performance of Immunization at District level, using supportive supervision*) activity in all 24 districts of Jharkhand** (formally approved under NRHM PIP); and **32 districts of UP** (through UNICEF and govt. medical colleges). Recently funds for conducting RAPID have also been approved in PIPs of states of Haryana and Punjab
- **MCHIP developed a concept of Track Every New born (TEN) in October 2010. After 6 months, Government announced the system of Mother and child tracking system (MCTS), which is similar in the approach (Hence MCHIP coined the name TEN through MCTS). Rolled out TEN MCTS initiative in one identified block of each focus district**

E. Water, Sanitation and Hygiene: Contribution to Aquatabs™ Efficacy Study

- The double blinded randomized placebo controlled trial to assess the efficacy of Aquatabs™ NaDCC tablets to prevent diarrhoeal disease was initiated in 20 villages of Dhenkanal and 11 slums of Bhubaneswar during the previous quarters. PSI-I has designed and delivered targeted messages through Inter personal communication (by the Inter Personal Communicators-IPCs engaged by PSI), mid media (street plays and Game shows) and wall paintings at the community level to enhance opportunity, ability and motivation of target audience for using Aquatabs. In addition, collaterals like leaflets, stickers and calendars were distributed among the enrolled households. This study is expected to contribute towards achievement of the overall objectives of MCHIP.

III) Activity in Detail

A. Pre-service Nursing and Midwifery Education

i) *National Nodal Centre Initiative*

- **Development of Curriculum and Learning Resource Package (LRP) for ANMTC faculty:** MCHIP has supported development of the 6 weeks Curriculum and Learning Resource Package (LRP) for the ANMTC faculty,

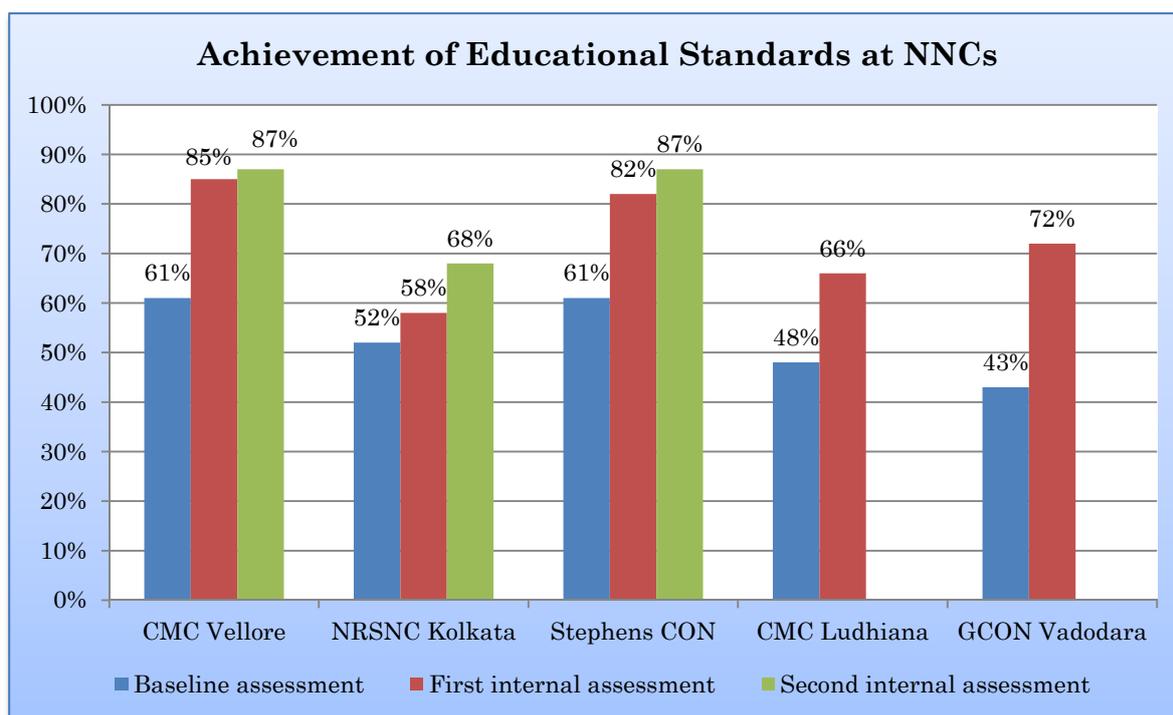
for strengthening their clinical skills in Skilled Birth Attendance (SBA), Essential Newborn Care (ENBC), Child Health and FP. The final LRP has been approved by the National Educational Committee of the Indian Nursing Council (INC).

- Strengthening of five National Nodal Centers of excellence in Nursing and Midwifery education by implementation of educational and clinical standards through the SBM-R process: The INC decided to establish St. Stephens Hospital College of Nursing, Delhi, and Government College of Nursing, Vadodara to function as NNCs from this year based on administrative feasibility. Initially, the INC had requested MCHIP to explore the National Institute of Nursing Education (NINE), Chandigarh to replace the College of Nursing, CMC Ludhiana as a NNC based on clinical practice feasibility and program considerations. However, during the baseline assessment it was found that implementation of the program at NINE would not be feasible due to administrative reasons; and hence it was decided to retain CMC Ludhiana as a NNC. The NRS Kolkata and CMC Vellore are the other two NNCs continued from last year.
- The strengthening of the educational standards was done through improvement in class room and practical instruction, clinical instruction and practice, school infrastructure, school management at the five NNCs. The process was initiated by baseline assessment to identify the areas of improvement, followed by internal assessments to assess the improvement. The achievements are depicted in the figure 1

Table 1: Assessment Period for Educational Standards at NNCs

	CMC Vellore	NRSNC Kolkata	Stephens CON Delhi	CMC Ludhiana	GCON Vadodara
Baseline	Mar-10	Mar-10	Oct-10	Nov-10	Nov-11
1st IA	Aug-10	Aug-10	Dec-10	Aug-10	Jun-11
2nd IA	Mar-11	Feb-11	Apr-11		

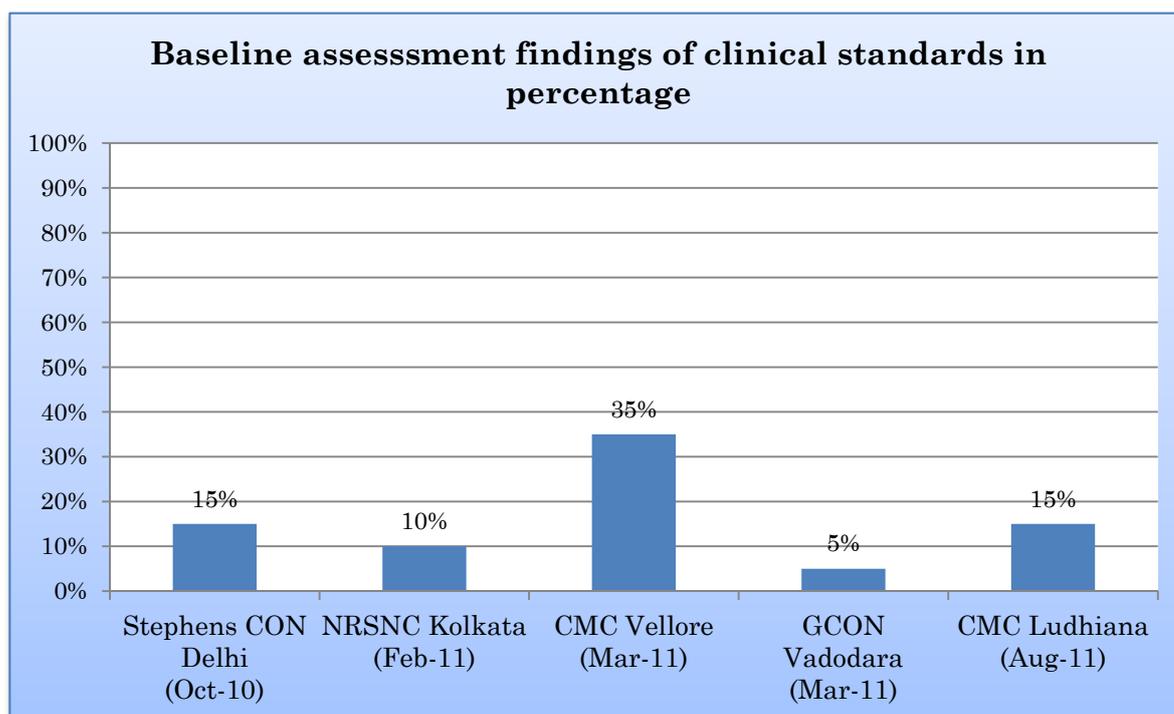
Figure 1: Achievement of Educational Standards at NNCs



- Some tangible changes with the ongoing support through supportive supervision by MCHIP staff to the NNCs that led to the achievement of the standards are:
 - Master rotation plans and academic calendar prepared in the NNCs.
 - Faculty prepares and use lesson plans for the classroom sessions.
 - Knowledge assessments are carried out based on the course objectives and guidelines.
 - Question bank for MNCH prepared.
 - Faculty grades the answer sheets of the knowledge assessments using answer keys.
 - Faculty meetings are conducted once a month and the minutes of the meeting are maintained.
 - A system for faculty evaluation has been set up and the faculty is evaluated every 6 months by their supervisor and the students.
 - Record maintenance in the college of nursing has improved.
 - Materials and teaching aids for the classroom have been procured.
 - Skills lab rearranged and made functional with the available articles.
 - School academic policies and disciplinary rules and regulations for the students prepared and displayed in the notice board.
 - The faculty has undergone the MoD CAL course to improve their teaching skills.
 - MCHIP supported availability of Maternal Newborn and Child health guidelines as resource materials in the Nodal Center Library at all five NNCs
- **Clinical practice sites of the NNCs being strengthened using the SBM-R process:** The clinical practice sites of the NNCs, the area where the

student nurses undertake their clinical experience are also being strengthened with ongoing MCHIP support through implementation of the 20 clinical standards endorsed by the INC. The baseline assessment findings at the clinical practice sites are depicted in the graph below. MCHIP supported a consensus building workshop by INC for the faculty and the clinical staff of the NNCs to update their knowledge and arrive on a consensus to implement the clinical standards.

Figure 2: Baseline Assessments of Clinical Standards at NNCs



- **Strengthening of Skills lab at NRSNC Kolkata:** The INC For implementation of the initiative of NNCs, entrusted MCHIP to provide support for the operationalization of one of the NNCs, which would serve as a model for the rest of the four NNCs; NRSNC has been chosen for this process. The list of equipment and materials to be procured for the strengthening of skills and computer lab has been approved by the National Educational Committee of the INC and process of procurement initiated. Simultaneously, the recruitment process for the trainers at the NNC has also been initiated.
- **Recognition to the best performing NNCs:** At the two-day consensus building workshop for the NNCs in September 2011, two NNCs- CMC Vellore and St. Stephen's Delhi- were acknowledged by the INC and MCHIP for the attainment of 85% of the educational standards.

B. Repositioning Family Planning (FP) within Maternal Newborn & Child Health (MNCH)

i) National level

- **Development of PFP/ PPIUCD LRP, IEC Material and recording and reporting formats:** MCHIP supported Government of India (GoI) for the development of PFP/PPIUCD LRP and IEC/BCC material to be used throughout the country for the PFP/PPIUCD trainings. GoI formally released the LRP, the IEC material and recording and reporting formats

during a national “PPFP/PPIUCD Experience Sharing Workshop” held at Delhi on April 26-27, 2011.

- **E-learning course on PPFP/PPIUCD:** E-learning course on PPFP with a focus on PPIUCD is under development. MCHIP would be using the various materials developed for the PPFP/PPIUCD training such as PPIUCD insertion video, AV sections from CTU for explaining HTSP/MEC etc. The e-learning course would be hosted on the official site of MoHFW/NIHFW.
- **Family Planning choices wall chart:** MCHIP supported the adaptation of the family planning choices wall chart in Hindi for MCHIP states
- **Development of protocol for Multi-centric PPIUCD Client follow-up study and Post-Partum Systematic Screening:**
 - **PPIUCD Follow-up study:** The study protocol along with the questionnaires for PPIUCD Follow-up study at the MCHIP supported PPIUCD service delivery sites has been approved by USAID and is submitted to JHSPH-IRB for approval. The results of this study will inform the Govt. of India about the experience of the project in the country and provide guidance for further scaling up of the PPIUCD program in India as well as globally for wider use of this method for family planning
 - **Post-partum Systematic Screening:** The study protocol for Post-partum Systematic Screening in Jharkhand has been approved by USAID and is under submission to JHSPH-IRB for approval. MCHIP’s objective is to capture and document lessons learned about tools such as the PPSS, which should lead to increased integration and coverage of high-impact services

Figure 3: Excel based tools for data management of SBM-R by facility managers

- **SBM-R Tools:** A number of tools for data management of SBM-R have been developed for MCHIP supported facilities to enable the facility managers to better monitor the performance standards and track the unmet criteria for action and thereby help in further institutionalization of the SBM-R process in the facilities. Based on the experience similar tool has been developed for use in Tanzania as well



- **Advocacy of PFP/PPIUCD at National and International fora:**
 - **International Conference on Contraception, Mumbai:** MCHIP Staff participated in the International Conference on Contraception from April 7-10 to share the PFP/PPIUCD program need and experience with the delegates in the session on Contraception
 - **TA to Afghanistan to initiate PFP/PPIUCD program:** From April 10-19, two MCHIP trainers from India provided technical assistance to the Health System Strengthening Project (HSSP), Kabul for establishment of PFP/PPIUCD services and training sites
 - **International Congress on Contraception, Kolkata:** MCHIP facilitated participation of a team of 17 members (GoI and SIFPSA representatives, PPIUCD trainers and MCHIP India team) from May 6-8, 2011 in the International Congress on Contraception, Kolkata. The opportunity was utilized for the advocacy and orientation of delegates on PFP/PPIUCD interventions
 - **PPIUCD standardization workshop (study tour):** MCHIP in coordination with Government of India and Rajasthan conducted a PPIUCD standardization workshop from June 6-10, 2011 at Jaipur for international delegates
- **Advocacy for Injectable:** A PowerPoint presentation as a tool for advocacy to the GOI and State Governments is being prepared for introducing injectable in the family welfare program

ii) Introduction of PPIUCD services in "Saathiya" Network of Private providers

- **Mailer for "Saathiya" network of providers:** MCHIP, in coordination with the MBPH team, developed an informative package on PFP/PPIUCD services to impart the private providers with the latest information on the PPIUCD services and also to seek their interest for participation in the program. The mailers are under print, being supported by commercial partner DKT-The manufacturer of CuT380A
- **Client Card for "Saathiya" network of providers:** MCHIP, in coordination with MBPH team, developed "Client card" and database structure designed to be used at the Saathiya PPIUCD service delivery sites. The client cards have been printed by MCHIP and are being distributed to the Saathiya service delivery sites

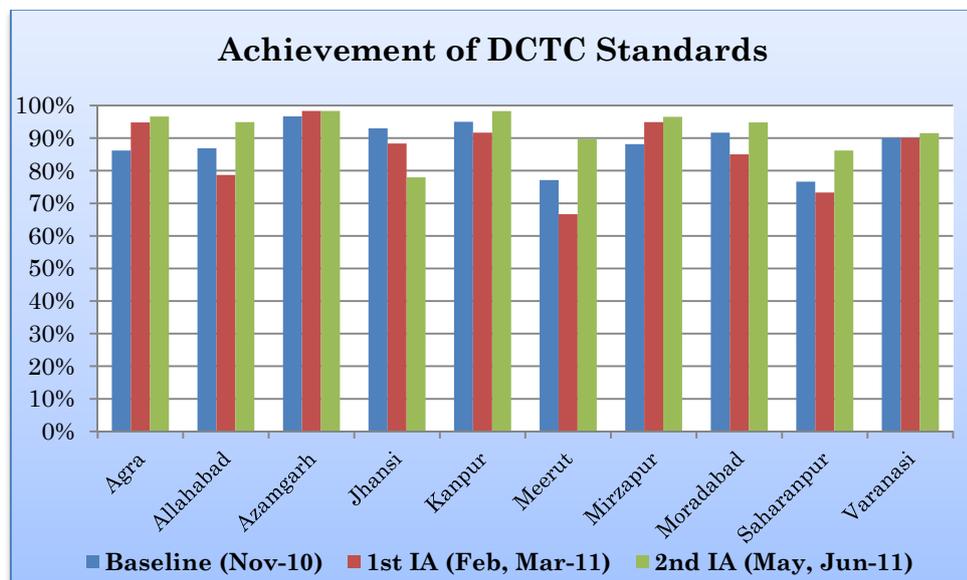
iii) Uttar Pradesh

- **Revitalization of PFP/ PPIUCD services :**
 - **Development of PFP Counseling LRP at Technical Advisory Group (TAG) Meeting and conducted the trainings:** MCHIP supported SIFPSA in the development of PFP Counseling LRP and its approval by the technical advisory group
 - MCHIP in coordination with SIFPSA conducted the training of the service providers of the four facilities providing PFP/PPIUCD in the state. A

total of 40 providers have been trained on PPF/PPIUCD Counseling skills

- **Development of PPF/PPIUCD BCC/IEC materials:** The BCC/IEC materials were developed with MCHIP support and approved by SIFPSA. MCHIP facilitated the use of the developed IEC/BCC materials at the four facilities providing PPF/PPIUCD services
- **Development of PPF/ PPIUCD videos:** MCHIP supported the compilation and reproduction of the PPF/PPIUCD videos/TV spots with other FP TV spots to be used for demand generation for FP services including Post-Partum FP services to be played in ANC and PNC areas. MCHIP also facilitated the use of the videos at the ANC/PNC areas in the four facilities providing PPF/PPIUCD services
- **PPIUCD Client Follow-up Study:** MCHIP has initiated the background preparation for the study. MCHIP jointly, with SIFPSA has recruited three PPIUCD Study Coordinators in Lucknow & Allahabad for facilitating the data collection required at for PPIUCD sites for Client Follow-up Study
- **Establishment of decentralized clinical training centers- Divisional Clinical Training Centers**
 - **Development of Performance Standards for strengthening of DCTCs:** MCHIP supported SIFPSA in the development of DCTC standards and facilitated its implementation. MCHIP staff facilitated the improvement processes through internal assessments of 10 DCTCs along with the SIFPSA. The findings from all the assessments are depicted in the figure-3

Figure 4 Achievement of performance standards of DCTCs



- **Building capacity of DCTC trainers on Clinical Training Skills:** MCHIP supported development of master trainers for Clinical Skills Training of the identified trainers from DCTCs and also supported SIFPSA in rolling out the cascading of the CTS trainings at the ten DCTCs

- **Up-gradation of the School of Nursing, SN Medical College, Agra into a College of Nursing:** MCHIP has facilitated the process of up-gradation of the School of Nursing, SN Medical College, Agra into a College of Nursing is in progress
 - Facilitated development of a road map for the up gradation of the school of nursing into a college of nursing through identification of the key activities and infrastructure requirements and shared with the concerned authorities
 - Conducted various meetings with the key stakeholders at INC, Directorate of Medical Education, UP and SN Medical College at Agra.
 - Shared the INC norms and guidelines for the up-gradation of the school of nursing with the Principal of the S.N. Medical College, Agra and facilitated the request for sanction of posts for the human resources for the College of Nursing
 - Based on the INC norms and guidelines facilitated the procurement of the articles for the skills lab, furniture for the classroom and books for the library
 - Facilitated the process of initiation of the civil work for the establishment of Computer and skills lab and library

iv) Jharkhand

- **Strengthening of FP Service Delivery sites 3 focus districts:**
 - **Development of Family Planning Contraceptive Technology Update (CTU) and Contraceptive Commodity Storage and Management (CCSM) LRPs:** MCHIP supported the development of the CTU and CCSM LRPs and its approval from the GoJh
 - Support was provided for development of the district trainers in the focus districts for further rollout CTU and CCSM trainings. Total 1093 providers in CTU and 267 providers were trained in FP CCSM
 - **Continued Strengthening of FP Service Delivery at District Hospitals in 3 focus districts:** MCHIP jointly with GoJh facilitated the implementation of the Family Planning Service Delivery Performance Standards at District Hospitals through identification of the gaps and addressing them through supportive supervision visits
 - **Strengthening of FP Service Delivery in 3 block PHCs each in 3 focus districts:** MCHIP jointly with GoJh facilitated the identification of block PHCs to be developed as Model FP Service Delivery sites during FY 10-11. Conducted orientation of the service providers on the SBM-R process and shared the FPSD performance standards for 9 block PHCs from 3 focus districts (Giridih, Chaibasa and Simdega)
 - Built the capacity of the service providers on interval IUCD insertion and removal, FP Counseling and Infection Prevention practices. A total of 220 providers have been trained in interval IUCD insertion and removal, Infection Prevention practices and in counseling skills
 - MCHIP facilitated the implementation of the performance standards through joint supervisory visits with the State health officials for conducting baseline and Internal assessment at the target facilities.

- **Development of Family Planning Clinical Training Strategy:** MCHIP supported the development of a FP Clinical training Strategy for the State of Jharkhand. Facilitated a workshop on development of Clinical FP Training Strategy with the multi-stakeholders of the state including public, private and development partners. State level trainers for various FP clinical training were also included for their inputs. The final draft of the strategy document is submitted to the GoJh for approval and dissemination workshop.
- **Revitalization of PFP/ PPIUCD services:** Introduction of PFP/PPIUCD services in five facilities (2-Ranchi & 3 District Hospitals of focus Districts):
 - PFP/PPIUCD Clinical Training: MCHIP conducted clinical training for PFP/PPIUCD for the service providers from 5 facilities on PFP/PPIUCD clinical training.
 - PFP/PPIUCD Counseling Trainings: Conducted PFP/PPIUCD Counseling skills trainings for the providers of the three focus district sites.
 - **Establishment of PFP/PPIUCD training sites:** MCHIP facilitated the establishment of the RIMS and Sadar Hospital as PPIUCD Clinical training sites.
 - **Official Launch of PFP/PPIUCD services:** MCHIP facilitated the official launch PFP/PPIUCD services in the state of Jharkhand by Health Minister at the posters inaugural function of the Family Planning Fortnight.

Figure 5: Launch of PFP/PPIUCD services



- **Scale-up of PFP/PPIUCD services:** On the request of GoJh, MCHIP is providing state level strategic support for the scale-up of the PFP/PPIUCD services in additional 165 facilities, in developing District level trainers for PPIUCD Clinical trainings.
- **Strengthening of ANM Training Centers:**
 - **Conducted ANM working Group Meeting:** MCHIP facilitated two ANM working Group Meetings for approval of various documents/materials required for strengthening of educational standards and approval of the clinical standards developed for ANMTCs. The development of the following documents/material was supported:
 1. Adaptation of Performance Standards
 2. Cumulative record for ANMs
 3. Learning guides / Checklist for MNCH procedures
 4. Practical record book

5. Teacher evaluation formats for ANM faculty
 6. Job descriptions for the ANMTC staff
 7. Question bank and lesson plan
- **Continued Strengthening of three ANMTCs in 3 focus districts:** MCHIP jointly with GoJh facilitated the implementation of the Educational Performance Standards at ANMTCs through identification of the gaps and addressing them through supportive supervision visits. Facilitated the implementation of various material developed for implementation of Educational Standard.
 - **Strengthening of clinical practice site linked to ANMTCs:** MCHIP conducted SBM-R workshop for providers from the ANMTC clinical practice site on the clinical standards adapted on INC standards.
 - Conducted a workshop on clinical practice update for ANMTC Tutors and participants from ANMTC linked clinical practice sites for implementation of the clinical standards.
 - Provided facilitative support for reorganization of the labor room, establishment of new born corner, use of infection prevention attires etc. for implementation of clinical standards.

v) Uttarakhand

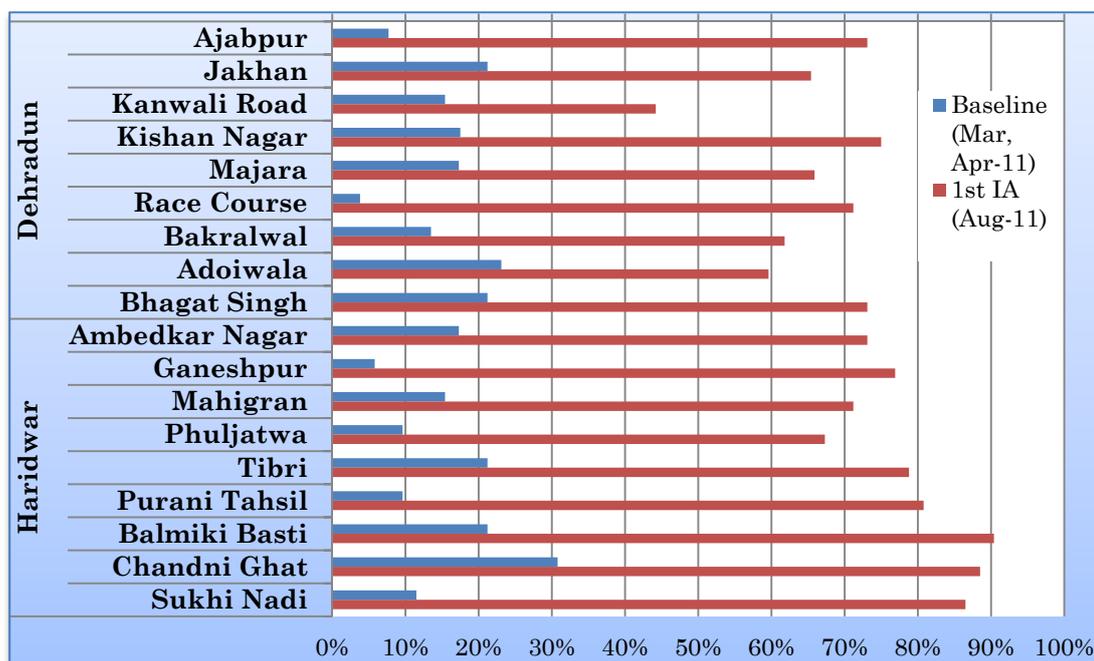
- **Adaptation of various learning resource package and material:**
 - **MCHIP facilitated a Technical Advisory Meeting** to adapt the LRPs and materials required for introduction of PFP services and strengthening of ANMTCs and UHCs.
 - **LRPs/Materials adapted and approved :** PFP/PPIUCD LRP, PFP Counseling LRP, CTU LRP, PFP/PPIUCD IEC/BCC Material
 - **Performance Standards:** PFP/PPIUCD Standards, ANMTC Educational and Clinical Standards, UHC-FP Standards
- **Establishment of a Supportive Supervision System:**
 - **Identification of pool of Supervisors:** MCHIP facilitated identification of pool of supervisors from the Government of Uttarakhand (GoUK) to provide facilitative support for all the interventions supported by MCHIP to integrate it within the system
 - **Supportive Supervision Workshop:** MCHIP conducted a Supportive Supervision workshop on supervisory skills for the identified pool of state supervisors to equip them with the desired supervision skills to support the MCHIP interventions
- **State level advocacy for PFP/PPIUCD Services:**
 - Participation in Population Week: MCHIP team organized PFP/PPIUCD IEC material display at inaugural site on World Population Day 2011.
 - Information cum counseling kiosks was put up at Women's Hospitals at Haldwani, Haridwar and Dehradun, which continued throughout the Population Fortnight.
 - This helped in generating awareness on PFP/PPIUCD services

Figure 6: PPF/PPIUCD IEC material on occasion of World Population Day



- **Revitalization of PPF/PPIUCD services**
 - **PPFP/PPIUCD Orientation Workshops:** MCHIP conducted Orientation workshops on PPF/PPIUCD services in District Hospital Haldwani and Dehradun in October to introduce the concept of PPF/PPIUCD services among the staff of the facilities
 - **Introduction of PPF/PPIUCD services:** MCHIP conducted various training on PPF/PPIUCD clinical trainings, Counseling skills and Infection Prevention practices for the providers from identified facilities- Women's Hospital, Dehradun, and Sub District Women's Hospital, Haldwani
 - **Establishment of PPF/PPIUCD training sites:** MCHIP facilitated the establishment of the Women's Hospital, Dehradun, and Sub District Women's Hospital, Haldwani for PPF/PPIUCD Clinical trainings
 - **Hiring of Counselor cum Coordinator:** Based on the demand from the state for better uptake and follow-up of PPF services in target facilities, MCHIP has supported the recruitment of Counselor cum Coordinator at Women's Hospital, Dehradun and Haldwani
- **Strengthening of FP Services in Urban Health Centers:** MCHIP facilitated the strengthening of FP services at the 18 UHCs in Dehradun and Haridwar. This has resulted in initiating FP counseling and interval IUCD services.
 - **Conducted workshop on the SBM-R** approach of quality improvement to introduce the FP Performance Standards for the UHCs and also to facilitate the implementation of the standards.

Figure 7: Improvement in Performance standards of UHCs in Uttarakhand



- **Capacity Building Activities:** Conducted various capacity building activities to build the capacity of the providers from the UHCs to strengthen the FP services.

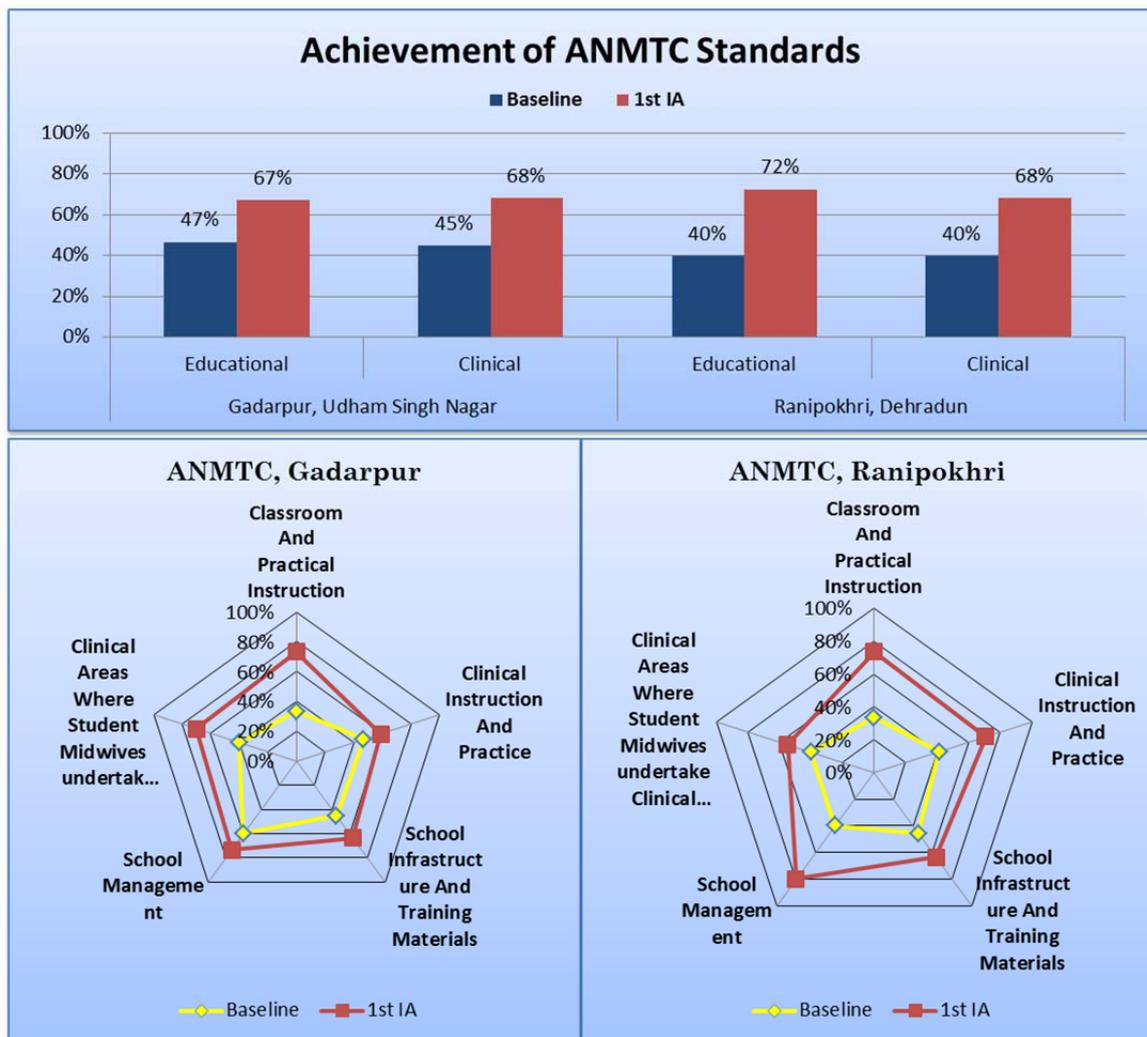
1. Training on CTU, FP Counseling skills and Infection prevention practices
2. Interval IUCD insertion and removal clinical trainings

- The graph in figure 7 depicts the results of implementation of the performance standards through baseline and Internal Assessment-1 conducted at the UHCs.

▪ **Strengthening of ANM Training Centers:**

- **Strengthening of ANM Training Centers using SBM-R approach:** Conducted workshops on the SBM-R approach of quality improvement to introduce the Educational and Clinical Performance Standards for the ANMTCs and also to facilitate the implementation of the standards.

Figure 8: Achievement of ANMTC standards in Uttarakhand



- **Capacity Building Activities:** Conducted various capacity building activities to build the capacity of the providers from the ANMTCs
 1. Training on CTU, FP Counseling skills and Infection prevention practices
 2. Interval IUCD insertion and removal clinical trainings
 3. Clinical practice update for ANMTC Tutors and participants from ANMTC linked clinical practice sites
 4. Conducted a course on effective teaching skills for the ANMTC faculty
 5. Training on ANMTC faculty on 6 weeks training
- **Improvement of Educational and Clinical practices** through implementation of:
 1. Master rotation plan prepared and Clinical rotation plan
 2. Routine use of Partograph
 3. Learning guide/checklist for MNCH procedures
 4. Cumulative record format for ANMs
 5. Job Description of faculty and staff
 6. Practical Record Book

- 7. Teacher evaluation formats
- 8. Identification of clinical preceptor for the clinical site of the ANMTCs
- **Improvement of Infrastructure Improvement:** MCHIP facilitated procurement of Computers, LCD, Photocopy and Fax machine at both ANMTCs
- The graph below depicts the results of implementation of the performance standards through baseline and Internal Assessment-1 conducted at the ANMTCs
- **Strengthening of Skill Birth Attendance (SBA) Training Sites:**
 - **Strengthening of SBA Training sites:** MCHIP conducted assessment of existing 10 SBA and proposed 7 training sites to identify the readiness of the sites for quality SBA training
 - **Conducted refresher training for the trainers from the existing 10 SBA training sites for best practices-** AMTSL, ENBC, IP, Partographs etc., based on the gaps identified during baseline assessment
 - **Field testing of Mama Natalie conducted for use during the SBA trainings**
 - **Provided materials for strengthening trainings** – Facilitate provision of enlarged charts on procedures, teaching partograph, copies of partograms, birth simulators etc.
 - **Facilitated preparation of training calendar**
- **Introduction of PPIUCD services in "Saathiya" Network of Private providers in Uttar Pradesh and Uttarakhand**
 - **Adaptation of PPF/PPPIUCD Performance Standards for private providers:** MCHIP, in association with FOGSI, conducted a workshop for adaptation of PPF/ PPIUCD Performance Standards for Saathiya providers in May 2011.
 - **Establishment of PPF/PPPIUCD Clinical training sites:** MCHIP has planned to establish 5 training facilities in the private sector to roll out the PPF/PPPIUCD Clinical trainings for Saathiya network of private providers.
 - **MCHIP conducted assessment** of potential private hospitals including Merrygold Hospitals to identify the facilities to be established as training site. This helped MCHIP in identifying 5 facilities at Lucknow, Agra, Varanasi, Allahabad and Dehradun.
 - **Development of PPF/PPPIUCD Clinical trainers:** MCHIP has supported development of trainers at 3 of the sites from Varanasi, Agra and Dehradun. Built the capacity of the potential trainers for PPF/PPPIUCD Clinical services. Conducted Clinical Skills Training from identified trainers
 - Conduct PPF/PPPIUCD Orientation, PPF Counseling training and IP training of all doctors and nurses of the facility.
 - Facilitated implementation of the PPF/PPPIUCD performance standards
 - **Roll out of PPF/PPPIUCD Clinical trainings for Saathiya network of Private Providers:** Two the facilities at Dehradun and Varanasi have

initiated the rolling out the trainings conducting 5 batches (4 at Dehradun and 1 at Varanasi).

C. Essential Newborn Care and Resuscitation

i) National Level

- **National level partnership** emerged for child health with the advocacy with GOI. National Child Health thematic group was formulated under the leadership of MOHFW (Ministry of Health and family welfare). MCHIP has engaged on a continuous basis with mutually-beneficial partners like UN development agencies like UNICEF and WHO and partners like BMG, NIPI. MCHIP has worked on various areas and provided inputs on the key child health
 - Role of ASHA in child & newborn health
 - Dash board indicators for review for newborn & child health
 - BCC strategy for child health
 - Formulated the facility readiness as a planning tool for program managers
- **“Operational guidelines on the facility based newborn care”** has been adopted by GOI. MCHIP was co-opted as an expert in providing technical assistance and undertaken the responsibility in drafting the document. As part of the core team the Management Information System (MIS). The guideline provides the blueprint of the
 - Levels of care at all levels
 - Infrastructure and human resource
 - Equipment, drugs and supply
 - Management Information system
 - Planning & monitoring
 - Clinical protocols
- **“Newborn and Child Health Strategy 2011-2015”** was prepared as a part of the consultation lead by Government of India with experts, states governments & other stakeholders with the objective to;
 - Outline strategies at community and health facilities to improve newborn and child survival throughout the country.
 - Standardize the neonatal and child health program under RCH II with reference to protocols, manpower requirements, trainings, supplies, monitoring and any other criteria identified.
- In addition to the providing the technical assistance, MCHIP was part of the core team along with UNICEF & WHO involved in coordinating, collating and redrafting and completion of the document. The strategic approaches are based on sound public health evidence for effectiveness, efficiency and equity. Besides identifying clear strategic directions, the strategy also suggests key actions that would be required to translate the approaches into improved survival. The strategy will assist the states and districts in preparing clear action plans, setting up clear milestones for tracking the progress and in monitoring the program outcomes.

- **Desk review of “Perinatal Care in India”:** Reducing neonatal mortality requires interventions during pregnancy, the intra-partum period and within the first seven days of life. There is agreement at national level that a set of seamless, agreed-upon perinatal guidelines are needed to guide the practices of obstetric, pediatric and nursing experts at all levels. To support development of “Perinatal guidelines in India” as a first step a desk review of the evidence on perinatal health is completed. Draft is in circulation to key experts for comments and feedback. Building on this evidence and desk review, further activities to involve professional association like NNF, FOGSI and IAP is proposed.
- **National review –cum- workshop** focusing on the newborn and child health was convened by the MOHFW. It was participated by 35 states. State RCHO officers / concerned RCH government official attended the review meeting. MCHIP as was invited by the MOHFW as the lead partner present its experience on essential newborn care implementation. Facility readiness assessment and improving the preventive and basic newborn care activities through the state government was presented by MCHIP. National government is convinced that adequate resources are needed to focus on essential and basic care including resuscitation at all levels in addition to the sickness management of the newborn.
- Upon the request of child health division, MOHFW a ready reference for health workers is being prepared.
- **Updated the standards on the essential and newborn care** supported to be incorporated in the INC pre-service curricula. Participated actively in the two consultations, the pre-service curricula updated to include standards on the essential newborn care and resuscitation. Hands on training conducted for National Nodal training centres on the resuscitation. Advocacy conducted at the highest level with INC to include indicators on management of birth asphyxia in the pre-service monitoring done.

ii) State level: Uttar Pradesh & Jharkhand

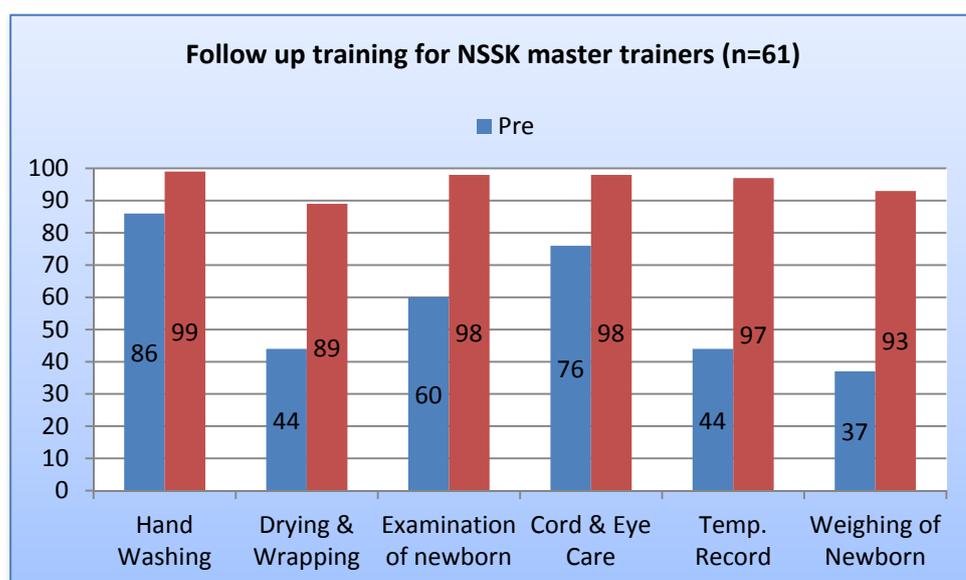
- At the states consultation on essential newborn and resuscitation was under the leadership of MCHIP at the conducted in Jharkhand. This lead to initiate dialogue on operationalization for delivery and newborn care. In Uttar Pradesh, the state team participated and co facilitated knowledge sharing sessions for MCHN Partners. It also played a key role in the discussion on implementation modalities of Janani Shishu Suraksha Karyakram & participated in Jagran mahal-UNICEF partnership initiation media workshop on Newborn and child health.
- **Navjaat Shishu Suraksha Yojana (NSSK) rolled out in 24 districts of Jharkhand and 37 districts of Uttar Pradesh:** Golden Minute of Helping Babies Breathe (HBB) has been incorporated in the NSSK training package (Figure 9). NSSK training has been scaled for all 24 districts in Jharkhand and 37 districts in Uttar Pradesh.
 - A total of 77 & 227 batches of 24 providers each were planned in Jharkhand and Uttar Pradesh respectively for year 2011-12 (Apr’11-Mar’12) and the fund allocation included in state PIPs.

- MCHIP facilitated the skill-based trainings of 224 health providers in NSSK (ENC/R) at state and district level; 35 in Uttar Pradesh and 189 in Jharkhand this year.
- Follow up training for all state level trainers were conducted in Jharkhand. The training not only provided a platform to refresh the resuscitation skills but also improve the essential newborn skills.

Figure 9: Table showing the comparison with the NSSK (2 days) and ENC/R (3 days) training at the focus districts

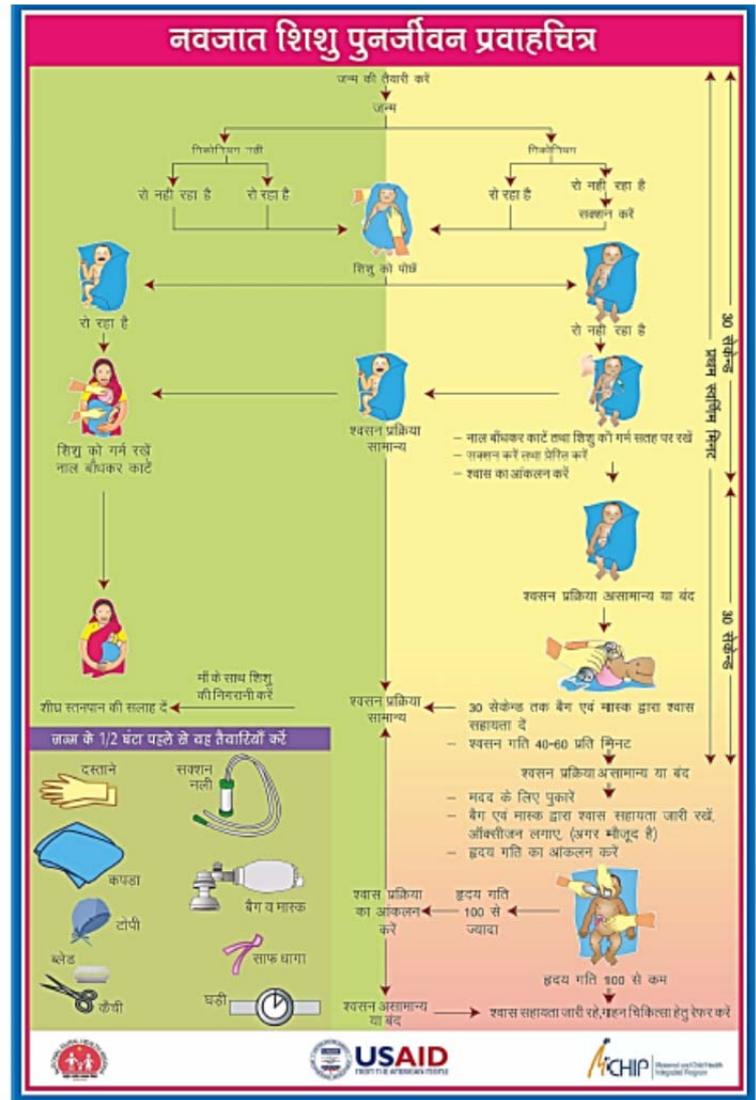
	HELPING BABIES BREATHE (HBB)	NAVJAAT SHISHU SUREKSHA YOJNA (NSSK)	ESSENTIAL NEWBORN CARE AND RESUSCITATION
Technical Content	Preparation of Birth Routine Care The Golden Minute Prolonged Ventilation	Preparation of Birth Routine Care The Golden Minute Prolonged Ventilation Care at birth Prevention of Infection Thermal Protection Feeding of Normal & LBW babies Transport of the neonate	Immediate newborn care Essential Newborn Care Care prior to Discharge Care from discharge to 7days Additional Care (care of small babies and feeding problems) Preparation of Birth Routine Care The Golden Minute Prolonged Ventilation Use of Equipment Record & Review
Teaching Pedagogy	Paired Teaching Present & Demonstrate Practice with Action Plan Ask Learners	Paired Teaching Present & Demonstrate Practice with Performance Checklist Ask Learners Self-Reading Group Discussions	Skill stations Hand-outs and posters Audio-visuals Paired teaching Demonstration and reverse demonstrations Self-Reading
Tools	Simulators, Action Plan, Learners workbook, flip book	Simulators, Participant's manual, Facilitator's Manual, Performance Checklist, Video	Protocols for Practice, Performance checklist, Video
Evaluation	Written Verbal Evaluation Bag and Mask Evaluation Objective structured clinical Evaluation (OSCE A & B)	Written Pre- Post Test Performance Evaluation 6 Case Scenarios	Written Pre- Post Test Performance Evaluation 6 Case Scenarios

Figure 10: Improvement in the skills for essential newborn care post training



- Following consistent advocacy from MCHIP the mission director Jharkhand NRHM released the letter to establishment of Newborn corners, strengthening of facility based newborn care and procurement of basic newborn care equipment.
- HBB job-aid in Hindi adopted by state of Jharkhand and Uttar Pradesh.** Job-aid on management of birth asphyxia in Hindi was developed, pilot tested and adopted by state of Jharkhand & Uttar-Pradesh. The job aid uses the golden minute after birth based on the HBB resuscitation algorithm for management of birth asphyxia by the health providers. And the Job-aid adopted by the state government for use in facility points at newborn corners in district hospitals, community health centres, and primary health centres. Resuscitation Job aid has been displayed at 215 centres in UP and Jharkhand. GOJ has gone ahead with printing the same with state funds.

Figure 11: Flow diagram for neonatal resuscitation

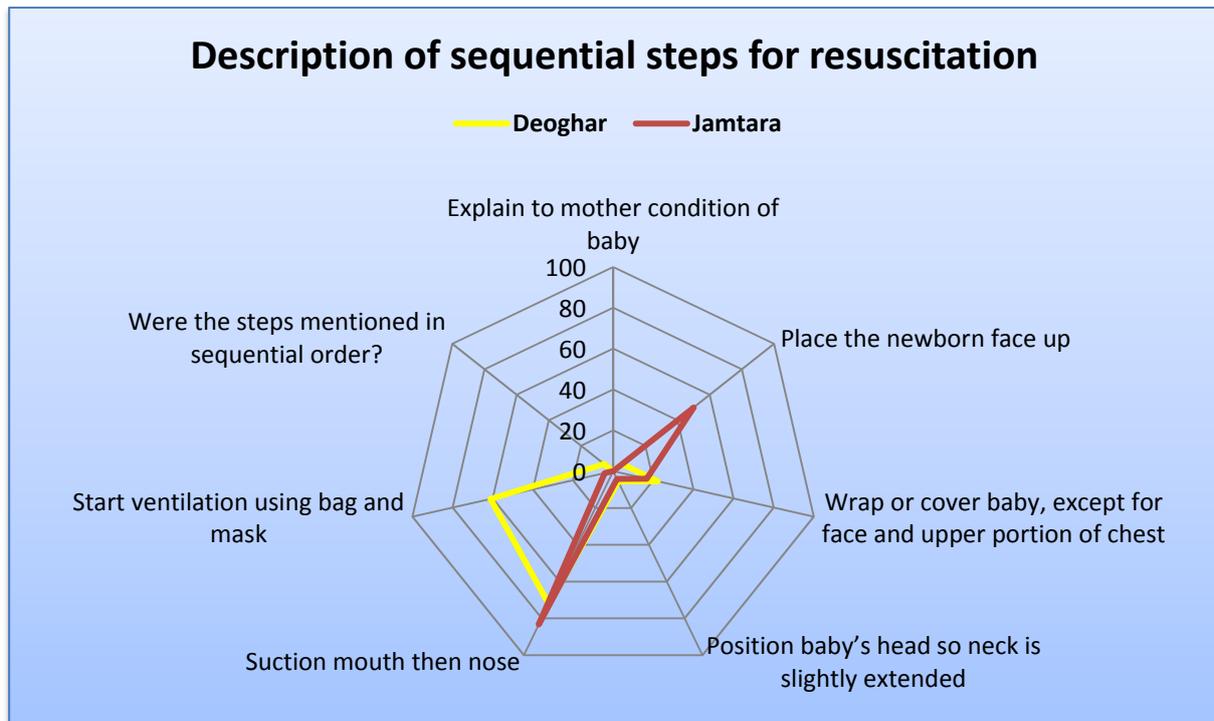


- The state teams continued to provide inputs during periodic reviews through participation and co-facilitation of child health review and NRHM planning Meetings.
- Baseline assessment of Facility readiness in the focus districts:** Facility readiness for essential newborn care and resuscitation services in 20 facilities in Deoghar & Jamtara in Jharkhand and 20 facilities in Gonda in UP completed. It involved consensus and approval to have an in-depth review to assess the readiness level, training of investigators and mapping the facility on eight parameters, thereby grading the readiness level. These included

- Infrastructure;
- Delivery and newborn Care services;
- Human resource;
- Essential drugs, equipment and supply;

- Register and client case record;
- Protocols and guidelines,
- Infection prevention and hygiene;
- Provider core functions - knowledge and competency and room by room walk through

Figure 12: Baseline of the providers in sequence of resuscitation of newborn in the focus district



- **Adoption of demonstration sites in focus districts in Jharkhand:** Demonstration sites CHC Madhupur & CHC Palajori at Deoghar and Jamtara Sadar and CHC Pabia at Jamtara district selected for programming. Sharing of the program model on ENC/R with the district officials completed. Formation of the newborn and Child Health Cell at the district. A core group has been identified who will be involved in piloting the a program model for improving facility and community based ENC. Dialogue for potential partnership for leveraging resources and expertise at the state and district level is in progress.
- **Strengthening ENBC practices at selected facilities:** The implementation model is focusing on the improvement in practices through mentoring, improvement program management, and using data for decision making. In progress in using demo-site records, training in expanded NSSK focusing on the essential newborn care and resuscitation training completed for demonstration site providers in Jharkhand. Hands-on-training is being conducted for the key providers involved in newborn care were completed.
- **Field testing done for supportive supervision checklist** at UP and Jharkhand, it is being used as visit record in focus districts. Process manual for supervisors training has been prepared. Orientation of the MCHIP staff on the supportive supervision completed. Plan to scale up supervision is being done.

D. Vaccine Preventable Diseases

i) National Level

- **Support to MOHFW, GOI:**
 - **TA for development of guidelines for country strategies:**
 1. Comprehensive Multi Year Plan (cMYP) for year 2010-17
 2. Revised guidelines for RI PIP (also reviewed RI PIP from 5 states)
 3. Revised AEFI guidelines
 - **Guidelines for introduction of new and underutilized vaccines in national immunization schedule:**
 1. Operational guidelines for 2nd dose of measles and catch up campaigns
 2. Introduction of Hepatitis B
 3. Revised guidelines for JE vaccination in endemic districts and states
 4. Introduction of Liquid Pentavalent Vaccine (LPV)

Figure 13: Various Guidelines developed with support from MCHIP



- India is going for inclusion of 2nd dose of Measles in UIP in all states and the catch-up (MCUP) campaigns in 14 states (These campaigns and second dose in UIP will contribute towards reducing measles related morbidity and mortality in the country and hence achieving the goal of MDG 4). Among the newer vaccines, Hepatitis B vaccine is being introduced across the country and LPV in 2 states of Tamil Nadu and Kerala; JE vaccine is included in RI in 111 endemic districts of 16 states.
- *Introduction of new and underutilized vaccine can result in protection of more number of children against life threatening VPDs and strengthens immunization program. TA to GOI resulted in improved working relationship between Government and MCHIP.*

- *The development of these guidelines (with involvement of MCHIP team) reflects the focus of the government for the coming years, and this TA has resulted in enhanced credibility to Immunization program.*
- **Participation and co-facilitation during national level meetings and forums:**
 - Two meetings organized for State EPI Officers (SEPIO)
 - High level Ministerial Meeting with participation of 11 Health Ministers from SEARO countries (meeting ended with unanimous declaration of year 2012 as year for intensification of RI)
 - Meeting for State Cold Chain Officers and sub-group on Cold Chain
 - Polio IEAG meeting
 - National AEFI Committee Meeting

During SEPIO meetings, detailed program review was done and strategic plans for improving immunization coverage in the low performing states through monitoring and supportive supervision, and the communication strategies were discussed in detail. MCHIP team chaired important sessions during these meetings. During cold chain officers meeting MCHIP participated in technical discussion to identify gaps and issues in the cold chain system and provide inputs to strengthen cold chain and vaccine management system in the country.

These meetings helps identify strategic directions that MCHIP needs to follow in line with the program implementation, for example activities during the year of intensification of RI.

- **Support to Partners**
 - Participated in GAVI alliance large country task team stakeholder for India, to review new and existing GAVI modalities of funding or ‘support’ windows and to make recommendations.
 - Organized meeting with FHI for discussion about the possible models of integration and for initiating a study on “assessing family planning and immunization integration in Jharkhand”.
 - Participation in Polio Partners meeting organized by USAID to understand and review the partner involvement in polio eradication efforts. ***MCHIP presented its plan to roll out TEN MCTS intervention in one block of each of the focus districts in two states***
 - Participation in national level partners meeting with discussion on preparations for measles catch up campaigns, IEC strategy and cold chain strengthening.
 - Developed partnership with CDC and UNICEF for implementation of capacity building project for health functionaries in three districts of Jharkhand (similar to the CDC piloted activity in Rajasthan).
 - Participated in meeting with UNICEF for introduction of Trans-tracker device at the request of Govt. of India. ***Discussions were***

also done for introduction of new lightweight vaccine carriers; for which it was recommended that a field testing be done in 4 different regions of the country to evaluate its capacity to withstand the various field conditions.

- Reviewed and provided inputs to a proposal on routine immunization strengthening in the state of Karnataka developed by UNICEF state office.
- Participated in IGNOU-UNICEF partnership initiation media workshop on RI with an aim to reach the unreached. *This effort led to better understanding of the RI program amongst the media personnel.*
- Initiated dialogue with NGO - NEEDS for complementing the MCHIP activities in the field. *NEEDS NGO is focusing on new born care, immunization and Family Planning and is highly interested in partnering with MCHIP. This NGO is implementing a program - CommCare-ASHA project, where-in the ASHAs use the preformatted mobiles to support the ANC and PNC activities.*
- Collaboration in special studies: MCHIP team provided inputs to partners in undertaking following special studies:
 1. Vaccine Wastage Assessment (UNICEF)
 2. Hepatitis B Uptake Assessment (WHO/NPSP)
 3. Study on HR requirements in UIP by IIM, Ahmedabad
 4. Study on opportunities and challenges for polio eradication in India, by Mc Kinsey group for BMGF
 5. Study on exploring synergy between SIA and RI in India (CDC)
- ***These activities strengthen collaboration efforts of MCHIP with key partners***

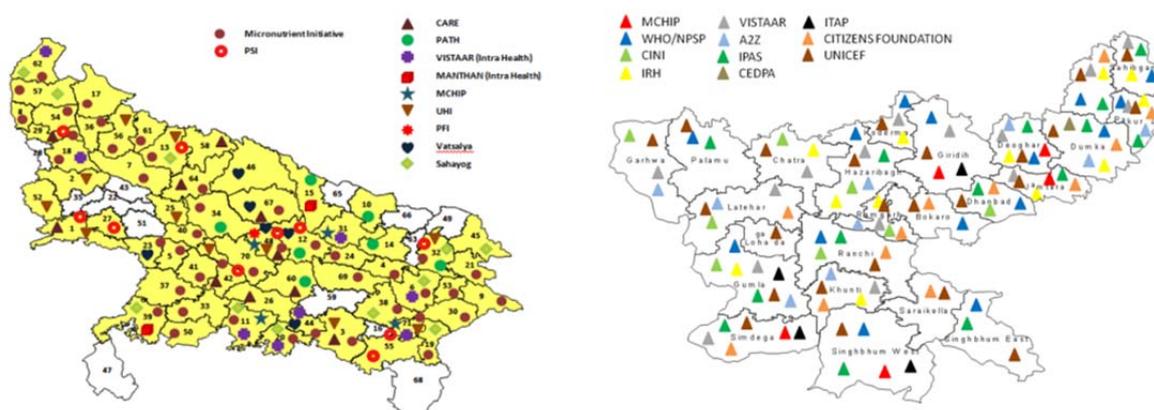
ii) Support to State Governments of UP and Jharkhand

- In both focus states of UP and Jharkhand, MCHIP team played active role in development of RI annual Program Implementation Plan(PIP) for year 2011-12, through participation in the PIP review Meetings and providing inputs for appropriate budgeting of planned and priority activities.
- The state teams continued to provide inputs during periodic reviews through participation and co-facilitation of RI Cell/Core Group Meetings, DIO/CMO review Meetings and NRHM Planning Meetings.
- **Scale-up of RAPID activity in all 24 districts of Jharkhand** (formally approved under NRHM PIP); and 32 districts of UP (through UNICEF and govt. medical colleges). Recently funds for conducting RAPID have also been approved in PIPs of states of Haryana and Punjab. The checklists being used for data collection during the activity have been revised in light of new advances in the program, with objective to make it more comprehensive and facilitating collection of data for ensuring action.
- ***MCHIP team has championed in RAPID activity (Regular Appraisal of Performance of Immunization at District level, using supportive supervision), an activity for strengthening planning, management,***

implementation and monitoring of immunization services. This activity is to be planned and organized once every 6 months for getting good results over a period of time. The approach has been demonstrated with encouraging results in many states and districts and the team is doing advocacy for adoption in other states and districts.

- In Jharkhand specific support was provided for different initiatives from Govt. of Jharkhand including:
 - Co facilitating and providing key inputs during the media sensitization workshop for the measles campaign
 - Participation during different forums like State Operational Group Meeting for Measles SIA, Convergence meeting for strategic planning for strengthening tribal health care services, and Meeting on bio medical waste management standard operating protocol, urban health with partners and Govt. of Jharkhand
 - Conceptualization and development of a campaign by name SAUGAAT, (meaning “gift”) for 6 poor performing districts of the state for demand generation and strengthening immunization services. The same has been included and approved in state PIP and will be rolled out from this year
- **Support to state level Partners:**
 - In both focus states, MCHIP team facilitated thematic and geographical MCHN partner mapping at the request of govt. departments and partners
 - Regular participation in state level partner meetings including RI Partners Group, Polio Partners Group and MNCHN Partners Group
 - During these meetings MCHIP shared the activities being undertaken and progress made in focus districts of the 2 states
 - In UP, the state team participated and co facilitated knowledge sharing sessions for MCHN Partners
 - These contributed towards better support to the government by MCHIP in planning and implementation of MCH strategies

Figure 14: Thematic and Geographic Partner Mapping for states of UP and Jharkhand as facilitated by MCHIP



- **MCHIP RI team trained a total 2039 functionaries from Govt. health department and Partners on different aspects of RI during FY11, against a target of 1300. The capacity building activities undertaken by MCHIP include:**
 - Co-facilitation of Training of Trainers (TOT) and district level trainings for medical officers, cold chain handlers, basic health workers and computer assistants.
 - Facilitation of capacity building activities for staff of partner agencies. Some of these are – training of UNICEF field staff on supportive supervision (UP), WHO/NPSP SMOs' on Measles Surveillance (JHK), and field staff of Micronutrient Initiative on monitoring (UP)
- **Provided support to GOI and partners for review and update of the training packages including the health workers training module for immunization and cold chain handlers training module.** These are now being used to provide refresher training for all basic health workers in the country, and will be continued through next 2 years.
- **Development and revisions of tools and job aids**
 - Initiated partnership with UNICEF country office for designing, branding and scale up of job aids developed by MCHIP.
 - The job aids developed by MCHIP team were got printed by state government in Jharkhand and by UNICEF in UP. Leveraging of funds was done for getting these printed and they are displayed at all health facilities in the focus districts.
 - Revised the PHC level microplanning tool for immunization with incorporation of new guidelines. The tool has been endorsed by Govt. of UP and Jharkhand and is being used in all districts of these 2 states.
 - The states of Maharashtra and Haryana also initiated the development of PHC microplans using microplanning tool developed by MCHIP
 - Developed microplanning and report compilation tool for measles catch up campaigns
 - Developed and scaled up job aids for different thematic areas of RI. These job aids have now been posted on the following NIHF/NCHRC website: <http://202.71.128.172/nihfw/nchrc/index.php?q=content/immunization-1>
- **Dissemination and planning workshops** were organized in all 3 focus districts of UP for sharing the findings revealed from baseline situation analysis.
 - These workshops provided important forum for prioritizing the activities and developing district level action plan.
 - Fact sheets on baseline situation analysis conducted in 3 districts of UP and 2 districts of Jharkhand were prepared and shared with different stakeholders. This contributed towards planning appropriate interventions in the respective districts to improve RI.
- **MCHIP has placed technical consultants (TCs) in the focus districts and the team provided following support to district and block health officials:**

- Support in planning, implementation, review and monitoring of RI services.
- Constitution of the RI cell / RI partner forums in respective districts, and regular participation and co-facilitation during the meetings of these forums.
- Participation and providing inputs in meeting e.g. District Task Force/district health society meetings, monthly medical officer review meetings, block level ANM/ASHA meetings, and the inter-sectoral coordination meetings.
- **Demonstration blocks were identified in all five districts of UP and Jharkhand** following qualitative assessment of all sub district level facilities. Demonstration sites were developed for 2 thematic areas (cold chain management and recording reporting practices) in each of the identified blocks per district. All these sites are ready for cross visits and learning by other block staff, as per readiness scoring.
 - Establishment of Demonstration blocks is one major activity at the district level on different thematic areas of immunization, including program management, cold chain management, Injection safety, and records and reports. The objective of developing these demonstration sites is to facilitate cross learning visits and knowledge sharing with other functionaries. *This effort will have a snow ball effect by encouraging all the staff of the district to improve the performance.*

Figure 15: Progress form Facility Assessment: Vaccine Storage Practices

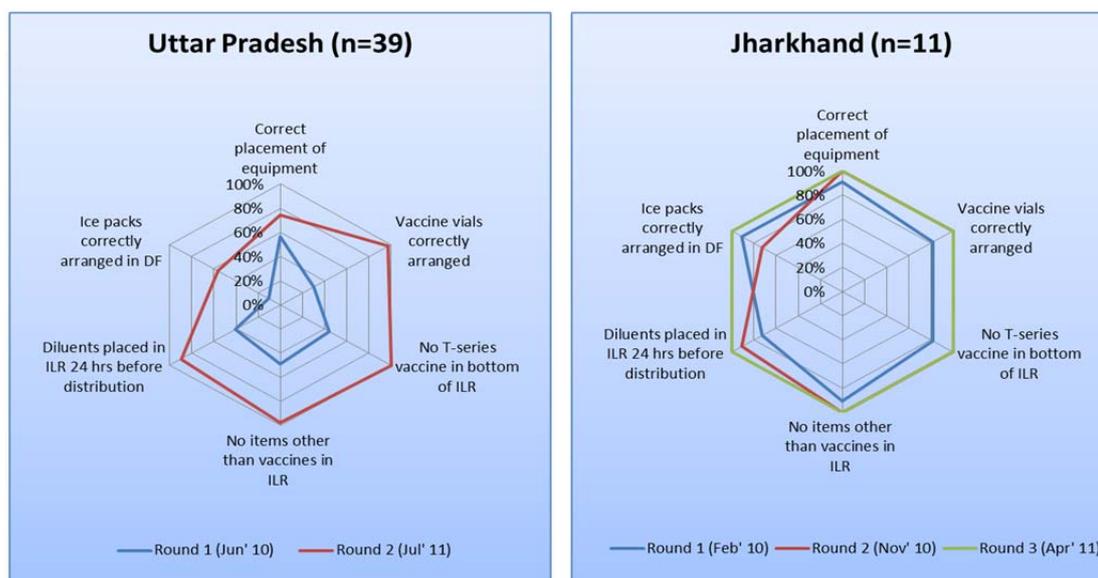


Figure 16: Progress form Facility Assessment: Temperature Monitoring

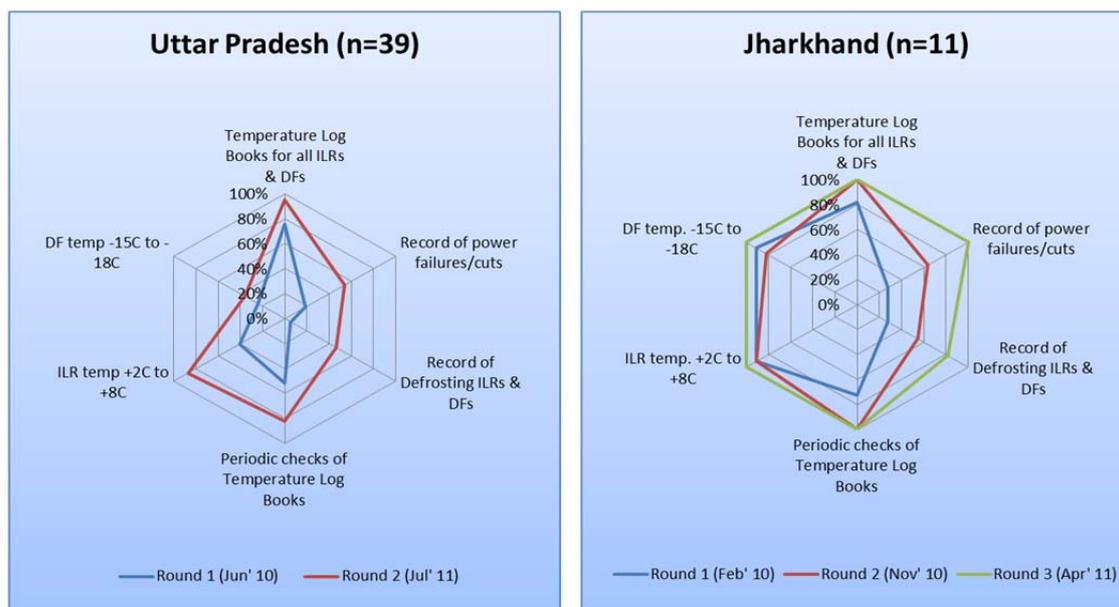
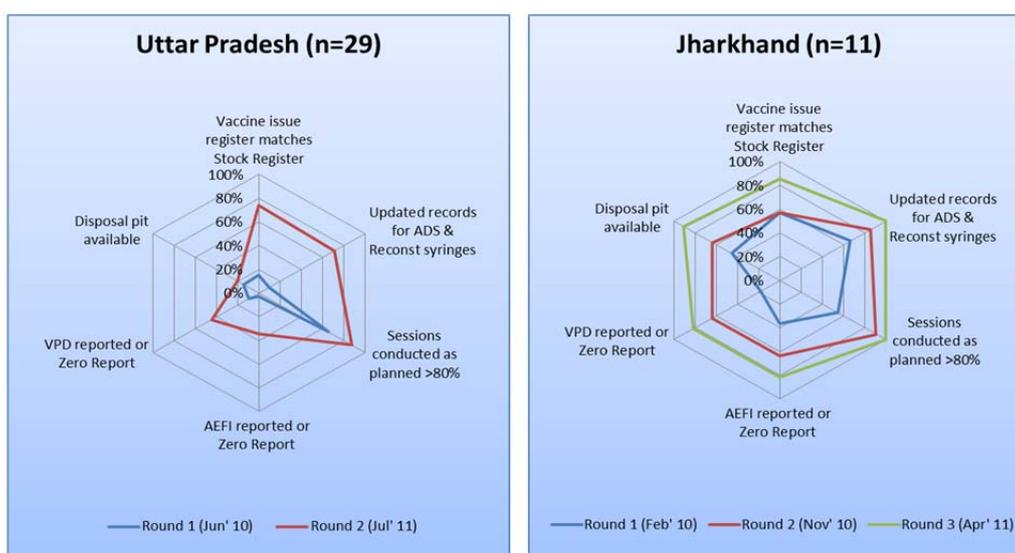
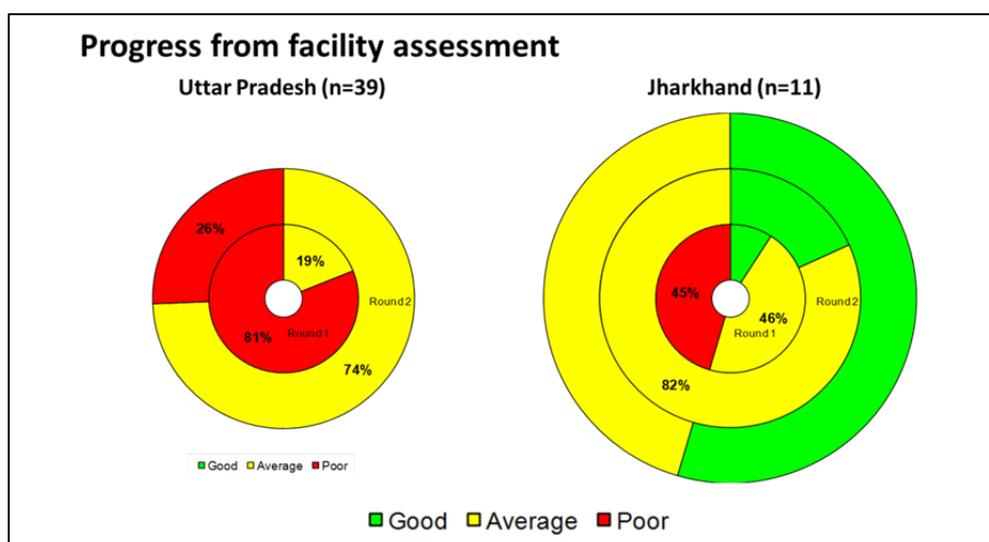


Figure 17: Progress form Facility Assessment: Record, Reports and Disposal



- Repeat facility assessments** were conducted in the focus districts of UP and Jharkhand for assessing progress made in terms of quality of program management and service delivery vis-a-vis the baseline situation analysis. *The repeat assessments have revealed encouraging progress made during the short span of time since focused support was initiated in the districts by team of technical consultants.*

Figure 18: Progress from facility assessment



Rolled out TEN MCTS initiative in one identified block of each focus district: During the first phase 5 sub-center areas have been identified where this activity is currently being implemented. Objective of this intervention is to demonstrate lesson from polio eradication program in the country which emphasizes on identification of beneficiaries using different sources and tracking them over a period of time for ensuring complete immunization. One of the key activities is to computerize the beneficiary database in these selected sub-centers from April 2010 till date and identify the left-outs and dropouts in the program. Till date beneficiary data base is computerized for 8 sub-centers in the focus states. The next step is to generate the due-lists

- **MCHIP developed a concept of Track Every New born (TEN) in October 2010. After 6 months, Government announced the system of Mother and child tracking system (MCTS), which is similar in the approach. Hence MCHIP coined the name TEN through MCTS**
- The second effort under the objective is to enhance the administration of BCG and OPV '0' dose in the institutional deliveries. Following advocacy with district/block officials, one block has been identified in each of the focus district to establish demonstration site for this intervention. MCHIP team facilitated orientation of the facility staff on the importance of administering these vaccines before the newborn is discharged from the facility. Besides this the team got the recording registers modified and initiated the practice of correct recording and reporting of these vaccinations. These newborns are then being tracked for full immunization by the concerned health workers. MCHIP staff is monitoring the progress and collecting the data and are sharing at the district level.
- Staff building activities:
 - During year 2010/2011, the following staff capacity building activities were performed
 - 3-day Induction Training for Technical Consultants at Varanasi (Oct' 2010)

- 3 Quarterly Review Meetings (UP & JHK) organized (Feb' 11, Jun' 11, Aug' 11)
- Training of Technical Consultants of MCHIP along with Medical officers on RI at Ranchi (Mar '11)
- Induction training of computer cum administrative assistants conducted at Lucknow
- Two interns from IIHMR, New Delhi completed 2 month summer training/internship from district Banda

E. Water, Sanitation and Hygiene: Contribution to Aquatabs™ Efficacy Study

i) A brief note from Pilot study:

- In accordance with the protocol, the pilot study was carried between September 2010 and October 2010. The eligibility criteria for the participation of households in the pilot were- i) having at least one child < 5 years in that household and ii) staying in that particular location for at least last one year. Participating households were randomly allocated to one of the two groups – intervention group and control group. Half of the households received Aquatabs and the other half received placebo tablets. Each household was then followed up for five weeks. For this intervention, a two tier systems has been adopted for communication. On one hand the IPCs Inter Personal Communicators (IPC)s visited the target households on a regular basis and, on the other, various communication activities have been undertaken including - wall painting, street plays, game shows and dissemination of IEC material at the community level. This helped in enhancing opportunity, ability and motivation of target audience for using Aquatabs. Households in the selected area were enrolled after a community meeting. Participation in the trial was completely voluntary and involved obtaining informed consent. The objective of the pilot was to measure increase in the uptake of Aquatab in response to appropriate communication activities.
- **The pilot study produced sufficient evidence of uptake of the intervention for conducting a full one year trial.** Reported use of Aquatabs was 82% in the pilot study. Use of Aquatabs measured through chlorine testing was up to 70% by the end of the pilot period. Overall, the pilot succeeded in reducing the fecal coliform contamination in drinking water (control – 223 TTC/100ml vs. intervention – 11). It also significantly increased the likelihood that intervention households would be drinking water that was free of harmful organisms. The blinding assessment indicated the pilot to be successful. The pilot study provided substantial favorable evidence based on which the full study was initiated in Orissa.

ii) Activities under taken during the Main trial: (Dec 2010 to Sept 2011)

- **The actual trial was initiated in 20 villages of Dhenkanal and 11 slums in Bhubaneswar, Orissa.** The process of selecting 2163 households for enrolment was completed by December 2010 when the communication activities were started.
- During the trial phase, PSI designed and delivered relevant messages through interpersonal communication, street plays, road shows and wall

paintings at the community level to enhance opportunity, ability and motivation of target audience for using Aquatabs. PSI appointed Inter Personal Communicators (IPCs) who conducted house to house visits for advocating the use of Aquatabs and generating awareness about point of use water purification and prevention of diarrhea

- **Broadly, two activities were undertaken by PSI in this research study**
 - Aquatab distribution
 - Behaviour Change Communication
- **Aquatabs tablet distribution:** The project team distributed the tablets (Aquatab/Placebo) throughout the intervention period. The IPCs of the project visit each participating household twice a month. During these visits they emphasize on the consistent use of the given tablets for water purification. Tablets are given for at least 30 days at a stretch

Table: Round wise details:

Round	Date of round	Tablet distributed (in strips)
1 st	17.12.10 to 09.01.11	5613
2 nd	10.01.11 to 01.02.11	5400
3 rd	02.02.11 to 14.02.11	8101
4 th	15.02.11 to 26.02.11	6029
5 th	28.02.11 to 12.03.11	1390
6 th	14.03.11 to 30.03.11	1283
7 th	1.4.11 to 15.4.11	4956
8 th	16.4.11 to 30.04.11	5169
9 th	1.05.11 to 15.05.11	3171
10 th	16.05.11 to 31.05.11	4065
11 th	01.06.11 to 16.06.11	4238
12 th	17.06.11 to 30.06.11	1541
13 th	01.07.11 to 15.07.11	1489
14 th	16.07.11 to 31.07.11	2134
15 th	01.08.11 to 15.08.11	3415
16 th	16.08.11 to 31.08.11	1727
Total		59721

- **Behaviour Change Communication:**

- **Inter Personal Communication:** PSI has appointed 20 Inter Personal Communicators (IPCs) to undertake regular household visits. During these visits the IPCs build a rapport with household members. The IPCs visit each of the enrolled households every fortnight. Each IPC visits 100 households in each cycle (a fortnight). The IPCs visit certain households more than twice a month as required for bringing about behaviour change

Figure 19 Sample Wall painting



- **Wall Painting:** The study area has been divided into 31 clusters under the Aquatabs project. A total of 41 wall paintings have been made covering every targeted villages/cluster. A wall painting on one of the walls in Dhenkanal villages
- **Mid Media Activities:** Mid media activities were conducted by the project to increase awareness about the importance of treating water with Aquatab before consumption and its role in preventing episodes of diarrhoea. The project staff mobilized the target group to be part of the activities that included street plays and game shows

Phase	No. Street plays	No. Game Show
1 st	116	116
2 nd	116	116
3 rd	116	116
4 th	116	116

- **Community Quiz:** This activity was undertaken with a view to increase consistent use of Aquatab. It was observed that some people have been using Aquatabs consistently and very often they share its benefits with others. Keeping this in mind the project conducted community quiz wherein the IPCs mobilized the caregivers to one common point and conducted a game. The IPCs asked questions related to Aquatab usage and benefits and prevention of diarrhoea to which the participants were asked to respond. For each correct answer a small prize was given to the respondent. At the end of this activity, the messages were given to the participants reminding them to use the tablet frequently

Village Cluster name	No of Shows	Participants (Care giver)
Siripur	2	22 & 16
Line sahi	1	14
Nilachakranagar	2	32 & 15
Mahavir Nagar	1	18
Munda Sahi	1	16
Sikharchandi	2	12 & 17
Khatuahata	1	21
Chaulia	1	45
Beltigiri	1	15
Gengutia	1	17
Kamagara Patna	1	20
Beguniapala	1	31
Mangalpur	1	23
Ostapala	1	26
<i>Total</i>	<i>17</i>	<i>17 (avg per each show)</i>

- **Product Champion:** During the Aquatab project period, a major challenge faced by the study team was the inconsistent usage of tablets by certain households. There were many reasons like- people forgot to put tablets in the container; did not like the taste; many complained of bad smell of the treated water. The project team thought of creating Product Champions to advocate usage to overcome this bottleneck

- This entailed creating a brand ambassador for the product (Aquatabs). It was seen that in every village, some households were using Aquatabs consistently while others were not. The idea was to encourage the consistent user within the village (caregiver of the household) for motivating and influencing the inconsistent households for increased

Figure 20: Felicitation of Product Champion



uptake. The product champions were encouraged to regularly follow up and interact with inconsistent households so that they become consistent users. S/he would inform people about the benefits of consistently using tablets and will play the role of an IPC within that village. A small gift voucher, worth Rs. 100/- and one family photograph with photo frame is provided to the product champions.

- Selection of Product Champion: The IPCs are closely associated with the households and it is their responsibility to nominate, at least one or two names from every village/cluster. The criteria for a product champion are – a) The respondent must have good communication skills, b) She must be a consistent user of Aquatab and should have treated water at any point of time at their house (subject to Aquatabs being made available by the project) and c) All members of that house drink treated water. So far a total of 31 Product Champions have been nominated, one belonging to each cluster.

IV) Challenges:

Pre-service Nursing and Midwifery Education

- Slow internal processes of the INC
- Administrative delays in routing funds for strengthening the skills lab and human resource at the other 4 NNCs
- Delay in the signing of the MoU between the INC and the NNCs to initiate the process in full swing

Repositioning Family Planning (FP) within Maternal Newborn & Child Health (MNCH)

Uttar Pradesh

- Slow internal process at SIFPSA
- Transition from SIFPSA to GoUP/NRHM for implementation/scale-up of the interventions
- SIFPSA internal approval for establishment of 6 new DCTCs

Jharkhand

- Lack of faculty in ANMTCs in the State. State is in process of hiring faculty for the ANMTCs for more than a year but due to internal processes it is being delayed.
- Procurement and Printing of the materials including drugs have always been a challenge in Jharkhand due to internal process leading to delay in the completion of the activities.
- Rapid Scaling up of PFP/PPIUCD program in 24 districts and 165 facilities across the state
- Release of ANMTC faculty for 6 weeks training on integrated MNCH package due to shortage of faculty

Uttarakhand

- Transition from IFPS to NRHM (PIP) support for scale-up of interventions
- The UHCs do not have any system of Biomedical waste disposal. This is a challenge as the UHCs have not been provided with any funds for the same. MCHIP has raised the issue with the State Health Authorities
- Shortage of ANM tutors at both ANMTCs and especially post graduate (MSc)

Water, Sanitation and Hygiene: Contribution to Aquatabs™ Efficacy Study

- **Consistent use of Aquatab:** Though people enrolled and began the use of tablets for water purification, not all were using them consistently. Communication tools and activities were designed to address this issue specifically encouraging people to become consistent users from inconsistent users
- It was difficult to trace some of the people during the routine visits as they were daily wage earners and left home early. To overcome the project team scheduled their visits early morning, late evening and on holidays and Sundays
- Even if the caregiver/ lady of the house was convinced of the benefits of Aquatabs, the husbands/other family members objected to the use. In such cases the IPCs took help from the local village leaders like 'Gram Pradhan', 'Sarpanch', friends, neighbours and others to convince them of the benefits of using Aquatab
- People dislike the smell of the product. The IPCs constantly reinforce the benefits of Aquatab so that they start using the product despite the dislike for smell

V) The Way Forward

A. Integration at MCHIP supported sites and MCHIP focus districts in Jharkhand

- The purpose of integration in context of the MCHIP workplan for FY 2012 is to provide a comprehensive package of Maternal, Newborn and Family Planning services at select MCHIP supported facilities in the five focus districts of Jharkhand viz. Giridih, Jamtara, Deoghar, Simdega and Singhbhum West (Chaibasa) with the overarching objective of ensuring the delivery of quality MNCH and Family Planning services in the MCHIP supported facilities and districts of Jharkhand
- MCHIP has been supporting the strengthening of Family Planning services at select district level and block level facilities in the focus districts of Simdega,

Chaibasa and Giridih and is also working to introduce Postpartum IUCD services in these districts. MCHIP is also working to strengthen the intra-partum care at the district level facilities of these three focus districts. In addition; MCHIP will now work towards strengthening Essential newborn care and Immunization services in selected facilities/blocks of these three districts. Similarly, MCHIP has been working to strengthen the newborn care services and the Immunization program in the districts of Deogarh and Jamtara. Now MCHIP will also work to strengthen FP services including PFP/PPIUCD in these two districts as well

- MCHIP will also work to integrate Family Planning and counseling services, including some key messages and services on infant care like promotion of breastfeeding, complementary feeding, screening for malnutrition, screening for danger signs for the infants etc., into the existing Immunization service delivery platforms in select blocks of the MCHIP focus districts with the objective of leveraging the strengthened service delivery platforms of the Immunization program to improve the accessibility to Postpartum Family Planning services to the mothers in their first year postpartum.

B. Pre-service Nursing and Midwifery Education

- The MoU between the INC and the NNCs to be signed
- Strengthening of the NNC, College of Nursing (CON), NRS Medical College (NRSM), Kolkata through establishment of the Skills and computer lab.
- To initiate the 6 weeks trainings at the NNC Kolkata
- To facilitate the process of strengthening of remaining four NNCs

C. Repositioning Family Planning (FP) within Maternal Newborn & Child Health (MNCH)

Uttar Pradesh

- To initiate the strengthening of 6 new DCTCs and continue support to the 10 DCTCs for achievement of the performance standards
- Provide support for scale-up of PFP/PPIUCD services in 13 additional facilities
- Establish one additional PFP/PPIUCD training site (to be identified by SIFPSA)
- Initiate the PPIUCD clients follow-up study

Jharkhand

- Pilot PPSS study in one block of focus district
- Finalization and dissemination of FP Clinical training strategy for the state of Jharkhand
- Provide strategic support to scale-up of PFP/PPIUCD services in all 24 districts of state
- Provide strategic support to for implementation of performance standards for FP Services and Educational and Clinical standards at additional facilities

Uttarakhand

- Establish a follow-up system for PFP/PPIUCD services

- Continue strengthening of existing 10 SBA training sites and establishment of 7 new training sites.
- Provide support for scale-up of PFP/PPIUCD services in 10 additional facilities
- Provide support to for implementation of performance standards for FP Services and Educational and Clinical standards at additional ANMTCs and UHCs

D. Essential newborn care and resuscitation

- Continue to provide TA to government departments at national level and in the focus states of UP and Jharkhand and to partner organizations for improved planning, implementation, review and monitoring of Essential Newborn care and resuscitation services.
- Provide support for training on NSSK in UP and Jharkhand.
- Address the issues identified in different programmatic areas (specifically concentrating on cold chain and records and reports) through regular mentoring visits to the blocks by the Program officers and the concerned field functionaries.
- Organize and facilitate cross learning visit to the demo-sites already developed for essential newborn care and resuscitation.
- Dissemination of the findings in the midterm evaluation in the focus districts
- Integrated activities in the 3 FP focus districts

E. Vaccine Preventable Diseases

- Continue to provide TA to government departments at national level and in the focus states of UP and Jharkhand and to partner organizations for improved planning, implementation, review and monitoring of immunization program.
- Provide support for supervision and monitoring during the measles catch up campaigns in UP and Jharkhand.
- Address the issues identified in different programmatic areas (specifically concentrating on cold chain and records and reports) through regular mentoring visits to the blocks by the Program officers and the concerned field functionaries.
- Organize and facilitate cross learning visit to the demo-sites already developed for cold chain and recording reporting practices. Initiate development of additional demonstration sites for other thematic areas of RI.
- Dissemination of the findings in the midterm evaluation in the focus districts
- Conduct end line survey in all the 5 focus districts and disseminate results
- Documentation of the best practices including writing articles for International and National journals

VI) Success Stories

Lead by example: An Auxiliary Nurse Midwife as a role model for the community

Figure 21:
Seema Verma, ANM,
Uttarakhand



Seema Verma is on a mission. An auxiliary nurse midwife at the Majra Urban Health Center in the hilly state of Uttarakhand, India, the 32-year-old mother of two daughters wants to help other women make an informed choice about family planning services just as she was able to do.

“I want to pass on the same hope and possibilities to other women in my community”, she says.

When she got pregnant for the second time, Seema was looking for a viable long-term family planning method to limit future pregnancies and benefited from counseling by a visiting team from the U.S. Agency for International Development’s (USAID) global flagship Maternal and Child Health Integrated Program (MCHIP).

The Majra facility is one of 20 health care centers established in the urban slums of Uttarakhand by local non-governmental organizations as part of a public-private partnership with Uttarakhand government. MCHIP is providing technical assistance to the project and set up the family planning services as a part of an integrated program of mother and child health and nutrition services for the urban poor. As part of its work, MCHIP, with the help of Jhpiego experts, is focused on ensuring quality family planning services at these urban health centers as well as revitalizing postpartum family planning and postpartum intrauterine contraceptive device (IUD) services in the state.

The team that counseled Seema pointed out to her the importance of using contraceptives after delivery to delay or prevent the next pregnancy and told her about Cu-T, a copper releasing IUD, which can be inserted within 48 hours after delivery. The MCHIP team also informed her and the rest of the Majra staff about facilities where they had trained doctors for the postpartum IUD insertions. Seema consequently chose to go to Women’s Hospital, Dehradun, one of the MCHIP intervention sites, for her delivery so that she could get Cu-T insertion soon after the birth of her daughter Ritika, who is now 3 months old.

For Seema, Cu-T was the best family planning choice, because it was provided free of cost to her under government policy and could be inserted while she was still in the hospital. This long-acting method also freed her from having to take oral pills every day as well as from having to decide on a family planning method for the next 10 years.

Seema was so enthusiastic about her family planning decision that while resting in the postpartum ward, she successfully counseled two other women who were sharing the room with her and they also chose to have the Cu-T inserted.

“I found the Cu-T insertion hassle free and quite painless. I’m now free from the burden of unwanted pregnancies. I can do my work well and focus on looking after my family.”

This auxiliary nurse midwife not only feels strongly that other women in her community can benefit from this method of family planning, but is also optimistic that it offers for her own two daughters' promising futures. One of four children in a poor family, Seema struggled to finish her schooling and became the highest educated member of her family.

"I want my daughters to study more than me. My husband and I want to work hard to make this possible," the auxiliary nurse-midwife said.

Reaching New Heights – A Case Study

Chirasmitha Mishra, has been working as an Enumerator in the Aquatab project, since November 2010. She is very passionate about her work and feels that her work contributes to the larger benefit of the society. She began her work with lot many apprehensions in the November of 2010- "Will people listen to me? Will I be able to convince them for using Aquatabs? Will they accept me and the project that I am part of?"

Her apprehensions came out to be true as she had to face a lot of reluctance from three households in the beginning. It was difficult for people to modify their habits and adopt a new product that treated water, leading to change in taste and smell. However, Chirasmitha tirelessly continued to make the caregivers of all these three households understand the benefits of using treated water and ensuring better health of their children. Eventually, they started using Aquatab treated water for children and later for everyone in the household.

Two months later during her visit, she got the reward for her perseverance. People informed that they had started treating water with Aquatab before consuming. They said that they used to boil water for their children which entailed money, time and effort. By using the tablet for treating drinking water they saved the money spent on fuel. They said that the use of tablets for treating water ensured better health for their children. They further acknowledged that since they started using the tablet, they had to spend less amount of money on medicines as the episodes of illnesses reduced among the children.

Today, she is proud to be part of the project that leads to improved health of children.

Figure 22: An enumerator facilitating an interpersonal communication session

