

# MCHIP India Programs Annual Report 2011-12

**September 30, 2012**  
New Delhi



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## TABLE OF CONTENTS

I	Introduction .....	3
II	Brief Results.....	3
	A. Pre-service Nursing and Midwifery Education .....	3
	B. Repositioning Family Planning (FP) within Maternal Newborn and Child Health (MNCH) .....	4
	C. Essential Care and Resuscitation.....	4
	D. Vaccine Preventable Diseases.....	5
III	Activity in Detail.....	6
	A. Pre-Service Nursing and Midwifery Education.....	6
	B. Repositioning Family Planning (FP) within Maternal Newborn and Child Health (MNCH) .....	11
IV	Challenges.....	19
	Pre-Service Nursing and Midwifery Education .....	19
	Repositioning Family Planning (FP) within Maternal Newborn and Child Health (MNCH) .....	19
	Newborn Care and Resuscitation .....	20
V	The Way Forward.....	35
	Pre-Service Nursing and Midwifery Education .....	49
	Repositioning Family Planning (FP) within Maternal Newborn and Child Health (MNCH) .....	49
	Newborn Care and Resuscitation .....	49
	Vaccine Preventable Diseases.....	50
VI	Success Stories.....	51

## 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.

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

- **Operationalization and strengthening of the National Nodal Center (NNC), NRS, Nursing College, Kolkata**, through strengthening library, training room and establishing skills lab, computer lab and standardization of the Clinical practices at the linked clinical practice sites. MCHIP also facilitated conduction of 4 batches of training of ANM/GNM faculty on customized 6 weeks trainings (4<sup>th</sup> batch is presently being conducted and would complete by Oct 13, 2012).
- **Multi Stakeholder Meeting conducted at School of Nursing, SN Medical College, Agra**, for facilitation and speeding up the process of up-gradation of School of Nursing to College of Nursing, Agra. MCHIP also facilitated the inspection of the Nursing College by INC.
- **Finalization and publishing of the revised ANM curriculum**, which includes additional 6 months of internship for the ANMs students.

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

- Development of E-learning course on PPF/PPIUCD, for online training of the providers on the knowledge component. The final draft of the training module has been submitted to MoHFW, GoI for comments and inputs.
- Strengthening of FP Service Delivery sites in 3 focus districts of Jharkhand and Urban Health Centres of Uttarakhand. On the request of GoJh, MCHIP is providing state level strategic support for the scale-up of the intervention in additional 21 facilities, in Jharkhand.
- Establishment of decentralized clinical training centers- Divisional Clinical Training Centers in Uttar Pradesh
- Revitalization of PPF/ PPIUCD services through establishment of PPF/PPIUCD clinical training centres and introduction of PPIUCD at selected facilities of MCHIP focus states.
- 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 and Uttarakhand so as to improve the pre-service education and training of Nursing and Midwifery students of these centers and scale up to additional 10 ANMTCs.
- Strengthening of Skill Birth Attendance (SBA) Training Sites based on the request of the Govt. of Uttarakhand
- Development, implementation and dissemination of **Family Planning Clinical Training Strategy in order to Decentralize clinical trainings in Jharkhand**
- **Strengthening of interval IUCD services.** On the request of the State of Jharkhand, MCHIP provided technical assistance for the state level ToT on interval IUCD services
- PPIUCD Follow-up study conducted, and data collection completed, in the focus 8 MCHIP supported facilities in Uttar Pradesh (4), Jharkhand (2) and Uttarakhand (2).
- Post-partum Systematic Screening study conducted and data collection completed, in selected Kolibera block of Dist. Simdega in Jharkhand.

## C. Newborn care and resuscitation

- MCHIP newborn work was represented at Asia regional meeting on interventions for impact in essential obstetric and newborn care, Global Development Alliance (GDA) partners annual meeting and has been a key member of UN commodities implementation planning group, HBB evaluation task force, WHO Global research priority for newborns and Chlorhexidine task group
- MCHIP participated in nationwide assessment of new born care and systematic analysis of operational status of NBSU and NBCCs in 6 states. MCHIP tool for facility readiness assessments has been adopted for national assessment.
- MCHIP took lead in providing neonatal mannequins to expert group to assess the essential new-born care and resuscitation practices in 6 states simultaneously. This is the first time experts have used mannequins for assessment of skills onsite and provide corrective action

- MCHIP supported the child health PIP of Government of Jharkhand was involved in the review of Koderma district. MCHIPs integrated maternal and newborn register is being used to develop a standard recording and reporting system for newborns being delivered at the facility in Jharkhand.
- Quality assurance checklist (QAC) for the NSSK training developed by MCHIP was shared with GoUP and was adopted. 2 facilities in Lucknow have been adopted to be developed as the demo-sites as requested by Mission Director NRHM.
- Community visits to follow up of the “newborns with birth asphyxia” delivered and managed at these demo-sites are followed up in the community with support of Sahiya’s (ASHA workers). 477 facilities delivered newborn have been tracked with all the 3 follow ups completed in the community.
- Clinical skills standardization training was conducted on 1st to 3rd of Feb. 2012 at NRS medical college Kolkata. The workshop resulted in 25 clinical nursing trainers for essential newborn care and resuscitation skills.
- Supportive supervision visits to improve quality of skills was undertaken in Jharkhand and 20 such sessions and this visits have improved provider skills and shows encouraging results
- Facility readiness activities were carried out in 3 integrated districts of Simdega, Chaibasa and Giridih. Following facilities readiness exercise was completed Gaps were shared with the district authorities with a suggested plan for improvement

#### D. Vaccine Preventable Diseases

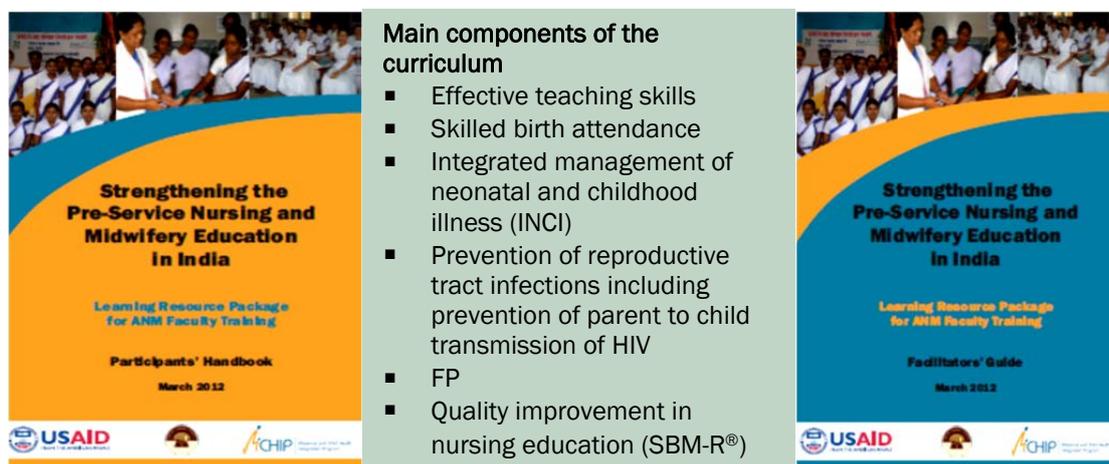
- MCHIP supported Government of India in activities for year of intensification of Routine Immunization and was a part of several meetings including EPI officers and state cold chain officers meeting.
- MCHIP team supported several partners in developing modules, materials including basic vaccinology course and was a part of several programs including Using Measles Activities to Strengthen Immunization and Surveillance (UMASIS) and roll out of Measles Catch up Campaigns (MCUP).
- Job aids on preventing AEFI, injection techniques, newborn vaccination, table calendar on RI thematic areas, ready reference guide for health workers and tools for measles catch up campaign were prepared by support MCHIP
- Documented RAPID process TEN initiative and 4 articles were written for publication in peer reviewed journals
- MCHIP supported the state Governments of Jharkhand and Uttar Pradesh in development of demonstration sites, RAPID, RI micro planning, institutionalization of newborn vaccination and preparation of PIP in relation to routine immunization
- In the focus districts MCHIP supported the planning and implementation of the Routine immunization, RI microplans, implementation of tracking every newborn, RAPID, institutionalization of newborn vaccination and piloted the my home my village intervention
- Major state level trainings facilitated by MCHIP included training of trainers for measles catch up campaign, workshop on AEFI, training for roll out of Hepatitis B vaccination in immunization schedule, and trainings of partner staff from UNICEF and Micronutrient initiative.

## II) Activity in Detail

### A. Pre-service Nursing and Midwifery Education

#### ■ National Nodal Centre Initiative:

- In view of operationalization of the first National Nodal Center at the College of Nursing, NRS Medical College, Kolkata, MCHIP strengthened the training infrastructure including skills lab, a well - equipped functional computer lab with the audio visual aids and library. The skills lab was established at the NNC, Kolkata with simulation mannequins, equipment, educative posters, as per approved list of INC.
- MCHIP finalized the learning resource package for the 6 weeks training of the ANM faculty 6 week training module based on the feedback/comments received during the first 6 weeks training. MCHIP also supported Indian Nursing Council (INC) in the printing of 1000 copies of the learning resource package (LRP) for the 6 weeks ANM faculty training and all the related resource materials.



- MCHIP conducted 10 days ToT for the 15 faculties from the NNCs/SNCs Trainers of the National Nodal Centers at the NNC, Kolkata as master trainers for the 6 weeks ANM/ GNM faculty training from the 4th – 13th of November. The training was inaugurated by the Vice President of the Indian Nursing Council on the 4th of November 2011.
- In order to strengthen the college and clinical facility of the Government College of Nursing, Vadodara, a 2 day clinical practice consensus workshop was held on the 7th and 8th of December. The workshop was based on the INC approved clinical practice service standards.
- To strengthen the clinical practice site linked to NNC, Kolkata, MCHIP conducted a Stakeholders meeting on Jan 10, 2012 for advocacy among the top level managers at the department of Obs & Gyn, of the Medical College. The stakeholders of the Directorate of Medical Education, West Bengal met to gain their cooperation in the achievement of the clinical standards at the NNC, Kolkata

## Clinical Skills Standardization (CSS) Workshop:

III) MCHIP conducted a three day CSS workshop at the NNC, Kolkata for the strengthening and standardization of the clinical practices at the clinical site. Doctors and nurses from the Obs & Gyn department of NRS Medical College were trained on the basic SBA skills such as monitoring the first stage of labor using a partograph, respectful conduction of normal delivery including active management of third stage of labor, essential newborn care, newborn resuscitation and infection prevention practices.

IV) MCHIP also provided technical assistance in the conducting a 3 day Clinical Skills Standardization training at the College of Nursing, Lady Harding Medical College, New Delhi which was supported by the WHO.

V) **6 weeks training for the ANM / GNM faculty:** Three batches of 6 weeks training for the ANM / GNM faculty from the states of Jharkhand, Uttarakhand and Bihar conducted at the NNC, Kolkata.

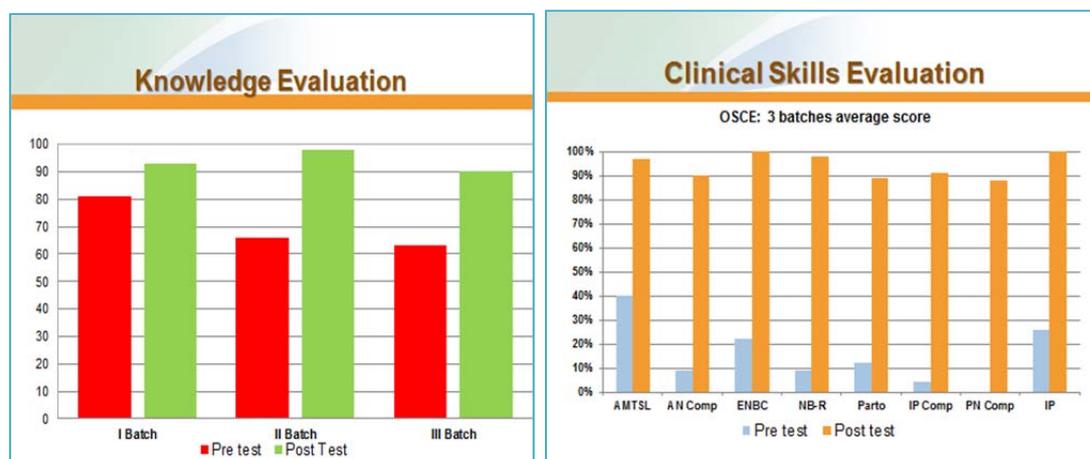
First Batch: November 15 –December 20, 2011 - 11 faculties,

Second Batch: March 12– April 21, 2012- 15 faculties and

Third batch: June 1-July 21, 2012- 9 faculties

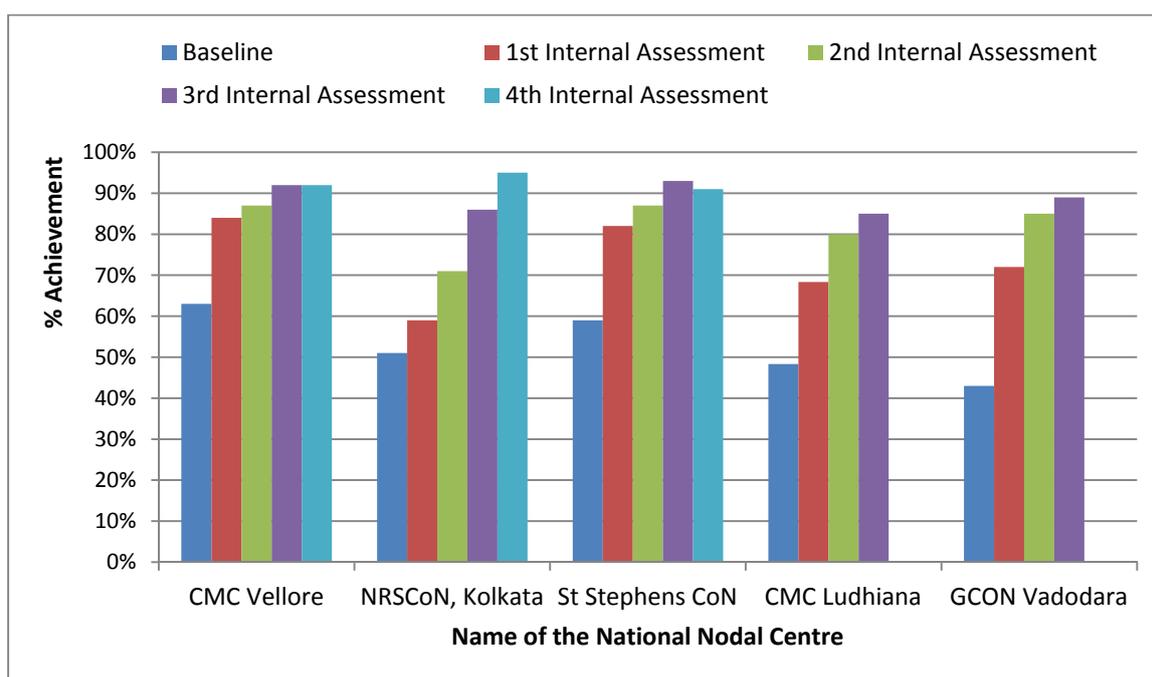
The trainings were backstopped by MCHIP staffs. The fourth batch training for 12 ANM faculty commenced from 3rd September will end on 13th October, 2012.

Figure 1: The Average percentage of Knowledge and Clinical Skills evaluation



- MCHIP continued to support the implementation of the strengthening of the educational and clinical service standards at the 5 NNCs. The findings of the achievements are depicted in the figure below:

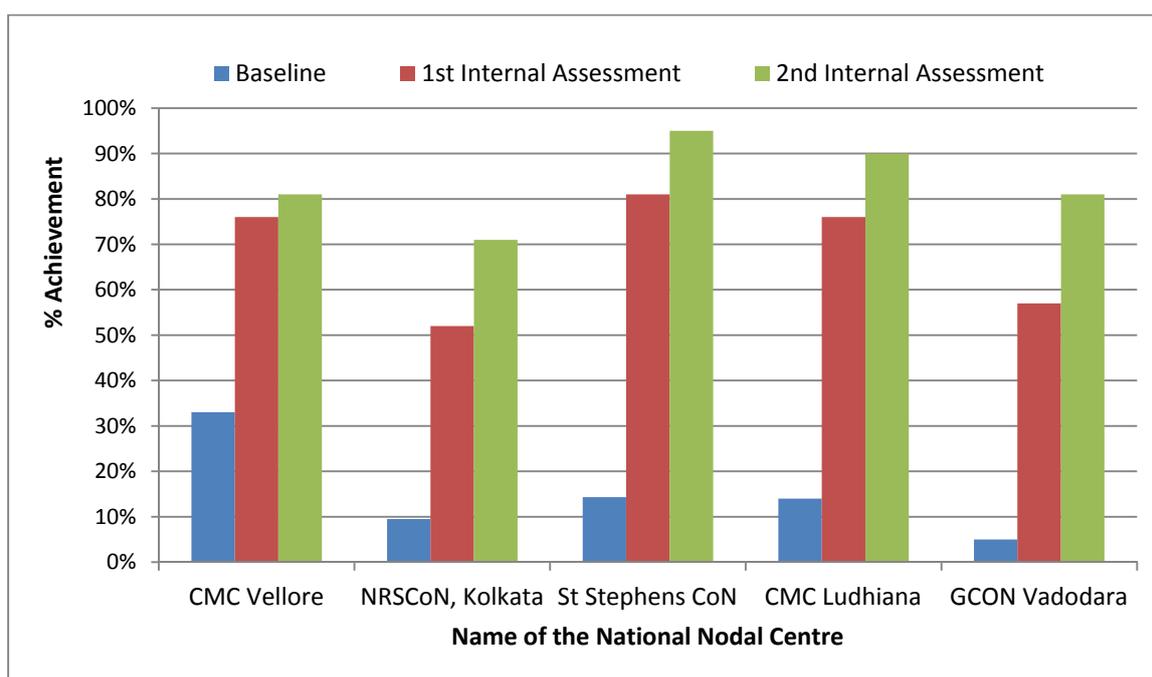
**Figure 2: Assessment findings of the educational standards**



**Table 1: Assessment Period for Educational Standards at NNCs**

	CMC Vellore	NRSNC Kolkata	Stephens CON Delhi	CMC Ludhiana	GCON Vadodara
<b>Baseline</b>	Mar-10	Mar-10	Oct-10	Nov-10	Nov-11
<b>1<sup>st</sup> IA</b>	Aug-10	Aug-10	Dec-10	Aug-10	Jun-11
<b>2<sup>nd</sup> IA</b>	Mar-11	Feb-11	Apr-11	Nov-11	Nov-11
<b>3<sup>rd</sup> IA</b>	Nov -11	Nov -11	Nov-11	Sep -12	Sep-12
<b>4<sup>th</sup> IA</b>	July -11	Sep-12	Sep-12		

**Figure 3 Assessment Findings of the clinical standards**



**Table 2: Assessment Period for Clinical Standards at NNCs**

	<b>CMC Vellore</b>	<b>NRSNC Kolkata</b>	<b>Stephens CON Delhi</b>	<b>CMC Ludhiana</b>	<b>GCON Vadodara</b>
<b>Baseline</b>	Mar 2011	Feb 2011	Oct 2010	Aug 2011	March 2011
<b>1st IA</b>	Nov 2011	Nov 2011	Dec 2011	March 2012	Dec 2011
<b>2nd IA</b>	Aug 2012	September 2012	September 2012	September 2012	September 2012

- **Facilitated structured mentorship visit to trained ANMTC faculty to follow-up on the strengthening the training processes at this site.**

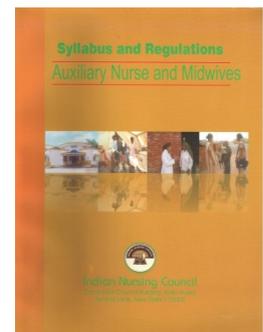
VI) MCHIP supported Indian Nursing Council (INC) in development of SOP (Standard Operating procedure) and financial guidelines for post training mentoring visit to be conducted by training coordinators of the NNCs to the trained ANM faculty.

VII) NNC, Kolkata training coordinators conducted post training mentoring visits for ANMTCs at Dumka & Deoghar in Jharkhand and Gaya, Kathihar, Sitameri, Muzaffarpur and Chapra in Bihar. The visit also helped the ANMTCs in implementing the educational and clinical service standards.

- **Up-gradation of School of Nursing to College of Nursing, Agra**

MCHIP continued to facilitate the process of up gradation of the School of Nursing, SN Medical College, Agra into a College of Nursing during the period. The following advocacy and processes were facilitated:

- VIII) Establishment of Computer lab and library was completed
- IX) The approval and initiation of the proposed civil work: The superstructure of the new college building and flooring (tiles) completed. The renovation work has also been initiated. MCHIP facilitated establishment of an administrative office in CON with a full time administrative staff to follow-up on day-to-day progress on the up-gradation.
- X) Skills Lab Establishment: MCHIP facilitated the process of identification and allocation of rooms/areas of the five skills lab to be established in CON. Suggestive design for the skills lab was also shared by MCHIP with the Civil Engineer and staff of CoN to ensure that the skills lab established fulfill the INC norms.
- XI) Exposure visit to IGMS, Patna: MCHIP organized an exposure visit for Dr. NC Prajapati, Principal, Agra Medical College, on Jan 12-13, 2012, to understand the administrative processes required for establishment of College of Nursing.
- XII) University affiliations: Continued support for the affiliation of the college with CSSM University at Lucknow was provided. As required by the University the process of issue of No objection Certificate (NOC) from INC, an inspection from the INC was conducted.
- MCHIP facilitated two Multi Stakeholder Meetings at SN Medical College Agra on the 24th of December 2011 and June 22, 2012 for the facilitation and speeding up of the process. Representatives from the Government of Uttar Pradesh, Government of India, MCHIP and SN Medical College participated in the meeting. Major decisions on the physical infrastructure and hiring of the faculty on contractual basis were taken made and the follow up on this is being done by the MCHIP staff.
  - INC Inspection: The inspection for the approval of the College by the Indian Nursing Council inspection took place on the April, 23-24, 2012. The INC inspection report has suggested for hiring of the teaching faculty at the institution in order to obtain the NOC to start the nursing program.
  - **ANM Curriculum revision and skill station standardization:**
- XIII) MCHIP provided inputs in the National Educational Committee of the INC for finalization of the revised 2 year curriculum of the Indian Nursing Council for ANM education incorporating 6 months internship for the ANMs from the academic year 2012. The ANM curriculum has been finalized and published by the INC.
- XIV) Participated in expert group meeting held in New Delhi and core group meetings at Bhopal and Pune for standardizing skills stations for ANM/ Staff Nurses and medical officers by the Ministry of Health and Family Welfare, Government of India. The GoI representatives and Dr. Bettina from LSTM (London school of Tropical medicine) visited the NNC to observe the practice at skill lab as a part of the development of national guidelines for clinical skills standardization and other supporting documents to strengthen the MNCH-FP service. The model skills lab set up at the NNC Kolkata was appreciated and replication of the same was considered. MCHIP massively provided technical inputs for the development of curriculum for 6 days of skill based in service training which is in process.
- XV) Meeting for the strengthening of nursing and midwifery education in India, led by the GoI and attended by the INC and the development partners was organized. A road map with timelines for the strengthening of midwifery education was drafted and



presented by MCHIP and approval of it from the GoI is awaited. The development of operational guidelines for program managers/ Coordinators (National & state level) is in process.

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

### *i) National level*

- **Development of E-learning course on PFP/PPIUCD:** Final draft of the e-learning course is complete. The course is designed to contain 4 modules on PFP, Counseling, MEC, PPIUCD including infection prevention practices
- The e-learning course is intended to be used by doctors and nurses initially. It is expected that this interactive e-learning course will provide essential knowledge based information to the providers for PFP/PPIUCD services. This course will be followed by a phase-II of skill development through model and clinical practice at a clinical training site. The providers would be given a certificate after successful completion of both phases of the training.
- The final draft of the course is submitted to MoHFW, GoI for review and inputs.
- **PPIUCD Follow-up study:** The study has been completed in the 8 MCHIP supported facilities of Uttar Pradesh (4), Jharkhand (2) and Uttarakhand (2). In the study 2700 **exit** interviews and **1700 follow-ups** have been completed and data collection is complete. The data is presently being analysed in different perspectives.
- **Post-partum Systematic Screening:** The study protocol and tools were developed and IRB approval undertaken. Baseline, midline and endline assessments of the study have been completed in Kolibera block of District Simdega. The collected data is presently completed and data cleaning and analysis is going on.

### *Advocacy of PFP/PPIUCD at National and International fora*

- XVI) **International Conference on Contraception, Dakar, Senegal:** Senior officials from State of Jharkhand, SIFPSA (UP) and MCHIP Staff participated in the International Conference on Contraception from Nov 29 - Dec 2, 11 to represent MCHIP India. The opportunity was utilized to share India's experiences in rolling out PFP/PPIUCD programs.
- XVII) **Participation in All-India Conference of FOGSI (AICOG-2012) at Varanasi:** MCHIP team from National and state level participated in this annual event of FOGSI, along with colleagues from Uttarakhand and Jharkhand
- XVIII) **Participation in 11th State Annual Obstetrics and Gynecology Conference at Ranchi:** MCHIP Jharkhand team participated in this Conference and demonstrated the work done under MCHIP by putting up a stall.
- XIX) **Participation in FOGSI Conference at Dehradun:** MCHIP participated in the FOGSI Conference held at Dehradun on April 21-23, 2012. MCHIP also utilized the opportunity to put up a stall for display of PFP/PPIUCD services.
- XX) **Study Tour to Tamil Nadu:** MCHIP conducted a Study Tour to Chennai, Tamil Nadu, for the SIFPSA officials and select providers from the State involved in the

PPFP/PPIUCD program to understand how the PPFP/PPIUCD services have been institutionalized within the regular services.

## ii) Uttar Pradesh and Uttarakhand

### *Introduction of PPIUCD services in "Saathiya" Network of Private providers in seven cities of*

- MCHIP in association with MBPH team worked to introduce PPFP/PPIUCD services in 234 "Saathiya network of providers".
  - Establishment of training sites: MCHIP supported establishment of 5 training sites in private sector for PPFP/PPIUCD clinical training.
  - Facilitated PPFP/PPIUCD clinical training of 234 private providers in 7 cities
  - Conducted PPFP counseling training for 397 paramedics of Saathiya network and post training follow-ups.
  - **PPFP/PPIUCD IEC Material for Saathiya Network of providers:** MCHIP, with coordination with MBPH team developed a poster on PPFP/PPIUCD services (in English and Hindi) to be displayed at Saathiya network doctor clinics and a leaflet for clients with key messages on PPFP/PPIUCD services.
  - A "Counseling kit" and flipbook for the staff of Saathiya providers was also developed and distributed. The counseling kit includes display of various contraceptive methods and handheld penile and uterine models for demonstration. The kit also includes a flip book to be used during the counseling sessions.
  - **Operationalization of Saathiya helpline:** Training of the Saathiya helpline counselors was conducted by MCHIP to introduce the PPFP counseling in the helpline

**Table 3: Achievements of the Saathiya intervention**

State	City	Training Site Details			Saathiya Providers training Details			No. of PPIUCD Insertions
		Name of Training Site	PPIUCD Clinical skills	PPFP Counseling Skills	PPIUCD Clinical Skills (Target)	PPIUCD Clinical skills (Actual)	PPFP Counseling Skills	
Uttar Pradesh	Lucknow	Krishna Medical Centre	3	10	78	78	109	244
	Barabanki	Same as above	NA	NA	5	3	5	24
	Varanasi	Uphar Nursing Home	2	7	24	27	56	260
	Allahabad	Vatsalya Hospital	1	9	31	32	75	36
	Agra	Merrygold Hospital	1	11	61	60	97	321
Sub-Total Uttar Pradesh			7	37	199	200	342	885
Uttarakhand	Dehradun	Shri Mahant Indresh hospital	13	28	26	26	41	91
	Haridwar	FH Haridwar	5	7	8	8	16	71
Sub-Total Uttarakhand			18	35	34	34	57	162
<b>Total Achievement</b>			<b>25</b>	<b>72</b>	<b>233</b>	<b>234</b>	<b>399</b>	<b>1047</b>

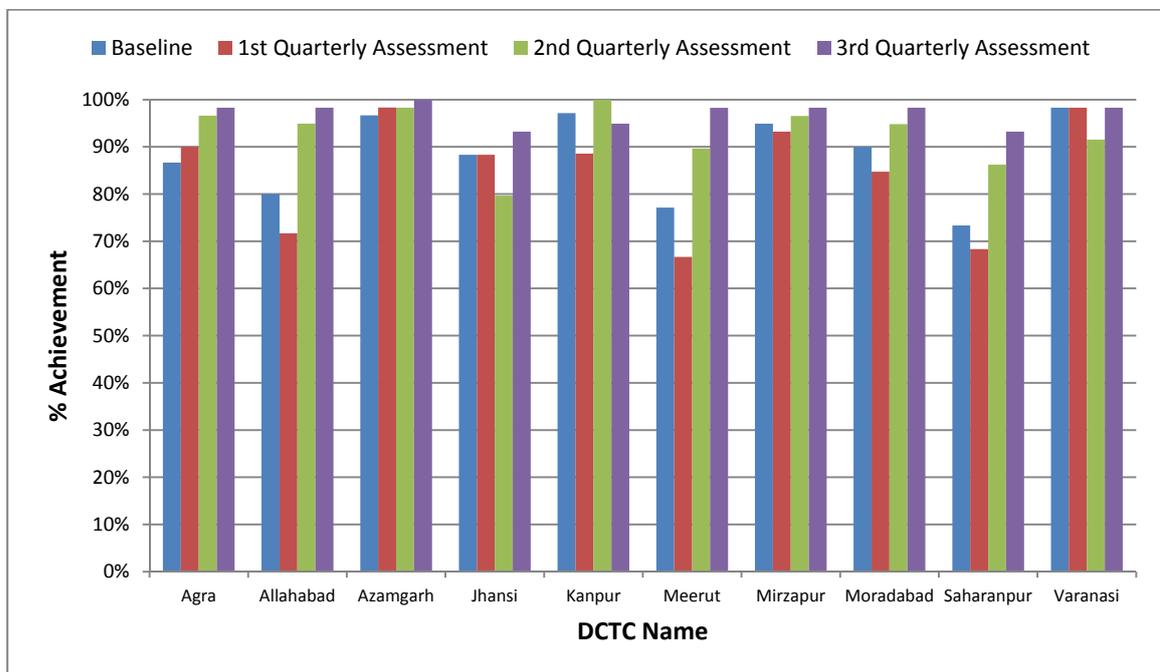
- **Post training follow-up**

- MCHIP staff continued to conduct post training follow up visits to the trained Saathiya providers to ensure provision of quality PFP/PPIUCD service delivery.
- MCHIP also supported the data collection of the PFP/PPIUCD services.

*iii) Uttar Pradesh*

XXI) **Strengthening of DCTCs:** MCHIP continued to support to strengthen the 10 DCTCs. 3<sup>rd</sup> quarterly internal assessments of 10 DCTCs was completed, along with the SIFPSA and SBMR-3 workshop for the 10 DCTCs was held, to enable the DCTCs to conduct focused transfer of learning to maximize the results from the clinical trainings conducted by them.

**Figure 3: Assessment findings of the DCTC performance standards**



XXII) **Scale-up of PFP/PPIUCD services:** MCHIP in association with SIFPSA and NRHM worked to introduce PFP/PPIUCD services in additional 16 facilities.

- PFP/PPIUCD sites orientation: MCHIP in association with SIFPSA, conducted orientation for the Doctors, Nurses and PPIUCD Coordinators for 16 PFP/PPIUCD sites. The orientation focused on PPIUCD performance standards achievements for quality service, counseling provision, use of screening checklist and PFP/PPIUCD service data management. The facilities were also provided with counseling kits to be used during counseling sessions. A total of 125 people were oriented
- MCHIP provided technical assistance to NRHM, GoUP for preparation of PIP for the scale-up of PFP/PPIUCD services for the financial year 2012-2013. The budget were proposed for PFP/PPIUCD trainings for 85 providers, hiring of 290 FW counselors for all facilities conducting more than 200 deliveries in a month, printing and procurement of IEC/BCC material, record keeping registers and PPIUCD insertion forceps and supportive supervisory visits.

C) Establishment of PPF/PPIUCD training sites:

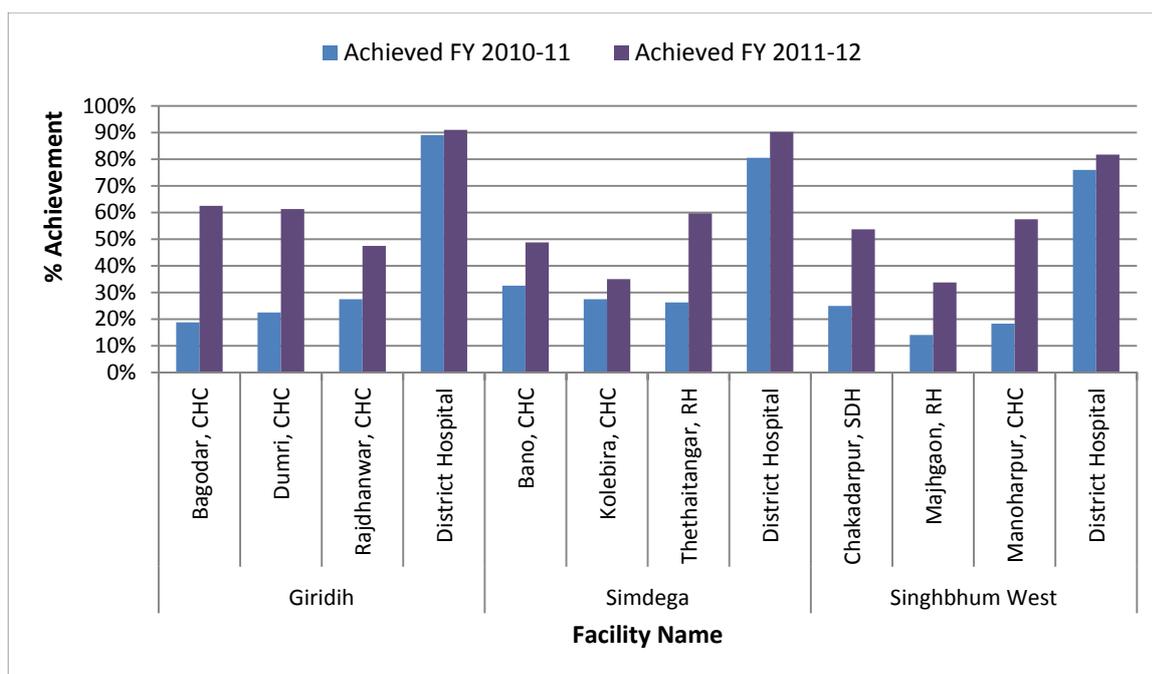
- Support provided to SIFPSA/NRHM in identification of 3 new training sites for PPIUCD trainings at Allahabad, Meerut and Kanpur.
- MCHIP conducted PPF/PPIUCD ToT for the potential trainers at District Women's Hospital, Allahabad to build their capacity to conduct PPF/PPIUCD trainings
- MCHIP back stopped the first training conducted by the master trainers at the new training site (DWH Allahabad) for ensuring the quality and now training site is functional.

XXIII) **Contraceptive Technology Update (CTU) Workshops:** On request of SHS, NRHM GoUP, MCHIP conducted a One-Day ToT for the divisional/district trainers for CTU trainings for doctors of UP (all 75 districts). Four such trainings were conducted in 4 regions of the State in the month of August as per table below.

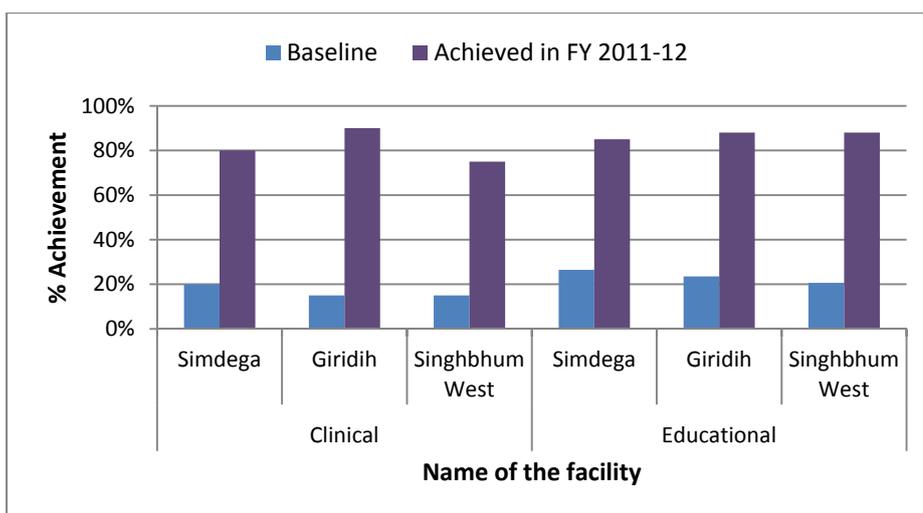
S. No	Place of training	No of divisional/ district trainers trained
1	District Women Hospital Lucknow	19
2	District Women Hospital Moradabad	15
3	District Women Hospital Varanasi	15
4	District Women Hospital Agra	10

*iv) Jharkhand*

- **Strengthening of FP Service Delivery in 3 focus districts:** MCHIP, jointly with GoJh, facilitated strengthening of the FP services in 3 District Hospitals and 9 focus PHCs. Supervisory visits were conducted to facilitate the implementation of the FPSD standards and development of an action plan for further improvement. An experience sharing workshop was also conducted for experience sharing and cross learning.
  - The achievements of the FY 2010-11 and FY 2011-12 in internal assessments are shown below:



- **Revitalization of PPFPP/PPIUCD services:** MCHIP supported the introduction of PPFPP/PPIUCD services in identified facilities in Jharkhand.
  - **Supported establishment of 2 PPFPP/PPIUCD training sites** at 2 nodal facilities (RIMS and SADAR hospital in Ranchi). This included development of 8 trainers at the sites. MCHIP also facilitated the procurement of television and DVD player for IEC and computer, UPS and printer to be used for training process. The training facilities were also strengthened through procurement of anatomic models (Zoe model) for practice during the trainings. MCHIP conducted PPFPP/PPIUCD services counseling and whole site IP training to ensure quality service provision.
  - MCHIP also supported introduction of the PPFPP/PPIUCD services in 7 identified PHCs in 3 focus districts.
  - MCHIP jointly with State/district officials conducted supervisory visits to the District PPFPP/PPIUCD service delivery sites for providing on-site support.
- **Strengthening of focus ANMTCs:** MCHIP continued to support the ANMTCs of the 3 focus districts for the strengthening through implementation of the educational and clinical standards. MCHIP conducted experience sharing workshop and supervisory visit to the facilities.
  - 6 faculty members from these ANMTCs have been trained in the 6 weeks training at the National Nodal Center- NRS CoN, Kolkata to update their knowledge and skills related to Maternal, Child health, and family planning as well as for strengthening their clinical training skills
  - The achievements of the internal assessments for implementation of the educational and clinical standards for the ANMTCs in the focus districts is as given below:



- **Family Planning Clinical Training Strategy:** MCHIP supported GoJ in development of “FP Clinical Training Strategy” in order to accelerate the FP clinical trainings to operationalize Fixed Day Static services. A workshop was conducted to develop performance standards for the regional FP Clinical training sites.
- **Strengthening of interval IUCD services:** On the request of the State of Jharkhand MCHIP provided technical assistance for the state level ToT on interval IUCD services.
- **Providing state level strategic support for scale-up of PPF/PPIUCD services:**
  - MCHIP is providing state level strategic support for scale-up of PPF/PPIUCD services in additional 21 district hospitals.
  - MCHIP provided technical assistance for development of NRHM, PIP for the scale-up of PPF/PPIUCD services for the financial year 2012-2013. The budget were proposed for PPF/PPIUCD trainings for 84 providers (7 batches), hiring of 27 FP counselors for 24 district hospitals and 3 medical college; printing and procurement of IEC/BCC material, record keeping registers, counseling registers, PPF/PPIUCD experience sharing workshop for service providers of all 24 districts and 2 review meetings.
  - One PPF/PPIUCD Experience Sharing Workshop has already been conducted and Supportive supervision visits to all 24 district hospitals were conducted under PPF/PPIUCD scale-up.
- **Providing state level strategic support for scale-up of strengthening of Pre-Service Education at additional 7 ANMTCs:**
  - MCHIP is providing state level strategic support for strengthening of additional 7 ANMTCs.



- MCHIP provided support for incorporation of budget for development of State Nodal Centre under strengthening process for ANMTCs under NRHM PIP for financial year 2012-13.
- MCHIP facilitated nomination and participation of 11 ANM faculty form additional 7 ANMTCs for 6 weeks' training at NNC Kolkata
- MCHIP conducted baseline assessment of the clinical practice site of the State Nodal Center, RIMS, and also conducted the Clinical Skills Standardization Workshop for the State Nodal Center.



- **Training Management Tool:** MCHIP developed a Training Management tool for the Program Managers of GoJh. The tool was operationalized in District Girdih and program managers were trained on it by MCHIP

#### v) Uttarakhand

- **Revitalization of PPFPP/PPIUCD services:** MCHIP provided technical assistance in introduction of PPFPP/PPIUCD services in the selected facilities.
  - MCHIP supported in introduction of PPFPP/PPIUCD services in WH Dehradun and Haldwani and further establishment as training site.
  - MCHIP facilitated training of doctor and nurse from 17 facilities in PPFPP/PPIUCD insertion including PPFPP counseling, and Infection prevention resulting into introduction of services at these facilities.
  - Joint supervisory visits along with the state officials were conducted to provide onsite support to the PPFPP/PPIUCD service provision sites. MCHIP facilitated the State level dissemination meeting of PPFPP/PPIUCD pilot in Dec 2011



State officials at the Dissemination

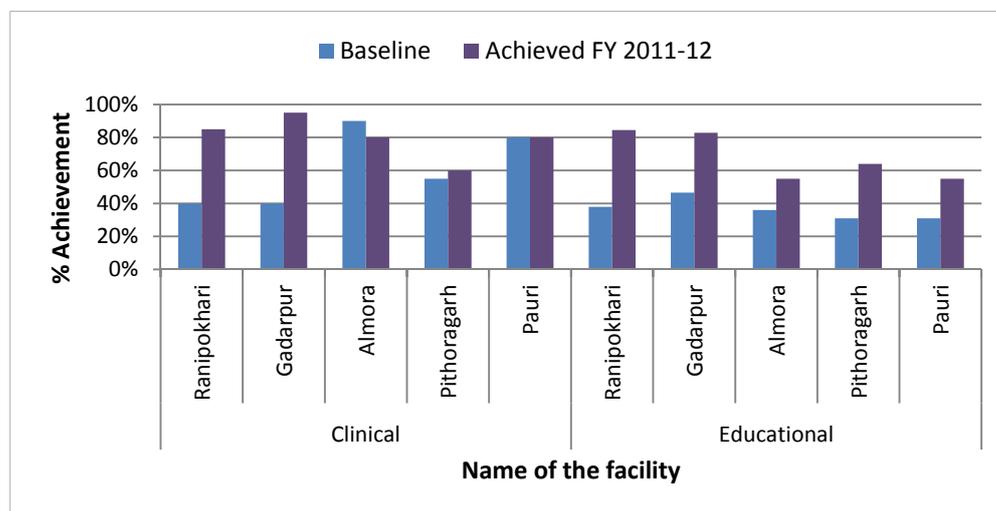


PPIUCD training at Srinagar, Pauri

- **Strengthening of Urban Health Centers:** MCHIP continued to provided technical assistance for the strengthening of the 18 Urban Health Centers at Dehradun and Haridwar and its scale-up to additional 3 UHCs at Haldwani
  - MCHIP conducted various capacity building activities for doctors and ANMs including interval IUCD insertion and removal, IP trainings and FP counseling training.
- **Strengthening of SBA Training sites:** On request of GoUK, MCHIP provided support for the strengthening of educational and clinical practices as per the GoI

SBA checklist. The intervention resulted into strengthening of 10 existing and establishment of 7 new SBA training sites. MCHIP conducted SBA “Training of Trainers” at Pauri and Almora for establishing 7 new SBA training sites

- **Strengthening of ANMTCs:** MCHIP continued to support implementation of the educational and clinical standards at ANMTCs at Ranipokhri and Gadarpur. On request of GoU, MCHIP also provided support for strengthening of additional 3 ANMTCs.



- Conducted 6 weeks training of 10 ANM tutors at Nursing College, Dehradun and facilitated nomination of ----faculty to NNC, Kolkata.
- MCHIP conducted a Clinical Skills Standardization Workshop and PPF/PPFP/IP training at Women’s Hospital, Pauri, and Almora to strengthen the clinical practices at the ANMTCs linked clinical practice sites,
- Conducted follow-up visits to facilitate the implementation of educational and clinical services performance standards.
- MCHIP facilitated the procurements for skills lab and library and supported establishment of skills lab and library for the 3 additional ANMTCs.
- **Providing state level strategic support for scale-up of PPF/PPFP services and strengthening of ANMTCs:**
  - MCHIP provided technical assistance for development of NRHM, PIP for the scale-up of PPF/PPFP services for the financial year 2012-2013. The budget were proposed for PPF/PPFP trainings for scale up in 13 additional facilities having a good delivery load., Hiring of 15 FP counselors, printing and procurement of IEC/BCC material, record keeping registers and PPF/PPFP insertion forceps.
  - MCHIP provided support for incorporation of budget for development of State Nodal Centre under strengthening process for ANMTCs under NRHM PIP for financial year 2012-13.

## IV Challenges:

### Pre-service nursing and midwifery education

- Administrative delays in routing funds for strengthening the skills lab and human resource at the NNCs
- Affiliation of the College: Affiliation with the University requires NOC from the INC, State Nursing council and GoUP. The NOC could be only obtained once the required positions for the first year batch is in place
- Recruitment of faculty at the proposed college of Nursing and obtaining NOCs from INC, State Nursing Council and GoUP for up-gradation of School of Nursing to College of Nursing Agra.

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

#### Uttar Pradesh

- Delay in release of budget for printing and procurement of training material due to internal processes of SIFPSA/NRHM, GoUP.
- Timely roll out of PFP/PPIUCD trainings and counselor's trainings.

#### Jharkhand

- The recognition of the ANMTCs has been pending for more than 10 years in the State of Jharkhand. MCHIP has raised the issue of non-recognition of the ANMTCs by INC with the State at various times
- Procurement and Printing of the materials have always been a challenge in Jharkhand due to internal process leading to delay in the completion of the activities
- Irregularity in the supplies especially for Infection Prevention equipment has been a challenge
- Irregularity in supply of drugs specially Oxytocin and its storage is a challenge. The Districts do not have a regular supply of Oxytocin and refrigerator available to store them
- Recent transfer of trained PFP/PPIUCD providers has resulted into discontinuation of the services at few facilities. MCHIP is planning to conduct additional batches for training to re-establish the services.
- Establishing a regular system of recording and reporting of PFP/PPIUCD services

#### Uttarakhand

- UHCs have in-adequate infrastructure (space) as they existed in/near slum areas. MCHIP has facilitated re-organization of the space wherever possible and has been advocating for hiring more space or shifting of the UHC
- 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 ANMTCs and especially post graduate (MSc)

Geographic inaccessibilities and weather at times pose a barrier to trainings and services.

### C. Newborn care and resuscitation

#### Strengthening national and state level partnerships, encouraging policy dialogue and support evidence-based planning to improve Newborn and Child Health

##### National level

##### Main accomplishments:

MCHIP is the lead technical expert in Essential Newborn Care and Resuscitation strategic interventions at the national level. The ENC/R newborn program activities have met all of its primary objectives and in doing so have earned a widespread reputation for collaboration, flexibility and integrity. It is viewed as a trusted partner of the Ministry of Health and Family Welfare both at the National and State level. ENC/R program has entwined its technical assistance with the national program, thus ensuring that many of its models will be sustainable. The completion of the last four quarters in Year 3 MCHIP programming under the Newborn health has concluded with quality process and high outcome results. These are briefly summarized below:

##### Highlights

##### Global

- At the global forums Newborn work was represented at the Asia regional meeting on Interventions for Impact in Essential Obstetric and Newborn Care. Facilitated orientation workshop on 'Helping Babies Breathe' and conducted satellite sessions on the hand-washing.
- The Quality improvement process and program data on India's resuscitation program was presented at the Global Development Alliance (GDA) partners annual meeting held on July 17<sup>th</sup>, which was participated by over 50 participants representing over 10 countries implementing HBB. The USAID Administrator Dr. Rajiv Shah, Senior Deputy Assistant Administrator Amie Batson, and Chief of the Maternal and Child Health Division John Borrazzo were present. The summary of the Quality Improvement (QI) approach in India is as below; entailing to analyzing performance of the providers during training; and thereafter using systematic effort to improve the competence for the skill proficiency on neonatal resuscitation for improved outcomes.

QI areas	Criteria	Tools	Purpose	Measured	Results
Skill Acquisition	Knows the steps and their sequence to perform the required skill but needs assistance	Quality Assurance Checklist (QAC)	QAC is used to document the inputs and process followed during the training	During training	QAC results
		Performance checklist (PC)	Skill rating (Mega-Score) using pre-post checklist		Pre-post test results
Skill Competency	Knows the steps and their sequence and	Read and Do tools (R&D)	Health worker with a step by step outline of the procedure for		Self - Practice observations

	can perform the skill		use during the practice phase of lesson.	During mentoring	
		Supportive supervision (SS)	Standard checklist used during supervisory visits regular intervals		SS checklist
Skill Proficiency	Knows the steps and their sequence and effectively performs the required skill	Cross-learning visits Knowledge attitude Practice (KAP) HIMS trends	Best Practices are focused Change in behavior & practice Survival rates	During bench-marking exercises	Facility Readiness

- Inputs from MCHIP India experience provided in an initiative that is being led by the American Academic of Paediatrics, Save the Children, US and GDA partners on the current WHO protocols on ENC making the protocols more user friendly and being able to provide training to a large number of health workers using the HBB synonymous tools and training approach. The attributes of the educational tool are proposed by MCHIP India were:
  - Content based on the WHO ENC Training Course and other WHO documents
  - Simplified approach; low fidelity resources
  - Interactive learning, Competency-based training
  - Sequential and chronological steps of ENC
  - Emphasis on don'ts in the first hour
  - Use of skill stations as an effective methodology
- Inputs were provided on the experience of implementing the ENC/R guide based on the WHO guidelines in MCHIP districts was shared. The manual of ENC was shared with the TAG group.
- MCHIP participated in the Health and Nutrition team meeting on 9th and 10th Feb. 2012. SC-I work plan was prepared along with MCHIP, SNL and Save the Children India
- MCHIP is key member of the following global technical working groups engaged on a continuous basis to develop policies and plans on global agenda's.
  - UN commodities implementation planning group
  - HBB evaluation task force
  - WHO Global research priority for newborns
  - Chlorhexidine task group

### **National**

- Successful advocacy with child health division with MOHFW, review by MOHFW and uptake of the MCHIP's essential newborn care and resuscitation protocols for practice. Revision of the current operational guidelines is under-way to improve the basic care of newborns and resuscitation service guidelines.
- MCHIP participated in nation-wide assessment of the newborn care. For this rapid assessment the tools developed by MCHIP for the facility readiness have been incorporated into the review mechanisms, making real time and regular appraisals of new-born care services by MOHFW.

- MCHIP participated in systematic analysis of the operational status of NBSUs and NBCCs in 6 states, namely Rajasthan, Orissa, Assam, Tamil Nadu, Maharashtra and Gujarat at the institutions with much larger focus on the labour rooms, postnatal wards and step down unit to improve the Essential Newborn care. MCHIP provided support to GOI to develop tool for assessment of Newborn Stabilization Units (NBSUs) at sub-district health facility (CHC, FRU or SDH). The current MCHIP's facility readiness tool of assessment has been adopted for the national assessment.
- MCHIP took lead in providing neonatal mannequins to expert group to assess the essential new-born care and resuscitation practices in 6 states simultaneously. This is the first time experts have used mannequins for assessment of skills onsite and provide corrective action. This has resulted in GOI's commitment to heighten the implementation framework around the area of newborn care centres, newborn care stabilization units.
- MCHIP is the core working partner in the National Collaborative centre working task force, neonatal task force and child health thematic group. Standardizing the standardized protocols for facility based care inclusion of care at birth and immediate care and job-aides for the health providers have been incorporated.
- Standard operating procedure for radiant warmer was developed in English and Hindi to support the Government to establish the newborn corners at the facilities
- Facility based curricula is being worked with NNF for the revision of participants manual on SCNU. Inputs for care at birth were provided by MCHIP and incorporation of resuscitation protocols advocated
- Supported the Child Health thematic group and CLINTON foundation for preparation of action plan to scale up interventions to prevent and manage deaths due to pneumonia and diarrhoea. Particularly, use of zinc and management of diarrhoea out breaks were incorporated. .
- A small group coordinated by UNICEF and MCHIP are working on an implementation plan for scaling up F-IMNCI with quality.
- MCHIP contributed to the development of CS-28 proposal with Save the Children US and India office. The proposal is an extension on the work being conducted in district Gonda. Geographic focus of MCHIP district is maintained with an operational element of using the vertical resuscitator viz-a-viz currently used horizontal resuscitator.
- Successful collaboration with SAVE the Children, India to have Newborn Care as key child survival strategy in proposed National Health & Nutrition Strategy. To support the district level implementation at the community in MCHIP district of Jamtara, block Nala has been adopted for community based newborn interventions and linkages to facility based care by support of SAVE as a project. The continuum of care will support improved coverage's at MCHIPs focus district.

### ***Jharkhand***

- MCHIP participated in the national common review mission to Jharkhand and state review missions have successfully been formed to increase newborn and child health funds in program implementation plans (PIPs) from 116 million(Rs.) to 395 million(Rs) from the last year for the current fiscal year in Jharkhand.

- Adaptation of the current health information system at the facility level is being worked up at the state level with GOJ and partners to support decision making process. MCHIPs initiative on an **integrated maternal and newborn register** is being used to develop a standard recording and reporting system for newborns being delivered at the facility. However its integration with HIMS is being also worked up at the national level. This register is providing a huge boost to the other government schemes like providing cash benefit for institutional delivery (under Janani Suraksha Yojana), issuing birth certificates etc.
- Supported the desk review of Child Health Program of Jharkhand with the national child health division, MOHFW. GoI has requested to continue providing technical assistance to the state government to improve the pace and quality of NSSK implementation. Saturating the delivery centres with at least one health provider trained in NSSK, implementing policies for the improvement of essential new-born care is a priority focus of GOJ with lead technical support of MCHIP.
- USAID-MCHIP also provided technical assistance to GoJ to review (RCH) reproductive child health program of Koderma district as part of the State Review Mission. Onsite corrections by MCHIP benefitted the district in strengthening the following:
  - Operational plan to roll out newborn care at the facility especially on high delivery points
  - Development of focussed training plan and mechanism for post training follow of health providers
  - Supply chain issues
- MCHIP supported actively GoJ for the preparation of the Child Health PIP and ROP has been accepted on the inputs. The current year PIP reflects technical strengthening on key MCHIP interventions. The following MCHIP initiatives been incorporated in the PIP:
  - Supportive Supervision for ENC/R at the state and district level for all districts of Jharkhand
  - Facility Readiness exercises in priority districts
  - Infant Death Review

### **Uttar Pradesh**

MCHIP actively involved the new Mission Director, NRHM to share the work being conducted by the technical assistance of MCHIP in essential newborn care and resuscitation. The receptivity of the state platforms is a major gap requiring MD interventions.

- As a result of the advocacy the neonatal state health partners group was revived. This group is now actively involved in improving the overall implementation at the district level. Following are the decisions and on-going activities:
  - State Review Mission on the lines of Jharkhand is being planned, so that issues relating to newborn health in particular may be addressed
  - One day's equipment training and this was agreed by the MD and GM Child Health Government for the health providers on use of essential newborn care equipment. MCHIP supported the group and shared the SOP developed on "Use of Radiant Warmer" and other job-aides
  - Various partners will support government on quality issues of trainings relating to newborn care (NSSK, CCSP, HBNC, etc). They were urged by GM Child Health to communicate any quality issue.

- Earmarking Rs. 1.8 million per district to scale up MCHIP interventions using NRHM funds under innovations was discussed. Discussion with UNICEF to scale up activities of essential newborn care supportive supervision plan initially in the 3 districts with UNICEF staff presence and further to it into 18 divisional headquarters is under consideration

## State level

**To collaborate with the MOHFW and state governments of Jharkhand and Uttar Pradesh to refine and rollout essential newborn care programs, including NSSK**

MCHIP NBC continues with its capacity building activities on essential newborn care and resuscitation at the state, district and block level.

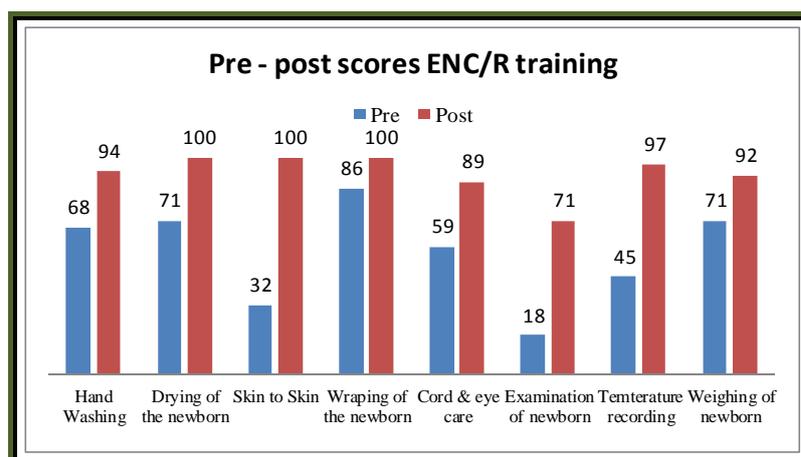
## Jharkhand

- A total of 719 MOs and 928 ANMs/Nurses have been trained in 24 districts of Jharkhand in NSSK up-to September 2012. Training for 84% of medical officer batches and 83% health provider batches were completed. Of which MCHIP staff facilitated training of 148 Medical officers and health providers.

### NSSK/ENCR Refresher training at the focus districts:

- In addition 2 batches of the refresher training for ENCR/NSSK was completed and a total of 82 ANMS, 14 Nurses and 1 LHV were trained by USAID-MCHIP.
- Direct mentoring and follow up by the MCHIP showed that retention of skills and sustained improvement in the ENCR skills. It also provided opportunity to assess the well versant skills versus less efficient skills, thereby guiding the mentoring process by the MCHIP staff further on.

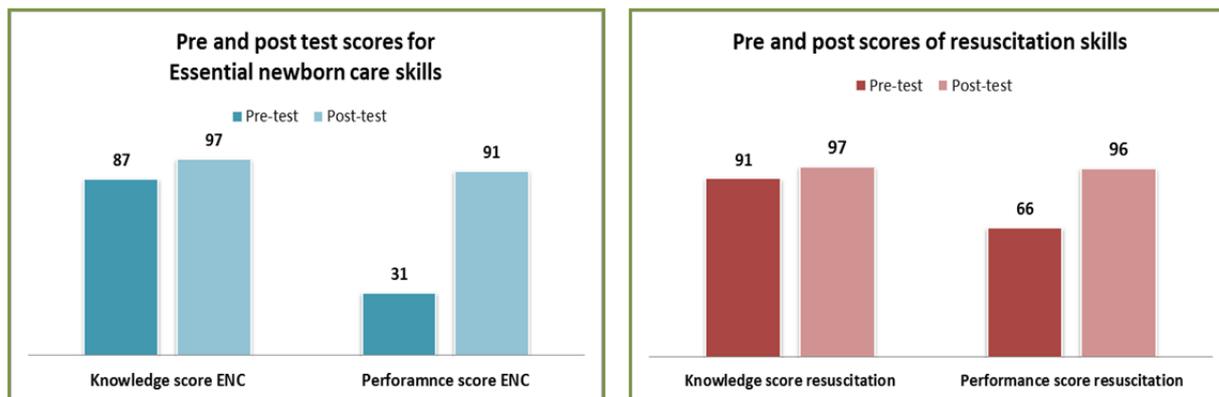
Graph below shows the pre and post-test scores of the refresher training conducted for 97 key providers of the focus districts of Jamtara & Deoghar.



Graph 1: Pre-post scores of the ENC/R refresher Deoghar (N= 97)

## Uttar Pradesh

- Till date in Uttar Pradesh 551 MOs and 434 ANMs/Nurses have been trained in NSSK.
- Total of 48 master trainer were trained in Aligarh Muslim University, 76 Medical officer and health providers were trained by USAID-MCHIP



Graph 2: Pre-post training score of training of training of trainer in NSSK (N=48)



State Master trainers being trained in paired teaching methodology at the NSSK TOT at AMU Aligarh

- Quality assurance checklist (QAC) for the NSSK training developed by MCHIP was shared with GoUP. Based on the feedback on the quality of trainings being conducted GoUP has gone ahead and adopted the checklist. As part of the training function; QAC will be shared with the state and quality of training being conducted at the state will be monitored. MCHIP will support GoUP to monitor 10% of planned NSSK trainings batches for quality assurance of the trainings.
- At the request of the Mission Director, 2 facilities in Lucknow have been adopted to be developed as the demo-sites. The activities completed were the baseline of the facilities, trainings of all 29 medical officers, staff nurses and ANMs has been conducted. Training of MO, SN/ANM has been completed for demonstration blocks of Lucknow district on the request of requested by Mission Director NRHM.

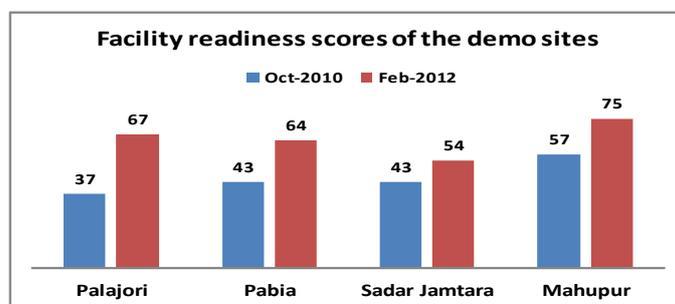
## Demonstrating the elements of a scalable program model for improving facility-based and community-based newborn care

### Jharkhand

Strengthening the essential newborn care skills and resuscitation as part of the overall program model is being done in focus districts. The components of the program model are:

Strengthening the essential newborn care skills and resuscitation as part of the overall program model is being done in focus districts. The program components of the model to implement ENC/R in the focus districts are summarized as below:

Operational Model Framework	Tools	Key Management Cycle			
		Needs assessment	Planning	Monitoring	Evaluation
Basic Information	Basic Data	X	X	X	X
Facility Needs	Facility Readiness	X			X
Planning	Facility Plan		X		
Implementation	Training, Supportive Supervision, Information Management		X	X	
Service & Management quality*	Training QA, logistic management, Quality of Care, Neonatal death audit			X	
Surveillance	Management information system			X	
Monitoring indicators & feedback				X	X
Cost analysis	Not Included				X
Sustainability	Key Parameters	X	X	X	X



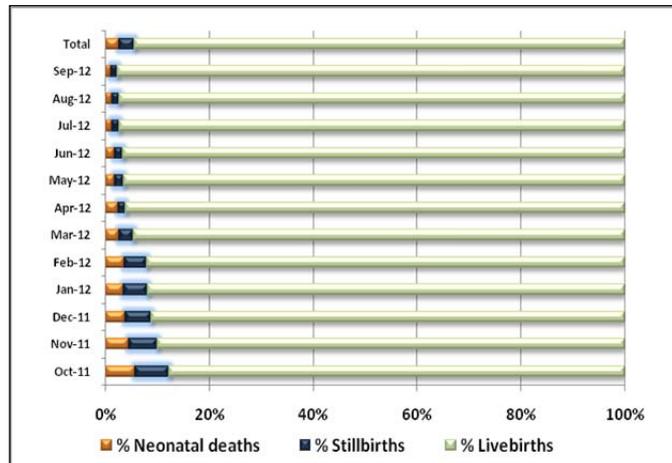
Graph 3: Graph showing improvement in overall readiness score between 2 rounds in focus districts of Jharkhand

The image shows a detailed form titled 'DELIVERY AND NEWBORN REGISTER - DEMO-SITE RECORD'. The form is divided into several sections: 'NEWBORN INFORMATION' (fields 1-19) and 'DEMO-SITE RECORD' (fields 20-24). The 'NEWBORN INFORMATION' section includes fields for: Live birth (1), Birth weight (2), Sex (3), Gestational Age (4), Apgar Score (5), Umbilical Cord (6), Wiped dry (7), Cut cord after 1-3 min (8), Clean blade & cord tie (9), Bleeding by / (10), Breast feeding within 1 hour (11), Meconium present (12), Baby gasping or not breathing (13), Less movement or floppy baby (14), Mother unwell (15), Resuscitation (16), Time of recording (17), Immunization (18), and Birth wt (kg) (19). The 'DEMO-SITE RECORD' section includes: Neonatal Complications (20), Neonatal Death (21), Post Natal Discharge Advice (22), Referral (23), and Mother (24).

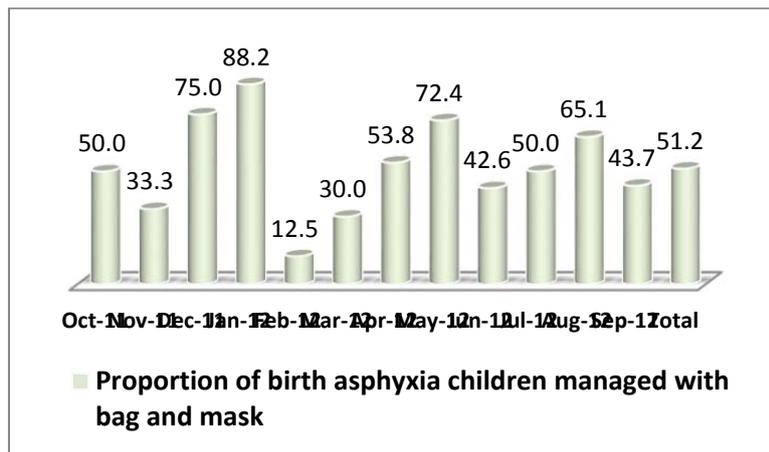
Introduction of a standard recording and reporting systems have been instituted resulting better understanding and improved information system. Much appreciated was the simple, coded, integrated **maternal and newborn register** introduced by MCHIP. The quality of reliability of data is being supervised by the block facilitators. The state department will be holding a consultation to incorporate this best

practice in the state. Overall, 94% percent of the total deliveries are live born and 3% are neonatal and still births. However looking at the trends it is found there is significant impact on the delivery outcomes as a result of direct support by MCHIP interventions in the key facilities:

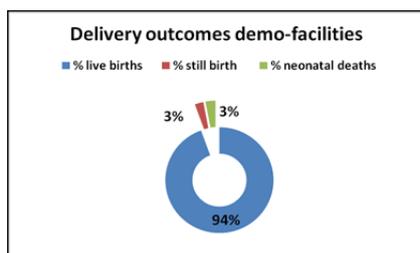
- 9.38% increase in the institutional delivery load between Oct 2011 and Sept 2012
- There is 4.57% reduction in the reported neonatal deaths from 5.68% of all live births in October 2011 to 1.12% in September 2012
- Reduction in still birth rates is 5.44% from 6.53% of all deliveries to 1.09% in September 2012



- On an average 21% newborns were low birth weight, 10.9% newborns had birth asphyxia and 0.9% newborns were preterm.



Graph 5: Proportion of birth asphyxia children where Bag and mask was used.



Out of a total of 369 birth asphyxia newborns 189 newborns were reported to be have managed by bag and mask. While it is encouraging finding of increase in use of bag and mask; the proportion remains very high. It would require further validation to interpret the usage rates in terms under-reporting of “birth asphyxia newborns’ and/ or over use of bag and mask as against the initial steps of resuscitation.

There are noticeable improvements in the essential newborn care facilities – Hand-washing, double glove use, immediate drying, delayed cord cutting, skin to skin contact and immediate breast feeding.

One of essential newborn care service that has shown improvements are

- Neonatal immunization – Hepatitis B and zero dose OPV

- Vit. K injection – This practice is only being done in demo-facilities due to no supply from the district to the health facilities. From 0% in Oct 2011 now 20.5% newborns receive Vit. K. Due to shortage premature and low birth weight babies are being administered Vit. K at birth.



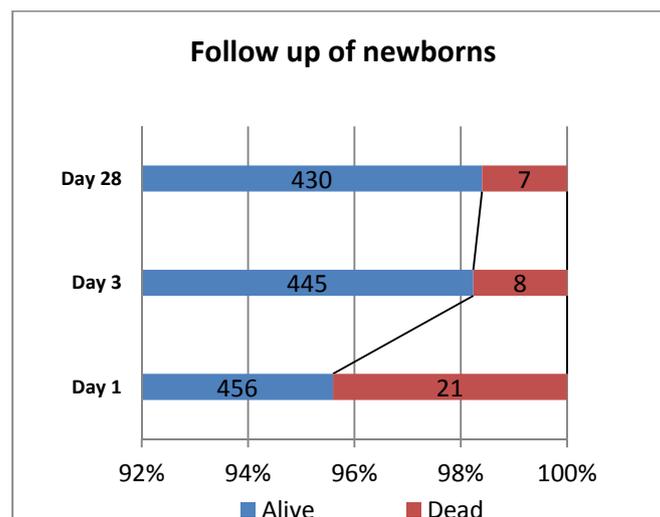
Vaccine carrier for storing oxytocin, Hep B and Vit. K in the delivery room



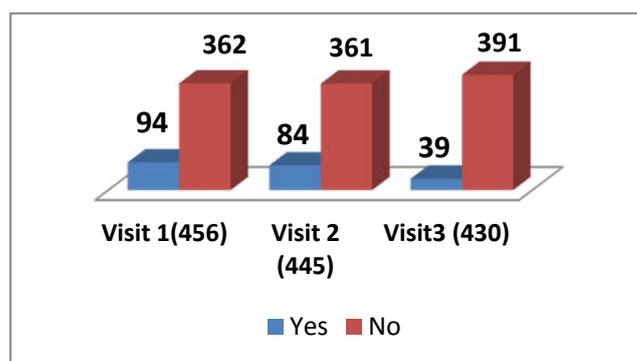
Mapping of Deliveries, Neonatal Deaths, Still Born, Home Deliveries for planning purpose

**Community follow up;** In addition, the community visits to follow up of the “newborns with birth asphyxia” delivered and managed at these demo-sites are followed up in the community with support of Sahiya’s (ASHA workers). Birth asphyxia children were followed with at least three visits- Visit 1 on day3, Visit 2 on day 7, and visit 3 on day 28 and an extra visit ‘4’ and an additional visit is made on day 14 if the newborn is found sick or reported ill by Sahiya’s. The software for recording and analyzing the follow ups has been completed and data entry work is going on with data analysis.

477 facilities delivered newborn have been tracked with all the 3 follow ups completed in the community. Highest mortality 58.3% was found within 1<sup>st</sup> 3 days of birth. (Refer Graph below):

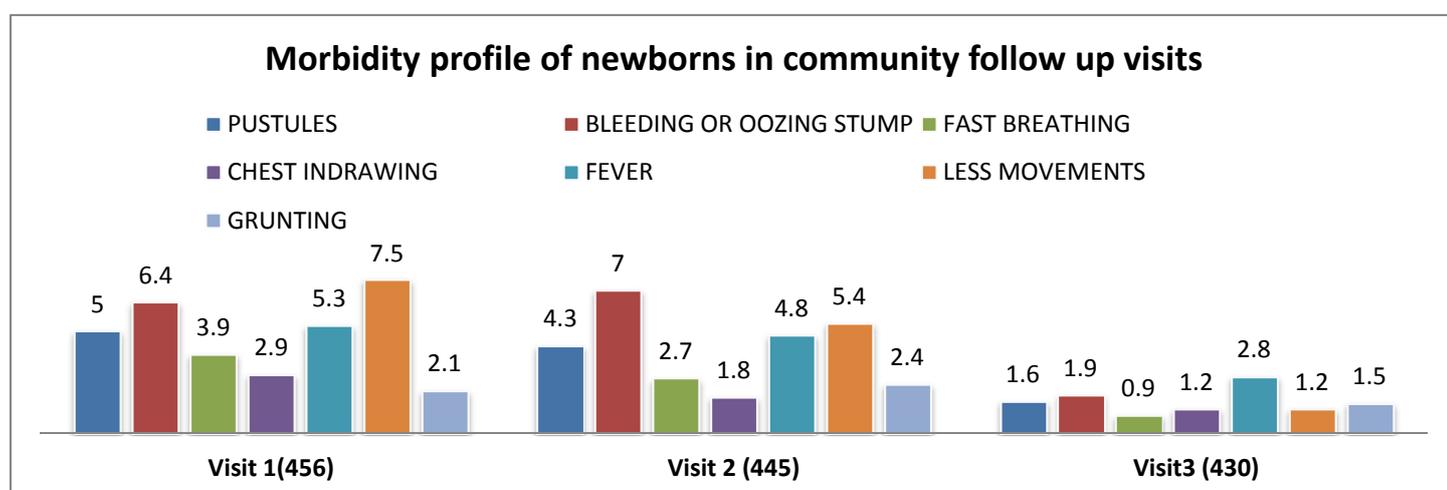


Graph 6: Mortality up-to 28 days on the community follow up visit



Graph 7: Number of new-borns observed with any danger signs viz-a-viz no danger signs

20.6% newborns visited any danger signs on the visit 1, 18.9% and 9.1% newborns had any danger signs on visit 2 and 3 respectively.



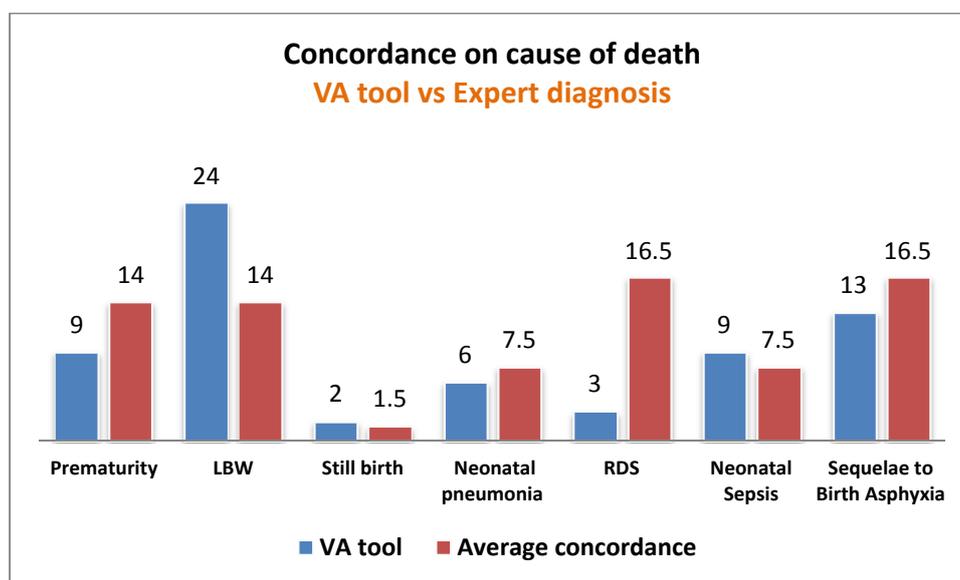
Graph showing the morbidity profile observed during community visit. On an average 4.73% newborns were found sick on visit one with less movement (7.5%) followed by bleeding or oozing stump (6.4%) as the highest reported morbidity. On visit 2 average of 4.06% newborns were found sick with less movement (5.4%) and fever (4.8%) as highest morbidities. Visit 3 average of 1.6% newborns reported sick with fever in 2.8% newborns.

In addition, 21% newborns were found low birth weight, 10.9% had post birth asphyxia complication (HIE), there is no exclusivity of these conditions as a newborn could be afflicted with more than one condition at a time.

**Verbal autopsies:** During the newborn follow ups visits neonatal deaths were found during the deaths. The follow up visits also increased the notification of the neonatal deaths by the community in the demo-block sites. As a response to the reported deaths, MCHIP was requested to initiate the verbal autopsy at the community level. Verbal autopsy of neonatal deaths is being carried out since March 2012 after development of the tools (based on WHO verbal autopsy tool). Its validation was carried out by involving independent experts by engaging two medical colleges in India. These institutions have leading community pediatric and neonatology departments and are also the expert advisors to the Registrar General of India (RGI) involved SRS surveys in India. In concordance with the district health department and partners process for carrying out the verbal autopsy has been developed. A total of 66 verbal autopsies have been conducted, of which 54 autopsies were conducted by involving the Sahiyas and block team trainers. This has led to:

- A workable model where in Sahiya Saathis and BTTs can be trained to conduct the verbal autopsies on their own is successfully field tested.
- A system where the BTTs can be given the responsibility of collecting information on neonatal deaths through Sahiya Saathis and Sahiyas is feasible.

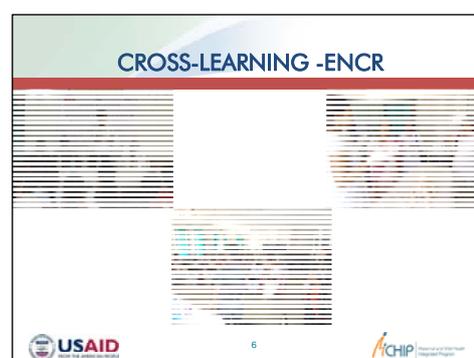
Given below is the concordance result of the causes of death (main causes) between the experts and the VA tabulation.



There is high degree of concordance found between the tool and the expert diagnosis on the cause of death. The overall function of the validation process is to standardize the verbal autopsy process and analysis. This will translate into sentinel site surveillance which is the weakest link at the moment to measure trends in neonatal deaths occurring at home. As per the finding 66 verbal autopsy most of the deaths seen are due to sequel to birth asphyxia followed by neonatal sepsis. Low birth weight is most common underlying cause of death.

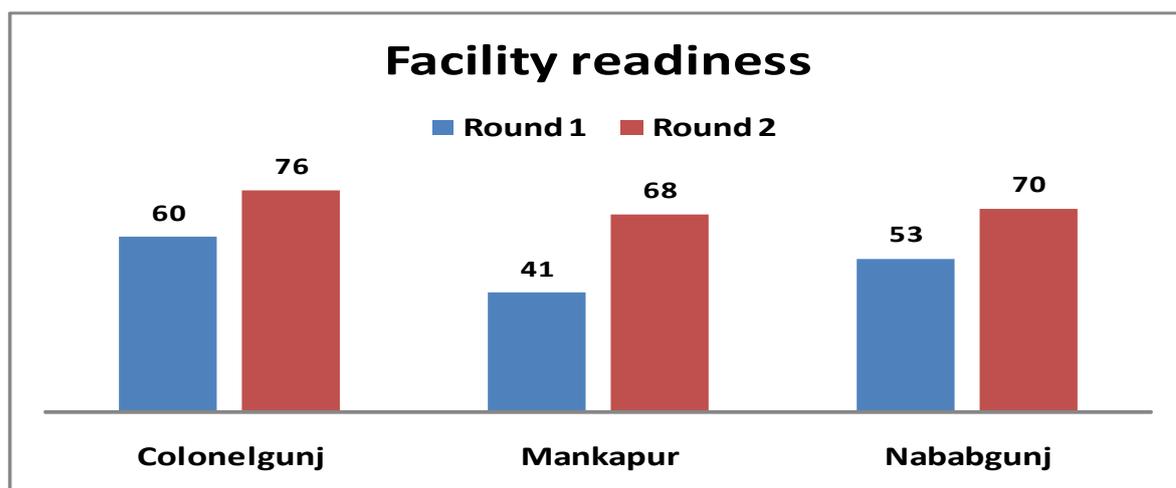
**Cross learning initiative:** Cross learning was held in Deoghar and Jamtara respectively. As a critical step to demonstrate and learn, the key health providers of the other facilities visited the demo-sites. Lead was taken by the health providers of the demo-site to impart knowledge; learning's' and challenges to the health providers from the other facilities. The activity was conducted with the following objectives:

- To establish the demonstration sites as learning centres in the field of Newborn Care.
- To scale up the model of demo sites and begin transforming other health facilities into self-learning units.
- To build up district's access and quality in all functional facilities for uniform and evidence based practices.
- To empower the health providers to make decisions



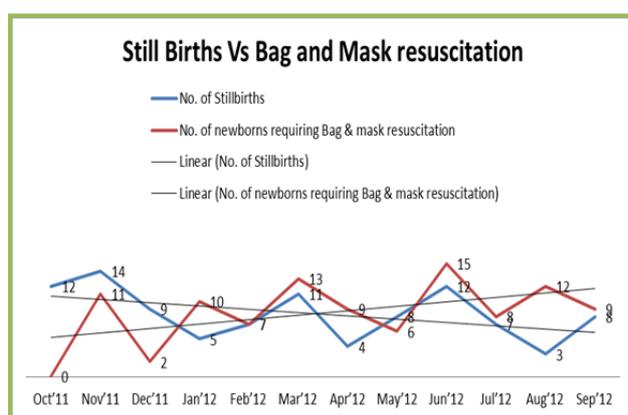
Cross learning for essential newborn care and resuscitation services at MCHIP demonstration site

## Uttar Pradesh



Graph 4: Overall score comparison of round 2 with round 1 of facility readiness of demo sites in UP

Staff Nurses in the demo sites (Gonda & Lucknow) have been trained in NSSK/ENCR are carrying out the newborn care as per the NSSK/ENCR protocol. Compilation of the monthly deliveries at the facility is being carried out with the purpose of keeping a track of mortality and morbidity. Master tracking sheet is being used. Regular mentoring visits are being carried out regularly where the health workers are being mentored in the essential newborn care activities.



The graph 7 (sideways) shows the relation of still births with bag and mask use. The trend line shows that the still born rate is going down with the increase in the use of bag and mask. The line crossed in the month of March 2012, six months after the intervention by USAID-MCHIP.

### Facility Readiness

**Facility readiness exercise** was conducted in the focus district of Gonda in the month of September 2011 and then again in selected blocks in the month of May/June 2012. Facility readiness for the intervention blocks of Lucknow was done in July 2012.

#### District Gonda readiness score 1

Facility	Infrastructure	Del & NBC services	Human resource	Essential drugs	Equipments and supplies	Records & Reports	IEC & protocols	Infection prevention
<b>Overall Score</b>	55	49	47	58	37	17	28	47

## Lucknow Intervention Blocks Readiness Score 1

Facility	Infrastructure	Del & NBC services	Human resource	Essential drugs	Equipments and supplies	Records & Reports	IEC & protocols	Infection prevention
Overall Score	70	87.5	75	38.5	54	46.7	30	12.5

### **Strengthening the basic newborn care and neonatal resuscitation content of the INC-endorsed pre-service training curricula for nurses midwives and ANMs (Carried out with Objective 1.2 Pre-service Nursing and Midwifery Education)**

Clinical skills standardization training was conducted on 1<sup>st</sup> to 3<sup>rd</sup> of Feb. 2012 at NRS medical college Kolkata. The workshop resulted in:

- 25 clinical nursing trainers for essential newborn care and resuscitation skills
- On site organization of labour room and newborn care corner done and institution of rooming in practices, record keeping, breast feeding support and warmth in delivery room and postnatal wards worked upon with head of institution and maternity wing in-charge
- During NSSK training at Giridih Jharkhand ANMTC visited and provides technical support to better functionality of the skill lab. for pre service training. Standard tools for mentoring introduce and on the job training conducted for 8 ANMs to practice skills of neonatal resuscitation.

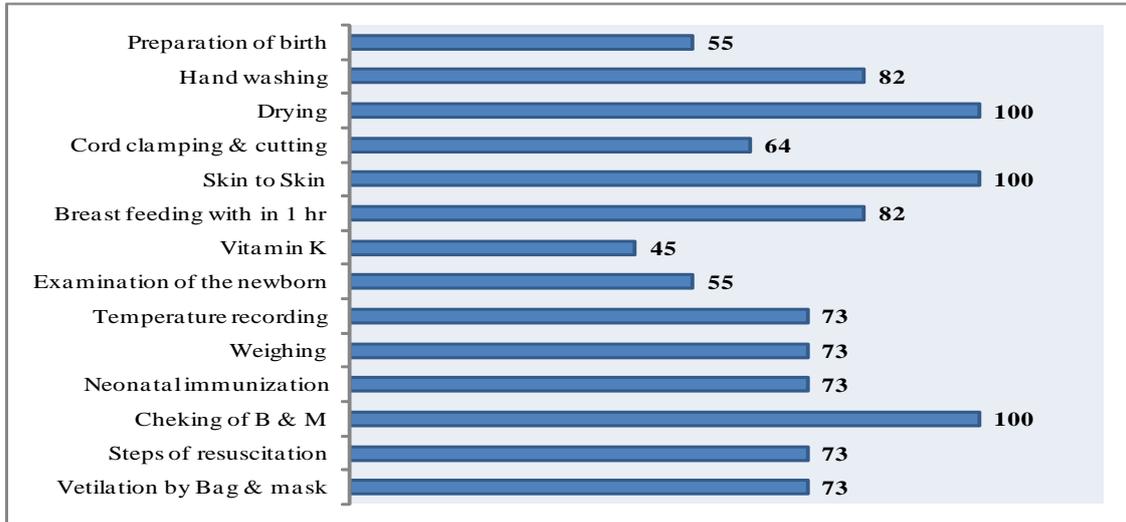
### **Testing the successful Supportive Supervision approach championed by MCHIP in Jharkhand and UP to improves the quality of ENC and resuscitation in Jharkhand and UP**

Supportive Supervision (SS) was conceptualized to improve the quality of skills and make the provider's competent. The post training hand-holding is major gap preventing the providers to use the skills proficiently. A systematic process of developing the supportive supervision mechanisms was undertaken with the district authorities especially the end users – ANMs and Staff Nurses. The process aims to a guided, streamlined, step-by-step process of conducting skills of essential newborn care and resuscitation skills and further practice. This approach uses the Standards-Based Management and Recognition (SBM-R). In Jharkhand due to lack of medical officers peer learning process is used and in Uttar- Pradesh the medical officers' conduct the supervision exercise. The peer supported supportive supervision has been found to more effective in developing skills, confidence and knowledge level of health providers than usual supervisor- supervisee approach.

Being one of the most difficult challenge is to motivate providers use and regard supportive supervision as a mutually beneficially exercise and opportunity for onsite corrections. Some of the tools used for SS are:

- *Self-administrable read and do tools*
- *Structured Supportive supervision checklists*
- *Video simulating bad and good practices*
- Till now 20 such sessions have been completed from Feb 2012. There has been a significant improvement in the essential and resuscitation practices targeting 11 key staff in the 4 demo-site facilities. An average 5 rounds of supportive supervision were conducted with each of the provider.

- Amongst the highlights is the scoring pattern of the SS checklist. There has been a tremendous improvement for improving the performance and quality of ENC/R skills and newborn health services.
- 11 providers in the four demo sites in Jharkhand have been provided SS, with an average of 5 rounds with key 11 providers at the demo- facilities



**Graph 4: Cumulative results of provider skills found during the supportive supervision from period Feb 2012-Sept 2012**



**NBC global team leader Dr. Joseph with Dr. J.P. Mishra, CMO Gonda**



**Supportive supervision of ENC/R by medical officers at CHC Nawabganj, Gonda, UP & MCHIP staff for SS training**

### **Integrated Districts:**

**Facility Readiness in Integrated districts:** Facility readiness activities were carried out in 3 integrated districts of Simdega, Chaibasa and Giridih. Following facilities readiness exercise was completed

- Simdega: Sadar hospital & CHC Kolebera
- Chaibasa: Sadar Hospital & Chakradharpur
- Giridih: CHC Bagodar, Dumari Mode & FRU Rajdhanbad

Overall, the districts all facilities have extremely poor Essential Newborn care and resuscitation services. Gaps were shared with the district authorities with a suggested plan for improvement.

Table 2: Facility readiness score of the integrated district; high delivery facilities

Parameters	CHAIBASA		GIRIDIH			SIMDEGA	
	SADAR CHAIBASA	CHAKRADHARPUR	DUMARI MORE	RAJDHANBAD	BAGODAR	KOLEBERA	SADAR SIMDEGA
INFRASTRUTURE							
NEWBORN & DELIVERY CARE							
HUMAN RESOURCE							Data NA
DRUGS						Data NA	
EQUIPMENTS & SUPPLIES						Data NA	
REGISTERS RECORD REPORT							
PROTOCOLS & GUIDELINES							
INFECTION PREVENTION							
KNOWLEDGE (M&N CARE)	Providers NA						
KNOWLEDGE	Providers NA						
<b>OVERALL SCORE</b>	<b>31%</b>	<b>30%</b>	<b>15%</b>	<b>25%</b>	<b>35%</b>	<b>19%</b>	<b>44%</b>

- Orientation on essential newborn care and resuscitation was conducted for district hospital staff in Giridih
- HBB poster and poster on chronology of ENCR & demo-site registers provided to all integrated districts
- CTU training at NBC demonstration sites with family planning team were participated
- RAPID for all three integrated districts as well as the districts supported with Immunization team

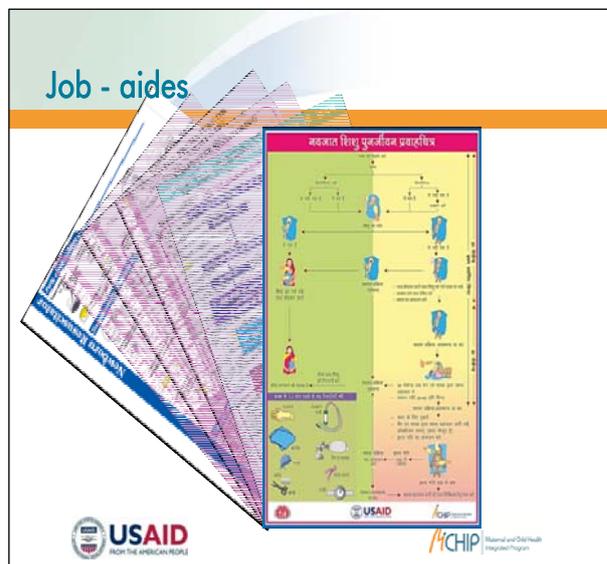
### Knowledge sharing

In past six months various success stories of newborn work in India is shared with the global audiences and Global MCHIP family. For reference the following can be accessed at [www.mchip.net](http://www.mchip.net)

- Record Keeping Methods Initiated by MCHIP Have Far Reaching Benefits in Jharkhand <http://www.mchip.net/node/1332>
- Cross Learning Improves Knowledge and Skills in Newborn Care and Resuscitation in India, <http://www.mchip.net/node/1148>
- Indian Officials Visit MCHIP Immunization and Newborn Care Demonstration Sites; <http://www.mchip.net/node/1199>
- Photographs posted in MCHIP album; ENC/R TOT at AMU (<http://tinyurl.com/7fspk3x>)
- Call to Action; <http://www.mchip.net/node/258>

Stories post on MCHIP face-book

- Adopting essential newborn care at sub-district level
- Bringing change in practices to manage new-borns with birth asphyxia in remote facilities
- Cross- learning at the demo-sites provides motivation to ANMs to save newborn lives



Key GOI communication to MCHIP and documents developed by MCHIP NBC team (Resuscitation action plan, Chronology of ENC, Cleaning of Bag & Mask and Protocols on ENC)

#### D. Vaccine Preventable Disease

*National level activities:*

*Support to Government of India:*

MCHIP team continued to provide technical assistance at national level through coordination with Ministry of Health and Family Welfare in planning and review of the immunization program. Important activities where the team members provided inputs are as follows:

- **Support in activities for Year of Intensification of Routine Immunization (IRI):**

Year 2012 was declared as year of intensification of routine immunization and specific activities were planned for roll out during the year to address the existing gaps in the program. MCHIP Country Representative was nominated as member of action group constituted by GOI under chairmanship of JS (RCH) along with other partner representatives (WHO, UNICEF, ICMR, BMGF, IAP etc.) for coordinating IRI activities. The team played an important role and provided support in following activities:

- Supported finalization of the ‘Strategic framework for Intensification of Routine Immunization (IRI) in India.
- Developed “Ready Reference Guide for Health Workers” as a handy tool for building knowledge and skills of health workers and other staff members. The guide was formally launched by Mrs.



Aradhana Gupta, IAS, Joint Secretary (RCH). GOI official instructed all states to use the guide as a reference book for routine immunization.

- Participated and provided inputs during 2-day review meeting on IRI at New Delhi including suggestions for improving IRI plan and facilitation of group work on 'Urban Microplanning'. Besides this team members also gave presentation on Supportive Supervision/RAPID experience from Jharkhand and shared job-aids, copies of ready reference guide and microplanning tool with the representatives from state governments and partner organizations.
- MCHIP was identified as one of the partners as national observers for monitoring the implementation of Immunization Weeks (IW) in selected priority states. The national team members visited 6 districts during 4 rounds of IW in UP and Jharkhand and shared feedback at national & state level.
- Provided technical assistance in preparation of a template to capture dash board indicators for 239 low performing districts regarding routine immunization

**All the above activities improved visibility of MCHIP as a technical agency in immunization. Endorsement of Ready Reference Guide by National Government not only helped in building MCHIP's credibility but also helped the immunization community of the country by providing a user friendly reference handbook on immunization.**

▪ **Development of concept note on 'District Intensification of Immunization Activities' (DIIA):**

On request of Deputy Commissioner (Child Health) MOHFW, the team members developed a concept note by packaging the district level high impact interventions being implemented by MCHIP team in focus districts of UP and Jharkhand and shared the same with officials and partners for scale up in poor performing districts of the country. The package of activities (including RAPID, development demonstration sites, micro-planning, newborn vaccination, vacant sub-center planning etc.), that contribute to the coverage improvement with quality, has been named as 'District Intensification of Immunization Activities' and the concept note is currently being reviewed for costing and feasibility of scale up by national government, PHFI/ITSU and BMGF.

**These activities, if implemented across the low performing districts, will aid in coverage improvement as was observed in the MCHIP focus districts.**

▪ **Participation and inputs during national level meetings:**

MCHIP national team members were invited to participate, share inputs and provide support in various important meetings including planning and review meetings for Measles Catch up Campaigns (MCUP), Indian Expert Advisory Group (IEAG) Meeting, National AEFI Committee Meetings, National Immunization Partner's Meeting, Routine Immunization (OPS) Group Partners Meeting, MNTE Validation Planning Meetings.

▪ **Participation in State EPI Officers (SEPIO) Review and State Cold Chain Officers Meeting:**

Three rounds of SEPIO meeting were organized at the national level and MCHIP team played an important role by providing support in developing standard templates for state presentation, facilitating technical sessions during the meeting. Inputs were also provided during the state cold chain officers meeting at

the national level organized with an objective to cold chain system in the country. MCHIP shared experience of developing demonstration sites for enabling peer learning and capacity building during the meeting.

▪ **Involvement in New and Underutilized Vaccine Initiative (NUVI):**

MCHIP was activity engaged in NUVI activities in the country particularly for scale up Hepatitis B, introduction of Measles 2<sup>nd</sup> dose (MCV2) and roll out of Pentavalent vaccine. The team members participated in Pentavalent Post Introduction Evaluation (PIE) at district Virudhunagar (Tamilnadu) and also in planning and review meetings for introduction in other states.

▪ **Hosting Secretariat for India Call to Action for Child Survival:**

On request of USAID Mission MCHIP is hosting a Secretariat for Child Survival 'Call to Action' and will be providing support in organization of a high level meeting on 29-30<sup>th</sup> November 2012. In addition MCHIP is providing support to GOI in preparation of case study on RMNCH successes and challenges in India proposed to be presented at PMNCH meeting at Manila in November 2012.

**These activities lead to high visibility to MCHIP both nationally and at International level**

▪ **Support to Govt of Haryana for roll out and scale up of RAPID activity:**

On request of Mission Director (NRHM), Govt. of Haryana, MCHIP provided technical support for carrying out RAPID activity in district Palwal. During the activity, MCHIP facilitated orientation workshop for district health team, participated as members of supervisory team and also supported during feedback sharing and action planning meeting at the end of the activity. MCHIP facilitated capacity building of child health consultants hired by Government of Haryana for implementing RAPID in all the districts of the state during the coming months.

***Other activities highlighting MCHIP support to Government and Partners:***

- **Policy influence:** team supported GOI for development of 'Open Vial Policy' and guidelines for operationalizing the policy. The policy pertains to use opened multi dose vials (of OPV and Hepatitis B) at health facilities and will contribute to reduction in vaccine wastage.
- **Support to PHFI for development of module on immunization:** PHFI for its distance learning course entitled 'Post Graduate Diploma in Management of Reproductive and Child Health Programs' is developing training module on immunization and MCHIP team members actively participating in drafting the chapters and reviewing the module.
- **Facilitation of 'Basic Vaccinology Course':** MCHIP Country Representative participated and facilitated during the 'Basic Vaccinology Course' organised by Child Health Foundation – INCLIN Trust International at Patna.
- **Participation in Immunization Round Table Meeting on Advocacy, Communication & Campaign:** This BMGF funded initiative is to ensure that Government of India and UP expands coverage of new and existing vaccines, especially to the poorest and most marginalized children.
- **Technical Support for roll out of Measles Catch Up Campaigns (MCUP):** MCHIP team provided key inputs for planning, revision of operational guidelines, training of functionaries and monitoring of the activities related to MCUP roll out in

selected states. In addition to this team members also participated in field level review of MCUP activities in 6 states of India (Bihar, MP, Gujarat, Rajasthan, Jharkhand and UP).

- **Participation in Medical Officer's Training Evaluation Study:** MCHIP participated in the evaluation in partnership with WHO and UNICEF for assessing the strengths, gaps and challenges in order to improve future trainings in the country. Technical inputs were provided by MCHIP in identification of states, development of tools and finalization of the study methodology; and participated during the field level work in states of Uttar Pradesh and Andhra Pradesh.
- **Using Measles Activities to Strengthen Immunization and Surveillance (UMASIS):** MCHIP State Representative (UP) participated and organized UMASIS activity in the state of Bihar in coordination with WHO-SEARO and UNICEF. The findings of the assessment were shared at national level.

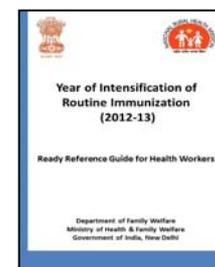
**The objective of the activity was to assess how measles activities including catch up campaigns can play role in strengthening VPD & AEFI surveillance and immunization program service delivery.**

- **Participation in PHFI/ITSU supported vaccine and logistics supply chain assessment in UP:** MCHIP provided support to PHFI/ITSU in finalization of the data collection tools for the proposed 'Assessment of vaccine and logistic supply system in Uttar Pradesh'. The field visits have been planned for October' 2012.
- **Dialogue with partners for leveraging the technical assistance:** MCHIP national team worked for establishing dialogue with BMGF about the feasibility of leveraging the technical assistance and expertise of MCHIP to **BMGF funded Family Health Initiative project** in Bihar. In addition to this discussion was also done with DIMAGI about implementation of **m-LMIS (mobile based logistics management information system)**.
- **Inputs during the state level DIO review meeting in UP:** On request of GOI, MCHIP national team members participated in DIO review meeting organized after completion of the first 'Immunization week' in UP for sharing the observations of national observers and providing inputs for improving the reach and quality of next rounds of 'Immunization Weeks'.
- MCHIP team members participated and provided inputs during UNICEF supported Media Workshops on AEFI and USAID's Partner Meeting.
- The team members provided support to UNICEF for development of communication strategy document, participated in CDC & UNICEF supported Capacity Building Initiative in Deoghar (Jharkhand) and Measles RI Synergy Study.

### Development of tools and job aids:

MCHIP team members demonstrated the technical expertise through developing need based tools and job aids on request of government and partners. Various tools and job aids developed and disseminated during the reporting year are as follows:

1. **Ready Reference Guide for Health Workers:** In context of IRI year MCHIP developed a hand book on guidelines and recommended techniques in routine



immunization program. The objective of this handbook was to build knowledge and skills of health workers, supervisory staff as well as program managers. The handbook was endorsed by Govt. of India and shared with all states for use in respective areas.

2. **Tools for Measles Catch up Campaigns:** Two excel based user friendly tools were developed for use during MCUP campaigns – viz. Microplanning tool and report compilation tool (latter for use at state, district and block levels)
3. **Job aids on preventing AEFI:** two job aids on issues to be looked for preventing AEFI at health facilities and session sites were developed and shared with national government.
4. **Job aid on injection techniques:** this job aid was developed for use at health facilities and sessions sites for ensuring correct injection techniques for different vaccines.
5. **Job aid on newborn vaccination:** this job aid was developed for display at delivery points for strengthening newborn vaccination for institutional deliveries.
6. **Table calendar on RI thematic areas:** a table calendar for year 2012 was developed which contains critical and useful information about different thematic areas of the program. The calendar was printed and was shared with officials and partners at national and state levels and in the focus districts.



### **Documentation activities:**

MCHIP team has planned for documentation in terms of documenting and disseminating the best practices, success stories, abstracts and articles for peer reviewed journals highlighting high impact interventions implemented by the team members in focus districts. The progress made during the year is as follows:

- Documentation on RAPID process and impact finalized
- Documentation of success stories on development of Demonstration sites and Cross learning visits finalized
- Analysis and documentation of TEN initiative and strengthening new-born vaccination is underway.
- Four abstracts were developed and submitted to Global Health Council (GHC) and one scientific article has been submitted to Indian Journal of Community Medicine
- New articles developed are:
  - “Addressing equity and reaching the underserved and unreached in India”, submitted for publication in the conference book of World Public Health Association.
  - “Institutionalizing New Born Vaccination: Experience from Uttar Pradesh and Jharkhand (India)”, submitted for review to USAID India mission.

- Articles in review are:
  - “Assessment of Routine Immunization Services in Two Districts of the State of Jharkhand (India)”, in Health and Population Perspectives and Issues
  - “Routine Immunization in India: A Perspective”, in Indian Journal of Community Health

### ***MCHIP team building activities***

- **MCHIP internal program review of VPD support and NBC activities** was organized between 5- 7 January’ 2012 where the status of VPD program was reviewed and a calendar of specific activities was chalked out for the FY 2012, therewith including the integrated activities.

- Four members of national and state teams participated in **‘Program Learning Meeting’** held at Addis Ababa. The objectives of the meeting were to - demonstrate approaches through sharing of lessons learned with RI and NUVI, engage country programs in cross learning /program learning, determine next steps as MCHIP approaches final year of implementation and understand how to be an effective partner. During the meeting India team presented on: “Performance improvement through Regular Appraisal of Program Implementation at a District (RAPID) approach”, and “Identifying the coverage gaps through District planning for action”.



- MCHIP Country Representative participated in the WPHA conference on 27<sup>th</sup> May 2012, and presented on ‘Addressing Equity and Reaching the Underserved and Unreached in India’
- **Visits of national team members to focus states and districts:** Regular visit were organized by national team members and state teams to focus districts in respective states for providing support to technical consultants.

**All the above activities indicate how MCHIP was able to establish at par as a Technical support organization in India among Government and other partners in a short time.**

### ***Support to State Governments of UP and Jharkhand***

MCHIP state teams continued providing technical support to State Departments of Health & Family Welfare and State Program Management Units (SPMU-NRHM) for planning, monitoring and review of immunization program. Major areas of involvement during the year were as follows:

- In both focus states of UP and Jharkhand, MCHIP state teams played active role and provided inputs for development of RI annual Program Implementation Plan (PIP) for year 2012-13. This was done through participation in the PIP review and planning meetings and doing advocacy for appropriate budgeting of planned and priority activities. Specific inputs were provided for inputs for fund allocation for district & block level micro-planning, immunization waste management, urban planning, IEC activities and scale up of tools and job aids developed by MCHIP. The

technical inputs on the basis of field level experiences helped in allocation of funds for these activities, which will help in improving the quality of immunization services.

- In context of Year of Intensification of Routine Immunization (IRI), state teams provided support in planning for specific activities including roll out of four rounds of immunization weeks in both states with focus on unreached, under reached and hard to reach areas. State teams co-facilitated planning and review meetings at state level and provided support in development of coverage improvement plans and operational guidelines. In addition state teams visited focus districts for monitoring the implementation and shared feedback with state officials for ensuring timely corrective actions.
- The state teams continued to provide inputs during periodic reviews of the immunization program through participation and co-facilitation of RI Cell/Core Group Meetings, DIO/CMO review Meetings, NRHM Planning Meetings, IEC committee meetings and RI Task Force meetings.
- In Jharkhand specific support was provided for different initiatives from Govt. of Jharkhand including:
  - Similar to previous years MCHIP specific interventions have been adopted by the State Government: funds for 2 rounds of RAPID have been included in the state PIP for all the 24 districts of the state.
  - Set of 16 job aids developed by MCHIP have been approved for printing and implementation across the state (cold chain points and immunization session sites). The State Government has decided to implement the “My Village My Home” tool developed and field tested by MCHIP across all the immunization session sites in the state. The “Ready Reference Guide for Health Workers” developed by MCHIP has been approved for printing and dissemination for all health officials and staff members across the state.
  - MCHIP successfully leverage sum of Rs. 9.05 million (excluding that to be leveraged through printing of IEC material) through the State RI PIP (2012-13). Key interventions advocated by MCHIP are strengthening of RI monitoring by a team of field monitors in 9 high focus districts, organization of district level VPD and AEFI workshops, organization of monthly district level RI review meetings and biannual RAPID rounds.
  - State has agreed to develop health facility at Namkum, district Ranchi as composite demonstration site for RI thematic areas and link it to function as field training site for RI trainings to be conducted at state capital.
  - Logistics management compilation sheet developed by MCHIP and demonstrated through IRI simulation study in MCHIP districts has been adopted by the state as key reporting format for all 4 rounds of immunization weeks to be conducted in the state as a part of IRI activities.



- MCHIP Technical Officer has been nominated as member of the State Review Mission teams to review the implementation of different health programmes at the district and block levels (routine immunization being a key focus area). During the year MCHIP participated in four missions.
- Three RAPID rounds were conducted in the state in the districts of Giridih, Simdega and West Singhbhum with technical support from MCHIP.
- In Uttar Pradesh specific support was provided for following activities:
  - Through continued advocacy MCHIP facilitated issue of specific instructions for strengthening of vaccine and logistics supply chain management and beneficiary tracking through use of due lists.
  - Preparation of State RI IEC Plan and implementing focused IEC activities for generating awareness among community including use of poster and banners and utilization of electronic and print media for spreading messages.
  - Total amount of 4.18 million INR were leveraged through PIP for scale up of microplanning tool, job aids on cold chain management, waste disposal and interpersonal communication and standard recording and reporting formats for routine immunization developed by MCHIP in all districts of the state.
  - Shared experiences of interventions in focus districts including demonstration sites and institutionalization of newborn vaccination. This facilitated request from state government for developing integrated demonstration sites for immunization program at two health facilities of state capital and issue of instructions to all districts for strengthening vaccination of newborns delivered at health institutions.
  - Successful advocacy was done for scale up of four interventions done by MCHIP in focus districts through supplementary PIP. These include development of demonstration sites, RAPID, RI microplanning and newborn vaccination.

**The above activities helped MCHIP to forge partnerships with the State Government officials and also position MCHIP as a key technical agency for immunization among different development partners.**

#### **Support to state level Partners:**

- In both focus states MCHIP state teams continued close coordination with other partner agencies working for strengthening routine immunization (WHO/NPSP, UNICEF, CORE and MD), particularly on the program review and capacity building aspect of field staff. Team members ensured regular participation and inputs in state level partner meetings including RI Partners meetings, Polio Partners meetings, RI cell and broader MNCHN Partners Group meetings. During these meetings learning's from specific interventions being implemented by MCHIP in focus districts of two states were shared with partners.
- State specific activities for enhancing partner coordination are as follows
  - Jharkhand
    - a. MCHIP team collaborated with WHO-NPSP in developing a scoring system based on key RI programme performance indicators. The scoring system was used to rank the districts and the blocks in to identify good and poor performing blocks.

- b. Through the RI cell platform MCHIP advocated for key policy and planning processes to be implemented in the state to optimize immunization coverage.
- c. MCHIP collaborated with various development agencies in the state as Children Investment Fund Foundation (CIFF), Family Health International (FHI), Model District Health Project (Columbia University) to foster implementation of RI programme in the state by linking it with other thematic areas as new born health and family planning.
- o Uttar Pradesh
  - a. Team members participated in knowledge sharing session on IEC, USAID state partner's roundtable meeting, IRI media workshop (organized by UNICEF), Stakeholder consultation (organized by Save The Children), and Advocacy Workshop chaired by State Health Minister.
  - b. Co facilitated UNICEF supported Supportive Supervision for Routine Immunization in 8 districts (viz. Banda, Chitrakoot, Agra, Kanpur, Behraich, Gonda, Varanasi and Balrampur). During this activity one day orientation was organized for program managers and staff members on RI followed by visits to all cold chain points in respective districts and action planning meeting for ensuing corrective actions.
  - c. MCHIP facilitated orientation of field staff of Micronutrient Initiative on RI monitoring and microplanning, and UNICEF team of divisional and regional coordinators on supportive supervision.

**This collaboration with partner agencies contributed towards better coordination and dialogue and facilitated joint support to the government in planning and implementation of MCH strategies**

***Activities in focus districts of UP and Jharkhand:***

- MCHIP Technical Consultants continued providing support to district health departments in 2 focus districts of Jharkhand (Deoghar and Jamtara) and 3 districts in UP (Banda, Gonda and Varanasi) for planning, implementation and review of immunization program. Specific activities in two states included:
  - o Regular participation, co-facilitation and feedback sharing during RI review meetings organized at district level and block health facilities. Inputs were also provided in District Task Force meetings, /District Health Society meetings, monthly medical officer review meetings, District AEFI Committee meetings, block level ANM/ASHA meetings, and the inter-sectoral coordination meetings for facilitating need based corrective actions.
  - o Participation in RI partner meetings at district level for sharing feedback, planning joint activities and enhancing coordination for providing joint support to district health team.
  - o Provided support in planning, implementation and monitoring of immunization weeks in all focus districts through co facilitation of planning meetings at district level, orientation meetings at block level and daily review meetings organized during 4 rounds of immunization weeks. District teams provided specific support in microplanning at block level for ensuring rationalized service delivery in unreached and hard to reach areas. In addition regular visits were made to outreach session sites in priority areas and feedback were shared with block and district officials.

- **Specific activities in focus districts:**

1. **Development of demonstration sites and organization of cross learning visits:**

Developing demonstration sites for different thematic areas of immunization program, including cold chain management, program management, recording and reporting (MIS) and immunization safety and waste management was an important activity during the year and significant results were obtained in all focus districts. Objective of developing these sites were to provide opportunity to demonstrate correct processes to program managers and functionaries; and organize cross learning visits for hands on training for replication of best practices in other health facilities.



One health facility in each of the five districts was developed as demonstration sites. Apart from the composite demo site one additional demonstration site was developed in Deoghar district on thematic areas of Cold chain and vaccine management and immunization safety. In addition to this visible improvement was also made with respect to other thematic areas of the program. The process of developing these sites entailed continuous advocacy for implementation of correct practices, and repeated sensitization of concerned staff members, through on job demonstrations and hand holding. Readiness assessment checklists were used to monitor the progress and readiness status on periodic basis.

Cross learning visits for program managers and cold chain handlers were organized at all these demonstration sites which enabled capacity building of the participants (total 6 visits organized in UP in which 114 staff members were oriented, similarly 74 staff members have been trained through 3 cross learning visits in Jharkhand). In addition to this, retro visits of cold chain handler from demo facility to other poor performing blocks have been initiated in UP for providing hand holding and facilitating corrective actions (total 5 visits conducted). In Jharkhand all non-demonstration sites are being assessed with Demonstration Site Readiness Checklists with the objective of moving towards a Demonstration district wherein all cold chain points will be at par with demonstration sites.

Besides the primary sites additional facilities were identified for developing integrated sites for all thematic areas and the process of development is in progress.

**MCHIP was able to advocate the learning's from demonstration sites and its success in building the capacities. As a result of this, State Governments have requested MCHIP to develop similar demonstration sites at two health facilities of state capital Lucknow (Mohanlalganj and Sarojini Nagar) and one facility in Ranchi (Namkum)**

**This effort will have a snow ball effect in the focus states by encouraging all the staff of the district to improve the performance.**

## 2. Implementation of Tracking Every Newborn initiative in selected sub-centers:

Pilot of TEN initiative continued during year in total 15 selected subcenters of UP (5 in each district) and 7 subcenters of 2 districts in Jharkhand. Under the intervention health workers of selected sites were supported to update their MCH registers from April 2010 till date. Following this the information from registers was computerized in a tool developed for compilation and generating name based due lists. This was followed by triangulation of beneficiary database with other frontline functionaries including Anganwadi worker and ASHA to supplement missed beneficiaries.

Sharing of the village wise due list of beneficiaries as generated by the tool with respective ANMs started from December 2011 onwards. ANMs used these due lists to mobilize beneficiaries and updated the list as per the vaccinations given during the session. These due lists were then collected and information was updated in the tool before generating list for the next session. In this way due lists were shared with ANMs for 5 times during the year.

In contrast to MCTS system implemented by government, this pilot was an offline tool based mechanism and the learning's from this pilot will be shared with GOI for making MCTS portal more effective.

Data analysis of 5 rounds of due list sharing for finding out the outcome in terms of coverage and timeliness of vaccination to the beneficiaries will be done in the first quarter of FY 13.

## 3. Institutionalization of newborn vaccination:

MCHIP district teams continued working for newborn vaccination with OPV (zero dose), BCG and Hepatitis B (birth dose) for all institutional deliveries. The process entailed advocacy with district/block officials, sensitization of health workers and staff nurses, revision of delivery registers to include separate columns for noting down vaccination given, developing mechanism of vaccine delivery to delivery room on daily basis and periodic review during visits to the health facilities.



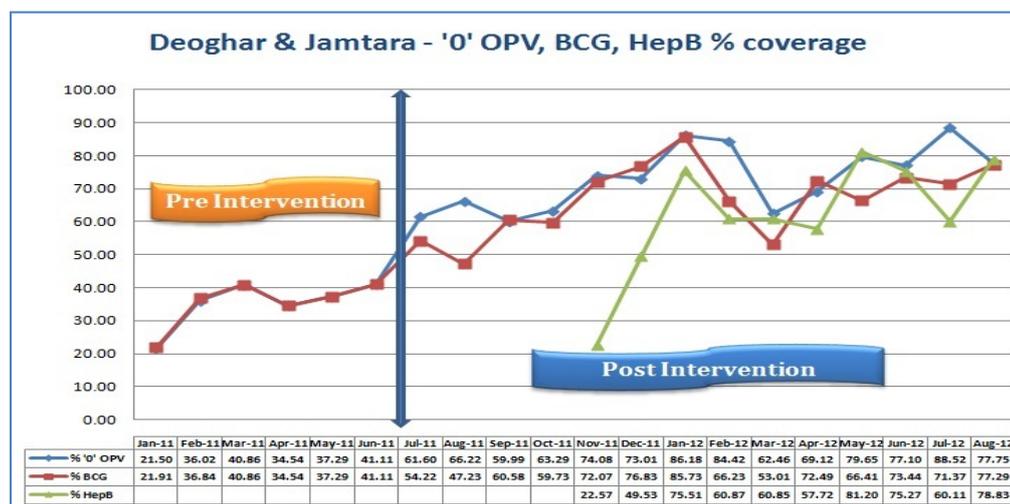
Vaccine carrier with vaccines available at delivery room (district Gonda)

Initially the activity was started in one health facility in each district and taking up the learning's the same has now been rolled out in all facilities in the district where deliveries are conducted and which have a cold chain point.

During the year the results gradually improved and majority of newborns delivered at facility are now being vaccinated before they are relieved from the facility. Strengthening of mechanism for follow up of these infants by health workers of respective areas and their follow up for completing immunization is in process.

These interventions demonstrated lessons 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; and assess the feasibility and acceptance of automatically generated due lists for mobilizing and vaccinating left outs and drop outs and enhancing immunization coverage.

The following graph presents the relevant data from the focus districts in Jharkhand.



#### 4. Support in review and revisions of RI microplans:

District teams provided support to block level health facility staff for review and revision of block level RI microplans through triangulation of existing micro-plans with other sources including Polio SIA plans and Census 2011 data. The objective of the activity was to identify and incorporate missed and under reached areas and rationalize sessions as per injection load and session site.

Between October' 11 to September' 2012 microplans of 11 health facilities were reviewed by MCHIP district teams by which 1437 left out areas were identified and included in revised microplans (comprising of population approx. 4.17 lakh). Besides this 482 sessions were rationalized for injection load and session site.

#### 5. Alternate session planning and vacant subcenter planning:

Advocacy was continued for ensuring that all sessions planned at block level facilities are conducted on the fixed days. This intervention also facilitates organization of sessions that could not be held due to any reason on alternate days. Visible improvement was seen and there has been increase in organization of planned sessions on the fixed days as per microplan.

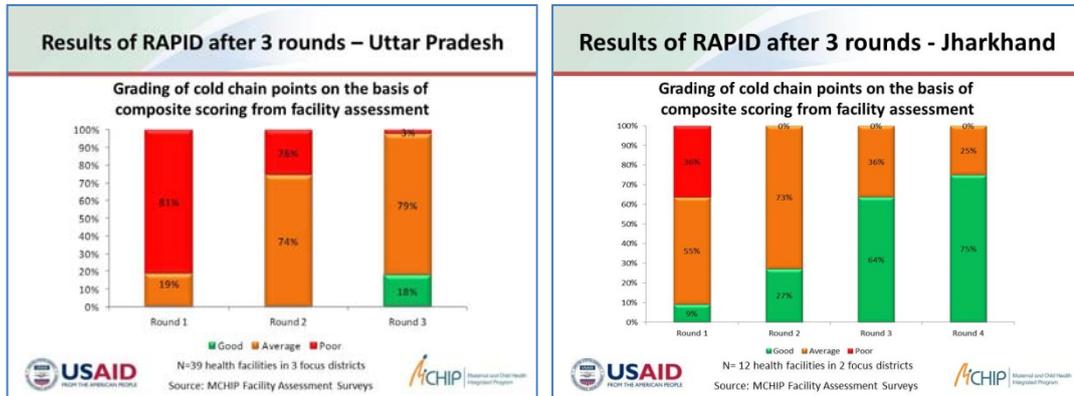
#### 6. Strengthening of vaccine & logistics management at district cold chain points:

Efforts were made for strengthening district level cold chain points in the focus districts of UP and Jharkhand with objective to improve practices related to vaccine storage, vaccine & logistic management (procurement and distribution) and recording.

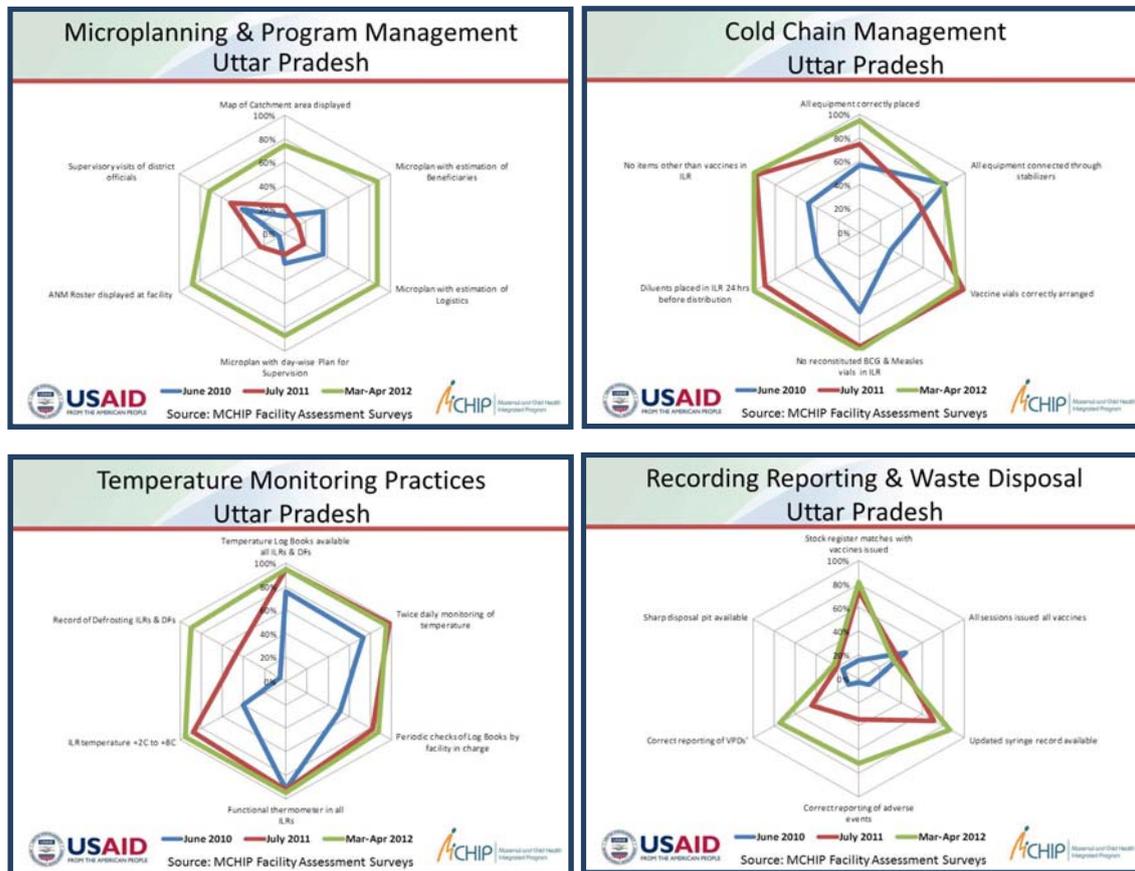
#### 7. RAPID

Third round of RAPID activity was conducted in the focus districts of UP and fourth and fifth rounds in the focus districts of Jharkhand for assessing progress made in

terms of quality of program management and service delivery vis-a-vis the baseline situation analysis (first round) and second round of activity. The results have shown improvement in all program related critical indicators.



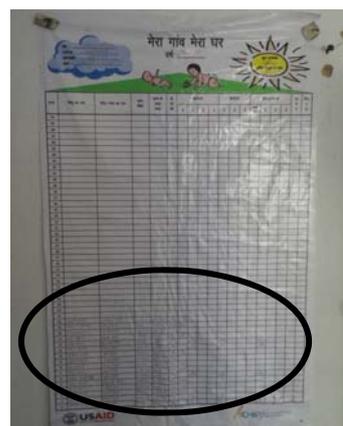
Progress revealed following 3 rounds of RAPID in Uttar Pradesh focus districts



## 8. Pilot of 'My Village My Home' (MVMH) intervention

"My Village My Home" pilot as a community level monitoring and tracking mechanism was initiated during the fourth quarter. Initially anganwadi centers were identified for the pilot and functionaries were oriented about the tool and process.

In total 15 anganwadi centres of three districts of Uttar Pradesh (5 centers per district) and 30 of Jharkhand where monthly immunization sessions are being organized were identified. In Jharkhand the MVMH tool was used in a pilot study to demonstrate the effectiveness of the immunization weeks and the births in the same centers are being tracked prospectively from April 2012 onwards to ensure optimal immunization coverage.



MVMH at display in an AWC in Deoghar district with tracking of beneficiaries

### **Training activities:**

- MCHIP continued providing support to national and state governments of UP and Jharkhand, district health departments of the focus districts and partner organization for planning, organizing and facilitating training activities for the staff members and functionaries
- Major state level trainings facilitated by MCHIP included training of trainers for measles catch up campaign, workshop on AEFI, training for roll out of Hepatitis B vaccination in immunization schedule, and trainings of partner staff from UNICEF and Micronutrient initiative
- District level training activities included orientation of health workers on 'ready reference guide on immunization', orientation on AEFI operational guidelines, orientation during cross learning visits to demo sites and block level orientation of health staff
- MCHIP RI team trained a total of 2373 functionaries from Govt. health department, and Partners on different aspects of RI during FY12, against a target of 1300. At the National level MCHIP trained DIOs and private practitioners in basic vaccinology and also staff from other states

	<b>Government &amp; Partners</b>
National level	162
Jharkhand (including districts)	583
Uttar Pradesh (including districts)	1628
Total	2373

## V) The Way Forward

### Pre-service nursing and midwifery education

- Recruitment of faculty at the proposed college of Nursing, Agra and obtaining NOCs from INC, State Nursing Council and GoUP
- Conduction of external verification at the NNCs for the achievement of the educational and clinical standards and the recognition of the NNCs that achieve more than 80% of the standards.
- Provide technical assistance to the INC for the drafting and publication of the practical record book for the ANM students as per the revised curriculum.
- Jointly with MoHFW and INC facilitate the operationalization of remaining 5 NNCs.
- Development of curriculum jointly with GoI/Technical expert groups for the 6 days in-service training for ANM/ Staff Nurses and medical officers
- Provide technical assistance to GoJh and GoUk to establish the State Nodal Centers

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

#### Uttar Pradesh

- Introduction and institutionalization of PFP/PPIUCD services in 34 identified facilities and establishment of 2 additional training sites
- Conduct training of 290 FW counselors in 10 batches to establish counseling services at 290 facilities with more than 200 deliveries per month.
- Ensure use of GOI Performance standards by providers for Quality PPIUCD services
- Ensure Collection of timely and accurate service provision data from service provision sites.

#### Jharkhand

- Support establishment of the SNCs through implementation of the INC endorsed educational process
- To provide state level strategic support to GoJH to scale up implementation of educational and clinical standards for PSE at an additional 7 ANMTCs towards improvement of quality of PSE in other districts of Jharkhand
- Support the introduction and strengthening of PFP/PPIUCD services in 34 facilities, including one medical college, 24 district hospital and 9 CHCs
- Strengthen FP Service Delivery in 12 facilities, including 3 district hospitals and 9 CHCs in MCHIP focus districts, with state level support for scale up of this quality improvement approach to all the district hospitals of the state

#### Uttarakhand

- Provide technical assistance for introduction of PFP/PPIUCD services in additional 7 facilities
- Facilitate the establishment of State Nodal Center at College of Nursing, Dehradun to strengthen nursing and midwifery education.

## **New born care and resuscitation**

- a) Consolidate program learning on Essential Newborn Care and Resuscitation and prepare and disseminate to global, national and sub-national audiences to influence policies and improve newborn intervention coverage.
- b) Continue support to the national and state government to scale up ENC/R as an integral intervention package for reduction neonatal mortality and overall reduction of infant mortality.
- c) Provide support to GOI on intensification of essential newborn care and resuscitation at district levels.
- d) Expand supportive supervision activities with the government and facilitate the use of supportive supervision exercise in the districts.
- e) Mentoring visit and handholding of the service providers on newborn care services to go on.
- f) Verbal autopsy exercises to continue so that causes of perinatal and post natal mortality can be investigated at the community level for appropriate decisions to be taken by the concerned authorities.
- g) Regular feedback to block, district and state level officers on key newborn health activities in the focus states.
- h) Inter and intra district cross learning for essential newborn care at MCHIP demonstration sites

## ***Way forward: Vaccine Preventable Diseases***

### **Technical support at the country level:**

- Continue to provide TA to government departments and to partner organizations at national level and in the focus states/districts of UP and Jharkhand for improved planning, implementation, review and monitoring of immunization program.
- Continue providing support in developing strategies, operational guidelines, implementation and monitoring plans for IRI activities at all levels, in order to facilitate improved coverage through enhanced reach to left out and dropouts.
- Address the issues identified in different thematic areas of immunization program through regular mentoring visits to the focus districts and blocks.
- Support roll out of Measles Catch Up campaigns from national level and in state of Uttar Pradesh and actively monitor MCV 2 coverage.
- Support in rollout of new and under-utilized vaccines (Pentavalent, MCV2, and Hep-B) through the national immunization program.
- Influence NRHM/RI Program Implementation Plans (PIP) to include high impact interventions and leverage money for implementation in focus states and districts.
- Contribute technically and assist in the rollout of important national immunization policies, strategies, RI training packages, job aids and tools.
- Provide support for strengthening of immunization reporting through HMIS and MCTS system in selected facilities of focus districts.
- Continued support to RI training for Basic Health Workers, Medical Officers, Cold Chain Handlers and Data Managers as envisaged under NRHM.

- Support the GoI and ITSU in strengthening the vaccine and logistics management
- Continue developing, implementing and monitoring VPD control strategies (JE, MNTE) and AEFI surveillance and management systems.
- Consolidate high impact interventions in the focus districts (e.g. RAPID, demo-sites, improving newborn vaccination, microplanning and community level monitoring tools) and document the promising practices and results, and disseminate them at various forums for scale up.
- Do operational research to improve the supervision and cold chain management

#### **Technical support at International level:**

- Share the experiences through international forums including SEARO's EPI Managers Meeting at Bangkok (Immunization Team Leader to participate)
- GAVI meeting in Darussalam, Tanzania (Country Representative to participate)
- Supporting planning for immunization in Tanzania (State Representative UP to participate)

#### **MCHIP specific activities**

- Conduct 6 monthly RAPID and end-line survey in the focus districts and disseminate the results for catalyzing corrective actions.
- Continue implementation of high impact and focus interventions in focus districts of UP and Jharkhand.
- Documentation of the best practices including writing articles for International and National journals
- Dissemination of MCHIP work including high impact best practices and experiences.

#### **VI) Success Stories**