USAID's flagship

Maternal and Child Health Integrated Program — MCHIP India

Achievements 2009–2014

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MCHIP Maternal and Child Health Integrated Program

Introduction

Since 2009, the USAID Bureau for Global Health's flagship Maternal and Child Health Integrated Program (MCHIP) has worked in India to improve the health of women and their families. MCHIP supports programming in maternal, newborn and child health, immunization, family planning, and pre-service education. MCHIP played a key role supporting the Government of India to launch and roll-out the RMNCH+A Strategy.

MCHIP's dual approach is to strengthen the capacity of government health systems, non-governmental organizations and other local partners to offer essential services while simultaneously addressing the barriers to accessing and using key evidence-based interventions. The interventions are across the life stages — from pre-pregnancy to age 5 — by linking communities, primary health facilities and hospitals.

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

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

MCHIP brings together a partnership of organizations with demonstrated success in reducing maternal and child deaths:

Jhpiego John Snow, Inc. (JSI) Save the Children

RMNCH+A

Improving maternal and child health and survival is central to India's National Rural Health Mission (NRHM) as well as to reaching MDGs 4 and 5. Under the 12th Five Year Plan, by 2017, India is committed to bring down the Infant Mortality Rate (IMR) to 25 per 1000 live births and Maternal Mortality Rate (MMR) to 100 per 100,000 live births, fertility rate to 2.1 and raise child sex ratio in age group 0-6 years to 950.

In order to energize the global fight to end preventable child deaths through targeted investments in effective, life-saving interventions for children, India co-convened the 'Global Child Survival Call to Action: A Promise to Keep' Summit in Washington DC in June 2012, along with Ethiopia and the United States. At the global Summit, India's Honorable Minister for Health and Family Welfare, assured the global audience that India would remain in the forefront of the global war against child mortality and morbidity.

In order to galvanize unified efforts of all stakeholders, a 'Call to Action: For Every Child in India' Summit was organized in February 2013. MCHIP served as the Secretariat for Call to Action and coordinated actions with the Government of India (GoI), development partners and other stakeholders in preparing for the Summit.

The consensus at the Summit was that while India had made impressive progress, there was a need to focus on key high impact interventions, with special emphasis on poorly performing regions. Such a focused approach would lead to substantial gains in reduction of maternal, neonatal, infant and under-5 morbidity and mortality.

At the Summit, the GoI launched the RMNCH+A strategy, which serves as a roadmap for the states to fast track India's progress towards achieving MDG 4 and 5, as well as health related targets outlined in the 12th Five Year Plan. Based on the continuum of care concept, the RMNCH+A Strategy is holistic -- encompassing all interventions aimed at reproductive, maternal, newborn, child and adolescent health under one broad umbrella and focusing on the strategic life cycle approach. The strategy promotes linkages between various interventions among thematic areas to enhance coverage throughout the life cycle to improve child survival in India.

Igniting change for women and children

MCHIP served as the Secretariat providing support at the national and state level for the rollout and implementation of RMNCH+A. The National RMNCH+A Unit (NRU), a nine member team supported by MCHIP, was anchored within the MOHFW, under the leadership of Joint Secretary (RCH), to support the Ministry to monitor the progress of RMNCH+A implementation and intensification of efforts.

MCHIP, in coordination with other development partners, supported the development of technical documents including:

- Handbook on improving maternal and child health through RMNCH+A approach
- Guidance note for implementation of RMNCH+A interventions in High Priority Districts
- Guidance note on Block Monitoring
- Guidance note on district-level gap analysis of RMNCH+A implementation

At the state level, state RMNCH+A Units (SRUs) were established in the six MCHIP-supported states. The Unit coordinates all RMNCH+A activities across the high-priority districts (HPDs) in the state and provides technical assistance for planning, implementing and monitoring of strategies for delivery of priority interventions in the HPDs.

MCHIP also assisted in the development of State Unified Teams (SUTs). The teams are comprised of members from state governments, medical colleges, the SPMU, and development partners working in the state. Each SUT functions as the overarching technical body supporting and reviewing implementation of the RMNCH+A strategy at the state level.

MCHIP, with the GOI, conducted gap analyses to assess the current infrastructure, human resource, equipment, capacity, quality and resource availability needed to deliver a set of key RMNCH+A interventions in facilities and communities and assess the health system capacities at the district and state level. Using a predetermined Block Monitoring Format prepared by the GOI, district level monitors visited one block each month in each high-priority district.

State governments are using results from gap analyses, rapid assessments, and block monitoring to develop district and facility plans to improve infrastructure, address human resources gaps, and improve quality of care.

Family Planning

Government of India views family planning (FP) as a core maternal and child health intervention, and has shifted its focus from limiting births to spacing pregnancies. Simultaneously, provision of quality FP services, along with an expansion of contraceptive choices, is a government priority. In alignment with this vision and MCHIP's ultimate goal to contribute to the achievement of MDGs 4 and 5 in India, the program supported the GoI's strategy to revitalize promotion of immediate postpartum intrauterine contraceptive devices (PPIUCD) to address the unmet need for PPFP services, beyond sterilization.

MCHIP's PPFP/PPIUCD activities grew out of the work of the ACCESS-FP program in India, continuing training activities in the three states of Uttarakhand, Uttar Pradesh and Jharkhand, and continuing national-level advocacy with policymakers, program managers, professional bodies, physicians and other healthcare providers to support PPFP/PPIUCD as a maternal and child health survival intervention. MCHIP's advocacy has contributed to the GoI prioritizing PPFP activities in six focus states and including PPIUCD services as a key component of the national RMNCH+A strategy. Similarly, MCHIP's successful demonstration of the impact of counselors on the uptake of PPFP/PPIUCD services led to the GoI hiring counselors in all high-focus states and widening their scope from FP to RMNCH counseling.

In partnership with the state governments, MCHIP developed a core set of performance standards and ensured the implementation of these standards at all its targeted facilities.

MCHIP supported the development of comprehensive training resources, including an e-Learning course on PPFP/PPIUCDs for service providers and a Learning Resource Package (LRP) for RMNCH counselors. These resources are being used to train and enhance the knowledge of providers and counselors throughout India.

MCHIP facilitated the training of providers by developing training sites and trained trainers. More than 1,700 doctors, nurses and midwives were trained in clinical PPIUCD services. The traditional centralized training approach required providers to be away from their facilities and often led to post-training struggles to institutionalize systems changes at their facilities for service delivery and data collection. To address this challenge, MCHIP developed an innovative approach of training service providers, at their own facilities, to rapidly saturate the facility with trained providers and institutionalize service delivery. To further ensure sustainability and provision of quality PPIUCD services, effective counseling services and regular data reporting, MCHIP participated in more than 850 supportive supervisory visits at targeted facilities.

Chandra

Carrying her nine-month-old in her arms, worried and fatigued, nineteen-year-old Kamala arrived at the Haldwani Women's Hospital, looking for Chandra Bisht, the family planning counselor. "The moment I helped her sit, tears started rolling down her cheeks," recalls Chandra. Kamala was pregnant again and her husband, the family's sole wage earner, was still jobless after many months.

Chandra says she has seen many such cases—of women becoming mothers too early and having repeat pregnancies, unaware of their health risks. "The need to counsel them on the benefits of postpartum family planning (PPFP) is very high," says Chandra.

Calming Kamala, Chandra spoke with her and her husband, discussing ways to ensure Kamala doesn't again get pregnant unknowingly, allowing her to recover, and gain control over her fertility. She explained the various family planning methods they could adopt immediately after the birth of their second child. An array of family planning methods is provided free of cost at public health facilities like the Women's Hospital. The couple decided to use the postpartum intrauterine contraceptive device (PPIUCD), a safe and long-acting (up to 10 years) family planning method that can be inserted immediately after delivery. A reversible option, the PPIUCD can be removed when the couple is ready to have another child.

Chandra Bisht and a number of other FP counselors like her were hired and trained by MCHIP to strengthen PPFP services in India. These counselors have made a remarkable impact on the uptake of PPFP services and their success prompted the state governments to employ these counselors under the National Rural Health Mission (NRHM), and hire additional counselors and have them trained by MCHIP.

In less than two years of hiring Chandra, the number of women accepting PPIUCDs at the hospital has increased from an average of 29 to 81 a month. Those who know her give much of this credit to Chandra's abilities to listen—to women and their families—and to communicate with them in the local language. She recognizes the importance of providing clients with accurate information and treating them with respect and care.

Newborn Health

In spite of existing high-impact interventions for newborn health, India has a neonatal mortality rate of 39 per 1000 live births and newborn deaths contribute about 54% to all under-five child mortality that is estimated at 72 per 1000 live births. To reduce the neonatal mortality rate, all major causes of death must be addressed. Given the significant contribution of NMR to the under-five mortality rate, to achieve its MDG 4 goal of 41 per 1000 live births, India must reduce newborn deaths.

MCHIP has worked to support the MoHFW to strengthen and expand access to essential newborn care and resuscitation (ENC-R) and teach basic resuscitation technique. ENCR was incorporated as a key component to reduce neonatal mortality in the newly launched national RMNCH+A strategy and is being rolled out in the entire country.

In Jharkhand and Uttar Pradesh, MCHIP collaborated with the MOHFW and state governments to refine and roll out ENC programs. MCHIP demonstrated the elements of a scalable program model for improving newborn care and worked to strengthen the ENC and neonatal resuscitation content of the ENC pre-service training curricula for nurses, midwives and ANMs. The successful supportive supervision approach championed by MCHIP improved the quality of ENC and resuscitation in both states.

With the objective of supporting the district/state authorities in planning, implementing and standardizing the quality of newborn care, MCHIP supported RAPID cross-sectional assessments of Newborn Stabilization Units (NBSU) and Newborn Care Corner (NBCC) in six high burden states.

MCHIP also contributed to the revision of the Participants' Manual for "Collaborative Centres" and adapted the medical officers' Neonatal Resuscitation Program (NRP) guidelines to use the Helping Babies Breathe plan of action.

MCHIP introduced verbal autopsies of neonatal deaths at the community level in 2012 (based on the WHO verbal autopsy tool). The package is available for scale-up. MCHIP also supported the preparation of newborn guidelines on vitamin K, antenatal corticosteroids, and Gentamycine. MCHIP is leading the creation of guidelines on kangaroo mother care and optimal feeding for low-birth weight babies.

Madhupur

Community Health Centre —First Referral Unit Madhupur as a Center for Excellence for ENCR Services

Gulshan traveled nearly 20 km on a bumpy road to admit his wife Rubi at Madhupur CHC for the delivery of their first child. He knew his wife and child would receive good care in the hospital.

Madhupur CHC was identified as an MCHIP demonstration site through a facility readiness exercise. Prior to becoming a demonstration site, the facility conducted an average of 50-60 deliveries monthly. Often, a pregnant woman was taken to the hospital only for emergencies such as prolonged labour. Confidence in the skills of providers was low and the delivery room was the most neglected part in the hospital. It was not disinfected regularly, supplies were not adequate, and skills of providers were poor.

However, today conditions have changed so much that Madhupur CHC has nearly 125 deliveries per month.

MCHIP taught providers to organize the delivery room for easy access to a handwashing station, a radiant warmer, and waste disposal. Providers received mentoring and supportive supervision as well as job aids on essential newborn care.

Many mothers arrive at the facility with dirty cloth which poses an infection risk to the baby. Providers now provide two clean and sterilized pieces of cloths for each delivery for drying and wrapping the baby. Cloths are purchased with funds from the Hospital Management Society, sterilized after every use, and kept with the delivery kit.

In addition to structural improvements, MCHIP built the capacity of providers to improve their ENC knowledge and skills, including in drying the baby, proper wrapping to provide warmth, skin to skin contact, eye care, cord care, early initiation of breastfeeding, and resuscitation technique.

These efforts resulted in developing Madhupur CHC as a model facility that is now attracting clients such as Gulshan and Rubi. It has emerged as a demonstration site for best practices in newborn care.

MCHIP CONTRIBUTIONS 2009-2014

to Improved Reproductive, Maternal, Newborn and Child Health in India

MCHIP activities contribute to reductions in maternal and child deaths, and improve the health of women (from planning a family through pregnancy and delivery) and their children (from infancy through childhood) in India.

PRE-SERVICE EDUCATION

Strengthened nursing and midwifery PSE through SBMR – approach **scaled up by GoI** in **10** high focus states.

Supported establishment **5 National Nodal Centers of Excellence** for nursing and midwifery education and a **State Nodal Center** in Uttarakhand – an approach replicated for setup of **8** SNCs.

15 ANM/GNM schools strengthened. DPs, using this approach, strengthened **179** ANM/GNM schools. Every year 1000+ skilled ANMs/GNMs trained at schools strengthened under MCHIP.

132 ANM/GNM teachers completed 6 weeks training in teaching and key MNCH and FP skills at nodal centers supported by MCHIP.

POSTPARTUM FAMILY PLANNING

Facilitated **training** of **1,715** providers in clinical PPIUCD services Using MCHIP methods, more than **3,700** additional providers have been trained in 6 high focus states.

43,000 women accepted **PPIUCD** in three focus states.

Based on success of MCHIP FP counselors, GoI hired **278 FP (RMNCH) counselors** in all states.

PPFP services initiated in **117** facilities in 3 states. GoI scaled PPFP nationwide in **814** facilities.

IMMUNIZATION

20,359,713 children immunized with DPT-3 through MCHIP efforts across the focus states of Jharkhand and Uttar Pradesh (including **970,224** children across 5 focus districts).

Trained **8,132** health officials and functionaries on immunization.

Introduced **My Village My Home** for improved vaccine tracking and coverage at **43** anganwadi centers.

$900,000 USD leveraged through State PIPs in Jharkhand and Uttar Pradesh for improved immunization service delivery.

NEWBORN CARE

21,030 newborns received **ENC** at **10** MCHIP demo sites

1,105 newborns successfully **resuscitated** at **10** MCHIP demo sites

200%–250% increase in **delivery load** at 4 demo sites in Jharkhand

1,551 providers trained in ENCR with direct support of project staff

1938 newborn corners established in Uttar Pradesh and Jharkhand.

Strengthened knowledge and skills of **800 SAHIYAs (ASHA).**

RMNCH+A

- MCHIP supported GOI's intensification of RMNCH+A efforts in 184 HPDs in 29 states, with direct support to 33 districts in 6 states, for improved maternal, intra-partum and early newborn care through strengthening of 16,000 high load delivery points.
- MCHIP conducted gap analyses in all 33 USAID districts.
- Technical assistance provided to GoI in preparation of RMNCH+A guidance and handbooks being used across all 29 states.

RMNCH+A gap analyses have revealed gaps related to infrastructure, delivery facilities, newborn care services, supply of RMNCH+A commodities, and health systems. Using this data, improvement measures and strategies have been incorporated in state program implementation plans and district health action plans including additional training and procurement plans for essential commodities. Facility level changes have included newborn care corner improvements and improved infection prevention and control.

Immunization

Full immunization is one of the most critical health interventions for reducing under-5 mortality and morbidity from vaccine-preventable diseases. GoI expanded the scope of its immunization program over the past decade and is now the largest in the world with an annual target of 30 million pregnant women and 27 million infants. Although GoI has taken several initiatives to improve the immunization quality and coverage, access to and utilization of immunization services remain area of concern.

MCHIP built the capacity of the MOHFW's Immunization Division, Jharkhand and Uttar Pradesh state health departments and other development partners to plan, manage, deliver and sustain equitable and quality routine immunization services. MCHIP also provided technical support in development of training packages, including modules, guidelines and facilitators' guides. MCHIP developed needs-based job-aids and a tool for better micro-planning in routine immunization.

Regular Appraisal of Program Implementation in District (RAPID) is a supportive supervision approach for periodically assessing the practices and processes for routine immunization and suggesting corrective actions and supporting health functionaries to effectively perform their duties according to program guidelines. The RAPID approach has been adapted and scaled-up by governments in four states, including by UNICEF in Uttar Pradesh.

MCHIP established immunization demonstration sites in health facilities to serve as cross learning centers for program managers and cold chain handlers through interactive discussion, demonstrations, and participatory learning. Focus was on program management, records and reporting, cold chain, logistics management, injection safety and waste management.

MCHIP strengthened newborn vaccination for institutional deliveries to ensure all newborns gain early immunity by receiving BCG, OPV (zero dose) and Hepatitis B (birth dose). MCHIP also supported the "Tracking Every Newborn" initiative, a computer database of beneficiaries and name-based list for tracking beneficiaries. MCHIP developed "My Village My Home" (MVMH) as a monitoring tool allowing the community itself to monitor the immunization status of its children. MVMH has shown positive impact and has been scaled up across Jharkhand and proposed for use throughout Uttar Pradesh. MCHIP has been able to leverage state government funds for carrying out activities such as RAPID, demonstration sites, MVMH and use of the micro-planning tool.

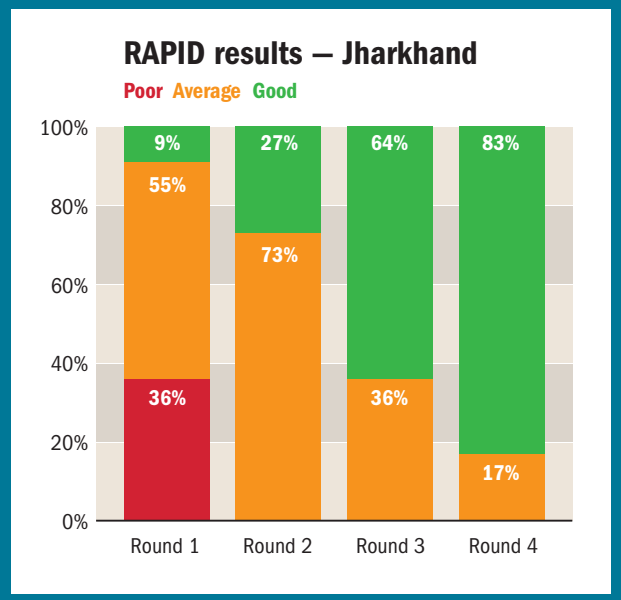
RAPID

In the states of Uttar Pradesh and Jharkhand, RAPID supportive supervision and review approach helped program managers to improve quality of service delivery, focusing on program management, cold chain, vaccine and logistics management, immunization safety and waste disposal, recording & reporting and use of data for action.

MCHIP developed protocols and guidelines for carrying out supportive supervision through standard checklists and a data analysis tool to conduct the RAPID activity.

Health officials use this supportive supervision approach for periodically assessing practices and processes in order to suggest corrective actions and support staff to effectively perform their duties according to program guidelines.

In Jharkhand and UP, RAPID has contributed to improved quality in immunization services after subsequent rounds. In addition, this approach also brought improved planning, leading to improved immunization coverage as per the findings from the mid-term evaluation. The RAPID approach empowers the health managers to handle issues in a non-threatening way to enhance quality and immunization coverage.



In an effort to achieve scale-up of RAPID, MCHIP has shared the benefits of this approach with the program managers, decision makers and donors. Since 2010, the activity has been included in the state program implementation plan and the government is providing funds to cover RAPID in all 24 districts of the state. RAPID scale-up is also taking place in others states, including Uttar Pradesh and Haryana. In Uttar Pradesh, RAPID was implemented in 15 districts by UNICEF in 2010, and further scale-up is in progress in 17 additional districts with the participation of Government Medical Colleges

Pre-Service Education

Frontline health workers like nurse-midwives are the backbone of a strong health delivery system, especially for remote and marginalized populations. MCHIP has worked since 2010 to support the Indian Nursing Council (INC) and GOI's comprehensive initiative to strengthen and expand the foundation of pre-service education for nurses and midwives at the national level, and in the states of Uttar Pradesh, Jharkhand and Uttarakhand.

To sustainably address the nursing shortage in India, MCHIP utilized a two-way approach to strengthen nursing teaching institutions in the country. Working with premier nursing institutes, MCHIP created National Nodal Centers (NNC) of excellence for nursing education while simultaneously strengthening grassroots level Auxiliary Nursing Midwife (ANM)/ General Nursing Midwife (GNM) training centers in focus states. The NNCs were developed at six premier nursing colleges with the aim to provide training and mentorship support to the ANM/GNM training centers of high-focus states. These nursing colleges were strengthened in terms of educational processes, training infrastructure, and clinical practices at the attached clinical sites through implementation of educational and clinical standards using the Standards Based Management and Recognition (SBM-R) process.

To strengthen grassroots nursing and midwifery teaching institutions, MCHIP provided technical assistance to INC to develop a six-week training curriculum for the faculty of ANM/GNM schools. This curriculum focuses on teaching skills and performance standards in such areas as skilled birth attendance, integrated management of childhood illness, family planning, and STI prevention.

Leveraging NRHM funds, MCHIP strengthened ANM/GNM schools by implementing educational performance standards to strengthen educational processes and clinical standards to improve clinical practices at the attached clinical institutions. Well-equipped skill labs were established to facilitate supervised practice and demonstrations by students. School management processes were also improved. MCHIP facilitated the development of State Nodal Centers (SNC) in Uttarakhand and Jharkhand. Using the same methodology as NNCs, these SNCs will provide mentorship to ANM/GNM schools within their states.

The GoI adopted MCHIP's pre-service strengthening approach and used it to create the "Operational Guidelines for Strengthening Pre-Service Education for Nursing and Midwifery Cadres in India" with technical assistance from MCHIP. The guidelines are being used to strengthen PSE in 10 high focus states. MCHIP, along with the INC, also advocated for strategic revisions in the nursing curriculum, successfully including a six month internship for ANM students. MCHIP also successfully demonstrated standardization of skill stations for ANMs and medical officers at NNC, Kolkata, and plans are underway to replicate this approach in other sites, catalyzing in-service and pre-service education.

Sister Tutors

In Jharkhand state, India, nurses Agnes Xaxa, Lilly Grace Shaw and Nilam Soren are improving the health of their community by helping build the next generation of frontline health workers in the Simdega district. Sister tutors, educated nurses who also teach, work in Simdega's auxiliary nurse midwife training center and are responsible for improving the condition of the school, both physically and academically.

Thanks to the sister tutors' hard work and dedication, overall infrastructure of the facility was enhanced, and new resources were added to the building. A library and audiovisual room were built, as well as a skills lab with work stations where students can practice applying the clinical techniques learned in class. With support from MCHIP, the sister tutors changed the teaching style and practices. Classes are now facilitated with a lesson plan and new clinical products and techniques were integrated into the curriculum, such as a partograph, a tool used to chart the health and well-being of mother and child during labor and kangaroo mother care, a method to prevent newborn hypothermia by wrapping the baby to the mother's chest.

With guidance from MCHIP, the center adopted basic sanitation and disinfection practices within its clinical area. Medical waste is now properly separated and disposed of; areas are kept sanitary by cleaning with chlorine and other chemicals to prevent infection; and students and faculty are keeping themselves safe with regular use of personal protective equipment when handling dangerous materials.

By making improvements to their training center, the sister tutors are strengthening the health workforce in their community. A safe, clean, and effective learning environment will produce better nurses and midwives, resulting in many more lives saved.

MCHIP…

- Recognizes that more women and children will have improved health outcomes if they have **high-quality** health services
- Values **equitable** care in all phases of the work it does to reach the unreached
- Increases the impact of tested health care innovations by taking them to **scale**
- **Integrates** services, where feasible, to ensure there are no missed opportunities to provide care
- Provides services within the **community** while also maintaining and improving services at facilities

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