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VRIDDHI: SCALING UP RMNCH+A INTERVENTIONS

ANNUAL PROGRESS REPORT (OCTOBER 2019-SEPTEMBER 2020)

[Contract/Agreement] Number: AID-386-A-14-00001

Activity Start Date and End Date: May 26, 2014- May 25, 2021

Reporting Period [October 1, 2019- September 30, 2020]

Implemented by: IPE Global Ltd.

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ACRONYMS

AD	Aspirational District
AV	Audio Visual
ADU	Aspirational District Unit
AIIMS	All India Institute of Medical Sciences
ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
BMW	Bio-Medical Waste Management
BEmONC	Basic Emergency Obstetric and Newborn Care
CH	Child Health
CHC	Community Health Centres
CMO	Chief Medical Officer
CMS	Chief Medical Superintendent
DH	District Hospital
DHAP	District Health Action Plan
DQCI	District Hospital Quality of Care Index
DWH	District Ware-house
FBNC	Family Based Newborn Care
FHR	Fetal Heart Rate
FP	Family Planning
FPC	Family Participatory Care
FPLMIS	Family Planning Logistic & Supply Chain Management Information System
FRU	First Referral Unit
GoI	Government of India
GDM	Gestational Diabetes Mellitus
HBYC	Home Based Young Child Care
HDU	High Dependency Units
HMIS	Health Management Information System
HP	Himachal Pradesh
HSS	Health System Strengthening
HRP	High Risk Pregnancy
HWC	Health & Wellness Centres
IEC	Information, Education and Communication
IMNCI	Integrated Management of Neonatal and childhood illness
JHK	Jharkhand
KH	Knowledge Hub
LMIC	Low- and Middle-Income Country
LR	Labor Room
LSCS	Lower Segment Cesarean Section
M&E	Monitoring and Evaluation
MH	Maternal Health
MO	Medical Officer
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MIS	Management Information System
MoHFW	Ministry of Health and Family Welfare
MMD	Multi Modal Device
MNH	Maternal and Child Health

MNCH	Maternal, Newborn and Child Health
MNHRC	Maternal Newborn Health Resource Centre
NBCC	Newborn Care Corner
NBSU	Newborn Stabilizing Unit
NHM	National Health Mission
NMG	National Mentoring Group
NE	North Eastern
NIPI	Norway India Partnership Initiative
NFHS	National Family Health Survey
NQAS	National Health Systems Resource Centre
NQAP	National Quality Assurance Program
NSSK	Navjat Shishu Suraksha Karyakram
QED	Quality, Equity and Dignity
QOC	Quality of Care
OT	Operation Theatres
PHC	Primary Health Centre
PIH	Pregnancy Induced Hypertension
PIP	Program Implementation Plan
PFM	Public Financial Management
PMU	Program Management Unit
PPE	Personal Protective Equipment
PPH	Postpartum Hemorrhage
QI	Quality Improvement
RAASTA	RMNCH+A Action Agenda Using Strategic Approach
RIMS	Ranchi Institute of Medical Studies
RMNCH+A	Reproductive, Maternal, Newborn, Child Health Plus Adolescents
RMNCH	Reproductive, Maternal, Newborn, Child Health
SBA	Skilled Birth Attendants
SOP	Standard Operating Procedures
SDA	Safe Delivery Application
SN	Staff Nurses
SNCU	Special Newborn Care Unit
SS	Supportive Supervision
SSV	Supportive Supervision Visits
SQCI	SNCU Quality of Care Index
ToT	Training of Trainers
USAID	United States Agency For International Development
UT	Union Territory
VHSND	Village Health, Sanitation and Nutrition Day
WHO	World Health organization

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I. INTRODUCTION

USAID awarded the project “Scaling-up RMNCH+A Interventions” to IPE Global Limited for an initial period starting May 26, 2014 to May 25, 2018 under Cooperative Agreement No. 386-A-14-00001. It approved the extension of the project till May 25, 2020 through modification no. 05 dated December 05, 2017 to the Cooperative Agreement. Subsequently, the project was further extended till May 25, 2021 via modification no 08. The objective of the project is to scale up high impact reproductive, maternal, newborn, child and adolescent health (RMNCH+A) interventions with the goal of preventing maternal and child deaths. The project has been renamed *Vridhhi*: Scaling up RMNCH+A interventions.

The project’s current phase started in June 2018 with an aim to share its learnings from the initial phase and to further expand the scope of activities. In this phase, the project is providing technical support to the Ministry of Health and Family Welfare (MoHFW) and fifteen states. State teams are positioned in Jharkhand, Uttarakhand, Chhattisgarh and Odisha, and there is a regional unit in Chandigarh for the states of Himachal Pradesh, Haryana and Punjab. Since September 2020 State team has also been positioned in Assam to advance the work of USAID for MNCH Quality Improvement with specific focus of Tea Garden facilities of 5 districts. In addition In states of Madhya-Pradesh, Assam, Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland and Tripura the project supports specific health systems strengthening initiatives for procurement of logistics related to family planning program. While the project interventions across the states impact a population of 328 million(m) with a focus on 8m pregnant women, 7m newborns, and 28m children, ADs across the states have been prioritized for improving outcomes and scale up of critical RMNCH+A interventions.

At the national level the project’s national team provides technical oversight, coordinates, and manages the functions of all respective units and is responsible for the project’s overall national technical support to MoHFW for RMNCH activities. At the national level, *Vridhhi* provides targeted programmatic support to major initiatives “NITI Aayog’s Aspirational Districts (ADs) program’ and National Labor Room Quality Improvement (QI) Initiative “LaQshya”, through the National Aspirational Districts - PMU and a dedicated LaQshya - Program Management Unit (PMU) respectively. The project also supports the Family Planning – Logistics Management Information System (FPLMIS).

Vridhhi has adopted a systems-based approach to address important issues and challenges across the RMNCH continuum of care. The project activities are also integrated with the World Health Organization’s (WHO) Health System Strengthening (HSS) framework and it intends to leverage resources by establishing partnerships with both private sector and professional associations. In line with USAID priorities, *Vridhhi* adopts a gender sensitive approach to address weak links within the RMNCH spectrum.

II. HIGHLIGHTS OF THE YEAR

Intervention	Target	Progress against targets
Output 1: Enhance capacity of state and districts to provide quality RMNCH services		
1.1.a Support to LaQshya implementation (Labor Rooms and Maternity Operation Theatres) in 7 states (Jharkhand, Uttarakhand, Odisha, Chhattisgarh, Haryana, Himachal Pradesh and Punjab)	1. Technical support for development of LaQshya documentation tools and formats (assessment checklist) for LR & OT and Baseline assessment in 338 LaQshya facilities (338 LR 304 OT) in 7 focus states	Completed <ul style="list-style-type: none"> - Tools developed and being used - Baseline completed for 360 labor rooms and 296 Maternity OTs (more LRs included in the ambit of LaQshya facilities)
	2. Facilitating state accreditation for 120 units across 7 project states. <i>(Keeping in perspective the extension received by the project, the target for state certifications has now been increased to 120.)</i>	Completed <ul style="list-style-type: none"> • State certification: 132 units (78 LR 54 OT) • National LaQshya certification: 86 units (51 LR 35 OT)
1.1.b Use Safe Delivery Application (SDA) as a Quality Improvement (QI) tool for LaQshya in 8 project states - (Jharkhand, Uttarakhand, Odisha, Chhattisgarh, Assam, Haryana, Himachal Pradesh and Punjab)	3. Support in developing new modules for Safe Delivery App	Ongoing <ul style="list-style-type: none"> - Covid module developed and being used - E-NBSU Module developed and piloted in the states of Haryana
	4. Co-facilitating and supporting capacity building sessions on SDA for service providers at LaQshya facilities	Ongoing <ul style="list-style-type: none"> - Total downloads 19442 - Total Experts 2209 - Total Champions 1572
	5. Undertaking SDA feasibility assessment study in Jharkhand and Uttarakhand	Ongoing <ul style="list-style-type: none"> - Online facilitations have been completed in both the states. - End line assessment using the tools completed in Uttarakhand and ongoing in Jharkhand.
1.2 Build techno-managerial capacity for evidence-based workplan	6. RAASTA tool development, adoption of the tool by state government, conducting desk review and workshop for finalization of DHAP	Completed <ul style="list-style-type: none"> - Tool is available and advocacy with states have resulted in execution of workshop in 2 states Jharkhand &

Intervention	Target	Progress against targets
development for 21 ADs in 2 states (Jharkhand and Uttarakhand)		Uttarakhand along with development of DHAP in 21 Aspirational Districts
	7. Conducting qualitative assessment study on RAASTA for measuring its value addition in DHAP	Completed - Paper 'An initiative to promote capacity building and evidence based district RMNCH+A health plans development in two states in India' submitted to journal for publication
	8. Undertaking a study to examine experience and perception of workshop participant	Completed - Paper 'Examine experience and perception of workshop participants on RAASTA (RMNCHA Action Agenda Using Strategic Approach)' submitted to journal for publication
	9. Undertaking digitization of RAASTA tool	Ongoing - A web based digital application for RAASTA steps is under development
1.3 Support implementation of FP-LMIS across 10 states (Assam, Arunachal Pradesh, Chhattisgarh, Jharkhand, Madhya Pradesh, Manipur, Meghalaya, Mizoram, Nagaland and Tripura)	10. Support operationalization of FPLMIS in 10 states	Ongoing - 187135 FPLMIS users have been created which is 74% of the total 253789 users in states. 100% mapping of DWH, DH, CHC & other facilities have been done across the FPLMIS supported 10 states. - 54600 FPLMIS users which is 29% of the total mapped facilities have been operationalized. 100% DWH (n=210) have been operationalized across all the 10 states whereas 99% of the CHC has been operationalized. - The roll out of FPLMIS till ASHA level completed in one district of Jharkhand. - 5 audiovisual training modules developed and being used
	11. Undertaking a comparative assessment of FPLMIS implementation in states of Jharkhand and Uttarakhand	Completed • Final Report shared with USAID

Intervention	Target	Progress against targets
1.4 Initiate RMNCHA support work in Assam	12. Support infrastructure, logistics and recruitment of HR at National, State & District	Completed - Human resources, logistics and infrastructure process completed
	13. Continued ongoing initiatives and execution of agreed program activities	Ongoing - State Work plan developed and shared with state NHM for finalization - Need based tools under development
Output 2: Support monitoring and address bottlenecks for RMNCH+A service delivery		
2.1 Improving QoC in 25 district hospitals of ADs of 5 states (Jharkhand, Uttarakhand, Haryana, Himachal Pradesh and Punjab) using DQCI – using Data for Action	14. Developing quarterly reports from 25 district hospitals in Aspirational Districts (ADs) and sharing with stakeholders	Completed - The dashboards for 4 quarters (April-June; July – Sep; Oct – Dec 2019 & Jan - Mar 2020) were developed and shared along with analyzed reports with key stakeholders at State, District and facility level
	15. Undertaking efforts for sustainability & transition of ownership of the tool to state government	Completed - Capacity building of state data cell, MH cell & CH cell using digital platform - Proceedings for handing over to respective state governments conducted - State M&E managers have developed the DQCI dashboard for Apr – June '20 quarter - Need based support being provided for development of DQCI by states
2.2 Improving QoC through SQCI in SNCUs in 25 ADs in 5 states (Jharkhand, Uttarakhand, Haryana, Himachal Pradesh and Punjab) – using Data for Action	16. Quarterly Reports from 5 states developed and shared with stakeholders	Completed - SQCI analysis for 4 quarters (April- June; July – Sep; Oct – Dec 2019 & Jan - Mar 2020) were developed and shared with key stakeholders at State
	17. Undertaking efforts for sustainability, transfer of ownership and development of SQCI dashboard	Completed - Capacity building and handholding of state M&E managers using digital platforms - Ownership of the tool transitioned to the state government

Intervention	Target	Progress against targets
		<ul style="list-style-type: none"> - State M&E managers have developed the SQCI dashboard for Apr – June '20 quarter in Punjab, Chhattisgarh, Jharkhand & Uttarakhand - Need based support being provided
2.3 Implement SS mechanism in 25 ADs in 5 states (Jharkhand, Uttarakhand, Haryana, Himachal Pradesh and Punjab)	18. Digitalized data collection and analysis tool developed for supportive supervision in Aspirational Districts	Completed <ul style="list-style-type: none"> - SS checklist developed and approved by MoHFW - Online web portal finalized and to be handed over to government - Software (ADARSSH) developed, data migration is under discussion
	19. Number of Supportive Supervision visits made to 25 Aspirational Districts	<ul style="list-style-type: none"> - 356 Supportive Supervision visits conducted in the past year <p><i>*Activity affected due to COVID19</i></p>
Output 3: Innovative RMNCH approaches incubated for evidence generation for scale up		
3.1 Tracking HRP in two blocks in AD Chamba in Himachal Pradesh	20. Develop the HRP App and train service providers	Completed
	21. Undertaking mentoring visits, support data collection and concurrent advocacy for scale up	Ongoing <ul style="list-style-type: none"> - 1217 HRP cases enrolled in the app, Key HRPs are Post LSCS (10.9%), PIH (3.9%), GDM (5.2%), severe anemia (1.8%) and Hypothyroidism (2.2%) - 254 HRP cases have been referred to higher center - Of the total 412 cases which delivered , 339 (82.3%) had institutional deliveries and 73 (17%) had home deliveries - Funds for state wide scale up approved in PIP of: Himachal Pradesh and Chhattisgarh
3.2 Generate evidence for improving FHR monitoring using hand-held Doppler device in 7 health	22. Conducting capacity building, data collection and ensuring usage. Undertaking concurrent advocacy for scale up	Completed <ul style="list-style-type: none"> - Monthly monitoring data has been reported till September 2020 - Funds approved in PIP for the state of Uttarakhand & Odisha

Intervention	Target	Progress against targets
facilities in 4 ADs in 3 project states	23. Conducting assessment of FHR monitoring practices and establishing Infection Prevention and Control practices	Completed <ul style="list-style-type: none"> - Qualitative assessment conducted in three quarters - Infection Prevention and Control practices established - Paper on practice during COVID pandemic submitted to journal for publication. Under peer review
3.3 Support FPC implementation models in 30 SNCUs in 35 ADs in 6 project states	24. Operationalizing Family Participatory Care (FPC) conducting assessment in Himachal Pradesh and capacity building	Completed <ul style="list-style-type: none"> - FPC operationalized in 30 SNCUs and regular reporting in place - Baseline report submitted to Himachal Pradesh state government and USAID - 312 service providers trained across 6 project states
	25. Undertaking mentoring visits and support data collection	Completed <ul style="list-style-type: none"> - Total no. of FPC session held 22699 - No. of parents/caregiver who attended KMC sessions were 9026 - No. of new-born admitted with weight below 2 kg are 8732
3.4 Support development implementation models for 15 NBSUs in 9 ADs in 4 project states	26. Operationalizing NBSUs and capacity building for service providers	Completed <ul style="list-style-type: none"> - 15 NBSUs have been operationalized and regular reporting is in place
	27. Undertaking mentoring visits and support data collection	Completed <ul style="list-style-type: none"> - Total no. of admission in identified NBSU: 1526 till date - Total referral after stabilization was 400 - Total newborns treated in the NBSUs were 1126
3.5 Developing an implementation model for HBYC in 3 ADs in Jharkhand	28. Conducting health system preparedness assessment in intervention district	Completed Report submitted to journal for publication

Intervention	Target	Progress against targets
	29. Supporting capacity building, supervision and data collection	<p>Ongoing</p> <ul style="list-style-type: none"> - Total 689 service providers trained till date through HBYC trainings - A digital training module is being developed - A digital tool for real time data collection at community level is under development <p>*Trainings delayed and data collection impacted because of restrictions on movement due to COVID19</p>
3.6 Generate evidence of using a Multi Modal Device (MMD) at 19 HWCs in 12 ADs for improved pneumonia diagnosis and management in 7 project states	30. Operationalizing Multi Modal device, conducting baseline assessment and capacity building of service providers	Completed
	31. Undertaking mentoring visits, support data collection and establishing Infection Prevention and Control practices	<p>Completed</p> <ul style="list-style-type: none"> - Total 5103 cases screened till date - % cases treated with Amoxycillin is 25% - % cases referred is 1.1% - % cases of referrals compliant to referral protocol is 71% - % increase in referral on account of use of device is 30.91% (against baseline)
	32. Conducting qualitative assessment and share reports with state governments	<p>Completed</p> <ul style="list-style-type: none"> - Submitted to journal for publication - Costing analysis of intervention – ongoing
	33. Undertaking concurrent advocacy for scale up	<p>Ongoing</p> <ul style="list-style-type: none"> - Concurrent advocacy has resulted in funds approved in PIPs of 6 states; Chhattisgarh, Jharkhand, Odisha, Uttarakhand, Punjab and Haryana - Supporting state governments in scale up
3.6 Strengthening PFM in Assam	34. Finalize Phase I (Diagnostic phase) report	<p>Completed</p> <ul style="list-style-type: none"> - Diagnostic report finalized

Intervention	Target	Progress against targets
	35. Phase II (Develop and test solutions) for improving financial management	Ongoing <ul style="list-style-type: none"> - Protocol for Phase II finalized - Phase II assessment s ongoing - * Delayed as activities are on hold due to COVID 19
	36. Development of innovative capacity development package and ToT at state	*Delayed as activities are on hold due to COVID 19
Output 4: Multiple stakeholders (including medical colleges, private sector, professional associations, other donors and implementing partners) involved in delivery of RMNCH services		
4.1 Operationalizing Maternal Newborn Health Resource Centre (MNHRC) at Rajendra Institute of Medical Sciences (RIMS), Jharkhand	37. Operationalizing MNHRC including development of tools, conducting visits and training of faculties	Completed <ul style="list-style-type: none"> - Established MNH Resource Centre at RIMs, Jharkhand - Tools developed and are being used
	38. Conducting mentoring visits to supported districts	Ongoing <ul style="list-style-type: none"> - First mentoring visit was conducted in March - Subsequent visits got delayed due to COVID - June onwards mentoring visits and follow ups resumed using ICT platforms - 7 virtual mentoring sessions and 4 follow ups using ICT platforms have been conducted till date
Other activities		
Support for development of National Guidelines	39. Support for development of maternal mortality guidelines	Ongoing <ul style="list-style-type: none"> - Till date in the current phase of the project the following guidelines have been supported: - AD Operational Guidelines - LaQshya QI package - VHSND guidelines - SUMAN - SAANS - CEmOC - Optimization of C-Section guidelines - Comprehensive guidelines for pregnancy care

Intervention	Target	Progress against targets
		- FBNC Operational Guidelines
Family Planning Compliance		
Project mainstream FP compliance activities in it work	40. Project staff FP & PLGHA compliance: certification and regular monitoring for vulnerabilities	<ul style="list-style-type: none"> - PLGHA introduced and all staff members have acquired certifications - All staff members have renewed FP compliance certifications - Regular monitoring initiated through travel and other reports - No vulnerabilities found - Discussed in monthly Project review meetings - Compliance registers has been maintained
Knowledge Management and Communication Activities		
Document and disseminate project learnings and processes	41. Develop and Implement project communication plan including digital media and print products	<ul style="list-style-type: none"> - Draft plan developed to be finalized in next quarter and implemented - Twitter handle named: @USAID_RMNCHA has received, more than 22 million impressions and 1272 followers - Developed 11 blog stories on various project interventions and published the same on the IPE global website.
	42. Scientific Publications	<p>Published in Indian Journal of Community Medicine and Public Health</p> <ul style="list-style-type: none"> - Health systems in the SDG era: consolidating and building on the gains <p>Published in Indian Journal of Family Medicine and Primary Care</p> <ul style="list-style-type: none"> - Implementation of “health systems approach” to improve vaccination at birth in institutional deliveries at public health facilities; experience from six states of India <p>Published in Indian Journal of Community Medicine</p>

Intervention	Target	Progress against targets
		<ul style="list-style-type: none"> - Improving Adolescent Health Services across High Priority Districts in 6 States of India: Learnings from an Integrated Reproductive Maternal Newborn Child and Adolescent Health Project <p>Published in BMJ Global Health</p> <ul style="list-style-type: none"> - India's RMNCH+A Strategy: approach, learnings and limitations <p>Published in BMC</p> <ul style="list-style-type: none"> - Measuring accuracy of plethysmography based respiratory rate measurement using pulse oximeter at a tertiary hospital in India <p>Accepted by JFMPC</p> <ul style="list-style-type: none"> - Experiences with use of a pulse oximeter multimodal device in outpatient management of children with Acute Respiratory Infection during COVID pandemic <p>Accepted by EJCM</p> <ul style="list-style-type: none"> - Experience with using a handheld doppler for FHR monitoring during COVID-19

NOVEL INITIATIVES LAYERED ON EXISTING WORK FOR COVID

Intervention	Target	Progress against targets
1. Use of Safe Delivery Application (SDA) through smart phone for covid prevention and continued essential activities in project states - (Jharkhand, Uttarakhand,	<p>1.1 Development and incorporation of new module on COVID-19 in the SDA.</p> <p>1.2 Development of ETAT module for management for stabilization of small and sick newborn.</p>	<p>Completed</p> <ul style="list-style-type: none"> - E-NBSU module developed as well as Piloted in Haryana - Covid module added in SDA. - Capacity building activities undertaken in all states <p>Ongoing</p> <ul style="list-style-type: none"> - Capacity building of service providers

Odisha, Chhattisgarh, Haryana, Himachal Pradesh and Punjab)	1.3 Facilitating capacity building of service providers with IPC module using digital platform	<ul style="list-style-type: none"> - 2616 providers have been oriented on the modules through digital platforms across 7 states - 2243 providers reported as 'My Learners' & 2000 as 'Experts' for COVID Module
2. LaQshya infection prevention capacity building and certification (Labor Rooms and Maternity Operation Theatres) in 7 states	<p>2.1 Webinars on Infection prevention and management of pregnant women</p> <p>2.2 LaQshya certifications using 'Interim Certification' provision</p> <p>2.3 Review meetings for guiding facilities for pandemic preparedness and continuation of essential services</p>	<p>Ongoing</p> <ul style="list-style-type: none"> - 67 Webinars conducted across states <ul style="list-style-type: none"> o Management of Pregnant Women in COVID-19 Pandemic o Dissemination of MH protocol and infection prevention Amid COVID-19 Pandemic o Practices to Promote Infection Control in Maternity Service Areas of Health Facility during COVID-19 Outbreak - Review and mentoring of facilities conducted using ICT platform - Support provided for facility preparedness covid response - Capacity building for 'Interim Certification' guidelines at the intervention facilities - Reinforced Infection Prevention and Control practices in LaQshya facilities across 7 states. Number of 1999 providers oriented on IPC module
3. Development of Digital modules for existing GOI Programs to support preparedness and continuation of essential services provision	3.1 Preparatory work for Development of E- IMNCI Module	<p>Ongoing</p> <ul style="list-style-type: none"> - Subgrant agreement with 'Dimagi' finalized State meeting facilitated and no of workers and geographic areas finalized Scoping exercise completed - Baseline assessment tools developed
	3.2 Preparatory work of digital tool for HBYC real time data collection	<p>Ongoing</p> <ul style="list-style-type: none"> - Velocity Software Solutions Pvt. Ltd.' Finalized as the support agency to undertake development of the tool - State meeting and structure of tool finalized

		<ul style="list-style-type: none"> - Tool Prototype developed and being ideated for finalization and data collection
	3.3 Preparatory work for digital module for HBYC trainings	<p>Ongoing</p> <ul style="list-style-type: none"> - A flipbook for further training of ASHAs by the trained trainers developed - Partnership established with 'Laerdal Global Health' - Facilitated state meeting and support needs finalized - Prototype of e- platform for HBYC trainings consisting of Write ups, audio, Videos, and Questions for training of Trainers developed
	3.4 Development of E-NSSK Training Module	<p>Ongoing</p> <ul style="list-style-type: none"> - Partnership with 'AASTAR' finalized for developing e platform - Prototype of e- platform for NSSK trainings consisting of Write ups, audio, Videos, and Questions for training of Trainers developed
4. Generate evidence for using hand-held Doppler device for FHR monitoring during covid pandemic	<p>4.1 capacity building to ensure Infection Prevention</p> <p>4.2 Qualitative assessment of use during covid pandemic</p>	<p>Ongoing</p> <ul style="list-style-type: none"> - Provided guidelines and SoPs to facilities and orientation of providers for disinfecting & cleaning the device between every use - Telephonic mentoring conducted for ensuring disinfecting & cleaning the device - Qualitative assessment conducted <p>Scientific paper published</p>
5. Generate evidence of using a Multi Modal Device (MMD) for pneumonia management during covid pandemic	<p>5.1 Capacity building to ensure Infection Prevention</p> <p>5.2 Monitor daily case management</p> <p>5.3 Qualitative assessment of device usage</p>	<p>Completed</p> <ul style="list-style-type: none"> - Provided guidelines and SoPs to facilities and orientation of providers for disinfecting & cleaning the device - Daily reporting of ARI management using device - Qualitative assessment conducted - Scientific paper published

<p>6. National technical support</p>	<p>6.1 Support Development of national guidelines related to COVID19 prevention and control with respect to RMNCH+A interventions.</p>	<p>Completed Provided inputs for the below mentioned guidelines:</p> <ul style="list-style-type: none"> - NBSU and NSSK Training packages - Provided inputs for the below mentioned guidelines: <ul style="list-style-type: none"> o Guidance on essential services continuation during pregnancy and childbirth during COVID pandemic o Operational guidelines on COVID19 Infection during pregnancy. o Supplementary module for Chief Medical Officer (CMO) care during pregnancy and child-birth module o COVID hospital assessment checklist o RMNCHA services guidelines for COVID o SUMAN Guidelines & Checklist o Guidelines on optimizing C section - SOP for maternal health services during COVID and post COVID
<p>7. Technical Support to the state governments and aspirational districts in accelerating emergency preparedness response against COVID19</p>	<p>7.1 Supporting the respective health governing bodies in planning, groundwork, execution and homework for the webinar</p>	<p>Ongoing Completed 11 Webinars conducted for establishing COVID facility management.</p> <ul style="list-style-type: none"> - Guidance on type of COVID hospitals - Ensuring Delivery of essential services including RMNCH+A services during COVID-19 - BMW guidelines - Rational Use of PPE - Utilization of New COVID 19 Module in Safe Delivery App
<p>8. Promoting small and sick newborn care in 6 project states</p>	<p>8.1 Development of Covid module 8.2 Facilitating capacity building of the providers on COVID19 module in FPC sessions</p>	<p>Ongoing</p> <ul style="list-style-type: none"> - 2 new modules for FPC AV sessions developed - Capacity building of providers on the newly developed COVID module - 28 FPC units continued services during April to October
	<p>8.3 Facilitated resuming KMC & NBCC activities following</p>	<p>Ongoing</p>

	infection prevention guidelines	<ul style="list-style-type: none"> - Reorientation of providers on KMC skills have been conducted using digital platforms during covid pandemic - Review for NBCC services to identify and address the gaps
	8.4 E-NBSU Material development 8.5 Pilot testing its use	Completed <ul style="list-style-type: none"> - Session plan and web based training plan and material development - Pilot test use in Haryana
9. Use of HRP App Sewa for community awareness generation for covid prevention in Himachal Pradesh	9.1 Development of covid awareness generation messages 9.2 Facilitating use of HRP app to share COVID related preventive messages to PWs as well as FLWs	Ongoing <ul style="list-style-type: none"> - COVID-19 related 2 message developed - Messages sent to 973 pregnant women and 362 frontline workers
10. Use of HBYC platform for community awareness generation in 3 ADs in Jharkhand	10.1 Facilitating dissemination of COVID related information into the community	Ongoing <ul style="list-style-type: none"> - Messages on Infection prevention were provided to families during surveillance of quarantined cases by Sahiyas - 32545 quarantined cases have been reached by HBYC trained Sahiyas
11. Analysis of HMIS data for promotion of essential health services in states	11.1 Compilation and analysis of data 11.2 Advocacy with key officials for provision of essential services	Complete <ul style="list-style-type: none"> - 25 AD and State data analyzed - Review meetings with states

III. MAJOR ACHIEVEMENTS

1.1. a Support to LaQshya Implementation in country and focused technical support across 120 units (Labour Rooms and Maternity Operation Theatres) in 7 states (Chhattisgarh, Jharkhand, Odisha, Uttarakhand, Haryana, Himachal Pradesh and Punjab)

569 labor rooms and 512 maternity OTs certified by states and applied for National assessment

264 labor rooms and 229 maternity OTs were declared LaQshya certified after completion of National assessment.

LaQshya certification: Quality Certification of health facilities (State and National certification) is an inbuilt feature of the program. LaQshya PMU supported states for early LaQshya Certification of the facilities with good National Quality Assurance Standard (NQAS) score. The PMU support included desk review of states to assess status, gaps, issues and preparation of action plans. As a result of this effort the following has been achieved:

Following activities were supported through PMU:

- Setting of target for certification
- Making of action plan for certification
- Approval of budget for LaQshya facilities
- Formulation of technical resource group for various guidelines, providing technical support in terms of guidelines, clarification of issues, discussion to sort out difficulties in certification
- Capacity building of states/UTs through regional workshops on LaQshya

National Medical College mentoring in Quality Improvement (QI) initiatives- 193 medical colleges have been identified for certification under LaQshya. 23 Medical Colleges are being currently mentored by nationwide quality of care network (NQOCN) and All India Institute of Medical Sciences (AIIMS) led National Mentoring Group (NMG). Medical College Hospital onsite mentoring through identified national mentors and QI leaders is a key activity to improve processes and clinical protocol implementation as well as coordination between Medical colleges and State officials for effective implementation of LaQshya Initiative. LaQshya PMU has been catalytic in this program in supporting GOI in coordination with national mentors for their travel, agenda, follow ups and report dissemination and also helps the medical college in identifying the gaps which are acting as bottle neck to LaQshya certification. Out of 23 Medical colleges, 3 have been achieved LaQshya

Web portal LaQshya and Integration activities- Conceptualization, design and enhancement of LaQshya portal along with Coordination and hand holding of state for data entry in the web portal is supported by LaQshya PMU. LaQshya PMU conducted series of trainings targeted towards facility level quality circle capacity building in Oct 2020 followed by review and updating portal in Nov 2020 through ECHO platform.

Research under LaQshya- PMU is supporting in documentation of various research protocols related to LaQshya:

- RMNC baseline assessment study conducted by WRA coordinated by PMU in West Bengal, Chhattisgarh and Rajasthan (6 facilities – 2 Medical Colleges, 2 District Hospital and 2 CHCs in each state).
- Use of homogenous mixture of 50% Nitrous Oxide and 50% Oxygen as an effective labour analgesia under RMC domain of LaQshya: PMU has been engaged in coordinating formation of technical advisory group for this agenda and coordinating research protocol designing along with 4 medical colleges which are suggested sites of study. The research protocol once finalized, will be presented at the Task force project expert's group meeting by ICMR.
- Study on LaQshya by Population Research Centre (PRC) of GoI: PMU reviewed the studies on LaQshya conducted by PRC in different states of country and provided feedback as required by statistics division.

Pilot studies under LaQshya: Post C-section surgical site infection surveillance (Pilot) in Gujarat: PMU has been coordinating with infection prevention and control experts from AIIMS and CDC-India on methodology to capture Post-C-section SSI which is one of the pertinent indicators in LaQshya.

PMU supported in drafting, exposure visit and finalization of pilot document, definitions, methodology to be tested, checklist and data capturing tool, followed by an onsite training in Gujarat.

LaQshya IEC Material- PMU has supported in design, development, compilation of inputs, and review of literature for development of IEC material related to LaQshya – LaQshya posters, LaQshya videos (for beneficiary and healthcare providers), LaQshya branding designs for health facility infrastructure, certificates and badges.

Identifying, Collating best practices in LaQshya from states and its dissemination: PMU continuously coordinates with states in identifying best practices in LaQshya and compiling them. The work under progress aims at identification and dissemination of good practices related to LaQshya for acceleration of certification. Best practices from states like action planning, RMC, Triaging, patient feedback, and infection prevention also shared with 36 states and UTs through state workshops, zoom platform etc.

PIP coordination –

- Review and comment on LaQshya related fields for all 36 states/UTs
- Dedicated states/UTs have been assigned to each member of LaQshya PMU by an official order of Ministry, wherein each senior technical officer is responsible for entire RMNCHA fields and all PIP related meetings associated with that particular state.

Contribution to Covid-19 related guidance document of Gol: PMU contributed to following documents:

- Guidance Note on Provision of Reproductive, Maternal, Newborn, Child, adolescent Health Plus Nutrition (RMNCAH+N) services during & post COVID-19 Pandemic
- Enabling Delivery of Essential Health Services during the COVID 19 Outbreak: Guidance note
- SOP for maternal health services during and post-COVID pandemic

Review meetings with development partners: Individual meetings were conducted with all development partners to review the work done, scope of support and to discuss the way forward. Meetings were done with USAID - IPE, NHSRC, BMGF, JHPIEGO, UNICEF, NQOCN, AIIMS, CDC and Maternity Foundation.

Maternal Health Review Meetings: PMU has been actively supporting MH division in ongoing regional maternal health reviews for all 36 states/UTs. All key maternal health programs are reviewed in details including progress of LaQshya especially in aspirational district and medical colleges.

Aspirational district support:

- Regular coordination with the assigned ADs on behalf of Ministry.
- Regular updating LaQshya AD status for AD meetings

Supportive supervision visits and LaQshya related visits to states: Jharkhand, Maharashtra, and Uttar Pradesh.

Total LR State certification	614
Total OT State certification	538
Total State Certification	1152

Total LR National certification	262
Total OT National certification	229
Total National certification	491

LaQshya in project states

The project has been supporting the implementation and monitoring of the LaQshya program across 7 project states. **The project provided technical and managerial support for LaQshya activities including facilitating baseline assessments, developing action plans, formation of coaching teams, undertaking program reviews, and facilitating state and national certifications.** The project has provided focused support for capacity building, infection prevention, client feedback, monitoring and IEC in individual states.

Project States have identified 360 Labor rooms and 305 Maternity Operation theatres (Total 665 units) facilities for LaQshya certification.

Baseline assessment has been completed in all 360 Labor Rooms and 296 OTs (Total 656 units).

LaQshya Certification Status in 7 Project states

132 units (78 LRs and 54 Maternity OTs) State Certification received of these **66 (39 LR, 27 MOT)** Units have been certified in the Aspirational Districts

86 units (51 LRs and 35 Maternity OTs) National Certification received

LaQshya state and national certification status for each intervention state is mentioned in the table below.

Table 1: State wise update for LaQshya State & National Certification

State	Total LaQshya facilities		Baseline done		State Certifications		National Certifications	
	LR	OT	LR	OT	LR	OT	LR	OT
Chhattisgarh	58	58	58	49	18	14	10	8
Haryana	48	20	48	20	16	9	15	9
Himachal Pradesh	22	22	22	22	8	7	3	2
Jharkhand	74	57	74	57	9	7	5	4
Odisha	98	98	98	98	9	9	9	9
Punjab	25	25	25	25	8	1	5	0
Uttarakhand	35	25	35	25	10	7	4	3

Total	360	305	360	296	78	54	51	35
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The project has identified innovative practices for support of LaQshya. The practices identified include the client feedback tool with inbuilt analytics and report generation developed by Haryana & Punjab team, ALAP – Accelerated LaQshya Action Plan developed by state team in Chhattisgarh for structuring review and tracking of LaQshya facilities and the communication and job aids such as Nurse Booklet, PPH poster and leaflet on Postnatal essentials developed by the project. **The Nurse Duty Station Booklet** – is a user-friendly book specially designed for apron size providing the technical material synced to latest guidance of MoHFW.

The new communication material has been translated in Hindi and shared with states for printing.

On account of COVID pandemic the project focused on **infection prevention and facility readiness to start with and later supported states in provision of essential RMNCHA services**. The project state teams provided support for organizing LaQshya Review and Mentoring meetings using ICT platforms and initiated the process for LaQshya Interim certification.

Prioritized facilities were handheld for developing SOPs, strengthening infection prevention control and practices at the facility level through self-administered audits and checklists and clinical protocols. LaQshya related trainings were done online. On opening up, face to face trainings and handholding were provided in small groups, at facility levels by District consultants.

NHSRC released guidelines for LaQshya interim certification of the facilities amid Covid pandemic. Interim certification is a remote assessment using virtual platform. *Vridhhi* team supported respective state governments in facility preparedness and state assessment for Interim Certification.

Activities supported include -

- Liaising with state maternal health division and quality cell for planning the LaQshya interim certification process in the state,
- Facilitating orientation of the state and prioritized LaQshya facilities on concept and process of interim certification
- Mentoring the facilities on necessary documentation, quality assurance mechanisms and photographic evidences.
- Facilitated mock virtual tour to aid the facilities in understanding of the concept
- Desk review of the documents received from the facilities, identification of improvement areas and sharing the feedback with the facilities and the state

1.1.b Use Safe Delivery Application (SDA) as a Quality Improvement (QI) tool in LaQshya in 7 project states - (Jharkhand, Uttarakhand, Odisha, Chhattisgarh, Haryana, Himachal Pradesh and Punjab)

The Safe Delivery Application developed by Maternity Foundation is a mobile / tablet-based tool which provides Skilled Birth Attendants (SBAs) direct and instant access to evidence-based and up-to-date clinical guidelines on Basic Emergency Obstetric and Neonatal Care (BEmONC). The application is a compilation of 5-7-minute videos on BEmONC guidelines which can be downloaded on smartphones

and used for both self and peer-learning. Though SDA has been incorporated as a QI tool in LaQshya its reach needs to be further expanded to optimize gains.

Project facilitated for government orders to be taken out in all 7 states for use of SDA in LaQshya facilities. Continuous support was provided by the facility level mentors on training and use of app.

Safe Delivery App has a self-assessment module which is called my learning platform. It contains 3 levels of examination for each module i.e familiar, proficient and expert level. After achieving expert level, a case study-based exam gets unlocked and if the score is above 70%, the user gets safe delivery champion certificate. The use of Safe Deliver App has been fast-tracked resulting in increased Expert and Champions in the project states.

During the pandemic with restrictions in travel, Project teams utilized the platform for reinforcing the practices of universal precautions, infection prevention and control and the modules on newborn care and management of maternal complications at the level of individual healthcare providers.

Vridhhi also provided technical and financial support to MF to develop Newborn related modules (**Care of Small and Sick Newborn and FPC**) in the app. The module on Care of sick and small newborn (NBSU module Hindi and English) was published in September 2020 and the FPC module is near finalization.

The project is undertaking **feasibility assessment to study** various modalities of implementing the SDA. Health care providers from 18 identified facilities in 3 (Dumka, Hazaribagh & Paschimi Singhbhum) districts of Jharkhand and 12 identified facilities in 2 intervention districts (Udham Singh Nagar & Haridwar) of Uttarakhand are participating in study

Baseline Assessment and study design has been completed in both the states. The end line assessment has been conducted in Uttarakhand and ongoing in Jharkhand. Data analysis and report writing will be done in next quarter.

Table 2: Status of Safe Delivery App in Project States

Safe Delivery App in project states (Upto September 2020)				
State	Users	My Learners	Expert in all Levels	Safe Delivery Champions
Chhattisgarh	11448	6050	1595	1003
Haryana	2642	1137	339	175
Himachal Pradesh	362	182	39	32
Jharkhand	1605	479	68	79
Odisha	719	223	7	14
Punjab	1981	1099	101	250
Uttarakhand	685	282	60	19

Sustainability

Initial discussions have also been held with Maternity Foundation Headquarter team, for provision of disaggregated data on use of SD App as a dashboard to the project states to enable them to further strategically fast track the use of app. The process of creating Login IDs for each state is ongoing

1.2 Build techno-managerial capacity for evidence-based workplan development for 21 ADs in 2 states (Jharkhand and Uttarakhand)

District Health Action Plans (DHAPs) form the fulcrum for implementation of NHM activities in districts. They not only provide programmatic timelines but also enable allocation of appropriate financial resources. However, the use of data to guide planning and preparation of DHAPs is limited even though evidence regarding program performance is available through several sources including concurrent monitoring, assessments and evaluations of health systems. A well-designed program review can direct the attention of planners and programmers to existing data and help them identify, prioritize and address bottlenecks in health care delivery systems and processes by developing action plans to mitigate these gaps.

State level as well as divisional level Workshops were conducted in the month of October 2019, in Jharkhand and later in the year in Uttarakhand and the evidence based district health action plans was prepared for 21 aspirational districts (19 in Jharkhand and 2 in Uttarakhand) for the year 2019-20 using the RMNCH+A Action Agenda using Strategic Approach (RAASTA) tool which adopts the program review approach and the same has been incorporated in the PIP.

Since January 2020, the project team finalized the tools and conducted a **qualitative study on RAASTA for measuring its value addition in DHAP preparation**. The report has been submitted to journal for publication.

Further, another qualitative assessment was undertaken **to examine experience and perception of workshop participants on RAASTA**. The assessment has been completed in both the states and (Uttarakhand & Jharkhand) and the final report has been submitted to journal for publication.

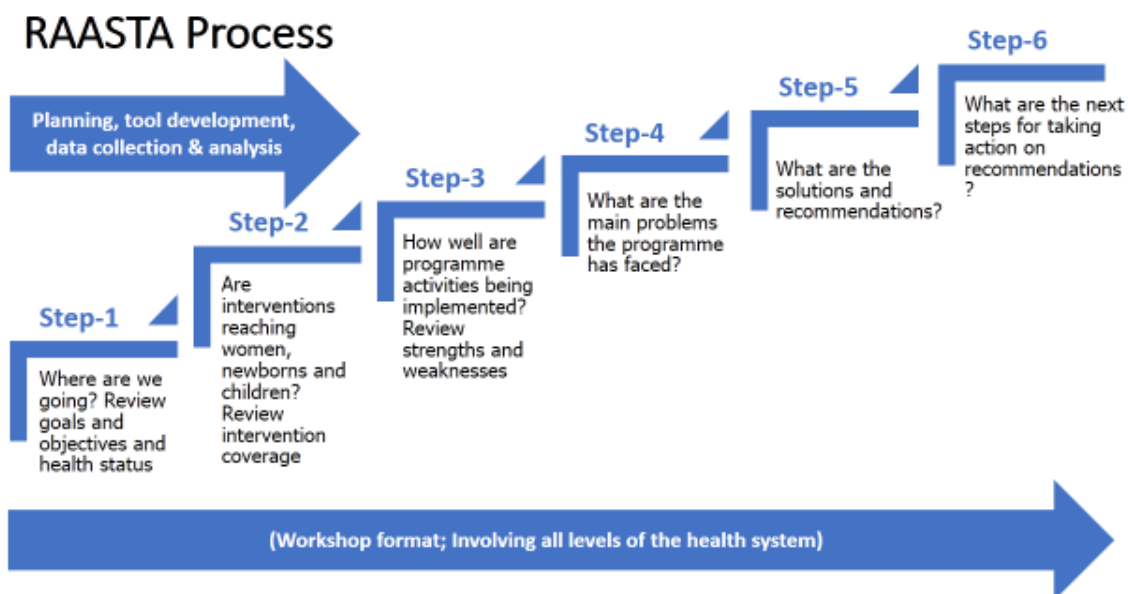


Figure 1 Detailed description of RAASTA steps

Table 3: Number of recommendations included in state PIP based on RAASTA workshop

	Maternal Health	Neonatal and Child Health	Family Planning and Adolescent Health	New activities in RMNCH+A
Jharkhand	9	11	2	8
Uttarakhand	14	13	2	7

Sustainability

Digitization of RAASTA tool: Development of a digital tool to strengthen evidence-based planning by digitizing certain steps in RAASTA through a web-based application is also under progress. This Application aims at easing out many challenges in the analysis and collation of large amount of data for planning process and will potentially help aspirational districts to prepare district health action plans (DHAPs).

The software is in late stages of development and planned to be tested, finalized and launched in next year.

1.3 Support implementation of FP-LMIS across 10 states (Assam, Arunachal Pradesh, Chhattisgarh, Jharkhand, Madhya Pradesh, Manipur, Meghalaya, Mizoram, Nagaland and Tripura)

The support in roll out of the FPLMIS is continued in this year in the 10 states. The implementation process is facilitated by the FPLMIS consultant at state level in coordination with Team Coordinator. At the ministry level one Consultant is positioned which act as a primary link between CDAC and GOI. This was with the aim to manage matters related to software changes, mapping and supply issues to be coordinated by the national consultant. Three new state level consultants were on board in this

year, in total 12 state level consultant is in the position and technical support is categorically provided in the following areas:

- 1) **Mapping of Facility/FPLMIS users:**
- 2) **Training of FPLMIS Users:** Planning, preparation of training calendar, facilitation and ensuring completion & quality of training
- 3) **Use of online software for supply chain:** Supportive supervision and handholding of FPLMIS users, coordination between the state and individual users and identification of technical glitches in software and informing CDAC
 - i. Operationalization: At least one-time indent
 - ii. Functionality of Facilities/FPLMIS users: drive state action through review meetings

Mapping of Facilities:

This exercise is being conducted through an assessment of flow of commodities to understand hierarchy of distribution channel and providing requisite contact details in standardized format to CDAC for creation of user Id and Password. Till this period 99% (n=5633) of the facilities, 91% (n=28535) ANM and 71% (n=218701) ASHA have been mapped. In total 187135 user ids have been created in 10 states which is 74% of the total facilities and Frontline workers. Out of the total 10 states in 6 state viz. MP, Manipur, Meghalaya, Mizoram, Nagaland and Tripura 100% mapping has been done till block level facilities.

Capacity building on FPLMIS software:

The training was planned in a cascade manner, in which districts and blocks were identified for the roll-out of FPLMIS. A state-level training was conducted for district officials. These districts trained people acted as master trainers for further training at the district level. Similarly, trained block officials imparted training of ANM and ASHA. State FPLMIS Consultants facilitated in preparation of training calendar, identification of master trainer, assessment of quality of training at block level and post training and follow up with district for indenting. The training of district and block officials have been completed for all the 10 states and training of ANM has been completed for Assam, Jharkhand and Meghalaya. Till date, 5773 facility level, 19711 (76%) ANM and 41070 (27%) ASHA have been trained. In total 66554 FPLMIS users have been trained which is 36% of the total mapped facility. Apart from FPLMIS users, 28076 program managers and other stakeholders have also been trained.

FPLMIS Operationalization (Initiation of indenting):

A training of FPLMIS is said to be successful when indenting is done using the platform. Also, during the training, it has been found that for frontline workers, App was more convenient in comparison to SMS for indenting. 100% DWH across all the 10 states and more than 90% of the DH, SDH and PHC has been operationalized. In total 16106 ANM which is 62% of the mapped facilities have started indenting. Around 85% (n=6483) facilities, 62% (n=16106) ANM and 21% (n=154617) ASHA have started indenting. In total 54600 have started indenting which is 29% of the mapped FPLMIS users across the 10 states.

Following chart shows periodic implementation status across all the 10 states:

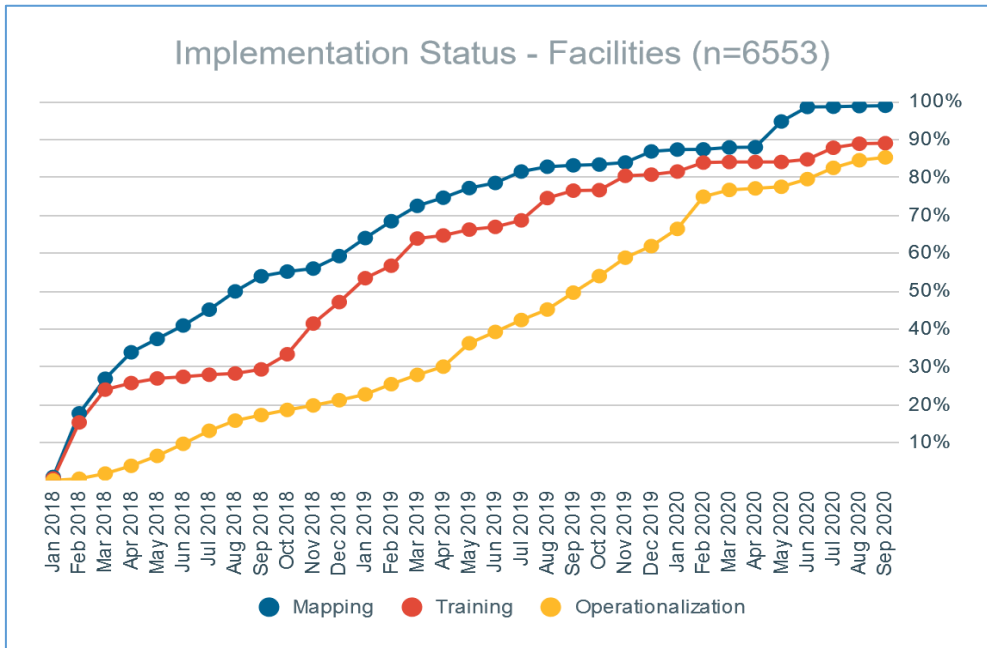


Figure 2 Month wise status of % facility implemented

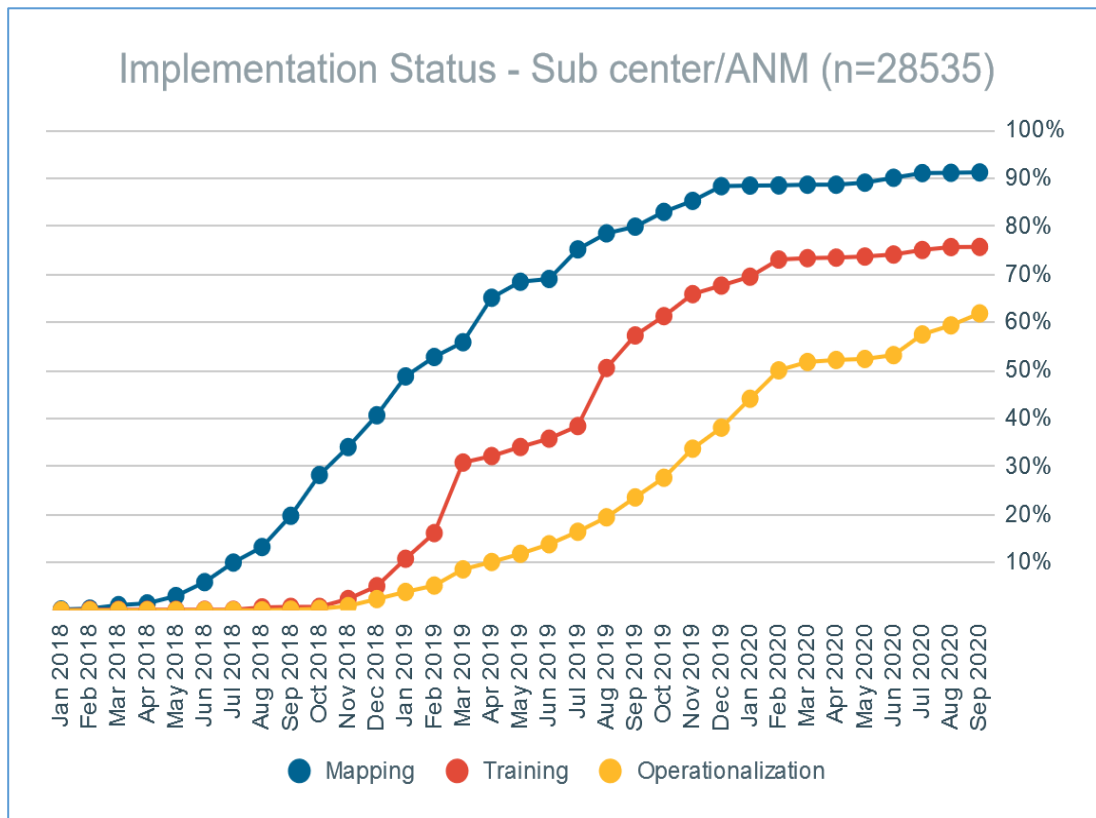


Figure 3 Month wise details of % ANMs operationalized (Mapped, Trained & Indented)

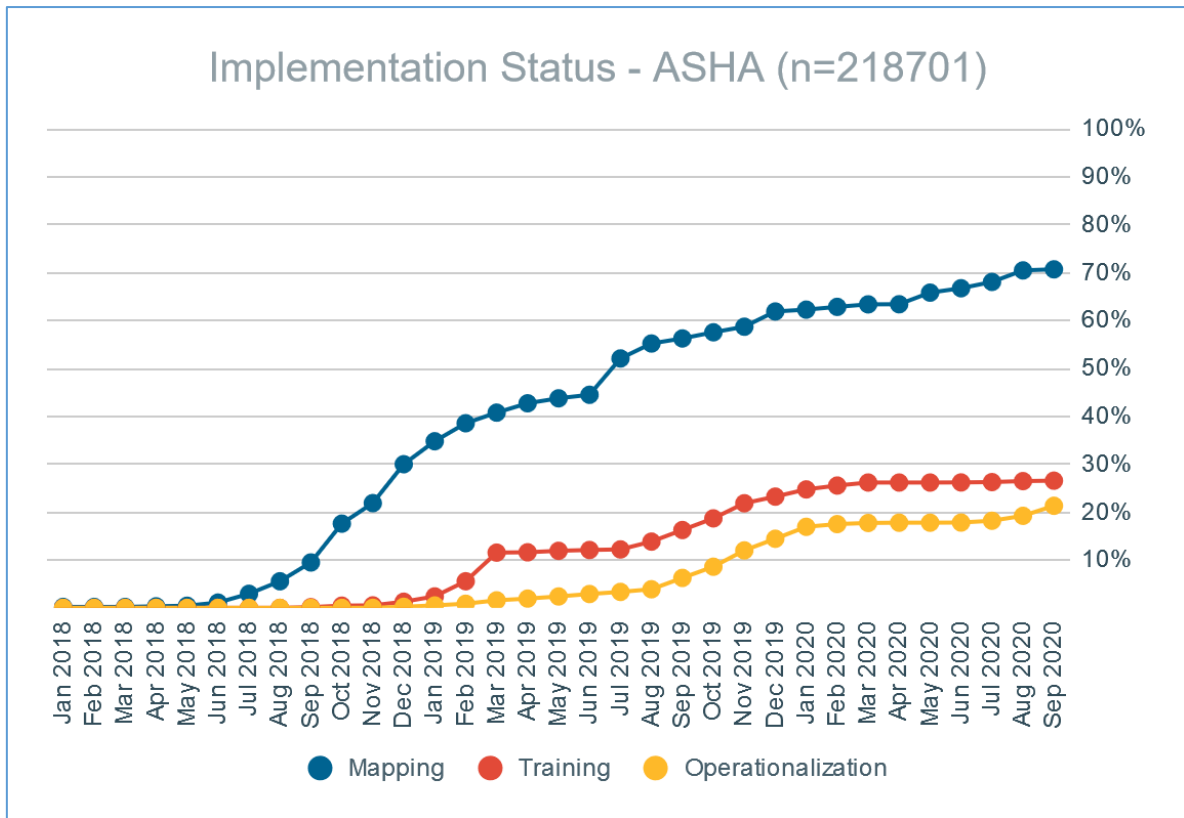


Figure 4 Month wise status of % ASHAs implemented (Mapped, Trained & Indented)

Functionality of Facilities/FPLMIS users

One of the major challenges is the regular use of online portal for indent and issue of FP commodities. A tracking sheet has been created for the roll-out of FPLMIS. The tracking sheet captures data related to mapping, training, operationalization status (Indent, issue against indent, update etc.) and indicators related to regular use of FPLMIS by the user. Also, WhatsApp group in each state has been created to share the information/ any problems in process. This platform is being used for the dissemination of notification, to address any issues raised by FPLMIS users and also use to share any good practices.

Table 5: Percent facilities against mapped showing regular use of portal

	DWH	CHC	PHC+UPHC	Facilities	DH	SDH	ANM	ASHA
Mapped	210	1105	3634	1274	188	72	26035	154617
Indent	192	933	2141	354	144	52	9734	16305
%	91%	84%	59%	28%	77%	72%	37%	11%

Alternative mode of training/review meeting – New normal

During the COVID time online platform was used for training on FPLMIS and orientation of ANM across supported states. Following table depicts the details of review and orientation meetings in 10 states. In total 86 online meetings on zoom platform were conducted in which review and training were conducted and in total 2711 participants attended.

Table 6: Details of Orientations/Reviews conducted across intervention states

#	State	Orientation/ Review	Target group	Nos of meetings	No of participants
1	Arunachal Pradesh	Orientation	ANM/ASHA/CHO	6	218
2	Assam	Review	District Officials, DFPC (District Family Planning Coordinator), District Drug Store Manager	9	190
3	Chhattisgarh	Review	PHC storekeeper	8	237
4	Jharkhand	Review	District & Block officials	13	456
		Orientation	ANM & ASHA	8	280
5	MP	Review	District & Block officials, PHC store in charge, FP Nodal Officer	22	726
6	Manipur	Orientation	CHO	8	159
7	Meghalaya	Orientation	ANM	1	58
		Review	District & block officials, Pharmacist & HWO	1	162
8	Mizoram	Orientation	ANM	1	20
9	Nagaland	Review	Block officials	7	155
10	Tripura	Review	Block store keepers	2	50
	Total			86	2711

Operationalization till ASHA level in Ramgarh district of Jharkhand state: More than 90 of the ANM has been operationalized and in further step initiatives have been taken to operationalize ASHA in one of the districts to complete vertical chain from state to SWH to the last mile, ASHA. In this respect a cascading model was adopted, firstly at block level ASHA facilitator was trained on FPLMIS app and after the training these ASHA facilitators trained their respective ASHA in cluster meeting. In this quarter all the four-block level training was conducted through online platform. In total 61 Asha facilitator was trained and these facilitators trained 204 ASHA in 27 cluster meeting.

Ensuring supply of FP commodities from Regional warehouse: Coordination with CMSS (Central Medical Services Society), Guwahati for the supply of injectables in north east states. In Jharkhand the consumption of Injectables (Antara) increased to 44000 from Apr 20 onwards and as per the increase in demand the indent from SWH to national level has been increased to 2.5 injectables for this financial year, as it would be used in the replacement of sterilization and IUCD. Distribution plan for the injectables was prepared for the Assam.

Leveraging partnership with USAID partner for the training of HWO (Health and Wellness Officer) of Health Wellness Centre, a letter was issued for the training of all HWO of Mizoram. The officials supported in listing of HWO and an online training was planned. The training was conducted in two batches, facilitated by state FPLMIS consultant and in total 50 HWO were trained.

Mapping of ASHA: The process of mapping of ASHA is continued, in Manipur 346 ASHA has been mapped. ASHA mapping list collected from Jaspur, Kawardha, Janjgir Champa & Kondagaon district of Chhattisgarh state as per new prescribed format and send to FPLMIS Help desk for creation of user id & pw.

In MP, facilitated in preparation of FPLMIS progress bulletin of MP state. A comparison report of FP commodities distributed in FP-LMIS and reported in HMIS from 1st April to 31st August 2020 were

prepared. Prepared Stock status of FP commodities showing in FP-LMIS (from facility and downward pipeline) and compared with expected level of achievement (ELA) of 2 quarters. In this month 26 SHCs and 130 ASHAs were mapped, 2 PHCs, 245 SHCs and 2330 ASHAs indented in this month. 25 PHCs issued against indent for first time. In MP, stock out & near to expiry analysis of FP commodities of all facilities were done and shared in the different level WhatsApp group to consume near expiry one and indent stock out commodities.

Chhattisgarh: Presentation prepared on roll out status at district and block on status of indenting and issue against indent. HMIS comparative report of one quarter of the financial report FY 2019-20 & FY 2020-21. New FPLMIS state consultant joined on 10th Sep 20.

In the project supported states monitoring of stock out status, near expiry status, issue pending status, acknowledge pending status at facilities were done and sharing with concerned district officials and facility storekeepers.

2.1 Improving QoC in 25 district hospitals of ADs of 5 states (Jharkhand, Uttarakhand, Haryana, Himachal Pradesh and Punjab) using DQCI – using Data for Action

Data on coverage and quality of Maternal & Newborn Health services at District-Hospitals though available in public portals is fragmented and in varying formats, platforms & periodicity making its use to review performance difficult.

Facility accreditation and QI are the two major components of LaQshya. Accreditation is being tracked using the National Quality Assurance Program (NQAP) based LaQshya checklists, QI is being measured through a set of indicators targeting labor rooms and maternity operation theatres. While the accreditation process has moved forward, data systems for QI are lagging. The data elements for measuring improvement in processes will require a vertical reporting structure to be established at the facilities with data flowing to the state and national levels. This process is being set up.

A tool was designed to assess the Performance and Quality of services provided in District Hospitals using available data. The tool is easy-to-use, customized application and generates analytical dashboards. The data is collected from public portals of HMIS, SNCU online and periodic observation. Information from all sources is triangulated to develop outcome indicators and presented in a concise and easy-to-interpret dashboard. The tool generates quarter-wise and comparative dashboards to track and review services during different quarters in a planning year.

The project developed quarterly reports for analysis and action in project supported district hospitals in the 25 Aspirational Districts of 5 states (Jharkhand, Uttarakhand, Haryana, Himachal Pradesh, and Punjab and Uttarakhand).

The analysis of the available/ positive variables / indicators under different heads for quarter 1 and quarter 4 2019-2020, reveals that there is slight improvement in all the indicators.

Table 7: Analysis of the available/ positive variables / indicators under different heads (April 2019 to March 2020)

Indicators (Composite)	Quarter 1 Mean	Quarter 4 Mean	P value (t test of significance)
Infrastructure	5.5	6.8	<0.0001
Equipment	2.8	3.08	0.23

Drugs	3.72	4.16	0.39
Human Resource	3.92	4.08	0.55
24x7 services	3.88	4.12	0.13
ANC screening	2.04	2.72	<0.001

The project developed dashboards with analysis and suggested actions for a complete financial cycle of 4 consecutive quarters and has now set in motion the process to handhold the state counterparts for generation of DQCI dashboard for next two quarters. For this a nodal has been identified at each DH and at the state and district.

The Maternal Health Cell is identified nodal for this activity. The enquiry-based data will be collected by the hospital managers and the dashboard prepared by the district data manager/ district hospital manager.

Table 8: Comparison of the number of facilities performing or having individual variables (April 2019 to March 2020)

Indicators (Individual)	Quarter 1 (No of facilities)	Quarter 4 (No. of facilities)	P value (t test of significance)
C section audit	10	20	<0.0001
Eclampsia management	20	20	1.00
Antenatal corticosteroid	12	16	0.21
Birth companion	21	25	<0.05
PPIUCD	24	21	0.10
Laparoscopic sterilization	17	21	0.08

Key activities undertaken in the 5 states to ensure a smooth handover, include

- Sensitization of facility , district and state nodal
- Handholding of State Program Officer & State Data Manager for Maternal & Child Health Cell, NHM.
- Webinar Training of DEO's on Generation of DQCI
- One to one facility wise hand-holding of DEOs for generating DQCI for their facilities

A webinar review meeting with the Districts was also held to assess the progress and improvements & provide necessary support. Due to ongoing COVID pandemic the trainings were arranged through online platform. Extraction of data from HMIS, preparing enquiry based data, Entering enquiry based data, HMIS data and SQCI data in the DQCI tool & Generating DQCI for single quarter and comparative dashboard were explained during the training.

In Jharkhand & Uttarakhand state, an order was issued to all districts for using DQCI.

The availability of data in a comprehensive and collated manner has enabled quick and effective decision making resulting in improved health service delivery. Indirect effects of the intervention include correctness of facility data submission; improved data analysis and interpretation capacities; improved recognition of the importance of HMIS data by programme managers. It is also seen that regular visualization and presentation of health data, has resulted in collaborative performance review to identify actions and fostered an environment focused on collective improvement and culture shifts regarding the importance of using data for decision-making.

The approach has led to increased data-driven quality of care improvements (QI) and implementation under Gol LaQshya & FBNC programme.

2.2 Improving QoC through SQCI in SNCUs in 25 ADs in 5 states (Jharkhand, Uttarakhand, Haryana, Himachal Pradesh and Punjab) – using Data for Action

Sick Newborn Care Unit (SNCU) Quality of Care Index (SQCI) is an index that uses multiple quality of care indices to document progress. This tool was accepted as an innovation by Gol and is now being used in many states as monitoring and decision-making tool for quality improvement in SNCUs.

SQCI tool uses data from Govt. of India’s SNCU Online software. There are seven select indices which cover gaps in quality clinical care, mortality outcomes of the SCNU and optimal utilization of services. SQCI gives guidance to policy makers for planning mentoring visits and actions to improve quality of care in the SNCUs. The project is using SQCI tool and is generating analyzed quarterly reports. SQCI analysis for all 5 states for the 4 quarters was done and reports were shared with respective state governments with recommendations for improvement.

The indicators chosen in the model can be easily retrieved from the ongoing data collection system and could serve as proxy markers for clinical services. Optimal utilization of services is reflected from avoidance of unnecessary admissions, admission of small babies and bed occupancy. Adequacy of clinical practices could be assessed from admissions of inborn babies with birth asphyxia (which indirectly means lack of skills for resuscitation) and use of antibiotics. Outcomes could be assessed from survival of normal and low weight babies separately. The composite index has seven indicators and converts them into indices, each having a range from 0.01 to 1. Performance grading is categorized into: good (0.71-1.0), satisfactory (0.4- 0.7), unsatisfactory (<0.4). The SQCI is thus a composite index of seven such indices:

Table 9: Details of SQCI indices along with formula for calculation

S N	Index	Formula for calculation
1.	Rational Admission Index —is the percentage of new born admitted in the SNCU that are discharged within 24 hours of admission.	1-(Number of New born discharged in 24 hours / Total number of new born discharged)
2.	Index for rational use of antibiotics - depicting the rational use of antibiotics in SNCU	1- (Total number of newborns received antibiotics - Number of newborns diagnosed as sepsis) / Total Admission)
3.	Inborn Birth Asphyxia Index -picks up SNCUs with high rate of in-born Asphyxia in the adjoining DH.	1-(Number of inborn admitted with Birth Asphyxia / Total number of babies delivered in the hospital)
4.	More than equal to 2500 gms death Index - represents if there is any mortality of infants with more than & equal to 2500 gms weight admitted in SNCU.	1-(No. of deaths in newborns with birth weight 2500 gms or more / Total number of deaths)
5.	Low Birth Weight admission Index – indicates percentage of new born with weight less than 1800 grams being admitted to SNCUs.	No. of inborn with birth weight less than 1800 gms admitted / Total number of inborn admissions
6.	Low Birth Weight survival Index - reflects upon the survival of all the Low birth weight new born admitted with weight between 1000 to 1800 grams.	No. of newborns with birth weight between 1000 to 1800 grams discharged / Total number of new born with birth weight between 1000 to 1800 gms admitted.

7.	Optimal bed utilization index - 6 admissions per bed per month is a desired number and optimal bed utilization index reflects optimum utilization of the available bed strength in the SNCUs.	$1 - \left \frac{1 - \text{Average Admission}}{\text{Average admission} = \left(\frac{\text{Total admissions}}{\text{Total number of beds} \times 6 \times \text{No. of months}} \right)} \right $
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Implementation of SQCI support to SNCU in Aspirational Districts

Since January 2019, the USAID *Vridhhi* project has been providing technical support to the use of SQCI in 19 SNCU across aspirational districts (AD) of Jharkhand, Uttarakhand, Himachal Pradesh, Punjab and Haryana. The goal is to generate analyzed quarterly reports for action. As a first step, officials from all the five states were oriented on the SNCU quality care index. The state National Health Mission M & E officials were given demonstration of calculating SQCI at the end of each month and quarter. The project team members in each state also oriented the district officials on the use of SQCI as a monitoring tool. Handholding support was provided by the project on an ongoing basis with quarterly inputs on gaps identified by the tool. SQCI was discussed in periodic review meetings and CDR meetings at the district and state level. This helped the states in taking necessary steps for quality improvement in the SNCUs.

Actions taken for improvements

Based on feedback provided to the state, district and SNCU concerned, the following actions were taken for improvement in poorly performing indicators. For example, poor survival of LBW babies in 4 SNCU led to provision of KMC space to improve KMC practice. To improve inborn birth asphyxia in those SNCU which were performing poorly, holistic action comprising training on NSSK, asphyxia management skills and resuscitation equipment was provided. Likewise, untied funds were used to ensure drug supply. SNCU facing severe shortage of staff were provided with the required staff.

Table 10: Actions introduced to improve quality of care in SNCU (n=19)

Actions introduced	Number of SNCU
Equipment and Drugs KMC chairs, refrigerator, RO, geyser Inverter, solar connection Drugs Resuscitation equipment	10
Human resource Pediatrician and staff nurses	5
Documentation and reporting	19
Practices	
Regular KMC to LBW babies for 8 hours daily introduced	19
Revision of sepsis screening and antibiotics protocol as per HBNC guidelines	5
Improvement in diagnostic lab facility	2
Optimal use of antenatal corticosteroids in premature labor	3

Sepsis prevention through ensuring hypochlorite solution, elbow taps in SNCU	2
Referral linkages with delivery points	3
Training and capacity building Refresher training on NSSK given to SNs & ANMs of labour Room to manage asphyxia Training on FBNC to staff nurse Resuscitation practices to labour room staff	9
State Government action Official letters issued by Mission Director per quarter on index wise feedback to all SNCU	19

Sustainability:

The project has completed the capacity building for state M&E for development of SQCI dashboard. SQCI training and orientation to Aspiration district SNCU DEOs was done in all the 5 states. In some states like Jharkhand, Chhattisgarh, Punjab and Haryana the training was also given to non - aspiration district SNCU DEOs.

SQCI for the quarter of April-June'20 was prepared by the state M & E managers as a part of institutionalizing SQCI in the states. However need based support has been provided by the *Vridhhi* team

2.3 Implement SS mechanism in 25 ADs in 5 states (Jharkhand, Uttarakhand, Haryana, Himachal Pradesh and Punjab)

Vridhhi supported in the development and finalization of the SS checklists and software for national mentors and s in the roll out and implementation of the mechanism across all the 117 ADs of the country through the national AD Unit (ADU) at MoHFW. The project team specifically undertook visits to the 25 ADs in the project supported states of Jharkhand, Uttarakhand, Haryana, Himachal Pradesh and Punjab. The supportive supervision tools are attached as Annexure 7.

Support to Ministry of Health and Family Welfare (MoHFW)

The support provided by the national ADU continued during the year and multiple activities were undertaken to move forward with the planning, implementation and monitoring of the Aspirational Districts Program across the country. Key activities include the following:

Review Meeting

- ADU facilitated the PRAGATI Review Meeting for Aspirational Districts, held on November 06, 2019 under the chairmanship of **Hon'ble Prime Minister**. The objective of the meeting was to review the performance of Aspirational Districts across all the 5 sectors.
- ADU facilitated the 13th CCHF (Conference of the central council of Health and Family Welfare) meeting under the chairmanship of **Hon'ble Union Minister of Health and Family Welfare**. The participants were Health Ministers, Principal Secretaries/Mission Directors of all states/UTs. Additionally, ADU also prepared and finalized the agenda and Strategy note for RMNCH+A.

- **Workshop for National Mentor's group:** The project team and the ADU conducted a One day orientation workshop for the National Mentors' group on November 08, 2019 under the chairmanship of Additional Secretary, RCH. The objective of the workshop was to orient the National Mentors' group on the Supportive Supervision tools and checklist. A total of around 150 participants from the National Mentors' group and representatives from lead development partners attended the workshop

Through *Vridhhi's* continuous support, online web portal has been finalized, Software (ADARSSH) has been developed and data migration is under discussion.

2. Meetings at NITI AAYOG: ADU supported in compiling, analyzing and finalizing various background notes and documents for meetings held at NITI AAYOG

- **Meeting to review implementation of Short and long term Health Plans – Two meetings** on the 10th July and 4th Sep 2020 were held under the chairmanship of CEO, NITI AAYOG.
 - The agenda of the meeting was to review the progress and implementation status of the short and long term Health plans
 - ADU collated, compiled and finalized the progress and implementation status of all the indicators and targets set under the Health Plan.
 - AS&MD NHM, presented the implementation status to CEO, NITI AAYOG.
- **Meeting to discuss and review the current Health indicators under the AD program** – A meeting under the chairmanship of member, NITI AAYOG was held on 7th September 2020.
 - The objective of the meeting was to discuss, deliberate and review the current set of 13 indicators and 31 data entry points for Health under the AD program.
 - ADU collated and compiled the suggestive changes in the current indicator set and also proposed draft new indicators for the same.
 - JS, RCH, presented the draft revision in the current indicator set.

Other activities:

- Prepared, compiled and finalized the Tribal health action plan pertaining to RMNCH+A and RMNCH+A best practices for 6th National Summit on Good and Replicable practices and Innovations in Public Healthcare system from 16th -18th November 2019.
- Involved in collation, compilation and finalization of RMNCH+A note for four states for the meeting of Hon'ble minister of Health and Family welfare.
- Facilitated meeting with USAID on AD program to discuss its implementation in USAID states.
- Analysis of report on AD by Voluntary Health Association of India (VHAI): ADU analyzed and summarized the AD implementation report by VHAI.
- Undertook Supportive Supervision visit with JS (RCH) to AD Rajgarh, MP. The objective of the visit was to oversee the implementation status of the Health initiatives as envisaged under AD program.
- Classification of ADs based on overall performance was done. Along with this, analysis of ADs on the basis of performance of key HMIS indicators was also done.
- Presented the status of AD implementation in ADs allocated to UNICEF and NIPI in review meeting with both the development partners.
- Collating and Analyzing the progress status for all programs across Aspirational Districts in co-ordination with respective program divisions of MoHFW

- Collating and maintain the complete data base relative to all the Aspirational Districts in terms of HR, Infrastructure etc.

3.1 Tracking HRPs in two blocks in AD Chamba in Himachal Pradesh

The exact estimate of high-risk pregnancy in India is unknown. Estimates suggest that 20-30% pregnancies in the high-risk category contribute to 75% of perinatal morbidity and mortality. Early detection and effective management of high-risk pregnancy can contribute substantially to reduction of maternal and neonatal adverse outcomes. Recognizing the need, the Government of India launched the Pradhan Mantri Matritva Suraksha Abhiyan (Prime Minister's Safe Motherhood Program - PMSMA, 2016) which strives to strengthen quality of ANC services for every pregnant woman, considering the unpredictability of any woman turning into high-risk, during the course of pregnancy and childbirth. However, despite these efforts, ANC coverage is low in the country. According to NFHS 4, only 51.2% women had four antenatal visits implying that almost half of the total pregnant women did not receive adequate ANC. Detection and timely management of high-risk pregnancies is inadequate due to a number of factors, both systemic and individual. Lack of capacity of health care workers to identify high-risk pregnancies and to categorize them according to their health impact is one such barrier. In addition, there is a lack of consensus on the nature and type of high-risk factors. This has multiple consequences, such as inadequate birth preparedness plans, low rates of follow up of high-risk pregnancies, inadequate or inappropriate referrals, and poor referral compliance.

Systems E-approach for **Women At risk SEWA – Is** an android App, for use by frontline workers through android phone or a tablet (ANMoL) for improving quality of antenatal care by facilitating tracking and follow up of HRPs through pregnancy till outcome & with provision of managers to review the data and develop reports

Salient features of the app include:

- SMS based reminders to pregnant women and ASHAs to increase engagement and ensure adherence to treatment
- Uploading of medical records serving the purpose of tele-guidance from specialists
- Module for managers for data review and timely action
- Provision to link the app with Government of India RCH or any portal

- Offline data entry option

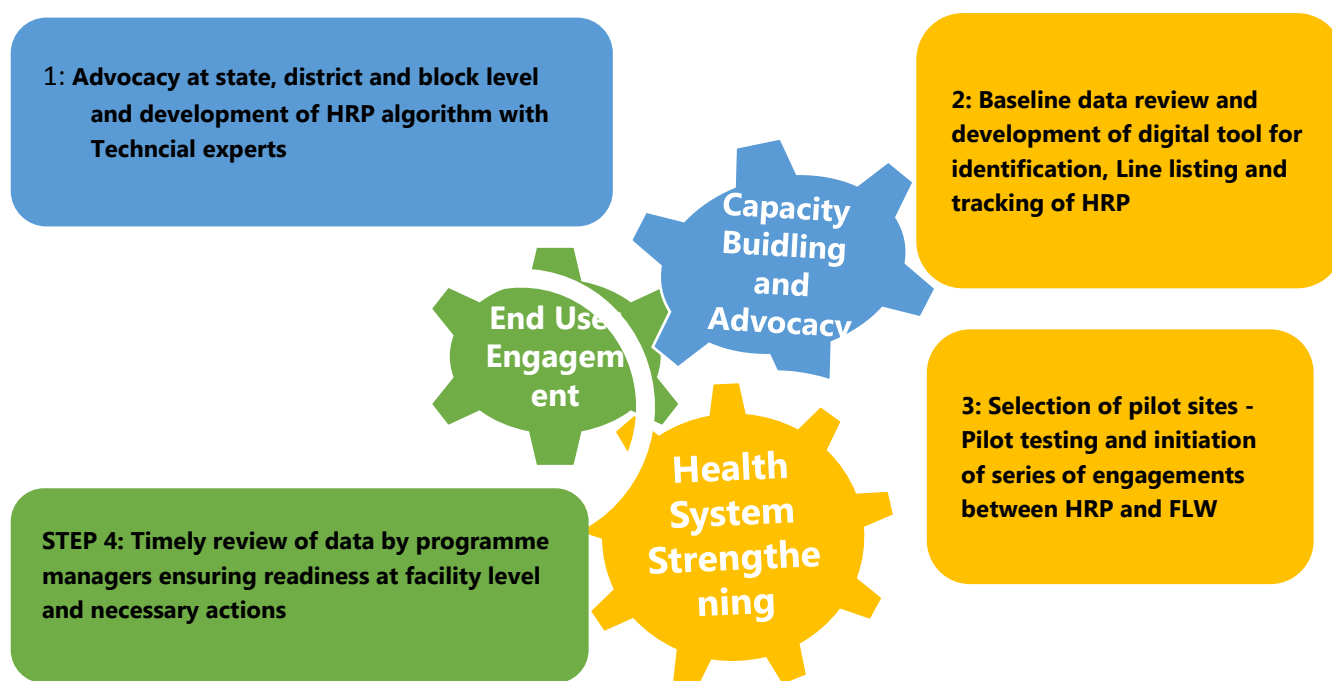


Figure 5 Stepwise Process of SEWA digital application

The App has led to improved identification of High risk conditions in PW registered for ANC; increased ANC contacts ; Improved line listing of HRPs by FLWs; Appropriate referral of HRP by FLWs; Improved counselling leading to improved treatment adherence ; Improved pregnancy outcomes of HRPs and increased delivery at FRUs; and overall improvement in ANC programme management

In the 12 months of implementation in Block Pukhri & Samote in District Chamba of Himachal Pradesh, the project provided field support and handheld FLWs on use of the App for follow up HRPs and generation of reports for Review meetings.

During the year project team has conducted mentoring visits, block meetings, technically supported the review through discussing their HRP app progress in the intervention blocks.

Table 11: Key indicators derived from implementation of pilot till September 2020

Sl No	Indicators	Performance so far
1	Pregnant women registered for ANC	4340
2	Total HRP Identified	1217 (28%) excluding moderate anaemia (908/4340 of all PW registered for ANC)
3	Percent of risk conditions identified	Severe Anemia – 1.8 % (22) PIH- 3.9% (48) GDM- 5.2 % (63) Hypothyroidism- 2.2 % (27) Post LSCS – 10.9% (133)

4	Total outcomes known Of the HRP	436 94.5% (412) were tracked till outcome 82.3 % (339 had an institutional delivery 91.7 % (311) delivered at FRU 5.5% (24) of total outcomes had abortions
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3.2 Generate evidence for improving FHR monitoring using hand-held Doppler device in 7 health facilities in 4 ADs in 3 project states (Jharkhand, Uttarakhand and Odisha)

Intrapartum Fetal Heart Rate (FHR) monitoring is crucial for early detection of abnormal FHR & timely obstetric intervention to reduce adverse perinatal outcomes. According to WHO monitoring of FHR during labor is inadequate in many LMIC settings. Recognizing the importance of the situation and the need of improved measurement, *Vridhhi* in partnership with Laerdal Global Health (LGH) has introduced the “MOYO: FHR monitor” at 7 health facilities in the states of Jharkhand, Uttarakhand and Odisha to pilot and test its acceptability and feasibility in public health care setting in India.

Overall, the USAID *Vridhhi* team has been supporting the intervention to generate evidence for improving FHR monitoring using Hand-held Doppler device at one Medical College, 3 District Hospitals (3) and 3 CHC FRUs across the 3 states (Jharkhand, Uttarakhand and Odisha). Gap assessment in intervention facilities formed the baseline assessment. The device has been well accepted and has been used for 30,480 deliveries during the intervention period.

A Qualitative assessment at end of first quarter of implementation showed an increase in monitoring according to the WHO standard protocol and interviews with beneficiary brought out that all of them could hear the fetal heart sound and this reassured them. **A second qualitative assessment** at end of second quarter additionally revealed that providers reported few issues in use of device (2/24) expressed difficulty in using device in case of twins; 7/24 reported low volume; 1/24 reported difficulty to tie belt in heavyweight women; 1/24 expressed the need to have a separate device for HIV + PW as cleaning belt becomes cumbersome; 1/24 expressed that the device on account of being very sensitive picks up erroneous FHR even in cases of IUD. 21/24 providers reported that readings were reliable. And all reported that number of devices available are adequate. This time too, beneficiaries brought out that they could hear the FHS and this reassured them. In 77% of them the device was used for intermittent monitoring. In the 23% that the device was strapped on the PW stated that they were able to walk around and squat and sit easily. Of the multipara PW interviewed, 60% reported the experience was better than before

11 out of the 40 devices reported complete loss of volume. These devices were immediately withdrawn from the facilities, five were replaced and Laerdal was informed about the defect.

During COVID pandemic with travel restrictions and lockdown, the project team continued to handhold and support the intervention through regular follow up and mentoring using ICT platforms. All the 7 identified facilities continued to use the handheld Doppler (Moyo) device and did not report any issues. The state teams had provided guidelines and SoPs for cleaning and disinfecting the device between every use and ensure compliance to the same.

Issues about how the device was used during the period of pandemic and whether FHR monitoring was affected became important questions. In this regard, a quick assessment was conducted among

service providers to understand their experience of monitoring practices. The use of the handheld Doppler was found to be consistent in COVID times as in other periods.

Advocacy with states for scale up and inclusion in PIP: A standard fetal doppler device is approved in PIP for scale up across the Aspirational District of Haridwar, Uttarakhand and five Aspirational districts in Odisha.

Table 12: Performance till September 2020

Indicator	Baseline (Mar-Jun'19)	Intervention (Sep'19 to Sep'20)
Total Deliveries	7310	30480
% Cases detected with abnormal FHR out of sample cases	5.2%	7.3%
% Still births out of total deliveries	2.0%	1.3%
% Monitored >4 times out of sample cases	19.8%	22.1%
% Monitored 3-4 times out of sample cases	15.8%	16.4%
% Never Monitored out of sample cases	9.8%	3.4%
% Asphyxia out of total deliveries	6.0%	6.7%
% Emergency C-Section out of total deliveries	22.2%	20.2%

3.3 Support FPC implementation models in 30 SNCUs in 6 project states (Jharkhand, Uttarakhand, Haryana, Chhattisgarh, Himachal Pradesh and Punjab)

A woman's relationship with maternity care providers and the maternity care system during childbirth is vitally important for provision of essential and potentially lifesaving health care, and women's experience at this time has a long-lasting impact to empower and comfort her or to inflict lasting damage and emotional trauma. The WHO recently published quality of care standards, defining the needs of mothers and newborns to include both provision of clinical care and the experience of care.

Government of India has been advancing to promote the implementation of respectful maternity care in public health facilities. However, mothers of small and sick newborns hospitalized soon after birth are exposed to a traumatic and stressful experience and a sense of loss of control.

India as a partner in Quality of Care Network has a vision that every pregnant woman and newborn receives good-quality care throughout pregnancy, childbirth and the postnatal period. The vision is underpinned by the core values of Quality, Equity and Dignity and requires engaging women, families, communities in their care. Family Participatory Care (FPC) is an evidence-based intervention using QED approach in which the parents and close relatives of small and sick newborns are trained in simple care practices and become full partners in care. The intervention works both at facility and community levels to teach parents care practices for their sick and small newborns, and aims to ensure a continuum of care once the baby is discharged. A Cochrane systematic review of family-centred care published in 2007¹ assessed the effects of family-centred models of care for hospitalized children when compared to standard models of care, showed that the family-centred care model had a positive

¹ Shields L, Zhou H, Pratt J, Taylor M, Hunter J, Pascoe E. Family-centred care for hospitalised children aged 0-12 years.

Cochrane Database of Systematic Reviews 2012, Issue 10. Art. No.: CD004811. DOI: 10.1002/14651858.CD004811.pub3.

effect on the adequacy of children's care, parental satisfaction, and costs. For other indicators such as clinical outcomes and children's behavior there was no significant difference between the family-centred care model and standard inpatient care. There were no harms reported.

In a randomized controlled trial² evaluating family centered care of sick newborns admitted in NICU in a tertiary hospital in Delhi, no significant impact was seen on reducing nosocomial infections. The intervention however, significantly improved breast-feeding rates before discharge and showed that FPC facilitated in an easier transition from intensive to the step-down side and better preparedness of mothers. Besides improving KMC and Breast-feeding rates, FPC was shown to reduce maternal anxiety.

The essential principles for family centered care for neonates in SNCU/ NICU³ are, free parental access, early educational and behavioral interventions for parents to develop coping skills to reduce their psychological trauma, supportive environment avoiding aberrant light and excess sound, postural support, skin to skin contact, breast feeding and lactation support, sleep protection.

The FPC intervention thus addresses all components of Person centered care of Effective communication with patients, Respect and dignity, Emotional support and Continuity of care.

The Government of India released policy and operational guidelines for Family Participatory Care in 2017, however there has been limited uptake of the intervention by states. Respectful Maternity Care is a vital pillar under the Gol Labour Room Quality Improvement (LaQshya) initiative.

Vridhhi decided to establish implementation models under the respectful maternity care pillar under LaQshya. **The project undertook the Government of India articulated policy on FPC to action by providing technical support using states resources for scale up.**

The project maintained utmost fidelity to Gol operational guidelines and use the Gol training modules, reporting formats and Supportive supervision formats for operationalizing the intervention.

Following were the Key Implementation Steps undertaken:

- Advocacy to State
- Inclusion of FPC in state PIP (Supplementary PIP)
- Identification of SNCUs which meet the Operational Guidelines criteria
- State level sensitization & ToT (3 days)
- Provide Additional support in Aspirational Districts for operationalization (through District technical officers)
- FPC review in SNCU Review meetings

Vridhhi supported the roll out of FPC in project states, the intervention has been operationalized in all 30 SNCUs and reports have started coming from the SNCUs since October 2019. All the SNCUs in 30 Aspirational districts are conducting FPC sessions as per protocol.

² Family-Centered Care to Complement Care of Sick Newborns: A Randomized Controlled Trial ANKIT VERMA, ARTI MARIA, *RAVINDRA MOHAN PANDEY, \$CHAROO HANS, ARUSHI VERMA AND #FAHIMA SHERWANI From Departments of Pediatrics and \$Microbiology, PGIMER and Dr. RML Hospital; *Biostatistics, AIIMS; and #Management Studies, IIT; New Delhi, India.

³ Eight principles for patient-centred and family centred care for newborns in the neonatal intensive care unit Jean-Michel Roué,¹ Pierre Kuhn,² Maria Lopez Maestro,³ Ragnhild Agnethe Maastrup,⁴ Delphine Mitanchez,⁵ Björn Westrup,⁶ Jacques Sizun⁷

Key achievements in its model are:-

- Trainings were facilitated by the project with state funds in Manipur in November based on a request from GoI and state Government of Manipur
- Haryana's implementation model on FPC in NBSU at Jagadhri, was selected in the summit for best practices
- During the COVID pandemic in Jharkhand SNCU of Rajmahal under Sahebganj District were closed as the hospital was converted to COVID hospital. Also, SNCU Hazaribagh and SNCU Dumka were non-functional, however with constant advocacy and support by state *Vriddhi* team to the District, SNCU and FPC were made functional by third week of May 2020.
- **During the year 83% of planned FPC sessions were held. The number of parents/care givers who attended KMC sessions were 7176. Total no. of beneficiaries of the care at SNCU were 20602 newborns including 6884 new-born with weight below 2kgs.**

3.4 Support development implementation models for 15 NBSUs in 9 ADs in 4 project states (Jharkhand, Uttarakhand, Haryana and Punjab)

The Government of India (GoI) introduced the Facility Based Newborn Care (FBNC) guidelines in the year 2011 for management of small and sick newborns. This was planned to be provided at three levels of care. The first level of care called Newborn Care Corner (NBCCs) is present in all labor rooms and maternity OTs where deliveries are being conducted to provide immediate newborn care in newborns requiring basic resuscitation and thermal care in case of hypothermia. The second level of care called Newborn Stabilization Units (NBSU) is present at the block level facilities to manage newborns who are not seriously sick. The third level of care called Special Newborn Care Units (SNCUs) are present at the district level to manage very sick newborns below 1800 grams and newborns suffering from other serious conditions (as per admission criteria laid down in the guidelines).

There has been significant progress in establishing and operationalizing SNCUs in district hospitals across the country as well as in establishing NBCCs at delivery points. Progress on establishing NBSUs has been slow and many of them which have been setup are functioning sub-optimally. The volume of sick new-born referrals has been rising consistently, but because of the weak intermediary link at NBSUs most of the SNCUs have high caseloads and overcrowding. Many new-borns who are stable and require basic care such as 'warmer care' and 'feeding assistance' or 'phototherapy' also get admitted at SNCUs while critically ill new-borns may have to be turned away due to lack of space. In addition, babies are referred to SNCU without being stabilized, this further exacerbates morbidity rates. Keeping these gap in view the USAID *VRIDDHI* project decided to bring in an implementation model to demonstrate the proper way of functionalizing this neglected level of facility based newborn care and translate policy into action. The learnings has helped the states to implement the model for fully functionalizing the NBSUs to take care of the newborns who are not seriously sick.

Baseline analysis and subsequent gap filling

System strengths and weaknesses were key to understand the prevailing conditions and plan for the implementation models in the respective states. The strengths and weaknesses have been underlined below. All the processes undertaken for the development of implementation models of NBSU have used the system strengths and the opportunities thrown open by the system weaknesses.

System strengths	<p>The current health systems in the states have inherent strengths to support the implementation of NBSUs.</p> <p>States have already identified NBSUs in the health facilities mostly in the first referral units (FRUs)</p> <p>All the states have planned budgets for the operational/running costs of NBSUs which are budgeted every year under the state specific program implementation plans (PIPs).</p> <p>Recently, states have also identified & prioritized the need for strengthening the NBSUs.</p> <p>Infrastructure and equipment are also in place in most of the NBSUs and provisions for gap filling are available.</p>
System weakness	<p>The main weakness in the system is related to availability of adequate human resource as per GoI guideline on Facility Based Newborn Care (FBNC) and their proper capacity building.</p> <p>The current system has no NBSU specific training package and depends on the 11 day long FIMNCI module. In case of turnover of health staff, newly posted staff are seldom trained due to the long duration of the current training.</p> <p>Space constraint. Alterations to the NBSU infrastructure designs have been made due to scarcity of space, which has resulted in merging of functional areas at most of the NBSUs established.</p> <p>(In states like Punjab, Haryana, Jharkhand there are no dedicated medical officers and staff nurses in some NBSUs. The NBSU staff is also involved in multitasking in other departments of the health facilities as well. Since the NBSUs are low focus areas the staff are often shifted out to other facilities. In state like Uttarakhand a lot of trained NBSU staff nurses opted and got recruited at health & wellness Centers under the Ayushman Bharat Program and the vacancies are yet to be filled up. In Jharkhand, a recruitment drive was conducted at the district level in the past, for filling up the staff positions in NBSUs, but due to the unavailability of proper equipment & training at the NBSUs, coupled with negligent monitoring & supportive supervision, most of them were shunted out to other facilities within the districts.)</p>

The gaps were identified and subsequent actions were taken care of prior to the capacity building exercise. Post training, equipment related gaps were taken up for gap filling. The gaps related to IEC & records were immediately filled up in all the 15 NBSUs

Reports have started coming in from all 15 NBSUs. **Total admissions in the year Oct'19 to Sept'20 was 1526. Total referral after stabilization was 400. Newborns treated in the NBSUs during the year was 1126.**

The model for implementation demonstrated by USAID *VRIDDHI* is easy to replicate provided the NBSUs are adequately equipped with the full human resource requirement as per the FBNC guidelines of 1 medical officer and 4 staff nurses. Since the states in the country have woken up to a new and

absolute reality of having functional NBSUs, equipment and human resource will stop being limiting factors any more in the near future. The project demonstrated a new approach of training by introducing a new 3 days training module to train all the health staff of the NBSUs in one go rather than the earlier approaches of training the staff of the one health facility in bits and pieces. The new approach resulted in all staff being trained together and ready to deliver results from day one – an example of turnkey approach in health care services. Advocacy played the pivotal role in getting human resources posted/deployed, equipment made available, adopting a new training module and getting the NBSUs function more efficiently through uniform and regular recording and reporting. The systems approach adopted by the project teams for the 15 NBSUs can be replicated across all the NBSUs in the country, provided the states recognize the approach that need to be adopted in one go rather than continuing with the current approach of reacting and coming up with stop gap ideas.

3.5 Generate evidence of using a Multi Modal Device (MMD) at 19 HWCs for improved pneumonia diagnosis and management in 7 project states (Jharkhand, Uttarakhand, Odisha, Chhattisgarh, Haryana, Himachal Pradesh and Punjab)

India contributes to 1/5th of all under five deaths in the world. Pneumonia is the leading cause of under five deaths in the world and also in India. Despite WHO recommendations on counting Respiratory Rate (RR) and recording SpO2 for effective management of Pneumonia, Pulse Oximeter is currently not available at primary health centres in the country and available evidence also indicates that recording respiratory rate is a challenge and leads to misclassification of the illness. To address these issues, IPE Global through USAID supported *Vridhhi* project aimed to enhance Pneumonia management in the primary health care setting through introduction of multi modal pulse oximeter with capacity to record respiratory rate (RR) in the children.

Vridhhi USAID project partnered with US based company Masimo for testing the efficacy of the multi modal device in Pneumonia identification along with usability and scalability of the technology using IMNCI platform. Masimo' RAD-G device was selected and validated in a Delhi's hospital before initiation of baseline assessments in seven states for selection of the facilities as per intervention criteria and collection of baseline data on current practices. Subsequently intervention was rolled in 19 HWCs of 12 Aspirational Districts across the seven project states. One device was donated to each HWC and the staff were trained on three day IMNCI training and use of device for screening of Pneumonia in under five children (2 months-59 months) coming with ARI/fever.

Intervention was rolled out in select sites in July 2019 and monthly reports from the facilities were received in August 2019. Visits to the sites were conducted by the state teams in August 2019 to hand hold and mentor the service providers. The intervention was successfully implemented till September 2020 in the intervention sites with no case of discontinuation of the POx and no breakdown of the POx reported till date from any of the sites.

During qualitative assessment to measure acceptability and robustness of the POx, a high degree of acceptability was reported by providers. It reduced unnecessary referrals while enabling timely referrals for those children requiring oxygen therapy. It has also helped reduce antibiotic use.

During COVID pandemic, many of the HWC staffs were engaged in COVID related deputations in their own area in addition to their responsibilities however devices were functional and without any complains in all places. For assessment of Pneumonia cases, daily ARI reporting was ensured from all the HWC then analyzed and shared with USAID since then. CHOs from 2 HWCs in Jharkhand Kokodoro and Silam and one in Punjab- Kamalawala, have been deputed for COVID duties thus ARI screening not being conducted. However efforts are being conducted to resume services.

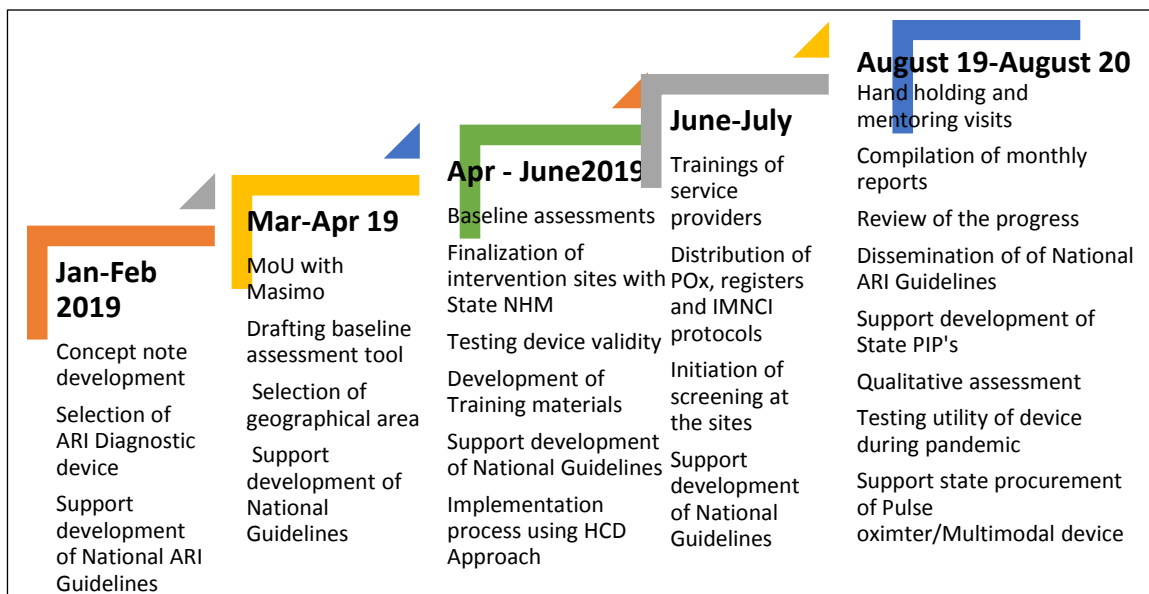


Table 13: Observations of case management

Total observations	4846
Pneumonia	1288 (26.07%)
No pneumonia	3524 (72.72)
Severe pneumonia	44 (0.91)
Spo2<90	29
GDS	38
Fast breathing	1283
Chest indrawing	141
Antibiotics	1277 (26.35%),
Referred	49 (1.01%)

3.6 Strengthening PFM in Assam

Public Financial Management (PFM) is an important element of Health Systems Strengthening (HSS). This intervention is being taken up in the state of Assam.

Objectives

- To understand the public financial management (including planning, budget execution and program implementation) challenges in Assam.

Specific Objectives:

- To understand the planning process for the public health sector in Assam, including National Health Mission (NHM).

- To understand the programmatic nodes, which leads to low utilizations of available funds in the state.
- To explore the financial system challenges, which affect the program as well as the health outcomes in Assam.

The phase I assessment for diagnostic study was conducted and the report has been finalized. Key findings are given below.

- **High public sector utilization:** The service utilization in public sector is high in rural areas (76%) but comparatively lesser in urban areas (48%). However, the dependence on the public sector, especially in the rural areas has declined (from 89%[#] to 76%**).
- **Low Public Spending:** Per capita government health spending in Assam is low compared to other states (INR 998; Ranks 15th in 20 states)*
- **Low Private Spending:** The per capita OOP expenditure on health is lowest in India (INR 1,378)*
 - However, the average OOPE on hospitalization in Urban Assam is the highest (**INR 38,935 per case**) in India **
- **Poor Health Indicators:** The state has highest MMR (229)^ and TB death rates (43)^^ and all other vital health indicators are also higher than the national averages.
- **Scope for improvement:**
 - Increase in investment
 - Better utilization of available funds
 - Improve program planning and implementation

The protocols for phase II assessment has been finalized and the assessment has been nearly completed. The activity is delayed due to the travel restrictions on account of COVID not permitting field work. The report will be finalized in the next year. Based on the findings from the detailed diagnostic assessment an innovative package for capacity building will be developed and implemented through a state level ToT.

4.1 Operationalizing Maternal Newborn Health Resource Centre (MNHRC) at Rajendra Institute of Medical Sciences (RIMS), Jharkhand

The Maternal and Newborn health Resource Centre (MNHRC), a Quality Improvement initiative is a step to improve focus on standardized clinical care by adoption and adherence to Standard Operating Procedures and Protocols. The standards of care are based on current evidences and global practices which are reflected in the Government of India respective guidance and clinical manuals and supported by the WHO.

The overall vision of the State MNH resource center is to act as the clinical mentor and policy advisor to the state health department in achieving the desired SDG Goals with objectives:

- To mentor public health facilities (DHs, SNCUs, high case load FRUs) for improved quality of MNH services
- Analyze data and provide actionable feedback to SNCUs and DHs on performance to strengthen Quality of Care
- Provide clinical & technical leadership to state for improved maternal and new-born outcomes

MNHRC was operationalized in the state of Jharkhand in the month of February'20. Four district hospitals in Palamu, Latehar, Giridih & Ranchi were chosen for mentoring

The clinical experts from the department of Obstetrics and Gynecology, the Neonatology, and the Preventive and Social Medicine RIMS were trained on the cognitive aids i.e. standards based tools and manual to guide users through SOPs in a one-day training inspired by the two National programs, 'LaQshya focusing on Labour room strengthening practices' and 'Facility Based Newborn Care'.

In the month of March, first field mentoring visit was conducted to district Palamu:

The initial results were promising. There was approximately 52% improvement in standards of clinical care during 2nd Stage of labour, 30% improvement during 3rd Stage of labour and 3.5% improvement in Immediate Postpartum period.

For rest of the quarter, follow up visit was planned for Palamu Medical College and first visit to District Hospital - Ranchi, Latehar and Giridih was planned.

During the first financial quarter of the year (Apr – Jun), with the start of COVID Pandemic and country wide lock down, the onsite physical visits were not possible and transition to digital mentoring which included telephonic follow-ups between the mentor and mentee facilities were initiated.

First online virtual mentoring session was conducted to assess Labour Room practices.

Achievements:

- Successful continued use of digital meeting platforms for virtual mentoring
- Addition of two new Mentee facilities – Latehar and Giridih
- Increase in the number of digital follow ups and improved clinical care

Knowledge Management

Main activities undertaken by the knowledge hub team in the past year were documentation including development of products for advocating project work at different forums, participation in national and international events, promoting project work through digital media (Website and social media platforms).

Launch of MNH Resource Center at RIMS, Ranchi (Jharkhand): Our project team supported in documenting in photograph bank of the inauguration of MNH Resource Center by USAID India team and IPE *Vridhhi* team with NHM Jharkhand. The event was promoted in the social media handles of the project and website WWW.RMNCHA.IN

National Mentors Workshop – Aspirational District Programme: Our project team under the leadership of Ministry of Health and Family Welfare, USAID India, IPE Global and partners organized National Mentors Workshop under the Aspirational District Programme. The knowledge Management Team supported in documenting the workshop in forms of photographs, short videos, noting key points to the event and documentation. The event was also promoted on the project's social media platforms which garnered interaction and presence among the peers.



Social Media Update: The twitter handle named: @USAID_RMNCHA has received, more than 22 million impressions with 1272 followers, from October 2019- September 2020. At a large scale twitter is gathering attention on issues of maternal, newborn and child healthcare in India. The Twitteratis are working communicating and acknowledging our presence with mentions and tags in their tweets. Our project team

promoted Breastfeeding week in the first week of August 2020 (August 1-7, 2020). During the week, our project handle participated in the twitter chat organized by USAID_Nishtha. This activity highlighted our work and efforts in the field of maternal, newborn and child health along with special focus on providing care at time of COVID-19.

Our Facebook page was activated in the month of June 2019, reaching out to 1288 people, giving detailed outlook of our programs and interventions. This platform is used as an interactive medium to reach our followers and peers with similar interest and providing best healthcare practices for maternal and child health in India.

Products developed: The project team also documented the trainings held at Uttarakhand (RAASTA), Ranchi (Launch of MNH Resource Center), online orientation (Safe Delivery APP), and online NBSU pilot training in Haryana and shared with the technical team.

The knowledge hub also supported the technical team in developing the training material for the NBSU, HBYC, FPC, and E-IMNCI online trainings such as design of charts, recording formats, posters, designing and formatting of training materials and editing training videos.

The team developed a short video on the project intervention on Pulse Oximetry (RAD-G) and shared it through the various social media accounts. The video has also been uploaded on the project website.

Blogs: In the year from October 2019-20, 11 blog stories on various project interventions and published the same on the IPE global website.

Monitoring & Evaluation

The Monitoring and Evaluation (M&E) team provided ongoing support to the National Technical Support Unit (NTSU) and project state teams for roll out of interventions within LaQshya and Aspirational District program areas. The specific areas in which it provided support are described below.

Development, Tracking and Maintenance of M&E frameworks and web portal. Web based portal was developed for all project interventions and data was managed for:

- Handheld doppler for generating evidence for improved FHR monitoring
- Multimodal ARI device for generating evidence of using a multi-modal device at Health & Wellness Centres
- NBSU: implementation models for care of small and sick newborns
- FPC: Family participatory Care model
- District Hospital Quality of Care Index (DQCI): using Data for improving Quality
- SNCU Quality of Care Index (SQCI): using data for improving quality

- LAQSHYA: Track accreditation status of Laqshya project states
- FPLMIS

Updating data on web portal was conducted for:

- HRP App
- Safe Delivery App
- FPLMIS
- SQCI
- HBYC

Support in development of e-tools: The team has been providing data related support for e-RAASTA Tool along with providing regular input in reviewing and supervising the development of the tool. The team, additionally, provided data related input in Sahiya Sathi App (e-HBYC) for Jharkhand.

Studies and Intervention Assessments: Five assessments were conducted during the year primarily to understand qualitative feedback on the interventions as they evolved through the year. The following is a summary of the studies:

- ***Mixed Methods Study on the Effect of Safe Delivery app (SDA) on Knowledge and Confidence among Healthcare Workers:*** The study was conducted in 28 health facilities (CHC level) across 5 districts in 2 states- Uttarakhand and Jharkhand. Baseline among 118 staff nurses/ANM, and endline with over 90% response rate was completed. A secondary objective was to study the effect of facilitation with non-facilitation and to this end, the facilities were randomized into two arms. Three facilitations were conducted in each state which during Covid lockdown switched to an online mode. Results will be soon disseminated.
- ***Qualitative Assessment on Acceptability of MMD among Healthcare Workers:*** A study was conducted among 23 healthcare workers across 15 intervention sites to study the durability and usability of the MMD. A manuscript on the findings has been submitted to a peer reviewed journal.
- ***Qualitative Assessment on Experiences and Perceptions of the RAASTA Approach among State and District Health Functionaries:*** Telephonic In-depth interviews were conducted among a purposive sample of 11 program officers and data managers across 7 Aspirational Districts in Uttarakhand and Jharkhand. Findings were written up in a manuscript and submitted to a peer reviewed journal.
- ***Qualitative Assessment on the Experience of using Handheld Doppler for FHR Monitoring during COVID-19:*** Telephonic interviews were conducted among 8 health providers in intervention sites to understand the usability of the doppler during Covid period. Program data was analyzed to assess the effect of the pandemic on FHR monitoring. A manuscript was submitted and accepted in a peer reviewed journal.
- ***Qualitative Assessment on the Utility of MMD during COVID:*** Telephonic interviews were conducted among a convenience sample of 12 health providers to understand i) the experience of service providers in ARI case management of children during covid times ii) assess the usability of the multimodal pulse oximeter and related operational challenges when there is high suspicion of COVID infection.

In addition, support in terms of tool development, methodology development and data collection was provided to the following studies:

- **Comparative Assessment of FPLMIS Operationalization with and without Development Partner Support in Two States**
- **Qualitative Assessment of HRP app among users**

Support in data visualization, report writing and manuscript preparation: The team provides ongoing support to analysis and summarization of data of various interventions, writing and review of reports and drafting manuscripts.

Manuscripts for publication

Title	Status
Experiences with use of a pulse oximeter multimodal device in outpatient management of children with Acute Respiratory Infection during Covid pandemic	Accepted in Journal of Family Health and Primary Care
Strengthening the Use of Partograph in High Caseload Public Health Facilities in India through an Integrated Quality Improvement Approach	Accepted in Indian Journal of Community Health
Experience with the use of handheld doppler for FHR monitoring during COVID-19	Accepted in Eastern Journal of Medical Sciences
Putting the local back into planning- experiences and perceptions of state and district health functionaries of 7 Aspirational Districts in India on an innovative planning capacity building approach.	Under Peer Review
Acceptability and robustness of a multi modal hand held pulse oximeter for childhood pneumonia management among service providers of primary health centers in seven Indian states: a qualitative assessment.	Under Peer Review
RAASTA: An initiative to promote capacity building in evidence based district RMNCH+A health plans development in two states in India	Under Peer Review
Integrated approach for survival and development during first 1000 day: Health System Readiness for starting initiative in three aspirational districts of Jharkhand	Under Peer Review
Intrapartum fetal heart monitoring practices in selected facilities in Aspirational Districts of Jharkhand, Odisha and Uttarakhand	Under Peer Review
Addressing Quality of Care in Pediatric Units using a Digital Tool: Implementation Experience from 19 SNCU of India	To be submitted

IV. COVID REPORT

VRIDDHI: Scaling up RMNCH+A Interventions Project supported by USAID, started responding to the health challenge promptly once WHO declared COVID-19 a pandemic on 11th March 2020. The project has been supporting several COVID-19 response activities at National Level and across 15 States in India primarily with actions directed towards Facility preparation, Infection Prevention & Control (IP&C) and Risk Mitigation. These COVID-19 response activities grouped under four heads are being regularly updated and followed-up as per the emerging needs and Government of India guidelines.

With the lockdown restrictions coming into effect due to COVID-19, technology platforms became the cornerstone for performing work activities and tasks globally. *Vridhhi* team had to adapt quickly to this new work environment for successfully delivering appropriate response to the COVID-19 health challenge and for achieving its overall project objectives.

Efficient and innovative use of technology and online platforms by *Vridhhi* teams ensured that maximum reach and desired outcomes could be achieved in spite of the lockdown restrictions. Till date *Vridhhi* project through its COVID-19 response activities has been able to establish direct contact with over 134778 health providers, program managers, frontline workers, beneficiaries and people across different geographies. These activities have not only contributed to the efforts being made for containing and ending the spread of coronavirus but also developed grounds for making Infection Prevention practices a part of routine habit at community & facility level. These activities are therefore also contributing in strengthening Health Systems Preparedness & Responsiveness to deal with infectious disease in future. *Vridhhi* COVID-19 response activities are also providing the necessary support and feedbacks required by the system for preventing disruption of essential RMNCH+A services at facility and community level.

ACTIVITIES BRIEFING:

1. ***Use of Safe Delivery Application (SDA) through smart phone for covid prevention and continued essential activities in project states - (Jharkhand, Uttarakhand, Odisha, Chhattisgarh, Haryana, Himachal Pradesh and Punjab)***

Development and incorporation of new module on COVID-19 in the SDA: *Vridhhi* team provided technical and financial support to MF to develop a new NBSU module 'Sick Newborn Stabilization'. English as well as hindi version of the module has been developed and a pilot training has been conducted in the Haryana state.

The module contains:

- Emergency Triage, Signs and Management
- Assessment of Newborn for Admission and Referral Management
- Supportive Care and Family Participatory Care
- Management of Jaundice and Sepsis
- Infection Prevention Protocols and
- Equipment Management

Introduction and Orientation on new COVID-19 module in SDA App: Keeping in view the COVID 19 crisis, project technically supported in development of COVID-19 Module in Safe Delivery App. This helped in Dissemination of available COVID-19 risk-communications and guidelines among healthcare functionaries and communities.

Service Providers working in different settings took active interest in reading information available in the COVID-19 module introduced in the Safe Delivery App and gave very positive feedback on their learning experience.

Most of the Service providers, especially working in the delivery points also took the quiz on COVID-19 module in the 'My learning platform' of SDA and successfully achieved expert status for this module.



2. *LaQshya infection prevention capacity building and certification (Labor Rooms and Maternity Operation Theatres) in 7 states*

During this crucial time of COVID-19 pandemic, *Vridhhi* project have been able to strengthen the infection prevention control practices for facility level readiness. This was possible through digital platforms or onsite mentoring as follows

1. Self-administered audits and checklists, which were developed by project staff, were shared across LaQshya facilities.
2. Capacity building of health care providers was done through ICT platforms on LaQshya training and Infection Prevention Guidelines
3. Self-learning safe delivery app (SDA) was utilized for strengthening precautionary measures for infection control and evidence based clinical processes at individual healthcare provider level.
4. *Vridhhi* teams provided technical support for Webinar Sessions on Infection Prevention and Control hosted by the State and attended by participants from all LaQshya facilities

Resuming LaQshya activities and institutionalizing 'Interim Certification' guideline

Due to rise in cases and spread of COVID 19 in the country, LaQshya implementation slowed down across the states. Continuing the efforts to bring back the focus on quality improvement and LaQshya activities *Vridhhi* team planned to resume review and mentoring support activities using ICT tools. 46 review and mentoring support sessions using ICT platform has been conducted across intervention states in the quarter.

A recent GoI guidelines on LaQshya Interim Certification through virtual tour (walkthrough) and verification of essential documents has been issued and *Vridhhi* teams has been conducting orientation of the facilities on the same. USAID *Vridhhi* state teams had facilitated the process of facility preparedness including completion of necessary documentation, gathering evidences on quality assurance mechanisms, photographic evidences and also mock virtual tour in the respective intervention states and will continue to do so.

3. *Development of Digital modules for existing GOI Programs to support preparedness and continuation of essential services provision* (Details attached as Annexure 2)

4. *Generate evidence for using hand-held Doppler device for FHR monitoring during covid pandemic* *Vridhhi* state teams conducted mentoring sessions using ICT platform for data collection and continued use of the device at the facilities. The state teams had provided guidelines and SoPs for cleaning and disinfecting the device between every use and ensure compliance to the same.

A qualitative study with in-depth interview to assess the utility of Hand-held Doppler during COVID was conducted using ICT platforms and the final report has been submitted to journal for publication.

5. *Generate evidence of using a Multi Modal Device (MMD) for pneumonia management during covid pandemic*

Daily tracking of ARI cases in HWCs and reinforcing infection prevention practices: Since 23rd March, project teams have been involved in tracking and reporting daily ARI screening in their respective states for improved Pneumonia diagnosis and management as well as raise the alarm for COVID 19 infection. (Details data attached as Annexure 3)

A qualitative study has been conducted among service providers of selected HWC using ICT platform keeping in mind the engagement of health care workers in COVID related activities. A final report has been accepted by Indian Journal of Family Medicine and Primary Care for publication.

6. National technical support to the Ministry of Health & Family Welfare (MoHFW) and other subsidiaries

Vridhhi supports MoHFW through dedicated program management units for national programs LaQshya and Aspirational Districts. These units were also integral part of the committee involved in the development of guidelines for COVID-19 and were supported by the National Technical Team for various inputs.

Technical Inputs were provided in developing the following guidelines related to COVID-19,

- Guidance on essential services continuation during pregnancy and childbirth during COVID-19 pandemic
- COVID-19 pregnancy care guideline
- FOGSI document of "good clinical practice recommendation on pregnancy with COVID-19 infection"
- Operational guidelines on COVID-19 Infection during pregnancy.
- Supplementary module for Chief Medical Officer (CMO) care during pregnancy and child-birth module
- COVID hospital assessment checklist
- RMNCHA guidelines for COVID-19 being drafted under JS RCH

7. Technical Support to the state governments and aspirational districts in accelerating emergency preparedness response against COVID19

The State Teams were involved in disseminating these guidelines up to the front line workers and functionaries through Webinar Sessions, Video Conferencing & ICT Platforms. Support also included developing presentations, videos, adaptations and translations of guidelines for achieving better understanding at the field level. These presentations and local adaptations were used by the state to disseminate information related to COVID-19.

Webinars conducted for establishing COVID facility management.

- Guidance on type of COVID hospitals
- Ensuring Delivery of essential services including RMNCH+A services during COVID-19
- BMW guidelines
- Rational Use of PPE
- Utilization of New COVID 19 Module in Safe Delivery App

Supported dissemination of several National Guidelines related to COVID-19 including,

- Guidance document on appropriate management of suspect/confirmed cases of COVID-19 – Types of COVID-19 Dedicated Facilities
- Guidelines for Quarantine facilities for COVID-19
- Guidelines to be followed on detection of suspect/confirmed COVID-19 case in a non COVID Health Facility
- Guidance for Management of Pregnant Women in COVID-19 Pandemic

- Guidelines for Handling, Treatment and Disposal of Waste Generated during Treatment/Diagnosis/Quarantine of COVID-19 Patients
- National Guidelines for Infection Prevention and Control in Health Care Facilities
- Enabling Delivery of Essential Health Services during the COVID 19 Outbreak
- Guidelines on rational use of Personal Protective Equipment (Setting approach for Health functionaries working in non-COVID areas)
- Response and Containment Measures – Training toolkit for ANM, ASHA, AWW

Translation of Guidelines in Hindi and Local Languages

- Chhattisgarh team has translated the “Advisory on ensuring essential health services issued by MoHFW, GoI” in Hindi
- Jharkhand team has translated “Routine Immunization During COVID19” guideline

8. Promoting small and sick newborn care in 6 project states

Development of Covid module & facilitating capacity building of the providers on COVID19 module in FPC sessions

The newly developed FPC sessions 1A “Care of Newborn during COVID Pandemic” and 4A “Preparing for discharge and care for newborn at home” was launched at NBSUs and SNCUs across intervention states. *Vridhhi* team developed handouts for both the sessions which provides instructions for staff nurses on how to conduct the session. *Vridhhi* team had conducted capacity building sessions for service provides and implemented the module in the FPC sessions.

Facilitated resuming KMC & NBCC activities following infection prevention guidelines

Web based review meeting for FBNC (Facility Based Newborn Care) specifically at Newborn Care Corners (NBCCs), Newborn Stabilization Units (NBSUs) & Sick Newborn Care Units (SNCUs) were conducted to identify and address the gaps. And reorientation of providers on KMC skills have been conducted using digital platforms during covid pandemic

E-NBSU Material development and Pilot testing its use

A new module for ‘Facility based management of Small and Sick Newborn’ in partnership with ‘Maternity Foundation’ has been developed and will be piloted in Haryana. (Detailed Training Report attached as Annexure 4)

9. Use of HRP App Sewa for community awareness generation for covid prevention in Himachal Pradesh

HRP App to reach the high-risk pregnant woman with COVID 19 related information, precaution and infection prevention practices: In view of the COVID 19 pandemic and consequent constraints in travel the platforms for provision of ANC including PMSMA and VHSND were constrained. High risk pregnant women were also approached through text messages to take preventive measures against this disease. Downloading of Arogya Setu app was advocated through sharing a link via this app to health workers and High-risk pregnant mothers and also ensuring Birth preparedness plan.

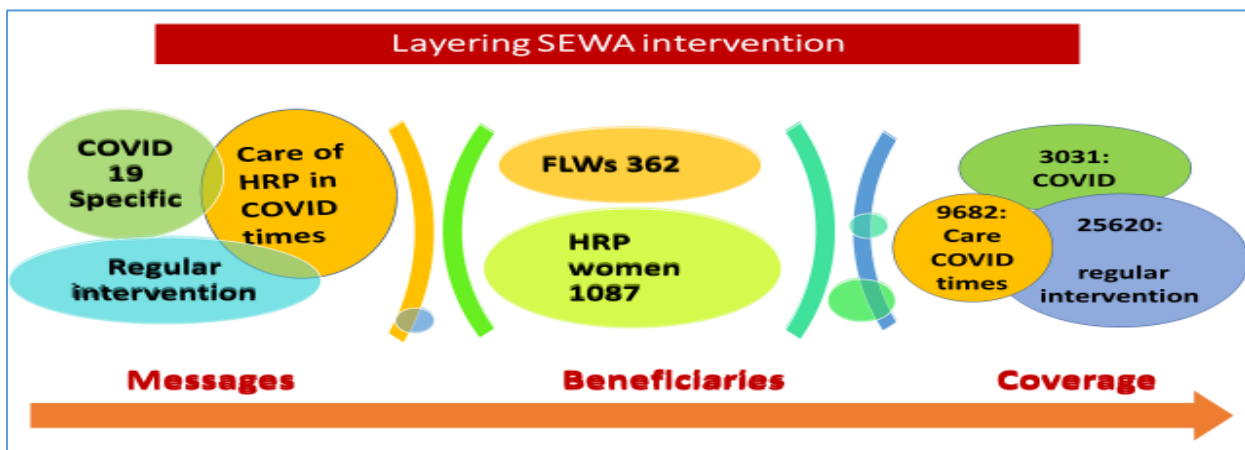


Table 14: Details of various messages shared is provided below

Target Audience	Target Reached	Msg. About
Pregnant women	972	Preventive measures to be taken by PW during COVID
Health worker	362	Counselling of PW to be done during home visits by health worker
Pregnant women	973	Advocacy to download Arogya-Setu App
Health worker	362	Advocacy to download Arogya-Setu App
Health worker	362	Ensuring birth preparedness with facility identification during COVID times
Health worker	362	link to download, HP guide line for CHO, HW and ASHAs for PW during COVID 19
Health worker	362	Ensuring birth preparedness with facility identification, updating outcomes of HRP during COVID times

10. Use of HBYC platform for community awareness generation in 3 ADs in Jharkhand

Sahiyas have been engaged in house to house surveillance of COVID -19 suspected cases and daily visit for home quarantine cases. Suspected cases are reported to the block officials. In addition, Sahiyas are now engaged in visiting home quarantine cases on daily basis for screening of symptoms and compliance. *Vridhhi* project team used this platform for providing information to family members on prevention of infection through simple messages in local language during such visits.

Till date more than 32545 quarantine cases have been visited by HBYC trained ASHA in USAID Vridhhi supported districts Lohardaga, Simdega & West Singhbhum.

11. Analysis of HMIS data for promotion of essential health services in states

HMIS data analysis for identified Maternal and Child Health indicators for 25 Aspirational Districts has been conducted and shared with respective state governments for identifying the gaps and concurrent advocacy and technical support were provided to address the gaps and reinforce the RMNCH service impacted by COVID. (Detailed analysis attached as Annexure 5)

12. Meetings with GOI and other technical advisory groups

Project team participated in multiple meetings with GOI and other technical partners. Few important meetings were.

- Share progress and experiences of working during Covid for Newborn and Child health Activities with Child Health Division of GOI
- Share progress and experiences of working during Covid for maternal health Activities with maternal Health Division of GOI
- QED India meeting
- Harmonization of child health packages
- Newborn week technical support

V. STATE ACHIEVEMENTS

ANNUAL ACTIVITY HIGHLIGHTS: JHARKHAND

Jharkhand State Maternal, Newborn and Child Health Resource Center:

The MNH resource center has been established at RIMS, Ranchi in the month of February 2020 and the first field mentoring was carried out in the month of March 2020. Subsequently with the COVID pandemic, online mentoring were conducted for the SNCUs and the labor rooms of the mentee facilities. One of the achievement for the project has been the approval by Gol of the MNH resource center to be taken up by the NHM of Jharkhand in the year 2020-21.



Figure 6: Inauguration of MNH Resource Center, RIMS, Jharkhand

Development of comprehensive District Health Action Plans and helping the states in inclusion of select activities in the PIP: State level workshop for preparation of Evidence based district health action plans for 5 Aspirational Districts using the RMNCH+A Action Agenda using Strategic Approach (RAASTA) tool which adopts the program review approach was conducted on the 14, 15, 16 October 2019. The action plans the rest of the 14 aspirational districts were also prepared and shared with the state, the recommendations of which were put in the PIP 20-21.

Technology (multimodal Pulse oximetry) at Health & Wellness Centers: Enhancing efficiency of pneumonia diagnosis: The facilities of HWC Silam in Gumla, HWC Kokodoro in Ranchi, HWC Partan in Hazaribagh, HWC Kura in Bokaro and HWC Rengalbera in West Singhbhum are using the multimodal pulse oximeter. Multimodal pulse oximeter has been approved in the state PIP 20-21 to be used in the HWCs in Jharkhand. **Total till date (Jul 2019 to Sep 2020) number of screened are 1818 cases managed using RAD-G device and 469 (25.8%) cases found Pneumonia positive.**

Home Based Care for the Young Child (HBYC): HBYC home visits and supportive supervision are being carried out in the three focus districts of W. Singhbhum, Simdega and Lohardaga. The project team has initiated 2 different activities in support of E HBYC. One is the development of a web based capacity building tool on HBYC and the other is the app based real time data monitoring of HBYC. State level introductory meeting for both the activities were conducted.

Safe Delivery App: Using technology for capacity building of service providers: Online state level training on SDA was conducted in this year and the study on SDA “Evaluate the effectiveness and acceptability of the SDA using various implementation models” which is being conducted jointly by the USAID VRIDDHI and Maternity Foundation is being conducted the end line data collection through online. Till date, 74 health workers passed as champions in the state.

Optimizing services at NBSUs: Implementation Models: The 5 NBSUs identified as implementation models are sharing their reports regularly with the state after completion of the 3 day NBSU training. 4 New NBSUs were also taken up for the 3 day NBSU training in the first quarter of the year and subsequently they are performing as per expectations.

District Hospital Quality of Care dashboard: For improving quality of care: The DQCI has been institutionalized in the state in the last quarter of the current year which has been a major achievement. A letter in this regard was shared by the state with the districts and the process

for conducting the DQCI was outlined. The districts are in the process of preparing their DQCI for the 3rd and 4th quarter of the year.

SNCU Quality of Care Index: Using data for action: SQCI has also been institutionalized by the state which has been a major achievement.

LaQshya Accreditation: State level certification was completed in 3 units and national level certification was facilitated in 6 units. With these the total achievements were 16 units state certified and 8 units nationally certified, before the COVID 19 pandemic. With the onset of pandemic LaQshya activities took a back seat and concurrent advocacy has resulted in re-intensifying LaQshya reviews, mentoring and certification through ICT platform and online support for preparing the facilities for state certification. State level online training on LaQshya was carried out in 7 batches for all LaQshya facilities. Through intensified efforts, 5 facilities are ready for certification which will be carried out from the month of October 2020.

Hand held Doppler (MOYO): Improving Fetal Heart Rate (FHR) monitoring for better decision making: Use of MOYO with data collection continued this year in all the 3 facilities with supportive supervision with special focus on infection prevention and control during the COVID pandemic. Out of the 2904 sampled cases have been 339 cases (11.6%) have reported abnormal FHR. 64 % abnormal FHR cases have undergone emergency C-section.

ANNUAL ACTIVITY HIGHLIGHTS: UTTARAKHAND

Family Participatory Care was successfully institutionalized in the SNCUs across the state. The practice of measuring duration of KMC was also initiated and standardized in SNCUs in the Aspiration Districts. Facilitated the Scale up of LaQshya Initiative from five to all 13 districts in the State. This included support for meeting, orientations and reviews at State & District level.

There are a total of 60 **LaQshya** Units (35 LR & 25 OTs) out of which 16 (26%) have received State Certification & 7 (12%) have received National Certification. Out of 60 LaQshya units, 15 units are in the two project supported Aspirational Districts. Out of these 15 units, 11 units (73%) have received State Certification & 5 (33%) have received National Certification.

Strengthening Fetal Heart Rate monitoring intervention by introduction of a standard fetal doppler was scaled to additional facilities beyond the two intervention sites. The budget for scale was provided by NHM.

SQCI data dashboard are being regularly generated and analyzed for developing improvement actions. The SQCI tool was also successfully handed over to the State in Q4

DQCI data dashboard were being developed for District Hospital in Aspiration Districts for guiding the improvement actions. The DQCI tool was handed over to the State in Q4 and was scaled to include all the 13 districts. A DQCI Gap Scorecard was also developed as part of the Scale Up process to help track progress achieved over time and for extending the need based support.

NBSU Strengthening Model was adopted by the State. Two regional training for Health Providers on the NBSU Strengthening Package was also budgeted and approved by NHM.

Continued support and handholding for the use of **Safe Delivery App (SDA)** was done across the State with priority focus in Aspiration Districts. SDA was extensively used during Covid period to conduct online training sessions on Infection Prevention & Covid-19 for the health providers posted in the Delivery Points & Health & Wellness Centers.

3 day **RAASTA workshop** to develop evidence based and action oriented Work plan for RMNCH+A was successfully conducted in December 2019. It helped to align the ground activities with the RMNCH+A Strategy Goals and Objectives and their adequate inclusion in the State NHM Program Implementation Plan (PIP).

Use of **multi modal RAD-G Device** for early detection and management of Pneumonia across four Health & Wellness Centers (HWCs) in the Aspirational Districts was successfully demonstrated. The State also budgeted the training of health providers on the shortened 3 day IMNCI package for management of Pneumonia & Diarrhea in Aspiration Districts.

Regular **Supportive Supervision visits** were being conducted at District, Facility and Community Level based on the GOI ADP Checklist and data entered in the online portal. However due to Covid outbreak the field visits were reduced and put on hold.

ANNUAL ACTIVITY HIGHLIGHTS: PUNJAB

NBSU strengthening: After State level Training of Trainers on NBSUs (September 10-12, 2019) project started to support NBSUs in operationalization with the help of mentoring visits. All 3 NBSUs have been functional but due to COVID-19 impact functionality of 2/3 NBSUs severely affected which resulted in decreased number of admissions in these 2 NBSUs (CHC Guruhar Sahai and CHC Kot Isse khan) of aspirational district Ferozepur.

LAQSHYA: *Vridhhi* has been providing technical support for; planning of state level LaQshya orientation, constitution of State Mentoring Group (SMG), identification of LaQshya facilities, assessment (baseline/peer/external) of facilities, prioritization of LaQshya facilities for certification, data management, developed dashboard for LaQshya, and providing need based support at state and district level. Till now total of 8 LRs and 1 OT are state certified and 5 LRs as National certified. And specifically in this year 3 LRs have received state certification including one of the Aspirational District (Moga) and out of these 1 LR has received national certification.



Figure 7: International delegates from Denmark felicitated safe delivery champions at GMC Patiala

Safe Delivery APP: Maternity foundation delegates from Denmark visited Punjab to understand the implementation of Safe Delivery App in Punjab. Delegates felicitated Safe Birth Champions at Mata kaushalaya Hospital, Patiala in January, 2020. Later delegates also met with MD NHM and Director Health services of Punjab.

Till now there are 1981 users, 1099 learners, 303 champions and 647 COVID experts reported in Punjab. *Vridhhi* team has been successful in engaging labour room and other staff to use Safe Delivery App (SDA). *Vridhhi* team also conducted data analysis to identify district wise utilization of SDA. State Health department issued letters based on this data analysis to increase the utilization of Safe Delivery App in the districts.

SQCI & DQCI: *Vridhhi* project has developed the quarterly dashboards for 4 quarters ending June'20. For July to September 2020 the dashboards have to be prepared by the state identified and trained nodals. In this aspect training, orientation and handholding support has been provided to the state identified nodals. *Vridhhi* Project also facilitated online session at state level in which SQCI and DHQC

was discussed with pediatricians, District immunization officers and Data Entry Operators (DEOs) of all SNCUs of Punjab.

ANNUAL ACTIVITY HIGHLIGHTS: HIMACHAL PRADESH

LaQshya: *Vridhhi* project in state is working as technical support unit for LaQshya. Project has technically supported and 14 units have received State Certification (8 LR 7 OT). 5 units have received National LaQshya certification (3 LR 2 OT). Besides, the state unit also supported state in following key activities under LaQshya. **Developing -Guideline for MH and Obstetric care** in HP during COVID 19 outbreak. Webinar for dissemination of MH protocol and infection prevention amid COVID-19 Pandemic. **Kayakalp external assessment** and LaQshya mentoring: state team participated as state external assessor for kayakalp. Kayakalp assessment was done in seven facilities of two districts Kangra and Aspirational District Chamba.

Family Participatory Care: Project technically supported FPC ToT in state on 30th April 2019. FPC is implemented in 13 SNCU of HP with monthly reports being received from AD. In SNCU of AD, during this year 82.3% sessions of total planned were held (671/816).

Using Multimodal Pulse Oximeter for Pneumonia Management: The state team handheld CHOs at both HWCs implementing pilot on use of multimodal device for improved management of pneumonia. Till Sep-20, 208 cases were screened for pneumonia and 17 were screened positive for pneumonia, action was taken accordingly.

Safe Delivery App: Project is facilitating the fast-tracking of use of the app under LaQshya programme. Total 348 (116 doctors, 225 staff nurses' and 5 other are oriented on SDA by the project. Till September 2020 there are 362 users of the App with 39 experts and 32 had obtained the SDA certificate after attaining Champions status.

COVID module in SDA was introduced in the state. Staff nurses in Aspirational district Chamba were oriented on the COVID module. There are 36 experts in COVID module in the state.

SQCI: SQCI dashboard was implemented in aspirational district Chamba (aspirational district) . SQCI dashboard was generated for 4 quarters of 2019-20 and shared with district and state health authorities. SQCI tool has been transitioned to the state and nodal from state CH division was trained on SQCI preparation and April 2020 onwards SQCI is being prepared by state CH cell.

The SQCI is well implemented and during Child health review meeting through VC chaired by Special secretary/MD-NHM: decision for inclusion of SQCI for reviews of SNCUs was mandated. The main issues discussed were rational admission index of SNCU Hamirpur and SNCU Khaneri, rational use of antibiotics, low birth weight admission and mortality in good weight babies in SNCU Chamba. Low birth weight admission index and optimal bed utilization index was also discussed.

District Hospital Quality of Care dashboard: For improving quality of care The DQCI has been implemented in AD Chamba. DQCI dashboard was generated for 4 quarters of 2019-20 and shared with district and state health authorities. From April 2020, the process of transitioning the activity to state was started. **Training of facility officials on DQCI in AD Chamba for transitioning of DQCI involved** Orientation of Medical superintendent and handholding of nominated persons (Nutritional counselor and SNCU DEO) by the *Vridhhi* staff at RH Chamba Both nominated persons were made understand about the importance of this dashboard and about their roles and responsibilities for institutionalization of this dashboard. Both were oriented about the processes (Observational data,

HMIS data and SNCU data to be entered/pasted into the tool to prepare the dashboard and how to generate reports for both quarters as well as the comparison of quarterly dashboards.

Piloting of High Risk Pregnancy App: Project supported the state of Himachal Pradesh to assess the processes for identification and follow up of HRPs to facilitate safe delivery of the high-risk cases. The intervention is an IT solution that links ANC outreach services with health care facilities and outreach workers with more experienced clinical staff in facilities.

The project assisted the state in developing an android application, taking advantage of the fact that all health workers in the state have received an 'Anmol' Tablet from the government. The application was launched, field tested and rolled out in the state in September 2019 in two blocks (Pukhri and Samote) of Chamba, which is the only AD in the state.

In the 12 months of implementation in Block Pukhri & Samote, the project has provided field support and handheld FLWs on use of the App for follow up HRPs and generation of reports for Review meetings. During the year project team has conducted mentoring visits, block meetings, technically supported the review through discussing their HRP app progress in the intervention blocks.

During COVID period the platform was used for

- Sending COVID-19 precautionary measures to all pregnant women registered in HRP App
- Sending COVID-19 precautionary measures and counselling points to health workers and ASHAs
- Helping health workers to extract line list of pregnant women at risk for counselling

During COVID, **Technical support in development of contact tracing format for suspected cases of COVID 19 in AD Chamba:** Project technically supported in development of the standardized format for taking the required information of suspects history of travel, about place of food, about symptoms, from where he buy groceries, family contacts etc.

ANNUAL ACTIVITY HIGHLIGHTS: HARYANA



Figure 8: Newborn Care at NBSU, Jhirka, Haryana

Family Participatory Care (FPC): Haryana successfully became the first state in the country to implement FPC in NBSUs. Staff of 3 NBSUs (12 SNs and 4 Mos) from Aspirational district Mewat was trained on FPC. All 3 NBSUs have been implementing FPC and have been submitting monthly reports.

Haryana *Vridhhi* team supported the development of 2 new COVID specific modules for "Care of Newborn during COVID Pandemic" in June 2020. Staff of SNCU Mandikhera and 3 NBSUs in Mewat was provided facility based orientation on these modules. FPC Review meeting was held with all SNCUs on 8th September 2020. Orientation of SNCU staff

across all districts on new COVID related sessions 1A and 4A done on 8th September 2020.

NBSU Strengthening: The state ToT was organized from October 9 – 11, 2019 for staff nurses and Medical Officers from 5 NBSUs – 3 from Mewat, 1 from Yamunanagar and 1 from Ambala. Post

training, all 3 NBSUs have been submitting the monthly report. The NBSUs in Mewat have shown increase in the number of admissions in comparison to last year. There have been a total of 440 admissions in the 3 NBSUs since October 15, 2019 to 30 September 2020.

Based on the experience in Mewat, state NHM decided to strengthen 66 NBSUs across all districts with technical support from *Vridhhi* Project. Gap assessment tool was shared with all districts and soft copies of protocol posters and case sheets/register were shared. The districts have been instructed to use the NHM NBSU funds for filling gaps.

For capacity building of NBSU staff, *Vridhhi* project developed the blended E-NBSU training with 5 online sessions, integrating Care of Sick Newborn module of Safe Delivery app and self-learning using Participant Manual for NBSU training. The first batch of training was held from 28th September 2020 – 2nd October 2020 for 5 NBSUs. The participants included 20 SNs, 3 MOs and 5 pediatricians who would be acting as trainers for subsequent trainings.

Launch of RAD- G device for pneumonia management in four states (Haryana, Himachal Pradesh, Punjab and Uttarakhand): During the quarter, training was held in Chandigarh from June 12 to 14, 2019 for service providers from 10 Health and Wellness Centers from four states. 15 participants including Medical Officers, Child Health Officers, and ANMs attended the training orientation focused on use of Rad-D device for pneumonia management and implementation modalities including monitoring.

Using Multimodal Pulse Oximeter for Pneumonia Management: From June 2019 to September 2020, 870 children were screened in the pilot use of pulse oximeter in 2 HWCs of district Mewat. Pneumonia was detected in 30% of children presenting with cough. A total of 6 cases of severe pneumonia was detected in the same period. Correct diagnosis was done in 99% of cases and 99% were treated appropriately.

Haryana state approved scaling up of the multimodal pulse oximeter in 56 HWCs of Mewat. During the last quarter, the state has released funds of Rs 19,60,000 from Haryana State IMR Grant to Mewat for this activity.

Safe Delivery App: *Vridhhi* Project is partnering with Maternity Foundation in implementation of Safe Delivery App (SDA) in Haryana. Districts has started to generate Safe Delivery App championship certificates and there are 171 Safe Delivery App champions in Sept 2020.

COVID module in SDA was introduced in the state. Staff nurses from 21 delivery points in Aspirational district Mewat were oriented on the COVID module. There are 176 experts in COVID module in Haryana.

Antenatal Corticosteroids Study: The core group meeting was organized by PGIMER, group disseminated findings of study and final recommendations were discussed. The core group including *Vridhhi* Haryana Team contributed in drafting of guidelines of ANCS. Revised guidelines has been submitted to MoHFW by PGIMER Chandigarh.

Aspirational District: *Vridhhi* project is supporting following activities in aspirational districts: LaQshya, FPC, NBSU Strengthening, using Pulse Oximeter for Pneumonia Management, SQCI and DQCI

dashboard. For Mewat (aspirational district) SQCI and DQCI were generated for 4 quarters of 2019-20 and shared with district and state health authorities.

Vridhhi Project facilitated the National NQAS certification for 3 PHCs in Mewat. In addition technical support was provided for starting of new delivery points in 2 PHCs – Bichor and Marora catering to a population of 150,000.

During COVID, *Vridhhi* team supported the district in improving its readiness for catering to COVID patients. Technical support was provided to establish the Isolation ward in DH Mandikhera, separate testing facilities in DH Mandikhera and isolation LDR room in DH and 3 CHCs. In addition, Infection prevention training was done for staff nurses of all 21 delivery points. COVID FPC modules were introduced in SNU and 3 NBSUs.

ANNUAL ACTIVITY HIGHLIGHTS: CHHATTISGARH

LaQshya program: With technical support from *Vridhhi* state has achieved State certification of 15 labor rooms and 15 Maternity OTs with 3 labor rooms and 4 OTs between Oct 2019- Sep20. Additional LaQshya national certification of 3 labor rooms and 3 maternity OTs were achieved in the same period in the facilities supported by *Vridhhi*.

During Covid 19, provision of national interim certification through virtual tour was introduced by the GOI. Towards this *Vridhhi* facilitated orientation of 5 prioritized facilities on the concept and process of interim certification.

New IECs to strengthen MNH care through LaQshya program have been developed including Nurse Duty Station booklet, PPH wall chart and leaflet on Post-Natal Essentials. Hindi translation of the IEC is also completed and would be disseminated to the districts in the current year.

Family Participatory Care (FPC): FPC has been operational in the state across all 23 SNCUs as compared to 18 SNCUs during 2018-19. Between Oct 2019- Sep 20, 20013 FPC sessions were held which were participated by 16855 parents/ care givers. Recording of KMC duration was initiated across all SNCUs from June 2020 and till Sep 20, in these four months 835 newborns constituting 48% of newborns less than 2000 grams received average KMC for more than 8 hours per day during their stay in SNCU.

Using data for action through SNCU Quality of Care Index (SQCI): SQCI is being generated and shared with state and districts quarterly. SQCI is also discussed regularly in SNCU review meetings and actions initiated at state and district level based on SNCU progress across 7 indices.

For sustenance of the quality improvement through use of data for action, SQCI orientation of the state and districts is completed and SQCI handed over to the state in September 2020. SQCI for second quarter 2020-21 is being generated through bottom up approach i.e. SQCI is generated from SNCU level and shared along with action plan to state level.

Leveraging Safe Delivery App (SDA) for capacity building of service providers: *Vridhhi* facilitated progress of SDA to approximately 11000 users and more than 1000 champions in 2019-20, as compared to around 500 users during 2018-19. There are also around 777 experts on Covid module. SDA has also been introduced across all 23 SNCUs in August 20 and till Sep 2020 SDA orientation of 133 SNCU staff have been completed.

Support during COVID-19: *Vridhhi* have been included member of the state's 'Command and Control Centre', since March 2020 and supported in

- **Training Planning, Coordination & Facilitation:** 33 batches of webinars on Covid clinical management, infection prevention, BMW management, Quarantine Protocols, Management of Pregnancy during Covid, SDA for various cadres were conducted in which more than 6000 health personnel were oriented.
- **Ensuring quality of trainings** through post -tests using online Kahoot platform.
- **Weekly tracking of 18 key monitoring indicators** through Google sheet to track key indicators across 27 districts & analysis and data visualization for review by Principal Health Secretary and MD NHM
- **Direct Contacting through ICT platform** for generating awareness on specific infection control practices, sharing Covid specific guidelines and Aarogya Setu App downloads.

ANNUAL ACTIVITY HIGHLIGHTS: ODISHA

LaQshya Certification of Facilities: The *Vridhhi* Odisha team has been the key technical team for all LaQshya activities in the State and as the LaQshya Technical Support Unit (TSU), is the lead development partner on LaQshya program. During the period October 2019 to September 2019, the *Vridhhi* team in coordination with the state MH division, quality cell and NHM team have been successfully mentored 3 facilities, which have achieved state and national LaQshya Certification. Till September 2020, total 9 Labour rooms and 9 maternity operation theaters have received national LaQshya certification in Odisha. The *Vridhhi* team is continuously providing support to LaQshya facilities across the state with a focus on the aspirational districts for gap closure and LaQshya certification. Although 3 more facilities are ready for state certification, but due to COVID-19, the assessment is on hold therefore the facilities have not been certified.

***Vridhhi* activities scaled up through PIP approval:** The *Vridhhi* team implemented two pilot interventions in Kandhamal district; improved fetal heart rate (FHR) monitoring using Moyo dopplers and use of multi modal pulse oximeter for identification of under 5 pneumonia cases at outreach facility. The *Vridhhi* team advocated with the state team and the scale of up of both the pilots were proposed in the state PIP 2020-21. Scale up for improved FHR monitoring using standard fetal doppler was proposed for 10 LaQshya facilities in 5 aspirational district, which has been approved in state NHM annual PIP. Similarly, use of pulse oximeter was proposed for all the 1008 HWCs in the state, which have been approved. The state is in the process of procuring the devices.

Capacity building of service providers using information communication technology (ICT) platform: During COVID-19 lock down period travelling and onsite



Figure 10: Participants from FRU CHC, Ghatgaon,

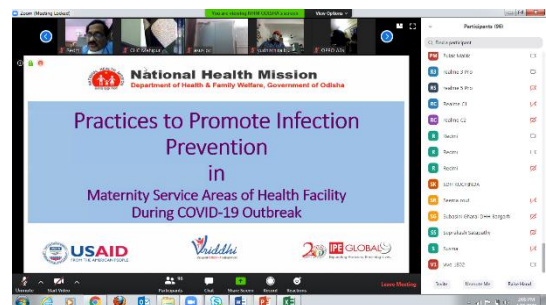


Figure 9: Title slide of the Webinar

trainings are restricted, hence State *Vridhhi* team

planned to conduct online orientation sessions for service providers on various relevant topics to continue the capacity building initiatives. As infection prevention and especially COVID-19 prevention in health facility is a prioritized area of action, the *Vridhhi* team in coordination with NHM Odisha organized one State level webinar to orient clinical staff working in various LaQshya facilities on infection control practices in maternity service delivery areas. State *Vridhhi* team provided all technical support required for this State level orientation session. Around 200 participants from 72 health facilities including programme managers, hospital managers, O&G specialists and staff nurses working in LR and OT participated in this State level orientation.

Similarly, the *Vridhhi* team organized 26 online orientation sessions where 296 services providers from 87 facilities were oriented on infection prevention practices, use of safe delivery applications and respectful maternity care. The orientation of safe delivery app (SDA) has been institutionalized by the state for all the DAKSH training and has become an integral part of the DAKSH trainings in SKILL Lab, Capital Hospital, Bhubaneswar.

Expert group meeting for finalization for the second phase action plan of SAMMPurNA 2020-2025: *Vridhhi* team has been identified as the lead technical partner for formulating the SAMMPurNA second phase (2020-2025) strategy – a state specific programme of Odisha Government for accelerated action to improve maternal and child health. Human resource strengthening, capacity building for skilled health providers, leveraging technology, supportive supervision and health innovations were identified as the five core components for the proposed state strategy by the *Vridhhi* Project Director. Setting a well-defined accountability framework was also emphasized. *Vridhhi* team prioritized key interventions namely quality of ANC at community level, VHND services, High risk pregnancy tracking, quality of services at the health facility, availability of essential drugs and consumables, adequate supportive supervision and monitoring and quality of data reporting for MCH services tracking for inclusion in SAMMPurNA 2020-2025 strategy paper.

Technical Support during COVID -19: *Vridhhi* team is conducting periodic data analysis of HMIS data pertaining to key RMNCHA indicators and accordingly regular official communications are sent to state NHM on impact on COVID-19 on RMNCHA service delivery in the State. Service providers from different health facilities are oriented on COVID-19 prevention and other infection control practices using ICT tools. Also, various government guidelines related to COVID-19 are widely disseminated among service providers by *Vridhhi* team.

VI. MAJOR PLAN (FOR THE NEXT YEAR)

The work plan for year six (October 2020- May 2021) has been submitted to USAID and has been approved for implementation, the detailed activity plan has been attached as Annexure 1 of the document.

VII. PROJECT MANAGEMENT UPDATES

RECRUITMENT OF KEY STAFF

Sr. No.	Vacancies developed during Oct'19 – Sep'20	Recruitments Done
1	<ul style="list-style-type: none"> • Project Coordinator_MNHRC • Nurse Mentor_MNHRC • Documentation & Communication officer • National Consultant-FPLMIS • District Technical Coordinator, Chamba • State Consultant-FPLMIS, Chhattisgarh • District Technical Consultant • Senior Advisor - Maternal and Newborn Health (MNH) • State Program Manager • State Technical Manager • State M&E Manager • District Program Office • District Program Officer • District Program Officer • District Program Officer • District Program Officer • Skill Lab Nurse • Skill Lab Nurse • Senior Admin and Accounts Officer • Admin Officer 	<ul style="list-style-type: none"> • Project Coordinator_MNHRC: Mr. Satyam Kachhap has joined at Ranchi on October 04, 2019 • Nurse Mentor: Ms. Sakshee Kumar has joined at Ranchi on November 11, 2019 • Documentation & Communication officer: Ms. Ankita Sinha has joined at New Delhi on February 17, 2020 • National Consultant – FPLMIS - Mr. Nadeem Khan Joined on 10th Aug 2020 • District Technical Coordinator, Chamba - Mr. Shirish Deore Joined on 18th Aug 2020 • State Consultant – FPLMIS, Chhattisgarh - Mr. Anand Kumar Pandey Joined on 14th Sept 2020 • District Technical Consultant – Dr. Gaurav Thukral Joined on 01st Sept 2020, Udham Singh Nagar, Uttarakhand • Senior Advisor - Maternal and Newborn Health (MNH) Dr Meeta Mahar Joined on 1st Sept 2020 • State Program Manager -Mr Diganta Sharma Joined on 14th Sept 2020 at Guwahati, Assam • State Technical Manager -Mr Pranjal Protim Das Joined on 14th Sept 2020 at Guwahati, Assam • State M&E Manager - Dr. Poulami Sanyal Joined on 14th Sept 2020 at Dibrugarh, Assam • District Program Officer – Ms. Lipike Neog Joined on 14th Sept 2020 at Dibrugarh, Assam • District Program Officer -Mr Jayanta Hazarika Joined on 14th Sept 2020 at Tinsukia, Assam • District Program Officer - Ms. Krishna Gogoi Joined on 14th Sept 2020 at Sivsagar (Assam) • District Program Officer -Ms. Daruthi Boruah Joined on 14th Sept 2020 at Jorhat (Assam) • District Program Officer -Ms.Sonalee Rajput Joined on 14th Sept 2020 at Golaghat (Assam) • Skill Lab Nurse -Ms. Karishma Bora Joined on 14th Sept 2020 at Dibrugarh, Assam • Skill Lab Nurse -Ms. Malashika Dutta Joined on 14th Sept 2020 at Dibrugarh, Assam • Sr. Admin and Accounts Officer -Mr Rinku Moni Mahanta Joined on 14th Sept 2020 at Guwahati, Assam • Admin Officer -Mr Ramesh Sonar Joined on 14th Sept 2020 at Dibrugarh, Assam

VIII. TECHNICAL PROGRESS

Performance Reporting Table

S. No	Indicator	Baseline	Target (yearly)	Cumulative Achievements including (Q1+Q2+Q3+Q4) (*HMIS data till June'20 only)	Data Source/ Remarks
Output 1: Enhance capacity of state and districts to provide quality RMNCH+A services					
1	Number of institutional deliveries in USG- assisted programs	2,895,317	11,726,759	8665923	HMIS
2	Number of newborns who were given birth dose of Hep B vaccine in USG assisted programs	2,687,955	10,886,891	7962493	HMIS
3	Number of newborns who were given Vitamin K1 in USG assisted programs (Country Level) ²	2,016,412	8,166,974	6811635	HMIS
4	Number of states across the country that start reporting on the LaQshya Portal	NA	21	7	Reported Annually
5	Number of LaQshya units (LRs and MOTs) in project states achieve state certification	15	40	15	Reported Annually
6	Number of pregnant women who were registered for ANC within the first trimester (within 12 weeks) (in 117 Aspirational district in the country) ²	856,964	3,470,919	2411813	HMIS
7	Number of pregnant women having severe anemia (Hb<7) treated (in 117 Aspirational district in the country) ²	21,903	88,713	66357	HMIS
8	Number of children who received DPT3/ Pentavalent by 12 months of age in USG-assisted programs	951,884	3,855,369	2,235,823	HMIS

S. No	Indicator	Baseline	Target (yearly)	Cumulative Achievements including (Q1+Q2+Q3+Q4) (*HMIS data till June'20 only)	Data Source/ Remarks
	(in 117 Aspirational district in the country) ²				
9	Number of ADs with District Health Action Plans	NA	21	21	Reported Annually
10	Number of health service providers that successfully complete an in-service training program within the reporting period with USG support	1700	500	16107	
11	Number of laws, policies, regulations or guidelines, developed / implemented/ adapted with USG support	NA	NA	14	Reported Annually
12	Number of people benefited / reached in project states either through services (screening, counselling, referral and providing services) or communication activities ²	393,122	1,592,243	1281162	HMIS
	Women delivered ²	198,208	802,792	646925	
	Live births ²	194,915	789,455	634237	
13	Number of frontline workers linked with the FP-LMIS system in project supported states	11,325	70,110	35372	Annual Quarterly
14	Number of Oral Contraceptive Pills (OCP) distributed in project states ²	2,072,583	6,523,504	6160584	HMIS
15	Number of condoms distributed in project states ²	9,744,065	29,577,510	28146223	HMIS
16	Number of Emergency Contraceptive Pills (ECP) distributed in project states ²	56,719	156,615	250566	HMIS

S. No	Indicator	Baseline	Target (yearly)	Cumulative Achievements including (Q1+Q2+Q3+Q4) (*HMIS data till June'20 only)	Data Source/ Remarks
17	Number of C-Sections conducted in public health facilities in project states ²	37,675	152,593	105017	HMIS
Output 2 Support monitoring and address bottlenecks for RMNCH+A service delivery					
18	Number of state/s DQCI developed	5	20	50	Handed over to states
19	Number of state/s SQCI developed	6	24	24	Handed over to states
20	Number of Supportive Supervision visits in ADs in the project states	345	300	136	Covid travel restrictions
21	Expenditure as % of approved ROP for NHM Assam State (measuring efficiency of budget execution)	TBD	TBD	NA	
22	Number of innovations supported through USG assistance	NA	NA	5	RADG, MOYO, HRP, DQCI, RAASTA
23	Number of peer-reviewed scientific publications resulting from USG support to research and implementation programs	NA	NA	8	Reported Annually
Output 4: Multiple stakeholders (including medical institutions/ professional associations) involved in delivery of RMNCH Services					
24	Number of partnerships established with medical colleges, private sector, professional associations, donor and implementing partners	NA	NA	23	

* HMIS data is available till June'20 only as GoI has shifted the portal and is still in process

COVID PERFORMANCE UPDATE

Indicators as per PMP	Baseline	Target (yearly)	Cumulative Achievements	Target for the next Quarter	Additional Information
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Total Population Coverage by COVID-19 related intervention with USG resources	NA	NA	288.34 million	NA	Census 2011 Population of 15 <i>Vriddhi</i> Supported States
Number of people reached/benefited (including helpline) with USG intervention (This should not include Mass Media and Social Media reach)	0	NA	1999	NA	Layered with LaQshya & other high load facilities
Number of health workers trained to identify and treat COVID-19 (disaggregated by doctors, nurses, frontline workers, others) with USG support	0	NA	2616 (Doctors-761, Nurses-1658, Others-197)	NA	Layered with Safe Delivery App
Number of facilities supported with USG resources and ready to respond COVID-19		NA	362	NA	Layered with LaQshya
Number of frontline workers reached/oriented with risk communication materials	0	NA	8907	NA	Layered with FPLMIS, HRP and HBYC
Amount of funding leveraged (from Public and Private sector) for COVID-19	0	NA	Public – 6.01 Million INR Private – 1.4 Million INR	NA	Public: HR time cost of government participants for online trainings. Private: Fund shared by MF on development of COVID-19 module
Number of risk-communication materials prepared (including different language) on COVID-19 using USG resources	0	NA	11	NA	Guidelines developed with support from LaQshya PMU & AD PMU
Number of learning materials (e-learning modules, self-learning digital tools, video/ animation tools) produced on COVID-19 using USG resources	0	NA	2	NA	New Module in SDA & FPC
Number of risk messages disaggregated by types (on prevention, treatment, social distancing etc.) sent through social media (including mobile phone)	0	NA	8603	NA	Number of COVID-19 prevention messages sent through Mobile Phone & WhatsApp in all programs including state level support

IX. LIST OF STUDIES/ASSESSMENT (ONGOING/PROPOSED)

Title of the study	Study status (Ongoing, Proposed)	Principal Investigator (PI)	PI contact Details	Start Date	Planned End Date	Regions covered (National, State, District, Block)	Publications (provide link if possible)
Measuring accuracy of plethysmography based respiratory rate measurement using pulse oximeter at a tertiary hospital in India	Completed	Dr Harish Kumar	Project Director VRIDDHI: Scaling up RMNCH+A Interventions, Cell: +91 8826626663				Published in BMC Pneumonia
Acceptability and robustness of a multi modal hand held pulse oximeter for childhood pneumonia management among service providers of peripheral health centers in seven Indian states: a qualitative assessment.	Completed	Dr Harish Kumar	Project Director VRIDDHI: Scaling up RMNCH+A Interventions, Cell: +91 8826626663	1/31/2020	2/20/2020	Jharkhand, Uttarakhand, Odisha, Chhattisgarh, Haryana, Himachal Pradesh and Punjab	Submitted to Journal
Fetal Heart Rate (FHR) monitoring in 3 Aspirational Districts: a baseline assessment	Completed	Dr. Devina Bajpayee	Senior Advisor Maternal & Newborn Health VRIDDHI: Scaling up RMNCH+A Interventions, Cell: +91 9650070033	3/5/2019	6/30/2019	Chaibasa, Kandhamal, Haridwar	Submitted to JOGI (Under Peer review)
'Integrated approach for survival and development during first 1000 day: Health System Readiness for starting initiative in three aspirational districts of Jharkhand' (HBYC)	Completed	Dr. Anil Prabhanjan	District Technical Consultant_HBYC, Jharkhand	7/20/2019	8/5/2019	Lohardaga, West Singbhum, Simdega	Submitted to Indian Journal of Community and Family Medicine (Under Peer review)

Experiences with use of a pulse oximeter multimodal device in outpatient management of children with Acute Respiratory Infection during COVID pandemic	Completed	Dr Harish Kumar	Project Director VRIDDHI: Scaling up RMNCH+A Interventions, Cell: +91 8826626663	4/20/2020	5/7/2020	Jharkhand, Uttarakhand, Odisha, Chhattisgarh, Haryana, Himachal Pradesh and Punjab	Accepted in Journal of Family Medicine and Primary Care
Experience with using a handheld doppler for FHR monitoring during COVID-19	Completed	Dr Devina Bajpayee	Senior Advisor Maternal & Newborn Health VRIDDHI: Scaling up RMNCH+A Interventions, Cell: +91 9650070033	5/23/2020	5/30/2020	Odisha, Uttarakhand, Jharkhand,	Submitted to journal
Strengthening Public Financial Management System for Resource Efficiency and Health Outcomes in Assam	Ongoing	Maulik Choksi	Quality Healthcare Access Pvt. Ltd.	3/8/2019	12/31/2020	Assam	To be prepared
Examine experience and perception of workshop participants on RAASTA (RMNCHA Action Agenda Using Strategic Approach)	Completed	Dr. Enisha Sarin	Senior Advisor-Monitoring & Evaluation VRIDDHI: Scaling up RMNCH+A Interventions, Cell: +91 9871992484	5/7/2020	9/30/2020	Jharkhand and Uttarakhand	Submitted to Journal
Evaluate the effectiveness and acceptability of the Safe Delivery App (SDA) using various implementation models	Ongoing	Dr. Enisha Sarin	Senior Advisor-Monitoring & Evaluation VRIDDHI: Scaling up RMNCH+A Interventions, Cell: +91 9871992484	2/24/2020	8/30/2020	Udham singh Nagar, Haridwar: Uttarakhand; Dumka, West Singhbhum, Hazaribagh: Jharkhand	To be prepared
Assess the cost-effectiveness of community health worker driven Pulse Oximeter based Pneumonia	Ongoing	Maulik Choksi	Quality Healthcare Access Pvt. Ltd.	8/1/2020	10/31/2020	Jharkhand, Uttarakhand, Odisha, Chhattisgarh, Haryana, Himachal	To be prepared

management to improve pneumonia outcome						Pradesh and Punjab	
HRP Endline Evaluation (Qualitative feedback of HRP Users)	Proposed	Dr. Anil Gupta	State Technical Advisor, VRIDDHI: Scaling up RMNCH+A Interventions, Cell: +91 9971828730	10/1/2020	12/31/2020	Himachal Pradesh	To be prepared
FPLMIS Endline Evaluation (Paper)	Proposed	Mr. Pankaj Gupta	Specialist Data Management & Visualization VRIDDHI: Scaling up RMNCH+A Interventions, Cell: +91 7838588685	1/1/2021	3/31/2021	District-Ramgarh, Jharkhand	To be prepared
An initiative to promote capacity building and evidence based district RMNCH+A health plans development in two states in India (RAASTA) (Paper 1)	Completed					Jharkhand and Uttarakhand	Paper submitted to HPP
Comparison of FPLMIS operationalization in two states	Completed	Mr. Pankaj Gupta	Specialist Data Management & Visualization VRIDDHI: Scaling up RMNCH+A Interventions, Cell: +91 7838588685	3/30/2020	4/10/2020	Jharkhand and Uttarakhand	Final Report submitted
Baseline assessment of ARI case management in HWC	Completed	Dr. Harish Kumar	Project Director VRIDDHI: Scaling up RMNCH+A Interventions, Cell: +91 8826626663	2/22/2019	4/3/2019	Uttarakhand, Jharkhand, Chhattisgarh, Odisha, Haryana, Punjab, Himachal	Report Submitted to Ministry
Addressing Quality of Care in Pediatric Units using a Digital Tool: Implementation	Completed						Submitted to journal

Experience from 19 SNCU of India.							
Effectiveness of a multi-modal pulse oximeter in pneumonia case management in primary health care – implementation experience from India.	Ongoing						Under preparation
Effectiveness, usability and acceptability of a handheld doppler in FHR monitoring in public health facilities in India (title not decided)	Proposed						To be prepared
Implementation of a digital tool to improve quality of care in 25 District Hospitals across 5 states	Proposed						To be prepared

X. CASE STUDIES

HRP App: Serene reaching High Risk Pregnant Women amid COVID19 chaos

I am Rachna a health worker posted at Sub-Center Sukrah of Samote block in Chamba; one of the Aspirational District of Himachal Pradesh. The rapid escalation in cases of COVID19 was making me worried for the high risk pregnant women of my area. In this time children, aged person and pregnant women are the most vulnerable population and especially high risk pregnant women. I was very much worried about their pregnancy as well as their safety against COVID19.

With the increasing cases I along with my co-workers were working around the clock to inform and protect the high risk pregnant women of our area. We were working hard to reach out to the HRPW and provide them with correct information about the pandemic and ways to protect themselves.

The HRP APP developed by Government of Himachal Pradesh in collaboration with USAID *Vridhhi* for tracking high risk Pregnancy along with the outcome of their pregnancy emerged as a blessing in this gloomy time. I have been using the HRP app in Anmol tab earlier also, for tracking high risk pregnant women and outcome of their pregnancy.



But with *Vridhhi* team's support my co-workers and I started sending informative messages through the app to the pregnant women on accurate and effective information about COVID19 disease, how it spreads and preventive measures for the same as handwashing, hand hygiene, coughing etiquettes and social distancing. Counselling became very easy and quick with the use of HRP App. All the women were communicated in a go without any trouble of visiting the facility and much effort.

My co-health workers and I find us empowered with this use of HRP App, in preventing one of the most vulnerable population in this pandemic and contribute towards the ultimate goal of the country. My co-workers and I am very thankful to USAID *Vridhhi* team for their continuous effort and support.

FPC Implementation in Chhattisgarh: Involving Mothers in Care Increases Survival of Preterm and Low Birth Weight Newborns

In September 2019, a young mother named 'Ganga' at Mahasamund City of Chhattisgarh, gave birth to her first baby. A premature baby boy with extremely low birth weight of 1100gms was immediately taken under medical supervision at the district Special Newborn Care Unit (SNCU).

While the premature baby boy was treated and managed in the SNCU showing remarkable



Baby of Ganga at the time of first follow up

improvement, the anxious mother was given the choice to participate in the FPC counselling and training sessions.

The mother was very keen and enthusiastic on learning the FPC skills and attend her baby in the SNCU. She was trained in the skills of hand washing, wearing caps, gloves, mask and gown, breastfeeding, cleaning the soiled baby, skin care, cord care, recognizing danger signs and simultaneous remedial actions and most important Kangaroo Mother Care (KMC). She attended her baby in the SNCU following all entry protocols, practiced all the newly acquired skills and provided scheduled KMC for approximately 6 hours per day for more than 80 days.



Staff Nurse taking care of the baby in SNCU

The baby got discharged in December 2019, with significant signs of improvement. Subsequent follow-up a week later proved remarkable weight gain to 1440 gms and improvement.

Till the time of this reporting the baby was doing fine, exclusively breastfed with all development milestones as per his age. As a result of increased care in the system the follow-up rate has also increased significantly.



Parents at the time of follow up

The mother felt empowered and confident to take care of her baby at home on her own. Being close to my child and being able to take care of him under guidance of SNCU staff nurse, I am sure that he will get better and seeing his progress assures me as well."She said:

"Ma garbh me pal sakti hai to duniya me bhi sambhal sakti hai, main sab karungi apne bachche ke liye"

She continued breastfeeding, providing scheduled KMC, immunization and needful screening as per the discharge advice.

Staffs Nurse Ms. Prabha Ratre who has been working for more than 3 years highlights that recently started FPC benefits the baby, mother as well as the providers in several ways. She emphasized that after initiation of FPC the SNCU team has been proactive and more focused towards their roles in providing better clinical care. Also, FPC creates trained mothers who support them in providing care to neonates with great commitments in the SNCU as well as at home after discharge.

The story of Ganga and her baby has provided SNCU Mahasamund with a learning that strengthening clinical practices, family's participation as part of FPC, allowing father or mothers to be a part of the process helps in the survival and growth of neonates against all odds.

Improving the ANC (Antenatal Care) Quality using SeWA App

Samote block, quaintly located in the foothills of the District Chamba in Himachal Pradesh, is naturally beautiful. The hilly terrain brings a new way of living, with limited access to many necessities like maternal and child healthcare.

Reena Devi, a 26 year woman got registered for antenatal care at Sukrah sub-centre in her first trimester on 16 July'19. At the time of registration, Reena underwent all routine antenatal examination and diagnostics. She was thoroughly counselled on importance of routine check-up at the scheduled time.

During the first visit only, next visit for checkup was scheduled, which was conducted on 18 September'19 and she was advised to visit at NHPC Hospital Samlei, Block Samote a Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) site to get checked by Medical Officer (MO) during her next routine check-up.



Reena Devi

As planned, Reena visited the MO with her reports. During the examination, Reena was screened for Gestational Diabetes Mellitus (GDM). She was further advised for Ultra Sonography (USG) examination to check fetal condition and its development.

During the visit, the MO suggested 'Conservative Management' diet and lifestyle modification to control the diabetes. Reena - GDM diagnosed, was at High Risk Pregnancy and her details were entered in *High Risk Pregnancy Application (HRP APP or SeWA APP)* by ANM (Darshna) and was asked to revisit next month with her USG report for regular follow up.

In next visit, with her USG report Breech presentation (Mal presentation or the incorrect positioning of the fetus) was diagnosed. Darshna through the HRP app, monitored and followed-up Reena's condition regularly and also informed ASHA of the area to follow up during the ANC period.

At every routine visit, Darshna would update the app with Reena's current diagnostic details (Blood sugar, Blood pressure, anemia, hemoglobin, etc). It was easy for her to keep record of Reena's condition using the app. Meanwhile, Darshna worked on the Birth Preparedness Plan in consultation along with Reena and her family, to identify the appropriate facility for her delivery, where a specialist doctor could handle her case.

The app allowed Darshna to send text messages to Reena (PW) and ASHA worker of that area to ensure referral visit with specialist and regular follow ups with ANM along with details of the birth preparedness plan with date, facility center, and medical records.

Speaking to ANM, Darshna, "The HRP app has helped, to keep a record of the high risk pregnant women in our block and timely reach out to them. The app has guidance on additional knowledge of risk conditions and appropriate management (place of referrals etc.). Using this app has improved our confidence and resulted in better maternal and neonatal outcomes which in turns builds trust with the women and the society. However, it has increased accountability for us especially in terms of providing antenatal care to high risk pregnant women. Through this we helped Reena during her antenatal period till the time of delivery. She delivered on 17 February'20 through C-section with Gynecologist in Banikhet, Chamba. We were happy to see a healthy mother and baby."



Health Worker – Darshna,
Sub Center Sukrah

Reena shares that "During my pregnancy, I received text messages for referrals, giving details of which facility to visit on which date. Further, I received information on birth preparedness plan as well, which gave me expected due date, who my birth companion would be, which facility to register and along with details of doctor. These regular messages helped in keeping me updated and not miss any routine checkup and having a trouble free pregnancy and outcome."

About HRP APP (Systematic E Approach for Women at Risk – SEWA)

The HRP app helps in generating evidence for improving quality of antenatal care, using mobile based technology for: Listing of pregnant women identified with high risk conditions, appropriate referral of Pregnant Woman with identified risks for further assessment and management, increased ANC contacts for Pregnant Woman identified with risk condition on account of SMS based reminders and improved programme management of Antenatal care through review process.

The App is essentially for use by frontline workers through android phone or a tablet (ANMoL). It also has a separate office bearer module for managers to review the data and develop reports. The App is also available on web browser; and is available for future integrations with any existing portal. It has an option of offline data entry and has linkages with the RCH portal. As a part of this innovative work, USAID *Vridhhi* project at first developed tools and registers for line listing and tracking of at-risk pregnancies and followed by digitalizing the whole process. The aim of the HRP application is to improve management of at-risk conditions identified by screening of pregnant women via, strengthening of frontline health workers capacities.

Reinstitute Focus on Essential RMNCAH+N Services in COVID 19 Pandemic: A Story of Persistent Advocacy, Jharkhand

During the second week of April 2020 with advancing pandemic, health systems around the world as well as in India underwent tremendous metamorphoses to face the hellacious challenge. Across states, many hospitals were converted into COVID hospitals and resources were streamlined to plan for the eventual inflow of COVID patients.

In the state of Jharkhand, Dumka Medical College & Hospital (DMCH) was one of such facilities which was converted into a COVID hospital and some of its services like Labor Room (LR) and SNCU were shifted to private clinics and facilities under district administration. The concern was not shifting of the services rather maintaining the same quality for the services in private facilities setup.

During the monitoring visits to these private facilities, USAID *Vridhhi* team – District Technical Consultant (DTC) Mr. Vijay Dubey analyzed that the decision of shifting the LR & SNCU to these facilities was not as effective as was thought.

He says, “When I went to these places one by one, I saw practices being followed were not only different from the standard clinical practices, but were also alarming for us as well as for the health department.”

The LR was transferred to a private hospital which had a single delivery table, a second table was added by the DTC and labor room in charge of Dumka MC&H and was being operated with complete disregard to infection prevention practices. The health staff of the private hospital were not skilled at post-natal care practices like giving oil bath to the babies and also, late initiation of breastfeeding was prevalent. The health staffs transferred from DMCH were facing a lot of difficulties in coordinating their activities with the unversed staff of the private hospital. There were other issues prevailing like mixing of post cesarean section patients in the post-natal ward with other patients, practice of flushing placenta in the toilet & overcrowding to make matters worse. There were no proper mechanism for storage of drugs and as a result one of the staff nurse was always on the move to bring the drugs and supplies from DMCH.

Similarly the SNCU was shifted to a private doctor’s clinic which had a similar tale with nonexistent infection prevention practices coupled with crowding within the small rooms that was offered as

SNCU. Also, maintaining social distancing, hand washing facilities were not adequate in the private hospital as required for preventing COVID 19 infection.



Figure 1 Labor room at the private hospital where single delivery table existed



Figure 2 Overcrowded postnatal ward, in COVID times posed threat of infection

Then begins the journey of relentless advocacy...

The District Technical Consultant - USAID *Vridhhi* state team began the initial discussion with the staff nurses of DMCH transferred to these private facilities along with the services so the issues could be raised to higher authorities Civil Surgeon (CS), the Medical Superintendent (MS) and the Deputy Superintendent. Simultaneously, he also supported the private hospital staff by capacity building through Safe Delivery App (SDA) and also assisted them for self-learning online capacity building orientations that the USAID *Vridhhi* team was conducting for the state's health care providers



Figure 3 Mr Dubey of Vridhhi team with senior health officials in planning meeting for shifting LR &

He also floated the idea of shifting the COVID Hospital to the old hospital building and shifting back the LR and SNCU to the main hospital building. This idea was well received by the CS and he assured to take this further to the decision making authorities; Dr. Ravinder Kumar - MS, Dr. Prem lal Murmu – Principal and Dr Debashish Rakshit - Deputy Superintendent. Weighing the pros and cons of the issue at hand, the CS shared the idea of shifting the COVID Hospital to the old hospital building with District Commissioner (DC) and within 2 days, a recce was done to see the possibility of shifting back the services and the COVID hospital to the old building. And few days later the go ahead for the shifting was given by the DC and preparations for



Figure 4 DTC Vridhhi team, helping the staff nurse in resetting the LR after shifting back from the private hospital

shifting started. LR & SNCU at Dumka MC&H were fumigated and sanitized properly as per norms and by end of May 2020 shifting were done. At the same time the COVID 19 services were shifted to the old hospital building which had different entry and exit points and was a compact building where monitoring of the patients could be done properly.

The assiduous efforts in shifting the services of LR and SNCU back came as boon for the mothers and newborns as they would now get quality of care and services as before. The health care providers were also delighted, and this came as a relief to the hospital staff and administration.



Figure 5 LR in the government building after shifting



Figure 6 New born getting treatment in the SNCU, shifting back and resetting being supervised

XI. FAMILY PLANNING COMPLIANCE

In the past year the national team coordinated the FPLMIS compliance activity and all the staff deployed in the project have completed the US Abortion and FP Requirements certification course through Global Health eLearning Centre and received e-certificates. In order to ensure that the family planning compliance the project staff is discussing the compliance in all important prominent meetings at the national and state levels and the same is being recorded in the staff trip reports and minutes of the meeting. The list of the meetings where family planning compliance was discussed is as given below:

S. No	Name of the training	No. of Participants	FP compliance observed	Vulnerability found (Yes/NO)
1	Orientation of SNCU Nodal, District RMNCH+A , Hospital Consultants, Data Entry Operator and SN in-charge of 23 SNCU on generating and interpreting SQCI at Chhattisgarh	62	Yes	NO
2	Sensitization of team members of Quality Circle team of district hospital Durg on ALAP and promoting usage of SDA at Chhattisgarh	11	Yes	NO
3	Orientation on Newly added FPC Sessions at Uttarakhand	8	Yes	NO
4	Webinar on District Hospital Quality Care Index (DHQC) for handing over at Uttarakhand	50	Yes	NO

5	Refresher orientation of SNCU staffs on KMC recording and reporting at SNCU DH West Singhbhum, Jharkhand	10	Yes	NO
6	Online Orientation on Infection prevention module at Odisha	159	Yes	NO
7	IPC training and orientation of COVID-19 Module of SDA at Haryana	94	Yes	NO
8	SQCI Tool training at NHM at Haryana	11	Yes	NO
9	LaQshya review Zoom meeting at Haryana	10	Yes	NO
10	SQCI Tool training at NHM at Haryana	11	Yes	NO
11	Refresher training and Laqshya mentoring visit	38	Yes	NO
12	State ToT on SAANS (Social awareness and action to neutralize Pneumonia), U5 pneumonia management in HP	38	Yes	NO
13	Orientation of mentors at JSMNHRC - RIMS/Ranchi	22	Yes	NO
14	One day Training on COVID 19 at Bokaro district	111	Yes	NO
15	2 days district level trainings on LaQshya, MDSR, CDR and other maternal health at Rudrapur	53	Yes	NO
16	3 Days Residential ToT on HBYC at Namkum, Ranchi	129	Yes	NO
17	Refresher training on Moyo, DH West Singhbhum	18	Yes	NO
18	FPLMIS block level (ANM/MPW) at Assam	31	Yes	NO

ANNEXURE 1: DETAILED ACTIVITY PLAN (OCT 2020 – MAY 2021)

S.no	Activity	Tasks	Oct-Dec 20	Jan - Mar 21	Apr - May 21
Output 1: Enhance capacity of state and districts to provide quality RMNCH services					
1.1.	Continued support to LaQshya Implementation across 7 states (Jharkhand, Uttarakhand, Odisha, Chhattisgarh, Haryana, Himachal Pradesh and Punjab, 123 State certified units (Labor Rooms and Maternity Operation Theatres) Documentation and Communication material developed and Disseminated	1.1.a. Continue providing technical assistance and capacity building for state certification preparations of prioritized facilities			
		1.1.b. Continue providing monitoring support to prioritized LaQshya facilities			
		1.1.c. Development of Process Documentation & communication materials (Brochure, Video Story & poster)			
		1.1.d. Facilitate national and state level dissemination			
1.2.	Continued use of SDA as a capacity building tool in 7 project states with incorporation of newer modules - (Jharkhand, Uttarakhand, Odisha, Chhattisgarh, Haryana, Himachal Pradesh and Punjab) Documentation and Communication material developed and Disseminated	1.2.a. Capacity building sessions for service providers			
		1.2.b. Support development and incorporation of new modules (Care of Small and Sick Newborn and FPC) in the SDA			
		1.2. c. Complete SDA assessment study in Jharkhand and Uttarakhand.			
		1.2.d. Development of Documentation & communication materials			
		1.2. e. Facilitate national and state level dissemination.			
1.3	Continued support for evidence based ADs workplan development and	1.3.a. Undertake Digitalization of the RAASTA tool			

S.no	Activity	Tasks	Oct-Dec 20	Jan - Mar 21	Apr - May 21
	development of e version of RAASTA. Documentation and Communication material developed and Disseminated	1.3. b. Facilitate user acceptance testing and quality assurance of digital solution.			
		1.3.c. Support development of DHAP using blended approach			
		1.3.d. Concurrent advocacy of the tool			
		1.3.e. Documentation and communication materials development			
		1.3.f. Facilitate national and state dissemination			
1.4	Continued implementation support of FPLMIS across 10 states (Jharkhand, Chhattisgarh, Assam, Arunachal Pradesh, Madhya Pradesh, Manipur, Meghalaya, Mizoram, Nagaland and Tripura) Documentation and Communication material developed and Disseminated	1.4.a. Continue providing support for operationalization of FPLMIS in the project states			
		1.4.b. Operationalize use of FPLMIS software till ASHA level in one aspirational district of Jharkhand			
		1.4.c. Dissemination of learnings of FPLMIS implementation			
		1.4.d. Analysis of results			
1.5	Initiate RMNCHA support work in Assam Existing USAID Supported activities continued. Newer initiatives started	1.5.a. Support infrastructure, logistics and recruitment of HR at National, State & District			
		1.5.b. Continue ongoing initiatives and execution of agreed program activities			
		1.5.c. Additional newer initiatives in consultation with AOR and State Government (SQCI, DQCI, SDA, MNH Resource Centre etc)			
Output 2: Support monitoring and address bottlenecks for RMNCH service delivery					

S.no	Activity	Tasks	Oct-Dec 20	Jan - Mar 21	Apr - May 21
2.1	Continued support for Improving QoC in district hospitals of 25 ADs of 5 states (Jharkhand, Uttarakhand, Haryana, Himachal Pradesh and Punjab) using DQCI. Documentation and Communication material developed and Disseminated	2.1.a. Continued capacity enhancement of state and districts M&E managers/nodal assigned			
		2.1.b. Handholding and need based support to state M&E managers to use tool and handing over of the tool			
		2.1.c. Develop Brochure, poster and process document on intervention			
		2.1.d. Develop a Scientific Paper on the intervention			
		2.1.e. Facilitate national/State dissemination			
2.2	Continued support for Improving QoC in SNCUs in 19 ADs in 5 states (Jharkhand, Uttarakhand, Haryana, Himachal Pradesh and Punjab) having SNCU's using SQCI Documentation and Communication material developed and Disseminated	2.2.a. Continued capacity enhancement of state and districts M&E managers/nodal assigned			
		2.2.b. Handholding and need based support to state M&E managers for sustainability of the tool			
		2.2.c. Advocacy for inclusion in PIP and handing over of the tool to state government for sustained usage of data for action			
		2.2.d. Development of a process document on SQCI			
		2.2.e. Analysis of results			
		2.2.f. Facilitate national/State dissemination			
2.3	Continued support for Implementing ADARSSH SS mechanism in 25 ADs in 5 states (Jharkhand, Uttarakhand, Haryana, Himachal Pradesh and Punjab) Documentation and Communication material developed and Disseminated	2.3.a. Sharing tools and maintenance of website			
		2.3.b. Share regular SS reports			
		2.3.c. Undertake development of process document and communication package (brochure)			
		2.3.d. Facilitate dissemination			
Output 3: Innovative RMNCH approaches incubated for evidence generation for scale up					

S.no	Activity	Tasks	Oct-Dec 20	Jan - Mar 21	Apr - May 21
3.1	Development and Implementation of E-IMNCI model in Jharkhand Baseline and End line report Tool developed Documentation and Communication material developed and Disseminated	3.1.a. Finalizing partner for development of digital tool			
		3.1.b. Undertake system design and development			
		3.1.c. Facilitate user acceptance testing and quality assurance of digital solution			
		3.1.d. Facilitate capacity enhancement of the service providers i.e. ToT			
		3.1.e. Sharing of results with the state government and advocacy for inclusion in PIP			
		3.1.f. Undertake end line assessment and share the report with stakeholders			
3.2	Continued use of SeWA- HRP digital solution in two blocks in AD Chamba in Himachal Pradesh and advocacy for use in other states Documentation and Communication material developed and Disseminated	3.2.a. Continued mentoring visits and data collection			
		3.2.b. Undertake Process documentation and share the report with stakeholders and advocacy with other states			
		3.2.c. Share learnings from HRP app pilot with state for inclusion in Himarogya portal			
		3.2.d. Develop communication material (Brochure & Stories from field) and process document			
		3.2.e. Facilitate national and state level dissemination			
3.3.	Generate evidence for improving FHR monitoring using Hand-held Doppler device in 7 health facilities in 4 ADs 3 project states (Jharkhand, Uttarakhand and Odisha) continued Documentation and Communication material developed and Disseminated	3.3.a. Continued mentoring visit and data collection			
		3.3.b. Undertake concurrent advocacy for scale up and provide support in developing technical specifications where intervention has been approved in RoP			
		3.3.c. Develop brochure, video, video poster, stories from field and process document			
		3.3.d. Develop a Scientific Paper on the intervention			

S.no	Activity	Tasks	Oct-Dec 20	Jan - Mar 21	Apr - May 21
		3.3.e. Share learnings through state and national level dissemination			
3.4.	Continued Support FPC implementation models in 30 SNCUs in 35 ADs in 6 project states (Jharkhand, Uttarakhand, Chhattisgarh, Haryana, Himachal Pradesh and Punjab) using newer AV tool with additional Covid module Documentation and Communication material developed and Disseminated	3.4.a Continued mentoring visits and data collection			
		3.4.b Facilitate concurrent advocacy for inclusion of FPC trainings for providers in state PIP and inclusion of FPC monthly reports, progress & activities as part of SNCU monthly report, child health and SNCU review agenda respectively			
		3.4.c Undertake end line assessment and share the report with stakeholders			
		3.4.d. Development of brochure and process document			
		3.4.e. National/state dissemination			
3.5.	Continued support for 15NBSUs operational models in 9 ADs in 4 project states (Jharkhand, Uttarakhand, Haryana and Punjab) and digitalizing on safe delivery app Documentation and Communication material developed and Disseminated	3.5.a Continue capacity building sessions for service providers on 'FPC' module			
		3.5.b. Continued mentoring visits and data collection			
		3.5.c. Undertake concurrent advocacy for inclusion of Regional trainings in PIP			
		3.5.d. Undertake development of digital training module for NBSU			
		3.5.e. Facilitate user acceptance testing and quality assurance of digital solution			
		3.5.f. Facilitate capacity enhancement of the service providers			
		3.5.g. Facilitate state level dissemination in Punjab, Uttarakhand and Jharkhand			
3.6.		3.6.1.a. Development of HBYC real time data monitoring tool			

S.no	Activity		Tasks	Oct-Dec 20	Jan - Mar 21	Apr - May 21
	Continued support for implementation model for HBYC in 3 ADs in Jharkhand and developing e package for HBYC	3.6.1. Development of real time data monitoring tool	3.6.1.b. Facilitate user acceptance testing and quality assurance of digital solution			
			3.6.1.c. Pilot implementation in the 3 ADs and then handing over the tool to the state government for scaling up in districts across state			
			3.6.1.d Undertake concurrent advocacy for inclusion in PIP			
		3.6.2. Development of digital training module	3.6.2.a. Finalization of agency and development of digital training module			
			3.6.2.b. Facilitate user acceptance testing and quality assurance of digital solution			
			3.6.2.c. Pilot implementation in the 3 ADs			
			3.6.2.d Undertake concurrent advocacy for scale up			
		Documentation and Communication material developed and Disseminated	3.6.a. Conduct end line assessment and share report with stakeholders			
	3.6.b. Facilitate dissemination					
	3.7	Continue using MMD at 19 HWCs for improved pneumonia diagnosis and management in 12 ADs in 7 project states (Jharkhand, Uttarakhand, Odisha, Chhattisgarh, Haryana, Himachal Pradesh and Punjab) continued and provide support for implementation in states as per expansion plans Documentation and Communication material developed and Disseminated	3.7.a. Continued mentoring visits and data collection			
3.7.b. Facilitate handing over the devices to the facilities						
3.7.c. Undertake concurrent advocacy for scale up and provide support for procurement						
3.7.d Data analysis and share reports with stakeholders						
3.7.e. Development of Process Document and communication materials (brochure, video, video poster, stories from field)						
3.7.f. Development of a Scientific Paper on the intervention						

S.no	Activity	Tasks	Oct-Dec 20	Jan - Mar 21	Apr - May 21
		3.7.g. National/State dissemination of implementation model experiences			
3.8	Completion of Strengthening PFM in Assam Bottleneck analysis report Training materials	3.8.a Undertake development of training modules			
		3.8.b Facilitate Training of Trainers			
		3.8.c Conduct end line evaluation and share the report with stakeholders			
Output 4: Multiple stakeholders (including medical colleges and private sector companies) involved in delivery of RMNCH services					
4.1	Continued support for MNHRC implementation at RIMS, Ranchi, Jharkhand and advocacy for scale up in additional states. Documentation and Communication material developed and Disseminated	4.1.a. Continued mentoring visits to supported districts			
		4.1.b. Undertake concurrent advocacy for existing coordinators, office maintenance & mentoring expenses to be included in state PIP			
		4.1.c. Documentation of initiative			
		4.1.d. Dissemination with Stakeholders			
4.2	Continued partnerships with private sector companies for improving services for key RMNCH+A interventions	4.2.a. Continued partnership with Massimo & Maternity Foundation			
		4.2.b Explore new partnerships with professional bodies for PSE and for developing e-versions			
4.3	Documentation, Communication plan developed and closure plan applied	4.3.a. Update and maintain RMNCHA website			
		4.3.b. Share updates and project learnings on social media			
		4.3.c. Document the project learnings and achievements as success stories, blogs, articles and papers for publication, and program documents including uploading relevant material on USAID DEC			
		4.3.d. Undertake closure as per USAID guideline			

S.no	Activity	Tasks	Oct-Dec 20	Jan - Mar 21	Apr - May 21
4.4	Continued adherence to Family Planning Compliance	4.4.a. Undertake PLGHA and FP Compliance reporting as per USAID guideline			

ANNEXURE 2: NEWER INITIATIVES

1. Developing digital modules for existing platforms

- E-HBYC TRAINING MODULE

USAID *Vridhhi* team in partnership with 'Laerdal Global Health' is in the process of developing e- platform for HBYC trainings consisting of Write ups, Videos, Questions and voice over meant for training of Trainers.

Laerdal has also developed a flipbook that will be used for training of ASHAs by the trained trainers. The flipbook has been finalized and will be launched in October.



Flipbook developed for training of ASHAs

- DEVELOPMENT OF DIGITAL TOOL FOR REAL TIME DATA COLLECTION

USAID *Vridhhi* team has finalized an agency 'Velocity Software Solutions Pvt. Ltd.' to develop the digital tool for HBYC real time monitoring field data. The tool has been developed and planned to be piloted in the month of October. A planning meeting for the same was conducted on 2nd September 2020 to discuss data fields of HBYC data collection process using ICT platform. Participants from IPE Global *Vridhhi* Project were present in the meeting. Major points discussed were:-

- Quarterly visit questions/fields
- Sahiya registration fields
- Child registration fields
- Master database required



User interface of the HBYC real time data collection app

- DEVELOPMENT OF E-IMNCI MODULE

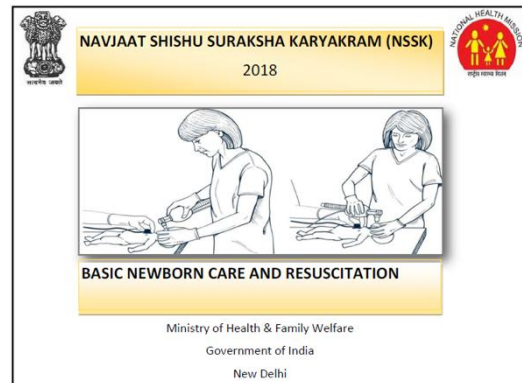
Vridhhi in partnership with Dimagi & Tdh is undertaking development of a tool for curbing out the major challenges related to the implementation of IMNCI in the country since 2005; lack of refresher training, collection of data, record keeping, analysis, monitoring & supportive supervision with capacity enhancement of service providers using the alternate mode and latest available packages. This tool will be piloted in 3 blocks of the district Ranchi, Jharkhand and a total of 80 service providers will be included from three blocks.

The development of the tool is in process and Scoping exercise has been initiated, based on which participants list will be revised. Also, baseline assessment will be initiated next month which will finalize the list of facilities.

In this respect a meeting with the stakeholders; NHM -Jharkhand, USAID, IPE Global, Dimagi & Tdh was conducted using ICT platform to discuss the components of the tool, detailed overview of the proposed E-IMNCI pilot project implementation with methodology.

- **DEVELOPMENT OF E-NSSK TRAINING MODULE**

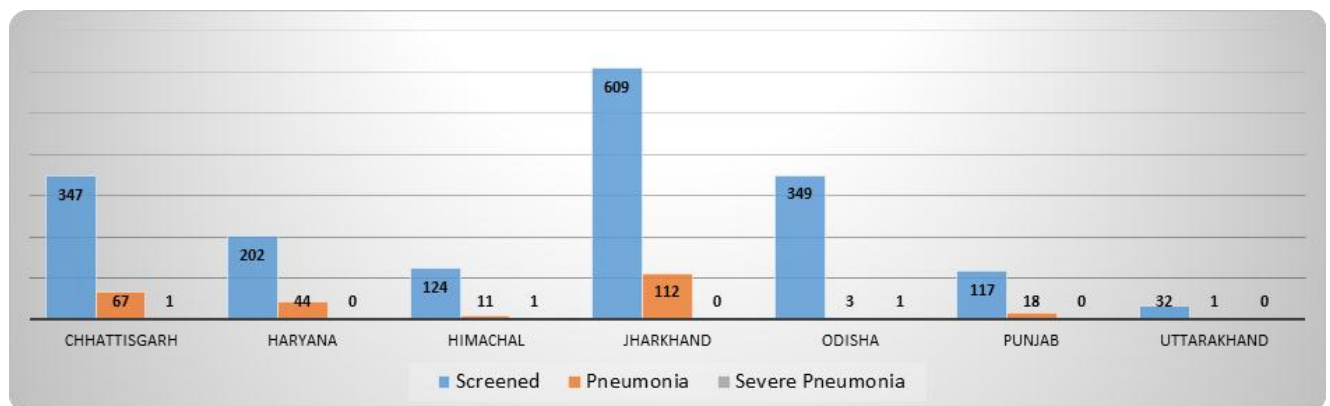
NSSK training module is under the process of digitalization through the agency 'AASTAR' consisting of audio and visuals. It is expected to be finalized and launched in Jharkhand as per the state government's order, probably during the newborn week in November.



NSSK training package under process digitization

ANNEXURE 3: DAILY ARI DATA SINCE 23 MAR 2020 TO 30 SEP 2020

State	Screened	Pneumonia	Severe Pneumonia	No Pneumonia
CHHATTISGARH	347	67	1	279
HARYANA	202	44	0	158
HIMACHAL	124	11	1	112
JHARKHAND	609	112	0	497
ODISHA	349	3	1	345
PUNJAB	117	18	0	99
UTTARAKHAND	32	1	0	31
Total	1780	256	3	1521



ANNEXURE 4: E-NBSU TRAINING: FACILITY BASED CARE OF SMALL AND SICK NEWBORNS

The state has 24 functional SNCUs in district hospitals and 66 NBSUs in sub-district hospitals/FRUs. NBSUs are an important link for improving access to newborn services closer to the community in FRUs for those who do not require SNCU care and can be managed in a lower set up.

The state in its endeavour to improve newborn care services has decided to focus on strengthening of NBSUs. The three-pronged approach adopted for the strengthening of NBSUs is:

- Ensuring adequate Infrastructure and equipment for NBSUs
- Availability of skilled staff for NBSU for appropriate management of newborns
- Availability of standardised protocols and Proper documentation

With experience of NBSU strengthening with technical support from *Vridhhi* Project in Aspirational district Mewat, the state issued letter in August 2020 to all districts for gap assessment in NBSUs using standardized checklist provided and soft copies of protocol posters, case sheets and NBSU registers were shared for printing. While gaps in infrastructure and equipment gaps are easier to fill, skilled manpower is critical for clinical newborn care. It is in this context, NHM Haryana with technical support from *Vridhhi* Project rolled out this first online training and ToT for NBSUs in Haryana.

Given the COVID Pandemic, *Vridhhi* Project worked on the strengths of having piloted the NBSU training package, developing Care of Sick Newborn module in Safe Delivery App and its implementation experience to develop a roll out plan for e-NBSU training in Haryana.

This e-NBSU training was planned as a blended learning course which included:

- 5 Online Training sessions of 90 mins – 120 mins duration each based on the NBSU training package
- Integration of the Care of Sick Newborns module from SD App – videos integrated in online session and other resources references shared.
- Self-learning using Participant Manual A module on Care of small and sick newborn has been added to Safe Delivery App which is a self-learning platform for staff nurses and doctors.

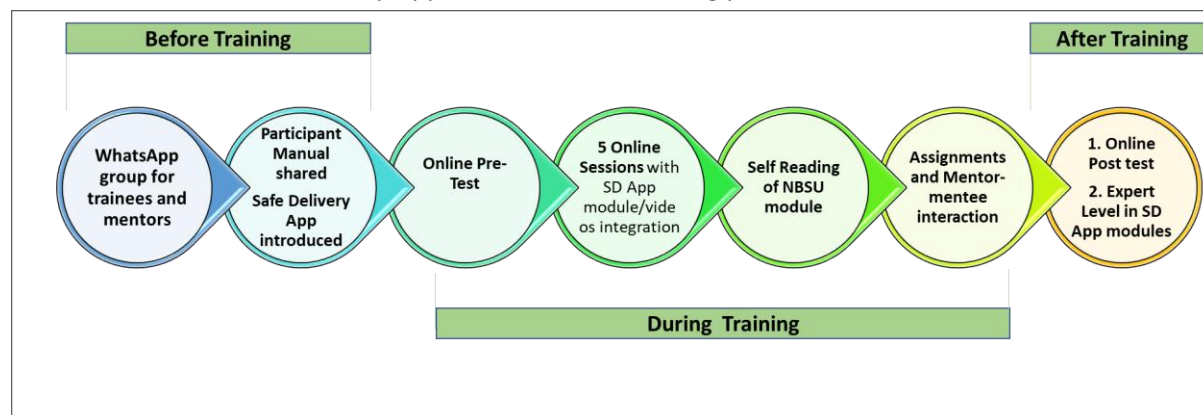


Fig 1: eNBSU Training Process

The first e-NBSU training was planned for training all staff nurses and medical officer in charge of 5 NBSUs – 3 from District Mewat – CHC Nuh, CHC Punhana, and CHC Firozpur Jhirka and 2NBSUs from District Sirsa - CHC Raina and SDCH Dabwali. In addition, it also served as Training of Trainers for 5

pediatricians from Haryana who were involved in the training and acted as mentors for the NBSU participants in the 1st training. These pediatricians will be facilitating the subsequent trainings in the state.

The online inaugural session on day 1 was attended by Additional Commissioner, CH and AH, MOHFW; Mission Director, NHM; Director NHM, Project Director *Vridhhi*, Deputy Director Child Health, Haryana and *Vridhhi* team.

The training included 5 Online sessions from 28th September – 2nd October 2020, every day in the afternoon. Zoom ECHO platform of NHM Haryana was used for the training. The content of the five training sessions is as given below.

Sessions	Content
Session 1	Emergency Triage and Signs
	Emergency Management
Session 2	Assessment of Newborn for Admission
	Referral Management
Session 3	Supportive Care
	Family Participatory Care
Session 4	Management of Jaundice
	Management of Sepsis
	Developmentally Supportive Care
Session 5	Infection Prevention Protocols
	Equipment Management
	Job aids and Documentation tools
	Gap Assessment and Way Forward

Each of the five pediatricians participating in the training were allocated 3-4 participants for mentoring. The list of mentor and mentees was shared on the WhatsApp group on day 1. The participants shared their daily assignments with mentors and the mentors guided and discussed the responses with participants and clarified doubts.

The training started with pre-training activities and continued 4 days post the online training sessions. The outcomes of the training are as follows:

- Pre-training - All 5 NBSUs submitted the filled gap assessment checklist to the state and shared the list of nominees for the training.
- In the 1st e NBSU training 23 participants and 6 ToTs were trained. The participants attended all the 5 online sessions. Nearly 80% participated and submitted all their daily session assignments to the mentors.
- Pre and Post Test: Pre-test and Post-test was submitted by 26 participants. The average score out of 25 in the Pre-test was 13.5 (54%) and in the post test was 18 (70%).
- Expert level in Care of Sick Newborn Module of SD App - Out of 23 participants from 5 NBSUs, 20 have completed expert level in Care of Sick Newborn Module on Safe Delivery App (only 1 SN and 2 MOs have not submitted).

- Additional Modules Completed in SD App - While we had asked participants to do one module, the initial participants additionally completed Expert Level in Neonatal Resuscitation and Low Birth Weight modules also. Thereafter, all 20 participants completed all 3 modules on Safe Delivery App. In addition, 4 out of 6 mentors (pediatricians) also completed the three modules on the Safe Delivery App.



Fig2: Inaugural session of NBSU Training

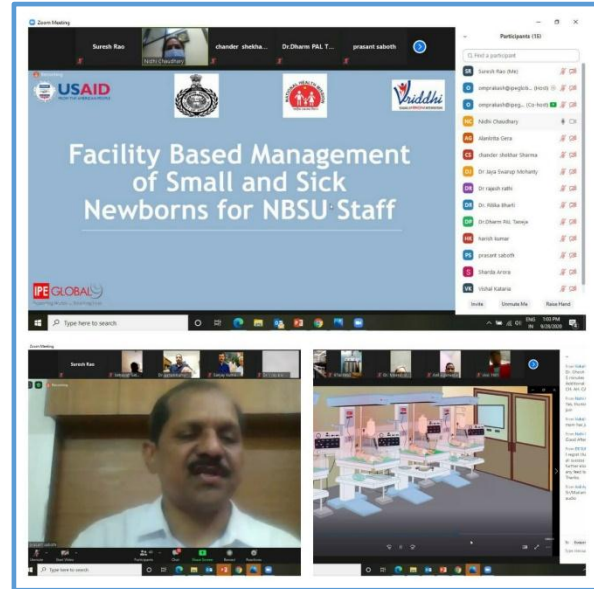
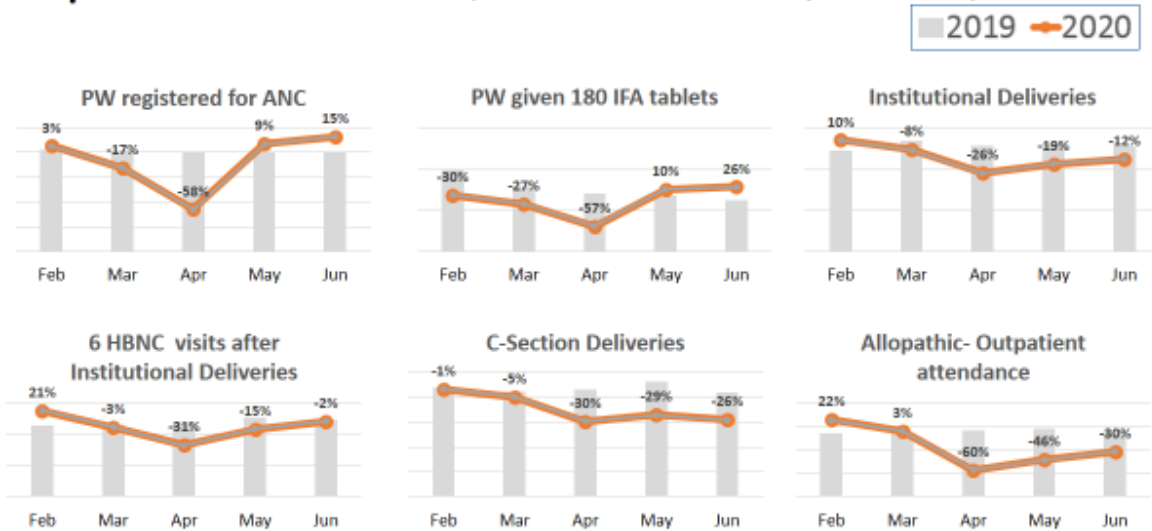


Fig 3: Online Training session and display of SDA videos

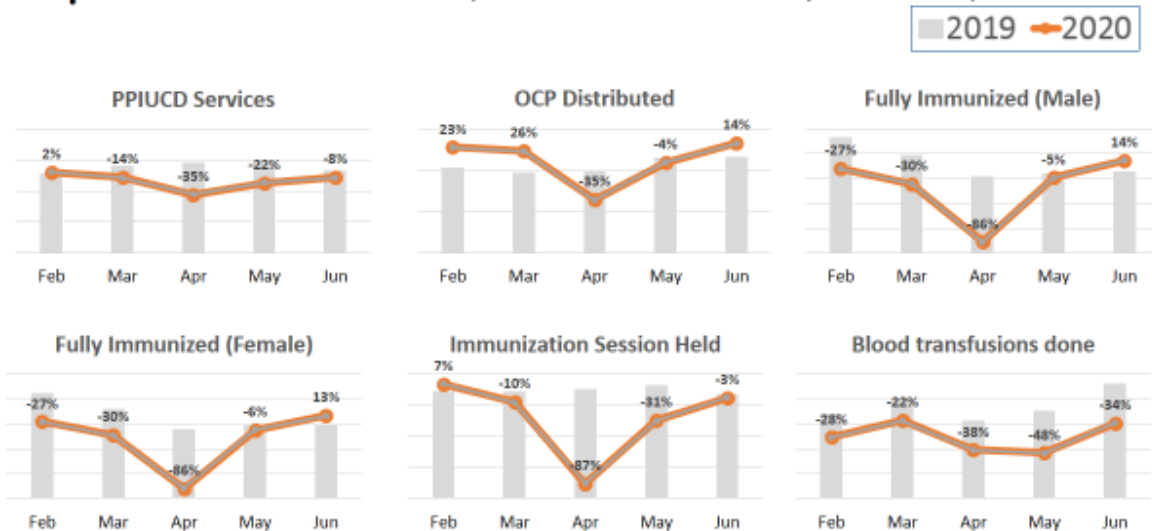
ANNEXURE 5: HMIS DATA ANALYSIS FOR IMPACT OF COVID-19 ON 25 ASPIRATIONAL DISTRICTS (DATA TILL JUN 20)

Impact of COVID-19 (Trend of Service Delivery in number)



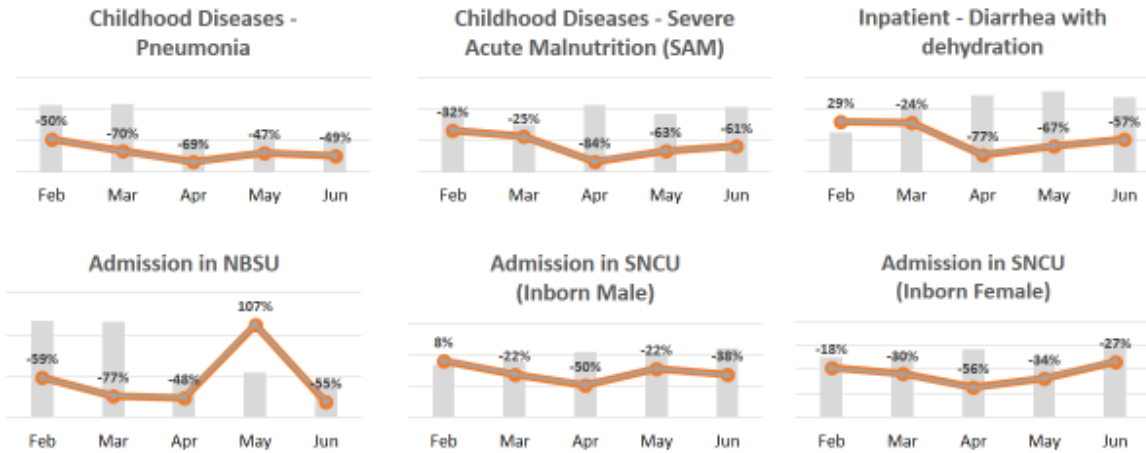
Source: HMIS Data

Impact of COVID-19 (Trend of Service Delivery in number)



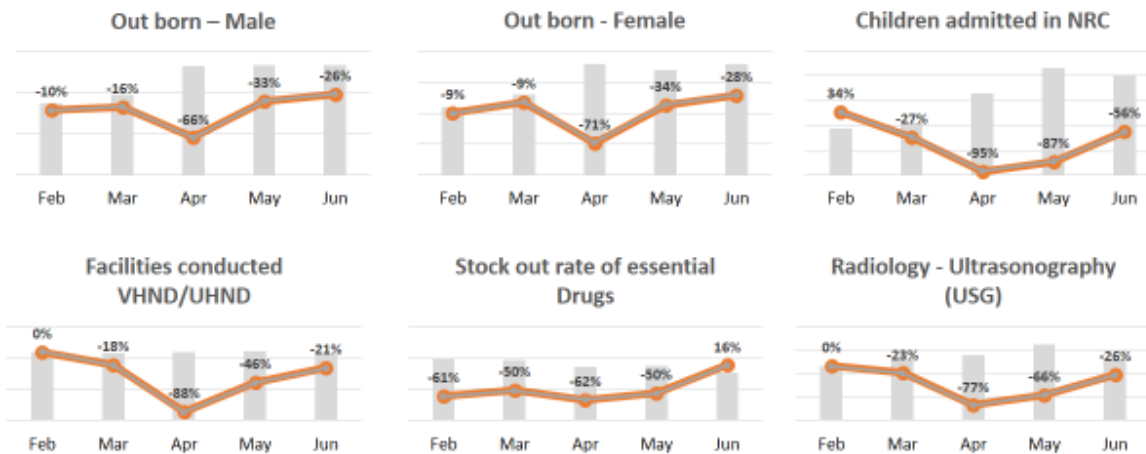
Impact of COVID-19 (Trend of Service Delivery in number)

2019 2020

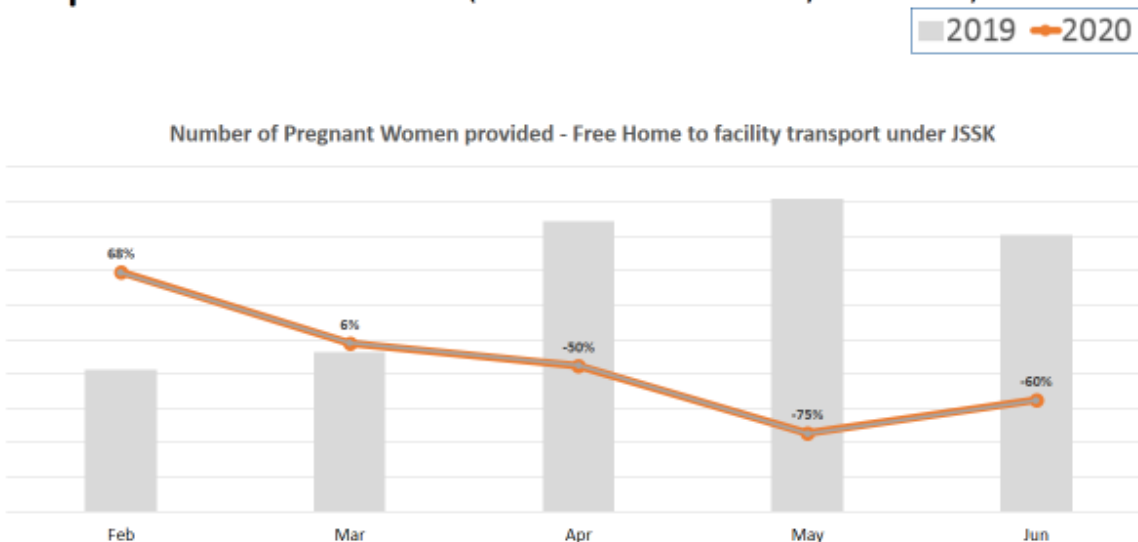


Impact of COVID-19 (Trend of Service Delivery in number)

2019 2020



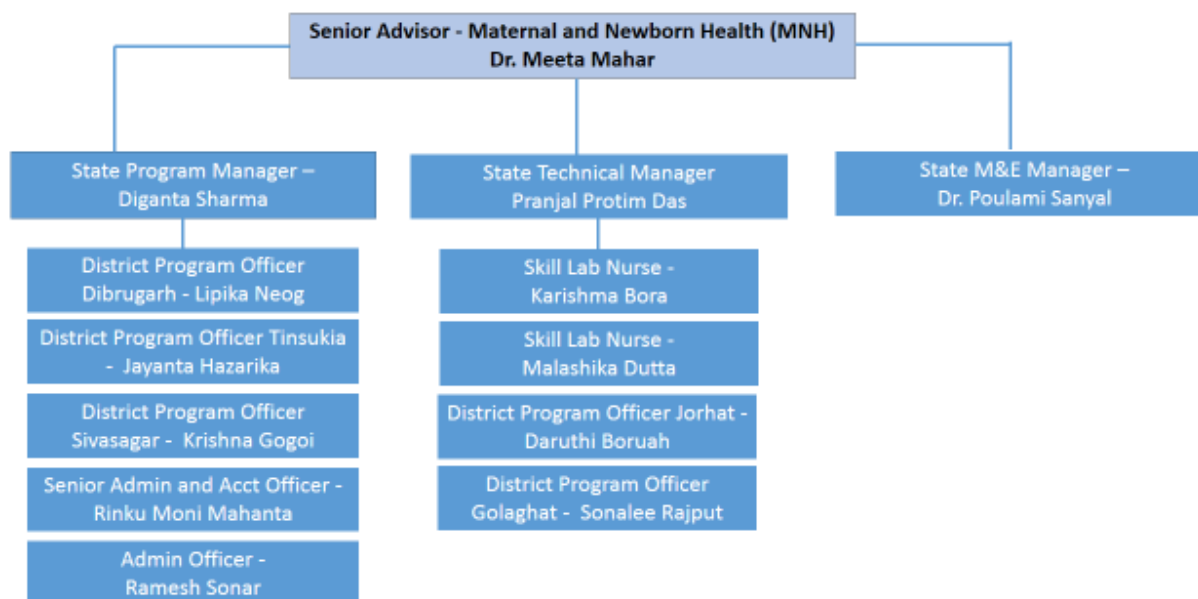
Impact of COVID-19 (Trend of Service Delivery in number)



ANNEXURE 6: ESTABLISHING RMNCH WORK IN ASSAM

The team at national, state and districts have been on-boarded and complete transition from precede SAATHI has been completed.

Organogram of the State Team (Assam)



The activities initiated with several rounds of meeting with stakeholders and partners for renewing the existing partnerships, introduction at the state NHM and finalizing the interventions to be carried in the tea gardens.


Improve RMNCH+A outcomes in tea gardens of upper Assam						
S.No	Objective	Activity	Targets	Oct- Dec 20	Jan - Mar 21	Apr - May 21
1. Quality Improvement for Care around Birth (Guided by LaQshya Guidelines)						
1 A. Facility Level- High case load Tea Garden Hospitals (N=45)						
2.1	Build competency of HCPs	<ul style="list-style-type: none"> Nurse led mentoring (NLM) to build skills using mannequin stations and OSCE for evaluation Lecture and case based ECHO course Distribution of Nurse self-mentoring pocketbook Introduction of SDA (details provided in Section 3A, Activity 3.1) 	<ul style="list-style-type: none"> Quarterly NLM and pocket book distribution in 25 willing Type 1 tea garden hospitals (TGHs) to build skills of 50 health care providers (HCPs) ECHO course for 1 batch of doctors and 1 batch of nurses from Type 1 /Type 2/Type 3 tea gardens and MMUs 			
2.2	Improve care ecosystem in Labour Room	Strengthen labour room (LR) organization, availability of resources and documentation practices	Use LR checklist, check records, documentation and data collection during quarterly NLM visits in 20 willing Type 1 TGHs and during quarterly Supportive supervision (SS) visits by program officers (POs) in 50 TGHs.			
2.3	Health Systems Strengthening	Strengthening review process and support evidence based actionable decisions through Hospital Management Committee (HMC) meetings	Steer 20 HMCs in Type 1 TGHs to review findings from SS and mentoring visits and develop action plans to improve clinical and resource availability during quarterly HMC meetings			
1 B. Low case load Tea Garden Hospitals (N=30)						
2.4	Build competency of HCPs	<ul style="list-style-type: none"> Lecture and case based ECHO course Distribution of Nurse self-mentoring pocketbook Introduction of SDA (new initiative - details provided in Section 3A, Activity 3.1) 	<ul style="list-style-type: none"> Distribution of pocketbook in 30 Type 2 TGHs by POs ECHO course for 1 batch of doctors and 1 batch of nurses from Type 1 /Type 2/Type 3 tea gardens and MMUs 			
2.5	Improve care ecosystem in Labour Room	Strengthen labour room (LR) organization, availability of resources and documentation practices	Use LR checklist, check records, documentation and data collection during quarterly SS visits by POs in 30 TGHs.			

2.6	Health Systems Strengthening	Strengthening review process and support evidence based actionable decisions through Hospital Management Committee (HMC) meetings	Steer 5 HMCs to review findings from SS visits and develop action plans to improve clinical and resource availability in HMC meetings						
2. Strengthening services in Outreach and Community									
2 A. MMUs serving tea gardens (N=25)									
2.7	Build competency of HCPs	<ul style="list-style-type: none"> E IMNCI training for HCPs (new initiative - details provided in Section 3B, Activity 3.3) Lecture and case based ECHO course 	ECHO course for 1 batch of doctors and 1 batch of nurses from Type 1 /Type 2/Type 3 tea gardens and MMUs						
2.8	Improve care ecosystem for ANC and care of sick newborn and child	Strengthen availability of resources and documentation practices	Use MMU checklist, check records, documentation and data collection during quarterly SS visits by POs in MMUs.						
S.No	Activity	Tasks	Oct	Nov	Dec	Jan	Feb	Mar	Apr
3.1	Use of SDA as a capacity building tool in 50 TGHs (Type 1/Type 2/Type 3)	3.1.a. Orientation of project staff on SDA							
		3.1.b. Capacity building sessions for service providers across 50 TGHs							
		3.1.c. Collect data on the Users and their trend in knowledge							
		3.1.d. Documentation and evaluation of activity							
		3.1.e. Facilitate state level dissemination.							
S.no	Activity	Tasks	Oct-Dec 20		Jan - Mar 21		Apr -May 21		
3.2	Support select NBSUs operational models in 5 upper Assam districts	3.2.a. Development of assessment tools							
		3.2.b. Baseline assessment of NBSUs in 5 upper Assam districts							
		3.2.c. Develop assessment report for operationalization of NBSUs							
		3.2.d. Need based capacity building using digital training module for NBSU staff							

		3.2.e. Concurrent data collection and sharing with relevant stakeholders			
		3.2.f. Undertake concurrent advocacy for inclusion of NBSU trainings in PIP			
3.3.	Implementation of E-IMNCI model for MMU health care providers in five districts of upper Assam	3.3.a. Facilitate capacity enhancement of the service providers i.e. ToT			
		3.3.b. Capacity enhancement of MMU service providers			
		3.3.c. Concurrent data collection, sharing learning with stakeholders followed by advocacy for inclusion in PIP			
4.1	Support for improving QoC in SNCUs in 5 upper Assam districts	4.1.a. Develop SQCI dashboard for quarter for five SNCUs across 5 districts			
		4.1.b. Analysis of results			
		4.1.c. Handholding and need based support to state M&E managers for sustainability of the tool			
		4.1.d. Share process document on SQCI			
		4.1.f. Handing over of the tool to state government for sustained usage of data for action			



ANNEXURE 7: SUPPORTIVE SUPERVISION TOOLS

DISTRICT ASSESSMENT CHECKLIST

Ministry of Health and Family Welfare Government of India		SUPPORTIVE SUPERVISION CHECKLIST (District Assessment Checklist)											
A. General Information													
Name of the Supervisor			Designation of Supervisor			Organization:			Level:		Block/District/State/National		
State		District		Date of visit		Name and Contact of Officer							
B. Infrastructure & Human Resource													
	Sanctioned	Functional	No. of Facilities without Water Supply	No. of Facilities without 24 X 7 Electricity supply	No. of Facilities with 24 X 7 Power back up out of No. of facilities without 24 X 7 Electricity supply								
Number of DH	Number	Number	Number	Number	Number								
Sub District Hospital	Number	Number	Number	Number	Number								
FRU CHC	Number	Number	Number	Number	Number								
Non FRU CHC	Number	Number	Number	Number	Number								
24 X 7 PHC	Number	Number	Number	Number	Number								
Normal PHC	Number	Number	Number	Number	Number								
Subcentre	Number	Number	Number	Number	Number								
Urban Health Centre	Number	Number	Number	Number	Number								
MCH Wing	Number	Number											
SNCU	Number	Number											
NBSU	Number	Number											
NBCC	Number	Number											
No. of cold chain points	Number	Number											
	Sanctioned	Functional		Sanctioned	Functional		Sanctioned	Functional		Sanctioned	Functional		
NRC	Number	Number	Blood Storage Unit (BSU)	Number	Number	DEIC	Number	Number		Number	Number		
Blood bank	Number	Number	Skills lab	Number	Number	AFHC	Number	Number		Number	Number		
Human Resource	Sanctioned	In Position	Human Resource	Sanctioned	In Position	Human Resource	Sanctioned	In Position		Sanctioned	In Position		
CMHO	Number	Number	Medical officer	Number	Number	Lab Technician	Number	Number		Number	Number		
ACMO & RCHO	Number	Number	Gynaecologist	Number	Number	Staff Nurse	Number	Number		Number	Number		
Regional Program Manager	Number	Number	Anaesthetist	Number	Number	Pharmacist	Number	Number		Number	Number		
DPM	Number	Number	Paediatrician	Number	Number	ANM	Number	Number		Number	Number		
Block Program Manager	Number	Number											
	SBA	BEmOC	EmOC	Dakshata/CAB	Skills lab	NSSK	PPIUCD	LSAS	Newer Contraceptives (Antara, Chhaya)	FPLMIS			
Medical Officer	Number	Number	Number	Number	Number	Number	Number	Number	Number	Number			
Staff Nurses	Number	Number	Number	Number	Number	Number	Number	Number	Number	Number			
ANM	Number	Number	Number	Number	Number	Number	Number	Number	Number	Number			
Store Manager													



Aspirational District Unit, MoHFW

FACILITY ASSESSMENT CHECKLIST

 SUPPORTIVE SUPERVISION CHECKLIST (Facility Checklist) 													
Name of Supervisor		Organization			Designation		Level of Supervisor						
Date of Visit:		State:			District:		Block:						
Facility Name:				Facility type (SC/Non 24x7 PHC/24X7 PHC/Non-FRU/CHC/SDH/DH/MC)									
Name & Designation of facility in charge/Nodal officers:					Facility Level (L1/L2/L3)								
A. Data (Last month)													
OPD load :		IPD load :		Total ANC registered/Attended :				Number					
Total no. of beds		Beds in MCH ward											
A.1. Deliveries and Post Partum Contraception :						A.2. Delivery Outcome							
Total Deliveries		C-section			PPIUCD	PPS	Live birth	Preterm Birth	Still birth			LBW	
Number		From 09:00 AM to 06:00 PM		Number					Number	Number	Number		Fresh
		From 06:00 PM to 09:00 PM		Number									
		From 09:00 PM to 12:00 AM		Number									
Normal		From 12:00 AM to 06:00 AM		Number									
Assisted		From 06:00 AM to 09:00 AM		Number									
Number				Number									
A.3. High Risk Labour Cases					A.4. Family Planning			A.5. Abortion and Post abortion care					
		Refer In from other facilities	Total Cases	Managed at Facilities	Referred out at Higher facilities								
PPH		Number	Number	Number	Number	Male Sterilization		Number	Abortions		Total		
Pre eclampsia/ Eclampsia		Number	Number	Number	Number	Injectable MPA (Antara program)		Number	Spontaneous		Number		
Severe Anemia (Hb < 7 gm/dl)		Number	Number	Number	Number	Interval IUCD		Number	MTP		Number		
Preterm		Number	Number	Number	Number	Minilap Sterilization		Number	PAIUCD		Number		
HIV		Number	Number	Number	Number	Laparoscopic Sterilization		Number	PAS		Number		
A.6. High Risk Pregnancy Cases													
Categories		Refer In from other facilities	Total Cases	Managed at Facilities	Referred out at Higher facilities	Categories		Refer In from other facilities	Total Cases	Managed at Facilities	Referred out at Higher facilities		
Severe Anemia (Hb < 7 gm/dl)		Number	Number	Number	Number	Pre eclampsia/ Eclampsia		Number	Number	Number	Number		
Antepartum Haemorrhage		Number	Number	Number	Number	Previous C-Section		Number	Number	Number	Number		
Gestational diabetes mellitus		Number	Number	Number	Number	HIV		Number	Number	Number	Number		
A.7. Newborns immunized before discharge						A.8. Deaths							
BCG		OPV		Hep B		All three		Neonatal Death		Maternal Death		Deaths attributable to Sterilization	
Number		Number		Number		Number		Number		Number		Number	



Aspirational District Unit, MoHFW

HEALTH & WELLNESS ASSESSMENT CHECKLIST

		SUPPORTIVE SUPERVISION CHECKLIST (Health and Wellness Center Assessment Checklist)							
Name of Supervisor		Designation of supervisor		Organization		Level	Block/District/State/National		
State:		District:		Block:					
A. Primary Health Centre/Urban Health Centre									
No. of Beds	Number	Population Covered		Number	Infrastructure availability as per IPHS		Y/N		
Building	Rented / Government	Power Back up 24x7		Y/N	Space for yoga/health promotion		Y/N		
Status of Repair	Completed/ Underway	Patient waiting area to accommodate 20-25 people		Y/N	Toilets (Numbers)	Male _____	Female _____		
Regular water supply	Y/N	Privacy during examination is assured		Y/N	Approach Road Connectivity		Y/N		
Branding done	Y/N								
A.1. Availability of Human resources and their training			Response	NCD Training	Availability of Human resources and their training		Response	NCD Training	
MBBS Doctors			Number	Number	LHV		Number	Number	
Staff nurse			Number	Number	MPW - Female		Number	Number	
Pharmacist			Number	Number	MPW - Male		Number	Number	
Lab Technician			Number	Number	ASHA		Number	Number	
A.2. Availability of Diagnostic Facilities (Minimum Requirement)									
Haemoglobin	Y/N	Urine Pregnancy Rapid Test		Y/N	Malaria Smear (RDK)		Y/N		
TC, DC, Platelet count, Peripheral smear, ESR, Bleeding and Clotting time	Y/N	Urine Dipstick - urine albumin and sugar		Y/N	Serology for vector borne disease-Dengue,		Y/N		
Blood grouping and typing	Y/N	Blood Glucose (biochemistry)		Y/N	Rapid Syphilis Test (Rapid Plasma Reagin- RPR kit test)		Y/N		
HIV Serology: Rapid Test	Y/N	Water Quality Testing-H2S strip test for faecal contamination		Y/N	TB Microscopy- AFB Smear - Collection of sputum samples and AFB where PHC serve as designated microscopy centre		Y/N		
Typhoid serology	Y/N	Serum Bilirubin		Y/N	Wet mount- Direct Microscopy (RTI/STD)		Y/N		
Sickle Cell testing- (other blood tests at higher hub)	Y/N	Stool for OVA and cyst		Y/N	Availability of essential Medicine as per IPHS		Y/N		
A.3. Availability of IT Infrastructure					Y/N				
Desktop/ Laptop	Y/N	Internet Connectivity		Y/N	NCD App Operational		Y/N		
Tablets for co-located Sub-Centre	Y/N	RCH Portal/ ANMOL App Operational		Y/N	Linkage with Higher facility		Y/N		
A.4. Service Delivery	Completed		Target		Service Delivery		Completed		Target
Population enumeration	Number		Number		Oral Cancer		Number		Number
CBAC filling	Number		Number		Breast Cancer		Number		Number
NCD screening for -	Number		Number		Cervical Cancer		Number		Number
Hypertension	Number		Number		Total OPD from last three months		Number		
Diabetes	Number		Number		Average OPD per day		Number		

Aspirational District Unit, MoHFW

COMMUNITY ASSESSMENT CHECKLIST

 Ministry of Health and Family Welfare Government of India		SUPPORTIVE SUPERVISION CHECKLIST (Community Assessment Checklist)						 NATIONAL HEALTH AUTHORITY GOVERNMENT OF INDIA		
Name & Designation of the Supervisor:			Organization:			Level:	Block/District/State/National/Others			
State:	District:		Block:		Name of Village:		Date of visit			
1. VHND Assessment				2. Interview with ANM						
1.1	Whether ANM provides following services during a VHND?		2.1	Is Community distribution of Misoprostol for home deliveries implemented?	Y/N	3	Does she refer case of presumptive TB to nearest microscopy centre for diagnosis.	Y/N		
a	Routine Immunization	Y/N				3.1	Does she provide IEC and community awareness regarding TB symptoms and availability of free services?	Y/N		
b	Family planning services and counselling	Y/N	2.2	Are high risk pregnancies identified and separately line-listed at the health facility?	Y/N	3.2	Status of Population enumeration	Number		
c	Ante-natal care (Essential diagnostics+ counselling)	Y/N	2.3	Were maternal/child deaths reported from the area of the sub-center in last 1 year?	Y/N	3.3	Status of CBAC forms	Number		
d	Post-natal care (Essential diagnostics+ counselling)	Y/N	2.4	Whether the Maternal death reviewed	Y/N	3.4	Is the IT application being used ? - Data of population enumeration and CBAC added to the Tablet	Y/N		
e	Nutrition and Health promotion to children and Adolescents	Y/N	2.4.1	Reviewed- Y/N If death reviewed, were corrective actions taken for the probable community causes?	Y/N	3.5	Screening services started			
1.2	Is Growth monitoring done at Anganwadicenter/ VHNDs?	Y/N	2.5	Number of SAM children identified in the community (Data can be collected from AWW/ANM)	Number	3.5.1	Hypertension	Number		
1.3	Is Routine Immunization micro-plan available at VHND session?	Y/N	2.6	Number of SAM children referred to Nutritional Rehabilitation Centre (NRCs)/ higher centre?	Number	3.5.2	Diabetes	Number		
1.4	Is Due list for Routine Immunization, AN,PNC available with ASHA/ANM	Y/N	2.7	Has the ANM been trained on RKSK (including Peer educator component)?	Y/N	3.5.3	Oral Cancer	Number		
1.5	As per due list did 75% of the beneficiaries attend the VHND session?	Y/N	2.8	Has the ASHA been trained on RKSK (including Peer educator component)?	Y/N	3.5.4	Breast Cancer	Number		
			2.9	Does the ANM function as Treatment Supporter (DOT Provider)	Y/N					

Aspirational District Unit, MoHFW



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