

USAID *Vriddhi* Scaling Up RMNCH+A Interventions

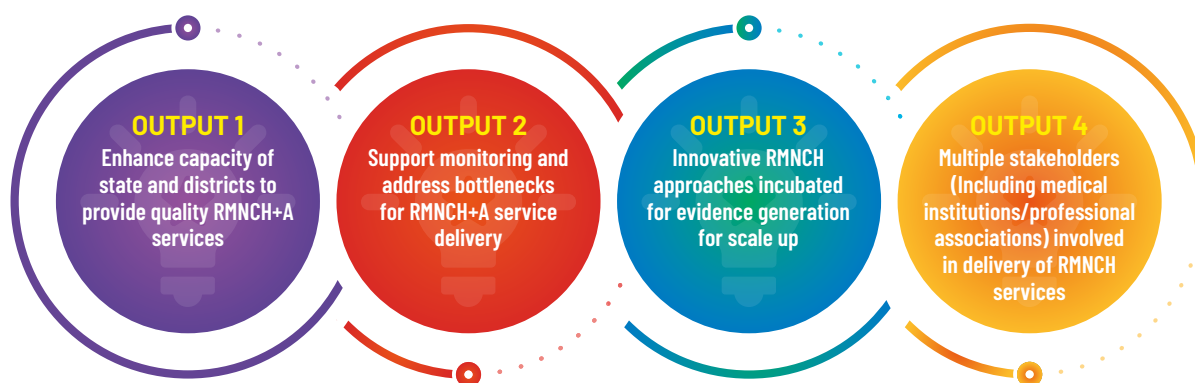
VRIDDHI SCALING UP RMNCH+A INTERVENTIONS

Vridhhi is a USAID flagship program which supports scale up of high impact Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) interventions with the goal of preventing child and maternal deaths. It partners with governments of seven states and the Ministry of Health and Family Welfare (MoHFW), Government of India (GoI), uses a system based approach, leverages resources and establishes collaborative partnerships to expand the reach of RMNCH+A interventions.

Goal: Reduce preventable maternal, neonatal and child mortality

Objective: Scale up high Impact Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) interventions to prevent maternal and child deaths

Strategic Outputs



Guiding Principles



Adopting a Systems-Based Approach



Leveraging Resources



Establishing Partnerships

Strategic Interventions



01

Technology for Improved Efficiency

Introducing hand-held doppler for FHR monitoring; multimodal pulse oximeter for pneumonia management; mobile apps for – tracking high risk pregnancies, capacity building.



02

Developing MNH Implementation Models

Introducing Family participatory care (FPC), Revitalizing Newborn Stabilizing units (NBSU), Rolling out Home Based Care of Young child (HBYC), Establishing MNH Resource Centre.



03

Health System Strengthening

Improving Quality of Maternal and Newborn Care - LaQshya, DQCI, SQCI Strengthening Health System Functions - RAASTA, FPLMIS, Public Financial Management.

The project impacts a population of 328 million across 15 states with a primary focus on 8 million pregnant women, 7 million newborns and 23 million children under 5.

8 Million
PREGNANT WOMEN

7 Million
NEWBORNS

27 Million
UNDER 5 YEAR
CHILDREN

- 
- ASSAM
 - JHARKHAND
 - MEGHALAYA
 - ODISHA
 - UTTARAKHAND
 - ARUNACHAL PRADESH
 - HARYANA
 - MADHYA PRADESH
 - MIZORAM
 - PUNJAB
 - CHHATTISGARH
 - HIMACHAL PRADESH
 - MANIPUR
 - NAGALAND
 - TRIPURA

01.

USING TECHNOLOGY FOR IMPROVED EFFICIENCY

Maternal and newborn health have been using technology and newer knowledge effectively to improve service delivery, clinical case management and save lives even in resource constrained environments. *Vridhhi* project has prioritized technology based interventions to address critical barriers in maternal and newborn health service delivery. These include introduction of new devices for monitoring fetal heart rate and screening for pneumonia by peripheral health outposts, and the use of mobile technology for capacity building of health service providers and linking outreach health workers with BEmOC and EmOC services.





Improving FHR Monitoring Using a Standardized Hand-held Doppler Device

Vridhhi established a collaborative partnership with Laerdal Global Health and worked closely with three state governments Jharkhand, Uttarakhand and Odisha to introduce a standardized, user friendly handheld doppler device to monitor Fetal Heart Rate efficiently and effectively. The device has enabled healthcare workers to monitor FHR as per guidelines so that timely obstetric interventions can be done to help save newborn lives.

101 Service providers have been trained to use the device

19,409 Mothers have been monitored with the device (n=20628, Mar 19 to Sep 20)

895 newborns were detected with abnormal FHR as compared to baseline (294) (Sep 19 to Sep 20)



Using a Multi Modal Device (MMD) for Improved Pneumonia Diagnosis and Management

A multimodal pulse oximeter has transformed pneumonia management at selected Health and Wellness Clinics. By bringing objectivity and reliability to clinical assessment the device has improved provider confidence to deliver appropriate care and enhanced community trust in the HWCs.

Vridhhi partnered with Masimo, the producers of the niche multi-modal device pulse oximeter, to transform pneumonia management in peripheral health outposts.

5,121 Children with ARI have been assessed till Sep 2020

95% Cases are being managed correctly as per protocol till Sep 2020





Promoting the use of mHealth App for Capacity Building of Health Service Providers to Promote Safe Deliveries

The Safe Delivery App (SDA) developed by Maternity Foundation, has been adopted by the National LaQshya program as a tool for quality enhancement of care at birth. Understanding the potential of SDA *Vridhhi* partnered with Maternity Foundation to take the tool to scale in 7 project states – Jharkhand, Uttarakhand, Odisha, Chhattisgarh, Haryana, Himachal Pradesh and Punjab. The SDA has improved competencies and confidence of health service providers to conduct safe deliveries and to manage maternal and newborn complications. The SDA content is being updated with project support to include newer critical interventions of family participatory care and care of small and sick newborns.

19,442 downloads of the App till Sep 2020
2,209 Certified experts in 7 states till Sep 2020



Introducing a Technology Enabled Solution for Tracking of High Risk Pregnancies in Remote Areas

High risk pregnancies are particularly, vulnerable for fatal complications. Project *Vridhhi* collaborated with the State Government of Himachal Pradesh to overcome challenges of early identification and continued follow up and care of HRP's especially at peripheral health sub-centres. The solution includes a Mobile App – SEWA – Systems E-approach for Women At Risk – designed for use by health workers, their supervisors and linked referral units including CEmOC services. SEWA App provides standard protocols of detection and follow up of HRP's based on GoI's newly developed algorithms for HRP.

The App has streamlined a systems-based approach for management of high-risk pregnancies. SMS reminders ensure safe delivery for 93.4% HRP's in remote, hilly areas of Himachal Pradesh.



4,340 Pregnancies registered till Sep 2020
1,216 HRP's detected till Sep 2020

02.

DEVELOPING IMPLEMENTATION MODELS TO CATALYZE CHANGE

Maternal and Newborn Health is a special concern of the Government of India and there is a constant search of newer effective interventions that will help to save babies. Several policy initiatives have been taken to introduce newer initiatives for newborn care at health facilities and in outreach settings. However, despite enactment of policy the uptake of several newborn health interventions has been slow. The project selected four critical interventions for support and has demonstrated implementation models for each of them.





Family Participatory Care an Innovative Approach to Improve Quality of Care and Survival of Newborns

Family Participatory Care is a low-cost innovative approach for enhancing survival of premature and sick newborns. It empowers primary caregivers to partner with healthcare staff to care for their babies during hospitalization. The FPC approach was introduced to 30 SNCUs catering to 35 Aspirational Districts of 6 states - Jharkhand, Uttarakhand, Chhattisgarh, Haryana, Himachal Pradesh and Punjab.

312 Master trainers developed in 7 states
22,699 sessions of FPC held for parents till Sep 2020

9,026 caregivers of 8,732 LBW newborns attended KMC session till Sep 2020



Home Based Young Child (HBYC) Care for Enhancing Survival and Early Childhood Development

The objective of the HBYC program is to reduce child mortality and morbidity, improve nutrition status, growth and early childhood development of young children during the critical first 1000 days, through home visits at pre-defined time points. Vridhhi has supported the state government of Jharkhand to conduct a detailed gap analysis covering system readiness to implement the program and assessment of knowledge and practices of service providers as well as families. The implementation model is designed to address the gaps through a systematic process including orientation, capacity building, supportive supervision and regular reviews in three Aspirational Districts of Jharkhand of Lohardaga, Simdega and West Singhbhum.

63,012 Number of children visited by SAHIYA till Sep 2020

1,067 Supportive Supervision visits conducted in 3 focus districts





Implementation Model to Revitalize Newborn Stabilization Units (NBSUs)

A systematic approach of gap filling and capacity building was used to make 15 Newborn Stabilization Units (NBSUs) functional in the states of Jharkhand, Uttarakhand, Haryana and Punjab. NBSUs are a critical link in the newborn continuum of care, the functional NBSU are helping to avert many deaths by ensuring immediate assessment, identification of danger signs and appropriate emergency management of sick, LBW newborns who are stable.

1,526 Newborns admitted till Sep 2020
61.3% admissions are LBWs till Sep 2020



MNH Resource Centre a Model for Engaging Medical Colleges in Quality Assurance of Clinical Practices in Public Health Facilities

Maternal and Newborn health (MNH) Resource Centre (MNHRC) is an implementation model to engage Medical Colleges in improving quality of maternal and newborn case management practices. Vriddhi has supported operationalization of the first MNHRC in Rajendra Institute of Medical Sciences (RIMS), a premier medical colleges at Ranchi in Jharkhand state. The MNH Resource Centre links the mentor facility (A medical college e.g. RIMS) with mentee facilities (Selected District Hospitals and high case load FRUs using a hub and spoke model). The program has developed supportive supervision and hand holding tools for improving quality of maternal and newborn care. The process involved using clearly defined criteria to assess quality of clinical practices, building mentoring capacity of concerned RIMS staff, using structured checklists and follow up protocols to bring about behavior change at mentee facilities. The resource centre is a viable and feasible model for buttressing the suboptimal quality of pre-service education and in-service trainings of many public health service providers with the latest knowledge and case standards.

2,46,875 Estimated PW of the 4 districts
2,24,432 Estimated Infants/Live Births of the 4 districts

03.

STRENGTHENING HEALTH SYSTEM FUNCTIONS

The project works closely with Ministry of Health at national and state levels and all of its work contributes to strengthening health systems. This section includes those interventions that directly aim to strengthen a particular aspect of health systems such as interventions for quality improvement of services, planning, supply chain management, financial management.



IMPROVING QUALITY OF MATERNAL AND NEWBORN CARE



DQCI Improving Quality of Care in District Hospitals

District Hospital Quality of Care Index (DQCI) is a tool that uses information from system data portals (HMIS, SNCU online) to assess the performance and quality of services provided in District Hospitals. Data from public portals and periodic observation is triangulated and presented in a concise and easy-to-interpret quarterly dashboard. *Vriddhi* project in close collaboration with state governments has implemented this tool in 25 District Hospitals in aspirational districts of five states (Jharkhand, Uttarakhand, Himachal Pradesh, Punjab & Haryana). The intervention has helped to demonstrate the usefulness of HMIS data, improved accuracy of reporting and promoted evidence based decision making. Decisions impacting quality of service delivery include – introduction of C-Section Audit, improved drug availability, lab services strengthened etc. After four quarters of implementation improvement is evident in several areas:

84% facilities administer birth dose of hepatitis B vaccine

64% facilities increase in number of C-Sections

60% facilities have enhanced availability of staff nurses



Supporting LaQshya Implementation

LaQshya is a National Labor room (LR) quality improvement initiative. *Vriddhi* support to LaQshya includes policy, implementation and monitoring support through the LaQshya program management unit embedded in the MoHFW. In project states the project works closely with state governments to facilitate and catalyse facility accreditation process in the 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.

State LaQshya Certifications

132 Units (78 LR & 54 Maternity OTs in 7 states) till Sep 2020

National LaQshya Certification

86 units (51 LRs & 35 OTs) till Sep 2020



SNCU Quality of Care Index (SQCI) Improves Quality of Care in SNCUs in 25 Aspirational Districts

SQCI is a tool that uses data from GoI's SNCU Online software to create a composite index derived from 7 select indices reflecting gaps in quality clinical care, mortality outcomes of the SNCU and optimal utilization of services. Vridhhi has applied SQCI to SNCUs in 25 ADs in 5 states (Jharkhand, Uttarakhand, Haryana, Himachal Pradesh and Punjab), to generate analyzed quarterly reports. Policy makers and program managers in the 5 states regularly review the SQCI reports and recommendations to initiate actions to improve quality of care in the SNCUs. Some actions taken include improving supply of drugs and equipment, specific need based refresher training to SNCU staff, regular follow up on gaps from state. Observations by end of fourth quarter an – Mar 2020:

35.4% increase in overall composite index score

6 of 7 state improved rational use of antibiotic index

6 of 7 states improved Survival of good weight babies index



STRENGTHENING HEALTH SYSTEM FUNCTIONS



RAASTA a Tool for Evidence Based, Performance Oriented Planning in Districts

RAASTA –RMNCH+A Action Agenda Using Strategic Approach, is a systematic RMNCH+A program performance review that guides evidence based health planning. The tool extracts and compiles national, state and district level data from public data portals. The process builds the capacity of state and district level planners and programmers for analytical appraisal of data, clarifies concepts of national and state intervention packages,

promotes identification of bottlenecks and facilitates devising solutions to address these. RAASTA workshops were held in Jharkhand (5 ADs) and Uttarakhand (2 ADs). The final outcome costed RMNCH+A action plans that were included in state PIPs for 2020-21 for both the states.

106 Health officials in Jharkhand and Uttarakhand trained on the RAASTA approach

7 Aspirational District Health plans incorporated in state PIPs for 2020-21

1,076 lakh (approx.) was leveraged for new activities proposed through RAASTA



FPLMIS – Streamlining Supply Chain Management of Family Planning Commodities

FP-LMIS – Family planning Logistics management information system is a MoHFW initiative that aims to improve access to family planning commodities by end users. This is paradigm shift from earlier supply chain management and hence required additional support for its operationalization. *Vridhhi* has been supporting the FP-LMIS intervention since June 2018 and currently supports the intervention in 10 states (Assam, Chhattisgarh, Jharkhand, Madhya Pradesh, Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland and Tripura). *Vridhhi* support includes facilitation of mapping of FPLMIS facilities and users from the district to the ASHA level, training of service providers and ensuring indenting and issue of FP commodities through the software. Till September 2020:

1,87,135 (74%) facilities have been mapped in the software

66,554 (36%) FPLMIS users trained against mapped

54,600 (29%) total indent against mapped

64,932 Providers have been trained

>50% (n=25,733) of the mapped ANM have started indenting across all the 10 states



Strengthening Public Financial Management (PFM) of Improve Resource Efficiencies

PFM is an important element of Health System Strengthening. The aim for strengthening PFM in Assam is to work towards improving state oversight of the process by designing and implementing a monitoring framework that helps decision making and action at various levels. It is envisaged to address operational measures that would lead to improved financial management that could improve the efficiency and effectiveness of fund utilization and improve health outcomes.



Vriddhi: The Promise and the Potential

USAID's flagship project *Vriddhi* is mandated to scale-up high-impact RMNCH+A interventions. As a technical partner it supports the Government of India and seven state governments of Jharkhand, Uttarakhand, Haryana, Himachal Pradesh, Punjab, Odisha and Chhattisgarh to achieve its objective. *Vriddhi* has designed multiple innovative approaches to address gaps in RMNCH+A continuum of care, generating implementation experience and learnings for contextual adaptation across the country. In an additional ten states of Madhya Pradesh, Assam, Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland and Tripura it supports specific health systems strengthening initiatives for logistics management of the family planning program. Project interventions impact a population of 328 million across 15 states.

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