



# Snippets 2017

**Vridddhi, a USAID flagship Project, focuses on scaling up high impact Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) interventions with the goal of preventing maternal, newborn and child deaths. It partners with governments in six states and Ministry of Health and Family Welfare (MoHFW) at the national level to catalyze change, innovate solutions, strengthen implementation and monitoring, and contribute to policy to expand the reach of RMNCH+A services. Core interventions of the Project are National RMNCH+A Supportive Supervision and the Care around Birth approach.**

## Supportive Supervision

The initial phase of the Project was marked by the institutionalization of a nationwide Supportive Supervision (SS) process that enabled MoHFW as well as state governments to track status of delivery points across the country. This was also marked by a strong partnership between key RMNCH+A stakeholders. SS findings revealed gaps in labor room organization and practices, supplies and record keeping - underpinning the need to strengthen the systems and staff capacities at delivery points to improve quality of care.

## Care around Birth

To reduce maternal and neonatal mortality, Vridddhi designed, developed and implemented a 'Care around Birth' (CaB) approach to improve quality of care during intrapartum and immediate postpartum periods. The approach was introduced in 141 high caseload delivery points across 26 HPDs in the six USAID-supported states (Delhi, Haryana, Himachal Pradesh, Jharkhand, Punjab, and Uttarakhand).

## From the Project Director's Desk

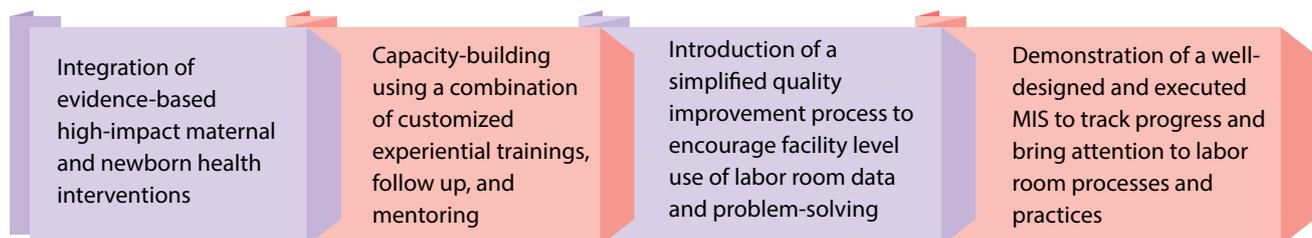


*Vridddhi, USAID's flagship Project, operational since 2014 in six states has a story to tell about how numerous lives of mothers and newborns can be saved by effective implementation of multiple evidence-based high-impact interventions using an integrated yet simplified system approach in low resource settings. This reflects that investment in peripheral health facilities and health workforce is the key to reach the last mile and drive the program at scale to achieve the intended impact.*

*We share glimpses of our journey, in this edition of Snippets 2017. Our varied experience will pave the way ahead – improving the planning, fine-tuning implementation approaches and bringing hope for the future.*

Dr. Rajeev Gera

The Care around Birth approach involves:



## Strategies for Scaling up

A key project approach to achieve its purpose of scaling up RMNCH+A interventions has been systematic and sustained efforts to facilitate the implementation of policies and guidelines. Some examples are:

- disseminating national guidelines widely
- developing implementation protocols to ensure policy standards (e.g. strengthening 14 evidence-based high impact practices under the CaB approach)
- demonstrating field implementation models for slow-moving interventions (e.g. community-based advance distribution of misoprostol, kangaroo mother care (KMC) at special care facilities, community level use of amoxicillin and gentamicin and home based newborn care)
- adapting national guidelines and policies for states (e.g. newborn action plans in Jharkhand and Haryana, 'operational guidelines for control of pneumonia' in Himachal Pradesh)

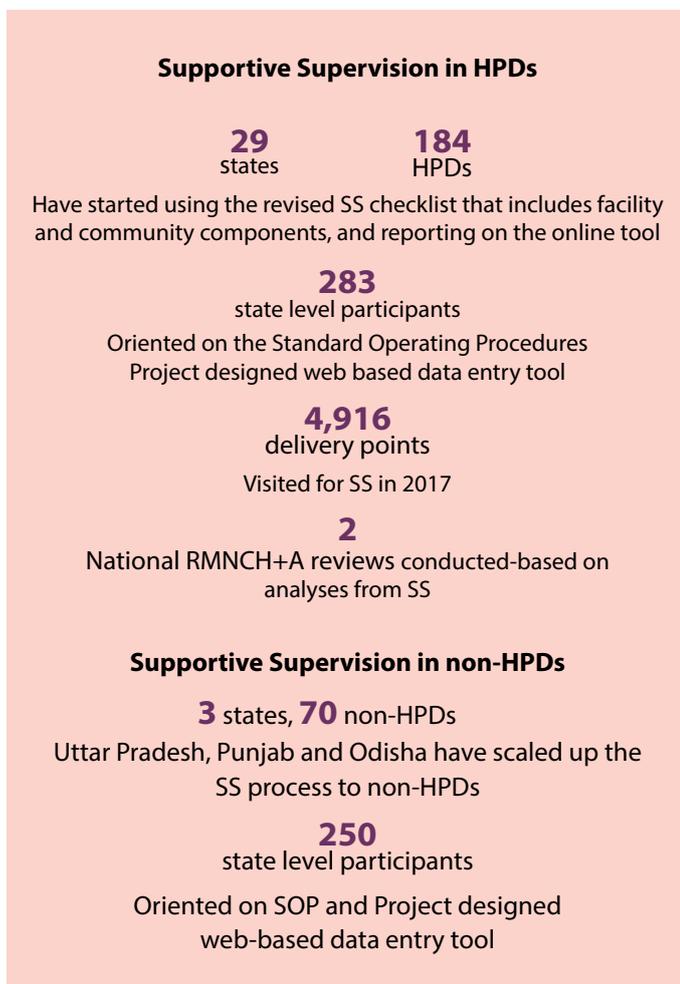
## Private Sector Engagement

Private sector engagement is a key strategy of *Vridhhi* that aims to improve the reach of RMNCH+A services. *Vridhhi's* implementing partner John Snow India Pvt. Ltd. adopted a consultative, evidence-based, sequenced approach to develop a private sector engagement strategy. It convened a consultation involving national and state governments. It has identified potential areas of engagement with the private sector for providing maternal and newborn health services in the six Project states.

## Key Achievements of 2017

### Nationwide Supportive Supervision

Nationwide Supportive Supervision (SS) that began with tracking delivery points has been broadened to reflect RMNCH+A services and include community level monitoring. The progress in 2017 shows promise.



### Care around Birth Approach

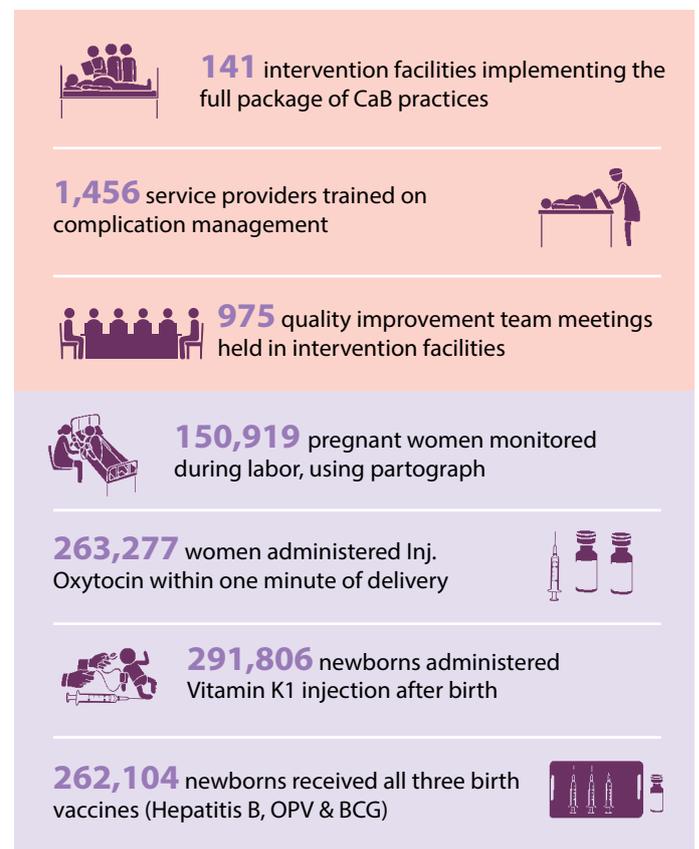
The CaB approach continued to strengthen care of every mother and newborn at the time of birth and introduced a complication management package for delivery points. This includes obstetric emergency drills for Postpartum Hemorrhage (PPH), eclampsia, and kangaroo mother care for low birth-weight newborns at intervention facilities.



Kangaroo mother care practice in facilities

“Facility preparedness to deal with PPH and eclampsia is critical to prevent maternal deaths. For this we practice obstetric drills regularly and I highly recommend the same across facilities.”

Dr. Poonam Joon, Senior Specialist, Obstetrics and Gynaecology Dept., Sanjay Gandhi Memorial Hospital, Mangolpuri, New Delhi



### Scaling Up

The *Vridhhi* experience has informed scale-up within HPDs and to non- HPDs.

**82.69** Million USD fund allocated for RMNCH+A scale up over the last three years

**33** Non HPDs introduced CaB approach in Delhi, Haryana and Himachal Pradesh

**124** State and district level master trainers trained in the states of Delhi, Haryana, Jharkhand and Uttarakhand

## Glimpses from states

While all the states implemented Supportive Supervision and the Care around Birth approach, each state made its own unique contribution to scaling up RMNCH+A services.

### DELHI

#### Improving services for the urban poor

*Urban Health and Nutrition Day (UHND)*

UHND promotes access to maternal and child health services for the urban poor. The state government is scaling-up the *Vridhhi* supported UHND demonstration model in urban slums of North West district, to the entire state and has allocated 326.667 USD for this.

*Care around Birth*

- 9 Non HPDs have introduced the CaB approach
- 67 master trainers were trained by the *Vridhhi* team
- 9 districts have completed cascading district level training
- 200+ labor room staff have been trained

### HARYANA

#### Promoting survival of newborns

*Vridhhi* supported the development of the Haryana Newborn Action Plan and facilitated 21 district newborn action plans.



Launch of Haryana Newborn Action Plan

### HIMACHAL PRADESH

#### Overcoming difficult terrains

*Vridhhi* collaborated with the state government to initiate the program, community-based advance distribution of misoprostol to prevent PPH. The pilot was commissioned in April 2016, in Janjehli block of Mandi district. The block had a low rate of institutional deliveries (11%), attributable largely to extreme weather conditions and inaccessible geographies.

**Institutional delivery increased from 11% to 59%**



**Since inception 1,664 deliveries were reported in Janjehli block in Mandi district**

*Vridhhi* is supporting scale-up of the pilot in 11 blocks of HP, its roll out in 30 blocks of Jharkhand and has shared the misoprostol package with states of Telangana, Gujarat, and Rajasthan.

### JHARKHAND

#### Demystifying and disseminating maternal health

*Vridhhi* led the technical assistance in the state. Maternal health guidelines were abridged and translated to local language for frontline workers, to facilitate implementation. Dissemination of the guidelines in cascading model included training of:

- 73 district level master trainers from 24 districts
- 165 block level trainers from 7 HPDs
- 1592 frontline workers in 7 HPDs

### PUNJAB

#### Addressing adolescent anemia

*Vridhhi* supported the state government to develop Operational Guidelines for the Weekly Iron Folic Acid Supplementation (WIFS) scheme to overcome implementation challenges related to supply, reporting, and coverage of WIFS. In Barnala the pilot district there is:

- **100% stock** available across all:
  - 666 Anganwadi centers
  - 308 Schools
- **Increased coverage** of adolescents who received 4 or more IFA tablets in a month
  - 42% (April 2017 to September 2017)
  - 78%

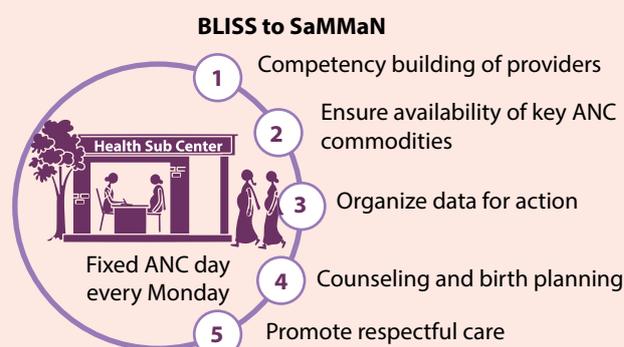
### UTTARAKHAND

#### Strengthening outreach services

The pilot initiative, Block Level Implementation Strengthening Support (BLISS) in Laksar block, Haridwar district was designed to improve quality and coverage of ANC services with an emphasis on identification and care of high risk pregnancies, and strengthening services at subcenters. Within one year there was:

- **30-fold** increase in distribution of IFA tablets to pregnant women
- **22.5%** increase in institutional delivery rates

SaMMaN - Safe Motherhood and Newborn Health Initiative, a state initiative to improve maternal and newborn health incorporates learnings from BLISS for scale-up across the state in a phased manner.



## Expanding horizons

### Launch of the Project website

The Project website "<http://www.rmnmcha.in>" launched in February 2017, provides an overview of *Vridhhi's* interventions. It has already attracted 2,260 users and 12,632 page views.



The website [www.rmnmcha.in](http://www.rmnmcha.in) is live



The Project shares news and updates on its twitter handle @ USAID\_RMNCHA

## Sharing learnings

The Project used the opportunities provided by various national and international platforms to showcase its work and present its learnings. The Project participated in the Global Summit, Acting on the Call (AOTC) in Ethiopia and was a finalist at the British Medical Journal (BMJ) Awards for the best quality improvement team of the year.



Participating at the AOTC, Ethiopia, 2017

## Voices from the field

*Vridhhi* has helped us implement WIFS properly in our school. We feel very happy that children now ask us for the blue (IFA) tablet every Wednesday.

Harpinder Kaur, Head Teacher, Government Primary School, Dhanaula, Barnala, Punjab

The concept of using ICTC counselors as FP Counselors materialized due to *Vridhhi's* support – a convergence that WHO is examining at a global level. We are encouraged by this.

Dr. Jyoti Sachdeva, CMPO (SAG), SPO (Family Planning)  
DoHFW, Government of NCT of Delhi

The *Vridhhi* team contributed to the roll out of PMSMA at the state level; their support was valuable in monitoring the PMSMA sessions at the district hospital.

A.P. Sinha, Civil Surgeon, District Hospital, Saraikeela, Jharkhand

At QI meetings, staff nurses identified areas that needed improvement and were encouraged to come up with solutions. This boosted their sense of ownership, motivating them to perform better. *Vridhhi* made this possible through QI meetings that are actually mini-platforms for capacity building and understanding the dynamics of team work.

Dr. Tarun Kumar, Urban Nodal Officer and CaB Nodal Officer,  
District Hospital, Hisar, Haryana

We realized that seeing is believing while participating in TIP 1 and TIP 2 training. Through demos, drills and discussions, we refreshed our understanding of concepts and dos and don'ts. We understood the relevance of each step - when exactly to administer inj. Oxytocin, how to fill partograph and what to do as part of respectful maternity care - from admission for delivery to discharge from the facility.

Pushpa, LR Incharge, HNB Base Teaching Hospital, Khisru block,  
Pauri Garhwal, Srinagar

*Vridhhi* continues to partner the Ministry of Health and Family Welfare, Government of India



LaQshya launch



USAID funded *Vridhhi*: Scaling up RMNCH+A Interventions, is managed by a consortium led by IPE Global.

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