

# Improving Quality of Maternal and Newborn Health in India

Fact Sheet: July 2016

**Partners:** Government of India (GoI), State Governments of Rajasthan, Maharashtra, Uttar Pradesh, Jharkhand, Andhra Pradesh and Telangana, Madhya Pradesh, Odisha; Federation of Obstetric and Gynecological Societies of India (FOGSI).

**Donors:** Children’s Investment Fund Foundation, MSD for Mothers, Norway India Partnership Initiative.

Jhpiego is strongly committed to improving the quality of care in the field of maternal and newborn health (MNH). Focusing strategically on the intrapartum and immediate postpartum period—the periods of highest risk of morbidity and mortality for both mothers and babies—Jhpiego’s MNH programming aims to institutionalize high-impact, evidence-based practices at health facilities providing MNH care through two major approaches—the Safe Childbirth Checklist (SCC)<sup>1</sup>, and the clinical standards using Standards-Based Management and Recognition (SBM-R).



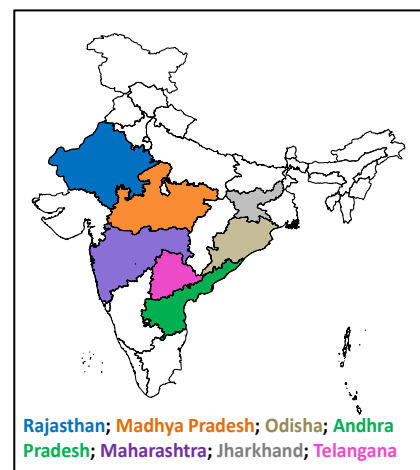
**Implementation Approach of Jhpiego’s MNH Programs**

<sup>1</sup> This checklist has been adapted from the World Health Organization’s Safe Childbirth Checklist

## Dakshata- Government of India’s strategic initiative for Quality Improvement in Labor Rooms



On April 30, 2015, GoI launched *Dakshata*, a strategic initiative aimed at strengthening the quality of care during and immediately after childbirth through competent, skilled and confident providers. Jhpiego has been GoI’s lead technical partner in developing this initiative. The program draws heavily from the learnings of Jhpiego’s quality improvement initiatives—the SCC program in Rajasthan and the standards based quality improvement program in Maharashtra. While the SCC has been used to define the framework of action, approaches such as the use of clinical standards, clinical skill standardization training, post-training



**Geographic Coverage of Dakshata**

mentorship and support, and data for decision making and improvement have been used as the main pillars of this initiative.

The SCC program, which has informed the Dakshata initiative, was a three year program first initiated in Rajasthan in mid-2012. The goal was to implement the SCC at select public sector health facilities providing childbirth care in the state and evaluate its impact on perinatal mortality rate (still birth and mortality within the first 7 days) among children born in these centers using a quasi experimental design. Seven intervention districts (101 health facilities) and six control districts (99 health facilities) were identified for this proof of concept study. The Checklist program brought about a remarkable transformation in practices with an independent evaluation showing 11% reduction in in-facility perinatal mortality at the intervention sites.

Another approach that significantly informed the Dakshata initiative was Jhpiego’s SBM-R approach. The SBM-R approach to quality improvement was first implemented at

Maharashtra, with a goal to implement and demonstrate a responsive model to improve the quality of intrapartum and immediate postpartum care at high delivery load facilities. Significant improvements were seen within a year, such as usage of oxytocin for active management of third stage of labor (AMTSL) increased from 9% to 98%, usage of partograph rose from 9% to 64%, and measurement of blood pressure (BP) at the time of admission for delivery increased from 14% to 98%.

With Jhpiego’s support, GoI’s Dakshata program is currently being implemented in over 80 districts across the selected states (states marked in map on page 1). High case load facilities in the focus

districts of each state have been identified, and the baseline assessments (to assess adherence to recommended practices, skill levels of providers, and availability of essential supplies) have been completed. The first phase involves operationalization of Dakshata at the district level, sensitization meetings with selected clinicians, administrative managers and leaders.

The strategic approach works at different levels—with Training of Trainers (ToT), identification of Master Trainers, and further trainings of labor room staff, including doctors and nurses—in using the SCC, essential life-saving skills, and evidence based practices and competencies. Jhpiego also provides strong post-training hand-holding support to saturated<sup>2</sup> health facilities through mentorship visits which ensure program sustainability.



**Skill Building under Dakshata**

Till date, Jhpiego has conducted 23 ToTs, preparing almost 400 master trainers across these states. Close to 300 district level trainings have been completed where more than 4000 participants (doctors and staff nurses) have been trained on the key

evidence-based, life-saving practices under this initiative. Jhpiego staff has conducted more than 500 facility-based Mentorship and Support Visits (MSVs) across the saturated facilities. These MSVs have been designed as structured hand-holding activities, wherein emergency obstetric drills on key maternal and neonatal complications are also conducted with the facility staff. These help to orient the facility staff on complication preparedness and readiness. Other components of the visits include strengthening the labor room environment, improving resource availability, better record

<sup>2</sup> Facility where all providers have been trained

keeping and reporting, and onsite practice for strengthening of key skills.

## Leveraging Private Enterprise to Improve Maternal Newborn Health and Family Planning in India

Considerable efforts have been made in the recent years to increase access to high-quality institutionalized care during antenatal, delivery, and postpartum periods at public sector healthcare facilities. However, despite contributing to care for a large proportion of institutional deliveries, the private sector has not received similar focus. There is a need for quality improvement in the private health facilities and engagement with government schemes in a more structured fashion. Jhpiego, in collaboration with the state and national governments and FOGSI, and with support from MSD for Mothers, is implementing a three-year program which aims to increase access to high-impact, evidence-based antenatal, intrapartum and immediate postpartum care to mothers by leveraging the presence and enterprise of private sector providers in Uttar Pradesh and Jharkhand.

Under this program, Jhpiego is implementing a quality of care framework (clinical standards of performance) at select high delivery load private sector facilities, and is working with the respective state departments to streamline the accreditation process of these providers under schemes such as Janani Suraksha Yojana (JSY). The project is being implemented in eleven large cities of these two states—Lucknow (including Barabanki), Kanpur, Meerut, Agra, Varanasi, and Allahabad in Uttar Pradesh; Ranchi, Giridih, Dhanbad, Bokaro, and Jamshedpur in Jharkhand. Approximately 140 private sector facilities are being targeted under this program.

As a first step under Jhpiego’s SBM-R approach to improve the quality of care, Jhpiego facilitated the development of clinical standards for intrapartum and immediate postpartum care for private sector facilities through national and state level

consultations in Delhi, Uttar Pradesh and Jharkhand which were attended by government representatives, local FOGSI chapter office-bearers, and select private providers. This was followed by city-level program plan dissemination and standards sharing workshops in all the 11 cities. More than 350 private providers, including those selected for program implementation, participated in these meetings where they learned about the clinical standards and the SBM-R process for quality improvement.

In Uttar Pradesh, 5 internal assessments (including baseline assessment) have been completed at all 76 facilities. In Jharkhand, all five assessments have been completed in 62 facilities. Out of the total numbers, 50 facilities in Uttar Pradesh and 47 in Jharkhand have been assessed by FOGSI assessors till date.

A customized two-day training package has been developed for the private sector providers, incorporating the need to focus on the essential practices that address major causes of maternal and newborn mortality, the specific needs identified through the baseline assessments, including the vision of introducing newer guidelines and techniques such as the SCC etc. into regular practice.

Around 1300 providers have been trained in life-saving intrapartum and immediate postpartum care



practices, with around 400 being trained alongside for delivery of

postpartum family planning (including postpartum IUCD) services. Apart from



these clinical trainings, Jhpiego has also trained more than 250 data handling staff for efficient data collection using standardized tools (partograph, labor room birthing register, SCC etc.)

Jhpiego’s strategy to build the capacity of private providers involves:

1. An innovative **simulation exercise** focusing on key intrapartum and immediate postpartum care practices.
2. Regular mentorship and support visits at target facilities to provide onsite support in facilitating resource availability, do needs-based skill corrections among trained staff, and help create an enabling environment for translation of learned skills into practice.
3. Piloting the **m-health** package, where, using mobile phones, messages and reminders are sent to women attending antenatal clinics for ensuring better practice leading to safe outcomes in pregnancy.
4. Piloting the comprehensive **safe delivery kit**.
5. Introducing **labor room registers** to generate evidence through recording of delivery related data.

|                               | Jharkhand              | Uttar Pradesh          |
|-------------------------------|------------------------|------------------------|
| Simulation exercise           | 78                     | 73                     |
| Mentorship and Support Visits | 872                    | 1092                   |
| m-health package              | 8 facilities           | 23 facilities          |
| Safe Delivery Kit             | More than 90% utilized | More than 90% utilized |
| Labor room registers          | More than 90% utilized | 100% utilized          |

\*Till June 2016

With the aim of bringing the private and public sector health providers on the same platform, Jhpiego

is organizing experience sharing workshops at all project cities.

Jhpiego is also facilitating the pilot for joint NABH-FOGSI certification mechanism, with 6 facilities (across UP and Jharkhand) already been assessed on NABH pre-entry level and FOGSI clinical standards. With support from MSD for Mothers, Jhpiego’s India and Uganda offices have jointly developed a global toolkit for quality improvement of MNH services in the private sector. This toolkit aims to improve the quality of MNH services across the private sector facilities globally, and was launched at the 2016 Women Deliver Conference in Copenhagen.

### Way Forward

Jhpiego, with support from NIPI and CIFF, aims to work with GoI and the state governments of Madhya Pradesh, Odisha, Rajasthan, Andhra Pradesh, and continue its support in Maharashtra, Jharkhand and Telangana, to implement the Dakshata program. This initiative has been envisioned as a “game-changer” strategy by experts and various government and non-government counterparts, in achieving Sustainable Development Goal-3, “Ensure healthy lives and promote well-being for all at all ages”.

Jhpiego with support from MSD for Mothers is facilitating the NABH-FOGSI joint certification mechanism to develop a viable quality assurance system for the private sector. The global MNH toolkit for private sector, developed jointly by India and Uganda, will be utilized for quality improvement process, and serve as a foundation to initiate a self-sustainable quality assurance mechanism (through accreditation and linkages with various financial schemes). Jhpiego is also working on developing a website for hosting this toolkit for the global arena.