VRIDDHI

EXPANDING THE REACH OF QUALITY HEALTH CARE
Vriddhi, a USAID supported project focuses on scaling up high impact reproductive, maternal, newborn, child and adolescent health (RMNCH+A) interventions with a goal of preventing maternal and child deaths. Its mandate to improve coverage of health services in 26 of the Government of India’s (GoI) designated high priority districts (HPD) in six states¹, which lag behind in health indicators with uneven and inadequate health coverage, underscores the primary focus on reaching populations that remain beyond the reach of quality health care services.

There are several barriers to accessing quality health care in these focus districts. Geographic challenges are typical of certain districts, while others grapple with lack of quality services. Through its interventions across the spectrum of RMNCH+A, Vriddhi has addressed barriers related to geographies, deep-seated socio-cultural norms, political and economic challenges, race and gender, and delivered services to those who remain on the fringes of quality health care.

Project interventions and strategies have been mindful of varied topographies, such as hilly regions of Himachal Pradesh and Uttarakhand and left-wing extremism-affected districts in Jharkhand, as well as challenges related to quality and equitable access to health care. Vriddhi’s initiatives in the focus states also helped to strengthen the policy and program ecosystem at the state level.

**IDENTIFYING BARRIERS AND BUILDING SOLUTIONS**

Vriddhi aims at improving access to health systems by developing and testing solutions to overcome existing bottlenecks. Thus, Vriddhi targeted barriers that impede health care access by addressing issues related to health service delivery.

The key project strategies to reach the unreached populations were:

- Improving quality of services being accessed, including mindsets and behaviors of service providers.
- Building inclusiveness by facilitating access to health care services for crucial target groups such as expectant mothers and adolescents, who have been held back by beliefs, taboos and norms, and age and gender-related barriers.
- Tailoring interventions to suit the local context.

¹ Delhi, Haryana, Himachal Pradesh, Jharkhand, Punjab and Uttarakhand
ADOPTING SUITABLE STRATEGIES

A. EMPHASIZING EQUITABLE, QUALITY CARE

CARE AROUND BIRTH
Addressing all the pillars of RMNCH+A, Vriddhi zeroed in on the period around birth with focused strategies to improve quality of maternal and newborn care. Vriddhi’s Care around Birth (CaB) approach drew upon the WHO ‘Quality of Care’ framework, pivoting around health systems strengthening (HSS) efforts. The CaB approach emphasized building capacities of labor room and health facility staff using innovative training techniques, improving quality of services through Quality Improvement (QI) processes, and enabling access to quality services for the community.

Care around Birth approach implemented in 141 facilities of 26 HPDs in 6 focus states of Delhi, Haryana, Himachal Pradesh, Jharkhand, Punjab and Uttarakhand.

The CaB approach complemented the Government’s demand side schemes such as Janani Suraksha Yojana (JSY), to strengthen facility level care for an ever-increasing load of institutional deliveries. A holistic approach, Care around Birth focused on empowering labor room staff to become agents of change, to enhance their participation in improving their work environment and provide quality health care to mothers and newborns even in underserved and hard-to-reach areas.

Addressing both competency and attitudinal issues has helped to enhance staff motivation and confidence to perform optimally. The approach sensitized staff to empathy and respectful maternity care and emphasized the importance of quality provider-client interactions, non-discriminatory care and the criticality of providing the full package of services including counseling, to every mother who gave birth in their facility.

While the approach aimed to improve provision of care by optimizing work efficiencies through addressing systemic issues of suboptimal competencies and knowledge, supply and logistics, and management of labor rooms, it also focused on improving the client’s experience of care. In addition to improving technical competencies the intervention worked to enhance soft skills of service providers including interpersonal communication (IPC) to promote respectful and equitable care.

Kangaroo Mother Care (KMC) for low birth weight babies was one practice that illustrated how staff engaged with families to help them become active partners in promotion of survival and development of the newborn. Fathers, grandmothers and other relatives were moved to start providing KMC to the newborn to help them survive and grow and also to give relief and rest to the mother. The entire practice helped break socio-cultural barriers and stereotypical roles of only the mother caring for a newborn and created acceptance for breastfeeding.

This client-centric approach helped improve the overall experience of care for women, building a feeling of trust and confidence in them to access health care services in the future.

After the CaB trainings, I realized that a woman who has come for delivery gets a lot of comfort if we give her emotional support. Now I’m careful while dealing with women who come for delivery. I try to be patient with them and take care not to hurt their sentiments.”

Monika
Staff Nurse
Sanjay Gandhi Memorial Hospital
North West Delhi

My daughter-in-law was in a lot of pain after her delivery. She was unable to give KMC to my grandson. However, I stepped in and have been giving KMC to the child everyday according to the nurse’s instructions.”

Zaikharun Bibi
Beneficiary, 52 years old
Madhuban, Kathikunth Dumka district, Jharkhand
REACHING WOMEN WHO DELIVER AT HOME

Socio-cultural norms play a significant role in persisting preference for home deliveries. Geographical barriers compound the challenge of breaking these norms. Certain pockets in Himachal Pradesh have high home delivery rates, owing to difficult terrain, inclement weather and social norms. Women delivering at home remain beyond the reach of the health system and complications such as postpartum hemorrhage (PPH) continue to be a major cause of maternal deaths. Similarly, in the state of Jharkhand, widely scattered and remote rural habitations, difficult geographical terrain and traditional beliefs and practices all contribute to high home delivery rates.

Vriddhi supported the Government of Himachal Pradesh to pilot an implementation model of ‘Community Based Advanced Distribution of Misoprostol’ intervention in the remote Janjehli block of Mandi district in Himachal Pradesh. The aim of the pilot was to reach women delivering at home during the antenatal period – with counseling advice highlighting the importance of safe childbirth, advantages of delivering in a health facility, and in case this is not possible, then using misoprostol to prevent PPH after a home delivery. Postnatal follow up and care was emphasized for all newly delivered mothers. The intervention reached 1,422 pregnant women, with counseling and misoprostol tablets (where eligible). There was a significant increase in women opting for institutional births and most women who delivered at home consumed misoprostol tablet (83%) as advised.

In my area, from April 2017 to February 2018, 56 deliveries have been conducted at home and 80 deliveries in institutions. I think this increase in the number of institutional deliveries has been because of the misoprostol program as women are counselled in favor of institutional deliveries.”

Heera Devi
Sub Center Deodhar
PHC Bali Chowk, Janjehli block
Mandi, Himachal Pradesh

Outcomes
(May 2016 – Feb 2018)

88% of women delivering at home received misoprostol tablet
83% women delivering at home consumed the tablet

Institutional births increased from 11% to 60%

Reported birth outcomes increased from 45% to 89%
Before my delivery, I was all alone and scared. But Geeta Devi [Sahiya] was my savior. She gave me misoprostol to ensure that I did not bleed excessively. I am well now and blessed with a healthy baby.

Anita Devi
25-year-old mother
Jama block, Dumka, Jharkhand

Seeing the positive results of pilots, the misoprostol program has now been scaled up in 12 additional blocks across HPDs in Himachal Pradesh and in five districts of Jharkhand.

Reaching homes, overcoming resistance
Regular and structured interaction of frontline workers with pregnant women and their families helped ASHAs and Sahiyas

- To reach women who could not go for institutional deliveries in their homes and give them misoprostol tablets to prevent PPH with instructions on their use.
- To convert many potential home deliveries into institutional deliveries.
- Postnatal care helped to ensure that women did not face any complications due to use of misoprostol and the newborn was healthy.

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C. ADOLESCENTS IN FOCUS

ADOLESCENT HEALTH INTERVENTIONS STRENGTHENED
Adolescents remain on the fringes of health care due to social norms, particularly stigmas attached to adolescents seeking health care. This situation is further aggravated by challenges faced in implementation of adolescent-focused programs to meet the needs of this stage of the life cycle. The RMNCH+A strategy and the Rashtriya Kishor Swasthya Karyakram (RKSK) have set the agenda for prioritizing adolescent health needs and Vriddhi adopted guiding principles from the above to improve service delivery mechanisms for adolescents.

The project focused on improving access of adolescents to health care in several ways – it worked on strengthening Adolescent Friendly Health Clinics (AFHCs) in facilities across the six project states and HPDs, strengthened anemia control interventions for both school going and out of school adolescents in Punjab,
The RBSK team and nodal teachers have been trained well as part of the WIFS program. Training has improved their commitment and accountability towards distribution of IFA tablets among children, and they are able to counsel skeptical parents about the benefits of IFA supplementation in addressing anemia. This is helping change mindsets of students and parents."

Dr. Yogesh Sehgal
Assistant Medical Officer
RBSK, Punjab

Conducting UHNDs properly is an extremely satisfactory experience for me, as many pregnant women tell me that I give them adequate time and they are able to share their problems freely. They feel happy with the time I invest in them and the counseling I provide.”

Pratibha
ANM, Mother and Child Welfare (M&CW) Center
C Block, Sultanpuri
North West Delhi

facilitated district level monitoring systems of adolescent health interventions in Jharkhand, supported development of an adolescent specific communication plan in Haryana and roll out of community based adolescent health interventions in Uttarakhand.

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Family, social and occupational compulsions often prevent families from seeking health care for women and children even during critical stages of pregnancy, infancy and early childhood. Quality outreach services that bring services closer to home have helped to bring many of these unreached population groups into the fold of health care. Vriddhi has supported state governments of Delhi and Uttarakhand to strengthen implementation of outreach services in urban slums and rural areas. 

D. STRENGTHENING OUTREACH SERVICES FOR MOTHERS AND CHILDREN

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IMPROVING SERVICES FOR URBAN POOR

Vriddhi supported Delhi state to systematize implementation of ‘Urban Health and Nutrition Days’ (UHNDs) to improve access to health care for the urban poor, by strengthening, streamlining and regularizing organization of UHND to deliver a package of services for mothers and children including antenatal care, registration, immunization, identification and tracking of high risk pregnancies. In response
Vriddhi: Expanding the reach of quality health care

STRENGTHENING OUTREACH SERVICES IN RURAL AREAS

The pilot initiative, Block Level Implementation Strengthening Support (BLISS) in Laksar block, Haridwar district of Uttarakhand was designed to improve quality and coverage of antenatal care services with an emphasis on identification and care of high risk pregnancies and strengthening services at sub centers.

Designed as a fixed day, fixed site approach, this intervention has helped to improve access to health care for the poor through assured, quality services at sub centers.

Key achievements

- About 600,000 people living in the slum area of North West district of Delhi have access to better health care services.
- State is scaling up UHND to underserved pockets of the remaining 10 districts.

Visible changes

Establishment of learning labs as part of BLISS model which helped in continued learning and translated into better detection of HRPs and birth planning

Fixed ANC days as per BLISS model led to larger turnout of women

Cadre of frontline health workers trained

Increase in institutional deliveries due to birth planning intervention as part of BLISS model

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

Key elements of BLISS model

- Fixed ANC day every Monday
- Ensure availability of key RMNCH+A commodities
- Competency building of service providers
- Make data actionable
- Promote respectful care

Key achievements

- 198,000 people reached
- Scaled up to 30 blocks in 3 HPDs
E. TOWARDS GENDER EQUITY IN HARYANA

SUPPORTING POLICY AND DATA FOR GIRL CHILD SURVIVAL

Gender discrimination has reached alarming levels in Haryana. The low sex ratio at birth\(^2\) (836) is a cause for concern because girls are being denied the right to live. Vriddhi supported the Haryana government’s commitment to promote welfare of the girl child. It helped to draft state guidelines for Beti Bachao Beti Padhao (Save the girl child, educate her) campaign, which focuses on survival and development of the girl child. The state monitors the campaign using sex ratio at birth and needed accurate data to make its campaign successful.

Bringing the focus on sex ratio at birth is pushing health facilities and other authorities to not only ensure accuracy of data but also use this opportunity to find out why and where girls go missing.

Simultaneously creating opportunities for the girl child to develop to her potential is helping overcome deep rooted reluctance in society to raise a girl child.

Vriddhi provided technical support in validation of Civil Registration System (CRS) data for all 21 districts of the state. Vriddhi drafted standard guidelines for birth registration and designed information, education and communication (IEC) materials for birth registration units, to orient staff on the importance of accuracy in birth registration.

Validation of births registered has been institutionalized and the state plans to continue validating sex ratios at birth by involving a state medical college. Improving the sex ratio at birth is expected to bring a gender balance and help to build an equitable society.

WAY FORWARD

In its next phase (June 2018 – May 2020), Vriddhi support will expand to other underserved regions of the country. Learnings from the project will be scaled up in three additional states – Assam, Chhattisgarh, and Odisha – states with inequities and issues related to access. Vriddhi would endeavor to carry forward learnings from the earlier phase and continue its efforts towards making quality health services accessible to all.

Vriddhi : the promise and the potential

USAID’s flagship project Vriddhi is a technical partner to the Government of India and six state governments of Delhi, Haryana, Himachal Pradesh, Jharkhand, Punjab, and Uttarakhand. With the mandate of scaling up high-impact RMNCH+A interventions, Vriddhi, at the national level supports Government of India to formulate evidence-based policies and guidelines to implement RMNCH+A interventions. The project also facilitates concurrent evaluation of the programs across the High Priority Districts of the country through the National RMNCH+A Supportive Supervision system designed and implemented in collaboration with Government of India and RMNCH+A partners. Across the six focus states, and 26 HPDs therein, Vriddhi provides support in planning, training, implementation, and monitoring for effective coverage and quality of all RMNCH+A interventions. Reaching a population of 131 million in the six states, Vriddhi has designed multiple innovative approaches for implementation with learnings for contextual adaptation across the country.