

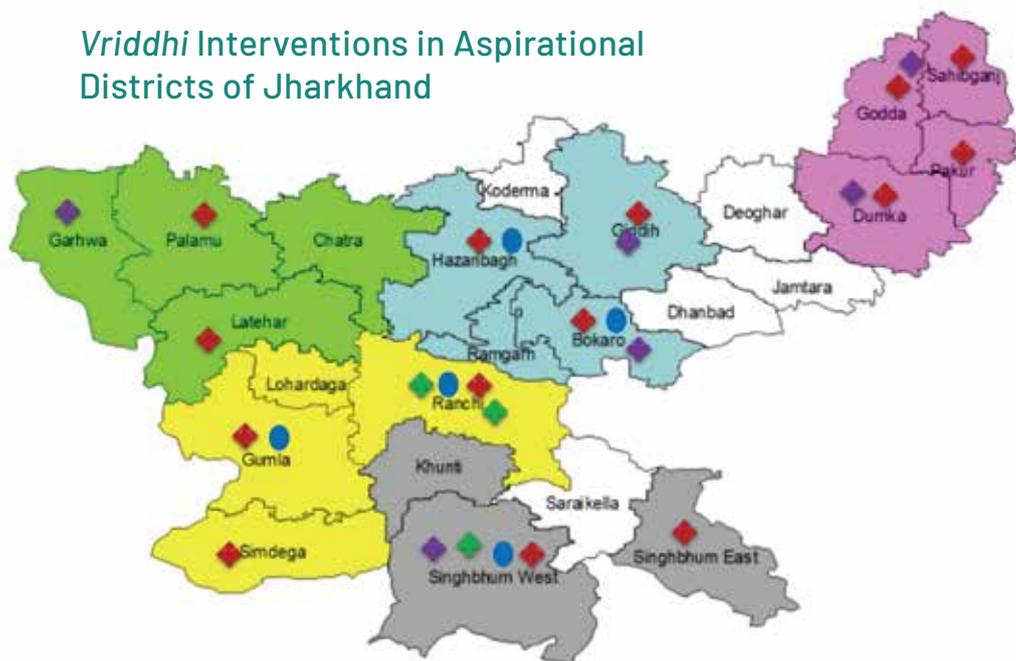
JHARKHAND

Improving Access to Quality Maternal and Newborn Care



Jharkhand, located in eastern India shares borders with the states of Bihar to the north, Uttar Pradesh to the northwest, Chhattisgarh to the west, Odisha to the south and West Bengal to the east. It's population of 3.3 crores is predominantly rural (76%) and consists of a high proportion of scheduled tribes (26%). The state has 24 districts of which 19 have been identified as Aspirational Districts - Dumka, Godda, Gumla, Latehar, Lohardaga, Pakaur, Palamu, West Singhbhum, East Singhbhum Sahibganj, Ranchi, Giridih, Ramgarh, Bokaro, Garhwa, Chatra, Palamu, Hazaribagh and Simdega. USAID's *Vridhhi* Project has focused its interventions in these aspirational districts.

Vridhhi Interventions in Aspirational Districts of Jharkhand



Activity	Aspirational Districts
RAASTA (DHAP)*	19
Technical Support to AD	19
LaQshya	19
DQCI*	19
SDA	19
HBYC	19
FPC	14
SQCI (SNCU)*	14
NBSU	06

* District Health Action Plan (DHAP)

* District Quality Care Index (DQCI)

* SNCU Quality Care Index (SQCI)

STATE PROFILE

STATE PROFILE		MORTALITY	
Persons*	32,988,134	Infant mortality ratio (IMR)**	30
Sex Ratio**	1002	Neonatal mortality ration (NMR)***	21
Number of 0-6 year children*	53,89,495	Maternal mortality ratio (MMR)****	71

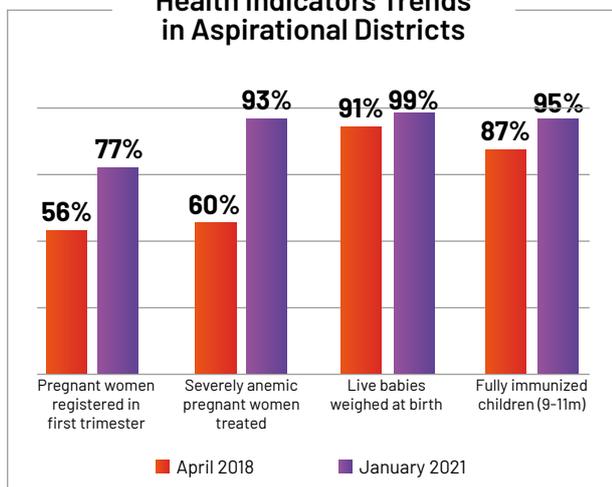
* Census 2011; ** NFHS 4 (2015-16); *** SRS May 2020; **** SRS 2018; ***** SRS 2016-18



TECHNICAL SUPPORT TO ASPIRATIONAL DISTRICTS (AD)

19 of the total 24 districts of Jharkhand state have been selected by the NITI Aayog under its Aspirational Districts program. These districts lag behind on health and nutrition as well as other development indicators and have become national and state priorities for transformational improvement and accelerated development. *Vridhhi* project also prioritized aspirational districts for its interventions. Additionally the project team has undertaken supportive supervision in the 19 Aspirational Districts visiting 130 health facilities and 25 Health and Wellness Centres (HWCs) and had 63 community interactions. Detailed gap analysis reports and action plans shared with facilities, district and state have enabled actions and resource mobilization to fill up the gaps. There has been improvement in health and nutrition across all.

Health Indicators Trends in Aspirational Districts



LAQSHYA - IMPROVING QUALITY OF CARE

LaQshya, the government of India (GoI) quality improvement initiative, aims to improve quality of care standards of labor rooms and maternity operating theatres (OTs) across the nation through a systematic process of gap identification and filling and capacity building. Facilities are awarded LaQshya certification when they achieve pre-defined standards for a variety of inputs and outputs including - infrastructure, human resources, clinical care, service delivery and client satisfaction. Project partnered with National Health Mission (NHM) Jharkhand for the rollout of the initiative. Project supports all areas of LaQshya implementation. And this includes:



Establishing Institutional framework as per guidelines



Strengthening planning functions, assessments, tracking progress



Capacity building and Mentoring



Developing job aids, documentation tools, communication materials



Institutionalizing Quality Improvement processes



Demonstrating innovative approaches

The COVID-19 pandemic interrupted LaQshya certification process because of travel restrictions and other measures. The project facilitated the state to resume LaQshya processes - an additional 380 participants trained and 23 online reviews conducted through online platforms, and the GoI instituted virtual interim national certification process introduced.

THE OUTCOME

22 UNITS (12 Labor rooms and 10 maternity OTs) receive state certifications

12 UNITS (7 Labor rooms and 5 maternity OTs) receive national certification



HOME BASED CARE OF YOUNG CHILD (HBYC)

In Jharkhand the project supported a state-wide roll out the Go's HBYC program. Building upon the home-based newborn care program (HBNC), HBYC broadens the scope of home-based support to cover children >6 weeks under 2 years. It aims to promote early childhood care and infant and young child feeding practices by mobilizing the vast cadre of community health workers.

In three districts – Lohardagga, Simdega and West Singhbhum the project used a more nuanced approach to generate evidence for a scalable implementation model, to benefit and state and beyond.

During the outbreak of COVID-19 pandemic the trained Sahiyas were mobilized for house-to-house surveillance and monitoring of cases, and to deliver messages related to hand-hygiene, social distancing and reporting early symptoms.

From April – December 2020

2,024 Sahiya Saathis (ASHA coordinators) trained

13019 Sahiyas (ASHAs) trained

6,93,371 Home visits reported

“After being trained in HBYC in November 2019, I have been conducting home visits in my village. But, since the COVID-19 outbreak, I have been monitoring home quarantine cases during these visits. I also give them information on infection prevention that I received on WhatsApp and through videos from Vriddhi.”

- Usha Kumari, Sahiya (Village Patahatu, Block Sadar, District West Singhbhum)

RMNCH+A ACTION AGENDA USING STRATEGIC APPROACH (RAASTA)

RAASTA is tool for preparing evidence-based district health action plan (DHAPs). Aligned with the annual health planning cycles RAASTA facilitates a thorough review of RMNCH+A programs, priority setting and realistic planning. It builds capacity of district and sub-district functionaries to review regular data to assess RMNCHA programs in their areas and find innovative solutions to improve coverage and quality of services. The RAASTA approach was introduced initially in five aspirational districts of the state through a 3-day intensive RAASTA workshop. Subsequently the approach was scaled-up to 14 remaining aspirational districts.

The RAASTA facilitated DHAPs are accelerating RMNCH+A program coverage in the by:



Enabling local prioritizing and planning based on data and experiential knowledge of stakeholders



Empowering district level functionaries to present and defend their priorities with their state officials



Exploring alternate financial opportunities to fund prioritized activities not included in state PIP

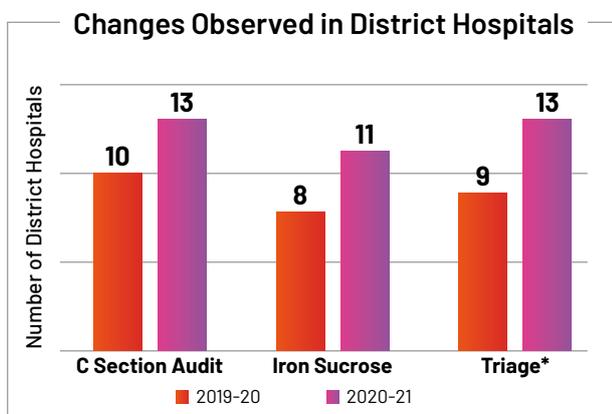
Examples of RAASTA recommendations included in the state PIP for 2020-21

Problem	Recommendation included in PIP
Pneumonia diagnosis and management very poor	IMNCI training to be conducted in the state
Early breastfeeding component needs strengthening	Navjat Shishu Suraksha Karyakram (NSSK) training using the new module



DISTRICT HOSPITAL QUALITY OF CARE INDEX (DQCI)

DQCI is an innovative dashboard that collates and presents analyses of public health system data to promote evidence-based decisions and actions for improving quality of care in District Hospitals. The dashboard implemented in district hospitals of the 19 Aspirational Districts in financial year 2019-20, led to decisions and actions that have resulted in improved - availability of specialists in district hospitals, spectrum of services and quality of care.



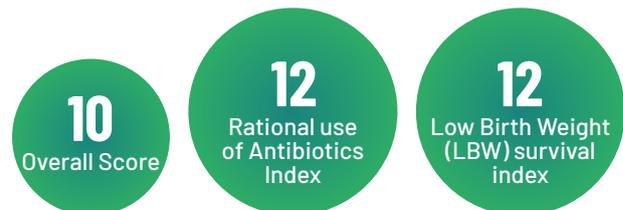
* Classification of cases for treatment according to severity of condition

SNCU QUALITY OF CARE INDEX (SQCI)

The special newborn care units (SNCU) quality of care index (SQCI), is a tool for analyzing data from SNCU online database in a manner that reflects performance and quality of services at these specialized units. SQCI is a composite index of 7 indicators that depict - optimal utilization of services; Mortality-outcomes; and Clinical practices. *Vridhhi* facilitated introduction of SQCI in 18 SNCUs of the state that admitted over 10,000 sick newborns in 2019-20.

Disseminating analysis and interpretation of SQCI outputs regularly to facilitate decision making, review and follow up has started yielding results - Improved availability of medical officers and nurses as well as clinical practices.

Number of SNCUs Improved scores (N=18)



FAMILY PARTICIPATORY CARE (FPC)

FPC is a novel intervention that allows parents to participate in the care of their sick newborns in hospitals alongside health care providers. Staff of 18 SNCUs including 14 SNCUs in aspirational districts were sensitized and trained on FPC. Trainings aimed at capacitating SNCU staff to conduct daily training sessions for parents and used methodology like group discussions, video, demonstrations and role plays to encourage maximum participation and promote adult learning. 53 master trainers, 19 Medical Officers, 34 Staff Nurses from SNCUs, further trained 153 SNCU staff at facility level. Thereafter SNCUs conducted training sessions for parents and also mentored them to care for their sick newborns.



8,896 Total FPC Session Held
Against Number of Admissions

9,436 At least one session
attended by parent against admission

27% Parents attended KMC Session*

* Out of parents whose newborns were less than 2kg in weight at the time of admission

"My twin babies are admitted in the Sadar Hospital at Gumla in the SNCU and I was very worried. They started showing us videos daily. I learnt to keep my babies on my chest and give KMC every two hours. I can see my babies improving."

- Chanchala Kumari, Mother,
Village Ghaghra Chapka, Block Ghaghra, Gumla



FETAL HEART RATE MONITORING

Intrapartum Fetal Heart Rate (FHR) monitoring is an evidence-based practice, that has potential to save many newborn lives. Traditionally FHR monitoring has been challenging mainly because the available tools were not reliable. *Vridhhi* Project identified a standard handheld doppler that met international quality standards, was CEA certified and FDA approved. The device produced by Laerdal Global Health, offered considerable design improvements over existing devices. It could reliably and accurately detect FHR within 5 seconds and also alert providers to abnormal FHR. After an initial training the device was introduced to three facilities Community Health Centre (Sub-district facility) Ratu, District Hospital Chaibasa and Rajendra Institute of Medical Sciences (RIMS) Ranchi. The device came into use immediately due to its ease of use, accuracy and acceptability for clients.

 **12,667** cases monitored for FHR

 **500** cases of abnormal FHR detected

SDA FOR CONTINUED LEARNING OF SKILLED BIRTH ATTENDANTS

The Safe Delivery App (SDA) developed by Maternity Foundation has been included as a quality improvement tool under LaQshya. It is a smartphone application that provides instant access to clinical guidelines on Basic Emergency Obstetric and Neonatal Care (BEmONC) and Infection Control. Users can download the App on mobile phones or tablets and learn at their own pace, assess their progress and earn certificates. The project helped to create a facilitative environment to promote self-learning by users. A new COVID-19 module has also been designed and launched in the state to promote COVID-19 appropriate practices. As a result of the intervention Jharkhand state has

 **2,066** users

 **544** users enrolled for learning

 **72** earned expert certificate

 **84** certified champions*

* Champions are expert in all the SDA modules



"The safe delivery app helps in identification of high risk pregnancy and management of complications during delivery by ANM posted in hard to reach remote areas. It is a great initiative for the state"

- Dr. Deepawali, Nodal Officer MH & Quality Assurance Cell, NHM Jharkhand

TRANSFORMING PNEUMONIA MANAGEMENT AT HWCs

A multimodal pulse oximeter has transformed pneumonia management at 5 Health and Wellness Centres (HWCs). The device produced by Masimo, is a low-cost, rugged, handheld multi-modal pulse oximeter with a rechargeable long-life battery and LCD display. It can deliver reliable non-invasive blood oxygen level (SpO₂) and respiratory rate measurements, capabilities that were till now only available at higher health facilities. 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. During the COVID-19 out-break the pulse oximeter ensured that pneumonia screening continued uninterrupted. Both provider and client felt protected because there was no direct contact and the device and patients exposed parts were easily sanitized.



2,003 Children with ARI screened for pneumonia



484 (24%) Pneumonia cases identified (versus baseline 0%)



13 Severe Pneumonia cases identified (versus baseline 0%)



1,143 (76%) Children with no pneumonia given home remedies

“Earlier I found it difficult to count respiratory rate, but now I have this pulse oximeter which is easy to use and measures both respiratory rate and oxygen saturation. Now I detect and treat Pneumonia confidently.”

– Prabhavati – CHO, HWC Silam,
District Gumla



REVITALIZING NBSUs IN JHARKHAND

A systematic approach of gap filling and capacity building succeeded in improving the functionality of Newborn Stabilization Units (NBSUs) in Jharkhand. The project collaborated with the state to demonstrate an implementation model to operationalize 5 NBSUs. The new three-day training package designed by project was used to train NBSU staff. Regular follow up, mentoring, highlighting gaps for achieving standards of care and sustained advocacy at local and state levels started to show results early. Utilization of NBSUs has improved vis-à-vis started admitting sick newborns, stabilized the very ill or low birth weight < 1,800 gram newborns before transporting to referral centres, and treated sick, stable newborns at the facility. HR, Infrastructure, equipment and supply gaps were addressed to meet the basic criteria per guidelines. Buoyed by the initial success the state with Project’s support scaled up the intervention to an additional 4 NBSUs.



47 staff trained for NBSU



1,605 sick newborns managed

“I along with three other staff posted at NBSU Manoharpur, were finding it difficult to manage our duty. However, after the 3-day NBSU training at RIMS Ranchi, in May 2019, we understood our roles and learnt to do our tasks correctly. Now we confidently manage small, sick babies and we have more admissions in our NBSU.”

– Shabnam Minj, Staff Nurse CHC Manoharpur,
West Singhbhum

ADDITIONAL PARTNERSHIPS TO INNOVATE FOR CHANGE

E-HBYC and Real Time Monitoring

E-HBYC with technological partner Laerdal Global Health expands coverage of HBYC even in remote areas of the state. The initiative enables virtual training of community health workers. The HBYC App developed in partnership with Velocity Inc. enables real time reporting and monitoring of the initiative. Designed to overcome pandemic restrictions E-HBYC and HBYC App will be useful even in normal times as alternate mechanism for capacity building and to improve efficiencies and scope of the program.

E-NSSK goes Digital

Vridhhi partnered with Aastrika to develop an e-NSSK package for virtual training of health service providers. The two-day e-module is used for group training followed by live demonstration and practice of newborn care. Senior project team trained 73 master trainers, who are continuing the district level trainings using the e-module.



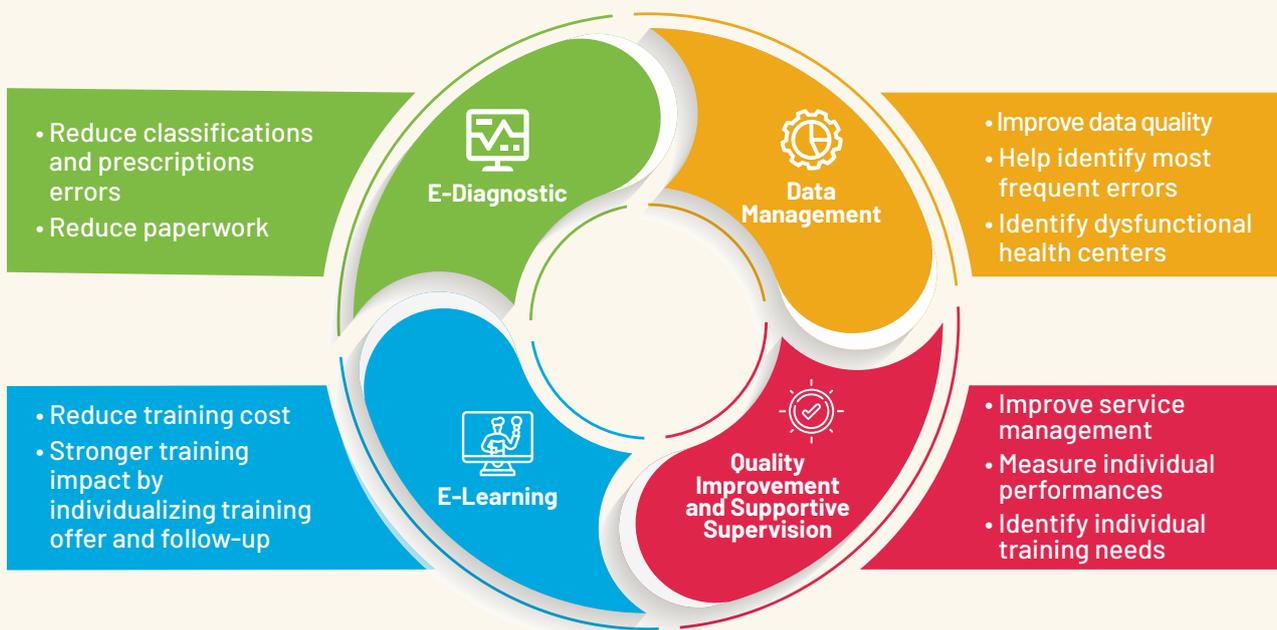
VISTRIT - Partnering FOGSI for Private Sector Engagement

Project *Vridhhi* is collaborating with the Safe Motherhood Committee of FOGSI to strengthen ante-natal care in private hospitals. "VISTRIT" initiative aims to standardize quality of care in antenatal period focusing on screening and management of Anemia and Gestational Diabetes Mellitus (GDM). The project facilitated the baseline assessment of 34 private facilities participating in the intervention. FOGSI trained health service providers in online mode and followed with offline mentoring and supervision.

An App for Real Time Monitoring of IMNCI

The project partnered with DIMAGI for contextualizing their e-IMNCI app to India, optimized for ANM online (ANMOL) tablets of AMNs and pilot testing it in the state of Jharkhand. The App enables – an alternate mode of capacity building for IMNCI, reporting and analysis of data, supportive supervision. Trainers from state and *Vridhhi* team have trained 70 participants from 3 districts.

Potential Impact of the Intervention



MATERNAL NEWBORN HEALTH RESOURCE CENTER (MNHRC)

The first ever state MNHRC was inaugurated on the 11th February 2020 through the joint efforts of *Vridhhi* Project, National Health Mission (NHM) Jharkhand and the 'Rajendra Institute of Medical Science' (RIMS), Ranchi. MNHRC is a model for ensuring standard clinical protocols for improved maternal and newborn care and survival. It links a centre of clinical excellence the mentor (A medical college) with mentee facilities (Selected District Hospitals and high case load FRUs).



"This Resource Centre has a great future, it will help us strengthen services for mothers and newborns for our state population of three and half crore."

- Dr. Shailash Chourashia, Former MD, NHM, Jharkhand



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. *Vridhhi* has been supporting the FP-LMIS intervention since June 2018. The project 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 February 2021:



541 (94%) Facilities have been mapped in the software



6,265 Users have been trained



>97% (n=3939) of the mapped ANM have started indenting online



*"We have been receiving constant support from USAID *Vridhhi* for capacity building as well as resource development for RMNCH, this has helped to bring significant improvement in our Aspirational Districts."*

- Shri Ravi Shankar Shukla, IAS, MD, NHM, Jharkhand

Vridhhi: Scaling Up RMNCHA Interventions

USAID's flagship project *Vridhhi* 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. *Vridhhi* 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.