Focus District Approach in improving Maternal, Newborn and Child Health Gates Institute Seminar, Johns Hopkins School of Public Health

Dr. Kaliprasad Pappu,
Director, NIPI Program
UNOPS

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National Rural Health Mission (NRHM) - 2005-2012

- Increased resources – Funds, HR etc
- Increased visibility for Maternal, Newborn and Child Health- JSY the flagship Scheme
- Decentralized planning
- Program Management Units
- Accredited Social Health Activists (ASHAs)

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Financial resources for Reproductive & Child Health under NRHM

Years	2005-06	2006-07	2007-08	2008-09	2009-10
	(million USD)				
NRHM (excluding Immunization)	56.4	196.7	417.6	650.8	702.8
Name of State	Audited expenditure (million USD)				Reported expen (mill USD)
Rajasthan	4.3	18.3	41.3	64.3	66.0
Orissa	4.7	8.3	21.2	28.2	35.9
Bihar	2.19	4.40	40.0	57.4	73.7
Madhya Pradesh	5.8	24.2	72.9	77.9	71.0

Source: NRHM, State PIPs

Trend of increasing expenditure on Reproductive and Child Health interventions under National Rural Health Mission

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Janani Suraksha Yojana (JSY)

	2005-06	2006-07	2007-08	2008-09	2009-10
Beneficiaries (million)	0.7	3.2	7.3	9.0	10.1
Expenditure (million USD)	8.5	56.9	167.8	275.9	327.5

Source: NRHM, MoHFW, GoI

Trend of increasing number of JSY beneficiaries from 2005-06 to 2009-10

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Learning from Common Review Mission I and II which informs Focus District Approach- Governance, Finance and HR issues

- System continues to lag behind in fund utilization.
- Challenges in both programme management and governance.
- NRHM brings in shift of focus to the Districts – but the scale of roll out and the rate of roll out seem inadequate.

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CRM learning-Planning challenges

- District level planning, has brought various data together and made a basic skeleton of a plan.
- The plans are not dynamic documents!
- District health planning must be taken to its next level- Plans, where budgetary resources flow according to the plan.
- States and Districts need the time to learn and improve.

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CRM learning-Community Ownership

- Hospital Development Societies are in place in all district, divisional and block hospitals and in most PHCs.
- Their role in safeguarding equity , along with quality of services- much needs to be done
- Untied funds at various levels - To increase the rate of utilization of these funds with more visible outcomes.

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CRM learning- Community Processes

- the ASHA programme has become the visible face of NRHM
- More attention to strengthening of key processes to sustain
- The quality and frequency of training,
- Regularizing payments,
- Refilling drug kits,
- Providing for special referral support
- Expanding the incentive package. .

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In **Summary**- The Gaps to be filled:

- Quality of Care improvement across continuum of Care and in attaining fully functional health facilities.
- Process reengineering in HR, Financial, procurement and civil works.
- Institutional strengthening for training and planning
- Strengthening Community Processes
- Improving and expanding coverage of existing schemes like JSY
- Using IT and Mobil technology for info, payments and data tracking

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NIPI Focus District Key Strategies

Health Interventions

- Facilitating MCH Centers development
- Facilitating Interventions along "Continuum of Care" in the facilities and the Home/Community level.

Process Improvement

- Rationalization of Resource Utilization and Process improvement including Finances, HR, Procurement, Civil Works and Training/Capacity Building.

Institutional Strengthening

- Establishing a State Child Health Resource Centre to act as the Think Tank for the State in Child Health.
- Strengthening of District and Block Management units- placement of maternal and Child Health Coordinators .
- Establishing District Training Centre for well coordinated quality training .

Cross Cutting Issues

- Leveraging IT for information, communication and payments

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NIPI focus districts

- In each of the four States (Bihar, MP, Rajasthan and Orissa) 3 Districts have been selected as NIPI focus Districts in consultation with the State- accounting for approximately 20 million population.
- These Districts are mid-level performers, i.e. districts with not the best or worst health indices; thus, they provide reasonable chance for demonstrating the benefits of a holistic and energetic interventions.

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NIPI to improve delivery of child & maternal health services

with focus on MDG 4 & related MDG 5

- An initiative to facilitate States to improve delivery of child and maternal health services with efficient techno- managerial and programmatic structures

- Uptake by the system is fundamental to success

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NIPI Approach

- NIPI funding works within the State budgetary system without strictly being part of the regular budget.

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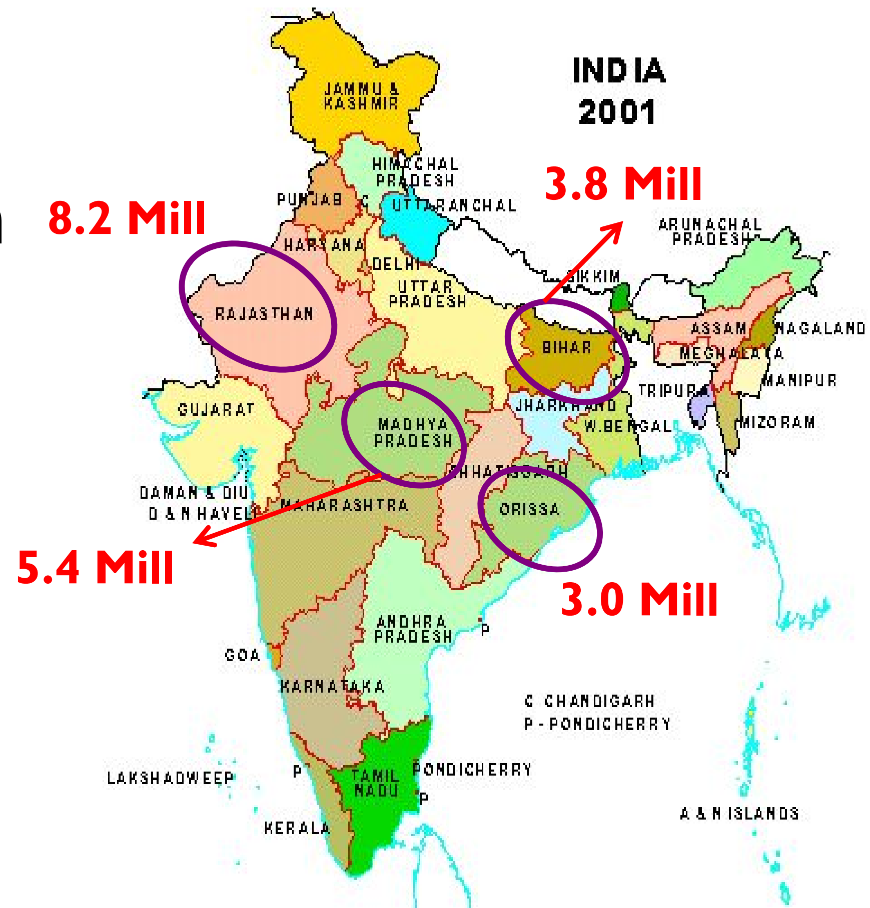
Geographical focus

- NIPI functions in 4 states – Bihar, Orissa, Rajasthan and Madhya Pradesh.
- In each state 3 medium performing districts for IMR are selected



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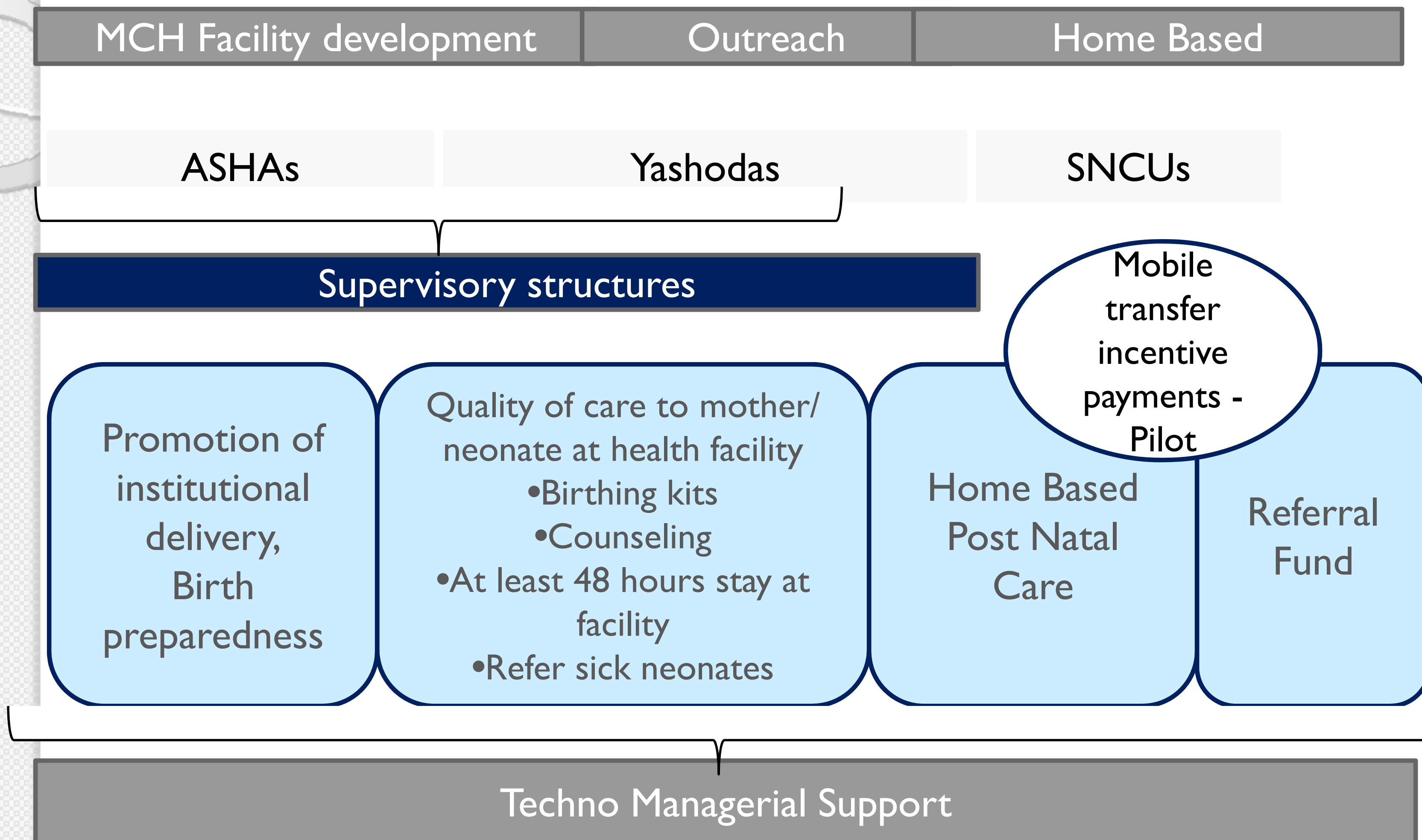
Interventions along continuum of care



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NIPI support at a Glance

- Total of 14,000 plus ASHAs in 12 Districts in 4 States in HBPNC reaching out to more than 150,000 mother newborn cohorts
- 1000 Yashodas in 93 district hospitals in four NIPI focus states providing care to 400,000 mother newborn cohorts
- 82 Techno Managerial staff at state, selected districts and block level
- 7 SNCUs operational in 11 districts
- Supervisory and monitoring mechanisms in place in the form of third party agencies

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Focus district approach – Planning for MCH facility development

- To map facilities and identify those with requisite inputs and utilisation for notification as "MCH Centres" for a catchment area
- To prioritise these facilities for upgradation/ strengthening by differential / enhanced allocation of resources
- Facilities identified as Level 1, 2 & 3

Select NIPI interventions focusing on Quality of Care for Mothers and Newborns

- Home Based Post Natal Care through ASHA
- Yashoda

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Home Based Post Natal Care through ASHA

- Home care of the newborn continues to be the weak link
- HBPNC delivers regular, systematic basic post natal maternal and newborn care at home
- Identify danger signs for referral of the mother and newborn.

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Delivery of Post Natal Care

- Systematic training to build skills of ASHA in coordination with National Neonatology Forum India, National Institute of Health Family Welfare & All India Institute of Medical Sciences
- Systematic visit schedule
  - First visit during the 8th month of Pregnancy for birth preparedness.
  - Second to 6th visit on the first, third, seventh, 14th, 28th and 42nd day after delivery.

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Mother Neonate Cohort

State (3 NIPI focus Districts in each State)	Total Estimated Deliveries	Target of 70% of estimated deliveries
Rajasthan	211327	147929
Orissa	63533	44473
Bihar	66324	46426
Madhya Pradesh	152660	106862
Total	493844	345691

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Process of data collection

PNC cards filled by **ASHAs** during home visits

↓

Cards collected at **PHC** by **ANM**

↓

Data entry at Block level by DEO

↓

Collation of data at **Central Server** (NIHFW)

↓

Generation of **report** – block/district/state/national

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State CH Resource Centre and National CH Resource Centre to analyze data and assist in informing program- Out put format will include:

- Number of newborns and mothers visited up to 6 times during 1st 6 weeks after delivery
- Number of Mothers counseled at home in basic newborn care, hygiene, breastfeeding and danger signs
- Number of mothers and children referred to hospital with danger signs
- % of home newborns breastfeed within 1st hour of life
- % of newborns exclusively breastfed throughout first 6 weeks of life
- **Data entry continuing currently**

Weighing the newborn at home

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Yashoda: Genesis of Intervention

- Rapid increase of institutional deliveries is outpacing the relatively much slower rate of expansion of infrastructure, human resource and supplies.

The JSY evaluation by UNFPA (2008) :

- Length of stay did not increase in the hospital,
- After the delivery, the baby is not cared for.
- The counselling needs of the mother were never addressed.

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Need for Yashoda

- Nurses and Doctors are overly stretched
- The hospital environment is alien to the first time users for delivery.
- Also found that 30-40% of the ASHAs dont accompany the mother, so No one to help registration and during labor and postanal period.
- So the yashoda concept was introduced in facilities with large number of deliveries to add value the JSY programme under the NRHM.

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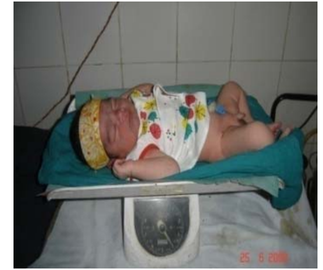
How does Yashoda help?



- Welcoming pregnant mother into the maternity ward
- Providing her safety, security and a clean environment
- Assist the nurse in post delivery care:
  - receiving the newborn, cord care, putting identification tags,
  - taking the weight of the newborn,
  - cleaning the newborn, draping the newborn in adequate sheet and blankets as per the weather
- Ensuring early initiation of breast feeding

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How does Yashoda Help?

- Counselling on initiation of breastfeeding within 1st hour of birth
- Ensuring immunization –BCG and Zero dose polio
- Immediate response to the sick Child by taking them to the Doctor on duty.
- Counselling on Family planning
- Counselling on infant nutrition

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Output indicators

- Percent increase in mothers staying at least 48 hours in the birth facility
- Percent increase in mothers initiating breastfeeding early on
- Percent increase in newborns weighed
- Percent increase in newborns being immunized (BCG and Polio)

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Assessing and Supporting NIPI Interventions (ASNI)- PHFI

- **To assess and strengthen**
  - **Facility-based NIPI Intervention:Yashodas**
  - Community level NIPI intervention: Home Based Neonatal Care
  - Techno-managerial support

- To identify bottlenecks and suggest cost-effective recommendations for scaling up

Assessing and Supporting NIPI Interventions (ASNI)- Methods (I)

Study design: Quasi experimental

Intervention district (NIPI focus)

Control District (Non NIPI Focus)

Observe, Assess and identify barriers

Formulate recommendations

Choice of districts

	Rajasthan	Orissa
Intervention district	Alwar	Anugul
Control district	Sawai Madhopur	Bargarh

Assessing and Supporting NIPI Interventions (ASNI)-Methods (2)

Data Collection Methods		Anugul	Bargarh	Alwar	SWM	Total
Supply side (Yashodas, ASHAs, hospital staff)						
	Interviews	19	10	35	13	77
	FGDs	3	0	4	2	9
	Surveys –ASHA and Yasodhas	106	42	111	38	297
Demand Side (mothers)						
	Interviews	5	5	9	4	23
	FGDs	2	1	1	2	6
	Observation	6 Days	4 days	16 days	*	26 days
	Surveys--mothers	66	45	82	42	235

Conceptual framework for studying Yashodas

1. Yashoda profile and defining roles
2. Operationalizing Yashodas (recruitment, payment, supervision, training)
3. Yashoda-integration with NRHM
4. Benefits of the program –to NRHM and to community

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Yashoda profile

		Alwar DH (Rajasthan)	Alwar CHC (Rajasthan)	Anugul (Orissa)
Total no. of Yashodas currently appointed		24	29	12
Median age-years		36.0	34.0	32.5
Marital status (%)	Currently married	50.0	65.0	75.0
	Widowed	33.3	35.0	0.0
	Separated/divorced	16.6	0.0	25.0
Education level (%)	8th-12th grade	83.3	95.0	83.3
	Graduate	16.7	5.0	16.7
Caste (%)	ST/SC	8.3	25.0	8.3
	Others	91.7	75.0	91.7
Reasons for being a Yashoda (%)	Desire to serve people	33.3	55.0	33.3
	Necessity	66.7	30.0	58.3
	Other reasons	0.0	15.0	8.4

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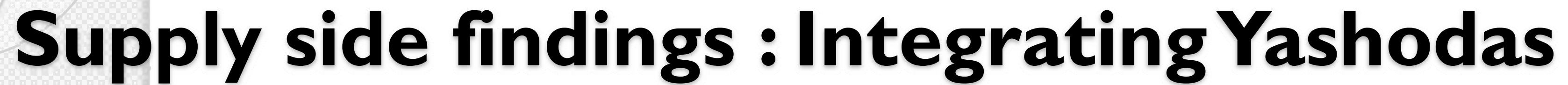
Source: Yashoda survey



-Initial barriers in acceptance

"In the beginning, when Yashodas joined the hospital, hospital staff troubled them a lot, but, at present there is better co-operation" (FGD, Yashodas)

Logistical concerns and other issues:

-Chairs, a place to keep their bags and registers, a toilet, place to eat

-Potential and current use of Yasodhas for paramedical work without adequate training and knowledge

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Benefits of Yashodas

Generally perceived as useful by hospital staff and the community (qualitative data)

Hospital staff: less burden

"..after coming of Yashodas at the hospital, we have got much help from Yashoda-.because, now we do not to worry about mothers as Yashodas take care of the mothers…" (IDI Staff nurse)

Community: cleaner wards, better comfort level, decorum in the ward

"Yashoda (nurse) has told her the right way of breast feeding & about the family planning devices also. Yashoda keeps asking if she is having any problem" (IDI, caregiver)

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Benefits of Yashodas (for Mothers)

		Yashoda Alwar	Yashoda Anugul	Other Staff in the non-NIPI district (Bargarh)
Counseling during PNC on (%)	Breastfeeding	92.6	87.5	64.4
	Immunization	83.8	75.0	28.9
	Family Planning	58.8	66.0	11.1
	Nutrition	75.0	76.0	26.7
Maximum support at the PNC ward		Yashoda	Yashoda	ASHA / Nurse

Source: Yashoda survey, PHFI

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Benefits of Yashodas

(for Mothers in a district hospital at Orissa)

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Source: Yashoda survey, PHFI

Source: Univariate analysis of quantitative survey of mothers

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Thank you!!

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