

VRIDDHI PROJECT

Achieving Results for Maternal,
Newborn, and Child Health in India

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Overview

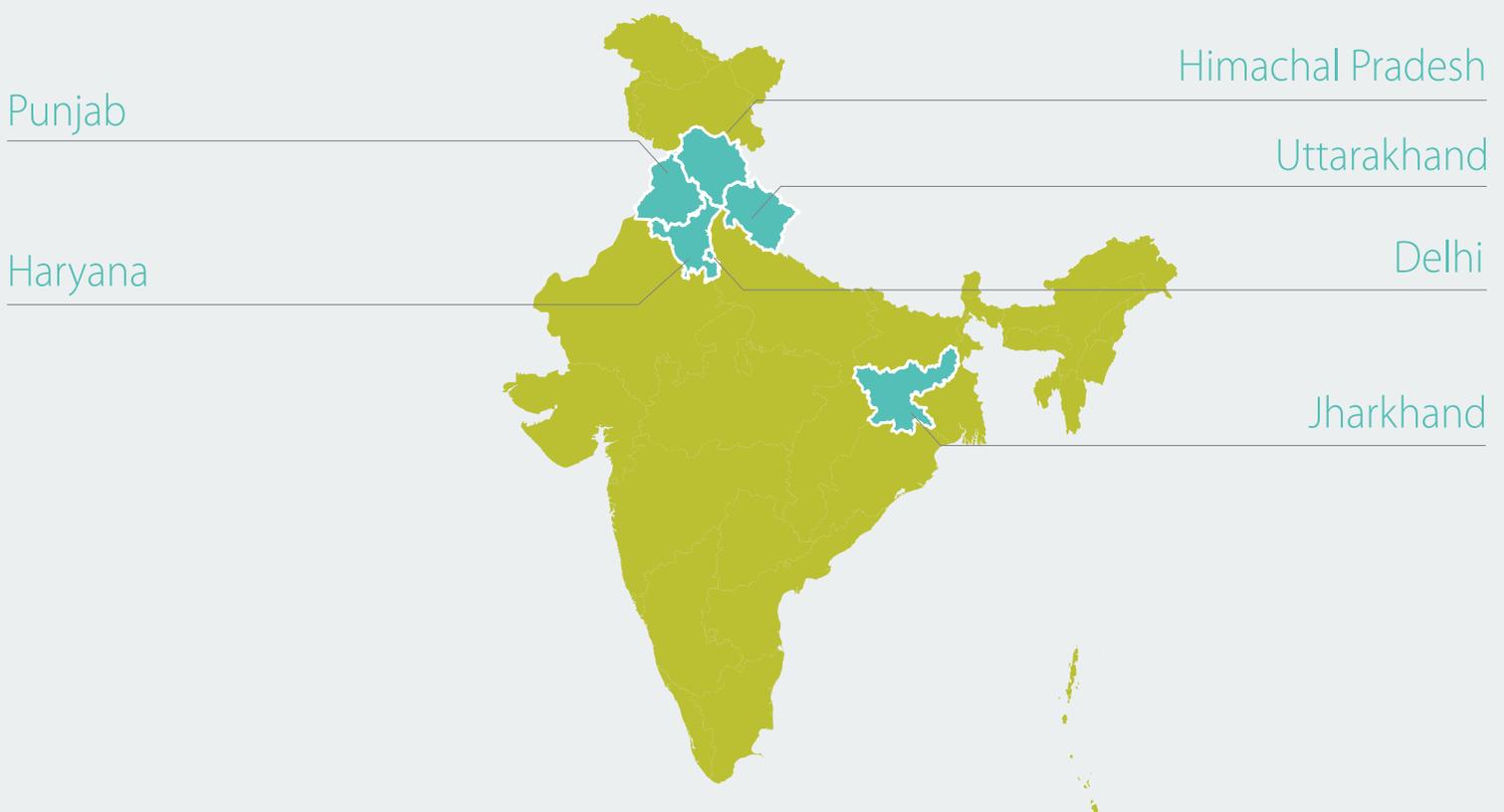
The Scaling Up Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) Interventions project, also known as “Vridhhi,” is a United States Agency for International Development (USAID)-supported, four-year initiative (2014-2018) led by IPE Global (IPEG), with JSI, Jhpiego, and Save the Children as consortium partners. The project supports the scale-up of high impact RMNCH+A interventions through innovative programming and by working closely with the Ministry of Health and Family Welfare (MoHFW), the National Health Mission, and state governments. While the focus of the project is on the six USAID priority states, the project’s models of successful scale-up and innovations are intended to influence national policies and programs. As such, this unique project is in a pivotal position to assist the Government of India in convening states and partners to accelerate the RMNCH+A agenda aimed at Ending Preventable Child and Maternal Deaths (EPCMD).

In consensus with IPEG and USAID, JSI focused its efforts on three program components: demonstration models for Kangaroo Mother Care (KMC), demonstration models for community management of neonatal sepsis and home-based newborn care (HBNC), and strengthening private sector engagement to improve RMNCH+A services. Vridhhi generated evidence for what was needed to take these approaches to scale and shared lessons learned with key actors at the state and national levels, leading to strategy development, scale up, and ultimately improved RMNCH+A service delivery.

JSI focused its efforts on three program components:

1. **Demonstration models for Kangaroo Mother Care,**
2. **Demonstration models for community management of neonatal sepsis and home-based newborn care, and**
3. **Strengthening private sector engagement to improve RMNCH+A services.**

Vridhhi works in six USAID priority states:





KANGAROO MOTHER CARE (KMC) DEMONSTRATION MODEL

KMC is an evidence-based intervention to reduce mortality among small and sick newborns. Under Vriddhi, JSI provided technical assistance for KMC introduction and scale up in government district hospitals in two districts.

Results

1. **Lifesaving KMC provided to 300 babies to date**, with coverage steadily increasing as KMC becomes part of routine care in the demonstration sites.
2. **KMC scale up initiated in Jharkhand and Uttarakhand** at all district hospitals state-wide, under the technical guidance of Vriddhi.
3. **Evidence-based national policy and planning initiated**, with Vriddhi partners nominated by the Government of India to serve on the National Technical Advisory Group for KMC.
4. **A monitoring system for KMC established** and tested in pilot facilities, which can be rolled out across India to track and improve KMC coverage and quality.

Scale up has the potential to bring KMC to nearly 550,000 small babies annually in these two states. Institutionalizing KMC will lead to improved weight gain and growth, reduced duration of hospital stay, and reduced infections among small and sick newborns, substantially reducing costs incurred by facilities and families to provide care.



SCALE UP WILL BENEFIT

550,000

SMALL BABIES PER YEAR



COMMUNITY MANAGEMENT OF NEONATAL SEPSIS & STRENGTHENING HOME-BASED NEWBORN CARE (HBNC) DEMONSTRATION MODEL

Sepsis (infection) causes many neonatal deaths, but is often curable if treated early and appropriately. Vriddhi supported the Jharkhand and Uttarakhand state governments to establish demonstration sites for community management of neonatal sepsis through Auxiliary Nurse Midwives (ANM).

Results

1. **Timely identification and management of 145 babies with signs of possible severe bacterial infections (PSBI)**, with 91.7% of families accepting antibiotics from ANMs before referral to a public health facility.
2. **Appropriate management of 346 babies with local infections**, who received oral Amoxicillin from ANMs to consume at home.
3. **Local capacity built to forecast, procure, and distribute drugs to field workers**, including supporting districts to identify local funds to procure 3,500 doses of antibiotics and syringes for the year.
4. **Scale up initiated in Jharkhand (24 districts) and Uttarakhand (all 13 districts)**, with required budgets for scale up included in state 2017-18 Annual Plans.

Continued scale up has the potential to reach more than 1,972,000 babies born in these states per year, directly benefitting approximately 148,000 newborns with PSBI. Providing needed antibiotics to these newborns early will reduce the risk of complications and death. Community management of sepsis also provides a lifesaving alternative for families with limited access to health services.



SCALE UP HAS THE POTENTIAL TO BENEFIT

1,972,000

BABIES BORN IN THESE STATES PER YEAR



PRIVATE SECTOR ENGAGEMENT FOR RMNCH+A SERVICES

Private medical practitioners are preferred health providers across the socio-economic spectrum in India, but private sector engagement in government programs to improve RMNCH+A services has been suboptimal. Vridhhi works to increase public-private partnership (PPP) to increase access to high-quality RMNCH+A services and improve RMNCH+A outcomes.

Results

1. **New evidence generated on private sector RMNCH+A services** through a Vridhhi-led landscape assessment, which maps private medical practitioners across six states, current RMNCH+A practices, and barriers and facilitators to PPP.
2. **Strategy for private sector engagement supported by public and private sector leaders**, including endorsement by MoHFW leadership, support from the leadership of two leading professional associations, and strategy rollout initiation in three states.
3. **Policy movement towards PPP cells (coordinating bodies) initiated**, with five states planning for PPP cell creation, government representatives from three states actively participating in Vridhhi's PPP trainings, and three states designating a PPP nodal officer.
4. **Over 150 private medical practitioners trained** in government-endorsed RMNCH+A guidelines, through six state-level trainings in Delhi, Jharkhand, and Uttarakhand.
5. **Attitudes toward PPP engagement shifted** through peer engagement approaches, resulting in significant increases in private sector providers' willingness to engage in government programs following PPP trainings.

Sustained investment in JSI's approach has the potential to reach nearly 7,000 private practitioners with PPP cells in six states. These efforts will create a platform for crucial discussions between public and private sector stakeholders, spearheading efforts to improve private sector engagement and ultimately increasing RMNCH+A service quality and access through private sector providers.



PPP CELLS HAVE THE POTENTIAL TO REACH

7,000

PRIVATE PROVIDERS IN SIX STATES

