

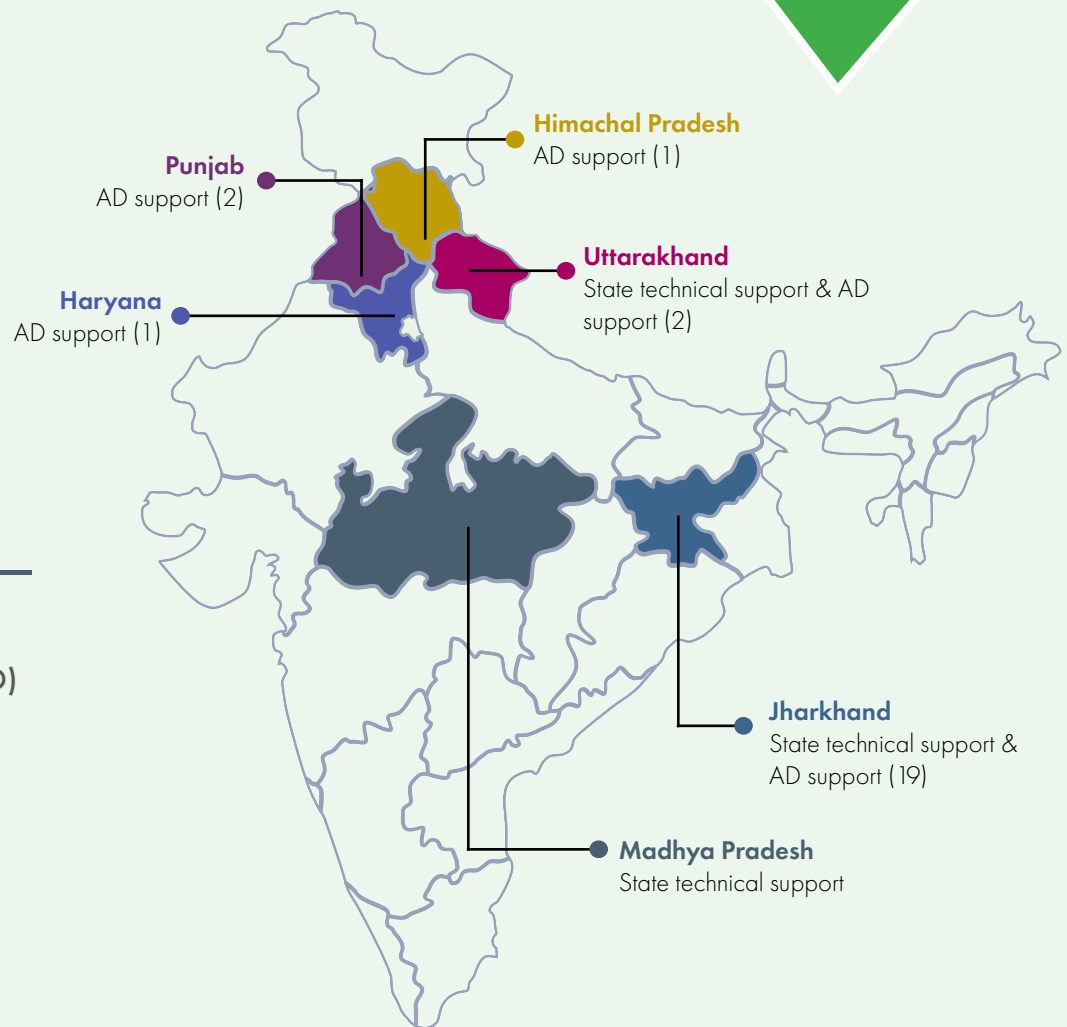
SAMVEG

Systems Approach for MNCH focusing on Vulnerable Geographies

To improve maternal, newborn and child health outcomes in key priority areas of high need through demonstrating innovative models across the continuum of care

Geography

3 States (Technical Support)
25 Aspirational Districts (AD)



The project interventions across the states will impact a population of 143 million with a focus on 3.6 mn pregnant women, 3.3 mn newborns, and 13.4 mn children.

SAMVEG PROJECT CONSORTIUM

Program Implementation Models



Aspirational District Support



Innovative implementation model



Private Sector Engagement



Policy to Action

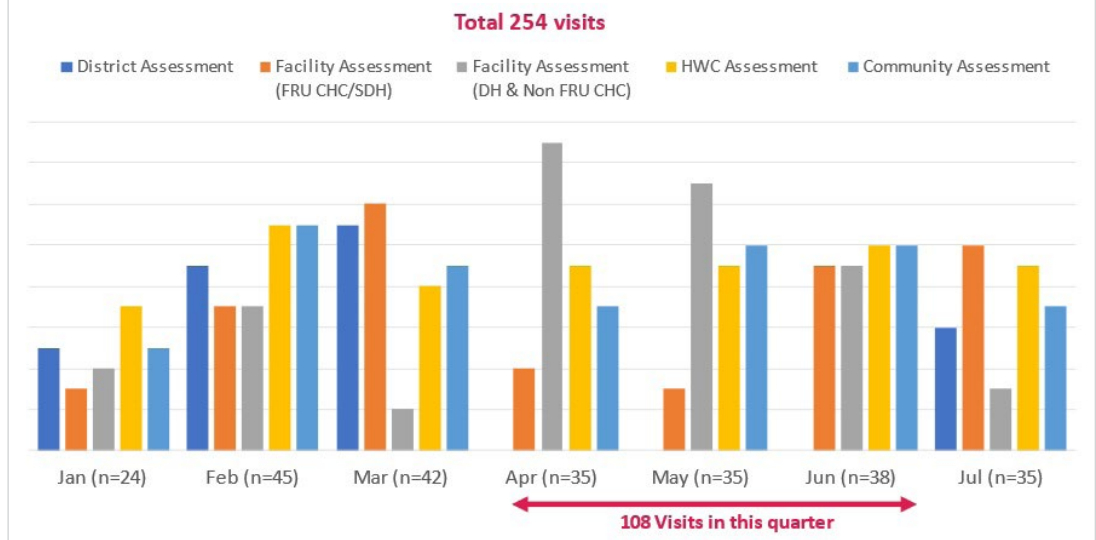
ASPIRATIONAL DISTRICT SUPPORT

The project is supporting the Government of India's AD program in all 25 ADs assigned to USAID. The strategy for the support is conducting assessments, gap identification, data collation, analysis, and representation to derive key actionable for quality improvement.

Supportive Supervision in 25 ADs

Supportive Supervision visits being conducted as per the plan in the Aspirational Districts using Gol's checklists to guide facility level Actions for Gap filling.

Number of Supportive Supervision Visits Conducted (Jan-Jul 2022)



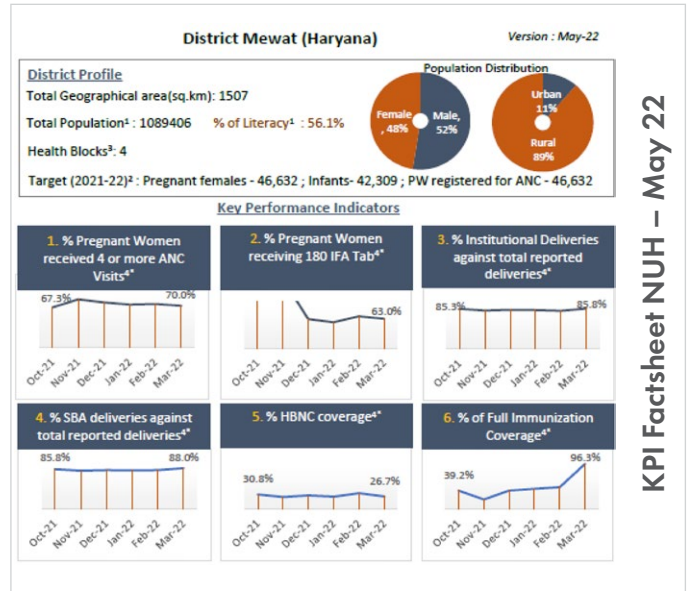
Track performance on NITI Aayog Indicator & Factsheet development

Monitoring performance of ADs, through data compilation to facilitate tracking improvement in NITI Aayog health indicators & Aspirational Districts Action Plan.



Support to poor performing districts using KPI in Nuh & Sahibganj for quarterly actions

KPI Action plan developed for both the districts highlighting major areas of improvement and activities supporting the same. Action items derived from meetings, orientations, reviews conducted with the state and district officials and findings of supportive supervision visits to the facilities.



Implementation of FQCI (Facility Quality Care Index) for Quality improvement at facility level

- » FRU Quality Care Index (FQCI) is a composite index
- » FQCI is calculated on key parameters of different categories of health system blocks.
- » This tool will be used to generate FQCI of 25 USAID supported Aspirational Districts.
- » This tool is based on GoI Supportive Supervision Checklist, HMIS Data and Enquiry data collected during Supportive Supervision Visit.
- » The tool is being used for the FRUs where SS visits are conducted by USAID SAMVEG team.

FQCI Building Blocks





Aspirational
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INNOVATIVE IMPLEMENTATION MODEL

SAMVEG demonstrates innovative and responsive models aimed to overcome bottlenecks that impede service delivery or evidence based MNCH interventions. Innovative Technology piloted for improved MNCH Quality of Care (QoC) in selected facilities.

Strengthening Management of Postpartum Hemorrhage (PPH) with special focus on use of Uterine Balloon Tamponade (UBT)' - partnership with Pregna International

Under the objective of ending preventable maternal death project conceptualized an implementation model to strengthen Postpartum Hemorrhage management with special focus on UBT at public health settings.

PROGRESS

Implementation model launched in Jharkhand & Uttarakhand

80 service providers trained

1000 UBT devices supplied by Pregna



Continuous Positive Airway Pressure (CPAP) device for management of Respiratory Distress -Partnership with INACCEL Technologies

To reduce neonatal mortality due to asphyxia related conditions CPAP implementation model has been theorized. Project identified SAANS CPAP device a cost effective, easy to maintain, portable safe, device manufactured in India, which can be used with simple skill-based training to be introduced at SNCUs in District Hospitals to strengthen management of respiratory distress in premature infants.



PROGRESS

Implementation model launched in select SNCUs of Jharkhand

20 service providers (10 Medical Officers & 10 Staff Nurses) trained

15 bCPAP devices supplied and maintained by Innacel

Quality Upgrade for Improving Accountability & Community knowledge (QUICK) Model

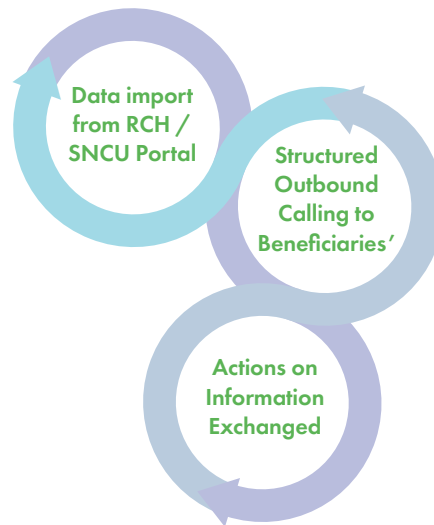
The project has designed Quality Upgrade for Improving Accountability & Community Knowledge (QUICK) Model for taking important pillars of SUMAN policy framework to action. The model deploys a survey-based approach to help understand the health system operations as seen from the lens of beneficiary's feedback.

Calling using Web Application for enhanced user experience in Haridwar, Uttarakhand

1.7K beneficiaries called

919 beneficiaries counselled

Grievances from beneficiaries who give poor/ very poor rating are captured. 87.8% queries were resolved.



Active Management of Third Stage of Labour (AMSTL) – Quality Improvement model – partnership with Ferring pharmaceuticals

Post-partum hemorrhage is a major cause of maternal deaths in Madhya Pradesh. Project in partnership with Ferring Pharmaceuticals launched the Carbetocin RTS implementation model in the Dewas district of Madhya Pradesh for prevention of PPH.

PROGRESS

Model launched in the Dewas district of Madhya Pradesh

15 facilities out of **31** selected for implementation

13 healthcare providers trained

Baseline assessment completed



Counselling for ANC, Readiness for birth and strengthening Essential newborn & child health care practices (CARE) model

Baseline assessment conducted for CARE model in 2 blocks; Ratu & Mandar in Ranchi district, Jharkhand in partnership with IHMR, Delhi.



Aspirational
District
Support



Innovative
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Private Sector
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Policy to
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PRIVATE SECTOR ENGAGEMENT

Project SAMVEG continues working towards leveraging partnerships for maximum impact and harnessing the strengths of the private sector to achieve greater impact that cannot be achieved alone. SAMVEG is working towards increasing the value propositions and incentives/ motivations in engaging with the private sector.



UBT
(Uterine Balloon
Tamponade)



AMTSL
Implementation



Assessments for
implementation models



E-HBYC module

INNACCEL

CPAP (Continuous
Positive Airway
Pressure)



Safe Delivery App

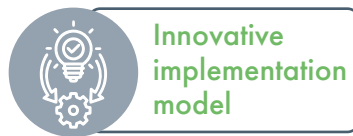


Prematurity package 'SPECIAL'





Aspirational
District
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POLICY TO ACTION

The project showcased implementation and presentation of proven best practices gathered from USAID-supported innovations in the MNCH space.

Geneva Health Forum 2022

Showcased evidence of 'saving lives with digitized clinical decision support tool - EIMNCI during pandemic' generated from the project implementation model at the forum.



WHO Program Management Training

Technical Assistance to WHO for national Training of Trainers (ToT) on managing program on Reproductive Maternal Newborn Child and Adolescent Health (RMNCAH).

Publication

A scientific paper on 'A study to examine the impact of the Safe Delivery App (SDA) on knowledge and confidence among frontline health workers (HW) in India. Also, whether facilitation to address technical challenges enhanced self-learning' has been published in the 'Journal of Family Medicine and Primary Care'.

Original Article

Safe Delivery application with facilitation increases knowledge and confidence of obstetric and neonatal care among frontline health workers in India

Enisha Sarin¹, Sourav Ghosh Dastidar¹, Nitin Bisht¹, Devina Bajpayee¹,
Rachana Patel¹, Tarun Singh Sodha¹,
Aditya Bhandari¹, Jaya Swarup Mohanty¹, Sarajit Dey¹, Subodh Chandra¹,
Ritu Agrawal¹, Prasant Sabothi¹, Harish Kumar¹

¹Health, Nutrition and WASH, IPE Global, New Delhi; ²Maternal Health, Maternity Foundation, Noida, Uttar Pradesh, India

ABSTRACT

Background: Digital learning tools have proliferated among healthcare workers in India. Evidence of their effectiveness is however minimal. We sought to examine the impact of the Safe Delivery App (SDA) on knowledge and confidence among frontline health workers (HW) in India. We also studied whether facilitation to address technical challenges enhanced self-learning. **Methods:** Staff nurses and nurse-midwives from 30 facilities in two states were divided into control and intervention groups through randomization. Knowledge and confidence were assessed at baseline and after 6 months. Three rounds of facilitation addressing technical challenges in downloading and using along with reminders about the next phase of learning were conducted in the intervention group. A user satisfaction scale along with qualitative interviews was conducted in the intervention group at the endline along with qualitative interviews on facilitation. **Results:** The knowledge and confidence of the healthcare workers significantly increased from the baseline to endline by 4 percentage points ($P < 0.001$). The participants who received facilitation had a higher mean score difference in knowledge and confidence compared to those who did not receive facilitation ($P < 0.001$). The participants were highly satisfied with

Cross learning visit by USAID/India team to Jharkhand

With the objective to encourage cross-learning and collaboration amongst implementing partners, enhance interactions with the health leadership in State Governments and apprise them of the impactful work USAID partners are doing in the state a cross learning visit was executed by USAID India.



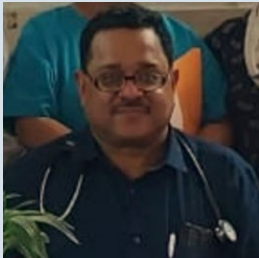
Haridwar starts proving improved quality of care for small and sick newborn through CPAP respiratory device use

12th July'2022 marked the beginning of using bCPAP devices for management of respiratory distress in small and sick newborns in Special Newborn Care Unit (SNCU) of district hospital Haridwar. This followed the support provided by USAID SAMVEG project in partnership with INNACCEL Technology the CPAP device manufacturer.

SAMVEG team has been working on demonstrating bCPAP implementation model as a quality improvement effort to assist the county in reducing neonatal mortality. Project team has conceptualized the idea of improving standard of care for management of respiratory distress syndrome in newborns as per WHO norms of 'quality care' through capacity building, provision of devices and implementing a monitoring framework. Based on the results obtained from the implementation, State NHM has assured to sustain and scale up the model across state.

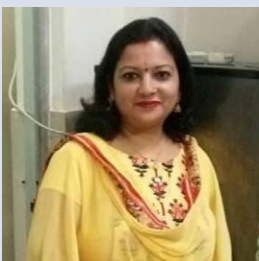
A one-day training with hands on skill was organized by project SAMVEG in District Hospital Haridwar with 12 staff Nurses and Paediatrician in charge of SNCU trained.

The trained providers were optimistic that they will be managing preterm newborn with respiratory distress, whom they have been referring to medical college for management with poor compliance and outcomes due to long distances currently.



Dr. Sandeep Nigam, Paediatrician in charge of SNCU, Haridwar says;

This is the best participatory training I have attended, and I am confident to implement the device in the facility and manage the respiratory distress in sick and small new-borns admitted. Now we will be able to manage respiratory distress cases at facility level which were being referred to higher centers earlier.



Ms. Sangeeta Verma, SNCU staff, Haridwar says;

I greatly appreciate the participatory training and very simple to use device. Now the things are clear to me and have understood the signs and symptoms for identification of RDS in a neonate/ preterm newborn and which cases of RDS to manage using CPAP and which cases to refer to medical college.

With the implementation of the CPAP devices in the SNCU lot more small and sick newborns are likely to be saved in future.

CONTACT US

IPE Global Limited: SAMVEG

IPE Global House, B-84, Defence Colony, New Delhi - 110024

Tel: +91 11 4075 5900