

# HEALTH, NUTRITION & WASH



**We** are working towards strengthening healthcare systems with innovative solutions for access to quality and affordable health care, safe water, and basic sanitation to all, especially the vulnerable.

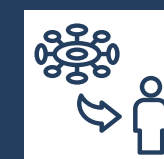
## Thematic Focus



Reproductive, Maternal, New-born, Child and Adolescent Health



Neglected Tropical Diseases (like Malaria, Kala Azar, etc.)



Communicable Diseases (HIV, TB, COVID) including areas of Antimicrobial Resistance, Epidemic Control and Disease Surveillance



Non-Communicable Diseases (like Hypertension, Diabetes and Mental Health)



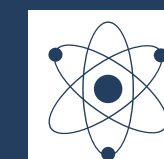
COVID-19 Management and Relief



Water, Sanitation and Hygiene (WASH)



Health Systems Strengthening Innovative Financing Solutions



Innovations, Technology and AI based Solutions



Nutrition

**Quality and Affordable Healthcare** is the foundation to leading a productive, fulfilling life, and enabling strong economies. However, in many developing countries, access to quality and affordable healthcare, balanced diet, safe drinking water, and basic sanitation still remains a challenge especially for the poor and disadvantaged.

We understand that investments in HNWASH, with a focus on the underserved, can transform lives. At the heart of our approach to delivering positive impact is building resilient health systems to provide sustainable, affordable, and quality healthcare to people.

We work with national and state governments, development partners, civil society organisations private sector and other key stakeholders through evidence-based approach to strengthen health systems, improve supply chain, implement digital health solutions, advocate social and behaviour change and address healthcare financing challenges.

## MAKING A DIFFERENCE WITH OUR WORK

### THE ROYAL NORWEGIAN EMBASSY

#### Norway India Partnership Initiative (NIPI)

NIPI aims to provide strategic, catalytic, and innovative support to India's National Health Mission (NHM) by testing scalable interventions in four high focus states of Bihar, Odisha, Madhya Pradesh and Rajasthan and UT of Jammu and Kashmir. Aligned with the development goals of Government of India as outlined in its National Health Policy (NHP) 2017 for achievement of Sustainable Development Goals, the cooperation continues to innovate, improve and scale up quality continuum of care interventions at community and facility levels, and contribute effectively towards actualising the Indian Government's National Health Policy (NHPs) Goals.

#### NIPI Implementation Strategy

##### Scale up

Strategic Technical Assistance for scale-up and demonstrating best practices

##### Innovate

Development Capacity and Establishment of Innovation Hub in a Public Health System

##### Document

Document and disseminate best practices under NHM and NIPI

##### COVID-19 Support

Need-based Support for COVID 19 related activities and other MNCH & Public Health Emergencies



### Scale-up

of 10 of 11 NIPI Innovations with Government of India



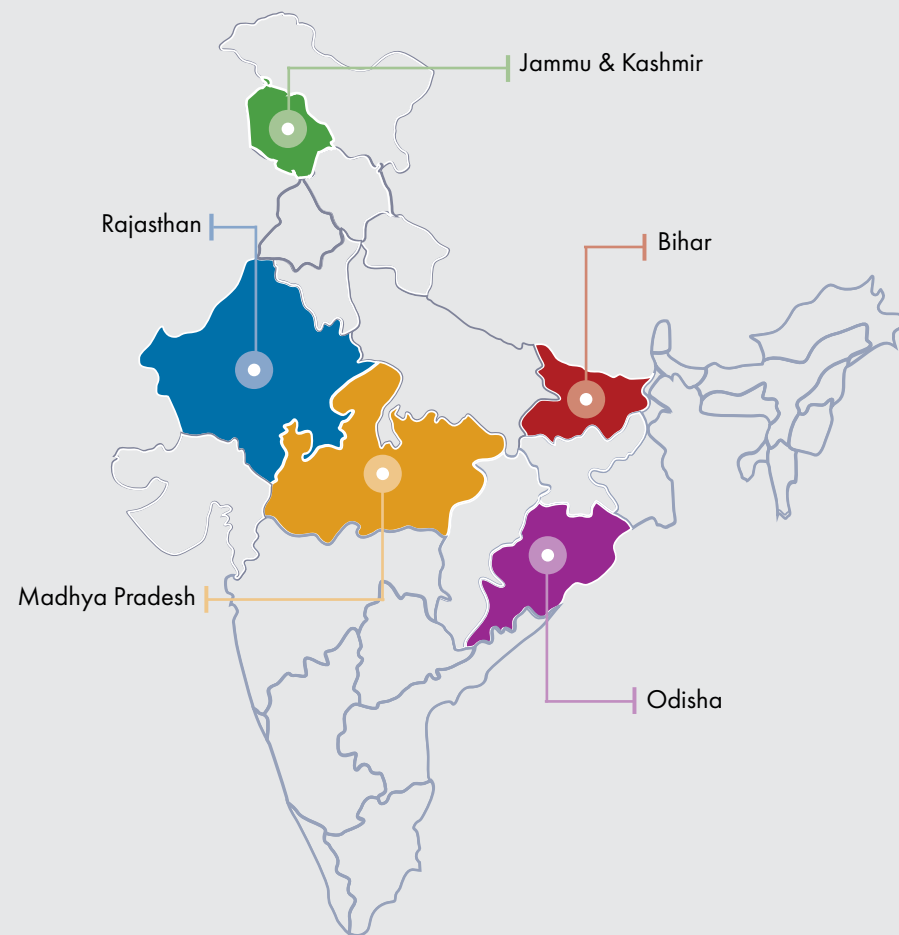
**7,00,000+**

Newborns & **5000+** Mothers Reached



**40,000+**

Health Functionaries Trained



To know more, visit: [www.nipi-cure.org](http://www.nipi-cure.org)

### USAID

#### SAMVEG: Systems Approach for MNCH focusing on Vulnerable Geographies, India

SAMVEG aims to fill critical gaps in health systems, encourage innovations, scale-up & sustain interventions to improve Maternal, Newborn & Child Health (MNCH) outcomes in identified vulnerable geographies of India. The project is implemented by a consortium of IPE Global, JSI, Dimagi and World health partners in 25 Aspirational Districts spread across 3 states (Jharkhand, Uttarakhand and Madhya Pradesh).



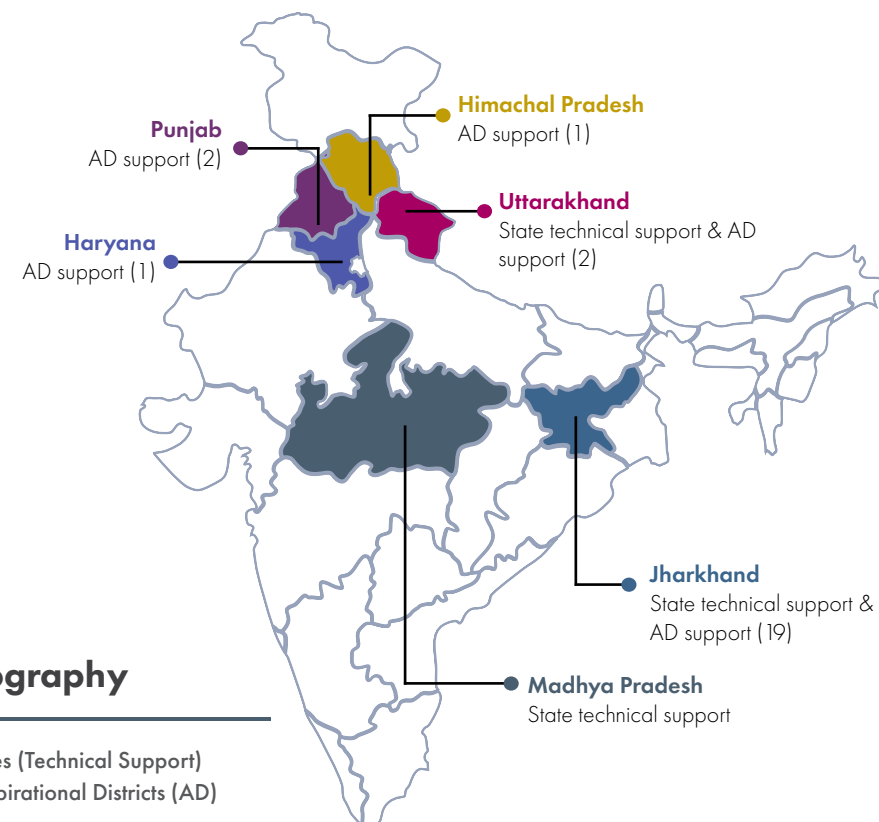
**3.5 Million+** Pregnant Mothers and **3.1 Million+** infants to be given equitable access to MNCH services



**13 Million+** Children (under the age of 5) to benefit from scale-up of MNCH good practices



Enhanced capacity building for public and private sector stakeholders



#### Geography

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

To know more, visit: [www.ipeglobal.com/samveg](http://www.ipeglobal.com/samveg)

2006-2023

2020-2023

USAID

## Sustainable Access to Markets and Resources for Innovative Delivery of Healthcare (SAMRIDH), India

India's first healthcare focused blended finance facility, SAMRIDH aims to catalyse market solutions and innovations to improve access to affordable and quality healthcare services for the vulnerable. Supported by United States Agency for International Development (USAID) and Indian Institute of Technology-Delhi (IIT-D), in technical collaboration with Principal Scientific Advisor to the Government of India, National Health Authority and NATHEALTH, SAMRIDH is being implemented as part of IPE Global's PAHAL initiative.

### SAMRIDH's Mission

**Bridge supply-side gaps** in healthcare facilities to respond to health emergencies in the immediate, medium, and long-term

**Accelerate scale up** and adoption of innovative and market-based health solutions

**Mobilise resources** to support high impact health solutions and build sustainable healthcare systems

**Promote 'Make in India'** and comprehensive solutions at community and facility level for vulnerable populations

**Encourage participation** of women in entrepreneurship to solve health challenges

**Drive ESG principles** through investment decisions

To know more, visit: [www.samridhhealth.org](http://www.samridhhealth.org)

2020-2023



**300 Million+**  
Mobilised  
through India's  
First Healthcare  
Blended Finance  
Facility



**16,000+**  
Medical Staff,  
Community Health  
Workers & Nurses  
Trained



**1,200+**  
Health Facilities  
Reached



**23 Million+**  
People Reached

USAID || Partnerships for Affordable Healthcare Access and Longevity (PAHAL), India (2015-2023)

Implemented with an assistance from U.S Agency for International Development (USAID), PAHAL is USAID/ India and IPE Global's flagship project to catalyse innovative financing mechanisms to improve access to affordable and quality healthcare for India's most vulnerable populations.

PAHAL leverages private sector resources and innovative financial models to enable governments and donors to supplement traditional grant-based financing with new forms of conditional and catalytic support, as well as provide opportunities for private capital to generate social impact.

In addition to SAMRIDH, through PAHAL, we have collaborated with USAID and ChildFund to structure the world's first pay-for-performance instrument - **Mukti** for improving TB, nutritional status and treatment outcomes of 10,000 TB patients across 16 districts in the state of Madhya Pradesh. The initiative is supported by the National Health Mission (NHM), the Government of Madhya Pradesh, and the Central TB Division, Government of India. Mukti addresses the bi-directional relationship between TB and under-nutrition, with an aim to contribute to Government of India's target of eliminating TB by 2025.

PAHAL through its health financing models is also providing Technical Assistance for Monitoring, Learning and Evaluation to **Skill India Impact Bond (SIIB)**. This collaboration brings together various philanthropic agencies, skilling partners, risk investors and capital providers to promote capacity building of India's skilling and Technical and Vocational Education and Training (TVET) ecosystem. The initiative aims to generate long-term employment opportunities and improve overall health and wellbeing of the of the skilled individuals.

WHO || The India Hypertension Control Initiative (IHCI) (2018-2023)

The India Hypertension Control Initiative (IHCI) aims to reduce death and disability due to CVDs by improving the control of hypertension, reducing salt consumption, and eliminating artificial trans-fats, the leading risk factors for CVDs. The intervention will complement the new initiative of government for universal screening and management of hypertension, diabetes and three common cancers. The project is being in 100 districts across 29 States.

We are managing 32 Cardiovascular Health Officers (CVHO), 77 Cardiovascular Senior Treatment Supervisors (CVH STS), 3 CVH Consultants at national level with one data management coordinator deployed in the identified states. With more health personnel expected to join the project shortly, we will also handle recruitment, contracting, on-boarding and training of new consultants as per WHO requirements.



WHO || WHO-India National Public Health Support Programme (NPSP) Field Operations (2013-2023)

WHO in collaboration with the Government of India (GoI), established the 'National Polio Surveillance Project' (NPSP) in 1997 to provide technical support in key areas of surveillance for polio and mass vaccination campaigns. The last case of wild poliovirus was detected in India on 13 January 2011 and WHO certified India 'Polio Free' on 27 March 2014. Over the years, NPSP's role has expanded to include support to additional public health areas. It has accordingly been rechristened as National Public Health Support Programme (NPSP). WHO-NPSP has been supporting the Government of India in carrying out activities aimed at strengthening routine immunisation (RI) - including support in microplanning, monitoring of sessions and coverage in community, co-ordination and participation in accountability mechanisms such as state and district task forces. Additionally, surveillance of Polio, Measles, Rubella, Diphtheria, Whooping Cough and Tetanus in newborns is supported. These activities are undertaken by Surveillance Medical Officers (SMOs), who are posted at the district level.

To support SMOs in the aforesaid activities, we are engaging Field Monitors (FM) to perform various tasks such as planning and monitoring of the routine immunisation including new vaccine introductions, supplementary immunisation for polio and measles, visits to surveillance sites, assistance with case investigations for vaccine preventable diseases and conduct surveys as per programme needs. Following repurposing of NPSP to support Covid-19, FMs have been assisting with activities for Covid-19 control including support for planning and monitoring of containment activities and Covid-19 vaccination. The programme has engaged nearly 1400 FMs across 12 states of the country.

The Short Program Review (SPR) is a process for reviewing the progress of "Reproductive, Maternal, Newborn, Child and Adolescent's Health" (RMNCAH) at the National or Sub National level. This is an evidenced-based review, to help an RMNCH+A program assess and readjust their course at National/Sub National level to achieve goals which includes assessing progress toward program goals and objectives where data are available and how well the program implemented its plans in to deliver RMNCAH interventions. It also entails identifying the problems the program has faced and suggest solutions, developing recommendations about what the program needs to do and decide on next steps for incorporating recommendations into the workplan.

As part of the project, we will carryout the following activities:

- Study existing WHO modules on SPR and SEAR to improve RMNCAH
- Literature review of the SEAR country documents on RMNCAH
- Propose a framework for SPR on RMNCAH for the WHO SEA Region
- Conduct virtual consultations with experts identified by WHO SEARO through Country offices
- Adapt SPR-Child health to include missing areas of RMNCAH and develop Guide for SPR-RMNCAH and necessary worksheets and handouts
- Pilot the drafted documents at least in one regional setting in consultation with WHO SEARO
- Incorporate the findings of the pilot and submit the edited, designed and print-ready document to WHO SEARO

WHO SEARO || Developing a guide on Short Programme Review on Reproductive, Maternal, Child and Adolescent Health, Pan India (2022)

WHO || Provide technical support to Government of India for the Implementation of Midwifery Care Programme through a Central Coordination Unit (CCU) (2020-2023)

As part of the program implementation, WHO Country office India is supporting the Maternal Health Division, Ministry of Health in operationalising the midwifery initiative in the country through normative support in developing technical guidance documents, support for the training of first batch of Nurse Practitioners in Midwifery Educators, monitoring framework for midwifery program and techno-managerial support at national level through a Midwifery Central Coordination Unit. At the request of the Government of India, WHO is supporting the Midwifery Central Coordination Unit (CCU) to assist the rollout of midwifery initiative and establishing midwifery led care services in the country. The Central Coordination Unit (CCU) works in close coordination with the Joint Secretary (RCH) and Maternal Health Division, Ministry of Health and Family Welfare, Government of India and under the direct guidance and direction of WHO Country Office for India.

We have established the Central Co-ordination Unit which is expected to provide support to the MoHFW in the following areas:

- Coordination for normative work required for midwifery initiative implementation including but not limited to development of normative guidance for program roll out, curriculum development and finalisation, partner coordination under Ministry guidance and coordination with states for Midwifery educators' training.
- Management and coordination support for operationalisation of Midwifery initiative including periodic review and reporting on implementation progress to ministry.
- Implementation of Monitoring and Evaluation framework for the Midwifery initiative at national and state-level.



The UK and India have committed, as part of the PM-PM 2030 Roadmap, to work together on Digital Health, with the ambition of promoting “Joint Research and Policy Engagement on Health Data for Predictive and Precision Healthcare focusing on Machine Learning and Artificial Intelligence”. To understand better the landscape of digital health and areas that need to be prioritised for this collaboration to create sustained impact, the Foreign, Commonwealth, and Development Office is commissioning a study.

We have been engaged to study and compile a list of institutions working in the field of digital health in the United Kingdom and India. Study will also identify the core strengths and weaknesses of these institutions, as well as areas of opportunity if they collaborate and potential challenges that may arise because of collaboration. In addition, we will map institutions that complement one another in terms of their expertise and identify existing collaborations to reduce duplication. The study entails:

- Creating, collating, and synthesising baseline data from organisations in the UK working on digital health-related systems.
- Creating, collating, and synthesising baseline data from organisations in India working on digital health-related systems.
- Preparation of baseline report

At National level institutions that play a role in implementing nutrition agenda include National Institute of Public Cooperation and Child Development (NIPCCD), the Central Project Management Unit, Mid-Level Training Centers (MLTCs) and Anganwadi Training Centers (AWTCs), among others. In order to build capacity, it was important to systematically assess the current capacity of the institutions, and identify gaps that need to be addressed to overcome these capacity constraints. The objective of this assignment was to undertake institutional capacity assessment of technical institutions and management units within the MWCD with the mandate to support and implement nutrition related programs, and recommend feasible actions and investments required to enhance their capacity.

We supported the World Bank in conducting an in-depth assessment for adopting a management approach towards institutional capacity assessment; define institutional capacity in terms of the factors that influence leadership and work practices. It was not limited to the study of institutional components, but systematically and scientifically identifying the gaps and bottlenecks, assesses the changes required and provides a roadmap for building the institutional capacity to adapt to improved ways of working.

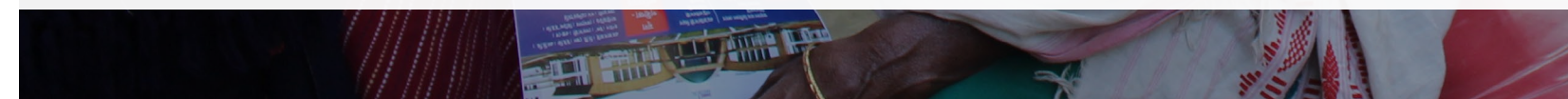


DoHFW, Government of Meghalaya/World Bank || Project Management Agency (PMA) to support implementation of Meghalaya Health Systems Strengthening Project (MHSSP) (2021-2026)

The Government of Meghalaya is committed to improving the health status of its citizens. Despite considerable challenges, the state has shown progress in various health indicators over the last decades. To further accelerate the progress, the Department of Health and Family Welfare (DoHFW), Government of Meghalaya, with technical and financial support from the World Bank, is implementing the ‘Meghalaya Health Systems Strengthening Project’ (MHSSP) in the state. The MHSSP intends to improve accountability, quality and utilisation of health services in Meghalaya, especially among public facilities at Primary Health Center (PHC), Community Health Center (CHC) and District Hospital (DH) levels.

We are providing Project Management Support to Meghalaya Health Systems Strengthening Project (MHSSP) with the guidance from the Department of Health and Family Welfare, Meghalaya. We are engaged to:

- Provide program management and monitoring support
- Support to the procurement process
- Support to the financial management process
- Support and advisory services to the state government in establishing a Digital Health Information System
- Facilitate identifying additional technical areas relevant to address emerging challenges



DASRA II Strengthening Youth and Adolescent Participation in Health Programmes through RSKS Platforms – Jharkhand, India (2019-2022)

The objective of the assignment was to strengthen the participation of youth and adolescents within the engagement platforms devised under the RSKS programme. The project supported in standardising and codifying best practices and in institutionalising within the NHM system in the state. The pilot was conducted through utilising the existing platforms such as Adolescent Health Days (AHDs), School Health Programmes (SHP), community mobilisation for engaging with adolescents and youth.

We provided techno-managerial support to Dasra and its implementing agencies in piloting Adolescent Health Days (AHDs) in selected locations and supported in institutionalising/scale-up of the tested innovations. Our team was further engaged in the following key activities:

- Developing comprehensive QA & monitoring plan and ensure oversight and quality assurance of the field level activities
- Supporting in development of the technical project design and strategies for engagement of adolescents
- Providing technical inputs as required for program documents – SOPs, manuals, etc
- Co-facilitating and supporting NGO field staff in its engagement with block level supervisors to conduct review meetings
- Developing block and sub-centre level report cards.
- Facilitating with government partners to ensure approvals for the implementation work
- Supporting implementation agency in On-the-job coaching and mentoring of FLWs and supervisors
- Undertaking comprehensive documentation – development of advocacy video, process documentation report

WHO II Management of Rapid Response Team members (RRTs) to support COVID-19 vaccine introduction, Pan India (2021-2022)

Management of RRT Members for COVID-19 vaccine introduction was aimed to support WHO in management of a rapid response team to support the Government of India in COVID vaccination programme.

We were engaged in the following:

- Supporting district with preparedness, implementation and monitoring of COVID-19 vaccine introduction
- Interagency coordination for COVID-19 vaccine introduction and accountability mechanism of task forces
- Supporting district with planning, capacity-building, implementation and monitoring of COVID-19 vaccine introduction
- Documenting lessons learnt during the COVID-19 vaccine introduction, and
- Support planning and implementation of other immunisation strengthening activities including routine immunisation micro-planning strengthening and capacity-building of government medical officers on immunisation.

The purpose of this project was to support the Government of India in scaling-up the COVID-19 vaccine drive.



Central Tuberculosis Division (CTD), MoHFW/World Bank II Establishing State Technical Support Unit (STSU) in the State of Tamil Nadu (2021-2024)

A Central Tuberculosis Division (CTD), Ministry of Health & Family Welfare (MoHFW), Government of India (GoI) is implementing “Program Towards Elimination of Tuberculosis” funded by “International Bank for Reconstruction and Development” (IBRD), The World Bank to improve the coverage and quality of Tuberculosis control interventions in the private and public sector in nine targeted states of India. In order to strengthen this initiative and intensify private sector engagement, establishment of National Technical Support Unit (NTSU) and STSUs in nine priority states have been considered as the key action points under institutional framework under NTEP.

We are supporting establishment of the STSU-Tamil Nadu to facilitate the state in implementing the engagement of Service Providers. The STSU operates out of Chennai and function with active support, supervision, and monitoring by the NTSU. The service providers will provide various services in the TB care cascade for e.g., private sector engagement, community mobilisation, etc. Our primary responsibility will also include:

- Contract Management
- Monitoring and Evaluation
- Capacity Building and Technical Support
- Innovative Financing
- Compliance / Grievance Redressal Mechanism

**FCDO || Project Design: FCDO India component of The Personal Protective Equipment and Medical Supplies Production (PPEP), India (2021)**

The overall objective of Personal Protective Equipment and Medical Supplies Production programme (PPEP) was to support Official Development Assistance (ODA) eligible countries to boost the production and diversify the supply of high-quality PPE and other medical products, capable of meeting local, regional and global demand specifications. The project also aimed to ensure the high quality of the product and also work to improve labour standards, protect workers' health and safety in production, and ensure ethical and sustainable manufacture.

We as the consortium partner, provided Technical Assistance (TA) to manufacturers of PPE in India. The team also supported in the following:

- Designing an integrated MEL plan (including log framework, indicators),
- Development and finalisation of an MIS system as per the agreed indicators in the M&E plan and standardised data collection formats.

**BMGF/FHI 360 || Alive & Thrive - Implementation Research on Integrating Maternal Nutrition Interventions in Existing MNCH Services in two Districts of Uttar Pradesh, India (2018-2020)**

Alive & Thrive (A&T) is a global initiative that supports scaling up of nutrition interventions with an aim to save lives, prevent illness, and ensure healthy growth by promoting optimal maternal, infant, and young child nutrition. To address the challenges of maternal under-nutrition in Uttar Pradesh, A&T demonstrated that innovative approaches to improving nutrition could be strengthened by leveraging existing service delivery platforms to deliver maternal nutrition interventions at scale.

We worked with the government systems to implement multi-pronged strategies to strengthen service delivery, focusing on capacity building of frontline workers and their supervisors, generating demand for maternal nutrition services through community engagement and interpersonal counselling (IPC) leading to behaviour change not only for the pregnant women but also for their immediate family members.

**UNICEF || Conduct Child Protection System Mapping and Assessment, Bangladesh (2018-2019)**

The project aimed to obtain a common understanding of the current system, its strengths and weaknesses, agreement on a division of labour among ministries, and agencies and their roles in redefining and strengthening the system. The primary objective of this assignment was to undertake a thorough mapping and assessment of country-level comprehensive child protection systems, laws, policies, services and procedures and capacities in place and to identify obstacles and opportunities in enforcing these laws and policies, especially in reaching vulnerable and excluded groups in Bangladesh.

We assisted UNICEF in providing an update on the key components of the child protection systems in Bangladesh. We identified and analysed major strengths, weaknesses, gaps and opportunities in the current system; developed an analysis of information on the quality of services, coordination, measures and monitoring systems; assessed the government agency's perception, capacity and ownership to enforce the children's act which if properly resourced would contribute to strengthening of the child protection systems; provided recommendations for further UNICEF programmatic support for system strengthening.

**The World Bank || Capacity Building of State, District and Block Convergence Committees on Multi-sectoral Planning and Monitoring of Nutrition Actions, Bihar, India (2018-2019)**

Government of India's National Nutrition Mission (NNM) bought about convergence of various nutrition related interventions by bringing under one framework key nutrition related interventions, indicators and targets to be monitored and achieved by relevant line departments implementing these schemes. For this, the convergence committees were constituted to facilitate the operationalisation of this framework.

We supported the Convergence Committees in two districts of Bihar - Sitamarhi and Gaya, by building their capacity to provide an unparalleled opportunity to facilitate a lasting and shared understanding amongst key ministries and stakeholders on the importance of nutrition and its centrality in determining overall human development. This included identification of gaps and potential interventions to address these gaps, supporting the development, implementation and monitoring of concrete action plans by the convergence committees at different levels, defining multi-sector nutrition convergence actions and assisting the committees in implementation and monitoring of the action plans.

**UNICEF || Skill based Assessment of Service Providers who received Nutrition Specific Competency based Training in 26 Districts of Bangladesh (2016-2018)**

In a multi-year Government of Bangladesh-UNICEF Joint Work Plan for Maternal and Child Nutrition, UNICEF committed to strengthening human resource capacity in nutrition at district level and below, with a specific focus on the competencies required to deliver quality nutrition services. Approx. 30,000 frontline service providers were trained on delivering nutrition interventions in 26 districts of Bangladesh to address critical skill gaps among health care providers.

We conducted third party evaluation of these trainings, to identify gaps and challenges in the adoption of skills amongst the cadre of health and family planning service providers. The evaluation helped the Government of Bangladesh and UNICEF to introduce performance-based incentive programmes for training institutions and get insights into gaps and improvement areas.

**DFID || Design and Implementation of Sector Wide Approach to Strengthen Health (SWASTH), Technical Assistance Support Team (TAST) (Bihar, India), (2009-2016)**

SWASTH aimed to design and implement cutting-edge reforms for the health, nutrition and WASH sector in Bihar, to bring about lasting changes in the health and nutritional status of the people, particularly the poorest and socio-economically marginalised.

As Technical Assistance Support Team (TAST), we worked with the departments of Public Health & Family Welfare, Women & Child Development, Social Welfare and Public Health Engineering to assist the government in providing preventive and curative health services to the people of Bihar and improving its procurement systems and implementation arrangements. We helped build skills and strengthen capacity of these departments by focusing on improving equitable access to quality healthcare services, accountability of staff, organisational development and human resource development.





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## Making Development a Ground Reality

**IPE** Global is committed to impacting lives with a human touch. We are a leading global advisory & implementation organisation which partners with governments, businesses, and leaders in the society to create a better world for all.

Our business model integrates people, technology, and innovation to create value for all our stakeholders. Integrating **Human Development, Inclusive Growth & Resilience and Good Governance** in all our sectors, we bring to the table bespoke solutions.

We are an ISO certified organisation with a focus on quality and integrity to empower growth and drive positive change in the development space.

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## Global Expertise. **Applied Locally**

Headquartered in India with five international offices in Bangladesh, Ethiopia, Kenya, Philippines, and United Kingdom, we have been creating a lasting impact through our tailor-made solutions for over two decades.

**100+**

Countries

**1100+**

Global Team

**1000+**

Projects Delivered

**600 M+**

People Reached

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