



More than 1.25 billion people live in India. Despite unprecedented economic growth in recent years, India's people have significant health needs that vary widely depending on where they live and their socioeconomic characteristics. Maternal and child health is of particular concern, especially in rural villages and urban slums.

The country has made notable progress yet more than 775,000 newborns still die in India each year, and an estimated 50,000 women die from pregnancy-related causes.

India does not have enough health workers to provide adequate access to care, and those it does have are unevenly distributed in urban and rural areas. To achieve its goal of universal health coverage, India is working to strengthen the health workforce, deploy the right types of health workers to the right places, and expand services to marginalized communities.

IntraHealth has worked in India for 20 years, partnering with national and state governments to increase access to high-quality maternal, child, and reproductive health and nutrition services.

In India, IntraHealth has:

- Trained 1,500 nurses and midwives in skilled birth attendance, expanding safe delivery care to 10 million people
- Improved the quality of care offered by more than 40,000 essential frontline health workers—including community health workers called ASHAs, and community-based auxiliary nurse midwives (ANMs)
- Leveraged mHealth technology to help ASHAs and ANMs more effectively communicate with pregnant women and mothers, ensuring improved maternal, newborn, and child health services
- Enhanced the capacity of leaders in Bihar and Jharkhand to manage their health workforces through establishing human resources information systems (HRIS) and using data to make decisions.



40,000+ frontline workers providing better maternal and child care



Tripled the number of women delivering at lower-level facilities in Jharkhand



Health care for 900,000 more people thanks to iHRIS data

<sup>&</sup>lt;sup>1</sup> WHO, Neonatal and Child Health Country Profile, 2013

<sup>&</sup>lt;sup>2</sup> WHO, Maternal Mortality in 1990-2013

#### mSakhi Scale-Up (2014-2016)

With initial support from the Bill & Melinda Gates Foundation, IntraHealth developed **mSakhi**—an award-winning mobile phone application and job aid that helps ASHAs deliver routine maternal and child health counseling and services, as well as recognize when pregnant women and newborns need referral. Audio/visual content is based on national guidelines for ASHAs and covers prenatal, delivery, and postnatal care; breastfeeding; immunization; and nutrition. ASHAs record client data that are automatically transmitted to ANMs for review and quick decision-support as needed.

With current funding from Qualcomm Wireless Reach, IntraHealth is expanding mSakhi to cover a wider range of reproductive, maternal, newborn, child, and adolescent health topics. We are also helping ASHAs, ANMs, and other frontline health use mSakhi in Uttar Pradesh—the state with the highest number of maternal and newborn deaths in the country—in a new **mHealth lab.** IntraHealth worked with the National Health Mission and the State Innovations in Family Planning Service Project Agency (SIFPSA) to set up the lab to inform scaling of mHealth applications in the state and beyond.

#### mSehat (2015-2018)

Through a new project funded by SIFPSA, IntraHealth is working with Kellton Tech to design **mSehat**—an mHealth platform to improve delivery of maternal, neonatal, and child health services. IntraHealth will train 12,000 frontline health workers in five districts in Uttar Pradesh to use mSehat to effectively manage, plan, and execute their day-to-day work.

### Sukshema Project (2009-2016)

IntraHealth partners with Karnataka Health Promotion Trust on this Bill & Melinda Gates Foundation-funded project to improve maternal and newborn services in primary health centers in the northern districts of Karnataka State. The project hired and trained **nurse mentors**, who work with nursing and other staff to build skills in safe delivery; manage maternal and newborn complications; and address gaps in equipment, supplies, infection prevention, and referral systems.

### **CapacityPlus** (2009–2015)

During the USAID-funded Vistaar project, IntraHealth customized and began implementing **iHRIS**—IntraHealth's free and open source HRIS software for tracking, managing, and planning the health workforce—in the states of Bihar and Jharkhand.

Through the USAID-funded Capacity*Plus* project, IntraHealth helped the government of Jharkhand roll out iHRIS to all 24 districts. The state now uses iHRIS data to improve staff deployment, reduce vacancies, and plan for staff transitions. After identifying gaps in OB/GYN services in 60% of health facilities, decision-makers redeployed 112 medical officers to community health centers, and recruited 450 new medical officers for high-vacancy districts. These changes are increasing access to maternal health services for 900,000 people in Jharkhand.

## Strengthening Human Resources for Health in Bihar (2010–2016)

With funding from DFID, IntraHealth is helping the government of Bihar roll out **iHRIS** to all 38 districts. Leaders are using iHRIS data to address health workforce shortages and vacancies and increase access to high-quality health services.

# India Technical Support Agency Project (2014–2016)

IntraHealth partners with Deloitte to provide technical support in **nutrition** through funding from DFID. We work closely with the Ministry of Women and Child Development to revise national nutrition policies and support implementation of Integrated Child Development Services—the largest nutrition and child development program in the world.

## Past projects and funders

- Manthan 2009-2013 (Bill & Melinda Gates Foundation)
- Vistaar 2006-2012 (USAID)
- Avahan 2003-2007 (Bill & Melinda Gates Foundation)
- PRIME 1993-2004 (USAID)



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