

The Bihar, India Experience



A CARE India - PRONTO International partnership
Mobile Nurse Mentoring Programme - *part of the* Bihar Technical Support Programme

Supported by the Bill & Melinda Gates Foundation

Bihar, India



BIHAR

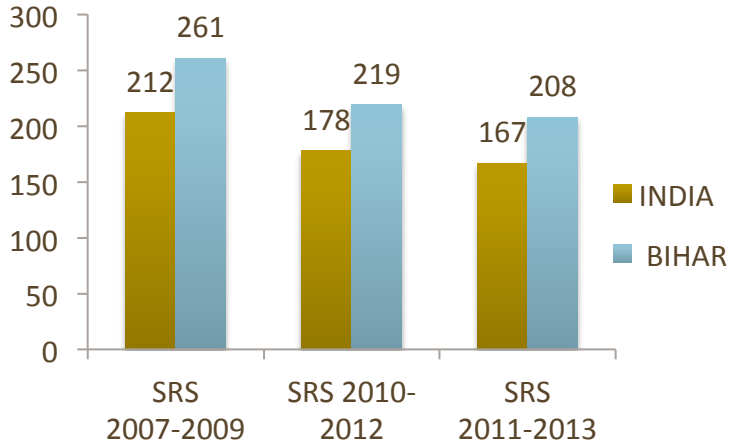
- South of Nepal
- 8.07% of India's population
- 1.4% of the Global population



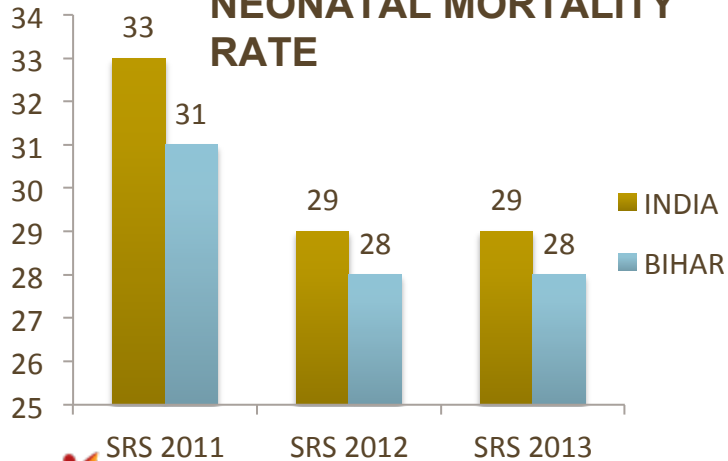
Bihar- Place of Buddha's Enlightenment

Demographics

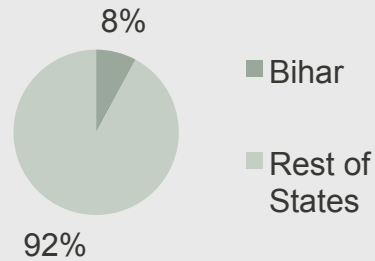
MATERNAL MORTALITY RATE



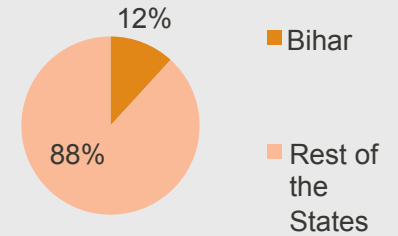
NEONATAL MORTALITY RATE



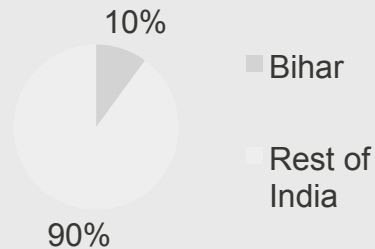
Population Share



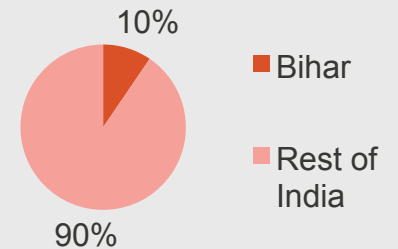
Maternal Death : Share of Bihar



Infant Deaths: Share of Bihar



Neonatal Deaths: Share of Bihar



What does QI consist of in Bihar? An Overview

Bucket A – Facility preparedness

Gap assessment and debottlenecking of HR, Infrastructure, Supplies, Equipment, Finance and fund utilization etc.

[Expected number of facilities to be covered = 533 block PHCs, 70 RHs, 44 SDHs and 35 DHs]

Bucket B – Basic clinical care

(Addressing elements that do not need clinically qualified mentors)
Looks at aspects such as Infection prevention (Handwash, DDK/ Sterile tray, gloves etc.), use of uterotonics for AMTSL, Post-partum checkup, breastfeeding, VLBW identification and care, etc

[Expected number of facilities to be covered = 533 block PHCs, 70 RHs, 44 SDHs and 35 DHs]

Bucket C – Detailed clinical mentoring

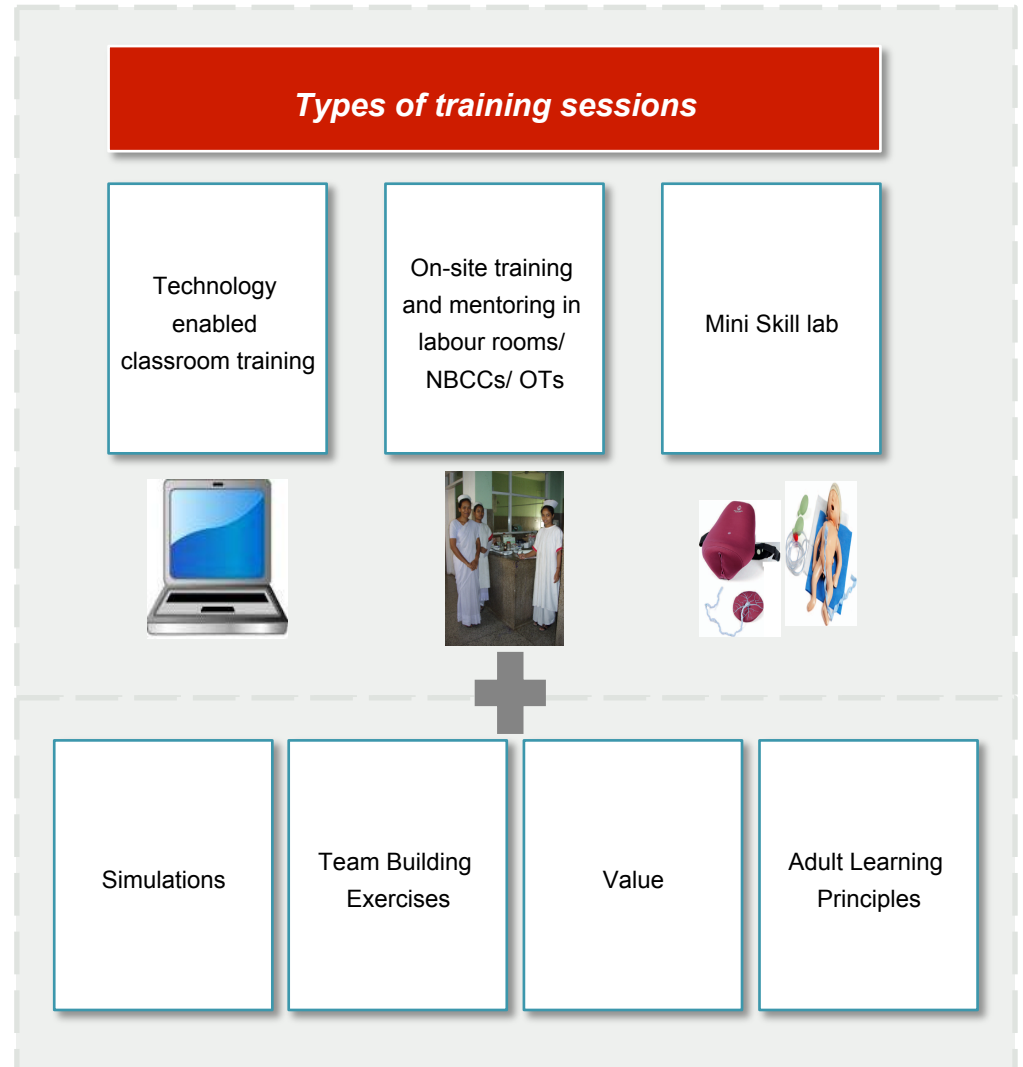
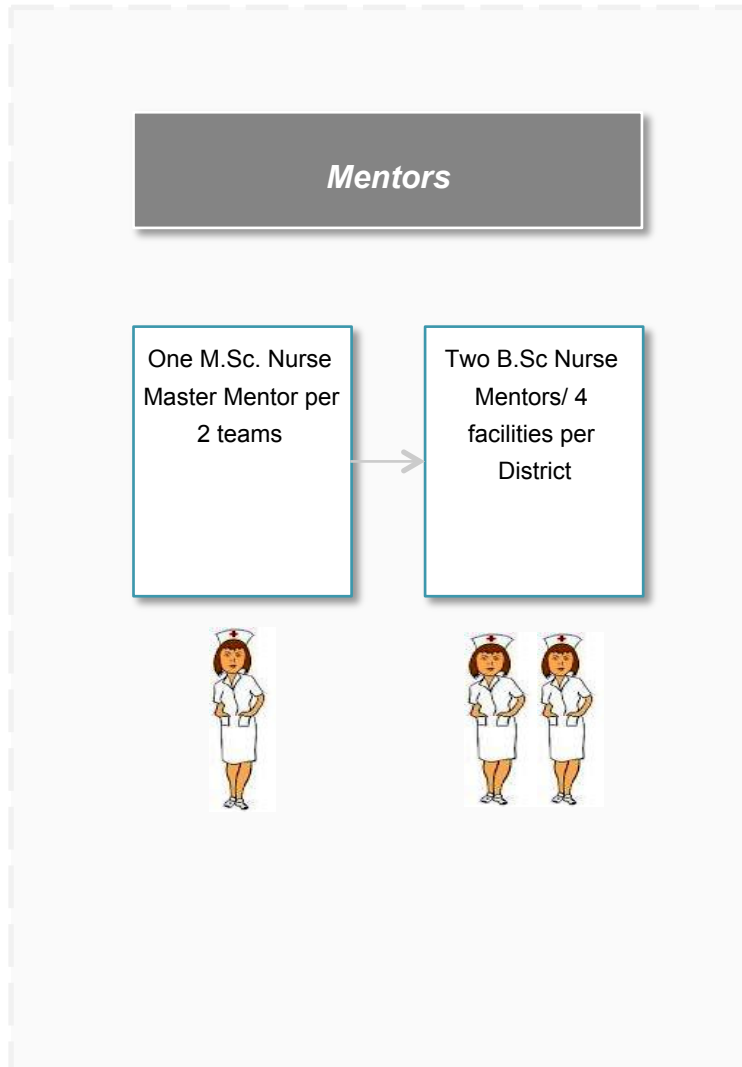
(Prevention as well as Identification, Stabilization, Referral and Management of maternal and neo-natal complications, as well as Family Planning Procedures)

- **BEmONC mentoring** [Expected number of facilities to be covered = 72 + 320 BEmONC facilities]
- **CEmONC mentoring** [Expected number of facilities to be covered = 56 CEmONC facilities]



B/D/SQAC is a sustainability mechanism for QI – to takeover understanding of QI processes and ensure continuity of the same

Training Mechanism



January 2015

100 Graduate and post-graduate nurse mentors
for Block PHCs

38

14 Mentors for District Hospitals

Districts

AMANAT – translated as “*something precious given in trust/ security/ deposit*”

(Acronym translated as Maternal and Neonatal
Emergency Preparedness)

Programme now running in...

160 Block PHCs

376

06 District Hospitals

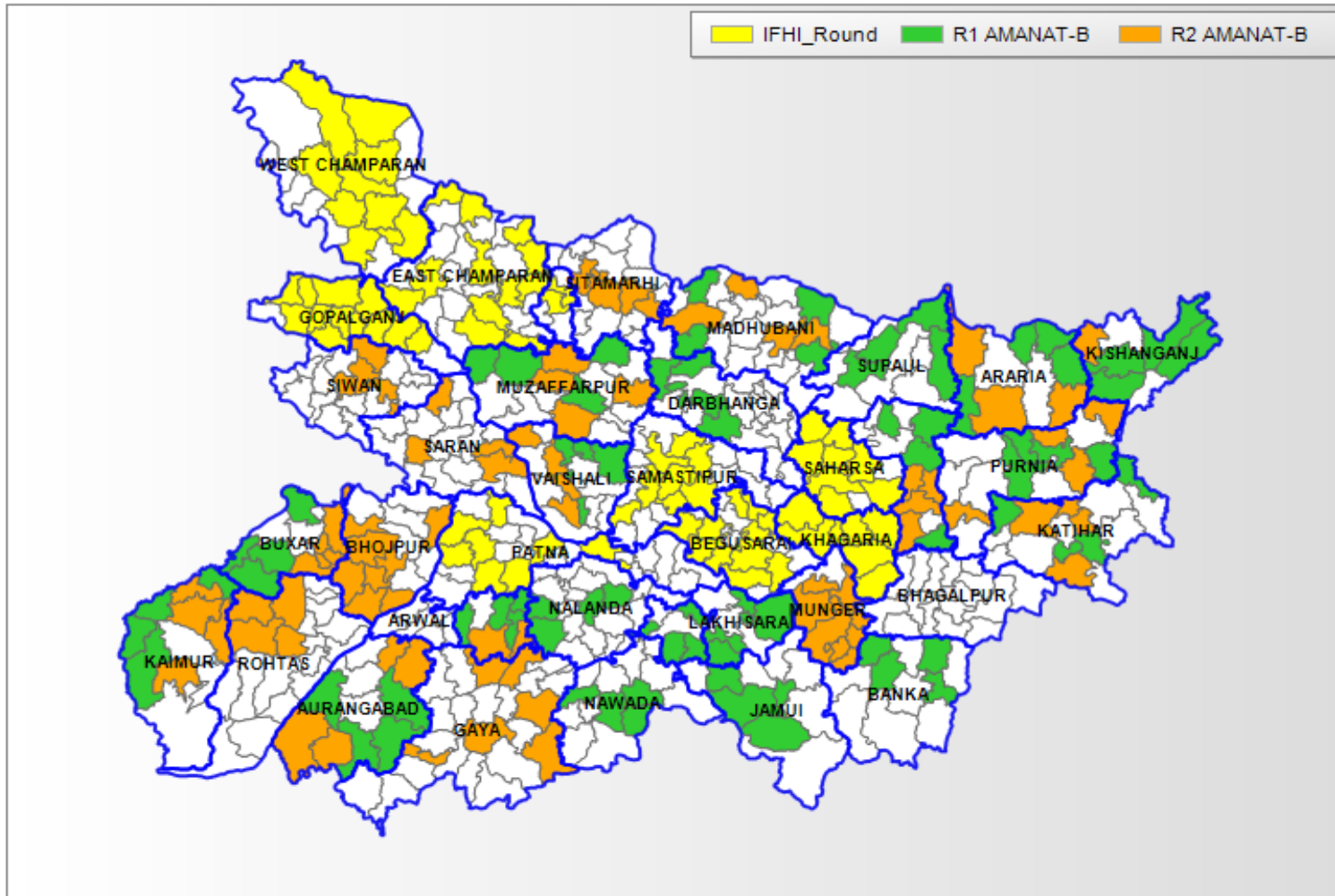
Facilities

*by March 2017

 **These facilities handle close to 1.1 million births a year**

Program Coverage

Round Coverage of Trainees



Changes

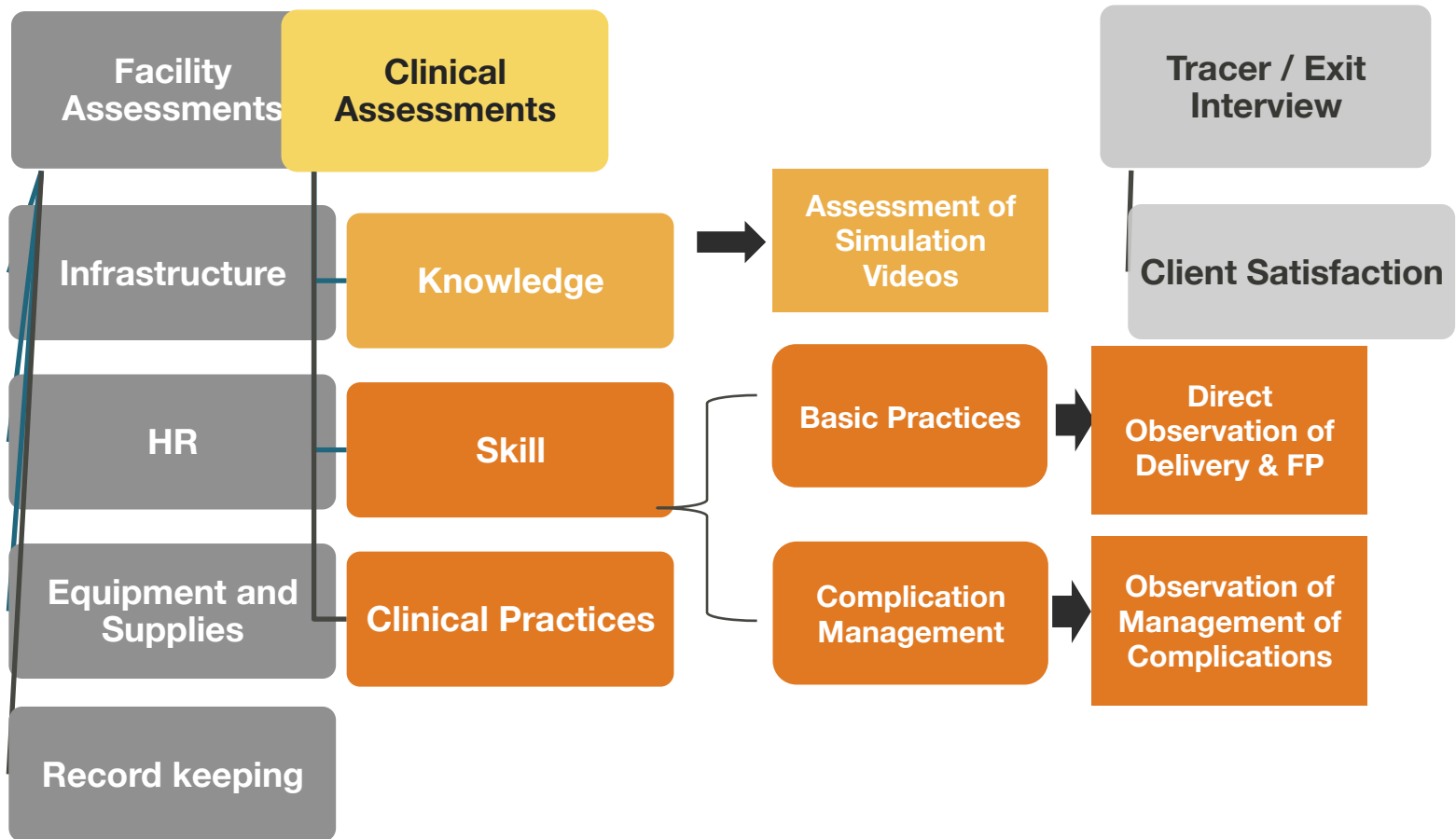
Difficult to segregate the separate impact of Simulation vs the rest of the training or preparedness.

- To reduce maternal and neonatal deaths handling perinatal complications in mother and neonate are best practised as simulations:
 - Repeated drills exposes possible errors and institutionalises memory of protocols
 - Team work institutionalized
 - Lesser referrals as better confidence; also mean much lower expenses for patients
- General preparedness of facility also improves in terms of infrastructure, supplies etc.

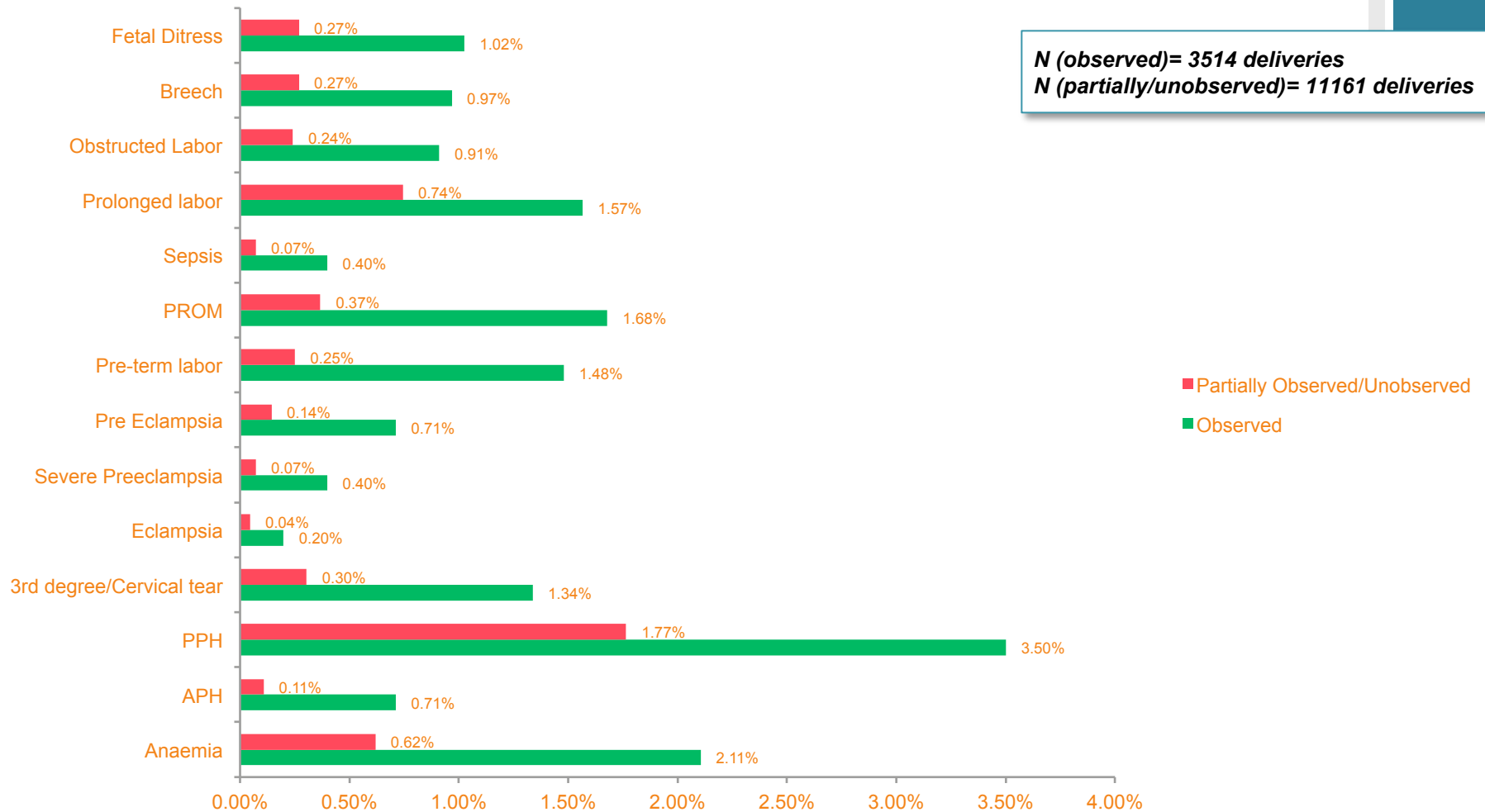


Measurement Framework

Focusing on Changes in Reproductive, Maternal and Neonatal Health

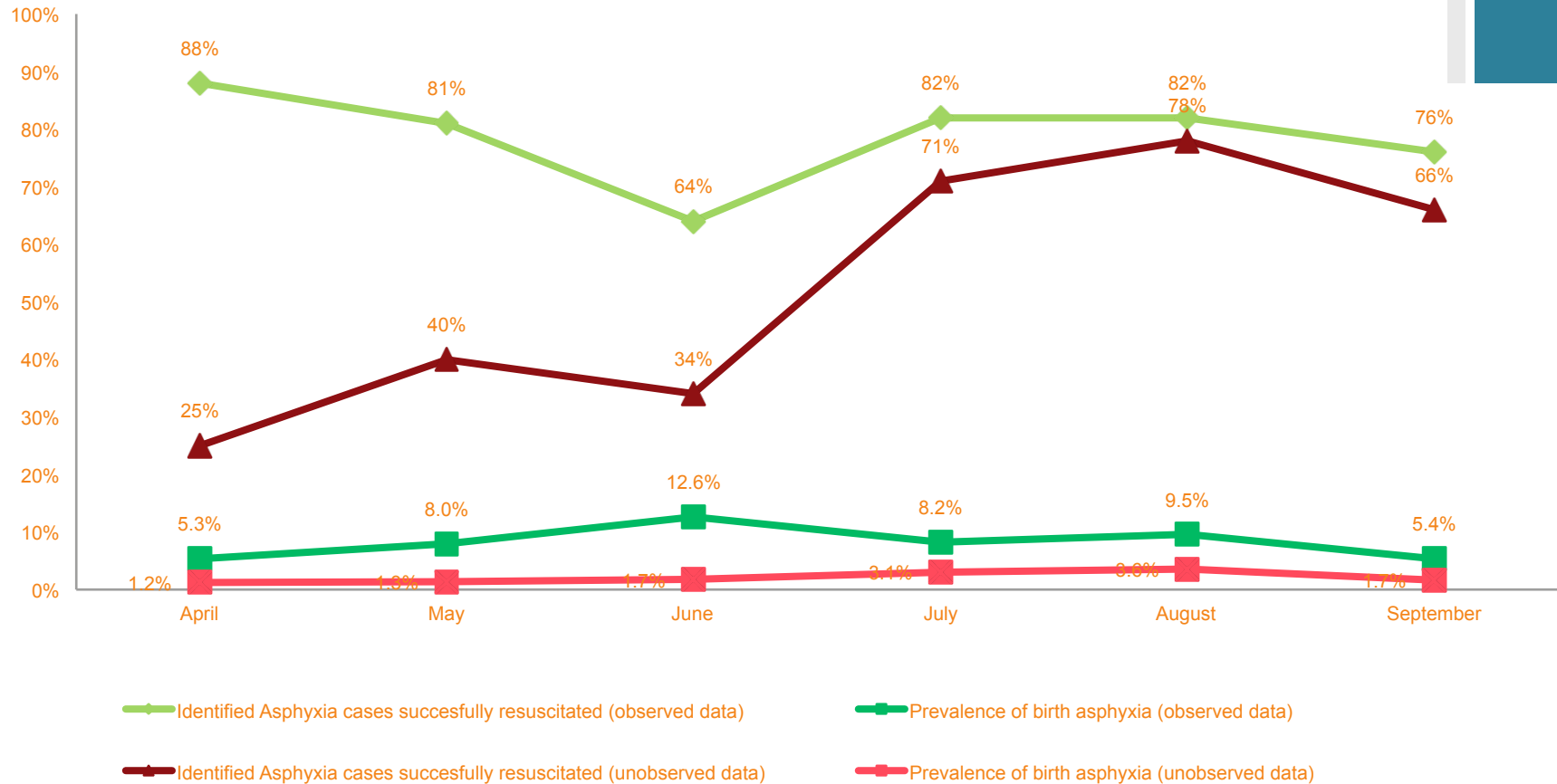


Examples of FIS data: Observed vs Unobserved/ partially observed data of identification and recording of maternal complications



Difference between observed and unobserved/ partially observed data indicates need for improvement in identification and recording of maternal complications

Examples of FIS data: Accurate identification and recording of newborn asphyxia cases

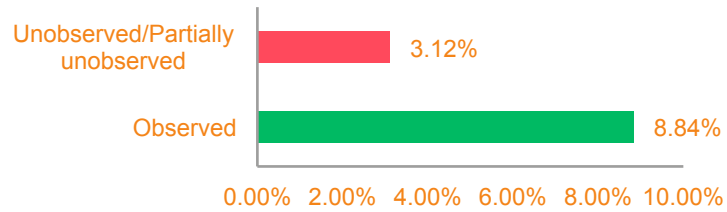


Pushing for accurate identification and recording of newborn asphyxia cases by nurse mentors at PHCs has led to more accurate identification and subsequently, more no. of asphyxia cases are being revived

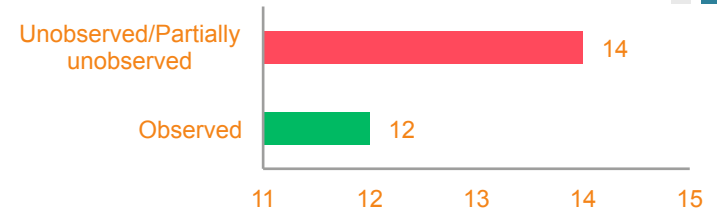


Observed vs Unobserved/Partially Observed/Recorded data

Birth Asphyxia



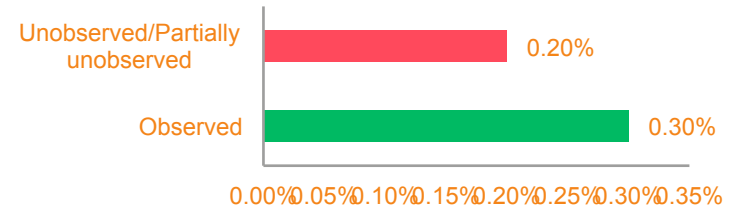
Still Birth Rate



Type of still birth



Immediate Neonatal death



N (observed)= 2776 deliveries (2742 live birth, 34 still birth)
N (partially/unobserved)= 9060 deliveries (8936 live births, 128 still births)

Remarks

- Dynamic, allowing for changes in level of difficulty
- In hot afternoons, sense of active participation and ‘drama’ makes life interesting!
- In poor governance areas, higher than 70% attendance of mentees over 7 months speaks about the interest generated– and don’t we know that if the interest is big, the principle must also be great!!



- *Go to the people.*
 - *Live with them.*
 - *Learn from them.*
 - *Love them.*
 - *Start with what they know.*
 - *Build with what they have.*
 - *But with the best leaders,*
 - *When the work is done,*
 - *The task accomplished,*
 - *The people will say*
 - *'We have done this ourselves'*
- Lao-tse in 7th century B.C.

THANKS



MNM Pilot Results

After Last round (post- 2013-14) with minimal inputs of simulation

Indicators	Before Mentoring %	6 months after Mentoring %
Oxytocin for AMTSL	8.6	75.0
Fundal pressure applied	32.0	03.6
STSC initiated	30.9	62.5
BF initiated in LR	49.1	71.5
Handwashing correct (All six steps)	14.0	36.8
Sterile instruments used	13.0	43.5
Attendant wore gloves	76.0	90.4

CARE & PRONTO Partnership

**CARE Field
Team prepares
facility for
training**

Assist Govt. officials to identify gaps, create budgets, help in construction/ procurement, change duty rosters for effective once a month training, and to ensure infrastructure,

**CARE State
Team**

Receives the orders for government health officials to allow full cooperation with the programme

**CARE Capacity
Building Team
& PRONTO
Team**

Jointly designs the curriculum for the TOT of nurse mentors, conducts basic theory, practical skill-station training and then the practicum of handling deliveries in good hospitals; .