

MULTI STAKEHOLDER AND MULTI SECTORAL PARTNERSHIPS

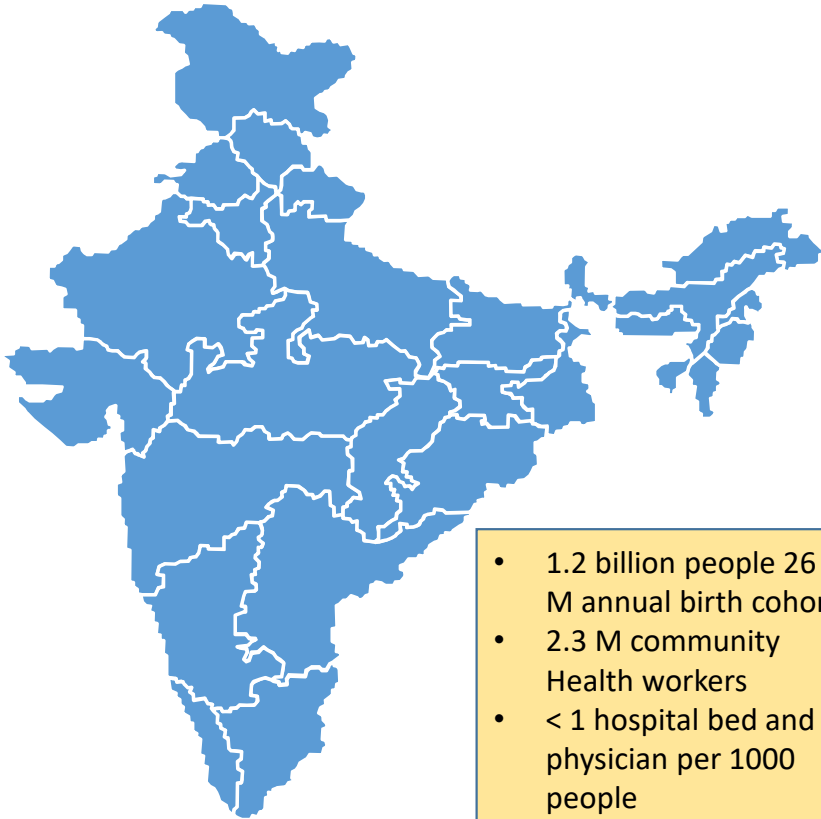
Experiences and Lessons from India

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Institutionalizing Community Health Conference, Partnerships Plenary, Johannesburg
28 March 2017

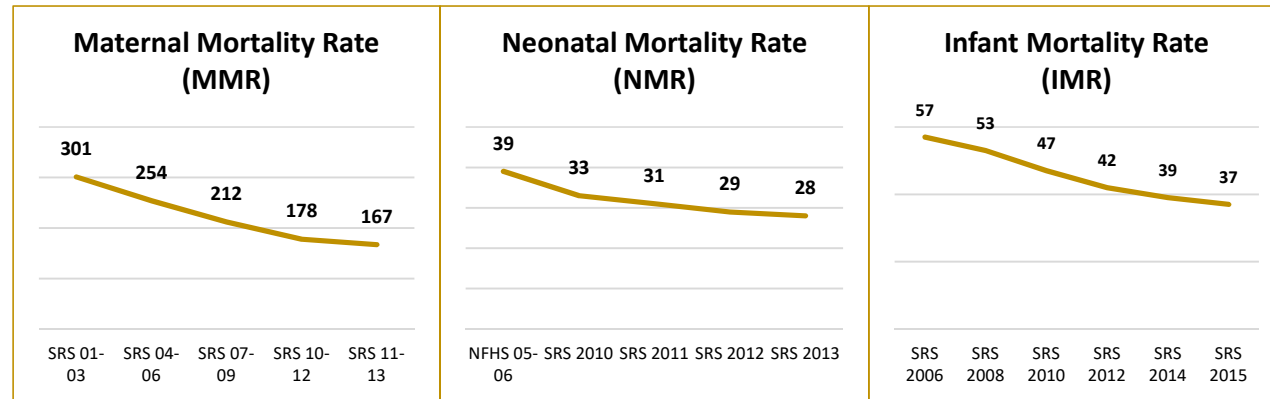
INDIA HAS MADE PROGRESS ON KEY HEALTH GOALS OVER THE LAST DECADE AND MORE

Indian context: 1.2 billion people with 650k villages



- 1.2 billion people 26 M annual birth cohort
- 2.3 M community Health workers
- < 1 hospital bed and physician per 1000 people
- 62% out of pocket expenditure

Steady decline in key health goals



- U5MR declined from 125 in 1990 to 43 per 1,000 live births in 2015
- **Facility deliveries increased** from 38.7% in 2005-06 to 78.9% in 2015-16
- **Full Immunization coverage** has increased from 43.5% in 2005-06 to 62% in 2015-16

LAUNCHED IN 2005, NATIONAL (RURAL) HEALTH MISSION FOCUSES ON DECENTRALIZED PLANNING MANAGEMENT WITH DIVERSE PARTNERSHIPS



- NHM envisions fully functional, community owned, decentralized health system with inter-sectoral convergence to ensure simultaneous action on a wide range of determinants of health such as water, sanitation, education, nutrition, social and gender equality

Some of the major initiatives under National Health Mission with strong focus on stakeholders engagement including communities

A strong 900,000 network of Community Health volunteers called Accredited Social Health Activists (ASHA)



A decentralized body at district level called District Health Society (DHS) with representation from Health, Nutrition, local governance bodies, Sanitation, Water and INGOs for local planning, decision making



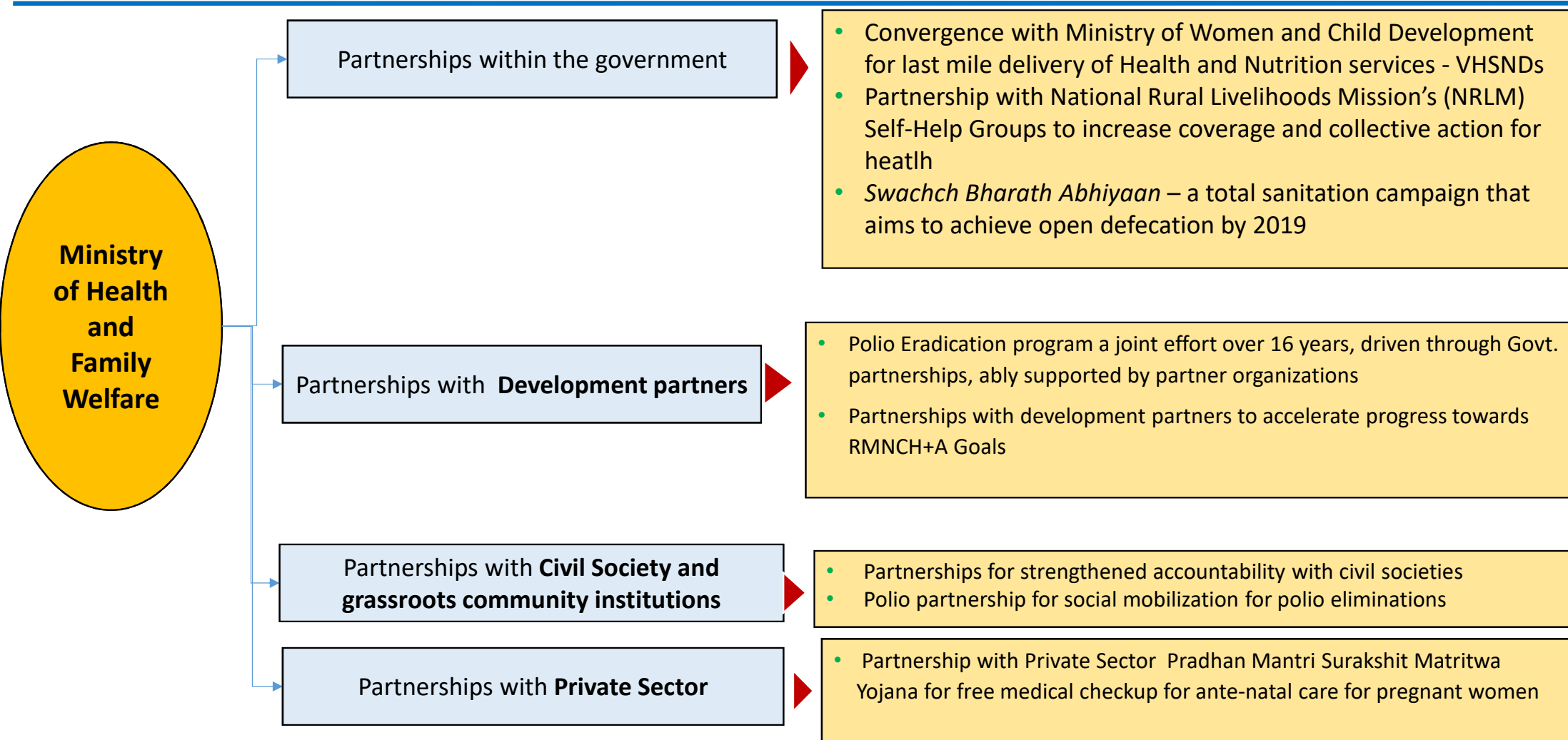
Rogi Kalyan Samiti (Patient Welfare Committee) with **membership from NGOs, community, local governance body with flexible budgets** to manage the affairs of the hospital



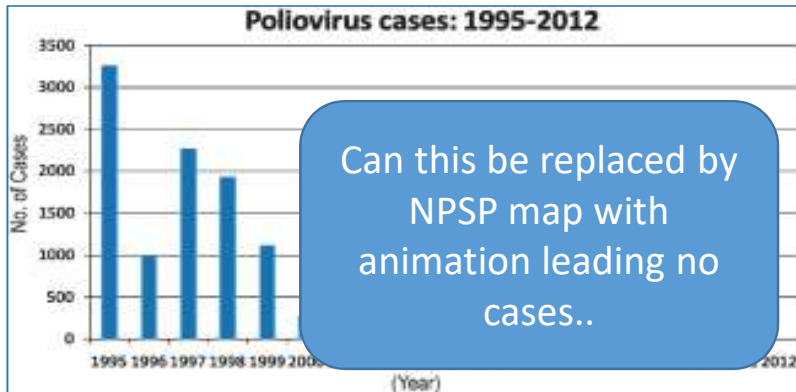
Partnerships for Community monitoring that leverage network of healthcare providers, CBOs, NGOs, local governance bodies for community monitoring of local Health system



MINISTRY OF HEALTH HAS ENGAGED AND PARTNERED WITH MULTIPLE STAKEHOLDERS, TO HELP IMPROVE NATIONAL HEALTH OUTCOMES



PARTNERSHIPS WERE CORNER STONE OF INDIA READING AND MAINTAINING POLIO ELIMINATION FREE STATUS SINCE 2012



Can this be replaced by NPSP map with animation leading no cases..

- India took 16 years to finally get rid of the wild polio viruses from the country - nation-wide campaign in India involved vaccinating nearly **170 million children** in more than 240 million households by 2.3 million vaccinators
- The success of this effort is a tribute to strong government commitment with decisive ably **Rotary International, civil society, and donors** and **CHWs, volunteers, and**

We should highlight grass roots partnerships – NGOs, religious leaders, network of CHWs vs. individual devt partners. We could bucket all of them into one – WHO, UNICEF and CDC, then we could have partnerships with other ministries, local NGOs, religious leaders, Rotary and others??

Ministry of Health – responsible for implementation, direction, funding and vaccines

ICDS department to leverage their network of Anganwadi Centres to deliver last-mile immunization services

Education through rally efforts at Pri colleges, etc

Partnerships with local NGOs, professional Indian Academy of Pediatricians, institutions and leaders and social initiatives

WHO through its National Polio Surveillance Project (NPSP) – responsible for disease surveillance and research

UNICEF – responsible for setting up Cold chain, awareness generation, Social Mobilization Network with **Civil Society Organizations** and supportive supervision

CDC Atlanta – responsible technical and management support, including assistance with outbreak responses, surveillance reviews, vaccination campaign planning and monitoring, and data management

Rotary International - responsible for advocacy and fundraising, and supports with IEC, health camps and multiple Rotary immunization booths during Supplementary Immunization Activities (SIAs)

PARTNERSHIP WITH DEVELOPMENT PARTNERS IN OUR EFFORT TO INTENSIFY HARMONIZED AND INTENSIFIED ACTION TO ADVANCE RMNCH+A INTERVENTIONS IN 184 POOR PERFORMING DISTRICTS SINCE 2013

- India is part of global call to action to improve performance of countries on critical RMNCH+A priorities
- Ministry of Health refreshed it's RMNCH+A strategy with focus on life cycle approach to maximize reach in remote geographies of the country
- **184 high-priority districts (HPDs)** were identified with weak performance on critical RMNCH+A indicators.
- Ministry of Health worked with development partners to ensure harmonized and coordinated support across 184 districts by designating lead development partner for each state with common of metrics, creation of national and state level support mechanisms



INDIA'S EFFORT TO COLLABORATE WITH AND LEVERAGE PRIVATE SECTOR DOCTORS TO ADVANCE MATERNAL HEALTH INTERVENTIONS: PRADHAN MANTRI SURAKSHIT MATRITWA YOJNA (PMSMY)

With the objective of providing quality antenatal care to every pregnant woman, the Ministry of Health launched the PMSMY scheme that offers **free medical checkup** for **ante-natal care** for pregnant women across the country and popularly referred to as 'I pledge for 9'

The scheme covers free testing of the following,

- Blood pressure
- Weight
- Sugar level
- Blood test
- Hemoglobin test
- Ultrasounds
- Other pregnancy-related tests



Free services can be availed on the 9th of every month

- **Government** health centers and hospitals
- Accredited **private** clinics and hospitals

- This scheme is targeted at pregnant women especially from economically weaker sections, likely to be malnourished and lacking in vital nutrients during pregnancy
- The PMSMY initiative will help ante-natal care to nearly **30 million pregnant women on the ninth of every month**



GRASS ROOTS MULTI STAKEHOLDER COMMITTEES TO ADVANCE ACCOUNTABILITY FOR HEALTH DELIVERY: VILLAGE HEALTH SANITATION AND NUTRITION COMMITTEES (VHSNC)

VHSNC is a **village-level** committee under the NHM to promote collective action on issues related to health, nutrition and sanitation

- VHSNCs are responsible for decentralized village health planning and monitoring
- It ensures fair and equitable representation from all sections of the community as members of the committee
- ~150 USD as flexible fund per VHSNC per year

512,000
functional
VHSNCs across
India

- VHSNCs are instrumental in improving community health, sanitation and nutrition
- They support in mobilisation and formal linkages with the wider health system

Who are the members?

- Elected members of **local governance bodies** called Panchayat members
- **Community Health Workers** from different ministries: ASHA, AWW, ANM, School teachers
- **Community-based organizations** like Self Help Groups, Forest Management committees, youth committees etc.
- **Service users** – pregnant women, lactating mothers, mothers with children up to 3 years of age, adolescent girls and patients with chronic diseases who are using public services

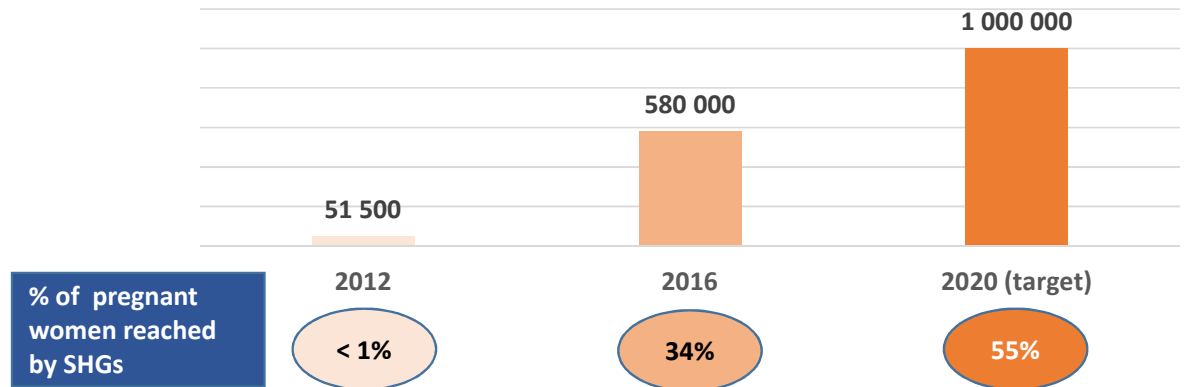


PARTNERSHIP WITH NATIONAL RURAL LIVELIHOODS MISSION UNDER THE RURAL DEVELOPMENT MINISTRY TO LEVERAGE SELF HEALTH GROUPS TO ADVANCE HEALTH, NUTRITION AND SANITATION INTERVENTIONS ...(1/2)

- The Ministry of Health has partnered with the Rural Development ministry's SHG program to integrate HNS interventions.
- Each SHG has 10-12 women at a neighborhood with focus on savings and credit interventions
- SHG program is mandated to target women from poorer families who are often left-out of public services
- SHGs meet once a week for 1-1.5 hours and it serves as an opportunity to discuss HNS issues, plan and problem solve for shifting norms and household behavior change and improving demand and access to services

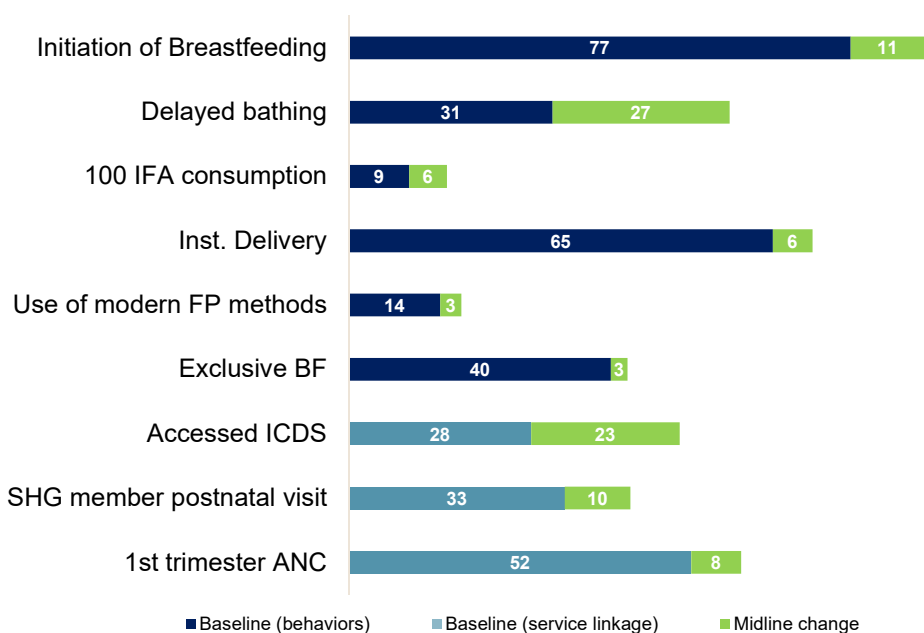
EXAMPLE FROM NORTHERN INDIAN STATE OF BIHAR WITH 120M PEOPLE

Growth of SHGs in Bihar

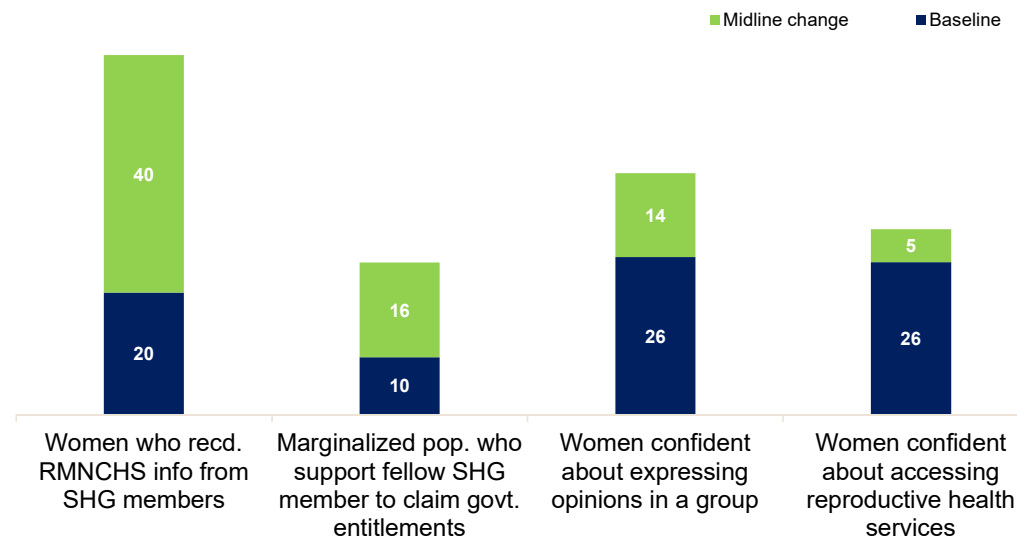


..... LEADING TO INCREASED UPTAKE OF BEHAVIORS, SERVICE ACCESS AND COLLECTIVE ACTION FOR CRITICAL MATERNAL, NEONATAL HEALTH AND LINKED INTERVENTIONS (2/2)

SHG interactions have shown increase in uptake of critical behaviors and SHGs has also helped improve service linkages



Increase in social cohesion and collective action of SHG members



It is found to be a cost effective mechanism to increase in uptake of many interventions, service access and collective action for health

SOME LESSONS FROM MULTI-STAKEHOLDER ENGAGEMENT IN INDIA

- Focus and align on goals for partnerships is a must as was shown in polio elimination
- Political leadership could help build momentum to galvanize action through partners
- Thinking out of the box is critical to leverage all resources within and outside the government for solving complex health problems facing by countries
- Partnerships build for polio are resourceful for other programs for example RMNCH+A and routine immunization given
- Thinking beyond health for advancing health goals is a huge plus. India's grass institutions outside of health could become strong partners for solving health and nutrition challenges
- Partnerships with key influences like religious leaders and local governance bodies were found to be resourceful across health priorities
- Given the shortage of human resources, partnering and leveraging private sector providers is key

Thank you

Collaboration with Civil Societies: Advocating Reproductive Choices (ARC)

What is ARC?

- ARC is a coalition of more than 170 civil society organizations and individuals that are committed to advocating for greater attention and focus on sexual and reproductive health issues and family planning services in India
- ARC is dedicated to supporting the efforts of Ministry of Health to meet India's FP2020 goals that emerged at the Family Planning summit in London, 2012

ARC has been providing technical and coordination support to the Ministry of Health on key areas,

- Sharing global evidences and experiences on new contraceptive methods
- Informing and consulting Ministry by sharing scientific clinical updates and technical feasibility of new contraceptives through network of experts
- Providing technical inputs for roll out of new spacing methods like Injectables, Progestogen-only-pill, centchroman, and post-partum spacing methods in Public and Private sector
- Discussions on issues pertaining to supply & demand of contraceptives and quality of care

