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IMPROVING CHILD HEALTH IN INDIA

BASICS III

Introduction

USAID/BASICS' program in India was designed to provide assistance in community-based newborn care and essential nutrition to USAID's Integrated Nutrition and Health Project, Phase II (INHP II), implemented by CARE/India as part of a larger Reproductive and Child Health, Nutrition and HIV/AIDS (RACHNA) program. This was the sole instance amongst USAID/BASICS country programs in which the project provided technical assistance to a Ministry of Health partner for a government initiative instead of directly to the Ministry itself.

In mid-2007, USAID/India restructured the way it funded technical assistance for child health, consequently announcing a rapid phase-out of most technical assistance mechanisms in place at the time, including USAID/BASICS. The project discontinued operations in December 2007.

RACHNA was an umbrella program that consisted mainly of two large projects: the Integrated Nutrition and Health Project (INHP II), which targeted pregnant and lactating women and children below two years of age to improve child survival and nutritional status; and *Chayan*, a reproductive health and HIV/AIDS prevention project. As noted in the project's final evaluation, "The scale of RACHNA is enormous, making it the largest non-governmental organization program of its type in the world." The project worked in 94,593 catchment areas called *anganwadi* centers in nine states,¹ ultimately reaching 6.6 million pregnant and lactating women, and children up to six years of age.

USAID/BASICS provided technical assistance to INHP II to implement key interventions, including: antenatal care including birth preparedness; home-based essential newborn care; breastfeeding and complementary feeding; vitamin A, iron and folic acid supplementation; and primary immunization. USAID/BASICS helped sharpen the technical content of interventions, refine operational approaches to delivering these interventions and measure the change in reach of interventions over time as well as change in outcomes such as service coverage and feeding and caring practices. The operational approaches included, among others, an effort to optimize functional convergence of the Ministry of Women and Child Development's Integrated Child Development Services (ICDS) scheme, and the Ministry of Health and Family Welfare's Reproductive and Child Health program (RCH), particularly at sub-district and district levels.

A final element of the project's collaboration with RACHNA was actively contributing to a series of working papers published by CARE that are meant to present results and lessons that provide a sense of what it took to implement RACHNA, and that can potentially lead to improved public health programming in India. Referred to in this chapter, the papers include a brief program overview, details of the methodology of the many assessments used during the program, five documents covering the different technical focus areas, two papers on the rural and urban components of *Chayan*, and three publications discussing cross-cutting themes.

¹ Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh, and West Bengal.

Notably, the last of these cross-cutting themes is study of program cost analysis that was directly supported by USAID/BASICS.

Click [here](#) to download *Cost Analysis of the RACHNA Program*.

Nutrition

USAID/BASICS helped RACHNA to focus field worker efforts to emphasize the rationale and priority for these supplements, and adapt operational approaches known to be effective, including ensuring name-based tracking by improving use of existing service registers, introducing mechanisms for generation of due lists every month (for Vitamin A, as for immunization) and discussing adverse effects with clients (for iron supplements for mothers). The coverage of micronutrient supplements improved over time:

- Vitamin A—coverage of 2 doses of vitamin A (18-23 month-old children) increased from 9.4% at baseline to 25.5% at end-line, representing increments of -3.9 to 36.5 percentage points in different states.
- Iron supplement delivery to pregnant girls/women—coverage of pregnant girls/women receiving 90+ iron/folic acid tablets from 21.2% at baseline to 47.6% at end-line, representing increments of 14.1 to 38.5 percentage points in different states.

USAID/BASICS helped RACHNA articulate a detailed impact hypothesis for changing infant and young child feeding practices, based on available global knowledge, supplemented with context specific data generated locally. The latter included the establishment and assessment of a set of early learning sites and a set of district level assessments called Periodic Rapid Assessments (or RAPs) in a panel of one district from each project state. USAID/BASICS helped RACHNA design and conduct these assessments, interpret findings and respond in several specific ways to refine program approaches. Some major findings from some of the early assessments were the very low amounts of complementary foods fed to children and the near-absence of systemic interventions to address this. Home visits at critical periods during pregnancy and the first two years after birth were identified as critical actions, and technical materials and job aids were developed to address gaps and barriers. Feeding behaviors improved over time:

- The practice of putting the newborn baby to the breast within two hours of birth *and* not giving prelacteals improved from 14.1% at the baseline to 46.1% at the final survey, representing increments of 3.8 to 54.1 percentage points in different states.
- Exclusive breastfeeding rates were already moderately high at the baseline (73.7%), but improved further to 83.1% by the final survey.

- Appropriate Complementary Feeding (the age-appropriate frequency along with breastfeeding) was not measured at the baseline. However, this indicator was measured in a panel of districts sequentially over three years, where increments of 5 to 26 percentage points were recorded in different districts.
- The same sequential surveys measured volumes of complementary foods fed to children. Hardly any child was found to be given recommended amounts of complementary foods in the first round (baseline), and very few were being fed even half the recommended amounts. Over two years, increments of 7.8 to 28.9 percentage points were noted in the proportion of children 6-11 months old fed at least half the recommended amounts.
- Close associations were found between reported home visits or specific feeding advice from health workers / volunteers, and reported practices. The proportion of families reporting such home visits or advice increased significantly over time across at least half the districts.

Click [here](#) to download *Widening Coverage of Micronutrient Supplementation*

Click [here](#) to download *Changing Infant and Child Feeding Behaviors*

Newborn Health

USAID/BASICS helped RACHNA interpret available evidence related to efficacy and effectiveness of feasible interventions in addressing neonatal mortality, and helped refine the package of antenatal and neonatal care interventions based on this analysis. Home visits during late pregnancy and early neonatal life were determined to be the primary vehicles for taking these interventions to families, since the bulk of births took place at home, and even in the case of institutional births, most of the neonatal care happened at home. Indicators were developed to measure the progress of these approaches and of the immediate outcomes such as neonatal care practices. All of this was incorporated into training and management processes of national programs in the project universe. The need for such focus by frontline staff of the national programs was advocated at appropriate forums at state and district levels.

The results strongly suggest that these focused efforts lead to substantial change:

- All neonatal care practices improved over time. A composite indicator, combining timely initiation of breastfeeding, not giving pre-lacteal feeds and maintaining a clean umbilical cord at birth, improved from a baseline of 6.6% to 35.3% in the final survey at the project level, representing increments ranging from 21 to 47 percentage points in 7 of the 8 states.

- There were strong associations between late pregnancy / first day visits or reported advice and reported healthy practices. Home visits by frontline workers at crucial periods, including the day of birth, increased substantially over time, as planned.

Click [here](#) to download *Enhancing Newborn Care*

Primary immunization

The RACHNA program was committed to help increase primary immunization coverage in the project area. USAID/BASICS supported RACHNA in identifying operational reasons for consistently poor immunization coverage in some of the largest of Indian states, through an ongoing effort to analyze reasons for poor coverage. It became apparent that while supply issues were important at times, the most consistent reasons for poor coverage were the lack of consistent application of two key, well-established strategies: ensuring fixed-day, fixed-site outreach immunization services, and the use of simple, name-based tracking systems to optimize coverage on the immunization day. In addition, capacities to monitor coverage at different levels in program hierarchies were built, and the adaptation and use of appropriate tools was promoted. These aspects were strengthened within an existing approach called Nutrition Health Day, where take-home food supplements were distributed on the fixed immunization day as an incentive to the poorest families. In addition, timely, individualized communication to provide advice on the need and schedule of vaccines was incorporated into the behavior change communication approaches common to other interventions.

Results, as measured over the project life, suggested that the strategies used led to significant change:

- At the aggregate program level, complete immunization coverage among 12-23 month olds increased by 15.9 percentage points over the project life to reach 58.2 percent by the final survey. Increases were observed in almost all antigen coverage rates across all states.
- The proportion of children not receiving a single vaccine decreased from 19 percent to 10 percent at the program level; the proportion of children receiving at least one vaccine but failing to complete the course reduced by a quarter between the baseline and final survey.
- Compared to state-wide estimates of immunization coverage available from DHS, RACHNA-assisted areas in seven of eight states had achieved higher measles and full immunization coverage.
- There were consistent relationships found at the final survey between the use of specific strategies and improvements in coverage.

Click here to download *Widening Immunization Coverage*

Strengthening the Integrated Child Development Services scheme and the Reproductive and Child Health program

In each of the above interventions, the attempt was to bring about a convergence of efforts of the two main public health programs of the Government of India that deal with child health: the ICDS (Integrated Child Development Services) and the RCH (Reproductive and Child Health) programs. Thus, USAID/BASICS provided technical support to RACHNA, which in turn catalyzed improved effectiveness of these national programs. Different key aspects and stages of this process were supported:

Planning

USAID/BASICS helped design and intensively supported, at the national, state, and district levels, a series of planning process and refinements in strategies to reach full program scale. This included the strategic use of global and local evidence to define focus interventions and operational approaches, and the development of tools to facilitate implementation.

Implementation

USAID/BASICS provided technical assistance for capacity building CARE's own teams as well as several tiers of volunteers, frontline health workers and a succession of their supervisors at all levels within the government programs. This included basic technical skills as well as supervisory and program management skills.

Click [here](#) to download *Working with Systems*

Monitoring

USAID/BASICS helped design alternative monitoring systems to reflect the aforementioned strategic changes to promote effective program scale-up. This included "RAPS" or periodic rapid assessments which were comprehensive district level assessments, and "mini-RAPS" which were small, low-cost sample surveys for use by district and sub-district staff for measuring levels of change in crucial outcome and process indicators at local levels. It also included supervisory checklists and tools, which provided the necessary focus to the roles of the mid-level management.

Click [here](#) to download *Program Implementation Tools*

Transition

In late 2006, USAID/BASICS began assisting RACHNA in a process of detailed planning and preparation for transition of INHP to its next project phase (INHP III) , notably participating in project design, orienting national and state leadership to the proposed project strategy, and evaluating tools and approaches. A series of design workshops were held involving state team leaders, followed by state level planning and the launch of activities.

Click on the titles below to access reports and other materials developed during USAID/BASICS' India country program.

Title	Type	Description	Technical Focus Area(s)
What RACHNCA has done so far	Report	An overview of the background, objectives, interventions and impact hypotheses of INHP-II and Chayan rural, the implementation approaches used and their evolution over time.	<ul style="list-style-type: none"> ▪ Child Survival
Methods used for Assessment in RACHNA	Report	A description of the methodology used for population-based surveys (baseline, end-line, rapid assessments, and evaluation research studies) conducted during RACHNA.	<ul style="list-style-type: none"> ▪ Child Survival
Enhancing Newborn Care	Report	A summary of results and lessons learned from the promotion of a set of simple interventions to influence neonatal outcomes, including antenatal tetanus toxoid, clean delivery and cord care, early and exclusive breastfeeding and thermal care, as well as the identification and intensive home care of the low birth weight and premature babies.	<ul style="list-style-type: none"> ▪ Newborn Health
Changing Infant and Child Feeding Behavior	Report	A summary of results and lessons learned from helping India's Integrated Child Development Services program, and to a lesser extent, the programs of the Health Department sharpen focus on efforts to target families with children less than two years of age to promote healthy feeding practices.	<ul style="list-style-type: none"> ▪ Nutrition

Title	Type	Description	Technical Focus Area(s)
Widening Coverage of Micronutrient Supplementation	Report	A summary of results and lessons learned from the promotion a set of strategies to improve the coverage of micronutrient supplements to women and children, as part of an integrated package of interventions to reduce malnutrition and mortality among children.	<ul style="list-style-type: none"> ▪ Nutrition
Supplemental Feeding: Its Role in a Large-scale Maternal and Child Nutrition and Health Program	Report	A discussion of strategies, approaches, experiences and results of the supplemental feeding component of program, analyzing the influence of supplemental food on health service coverage and briefly discussing the costs and benefits of supplemental feeding.	<ul style="list-style-type: none"> ▪ Nutrition
Deepening Access to Spacing Methods	Report	An examination of the factors leading to increases in the use of birth spacing methods.	<ul style="list-style-type: none"> ▪ Health Timing and Spacing of Pregnancy
Working with Systems: Lessons from INHP	Report	A description of how India's Integrated Child Development Services program learned and evolved in its strategies in engaging existing public health systems.	<ul style="list-style-type: none"> ▪ Child Survival
Engaging Communities to Improve Health	Report	An assessment of change agents' effectiveness in communicating key information related to maternal and child care and feeding to families, and mobilizing them to utilize services.	<ul style="list-style-type: none"> ▪ Child Survival

Title	Type	Description	Technical Focus Area(s)
Cost Analysis of the RACHNA Program	Report	An analysis of the costs of implementing RACHNA and how the program might be scaled-up, meant to inform the development of a national strategy to achieve universal coverage.	<ul style="list-style-type: none"> ▪ Child Survival
Tools Used to Strengthen Program Implementation in INHP-II	Management Tools	A set of generic tools that can be adapted and put to use for strengthening program implementation.	<ul style="list-style-type: none"> ▪ Nutrition ▪ Child Survival
Schedule for mothers of surviving children (0-5 months old)	Survey Tool		<ul style="list-style-type: none"> ▪ Child Survival
Schedule for mothers of surviving children (6-23 months old)	Survey Tool		<ul style="list-style-type: none"> ▪ Child Survival
INHP II Rapid Assessment— Women Questionnaire (0-5 months old)	Survey Tool		<ul style="list-style-type: none"> ▪ Child Survival
INHP II Rapid Assessment— Women Questionnaire (6-23 months old)	Survey Tool		<ul style="list-style-type: none"> ▪ Child Survival
Village Schedule	Survey Tool		<ul style="list-style-type: none"> ▪ Child Survival