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# SAMVEG

Systems Approach for MNCH focusing on Vulnerable Geographies

## Transformation of 25 Aspirational Districts

### A Compendium of Success Stories

SAMVEG PROJECT CONSORTIUM PARTNERS



dimagi



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# **Transformation of 25 Aspirational Districts**

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**A Compendium of  
Success Stories**









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# ACKNOWLEDGEMENT

This compendium is a testament to the collaborative efforts of the dedicated team behind the SAMVEG project, implemented by IPE Global and its consortium partners, World Health Partners (WHP), John Snow India Pvt. Ltd. (JSI), and Dimagi.

We extend special appreciation to the district officials, Chief Medical Officers (CMOs), Medical Officers in Charge (MOICs), District Program Managers (DPMs), Medical Officers, and staff Nurses for their proactive actions in addressing the gaps identified by the project team. Their collaboration and support have been instrumental in enhancing the quality of health services.

Heartfelt thanks to the SAMVEG project team across all 25 Aspirational Districts (ADs), whose tireless dedication has significantly contributed to improving quality and documenting success stories from the field. These combined efforts have been pivotal in advancing maternal, newborn, and child health in Aspirational Districts.

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# ACRONYMS

<b>AD</b>	Aspirational District
<b>ADP</b>	Aspirational District Program
<b>AS</b>	Additional Secretary
<b>AFHC</b>	Adolescent Friendly Health Services
<b>ANC</b>	Antenatal Care
<b>ANM</b>	Auxiliary Nurse Midwife
<b>APHC</b>	Additional Primary Health Center
<b>ASHA</b>	Accredited Social Health Activists
<b>AWW</b>	Aanganwadi Workers
<b>bCPAP</b>	Bubble Continuous Positive Airway Pressure
<b>BPMU</b>	Block Program Management Unit
<b>CHC</b>	Community Health Center
<b>CHO</b>	Community Health Officer
<b>CMO</b>	Chief Medical Officer
<b>CoC</b>	Continuum of Care
<b>CS</b>	Civil Surgeon
<b>DPM</b>	District Program Manager
<b>FRU</b>	First Referral Unit
<b>FLW</b>	Front Line Worker
<b>GOI</b>	Government of India
<b>GDM</b>	Gestational Diabetes Mellitus
<b>HWC</b>	Health and Wellness Center
<b>HIV</b>	Human Immunodeficiency Virus
<b>IAP</b>	Indian Academy of Pediatrician
<b>ICDS</b>	Integrated Child Development Scheme
<b>IEC</b>	Information, Education, and Communication

<b>IPEG</b>	IPE Global
<b>JSIPL</b>	John Snow India Private Limited
<b>KMC</b>	Kangaroo mother care
<b>MD</b>	Mission Director
<b>MNCH</b>	Maternal, Newborn, and Child Health
<b>MoHFW</b>	Ministry of Health and Family Welfare
<b>MOIC</b>	Medical Officer-In-Charge
<b>NBSU</b>	Newborn Stabilization Unit
<b>NCD</b>	Non Communicable Disease
<b>NHM</b>	National Health Mission
<b>NRC</b>	Nutrition Rehabilitation Center
<b>OGTT</b>	Oral Glucose Tolerance Test
<b>OPD</b>	Out Patient Department
<b>PHC</b>	Primary Health Centers
<b>PMSMA</b>	Pradhan Mantri Surakshit Matritva Abhiyan
<b>PNC</b>	Post Natal Care
<b>PPP</b>	Public Private Partnership
<b>RI</b>	Routine Immunization
<b>SAMVEG</b>	Systems Approach for MNCH focusing on Vulnerable Geographies
<b>SC</b>	Sub Center
<b>SDH</b>	Sub Divisional Hospital
<b>SDO</b>	Sub Divisional Officer
<b>SMO</b>	Senior Medical Officer
<b>SNCU</b>	Special Newborn Care Unit
<b>SSV</b>	Supportive Supervision Visit
<b>USG</b>	Ultra Sonography
<b>USAID</b>	United Support Agency for International Development
<b>VHSND</b>	Village Health Sanitation and Nutrition Day
<b>WHO</b>	World Health Organisation
<b>WHP</b>	World Health Partners



**T**he USAID-supported SAMVEG project is making significant strides in improving maternal, newborn, and child health (MNCH) across 25 Aspirational Districts in India. By working closely with partners and local communities, the project has addressed critical health system gaps, fostered innovation, and ensured sustainable progress, aligning with the Government of India's 'Transformation of Aspirational Districts' initiative.

Through close collaboration with government counterparts, the project has enhanced access to quality health services, strengthened health system capacities, and fostered strong partnerships to ensure sustainable health improvements. The success stories in this compendium reflect USAID's commitment to improving maternal and child health outcomes.

My sincere congratulations to the project team, especially the field staff, for their dedication and hard work in driving these vital improvements.



**MS. MICHELLE M. LANG-ALLI**  
Health Office Director, USAID/India





The United States government, through The United States Agency for International Development (USAID), partners with the Government of India to advance and achieve shared global health and development priorities. Given India's dynamic economy and growth trajectory, its status as a leader in innovation, and its diverse set of private and public sector stakeholders, USAID is working with the Government of India, the private sector, and civil society to test and scale innovative development solutions in India, as well as regionally and globally.

With support from USAID, the SAMVEG project is strengthening health systems in vulnerable regions of India, in alignment with USAID/India's goal of 'Ending Preventable Maternal and Child Deaths'. This compendium of success stories from the Government of India's Aspirational Districts demonstrates the project's impactful interventions in these areas, showcasing its success in enhancing health systems through advocacy and mentoring.

The project has made significant strides in strengthening health systems, with scalable and sustainable initiatives that ensure the health and well-being of mothers, newborns, and children. This compendium highlights these achievements and sets a precedent for future advancements in maternal and child health development.



**DR. SACHIN GUPTA**

Senior Advisor, MNCH, USAID/India

**U** SAID SAMVEG has been supporting the National Health Mission Jharkhand in improving health services and in systems strengthening in the Aspirational Districts Programme in the 19 Aspirational Districts through 19 District Consultants, placed in each AD along with their state team. This is by far the largest team among the development partners who are supporting NHM Jharkhand. With such a large presence in the state the SAMVEG team has been supporting the improvement in the delivery of services in the

19 Aspirational Districts through their constant supportive supervision through which gaps are identified and shared with the district health administration for filling up. The team has been very supportive in the development of the evidence-based AD Health Work Plans which have helped the districts in improving the implementation and coverage of different health programs. The team is also supporting the roll out and implementation of different health programs under the Maternal, Newborn and Child Health Initiatives in the district level as well as supporting the quality initiatives like NQAS, LaQshya, MusQan etc. BY helping the districts in planning, implementation, monitoring and supportive supervision the district consultants have become a part of their respective district health teams.

The stories of the 19 Aspirational Districts published in this compendium are just the tip of the iceberg of the good work that the team in Jharkhand has been doing.



**MS. AKAY MINZ**  
State Nodal Officer,  
Aspirational Districts, Jharkhand

**A**s we celebrate the achievements of the USAID SAMVEG Project in this coffee table book, I would like to take a moment to express my heartfelt appreciation for the invaluable support provided to the Aspirational Districts (ADs) Program of the Government of India. The collaboration between our state health teams and the SAMVEG project has been instrumental in driving meaningful change in Haridwar and Udham Singh Nagar.

The project team has consistently demonstrated a commitment to excellence through supportive supervision visits, identifying critical gaps, and facilitating improvement actions in collaboration with district and state health teams. This approach not only enhances our operational effectiveness but also fosters a culture of continuous learning and accountability.

Moreover, the innovative models introduced by the project, such as the Uterine Balloon Tamponade for managing refractory postpartum haemorrhage and the QUICK Model for leveraging data to build responsive systems, have shown tremendous potential. These models are now being scaled to districts beyond the Aspirational Districts, showcasing our collective commitment to enhancing healthcare delivery across Uttarakhand.

The SAMVEG project has also played a pivotal role in providing technical support to key Government of India programs like SUMAN and LaQshya, further strengthening our healthcare framework. The success stories emerging from the ADs are a testament to the hard work and dedication of the project team, contributing significantly to health system strengthening and improved service delivery.

I am delighted that this compendium features some of these inspiring success stories, highlighting our journey towards better health outcomes for our communities. Together, we have made remarkable strides, and I look forward to continuing this vital work in partnership with the SAMVEG project. Thank you for your unwavering support.



A handwritten signature in black ink, appearing to read 'Mahendra K. Maurya'.

**DR. MAHENDRA K. MAURYA**  
State Program Manager  
NHM Uttarakhand



Punjab is happy to endorse the exceptional proactive actions taken by USAID SAMVEG project team in addressing identified gaps in aspirational districts of Ferozepur and Moga of Punjab. Their dedication and collaborative efforts have been nothing short of transformative for the quality of health services we provide.

From the outset, the project team demonstrated a keen understanding of the critical areas needing improvement. Their approach was not only reactive but deeply proactive, anticipating potential challenges and developing strategic solutions to address them effectively. This forward-thinking mindset has been instrumental in driving substantial enhancements in our health services.

By actively engaging with all stakeholders, they fostered an environment of open communication and shared goals. This inclusive approach not only ensured that diverse perspectives were considered but also facilitated a more comprehensive and effective resolution of the issues at hand.

In summary, the proactive actions and collaborative efforts of the project team have been pivotal in bridging the gaps and elevating the quality of our health services. Their contributions are appreciated.



Nkaur

**DR. NAVJOT KAUR**

Deputy Director Family Welfare  
Directorate Health Services, Punjab

The SAMVEG project's comprehensive approach to transforming MCH services has been nothing short of revolutionary. The commitment of the project team to ensuring good standards of care has been evident in their work. They have worked tirelessly to address gaps in the system, provide support to healthcare professionals, and engage with patients to ensure their needs are met with compassion and expertise.

Through their community engagement approach, they have empowered mothers with better prenatal and postnatal care, significantly contributing towards reducing complications and improving overall health outcomes.

In conclusion, the Transforming Maternal Healthcare project at Civil Hospital Sahoo- Chamba has set a new benchmark for excellence in maternal care. It has not only elevated the standard of healthcare services but has also inspired a renewed sense of hope and confidence among the families we serve. I am deeply grateful for the project's contributions and am confident that its benefits will continue to resonate within our community for years to come.



**DR. JATIN BHARDWAJ**  
Nodal Aspirational District  
Programme  
Chamba, Himachal Pradesh



**N**uh is enthusiastic to share its experience with the USAID SAMVEGs Aspirational District Project that has truly initiated transformation. The activities implemented under this initiative have not only improved living standards by educating pregnant women and mothers through the ACE model, but they have also inspired hope and resilience among them. Utilizing VHSND centres and ASHA training programs has equipped these women with valuable skills that enhance their roles as health activists. The focus on maternal and child health has significantly impacted families, ensuring they receive essential care.



A handwritten signature in blue ink, appearing to read 'S. Thapar'.

**DR. SARVEJIT THAPAR**  
Civil Surgeon, Nuh, Haryana

Additionally, the project has implemented the SNCU strengthening model to manage respiratory distress syndrome (RDS) in premature newborns, with special focus on Bubble CPAP, which supports better health outcomes for these infants.

Furthermore, engaging service providers in the supervision of facilities and services has fostered a sense of ownership within the community. Workshop on Partner consortium have united all stakeholders in health and nutrition, igniting a spirit of cooperation and collective action. This collaborative effort has been crucial in driving sustainable change.





**G**overnment of India (GoI) launched the “Aspirational Districts Programme (ADP)” aims to transform 112 most under-developed districts quickly and effectively across the country. USAID India, through its SAMVEG project, is supporting GoI’s Aspirational District Program in the states of Haryana, Himachal Pradesh, Jharkhand, Punjab, and Uttarakhand.

SAMVEG is encouraging sustainable innovations and their scaling up to assist India in progressing towards self-reliance in Maternal Newborn & Child Health (MNCH) in vulnerable geographies. The project supports aspirational districts by identifying gaps, developing contextualized action plans, conducting evidence-based advocacy, and rigorous follow-up to systematically improve reproductive, maternal, neonatal, child, and adolescent health in these districts.

The efforts of SAMVEG reflect the essence of teamwork and collaboration. Every day, I witness the remarkable synergy and dedication of our team members. Our team, stationed across 25 Aspirational Districts, conduct gap assessment, action planning and evidence-based advocacy for overall health system strengthening.

The success stories presented here are few examples of our commitment, dedication, and strategic teamwork we are doing at the field level. Sincere thanks to each member of our SAMVEG family for your – dedication and tireless efforts. I am honoured to lead such an exceptional team, and excited about the continued transformative impact we will achieve together.



**DR. HARISH KUMAR**  
Director, SAMVEG Project  
IPEGlobal, New Delhi







# BACKGROUND

The Government of India's 'Transformation of Aspirational Districts' aims to improve India's ranking under the Human Development Index (HDI), raising the living standards of its citizens and ensuring inclusive growth for all.

NITI AAYOG identified 112 Aspirational Districts across 27 states based on key indicators, focusing on Health & Nutrition (30% weightage).

The SAMVEG (Systems Approach for MNCH focusing on Vulnerable Geographies) project, supported by USAID, is a consortium led by IPE Global with partners including World Health Partners (WHP), John Snow India Private Limited, and DIMAGI Inc.

The project supports 25 Aspirational Districts across five states and aims to fill critical gaps in health systems, encourage innovations, scale up and sustain interventions, and help India progress towards 'self-reliance' in MNCH.

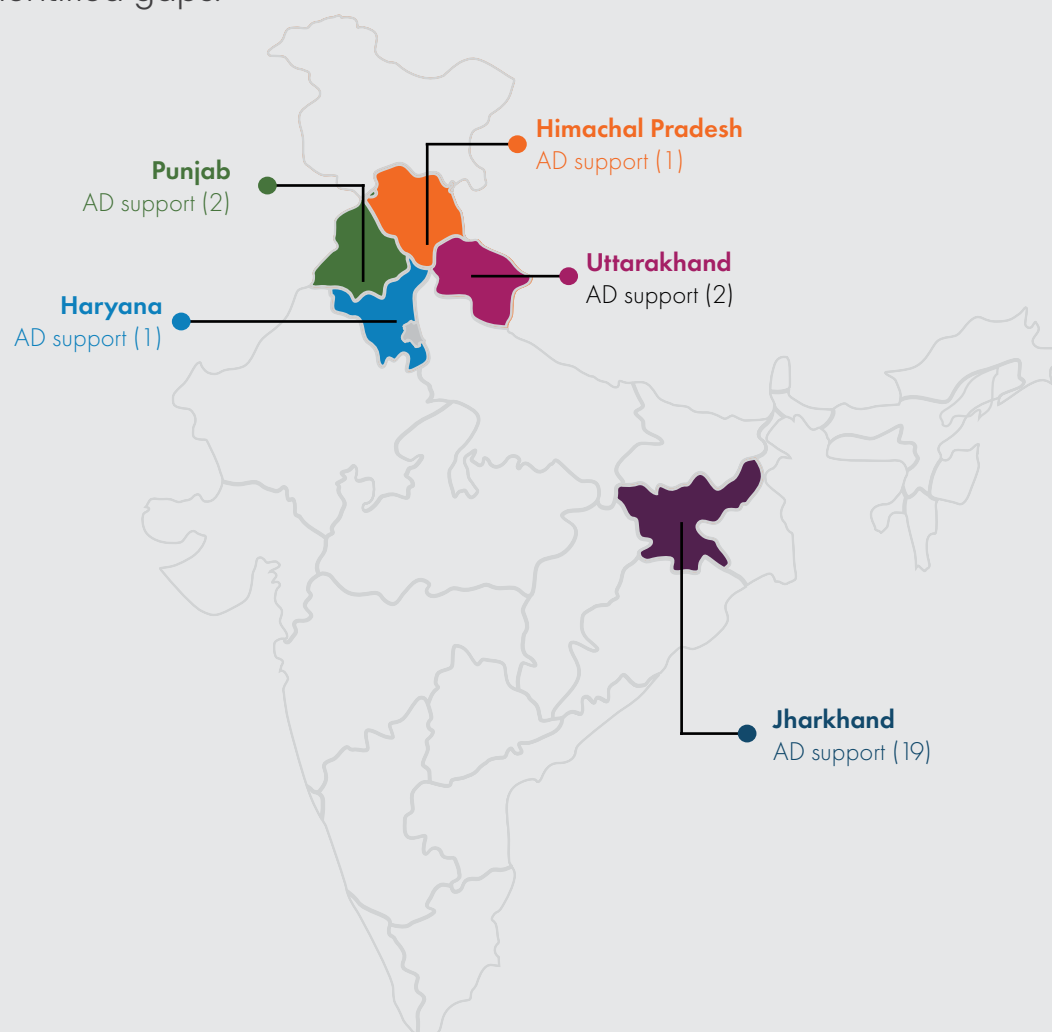
25 Aspirational Districts (ADs) in five states are supported by USAID under SAMVEG project with special focus on two poor performing ADs-Sahibganj in Jharkhand and Nuh in Haryana under Mission Utkarsh, Government of India.

SAMVEG has been actively providing on-ground support at the district level to strengthen the health system across 25 selected ADs. Within the AD support model, SAMVEG conducts gap assessments and provides supportive supervision jointly with state officials using Government of India (GoI) approved checklists for assessments at the district, facility, Health and Wellness Centre (HWC), and community levels. Between January 2022 and March 2024, 1,280 assessments were conducted, including 105 at the district level, 411 at facilities, 385 at HWCs, and 379 at the community level, along with 40 follow-up visits.

These have been instrumental in identifying key gaps in the health systems, leading to tailored action plans to address these gaps within the local context. However, persistent challenges such as the shortage of skilled manpower, especially specialists, limited availability of comprehensive diagnostic services, and the need for ongoing supervision and mentoring of health staff, have remained unresolved. Advocacy efforts are underway at relevant levels to address these issues effectively.

The findings from the visits are consistently shared with the relevant officials, and efforts are made to ensure follow-up actions are taken to close the identified gaps.

State	ADs (25)	Districts
Jharkhand	19	Bokaro, Chatra, Dumka, Garhwa, Giridih, Godda, Gumla, Hazaribagh, Khunti, Latehar, Lohardaga, Pakur, Palamu, Purbi & Pashchimi Singhbhum, Ramgarh, Ranchi, Sahibganj and Simdega
Uttarakhand	2	Udham Singh Nagar and Haridwar
Punjab	2	Firozpur and Moga
Haryana	1	Nuh
Himachal Pradesh	1	Chamba





# PURPOSE OF THE DOCUMENT

This document serves as a compilation of case studies and success stories, showcasing the outcomes of the field implementation of Aspirational District support initiatives under the SAMVEG project. Each story highlights how the project has effectively targeted gaps at various levels, leading to tangible improvements in the health and well-

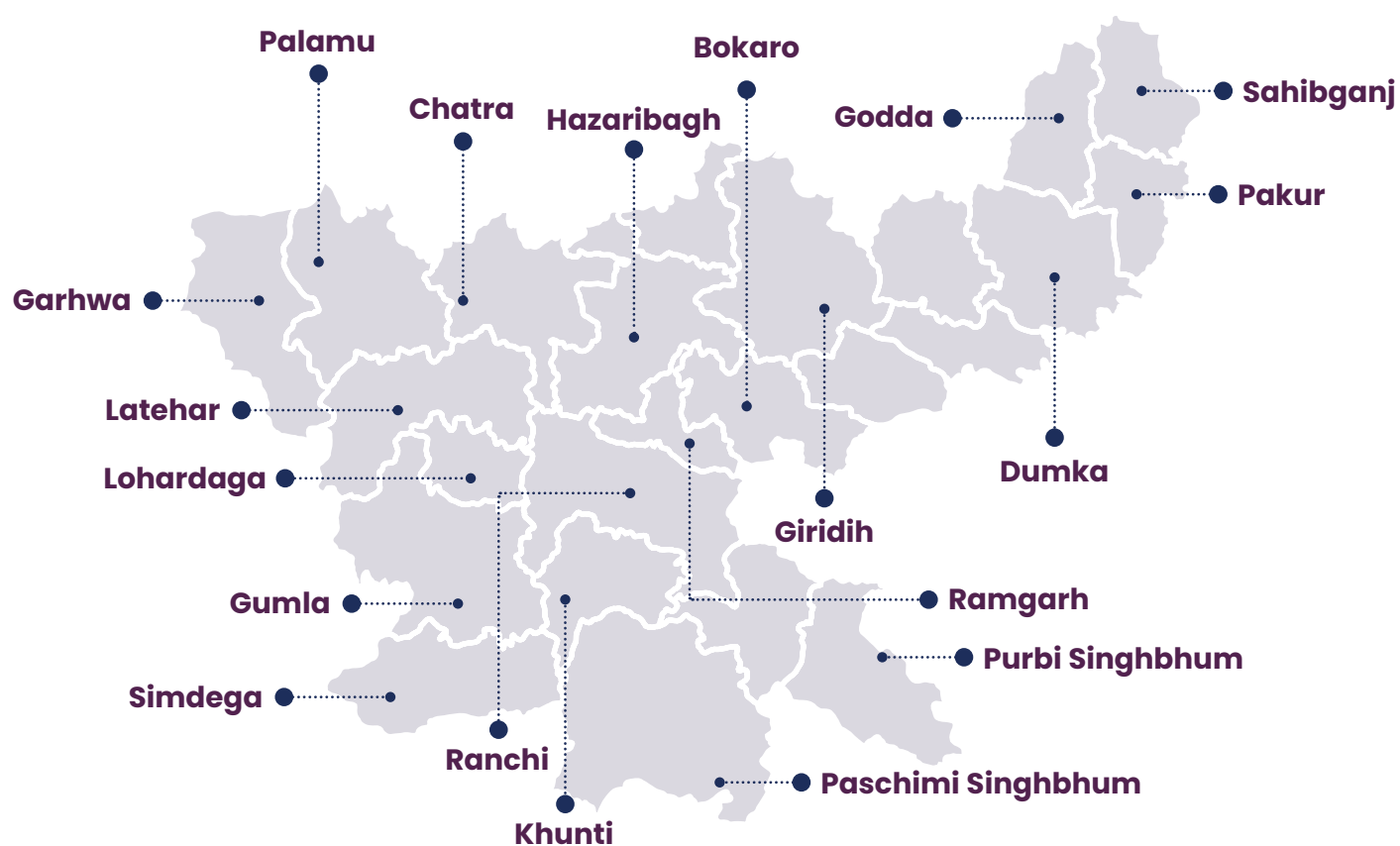
being of mothers, newborns, and children within communities, thus strengthening health systems in vulnerable geographies. These narratives capture a series of impactful achievements and inspiring anecdotes, showcasing the dedicated efforts of the project team, who have worked tirelessly to drive positive change in their communities.





# JHARKHAND

There are 24 districts in Jharkhand and 19 have been identified as Aspirational Districts. Project SAMVEG is being implemented in all 19 ADs.



## 01 Bokaro

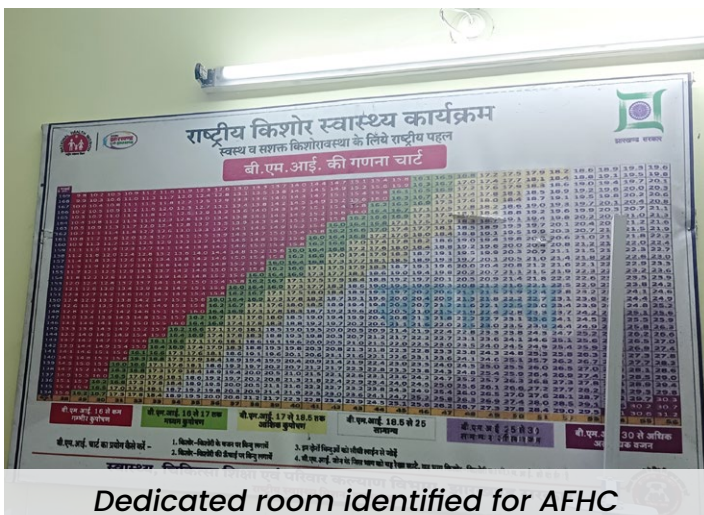
# Initiation of Adolescent Friendly Health Services to Promote Inclusive Healthcare

Establishing AFHC services at a referral hospital and meeting the health needs of adolescents led to inclusive health coverage.

During a routine visit to the Referral Hospital in Jaridih, the project team identified several gaps and non-functioning areas, notably in the labor room, operation theatre, and the Adolescent Friendly Health Clinic (AFHC).

Recognizing the vital importance of AFHC services for adolescent well-being, the team actively advocated with the Block Program Manager (BPM) and the Medical Officer-In-Charge (MoIC) to prioritize initiating these services.

As a result of these efforts, the hospital designated a room for the AFHC and appointed an Auxiliary Nurse Midwife (ANM) to manage the services. The project team ensured the ANM was equipped with the necessary resources, such as Record Keeping Books, medical supplies, and essential equipment.



Dedicated room identified for AFHC



Services being provided at AFHC



## Restoring Hope: Assuring Care For Small And Sick Newborns

Collaborative efforts, followed by prompt identification and swift action to address healthcare gaps, helped reinforce the importance of delivering vital services to the most vulnerable population.

The First Referral Unit in Simariya CHC has been a ray of hope for expectant mothers and newborns. However, an earlier assessment by the SAMVEG project team revealed that the radiant warmer in the Newborn Stabilization Unit (NBSU) was non-functional. Recognizing the impact it could have on newborns needing stabilization and warmth, the project team immediately addressed the issue and prioritized the safety and care of vulnerable infants.

The District Manager promptly raised the issue with the Medical Officer-In-Charge (MOIC) and the Block Program Management Unit (BPMU) team. The team swiftly repaired the faulty radiant warmer through effective coordination and focused efforts, ensuring its timely restoration in the NBSU of Simariya, Chatra.



*Repaired radiant warmer*

03

## Dumka

## Assuring Respectful Care: At Kangaroo Mother Care Unit

Commitment to improving healthcare services by addressing practical and sensitive issues in maternal and newborn care, complemented by the team's proactive approach to problem-solving, led to meaningful change and enhanced the care environment.



*A Mother with her newborn child at KMC unit*

The Kangaroo Mother Care (KMC) unit at Dumka District Hospital has seen significant improvements. During a recent visit, the project team identified key opportunities to enhance the unit's operations, primarily focusing on ensuring privacy and dignity for newborns and mothers.

During a routine facility visit, The project team observed a vital issue: data entry was handled by a male operator in the KMC unit, raising privacy concerns for the mothers.

Understanding the importance of maintaining respectful and confidential care, the team initiated discussions with hospital staff to address the issue.

As a result, the hospital repurposed a breastfeeding room into a dedicated KMC room, greatly enhancing privacy and improving the overall care environment for mothers and their babies. Despite initial challenges, the project team's commitment to advancing maternal well-being led to a successful unit transformation, ensuring better care and support for families. Today, the KMC unit at Dumka District Hospital exemplifies a commitment to privacy and dignity, highlighting the impact of supportive supervision and collaborative efforts in advancing maternal healthcare.

## Assuring Care for Small and Sick Newborns with a Family Participatory Care Approach

Successful integration of FPC led to a significant improvement in neonatal care, showcasing SAMVEG's commitment to advancing healthcare services and positively impacting maternal and child health outcomes.

The District Hospital in Giridih has significantly enhanced the quality of care for small and sick newborns. However, this was not always the case. The hospital initially struggled with a major challenge: the absence of a Kangaroo Mother Care (KMC) facility in its Special Newborn Care Unit (SNCU).

The SAMVEG project team identified this gap during a visit. Recognizing the crucial role of KMC in neonatal health and strengthening the bond between mothers and their newborns, the team collaborated with the District Program Manager (DPM) and Hospital Manager (HM) for swift action. This involved advocating for creating a KMC facility, closely monitoring progress, and overseeing the transformation of a vacant space into a fully operational KMC room. Eventually, the SAMVEG team led efforts to integrate Family Participatory Care (FPC) services within the SNCU.

Today the efforts have greatly enhanced the care quality for small and sick newborns, providing them with crucial support during their early days.



*Before setting up of KMC*



*After KMC facility*



## Building Demand through Appropriate Display of Information Education & Communication

The impact of these efforts was evident in the February 2024 RI fact sheet, which showed a 12.5% increase in beneficiaries across 45 session sites after the display of IEC materials. The SAMVEG project team sensitized ANMs on the significance of IEC material display. This led to increased usage and visibility at RI session sites, thus empowering demand for routine immunization services.



*Display of IEC material at RI site*

From October 2023 to January 2024, significant gaps were identified in Routine Immunization (RI) session sites in Jamua Block, particularly concerning the lack of appropriate Information, Education, and Communication (IEC) materials.

This issue was discussed with key stakeholders, including the Medical Officer in Charge, Block Program Manager, ANMs involved in routine immunization, and representatives from partner health organizations. It was found that the shortage of IEC materials, such as banners and posters related to routine immunization, was due to distribution challenges and financial constraints.

To address this issue, a proposal for printing IEC materials was developed but deferred due to financial limitations. In the interim, existing immunization schedule banners were distributed to ANMs. Plans were also made to regularize the availability of IEC materials in the coming financial year with support from the district health department.

Key steps were taken, including locating and distributing immunization schedule banners, optimizing the use of existing resources, and emphasizing the importance of IEC materials in block-level ANM review meetings. Supportive supervision and monitoring were also implemented to ensure proper display and usage.

## Transforming Newborn Care at CHC Manjhiaon

The establishment of a dedicated KMC room and a breastfeeding space underscored the facility's and the block administration's commitment to providing evidence-based, quality healthcare services for mothers and newborns.

The Community Health Centre (CHC) Manjhiaon in Garhwa district, Jharkhand, has seen a significant transformation in its newborn care facilities - a stark contrast to the situation earlier.

Previously, the centre lacked essential infrastructure, including a designated Kangaroo Mother Care (KMC) room and a KMC chair, critical for neonatal health and fostering the mother-newborn bond. The SAMVEG team identified these critical infrastructural gaps in the Newborn Stabilization Unit (NBSU) in a routine visit and promptly raised these concerns with the Medical Officer in Charge (MoIC) and the Block Program Management Unit (BPMU) team, advocating for swift action. In response, the administration took decisive action, addressing these shortcomings through diligent coordination and focused efforts. The gaps were quickly addressed, leading to the facility's remarkable improvement.



Breast feeding corner (left); KMC chair (right)

06

Godda

## Streamlining Government Procedures for Better Healthcare Access

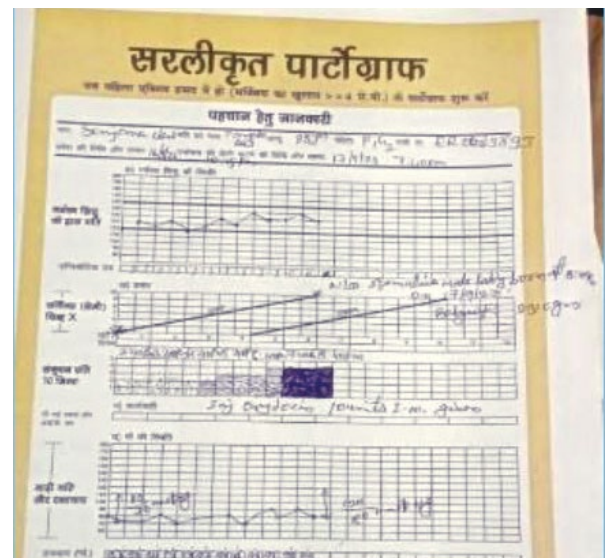
The Civil Surgeon's cooperation was the turning point that led to removing administrative barriers. As a result, patients received timely medical attention, and healthcare professionals were able to provide diagnoses and treatments more accurately and efficiently.

**S**DH Mahagama facility did not have the Government of India (GoI) prescribed case sheet in the labor room. The issue, identified during SAMVEG team visit, was causing delays and distress for both patients and healthcare providers.

The SAMVEG team promptly engaged with relevant authorities, including the Civil Surgeon of Godda, to address this systemic issue. Through effective advocacy and collaborative efforts, the team successfully secured support from key stakeholders to expedite the process and ensure that the GoI case sheets were available at the facility.



Meeting with CS and DPM to discuss the identified gaps and possible resolution



Proper documentation on case sheet in SDH Mahagama



## Securing Uninterrupted Power Supply while Advancing Healthcare Services

Through collaborative and strategic interventions, longstanding challenges in Gumla's SNCU were effectively addressed, paving the way for improved care of small and sick newborns.

The unreliable power supply at the Sick Newborn Care Unit (SNCU) in Gumla was a major obstacle, affecting the functionality of essential equipment such as radiant warmers and the CPAP machine. The issue, identified by the SAMVEG project team, prompted immediate action to address the problem.

A comprehensive plan was prepared by collaborating with key stakeholders, including the Civil Surgeon, District Surgeon (DS), and the SNCU in charge. A new stabilizer was installed, ensuring stable power and minimizing equipment damage, thus enabling uninterrupted care for newborns. Additionally, efforts were made to expand the bed capacity, initially adding three beds with plans for further expansion to accommodate 20 beds. The state government also provided a new ventilator, addressing previous equipment shortages.



*Uninterrupted Power supply due to Installation of stabilizer*

08

## Hazaribagh

## Operationalization of Adolescent-Friendly Health Services

Collaborative efforts bridged existing service gaps and significantly improved adolescent healthcare at Barkagaon FRU CHC. The facility now functions as a fully operational Adolescent-Friendly Health Clinic, meeting the unique health needs of adolescents for inclusive health coverage.

**B**arkagaon FRU CHC in Jharkhand's Hazaribagh district has witnessed a remarkable improvement in its healthcare facilities, driven by SAMVEG project team's proactive approach. During a routine site visit, the team identified the absence of Adolescent-Friendly Health Services (AFHC) at the health centre.

Recognizing the critical importance of AFHC for adolescent well-being, the project team engaged in a dialogue with the Block Program Manager and the Medical Officer-in-Charge (MOIC). Their concerted advocacy efforts were fruitful, as the MOIC promptly initiated AFHC services. A dedicated space within the hospital was earmarked for this purpose, bringing much-needed adolescent health care to the forefront. An Auxiliary Nurse Midwife (ANM) was appointed to oversee the clinic, becoming a key player in supporting adolescent health. To ensure success, the SAMVEG team addressed each identified gap through strategic planning. It provided the ANM with comprehensive assistance, including essential resources like record-keeping books, medical supplies, and equipment.



*Functional AFHC clinic*

09

Khunti

## Improving Microplanning for Routine Immunization Services

Collaborative efforts significantly strengthened the immunization infrastructure, leading to improved RI microplanning capacity building.

A recent gap assessment by SAMVEG's project team revealed critical gaps in immunization microplanning in the Karra block of Jharkhand's Khunti district. These gaps included missing essential mapping, inadequate headcount surveys, lack of vaccine delivery charts, and insufficient service delivery and monitoring plans.

The project team immediately engaged with key stakeholders, including the Civil Surgeon and the District Immunization Officer, to address these shortcomings. Collaborative efforts were held with the Medical Officer-In-Charge (MOIC) and Block Program Manager, emphasizing the need for corrective action.

To tackle the issues, a targeted plan for microplanning training was developed. Training sessions were facilitated at the district, block, and Sub-Center (SC) levels, focusing on improving the understanding and implementation of Routine Immunization (RI) Microplans. Additionally, supportive supervision was provided during SC-level training sessions to ensure effective learning and implementation.

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अपर मुख्य चिकित्सा पदाधिकारी, खूंटी।  
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समी प्रभारी चिकित्सा पदाधिकारी, खूंटी जिला।  
समी जिला कार्यक्रम प्रबंधक, इकाई, खूंटी जिला।  
समी प्रखण्ड कार्यक्रम प्रबंधक, खूंटी जिला।  
समी प्रखण्ड डाटा प्रबंधक, खूंटी जिला।

विषय :- नियमित प्रतिरक्षण माईक्रोप्लान से संबंधित प्रशिक्षण में भाग लेने के संबंध में।

महाराज, **District level training letter by CS**

उपर्युक्त विषय के संबंध में सूचित करते हुए कहना है कि दिनांक 06.03.2024

कार्यालय :- असेनिक शल्य चिकित्सक-सह-मुख्य चिकित्सा पदाधिकारी, खूंटी।  
पत्रांक- 712/..... खूंटी/ दिनांक- 07.03.2024

प्रेषक,  
असेनिक शल्य चिकित्सक-सह-  
मुख्य चिकित्सा पदाधिकारी, खूंटी।

प्रेषित,  
समी प्रभारी चिकित्सा पदाधिकारी, खूंटी जिला।  
समी प्रखण्ड कार्यक्रम प्रबंधक, खूंटी जिला।  
समी प्रखण्ड डाटा प्रबंधक, खूंटी जिला।

विषय :- नियमित प्रतिरक्षण माईक्रोप्लान से संबंधित प्रशिक्षण एवं माईक्रोप्लान उपलब्ध कराने के संबंध में।

महाराज,

उपर्युक्त विषय के संबंध में सूचित करते हुए कहना है कि अघोहरताक्षरी कार्यालय के पत्रांक-686 दिनांक-04.03.2024 के आलोक में दिनांक 06.03.2024 को जिला स्तरीय प्रशिक्षण सम्पन्न होने के उपरान्त प्रखण्ड स्तरीय प्रशिक्षण (CHO, ANM, Sahiya Sathi, Sahiya) कराने हेतु आपके द्वारा तारीख प्राप्त है जो निम्नवत् है-

क्रम	प्रखण्ड	प्रशिक्षण की तारीख
1	सोरा	13.03.2024
2	सोरा	13.03.2024
3	सोरा	13.03.2024

**Block level training plan from district**



## 10

## Latehar

## Addressing Fire Safety Concerns at Hospital

Interventions significantly mitigated the risk of fire-related incidents, greatly improving the safety and well-being of patients, staff, and visitors.

**S**AMVEG's project team, while conducting a gap assessment at District Hospital Latehar, identified a serious safety concern: all fire extinguishers in the hospital were expired. This posed a significant risk to patients, staff, and visitors in case of a fire emergency, and swift action was essential to safeguard the hospital's safety.

The team immediately escalated the issue to key stakeholders, including the Civil Surgeon, the District Program Manager (DPM), and the Hospital Manager. A consensus was quickly reached on the need for urgent measures.

Collaborative efforts ensured the successful refilling and replacement of all expired fire extinguishers at the hospital. The Hospital Manager worked closely with relevant authorities to expedite procurement and refilling, with logistical assistance from the DPM. In addition, staff members received training on fire safety protocols, focusing on emergency preparedness and the proper use of fire extinguishers.



*Before visit (expired one) and after visit (Refilled one)*

# Lohardaga




# Initiation of Screening For Gestational Diabetes Mellitus

Concerted efforts significantly enhanced the quality of maternal care, ensuring early detection and management of GDM, ultimately contributing to better health outcomes for both mothers and their babies.

During a gap assessment visit, SAMVEG project team identified a critical gap at CHC Kuru, an essential First Referral Unit (FRU), where pregnant women were not undergoing Gestational Diabetes Mellitus (GDM) testing via Oral Glucose Tolerance Test (OGTT). Recognizing the urgency of this essential maternal health service, the team swiftly coordinated with key healthcare authorities to ensure comprehensive maternal health services were provided.

The project team promptly brought this matter to the Civil Surgeon of Lohardaga Kuru's Medical Officer in Charge (MOIC), and the District Reproductive and Child Health Officer (DRCHO). Due to their concerted efforts, CHC Kuru (FRU) swiftly initiated GDM testing through OGTT, ensuring that pregnant women received the necessary screenings for better maternal and fetal outcomes.

In addition to this advancement, CHC Kuru also implemented patient satisfaction forms and established a Hospital Record of Patients (HRP) register. These measures further underscore the hospital's commitment to delivering comprehensive patient care and maintaining efficient, thorough record-keeping practices.

**स्वास्थ्य एवं परिवार कल्याण विभाग**  
**झारखण्ड सरकार**  
**वाह्य रोगी पर्ची**

**सामुदायिक स्वास्थ्य केन्द्र कूडु, जिला-लोहरदगा**

पंजीयन संख्या..... दिनांक 9/2/24  
 नाम व. डी. ए. कुमारी उम्र 24 लिंग F  
 पिता/पति का नाम ए. ए. ए. कुमारी  
 पता ह. ग. ह. र.

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com. v + test RAR Negation  
 LMP - 22/06/23  
 EDD - 29/03/24  
 P<sub>1</sub>G<sub>2</sub>  
 BP - 120/80 mmHg  
 OGTT - 10:45 AM  
 Investigation for Prega.  
 R% ☒  
 Urine - Sugar, Alb, Bil  
 Blood Grouping & Rh  
 HIV 1 & 2

OGTT Test started (see the prescription)

## 12 Pakur

# Improving Vaccination Awareness Through Community Engagement

Collaborative effort effectively bridged the gap in vaccination awareness and accessibility in Bargawon village, showcasing the impact of community engagement in improving healthcare service delivery.

During a routine visit to Bargawon village in the Littipara block of Pakur District, the SAMVEG project team identified a serious issue affecting the Particularly Vulnerable Tribal Groups (PVTG). The villagers lacked awareness about vaccinations, and the village had no designated Sahiya (health worker) to assist them.

Recognizing the urgency of the situation, the project team immediately raised the issue with the Medical Officer-in-Charge (MoIC), Block Program Manager (BPM), and the Auxiliary Nurse Midwife (ANM). The goal was to raise community awareness and ensure access to vaccination. A meeting was organized, and it was decided that a link worker would be selected from the village to help fill this critical gap. The meeting in Bargawon village brought together key stakeholders, including representatives from the health department, the Village Pradhan, and community members. Extensive discussions were held regarding common diseases, the importance of vaccinations, and the process for selecting the link worker. Encouraged by these discussions, the villagers were strongly willing to receive vaccinations.

As a result of this collaborative initiative, community members participated actively by attending the vaccination site on the scheduled day. This effort successfully bridged the gap in vaccination awareness and access in Bargawon village, demonstrating the power of community engagement in enhancing healthcare service delivery.



Community Meeting at Bargawon Village



## Promoting Quality of Care with Kangaroo Mother Care Facilities

Pregnant women now have access to more comprehensive services in a cleaner, more supportive environment, fostering greater confidence and well-being during motherhood.



*Pre visit of Labour Room*



*Post visit of Labour Room, KMC chair available*

Two critical gaps affected the quality of facility-based care at the Sub-Divisional Hospital (SDH) Hussainabad: lack of Kangaroo Mother Care (KMC) facilities for preterm births and the poor condition of labor room window curtains. The SAMVEG project team promptly conveyed these concerns to the hospital management, stressing the need for immediate action.

In response, hospital management acted swiftly to address the issues. The procurement of KMC Chairs was expedited, enabling mothers to provide Kangaroo Mother Care to their preterm infants, promoting skin-to-skin contact and creating a more supportive breastfeeding environment. The labor room's hygiene was also improved, with old curtains replaced, enhancing both cleanliness and comfort for patients and staff alike.

These proactive measures reflect SDH Hussainabad's commitment to advancing maternal and child health.

14

## Purbi Singhbhum

## State Certification of Labour Room in Sub Divisional Hospital (SDH), Ghatshila

Due to the diligent efforts of the SAMVEG team and the facility's swift actions, SDH Ghatshila received positive feedback from the state quality team and paved the way for future national certification under the LaQshya initiative.

The Government of India (GoI) launched the LaQshya initiative to elevate the quality of maternal and newborn care in public health facilities. The LaQshya Guidelines focus on enhancing intrapartum and immediate post-partum care, ensuring that pregnant women and newborns receive respectful and quality healthcare services.

Aligned with these goals, a state quality team thoroughly assessed the labor room at SDH Ghatshila. Before their visit, the SAMVEG project team undertook an internal evaluation to ensure the facility's compliance with LaQshya guidelines. During this process, several gaps were identified, including inadequate stocks of drugs and equipment, the absence of necessary registers, and lapses in infection control protocol. The SAMVEG team worked closely with the Medical Officer in Charge (MOIC) to promptly address these issues.

The LaQshya assessment yielded positive results, with only minor gaps identified. The assessment team recommended the facility for certification, contingent upon resolving these minor issues. The MOIC of SDH Ghatshila expressed gratitude for SAMVEG's support in identifying and addressing these gaps, which contributed to the facility's eligibility for LaQshya certification as recommended by the state.



State Quality team providing feedback

## From Chaos to Order – A Journey Towards Strengthening the Quality of Health Service Delivery

Introducing this token system reduced OPD wait times and created a more organized environment.



Long queue before starting the token system

Sadar Hospital in Chaibasa faced significant challenges due to high patient footfall, which resulted in long queues, overcrowding, and difficulties for the nursing staff. Recognizing the need for improvement, the SAMVEG project team initiated efforts to enhance service delivery at the hospital.

In collaboration with the Hospital Manager, medical officers, and nurses, the project team proposed introducing a Token System for OPD queues and a Pass System to control the flow of attendants and visitors. These systems were implemented after receiving approval from key stakeholders, including the Civil Surgeon and District Program Manager.

The Token System helped streamline patient flow, reducing OPD wait times and creating a more organized environment. Meanwhile, the Pass System effectively regulated the number of visitors, improving the overall hospital experience for both patients and staff. This strategic approach not only alleviated tension between staff and patients but also reinforced Sadar Hospital's commitment to delivering quality care and ensuring efficient service delivery.



Media coverage of visitors pass system



## 16 Ramgarh

# Enhancing Maternity Care: The Impact of Labor Room Protocol Posters

The introduction of labor room protocol posters significantly improved the quality of maternity care services at CHC Gola. Healthcare providers found the posters immensely helpful, reducing unintentional oversights during childbirth and enhancing overall care quality.

Protocol posters in labor rooms are crucial as visual aids that assist healthcare providers in adhering to proper procedures and protocols during childbirth. However, the CHC Gola operated without such visual aids for many years.

The situation transformed drastically with the timely intervention and proactive engagement of SAMVEG's project team and block—and district—level officials. The project team identified this gap and effectively communicated it to the health department officials. Leveraging SAMVEG's national team support, a prototype of the labor room protocol poster was provided to the administration team of CHC Gola.

The block administration mobilized funds to finance the printing of these posters. Once the posters were ready, hospital staff placed them in a prominent location within the labor room. The healthcare providers also underwent training to familiarize themselves with the new protocols and guidelines.



*Labour room without labour room protocol posters*



*Protocol posters neatly displayed in the labour room, post the intervention*

## Institutionalizing Collaborative Efforts to Improve the Quality of Maternal Health Services

Resolving gaps highlighted the importance of teamwork, proactive problem-solving, and stakeholder commitment for improved healthcare delivery.

SAMVEG'S project team visited the Sub-Divisional Hospital (SDH), Bundu, and identified critical gaps in maternal healthcare services, namely the non-availability of Maternity case sheet L-3, mandated by the Government of India. There were no partographs for maternal healthcare documentation, and a mechanism for measuring patient satisfaction was also absent.

The SAMVEG team engaged with key stakeholders, including the Labour Room (LR) in charge and the Block Program Manager (BPM), to address these issues. This led to the procurement of necessary case sheets and the promotion of regular usage of partographs for thorough documentation. The staff was also encouraged to collect and document patient feedback regularly to identify areas for improvement in service delivery.



Pregnant women waiting for ultrasonography service at Sub Divisional Hospital Rajmahal

**THE SIMPLIFIED PARTOGRAPH**  
Start plotting partograph when woman is in active labor, i.e., Cx > 4 cms

**Identification Data**

Name: \_\_\_\_\_ MRN: \_\_\_\_\_ Age: \_\_\_\_\_ Parity: \_\_\_\_\_ Risk: \_\_\_\_\_

Date & Time of Admission: \_\_\_\_\_ Date & Time of ROM: \_\_\_\_\_

**AI Fetal Condition**

Fetal heart rate: \_\_\_\_\_

**Amniotic Fluid**

Color: \_\_\_\_\_

**BI Labour**

Contraction (cm) (Plot X): \_\_\_\_\_

Contraction per 10 min: \_\_\_\_\_

**C Intervention**

Interventions: \_\_\_\_\_

**DI Maternal Condition**

Pulse and BP: \_\_\_\_\_

Temp: \_\_\_\_\_

**Initiate plotting on alert line** **Refer to FRU when ALERT LINE is crossed**

Ministry of Health & Family Welfare  
Government of India

## 18 Sahibganj

## Initiation of Ultrasound Facilities at Secondary Level Facility

Now equipped with this essential tool, patients no longer need to travel long distances for ultrasound examinations. The hospital can now offer better healthcare services, particularly for pregnant women, right within the community. This success story underscores the importance of investing in medical equipment and infrastructure in rural areas to improve access to critical healthcare services for underserved populations.

The Sub-Divisional Hospital in Rajmahal, Sahibganj, earlier struggled to deliver essential healthcare services, particularly for pregnant women due to the lack of an ultrasonography machine. With a monthly delivery load averaging 280-300, the absence of this essential equipment forced beneficiaries to seek sonography services in private healthcare facilities, significantly inconveniencing the local community, especially pregnant women in need of regular prenatal check-ups.

However, the timely intervention of the hospital's radiologist, Dr. Khalique Ansari, was pivotal in addressing this gap. With support from the SAMVEG project team, meetings were held with the Civil Surgeon and the Deputy Commissioner of Sahibganj to emphasize the situation's urgency. Recognizing the need, the Deputy Commissioner promptly allocated funds to purchase the new ultrasonography machine.



*Dr. Khalique Ansari (Radiologist) with the new ultrasonography machine*



## Initiation of ANC Services through Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)

For the first time, ANC services were successfully launched through PMSMA in the district hospital of Sahebganj, marking a significant step forward towards improving maternal and newborn healthcare services.

The district hospital in Sahebganj was found to have suboptimal ANC service quality, and proper implementation of the PMSMA program activities was urgently needed.

Understanding the situation, discussions were held with the civil surgeon and hospital administration, highlighting the immediate need to initiate PMSMA services at DH Sahebganj. Due to the persistent advocacy efforts, the Deputy Program Manager (DPM) of Sahebganj requested for PMSMA guidelines, and the Civil Surgeon issued a letter to organize PMSMA monthly at the district hospital.



*Counselling and checkup of a pregnant woman during PMSMA*



*PMSMA services started at District Hospital, Sahebganj*

## 19 Simdega

## Overcoming Frequent Stockouts of Crucial Medicines

The once-empty shelves now symbolize a promise of health and vitality, highlighting the power of collaborative efforts in reviving maternal healthcare services.

The Community Health Centre (CHC) Kolibira faced a pressing challenge with frequent stockouts of iron folic acid (IFA) tablets, which are crucial for maternal and newborn health. The SAMVEG project team identified this alarming shortfall during a gap assessment visit.

Acting swiftly, the team convened a meeting with the Block Program Manager (BPM) and Medical Officer-In-Charge (MoIC), emphasizing the urgency of the matter. Together, they strategized a plan to ensure a continuous supply of IFA tablets to safeguard the health of expectant mothers and their babies.

The SAMVEG team, BPM, and hospital administration successfully streamlined the procurement and distribution process through diligent coordination and effective communication. This concerted effort replenished depleted stocks, ensuring that no pregnant woman went without this vital prenatal care.



*IFA tablets made available at CHC*







वेटी उत्सव 2016

सुदूरपश्चिम प्रदेश, नेपाल  
वेटी वचाओ, वेटी पढाओ  
वेटी हकिम अभियान - 14 जेठ 2016  
OFFICE OF THE DISTRICT MEDICAL SUPERVISOR  
DIRECTORATE OF HEALTH SERVICES  
DEWATA DISPENSARY BUILDING, BUTHA







# UTTARAKHAND

There are 13 districts in Uttarakhand and 2 have been identified as Aspirational Districts. Project SAMVEG is being implemented in both of them.



Haridwar

Udham Singh Nagar

01

## Haridwar

## Ensuring the availability of Essential Diagnostic Services at the Health Facility

The achievement is an inspiring display of proactive leadership and collaboration to bridge existing gaps in the delivery of quality healthcare services at the Khanpur Community Health Centre.

In July 2023, the SAMVEG project team conducted a gap assessment at CHC Khanpur, revealing a critical issue: the absence of a functional X-ray machine impeding the facility's ability to provide accurate diagnostics.

Recognizing the severity of the issue, the team immediately brought it to the attention of the Additional Chief Medical Officer (ACMO) and the Medical Officer in Charge (MOIC), who acknowledged the pressing need for this essential equipment.

Proactive engagement and persistent advocacy with state health authorities led to the procurement of an X-ray machine by January 2024, which was soon operational under the National TB Elimination Programme (NTEP). This was a huge development in the healthcare services at CHC Khanpur. Today, the centre boasts enhanced diagnostic capabilities with the new X-ray machine, ensuring patients receive high-quality care within the public health system.



*Sudhir Singh, X-ray technician, CHC Khanpur, Haridwar with new X-ray machine*



02

## Udham Singh Nagar

## Strengthening Newborn Care Corner in Labor Room

The interventions significantly enhanced the quality of newborn care at CHC Gadarpur, demonstrating the positive impact of timely action and teamwork in addressing critical healthcare challenges.

The SAMVEG project team recently visited the labor room at CHC Gadarpur and identified several critical issues requiring immediate attention. A key concern was the non-functional radiant warmer, which is vital for providing warmth and initial care to newborns. The absence of labor room posters and protocols, which are crucial for guiding staff while providing healthcare services, was also noted.

Recognizing the urgency, the SAMVEG project team promptly undertook corrective measures. They requested that labor room protocol posters be prominently displayed. Moreover, discussions were held with the Medical Superintendent (MS) and Block Program Manager (BPM) to expedite repairs for the radiant warmer.

As a result of collaborative efforts, the radiant warmer was repaired and is now in regular use, ensuring that every newborn receives the care they need. Health officials' prompt action in displaying the posters and protocols in the labor room has enhanced patient and staff awareness and adherence to health guidelines.



*Non-functional radiant warmer (Before)*



*Functional radiant warmer (After)*

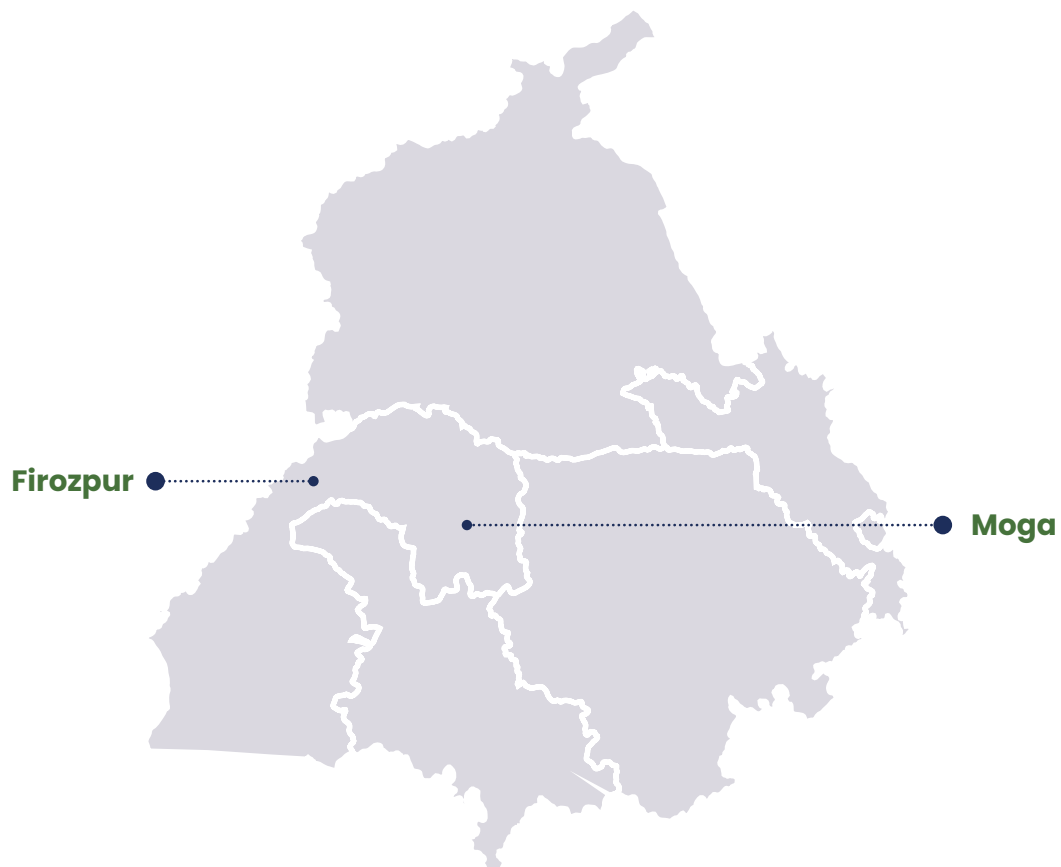






# PUNJAB

Punjab has 23 districts and 2 of them are Aspirational Districts. Project SAMVEG is being implemented in both of them.





01

## Firozpur

## Revamping Health Services through Corporate Social Responsibility

Through collaborative efforts, including strategic partnerships and advocacy, CSR stakeholders were mobilized to support the noble cause. This collective action secured CSR funding, enabling the district health administration to promptly initiate the much-needed renovation work.

The Primary Health Centre (PHC) Kassoana has long faced a significant challenge with its dilapidated building, reflecting years of neglect that compromised the quality of healthcare services.

Recognizing the urgent need for action, the SAMVEG project team initiated a dialogue with Ferozepur's Chief Medical Officer (CMO). The collaborative discussions shed light on the dire state of PHC Kassoana's building, highlighting the critical need for renovation to ensure optimal healthcare delivery.

Despite acknowledgment, the district health administration faced another challenge: lack of funds. The SAMVEG team proposed leveraging Corporate Social Responsibility (CSR) funds to renovate PHC Kassoana's building. Recognizing CSR collaborations' potential to drive positive change, they urged the CMO to explore this avenue for revitalizing the facility and enhancing healthcare services. The CMO's engagement with Power Grid Corporation of India secured CSR funding for the building's renovation.



*Before: Dilapidated building of the PHC*



*After: Renovated building of the PHC*

## 02 Moga

## Ensuring drug potency for improved maternal newborn health outcomes

Collaborative efforts and unwavering commitment at HWC Kussa led to an improved environment for delivering quality healthcare services within the community.

The essential medicines in labor rooms, such as Oxytocin, are heat-sensitive and require 2-8 degrees Celsius storage to maintain their potency. However, ensuring optimal temperature for essential drugs in the labor room was challenging at CHC Nihal Singh, located in district Moga, Punjab.

During a routine visit to the health facility, the SAMVEG project team identified the absence of a refrigerator in the labor room for storing injections and drugs at the optimal temperature, adversely affecting drug potency, efficacy, and patient safety. The team swiftly engaged the Chief Medical Officer (CMO) and the Medical Officer in Charge (MOIC) to resolve this issue. A new refrigerator was soon purchased and installed through effective communication and advocacy.

This immediate action ensured that injections and drugs could now be stored at the optimal temperature, markedly improving the quality of care for mothers and newborns at CHC Nihal Singh.



*Pre-visit: Labour room without refrigerator*



*Post-visit: Refrigerator in the labour room*



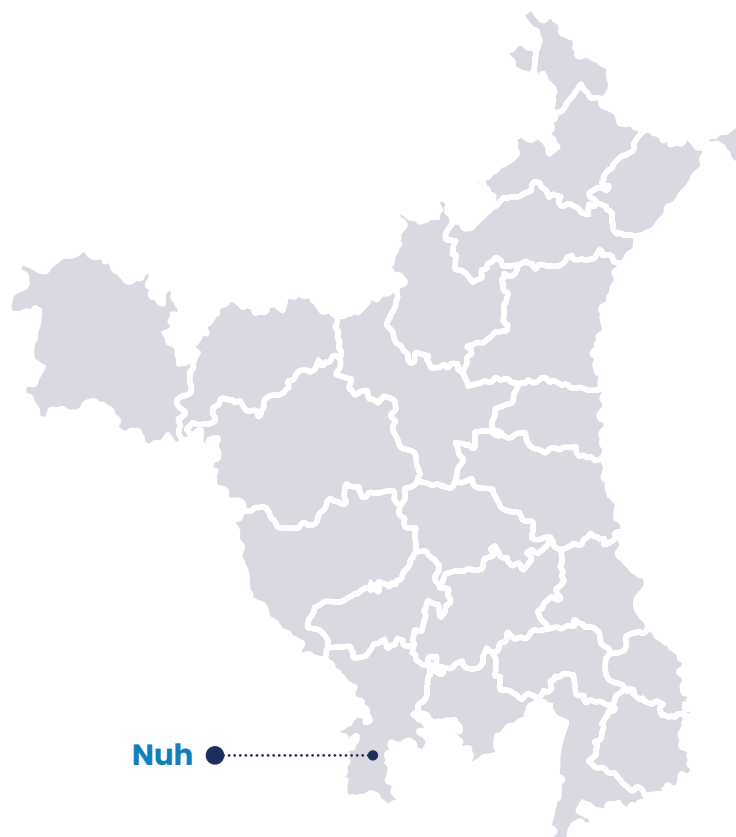




A photograph of a woman in a white lab coat, likely a nurse or doctor, smiling and holding a newborn baby wrapped in a grey blanket. The baby has a small pink band on its foot. The background shows a hospital room with a bed and medical equipment. The entire image is overlaid with a blue tint.

# HARYANA

There are 22 districts in Haryana of which one is an Aspirational District, where Project SAMVEG is being implemented.



## 01 Nuh

## Ensuring Optimal use of bCPAP at the Special Newborn Care Unit

bCPAP usage improved noticeably post the refresher training. Not only did the number of neonates receiving bCPAP increased significantly, there was a notable decline in RDS-related complications.

Despite receiving initial orientation and training at the Special Newborn Care Unit (SNCU) in Mandikhera District Hospital, the bCPAP equipment had limited use over the next three months. The underutilization was attributed to several factors: a felt need for capacity building in handling the equipment, inadequate knowledge of operation and troubleshooting, non-adherence to standard operating procedures, and resistance to adopting new technology.

To address this, the SAMVEG project team organized a refresher training session for SNCU staff, including one Paediatrician, five medical officers, and eight staff nurses.

During the one-day refresher, these challenges were addressed. The staff received comprehensive training on bCPAP's significance, effectiveness, and troubleshooting methods. Emphasis was placed on hands-on training to boost confidence and understanding among the medical team. The goal was to improve their ability to operate, troubleshoot, and maintain the bCPAP device effectively.



*SAMVEG Project Director, addressing the nurses on bCPAP training*



*Hands-on training*





# HIMACHAL PRADESH

There are 12 districts in Himachal Pradesh of which one is an Aspirational District, where Project SAMVEG is being implemented.

**Chamba**





## 01 Chamba

# Transforming Maternal Healthcare at Civil Hospital-Sahoo, Chamba

A testament to the power of collaborative efforts and persistent follow-up, Civil Hospital-Sahoo in the Pukhri Health Block of Chamba District, Himachal Pradesh, experienced a remarkable transformation in its maternal healthcare services.

During a gap assessment at Civil Hospital-Sahoo, the SAMVEG project team identified several critical shortcomings in the labor room. These included the absence of privacy curtains, a lack of an attached toilet, and missing essential items from the Maternal and Newborn Health (MNH) toolkit, such as the 'seven trays' and a PPIUCD tray. Additionally, the Medical Officers were untrained in PPIUCD procedures, and cleanliness standards were found to be below the required levels.

The team worked closely with the Medical Officer (MO) and Block Medical Officers (BMO) to resolve these bottlenecks. Progress was closely monitored with regular follow-ups and monthly review meetings. Through sustained efforts, the labor room was successfully relocated to a new, clean, well-organized building with privacy curtains, an attached toilet, and all essential MNH toolkit items, including the PPIUCD tray. Additionally, Medical Officers have been trained in PPIUCD procedures, further enhancing the quality of care provided.



*Transformed labour room in Civil hospital-Sahoo*







## CONTACT US

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