



Bihar Technical Support Program

About Bihar Technical Support Program

The Bihar Technical Support Program is a partner to the Health and the Social Welfare Departments of the Government of Bihar, India in helping achieve goals of reducing rates of maternal, newborn, and child mortality, malnutrition, and improving immunization rates and reproductive health services (including family planning).

Why Bihar?

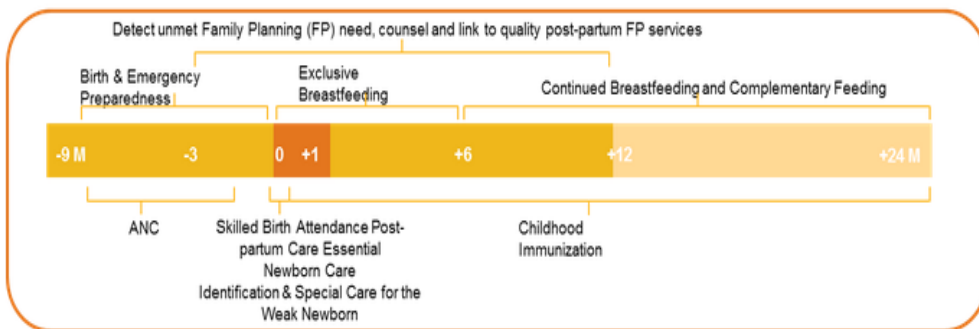
Bihar is the third largest state in India, with a population of over 110 million. Despite recent gains, Bihar has some of the country's highest rates of maternal, neonatal, and infant mortality, as well as a high prevalence of malnutrition, stunted growth and high fertility rates. Extreme poverty, gender and social inequality, low literacy rates, and early marriage further compound Bihar's poor health outcomes.

Despite progress and commitments from the Government of Bihar and active leadership of key stakeholders to improve health infrastructure and outcomes, deep-rooted problems limit the government's ability to affect lasting change. Persistent barriers include poor quality services, lack of availability and skills of frontline health workers (FLWs) and facility staff, limited accessibility of services by neglected and marginalized populations, lack of accurate data, and inadequate public health infrastructure.

What is CARE doing?

To address the health challenges in Bihar, CARE India launched the Bihar Technical Support Program in 2011 with funding from the Bill & Melinda Gates Foundation. CARE is supporting the Government of Bihar to strengthen and improve reproductive, maternal, newborn, child, adolescent and nutrition outcomes, including across the continuum of care for family health services (figure 1) and beyond.

Figure 1: Continuum of Family Health Services



CARE's work in Bihar began in eight high-risk districts, focusing on the facility level, particularly quality of care, and the community level, through frontline health workers and outreach. As a result of successful implementation of key interventions at these levels and much learning, CARE began providing state-wide technical support to the Government of Bihar in 2013 to scale up outreach and facility-centered interventions to all 38 districts in the state. Through partnership with the government, CARE has contributed to significant improvements in the health system. *For example, in 2005, public health facilities had a client load of 39 people, per facility, per month. In 2018, that figure is about 10,000 people, per facility, per month.* Today, CARE and the government continue to invest in and sustain improvements made through scale-up as well as address systemic issues by transforming institutions, organizational structure, regulations and governance.

Program Name:
Bihar Technical Support Program

Program Country:
Bihar, India



Timeframe: 2011-2021

Budget: \$170 Million (USD)

Donor: Bill & Melinda Gates Foundation

Coverage: 534 Blocks in 38 Districts in Bihar State



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Key innovations & interventions

Within the package of evidence-based, quality interventions, CARE also developed and piloted innovative solutions that address the various issues which impede access to high quality services in Bihar. The innovations were developed for the Bihar context, but many have already been scaled nationally. These innovations have engaged over 40,000 FLWs in approximately 2,300 health sub-centers (health sub-centers generally cover a population of 5,000). Key innovations are highlighted below:

Mobile health for continuum of care services: Mobile phones and related technologies aid FLWs to register pregnant women, mothers and newborns and track their services through the stages of pregnancy, delivery, and postnatal care. Real-time data provide FLWs with decision-making tools, such as counseling protocols, to provide timely and quality health services.

Tracking and management of very low birth weight babies: A digital scale improves accuracy of identifying very low birth weight babies. FLWs provide immediate and systematic post-natal care and follow-up with families, to improve neonatal health outcomes.

Incremental learning approach: Different cadres of FLWs across government programs work together as teams to improve planning and delivery of services and enhance FLW skills and coordination.

Team-based goals and incentives for frontline health workers: Teamwork and motivation of FLWs is strengthened through the setting of collective targets and recognition of successful teams on a quarterly basis with a small non-financial reward.

Quality improvement at health facilities: A self-driven quality improvement process empowers all facility staff, from the doctor to the sweeper, to identify gaps in infrastructure and capacity, assess readiness to provide care, and develop action plans that improves facility conditions, builds a sense of pride and ownership among staff, and creates a welcome and respectful atmosphere for clients.

Mobile nurse mentoring program: Following assessment of labor room nurse skills through direct observation of deliveries, mobile nurse mentoring teams tailor on-the-job training using skills labs, simulations, and ongoing mentoring.

Notable accomplishments

Since 2011, CARE and the Government of Bihar have made great strides in testing and implementing innovations that seek to improve health outcomes and strengthen the health system. Some key successes from CARE and the government's partnership include:

- **More than 16,700 babies saved** as a result of collective actions to save newborn babies, including the tracking and management of very low birth weight babies.
- One year after introducing mobile technology to aid FLWs in registering and tracking patients, managing care and counseling pregnant women and mothers with newborns, **88 percent of mothers were visited at least twice at home by a FLW during their last trimester of pregnancy, compared to only 37 percent at baseline. Contraceptive use also increased by 10 percent.** This innovation is being scaled to eight other states in India, beginning with training 100,000 FLWs.
- Implementation of the nurse mentoring program at 17 under-performing emergency obstetric and newborn care facilities, **resulting in more comprehensive identification of high-risk pregnancies, better management of complications and decline in unsafe labor room practices. The program is being scaled statewide in Bihar.**

Through our partnership with the Government of Bihar, CARE has also contributed to state-level impact in the areas of maternal mortality and infant mortality. **Bihar's maternal mortality ratio is now 165 per 100,000 live births (2018) compared to 312 per 100,000 live birth in 2005. The infant mortality rate has also significantly decreased, from 61 per 1,000 live births in 2005, to 38 per 1,000 live births in 2018.** Success has also been achieved in institutional delivery increasing to 76% and immunization coverage reaching 81%.

What's next?

The program aims to continue improving health outcomes in Bihar and is focused on providing managerial and leadership support to the Government of Bihar to implement these activities and the innovations described. The program will also draw a sharper focus on interventions to strengthen health systems, services at facilities, and community-based interventions. CARE is additionally focused on elevating and diffusing the learnings from the Bihar Technical Support Program through Learning Exchange for Adaptation and Diffusion (LEAD). LEAD is supporting sharing, adaptation and scale-up of key innovations and creating a platform that connects people with ideas. Driven from CARE's work in Bihar, the LEAD approach will initially bring together interested CARE offices in South Asia to participate in a regional network and share knowledge on key innovations in program design and scale.

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