Country | India  
---|---
**Project Title** | The ANCHUL Project: A scalable approach to improve the coverage, quality and impact of MNCH care in the urban slums of Delhi. Developing a package of MNCH care facilitated through an urban community worker.

**Principle Investigator** | Sanjay ZODPEY  
**Institution/Organization** | Public Health Foundation of India (PHFI); Indian Institute of Public Health New Delhi  

**Background** | In India, the urban poor fare poorly on maternal, neonatal and child health (MNCH) indicators in comparison to their rural counterparts, and face unique challenges related to MNCH. Available care is of questionable quality and the wide range of agencies responsible for providing health services tend to lack networking and coordination. The low institutional delivery rates and high infant mortality (IMR) among the urban poor reflects these conditions and inequalities, which underscores the need for urgent policy and program attention.

The aim of the study was to develop a sustainable and scalable intervention that can improve health seeking behavior and practice among target population living in poor settlements of Delhi.

The main objectives of the study were to:
- Improve the proportion of pregnant women having institutional deliveries in urban poor settlements in Delhi
- Improve health care practices and health care seeking behavior during antenatal and immediate postnatal period
- Improve health care practices and health care seeking behavior of mothers of children under five
- Improve nutritional status of children under five
- Obtain approximate estimations of maternal, neonatal, infant mortality and still birth rates among the urban poor
- Obtain estimates of quality improvement indicators of community health care workers working in an urban poor community
- Document and evaluate the processes of potential replicability and sustainability of this proposed model of MNCH care package
## Grants Programme for Implementation Research
### PROJECT SUMMARIES

<table>
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<th>Country</th>
<th>Niger</th>
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<tr>
<td><strong>Project Title</strong></td>
<td>Evaluation of effectiveness and cost-effectiveness of scaling-up improvements in essential maternal and newborn care in primary maternity facilities in Niger</td>
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<td><strong>Principle Investigator</strong></td>
<td>Amsagana Maina BOUCAR</td>
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<td><strong>Institution/Organization</strong></td>
<td>Center for Human Services (CHS); University Research Co., LLC (URC)</td>
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| **Background** | From 2006-2007, USAID-Health Care Improvement Project (HCI) and its predecessor Quality Assurance Project (QAP) assisted the Ministry of Health (MOH) in Niger to implement an Essential Obstetric and Newborn Care (EONC) quality improvement program in 51 of Niger’s primary and referral maternities in 73% of Niger’s districts. The initial EONC program focused on the introduction and routine implementation of an integrated high-impact, post-partum active management of third stage labor (AMTSL)/essential newborn care (ENC) package in participating public sector maternities. A second phase of the program from 2007-2008 introduced a high impact pre-eclampsia/eclampsia intervention package in primary and referral maternities to improve early detection, prompt referral and improved case management of pre-eclampsia and eclampsia using magnesium sulphate in primary and referral public sector maternities. 

The objective of the proposed study is to evaluate prospectively the effectiveness and cost effectiveness of the scale-up of a high impact intervention package that leverages and adapts best implementation practices identified during the initial EONC program to 218 facilities representing 95% of Nigerien public sector maternities. The proposed study will allow the Niger MOH to implement the improvement intervention and enable documentation of the process, and results of scale-up. |