Adapting a Health System Approach for improving the Quality of ANC in India: Rajasthan Experience

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The “Born Healthy” program implemented by Jhpiego embodies a system-thinking approach to tackle health inequities in antenatal care (ANC) and strengthen health and high-risk populations. It aims to ensure better ANC coverage by addressing various determinants that hinder accessibility and availability of quality services, such as systems. This comprehensive program is dedicated to addressing the significant disparities in access and utilization of quality ANC services, particularly among marginalized populations.

**Activity Description**

The Born Healthy program was introduced in 11 districts under the umbrella of 34 of India’s districts (Bundi, Chittorgarh and Jhalawar) in the state of Rajasthan to strengthen the quality of ANC and address inequalities in maternal health. It was implemented by a consortium of Jhpiego, World Health Organization (WHO), GAPPS, UNICEF, and the Ministry of Health and Family Welfare, Government of India.

**Activity Impact**

- **Context**
  - The program was a part of a larger initiative to improve the availability and quality of care for pregnant women in Rajasthan.
  - It aimed to address barriers to accessing quality ANC services, particularly among marginalized populations.

- **Activity**
  - **System Mapping:** The program involved mapping health systems and services to identify gaps and challenges.
  - **Training and Capacity Building:** Health providers received training on various topics, including point-of-care diagnostics, early detection of high-risk pregnancies, maternal infection, and genetic counseling.
  - **Clinical Decision Support System:** A digital decision support system was introduced to support ANMs and MOs in identifying high-risk cases.

- **Evidence**
  - **Early ANC registration increased by 18% in Born Healthy intervention facilities from FY 17-18 to FY 21-22.**
  - **ANC 4 was 4.3% (13,529 ASB +ve cases) compared to 2.7% in 2017-18 in Born Healthy facilities as compared to the remaining facilities in the four Born Healthy districts.**
  - **A key achievement of the program has been the improved detection of high-risk pregnancies in the four intervention facilities (4.9 times) in contrast to 2.7 times increase in the remaining facilities.**
  - **Screening of pregnant women for asymptomatic bacteriuria (ASB) has improved steadily, from 31% in July 2018 to 83% in September 2022. The overall detection rate of ASB from 2017-18 to FY 21-22 increased by 15% in Born Healthy facilities.**

- **Lessons Learned**
  - **Challenges:**
    - Limited availability of diagnostic tools and challenges in accessing high-quality care.
    - Need for better coordination and communication between different levels of care.
  - **Facilitators:**
    - Strong leadership and collaboration among stakeholders.
    - Adequate funding and resources.
    - Effective monitoring and evaluation mechanisms.

The Born Healthy program is an example of how a system-thinking approach can lead to significant improvements in health equity and outcomes, particularly in contexts with high health inequities.