

HEALTH, NUTRITION AND WASH

Health, Nutrition and WASH (HNWASH) are major determinants impacting the quality of life. In many developing countries, access to quality and affordable health care, balanced diet, safe water and basic sanitation is a challenge for the poor and disadvantaged, especially for women and children. IPE Global works with a wide range of stakeholders - national and state governments, development partners, civil society organisations and the private sector to design, manage, facilitate sustainable change in lives of millions of people.

We realise that investments in HNWASH, focusing on the underserved, would have large impact on the well-being of the communities and transform their lives. It is not coincidental that these were included in the erstwhile Millennium Development Goals (MDGs) and are now contained within Sustainable Development Goals (SDGs). To maximise health impact, we have integrated, multi-sectoral approaches to strengthen health systems, policy design, planning, service delivery, hospital management, demand generation and social & behaviour change communication (SBCC), human resources in health, health financing and health, nutrition, water, sanitation and hygiene services improvement.

We have extensive experience of working within diverse health system configurations to support universal health coverage, improved allocative efficiency and service delivery for better health outcomes. We build bridges between governments, communities, non-governmental organisations and private sector, to foster resilience by forging strong partnerships to improve health financing, health workforce, and service delivery.



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FOCUS AREAS

Reproductive, Maternal,
New-born, Child and
Adolescent Health

Communicable Diseases
(HIV, TB, COVID) including
areas of Antimicrobial
Resistance, Epidemic Control
and Disease Surveillance

Neglected Tropical Diseases
(like Malaria, Kala Azar, etc.)

Non-Communicable
Diseases (like Hypertension,
Diabetes and Mental Health)

Health Systems
Strengthening

Innovative Financing
Solutions

Water, Sanitation and
Hygiene (WASH)

Nutrition

Innovations, Technology
and AI based Solutions

SERVICES

- Programme Design and Implementation Support
- Policy Briefs, White Papers and Diagnostics/Landscape Reviews
- Health Innovations - Proof of Concept/ Piloting and Scale-up Design Support
- Capacity Development and Institutional Strengthening
- Community Mobilisation and SBCC Strategy
- Development of Technical Guidelines and SOPs
- Health Information Management Systems
- PPP Strategy, Design and Implementation Support
- Structuring and Managing Impact Bonds and Insurance Products
- Strategy and Frameworks
- Social Audits
- Contract Procurement and Management
- Emergency and Humanitarian Services

PROJECTS

USAID II VRIDDHI - Scaling Up Interventions in Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCH+A) Project (Jharkhand, Uttarakhand, Chhattisgarh, Punjab, Haryana, Odisha, Himachal Pradesh, Assam, Arunachal Pradesh, Madhya Pradesh, Manipur, Meghalaya, Mizoram, Nagaland and Tripura) India (2014-2021)

Building on the gains of the National Health Mission, Ministry of Health and Family Welfare (MoHFW), Government of India (GoI) launched Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) strategy in the year 2013. The strategy laid a renewed emphasis on high-impact health interventions and addressed strengthening of healthcare services especially in the poor-performing geographies of the country. The scaling up RMNCH+A interventions project, also known as "Vridhhi," is a flagship project of USAID. The project supports the scale-up of high impact RMNCH+A interventions based on innovative approaches and management reforms with the goal of reducing morbidity and mortality among women and children in 15 states of India.

We are providing techno-managerial support to bridge the gap between policy and implementation through training and capacity building of health service providers, evidence sharing for informed decision making and effective dissemination strategies. Besides giving inputs to the state counterparts to prepare state-specific implementation guidelines, Vridhhi is supporting MoHFW, GoI through dedicated programme management units for national programmes Labour Room Quality Improvement (LaQshya) and Aspirational Districts. These units embedded within MoHFW provide implementation guidance, monitoring and support for the respective programmes. Other systemic support includes strengthening First Referral Units (FRU), roll out of Family Planning Logistics Management Information Systems (FPLMIS), and Public Financial Management (PFM).

Vital Strategies II Project Management Support to Vital Strategies in Support for a Hypertension Prevention and Control Project in Collaboration with the Ethiopian Federal Ministry of Health, Ethiopia (2019-2020)

Vital Strategies partners global expertise with local leadership to make progress against some of the world's most difficult health challenges. The Ministry of Health (MoH), Government of Federal Republic of Ethiopia in collaboration with World Health Organization and Resolve to Save Lives, an initiative of Vital Strategies, is conducting a Hypertension Prevention and Control Project in five regions & two city administrations of Ethiopia. The project includes hypertension prevention through screening, treatment, care and health education at the point of care, on service uptake and treatment adherence, and salt reduction campaigns at community and schools.

We are providing project management support to Vital Strategies project - Support for a Hypertension Prevention and Control in Ethiopia. We are responsible for payroll management of project staff in compliance with the laws of Ethiopia; issuing contracts to project staff using defined template; ensuring timely disbursement of payments to project staff and timely payment of taxes (as applicable) and other required compliances with Ethiopian authorities; providing adequate travel safety and security for the project staff, including pre-trip briefings and emergency medical and security assistance while they are on the project related travel.

USAID II Partnerships for Affordable Healthcare Access and Longevity (PAHAL)-Ending Preventable Maternal and Child Deaths among India's Urban Poor, India (2015-2023)

Implemented with an assistance from USAID, PAHAL responds to the Government of India's (GoI's) priorities of reducing morbidity and mortality among women and children in the underserved urban communities by leveraging private markets and community engagement to promote healthy behaviour change, improve access to affordable primary healthcare, and reduce out-of-pocket expenses. PAHAL is an innovative financing platform that serves to promote health financing models and provide support for improving access to quality and affordable healthcare solutions for urban poor communities in India.

We are providing catalytic support to Inclusive Business Models (IBMs) for urban health ecosystem including addressing primary healthcare needs of urban poor through focused interventions aimed at addressing existing constraints including key outcomes - (a) increased access to affordable comprehensive health care insured to poor, potentially reaching out through PMJAY to 40% of the bottom of the population in India, and (b) out of pocket (OoP) expenditure for urban poor for healthcare reduced by 30%.

In addition, through PAHAL, we are supporting GoI's National Health Authority (NHA) to establish a USD 100 million blended financing facility (BFF) to mobilise resources to strengthen the network of public and private hospitals, under Government of India's healthcare insurance/ assurance scheme (Pradhan Mantri Jan Arogya Yojana – PMJAY) to positively impact over 500 million poor and vulnerable people and channelise the NHA's market access program (MAP) to quickly respond to the COVID-19 pandemic in India. As a core Technical Support Unit (TSU), we are liaising with similar efforts like Prime Minister's Citizen Assistance and Relief in Emergency Situations (PM CARES) Fund, forecasting supply and demand needs, assist in developing service packages, provide quality assurance support as well as assist in developing robust performance and outcome metrics.

CIFF II UDAAN-A 360 Degree Approach to Prevent Teenage Pregnancy in Rajasthan (2016-2021)

Udaan is an integrated intervention which seeks to prevent adolescent pregnancies in Rajasthan by leveraging existing government programmes and platforms for realising girl's potential and reducing the number of low birth weight babies born from teenage mothers. It adopts a multi-sectoral approach, layering interventions that go beyond sexual reproductive health education to fundamentally change the way adolescent programming is delivered. The project is being implemented with Department of Medical, Health and Family Welfare and Department of Education, Government of Rajasthan with a focus on pan-state reforms with demonstration of integrated approach in Udaipur and Dholpur districts.

We are providing technical assistance to the Government of Rajasthan for preventing adolescent pregnancy through a combined approach – that keeps girls in school, increases their knowledge of and access to sexual and reproductive health, and changes social practices that perpetuate early marriage and pregnancy. In addition, through project Udaan, we are indirectly reaching out to the adolescent girls across Rajasthan with information and services on pre-matric scholarships, thereby improving retention of adolescent girls in secondary schools. Project Udaan is expected to reach out to over 3 million married women of reproductive age with information on various methods of contraception and family planning services.

**BMGF/FHI 360 || Alive & Thrive
- Implementation Research on
Integrating Maternal Nutrition
Interventions in Existing MNCH
Services in two Districts of Uttar
Pradesh, India (2018-2020)**

Alive & Thrive (A&T) is a global initiative that supports scaling up of nutrition interventions with an aim to save lives, prevent illness, and ensure healthy growth by promoting optimal maternal, infant, and young child nutrition. To address the challenges of maternal undernutrition in Uttar Pradesh, A&T demonstrated that innovative approaches to improving nutrition could be strengthened by leveraging existing service delivery platforms to deliver maternal nutrition interventions at scale.

We worked with the government systems to implement multi-pronged strategies to strengthen service delivery, focusing on capacity building of frontline workers and their supervisors, generating demand for maternal nutrition services through community engagement and interpersonal counselling (IPC) leading to behaviour change not only for the pregnant women but also for their immediate family members.

**Pathfinder International ||
Facility Assessment of Family
Planning Focusing Adolescent
and Youth-Friendly Services
(AYFS), PFP, PACFP, Post MR-FP
and Gender Responsiveness,
Bangladesh (2019)**

In partnership with the Ministry of Health and Family Welfare, Government of Bangladesh, Pathfinder International provided adaptive, needs-driven technical assistance and systems strengthening at national, divisional, district, and upazila levels. This project reached those most in need of family planning services and information - districts and divisions with lower modern contraceptive prevalence and populations facing the greatest barriers.

We conducted facility assessment to present a snapshot of family planning programming with a focus on AYFS, PFP, PACFP, Post MR-FP and gender responsiveness across the 32 districts in the 4 divisions of Dhaka, Mymensingh, Sylhet and Chittagong where use of family planning methods is relatively lower. The assessment covered three main components – adolescent reproductive health services; integration of family planning into post-partum, post-abortion care, post-MR services and gender responsiveness. The assessment looked at the status of adolescent and youth reproductive health and the Government of Bangladesh's response to adolescent and youth family planning needs, including gender considerations.

**UNICEF || Conduct Child
Protection System Mapping and
Assessment, Bangladesh
(2018-2019)**

The project aimed to obtain a common understanding of the current system, its strengths and weaknesses, agreement on a division of labour among ministries, and agencies and their roles in redefining and strengthening the system. The primary objective of this assignment was to undertake a thorough mapping and assessment of country-level comprehensive child protection systems, laws, policies, services and procedures and capacities in place and to identify obstacles and opportunities in enforcing these laws and policies, especially in reaching vulnerable and excluded groups in Bangladesh.

We assisted UNICEF in providing an update on the key components of the child protection systems in Bangladesh. We identified and analysed major strengths, weaknesses, gaps and opportunities in the current system; developed an analysis of information on the quality of services, coordination, measures and monitoring systems; assessed the government agency's perception, capacity and ownership to enforce the children's act which if properly resourced would contribute to strengthening of the child protection systems; provided recommendations for further UNICEF programmatic support for system strengthening.

The World Bank II Capacity Building of State, District and Block Convergence Committees on Multi-sectoral Planning and Monitoring of Nutrition Actions, Bihar, India (2018-2019)

Government of India's National Nutrition Mission (NNM) bought about convergence of various nutrition related schemes by bringing under one framework key nutrition related interventions, indicators and targets to be monitored and achieved by relevant line departments implementing these schemes. For this, the convergence committees were constituted to facilitate the operationalisation of this framework.

We supported the Convergence Committees in two districts of Bihar - Sitamarhi and Gaya, by building their capacity to provide an unparalleled opportunity to facilitate a lasting and shared understanding amongst key ministries and stakeholders on the importance of nutrition and its centrality in determining overall human development. This included identification of gaps and potential interventions to address these gaps, supporting the development, implementation and monitoring of concrete action plans by the convergence committees at different levels, defining multi-sector nutrition convergence actions and assisting the committees in implementation and monitoring of the action plans.

DFID II Implementation of Active Case Detection (ACD) Strategy for Visceral Leishmaniasis (VL) and Post Kala-Azar Dermal Leishmaniasis (PKDL) under the KalaCore Tackling Visceral Leishmaniasis Programme, India (2016-2019)

DFID supported the Government of India for eliminating Visceral Leishmaniasis (VL) and Post Kala-Azar Dermal Leishmaniasis (PKDL) as a public health problem. The project supported Government of India's National Vector Borne Disease Control Programme (NVBDCP) initiatives.

IPE Global supported enhanced disease surveillance and building capacity for early detection of disease outbreaks and minimising their spread and impact. Major activities included identification and geo-tagging of high incidence villages; training of ASHA workers, community mobilisers and volunteers on identification of VL and PKDL cases. This was followed by mobilisation of suspected cases to the diagnostic camps and refer for Ambisome treatment to nearest public health facility, if found positive. The team also supported the health departments in Bihar and Jharkhand to roll-out liposomal Amphotericin B (AmBisome) for effective Kala-Azar treatment in district hospitals and PHCs across endemic districts.

UNICEF II Skill based Assessment of Service Providers who received Nutrition Specific Competency based Training in 26 Districts of Bangladesh (2016-2018)

In a multi-year Government of Bangladesh-UNICEF Joint Work Plan for Maternal and Child Nutrition, UNICEF committed to strengthening human resource capacity in nutrition at district level and below, with a specific focus on the competencies required to deliver quality nutrition services. In line with the same, approx. 30,000 frontline service providers were trained on delivering nutrition interventions in 26 districts of Bangladesh to address critical skill gaps among health service providers.

We conducted third party evaluation of these trainings, to identify gaps and challenges in the adoption of skills amongst the cadre of health and family planning service providers. The evaluation helped the Government of Bangladesh and UNICEF to introduce performance based incentive programmes for training institutions and get insights into gaps and improvement areas.



DFID II Ethiopia Safe Space Programme (ESSP), Ethiopia (2016-2017)

ESSP contributed to improved personal, social, health, safety, education and financial outcomes for 2,000 adolescent girls in Amhara and Oromia regions of Ethiopia – building girls’ confidence, skills and knowledge as they progress through adolescence. ESSP was a pilot programme designed to test an approach for national scale-up. ESSP contributes to the achievement of SDG-5 ‘Achieve gender equality and empower all women and girls.’

IPE Global completed design of the programme, with Federal Government of Ethiopia (GoE), (MoH, MoE, MoWCA) and other stakeholders, and developed an implementation plan for a nationwide Safe Spaces programme. In addition, we implemented Phase 1 of the programme in Amhara and Oromia regions and helped build capacity of stakeholders to implement and manage Phase 2 of the programme.

KfW II Accreditation and Quality Assurance Services for the Output Based Approach (OBA) in Kenya (2014-2016)

The Government of Kenya (GoK) with support from KfW implemented an OBA voucher programme to subsidize priority reproductive health services in Kenya. A flagship Vision 2030 project of GoK, the project aimed to reduce maternal and infant mortality through improved delivery of reproductive health services - for safe deliveries, long-term family planning methods and victims of gender violence.

We designed a web enabled system for real time digital data collection, analysis & management and trained health workers in Kiambu, Kitui, Kisumu, Kilifi and informal settlements of Korogocho and Viwandani in Nairobi County. Specifically, we:

- assessed, identified and issued scores for improvement of health facilities based on minimum ISO/WHO standards of operations;
- conducted 6 monthly assessments for a total of 442 health facilities across 2 years;
- implemented capacity building and certification of health workers providing services to patients for Clinical Family Planning, Laboratory, Pharmacy, Maternal Wards, Psychosocial Support and during Community Sensitisation Sessions aimed at enhancing knowledge on acceptance of Family Planning.

DFID II Design and Implementation of Sector Wide Approach to Strengthen Health (SWASTH), Technical Assistance Support Team (TAST) (Bihar, India), (Phase I: 2009-2010); (Phase II: 2010-2014); (Phase III: 2014-2016)

SWASTH aimed to design and implement cutting-edge reforms for the health, nutrition and WASH sector in Bihar, to bring about lasting changes in the health and nutritional status of the people, particularly the poorest and socio-economically marginalised. This included preparation of the health, nutrition and WASH sector plans for the Government of Bihar and providing implementation support, particularly the reform programme.

As Technical Assistance Support Team (TAST), we worked with the departments of Public Health & Family Welfare, Women & Child Development, Social Welfare and Public Health Engineering to assist the government in providing preventive and curative health services to the people of Bihar and improving its procurement systems and implementation arrangements. We helped build skills and strengthen capacity of these departments by focusing on improving equitable access to quality healthcare services, accountability of staff, organisational development and human resource development. In addition, we designed and implemented Integrated Performance Management System (IPMS) for effective service delivery, management and monitoring of Integrated Child Development Services (ICDS) including the performance of various frontline workers, lady supervisors and Child Development Project Officers (CDPOs). For effective interventions, we also developed the concept of participatory learning and action (PLA) approach – Gram Varta, to mobilise women through Self Help Groups, to achieve SWASTH objectives of HNWASH awareness and improved health outcomes at household and community levels.