Taking Emergency Obstetric and Newborn Care to Rural India

A joint program of the Federation of Obstetric and Gynaecological Societies of India, Indian College of Obstetricians and Gynecologists and Ministry of Health and Family Welfare, Government of India
The Federation of Obstetric and Gynaecological Societies of India (FOGSI)

The Federation of Obstetric and Gynaecological Societies of India (FOGSI) is the professional organization representing practitioners of obstetrics and gynecology in India. With 219 member societies and over 27000 individual members spread over the length and breadth of the country, FOGSI is probably one of the largest membership based organizations of specialized professionals.

FOGSI exists to encourage and disseminate knowledge, education and research in the field of obstetrics and gynecology, to pilot and promote preventive and therapeutic services related to the practice of obstetrics and gynecology for betterment of the health of women and children in particular and the wellbeing of the community in general, to advocate the cause of reproductive health and rights and to support and protect the interest of practitioners of obstetrics and gynecology in India.

The Federation is always conscious of the responsibility it shoulders and the important role it has accepted to work not just for it's members societies and professionals, but in working to advocate and improving the health of women in our country thereby contributing to the wellbeing of India.

The Federation collaborates with and partners the Government of India on several initiatives and one such key initiative is to create human resource by building capacity of rural doctors (basic doctors) to provide high quality obstetric services so as to prevent maternal mortality and morbidity.

Maternal Mortality in India

Maternal Mortality Ratio (MMR) in India has shown an appreciable decline from 398/100,000 live births (SRS1997-98) to 212/100,000 live births (SRS 2007-09). However, to accelerate the pace of decline of MMR in order to achieve the NRHM and MDG Goal of less than 100 per 100,000 live births, there is a need to give impetus to implementation of the technical strategies and interventions for maternal health. One of the main reasons for the high MMR has been identified as the lack of high-quality emergency obstetric and newborn care (EmONC) in rural areas. Currently most medical colleges in India prepare specialist physicians as the only providers of EmONC services, catering largely to urban populations. Rural populations, however, are typically served by general medical officers, who tend to have limited skills in managing maternal and newborn complications.

With funding from the Government of India (GOI) Maternal and Child Health Division – Ministry of Health and Family Welfare, initial funding support from The John D. and Catherine T. MacArthur Foundation as well as Averting Maternal Death and Disability (AMDD), technical assistance from JHPIEGO and program management support from Avni Health Foundation, the Federation of Obstetric and Gynaecological Societies of India (FOGSI) is working to address this need through scale-up of EmONC training for Government medical officers in rural areas. This five-year program in partnership with GOI continues to meet the human resource need for
operationalizing first referral units (FRUs) that will help in saving maternal lives.

**Designing a Solution**

In July 2004, the MacArthur Foundation awarded a two-year grant to FOGSI to demonstrate that task shifting for the provision of EmONC—from specialists to general medical officers in rural India—was effective, feasible and safe. MacArthur funds were used to establish three high-quality EmONC training centres, as well as build the capacity of FOGSI and its collaborating partners to conduct competency-based training in EmONC for general practitioners with technical assistance from JHPIEGO. Two more EmOC centres were developed from the funds received from AMDD. The 16-week FOGSI EmONC Certification Course developed through this joint effort involved:

- Six weeks of group-based learning at a training center
- 10 weeks of self-directed clinical practicum at a designated training district hospital (practicum sites)
- Assessments conducted throughout the course to ensure consistent progress, competency and, finally, proficiency
- Two visits by trainers to ensure transfer of learning to participants’ worksites
- On-site mentoring, supervision and evaluation using a performance improvement methodology (further described under Ensuring Quality, below)
- Certification of participant competency done at participant worksites by the Indian College of Obstetricians and Gynaecologists (ICOG), and licensing for limited authority to practice issued by the State Ministry of Health.

From the outset, the program operated on the principles of cultivating a strong partnership among FOGSI, Jhpiego and other partners, ensuring transfer of skills and technologies from Jhpiego to FOGSI, and developing FOGSI’s ability to undertake large-scale public health programs.

**Taking the Solution to Scale**

Based on the success of the public-private partnership modeled through the FOGSI EmONC Program, the GOI awarded FOGSI a direct grant to expand its efforts from 2006 through to 2011. This is perhaps the first such grant ever awarded by the GOI to a professional association to accomplish a major public health goal. Through the new, five-year award—and with ongoing technical assistance from Jhpiego, made possible through another MacArthur Foundation grant—and program management support from Avni Health Foundation, FOGSI has spearheaded the rapid scale-up of the EmONC Certification Course to further expand access to high-quality EmONC services in rural India. AMDD has also awarded a grant for monitoring and evaluation of EmONC programme and FOGSI with support of Avni has setup an online M&E software.
FOGSI - GOI EmONC achievements as on date

- Six fully functional EmONC “nodal centers” that are routinely preparing EmONC trainers –These training-of-trainers centers, based at premier public medical colleges, are also provide ongoing strengthening, support and certification (through ICOG) of training centers and district practicum sites.
- 34 fully functional EmONC training centers based in leading public medical schools in the 21 states with the highest. MMR—These centers expand capacity to train competent rural EmONC providers by conducting three 16-week courses for a total of 24 participants per year; developing at least 8 EmONC district practicum sites per training center; and maintaining a database of information about training event and service-related and quality data.
- 197 Medical college master trainers are present. They impart training to the Medical officers through practical skills practice on anatomical models and classroom based teaching.
- 235 district practicum sites providing closely supervised clinical practica for EmONC skills for trainees –These hospital-based sites conduct practica for at least eight EmONC candidates per year and maintain high-quality EmONC service. A total of 333 district hospital master trainers present in these sites support the training.
- 1200, medical officers have been trained for providing comprehensive 24/7 EmONC services through this initiative.
- Sample data analysis of the work being done the by the trained medical officers show that in general the out referrals have come done, meaning that the medical officers are able to manage the maternal health complications at their place of current work. Specifically in case of Haemorrhage % women treated in the clinic went up to 1.5% from1.1% after training, and the % referral came down to 0.2% from 0.3%. In Hypertension % women treated in the clinic went up to 2.4% from 2.2% after training, and the % referral came down to 0.5% from 0.3%. For Sepsis % women treated in the clinic went up to 0.5% from 0.4% after training, and the % referral came down to 0.2% from 0.1%. For Malaria, Hepatitis,Cardiac diseases in pregnancy % women treated in the clinic went up to 1.1% from 0.7% after training, and the % referral remained equal 0.1%. (given the size and population of our country a 0.1% difference can translate into huge numbers)

Summary

High Maternal mortality and morbidity was and still remains an issue in our country. Building human resources with the necessary skills to manage emergencies during pregnancy continues to be critical, especially in rural and difficult to reach areas of our country. The Federation of Obstetric and Gynaecological Societies of India’s (FOGSI) initiative is unique in the sense that one of the world’s largest professional body of obstetricians and gynecologists forged partnerships with private bodies and the Government to secure technical and funding help to implement Comprehensive Emergency Obstetric Care (EmOC) program across 21 States. EmOC program over the last 6 years has created 6 nodal centers for training master trainers and has 197 medical college and 333 district hospital master
trainees. A total of 34 medical officer training sites plus 235 district practicum training sites are ready. Using this massive infrastructure FOGSI has trained and built capacities of 1200 medical officer for providing comprehensive 24/7 EmOC services across India. EmOC is a 16 week long skill based program and each of the 34 training centers can do a maximum of 3 batches per year of 8 medical officers each, therefore it is an intensive course and maintaining quality over the 16 weeks is critical. The trained medical officers have demonstrated that the training has been useful since the number of out referrals is down and the number of women treated for emergencies in their centers has gone up.