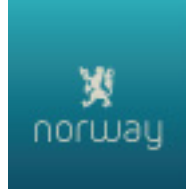


NORWAY-INDIA PARTNERSHIP INITIATIVE (NIPI)

Information Sheet

January - 2008



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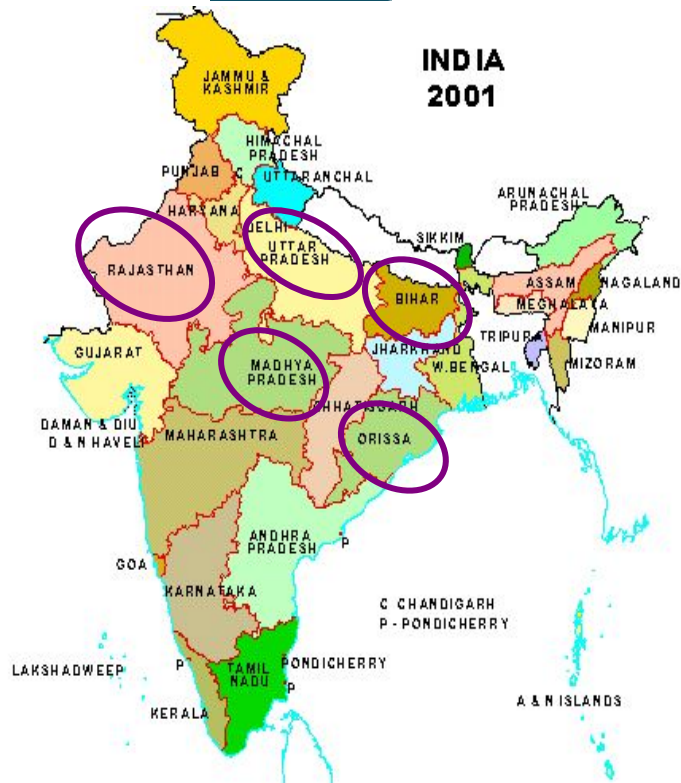
1. Background:

Based on an initiative by the Norwegian Prime Minister supported by the Prime Minister of India, the Government of the Kingdom of Norway and the Government of the Republic of India established the Norway - India Partnership Initiative (NIPI) in September 2006 to strengthen their common efforts towards achieving the UN Millennium Development Goal 4) [MDG 4], by the year 2015 and thereby contributing to reducing child mortality worldwide. MDG 5, reduction of maternal mortality, is also gradually being incorporated in the program, thus NIPI is presently targeting MDG 4/5. Norway's contribution of 500 million NOK (INR 360 Crore) for this purpose will go to five states in India over a period of 5 years (2007-2012).

States for NIPI	Population Millions	Country to compare	Population millions
Uttar Pradesh	188	Brazil	188
Bihar	83	Germany	82
Madhya Pradesh	60	United Kingdom	59
Rajasthan	56	Italy	57
Orissa	37	Argentina	38
Total	424	USA	300

2. Objective:

The objective of NIPI is to provide up-front, catalytic and strategic support to accelerate the implementation of the National Rural Health Mission (NRHM) in five states that comprise of 40% of India's total population and account for around 60% of child deaths, namely; Bihar, Madhya Pradesh, Orissa, Rajasthan and Uttar Pradesh.



(Image 1: NIPI Focus States).

3. Expected outcomes:

- Saving an additional half a million under- 5 children each year from 2009.
- Sustaining routine immunization coverage rate in the country at 80% or more from 2007 onwards.
- Contribution to overall health reform in the 5 states for achieving MDG4.
- The development of best practises for large scale roll-out of interventions addressing MDG 4 also in other countries.

4. Key Principles/Strategies of NIPI

- **Integral part of NRHM:** All activities shall be directed towards fulfilling the goals and objectives of NRHM, will be part of State and district plans developed jointly with States.
- **Catalytic resource:** For optimizing results it will accelerate critical programs in NRHM, close critical gaps, stimulate innovation, promote reforms through evidence based advocacy.
- **Flexible approach:** Strengthen the existing system and structures and not create parallel systems.
- **Fund Flow Mechanism:** It is intended that the funds will be channelled through multilaterals and will not be through the GOI systems.
- **Equity-driven, gender sensitive and pro-poor** planning and implementation of NRHM interventions.
- **Strengthen inter-sectoral linkages, at all levels:** Develop collaboration and synergistic cooperation with all concerned partners to have maximum possible positive impact on child health.

5. Overarching Framework for NIPI

- **Overall**
 - *National Rural Health Mission*
- **Specific**
 - *Reproductive and Child Health Program Phase II (National and state Program Implementation Plans)*
 - *National Action Plan for Children*
 - *Universal Immunization Program*
 - *(Multi Year Plan, State Immunization Plans)*



Image 2: NRHM Logo and Breast Feeding Promotion

6. Major areas for support for NIPI within the NRHM

- **Home and Community Based New Born and Child Care (HBNCC):** Identifying the need for, testing of, and introducing new ways of strengthening the Accredited Social Health Activists (ASHA) service, including their support needs, and referral requirements and in particular building their skills in Home and Community Based New Born and Child Care (HBNCC).
- **Child Health Resource Network (CHRN):** Enabling the initiatives under the NRHM by building capacities of the state, district, and block health functionaries with technical and managerial input for strengthening child health interventions in the overall primary health context through Child Health Resource Network (CHRN).
- **Public Private Partnership (PPP):** Expanding the resource pool for developing innovative strategies through Public Private Partnership (PPP) by involving non-state actors at all levels.
- **Research and Innovation:** Identifying new opportunities on a continuous basis through collaboration with technical, professional and academic institutions in and outside India for undertaking research, innovation and monitoring in child health in the overall context of primary health.
- **Monitoring and Evaluation:** Enhancing ownership at community, block, district and state level for concrete results in child health interventions by identifying filling the gaps in the existing survey and surveillance tools for monitoring and evaluation.



Image :3 Community Meeting- Uttar Pradesh



Image 4: ASHA's coming for a monthly meeting-Rajasthan

7. Support to State health system:

a) Through state health society:

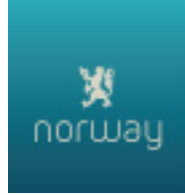
- Funds are placed with the state Health society for identified child health activities under the State Action plan.
- The objective is to leverage the NRHM funds for child health by providing funds for catalytic activities.
- The funds are channeled through an agreement between United Nations Office for Project Services (UNOPS) through NIPI Secretariat and State health Society.
- The Secretary, HFW of the respective States, as the chair person of the State Coordination Committee finalizes /modifies the state action plan as per the requirement of the state, through bottom up planning.

b) Through UNICEF:

- Strengthening immunisation through revitalising training facilities, procurement of cold chain equipment, and provision of training to field functionaries.
- Expansion of IMNCI in a phased manner in the NIPI focus states.
- Strengthening the PHCs and CHCs with establishment of sick new born care units in selected districts, from the NIPI focus states.
- Supporting the State health system by providing skilled resources to manage the 'Child survival cell' in selected districts from the NIPI focus states.



Image 5: Sick newborn care unit - Orissa.



C) Through WHO:

- Strengthening Universal Immunization Programme: Strengthening Vaccine Security, logistics and management, measles surveillance and control.
- Accelerating Child Health Interventions: Support to pre service IMNCI, Technical assistance to MOHFW for monitoring MCH.
- Establishment of Quality Assurance Cells for specialized training programmes.

8. Institutional Framework and Organization:

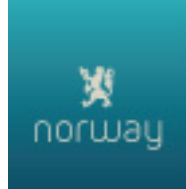
Joint Steering Committee: The institutional mechanism of NIPI is led by Joint Steering Committee with Secretary, Health and Family Welfare, Government of India as Chairperson and the Norway Ambassador to India as the Co-Chair. Additionally, there are representatives of Government of India, Government of Norway, WHO, UNICEF and the NIPI focus States.

Programme Management Group (PMG) is a forum for dialogue to form a platform for coordination between NIPI, NRHM leadership and other stakeholders, and for integration of activities with the NRHM operational framework. Under the chairmanship of Mission Director, NRHM, MoHFW, the PMG discusses key technical issues, reviews progress, makes proposals and recommendations to the JSC for decision making.

A **Secretariat** under the leadership of Director is established to execute decisions made by the JSC and function as a secretariat to the JSC and PMG.

At the state level, activities under NIPI will be implemented by the State Health & Family Welfare Society, chaired by Secretary, Health & Family Welfare, of respective state government.

In addition to the above, an **International Strategy Group (ISG)** has been established. The ISG will advise NIPI, its Secretariat, and Agencies on global best practices towards reaching the MDG4. At the same time the ISG will help disseminate lessons of the NIPI and the NRHM to the international community.



9. Major Milestones

1.	Norwegian PM Announced Commitment to MDG4 in Delhi and this was supported by Indian PM	December 2005
2.	Joint Statement - Government of India and Government of Norway	September 2006
3.	Establishment of Institutional framework; Joint Steering Committee/Program Management Group	September 2006
4.	Establishment of Secretariat commenced with recruitment of Director	April 2007
5.	State level formal launch of NIPI in Rajasthan and Retreat for all the five states in Jaipur.	July 2007
6.	Memorandum of Agreements signed with the states – Bihar, Madhya Pradesh, Orissa and Rajasthan	December 2007
7.	Establishment of State Units (NIPI) - Bihar, Madhya Pradesh, Orissa and Rajasthan	December 2007
8.	Memorandum of Agreements signed with the National Institute of Health and Family Welfare for the establishment of National Child Health Resource Centre	December 2007
9.	Fund disbursement to States Health Societies completed	January 2008

Over view of Progress :

- In 2007, besides the establishment of the NIPI secretariat at the National level, the NIPI Secretariat has been able to sign the Memorandum of Agreements with 4 state health societies and disbursing the funds, the intervention districts have been identified and three State child health plans have been completed and one is advanced stage of completion.
- Four NIPI State program officers have been recruited, oriented and placed at the office of the respective State Mission Directors in the month of December 2007. Currently the recruitment of the second program officer is under way.
- The preparatory activities for the recruitment of District and Block coordinators is ongoing and expected to be completed latest by early march 2008.

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