

HEALTH, NUTRITION & WASH



We are working towards strengthening healthcare systems with innovative solutions, especially for the vulnerable.





Quality and affordable health care is the foundation for a productive and fulfilling life. However, in many developing countries, access to health care, balanced diet, clean water, and basic sanitation still remains a challenge, especially for the poor and disadvantaged sections.

We understand that investments in HNWASH, with a focus on the underserved, can transform lives. At the heart of our approach is building resilient health systems that can provide sustainable, affordable, and quality healthcare to all.

We work with national and state governments, development partners, civil society organisations, private sector entities, and other key stakeholders to strengthen health systems, improve supply chain, implement digital health solutions, advocate social and behavioural change, and address healthcare financing challenges.



Our client portfolio is diverse

International Funding Organisations

Multilateral Agencies: World Bank, WHO

Bilateral Agencies: NIPI, USAID, FCDO

Government Organisations

Central and State Governments

Philanthropic Organisations

Bill and Melinda Gates Foundation,
Resolve to Save Lives

Thematic Areas



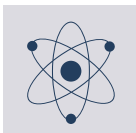
Reproductive, Maternal, New-born,
Child and Adolescent Health



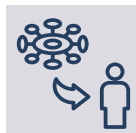
Water, Sanitation and
Hygiene (WASH)



Health Systems Strengthening
Innovative Financing Solutions



Innovations, Technology
and AI based Solutions



Communicable Diseases in areas of
Antimicrobial Resistance, Epidemic
Control and Disease Surveillance



Nutrition

MAKING A DIFFERENCE WITH OUR WORK

THE ROYAL NORWEGIAN EMBASSY

Norway India Partnership Initiative (NIPI)

Norway and India share a common vision and stand committed to fostering collaborative efforts to solve priority health issues. In 2006, the two democracies started a health initiative called Norway-India Partnership Initiative (NIPI) with a vision for providing strategic, catalytic, and innovative support to India's National Health Mission.

During the past 17 years of its implementation, NIPI has envisaged a unique model of development cooperation and an efficient mechanism of testing our 'innovative ideas in public health settings'. NIPI has demonstrated the importance of aligning with national priorities, and leveraging local expertise through a strong governance framework at the national and state levels using the health system approach.

With the view to further strengthen the relationship between our two countries, the Norwegian Ministry of Foreign Affairs and the Ministry of Health and Family Welfare, Government of India agreed to extend the cooperation with a Phase IV of NIPI.

As a first step, a Memorandum of Understanding (MoU) was signed on 1st July 2024 by the Ministry of Health and Family Welfare (MoHFW), the Government of India, the Government of Norway and the supported states of Bihar, Madhya Pradesh, Rajasthan and Jammu & Kashmir.



Innovate

Strengthening Sexual, Reproductive, New-born, Child and Adolescent health (RMNCAH) systems



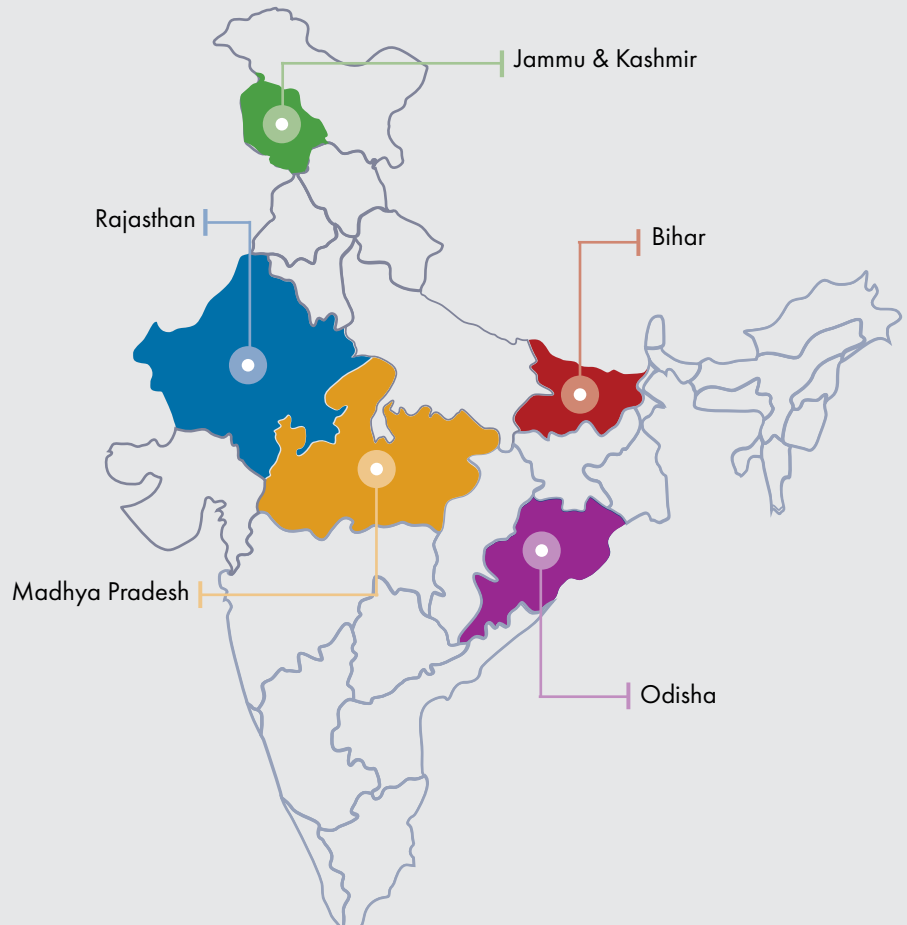
Replicate & Scale

Provide technical assistance to scale up NIPI and NHM practices in RMNCAH and to initiate state innovation hubs



Collaborate

Foster institutional partnerships on Digital Public Health Goods in RMNCAH



To know more, visit: www.nipi-cure.org

USAID

SAMVEG: Systems Approach for MNCH focusing on Vulnerable Geographies, India

A follow on to the USAID's flagship project Vriddhi, SAMVEG aims to fill critical gaps in health systems, encourage innovations, scale-up & sustain interventions to improve Maternal, Newborn & Child Health (MNCH) outcomes in identified vulnerable geographies of India. The project is implemented by a consortium of IPE Global, JSI, Dimagi and World health partners in 25 Aspirational Districts spread across 3 states (Jharkhand, Uttarakhand and Madhya Pradesh).

2020-2023



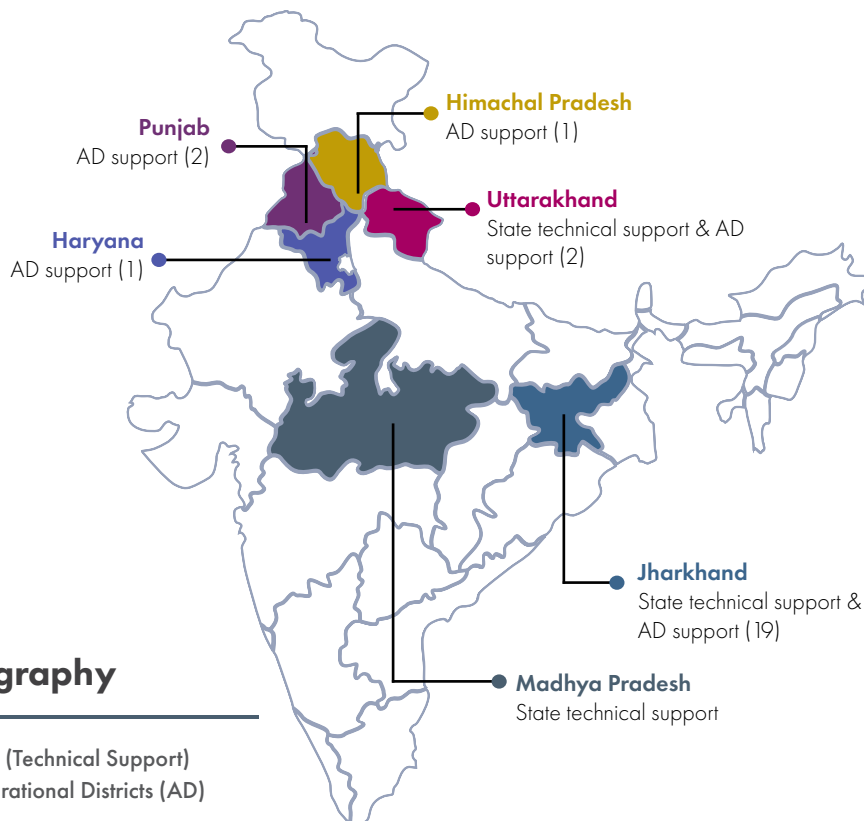
3.5 Million+
Pregnant Mothers and
3.1 Million+
infants to be given
equitable access to
MNCH services



13 Million+
Children (under the age
of 5) to benefit from
scale-up of MNCH good
practices



Enhanced capacity
building for public
and private sector
stakeholders



Geography

3 States (Technical Support)
25 Aspirational Districts (AD)

To know more, visit: www.ipeglobal.com/samveg

USAID

Partnerships for Affordable Healthcare Access and Longevity (PAHAL) - Sustainable Access to Markets and Resources for Innovative Delivery of Healthcare (SAMRIDH), India

Implemented with assistance from U.S Agency for International Development (USAID), PAHAL is USAID/India and IPE Global's flagship project to catalyse innovative financing mechanisms to improve access to affordable and quality healthcare for India's most vulnerable populations. PAHAL leverages private sector resources and innovative financial models to enable governments and donors to supplement traditional grant-based financing with new forms of conditional and catalytic support, as well as providing opportunities for private capital to generate social impact.

Through PAHAL, we have collaborated with USAID and ChildFund to structure the world's first pay-for-performance instrument - Mukti for improving TB, nutritional status and treatment outcomes of 10,000 TB patients across 16 districts in the state of Madhya Pradesh. The initiative is supported by the National Health Mission (NHM), the Government of Madhya Pradesh, and the Central TB Division, Government of India. Mukti addresses the bi-directional relationship between TB and under-nutrition, with an aim to contribute to Government of India's target of eliminating TB by 2025.

Implemented as part of PAHAL initiative is SAMRIDH, India's first healthcare focused blended finance facility. Similar to PAHAL, it also aims to catalyse market solutions and innovations to improve access to affordable and quality healthcare services for the vulnerable. The initiative is supported by Indian Institute of Technology-Delhi (IIT-D), in technical collaboration with Principal Scientific Advisor to the Government of India, National Health Authority

To know more, visit: www.samridhhealth.org



90+ high-impact health solutions supported



\$24 Million funded



\$330 Mn+ fund leveraged



42,000+ health facilities reached



38,000+ medical professionals, health workers trained



21 Mn+ people directly impacted



45 Mn+ people reached



The World Bank

Technical Support Service for Program Management Unit for SRESTHA (Systems Reforms Endeavours for Transformed Health Achievements), Gujarat, India (2023-2028)

This is a five-year, \$500 million initiative by the Department of Health and Family Welfare (DoHFW), Government of Gujarat. Its key goal is to improve the quality, equity, and access to comprehensive primary healthcare services across all 33 districts and 8 municipal corporations, with a focus on adolescent girls and strengthening disease surveillance systems. The programme aims to bridge gaps in primary care, disease surveillance, mental health, quality of care, digital health and lagging health outcomes for adolescent girls. It emphasises strengthening institutional capacity to enhance the quality, access, and affordability of health services, especially for vulnerable populations.

IPE Global is providing technical support services to assist the government in programme design, stakeholder coordination, implementation, procurement, contracts and financial management. We are helping develop robust strategies and delivery models that build on existing efforts while introducing innovations. Activities are organised around four result areas that contribute to expediting, augmenting, or enhancing current government programmes through redesigned, innovative service delivery models. Technical assistance from the World Bank is being leveraged to achieve desired results.

NCRPB

Preparation of Functional Plan for Health, New Delhi, India (2023-2025)

The NCR Planning Board is preparing Functional Plans for the National Capital Region (NCR) to align with its draft Regional Plan-2041 proposals and vision for the region's development up to 2041. This comprehensive exercise will involve in-depth studies, data collection, analysis, and formulation of strategies across various sectors crucial for the NCR's growth and development. Proposed interventions and infrastructure projects will be identified at the regional, sub-regional, and local levels as required. The Functional Plans will also consider the development needs of designated counter-magnet areas aimed at diverting population migration away from the core NCR. Cutting across all sectors, the overarching goal is to identify key investment projects and initiatives that can help achieve the NCR's broader vision and blueprint outlined in its Regional Plan-2041.

IPE Global is supporting the Board in this critical planning exercise by providing technical expertise in data gathering, analysis, strategy formulation, and project identification aligned with the region's future growth prospects.



The World Bank

Developing a Strategy and Management Framework for Human Resource for Health, under Assam State Secondary Healthcare Initiative for Service Delivery Transformation (ASSIST) Project, Assam, India (2023-2026)

The Government of Assam, supported by the World Bank, is implementing the Assam State Secondary Healthcare Initiative (ASSIST) to strengthen healthcare management and service quality across the state. Through this project, Assam aims to accelerate progress in improving its citizens' health indicators by prioritising strategic HRH interventions and capacity building aligned with the state's needs.

A key focus is reforming the Human Resources for Health (HRH) sector to align with Assam's changing disease burdens and population dynamics. IPE Global is providing technical assistance in this critical area:

- Analysing existing HRH policies and data to identify systemic challenges
- Developing/integrating HRH management information systems for evidence-based decision-making
- Conducting a comprehensive HRH enumeration exercise across the health workforce, facilities, and institutions to enable effective planning, distribution, and forecasting
- Reviewing the operational efficiency of health directorates/institutions to guide policy reforms
- Formulating an overarching, evidence-driven HRH Strategy and Management Framework for the state's health department

Additionally, we are advising stakeholders on public health workforce policies, setting the research agenda, and translating findings into actionable reforms to uplift Assam's healthcare human resources.





WHO II Provide technical support to Government of India for the Implementation of Midwifery Care Programme through a Central Coordination Unit (CCU) (2020-2024)

As part of the programme implementation, WHO Country office India is supporting the Maternal Health Division, Ministry of Health in operationalising the midwifery initiative in the country. This is being done through normative support by developing technical guidance documents, supporting the training of first batch of Nurse Practitioners in Midwifery Educators, monitoring framework for midwifery programme and giving techno-managerial support at national level through a Midwifery Central Coordination Unit. At the request of the Government of India, WHO is supporting the Midwifery Central Coordination Unit (CCU) to assist the rollout of midwifery initiative and establishing midwifery-led care services in the country. The CCU works in close coordination with the Joint Secretary (RCH) and Maternal Health Division, and under the direct guidance of WHO Country Office in India.

We have established the Central Co-ordination Unit which is expected to provide support to MoHFW in the following areas:

- Coordination for normative work required for midwifery initiative implementation including but not limited to development of normative guidance for program roll out, curriculum development and finalisation, partner coordination under Ministry guidance and coordination with states for Midwifery educators' training.
- Management and coordination support for operationalisation of Midwifery initiative including periodic review and reporting on implementation progress to ministry.
- Implementation of Monitoring and Evaluation framework for the Midwifery initiative at national and state-level.

Resolve to Save Lives

SWASTHYA SANKALP : A Holistic Approach to Hypertension and Diabetes Management, India (2024-2025)

India is grappling with a mounting burden of non-communicable diseases (NCDs like hypertension and diabetes. While initiatives like National Programme for Prevention and Control of NCDs (NP-NCDs) and Health and Wellness Centres have been launched, the sector still faces challenges including workforce shortages, lack of essential medicines, and training gaps. This programme aims to comprehensively tackle these issues by enhancing hypertension and diabetes management at the primary healthcare level across 24 districts in Gujarat, Karnataka and Maharashtra. These districts were selected based on poor NCD indicators to focus efforts where most needed. A multi-pronged approach has been designed to provide end-to-end solutions for improving hypertension/diabetes care under the Comprehensive Primary Health Care framework. Interventions span strengthening service delivery at facilities, building technical and financial capacities of the health systems, ensuring essential medicines/equipment, workforce training, and robust community outreach to encourage better health-seeking behaviours.

IPE Global is supporting the implementation of this programme through technical assistance in strategy, capacity building, service delivery models, procurement, monitoring, and stakeholder coordination across the three states. The overarching goal is to tackle critical gaps and uplift the public health response to effectively address India's growing burden of hypertension, diabetes, and other non-communicable diseases.

WHO

The India Hypertension Control Initiative (IHCI) (2018-2024)

The India Hypertension Control Initiative (IHCI) aims to reduce death and disability due to Cardiovascular diseases (CVDs) by improving the control of hypertension, reducing salt consumption, and eliminating artificial trans-fats. The intervention will complement the new initiative of government for universal screening and management of hypertension, diabetes and three common cancers. The project is being in 100 districts across 29 States.

We are managing 32 Cardiovascular Health Officers (CVHO), 77 Cardiovascular Senior Treatment Supervisors (CVH STS), 3 CVH Consultants at national level with one data management coordinator deployed in the identified states. With more health personnel expected to join the project shortly, we will also handle recruitment, contracting, on-boarding and training of new consultants as per WHO requirements.

DoHFW, Government of Meghalaya/World Bank

Project Management Agency (PMA) to support implementation of Meghalaya Health Systems Strengthening Project (MHSSP) (2021-2025)

The Government of Meghalaya is committed to improving the health status of its citizens. Despite considerable challenges, the state has shown progress in various health indicators over the last decades. To further accelerate the progress, we are providing project management support for implementing the Meghalaya Health Systems Strengthening Project (MHSSP) with guidance from the Department of Health and Family Welfare, Meghalaya and financial support from the World Bank. The MHSSP intends to improve accountability, quality and utilisation of health services in Meghalaya, especially among public facilities at Primary Health Center (PHC), Community Health Center (CHC) and District Hospital (DH) levels.

We are engaged to:

- Provide programme management and monitoring support
- Support the procurement process
- Support the financial management process
- Support and advise the state government in establishing a Digital Health Information System
- Facilitate identification of additional technical areas relevant to address emerging challenges



WHO

WHO-India National Public Health Support Programme (NPSP) Field Operations (2013-2024)

WHO in collaboration with the Government of India (GoI), established the 'National Polio Surveillance Project' (NPSP) in 1997 to provide technical support in key areas of surveillance for polio and mass vaccination campaigns. The last case of wild poliovirus was detected in India on 13 January 2011 and WHO certified India 'Polio Free' on 27 March 2014. Over the years, NPSP's role has expanded to include support to additional public health areas. It has accordingly been rechristened as National Public Health Support Programme (NPSP). WHO-NPSP has been supporting the Government of India in carrying out activities aimed at strengthening routine immunisation (RI) - including support in microplanning, monitoring of sessions and coverage in community, co-ordination and participation in accountability mechanisms such as state and district task forces. Additionally, surveillance of Polio, Measles, Rubella, Diphtheria, Whooping Cough and Tetanus in newborns is supported. These activities are undertaken by Surveillance Medical Officers (SMOs), who are posted at the district level.

To support SMOs in the aforesaid activities, we are engaging Field Monitors (FM) to perform various tasks such as planning and monitoring of the routine immunisation including new vaccine introductions, supplementary immunisation for polio and measles, visits to surveillance sites, assistance with case investigations for vaccine preventable diseases and conduct surveys as per programme needs. Following repurposing of NPSP to support Covid-19, FMs have been assisting with activities for Covid-19 control including support for planning and monitoring of containment activities and Covid-19 vaccination. The programme has engaged nearly 1400 FMs across 12 states of the country.

WHO SEARO

Developing a guide on Short Programme Review on Reproductive, Maternal, Child and Adolescent Health, Pan India (2022)

The Short Programme Review (SPR) is a process for reviewing the progress of "Reproductive, Maternal, Newborn, Child and Adolescent's Health" (RMNCAH) at the National or Sub National level. This is an evidenced-based review, to help an RMNCH+A programme assess and readjust their course at National/Sub National level to achieve goals which includes assessing progress toward programme goals and objectives where data are available and how well the programme implemented its plans in to deliver RMNCAH interventions. It also entails identifying the problems faced and suggesting solutions on what the programme needs for incorporating recommendations into the workplan.

As part of the programme, we carried out the following activities:

- Studied existing WHO modules on SPR and SEAR to improve RMNCAH
- Reviewed the SEAR country documents on RMNCAH
- Proposed a framework for SPR on RMNCAH for the WHO SEA Region
- Conducted virtual consultations with experts identified by WHO SEARO through Country offices
- Adapted SPR-Child health to include missing areas of RMNCAH and develop Guide for SPR-RMNCAH and necessary worksheets and handouts
- Piloted the drafted documents at least in one regional setting in consultation with WHO SEARO
- Incorporated the findings of the pilot and submitted the edited, designed and print-ready document to WHO SEARO





Central Tuberculosis Division (CTD), MoHFW/World Bank II Establishing State Technical Support Unit (STSU) in the State of Tamil Nadu (2021-2024)

A Central Tuberculosis Division (CTD), Ministry of Health & Family Welfare (MoHFW), Government of India (GoI) is implementing "Program Towards Elimination of Tuberculosis" funded by "International Bank for Reconstruction and Development" (IBRD), The World Bank to improve the coverage and quality of Tuberculosis control interventions in the private and public sector in nine targeted states of India. In order to strengthen this initiative and intensify private sector engagement, establishment of National Technical Support Unit (NTSU) and STSUs in nine priority states has been considered as key action point under NTEP.

We are supporting establishment of the STSU-Tamil Nadu to facilitate the state in implementing the engagement of Service Providers. The STSU operates out of Chennai and function with active support, supervision, and monitoring by the NTSU. The service providers will provide various services in the TB care cascade for e.g., private sector engagement, community mobilisation, etc. Our primary responsibility will also include:

- Contract Management
- Monitoring and Evaluation
- Capacity Building and Technical Support
- Innovative Financing
- Compliance / Grievance Redressal Mechanism

DASRA

Strengthening Youth and Adolescent Participation in Health Programmes through RKSK Platforms- Jharkhand, India (2019-2022)

The objective of the assignment was to strengthen the participation of youth and adolescents within the engagement platforms devised under the RKSK programme. The project supported in standardising and codifying best practices and in institutionalising within the NHM system in the state. The pilot was conducted through utilising the existing platforms such as Adolescent Health Days (AHDs), School Health Programmes (SHP), community mobilisation for engaging with adolescents and youth.

We provided techno-managerial support to Dasra and its implementing agencies in piloting Adolescent Health Days (AHDs) in selected locations and supported in institutionalising/scale-up of the tested innovations. Our team was further engaged in the following key activities:

- Developing comprehensive QA & monitoring plan to ensure quality assurance of the field level activities
- Supporting development of the technical project design and strategies for engagement of adolescents
- Providing technical inputs as required for programme documents – SOPs, manuals, etc
- Co-facilitating and supporting NGO field staff in its engagement with block level supervisors to conduct review meetings
- Developing block and sub-centre level report cards.
- Facilitating government partners to ensure approvals for the implementation work
- Supporting implementation agency by providing on-the-job coaching and mentoring of FLWs and supervisors
- Undertaking comprehensive documentation – development of advocacy video, process documentation report

DFID

Design and Implementation of Sector Wide Approach to Strengthen Health (SWASTH), Technical Assistance Support Team (TAST) (Bihar, India), (2009-2016)

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.

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 also 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.

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 under-nutrition 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. We focused on capacity building of frontline workers and their supervisors, generating demand for maternal nutrition services through community engagement and supporting interpersonal counselling (IPC) for behaviour change not only for pregnant women but also for their immediate family members.





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We are an ISO certified organisation with a focus on quality and integrity to empower growth and drive positive change in the development space.

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100+

Countries

1200+

Global Team

1200+

Projects Delivered

600 M+

People Reached

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