Dr Neelam Kler

President Elect: National Neonatology Forum, India
Chairperson: Department of Neonatology
Sir Ganga Ram hospital
New Delhi, India
Health scenario in India

- multi-religious, multi-ethnic, multi-cultural country
- Varying neonatal mortality rate
- Varying levels of newborn care
- Communities seeped in religious, traditional & family practices
- High prevalence of low birth weight
- Most deaths are preventable—asphyxia, infections, low birth weight etc.
Current state of health: India

- Maternal Mortality Ratio: 450
- Infant Mortality Rate: 57
- Neonatal Mortality Rate: 39
- Literacy rate (Women aged 15–49 years): 55%
- Birth spacing: 28.3%
- ANC (at least 3 visits): 51.0%
- Births with trained medical assistance: 49.0%
- Births in a medical facility: 41.0%
- Low birth weight (of those reported): 30.0%
- Children exclusively breast-fed (<6mths): 46.0%

The health infrastructure

- Medical colleges, tertiary hospitals
- District hospitals
- First Referral Units (n=1,748) and Community Health Centers (n=1,225)
- Primary Health Centers (n=22,928)
- Subcenters (n=138,044)
Stakeholders

- IAP, 1950
- NNF, 1980
- FOGSI, 1950
- BPNI, 1992
- ICMR
- UNICEF
- WHO
- CARE & >7000 NGOs
Born in 1963

- Currently 17,500 Members
- 3 “Central Offices” & Exec. Board
- 26 State Branches
- 300 Local City/ District Level
- 26 Specialty Chapters & 11 Groups
Organizational Strengthening of HCPAs: Example of Indian Academy of Pediatrics
Official Publications

- Monthly indexed
- Mailed to every member free of cost
- Full text online free of cost (average of 8,00,000 hits/month)

www.indianpediatrics.net
Official Publications (contd.)

- Indian Journal of Practical Pediatrics Bimonthly, non indexed, subscribed
- Quarterly news bulletin: Academy Today
- Guide Books
  - Members
  - Immunization
  - Parents
  - Breastfeeding, Common Problems
Presentation Format

- Indian Academy of Pediatrics
- Possible Areas of Involvement
  - Efforts
  - Constraints
Member Profile: Attitude

- Public Health – Devoid of glamour versus Clinical Practice/ Technology Attraction
- Effort Direction: Commercial interest or Prominence or Appreciation
- “Selfless Service” – Minute Fraction
Possible Areas of Involvement

Background
Input in public health program for IAP mostly donor driven and consequently in campaign mode, rather than sustainable, participatory or country’s needs
Possible Areas of Involvement

- Policy formulation
- Advocacy and sensitization
- Potent Pressure group
- Education
- Capacity building and Training
- IEC Efforts
- Grass root implementation
- Net working
Generating Evidence

- Unsatisfactory: Individuals level rather than organizational level.
- Recently IAP Research Committee
- Constraints: Funds, Ideas, Competent researchers with time
- Exploit the Potential for operational research / Research in office setting
Policy Formulation

- **Initiation:** Infant Feeding, Pulse Polio, Zinc in diarrhea
- **Modification:** In patient management of severe malnutrition
- **Critical Evaluation and Synthesis of Evidence:** Use academic resource of IAP experts in evidence based medicine;
- **Part of the Process (Committees) – Ownership:** Immunization Committee and polio eradication committee
Important Role at many points bureaucracy, members, lay public, donors

Fairly Active and Frequent Use BUT Mostly Donor Driven (IMCI, Pulse Polio)

Potential for Abuse: Earlier IMS Companies, Now vaccines

Conferences: Attendance usually thin as public health is “Not exciting”
Potent Pressure Groups

- Pioneering Example: Boycott of Sponsorship from IMS Companies
- Vitamin A Pulsing
Education

- IAP’s UG and PG Curriculum: RCH Care
- IAP Textbook of Pediatrics
- Consensus Guidelines: Rational Practice
- Components of CME’s and Conferences (Attendance thin); Quiz
- Special CME’s (ORS/ Breast feeding week/ Teenage day)
Vast potential for training of trainers and paramedical personnel involved in implementation of child health programs

Recent positive involvements include

- IMNCI training
- Certification of Baby Friendly Hospitals
- Certification of Child Friendly Schools
IEC Efforts

- Formulating Messages
- Parent Education: IAP Parent Education Cell; reaches only literate
- Newspapers, TVs (mostly individual but also official IAP): Scope for Improvement
- IEC Material in Clinic: Posters, video– Scope for Improvement
Grassroots Implementation

- Impractical Not Sustainable for Significant Proportion of Target Beneficiaries; but some efforts in everyday practice feasible *e.g.* breastfeeding, complimentary feeding, contraception
- During Campaigns (Pulse polio): Some role
Organizations: NNF, FOGSI, IAPSM, PH
NGOs: BPNI, Rotary
International Organization: WHO, UNICEF, AAP, IPA
Conclusions

- Definite but NOT Cutting Edge Role in Implementation
- Realistic Expectations
- Motivation, Funding and Ownership: Important Constraints
## Current status and National goals / MDG context

<table>
<thead>
<tr>
<th></th>
<th>Current</th>
<th>10th FY Plan 2007</th>
<th>NPP 2010</th>
<th>MDG 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Fertility Rate</td>
<td>3 (2003)</td>
<td>2.3</td>
<td>2.1</td>
<td>--</td>
</tr>
<tr>
<td>Infant Mortality Rate</td>
<td>58 (2005)</td>
<td>45</td>
<td>&lt;30</td>
<td>&lt;27</td>
</tr>
<tr>
<td>Maternal Mortality Rate</td>
<td>301 (2001-03)</td>
<td>200</td>
<td>&lt;100</td>
<td>100</td>
</tr>
<tr>
<td>Neonatal Mort rate</td>
<td>37 (2003)</td>
<td>26</td>
<td>&lt;20</td>
<td>&lt;20</td>
</tr>
<tr>
<td>Institutional deliveries</td>
<td>40.5% (2003)</td>
<td>80%</td>
<td>80%</td>
<td>-</td>
</tr>
</tbody>
</table>
Under Five Mortality Reduction—We need to accelerate
The Need

“Augmenting Essential Newborn Care”
National Neonatology Forum

- Established in year 1980

Objectives – To encourage and advance knowledge, study and practice of science of Neonatology.
  • To draw recommendations for neonatal care at different level.
  • To established liaison with other professional concerned with neonatal care.
  • To assess the current status of Neonatal /perinatal equipment in country prepare standard guidelines and promote indigenous equipment.
  • Medical Nursing curriculum.
Health Professional Associations in organizational strengthening

Working

Membership – 3000 Neonatologists, pediatricians, Nurses, obstetricians, social scientist, NGO’s.

- Governing body 10 members elected and nominated 18 state chapters.
- Sub committees – Research, curriculum, nursing, equipment, accreditation.
- Journal of Neonatology
- National conferences, workshops, symposia.
- Accreditation of Newborn units.
- Guidelines on monitoring, equipment, ventilation and nursing.
Policy & program context for Newborn Care Options

- Increasing institutional deliveries following JSY
- “India Shining”: growing GDP, increasing allocation to healthcare, and the growth of private sector
- IMNCI being rapidly up-scaled and reaching larger number of newborns, increasing referral
Teaching and Training

- Recommendations on undergraduate and Post graduate medical and Nursing education.
- Teaching Aids for inservice teaching of physicians & Nurses (1991–1992). And organized 4 wk in service training for over 140 physicians and nurses at 22 accredited centres,
- Country wide dissemination of National Resuscitation Programme (NRP) launched in 1990. A faculty of 250 trainers have conducted thousands of workshops all over country.
Neonatal Advanced Life Support

- 20 yrs into the program
- Trained faculty from NNF
- Regular updates on the program
- Decentralized activity
- Incorporated into UG/PG teaching
- Recertification
- Upscaling
NNF and National Programmes

- Organizational leadership could visualize need for expanding neonatal care beyond facility and became a partner with Govt. in community health programmes.
- 1982–task force on “Minimum perinatal care. Community based project on newborn training health workers, nurses and developing small hospital newborn care models.”
Role of NNF

- Module for basic health worker (ASHA)
- Provides Toolkit for
  - setting up Special Newborn Care Unit at Districts
  - Stabilization Units at FRUs
  - Newborn Corner at the district
Janani Suraksha Yojana 2003

- Families below poverty line gets at delivery in Govt hospital Rs. 1000 for girl and Rs. 500 for boy
- TBA facilitating institutional delivery is compensated

Impact of JSY

<table>
<thead>
<tr>
<th>Year</th>
<th>Total No. of Beneficiaries (lakhs)</th>
<th>Institutional Deliveries</th>
<th>Home Deliveries</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>2005-06</td>
<td>7.39</td>
<td>3.07</td>
<td>42</td>
</tr>
<tr>
<td>2006-07</td>
<td>31.58</td>
<td>19.35</td>
<td>61</td>
</tr>
<tr>
<td>2007-08</td>
<td>73.28</td>
<td>61.97</td>
<td>84.5</td>
</tr>
</tbody>
</table>
impact on neonatal mortality

- Facility level: reduction in neonatal mortality in all sites: 5–15% among admissions

- Population level: estimated to have led to reduction of NMR of Purulia from 55 to 45 over two years
Comprehensive Newborn Care

(UNICEF-UNICEF venture)

- Holistic facility based approach
- Setting up Model level II care units
- Develop such units in 10 Districts
- Infrastructure, Equipment & Personnel
  - Unit to be established
  - Personnel to be trained
  - Equipment to be installed
- Provides a link to referrals from periphery
Aims:

- Train health personnel in newborn care
- Increase health seeking behavior in community
- Strengthen health facilities & referral units
- Referral & Transport
Indian adaptation of IMCI to IMNCI adding Neonatal component.

NNF as a member of National Technical Committee on child Health advisory to Neonatal consultant on policy programme issues.

National Newborn week (2000) 15–21\textsuperscript{st} Nov 1st launched by prime Minster of India – recognition of Neonatal health as key national priority.
## Facility based newborn care

<table>
<thead>
<tr>
<th>Health Facility</th>
<th>All Newborns at birth</th>
<th>Sick Newborns</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PHC</strong></td>
<td>Newborn Corner in Labour rooms</td>
<td>IMCI implementation Prompt Referral</td>
</tr>
<tr>
<td><strong>CHC / FRU</strong></td>
<td>Newborn Corner in LR and OT</td>
<td>Neonatal Stabilization Unit</td>
</tr>
<tr>
<td><strong>District Hospital</strong></td>
<td>Newborn Corner in LR and OT</td>
<td>Special newborn care unit (SCNU)</td>
</tr>
</tbody>
</table>
Stabilisation Units

- Essential newborn care
- Care of sick neonates

LOGISTICS

- Resuscitation corner
- Newborn care area (4–6 beds)
- Utilization of existing/new equipment
- Relocation of manpower for newborn care unit
- Training in newborn care (Physicians and nurses)
- Short stay facility
Participation of NNF

- Technical inputs for all health personnel
  - Standards setting,
  - Operational plan formulation,
  - Training material formulation,
  - Community Based Care

- Training at national and state level

- Advocacy

- Accreditation

- Evaluation

- Participation in referrals
Challenges: unmet needs

- Huge nation
- Inequalities
- Shortage of doctors/nurses
- Shortage of upgraded health facilities & equipments
Solution: public–private partnership

- Over the year the Pvt sector is growing remarkably
- 93% of all hospitals
- 85% of doctors
- 80% of outpatients
- 57% of inpatients

Private–public alliance can help achieve MDG4
Miles to go.....
THANK YOU