Reproductive Maternal Newborn Child Health Coalition (RMNCH), India

June, 2012

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India contributes 20-25% global MNCHN disease burden; must make rapid progress to achieve MDGs

Two India-s

India 1
- Unprecedented wealth
- Economic Growth
- Global Leadership in many sectors
- Diseases of the developed world

India 2
- Poverty, illiteracy, major malnutrition
- High population growth
- Diseases of the under-developed world
- Human Dev Index = 128
Causes of under-five deaths in India: 2010

- Malnutrition: >33%
- Neonatal: 55%
- Other: 15%

- Pneumonia: 11%
- Diarrhoea: 11%
- Measles: 4%
- Injuries: 3%
- HIV/AIDS: 1%
- Malaria: 0%
- Tetanus: 1%
- Diarrhoea: 3%
- Congenital: 3%
- Asphyxia: 19%
- Other: 20%
- Preterm: 24%
- Infection: 29%

Source: WHO/CHERG 2010
NB: Kerala and Goa, the two states that reached IMR of less than 30 much earlier, have not been plotted.
Integrated MNCH packages

**Clinical care**
- Skilled obstetric and immediate newborn care (hygiene, warmth, breastfeeding)
- Emergency obstetric care to manage complications such as obstructed labour and hemorrhage
- Antibiotics for preterm rupture of membranes
- Corticosteroids for preterm labour

**Antenatal care**
- Focused 4-visit antenatal package including tetanus immunisation, detection & management of HIV, syphilis, other infections, pre-eclampsia, etc.
- Malaria intermittent presumptive therapy
- Detection and treatment of bacteriuria

**Postnatal care**
- Postnatal care to support healthy practices
- Early detection and referral of complications
- Immunization
- Sick baby and child care in hospital

**Childbirth care**
- Family planning
- Family planning
- Skilled attendance care
- Postnatal care
- Diarrhoea control
- Immunization

**Postnatal and newborn care**
- Postnatal care to support healthy practices
- Early detection and referral of complications
- Immunization
- Sick baby and child care in hospital

**Behaviour change and community mobilisation**
- IMNCl / HBNC –home
- unhealthy homes including breastfeeding
- Family-community
- Clean delivery by traditional birth attendant (if no skilled attendant is available)

**Source:** Lawn et al. DCP chapter adapted for Lancet neonatal series executive summary, plus impact by level and time period based on Darmstadt et al 2005
Focused 4-visit antenatal package including:
- tetanus immunisation,
- detection & management of HIV, syphilis, other infections,
- pre-eclampsia, etc

Malaria intermittent presumptive therapy*

Detection and treatment of bacteriuria#

Outreach/Outpatient

Postnatal care to support healthy practices

Early detection and referral of complications

Folic acid #

Family Planning

Integrated packages: coverage levels India

Skilled obstetric and immediate newborn care (hygiene, warmth, breastfeeding) & resuscitation

Emergency obstetric care to manage complications such as obstructed labour and hemorrhage

Antibiotics for preterm rupture of membranes#

Corticosteroids for preterm labour#

Emergency newborn care for illness, especially sepsis management and care of very low birth weight babies including Kangaroo Mother Care

Clinical care

Counseling and preparation for newborn care and breastfeeding, emergency preparedness

Healthy home care including breastfeeding promotion, hygienic cord/skin care, thermal care, promoting demand for quality care

Extra care of low birth weight babies

Case management for pneumonia

Clean delivery by traditional birth attendant (if no skilled attendant is available)

Simple early newborn care

Unmet need

15%

Family planning

51%

Antenatal care

47%

Skilled attendance

37%

Postnatal care

ORS 34%

Zn <5%

AB in ARI 12.5%

Childbirth care

Postnatal care & support healthy practices

ORS 34%

Zn <5%

AB in ARI 12.5%

Excl breastfeeding 40.2%

Source: Lawn et al. DCP chapter adapted for Lancet neonatal series executive summary, plus impact by level and time period based on Darmstadt et al 2005
Strategic Focus Areas of Save the Children

**India**

- **Protection of Children involved in Child Labour**
  - 50,000 children under the Child Domestic Work program
  - Programmes to prevent child trafficking affect 25,000 children
  - Child Labour in cotton industry affects 270,000 children

- **Inclusive Teaching & Learning Processes**
  - 500,000 children (3-14 yrs) are covered under the inclusive teaching and learning program
  - Core group of master trainers are trained

- **Child Centred Community Based Disaster Risk Reduction**
  - 1000 DRR task forces lead and advocate community and school safety
  - Covers most vulnerable and socially excluded communities

- **Reducing Mortality and Malnutrition in Children under the age of 5**
  - Save the Children will implement effective Child Survival projects covering over 1 million children with preventive and curative interventions
Coalition for Sustainable Nutrition Security in India (2007)

- **Mission:** Advocate for policy and program decisions that will improve nutrition security in India.
- **Members:** Multi party political leadership, senior bureaucratic and technical representatives of Government, Civil Society Organizations, Academia, Corporate Sector, Media, Bilateral and Multilateral agencies
- **Chair:** Prof. MS Swaminathan
Essential Interventions for Reducing Malnutrition in Infants and Young Children: A Leadership Agenda for Action
Key Operational Recommendations

- Need for more oversight and monitoring structures focused on nutrition, 1) Panchayat and Nagarpalika, 2) state level Committees, chaired by CM, 3) national level Cabinet Committee, chaired by PM
- Learning from Successes; global successes such as Thailand / Vietnam & Indian state & district successes such as VHNDs
- Mainstreaming & increasing the focus on nutrition in existing programs and missions, such as Rashtriya Krishni Vikas Yojana, National Horticulture Mission, NRHM, HIV and TB prevention and treatment, NREGA, NUHM, ICDS
- Increased efforts to support frontline workers (especially AWW, ASHA & ANM) through improved HR management, supportive supervision & motivation systems
Technical Advisory Group Consultation

- **Objective:** Developing strategic breakthroughs needed to achieve a dramatic reduction in newborn & child mortality in India
- 125 people/organisations – cross section of leading experts in Government, Academia, Corporates, Civil Society Organizations, Donors
- 3 day participatory process, facilitated (OST)
- 40 group work reports, prioritization of key objectives & action plans (Book of Proceedings)
- 39 personal statements of commitments for action
Key recommendations and action steps

• Increase budgetary allocations 3% (25% to NBCH)
• Formation of a MNCH Coalition (Multi-stakeholder)
• Civil society organizations (e.g. Save the Children) to input into 12th five year plan approach papers, be a part of the advisory, thematic and steering groups
• Participation in the reviews of National Programs e.g. NRHM, ICDS, NREGA, SSA, TSC, MDM etc.
Key recommendations and action steps

• Immediate operationalisation of the revised Newborn & Child Health policy & strategy (adequately costed & funded)
• Regular high level oversight mechanisms for MNCH
  • National Health Commission (PM/Parliamentary committee with CSO)
• Collaboration using Implementation Science to dramatically accelerate progress in meeting country needs for preventing maternal and newborn deaths
• Institutions – platforms - champions!!!!
RMNCH Coalition (India) linked to PMNCH

- work more effectively with partners to enhance joint action and accountability
- support the implementation of national commitments and policies
- support the commitments made within the context of regional and global frameworks, UN SG’s EWEC in 2010, CoIA
• Advocacy efforts:
  • Save the Children with Planning Commission and MoHFW (Gulam Nabi Azad, P K Pradhan-Secretary Health, Anuradha Gupta, Ajay Khera)
  • Save the Children share draft TOR with UN agencies, HCPAs, Donors, ART, Corporate through various platforms
  • Saving Newborn Lives website Healthy Newborn Network carries a Blog on the MNCH coalition
  • Government of India agrees to Co Chair PMNCH Board (Gulam Nabi Azad-Anuradha Gupta)
  • Flavia Bustreo, Carole Person (with Anuradha Gupta)
  • Julio Frank’s visit to India, with Health Minister (Gulam Nabi Azad)
  • PMNCH website (blast) includes an interview with Rajiv Tandon
  • Save the Children share with UN SG and Prime Minister of India
Society's Role in Responding to Newborn Health Challenges in India

By Rajiv Tandon, on September 20, 2011

Topics: Behavior Change Communication / Community Mobilization, Policy and Advocacy

This post is part of our series, Global Conversations on Newborn Health in India. Join the conversation on Impatient Optimists and Healthy Newborn Network as we explore the pressing need—and what our partners are doing to address the need—to save the lives of newborns in India.

• Member spotlight

Interview: Board member Dr Rajiv Tandon on new RMNCH Coalition

MAY 2012 | NEW DELHI, INDIA –The first-ever RMNCH Coalition has been formed in India with all key stakeholders to provide and advocate for policy and programme directions to achieve improved RMNCH outcomes in India. Read an interview with the new Coordinator of the Coalition and PMNCH Board member Dr Rajiv Tandon
Important Briefings
Objectives of RMNCH Coalition (2012)

• To provide and advocate for policy and programme directions to achieve improved Reproductive Maternal Newborn Child Health outcomes in India
RMNCHN Coalition Structure

- Chairperson: Ms. Anuradha Gupta, Addl. Sec. & Mission Director, NRHM, MoHFW, GoI

- Co-Chairperson: Mr. Manoj Jhalani, Jt. Sec., RCH, MoHFW, GoI

- Member Secretary: Dr Ajay Khera, Deputy Commissioner, CH & Immunisation, MoHFW, GoI

- Coordinator and Secretariat: Dr Rajiv Tandon, Save the Children
Members

- Dr V.K. Paul, Head, Pediatrics - ART
- Dr N. K. Arora, INCLEN - ART
- Dr Dileep Mavalankar, PHFI - ART
- Dr. Sandeep Gupta, FOGSI - HCPA
- Dr M KC Nair, National Neonatal Forum - HCPA
- Dr. Rohit Agarwal, IAP - HCPA
- Dr Abhay Bang, SEARCH - NGO
- Dr Aparjita Gogoi, WRAI – NGO
- Dr. Rajiv Tandon, Save the Children, India - NGO

- Dr Bulbul Sood, JHPIEGO - INGO
- Dr Pratap Reddy, CII – Private sector
- WHO rep. - UN
- UNICEF rep. - UN
- UNFPA rep. - UN
- USAID rep. - Donor
- DFID rep. - Donor
- BMGF rep. - Donor
- SIDA rep. - Donor
Mission

• RMNCH Coalition will propose and advocate for policy and programme directions to achieve improved RMNCH outcomes in India.
Key Activities 1

- RMNCH Coalition will proactively engage with the RMNCH efforts of the Global Strategy for Women's and Children's Health;
- The recommendations of the Commission on Information and Accountability for Women's and Children's Health;
- The independent Expert Review Group (ERG).
Key Activities 2

- RMNCH Coalition will map national and sub-national advocacy partners,
- Capacity building in resource-tracking and policy analysis
- Development of online communication platforms (dedicated website) to bring partners together
- Workshops and meetings to promote cross-sectoral engagement
- Training in media/communication skills and message development
- Development and translation of policy briefs, annual reports on government of India and state governments on RMNCH related pragmatic progress etc.
RMNCH Coalition Secretariat

• Save the Children India (CSO) will serve as the Secretariat
• Secretariat will be supported through funds that Save the Children India has and will mobilize
• Save the Children’s Senior Advisor (MNCHN) will act as Coordinator
• Additional staff would be recruited in Save the Children (India) Secretariat
Purpose of the RMNCH Coalition Secretariat

- provides technical, administrative and logistical support to Chair, Member Secretary, Steering Committee and other working groups of the RMNCH Coalition, to help achieve its Mission.
The primary duties of the Secretariat

• Maintain files and essential documents
• Maintain the Coalition website
• Support Coalition meetings
• Provide document preparation services
• Hire and support consultants for specialized assignments as requested
• Contribute to strategic and administrative planning
• Contribute to technical and advocacy initiatives
THANK YOU