



MCHIP's work to reduce preventable Neonatal deaths in India

Survival is a daily challenge for Mother, newborns and Infant living in India's rural and urban poor communities, where most of the preventable maternal and newborn deaths occur

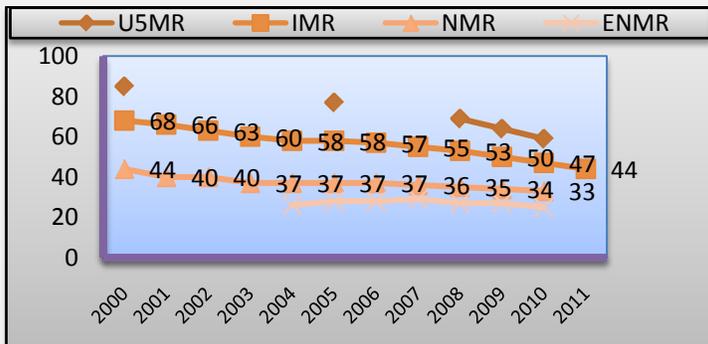
Overview

MCHIP's goal is to contribute, at scale, for **reducing India's Maternal, Neonatal and Infant mortality**, mainly through support to the National Rural Health Mission (NRHM). Working along the continuum of care from pre-pregnancy to age 5, and from community to hospital, MCHIP's New Born Care component addresses gaps in India's health system by promoting Essential new born care and resuscitation.

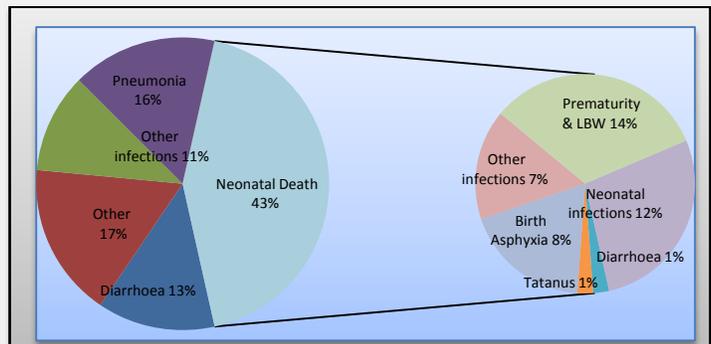
Background

India accounts for one fifth of the world's births. Out of about 26 million children born every year in India, 940,000 newborns die before one month of life, and with a neonatal mortality rate (NMR) at 35/1000 live births, neonatal mortality contributes over half of all deaths in childhood. There has been a steady decline in IMR since 1990 but the rate is too slow to achieve the goal of reducing IMR below 30/1000 live births even by 2015. As compared with IMR the rate of decline in NMR has been sluggish as the reductions in neonatal deaths have been the most challenging to tackle. Focusing on NMR will bring down the IMR as neonatal deaths constitute about two thirds of total infants death.

5 avoidable causes of under 5 mortality— prematurity/LBW, neonatal infections, birth asphyxia, pneumonia and diarrhoea account for nearly 1.5 million child deaths in India each year, with substantial differences between regions and sexes.

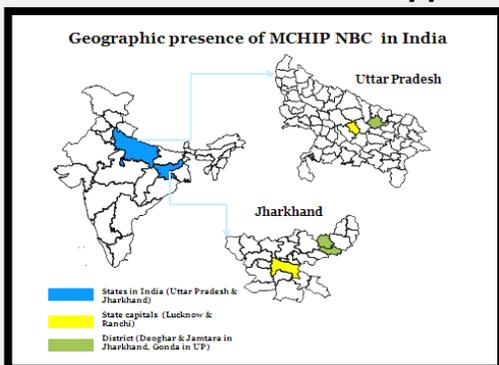


Graph showing trends in U5MR, IMR, NMR and ENMR
Source: Lancet 2010 376: 1853-1860



Cause of U5 Mortality
Source: WHO/CHCERG 2010 estimates on child

MCHIP's New Born Care support in India



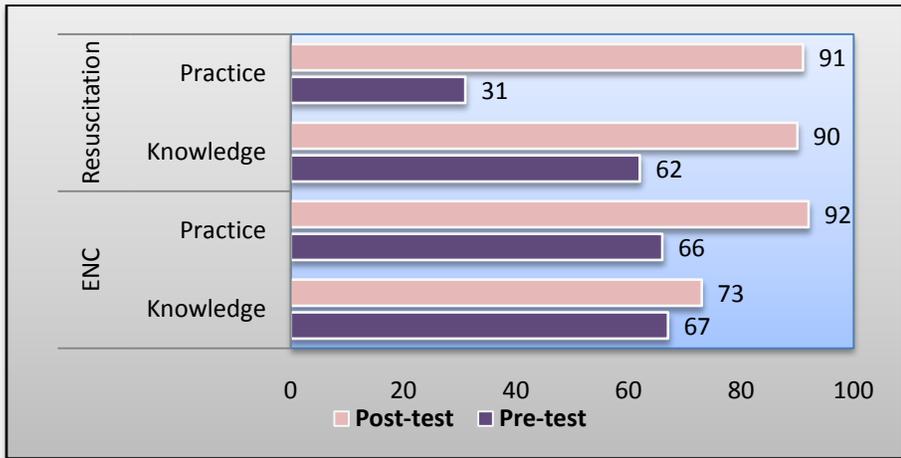
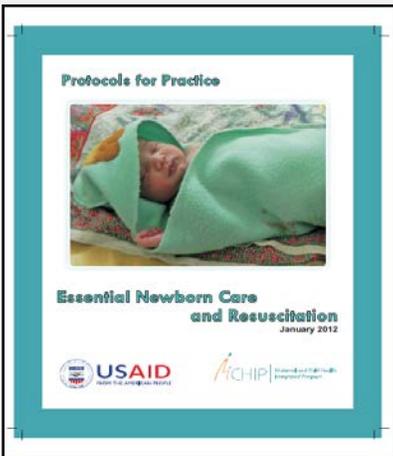
MCHIP provides technical assistance to both state health departments and selected districts to improve access to quality essential newborn care services. Program support focuses on capacity building, quality improvement, demonstration of high impact interventions and successful implementation approaches in low resource settings. MCHIP works intensively in three districts in Jharkhand, and one in Uttar Pradesh, addressing all elements of the service delivery system.

Basic information



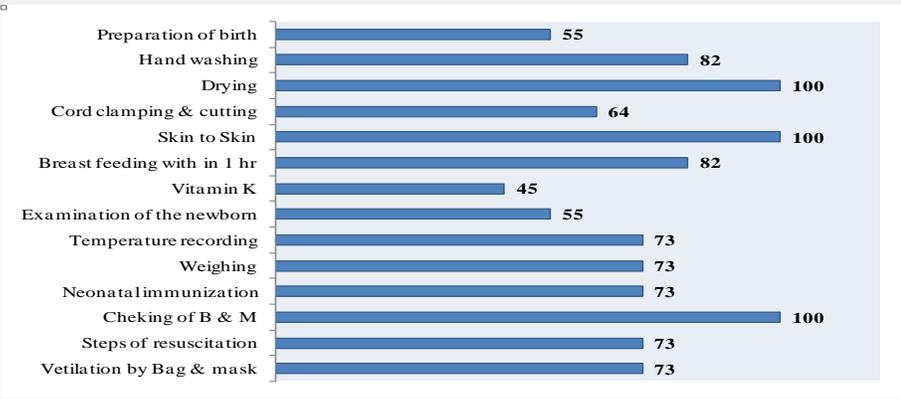
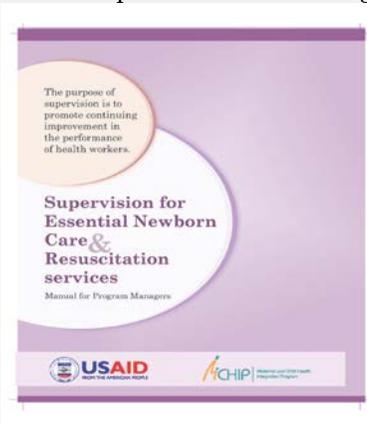
Facility readiness score round 1 and 2 (demonstration sites of Gonda district)

2. **Capacity building of master trainers, health providers** - Over the past two and half years, over 1300 trainers and providers have been trained in essential newborn and resuscitation skills with MCHIP support using
- **Modified cascade approach**
 - **Quality care** at key times during delivery and postpartum care
 - **MCHIP has incorporated the following in 'Basic Care of NSSK'**
 - a) Immediate essential care (within the first 6 hours of delivery)
 - b) Pre-discharge care (including providing appointment for 1st visit)
 - c) Early postnatal visit (within 1 week as recommended for visit within 3 days)
 - d) Subsequent PN visits during next 4 weeks



Graph showing post-training changes in ENCR skills of providers

3. **Supportive supervision** - A structured guide & training methodology for supportive supervision was prepared. Simple checklist is being used for regular supervision & feedback. By this mean we assured that the provider who was supervised knows the gaps in the care approach and is motivated to improve the performance.



Graph showing the changes in various ENCR skills after 4 rounds of supportive supervision

4. **Health Management Information Systems (HMIS):**

MCHIP has introduced new indicators and is promoting their timely capture for monitoring and decision making at health facility, district and state levels. Follow up, verbal autopsy in cases of newborn death, new facility registers that capture key maternal and neonatal indicators, and promotion of supervision and facility readiness checklists are being advocated at all levels for scale-up.

Innovations

MCHIP is developing and implementing programmatic innovations at all levels to assist in better implementation of key interventions that impact neonatal and child survival. Some of these interventions (listed below) are considered to be models of best practice and are currently being considered for scale up in the focus states.

- A computerized Facility Readiness Tool to assess the operational status of the health facilities Verbal autopsy tools and methodology for conducting neonatal death audits at the community level
- Immunization and newborn care demonstration sites have been established and are being used for cross learning in Jharkhand and UP
- Skill labs at demonstration sites
- Self learning tools – Read & Do tools and essential newborn care Protocols and Job-aids

Finishing the “unfinished neonatal and child survival” agenda (i.e., bringing the U5MR to <20/1,000 live births) requires a well-coordinated and well-resourced effort by the Indian government and all of its development partners to raise the coverage and improve the quality of key evidence-based essential newborn care and resuscitation interventions. Newer interventions (i.e., KMC, antenatal corticosteroids and others) must also be introduced, and both the old and the new must reach those who are currently missed by existing programs and services.

MCHIP is poised to assist the Government of India as it moves the Neonatal and Child Survival interventions to scale. Our focus is on **reaching the "bottom quintile" with appropriate interventions** and on systematically reaching out to bring information and services to the families of India’s most deprived and marginalized children. **MCHIP India is ready to support the country’s leaders as they tackle the ambitious, but achievable goal of ending preventable neonatal and child deaths.**

Please visit the following links to find out more about our past work in India on

- http://www.mchip.net/search/apachesolr_search/India - <http://www.mchip.net/node/1443> , <http://www.mchip.net/node/1558>,
- <http://tinyurl.com/7fspk3x>, <http://www.mchip.net/node/258>, <http://www.mchip.net/node/1119>, <http://www.mchip.net/node/1148>

Office of MCHIP
 2nd floor, 221 Okhla Phase – III
 New Delhi – 110020
 Tel: +91 11 49575100

Source -**Lancet 2010; 376: 1853–60** The Million Death Study Collaborators, Countdown to 2015, 2010 report, WHO/CHERG 2010 estimates, India profile.