Family Participatory Care (FPC)
India scale up case study

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Phenomenal Scale up of FPC in India!!

<table>
<thead>
<tr>
<th>Parents attended FPC Sessions</th>
<th>14,034</th>
<th>5 Model Centres (Jan 16 - Dec 17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents attended KMC Sessions</td>
<td>47,741</td>
<td>69 FPC Centres (Apr-Dec 17)</td>
</tr>
<tr>
<td></td>
<td>5,863</td>
<td>5 Model Centres (Jan 16 - Dec 17)</td>
</tr>
<tr>
<td></td>
<td>20,362</td>
<td>69 FPC Centres (Apr-Dec 17)</td>
</tr>
</tbody>
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FPC Scaled up in 69 FPC centres with country budgets in one year

Source: SNCU data from Government of India (Jan 16 – Dec 17)
Rationale for designing FPC/FCC

Assessment of Quality of care for children in District Hospitals in India

Impact Evaluation of the Norway India Partnership Initiative Phase-II

Issues with quality of care in district facilities

Low KMC rates (1-2%)

- No implementation model in LMIC in public health approach
- RML work showed no increase in nosocomial infection - a major concerns of implementers

High mortality in SNCU Discharged newborn (6-10 %)
FPC Timeline

- 2014
  - Problem Identification
  - RML resource centre (Local & Global experiences)

- 2015
  - NIPI Governing board approvals
  - “Design Thinking”

- 2016 (Till June)
  - State PIP
  - Scale up in 69
  - Preliminary assessment

- 2017
  - 5 pilots
  - Concurrent advocacy
Design Thinking Approach

• Additional Work Load?
• Nosocomial Infection?

Discussions with state/SNCU/ANM/ASHA/MOTHER

Synthesize interpret data, human-centered information to define the core problems

RML GOI SHS TAG

SNCU NIPI Team RML

SHS NIPI Team

RML
Nurturing Care Framework
Improving Health Systems

Facility & Community

FPC Continuum of care Model

Improving Providers skills

Improving Parenting practices

Attitude

Infrastructure

Practices
FPC: Follow up in community

ANM + ASHA

1. Adherence (compliance with discharge instructions)
2. Continue support for KMC & LBW feeding
3. Play & stimulation (ECD)
4. Prompt detection of danger signs & timely referral to appropriate facility

Care at SNCU

Care at home by mother

Outcome
Follow up of 9500 new born after discharge shows mortality<1%
Family Centred New-born Care: Key Implementation steps

1. Convincing key stakeholders
2. Resource center: RML at National, DH at State
3. Identification of a ‘champion’
4. Gap assessment & refurbishment
5. Development of tools: At State - Local translation & iteration
6. Monitoring framework
7. Recording formats
8. Quality assessment
9. Advocacy for scale

- National and State Governments involved at all steps
- No additional HR

Only State
National & State both
Some Key Steps

- FCC Orientation, Odisha
- Advocacy with State Governments
- Call to Action, Delhi
- Operational Guidelines in local language
- State Level Launch in Rajasthan
Results achieved in 5 Model FPC centres

Indicator 1: % Mothers conducted at least 1 facility follow-up visit
Indicator 2: % Mothers providing KMC at home

Before
- 46% At least 1 facility follow-up visit
- 2% Providing KMC at home

After
- 58% At least 1 facility follow-up visit
- 73% Providing KMC at home

Adherence especially Breast Feeding & KMC Significantly improved
FPC Qualitative & Quantitative Assessment in 38 facilities of India

• **Objective**
  › Assess the current status of FPC implementation
  › Bottlenecks & challenges in quality implementation of FPC

• **Tools**
  › Health Provider-Interview
  › Facility checklist
  › Data verification
  › Client satisfaction & knowledge

![Statistics]

- **69 Facilities Training Conducted**
- **43 Submitting Reports**
- **38 Assessed**

*Jan to Mar-2018*
FPC Assessment-Facility observation

- Family member allowed in SNCU (n=240) - 79%
- Family members observed providing FPC (N=190) - 72%
- Adequate supplies for hygiene entry protocols (N=38) - 95%
- Chairs available for family members (N=38) - 84%
- Training space available (N=38) - 100%
- Availability of AV equipment (N=38) - 95%
- Structured training session plan displayed (N=38) - 42%
- FPC Data Recording Started (N=38) - 97%

Source: NIPI Assessment Jan to Mar-2018
Key Findings

• Almost all the mothers suggested FPC should start everywhere !!!!.

• All units were functional for FPC (72% eligible newborns receiving FPC)

• Enabling logistics available at most places

• In most of the facilities FPC sessions happening regularly

• Breast feeding & KMC practices have increased
Learnings & challenges!

- FPC is **doable** in public health framework for nurturing care to most vulnerable

- **Winning strategy for improving KMC & empowering families**

- **Convincing key stakeholders** single most important step as paradigm shift!

- Adequate Infrastructure

- Identifying a **champion** at each institutional level
Thank you!