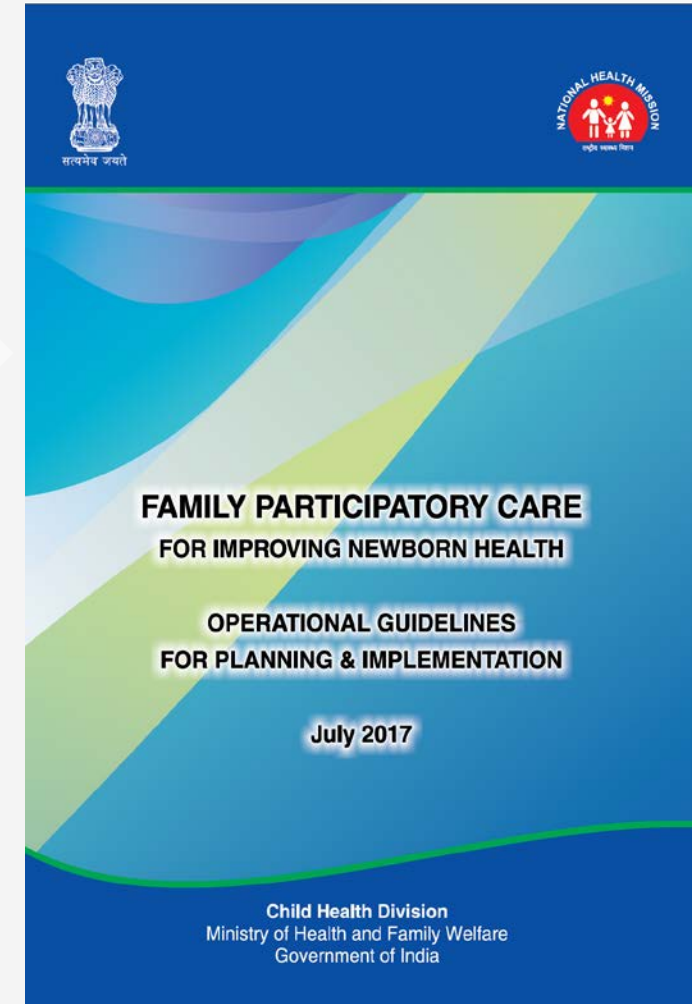




# Implementation of Family Participatory Care in India

**Dr PK Prabhakar**  
**Deputy Commissioner**  
**Child Health Division**  
**MoHFW**



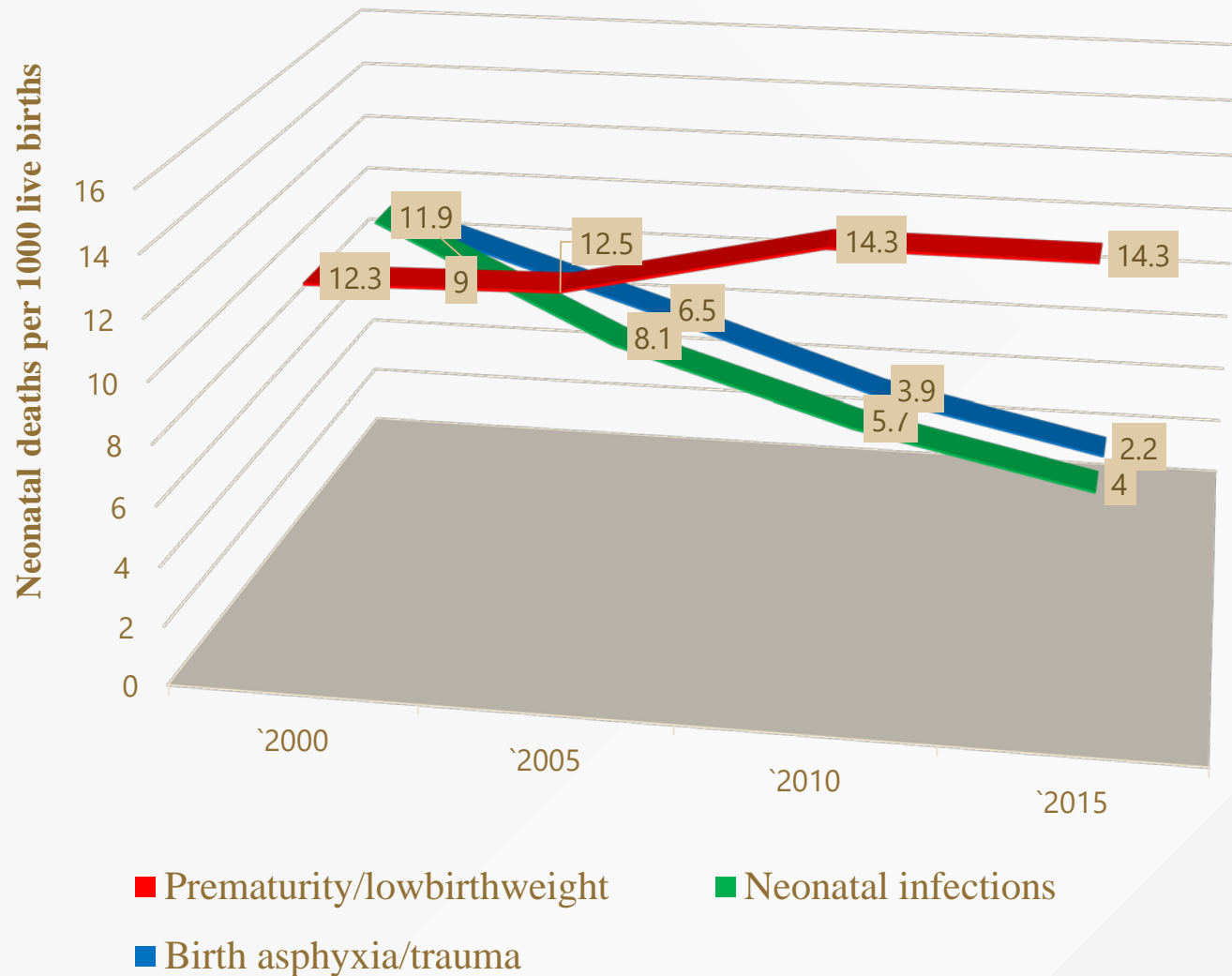
# India Newborn Action Plan (INAP) 2014



1. Annual birth cohort is 25 million
2. Recommitted continuum of care across life cycle and facility to home for newborn under INAP – also first country to add interventions for care beyond survival
3. During 1990-2016, Decline in NMR in India was 55% whereas global decline was 41%

# India's gains in newborn health (2000-2015)

## Neonatal mortality rates in India, 2000-2015



India has highest number of preterm births & deaths in the world (WHO report 2012).

During 2000-2015:

- Neonatal infection fell by 66%
- Birth asphyxia or trauma fell by 76%
- Tetanus fell by >90%
- Prematurity/low birth weight rose modestly (mostly term LBW babies)

## Facility Based New Born Care



**Special New born Care Units (800 functional ) at District Hospital/ Medical College**

**Essential Newborn Care at all delivery points**

**Entitlements : free treatment & referral transport, drugs, diagnostics & diet for mother, newborn & infants through JSSK**

## Home Based New Born Care



- ❖ **Nearly 1 million accredited social health activists (ASHA) in position**
- ❖ **More than 10 million new-borns received home visits in 2017-18**
- ❖ **Around 240,000 sick newborns referred**

# Quality issues emerging from newborn care units

10% of newborns followed up after discharge from newborn care units did not survive till one year of life; lack of continuity of care at home was one of the many reasons

In 2017-18: 41% of total admissions in newborn care units are in the category of 1500-2499gm and 36% are preterm (34-37 weeks gestation) requiring continued care like KMC, breast feeding support, developmentally supported care and infection prevention.

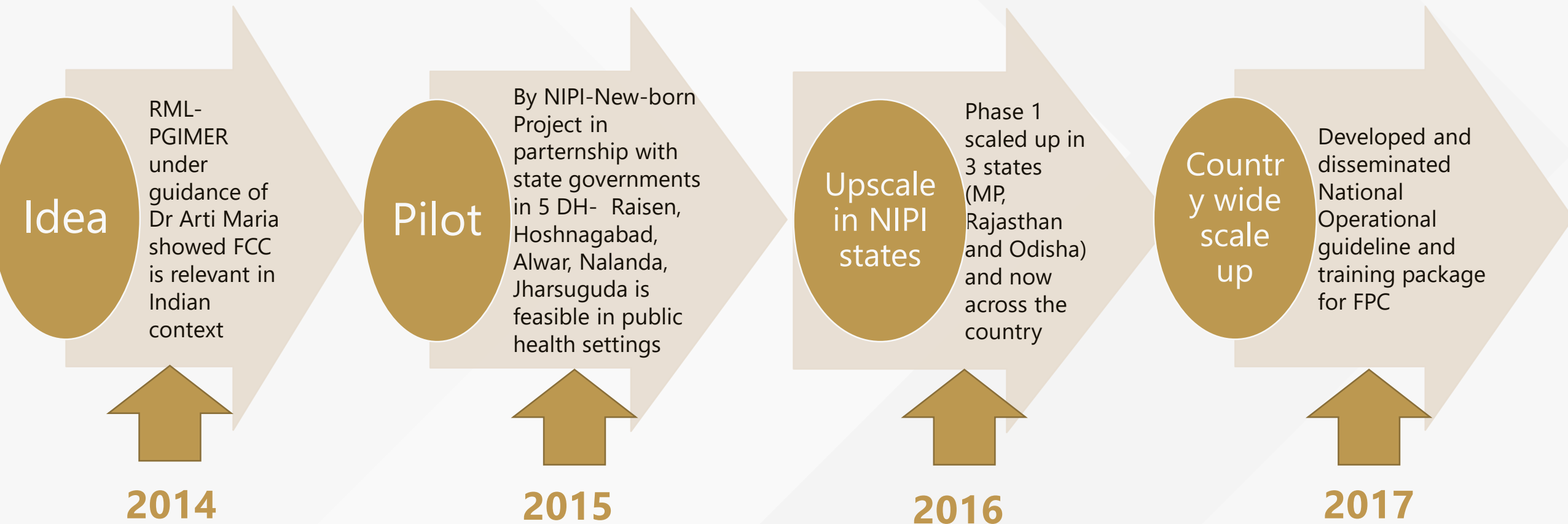
High case load units often deal with double burden of overcrowding and inadequate resources

Compromised quality engagement with parents further affects the quality of care imparted in these units especially adherence to standard protocols and interventions like KMC or post discharge counselling.



# Evolution of FCC

Child Health division, MoHFW proposed piloting of FCC experience at RML under NIPI Newborn Project as an innovation



# Theory of Change

## Problem/Premise

1. Mortality amongst sick & small new born discharged from SNCUs
2. Need for continued care of low birth and pre-term babies
3. lack of continuity of care at home

## Strategies

- Develop Operational Guidelines and Training Package on Family Centred Care
- Establishing models of family centered care at identified sick new born units
- Developing skills of mothers / families for providing optimal care to sick & small new born

## Outcome

Mothers / Families actively involved in the care of sick & small new born at facility and home

## Goal

Reduced neonatal mortality

# Provisions in Operational guideline

Adapted Family Participatory Care as an integral part of Facility Based Newborn Care at Level-II care units at the district level in public Health System

Name changed from Family Centered Care to Family Participatory Care

Operational Guideline for FPC elaborating on key steps for implementation

FPC will be restricted to:

- those newborn who weigh more than 1500gm
- newborn who are not on IV fluids, oxygen and
- only willing parents will be trained.
- Prioritization of high caseload facilities done
- Resources made available under NHM for Budget proposals from the states

Capacity building tools adapted from existing module developed by NIPI, consisting of an Audio -Visual module (which is structured into 4 sequential sessions) of about an hour and a training guide.

Monitoring and Evaluation frame work integrated with the existing FBNC system

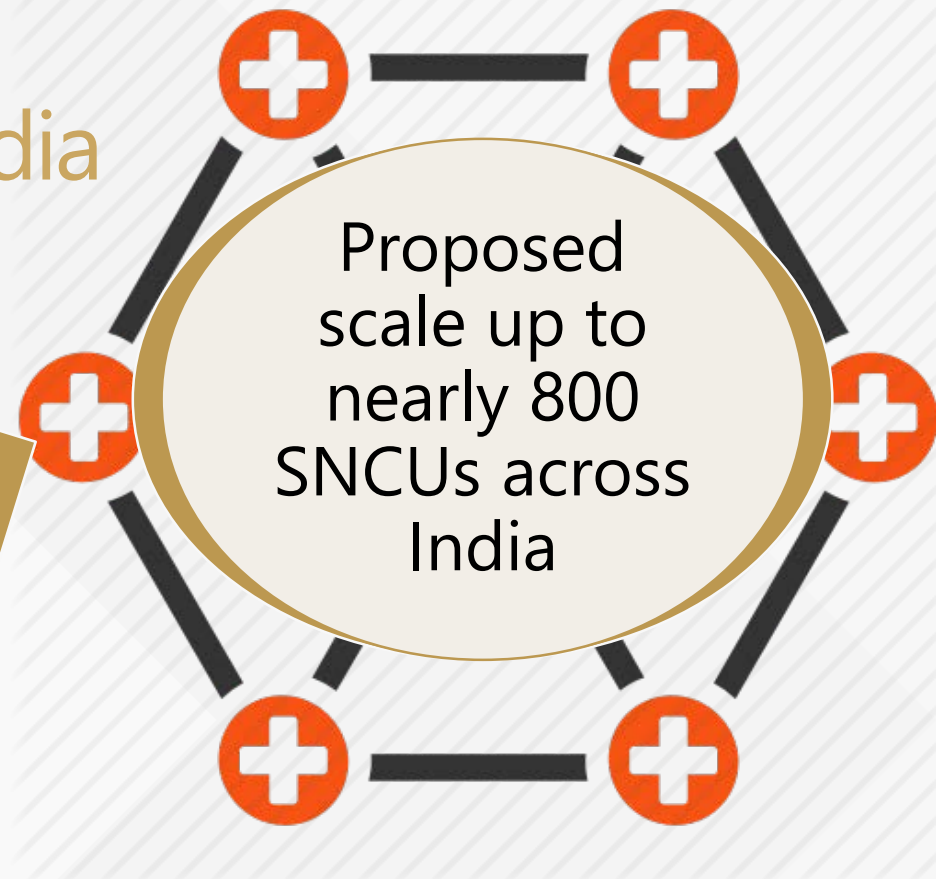
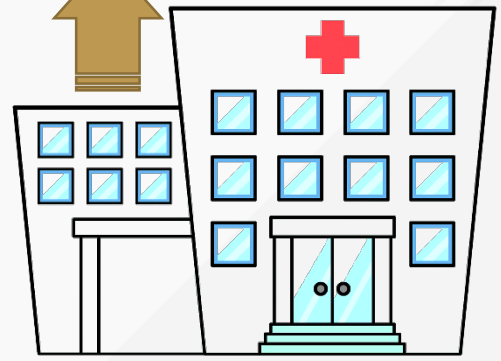
Links to be provided in the final version



# Way Forward

1. The states submit budget proposals in the annual plans based on gap assessment
2. National Quality Assurance System of India has include provision of FPC in the checklist for accreditation of units
3. Indian Public Health Standards (IPHS-2012) under revision will also include the provisions for establishing MNCU
4. Integrating FPC in existing FBNC
  - a) *Operational guideline of FBNC which is currently under revision will include FPC*
  - b) *Provisions for FPC for establishing Mother Newborn care Unit (MNCU) at high case load facilities are ensured*
  - c) *State Resource Centres for Facility Based Newborn Care will provide integrated supportive supervision*
- 5 Experience sharing with neighboring countries

# Family Participatory Care -Scale Up in India



*THANKS*