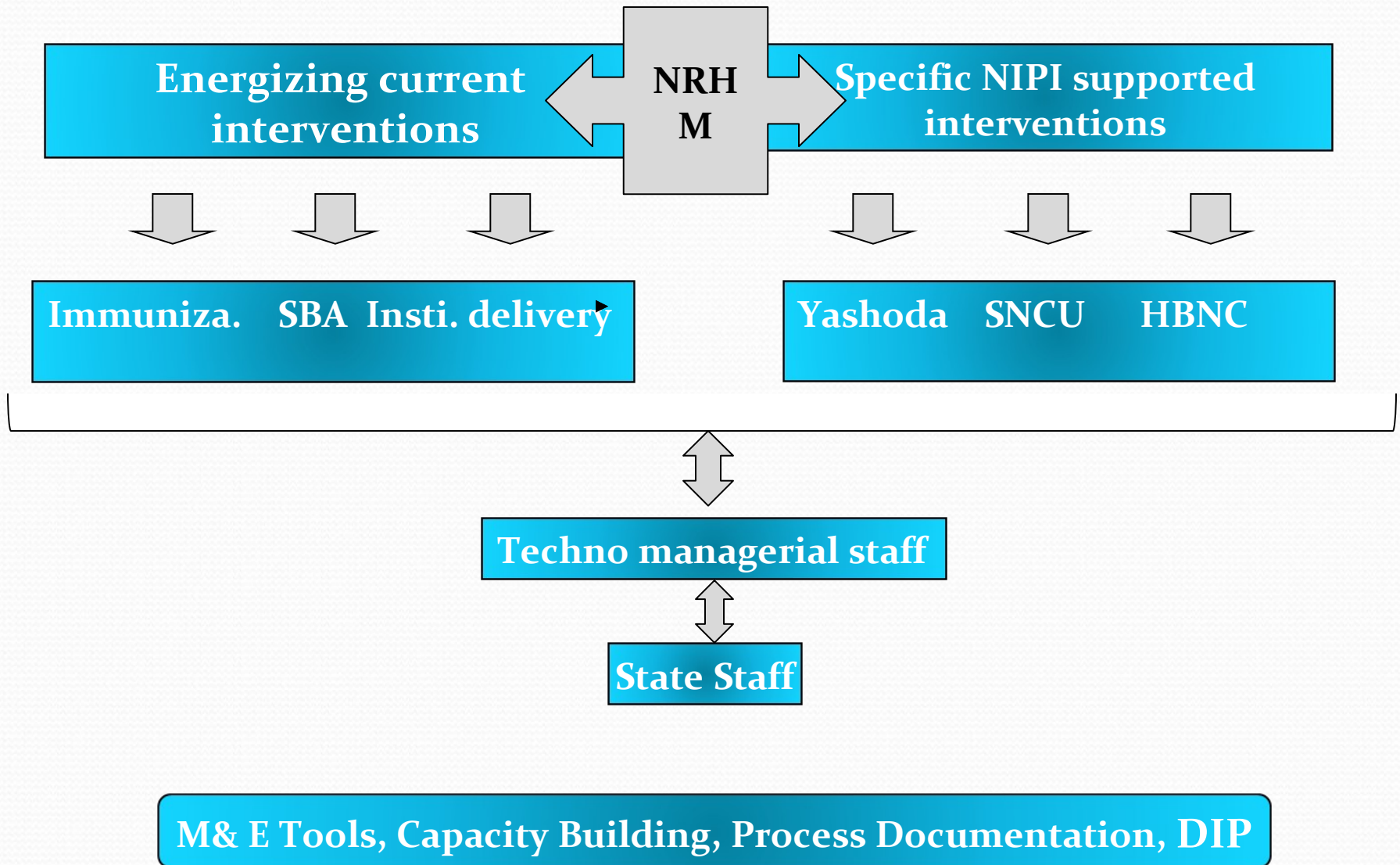


MDG 4 and India

- India has achieved a 2.6 point reduction in Child Mortality between 1990 and 2006.
- The average annual rate of reduction over the next nine years must be far higher, or around 7.6 points (Source: UNICEF, SOWC 2008) to achieve the MDG 4 Goal.
- All evidences point to the overwhelming priority for impacting the stagnating Neonatal Mortality to be able to keep the date with MDG 4 in 2015.

Reducing NMR & CDR



Home & community

Home Based Newborn Care through ASHA

ASHAs make 5 home visits to review progress of newborn and mother, refer sick newborns, remind and reiterate newborn care messages & record progress in PNC card.

Of 14243 ASHAs in 12 focus districts from 4 states (3 each) 11036 have been trained for 2 days. All ASHAs will receive comprehensive five day training from December 2009.

It is expected that approximately 350,000 newborn-mother cohorts will be followed by ASHA in the first year.

Processes established to make the implementation smooth include: identification of supervisors (in progress), capacity building ANM to supervise and cross verify, incentive for ANM and ASHA, external agency to monitor the quality of training and provide initial supportive supervision assistance, referral fund at the disposal of ASHA, data analysis of the PNC cards for program improvement.

Immunization

Strengthening Referral



Facility Based

- **Yashoda** - these are Honorary workers who are companion, friend, support, and counsellor to the mother and assist the mother in basic care of the new born.

400,000 mothers and newborn in the four states cared for by Yashoda.

Planned 1584 Yashodas for 100 District hospitals and 40 selected CHC from the four states, 1147 are in place. 40 % of these have received 2 day orientation and one day refresher training and the rest are in progress.

- **SNCU/SNSU** - A total of 12 level II SNCUs (11 in District hospitals and one in a Medical College –Orissa) are in various stages of progress in the 3 focus districts in the four states. Rajasthan has operationalized two and those in the rest of the states are progressing

- **Maternal and Neonatal kit**



The NRHM framework is geared to respond to the challenge of achieving the MDG 4 for the country by 2015.

- Towards this end it requires all the support of its professionals in a coherent and systematic manner.
- For a birth cohort of 26 million with a neonate sickness burden of 2.5 to 3 million which is scattered across different terrain in the country requires development of a hierarchy of care in the context of a strong public health approach.

Partnership with NIHFW, NNF, AIIMS- Technical assistance to NIPI States for a Comprehensive District Newborn Care model.

- Selected districts to be saturated with Comprehensive Newborn Care intervention in one/two NIPI focus States.
- NNF and AIIMS will provide technical oversight to NIPI States for these efforts. (practical guidelines for low resource setting and minimally functioning system etc).
- It will also help increase the pool of competent newborn and child care service providers by contributing to the development of distance learning programme, initially for Nurses to be followed by doctors.

Structure at National Level

- A small core at the National level from NNF and AIIMS will commit time to guide and train the State/districts teams.
- A small cell will be established at NCHRC which will facilitate as the secretariat for the NNF directed technical assistance.

Professionals and their collective-NNF, IAP, IAPSM,IPHA participation in NIPI/NRHM

- Improved quality of facility-based care by strengthening of SCNUs in a phased manner
- Improved quality of newborn care at home and in the community by supporting Home Based Post Natal Care
- Enhanced capacity of the newborn care providers at the facility and community level
- Improved technical content and quality of Publications

Professionals and their collective-NNF, IAP, IAPSM,IPHA participation in NIPI/NRHM

- Quality audit for trainings
- Advocacy for Newborn Care at the national and state level
- Translation of field-based data for evaluation, research and further refinement of NIPI/NRHM strategies



Thank You