

Improving Primary Newborn Care in Urban Slums

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Improving Primary Newborn Care, Dec 3-4, 2010

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Outline of Presentation

- Newborn mortality and healthcare scenario
 - Current Trends in Urban Newborn mortality
 - Status of Urban Poor Newborn before and at Delivery
- NGOs + Basti Groups and Volunteers Develop City and Slum Maps
- Basti MNH Teams
 - Capacity building
 - Mapping of priority MNH households in slum
 - Behavior promotion
 - Identification of danger signs
- Basti MNCH Funds
- Partnership with private sector for newborn care
- Prompt Transportation of sick newborn
- Linking community with public & private MNH providers

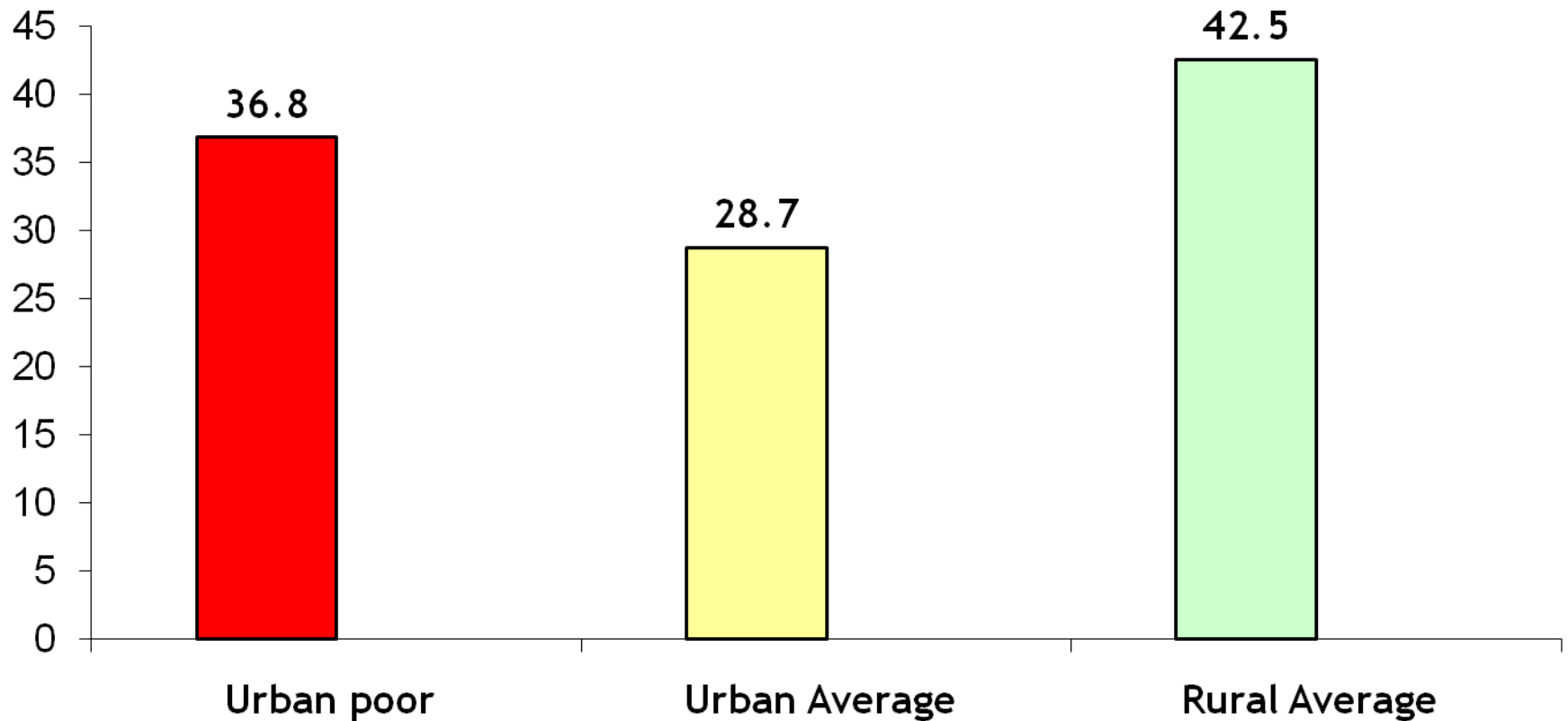
Current Trends in Urban Newborn Mortality

Rapid Population Growth in India

- With rapid urbanization, urban poor constitute the fastest growing segment of India's population
- Urban poor population is expected to increase from 100 million to 202 million by 2020.¹
- Owing to various factors such as poor maternal health, weak access to services, poor environmental conditions, neonates among the urban poor are more vulnerable to sickness

Poor Neonatal Survival among Urban Poor in India

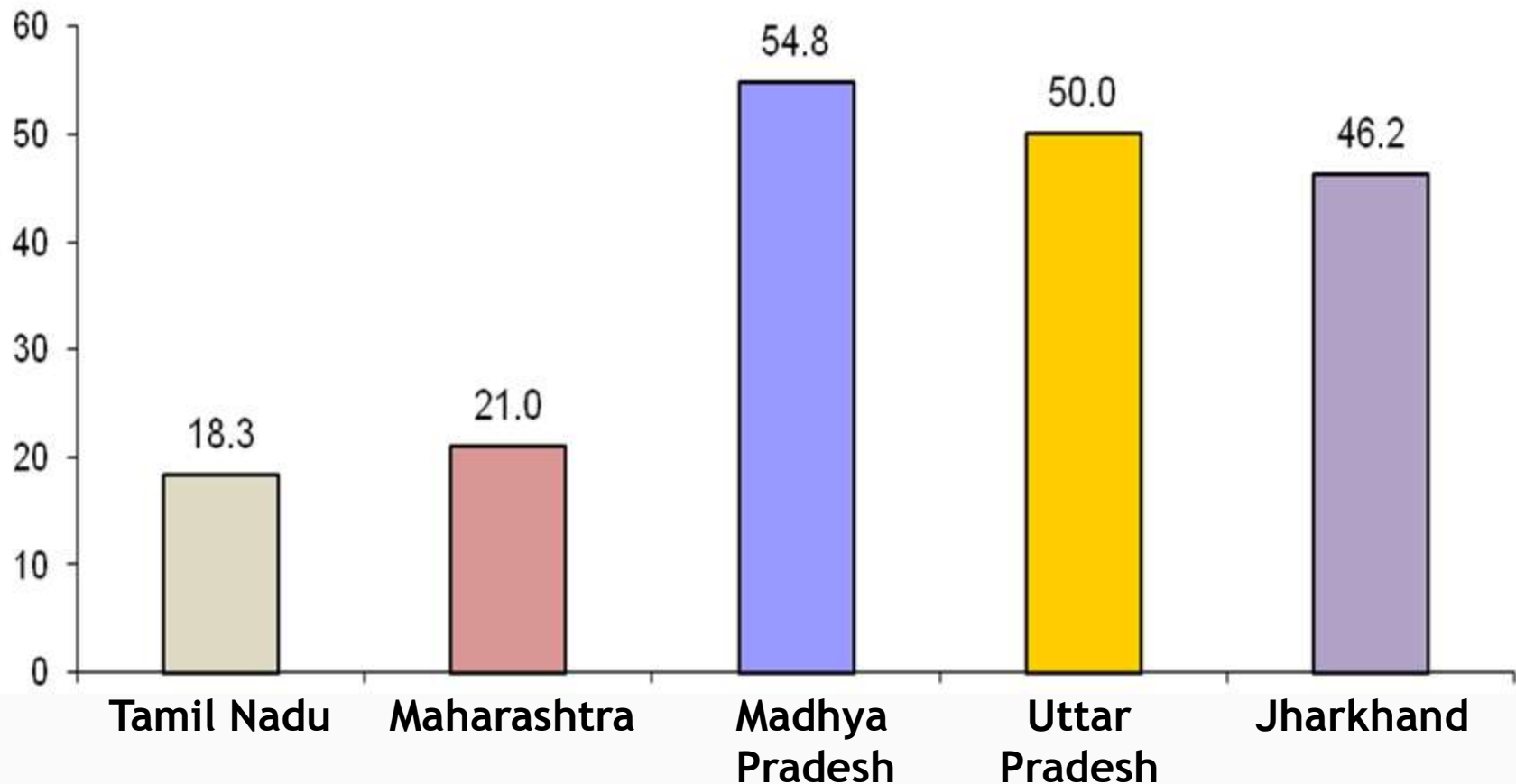
Neonatal Mortality among the Urban Poor



[Re-analysis of NFHS 3 (2005-06) by Standard of Living Index, UHRC: 2007]

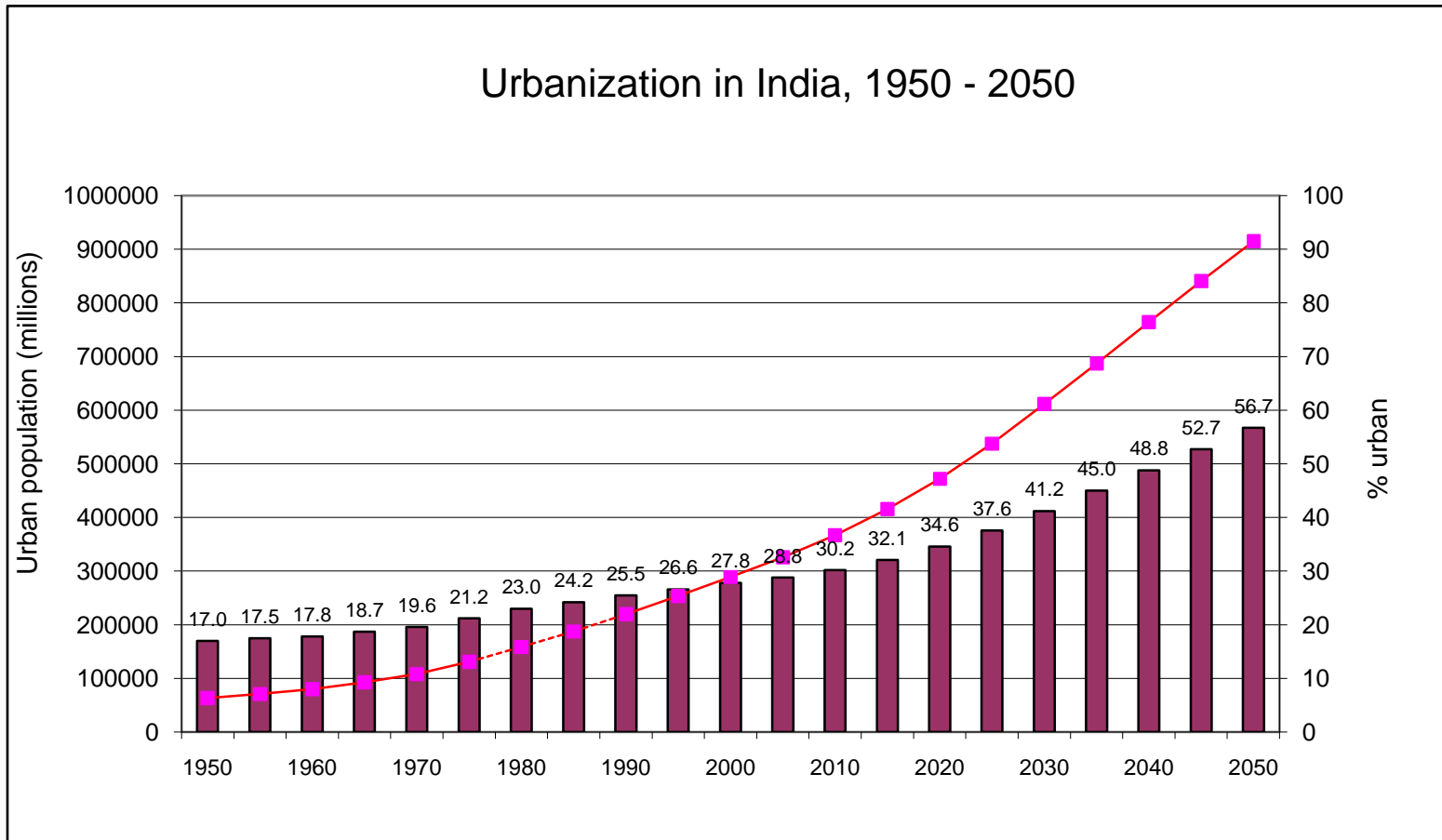
High Disparities Across States

Neonatal Mortality Rate among Urban Poor across select States



Gujarat – NMR Urban poor is 55, urban non-poor is 28, urban aggregate -32.7

Why Think about the Urban Newborn?

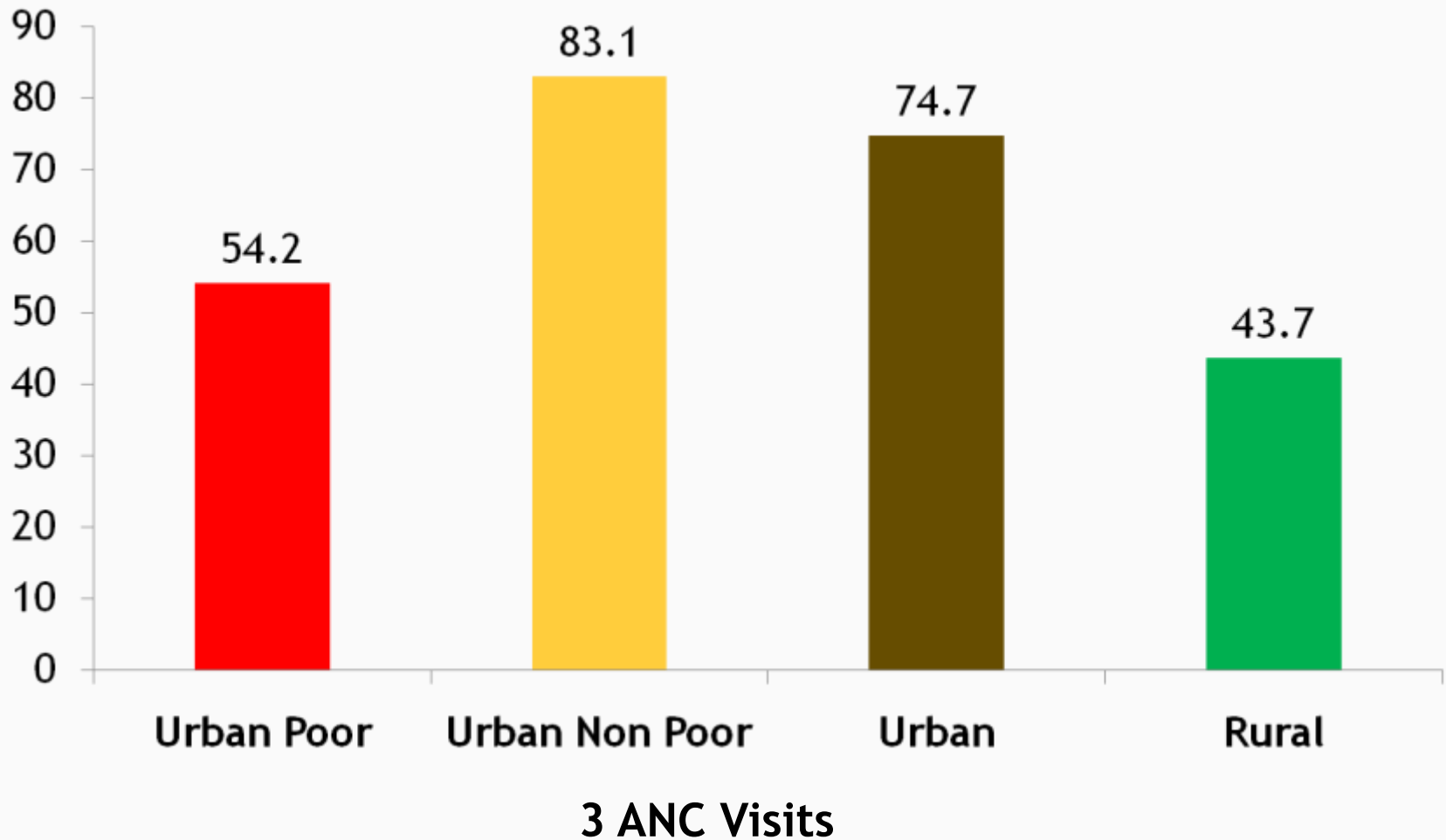


- Estimated annual births among urban poor: 2.7 million¹
- During the 20th century, urban population multiplied more than 10 times.
- Urban population projected to become nearly 41% (611 million) by 2030 and 49%(763 million) by 2040.

¹ Based on CBR 27.5 for urban poor population and 100 million urban poor population

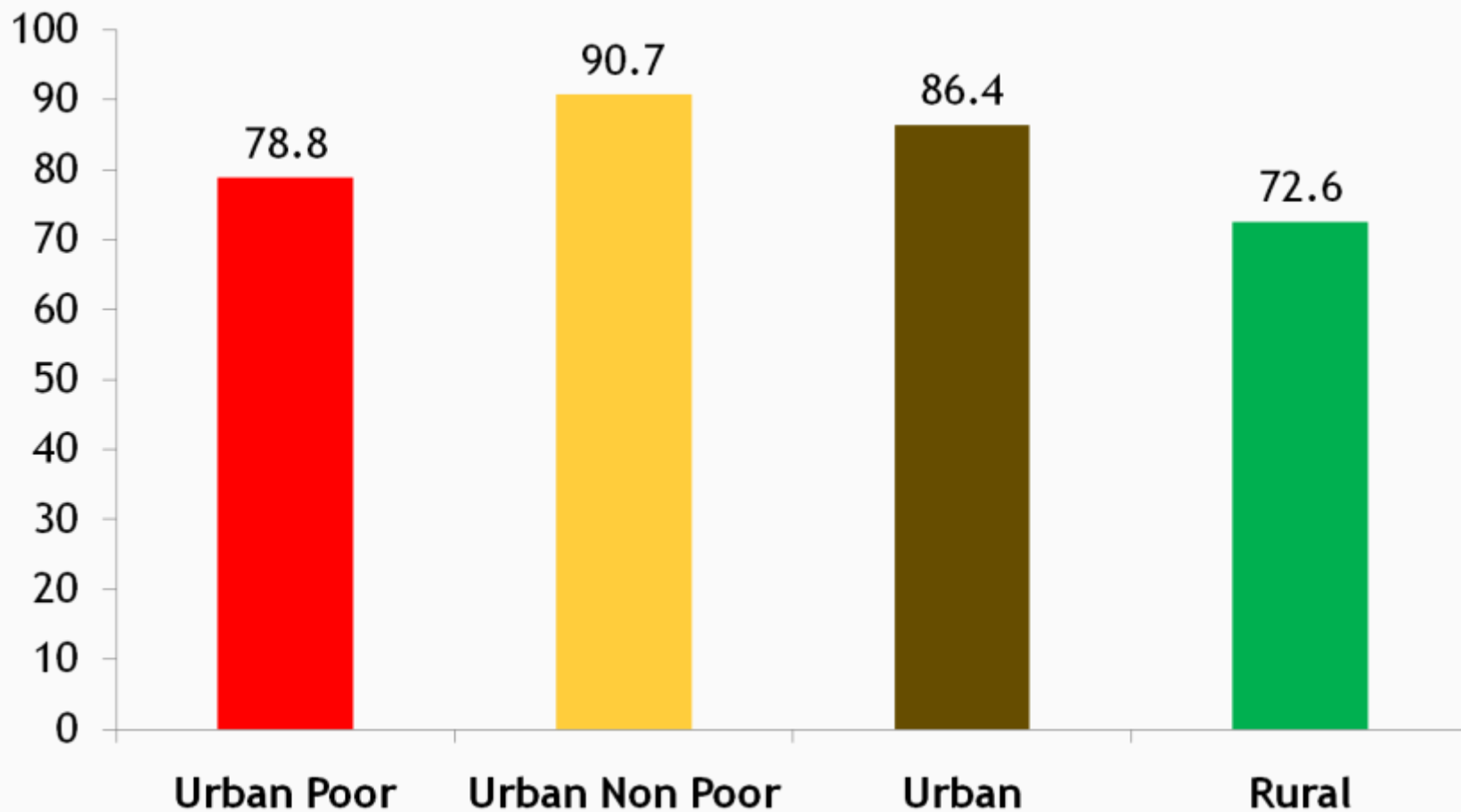
Status of Urban Poor Newborn before and at Delivery

Low Ante-Natal Visits



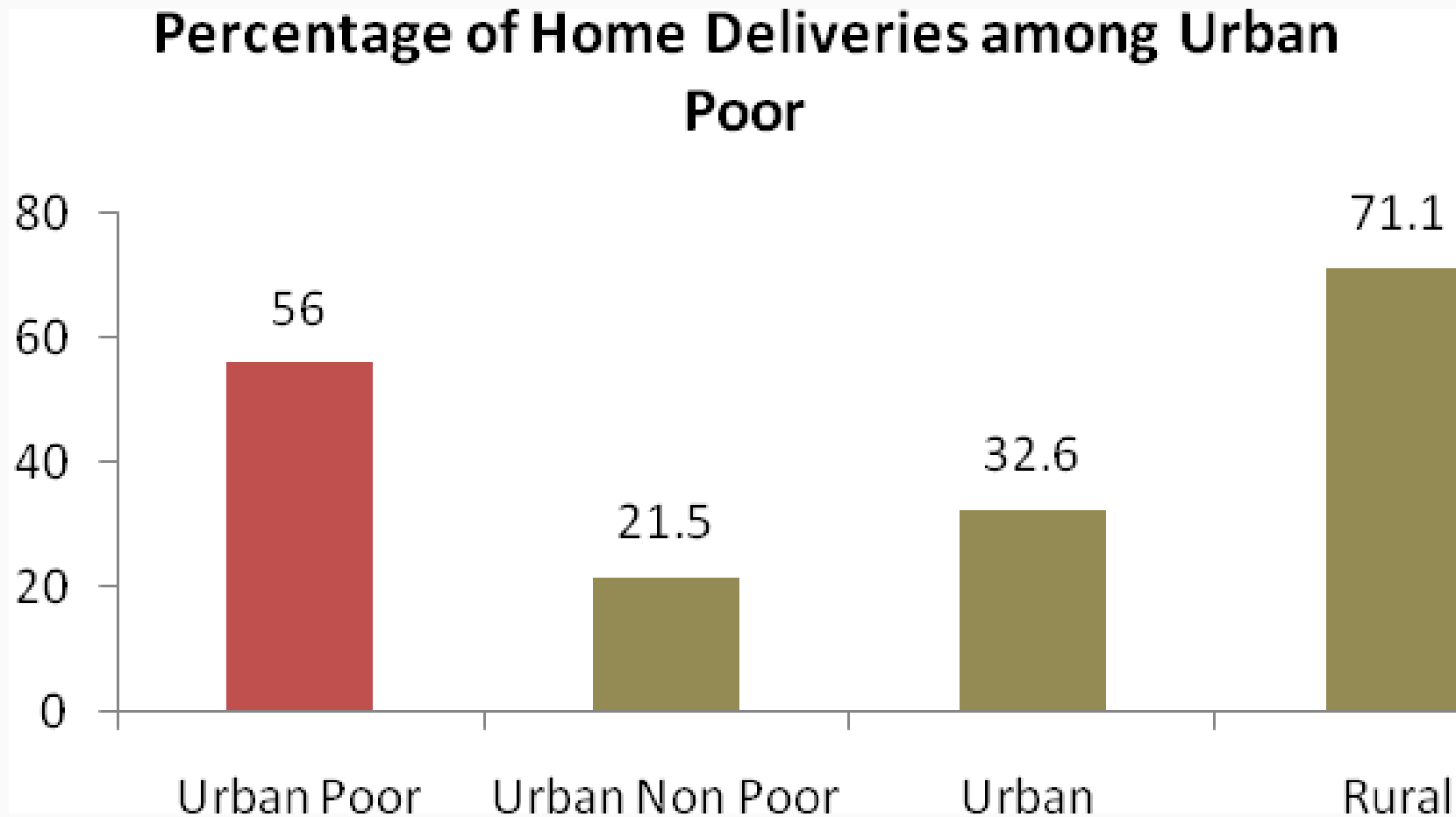
[Re-analysis of NFHS 3 (2005-06) by Standard of Living Index, UHRC: 2007]

Two Tetanus Toxoid Vaccine



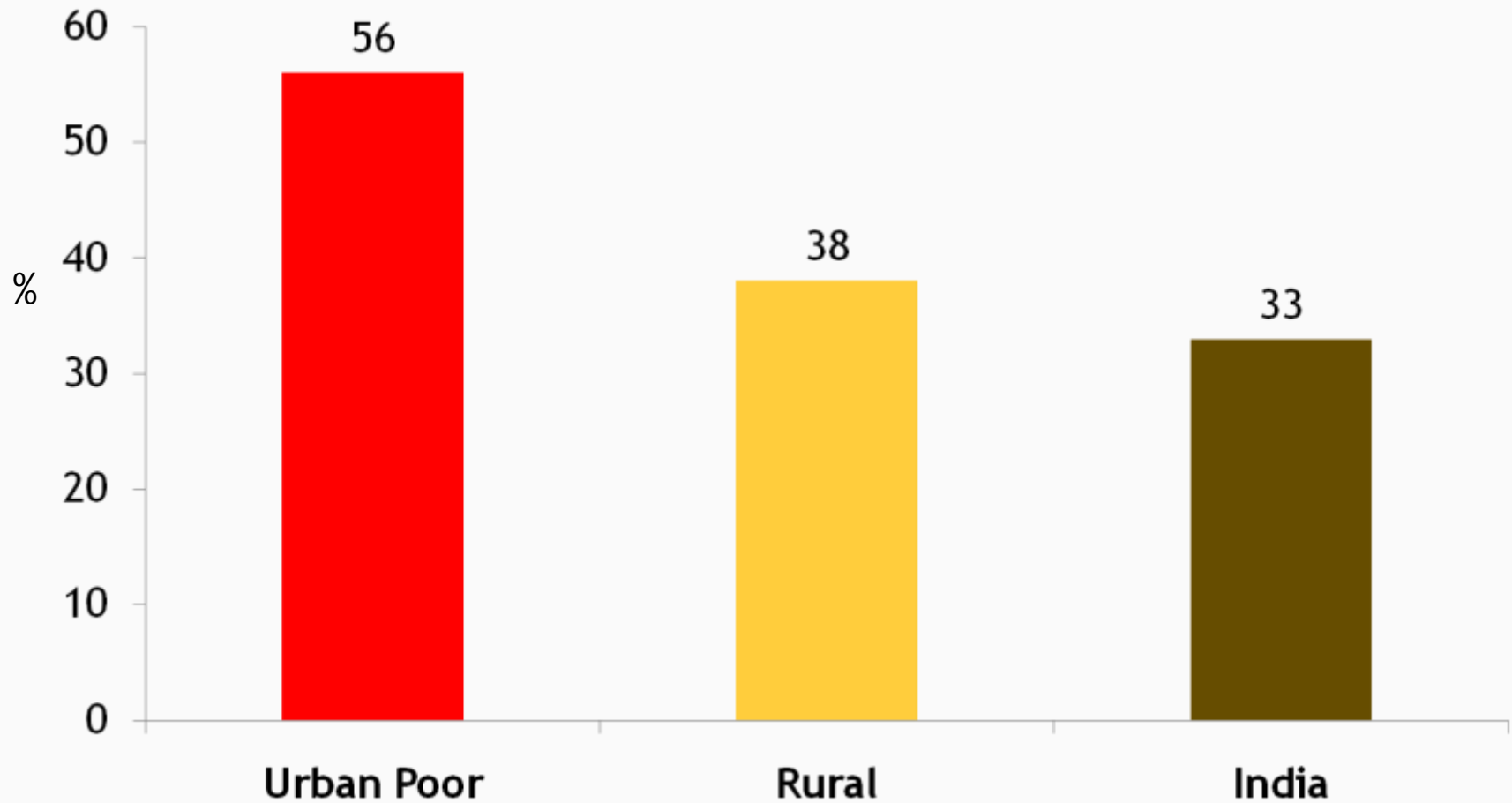
[Re-analysis of NFHS 3 (2005-06) by Standard of Living Index, UHRC: 2007]

High Percentage of Home Delivery



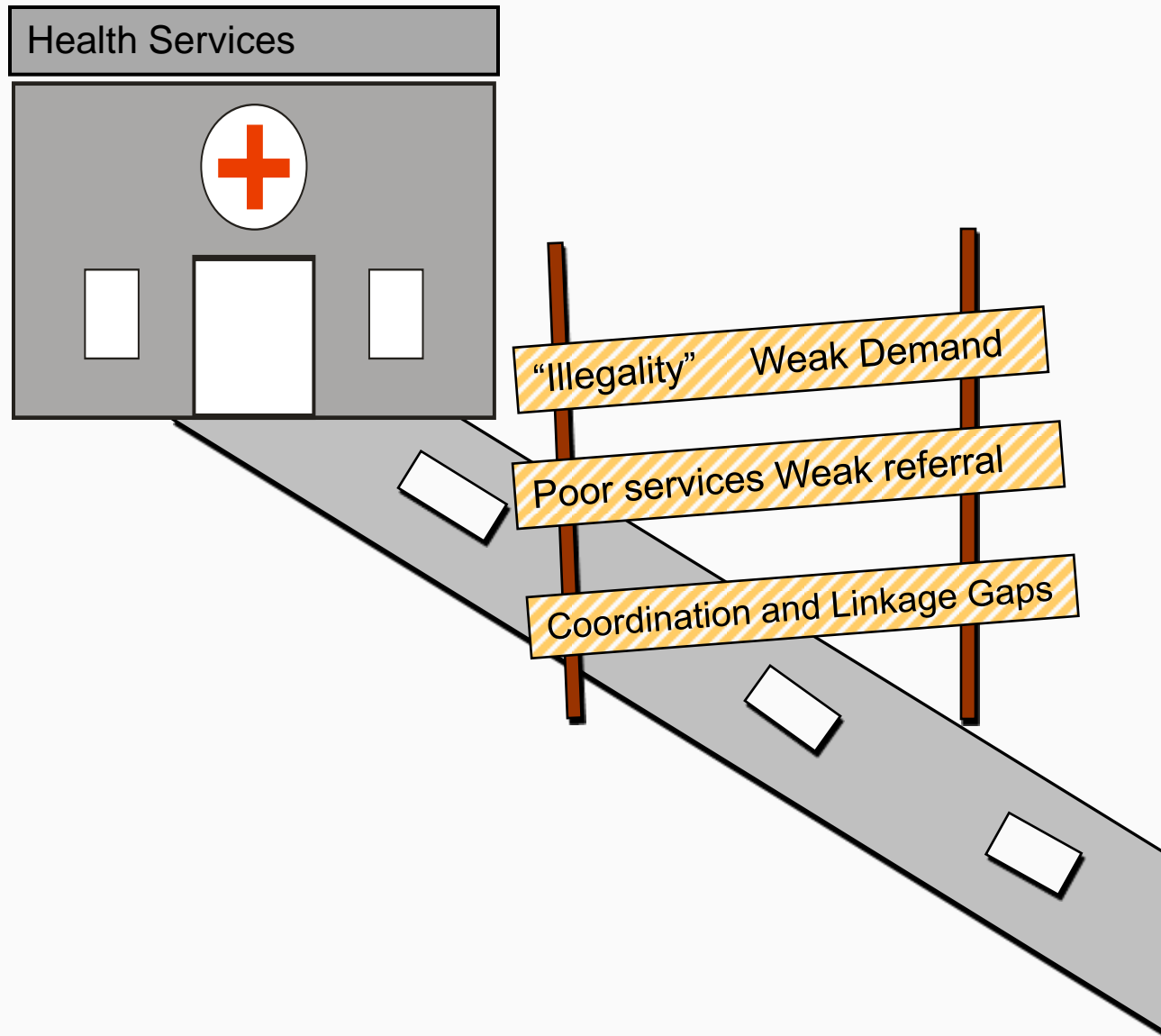
[Re-analysis of NFHS 3 (2005-06) by Standard of Living Index, UHRC: 2007]

Low Birth Weight (<2.5 kg)



(City initiatives for New Born, SNEHA: 2006)

Many Obstacles on the Road to Urban MNH Care



Approach # 1

*NGOs + Basti Groups and
Volunteers Develop City and Slum
Maps*

NGOs, CBOs Identify Unlisted and Hidden Poverty Clusters

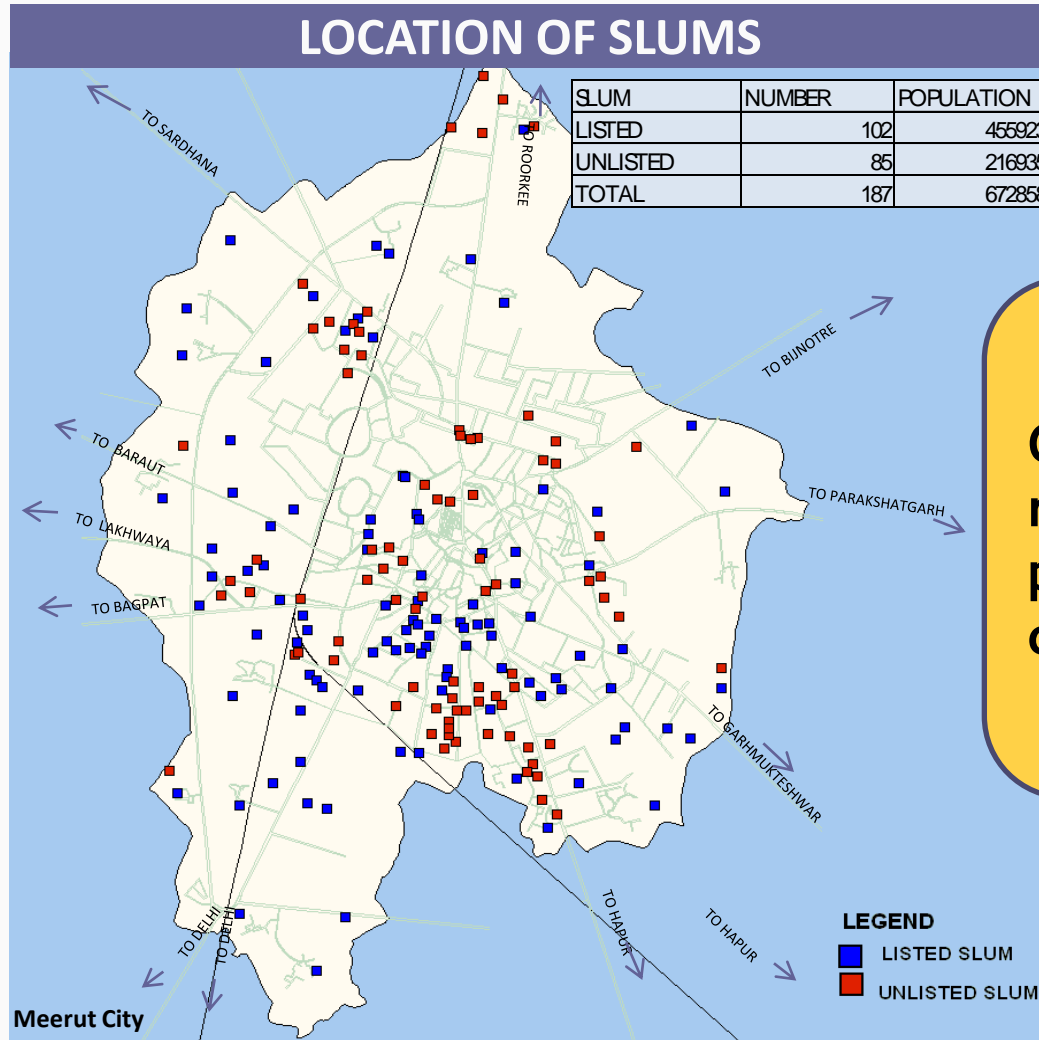
- Locate and map all urban habitations including unlisted clusters, temporary settlements and hidden poverty pockets.
- This helps Improve Urban Health Governance by extending accountability to hitherto un-reached clusters
- Help identifying and providing services/linkage to seasonal migrants

E.g. NGOs and CBOs identify hidden urban clusters

**Slum Dwellers Federation
MUSKAAN, BGMS, UHRC mapped
slums in Mumbai, Uttaranchal, West
Bengal, Indore, Bhopal, Agra, Delhi**



Mapping Helps Inclusion of Unlisted Slums/Clusters

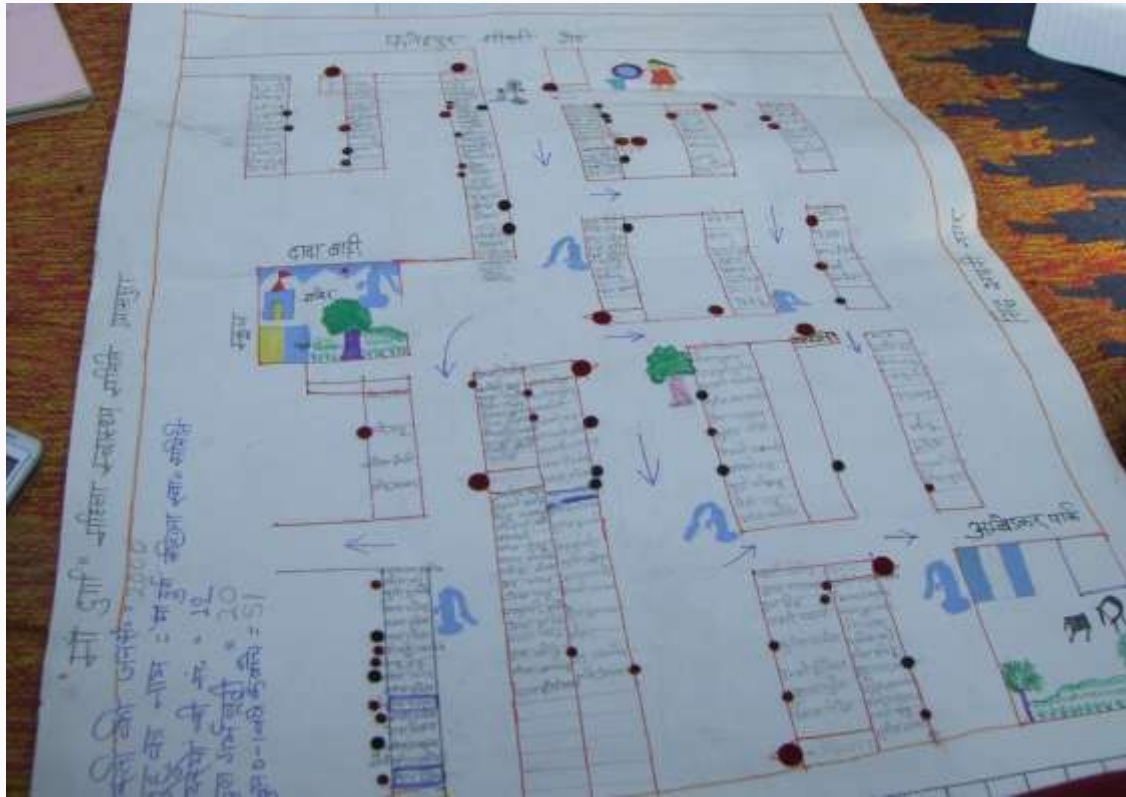


Crucial for reaching all poverty clusters

Neighborhood Mapping

Grassroots Civil Society groups in slums prepare maps to

- a) Ensure that no family is left out from lists used for housing, food subsidy, other entitlements;
- b) Track access to health services e.g. Immunization and ANC , HIV testing,
- c) Help identifying and providing services/linkage to seasonal migrants



Approach # 2

Basti MNH Teams

Basti MNH team: Who are they

1. Program identified socially committed women in the basti
2. Where possible, TBA and Community Link Volunteers were also part of the team
3. Identified women were organized into groups
4. Capacity of these groups was built through training sessions with help of local NGOs
5. Provided inputs to build institutional, program (providing skills in promoting appropriate MNCH care), linkages
6. Encouraged to generate, manage and utilise MNCH funds
7. There are 76 such groups in Agra and 80 in Indore

Capacity Building of Basti MNH teams

Basti MNH Teams are trained on:

- a. MNH behaviour promotion for mother/ care givers makers
- b. Provided important phone numbers e.g. of MNH facility, nearby local transport facility/ambulance
- c. Trained to map priority households-
 - Vulnerable in terms of lack of family support
 - Delivery about to happen
- d. Trained on how to negotiate for services at hospitals



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मंजू रोड



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Basti MNH teams: MNH counselling

MNH counselling to mother/care giver

- **Home care and prevention**
 - Providing Extra Warmth
 - More frequent Breastfeeding and assisted
 - Infection Prevention
 - Periodic assessment of progress
- **Early identification of danger signs**
 - Poor suckle
 - Baby cold to touch
 - Breathing difficulties
 - LBW
 - Infections - inflammation of umbilical cord, skin pustules

Approach # 3

Basti MNCH funds

Basti Funds as a Risk Pooling Measure



Slum women realizing importance of ready source of money, started health funds



Women contribute Rs.10 to100, monthly to the health fund



Rules, regulations and all financial transactions are documented



Groups are being encouraged to have bank accounts

Basti MNH funds

Purpose	No. and amount of loans to members	No. and amount of loans to non-members
Maternal, neonatal and child health needs	207 (INR 174050)	80 (INR 87100)
Other health needs	1018 (INR 1054600)	227 (INR 228500)
Other than health needs *	890 (INR 1050025)	236 (INR 137300)

* Other needs largely include for paying school or college fee, repair of houses, marriages and festivals

Total Health Funds in Agra and Indore - over 15 lakhs

Repayment rate is about 95%

Approach # 4

*Partnership with Private
Providers*

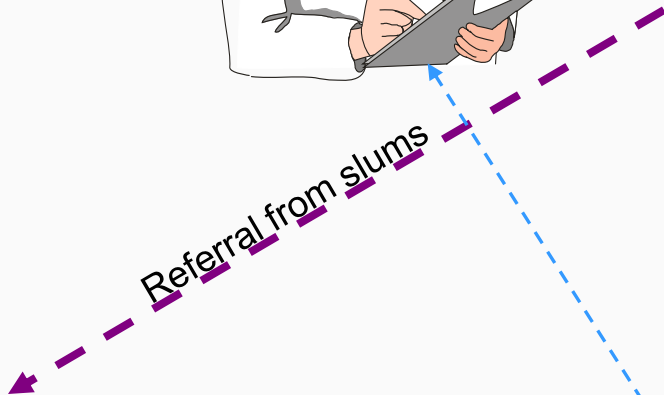
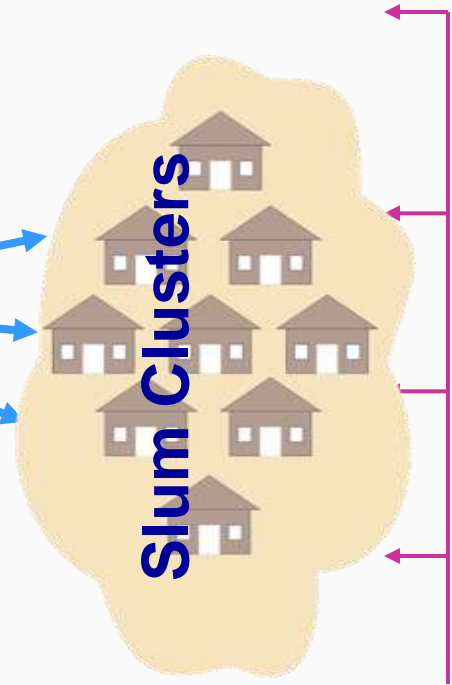
Newborn care services by private pediatrician/neonatologist

Socially Committed Private Doctor
[honorarium collected by community]
The doctor provides subsidized neonatal care services to the urban poor



Services Provided:

- Management of sick newborns
- Referral to neonatal care hospital for severely sick newborns requiring hospitalization



2nd tier
Govt./Private
Facility

Social Mobilization by CBO
• Builds linkage between community, and private doctors
• Early identification of neonatal sickness

PPP approach # 2

Neonatal Care Services by Private Hospitals

- Subsidized transport brings sick newborns to hospital
- Subsidized services and diagnostics provided

Services Provided:

- Management of sick newborns at the urban health center of the hospital
- Referral for high risk cases to the Main Hospital



Social Mobilization by CBO

- Promotes essential newborn care among urban poor
- Identifies sick newborns and mobilizes mothers/families to avail services
 - Develops linkage between community and private hospitals
- Helps arrange transport through local transport service providers

Approach # 5

*Facilitating Prompt Transport of
Sick Newborn*

Transportation of sick Newborn



Trained community volunteer uses mobile technology for quick assistance



Linkage with available vehicle for prompt transportation

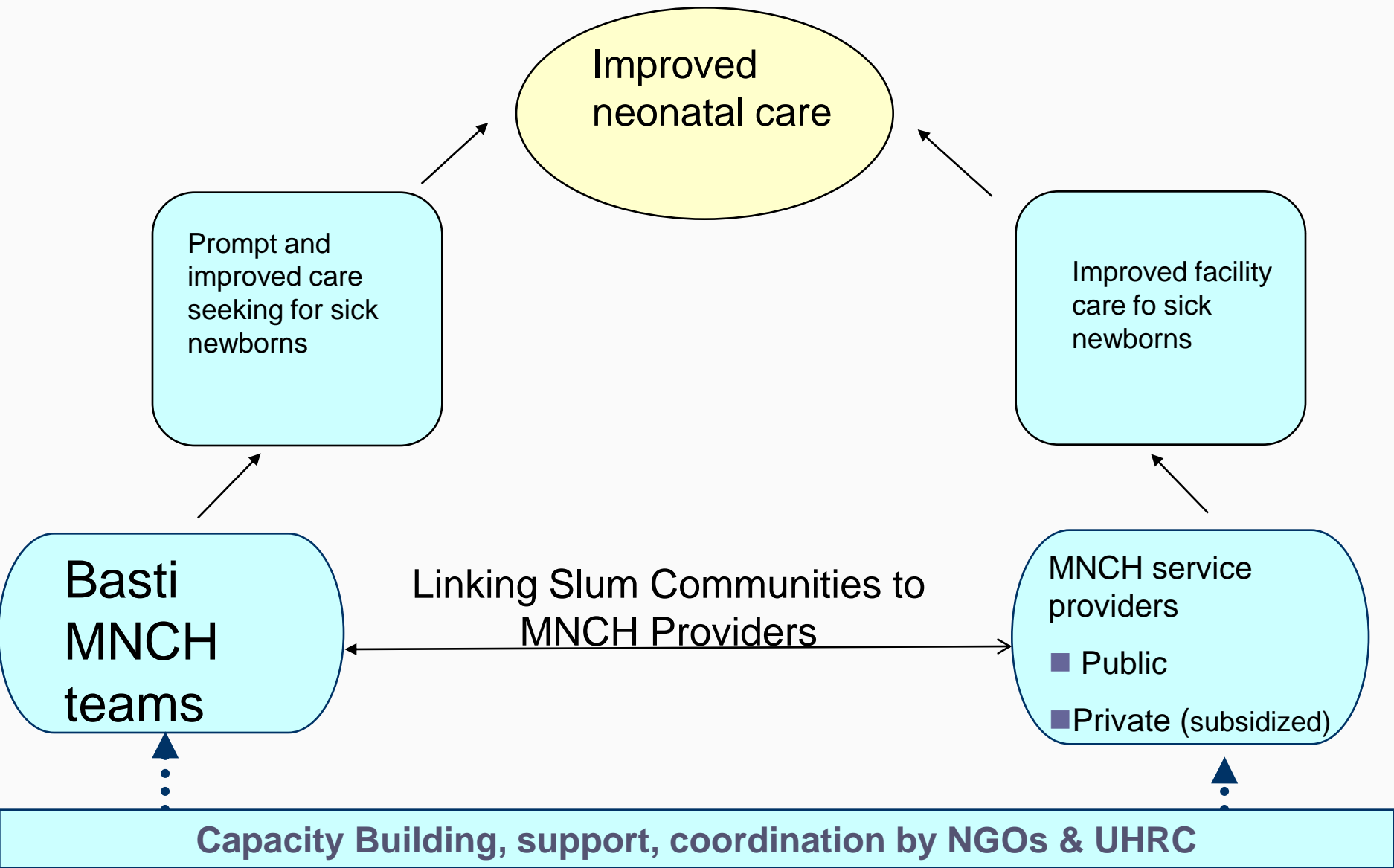


Neonate being transported to health facility

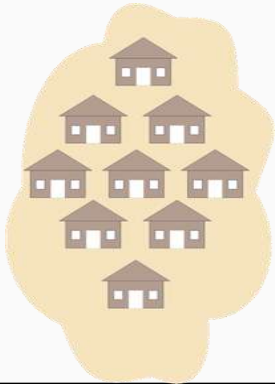
Approach # 6

*Linking slum communities with
public private partners*

Linking Slum Communities with Public and Private Providers & Services



Prompt Care For Improved Newborn Health And Survival



Household/community

MNCH teams

- Early identification
- Home management till referral
- Prompt referral

Basti MNCH fund: Risk pooling

Linkage with providers



Transport

Sensitizing auto drivers and ambulance providers

Making available their contact numbers

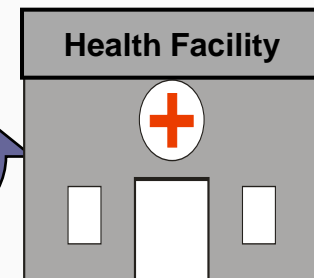
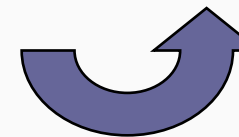
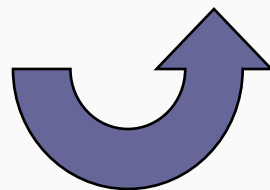
Ensuring care during transport

Health facility

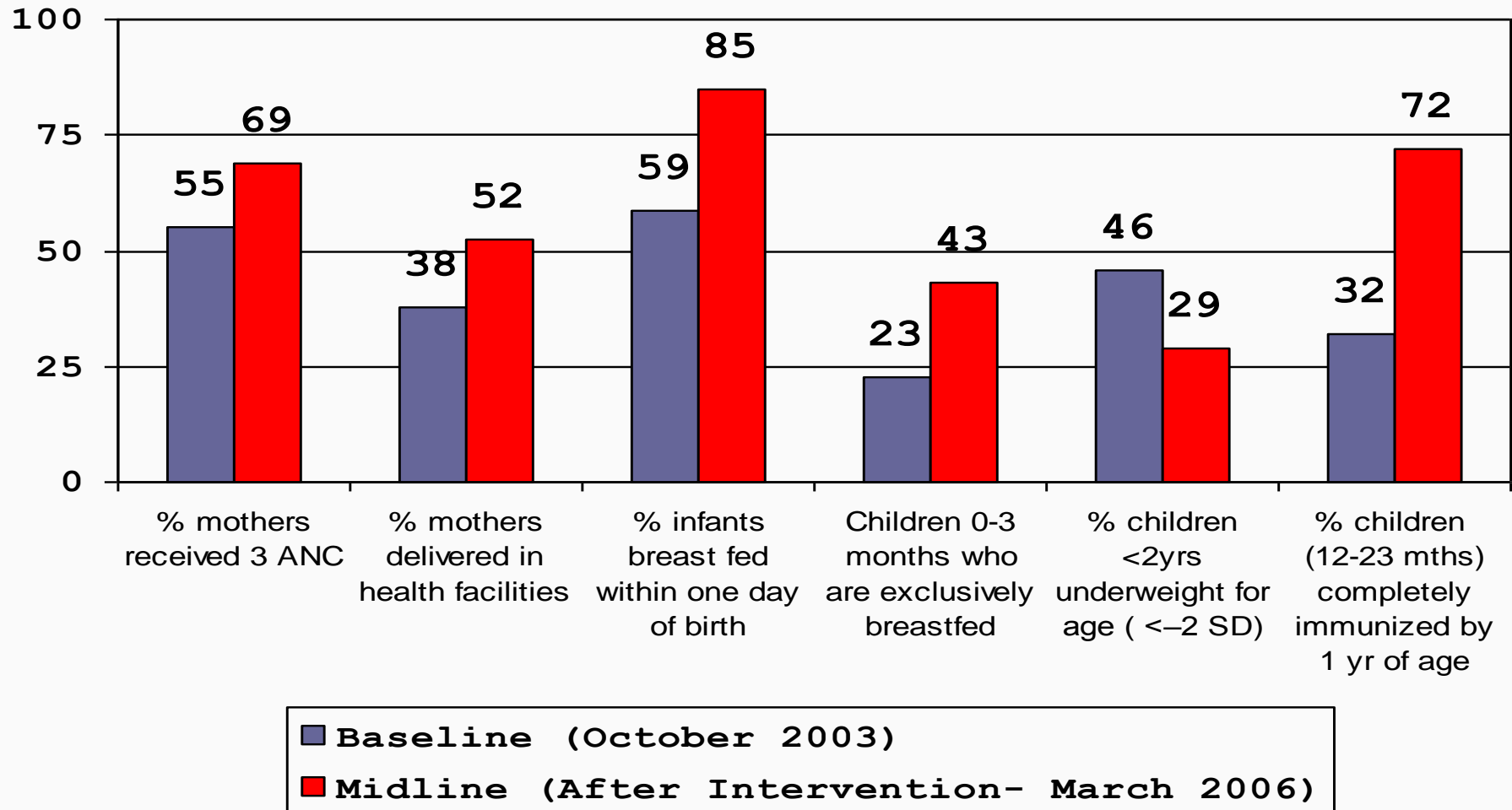
1st Tier: Upgrade newborn care facilities and sensitize personnel

2nd Tier: Upgrade quality of services and ensure private services at subsidized rate

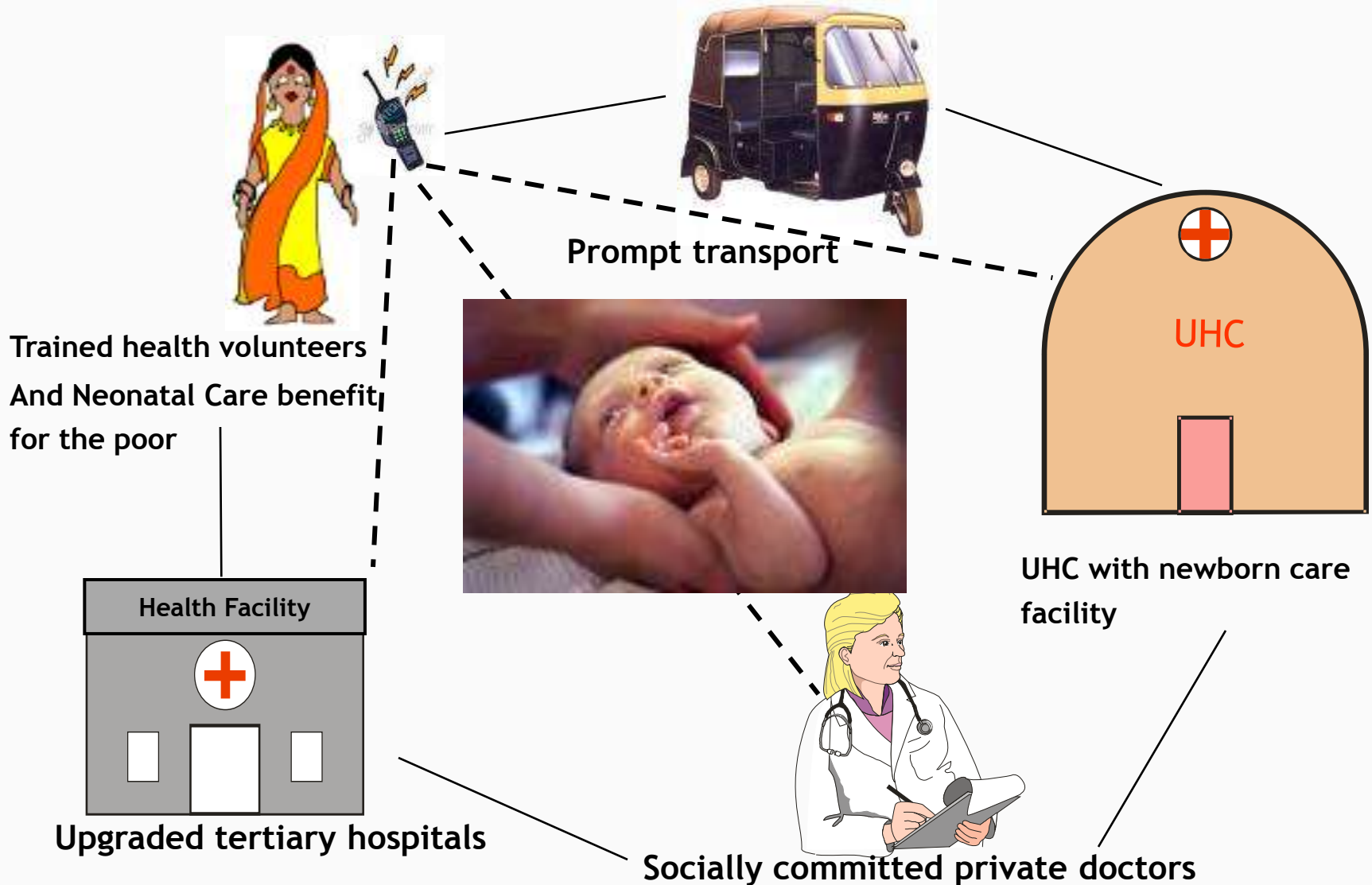
Encourage linkage of the community with proximal public and private facilities/doctors



Improved Health Indicators in Indore Slums



I am a newborn; I cannot wait; I want to live



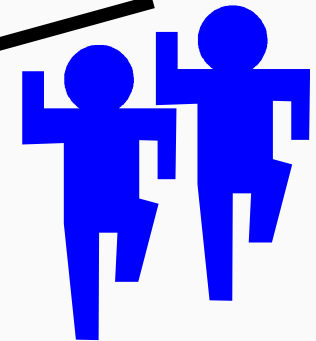
Approx 2,25,000 births take place every month among the urban poor in India.

With Hope and Confidence

Improved
Primary and
Hospital Care
of Urban Poor
Newborn

Long Lever of :

- a) Commitment , Motivation
- b) Knowledge, Experience
- c) Proximity to problems
- d) Accountability, responsibility



**Socially
Committed,
passionate
newborn-care
champions
with, Civil
Society, Govt.,
slum
communities**

"A small body of determined spirits fired by an unquenchable faith in their mission, can alter the course of history"

- Mohandas Karamchand Gandhi