

The Urban Newborn

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Siddharth Agarwal siddharth@uhrc.in

Urban Health Resource Centre, India

Outline

- Current Trends in Urban Newborn Mortality
- Status of Delivery of Newborn Care
- Action Points for Reduction of Neonatal Mortality among Urban Poor
- Private Sector and New Born Care

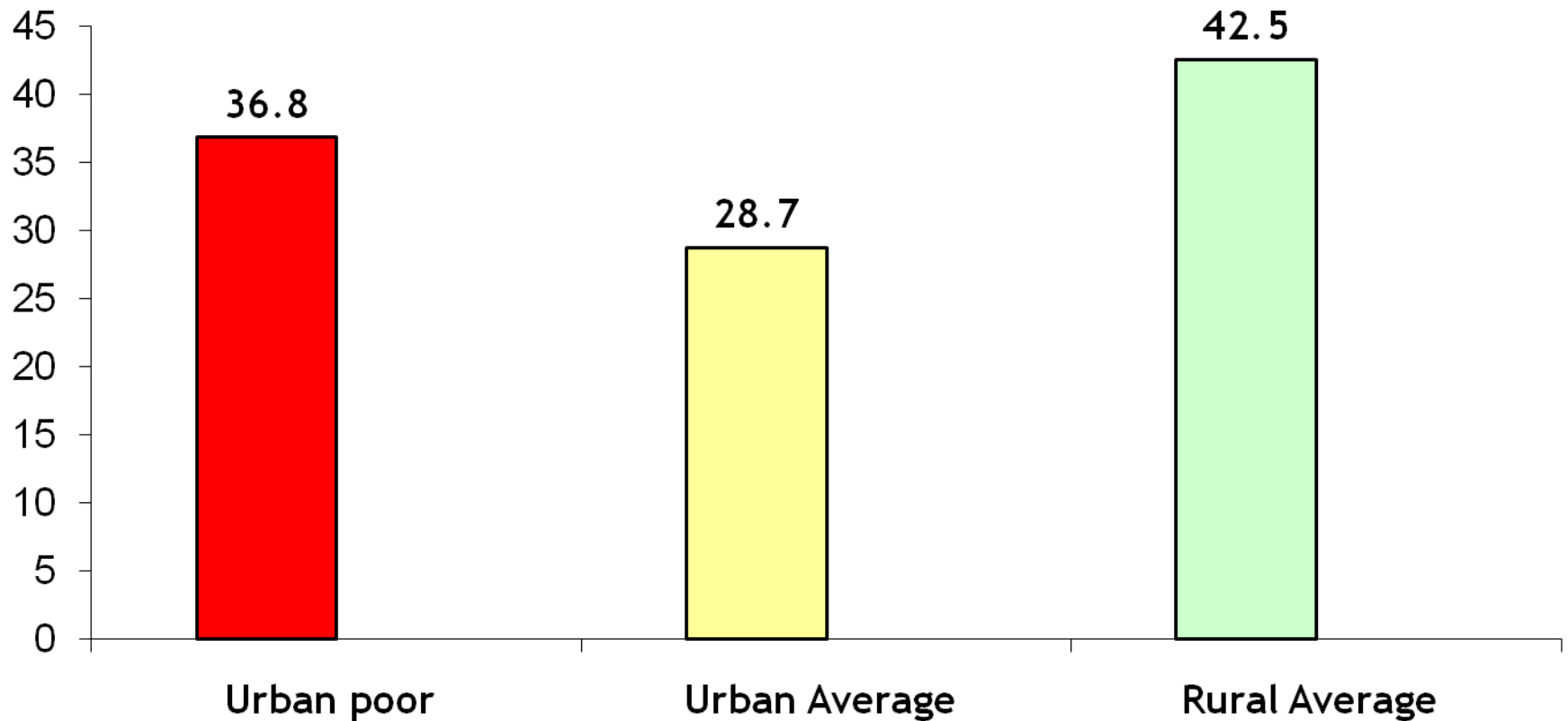
Current Trends in Urban Newborn Mortality

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

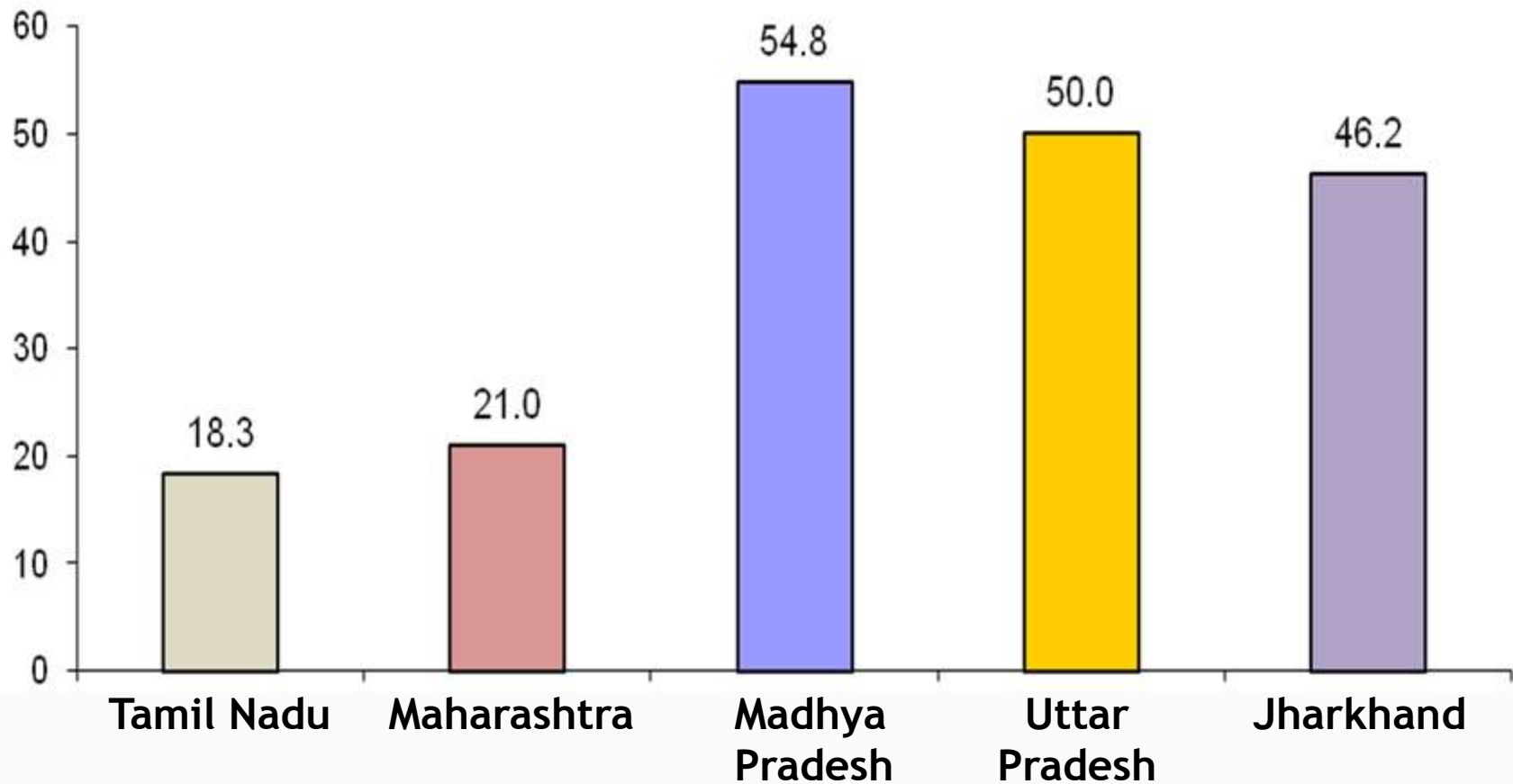
Neonatal Mortality among the Urban Poor



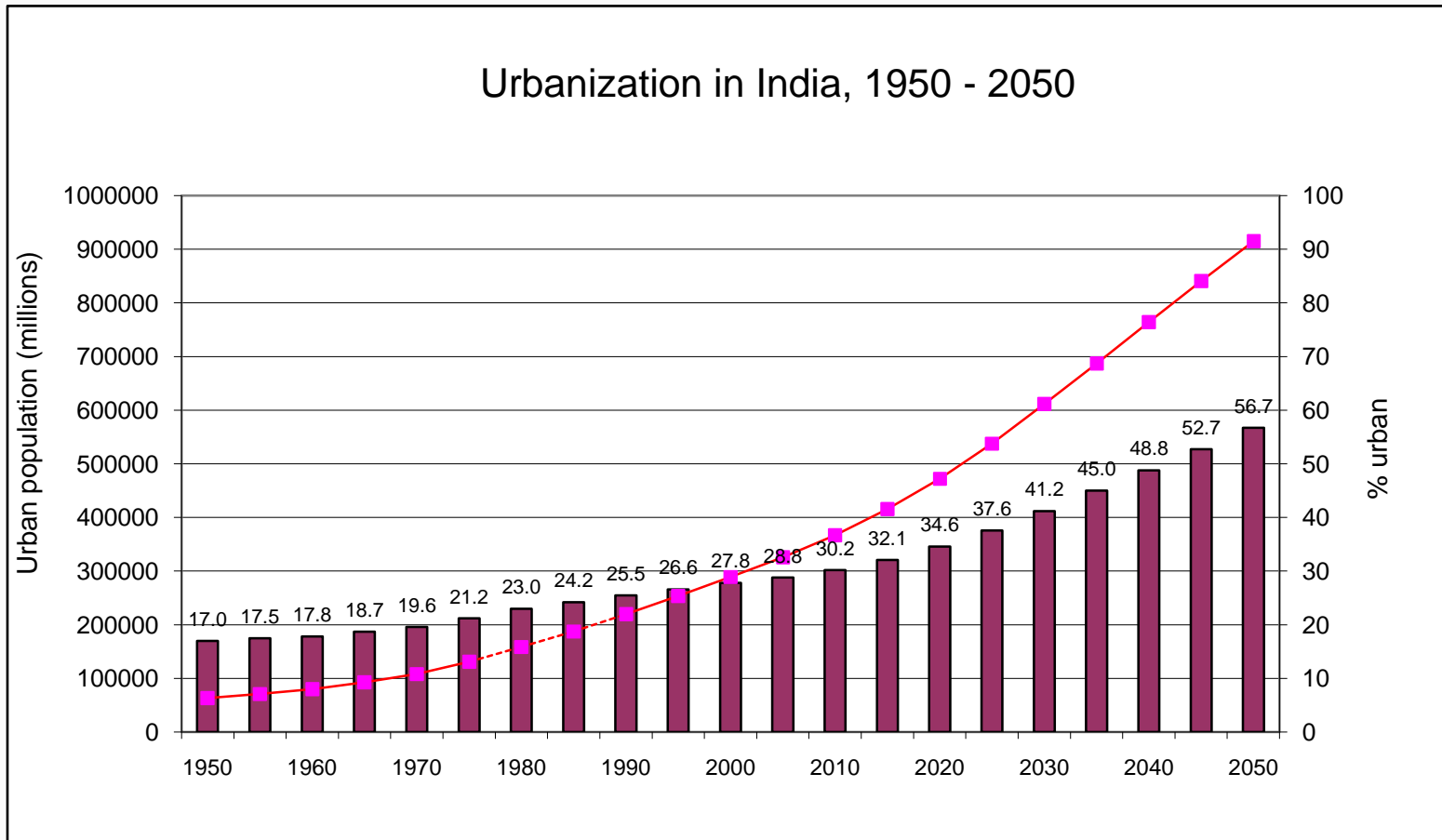
[Re-analysis of NFHS 3 (2007) by Standard of Living Index, UHRC: 2007]

High Disparities Across States

Neonatal Mortality Rate among Urban Poor across select States



Why Think about the Urban Newborn?

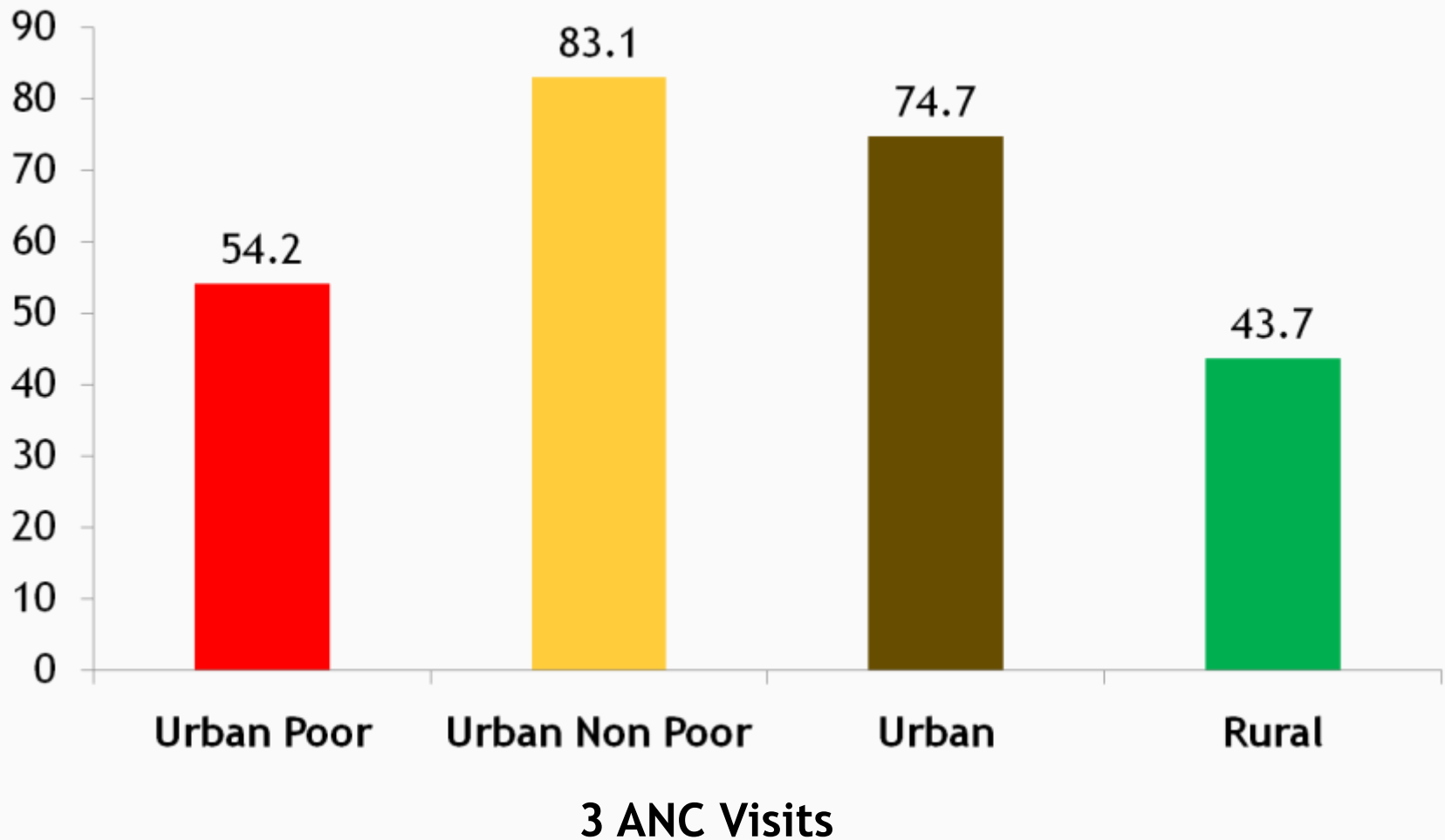


- Estimated annual births among urban poor: 2.7 million¹
- During the 20th century, urban population multiplied more than 10 times.
- Urban population projected to become nearly 41% (611 million) by 2030 and 49%(763 million) by 2040.

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

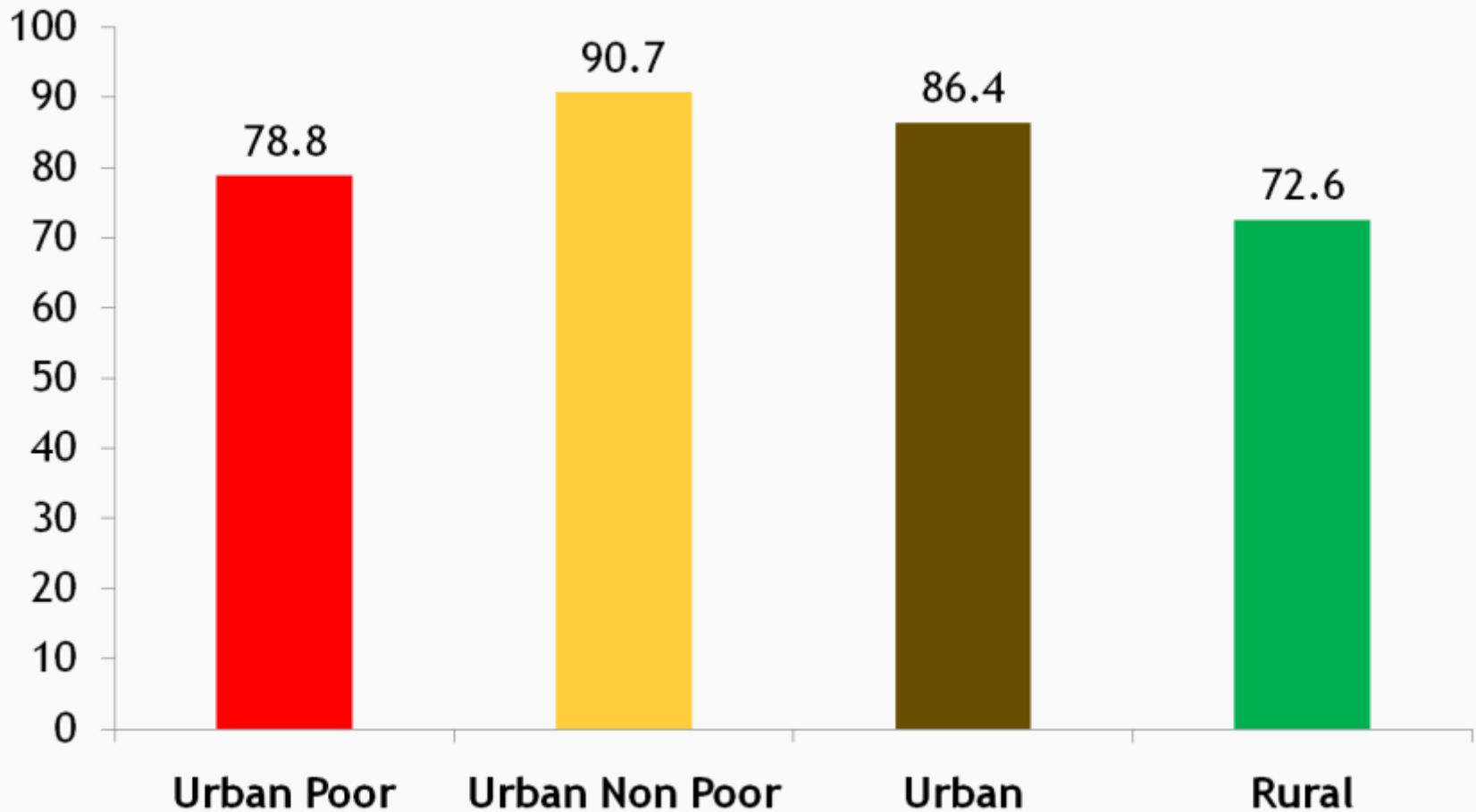
Status of Delivery of Newborn Care

Low Ante-Natal Visits



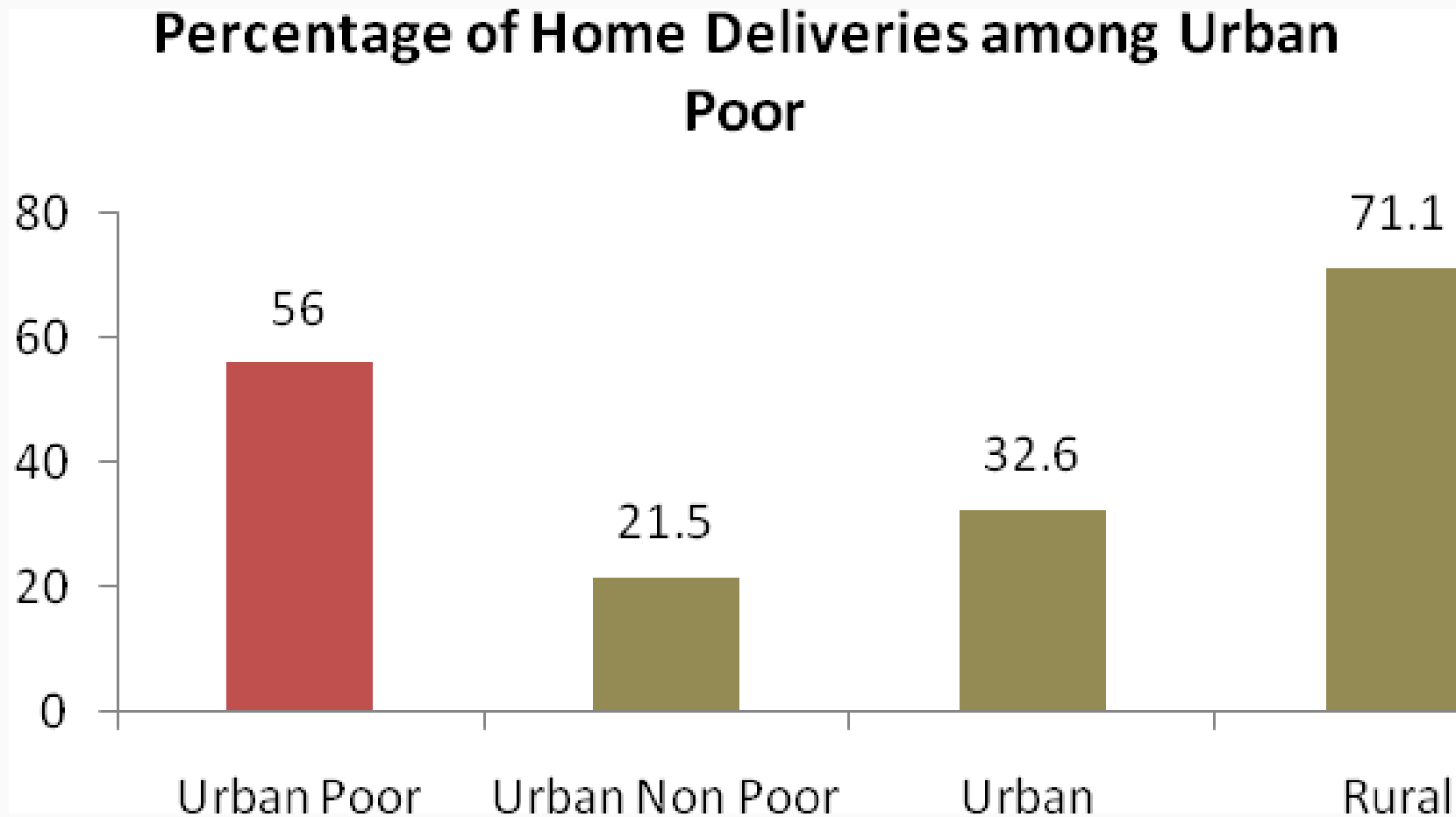
[Re-analysis of NFHS 3 (2007) by Standard of Living Index, UHRC: 2007]

Two Tetanus Toxoid Vaccine



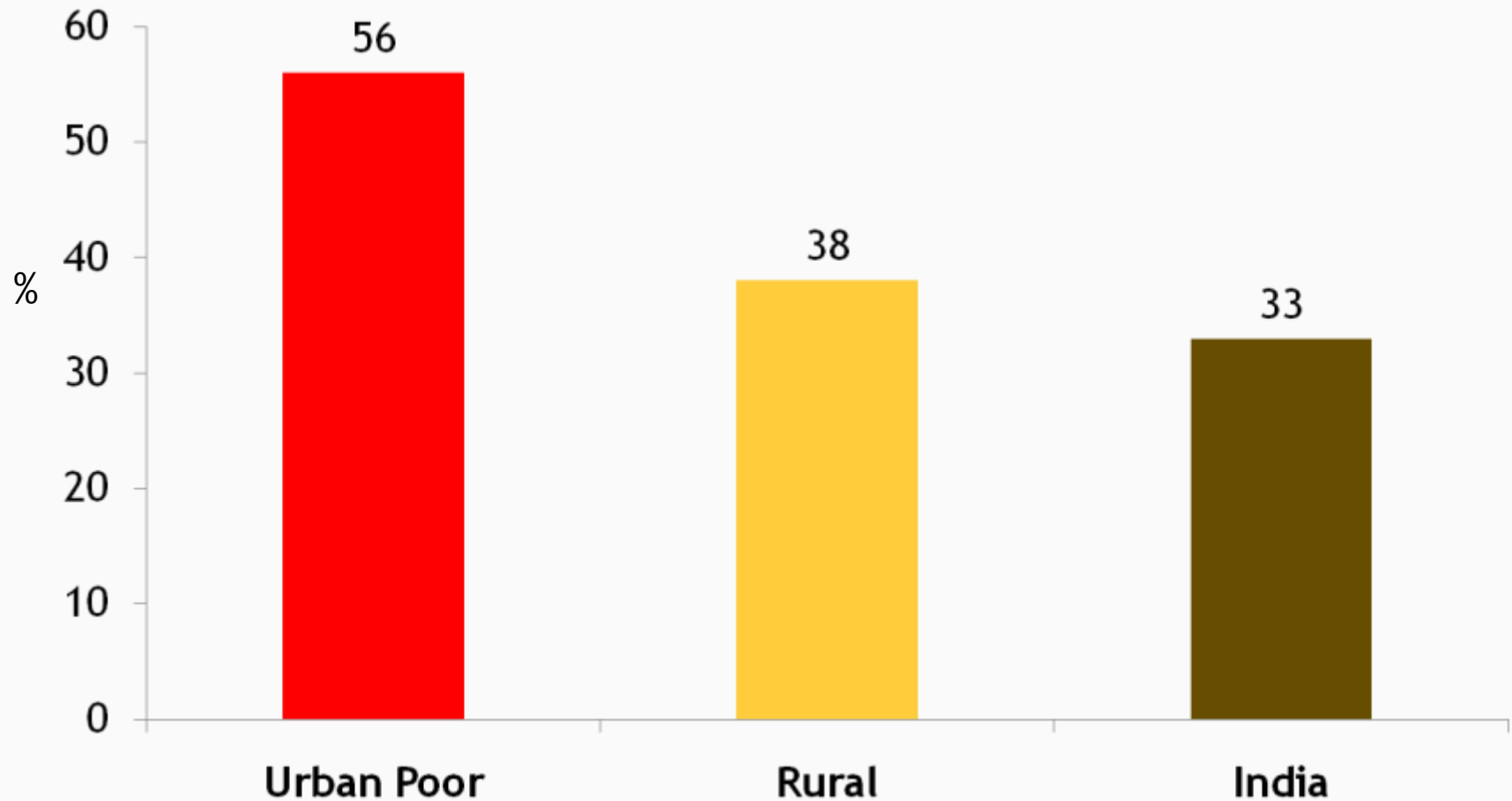
[Re-analysis of NFHS 3 (2007) by Standard of Living Index, UHRC: 2007]

High Percentage of Home Delivery



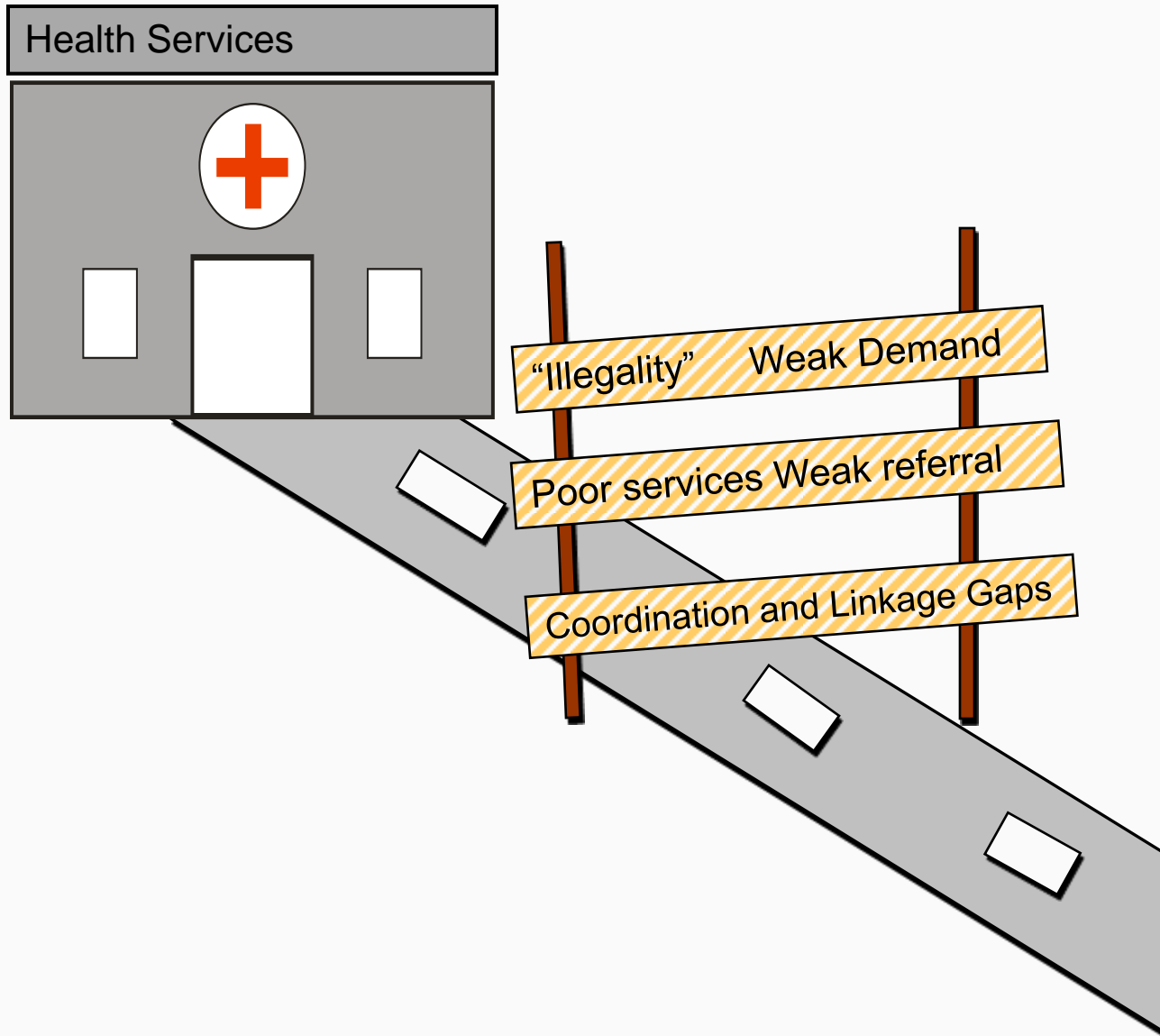
[Re-analysis of NFHS 3 (2007) by Standard of Living Index, UHRC: 2007]

Low Birth Weight (<2.5 kg)



(City initiatives for New Born, SNEHA: 2006)

Many Obstacles on the Road to Urban MNH Care



Action Points for Reduction of Neonatal Mortality among Urban Poor

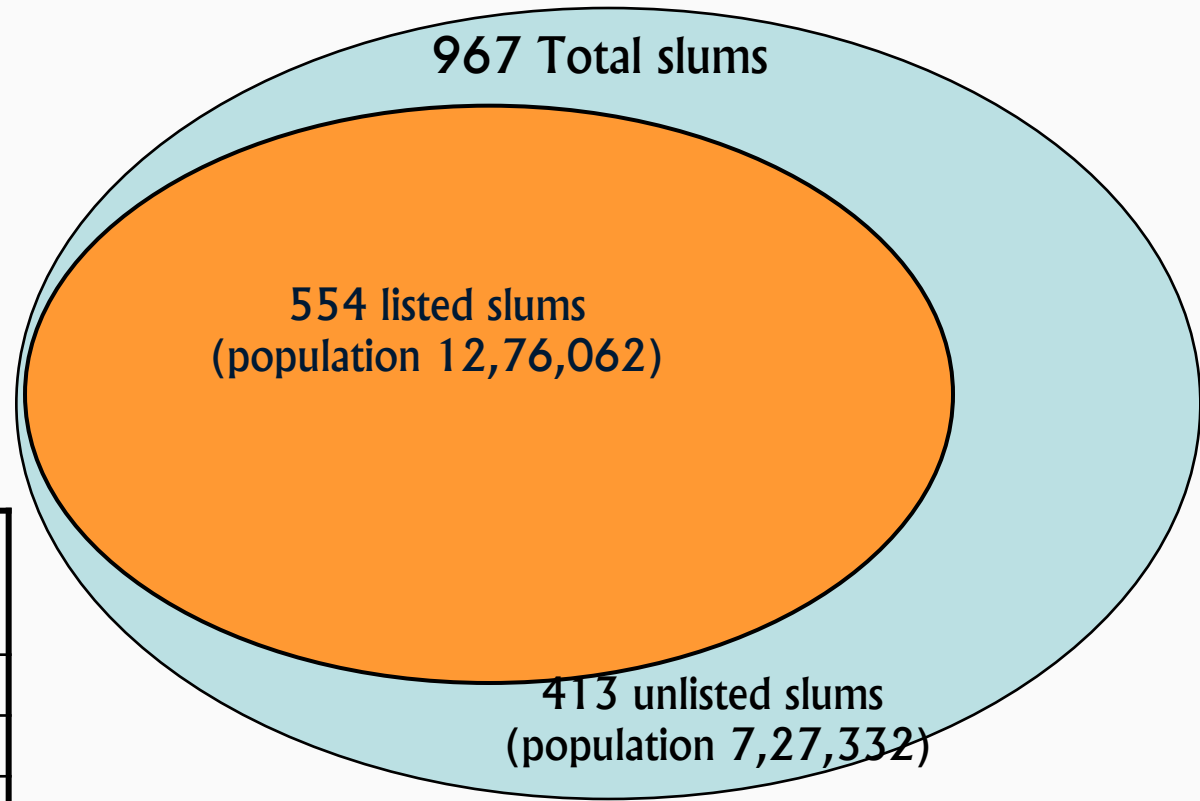
Unequivocally Acknowledge the Challenge

- A. It is critical for us to amplify our voice and help the relevant authorities explicitly acknowledge that many urban neonates take birth and survive in challenging circumstances
- A. Help convert acknowledgement to dedicated “Mission” with allocation
- B. Facilitate translation of policy statement and allocation to real action

Make the invisible visible

- A. Large proportion of uncounted poverty clusters need to be mapped
- A. Substantial proportion of home births in urban areas need to be seen as a reality and strategies focussed towards these newborns be emphasised

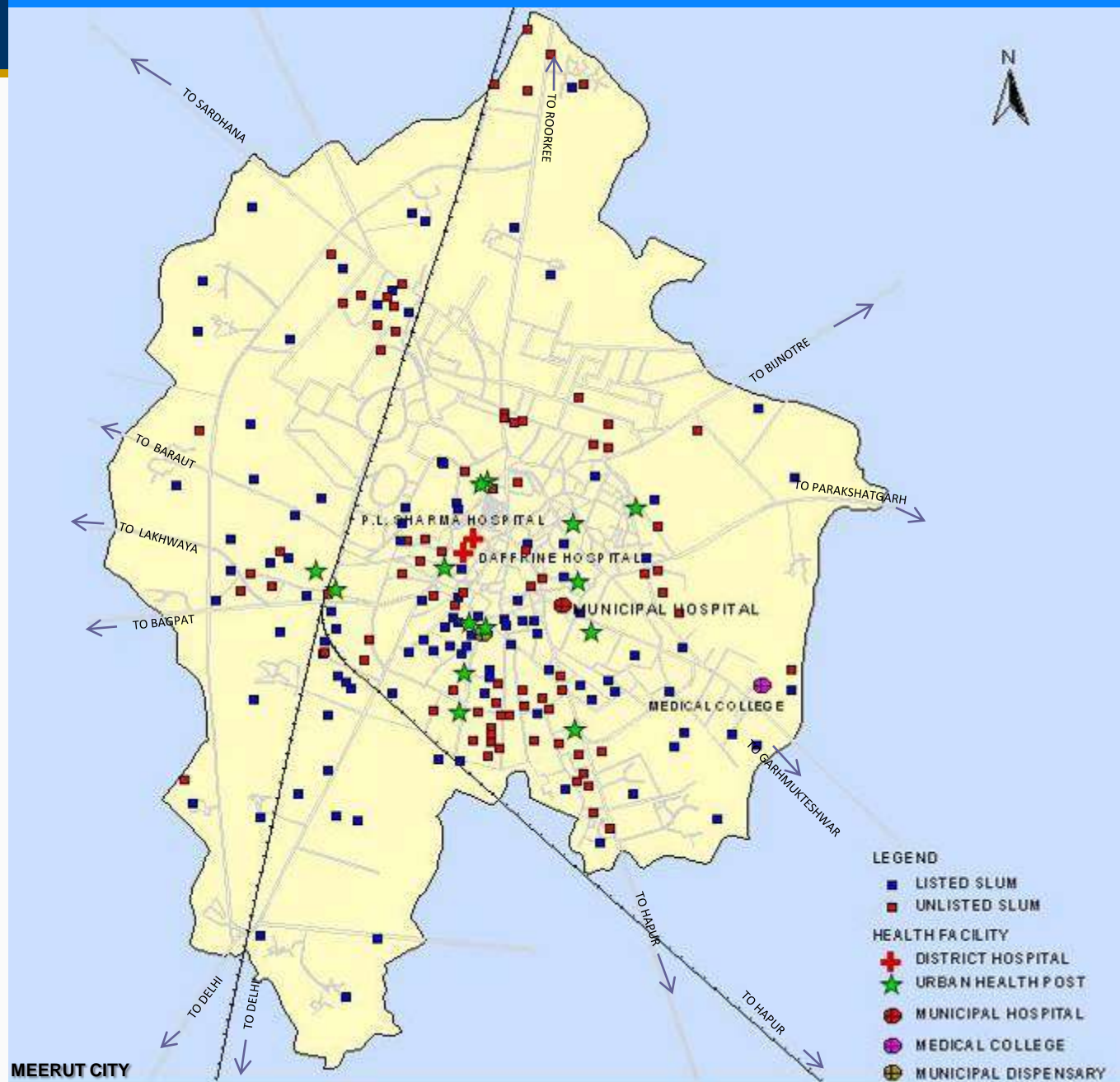
A significant proportion of slums are unlisted



| City | No. of Listed Slums | No. of Un-Listed Slums |
|------------------|---------------------|------------------------|
| Agra | 215 | 178 |
| Dehradun | 78 | 28 |
| Bally | 75 | 45 |
| Jamshedpur | 84 | 77 |
| Meerut | 102 | 85 |
| Total | 554 | 413 |
| Total population | 1276062 | 727332 |

According to NSSO 58th Round (2002) 49.4% slums are non-notified in India

SLUMS & LOCATION OF GOVERNMENT HEALTH FACILITIES



Building Capacity of basti MNCH Teams and TBAs

A. Early identification and home care

MNH counselling to mother/ key decision makers-Important numbers such as those of the closest local transport facility/ambulance should be provided to all pregnant women

Early identification of high risk newborns, classification of newborns based on severity of signs and symptoms and prompt action

Home care such as

- Providing Extra Warmth
- More frequent Breastfeeding and assisted
- Infection Prevention
- Periodic assessment of progress

Urban Poor as Active Agents of Positive Change

Empowered groups, social networks: Mahila Milan, Shack/Slum Dwellers International in Cambodia, India, Nepal, Philippines, Sri Lanka; Africa: Kenya, Namibia, South Africa, Uganda and Zimbabwe

Trained slum-level change agents and behavior promoters -
Bangladesh (BRAC), India (SNEHA, UHRC), Brazil, Kenya

Slum-level MNH funds- UHRC - Indore and Agra, Nidaan-Patna, Shelter

NNF can help build cadre/teams of non-physician master trainers in each city

Prompt Care For Improved Newborn Health And Survival



Household/community

Early identification
Home management till referral
Prompt referral
Risk pooling
Linkage with providers

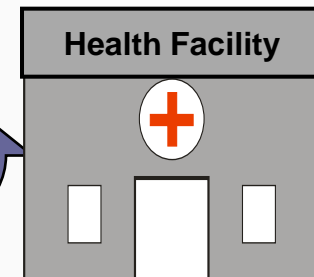
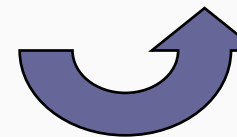
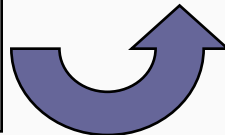


Transport

Linkage with 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



At Program/Policy level

- Ensure reach of Janani Suraksha Yojana benefits to the poor and disenfranchised to promote institutional deliveries

[Institutional deliveries likely to improve management of sick newborns at birth]

- Address bottlenecks of JSY such as
 - Low access to entitlement cards such as BPL card
 - Disbursement of entitlements where beneficiary has no bank account
 - Address corruption at time of disbursement

Need for a Navjaat Suraksha Yojana(NSY) or 'sub-mission'

Adapted from JSY, this could include:

- Financial support/incentive to poor families for treatment of sick newborns at facilities
- Socially committed private doctors could be accredited to provide services to increase care seeking at facility
- Scheme could be piloted in partnership with NNF in urban areas where
 - a) Geographical access is less of a constraint problem as compared to rural areas; and
 - b) Medical personnel are available

Private Sector and New Born Care

Suggested PPP approach # 1

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:

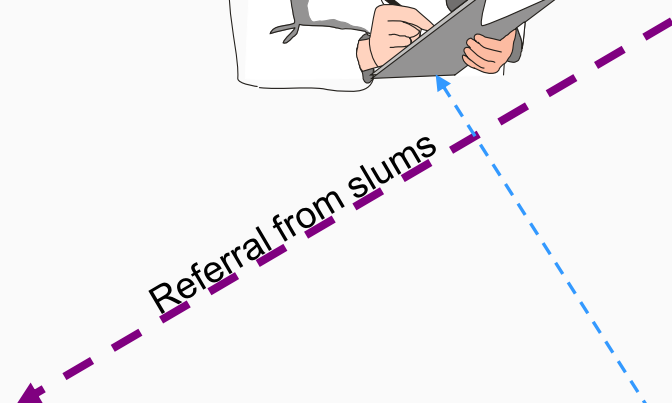
- Management of sick newborns
- Referral to neonatal care hospital for severely sick newborns requiring hospitalization



2nd tier
Govt./Private
Facility

Social Mobilization by CBO

- Builds linkage between community, and private doctors
- Early identification of neonatal sickness



Suggested 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

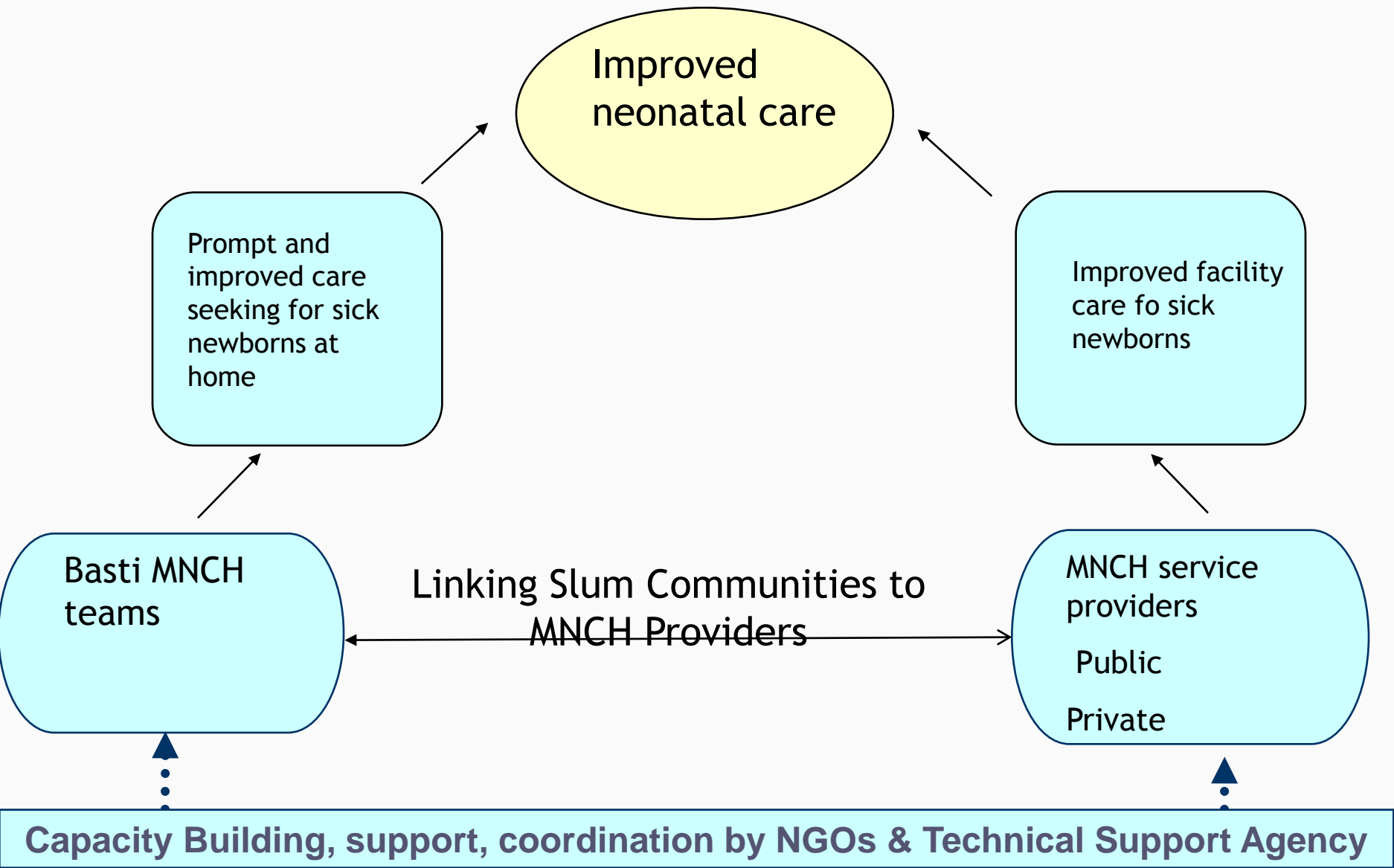


Social Mobilization by CBO

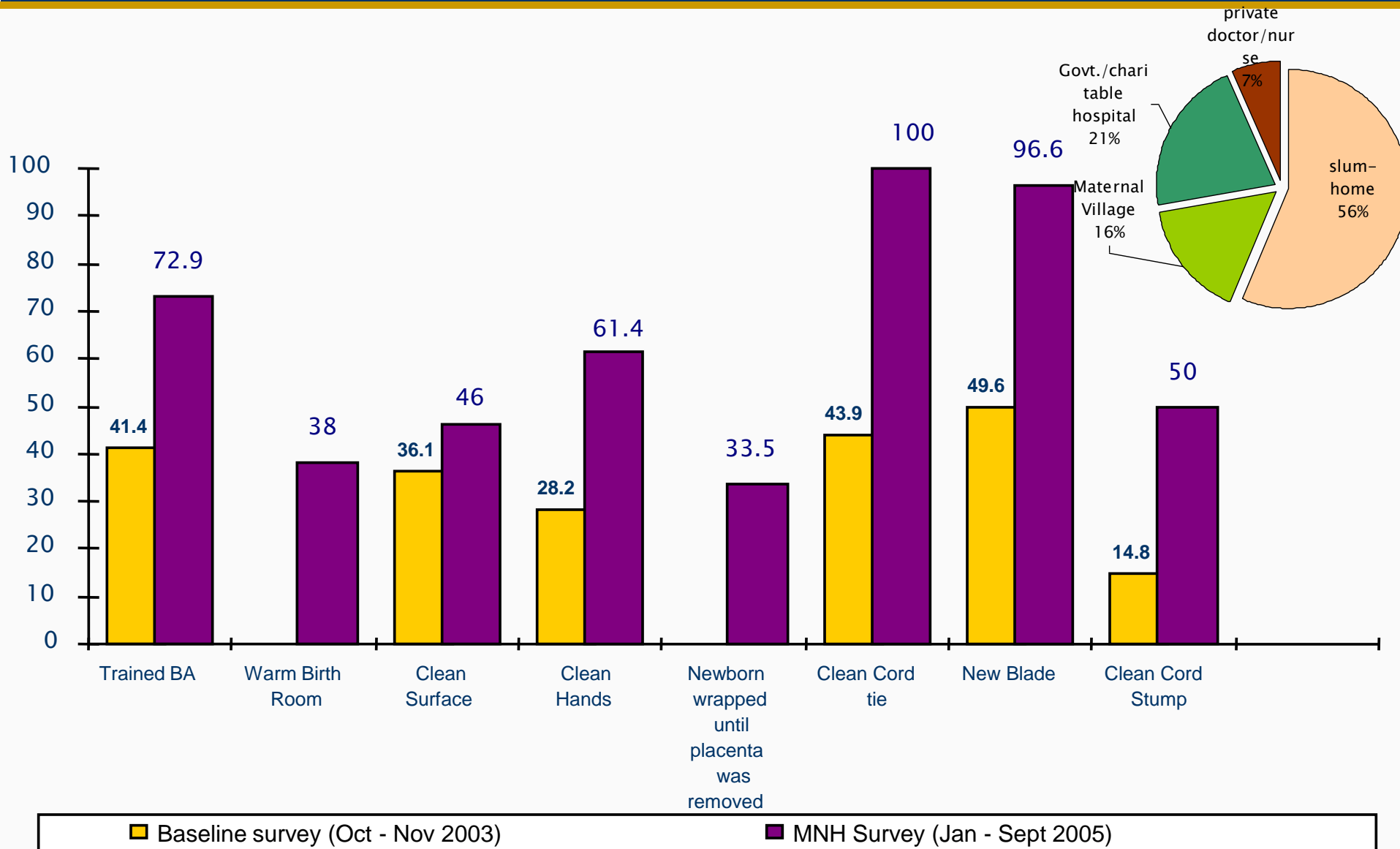
- Promotes essential newborn care among urban poor
- Identifies sick newborns and mobilizes mothers/families to avail services
 - Develops linkage between community and private hospitals
- Helps arrange transport through local transport service providers

Linking Communities, Private, Public Sectors and NGOs for the Urban New Born

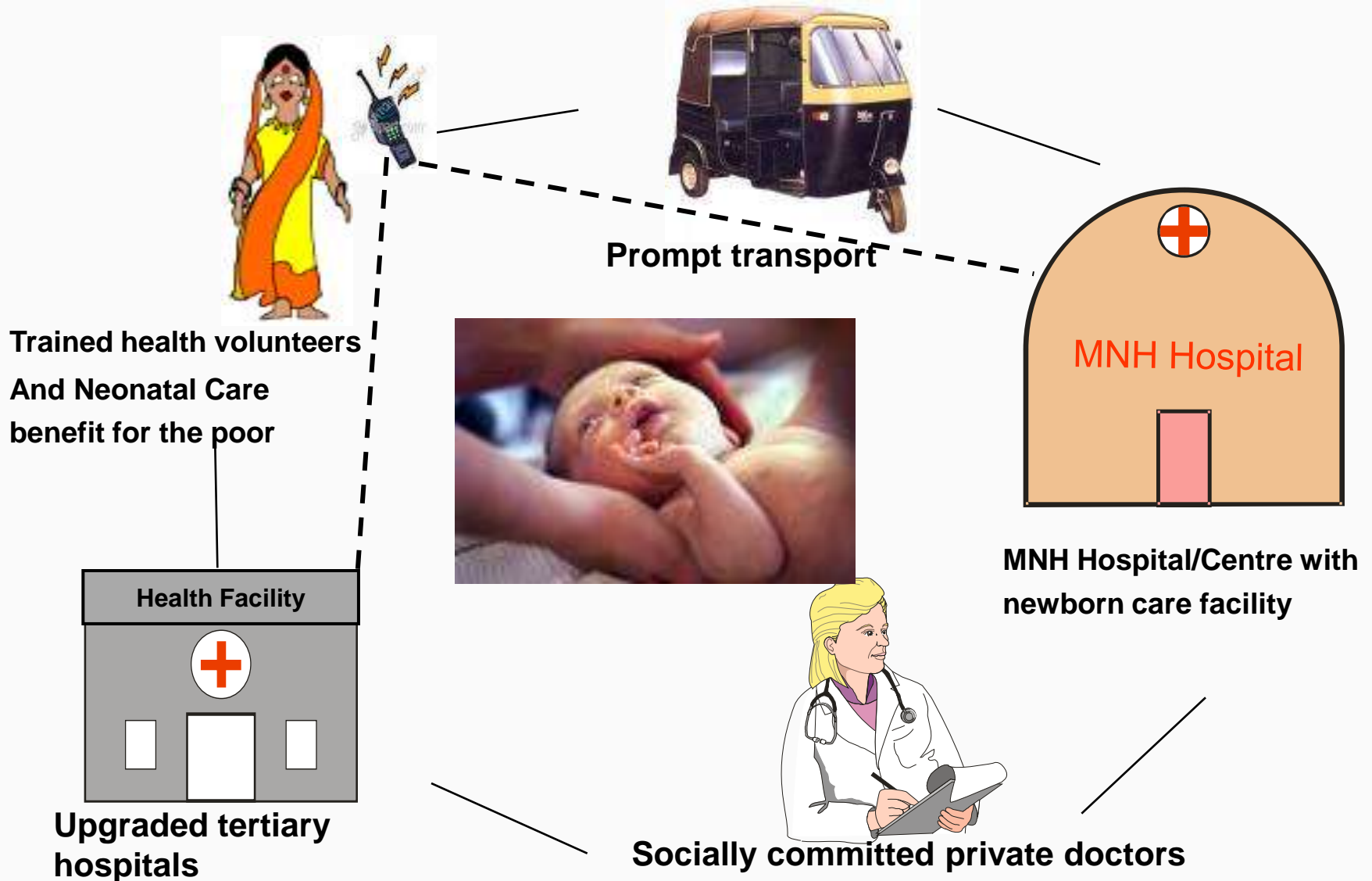
Linking Slum Communities with Public and Private Providers & Services



Encouraging signals from Indore Slums



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



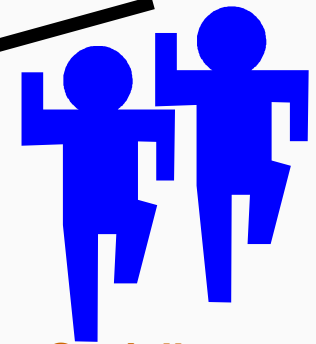
Approx 2,25,000 births take place every month among the urban poor in India.

With Hope and Confidence

Accountable,
Effective
Urban Health
System

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