ESTABLISHING MODEL DEMONSTRATION CENTERS FOR ROUTINE IMMUNIZATION AND ESSENTIAL NEW BORN CARE- AN INNOVATIVE APPROACH FOR QUALITY SERVICE DELIVERY

Problem Statement

The recent Call to Action: Child Survival and Development initiative focusing on implementation of RMNCH+A in High Priority Districts (HPDs) of the country stresses upon the need for reducing Under 5 Mortality Rate (U5MR). The initiative also recognizes the need for improving and sustaining the quality of health care service delivery. Within the spectrum of Child Health, New Born Care and Routine Immunization (RI) are prioritized areas which make a major dent in reducing child morbidity and mortality. To improve and enable system strengthening and facilitate capacity building of health workers, the State of Jharkhand with technical support from USAID-MCHIP has established Model Demonstration Centers for RI and Essential New Born Care (ENC).

Program Description

Three such demonstration centers for RI and four demonstration centers for ENC have been established as a pilot initiative in Deoghar and Jamtara districts in the State. The demonstration centers have been established with the following objectives: strengthen immunization and new born care related practices and processes at selected health facilities in an integrated manner, develop these facilities as cross learning centers for program managers and health staff working on immunization and new born care and facilitate capacity building of staff through interactive discussion, demonstrations, and participatory learning.



Program Impact

The initiative has led to demonstration centers being modelled as centers of excellence and the impact is reflected in improved attitude and health practices of the workers at the centers. RI

Demonstration centers have been established for four thematic areas of RI: Cold Chain and Vaccine & Logistics Management, Recording & Reporting (MIS), Program Management (Planning & Review) and Immunization Waste Disposal. At ENC centers New Born Care Corners (NBCCs) were operationalized and, delivery room and recording and reporting practices improved. With the introduction of the delivery and newborn register- the State has started reporting data on neonatal deaths and asphyxiated new borns. Skill stations have been established at these centers which have instituted the practice of mentoring and Supportive Supervision (SS) for up-gradation and maintenance of skills and practices. Cross learning visits have resulted in replicability of the practices at other health facilities in the districts.

Scalability

The State is in the process of scaling up the initiative. Funds have been approved in the Routine Immunization State Program Implementation Plan (SPIP) for 2013-14 for sustenance of these centers and cross learning visits planned for health staff and functionaries from three poor performing districts to these centers.

Conclusion

The initiative has definitely resulted in improved quality of services related to the two thematic areas.

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