Family Participatory Care (FPC) - India scale up case study

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Presentation Format

• Background & Rationale

• Family Centered Intervention-NIPI Model

• Implementation Steps & results

• FPC Assessment of 38 facilities across 3 States-Preliminary Results

• Learnings, challenges & support needs
Rationale for designing FPC/FCC

- High mortality in SNCU Discharged newborn (6-10 %)
- Low KMC rates (1-2%).
- Issues with quality of care in district facilities
Family-centered intervention- What is known!

• **Concept** originated more than 35 years ago

• **Many global models in North America**
  - Institute for Patient and Family Centered Care, the American Academy of Pediatrics, the Vermont Oxford Collaborative, the Family Centered Care map, the March of Dimes, and COPE program.

• **18 evaluation studies**
  - Advantages through focus on benefits for child, staff, parents, health system
  - Australia, Canada, New Zealand and USA

  **Countries that practice FCC**
  - USA
  - Canada
  - Mexico
  - Australia
  - UK
  - Ireland
  - Europe: Sweden, Portugal, Spain, Turkey

  **Global results are mixed!**

- No implementation model in LMIC in public health approach although evidence based management approach existed in select institutions
- India RML work showed no increase in nosocomial infection- a major concerns of implementers
FPC Model

**Problem/Premise**

**Mother and Families do not have the skills for rearing new born**

- High proportion of the small babies (40% pre-term and low birth weight) mainly responsible for under 5 mortality.
- Mothers of new borns not allowed entry in facilities leading to
  - **Lost opportunity for providing Kangaroo Mother care (KMC)**
    - Poor breast feeding rates
- 60% mothers do not interact sufficiently with babies.

**Strategies**

**Empowering Mothers (FPC) Model**

**Facility Based**

- Paradigm shift of allowing entry of mother/family member into the facility
- Mothers empowered on parental skills at facility using Innovative process using multimedia and hands on practice

**Community Based**

- Home visitation by community workers for the most vulnerable
- Skill building of the mothers through IPC

**Outcome**

**Empowered mother / families for improved parenting skills**

**Goals**

Reduced new born & infant morbidity and mortality by 30%
FPC Model

Facility

Improving Providers skills

Improving Health Systems

Improving Parenting practices

Community

Attitude → Infrastructure → Practices

FAMILY CENTERED CARE FOR NEWBORN
TRAINING GUIDE

FAMILY PARTICIPATORY CARE
FOR IMPROVING NEWBORN HEALTH
OPERATIONAL GUIDELINES
FOR PLANNING & IMPLEMENTATION
July 2017

ONIPI
jhpiego
Follow up at community for SNCU discharged babies

Care at SNCU

1. Adherence (compliance with discharge instructions)
2. Continue support for KMC & LBW feeding
3. Play & stimulation (ECD)
4. Prompt detection of danger signs & timely referral to appropriate facility

At home, care by mother

Outcome: Follow up of 9500 newborns after discharge shows mortality<1%
Family Centred New-born Care: Key Implementation steps & tools

- Identification of a ‘champion’
- Resource center-RML
- Convincing key stakeholders
- Adaptation of tools & Local Translation
- Monitoring framework and recording formats
- Implementation guide
- Quality assessment
- Advocacy for scale up

All tools available

National and State Governments involved at all steps
Some Key steps

FCC Orientation, Odisha

Operational Guidelines in local language

Advocacy with State Governments & national level

State Level Launch in Rajasthan
Results achieved in 5 Model FPC centres

Adherence especially KMC Significantly improved

- % Mother conducted at least 1 facility follow up visit: Before FPC 46%, After FPC 58%
- % Mothers providing KMC at home: Before FPC 2%, After FPC 73%
Improved Adherence with addition of community component in 5 FPC centres

<table>
<thead>
<tr>
<th>Category</th>
<th>Facility FPC</th>
<th>Facility &amp; Community FPC</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Compliance with health facility follow up</td>
<td>58%</td>
<td>65%</td>
</tr>
<tr>
<td>% Compliance with Prescribed Drugs</td>
<td>55%</td>
<td>68%</td>
</tr>
<tr>
<td>% Exclusive breastfeeding</td>
<td>71%</td>
<td>89%</td>
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<tr>
<td>% KMC Practice Rate</td>
<td>73%</td>
<td>84%</td>
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Phenomenal Scale up of FPC in India!!!

- FPC Scaled up in 69 FPC centres with country budgets in one year

Parents attended FPC sessions: 14,034
Parents attended KMC session: 20,362
Qualitative & Quantitative Assessment of FPC in 38 facilities in India

Objective:

- Assess the current status of FPC implementation
- Bottlenecks & challenges in quality implementation of FPC.

Tools

a) Health Provider-Interview
b) Facility checklist
c) Data verification
d) Client satisfaction & knowledge

69 Facilities Training conducted

43 submitting reports

38 Assessed
# FPC Assessment - Quality of Care

(Providers feedback N=38)

<table>
<thead>
<tr>
<th>S N</th>
<th>Qualitative Opinion of Doctors and Nurses (N=38)</th>
<th>Improved</th>
<th>No Change</th>
<th>Not Sure</th>
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<tbody>
<tr>
<td>1.</td>
<td>Quality of care since starting FPC in the facility</td>
<td>97%</td>
<td>-</td>
<td>3%</td>
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<tr>
<td>2.</td>
<td>Breast feeding practices in the facility</td>
<td>97%</td>
<td>3%</td>
<td></td>
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<td>3.</td>
<td>KMC practices in the facility</td>
<td>100%</td>
<td>-</td>
<td></td>
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<tr>
<td>4.</td>
<td>Nosocomial infections in the facility</td>
<td>34%</td>
<td>39%</td>
<td>27%</td>
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<tr>
<td>5.</td>
<td>Follow up of discharged cases in the facility</td>
<td>74%</td>
<td>26%</td>
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FPC Assessment-Facility observation

- Family member allowed in SNCU (N=240): 79%
- Family members observed providing FPC (N=190): 72%
- Adequate supplies for hygiene entry protocols (N=38): 95%
- Chairs available for family members (N=38): 84%
- Training space available (N=38): 100%
- Availability of AV equipment (N=38): 95%
- Structured training session plan displayed (N=38): 42%
- FPC Data Recording Started (N=38): 97%
Summary of Findings

• Almost all the mothers suggested FPC should start everywhere !!!!.

• All units were functional for FPC (72% eligible newborns receiving FPC)

• 53% of clinical staff (Doctors and Nurses) were trained on FPC.

• Enabling logistics available at most places.

• In most of the facilities FPC sessions happening regularly but training not well structured.

• Breast feeding & KMC practices have increased.
Learnings & challenges!

- FPC is doable in public health framework

- **Winning strategy for improving KMC & empowering families**

- Convincing key stakeholders single most important step as paradigm shift!

- Identifying a champion at each institutional level

- Integration with FBNC

- Scale up support
Thank you!