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## Conference Abstract

### **Regular Appraisal of Program Implementation in District (RAPID): A Supportive supervision approach to improve essential newborn care in Haryana India**

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## **Abstract**

**Introduction:** Almost 55% of under-five mortality and 66% of infant mortality occurs during the neonatal period in Haryana India. Substantial portion of this disease burden can be attributed to avoidable reasons of asphyxia and infection. Early neonatal mortality is high (23 per 1000 live births) despite Haryana being a prosperous state, and it has registered no decline during the last 10 years. Majority of facilities were not assessed as ready for preventing neonatal deaths and stillbirths, and skill-set of staff nurses working in labor rooms was found to be sub-optimal.

**Description and methods:** Supportive supervision was employed as a tool to assess the readiness of public health facilities, and competence of staff nurses to administer essential newborn care to address preventable cause of neonatal deaths – birth asphyxia, hypothermia, low birth weight, and infection. MCHIP-USAID is providing the technical expertise for providing standards, assessment tools and analysis of findings. Gaps are identified, and program managers and staff take corrective action, and periodic follow-up visits are done to continuously assess the program. Baseline visits have been completed in 15 districts (out of 21) in the state. Composite scores are calculated based on performance indicators in 5 categories – infrastructure, delivery and newborn care services, essential drug equipment and supply, knowledge about infection prevention and protocol, provider knowledge and skills.

**Results:** Infrastructure, delivery and newborn care services, and essential drugs, equipment and supply was found average in most districts during the first round. The weakest links were knowledge about infection prevention and protocols, and provider knowledge and skills. No district was categorized as good (score 75% and above). 7 districts were adjudged as average (with score between 51-61 %), and 8 districts were categorized as poor (score between 41-49 %).

**Conclusions and Discussion:** First round of supportive supervision to improve people centered integrated quality essential newborn care in 15 districts have highlighted the pressing need to improve the infection management and provider knowledge and skills. This approach of regular and continuous monitoring and evaluating success with focus on use of evidence and data for programmatic improvements has the potential of registering rapid decline in neonatal mortality in Haryana and similar settings in the low and middle income settings. The new approach of supportive supervision with focus on support, facilitation, strengthening health systems, problem-solving and coaching health workers is far superior to the traditional approach focusing on inspection, control, audit, validation and examination.

## **Keywords**

**essential newborn care, quality improvement, supportive supervision, monitoring and evaluating success, use of evidence and data**

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## **Powerpoint presentation:**

<http://www.integratedcarefoundation.org/content/special-session-quality-improvement-integrated-care>

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