

Case study 1

Small babies get life-saving hugs in Jharkhand and Uttarakhand

Government of India endorsed Kangaroo Mother Care (KMC) as a life saving intervention and issued operational guidelines on its use in health facilities in 2014. The guidelines recommend eight to 10 bedded KMC unit in or as close to a Sick Newborn Care Unit (SNCU), in Neonatal Stabilization Units and even postnatal wards with trained and willing service providers available 24X7.



Salma and her four day old baby at the KMC unit (Chain Rai Women's Hospital, Haridwar, Uttarakhand)
@JSI,2016

On a cold December morning in the holy city of Haridwar, the only government women’s hospital is bustling with activity. At least three women are in different stages of labor, while a crowd of relatives is thronging outside in anticipation. The Out Patients Department (OPD) situated just next to the entrance is swelling with patients. This is not unusual for Chain Rai Women’s (CRW) Hospital which manages on an average 300 deliveries every month. The scene is not very different 800 miles away in Sadar Hospital Gumla. Both these district health facilities with a high delivery load and functional SNCU were ideal choice for implementing the KMC intervention.

Facilities at a glance

	Chain Rai Women’s Hospital	Sadar Hospital
Location	Haridwar city, Uttarakhand 32 miles from state capital, Dehradun	Gumla city, Jharkhand 53 miles from state capital, Ranchi
Catchment population	1.9 million (District Haridwar)	1 million (District Gumla)
Year of establishment	New building operational since 2012	2009
Bed capacity	Sanctioned 38, operates nearly 100	Sanctioned 100, operates nearly 170
Delivery load	Average 300 per month	Average 200 per month
SNCU capacity	12 beds	12 beds
Paediatricians	1	2 (and 2 medical officers)
Nursing staff (SNCU)	11 in position against 12 posts	7 in position against 12 posts

January 2016, the journey begins.....

Dr. Bhawani Pal, Chief Medical Superintendent (CMS), CRW hospital is observing intently as the technical advisor from John Snow India Private Limited (JSI), Dr Vikas is marking the dysfunctional X-Ray room on the SNCU layout map as a promising cite for a KMC unit. Within a few minutes they, along with the paediatrician, Dr. Meeta Srivastava, are in the X-Ray room of the SNCU finalizing renovation requirements to ensure at least two beds and reclining chairs can be accommodated, and a washroom with hand-washing area is accessible.

KMC unit is an unbudgeted activity for the hospital. As per protocol, Dr. Pal will have to present a compelling case to the District Health Society (DHS) to secure funds for even minor civil works and renovation. There is always an option of waiting for the next annual planning cycle to budget for an eight to 10 bedded KMC unit as recommended by the Central government. But this implies delaying initiation of an effective and simple life-saving intervention for all the small babies born in CRW hospital for at least a year. Dr. Pal is not the one to wait for things to happen to her. Her pro-activeness in promoting what is best for patients is no surprise to her team. An Obstetrician and Gynaecologist by training, she along with just one paediatrician (Dr. Srivastava) manages a delivery load of an average 10 per day. She has dedicated her life to the patients and management of the hospital which received the newly instituted Kayakalp award by the Ministry of Health and Family Welfare for setting highest standards of cleanliness and hygiene.

Expectedly, Dr. Pal has convinced the DHS on realigning budgets and ensured that lack of finances is not a hurdle for initiating the KMC unit. Meanwhile Dr. Srivastava and Dr. Vikas have identified a local carpenter to craft comfortable and durable reclining chairs as per specifications of required seating

angle. In six months, within one-third the budget recommended by the government for a full-scale KMC unit and some unpleasant altercations with the civil works contractor, CRW hospital has a KMC unit right next to the SNCU.



X-Ray room in SNCU, converted to KMC unit (CRW hospital, Haridwar, Uttarakhand) @JSI,2016

The journey was less arduous in Sadar hospital, Gumla as the SNCU is constructed as per new design specifications, mandating space for a KMC unit in the SNCU. The available space with modifications to ensure privacy for mothers and babies has been furnished with reclining chairs and beds.

July 2016, shifting from hardware to software....

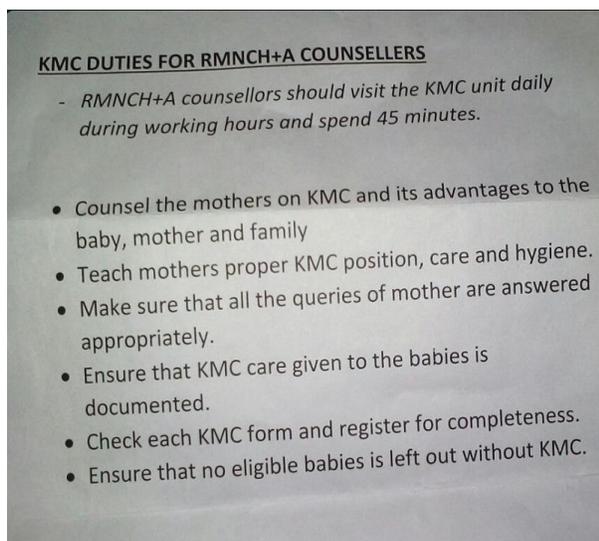
Staff at both the facilities has been witnessing the developments in the SNCUs. Dr. Namrata Topno, Medical Officer, SNCU Sadar hospital, Gumla along with a senior paediatrician from a referral hospital, Dr. Lakhra has just returned from a two-day skill training on KMC at Safdarjung Hospital, New Delhi. JSI is training facility and field staff on KMC practice through a cascade model. The training in New Delhi was aimed at creating a resource pool of Master trainers in Haridwar and Gumla who can further train SNCU nurses, counsellors and field nurses. Interestingly, apart from orientation to KMC in pre-service training, none of the nurses in either facility have ever been trained on KMC. By December 2016, all facility nurses and counsellors were trained on KMC – theory and practice.

Training of staff is a critical input for skill enhancement. But KMC practice also requires staff to be available and willing to undertake more workload. Both hospitals in Haridwar and Gumla are severely short on skilled staff. However, that was never a deterrent to initiating KMC which requires staff to:

- screen newborns for birth weight and signs of sickness,
- counsel mothers and other caregivers,
- closely monitor newborns especially in the early stages of KMC and
- recording KMC relevant information such as admission in KMC unit, duration and frequency of KMC, weight changes.

Efficient use of available staff and keeping them motivated is key to managing the KMC units with staff shortages. In CRW Hospital, Haridwar, the CMS has expanded the duties of the two family planning counsellors already in position, recommended them for KMC training and authorised them as KMC counsellors. Their job descriptions have been modified to include counselling services in the KMC unit in addition to OPD services they were already offering.

Revised job description of KMC counsellor (CRW Hospital, Haridwar, Uttarakhand) @JSI, 2016



Both facilities have adopted a KMC policy which makes hospital staff accountable for ensuring all eligible newborns receive KMC in their facility and are followed-up till positive outcomes on weight and overall development are achieved. In addition, roles and responsibilities to manage both SNCU and KMC unit operations have been clearly defined.



In CRW Hospital, Haridwar, the 11 nurses work in shifts and ensure that any given time two nurses are available to attend to babies in SNCU and KMC unit.

In Sadar hospital, Gumla, two medical graduates support the seven nurses in managing SNCU and KMC unit operations.

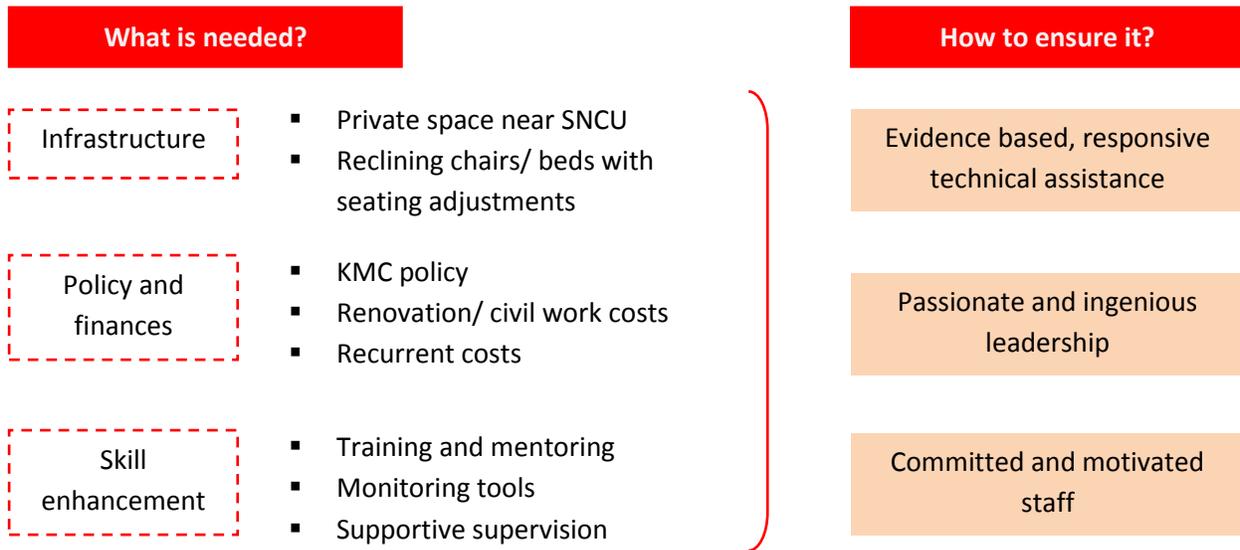
Two SNCU nurses on duty at any given time (CRW Hospital, Haridwar, Uttarakhand) @JSI, 2016

The experience of establishing KMC units in district hospitals of Jharkhand and Uttarkhand, which face the systemic challenges of lack of space, staff and timely financial support, demonstrates that these challenges can be overcome through leadership and ingenuity, staff motivation and willingness to seek external technical expertise.

“Managing a facility with limited human resources and such a high case load requires passion, team support and some madness”.

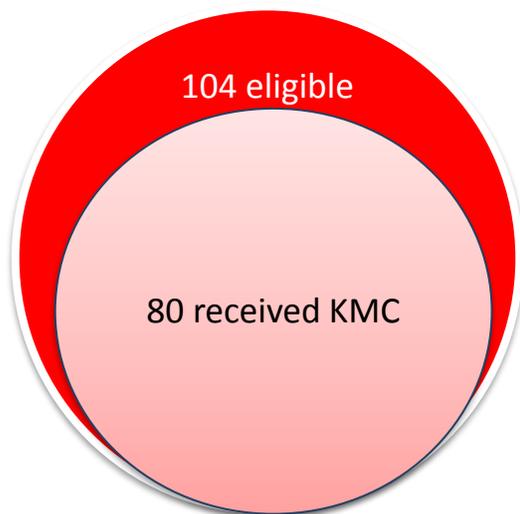
(Dr. Bhawani Pal, CMS, CRW hospital, Haridwar)

Building blocks of a KMC unit

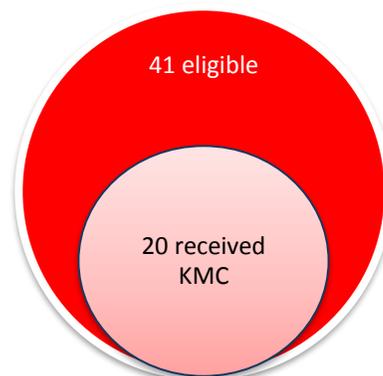


Journey continues....

The journey to establishing the KMC unit has been far from smooth but one that has now ensured that babies whose birth weight is below 2000 gms or are born too soon (preterm) are screened and receive one of the simplest life-saving interventions - KMC.



July to December, 2016
Sadar hospital, Gumla



October to December, 2016
CRW Hospital, Haridwar