Support to Improving Administrative Efficiency for Delivering Newborn and Infant Healthcare Services (NIPI)

**PROJECT INFORMATION**

- **Area:** Health, Poverty Reduction
- **Budget:** US$ 25,909,411
- **Duration:** 2013-2015
- **Partners:** Government of India, Government of Norway, State Health Societies, Jhpeigo
- **Location(s):** Assam, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Rajasthan, Odisha

**Background**

Improving child and maternal health continues to be a challenge in India. Despite steady economic growth over the past few years, the country accounts for 50 percent of the global under-five mortality. Many children continue to die from diseases that can be prevented through vaccination. Malnutrition alone accounts for one-third of all deaths in childhood. Roughly 13 percent of children die as a result of diarrhea resulting from poor sanitation facilities. Further, 70 percent of under-five deaths can be attributed to poor perinatal conditions and respiratory infections.

The Governments of Norway and India launched the Norway-India Partnership Initiative (NIPI) in 2006 to work together to achieve Millennium Development Goal 4, which focuses on reducing child mortality by 2015. After the successful completion of Phase I, UNDP, in partnership with the Government of Norway, has taken forward Phase II of this initiative, the ‘NIPI Newborn Project’. The NIPI Newborn Project, initiated in 2013, aims to reduce neonatal and infant mortality by strengthening capacities and improving access and utilization of public health services. It also seeks to accelerate the efforts of the National Rural Health Mission (NRHM) to improve the availability and access of people to quality health care, especially those residing in rural areas, women and children. UNDP provides advisory services, technical assistance and project management services.
**About the project**

In Phase II, the project will continue to promote continuum of care to the newborn and infant that includes strengthening infrastructure and capacity of newborn care facilities; increasing access of communities to health care services; and providing services at home through community health workers i.e. ASHAs. Gender mainstreaming and equity remains the mainstay of the Project.

In addition, the project will support the Government of India to rapidly take forward the RMNCH+A strategy including newly launched package for promoting the survival and development of children, Rashtriya Bal Suraksha Karyakram (RBSK). Providing technical assistance as lead development partner in High Priority Districts in the state of Jammu and Kashmir in consultation with the Government of India and state governments is also envisaged.

Activities planned within the NRHM framework include-

- Supporting NRHM child health initiatives as part of state and district plans
- Identify and bridge critical gaps, stimulate innovation, and promote reforms through evidence-based advocacy
- Promote equity-based, gender-sensitive approach to empowerment

**Developments so far**

- **Improving quality of life of children with development difficulties**
  The Government of India, with technical support from NIPI project, has launched the Rashtriya Bal Swasthya Karyakram, a new initiative which aims at screening over 270 million children from 0 to 18 years of age for 4 Ds - defects at birth, diseases, deficiencies and development delays including disabilities. Children diagnosed with such diseases will receive free treatment including surgeries as part of NRHM

- **Expanding facility-based care for sick newborns in rural areas**
  To accelerate implementation of Facility-Based Newborn Care, the project is helping establish Sick Newborn Care Units (SNUC) in rural areas. Designated as ‘SNUC treatment and training centres,’ these units provide specialized care to sick newborns and hands-on training to medical and nursing personnel

- **Increasing access to community-based infant care in rural areas through Home-Based Newborn Care Plus**
  As part of NRHM, India has operationalized home-based newborn care through a series of home visits by social health activists, ASHAs. This is done to ensure that neonates have access to essential newborn care. The NIPI project has expanded this home-based newborn care platform to cover infancy after the neonatal period. For this, ASHAs are being strengthened through training and provision of drug kits to enable them to perform better

- **Expanding care to newborns after sickness through Sick Newborn Care Units Plus**

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