

LEVERAGING PROFESSIONAL MEDICAL ASSOCIATIONS TO STRENGTHEN MIYCN POLICY AND PROGRAMS IN INDIA



INTRODUCTION

Despite a robust policy framework and political commitment and will at highest level, the nutrition situation in India requires urgent and concerted action from all stakeholders. 35.5% of India's under 5-year children are stunted, 52% pregnant women and 57% of all women aged 15-49 years are anemic, and 19% women are underweight. India's progress in Maternal Infant and Young Child nutrition (MIYCN) has been below desired levels and uneven with wide interstate disparities. Though 9 in 10 births take place in health facilities, only 2 in 5 newborns are breastfed within the first one hour of life, highlighting a critical "missed opportunity" for newborn, who do not receive their first inoculation against death and disease. Additionally, one fourth of the infants below 6 months are still not receiving the benefits of exclusive breastfeeding and 1 in 10 young children (6-23 months) receive an adequate diet. Only 2 in 5 pregnant women consume at least 100 iron folic acid (IFA) supplements (NFHS 5, 2019-21).



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NEED FOR PARTNERING WITH PROFESSIONAL MEDICAL ASSOCIATIONS

In India, a large proportion of pediatricians, gynecologists, community medicine specialists, general practitioners, and nurses working across both public and private health sector belong to professional medical associations. The associations provide their members access to medical knowledge through evidence-based guidelines, continuous education and capacity building exercises, and networking opportunities.

60% of India's healthcare infrastructure is private. According to the NFHS-4, the private sector accounts for up to 22% of institutional deliveries in rural areas and up to 43% of institutional deliveries in urban areas¹. In terms of health care standards, the private sector remains largely unregulated compared to different tiers of public health facilities². Hence, connecting with the private sector providers is essential to strengthen the delivery of MIYCN services with quality.

Associations are uniquely positioned to reach the health providers operating in private healthcare facilities that are often not fully aware or not adhering to government policies and evidence-based guidelines. Associations such as FOGSI and IAP have a large number of members -obstetricians and pediatricians in the private sector. Therefore, the professional medical associations can be leveraged to engage the fragmented private health sector to ensure effective coverage of key MIYCN interventions. Lastly, these associations are well- positioned to provide technical expertise to government in designing evidence-based policies, capacity building, quality assurance and evaluation public health nutrition programs.

The key professional medical associations include³:

- ▶ Federation of Obstetric and Gynaecological Societies of India (FOGSI) is the professional organization representing practitioners of obstetrics and gynaecology in India. With over 262 member societies and over 37,000 individual members spread over the length and breadth of the country, it is probably one of the largest membership-based organizations of specialized professionals.
- ▶ The Indian Association of Preventive and Social Medicine (IAPSM) is a professional organization of specialists in Epidemiology, Health Management, Health Promotion, and Family Medicine, dedicated to the promotion of public health by bringing its members' expertise to the development of public health policies. It has 6000+ members of which a sizeable number are in the Community Medicine Departments across all medical colleges of India.
- ▶ The Indian Academy of Pediatrics (IAP) has over 32,000 members across the country with 26 State and 303 District, and City level branches and has promoted different specialties in the field of pediatrics through various Chapters. The IYCF Chapter of IAP had been established to promote the Infant and Child Nutrition practices, care of child, health, and nutrition in normal and abnormal conditions through capacity building, research, and policy advocacy initiatives.
- ▶ Indian Society of Perinatology and Reproductive Biology (ISOPARB) is an association which has 30 city chapters and more than 3000 members. ISOPARB is committed to work for improving maternal and perinatal outcome and regularly conducts CMEs, webinars, workshops, and camps for its members and at community level.
- ▶ The Trained Nurses' Association of India (TNAI) is a national organization of over 350,000 nurse professionals at different levels with objectives to uphold the dignity and honour of the nursing profession, promote a sense of esprit de corps among all nurses and advance professional, educational, economic and general welfare of nurses

STRATEGIC ENGAGEMENT APPROACH

A&T's partnership with professional medical associations aims at promoting adoption of strong MIYCN position by the associations, development of evidence-based guidelines on MIYCN, capacity enhancement on evidence-based MIYCN focused clinical practice and increasing engagement of professional associations in providing continuous support to public health nutrition programs.

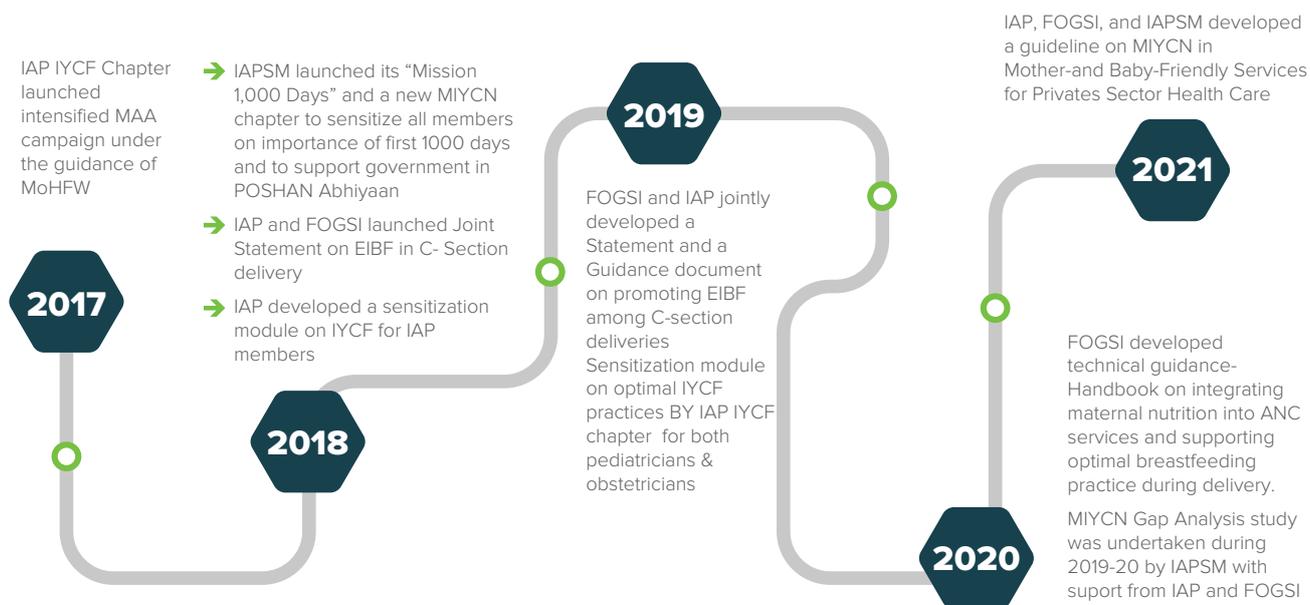
1 Tripathi, S., Srivastava, A. & Memon, P. et. al., 2019. Quality of maternity care provided by private sector healthcare facilities in three states of India: a situational analysis. BMS Health Services Research, Volume 19, p. 971.
2 Refers to the Indian Public Health Standards (IPHS) established under the National Health Mission (Revised 2012). Dehury RK, Samwal J, Coutinho S et al. How does the largely unregulated private health sector impact the Indian mass? J Hlth Mgt. 2019. <https://doi.org/10.1177/0972063419868561>
3 The Federation of Obstetric and Gynaecological Societies of India (fogsi.org) IAPSM | Indian Association of Preventive and Social Medicine Indian Academy of Pediatrics (IAP) | Home (iapindia.org) Indian Society of Perinatology and Reproductive Biology (isoparb.org) TRAINED NURSES' ASSOCIATION OF INDIA (TNAI) (tnaionline.org)

KEY ACHIEVEMENTS

A&T has been successfully engaging and collaborating with the key professional medical associations of IAP including its IYCF chapter, Pediatric and Adolescent Nutrition (PAN) Society, and Human Milk Banking Association of India, IAPSM, FOGSI including Food, Drugs & Medico surgical Equipment Committee and Breast Committee, ISOPARB and TNAI in the following areas:

CHANGING THE LANDSCAPE WITH EVIDENCE GENERATION, POSITION STATEMENTS AND POLICIES ON MIYCN:

The collaborating associations made significant changes to their existing MIYCN technical guidelines.



In addition, TNAI in collaboration with A&T India is currently working towards integrate MIYCN technical content in a key textbook for nursing students.

CAPACITY BUILDING OF ASSOCIATION MEMBERS ON MIYCN

A&T supported IAP including IAP IYCF Chapter and Human Milk Banking Association of India, IAPSM & its MIYCN Working Group, FOGSI including the Breast Committee and Food, Drugs, and Medico-surgical Equipment Committee, the Indian Public Health Association (IPHA), Indian Society of Perinatology and Reproductive Biology (ISOPARB), and TNAI to develop face-to-face trainings for their members during their annual conferences at national level and in select states; and subsequently, to online platforms to increase the reach. During the COVID pandemic, series of webinars were jointly organized with FOGSI, ISOPARB, IAP and IAPSM to orient members with updated knowledge pertaining to optimal maternal nutrition, breastfeeding and complementary feeding practices. In total, around 3500 members participated in IAP, FOGSI, and IAPSM's MIYCN related capacity building seminars including over 1500 through webinars, over the past four years.

TECHNICAL SUPPORT AND LAUNCH OF MIYCN E-LEARNING COURSE

In June 2021, the Indian Institute of Public Health Delhi (IIPH Delhi), the Public Health Foundation of India, with technical support from Alive & Thrive and WeCan and contributions from Food, Drugs and Medico-Surgical Equipment Committee of FOGSI, IAP-IYCF Chapter & Human Milk Banking Association of India, IAPSM, ISOPARB and Nutrition International developed an eLearning course on Maternal, Infant, Young Child and Adolescent Nutrition (MIYCAN) for association members, medical, and public health professionals.⁴ The course is endorsed for the above associations and accredited by the Indian College of Gynecologists (ICOG) as continued medical education. The course provides a novel opportunity to reach private service providers directly on MIYCN topics.

⁴ The course can be accessed at: <https://cdl.phfi.org/portal/node/313>.

SUPPORT TO GOVERNMENT PUBLIC HEALTH NUTRITION INITIATIVES

During mid 2019 till early 2021, IAPSM partnered with selected medical colleges in Uttar Pradesh and Bihar with technical support from A&T, under the leadership of NITI Aayog to undertake regular quality assessment of delivery of MIYCN services in the community and providing feedback to local and national government for facilitative actions. IAP IYCF chapter is also leading the efforts in generating awareness and adherence to a commitment framework for Infant Milk Substitute (IMS) Act among all professional associations, in partnership with FOGSI, IAPSM, TNAI and with support from MoHFW.

Lastly, in addition to its discrete technical outputs, A&T's engagement with professional medical associations proved as an essential complement to direct technical advocacy with the MoHFW. In many instances, the support of senior association leaders was key to advancing the technical agenda with the government.

LESSONS LEARNT IN THE PROCESS OF COLLABORATION

Engaging with professional medical associations has provided A&T India the unique opportunity to interact with large networks that influences health providers across the country. In a short span, A&T India collaborated with organizations that reach more than 400,000 service providers. Hence, it has been observed that collaboration with professional medical associations has three key benefits: 1) enabled building expert champions to support advocacy efforts with the government, 2) led to adoption of evidence-based guidelines on MIYCN for members, as anecdotal evidence, show that a significant number of providers referred to and followed guidelines issued by their associations and 3) accelerated the process of capacitating and motivating members to deliver evidence-based practices.

What works well:

- Development of formal Letters of Collaboration, Memorandum of Understanding and joint work plans that help solidify the partnership by clearly outlining the intended activities, roles, responsibilities, and any related budget needs from both ends
- Leadership committed to MIYCN agenda and ownership of agenda by association leadership
- Identification of MIYCN champions within the association and formation/strengthening of chapters dedicated to MIYCN for sustained interest and prioritization of MIYCN in various initiatives through the associations
- Facilitation of technical seminars for the members including during annual conferences of the associations was crucial to ensure that the practitioners are aware of the evidence based global and national recommendations on MIYCN
- Joint development of updated policy and program guidelines on MIYCN by central leadership of key associations helped in dissemination of harmonized and standard guidelines on MIYCN across obstetricians/ gynecologists, pediatricians and community/public health practitioners and spotlighted the need to address mother-child dyad as a team.

Emerging issues/Challenges include **i)** Ensuring sustainability of professional associations' MIYCN activities in the absence of external financing from a development partner and identifying multiple sources for resource generation **ii)** Activities such as cascaded training are resource intensive and should be carefully examined for sustained impact **iii)** Inadequate mechanisms for tracking the improvements in MIYCN practices post dissemination of updated guidelines or trainings

CONCLUSION

The professional medical associations have the potential to play a crucial role in both policy advocacy efforts and in strengthening evidence based MIYCN service delivery due to their leadership abilities and expertise, their extensive reach and relationship with the medical community. Going ahead future opportunities include adoption of e-learning methods for sustained medical learning and development of and implementation of quality assurance and quality improvement strategies for provision of mother & baby friendly MIYCN services involving professional associations. Institutionalization of partnership with professional associations along with funding through the government would promote sustainability and impact the health and nutrition outcomes in women and children.