LETTER TO EDITOR

The Neo cradle Scheme: Leveraging Public-Private Partnerships to Maintain Single-Digit Mortality among Neonates in Kerala

Kajal Srivastava, Akhil R Nair

Department of Community Medicine, Dr. D.Y. Patil Medical College Hospital & Research Centre, Dr. D.Y. Patil Vidyapeeth (Deemed to be University), Pune

CORRESPONDING AUTHOR

Dr Akhil R Nair, Assistant Professor, Department of Community Medicine, Dr. D.Y. Patil Medical College Hospital & Research Centre, Dr. D.Y. Patil Vidyapeeth (Deemed to be University), Pimpri, Pune-411018

Email: akhil.nair@dpu.edu.un

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Sir,

Kerala has consistently recorded the lowest Infant Mortality Rate (IMR) in the country, with the most recent Sample Registration System (SRS) data showing a figure of 5 per 1,000 live births. However, further reducing this rate faces a major challenge: overcrowding in public sector Level III Neonatal Intensive Care Units (NICUs). High-risk neonates who require advanced treatments such as mechanical ventilation often encounter referral difficulties when government medical college NICU beds are unavailable. To bypass this logistical limitation, the Government of Kerala has introduced a program called the "Neo cradle" scheme in 2024.(1) This initiative operationalizes a strategic Public-Private Partnership (PPP) by means of a centralized digital network. The system helps in the immediate transfer of the neonates from the overcrowded government facilities to the empanelled private hospitals at the full cost of the treatment package to be borne by the exchequer of the state[1]. This correspondence assumes an analytical approach to the frame of Neo cradle and its role in the separation of the advanced neonatal survival from the financial ability of the household.

The Operational Framework: From ' Referral' to 'Rescue'

The Neo cradle scheme operationalizes a "Hub-and-Spoke" model which is currently being piloted in the Kozhikode district to connect the peripheral delivery points (spokes) with advanced tertiary care centres (hubs). Owing to a centralised digital dashboard developed by National Informatics Centre (NIC), Neo cradle functioning contrasts with traditional referral systems which are dependent on ad-hoc telephonic availability. This is a real-time visibility of Level II and Level III NICU bed vacancies, for government medical colleges as well as empanelled private hospitals. (1)

The protocol is activated when a neonate has critical indications such as birth asphyxia (hypoxia), severe prematurity or hypoglycaemia and no government ventilator is available. The system needs a 'pre-transport stabilization' dialogue between the referring and receiving paediatricians to ensure that the 'Golden Hour' is not lost en route. Once the bed is digitally blocked the infant is then transported to specialised ICU ambulances (scarred with transport ventilators and incubators). Crucially, there is evidence of the state's Karunya Arogya Suraksha Padhathi (KASP) in the financial architecture, where the government is the strategic purchaser, reimbursing private providers at fixed package rates, removing out of pocket expenditure from vulnerable families. (2)

Critical Analysis: 'Hridyam' Precedent and Scaling up to the Future

The structural confidence of Neo cradle is a result of the success of the Hridyam project (launched in the year 2017) which was able to integrate the private sector capacity to manage Congenital Heart Defects (CHD) in neonates[3]. Just like Hridyam to reduce the waiting time of paediatric cardiac surgeries, Neo cradle tries to decongest government NICUs.

However, there are certain challenges to the scalability of this role from the district level pilot to the statewide mandate. First, standardization of quality is utmost; unlike the government medical colleges, private sector NICUs are great in vice of infection control protocols and nurse-patient ratios. Second is financial viability which would encompass timely disbursement of claims to private partners; delays in reimbursement which is a common feature with respect to Indian PPP models might turn out to be a disincentive to private participation[4]. If they can defeat these administrative bottlenecks, Neo cradle can offer a model that can be copied by other High IMR states to show that to decrease neonatal mortality, one must be not only clinically excellent, but also logistically and financially connected.

Conclusion: A Purchasing Strategy Model

The Neo cradle scheme is nothing but a paradigmatic shift in the Indian public health strategy: from "infrastructure creation" to "strategic purchasing." By paying for services from the private sector to fill in the lacunes of the public

sector, Kerala de facto detaches neonatal survival from the immediate ability of the state to build more hospitals. This model gives a pragmatic blueprint for high mortality states (Madhya Pradesh and Uttar Pradesh) where the delay in creation of the tertiary infrastructure often cost lives. Ultimately, Neo cradle will prove that the meeting the target for achieving sustainable development goal (SDG) neonatal mortality needs to be achieved by integrating the private sector not as a competitor, but as a state funded safety net.

Declaration of Generative AI and AI Assisted Technologies in the Writing Process

The authors haven't used any generative AI/AI assisted technologies in the writing process.

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