

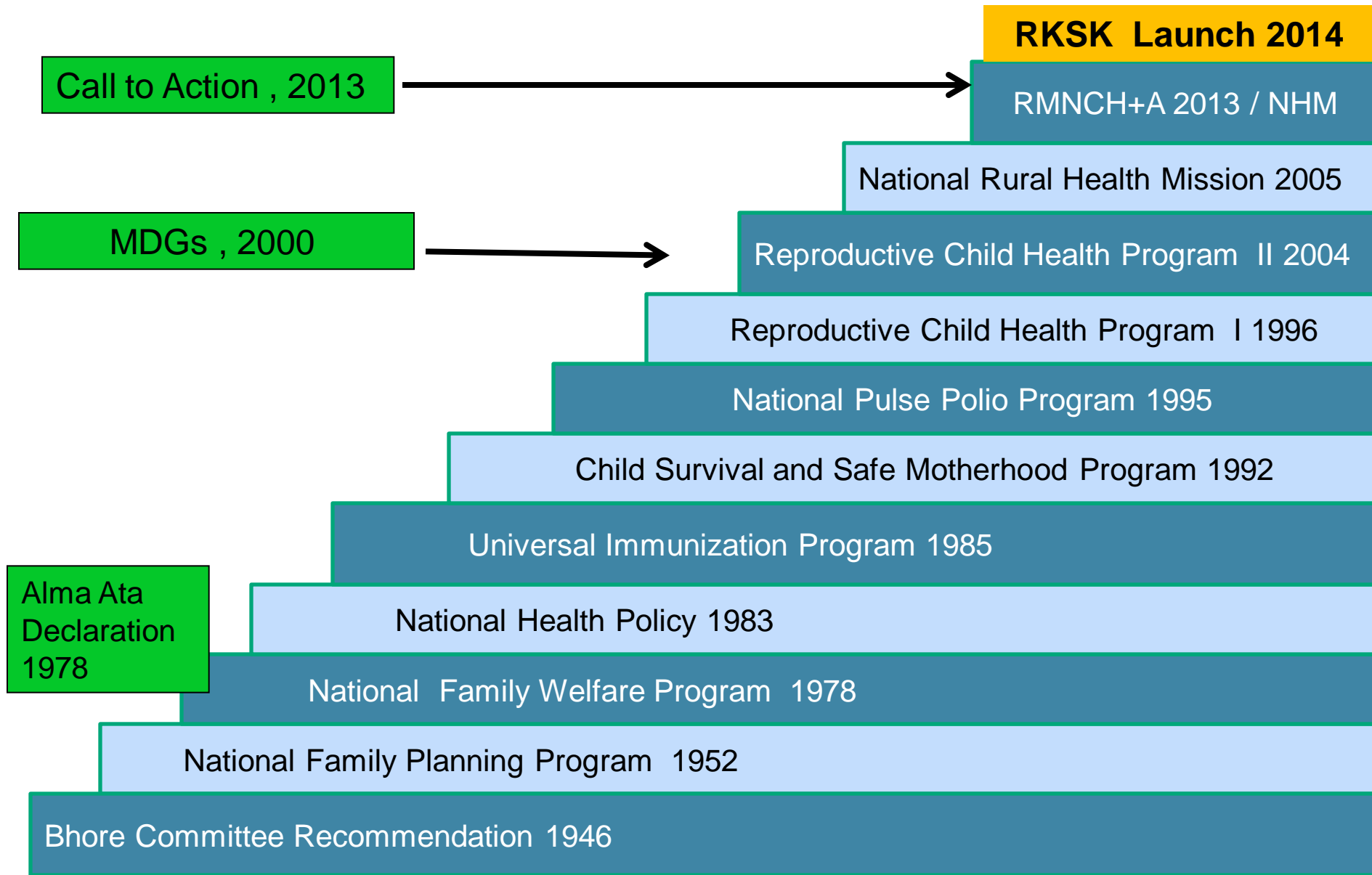


RMNCH+A On Ground

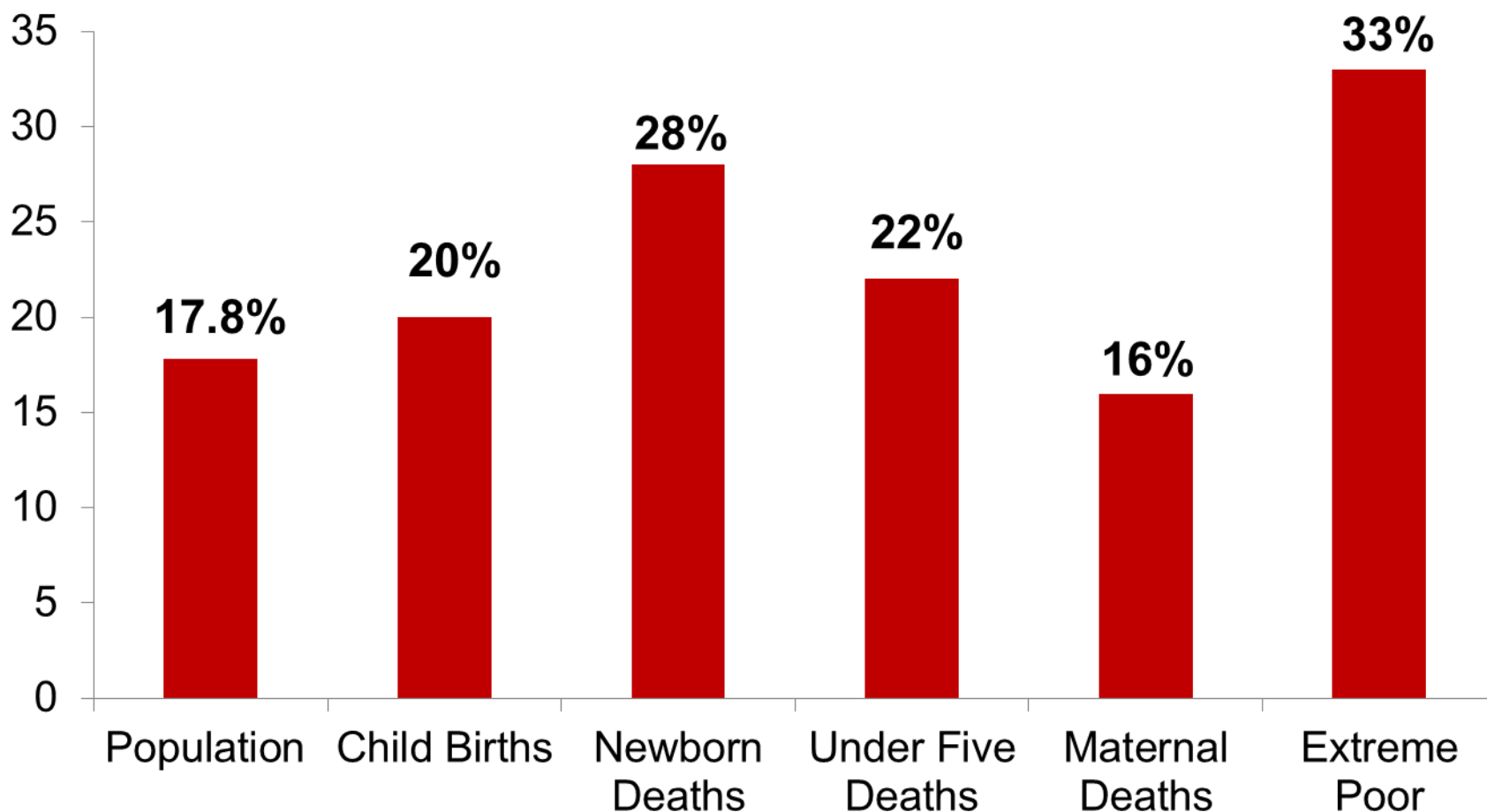
**Improving Coverage – Addressing Quality
Accelerating Progress**

**Dr. Rakesh Kumar, JS-RCH
MOHFW – GOI**

Major Milestones in Health Sector in India



India's Contribution to Global Burden



Extreme Poor : People living on < 1.25 USD / Day (World Bank report 2010)

India's Contribution to Global Burden

Mortality	Global	India
Maternal Deaths	287,000	47,000
Neonatal Deaths	2.85 Million	758,000
Infant Deaths	4.8 Million	1.1 Million
Under 5 Deaths	6.6 Million	1.36 million

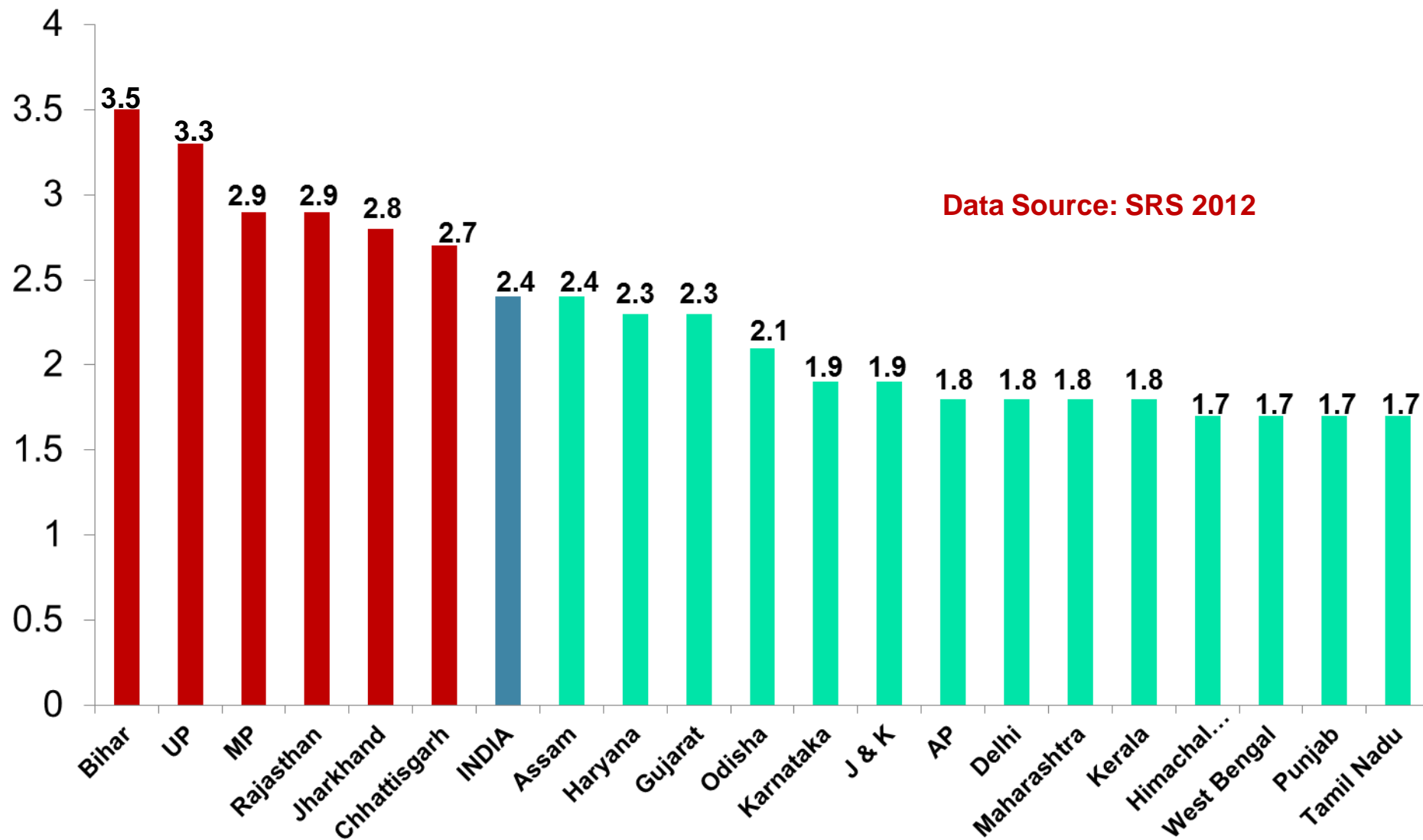
Source : Maternal health Bulletin SRS 2010-12, SRS 2012 & UN Interagency estimates 2013

Current Indicators and 12th Plan Target

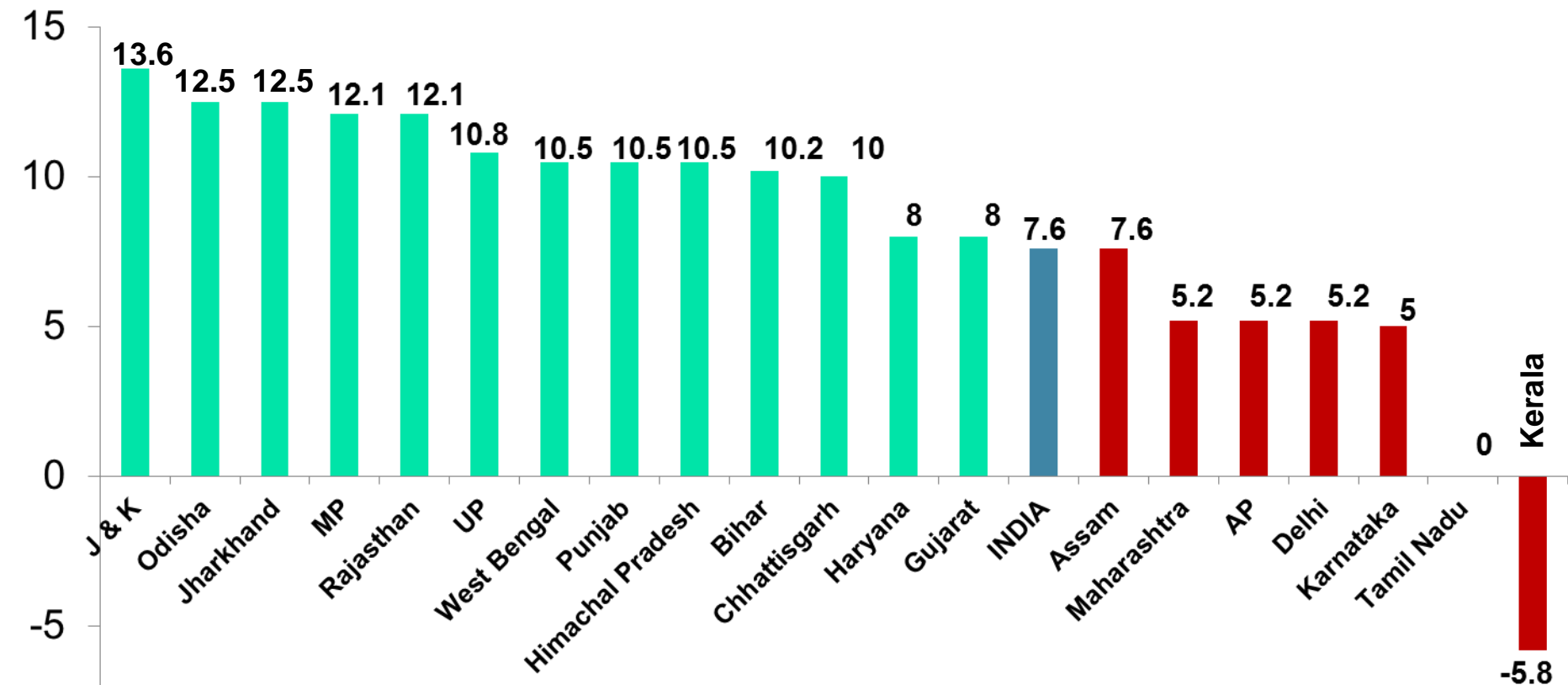
Indicator	Current Global	Current India	12 th Plan Target
MMR (Per 100,000)	210	178	100
NMR (Per 1000 Live Births)	21	29	-
IMR (Per 1000 live Births)	35	42	25
U 5 Deaths (Per 1000 Live Births)	48	52	33
TFR	-	2.4	2.1

Data Source :Global - UN Interagency estimates 2013
India : MMR (SRS 2010-12), NMR, IMR & U5MR (SRS 2012)

Total Fertility Rate : SRS 2012

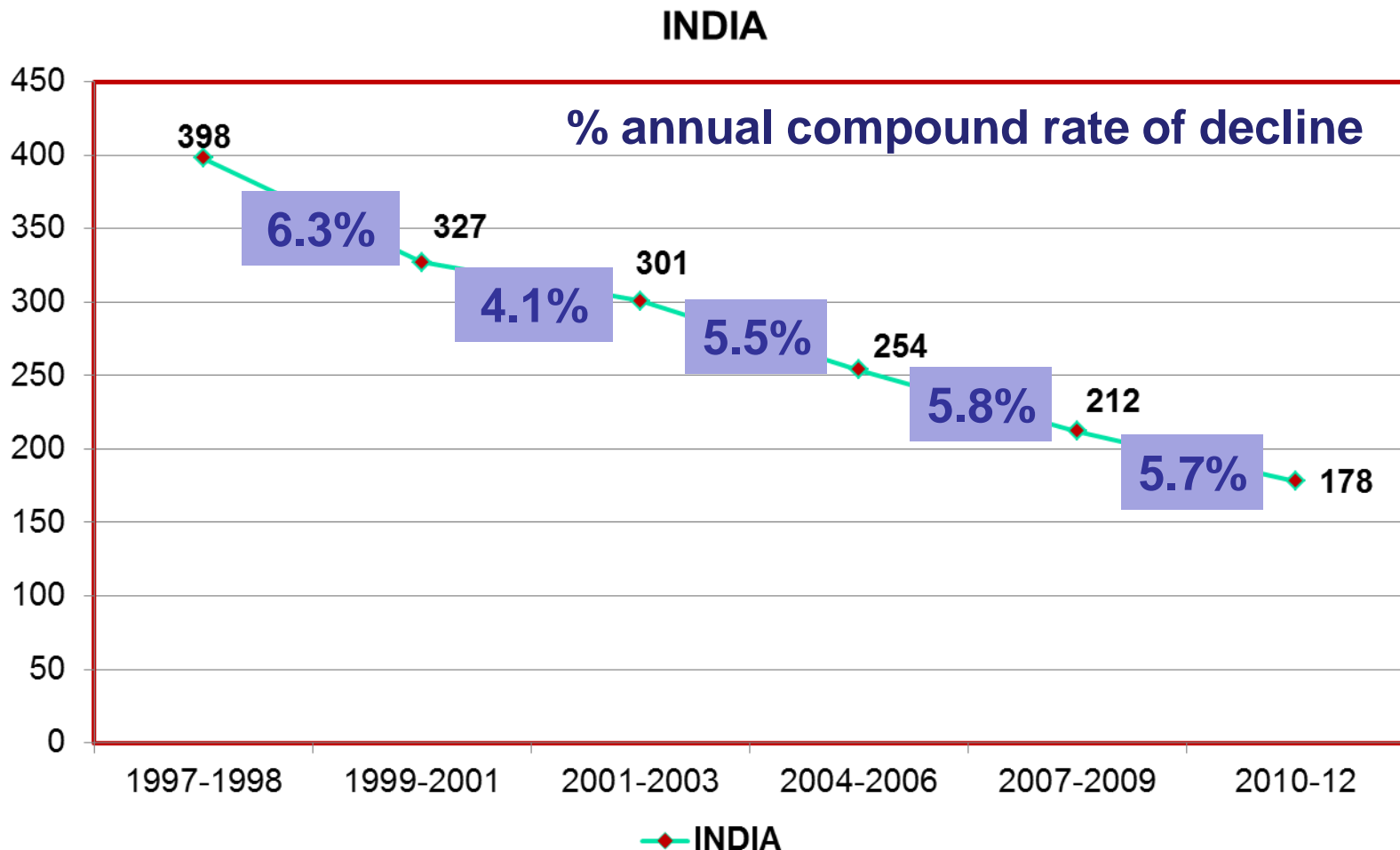


Percent Decline in Total Fertility Rate 2009 to 2012



During 2009- 2012 - TFR stagnant in Tamilnadu and Increased in Kerala by 5.8%

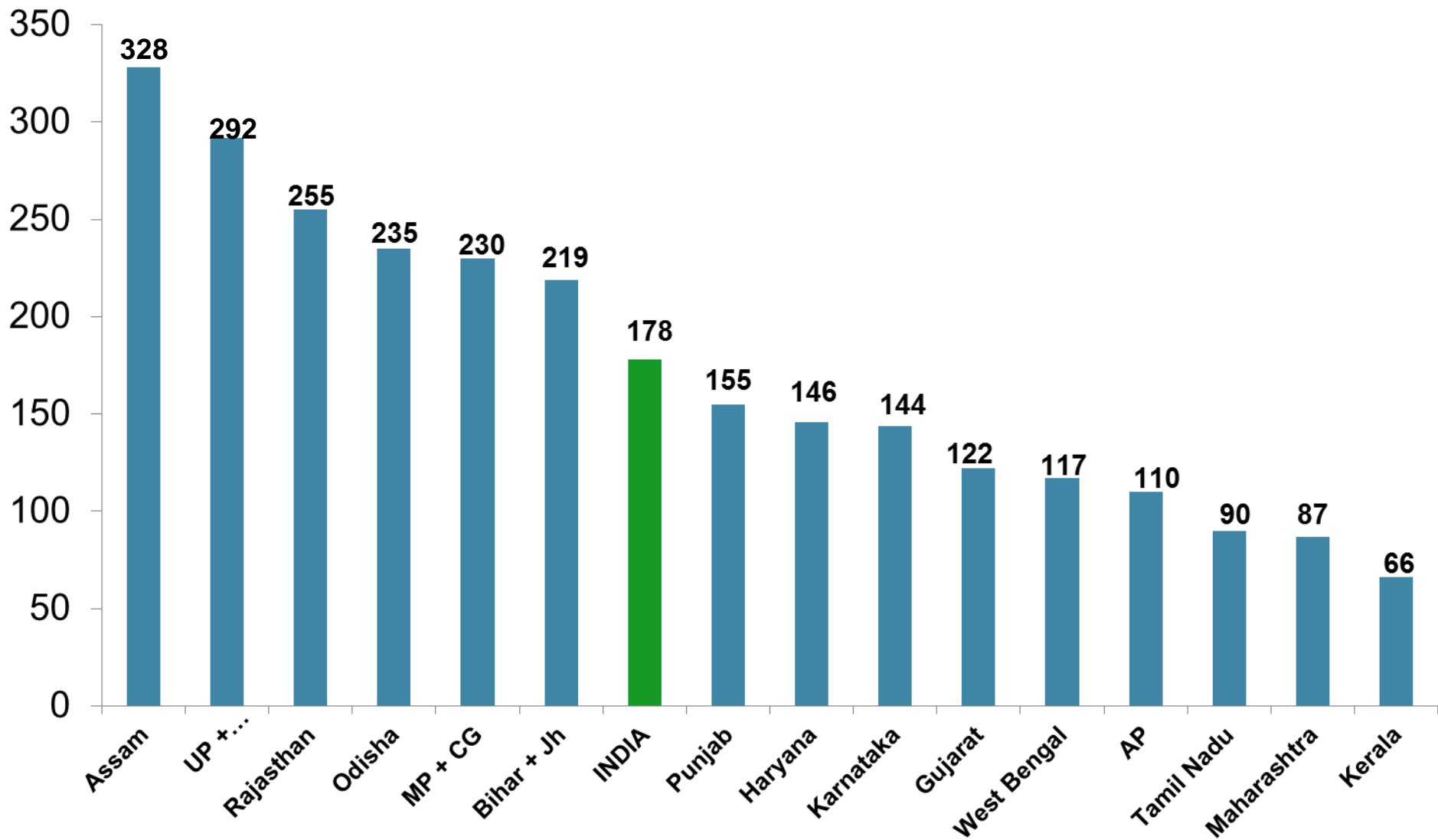
India's Progress on MDG 5



During 2010 -12 : Haryana, Odisha, Tamilnadu and Punjab have shown slow progress

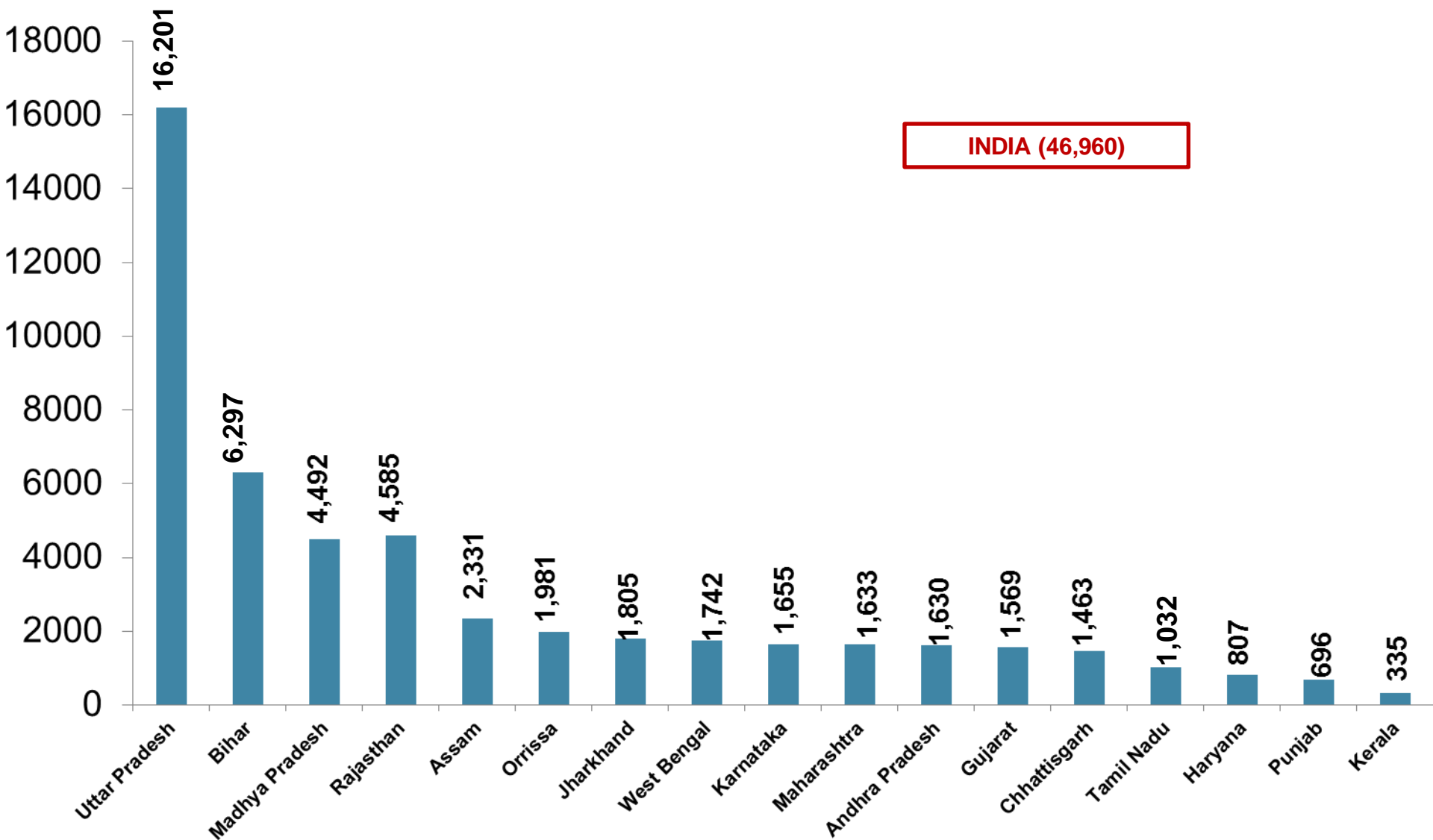
While Rajasthan, West Bengal, UP, AP, Gujarat, Karnataka & Kerala Performed Well

Maternal Mortality Ratio SRS 2010-2012



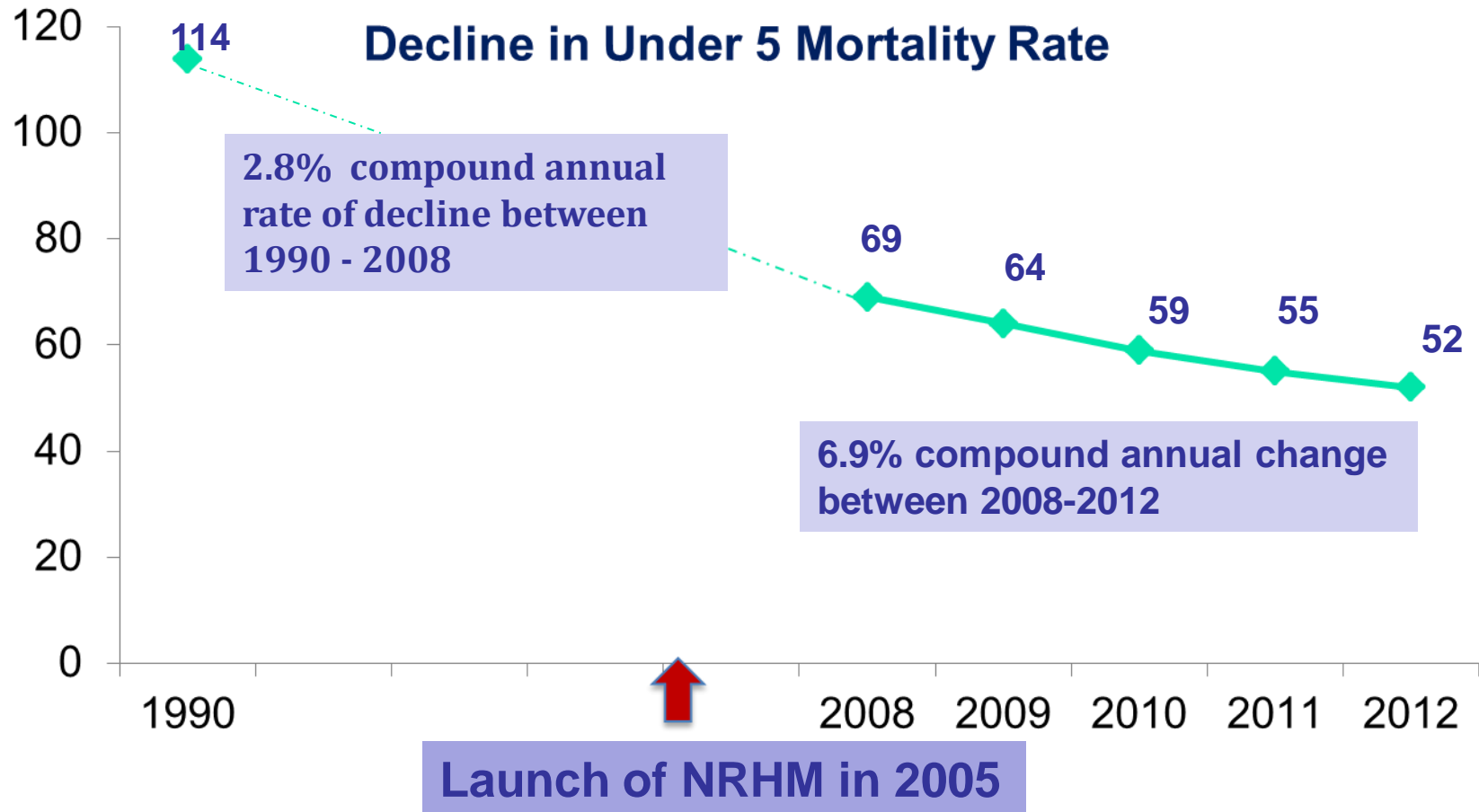
Data Source: SRS 2010-2012

Maternal Deaths Per Year in Absolute Numbers



Data Source for Calculation :Population -Census 2011, Birth rate - SRS 2011 and MMR - SRS Bulletin 2010-12

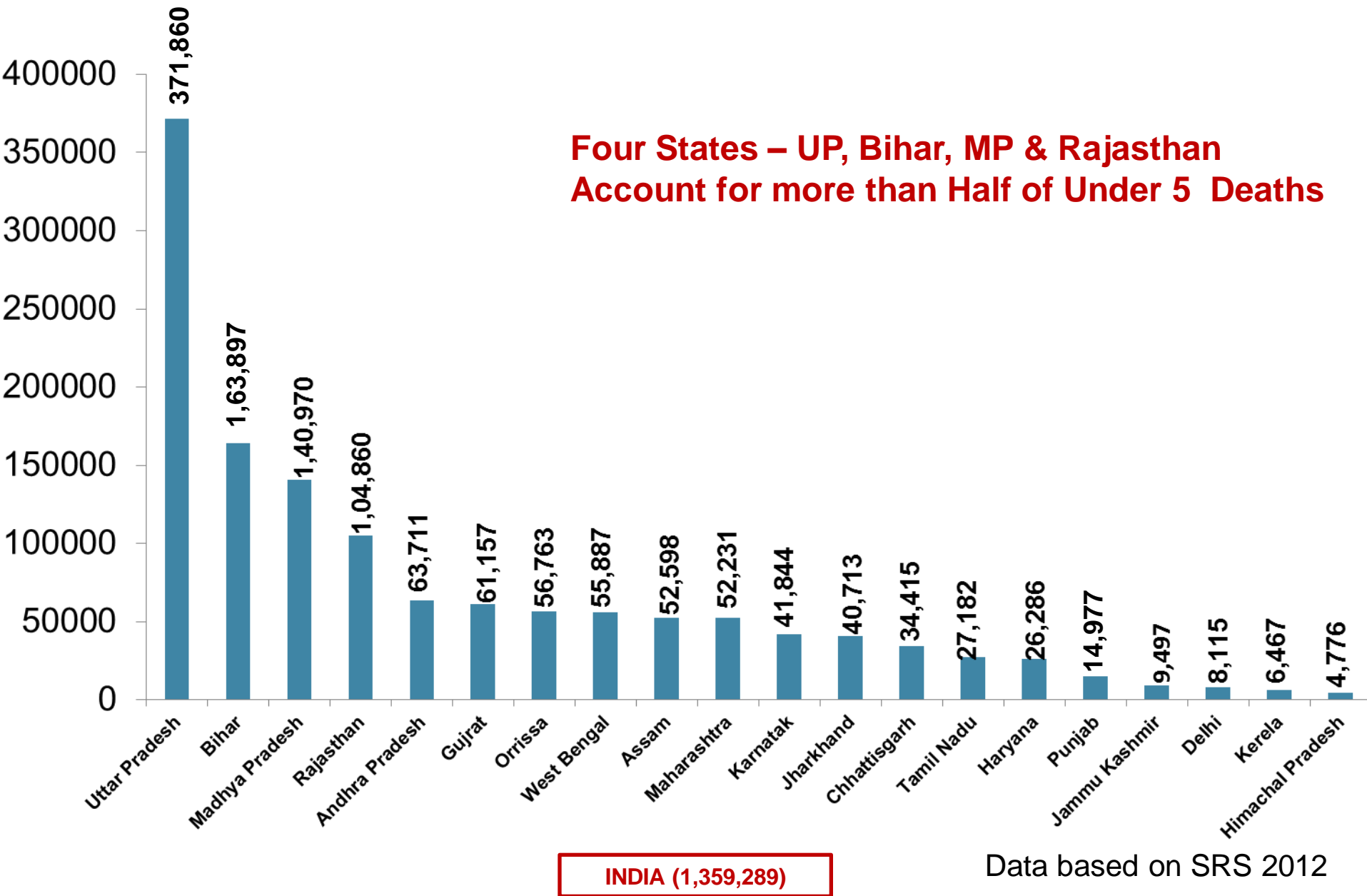
India's Progress on MDG4



Seven states have achieved the MDG 4 target of 38

West Bengal (38), Karnataka (37), Punjab (34), Delhi (28), Maharashtra (28), Tamil Nadu (24), Kerala (13)

Under Five Deaths by States in Absolute Numbers : 2012



Recent Progress has been Good

- India's contribution to global burden is reducing :
 - Maternal deaths reduced from 19% to 16%
 - Neonatal deaths reduced from 30% to 28%
 - Under 5 deaths reduced from 24 to 22%
 - 21% decline in Early neonatal mortality between 2007-12
- NRHM brought **focus as well as resources** for health
- RMNCH+A is the strategic framework for Call to Action
- **Knowledge and money is there but need to translate it into results on ground**

Policy Environment is Supportive ...

- Increased allocations for health sector under 12th plan (1.87 % of GDP against expenditure of 1.04% at end of 11th plan)
- National Health Mission-NRHM & NUHM
- RMNCH+A approach & Harmonization of Partner's support in HPDs
- JSSK by making free care an entitlement is helping in improving access
- National Iron + initiative / WIFS for addressing anemia across life stages
- RBSK, a critical step to look beyond survival
- **New Adolescent Health strategy will bring focus on adolescent**
- Recent Policy approvals for high impact interventions for newborn survival

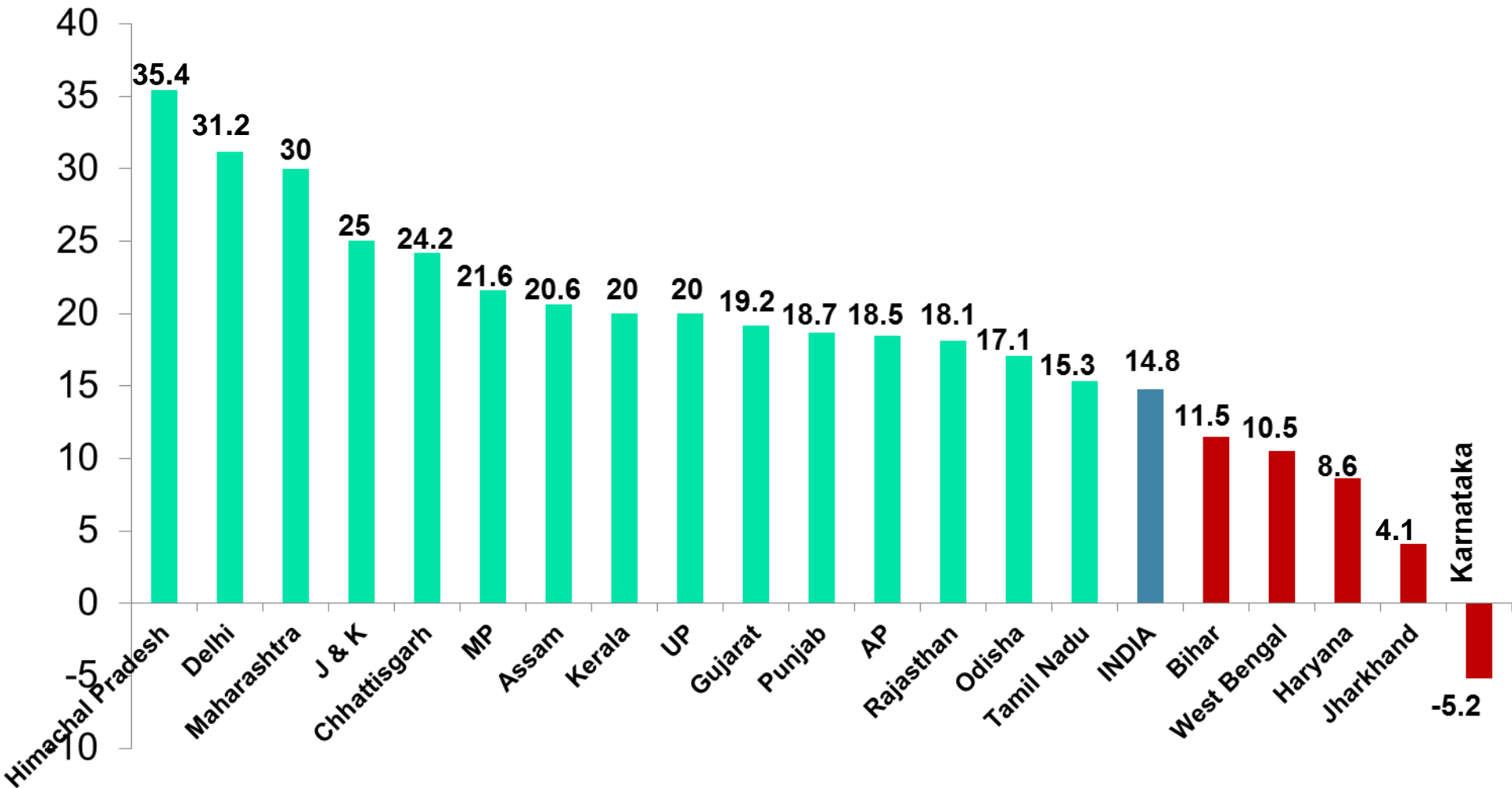
India Now has the Numbers...

- Institutional Delivery of 73% in 2009
- 41% increase in cesareans between 2009-10 to 2012-13
- 470 SNCUs with half a million admissions each year
- 13,460 New born care corners, covering 85% delivery points
- 893 NRCs treating 150,000 SAM children annually
- 16 Million children getting immunized every year

Need “Quality amidst Quantity” & Ensuring Equitable coverage

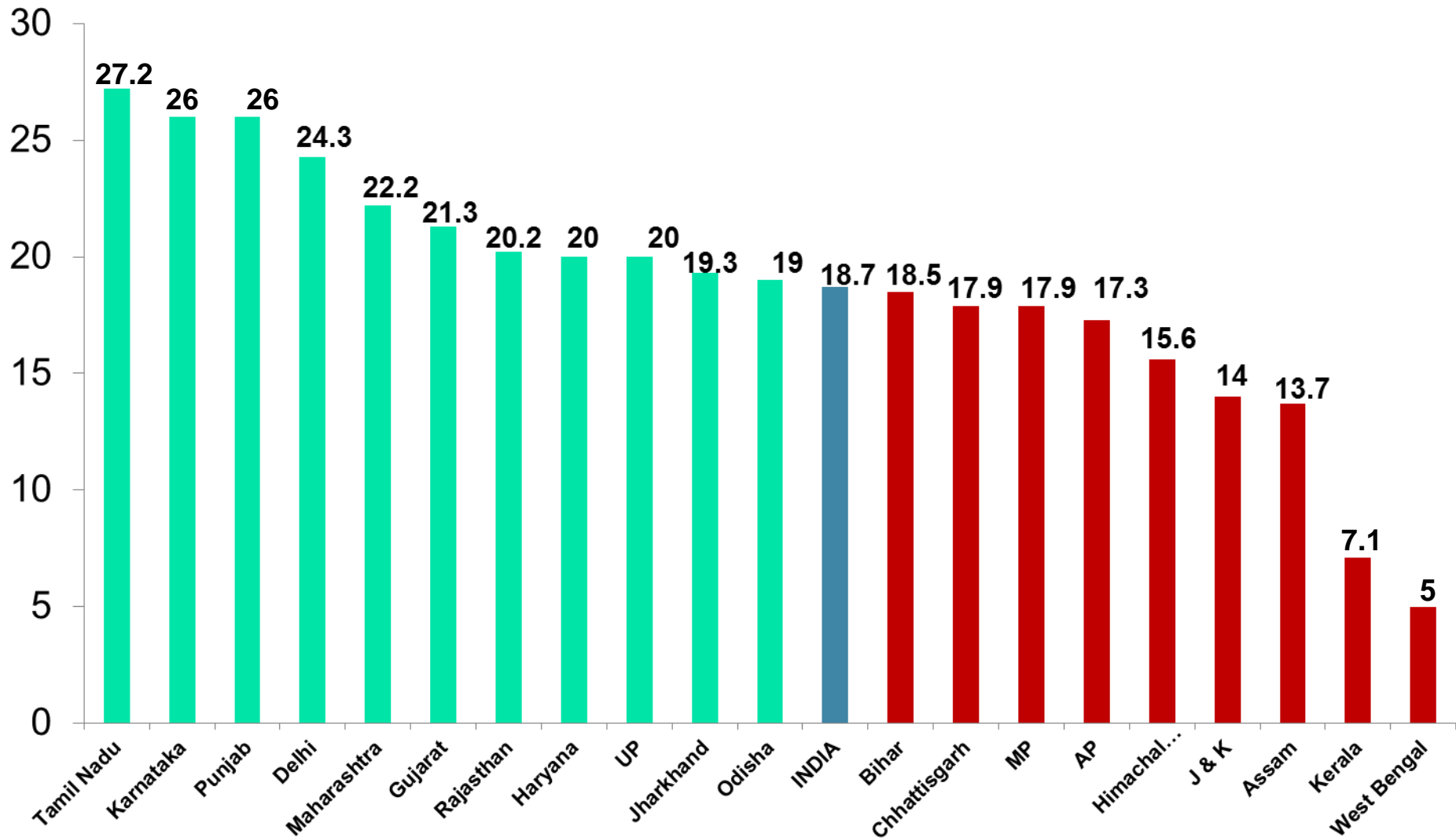
But... Progress has not been Uniform

Percentage Decline in ENMR : 2009 to 2012



Data Source: SRS 2009 & 2012

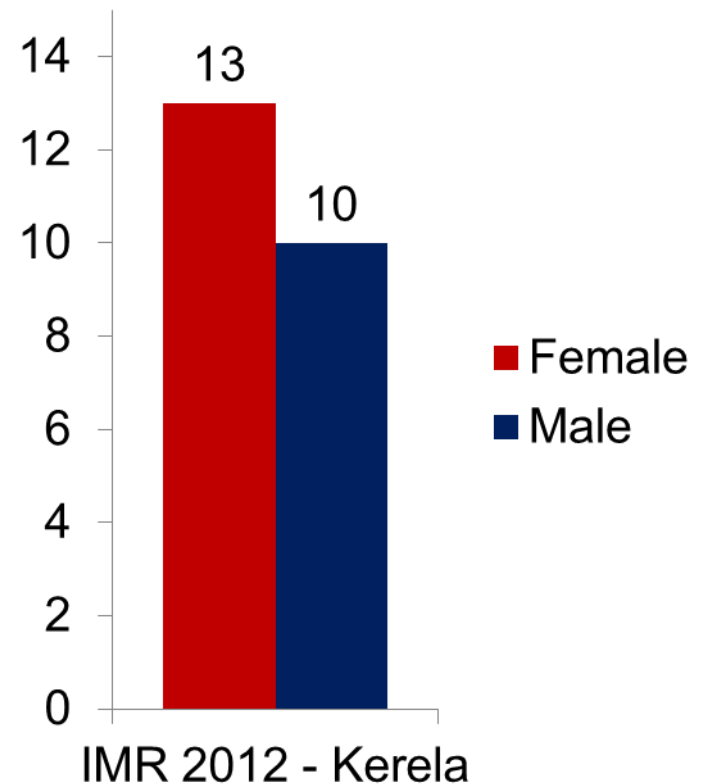
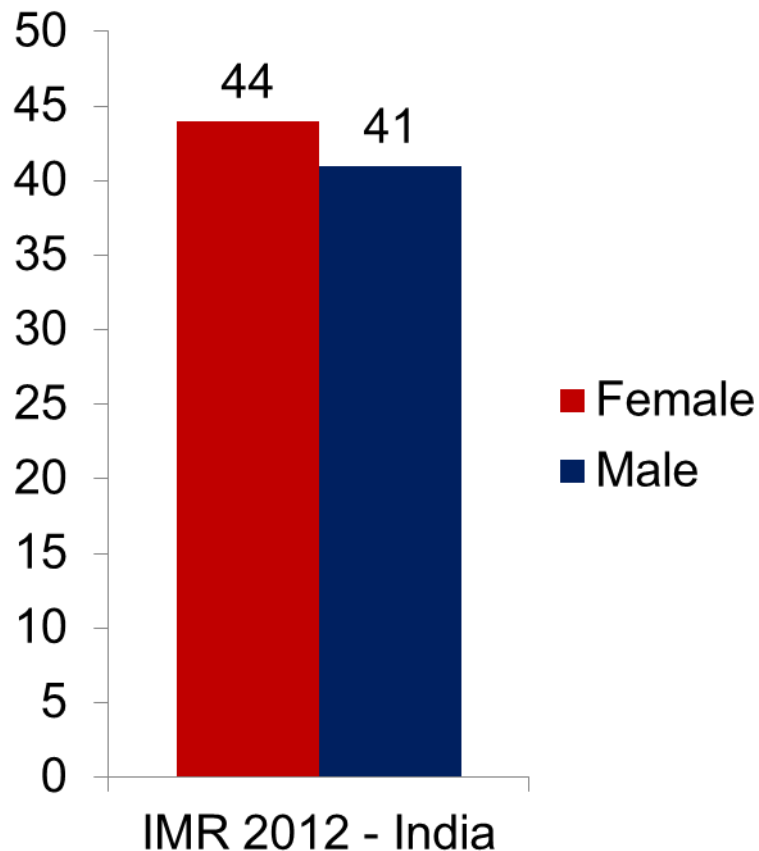
Percentage Decline in Under Five Mortality Rate : 2009 to 2012



Data Source: SRS 2009 & 2012

Urgent Need to Address Gender Inequities

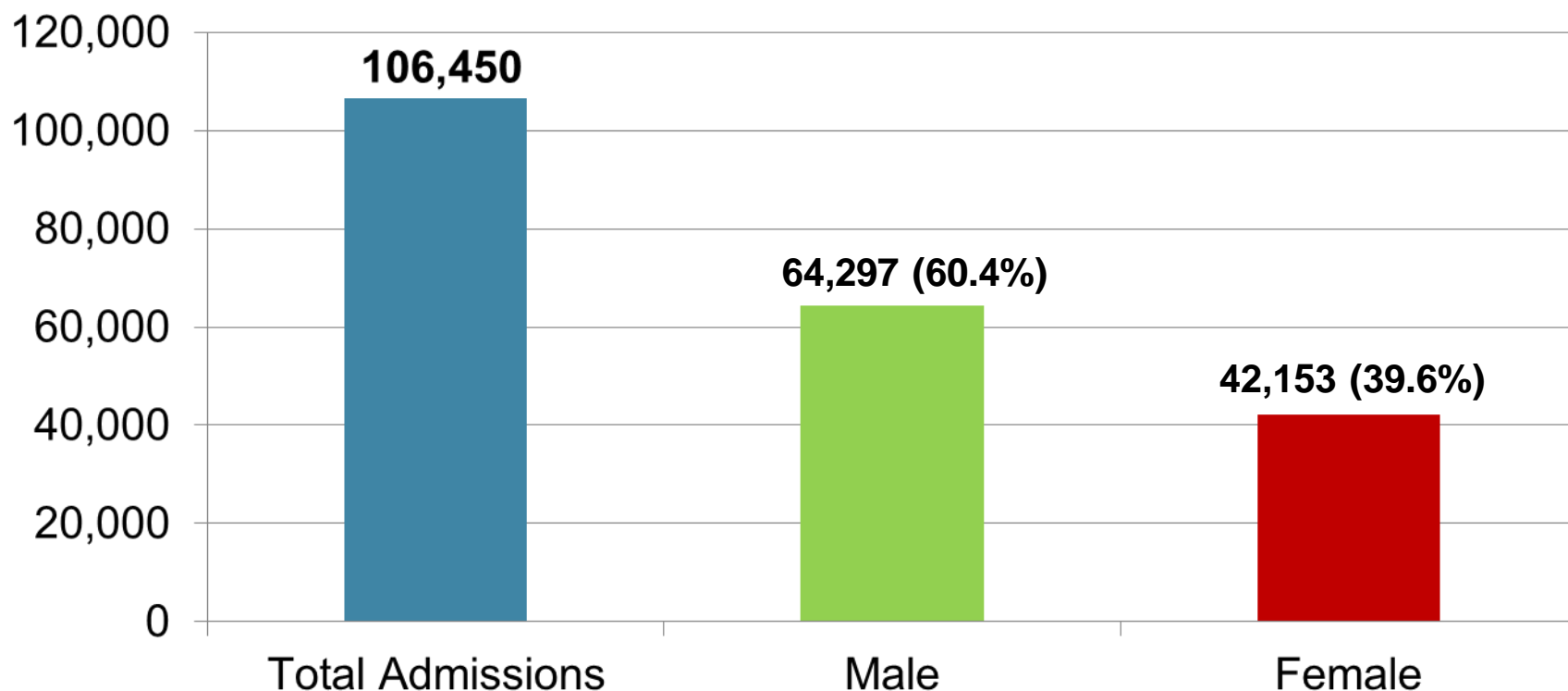
- More Girls Die as compared to Boys, even in States which have achieved MDGs



Data Source : SRS 2012

More Boys getting Admitted in SNCUs...

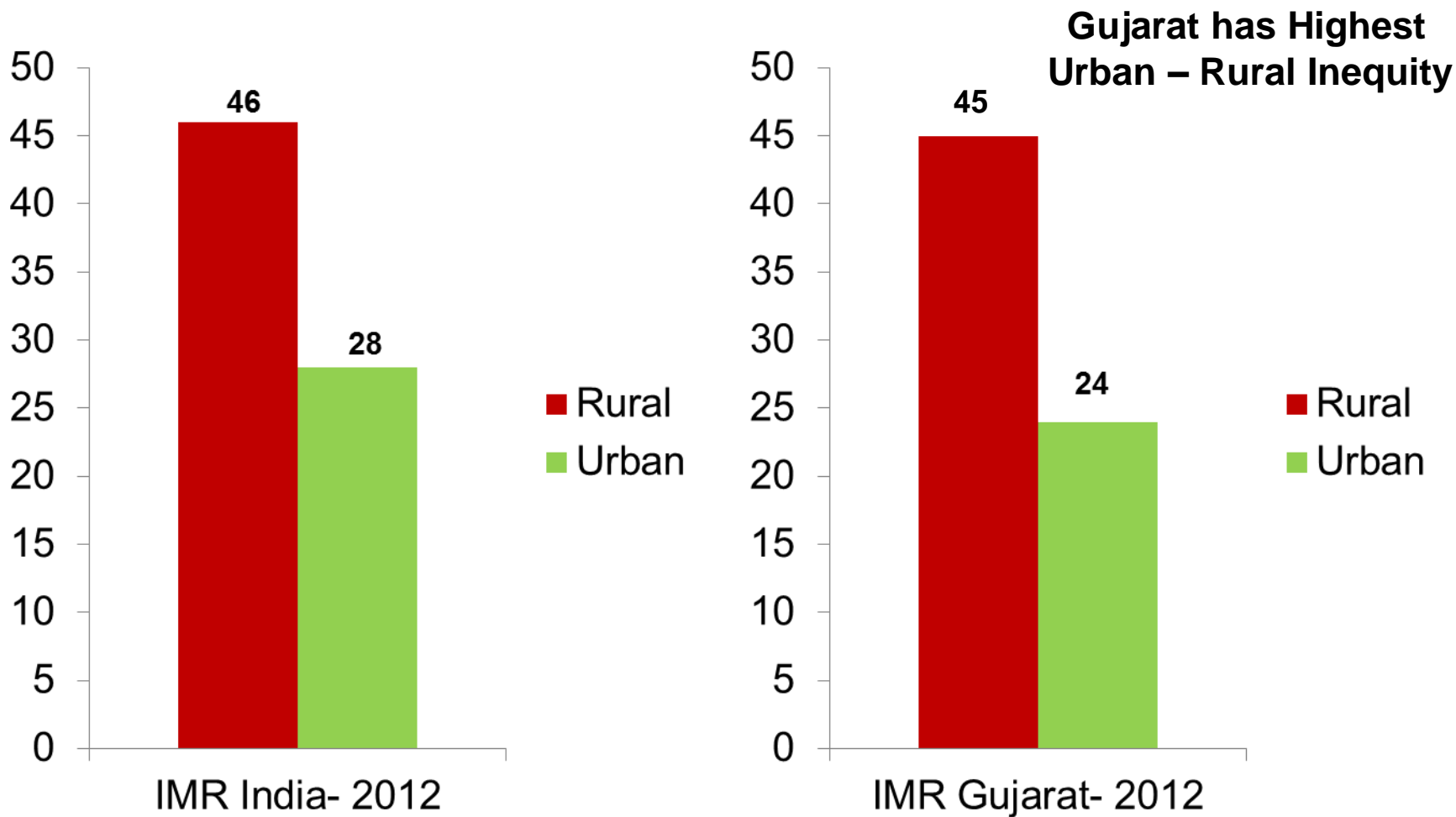
SNCU Admission Profile by Gender : 2013 (MP, Maharashtra, Haryana)



Need To Use the Opportunity of JSSK to Address Barriers

Source : UNICEF – GOI SNCU Online Data : MP, Maharashtra and Haryana, 2013

Urgent Need to Address Rural-Urban Gaps



Data Source : SRS 2012

Road Map For Accelerating Further

- Capitalizing on RMNCH+A strategic approach, resource availability and partner coordination
- Prioritization of interventions and geographies
- Focus on critical link - Adolescents
- Addressing the inequities
- Tapping the missed opportunities
- Addressing Quality at all levels
- Better use of data for monitoring and planning

IN 2012 THE WORLD RESOLVED TO REDUCE UNDER 5 MORTALITY TO 20 BY 2035

India committed to

- Raise global awareness of child survival challenge and strategies
- 'Bend the curve' on child mortality
- Focus on special requirements of vulnerable and marginalized population
- Prioritize convergence of child services under Universal Health Coverage
- **India's Call to Action Summit & RMNCH+A Strategy launch - Mahabalipuram Feb. 2014**

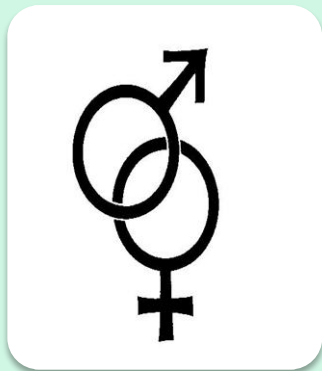


**Child Survival : Call to Action
Global Summit**

June 14-15, 2012
Washington DC

Call To Action : Huge Opportunity to Accelerate Further

INTERLINKING THE VERTICAL COMPARTMENTS



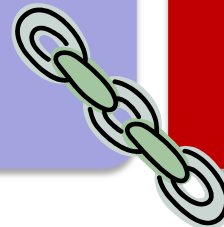
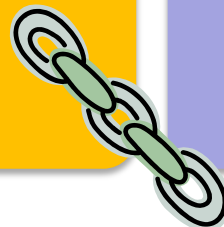
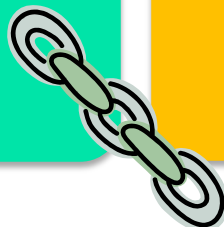
REPRO-
DUCTIVE

MATERNAL

NEW
BORN

CHILD
HEALTH

ADOLE-
SCENT



Geographical Focus on 184 High Priority Districts selected using Composite Health Index



5 X 5 Matrix for High Impact RMNCH+A Interventions

To be Implemented with High Coverage and High Quality



Reproductive Health

- Focus on spacing methods, particularly PPIUCD at high case load facilities
- Focus on interval IUCD at all facilities including subcentres on fixed days
- Home delivery of Contraceptives (HDC) and Ensuring Spacing at Birth (ESB) through ASHAs
- Ensuring access to Pregnancy Testing Kits (PTK-"Nischay Kits") and strengthening comprehensive abortion care services.
- Maintaining quality sterilization services.

Maternal Health

- Use MCTS to ensure early registration of pregnancy and full ANC
- Detect high risk pregnancies and line list including severely anemic mothers and ensure appropriate management.
- Equip Delivery points with highly trained HR and ensure equitable access to EmOC services through FRUs; Add MCH wings as per need
- Review maternal, infant and child deaths for corrective actions
- Identify villages with low institutional delivery & distribute Misoprostol to select women during pregnancy; incentivize ANMs for domiciliary deliveries

Newborn Health

- Early initiation and exclusive breastfeeding
- Home based newborn care through ASHA
- Essential Newborn Care and resuscitation services at all delivery points
- Special Newborn Care Units with highly trained human resource and other infra structure
- Community level use of Gentamycin by ANM

Child Health

- Complementary feeding, IFA supplementation and focus on nutrition
- Diarrhoea management at community level using ORS and Zinc
- Management of pneumonia
- Full immunization coverage
- Rashtriya Bal Swasthya Karyakram (RBSK): screening of children for 4Ds' (birth defects, development delays, deficiencies and disease) and its management

Adolescent Health

- Address teenage pregnancy and increase contraceptive prevalence in adolescents
- Introduce Community based services through peer educators
- Strengthen ARSH clinics
- Roll out National Iron Plus Initiative including weekly IFA supplementation
- Promote Menstrual Hygiene

Health Systems Strengthening

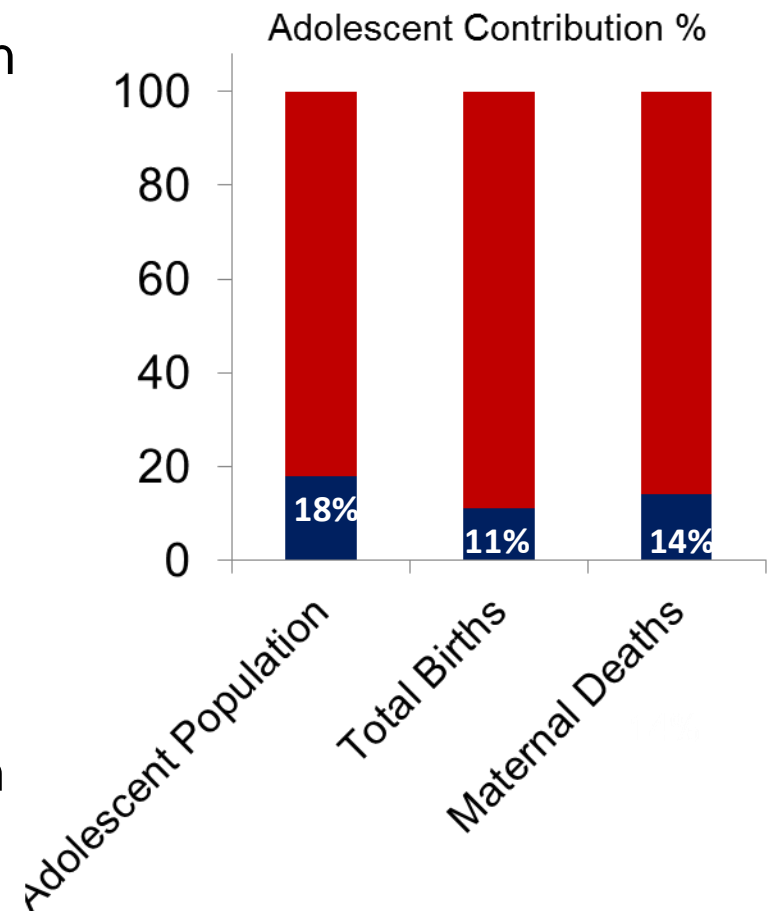
- Case load based deployment of HR at all levels
- Ambulances, drugs, diagnostics, reproductive health commodities
- Health Education, Demand Promotion & Behavior Change Communication
- Supportive supervision and use of data for monitoring and review, including scorecards based on HMIS
- Public grievances redressal mechanism; client satisfaction and patient safety through all round quality assurance

Cross Cutting Interventions

- Bring down out of pocket expenses by ensuring JSSK, RBSK and other free entitlements
- ANMs & Nurses to provide specialized and quality care to pregnant women and children
- Address social determinants of health through convergence
- Focus on un-served and underserved villages, urban slums and blocks
- Introduce difficult area and performance based incentives

Adolescents are Critical Link – Why ??

- Globally, 1.2 billion adolescents (10 -19 yrs) -18% of world population
- 243 Million in India, constitute 20% of population
- Improved child survival, higher adolescent population
- Yet too little attention and too few resources are devoted to issues facing older children
- Lesser gains in Adolescent Health in comparison with child Health
- Critical Intergenerational Impact



Global Scenario

Need to Address Missed Opportunities

■ ANC Care

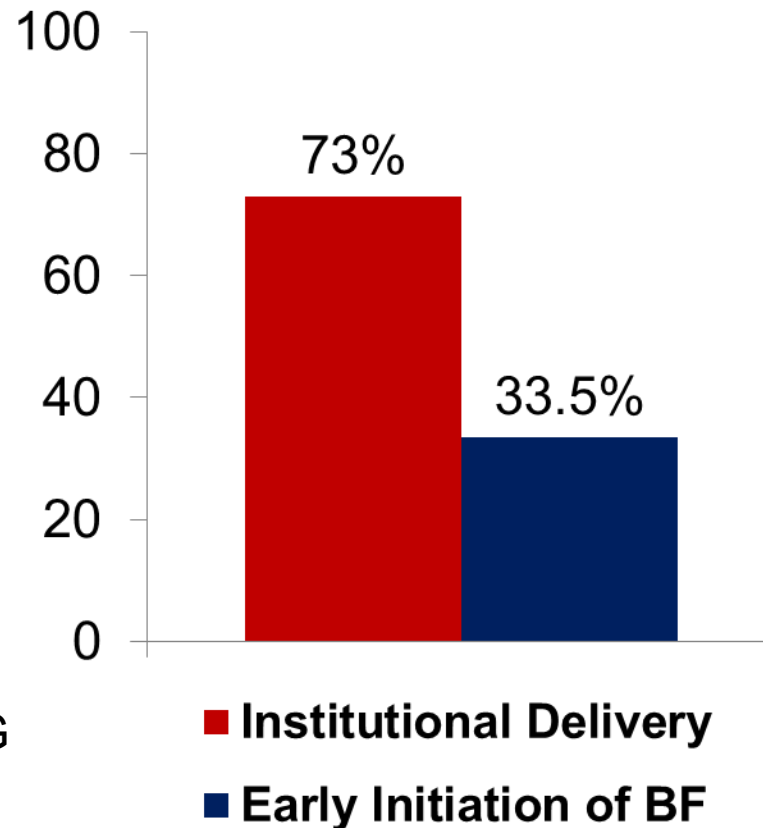
- ✓ HIV Testing
- ✓ IFA Consumption
- ✓ Maternal Nutrition Counselling
- ✓ Detection of high risk pregnancies
- ✓ Birth Preparedness Plan

■ Institutional Delivery

- ✓ Early Initiation of Breast Feeding
- ✓ Birth Registration
- ✓ Family Planning Counseling and post partum IUD insertion
- ✓ Immunization-Zero Polio, Hep-B, BCG

■ Postnatal Visits

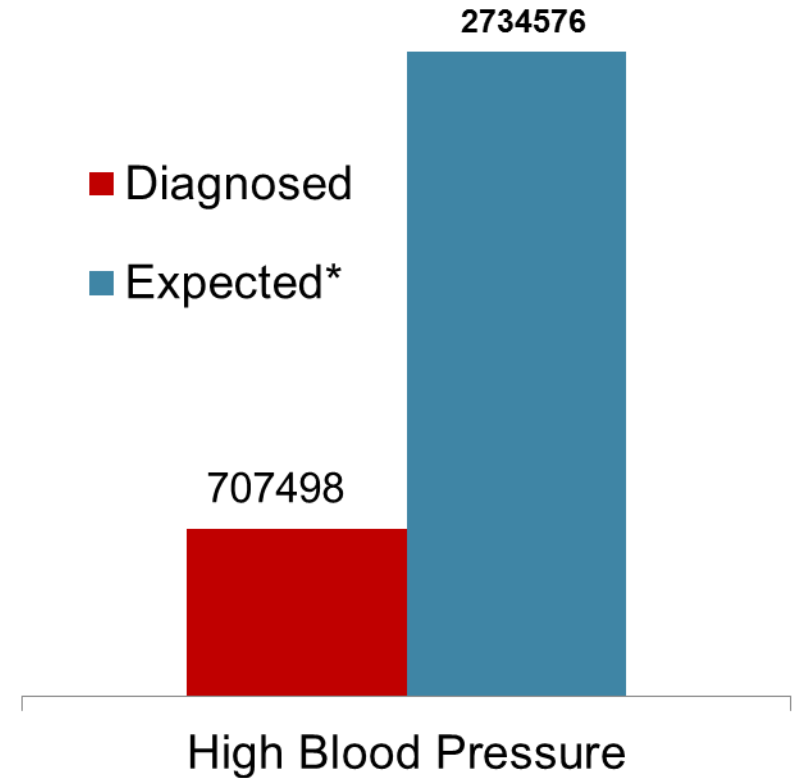
- ✓ Family Planning
- ✓ IYCF counselling
- ✓ Hand Washing with Soap



Data Source : CES 2009

Quality Missing Amidst Quantity...

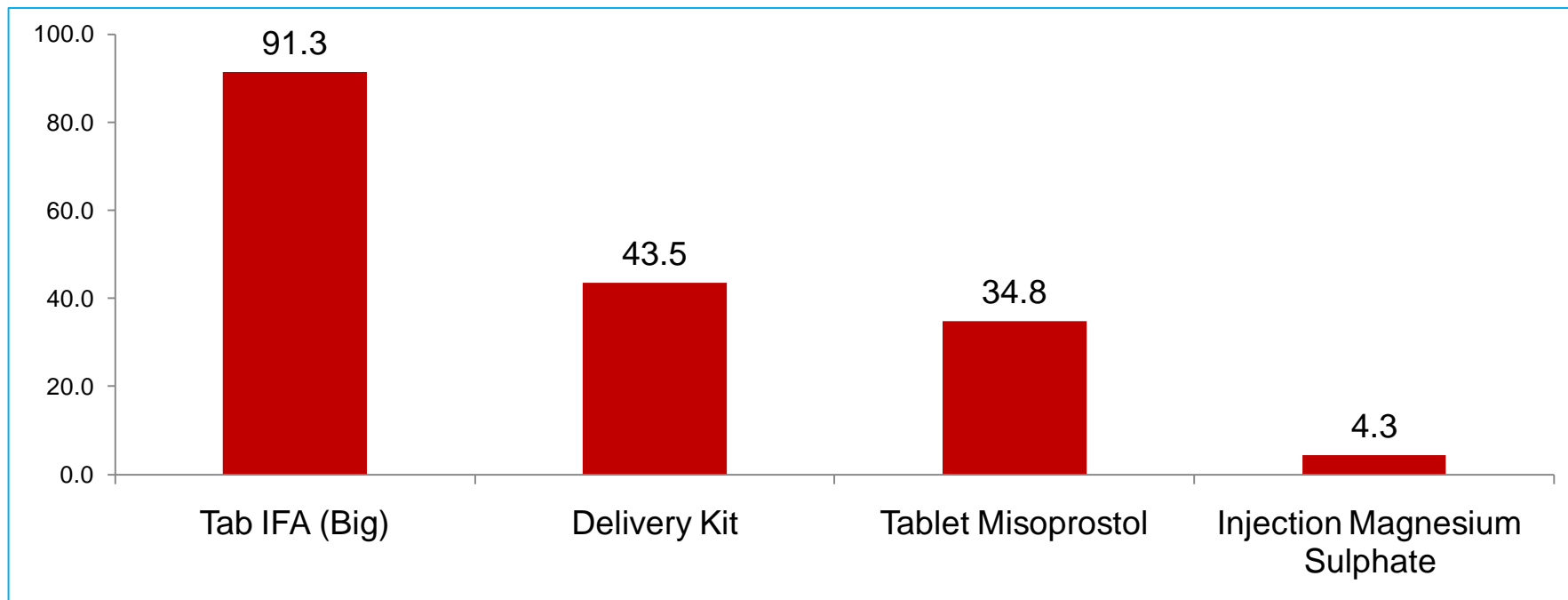
- SBA 76% versus Asphyxia deaths (10% of U5MR, 23% in SNCUs)
- ANC coverage versus Maternal anemia (58%) & Low birth weight
- Detection of Anemia & Hypertension during ANC checkups



Need to Address Inequities & Focus on Quality for Further Gains

Bottlenecks For Achieving Effective Coverage

Gap Analysis Findings : Sarguja District , Chhattisgarh,
October 2013



Essential Commodities - Maternal Health

- Delivery Kit for safe delivery were available only in 43% SHC and Tab Misoprostol for management of PPH were available with 35% Sub Health Center.
- Inj. Mag Sulph were available 4% SHC

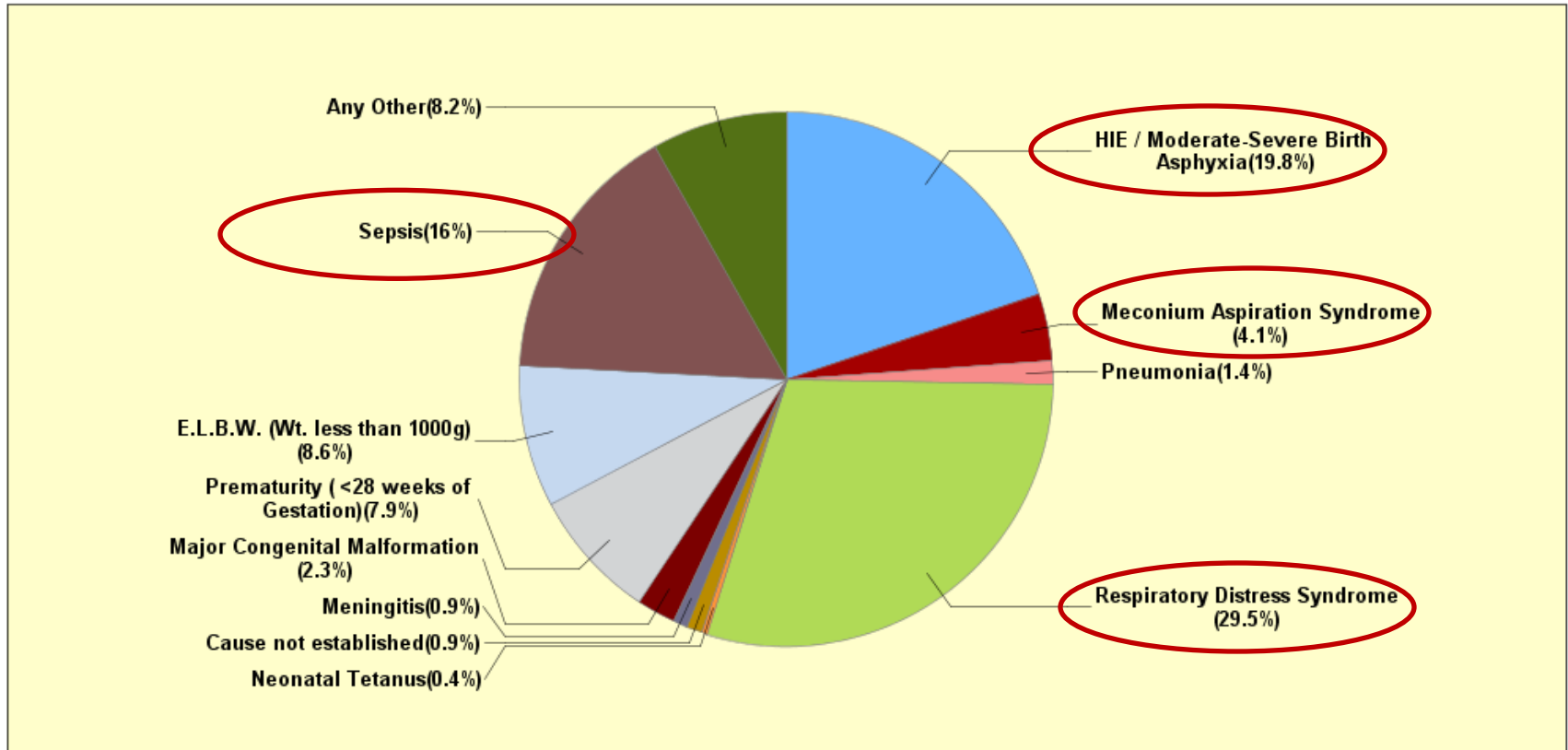
Using Data for Decision Making

SNCU Mortality Data : M.P, Haryana, Maharashtra , 2013

Cause of Death Profile

Total Death: 11776

Duration: 01/01/2013 to 15/12/2013



Note: % shown in graph are rounded to their integer value

**RDS, Birth Asphyxia & Neonatal Sepsis accounting for 70% deaths in SNCUs,
Many of these can be prevented by improving Quality of Intra partum Care**

Source : SNCU on line software

Prioritizing Focus Under RMNCH+A ...

- **Motherhood in Childhood-** Teenage Pregnancies
- Birth Spacing (88% admissions in SNCU have spacing < 3 yrs)
 - PPIUCD, HDCs
- Adolescent & Maternal Nutrition to address **Born Too Small**
- Quality of ANC and detection of **High Risk Pregnancies**
- IFA consumption & Facility based Anemia management
- Prevention of **Birth Defects** (Peri-conception Folic Acid)
- CEmOC at Block level & NBSU / NBCC operationalization
- Home deliveries and SBA

Prioritizing Focus Under RMNCH+A ...

- Addressing **Still Births** (High burden with reporting gaps)
- Care for those who are **Born Too Soon** (12% Preterm)
- Postnatal home visits for Mother & New born
- Reduction in Pneumonia & Diarrhea mortality
- Introduction of **Newer Vaccines**
- Community based management of Malnutrition
- Tackling Social Determinants of Health



The Question is not , if India can Afford to do it...

The Question is can India Afford not to do it...

Thanks