

2012



A GLOBAL REVIEW OF THE KEY INTERVENTIONS RELATED TO REPRODUCTIVE, MATERNAL, NEWBORN AND CHILD HEALTH (RMNCH)

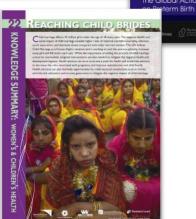
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THE PMNCH 2012 REPORT

ANALYSING PROGRESS ON COMMITMENTS TO THE GLOBAL STRATEGY FOR WOMEN'S AND CHILDREN'S HEALTH

World Realth Organization Born Too Soon The Global Action Report

(A) World Health Organization



BI4-2013 - 14th PMNCH Board Meeting

26-27 June, 2013 Johannesburg, South Africa

Making a Difference:

Implementing the Essential RMNCH+A Interventions Package through Aligned Partner Action

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What is the motivation for this Partnership effort?

- Moving from global advocacy to being a part of country-led action for women's and children's health
- Creating an opportunity to align partners' knowledge and action on ensuring the continuum of care
- Generating evidence on whether an integrated package of essential interventions, if implemented well, can make a profound difference
- Leveraging the USP (unique selling proposition) of PMNCH i.e. that partnership-working can make a measureable difference for women's and children's health



India: Continued progress and commitment to RMNCH+A

- Strong commitment to women's and children's health
- Expanded National Health Mission rural and urban focusing on poor and marginalised populations
- Domestically funded with 4 billion USD as annual federal support to states; a 417% increase in funding for RMNCH and health systems strengthening since the inception of the National Rural Health Mission in 2005
- A clearly articulated national RMNCH+A strategy with flexible funding for needs-based, context-specific strategies and innovations.

+A: National Adolescent Health Strategy - 7 Cs

adolescents million \mathbf{m} 4 N

COVERAGE: 10-14 & 15-19 yrs; Girls & Boys; Unmarried & married; Rural & urban; In-school & outof-school

CONTENT: Nutrition; Sexual & Reproductive Health; Mental health; Injuries; Substance misuse; Non communicable diseases

COMMUNITIES: Educational institutes; home; teen clubs; work places; vocational training institutes

CLINICS: Primary health centres; Community Health centres; District Hospital; Medical Colleges

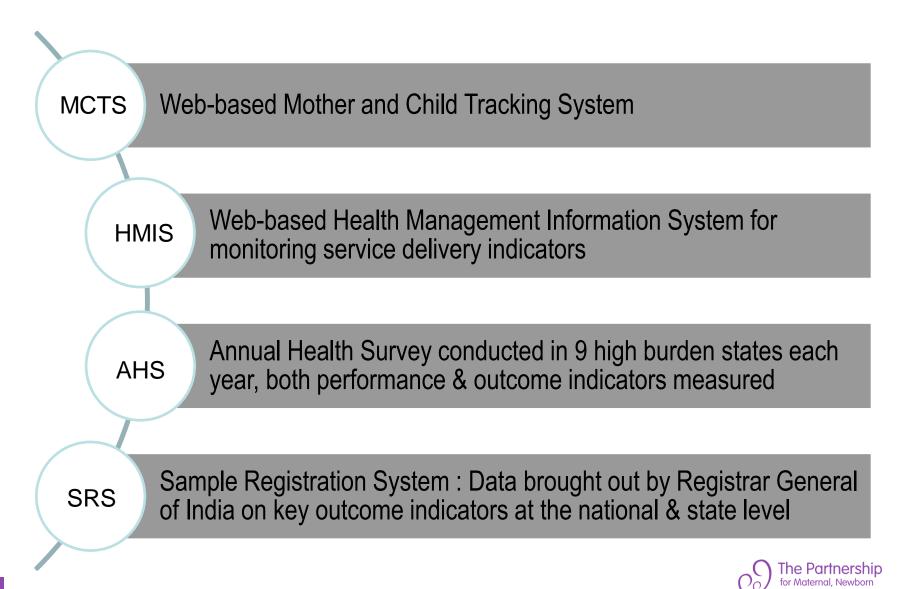
COMMUNICATION: Mass media; Outdoor media; events; internet based platforms; printed material

COUNSELLING: Peer educators; teachers, counselors; Telephone helplines

CONVERGENCE: Dept. of education; Women & Child Development; Youth affairs; NGOs; PPP



Ensuring results and accountability



Survey-based RMNCH score card for India



National Score Card (16 RMNCH indicators)



			Non-NE High Focus States								NE States							Non High Focus States												
		Indicators	w0w	thur	Champah	Ninuclui Pratech	Service Karren	An arkheid	Mathy hateh	Crista	Repetron	Untar Pradech	Untervention	Annochal Protection	Asset	Marque	Mingh directo	Marrien	beautile and	States.	treurs	Andrea Prakuhi	Can	Column 1	Harpete	Constant in	terdis	Warmierz	Luph	Tarrel Nadio
	Martality	Under-New monitolity rate -545 2020	38	64	61	48	48	38	82	78.	- 12	79			15				-		-	48		36	35	-45	25	33	43	11
		infant mariality rate - 383 2021	.44	44	44		41	36	30	37	-12	37	- 30	33	35	11	32	34	21	28	28	-63	11	43.	-84	n	12	23	30	22
		Neurratal mantality rate - 585 2010	33	31	3.7	31	33.	20	44	42		42		-	33							-		14	33	23	2	22	13	10
		Mahernal mortality ratio - \$75 (20127-03)	312	261	289			261	358	258	218	359	336		390				0			134		348	155	3.78	81	3.04	172	12
	Ferniley	Total Fertility Rata - SRS 2000	2,5	1.7	2.8	1.8	3.8	3.0	1.7	2.3	3.1	3.3			23		<u></u>	-				111		2.5	2.1	2.0	1.8	18	1.8	1.1
0.0		Births to woman aged 23-19 out of the total births-OUHS 3 (2007-08)	5.8	8.2	7.3	0.8	11	2.8	3.1	4.8	4.7	8.3	1.7	2,3	52	1.0	3.8	2.8		2.4	8.0	30.4	3.3	3.4	4.2	10.7	2.8	8.7	LT	3.2
	Materition	Newborts with bith weight less than 2.3 kg - ANS 2030		32.4	13.8			36.3	25.6	22.3	38.7	28.2	24.1		26.1															
		Children under 3 years who are underweight- M7HS 3 (2005-08)	43.P	38.4	52.2	36.2	25.4	39.2	90.3	44.0	44.0	47,3	38.0	31.5	42.4	23.8	46.3	21.A	28.7	22.8	39.0	36.5	20	42,4	41.0	41.1	28.8	38.7	27.0	
_1	Gentler :	Child see ratio 0-6 years - Census 2013	1224	833	904	1820	838	943	812	234	101	-	111	960	937	894	370	871	244	344	811	342	820	821	100	943	858	181		341
		Full Instruction Coverage (1) - CES 2000	61.0	48.0	37.3	73.8	66.8	38.7	42.0	34.3	33.8	40.9	71.3	24.8	38.1	51.9	85.8	73.7	27.8	-11			-20	38.8	71.7	78.0	#1.5	78.5	112	
	Crass-	Hausahold baving scons to tallet facting- 2LPG 3 (2007-28)	41.3	17.0	27.8	35.0	60.2	\$4.5	22.8	36.0	25.3	26.4	33.2	<u>.</u>	•	2.1	- 12	- 12		81.8	122	28.4	77.2	413	111	17.2	18.7	47.4	71.0	38.3
8		Couple using spacing method for many than 8 menths - 20/03 (2007-08)	9.2	1.8	2.4	12.7	13.1	4.3	3.0	8.2	10	8.8	12.0		220		5.3	11		211		2.8	111	11	1114	3.2	4.3	4.3	21.2	3.0
ute Covera	Discriment	ORT or increased fields for disorbias (2) CES 2002	58.6	40.4	10.1	17.4	76.4	39.4	43.9	10.0	41.1	18.2	17.8	24.2	92.0	83.8	81.1	82.8	\$2.3	83.3	25.4	24.3	12.1	43.0		74.0	26.2	58.2	12.3	10.5
	Resumation.	Care assking for All in any health facility (2) (23 2009	\$2.0	82.9	85.6	82.0	85.7	70.8	75.8	78.4	111	72.3	85.2	04.5	78.2	TT.A	84.3	17.2	10.8	11.2	85.5		87.4	24.4		85.7	84.2	81.1	94.7	
		Warnan who received 4x ANE - C23 2009	33.1	34.7	41.6	44.8	36.3	25.7	31.1		27.8	22.4	38.4	29.5	25.3	61.5	42.8	11.7	11.8	-	100		100	72.2	111	283	90.1	68.1	41.1	89.0
E.		Deliveries attended by SBA (4) C25 2009	78.2	35.2	38.4	35.7	82,8	47.8	82.8	79.1	73.8	64.2	58.7	71.8	83.3	\$2.7	83.3	111	45.2	-	25.1			\$5.2	111	22.4				-
ε.	Delivery	Mothers who received care within 2 days of delivery for their last birth (5)- N745 3 (2005-06)	38.4	15.5	25.5	40.8	48.3	17.6	27.3	18.3	28.5	14.2	38.2	25.5	13.8	- 1	28.8	57.5	11.5	-	36.7	-		54.0		61.0	82.7	38.8	33.3	
		Early Initiation of Breast Rending (+3hr) - C23.2000	33.3	36.5	44.4	18.8	38.4	15.8	31.2	83.7	27.7	23.4	24.9	33.2	48.1	111	127	38.3	45.4	14.7	21	27.2		30.0		38.2	18.0	31.3	114	83
		Exclusive breast heading for 5 months (among 6-9 months children) - CEI 2009	35.8	31.8	47.4	10.0	15.4	30.5	49.2	111	15.2	16.3	18.7	1	30.7	1111	41.1	12.0	25.0	11.1	111	12.2	11.0	44.2	34.3	48.2	43.3	37.2	42.3	20.4

Indicators Remark: I. Children (13-23 months) receiving: I down SCB, 3 down of DPT/OPS; each and 2 membre volume

2. Among children +2 years of age who had diarites in preceding 2 weeks

3. Among children +2 years of upp who had ARI to preceding 2 weeks

4. Delivery by Dector, ANM/Norse,5/HV

3. Postnatel care (non a dactar/hume/UHC/WM/letter health percannel

Colour Codes:

Mortality indicators, Nutrition, Fertility: Snew - Lass than 20% of the national exercise, William - 20% todays and above Nutriana Average.

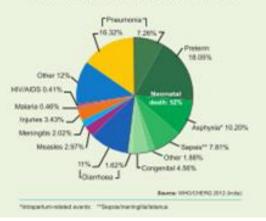
Red - More than 20% of the National Average

Other Indicators: Grown - More than 20% of the national average feitner - 20% before and above flatters? Average

Red - Less than 20% of the National Average

White - Data not available

Causes of under-five deaths, 2010



Child mortality rate



Strategic approach: Reaching geographies & populations with highest burden of mortality

Identification of 184 High Priority Districts (HPDs)

Based on a 'composite health index' across States

Differential planning for HPDs

30% higher financial allocation; differential norms for HR, infrastructure; incentives for HR

Harmonisation of technical assistance

All partners to work with States to accelerate progress on RMNCH+A



PMNCH 'value add' in high priority districts in UP

- Link experiences and evidence on effective partnership-working – global, regional and national
- 2. Align partner action and donor harmonisation e.g. Information, Supply, Services, Supervision for essential interventions across the RMNCH+A Continuum of Care
- 3. Leverage partners' technical resources and tools e.g. Countdown to 2015, Policy compendium, Implementation Analyses, One Health and Lives Saved tools
- 4. Strengthen multi-stakeholder action, accountability, and learning e.g. coordination through the RMNCAH Coalition India, Multistakeholder Policy Dialogue process

PMNCH Approach: Aligned Stakeholder Action

MULTISTAKEHOLDER POLICY DIALOGUE, PLANNING AND ACTION

Building on existing coordination mechanisms (Gol, GoUP, BMGF, RMNCAH Coalition)

Define & prioritise problems	Propose plans with costs & impacts	Align collective action	Act and learn with accountability											
Key partners,	technical reso	hnical resources and activities:												
Countdown to	Partner	•Agreement on	Programme											

2015 proposals: priorities for management HCPAs, NGOs, Policy partner support mHealth/ICT ... compendium alignment Evaluation – Costing and Implementation Joint workplan including planning tools analyses and results standard Gol One Health (RMNH framework indicators and Tool, LiST Alliance) development score cards



"A small body of determined spirits fired by an unquenchable faith in their mission can alter the course of history."

Mahatma Gandhi



Thank you



