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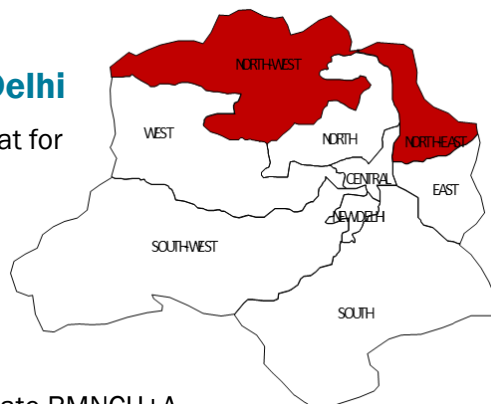
# Delhi

## Demographics

Total population (Census, 11)	16,787,941
Women of reproductive age (estimated)	4,196,985
Adolescent population (estimated)	3,189,708
Total population, 0-6 (Census, 11)	1,704,152
% urban household population (Census, 11)	98%
Neonatal mortality rate (SRS, 12)	16
Early neonatal mortality rate, <7d (SRS, 12)	11
Stillbirth rate (/1000 pregnancies at ≥7months) (SRS, 12)	6
Infant mortality rate (SRS, 12)	25
<5 mortality rate (SRS, 12)	28
Contraceptive prevalence rate among married women, any method (DLHS-3)	66.1%
Unmet need for family planning among married women (DLHS-3)	13.9%

## Overview of MCHIP in Delhi

MCHIP served as the Secretariat for Call to Action and coordinated actions with GoI, Development Partners (DPs) and other stakeholders in preparing for the Summit. MCHIP supported GoI and Delhi state government on RMNCH+A implementation. Two MCHIP state RMNCH+A consultants serve as members of the State RMNCH+A Unit (SRU) to provide technical support to Delhi State Health Mission.



## Newborn Care in Delhi State

- MCHIP worked with the state government of Delhi and first identified gaps in services and facilities for maternal and newborn care and in a collaborative exercise listed measures and activities to address these gaps in DHAPs and PIPs.
- Four newborn care corners identified for model essential newborn care practices - two in each high priority district.

### Way forward:

- Newborn care corners should be serve as the benchmark for newborn care in the state.

## RMNCH+A in Delhi State

- State RMNCH+A consultation was held in October 2013. This consultation led to the initiation of RMNCH+A intensification of efforts in the State.
- A district consultation was held in both high priority districts with a total of 161 participants.
- Gap analysis was conducted and findings were disseminated in both high priority districts.
- District Health Action Plan (DHAP) strengthened using gap analysis findings based on GOI guidelines. Revised DHAPs for the districts were submitted to State by District administration.

- Co-facilitated and supported state NHM team for strengthening State program implementation plan (PIP) with a special focus on Maternal Health and Child Health component.
- Coordinated with state Health Mission (NHM) for formation of State RMNCH+A Unit (SRU) and State Unified Response Team (SUT) in Delhi.

- Co-facilitated the meeting between Delhi State Health Mission and National RMNCH+A Unit (NRU) for the revision of Block Monitoring Format to be used in urban settings. With no Block concept, community health centers, primary health centers, and sub-centers do not exist, block monitoring in Delhi being conducted in maternity homes and district hospitals.
- Joint monitoring visits to 8 out of 15 facilities (10 maternity homes and 5 district hospitals) with District Officials (May 2014). Initial results include:
  - **Training:** Findings showed that staff nurses conduct deliveries yet there was no provision for PPIUCD training for staff nurses in state training calendar. These findings were shared with the state officials and state is now planning for PPIUCD training for staff nurses.
  - **Delivery Facilities:** A non-functional ultrasound machine at Maternity Home Mangolpuri was made functional through SRU interventions.

### Way Forward:

- Strengthen reproductive health with PPIUCD services at all delivery points including District Hospital and Maternity Home, Interval IUCD and Ensuring Spacing at Birth (ESB) Scheme.
- Strengthen the existing delivery points including District Hospital and Maternity Homes followed by identification of potential delivery points in underserved areas.
- Ensure quality ANC visits and full ANC coverage and maintain line listing of anemic patients.
- Ensure implementation of Maternal and Newborn Health Toolkit and implement use of safe birth checklist at all delivery points.
- Capacity building of health functionaries including staff nurses, auxiliary nurse midwives, and ASHA.
- Establish skills lab to improve skills and knowledge of the health workers.
- To review the progress of RMNCH+A, facilitate district and state review meetings and regular facility monitoring visits to identify and address gaps.
- Strengthen the use of scorecards for monitoring the progress at facility and state level.
- Strengthen supportive supervision to HPDs for RMNCH+A along with District Monitoring Group formed in the two HPDs to review progress.
- Medical colleges to serve as mentors for quality improvement.



*The Maternal and Child Health Integrated Program (MCHIP) is the USAID Bureau for Global Health's flagship maternal, neonatal and child health (MNCH) program. In India, MCHIP implemented programming to address postpartum family planning/postpartum intrauterine contraceptive device service delivery, newborn health, immunization and vaccine preventable diseases, pre-service education for nurses and midwives, and other initiatives in line with MCHIP's Global Development Alliance.*

**The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.**

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