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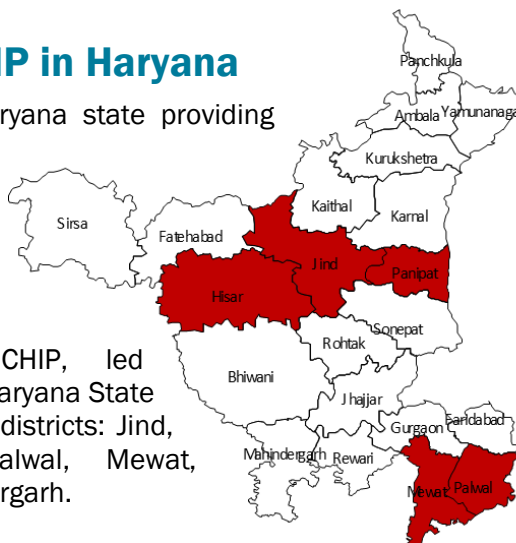
# Haryana

## Demographics

Total population (Census, 11)	25,351,462
Total population, 0-6 (Census, 11)	2,882,509
% urban household population (Census, 11)	35%
Neonatal mortality rate (SRS, 12)	28
Early neonatal mortality rate, <7d (SRS, 12)	21
Stillbirth rate (/1000 pregnancies at ≥7 months) (SRS, 12)	9
Infant mortality rate (SRS, 12)	42
<5 mortality rate (SRS, 12)	48
Contraceptive prevalence rate among married women, any method (DLHS-3)	62%
Unmet need for family planning among married women (DLHS-3)	16%
Women of reproductive age (estimated)	6,337,866
Population of Adolescents (estimated)	4,816,778

## Overview of MCHIP in Haryana

- MCHIP worked in Haryana state providing technical assistance on Immunization, Newborn Health, and Pre-Service Education.
- USAID, through MCHIP, led RMNCH+A efforts in Haryana State in seven high priority districts: Jind, Hissar, Panipat, Palwal, Mewat, Bhiwani and Mahendargarh.



## MCHIP Immunization Key Accomplishments

- Provided technical support for carrying out RAPID across the state. First round of RAPID was conducted in 21 districts, second round in 7 districts and third round in 3 districts resulted in improved service and quality of immunization services.
- State government initiated development of PHC microplans using tool developed by MCHIP.
- State government included My Village My Home (MVMH) tool developed by MCHIP in state PIP. The tool will be used at all anganwadi centers in Haryana.
- Initiated e-supervision pilot project in August 2013 for immunization program in Hissar in collaboration with Dimagi.

## Way Forward:

- Support to state government in strategic planning to improve immunization service delivery especially in high priority districts like Mewat and Palwal.
- Continuation of e-supervision pilot project in two blocks and expansion in remaining 6 blocks. Training the health functionaries on e-supervision model.
- Need based technical support in planning and monitoring of MCHIP's high impact interventions like RAPID, MVMH and e-supervision in Haryana.

## MCHIP Pre-Service Education Key Accomplishments in Haryana

- Conducted workshop for orientation on the standards-based management and recognition (SBM-R) approach for strengthening pre-service nursing and midwifery education for representatives of over 90 auxiliary nurse-midwife training centers (ANMTCs) and general nursing and midwifery (GNM) schools.
- Provided technical assistance to the state government to develop a schedule of activities and roadmap for strengthening PSE.
- Participation in the PSE planning and review meetings at the state level to support and maintain the direction and pace of PSE activities in the state.

**Way forward:** Facilitate competency building of faculty, clinical skills standardization of attached clinical institutions, and strengthen teaching infrastructure of nursing and midwifery institutions.

## MCHIP Newborn Health Key Accomplishments in Haryana

- Provided technical support for facility readiness assessment for newborn care in 21 districts including training of NRHM consultants for using the e-tool and software.
- NRHM consultants were trained in supportive supervision for essential newborn care and resuscitation (ENCR). Supportive supervision was then conducted in five districts.
- Seven newborn care corners identified for model essential newborn care practices.
- Government of Haryana hired eight Child Health and Newborn Health consultants.
- Provided inputs in DHAPs and PIPs for inclusion of key newborn and child health activities:
  - Kangaroo Mother Care ward initiative included in PIP.
  - Diarrhea treatment and training units initiative in seven HPDs has been included for more concentrated diarrhea control program coverage.
  - Yashoda scheme incentive has been increased from 120 to 170 and Yashoda scheme will be implemented where delivery load over 1,000 deliveries per year.
  - ENCR activity incorporated in all seven districts. Data will be entered by district education officer (DEO) and analyzed by state representative quarterly.
  - Skill labs to be developed in all 21 districts.
  - Breastfeeding corners for railway stations and bus stands included in FY 2014-15 PIP with zero budget done in liason with Railway and Roadways department.
  - Data analysis of ENCR activity found unavailability of mucus extractor in health facilities, a centralized purchasing planned and was done @10% of delivery loads.
  - Drugs and supplies (including Salbutamol, Nebulizer, Dexamethasone, ORS+Zinc, Vit K1, mucus extractor, Salbutamol, Vitamin A Syrup, paracetamol) included in procurement.



### Way Forward:

- Establish fully functional Newborn Care Corners in all delivery rooms and operation theaters, using gap analysis.
- Ensure use of safe birth checklist at all delivery points of HPDs.

- Prepare a pool of mentors and master trainers for NSSK to ensure continuation and quality of trainings autonomously.
- Support implementation of newborn health interventions at district and state level including Kangaroo Mother Care and optimal feeding for low birth weight, antenatal corticosteroids, Vitamin K, and use of Gentamycin.
- Establish model delivery points in all HPDs which can then be used for cross-learning.
- Strengthen linkages between communities and facilities; improve referral system for stabilizing and managing sick newborns. Encourage the use of mobile-based application to improve linkages.
- Partnership with National Neonatology forum, Indian Academy of Pediatrics (IAP), and other development partners for accreditation of facility-based newborn services at all levels.

## RMNCH+A in Haryana

- State RMNCH+A Unit (SRU) formed, led by MCHIP State RMNCH+A team leader and includes four technical officers from MCHIP, State Improvement Coordinator from ASSIST, and two representatives from Improving Healthy Behaviors Program (IHBP).
- State RMNCH+A consultation conducted in August 2013 and district level RMNCH+A consultations completed in all seven high priority districts. Approximately 460 participants oriented.
- RAPID conducted in two HPDs, Panipat and Hisar, action plan prepared based on findings.
- State Unified Team (SUT) formed and first quarterly meeting conducted in January 2014 under the chairmanship of Principal Secretary, Haryana.
- Co-facilitated the launch of Rashtriya Kishore Swasthya Karyakram (RKSK) in February 2014 at state level and Mewat and Palwal districts.
- Co-facilitated supportive supervision workshop at State Institute of Health and Family Welfare (SIHFW) for potential supervisors of RAPID.
- Orientation of NHM consultants on block monitoring format and mechanisms for monitoring.
- Regular block monitoring in all seven high priority districts is being done. Of 56 health blocks, 31 have been covered. In total, 82 delivery points have been covered out of 215 (May 2014).
- Gap analysis completed at all seven HPDs. Supported District and State in development of DHAP and PIP with inputs from block monitoring visits and gap analysis.
- Pilot project on e-supervision of implementation of immunization services conducted in Hissar. Orientation of District Supervisors in August 2013 and March 2014. Total 6 of 8 blocks were covered.
- Facilitated analysis of performance of Government and private pre-service education nursing schools in Haryana in coordination with State Institute of Health and Family Welfare.
- Sponsored and coordinated with NHM Haryana for workshop on data usage and Implementation research in collaboration with World Health Organization (WHO).



- Initial results of RMNCH+A efforts in Haryana state include:
  - **Infrastructure** - There was no blood bank in the District Hospital of Palwal. After feedback and regular follow up, license for the blood bank was procured and recruitment of staff is in process.
  - **Commodities** - All commodities in the 5x5 matrix are included in the essential drug list and after the dissemination of the gap analysis findings the essential drug list was modified with inclusion of the commodities as per the RMNCH+A 5x5 matrix.
  - **Health systems strengthening:** A systematic review of existing data sources was done by MCHIP and based on the recommendations, an exercise of rationalization of the various indicators in HMIS (i.e. reduction of indicators which are never reviewed or reported) was done. Development of an integrated portal capturing indicators from various sources across the spectrum of RMNCH+A programs has been initiated.

#### Way Forward:

- Facilitate quarterly meetings of SUT.
- Share gap analysis findings with seven high priority districts.
- Orientation of Medical College faculty on RMNCH+A strategy and critical interventions and agree on roles and responsibilities for clinical mentoring.
- Orientation of district program management unit (DPMU), state program management unit (SPMU), and District Monitors (Development Partners) on supportive supervision.
- Establishment of demonstration site for newborn care corner in each HPD.
- Monitor RMNCH+A progress including strengthening district and block level review meeting through finalizing structured agenda and identification of key indicators to review at district level. Development of integrated monitoring system to involve all stakeholders.
- Block monitoring visits and sharing of findings with state and district officials to continue.
- Orientation of District Supervisors on e-supervision to be conducted in two blocks of Hisar.

*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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