



**USAID**  
FROM THE AMERICAN PEOPLE



# Uttarakhand

## Demographics

Total population (Census, 2011)	10,086,292
Total population, 0-6 (Census, 2011)	1,355,814
Women of reproductive age	2,521,573
% urban household population (Census, 2011)	30.23%
Neonatal mortality rate (AHS, 2011-12)	29
Infant mortality rate (SRS, 2012)	34
<5 mortality rate (U5MR) (AHS, 2011-12)	50
Contraceptive prevalence rate among married women, any method (DLHS-3)	61%
Unmet need for family planning among married women (DLHS-3)	20.9%
Population of adolescents	1,916,395

## Overview of MCHIP in Uttarakhand

- MCHIP worked in Uttarakhand state providing technical assistance on Newborn Health, Pre-Service Education, Post-partum family planning, and Immunization.
- USAID, through MCHIP, led RMNCH+A efforts in Uttarakhand in three high priority districts: Haridwar, Pauri, and Tehri.



## MCHIP Newborn Health Key Accomplishments

- Hands-on training for 98 healthcare professionals in essential newborn care and resuscitation in over 43 training sessions.
- Collaborated with the state government to identify gaps in services and facilities for maternal and newborn care and listed measures and activities to address gaps in District Health Action Plans and State Program Implementation Plans.
- Reactivated Navjaat Shishu Suraksha Karyakram (NSSK) training by training a pool of state level master trainers. This state pool re-operationalized training in NSSK creating a cascade of trainers down to the district and block levels.
- Six Newborn Care Corners were established as demonstration centers (two each in three high priority districts). The sites are being used to improve knowledge and skills of health staff on Essential Newborn Care and Resuscitation.

## MCHIP Pre-Service Education Key Accomplishments

- Established a State Nodal Center (SNC) of excellence for nursing and midwifery education at the existing College of Nursing at Dehradun in terms of technical competence of human resources, teaching infrastructure including skill labs, library, and IT using the SBM-R approach.
- Using the SBMR approach, strengthened the teaching infrastructure and processes in all five ANMTCs and three GNM schools and improved clinical practices in attached clinical institutions of the schools.
- Facilitated the training of 16 faculty members from the ANMTCs and GNM schools in key MNH and teaching skills through a six-week training at the National Nodal Center for nursing and midwifery preservice education at Kolkata.
- Continuing the existing PSE activities, and to ensure sustainability, facilitated the first 6-week training

of the faculty of auxiliary nurse midwifery training centers (ANMTCs) and general nursing and midwifery (GNM) schools at the SNC Dehradun.

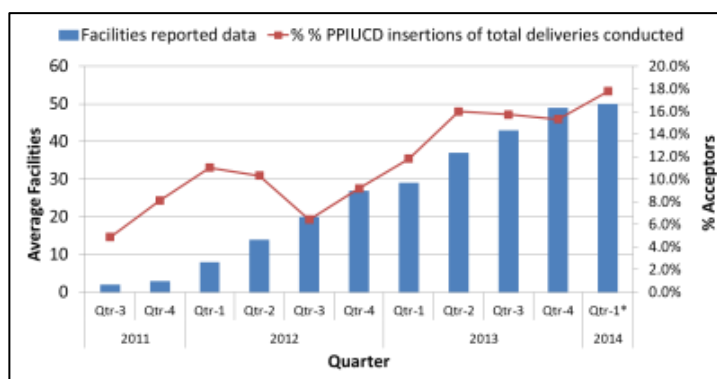
#### Way forward:

- SNC to independently provide training and mentorship to ANMTCs and GNM schools from within and outside states.
- ANM and GNM schools to sustain the scores on performance standards through periodic review of progress and necessary actions.

## MCHIP Post-partum Family Planning Key Accomplishments

- Established three PPFP training sites in Uttarakhand through building training capacity of existing staff and strengthening training infrastructure of the clinical institutions.
- Facilitated training of 273 service providers of health facilities (126 doctors and 147 nurses and midwives) in PPFP/PPIUCD services.
- Facilitated PPFP service delivery in 50 district and sub-district level facilities through trainings and on site post training mentorship and support.
- Facilitated recruitment of 48 RMNCH+A counselors leveraging state NRHM funds. Conducted the training of all RMNCH+A counselors.
- Conducted more than 300 supportive supervision visits at service delivery sites to build institutional mechanisms for supportive supervision for PPFP.
- More than 15,000 clients have been provided IUCD services through service delivery sites.

Status of PPIUCD Service Delivery - Uttarakhand



#### Way forward:

- Complete introduction of PPFP services in the remaining high delivery load facilities.
- Incorporate PPFP supportive supervision in the government supervisory mechanisms.

## RMNCH+A in Uttarakhand

- State RMNCH+A Unit (SRU) established led by MCHIP State RMNCH+A team leader and also includes two technical officers and a Data and Administrative Associate from MCHIP.
- The mechanism of block monitoring visits was institutionalized using Gol format. As of March 2014, 13 blocks were visited in all three high priority districts.
- District consultation meetings completed in all three high priority districts.
- Gap analysis completed in all three high priority districts.
- Rapid assessment of health facilities completed in all delivery points and corrective actions taken in majority of the facilities.

- Supported State Program Implementation Plan and District Health Action Plans in all HPDs.
- Mapping of referral transport system has been initiated and the timeline is being monitored in order to reduce the maternal and infant deaths in Pauri district.
- Oriented Development Partners on objectives of RMNCH+A.
- On-site training of staff at delivery points on active management of third stage of labor (AMTSL), NSSK, interval IUCD, and use of partograph completed in two districts (one HPD).
- 19 blocks monitored out of 30 (7 in Pauri Garhwal, 7 in Tehri Garhwal, and 5 in Haridwar).
- Initial results include:
  - **Delivery facilities:** Gaps identified during block monitoring led to plan for infrastructure upgrades at delivery points including to ensure 24x7 running tap water in labor room and purchase of hydraulic operating theater table and ceiling lights planned in Pauri district.
  - **Newborn care facilities:** Identified six newborn care corners to be developed into demonstration sites (as of March 2014, three were reviewed).
  - **Commodities:** Purchase of key RMNCH+A commodities made from the United Funds and provisions under JSSK includes purchase of Magnesium Sulfate and Vitamin K. Procurement process for Vitamin A and Zinc has also been initiated

#### Way forward:

- Harmonize technical assistance (need based) from the SUT including extension to HPDs identified by the state.
- Regular appraisal of program implementation in high priority districts (RAPID).
- Support establishment of supportive supervision mechanism.
- Set up of model newborn care corners at six identified sites in three HPDs.
- Set up model for routine immunization in each high priority district.
- Enlist areas which have difficult geographical terrain and triangulate data from microplan and mother child tracking system (MCTS) registers for proper implementation of community distribution of misoprostol.



*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.**

#### **MCHIP - Maternal and Child Health Integrated Program**

1776 Massachusetts Avenue NW, Suite 300  
Washington, DC 20036

<http://www.mchip.net/>