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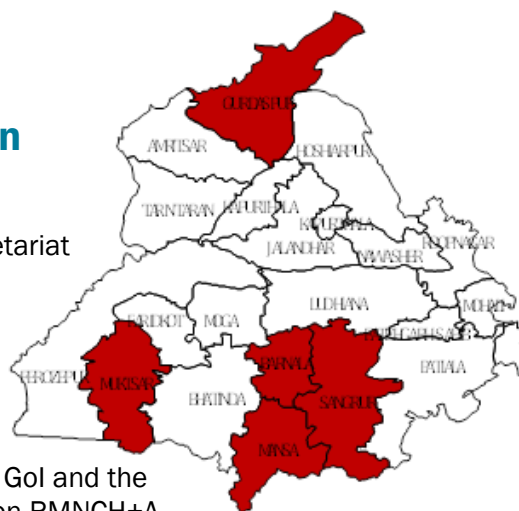
# Punjab

## Demographics

Total population (Census, 11)	27,743,338
Total population, 0-6 (Census, 11)	2,612,299
% urban household population (Census, 11)	37%
Women of reproductive age (estimated)	6,935,834
Population of adolescents (estimated)	5,271,234
Neonatal mortality rate (SRS, 12)	17
Early neonatal mortality rate, <7d (SRS, 12)	13
Stillbirth rate (/1000 pregnancies at ≥7months) (SRS, 12)	7
Infant mortality rate (SRS, 12)	28
<5 mortality rate (SRS, 12)	34
Contraceptive prevalence rate among married women, any method (DLHS-3)	69.3%

## Overview of MCHIP in Punjab State

- 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 the Punjab State government on RMNCH+A implementation.



- USAID, through MCHIP, led RMNCH+A efforts in Punjab State in six high priority districts: Sangrur, Muktsar, Gurdaspur, Barnala, Mansa and Pathankot.
- The Punjab State RMNCH+A Unit (SRU) is represented by three MCHIP State technical officers and a State team leader.

## RMNCH+A in Punjab State

- State RMNCH+A consultation conducted in September 2013 with participation by 162 State and National level officials.
- District RMNCH+A consultation completed in all six high priority districts during which 359 participants were oriented. Co-facilitated RMNCH+A review meetings in the six HPDs.
- Co-facilitated State RMNCH+A review meetings chaired by MD-NRHM.
- Oriented district officials on guidelines on antenatal corticosteroids, gentamycin and Vitamin K (usage of Vitamin K within one hour of birth has been implemented across all delivery points of the HPDs).
- Orientation of district functionaries on HMIS and mother child tracking system (MCTS) as well as on key deliverables including RAPID and My Village My Home.
- Provided inputs for innovations in PIP including RAPID and MVMH for immunization and technical inputs provided for preparation of District Health Action Plan (DHAP) in HPDs.
- Supported the State in roll out of skill assessment and enhancement of nursing and midwifery staff (skill lab - OSCE model).
- Block supervision in 24 blocks (of 30) in six HPDs, 81 delivery points of 107 covered (May 2014).

- Supported in preparation of Q1-Q4 score card for Punjab and capacity building with on-the-job training of State M&E staff on preparation of score card.
- Thematic area summary of gap analysis factsheets prepared and shared with State and districts.
- Partograph chart printing and distribution in all districts for usage in labor rooms at delivery points done by State due to intervention and regular feedback provided by SRU.
- Recruitment of RMNCH+A counsellors fast-tracked at State, six counsellors posted at district hospitals in six HPDs, and additional recruitment in process.
- State and districts working to make all RMNCH+A essential commodities available at all delivery points after regular feedback from SRU.
- Inputs provided to State for rolling out of RKSK in all high priority districts, and on expansion of ARSH clinic network in high priority districts (16 new clinics to be made functional in six HPDs in 2014-15).

#### Way Forward:

- Finalization of SUT formation at State level.
- Orientation of district monitors at State level.
- Essential newborn care training for staff for setting up a quality, fully functional NBCC (one per high priority district) to be conducted.
- Orientation of three government medical colleges on RMNCH+A strategy and activities seeking their support and involvement in operationalizing in the high priority districts of Punjab.
- Continuing support to State on supportive supervision through block monitoring, regular feedback sharing at districts and State, and sharing of health management information system (HMIS) score cards.
- Continued facilitation of regular monthly district review meetings in HPDs and quarterly review meetings at State.
- Continued technical support from SRU to State and districts.



## Newborn Health

- In collaboration with All India Institute of Medical Sciences (AIIMS), MCHIP and Government of Punjab, provided technical support in drafting Punjab State Mother and Child Health Action Plan.
- Supported the high priority districts and the State in incorporating newborn care related activities in DHAPs and PIPs.
- Collaborated with State to facilitate establishment of newborn care corners at all delivery points in high priority districts. Six of these will be developed as model newborn corners so that other facilities can follow the standards set at these model facilities.
- Collaborated with State health officials and first identified gaps in services and in facilities with regard to maternal and newborn care; then in a collaborative exercise listed measures and activities to address these gaps.

### Way Forward:

- Establish fully functional Newborn Care Corners in all delivery rooms and operation theaters.
- Ensure use of safe birth checklist at all delivery points of high priority districts.
- 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 high priority districts 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.



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

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