



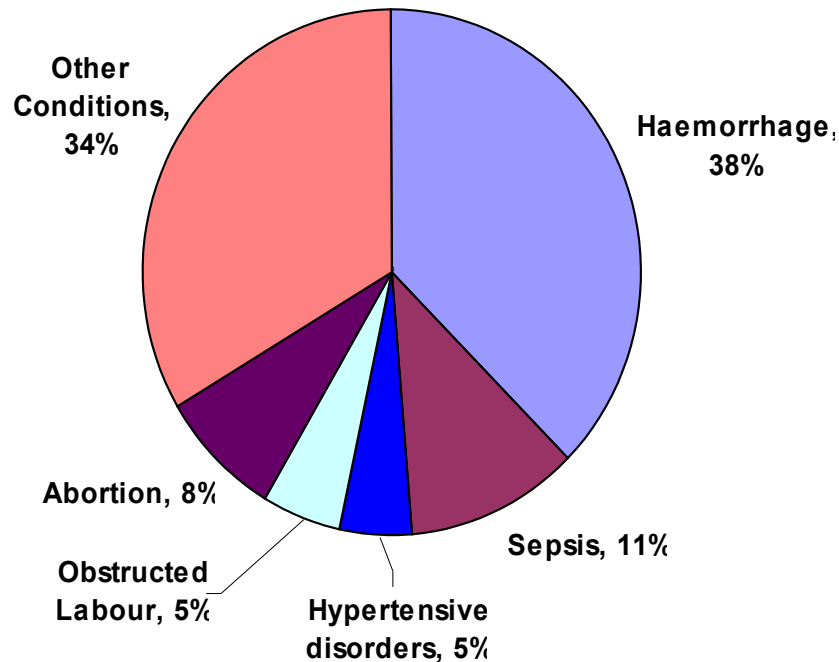
# **MATERNAL HEALTH CHALLENGES: NRHM/RCH II**

**13TH  
NOVEMBER, 2009**

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Maternal Health Division  
MOHFW**

# MATERNAL MORTALITY-MAGNITUDE AND CAUSES

- About 28 million pregnancies per year in India.
- 26 million deliveries
- 15% of these are likely to develop complications.
- Complications cannot be predicted.
- 67,000 maternal deaths per year



\* Other Conditions includes Anemia.

# **MATERNAL MORTALITY RATIO (PER 1,00,000 LIVE BIRTHS)**

## ❖ **International Variations**

▪ <b>India</b>	<b>254</b>
▪ <b>Bangladesh</b>	<b>570</b>
▪ <b>Pakistan</b>	<b>320</b>
▪ <b>Sri Lanka</b>	<b>58</b>
▪ <b>Malaysia</b>	<b>62</b>
▪ <b>Thailand</b>	<b>110</b>
▪ <b>Brazil</b>	<b>110</b>
▪ <b>Sweden</b>	<b>3</b>
▪ <b>U.S.A.</b>	<b>11</b>

## ❖ **Variation between states**

▪ <b>Tamil Nadu</b>	<b>110</b>
▪ <b>Kerala</b>	<b>95</b>
▪ <b>U.P.</b>	<b>440</b>
▪ <b>Bihar</b>	<b>312</b>
▪ <b>Assam</b>	<b>480</b>

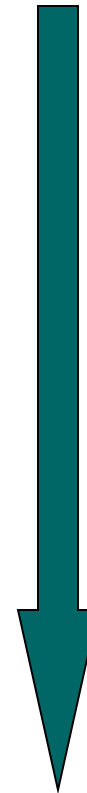
# GOALS ...

Indicator	Current Level	2010 goals as per NPP	MDG Goals 2015
Infant Mortality Rate ( <i>per 1000 live births</i> )	53 (SRS:2009)	30	30
Maternal Mortality Rate ( <i>per 100,000 live births</i> )	254 (SRS:2004-06)	100	100
Total Fertility Rate	2.7 (SRS:2007)	2.1	--

# MATERNAL MORTALITY RATIO OVER THE YEARS

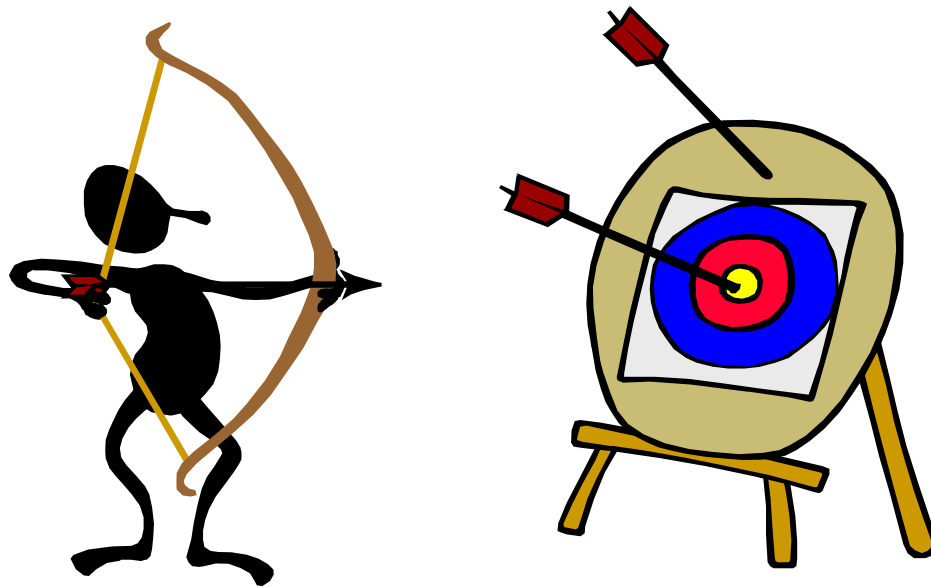
NSS(1957-60)*	1321
NSS(1963-64)*	1195
SRS(1972-76)	853
SRS(1977-81)	810
SRS(1982-86)	580
SRS (1998)	407
SRS (01-'03)	301
SRS(04-06)	254

\* Based on indirect time series estimates



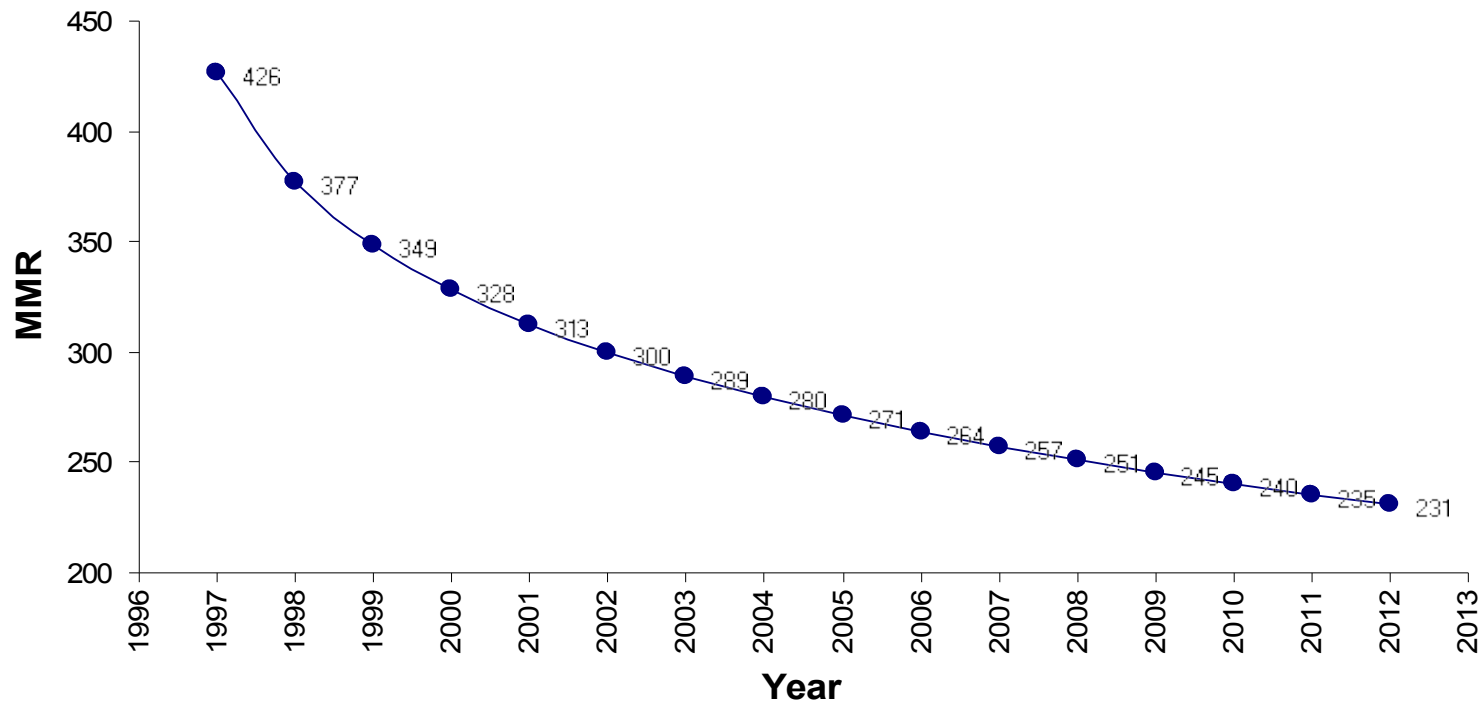
Declining  
trend

# ARE WE ON TARGET TO ACHIEVE THE GOALS?



# MMR TRENDS

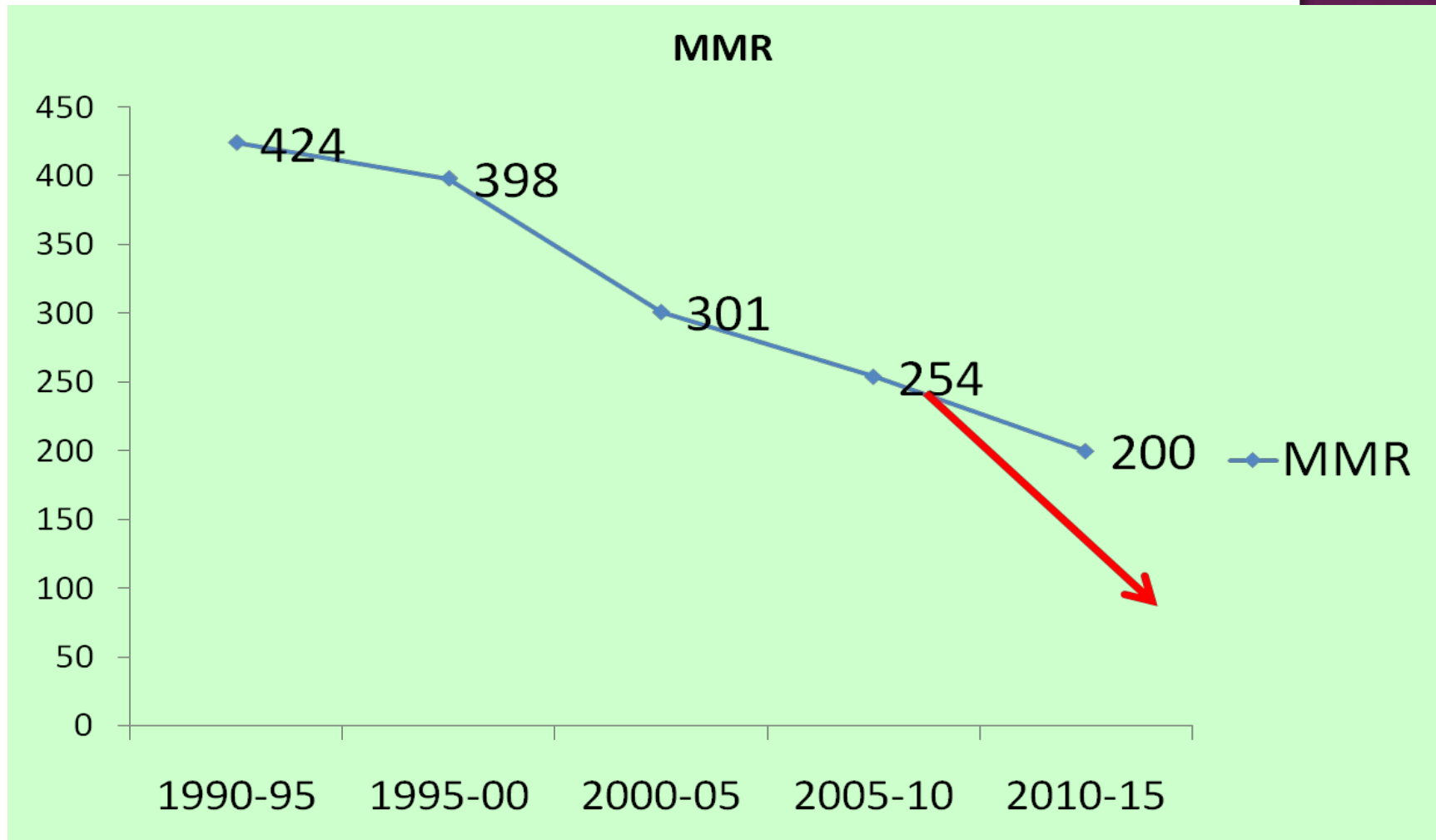
Chart 1b: Maternal Mortality Ratio (MMR) in India : Trends based on Log-Linear model, 1997-2012



Projected to reach 231 by 2012

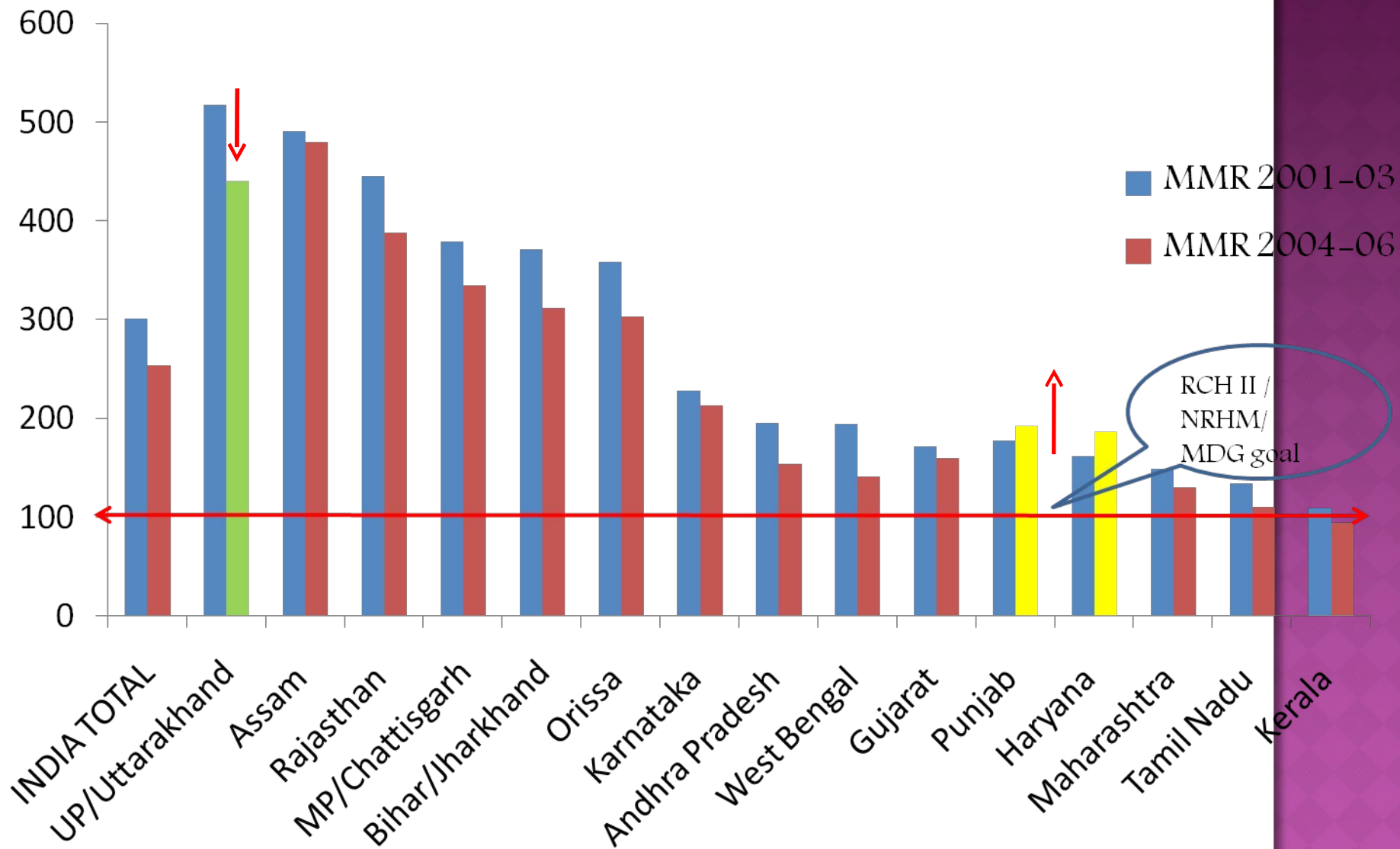
Source-(RGI-SRS-2006)

# MMR...WE NEED TO ACCELERATE PACE OF DECLINE

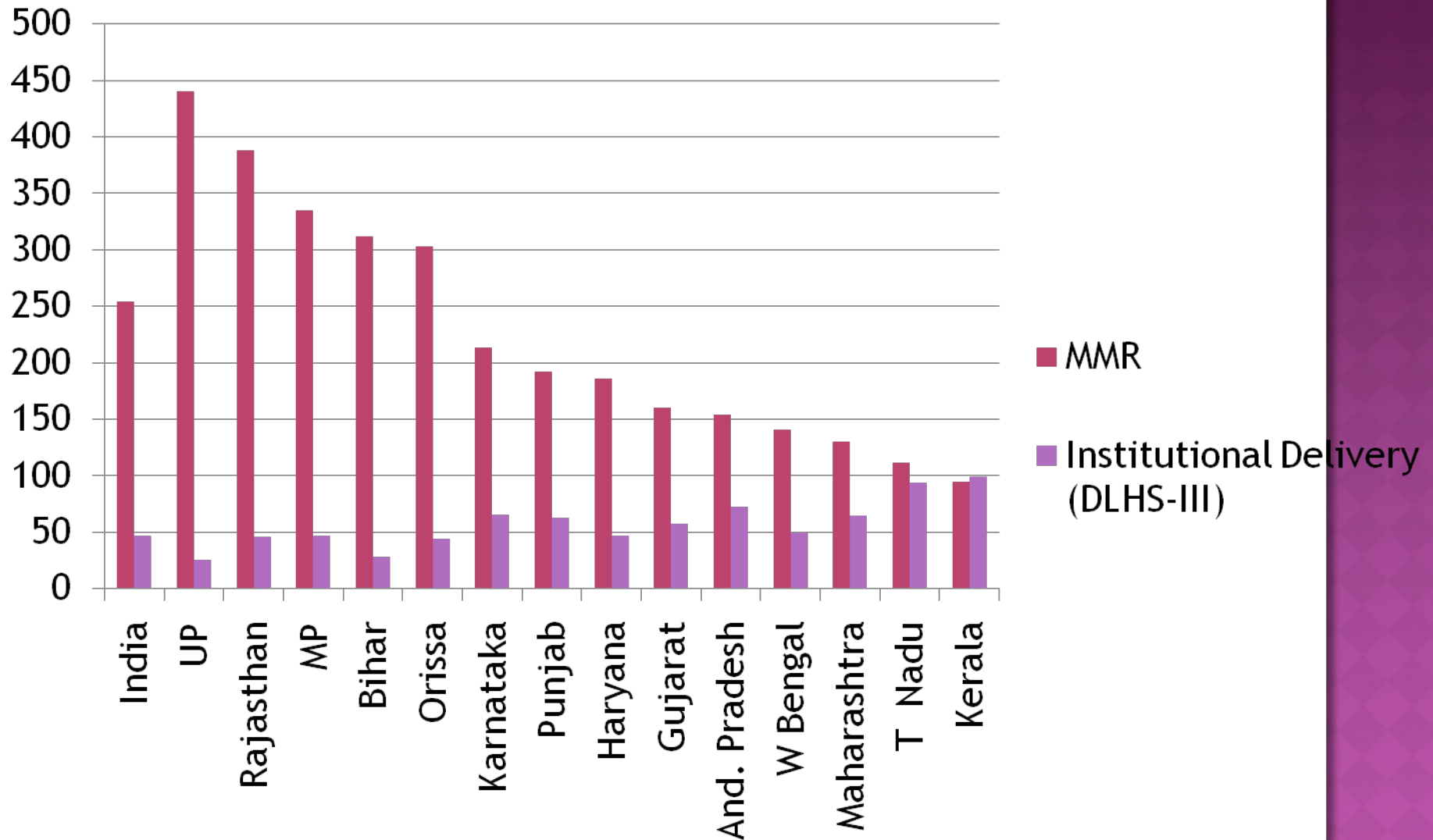




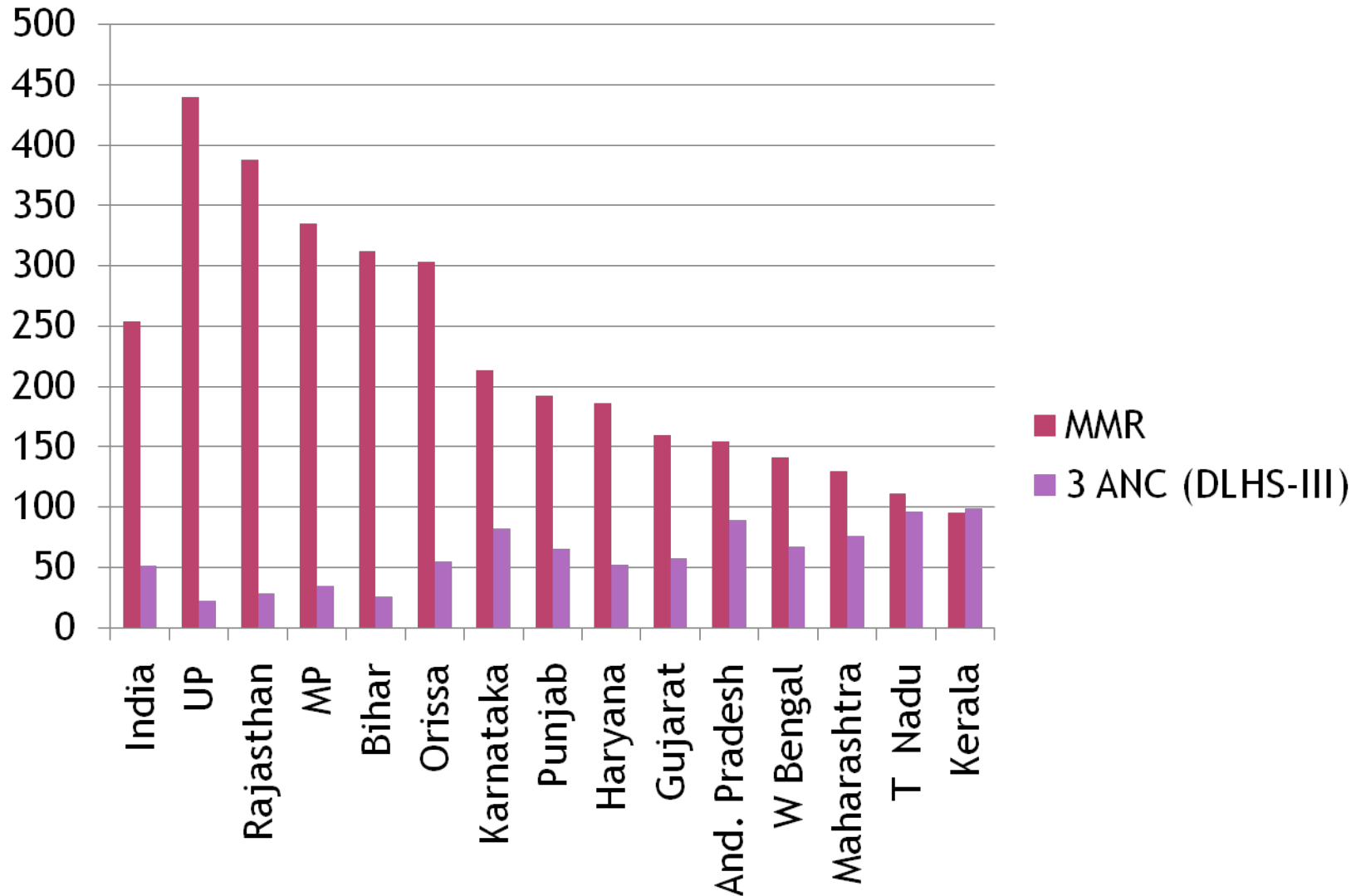
# MMR TRENDS STATE-WISE



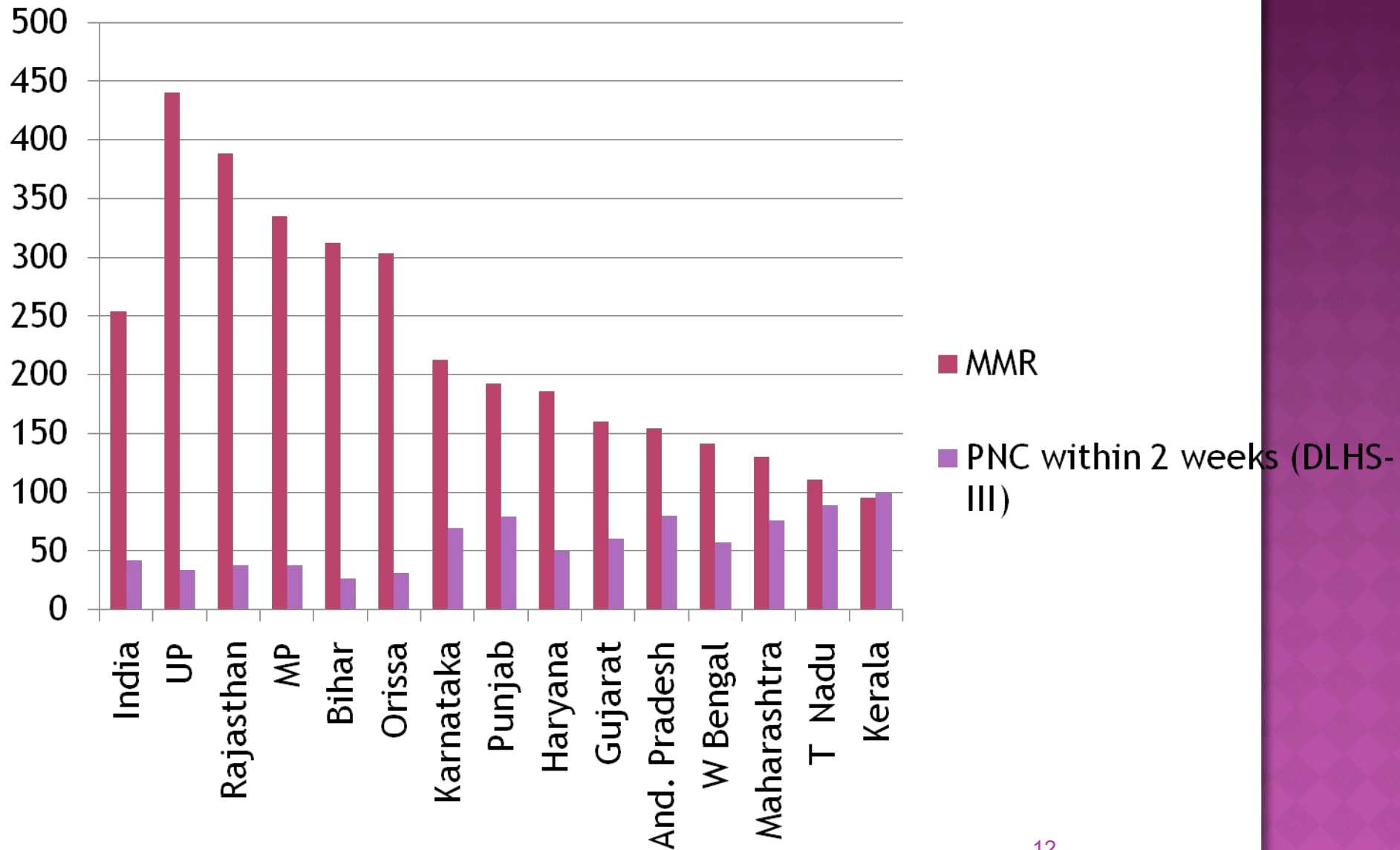
## MMR AND INSTITUTIONAL DELIVERY...



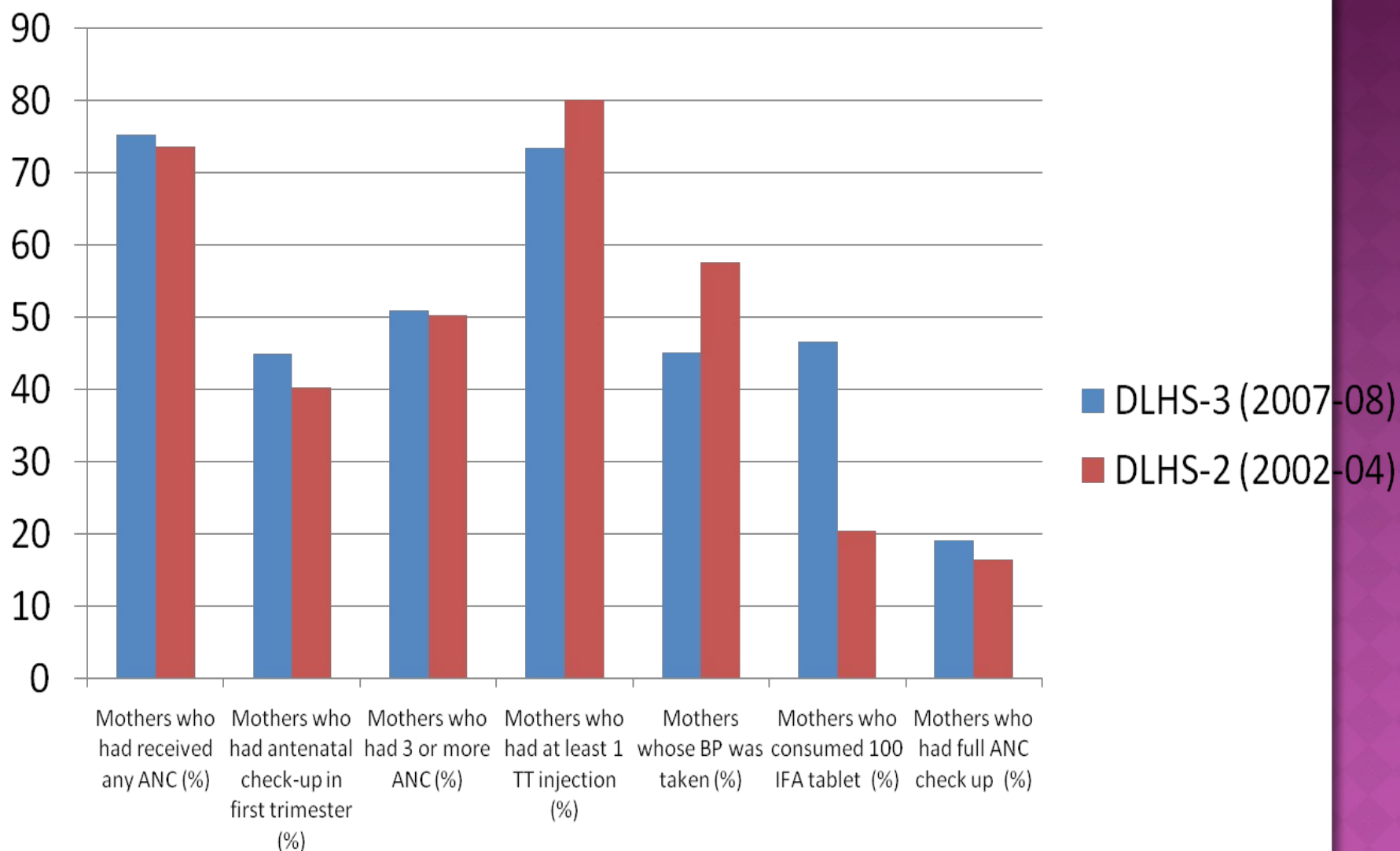
## MMR AND 3 ANC...



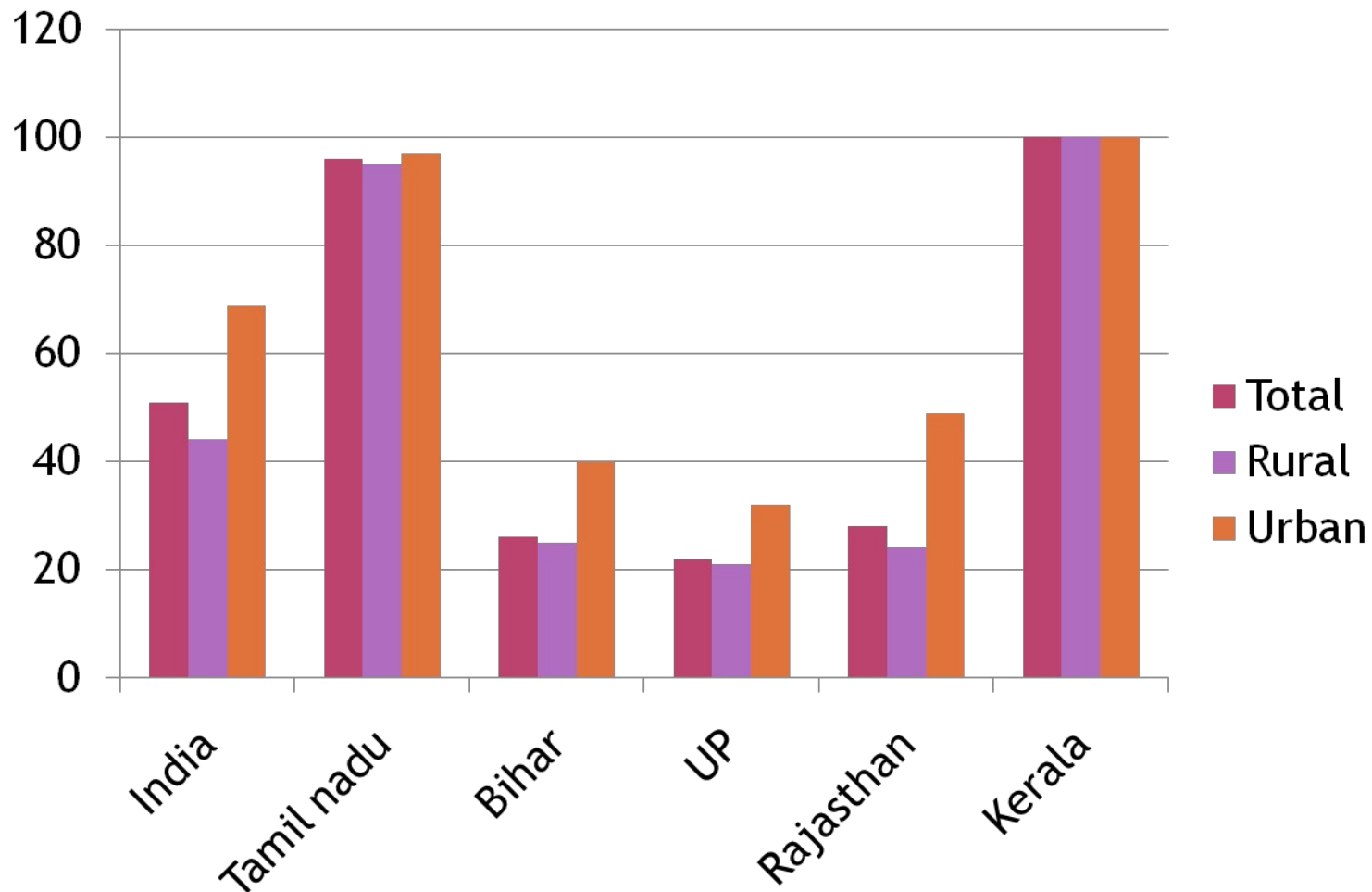
## MMR AND PNC..



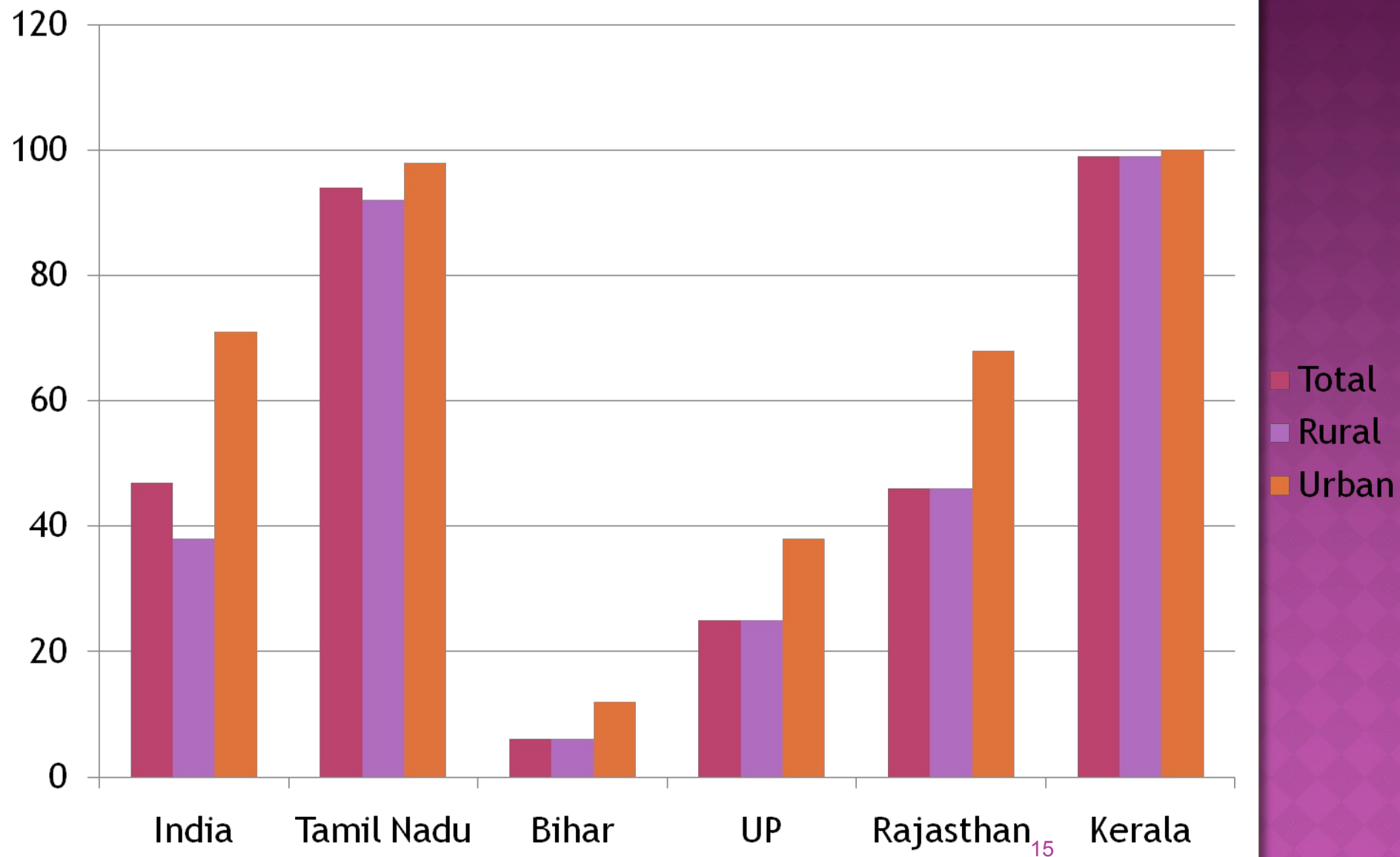
# QUALITY OF ANTE-NATAL CARE SERVICES



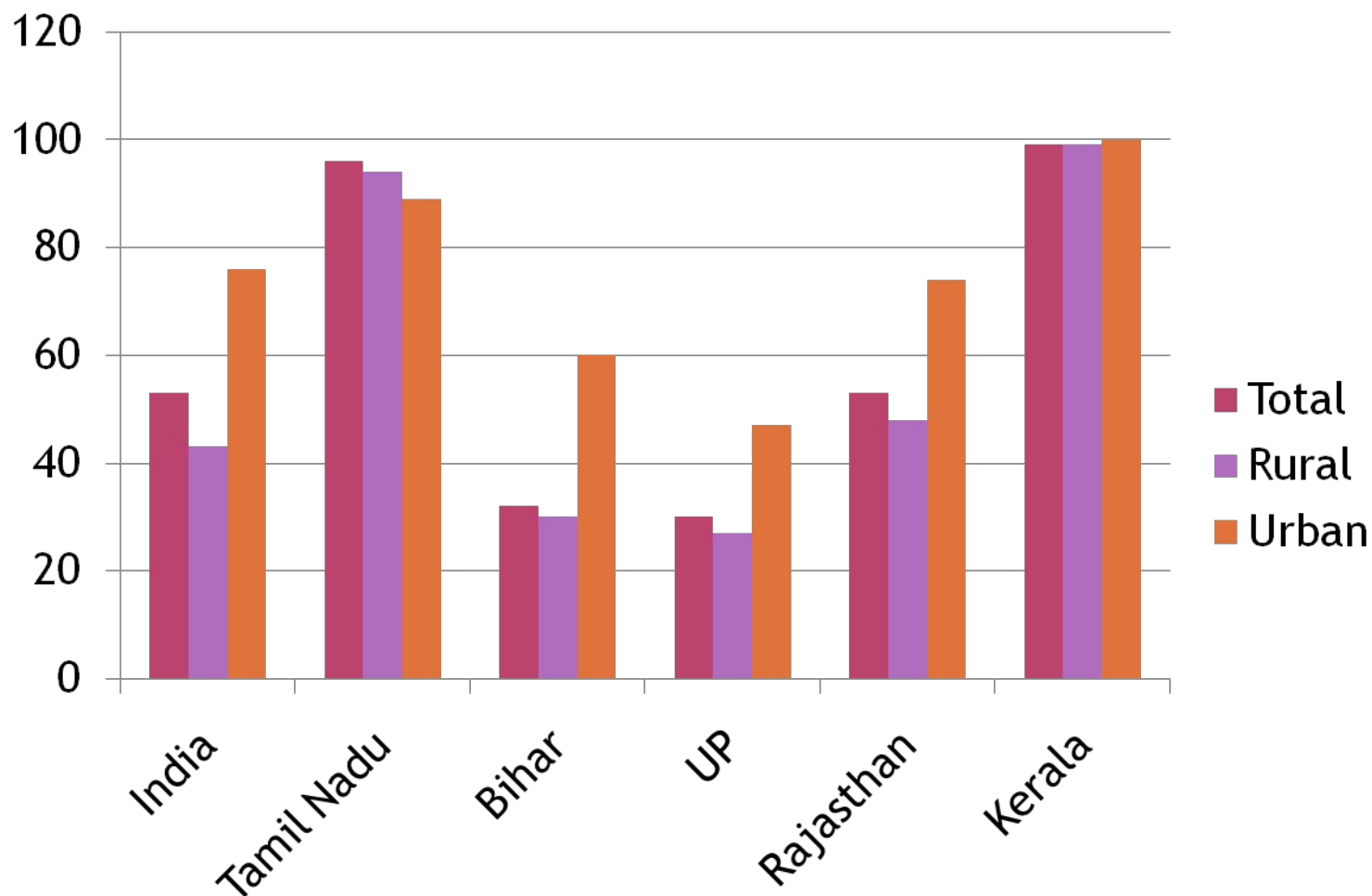
# RURAL-URBAN VARIATIONS : 3 ANC (DLHS-III)



# RURAL-URBAN VARIATIONS: INSTITUTIONAL DELIVERY(DLHS-III)



# RURAL-URBAN VARIATIONS: SAFE DELIVERY(DLHS-III)





# MATERNAL HEALTH STRATEGIES

## MULTI-PRONGED APPROACH...

- ◉ **Demand Promotion: Janani Suraksha Yojana.**
- ◉ **Services: Public sector**
  - ❖ **Essential and Emergency Obstetric Care**
    - Quality ANC, PNC, Safe Delivery ,Institutional Delivery
    - Skilled Attendance at birth (domiciliary & health facilities).
    - Multi-skilling of doctors to overcome shortage of critical specialities (training on Life saving Anaesthesia Skills and Emergency Obstetric Care).
  - ❖ **Management of RTIs & STIs at PHCs & CHCs/FRUs.**
  - ❖ **Safe Abortion Services - PHC/ FRU level**
  - ❖ **Operationalise facilities- FRUs, CHCs, 24 x7 PHCs.**
  - ❖ **Strengthen Referral Systems including transport.**
  - ❖ **Outreach activities- Village Health and Nutrition Days.**

# MATERNAL HEALTH STRATEGIES

## MULTI-PRONGED APPROACH...

### ◉ **Services: Private sector**

- Accrediting private health institutions for RCH services including JSY.
- Accrediting private health institutions for SBA training
- Fixed package for contracting out services -Demand side financing Schemes (e.g. Chiranjivi scheme in Gujarat)

# NRHM...OVERARCHING UMBRELLA

Communitisation

Decentralisation

Flexible  
Funding

❖ **Sectorwide approach ... Intersectoral Convergence**

❖ **Accredited Social Health Activist (ASHA) – one per 1000 population**

❖ **Facility Strengthening / Improving Access**

❖ **Strengthening of Infrastructure- IPHS.**

❖ **Improving availability of Human Resource - Contractual Appointments**

❖ **Availability of funds at facilities-Untied funds ,Grants to Rogi Kalyan Samitis (Patient Welfare Committees)**

❖ **Village Health and Nutrition Days**

❖ **Village Health and Sanitation Committees**

❖ **Public-private Partnerships.**

❖ **Innovative Strategies**



New

**HMIS (Health Management Information System) web portal**

## **KEY ELEMENTS FOR SUCCESS....**

- **Ensure Access to Quality Maternal Health Services**
- **Ensure Skilled Care During Childbirth**
- **Improving access to emergency services.**
- **Encouraging community involvement and investment in maternal health care.**

# WHERE DO WE GET THE SERVICES..

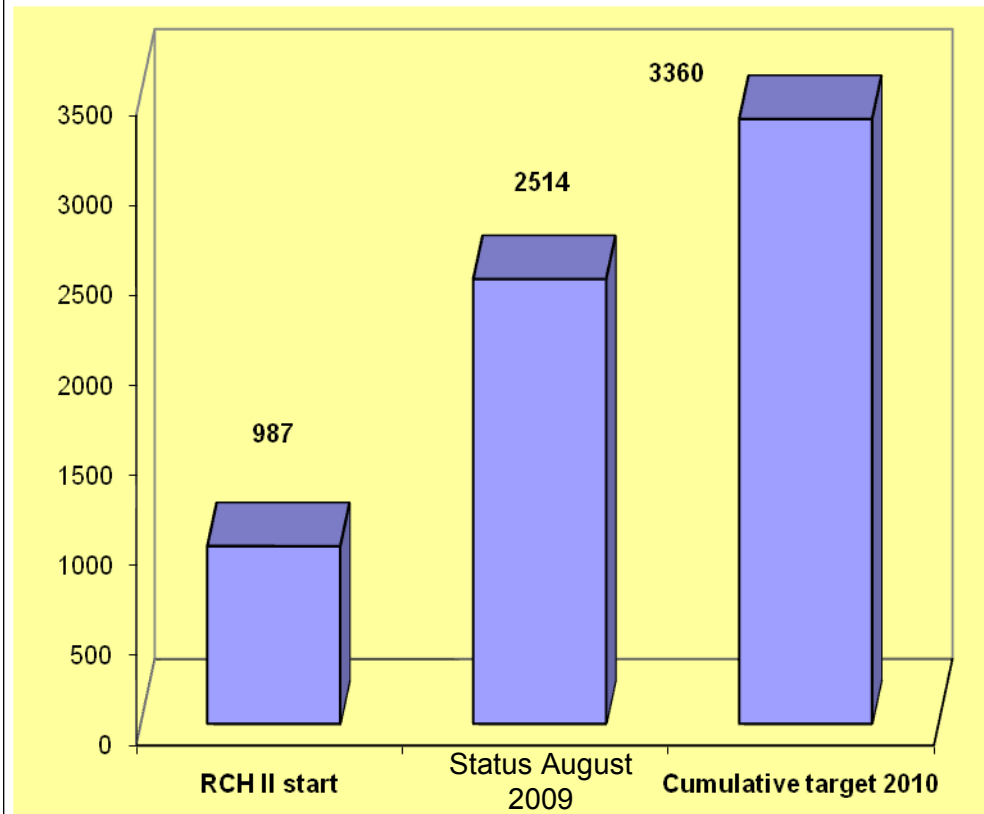
- **Functional FRU** for comprehensive obstetric services
- **Functional 24x7 PHC** for basic obstetric services
- **Functional Sub Centre**
- **Regular Holding of VHND**

# OPERATIONALIZING FACILITIES: FRUS

## Critical criteria for functionality of FRUs

- EmOC including surgical interventions such as Caesarean Section .
- Blood Storage facility or adequate tie-ups
- New-Born Care.
- 24-hour delivery services including normal and assisted deliveries.

Progress in FRU operationalization



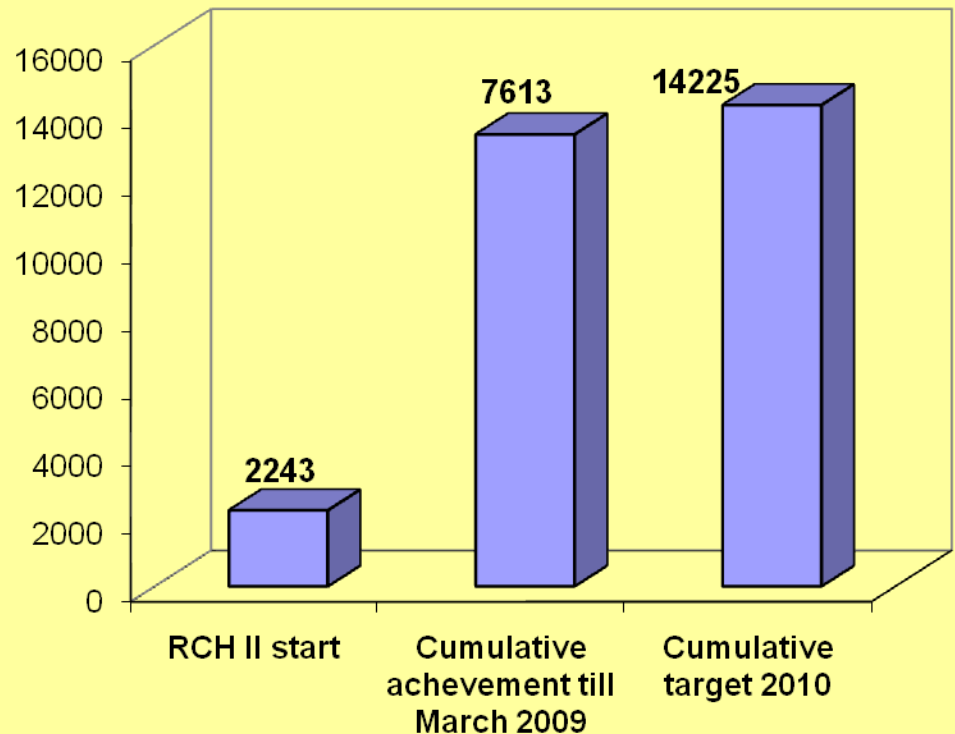
Based on data from NRHM

# OPERATIONALIZING FACILITIES : 24-HOUR PHCS

## Critical criteria for functionality of 24x7 PHCs

- 24-hour delivery services, both normal and assisted
- Essential new born care
- Referral for emergencies

Progress in 24X7 PHCs operationalization

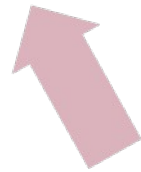


Based on data from NRHM

Includes PHCs, CHCs, and other such facilities

FRUs  
selected:  
X





Infrastructure  
Strengthen/Const  
ructions: X  
Blood Storage  
Centre

**Doctor:**  
**(Hired/Contractual)**  
1)OBG/MO (EmOC) = X  
2)Paed/MO (IMNCI/ENBC)=  
X  
3) Anesthetic/MO (LSAS)  
=X

FRUs  
selected:  
X

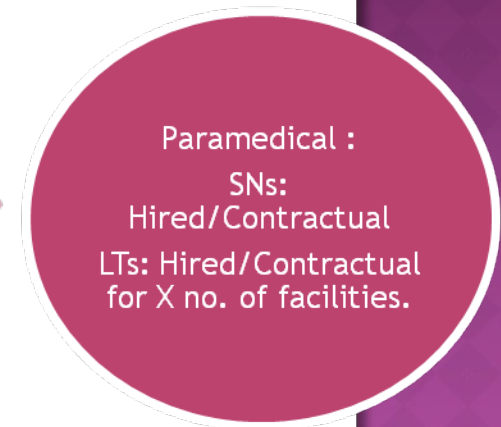
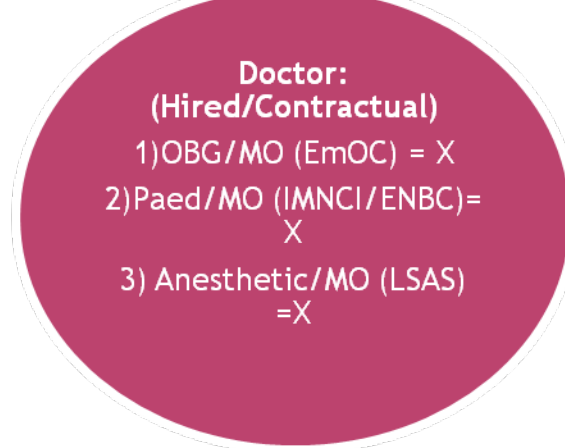
**Doctor: (Hired/Contractual)**

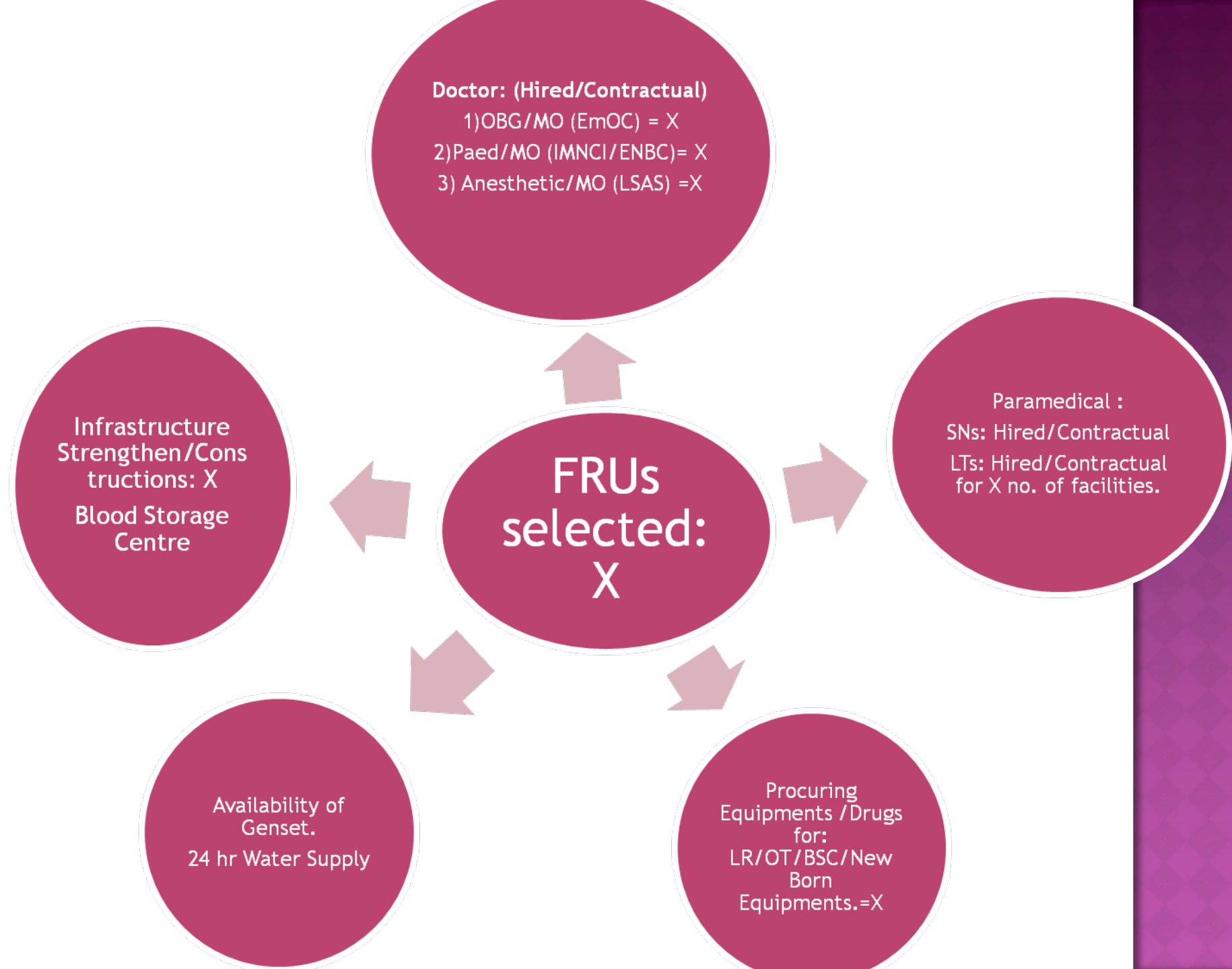
- 1) OBG/MO (EmOC) = X
- 2) Paed/MO (IMNCI/ENBC) = X
- 3) Anesthetic/MO (LSAS) = X

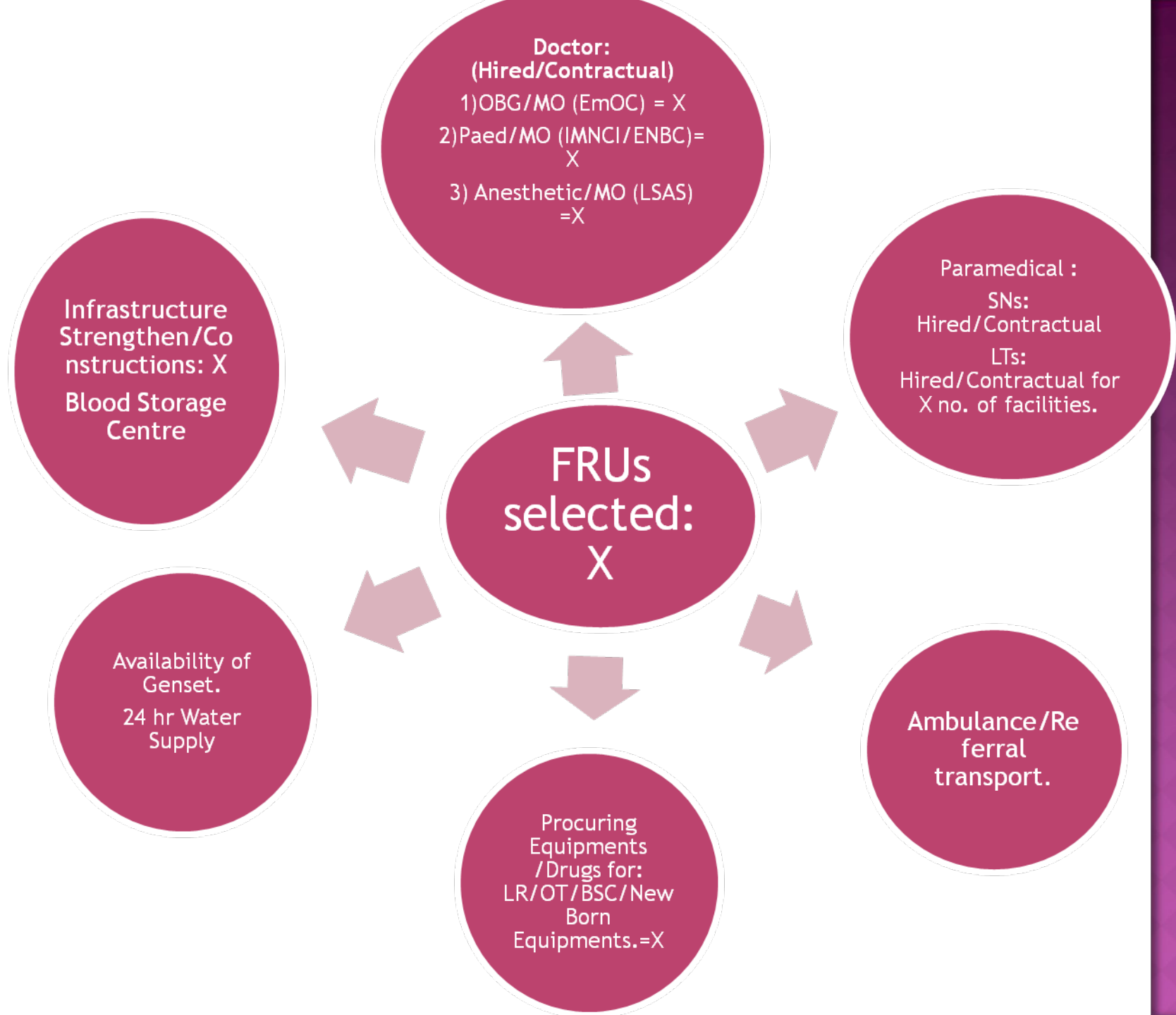
**FRUs  
selected:  
X**

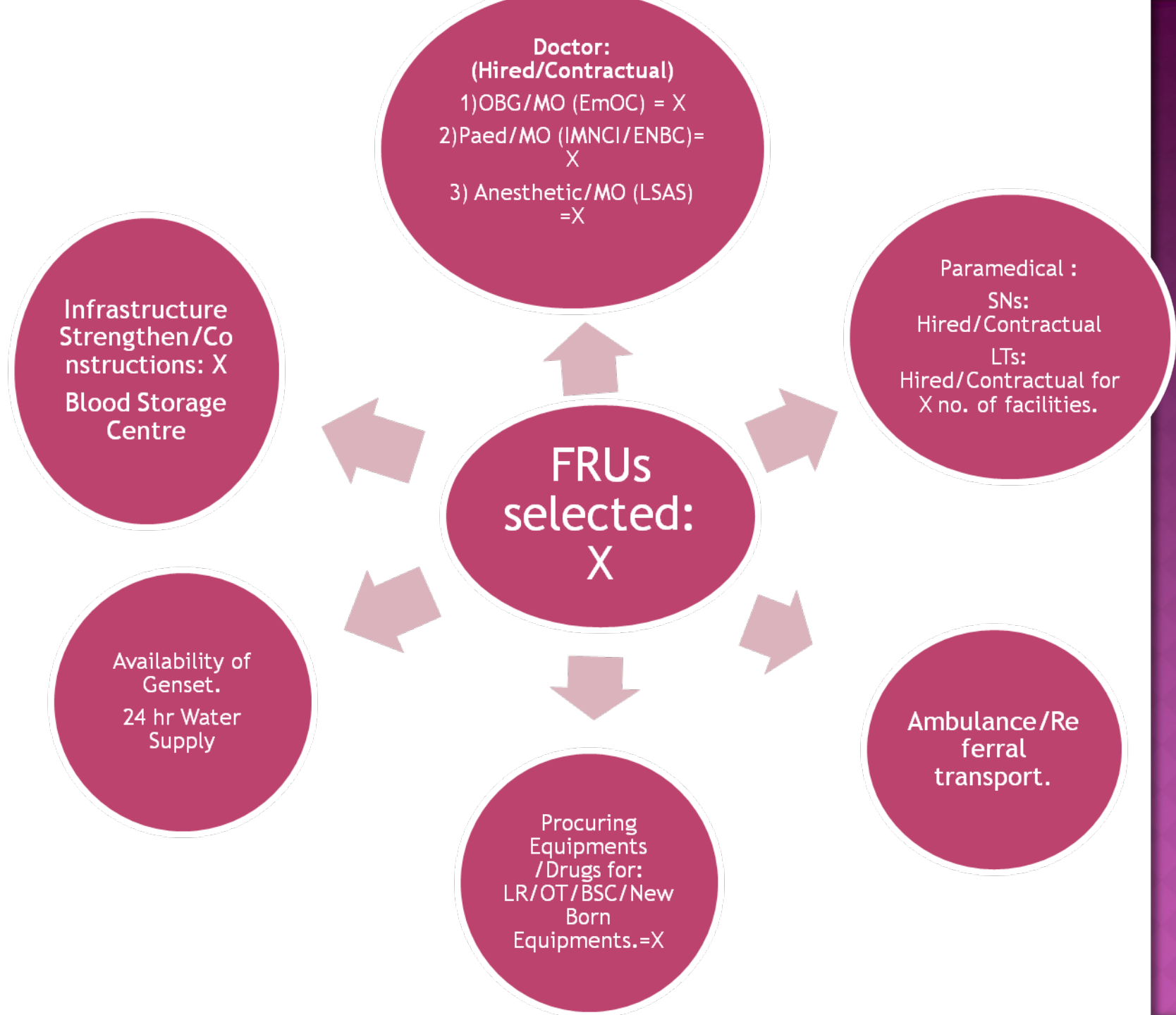
**Infrastructure  
Strengthen/Constr  
uctions: X  
Blood Storage  
Centre**

**Paramedical :**  
SNs: Hired/Contractual  
LTs: Hired/Contractual  
for X no. of facilities.









**Doctor:**  
**(Hired/Contractual )**  
1) MO  
(BEmOC/MTP/RTI/I  
MNCI/ENBC/FP)= X

Paramedical :  
3SNs or ANMs &  
LTs:  
Hired/Contractual  
For X No. of  
facilities

**24 X 7  
PHCs  
selected: X**

Ambulance/Re  
ferral  
transport.

Remapping/procu  
ring  
Equipments/Drug  
s for: LR/New  
Born  
Equipments.=X

Availability of  
Genset.  
24 hr Water  
Supply

Infrastructure  
Strengthen/Co  
nstructions: X,



# REQUIRED SERVICES VS HR AVAILABILITY

Facility	FRUs (March '09)	24 * 7 PHCs	SCs
Target	4276	Shortage of about 1900 obstetrician , 4000 anesthetists and 3410 Paeds.	1,45,272 (RHS 2007)
Services	EmOC including Section	including of Common	ANMs proficient in SBA Skills.
HR Requirement	<ul style="list-style-type: none"> <li>•Obg-Gyn :4276</li> <li>•Anesthetist : 4276</li> <li>•Paeds: 4276</li> </ul>	MOs : 14,225 (BEmOC) SNs/ANMs: 42,675 (as SBA)	<ul style="list-style-type: none"> <li>•38,476 ANMs to be trained as SBA.</li> </ul>
Current Availability (RHS 2007)	<ul style="list-style-type: none"> <li>•Obg-Gyn:1174</li> <li>•Anesthetist: NR</li> </ul>	MOs (BEmOC) : Nil. SNs + ANMs	Need to train about 55,136 more ANMs/SNs as SBA and 14,000 Mos(BeMOC)
Strategy to meet the shortage	<ul style="list-style-type: none"> <li>•LSAS Training.</li> <li>•EmOC training</li> </ul>	<ul style="list-style-type: none"> <li>•MOs training in BE</li> <li>•SBA Training (SNs/A</li> </ul>	

\*: 50% of total PHCs have to be operationalized as 24 \* 7 PHCs

# **AUGMENTATION OF 'HR' THROUGH SKILL BASED TRAINING**

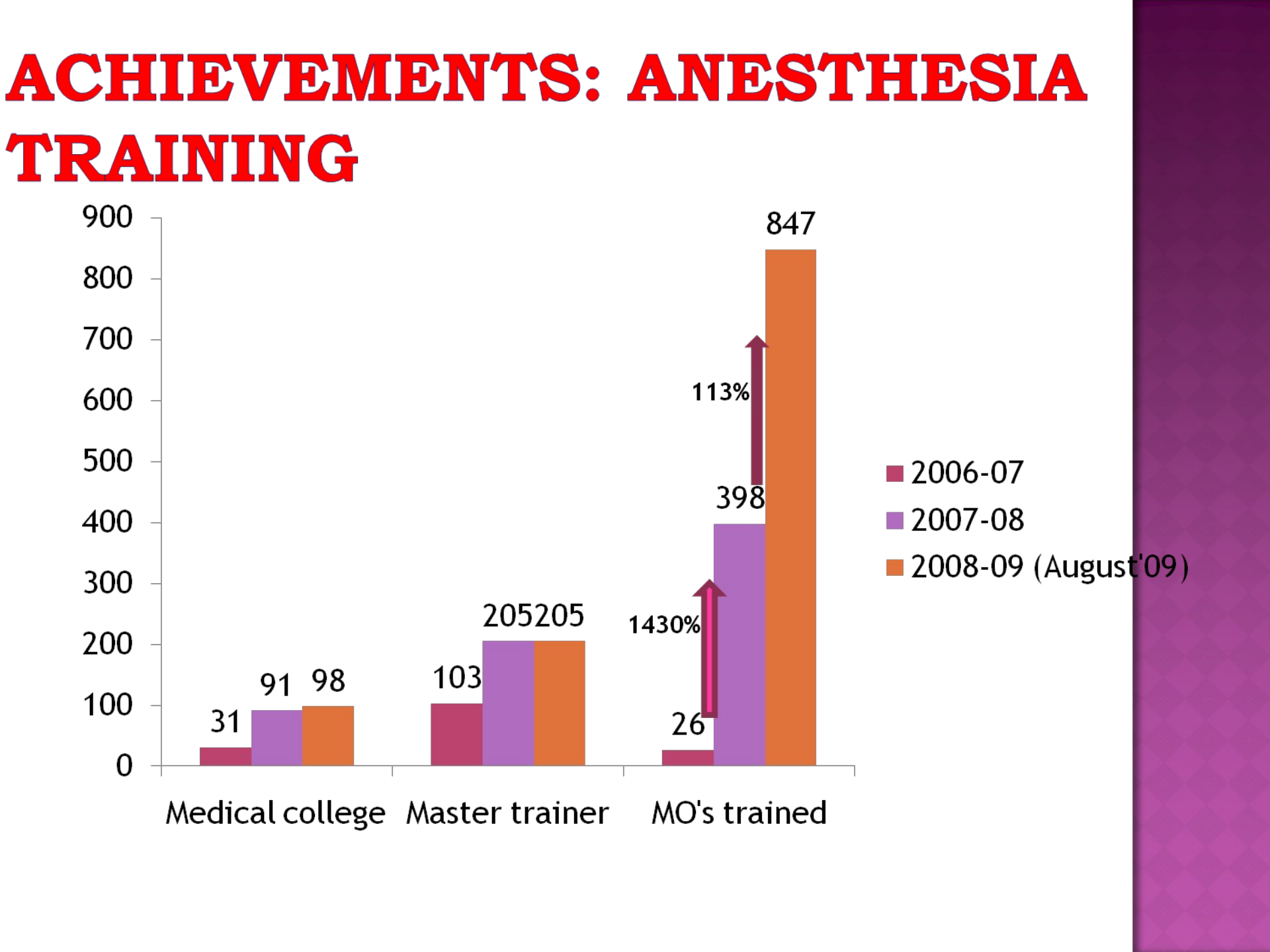
- **Emergency Obstetric Care (EmOC): 16 weeks at Medical College and Dist. Hospital**
- **Life Saving Anaesthesia Skills (LSAS): 18 weeks at Medical College and Dist. Hospital**
- **Basic Emergency Obstetric Care (BeMOC): 10 days at Dist. Hospital**
- **Skill Birth Attendance (SBA): 21 days at Dist. Hospital**

**Other training on Comprehensive safe abortion, RTI/STI management etc.**

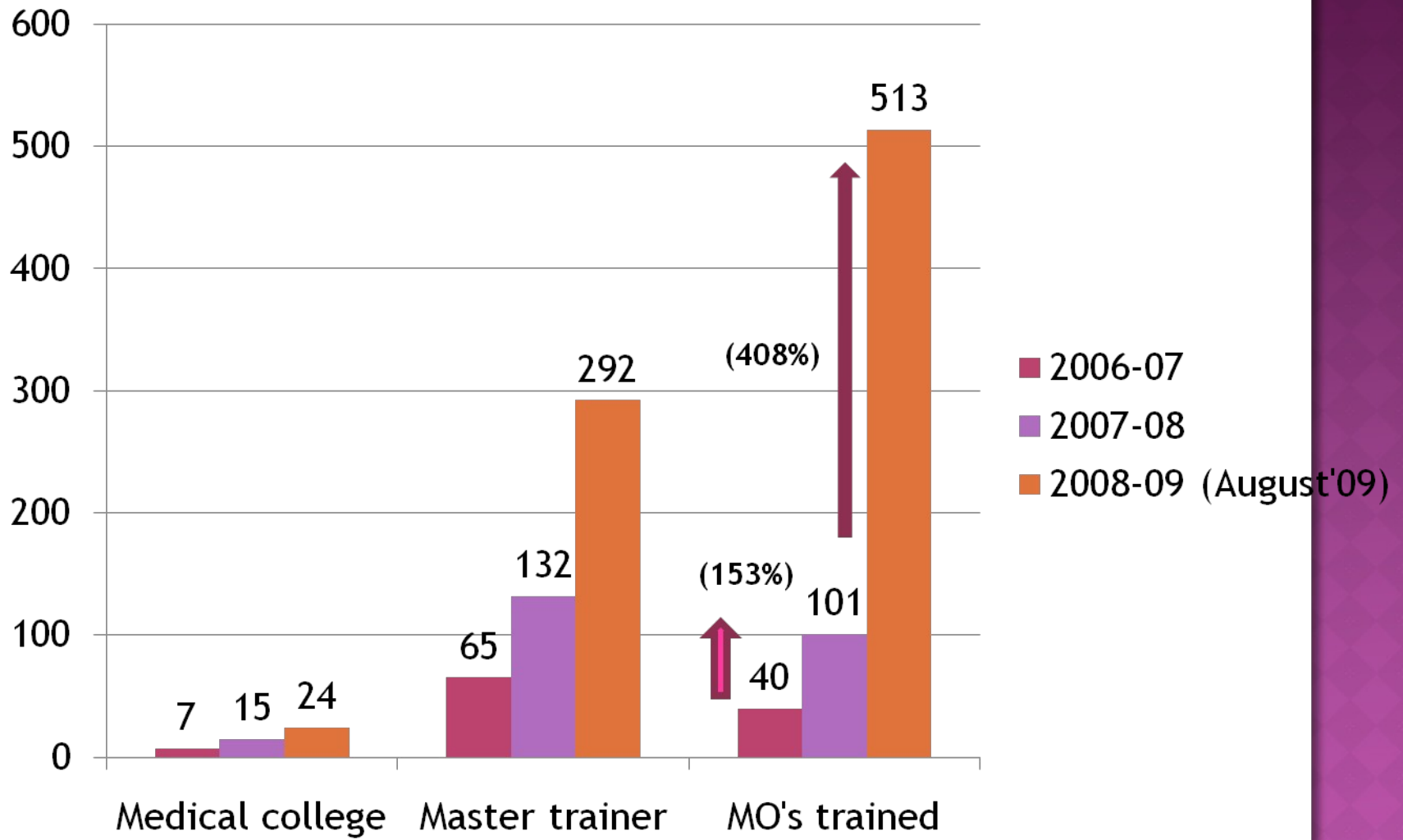
# ACHIEVEMENTS: ANESTHESIA TRAINING

Category	2006-07	2007-08	2008-09 (August '09)
Medical college	31	91	98
Master trainer	103	205	205
MO's trained	26	398	847

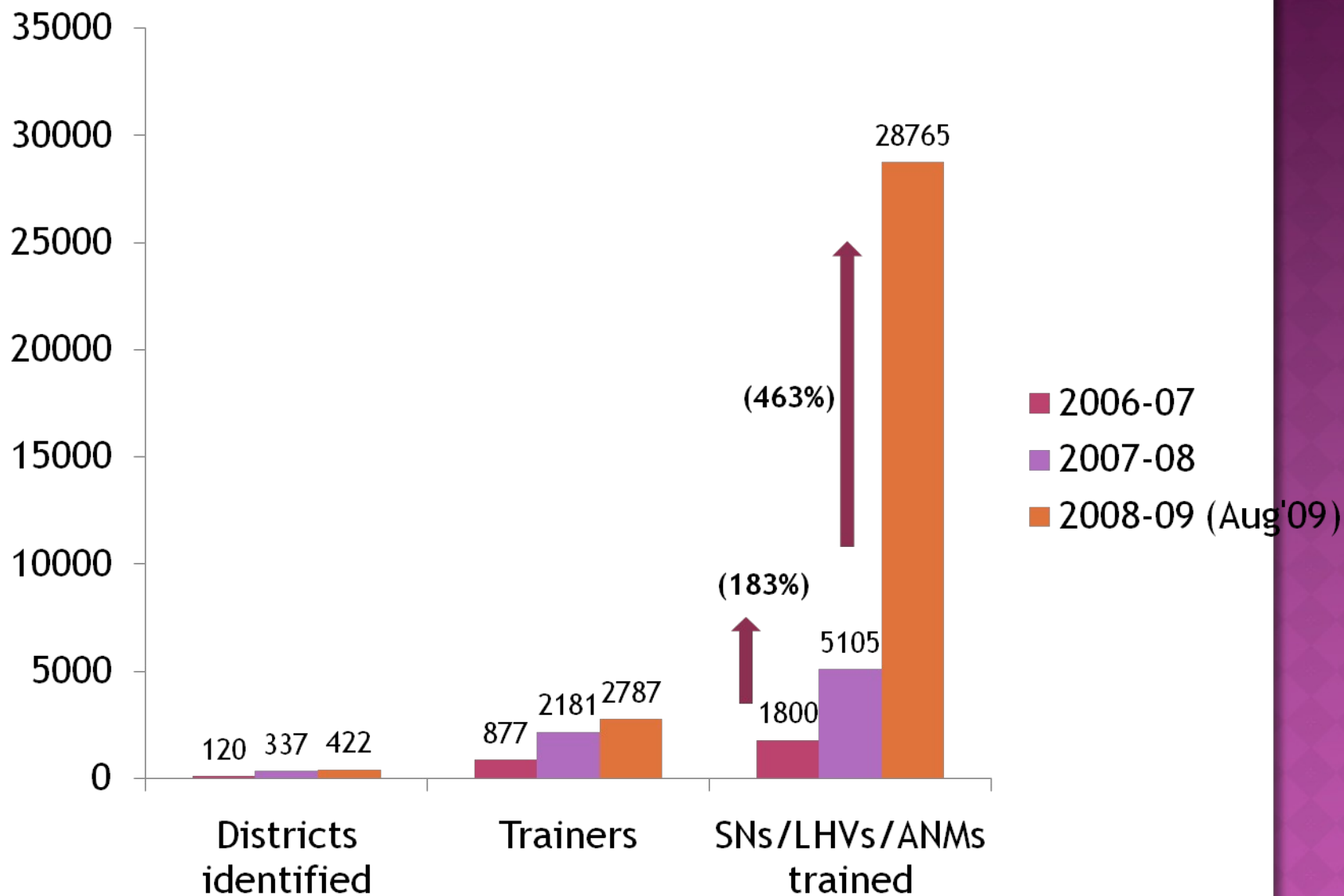
MO's trained: 1430% increase from 2006-07 to 2007-08; 113% increase from 2007-08 to 2008-09.



# ACHIEVEMENTS: EMOC TRAINING



# ACHIEVEMENT: SBA TRAINING



# ISSUES AND CHALLENGES....

## SYSTEMIC (State)

- Poor governance & accountability
- Lack of HR policies like cadre review promotion etc.
- Shortfall of specialist & paramedical manpower
- Lack of inter-departmental convergence and understanding
- Assured fund transfer to the states

## PROGRAMMATIC

- Lack of holistic planning at state and district level
- Operationalization of facilities not linked with skill based training
- Lack of monitoring and supervision
- Lack of adequate technical skills among MO s in Basic Emergency Obstetric Care

# WAY FORWARD.....

- ❖Pregnancy tracking
- ❖Foundation course on SBA for MOs
- ❖Finalization and piloting of tools for Community and Facility based Maternal Death Review
- ❖Line listing of poor performing districts and focus on strengthening them
- ❖Guidelines in the pipeline:
  - ❖Training & Job Aids on BeMOC training for MO
  - ❖Accreditation of Private Health Facilities
  - ❖Comprehensive safe abortion including MMA
  - ❖Training & Job Aids on RTI/STI for MO/ANM/LT in convergence with NACO

## **SUGGESTED IMPROVEMENTS..**

- ❖ Linking release of funds with programme achievements
- ❖ Systematic review and monitoring of programme implementation at state/district level
- ❖ Fixing responsibility & accountability to district CMOs for operationalization of health facilities
- ❖ Scaling up of skill based training and its linkage to facility operationalization
- ❖ Strengthening partnership with Medical Colleges & Professionals bodies



# ROLE OF MEDICAL COLLEGE PROFESSIONALS...

- Increasing involvement of medical colleges and creating more resource persons.
- Involving medical colleges in programmes activities for providing supportive supervision at district level.
- Training and Implementation of defined Protocols.
- Involving professional bodies and private health facilities for improving coverage and service delivery at District and Sub-district level.
- Expansion of training sites through Public- Private Partnership
- Quality Assurance

# ROLE OF MEDICAL COLLEGE PROFESSIONALS...

Involvement in National Health Programmes through:



- Guidance on holistic planning for interventions.



- Effective Implementation of Strategies.



- Adopting few health facilities for role models.



- Technical strengthening of Rural Health care set up.



- Community Education and Orientation and Social Mobilization.



- Monitoring and Supervision.



- Undertaking operational research.



# Thank You

