

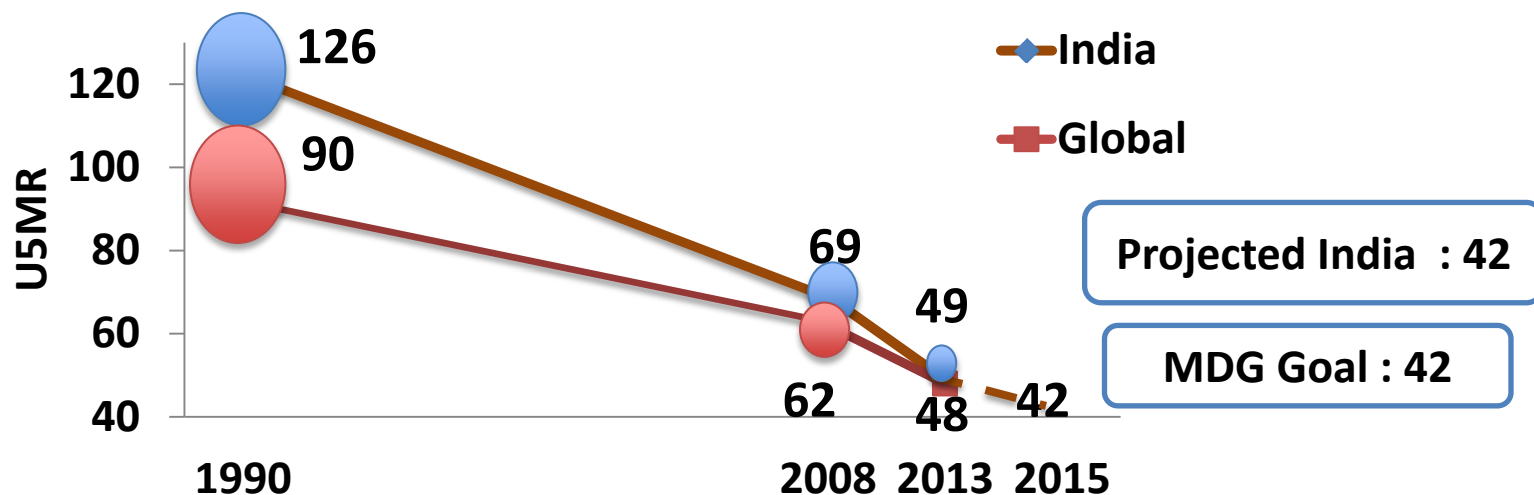
# INDIA: SUCCESSES, CHALLENGES AND PARTNERSHIP'S ROLE



Anshu Mohan  
National Health Mission  
Ministry of Health and Family Welfare, Government of India  
13<sup>th</sup> October 2015

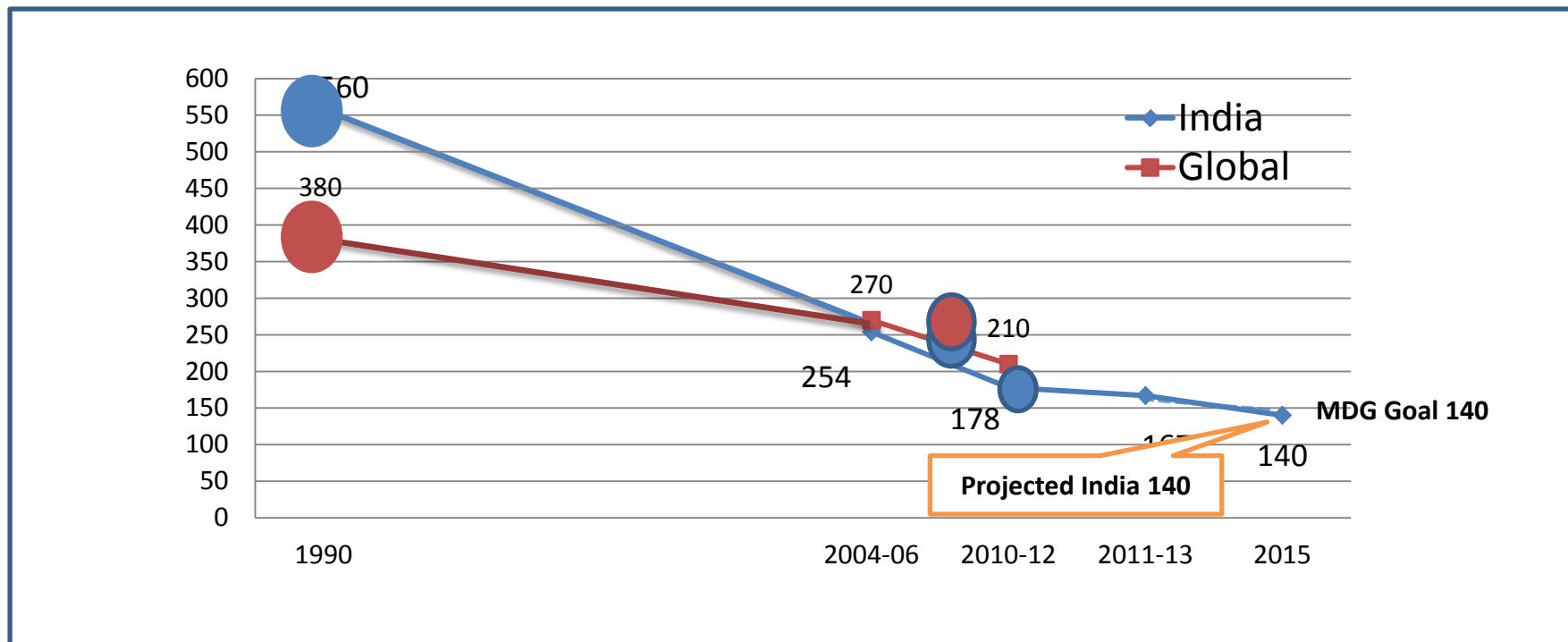


# Reduction of Under 5 Mortality Rate- MDG 4



- In 1990, India carried a 40 % higher burden of child mortality as compared to global average
- U5MR in India has declined at higher rate as compared to global decline
- Rate of decline more than doubled from 3.3% in 1990-2008 to 6.6 % in 2008-2013

# Progress on Maternal Mortality Ratio (MMR) -MDG5



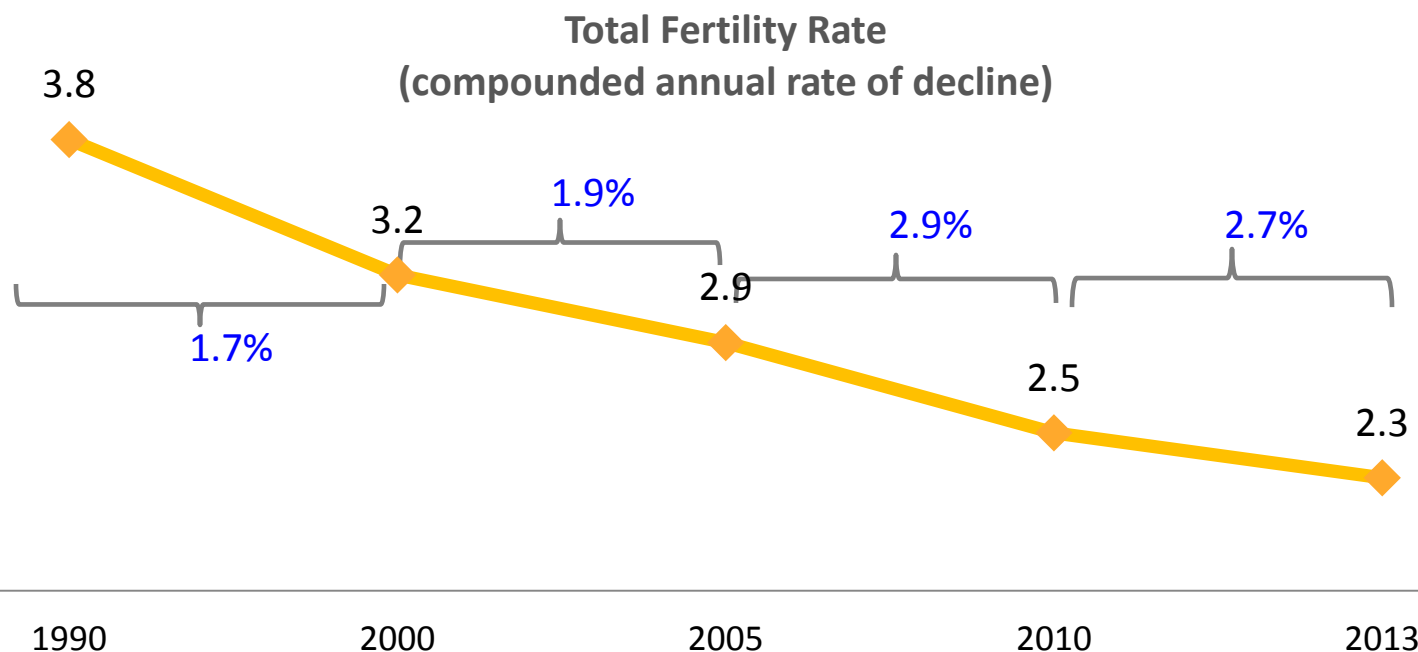
- In 1990, India carried a 47 % higher burden of maternal mortality as compared to global average
- India has declined at an accelerated pace & has reached a figure lower than the global average and is projected to reach the MDG Goal of 140/ 100000 live births in 2015



# Universal access to reproductive health

(adolescent fertility, contraceptive prevalence & unmet need for family planning)

Over half of India's population has achieved replacement level fertility



- TFR reduced from 2.9 (2005) to 2.3 (2013)
- 50% acceleration in average annual rate of decline
- The percentage decadal growth during 2001-2011 has registered the sharpest decline since 1950's



## National Rural Health Mission (2005-12): A Game Changer



# Marked improvement in indicators 2005 onwards...



## Launch of the National Rural Health Mission (NRHM) in April 2005

### India's catalyst for progress towards the MDGs

#### Focus

Reproductive and child Health (RCH), including:

Nutrition; water;  
sanitation



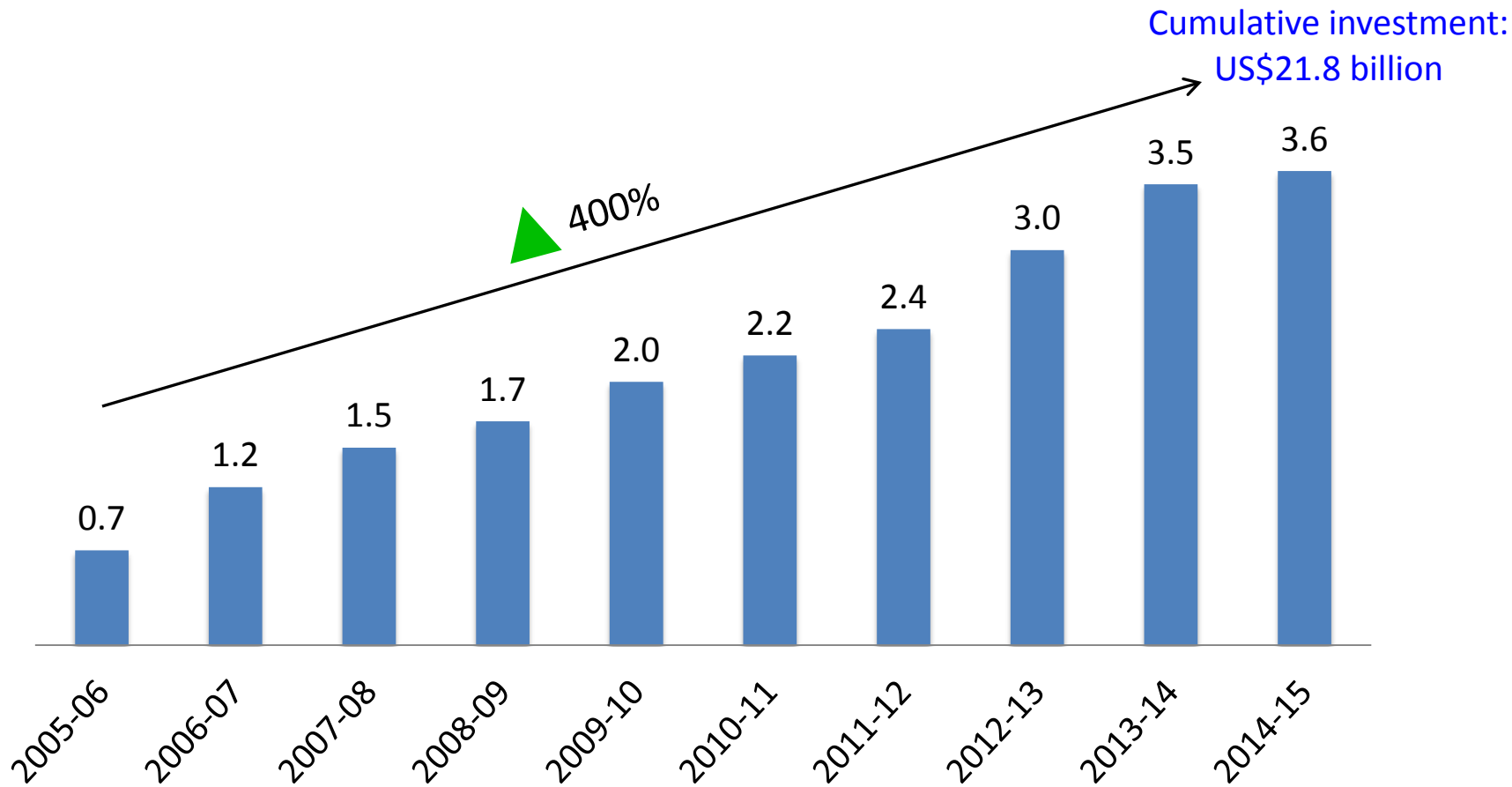
#### Achievements

- ✓ Put health on the national and state agenda
- ✓ Established focus on outcomes across national, state and district levels
- ✓ Promoted a range of evidence-based technical interventions
- ✓ Strengthening of health systems
- ✓ Establishment of programme management structures and processes



# Increasing investment towards RCH & Health

(Figures in US\$ billion)



## NOTE

- Represents federal share only
- An additional 67% of public spending contributed by States

# Overcoming challenges

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## Encouraging progress but there were concerns

- Progress could have been faster
- Aggregate improvements masked inequities between states and within states
- Urban poor was yet to receive necessary attention
- Considerable scope for improvement in quality of services

## Weak capacity at state & district level

A key underlying reason that resulted in:

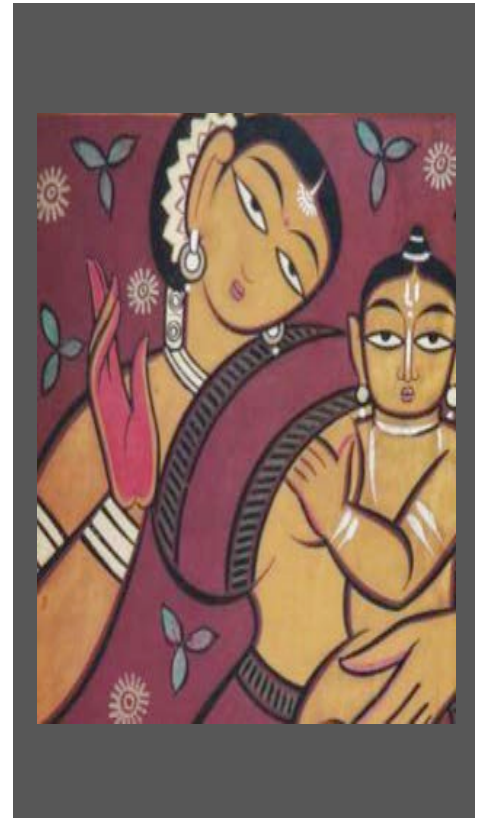
- Variable quality of district and state plans
- Less than effective monitoring
- Limited use of data for decision-making





## Launch of RMNCH+A\* (2013)

\*Reproductive, Maternal, Newborn Child & Adolescent Health





# Important “firsts” under the RMNCH + A

**In response to challenges under NRHM, the MoHFW launched RMNCH + A in 2013**

## **KEY FEATURES**

- **New born and Adolescence**

Emphasised for the first time as distinct life stages

- **Rashtriya Kishor Swasthya Karyakram (RKSK)**

A separate new program to holistically address adolescents' needs

- **Equity**

184 poorly-performancing districts identified as focus areas

- **Capacity building**

Guidelines, management tools & job aids (e.g., 5X5 matrix) developed to prioritize implementation

- **Partnerships**

Development partners appointed to facilitate nationwide roll-out

- **Better use of data**

Scorecards introduced as a management tools for two-way feedback at all levels



# Going forward : Role of the Partnership

## In the context of implementation of the Global Strategy:

- **Knowledge generation: evidence and best practices, particularly in frontier areas:**
  - **Still births**
  - **Adolescent health**
- **Facilitating multi-stakeholder dialogues and bringing together partners for multi-sectoral action**
- **Advocacy, in particular, for e.g higher allocation of funds to health**

**Thank you**