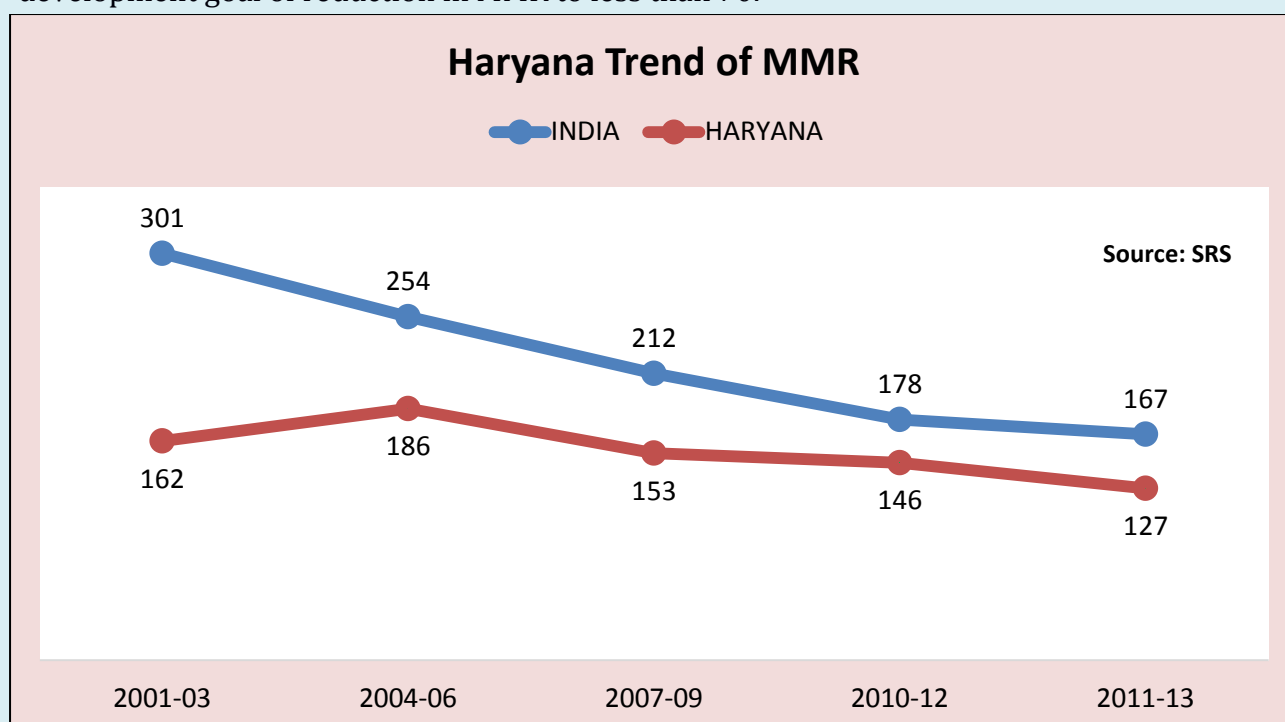


Brief Status on Best Practices and Innovations under NHM Haryana

The State of Haryana has been consistently working under National Health Mission (NHM) towards reducing the maternal, infant and neonatal mortality. Rigorous innovative efforts have been rolled-out in the State to prevent the same, as per details given below:

A. Best Practices and Innovations under Maternal Health:

The NHM Haryana is committed to ensure quality antenatal, intra-partum and immediate postpartum care services for accelerating the pace of decline of maternal mortality ratio (MMR). Though Haryana has achieved an appreciable decline in MMR to 127 (SRS 2011-13) against the National average of 167, and has already achieved the Millennium Development Goal of reduction in MMR to 139 by 2015, it has a long way to go to achieve the sustainable development goal of reduction in MMR to less than 70.



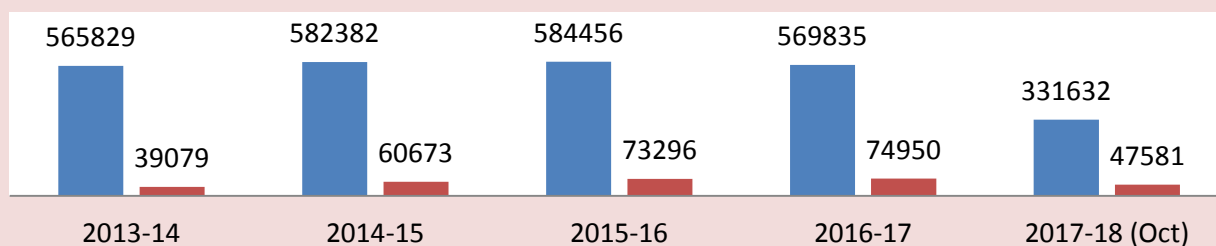
Latest SRS yet to be released, as per internal evaluation MMR of Haryana is showing a significant decreasing trend.

Following key initiatives has been taken by the State for reducing the MMR:

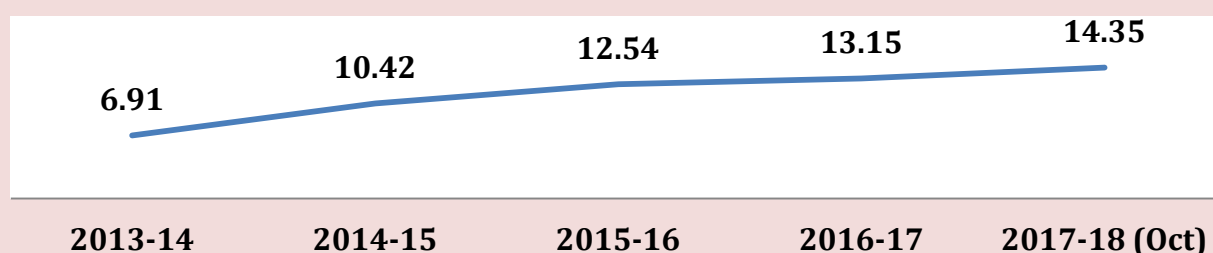
- 1. Devising and implementation of High Risk Pregnancy Policy** with the objective of timely identification, referral and preperinatal, adequate, timely management of High risk cases approaching Government Health facilities. High risk cases are identified at Subcentre level and are referred directly to First Referral Units (FRUs) for further management by Specialists. As is depicted in the graphs below, the percentage of cases identified as high risk have consistently increased after the implementation of High Risk Pregnancy Policy in the State.

Year wise status of identification of High Risk Pregnant Cases

■ ANC registered



%age of High risk pregnancy identified to total ANC registered



2. **High Risk Pregnancy Portal:** An Innovative Web Based Application named as “High Risk Pregnancy Portal” has been designed and launched to ensure timely and 100% capturing of the name based data of high risk pregnant cases identified. Haryana is the first state in the country to have such kind of portal. High Risk Pregnancy Management Policy of the State has also been appreciated by Niti Aayog and Union Ministry of Health and Family Welfare and had been selected as “*best practice*” for presentation in the conference of 115 backward districts organized by Niti Aayog on 5 January, 2018 under the chairmanship of Hon’ble Prime Minister of India. **State Level Launch of HRP Portal on 29th November 2017:**





High Risk Pregnancy Portal Presentation before Hon'ble Prime Minister at NITI Aayog Meeting

Also, it was selected for presentation in the Fourth National Summit on Good and Replicable Practices of Healthcare held at Indore, Madhya Pradesh in July, 2018 and was presented by worthy Mission Director, NHM.

3. **Devising and Launch of Pre-conception care Package:** For improving Pre-conception care and thereby reducing the MMR, IMR, and Still Birth incidences, Pre conception care package has been launched in Haryana. Pre conception care assumes a special significance in preventing death and disability due to congenital malformations, birth defects and other congenital disorders occurring due to lack of proper pre conception care. This package involves – Risk screening for various risk factors during the preconception period, Clinical assessment by doctor for effective intervention and provision of essential supplements -Tablet Folic acid along with counselling during the preconception care period. In 2016-17, 25370 beneficiaries have been given free folic acid tablets (Source DHIS). In 2017-18 (till Nov.), 16167 beneficiaries have been given free folic acid tablets (Source DHIS).
4. **Implementation of Injection Iron Sucrose till PHC level for treatment of anaemia in pregnant women-**In Haryana, Injection Iron Sucrose is made available in the State Essential Drugs List up to PHC level and is being given to moderately to severely anaemic pregnant women free of cost.

Financial Year	Increase in No. of Pregnant Women given Iron Sucrose
2014-15	24117
2015-16	24860
2016-17	27675

5. **Upgradation of Labour Rooms-** all the labour rooms across the State have been upgraded w.r.t. availability of necessary infrastructure, essential drugs, equipments, logistics with implementation of best practices including infection prevention practices.



Upgradation of Labour Rooms of Public Health Facilities

6. **State Level Felicitation Ceremony for Public & Private Health Care Providers for their support to Pradhanmantri Matritva Suraksha Abhiyan (PMSA):** The NHM Haryana felicitated the Private Practitioners and Public Health Officers for their remarkable contribution for PMSA. Haryana is the first State in the Country, which have maximum No. of Private Practitioners involved under the PMSA and this has been appreciated by the Union Govt.



Felicitations of Public and Private Health Practitioners for supporting PMSMA

- 7. Zero Home Delivery Campaign:** For promotion of 100% institutional deliveries, the CHC/PHC/SCs have been identified in the State and special campaign was launched over there in which meeting with MO, ANM and ASHA were conducted to know the actual reasons of home deliveries in respective villages/areas. Field Teams have been instructed to do proper IEC and behavioural change activities for promotion of institutional deliveries.

“Zero Home Delivery Campaign”

An initiative of NHM, Haryana for ensuring 100% institutional deliveries in the State

Background

Institutional Deliveries in Haryana have increased from 49% in 2006 to 92% in 2016. With continuous efforts of Maternal Health NHM, Health Department, Haryana, there is encouraging increase in Institutional Deliveries at Government Health Facilities from 16% in 2006 to 52% in 2016 (CRS).

Figure -1: Trend of institutional deliveries in Haryana 2006 to 2017 (CRS)

In 2017, as is evident from the figure - 1 there is decrease in institutional deliveries from 7.92% in 2016 to 11.62% in 2017.

Home Delivery poses a great risk to the life of both mother and newborn, as Home deliveries can lead to complications during birth. Also due to lack of aseptic conditions like clean surface, clean hands etc. at home there is increased chance of sepsis in mother and newborn in case of home delivery.

Any Complications may require interventions like blood transfusion, Oxygen, examination of vitals (B.P./ Pulse), Lab testing, necessary medications/injections etc. which are not available at Home. In complicated cases of home deliveries patients have to be referred to Hospitals for immediate medical interventions. Mother and new borns are at risk due to delay in getting the appropriate medical interventions in cases of Home deliveries, which generally leads to maternal and infant mortality and morbidity.

Intervention

जीरो होम डिलीवरी अभियान शुरू

पर पर प्रत्यक्ष को सहायता को सुनिश्चित करने के लिए हरियाणा सरकार की सुनिश्चित

सरकारी अस्पताल में दवा, परीक्षण, अल्ट्रासाउंड, खाना, एमर्जेंसी की सुविधा हमारी नि: शुल्क

Objectives

- 100% institutional deliveries
- Birth plan with every ASHA and Pregnant Lady
- Ensure 4th ANC visits of every pregnant woman 2-4 weeks prior to EDOD
- Line listing of High risk pregnant cases (HRP) and every HRP case to be monitored and followed and managed at FRU.
- HRP case to be transported directly to FRUs in 108 free ambulances for delivery instead of taking to CHC, PHC etc.
- Minimum 48 hours stay after delivery at Govt. Health Facilities
- Every home delivery will be tracked, reviewed with root cause analysis and accordingly necessary action will be taken

Strategy

Figure 2 Strategy for Zero Home Delivery Campaign

Under the campaign District wise Blocks and areas with high incidence of home deliveries were identified and Focus was given on such areas/pockets to decrease home deliveries. Visits by State Head Quarter Teams are being conducted in these blocks. Meetings with ASHAs, ANMs, LHV, MOs are being done with sample verification by interviewing the beneficiaries during home visits. The gaps identified are discussed with District Authorities for Corrective action.

Activities done under this campaign

- Principal Secretary (Health) along with MD, NHM visited various districts and chaired the meetings with DCs, CMOs, other health officials ANMs, LHV and ASHAs of Kurukshetra, Ambala, Karnal, Gurugram, Meewat and appealed them to make every possible effort for decreasing the home deliveries in their respective areas and bring the number of home deliveries to “ZERO”.

National Health Mission, Health Department, Haryana

“Zero Home Delivery Campaign”

Common Identified Gaps for High Home Deliveries

- Lack of proactive approach of ASHA & ANMs and improper counselling of pregnant women on birth preparedness by ASHA and ANMs
- Prevalence of active dais in urban slums and rural areas. Many of them are using oxytocin injections during labour & even are involved in illegal MTPs - Name/Area-wise Dais identified and list provided to CMO for necessary action.
- Delay in identification of danger signs and signs of onset of labour by ASHA and ANMs resulting in delay in decision making and transportation of pregnant women to health facilities.
- Nexus prevailing between Dais, Quacks, ANMs, ASHAs etc. for conducting home deliveries in certain districts.
- Sometimes labour room staff sends the patient back to home citing that there is time in delivery. This leads to home deliveries and also loss of faith of public in Govt. Health facilities.
- At certain places misbehavior/rude behavior of labour room staff with Pregnant Women and their attendants leads to loss of faith of public in Govt. Health facilities.
- Social factor like minority dominated population, prefer home deliveries from own community members. Examples are in PHC Khizrabad of Yamunanagar, CHC Guanghola of Gurugram, CHC Hathin area of Palwal and District Meewat.
- Lack of privacy in Labour Rooms - like Male Class-IV

Activities

- Video Conference held under Chairmanship of PS Health And MD NHM with DCs and CMOs to decrease the incidence of Home deliveries
- Meetings with all the ANMs/LHV/MOs conducted at block level by State and District teams with main focus on zero Home deliveries and identification of high risk pregnant cases and their management at FRUs.
- ASHA, ANMs, LHV have been directed to create awareness amongst the community regarding the various health facilities being provided by the Govt. for institutional delivery.
- 69 Meetings with 2498 ASHAs conducted at PHC/CHC/DH with High Home Deliveries by MH and Community process teams in above mentioned districts.
- Home visits and interaction with beneficiary by State Headquarter team regarding maternal health services provided by health workers
- Media Coverage for awareness of public

National Health Mission, Health Department, Haryana

- Extra incentive of Rs 1000/- per C-section for district Mewat
- Meetings with DGHS on regular basis for appointing regular triad of Specialists at FRUs.

FRU operationalization in Mahendergarh, district Narnaul was a challenging task given the fact that Mahendergarh is an economically and geographically backward area with limited availability of triad of Specialists (Gynaecologist, Anaesthetist and Paediatrician). The FRU was non-functional since 4 years. C-section services have been resumed at SDH Mahendergarh by hiring of Private Specialists on call basis at increased rates under NHM. Regular doctors (Medical Officers, Anaesthetist and Paediatrician) have also been posted at SDH Mahendergarh by the efforts of MD, NHM.

चार साल बाद हुआ अस्पताल में ऑपरेशन
2013 में अर्द्धनंदी डॉ. प्रीता सिंह के नेतृत्व में चार चक्र चला कर चार साल में प्रीतिपूर्ण प्रतिक्रिया

MD, NHM interacting with the family of newborn delivered through Caesarean at SDH Naraingarh

MD, NHM congratulating the doctors, staff and district health team on initiation of C-section services at SDH Naraingarh and motivating them to continue these services.

अब गर्भवतियों को मिलेगी इमेक्टिव सिजेरियन चर्च सुविधा

प्रसूति की सुविधा चार बराल बाद शुरू

In addition, various sub-optimal performing FRUs- Urban FRU-1 and 2 in district Faridabad, CHC Dabwali (Sins) and SDH Hansi (Hisar) have witnessed improvement in the performance w.r.t. no. of C-sections conducted after motivational meeting held at State Headquarter by MD, NHM.

There were 40 designated FRUs in the State till March, 2017, out of which 32 FRUs were providing C-section services. Now, under the leadership of MD, NHM 35 FRUs have started providing C-section facilities including 1 new FRU CH Sector-10, Gurugram.

State is making continuous efforts to operationalise all the designated FRUs and newly proposed FRUs for provision of emergency obstetric care services including Caesarean section services to the patients.

Operationalization of FRUs

- Will prevent unnecessary referral out of the pregnant ladies to private health facilities thus eliminating the out-of-pocket expenditure incurred by patients.
- Will decrease maternal and newborn mortality and morbidity by preventing the delay in initiation of appropriate management of emergency cases and thereby will be instrumental in reducing the MMR and IMR of the State and achieving the Sustainable Development Goal.

"Zero Home Delivery Campaign"

working in Labour rooms. Many women highlight this in the community after returning back from Health institutions leading to refusal by other women to come at institution for delivery.

- In Sinsa especially in Dabwali block, pregnant women are delivered outside in neighboring states of Punjab and Rajasthan but their Births are registered in Sinsa as home deliveries to get the birth certificates.
- Labour Room staff demand Badhai amounting from Rs. 1100/- to Rs. 3100/- for male baby. Generally, Class-IV collecting and even ASHA taking Badhai at certain Places leads to increased out of pocket expenditure, hence refusal for institutional delivery.

Action taken by the districts

- Sensitization of the Staff (ASHAs, ANMs, Ambulance Drivers, Staff Nurses, Other Hospital Staff) done regarding Zero Home Delivery Campaign.
- Office orders issued to all Staff
- Not to take Badhai.
- Not to misbehave or be rude with the patients and their attendants, and
- Maintain Privacy of the Pregnant women
- Maintain cleanliness in the hospitals and Health Facilities
- Strict Directives issued to health workers-ANMs/ASHAs not to conduct any home delivery.
- Orientation Meetings conducted by district health officials with Dais in areas where Dais are performing home deliveries. Directed not to conduct any home delivery, else stern action will be taken against them.

Way forward

- Haryana Government aims to achieve the target of Zero Home Delivery in the state by the end of 2nd quarter 2017-18.
- State has decided to increase the number of 24x7 delivery points from 379 to 407 during 2017-18 to cater the pocket of high home-deliveries.
- The number of First Referral Units (FRUs) are also being increased from 40 to 45 during 2017-18 for ensuring C-section services to complicated and high risk deliveries in the state.
- Free Ultra Sound facilities for pregnant women processed to be provided at all Blocks in the state.
- Separate Maternal & Child Health wing will be created at all Civil Hospitals at district level.

Poster on Zero Home Delivery Campaign in Haryana

8. Following are the new innovations for further reducing the MMR and achieving the Sustainable Development Goal:

8.1 Establishment of High Risk Pregnancy Management Wards at FRUs:

- High Risk Pregnancy Policy has been implemented in the State under NHM since 2014. All the ANC cases are examined and screened for High Risk Factors during routine ANC days/weeks. The High risk pregnant cases are referred with red MCP cards to the higher facilities for check-up and management by the specialists at FRUs. *Pradhan Mantri Surakshit Matritva Abhiyaan* (PMSMA) has given a boost to the existing HRP policy in the state. Out of total ANC registration in state 14.2% high risk pregnant women have been identified during 2017-18 (by Oct. 17).



- As a result, the high risk cases are being referred at FRUs for further management. There is marked increase in the patient load at FRUs (general OPD cases + HRP cases). For quality treatment of the High risk factors like PIH, APH, Anemia (for blood transfusion/Injectable Iron) etc. day care treatment is required. For providing day care treatment to the High Risk Cases and at the time of admission of HRP for delivery state wants to establish the HRP management wards at designated FRUs.
- It is a well known fact that Maternal and Infant Mortality/Morbidity is high in HRP cases. To make HRP ward functional for quality day care and quality care at the time of delivery of High risk pregnant cases, sanction for additional 4 Staff Nurses granted at each designated FRU, who will help in establishing the HRP management wards. They will maintain the record of all the HRP cases came for the consultation from Specialists at FRUs along with the follow-up. These staff nurses will also provide extra hand in delivery care services to the HRP cases.

Operationalization of First Referral Units

Success Story

First Referral Unit (FRU) is a health facility with availability of surgical intervention with C-section, newborn care and blood storage services on 24 hours basis. For providing facility of C-section triad of Specialists i.e. Gynaecologist, Anaesthetist and Paediatrician is required at every FRU.

Diligent, laborious and continuous efforts of the health authorities of the State under the able guidance of worthy Principal Secretary Health Sh. Amit Jha (IAS) and Mission Director, NHM Smt. Amneet P. Kumar (IAS) have led to operationalization of various non-functional First Referral Units (FRUs) and improvement in the performance of sub-optimal performing FRUs in the State.

Operationalization of FRUs is one of the key strategies not only for reducing the maternal and infant morbidity and mortality, but also to avoid penalty by Govt. of India for non-operational FRUs. Operationalization of FRUs in Haryana is a very arduous and challenging task due to geographical location of certain areas like Dadri-Bhiwani, Mahendergarh-Narnaul, Mewat, Palwal etc. and non-availability/limited availability of triad of Specialists (Gynaecologist, Anaesthetist and Paediatrician) on regular/contractual basis in the State.

With the incessant efforts of the health authorities, worthy Principal Secretary Health Sh. Amit Jha and Mission Director, NHM Smt. Amneet P. Kumar C-sections have been started at various FRUs which were non-operational. These include:

- Civil Hospital, Sector-10 Gurugram
- SDH Mahendergarh Narnaul,
- SDH Naraingarh Ambala,
- Mission Director, NHM along with her team visited the difficult areas with non-functional FRUs.



Meeting with FRU In-charges and Gynaecologists of Sub-optimal performing FRUs under the chairpersonship of MD NHM on 13.7.17 in Mini Secretariat, Chandigarh.

Orientation Meeting of health department employees, workers, religious leaders being conducted by worthy Principal Secretary Health, Govt. of Haryana, Health Department Sh. Amit Jha and Mission Director, NHM Smt. Amneet P. Kumar in district Mewat.

W/ Principal Secretary Health and Mission Director, NHM conducted meetings with health organizations such as FOGSI, district health authorities and Meetings/Video conference at the State level for resolving the issues and finding out the solutions for operationalization of non-functional FRUs.



VC held under Chairmanship of worthy PS Health and MD NHM with DCs and CMOs on 12.07.2017

- Revised rates for hiring of Specialists on call basis under NHM for all the districts so as to make available Private Specialists on call basis for making FRUs functional

Specialists	Gynaecologist	Anaesthetist	Paediatrician
Previous rates for on call	Rs 2500/- per case	Rs 2000/- per case	Rs 1500/- per case
Revised rates for on call for all districts (except Mewat, Narnaul and Palwal)	Rs 3500/- per case	Rs 3000/- per case	Rs 2500/- per case
Revised rates for on call for districts Mewat, Narnaul and Palwal)	Rs 4000/- per case	Rs 3500/- per case	Rs 3000/- per case

- Centralized advertisement for hiring of Specialists on call/contract basis for non-functional FRUs is also in process.

HARYANA EK HARYANI EK

National Health Mission, Haryana invites **SPECIALIST DOCTORS / MEDICAL OFFICERS** for providing their services on **CONTRACT/CALL BASIS**

For providing their services on CONTRACT/CALL BASIS

For more information, please contact District Surgeon office of your district or call on 1800-181911

National Health Mission, Health Department, Haryana

Sl. No.	Medical Officer Name	Post	Contact No. (Home)	Dr. A. Jha's Office
1	Dr. Anil Kumar	Medical Officer	9810012345	
2	Dr. Anil Kumar	Medical Officer	9810012345	
3	Dr. Anil Kumar	Medical Officer	9810012345	
4	Dr. Anil Kumar	Medical Officer	9810012345	
5	Dr. Anil Kumar	Medical Officer	9810012345	
6	Dr. Anil Kumar	Medical Officer	9810012345	
7	Dr. Anil Kumar	Medical Officer	9810012345	
8	Dr. Anil Kumar	Medical Officer	9810012345	
9	Dr. Anil Kumar	Medical Officer	9810012345	
10	Dr. Anil Kumar	Medical Officer	9810012345	



National Health Mission, Health Department, Haryana

Poster on Operationalization of FRUs in Haryana

8.2 High Risk Pregnancy Portal: A Web Portal has been developed by NHM Haryana to facilitate the identification and management of HRP and also provide a documented source for further necessary action. The aims of HRP Portal are to capture vital details, like–

- Reasons for High Risk,
- Past obstetric History,
- Referral details,
- Treatment details,
- Response to treatment,
- Incorporate PMSMA details and
- Outcome details

The data will be entered at PHC level and ANM will be the data provider after each ANC check up. The IA at PHC level will do the respective entries under the guidance of Medical Officer in Charge. The Reports will be generated at PHC Level, CHC Level, CH, SDH level at State Level for programmatic corrective action. ***The HRP Portal of the State of Haryana has been presented as a Best Practice before the Hon'ble Prime Minister in NITI Aayog Conference held on 05/01/2018 at New Delhi.***

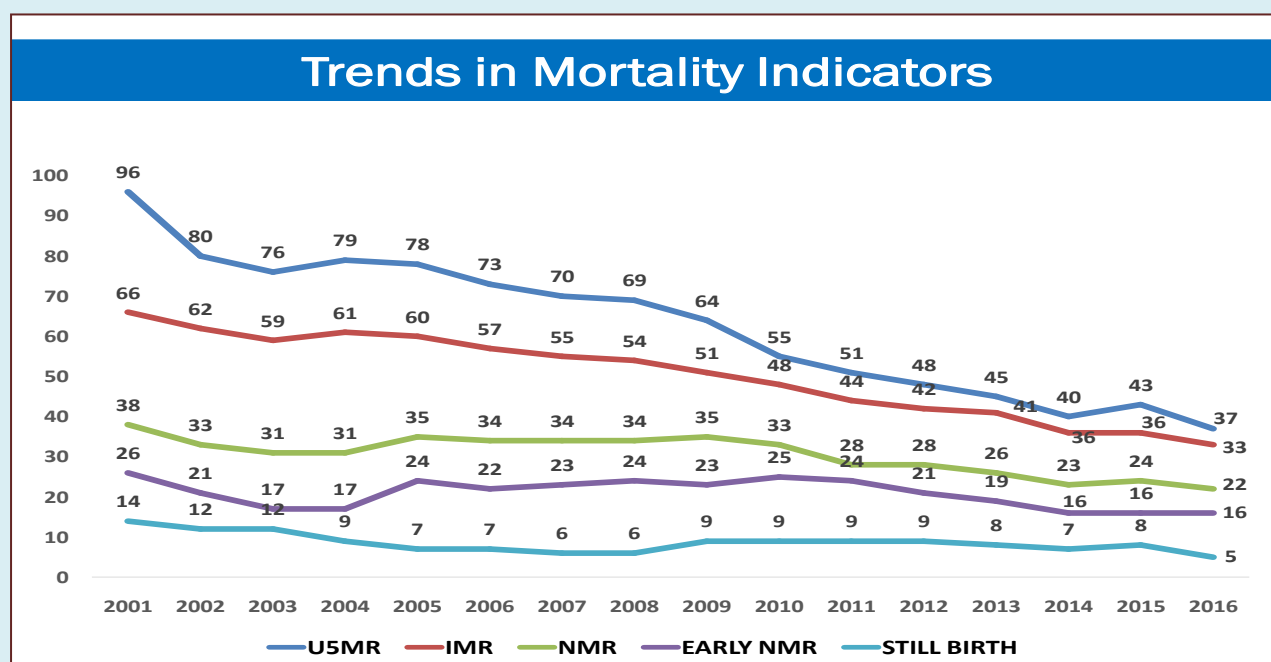
8.3 Procurement of True Hb Haemometer: The estimation of Hb levels correctly by ANMs will ensure early detection of Maternal Anaemia and its timely management. It will also help in checking the efficacy and compliance of the treatment given to the pregnant female. The conventional Sahli's method is technique sensitive and chances of error are high. The use of automated Haemometer True Hb will ensure effective screening and early management of Maternal Anaemia. This Activity is meant for effective screening of Anaemia in pregnant women. Proposal is being submitted for procurement of True Hb Haemometers in all districts. Each Sub Centre in 14 districts will be equipped with 1 True Hb Haemometer. The estimation for Strips and Lancets is made on basis of expected ANC for 2018-19. 4 tests by True Hb Haemometer for every pregnant woman (1 in each trimester) will be done for monitoring of Hb levels and for effectiveness of the treatment initiated.

8.4 Establishment of ANC Clinics at District Level Civil Hospitals: Although the ANC registration and examination is done at SCs in routine, but for further improving the quality of ANC services including BP, Abdominal examination, Lab. Tests (Blood & Urine etc.), the activity is being proposed for approval of GoI. The registered ANC cases will be referred to the Civil Hospital and (50 cases per day/week). These ANC cases will be examined by the LMOs at ANC clinics. For establishing the ANC clinics posts of 2 LMOs and 3 Staff Nurses are proposed for approval. These LMOs and Staff Nurses will examine each pregnant lady and identify the HRP cases, will keep track of every High risk ANC case, will refer the pregnant case to the specialist for further consultation, and will follow up the pregnant case till post partum period of the pregnancy. Staff posted at ANC Clinic will counsel the pregnant women regarding the birth preparedness, health diet and life style during and after pregnancy. ANC clinic will also be responsible for completing necessary documentation during the ANC period so that benefits of schemes like JSY etc may be given in time to the beneficiaries. The staff posted at ANC Clinics will also monitor the working of SCs and ANMs for quality ANCs and follow-ups. The ANC clinic will also be responsible for safe delivery of the pregnant women at the nearest institution.

B. Best Practices & Innovations under Child Health

The NHM Haryana is focusing on improving the child health & immunization services to reduce the Infant Mortality Rate (IMR), which is 33 per thousand live births (source: RGI SRS Bulletin 2016). Under 5 Mortality Rate (U5MR) of the state is 43, Neonatal Mortality Rate (NMR) 24 and Early Neonatal Mortality Rate (ENMR) is 16 per thousand live births (source: RGI SRS Bulletin 2015, published in December 2016). The indicators of child health of the State of Haryana are given below:

Key Health Indicators	India (SRS 2015)	Haryana (SRS 2015)	India (SRS 2017)	Haryana (SRS 2017)
Infant Mortality Rate (IMR)	37	36	34	33
Neonatal Mortality Rate (NMR)	25	24	22	22
Early Neonatal Mortality Rate (ENMR)	19	16	18	16
Under 5 Mortality	43	43	39	37
Sex Ratio at Birth	900	831	898	832
Crude Birth Rate	20.8	20.9	20.4	20.3
Perinatal Mortality Rate	23	24	23	21
Still Birth Rate (SBR)	4	8	4	5



1. Newborn Care Services:

- The State of Haryana has established 22 Special Newborn Care Units (SNCU), 66 New Born Stabilizing Units (NBSU) and 318 New Born Care Corners (NBCC) under NHM. The SNCU data for last 4 Financial years is as following:

FY	New Admission	Discharged	Lama	Referred	Expired
2014-15	21840	15903	1091	3882	964
2015-16	24363	18070	1314	4016	948
2016-17	23667	17679	1361	3873	754
2017-18	17895	13506	994	2868	458

- Haryana has been ranked at top along with Himachal Pradesh across Nation in SNCU Quality Index Survey conducted by the GoI, whose details were shared at National Child Health Review 2017, The Ashoka, New Delhi.

2. Haryana Newborn Action Plan (HNAP):

Haryana Newborn Action Plan (HNAP) has been developed in response to INAP to address state specific challenges and to provide consistent guidance to its districts for planning, implementation and review. NHM Haryana adopted systematic approach to carve out it's HNAP with technical support from USAID supported Vriddhi Project development of HNAP which started in late 2014 can be categorized in 4 phases;

- Phase-1: Situational analysis using Haryana MIS portal including newborn death followed by Expert review meeting.
- Phase-2: Supporting districts to make their own District specific Newborn Action Plan (DNAP).
- Phase-3: Drafting of HNAP policy document.

HNAP aims to achieve single digit NMR and SBR by 2025 with all districts to individually achieve this target by 2030. HNAP provide framework to track implementation of newborn health related interventions at state and district level with a focus on equity, gender and universal health coverage.



Hon'ble Health Minister, Principal Secretary/Health and Mission Director Launch the HNAP

3. Up-scaling of Kangaroo Mother Care (KMC) in Health Facilities:

- The State has initiated the process of establishing Kangaroo Mother Care Units (KMCU) and has provided the budget for establishing 8-10 bedded Kangaroo Mother Care Units (KMCU) in all the 21 SNCUs of 21 districts.
- 14 districts have already successfully established KMC units while others are in the process of establishment and practicing KMC in breast feeding rooms.
- Recently KMC Units at Civil Hospital Kaithal & Bahadurgarh have been established in the m/o Nov & Dec 2017
- Sanction has also been given to the districts for recruitment of 4 KMC support workers for each KMC unit as approved in RoP 2017-18 by GoI.
- KMC unit, Civil Hospital Sonipat has been developed as a model KMC unit, which has been visited by GoI Officials and other states in addition to health officials from other districts of Haryana to have an idea about better service delivery.
- Besides KMC units at Civil Hospitals, State is also establishing KMC units at medical colleges. BPS Medical College Khanpur, Sonipat has already established one KMC unit while in PGIMS Rohtak establishment of KMC unit is under procedure.
- ToT at state level and district level KMC trainings are being planned in February, 2017.



Kangaroo Mother Care (KMC)

A National Health Mission, Government of Haryana initiative for establishment of Kangaroo Mother Care (KMC) for safeguarding low birth weight and premature newborns

Kangaroo Mother Care (KMC)

- Kangaroo Mother Care (KMC) for low birth weight (below 2000 grams as per WHO guidelines) is evidence based cost effective intervention which can save many newborns.
- Child is kept in direct skin to skin contact of the mother as it is hold nicely on her chest in a position as it remains in the womb and frequent breast feed is given.
- State has initiated the process of establishing Kangaroo Mother Care Units (KMCU) and has provided the budget for establishing 8-10 bedded Kangaroo Mother Care Units (KMCU) in all the civil hospitals having Special Newborn Care Units (SNCUs).
- National Health Mission, Haryana has taken initiative to scale up Kangaroo mother care in Govt. facilities as per GOI guidelines.
- Kangaroo Mother Care (KMC) scale up research project initiated in district Sonapat.
- Kangaroo Mother Care Units (KMCU) already established in 15 civil hospitals having SNCUs.
- CHRD – SAS is providing technical support in district Sonapat to implement the Kangaroo Mother Care as per GOI guidelines and Scale Up KMC Units.



KMCU of Sonapat



KMCU of Khanpur Medical College

Kangaroo Mother Care (KMC) is:

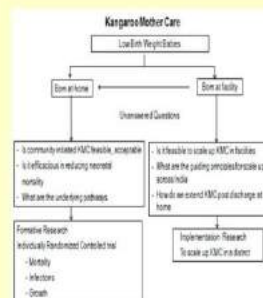
- Early initiation and exclusive breast feeding
- Early initiation, continuous and prolonged skin to skin contact for LBW babies

What do we know about KMC?

- 40% relative reduction in mortality vs. standard hospital care for <2000 gm babies 65% reduction in nosocomial infection or sepsis

What is not known about KMC

- Evidence of feasibility, acceptability and efficacy of community initiated KMC
- Scientific evidence of biological mechanisms



Variable	Status
Total Births (In 4 KMC facilities)	1485
Births of <2000 gms (inborn)	51 (3.5%)
Babies referred from Outside (Outborn)	26
Babies initiated to KMC	56 (72.7%)
Babies <2000 gms (Not initiated to KMC)	21
Compliance of KMC at Discharge	53 (94.6%) (3 referred)
Compliance of KMC at 7 days post discharge	44 (78.5 %)
Compliance of KMC at 28 th day of age	41 (73.2 %)

4. Janani Shishu Suraksha Karyakram (JSSK):

- To reduce out of pocket expenses on the treatment of newborn, the State has made provisions of free transport (to & fro), all drugs & diagnostics and diet to all sick newborn and infants is being ensured in the State under JSSK. Further, provision of Kilkari Ambulances has been made at all high load delivery points to drop the mother-newborn, duo at home after institutional delivery and discharge after stay upto 48 hours from health facilities.

5. Essential Newborn Care & Resuscitation:

- Total 10639 Health Personnel, including Medical Officers, Staff Nurses and ANMs have been trained in the State under Navajit Shishu Suraksha Karyakram (NSSK).
- State Level ToT for Care Around Birth strategy has been conducted in Dec 2017 for 30 participants from 7 non-high priority districts in association with development partner agency-IPE Global to scale up the strategy across State in addition to previously chosen 5 high priority districts (HPD).
- Consecutive district level training for the same have also been initiated in seven non-HPD districts, i.e. Bhiwani, Gurugram, Kaithal, Karnal, Kurukshetra, Narnaul & Sirsa.

6. Injection Vitamin-K at Birth:

- The State is providing single dose of Injection Vitamin-K prophylaxis to all newborn at birth in all Facilities, as per the GoI guidelines.

7. Home Based New Born Care:

- To ensure continuum of care, the facility based newborn care has been linked to home based care, which provides opportunity for early diagnosis of danger signs among newborns and mothers, prompt referral to appropriate health facilities with provision of newborn care.
- The concept of Home Based Post Natal Care (HBPNC) was adopted in 2010-11, when the all ASHA at that time were trained for 10 days (2 Rounds /5 Days each) under Norway-India Partnership Initiative (NIPI) and further, all ASHA (i.e. 19849 as on Dec. 2017) have been trained in Module 6-7 for 20 Days (4 Rounds/5days each) under GoI Strategy.
- All trained ASHA are conducting home visits as per the prefixed schedule on 0/1, 3, 5, 7, 14, 21, 42 days after birth to identify danger signs among newborn & mother and referral at appropriate health facility.

Year-wise HBPNC Report (Source: HMIS Reports, NHM Haryana)						
FY	No. of HBPNC Cases Covered by ASHA	Full HBPNC Home Visits conducted by ASHA	Danger Signs Identified by ASHA during HBPNC		Referral of identified Risk Cases by ASHA	
			Mothers	Newborn	Mother	Newborn
		% with Col. 2			% with Col. 4	% with Col. 5
1	2	3	4	5	6	7
2013-14	285403	239026 (83.75%)	3662 (1.28%)	7700 (2.70%)	3065 (83.70%)	6253 (81.21%)
2014-15	324790	310005 (73.90%)	4310 (1.33%)	9296 (2.86%)	3551 (82.39%)	7729 (83.14%)
2015-16	287417	216184 (75.22%)	5757 (2.00%)	6351 (2.21%)	2842 (49.37%)	5359 (84.38%)
2016-17	291137	224697 (71.18%)	5623 (1.93%)	4850 (1.67%)	2421 (43.06%)	4463 (92.02%)
2017-18	231638	177509 (76.63%)	4902 (2.12%)	4275 (1.85%)	1602 (32.68%)	3525 (82.46%)



Home Visits for HBPNC by ASHA



ASHAs' HBPNC Skills assessed by an International Team at Sonepat

- Presently, the HBPNC is given by ASHA only upto 42 days after births, but now the State has decided to launch the HBPNC+, where through ASHA will conduct additional 4 home visits upto 1 year of the children. These HBPNC+ home visits will be conducted on quarterly basis and associated with the age-appropriate immunization and complementary feeding etc. All ASHA are being trained for HBPNC+ before end of the FY 2017-18.

8. Intensified Diarrhoea Control Fortnight (IDCF):

- The State has initiated Intensified Diarrhoea Control Fortnight (IDCF) from 2016 onwards under NHM in all districts during July-August 2016; wherein total 11,79,119 under five year children were distributed Prophylactic Oral Rehydration Solution (ORS) and Zinc Tablets for 14 days through ASHA and ANMs.

- Further, in the IDCF 2017 round, approx 10,80,000 under five year children were covered and hand washing skills were demonstrated in 11750 schools of the State.
- The ORS Corners also have been established at all health facilities in the State for awareness generation and promotion of ORS and Zink use by the community

9. Micronutrient Supplementation Programme (MSP):

- The State has initiated Micronutrient Supplementation Programme (MSP) for targeting micronutrient deficiencies like Anemia, Iodine deficiencies, Vitamin-A deficiencies and worm infections etc. The Year-wise coverage of MSP Rounds is as follows:

FY (Months)	2015-16 (Nov-Dec 15)	2016-2017 (Feb-March 17)	2017-2018 (Aug-sept17)
Vitamin-A Supplementation	13,04503	16,26164	1513682
Albendazole Tablet for Deworming	11,74923	16,65648	1569745
IFA Supplementation	5,40607	17,44984	1607078
Salt Samples Tested for Iodine	32,2315	1642	1419

10. Nutrition Rehabilitation Centres (NRC):

- To tackle the severe malnutrition among children, total 11 Nutrition Rehabilitation Centres (NRC) have been established in the Civil Hospitals. At present 5 of them are fully operational; wherein approx. 3000 severely malnourished children were admitted during 2015-17.
- Provision of stay for one family member of admitted SAM Children in NRCs has been made alongwith food facility and Rs. 100/- as wage loss on daily basis, which is expected to be increased by Rs. 300/- daily.
- 100% ASHA (i.e. 19849) have been trained for identification and management of SAM Children in the State and ASHA will be monitoring growth of children upto 1 year during additional home visits for HBPNC+.
- In addition to above, special focus is given on improving the skills of mothers on child care and feeding practices so adequate care of baby at home also.



Nutrition Rehabilitation Centres in Haryana

11. Malnutrition Free Haryana:

The State of Haryana is committed to eliminate malnutrition among children and women by 2020. For initiation purpose, the NHM Haryana organized a National Level Consultation Workshop on Management & Elimination of Malnutrition in Haryana in collaboration of NITI Aayog (Govt of India) and Centre for Health Research & Development-Society for Applied Studies-WHO approved (CHRD-SAS New Delhi). The National Consultation was Inaugurated by the Hon'ble Chief Minister and attended by Dr. Vinod Paul (member NITI Aayog), Padam Bhushan Dr. MK Bhan (National Science Professor, IIT New Delhi) and many other eminent Nutrition Experts. It has been decided by the State Govt that Haryana will be made Malnutrition Free by 2020.



Sh. Manohar Lal (Hon'ble Chief Minister Haryana), Dr. Vinod Paul (Member NITI Aayog GoI), Additional Chief Secretary (WCD), Principal Secretary (Health) and Mission Director (NHM Haryana) on the occasion of National Consultation for Malnutrition Free Haryana by 2020

12. Haryana Demonstration Project on Wheat Flour Fortification to improve Status of Iron, Red Blood Cell Folate and Vitamin B-12 Concentrations:

- Haryana State Demonstration Project on Wheat Flour Fortification approved by Hon'ble Chief Minister for initiating the Phase-I; wherein a cross-sectional Household Survey has been conducted to collect household consumption of wheat products and water, as well as, blood biomarker analysis among 790 non-pregnant women aged 18-49 years to determine the Haemoglobin, Ferritin, Serum and Red Blood Cell Folate, and vitamin B-12 concentrations in two Rural Blocks, i.e. Narayangarh and Barara of Ambala District. The analysis report is awaited.
- The PGIMER, Chandigarh has conducted the Blood Biomarker analysis. Centre for Disease Control & Prevention (CDC), World Health Organisation (WHO), PGIMER, Chandigarh and SWACH Foundation (Panchkula) are providing the Technical Support for the project.

13. Integrated Management of Neo-natal and Childhood Illnesses:

- Medical Officer and Staff Nurses are trained in facility based management of Neonatal and childhood illnesses. All the ANMs are also trained in IMNCI for providing sick newborn care at CHCs/FRUs.

14. Mothers Absolute Affection (MAA) for Infant & Young Child Feeding (IYCF)

- The intensified programme to bring undiluted focus on promotion of breastfeeding and to revitalize the efforts toward promotion, protection and support of breastfeeding practices through health system to achieve higher breastfeeding rates. The State launch of the programme was done by the Hon'ble Health Minister on 10th October 2016.
- National & State level ToTs have already been conducted by the State and 13 National level Master Trainers and 24 State level Trainers have been directly trained by Dr. K.P Kushwaha, Course Director/BPNI (New Delhi).



Sh. Anil Vij, Hon'ble Health Minister Haryana, Additional Chief Secretary/Health and Mission Director/NHM Haryana on the occasion of Launch of MAA Programme

15. Immunization & Mission Indradhanush

- As per the latest available data of National Family Health Survey-4, the full Immunization coverage of the State is 62.2%. The full Immunization coverage of the State (9-11 months children) as per DHIS-2 is 84% (2016-17), whereas as per the WHO-IFV monitoring data is 81% (August-May 2017).
- Haryana is the first state in the Country to initiate Laboratory Based Vaccine Preventable Disease Surveillance and integrated Adverse Event Following Immunization AEFI Surveillance.
- State has 09 Teeka Express in Palwal (2) and Mewat (7), conducting Outreach Sessions in High Risk Areas (Brick Kilns, Construction Sites, and Urban Slums etc.).
- State has launched Rotavirus Vaccine (For prevention of Rotavirus associated diarrhea) & Inactivated Polio Virus Vaccine (IPV) for prevention of Poliomyelitis in April 2016.

15.1 Pneumococcal Conjugate Vaccine under *Atal Jeeven Rakshak Tikakaran Yojna*:

State of Haryana has signed a MoU with UNICEF, in presence of the Hon'ble Health Minister and Country Head of UNICEF to supply the Pneumococcal Conjugate Vaccine at subsidized rates. Now the state is ready to initiate Pneumococcal Conjugate Vaccination probably from the month of March 2018 under the *Swaran Jayanti Yojana* of the State Plan Budget for prevention against the deadly disease of Pneumonia. As per the Million Death Study from LANCET collaborators, nearly 16% of <5 deaths are due to Pneumonia to which contribution of Pneumococcal Pneumonia is 30%. Haryana has around nearly 5,80,000 annual live births, out of which approx. 40,000 children suffering from Pneumonia will be prevented and around 3500 deaths from Pneumonia will be prevented in the State of Haryana. Pneumonia is one of the leading causes of childhood mortality. In India in 2010, 3.6 million episodes of severe pneumonia and 350,000 all-cause pneumonia deaths occurred in children <5 years. Among those, 560,000 episodes of severe Pneumonia (16%) and 105,000 deaths (30%) respectively, were caused by Pneumococcal Pneumonia.



Sh. Anil Vij, Hon'ble Health Minister Haryana and Principal Secretary/Health on the occasion of Signing of MoU between MD/NHM Haryana and Country Head UNICEF for Pneumococcal Conjugate Vaccine

15.2 Mission Indradhanush

Mission Indradhanush is Flagship initiative of Govt. of India to increase immunization coverage by vaccinating all unvaccinated and partially vaccinated children (up to 2 years) and pregnant women as per Routine Immunization schedule. High risk areas (brick kilns, construction site and urban slums), areas of VPD outbreak within last 3 months etc. were focus areas covered primarily during Mission Indradhanush.

- During phase-I of Mission Indradhanush all 21 districts were covered in five consecutive rounds from April to Aug. 2015. Phase-II of Mission Indradhanush was conducted in 15 districts (Bhiwani, Gurgaon, Hissar, Jhajjar, Karnal, Kurukshetra,

Mewat, Panchkula, Panipat, Rewari, Rohtak, Sirsa, Sonipat, Yamunanagar & Palwal) from November 2015 to Feb. 2016 and Phase-III was conducted in 6 districts (Faridabad, Rewari, Panipat, Palwal, Mewat and Gurgaon) from April to August 2016. Coverage of MI are as follows:

Periodic Activities	Phase-I	Phase-II	Phase-III	Phase-IV
	April 2015 to Aug.2015	Nov.2015 to Feb. 2016	April 2016 to July 2016	April 2017 to Aug. 2017
No. of Immunization sessions Organized	86681	29499	10513	5952
No. of Pregnant Women Covered	147135	59916	36019	20481
No. of Children Vaccinated	569139	233503	111204	51668
No. of Fully Immunized children	133939	45563	26337	11519
Completely Immunized	105198	35642	17134	7295



Principal Secretary/Health, MD/NHM and Dy. Commissioners of Gurugram and Nuh interacting with community and Religious Leaders in Gurugram and Nuh, respectively during Mission Indradhanush

15.3 Intensified Mission Indradhanush

- The Govt of India has launched nationwide intensified RI drive to close the immunization gap. There are 4 districts (Mewat, Palwal, Faridabad and Urban area of District Gurugram) included for **Intensified Mission Indradhanush (IMI)** in the State of Haryana.
- Haryana state is committed to improve immunization coverage and address the equity agenda, various intensification strategies has been implemented, with an objective to reach 90% full immunization coverage by Dec 2018. Special attention will be given on urban settlements and cities identified under NUHM. 3 rounds of IMI have been conducted in the state from Oct-Dec 2017. In these rounds total 7338 sessions were held in which 74073 children and 19200 pregnant women were vaccinated and 15007 children have been fully immunized.

C. Initiatives under *Rashtriya Bal Swasthya Karyakaram* (RBSK):

The RBSK launched in February 2013 under NHM for Child Health Screening and early Intervention Services to provide comprehensive care to all the children (from birth to 18 years of age) through detection and management of 4-Diseases (i.e. Birth Defects, Diseases, Deficiencies, Developmental Delays including Disabilities).

- There is provision of financial aid to be given for selected conditions as per guidelines of GoI/MoHFW for tertiary level treatment. For early surgical management of the children identified with Congenital Heart Disease (CHD).
- MoU were done with three Private Hospitals, namely Artemis Hospital (Gurugram), Fortis Hospital (Mohali) and Narayana Hrudalya Hospital (Jaipur). Since the signing of MoUs from Jan to Dec 2017, total 277 children have been given financial aid amounting to Rs. 314.8 lakhs and 256 Children successfully operated for CHD.
- Now on the similar lines, Agreement are being done with the Hospitals already on the Panel of Govt. of Haryana for treatment of regular employees for tertiary level treatment of RBSK beneficiaries for selected conditions also, apart from CHD .
- State Level Function was organized under the Chairmanship of Hon'ble Health Minister to felicitate the Health Care Providers and children get treatment under RBSK Programme in the State.



Sh. Anil Vij, Hon'ble Health Minister Haryana, Principal Secretary/Health, MD/NHM on the occasion of Felicitation of Health Practitioners having MoU for conducting Surgeries under RBSK and Children received Treatment under RBSK

MoU for Newborn Screening for Retinopathy of Prematurity (RoP):

With the survival efforts for babies born prematurely or with low birth weight, Retinopathy of Prematurity (RoP) is now an emerging eye problem which leads to blindness if timely detection and intervention is missed during the narrow period of first few days of life. Therefore, NHM Haryana has signed a MoU with PGIMER Chandigarh on Newborn Screening for Retinopathy of Prematurity under RBSK. The State of Haryana has already established District Early Interventions Centre (DEIC) under NHM in all the districts, which has the mission of coordinating and working for timely referral and management of such babies at risk of RoP. Every delivery points in the State are also being sensitized to refer such babies as per criteria of prematurity and low birth weight to avoid missing any case of RoP.



MoU signed between NHM Haryana and PGIMER Chandigarh for RoP in presence of Sh. Amit Jha IAS, Principal Secretary/Health

Newborns' Screening for Retinopathy of Prematurity (RoP)
(Rashtriya Bal Swasthya Karyakarm – RBSK)

New Initiative : 2017-18



Eyes are windows to the brain and enable newborn to see and learn. Being able to see gives tremendous input to the developing brain of a newborn. The critical period of brain development is in the first two years of life. Equal input from both eyes and clear focused image is essential for proper development of the brain. Cognitive development is delayed in children who have severely impaired visual function compared to children who have better vision.

Retinopathy of Prematurity (RoP) is a potentially blinding eye disorder that primarily affects premature infants weighing about 1250 grams or less that are born before 31 weeks of gestation. The smaller a baby is at birth, the more likely that baby may develop RoP. This disorder - which usually develops in both eyes - is one of the most common causes of visual loss in childhood and can lead to lifelong vision impairment and blindness. Infants with RoP are considered to be at higher risk for developing certain eye problems later in life.

The first step towards prevention of this potentially irreversible blinding condition is to identify the abnormal retinal vascularization as soon as possible within a very narrow period of golden intervention. Under Rashtriya Bal Swasthya Karyakarm (RBSK), there is a provision of RoP treatment and a package of RoP treatment is also defined.

The NHM (Haryana) is committed to provide screening opportunity for premature and 'at risk' children for RoP under RBSK and following efforts have been made in this direction:

- Linkage between DEIC and SNCU is being strengthened for RoP Screening, management and reporting. Indirect Ophthalmoscopes, the tool for RoP screening and other paraphernalia (Alfanzo speculum) provided to all districts
- Ophthalmologists, the key HR made available in all districts. Many of them are trained for extensive retina examination. These Retina trained Ophthalmologists can be easily trained for Newborn RoP Screening

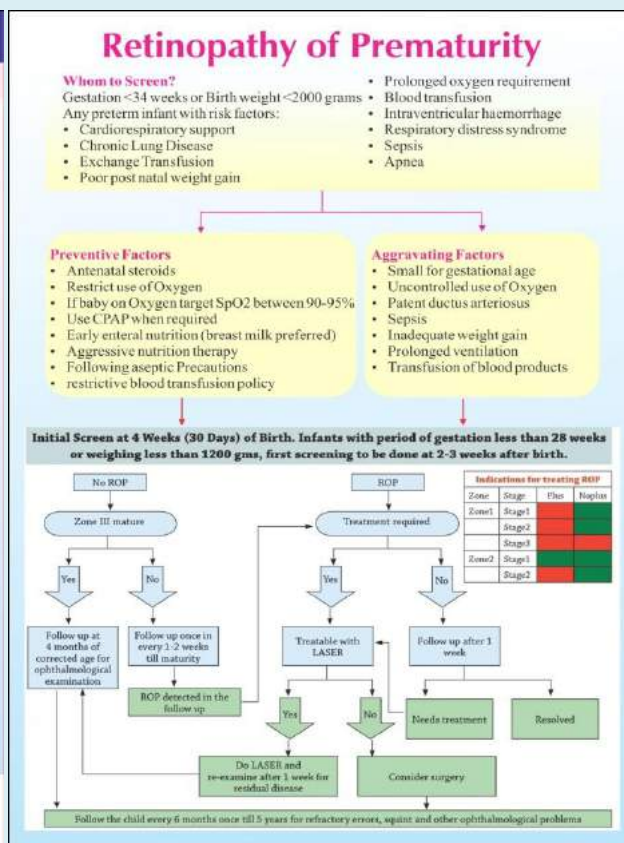
5 Districts (Bhiwani, Fatehabad, Hisar, Jind and Sirsa) are set to start Newborn RoP Screening through their in place Ophthalmologists in Civil Hospitals.

Operational Guidelines for RoP Screening already developed by the National RBSK Team, which are being shared to with districts for doing RoP screening.

For a stop gap arrangement under RBSK, possibility of engaging Retina Specialists practicing in Private Sector is also being explored, for which meeting has been scheduled on 13th July 2017 with the President of IMA under the chairmanship of PS/Health.



National Health Mission, Health Department, Haryana



Poster on Newborn Screening for Retinopathy of Prematurity

D. Best Practice and Innovations under NUHM:

The Framework of the National Urban Health Mission (NUHM) envisages provision of primary healthcare to the slum dwellers and other vulnerable groups through targeted Outreach services.

- **Special Outreach Camps** are organized in the Urban Primary Health centre (UPHC) catering area. Specialist healthcare services through Gynaecologists, Pediatricians, dermatologists, ENT specialists provide services to the urban poor population in these camps. For organizing Special Outreach camps in the catering area of UPHC finding venue for the camp and mobilizing the slum dwellers at the camp site is a major obstacle.

Financial Year	No. of Outreach Sessions Organized
2016-17	350
2017-18 (upto Dec.)	1303

- **Inter-Sectoral Convergence with Urban Local Bodies (ULBs)** for increasing service Utilization at Urban Primary Health Centres (UPHC) and Conducting Special Outreach Camps under UPHCs. This Practice selected as a Best Practice at National Level under NUHM and presented in the 4th National Summit on Good and Replicable Practices and Innovation held at Indore, Madhya Pradesh (6th -8th July 2017). It has also featured in the Coffee Table Book 'Unlocking New Ideas: Good, Replicable, and Innovative Practices' released by the Ministry of Health and Family Welfare (MoHFW) 2017.



- Further, for providing specialist health care services at the UPHCs in the evening hours, Specialist Clinics are being proposed in PIP 2018-19 for provision of specialist services of Gynaecologist and Physician at all the UPHC in the evening hours(3:00- 6:00 pm).

E. Initiatives under Referral Transport Scheme:

1. Neonate Care Ambulances:

- The State launched dedicated Neonate Care Ambulances at the district level; stationed at Ambala, Bhiwani, Fatehabad, Narnaul and Nuh.
- The sophisticated Ambulances are equipped with Incubator, Ventilator amongst other equipment's for stabilization and treatment of newborns.



Sh. Anil Vij, Hon'ble Health Minister launched the Neonate Care Ambulances in presence of Principal Secretary Health and Mission Director, NHM Haryana

2. Purchase of 150 Basic Life Support Ambulances: An amount of Rs. 24 Crores approved by the GoI in RoP 2017-18 for purchase of 150 Basic Life Support Ambulances.

- Indent for Purchase has been placed with Haryana Medical Services Corporation Ltd.
- These ambulances will be equipped with medical equipment's like Monitor, AED etc. and will replace the old Ambulances.

3. Atal Jeevan Rakshak Yojana: An amount of Rs. 8.8 Crore approved under Swarn Jayanti Scheme of Haryana for purchase of 40 Basic Life Support Ambulances.

- These ambulances will be stationed at various health facilities for providing better transportation facilities to patients to health facilities and higher health facilities.

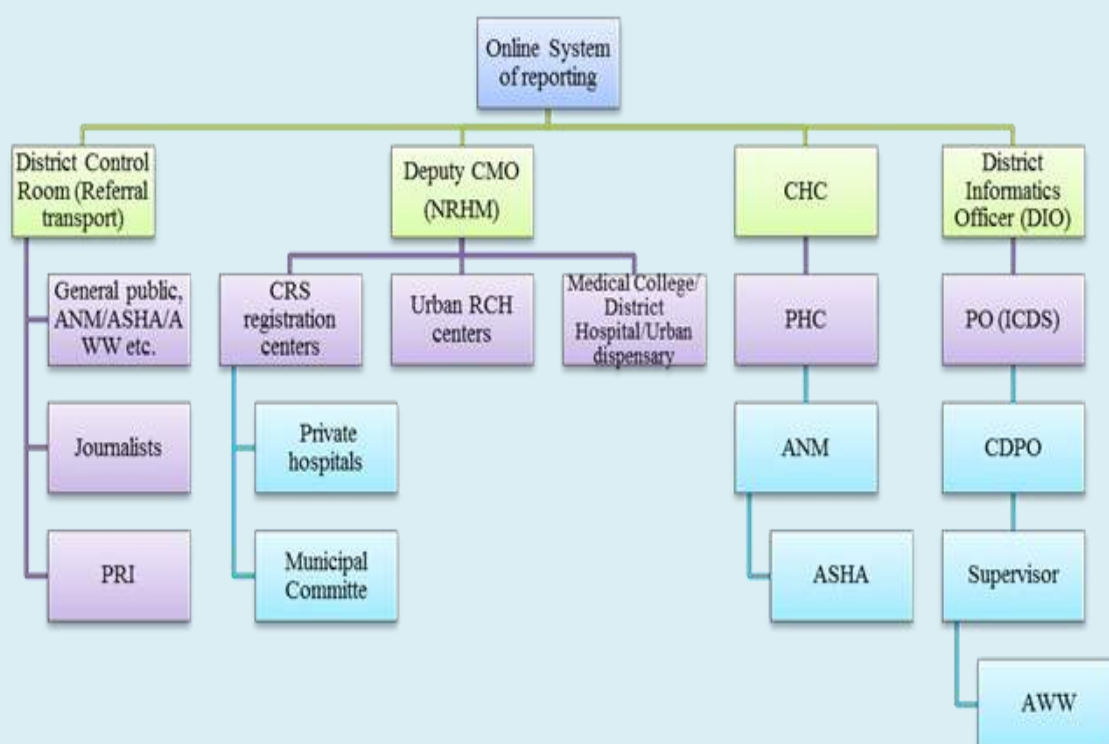
F. Innovation for Human Resource engaged under NHM:

The NHM is a mission mode Project and the human resource is required to be engaged on contract basis for different posts as per their ToR. Presently, almost 13000 employees are approved in the State under NHM for different categories. Haryana has become the first State in the country, which has made provision of Service Rules for the NHM contractual employees and also provided pay scales in line of *Sarva Shiksha Abhiyan* (SSA). There will be an additional financial liability of Rs. 60 Crore (approx) on the Public Exchequer under State Plan, which will increase year-after-year. The entire human resource engaged under NHM has been registered in the HRIS Portal of the State.

G. State Innovative Web Based Applications under NRHM/NHM:

1. **Maternal & Infant Death Reporting System (MIDRS):** The overall goal of the MIDRS has been to estimate maternal mortality, under five mortality (U5M), neonatal mortality, early neonatal mortality, and stillbirth rate; and to make programmatic recommendations with the aim to make the web-based surveillance system (MIDRS) robust through assessment of completeness of recording of such events in all districts of Haryana with following components:
 - The approach is to build an **online system** of reporting for various departments already involved in reporting of Maternal and Infant deaths.
 - To strengthen the existing system of reporting of Maternal and Infant deaths by Health Department by reporting of deaths from **ANMs and ASHAs** at community level and by reporting from Government health facilities such as SDHs, District Hospitals and Medical Colleges. The data entry into the online system is to be done at CHCs for rural areas and at the office of Civil Surgeon in Urban areas.

Figure: Online Reporting System in Haryana



The Innovation of Haryana Published in WHO Bulletin (May 2016) and also its Poster presented in National Summit on Health Innovations (GOI) at Shimla in 2015.

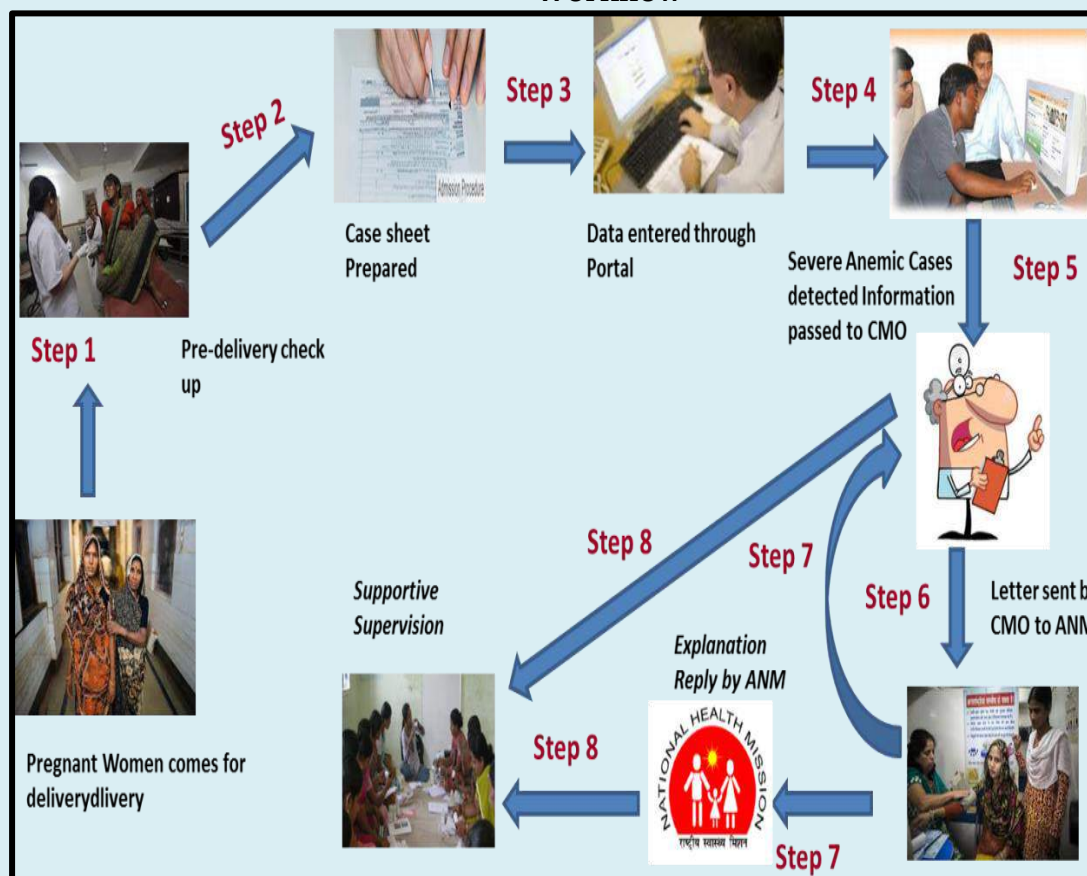
Mortality Indicators Year wise Comparison

Details	2012-13	2013-14	2014-15	2015-16	2016-17
Infant Deaths	17833	22409	18621	15204	12411
Maternal Deaths	835	760	732	528	499
Still Births	5504	11136	12780	10764	8439

2. Anaemia Tracking Module- Web Based Reverse Tracking of Anaemia:

Maternal mortality has been key indicator for health services in India and Anaemia directly causes 20% of the maternal deaths in India and indirectly accounts for another 20% of maternal deaths. Almost 56% of women in Haryana have anemia, including 38% with mild anemia, 17% with moderate anemia, whereas 2% of them are severely anemic. Haryana launched an initiative to track these anemic pregnant women and take corrective action for the gaps identified during antenatal period. Based on identification of severe anemic cases among pregnant women coming to public facilities for institutional delivery, the service provided to the concerned beneficiary was back tracked to the SC where she had availed the ANC and the Auxiliary Nurse Midwife (ANM), who had provided the service. Based on the follow up supportive supervision for improving the quality of service provision, timely detection of anemic case during ANC etc are provided to the ANM.

Workflow



Achievements of Anaemia Tracking Module: The initiative has succeeded in actualizing an information management and monitoring mechanism that identifies recipient ANC services (pregnant mothers), service provider (ANM/ Staff Nurse), connects the recipient and the service provider facility wise and based on the tracking of anemic condition of the recipient during delivery ensures effective monitoring and evaluation of the overall process.

Anemia Tracking Module Year Wise Report

Details	2012-13	2013-14	2014-15	2015-16	2016-17
Total Women Reported in the portal (Women delivering at public institutions)	37201	194589	238909	247160	242615
Total HB Recorded	34004	186541	216262	229189	230934
Severely Anaemic Women	2641	15257	16235	17351	14535
Low Birth Weight Babies	3094	23084	31914	35114	34490

The impact of the initiative as gathered from stakeholders and observation is appreciable. Almost 90% of the public institutions (DH/ CHC/PHC) where deliveries take place have started reporting into the system. It has been able to generate an elaborate database of individuals, and has been able to successfully track pregnant women across the public health centres SC, PHC, CHC, DH in the state of Haryana and evaluate the ANC service provided to them. This process of monitoring has increased the reporting of severe and moderate anemic cases in the state. **The initiative was presented was presented in 14th International Conference on Integrated Care, Brussels 2014.**

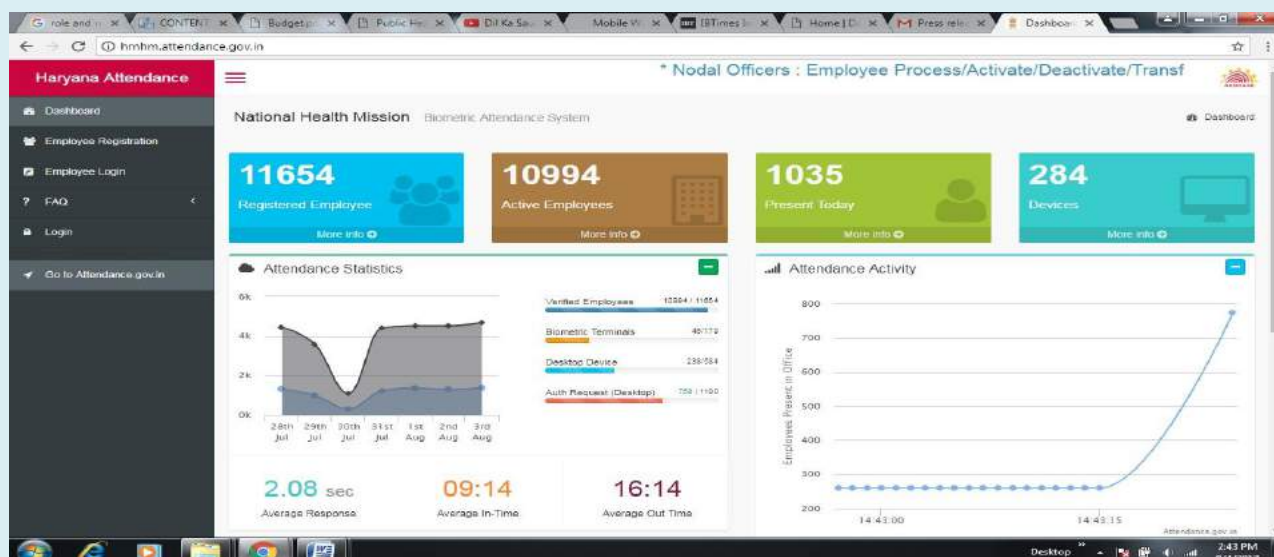
3. **Human Resource Information System (HRIS):**

Human Resource Information System (HRIS) was started in April 2016 is a web based software tools to facilitate planning, monitoring and optimum utilization w.r.t. posting of requisite available human resources. As per mandate of GOI, each state has to implement integrated Human Resource Information System for contractual staff being one of component of key conditionality and assigned maximum weight of 5% as incentive / penalty to be availed against compliance / non compliance. The HRIS software will facilitate planning, monitoring and optimum utilization of available contractual work force of NHM Haryana w.r.t. place of posting of all contractual work force in HRIS portal and same should be reflected in AEBAS (Aadhar Enabled Biometric Attendance System).

HRIS Software: Updated status of Contractual Employees entered in HRIS portal is now available online. Health facility wise sanction, filled positions and vacant posts detail of all contractual employees under NHM can be generated on a single click. Salary of all contractual employees under NHM can be generated through HRIS portal now. Electronic Challan cum Return (ECR) file can be generated after calculating salary through HRIS and is submitted to Employee Provident Fund organization of India (EPFO). This valuable data can be used as a Planning and Monitoring tool for rationale deployment of Human Resource (contractual employees) under NHM across all the health facilities in the entire Haryana.

All contractual employees of National Health Mission (NHM) have to mark their daily attendance in AEBAS so that their salary can be generated w.r.t the attendance uploaded in HRIS & salary can be credited into their Aadhar linked account. The total no of employees registered in HRIS software till date is 11077.

4. Aadhar Enabled Biometric Attendance System (AEBAS):



All contractual employees of National Health Mission (NHM) have to mark their daily attendance in AEBAS so that their salary can be generated w.r.t the attendance uploaded in HRIS & salary can be credited into their Aadhar linked account.

Human Resource Information System (HRIS)

Linkages with AADHAR Enabled Biometric Attendance System (AEBAS) and Public Fund Monitoring System (PFMS)

New Initiative : 2017-18

The NHM (Haryana) has become the First State in the Country to implement the Human Resource Information System (HRIS) as per the mandate of the MoHFW/GoI; according to which, each State has to implement the integrated HRIS for their contractual staff being one of component of "Key Conditionality" assigned with maximum weight of 5% as incentive/penalty to be availed against compliance/non-compliance during the FY 2017-18.

HRIS Portal

The NHM (Haryana) has started the process of capturing information of all its contractual employees through HRIS since April 2016, which is Web Based Software to facilitate the programme planning, monitoring and optimum utilization of human resource w.r.t. place of posting of all contractual work force in HRIS portal and same should be reflected in Aadhar Enabled Biometric Attendance System (AEBAS).

AEBAS Portal

Benefits of linkages between HRIS, PFMS and AEBAS

- Updated status of Contractual Employees under NHM (Haryana) entered in HRIS portal is now available online.
- Health facility-wise sanctions, filled/vacant positions of all contractual employees under NHM can be generated on a single click.
- Salary of all contractual employees under NHM being generated through HRIS Portal on the basis of their attendance their attendance mark in AEBAS and same is integrated with PFMS portal also, which can be monitored by the GoI also.
- Electronic Challan-cum-Return (ECR) file can be generated after calculating salary through HRIS and submitted to Employee Provident Fund Organization of India (EPFO).
- This valuable data can be used as Planning & Monitoring Tool for rationale deployment of human resource under NHM across all the health facilities in the State.

Importantly, 100% employees of NHM (Haryana) have to mark their daily attendance in AEBAS, so that their salary can be generated w.r.t. their attendance uploaded in HRIS and monthly salary can be credited into their AADHAR linked Bank Accounts, which are directly linked with PFMS. Below given the current status of Payroll Application of NHM employees for their salary generation:

District/State	Total Employees Under NHM	July 2017 (01.07.2017-31.07.2017)	June 2017	Pending for June 2017
Ambedkar	566	209	506	60
Bhiwani	732	154	578	154
Faridabad	647	62	245	302
Fatehabad	437	36	350	87
Gurgaon	640	33	562	84
Hisar	729	495	672	57
Jhajjar	820	394	495	25
Jind	533	126	425	108
Kaithal	440	169	369	86
Karnal	430	199	483	127
Kurukshetra	506	307	424	82
Mewat	471	197	399	162
Narnaul	334	168	391	30
Pahadi	308	56	129	39
Panchkula	510	206	366	144
Palwal	400	84	313	87
Rewari	412	94	307	105
Rohatki	364	65	335	39
Sirsa	548	121	526	22
Sonepat	604	432	462	142
Vamanagar	536	186	476	62
State/PMU	105	168	152	43
Total	11655	3053	8996	2659

The NHM (Haryana) is committed for successful implementation of HRIS and its linkages with AEBAS and PFMS in the State of Haryana. The 100% linkages of HRIS with AEBAS along with PFMS for creating & generation of salary online of all Contractual Employees working under NHM has been on priority for the NHM Haryana with optimum utilization of existing human resource in the State.

National Health Mission, Health Department, Haryana

5. **ANMOL Tablets:** The State of Haryana has prepared for launching of Auxiliary Nursing Midwife on Line (ANMOL) Tablet, which is an android based application bringing ANMs online. ANMOL is AADHAR enabled aims to bring better health service to pregnant women, mother and newborn. ANMOL application, a Govt of India initiate to facilitate on the spot capturing of population survey and RCH services delivery by frontline workers.

ANMOL

(Auxiliary Nursing Midwife On-Line)

New Initiative : 2017-18

Introduction

Reproductive Child Health Portal, a GOI initiative has been rolled out in the entire state in the July, 2016. Auxiliary Nurse Midwifery (ANM) cater to populations of 3-5 thousand and their work mainly involves providing primary healthcare services for maternal and child health, family planning, nutrition and immunization. Apart from this, other important part of the job is collecting healthcare data.

Present Scenario: Currently, the data in Reproductive and Child Health (RCH) Portal is being entered at data entry points i.e. at Primary Health Centre (PHC) level only. The manually copying data from one register to another takes up a lot of time. Manually updating the data carries the additional risk of information being entered incorrectly and getting corrupted. It has also observed that there is a time lag of approximately 3-4 weeks between healthcare service delivery provided to beneficiaries and capturing of data in RCH portal w.r.t. records of beneficiaries. ANMOL (Auxiliary Nursing Midwife On-Line)

About ANMOL:

Taking into account the issues faced by ANMs and to improve the overall standards of child and maternal health services, the ministry of health and family welfare, government of India, with support from UNICEF, has introduced an android based tablet based application ANMOL bringing ANMs online by ANMOL TABLET. ANMOL (ANM Online is a solution) is Aadhar-enabled aims to bring better healthcare services to millions of pregnant women, mothers and newborns in India. Auxiliary Nursing Midwife On-Line (ANMOL) tablet based application, a Government of India initiative to facilitate on the spot capturing of population survey and RCH service delivery by front-line worker (FLW) i.e. by ANMs.

Benefits of Using ANMOL:

- In order to effectively register, update and track the services being provided to the beneficiaries, ANMOL tablet will be provided to each ANM posted at Sub Centers so that ANMs can register & update the records of beneficiaries on the spot where healthcare services to pregnant mother of children has been given by using ANMOL Application.
- This application ends drudgery and repetitive processes for ANMs by making their work paperless.
- They are able to use ANMOL TABLET to enter and update the service records real time data of beneficiaries. Since it is a completely digitalized process, the high quality of the data and its accountability is maintained.
- Apart from these facilities, women and couples can be counseled using audio and videos on ANMOL tablets on subjects like high risk pregnancy, immunization and family planning. 5. All of the data that ANMs put into the tablets gets updated automatically in the central server.
- In the event of an internet outage, the tablets will work in offline mode, saving all of the data until internet connectivity is reestablished.
- ANMOL is aimed at improving the quality, effectiveness and timeliness of the delivery of quality services, specifically to rural populations, to ensure better healthcare for women and children.
- The application aims at bringing awareness to the remotest populations, underserved communities and urban slums and through images and videos, and educating them about initiatives on health, maintenance of good hygiene, basic health care and precautions. ANMs can also use pre-loaded audio and video files on ANMOL to counsel women and couples on subjects like high-risk pregnancies, immunization and family planning. The tablets maintain an auto-generated list of pending tasks as well. State would rollout ANMOL tablet based Application in following 7 Districts:

Name of District	No. of Rural Sub-Centre	No. of ANM sanctioned in Sub-Centers (1 Regular and 1 under NHM i.e. 2 ANM / Sub Centre	No. of sanctioned ANM to cover Urban outreach in district(s)	Total ANMs in Rural and Urban outreach
Gurugram	76	152	138	290
Narnaul	120	240	06	246
Kaithal	144	288	18	306
Yamunanagar	112	224	33	257
Karnal	150	300	28	328
Hisar	200	400	19	419
Jind	163	326	25	351
TOTAL	965	1930	267	2197

The NHM (Haryana) is committed to roll-out the ANMOL TABLET to facilitate the ANMs by way of capturing online data, which will be real-time and available on single click. This will be a step towards the digitization of health data in the State in line of the commitment of the GoI.













National Health Mission, Health Department, Haryana

Poster on ANMOL Tablet for Haryana

H. SCs to be upgraded into Health & Wellness Centres:

The State of Haryana has processed for upgradation of all SCs into Health & Wellness Centers (HWCs) in phased manner by 2022, as per the Union Budget declaration 2017-18. Total 55 HWCs to be established in 2017-18 itself and 500 HWCs in 2018-19; whereas remaining in the forthcoming years. The BAMS Physicians and BSCs Nursing to be utilized as Mid Level Service Providers-cum-Community Health Officer at these HWCs after Bridge Course. Programme Study Centres for Bridge Course for BAMS and BSCs Nursing are being established at Govt Medical Colleges and Nursing Schools in the State.

Health & Wellness Centers

New Initiative : 2017-18

Background

A Sub-health Centre (Sub Centre/ SC) is the most peripheral and first contact point between the primary health care and community in the Public Sector. As per the population norms, one SC is required to be established for every 5000 population in plain areas. The success of any Nation-wide programme would depend largely on well functioning SCs providing services of acceptable standard to the people and the current level of functioning of the SCs is much below the expectations (DGHS, MoHFW/GoI 2017).

The Universal Health Coverage (UHC) is a key goal of 12th Plan. For this purpose, the GoI has planned to upgrade selected SCs into Health & Wellness Centers (HWCs) across the country under National Health Policy 2017, which has been approved by the Cabinet under the chairmanship of Hon'ble Prime Minister on 15/03/2017. The GoI has approved budget for establishment of 55 HWCs during 2017-18 for Haryana under NHM.

Objectives

To provide comprehensive primary health care through strengthening of existing SCs and sector level PHCs in a Block to HWCs linked with a Block-PHC. The first point of referral for these HWCs would be linked with 24x7 Block-PHCs to provide package of comprehensive primary health care and have effective linkages with CHC/DH for special consultation.

Key Activities

The HWCs will deliver the package of comprehensive primary health care services, listed below:

- Maternal health care services equipped to serve as 'deliver points'
- Neonatal & infant health care services
- Childhood and adolescent health care services
- Contraceptive Services
- Reproductive health care services
- Management of Communicable diseases
- Management of Non-Communicable diseases
- Basic ophthalmic care services
- Basic ENT care services
- Screening/basic management of mental health ailments
- Basic Dental Health Care
- Basic geriatric health care services

Budget Provision: State has allotted Rs. 572.13 Lakh for establishment of 55 HWCs (2% of the total SCs in the State) as per NITI Aayog Documents (GoI). An amount of Rs. 10.40 Lakh will be incurred for each HWCs:

District	Total No. of SCs	2% of Total SCs to be established as HWCs	Budget Approved by GoI
Ambala	104	2	2080472
Bhiwani	214	4	4160944
Faridabad	62	2	2080472
Fatehabad	131	3	3120708
Gurgaon	81	2	2080472
Hisar	198	4	4160944
Jhajjar	123	2	2080472
Jind	162	3	3120708
Kaithal	143	3	3120708
Karnal	146	3	3120708
Kurukshetra	117	2	2080472
Mewat*	85	5	5201180
Narnaul	135	3	3120708
Palwal	95	2	2080472
Panchkula	46	1	1040236
Panipat	89	2	2080472
Rewari	113	2	2080472
Rohtak	116	2	2080472
Sirsa	151	3	3120708
Sonepat	162	3	3120708
Yamunanagar	113	2	2080472
Total	2586	55	57212980

*Considering vulnerability, 5 HWCs to be established in Mewat

The NHM (Haryana) is committed to establish 55 HWCs during 2017-18, for which provision of Mid-Level Service Provider will be made. ANMs & ASHA will also trained in multi-skilling to deliver the package of comprehensive primary health care services. Additional support will also be provided for establishing required infrastructure and building space at each HWC out of the approved budget. The HWC team will also have a record of the Family Health Cards and digital format would be implemented depending on the State of readiness so as to facilitate referral and enable a continuum of care.



National Health Mission, Health Department, Haryana

Poster on Health & Wellness Centres for Haryana

I. ASHA (Accredited Social Health Activists):

There are 19849 ASHA enrolled in the State, who are community based volunteer health workers and entitled for performance based incentive for different activities approved by the GoI. The following are best practice and new initiatives through ASHA being done under NHM:

- **Home Based Post Natal Care + (HBPNC+):** All trained ASHA have been conducting 06/07 home visits for health assessment of newborn and mother upto 42 days from the day of delivery for which they are entitled Rs. 250/- per successful case. Now under HBPNC+, ASHA to conduct additional 04 home visits upto the age of 01 year of the children; for which she will be entitled of Rs. 200/- per successful case.
- ASHA to conduct Quarterly meetings of Pregnant Women/Lactating Mothers under MAA Programme to make them aware about the importance of early initiation of breast feeding and exclusive breast feeding, for which she will be entitled for Rs. 100/- per meeting.
- ASHA to follow-up LBW/HR (Low Birth Weight/High Risk) babies, SNCU (Special Newborn Care Visits) discharged babies at home for their health assessments and identification of danger signs. ASHA also to identify/refer the severely malnourished children to Nutrition Rehabilitation Centre for their management and their follow-up at home. ASHA is entitled for performance based incentive for different activities.



Best Performing ASHA of Haryana taking Oath for Beti Bachaao-Beti Padhaao

Documented by NHM Haryana