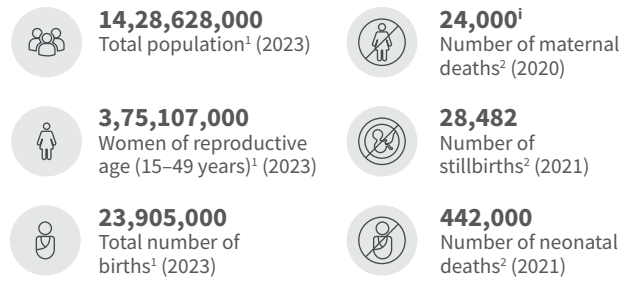


ENAP and EPMM Country Profile | May 2023

India



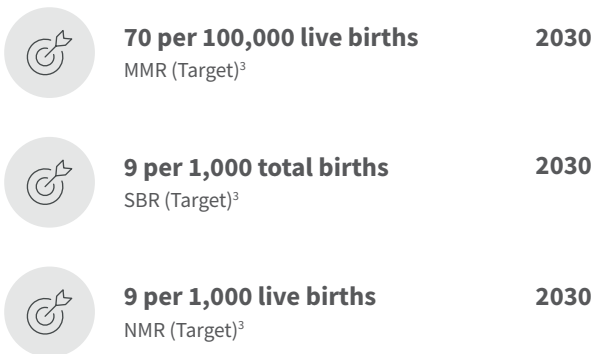
Key Demographics



ⁱ Numbers of maternal deaths have been rounded according to the following scheme:
< 100 rounded to nearest 1; 100–999 rounded to nearest 10; 1000–9999 rounded to nearest 100; and ≥ 10 000 rounded to nearest 1000

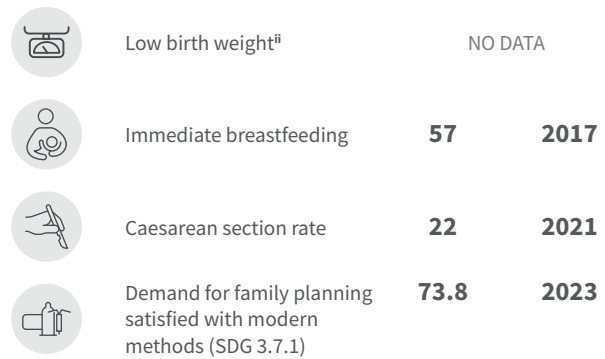
National Mortality Targets

Year



Additional Indicators

Value (%) Year



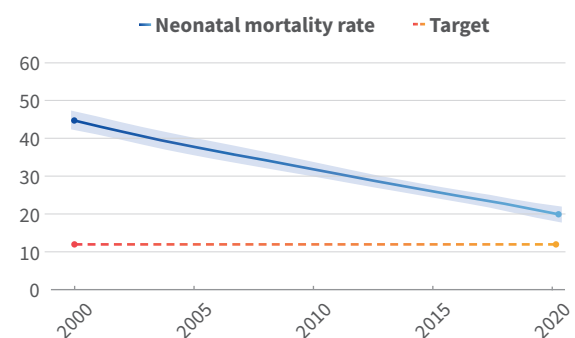
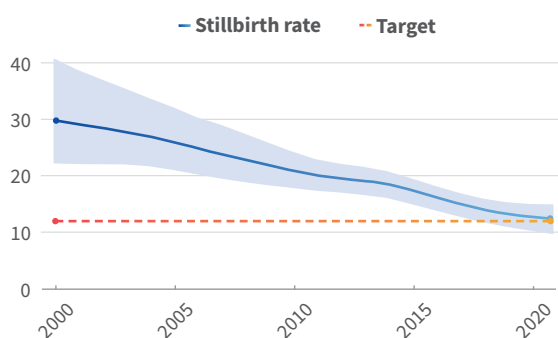
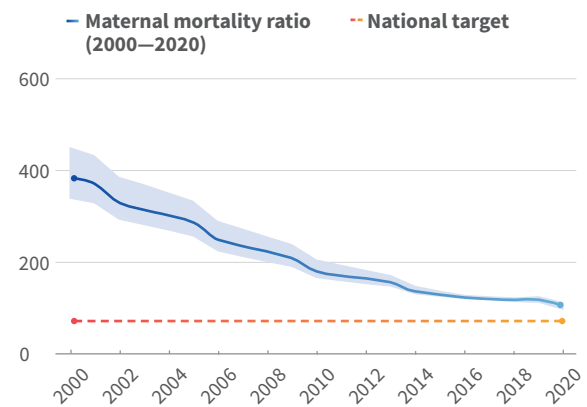
ⁱⁱ % of live births that weighed less than 2500 g

National Policies

Status

| | |
|---|-----|
| Costed RMNCH strategy/plan including MNH | Yes |
| RMNCH/MNH plan updated to include quality of care standards | Yes |
| Eight ANC contacts | No |
| Birth/Labour companion | Yes |
| Labour Care Guide/Revised partograph | Yes |
| PNC updated with WHO recommendations | Yes |
| Birth registration | Yes |
| Maternal death registration with civil registrar | Yes |
| Neonatal death registration with civil registrar | Yes |
| Stillbirth registration | Yes |

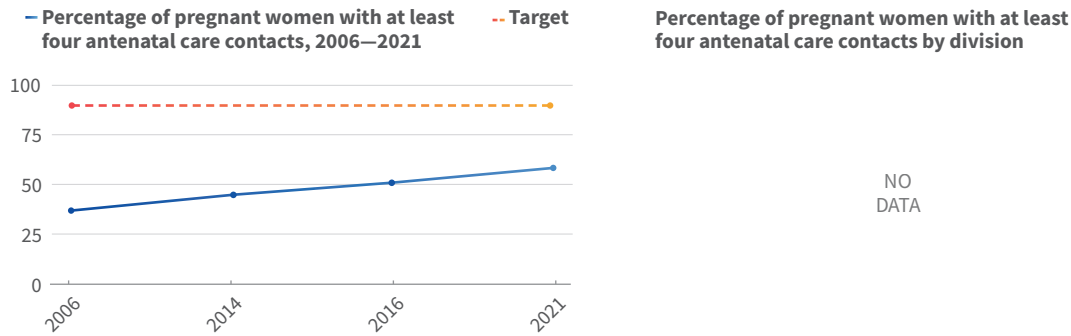
Progress to meet Maternal, Newborn Mortality and Stillbirth Reduction Targets



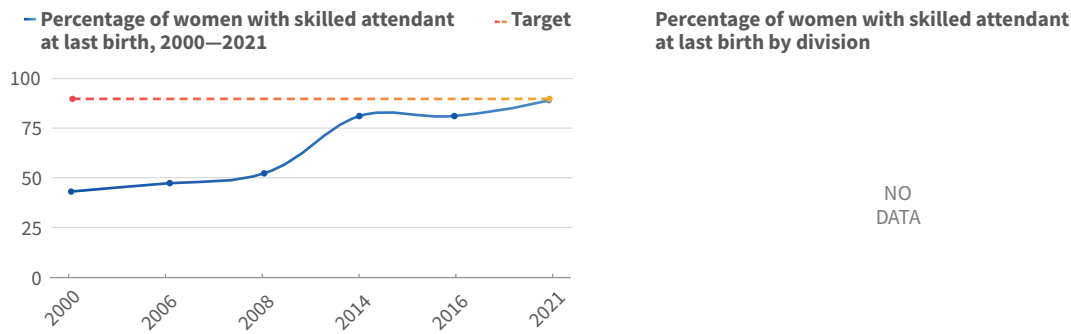
Progress to meet ENAP EPMM Coverage Targets



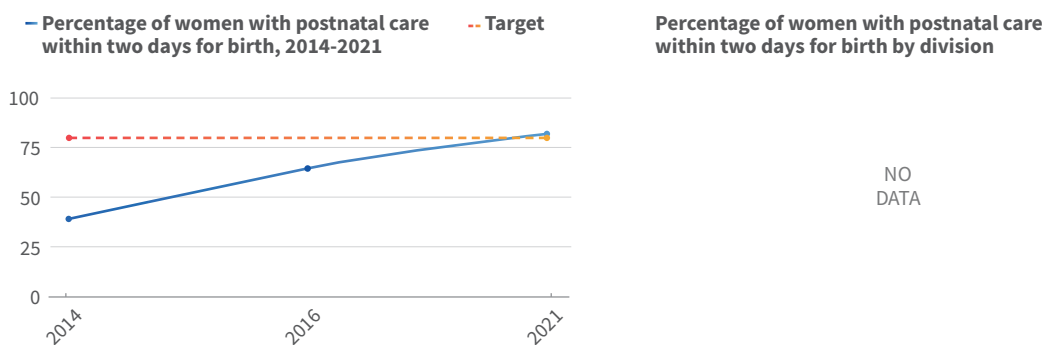
Four or more Antenatal Care Contacts¹⁰



Skilled Attendant at Birth¹⁰



Postnatal Care for Women¹⁰





ENAP Target 4

| Scaling-up small and sick newborn care | Status |
|---|--|
| National strategy/implementation plan for scale-up | Yes ● |
| Specific budget line in the national plans (and where relevant subnational plans) | Yes ● |
| Standardized designs and floor plans to deliver level 2 package of services | Yes ● |
| Defined Human Resources staffing norms for level 2 newborn care | Yes ● |
| Defined list of essential equipment needed for level 2 small and sick newborn care ⁱⁱⁱ | NO DATA |
| Data system to record admissions, outcomes and quality of care for level 2 newborn care | Yes ● |
| Policy provision of free transport of small and sick newborn (either government-provided or voucher for transport) | Yes ● |
| Coordination mechanism linking improvement of level 2 newborn care with improving maternity services to prevent major conditions causing newborn deaths ^{iv} | Yes ● |
| Provision in policy/guidelines for engagement of families in the care of babies | Yes ● |
| System for post discharge follow-up of babies to improve survival, growth and development | Yes ● |



EPMM Target 4³

| Access to Emergency Obstetric Care (EmOC) | Status |
|--|--|
| National strategy/implementation plan for scale-up | Yes ● |
| Specific budget line in the national plans (and where relevant subnational plans) | Yes ● |
| EmOC facility mapping showing the 2021 geographical distribution with MoH | Yes ● |
| Standardized designs and floor plans for the basic EmOC health facilities | Yes ● |
| Defined minimum number of midwives to be staffed in an EmOC health facility for providing 24h/7d care | Yes ● |
| Defined list of essential equipment needed for basic and comprehensive EmOC ^v | Yes ● |
| Country capacity to provide yearly data on the performance of EmOC signal functions for measuring the availability of EmOC | Yes ● |
| Proportion of functioning EmOC facilities | 100% ● |

ⁱⁱⁱ CPAP, Oxygen systems, Pulse oximeter, Radiant warmer

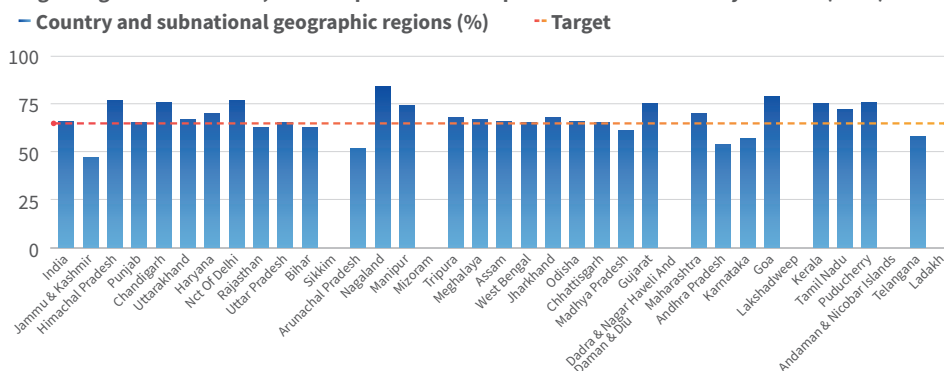
^{iv} E.g., improved monitoring of labour, antenatal corticosteroids, infection prevention

^v Complete manual vacuum aspiration set with different size cups, obstetric forceps, complete repair pack for tears, foetal stethoscope, vacuum extractor with different size cups, blood pressure monitor, capacity for blood transfusion, complete C section boxes



EPMM Target 5³

SDG 5.6.1: Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care by division (2021)



SDG 5.6.2: Extent to which countries have laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education, including Section (S1-EPMM4) and Component (C1-C13) values (2019)

| | |
|------------------------|---------|
| SDG 5.6.2 | NO DATA |
| Maternity Care | NO DATA |
| Contraceptive Services | 100 |
| Sexuality Education | 0 |
| HIV and HPV | NO DATA |

Progress toward ENAP EPMM Milestones³

Policies/Planning, Investment, Response, Resiliency, Equity

| | | | |
|--|--|---|--|
| Budgeted RMNCAH strategy (including MNH) | Yes ● | National emergency response plan | Yes ● |
| Subnational implementation plans at the State/Regional/Provincial levels | Yes ● | User-fee exemptions for MNH | Yes ● |
| Subnational implementation plans at the district or an equivalent subnational unit level | Yes ● | Insurance or financial protection scheme for MNH | Yes ● |
| Budgeted/financed subnational plans | Yes ● | Emergency transport system for MNH | Yes ● |
| Tracking for domestic research allocations for MNH | Yes ● | Community participation integration in the RMNCAH strategy/MNH plan | Yes ● |
| Additional resources allocated for vulnerable population groups | Yes ● | | |

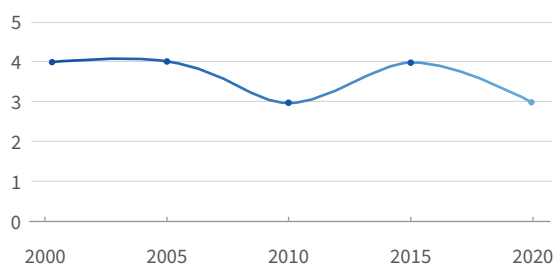


Quality of Care, Health Workforce, Commodities and Data for Action³

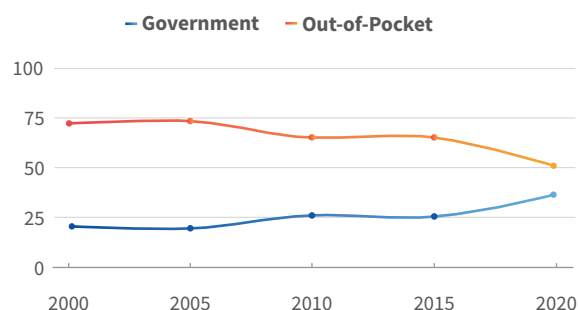
| | | | |
|--|--|---|--|
| National quality of care standards for MNH | Yes ● | Defined core competencies for newborn care, including small and sick newborn care | Yes ● |
| National quality of care standards for small and sick newborn care | Yes ● | Defined core competencies for community health or extension workers | Yes ● |
| National quality of care plan included community participation in MNH for priority setting and planning | Yes ● | Tracking of availability and stock outs of essential MNH drugs (oxytocin) | Yes ● |
| National quality of care plan included community participation in MNH for monitoring and evaluation | Yes ● | Tracking of availability and stock outs of essential MNH drugs (heat stable carbetocin) | No ● |
| Agreed set of quality of care indicators | Yes ● | Tracking of availability and stock outs of essential MNH drugs (magnesium sulfate) | Yes ● |
| National strategy for accrediting and contracting private sector for MNH | Yes ● | Tracking of availability and stock outs of essential MNH drugs (oxygen) | Yes ● |
| Maternal and perinatal death surveillance system in place for maternal deaths | Yes ● | Tracking of availability and stock outs of essential MNH drugs (dexamethasone) | Yes ● |
| Maternal and perinatal death surveillance system in place for neonatal deaths | Yes ● | Tracking of availability and stock outs of essential MNH drugs (caffeine citrate) | No ● |
| Maternal and perinatal death surveillance system in place for stillbirths | Yes ● | Electronic individual patient-based data system for maternity care to include uterotonic use, labour monitor, breastfeeding, and neonatal resuscitation if needed | Yes ● |
| Integration of maternal and perinatal death surveillance system data and routine health information system | Yes ● | Electronic individual patient-based data system for small and sick newborn care to include details on Kangaroo Mother Care, oxygen/CPAP use, antibiotics, etc. | Yes ● |
| National strategy/plan for human resources for MNH | Yes ● | Mechanism for data sharing from the private/NGO sector | Yes ● |
| Defined core competencies for midwifery practice (essential competencies as per ICM) | Yes ● | | |



Current Health Expenditure (CHE) as % Gross Domestic Product (GDP)



Domestic General Government Health Expenditure and out-of-pocket expenditure as % Current Health Expenditure¹⁰



Research, Innovation and Knowledge Management³

| | |
|--|--|
| National prioritized research agenda for MNH and stillbirth prevention | Yes ● |
| Identified innovation needs for MNH | Yes ● |
| National mechanism for sharing learning | Yes ● |

Accountability³

| | |
|---|--|
| Representation from civil society, women's groups, and parent advocacy groups in technical working groups | Yes ● |
| Representation from parent advocacy groups for MNH and prevention of stillbirths | Yes ● |

References

- 1 Maternal, Newborn, Child, and Adolescent Health and Ageing. Geneva: WHO Headquarters; 2023 (<https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/indicator-explorer-new>, accessed 24 March 2023).
- 2 Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: WHO Headquarters; 2023 (<https://www.who.int/publications/i/item/9789240068759>, accessed 23 March 2023).
- 3 Every Newborn Action Plan (ENAP) and Ending Preventable Maternal Mortality (EPMM), Joint Country Implementation Tracking Tool. 2022.
- 4 Global Preterm Birth Estimates 2014. WHO Headquarters; 2018 (<https://ptb.srhr.org/>, accessed 20 April 2023).
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- 6 Family Planning 2030. (<https://fp2030.org>, accessed 19 April 2023).
- 7 Global Health Expenditure Database. 2023; (<https://apps.who.int/nha/database>, accessed 24 March 2023).
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- 9 UN IGME. Levels & Trends in Child Mortality, Report 2022, Estimates Developed by the United Nations Inter-Agency Group for Child Mortality Estimation. UNICEF; 2023 (<https://data.unicef.org/resources/levels-and-trends-in-child-mortality>, accessed 24 March 2023).
- 10 Maternal Mortality Data: Monitoring the situation of children and women. UNICEF; 2022 (<https://data.unicef.org/topic/maternal-health/maternal-mortality>, accessed 24 March 2023).