Reproductive & Child Health (RCH) Programme

Facilitator
Dr. NAVPREET
Assistant Prof., Deptt. of Community Medicine
GMCH Chandigarh

Miles stone In MCH Care

- 1880 – Establishment of Training of Dais in Amritstar
- 1902 - 1st Midwifery Act to Promote Safe Delivery
- 1930 - Setting Up Of Advisory Committee on Maternal Mortality.
- 1946 - Bhore Committee Recommendation on Comprehensive & Integrated Health Care
- 1952 – Primary Health Center Net Work & Family Planning Programme
- 1956 – MCH Centers Become Integral Part Of PHCS
- 1961 - Department Of Family Planning Created
- 1971 – MTP Act
- 1974 – Family Planning Services Incorporated In MCH Care
- 1977 – Renaming Family Planning To Family Welfare
- **1978 – Expanded Programme on Immunization**
- **1985 – Universal Immunization Programme**
- **1992 – Child Survival& Safe Motherhood Programme**
- **1997 – RCH Programme Phase-1 (15.10. 1997)**
- **2005 – RCH Programme Phase-2 (01-04-2005)**

RCH Phase-I

Aim

- To bring down the birth rate below 21 per 1000 population,
- To reduce the infant mortality rate below 60 per 1000 live birth and
- To bring down the maternal mortality rate <400/1,00,000lakh.

- 80%% institutional delivery, 100% antenatal care and 100% immunization of children were other targeted aims of the RCH programme.

RCH Phase-II

- To bring about outcomes as envisioned in the Millennium Development Goals, the National Population Policy 2000 (NPP 2000), the Tenth Plan, the National Health Policy 2002 and Vision 2020 India,

- Minimizing the regional variations in the areas of RCH and population stabilization through an integrated, focused, participatory programme meeting the unmet needs of the target population, and provision of assured, equitable, responsive quality services.

Indicator	Tenth Plan Goals (2002-2007)	RCH II Goals (2005-2010)	National Population Policy 2000 (by 2010)	Millennium Development Goals (By 2015)
Population Growth	16.2% (2001-2011)	16.2% (2001-2011)	-	-
Infant Mortality Rate	45/1000	35/1000	30/1000	-
Under 5 Mortality Rate	-	-	-	Reduce by 2/3rds from 1990 levels
Maternal Mortality Ratio	200/100,000	150/100,000	100/100,000	Reduce by 3/4th from 1990 levels
Total Fertility Rate	2.3	2.2	2.1	-
Couple Protection Rate	65%	65%	Meet 100% needs	-

The Paradigm Shift

Vertical Programmes	→	Integrated Service Delivery
Camp Oriented	→	Client Oriented
Target Oriented	→	Goal Oriented
Quantity Oriented	→	Quality Oriented

The Reproductive & Child Health Programme

OBJECTIVES OF RCH PHASE-II

1. Reduction of Maternal Morbidity and Mortality
2. Reduction of Infant Morbidity and Mortality
3. Reduction of Under 5 Morbidity and Mortality
4. Promotion of Adolescent Health
5. Control of Reproductive Tract Infections and Sexually Transmitted Infections.

Components

- Essential obstetrical care
- Emergency obstetrical care
- Strengthening referral system Strengthening project management
- Strengthening infrastructure
- Capacity building
- Improving referral system
- Strengthening MIS
- Innovative schemes

Essential obstetric care

- Promotion of institutional deliveries
  - 50% of the PHCs and CHCs made operational as 24 hours delivery centers.
- Skilled attendance at birth
- Policy descions to permit Health workers to use drugs in emergency situations to reduce maternal mortality

Emergency obstetric care

- Operationalisation of FRUs to provide:
  - 24 hours delivery services
  - Emergency obstetric care
  - New born care and emergency care of the sick child
  - Full range of family planning services
  - Safe abortion services
  - Treatment of RTI and STI
  - Blood storage facility
  - Essential laboratory services
  - Referral (transport) services

New initiatives

- Training of PHC doctors in life saving anesthetic skills for emergency obstetric care a FRUs
- Setting up of blood storage centers at FRUs
- Janani Suraksha Yojana (JSY)
- Vandemataram scheme
- Safe abortion services
- Integrated Management of Neonatal & Childhood illnesses (IMNCI).

24 hrs. Functioning of PHCs

- Availability of Services such as
  - 24 Hrs. Delivery services
  - New Born care
  - Family Planning, Counselling and services
  - Availability of RTI, STI services
  - Safe abortion services (MVA etc.)

Training in Obstetric Management

- Training of MBBS doctors in obstetric management and skills including C.S. in RCH-II
- Training to be conducted in collaboration with FOGSI
- Duration of training to be 16 weeks
- Expert Group is considering other details

Janani Surkasha Yojna

- To promote Institutional Deliveries
  - To reduce overall
  - Maternal Mortality Ratio
  - Infant Mortality Rate
- A safe motherhood intervention, replacing the "National Maternity Benefit Scheme", under NRHM
- 100 % centrally sponsored
- Integrates cash assistance with delivery & post-delivery care.

Vandematram Scheme

- It is a voluntary scheme wherein any obstetric and gynaec specialist, maternity home can volunteer
- Enrolled doctors will display ‘vandemataram logo’ at their clinics.
- Iron and folic acid tablets, oral pills, TT injections, etc will be provided for free distribution.

Referral Transport

Key issues:

- –RCH I funds poorly Utilized,
- –Community participation lacking

Under Consideration:

- –Place funds with AWW /ANM, JSY
- –Develop community mechanisms
- –Provide out source ambulances at PHCs, CHCs, and FRUs

Role of ASHA

- A village level link worker attached to AWW/ANM
- Motivator for ANC, PNC, Institutional Delivery, Immunization and Family Planning Services
- Provide Escort to beneficiary for above services.
- Adolescents Health Counsellor.

- *Janani-Shishu Suraksha Karyakram* (**JSSK**)
- Village Health & Nutrition Day (**VHND**)
- Pregnancy Tracking (**MCT** i.e. Maternal & Child Tracking)
- Maternal Death Review (**MDR**)

Newborn Care

Health Facility	All Newborns at Birth	Sick Newborn
PHC/SC	Newborn Care Corner (NBCC) in labor room	Prompt referral
CHC/FRU	Newborn Care Corner (NBCC) in labor room and in O.T.	Newborn Stabilization Unit (NBSU)
District Hospital	Newborn Care Corner (NBCC) in labor room and in O.T.	Special Newborn Care Unit (SNCU)

Integrated Management of Neonatal & Childhood Illnesses (IMNCI)

- Inclusion of 0-7 days age in the programme
- Training of health personnel begins with sick young infants up to 2 months
- Proportion of training time devoted to sick young infant and sick child is almost equal
- Skill based

IMNCI

CHECK for danger signs

ASSESS main symptoms

Assess nutrition, immunization

Check for other problems

CLASSIFY

Urgent referral	Treatment at outpatient health facility	Home management

Adolescent Reproductive and Sexual Health (ARSH)

A two-pronged strategy will be supported:

- Incorporation of adolescent issues in all the RCH training programs and all RCH materials developed for communication and behaviour change.
- Dedicated days and dedicated timings for adolescents at PHC's.

Safe Abortion Practices

- **MEDICAL METHOD**
  - Termination of early pregnancy (49days)
  - Mifepristone followed by Misoprostol

- **MANUAL VACCUM ASPIRATION**
  - Safe and simple technique for termination of pregnancy.
  - Can be used at PHC or comparable facility
  - FOGSI, WHO & State govt. are coordinating the project

RMNCH + A

- **Reproductive, Maternal, Newborn, Child and Adolescent Health**
- **The 12th Five year plan (2012-2017)**

Health Outcome Goals established in the 12th Fiver Year Plan

- Reduction

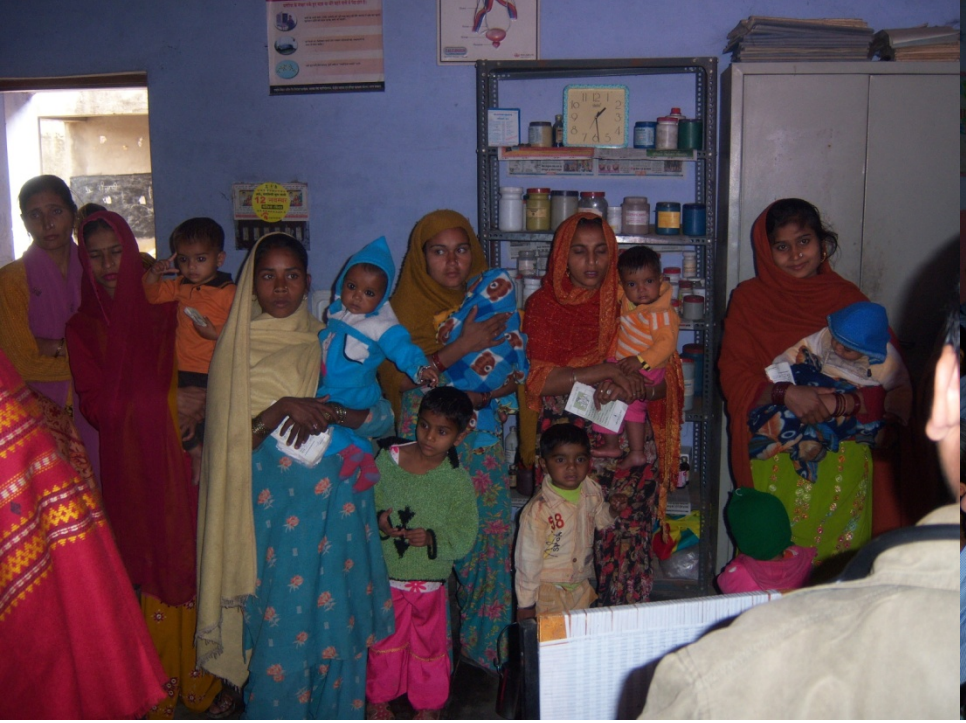
- Infant Mortality Rate (IMR) to 25 per 1,000 live births by 2017
- Maternal Mortality Ratio (MMR) to 100 per 100,000 live births by 2017
- Total Fertility Rate(TFR) to 2.1 by 2017

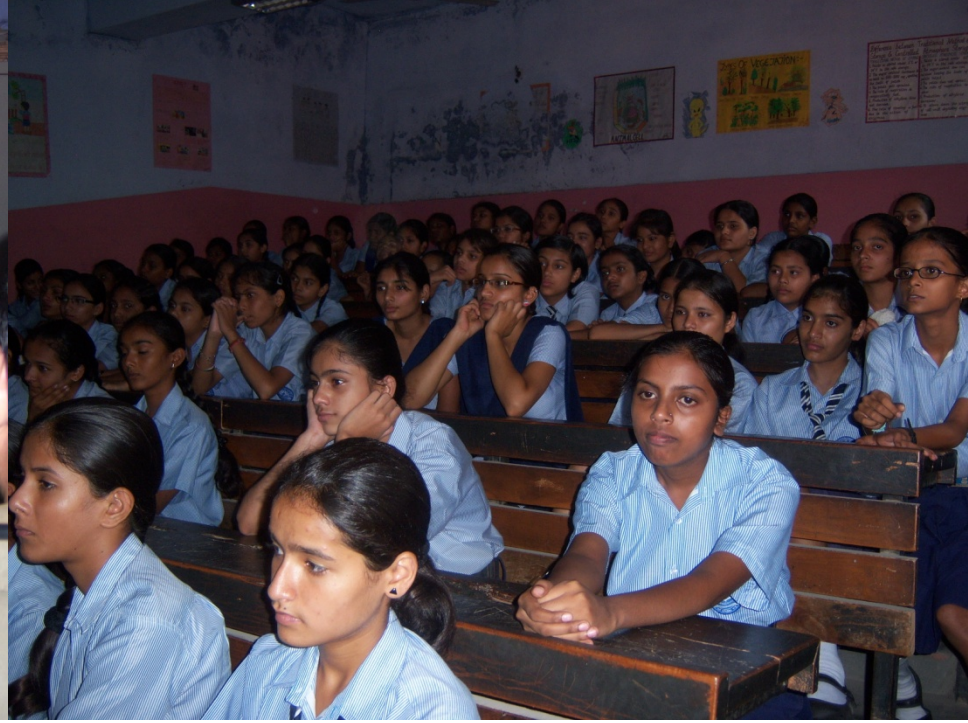
Coverage targets for key RMNCH+A interventions for 2017

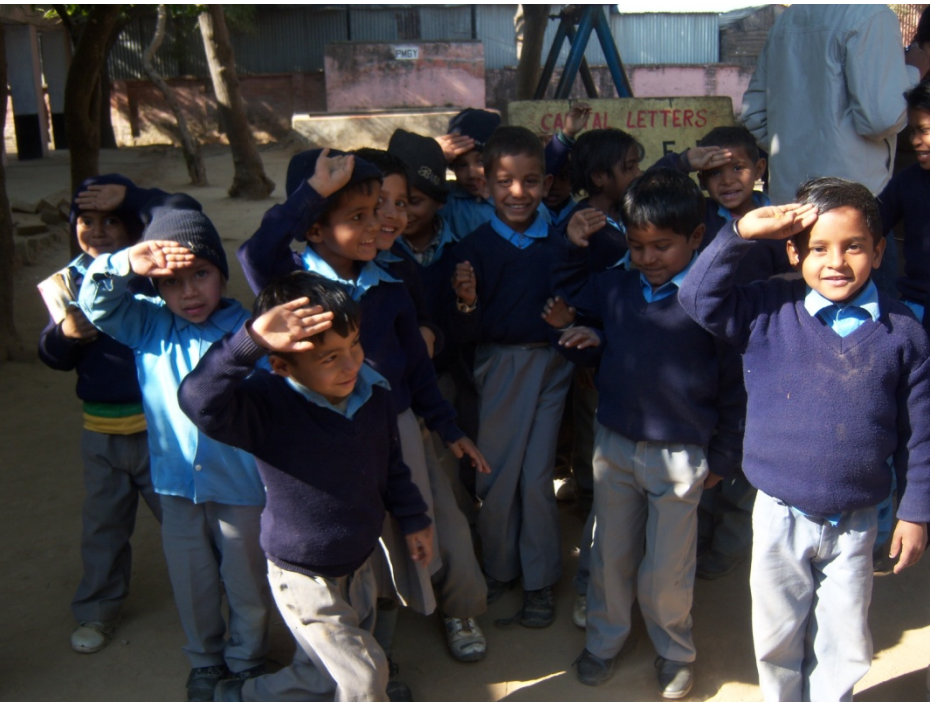
- Increase facilities equipped for **perinatal care** (designated as 'delivery points') by 100%
- Increase proportion of **all births in** government and accredited private **institutions** at annual rate of 5.6 % from the baseline of 61% (SRS 2010)
- Increase proportion of pregnant women receiving **antenatal care** at annual rate of 6% from the baseline of 53% (CES 2009)
- Increase proportion of mothers and newborns receiving **postnatal care** at annual rate of 7.5% from the baseline of 45% (CES 2009)
- Increase proportion of deliveries conducted by **skilled birth attendants** at annual rate of 2% from the baseline of 76% (CES 2009)

- Increase **exclusive breast feeding** rates at annual rate of 9.6% from the baseline of 36% (CES 2009)
- Reduce prevalence of under-five children who are **underweight** at annual rate of 5.5% from the baseline of 45% (NFHS 3)
- Increase coverage of three doses of combined diphtheria-tetanus-pertussis **(DTP3**) (12–23 months) at annual rate of 3.5% from the baseline of 7% (CES 2009)
- Increase **ORS** use in under-five children with diarrhoea at annual rate of 7.2% from the baseline of 43% (CES 2009)

- Reduce **unmet need for family planning** methods among eligible couples, married and unmarried, at annual rate of 8.8% from the baseline of 21% (DLHS 3)
- Increase met need for modern **family planning methods** among eligible couples at annual rate of 4.5% from the baseline of 47% (DLHS 3)
- Reduce **anaemia** in adolescent girls and boys (15–19 years) at annual rate of 6% from the baseline of 56% and 30%, respectively(NFHS 3)
- Decrease the proportion of **total fertility** contributed by **adolescents** (15–19 years) at annual rate of 3.8% per year from the baseline of 16% (NFHS 3)
- Raise **child sex ratio** in the 0–6 years age group at annual rate of 0.6% per year from the baseline of 914 (Census 2011)







Thanks for active listening...

Quality Indicators

Following are the quality indicators used to monitor and evaluate RCH programme through monthly reports:

1. Number of antenatal cases registered
2. Number of pregnant women who had 3 antenatal checkups
3. Number of high risk pregnant women referred
4. Number of pregnant women who had 2 doses of TT
5. Number of pregnant women under prophylaxis and treatment of anaemia
6. Number of deliveries by trained and untrained attendants
7. Number of cases with complications referred to PHC/FRU
8. Number of newborn with birth weight recorded