

REPRODUCTIVE & CHILD HEALTH PROGRAMME



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RCH :

Definition:

People have the ability to reproduce & regulate their fertility, women are able to go through pregnancy & child birth safely, the outcome of pregnancies is successful in terms of maternal & infant survival & well being and couples are able to have sexual relationship free of fear of pregnancy & contracting disease.



AIM

- ▶ Improving health status of young women & young children.
 - ▶ To reduce the cost input in some extent because overlapping of expenditure would not be necessary.
 - ▶ Integrated implementation in RCH would optimize outcome at field level.
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CSSM Programme

- ▶ Early registration of pregnancy.
 - ▶ To provide three ANC check-ups.
 - ▶ Universal coverage of all pregnant women immunization with TT immunization.
 - ▶ Advice food nutrition & rest.
 - ▶ Detection of high risk pregnancies & prompt referral
 - ▶ Clean deliveries by trained personnel
 - ▶ Birth spacing & promotion of institutional deliveries.
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RCH I

- ▶ RCH I has integrated all services in CSSM
 - ▶ Newer intervention in RCH I :
 - Essential Obstetric care.
 - 24 hour delivery services at PHC & CHC
 - Emergency obstetric care.
 - MTP
 - Prevention of RTI /STD
 - District survey.
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Components of RCH OR RCH Package

- ▶ Child survival
- ▶ Mother Safe Hood Component (CSSM)
- ▶ Family Planning
- ▶ Prevention & Management of RTI/STD AIDS
- ▶ Client approach to health care. (Target Free Approach)

Essential Obstetric care.

1. Early registration of Pregnancy(within 12–16 Wks).
2. Provision of 3 ANC visits by ANM or MO
3. Provision of safe delivery at home or institution.
4. Provision of 3 PNC check– ups.

(these components in RCH programme is more relevant to Assam, Bihar, Rajasthan, Orissa, Uttar–Pradesh & Madhya Pradesh – high maternal mortality & morbidity.)



Emergency obstetric care

- ▶ Complication in pregnancy are not always predictable.
 - ▶ FRUs will be strengthened through supply of emergency obstetric kit & equipment kit & provision of skilled manpower on contract basis.
 - ▶ Involvement of NGOs for universal training of Dais for conduction of delivery.
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24 hour delivery services at PHC & CHC

Aim:

- ▶ To promote institutional deliveries,
 - ▶ To provide the round the clock deliveries facility at health centres.
 - ▶ Additional honorarium to the staff to encourage round the clock services.
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Medical Termination of Pregnancy

- ▶ To reduce maternal mortality & morbidity from unsafe abortion.
 - ▶ Under RCH I, with the assistance from central government is in the form of training of manpower
 - ▶ supply of MTP equipment
 - ▶ Provision for engaging doctors trained in MTP to visit PHCs on fixed dates to perform MTP.
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Control of Reproductive Tract infections (RTI) &STD.

- ▶ Components of RTI / STD control is linked to HIV/AIDS control .
 - ▶ It has been planned & implemented in close collaboration with National AIDS control Organization (NACO).
 - ▶ NACO is supporting to set up STD clinics up to the district level.
 - ▶ Assistance from the central government is in the form of training of the manpower, drug kits & equipments
 - ▶ Each district will be assisted by two laboratory technicians on contract basis for testing blood urine RTI STD test.
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Immunization & Drug Kits

- ▶ UIP became a part of CSSM programme in 1992, & RCH programme in 1997
- ▶ Provide vaccines for polio, tetanus, DPT, DT Measles & TB.
- ▶ Drug Kit A, B, Midwifery kit, sub centre equipment kit – at Sub centre level
- ▶ At PHC – PHC equipment kit, kit for essential obstetric care.

At CHC/FRU --- equipment kit E to P



Child survival component:

- ▶ Essential newborn care
 - ▶ Oral rehydration therapy
 - ▶ Acute respiratory disease control
 - ▶ Prevention & control of vitamin A deficiency in children
 - ▶ Prevention & control of anemia in children
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Essential newborn care

- ▶ Primary goal to reduce perinatal & neonatal mortality
 - ▶ components are : resuscitation of new born with asphyxia, prevention of hypothermia, prevention of infection, exclusive breast feeding & referral of sick new born care.
 - ▶ Strategies: train medical & other health personnel in essential newborn care
 - ▶ Provide basic facilities for care of low birth wt & sick new born in FRU.
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Oral rehydration therapy

- ▶ Oral rehydration therapy programme started in 1986–87 is being implemented through RCH
 - ▶ Twice a year 150 packets of ORS are supplied to SC by central government.
 - ▶ Adequate nutritional care of the child with diarrhoea & proper advice to mother on feeding are important components of this programme.
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Acute respiratory disease control

Prevention & control of vitamin A deficiency

- ▶ Peripheral health workers are being trained to recognize & treat pneumonia.
- ▶ Co-triamoxazole is being supplied through the CSSM Kit.
- ▶ 5 doses of Vit A are given to all children under 3 years of age.
- ▶ First dose (1 lakh units) at 9 months then second dose (2 lakh) is given along with DPT /OPV booster , subsequently every 6 month up to 3 years.

Highlights of RCH

- ▶ It integrates all intervention of fertility regulation, maternal & child health with reproductive health for both men & women
 - ▶ The services to be provided are **client oriented, demand driven, high quality & based on need of community through decentralized participatory planning & target free approach.**
 - ▶ The programme envisages up gradation of the FRUs.
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Highlights of RCH

- ▶ Facilities of obstetric care, MTP & IUD insertion in PHC level improved, IUD –SC
 - ▶ Specialist facilities for STD & RTI are available in all district & sub-district hospital.
 - ▶ The programme aims at improving the out- reach of services primarily for vulnerable groups- urban slums, tribal population & adolescents
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Intervention At District level

- ▶ **Child survival intervention**– immunization Vit A , oral rehydration therapy & prevention of deaths due to pneumonia.
 - ▶ **Safe motherhood intervention:** ANC check up, TT immunization, safe delivery, anemia control
 - ▶ **Implementation of target free approach**
 - ▶ **High quality training at all levels**
 - ▶ **IEC activities**
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Intervention At District level

- ▶ RCH package for urban slums & tribal areas.
 - ▶ District sub –projects under Local Capacity Enhancement.
 - ▶ RTI/ STD clinics at district Hospitals
 - ▶ Facility for safe abortions at PHC
 - ▶ Enhanced community participation through Panchayats women's group & NGOs
 - ▶ Adolescent health & reproductive hygiene.
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Intervention in selected states

- ▶ Screening & treatment of RTI/STD at sub-divisional level
 - ▶ Emergency obstetric care at selected FRU by providing drugs.
 - ▶ Essential obstetric care by providing drugs & PHN/staff Nurse at PHCs.
 - ▶ Additional ANM at sub-centre in the weak districts for ensuring MCH care.
 - ▶ Improved delivery services & emergency care by providing equipments kits, IUD insertions & ANM kits at sub-centers.
 - ▶ Facility for referral transport for pregnant women during emergency to the nearest referral centers through Panchayats through weak district.
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Initiatives after NPP 2000

- ▶ RCH camps
 - ▶ RCH Out reach Scheme
 - ▶ Operationalization of district newborn care
 - ▶ Home based neonatal care
 - ▶ border district cluster Strategy
 - ▶ Introduction of Hepatitis B Vaccination project
 - ▶ Training of dais.
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RCH Phase II

- ▶ RCH Phase II began from 1st April 2005
 - ▶ To reduce maternal Mortality
 - ▶ To reduce child Mortality
 - ▶ More focus on rural health care
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Strategies in RCH II :

1. Essential Obstetric care.
 - a) Institutional delivery
 - b) Skilled attendance at delivery
 2. Emergency obstetric care
 - a) Operationalising first FRU
 - b) Operationalising PHCs & CHCs for the round the clock delivery services.
 3. Strengthening referral system
 4. All other strategies in RCH I in addition implementation of manual vacuum aspiration services under safe abortion services at PHC level.
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Essential Obstetric care.

- ▶ **Institutional deliveries:** 50% of all PHCs & CHCs would be made operational as 24 hour delivery centres– in phased manner up to 2010.
These centres would be responsible for providing basic emergency care, essential new born care & basic new born resuscitation.
- ▶ **Skilled attendance at delivery:** guidelines for normal delivery & management of obstetric complication at PHC & CHC for MOs & for ANC & skilled attendance at birth for ANM /LHVs.
- ▶ **The policy decision:** ANM /LHVs /SNs have now been permitted to use drugs in specific emergency situation.

Emergency obstetric care

- ▶ All FRUs are made operational for providing, Essential Obstetric care, Emergency obstetric care, it includes
 1. 24 hour delivery services including normal & assisted deliveries
 2. Emergency obstetric care includes surgical intervention –Caesarian Section
 3. New born care
 4. Emergency care of sick children
 5. Full range of family planning services –Laparoscopic
 6. Safe abortion services
 7. Treatment of RTI /STI
 8. Blood storage facility
 9. Essential laboratory services
 10. Referral transport services.

Strengthening referral system

- ▶ During RCH I – funds were given to Panchayats for providing assistance to poor people ----- no active involvement of Panchayats.
 - ▶ In RCH II : to involve Local Self Group, NGOs women groups.
 - ▶ New initiatives taken under RCH II
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Reproduction and child health programme II

▶ NEW INITIATIVES:

1. Training of MBBS doctors in life saving anesthetic skills for emergency obstetric care. Providing adequate & timely emergency obstetric care (EmOC) & well equipped FRUs to do so is crucial strategy in RCH II.
2. A training plan of 16 weeks in all EmOC including LSCS is given to MBBS doctors by FOGSI
3. Blood storage centers at FRUs according to GOI guidelines
4. Janani Suraksha Yojana
5. Vandemataram scheme
6. Safe abortion services
7. IMNCI

JANANI SURAKSHA YOGANA:



- ▶ Launched on 12th April 2005
- ▶ AIM: to reduce maternal & infant mortality & morbidity by institutional care during ANC, intranatal & PNC among rural & urban women below poverty line, aged 19 yrs and above, up to first two live births along with cash assistance.
- ▶ It is a 100% centrally sponsored scheme.
- ▶ In the 10 low performing states like the BIMARU states, Orissa, Assam & J&K, benefit will be extended up to the third child if the mother is willing to undergo sterilization in the health facility where she delivered immediately after delivery.

JANANI SURAKSHA YOJANA:

- ▶ The Accredited Social Health Activist (ASHA) would work as a link health worker between the poor pregnant women & the public sector health institute in the 10 low performing states, ensuring health care and escorting the pregnant women to the health care facility.
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Cash Benefit under Janani Suraksha Yojana-2012-2013

Category	Rural Area			Urban Area		
	Mothers	ASHA	Total	Mothers	ASHA	Total
LPS	1400,	600	2000	1000	400	1400
HPS	700	600	1300	600	400	1000

In case of Complication ----- assistance of 1500 rs will be given to pregnant lady
eg. Caesarian section.

JANANI SURAKSHA YOJANA

- ▶ In case the pregnant woman develop complications & require LSCS, assistance up to Rs 1500 per case has been provided for hiring services of experts if government specialist is not available in health institution to carry out the surgery in a government medical facility.
- ▶ Benefits are also available to eligible pregnant women delivering in the private hospital duly accredited & recognized by state government.
- ▶ The scheme is implemented through state government.

Reproduction and child health programme

- ▶ VANDEEMATARAM SCHEME:
 - ▶ This is a voluntary scheme where any doctor , hospital can volunteer themselves for providing safe motherhood services. The enrolled doctor will display “Vandemataram logo” at their clinic.
 - ▶ Iron, folic acid, TT inj, OC pills etc will be provided by the respective district officers to them to be distributed free of charge to the beneficiaries. Special care & treatment can be referred to the government hospitals with Vandemataram cards.
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Reproduction and child health programme

- ▶ SAFE ABORTION SERVICES:
- ▶ Abortion is major cause of mortality & morbidity. Under RCH II following services are provided.
 1. Medical method of abortion– with two drugs Mifepristone (RU 486) followed by Misoprostol. Its use is recommended up to 7 weeks amenorrhoea in facility equipped for safe abortion services & blood transfusion. This is offered to women under the MTP Act.
 2. Manual Vacuum Aspiration– in co-ordination with WHO & FOGSI

Reproduction and child health programme

- ▶ Integrated Management of Neonatal and childhood illness (IMNCI)
 - ▶ The commonest morbidities in children under 3 years of age are ARI 17%, Diarrhea 13%, fever 27%, malnutrition 43%, Low immunization coverage & poor sanitation also contribute.
 - ▶ IMCI has been launched in four districts each in Uttaranchal, MP, Orissa, Rajasthan, Maharashtra, Gujarat, Delhi, Haryana & Tamil Nadu. It will be implemented in a phased manner through out the country.
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Reproduction and child health programme

- ▶ Integrated Management of Neonatal and childhood illness (IMNCI)
 - ▶ The Indian version of IMCI is renamed as IMNCI. The highlights are
 1. Inclusion of 0 to 7 days age in the programme
 2. Incorporating national health guidelines on malaria, anemia, vit- A supplement & immunization schedule.
 3. Training of health personnel begins with sick infants up to 2 months.
 4. Proportion of training time devoted to sick young infants & sick child is almost equal. & is skill based.
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IMNCI

OUT PATIENT HEALTH FACILITY

CHECK FOR DANGER SIGNS

CONVULSIONS

LETHARGY/UNCONSCIOUSNESS

INABILITY TO FEED

VOMITING

ASSESS MAIN SYMPTOMS

COUGH/ DIFFICULTY IN BREATHING

DIARRHOEA

FEVER

EAR PROBLEM

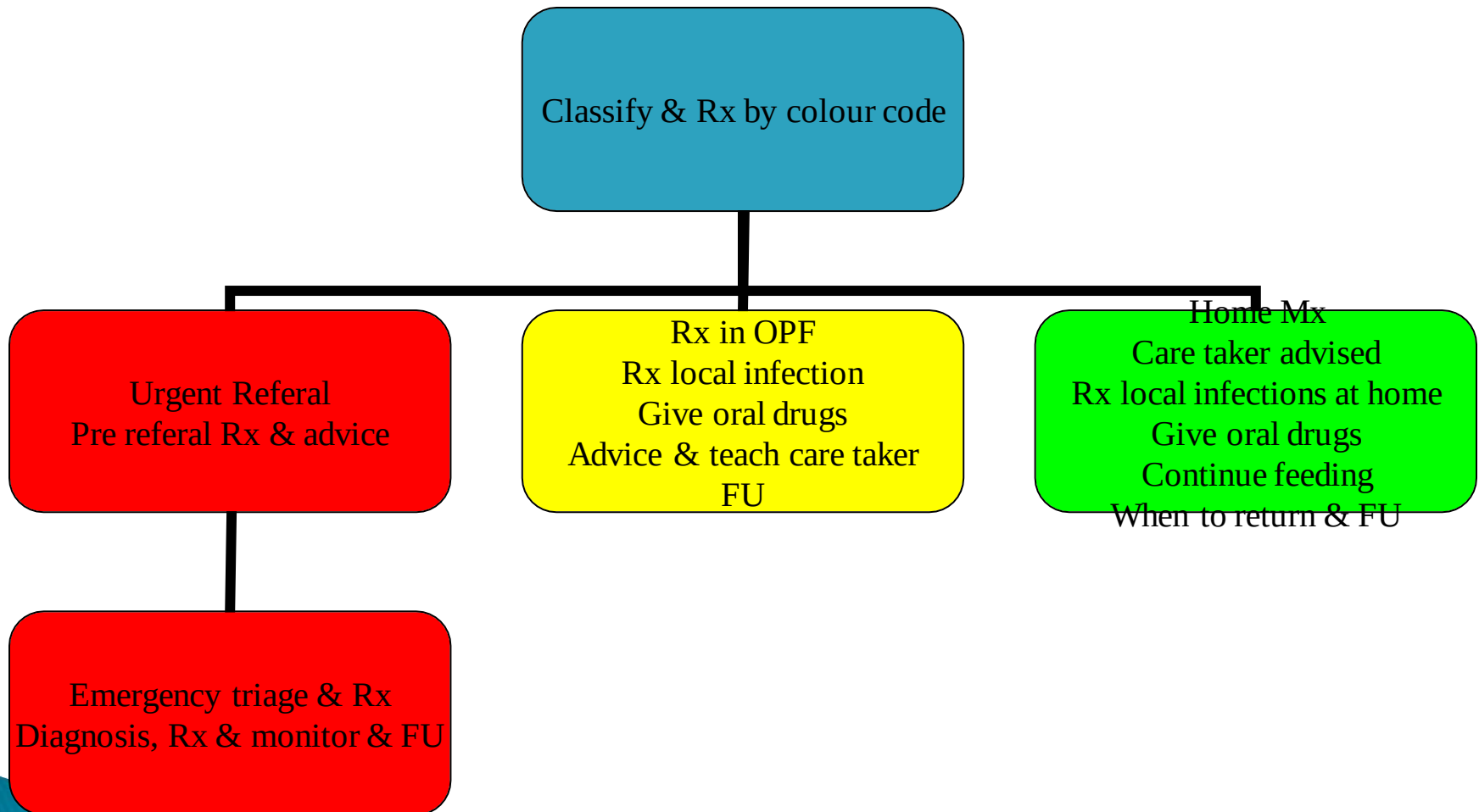
ASSESS NUTRITION ,IMMUNIZATION STATUS & FEEDING PROB.

Check for other problems

CLASSIFY CONDITIONS & IDENTIFY TREATMENT

ACTION ACCORDING TO COLOUR CODE

IMNCI



RMNCH+ A intervention –in 2013

- ▶ Reproductive health: home delivery contraception ---ASHA
- ▶ Maternal health: equip delivery point by trained resources
- ▶ New-born health: (home based new-born care through ASHA, essential new born care & resuscitation at delivery points, community level use of Gentamycin by ANM)
- ▶ Child health– (Rashtriya bal swasthya karyakram , screening for 4 Ds(defect, deficiency ,development delays & diseases)
- ▶ Adolescent Health–
(address teenage pregnancy, strengthen ARSH Clinic, roll out national iron plus initiative)



Thanks