

NATIONAL REPRODUCTIVE AND CHILD HEALTH PROGRAMME(NRCH)



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General Objective

- At the end of this session student will be able to know about National Reproductive And Child Health Programme(NRCH)

Specific Objective

- At the end of this class student will able :
 - To introduce the NRCHP.
 - To define NRCHP.
 - To explain the aims , concepts and objective.
 - Explain phases of NRCHP.
 - Schemes run under NRCHP.
 - Summary
 - Bibliography

INTRODUCTION

- The RCH program is the largest of all program. Included programme in RCH are;
 - ✓ Family welfare program
 - ✓ Universal immunization program
 - ✓ Sexually transmitted disease control program
 - ✓ CSSM (Child survival and safe motherhood program)
 - ✓ IMNCI
 - ✓ Reproductive tract infection control program
 - ✓ Acute respiratory infection control program and
 - ✓ Diarrheal disease control program.

- The foundation of this program was laid down in the International Conference on Population and Development held at Cairo in 1994, form this basis for the launch of this program **in India in 1997.**

Definition

- In ICPD at Cairo, Fathullah define RCH as "*a state of complete physical mental and social well being and nearly the absence of disease or infirmity in all matters related to reproductive system and its function and process*"

AIMS OF THE PROGRAM

- The RCH program is an umbrella program aimed at providing services like;
 - ◆ Need based
 - ◆ Client – centered
 - ◆ Demand driven and
 - ◆ High quality services.

Objectives

- To promote the health of the mothers and children to ensure safe motherhood and child survival.
- To reduce infant and maternal mortality rate.
- Stabilization of the population.

Concepts of the program

- Prevention and management of unwanted pregnancies.
- Maternal care
- Child survival
- Prevention and management of RTIs/STD
- Prevention of HIV/AIDs.

Interventions in selected districts/states.

- Screening and treatment of RTI/STD.
- Emergency obstetric care at selected FRUs by providing drugs.
- Essential obstetric care by providing drugs and staff nurse at PHCs.
- Additional ANM at sub- centres for MCH care.
- Improved delivery services and emergency care by providing equipment , kits, IUD insertions.
- Facility of referral transport for pregnant women during emergency.

Phases of program

- There are two phases of the RCH program are;

❖ **Phase 1**

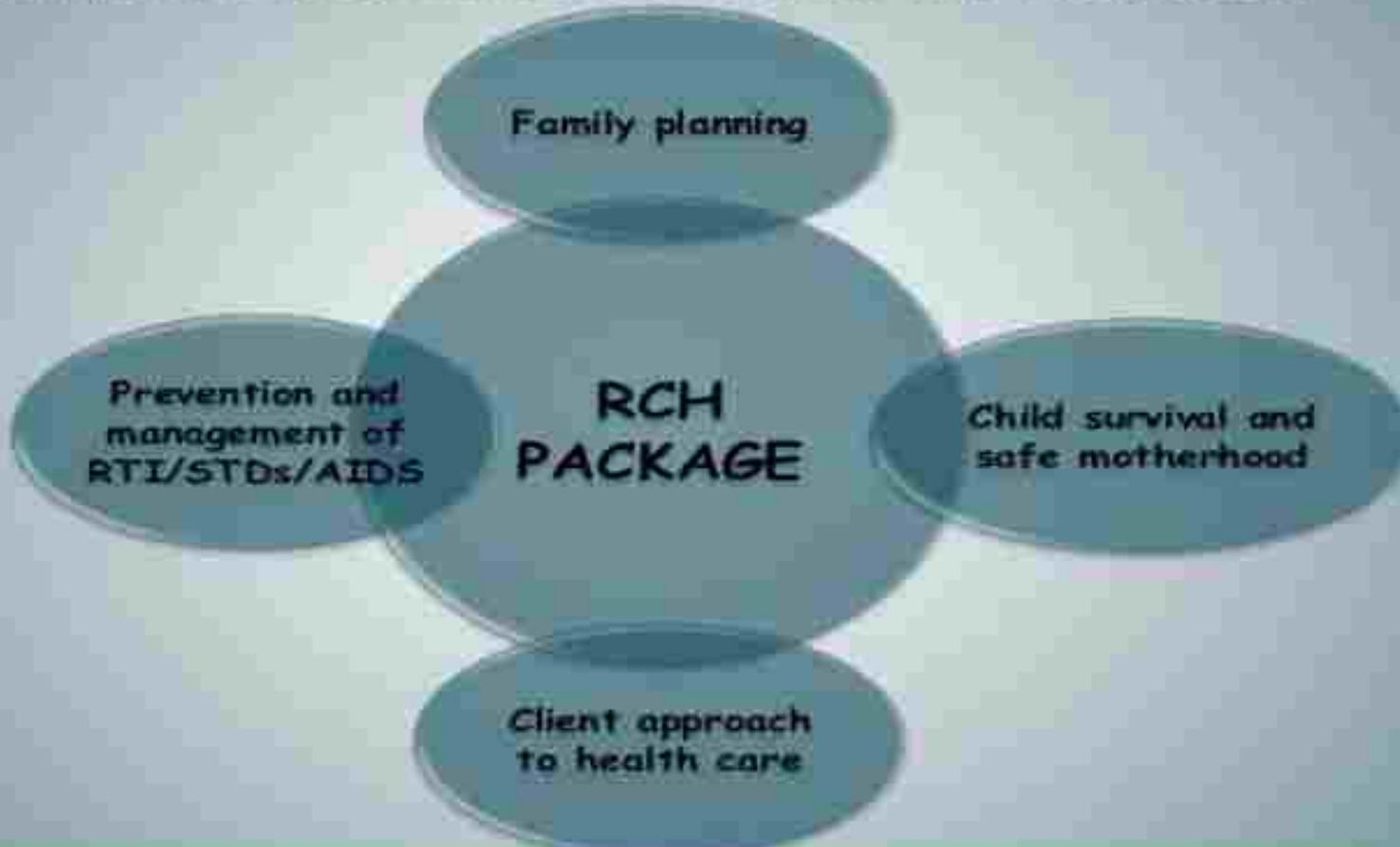
❖ **Phase 2**

RCH Phase 1

- The program was started on 15 October 1997.

COMPONENTS

RCH PHASE I PROGRAMME INCORPORATED THE 4 COMPONENTS



Strategies of the program.

- Essential obstetric care.
- Emergency obstetric care.
- Institutional delivery services at PHCs/CHC.
- Medical termination of pregnancy.
- Prevention of RTI/STD.
- Immunization.
- Essential newborn care.
- Diarrheal disease control.
- Prevention and control of Vitamin A deficiency in children.
- Prevention and control of anemia.
- Training of dais.

RCH Phase 2

- The program was started on 1st April 2005.

Components

Components of RCH-II



Aims

- Reduce infant mortality rate below 60 per 1000 live birth .
- Reduce maternal mortality rate <100 per 1 lakh.
- Reduce fertility rate below 21 per 1000 population .
- 80% institutional delivery .
- 100% ANC checkups .
- 100% Immunization.

Strategies of the program

- Essential obstetric care
 - a. Institutional delivery.
 - b. Skilled attendance at delivery
 - c. The Policy decisions.
- Emergency obstetric care
 - a. Operationalizing first referral units.
 - b. Operationalizing PHCs and CHCs for round the clock delivery services.
- Strengthening referral system

Essential obstetric care

Institutional delivery:

- > To promote institutional delivery and Minimum 3 ANC
- > 50% of the PHCs and all the CHCs would be made operational as 24 hour delivery centers.
- > Provide incentives to the health workers for provide round the clock services .

- **Skilled attendance at delivery:**
- Successful in bringing Maternal mortality are the provision of skilled attendance at every birth and its linkage with appropriate referral services for complicated cases have been ensured.
- **The Policy decision:**
- The health workers have now permitted to use drugs in specific emergency situations to reduce maternal mortality.

Emergency obstetric care

Operationalizing FRUs :

They provide emergency and essential obstetric care ..

Minimum services provided by functional FRUs are;

- 24 hours delivery services including normal assisted delivery.
- Emergency obstetric care including Caesarean sections
- Newborn care
- Emergency care of sick children
- Safe abortion services
- Treatment of STI/RTI
- Blood storage facility

- To perform the full range of FRUs various facilities needed;
- laboratory services
- Referral services.

Operationalizing PHCs and CHCs for round the clock delivery services :

- Minimum bed strength 20-30
- Fully functional OT room
- Fully labor room
- Equipment and functional labs
- Blood storage facilities
- Water and electricity supply
- Waste disposal arrangement
- Ambulance facility.

NEW INITIATIVES

Strengthening referral system

- Funds were given for providing assistance to poor people in case of obstetric emergencies .
- Involvement of local self-help groups, NGOs and women groups.

- Training of MBBS doctors in life saving anesthetic skills for emergency obstetric care;
- GOI introduced training of MBBS doctors of obstetric management skills
- Prepared training plan for 16 weeks in all obstetric skills including Caesarean section.
- Setting up of blood storage centres at FRUs according to GOI guidelines.

Schemes includes

Village health and Nutrition Day:

Organizing at the Anganwadi center at least once a month to provide antenatal /post-partum care for pregnant women , promote institutional delivery and provide health education to pregnant and lactating women.



Village health and Nutrition Day

Village Health and Nutrition Day



Community meal, clean environment, clean water, healthy food, healthy community



Community health worker, clean environment, clean water, healthy food, healthy community



Community meal, clean environment, clean water, healthy food, healthy community



Community meal, clean environment, clean water, healthy food, healthy community



Community meal, clean environment, clean water, healthy food, healthy community



Community meal, clean environment, clean water, healthy food, healthy community



Integrated Management of Child and Childhood Illness [IMNCI]

- This was developed by WHO in collaboration with UNICEF.

Aims:

- Improved management of childhood illness,
- Prevention of diseases,
- Promotion of health.

Target group:

- 1) Young infants up to 2 months
- 2) Children age 2 months to 5 years.

Classification:

- Color coding triage system;

① **Pink** referral treatment

② **Yellow** medical treatment and advice

③ **Green** home management advice

The Integrated Case Management Process



JANANI SHISHU SURAKSHA KARYAKRAM

The program was launched on **June 1 , 2011**, to make better health facilities available for women and child. The services provided in this scheme are;

- Free drugs ,diagnostics and blood
- Free diet up to 3 days [normal delivery] and 7 days [C-section]
- Free transport from home to institution and facility in case of referral
- Covers all the complications during ANC, PNC and sick newborn.



Free assured ambulance services & transport from home to facility & drop back



Similar facilities extended to infants up to 6 years old



JANANI SHISHU SURAKSHA KARYAKRAM

Free delivery / caesarean section



Free drugs, diagnostics and blood transfusion



Janani Suraksha Yojana (JSY)

It is a safe motherhood interventions being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery belonging to weaker section of society. It was launched on 12 April , 2005.



- The scheme focuses on poor pregnant woman with a special dispensation for states that have low institutional delivery rates, namely, the states of *Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam, Rajasthan, Orissa, and Jammu and Kashmir*.
- While these states have been named Low Performing States (LPS), the remaining states have been named High Performing states (HPS).

The cash entitlement for different categories of mothers is as follows:

Category	Rural area		Total	Urban area		Total
	Mother's package	ASHA's package*		Mother's package	ASHA's package**	
LPS	1400	600	2000	1000	400	1400
HPS	700	600	1300	600	400	1000

नाननी-शिशु सुरक्षा कार्यक्रम

(एम. एम. इन्डिया योजना)

राजस्वलीय विकास संस्थानों पर प्रमुखतामा इच्छा बोकार नवजात शिशुओं को नि:शुल्क विकास संस्थान
प्रमुखतामा हेतु नि:शुल्क प्रावधान

- नि:शुल्क संस्थागत प्रसव ।
- नि:शुल्क सिजेरियन प्रसव ।
- नि:शुल्क दबाईयां व अन्य उपयोगी सामग्री ।
- नि:शुल्क जांच (रक्त, पेशाब, अल्दा सोनांगापसी इत्यादि) ।
- नि:शुल्क भोजन (अस्पताल में ठहरने पर सामान्य प्रसव में तीन दिवस व सिजेरियन प्रसव में सात दिवस) ।
- नि:शुल्क रक्त सुविधा ।
- नि:शुल्क परिवहन (घर से स्वास्थ्य संस्थान तक, रैफर किये जाने पर उच्च सन्दर्भ संस्थान तक व वापस घर तक) ।
- सभी प्रकार के यूजर चार्ज से मुक्त ।



वीमार नवजात शिशुओं की 30 दिवस तक हेठलाल हेतु नि:शुल्क प्रावधान

- नि:शुल्क उपचार ।
- नि:शुल्क दबाईयां व अन्य उपयोगी सामग्री ।
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राजस्वलीय विकास संस्थानों पर प्रमुखतामा इच्छा बोकार नवजात शिशुओं को नि:शुल्क विकास संस्थान
प्रमुखतामा हेतु नि:शुल्क प्रावधान



प्रमुख नवजात शिशुओं को नि:शुल्क प्रावधान
नि:शुल्क नवजात शिशुओं को नि:शुल्क प्रावधान

Vande Mataram Scheme

- Launched on 9th february 2004.
- Voluntary scheme wherein any obstetric and gynecologist specialist, maternity home, nursing home, or MBBS doctors can provide maternity care voluntary . They display logo at their clinics. Distribute free iron and folic acid tablets, oral pills, TT injections.
- 9th of every month as “Vande Matram Day” and provide priority to expectant mothers



Pradhan Mantri Surakshit Matritva Abhiyan [PMSMA]

Launched by Ministry of health and family welfare , GOI. This program provide assured and quality antenatal care , free of cost, universally to all pregnant women on the **9th of every month**



Pradhan Mantri Matru Vandana Yojana

[PMMVY]

This is a maternity benefit program implemented in all district of the country.

It was introduced in 2017 and is implemented by the Ministry of Women and Child Development.





प्रधानमंत्री मातृ वंदना योजना

पहली बार माँ बनने पर हार्दिक बधाई



सहायता राशि प्राप्त करने के लिए योजना की शर्तें

किसित	शर्तें	आवश्यक दस्तावेज	यन्तराशि
प्रथम किसित	<ul style="list-style-type: none"> किसी भी सरकारी स्वास्थ्य इकाई में 150 दिनों के भीतर पंजीकरण आवश्यक दस्तावेजों के साथ जमा करने पर भुगतान 	<ul style="list-style-type: none"> आयोदन प्रपत्र । ए एम.सी.पी. कार्ड पहचान प्रमाण पत्र बैंक/पोर्ट आक्सिस, एक्साउण्ट पासबुक 	रु० 1000/-
द्वितीय किसित	<ul style="list-style-type: none"> जल्द से कम । प्रसवपूर्ण नाच जल्द नर्भवस्था से 180 दिन बाद दस्तावेजों के साथ जमा करने पर भुगतान 	<ul style="list-style-type: none"> आयोदन प्रपत्र । बी एम.सी.पी. कार्ड 	रु० 2000/-
तृतीय किसित	<ul style="list-style-type: none"> शिशु जन्म का पंजीकरण शिशु को प्रथम नक्क (सी.सी.जी., जो.पी.जी., ही.पी.टी. एवं सेटार्टेटिस बी.सी.सी.वी.) टीकाकरण होने के बाद दस्तावेजों के साथ जमा करने पर भुगतान 	<ul style="list-style-type: none"> आयोदन प्रपत्र । सी एम.सी.पी. कार्ड आपार कार्ड अमिकार्ड शिशु जन्म प्रमाण-पत्र 	रु० 2000/-



Questions???

Q-1 Essential component of RCH Programme in India include all of the following except:

- A. Prevention and management of unwanted pregnancies
- B. Maternal care including antenatal delivery & post-natal services
- C. Reduce the under five mortality to half
- D. Management of reproductive tract infections & sexually transmitted infections

- Q2 - *RCH phase II was launched on-*
- A. 9 February 2005
- B. 12 April 2005
- C. 15 October 1997
- D. 1 April 200t

Q3. Which year India adopted 'The Reproductive and Child Health (RCH) programme'?

- (A) 1996
- (B) 1998
- (C) 1997
- (D) 2000

Q4. Which of the following is not the part of Reproductive Child Health Programme in India?

- (A) Discourage Sterilization
- (B) Provide client centred, demand driven, and qualitative family planning services.
- (C) Provide RTI/STI services.
- (D) Provide preventive and promotive services relating to HIV/AIDS.

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www.rch.nhm.gov.in