

# **NATIONAL REPRODUCTIVE AND CHILD HEALTH PROGRAMME(NRCH)**



**Prepared by –Mr. Ankit  
Demonstrator  
UPUMS,Saifai**

## **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, from 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;

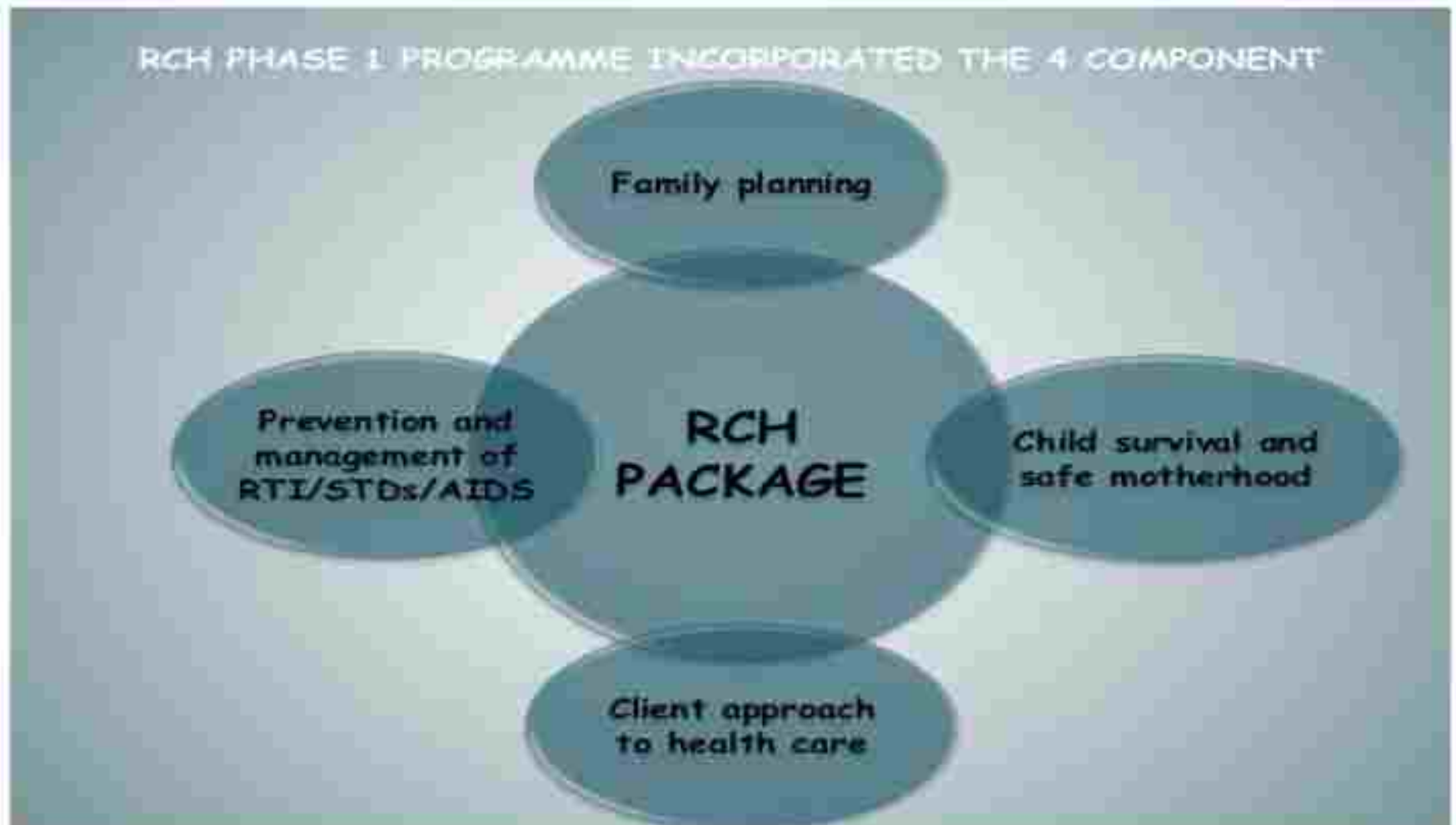
❖ Phase 1

❖ Phase 2

# RCH Phase 1

- The program was started on 15 October 1997.

# COMPONENTS



# 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 1<sup>st</sup> 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



Basic services for women, children and adolescents



Conducting health camps and monitoring at state level



Conducting health camps and monitoring at district level



Conducting health camps



Conducting health camps and monitoring at district level



Conducting health camps and monitoring at district level



Ministry of Health and Family Welfare, Government of India



# Integrated Management of Child and Childhood Illness [IMNCI]

- This was develop 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 year.



## 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

## Check for danger signs

1. Convulsions
2. Lethargy/ unconsciousness
3. Inability to drink/breastfeed
4. Vomiting

## Assess main symptoms

1. Cough/difficulty in breathing
2. Diarrhoea
3. Fever
4. Ear problems

## Assess

- Nutrition
- Immunization status and
- Potential feeding problems

## Check for other problems

Classify the condition of the child and assign to one of the three color codes and  
Identify the treatment actions as per the actions listed in that color band

### Urgent referral

1. Pre – referral treatments
2. Advise parents
3. REFER the child

### At the referral facility

1. ETAT
2. Diagnosis, treatment and
3. Monitoring and follow up

### Treat at the OPD

1. Treat local infection
2. Give oral drugs
3. Advise and teach mother
4. Follow – up

### Home Management

Counsel care taker on how to

1. Give oral drugs
2. Treat local infections at home
3. Continue feeding
4. Danger signs
5. Follow – up

## 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 a year 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**	(Amount in Rs.)
LPS	1400	600	2000	1000	400	1400
HPS	700	600	1300	600	400	1000





# Vande Mataram Scheme

- Launched on 9<sup>th</sup> 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.
- 9<sup>th</sup> 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 **9<sup>th</sup> of every mo**



# 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.





मातृ वंश-सन्त-संविदा



# प्रधानमंत्री मातृ वंदना योजना

## पहली बार माँ बनने पर हार्दिक बधाई

- आप और आपका आने वाला शिशु स्वस्थ रहे इसीलिए प्रदेश में प्रधानमंत्री मातृ वंदना योजना चलाई जा रही है।
- किसी भी परिवार में पहली बार गर्भवती हुई महिला को अच्छा स्वास्थ्य और सही खान-पान देने के लिए सरकार द्वारा किस्तों में सहायता राशि दी जा रही है। इसका लाभ जरूर उठाएं।

सहायता राशि प्राप्त करने के लिए योजना की शर्तें

किस्त	शर्तें	आवश्यक दस्तावेज	धनराशि
प्रथम किस्त	<ul style="list-style-type: none"> <li>किसी भी सरकारी स्वास्थ्य इकाई में 150 दिनों के भीतर पंजीकरण आवश्यक</li> <li>दस्तावेजों के साथ जमा करने पर भुगतान</li> </ul>	<ul style="list-style-type: none"> <li>आवेदन प्रपत्र । ए</li> <li>एम.सी.पी. कार्ड</li> <li>पहचान प्रमाण पत्र</li> <li>बैंक/पोस्ट ऑफिस, एकाउंट पासबुक</li> </ul>	रु० 1000/-
द्वितीय किस्त	<ul style="list-style-type: none"> <li>कम से कम । प्रसवपूर्व जाँच</li> <li>दावा गर्भावस्था से 180 दिन बाद दस्तावेजों के साथ जमा करने पर भुगतान</li> </ul>	<ul style="list-style-type: none"> <li>आवेदन प्रपत्र । बी</li> <li>एम.सी.पी. कार्ड</li> </ul>	रु० 2000/-
तृतीय किस्त	<ul style="list-style-type: none"> <li>शिशु जन्म का पंजीकरण</li> <li>शिशु को प्रथम चक (बी.सी.जी., ओ.पी.वी., डी.पी.टी. एवं हेपेटाइटिस बी/समकक्ष) टीकाकरण देने के बाद दस्तावेजों के साथ जमा करने पर भुगतान</li> </ul>	<ul style="list-style-type: none"> <li>आवेदन प्रपत्र । सी</li> <li>एम.सी.पी. कार्ड</li> <li>आधार कार्ड अनिवार्य</li> <li>शिशु जन्म प्रमाण-पत्र</li> </ul>	रु० 2000/-

अधिक जानकारी के लिये अपनी आशा/ए.एन.एम. से सम्पर्क करें।



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.

## REFERENCES

Park k, Textbook of preventive and social medicine , Page no :472 - 483

Dutta Parul , Pediatric nursing : Page no 14-16

[www.rch.nhm.gov.in](http://www.rch.nhm.gov.in)