Child Health: Rajasthan

State Institute of Health & Family Welfare, Rajasthan
Demographic indicators

- Crude Birth Rate: 24.7 (AHS 2010-11)
- Population
  - 0-6 yr.
    - Males: 82,952,135
    - Female: 75,837,152
- Child sex ratio: 833 (Census 2011)
Basic facts

• 1.7 million children die every year, 4730 every day, 3 every minute in India

• Total number of live births in India is estimated to be 27 million

• India contributes to nearly 20% of the global child deaths

• Globally more than 1/3rd of under five deaths are attributable to under nutrition

• Infant Mortality Rate (IMR) – Down from 58 in 2004 (SRS data) to 50 in 2009 (SRS)

Source: State of World children, 2011 and SRS
Components of child Health
(AHS 2010–11, CES–2009)

Major issues in child health

➤ Mortality
  • IMR: 59 / 1000 live births
  • NNMR: 40 / 1000 live births
  • PNNMR: 20 / 1000 live births
  • Child Mortality rate : 79 / 1000 live births
Morbidity (children 0-2 years)

- Cases of ARI: 11.1% (n=1796) (CES, 2009)
- Cases of Diarrhea: 15.1% (n=1796) (CES, 2009)
- Micronutrient deficiency: Vitamin A
- VPDs: Diphtheria, Pertussis, Tetanus, Polio, TB, Measles

- Malnutrition
Immunization Coverage: Current Status

- In the period April to September 2011, 42.38% of the infants have been fully immunized.
- In 19 districts, the percentage of fully immunized is more than the State average.
- In 31 districts, the DPT 1 to DPT 3 drop out is less than 10%
Immunization Coverage: Rajasthan

Pragati-prativaden

Pragati-prativaden

SIHFW: an ISO 9001: 2008 certified institution
Immunization Coverage: Rajasthan

- OPV-3 (0-1 years):
  - 2004-2005: 1,727,882
  - 2005-2006: 1,748,757
  - 2006-2007: 1,693,820
  - 2007-2008: 1,128,714
  - 2008-2009: 1,647,520
  - 2009-2010: 1,142,029
  - 2010-2011: 1,089,759

- Measles (0-1 years):
  - 2004-2005: 1,200,000
  - 2005-2006: 1,223,946
  - 2006-2007: 1,177,507
  - 2007-2008: 1,112,397
  - 2008-2009: 1,176,520
  - 2009-2010: 1,135,021
  - 2010-2011: 1,048,061

SIHFW: an ISO 9001:2008 certified institution
Immunization Coverage of Hepatitis: Rajasthan

<table>
<thead>
<tr>
<th>Year</th>
<th>First Dose</th>
<th>Second Dose</th>
<th>Third Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003-2004</td>
<td>14363</td>
<td>13068</td>
<td>1170</td>
</tr>
<tr>
<td>2004-2005</td>
<td>58592</td>
<td>26199</td>
<td>871</td>
</tr>
<tr>
<td>2005-2006</td>
<td>65432</td>
<td>28192</td>
<td>3760</td>
</tr>
<tr>
<td>2006-2007</td>
<td>45871</td>
<td>32045</td>
<td>33760</td>
</tr>
<tr>
<td>2007-2008</td>
<td>44489</td>
<td>44489</td>
<td>33760</td>
</tr>
<tr>
<td>2008-2009</td>
<td>46994</td>
<td>46994</td>
<td>33760</td>
</tr>
<tr>
<td>2009-2010</td>
<td>49335</td>
<td>49335</td>
<td>33760</td>
</tr>
<tr>
<td>2010-2011</td>
<td>40995</td>
<td>40995</td>
<td>33760</td>
</tr>
</tbody>
</table>

SIHFW: an ISO 9001: 2008 certified institution
New Initiatives

- Hepatitis B vaccine is being introduced in Routine Immunization program from 14\textsuperscript{th} November 2011 in all districts.
- Measles Catch Up campaign Phase 2 is being planned in 5 districts viz. Bharatpur, Dausa, Dholpur, Karauli & Sawai Madhopur in December 2011.
Facilities Created for Child Health
Malnutrition Treatment Corners (MTCs)

- 38 Malnutrition Treatment Corners (MTCs) have been established with the aim of improving management of severely malnourished children at the level of District Hospitals.
- 13,200 malnourished children have been taken care so far.
Facility based New Born Care (Priyadarshini) Unit

To address neonatal deaths

- All District Hospitals and Medical Colleges
- 36 FBNC units are functional
- 12 bedded unit at District Hospitals, necessary equipments supplied
- 8 contractual nursing staff, Specialized training imparted
- 101184 infants treated and death rate is 9.61% of the total admissions.

Rajasthan is the first state to up-scale in all districts
Rajasthan is the first state to up-scale SNCU in all districts
Newborn Stabilization Units- at selective CHCs

- 4 bedded unit with radiant warmers, phototherapy and other equipments
- 72 units functional against 100 planned
- Hands on training imparted to staff and doctor.
- 72 Newborn Stabilizing Units (against 100 planned for the first phase) have been made functional at CHCs offering Level-3 MCH services (FRUs).
Newborn Care Corners-

- Are to be established at all delivery points.
- To prevent from low body temperature (hypothermia), low birth weight (LBW) prematurity, birth asphyxia etc.
- 820 Newborn Corners have been made functional for providing immediate care to the newborn.
Child Health Statistics Data
Crude Birth Rate (Rajasthan)

India
Rajasthan

Source: SRS

SIHFW: an ISO 9001: 2008 certified institution
Trends in Infant mortality rate (Rajasthan)

<table>
<thead>
<tr>
<th>Year</th>
<th>IMR</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>75</td>
</tr>
<tr>
<td>2004</td>
<td>67</td>
</tr>
<tr>
<td>2005</td>
<td>68</td>
</tr>
<tr>
<td>2006</td>
<td>67</td>
</tr>
<tr>
<td>2007</td>
<td>65</td>
</tr>
<tr>
<td>2008</td>
<td>63</td>
</tr>
<tr>
<td>2009</td>
<td>59</td>
</tr>
<tr>
<td>2012</td>
<td>50</td>
</tr>
</tbody>
</table>

Source: SRS
Infant mortality Rate

Source: AHS–2010

SIHFW: an ISO 9001: 2008 certified institution
Trends in NNMR and PNNMR (Rajasthan)

Source: MoHFW and AHS 2010-11
Post Natal & Neo-Natal Mortality Rate

Source: AHS–2010

SIHFW: an ISO 9001: 2008 certified institution
Under 5 mortality Rate (U5MR)

- Indicates the probability of dying between birth and exactly five years of age
- Expressed per 1,000 live births
- Barometer of child well being in general and child health in particular
- Measures an ‘outcome’ of the development process rather than an ‘input’.

Morality rate of children under 5 years has fallen from 89 / 1000 live births in 1990 to 60 / 1000 live births in 2009 (source: world Health statistics, 2011)
• U5MR is a result of:
  – The nutritional status and the health knowledge of mothers
  – The level of immunization and ORT
  – The availability of maternal and child health services (including prenatal care)
  – Income and food availability in the family
  – The availability of safe drinking water and basic sanitation
  – The overall safety of the child’s environment
Under 5 Mortality Rate
Source: AHS–2010

SIHFW: an ISO 9001: 2008 certified institution
Micronutrients: Vitamin A (12–23 months)

Vitamin A Supplementation in children

- Received at least on dose of Vit.A: 60.5%
- Received Vit. A 1st dose: 59.9%
- Received Vit. A 2nd dose (18-23 months): 11.3%

Source: CES, 2009

SIHFW: an ISO 9001: 2008 certified institution
Causes of Child mortality

Three major causes of child mortality:

– Infection (Sepsis, pneumonia, Diarrhea)
– Prematurity
– Birth asphyxia
Norway India Partnership Initiatives (NIPI) in 3 Districts

IMNCI (28637 frontline workers trained)

MTC (36 MTCs are made functional)

FBNCs (36 FBNCs are made functional)
Child Health Programmes

1978- Expanded Programme of immunization (EPI)
1984- Universal Immunization Programme (UIP) For prevention of deaths due to 6 VPDs
1985- Oral Rehydration Therapy Programme for prevention of deaths due to diarrhoea
1990- UIP and ORT universalized in all districts
1990- ARI Programme taken up as a pilot in 26 districts
1992- CSSM
1997- RCH-1
2005- NRHM and RCH II
Objectives
Child Health Program

- Reduction of IMR
- Ensure full immunization
- Ensure quality essential new born care
- Promote safe motherhood
- Preventing water borne diseases
- Promoting hygiene and sanitation practices
- Setting of yearly targets of process indicators
Strategies

- Improve quality of health services.
- Provide at least one 24 hour medical facility.
- Strengthen institutional health systems.
- Strengthen referral services.
- Effective dissemination of ORS.
- Strengthen IMNCI.
- Combat micro nutrient deficiency.
- Awareness program for home management of ARI.
- Strengthen convergence between the departments.
GoI initiatives in XI FYP (2007–2012)

Aims at Improving survival through:
- Reducing child and maternal mortality
- Improving child Sex ratio through Gender Responsive Health care
- Reducing Infant and Child mortality through HBPNC and IMNCI
NRHM Initiatives
• Map facilities for giving assured maternal & child health care –
  – Level 2 – New Borne Corner
  – Level 3 – New Born Stabilization Unit / SNCU
  – Specialized FBNC Units to address early neonatal mortality
• Rajasthan is the first state to establish these units in all districts
• Strengthen inter – departmental convergence (ASHA/AWW/ANM) - to improve immunization coverage,
Mobilization for MCHN days, growth monitoring and referral linkages to Malnutrition treatment centers and Antenatal care.

- Joint planning, monitoring and review of activities
- Pregnancy and Child Tracking System
- AYUSH doctors are being imparted IMNCI
- and SBA trainings
- Immunization
- MCHN days
- Training on NSSK, IMNCI
RCH II: Child Health strategy

Health system strengthening

IPHS Standards
Capacity building

Care at birth
Facility / Home

IMNCI
Pre Service

Strengthening the existing interventions

Improved Referral Care of New born & sick children

BCC AND COMMUNITY MOBILIZATION

SIHFW: an ISO 9001: 2008 certified institution
Child Survival Activities under RCH

- Care of New born
  - Eye, Cord, Bath & Feed
  - Special care & Referral conditions
- Immunization
- Vitamin-A (9 dose prophylaxis)

- Diarrhea-ORT & ARI
  - Standard case definition & management
- Support Activities-
  - Cold chain
  - Supplies
  - Surveillance
## Initiatives in the State for Child Health

| Facility based interventions | • New Born Corners  
|                            | • SNSU  
|                            | • SNCU Level II  
|                            | • SNCU Level III (Tertiary Care)  
|                            | • Establishing MTC’s  
|                            | • WBC  
| Community based interventions | • MCHN Sessions  
|                             | • IMNCI  
|                             | • Home Based Postnatal Care  
| New initiatives | • Yashoda  
|                 | • Navjat Sishu Suraksha Karyakaram  
|                 | • F-IMNCI  

SIHFW: an ISO 9001: 2008 certified institution
Facility based New Born Care

- Establishing New Borne Corner, New Born Stabilization Unit / SNCU
- Specialized Facility Based newborn Care Units to address early neonatal mortality
- Rajasthan is the first state to establish these units in all districts
Facility Based Neonatal Care

At Delivery
- Yashoda at DH & selected CHC

Newborn corner
(1 bed)

District Hospital

CHC

PHC

Sick newborn
- Sick newborn care unit
  (12-20 beds)
- Stabilization units
  (4 beds)

SIHFW: an ISO 9001: 2008 certified institution
Facility based New Born Care Units

Objective:
To strengthen and provide quality neonatal care at various health facilities to reduce IMR in the State.

Activities:
- Implemented at all district hospitals
- Multi-skilling of Staff nurses (8 nos) and Doctors by National Neonatal Forum.
- Standard treatment protocols and operational manual followed.
- Equipments like Radiant warmer, Phototherapy Machine, Syringe infusion Pump etc. are provided.

Rajasthan is the first state to up-scale in all districts
Status

Number of newborn treated – 48839

<table>
<thead>
<tr>
<th>Activity</th>
<th>Institution/ Level</th>
<th>No of Beds</th>
<th>Nos</th>
</tr>
</thead>
<tbody>
<tr>
<td>SNCU</td>
<td>At Medical College &amp; Dist Hospitals</td>
<td>12 Beds</td>
<td>35</td>
</tr>
<tr>
<td>NBSU</td>
<td>At FRU Level</td>
<td>4 Beds</td>
<td>100</td>
</tr>
<tr>
<td>Newborn Corner</td>
<td>At All Labour Rooms</td>
<td>-</td>
<td>412</td>
</tr>
</tbody>
</table>

SIHFW: an ISO 9001: 2008 certified institution
Community based interventions for child health
Mother Child Health and Nutrition Day (MoHFW)

- Started from Oct. 2004
- Micro plan prepared for 73000 sessions per month to be held on fixed day fixed site in all the A/B/C category villages as well as hard to reach areas.
- Monitoring done by Medical Health & WCD department as well as the external monitors from UNICEF.
- MCHN session held 379152 against 410841 (92.29%)
Activities done on MCHN day

- Complete immunization of 0-1 year old child.
- 3 ANC Check up of all the pregnant ladies.
- PNC Check up.
- Identify complicated delivery cases and timely referral
- Family planning counseling and provision of spacing methods
- Identify/Counseling/treatment and referral of malnourished child.
- Birth and JSY registration.
Integrated Management of Neonatal Childhood Illnesses

- Major strategy
- Aims at
  - Reducing death, illness, disability and promote improved growth and development in children from Birth to 5 years of age.
- Regular and appropriately timed home visits by trained frontline workers to newborns
IMNCI: Training

- Frontline workers (mainly ANMs and ASHAs)
- Training of frontline workers of DWCD and Department of Medical and Health
- Trained to perform home visits for newborns, treat / refer sick newborns and children, as needed.
- 1124 District level trainings have been completed in the State, till May 2010

Source: MoHFW
Services Given by ASHA during Home Visits (MoHFW)

Detail of 0-2 Months Infants

No. of Reffred Infant  Treated in OPD  Admitted  discharge after recovery  Deaths

SIHFW: an ISO 9001: 2008 certified institution
Detail of 2 Months to 5 Years Children

- No. of Reffred Infant: 0
- Treated in OPD: 60,000
- Admitted: 50,000
- Discharge after recovery: 40,000
- Deaths: 30,000

SIHFW: an ISO 9001: 2008 certified institution
HBPNC Intervention

- Initiated in 3 NIPI districts in August 2009
  - 5191 ASHAs given 2 Day Induction Training
  - Five Day HBPNC Training given to 3600/5191 ASHAs
  - Quality control through external agency
  - Need:
    - Post Natal Care is around 71 percent
    - Initiation of Breast Feeding is around 78 percent
    - Newborn referral is still less than 1%

4880 ASHAs trained in HBPNC
HBPNC Trainings

• Training of MTs at Safdarjung –5 Days (3-7 Aug., 2010)-27 trainers
  – LHV/Nurse
  – BMCH

• Training of Block level Trainers at SIHFW - Five Days (August-March, 2011) 346
  – Block CMO
  – One MO from CHC
  – Alwar -102
  – Bharatpur-68
  – Dausa-50

SIHFW, Jaipur Monitored 32 % HBPNC trainings of ASHAs till date
HBPNC: Status (Apr–Dec 2010)

- 5300 ASHAs Performing HBPNC
- 5/6 Home visits during post natal period
- One home visit during 7-8th month of pregnancy
- 5 day HBPNC training in process.

<table>
<thead>
<tr>
<th>S.No</th>
<th>Indicator</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Total Deliveries</td>
<td>56,477</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>(i) Institutional</td>
<td>46,115</td>
<td>82%</td>
</tr>
<tr>
<td></td>
<td>(ii) Home</td>
<td>10,362</td>
<td>18%</td>
</tr>
<tr>
<td>2.</td>
<td>HBPNC given</td>
<td>46,691</td>
<td>83%</td>
</tr>
</tbody>
</table>
### Continued ....

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
<td>Babies &lt;2500 gm</td>
<td>18,276</td>
<td>39%</td>
</tr>
<tr>
<td>4.</td>
<td>Breast feeding within 1 hour</td>
<td>40,552</td>
<td>87%</td>
</tr>
<tr>
<td>5.</td>
<td>New born exclusively breast fed</td>
<td>36,930</td>
<td>79%</td>
</tr>
<tr>
<td>6.</td>
<td>New born given OPV &amp; BCG</td>
<td>38,383</td>
<td>82%</td>
</tr>
<tr>
<td>7.</td>
<td>New born identified with danger sign</td>
<td>209</td>
<td>&lt;1 %</td>
</tr>
<tr>
<td>8.</td>
<td>Mothers identified with danger sign</td>
<td>271</td>
<td>&lt; 1 %</td>
</tr>
<tr>
<td>9.</td>
<td>Newborns referred to institution</td>
<td>250</td>
<td>&lt; 1%</td>
</tr>
<tr>
<td>10.</td>
<td>Mothers referred to institutions</td>
<td>163</td>
<td>&lt;1 %</td>
</tr>
<tr>
<td>11.</td>
<td>Neonatal deaths</td>
<td>595</td>
<td>1%</td>
</tr>
</tbody>
</table>

Source: MoHFW
Status of Recording of Birth Weight

(Source: NFHS 3)

New Born whose birth weight was recorded

NFHS 3 [2005-06] Raj

NFHS 3 [2005-06] Ind

20.9

34.1
YASHODA

- A trained facility based volunteer
- Paid, performance linked incentive @ Rs 100/- per mother and neonate.
- Link between hospital Staff, the mother and family.
- Assist the nurse with cord care, cleaning & weighing of the baby, initiate immediate breast feeding, counsel for exclusive breast feeding and basic new born care practices.
- Ensure zero dose immunization and BCG vaccination & counsel about family planning.

Yashoda -555 in 28 DH
Improvement in indicators

Based on data from three districts visible improvement in:

- Weighing (97%)
- Early Initiation of Breast Feeding (82%)
- Zero Dose Polio & BCG vaccination (97%)
- 48 hrs stay of mothers (97)

Source: MoHFW
Navjaat Shishu Suraksha Karyakram

- Programme on Basic Newborn Care and Resuscitation
- National launch on 15 Sept. 2009 by GoI
- Address important interventions of care at birth:
  - Prevention of Hypothermia
  - Prevention of Infection
  - Early initiation of Breast feeding and
  - Basic Newborn Resuscitation.

NSSK-2440 staff trained in resuscitation & basic care
Interventions under NSSK

Causes of neonatal deaths

Severe infections
- i) Infection prevention – strict hand washing and practice of asepsis,
- ii) Prevention of hypothermia – ensure warm chain – KMC/ wrap baby in warm clothes
- iii) early initiation of breast feeding

Pre-term birth

Birth asphyxia
- Resuscitation

Neonatal tetanus
- TT immunization during pregnancy
Janani Shishu Suraksha Karyakram (JSSK)

Entitlements for Sick Newborn till 30 days after birth:

- Free and zero expense treatment
- Free drug & consumables
- Free Diagnostics
- Free provision of blood
- Free transport from home to health institutions
- Free transport between facilities in case of referral
- Drop back from institutions to home
- Exemption from all kinds of User Charges
Other Interventions
Institutional Deliveries

- Institutional delivery raised up to 70.5% (UNICEF coverage evaluation…….)
- JSY- Safe motherhood intervention started by NRHM
- Launched by the GoI in April 2005, the scheme was put into operation in Rajasthan in Sept. 2005.
- Aims to reduce overall maternal mortality and infant mortality by way of increasing institutional deliveries
- Scheme incorporates cash assistance along with antenatal, natal and post natal care by the concerted efforts of grass root level health workers especially ASHA
Trends in Institutional deliveries (Rajasthan)

Source: MoHFW, CES, 2009
Supplementary Nutrition

- Under ICDS, Supplementary nutrition is provided
- Main beneficiaries: Children >6 years; pregnant & lactating mothers
- Service provider: AWW & AWH
## Supplementary Nutrition

<table>
<thead>
<tr>
<th>Beneficiary</th>
<th>Pre-revised</th>
<th>Revised w.e.f. Feb. 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Calories (KCal)</td>
<td>Protein (G)</td>
</tr>
<tr>
<td>Children (6-72 months)</td>
<td>300</td>
<td>8-10</td>
</tr>
<tr>
<td>Severely malnourished children (6-72 months)</td>
<td>600</td>
<td>20</td>
</tr>
<tr>
<td>Pregnant &amp; Lactating</td>
<td>500</td>
<td>15-20</td>
</tr>
</tbody>
</table>
Immunization: Developments
Achievements

- Prevention of vaccine preventable disease in infants and mothers
- Hepatitis vaccine in Jaipur City
- Fixed services are provided at DH, CHCs, PHCs and SC
- Unnerved and Underserved areas are covered by Catch up rounds
- Pulse Polio campaign is in all Districts holding 2 National immunization days.
- Pulse Polio campaign is in Sub-national immunization days according to case detection. (Alwar, Bharatpur and Dausa)

Source: MoHFW
- Training for Cold Chain handlers-930
- Training of Routine immunization to the health workers- 10,000
- Training for Medical officers-on RI-640
- Outreach areas are served by Holding Maternal, Child health and Nutrition days (MCHN) at Anganwadi Centers
Full Immunization Status

<table>
<thead>
<tr>
<th></th>
<th>NFHS 2005-06</th>
<th>DLHS 2007-08</th>
<th>CES 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rajasthan</td>
<td>26.5</td>
<td>48.8</td>
<td>53.8</td>
</tr>
<tr>
<td>India</td>
<td>43.5</td>
<td>54</td>
<td>61</td>
</tr>
</tbody>
</table>

SIHFW: an ISO 9001: 2008 certified institution
Status of Full Immunization of children (12–23 months)

(Source: DLHS 2 & 3)
Newer Developments

- JSSK launched free services to PW & Neonates
- Hepatitis B introduced in RI (Nov.14, 2011)
- 40 MTCs established
- 36 FBNC units functional
- 4880 ASHAs trained in HBPNC
- 72 New born stabilization units established
- 820 New born care corners functional
• 54000 MCHN sessions per month
• Alternate vaccine delivery
• Free Referral transport up to 30 days for sick neonates
• IMNCI launched in 9 districts.
• Mal nutrition corner at all 237 blocks.
Malnutrition Treatment Corners

- 36 MTCs set up at Medical Colleges, District Hospitals and selected CHCs under NRHM
- Sanctioned: 39
- Established at all the district hospital of the state present functional status DH= 34 CHCs= 3
- Aim to
  - strengthen management of severely malnourished children at health facilities
  - reduce mortality, MTCs are being established

More than 10,000 children are admitted and treated in MTCs
- Doctors and Nursing staff trained in malnutrition management
- 4 Additional nursing staff engaged on contract for each unit.
- Each centre has 6 beds for-
  - Management of severely malnourished children with complications
  - Counseling for correct child feeding practices
  - Malnourished Children are referred from Anganwadi centers/ Community and other Health Institutions to MTCs.
Focus areas in child Health

- Post natal care
- Neonatal care
- Immunization
- Growth monitoring
- Neonatal care
- Exclusive Breast feeding
- Vitamin A
- Diarrhea & ARI mgt.
- Supplementary feeding
- Birth spacing
Latest Researches in Child Health
Latest Research

- President’s Emergency Plan for AIDS Relief (PEPFAR) and UNAIDS—a partnership between the PEPFAR and UNAIDS to launch a global plan for eliminating new HIV infections among children by 2015.
• The International Maternal, Pediatric, and Adolescent AIDS Clinical Trials (IMPAACT) Group is a network of research institutions, funded through an NICHD-NAIAD-National Institute of Mental Health (NIMH) partnership, conducts trials in collaboration with the Domestic and International Pediatric/Perinatal HIV Clinical Studies Network (also called the NICHD Network). Prior NICHD-supported research showed that infants who were infected despite receiving anti-HIV drugs may have a form of HIV that is resistant to nevirapine, the most commonly used drug for treating pediatric HIV in resource-limited countries.
The NICHD reported on one of its IMPAACT Group studies demonstrating that initial therapy with a three-drug regimen, including a protease inhibitor called lopinavir/ritonavir, was more effective than a three-drug regimen containing nevirapine for treating infants who became infected despite being exposed to nevirapine at birth.

These findings led to changes in the World Health Organization (WHO) treatment guidelines, Use of Antiretroviral Drugs for Treating Pregnant Women and Preventing HIV Infection.
Initiatives in Pipeline

- F-IMNCI (IMNCI and Facility based care in the process of finalization)
- Newborn Health Care strategy on the anvil
- School Health Programme
- Pentavalent Vaccine
Innovative Schemes

- District Child Health Coordinator (Rajasthan, MP, Orissa)
- New Born Care Kits (2 Baby Mattresses; 4 Baby Jackets; 3 Baby Caps; 3 pairs of Gloves; 12 Baby Diapers and 8 Baby Blankets) (AP)
- Health information help line
- Janani Shishu Suraksha Yojana -Rajasthan
Child protection in terms of Nutrition and care

- ICDS Integrated Child Development services scheme
- Supplementary Nutrition
- Anganwadi Centers
- Parent education
- Girl child protection scheme
- check on Child trafficking
- Children homes(shishuVihar / Balvihars)
- Kishora Shaki yojana
Child protection

According to UNICEF

‘Child protection’ to refer to preventing and responding to violence, exploitation and abuse against children – including commercial sexual exploitation, trafficking, child labour and harmful traditional practices, such as child marriage.
Child protection

Objectives

- Ensuring that children are protected from all forms of exploitation, discrimination, neglect, inhuman, and violence
- Protection to children from sexual exploitation
- Preventing use of narcotic drugs, alcohol and other forms of substance
- Abolishing child labor
- Mainstreaming of child labor
- Protect children against all kinds of abuse
- Protecting children in need of special protection
- To protect the children’s right to property in their parental property in case the mother remarries
Major legislations
- The Pre-Conception and Pre-natal Diagnostic Technique (Prohibition of Sex Selection) Act, 1994.
- The Guardian and Wards Act, 1890.
Challenges

- Funds under Part C of NRHM PIP 2011-12 is yet to be released by GoI.
- Fund for Medical Officer mobility support in NRHM PIP 2011-12 has not been approved by GoI.
Thank You

For more details log on to www.sihfwr rajasthan.com
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