Reproductive & Child Health Program

State Institute of Health & Family Welfare, Jaipur
What is RCH….? 

• Reproductive & Child Health program is a model developed through experiments in paradigm shifts, 

Clinical approach 
Extension & Education 
“Cafeteria”/ “Targets” 
“Comprehensive” service delivery approach 
Primary health care (1983) 
Targeted interventions-Target couples & EC 
TFA (1996) 
Quality services & Policy reforms 
CNAA(1997-98) 
Capacity enhancement,
Chronological Events

- NFPP-1951
- NFWP-1977
- Alma Ata-1978
- EPI-1978
- NHP-1983
- UIP-1985 (unified approach and micro planning)
- CSSM-1992 (the 1st program officially launched by President of India)
- ICPD-1994
- RCH-I (1997, October)
- RCH-II (2005-06 -2009-10)
Why RCH ........?

- Unified approach
- Convergence for integration
- Performance in relation to Goals & Timeframe
- Shuffling priorities-Paradigm shift
- Fertility regulation & Replacement goals
- High Unmet needs
- High Morbidity/Mortality in women & children
Objectives of RCH

- Reduction in Birth Rate & Empowering women
- Integration of related programs for meaningful

Meeting unmet needs through institutional strengthening & Quality of Care routed by-
  - Choice of methods
  - Information provided to clients

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• Technical competence of providers
• Interpersonal relationship between Clients & service providers
• Mechanism to ensure continuity of Care
• Constellation of services appropriate to need of users
Components of RCH – 1

- Family Planning
- Child Survival & Safe Motherhood
- Client approach to health care
- Prevention/Management of RTI/STD/AIDS
- Adolescent Reproductive Health
- Modified Management Information Sub-System
- IEC & Counseling
- Community Needs Assessment Approach (CNAA)
• High Quality training at all levels
• District sub projects under Local Capacity Enhancement
• Enhanced community participation through Panchayats, Women groups & NGOs
• Implementation of Target free approach
• Referral System
Activities

Universal interventions without any differentiation

- CS & SM interventions
- Operationalization of CNAA
- Institutional development
- Modified Management Information sub-system
- IEC & Counseling
- Urban & Tribal area RCH package
- District sub-projects for capacity enhancement
Differential Strategy Based on Crude Birth Rate & Female Literacy Rate

- Category-A (Low CBR, High Literacy) (58)
- Category-B (Moderate CBR, Moderate literacy) (184)
- Category-C (High CBR, Low literacy) (265)
Additional Activities in Selected Districts

- Screening & Treatment of RTI/STI in-
  - 3 FRUs - “A” Category (FRU=First Referral Unit)
  - 2 FRUs - “B”
  - 1 FRU of “C”
- Emergency Obstetric Care –
  - 2 FRUs of “B” Category
  - 3 FRUs of “C”
• Essential Obstetric Care -
  • Drugs & PHCs in “B” & “C” category
  • Contractual PHN/Staff nurse in “C” category
• Additional HWF in – 30% S/C of “C” of 8 States
• Contractual PHNs/Staff Nurse
• Referral Transport facility- 25%S/C of “C” Districts of all States
• Service strengthening-inputs for-
  • Mobility,
  • Supervision,
  • Micro-planning (50 Districts in 8 States)
• Dai training-142 Districts with < 30% safe delivery
• RCH Camps in remote/under-utilized PHCs
• Border Cluster project-46 Districts in 16 States to have addl. Inputs
Child Survival Activities

- Care of New borne
- 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
Safe Motherhood Interventions

- Essential Obstetric care-
  - Early registration of pregnancy (12-16 weeks)
  - ANC (3 visits)
  - TT (2 or Booster)
  - IFA (100 Tab.)
- Delivery by Trained/Skilled Birth attendants observing 5Cs
- Referral for emergencies-conditions, time-frame & place
• PNC (3 visits)
• Spacing 3 yrs
• STI/RTI Management
• Adolescent Reproductive health-
• Counseling/IEC based on Life cycle approach
• Emergency Obstetric care
• Strengthening Referrals
• Training of TBA/SBA
CNAACNAA

The Committee on Population in National Development Council (NDC) in 1993 Recommended-

• Decentralized area specific planning based on Local Needs
• Creation of a District level Data base on: Quality, Coverage,
• Impact indicators; for monitoring & Evaluation.

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Purpose & Key Issues of CNAA

Purpose
- Setting Priorities
- Identify Target and High Risk groups
- Estimation of Service needs and matching it with Resources
- Develop a realistic action Plan

Key issues
- Micro-planning
- Community involvement
- Client’s perspective
- Quality of Care
Process of CNAA

Focus on Participatory Planning based on:

• Felt Needs
• Actual workload assessment
• Assess Capacity of Providers
• Involve people for better Utilization
• “Speak” to People, “Get through” Records and “Take up” surveys

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• Develop teams involving local people
• Organize meetings for decision on service delivery
• Evaluate need for each Health & Family Welfare service-Share it with people
• Develop an Action Plan
  • Sub-Center Action plan
  • PHC Action plan
  • CHC Action plan
  • District Action plan: Consolidation
  • State Action plan: Compilation
Initiatives after National Population Policy 2000

- RCH Camps
- RCH Out Reach Schemes
- Home based Neonatal Care
- Border District Cluster Strategy
- Hepatitis B Vaccination Project
- Training of Dais
- Empowered Action Group
- District Surveys

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Lessons from RCH-I

• “One size fits all” approach does not work
• State/District level requirements not accounted
• Adequate program mgt. skills missing
• Planning, monitoring, budgeting and resource allocation did not match program objectives
• Frequent turnover
• Result/outcome orientation missing
• Human Resource planning neglected
• Financial/accounting/disbursement and utilization bottlenecks
• Generic BCC
• Focused and thematic approach missing
• Low utilization of public health facilities
• Complaints against insensitive providers
• Hidden cost incurred by users
• Limited choices for clients
• No convergence between related sectors
• Fragmented approach
• Duplication
• Loss of opportunities to achieve effectiveness

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RCH Phase II

Major Focus on……

• Reducing Maternal & Child Mortality and Morbidity

• Emphasis on Rural Health Care
Key Issues

- Flexibility: States’ needs and capacities
- Strengthening management capacity
- Integrated Behavior Change Communication (BCC) strategies
- Improved client responsiveness to public health facilities
- Convergence with other critical sectors

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Activities under RCH-II

1. Strengthening Project Management Structure
   • Re-organizing of Medical Directorate.
   • Renovation of Medical Directorate and NRHM/RCH-II cell.
   • Setting up, of the PMU at state & district levels.
   • Induction of newly appointed professionals
   • Support for communication, equipments and mobility to DPMUs.
2. Strengthening Infrastructure

- Upgrading of PHCs as BEmOcs.
- Provision of blood storage at 26 identified CEmOcs.
- Support for equipment and labor tables at 25% PHCs. (10000.00 Rs. Per Institution)
- Support for minor repair and renovation of public facilities at 50% PHCs. (25000.00 Rs. Per Institution)
- Facility survey of all PHC and CHCs.
3. HRD and Capacity Building

- Development of annual training calendar.
- Strengthening of ANMTCs.
- Support medical colleges for Anesthesia trainings.
- Library at SIHFW & Medical Directorate.
- Orientation of AYUSH Doctors on National Programs.
4. Improving Quality of Care and Strengthening Referral System

- Study on referral system by RHSDP
- 7 days Mobility support to PHC MOs
- Installation of new telephone connection at all PHC/CHCs.
- Workshops for developing standards and protocols for quality of care.

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5. Strengthening and Improvement of Logistics and Supply Systems

- Feasibility study to setting up of the drugs and logistics warehousing
- Support for the repair of workshop for cold chain equipment
- Support for hiring 12 new refrigerators
6. Strengthening HMIS, M&E

- Support for CNAA format, ECS has been provided from state level.
- Integration of RCH-II/NRHM reporting format in existing HMIS software.
- Baseline and concurrent evaluation.
7. BCC For Increasing Demand For RCH and Contraceptive Services

- Intensive IEC for RCH-II and NRHM interventions. Provision for hiring of IEC van in all districts.

- Implementation of Integrated Media Plan.

- IEC for “Panchamrit program” done by printing of booklet, Banners, cards.
8. Specific Interventions

Maternal Health

- RCH camps target
- Dai training target
- Night delivery facility at all PHCs and CHCs.
- Hiring of contractual staff (PHN & LT)
- Provision of 1321 additional ANMS at 10 desert and tribal districts.
- STD/RTI drugs for PHCs
- Janani Suraksha Yojna
Child Health
• IMNCI launched in 9 districts.
• Mal nutrition corner at all 237 blocks.
• Purchase of ORS packets.

Family Planning
• Improving quality of fix camps.
• Compensation scheme for sterilization.
• Blood donation camps.
• NSV mega camps
• AFHS Training
9. Strengthening Networking and Partnership with the Civil Society

- Collaboration with IMA & FOGSI
- Accreditation of Private nursing home for JSY.
- MNGO scheme in all districts.
- Annual consultation with stakeholders on NRHM.
- Social marketing of contraceptives and other health services.
10. Innovative Schemes and Pilot Projects

- Pilot Project on Population stabilization initiated at Jhalawar & Tonk.
- PARINCHE project for five districts.
- Help line at medical directorate for improving communication
- Campaign on Age at Marriage.
- Medical Mobile unit for all districts.
- VCTC at 16 CHCs.
11. Improving and Strengthening RCH Services in Tribal Population

- Six districts, namely, Baran, Banswara, Chittorgarh Dungarpur, Sirohi and Udaipur
- Process for developing PIP for six urban districts is under process.
12. Establishing and Strengthening RCH Services in Urban Area

- Urban slum population in Jaipur, Jodhpur, Kota, Bikaner, Pali, Udaipur, Ganganagar, Hanumangarh, Bhilwara and Tonk

- PIP for 8 urban slums is under process.
## Goals of RCH II

<table>
<thead>
<tr>
<th>Indicator</th>
<th>X Plan Goals (2002-07)</th>
<th>RCH -II Goals(2005-10)</th>
<th>NPP 2000 (By 2010)</th>
<th>MDG</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMR</td>
<td>&lt;45</td>
<td>&lt;30</td>
<td>&lt;30</td>
<td>-</td>
</tr>
<tr>
<td>U-5 MR</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Reduce by 2/3 from 1990 levels</td>
</tr>
<tr>
<td>MMR</td>
<td>200</td>
<td>&lt;100</td>
<td>&lt;100</td>
<td>Reduce by ¾ by 2015</td>
</tr>
<tr>
<td>TFR</td>
<td>2.3</td>
<td>2.1</td>
<td>2.1</td>
<td>-</td>
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## Goals for Rajasthan

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>2012-13</th>
<th>2013-14</th>
<th>2014-15</th>
</tr>
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<tbody>
<tr>
<td>MMR</td>
<td>248</td>
<td>193</td>
<td>150</td>
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<tr>
<td>TFR</td>
<td>2.9</td>
<td>2.8</td>
<td>2.6</td>
</tr>
<tr>
<td>Mothers who had 3 or more ANC check ups</td>
<td>1413907</td>
<td>1541369</td>
<td>1671931</td>
</tr>
<tr>
<td>Institutional Deliveries in public health facilities</td>
<td>56%</td>
<td>58%</td>
<td>61%</td>
</tr>
</tbody>
</table>

Source: State NRHM PIP 2012-13

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## Goals for Rajasthan

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<tr>
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<th>2012-13</th>
<th>2013-14</th>
<th>2014-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Neonatal Mortality</td>
<td>24</td>
<td>21</td>
<td>18</td>
</tr>
<tr>
<td>NMR</td>
<td>28</td>
<td>24</td>
<td>20</td>
</tr>
<tr>
<td>IMR</td>
<td>37</td>
<td>31</td>
<td>25</td>
</tr>
<tr>
<td>U5MR</td>
<td>51</td>
<td>45</td>
<td>39</td>
</tr>
<tr>
<td>Full Immunization</td>
<td>80 %</td>
<td>85%</td>
<td>90%</td>
</tr>
</tbody>
</table>

Source: State NRHM PIP 2012-13
Performance Indicators for RCH [Ante-Natal]

- Number of Ante Natal cases registration
- Number of Pregnant women who
  - Had 3 ANCs
  - Had 2 doses of TT
- Were Under prophylaxis & treatment of anemia
- Number of high risk pregnant referred
- Number of deliveries by trained & Untrained birth attendants
- Number of cases with complications referred to PHC/FRU

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Performance Indicators (Post natal & New born)

• Number of New born with Birth weight recorded
• Number of woman given 3 post natal check ups
• Number of Fully Immunized children
• Number of Adverse reactions reported after Immunization
• Number of cases motivated & followed up for contraception

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Institutional Deliveries
(Source: DLHS 2 & 3)

Institutional Delivery %

2002-04[Raj] 30.3
2007-08[Raj] 45.5
2002-04[Ind] 40.9
2007-08[Ind] 47

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Institutional Deliveries

Source: MoHFW/ www.rajswasthya.nic.in
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Ante-natal Cases Registration
(Source: DLHS 2 & 3)
Full Immunization of children aged 12–23 months (in ‘000s)

<table>
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<tr>
<th>Year</th>
<th>India</th>
<th>Rajasthan</th>
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</thead>
<tbody>
<tr>
<td>2008-09</td>
<td>22529</td>
<td>1596</td>
</tr>
<tr>
<td>2009-10</td>
<td>23306</td>
<td>1540</td>
</tr>
<tr>
<td>2010-11</td>
<td>23141</td>
<td>1368</td>
</tr>
<tr>
<td>2011-12</td>
<td>22332</td>
<td>1336</td>
</tr>
</tbody>
</table>

Source: MoHFW/ www.rajswasthya.nic.in
New Born whose birth weight was recorded

NFHS 3 [2005-06] Raj: 20.9
NFHS 3 [2005-06] Ind: 34.1

(Source: NFHS 3)

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Status of 3 Post Natal Check ups

Mother who received postnatal care within 2 weeks of delivery

(Source DLHS 3)
Thank You

For more details log on to
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or
contact : Director-SIHFW
on
sihfwraj@yahoo.co.in