



# **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,
  - ↓ Clinic 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

- 
- A large, hollow downward-pointing arrow is positioned on the left side of the slide, spanning the vertical range of the list of 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



- 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



# CNAA



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.



# 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



- 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



# 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



# 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



# 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.
- Work shops for developing standards and protocols for quality of care.



## 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

Indicator	X Plan Goals (2002-07)	RCH –II Goals(2005-10)	NPP 2000 (By 2010)	MDG
IMR	<45	<30	<30	-
U-5 MR	-	-	-	Reduce by 2/3 from 1990 levels
MMR	200	<100	<100	Reduce by $\frac{3}{4}$ by 2015
TFR	2.3	2.1	2.1	-



# Goals for Rajasthan

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

Source: State NRHM PIP 2012-13





# Goals for Rajasthan

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

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 ANC's
  - 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



# Performance Indicators (Post natal & New born)

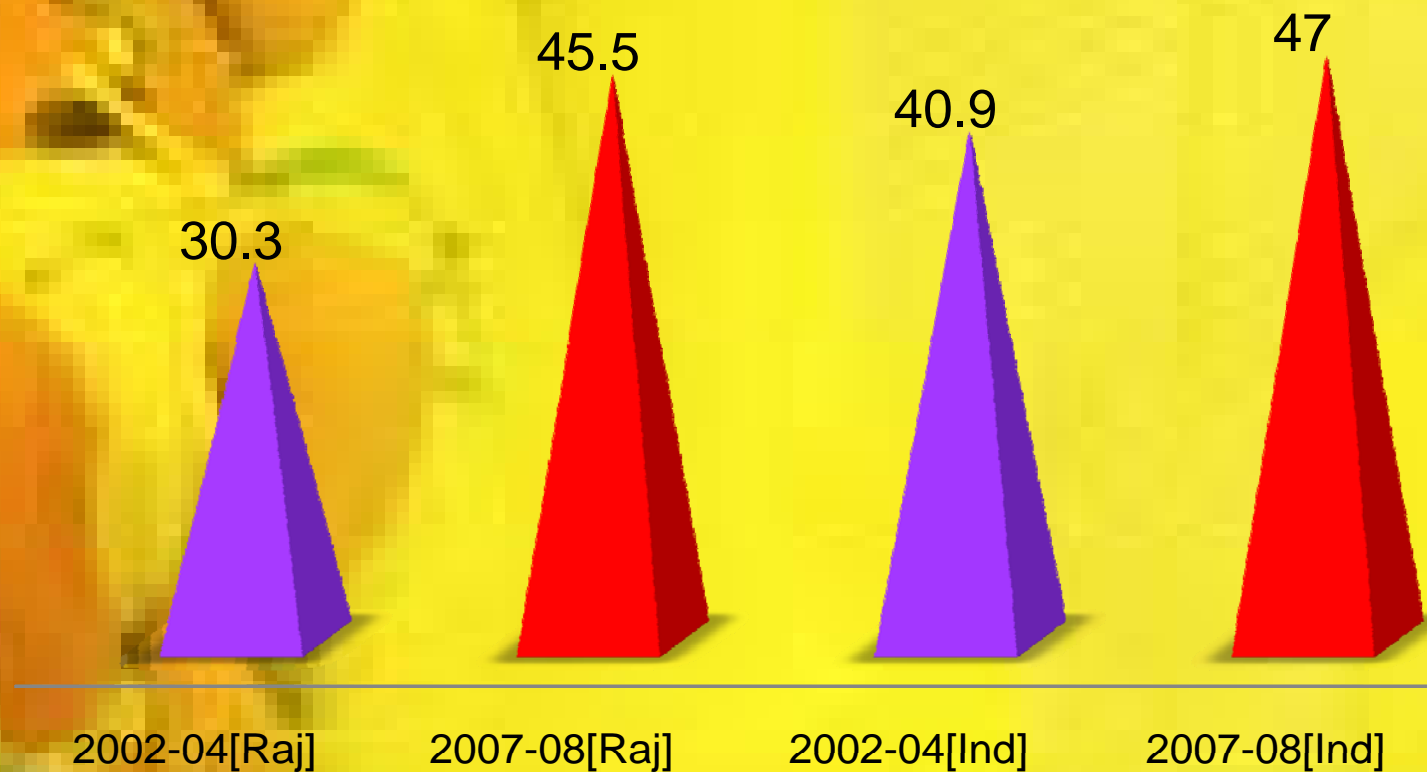
- Number of New born with Birth weight recorded
- Number of woman given 3 post natal check ups
- Number of Fully Immunized children
- Number of Adverse reactions reported after Immunization
- Number of cases motivated & followed up for contraception



# Institutional Deliveries

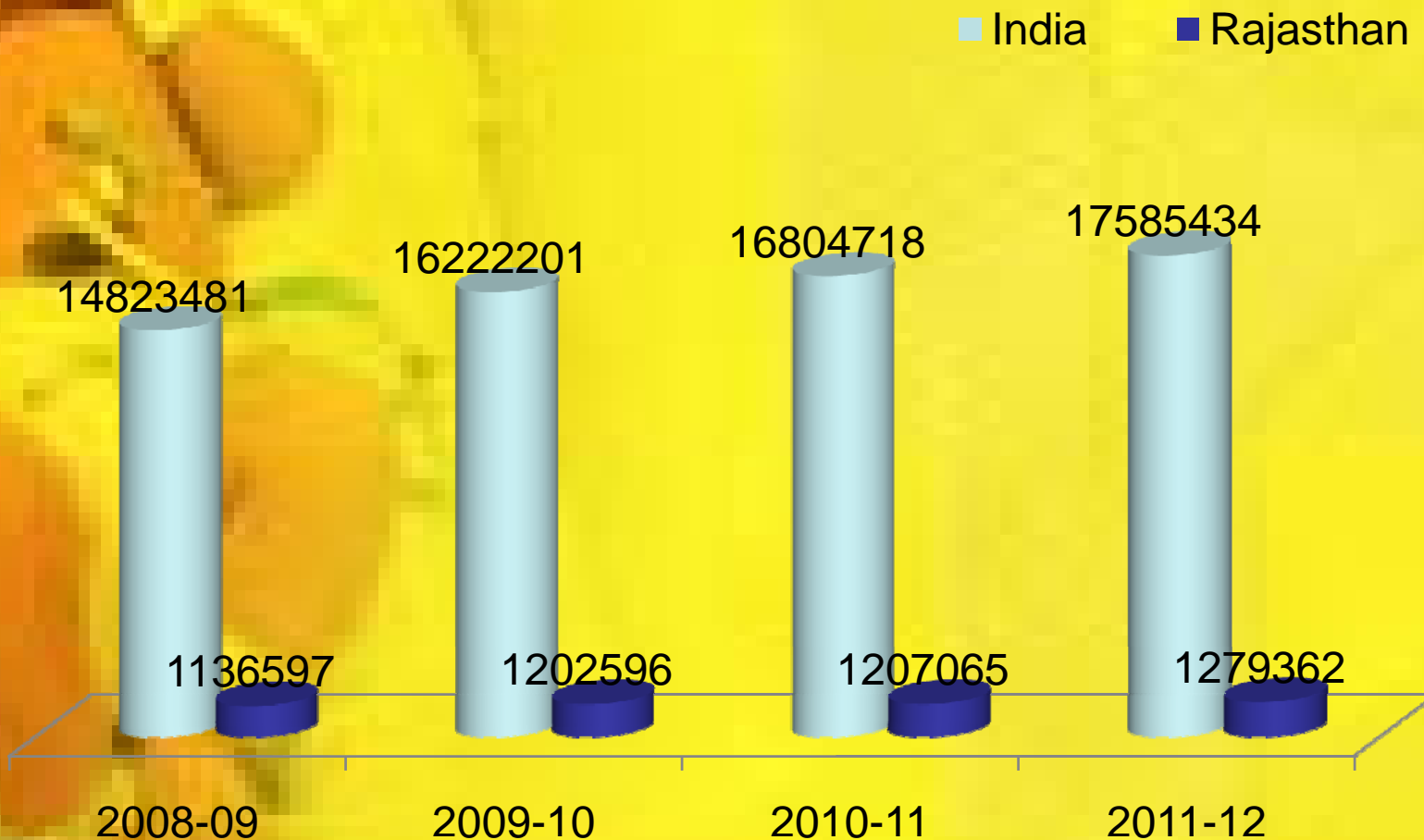
(Source: DLHS 2 &3)

Institutional Delivery%





# Institutional Deliveries



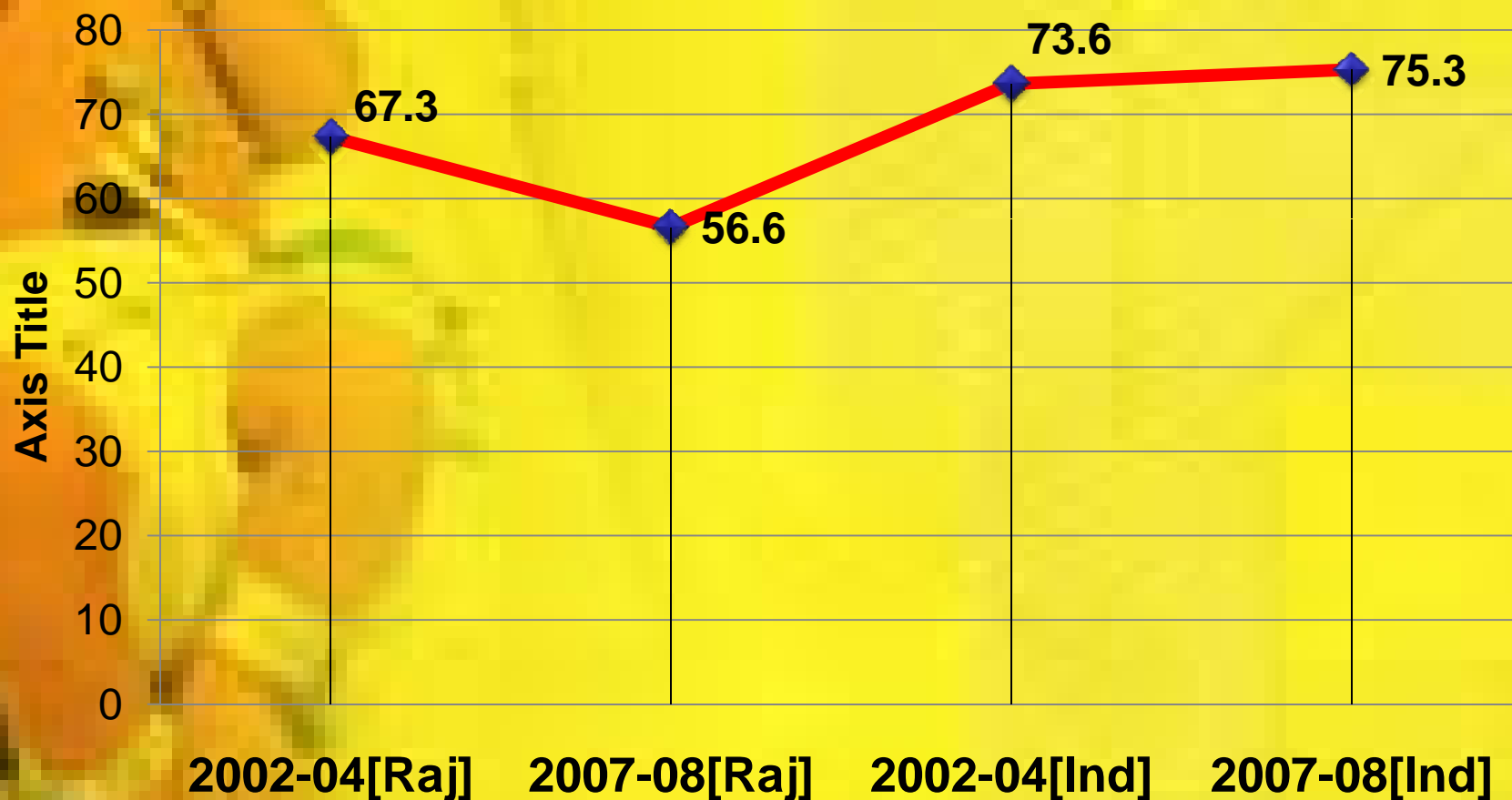
Source: MoHFW/ [www.rajswasthya.nic.in](http://www.rajswasthya.nic.in)

SIHFW: an ISO 9001: 2008 certified Institution

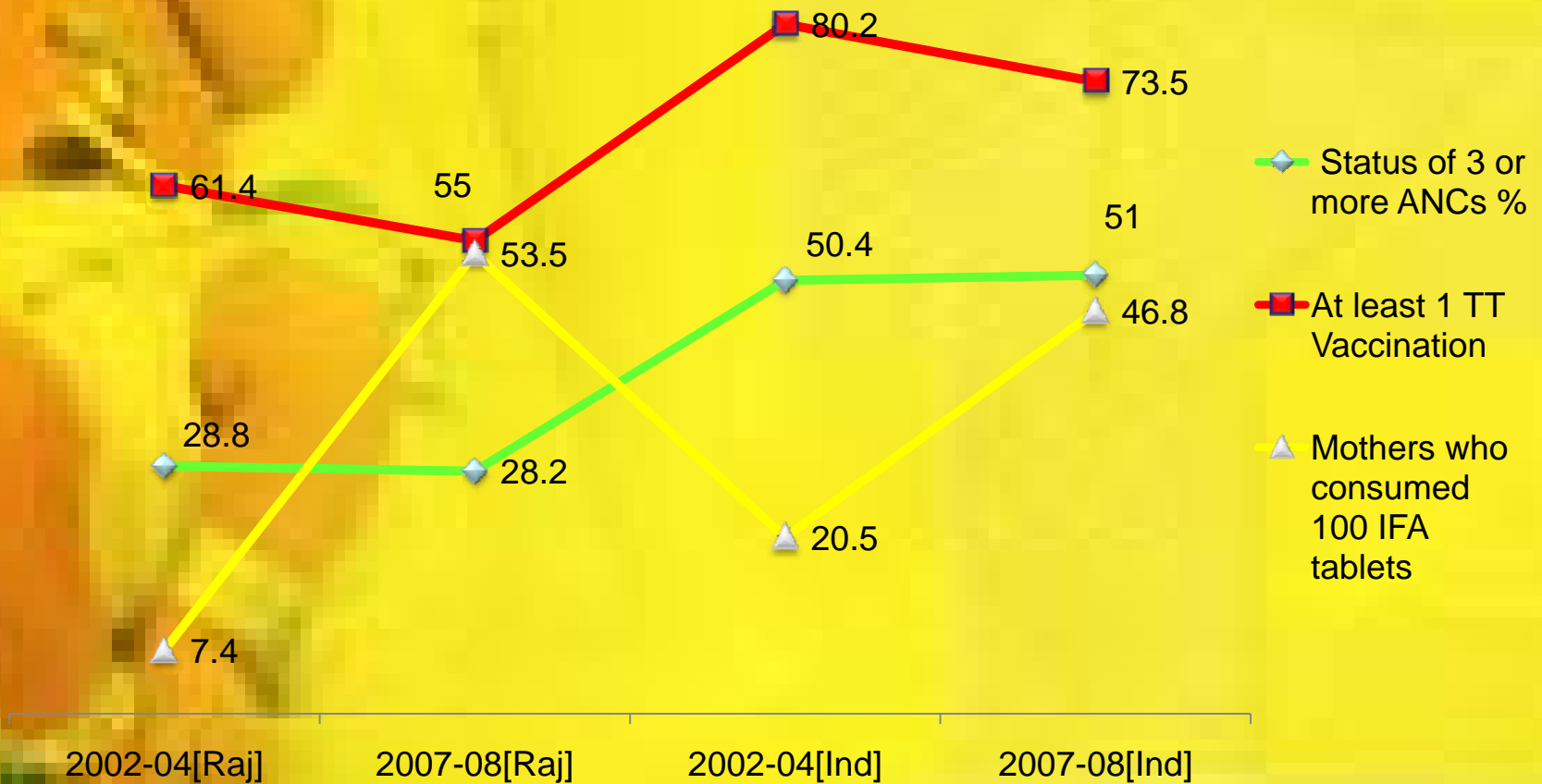


# Ante-natal Cases Registration

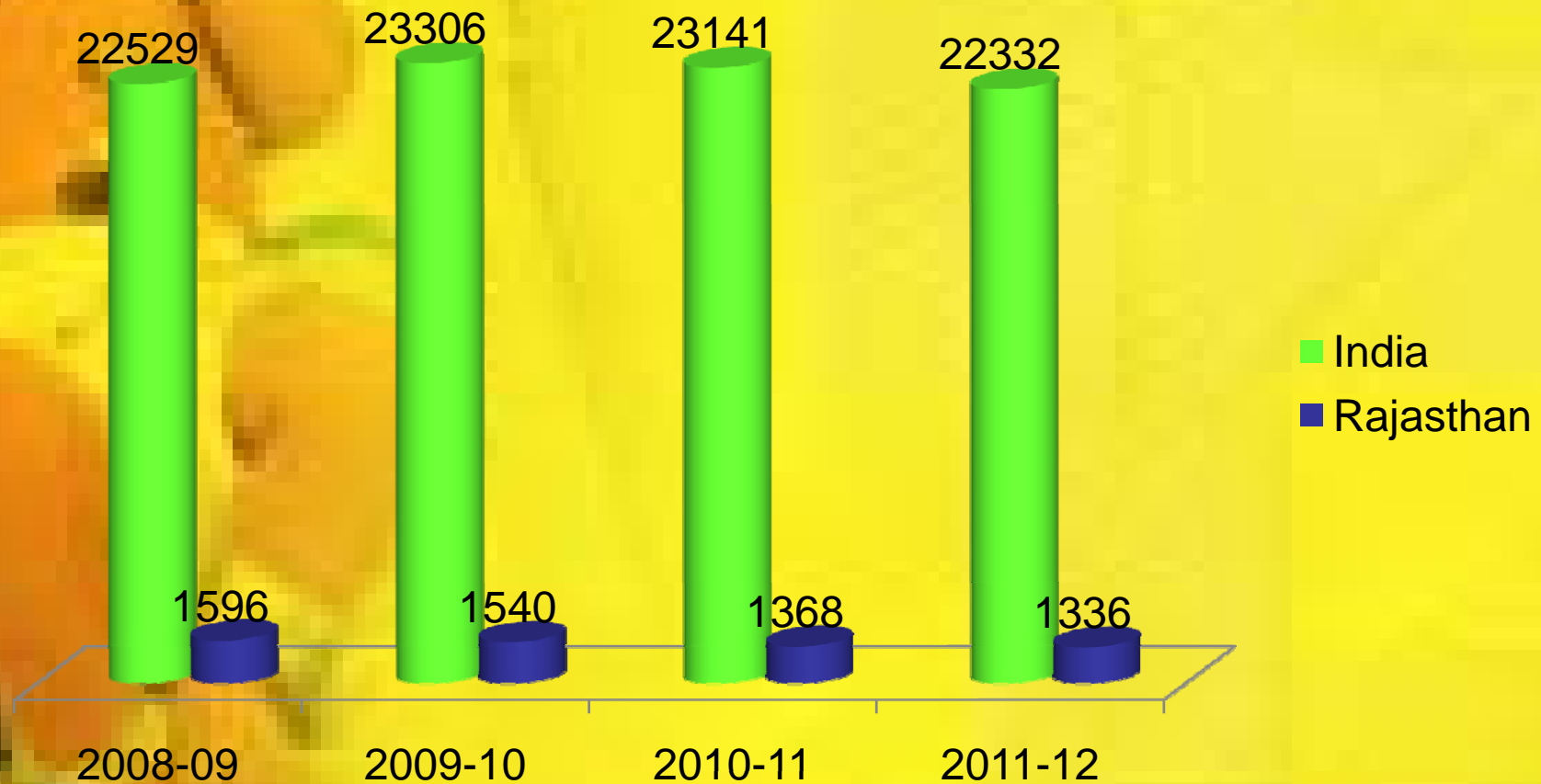
(Source :DLHS 2 & 3)



# Number of Pregnant in Relation to ANC



# Full Immunization of children aged 12-23 months (in '000s)



Source: MoHFW/ [www.rajswasthya.nic.in](http://www.rajswasthya.nic.in)

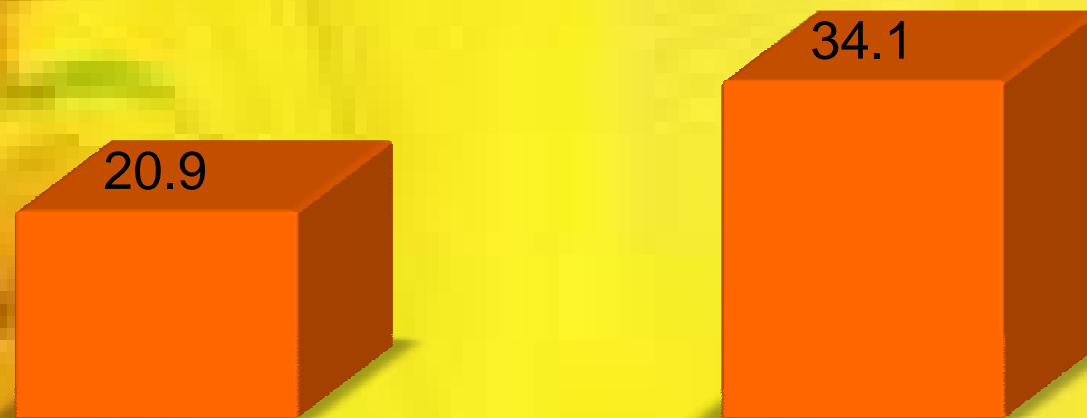
SIHFW: an ISO 9001: 2008 certified Institution



# Status of Recording of Birth Weight



**New Born whose birth weight was recorded**



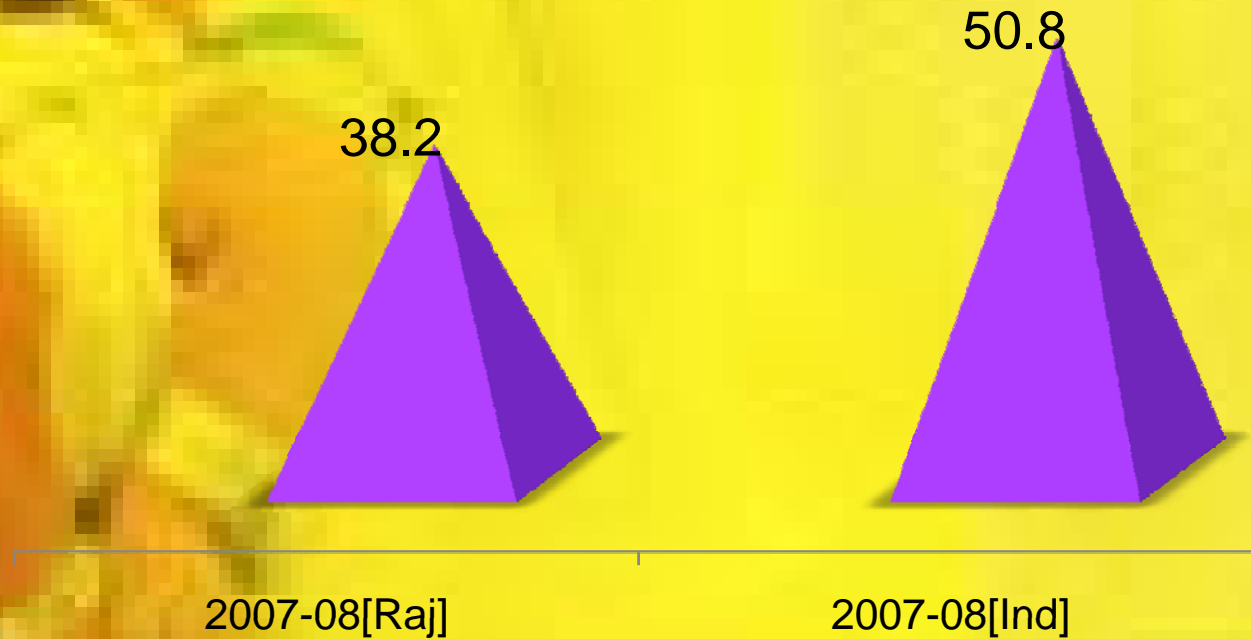
NFHS 3 [2005-06] Raj

NFHS 3 [2005-06] Ind

# Status of 3 Post Natal Check ups



**Mother who received postnatal care within 2 weeks of delivery**





# Thank You

For more details log on to  
[www.sihfwrajasthan.com](http://www.sihfwrajasthan.com)  
or  
contact : Director-SIHFW  
on

[sihfwraj@yahoo.co.in](mailto:sihfwraj@yahoo.co.in)