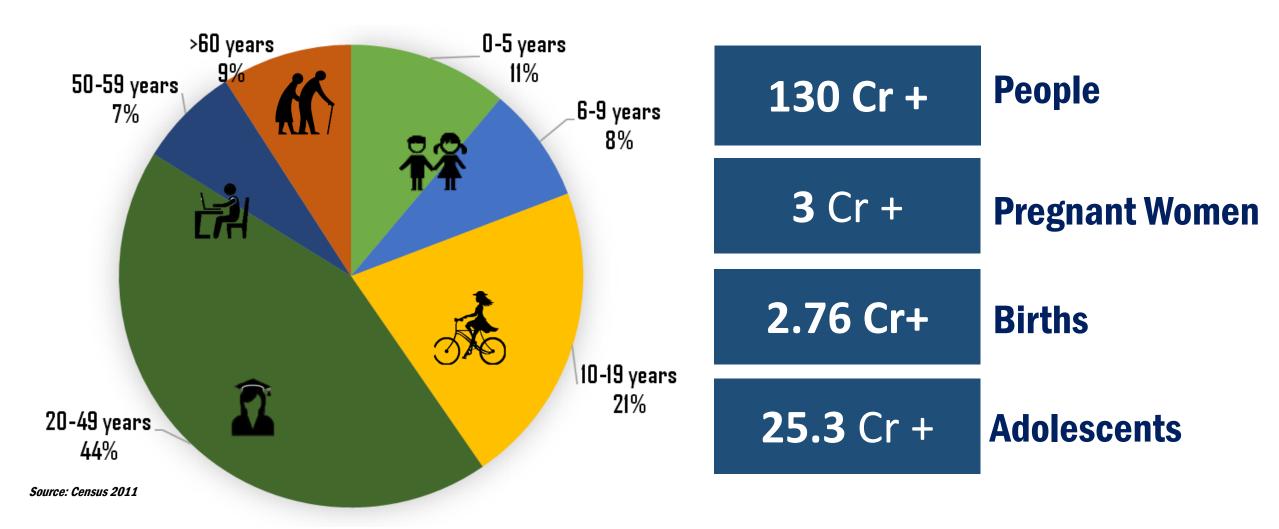
Reproductive Maternal Newborn **Child Adolescent Health Plus Nutrition** (RMNCAH+N)



Demographic Scenario

Understanding our population



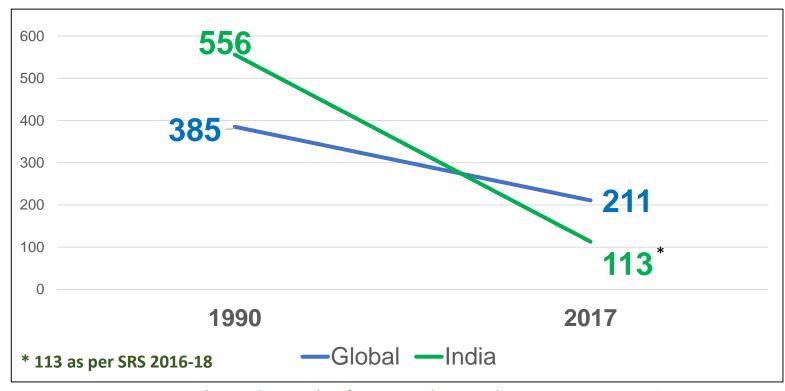
Targets: MMR, NMR, IMR, U5MR and TFR

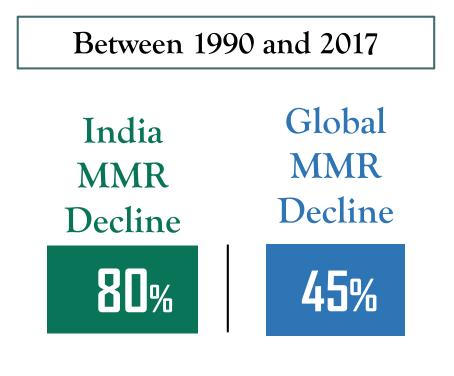
Indicator	Current status	National Health Policy	SDG 2030
Maternal Mortality Ratio	113*	100 by 2020	<70
Neonatal Mortality rate	23#	16 by 2025	<12
Infant Mortality Rate	32 #	28 by 2019	-
Under 5 Mortality Rate	36#	23 by 2025	≤25
Total Fertility Rate	2.2#	Replacement level fertility	

^{*} SRS 2016-18, # SRS 2018

National Health Policy Targets more ambitious than SDGs

Maternal Mortality Ratio (MMR)



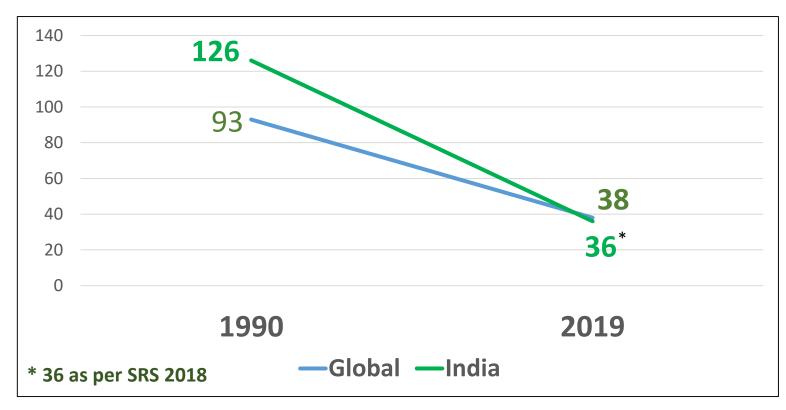


Data Source: SRS India and Trends of Maternal Mortality 2000-2017, UN MMEIG

SDG Target: 70 by 2030

As per SRS 2016-18, five States have already attained SDG target: Kerala (43), Maharashtra (46), Tamil Nadu (60), Telangana (63) & Andhra Pradesh (65)

Under 5 Mortality Rate (MMR)



Between 1990 and 2019

India
U5MR
Decline

U5MR Decline

Global

71%

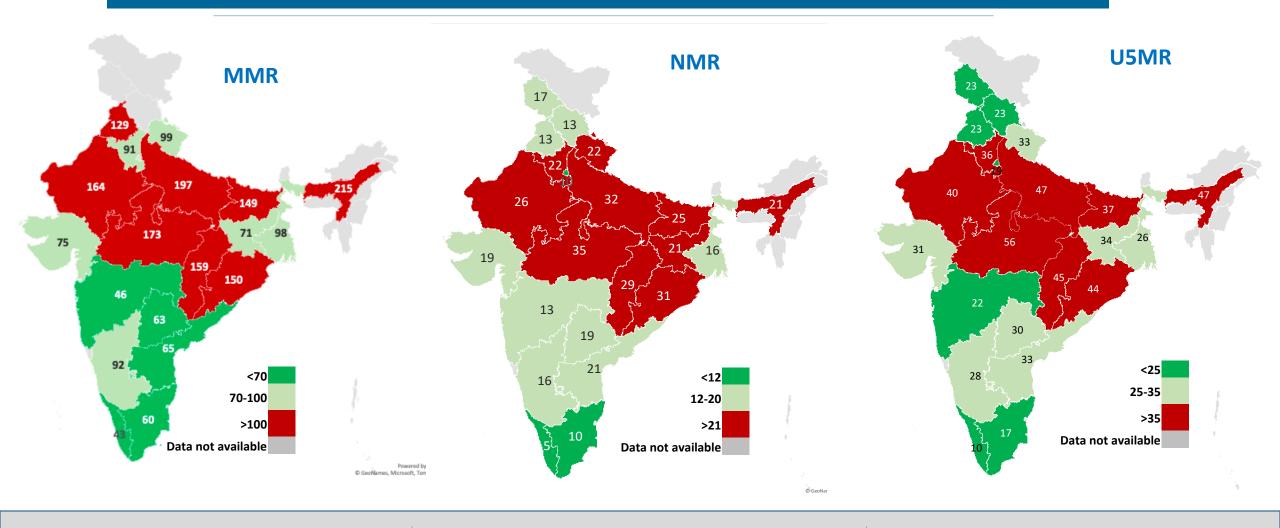
59%

Data Source: SRS, India and Levels & Trends in Child Mortality Report 2020, Estimates developed by the UN Inter-agency Group for Child Mortality Estimation

SDG Target: 25 by 2030

As per SRS 2018, seven States have already attained SDGs target: Kerala (10), Tamil Nadu (17), Delhi (19), Maharashtra (22), J&K (23), Punjab (23) & Himachal Pradesh (23)

Maternal & Child Mortality as per SRS 2018



High MMR: Assam (219), Uttar Pradesh (197), Madhya Pradesh (173), Rajasthan (164), Chhattisgarh (159), Bihar (149) and Punjab (129)

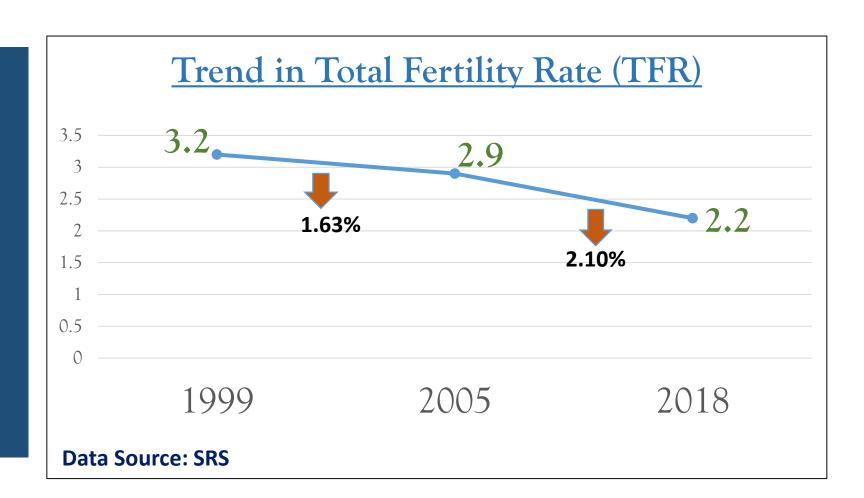
High NMR: Madhya Pradesh (35), Uttar Pradesh (32), Odisha (31), Chhattisgarh (29), Rajasthan (26), Bihar (25), Uttarakhand (22), Haryana (22), Assam (21) and Jharkhand (21)

High U5MR: Madhya Pradesh (56), Uttar Pradesh (47), Assam (47), Chhattisgarh (45), Odisha (44), Rajasthan (40), Bihar (37) & Haryana (36)

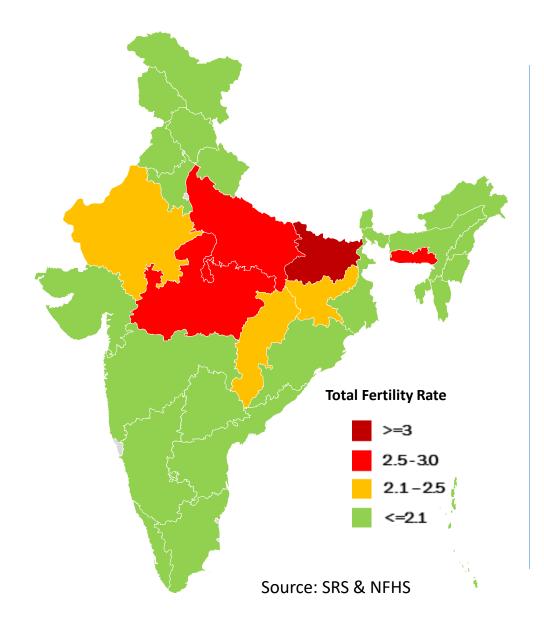
Total Fertility Rate (TFR)

India has seen a considerable decline in TFR over the last few decades;

From 3.2 in 1999 to 2.2 in 2018



Fertility levels in India

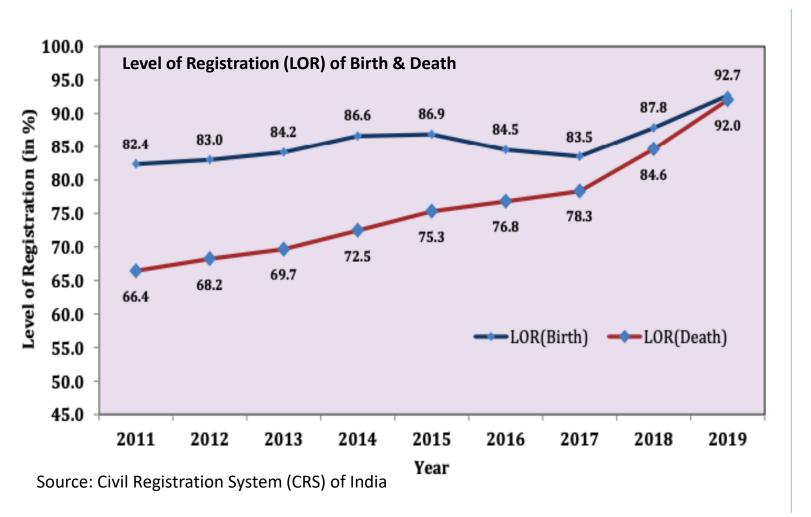


28 States and UTs (out of 36) have achieved replacement TFR

These 28 states/UT contribute to 58% of India's population

States showing maximum decline in TFR					
	NFHS IV	NFHS V	Decline		
JK	2.0	1.4	0.6		
ВН	3.4	3.0	0.4		
GO	1.7	1.3	0.4		
LM	1.8	1.4	0.4		
MN	2.6	2.2	0.4		
MZ	2.3	1.9	0.4		

Level of Registration of Births & Deaths



14 States/UTs have achieved the cent per cent (100%) level of registration of births:
Arunachal Pradesh, Assam, Goa,
Meghalaya, Mizoram, Nagaland,
Telangana, Tripura, Uttarakhand, West
Bengal, A& N Islands, Chandigarh, Delhi
and Puducherry.

19 States/UTs have achieved cent per cent level of registration of deaths: Andhra Pradesh, Goa, Gujarat, Haryana, Karnataka, Kerala, Maharashtra, Mizoram, Odisha, Punjab, Sikkim, Tamil Nadu, Tripura, West Bengal, A& N Islands, Chandigarh, D & N Haveli, Delhi and Puducherry.

Other Key RMNCAH+N Indicators

Reproductive Health

Maternal Health

Newborn & Child Health

Adolescent Health

17.7% of Health worker ever talked to female non-users about family planning

47.8 mCPR

0.3% Male Sterilization

12.9% Unmet Need

50.4% PW are anaemic

30.3% Consumption of IFA among PW

51.2% 4 ANC

21.0% Full ANC

40.9% C-Section at Pvt. Facilities

41.6% Early Initiation of Breast Feeding (EIBF)

54.9% are Exclusively Breastfed

9.2% Prevalence of diarrhoea

38.4% children are stunted

58.6% Children are anaemic

26.8% Teenage Marriage

7.9% Teenage Pregnancy

54.1% Adolescent are anaemic

57.6% are using hygienic methods of protection during menstrual period

Source: NFHS-4

Key Highlights of First phase of NFHS-5 data (released for 22 States/UTs)

- **Institutional deliveries**: 14 States/UTs reported more than 90% of institutional births in health facilities.
- Early Initiation and Exclusive Breastfeeding: 10 States have shown improvement in children breastfed within one hour of birth in comparison to NFHS-4. Whereas, 16 States/UTs have shown improvement in exclusive breastfeeding as compared to NFHS-4 data.
- Full Immunization Coverage (FIC): 18 states have shown improvement in Full Immunization Coverage (FIC) as compared to NFHS-4.
- Family Planning: 21 States/UTs have shown an increase in Modern Contraceptive use, 20 States/UTs have shown a decline in total Unmet Meet and 19 States/UTs have shown a decline in TFR.

Strategic Interventions under RMNCAH+N



Basket of Choices, Home Delivery of Contraceptives, Enhanced Compensation Scheme, MPV etc.

SUMAN, JSY, JSSK, LaQshya, PMSMA, Midwifery, FRUs, MCH Wings, etc.

Promotion of Breast Feeding etc.

Immunization, RBSK, Diarrhoea control, SAANS, NDD etc.

AH

RKSK, WIFS, AFHS, MHS, School
Health & Wellness Ambassador
Initiative etc.

MAA,CLMC, AMB, Poshan Abhiyan, NDD, HBYC, NRC, Vit A etc.



Key Interventions under Maternal Health

Surakshit Matritva Aashwashan (SUMAN)

Janani Suraksha Yojana (JSY) Janani Shishu Suraksha Karyakram (JSSK) Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA

Universal screening for GDM, HIV and Syphilis

Strengthening First
Referral Units (FRUs)
& Delivery Points
(DP)

MCH Wings and Obstetric HDUs/ ICUs

LaQshya – Labor Room & Maternity OT

Capacity Building of Human Resource: Dakshata, CEmONC, LSAS, SBA etc.

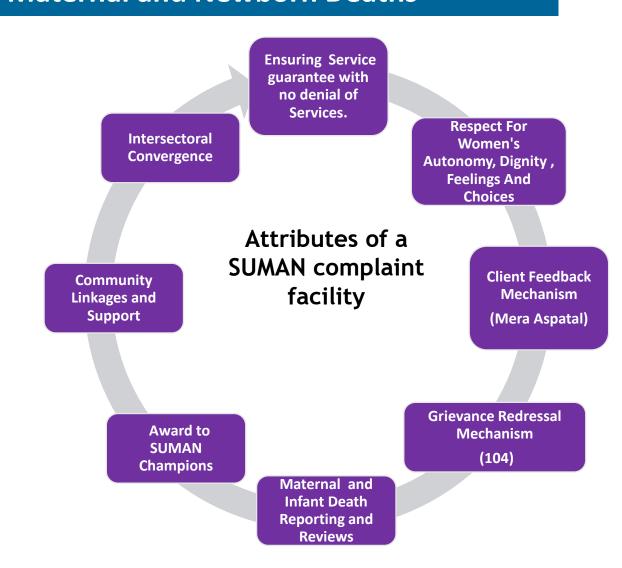
Midwifery Initiative

Comprehensive Abortion Care Services (CAC) Maternal Perinatal and Child Death Surveillance & Response (MPCDSR)

SURAKSHIT MATRITVA AASHWASAN (SUMAN) Initiative for Zero Preventable Maternal and Newborn Deaths

High quality of maternity care delivered with dignity and respect through *service* guarantee packages

- ✓ Respectful maternal care with no denial to services
- ✓ 104 Grievance redressal mechanism and health helpline will be integrated under SUMAN
- ✓ Community participation, ownership and sustained action for equitable and high-quality delivery of entitlements



SURAKSHIT MATRITVA AASHWASAN (SUMAN) Initiative for Zero Preventable Maternal and Newborn Deaths

Progress so far and way forward

- Standard Operational Guidelines disseminated in 2020-21
- Orientation on SUMAN held from Sept'20-Nov'20 during State MH reviews
- IEC collaterals developed and disseminated
- SUMAN Identified facilities:

CEMONC	BEmONC	BASIC	TOTAL
1109	2619	4140	7868

SUMAN notified facilities:

CEMONC	BEMONC	BASIC	TOTAL
763	1271	3473	5507



Challenges:

- 1. Many high case load facilities converted into dedicated Covid centres.
- 2. Non-functionalisation of 104 call centre across many State/UTs, which is necessary for validation of primary respondents of MDs
- 3. Assam, J&K, Kerala, MP, Maharashtra, Karnataka, Punjab (bigger states) yet to notify SUMAN facilities

Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)

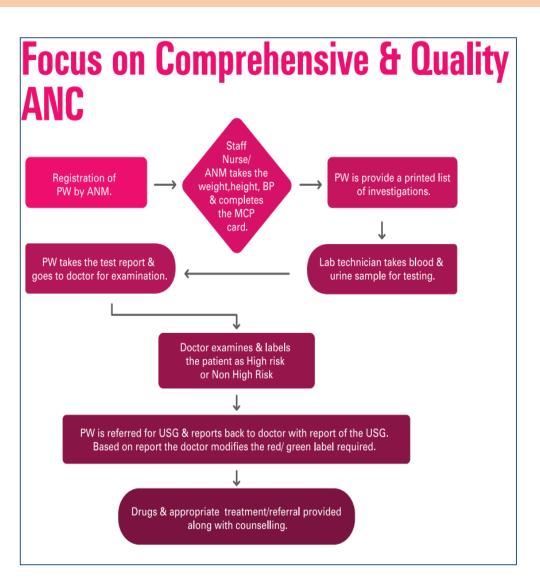
Initiatives to impart Quality ANC & HRP Detection

- Ensures quality antenatal care and high risk pregnancy detection in pregnant women on 9th of every month.
- Guarantees a minimum package of antenatal care services to women in their 2nd / 3rd trimesters of pregnancy at designated government health facilities.
- More than 2.88 crore ANC check-ups and more than 23.60 lakh high risk pregnancy cases have been identified across the country (as on 24.08.2021, PMSMA Portal)

Challenges:

- Reduced foot fall at PMSMA sessions due to Covid-19 pandemic
- Suboptimal HRP identification and tracking in some state/UTs.

Link: State wise status of HRP



LaQshya



(Labour Room Quality Improvement Initiative)

Initiatives to impart quality intra-partum care

Goal: To improve quality of care to pregnant woman and new born in labor room and maternity OT

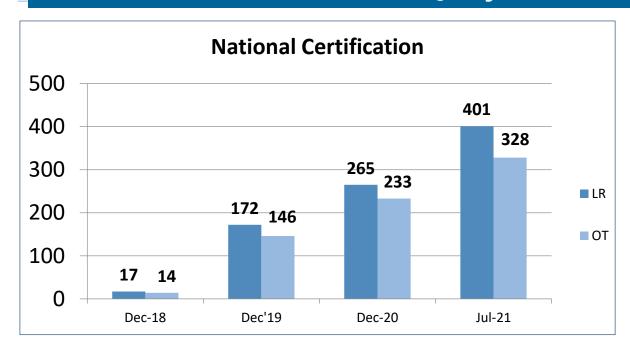
Target: 2805 LR and 1905 OTs: Government Medical Colleges, District Hospitals, Sub divisional Hospitals, FRU, high case load CHC

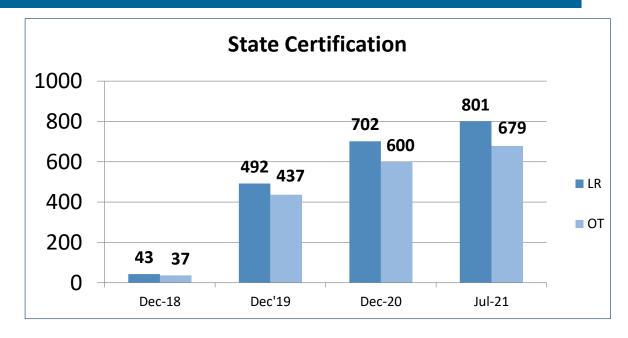
 National Quality Improvement Program for Intrapartum care, delivered in Labour Room and Maternity OT.

Challenges:

- 1. Zero LaQshya Certification of Medical Colleges in 27 State/UT.
- 2. High case load district level facilities converted into dedicated Covid health centres
- 3. Nil Certification: A&N and Lakshadweep
- 4. Medical College Certification: State/UTs need to expedite MCH LaQshya Certification

LaQshya Certification Status





Front runner states: Maharashtra ,Gujarat, Madhya Pradesh and Tamil Nadu

Interim Certification during the pandemic: In the current pandemic situation due to COVID-19, the States/UTs were facing difficulty in LaQshya certification

- The requirement for social distancing and restricted travel are main hindrances for undertaking assessments.
- Hence, State/UT should go for virtual certification of the healthcare facilities under LaQshya

Midwifery Services Initiatives in India

A Paradigm Shift from Traditional care to Collaborative care





Goal :To create a cadre of Nurse Practitioners in Midwifery who are skilled in accordance to competencies prescribed by the International Confederation of Midwives (ICM) and are knowledgeable and capable of providing compassionate women-centered, reproductive, maternal and newborn health care services"

Challenges:

- 1. Notification of NMTI at Hyderabad (Fernandez Foundation) pending
- 2. Resumption of Midwifery Educators training (Subject to easing of Covid restrictions)

Achievement

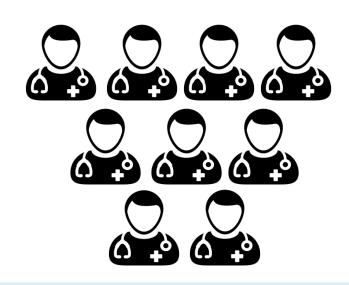
- As of now 14 National Midwifery Training Institutes have been identified
- Scope of Practice for Midwifery Educators and Nursing Practitioner Midwife has been launched.
- Curriculum for Midwifery
 Educators has been shared
 with NMTIs
- Curriculum for Nurse
 Practitioner Midwife has been published as the gazette notification

Comprehensive Abortion Care: Key Components



Health Facility Preparedness

(i.e availability of Drugs, Eqiupments & Trained Providers)



Pool of MTP Trained Providers

{through certification trainings of MBBS doctors (for 12 days) & certified trainings for OBGYNs & MTP trained doctors (for 3-6 days)}

Developing manuals, training packages, booklets and other IEC materials

MTP (Amendment) Act, 2021

The MTP Act, 1971 recognized the importance of providing safe, affordable, accessible and legal abortion services to woman who need to terminate a pregnancy due to certain therapeutic, eugenic, humanitarian or social grounds. The Act was amended for expanding base of beneficiaries, thereby increasing the ambit and access to safe abortion services. After Hon'ble President's assent the MTP (Amendment) Act 2021 was notified on 25th March, 2021.

The Medical Termination of Pregnancy (Amendment) Act, 2021, inter-alia, provides for:

- Requirement of opinion of one registered medical practitioner for termination of pregnancy up to twenty weeks of gestation.
- Requirement of opinion of two registered medical practitioners for termination of pregnancy of twenty to twenty-four weeks of gestation.
- Enhancing the upper gestation limit from twenty to twenty-four weeks for vulnerable groups of women (such as minors, differently abled women, victims of violence etc.).
- Non-applicability of the provisions relating to the length of pregnancy in cases where the termination
 of pregnancy is necessitated by the diagnosis of any of the substantial foetal abnormalities diagnosed
 by a Medical Board.
- Strengthening protection of privacy of a woman whose pregnancy has been terminated.
- Failure of contraceptive clause extended to woman and her partner.

Newborn & Child Health



Strategic Interventions under Child Health

Newborn & Child Health

Essential Newborn Care

Facility Based Newborn Care-SNCU/NBSU/NBCC

Paediatric Care (Paediatric Ward, ETAT, HDU)

HBNC & HBYC

Newer Interventions – KMC, FPC, Inj. Gentamycin etc Nutrition related intervention

Nutrition Rehabilitation Centres (NRCs)

IYCF promotion / MAA Program/ CLMCs

Anaemia Mukt Bharat (AMB) and Vitamin A suppl.

Deworming

Pneumonia and diarrhea related intervention

IMNCI and F-IMNCI

IDCF/ D2 Campaign

Promotion of ORS and Zinc use by ASHA

SAANS

RBSK

Screening at delivery points for birth defects

Screening at AWC and Schools for 4 Ds

DEICs establishment

ECD Call Centre

Facility Based Newborn Care – A Level Care System

When indicated,

Apex Institute/ Medical College

District Hospital / SDH

First Referral Unit /CHCs

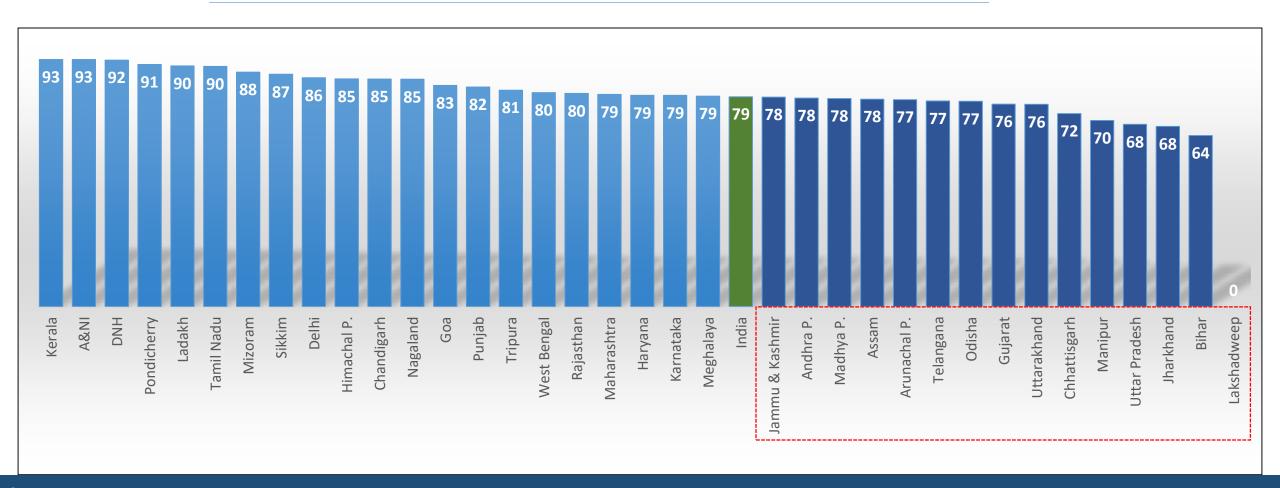
Tertiary Care-NICU

Special Newborn Care Unit (SNCUs)

Newborn Stabilization Unit (NBSU)

NBCCs at all Delivery rooms & Obstetric OTs

SNCU: Successful discharge 2020-21



Issues:

- Mentoring and Supportive supervision of Newborn Units Due to COVID pandemic. The field visits are also affected
- Poor performing NBSUs resulting overburdening on SNCUs HR and Reporting issues

Home Based Newborn Care (HBNC)



HOME BASED NEWBORN CARE Operational Guidelines (Revised 2014)

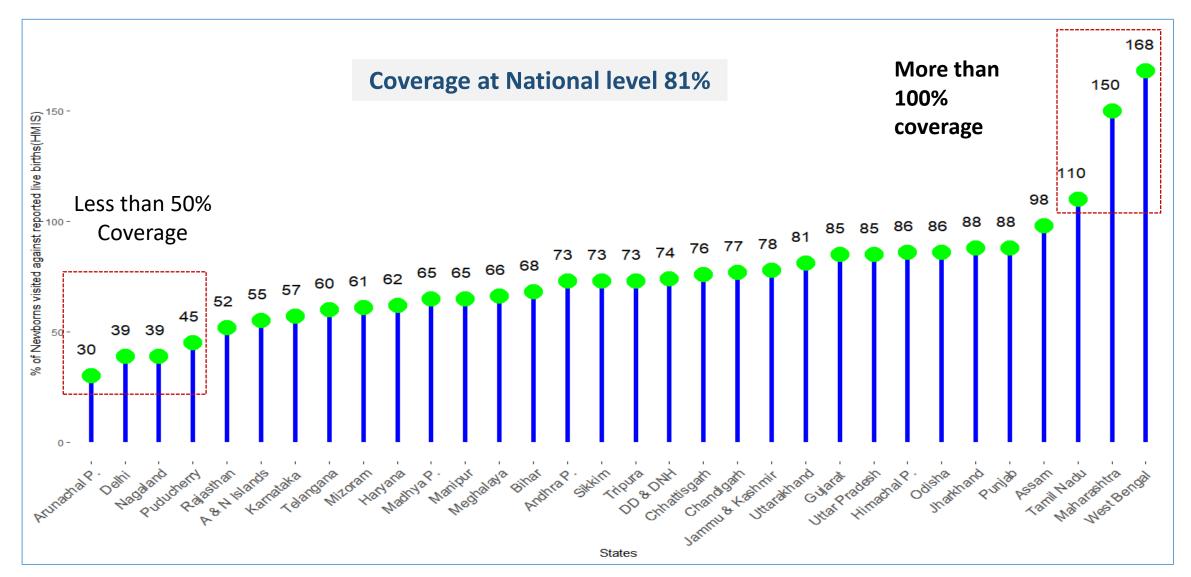


Ministry of Health and Family Welfare Government of India Community based newborn care practices through frontline workers (ASHAs) for Early identification of illness and prompt referral

Counsel care givers, examine the newborn (for feeding, skin, cord or eye infection), weigh the baby, check temperature and respiratory rate, check for signs of illness

Targets home + institutional deliveries (6 / 7 home visits by ASHAs within 42 days of birth)

HBNC Coverage



Data quality issue







Home Based Care for Young Child (HBYC)

Strengthening of Health & Nutrition through Home Visits

OPERATIONAL GUIDELINES

April 2018



A Joint Initiative of Ministry of Health and Family Welfare & Ministry of Women and Child Development

Home Based Care of Young Child (HBYC)

Launched in 2018 by the Hon'ble Prime Minister

Community based child care practices through frontline workers (ASHAs) as an extension of HBNC Program

Improve nutrition status, growth and early childhood development of young children, reduce child mortality and morbidity

Implemented in 517 districts (including all Aspirational Districts) as of 2020-21.

Remaining Districts will be covered in phased manner

Additional home visits by ASHA on 3rd, 6th, 9th, 12th and 15th months

promoted during HBYC home visits Add variety of food from family pot, booster Increase amount vaccination of CF, give feeds adequate in quality & quantity Increase frequency of CF, Initiate measles vaccine complementary feeding (CF), introduce IFA syrup **Promote Exclusive Breastfeeding** 15 Months 12 Months Months Months Months 2nd visit 3rd visit 4th visit 5th visit 1st visit

Age-appropriate interventions to be

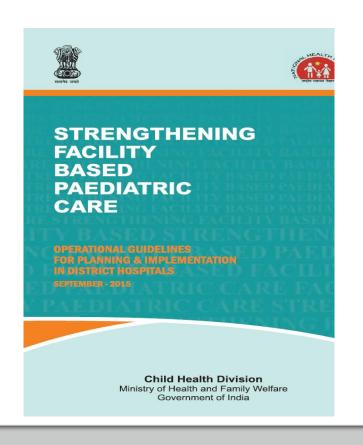
Monitor growth & promote ECD at each visit using MCP card

SAANS (Social Awareness & Action to Neutralize Pneumonia Successfully)



- Childhood Pneumonia Management Guidelines and SAANS (Social Action and Awareness to Neutralize Pneumonia Successfully) released in 2019
- Modules on Capacity Building of Medical Officers, Staff Nurses, CHOs has been disseminated to States/ UTs in October, 2020.
- SAANS Campaign rolled-out in the States/ UTs from 12th November, 2020 28th February 2021 with aims:
 - to generate awareness around protect, prevent and treatment aspects of Childhood Pneumonia and
 - to enhance early identification and care seeking behaviors among parents and caregivers.

Strengthening Facility Based Pediatric Care



- Guideline on Strengthening Facility Based Pediatric Care in District hospitals (Paediatric HDU, ETAT, Paediatric Ward)
- released in 2015 (Currently being updated)
- Paediatric components under ECRP II package:
 - Dedicated Paediatric COVID Care Unit at each district with O2 supported beds, Hybrid unit of HDU/ ICU for intensive care (at District Hospital / Medical College)
 - Augmentation of Paediatric ICU Beds at various level of facilities (atleast 20% of total ICU beds).
 - Establishment of atleast one Paediatric Centre of Excellence (CoE) including Tele-ICU in each State.
 - Capacity Building of various levels of Health functionaries on Paediatric COVID Management
 - Providing funds for drug procurement (including buffer stocks) and diagnostics for service delivery







Rashtriya Bal Swastya Karyakram (RBSK)

- RBSK is an innovative and comprehensive initiative to improve quality survival of children, through early identification and timely management (both medical & surgical) of 32 selected health conditions at Zero cost to the families
- Systemic approach of early identification and management of 4Ds: Defects at birth, Diseases, Deficiencies and Developmental delays including Disabilities in children 0 to 18 years of age in a holistic manner
- School health programme under NRHM subsumed under RBSK to include comprehensive screening for all children at anganwadis, schools, all delivery points and at Home (ASHA) ensuring free treatment even at tertiary level hospitals
- To prevent and minimize disability, High risk children are managed at District Early Intervention Centre (DEIC) by team of multidisciplinary specialists

Rashtriya Bal Swastya Karyakram (RBSK)

- Newborn Screening for defects at birth
- •Screening of children at AWCs and in schools

Screening

Referral

• Early Intervention Centre (DEIC) at District hospital for confirmation, further assessment and as referral linkage to appropriate health facility

 Free of cost management of children identified with ailment in District Early Intervention Centre and referral at pre-identified tertiary level institutions for surgery

Management

"From Survival to Healthy Survival"

Systemic approach for early identification and management of 4Ds - Defects at birth, Deficiency, Diseases and Developmental Delays for children of 0-18 years.

Focus on Early Childhood Development (ECD)



- 1000 day Booklet released
- Messages integrated in MCP Card
- HBYC Platform to be leveraged
- Ayushman Bhava app developed
- Call Centre approach

Programmatic Challenges/Issues under Child Health

Poor Recognition and functioning of NBSUs – burdening on SNCUs

Strengthening of
Paediatric Care
Facilities at DH/ SDH/
CHC level

Quality Home Visits by ASHAs under HBNC / HBYC

Data quality of HBNC/ HBYC visits

Handholding and skill building under SAANS Campaign – Due to COVID pandemic Implementation of
Child Death Review
(Nearly 40% reporting
against estimation) –
Uttar Pradesh, West
Bengal are not
implementing

Implementation of Comprehensive New born Screening across designated delivery points

Operationalization of
District Early
Intervention Centres
(DEICs) as per RBSK
DEIC Guidelines



Child Health Nutrition Programmes

Key Interventions under Child Health Nutrition

Anemia Mukt Bharat Strategy

National Deworming Day (NDD)

Nutrition Rehabilitation Centres (NRCs)

Intensified Diarrhoea
Control Fortnight

Mothers Absolute
Affection (MAA)
programme

Lactation Management Centres (LMCs)

Vitamin A supplementation

POSHAN Abhiyaan



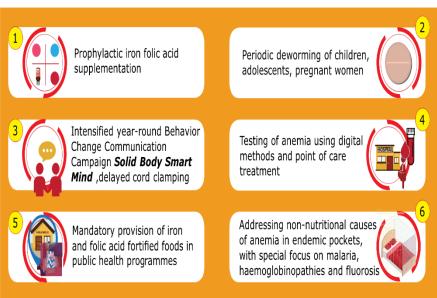
Anaemic Mukt Bharat (AMB)

Anemia Mukt Bharat (AMB) strategy, launched in 2018 to reduce anaemia prevalence (due to nutritional and non-nutritional causes)

Six target age groups

124 million Children 17 6-59 months 134 million million women of children reproductive (5-9 years) (20-24 years) beneficiaries 115 27 million million adolescent boys lactating and girls mothers (10-19 years) 30 million pregnant women

Six interventions



Six Institutional Mechanisms



Issues in AMB implement ation

Sub optimal coverage of children 6-59 months, children (5-9 years) and adolescents (10-19 years) for IFA supplementation

IFA supplementation in Women of Reproductive Age (WRA) 20-49 years yet to be initiated in most of the States/UTs

Delay in procurement of digital hemoglobinometers and consumables at the States/UTs in view of COVID-19 (So far, 12 States/UTs have procured, rest are in process)

Challenges in procurement of IFA faced by several States/UTs (Central Procurement initiated)

Inter-departmental convergence to address non-nutritional causes (hemoglobinopathies, fluorosis and malaria) of anemia

Nutrition Promotion





MOHFW is one of the stakeholders of POSHAN Abhiyaan implemented by MWCD – It is India's flagship programme to improve nutritional outcome of children, adolescent, pregnant and lactating mothers by leveraging technology, targeted approach and convergence as undernutrition is underlying cause in one-third of child deaths.

- Anemia Mukt Bharat (AMB), Home Based care for Young Child (HBYC) are the important activities under POSHAN Abhiyaan
- The other activities of MoHFW under POSHAN Abhiyaan are Home Based Newborn Care (HBNC), Intensified Diarrhoea Control Fortnight (IDCF), National Deworming Day (NDD), Universal Immunization Programme (UIP)
- MoHFW actively participates in POSHAN 'Maah' (September) and POSHAN 'Pakhwada' (starting from 8th March) celebrated every year

Other Key Challenges

- Disruption of NRC services due to COVID 19; low bed occupancy rate (BOR)
- Conversion of NRCs into COVID wards
- Unavailability of critical HR in NRC i.e. 'Nutrition counsellor' in some States/UTs
- Reduction in the rate of early initiation of breastfeeding (EIBF) despite improvement in institutional deliveries
- Deputation of IYCF trained staff to other wards

Universal Immunization Programme



Universal Immunization Programme (UIP): Scope & Scale

Annual target

-2.6 crore newborns;

-2.9 crore pregnant women

Vaccine against 12 Vaccine Preventable Diseases

-10 nation wide;

-2 sub-nationally

[PCV: under expansion; JE: endemic districts]

One of the largest Public Health Programmes

Approx. 1.2 crore sessions planned per year (Source: HMIS*)

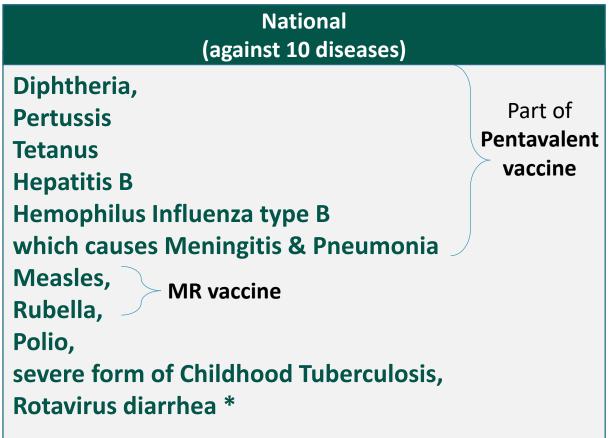
Approx. 29,000 cold chain points for storage and distribution of vaccines

(Source: NCCMIS*)

All vaccines, cold chain equipment (CCE) and syringes are procured centrally

Vaccines under UIP

Under UIP, immunization is being provided free of cost against 12 vaccine preventable diseases as per National Immunization Schedule



^{*} Rotavirus vaccine in entire country except Uttar Pradesh supported through domestic budget; UP through Gavi support

Sub-National (against 2 diseases)

Pneumococcal Pneumonia#

- PCV is currently in 26 States/UTs and being expanded to entire nation as per budget announcement.

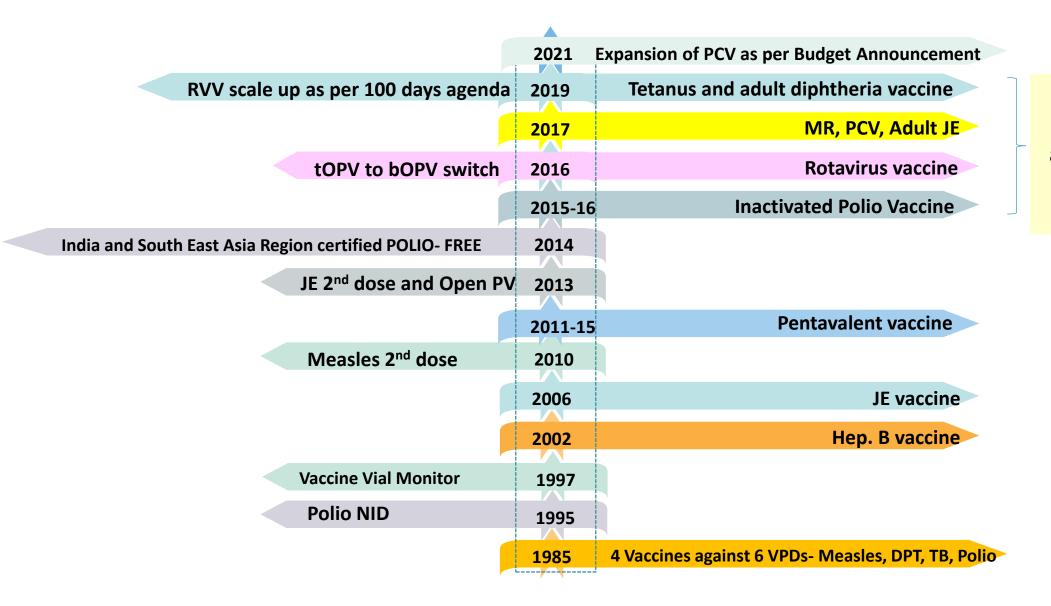
Japanese Encephalitis

- -336 districts across 22 states have been identified as JE endemic by NVBDCP.
- -Of these, JE vaccine has been introduced in routine immunization in 276 districts across 21 states.
- -Campaign is planned in remaining 60 districts, as per availability of vaccine[^] and during non outbreak period

Other Combination vaccines: DPT- Diphtheria, Pertussis and Tetanus and Td: Tetanus and Adult Diphtheria

[#] Pneumococcal conjugate vaccine (PCV): under Gavi support till mid 2021 ^Constraint in supply of JE vaccine by supplier

Roadmap Universal Immunization Programme (UIP)



Six new vaccines added under UIP since 2015-16

Milestone Achieved





On 27th March 2014, South-East Asia Region of WHO, including India, certified POLIO-FREE

On 14th July 2016, WHO certified India for eliminating maternal and neonatal tetanus

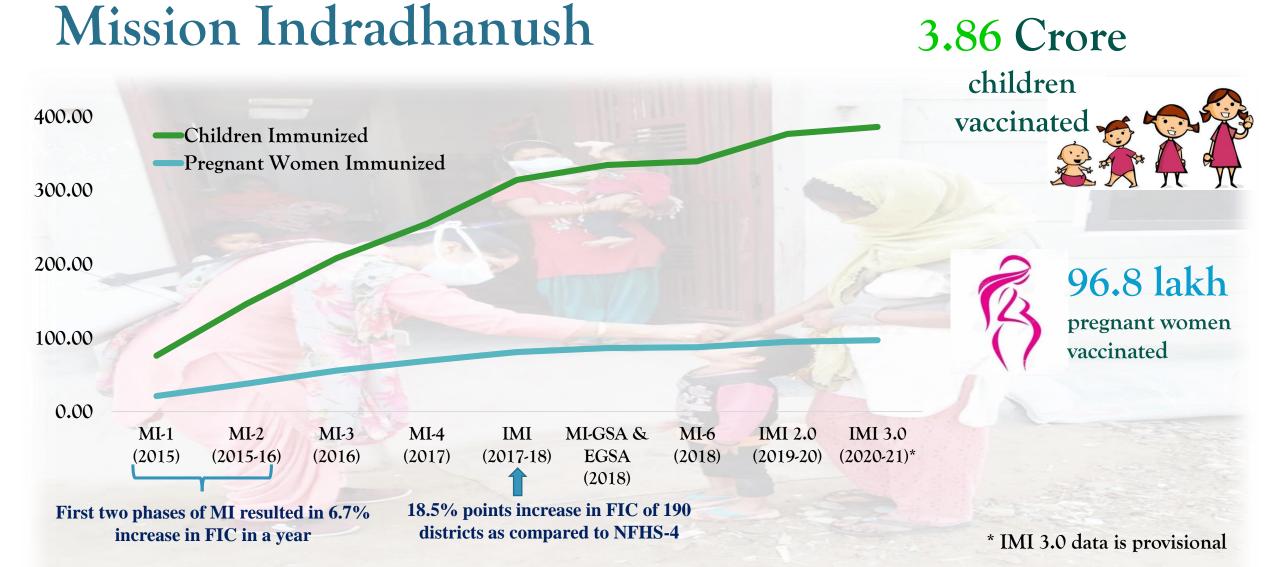
Mission Indradhanush (MI)



Launched on 25th December 2014

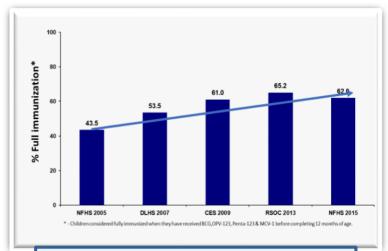


- Increasing full immunization coverage to 90% and sustain it through RI.
- 701 districts covered in various phases including Intensified MI.
- One of the flagship schemes under Gram Swaraj Abhiyan (GSA) & Extended GSA.



1st Phase of NFHS-5 data released for 22 states, of which 18 states have shown improvement in Full Immunization Coverage (FIC) as compared to NFHS-4. More than 10% increase in FIC in 11 States/UTs

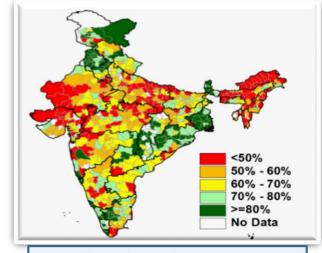
Programmatic Challenges



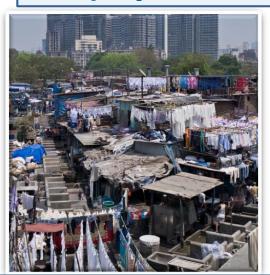
Slow Progress



Acceptance



Equity Issues



Rapid Urbanization



Accessibility



Migrant Populations

Programmatic Challenges due to COVID-19

- Due to COVID-19 containment many outreach sessions not being held, resulting in a fall in immunization coverages.
- Decline in Vaccine Preventable Disease (VPD) Surveillance.
- Large scale movement of migrant population
- Hesitancy among caregivers to take their children to healthcare facilities due to fear of exposure to COVID-19.
- Since Anganwadi centres & schools are closed RI sessions are being organized at alternate session sites affecting the uptake of services.
- Overlap of work due to engagement of ANM and frontline workers in COVID containment and COVID vaccination



National Family Planning Programme

Reaching more women and young couples

As of 2020:

13.9 CRORE

Women and girls are using modern contraception in India













+1.5



CRORE additional women and girls are using modern contraception compared to 2012

AS A RESULT OF MODERN CONTRACEPTIVE USE

5.5 CRORE
Unintended pregnancies were averted

18.3 LAKH Unsafe abortions were averted

23 THOUSAND Maternal deaths were averted

Key highlights of FP Programmes

India was the first country to launch National Family Planning Program

Policy Level

- Target free approach
- Voluntary adoption of Family Planning Methods
- Based on felt need of the community
- Children by choice and not chance

Service Level

- More emphasis on spacing methods
- Assuring Quality of services
- Expanding Contraceptive choices

Key FP Initiatives and Strategies

- Expansion of the basket of FP Choices and addressing the need of high fertility districts
- Augmenting the demand through ASHA Schemes for Family Planning
- Quality IUCD services
- Quality sterilization services
- Strengthening supply chain
- Generating demand and awareness for FP services

Key Interventions: Reproductive Health

Mission Parivar Vikas: launched in 146 high fertility districts (TFR > 3.0) in seven high focus states **New Contraceptive Choices:**

Injectable contraceptives (under Antara programme) and Centchroman (Chhaya)

Family Planning Logistics
Management Information System
(FP-LMIS)

Quality Assurance Committees at State and District levels to monitor the quality of Family Planning services including adverse events.

National Family Planning Indemnity
Scheme (NFPIS)

Enhanced Compensation scheme

Scheme for Home delivery of contraceptives by ASHAs at doorstep of beneficiaries.

Vasectomy Fortnight

World Population Day campaign

Contraceptive Basket of Choice

Injectable MPA and Centchroman has been recently introduced in contraceptive basket

Temporary Methods

- Condoms (Nirodh)
- Oral Contraceptive Pills-
 - Combined Oral Contraceptives (Mala N)
 - Centchroman (Chhaya)
 - Emergency Contraceptive Pills (Ezy Pill)
- IUCD-380A, 375
- Injectable MPA (Antara Program)

Permanent Methods

- Male Sterilization (Conventional Vasectomy/NSV)
- Female Sterilization (Minilap/Laparoscopic)























IUCD 375

Mission Parivar Vikas (MPV)

Objective: To accelerate access to high quality Family Planning choices in **146 districts in UP, BH, RJ, MP, CG, JH and AS**

Supply Side Strategies:

- Revision of sterilization compensation
- Operationalization of all delivery points for PPIUCD
- Incentive scheme for Injectable MPA
- MPV Campaigns
- Distribution of CC, OCP through SAARTHI
- COT Scheme
- Dedicated workforce for FPLMIS

Demand Generation Strategies:

- Distribution of Nayi Pehl Kits
- Saas Bahu Sammellan
- Installation of Condom boxes
- SAARTHI- Awareness vehicles
- Advocacy meetings at district and block level

Strengthening Supply chain

Unified Software for FP logistics to streamline FP logistics and supply chain management

- Web based, App based and SMS based application
- Instant access to stock information from National level to ASHA level
- Auto forecasting of contraceptives
- SMS alerts for key indicators
- Auto generated reports for program review





Rashtriya Kishor Swasthya Karyakram &

Ayushman Bharat-School Health & Wellness Programme



Rashtriya Kishor Swasthya Karyakram (RKSK)

- Launched in 2014
- The approach is a paradigm shift, and realigns the clinic-based curative approach to focus on a more holistic model
- Based on continuum of care for adolescent health and development needs through the public health system
- A multi-component intervention targeting both determinants of health problems and their consequences.
- The programme has expanded the scope of adolescent health programme in India from being limited to sexual and reproductive health. It now includes nutrition, injuries and violence ,non-communicable diseases, mental health and substance misuse.

Key Interventions under Adolescent Health



FACILITY BASED APPROACH



Adolescent Friendly Health Clinics

Provide counselling and clinical services

SCHOOL BASED APPROACH

Weekly Iron & Folic **Acid Supplementation Programme**

Administration of supervised weekly dose of Iron & Folic Acid



Hygiene Scheme

Menstrual Increases menstrual hygiene Knowledge & provides regular supply of sanitary napkins

COMMUNITY BASED APPROACH

Adolescent Health Day

Organised quarterly to increase awareness about adolescent health

Convergence for Out of School Children

Peer **Educator Programme**

Regular & sustained peer education



Ayushman Bharat School Health & Wellness Ambassador Initiative



Age appropriate, skill-oriented, theme based, graded curriculum for the teachers to implement the activities at school level launched on 12th Feb, 2020- a joint collaboration between MoHFW and MoE,

Two teachers in every school designated as "Health and Wellness Ambassadors", will be trained to transact health promotion and disease prevention information in the form of interesting activities for one hour every week

24 hour sessions will be delivered through weekly structured interactive classroom-based activities

Every Tuesday may be dedicated as Health and Wellness Day in the schools

These health promotion messages will also have bearing on improving health practices in the country and students will act as Health and Wellness Messengers in the society.

Key RMNCAH+N Issues

Large inter-state and intradistrict variations Persistent Urban-Rural differential and Gender differential in Child Mortality

46% of all maternal deaths, 40% stillbirths and 20% of under-five deaths occur on the day of birth

Undernutrition underlying cause of nearly 50% of child deaths

Quality of Care & Respectful Maternity Care

Maternal Perinatal & Child Death Review

Persistent high level of anemia in children, Adolescent, pregnant women and women of reproductive age (15-49 yrs)

High C Section Rates

Early Childhood
Development

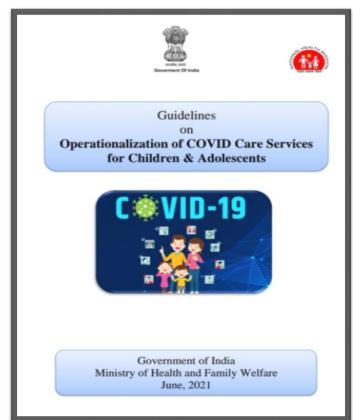
Data Quality , Monitoring & Supervision

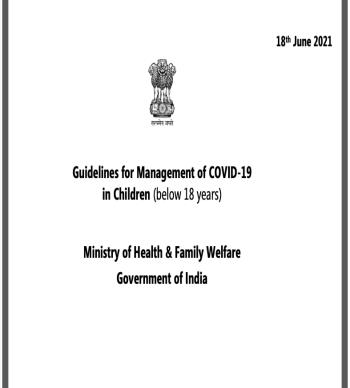


Paediatric COVID Care Services

Guidelines on Paediatric COVID Care

• In order to strengthen the paediatric services the Ministry has released 2 guidelines - Health System Strengthening and Clinical Management.





Guidelines for Management of COVID 19 in Children (below 18 years) on 18th June 2021.

- States/ UTs are briefed on Paediatric COVID preparedness
 - Chief Secretaries by
 Cabinet Secretary on 19th
 June 2021
 - Health Secretaries and MDs (NHM) – by Secretary (H&FW) on 22nd June 2021

"Guidelines on Operationalization of COVID Care Services for Children & Adolescents" on 14th June 2021

Infrastructure Augmentation (Beds, equipment, oxygen, drugs, consumables)

- 10% beds in existing COVID facilities to be converted to Paediatric beds.
- 5% of Paediatric cases may require hospitalization
 3% Oxygen beds and 2% HDU/ICU beds.
- Paediatric beds at Dedicated COVID Health Centers (DCHC) should be O2 supported beds and at Dedicated COVID Hospital (DCH) it should have both HDU and ICU beds.
- Separate designated areas within the COVID facilities for children and accompanying parents.



Service Delivery – Community Level

- Surveillance and Home testing
- Home Isolation for mild and asymptomatic case
- Home delivery of required drugs
- Monitoring by checklists and timely referral if red flag signs appear
- Teleconsultation with Medical Officer and Pediatrician
- Isolation at COVID Care Centre (CCC) when home isolation is not feasible
- Conversion of schools, stadiums, lodges etc. to COVID Care Centres with support of ASHAs ANMs, MPWs, School teachers, PRI institutions, volunteers etc.
- Vaccination trial for Children is under-process.
 Parents and caregivers are encouraged for vaccination for prevention of infection in children.



Service Delivery – Facility Level

Acute COVID

- Three levels of COVID care facilities: CCC; DCHC; DCH
 - Create beds for children in COVID Care facilities

MIS-C

 Strengthening of non COVID Children Wards: at DH & Medical Colleges HDU/ICU; Piped Oxygen

Levels of Care for Paediatric cases

Asymptomatic/ Mild



Home Isolation (Consultation)

Mild



Home Isolation /
Admit in COVID Care
Centre (CCC)

Moderate



Admit in DCHC/ DCH (COVID-19 Hospital)

Severe



or ICU at DCH (COVID-19 Hospital)

Actions Required at State/ UT level

- Regular Review and Monitoring with districts of Paediatric COVID situation and update on COVID 19 portal for infrastructure, caseload etc.
- Monitor ECRP II package implementation for timely completion and update regularly on COVID portal-
 - Establishment of Dedicated Paediatric ward with Oxygen supported Beds and HDU/ICU hybrid Units at each District
 - Augmentation of Paediatric ICU Beds at various levels of facilities
- Completion of Capacity building of on Paediatric essential CoVID care services of Doctors, Nurses, FLWs, etc. and send regular update to MoHFW.
- **Set-up of CoEs for Paediatric Care** and mechanism for mentoring of Districts Paediatric units & ICUs. Set-up mechanism for **Teleconsultation** at hubs with Paediatric experts.

Actions Required at State/ UT level

- State Medical Education and Health Departments to coordinate and lead the preparations and mentorship in MC, DH, CHCs etc.
- Ensure equipped Referral transport arrangements and ensure Drug availability (including Buffer Stock) diagnostic services
- Translate and widely disseminate **IEC materials** for confidence Building and Fear Mitigation- for parents, caregivers, ASHAs, ANMs, Schools/ AWWs. Strengthening of community level activities and awareness campaign
- Set-up mechanism for notification of real time availability of Paediatric beds in public domain.
- Arrangements for caregivers (Parents/ family members) at facility bedding, food, water, sanitizers etc.

Thank You!

Status of HRP detection During PMSMA in the FY'2020-21							
SI.No	State	Total number of pregnant women Received Antenatal care under PMSMA	Total Number of High Risk Pregnancy Identified at the PMSMA Health Facility	%HRP detected			
1	LAKSHADWEEP	810	284	35			
2	TAMIL NADU	305134	101640	33			
3	KARNATAKA	67202	20845	31			
4	MADHYA PRADESH	981	254	26			
5	TELANGANA	212334	54383	26			
6	WEST BENGAL	31712	6376	20			
7	KERALA	2591	515	20			
8	PUNJAB	53295	9420	18			
9	ANDHRA PRADESH	271491	46771	17			
10	CHANDIGARH	6237	992	16			
11	HARYANA	171910	26505	15			
	ANDAMAN AND NICOBAR ISLANDS	3445	524	15			
13	MAHARASHTRA	72133	9244	13			
14	GUJARAT	164496	19446	12			
15	SIKKIM	767	89	12			
16	UTTAR PRADESH	837298	91850	11			
17	DELHI	30598	3328	11			
18	ASSAM	20152	2013	10			

Status of HRP	detection	During	PMSMA	in the	e FY'2020	-21
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SI.No	State	Total number of pregnant women Received Antenatal care under PMSMA	Total Number of High Risk Pregnancy Identified at the PMSMA Health Facility	%HRP detected
19	MANIPUR	2265	209	9
20	ODISHA	75058	6322	8
21	JAMMU AND KASHMIR	9584	788	8
22	UTTARAKHAND	11326	901	8
23	HIMACHAL PRADESH	30647	2408	8
24	CHHATTISGARH	35099	2464	7
25	JHARKHAND	100101	6636	7
26	GOA	5255	286	5
27	RAJASTHAN	147511	7280	5
28	NAGALAND	1915	84	4
29	BIHAR	490772	20671	4
30	ARUNACHAL PRADESH	3354	127	4
31	MIZORAM	8951	287	3
32	TRIPURA	1784	55	3
33	MEGHALAYA	553	10	2
34	DADRA AND NAGAR HAVELI	0	0	0
35	DAMAN AND DIU	0	0	0
36	PUDUCHERRY	0	0	0
	Total	3176761	443007	14

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