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RCH Programme - A boom to health care delivery

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A B S T R A C T

Reproductive and child health approach has been defined as 'people having the ability to reproduce and regulate their fertility'. Women are able to go through pregnancy and child birth safely. The outcome of pregnancies is successful in terms of maternal and Infant Survival and well-being and couples are able to have sexual relations free of fear of pregnancy and of contracting diseases. This programme plays an import role in health care services and health delivery related to child and mother.

Key words: RCH, Reproductive & Child Health, Health Care Delivery.

INTRODUCTION

RCH programme was launched on 15 Oct 1997. RCH is an acronym for Reproductive and Child Health. It is a programme that aims at combating and reducing the mortality rates of mothers, infants, and children. During the first stage of the programme, there was a list of objectives which is aimed at achieving, which are as follows:[1]

1. To enhance the administration and supervision of the policy by adopting a participatory devising strategy thereby empowering organizations to maximum utilization of the project resource. To intensify the quality, coverage and the productiveness of the current Family wellness services.

2. To eventually increase the range and coverage of the services pertaining to the Family welfare to ultimately provide a specified package of fundamental RCH assistance. Successively increase the range and content of existing wellness services concerning family welfare (FW) so as to incorporate more components.[2]

Preference to be given to remote areas of cities or districts to cause an increase in the quality and improvement in the infrastructure of the FW services. The outcomes of this stage of RCH where both positive and unsuccessful to an extent. The RCH is now at its second stage, RCH-II. Listed below are its aims:

It aims at extending assistance and services to the complete sector of Family Welfare, even exceeding the scope of RCH. It has undertaken careful surveillance of the activities of the state and holds the state responsible for the overall development of the programme through its involvement. To provide better services, it has adopted the decentralization policy. It permits states to regulate and enhance various features of the schemes as per convenience.[5]

It regularly upgrades the supervising and evaluation processes at various levels – the central level, state level and the district level to assure enhanced programme implementation. It provides funding based on the performance, by rewarding and appreciating good performers and encouraging weak

performers through assistance. Promotes cooperativeness and convergence throughout the sector in order to utilize resources and infrastructural facilities to the maximum.[3]

Main components

- Immunization
- At least three antenatal check-ups
- Prevention and treatment of anemia
- Early identification of maternal complications
- Promotion of institutional deliveries
- Management of obstetric emergencies
- Birth spacing
- Diagnosis and treatment of RTIs and STDs.

Essentials of newborn care

The primary goal of essential newborn care is to reduce prenatal and neonatal mortality. The main components of essential newborn care are resuscitation of newborn with asphyxia prevention of hypothermia, exclusive breast feeding and referral of sick new born.

Immunization

Vitamin A prophylaxis

The strategies are to train medical and other health personnel in essential newborn care, provide basic facilities for care of low birth weight and sick newborn in FRU and district hospitals etc.[4]

Obstetric care

Essential obstetric care intends to provide the basic maternity services to all pregnant women through early registration of pregnancy (within 12-16 weeks), provision of minimum three antenatal checkups by ANM or medical officer to monitor progress of the pregnancy and to detect any risk/complication so that appropriate care Including referral could be taken in time, provision of safe delivery at home or in an institution, provision of three postnatal checkups to monitor the postnatal recovery and to detect complications.[6]

Emergency obstetric care

Under the RCH programme the FRUs will be strengthened through supply of emergency obstetric kit, equipment kit and provision of skilled manpower on contract basis.

24-Hour delivery services at PHCs / CHCs

To promote institutional deliveries, provision has been made to give additional honorarium to the staff to encourage round the clock delivery facilities at health centres. Control of reproductive tract infection RTI)

Sexually transmitted disease (STD)

Under the RCH programme, the component of RTI/STD control is linked to HIV and AIDS control. It has been planned and implemented in close collaboration with National AIDs Control Organization (NACO). NACO provides assistance for setting up RTI/STD clinics up to the district level. The assistance from the Central Government is in the form of training of the manpower and drug kits including disposable equipment. Each district will be assisted by two laboratory technicians on contract basis to test blood, urine and RTI/STD tests,

RCH camps

In order to make the services of specialists like gynecologists and pediatricians available to people living in remote areas, a scheme of holding camps has been initiated in 102 districts covering 17 states from January, 2001. Camps are being organized in Haryana, Madhya Pradesh, Rajasthan, Arunachal Pradesh, Uttar Pradesh and Meghalaya.

RCH out-reach scheme

During 2000-2001, an RCH out-reach scheme was initiated to strengthen the delivery of Immunization and other maternal and child health services In remote and comparatively weaker districts and urban slums in Uttar Pradesh, Madhya Pradesh, Rajasthan, Bihar, Assam, Orissa, Gujarat and West Bengal.

The RCH programme implementation is based on differential approach. Inputs in all districts have not been kept uniform because efficient delivery will

depend on the capability of the health system in the district. Hence, basic facilities are proposed to be strengthened and streamlined in the weaker districts.

More sophisticated facilities are proposed for the relatively advanced districts. All the districts have been divided in to three categories on the basis of crude birth rate and female literacy rate. Category A having 58 districts. Category B having 184 districts and Category C having 265 districts. All the districts will be covered in a phased manner over a period of three years. The programme was formally launched on 15th October 1997.[7]

Key aspects of RCH

Playing a vital role in key decision making and monitoring the implementation of health schemes in the country. Helps health workers in planning for service delivery and identification of beneficiary due for Antenatal Check-up, Post Natal Check-up and Immunization Services. Identification of high-risk pregnant women and tracking of health conditions and assistance during the delivery of pregnant women. Helps Health Worker in generation of work plan for delivery of immunization services to children. Improve healthcare service delivery in the country.

The overall objective of the RCH II is:

- To establish health care services with improved access and quality to respond to the needs of disadvantaged groups.

- To ensure that no one is denied services due to inability to pay.

- And to ensure better and equitable utilization of service.

- Maternal Mortality Rate from the present level of 470/100,000 to 250/100,000 by 2010.

- Reproductive health services by including social marketing and social entrepreneurship.

CONCLUSION

RCH is an acronym for Reproductive and Child Health. It is a programme that aims at combating and reducing the mortality rates of mothers, infants, and children and was launched in October 1997. RCH plays a key role in health care system and its working all over India and is playing a positive role on health care system including women and child care.

REFERENCES

1. Government of India, Manual on Target-free Approach in Family Welfare Programmeme, Ministry of Health and Family Welfare, Government of India, New Delhi: 1996.

2. Srinivasan, K, Chander Shekhar & P Arokiasamy. Reviewing Reproductive and Child Health Programmes in India, Economic & Political Weekly, 2007; Vol 42 (27), 2931-39.

3. Salunke, S & Sharad Narvekar. Target free Approach for Family Welfare: A Review of Experiences in Maharashtra, Government of Maharashtra; 1997.

4. Kothari D. et al. Vikalp - Managing the Family Planning Programme in the Post-ICPD Era: An Experiment in Rajasthan, India, 1997; IIHMR Occasional Paper No 2.

5. http://www.brainkart.com/article/Reproductive-and-Child-Health-Programmeme-(RCH)

6. https://byjus.com/biology/what-is-the-meaning-of-rch/

7. https://www.nhp.gov.in/reproductive-maternal-newborn-child-and-adolescent-health_pg

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