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RMNCH+A – An Update

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Abstract
India is the second populous country of the world after China. India's population has already reached 1.26 billion and with a high decadal growth rate of 17.64, the country's population may surpass that of China by 2028. Almost 19% of all global maternal deaths and more than 22% of under five child deaths is contributed by India. From 1990 till now there has been reduction in MMR, IMR and the under five mortality and institutional delivery has increased from 38.7% (2005) to 78.9% (2015) and full ANC increased from 11.6 % to 21% from 2005 to 2015, almost double in 10 years, there is lot of hope and scope that we will be positive partners in achieving the global MMR of <70 per lakh, NMR of < 12/ 1000 live births, Under 5 MR to < 25/1000 by 2030, the Sustainable Development Goals. In the area maternal and child care, India has evolved from Child Survival & Safe Motherhood (CSSM) of vertical approach in 1992 to the RMNCH +A Strategy of comprehensive approach in 2013.The life cycle approach with a continuum of care at each life stage is the strategy in RMNCH+A. Integrated skilled care is required in all stages of the life cycle approach from pre-pregnancy, childbirth, post-natal period, childhood, adolescence, and throughout the reproductive years for sustainable impact on a healthy India.

Introduction

India, the second most populous country of the world, is 17.5% of the world's population[1]. India's population has already reached 1.26 billion and with a high decadal growth rate of 17.64, the country's population may surpass that of China by 2028.[2]. Approximately 46% maternal deaths, over 40% stillbirths and 40% newborn deaths take place on the day of the delivery[4]. Almost 19% of all global maternal deaths and more than 22% of under five child deaths is contributed by India [3].

In India, there has been improvement in indicators; MMR reduced from 437 (1992) to 167 per lakh (2013) live births[4], IMR reduced from 78.5 (1992) to 34 in 2016[4], under five mortality from 109 (1992) to 50 (2015) per 1000 live births, (NFHS). Institutional delivery has increased from 38.7% to 78.9% and full ANC increased from 11.6 % to 21% from 2005 to 2015(NFHS), almost double in 10 years. There is a lot of hope and scope that we will be positive partners in achieving the global MMR of < 70 per lakh, NMR of < 12/ 1000 live births, Under 5 MR to < 25/1000 live births by 2030, the Sustainable Development Goals [6].

In the area of maternal and child care, India has evolved from Child Survival & Safe Motherhood (1992) of vertical approach to the RMNCH +A (2013) Strategy of comprehensive approach, Table

1. Reproductive & Child Health Programme (RCH) approach has been defined as, "People have the ability to reproduce and regulate their fertility, women are able to go through pregnancy and child birth safely, outcomes of pregnancy is successful in terms of maternal & child survival and well being and couples are able to have sexual relations, free of fear of pregnancy and contracting disease." The RCH concept when initiated in 1997 was to keep an integrated approach to improve the health status of women and children through focus on family welfare, universal immunization, oral rehydration therapy, child survival, safe motherhood, acute respiratory infection etc[7].

Table 1: Major Mile Stones in Maternal & Child Health:

- 1992- Child Survival & Safe Motherhood (CSSM)
- 1997-2002: Reproductive & Child Health Programme-I
- 2005- 2012: RCH- II or NRHM
- 2008-2012- National Urban Health Mission (NUHM)
- 2013- NUHM + NRHM = NHM
- 2013- RMNCH +A Strategy
- 2014- India Newborn Action Plan
- 2013: Rashtriya Bal Swasthya Kariyakram (RBSK)
- 2014:Rashtriya Kishor Swasthya Kariyakram (RKSK)
- 2012-Weekly Iron Folic Acid Supplementation (WIFS)
- 2012-2017- Extended period National Health Mission

In 2013, the approach expanded to include interventions at various stages of life to have a continuum of care from adolescence through pregnancy, delivery to childhood called the RMNCH+A strategy[8]. RMNCH+A stands for Reproductive, Maternal, Newborn, Child and Adolescent Health.

The 'Plus' is included for:

i. Including adolescence for the first time as a distinct life stage;
ii. Linking maternal and child health to reproductive health, family planning, adolescent health, HIV, gender, and preconception and prenatal diagnostic techniques;
iii. Linking home- and community-based services to facility-based care; and
iv. Ensuring linkages, referrals, and counter-referrals between and among health facilities at primary (PHC), secondary (CHC), and tertiary levels (DH).

RMNCH+A strategy is provision of comprehensive care through the following 5 pillars: Reproductive, Maternal, Neonatal, Child and Adolescent health [9]. Integrated skilled care is required in all stages of the life cycle approach from pre-pregnancy, childbirth, post-natal period, childhood, adolescence, and throughout the reproductive years for sustainable impact on a healthy India.

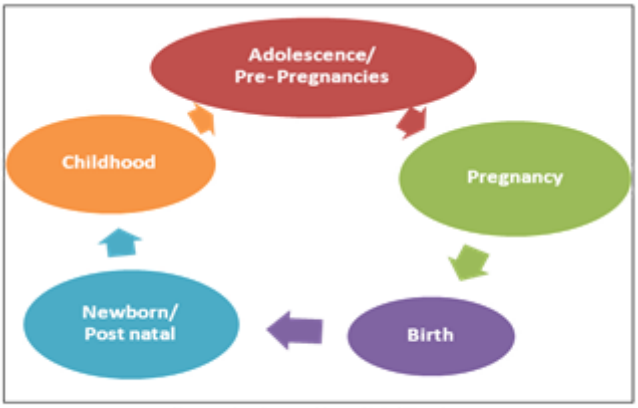

Figure 1: Continuum of Care- RMNCH+A Strategy

A. Reproductive Health [8,10]

1.Nutritional Supplementation: Women in reproductive age group (15-49 years) to take weekly 1 Tablet of Iron and Folic Acid (IFA) for 52 weeks per year throughout the reproductive period under the National Iron Plus Initiative (Table 12) for prevention of anemia and for future birth preparedness.

2.Iodine supplementation: Consume Iodized salt.

3.Pregnancy testing kits ('Nishchay'): For early detection of pregnancy, PTK is made accessible with ASHA for all women in reproductive age group including adolescent girls (unmarried and married) for early registration for antenatal care or safe termination of unintended pregnancies.

4.Home Delivery of Contraceptives (HDC) by Accredited Social Health Activist (ASHAs): ASHA provides doorstep distribution of contraceptives at nominal charges: Re. 1 for 3 condoms, Re. 1 for Oral Contraceptive Pills (OCP), 1 cycle and Rs. 2 for an ECP (Emergency Contraceptive Pill). ASHA is trained to counsel for mobilization at community level.

5.Promotion of spacing methods: Intra-Uterine Contraceptive Device (IUCD) 375, IUCD 380A used as Interval, Postpartum and Postabortion IUCD, Table 2. Incentive based spacing is promoted.

Table 2: Timing of Post Partum IUCD insertion

- **Post Placental:** insertion within 10 minutes of placental expulsion.
- **Intra-caesarean:** during caesarean after placenta removal & before uterine incision closure.
- **Post Delivery:** within 48 hrs of delivery
- **Post Abortion & Post Medical Abortion** if there is no infection, bleeding or any other contraindication.
- **Extended Postpartum/ Interval IUCD:** Anytime after 6 weeks postpartum. IUCD is not to be inserted from 48 hours to 6 weeks because of increased risk of infection and expulsion.

- ASHAs incentivized for ensuring spacing :
  - 2 yrs after marriage -Rs. 500/-
  - 3 yrs after birth of 1st child -Rs. 500/-
  - If the couple opts for a permanent FP method after up to 2 children- Rs. 1000/-.
- **PPIUCD & Post Abortion IUCD (PAIUCD):** IUCD inserted within 48 hours (Table 2) of delivery and following spontaneous or surgical abortion, but not after medical methods of abortion.
  - Rs.300 to the acceptor to cover the incidental cost & travel cost for 2 follow visits.
  - Rs.150 to the service provider for compensation for additional work and
  - Rs.150 to ASHA for motivating and escorting client to the health facility

6.Comprehensive Abortion Care (CAC)

- CAC Services available at PHC (Primary Health Centre) and above- 24x7 PHCs, First Referral Unit (FRUs) & District Hospital (DH)
- **Medical Abortion:** Termination of early Pregnancy of upto 7 weeks (49 days) with tablets (Table 3) under supervision, proper counselling and in a facility where blood transfusion is available.

Table 3: Medical Abortion

Visit	Day	Drugs
First	1	1 Tab Mifepristone, 200 mg orally
Second	3	2 Tab Misoprostol (400 mcg) orally/vaginally. Aborts within 5 days
Third	15	Follow up to confirm completion of evacuation Offer contraceptives

- **Manual Vacuum Aspiration: S**afe abortion service for upto 12 weeks of pregnancy either Electric Vacuum Aspiration (EVA) or Manual Vacuum Aspiration (MVA) to be available at PHC and above to improve access to safe abortion services**.**
- Certify & approve Private/NGO sector hospitals for quality MTP services as per the MTP Act.

7.Management of Reproductive Tract and Sexually Transmitted Infections (RTI & STI)

- Services available at 24x7 PHCs, CHCs, FRUs
- Counsel about Human Immunodeficiency Virus (HIV) prevention and reproductive health to all reproductive age group including adolescents, youth and adults.
- Syndromic Approach Management of RTI/STIs using colour coded kits, testing kits for syphilis and HIV.
- Partner counseling and testing insisted and included.

8.Sterilization Services

- **Compensation Scheme to Sterilization Acceptors: C**ompensations given for undergoing male or female sterilization after having achieved the desired family size. Incentive is given to the service provider & team and to ASHA. As per Total Fertility Rate (TFR) States/UT are divided as seen in Table 4 & 5 [10].

Table 4 : Compensation Scheme in Public Facilities

Category		Vasectomy#	Tubectomy# (Interval & Post Abortion)	PPS*
Mission Parivar Vikas (MPV) in 146 MPV districts of 7 HFS (Bihar, Jharkhand, U.P, M.P, Chhattisgarh, Rajasthan & Assam) [#as on 12th Dec 2017 for COT]	Acceptor	3000	2000	3000
	Motivator (ASHA	400	300	400
	Others	1600	2200	600
	Total	5000	4500	4000
11 High Focus States (HFS) - Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Odisha, Rajasthan, Assam, Haryana, Gujarat [As per Enhanced Compensation Scheme w.e.f 20.10.14]	Acceptor	2000	1400	2200
	Motivator (ASHA	300	200	300
	Others	400	400	500
	Total	2700	2000	3000
Other High Focus States (Jammu & Kashmir, Himachal Pradesh & North East states except Assam) [As per Enhanced Compensation Scheme w.e.f 20.10.14]	Acceptor	1100	600	--
	Motivator (ASHA	200	150	--
	Others	200	250	--
	Total	1500	1000	--
		Vasectomy (All**)	Tubectomy (BPL+ SC/ST)	Tubectomy (APL only)
Non High Focus States (Remaining States) [as per Compensation Scheme w.e.f 07.09.07]	Acceptor	1100	600	250
	Motivator (ASHA	200	150	150
	Others	200	250	250
	Total	1500	1000	650

*PPS- Post Partum Sterilization for MPV, **All including BPL, APL, SC/ST

Table 5 : Compensation Scheme in Private Facilities

Category		Vasectomy	Tubectomy (Interval & Post Abortion)	PPS
Mission Parivar Vikas (MPV) in 146 MPV districts of 7 HFS (Bihar, Jharkhand, U.P, M.P, Chhattisgarh, Rajasthan & Assam) [as per MPV scheme w.e.f 10th Nov 2016]	Facility	2500	2500	3000
	Others/ Acceptor	1000	1000	1000
	Total	3500	3500	4000
11 High Focus States (HFS) – U.P, Uttarakhand, Bihar, Jharkhand, M.P, Chhattisgarh, Odisha, Rajasthan, Assam, Haryana, Gujarat [As per Enhanced Compensation Scheme w.e.f 20.10.14]	Facility	2000	2000	1300
	Others/ Acceptor	1000	1000	200
	Total	3000	3000	1500
Other High Focus States (Jammu & Kashmir, Himachal Pradesh & All North East states except Assam) [As per Enhanced Compensation Scheme w.e.f 20.10.14]		Vasectomy (All)	Tubectomy (All)	-
	Facility	1300	1350	-
	Others/ Acceptor	200	150	-
	Total	1500	1500	-
Non High Focus States (Remaining States) [as per Compensation Scheme w.e.f 07.09.07]		Vasectomy (All)	Tubectomy (BPL+ SC/ST)	-
	Facility	1300	1350	-
	Others/ Acceptor	200	150	-
	Total	1500	1500	-

- **National Family Planning Indemnity Scheme,** Table 6: Compensation given for sterilization failure.

Table 6: National Family Planning Indemnity Scheme

Coverage	Amount
Death during sterilization or within 7 days from the date of discharge from hospital	Rs. 2.00 lakh
Death due to sterilization from hospital 8th to 30th days from the date of discharge from hospital.	Rs.50,000
Medical Complications of upto 60 days from date of discharge	Actual not more than Rs.25,000
Failure of Sterilization	Rs.30,000
Litigation expenses for Doctors/ Facilities for up to 4 cases	Up to Rs. 2.00 lakh/cases

- **IUCD Insertion:** Rs. 20/-per IUCD insertion for all states & Rs. 75/- in accredited private facilities in U.P, UK, BH, JH, M.P, CG, OD, RJ. [UK-Uttarakhand, BH-Bihar, JH-Jharkhand, CG-Chhattisgarh, OD-Odisha, RJ-Rajasthan]
- **Mission Parivar Vikas (MPV): As on 10th Nov 2016, MPV** launched in 146 MPV districts of 7 HFS (BH, JH, U.P, M.P, CG, RJ & AS) [AS-Assam] to scale up FP services in High Fertility Districts (HFD), ie. with High TFR > 3. (Table 4,5,7)
  - Inj. Depo Medroxy Progesterone Acetate

(DMPA), Antara, Deep IM every 3 months. 1 dose is 150 mg of aqueous suspension of DMPA. ASHA and beneficiary each get Rs.100 per dose as incentive.

- Incentivized PPIUCD & Sterilization Services, Table 4.
- Condom Boxes at strategic locations in Heath Facilities (like Heath Facilities, Gram Panchayat Bhavan etc) replenished at least monthly or early as per the consumption.

Table 7: Mission Parivar Vikas

Assured services	Promotional Schemes
a. Inj. DMPA (Antara) till Sub centre. b. PPIUCD Services at all delivery points c. Sterilization services through HFD compensation scheme d. Condom Boxes at strategic locations e. Social Marketing of condoms and pills f. Mission Parivar Vikas Campaigns: 4 per year	a. Nayi Pahel,an FP KIT for Newly Weds b. Saas Bahu Sammelan c. Saarthi - Awareness on Wheels d. Local Radio Spots with messages from local actors.

- Social Marketing of condoms and pills.
- **MPV Campaigns:** Per year 4 MPV Campaign in HFD districts in April, July, October and January from 11th to 25th of each of these months.
- **Nayi Pahel,** a FP kit for the newlywed couple. Each kit is in a jute bag containing 6 condoms, 2 OCP cycles, 3 ECP, 2 PTK's, 1 Grooming bag comprising a towel set, comb, nail cutter, a pack of bindis, 2 hand kerchiefs, and a small vanity mirror, FP pamphlets and information card on contact details of ASHA/ ANMs. Each kit not to cost more than Rs. 220/- (States can add or remove items as per existing social norms) and ASHA incentivized @ Rs.100 per kit.
- **Saas Bahu Sammelan:** To bring changes in attitudes and beliefs about reproductive and sexual health in mothers-in-law and daughters-in-law, conduct Saas Bahu Sammelan. It may also be done in other states (non MPV districts). **Cost:** Rs. 1600/ per Sammelan [Rs. 1500-for sammellan and token gifts (maximum permissible limit); Rs. 100 for ASHA]
- **Saarthi - Awareness on Wheels:** A smartly designed bus/van equipped with interactive communication devices, IEC material and FP commodities to be operationalized in the HFDs during Mission parivar vikas fortnight to sensitize and disseminate FP messages in the far flung areas.
- **Compensation Scheme for Sterilization by Clinical Outreach Teams (COT)**: From 12th Dec 2017 in 146 MPV districts of 7 HFS compensation increased to provide sterilization in far flung and underserved areas by a mobile team (COT) through private sector/ NGOs as follows and to be budgeted for 2018-19,Table 8.

Table 8: Compensation Scheme for Sterilization in COT

Heads	Female Sterilization	Male Sterilization
Client	2000	3000
Motivator	300	400
COT Cost	2200	1600
Total	4500	5000

9.Facilitating FP Services

- RMNCH counselors at DH and above to counsel for spacing methods, safe abortion services.
- Fixed day services at all levels of health facilities.
- Promote Minilap Tubectomy, Non-Scalpel Vasectomy (NSV) for increasing male participation.
- Accredit private providers/NGOs for service delivery.

B. Maternal & Child Health (MCH)[10]

1. Antenatal care (ANC) package

○ **Minimum 4 ANC:**

- Early Pregnancy Registration at 12-16 weeks followed by
- 3 ANC's by ANM/MO at 16-24 weeks; then at 28-32 weeks & at 36 weeks.
- During each visit check: Blood pressure, Weight, Height (at first visit only), Fundal examination, Urine for protein & sugar and Record all findings in Mother & Child Protection card (MCP).
- **2 Injection TT's / Booster:**
  - TT-1 in Early pregnancy
  - TT-2: 4 weeks after TT-1

- TT Booster 1 dose if TT given in the last 3 years (preferably before 36 weeks)

- Screen for high risk/ complications like pre-eclampsia, anaemia, etc.
- Counsel for birth/emergency preparedness, newborn care, breast feeding, nutrition, family planning, including post-partum family planning methods.
- Antenatal and Post Partum Supplement, Table 9 & 12.

Table 9: Iron & Calcium Supplementation

IFA tablets (100mg Elemental Iron &500µg Folic acid) 1 tab daily after meals for 100 days from 14-16 weeks of gestation 1 tab daily after meals for 100 days after delivery.
Calcium tablets (500 mg Elemental Calcium & 250 IU Vitamin D3) 1 tab twice daily with meals from 14-40 weeks(182 Days) and continued in PNC for 180 days (6 months) 12 Strips per visit @ 15 tablets per strip ANC visits at 2nd & 3rd ANC PNC visits at Zero Polio dose & at 3rd Pentavalent Dose
Calcium tablets not to be given in empty stomach and 2 tablets not be given together
Calcium & IFA tablets not to be taken together since calcium inhibits iron absorption.

- **Management of severely anemic women:** Line-listings every anemic women, tracking and management of these pregnant women during and after pregnancy and child birth by ANM and PHC MO in charge.
- **Long lasting insecticide treated nets (LLIN)** given to pregnant women in malaria areas (Under NVBDCP).
- HIV pregnant women linked with HIV services under **Prevention of Parent to Child Transmission (PPTCT).**

2.Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA): In addition to the routine ANC, PMSMA held on 9th of every month. This ensures at least 1 check up in the 2nd or 3rd Trimester by MO and OBGY specialist (from govt. facility or private sector). Package contains routine ANC, diagnostic services, identification and management of High Risk Pregnancy and counselling on nutrition, FP, birth preparedness, newborn care and PNC.

3. Operationalizing delivery points: Health facilities designated as 'Delivery Points' as per deliveries conducted per month:

- More than 3/ month in SC (Sub Centre)
- More than 10/ month in PHC
- More than 20/ month in Community Health Centre (CHC)/FRU
- More than 50/month in Sub District Hospital (SDH/DH)

- Norms relaxed in NE States, Himachal Pradesh and Jammu &Kashmir.
- Prioritize these centres to improve infrastructure, human resources, drugs, supplies, referral transport etc. for comprehensive RMNCH+A services

4. Skilled obstetric care: Train manpower to recognize complications early, manage and promptly refer to higher centres. Training for:

- 10-days of Medical Officer (MOs) in Basic Emergency Obstetric Care (BEmOC) and
- 3-weeks of ANM/LHV/SNs in Skilled Birth Attendance (SBA).

5. Essential newborn care and resuscitation:

- Newborn Care Corners (NBCC) at all delivery points
- SBA's at every delivery point trained in Navjaat Shishu Suraksha Karyakram (NSSK) for:
  - Basic newborn care & resuscitation
  - Management of first crucial minute after birth: check cry/ breathe within 30 seconds, if not, resuscitate; routine care of skin, eyes & cord, keep warmth by Kangaro Mother Care (KMC) followed by Exclusive Breast Feeding (EBF).

6. Janani Suraksha Yojana (JSY) scheme (Revised on May 2013) [10, 11], Table 10:

- Cash incentive to woman for institutional delivery,
- Promote 48 hours post delivery stay of mother and newborn at the health facility.
- Age restriction for women & number of children removed in the revised scheme. (*Earlier:Age of ≥ 19 years for pregnant women & upto 2 living children in LPS)*
- Motivate to adopt postpartum family planning method.

- Counsel for EBF, immunization and child care practices.
- Direct cash payments to JSY beneficiaries enrolled in Maternal Child Tracking System (MCTS) portal through AADHAR enabled payment system.
- For Home Delivery: Rs. 500/- to BPL mother in LPS and HPS States who prefer to deliver at home regardless of age and number of children to the and none to the ASHA
- LSCS: Rs.1500/- for hiring from private facilities if no specialist available in the govt. facility.

Table 10 : Janani Suraksha Yojana (JSY) Incentive to Mother & ASHA

States	Rural Area			Urban Area		
	Mother	ASHA*	TOTAL	Mother	ASHA**	TOTAL
LPS	1400	600	2000	1000	400	1400
HPS	700	600	1300	600	400	1000

- 10 Low Performing States (LPS) = 25% (UP, Uttrakhand, Bihar, Jharkhand, MP, Chhattisgarh, Rajasthan, Odisha, Assam, J&K)
- All pregnant women regardless of age and number of children including SC & ST delivering in Govt. Centres SC and above or accredited private institutions
- *Rs. 600/ per delivery in rural area. Gets first payment of Rs.400 [Rs.250 for transport + Rs.150 for her stay] on reaching hospital with pregnant women & second payment Rs.200 after PNC & BCG of newborn.
- HPS-High Performing States, the rest of the States
- Available only to BPL/SC/ST women regardless of age and number of children for delivery in government /private accredited health facilities
- **Rs. 400/ per delivery in urban area includes Rs. 200 for antenatal component and Rs. 200 for facilitating & accompanying institutional delivery.

Table 11: Janani Shishu Suraksha Karyakram (JSSK) scheme

- Free and zero expenses for delivery including caesarean section and for treatment of sick newborn (for up to 1 year)
- Free diet for mother for 3 days if normal delivery & 7 days if caesarean section
- Benefits extended for complications during antenatal, intra-natal and postnatal periods
- For both mother & sick newborn
  - Free Drugs and Consumables
  - Free Provision of blood
  - Free Transport ambulance (102/108) from home to health facilities
  - Free Transport between facilities in case of referral
  - Exemption from all user charges
  - Free essential diagnostics
- Drop back from institutions to home after 48 hours of stay for mother
- Drop back from institutions to home for the sick newborn

7. Janani Shishu Suraksha Karyakram (JSSK) scheme [10/11] (Table 11):

- To eliminate out-of-pocket expenses for pregnant women and sick new- born for up to 1 year (earlier for 30 days).
- Benefits extended for complications during antenatal, intra-natal and postnatal periods
- Ambulances with basic & advanced life support equipments and trained staff to manage obstetric emergencies during transit.
- Centralized call center with a toll free number to ensure patient transport for pregnant women and neonates.
- Low-cost transport facility for routine drop back through government mechanism or through outsourcing vehicles.

8. Emergency obstetric and newborn care

- 24×7 basic and comprehensive obstetric and newborn care services at SC, PHCs, CHC (FRU) and DH. Comprehensive obstetric care includes surgical intervention like Caesarean section and facilities for blood transfusion.
- **MCH Wings** in high case load facilities, a 30/50/100 bedded unit with:
  - Antenatal waiting room, Labour wing, Essential NBCC, Special Newborn Care Units (SNCU), Operation Theatre (OT), Blood storage unit, Postnatal ward & academic wing
  - Ensure emergency maternal & newborn care
  - 48 hours stay with quality services of antenatal, intranatal & postnatal for Mother & Child as a single unit
- **Multi -skilling of doctors in the public health system**:
  - 18-week training of MBBS doctors in Life Saving Anesthetic Skills (LSAS); and
  - 16-week training in Emergency Obstetric Management Skills including Caesarean section (EMOC).

9. Postpartum Care (PNC) for mother and baby:

- 48-hour stay at the health facility with dietary services.
- PNC home visits by ASHAs, irrespective place of delivery (home or public health facility),
  - **Mother:**
    - **Institutional Delivery:** 3 PNC visits [Day 3, 7, end of 6th week (42nd Day)]
    - **Home delivery:** 4 PNC visits (First visit within 24 hours of birth, followed by above 3 visits)

- **Newborn:**
  - **Institutional Delivery:** 6 visits (Days 3, 7, 14, 21, 28 & 42)
  - **Home delivery:** 7 visits (First visit within 24 hours of birth, followed by above 6 visits)

- Rs.250/- incentive to ASHA at the end of 6th visit (42 day) after all immunizations are entered in the MCP card.
- Postpartum Tubectomy (PPS) with in 48 hrs of delivery or with LSCS as in Table 4 &5.
- Postpartum IUCD (PPIUCD) insertion as in Table 2.
- Expand PPIUCD services to SC with high delivery load.

10. Hygiene during pregnancy, delivery and postpartum

- Observe strict hygiene protocols to prevent illness & complications for mother and newborns.
- Hygiene and sanitation practices during pregnancy (hand washing before examination), delivery (5 cleans: clean place; clean surface; clean hands; clean cord & dressing; and clean cord tie).
- Postpartum Care: Cord care, wash hands before examination and advice mother to wash hands before breast feeding.

12. Antenatal Corticosteroids in Preterm Labour:

- Antenatal corticosteroids given during preterm labour reduces respiratory distress in the preterm new born.
- Single course of Inj. Dexamethasone (4mg/ml) given to women in preterm labour (between 24 and 34 weeks of gestation). Deep IM Anterolateral thigh.
- 4 dose of 6mg each (1.5 ml) given 12 hours apart.

13.Daksh Skills: To improve quality **s**kills labs to train healthcare professionals (including SN/ANM and MO to be able to provide quality RMNCH+A services.

- Basic skills for 6 days for ANMs / LHVs / SNs / MOs / nursing supervisors, faculty/obstetricians and pediatricians at delivery points
- Add-On skills for 3 days for SNs and MOs on BEmOC facilities/ obstetricians and pediatricians.
- 10 day's BEmOC training for all MOs and SN /ANMs in BEmOC facilities. Add on skills is not a substitute for BEmOC training.
- Nominate SBA trained ANMs/LHVs/SNs for the above training.

13.**LaQshya (Labor room Quality improvement Initiative)** launched on 11th Dec 2017: A program for quality care in labour rooms and maternity operation theatres to give respectful maternity care during child birth and immediate postpartum, to be included in 2018-19 plan.

- Incentives worth Rs. 6 Lakhs, 3 Lakhs and 2 Lakhs will be provided for Medical Colleges, DH and SDH/CHCs respectively.
- 25-35% of districts from every state to be selected
- 2 facilities per district, preferably DH and other FRU/SDH/High load CHC.
- All Government Medical Colleges from every state to be taken up.
- All FRUs and high case load CHCs with over 100 deliveries/60 (per month) in hills and desert areas.
- All the concerned staff at the selected facilities must undergo Daksh (Skills Lab) training over a period of next 6 months and should possess 'zero-defect' quality obstetric and newborn care.

14. Implementation of Preconception & Prenatal Diagnostic Techniques (PC & PNDT):

- Establish and Monitor PC & PNDT cells at State and District level.
- Online maintenance, analysis and scrutiny of records mandated under the Act and digitalization of registration records with periodic evaluations.

15. Preventive use of folic acid in peri-conception period:

- Promote daily use of folic acid (400 µg) in planned pregnancies during the peri-conception period (3 months before and after conception) for prevention of neural tube defects and other congenital anomalies.

C. Newborn & Child Health[10]

1. Home based newborn care (HBNC)

- Essential newborn care to all newborns up to 42 days of life, counsel mothers on EBF, Infant Young Child Feeding (IYCF) practices & hygiene.

- ASHA trained and incentivized for home visits to identify children with danger signs for prompt referral.
- Home visits of newborns after discharge from SNCU by frontline workers as follow up.

2. Facility based care of the newborn

- Provide care for sick newborns at secondary & tertiary health facilities.
- NBCC at all delivery points in Health Facilities; 1 bedded facility in labour room and Operation Theatre (OT).
- Newborn Stabilization Units (NBSU): In addition to NBCC, 4 bedded NBSU at CHCs/FRUs for providing first level of care to Sick & LBW newborns.
- Special Newborn Care Units (SNCU): In addition to NBCC, 12 bedded SNCU in DH & Medical Colleges for sick newborns with neonatal sepsis, premature and LBW newborns. At least 1 SNCU in each district.
- JSSK applicable to all sick newborns as in Table 11.
- **Rashtriya Bal Swasthya Karyakram (RBSK):**
  - To detect 4 D's: Diseases, Deficiencies, Disability and Developmental delays from birth to 18 years.
  - To cover about 30 selected health conditions for screening, early detection and free management.
  - Screening:
    - Newborn: First screening at all delivery points
    - 48 hours to 6 weeks screening by ASHA during home visits.
    - 6 weeks to 6 years screening at anganwadi centres.
    - 6 to 18 years screening at schools by teachers.
  - Management: Upto 6 years at District Early Intervention Center (DEIC); 6-18 years through existing public health facilities.

3. Injection Vitamin K: Single dose, 1mg IM, Antero-lateral thigh given to all newborn born in public and private health facilities including in SC by ANM.

4. **Child nutrition & essential micronutrients supplementation**

- **IYCF p**ractices **(up to 2 years):** BF within 1st Hour of Birth; EBF for first 6 months (180 Days); Complementary Feed from 6 months, continue BF till 2 years.
- Line listing of LBW babies by the ANMs/ASHAs and their follow up for early detection of growth faltering.
- **National Iron + initiative:** To give IFA syrup or tablets from 6 months onwards and bi annual deworming of above 1 year, including pregnancy (Table 12)

Table12: Iron Folic Acid (IFA)

6 months to 5 years: 1ml Syrup=20 mg Iron &100 µg Folic Acid. **Biweekly 1 ml** for 100 days in a year.
6-10 years (I to V std in government schools and out of school children at anganwadi centers); Weekly 1 Tab= 45 mg Iron + 400 µg Folic Acid. 1 Tab=100 mg Iron + 500 µg Folic Acid: ▪ 10-19 years, adolescents girls & boys in VI-XII std in government schools and out of school girls in Anganwadi Centers. 1 tab weekly for 52 weeks per year ▪ Pregnancy&Lactating women:1 tab daily for 100 days ▪ Postpartum women daily for 100 days ▪ Women in Reproductive age group: 1 tab weekly for 52 weeks per year
To give Iron Tablets on full stomach, Iron Syrup half hour after food, Take water after dose. Do not take with Milk
Albendazole: 400mg Tablets, Once in 6 months (usually February & August), Not for less than 1 year, DOT • 1-2 years ½ tablet • Above 2 years- 1 tablet Pregnancy- Single dose, only after 1st Trimester, preferred during 2nd Trimester

  - **National Deworming Day (Jan 2016)- D**eworm all children of preschool and school-age children of 1-19 years through schools and anganwadi centres on 10th February every year, with a biannual round every February & August.
- **Nutritional Rehabilitation Centers (NRC)** to provide medical and nutritional care to children under 5 years with Severe Acute Malnutrition (SAM) at DH or FRUs
  - Link with ICDS to identify, refer and long term nutritional rehabilitation of severely undernourished children.
  - Set up NRCs in Tribal areas & high focus districts with high prevalence of wasting.
  - ASHA incentive (Rs.150/-)for follow up of SAM discharged children till Mid Upper Arm Circumference (MUAC) is ≥ 12.5cm.
- **Vitamin A Supplementation to under 5 years:** 1st dose (1 lakh I.U.) of Syrup Vitamin A at 9 months of age, and 2nd dose (2 lakh I.U.) of Vitamin A at 18th month and thereafter, at 6

monthly interval, a total of 9 doses till the age of 59 months. Bi-annual rounds for Vitamin A supplementation conducted in all States & UTs.

- **Zinc Supplementation:** In addition to ORS give 20 mg Zinc Sulphate dispersible tablets for 14 days in childhood diarrhoea. For 2 to 6 months child ½ tablet dissolved in breast milk. For above 6 months 1 tablet dissolved in breast milk or water.

5. Integrated Management of Newborn & Childhood Illness (IMNCI): Young Infants (up to 2 months) and Children (2months to 5 years) with diarrhoea, respiratory difficulty, fever, ear problem are assessed according to severity of signs and managed at facility and or home, also assess their nutritional and immunization status.

- Management of diarrhea with 2 packets ORS and Zinc supplements.
- Pre-referral dose of antibiotic (Inj.Gentamycin and Syrup Amoxycillin) given by ANM for prevention of sepsis in young infants (0-2months), Table 13.

Table 13: Antibiotic for Yong Infants (0-2months)

Weight	Inj. Gentamicin	Syrup Amoxycillin
	80mg/ml	125mg/ml
< 1.5 kg	Refer to higher facility immediately	
1.5 to 2 kg	0.2 ml	2ml
2 to 3kg	0.3 ml	2.5ml
3 to 4 kg	0.4ml	3ml
4 to 5 kg	0.5 ml	4ml
Route	IM	Oral
Dose	5mg/kg/dose	25mg/kg/dose
Frequency	Once Daily	Twice Daily
Duration	Both for 7 Days	

6. Immunization

- **Universal Immunization Programme**, all infants vaccinated against vaccine preventable diseases (Tuberculosis, Polio, Diphtheria, Pertussis, Tetanus, Measles and Hepatitis B). Newer vaccines: Rota Virus, Hib, Rubella introduced. Japanese Encephalitis vaccination given in endemic districts.
- Rs.100 to ASHA on completion of Immunization at 1 year
- Rs.50 to ASHA on Full Immunization at 2 years (during 2nd Booster of DPT).
- Rs.100 to ASHA for mobilizing children for Pulse Polio.
- Track service delivery through MCTS.

D. Adolescence Health[10]

1.Weekly Iron and Folic Acid Supplementation (WIFS) as in Table 12 along with biannual deworming. Colored blue (‘*Iron ki nili goli*’) to distinguish it from the red IFA tablet from pregnant and lactating women.

2. Adolescent Friendly Health Services

- Counsel and inform both married and unmarried adolescents about reproductive and sexual health (RSH), nutrition and mental health.
- Address issues on injuries and violence, substance misuse and non- communicable diseases (NCD).
- Engage peer educators, PRI, Teen Clubs and educational institutes for this purpose.
- **Adolescent health clinics:**
  - **Walk in services at sub-center** level by ANM which includes a minimum package of preventive and curative services (Iron folate, contraceptive, menstrual hygiene)
  - **Weekly Adolescent Clinic at PHCs** by MO.
  - **Specialty clinics** for referral care at the CHC, DH/ SDH and Medical Colleges. RMNCH+A counselor is available on an everyday basis at higher level facilities.

3. Promote menstrual hygiene among adolescent girls (10-19 yrs) in rural India

- Increase awareness on Menstrual Hygiene among adolescent girls.
- Increase access, use and safe disposal of sanitary napkins in rural areas.
- Sanitary napkins (NRHM brand ‘Free days’) sold to adolescent girls at Rs. 6/- for a pack of 6 napkins in the village by the ASHA worker.
- ASHA incentive: Re. 1 per pack, besides and a free pack of sanitary napkins per month, balance Rs 5 deposited in the State/district treasury.

4. School Health Programme:

- Focus on 6-18 years in the Govt. and Govt. aided schools.
- **Biannual health screening and early management of disease**, disability and common deficiency and linkages with secondary and tertiary health facilities as required.

- Address health needs of children, both physical and mental, nutrition interventions, promote physical activities and inform about RSH.
- WIFS along with biannual deworming.

5. Rashtriya Kishor Swasthya Karyakram (RKSK)

- Inform about RSH and include awareness on injuries and violence, including gender based violence, substance misuse and NCD, mental health and substance misuse.
- **Health promotion approach**.
- **Shift from clinic-based services to reaching adolescents in their own environment**, such as in schools and communities.
- **Key drivers -** community based interventions like peer educators, outreach by counselors, involvement of parents and the community through a dedicated adolescent health day.
- **Social and Behaviour Change Communication** for information and behaviour change
- **Adolescent Friendly Health Clinics** across levels of care.

E. Others strategies at Govt. health facilities

1. Dedicated RMNCH counselors to:

- Increase awareness & motivate women and men to adopt modern or terminal FP methods.
- Ensure healthy timing and spacing between pregnancies
- Provide counseling on EBF, IYCF and childcare practices.

2. Score Card under Health Management Information System (HMIS) [11]:

- Dashboard Monitoring system on events in the life cycle approach from reproductive age, pregnancy, child birth, newborn , postnatal care of mother.
- ANC Registration, ASHA visits, Immunization of pregnant mother and children, delivery (Home or institutional), episodes of Diarrhoea or ARI in children, Post partum Family Planning (Sterilization or IUCD), Breast feeding of newborn are monitored.
- States scored from -1 to +4 as positive and negative indicators and graded accordingly.
- National average is taken as reference point for comparison.
- States are classified into 4 categories, color coded according to their scores.

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