



Role of Medical Institutions in RCH Programme

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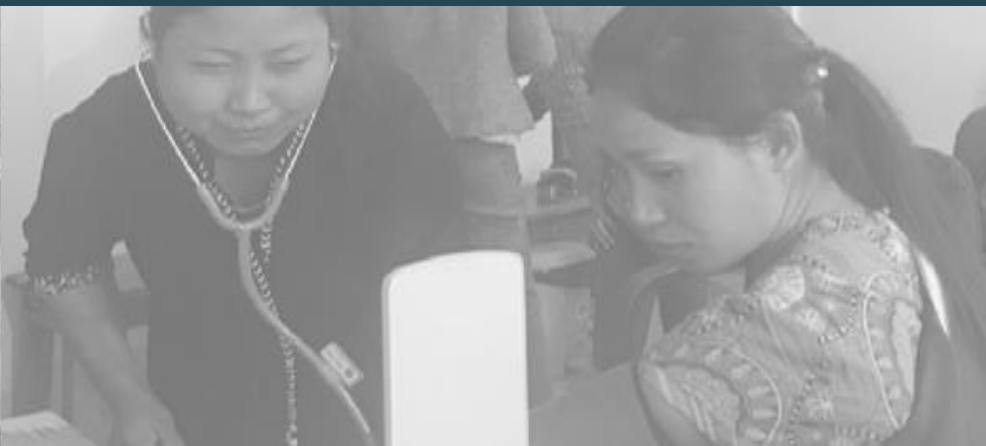




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National Health Mission

*To support the States/UTs towards the provision of **universal access to Equitable, Affordable and Quality healthcare services, accountable and responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health.***

To provide technical and financial support to States to strengthen health systems

To bring sharper focus on high focus States and rural population, particularly marginalized and vulnerable population

Architectural correction through integration of vertical programmes, decentralization and communitization

NHM Objectives and goals are aligned with National Health Policy (NHP) and Sustainable Development Goals (SDG₃)



NHM over the years...



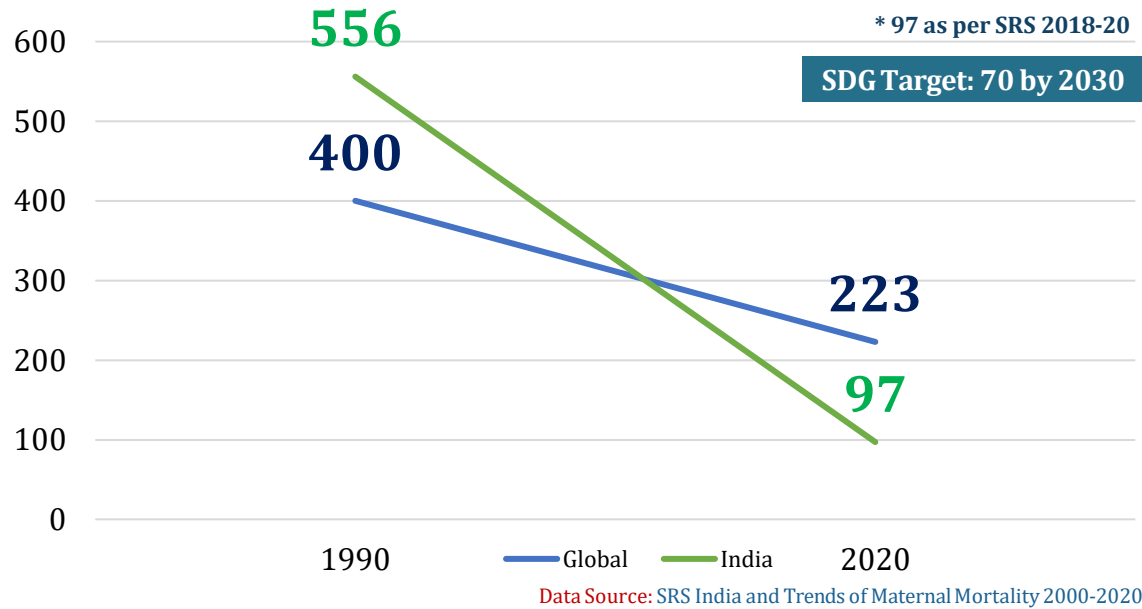
**Source SRS 2014 (for MMR - SRS 2014-16), ** Source SRS 2020 (for MMR- SRS 2018-20)*

Indicator	Status 2014*	Current Status**	SDG Target 2030
Maternal Mortality Ratio	130	97 per 100,000 live births	Less than 70 per 100,000 live births
Neonatal Mortality Rate	26	20 per 1000 live births	12 per 1000 live births
Infant Mortality Rate	39	28 per 1000 live births	
Under 5 Mortality Rate	45	32 per 1000 live births	25 per 1000 live births

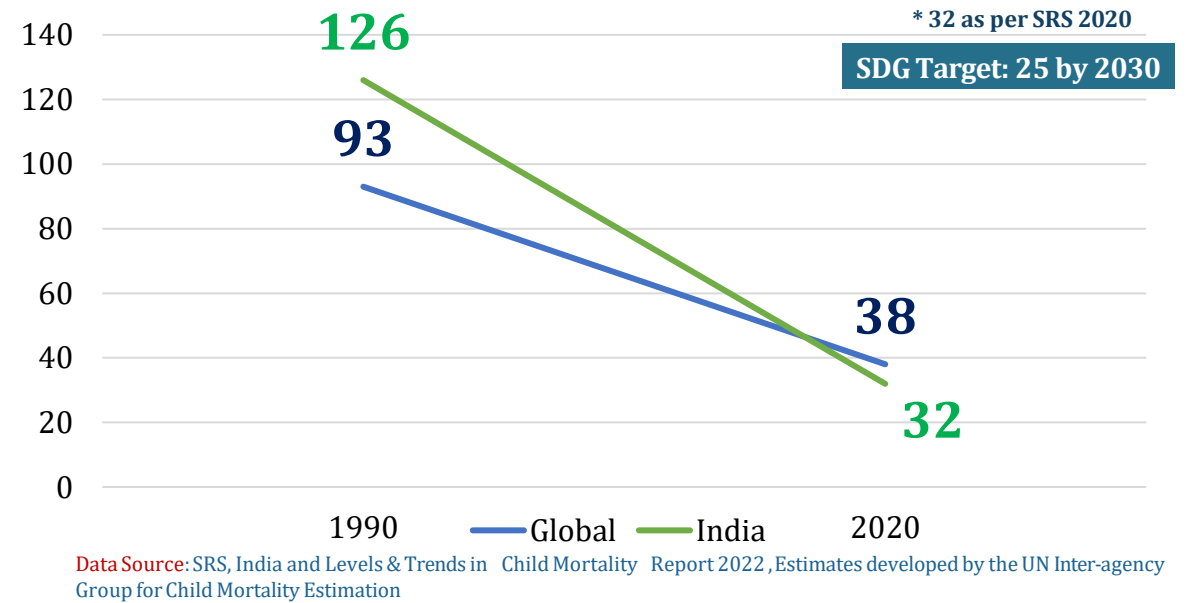


Performance of Key Performance Indicators

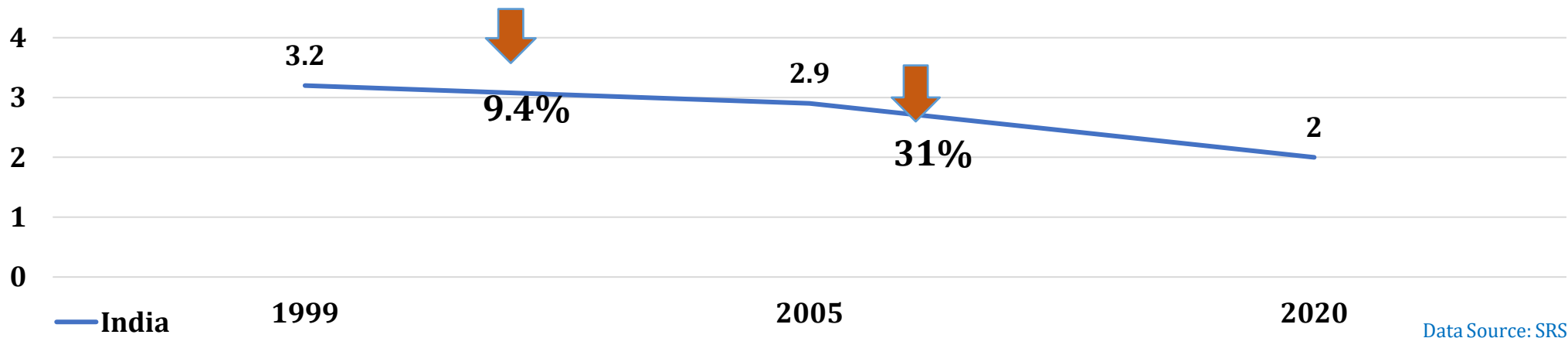
Maternal Mortality Ratio (MMR)



Under 5 Mortality Rate (U5MR)



Total Fertility Rate (TFR)



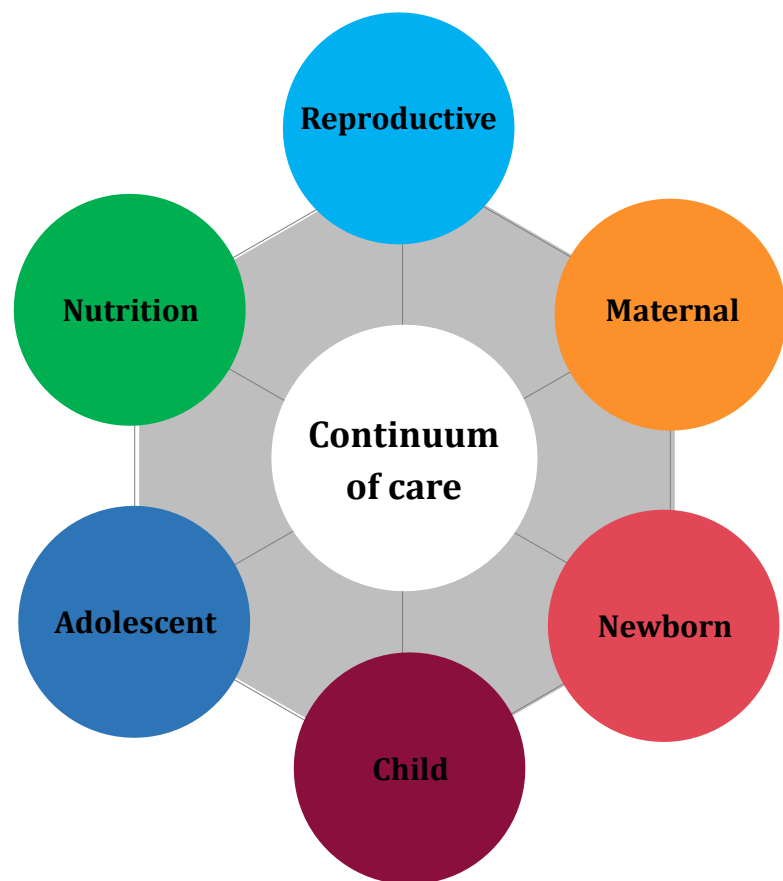


Reproductive, Maternal, Neonatal, Child, Adolescent Health+ Nutrition



Strategic Interventions under RMNCAH+N

RMNCAH+N strategy is built upon the continuum of care concept, encompassing all interventions aimed at **reproductive, maternal, newborn, child, adolescent health and Nutrition** under a broad umbrella, and focusing on the strategic lifecycle approach.



- R** Basket of Choices, Home Delivery of Contraceptives, Enhanced Compensation Scheme , MPV etc.
- M** SUMAN, JSY, JSSK, LaQshya, PMSMA, Midwifery, FRUs, MCH Wings, etc.
- N** FBNC, HBNC, HBYC, Immunization, Promotion of Breast Feeding etc.
- C** Immunization RBSK, Diarrhoea control, SAANS, NDD etc.
- AH** RKSK, WIFS, AFHS, MHS , School Health & Wellness Ambassador Initiative etc.
- N** MAA, CLMC, AMB, Poshan Abhiyan, NDD, HBYC, NRC, Vit A etc.

Janani Shishu Suraksha Karyakram (JSSK)

Entitlement to all pregnant women delivering in public health institutions & all sick infants up to 1 year of age:

- Free and Zero Expense delivery including C-section,
- Free drugs, diagnostics, blood and consumables
- Free diet during stay in facilities
- Free transport home to health institution, between health institutions in case of referral and drop back home
- No user charges
- Free entitlements for sick Infants (up to 1 year of age)

Achievement:

- More than 1 crore beneficiaries benefitted every year under JSSK.
- Total no. of beneficiaries under JSSK is 1.22 Cr.
(Source: HMIS 2022-23)

Service delivery for entitlement provision, capacity building, mentoring, SOPs, evaluation, diagnostic services





Surakshit Matritva Aashwasan (SUMAN)

Initiative for Zero Preventable Maternal and Newborn Deaths



- Provides assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting public health facilities to end all preventable maternal and newborn deaths.



Ambulance services (102 or 108)



Minimum 4 antenatal checkups



Normal delivery or C-section delivery



Medicines, lab tests for pregnant mother & baby upto 1 year



Proper care with respect and dignity



Grievance redressal mechanism (Toll-free no. 104)

Role of Medical colleges in SUMAN:

- **Service package of CEmONC level/** medical college hospital lagging behind
- Members of **National, State & District level Committees** for SUMAN.
- Members of Quality team for **NQAS and LaQshya** at the State, District and facility level/ peer assessment
- **One Centre of Excellence (CoE)** – Faculty of OBGY and paediatrics department/ one CoE per State
- Mentoring by **national mentors**.

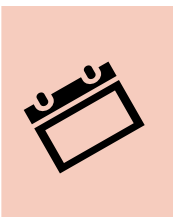


Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)

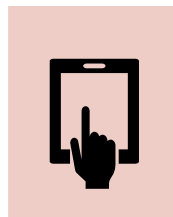


Provides pregnant women a fixed day, free of cost assured and quality antenatal check up by a Specialist/Medical Officer on the 9th day of every month.

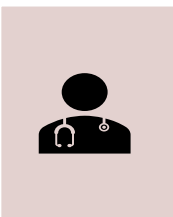
Extended PMSMA- To ensure quality ANC to pregnant women, especially to high-risk pregnancy (HRP) women and individual HRP tracking by means of financial incentivization for the identified HRP women and accompanying ASHA for extra 3 visits.



Fixed day ANC services on 9th of every month at designated facilities



ASHAS/ANMs to prepare a line list of eligible women and mobilize them



Special ANC check-ups by Obstetricians/Medical Officers



Focus on women in 2nd/3rd trimesters of pregnancy

Role of Medical colleges in PMSMA/ E PMSMA

- **Delivery of services/ 9th of every month by obs/gynae/ FOGSI/ Volunteers/ PHC/CHC/ tagging with MC/HRP**
- **State & District level Committee to review and monitor the progress of PMSMA-** Departments of OBGY & PSM.
- **Supportive supervision-** Departments of Preventive and Social Medicine

- Aims at improving the quality of care provided in labor rooms and maternity operation theatres.

Target Areas (190 MC identified)-70 are certified for LaQSHYA

- Government Medical Colleges, District Hospitals, Sub divisional Hospitals, FRU, high case load CHC.

Role of Medical colleges in LaQshya:

- **Training Healthcare Providers:** In labor room management, obstetric care, neonatal resuscitation, and infection control practices;
- **Implementation of Quality Improvement Initiatives:** Standardizing protocols, and implementing evidence-based practices
- **Infrastructure and Equipment Upgradation:** Renovating facilities, procuring essential medical equipment and supplies, infection control practices
- **Clinical Audits & Feedback Mechanisms:** To review & monitor the quality of care in labor rooms & maternity OTs.
- **Community Engagement & Advocacy**
- **Centre of Excellence – showcasing best practices/ Best practices in Respectful maternity care**



To achieve population stabilization goals & also promote reproductive health and reduce maternal, infant & child mortality and morbidity.

Quality Assurance Committees at State and District levels

New Contraceptive Choices:
Injectable contraceptives (Antara programme)
Subdermal Contraceptive Implant (Single Rod) and Centchroman (Chhaya)

Family Planning Logistics Management Information System (FP-LMIS)

Scheme for Home delivery of contraceptives by ASHAs.

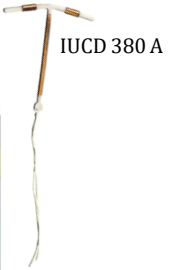
National Family Planning Indemnity Scheme (NFPIS)

Enhanced Compensation scheme

Mission Parivar Vikas

Vasectomy Fortnight

World Population Day campaign



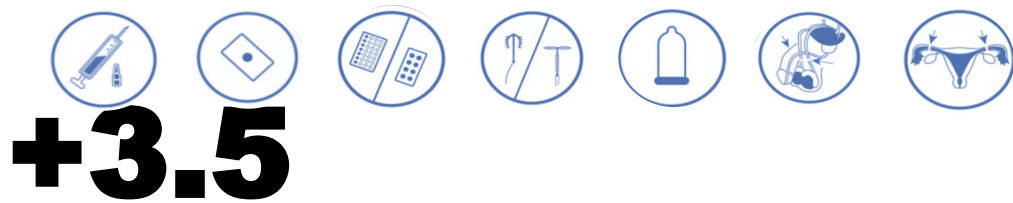
Role of Medical colleges:

- **Training Healthcare Providers:** In family planning counseling, methods, and techniques. (Newer Sub dermal implant, SubQ injection)/ NSV surgeons/ Mini Lap
- **Service Delivery:** Family planning clinics or centers where a wide range of contraceptive methods- OCPs, intrauterine devices (IUDs), condoms, sterilization procedures, and emergency contraception can be accessed.
- **Community Outreach and Education/ Gynae department/ PSM/ Community medicine/ public health programme**
- **Policy Advocacy and Collaboration/ SOPs/ Manual development/ Master trainers**
- **Monitoring and Evaluation**

In 2023:

15.6 CRORE

Married Women are using modern contraception in India



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



AS A RESULT OF MODERN CONTRACEPTIVE USE, INDIA IS AVERTING

6.1 CRORES
Unintended pregnancies

20.2 LAKHS
Unsafe abortions

21 THOUSANDS
Maternal deaths

Source - TRACK 20 Estimates

- Aims to holistically develop India's adolescent population aged 10-19 years, addressing health, nutrition, education, & development needs.
- Covers various aspects beyond sexual and reproductive health, including nutrition, injuries & violence, NCDs, mental health, and substance misuse.

Role of Medical colleges:

- **Training Healthcare Providers:** In adolescent-friendly health services (AFHS), address physical, mental, & social health needs of adolescents & provide counseling on sexual and reproductive health, mental health, substance abuse, and nutrition.
- **Establishing Adolescent Health Clinics:** services like preventive health check-ups, counseling, and referrals/ Out reach clinics
- **Promoting Peer Education.**
- **Community Outreach and Education**
- **Research and Evaluation.**
- **Policy Advocacy and Collaboration**

FACILITY BASED APPROACH



Adolescent Friendly Health Clinics

Provide counselling and clinical services

SCHOOL BASED APPROACH



Weekly IFA Supplementation Programme

Menstrual Hygiene Scheme



COMMUNITY BASED APPROACH

Convergence for Out of School Children



Peer Educator Programme



Adolescent Health Day



Child Health

The child health programme under NHM comprehensively integrates interventions that improve child survival and addresses factors contributing to infant and under-five mortality.

Newborn & Child Health

Essential Newborn Care
Facility Based Newborn
Care-SNCU/NBSU/NBCC

Paediatric Care
(Paediatric Ward, HDU)

HBNC & HBYC

Newer Interventions –
KMC

MUSQAN

Nutrition related intervention

Nutrition Rehabilitation
Centres (NRCs)

IYCF promotion / MAA
Program/ CLMCs

Anaemia Mukh 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 (Social
awareness & action to
neutralize Pneumonia)

RBSK

Screening at delivery
points for birth
defects

Screening at AWC
and Schools for 4 Ds

DEICs
establishment

Child Death & Still Birth Reviews



Facility Based Newborn Care – System

When indicated, referred
to the appropriate level

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





Rashtriya Bal Swasthya Karyakram (RBSK)



Involves screening of children from birth to 18 years of age for four **Ds- Defects at birth, Diseases, Deficiencies and Development delays**, spanning 32 common health conditions for early detection and free treatment and management.

Screening

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

Referral

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

Management

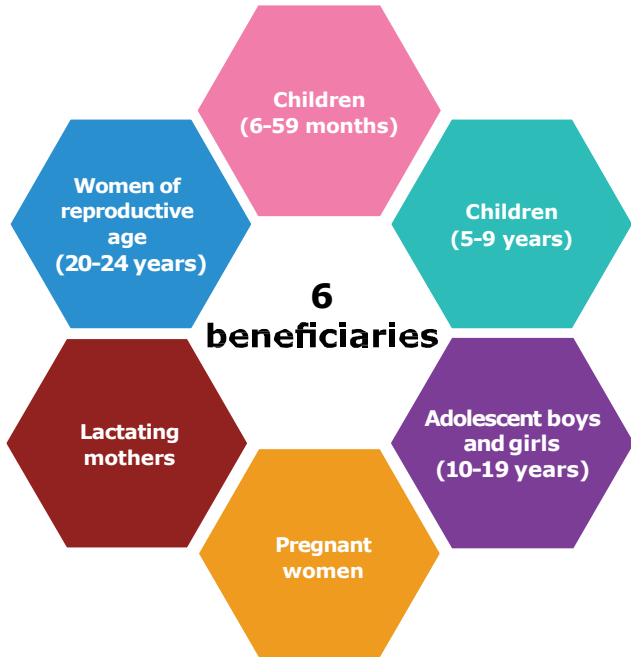
Free of cost management of children identified with ailment in District Early Intervention Centre and referral at pre-identified tertiary level institutions for surgery

Role of Medical colleges :

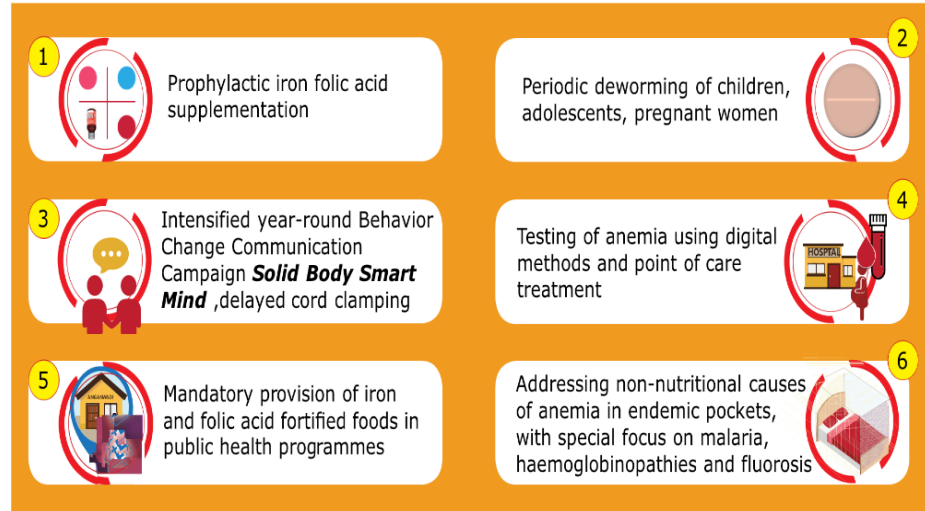
- **Screening and Early Detection**
- **Referral Services:** For specialized care by pediatricians, specialists, and multidisciplinary teams.
- **Treatment and Follow-up Care:** Medical interventions, surgeries, rehabilitative services, long-term management of chronic conditions.
- **Capacity Building**
- **Health Education and Counseling**
- **Research and Innovation**
- **Policy Support and Advocacy**
- **Monitoring and Evaluation**

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

Six target age groups



Six interventions



Six Institutional Mechanisms



Role of Medical colleges:

- AIIMS New Delhi hosts the **National Centre of Excellence and Advanced Research on Anemia Control (NCEAR-A)**, providing technical expertise, conducting research, serving as a national-level reference laboratory for anemia screening and diagnosis, facilitating program reviews and capacity building, supporting supply chain monitoring, and conducting rapid assessments and research.
- At the state level, institutions can be designated as **State Centres for Excellence and Advanced Research for Anemia Control (SCEAR-A)**, aiding in training, monitoring, and acting as apex reference laboratories for anemia screening and diagnosis.

Overview of Universal Immunization Program (UIP)

- One of the largest public health programs.
- Routine Immunization Programme in India started in 1978 as the Expanded Programme of Immunization (EPI)
- Programme gained momentum and was expanded as Universal Immunization Programme (UIP) in 1985



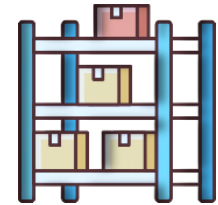
Annual target
2.7 Cr. Newborns;
2.9 Cr. Pregnant
Women



~1.36 Cr. sessions
planned per year



Vaccine against VPDs
11 nation wide;
1 sub-nationally (JE)



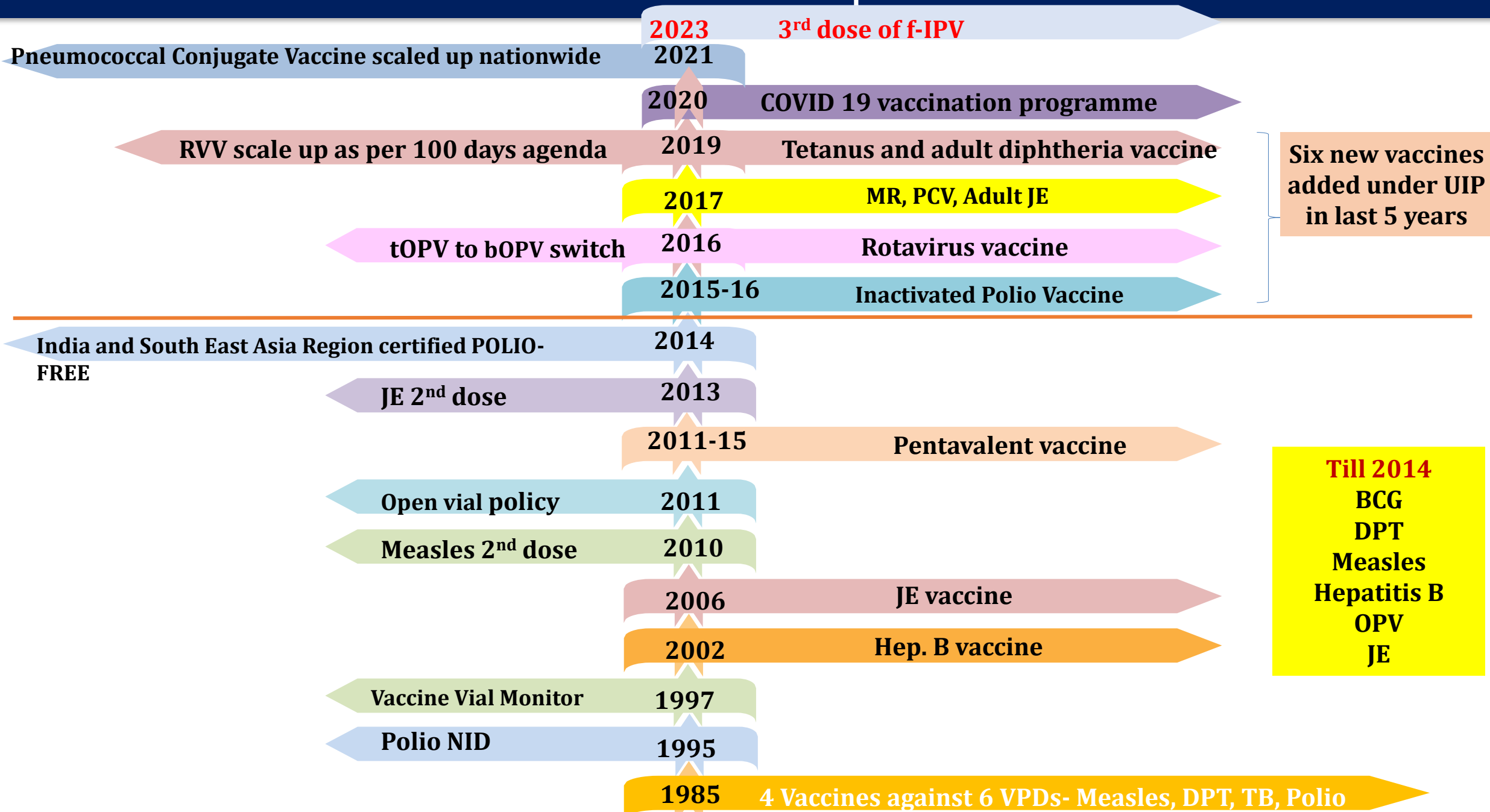
~30,000 cold chain
points for storage and
distribution of
vaccines

Make in India: Largest vaccine manufacturing capacity in the world

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

UIP Roadmap



Vaccine-Preventable Disease Surveillance

- Managed by **National Public Health Support Network (NPSN)**
 - Acute Flaccid Paralysis (AFP) surveillance for Polio
 - Fever and Rash surveillance for Measles and Rubella
 - DPT surveillance for Diphtheria, Pertussis and Tetanus
 - Typhoid (To be started)
 - HPV
- Managed by **National Centre for Vector Borne Disease Control (NCVBDC)**
 - Japanese Encephalitis Disease Surveillance .
- Managed by **ICMR**
 - Congenital Rubella Syndrome (CRS) Surveillance
 - Pneumo-surveillance

Without adequate surveillance, elimination of vaccine-preventable diseases cannot be achieved and sustained.

Adverse Event Following Immunization (AEFI)

It is any untoward medical occurrence following immunization (Mild, Serious and Severe), which does not necessarily have a causal relationship with the usage of the vaccine.

Reporting of AEFI

SAFEVAC: Online portal.

- For reporting of all AEFI (Minor, Severe and Serious)
- Data entry and uploading of forms (hospital records, post mortem reports at the district level and causality assessment reports state level)

Signal Review Panel: At National Level

- For detecting signals following vaccinations
- Members trained on analysing potential signals and giving appropriate recommendations.

National Quality Assurance Standards for AEFI Surveillance Programme

- QMS-AEFI is being implemented in 23 states/UTs

Revised AEFI Surveillance & Response Operational Guidelines- 2024

- Release of AEFI Surveillance & Response Operational Guidelines - 2024
- National Dissemination workshop conducted on revised AEFI Surveillance & Response Operational Guidelines - 2024



Universal Immunization Program (UIP)



Role of Medical colleges in UIP:

- **Provision of immunization services:** Dedicated vaccination rooms with provision of daily vaccination services/ MIC
- **Capacity Building/ NID/S-NID/ Monitoring**
- **AEFI surveillance and Management:**
 - (National/ State) AEFI Causality Assessment committee
 - Clinical management of AEFIs
 - Adverse Drug Reaction Monitoring Centers: **Pharmacovigilance Programme of India (PvPI).**
 - Clinical expertise in AEFI Surveillance
- **Review Mechanism:** Mandatory representation in the **STFIs and DTFIs** for review and strategy discussions. Participation as assessors during the Effective Vaccine Management (EVM) assessment carried out nationally.
- **VPD Surveillance/ AFP/ MR elimination/ MR Surveillance/ CRS**

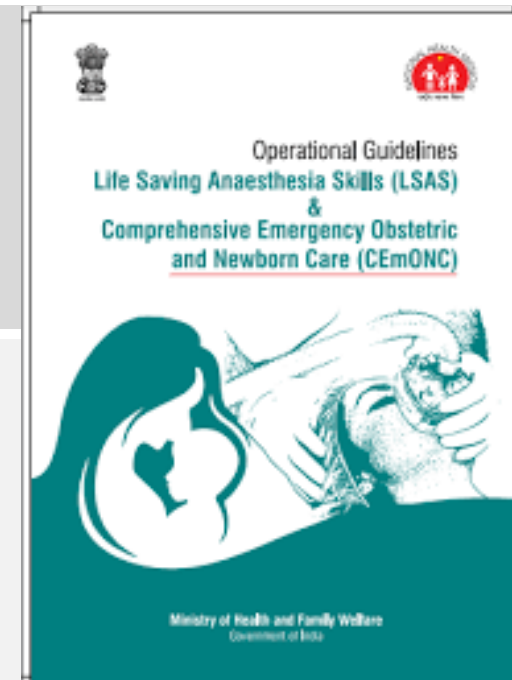


Other HSS Initiatives



Indian Public Health Standards (IPHS): To improve the quality of services and provide a uniform benchmark to assess the functionality of public health facilities, a set of standards known as the IPHS were first developed in 2007 - revised in 2012 and then 2022, to provide guidance on the infrastructural, HR, drugs, diagnostics, equipment, quality & governance requirements for delivering health services.

Lifesaving Anaesthesia skills(LSAS): Training program rolled out in 2003 to train MBBS doctors in providing comprehensive anaesthetic obstetric care services to provide with necessary skills & competencies to manage the cases requiring lifesaving emergency obstetric care at the FRUs.



Comprehensive Emergency Obstetric Care (CEmOC): Training program rolled out in 2003 to train MBBS doctors in providing comprehensive obstetric care services, to enable to manage complications and also undertake C-sections for saving lives.



Thematic Areas for Support

Education

- Impart **medical education to capacitate** healthcare professionals.

Evidence Generation & Research

- **Research**, generate evidence for policy decisions, **Operational research** and **Impact assessment**

Service Delivery

- Delivering healthcare to underserved populations, outreach services

Community Engagement

- Engage with local communities to raise awareness, Provide health education

Policy Support and Advocacy

- Provide **expert input and technical assistance**

Monitoring, Evaluation and Learning

- Monitoring & Evaluation of the nation health programs by undertaking field visits, mentoring the health workforce and providing feedback to the public health managers.

Medical Colleges are part of various expert and advisory committees such as:

- Empowered Program Committee- NHM
- Medical Education Reform Committee
- National Health Policy Advisory Committee
- Hospital Accreditation Advisory Committee
- Health Technology Assessment Advisory Committee
- National Technical Advisory Group on Immunization
- National Mental Health Advisory Committee
- National Tobacco Control Advisory Committee
- National Vaccine Policy Drafting Committee



Thank you