

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

UNSTARRED QUESTION NO:4244
ANSWERED ON:22.03.2013
REPRODUCTIVE AND CHILD HEALTH PROGRAMME
Baske Shri Pulin Bihar

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether the Government has been implementing the Reproductive and Child Health Programme (RCH) in the country;
- (b) if so, the details thereof and the extent to which the interventions through the RCH Programme are helping in improving the child health and addressing the mortality and morbidity of children in the country;
- (c) the funds allocated, released and utilised during each of the last three years and the current year under the said programme, State/UT-wise; and
- (d) the steps taken by the Government to monitor the expenditure incurred thereunder?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ABU HASEM KHAN CHOUDHURY)

(a) & (b): Yes. The Government has been implementing the Reproductive and Child Health programme under the umbrella of National Rural Health Mission.

The available data from Sample Registration System of the Registrar General of India showed that under five mortality rate has reduced from 69 in 2008 to 55 per thousand live births in 2011.

The following interventions are implemented to reduce the mortality and morbidity of children in the country:

1. Promotion of Institutional Delivery through Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakram (JSSK): Promoting Institutional delivery to ensure skilled birth attendance is a key to reducing both maternal and neo-natal mortality. JSY incentivizes pregnant women to opt for institutional delivery and provides for cash assistance. JSSK entitles all pregnant women to absolutely free and zero expense delivery including caesarean section operation in Government health facilities and provides for free to and fro transport, food, drugs and diagnostics. Similar entitlements have also been put in place for sick neonates. This scheme has now been extended to cover all infants in the country.

2. Strengthening Facility based newborn care: Newborn care corners (NBCC) are set up at all health facilities where deliveries take place to provide essential newborn care at birth to all new born babies; Special New Born Care Units (SNCUs) at District Hospitals and New Born Stabilization Units (NBSUs) at FRUs are set up for the care of sick newborn. As on date 401 SNCUs, 1542 NBSUs and 11508 NBCCs are functional across the country.

3. Home Based Newborn Care (HBNC): Home based newborn care through ASHA has recently been initiated to improve new born care practices at the community level and for early detection and referral of sick new born babies. The schedule of home visits by ASHA consists of at least 6 visits in case of institutional deliveries, on days 3, 7, 14, 21, 28 & 42nd days and one additional visit within 24 hours of delivery in case of home deliveries. Additional visits will be made for babies who are pre-term, low birth weight or ill.

4. Capacity building of health care providers: Various trainings are being conducted under National Rural Health Mission (NRHM) to build and upgrade the skills of doctors, nurses and ANM for early diagnosis and case management of common ailments of children and care of newborn at time of birth. These trainings include Integrated Management of Neo- natal and Childhood Illness (IMNCI) and Navjaat Shishu Suraksha Karyakram (NSSK). A total of 5.8 lakh health care workers have been trained in IMNCI in 505 districts and 89,962 health workers trained in NSSK so far.

5. Management of Malnutrition: Emphasis is laid on reduction of malnutrition which is an important underlying cause of child mortality. 605 Nutritional Rehabilitation Centres have been established for management of Severe Acute Malnutrition (SAM). Iron and Folic Acid is also provided to children for prevention of anaemia. Recently, weekly Iron and Folic Acid supplementation has been initiated for adolescent population. As breastfeeding reduces infant mortality, exclusive breastfeeding for first six months and appropriate infant and young child feeding practices is promoted in convergence with Ministry of Woman and Child Development.

6. Village Health and Nutrition Days (VHNDs) are also organized for imparting nutritional counseling to mothers and to improve child care practices.

7. Universal Immunization Program (UIP): Vaccination against seven diseases is provided to all children under UIP. Government of India supports the vaccine program by supply of vaccines and syringes, cold chain equipments and provision of operational costs. UIP targets to immunize 2.7 crore infants against seven vaccine preventable diseases every year. 21 states with more than 80% coverage have incorporated second dose of Measles in their immunization program. Pentavalent vaccine has been introduced in eight State/UTs. Year 2012-13 has been declared as 'Year of intensification of Routine Immunization'. India has achieved a historic milestone by remaining polio free for two full years now. WHO has taken India off the list of polio endemic countries.

8. Mother and Child Tracking System: A name based Mother and Child Tracking System has been put in place which is web based to enable tracking of all pregnant women and newborns so as to monitor and ensure that complete services are provided to them. States are encouraged to send SMS alerts to beneficiaries reminding them of the dates on which services are due and generate beneficiary-wise due list of services with due dates for ANMs on a weekly basis.

(c) & (d) :The details of funds allocated, released and utilized during last three years under RCH program State/UT-wise are annexed.

The expenditure on various interventions is monitored through reporting in Central Plan Scheme Monitoring System (CPFMS) system and Financial monitoring reports. Besides this, monitoring of expenditure is also carried out during Common Review Missions and state reviews.