An Overview

Improving the maternal and child health and their survival are central to the achievement of national health goals under the National Rural Health Mission (NRHM) and the 12th five year plan (2013-17). Maternal and child health outcomes are a sensitive indicator of the country’s health system and also show how a society treats its most vulnerable members. Health of the mothers determines the health of the next generation and thus the adult human capital. Improved maternal, newborn and child health saves money in many ways and benefits individuals, families, communities and society.

While India has made considerable progress towards the reduction of Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR), the current pace of decline is not sufficient to achieve the goals and targets, committed under NRHM and MDG. The newly designed RMNCH+A strategies need to be more action oriented (to the optimum level) at all facilities and outreach points; to have a comprehensive approach towards continuum of care for ensuring improved maternal, child and adolescent health.
Some facts on Maternal, Child and Adolescent Health:-

- Current Maternal Mortality Ratio (MMR) is 178 per 1,00,000 live births (against the target-100, for 12th five year plan) and Infant Mortality Rate (IMR) is 42 per 1000 live births (against the target-25, for 12th five year plan). (Source SRS-2012).

- Total Fertility Rate (TFR) is 2.4 (Source SRS-2012).

- The Crude Birth Rate (CBR) at national level during 2012 stands at 21.6. (Source SRS-2012).

- The Crude Death Rate (CDR) is 7.0. (Source SRS-2012)

- Sex Ratio of child (age group 0-4) is 912 in 2010-2012. (Source SRS-2012)

- Despite this decline, one in every 24 infant at the National level, one in every 22 infant in rural areas and one in every 36 infant in urban areas still die within one year of life. (Source SRS-2012)

- Under 5 Mortality Rate (U5MR) is 52 in 2012. (Source SRS-2012)

- Still Birth Rate is 5 (Source SRS-2012).

- India has the largest adolescent population in the world: 243 million i.e. 20% contribution in the world’s population. (Source World Population prospectus-2012).

- The proportion of females getting married before legal age of marriage has declined to 2.9 percent as against 7.6 percent reported in 2007 at national level. (Source SRS-2012).

- More than half (56%) of girls and 30% of boys in the age group 15-19 are anemic. (Source NHFS-3).
Current Programmes on Maternal, Child and Adolescent Health


* RMNCH+A strategic approach focuses on what the Health Delivery System can do to help achieve maternal and child health goals.
* RMNCH+A approach essentially looks to address the major causes of mortality among women and children as well as the delays in accessing and utilizing health care and services.
* Purpose of RMNCH+A approach is to provide an understanding of comprehensive approach to improve child survival and safe motherhood.

The main strategies for RMNCH+A includes:-

* Maternal Health
* Access to safe abortion services
* Prevention & Management of Reproductive Tract Infections (RTI) and Sexually Transmitted Infections (STI)
* Gender Based Violence
* Newborn and Child Health
* Universal Immunization
* Child Health Screening and Early Intervention Services
* Adolescent Health
* Family Planning
* Addressing the Declining Sex Ratio
* Cross cutting Areas.

* The initiative entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery, including caesarean section.

* The entitlements also include free drugs and consumables, free diet up to 3 days during normal delivery and up to 7 days for C-section, free diagnostics, and free blood wherever required. This initiative also provides for free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements have been put in place for all sick newborns accessing public health institutions for treatment till 30 days after birth. This has now been expanded to cover sick infants.

* The scheme aims to eliminate out of pocket expenses incurred by the pregnant women and sick new borns while accessing services at Government health facilities.

Actions needed from you

* Ensure proper implementation of the Adolescent Health programmes priority interventions: Iron and Folic Acid (IFA) supplementation, facility- based adolescent health services, community based health promotion activities, information and counseling on sexual and reproductive health (including menstrual hygiene), substance abuse, mental health, non-communicable diseases, injuries and violence including domestic violence.

* Ensuring proper functioning of Adolescent Friendly Health Clinic (AFHC) with provision of essential drugs and logistics up to CHCs and PHCs for enabling promotive and preventive health care for adolescents.

* Ensure that the Adolescent Health Day (AHD) is held; make alternative arrangements in case some of the service providers are not available.

* Strengthen referral mechanisms between facilities at various levels and communities.
Actions needed from you

✱ Ensure and facilitate implementation of JSSK at all public health institutions.

✱ Ensure regular procurement, uninterrupted supply and availability of drugs & consumables at all public health institutions.

✱ Dissemination of the entitlements in the public domain.

✱ Ensure universal reach of the referral transport (no area left uncovered), with 24X7 referral transport services.

✱ Institute a grievance redressal mechanism for ensuring that the commitments are fulfilled in letter and spirit.


✱ This is a new scheme launched in 2013, covering individuals in age group of 0-18 years.

✱ The purpose is to improve the overall quality of life of children (0-18 years) through early detection of birth defects, diseases, deficiencies, development delays including disability and provide comprehensive care at appropriate levels of health facilities.

✱ Screening of newborns at health facilities for birth defects, screening of children in the age group of 0-6 years at anganwadi centers at least twice a year through the District Medical Mobile Teams for deficiencies, diseases and development delays including disabilities Screening of children and adolescents 6-18 years will be undertaken in schools by the same District Mobile Medical Teams.

✱ Identified children will be managed free of cost at District Early Interventions Centers through comprehensive package of services provided for care, support and treatment.
**Actions needed from you**

- Ensure that the first level of screening is to be done at all delivery points through existing Medical Officers, Staff Nurses and ANMs. After 48 hours till 6 weeks the screening of newborns will be done by ASHA at home as a part of Home based newborn care (HBNC) package.

- Establishment of District Early Intervention Centre (DEIC) at the District Hospital.

- Facilitate the recruitment process of District Nodal Persons.

- Procurement of equipment for the Block Mobile Team and District Hospital

- Outreach screening should be done by dedicated mobile block level teams for 6 weeks to 6 years at anganwadi centres and 6-18 years children at school.

4. **Ensure proper functioning of Adolescent Friendly Health Clinic (AFHC) with provision of essential drugs and logistics at District Hospitals (DHs), Community Health Centers (CHCs), Primary Health Centers (PHCs) and sub centres (SCs) as per the new National Adolescent Health Strategy. Launched in 2014.**

- The aim of AFHCs is to provide clinical and counselling services to adolescents through the existing health system. With a slight physical makeover, training of existing staff, introduction of a counsellor and provision of commodities, existing facilities would be equipped to provide adolescent friendly health services.

- The adolescent friendly health services address reproductive and sexual health concerns of adolescents, both married and unmarried through information and counselling and those related to nutrition and mental health.

- Structure of AFHC Services: AFHCs should be set-up at the following levels of the existing health care delivery system:

  - At Primary Health Center (PHC) level for a population of 20,000 in hilly and 30,000 in plain area; and at Urban Primary Health Centers (UPHC) for a population of 50,000

  - At Community Health Center (CHC) level for a population of 80,000 in hilly and 1,20,000 in plain areas.

  - At District Hospital (DH) and medical colleges at district headquarters
Actions needed from you

✱ Ensure that the AFHCs are characterised by two key factors:

✱ A warm and inviting space: The physical appearance of AFHCs is important for creating an environment where adolescents feel comfortable. A typical health set up might not attract adolescents, but a simple makeover with wall paint, colorful furniture, bright posters, LCD (Liquid-crystal display) screens with appropriate health messages etc. can all change the facility.

✱ Privacy: Efforts should be made to maintain privacy and confidentiality, to ensure that adolescents are comfortable in attending clinics.

✱ Ensure that the AFHC is separate from the general Outpatient department (OPD).

✱ Community based health promotion of adolescent health is mainly through engagement of peer educators, PRI (Panchayati Raj Institutions), VHSNC (Village Health Sanitation and Nutrition Committee), Teen Clubs and educational institutes. Community based interventions and demand generation initiatives are to be further linked with facility based services across all levels of health care.

✱ Recruitment of Counsellors in addition to existing staff that deliver clinical services at facilities, for AFHCs at each level.

✱ Government Order/ Office Order should be issued to districts for implementation of AFHC as per the plan.


✱ An act to provide for the prohibition of sex selection, before or after conception, and for regulation of prenatal diagnostic techniques for the purposes of detecting genetic abnormalities or metabolic disorders or chromosomal abnormalities or certain congenital malformations or sex-linked disorders and for the prevention of their misuse for sex determination leading to female foeticide; and, for matters connected therewith or incidental thereto.

✱ The main purpose of enacting the act is to ban the use of sex selection techniques before or after conception and prevent the misuse of prenatal diagnostic technique for sex selective abortion.
Actions needed from you

✱ Formation of dedicated PC & PNDT cells at state/district level.

✱ Establishing statutory bodies under the PC & PNDT Act including State Supervisory Board, State & District Appropriate Authority and State and District Advisory Committee.

✱ Preventing illegal sex determination and sex selective abortions.

✱ Strengthening of monitoring mechanisms, including the State Inspection and Monitoring Committees.

✱ Online maintenance, analysis and examination of records mandated under the Act and digitalization of registration records with periodic evaluations.

✱ Involvement of trained NGO’s in the state government PC & PNDT Committees to oversee the implementation of the PC & PNDT.

✱ Systematic orders with proper guidelines & norms from central to state governments to be circulated.

✱ Establishment of fast tract court for defenders of sex detectors & female foeticide.

6. Rolling out the National Iron plus Initiatives including Weekly Iron and Folic Acid Supplementation (WIFS). Launched in 2013

✱ The Ministry of Health and Family Welfare, Government of India has launched the Weekly Iron and Folic Acid Supplementation (WIFS) Programme to reduce the prevalence and severity of nutritional anaemia in adolescent population (10-19 years) under the campaign “Solid Bano India”.

✱ Weekly Iron and Folic Acid supplementation programme is being implemented for the following two target groups in both rural and urban areas:

✱ Adolescent girls and boys who are enrolled in government/government aided/municipal schools from 6th to 12th classes.

✱ Adolescent Girls who are not in school.

✱ The scheme also includes nutrition and health education sessions, screening of target groups for moderate/severe anaemia and referring these cases to an appropriate health facility.
Actions needed from you

- Ensure adherence to guidelines issued by MoHFW including fixing Monday as national WIFS day and February and August as National De-worming days.

- Ensuring proper administration of Weekly Iron and Folic Acid Supplementation (WIFS) programme. Under the programme all adolescents have to consume one Iron and Folic Acid (IFA) tablet every week for 52 weeks in a year along with biannual de-worming (consumption of Albendazole Tablet six months apart, for control of worm infestation.

- Ensure uninterrupted procurement and supply of IFA and Albendazole tablets to district.

- Effectively counsel adolescents for influencing behavior for dietary modifications and regular WIFS consumption.

- Identify constraints and take timely actions for resolving compliance problems.

- Ensure convergence with “Rajiv Gandhi Programme Scheme for the Empowerment of Adolescent Girls” (SABLA) scheme through the Anganwadi Centres (AWC) for out of school adolescent girls.


- This scheme aims to increase awareness among adolescent girls on Menstrual Hygiene, increase access to and use of high quality sanitary napkins to adolescent girls in rural areas and ensure safe disposal of sanitary napkins in an environment friendly manner.

- Under this scheme sanitary napkins (NHM brand ‘Free days’) are being sold to adolescent girls at Rs. 6/- for a pack of 6 napkins in the village by the ASHA worker. The scheme promotes better health and hygiene among adolescent girls.

- Sanitary napkins are provided under NHM’s brand ‘Free days’.
Actions needed from you

✱ Ensuring that adolescent girls in the target group have adequate knowledge and information about menstrual hygiene and the proper use of sanitary napkins and safe disposal of sanitary napkins.

✱ Ensuring regular availability of sanitary napkins to the adolescents (including sourcing, procurement, storage and distribution of sanitary napkins to the adolescent girls).

✱ Community-based health education and outreach in the target population to promote menstrual health.

✱ Ensure establishment of proper sanitary pad disposal mechanism at school level & village level.

8. **Rashtriya Kishor Swasthya Karyakarm (RKSK) Launched in 7th January, 2014.**

✱ Taking cognisance of the need to respond to health and development requirements of adolescents in a holistic manner, the Ministry of Health and Family Welfare (MoHFW) has launched new adolescent health programme – Rashtriya Kishor Swasthya Karyakram (RKSK) based on the principles of participation, rights, inclusion, gender equity and strategic partnerships. The strategy envisions that all adolescents in India are able to realise their full potential by making informed and responsible decisions related to their health and well-being.

✱ The strategy is a paradigm shift, and realigns the existing clinic-based curative approaches to focus on a more holistic model, which includes and focuses on community-based health promotion and preventive care along with a strengthening of preventive, diagnostic and curative services across levels of health facilities.

✱ To implement this paradigm shift, the strategy identifies seven critical components (7Cs) that need to be ensured across all programme areas. These components are: coverage, content, communities, clinics (health facilities), counselling, communication and convergence.

✱ The new Adolescent Health strategy seeks to achieve the following objectives:
**Improve nutrition**

- Reduce the prevalence of malnutrition among adolescent girls and boys (including overweight/obesity)
- Reduce the prevalence of iron-deficiency anaemia (IDA) among adolescent girls and boys

**Enable sexual and reproductive health**

- Improve knowledge, attitudes and behaviour, in relation to Sexual & Reproductive Health
- Reduce teenage pregnancies
- Improve birth preparedness, complication readiness and provide early parenting support for adolescent parents

**Enhance mental health**

- Address mental health concerns of adolescents

**Prevent injuries and violence**

- Promote favourable attitudes for preventing injuries and violence among adolescents

**Prevent substance misuse**

- Increase adolescents’ awareness of the adverse effects and consequences of substance misuse

**Address conditions for NCDs**

- Promote behaviour change in adolescents to prevent NCDs such as cancer, diabetes, cardio-vascular diseases and strokes
**Actions needed from you**

- Strengthening Adolescent Friendly Health Clinics (AFHCs) which are dedicated spaces for adolescents in the existing health systems
  - Sub-centres (walk-in clinics)
  - AFHCs in Primary Health Centres (PHCs)
  - AFHCs in Community Health Centres (CHCs) with a dedicated counsellor
  - AFHCs in District Hospitals
  - AFHCs in Medical Colleges
- Ensure that the Adolescent Health Day (AHD) is held; make alternative arrangements in case some of the service providers are not available.
- Ensure that the translated AFHC guideline should be disseminated to the concerned officers at state, district and block program management unit.
- Establishment and strengthening convergence with Health and Family Welfare Department and with other department/ schemes like WCD (ICDS, KSY-Kishori Shakti Yojana, BSY-Balika Samridhi Yojana, SABLA), Human Resource Development-HRD (AEP-Alternative Education Programme, MDM – Mid day Meal), Youth Affairs and Sports (Adolescent Empowerment Scheme, National Service Scheme, Nehru Yuva Kendra Sangathan-NYKS, National Program for Youth and Adolescent Development -NPYAD)
- Establishment of community based monitoring mechanism for proper implementation of programmes under RKSK at the community level.
- Engage adolescents with field service providers to secure and strengthen mechanism for proper access and providing relevant services.
- Strengthen referral linkages through the three-tier public health system and community.
We hope this document has proved useful for your reference. If you wish to receive more information on Maternal, Child and Adolescent Health, or regular updates from our team or have any suggestions, please write to VHA! “Maternal, Child and Adolescent Health Issues” at seemagupta@vhai.org; healthforall@vhai.org

visit our website: www.vhai.org
About VHAI
Voluntary Health Association of India is one of the largest networks of health and development in India. It was initiated in the year 1970 with the vision of “Making Health a reality for all the people in India”. Its mission is to assist initiatives in the voluntary sector to achieve this goal with the involvement and participation of people. VHAI’s primary objective is also encompassing promotion of social justice and human rights related issues to the provision and distribution of health services in India. It is registered as a secular, non-political and non-profit making organization under Society’s Registration Act 1860(Act XXI) bearing No: 231650063 dt: 28th July 1987. At present there are 27 State voluntary health associations, linking together over 4500 member institutions are working with VHAI.

The Unite for Body Rights (UFBR) programme has been designed by the Sexual and Reproductive Health Rights (SRHR) Alliance. It envisages a society free of poverty in which, women, men, girls, boys and marginalized groups have sexual and reproductive rights irrespective of ethnic, cultural and religious backgrounds, age, gender and sexual orientation. Voluntary Health Association of India implementing the programme in two Districts of Odisha since 2011 with support from Simavi, Netherlands. The objectives of the programme are to strengthen sexual and reproductive health services through capacity building of frontline workers, referrals, advocacy and demand generation; to work towards an enabling environment for sexual and reproductive health and rights through capacity building and awareness generation and also to strengthen sexual and reproductive health and rights education in formal and informal settings.

The Sexual and Reproductive Health Rights (SRHR) programme supported by Dutch Alliance is operational in two blocks of Odisha state, Kujang block in Jagatsinghpur district and Khalikote block in Ganjam district. The SRHR Alliance, India is an alliance of seven organizations - VHAI, Restless Development, Bihar VHA, Sewa Bharat, CINI, Needs, Jharkhand and YP Foundation. The objective is to ensure that sexual and reproductive health rights are a part of the ongoing health activities in the project states through sensitization, capacity building, coalitions, advancing the advocacy agenda, comprehensive sexual health education in schools and out of school, and networking with likeminded organizations. The programme is for a period of five years.

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