

## **EXPERIMENT NO: 02**

### **AIM OF THE EXPERIMENT:**

To study about RCH Reproductive & Child Health Program.

### **THEORY:**

The reproductive health & child health Program is implemented in the state since 1997.

The Program monitored by the state Family Welfare bureau which is located at Pune.

### **OBJECTIVE:**

In the year 1994. The international Conference on Population & development (ICPD).

The entire strategy was changed & the Following issues were given priority.

- Women empowerment.
- Reproductive Rights.
- Reproductive Health.
- Quality of Care

### **DEFINITION OF (RCH)**

- It has the ability to reproduce & regulated their facilities.
- Women are able to go through Pregnancy & Child birth safely.
- The Outcome of Pregnancy is successful in terms of maternal & infant wellbeing.

### **Components of RCH Program**

- Women health, safe motherhood.
- Child health, child development
- Adolescent health (sexuality development, education & vocational component)
- Effective Family Planning.
- Prevention, detection & management of reproductive tract infections.
- Prevention, & management of infertility & other reproductive disorders.
- Prevention, detection & management of genetic.
- Reproductive health care of elderly persons.

### **Referral Transport**

It is observed that for maternal death, the unavailability of transport is one reason. Therefore, under the scheme. It is proposed to place Rs 5000/- to the local gram panchayat for first year & 4000/-, Rs3000/-, Rs 2000/-, Rs1000/- subsequently. The scheme is not be in completed in selected 50 villages of 10 Districts viz Nanded, Nandurbar, Dhule, Solapur, Pharbhani, Bhandara, Gadchiroli, Aurangabad, Jalna & Osmanabad.

- Beneficiary will get Rs300/- for Transport.

### **Utilization of services of private Gynecologist & Anesthetics on Contract basis.**

In order to provide emergency obstetric services the specialists are required. They are not available at many of the first Referral Units.

Therefore a provision has been made to utilize the services of private Gynecologists & Anesthetics by paying them consultation charges.

### **Training of DAIs**

In the number of villages, the delivery is conducted by traditional birth attendants. In order to reduce maternal mortality & Infants mortality, safe delivery Practices are essential under the scheme, the DAIs, who are conducting the delivery will be trained at selected FRUs & also required orientation training will be given.

### **NGO Involvement**

The Government of India has selected four mother NGOs in the state. These NGOs are working since 1998-1999. They have to register 110 field NGOs from the districts assigned to them.

### **Training under RCH Program.**

The government of India has identified national Institute of health & Family welfare as the Nobel agency for training activities under the RCH Program.

The states has been formed the state level RCH training Co-Ordination with committee. According to the guidelines of NIHFWS & in consultation with the collaborating training Institute (CTI).

- Integrated skill development Training (ISDT) for MD, LHV, ANM (12 Days)
- Integrated skill development Training (ISDT)
- Specialized skill development Training (SST)
- Management Training (1 week)
- Communication(11 days)

### **Nav Sanjeevani Yojana:**

The state government has selected the districts having tribal Population for the implements of special Program. In following districts Nav Sanjeevani Yojana has been introduced..

**District Covered..** Thane, Raigad, Nasik, Jalgaon, Amravati , Pune, Gondia, Chandrapur, Dhule etc..

### **Following Activities are implemented**

- Pre Monsoon health check up to tribal mothers & children & treatment.
- Regular water quality monitoring.
- Filling of Vacancies.
- Monthly examination of grade III & grade IV children.
- Facility of diet to patient or one at PHC & RH.
- Maintains the mobility of the vehicles.
- Ensuring availability of drug for epidemic control at the health institutions.

### **Integrated Tribal Development Project (ITDP)**

Following tribal district are covered:

Thane

Nasik

Nandubar

Amravati etc..

### **Matrutwa Anudan Yojna:**

The schemes are implemented throughout the year. The beneficiary is Pregnant mother Rs400/- in cash & drug worth Rs400/- are given to the beneficiary.

The objective is to support the diet & encouraging the beneficiary to accept safe motherhood concept.

### **DAI Training:**

The DAI conducting the delivery are called for quarterly one day orientation training, they are paid Rs 40/- as honorarium & Rs 10/- as meeting expenses. The dais are oriented about safe delivery Practices & new born care.

### **Pada Swayamsevak:**

The scheme is implemented from May to December every years. The Pada workers is paid Rs 300/- per month.

5530 posts of Pada workers have been sanctioned.

They are expected to perform following activities:-

- Water disinfection.
- Tablet Chloroquine distributed to fever Patients.
- ORS packets to diarrhea Patients.
- Information of epidemic outbreak to PHC.
- Assistance in the distribution of supplementary diet.

### **Appointment of Honorary Doctors:**

The scheme is implemented from June to December. The appointed Doctors is paid Rs 6000/- per month.

132 Posts have been sanctioned.

The Doctor is expected to carry out.

- Health checkup of mother & child in every Pada /village in the area.
- Treatment of mothers & children having health problems.
- Examination of children in Anganwadi.

**RESULT:** understood the study about RCH Reproductive & Child Health Program.