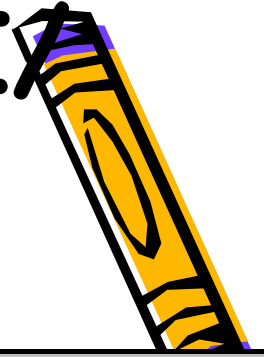




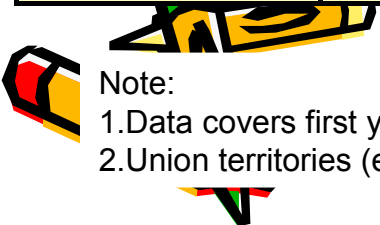
NEW INITIATIVES IN CHILD HEALTH

Dr Sangeeta Saxena
Assistant Commissioner(Child Health)
Ministry of Health and family Welfare
Government of india

VIS-A-VIS RCH II NRHM GOALS



RCH II Goal Indicator	All India Trends (Source of Data)		Targets for		No. of states having achieved	
			10 th Plan (2007)	RCH II /NRHM (2012)	10 th Plan targets	RCH II /NRHM targets
MMR (per lakh live births)	398 (SRS 1997-98)	254 (SRS 2004-06)	<200	<100	8	1
IMR (per 1000 live births)	71 (SRS 1997)	53 (SRS 2008)	<45	<30	13	5
TFR	3.3 (SRS 1997)	2.7 (SRS 2007)	2.3	2.1	10	9



Note:

- 1.Data covers first year of RCH II for MMR, and first half of RCH II for IMR and TFR.
- 2.Union territories (except Delhi) have been excluded in the findings

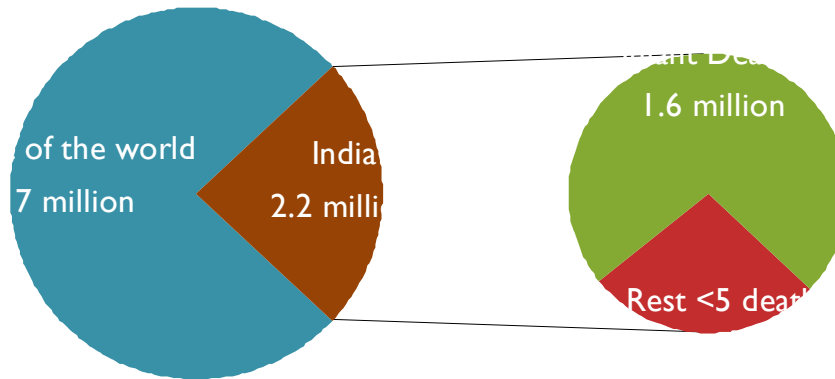


21% of all under five deaths occur in India



Under-5 deaths in India

Under-5 Mortality Worldwide

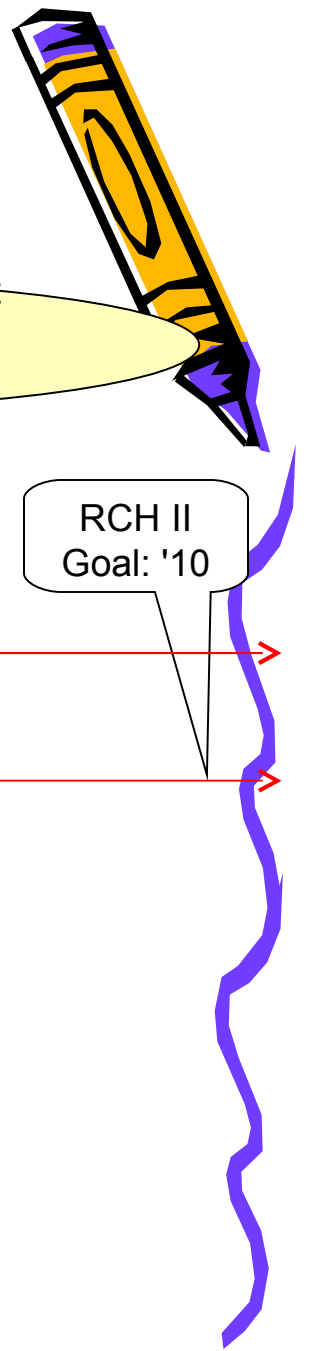


Source: World Health Statistics, 2007



Latest data shows that worldwide U-5 deaths have declined to 8.8 million, with India accounting for nearly 1.85 million.

INFANT MORTALITY RATE

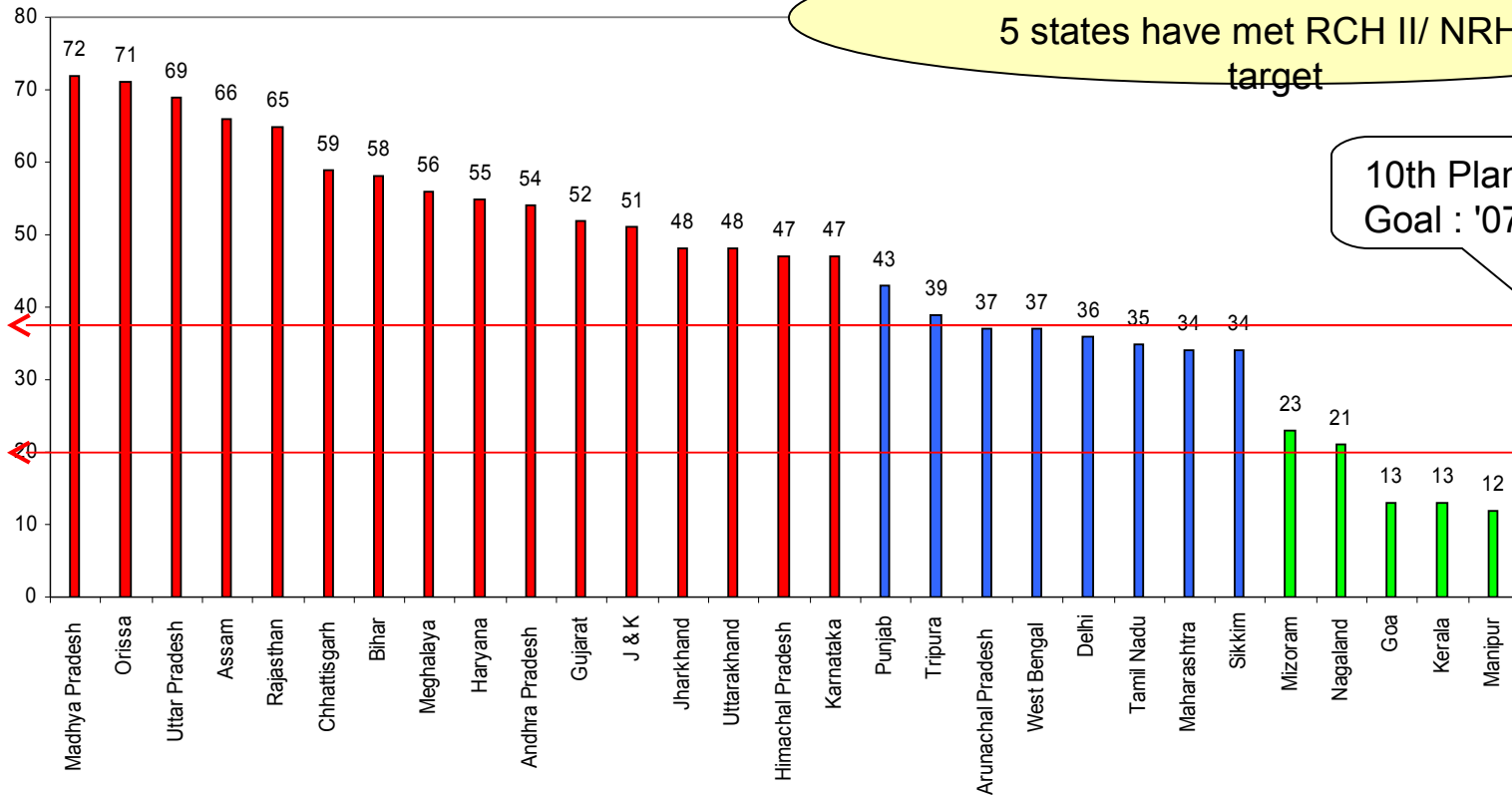


13 states have met 10th Plan target

5 states have met RCH II/ NRHM target

10th Plan Goal : '07

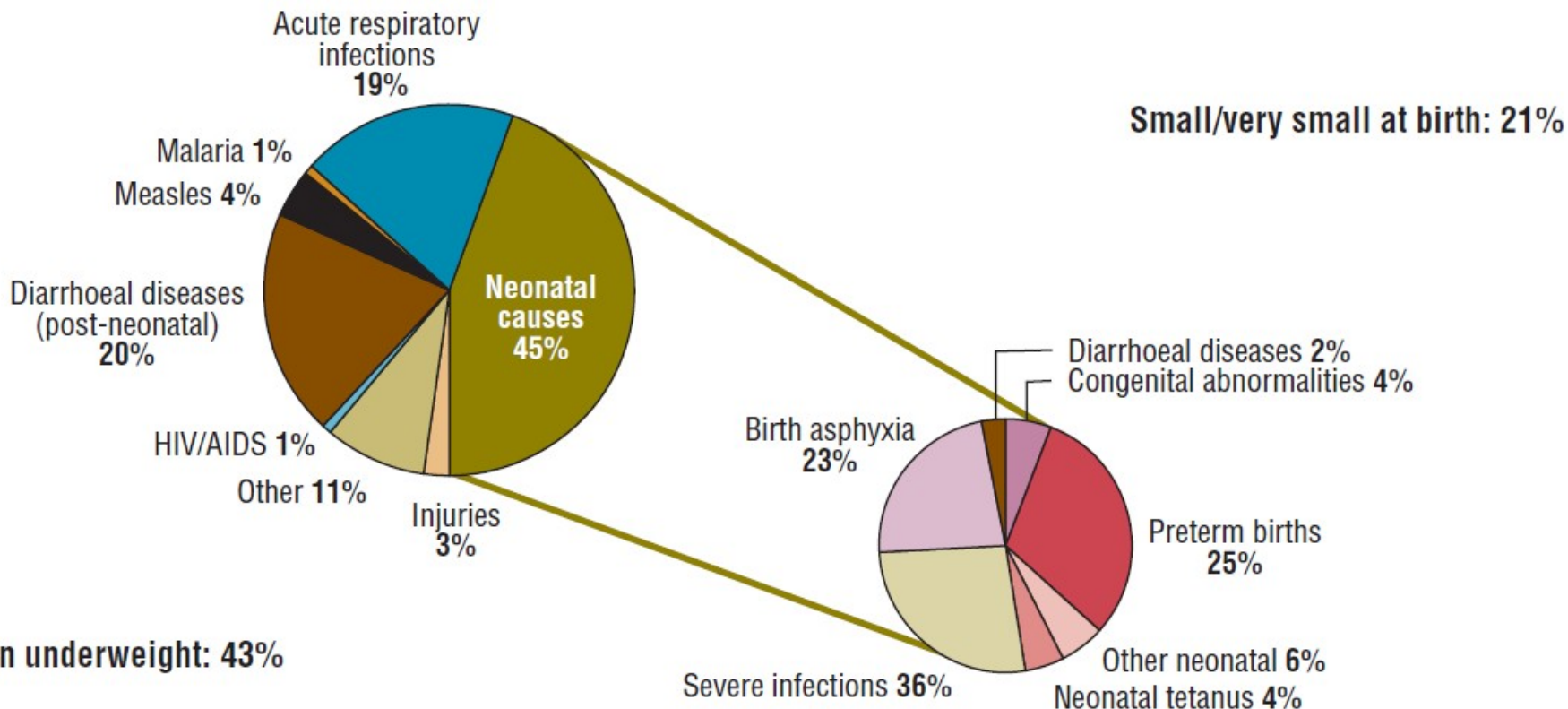
RCH II Goal: '10



Breakup of causes of mortality (India)



Estimated distribution of causes of neonatal and under-five deaths*

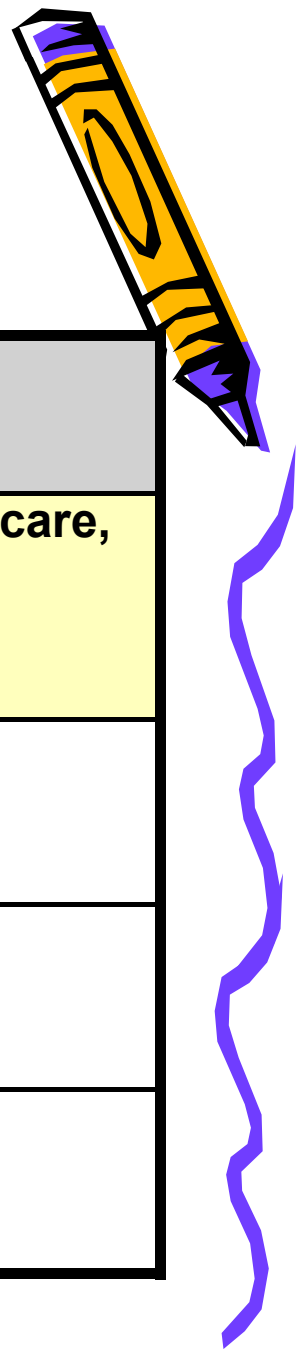


Children underweight: 43%

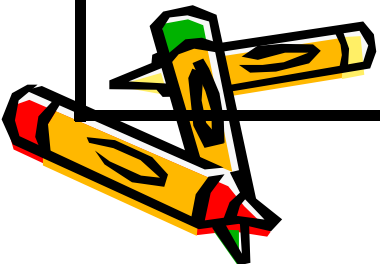
Sources: DHS India, 2005–06 for children underweight and size of child at birth; CHERG/CAH for distribution of causes of under-five deaths (published in the *World Health Statistics 2007*); and CHERG Neonatal Group for distribution of neonatal causes of death (*Mortality profiles*. Geneva, World Health Organization, 2007 (<http://www.who.int/whosis/mort/profiles>)).



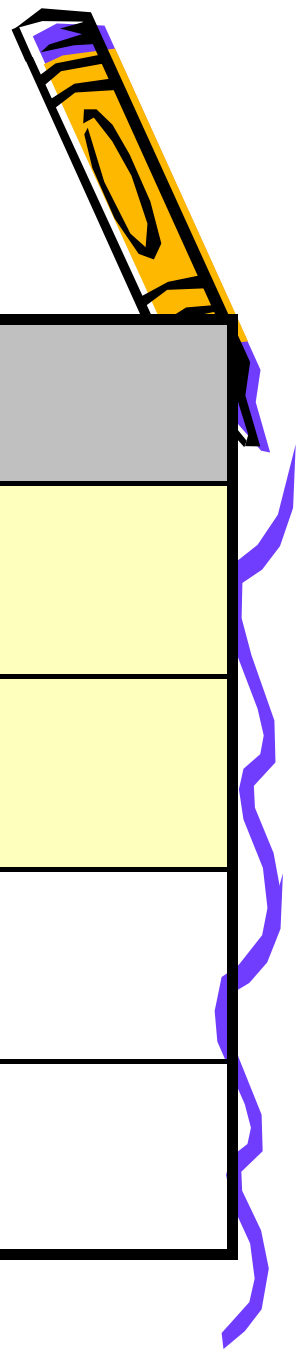
CAUSES OF CHILD DEATHS



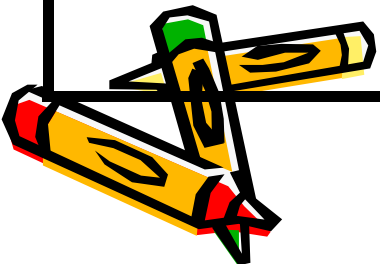
CAUSES	INTERVENTIONS
Severe infections (36% deaths)	IMNCI / F-IMNCI, Basic new born care, Early initiation of breast feeding
Preterm birth (25% deaths)	NSSK
Birth asphyxia (23% deaths)	NSSK
Neonatal tetanus (4% deaths)	TT (mother)



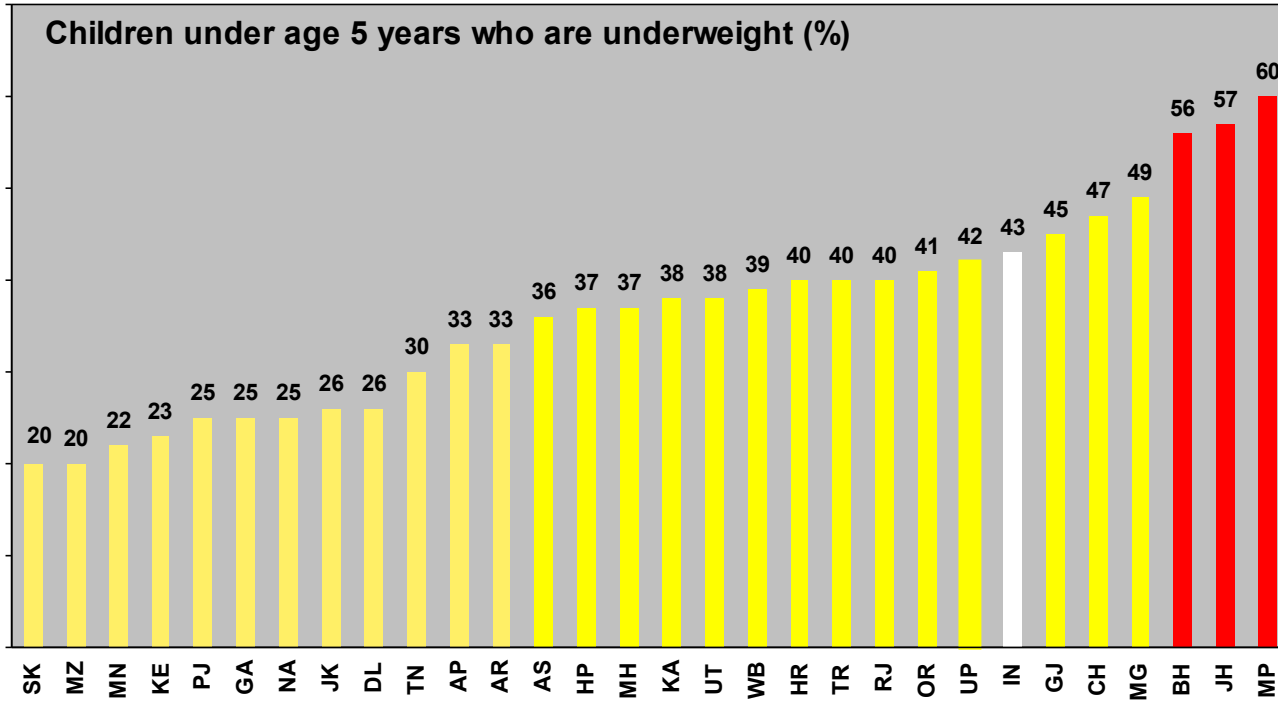
INTERVENTIONS FOR ADDRESSING CAUSES OF CHILD DEATHS



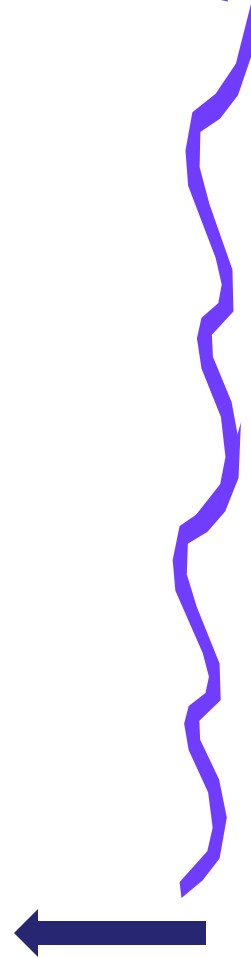
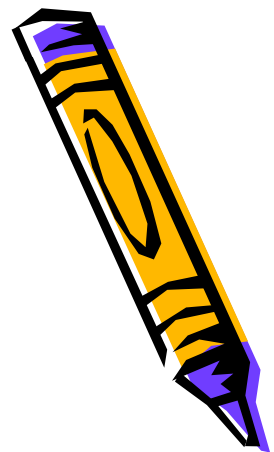
CAUSES	INTERVENTIONS
Acute respiratory infections (19% deaths)	Antibiotics, IMNCI
Diarrhoeal diseases (17% deaths)	ORS, Zinc
Measles (4%)	Immunization
Undernutrition	Community and facility based management



Children's Nutritional Status



Source: NFHS-3



CHILD HEALTH: STRATEGIES

- Integrated management of neonatal and childhood illnesses (IMNCI) and F
IMNCI
 - Pre-service and In-service training of providers
 - Improving health systems (e.g. facility upgradation, availability of logistics, referral systems)
 - Community and Family level care
- Home Based Newborn and Child Care/ HBNCC
- Facility Based Newborn Care : SNCUs;Stabilization units;newborn corners
- Infant and Young Child Feeding
 - including Improving Early and Exclusive Breastfeeding and Complementary Feeding
- Nutritional Rehabilitation Centres
- Reduction in morbidity and mortality due to Acute Respiratory Infections (ARI) and Diarrhoeal Diseases
- Supplementation with micronutrients: Vitamin A & iron folic acid
- School Health Program

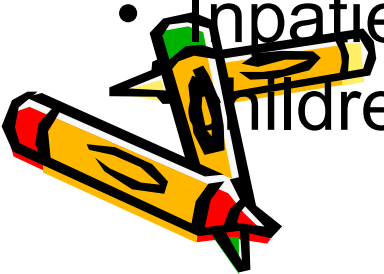


Facility - Integrated Management of Neonatal & Childhood Illnesses (IMNCI)

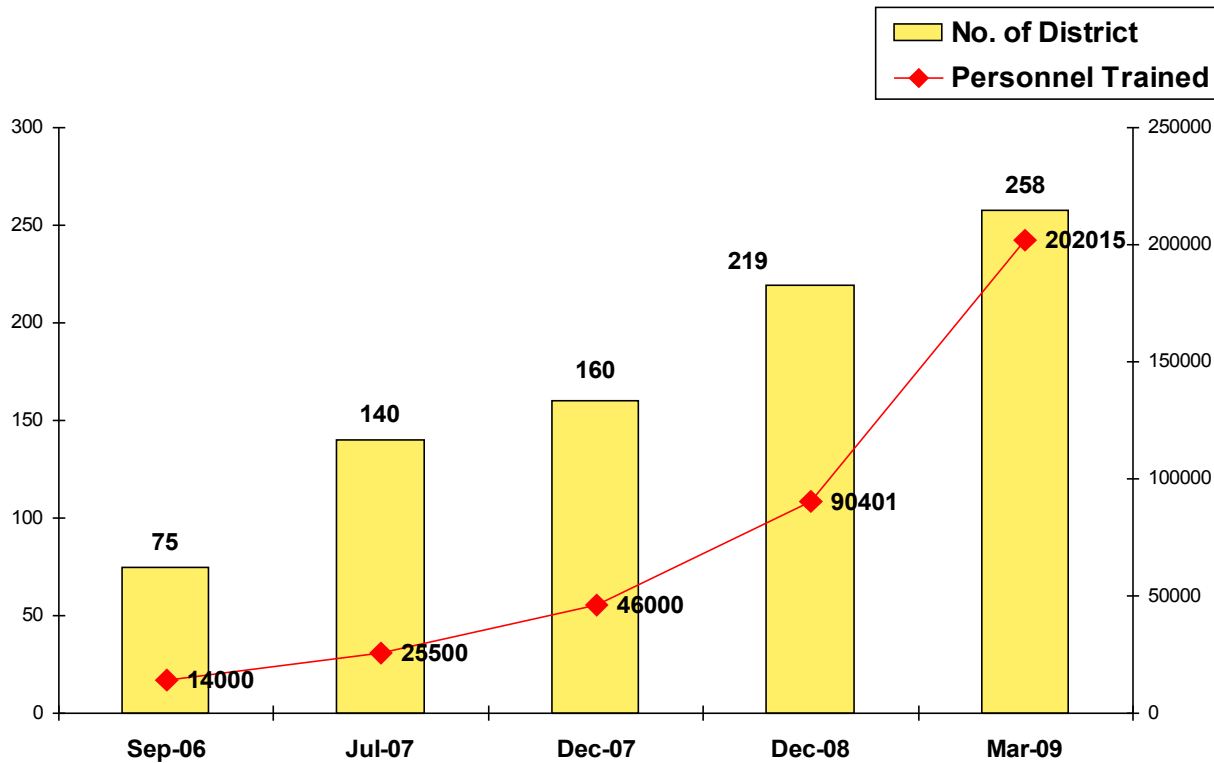
- An integrated approach for sick infant & under-fives - Includes:
 - community and family level care
 - improving health systems e.g. facility up gradation, availability of logistics, referral systems.
- Community IMNCI
 - Home visits for all newborns to teach the mother ways to prevent illnesses through exclusive breastfeeding and essential newborn care.
 - At these visits, mothers are also taught to recognize illnesses early and seek timely care.

PLUS

- Asphyxia management
- Inpatient management of sick newborns and children



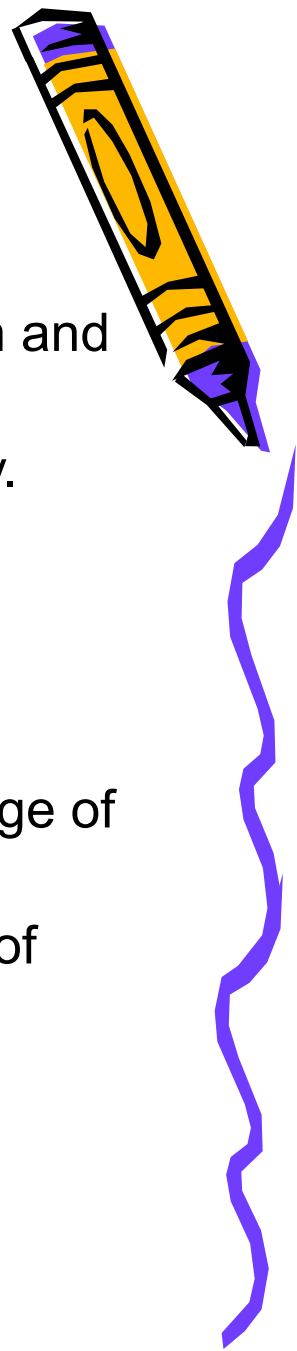
IMNCI (IN-SERVICE) IMPLEMENTATION STATUS



Source: NRHM MIS reports



F-IMNCI



- To enhance the skills missing at facilities to manage newborn and childhood illness.
- Overcome the acute shortage of paediatricians in the country.
 - No. of posts of paediatricians in rural health facilities:
 - Required = 4276
 - Sanctioned = 1620
 - In position = 866
- The introduction of F-IMNCI will help bridge this acute shortage of specialists.
- There is also a need to simultaneously increase the number of sanctioned posts.



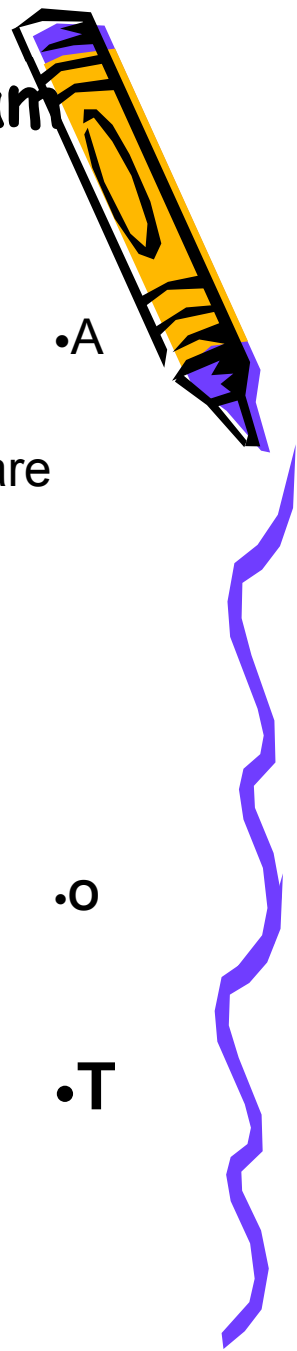
IMNCI Progress

- IMNCI Implementation
 - In 258 districts
 - Over 2 lakh personnel trained
- Pre-service IMNCI
 - Introduced in to the curriculum of 79 Medical colleges
 - Nearly 4000 students trained

First course of FIMNCI started on 10th November 2009



Navjaat Shishu Suraksha Karyakram



new programme on Basic Newborn Care and Resuscitation, launched nationally by GoI to address important interventions of care at birth:

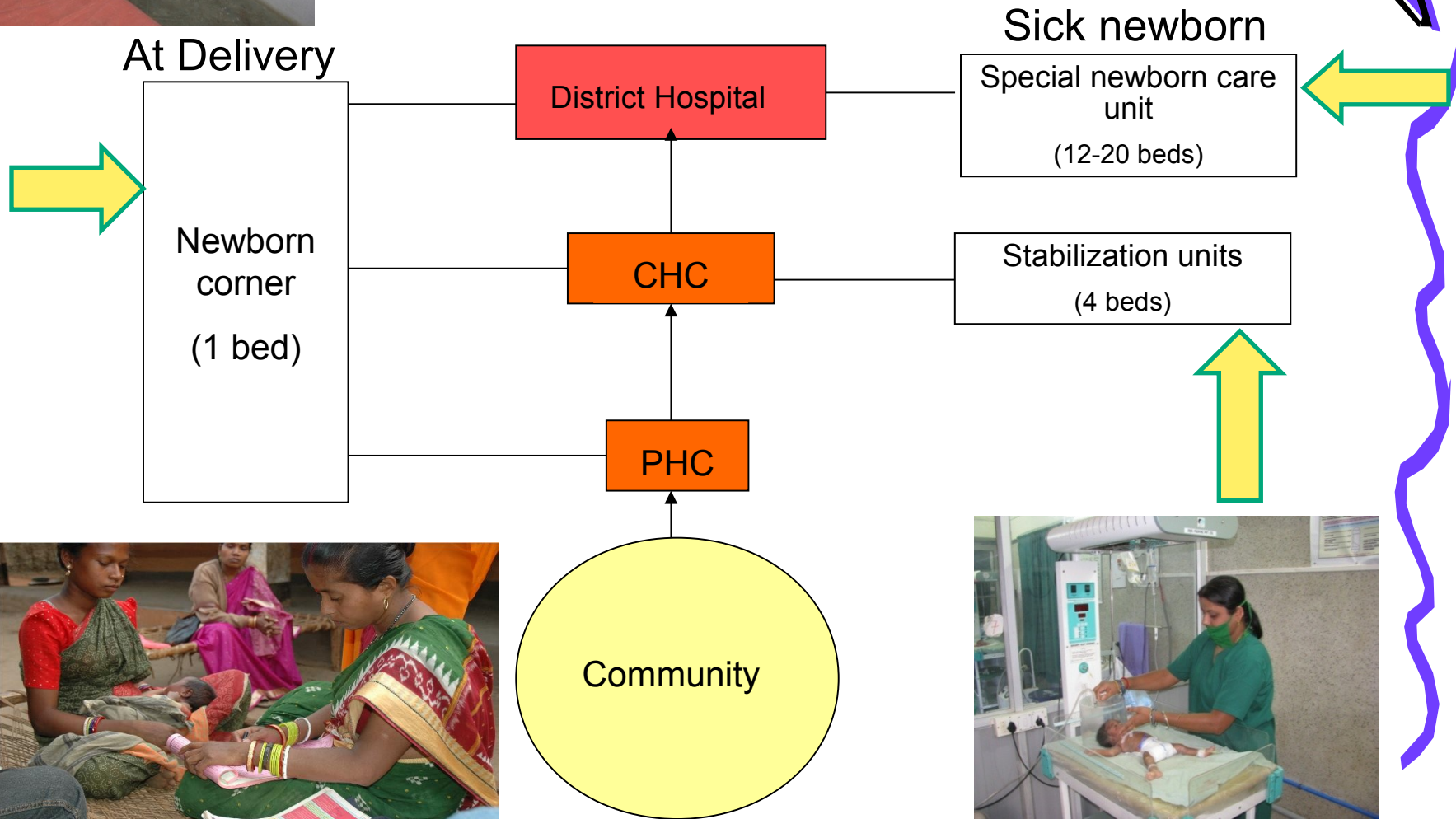
- ✓ **Prevention of Hypothermia**
- ✓ **Prevention of Infection**
- ✓ **Early initiation of Breast feeding and**
- ✓ **Basic Newborn Resuscitation.**

OBJECTIVE: To have one trained person at institutional facility, where deliveries take place.

to be completed by June 2010



NSSK IMPLEMENTATION

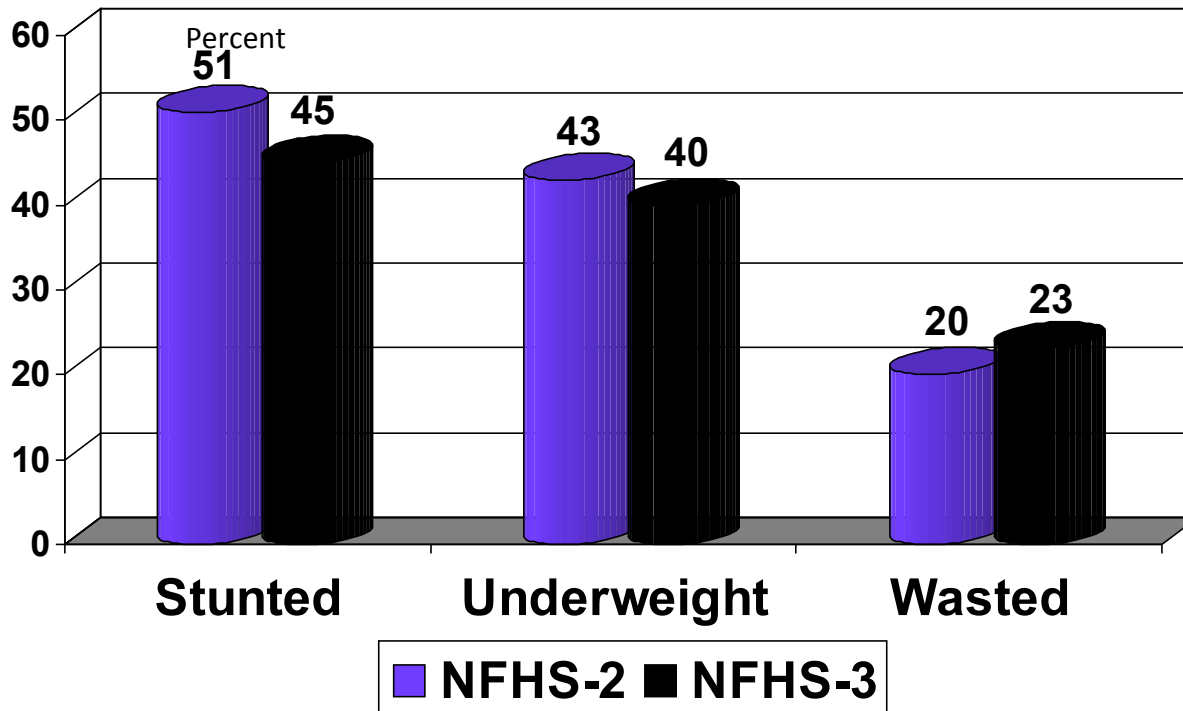


Sick Newborn Care Units (SNCUs)



Approximately 174 Special New Born Care Units (SNCU), 1592 Stabilization units and 4793 New Born Care Corner have been established at district hospital, CHC/FRU and 24-hour PHCs respectively.

Undernutrition in Children under Age 3



Nutrition

- Nutrition is the primary responsibility of MoWCD
- MoHFW responsible for management of severe acute malnutrition, supplementation of micronutrients (Vitamin A & IFA to children, IFA to pregnant and lactating women).
- MoHFW also promotes breastfeeding and complementary feeding.

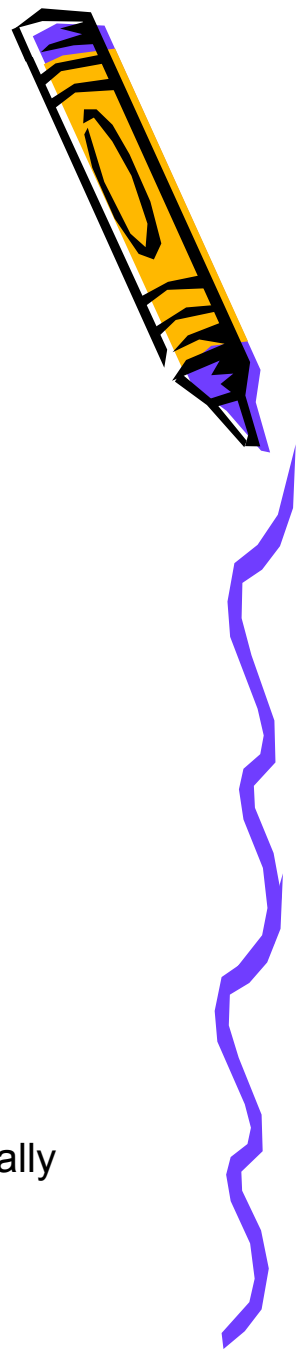




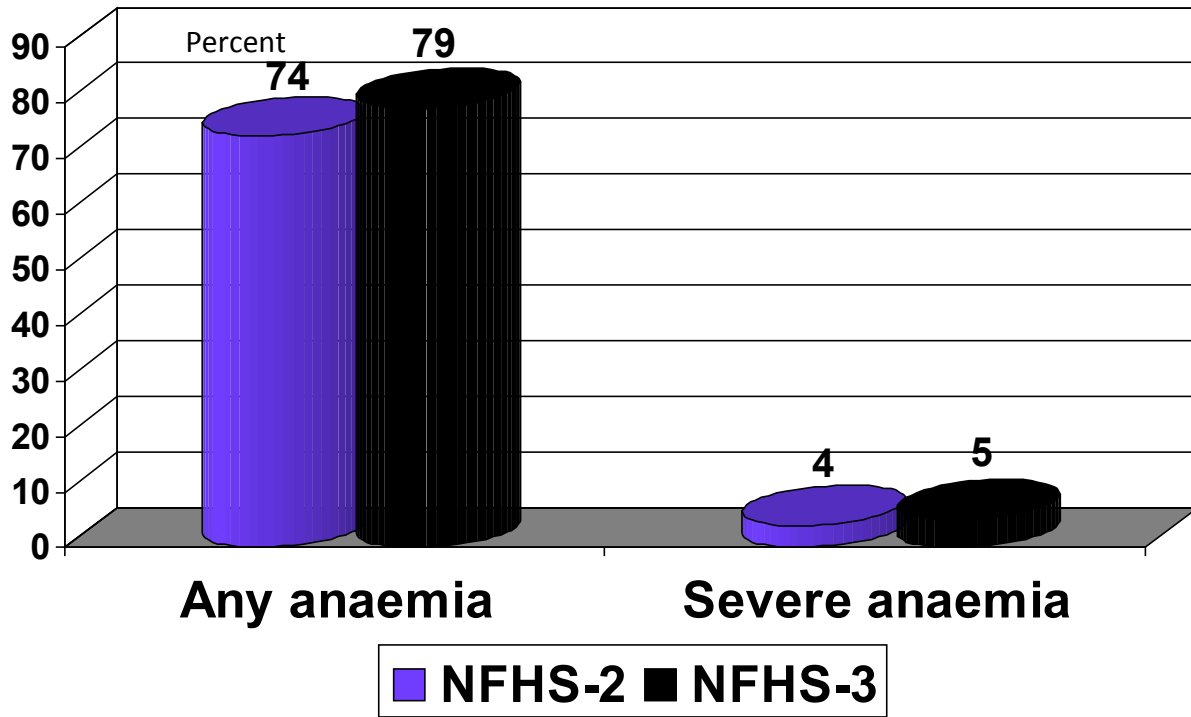
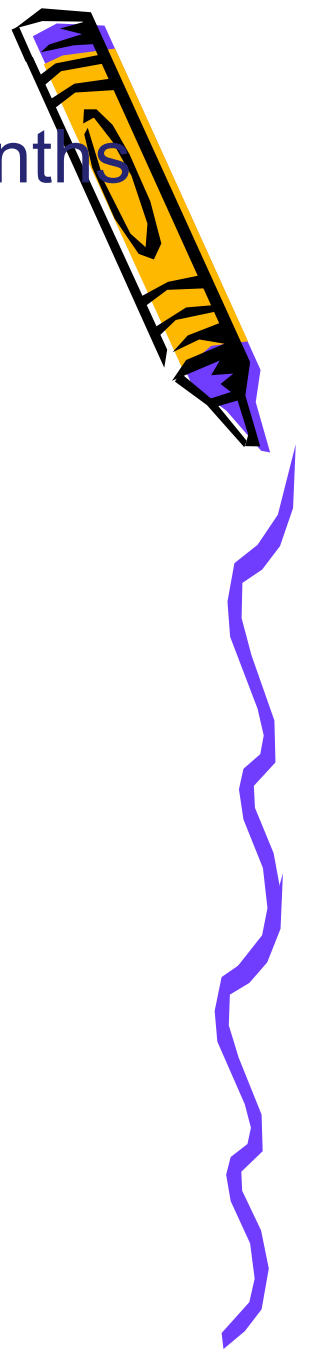
Centre

12 bedded units at DH, malnutrition managed by high calorie hot cooked locally available foods and nutrition counselling

524 such units in place across states

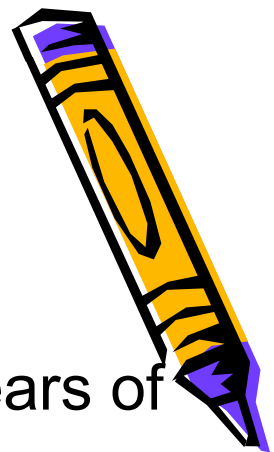


Anaemia among Children Age 6-35 Months



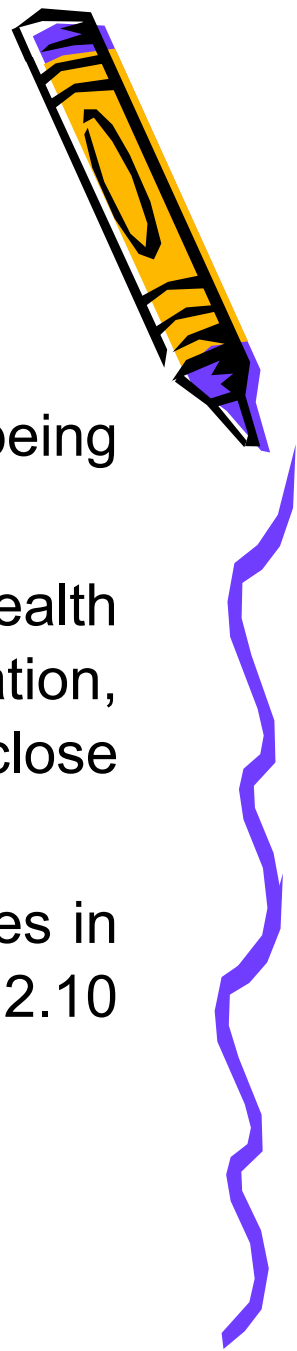
Vitamin A & IFA supplementation

- Vitamin A supplementation from 9 months to 5 years of age, every six months
- IFA supplementation with Iron Folic Acid, for 100 days in a year to children found clinically anaemic (syrup for children 6 months- 5 years, tablets thereafter)
- IFA supplementation for 100 days to all pregnant and lactating women.



School Health Programme

- School Health Programme (SHP) is currently being implemented in 33 States and UTs.
- Health check-up, treatment of minor ailments, health education, micronutrient supplementation, immunization, services are being offered in close conjunction with the Ministry of HRD
- State plans for SHP increased from Rs. 56.58 crores in 2007-08, to Rs. 65.04 crores in 2008-09, and 112.10 crores in 2009-10.





Thank You