

- [Reproductive and Child Health Programme](#) [RCH]

The Reproductive and Child Health (RCH) Programme was launched in October 1997. The main aim of the programme is to reduce infant, child and maternal mortality rates. The main objectives of the programme in its first phase were:

- To improve the implementation and management of policy by using a participatory planning approach and strengthening institutions to maximum utilization of the project resources
- To improve quality, coverage and effectiveness of existing Family Welfare services
- To gradually expand the scope and coverage of the Family Welfare services to eventually come to a defined package of essential RCH services.
- Progressively expand the scope and content of existing FW services to include more elements of a defined package of essential
- Give importance to disadvantaged areas of districts or cities by increasing the quality and infrastructure of Family Welfare services

RCH-I had a number of successful and unsuccessful outcomes. Base line statistics were recorded in 1998-99 and compared to 2002-03. Percentage of women receiving any ANC rose by about 12 % to reach 77.2%. But use of government health facilities has declined. Use of contraceptives increased by 3.3 % to 52.0 %, while family planning due to spacing method rose by 3.3% to 10.7 %. Use of permanent methods did not change. Infant mortality came down from 71(SRS 1997) to 63 (SRS 2002) but the aim of universal immunization was far from reach. Polio though reduced has not met the eradication target. Not enough attention was paid to awareness of diarrhoea management and Acute Respiratory Infection danger signs hence resulting in a rise of case incidents.

The child health programmes is now its second phase: RCH-II. Following are the aims of the programme:

- Expand services to the entire sector of Family Welfare beyond RCH scope
- Holding States accountable by involving them in the development of the programme
- Decentralization for better services
- Allowing states to adjust and improve programmes features according to their direct needs.
- Improving monitoring and evaluation processes at the District, state and the Central level to ensure improved program implementation.
- Give performance based funding, by rewarding good performers and supporting weak performers.
- Pool together financial support from external sources
- Encourage coordination and convergence, within and outside the sector to maximize use resources as well as infra structural facilities

In 2007 a Joint Review Mission (JRM), under the [Ministry of Health and Family Welfare](#), reviewed the progress of RCH-II and found with a number of key concern areas. The JRM found that child health was being limited to immunization and other aspects were being ignored. Proper guidelines for implementation needed to be put in place for the states. There need to be more training programmes to meet the need for qualified personnel. Many innovative techniques and methods that are being implemented need to be evaluated before expansion takes place. Uttar Pradesh requires additional attention with regard to infrastructure and implementation of RCH and NHRM. There is a need to increase family planning services to meet the target of on average only 2.1 children in each family/household.