

## REPRODUCTIVE & CHILD HEALTH PROGRAMMES

**A. Introduction:** Health & Family Welfare Programme started in India in 1951, with the National Family Planning Programme. The Family Planning Programme focused mainly on terminal methods with a view to control over population growth. As a result, it received set back owing to rigid implementation of target-based approach. The experiences gained throughout the country revealed that improvement of the health of women in the reproductive age group and children (up to 5 years) is of crucial importance to reduce the problem of population growth. This realization led to change in the approach from Family Planning to Family Welfare. Since the 7th Plan implemented during 1984 – 89, the Family Welfare programme have evolved on the health needs of mothers and children, as well as on providing contraceptives and spacing services to the targeted group. The main objective of Family Welfare programme has been to stabilize the population at level of the need of the country's development.

In 1997, the Government of India followed up the International recommendation on Reproductive and Child Health (RCH) as a National Programme. RCH programme integrates all the related programmes of the eight plan and it aims to bring all RCH services easily available for the community.

Accordingly, RCH Programme has been started in Mizoram since mid 1998. Various Maternal and Child Health Schemes have been implemented. In addition to these, Mizoram was included among the selected 24 districts of 17 states for the implementation of RCH Sub-Project (Area Project). The Sub-Project covered the entire state of Mizoram and it was mainly concerned with Infrastructure development of rural health care. The RCH Sub-project had come to an end on 31st March 2004.

Since the Schemes which had been implemented during RCH I were mostly concerned with rural health, the GoI has approved Urban Health Project for Aizawl and Lunglei towns since January 2004. Consequently, Other District capitals are also to take up under Urban health project for which proposals have already been submitted to Government of India.

RCH I has technically ended on 31st March 2004. The Government of India has however extended one year Interim period for preparation of project implementation plan (PIP) for RCH II. Since there have been improvements in the areas of services provided to some extent during RCH I, the Government of India decided to continue RCH phase II during 2005 – 2010, so that the targeted group may get better health at maximum level. RCH II is likely to start w.e.f. 1st April 2005.

### B. Objectives of the programme

The main objective of RCH is to provide quality Integrated and sustainable Primary Health Care services to the women in the reproductive age group and young children and special focus on family planning and Immunisation.

#### i) Number of Camps conducted by districts:

No	Name of District	No. of Camps	Amounts (Rs.)
1	Aizawl 'W'	5	1,00,000/-
2	Aizawl 'E'	10	2,00,000/-
3	Kolasib	11	2,20,000/-
4	Mamit	2	40,000/-

5	Champhai	7	1,40,000/-
6	Serchhip	5	1,00,000/-
7	Lunglei	3	60,000./-
8	Lawngtlai	4	80,000/-
9	Saiha	3	60,000/-
<b>TOTAL</b>		<b>50</b>	<b>10,00,000/-</b>

**ii) Referral transportation of pregnant women:**

No	Name of District	No. of Pregnant Women assisted
1	Aizawl 'W'	311
2	Aizawl 'E'	320
3	Kolasib	140
4	Mamit	160
5	Champhai	340
6	Serchhip	210
7	Lunglei	250
8	Lawngtlai	110
9	Saiha	153
<b>Total</b>		<b>1994</b>

**(iii) 24 Hours Delivery Services:**

No	Name of District	No. of Delivery
1	Aizawl 'W'	460
2	Aizawl 'E'	1029
3	Kolasib	1836
4	Mamit	931
5	Champhai	1202
6	Serchhip	916
7	Lunglei	983
8	Saiha	222
9	Lawngtlai	542
<b>Total</b>		<b>8121</b>

(iv) Moped / Scooter Loan: Scooter Loan is advanced to Health Workers, Health Supervisors/CHO @ Rs. 35,000/- as interest free as below:(Total Loan given upto 31.3.2005 )

No	Name of District	No. of Scooter Loan given to H/W (ANM)								Total
		1	2	3	4	5	6	7	8	
1	Aizawl 'W'	30	12	15	8	9	2	21	18	115
2	Aizawl	28	14	8	5	7	2	3	5	72

	'E'									
3	Kolasib	14	1	2	2	4	4	2	4	33
4	Mamit	6	2	3	1	2	-	-	-	14
5	Champhai	12	6	4	12	5	6	-	3	48
6	Serchhip	20	4	3	3	6	2	-	3	41
7	Lunglei	49	3	2	5	17	5	8	1	90
8	Lawngtlai	11	1	2	3	2	-	-	2	21
9	Saiha	11	5	7	5	5	4	2	1	40
	<b>Total</b>	<b>181</b>	<b>48</b>	<b>46</b>	<b>44</b>	<b>57</b>	<b>25</b>	<b>36</b>	<b>37</b>	<b>474</b>

### (V) Training

Sl.No.	Name of Training	Category	No. trained
1.	Integrated skilled training (IST)	H/W, S/N, M.O.	2034
2.	MTP	M.O.	66
3.	IUD	H/W	217
4.	Laparoscope	M.O, O.T Boy, S/N	23
5.	Mini Lap Sterilisation	M.O.	129

### Manpower position:

Sl. No.	Name of Post	No. of Post
1.	S.M. Consultant	15
2.	PHN/Staff Nurse	170
3.	ANM/Health Worker	60
4.	Laboratory Technician	15
5.	Consultant (F&P, IEC, MESA)	3
6.	Account Clerk	1
Sub-Total		<b>264</b>

### Manpower in District Wise:

District	S.M. Consultant	Staff Nurse	Health Worker	Lab. Technician
Aizawl 'W'	3	11	5	2
Aizawl 'E'	1	11	4	1
Kolasib	1	18	8	2
Mamit	2	20	9	1
Champhai	4	33	15	2
Serchhip	1	16	5	3
Lunglei	1	38	7	4
Lawngtlai	2	8	2	1
Saiha	-	15	5	-

<b>Total</b>	<b>15</b>	<b>170</b>	<b>60</b>	<b>16</b>
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**Manpower under Urban Health:**

Sl. No.	Name of Post	No. of Post
1.	Medical Officer	6
2.	PHN/Staff Nurse	16
3.	ANM/Health Worker	16
4.	IV Grade	18
5.	Project Assistant	3
<b>Sub-Total</b>		<b>264</b>
<b>GRAND TOTAL</b>		<b>323</b>