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Roadmap for accelerating child survival and improving maternal health in India

Sandeep Kumar Panigrahi

The National Call to Action: Child Survival and Development, 2013 is a way forward to the commitment made by Government of India to accelerate the child survival initiative made so far along with improvement in maternal health component in the years to come. This initiative has been taken up by the government along with all its development partners under the umbrella of NRHM. A clear picture of the strategy to be taken up under this approach has been spelled out in a strategy document known as RMNCH+A (Reproductive, Maternal, Newborn, Child and Adolescent Health) strategy. The continuum of care approach has been taken into account in this strategy document and this includes reproductive, maternal, neonatal and child health along with an additionally important adolescent health component.

The document basically provides the Health Secretaries, Mission Directors and Programme Managers at National and State level a vision and understanding of the comprehensive approach to improving child survival and safe motherhood and attaining two Millennium Development Goals 4 and 5, to which India is sincerely committed. Integrated service delivery at various stages of life has been considered under this approach. All levels of care that should be made available to these life stages constitute an important component in this. This means both community and facility level care has been considered.

The RMNCH+ A approach emphasizes the need to focus on the most vulnerable and underserved sections of the population. Such geographic pockets have been identified for action. Such districts have been named as High Priority Districts (HPDs). Plus in the strategic document denotes inclusion of adolescent as a distinct life stage, linking of community with facility components and linking MCH to reproductive health and other components. The approach is a conscious articulation of the government’s efforts to provide services towards underserved sections of the society. This focused attention can be more cost effective in bringing out the expected results. The RMNCH+A strategy supports 12th five year plan and hence there are three important goals relevant to RMNCH+A strategy. These include reduction of Infant Mortality Rate to 25 per 1000 live births by 2017, reduction of Maternal Mortality Ratio to 100 per 1 lakh live births by 2017 and reduction of Total Fertility Rate to 2.1 by 2017. To achieve this ambitious targets have also been set up. India aims to set a single goal for reducing preventable MNCH deaths by 2017 but it has been increasingly becoming apparent of the intra and inter state variations and unequal rate of progress. Therefore it has been proposed to set up state specific coverage targets against existing baselines. In this regard the national & state ‘scorecard’ has been introduced as a tool to increase transparency and track progress against RMNCH indicators related with intervention coverage. Positive and negative scores will be summed up to determine the net score of the state. States have been divided into four categories based in inter quartile range and inconsistent data has been deleted from the score sheet after assigning negative score for the same. Using the score card status of the districts can be put on track, especially the high priority districts. The document finally also provides the list of available guidelines at present for the various life cycle stages.

Reference


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