

RMNCH+A

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In News

RMNCH+A approach was **launched in 2013** and it essentially looks to **address the major causes of mortality among women and children** as well as the delays in accessing and utilizing health care and services. The RMNCH+A strategic approach has been developed to provide an understanding of the **continuum of care** and is **holistic in design**, encompassing all interventions aimed at reproductive, maternal, newborn, child, and adolescent health under a broad umbrella, and focusing on the strategic lifecycle approach.

Key Features of RMNCH+A Strategy:

- **Health systems strengthening** (HSS) focusing on infrastructure, human resources, supply chain management, and referral transport measures.
- Prioritization of **high-impact interventions** for various lifecycle stages.
- Increasing effectiveness of investments by **prioritizing geographical areas** based on evidence.
- **Integrated monitoring and accountability** through good governance, use of available data sets, community involvement, and steps to address grievance.
- Broad-based **collaboration and partnerships** with ministries, departments, development partners, civil society, and other stakeholders.

The “Plus” Within the Strategy Focuses On:

- **Inclusion of adolescence** as a distinct life stage within the overall strategy.
- **Linking maternal and child health to reproductive health** and other components like family planning, adolescent health, HIV, gender, and preconception and prenatal

diagnostic techniques.

- Linking home and community-based services to facility-based services.
- Ensuring **linkages, referrals, and counter-referrals** between and among various levels of the health care system to create a continuous care pathway, and to bring an additive/ synergistic effect in terms of overall outcomes and impact.

Objectives of RMNCH+A

- Increase facilities equipped for perinatal care (designated as 'delivery points') by 100%
- Increase proportion of all births in government and accredited private institutions at annual rate of 5.6 % from the baseline of 61%
- Increase proportion of pregnant women receiving antenatal care at annual rate of 6% from the baseline of 53%
- Increase proportion of mothers and newborns receiving postnatal care at annual rate of 7.5% from the baseline of 45%
- Increase proportion of deliveries conducted by skilled birth attendants at annual rate of 2% from the baseline of 76%
- Increase exclusive breastfeeding rates at annual rate of 9.6% from the baseline of 36%
- Reduce prevalence of under-five children who are underweight at annual rate of 5.5% from the baseline of 45%
- Reduce anaemia in adolescent girls and boys (15–19 years) at annual rate of 6% from the baseline of 56% and 30%, respectively
- Decrease the proportion of total fertility contributed by adolescents (15–19 years) at annual rate of 3.8% per year from the baseline of 16%
- Raise child sex ratio in the 0–6 years age group at

annual rate of 0.6% per year from the baseline of 914

Program Management

- While the number of staff and their placement in the organisation structure will primarily be determined by the organisational set-up in each state, certain guiding principles have been set out with the aim of ensuring that RMNCH+ approach receives the necessary organisational emphasis.
- At the national level, the **reproductive and child health (RCH) division currently has the provision for deputy commissioners**, assistant commissioners, and a team of technical consultants.
- At the state level, a **dedicated full-time Director for RCH** (including maternal health, child health, family planning and adolescent health) will take charge at the state level. Director RCH will be **supported by separate dedicated full-time directorate officials for maternal health, child health, family planning and adolescent health** as well as for key cross cutting functions.