

CHILD HEALTH



National Health Mission
Deptt. of Health & Family Welfare
Govt. of Odisha.



Scheme of Presentation

New born Health Services

Child Health Services

Nutrition Services

Objectives

- To sensitize participants about the services available under Child Health
- To enable participants to provide required information to the beneficiaries

Background

- Who is a newborn/neonate?

A baby is called a neonate/newborn from birth up till 28 days of birth

- Who is a child?

Any child within the age group of 5 years is considered a child

HEALTH SERVICES AVAILABLE FOR NEWBORN

Home Based Newborn Care (HBNC)

Newborn Care Corner (NBCC)

Newborn Stabilization Unit (NBSU)

Special Newborn Care Unit (SNCU)

Mother Newborn Care Unit (MNCU)-Kangaroo Mother Care (KMC)

India Newborn Action Plan (INAP)

Home Based Newborn Care (HBNC)

- Under HBNC, ASHA visits each newborn 6 or 7 times at home for early identification or danger sign and referral
- Schedule of visit:
 - On 1st, 3rd, 7th, 14th, 21st, 28th and 42nd day of birth for home delivered newborns
 - On 3rd, 7th, 14th, 21st, 28th and 42nd day of birth for newborns delivered at institution
- Danger Signs: Fever or hypothermia, diarrhoea, pustules/ rashes, pus in umbilical cord, etc.
- Modalities: On identification of any danger sign, ASHA to refer the newborn to ANM for appropriate treatment
- ASHA is entitled to an incentive of Rs. 200/- per newborn on completion of all 5 visits

NBCC & NBSU

- **NBCC**
 - A newborn care corner (NBCC) is established in the labour room and OT of each functional delivery point
 - Any newborn requiring resuscitation at birth or provision of warmth is managed at NBCC by a skilled MO or SN
- **NBSU**
 - A newborn stabilization unit (NBSU) is established in selected high case load first referral units (FRUs), such as CHC & SDH
 - Moderately sick newborns for treatment and/or severely sick newborns for stabilization prior to referral are managed in these units by skilled MOs or SNs

Special Newborn Care Unit (SNCU)

- A special newborn care unit is a specialized unit established at SDH, DHH or Medical College level for treatment of sick newborns
- Each district has at least one SNCU where a trained Paediatrician is in charge and SNs trained on FBNC are posted
- Any newborn identified with danger sign/sickness and meeting the criteria for SNCU admission is to be issued a red card by ANM/SN and referred to SNCU using a community referral slip/ inter-facility referral slip, as applicable

Mother Newborn Care Unit (MNCU)

- A mother newborn care unit (MNCU) is a unit adjoining the SNCU in order to decongest SNCUs by accommodating mother-baby dyad of newborns who do not require intensive care but need observational care for their medical conditions
- This unit comprises of step-down unit, kangaroo mother care (KMC) unit and post natal care (PNC) unit
- Approved to be established in high case load institutions.
- Under process of establishment

India Newborn Action Plan (INAP)

- All newborns at birth are to be provided inj. Vitamin K for reducing neonatal deaths due to vitamin K deficiency bleeding disorder.
 - Provisions have been made at each delivery point level
- All young infants (0-2m) identified with sepsis are to be treated with Inj. Gentamicin & Syp. Amoxicillin by ANM to reduce deaths due to sepsis
 - Provisions have been made at each sub centre level
 - All ANMs have been trained to identify young infants with sepsis
- All low birth weight babies and sick newborns are to be provided Kangaroo Mother Care (KMC) for provision of warmth and promoting early initiation of breastfeeding
 - KMC units have been established near each SNCU
- All pregnant women identified with preterm labour (<34 weeks) are to be provided with antenatal corticosteroids for reducing newborn deaths due to respiratory distress syndrome
 - Provisions have been made at each delivery point level

HEALTH SERVICES AVAILABLE FOR UNDER 5 CHILDREN

Home Based care for Young Child (HBYC)

Integrated Action plan for Prevention of Pneumonia & Diarrhoea (IAPPD)

Intensified Diarrhea Control Month (IDCM)

Child Death Review (CDR)

Paediatric Intensive Care Unit (PICU)

Home Based care for Young Child (HBYC)

- Under HBYC, ASHA is to pay 5 additional visits to each newborn after completion of HBNC visits for assessing the health & nutrition status of the child and refer, if needed
- Schedule of visit: On 3rd, 6th, 9th, 12th and , 28th and 42nd day of birth for home delivered newborns
- Set of activities: Support for exclusive breastfeeding, counsel on handwashing practices, appropriate play & communication, check immunization status & ensure full immunization, weight recording, counsel on complementary feeding, distribution of prophylactic IFA & ORS
- ASHA is entitled to an incentive of Rs. 250/- per newborn on completion of all 5 visits
- Approved to be rolled out in 14 districts; currently district level trainings are under process

Integrated Action plan for Prevention of Pneumonia & Diarrhoea (IAPPD)

- Treatment of under five childhood diarrhoeal case with ORS & Zinc
 - ANMs are trained on identification of childhood diarrhoeal cases and their treatment
 - In case of severe dehydration cases, ANMs are to refer the case to nearest CHC using a community referral slip
- Treatment of under five pneumonia cases with Inj. Gentamicin & Syp. Amoxicillin
 - Under INAP/ IAPPD, all ANMs are trained to identify children with pneumonia and treat them
 - In case of severe dehydration cases, ANMs are to refer the case to nearest CHC using a community referral slip

Intensified Diarrhea Control Month (IDCM)

- Every year the State observes a three month long campaign named Malaria Diarrhoea Dengue (MDD) campaign around pre-monsoon period for prevention of deaths due to Malaria, Diarrhoea or Dengue
- The first month in this campaign is dedicated to prevention of diarrhoeal deaths and this month is called Intensified Diarrhoea Control Month (IDCM)
- Under IDCM, ASHA visits each household and distributes prophylactic ORS sachet and also demonstrates the family on preparation of ORS and hand washing practices
- Besides, ORS & Zinc corners are established at facility level in the OPD & Paediatric ward up to CHC level

Child Death Review (CDR)

- All under five deaths in the State are reported and a sample of them are reviewed every month at the District level to identify the causes and gaps leading to child death for taking necessary corrective & preventive measures for reducing under five mortality rate
- All ASHAs have been sensitized to notify all under five child deaths
- All ANMs then visit the family and conduct a brief investigation and submit to block, where sample cases are chosen are a trained team of investigators conduct verbal autopsy for finding the exact cause of death

Paediatric Intensive Care Unit (PICU)

- A Paediatric Intensive Care Unit is a specialized unit for treatment of severely sick children requiring intensive care under the supervision of a trained specialist
- Under the State Strategy for Accelerated Reduction of Maternal & Infant Mortality (SAMPURNA), the State has made provisions for establishing PICU in 8 institutions
- Out of 8 institutions, PICU is currently functional in 4 institutions (VIMSAR Burla, MKCG MCH Behrampur Capital hospital BBSR & DHH Kandhamal)

NUTRITION SERVICES AVAILABLE FOR CHILDREN

Village Health & Nutrition Day (VHND)

Nutrition Rehabilitation Center (NRC)

Lactation Management Unit (LMU)

Comprehensive Lactation Management Center (CLMC)

National Iron Plus Initiative (NIPI)

Vitamin A Supplementation (VAS)

National Deworming Day (NDD)

Infant & Young Child Feeding (IYCF) practices/ Mothers Absolute Affection (MAA)

Village Health & Nutrition Day (VHND)

- Village Health & Nutrition Day (VHND)/Mamta Diwas
- VHND is conducted once every month in each village either on a Tuesday or a Friday as per the sub centre plan
- A gamut of health & nutrition services is provided on this platform by a group of service providers
- Service Providers to be present on VHND:
 - Multi Purpose Health Worker (Female)/ Auxillary Nurse & Midwife (ANM)
 - Multi Purpose Health Worker (Male)
 - Accredited Social Health Activist (ASHA)
 - Anganwadi Worker (AWW)
 - Multi-Purpose Health Supervisor (Male/Female)

VHND Services-Child Centric

- Weighing all children up to 5 years of age by AWW
- Measurement of Mid-Upper Arm Circumference (MUAC) of all children up to 5 years of age by AWW/ASHA/ANM
- Identification & referral of Severe Acute Malnutrition (SAM) children
- Treatment of minor childhood illness (fever, diarrhoea, pneumonia, etc.) by ANM
- Referral of high risk children

SAM Children

- Any children under five year of age matching any of the following criteria is a SAM child
 - Weight/Height $\leq -3SD$, or
 - MUAC ≤ 11.5 cm, or
 - Presence of bipedal pitting oedema
- All SAM children are to be identified at VHND level and in case of any medical complications, s/he is to be referred to a Nutrition Rehabilitation Centre (NRC) for appropriate treatment
- Mode of Referral:
 - In case a SAM child is identified in the field, ANM is to refer the child to the nearest CHC using a Referral Slip
 - The concerned CHC Medical Officer (MO) in-charge is to then examine the child for presence of any medical complication
 - In case of any medical complication, the child is to be referred by the MO to the nearest NRC with a red card and an inter-facility referral slip

Nutrition Rehabilitation Center (NRC)

- Nutrition Rehabilitation Centre (NRC) is a unit for the management of severely acute malnourished children, focusing on improving the skills of mothers on home based care and feeding
- The objectives of the unit is to provide clinical management of SAM children, promote physical & physiological growth of children with severe acute malnutrition & build the capacity of mothers and other caregivers in appropriate feeding & caring practices
- Each district has at least one NRC at DHH/SDH level and in some districts where SAM load is more, there are more NRCs at CHC level also
- A child admitted to the NRC can stay in the facility until s/he gains 15% of admission weight
- Mother of the child is also provided stay & diet along with the child and there is also provision of loss of wage to the mother after discharge
- A child after discharge is entitled for 3 follow ups at the NRC, i.e. after 15 days, 1 month and 2 months of discharge
- There is also provision for ASHA incentive of Rs. 150/- per child for admission & follow up of SAM child

Lactation Management Centers

- Lactation Management Unit (LMU)/ Comprehensive Lactation Management Center (CLMC) are units where human milk is expressed and stored/banked in hygienic conditions for feeding sick children who are unable to breastfeed
- A LMU is a smaller unit where the expressed milk is fed to own child
- A CLMC is a relatively larger unit where the banked milk can be fed to own child or other sick children in the facility
- 2 CLMCs and 1 LMU is provisioned to be established and currently site identification is under process

National Iron Plus Initiative (NIPI)

Age group	Intervention/Dose	Regime	Service delivery
6–60 months	1ml of IFA syrup containing 20 mg of elemental iron and 100 mcg of folic acid	Biweekly throughout the period 6–60 months of age and de-worming for children 12 months and above.	Through ASHA Inclusion in MCP card
5–10 years	Tablets of 45 mg elemental iron and 400 mcg of folic acid	Weekly throughout the period 5–10 years of age and biannual de-worming	In school through teachers and for out-of-school children through Anganwadi centre (AWC) Mobilization by ASHA
10–19 years	100 mg elemental iron and 500 mcg of folic acid	Weekly throughout the period 10–19 years of age and biannual de-worming	In school through teachers and for those out-of-school through AWC Mobilization by ASHA
Pregnant and lactating women	100 mg elemental iron and 500 mcg of folic acid	1 tablet daily for 100 days, starting after the first trimester, at 14–16 weeks of gestation. To be repeated for 100 days post-partum.	ANC/ ANM /ASHA Inclusion in MCP card
Women in reproductive age (WRA) group	100 mg elemental iron and 500 mcg of folic acid	Weekly throughout the reproductive period	Through ASHA during house visit for contraceptive distribution

100 mg elemental iron has been now replaced by 60 mg elemental iron

Vitamin A Supplementation (VAS)

- In order to prevent Vit-A deficiency in children and reduce its complications, Vitamin A supplementation is done
- Vitamin A supplementation is provided bi-annually to children between 6 months-5 years at AWC/ Routine Immunization Sites
- Every year the VAS round is observed in February & August along with NDD
- ASHAs mobilize the children due for Vitamin A to the defined sites and ANMs administer the syrup to due children

National Deworming Day (NDD)

- National Deworming Day (NDD) is observed twice every year during February and August
- In NDD children between 1-19 years are administered albendazole syrup/ tablets at schools and AWCs
- Children between 1-5 years are administered albendazole syrup along with VAS and children above 5 years are administered at schools by school teachers
- ASHAs are to mobilize out of school children to AWCs for albendazole administration

Infant & Young Child Feeding (IYCF) Practices

- Infant & Young Child Feeding practices are a set of recommendations to achieve appropriate feeding of newborn and children up to 2 years of age so that they achieve optimal nutrition outcomes
- Mother's Absolute Affection (MAA) program aims at ensuring proper IYCF practices for all children under 2 years of age
- In this program, all medical officers and staff nurses at delivery point are trained on IYCF counselling of mothers/caregivers prior to discharge
- Further, provisions are also made for training ANMs & ASHAs on IYCF practices for counselling at field level to ANC & PNC mothers

SAMPURNA ACTIVITIES

Interventions for reducing Infant Mortality

- Provision of red card to all high risk children under five years of age
- Provision of resuscitation kit to ANMs in Sub Centres having more than 20% home delivery to reduce newborn death due to birth asphyxia
- Incentive to ASHA of Rs. 500/- per case for survival of infants up to 18 Months after birth
- Provision of embrace nest warmer for transportation of sick newborns from hard to reach villages
- Provision of additional cost to NRCs for wage compensation to mothers for admission of SAM children at NRC. Total Rs. 100/- per day.
- Drop back support of Rs. 500/- per child to all SNCU, NBSU & NRC discharge cases up to 1 year of age



Be Wise!
**Get your child
fully immunized**

UNIVERSAL IMMUNIZATION PROGRAM

Universal Immunization Programme, India

(Scope and scale)



One of the largest public health programs in India

30 million pregnant women; 26 million newborns targeted annually; >9 million sessions planned per year;
>27,000 cold chain points for storing and distributing vaccines

BCG, DPT, OPV, IPV, Measles, Hepatitis B, Tetanus, Hib containing Pentavalent vaccine (DPT+HepB+Hib) provided nationwide; Measles-Rubella vaccine, Rotavirus vaccine, PCV & JE vaccine in select states/districts

India is the largest manufacturer of vaccines with a functional National Regulatory Authority

Universal Immunization Programme, Odisha

(Scope and scale)



Cohort of **8.15 Lakh pregnant women** and **7.41 lakh new-borns** targeted annually.

More than 28000 RI sessions planned per year for storing and distributing vaccines

1204 cold chain points for storing and distributing vaccines

Introduced newer vaccines f-IPV, Pentavalent Vaccine, Rotavirus Vaccine, MR vaccine, JE (in 17 districts) and Td vaccine

Two milestones achieved

2014



March 27, 2014

South-East Asia
Region of WHO
certified Polio
free

- South-East Asia Region of WHO, including India, **certified POLIO-FREE** in March 2014
- Monumental success for India and the global polio eradication programme
 - ✓ Considering that *in 2009 India accounted for more than 50% of global polio cases*

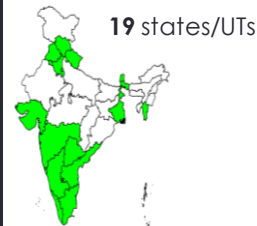
2016



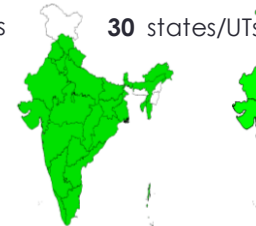
14 July 2016

"WHO certified India for eliminating
maternal and neonatal tetanus"

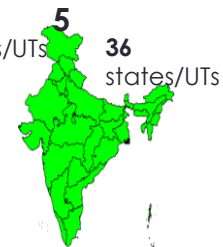
2003 - 2013



2014



2015



Vaccine & Logistics Supply Chain Management in Odisha

State Vaccine Store (1 nos.)



Regional Vaccine Store (8 nos.)



District Vaccine Store (32 nos.)



Cold Chain Points(1126 nos.)



Routine Immunization Sessions : 28154 p.m.



Infant : 677314

Pregnant Women: 738398

As per RI Micro plan 2018-19

State & Regional Vaccine Store in Orissa

30 0 30 60 Kilometers

State Vaccine Store

■ Bhubaneswar (9 DVS)

Regional Vaccine Store

■ Balasore

■ Ganjam

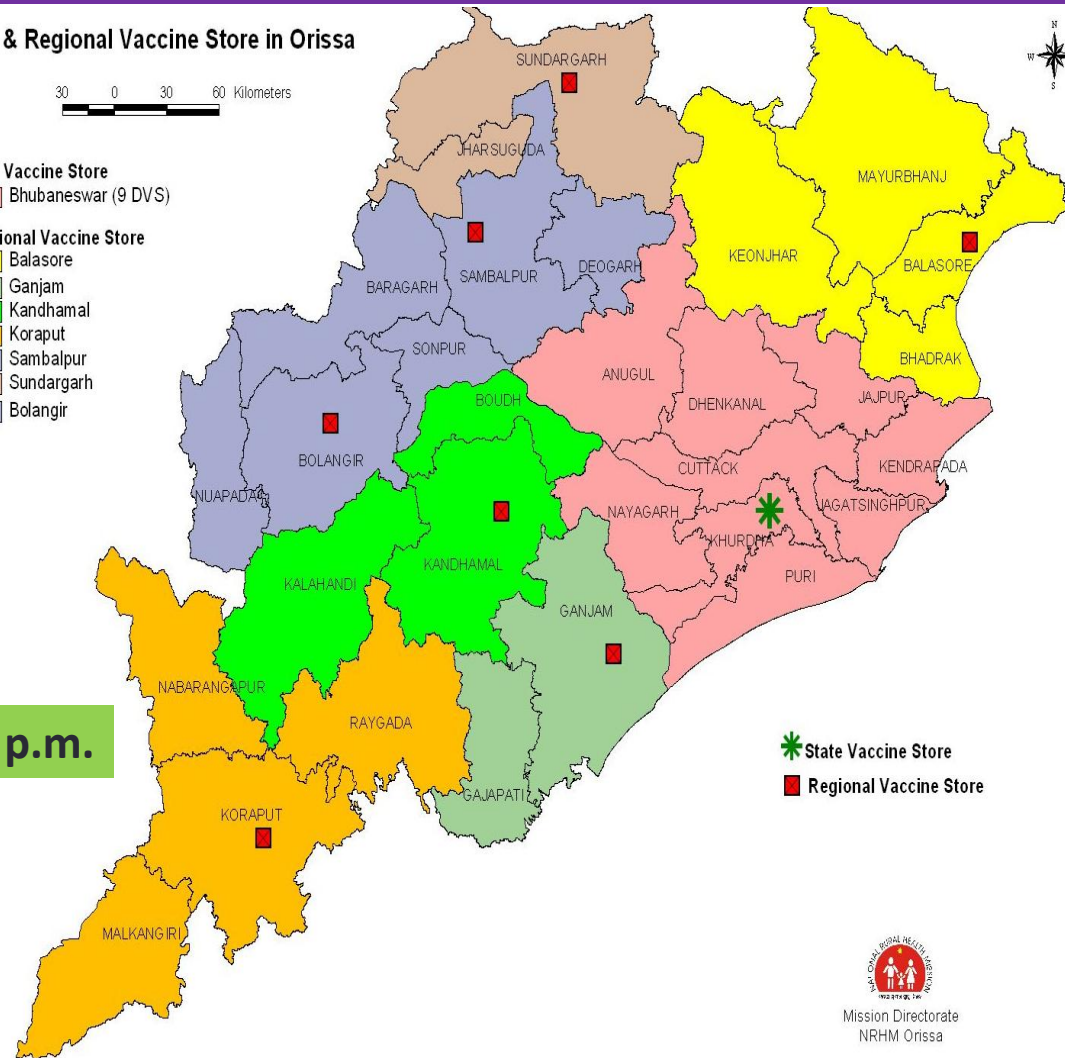
■ Kandhamal

■ Koraput

■ Sambalpur

■ Sundargarh

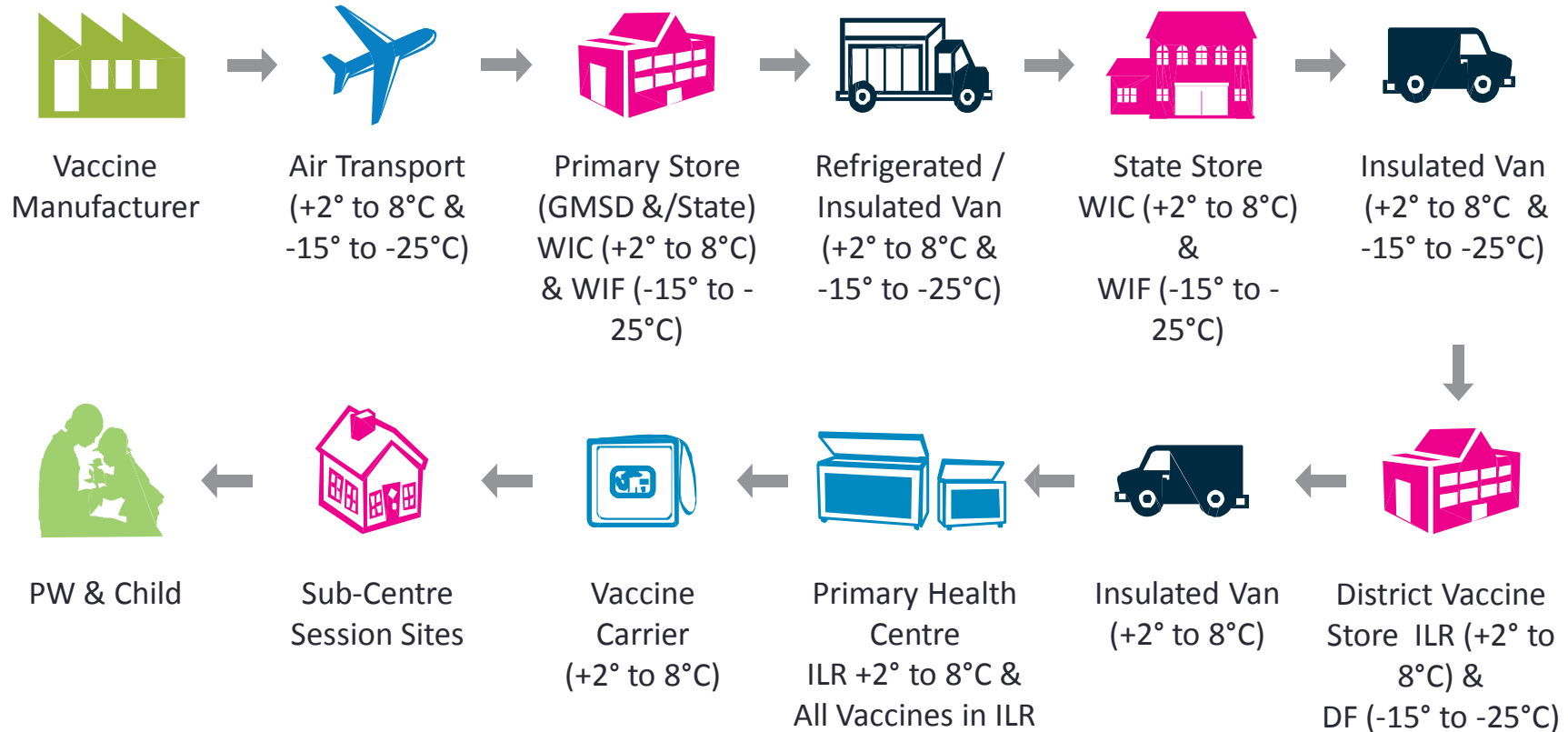
■ Bolangir



★ State Vaccine Store

■ Regional Vaccine Store

What is Cold Chain?





Be Wise!
Get your child
fully immunized

Frequently asked Questions

1. What is immunization?

- Immunization is the process whereby a child is **protected against an infectious disease** by administration of one or more doses of a vaccine, either by injection or by drops in the mouth.

2. What are the benefits of immunization to my child?

- Immunization protects children against certain specific and serious diseases, which otherwise would lead to stress, worry and expense of having a child become very ill and possibly die from a disease that could be prevented by administration of a vaccine.

3. At what age should immunization start for any child?

- Under Universal Immunization Programme, immunization of children **starts as soon as child is born** i.e. within 24 hours.
- Vaccination against childhood tuberculosis (BCG), polio (OPV) and maternally transmitted Hepatitis B (Hep B vaccine) are given to a child immediately after birth.
- After this, specific vaccines are given at recommended ages and routes as outlined in National Immunization Schedule.

Immunization Schedule for PW and Infant

For Pregnant	Immunization schedule
At the time of Registration	Td 1 st Dose
After one month of 1 st Dose	Td 2 nd Dose
2 nd Pregnancy with in (3 years of 1 st)	Td one Dose Booster
Infant	Immunization schedule
At birth	BCG, OPV (0 dose), Hepatitis B (birth dose)
6 weeks (1 ½ months)	OPV-1+ Pentavalent-1+Rota 1 + fIPV 1
10 weeks (2 ½ months)	OPV-2+ pentavalent -2+Rota 2
14 weeks (3 ½ months)	OPV-3+ pentavalent-3+Rota 3 + fIPV 2
9 months	Measles and Rubella (MR) first dose, JE-1 (where applicable)
16–24 months	DPT-booster first dose , Measles and Rubella (MR) second dose, OPV (booster dose) , JE second dose (where applicable)
5–6 years	DPT-booster second dose
10 years	Td booster dose
16 years	Td booster dose

4. How much will vaccination cost to my child?

- Vaccines are costly and government spends a lot of money in procuring them, and storing and transporting them at correct temperature. However all immunization services including vaccines, syringes, Mother and Child Protection card and also medicines and supplements (Paracetamol, ORS, Zinc and Vitamin A) are given to all children **free of cost, at the government health facilities.**
- Similarly, immunization services to pregnant women are also provided **free of cost at the government health facilities.**

5. Where can we get our children vaccinated?

- You can visit any government health facility, including **hospitals, medical colleges, urban dispensaries, Primary Health Centres (PHCs), Community Health Centres (CHCs), sub-centres and Anganwadi centres** for getting your children vaccinated.
- **In villages and some urban areas** (like slums and mohallas), ANMs organize immunization sessions for providing immunization services to children.
- Contact your ASHAs, ANM for nearest Immunization session site, date of session
- Vaccination conducted on **Wednesday**

6. Which vaccines are currently provided in India's Universal Immunization Programme?

- Under India's Universal Immunization Programme 12 different vaccines are provided to beneficiaries free of cost, through government health system. These are – BCG, OPV, Hepatitis B, Pentavalent, Rotavirus VaccineIPV, Measles/MR*, JE*, DPT, and TT.

7. What are the diseases prevented by Vaccination?

Vaccine	Disease prevented
BCG	Childhood Tuberculosis
OPV	Poliomyelitis
Hepatitis B	Hepatitis B
Pentavalent	Diphtheria, Pertussis (Whooping Cough), Tetanus, Hib infection (causing pneumonia and meningitis), and Hepatitis B
RVV	Rota Virus Diarrhoea
IPV	Poliomyelitis
MR	Measles & Rubella
JE	Japanese Encephalitis
DPT	Diphtheria, Pertussis (Whooping Cough), Tetanus
Td	Tetanus and Diphtheria

8. If my child is sick, can s/he be vaccinated?

- A sick child suffering from mild illness (like cough, cold, or mild fever), mild diarrhoea or vomiting can be safely vaccinated with injectable or oral vaccines.
- However, a child who has some serious illness or is hospitalized (like in high grade fever, severe diarrhoea, etc.), should not be vaccinated until his or her condition improves.

9. What precautions should I take after getting my child vaccinated?

- **Wait for half an hour** at the session site after vaccination to ensure immediate care and response in case there is any minor adverse event.
- **Continue breastfeeding or complementary feeding** after vaccination, even after oral vaccines.
- You must ensure that **no medicine or herb is applied to the injection site.**

10. Can more than one vaccine be administered safely to my child at the same time? What is its benefit?

- More than one vaccine can be administered to your child safely at the same time. It does not cause any adverse event nor has any effect
- Administering more than one vaccine as per schedule to a child during the same immunization session reduces the number of your visits and avoids extra travel and time to get your child vaccinated. on the effectiveness of individual vaccines.

11. Is Vitamin A also a vaccine?

- No. Vitamin A is not a vaccine. It is a micronutrient that children require for growth and development and it helps protect against disease and is good for eye health.
- Nine doses of Vitamin A are given to all children. First dose of Vitamin A syrup is 1 ml or half spoon provided with the bottle, and second to ninth doses is 2 ml or full spoon.

12. What is Mother and Child Protection (MCP) card?

- MCP card is a document that shows the record of vaccines received (date and age) by your child. It also helps you to see the vaccines and their number of doses which are due for your child. Thus, it is very important to keep this card safe and bring it along with you for subsequent vaccination.

13. If a child received 1st dose from Private clinic/ Private Practitioner, can she/he take subsequent doses in Govt. Hospital?

- Yes

14. For any other queries?

- Please contact, ASHA, HW (F), Supervisor & Medical Officer of your nearest SC/Hospital

15. Incentive given to ASHA

- Mobilization of children: Rs. 150 per session
- Full Immunization of Child: Rs. 100 / child
- Complete Immunization: Rs. 75 / child
- DPT at 5 year: Rs. 50 / child

Thank you