



सत्यमेव जयते

Ministry of Health & Family Welfare
Government of India



भारत 2023 INDIA

वसुधैव कुटुम्बकम्

ONE EARTH • ONE FAMILY • ONE FUTURE



RCH 2.0 Stack

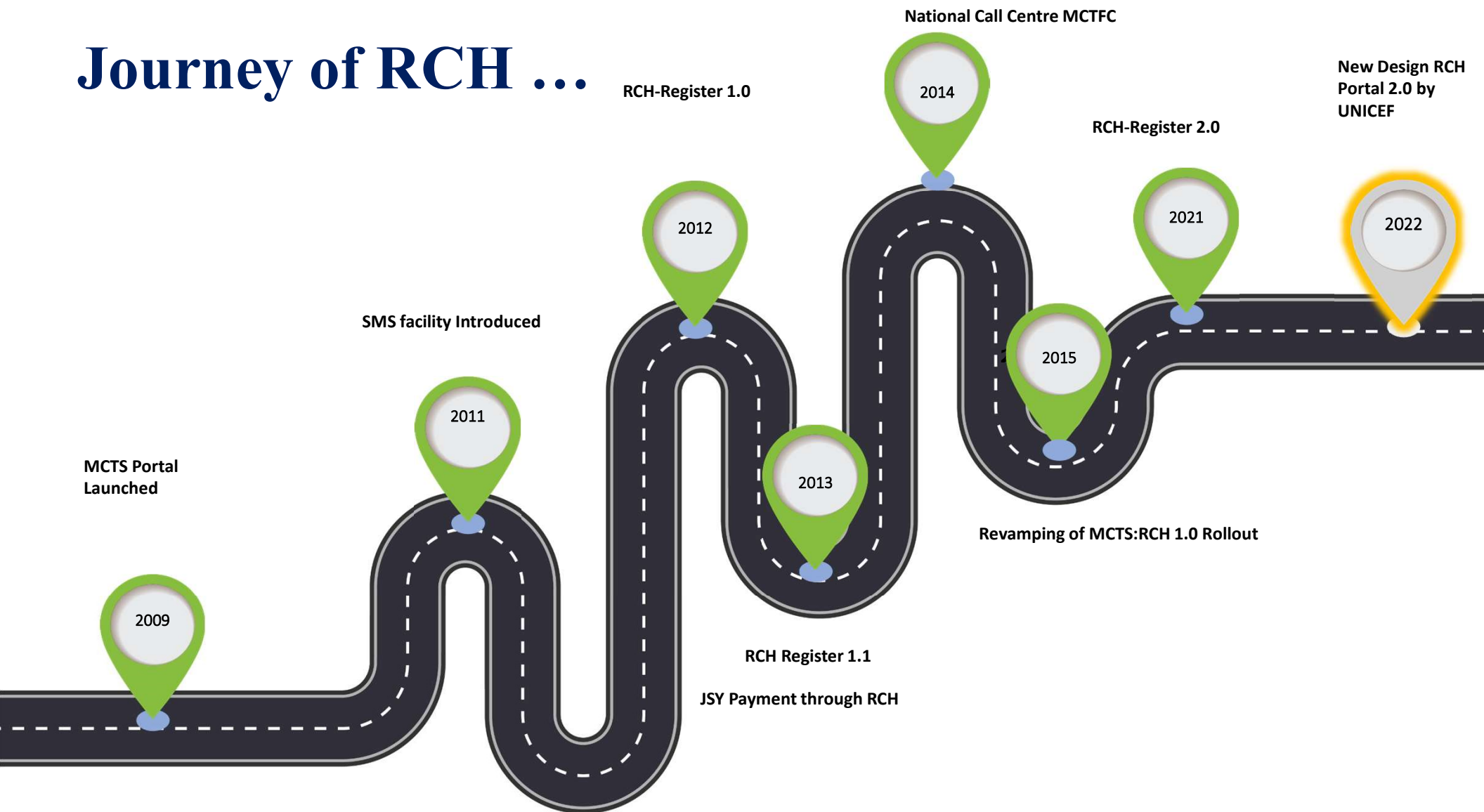
MoHFW

10.06.2025

Objective of RCH Portal

- Primary focus is to reduce Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR) while ensuring high-quality services for pregnant women and children across the country
- To ensure early identification and delivery of due services to PWs (like ANC, PNC, lab tests etc.) and children (like immunization etc.);
- To ensure the FLWs can identify and monitor high risk pregnancies and provide essential health services on a timely basis;
- To ensure proper planning and referrals by the FLWs so that deliveries take place in a health facility.
- To track and monitor Family Planning services to beneficiaries;

Journey of RCH ...



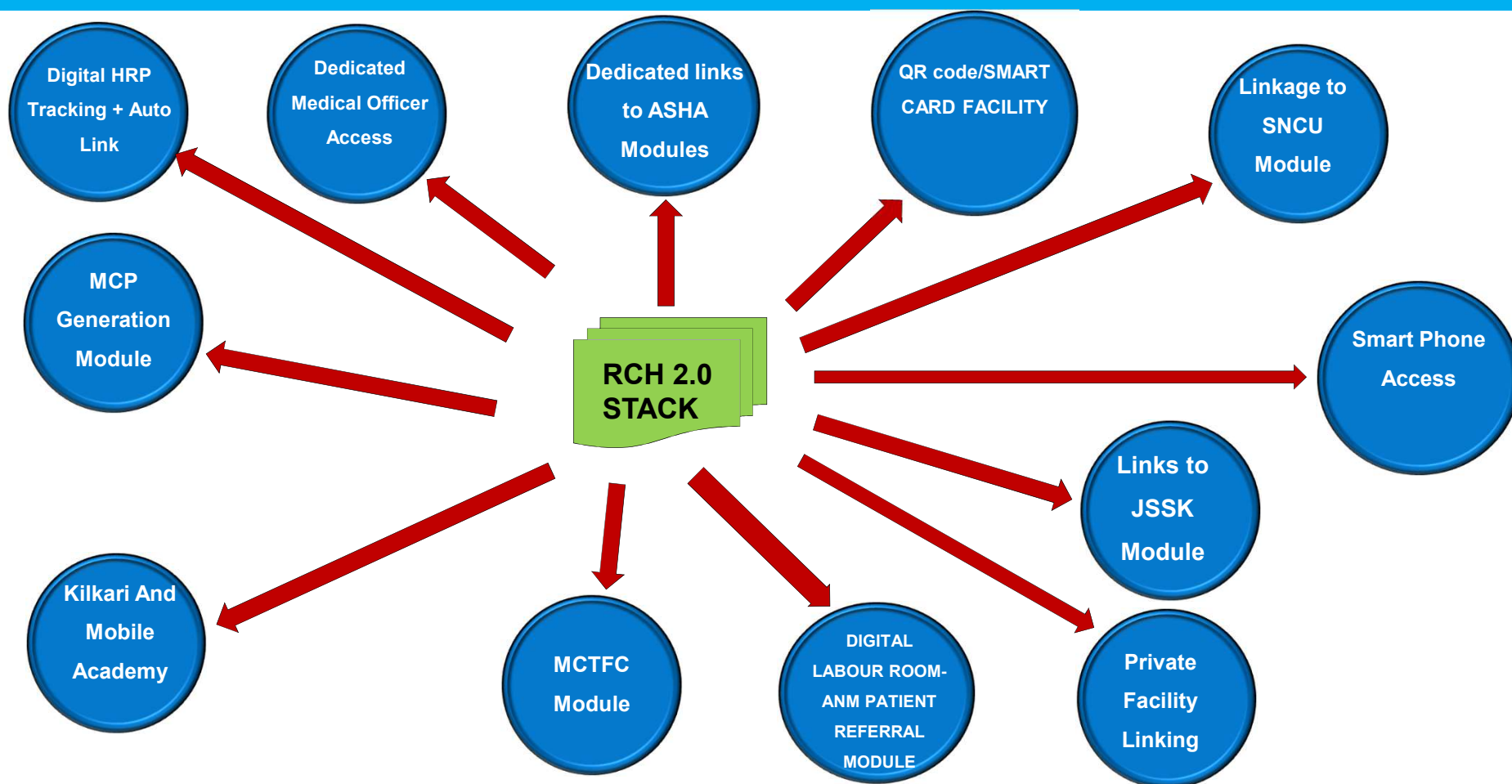
Development of RCH 2.0

- Development of RCH 2.0 with the support of UNICEF, who has agreed to do the development for MoHFW.
- UNICEF onboarded a Technical Agency – LTI mindtree on February, 2024

Primary Objectives of RCH 2.0

- To make RCH 2.0 the single source of administrative dataset for monitoring of all RMNCH programme by the Ministry as well as State/UTs.
- Primary focus is to meet the SDG Target in defined time period for improving Health care system.
- RCH 2.0 stack have CMS functionality, mApp solution which will cater for all RMNCH related services and managed beneficiary lifetime calendar.
- RCH 2.0 will integrate with multiple health applications including POSHAN, UWIN, RBSK, MPDSR, SNCU etc., and non-health application of CRS etc.
- Compliance of multiple standards like – ABDM, MeitY and Cert-in
- To ensure complete end-to-end digitization of JSY benefits to the beneficiaries by way of Aadhaar based payments;

RCH 2.0 – New Additions* to Stack for RMNCH ecosystem



**Above are proposed modules. Development in a phase wise manner*

RCH 2.0 - Key Modules

CBR- Common Beneficiary Registry is a centralized database that stores information about beneficiaries who are eligible for getting the benefits and received the all service under RMNCH. All interconnect application can access the same beneficiary information for providing the respective services.

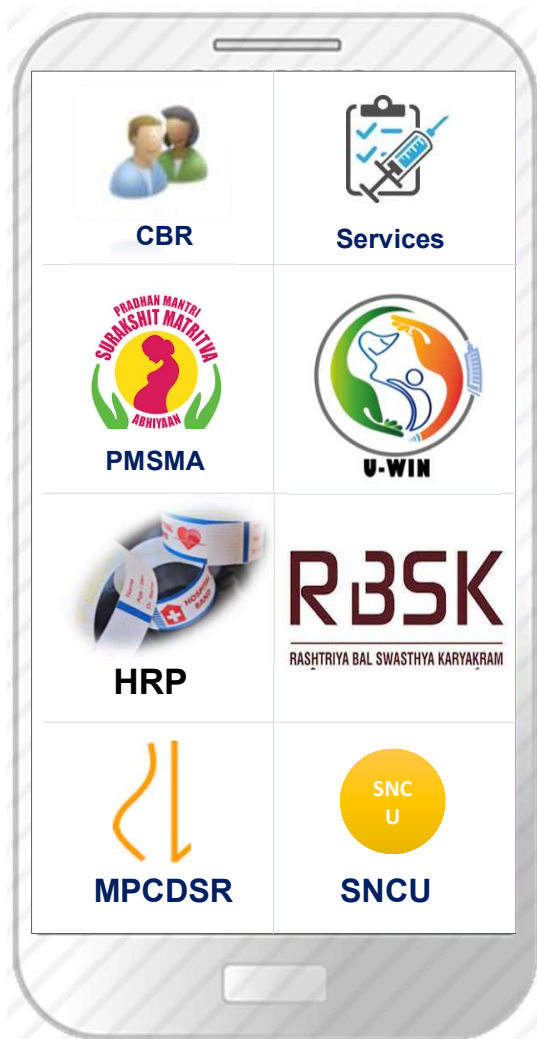
UWIN application - UWIN is an application to capture immunization services.

Prerequisite of access UWIN application through RCH 2.0 -

- RCH 2.0 will repurpose the Health Facility master. All health Facility would be HFR compliant as per ABDM mandate.
- All Health Provider should be declare under HPR. It will help for single sign-on between multiple application like RCH 2.0 and UWIN.



RCH 2.0 - Key Modules



HRP tracking – RCH 2.0 help to tracking and managing the High Risk Pregnancy (HRP).

Delivery + Labour Room module :

- Delivery + Outcome and all birth dose would be capture under RCH 2.0 only.
- Module can also help to Health Provider for real time data updation through QR/Bar code scan.

Integration - Integration with multiple health applications including SNCU, RBSK, MPDSR, POSHAN etc., and non-health applications of CRS.



आराधना पटनायक, मा.प्र.सो.
अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)
Aradhana Patnaik, IAS
Additional Secretary & Mission Director (NHM)



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली-110011
Government of India
Ministry of Health and Family Welfare
Nirman Bhawan, New Delhi-110011

D.O. No. Q.11011/2/2020/MMPC-RCH Div.(Pt. 2)
Dated: the May, 2024

Respected Sir/Madam,

You may be aware that a few years ago, Ministry of Health and Family Welfare (MoHFW) had rolled out MCTS and subsequently had introduced the much-improved RCH platform with a focus on improving effectiveness and coverage of the RMNCH program as well as seamlessly tracking the healthcare services being provided to mothers and children. To further enhance the data reporting process in remote areas, the Ministry had launched ANMOL with certain innovative and first of its kind features.

Taking advantage of the rapid advancements in India's mobile ecosystem and technology

MoHFW is going to make RCH 2.0 as single source of truth for RMNCH

Advisory Group.

The RCH 2.0 platform is being developed to bring all RMNCH programs under one umbrella application and later, if required, this application will be able to expand to include other crucial applications of National Health Mission (NHM) as well. The objective of the RCH 2.0 stack will be to provide value for its users including a degree of customisation. This will not only become a great tool for policy makers like yourself to correlate various parameters seamlessly on a single platform, but also aims to reduce the burden of our frontline health workers (ANM/ASHA) while reporting critical service data being provided by them to the common citizens of the country. To ensure this, we are taking necessary steps and care in designing this system so that frontline workers as well as policy makers and analysts find it intuitive to use and can seamlessly report quality data in a timely manner.

Now, the Ministry is planning to roll out the 1st phase of RCH 2.0 from September 2024 and some of the key modules of RMNCH program like JSY Payment module, PMSMA, HBNC, HBYC, Family Planning, MPCDSR, RBSK etc. would be rolled out in a phase-wise manner under this umbrella application. The new application would be completely ABDM (ABHA, seeding of HFR and HPR would be mandatory) and LGD compliant. The application will be integrated with UWIN for real-time exchange of child immunization data from UWIN while data related to vaccination, delivery details of PW would be fetched by UWIN from RCH 2.0. The application would also be linked with Poshan Tracker for fetching nutritional data of pregnant women and children into RCH 2.0, while Poshan Tracker would fetch ANC, delivery and other child health related details being captured in RCH 2.0. On complete roll out of this application, RCH 2.0 would be seamlessly integrated with HMIS for exchanging data related to all RMNCH data elements and data entry on HMIS would be closed completely.

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-2-

Further, the RCH 2.0 would also have other key features like (i) universal search (national level) of beneficiaries (ii) intelligent de-duplication mechanism (iii) seamless service update for inter-state migratory population (iv) expansion of coverage at Central/State Government Hospitals as well as Private Hospitals (v) self-registration of beneficiaries (vi) functionality of offline data-entry for remote areas (vii) embedded map services for easy location (UHND/VHND/Outreach sites) and auto update functionality (viii) ANM referral module (ix) multi-language support (x) integration with CRS for registration of birth;

As already indicated, MoHFW is going to make RCH 2.0 as single source of truth for RMNCH as a program and will entail removal of duplication in data entry for other parallel applications simultaneously. This will not only lessen the burden of the data entry process of our front-line workers but concurrently improve the process efficiency and efficacy of the entire ecosystem. As a result of the single point of truth approach, entered data can more efficiently also be tabulated and correlated to provide better analytics.

With regards.

Yours sincerely,

(Aradhana Patnaik)

To

Pr. Secretary (Health) of all State/UTs

Mission Director, NHM of all State/UTs

Government Approval

National Workshop and Pilot Study



Rakesh Kumar Maurya
Deputy Director General



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली-110011
GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
NIRMAN BHAWAN, NEW DELHI - 110011

File No: Q.11011/2/2020/MMPC-RCH Div
Dated the 03rd January, 2025

Dear Sir/Madam,

The Ministry of Health and Family Welfare (MoHFW), Government of India, is in the process of upgrading the RCH portal to align with the requirements of the Ayushman Bharat Digital Mission (ABDM) and strengthen the RCH ecosystem using advanced technological solutions. As part of this initiative, the MoHFW has developed a Common Health Facility Master Module to facilitate the on-boarding of Health Facilities and Portal Users, ranging from ASHA/ANM personnel to State-level Officials.

2. In order to ensure the smooth rollout and implementation of Common Health Facility Master Module of RCH 2.0 Stack at States/UTs level, a National-Level Workshop in collaboration with UNICEF is organizing on **17th-18th January, 2025 at India International Centre, 40, Max Mueller Marg, Lodhi Gardens, Lodhi Estate, New Delhi**. This workshop will include hands-on training sessions on Common Master Module, which include Health Facility onboarding, user on-boarding and discussions to establish a robust RCH 2.0 ecosystem. The agenda of the workshop will be communicated soon.

3. I would like to request you to kindly nominate three Officers, specifically the State Monitoring & Evaluation Officer, the State RCH Officer (overseeing RCH/ANMOL), and one District Monitoring evaluation officer to attend the workshop. The name of the officials may be shared with MoHFW by **10th January, 2025** positively. The boarding and lodging arrangements of the State/UT Officials may be done at their level.

4. In case of any clarification or assistance, please feel free to contact Mr. Nikhil Agarwal, Director (MMPC), MoHFW at nikhilkr.agarwal@nic.in, or mmpc@googlegroups.com.

With Regards,

Yours Sincerely,

R. Maurya
(Rakesh Kumar Maurya)

Mission Director (NHM), All States/UTs.

Tel. No. : 011-23736982, E-mail : rakesh.maurya@gov.in



Rakesh Kumar Maurya
Deputy Director General



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
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GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
NIRMAN BHAWAN, NEW DELHI - 110011

Q.11011/2/2020/MMPC-RCH Div - Part (2)
Dated: 22nd January 2025

Dear Sir/Madam,

You may be aware that a few years ago, Ministry of Health and Family Welfare (MoHFW) had rolled out MCTS and subsequently had introduced the much-improved RCH platform with a focus on improving effectiveness and coverage of the RMNCH program as well as seamlessly tracking the healthcare services being provided to mothers and children. To further enhance the data reporting process in remote areas, the Ministry had launched ANMOL with certain innovative and first of its kind features.

2. Taking advantage of the rapid advancements in India's mobile ecosystem and technology services coupled with ease of use and access provided by today's cloud services, MoHFW in joint collaboration with UNICEF, has initiated the development process of RCH 2.0. This upgraded version aims to enhance the efficiency and effectiveness of our healthcare delivery system, addressing the evolving needs of reproductive, maternal, newborn, and child health services.

3. As a first step towards rollout of RCH 2.0, the Health Facility Master and Health Provider Master Modules were released by the Additional Secretary & Mission Director (NHM), MoHFW during the National-level Workshop held on 17th-18th January, 2025 at New Delhi. The workshop featured comprehensive discussions and training sessions, offering valuable insights for the development of future modules. States/UTs was requested to on-board all health facilities and health providers on RCH2.0 with HFR ID and HPR ID on priority basis without which it is difficult to ensure the successful rollout of 1st Phase of RCH 2.0.

4. MoHFW is planning to initiate pilot testing of 1st Phase of RCH 2.0 in selected districts of States. This pilot phase is crucial for identifying potential challenges, gathering feedback, and making necessary adjustments before the full-scale implementation.

5. Considering the importance of pilot phase of RCH2.0, I would like to request you to communicate two districts from your State by 31st January 2025 where the pilot testing of the RCH 2.0 application can be conducted. The selected districts should ideally have a diverse demographic profile and variable levels of healthcare infrastructure to provide comprehensive insights during the pilot phase. Your prompt response will be highly appreciated as it will enable us to adhere to our planned timelines and ensure a smooth implementation process.

6. In case of any query, please feel free to contact Mr. Nikhil Agrawal, Director (MMPC) at mail nikhilkr.agarwal@nic.in or mmpc@googlegroups.com

With Regards,

Yours sincerely,

R. Maurya
(Rakesh Kumar Maurya)

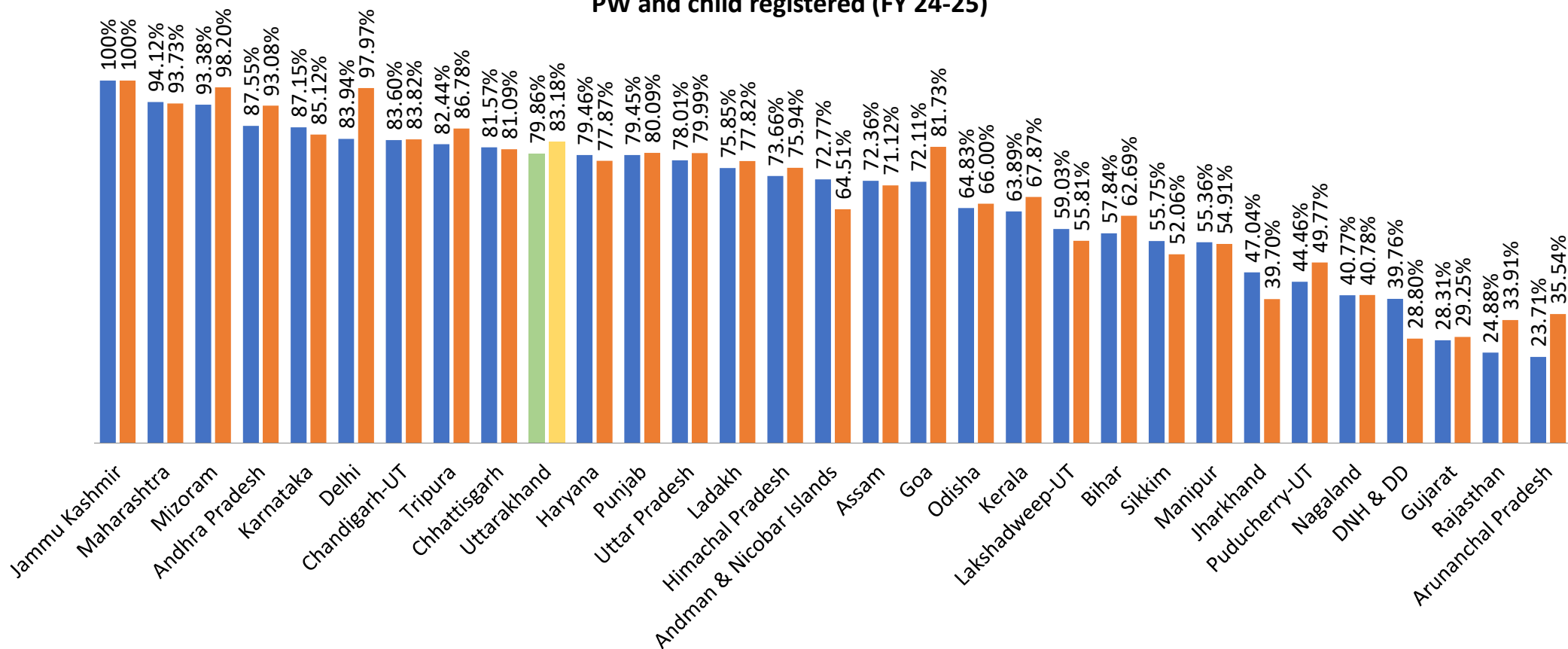
Mission Director, NHM of Andhra Pradesh, Assam, Bihar, Chhattisgarh, Madhya Pradesh, Jammu & Kashmir, Karnataka, Maharashtra, Odisha, Tripura and Uttarakhand.

Tel. No. : 011-23736982, E-mail : rakesh.maurya@gov.in

RCH 1.0-Performance

State Uttarakhand

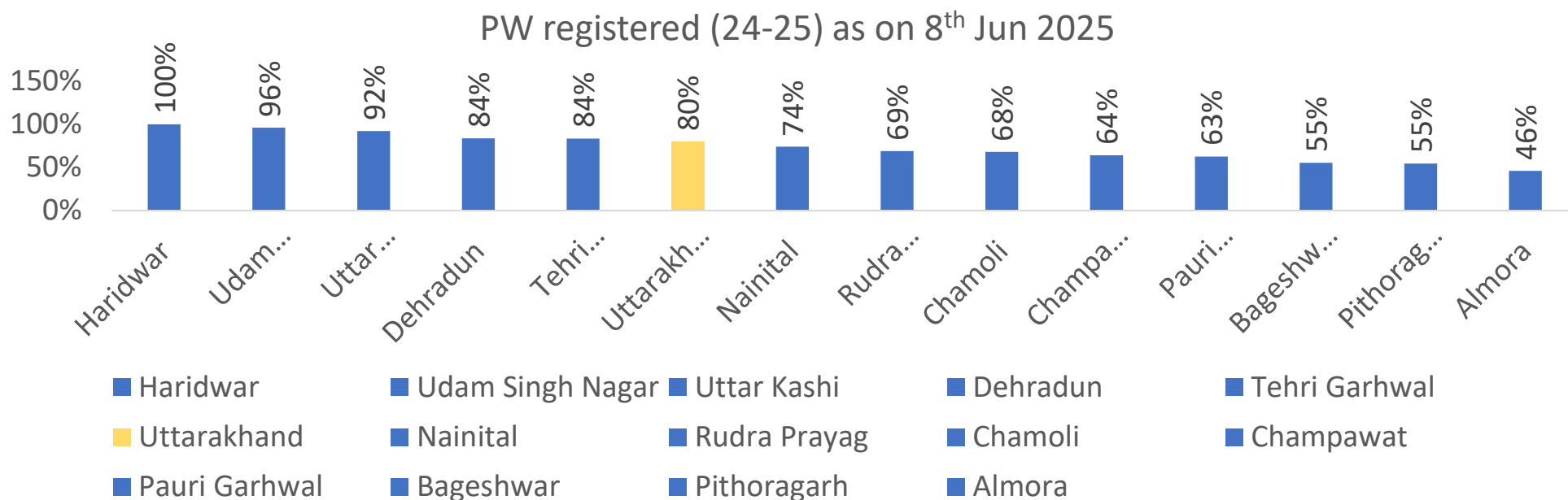
PW and child registered (FY 24-25)



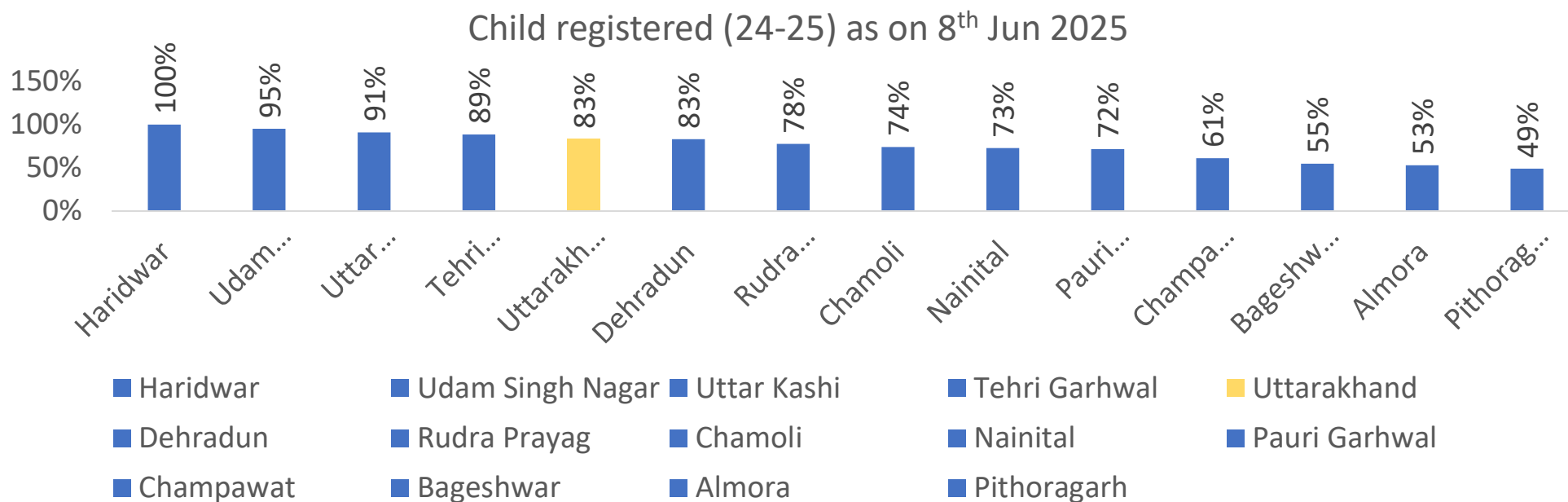
■ PW registered ■ Child registered

As on 6th June 2025

REGISTRATION STATUS (DISTRICT WISE)



REGISTRATION STATUS (DISTRICT WISE)



KPIS

B2	Key Performing Indicator (Pregnant Women & Child) FY:2024-25		
Sr. No.	Indicator	Count	%
i	Total PW registered	174790	79.65%
ii	PW registered within 1st trimester	138138	79.03%
iii	High Risk PW Registered	12103	6.92%
iv	Severe Anemic PW Registered	708	0.41%
v	Total Child registered	159140	83.07%
vi	Children Registered within 30 days	145690	91.55%
vii	Child [0-1 year] Registered with LBW	7913	4.97%

C. Service Delivery Status			
C1	PW entitled for Service [LMP from March, 2023 to Feb ,2024]		183144
Sr. No.	Entitled for Services	Total Number	Percentage (%)
1	Any 3 ANC	108440	59.21%
2	Full ANC	39910	21.79%
3	Total Delivery Reported	162275	88.61%
4	Total Inst. Delivery	152827	83.45%
5	Total Home Delivery	8965	5.52%
6	Total C-Section Delivery Reported	35657	21.97%
7	Delivery Due But Not Reported	14489	7.91%
8	No PNC	74782	40.83%
C2	Child entitled for Service [DoB from Jan, 2023 to Dec ,2023]		183224
1	BCG	172996	94.42%
2	Measles/MR	125077	68.26%
3	Full Immunization	121367	66.24%

HIGHLIGHTED POINTS

RCH 1.0

- All PWs should be registered with ABHA ID
- Only current PWs will be transfer to RCH 2.0

RCH 2.0

- Without HFR, new facility can not be registered
- Without HFR, existing facility can not be active
- Without HPR, facility level users can not be active


url for RCH 2.0 (Web)

• <https://rmnch.mohfw.gov.in/>

← → ↺ rmnch.mohfw.gov.in

Reproductive & Child Health
Ministry of Health and Family Welfare
Government of India

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RCH Portal

RCH Portal is designed for early identification and tracking of the individual beneficiary throughout the reproductive lifecycle of women and promote, monitor and support the reproductive, maternal, new-born, child health schemes delivery and reporting.

Planned RCH downtime from 6:00 pm to 9:00 pm everyday Planned RCH downtime from 6:00 pm to 9:00 pm everyday Planned RCH downtime from 6:00 pm to 9:00 pm everyday

Our Mission across country

RCH portal meets the requirements of RMNCH program with provision of Family Planning services, Quality & comprehensive ANC and alerts to ANMs, Beneficiaries and Health Managers.



All India


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News & Notifications

Reproductive child & Health Care Portal is designed for early identification and tracking of the Individual Beneficiary
3 hours ago
RCH Portal is designed for early identification and tracking...

Reproductive child & Health Care Portal is designed for early identification and tracking of the Individual Beneficiary

About the Ministry

 **SHRI JAGAT PRAKASH NADDA**
Honble Minister of Health & Family Welfare and Chemicals & Fertilizers



1

RCH 2.0

COMMON MASTERS

Common Master Module

- User creation
- Health Facility registers and verify
- Health Provider (ANM, MOIC, LT, CHO etc.) register and verify
- ASHA register and verify

HFR status (District wise)

- Health facility verified- 97% (2598/2676)

HFR verified status (as on 6th June 2025)			
District	Sum of Facilities Registered on RCH.Total No of Facilities	Sum of Facilities Registered on RCH.No of facilities with HFR	% verified
Almora	283	280	99%
Bageshwar	122	122	100%
Chamoli	158	154	97%
Champawat	88	87	99%
Dehradun	273	261	96%
Haridwar	233	212	91%
Nainital	205	202	99%
Pauri Garhwal	340	327	96%
Pithoragarh	232	227	98%
Rudra Prayag	119	116	97%
Tehri Garhwal	280	279	100%
Udam Singh Nagar	215	207	96%
Uttar Kashi	128	124	97%
Grand Total	2676	2598	97%

HPR verified status (District wise)

HPR status (as on 6th June 2025)			
District	Sum of Total Number of Health Providers Registered	Sum of Number of Health Providers verified	% HPR
Almora	6	6	100%
Bageshwar	2	2	100%
Chamoli	100	50	50%
Dehradun	203	182	90%
Haridwar	165	131	79%
Nainital	4	4	100%
Pauri Garhwal	170	166	98%
Pithoragarh	184	74	40%
Rudra Prayag	72	71	99%
Tehri Garhwal	256	218	85%
Udam Singh Nagar	193	137	71%
Uttar Kashi	115	104	90%
Grand Total	1470	1145	78%