

REPRODUCTIVE AND CHILD HEALTH SERVICES

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DR. G.V. NAGARAJ

PROJECT DIRECTOR, (RCH)
STATE FAMILY WELFARE BUREAU
DH&FWS, BANGALORE - 560 009

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Dr. G.V. Nagaraj*

THE PAST :

For over 30 years Family Welfare Programme was known for its rigid, target based approach in contraceptives. The performance was measured by the reported numbers of the four contraceptive methods-Sterilisation, Intrauterine device, Oral pills and Condoms. This was widely criticised for being a coercive approach.

The 1994 Cairo International Conference on Population and Development (ICPD) formulated a growing International consensus that improving reproductive health and family planning is essential to human welfare and development.

A growing body of evidence and the Cairo consensus suggest **"Numerical method specific contraceptive target and monetary incentives"** for providers to be replaced by a broader system of **"programme performance goals"** and measures focussed on a range of reproductive health services.

The World Bank report-1995 concludes that, the current contraceptive "Target and Incentive" system gives a demographic planning emphasis to family welfare programme (FWP) which is antithetical to the reproductive and child health (RCH) client centered approach advocated in the GOI-ICPD country statement for the Cairo conference. In particular emphasis on numerical targets is a major reason for the lack of attention to the individual client needs and is detrimental to the quality of services provided.

* MBBS, DPH (Cal), PGDHM, MD, MI PHA
Project Director (RCH),
State FW Bureau, Ananda Rao Circle, Bangalore 0 560 009.

Family Welfare Programme to Reproductive Child Health

-The paradigm shift :

To date the impact of Family Welfare Programme has been measured in terms of their contribution to increase contraceptive prevalence and to decrease fertility. These indicators are inadequate for measuring the impact of reproductive Health Programme and therefore, new indicators for monitoring reproductive health services and "Service Quality" from the perspective of the client are urgently needed.

Over the past decade there has been a clearer articulation and definition of reproductive health as a concept and some thinking on the ways in which reproductive health problems should be addressed.

Against this background the main recommendations of the World Bank report on the Indian Family Welfare Programme (FWP) is that the programme is to be re-oriented expeditiously to a Reproductive and Child Health approach (RCH). The main objective of which would be to meet individual client health and family planning needs and to provide high quality services.

The principle goal of a reproductive health programme is to **"Reduce unwanted fertility"** safely there by responding to the needs of the individuals for **"High quality health services"** as well as to the demographic objectives.

The report recommends that the targets be replaced by a broad set of performance goals and greater emphasis on **"male contraceptive methods"** especially vasectomy and condoms and greater choice of methods.

" Government goals for family planning should be defined in terms of unmet needs for information and services. Demographic goals should not be imposed in family planning providers in the form of targets or quotas"

-World Bank - 1995

The trend of health programme should change from a "Population Control Approach" of reducing number to an approach that is "Gender Sensitive and Responsive" client based approach of addressing the reproductive health needs of individuals, couples and families.

Reproductive Health Programmes should aim to reduce the burden of unplanned and unwanted child bearing and related morbidity and mortality.

What is reproductive Health ?

The 1994 International Conference on Population and Development at Cairo (ICPD) has indicated a consensus definition as a "State of complete physical, mental and social well being and not merely the absence of disease or infirmity in all matters relating to reproductive system and its function and processes"

Reproductive health approach means that

- * People have ability to reproduce and regulate their fertility.
 - * Women are able to go through pregnancy and child birth safely.
 - * The outcome of pregnancy is successful in terms of maternal and infant survival and well being and
 - * Couples are able to have sexual relation free of the fear of pregnancy and of contracting diseases.
- (Fathallah-1988)**

The reproductive health approach believe that it is linked to the subject of reproductive rights and freedom and to women status and empowerment. Thus it extends beyond the narrow confines of family planning to encompass all aspects of human sexuality and reproductive health needs during the various stages of life cycle.

Reproductive health programme is concerned with a set of

- * Specific Health Problems
- * Identifiable cluster of client groups
- * Distinctive goals and strategies

The programme enable clients:

- * To make informed choices
- * Receive screening
- * Counseling services
- * Education for responsible and healthy sexuality
- * Access services for prevention of unwanted pregnancy
- * Safe abortion
- * Maternity care and child survival
- * Prevention and management of reproductive morbidity.

Implementing reproductive health services means a change in the existing culture of the programme from one that focuses on achieving targets to one that aim at providing a range of quality services.

Objective of RCH packages are :

1. Meet individual client health and family planning needs.
2. Provide high quality services.
3. Ensure greater service coverage

RCH Policy :

The fundamental policy change is that Instead of remaining responsible for reducing rate of population growth, reproductive health programme would become responsible for reducing burden of unplanned and unwanted child bearing and related morbidity and mortality.

Further the basic assumption is that improvement in service quality will result in client satisfaction and will over long term translate into higher contraceptive prevalence and ultimately fertility regulation. By providing good quality services the programme will be able to achieve the objective of not only reducing fertility but also reducing reproductive morbidity and mortality.

New Signals :

Shifting to reproductive health approach implies changing the implementation signals. :

- * Client satisfaction becomes the primary programme goal with demographic impact a secondary though important concern.
- * Broadening the service package is necessary
- * Improving service quality becomes the top priority.

The new signals for a quiet revolution in the way the programme is planned and managed are :

Primary goal : While still encouraging smaller families help Client meet their own health and F.P. needs.

Priority services : Full range of family planning services

Performance measures : Quality of care, client satisfaction, coverage measures .

Management approach : Decentralised, client-needs driven, gender sensitive

Attitude to client : Listen, assess needs, inform.

Accountability : To the client and community plus health and F.W. staff.

Reproductive Morbidity and Mortality :

- * 1/3 of the total disease burden in the developing country of women 15 - 44 years of age is linked to health problems related to pregnancy, child birth, abortion, HIV and Reproductive tract infections (RTI's).
- * The heavy load of reproductive morbidity among Indian women is an outcome of their :
 1. Poverty 2. Powerlessness 3. Low social status
 4. Malnutrition 5. Infection 6. High fertility
 7. Lack of access to health care
- * India's maternal mortality ratio, usually estimated at 400-500 per 1,00,000 live birth is fifty times higher than that in the developed countries.
- * In India a small study has revealed that for every women who dies, an estimated 16 others develop various risks.
- * Chronic and debilitating conditions such as vaginal fistulas and uterine prolapse cause terrible suffering.

CHILD SURVIVAL AND SAFE MOTHERHOOD PROGRAMME
TO
REPRODUCTIVE AND CHILD HEALTH SERVICES

Implementation of a very important, massive and highly credible UIP programme from 1985 to 1991 throughout the country has made a break-through in the improvement of mother and child health services. In spite of this, compared to developed countries, our country is still lagging behind in respect of sensitive indicators such as infant mortality rate and maternal mortality rate.

Looking at the perinatal mortality which contributes 50% of the infant mortality rate and also one mother dying out of 250 pregnancies, it can be concluded that immunization alone is not adequate and will not be able to bring down these death rates.

Hence along with the immunization programme, a package of services named "CHILD SURVIVAL AND SAFE MOTHERHOOD" was implemented with the World Bank assistance from April-1992 to September-1996 in all the states.

The main objectives of CSSM programme are

- * Improvement in mother and child health
- * Lowering the infant deaths (0 to 1 year) child mortality (1 to 4 years) and maternal deaths.

The package of services under this programme are :

CHILDREN :

1. Essential new born care
2. Immunization (BCG, DPT, Polio and Measles)
3. Appropriate management of diarrhoea cases
4. Appropriate management of ARI
5. Vitamin 'A' prophylaxis

MOTHERS :

1. Ante-natal care and identification of maternal complications
2. Immunization (against Tetanus)
3. Deliveries by trained personnel
4. Prevention and treatment of anaemia
5. Promotion of Institutional deliveries
6. Management of Emergency Obstetric Care (EmOC)
7. Birth spacing

THE RCH PACKAGE :

During 1995-96, Mandya was identified as Target Free District and the performance was measured by certain quality indicators. Based on the experience, from April 1996 all the districts in Karnataka have adopted "Target Free Approach" and from Sept. 1997 onwards as Community Needs Assessment Approach. The implementation of earlier isolated programmes concentrating on Family Welfare and Mother and Child Health under National Family Welfare Programme will now be implemented as an Integrated Reproductive and Child Health Services which is equivalent to

- * Family Planning, to focus on fertility regulation and
 - * Child Survival and Safe Motherhood Programme and
 - * Treatment of Reproductive Tract Infections and Sexually Transmitted Infections and prevention of AIDS
- Through
- 1 Client Oriented/Mother-Friendly/ user - specific, Family Welfare Services
 - 2 High quality services

The specific programmes under Reproductive and Child Health services are

1. Prevention and management of unwanted pregnancies
2. Maternal care
 - a) Ante-natal services
 - b) Natal services
 - c) Post-natal services
3. Child Survival
4. Treatment of Reproductive Tract Infections (RTI) and Sexually Transmitted Infections (STI).

Reducing the 'unmet need' increasing 'service coverage' and ensuring 'quality of care' will be the focus of implementation.

The implementation guidelines of these health interventions at various levels are detailed in the annexure.

ESSENTIAL REPRODUCTIVE AND CHILD HEALTH SERVICES AT DIFFERENT LEVELS OF THE HEALTH SERVICES SYSTEM

Health Intervention	Community Level	Subcenter Level	Primary Health Centre Level	First referral Unit/District Hospital Level
1. Prevention and management of unwanted pregnancy	<p>1. Sexuality and gender information education and counseling</p> <p>2. Community mobilization and education for adolescents, newly married youth, men and women.*</p> <p>3. Community based contraceptive distribution ** (through panchayats, village Health Guides, Mahila Swathya Sanghas, etc., with follow-up)</p> <p>4. Motivating referral for sterilization</p> <p>5. Social marketing of condoms and oral pills through community sources and G.P. (Oral pills to be distributed through health personnel including GPS to women who are starting pills for the first time).</p> <p>6. Free supplies to health services</p> <p>* to be piloted ** Panchayats to distribute only condoms</p>	<p>No.1 as in community level</p> <p>2. providing * oral contraceptives (OCS) and condoms.</p> <p>3. Providing IUD after screening for contraindications.</p> <p>4. Counseling and early referral for medical termination of pregnancy.</p> <p>5. Counseling/ management/ referral for side effects, method related problems, change of method where indicated.</p> <p>6. Add other methods to expand choice.</p> <p>7. Providing treatment for minor ailments and referral for problems.</p> <p>* Social marketing of pills and condoms through HW (M&F) may be explored by permitting her to retain the money.</p>	<p>Nos.1-6 and</p> <p>7. performing tubal ligation by minilap on fixed dates*</p> <p>8. Performing vasectomy.</p> <p>9. Providing first trimester medical termination of pregnancy upto 8 weeks (includes MR)</p> <p>10. Facilities for Copper 'T' insertion to post natal cases</p> <p>11. Treatment facilities for all types of referrals.</p> <p>* PHC s should have facilities for tubal ligation and minilap including OTs and equipments.</p>	<p>Nos. 1-11 and</p> <p>12. Providing services for medical termination of pregnancy in the first and second trimester (upto 20 weeks) where indicated.</p>

ESSENTIAL REPRODUCTIVE AND CHILD HEALTH SERVICES AT DIFFERENT LEVELS OF THE HEALTH SERVICES SYSTEM

Health Intervention	Community Level	Subcenter Level	Primary Health Centre Level	First referral Unit/District Hospital Level
2. Maternity care Prenatal Services	<p>1. Early registration of all Pregnant Women</p> <p>2. Awareness raising for importance of appropriate care during pregnancy & identification of danger signs</p> <p>3. To mobilise community support for transport, referral and blood donation</p> <p>4. Counseling education for breast feeding nutrition, family planning, rest, exercise & personal hygiene etc.,</p> <p>5. Early detection and referral of high risk pregnancies</p> <p>6. Observing five cleans or through Social marketing of disposable delivery kits, Delivery planning as to where? when and from whom?</p> <p>* The need for IEC support and establishment of first Referral facilities</p>	<p>No.1-4 and</p> <p>5. Three antenatal contacts with women either at the sub-centre or at the outreach village sites during immunisation/MCH sessions.</p> <p>6. Early detection of high risk factors & maternal complications and prompt referral</p> <p>7. Referral of high risk women for institutional delivery.</p> <p>8. Treatment of malaria (facilities including drugs to be made available at subcentres)</p> <p>9. Treatment for TB and followup.</p> <p>10. Preventive measure against all communicable disease</p>	<p>Nos.1-10 and</p> <p>11. Treatment of T.B.</p> <p>12. Testing of syphilis for high risk group and treatment where necessary including for RTI's.</p> <p>* training of laboratory technicians, equipment and reagents required</p>	<p>Nos. 1-12 and</p> <p>13. Diagnosis and treatment of RTIs/STIs.</p> <p>14. Weakly clinics for High risk pregnancies.</p>

Health Intervention	Community Level	Subcenter Level	Primary Health Centre Level	First referral Unit/District Hospital Level
Delivery Services	<p>1. Early Recognition of pregnancy and its danger signals (rupture of membranes of more than 12 hours duration, prolapse of the cord, hemorrhage)</p> <p>2. Conducting clean deliveries with delivery kits by trained personnel.</p> <p>3. Detection of complications referral for hospital delivery.</p> <p>4. Providing transport for referral</p> <p>5. Referral of New born having difficulty in respiration</p> <p>6. Management of Neonatal hypothermia</p>	<p>Nos.1-4 and</p> <p>5. Supervising home delivery</p> <p>6. Prophylaxis and treatment for infection (except sepsis)</p> <p>7. Routine prophylaxis for gonococci eye infection.</p>	<p>Nos. 1-7 and</p> <p>8. Modified partograph</p> <p>9. Delivery services</p> <p>10. Repair of episiotomy and perennial tears</p>	<p>Nos. 1-9 and</p> <p>10. Treatment of severe sepsis</p> <p>11. Delivery of referred cases</p> <p>12. Treatment of high risk cases</p> <p>13. Services for obstetrical emergencies anesthesia, cesarean section, blood transfusion through close relatives linkages with blood banks and mobile services.</p>

Health Intervention	Community Level	Subcenter Level	Primary Health Centre Level	First referral Unit/District Hospital Level
Postpartum services	1. Breast -feeding support. 2. Family Planning counseling 3. Nutrition counseling 4. Resuscitation for asphyxia of the newborn 5. Management of neonatal hypothermia 6. Early recognition of post partum sepsis & referral	Nos. 1-6 and 7. Referral for complications 8. Giving inj. Ergometrine after delivery of placenta	Nos. 1-8 and 9. Referral to FRUs for complications after starting an I.V. line and giving initial does of antibiotics and oxytocin when indicated. 10 . Management of asphyxiated new born (equipment to be provided)	Nos.1-10 and 11. Management of referred cases. PHCs and FRUs would require additional equipment and training for management of asphyxiated new borns and hypothermia. These include a resuscitation bag and mask and radiant warmers.

Health Intervention	Community Level	Subcenter Level	Primary Health Centre Level	First referral Unit/District Hospital Level
Child survival	<p>1. Health education for breast feeding nutrition immunization, utilisation of services, etc.,</p> <p>2. Detection and referral of high risk cases such as low birth weight, premature babies, babies with asphyxis, infections, severe dehydration acute respiratory infections (ARI).etc.,</p> <p>3. Help during Immunization by ANM.</p> <p>4. Help during Vitamin 'A' supplementation by ANM.</p> <p>5. Detection of pneumonia and seeking, early medical care by community and treatment by ANM.</p> <p>6. Treatment of diarrhoea cases and ARI cases</p>	<p>Nos 1-6 and</p> <p>7. Treatment of dehydration and pneumonia and referral of severe cases.</p> <p>8. First aid for injuries etc.,</p> <p>9. Closing watching on the development of child and creating awareness of cheap and nutritious food.</p>	<p>Nos.1-9and</p> <p>10. Management of referred cases.</p>	<p>Nos.1-10 and</p> <p>11. Handling of all paediatric cases including encephalopathy.</p> <p>12. Identification of certain FRU's to provide specialist services and training</p>

Health Intervention	Community Level	Subcenter Level	Primary Health Centre Level	First referral Unit/District Hospital Level
Management of RTIs/STIs	1. IEC. counseling for awareness and prevention 2. Condom distribution 3. Creating awareness about usage of sanitary pads by women of reproductive period 4. Creating awareness of about RTI's and Personal hygiene	No.1 and 4 5. Identification and referral for vaginal discharge, lower abdominal pain, genital ulcers in women, and urethra discharge, genital ulcers, swelling in scrotum or groin in men. 6. Diagnosis of RTI/s and STI's by Syndrome approach. 7. Referral of Cases not responding to useval treatment . 8. Partner notification/referral	Nos 1-8 and 9. Treatment of RTIs/STIs 10. Syphilis testing in antenatal women	Nos. 1-9 and 10. Laboratory diagnosis and treatment of RTIs/STIs 11.Syndromic approach to detect and treat STD in Antenatal post-natal and at risk groups

THE PACKAGE OF REPRODUCTIVE AND CHILD HEALTH SERVICES

Reproductive Child Health (RCH) can be defined as a state in which "People have the ability to reproduce and regulate their fertility: women are able to go through pregnancy and child birth safely, the outcome of pregnancy is successful in terms of maternal and infant survival and well being; and couples are able to have sexual relations free of the fear of pregnancy and contracting disease". This means that every couple should be able to have child when they want and, that the pregnancy is uneventful and see, that the safe delivery services are available, that at the end of the pregnancy the mother and the child are safe and well and the contraceptives by choice are available to prevent pregnancy and of contracting disease.

The essential elements of reproductive and child health services at the community and sub-centre level are given below which will help you to understand how the reproductive and child health services are to be provided at the community level. The different services provided under RCH programme are :

I. FOR THE MOTHERS :

- * TT Immunization
- * Prevention and treatment of anaemia
- * Antenatal care and early identification of maternal complications
- * Deliveries by trained personnel
- * Promotion of institutional deliveries
- * Management of Obstetric emergencies
- * Birth spacing

II. FOR THE CHILDREN

- * Essential newborn care
- * Exclusive breast feeding and weaning
- * Immunization
- * Appropriate management of diarrhoea
- * Appropriate management of ARI
- * Vitamin A prophylaxis * Treatment of Anaemia

III. FOR ELIGIBLE COUPLES

- * Prevention of pregnancy * Safe abortion

IV. RTI/STD

- * Prevention and treatment of reproductive tract and sexually transmitted diseases

IMPLEMENTATION OF RCH PROGRAMME IN KARNATAKA STATE

I) POLICY ISSUES :

- * Reproductive & Child Health Programme will be implemented in the State as a 100% Centrally Sponsored Family Welfare Programme during the Ninth Five Year Plan ending by 2000-2002 A.D.
- * State Government has principally agreed to implement and a Government Order has been issued to this effect (No.HFW 96 FPR 95 dated 17-6-1998).

According to this

- * The funds will flow from Government of India through 'State Finance Department'
- * The programme will be implemented as a National component and Sub Project - (Bellary Dist.)
- * Posts created under CSSM Programme will be continued under RCH budget.
- * The Empowered Committee & a Steering Committee will monitor, guide and solve the problems of implementation of RCH Programme.
- * The following posts have been redesignated :

Additional Director (FW&MCH) : **Project Director (RCH)**

Joint Director (FW) : **Joint Project Director (RCH)**

District MCH Officer : **Dist. RCH Officer**

- * Procurement will be done through Karnataka Health Systems Development Project.
- * Minor Civil Works to subcentres, Primary Health Centres, Community Health Centres will be done through IPP-IX.

II) FUNDING : A sum of Rs.190.10 crores will be available to Karnataka State during the Ninth Plan as **cash** and **kind** assistance. This includes cash assistance of Rs.15.05 crores exclusively to Bellary Sub-Project.

III) CATEGORY OF DISTRICTS : The RCH Programme will be implemented in the State based on differential approach. Inputs in all the districts have not been kept uniform because efficient delivery will depend on the capability of the health system in the district. Therefore basic facilities are proposed to be strengthened and streamlined specially in the weaker districts as the better-off districts already have such facilities and the more sophisticated facilities are proposed for the relatively advanced districts which have acquired capability to make use of them effectively. All the districts have been categorised into : Category 'A'-3 districts, Category 'B'-11 districts, Category 'C'-6 districts.

On the basis of crude birth rate and female literacy rate which reasonably reflect the RCH status of the State the districts will be covered in a phased manner over three years. Category wise phasing of the districts and the facilities to be provided are as follows:

RCH PROJECT - PHASING OF DISTRICTS

YEAR 1 (9)	CAT 'A' (2)	(A1) Dakshina Kannada	(A3) Mandya	
	CAT 'B' (4)	(B2) Uttara Kannada (B10) Belgaum	(B5) Chikkamagalur	(B11) Dharwad
	CAT 'C' (3)	(C1) Bijapur	(C3) Bidar	(C4) Gulbarga
YEAR 2 (8)	CAT 'A' (1)	(A2) Kodagu		
	CAT 'B' (4)	(B1) Hassan (B7) Mysore	(B3) Bangalore (R)	(B4) Tumkur
	CAT 'C' (3)	(C2) Bellary (sub-project)	(C5) Raichur	(C6) Bangalore
YEAR 3 (3)	CAT 'A' (0)	--		
	CAT 'B' (3)	(B6) Shimoga	(B8) Kolar	(B9) Chitradurga
	CAT 'C' (0)	--		

IV) PROGRAMME INPUTS :

I] NATIONAL COMPONENT :

Annual Action Plan For 1998-99 has been prepared

- 1 CONSULTANTS : Five consultants will be hired one each for IEC, MCH, Administration & Training, Monitoring and Evaluation and Procurement and Finance.
2. COLD CHAIN MAINTENANCE : Budget for minor repairs both by State level and also by District level will be available.
- 3 CONTRACTUAL STAFF : Staff Nurse will be hired in category 'C' & 'B' districts to the extent of 25% of PHCs in the first year.
- 4 EMERGENCY OBSTETRIC CARE DRUGS (EmOC) : To bring down the maternal deaths, emergency obstetric Care Drugs will be supplied to FRUs wherever cesarean section and other emergency surgical procedures are being conducted.
- 5 ESSENTIAL OBSTETRIC CARE DRUGS : These drugs will be supplied in the form of kits by Govt. of India during the first year.
- 6 KITS 'E' TO 'P' : These kits were supplied to 68 FRUs under CSSM programme. Still there are large number of FRUs which are to be equipped during the first year. 2 districts in 'A' category, 4 districts in 'B' category and 3 districts in 'C' category will be supplied with 'E' to 'P' kits.
- 7 24 HOURS DELIVERY SERVICES AT PHCs : To enhance the institutional deliveries, a scheme will be taken up on a pilot basis in Kolar district wherein an incentive of Rs.200/- to Medical Officer and Rs.150/- to Staff Nurse will be given who attends night deliveries between 7.00 pm to 8.00 a.m.
- 8 ESSENTIAL NEW BORN CARE EQUIPMENTS : Essential New Born Care Equipments were supplied by Govt. of India through National Neonatology Forum under CSSM programme for few PHCs in Chikkamagalur, Chitradurga and Kolar districts. Realising that the peri-natal mortality rate is responsible for more than 50% of infant deaths, new Born Care Equipments will be supplied to 10 bedded maternity hospitals, FRUs/CHCs and Block Level PHCs where there are facilities such as wards, staff nurse and labour room.
- 9 IEC ACTIVITIES : A sum of Rs. 15.00 lakhs is available for taking up innovative IEC activities focusing on behavioural changes in addition to enhancing awareness regarding interventions under RCH programme.

- 10 VEHICLE : Field staff particularly Junior Health Assistant (F) will be supplied two wheelers to improve her mobility, accessibility for service to attend emergency services and also to Improve her Status in public. This facility will be taken up in 7 Non-IPP-IX districts (Tumkur, Kolar, Bangalore (U), Bangalore (R), Dharwad, Raichur & Bidar).
- 11 MINOR CIVIL WORKS : An amount of Rs.190.00 lakhs has been made available to take up minor civil works particularly in the institutions such as Subcentres, PHCs, FRUs and also training centres.
- 12 Government of India will be directly releasing the funds to the Deputy Commissioners of the districts to support IEC activities through Zilla Saksharatha Samithis (ZSS). Each proposal costing about Rs.3.00 to Rs.5.00 lakhs will have to be formulated by the ZSS and directly sent to Govt. of India for funding.
- 13 TRAINING UNDER RCH : The State Institute of Health & FW will be dovetailing the RCH component in the regular IPP-IX training programme. Awareness programme for the State Level Officers as well as District Level Officer will be initiated . Manuals have already been made available at all the districts for undertaking six days RCH training programme for ANM's.
- 14 IMPROVED MANAGEMENT: Preparation of district plans under Community Needs Assessment Approach as a Decentralized Participatory planning is under way. Training programme has been completed in most of the districts.

II. SUB PROJECT : BELLARY :

Annual Action Plan for 1998-99 has been prepared.

A sum of Rs. 15.05 crores exclusively for Sub Project Bellary has been approved by Gol.

Civil Works	: 5 Sub centres, 5 PHCs & 5 Maternity Hospitals
Equipments	: 174 Subcentres, 10 PHCs, 50 PHUs, 4 maternity Hospitals
Furniture	: 76 Subcentres, 10 PHCs, 11 PHUs
Vehicles	: 15 Ambulance & 2 Jeeps
IEC activities	:CNA: Video-films, flip charts, hand books & hand outs

Baseline Survey :

NGO involvement :

Own Your Telephone

Contractual staff : Staff Nurses & Laboratory Technicians.

PERFORMANCE INDICATORS IN RCH PROGRAMME

OBJECTIVE	INDICATORS	(%)	1997 BASE LINE	1998	1999	2000	2001	2002	DATA SOURCE
I. IMPROVED MANAGEMENT	1. DISTRICT PLANS CNA APPROACH	(%)	20	50	100	100	100	100	RECORDS (D&E CELL)
	2. SC., PHC's, FRU's, EQUIPPED WITH	(%)	0	25	50	60	75	100	FACILITY SURVEY/RECORDS
	3. INSTITUTIONAL DEVELOPMENT (PLACEMENT OF STAFF)	(%)	0	10	25	50	75	100	FACILITY SURVEY
II. IMPROVED QUALITY, COVERAGE AND EFFECTIVENES	1. SAFE DELIVERIES	(%)	43	50	52	54	56	60	SERVICES STATISTICS
	2. COUPLE PROTECTION RATE	(%)	58	59	60	62	63	65	SURVEY/RECORDS
	3. INFANT MORTALITY RATE	PER 1000 Lbs	52	50	45	42	40	38	SRS
	4. MATERNAL MORTALITY RATE	PER 1000 Lbs	4.5	4	3.5	30	2.5	2.0	SERVICE STATISTICS
	5. STAFF TRAINED	%	2	10	30	60	75	100	RECORDS
	6. REACHED WITH RTI, HIV/AIDS MESSAGE	%	20	30	60	75	80	85	CLIENT SURVEY
	7. UNMET NEED	%	18	16	14	12	10	8	HOUSE HOLD SURVEY
III. ENAHANCED POPULATION STABILISATION	8. CRUDE BIRTH RATE	PER 1000 POPULA- TION	22	21.5	21	18	15	12	SRS

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