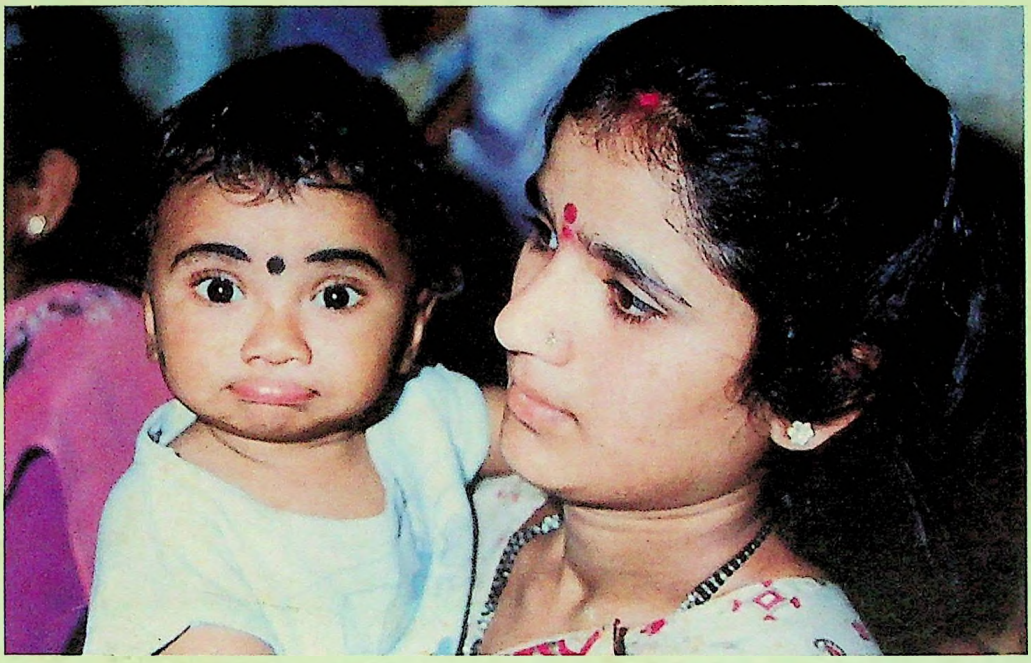
REPRODUCTIVE AND CHILD HEALTH SERVICES



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REPRODUCTIVE
AND
CHILD HEALTH SERVICES

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 current "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.

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 Child 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 major shift in 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 principal 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 strategy 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.

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, 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 Family Planning 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 and inform.
Accountability	:	To the client and community health and Family Welfare staff.

Reproductive Morbidity and Mortality :

- One third 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 from April-1992 to September-1996 throughout the country.

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 diseases
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. Provision of Emergency Obstetric Care (EmOC) services
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 September 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,
* Child Survival and Safe Motherhood Programme
* Treatment of Reproductive Tract Infections and Sexually Transmitted Infections and prevention of AIDS

Through

1. Client Oriented/Mother-Friendly/ user - specific, family welfare services, and
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.

FACILITIES TO BE PROVIDED IN CATEGORY "A" DISTRICTS

(Mandya, Dakshina Kannada, Kodagu)

- Provision of RTI/STI drugs at 2 FRUs. (Not in the SHS Project States)
- Minor civil work/repairs/maintenance provision of requisite inputs at FRU/PHC/SCs otherwise being covered under RCH Project @ upto Rs.10.00 lakh per District for the project period.
- MTP equipments to all FRUs/CHCs not provided earlier will be given.
- MTP equipments in phased manner to all PHCs.
- Upto 2 Lab.Tech. for FRUs on contract basis per District for operationalising RTI/STI screening and diagnostic interventions.
- Consultant doctor at PHC as per phasing on fixed day visit basis twice per month @ Rs.500 per visit. (Govt. Doctors can also be used for this purpose and paid an honourariam on the same terms).

  The expected work of the Consultants during visit will be to provide safe abortion services MTP, ANC, PNC and other Family Planning and F.W. services.

  This facility will be provided upto 75% of PHC only in the initial years with declining phasing as it is assumed that trained doctors are available at other facilities. By the end of 5 (five) years, it is expected that with intensive training the requirement of Consultant doctors will reduced to 25% from 75%.

  Work load norms will be atleast 5 surgical interventions or assisted deliveries out of cases referred from periphery. Minimum of atleast 20 referred cases should be attended by the visiting doctor on each visit. Adequate advance IEC on expected date of visit of doctor should be announced.

FACILITIES TO BE PROVIDED IN CATEGORY "B" DISTRICTS

(Hassan, Uttara Kannada, Bangalore (R), Tumkur, Chickamagalur, Shimoga, Mysore, Kolar, Chitradurga, Belgaum, Dharwad)

- Provision of RTI/STI drugs at 1 FRU each. (Not in the SHS Project States)

- Minor civil work/repairs/maintenance provision of requisite inputs at FRU/PHC/SCs otherwise being covered under RCH Project @ upto Rs.10.00 lakh per District for the project period.

- MTP equipments to all FRUs/CHCs not provided earlier.

- Two Lab. Tech. at the FRU on contract basis for lab. diagnosis of STI/RTI apart from other work.

- Consultant doctor preferably lady at PHC on fixed day visit basis twice per month @ Rs.500 per visit. (Govt. doctors can also be used for this purpose and paid an honorarium on the same terms) as per the phasing of MTP equipment & availability of appropriate facility.

  The expected work of the Consultant during visit is to provide safe abortion services MTP, ANC, PNC and other Family Planning and Family Welfare services. This facility will be provided upto 75% of PHC only for the initial years with declining phasing as it is assumed that trained doctors are available at other facilities. By the end of 5 years, it is expected that with the intensive training, the requirement of Consultant doctors will be reduced to 25% from 75%.

  Workload norms will be atleast 5 surgical interventions or assisted deliveries out of cases referred from periphery. Minimum of atleast 20 referred cases should be attended by the visiting doctor on each visit. Adequate advance IEC on expected date of visit of doctor should be announced.

  SHS Project States viz. A.P. Karnataka, Punjab & West Bengal have already been strengthened upto Sub-District level. The average institutional deliveries in the districts in these states range around 50% as such, for the PHCs with low institutional deliveries (expected around 50%) the facility of the services of PHN/Staff Nurse will be provided in 50% PHCs to improve institutional delivery, ANC/PNC and screening & referral for RTI. This facility will be limited to the 30 identified Cat B districts in these States. They will be staying at the place of posting for round the clock services. Rental for residence @ upto Rs.500 per annum will be provided.

  PHC drug kit for management of essential obstetric care will also be provided to the PHCs where PHN/Staff Nurse have been appointed & are providing round the clock services.

FACILITIES TO BE PROVIDED IN CATEGORY "C" DISTRICTS :

(Gulbarga, Bellary, Bidar, Raichur, Bijapur, Bangalore)

- Provision of EOC drugs at 2 FRU. (Not in the SHS Project States)
- Minor civil works/repairs/maintenance of FRUs/PHCs/SCs at Rs.10.00 lakh per District for the project period.
- MTP equipment to all FRUs/CHCs not provided earlier.
- 2 Lab. Tech. for selected FRUs on contract basis per District.
- In the Districts, where delivery room & residential quarters have been built under various projects but remain unutilised, a PHN/Staff Nurse on contract basis will be provided at PHC (for 30,000 Population). As per available information only about 25% PHCs in Category C districts can avail this facility.
- All PHCs to get MTP equipment in phased manner.
- Consultant doctor (preferably lady) at PHC on fixed day visit basis twice per month @ Rs.500 per visit. (Govt. doctors can also be used for this purpose and paid an honorarium on the same terms) as per the phasing of MTP equipment & availability of appropriate facility.

  The expected work of the Consultants during visit is to provide safe abortion services MTP, ANC, PNC and other Family Planning and FW services. This facility will be provided up to 75% of PHC only, as it is assumed that trained doctors are available at other facilities. By the end of 5 years it is expected that with the intensive training, the requirement of Consultant doctors will be reduced to 25% from 75%.

  Workload norms will be at least 5 surgical interventions or assisted deliveries out of cases referred from periphery. Minimum of at least 20 referred cases should be attended by the visiting doctor on each visit. Adequate advance IEC on expected date of visit of doctor should be announced.
  PHC drug kit for management of essential Obst. Care and stabilisation will also be provided to the PHCs where PHN/Staff Nurse have been appointed & are providing round the clock services.

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

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

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

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	1. Health education for breast feeding nutrition immunization, utilisation of services, etc., 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., 3. Help during Immunization by ANM. 4. Help during Vitamin 'A' supplementation by ANM. 5. Detection of pneumonia and seeking, early medical care by community and treatment by ANM. 6. Treatment of diarrhoea cases and ARI cases	Nos 1-6 and 7. Treatment of dehydration and pneumonia and referral of severe cases. 8. First aid for injuries etc., 9. Closing watching on the development of child and creating awareness of cheap and nutritious food.	Nos.1-9and 10. Management of referred cases.	Nos.1-10 and 11. Handling of all paediatric cases including encephalopathy. 12. Identification of certain FRU's to provide specialist services and training

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