CHAPTER XI
RECOMMENDATIONS

Reduction in fertility, mortality and population growth rate are major objectives of the Tenth Plan. These should be achieved through meeting all the felt needs for health care of women and children by improving access to services. Approach Paper to Tenth Plan envisages reduction in IMR to 45 /1,000 by 2007 and 28/1,000 by 2012, reduction in MMR to 2/1000 live births by 2007 and 1/1,000 live births by 2012 and reduction in decadal growth rate of the population between 2001-2011 to16.2. The steep reduction in mortality and fertility envisaged are technically feasible within the existing infrastructure and manpower as has been demonstrated in several states/districts. It is imperative that the goals set are achieved within the time frame as these goals are essential prerequisites for improving the quality of life and human development.

In view of the massive differences in the availability and utilsation of health services and health indices of the population, a differential strategy is envisaged so that there is incremental improvement in all districts. This, in turn, is expected to result in substantial improvement in state and national indices and enable the country to achieve the goals set for the Tenth Plan. Annexure 3.2 provides information of present status (as indicated by NFHS-2 and SRS) of process and impact indicators, the goals set for these in the National Health Policy 1983 (for 2000), Ninth Plan (for 2002), recommendations made by the Steering Committee regarding the goals for the Tenth Plan and goals indicated in the National Population Policy 2000 for 2010.Statewise goals have been shown in Annexure 11.1.

In order to improve access to services it is recommended that there should be

- decentralised area-specific approach to planning, implementation and monitoring of the performance and effecting mid-course corrections;
- differential strategy to achieve incremental improvement in performance in all states/districts;
- special efforts to improve access to and utilisation of the services in states/districts with high mortality and/or fertility rates;
- the critical gaps, in existing infrastructure especially in CHCs should be filled through appropriate reorganisation and restructuring of the primary health care infrastructure;
- post of specialists in CHCs should be filled ; reorientation, skill upgradation and redeploying existing manpower should be the method used to fill other critical gaps;
- streamlining the functioning of the primary health care system in urban and rural areas; providing good quality integrated RCH services at the primary, secondary and tertiary care levels and improving referral services;
- providing adequate supply of essential drugs, diagnostics and vaccines; improving the logistics of supply;

- well coordinated activities for delivery of services by public, private and voluntary sectors to improve coverage;
- involvement of PRIs in planning, monitoring and mid-course correction of the programme at the local level;
- involvement of industry in the organised and unorganised sectors, agriculture workers and labour representatives in improving access to RCH services;
- effective use of social marketing to improve access to simple over the counter (OTC) products such as ORT and condoms;
- effective IEC and motivation programmes; and
- effective inter-sectoral coordination.

Reorganisation Of Family Welfare Infrastructure

Over the last three decades, there has been considerable expansion and strengthening of the health care infrastructure by the State. Family welfare services are now an integral part of services provided by primary, secondary and tertiary care institutions. The staff funded by the Department of Family Welfare under the scheme of rural family welfare centres and post partum centres are state health services personnel functioning as part of the state infrastructure. In view of this, the Ninth Plan recommended that the funding should be taken over by the state Department of Health. This recommendation should be implemented.

Since ANMs are crucial for increasing the outreach of the programme, it is important to ensure that the posts of ANMs are filled and steps taken to ensure that they are available and perform the duties they are assigned. The Ninth Plan recommendation that all the ANMs in the subcentres as per the norms for the 1991 population should be funded by the Department of Family Welfare should be implemented.

Equitable Access to RCH services

Steering Committee recommended that during the Tenth Plan

- every effort should be made to improve access to essential primary health care, services under the family welfare and diseases control programmes by providing these services free of cost to all.
- States/Centre should evolve and evaluate various options for reducing the financial burden posed by hospitalization among the poor.

Recommendations regarding Tenth Plan strategy for components of RCH programme

Contraception:

To meet all the felt needs for contraception

In all districts

- improve access to services to ensure effective implementation

- counselling and balanced presentation of advantages and disadvantages of all available methods of contraception to enable the family to make the right choice
- good quality services in the vicinity of their residence
- good follow up care

In states/districts where birth order three or more is over 40% of the births

- ensure ready access to tubectomy/vasectomy by sending, if necessary doctors from CHCs/District hospitals to PHC/CHC on fixed days

In states/districts where birth order two or less is over 60% of the births

- meet all the unmet needs for spacing methods on a priority basis and also continue to provide terminal methods.

Medical Termination of Pregnancy

Strategy for reducing morbidity due to induced abortion should focus on efforts to

- reduce the number of pregnancies by fully meeting the felt but unmet needs for contraception,
- improve access to safe MTP services including non surgical methods of MTP and
- ensure that women do accept appropriate contraception at the time of MTP so that there is no recurrence of unwanted pregnancies requiring a repeat MTP.

Maternal Health

During the Tenth Plan every effort should be made to ensure 100% registration of pregnancies, deaths and births so that reliable district level estimates of MMR is made available on a sustainable basis and to improve ascertainment of the cause of death through SRS and also from hospital records so that some reliable estimates on changes in causes of maternal mortality over time and impact of ongoing interventions on maternal mortality can be assessed and appropriate interventions initiated. The Ninth Plan envisaged universal screening of all pregnant women, identification of women with health problems, problems during pregnancy and appropriate management including referral to centers where appropriate care is available. This, however, has not been operationalised. Highest priority should be accorded for operationalization of this during the Tenth Plan.

Antenatal care

The Steering Committee recommended that the initiatives taken under the RCH programmes should be continued during the Tenth Plan. Every effort should be made to ensure that the skill up gradation training which is critical for improving the content and quality of antenatal care is taken up

and completed so that all the healthcare providers at primary, secondary and tertiary care follow the protocol for screening all pregnant women for identification of those with problems. ANM is the critical person in the screening of pregnant women; she should be given necessary skill upgradation training , needed equipment and antenatal cards to record her findings. In order to ensure that the findings at antenatal screening are recorded accurately and reference back and forth becomes a standard practice , it is essential to ensure that findings are recorded in a standard format in an antenatal card which is retained by the woman who takes it with her where ever she gets referred to.

CHC/ FRU is the critical institution which provides emergency care and plays vital role in the referral system. Currently reported gaps in number of CHC/FRU should be filled by appropriately reorganizing the Sub-divisional hospitals, post partum centers and block level PHCs . The required number of core specialists should be posted through appropriate redeployment of the manpower; wherever adequate number of specialist are not available, bringing them on contractual basis/part time basis may be considered. In order to strengthen the capability for antenatal and intrapartum care at CHC / FRU all the states may take up training of one of the staff nurses in CHC/FRU at district hospital, so that there is a nurse specialised in midwifery is available at CHCs/FRUs to provide antenatal and intrapartum care. Over the next five years efforts should be made to improve the availability of all facilities to manage emergencies at least in selected CHCs by improving availability of anaesthetist and access to banked blood .

In view of the massive differences between districts in availability and access to services, and maternal health indices the following differential strategy is recommended for achieving incremental improvement in antenatal care during the Tenth Plan.

In all districts:

- awareness generation to ensure universal screening of pregnant women; identification of women with problem;
- manage/ refer women with complications to appropriate institution for care;
- 100% coverage for Tetanus toxoid
- screening for and treatment of anaemia ;
- provide information on
  - nearest PHC where women with problems can seek doctor's advice,
  - nearest FRU with obstetricians and facilities where women with obstetric emergency can seek admission
  - how to access emergency transport system .

In better performing districts focus on

- improvement in universal coverage and content and quality of ANC to enable very early identification of women with any antenatal problem through examination;
- referral of those with problems to PHC/ FRU for care

In poorly performing districts focus should be on

- improving coverage for AN screening by ANM providing ANC at least thrice during pregnancy,
- building up system of RCH camps in PHC/CHC on specific days through out the year when doctors/specialists should be available to examine women with problems and provide treatment/referral

Delivery care

In all districts

- efforts should be made to identify women with complications early through AN check up and refer them to appropriate institution for safe delivery.

In districts with low institutional delivery

- screen all women late in pregnancy and ensure that those with complications deliver in institutions
- train traditional birth attendants (TBAs) in clean delivery
- train TBAs to recognise problems that arise during labour and refer those with problems to hospitals
- ensure that referrals are honoured
- build up community support for transport of women with problems to FRU

In districts with high institutional delivery

- improve quality of services available;
- address problems and needs of the women in labour seeking institutional deliveries;
- aim at universal institutional delivery by make institutions people friendly
- medical audit for monitoring progressive improvement in quality

Specific efforts should be made to strengthen FRU/ CHC/District hospitals to provide Emergency obstetric care for all referred cases. Efforts should be to

- operationalise adequate number of FRU/CHC by posting specialists in obstetric, Gynaecology/pediatrics in institution where infrastructure is available;
- if necessary provide for funding specialists on contract basis (part time) so that care is available when needed;
- improve access to anaesthetist and banked blood

Child Health

The focus during the Tenth Plan should be to operationalise the appropriate essential new born care in all settings so that there is substantial reduction in the early neonatal mortality both in institutional deliveries and home deliveries

- every effort should be made to screen pregnant women for undernutrition and anaemia and provide appropriate intervention;
- at risk individuals should be advised to have delivery in institutions which can provide optimal intrapartum and neonatal and improve neonatal survival.
- in all home deliveries AWW worker should check the birth weight as soon after delivery as possible and refer those neonates with birth weight less that 2.2 kg to hospitals where there is a pediatrician is available and FRU/ CHCs honour the referrals. If these interventions are fully operationalised it should be possible to achieve substantial reduction in the neonatal mortality rate within a short period.

In view of the substantial differences in the IMR/NNMR between states and between districts differential strategy should be adopted during the Tenth Plan . Where ever data on district specific IMR and NNMR is available from CRS district specific strategy and where ever these are not available state specific strategies should be adopted. In states/districts with high IMR where Early neonatal mortality is less than 50% of the IMR focus should initially be on improving postneonatal mortality through appropriate interventions. In districts /states where IMR is relatively low and ENNMR forms more than 50% of the IMR the focus should be on antenatal and intra partum and neonatal care.

For all districts

At Birth

- Essential new born care
- Weighment at birth and referral for preterm babies and neonates weighing less than 2.2 kg to institutions where paediatrician is available

Nutrition Interventions

- Promote exclusive breast-feeding upto 6 months
- Introduce semi-solid supplements at 6th month
- Screen all children to identify those with severe grades of under-nutrition and treat them
- Administer massive dose of vitamin A supplements as per schedule
- Administer iron-folate supplements if needed

Health Interventions

- Universal immunisation against the 6 vaccine preventable diseases
- Early detection and management of ARI/diarrhoea

Immunisation

Effort should be made to

- achieve 100% immunization coverage against six vaccine preventable diseases
- eliminate Polio and neonatal tetanus
- strengthen routine immunisation programmes

- discourage campaign mode operations which interfere with routine services .
- ensure greater involvement of the private sector
- improve awareness through all channels of communication.
- improve quality of care including ensuring injection safety by using appropriate, sustainable technology.
- correct over reporting of coverage under service reporting through supervision; the concept that the reduction in the disparity between service reporting and coverage evaluation service is an indication of an improvement in quality should be introduced.
- evaluate ongoing Pilot projects on introduction of Hepatitis B vaccine including those where vaccine costs are borne by the parents.
- explore appropriate sustainable models of providing newer vaccines without overburdening the system and programme (including charging actual costs for the newer vaccines from persons above poverty line)
- expand on-going polio surveillance to cover all VPD in a phased manner

Pulse Polio Immunization

The medical goal of polio eradication is to prevent paralytic illness due to polioviruses by elimination of wild polovirus the virus so that the countries of the world need not continue to immunize all children perpetually. India should probably achieve zero incidence of polio by 2003. If for the next three years there are no more cases the country should be declared polio free. As and when this is achieved the country should take steps to ensure that the disease does not return by continuing Polio Immunisation with appropriate vaccine for a few more years .

Use of district wise data generated by CRS for Planning and monitoring FW programme:

Department of Family Welfare has introduced decentralized district based need assessment, planning implementation and monitoring of the performance. Differential strategy has been drawn up based on the district wise indicators birth rate, IMR being two of the important ones. The data base needed for this can be made available in a sustained fashion only through 100% registration of births and deaths, building up the capacity for data analysis, interpretation and responding to the changing needs at district level. This task should have to be taken up on a priority basis during the Tenth Plan period.

The country is yet to ensure 100% registration of births and deaths. Available information with RGI's office indicates that as of mid-nineties over 90% of all births and deaths are registered in states like Kerala, Tamil Nadu, Delhi, Punjab and Gujarat. Steps to collect collate and report these data at PHC/District level on a yearly basis have also been initiated. In these States these data should be used at district-level both for PHC-based planning of RCH care as well as evaluation of the coverage and impact of RCH care annually. In districts where vital registration is over 70%, efforts should be stepped up to ensure that over 90% of births and deaths are reported so that

independent data base is available for planning as well as impact evaluation of PHC- based RCH care. The goal of 100% registration of births and deaths and use of these data for planning and monitoring of the programme should be achieved by the end of the Tenth Plan.

Health Care For Adolescents

In addition to appropriate education, nutrition and health interventions, IEC efforts to delay in age at marriage and to promote optimum health and nutrition in adolescent girls should be taken up through inter-sectoral coordination .

RTI/STI

In spite of all the current efforts to improve treatment of RTI/STI patients, gynaecologists and public health professionals feel that there has not been any substantial improvement in the situation over the last decade. However it is important to persist on health education and providing ready access to diagnostic facilities and appropriate treatment for STI/RTI so that there is steady improvement over time.

Infertility

It is estimated that between 5 to 10% of couples are infertile. While provision of contraceptive advice and care to all couples in reproductive age group is important, it is equally essential that couples who do not have children have access to essential clinical examination, investigation, management and counseling. The focus at the CHC level should be to identify infertile couples and undertake clinical examination to detect the obvious causes of infertility, carry out preliminary investigations such as sperm count, diagnostic curettage and tubal patency testing. Depending upon the findings, the couples may then be referred to centres with appropriate facilities for diagnosis and management.

Gynaecological Disorders

Women suffer from a variety of common gynaecological problems including menstrual dysfunctions at peri-menarchal and peri-menopausal age. Facilities for diagnosis of these are at the moment available at district hospitals or tertiary care centres. The CHCs, with a gynaecologist, should start providing requisite diagnostic and curative services.

Priority Areas of Research during the Tenth Plan
Basic and Clinical research

- development of newer technology for contraceptive drugs and devices in modern system of medicines including immunological methods for fertility to cater to the requirements of the population in the next few decades
- exploration of the safety and efficacy of ISM & H products

- identification , characterisation genes/gene products and elucidation of their functional role of in reproduction and health of women and children.
- development and testing of new drug delivery systems for the delivery of contraceptive steroids,
- safety and efficacy studies on newer vaso-occlusive methods, spermicides based on plant products such as neem oil, saponins and other plant based substances, safety and efficacy of contraceptives used in ISM &H and by tribal population.
- clinical studies on use of emergency contraception and non-surgical methods of MTP
- diagnosis and management of STI/RTI
- innovative methods for improving neonatal care at primary health care level including assessment of simple methods for diagnosis and management of sepsis, asphyxia and hypothermia in the new born,
- studies on prevention detection and management of infections in children,
- early detection and management of Obstetric problems

Demographic Studies and Operational Research

- ongoing demographic transition and its consequences
- continuation rates and use effectiveness of contraceptives under programme condition
- operational research to provide integrated delivery of health , nutrition and family welfare services at village level through existing infrastructure and manpower
- testing and validation of relationship between couple protection rate and crude birth rate and testing relationship between reduction of infant mortality rate and reduction in birth rate in the States in different levels of demographic transition.
- improving access to safe abortion services
- STI/RTI - research aimed at for detection, prevention and management in different levels of health in care
- socio-behavioural research to improve community participation for increased utilization of family welfare services.

Monitoring and Evaluation

During the Tenth Plan efforts should be made to consolidate the earlier gains by putting in place sustainable systems for evaluation at district level in the form of CRS and district surveys; efforts have to be made to ensure reduction in duplication of evaluation efforts through appropriate intersectoral coordination .