One day Workshop on ‘Development of Strategic Approach to Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A)’

Date: 11 January 2014                                          Venue: Hotel Ganges Rivera, Haridwar, Uttarakhand

RRC-VHAI in Collaboration with Directorate of Health & Family Welfare, Government of Uttarakhand and MoHFW, Govt. of India
Executive Summery

Background

Improving the maternal and child health and their survival are central to the achievement of national health goals under the National Rural Health Mission (NRHM) as well as the Millennium Development Goals (MDG) 4 and 5. In the past seven years, innovative strategies evolved under the national programme to deliver evidence-based interventions to various population groups. A substantial increase in the availability of financial resources for Reproductive and Child Health (RCH), healthcare infrastructure and workforce as also the expansion of programme management capacity since the launch of NRHM in 2005 provides an important opportunity to consolidate all our efforts. As we inch closer to 2015, there is an opportunity to further accelerate progress towards MDG and redefine the national agenda to come up with a coordinated approach to maternal and child health in the next five years.

In order to bring greater impact through the RCH programme, it is important to recognise that reproductive, maternal and child health cannot be addressed in isolation as these are closely linked to the health status of the population in various stages of life cycle. The health of an adolescent girl affects pregnancy while the health of a pregnant woman affects the health of the newborn and the child. As such, interventions may be required at various stages of life cycle, which should be mutually linked. The reasons for adopting such a strategy can be understood when the available data is taken into account and the close inter-linkages between different stages of life cycle are recognized.

Birth weight is an important risk factor for child survival as children with low birth weight (LBW) are more likely to have impaired growth, higher mortality and risk of chronic adult diseases. The LBW is also a strong predictor for size in later life as most of these babies have intrauterine growth retardation, and they seldom catch-up with normal size during childhood. In India, 22% babies born each year have LBW, which has been linked to maternal under-nutrition and anaemia among other causes. The mother’s condition before pregnancy is a key determinant of its outcome; half of adolescents (boys and girls) have below normal body mass index (BMI) and almost 56% of adolescent girls aged 15–19 years have anaemia.

Therefore, the nutritional status of adolescent girls and young women is inextricably linked to the birth weight of their children and subsequently to child survival. There is evidence to show that adolescent mothers are vulnerable to problems related to pregnancy and childbearing. Of all mothers, adolescent mothers are more likely to have preterm births. According to national surveys, adolescents (15–19 years) contribute about 16% of total fertility in the country and 15–25 years age group contributes 45% of total maternal mortality.

With substantial unmet need of contraception — about 27% among married adolescents (15–19 years) — and low condom use by adolescents in general, adolescent girls are at a high risk of contracting sexually transmitted infections, HIV and unintended and unplanned pregnancies. This in turn contributes to maternal morbidity and mortality due to unsafe abortions and infections.

High maternal and child mortality in adolescent mothers and a smaller but significant contribution of adolescents to total fertility brings the focus back on the need to address adolescents as an integral part of the strategy so as to improve maternal and child health.
Just as different stages in the life cycle are interdependent so are the aspects of where and how healthcare is provided. Household or community education contributes to preventing health complications, quality care provided at the community level helps avoid the need for hospitalisation, and sound referral systems at primary care level support early identification of risks and better treatment for acute and complicated conditions. Essential interventions to improve the health of women and children therefore need to take place at all levels in the health system, that is, from the home to the community level and through all the health facilities.

Thus, there are two dimensions to healthcare: (1) stages of the life cycle and (2) places where the care is provided. These together constitute the ‘Continuum of Care.’ This Continuum of Care approach of defining and implementing evidence-based packages of services for different stages of the lifecycle, at various levels in the health system, has been adopted under the national health programme. The ‘Plus’in this strategic approach to Reproductive, Maternal, Newborn, Child Plus Adolescent Health (RMNCH+A) denotes (1) inclusion of adolescence as a distinct ‘life stage’ in the overall strategy; (2) linking of maternal and child health to reproductive health and other components (like family planning, adolescent health, HIV, gender and Preconception and Prenatal Diagnostic Techniques (PC&PNDT); and (3) linking of community and facility-based care as well as referrals between various levels of health care system to create a continuous care pathway, and to bring an additive/synergistic effect in terms of overall outcomes and impact.

This approach is likely to succeed given that India already has a community-based programme (that has been given a huge fillip by the presence of 8.7 lakh ASHA workers) as well as the three-tiered health system in place. These provide a strong platform for delivery of services across the entire continuum of care, ranging from community to primary health care, as well as first referral level care to higher referral and tertiary level of care. This integrated strategy can potentially promote greater efficiencies while reducing duplication of resources and efforts in the ongoing programme.

By defining integrated packages of services, the Continuum of Care provides an effective framework for seamless delivery of services at state and district levels.

Taking the concern forward Regional Resource Centre–VHAI organized a Workshop on ‘Development of strategic approach to Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A)’ on 11th January 2014 at the Conference Hall of Hotel Ganges Rivera, Haridwar, Uttarakhand; in collaboration with Directorate of Health & Family Welfare, Government of Uttarakhand and MoHFW, Govt. of India. The objective of the workshop was to sensitize all NGO's in Uttarakhand (mainly SARC/DARC/NGO's involved in Urban Health and other field NGO's).The workshop was successful in bringing together the entire District ASHA Resource Centres of Uttarakhand and NGO's involved in Urban Health and other field NGO's for an exchange of their experiences and views of implementing RMNCH component under NRHM in Uttarakhand. The workshop could bring forth the areas where the state government officials perceive the involvement of NGOs essential for an improved delivery and outreach of health services.

**Proceedings**

Ms. Mousumi Gupta, Coordinator, RRC-VHAI welcomed the Joint Director – National Programme, Government of Uttarakhand, Chief Medical Officer, Haridwar, State RMNCH+A Team Leader & State RMNCH+A Technical Officer, MCHIP USAID, Uttarakhand, Block Coordinator and Community Mobilizers from 13 District ASHA Resource Centres of Uttarakhand.
She said that undoubtedly NRHM has strengthened the Health Sector and ASHA being one of the important part in implementing the programme must be extended support in terms of regular training and recognition. She also shared the innovative practice of State and District ASHA Resource Centres in Uttarakhand which have been played a key role in the better performance and motivation level of ASHAs in the state. These State and District ASHA Resource Centres are managed by selected Mother NGOs which all had received training from VHAI as a Regional Resource Centre in the past.

She described the objectives of the workshop and then the workshop started with screening of a movie “Aparajita” followed by lamp lighting by the chief Guests.

**Session 1**

Ms. Mousumi Gupta, Coordinator, RRC-VHAI described the activities of RRC VHAI in brief and passed the platform to Dr. Soroj Naithani, Joint Director N.P, Govt. of Uttarakhand.

Dr. Soroj Naithani, talked on **5 X 5 matrix for High Impact RMNCH+A Interventions**. She described the five focus areas of each component i.e. Reproductive Health, Maternal Health, Neonatal Health, Child Health and Adolescent Health; when implemented with high coverage and high quality.
She also reviewed the knowledge of the participants on each of the component of RMNCH+A and on immunization by a question answer session. All the participants actively participated in this and clarified their perplexity on different issues related to Reproductive and child health. She talked about the demand generation of the services and impact of collective approach towards the intervention process. For this, she believes on the motivation of ASHAs in community level implementation.

Session 2

Dr. Sanket V Kulkarni, State RMNCH+A Team Leader, MCHIP USAID took session on Maternal and Neonatal Health. He described the Coverage Targets for key RMNCH+A Interventions for 2017; he mentioned in this that:

- Increase facilities equipped for perinatal care (designated as ‘delivery points’) by 100%
- Increase proportion of all births in government and accredited private institutions at annual rate of 5.6% from the baseline of 61% (SRS 2010) - Institutional delivery
- Increase proportion of pregnant women receiving antenatal care at annual rate of 6% from the baseline of 53% (CES 2009) – Full ANC
- Increase proportion of mothers and newborns receiving postnatal care at annual rate of 7.5% from the baseline of 45% (CES 2009)
- Increase proportion of deliveries conducted by skilled birth attendants at annual rate of 2% from the baseline of 76% (CES 2009)
He also described ‘RMNCH+A’ based Service Interventions across Continuum of Care, Life stage: Pregnancy - Antenatal; Child Birth; and Post Natal – Mother.

**Life stage: Pregnancy - Antenatal**

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<tr>
<th>Community / VHND</th>
<th>• Iron and folic acid supplementation</th>
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<tr>
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<td>• Tetanus vaccination</td>
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<td>• Tracking of pregnant women with severe anemia and case management</td>
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<td>• Birth preparedness and complication readiness</td>
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<td>Primary</td>
<td>• All the above, plus</td>
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<td>• Testing or HIV</td>
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<td>• Treat maternal anemia</td>
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<td>• Management of STI/RTI</td>
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<td>First Referral</td>
<td>• All the above, plus:</td>
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<td>• Management of high blood pressure and preeclampsia</td>
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<td>• Access to safe abortion services</td>
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<td>Treatment of complications of spontaneous/unsafe abortion</td>
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<td>Higher Referral</td>
<td>• All the above, plus</td>
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<td>• PPTCT</td>
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<td>All Levels</td>
<td>• Essential preventive and promotive care during pregnancy (antenatal care, nutrition counseling, birth preparedness)</td>
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**Life stage: Child Birth**

| Community / VHND              | • Skilled birth attendance for home deliveries in difficult, hard-to-reach areas |
|                              | • Promotion of immediate and routine newborn care comprising immediate drying, warming, skin to skin contact and initiation of breast feeding within one hour after delivery. |
| Primary                      | • All the above, plus                                                   |
|                              | • Care during labour and delivery                                       |
|                              | • including identification of maternal and newborn complications and timely referral |
|                              | • Newborn resuscitation                                                  |
| First Referral               | • All the above, plus                                                   |
|                              | • Caesarean section                                                      |
|                              | • Emergency obstetric and neonatal care including Caesarean section       |
| Higher Referral              | • All the above, plus                                                   |
| All Levels                   |                                                                         |

**Life stage: Post Natal - Mother**

| Community / VHND | • Home-based postnatal care and support for breast feeding |
|                  | • Detection and management of postpartum sepsis and other complications |
| Primary          | • Post partum care (at Health Facility for 48 Hours) |
**First Referral**
- Management of postpartum sepsis and other complications, including postpartum hemorrhage and pregnancy induced hypertension

**Higher Referral**
- Screen for and initiate or continue anti-retroviral therapy for HIV

**All Levels**
- Post-partum family planning advice and provision of contraceptives
- Nutrition counseling

He also pointed out some low performing districts of Uttarakhand in overall index like Laksar, Bhagwanpur and Narsan and good performing districts like Bhadrabad, Roorkee etc. Dr. Sanket also clarified some misconceptions of the participants regarding some technical issues.

**SESSION 3**

As the ‘Adolescent’ component is added in RMNCH+A intervention, there was a detailed discussion on the Adolescent Health under RMNCH+A Initiative by Dr Nitin Bisht, State RMNCH+A Technical Officer, MCHIP-USAID.

He started his session mentioning Health Outcome Goals as per 12th Plan, like:

- Reduction of Under 5 Mortality Rate (U5MR) to 33 per 1,000 live births by 2017
- Reduction in Maternal Mortality Ratio (MMR) to 100 per 100,000 live births by 2017
- Reduction in Total Fertility Rate (TFR) to 2.1 by 2017
He explained **Coverage Targets for key RMNCH+A Interventions for 2017:**

- Reduce anemia in adolescent girls and boys (15–19 years) at annual rate of 6% from the baseline of 56% and 30%, respectively (NFHS 3)
- Decrease the proportion of total fertility contributed by adolescents (15–19 years) at annual rate of 3.8% per year from the baseline of 16% (NFHS 3)

In his discussion, Dr. Nitin Bisht also discussed **Adolescent Health - 5 X 5 Matrix; (High Coverage & High Quality)** which indicate:

- Address teenage pregnancy and increase contraceptive prevalence in adolescents
- Introduce Community based services through peer educators
- Strengthen ARSH clinics
- Roll out National Iron Plus Initiative including weekly IFA supplementation
- Promote Menstrual Hygiene

**SESSION 4**

**Post Lunch**

Dr. Saroj Naithani, JD (NP) started the 4th session and discussed on **Child Health/ Immunization**

She pointed out some important components of Child Health like:

- Complementary feeding, IFA supplementation and focus on nutrition
- Diarrhoea management at community level using ORS and Zinc
- Management of pneumonia
- Full immunization coverage
- Rashtriya Bal Swasthya Karyakram (RBSK): screening of children for 4Ds’ (birth defects, development delays, deficiencies and disease) and its management
- Oral Rehydration Salt (ORS)
- Zinc Sulphate Dispersible Tablets
- Syrup Salbutamol & Salbutamol nebulising solution
- Vaccines - DPT, Measles
- JE (19 States), Pentavalent vaccine (in 8 States)
- Syrup Vitamin A
She pointed out that immunization coverage is poor in Haridwar district i.e. 53.3% (as per AHS 2011-2012) among the 13 districts of Uttarakhand followed by Uttarkashi, which is 67.7%. She instructed the participants from Haridwar to improve their immunization coverage because of which the immunization rate of whole Uttarakhand state is being hampered.

Dr. Naithani also declared the newly increased ASHA incentive on immunization and informed about revised rates of existing ASHA incentives.

She has given strict instruction to the districts like Haridwar, Pauri, Tehri and Rudraprayag to improve the sex ratio, which has decreased since AHS 2010-2011 to 2011-2012:

**Haridwar (870-869), Pauri (885-870), Tehri (890-877), Rudraprayag (861-855)**

**SESSION 5**

Then Ms. Mousumi Gupta, RRC Coordinator initiated a session on Experience Sharing on Implementation of NRHM in Uttarakhand.

All the participants shared their experience and specially mentioned that due to ASHA programme of NRHM helped the health status of Uttarakhand to increase in all the indicators except few districts, which they hope that in next few years will change a lot. They also stressed upon the need of selection of credible NGOs for the capacity building of ASHAs and VHSC members on a sustained basis. They further stated that there is a need of proper handholding for ASHAs.
In closing plenary discussion held on **Action Plan for the State /District and NGO towards Strengthening RMNCH+A Service Delivery.** Dr. Soroj Naithani given some timeline to the low performing districts to change the health status and she also assured them that if they can do it then very soon the Uttarakhand State will be one of the best performing states in India. She talked about increasing motivation of ASHA worker to perform their job and generate demand from the beneficiary. She asked the Block Coordinator to train new block coordinators on all the components of RCH and maintain close review on their performance.

Then Ms. Mousumi Gupta, RRC coordinator, VHAI, New Delhi requested Mr. Sanjib Saha, Save the Children to share his experience on the implementation of NRHM in West Bengal. He shared that in West Bengal, there is a Sub centre Convergence Meeting conducted on every 3rd Saturday of the month in which ASHA, ASHA Facilitator, and ANM shared their experiences and discuss some key issues of the health status of the province. He also said that might be this kind of initiative also needed in Uttarakhand for better team approach towards improving the health status of the state.

The workshop ended with concluding remarks and vote of thanks was extended by Ms. Mousumi Gupta, RRC Coordinator to all the participants. She expressed the gratitude on behalf of all NGOs present to all the state and district officials for sparing time and actively participating in the workshop. She mentioned that the NGO representatives have shared the key areas of RMNCH+A where credible NGOs must work with the government for a better delivery of services. NGOs having community presence and ability of reaching the difficult areas must be involved towards realizing the vision of NRHM. She concluded by saying that the recommendations of this workshop will be compiled and shared with the Uttarakhand State Government along with all the participants.

**Annexure: List of Participants (Registration Sheet)**