

Title of the proposed of the programme

'Strategies for reaching the underserved schedule caste and schedule tribe population in Reproductive Child Health'

1. Subject:

Reproductive & Child Health (RCH) strategies for underserved SC/ST population

2. Venue: Room of the Kalitara Mahila Samiti, Pagladanga & Dept. of Community Medicine, Medical College, Calcutta

3. Dates on which it was held: 9th & 24th December 2004

4. Name & address of the organizing Institute:

**Indian Public Health Association (IPHA)
110 Chittaranjan Avenue, Kolkata 700073**

5. Members of the organizing committee & their addresses:

Dr. Ashok Kumar, President, IPHA'
Director CBHI, Ministry Health , Govt. Of India
Prof S.K.Ray, Secretary General IPHA
Prof Madhumita Dobe, Jt Secretary (HQ)
Dr. Samir Dasgupta, Jt Editor
Address as stated above

6. Joint Co-ordinators of the Seminar cum Workshop:

Prof Madhumita Dobe
Dr. Samir Dasgupta

7. Detail program of the workshop:

Program

Day 1

9.00am to 12-00 pm: Needs assessment in the scheduled caste community in an urban slum area of Kolkata

12 noon to 1-15pm: Analysis of the data

1-15 pm to 2 pm: Lunch

2 pm to 5 pm: Sharing the findings with the schedule caste community

Day 2

9am to 9.30 am :	Inaugural Session
9.30 am to 10.00 am:	An overview of RCH program
10 am to 12 noon :	Report of the community based interaction session
12 noon to 1 pm :	Group division and discussion on developing objective based program strategy for implementation through community participation.
1pm to 2 pm :	Lunch
2 pm to 3 pm:	Group Work to be continued
3.00 pm to 4.00 pm:	Presentation of group recommendations
4.00 pm to 5.00 pm	Valedictory Session

8. RELEVANCE OF THE WORKSHOP IN THE CONTEXT OF NATIONAL NEEDS:

The rapidly growing population had been a major concern for health planners and administrators in India since independence. The result was the launching of National Family Planning Programme by the Government of India. India was the first country to have taken up the family planning programme at the national level. A CHANGED POLICY named as TARGET FREE APPROACH came into existence from 1.4.96. Thereafter, following the recommendations of the International Conference on population and Development (ICPD) held in Cairo in 1994, the Govt of India introduced the Reproductive & Child Health (RCH) package to supplement the MCH services in the country. Reproductive and Child Health Program is a major initiative in 9th Five year Plan from April, 1999 following the International Conference of Population Development in Cairo.

Poor health status of women and children in terms of high mortality and morbidity was another health priority in this country. Health facilities like hospitals and health centres were established for providing Maternal and Child Health (MCH) care through ante-natal, intra-natal and post-natal services. In addition, a number of special programmes and schemes like immunization against vaccine preventable diseases, nutrition interventions like iron and folic acid distribution and vitamin A supplementation, diarrhoeal disease control through Oral Rehydration Therapy (ORT), Acute Respiratory Infection (ARI) control programme etc. were implemented over the past. In order to ensure maximum benefit from these programmes and to provide services in an integrated manner to this vulnerable group, the Child Survival and Safe Motherhood (CSSM) programme was implemented in India since 1992.

Despite all these efforts, desired impact on the population growth, health and development of women and children could not be achieved in the country and the need for a new approach to the problem was well felt. In 1994, during the International Conference on Population and Development (ICPD), held in Cairo, it was recommended that a new approach needed to be adopted to tackle the problem. Under this approach, it was decided that family planning services should be provided as a component of the comprehensive reproductive health care. Reproductive health approach implies that men and women will be well informed about and will have access to safe and effective contraceptive methods, women can go through pregnancy and child birth safely and that couples are provided with best chance of having a healthy infant.

Being one of the 180 participating countries of the ICPD conference, India also agreed to the decision taken during the conference to adopt the 'Reproductive Health' approach to the population issues. Accordingly, as a follow-up action to this conference, the Government of India launched the Reproductive and Child Health (RCH) programme in October, 1997.

Reproductive and Child Health (RCH) has been defined as a state in which "People have the ability to reproduce and regulate their fertility; women are able to go through pregnancy and childbirth 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 contract diseases". ***This means that every couple should be able to have child when they want, that the pregnancy is uneventful, that safe delivery services are available, that at the end of the pregnancy the mother and the child are safe, well and that contraceptives by choice are available to prevent pregnancy and of contracting diseases.***

With the new approach of the programme, it is expected that health personnel, will be able to understand more easily and completely the needs of the population and deliver the services accordingly. The RCH programme is envisaged to provide an integrated package of services, which will include the following:

- *Services for mothers during pregnancy, childbirth and post-natal period, and also safe abortion services, whenever required.*
- *Services for children like newborn care, immunization, Vitamin A prophylaxis, Oral Rehydration Therapy (ORT) for diarrhoea, management of Acute Respiratory Infections (ARI), anaemia control etc.*
- *Services for eligible couples through availability and promotion of use of contraceptive methods, and infertility services when required.*
- *Prevention and management of Reproductive Tract Infections (RTIs) and Sexually Transmitted Infections (STIs).*
- *Adolescent health services including counselling of family life and reproductive health.*

For rendering the above stated services, the new approach under the RCH programme places emphasis on client-oriented, need-based, high quality, integrated services to the beneficiaries. There has been major shift/change in the approach from the past and some of these important changes are:

➤ **Target Free approach Based on Community Needs**

In the past, the workload of the health functionaries was based on the centrally determined, contraceptive method-specific targets. Under the RCH programme, this method is withdrawn and in its place, you yourself can estimate your workload by using **Community Need Assessment Based Approach (CNAA)**. Since 1996, the Government of India has started the implementation of this approach.

➤ **Participatory Planning**

The estimation of needs of services is required and its planning is to be actually undertaken by the health workers under your guidance with active involvement of and consultation with community members including women's groups, members of the Panchayat institutions etc.

➤ **Emphasis on quality of care and client satisfaction**

Under the RCH programme, special emphasis is placed on good quality of care. Therefore, you have to ensure that all services provided are of good quality and acceptable to the clients. This can be achieved by ensuring practice of technically correct procedures while rendering various services. It also need better interpersonal relationship between clients and service providers. The

clients are to be informed them about causes and seriousness of their health problems, types of services currently available and place of service delivery. Counselling services are to be provided, whenever needed, so that the clients are able to take correct decisions for accepting the services. This, in turn, is expected to increase satisfaction about with the services received. This will increase acceptance of the services further.

Well-trained and highly motivated personnel are essential pre-requisite for successful implementation of this programme, which deals with highly sensitive and personal issues of life, like contraception, abortions, maternal, and child health services etc. In order to provide RCH services under the changed approach described above, service providers including you should have reasonable technical competence as well as sufficient skills in effective communication and managerial capabilities. Therefore, an essential intervention for success of this new approach of the programme is sensitizing the service providers to the new approach and for developing necessary skills.

The Reproductive and Child Health (RCH) Programme was launched throughout the country on 15th October, 1997. This programme aims at achieving a status in which women will be able to regulate their fertility, women will be able to go through their pregnancy and child birth safely, the outcome of pregnancies will be successful and will lead to survival and well being of the mother and the child. The couples will also be able to have their sexual relation free from fear of pregnancy and of contracting sexually transmitted diseases.

The RCH approach consists of need-based, client-oriented, demand-driven and high quality integrated services, which include:

- *Maternal health services*
- *Child health services*
- *Prevention of unwanted pregnancies*
- *Prevention and management of Reproductive Tract Infection (RTI) / Sexually Transmitted Infections (STI)*
- *Adolescent health services*

Understanding the Reproductive and Child Health Program and its target and the goal one has to understand how far the changes have been occurring at the different section of the community. At the same time whether these changes are occurring at an equal pace for both the underserved Schedule Caste and Schedule tribe and richer section of the community or not? To explore this a seminar cum workshop is proposed with following objectives

9. Objective of the workshop:

- To find out how far the underprivileged section of the community with special reference to Schedule caste community were aware about the RCH components of the program
- To understand from the community how best the important RCH objectives could be achieved
- To develop strategy how best the RCH components of services could be made available to this section of the community

10. List of invited speakers/ Resource Persons with their addresses:

Prof C.R. Maity, Director Medical Education & Ex-officio Secretary, Dept of Health & F.W. Govt of West Bengal

Prof P.H. Anathanarayanan, Director, AIIH & PH, Kolkata

Prof Jayasree Ghosh, Principal, Medical College, Kolkata

Prof. S.K.Ray, Prof , Dept of Community Medicine, Medical College, Kolkata

Prof. R.Biswas, Prof & Head, Dept of PSM, AIIH & PH, Kolkata

Prof Ramendra Narayan Chowdhuri, Prof & Head Dept. of MCH, AIIH PH, Kolkata

Prof B. Biswas, Prof & Head, Dept of Community Medicine, Medical College, Calcutta

Speakers from the Health & Medical Education Services

11. Out Come of the Workshop

11.1 Presentations

By Dr Samir Dasgupta

.....

By Madhumita Dobe

.....

By Prof Sandip Ray

A meeting was organized with the community influencers in the studied area at Pagladanga, Kolkata. The meeting was held in the office room of Kalitara Mahila Samity on 9th December 2004. Prof. Sandip Ray and Prof. Madhumita Dobe were present in the meeting. A feedback on the study findings was discussed with them. The study revealed that poor knowledge on most of the key issues of RCH. They were asked to give their comments on

- Why they were not aware about the key issues on RCH
- What could be done to improve the situation

Most members opined the following

1. Many do not feel that knowledge and practice of these important issue.
- 2.

Members unanimously felt that the communication on key issues on RCH could be disseminated only through such type of group discussion. Almost all influencers were present in the meeting were working women and were working in he other's house therefore, the timing which suits them is between 3 pm to 5 pm in one of the working day. They don't mind also to report such meeting on Sunday. They also told that they don't find much time to watch TV in evening or listen to Radio as after their daily work they become tired. Thus other than group discussion no other alternative method for message dissemination will help them to get information on RCH or health. However, they told that TV, Radio may be helpful for their husbands as they have leisure hour for entertainment. Most husbands do not look after their family and were not involved in child caring

practices. Almost all are involved in local indigenous alcohol consumption. One of the participant's husband died due to that.

During meeting Prof. P.H. Ananthanarayanan, Director AIIH & PH and Prof. J. Mitra, Principal, MCH also spoke about the thrust areas on RCH.

Group discussion :

In the post lunch session participants were divided into four groups. Terms of reference were given as follows.

- ❖ How to reach the under-served?
- ❖ How to generate awareness?
- ❖ Further study in which direction?
- ❖ How to involve other sectors?
- ❖ How to reduce 'Knowledge to Practice' gap?

Group discussed in the strategies based on the above TOR.

Presentation by the Groups

RECOMMENDATIONS GROUP I

Members – Dr. S.P. Mitra

Dr. Raghunath Misra

Dr. (Mrs) B. Berun

Dr. Himadri Paul

Mr. Tapan Dutta

Ms. Bandana Roy

Ms. Rupa Dalapati

Ms. Manisha Kar

Ms. Mitali Palodhi

Presenter – Dr. Himadri Pal

Team Leader – Miss Bandana Roy

How to reach underserved – Here underserved means economically backwards specially S.C , S.T .

- 1) Establishment of report through personal communication .
- 2) Invstere the local opinion leader as per Eq– political leader , Teachers , Panchayat and religious functionaries
- 3) Utilisation of existing health care provider through upgrading their of R.C.H.

How to cerate awareness ?

- 1)Find out the awareness level of beneficiaries . (survey)
- 2) To generate awareness we need inter personal communication , group discussion , use of I.E.C including printed and electronic media according to awareness level of the beneficiaries .
- 3) Socio cultural standard of acceptance level .

Audio

Audio visual

Visual

Local folk

3) Farther study is which direction elaborated study be rear taking sample taken from different geographical socio economical and religious areas .

With the objective of

- a) To assess the R.C.H status & existing infrash .
- b) To find out their existing knowledge and practice .
- c) To find out the reasons baking knowledge , practice . Impact variation is must after importance the knowledge .

How to involve other scheme ?

- 1) Integrated services of Panchayat , local administration co-ordinate services of civil supply .
- 2) Finance , social welfare , elaboration , food defagriculture , human resource development , veterinary D.R DH , D.U .D.A public health .
- 3) Feed back should be circulated to well .

Social welfare

Education

Human Resource Development

How to minimise the gap of knowledge and practice of continuous availability quautitalise and quautitave services sustrainalities of IEC .

- 2) Day to day supervision , monastery, reproving and ongoing evaluation is must .

Recommendation of group II

Name of the group members

- 1 Prof. Ashok Mondal
- 2 Dr. Rabin Sinha
3. Dr. Amitabha Sarker
4. Dr. Tutul Chatterjee
5. Mrs. Swapna Chakraborty Lahiri
6. Mrs. Hasi Das - member of Kalitara Mahila Samiti

Recommendation of the group II

1) How to reach underserved

Identification of underserved through baseline study has already done .

- a) Identification of service – providers – Both individual & organization including local influencers .
- b) Rapport building them.
- c) Organization of 2-3 days joint training programme in the locality to orient them on RCH including adolescent health .
- d) Time to time supervision & guidance from IPHA on the field .
- e) Monthly visit at ICDS Centre to offer to the medical needs of RCH beneficiaries .

At least the providers should realize there is existence of expertise & guidance whenever needed behind them .

2. How to generate awareness :

- 1) through IPC during existing routine activity strengthening of routine activities need to be increased .
- 2) Organisation of exhibition based on RCH for the beneficiaries by the beneficiaries supported by local NGO's & ICDS . along with exhibition there should be health checkup . Prize for the best performers may be thought of .
- 3) Live coverage of the exhibition in local cable channel . Also relevant RCH messages & success stories can be telecasted in local cable channel .
- 4) Further studies in which direction ?
 - a) Baseline study on RCH coverage in the area bigger studies than the pilot
Study presented & KAP of the beneficiaries.
Intervention as proposed .
Follow up study after 2 years .

Experience of this study can be utilized for such type of programmes in Bigger perspective on other areas .

5) How do we better involve other sectors ?

- l) Formation of core committee – With representative from local NGO`s , ICDS , counsellors , schoolteachers beneficiaries & formed informal leaders with representative from IPHA , local medical officers of Kolkata corporation & local .
They will try to solve the problem of field . They will meet at two or three month . They should be given due recognition in various activities of IPHA convener of the core-committee . Secretary of Kalitara Mahila Samiti .

6) How to minimize knowledge to practice gap .

- a) Identification of weak areas in knowledge & practice in baseline study
By conducting both quantitative & qualitative study which has already been completed .
- b) Reinforcement of correct knowledge & practices during routing Activities through real life examples .
- c) Sustained supervision & monitoring by core groups
- d) Experiences sharing by mothers during RCH camp .
- e) Video show in local cable channel .

Recommendation of group III

MEMBERS

1. Dr.Saibendu Kr Lahiri
2. Dr.Ashok Mallick
3. Mr.Manoj kanti Dey
4. Miss.Anima Das
5. Mr.Barun Kr Roy
6. Mr.Ram Narayan Mandal
7. Mrs. Manju Chatterjee
8. Dr. Dilip kr Das

Suggestions

How to reach the Underserved:

1. Situation analysis, particularly in relation to resources – service providers in the area eg. Organisations / persons in relation to Ref.

Their area / range of activities, knowledge / , information provision / service provisions-uniformity,coordination etc.

2. To form a coordinate group among all these locality available service providers with the assign of convergent service provision .
to build capacity of this group for removing service – in the form of training , continued support .
3. To consider from of a self help group in the locality that they can net as a change agent group in the area .

Awareness generation / service provision

Related issue of RCH

Healthful behaviour

Services available and utilization

IEC

- i) Small group discussion – among diff. Groups of members , inlaws , religious / community leaders
- ii) I.P.C
- iii) Traditional media – project show fair etc.
- iv) Per teaching approach .

Through : 1) change agent group

2) All stake holders in the locality

Based on – appropriately designed IEC material

Service provision

- 3. Availability of FP method , ORS etc. thing social marketing
- 4. To consider provision of counseling services
- 5. In future – health insurance for the group

supportive supervision and monitoring by IPHA

Further study to be monitored

Concurrently evaluated

- 1) Evaluation after period knowledge

Behaviors change

Service utelisation

- 2) To develop a protocol for a higher study based on the experience , in the whole state of W.B.

Staregies for Reaching underserved population with RCH services .

Recommendation of group IV

MEMBERS

1. Mili Halder – Member, Kalitara Mahila Samity
2. Namita Chakraborty, Member, Kalitara Mahila Samity
3. Mr. Ranjit Das – Ex SWO (Burdwan Medical College)
4. Mr. Ranjit Kumar Bhattacharjee – EX SWO (Medical College, Kolkata)
5. Dr. Nirmal Kumar Mandal – Asst. Prof., N.R.S. Medical College, Kolkata
6. Dr. Sharmila Mallick - Asst. Prof. of Burdwan Medical College, Burdwan
7. Dr. Kuntal Biswas - Registrar, Medical College, Kolkata
8. Dr. Gautam Dhar – Asst. Prof., Medical College, Kolkata
9. Dr. Pankaj Mandal – Asst. Prof., Medical College, Kolkata

Group Leader – Dr. Nirmal Kumar Mandal

Presented by – Dr. Nirmal Kumar Mandal

Title : Strategy development to make RCH service acceptable and available to under served community.

Presentation by group IV :

Area of further study – Further study is required with appropriate sampling technique (cluster) and appropriate sample size among slum dwellers of Kolkata to know.

1. What is the status of RCH care in term of knowledge, practices of beneficiaries, availability of services, services providing (NGO, ICDS, Health and Corporation), intersectoral integration, whether they enrolled under PDS.
2. Data may be collected through

- a) Interview of clients
 - b) Focus group discussion
 - c) Assessment of impact
3. Analysis may be done : according to area, caste and religious etc. So that under served area can be identified.

Finding from study

- a) Who are service provider (NGO, ICDS etc)
- b) What is the level of integration among them
- c) Gap in knowledge and practices of beneficiaries
- d) Gap in services (recommended vs available services)
- e) Causes of the gap

Interventions by IPHA

- 1) Training of service provider (joint)
- 2) To bridge the gap among them
- 3) Time to his training
- 4) Evaluation at field level and identification of gap, then take action identification
- 5) Training of local volunteers and community leaders through community interaction
- 6) Development of training module, if required based on the felt need of the community concerned

INTERACTIONS AFTER PRESENTATION

Dr. Kuntal Biswas : No VDRL or HIV +vity among mothers (AN) but considerable number in volume of blood donors.

Dr. R.N. Sinha : Antenatal care started ? What is it, quality of antenatal care ?

Dr. Dilip Das : Is it meant for Dhapa or generalized strategy.

Dr. S.K. Lahiri : Is it a three phase study ?

Dr. Nirmal Mandal : What is the available service ? How much ? Identify gap between availability of service.

Dr. Samir Dasgupta : We can make it generalized in Kolkata slum. Several phase study can be done by B.R. et al.

Dr. Himadri Paul : S/C or underserved ?

S. Chakraborty : Colostrum feeding in hospital delivery / home delivery.

Dr. Amitava Sarkar : Gap between govt. service, private health service how to tackle ?

Prof. S.K. Ray : Implementation – What are the difficulties.

Dr. Tutul Chatterjee : Educational level of adolescent girls ?

Dr. Amitava Sarkar : What are the other care givers of the area. Traditional leaders ? When they first report during illness ?

Prof. R.N. Chowdhury : Care giving by urban slum / rural. Who is giving ? What type of RCH care is being given by Kolkata corporation.

Prof. Biswajit Biswas : What do we want to do there. Those who are working there do they know what are the components of RCH programme. Do the ICDS workers know about RCH programme.

Ms. Bandana Roy : We are involving the females but the males are the decision makers. Why should we not approach males. They spend more for wine and

Prof. Biswahit Biswas : Care givers know about the components of RCH programme.

Ms. Manju Chatterjee : A large slum population is not being served by anybody. We are going may be. If they want to take TT, or other services, non availability of services.

Prof. Biswajit Biswas : We should consider this factors.

Key points of reference :

- 1) How to reach under served.
- 2) How to generate awareness.
- 3) Further study in which direction ?
- 4) How to involve other sectors in a better way.
- 5) How to minimize knowledge, practice gap.

Points of discussion for group I

Prof. S.K. Ray – Sensitization should be involved.

Prof. Biswajit Biswas – We will impart RCH knowledge.

Dr. Himadri Paul - Language should be same.

Dr. Mandal - Why other departments will give health education

Dr. Himadri Paul – Sex education is being given by education department.

Dr. S.K. Lahiri – The teachers should be trained first.

Dr. Kuntal Biswas – In Sarba Sikhayan RCH message is being given in language (some message)

Ms. Bandana Roy – Integrated education should be there. Uniform message – no deviation from the original message.

“STRATEGIES FOR REACHING THE URBAN UNDER-SERVED WITH SPECIAL REFERENCE TO URBAN SCHEDULED CASTE POPULATION FOR RCH SERVICES.”

Issues?

- ❖ How to reach the under-served?
- ❖ How to generate awareness?
- ❖ Further study in which direction?
- ❖ How to involve other sectors?
- ❖ How to reduce 'Knowledge to Practice' gap?

GROUP RECOMMENDATIONS:

Group – 1 [Dr. Himadri Pal]

- Identification of underserved & Opinion leader
- Communication channels / messages
- Elaborate future study – to find out existing RCH status / obstacles
- Impact evaluation
- How to involve other sectors? – Sectors identified

Discussion: How to involve other sectors?
Duplication / different / wrong messages

Group – 2 [Dr. Amitava sarkar]

- How to reach underserved
- Identification of service providers & care givers
- Joint training
- Formation of 'core group'
- Shairing of information by beneficiaries / 'success stories'

C4. In case of home delivery, who conducted the delivery?

Trained dai / Untrained dai / any other (specify).....

C5. After the baby was born, when you initiated breast feeding?
(interval in hours)

C6. Have you fed your baby anything other than breast milk (including water) during 1st
six months? Yes No

C8. At what age (in months) you gave supplementary feeding to your baby?.....
(For infants aged more than 6 months)

C9. Have you got your child vaccinated (routine)? Yes No
If yes, try to verify from immunization card or history and comment about status
as per age of the child -

Fully immunized / Partially immunized

IPPI doses Yes No

C10. Was your child given Vitamin – A? Yes No

C11. In last 15 days, did your child suffered from the following conditions?

Diarrhoea Yes No
ARI Yes No

Any other (specify)

What was done? (verbatim)

.....

C12. Do you sent your child to ICDS center? Yes No

If yes, what are the services provided?
(Multiple response)

Growth monitoring / Supplementary feeding / Preschool education / Vitamin A /

others (specify)

C13. Have any health functionary visited you in last 3 months?

Health worker (Female) Yes No
AWW Yes No
CHG Yes No

Any other Yes (specify).....

