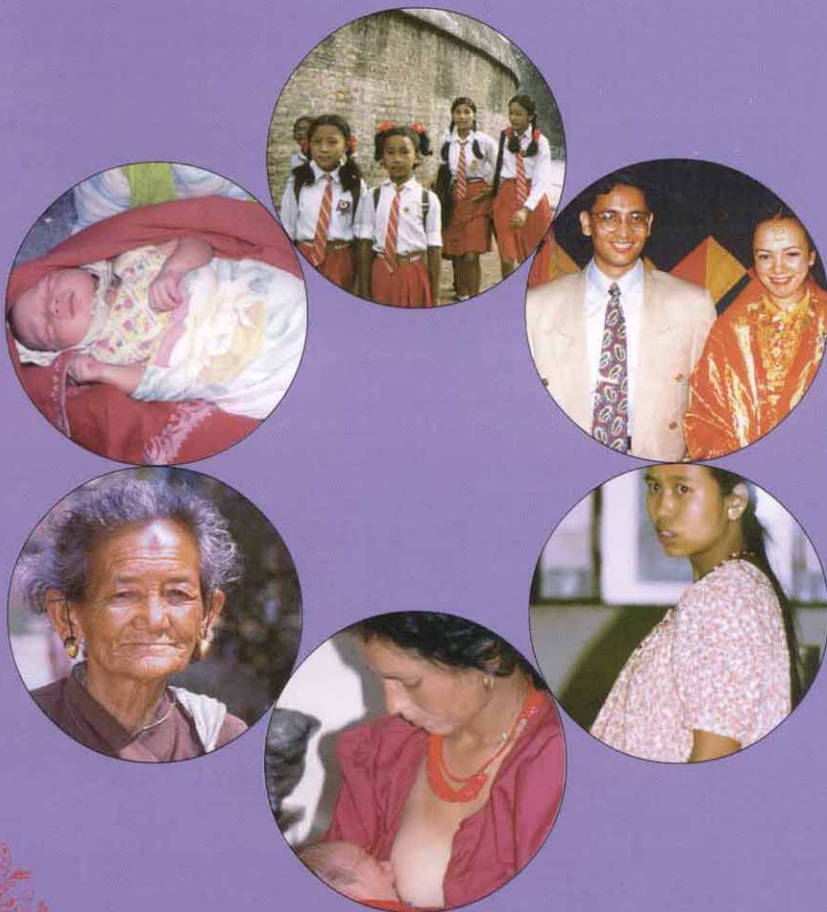


# National Reproductive Health Strategy



## Family Health Division

Department of Health Services

Ministry of Health

His Majesty's Government

Nepal

2054 (1998)

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# *Few Words*

Nepal, as a co-signator in 1994 to the Plan of Action of the International Conference on Population and Development (ICPD), has committed itself to improving the Reproductive Health status throughout the kingdom.

In this regard, an inter-sectoral and integrated approach will be utilized to ensure a full range of appropriate RH information, services or referral is available to all people of Nepal.

I hope this national Reproductive Health strategy will guide HMG and all partner agencies, thus improving the access, coverage and quality of the overall RH programme.

We would like to take this opportunity to express our gratitude to all multi-lateral, bi-lateral, INGO, NGO and other RH programme partners for their continued support.

A handwritten signature in black ink, appearing to read 'B. Pokharel', with a horizontal line extending to the right.

Mr. Bhoj Raj Pokharel  
Secretary  
Ministry of Health

# Foreword

His Majesty's Government, Ministry of Health, Department of Health Services as a co-signator to the Cairo Plan of Action in 1994, is committed to provide Reproductive Health services throughout Nepal. The Family Health Division in the Department of Health Services has been identified as the focal point for implementation and coordination of the national Reproductive Health Programme.

It is satisfying to note that the policy as well as implementation level co-ordination has been emphasized in this strategy with the forming of a RH steering committee and a RH co-ordination committee. I believe that these committees will help enhance inter and intra sectoral co-ordination for strengthening RH services in Nepal.

I hope that this National RH Strategy document will help MoH, other related line ministries, donors, INGOs and NGOs in the efficient and effective provision of RH services in Nepal.

A handwritten signature in black ink, appearing to read 'K.R.P.' followed by a horizontal line and a small heart-like flourish.

Dr. Kalyan Raj Pandey  
Director General  
Department of Health Services

# Preface

The major thrust of the health policy in the past was to provide basic health services with an emphasis on primary health care and family planning services as an integrated package. On the one hand, in recent years there has been growing concern for the persistent high level of maternal mortality and on the other, the family planning program has begun to contribute to a reduction in the high level of fertility in Nepal. It is well established that family planning can help reduce infant, child and maternal mortality. Similarly, it is known that effective maternal and child care service delivery also contribute to increased use of family planning.

As a result of the International Conference on Population and Development held in Cairo in 1994, it has been recognized that Reproductive Health is a crucial part of overall health, is central to human development and affects everyone. The conference put human rights, human development and the individual at the center of programme policies and also emphasized the need for empowerment of women, community participation and services specifically designed to reach poor and marginalized groups. In this regard, His Majesty's Government has endorsed the ICPD programme of action as well as the 1995 WHO global Reproductive Health strategy, both of which serve as a basis for Nepal's national Reproductive Health strategy.

In March 1996 a national workshop on Reproductive Health was conducted in Kathmandu. This workshop identified and recommended the scope of Reproductive Health and types of Reproductive Health services to be provided at each level starting from the family level. It is satisfying to note the Ministry of Health has ratified the recommendations of the workshop.

This document clarifies what His Majesty's Government aims to provide in terms of Reproductive Health services in Nepal. Furthermore, this document provides guidelines for policy makers, service providers, various line ministries, INGOs, NGOs and private sector so that they can develop and implement the activities within the framework of our national Reproductive Health strategy.



Dr. Laxmi Raj Pathak  
Director  
Family Health Division

# 1 Introduction

Reproductive Health (RH) is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity. Reproductive Health therefore, implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and have the freedom to decide if, when and how often to do so. Implicit in this last condition are the rights of women and men

***Reproductive Health (RH) is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity***

to be informed of, and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law. Additionally, women will have the right of access to appropriate health care services that will enable them to go safely through pregnancy and childbirth, thus

providing couples with the best chance of having a healthy infant. Reproductive Health care is further defined as the constellation of methods, techniques and services that contribute to Reproductive Health and well being by preventing and solving Reproductive Health problems. RH also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases.

It is recognized that Reproductive Health is a crucial part of overall health and is central to human development. It affects everybody; it involves intimate and highly valued aspects of life. Not only is it a reflection of health in infancy, childhood and adolescence, it also sets the stage for health beyond the Reproductive years for both women

***It is recognized that Reproductive Health is a crucial part of overall health and is central to human development***

and men and has pronounced effects from one generation to another. Therefore, the definition of Reproductive Health, adopted in the Plan of Action of ICPD, and endorsed by the United Nations General Assembly in its resolution 49/128, serves as the basis for action by all UN agencies and Member States including Nepal.

Thus, the new paradigm of Reproductive Health that emerged from the 1994, International Conference on Population and Development (ICPD) held in Cairo, has put human rights, human development and individual well-being, not programme targets at the center of

***The new paradigm of Reproductive Health has put human rights, human development and individual well-being, not programme targets at the center of programme policies***

programme policies. The Conference also emphasized the need for empowerment of women, involvement of women and young people in the development and implementation of programmes and services reaching out to the poor and the marginalized groups. Greater responsibility for Reproductive Health on the part of men was also called for.

# *Scope of Reproductive Health*

Reproductive Health, within the context of Primary Health Care, includes the following essential components:

- Family planning counseling, information, education, communication and services (emphasizing the prevention of unwanted pregnancies);
- Safe Motherhood; education and services for healthy pregnancy, safe delivery and post-natal care including breast-feeding;
- Care of the newborn;
- Prevention and management of complications of abortion;
- Prevention and management of RTIs, STDs, HIV/AIDS and other Reproductive Health conditions;
- Information, education and counseling, as appropriate, on human sexuality, Reproductive Health and responsible parenthood for individuals, couples and adolescents;
- Prevention and management of sub-fertility; and
- Life-cycle issues including breast cancer, cancer of the reproductive system and care of the elderly.



# 3 National Reproductive Health Strategy

Reproductive Health is not a new programme, but rather a new approach which seeks to strengthen the existing Safe Motherhood, Family Planning, HIV/AIDS, STD, Child Survival and Nutrition

**Reproductive Health is not a new programme, but rather a new approach which seeks to strengthen the existing Safe Motherhood, Family Planning, HIV/AIDS, STD, Child Survival and Nutrition Programmes with a holistic life cycle approach**

Programmes with a holistic life cycle approach.

This calls for strengthening inter-divisional linkages within the Department of Health Services as well as between other sectors e.g. education, women and development, local development and the legal/justice system. Gender perspectives and empowerment of women will be built into all relevant programme areas.

It is important to note, that the national Reproductive Health Strategy fits within the context of the 1991 Health Policy as well as the 1997-2017 Second Long Term Health Plan. The existing policy

and plans support national objectives of reducing infant, child and maternal morbidity and mortality, as well as contributing to a reduction in total fertility. The new Health Policy and Second Long Term Health Plan place emphasis on community involvement,

**It is important to note, that the national Reproductive Health Strategy fits within the context of the 1991 Health Policy as well as the 1997-2017 Second Long Term Health Plan**

increasing access through PHC Outreach, Sub-Health Posts, Health Posts, Primary Health Care Centers and District Hospitals, as well as establishing functional referral mechanisms between all levels. Furthermore, due emphasis is placed on strengthening management capacity including, planning, monitoring/supervision and performance review/evaluation.

Against this background, the following strategies have been adopted for the effective and efficient provision of quality Reproductive Health services in Nepal;

- Implement the 'Integrated Reproductive Health Package' at hospital, PHC Center, Health Posts and Sub-Health Posts as well as through Primary Health Care Outreach, TBAs, FCHVs/ Mothers Groups and other community and Family level activities based on standardized clinical protocols and operational guidelines;
- Enhance functional integration of Reproductive Health activities carried out by different divisions;
- Emphasize advocacy for the concept of Reproductive Health including the creation of an enabling environment for inter and intra-sectoral collaboration;
- Review and develop IEC materials to support all levels of intervention including rumour countering messages;
- Review and update the existing training curricula of various health workers to include missing Reproductive Health components;
- Ensure effective management systems by strengthening and revitalizing existing committees at various levels;
- Develop a national RH research strategy which outlines research priorities and work plans based on information requirements of policy makers, planners, managers and service providers;
- Construct/upgrade appropriate service delivery and training facilities at the National, Regional, District and Health Post level;
- Institutional strengthening through structured Planning, Monitoring/Supervision and Performance Review;
- Develop an appropriate RH programme for adolescents;
- Support for national experts/consultants; and
- Promote inter-sectoral and multi-sectoral co-ordination.

# 4 Indicators and Objectives

The following table outlines a series of selected 9<sup>th</sup> five year plan Reproductive Health indicators and objectives:

Indicators and Objectives for the 9 <sup>th</sup> five year plan 2054/55-2059/60 (1997-2001)		
Selected Indicators	Current Status	9 <sup>th</sup> Five year plan objective
Contraceptive Prevalence Rate (by method)	28.8	38.2% of eligible couples.
Total Fertility Rate	4.6	4.0
% of Adolescent Women 15-19 who have begun child bearing	23.9	20.0
Maternal Mortality Ratio	539	400 per 100,000 live births
% of delivering women who developed obstetric complications and received Emergency Obstetric Care	NA	50% of reported obstetric complications
Total ANC 1 <sup>st</sup> visit:	189,817	2,060,000 first ante-natal visits during 9 <sup>th</sup> five year plan
Number of pregnant women who received: - Iron/folate (at least 100 tablets)	NA	1,124,710 during 9 <sup>th</sup> year plan
% of expected pregnancies attended by trained health personnel and volunteer trained TBAs	10%	30% of expected pregnancies
Number of expected pregnancies attended by trained TBAs	28,101	92,000
% of all health facilities providing basic obstetric care	NA	50% of all health facilities
Hospitals at the district level able to provide C-section and blood transfusion	NA	30 districts
Neonatal tetanus per 1,000 live births	NA	<1 per 1,000 live births
% of health facilities offering syndromic diagnosis and treatment of syphilis, gonorrhoea and chlamydia	NA	100
% of health facilities offering a full range of RH services either directly or through referrals	NA	100

NA= Not Available

Beyond the above mentioned indicators, a number of complementary women's empowerment, service delivery, quality of care and impact indicators can be seen in Annex I.

# 5 Integrated Reproductive Health Package

Based on the essential element of Comprehensive Reproductive Health care, an integrated Reproductive Health care package has been adopted for Nepal. The integrated Reproductive Health care package will include;

- Family Planning;
- Safe Motherhood;
- Child health (new born care);
- Prevention and management of complications of abortion;
- RTI/STD/HIV/AIDS;
- Prevention and management of subfertility;
- Adolescent reproductive health; and
- Problems of elderly women i.e. uterine, cervical and breast cancer treatment at the tertiary level or in the private sector.

The integrated RH package in Nepal will be delivered through the existing Primary Health Care system. A substantive gender

***A substantive gender perspective, community participation, equitable access and inter-sectoral collaboration will be emphasized in all aspects of the package***

perspective, community participation, equitable access and inter-sectoral collaboration will be emphasized in all aspects of the package. Based upon the global definition of RH, the above mentioned integrated package of RH interventions will be offered at five levels of intervention as depicted in the following diagram:

# *Level of Interventions*

***Family/Decision Makers Level***

***Community Level***

***Sub-Health Post/Health Post Level***

***Primary Health Care Center Level***

***District Level***

At the family/community level, minimal services are provided with more focus on information, education and awareness creation activities related to RH. There will be maximum population coverage at this level. At each higher level, more specialized services will be available.

A summary of RH interventions offered at each level can be seen in Annex II and more detail is presented in Annex III.

# 6 Strengthening of Programme Management

Beyond the integrated RH service package to be offered at each of the above-mentioned levels, training, IEC/advocacy, management, quality assurance, research, logistic and financial support will also be required. The following paragraphs highlight the essential components of this support:

## *6.1 In-service orientation and training to improve the coverage and quality of RH services*

Integrated RH policy/operational guidelines for managers and clinical/service protocols for service providers will form the basis for all in-service orientation and training. The training approach will be problem-oriented and competency-based. This will require functional linkages with clinical training sites and training health posts/hospitals for practical training. Training materials will utilize appropriate adult learning methodologies supplemented by easy-to-use trainers' guides.

***All orientation and training activities will be monitored and followed up with appropriate on-the-job coaching by trainers and supervisors***

RH orientation and training will be designed to complement the National Training strategy and collaboration will be ensured with NHTC, selected NGO's, CTEVT, IoM, private training institutes and others. RH orientation and training topics to be addressed during the 9<sup>th</sup> five-year plan include:

- Ongoing comprehensive Family Planning training;
- Maternity services;
- RTI/STD/HIV/Subfertility;
- Adolescent Reproductive Health;
- Management of complications of abortion;
- Training of trainers in clinical training skills;
- Counseling training targeted at adolescents;
- Emergency contraception;
- Enhanced TBA training including danger signs during pregnancy, counseling of women regarding unplanned/unwanted pregnancy, and RTI/STD referral; and
- Gender training at all levels in coordination with NGO's, Ministry of Women and Social Welfare (MWSW).

NB: The above mentioned list will be reviewed during RH coordinating committee meetings.

**All orientation and training activities will be monitored and followed up with appropriate on-the-job coaching by trainers and supervisors. Systematic evaluation of training materials and trainer/trainee competence will be undertaken in an effort to improve and revise the training materials and methodologies.**

## 6.2 Advocacy and IEC

A national IEC strategy for Reproductive Health has been developed which includes the following elements:

- Advocacy for the concept of Reproductive Health (Life cycle approach) at all levels;
- Advocacy for an enabling environment to work for Reproductive Health;
- Advocacy to link existing programs (e.g. Safe Motherhood, Child survival, etc.) with the umbrella concept of Reproductive Health;
- IEC reorientation according to life-cycle approach at all levels; and
- IEC materials to be developed at each level of interventions.

## 6.3 Management including Planning, Monitoring/Supervision, Performance Review and Evaluation

The national RH programme will be planned, monitored and evaluated within the context of the overall Primary Health Care programme. The national HMIS Strategy will provide the backbone for monitoring performance and HMIS tools will be adopted as necessary to provide appropriate information to plan, monitor/supervise and review the national RH programme. The nationwide, bottom-up integrated planning workshops will be utilized to plan RH

***The annual performance review process will be utilized to ensure routine analysis of RH performance in line with established indicators and RH operational guidelines***

activities at various intervention levels. Ongoing monitoring and supervision will be in line with the national integrated supervisory strategy and will be complemented by special emphasis on RH quality assurance. The annual performance review process will be utilized to ensure routine analysis of RH performance in line with established indicators and RH operational guidelines.



## 6.4 Quality Assurance

Realizing the importance of quality of care in the national RH programme, a Quality of Care Management Center has been established in Family Health Division. The main objective of this center is to provide support to DHOs for improving the quality of RH services. The main activities to be carried out under the Quality of Care Programme are listed below:

- Regular Quality Assurance assistance visits;
- Tracking the field visits of Field Officers, Supervisors and Consultants;
- Recording and reporting in collaboration with PFAD;
- Referral of problems in collaboration with DHOs and RHDs;
- Secretariat for the QoC Steering Committee;
- Distribution of National Medical Standards;
- Development of IEC Materials in collaboration with NHEICC; and
- Human resource development in collaboration with NHTC.

Existing National medical standards of contraceptive services, Maternity care guidelines and STD protocols will form the basis for integrated RH service delivery protocols. These protocols will ensure service providers at all levels offer the highest quality of care possible.

## 6.5 Reproductive Health Research

**A national RH research strategy (within the context of Essential National Health Research), will be developed to identify RH research priorities and coordinate research related activities**

To supplement and complement routinely generated information from the integrated HMIS, a national RH research strategy (within the context of Essential National Health Research), will be developed to identify RH research priorities and coordinate research related activities. This strategy will include a number of components such as:

- Needs assessment for Reproductive Health;
- Demographic and Health Surveys;
- Epidemiology of Reproductive morbidities;
- Analysis of types of services and infrastructure needed to respond to Reproductive Health needs;
- Operational research in response to emerging policy, planning and management questions;
- Community based research; and
- Research priorities as already set out by various programs related to RH.

## 6.6 Logistics and Equipment

All RH logistics and equipment requirements (including Family Planning commodities) will be specified in the Integrated RH operational guidelines. On an annual basis a 'consensus forecast' will be reviewed between collaborating partners. Commodity requirements will be assessed and sufficient quantities procured with HMG and external development partner resources. These supplies and equipment will be distributed by the Logistics Management Division through the Annual Commodity Distribution Programme.

## 6.7 NGO/Private Sector Collaboration

- In order to ensure that NGO and private sector activities supplement and complement the national RH programme, the national RH Strategy for Nepal should be the guiding document for all partners in this initiative;
- The need for strengthening NGO/private sector partnerships with HMG has been identified as a sustainable mechanism to expand coverage and quality of RH services. Therefore, clear operational linkages should be outlined between NGO/private sector partners and the Government Health services in all project documents and workplans;
- In order to monitor the performance of participating NGOs/private sector, it will be required to report activities to the District Health Office on the standard HMIS reporting format to ensure NGO/private sector inputs are reflected in the district report; and
- To ensure maximum complementarity between RH activities, selected NGO representatives and private practitioners will be invited to attend the trimesterly Reproductive Health Coordinating Committee meetings held in the Department of Health Services.

## 6.8 Policy Guidance and Co-ordination

Two committees have been established to support the national RH Programme. They are:

1. National RH Programme Steering Committee under the chairmanship of the Secretary of Ministry of Health.

The purpose of the national RH Steering Committee is to provide policy guidance for all RH activities in Nepal.

2. National RH Programme Coordinating Committee under the Chairmanship of Director of Family Health Division.

This committee will be responsible for executing, implementing, reviewing and monitoring the programme at all levels.

# *ANNEXES*



**Annex I:****Indicators for Women's Empowerment, Service Delivery, Quality of Care and Impact****Women's Empowerment Indicators**

<b>Indicator</b>	<b>Flow/Source</b>	<b>Level</b>
1. Literacy ratio of women as compared to men	Census/Survey	National/District
2. Percentage of women gainfully employed	Census/Survey	National/District
3. Age of women at first marriage (average)	Census/Survey	National/District
4. Number and percentage of women health care providers by levels of care	HIMDD	National
5. Number of women trained as health volunteers	Admin. FHD/DHO	At all levels up to SHP
7. Adolescent girls at school	Census/Survey MOE	National/District

## Service Delivery Indicators

Indicator	Flow/Source	Level
1. Availability of service delivery statistics of various RH services, analysis and utilization of these records at local level for programme planning, monitoring and performance review	HMIS Record	At all levels
2. Percentage of eligible couples who had access to family planning services	HMIS Record keeping	At all levels
3. Contraceptive prevalence	HMIS tool	At all levels
4. Percentage of pregnant mothers who had ante-natal care at least once	HMIS tool	At all levels
5. Percentage of deliveries attended by trained personnel	HMIS tool	At all levels
6. Percentage of mother receiving post-natal care	HMIS tool	At all levels
7. Percentage of new born children receiving care	HMIS tool	At all levels
8. No. of health facilities providing EOC services (as per national guideline) by type of health facilities	DHO/FHD	National
9. Percentage of high risk Maternity and STD cases managed and referred	HMIS tool	District
10. Percentage of pregnant mothers who are anaemic and received iron folate	HMIS/Survey	At all levels
11. Percentage of pregnant women who received TT at least two shots	HMIS/Survey	At all levels
12. Essential neonatal care (such as hypothermia, asphyxia, LBW)	Hospital	National/service site levels

## Quality of Care Indicators

Indicator	Flow/Source	Level
1. The method continuation rate of family planning acceptors	HMIS/Record follow-up	National/District
2. Percentage of eligible clients converting from a spacing method to a permanent method	HMIS tool	District level
3. Percentage of mothers who had at least four ante-natal visits	HMIS record	At all levels
4. Availability of and adherence to RH guidelines and protocols regarding different elements of reproductive health at different levels	FHD	At all levels
5. Regular updating of knowledge and skills of service providers	NHTC/FHD	National/District
6. Percent updating and regular supply and utilization of drugs, equipment etc.	Logistic/Drug scheme	National/District
7. Availability and condition of physical facilities	HMID division	District and below
8. Percentage of follow-up visits	HMIS record	National/District
9. Percentage of satisfied clients	In-depth study	Family/Community

## Impact Indicators

Indicator	Flow/Source	Level
1. Total fertility rate and Age specific fertility rate	Periodic survey	National/Regional
2. Maternal mortality ratio	Periodic survey	National/District
3. Perinatal mortality rate	Vital registration	National/District
4. Neonatal mortality rate	Vital registration	National/District
5. Infant mortality rate	Periodic survey	National
6. CYP (Couple Years of Protection)	HMIS	National/District
7. Number of NNT cases	Hospital	District/National
8. LBW rate per 1,000 live births	HMIS record/Hospital	District/National
9. Anaemia in pregnant women	HMIS record	National/District
10. STD prevalence	HMIS/Survey	National



## Annex II:

### Summary of RH Interventions by Level

Based upon the global definition of RH, the following integrated package of services will be provided at each level:

RH PACKAGE BY LEVEL	Family Planning	Safe Motherhood including newborn care	Prevention and management of complications of abortion	Prevention and management of RTI/STD/ HIV/AIDS	Adolescent RH	Problems of elderly women, and reproductive cancer
<b>Family/ decision makers</b>	IEC referral	IEC referral	IEC referral	IEC referral	IEC referral	IEC limited diagnosis (eg. breast lump) referral
<b>Community</b>	counseling, condoms/pills via TBA, FCHV, outreach, Depo at PHC Outreach	ANC/PNC at outreach, delivery with TBA, safe delivery kits Referral	IEC referral	IEC counseling referral	IEC referral	IEC limited diagnosis referral
<b>SHP/HP</b>	counseling, condoms/pills/ Depo IUD* norplant*	ANC/PNC home delivery supervision of TBAs, New born care, Referral	IEC treatment of infection referral	IEC counseling referral syndromic treatment	IEC counseling referral	IEC limited diagnosis referral
<b>PHCC</b>	counseling, condoms, pills, depo, (IUD/ Norplant/ surgical contraception)* management of complications & referral	ANC Delivery PNC, New born care Lab (albumin, sugar HB-testing) Referral Basic EOC	counseling diagnosis & treatment of infection referral	IEC counseling diagnosis treatment referral	IEC counseling treatment referral	IEC limited diagnosis referral
<b>District Hospital</b>	counseling, condoms, pills, depo, (IUD/ Norplant*/ surgical contraception) management of complications referral	General Anesthesia Blood transfusion C/section New born care, EOC Referral	counseling diagnosis & treatment of infection referral	IEC counseling diagnosis treatment referral	IEC counseling treatment referral	IEC diagnosis referral

*\*in selected sites only*

More detail on the RH package and specific activities for each level can be seen in Annex III.

**Annex III:****Integrated Reproductive Health Package: Details of Intervention and Activities****Family/Decision Makers**

<b>RH Intervention</b>	<b>Activities</b>
Family Planning	<ol style="list-style-type: none"><li>1. Needs identification</li><li>2. Knowledge of shops and institutions where contraceptives are available</li></ol>
Safe Motherhood	<ol style="list-style-type: none"><li>1. Identification of pregnant women &amp; recognition of danger signs</li><li>2. Neonatal care as per the National Maternity Care Guidelines (NMCG)</li></ol>
Prevention & management of complications of abortion	<ol style="list-style-type: none"><li>1. Recognition of signs/symptom and complications of abortion</li><li>2. Know where to seek help</li></ol>
RTI/STD and Infertility	<ol style="list-style-type: none"><li>1. Condom promotion</li><li>2. Recognize RTI/STD symptoms and seek care</li><li>3. Family Life Education<ul style="list-style-type: none"><li>- Parent-children communication</li><li>- Delay the age of marriage</li><li>- Families to provide nutritious food for adolescents (in particular to daughters)</li><li>- Promote girl child education.</li></ul></li></ol>

## Community

RH Intervention	Activities
Family Planning	<ol style="list-style-type: none"> <li>1. Sexuality and gender information, education and counseling for adolescents, youth, men and women.</li> <li>2. Community-based contraceptive distribution through Community based Health Workers/Volunteers, Women's Group, CBW, WDA, School Teacher NGOs</li> <li>3. Social marketing of condoms &amp; re-supply oral pills through community sources</li> <li>4. Counseling &amp; Referral for other contraceptive methods</li> <li>5. IEC for LAM</li> </ol>
Safe Motherhood and new born care	<ol style="list-style-type: none"> <li>1. Counseling/education for breast feeding, nutrition, family planning, rest, exercise, etc.</li> <li>2. Awareness raising for risk factors.</li> <li>3. Detection and referral of high risk pregnancies, early detection of complications.</li> <li>4. Recognizing danger signals (rupture of membranes of more than 12 hours duration; prolapse of the cord, hemorrhage etc.).</li> <li>5. Delivery planning.</li> <li>6. Conducting clean deliveries with delivery kits (Trained TBA).</li> <li>7. Detection of complications and referral to the nearest appropriate health facility.</li> <li>8. Arranging transport for referral.</li> <li>9. Resuscitation of asphyxiated newborns by mouth to mouth resuscitation (home delivery) .</li> <li>10. Promote management of neonatal hypothermia by keeping the baby warm and immediate breast feeding</li> <li>11. Breast feeding support.</li> </ol>
Prevention and management of complications of abortion	<ol style="list-style-type: none"> <li>1. Counseling on prevention of unwanted pregnancy, or FP counseling and re-supply of oral pills and condom distribution.</li> <li>2. Recognition of signs and symptoms of abortion and its complications.</li> <li>3. Timely referral to the appropriate formal health care system.</li> </ol>
RTI/STD/HIV and Infertility	<ol style="list-style-type: none"> <li>1. Sexuality and gender education and counseling.</li> <li>2. Condom promotion/distribution.</li> <li>3. Prevention of infertility through education.</li> </ol>
Adolescents	<ol style="list-style-type: none"> <li>1. Information on sexuality and gender information.</li> <li>2. Increasing awareness on family planning methods, availability of contraceptives, danger and risk of teenage pregnancy.</li> </ol>

## Sub-Health Post/Health Post (in addition to services provided at Community Level)

RH Intervention	Activities
Family Planning	<ol style="list-style-type: none"> <li>1. Supervision support to community level activities.</li> <li>2. Providing oral contraceptives, condoms, and Depo Provera.</li> <li>3. Providing IUD after screening for contra-indications (where applicable).</li> <li>4. Counseling/referral for sterilization.</li> <li>5. Counseling/management/referral for side-effects, method-related problems, change of method where indicated.</li> <li>6. Gradually expand choice of methods.</li> <li>7. IEC on Lactation Amenorrhea Method (LAM).</li> </ol>
Safe Motherhood and new born care	<ol style="list-style-type: none"> <li>1. Four antenatal visits at the SHP/HP/ or at the outreach clinic.</li> <li>2. Detection and referral of maternal complications such as pre-eclampsia/eclampsia, severe anaemia and ante-partum hemorrhage, heart disease, T.B., and diabetes.</li> <li>3. Referral of high risk women for institutional delivery.</li> <li>4. Treatment of malaria (as per national guidelines)</li> <li>5. Supervising home/normal delivery and refer complications to appropriate level.</li> <li>6. Treatment of infections of mothers and newborns.</li> <li>7. Routine prophylaxis for gonococcal eye infection (at HP only).</li> <li>8. Referral of complications.</li> <li>9. Information about clean and safe delivery/unsafe abortion.</li> <li>10. Resuscitation, thermal control of newborn and breast feeding immediately after birth.</li> </ol>
Prevention and management of complications of abortion	<ol style="list-style-type: none"> <li>1. Confirm the diagnosis of abortion through simple physical examination. Resuscitation, IV/drip preparation for transfer of patient in good condition.</li> </ol>
RTI/STD/HIV and Infertility	<ol style="list-style-type: none"> <li>1. Identification treatment and referral (where required) for vaginal discharge, lower abdominal pain, genital ulcers in women, and urethral discharge, genital ulcers, swelling in scrotum or groin in men. (As per National RTI/STD Guidelines)</li> <li>2. Partner notification/referral.</li> <li>3. Condom promotion &amp; distribution.</li> <li>4. IEC for preventive aspects.</li> </ol>
Adolescents	<ol style="list-style-type: none"> <li>1. Free availability of oral pills, condoms.</li> <li>2. Antenatal, delivery, post-partum, newborn care services as per NMCG.</li> <li>3. Modification of existing MCH/FP services to make it more accessible to adolescents.</li> <li>4. Conduct family life education clinics.</li> <li>5. School Health Programme.</li> </ol>

Note: Maintain confidentiality and privacy in all above.

## PHC Center

(in addition to services provided at Community and health post Level)

RH Intervention	Activities
Family Planning	<p>In addition to services provided by Health Post Level, following will be performed:</p> <ol style="list-style-type: none"> <li>1. Performing tubal ligation, mini lap and vasectomy (semen analysis).</li> <li>2. All other contraceptive methods according to government guidelines.</li> <li>3. Management of complications.</li> <li>4. Post abortion care management.</li> </ol>
Safe Motherhood and new born care	<ol style="list-style-type: none"> <li>1. Delivery services, use of partograph.</li> <li>2. Use of oxytocin.</li> <li>3. Manual removal of placenta.</li> <li>4. Referral for complications after starting an I.V. line and giving initial dose of antibiotics.</li> <li>5. Thermal control, resuscitation, breast feeding and care of sick newborn as per NMCG.</li> </ol>
Prevention and management of complications of abortion	<ol style="list-style-type: none"> <li>1. Initiation of essential treatments including antibiotic therapy, IV fluid replacement, and oxytocin.</li> <li>2. Uterine evacuation of incomplete abortion during the first trimester.</li> <li>3. Referral of incomplete abortion after 1st trimester.</li> <li>4. Basic pain control, simple analgesia and sedation.</li> </ol>
RTI/STD/HIV and Infertility	<ol style="list-style-type: none"> <li>1. Management of STDs on syndromic approach basis when diagnostic facilities are not available.</li> <li>2. Treatment of RTIs/STDs.</li> <li>3. Condom promotion &amp; distribution.</li> <li>4. IEC for prevention of above conditions.</li> </ol>
Adolescents	<ol style="list-style-type: none"> <li>1. FP/HIV/STD/Infertility services modified and delivered as a package e.g. Family Life Education Clinics in selected areas.</li> <li>2. Linkage with school system and NGOs.</li> <li>3. Publicity regarding Family Life Education Clinics in selected areas.</li> <li>4. Antenatal care, care during delivery, post-partum and newborn care as per national guidelines.</li> </ol>

## District Hospital

(in addition to the services provided at lower levels)

RH Intervention	Activities
Family Planning	<ol style="list-style-type: none"> <li>1. Provision/Expansion of VSC e.g. Minilap, laparoscopy sterilization/vasectomy including non scalpel method.</li> <li>2. Provision of long acting contraceptive methods and Management of side effects.</li> </ol>
Safe Motherhood and new born care	<ol style="list-style-type: none"> <li>1. Repair of episiotomy and perineal tears.</li> <li>2. Treatment of maternal sepsis.</li> <li>3. Treatment of high risk cases.</li> <li>4. Services for obstetrical emergencies, anaesthesia, C/section, blood transfusion through close relatives.</li> <li>5. Management of referred cases for mother as well as newborns.</li> </ol>
Prevention and management of complications of abortion	<ol style="list-style-type: none"> <li>1. Emergency uterine evacuation through second trimester.</li> <li>2. Treatment of post abortion complications.</li> <li>3. Local and general anaesthesia as indicated.</li> <li>4. Diagnosis and referral for severe complication such as septicaemia, peritonitis, renal failure, etc. to tertiary care level facilities.</li> </ol>
RTI/STD/HIV and Infertility	<ol style="list-style-type: none"> <li>1. Clinical diagnosis, Laboratory diagnosis and treatment of RTIs/STDs.</li> <li>2. Diagnosis and treatment of infertility and Referral to tertiary care, if necessary.</li> <li>3. Condom promotion and distribution.</li> <li>4. IEC on preventive aspects of above conditions.</li> </ol>
Adolescents	<ol style="list-style-type: none"> <li>1. FP/HIV/STD/ services modified and delivered as package e.g. Family Life Education Clinics in selected areas</li> <li>2. Linkage with school system and NGOs.</li> <li>3. Publicity regarding Family Life Education Clinics in selected areas.</li> <li>4. Antenatal care, care during delivery, post-partum and newborn care as per guidelines.</li> <li>5. FP services as per national guidelines.</li> </ol>

**Scope of Work:** National RH Programme Steering Committee

**Purpose:**

The National RH Programme steering committee is the apex body responsible for reviewing the overall policy of the national Reproductive Health Programme.

**Composition:**

The Secretary of Health will convene and chair the national RH steering committee. The Director of the Family Health Division of the Department of Health Services will act as the member secretary.

Other members will include the secretaries of Law and Justice, Women and Social Welfare, Local Development, Ministry of Population and Environment, Ministry of Education and a representative of the National Planning Commission. Additionally, Directors of related Divisions and Centers of the Department of Health Services as well as selected representatives of concerned NGO/INGO and other multilateral and bilateral external aid partners will participate as members of the committee.

**Scope of Work:** National RH Programme Coordinating Committee

**Purpose:**

The National Reproductive Health Programme Coordinating Committee has been established to ensure functional coordination between all stakeholders in the National RH programme.

**Composition:**

The Director of the Family Health Division of the Department of Health Services/MOH will be the chairperson of the national RH programme coordinating committee. Members will include Directors of related Divisions/Centers within the Department of Health Services, representatives of concerned NGO/INGO and other multi-bilateral and bilateral external aid partners. The Chief of the Reproductive Health section of the Family Health Division will be the member secretary.