

# **Terms of Reference for Review of Reproductive Health Programme**

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## **1. General Background**

The maternal and child health service was started as an integral part of the primary health care package in 1970s to address the problems of high maternal, infant, under-five mortalities and high population growth rate in Bhutan. The MCH services included antenatal care, care during delivery, postnatal care, immunization of children and pregnant mother with tetanus toxoid, family planning etc. considering the need to address the broader aspects of Reproductive Health, the central programme was established in 1997 to plan and manage reproductive health policies and strategies.

Following the International Conference on Population and Development in 1994, Bhutan developed a comprehensive strategic plan on family planning, maternal and child health and full range of RH services. All efforts were intensified to implement the strategic plan successfully. The emergency obstetric and neonatal care services as a RH package were initiated at regional hospitals and later expanded to few district hospitals. The additional family planning methods were introduced while the expansion of cervical cancer screening was ardently undertaken.

The Royal Government's initiatives and measures have translated into substantial progress in key indicators of population and RH. The population growth rate almost halved from 3.1 in 1994 to 1.8 in 2005; infant mortality from a high of 70.7 in 1994 to 40.1 in 2005, and under five mortality from 96.9 to 61. The contraceptive prevalence rate almost doubled from 1994 (18.8) to 2000 (30.7). The health of the mothers also improved with significant increase in antenatal care coverage and trained delivery resulting in remarkable decline in maternal mortality ratio from 770 in 1984 to 255 in 2000.

The improvement in the reproductive health of general population and of women and children in particular is hugely attributed to the unstinted commitment and support from the Government, developing partners, health workers and all concerned stakeholders. The reproductive health awareness and education enhanced through the high level advocacy. The Fourth King issued a Royal Degree on Family Planning and wellbeing (1995) and the Goodwill Ambassador of UNFPA raised awareness and educated general population on reproductive health issues.

Despite remarkable achievements in the health indicators, the health sector is generally constrained by inadequate infrastructure and skilled professionals in addition to scattered settlements and rugged terrain. Its biggest challenge remains the health seeking behavior of people and demand generation for health services. The maternal and child health definitely needs improvement given their high mortalities. There is an undeniable need of addressing quality of care and generation of demands for health services.

## **Core Elements of Reproductive Health**

Following the reconstitution of the programme elements integrating the broader concept of reproductive health, these are the core elements of the programme:

- Safe Motherhood including emergency obstetric care
- Family Planning
- Newborn Care
- Screening and prevention of Cervical and Breast Cancer
- Reproductive Tract Infections (RTIs) including STI/HIV
- Prevention and management of Complications of Abortion
- Prevention and management of Infertility
- Adolescent Reproductive Health

## **Current Situations**

- Although the growth rate has reduced to 1.8% (2005) and total fertility rate to 2.6% (2005), there is still a need to strengthen and sustain the family planning services, particularly among the high proportion of young people. Since the Bhutan's population is still young with around 60% below the age of 25.
- Antenatal care attendance increased from 51% (2000) to 88% (2007). But there is still a need to encourage all pregnant women to attend the required number of ANC visits; continue educating mothers on institutional delivery, obstetric complications, postnatal care and family planning, and at the same time improving the quality of care to create demand for services.
- Number of deliveries at health facilities increased significantly since 2005 with the implementation of 100% institutional delivery policy. The rate of institutional delivery stands at 59.2 % while the deliveries attended by skilled birth attendant is 66.3%.
- Skilled care and Emergency Obstetric and Neonatal Care (EmONC) are critical for reducing maternal and neonatal deaths and morbidity. Therefore, the Ministry of Health needs to ensure that health centres have skilled birth attendants supported by life saving supplies and equipments while at the same time expanding the emergency obstetric care services across the country. This should contribute to improving institutional deliveries.
- Since the emergency obstetric care is a human resource intensive service, the EmOC centers have often remained non-functional because of lack of gynecologists or EmOC-trained doctors in Bhutan. This definitely underscores the need to develop skilled professional along with infrastructure and supplies.
- The maternal death investigation reports showed that a significant proportion of women die in early postpartum period. In addition to skilled care at birth, it also points out the importance of postnatal care. The Ministry must design some interventions for improving the coverage and quality of postnatal visit given its significance in reducing maternal and newborn mortalities and morbidities.

- PPH is the number one killer of mothers in Bhutan. One way to reduce or to prevent such deaths is to encourage all pregnant mothers to give birth in health centers where they could receive a standard care from the health workers. Besides promoting institutional delivery, there is a need to build capacity among the health workers on safe delivery and management of obstetric complications.
- Although infant mortality had come down remarkably, still the attention should be given to neonatal care and survival. Most of the neonatal deaths are preventable with simple interventions. All health workers must have skills in neonatal care and management.
- The number of HIV infection is increasing and the mother to child transmission is of serious concern with the current of 13 cases. The integration of RH and HIV / AIDS services is necessary that will not only reach wider population but also be more efficient in service delivery and cost effective.
- Extent of infertility prevalence is not known, however it is expected to be high because over 5% of Gyne-OPD cases are infertility cases. This is another area that needs urgent attention.
- Reliable data on adolescent sexual behavior is not available. The fertility data and age of mothers recorded in the clinics suggested that there is a sizeable proportion of teenage mothers, school dropouts amongst female are higher. These factors reliably indicate early initiation of sexual behavior among teenage females leading to health, social and economic consequences. Rising incidences of STIs is also reported.
- Only around 50% of BHUs render the Pap smear and VIA screening. Since most of our population lives in the rural areas and in order to reach wider communities, all BHUs must be enabled to deliver such screening service. And further improve cytology and post screening follow-up services.

## 2. Indicators and 10th FYP Targets:

Results Levels	Indicator Description	Baseline Indicator	10 <sup>th</sup> FYP Target
Impact Indicators	Infant Mortality Rate per 1000 live births	40.1 (PHC, 2005)	25
	Under Five Mortality Rate per 1000 live births	61.5 (PHC, 2005)	35
	Maternal Mortality Rate per 100000 live births	255 (NHS, 2000)	140
	Contraceptive Prevalence Rate	35 (BLSS,2007)	70
	Incidence of cervical cancer	40 (RH, 2005)	
Process Indicators	Percentage of delivery in health facilities	59.2 (AHB 2009)	80
	Proportion of pregnant women attended ANC	70 (HMIS, 2005)	100
	Proportion of mothers attended PNC	NA	> 90
	Number of Basic EmNOC Centers established	16	29 hospitals & BHU I
	Number of Comprehensive EmNOC Centers established	7	12
	Functional maternal and neonatal mortality committee in Dzongkhags	None	All Dzongkhags
	Proportion of women screened with Pap smear and VIA	20 (RH, 2005)	> 90
Establishment of infertility clinics	0	1	

### **3. 10th FYP Strategies:**

- Scale up institutional delivery/ensure skilled attendance at births
- Expand EmNOC services
- Intensify newborn care services
- Increase ANC and PNC coverage
- Increase universal access to family planning services
- Improve and expand Pap smear and VIA services
- Strengthen research capacity
- Initiate infertility management
- Intensify RH advocacy and awareness

### **4. Rationale for the review:**

- The last review was in 1994
- Changes in health needs due to demographic, social and economic transitions
- Commitments to millennium development goals and other regional and national goals on maternal, neonatal and child health
- Basis for the future needs and development of strategic plans

### **5. General objective of the Review:**

- To review the effectiveness and efficiency of the reproductive health program and to identify areas of programme strengthening

### **6. Specific Objectives:**

- a. To analyze the current situations of the reproductive health services in reaching the 10th FYP targets and MDG targets related to RH and ICPD targets
  - Progress and achievements
  - Gaps and constraints- Unmet needs
- b. To provide recommendations and directions for RH planning and future development.
  - Reproductive Health Strategies
  - Current system of service delivery
  - Community participation

### **7. Scope Of The Review:**

#### **a. Level of review:**

- **Policy level** (National policies and strategies for their relevance and effectiveness)

- 10<sup>th</sup> FYP
- RH policies
- HR policies focusing on RH providers
- RH commodity security and sustainability
- Resource mobilization
- **Governance**
  - MoH structure and functions
  - District health structure and functions
  - Financial allocations
- **RH Service delivery - efficiency of the system**
  - Service package
  - Human resources
  - Capacity building
  - Quality of care and assurance
  - RH logistics management system
  - M&E
- **Community participation and support**
  - Community roles and responsibilities
  - Capacity building
- **Coordination and collaborative efforts**
  - Stakeholders
  - Developing partners
- b. Thematic areas or components of review (each of the above will be applicable to these thematic areas)**
  - Emergency Obstetric and Neonatal Care Services – current and possible expansion
  - Midwifery Services-
    - Institutional - ANC, INC and PNC
    - Outreach clinics
  - Family Planning-
    - Status of FP indicators including method wise utilization
    - Commodity security
  - Cervical Cancer Screening Program-
    - Expansion
    - Cytology services
    - Post screening follow up services
  - Reproductive Tract Infections (RTIs) including STIs/HIV-
    - Current status
    - Availability of services
    - Integration of RH and HIV/AIDS services
  - Adolescent Reproductive and Sexual Health-

- Health promotion and advocacy
- Youth Friendly Health Services
- Adolescent pregnancy
- STI and HIV prevalence
- Infertility Services-
  - Availability of infertility service
  - Trend of infertility cases
  - Interventions

## 8. Methodology:

- **Desk review:**
  - Policies and strategies related to RH
  - 10<sup>th</sup> FYP health sector
  - Maternal and neonatal health documents.
  - Family planning documents/standards
  - EmONC reports from the districts
  - Maternal and neonatal death investigation reports
  - HMIS reports
  - Annual Health Bulletins
  - RH Research papers or NHS reports
  - Hospital and BHUs based reports
- **Consultative Meeting:**
  - Meeting with Health Secretary, Director General, Public Health Director, Chief Planning Officer, and relevant public health officials.
  - Consultative Meeting with gynecologists, pediatricians, medical officers, district health officers, midwives, neonatal nurses and BHU staff
- **Interview:**
  - The relevant health personnel
  - District and BHU health staffs.
- **Field visits:** (Refer Annexure I)
- **Observations during field visits:**
  - Reproductive Health statistics
  - Labor rooms
  - Drugs and equipments for maternal and neonatal health
  - ANC register, Partograph, Postpartum record
  - MCH handbook register
  - Family planning register and contraceptives stock
  - EmONC reports

- Maternal death investigation reports
- Neonatal death investigation reports

## **9. Deliverables:**

- Review methodology and assessment instruments
- Observation checklist for field visit
- Assessment report including:
  - a. SWOT analysis of reproductive health services at 3 levels- Policy, Health System and Community
  - b. Detailed recommendations including those related to sustainability
- Logical framework for reproductive health programme in reaching the 10<sup>th</sup> FYP targets and MDG targets related to RH and ICPD targets

## **10. Eligibility for Consultancy:**

- **Requirement/Qualification/ Experience/ Competencies of the consultant:**
  1. Team of 3-4 consultants comprising of expertise in Safe Motherhood, Newborn Health, Family Planning and Infertility, Adolescent Reproductive & Sexual Health and Community Health
  2. Advance degree in medicine, Public Health or related fields
  3. At least 10-15 years of experience in Reproductive Health fields/programs
  4. Prior experience on studies, review, assessment on RH
  5. Good analytical and report writing skills
  6. Has a conceptual and critical thinking

## **11. Duration of Consultancy:**

- Six weeks exclusive of travel ( Tentatively in May-June 2010)

### **Tentative Schedule:**

**1<sup>st</sup> week-** Meeting with concerned heads, desk review, presentation on methodology, Stakeholders meeting, Meeting with Technical Advisor, Visit to JDWNRH

**2<sup>nd</sup> week and 3<sup>rd</sup> week- visit** – Field trips (Regional Referral Hospitals, District Hospitals, BHU 1, BHU)

**4<sup>th</sup> week-** Analysis (SWOT, RHCS, HR)

**5<sup>th</sup> week-** Short presentation of the findings and report writing

**6<sup>th</sup> week-** Incorporation of comments/feedbacks from stakeholders, Technical Advisors & Donor Agencies, Debriefing and submission of final report

## **12. Funding Agents: UNFPA & UNICEF**

## **13. Mode of Payment:**

- UNFPA and UNICEF payment modes will be followed

## Annexure-I

List of selected health facilities:

<b>Eastern Region</b>	<b>Western Region</b>	<b>Central Region</b>
<b>Hospitals</b>		
Trashigang	Lungtenphu	Yibelaptsa
Lhuntse	Sipsu	Sapang
Yongpula	Tsimalakha	Bumthang
	Paro	
<b>BHU I</b>		
Jomotshankha I	Chuka I	Lhamoizingkha I
Rangjung I	Bali I	Pangbang I
Nganglam I	Gasa I	Zhemgang I
<b>BHU II</b>		
Ngatshang	Damji	Umling
Ganglaponng	Nobgang	Chuzergang
Muhung	Dumtoe	Pataley
Thrumchung	Kabjisa	Teki
Chokorling		Pangtang
junggina		Tshaidang
Bartsham		
Yangnyner		
RBP		