Facility Survey of Delivery Points in Panna District, Madhya Pradesh

Submitted by:

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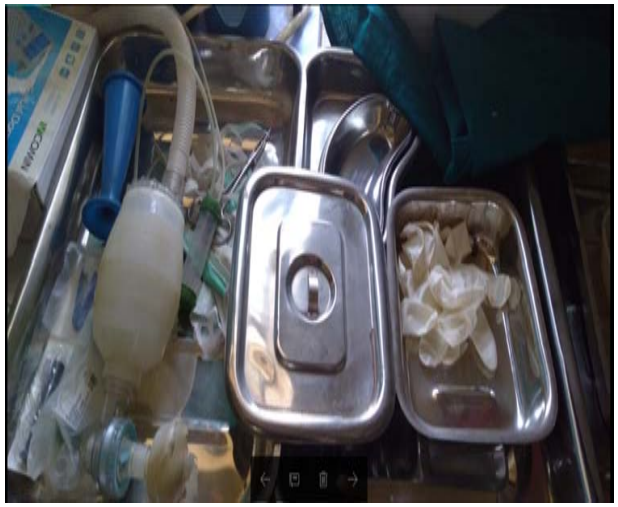
Rationale

- Each year in India, roughly 30 million women experience pregnancy and 28 million have a live birth.
- Of these, an estimated 69,000 maternal deaths and one million newborn deaths occur each year. In addition, millions more women and newborn suffer pregnancy and birth related ill-health.
- Thus, pregnancy-related mortality and morbidity continues to have a huge impact on the lives of Indian women and their newborn.

- High delivery load on public health facilities.
- Many Push factors work for high ID, JSY,JSSK, Incentives to ASHA, free referral, free drugs, free diet, counseling in VHND, etc.
- Unable to maintain basic protocols of care during ANC-Delivery –PNC viz. availability, functionality, and utilization of equipment, drugs or trained HR, Infection management, counseling, 48 hour stay, etc. Ultimately **sustenance of institutional Delivery rate is in question**.

Scenario of Institutional delivery- 1st Visit



Objectives

- To assess the current status in the availability of the required inputs.
- To assess the current status in the functionality of the required inputs
- To delineate the pattern of utilization of health services in the district Panna of Madhya Pradesh.

Methodology

Study Design

The study is mixed method study and employs a Descriptive, Cross-Sectional design that involves a closed ended questionnaire based survey.

Study Setting

The study was conducted in the delivery points in Panna district of Madhya Pradesh, during the months of February to April, 2017.

Sample Size

Sample size- 8 delivery points including 1 PHC, 6 CHCs and 1 DH out of 32 DPs. Out of 66(48 SN, 18 ANM), 36(25 SN, 11 ANM) were interviewed.

Sampling

Convenience Sampling in case of PHCs along with that all CHCs and 1DH included

Study Tool

For qualitative and quantitative data collection, Primary data is collected. Supportive Supervision Checklist is being used.

Data Collection Methods:

- Primary data will be collected by observing available staff in labor room, physical verification of availability and functioning of required infrastructure, drugs and equipment in the labor room.
- The checklists were filled either by direct observation or by asking the concerned staff(Staff Nurses, ANM) on duty about the listed services or equipment.

Demographic Profile

Indicators	National	State	Panna District
1. Maternal Mortality Ratio	167	221	322
2. Neonatal Mortality Rate	28	42	43
3. Infant Mortality Rate	40	54	85
4. U5MR	52	69	127
5. Total Fertility Rate	2.4	2.9	4.1
6.Crude Birth Rate	21.6	24.5	31.3
7.Crude Death Rate	7	7.7	11.3
8.Sex Ratio	940	930	959

Child Survival Statistics- District Panna (MP)

Indicators	AHS 2011-2012	AHS 2012-2013	Yearly Change
1.Infant Mortality Rate	90	85	5
2. Neonatal Mortality Rate	65	61	4
3.Post NMR	25	24	1
4. U5MR	133	127	6
5. Maternal Mortality Ratio	386	322	64

Results and Findings

1. Labor Room

	Separate Labor Room	7 Trays Available	Functional Kelly's Pad(Rubber)	BMWM	Privacy	16 Protocols	Functional NBCC
Raipura	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Gunnor	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pawaii	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Amanganj	Yes	No	No	Yes	No	Yes	No
Ajaygarh	Yes	No	No	No	No	No	No
Shahnagar	Yes	No	No	Yes	No	No	No
Devendra nagar	Yes	Yes	No	Yes	Yes	Yes	Yes
DH Panna	Yes	Yes	Yes	Yes	Yes	Yes	Yes

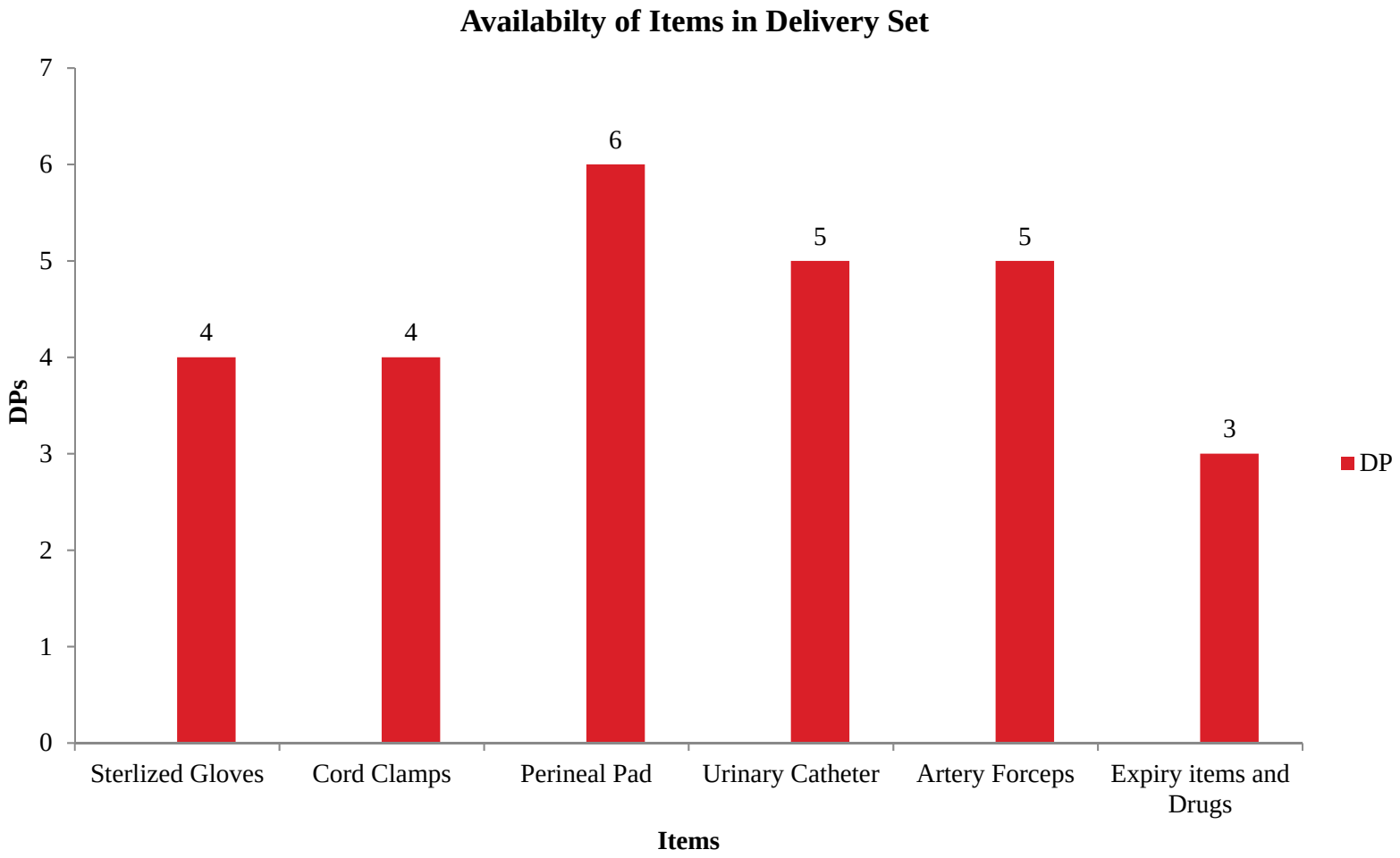
2. Practices

	Partograph	AMTSL	Initiating Early Breast Feeding	Inj. Vit K1	0 Day Immunization
Raipura	Yes	Yes	Yes	Yes	Yes
Gunnor	Yes	Yes	Yes	Yes	Yes
Pawaii	No	Yes	Yes	Yes	Yes
Amanganj	No	No	Yes	Yes	Yes
Ajaygarh	No	No	Yes	Yes	Yes
Shahnagar	No	No	Yes	Yes	Yes
Devendra nagar	Yes	Yes	Yes	Yes	Yes
DH Panna	Yes	Yes	Yes	Yes	Yes

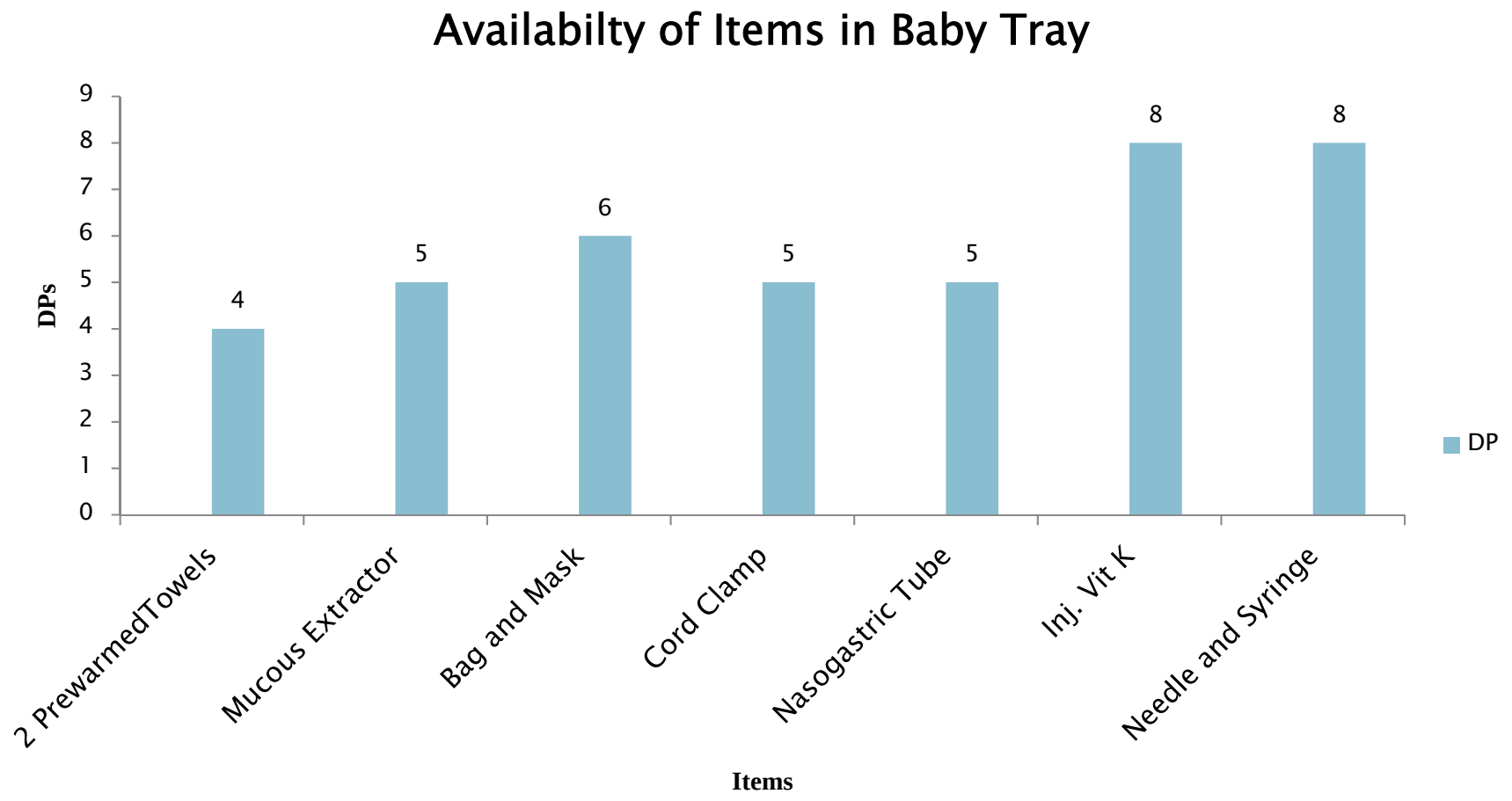
3. Equipment

	Autoclave	Delivery Kit
Raipura	No	Yes
Gunnor	No	Yes
Pawaii	No	Yes
Amanganj	No	No
Ajaygarh	No	No
Shahnagar	No	Yes
Devendra nagar	Yes	Yes
DH Panna	Yes	Yes

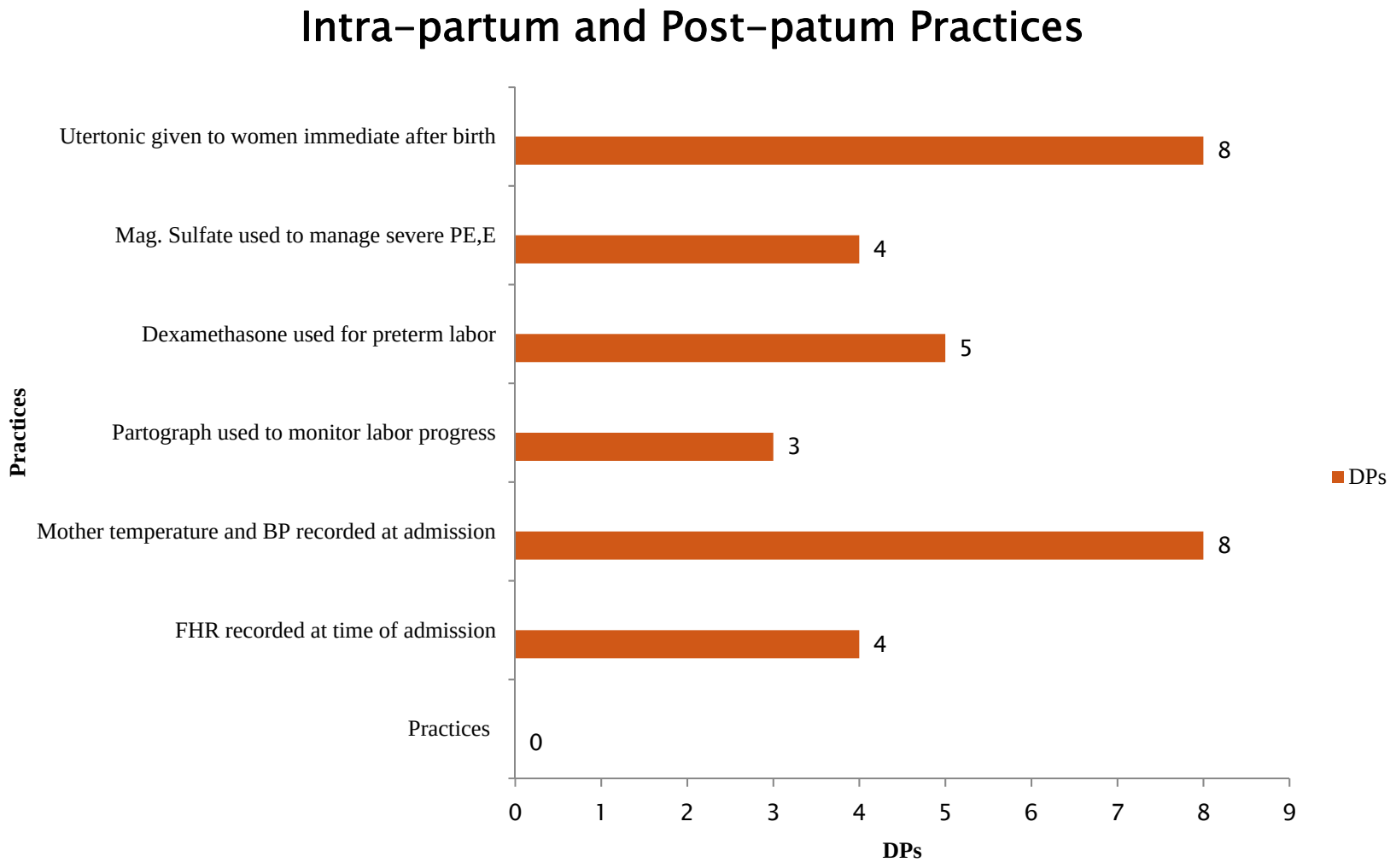
4. Delivery kit



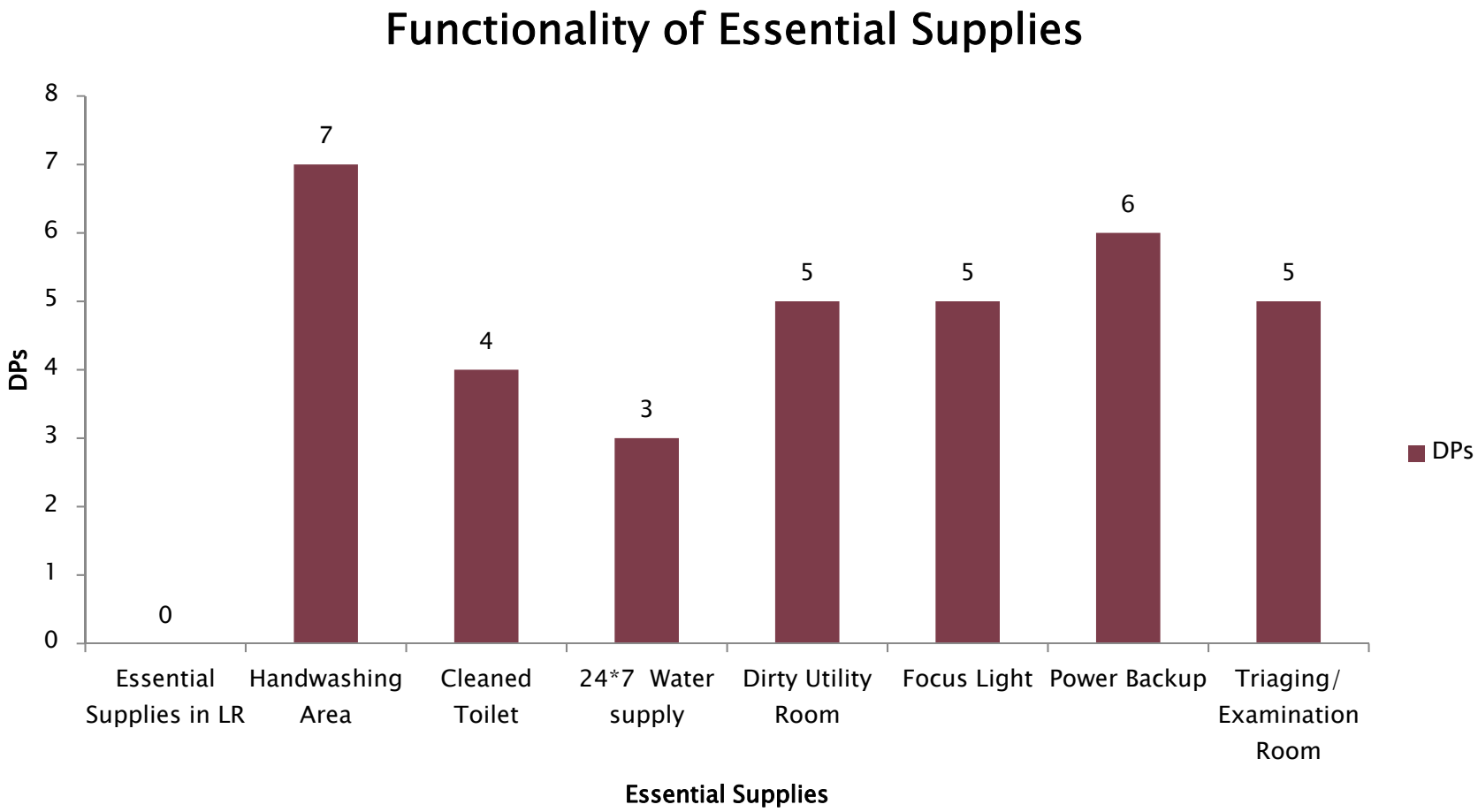
5. Baby Tray


Availabilty of Items in Baby Tray
DPs
9
8
7
6
5
4
3
2
1
0
4
5
6
5
5
8
8
2 PrewarmedTowels
Mucous Extractor
Bag and Mask
Cord Clamp
Nasogastric Tube
Inj. Vit K
Needle and Syringe
Items
DP

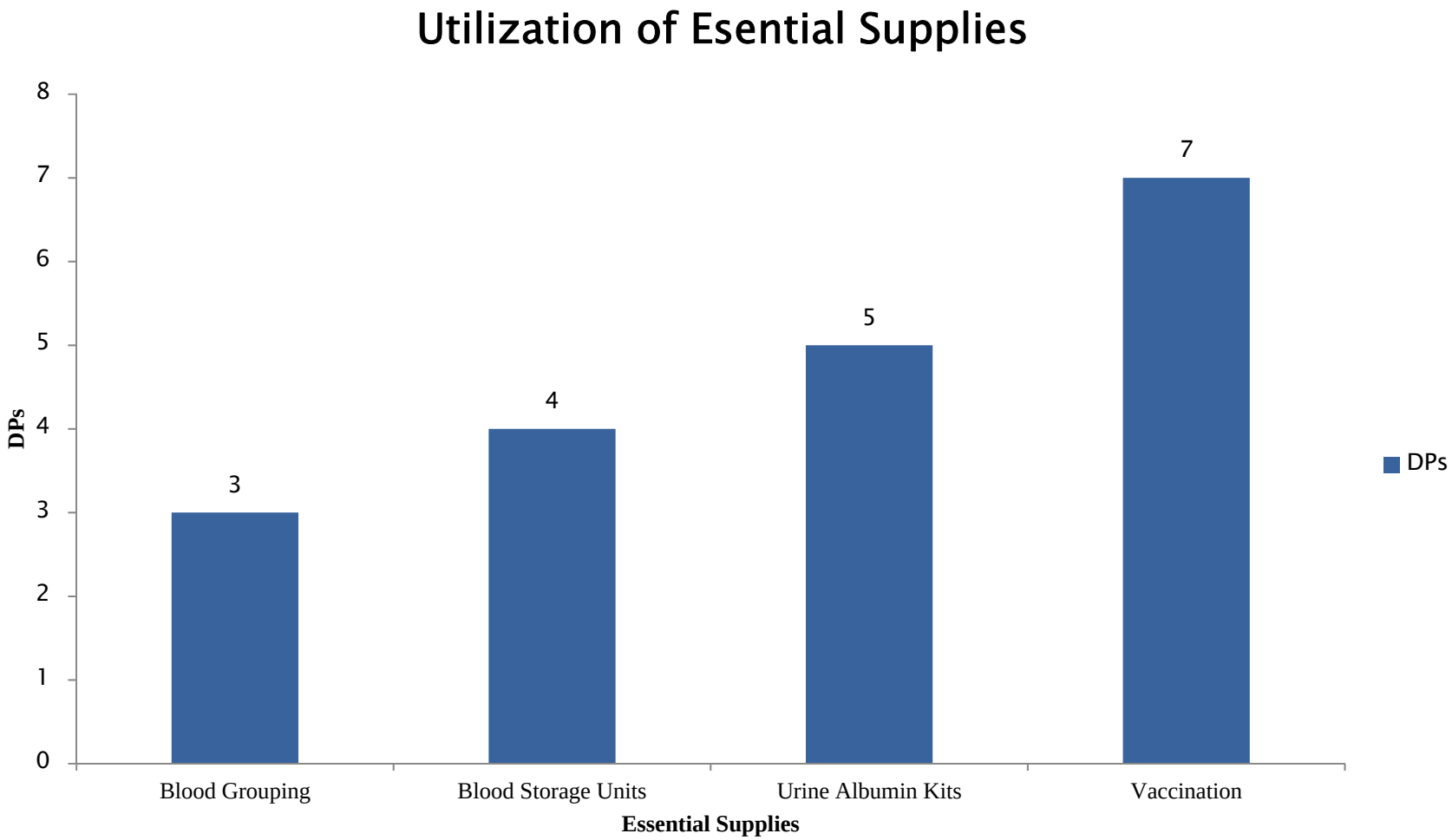
6. Intra-partum and Immediate Post –Partum Practices



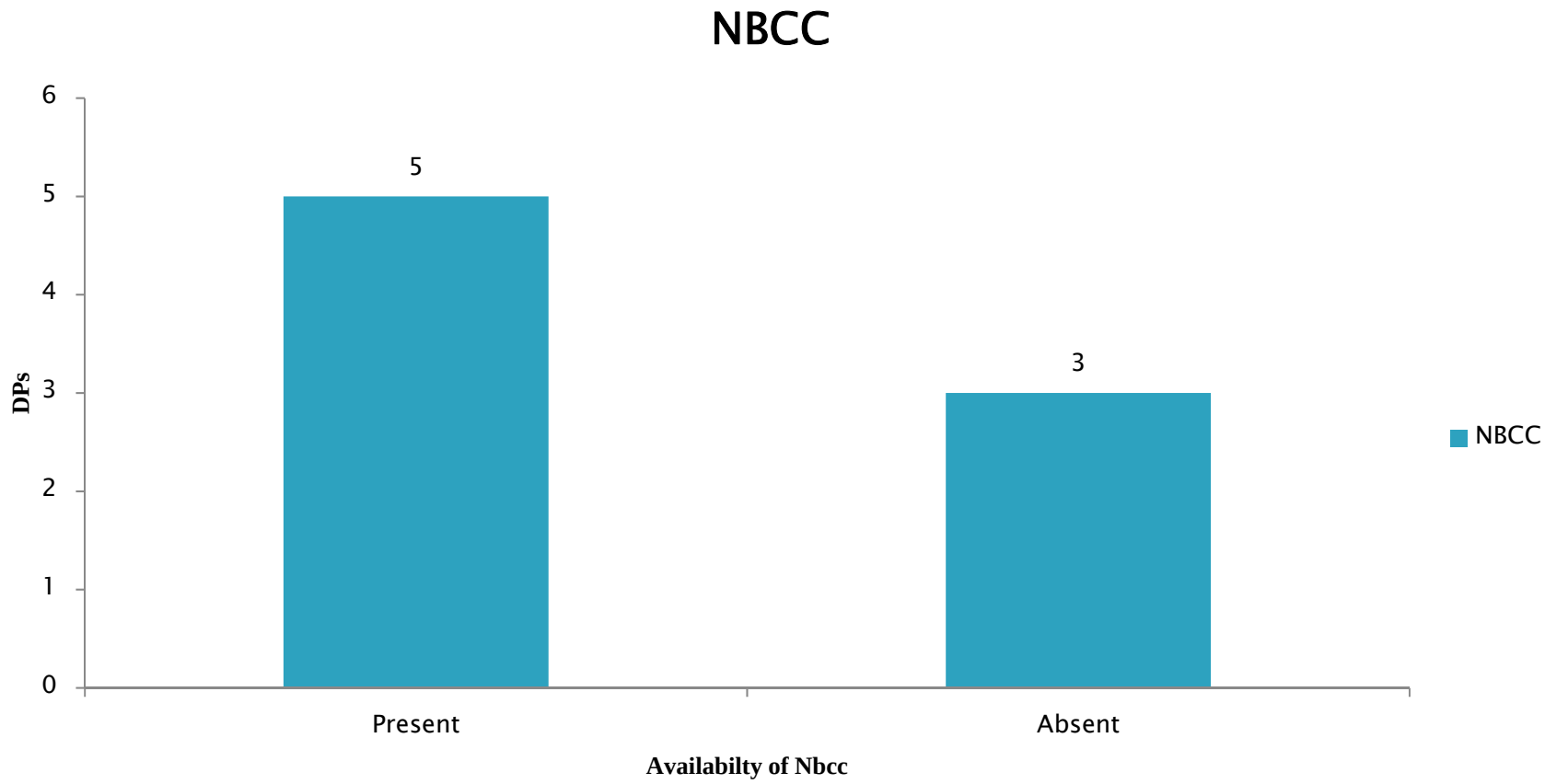
7. Functionality of Available Essential Supplies



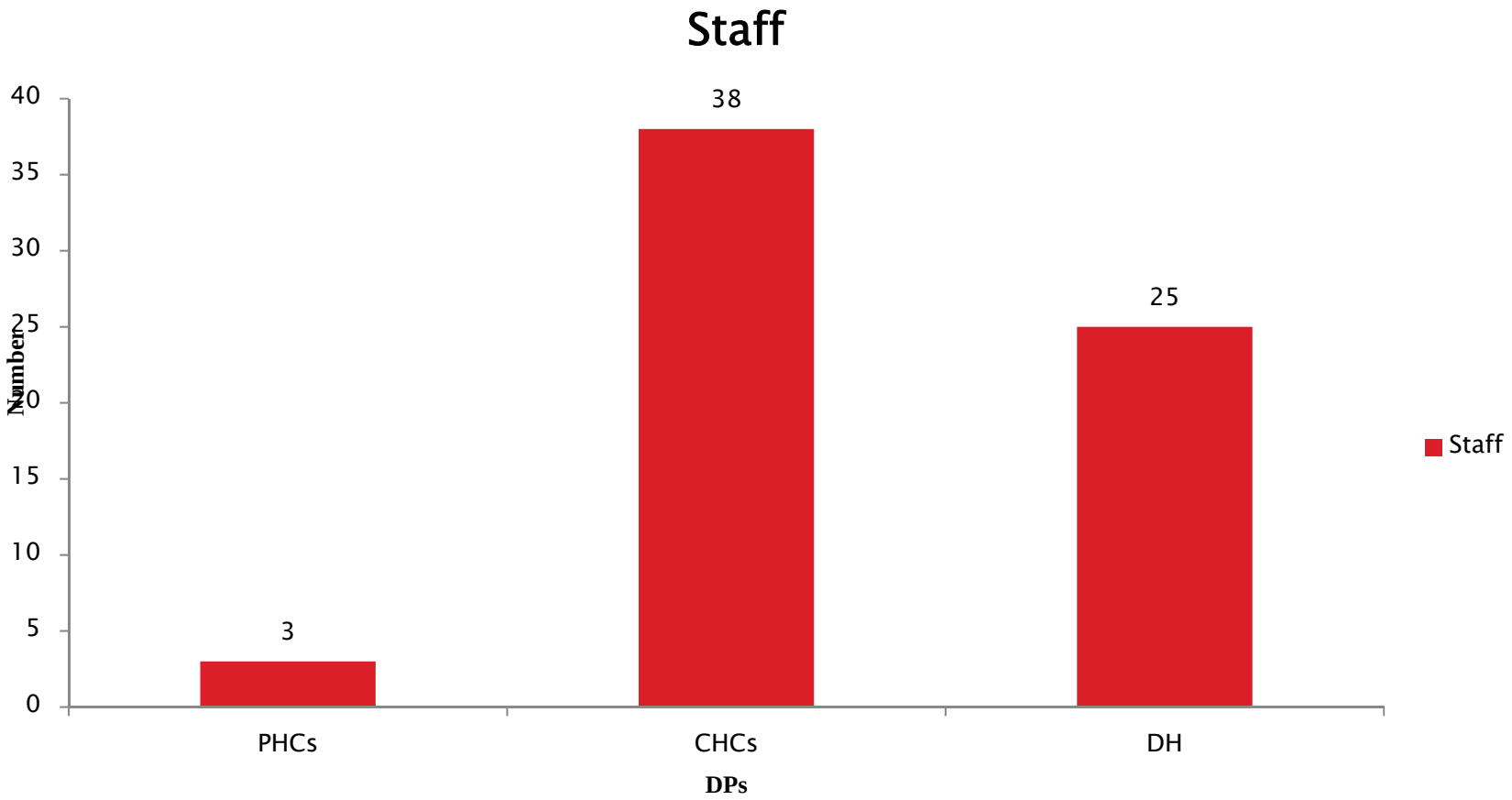
8. Utilization of Essential Supplies



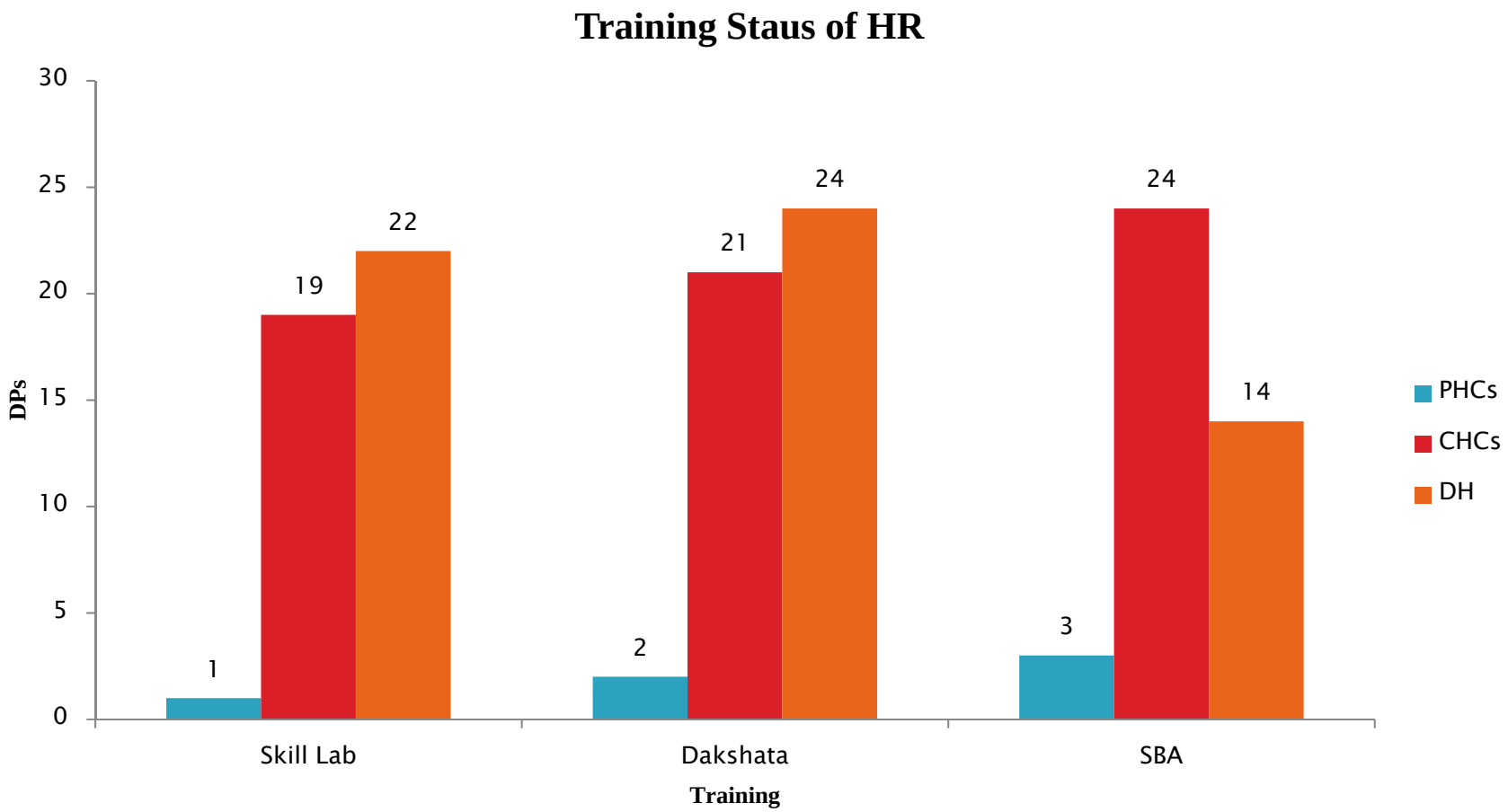
9. New Born Care Corner



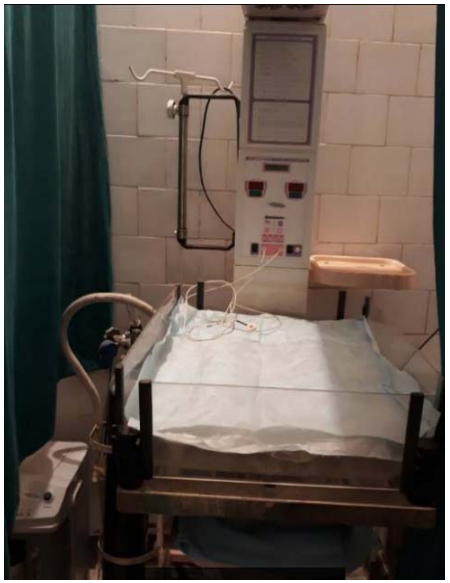
10. Human Resource



11. Training


Training Staus of HR
30
25
20
15
10
5
0
DPs
1
19
22
2
21
24
3
24
14
Skill Lab
Dakshata
SBA
Training
PHCs
CHCs
DH

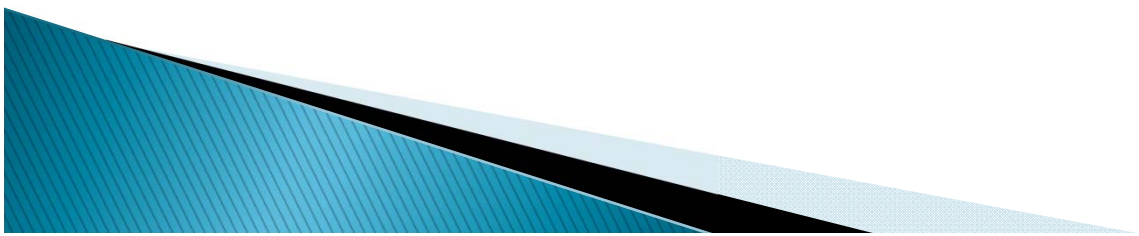
Present scenario of DPs at 2nd visit



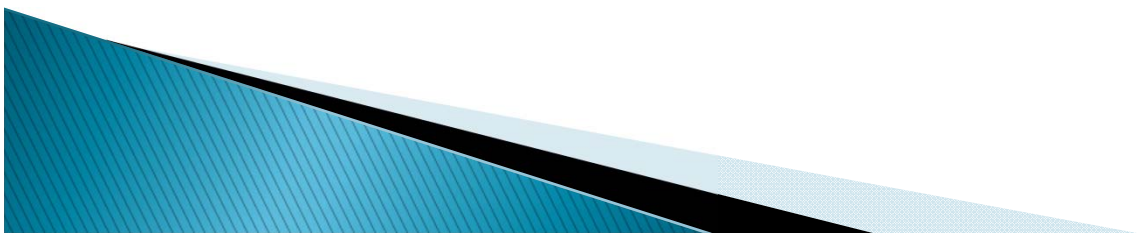
Conclusion

- Around 70 percent of maternal deaths can be prevented by small intervention which required availability and functionality of adequate essential equipment, drugs, skilled human resource, and infrastructure (WHO 2014).

- As is evident from the study, the load of Maternal Deaths and Neonatal Deaths can be reduced to a large extent if all the protocols regarding infrastructure, equipment and drugs, trained Human resource are followed as per the guidelines and standards.
- Also the procedures which are to be followed in the labor room as well as during PNC are to be as per the standards.



- All these factors combined, along with a positive supportive supervision and good communication at all levels (block-district-state) in order to converse and fill the gaps, are the key to deliver satisfactory services to pregnant women.
- Only planning and initiating programs once is not the way to meet the goals or objectives of any programme. For this, regular monitoring and supervision is required, starting right from the ground level up to the highest administrative level. Only then will the gaps be identified in time, and corrective measures planned and appropriate action taken.




Thank You