Situation Analysis of RMNCH+A Services in Health Facilities of Siwan District, Bihar

By

Kirti Dhamija

Dissertation submitted for the partial fulfillment of the
MBA Hospital and Health Management

Academic year, 2016-2018

The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Sanganer, Airport
Jaipur 302029, Rajasthan
Ph: 0141 3924700, Fax: 3924738
Website: **www.iihmr.edu.in**

Situation Analysis of RMNCH+A Services in Health Facilities of Siwan District, Bihar

By

Kirti Dhamija

Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2016-2018

Care India, Bihar

The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Sanganer, Airport
Jaipur 302029, Rajasthan
Ph: 0141 3924700, Fax: 3924738
Website: **www.iihmr.edu.in**

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVERMAY CONCERN

This is to certify that **Dr. Kirti Dhamija** student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training in **CARE India** from **5th-Feb - 2018 to 5th May-2018.**

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.
The Internship is in fulfillment of the course requirements.

I wish her all success in all her future endeavors.

Dr. (Col) Ashok Kaushik
Dean, Academics and Student Affairs
The IIHMR University, Jaipur

Dr.S.D. Gupta
Chairman
The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141- 3924700, 2791431- 32, Fax: 0141 3924738, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

CARE INDIA
14, Patliputra Colony
Patna - 800 013, Bihar
Tel : 0612-2274957 / 2274389 / 2270464
Fax : 0612-2274957
www.careindia.org

The certificate is awarded to

Dr. Kirti Dhamija

In recognition of having successfully completed her
Internship in the department of

Bihar Technical Support Program,

and has successfully completed her Project on

"Situation analysis of RMNCH+A services in health facilities of Siwan, Bihar."

Date: 07.05.2018

Care India

She came across as a committed, sincere & diligent person who has a strong drive and zeal for learning

We wish her all the best for future endeavors.

Deputy Director HR & OD

IIHMR UNIVERSITY

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **SITUATION ANALYSIS OF RMNCH+A SERVICES IN HEALTH FACILITIES OF SIWAN DISTRICT, BIHAR** and submitted by **Dr. Kirti Dhamija** Enrollment No. **0434** under the supervision of **Dr. S.D. Gupta** for award of MBA in Hospital and Health Management of the University carried out during the period from **05/02/2018 to 05/05/2018** embodies my original work and has not formed the basis for the award of any degree, diploma associateship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Signature

ACKNOWLEDGEMENT

At first I would like to acknowledge my sincere thanks to Indian Institute of Management and Research , for giving me the opportunity and platform to gain knowledge and develop skills in the field of Health Management.

Most importantly I would like to take the opportunity to thank Dr. S.D. Gupta , Chairman IIHMR , Jaipur, I would extend my thanks to sir for being my Guide during this journey and Dean Dr. Ashok Kaushik Academics and Student affairs IHMR for helping me and supporting me whenever required .

I would also like to thank Prof . Dr . Nutan P.Jain , IHMR Jaipur for giving me strength across the course of internship and guiding me at every phase .

I am grateful to CARE India for giving me the opportunity and providing me the best learning experience. I would like to thank my supervisor D r. Srinivas Panickar Kodiyath , State Program Manager , CARE India for supporting me for giving me and guiding me all throughout this duration. I would like to thank Civil Surgeon, Siwan District Dr. Jha for giving me the chance to carry out the study in the District, I would like to sincerely thank my District resource unit including Block Managers and Family planning Coordinators who have given me immense support in carrying out the study.

Lastly I would like to thank my Family for giving me the constant encouragement to move ahead with positivity.

Kirti Dhamija

ACKNOWLEDGEMENT

At first I would like to acknowledge my sincere thanks to Indian Institute of Management and Research , for giving me the opportunity and platform to gain knowledge and develop skills in the field of Health Management.

Most importantly I would like to take the opportunity to thank Dr. S.D. Gupta , Chairman IIHMR , Jaipur, I would extend my thanks to sir for being my Guide during this journey and Dean Dr. Ashok Kaushik Academics and Student affairs IHMR for helping me and supporting me whenever required .

I would also like to thank Prof . Dr . Nutan P.Jain , IHMR Jaipur for giving me strength across the course of internship and guiding me at every phase .

I am grateful to CARE India for giving me the opportunity and providing me the best learning experience. I would like to thank my supervisor D r. Srinivas Panickar Kodiyath , State Program Manager , CARE India for supporting me for giving me and guiding me all throughout this duration. I would like to thank Civil Surgeon, Siwan District Dr. Jha for giving me the chance to carry out the study in the District, I would like to sincerely thank my District resource unit including Block Managers and Family planning Coordinators who have given me immense support in carrying out the study.

Lastly I would like to thank my Family for giving me the constant encouragement to move ahead with positivity.

Kirti Dhamija

Contents

List of figures

List of abbreviations:

ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
BEmOC	Basic Emergency Obstetric Care
BMW	Biomedical Waste Management
BSU	Blood storage Unit
CHC	Community health centre
DH	District hospital
EmOC	Emergency Obstetric Care
FRU	First Referral Unit
IEC	Information , education and communication
IPD	In patient Department
IUCD	Intra uterine contraceptive device
KMC	Kangaroo mother care
MDG	Millennium development goals
NBC	New born care
NBCC	New born care corner
LR	Labour room
PHC	Primary health centre
PNC	Post natal care
RCH	Reproductive and child health
RMNCHA	Reproductive , Maternal , New born, Child and Adolescent health

List of appendices

Annexure 1 : Demographic profile of Siwan District , comparison of Health profile of Siwan , Bihar and India .

Instrument : Checklist for Supportive supervision of RMNCH+a services.

Situation Analysis of RMNCH+A services in health facilities of Siwan District, Bihar

Introduction

RMNCH+A strategy determines the effectiveness of key and important interventions by the coverage achieved among the target population which needs to be indicated in terms of the availability, acceptability, utilization of services and quality of services delivered to the community. The main objective of this situational analysis is to understand the gaps in the implementation of a set of strategic RMNCH+A interventions across life stages, so that a baseline for monitoring the progress of RMNCH+A is established that can also be used for setting targets and strategies by the district administration. This situational analysis of Siwan district is based on intensive review of available data, review of literature , data collected from the facilities, review of data of HMIS and discussions with officials and service providers at various levels. The study presents assessment across components like : health status and utilization of RMNCH+A services at the facility level.

RMNCH+A services:

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

"This approach acknowledges that differences in life chances arise largely due to the wider determinants of health that include the socio-economic conditions in which children are born, and are forced to grow and live. Gender inequalities, illustrated by the skewed child sex ratio, shape women's

daily lives while playing a major role in determining their health and well-being as also the health of their children. Achieving MDG 3, the empowerment of women, is therefore key to achieving MDG 4 and 5. A cohesive action by the Government integrating cross-sectoral efforts is needed to tackle these challenges. While recognizing the need for wider action, this RMNCH+A strategic approach focuses on what the Health Delivery System can do to help achieve maternal and child health goals."

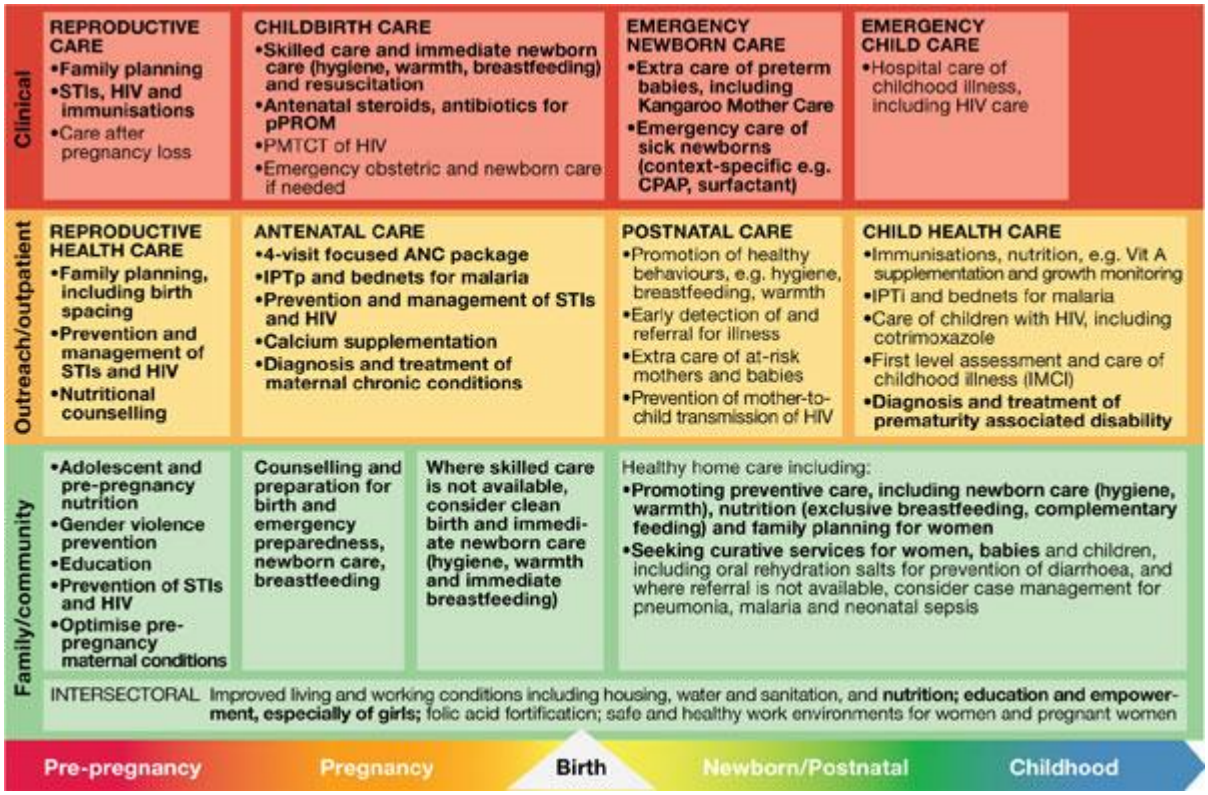

Fig 1: RMNCH+A strategy

RMNCHA indicators in India

S.No.	Indicator	Source	India
1	MMR	SRS 2009	212
2	IMR	SRS 2011	44
3	NMR	Census 2011	33
4	Institutional deliveries(percentage)	NFHS 4	40.8
5	TFR	SRS 2011	2.4
6	Early neonatal mortality rate	Census 2011	25

Review of literature

According to NFHS-4, Among mothers who gave birth in the five years preceding the survey**,** data indicates that only 21 percent mothers have received four or more ANC visits. 40 percent women received ANC check-up in the first trimester, 9 percent mothers received full ANC check-up.

Women who ever die as result of complications during and following pregnancy and childbirth. Most of these complications develop during pregnancy and process of delivery and most are preventable or treatable. Each and every woman needs access to antenatal care in pregnancy, skilled care during childbirth, and care and support in the weeks after childbirth. Poor women in out-reach areas are the least likely to receive adequate health care. Factors that were preventing women from seeking and receiving care during pregnancy and childbirth are: poverty, distance, lack of information, inadequate services & cultural practices. To improve maternal health, hurdles that limit access to quality maternal health services must be identified and addressed at all levels of the healthcare system. Despite of direct, indirect, and co-incidental causes, there are also logistic causes that is failure in the health care system, lack of transport, lack of manpower and apathy towards patient care. (Sanjay Gole, 2015)

"According Sanjib Saha , The continuum of RMNCH covers a large portion of the lifespan from birth through the reproductive age. Further research is needed to measure the socio-economic impact of RMNCH, including identification of the most cost-effective policy and interventions for prevention, reduction, and elimination of the complications of RMNCH."

"RMNCH encompasses health problems across the life course from adolescent girls and women before and during pregnancy and delivery, to new born and children. An important conceptual framework is the continuum-of-care approach in two dimensions. One dimension recognizes the links from mother to child and the need for health services across the stages of the life course. The other is the delivery of integrated preventive and therapeutic health interventions through service platforms ranging from the community to the primary health center and the hospital.(Black RE , Walker N)"

"Supportive supervision is a promising approach to improve routine data collection for M&E of community-based programs. It can increase staff capacity to collect, manage, and use data and improve leadership capacity to make decisions based on collected data. By enhancing a program's capacity to synthesize and disseminate information, it also contributes to the larger goal of health systems strengthening. (Marshall A, Fehringer J)"

"Health workers perceive improvement in their performance and attributed to the supportive supervision that they had received from their supervisors following the intervention. (tavires hadis , Mohsin shedade)"

OBJECTIVE

a. To review the guidelines of RMNCH+A Program and National RMNCH+A supportive supervision guidelines, related to standard operating procedures.

b. To analyze RMNCH+A data based on the supportive supervision checklist.

To study the processes being implemented under RMNCH+A subjecting to availability, accessibility of services, also various other aspects affecting quality of services

d. To identify gaps in Infrastructure, human resources, capacity and resource availability needed to deliver a set of key RMNCH+A interventions in facilities and communities in the district.

Research Question

What is the current situation of RMNCH+A services in Health facilities of Siwan ?

Rationale of Study

RMNCH+A approach essentially addresses the major causes of mortality among women and children as well as the delays in accessing and utilising health care and services. The RMNCH+A strategic approach document has been developed to provide an understanding of 'continuum of care' to ensure equal focus on various life stages. It is being increasingly recognized that while increased investment in healthcare is leading to improved coverage (such as of institutional births, immunisation etc), improvement in quality of care has not been commensurate.

Supportive Supervision within the healthcare context implies regular and dependable interaction between a health provider and a more experienced professional; it helps to identify and solve problems, improve services and advance skills and knowledge.

The RMNCH+A strategic approach recognizes the need to strengthen supportive supervision of frontline workers (ASHAs, ANMs) and service providers (Staff Nurses and Medical Officers) to bring about integration of primary care services, improve quality, enhance skills and skill application. The key challenges in providing supportive supervision are:

• Inadequate numbers of supervisors within the system.

• Restricted mobility of supervisors constraining the field supervision

• Lack of 'supportive' skills due to lack of training

• Absence of authority to ensure compliance

• Vertical programs with vertical supervision leading to fragmentation

• No clear guidelines for supportive supervision; and

• Absence of a supportive supervision policy.

There is clearly a need to promote Supportive Supervision Policy with clear line accountabilities, authority and support structures to institutionalise this mechanism in the long term.

Facility level checklist helps to identify real time gaps, and thereby enables the system to address these locally, at sub-district/district and state levels. The Standard Operating Procedures (SOPs) for conducting Supportive Supervision have been developed to structure the supportive supervision visits

to monitor quality of care and to ensure attention to adequate availability of the essential supplies & equipment, and to increase adherence to evidence based clinical guidelines

Ethical Consideration

Written Informed consent will be taken prior to administration of any data collection securing there confidentiality and confirming that this study is not for official purpose but only for academic purpose. Permission for doing this study work was taken from the CS sir (Civil Surgeon) and informed consent taken from all the respondents. Confidentiality of the data was maintained.

Methodology

Study design : A descriptive, Cross-Sectional study design had been chosen as it described the status and characteristics of the current situation.

Study area: The study was done in Siwan district. The study was conducted in all government facilities those are providing delivery services that includes District hospital, Sub district hospital, Referral Hospital, 24 X7 PHCs.

Facility level assessments: This included an assessment of functional delivery units including SBA, BEmONC and CEmONC level facilities . This will also include LR, NBCC Unit , Sick Newborn Care Units (SNCUs).

Sources of Data: The data for this study was collected from different health facilities in the district depending upon observation and records.

Study duration: The study is conducted over a period of three months started from 5th Feb 2018 to 5h May 2018.

Sample Size : :As this study was facility survey and in those facilities that offer delivery points it Includes 1 District hospital, 1 Sub district hospital, 3 Referral Hospitals , 14 24 X7 PHCs.

Table B : List of facilities assessed in study :

S. No.	Name of Block	Type of facility

1	Siwan	District Hospital
2	Maharajganj	Sub district Hospital
3	Barharia	PHC
4	Pachrukhi	PHC
5	Nautan	PHC
6	Hussainganj	PHC
7	Guthani	PHC
8	Lakhrinabiganj	PHC
9	Maharajganj	PHC
10	Andar	PHC
11	Darauli	PHC
12	Daraundha	PHC
13	Basantpur	PHC
14	Bhagwanpur	PHC
15	Goreyakothi	PHC
16	Ziradei	PHC
17	Mairwa	FRU
18	Raghunathpur	FRU
19	Siswan	FRU

Sampling technique: Universal sampling, listing of facilities was done and planned accordingly.

Data Collection Procedure: Data collection procedure was done through face to face interview with the nodal person of the facility, ANMs and clients. Information was verified from records like facility register (ANC , PNC, FP, Labour room) to know the work done in maternal health care utilization and observation also made at so many points like equipment present or not , availability of consumables and supplies, infrastructure of the facility.

Data collection instrument: Referred National RMNCH+A supportive supervision, standard operating procedures facility level checklist with certain modifications to it.

Data analysis procedure: Data was analysed by using Ms Excel.

FINDINGS

Section I: Physical Infrastructure
Section II: Human Resource
Section III: Equipment
Section IV: Drugs and Supplies
Section V: Referral Services
Section VI: Infection Prevention
Section VII: Service delivery indicators

SECTION I: PHYSICAL INFRASTRUCTURE

The physical infrastructure of a health facility refers to access of building, state of the buildings, services like water , electricity backup , handwashing area , toilet near delivery room and in some cases Blood storage Units , blood bank depending upon the type of facility.

The District Hospital is working in Sub Divisional hospital building in Siwan sadar, the Sub divisional hospital on the other hand has a complete building but and there are many areas which are non-functional. In case of the PHCs out of 14, 10 had shifted to CHC buildings rest were in the process of shifting or under construction. All the buildings are government buildings none is shared or rented.

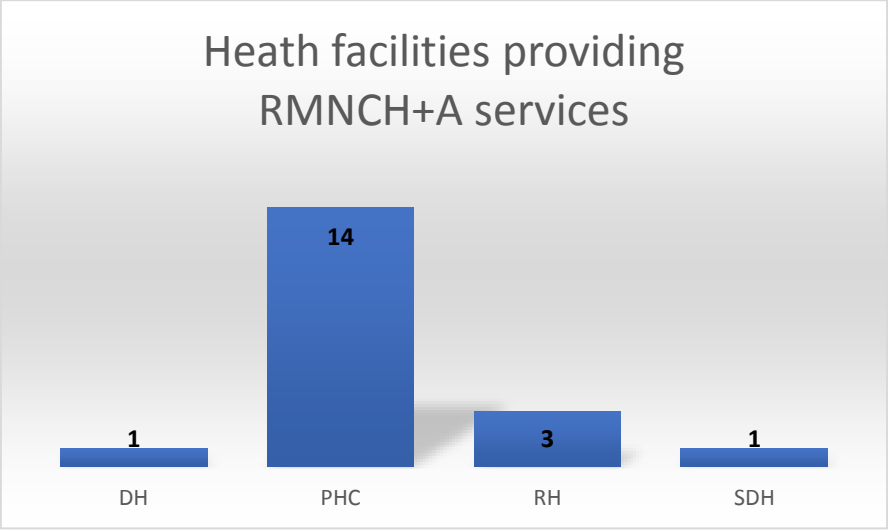

Fig 2 : Health facilities providing RMNCH+A services in Siwan district

As per the observation it was found that there was presence of hand washing area in all 19 facility but only 7 out of 19 facilities had hand washing area nearly as per LR Guidelines 2016, others \were short of either elbow taps, soap, presence of steel sink. In case of hand washing protocol, all percent facilities had the protocols out of which only a few had it in required places.

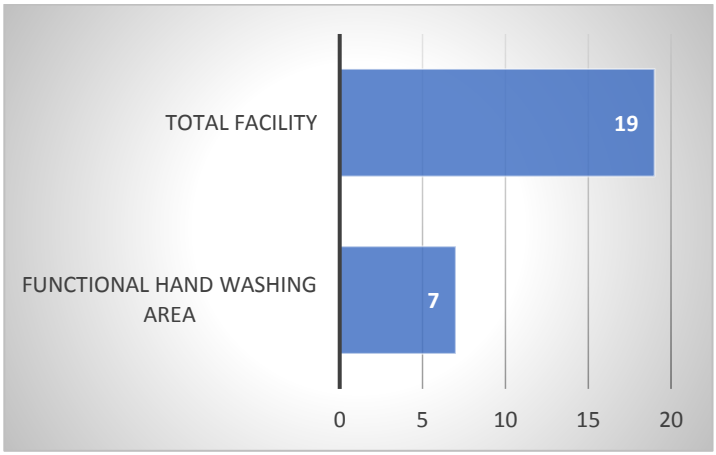

Fig : 3 Fully functional hand washing area

- Availability of power supply and water is essential to provide quality care in all health facilities. All the facilities had Electricity backup and there presence of water in all the facility .
- Regarding the toilets near or within the labour room , 14 facilities had the services but there was issues regarding regular cleaning of the area . The main reason behind this was lack of collaboration and pending payments of the workers at they were outsourced from another agency.

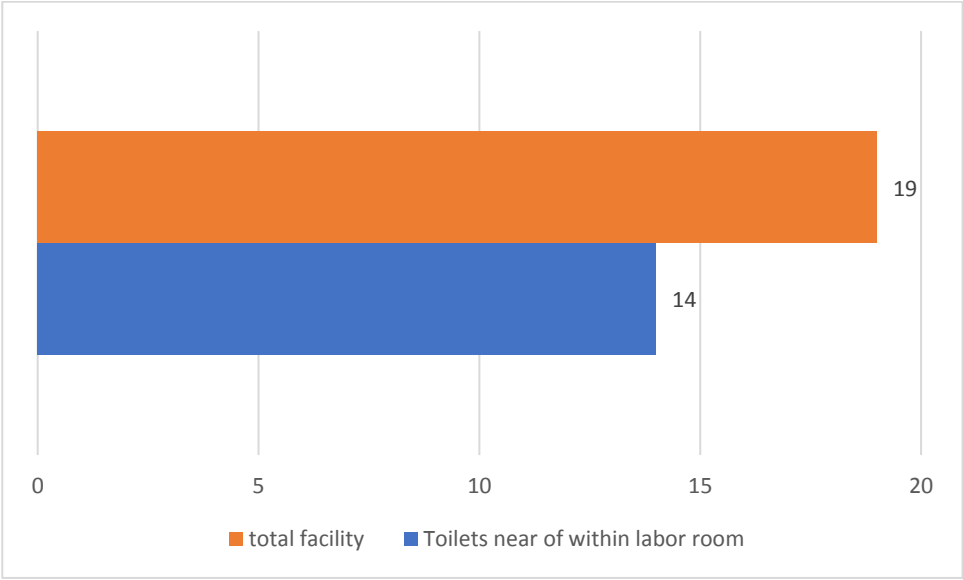

Fig 4 : Toilets near and inside labour room.

- Blood storage units were proposed at 2 FRU , Mairwa and Siswan where the places have been designated , equipment have been setup and are undergoing the licensing process.
- Blood bank services are available in both SDH and DH of Siwan district.
- Renovation and reconstruction was required in Few blocks mainly Raghunathpur FRU, Darauli PHC, Nautan PHC, DH Siwan , Ziradei PHC.

SECTION II: Human Resource

A sufficient manpower is required to deliver the services at the health facilities effectively and there is always requirement of supportive staff for delivering services with quality is not possible without contribution of the support personnel. Health system various staff in different levels of the facility.

In Case of PHCs , all have minimum 2 Medical officers are posted at the facility and there was presence of minimum 1-2 ANMs per shift in the labour room. Some PHCs have lack of ANM staff as they work in both facility and outreach services which makes it difficult to provide quality care.

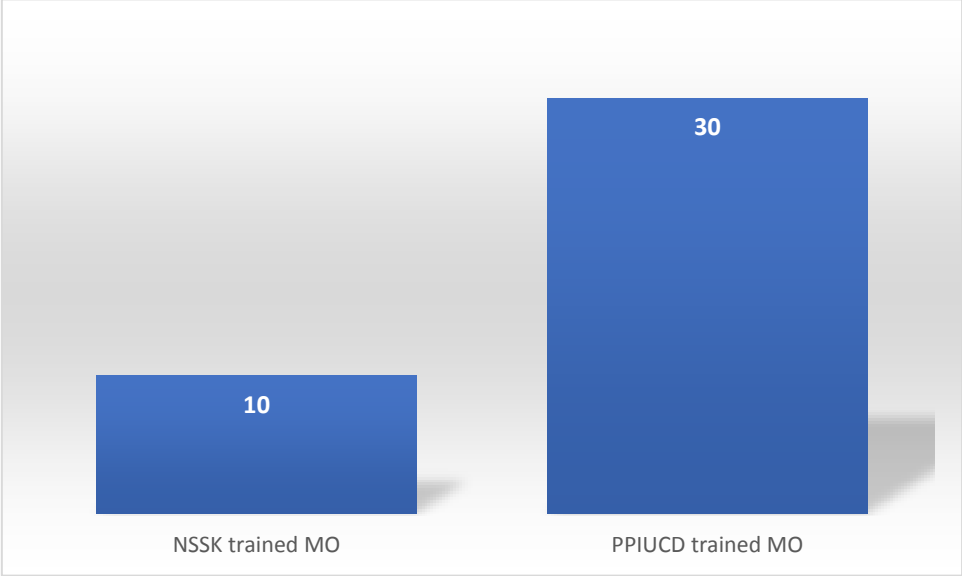

Fig 5: Training status Medical officers (total medical officers = 57)

Due to lack of training and knowledge a lot of ANMs and Medicals officers were unable to perform certain procedures and desired level of care could not be delivered.

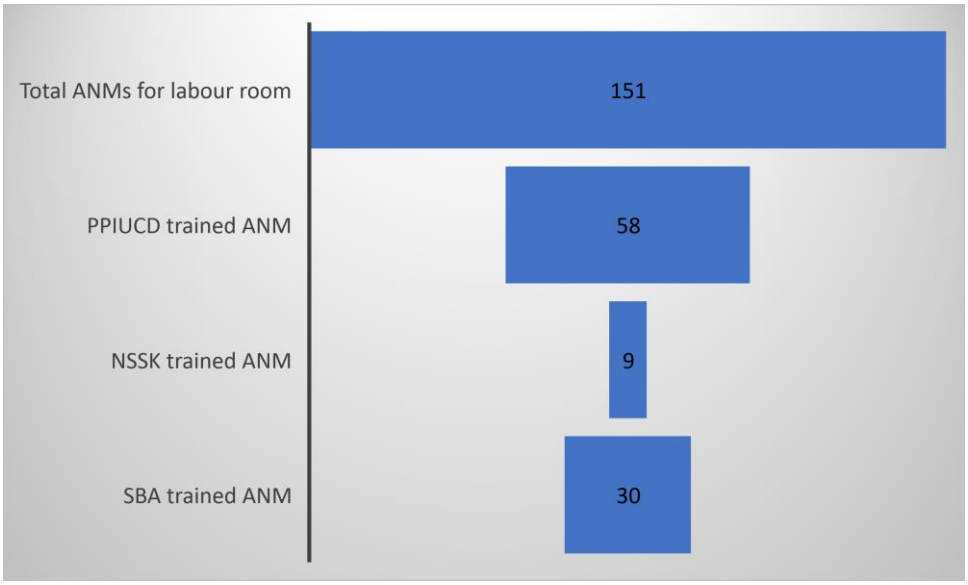

Fig 6:Training status of ANMs in Labour room

As per requirement there was absence of staff nurses as they are only 7 in the whole district out of which 2 are posted in SDH and rest were appointed in District Hospital. There is requirement radiologist in DH. Similarly One of the main requirements if AH counsellor that was absent in all facilities.

In DH, there was presence of gynaecologist, paediatrician, General Surgeon, Medical officer, Lab technician, anaesthetist and other specialists to provide support such services. At this level there is increased load of services, hence it is very important for the health system to make sure that gaps in human resource should be filled to provide efficient services.

SECTION III: EQUIPMENT

Equipment are backbone for a health care delivery system if facility has adequate infrastructure they can provide quality care very effectively.

In PHCs as per observation haemoglobinometer, BP apparatus, stethoscope, foetal doppler, autoclave, glucometer, digital thermometer, advance weighing machine were present at all the health facilities which was sufficient to deliver maternal new born child and general care services.

There was difficulty in functionality rather than availability of equipment in the facility. The instrument like BP apparatus and infant weighing machine, hub cutter was present in 100% facilities.

Sterilization of instruments was one of the biggest concerns which needs to be addressed as only 42 % facilities had routine sterilization records and instruments available. The best practices regarding sterilization of instruments was observed in the district hospitals.

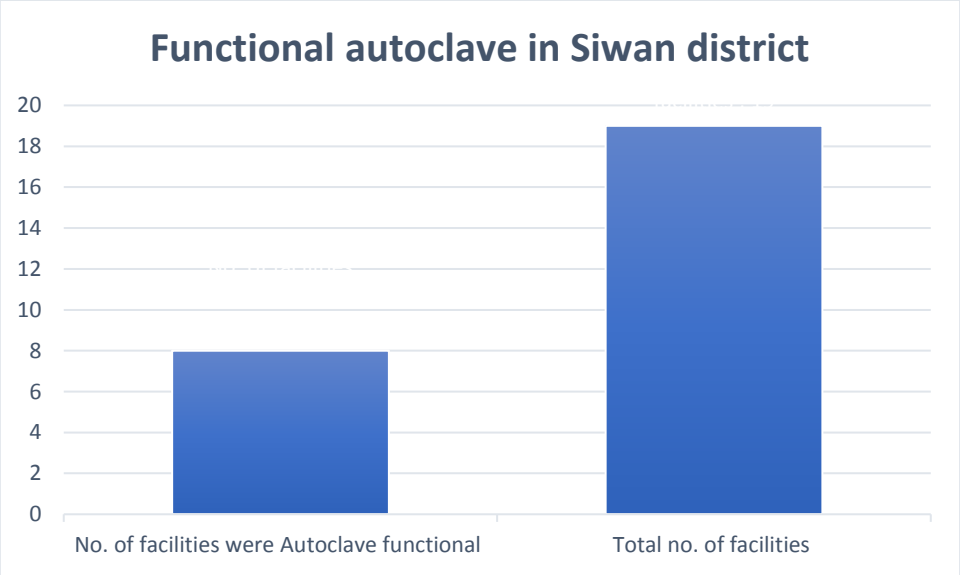

Fig 7: Status of autoclave

Lab equipment were up to date both in records as well as in physical and functional condition.

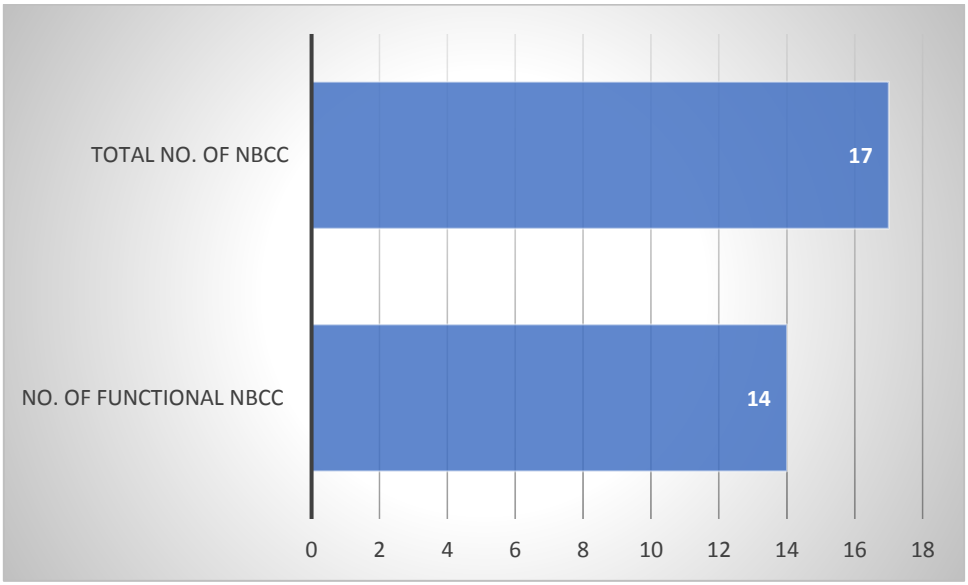

Fig 8 :Status of functional NBCC in Siwan

All facilities had functional ILR, presence of Oxygen cylinder, functional weighing machine.

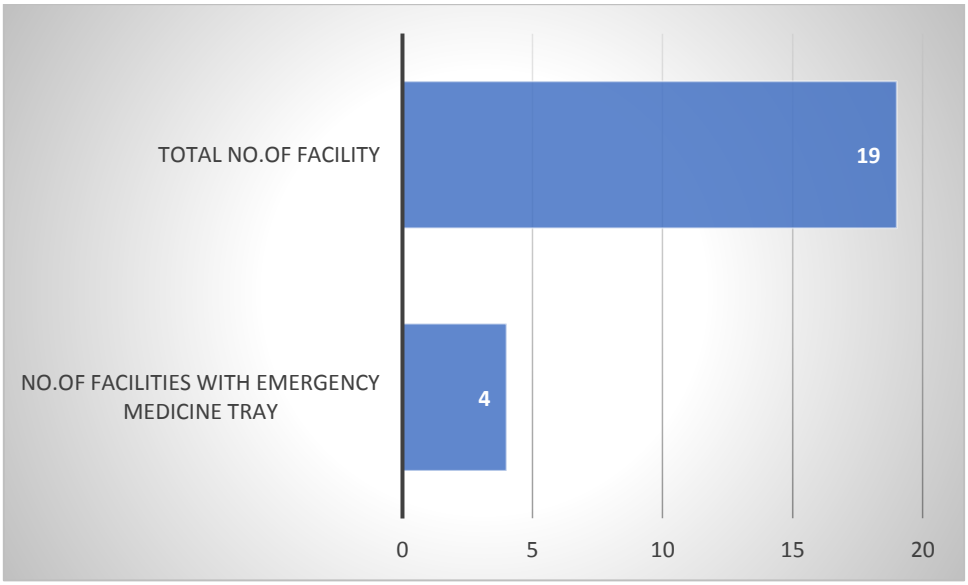

Fig 9: Availability of emergency medicine tray

As observed it was found that around 21 percent facilities had availability of emergency medicine tray. There was very less delivery trays which could only support 40 percent of the deliveries that occurred.

Section IV: Drugs and Supplies

As equipment are essential for providing quality services in health facilities, drugs and supplies are the necessary requirement for ensuring the uninterrupted quality health services.

During visits it was evident that there was availability of all reproductive health supplies, ex. IUCD, ECP, PTK, condoms etc. and there was sufficient amount being delivered in the labour room and to the beneficiaries.

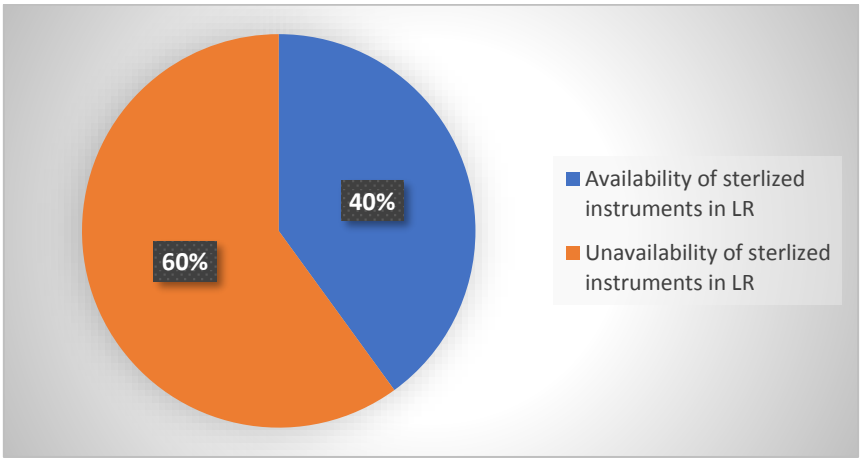

Fig 10: status of instruments

In case of supplies and drugs regarding maternal health services oxytocin was one of the drugs which was unavailable in about 40 percent of facilities. There was out sourcing in case of drugs & supplies like oxytocin, sanitary sterile packs, gloves. Sanitary was unavailable in all facilities .

In terms of new born and child health services there was presence of equipment related to NBCC unit which is one of the essential components. There was absence of clean drape/towels for newborns in 80 percent of the facilities which was a big concern.

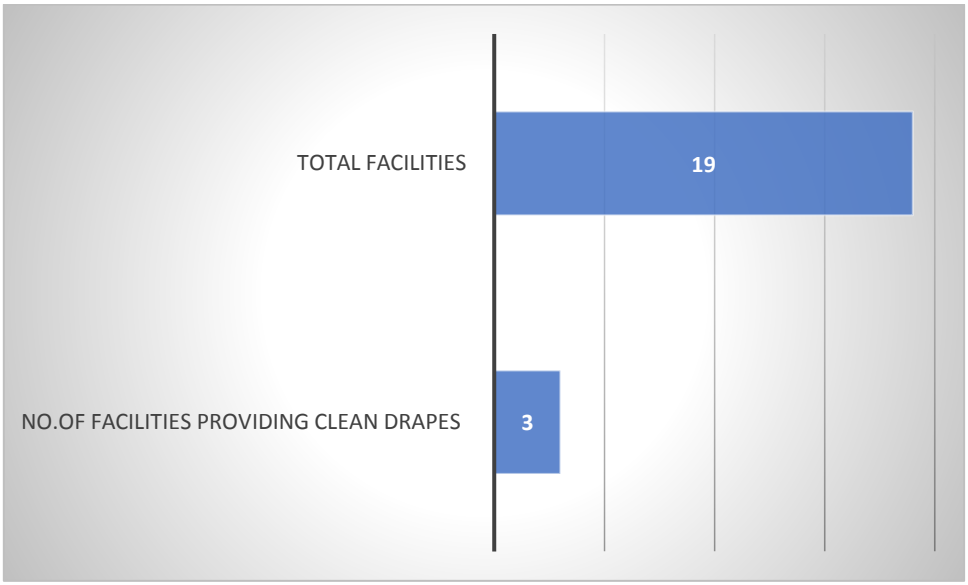

Fig 11 : availability of clean towels/ drapes for new born.

Availability of equipment was very much achieved in Siwan district but there were gaps in utilization of the supplies as there was lack of knowledge regarding usage and also non-functionality supported the scenario.

Section V: Infection control

As per guidelines of supportive supervision infection control is one of the most commonly affected out of all the aspects of healthcare services maintaining and providing good infection prevention can minimize risk of various hospital acquired infections in a health care facility.

On observation it was significant that there was presence of bleaching powder and it was constantly changed and prepared everyday. The main demerit regarding infection prevention in all the facilities was absence of all the colour coded bins as per the biomedical waste management guidelines. There was absence of pre sterilized instruments in labour room in about 60 percentage of facilities. Although there was availability of autoclave.

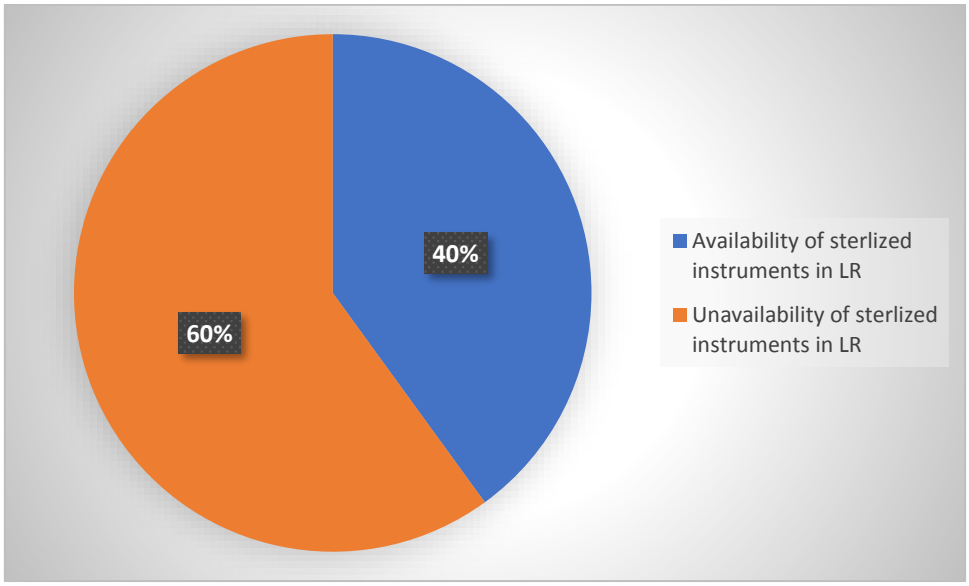

Fig 12: Status Sterilised instruments

Infection control overall was not up to the mark and had various gaps which could be resolved just with some training or guidance from the nodal person at the facility.

Section VI: Referral Services

Referral services initiate a important link between primary secondary and tertiary level facilities. This linkage is very crucial in providing sufficient services that may be managed at subsequent levels. All the PHCs have 102 ambulance service which are running efficiently in Siwan district. There is presence of 26 fully functional ambulances in the whole district which include 102 ambulance, 1099 ambulance and mortuary vehicle (only present in district hospital).

Ambulance services are available for referral to higher centres but due to lack of ambulances as per the population demand it is very difficult to provide such quality service to all the patients which is evident in causing in second delay in a lot of pregnancy cases.

Section VII: Service delivery indicator

- **Antennal care** – In all the facilities ANC check ups are done in all the six days of the week and special care and check-ups are provided on two days of the month (9^{th} and 21^{st} of every month.), during this check up it was made sure that services like blood pressure , Hb , Blood glucose, Urine albumin , HIV was provides during this period. Also family planning counselling was done for patients in the facilities.

- **Intrapartum and Postnatal care**- FHF, Mother's BP, Temperature , management of PPH was evident and in case it could not be managed the cases were stabilized in 60 percent of the facilities and transferred to higher referral centers.

- **Essential New born Care** :As per observation and interaction with the patients it was found that 90 percent of the new born were delivered on mothers abdomen.
  Main concerns were clamping and cutting of cord which was done later in many cases, also there was lack of counselling regarding early breast feeding , not allowing the family to put anything on the cord area, practicing KMC .

- **Family planning** : Counselling regarding this was evident from the consumer end which was one of the good practices , fixed day camp services were available for sterilisation , there was concentration on MPA injections and PPIUCD as per district targets and requirements to reduce TFR.

- **Client satisfaction** : There was lack of concentration on this aspect as it was found that dietary services were not provides in the district due to lack of manpower and funds , services like free dregs and referral were initiated but there was unavailability s per requirements .Client responded that there was lack of concern regarding patient care in thirty percent of the cases.

- **Facility mechanism and others** : Untied funds were completely utilized in all the health facilities , there was enough IEC present at the health facilities but either they lacked maintenance or they were situated in places where they were not required. Information regarding 102, 104 services was clearly available in all facilities . All facilities had IEC based on grievance redressal but there was no reporting in any of the facility.

- **Record maintenance :** As per requirements records and registers were checked and tallied with the data obtained verbally , there was unavailability of case sheets (which were not filled regularly) , ANC and PNC registers were filled , Family planning and follow-up registers were up to date , there was lack of concentration on weak new born tracking in fifty percent of the facilities .

- **Adolescent Health:** The RMNCH+A Strategy is designed in such a way that it includes all the stages of life . Focus is on evolving existing health system so as to meet the needs of adolescent population. But as per observation it was found that there was no adolescent specific intervention was adopted in any of the facilities .

Conclusion

As per observation during the study period , it was evident that there is a wide scope of work to be done in most of facilities for ensuring the quality as well as quantity of services to achieve the health in all. Major areas which can be immensely improved with minimal assistance include Maintenance of equipment, record keeping, infection control, counselling , behaviour with patient , proper allocation of resources , Funds and Manpower. There is focus required on the part of administration on health facilities as well as from various supportive partners to strengthen these services , by using similar supportive supervision mechanism and enable the practice of follow up regarding any component of health facility.

Annexures

General profile of Siwan District :

Siwan district is one of the districts of Bihar state.

"Siwan, situated in the western part of the State, was originally a sub-division of Saran District. The present district limits came into existence only in 1972, which is geographically situated at 25.58 to 26.23 North and 84.10 to 84.47 east. The total area of the Siwan district is about 2219.00 Sq. Km. with a population of 33,30,464 as per the 2011 census. The district is bounded on the east by the Saran district, on the north by Gopalganj district and on the west and south by two districts of U.P. viz. Deoria and Balia respectively."

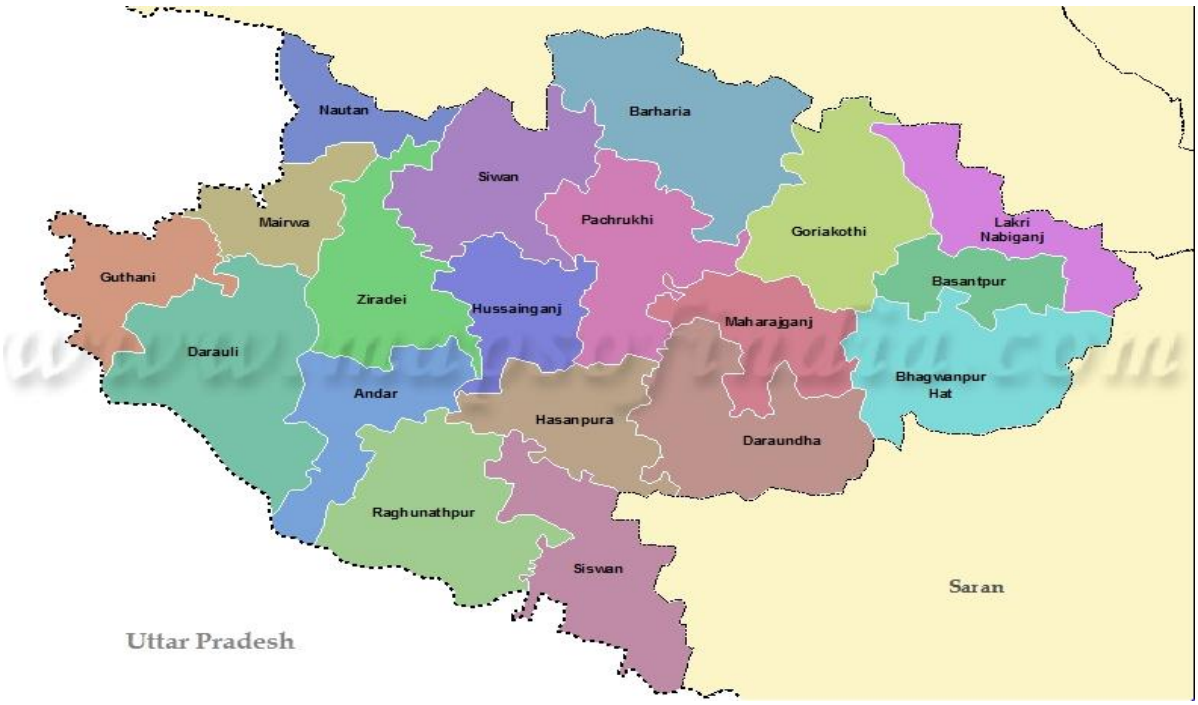

Fig 13: Map of siwan district

INSTRUMENT

Name of the block:

Type of facility:

Level of delivery :

Infrastructure

S.NO.	QUESTION	Response
1.	Status of facility	a) Government b) Rented
2.	Availability of electricity backup 24X7	a) Yes b) No
3.	Running water 24 X7	a) Yes b) No
4.	Toilet near or within facility	a) Yes b) No
5.	Toilet in use (functional)	a) Yes b) No
6.	Hand Washing area	a) Available b) Not available
7.	Hand Washing area (functional)	a) Yes b) No
8.	BSU (RH)	a) Available b) Not available
9.	Blood bank	a) Available b) Not available

Human Resource :

Designation	Posted	Trained in				
		SBA/ BEmoC	PPIUCD	NSSK	RKSK	Others
MO						
SN						
ANM						
AH Counsellor						

Drugs and supplies :

Reproductive health:

IUCD	MALE CONDOM	FEMALE CONDOM	CHAYA	PPIUCD FORECEPS	MALAN	PTK	ECP	INJECTABLE CONTRACEPTIVES

Maternal health :

OXYTOCIN AVAILABLE	OXYTOCIN STORED AS PER GUIDELINES	TAB. MISOPROSTOL	INJ.MgSO4	INJ. DEXAMETHSONE	Ca TAB WITH VIT D3	FETAL DOPPLER	RTI/STI DRUGS

PROTOCOL POSTERS USED IN LR	STERILE PADS	MCP CARD	SAFE MOTHERHOOD BOOKLET	NO. OF DELIVERY TRAYS IN PROPORTION TO DELIVERIES	IFA TAB.	GLUCOSE SACHET

INJ.TT	AUTOCLAVING	HIV TESTING KIT	BP APPRATUS	STETHOSCOPE	NORMAL SALINE

Child Health:

THERMOMETER	ORS	ZINC	TAB. ALBENDAZOLE	BCG	OPV	PENTAVALENT	IPV
DPT	MMR	JE	VIT A	ROTAVIRUS	ROUTINE IMMUNIZATION MICROPLAN	HEP B	TT

Equipments :

GLUCOMETER	DIGITAL THERMOMETER	HUB CUTTER	ROOM THERMOMETER	ADULT WEIGHING MACHINE	REFRIGERATOR
NBCC UNIT	EMERGENCY MEDICINE TRAY	DELIVERY TRAY	NEW BORN WEIGHING MACHINE	Functional Autoclave	Towels and drapes (for new born)

Infection prevention :

SOAP	BLEACHING POWDER	STERILE GLOVES	AUTOCLAVE	COLOR CODED BAGS	CIDEX	PRE - STERLISED INTRUMENTS IN LR

Referral services :

102 available	No. of ambulances	102 functional	1099 available

Section VII : Service Delivery indicators

ANTENATAL CARE						
NO.OF DAYS ANC IS CONDUCTED	BP MEASURED	HB MEASURED	BLOOD GLUCOSE MEASURED	URIN ALBUMIN MEASURED	FP COUNSELLING	UNIVERSAL HIVE SCREENING

ENBC, CHILD HEATH, Family planning							
BABIES DELIVERED ON MOTHERS ABDOMEN	BABIES DRIED AND CLEANED	DELAYED CORD CUTTING	BABY WEIGHED	PRACTICE OF SKIN TO SKIN CARE	EARLY INITIATION OF BREAST FEEDING	KMC PRACTICED	VACCINE IN FIRST 24 HRS ADMINISTERED

FP COUNSELLING	PPIUCD INSERTION	IUCD INSERTION	STERLISATION PROCEDURES(FDS)

FACILITY MECHANISM AND OTHERS			
IS UTILIZATION OF UNTIED FUND ADEQUATE	GR MECHANISM	INFECTION CONTROL PRACTICED AND SEGGREGATED	AVAILABILITY OF DOCUMENTS , ANC AND PNC REGISTER

References:

1. Ministry of Health and Family Welfare, Government of India. A strategic approach to Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) in India: For Health Mother and Child. January, 2013
2. Tanahashi.T,"Health Service Coverage and Its Evaluation". Bulletin of the World Health Organization.56(2):295303 (1978)
3. Global Campaign for the Health MDGs. Accelerating progress in saving the lives of women and children. 2013. http://www.norad.no/en/thematic-areas/global-health/maternal-child-and-womens-health/accelerating-process-2013-report.
4. Partnership for Maternal Newborn & Child Health. A Global Review of the Key Interventions Related to Reproductive, Maternal Newborn and Child Health (RMNCH) Geneva, Switzerland: PMNCH; 2011. http://www.who.int/pmnch/topics/part-publications/essential-interventions-18-01-2012.pdf.
5. Darmstadt GL. et al. Saving newborn lives in Asia and Africa: cost and impact of phased scale-up of interventions within the continuum of care. Health Policy Plan. 2008;23(2):101–117. [PubMed]
6. Reproductive, Maternal, Newborn and Child Health (RMNCH): Interventions and Delivery Modalities in Fragile Settings: A Review of Literature
7. The impact of a supportive supervision intervention on health workers in Niassa, Mozambique: A cluster-controlled trial. https://www.researchgate.net/profile/Tavares_Madede

CARE INDIA
14, Patliputra Colony
Patna - 800 013, Bihar
Tel : 0612-2274957 / 2274389 / 2270464
Fax : 0612-2274957
www.careindia.org

The certificate is awarded to

Dr. Kirti Dhamija

In recognition of having successfully completed her
Internship in the department of

Bihar Technical Support Program,

and has successfully completed her Project on

"Situation analysis of RMNCH+A services in health facilities of Siwan, Bihar."

Date: 07.05.2018

Care India

She came across as a committed, sincere & diligent person who has a strong drive and zeal for learning

We wish her all the best for future endeavors.

Deputy Director HR & OD

CARE INDIA
14, Patliputra Colony
Patna - 800 013, Bihar
Tel : 0612-2274957 / 2274389 / 2270464
Fax : 0612-2274957
www.careindia.org

Reference: Dissertation/10/05/2018

Dissertation Completion Certificate

Certified that Dr. Kirti Dhamija, pursuing Master of Business Administration in Hospital and Health Management from IIHMR University, Jaipur was placed at CARE India during 5th February to 7th May`2018 for academic dissertation. She was placed in Siwan District under Bihar Technical Support Program, as a District Technical Officer-Facility.

During dissertation, she has met the necessary requirement and worked closely with the programme implementation team. She has been found to be sincere and dedicated towards the responsibilities bestowed on her.

We wish to see her well stationed in life with bright future ahead.

Regards

Dr. Anup G Nair
Deputy Director HRM

Contents

List of figures

List of abbreviations:

ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
BEmOC	Basic Emergency Obstetric Care
BMW	Biomedical Waste Management
BSU	Blood storage Unit
CHC	Community health centre
DH	District hospital
EmOC	Emergency Obstetric Care
FRU	First Referral Unit
IEC	Information , education and communication
IPD	In patient Department
IUCD	Intra uterine contraceptive device
KMC	Kangaroo mother care
MDG	Millennium development goals
NBC	New born care
NBCC	New born care corner
LR	Labour room
PHC	Primary health centre
PNC	Post natal care
RCH	Reproductive and child health
RMNCHA	Reproductive , Maternal , New born, Child and Adolescent health

List of appendices

Annexure 1 : Demographic profile of Siwan District , comparison of Health profile of Siwan , Bihar and India .

Instrument : Checklist for Supportive supervision of RMNCH+a services.

Situation Analysis of RMNCH+A services in health facilities of Siwan District, Bihar

Introduction

RMNCH+A strategy determines the effectiveness of key and important interventions by the coverage achieved among the target population which needs to be indicated in terms of the availability, acceptability, utilization of services and quality of services delivered to the community. The main objective of this situational analysis is to understand the gaps in the implementation of a set of strategic RMNCH+A interventions across life stages, so that a baseline for monitoring the progress of RMNCH+A is established that can also be used for setting targets and strategies by the district administration. This situational analysis of Siwan district is based on intensive review of available data, review of literature , data collected from the facilities, review of data of HMIS and discussions with officials and service providers at various levels. The study presents assessment across components like : health status and utilization of RMNCH+A services at the facility level.

RMNCH+A services:

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

"This approach acknowledges that differences in life chances arise largely due to the wider determinants of health that include the socio-economic conditions in which children are born, and are forced to grow and live. Gender inequalities, illustrated by the skewed child sex ratio, shape women's

daily lives while playing a major role in determining their health and well-being as also the health of their children. Achieving MDG 3, the empowerment of women, is therefore key to achieving MDG 4 and 5. A cohesive action by the Government integrating cross-sectoral efforts is needed to tackle these challenges. While recognizing the need for wider action, this RMNCH+A strategic approach focuses on what the Health Delivery System can do to help achieve maternal and child health goals."

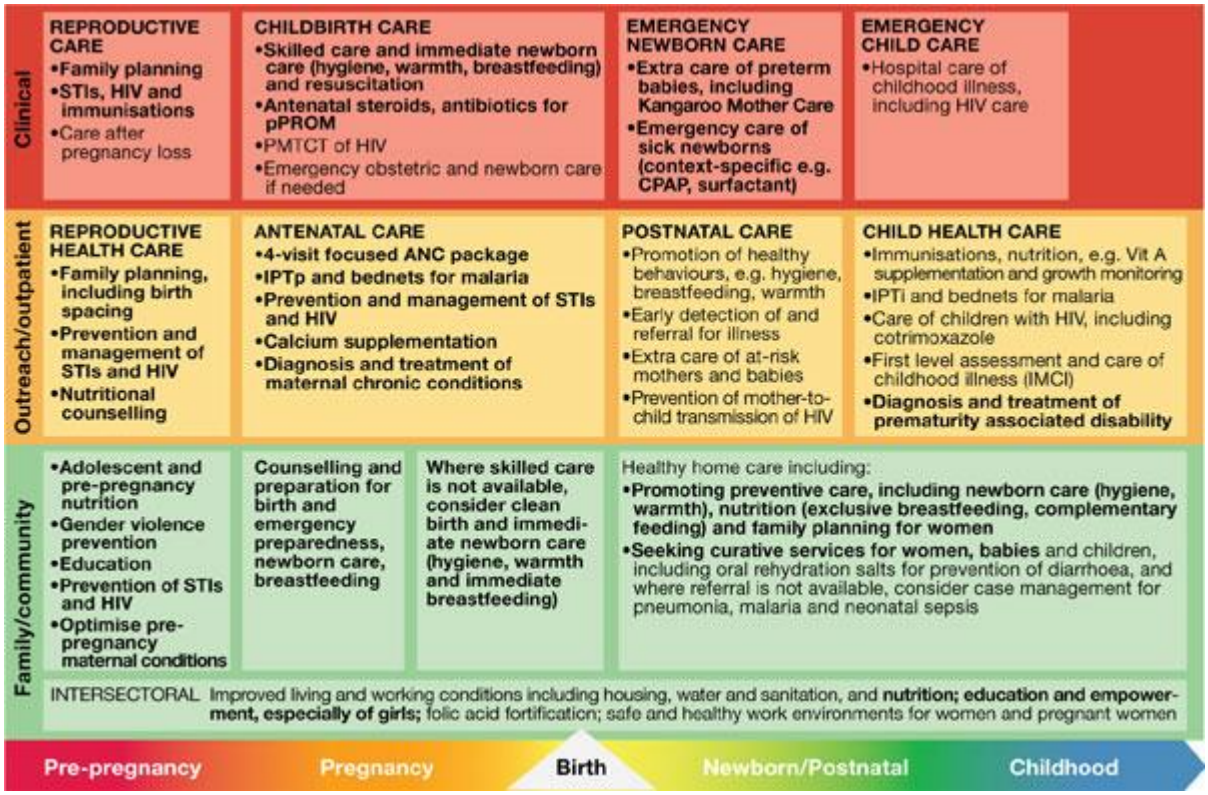

Fig 1: RMNCH+A strategy

RMNCHA indicators in India

S.No.	Indicator	Source	India
1	MMR	SRS 2009	212
2	IMR	SRS 2011	44
3	NMR	Census 2011	33
4	Institutional deliveries(percentage)	NFHS 4	40.8
5	TFR	SRS 2011	2.4
6	Early neonatal mortality rate	Census 2011	25

Review of literature

According to NFHS-4, Among mothers who gave birth in the five years preceding the survey**,** data indicates that only 21 percent mothers have received four or more ANC visits. 40 percent women received ANC check-up in the first trimester, 9 percent mothers received full ANC check-up.

Women who ever die as result of complications during and following pregnancy and childbirth. Most of these complications develop during pregnancy and process of delivery and most are preventable or treatable. Each and every woman needs access to antenatal care in pregnancy, skilled care during childbirth, and care and support in the weeks after childbirth. Poor women in out-reach areas are the least likely to receive adequate health care. Factors that were preventing women from seeking and receiving care during pregnancy and childbirth are: poverty, distance, lack of information, inadequate services & cultural practices. To improve maternal health, hurdles that limit access to quality maternal health services must be identified and addressed at all levels of the healthcare system. Despite of direct, indirect, and co-incidental causes, there are also logistic causes that is failure in the health care system, lack of transport, lack of manpower and apathy towards patient care. (Sanjay Gole, 2015)

"According Sanjib Saha , The continuum of RMNCH covers a large portion of the lifespan from birth through the reproductive age. Further research is needed to measure the socio-economic impact of RMNCH, including identification of the most cost-effective policy and interventions for prevention, reduction, and elimination of the complications of RMNCH."

"RMNCH encompasses health problems across the life course from adolescent girls and women before and during pregnancy and delivery, to new born and children. An important conceptual framework is the continuum-of-care approach in two dimensions. One dimension recognizes the links from mother to child and the need for health services across the stages of the life course. The other is the delivery of integrated preventive and therapeutic health interventions through service platforms ranging from the community to the primary health center and the hospital.(Black RE , Walker N)"

"Supportive supervision is a promising approach to improve routine data collection for M&E of community-based programs. It can increase staff capacity to collect, manage, and use data and improve leadership capacity to make decisions based on collected data. By enhancing a program's capacity to synthesize and disseminate information, it also contributes to the larger goal of health systems strengthening. (Marshall A, Fehringer J)"

"Health workers perceive improvement in their performance and attributed to the supportive supervision that they had received from their supervisors following the intervention. (tavires hadis , Mohsin shedade)"

OBJECTIVE

a. To review the guidelines of RMNCH+A Program and National RMNCH+A supportive supervision guidelines, related to standard operating procedures.

b. To analyze RMNCH+A data based on the supportive supervision checklist.

To study the processes being implemented under RMNCH+A subjecting to availability, accessibility of services, also various other aspects affecting quality of services

d. To identify gaps in Infrastructure, human resources, capacity and resource availability needed to deliver a set of key RMNCH+A interventions in facilities and communities in the district.

Research Question

What is the current situation of RMNCH+A services in Health facilities of Siwan ?

Rationale of Study

RMNCH+A approach essentially addresses the major causes of mortality among women and children as well as the delays in accessing and utilising health care and services. The RMNCH+A strategic approach document has been developed to provide an understanding of 'continuum of care' to ensure equal focus on various life stages. It is being increasingly recognized that while increased investment in healthcare is leading to improved coverage (such as of institutional births, immunisation etc), improvement in quality of care has not been commensurate.

Supportive Supervision within the healthcare context implies regular and dependable interaction between a health provider and a more experienced professional; it helps to identify and solve problems, improve services and advance skills and knowledge.

The RMNCH+A strategic approach recognizes the need to strengthen supportive supervision of frontline workers (ASHAs, ANMs) and service providers (Staff Nurses and Medical Officers) to bring about integration of primary care services, improve quality, enhance skills and skill application. The key challenges in providing supportive supervision are:

• Inadequate numbers of supervisors within the system.

• Restricted mobility of supervisors constraining the field supervision

• Lack of 'supportive' skills due to lack of training

• Absence of authority to ensure compliance

• Vertical programs with vertical supervision leading to fragmentation

• No clear guidelines for supportive supervision; and

• Absence of a supportive supervision policy.

There is clearly a need to promote Supportive Supervision Policy with clear line accountabilities, authority and support structures to institutionalise this mechanism in the long term.

Facility level checklist helps to identify real time gaps, and thereby enables the system to address these locally, at sub-district/district and state levels. The Standard Operating Procedures (SOPs) for conducting Supportive Supervision have been developed to structure the supportive supervision visits

to monitor quality of care and to ensure attention to adequate availability of the essential supplies & equipment, and to increase adherence to evidence based clinical guidelines

Ethical Consideration

Written Informed consent will be taken prior to administration of any data collection securing there confidentiality and confirming that this study is not for official purpose but only for academic purpose. Permission for doing this study work was taken from the CS sir (Civil Surgeon) and informed consent taken from all the respondents. Confidentiality of the data was maintained.

Methodology

Study design : A descriptive, Cross-Sectional study design had been chosen as it described the status and characteristics of the current situation.

Study area: The study was done in Siwan district. The study was conducted in all government facilities those are providing delivery services that includes District hospital, Sub district hospital, Referral Hospital, 24 X7 PHCs.

Facility level assessments: This included an assessment of functional delivery units including SBA, BEmONC and CEmONC level facilities . This will also include LR, NBCC Unit , Sick Newborn Care Units (SNCUs).

Sources of Data: The data for this study was collected from different health facilities in the district depending upon observation and records.

Study duration: The study is conducted over a period of three months started from 5th Feb 2018 to 5h May 2018.

Sample Size : :As this study was facility survey and in those facilities that offer delivery points it Includes 1 District hospital, 1 Sub district hospital, 3 Referral Hospitals , 14 24 X7 PHCs.

Table B : List of facilities assessed in study :

S. No.	Name of Block	Type of facility

1	Siwan	District Hospital
2	Maharajganj	Sub district Hospital
3	Barharia	PHC
4	Pachrukhi	PHC
5	Nautan	PHC
6	Hussainganj	PHC
7	Guthani	PHC
8	Lakhrinabiganj	PHC
9	Maharajganj	PHC
10	Andar	PHC
11	Darauli	PHC
12	Daraundha	PHC
13	Basantpur	PHC
14	Bhagwanpur	PHC
15	Goreyakothi	PHC
16	Ziradei	PHC
17	Mairwa	FRU
18	Raghunathpur	FRU
19	Siswan	FRU

Sampling technique: Universal sampling, listing of facilities was done and planned accordingly.

Data Collection Procedure: Data collection procedure was done through face to face interview with the nodal person of the facility, ANMs and clients. Information was verified from records like facility register (ANC , PNC, FP, Labour room) to know the work done in maternal health care utilization and observation also made at so many points like equipment present or not , availability of consumables and supplies, infrastructure of the facility.

Data collection instrument: Referred National RMNCH+A supportive supervision, standard operating procedures facility level checklist with certain modifications to it.

Data analysis procedure: Data was analysed by using Ms Excel.

FINDINGS

Section I: Physical Infrastructure
Section II: Human Resource
Section III: Equipment
Section IV: Drugs and Supplies
Section V: Referral Services
Section VI: Infection Prevention
Section VII: Service delivery indicators

SECTION I: PHYSICAL INFRASTRUCTURE

The physical infrastructure of a health facility refers to access of building, state of the buildings, services like water , electricity backup , handwashing area , toilet near delivery room and in some cases Blood storage Units , blood bank depending upon the type of facility.

The District Hospital is working in Sub Divisional hospital building in Siwan sadar, the Sub divisional hospital on the other hand has a complete building but and there are many areas which are non-functional. In case of the PHCs out of 14, 10 had shifted to CHC buildings rest were in the process of shifting or under construction. All the buildings are government buildings none is shared or rented.

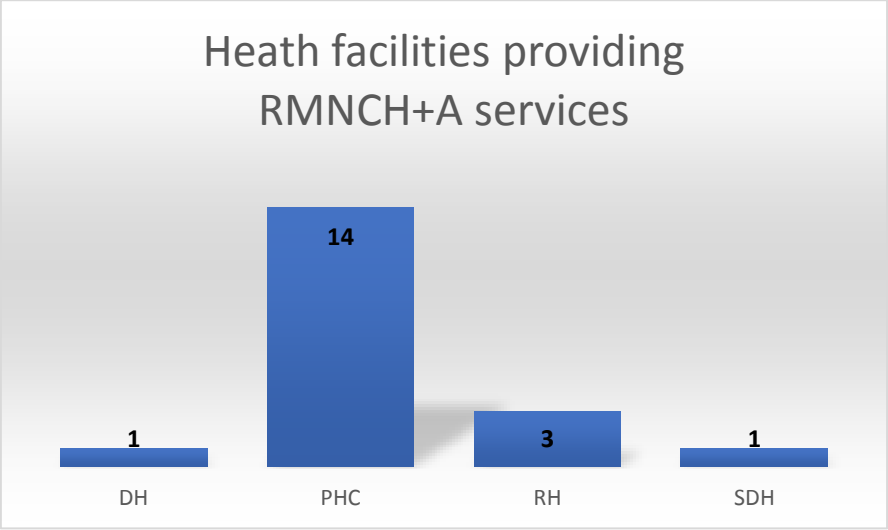

Fig 2 : Health facilities providing RMNCH+A services in Siwan district

As per the observation it was found that there was presence of hand washing area in all 19 facility but only 7 out of 19 facilities had hand washing area nearly as per LR Guidelines 2016, others \were short of either elbow taps, soap, presence of steel sink. In case of hand washing protocol, all percent facilities had the protocols out of which only a few had it in required places.

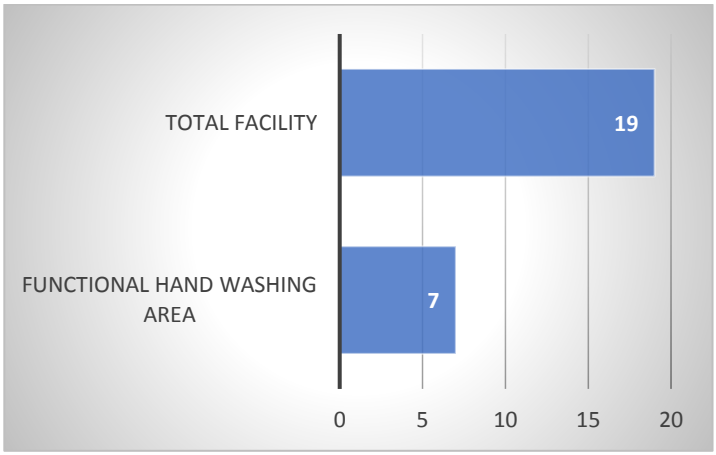

Fig : 3 Fully functional hand washing area

- Availability of power supply and water is essential to provide quality care in all health facilities. All the facilities had Electricity backup and there presence of water in all the facility .
- Regarding the toilets near or within the labour room , 14 facilities had the services but there was issues regarding regular cleaning of the area . The main reason behind this was lack of collaboration and pending payments of the workers at they were outsourced from another agency.

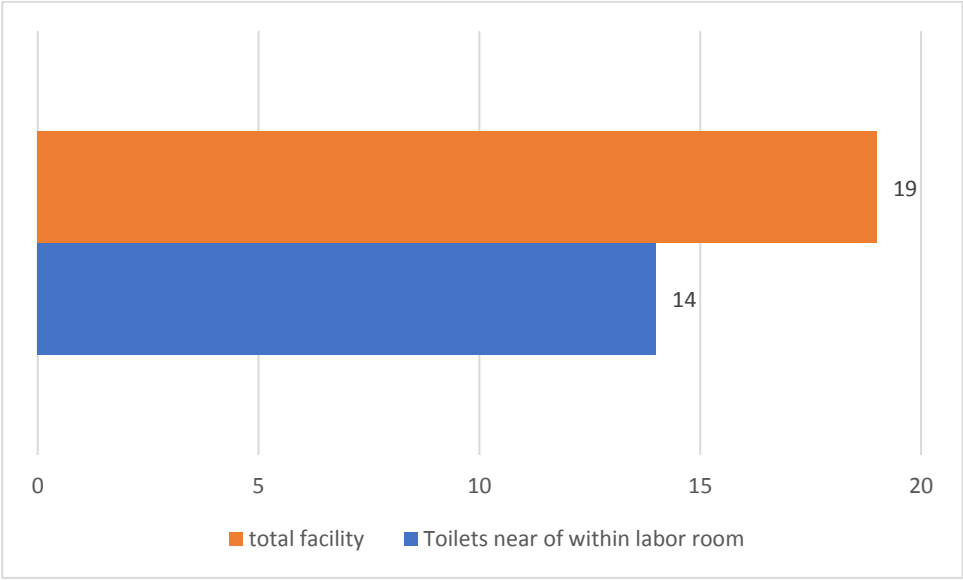

Fig 4 : Toilets near and inside labour room.

- Blood storage units were proposed at 2 FRU , Mairwa and Siswan where the places have been designated , equipment have been setup and are undergoing the licensing process.
- Blood bank services are available in both SDH and DH of Siwan district.
- Renovation and reconstruction was required in Few blocks mainly Raghunathpur FRU, Darauli PHC, Nautan PHC, DH Siwan , Ziradei PHC.

SECTION II: Human Resource

A sufficient manpower is required to deliver the services at the health facilities effectively and there is always requirement of supportive staff for delivering services with quality is not possible without contribution of the support personnel. Health system various staff in different levels of the facility.

In Case of PHCs , all have minimum 2 Medical officers are posted at the facility and there was presence of minimum 1-2 ANMs per shift in the labour room. Some PHCs have lack of ANM staff as they work in both facility and outreach services which makes it difficult to provide quality care.

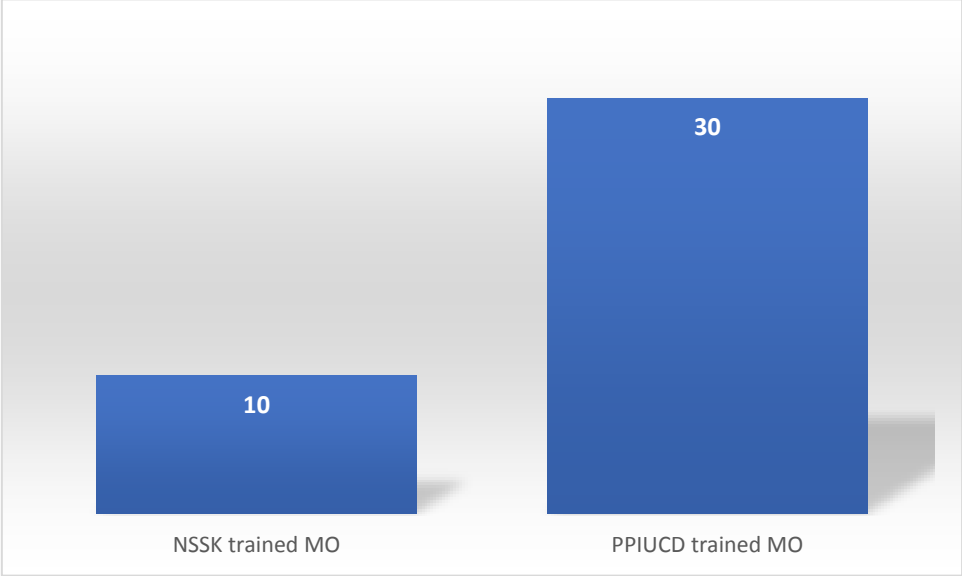

Fig 5: Training status Medical officers (total medical officers = 57)

Due to lack of training and knowledge a lot of ANMs and Medicals officers were unable to perform certain procedures and desired level of care could not be delivered.

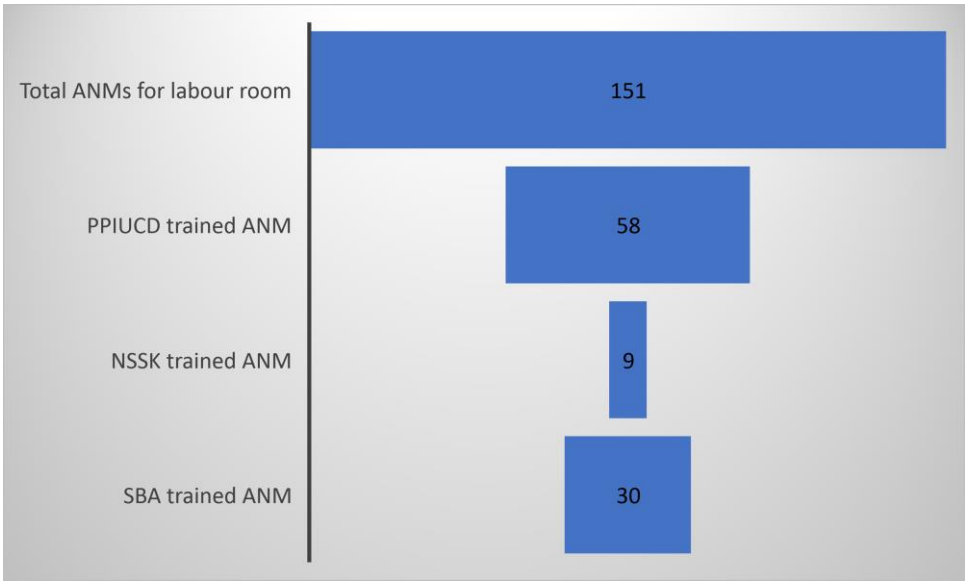

Fig 6:Training status of ANMs in Labour room

As per requirement there was absence of staff nurses as they are only 7 in the whole district out of which 2 are posted in SDH and rest were appointed in District Hospital. There is requirement radiologist in DH. Similarly One of the main requirements if AH counsellor that was absent in all facilities.

In DH, there was presence of gynaecologist, paediatrician, General Surgeon, Medical officer, Lab technician, anaesthetist and other specialists to provide support such services. At this level there is increased load of services, hence it is very important for the health system to make sure that gaps in human resource should be filled to provide efficient services.

SECTION III: EQUIPMENT

Equipment are backbone for a health care delivery system if facility has adequate infrastructure they can provide quality care very effectively.

In PHCs as per observation haemoglobinometer, BP apparatus, stethoscope, foetal doppler, autoclave, glucometer, digital thermometer, advance weighing machine were present at all the health facilities which was sufficient to deliver maternal new born child and general care services.

There was difficulty in functionality rather than availability of equipment in the facility. The instrument like BP apparatus and infant weighing machine, hub cutter was present in 100% facilities.

Sterilization of instruments was one of the biggest concerns which needs to be addressed as only 42 % facilities had routine sterilization records and instruments available. The best practices regarding sterilization of instruments was observed in the district hospitals.

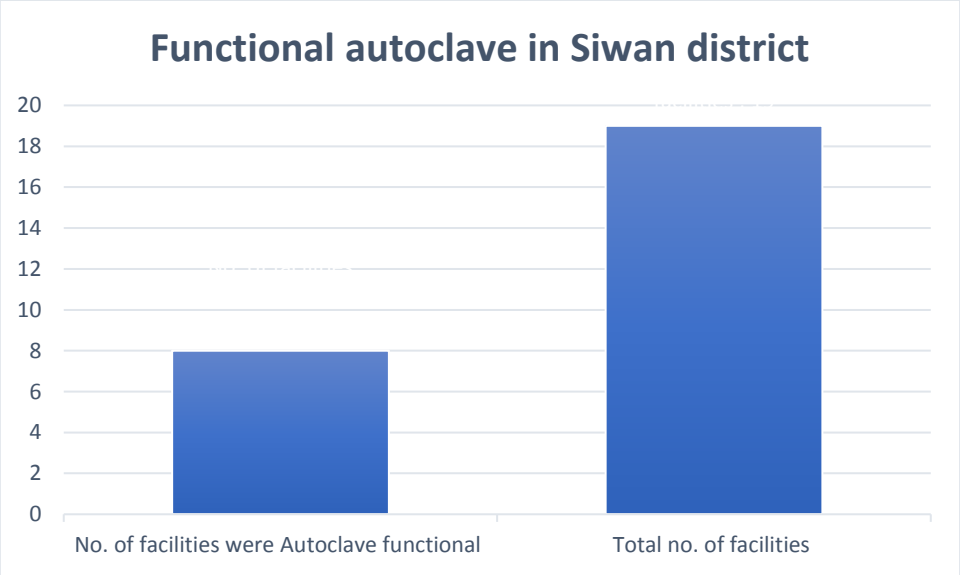

Fig 7: Status of autoclave

Lab equipment were up to date both in records as well as in physical and functional condition.

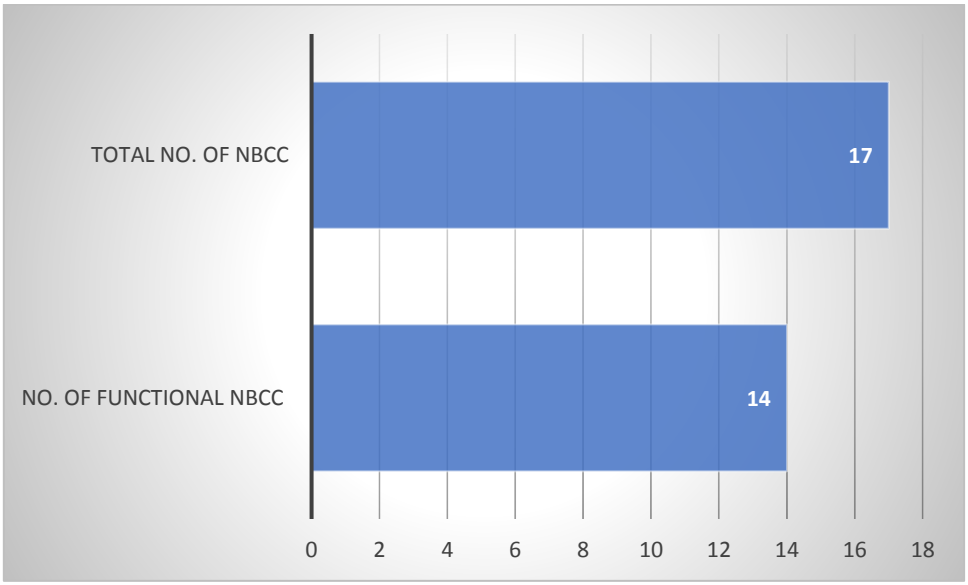

Fig 8 :Status of functional NBCC in Siwan

All facilities had functional ILR, presence of Oxygen cylinder, functional weighing machine.

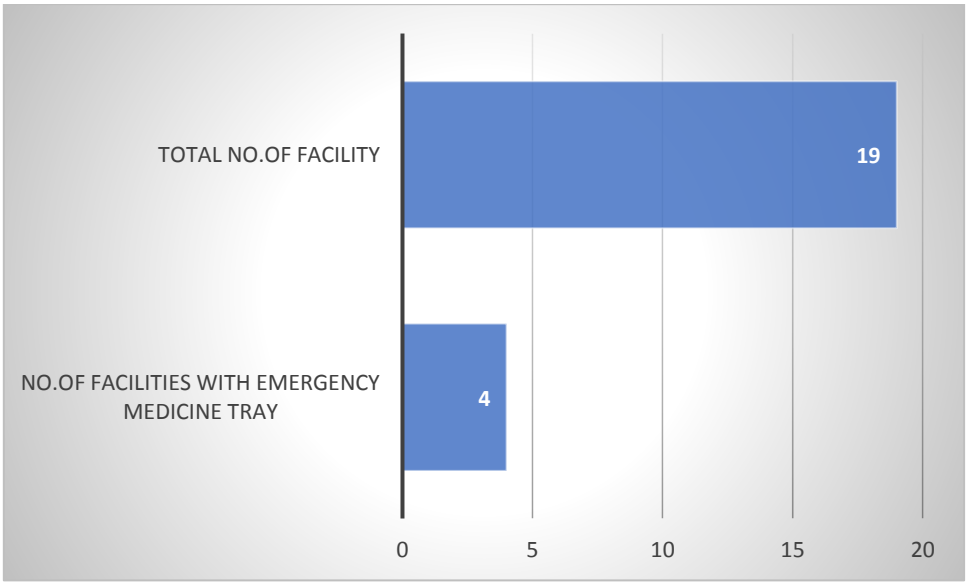

Fig 9: Availability of emergency medicine tray

As observed it was found that around 21 percent facilities had availability of emergency medicine tray. There was very less delivery trays which could only support 40 percent of the deliveries that occurred.

Section IV: Drugs and Supplies

As equipment are essential for providing quality services in health facilities, drugs and supplies are the necessary requirement for ensuring the uninterrupted quality health services.

During visits it was evident that there was availability of all reproductive health supplies, ex. IUCD, ECP, PTK, condoms etc. and there was sufficient amount being delivered in the labour room and to the beneficiaries.

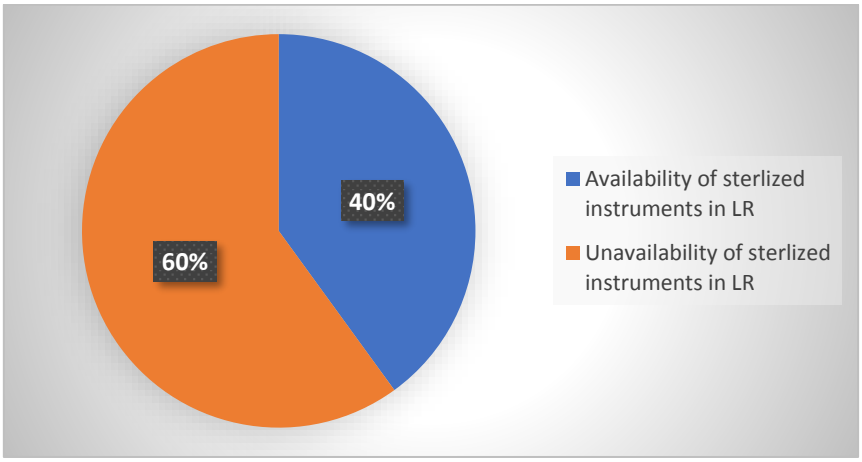

Fig 10: status of instruments

In case of supplies and drugs regarding maternal health services oxytocin was one of the drugs which was unavailable in about 40 percent of facilities. There was out sourcing in case of drugs & supplies like oxytocin, sanitary sterile packs, gloves. Sanitary was unavailable in all facilities .

In terms of new born and child health services there was presence of equipment related to NBCC unit which is one of the essential components. There was absence of clean drape/towels for newborns in 80 percent of the facilities which was a big concern.

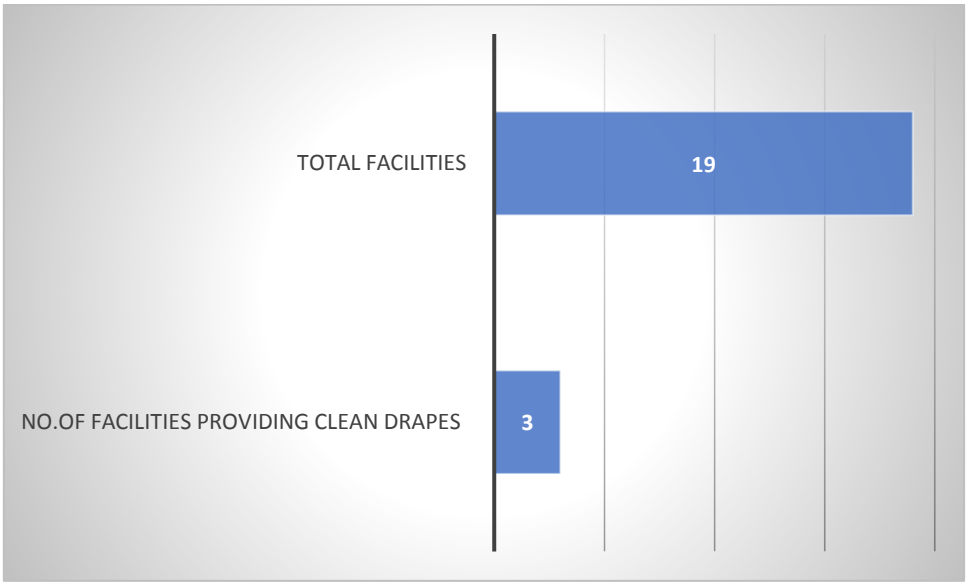

Fig 11 : availability of clean towels/ drapes for new born.

Availability of equipment was very much achieved in Siwan district but there were gaps in utilization of the supplies as there was lack of knowledge regarding usage and also non-functionality supported the scenario.

Section V: Infection control

As per guidelines of supportive supervision infection control is one of the most commonly affected out of all the aspects of healthcare services maintaining and providing good infection prevention can minimize risk of various hospital acquired infections in a health care facility.

On observation it was significant that there was presence of bleaching powder and it was constantly changed and prepared everyday. The main demerit regarding infection prevention in all the facilities was absence of all the colour coded bins as per the biomedical waste management guidelines. There was absence of pre sterilized instruments in labour room in about 60 percentage of facilities. Although there was availability of autoclave.

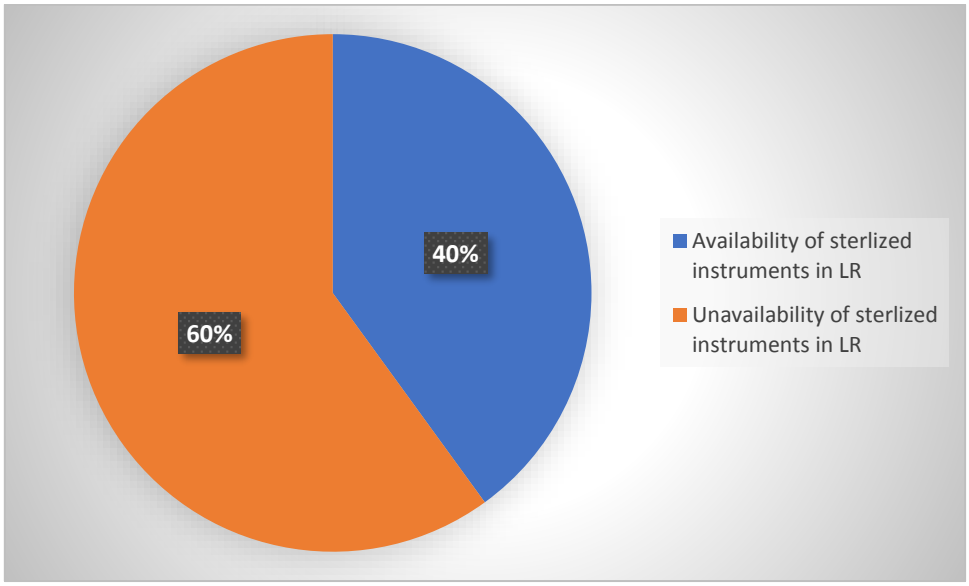

Fig 12: Status Sterilised instruments

Infection control overall was not up to the mark and had various gaps which could be resolved just with some training or guidance from the nodal person at the facility.

Section VI: Referral Services

Referral services initiate a important link between primary secondary and tertiary level facilities. This linkage is very crucial in providing sufficient services that may be managed at subsequent levels. All the PHCs have 102 ambulance service which are running efficiently in Siwan district. There is presence of 26 fully functional ambulances in the whole district which include 102 ambulance, 1099 ambulance and mortuary vehicle (only present in district hospital).

Ambulance services are available for referral to higher centres but due to lack of ambulances as per the population demand it is very difficult to provide such quality service to all the patients which is evident in causing in second delay in a lot of pregnancy cases.

Section VII: Service delivery indicator

- **Antennal care** – In all the facilities ANC check ups are done in all the six days of the week and special care and check-ups are provided on two days of the month (9^{th} and 21^{st} of every month.), during this check up it was made sure that services like blood pressure , Hb , Blood glucose, Urine albumin , HIV was provides during this period. Also family planning counselling was done for patients in the facilities.

- **Intrapartum and Postnatal care**- FHF, Mother's BP, Temperature , management of PPH was evident and in case it could not be managed the cases were stabilized in 60 percent of the facilities and transferred to higher referral centers.

- **Essential New born Care** :As per observation and interaction with the patients it was found that 90 percent of the new born were delivered on mothers abdomen.
  Main concerns were clamping and cutting of cord which was done later in many cases, also there was lack of counselling regarding early breast feeding , not allowing the family to put anything on the cord area, practicing KMC .

- **Family planning** : Counselling regarding this was evident from the consumer end which was one of the good practices , fixed day camp services were available for sterilisation , there was concentration on MPA injections and PPIUCD as per district targets and requirements to reduce TFR.

- **Client satisfaction** : There was lack of concentration on this aspect as it was found that dietary services were not provides in the district due to lack of manpower and funds , services like free dregs and referral were initiated but there was unavailability s per requirements .Client responded that there was lack of concern regarding patient care in thirty percent of the cases.

- **Facility mechanism and others** : Untied funds were completely utilized in all the health facilities , there was enough IEC present at the health facilities but either they lacked maintenance or they were situated in places where they were not required. Information regarding 102, 104 services was clearly available in all facilities . All facilities had IEC based on grievance redressal but there was no reporting in any of the facility.

- **Record maintenance :** As per requirements records and registers were checked and tallied with the data obtained verbally , there was unavailability of case sheets (which were not filled regularly) , ANC and PNC registers were filled , Family planning and follow-up registers were up to date , there was lack of concentration on weak new born tracking in fifty percent of the facilities .

- **Adolescent Health:** The RMNCH+A Strategy is designed in such a way that it includes all the stages of life . Focus is on evolving existing health system so as to meet the needs of adolescent population. But as per observation it was found that there was no adolescent specific intervention was adopted in any of the facilities .

Conclusion

As per observation during the study period , it was evident that there is a wide scope of work to be done in most of facilities for ensuring the quality as well as quantity of services to achieve the health in all. Major areas which can be immensely improved with minimal assistance include Maintenance of equipment, record keeping, infection control, counselling , behaviour with patient , proper allocation of resources , Funds and Manpower. There is focus required on the part of administration on health facilities as well as from various supportive partners to strengthen these services , by using similar supportive supervision mechanism and enable the practice of follow up regarding any component of health facility.

Annexures

General profile of Siwan District :

Siwan district is one of the districts of Bihar state.

"Siwan, situated in the western part of the State, was originally a sub-division of Saran District. The present district limits came into existence only in 1972, which is geographically situated at 25.58 to 26.23 North and 84.10 to 84.47 east. The total area of the Siwan district is about 2219.00 Sq. Km. with a population of 33,30,464 as per the 2011 census. The district is bounded on the east by the Saran district, on the north by Gopalganj district and on the west and south by two districts of U.P. viz. Deoria and Balia respectively."

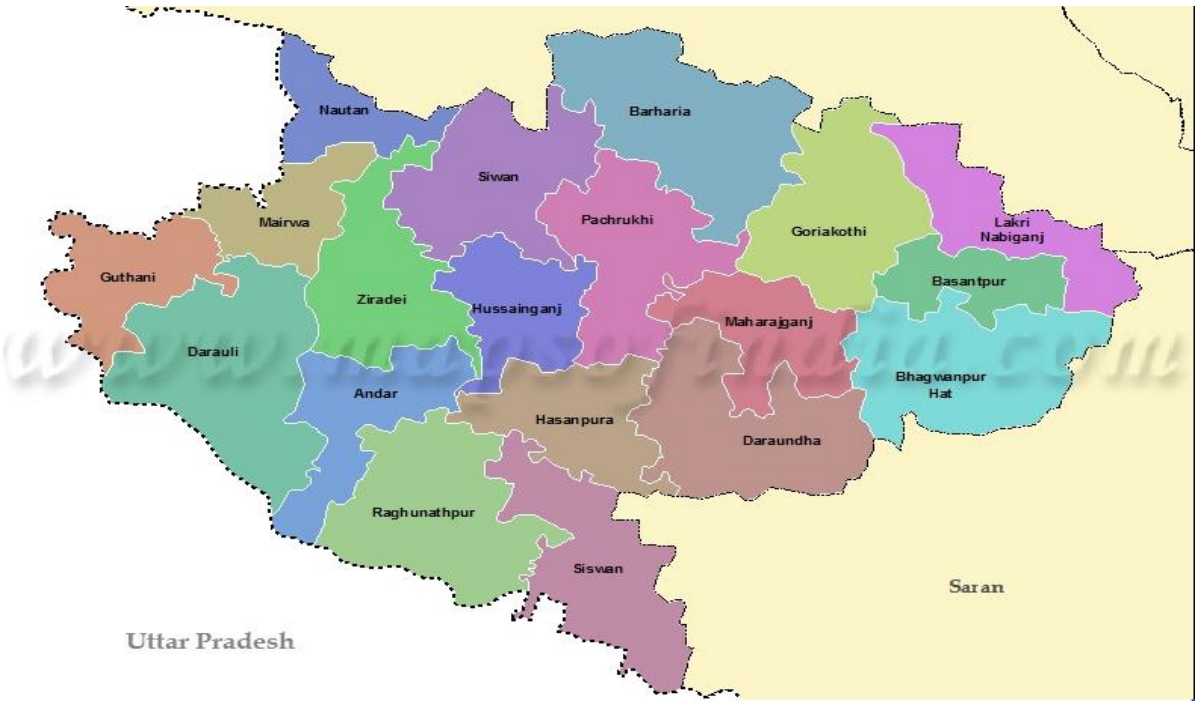

Fig 13: Map of siwan district

INSTRUMENT

Name of the block:

Type of facility:

Level of delivery :

Infrastructure

S.NO.	QUESTION	Response
1.	Status of facility	a) Government b) Rented
2.	Availability of electricity backup 24X7	a) Yes b) No
3.	Running water 24 X7	a) Yes b) No
4.	Toilet near or within facility	a) Yes b) No
5.	Toilet in use (functional)	a) Yes b) No
6.	Hand Washing area	a) Available b) Not available
7.	Hand Washing area (functional)	a) Yes b) No
8.	BSU (RH)	a) Available b) Not available
9.	Blood bank	a) Available b) Not available

Human Resource :

Designation	Posted	Trained in				
		SBA/ BEmoC	PPIUCD	NSSK	RKSK	Others
MO						
SN						
ANM						
AH Counsellor						

Drugs and supplies :

Reproductive health:

IUCD	MALE CONDOM	FEMALE CONDOM	CHAYA	PPIUCD FORECEPS	MALAN	PTK	ECP	INJECTABLE CONTRACEPTIVES

Maternal health :

OXYTOCIN AVAILABLE	OXYTOCIN STORED AS PER GUIDELINES	TAB. MISOPROSTOL	INJ.MgSO4	INJ. DEXAMETHSONE	Ca TAB WITH VIT D3	FETAL DOPPLER	RTI/STI DRUGS

PROTOCOL POSTERS USED IN LR	STERILE PADS	MCP CARD	SAFE MOTHERHOOD BOOKLET	NO. OF DELIVERY TRAYS IN PROPORTION TO DELIVERIES	IFA TAB.	GLUCOSE SACHET

INJ.TT	AUTOCLAVING	HIV TESTING KIT	BP APPRATUS	STETHOSCOPE	NORMAL SALINE

Child Health:

THERMOMETER	ORS	ZINC	TAB. ALBENDAZOLE	BCG	OPV	PENTAVALENT	IPV
DPT	MMR	JE	VIT A	ROTAVIRUS	ROUTINE IMMUNIZATION MICROPLAN	HEP B	TT

Equipments :

GLUCOMETER	DIGITAL THERMOMETER	HUB CUTTER	ROOM THERMOMETER	ADULT WEIGHING MACHINE	REFRIGERATOR
NBCC UNIT	EMERGENCY MEDICINE TRAY	DELIVERY TRAY	NEW BORN WEIGHING MACHINE	Functional Autoclave	Towels and drapes (for new born)

Infection prevention :

SOAP	BLEACHING POWDER	STERILE GLOVES	AUTOCLAVE	COLOR CODED BAGS	CIDEX	PRE - STERLISED INTRUMENTS IN LR

Referral services :

102 available	No. of ambulances	102 functional	1099 available

Section VII : Service Delivery indicators

ANTENATAL CARE						
NO.OF DAYS ANC IS CONDUCTED	BP MEASURED	HB MEASURED	BLOOD GLUCOSE MEASURED	URIN ALBUMIN MEASURED	FP COUNSELLING	UNIVERSAL HIVE SCREENING

ENBC, CHILD HEATH, Family planning							
BABIES DELIVERED ON MOTHERS ABDOMEN	BABIES DRIED AND CLEANED	DELAYED CORD CUTTING	BABY WEIGHED	PRACTICE OF SKIN TO SKIN CARE	EARLY INITIATION OF BREAST FEEDING	KMC PRACTICED	VACCINE IN FIRST 24 HRS ADMINISTERED

FP COUNSELLING	PPIUCD INSERTION	IUCD INSERTION	STERLISATION PROCEDURES(FDS)

FACILITY MECHANISM AND OTHERS			
IS UTILIZATION OF UNTIED FUND ADEQUATE	GR MECHANISM	INFECTION CONTROL PRACTICED AND SEGGREGATED	AVAILABILITY OF DOCUMENTS , ANC AND PNC REGISTER

References:

1. Ministry of Health and Family Welfare, Government of India. A strategic approach to Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) in India: For Health Mother and Child. January, 2013
2. Tanahashi.T,"Health Service Coverage and Its Evaluation". Bulletin of the World Health Organization.56(2):295303 (1978)
3. Global Campaign for the Health MDGs. Accelerating progress in saving the lives of women and children. 2013. http://www.norad.no/en/thematic-areas/global-health/maternal-child-and-womens-health/accelerating-process-2013-report.
4. Partnership for Maternal Newborn & Child Health. A Global Review of the Key Interventions Related to Reproductive, Maternal Newborn and Child Health (RMNCH) Geneva, Switzerland: PMNCH; 2011. http://www.who.int/pmnch/topics/part-publications/essential-interventions-18-01-2012.pdf.
5. Darmstadt GL. et al. Saving newborn lives in Asia and Africa: cost and impact of phased scale-up of interventions within the continuum of care. Health Policy Plan. 2008;23(2):101–117. [PubMed]
6. Reproductive, Maternal, Newborn and Child Health (RMNCH): Interventions and Delivery Modalities in Fragile Settings: A Review of Literature
7. The impact of a supportive supervision intervention on health workers in Niassa, Mozambique: A cluster-controlled trial. https://www.researchgate.net/profile/Tavares_Madede