SITUATION ANALYSIS OF RMNCH+A SERVICES IN HEALTH FACILITIES OF SIWAN DISTRICT, BIHAR

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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 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.

Objective

- To review the guidelines of RMNCH+A Program and National RMNCH+A supportive supervision guidelines, related to standard operating procedures.
- To analyse RMNCH+A data based on checklist created .
- To study the processes being implemented under RMNCH+A subjecting to availability, accessibility of services.
- To identify gaps in Infrastructure, human resources, capacity, quality, and resource availability needed to deliver a set of key RMNCH+A interventions in facilities of the district.

Research Question

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

Rationale of Study

- 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.

- 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.

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 RMNCHA services that includes District hospital, Sub district hospital, Referral Hospitals , 24 X7 PHCs.

- **Facility level assessments**: This included an assessment of functional delivery units including SBA, BEmONC and CEmONC level facilities. This will include LR, NBCC , Sick New born 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 and based on checklist .

- **Study duration**: The study is conducted over a period of three months started from 5th Feb 2018 to 5th 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. (n=19)

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

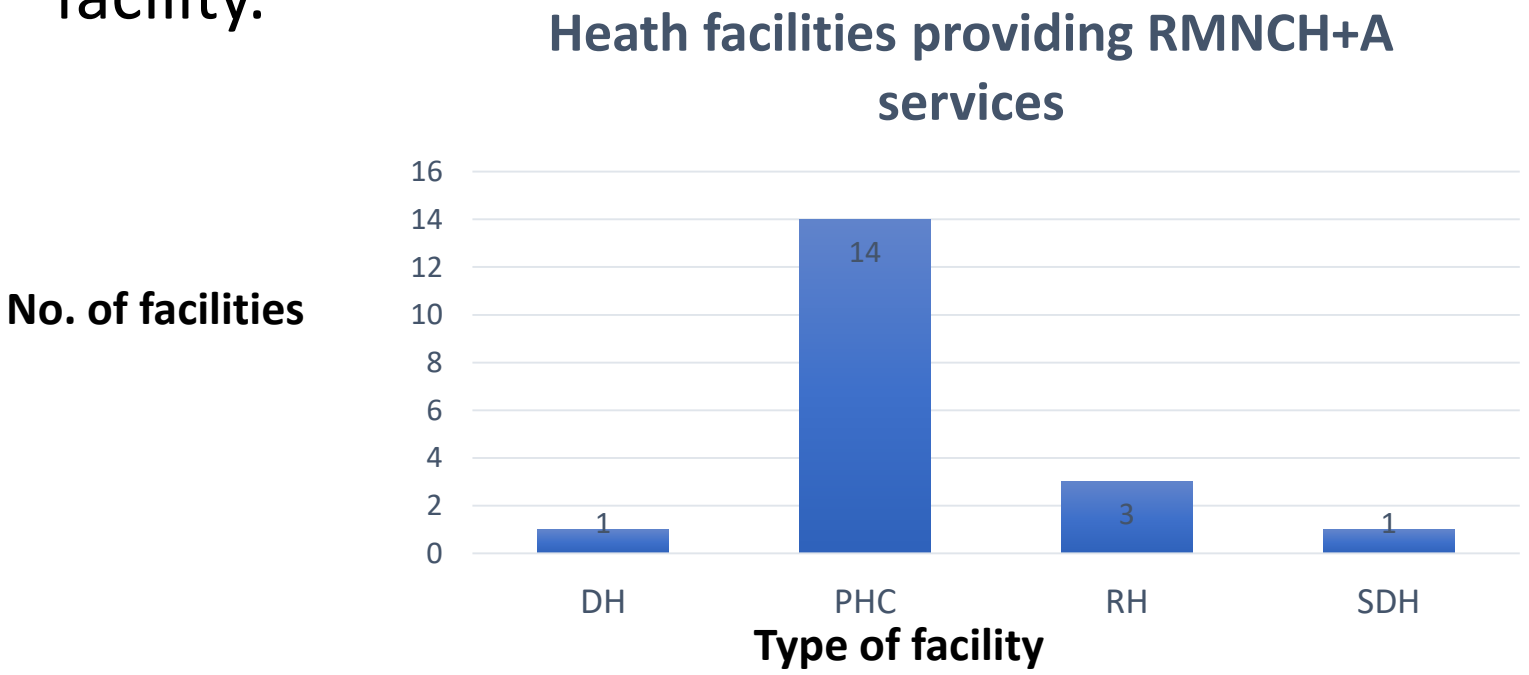
- **Sampling technique** : Universal sampling , Listing of facilities was done and planned accordingly .
- **Data Collection Procedure** : Data collection procedure was done through face to face interview with the nodal person of the facility , Information was verified from records i.e. facility register (Antenatal care , Post natal , Family Planning, 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 .

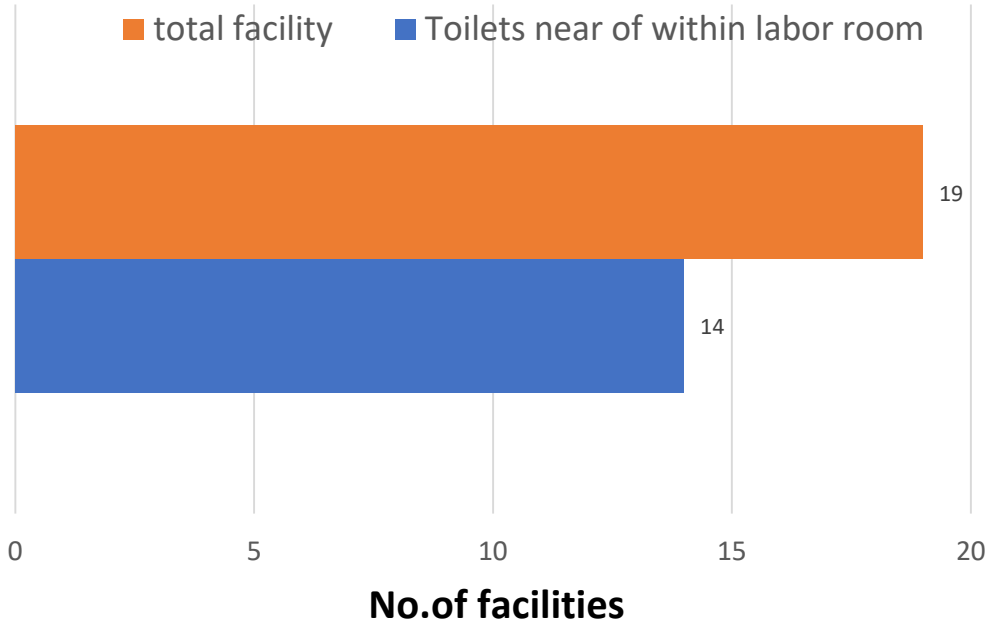
Findings :

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

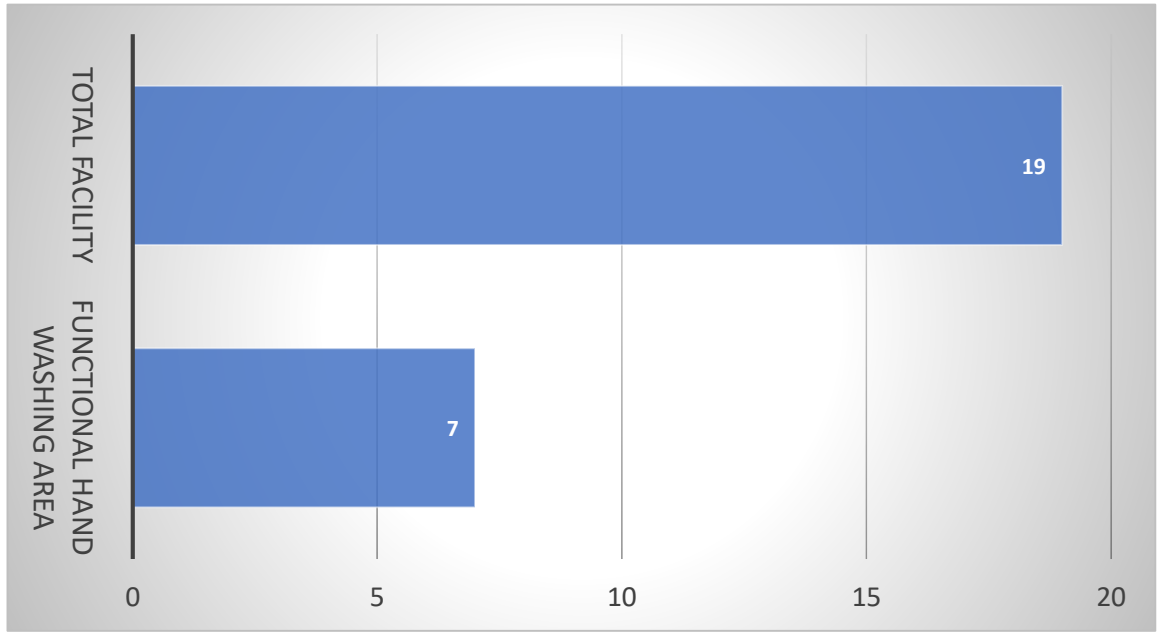
- The physical infrastructure of a health facility refers to access of buildings , state of the buildings , services like water , electricity backup , handwashing area , toilet near delivery room and in some cases Blood storage Units , blood bank depending upon the type of facility.





Availability of toilets near or within Labour room

Functional Hand washing Area in Siwan district

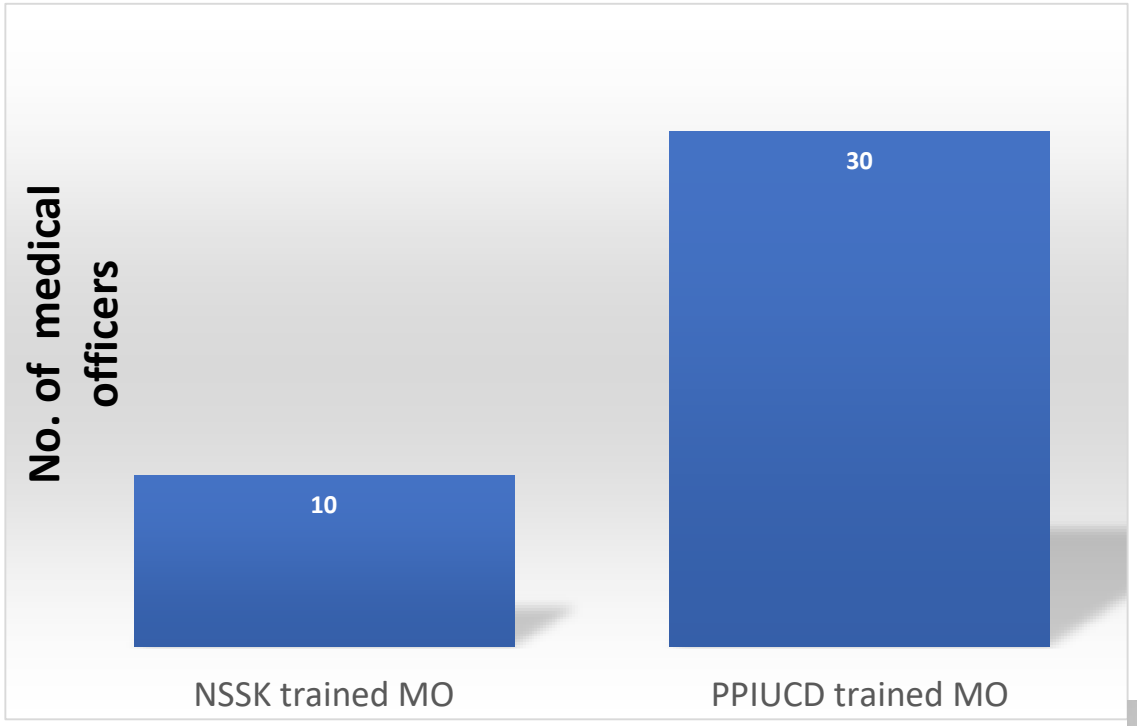


- Electricity back up present in all facilities.
- Blood storage units were proposed at 2 FRU , Mairwa and Siswan where the places have been designated , equipment have been setup and are undergoing the licensing process.
- Blood bank services are available in both SDH and DH of Siwan district.
- Renovation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

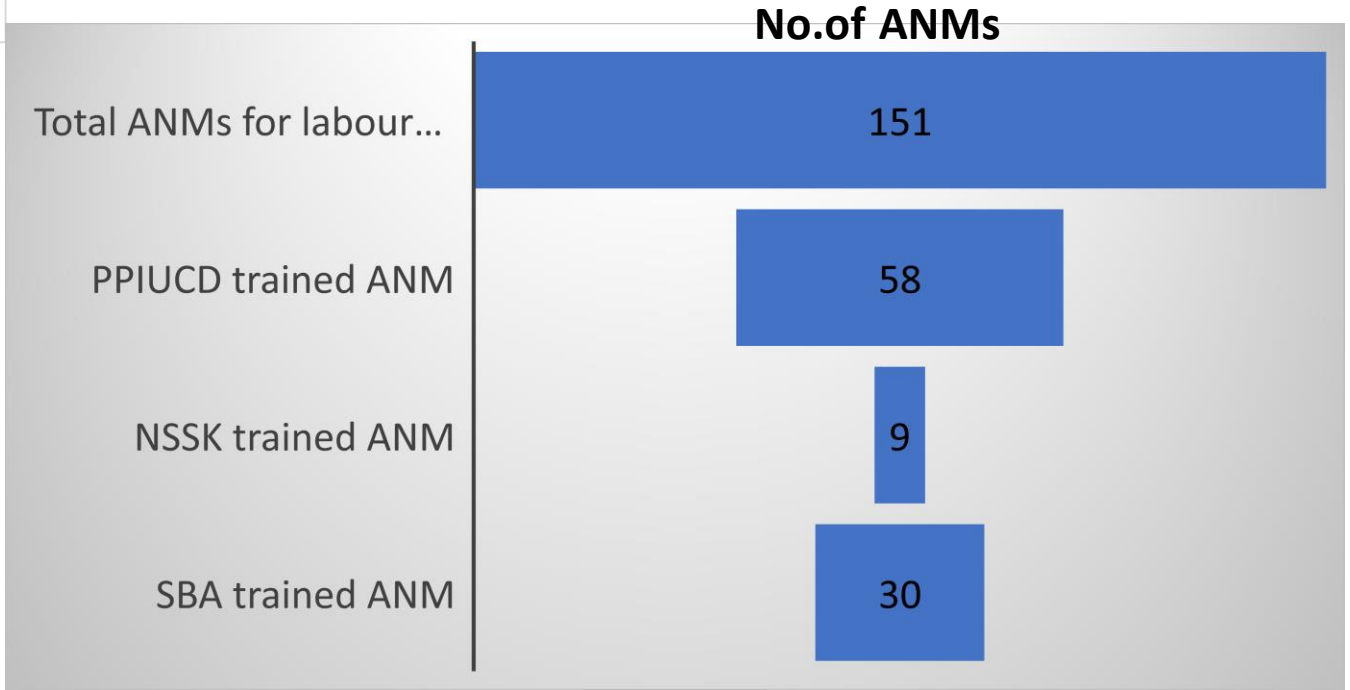
SECTION II: Human Resource

- A sufficient no. of manpower is required to deliver the services at the health facilities effectively and there is always requirement of supportive staff as delivering services with quality is not possible without contribution of the support personnel. Health system ha various staff in various levels of the facility.
- Total Mo : 57
- Total ANM : 151
- Total SN : 7

Training status of Medical officers



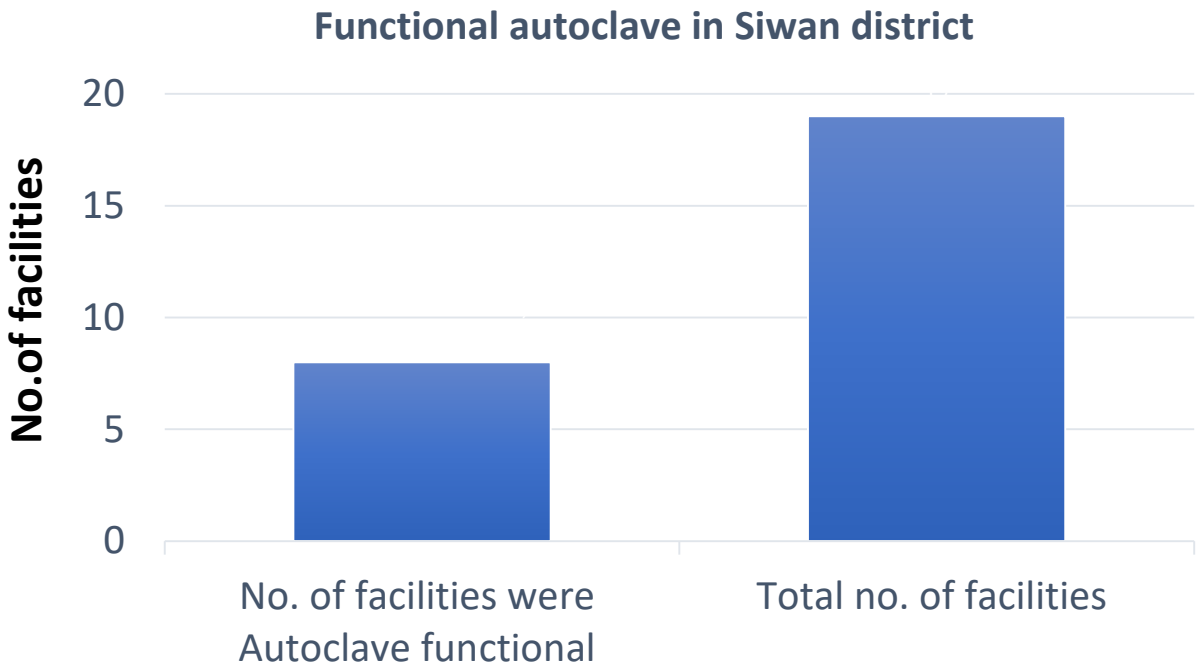
Training status of ANMs

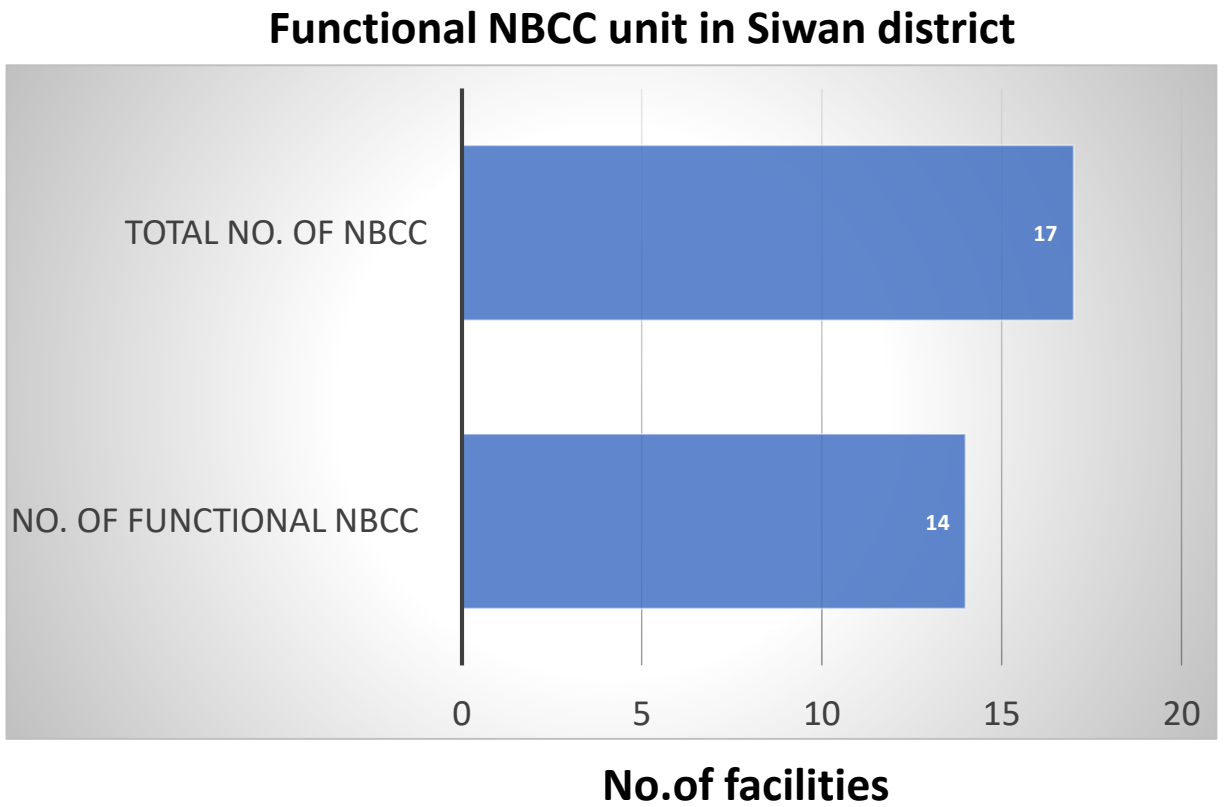


- It was found that about there were about 14 medical officers in the whole district that were trained in providing Facility based Integrated management of childhood illness.
- In DH, there was presence of gynaecologist, paediatrician , General Surgeon, Medical officer, Lab technician and other specialists 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 .

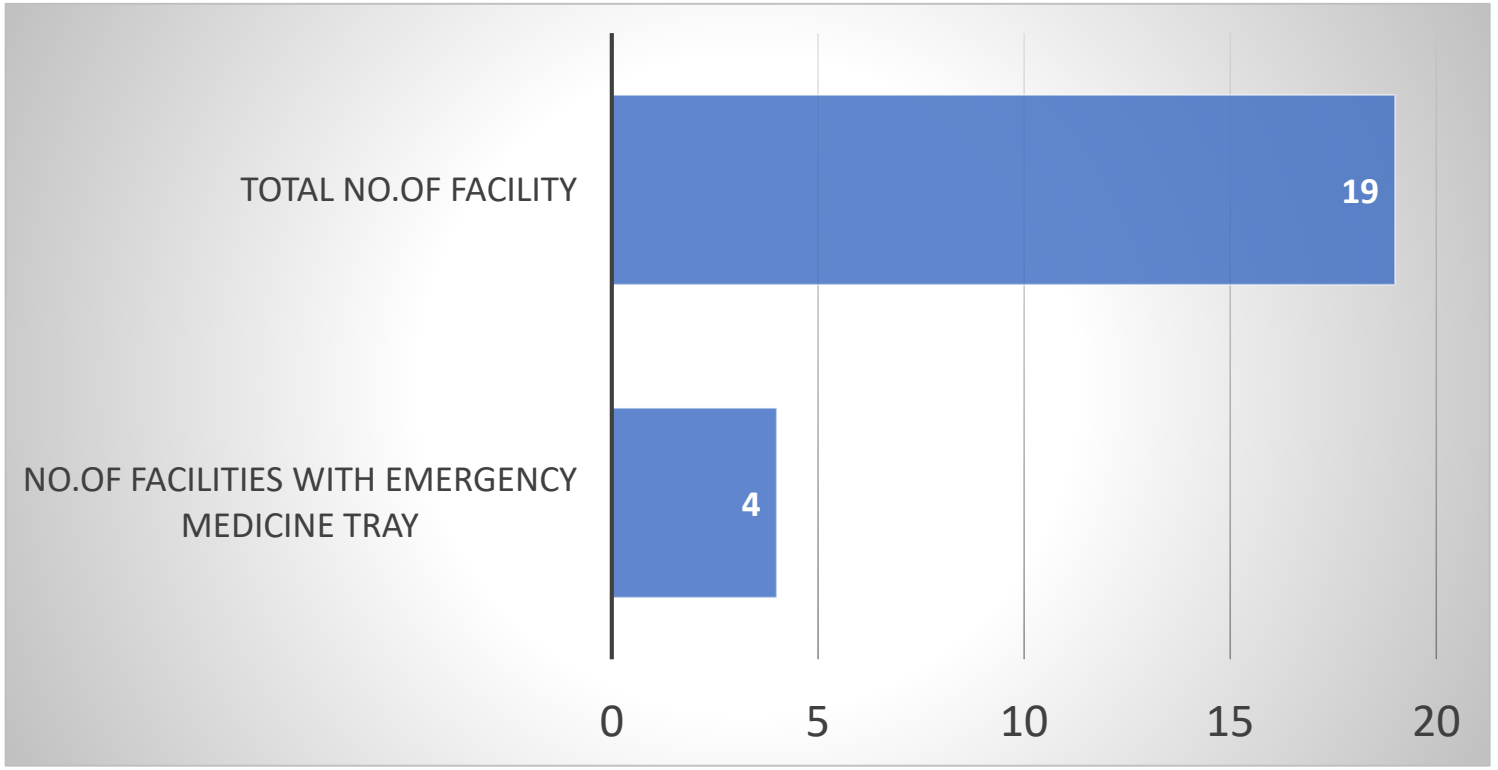
SECTION III: EQUIPMENT

- 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 newborn child and general care services.
- Lab equipment were up to date both in records as well as in physical and functional condition.


Functional autoclave in Siwan district
No.of facilities
20
15
10
5
0
No. of facilities were Autoclave functional
Total no. of facilities

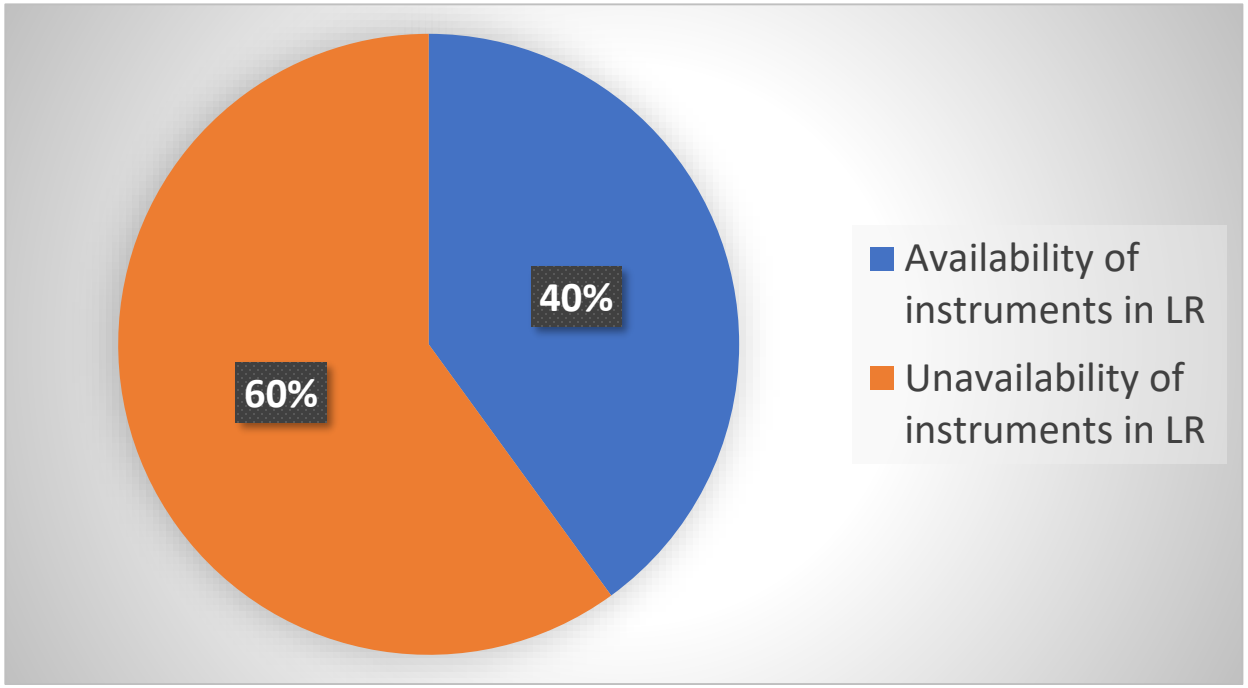

Functional NBCC unit in Siwan district
TOTAL NO. OF NBCC
17
NO. OF FUNCTIONAL NBCC
14
0
5
10
15
20
No.of facilities

Availability of Emergency medicine tray

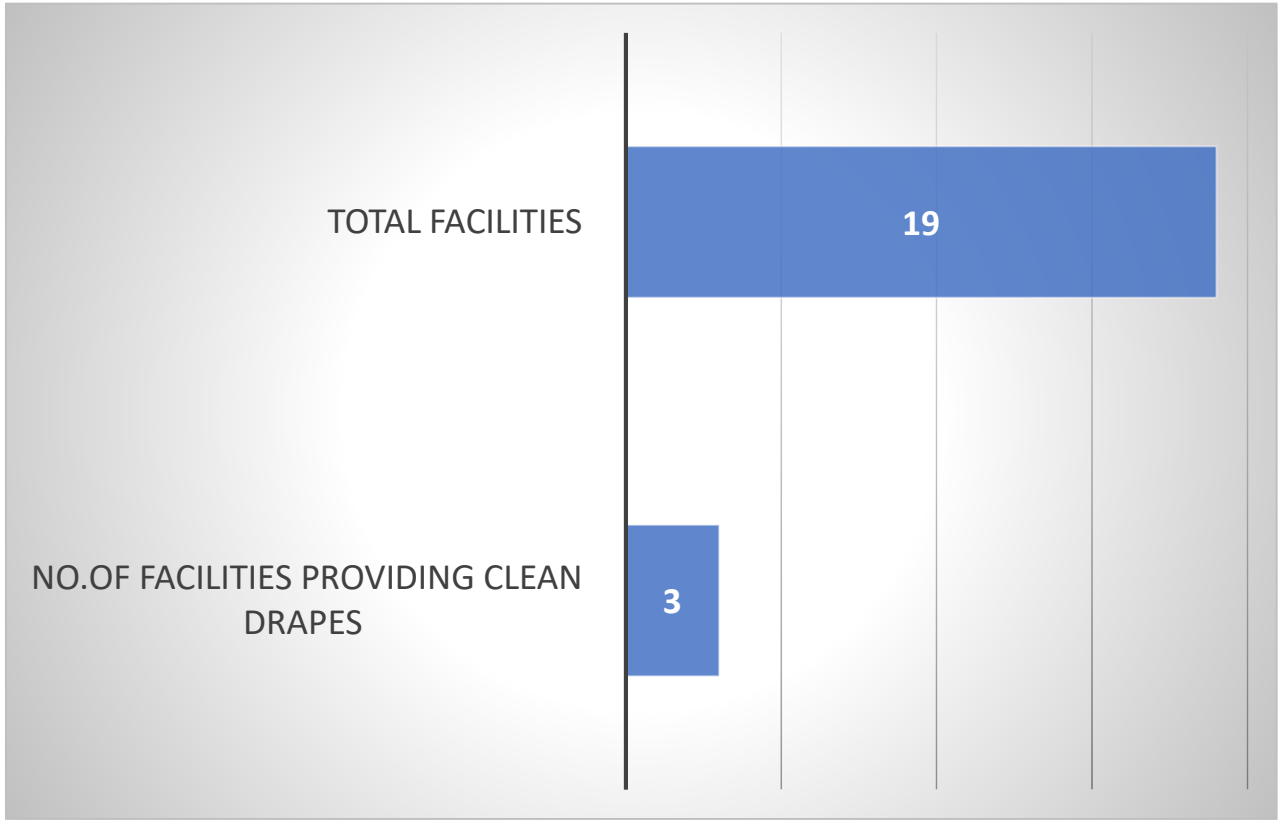


Section IV: Drugs and Supplies

- 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.



Availability of instruments in labour room

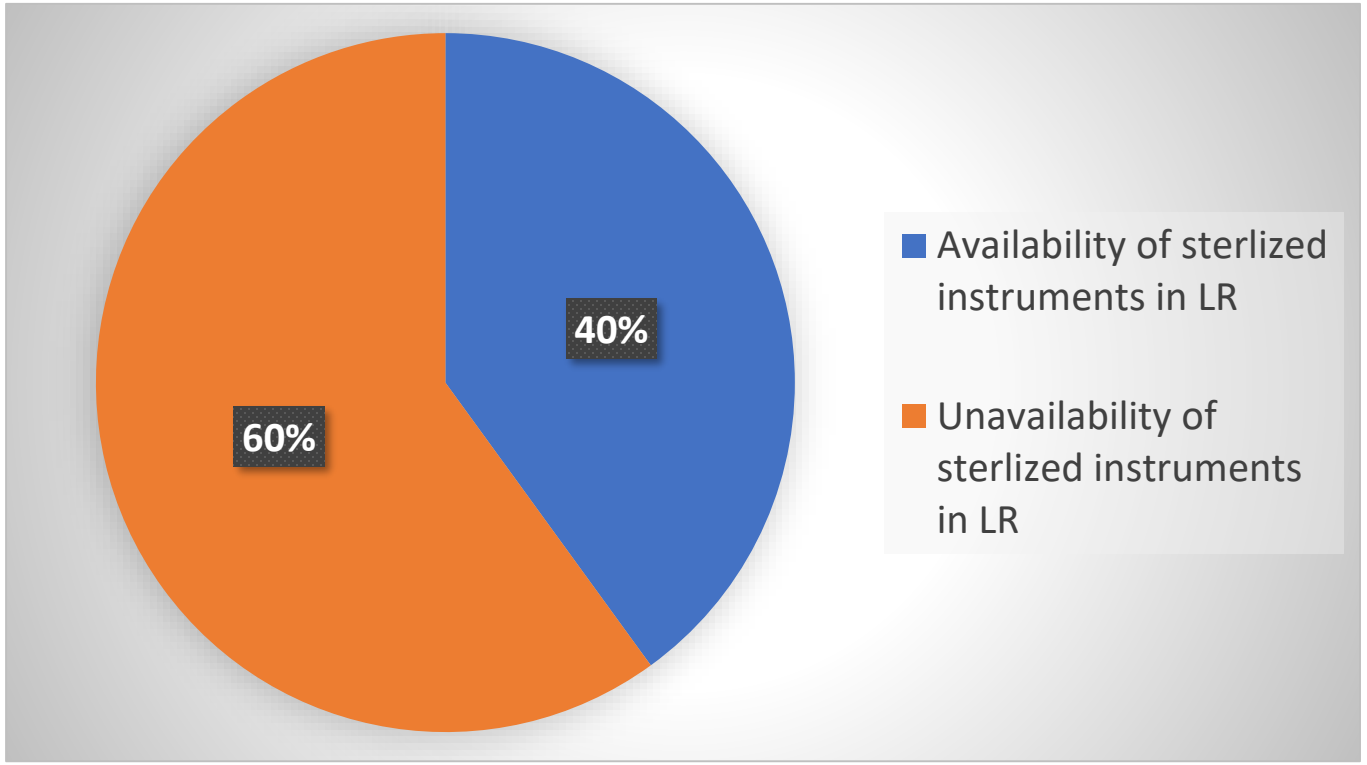


Availability of clean drapes / towels for new born

Section V: Infection control

- On observation it was significant that there was presence of bleaching powder and it was constantly changed and prepared everyday.
- There was availability of Cidex (Glutaraldehyde) in all facilities , but it was not used in any of the facilities.
- 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.

Sterilization Status in labour room



Section VI: Referral Services

- . 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

- **Antenatal 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 drugs 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:

- 42 % facilities had functional autoclave that was used on routine basis, others were functional but not on routine basis .22 % had availability of emergency medicine tray. 40% instruments in labor room was found pre-sterilized.
- All the facilities had power backup and water supply. All facilities had minimum 1-2 ambulances which able to transfer patient to higher referral centers. Adolescent health is one of the aspects which requires major focus as no initiative has been done in this field.
- Overall All the components infrastructure, manpower, infection prevention , drugs and supplies etc require strong supportive supervision at the facility level as well at the district level

- The analysis concluded that all heal facilities were in government owned buildings .70 % PHCs were running in CHC infrastructure, only 37% had proper hand washing area and 73% had functional toilets inside or near to labor rooms as per requirements.
- There were 40% facilities that required renovation in certain areas. In terms of manpower, there is lack of staff in all facilities, out of which all are BEmoC trained but only 53% medical officers are trained in PPIUCD who were posted in Labor rooms. Similarly, in terms of nurses posted in labor rooms only 20% nurses are SBA trained, 38 % are PPIUCD trained.

Thank You