District - NALANDA

Facility Readiness through Health System Strengthening lens; a snapshot in Nalanda District of Bihar

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Health system strengthening

1. process of identifying and implementing the changes in policy and practice in a country's health system, so that the country can respond better to its health and health system challenges

2. array of initiatives and strategies that improves one or more of the functions of the health system and that leads to better health through improvements in access, coverage, quality, or efficiency.

Functions of HEALTH SYSTEM

- ACCESS

1. physical(availability)
2. economic (affordability)
3. cultural access

(irrespective of gender and ethnic issues)

- Quality

1. Readiness: Capacity of health facilities to provide health services
2. Execution of the services

Answer –WHY????/

Objective

- A majority of the poor people of Bihar usually depend on Public/Government Health Care Delivery Systems to address their preventative and curative health needs.
- Optimal availability of good quality drugs procured at competitive prices, quality provision of health related services and proper construction and maintenance of health facilities are of paramount importance for better Health Care Delivery. [1]
- According to a World Health Organization (WHO) report, almost 68 % of the people in India have limited or no access to essential medicines [2].
- Poor availability of medicines in the public sector has pushed up household out-of-pocket (OOP) expenditure, making them the largest household expenditure item after food [3].
- Nearly 80 per cent of India's health care expenditure is borne by patients OOP, of which medicines constitute 70 % [4].

Comprehensive Facility Assessment(CFA)

- Comprehensive Facility assessment was a survey carried out at all the facilities of public health sector
- in order to capture availability of resources (input indicators) related to RMNCHA through interview of health facility staff and observation and in all the 38 districts of Bihar.
- Till now three rounds of CFA were conducted.

Facility Assessment: Study Objective(s) and Evaluation Methodology (1/2)

Objective

- **General objective:**

  - To assess the availability, functioning and quality of resources required to deliver MCH services in public health facilities

- **Specific objectives:**

1. To assess the infrastructure of public health facilities (roof, wall ,floor, door, window layout ,usage and electricity)
2. To assess the availability of consumables, essential drugs and equipment.

Methodology

- ✓ A cross sectional quantitative study was conducted in all public health facilities of Bihar at and above the level of primary health centres (PHCs).
- ✓ A standardised questionnaire adopted from various GOI guidelines and protocols (National Quality Assurance Standards (NQAS) and MNH Toolkit) was used for assessment.
- ✓ sample size for Bihar was 550 and Nalanda was 21 facilities
- ✓ The assessment was carried out by data collectors (Consultants) who had prior experience of health facility based data collection and who underwent rigorous training for 10 days.
- ✓ Depending on facility type, ~6-8 man-days were required to complete the assessment in each public health facility.

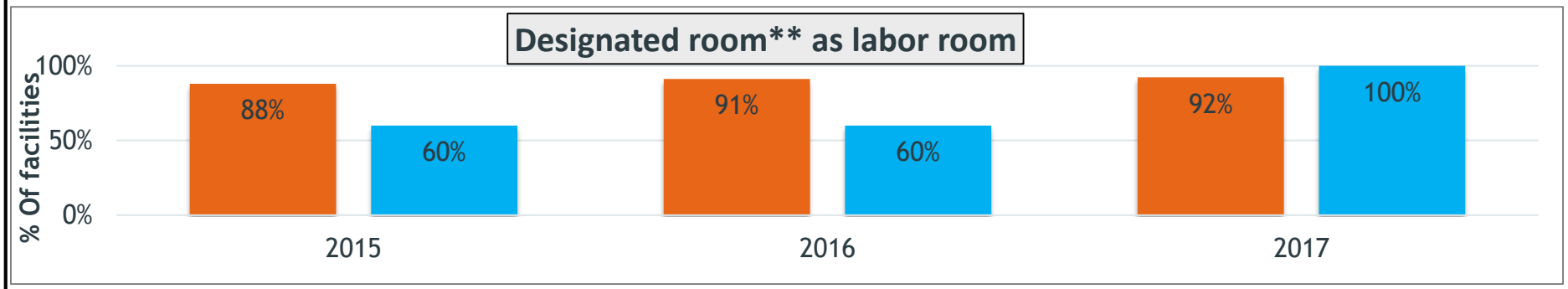
Methodology

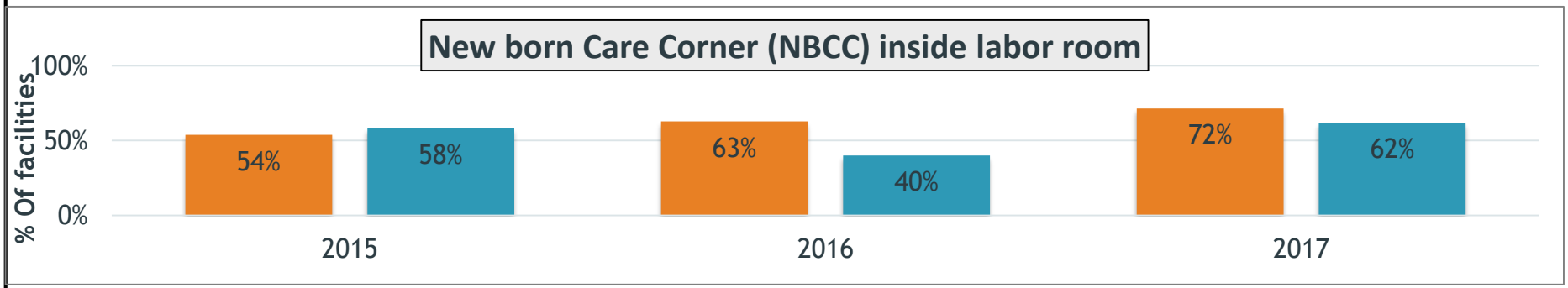
- ✓ Data collection was done in hand-held devices using ODK platform
- ✓ 100% spot checks by District MLE Officers were conducted to ensure data quality
- ✓ Survey based on general observation, physical counting of drugs and consumables. No Secondary data sources are used in the survey.
- ✓ changes are very frequent in drugs and consumables therefore data was collected on the quarterly basis whereas status of Human Resources status would be captured on bi-annual basis and Infrastructure would be captured on annual basis .

Facility Assessment: Study Objective(s) and Evaluation Methodology (2/2)

Modules of facility Assessment	*Scope of Assessment*
HR	Availability (Positions sanctioned, filled, vacant, deputation in and out, contractual staff) of Specialist doctors, Medical Officers, Staff Nurse, ANMs and Paramedics
Labor Room	Infrastructure, Supplies (drugs, consumables and equipment), Infection Control, Review of Records .
Operation Theatre	Infrastructure, Supplies (drugs, consumables and equipment), Infection Control, Review of Records .
Maternity Ward	Infrastructure, Supplies (drugs, consumables and equipment), Infection Control, Review of Records .
Drug Store	Infrastructure, Supplies (drugs, consumables), Infection Control, Review of Records , Inventory management practices
Laboratory	Supplies (Kits, Reagents, Equipment), Service provision (types of lab tests done)
Ambulance	Availability and service provision (trips, distance travelled)
Condemned Article	Location, type and floor area of condemned articles
Bio-medical Waste Management	Collection, Segregation, and Disposal (outsourced agency and manual disposal)
Exit Interviews	Care and Counselling provided to recently delivered mother and newborn at Post Natal Ward before discharge

Infrastructure of labor rooms at functional delivery points





Bihar District

* As per MNH toolkit

* *Room with a signage board that is exclusively used for conducting deliveries

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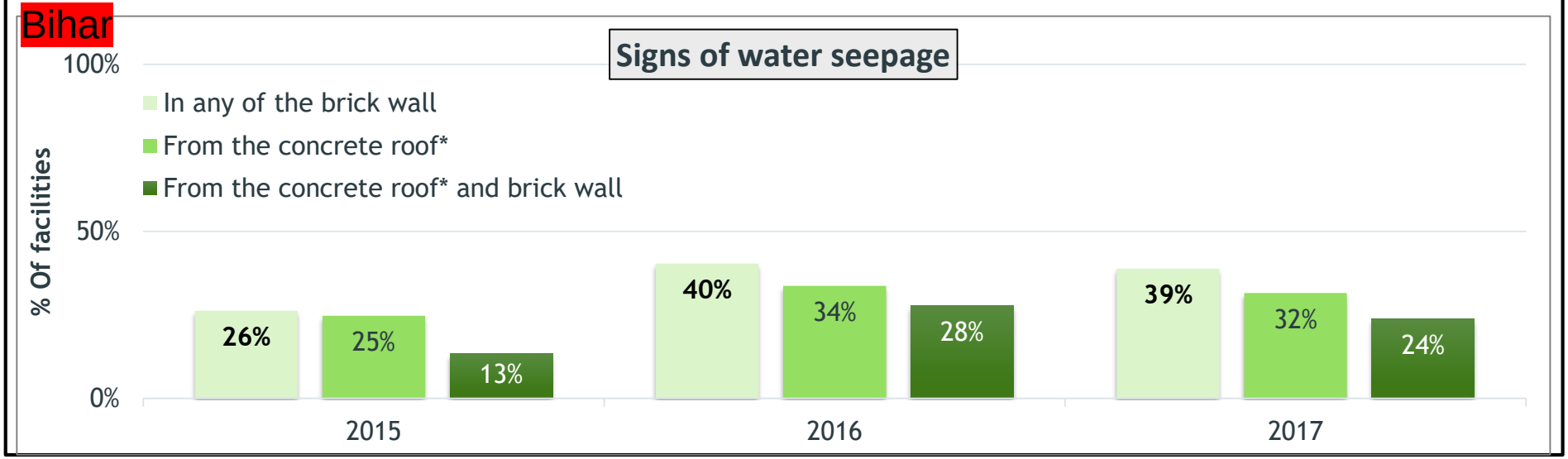
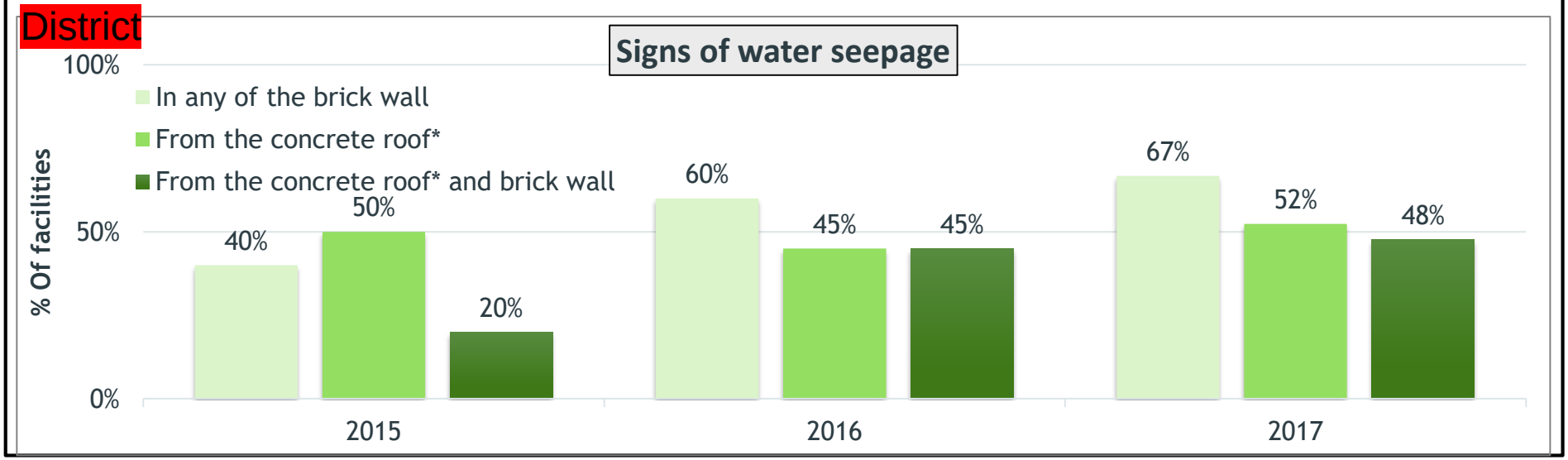
District-2015:20 2016:20 2017:21

Infrastructure of labor rooms at functional delivery points

Bihar



District



*Water seepage from roof is assessed only for labor rooms that have concrete roof

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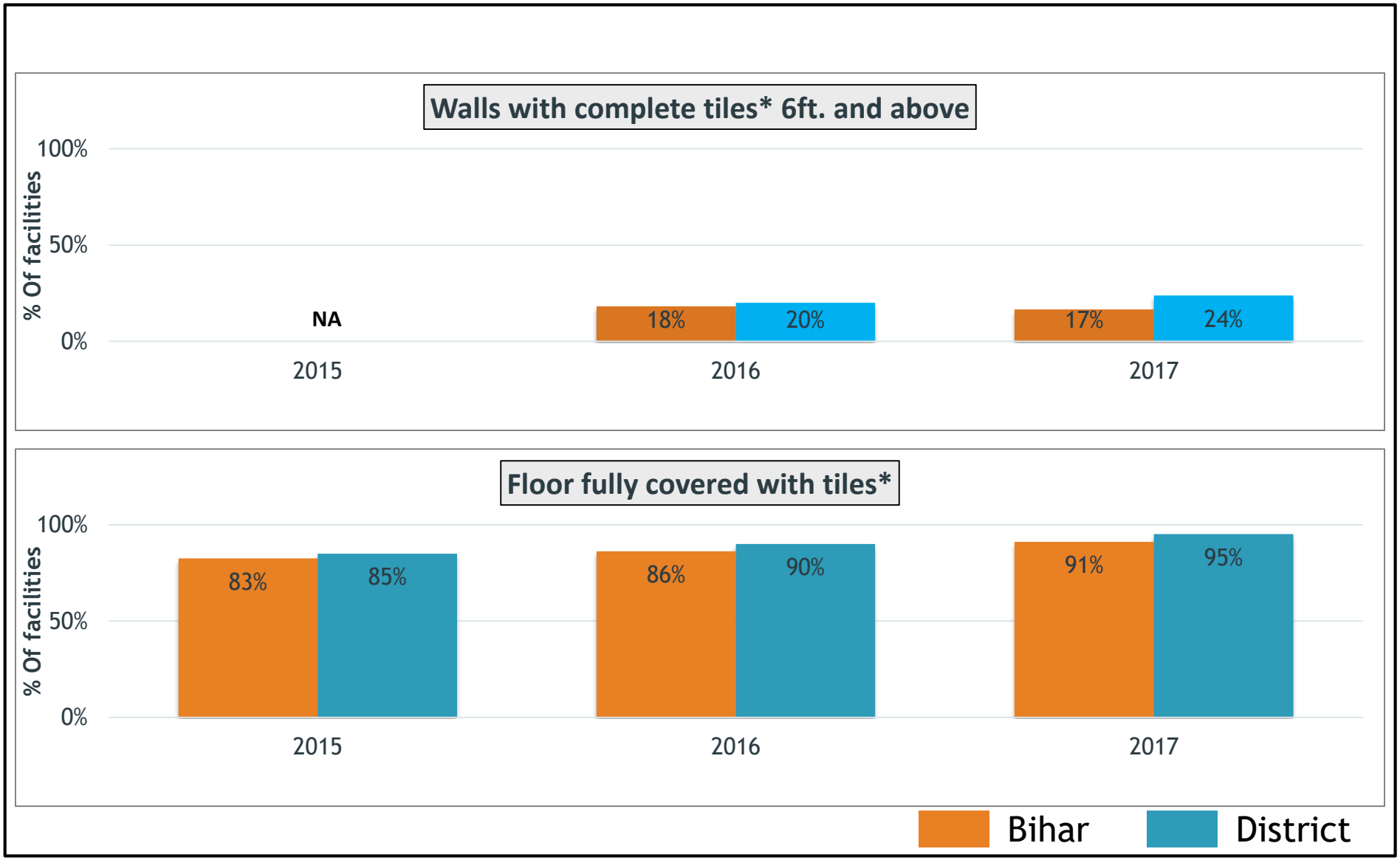
Infrastructure of labor rooms at functional delivery points



*Tiles = Light colored, non-porous, smooth tiles. Marble/Mosaic covering was not considered.

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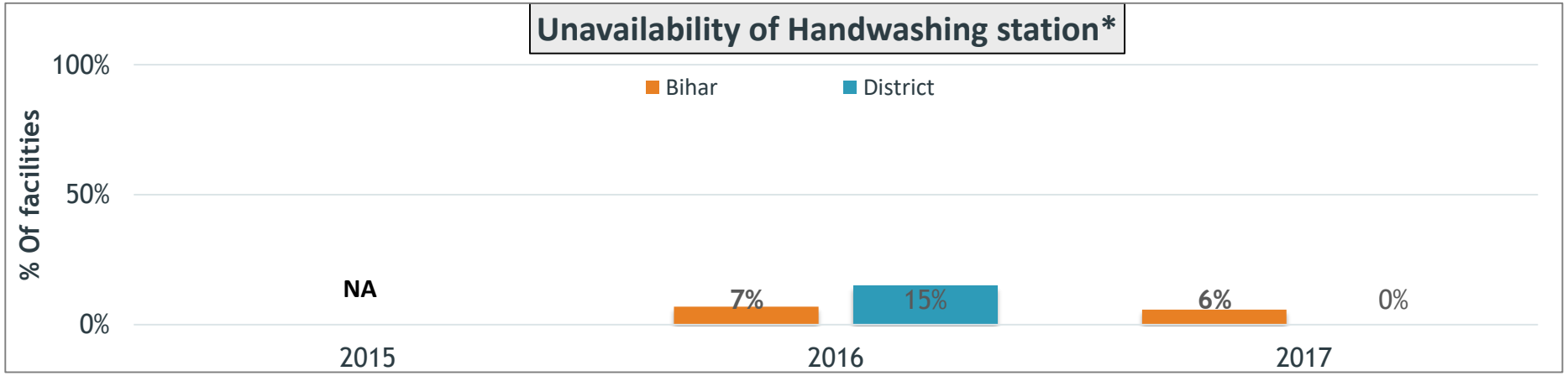
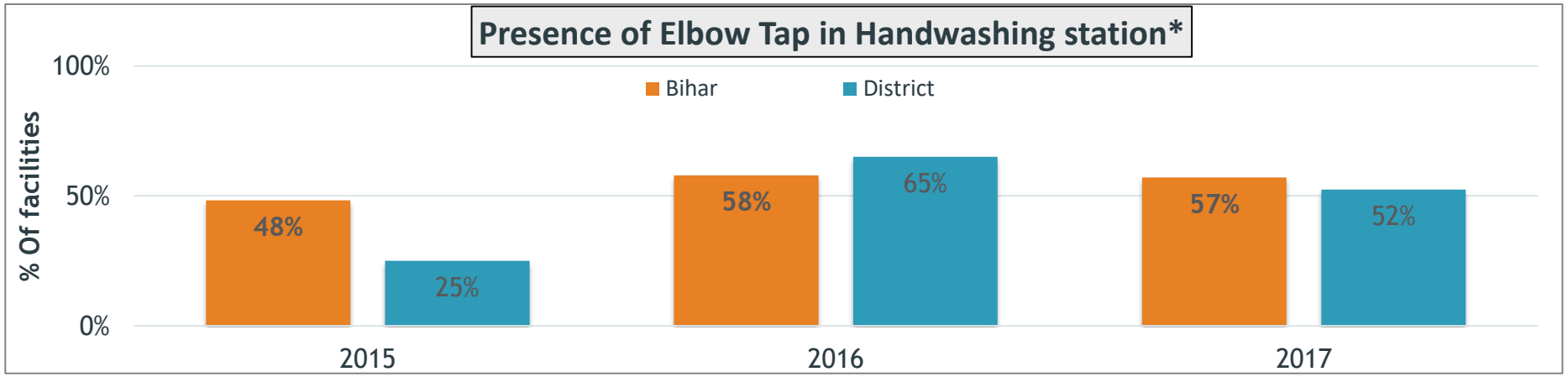
Infrastructure of labor rooms at functional delivery points (5/5)





*with running water

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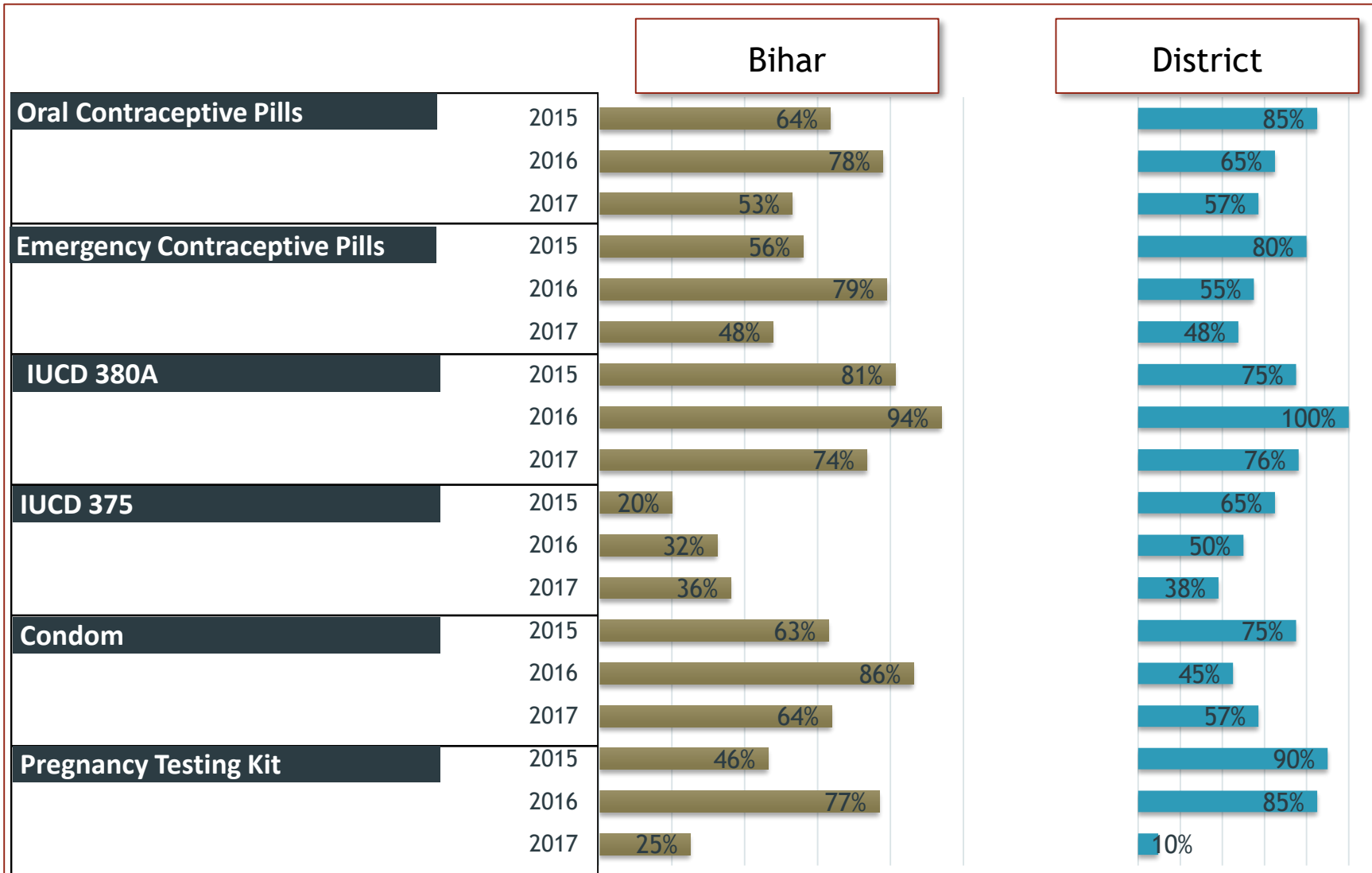
Stock-in situation for essential drugs & commodities - Reproductive Health



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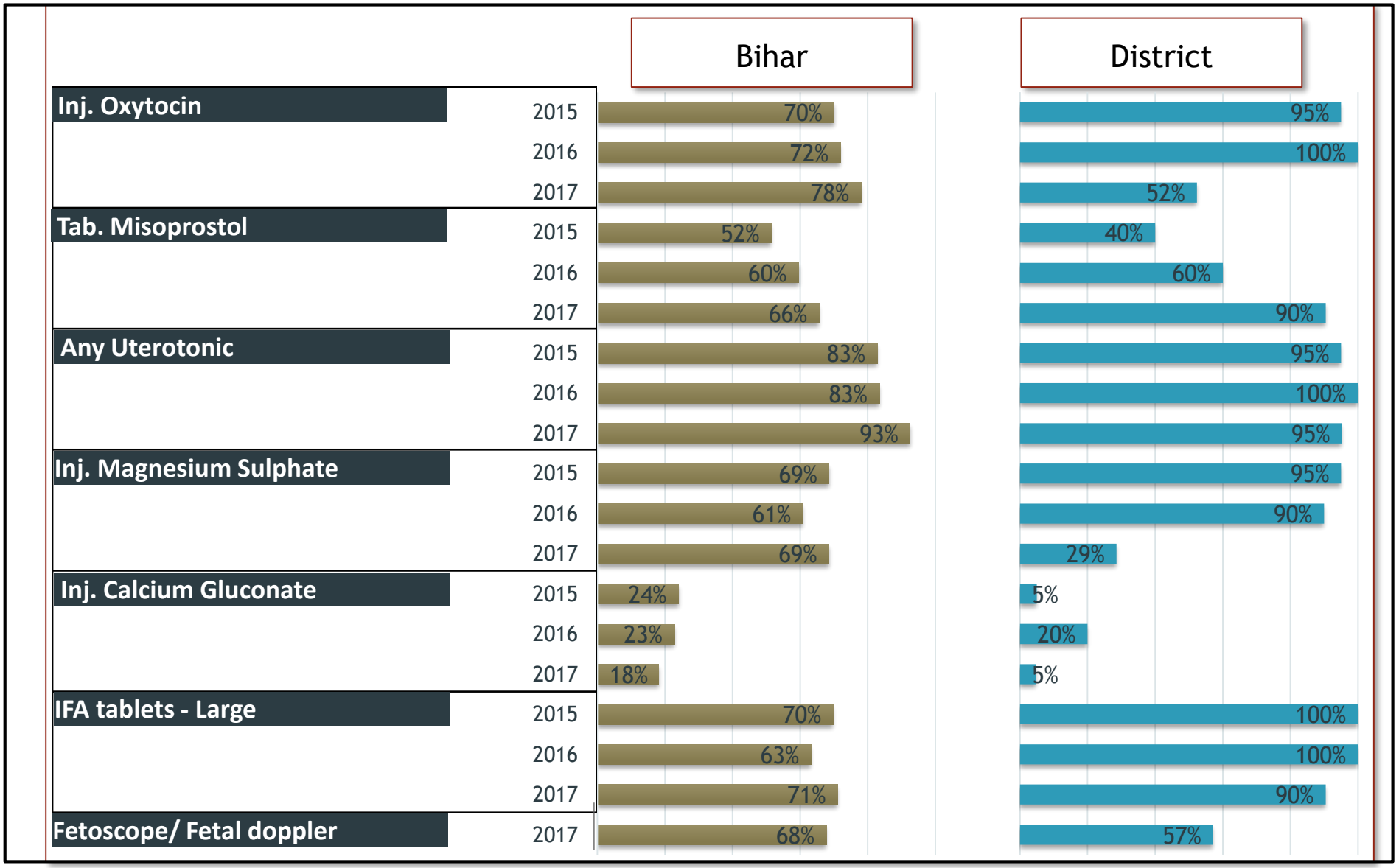
Stock-in situation for essential drugs & commodities - Maternal Health (1/3)



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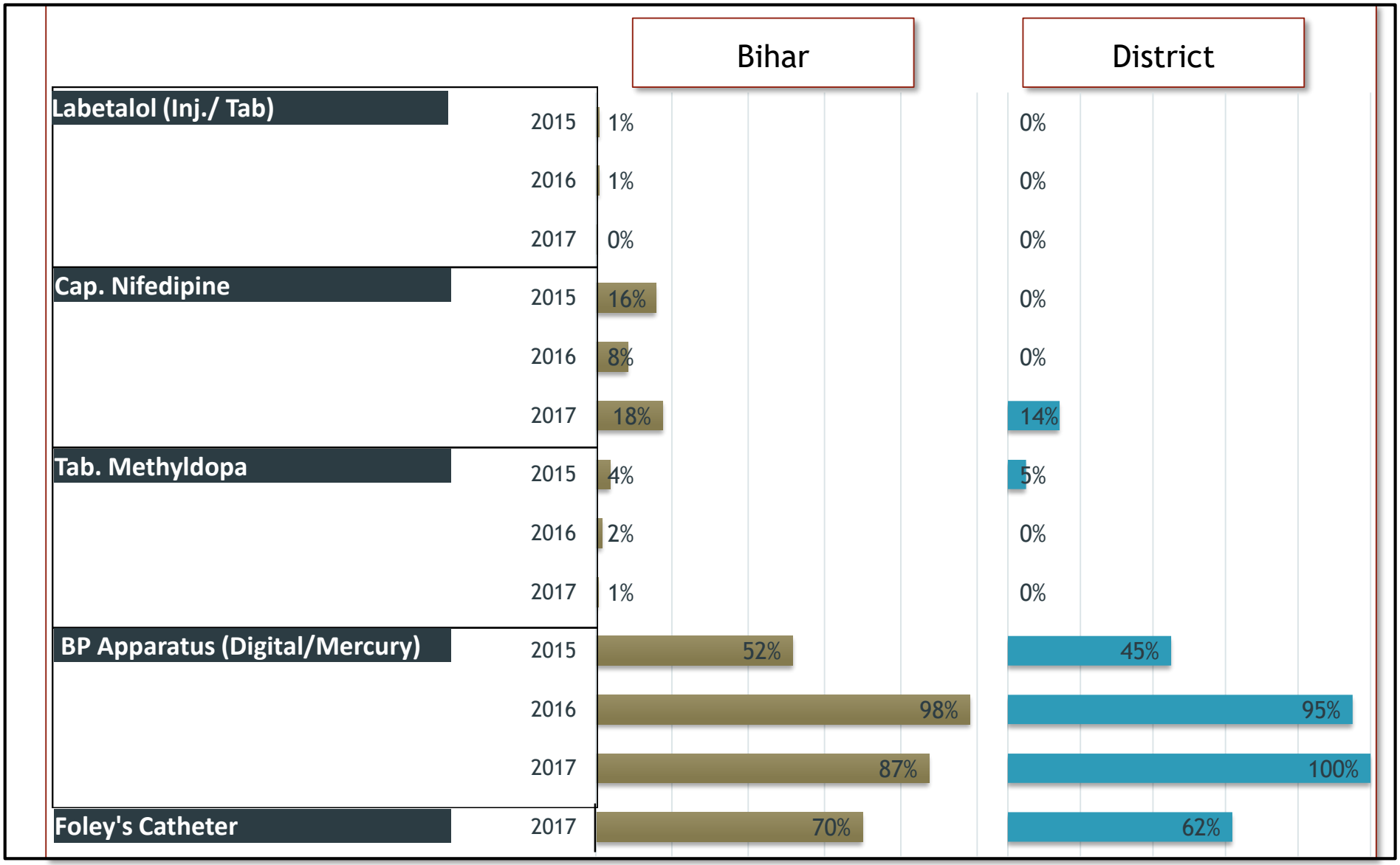
Stock-in situation for essential drugs & commodities - Maternal Health (2/3)



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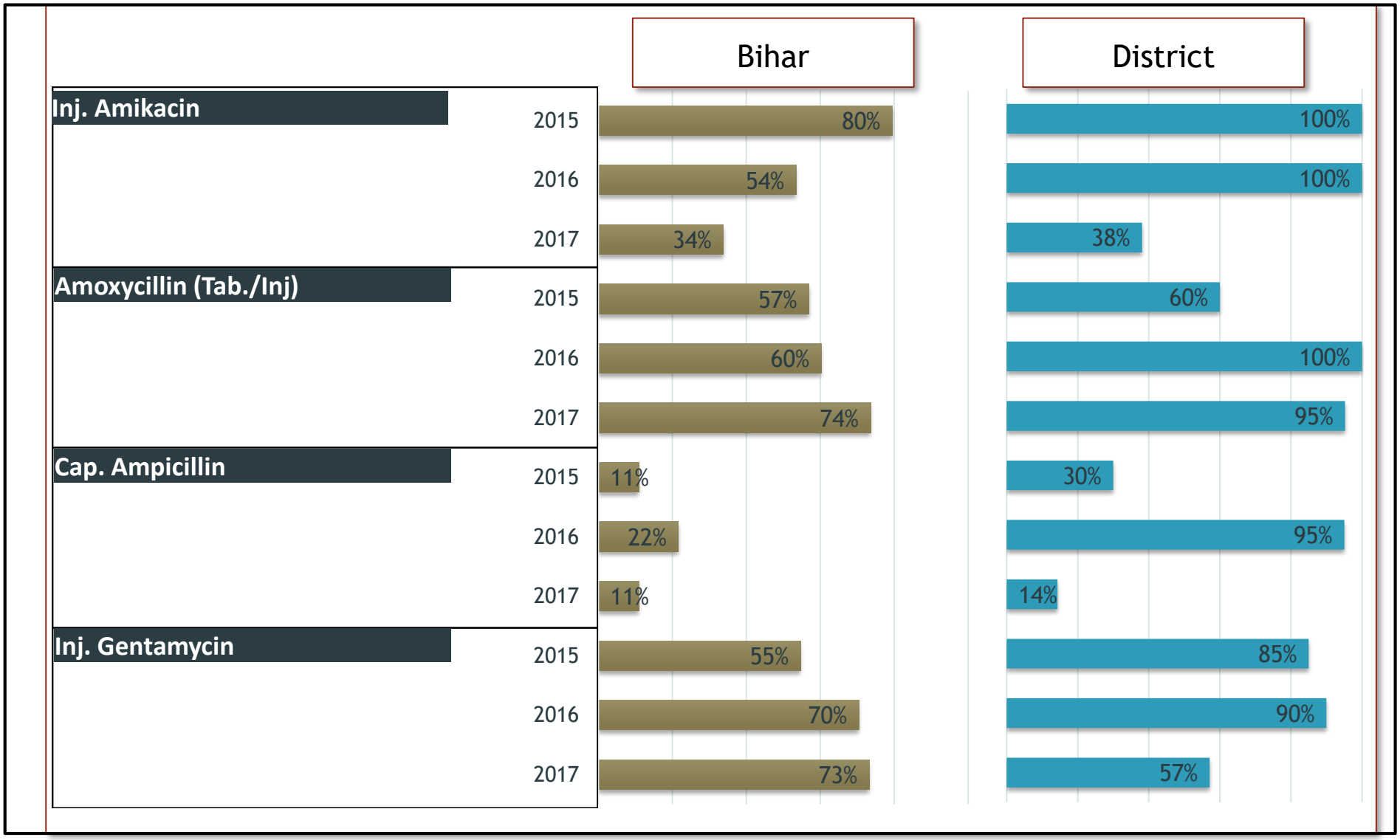
Stock-in situation for essential drugs & commodities - Maternal Health (3/3)



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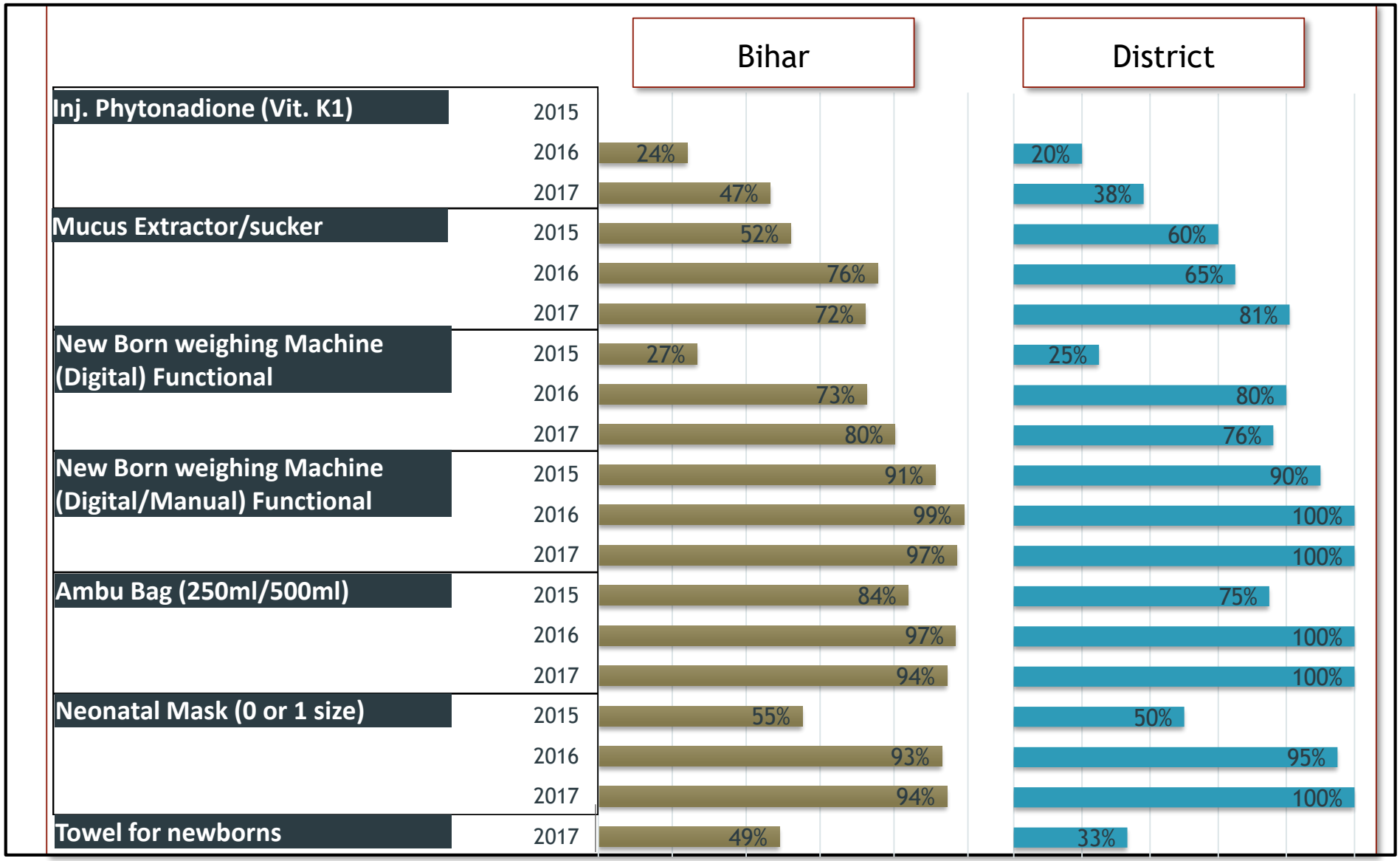
Stock-in situation for essential drugs & commodities - Neonatal Health



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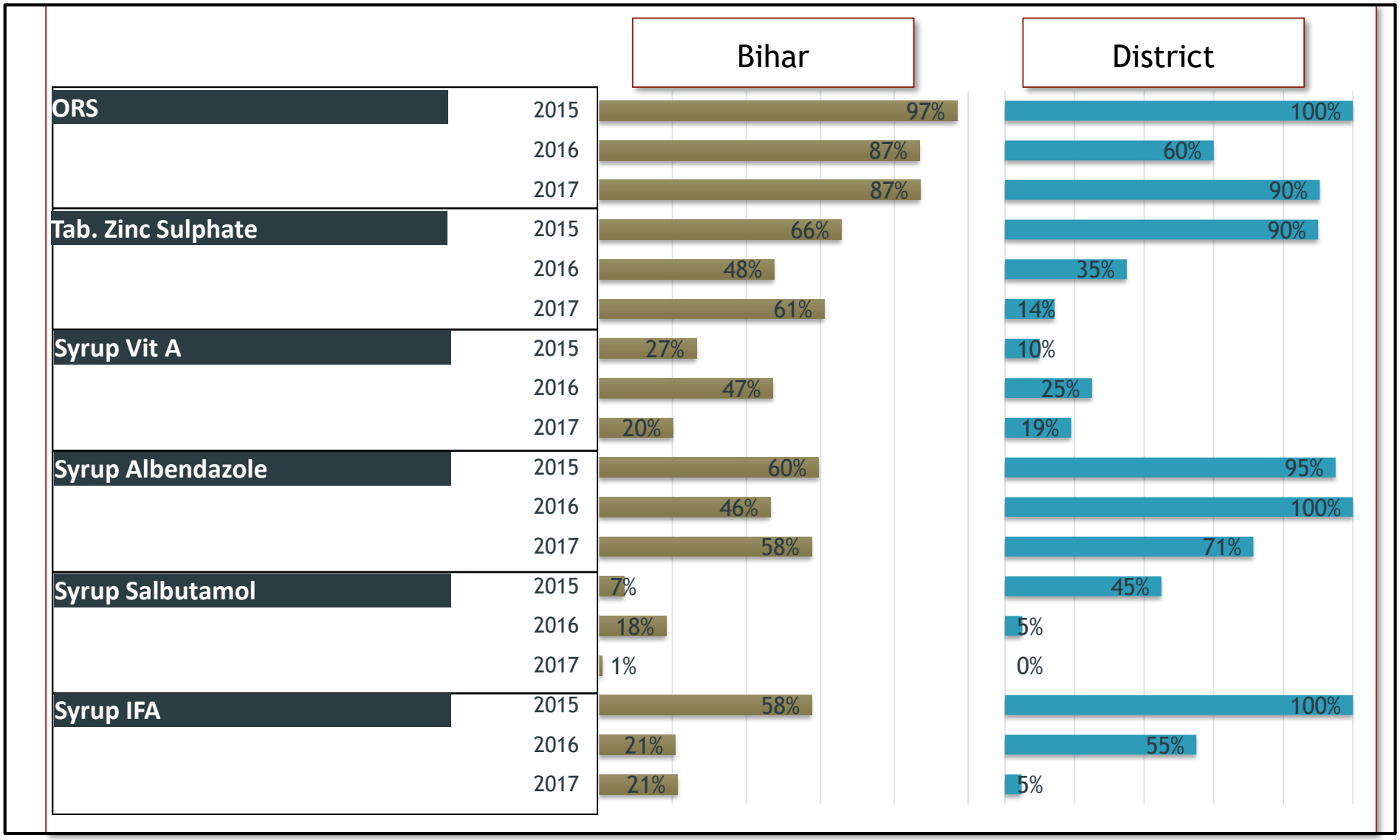
Stock-in situation for essential drugs & commodities - Child Health



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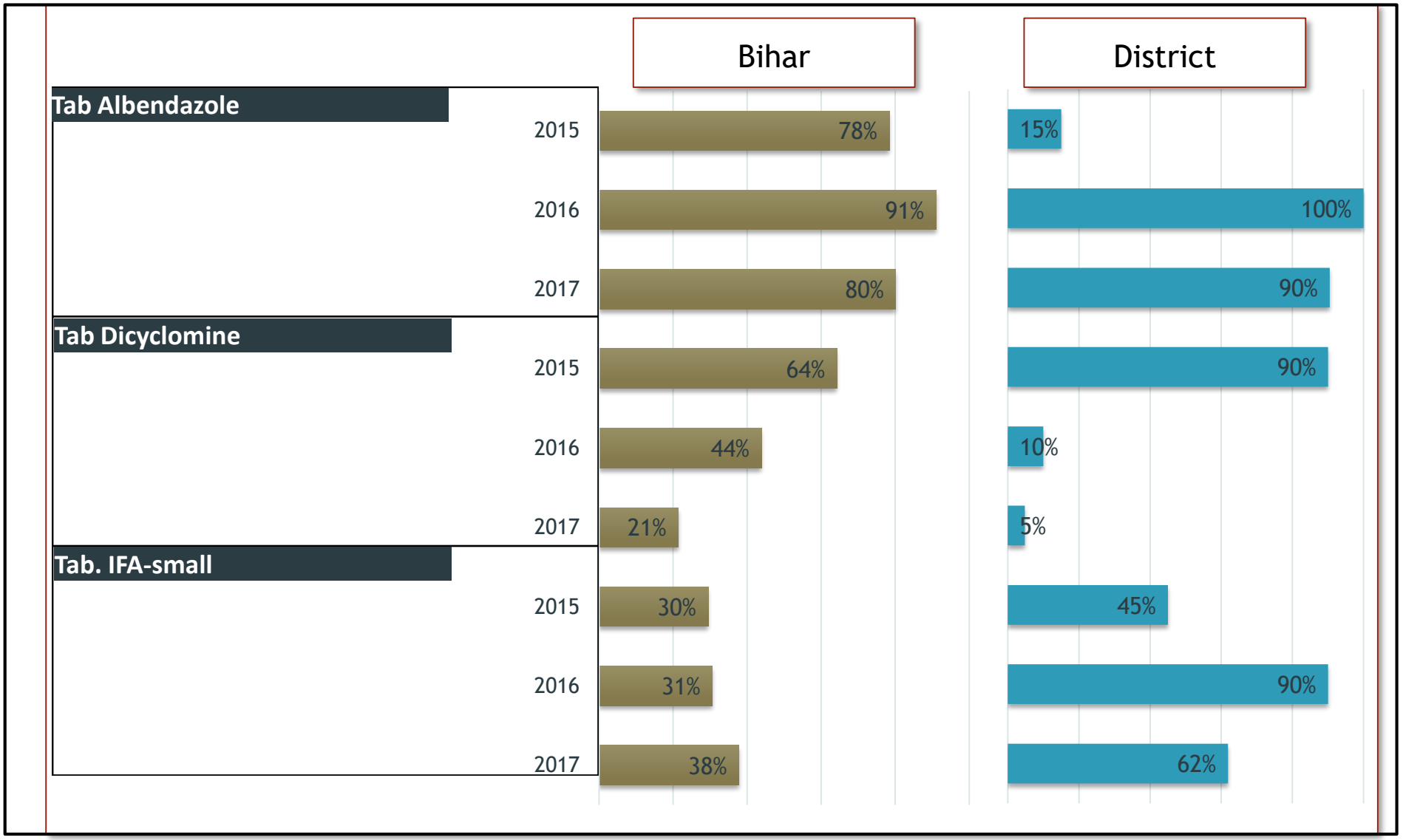
Stock-in situation for essential drugs & commodities - Adolescent Health



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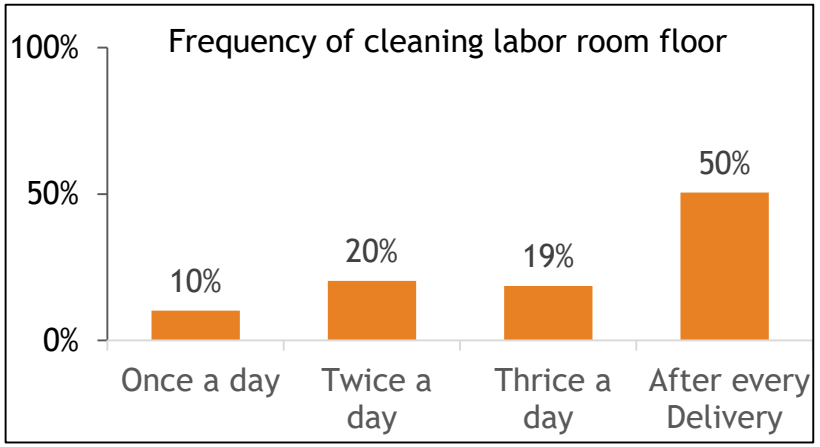
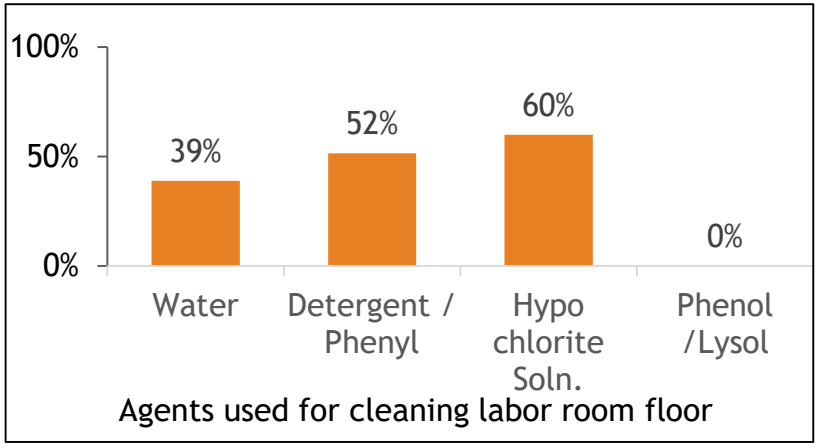
Infection control – Frequency of cleaning labor room floor

Bihar





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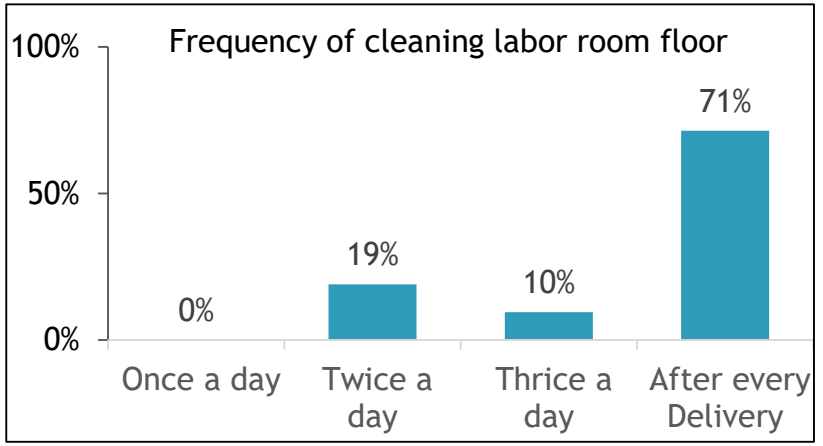

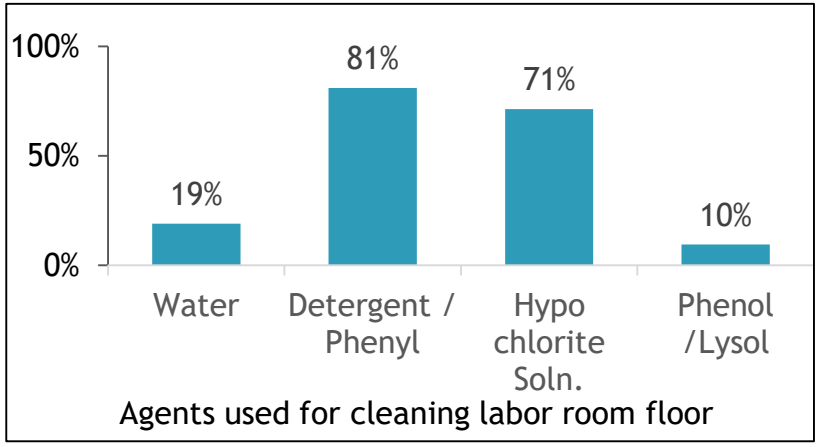

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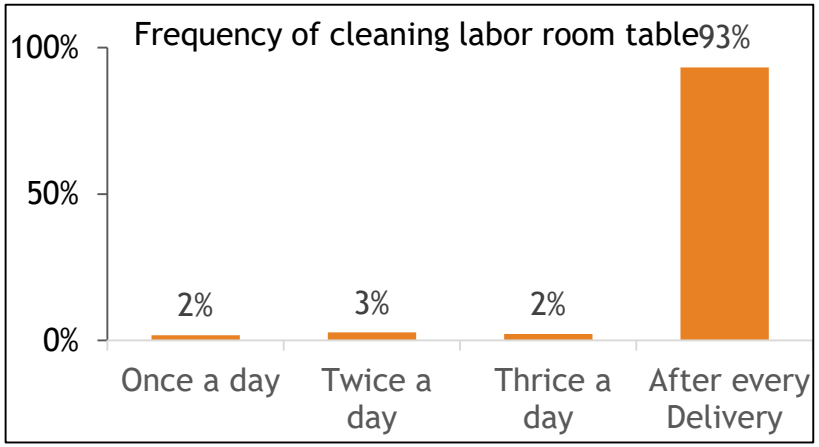
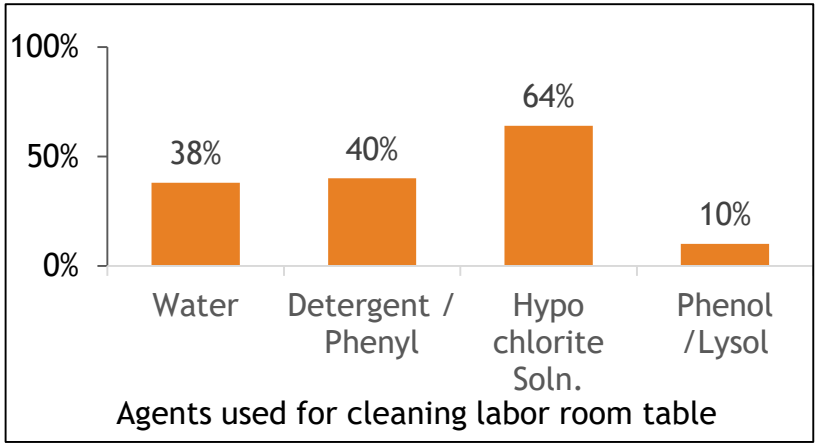
Infection control - Frequency of cleaning labor table

Bihar





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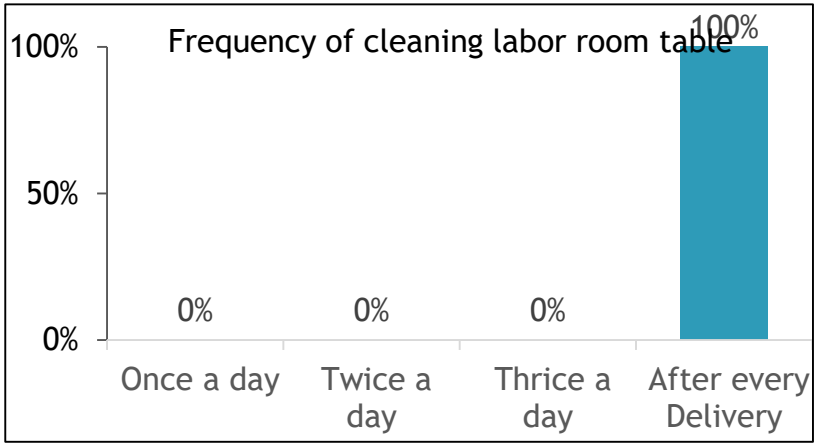

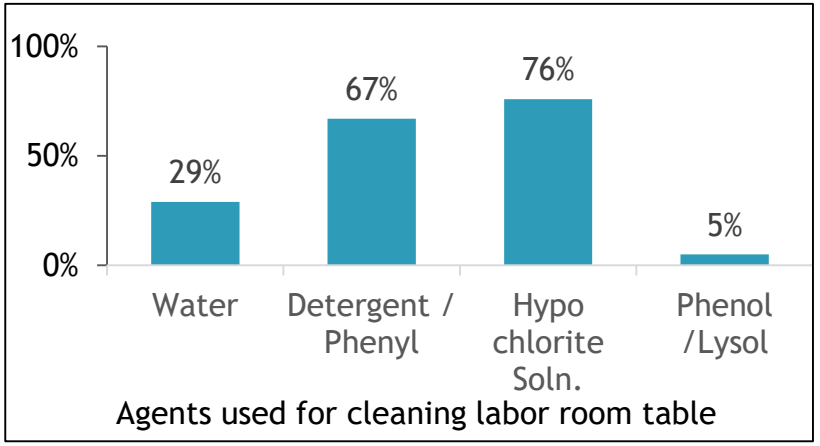

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District- 2017:21

Infection control – Availability of different colored bins in the labor room

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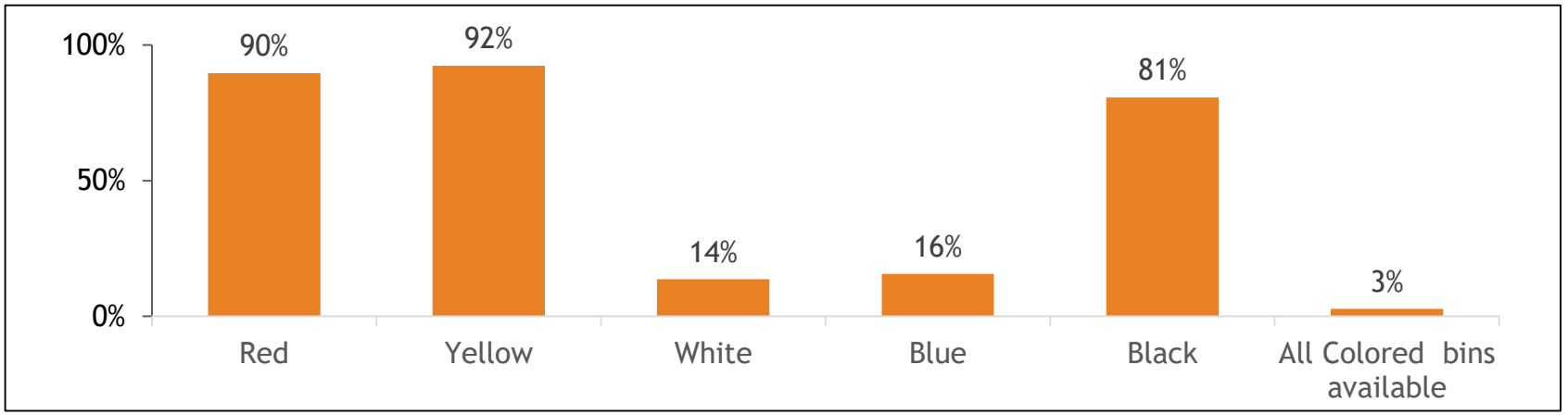
Bihar



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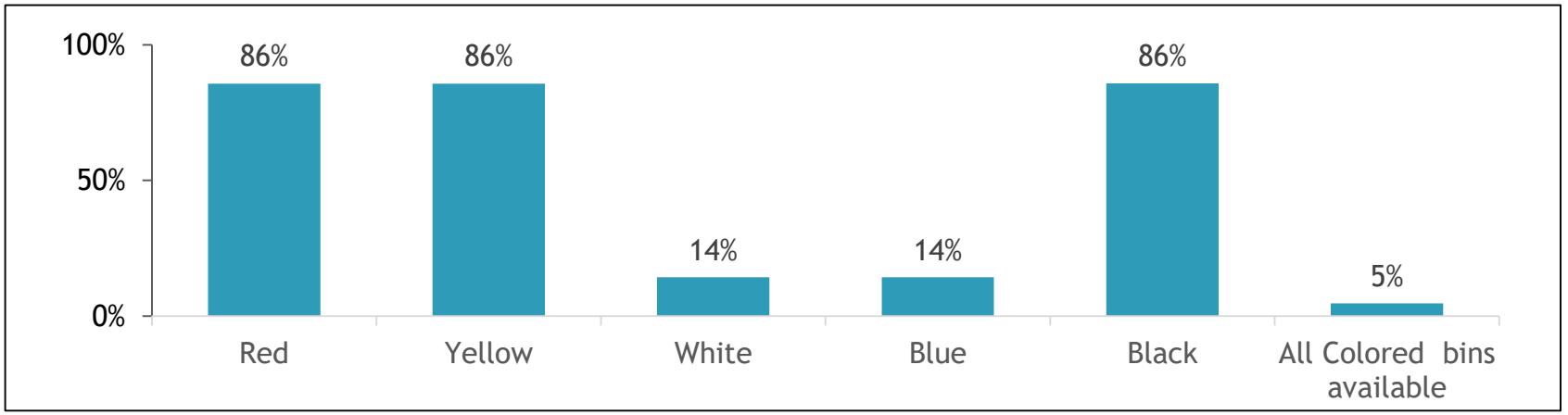

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District- 2017:21

Conclusion

1. After comparing the findings of the assessment with the standard guideline we observe many gaps regarding indicators
2. We have seen sharp increase in infrastructure related gaps as well as decrease in negative indicator like water seepage from wall and roof in Nalanda over several round but overall condition in Nalanda as well as in Bihar needs special attention to achieve universal.
3. Hygiene practices and stock in situation was poor. therefore more attention is required
4. Limitation: When to its cross-sectional design alike any such study should be interpreted with cautiously especially for the indicators like drugs and commodities
5. In order to fill the above gap more serial-cross sectional survey are planned

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Thank you
for your attention