A study on gap assessment of RMNCH+A strategy in high priority district of Barabanki Uttar Pradesh

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Introduction

- Health (RCH), healthcare infrastructure and workforce as also the expansion of programme management capacity since the launch of NRHM in 2005 provide an important opportunity to consolidate all our efforts. As we inch closer to 2015, there is an opportunity to further accelerate progress towards MDG and redefine the national agenda to come up with a coordinated approach to maternal and child health in the next five years.
- The most common direct medical causes of maternal death as per SRS (2001–03) are haemorrhage, mainly postpartum (37%), sepsis because of infection during pregnancy, labour and postpartum period (11%), unsafe abortions (8%), hypertensive disorders (5%) and obstructed labour (5%).

Rationale

- Uttar Pradesh has one of the highest MMR of 285 maternal deaths per 100,000 live births (SRS 2011–13) in India. IMR of Uttar Pradesh i.e. 50/1000 Live Birth is higher than the national average of 40/1000 LB (SRS 2013).and Shrawasti is one of the poorest in health indicator in entire Uttar Pradesh. MMR is 368 per 100,000 live births and IMR is 98 per 1000 live births (AHS 2013). Considering the large number of maternal and child deaths taking place in the country, it is important to understand why these deaths occur.

Research Question

- What is the current status of supplies and availability and accessibility in RMNCH+A intervention at Barabanki district in Uttar Pradesh

Objectives

- To assess the availability of drugs and equipment's coverage for RMNCH+A
- To identify gaps in services delivery of RMNCH+A

Methodology

- **Study Design**: - Descriptive Cross-sectional study.
- **Study Area**: - District Barabanki, Uttar Pradesh.
- **Study Duration**: - Three months (8th February 2016 to 8th May 2016).
- **Sample Size**: – Random sampling was done for PHCs and SC and CHCs with one district women hospital. The sample design was Quota study design and sample size was 21 health facilities
- **Study Participants**: - Staff Nurse and ANM (Auxiliary Nursing Midwives) ASHA of the identified level 1 level 2 and level 3 delivery points.

Data collection method: -

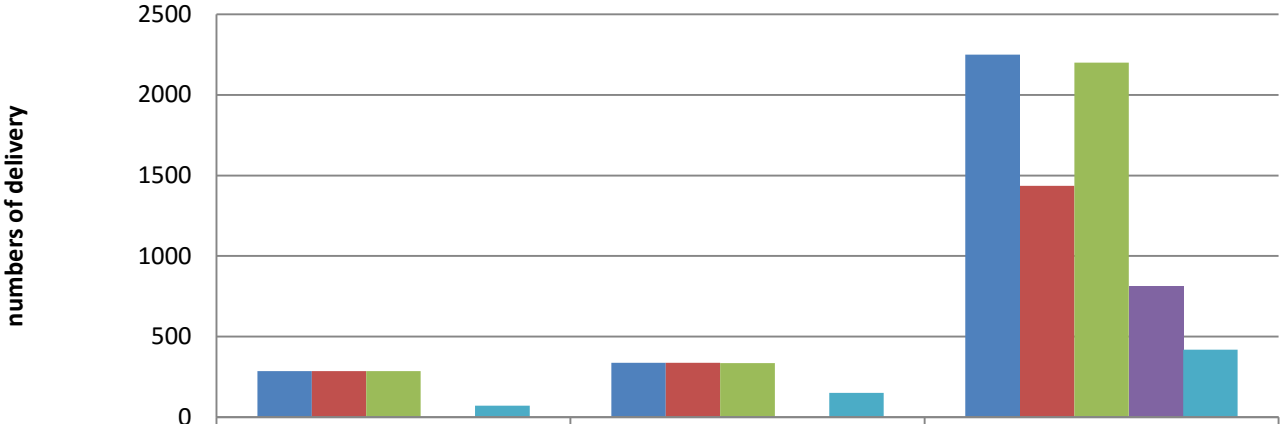
- Interview of Staff nurse ,ANM .
- 2. Review of records.
- Data Collection Technique- Interview with ANMs and staff nurse
- Data Collection Tool - Government of India Supportive supervision.

Data analysis:

Data analysis was done by using MS Excel software. MS 2007 was used for graphical representation and further analysis.

Results

Health care facility level load and status



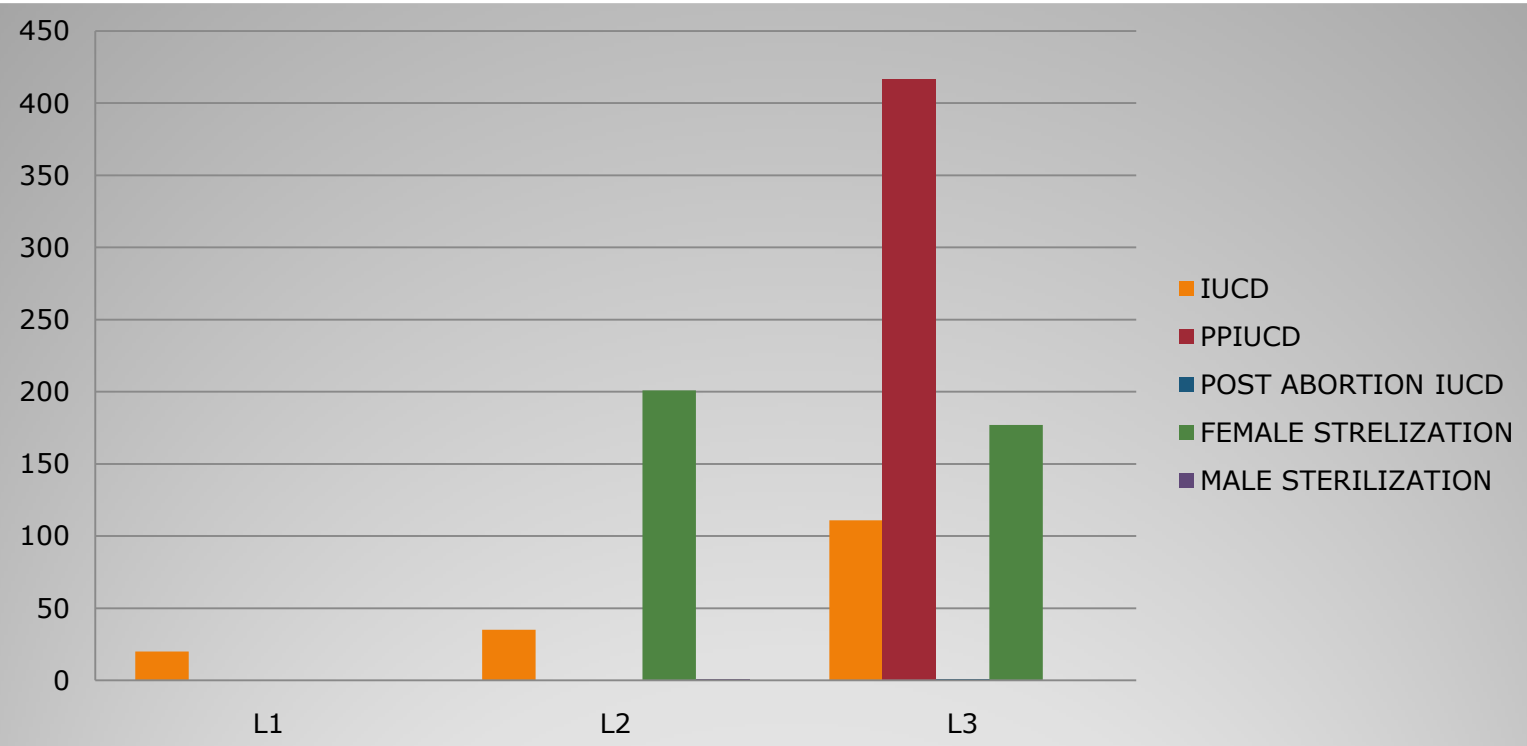
	L1	L2	L3
total delivery	286	338	2250
normal delivery	286	338	1435
live birth	285	336	2201
c section	0	0	815
referal	71	150	419

N = 21

- Total L1(HSC and PHC including 24*7) facility load was 286 with all fall in normal delivery category but there was a death in past three months which having live birth 285.the referral is 71.
- As in L2 (CHC) total facility delivery 338 with 338 was normal delivery along with 336 live births reported. Total referral was 150.

- In the L3 (FRU/DWH) facility total facility load was 2250 with normal delivery1435.live birth was reported 2201 and c section was 815, followed by 419 referral of three months.

Reproductive status

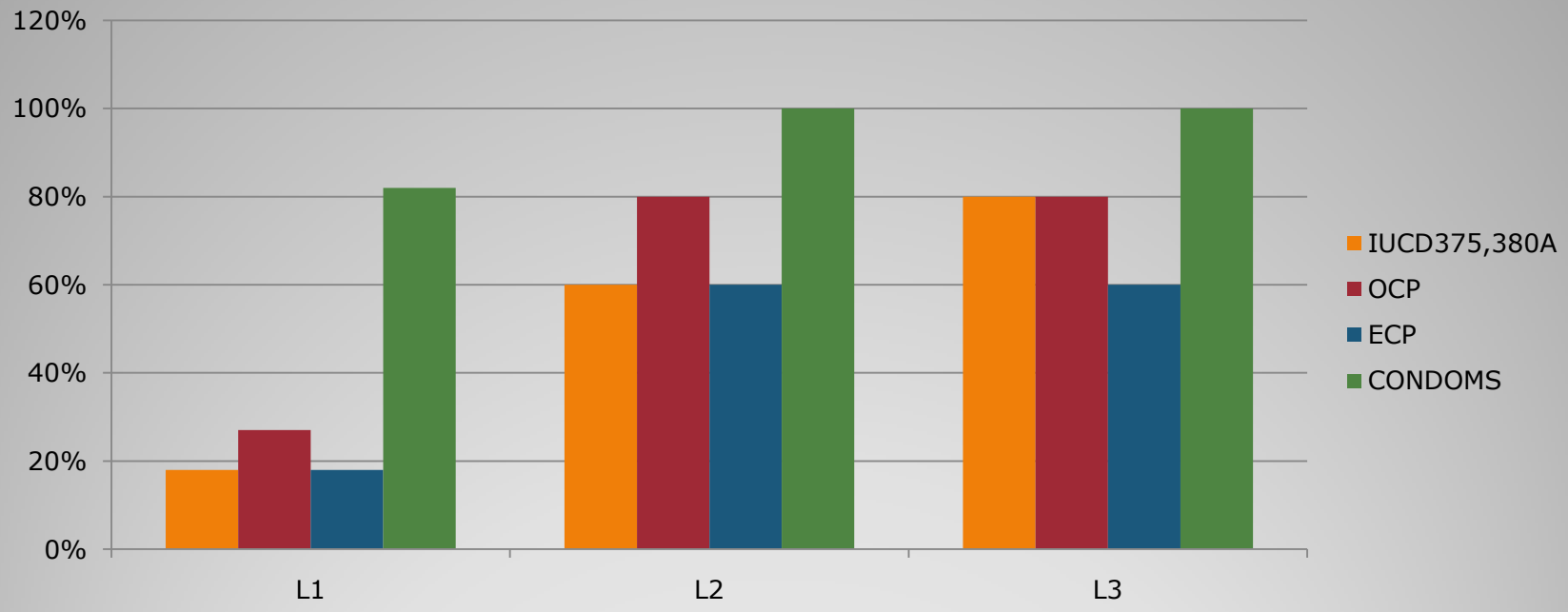


Total number of delivery at L1 was 286 out of which 20 IUCD was only done (7%)

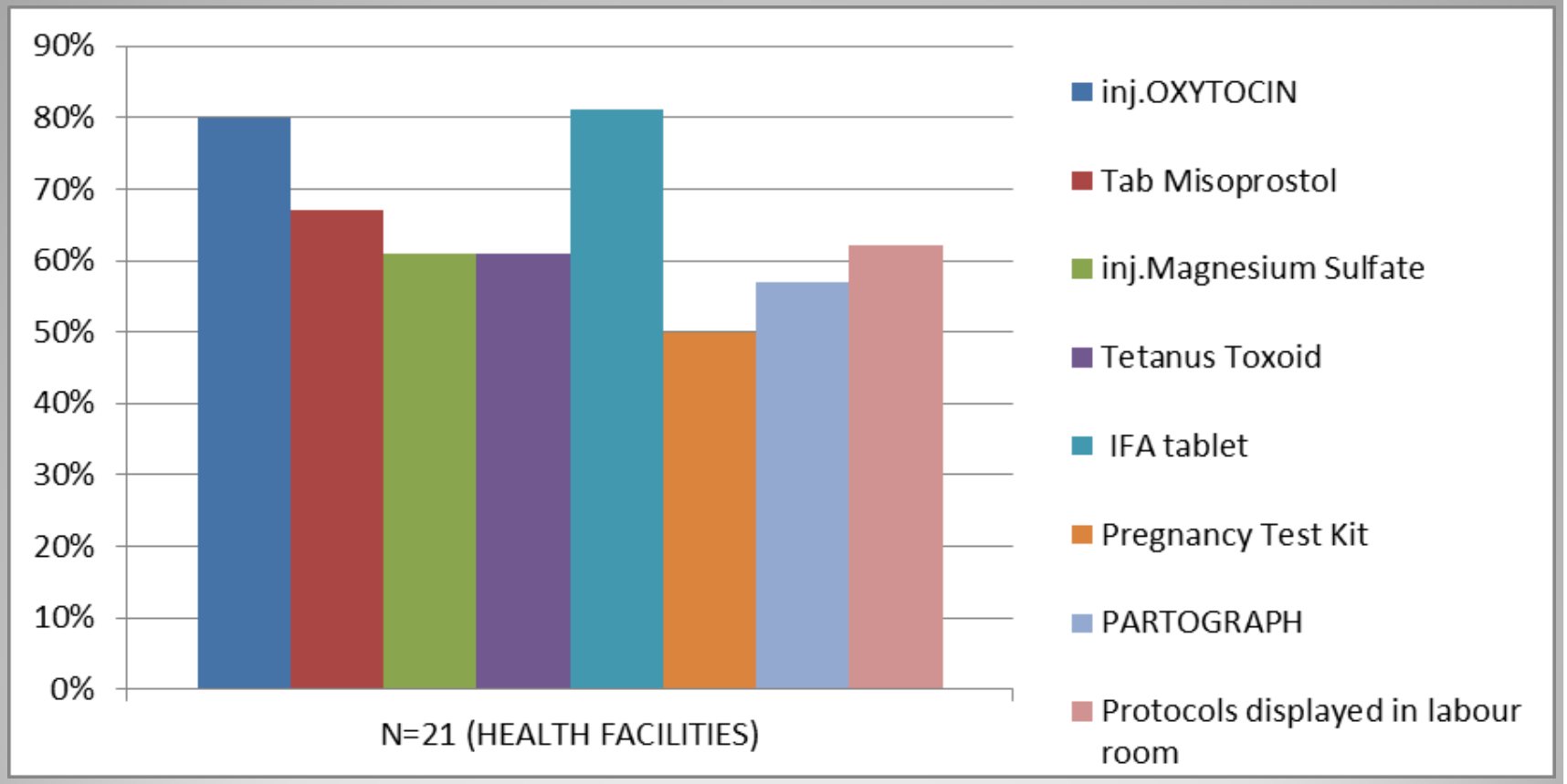
Total number of delivery at L2 was n=335 out of which 35 IUCD (10%) was inserted with no PPIUCD reported, the female sterilization was 207(62%) and male sterilization was one only

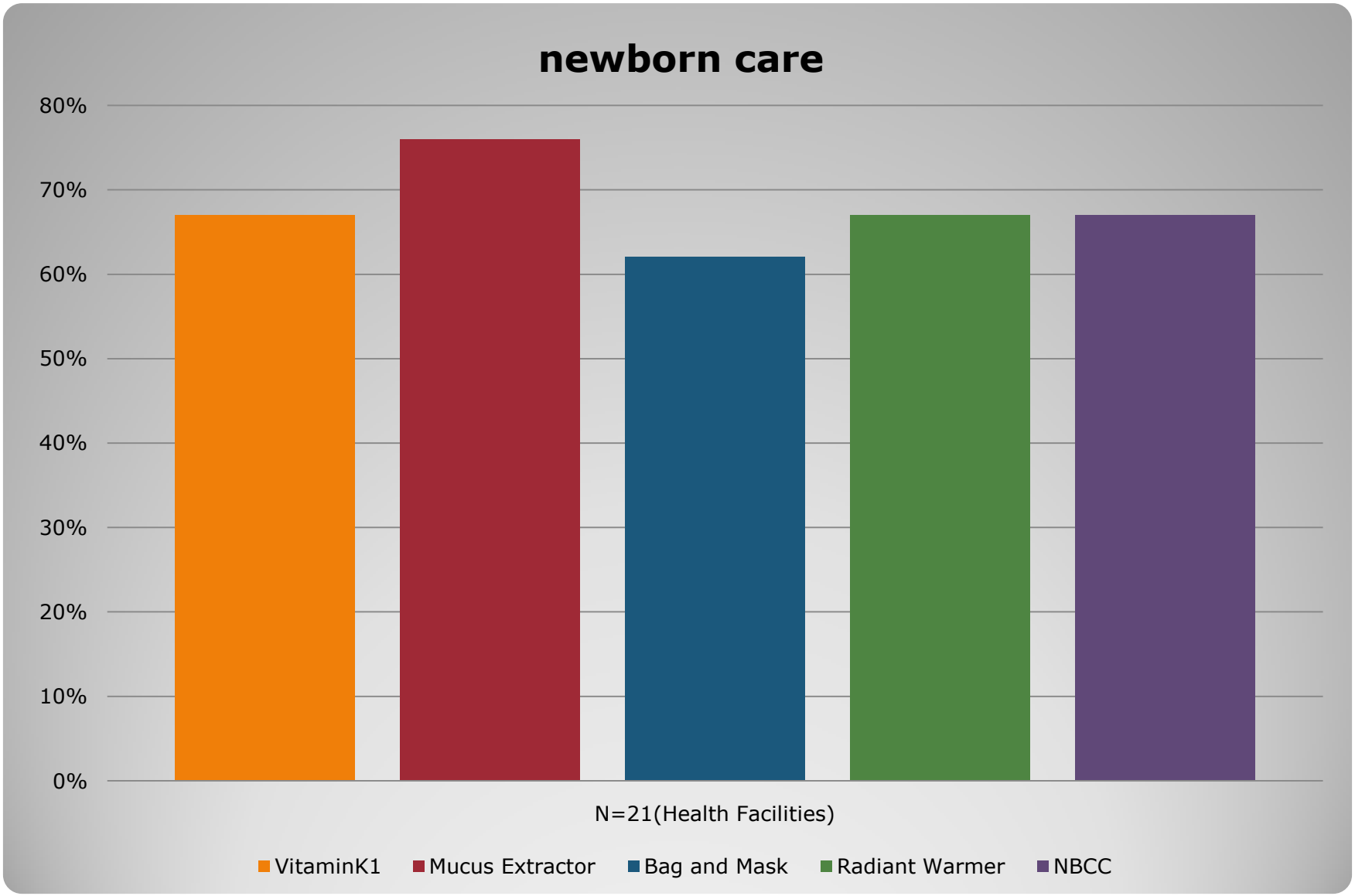
Total number of delivery at L3 was n= 2250 out of which IUCD was 111(5%), PPIUCD was 417 (19%), female sterilization was 177(8%) and zero male sterilization reported.

DRUGS AND SUPPLIES AVAILABILITY

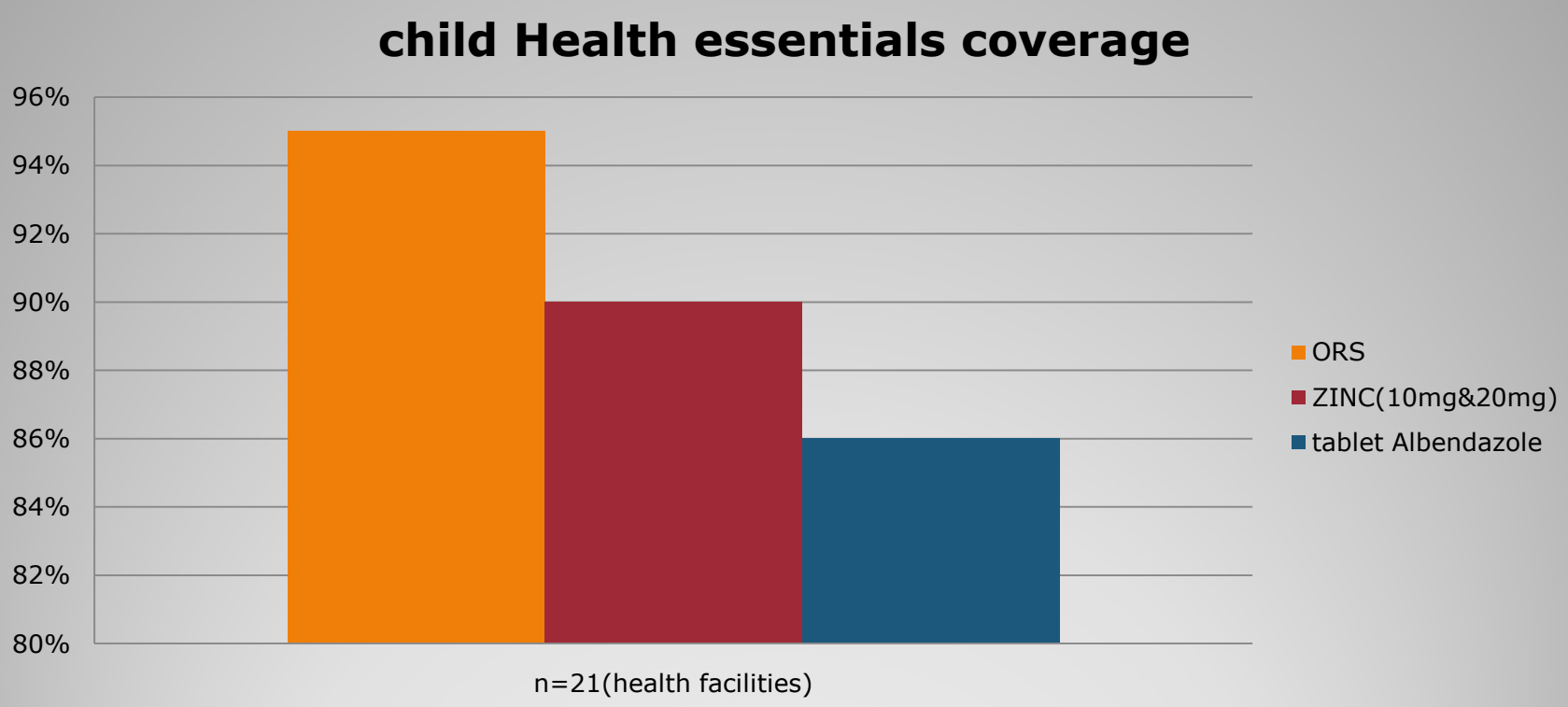


Maternal care

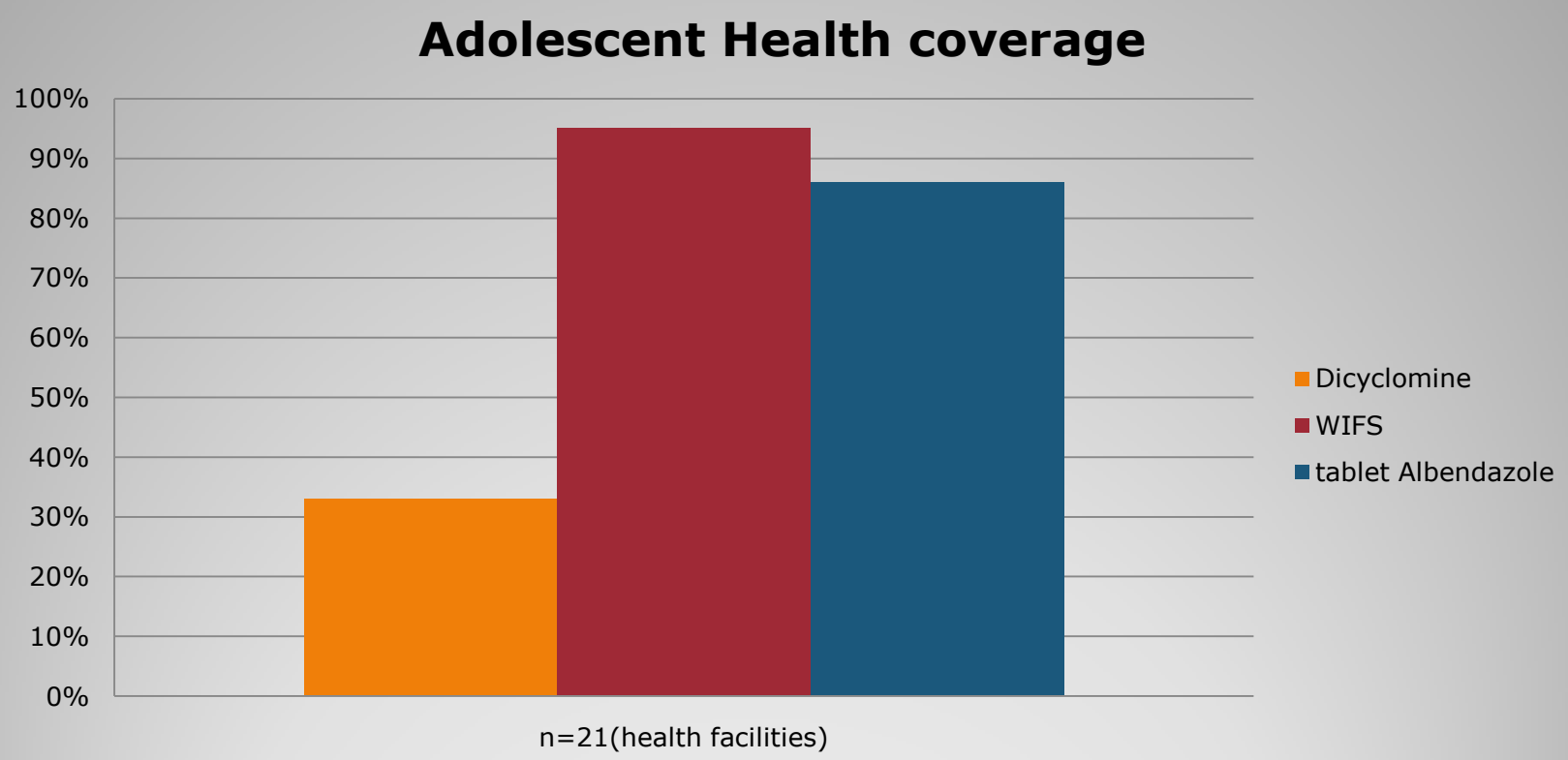



newborn care
80%
70%
60%
50%
40%
30%
20%
10%
0%
N=21(Health Facilities)
VitaminK1
Mucus Extractor
Bag and Mask
Radiant Warmer
NBCC

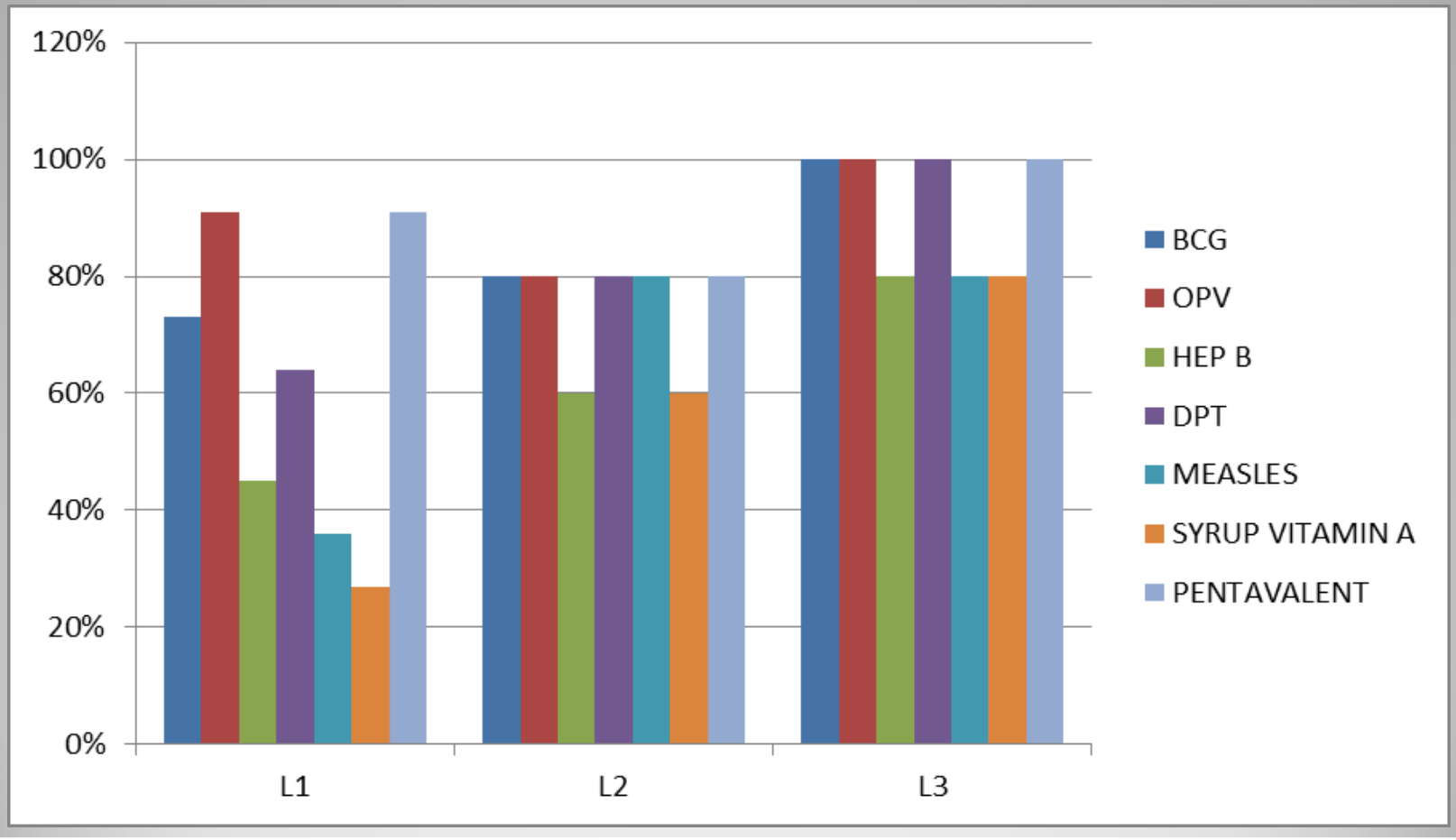
Essential drugs availability in Child Health



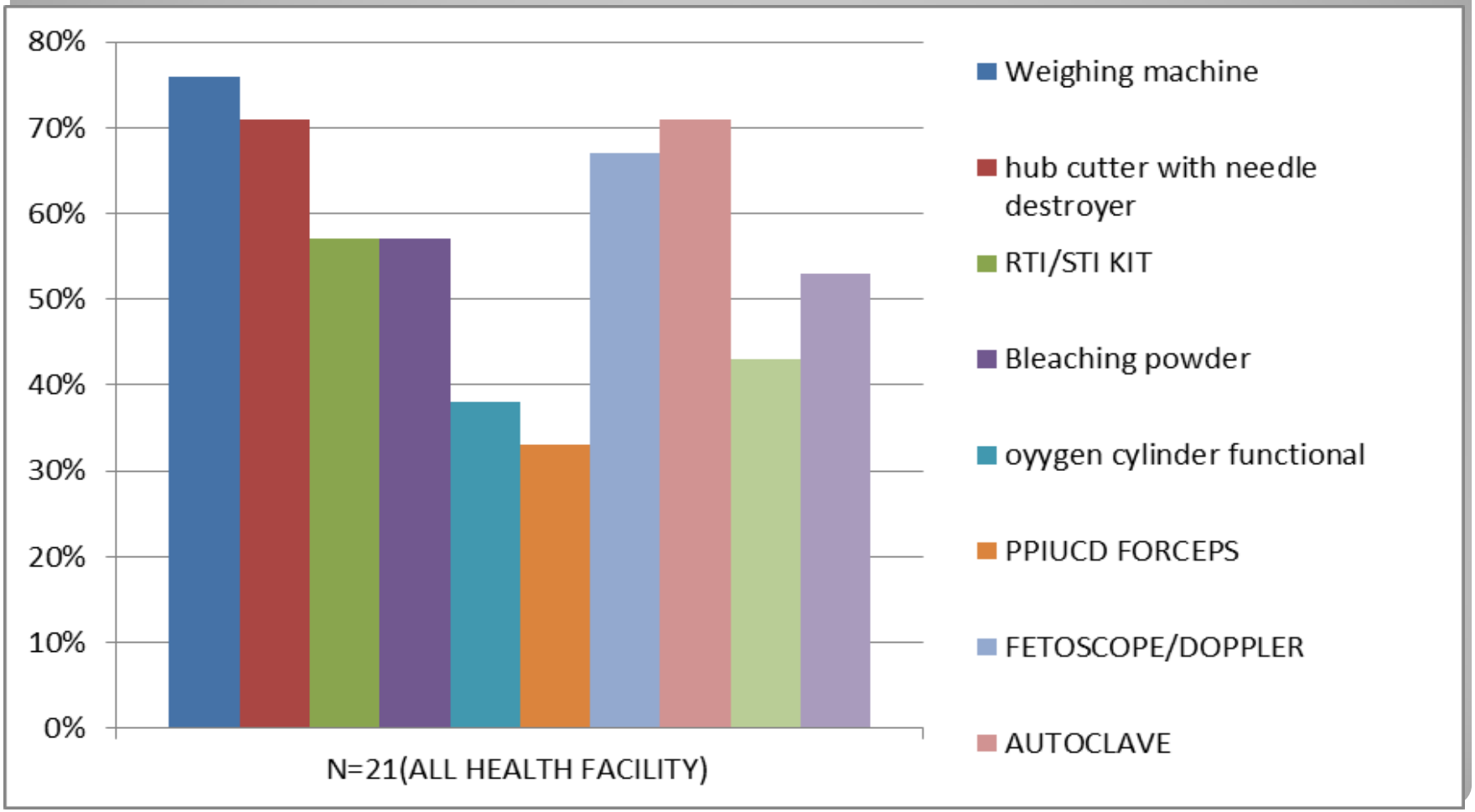
Drugs availability of Adolescent Health coverage



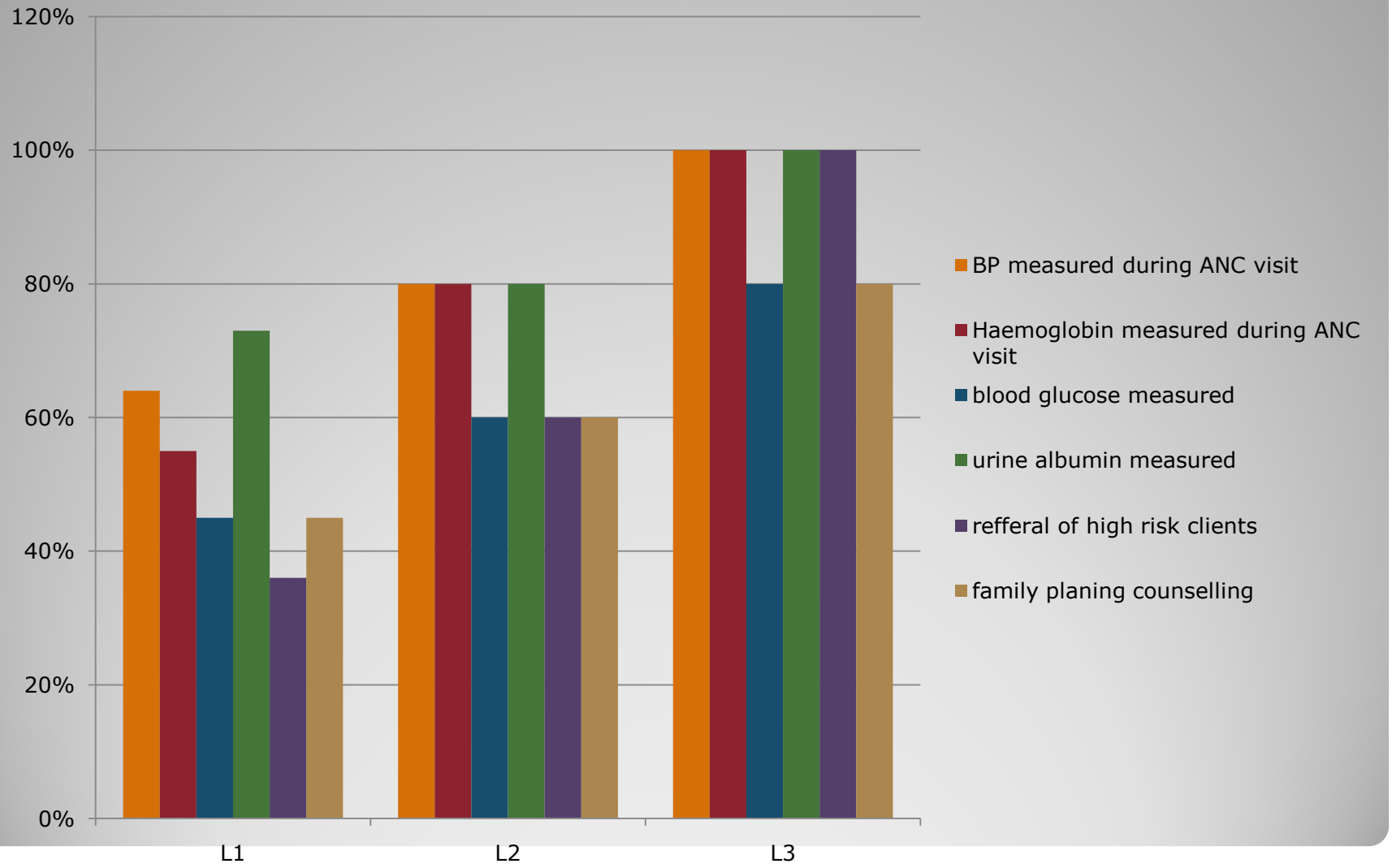
Vaccine Supply at all 21 Health Facilities.



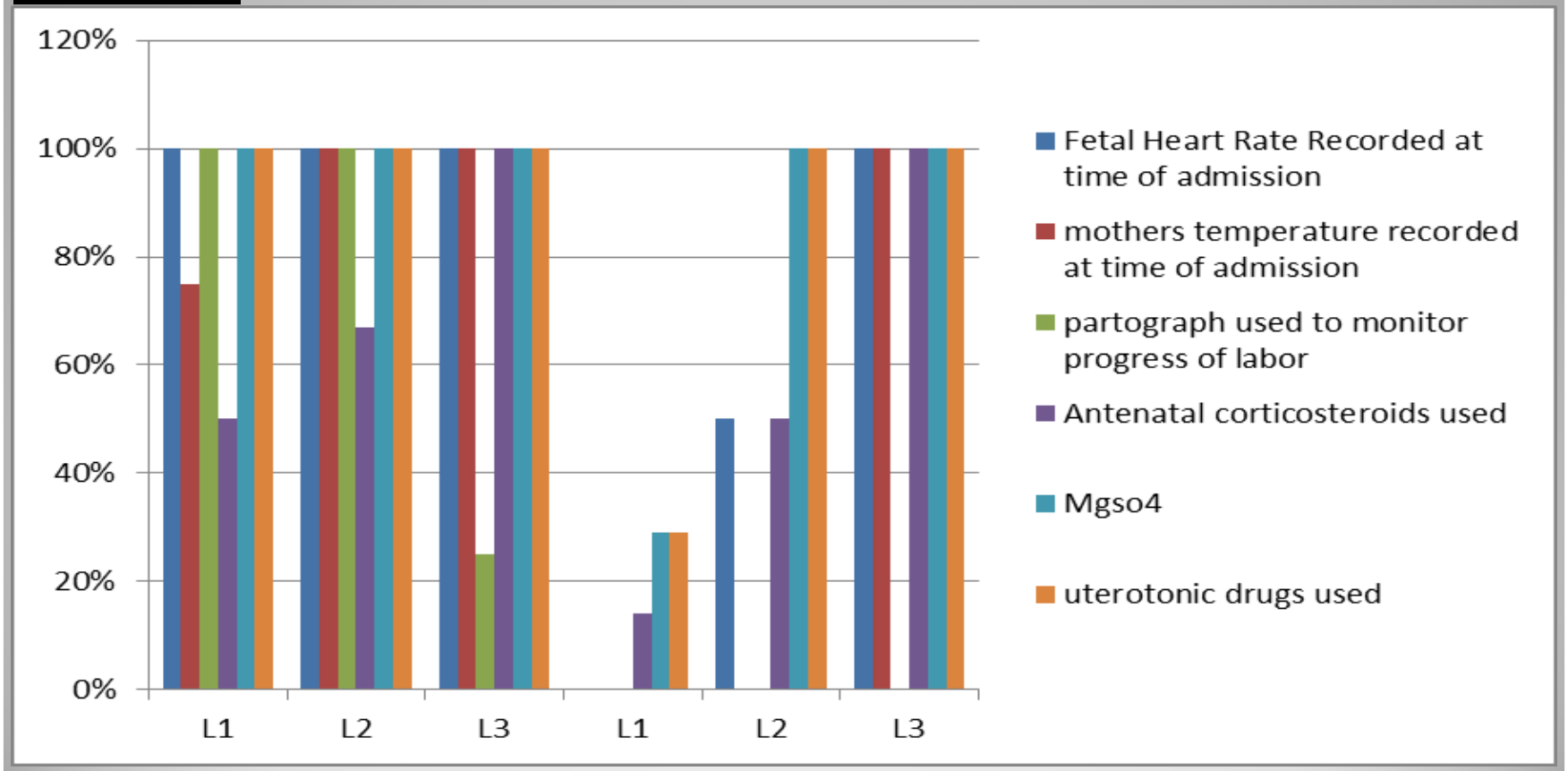
OTHERS ESSENTIAL SUPPLIES AND EQUIPMENTS (FUNCTIONAL AND UTILIZATION)



Antenatal care assessment

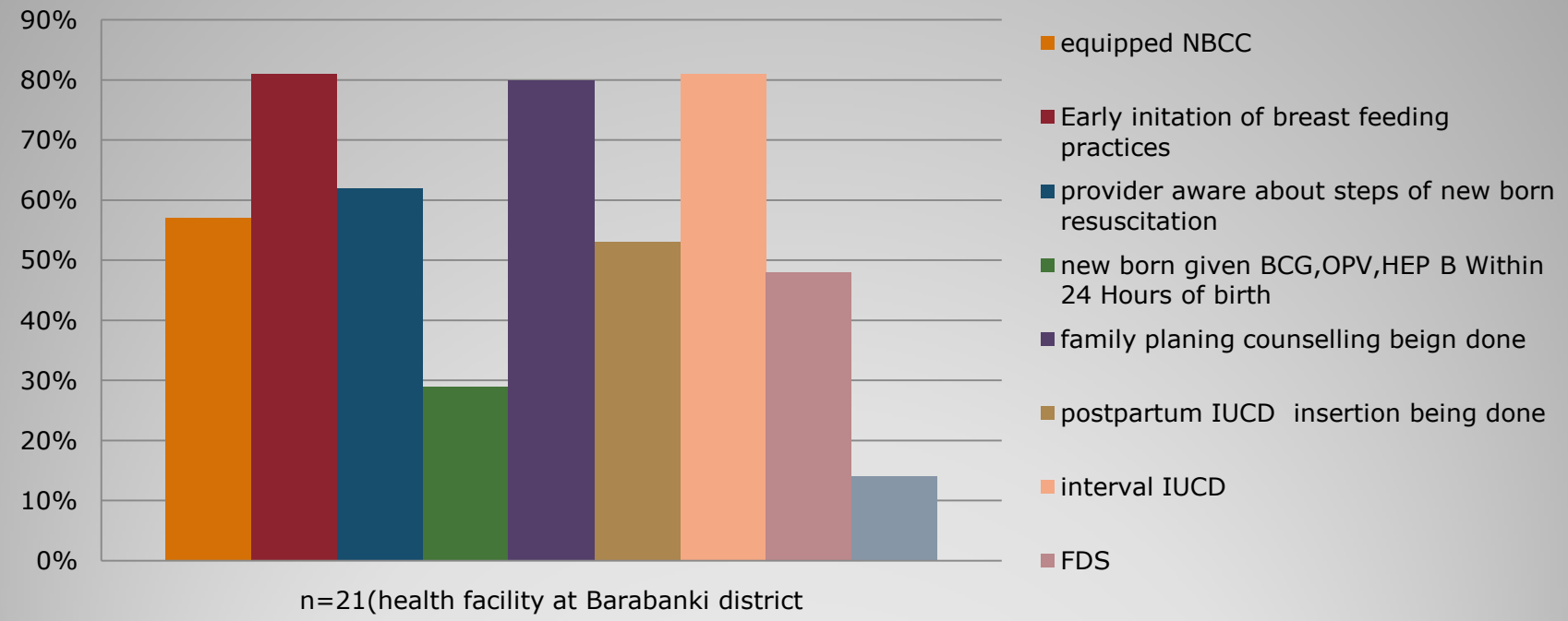


Intrapartum and immediate post –partum practices
Comparison of facility given in TSU (technical support unit) and Non TSU block



TSU-L1=4,L2=3,L3=4,NONTSU-L1=7,L2=2,L3=1

Essential new born care (ENBC) and new born Resuscitation (NBR)



CONCLUSION

- Average delivery of all facilities is 958 but on that delivery only 55 average IUCD insertion was done .
- In reproductive health very low supplies of ECP then followed by 27% IUCD.
- In maternal care availabilities of Injectable Mangnesium Sulphate is low among facilities.
- In child health bag and mask is major issue of availability (67%)
- In Adolescent health coverage Dicyclomine availability is very poor(32%)
- Vaccine supply at all facility levels majority of vaccines availability is Syrup vitamin(27%) and Measles (36%) then hep B (45%)
- In infection prevention colour coded bins was not properly present at all level. Bleaching powder and autoclave was not functional properly .

Antenatal care

- Risk management and complication detection was done at very low basis(36%)
- And family planning counseling is also very low.45%
- Intrapartum and immediate post partum practice.
- In TSU blocks partograph is filled ,fetal heart rate is recorded and mother temperature was recorded.
- But in non TSU block only some were mother temperature is recorded.
- Essential new born care and new born resuscitation was 57%
- Services at community level ,status of menstrual hygiene practices is very low 52%

Suggestion

facility action plan

	Major findings	Activities identified	Level of intervention	Responsibility	Time line
Reproductive health	Unavailability of ECP	Lack of supply	Indent not done	MOIC,DPM ,HEO	1 MONTH
Maternal health	Unavailability of oxytocin	Lack of supply	Local purchase procurement	MOIC,DPM ,HEO	15 days
New-born health	Vitamin k not available	Shortage of govt.supply	Local purchase	MOIC ,DPM HEO	1 MONTH
Child health	Tab Albendazole	At main store (not available at facility)	Indent from MOIC	CMO,MOIC	1 MONTH
Adolescent health	Not available Dicyclomine	Lack of supply	Local purchase	CMO,MOIC,DPM	1 MONTH

THANK YOU