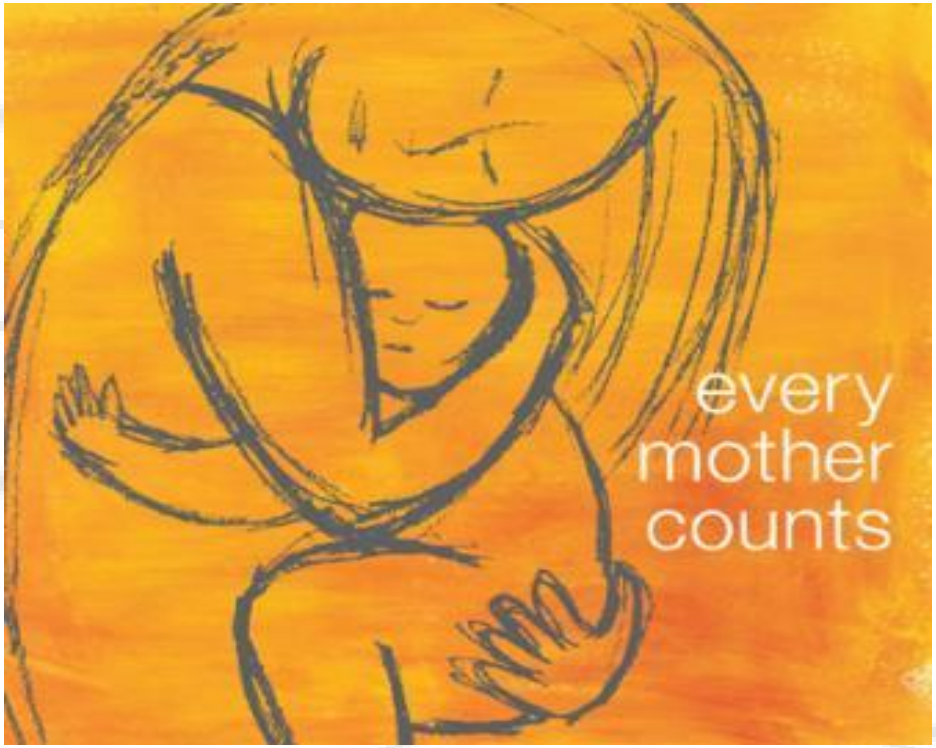


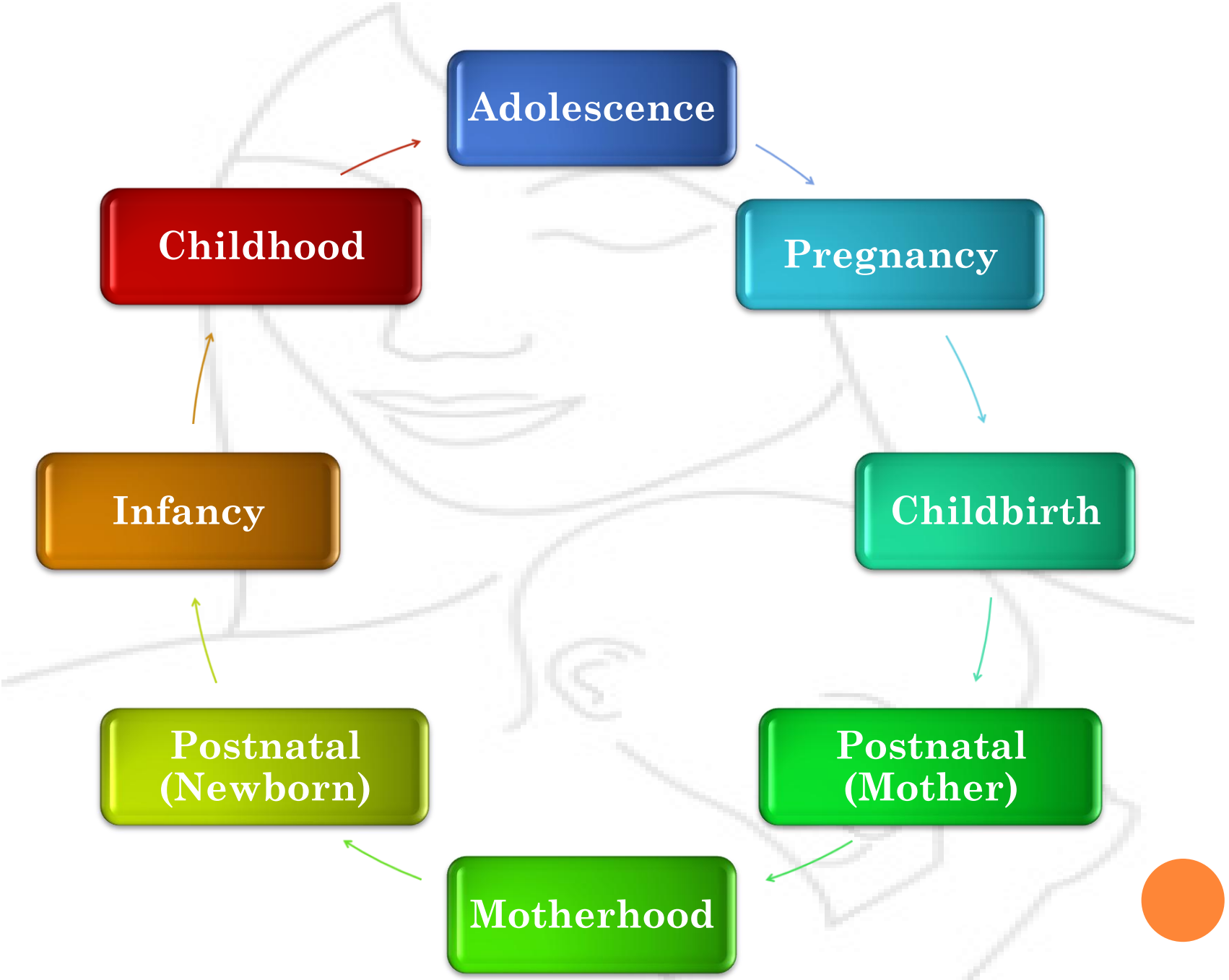
Situational Analysis of RMNCH+A survey; a facility based survey

By: Dr Ratika Sharma

INTRODUCTION

- Improving the maternal and child health and their survival are central to the achievement of national health goals under NRHM as well as the Millennium Development Goals and also the Milestone year 2015
- Adolescent girl (Health) → impacts pregnancy → newborn and the child.
- The **12th Five Year Plan** has defined the national health outcomes and the **three goals** that are relevant to RMNCH+A strategic approach as follows:
- **Health Outcome Goals established in the 12th Fiver Year Plan**

- Reduction of Infant Mortality Rate (IMR) to 25 per 1,000 live births by 2017
- Reduction in Maternal Mortality Ratio (MMR) to 100 per 100,000 live births by 2017
- Reduction in Total Fertility Rate(TFR) to 2.1 by 2017


Adolescence
Pregnancy
Childbirth
Postnatal (Mother)
Motherhood
Postnatal (Newborn)
Infancy
Childhood

The continuum of care approach

- Two-Dimension
- Mother and Child (Life Cycle)

WHOM

- Health System

WHERE

OBJECTIVE

- The main objective of this gap analysis is to rapidly understand the gaps in the implementation of a set of strategic RMNCH+A interventions across life stages.

- To access the resource availability in terms of infrastructure, human resources, training status of human resource drugs and equipments, needed to deliver a set of key RMNCH+A interventions in facilities in the district.

Research question

- What is the current health facility status of the Aligarh district and is it sufficient in providing the desired RMNCH+A program?

Rationale of study

- Comprehensive approach to improving child survival and safe motherhood and attaining two Millennium Development Goals 4 and 5, to which India is sincerely committed.
- About two-thirds of maternal deaths occur in just a few states including Uttar Pradesh.
- Comparison of key RMNCH+A Indicators in India and Uttar Pradesh

S.No	Indicator	Source	India	Uttar Pradesh
1	MMR	SRS 2009	212	359
2	IMR	SRS 2011	44	57
3	Early neo natal Mortality rate	Census 2011	25	30
4	Neo natal Mortality rate	Census 2011	33	42
5	Institutional deliveries	NFHS 3	40.8	22
6	TFR	SRS 2011	2.4	3.4

METHODOLOGY

- **Study design:**

  Descriptive cross-sectional analysis.

- **Study Area:**

  District hospital, First referral unit, CHC's, PHC's and Sub-centers of Aligarh.

- **Sampling Methods:** Stratified sampling and purposive sampling.

- **Tools and technique:**

  Structured self administered questionnaire as per the NRHM norm.

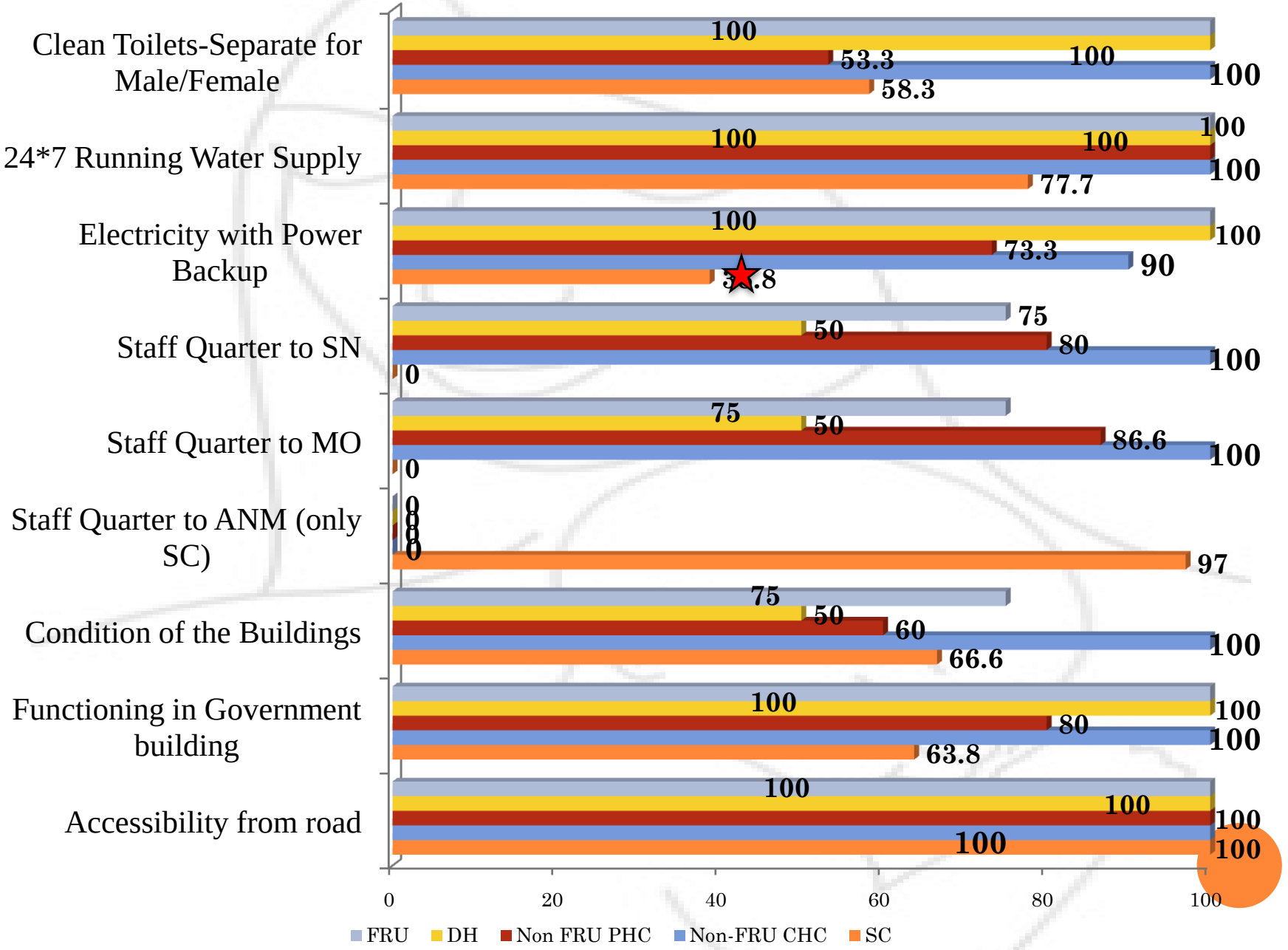
- **Statistical Tool used:**

  MS Excel and SPSS was used for data analysis.

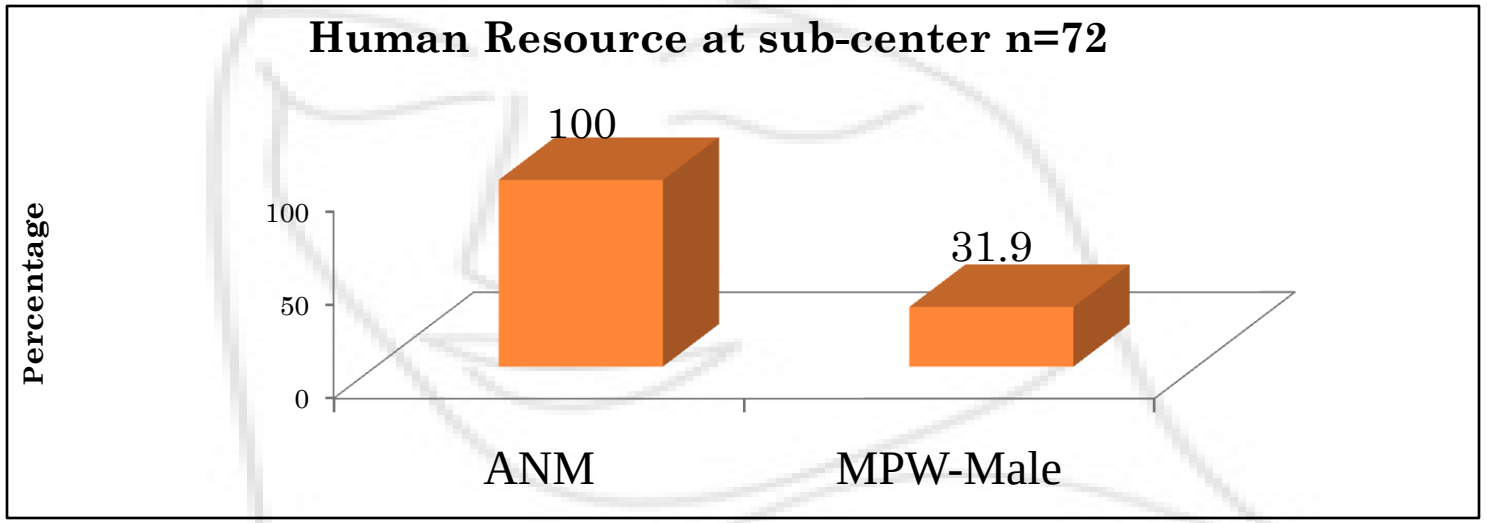
SAMPLE SIZE

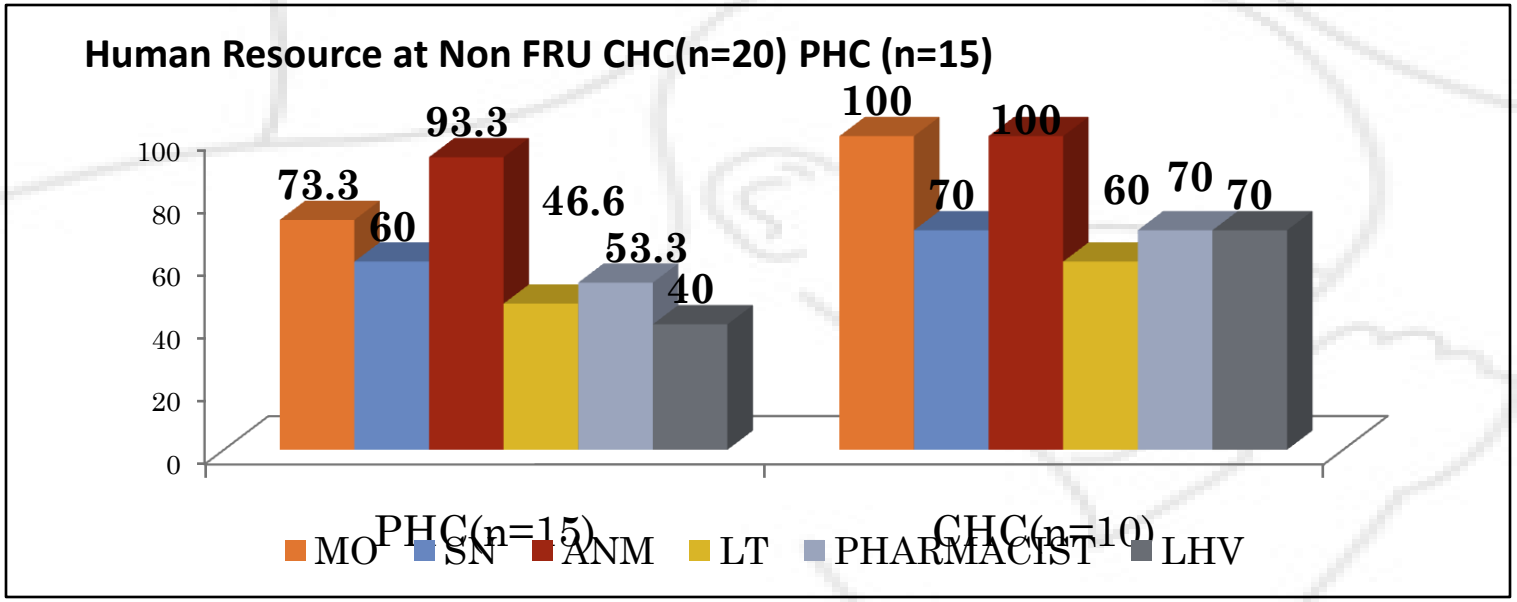
S.No	Facility	Covered	Total	Percentage covered
1	District Hospital (Male and female)	2	2	100
2	First Referral Units	4	9	45
3	Non- FRU Community Health Centers	10	10	100
4	Non- FRU Primary Health Centers	15	35	43
5	Sub-Centers	72	356	20

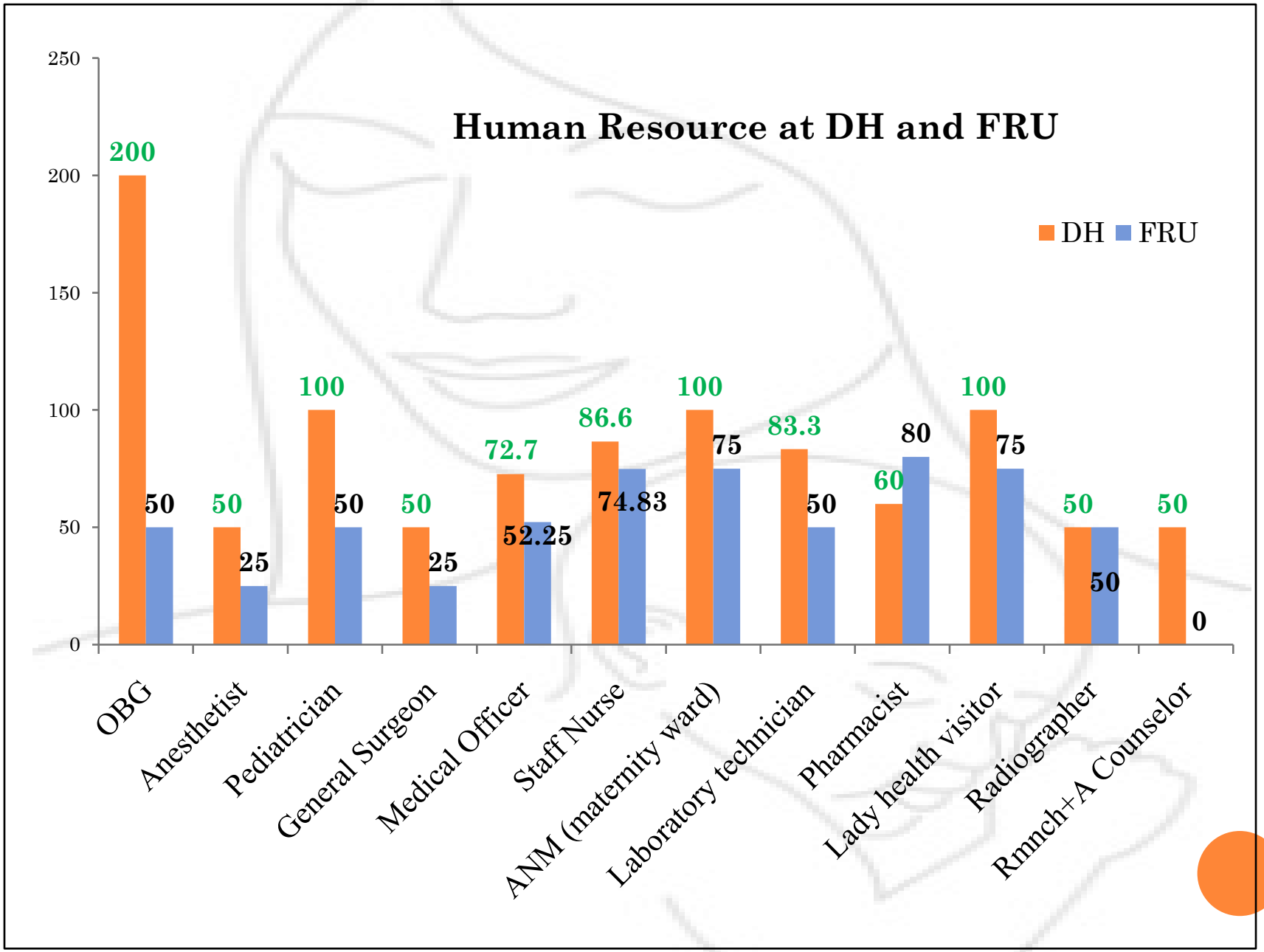
PHYSICAL INFRASTRUCTURE



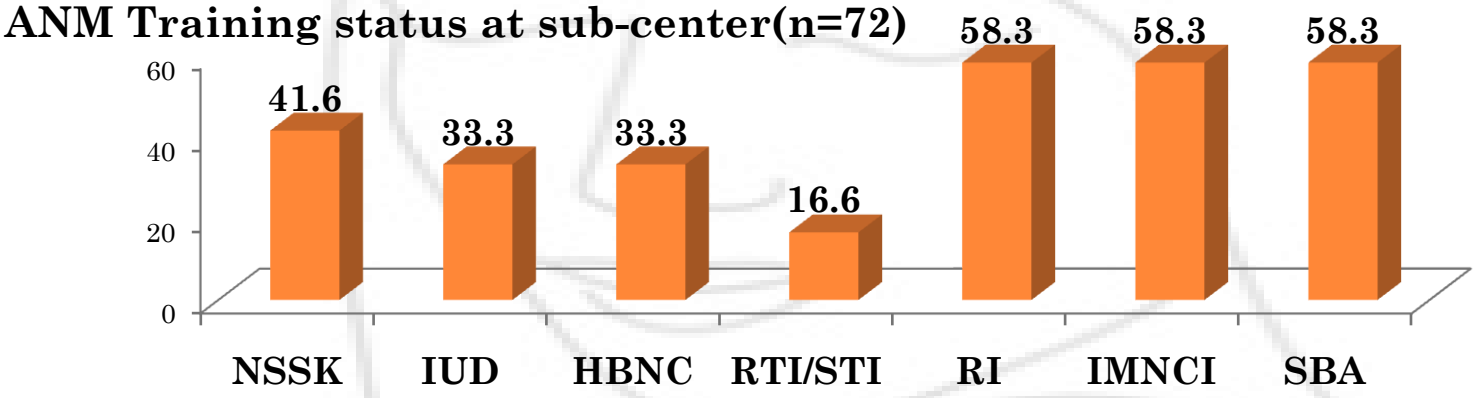
HUMAN RESOURCE

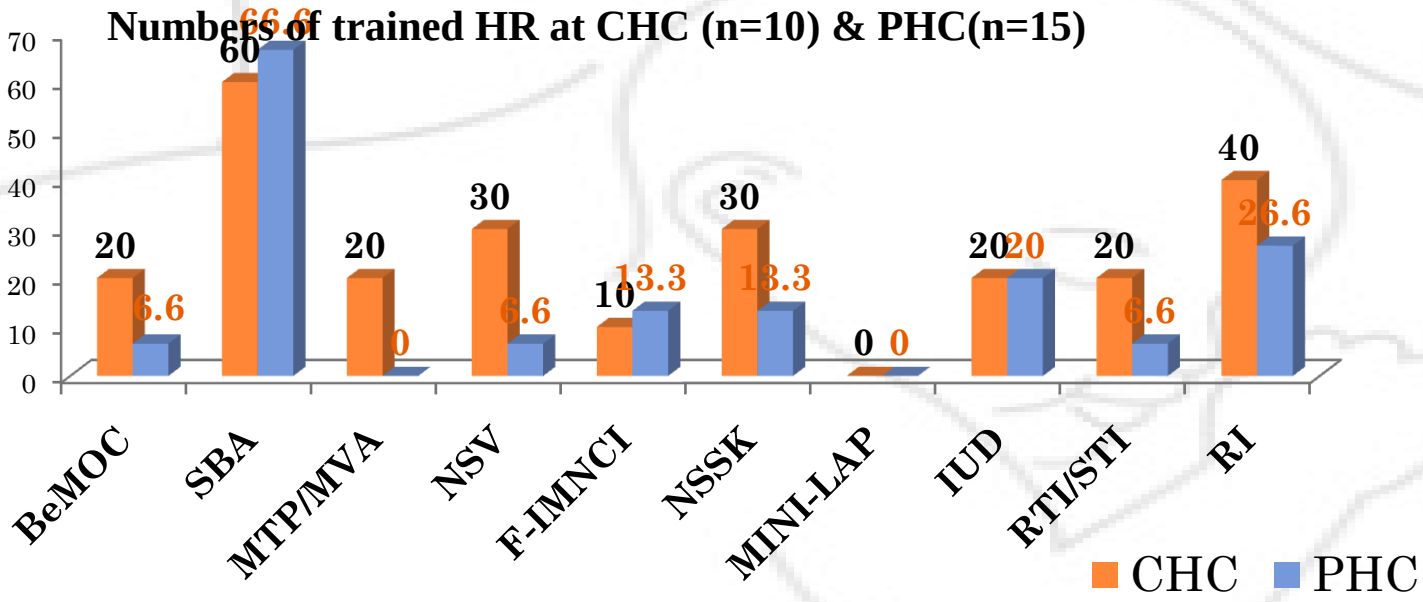




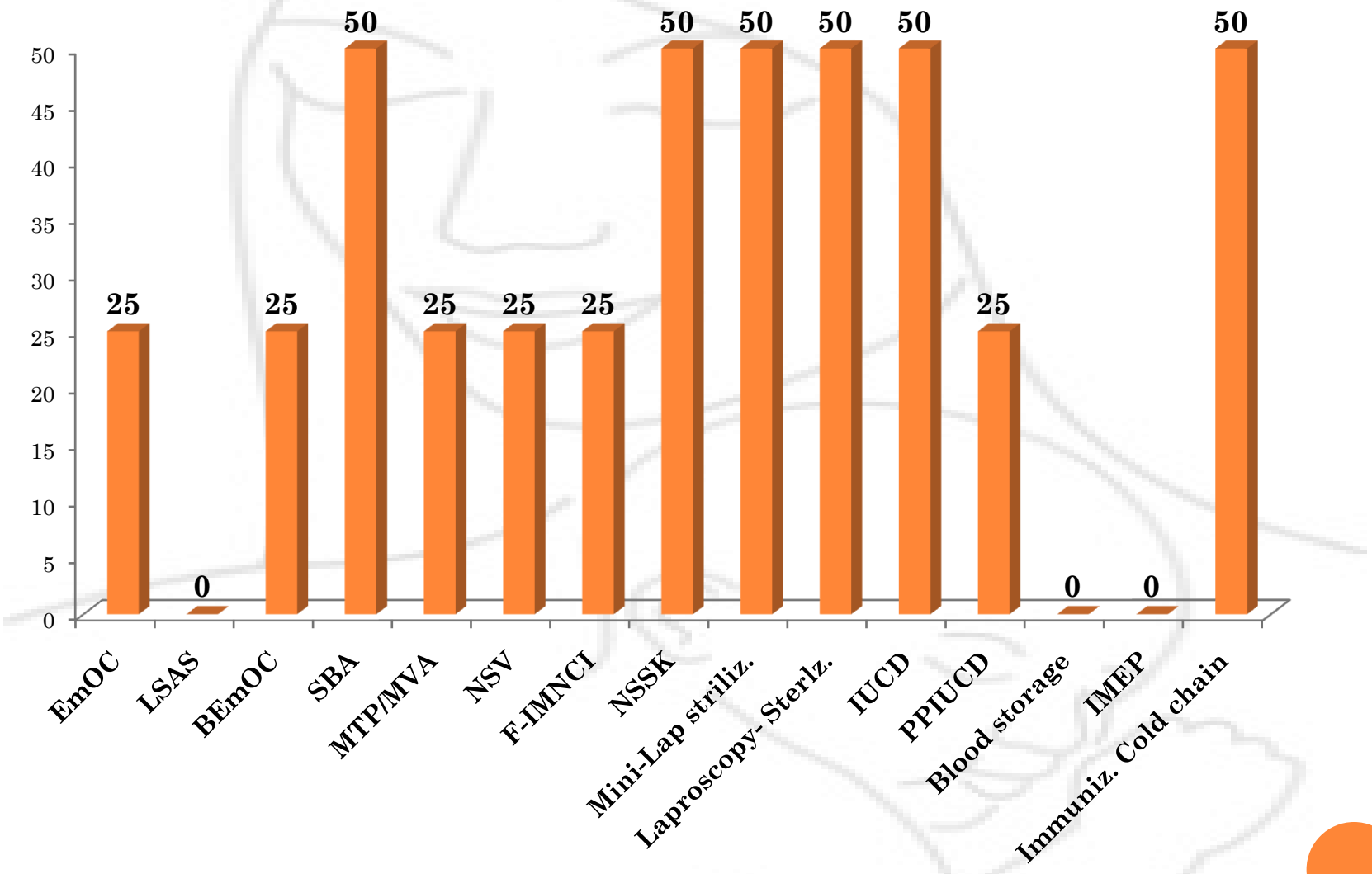

Human Resource at DH and FRU
DH
FRU
250
200
150
100
50
0
200
50
50
25
100
50
50
25
72.7
52.25
86.6
74.83
100
75
83.3
50
60
80
100
75
50
50
50
0
OBG
Anesthetist
Pediatrician
General Surgeon
Medical Officer
Staff Nurse
ANM (maternity ward)
Laboratory technician
Pharmacist
Lady health visitor
Radiographer
Rmnch+A Counselor

Training Status of Human Resource

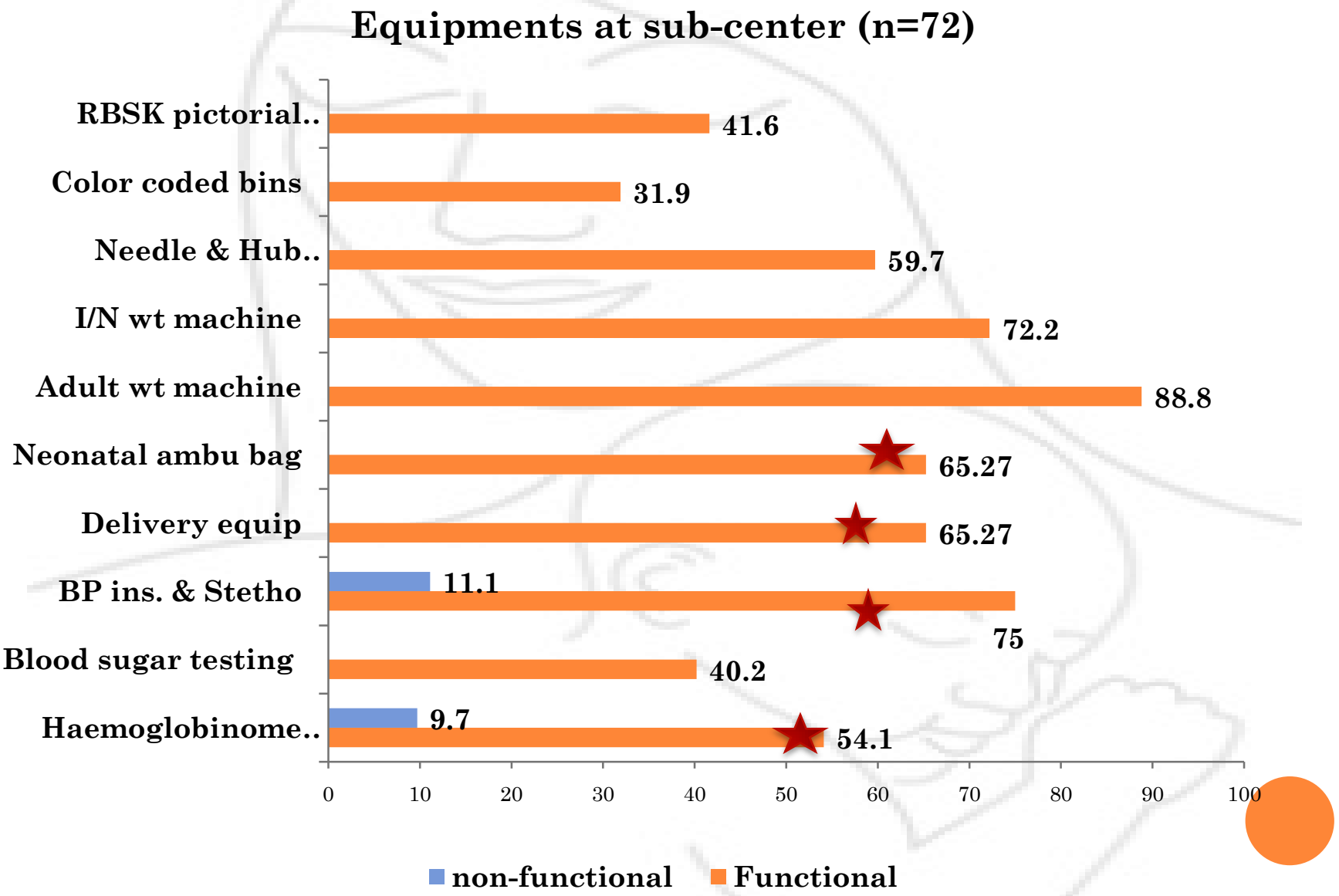




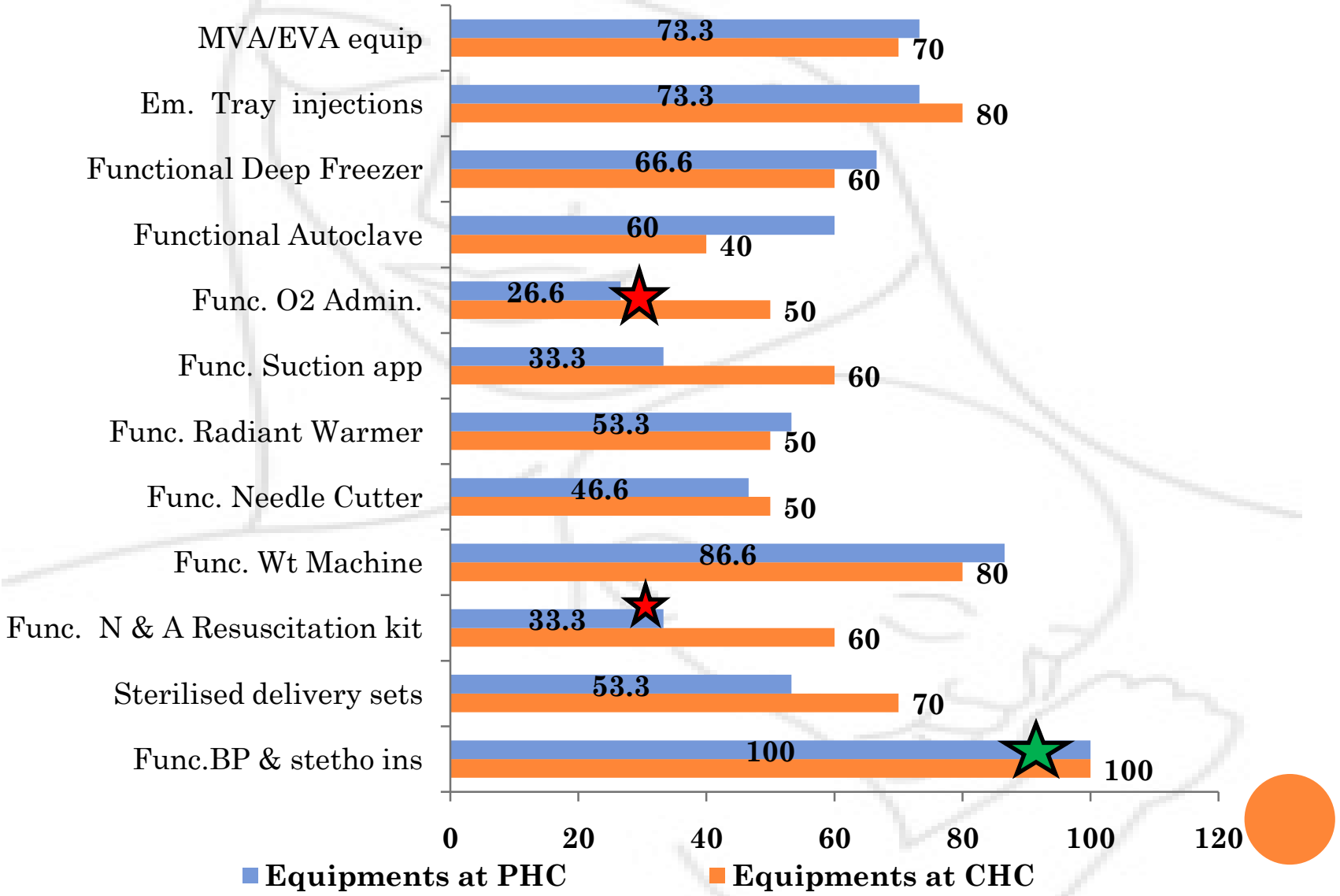
Training status to HR at FRU (n=4)



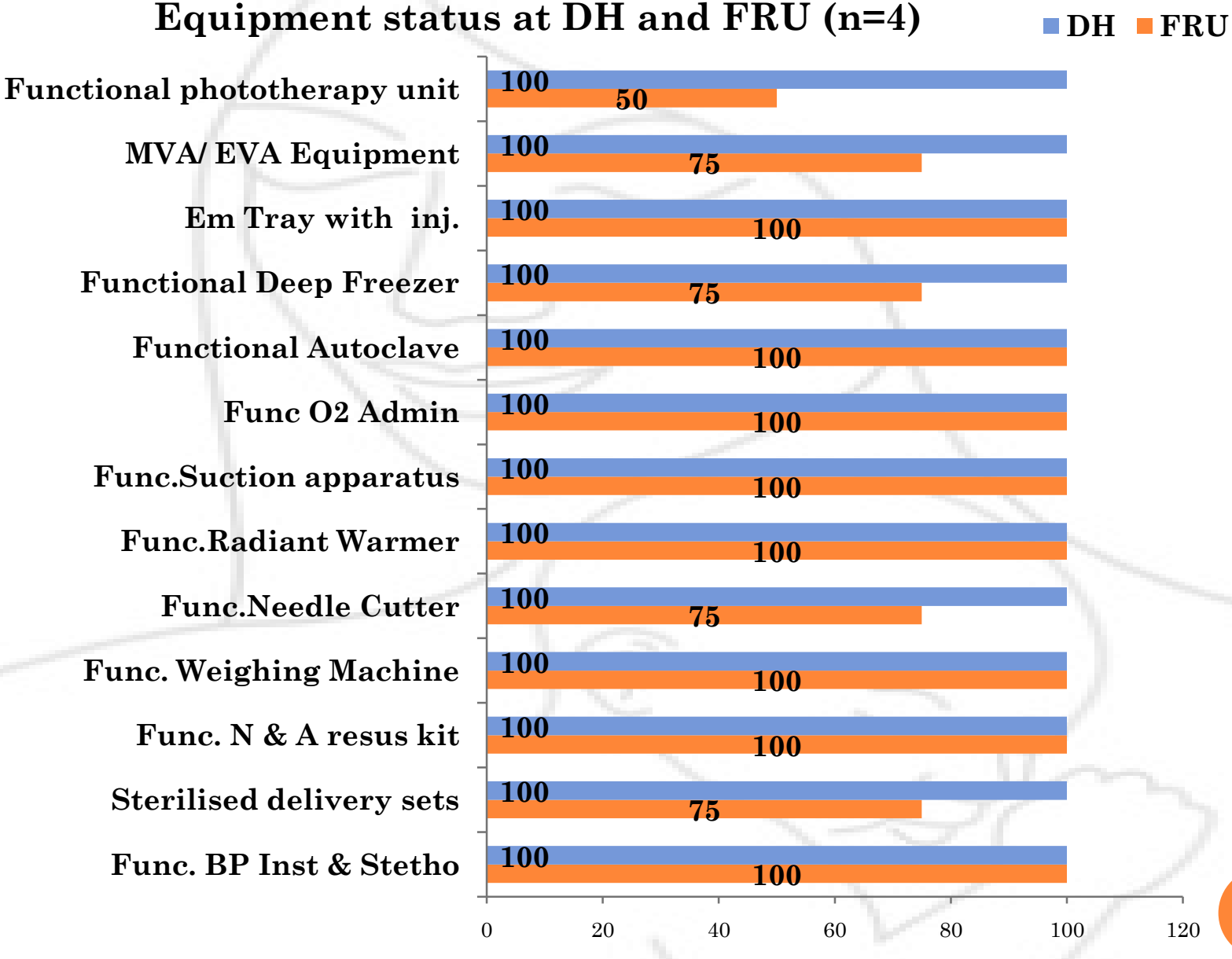
ESSENTIAL EQUIPMENTS



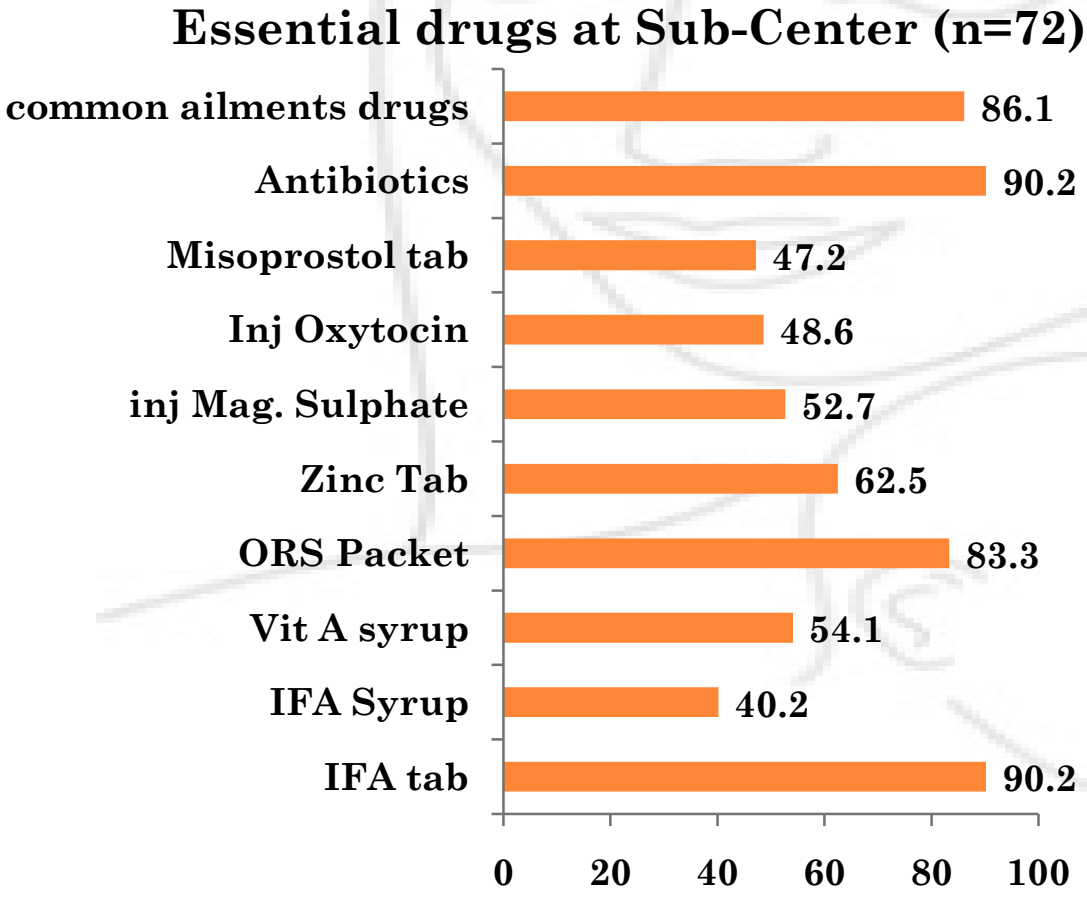
Equipments at NON-FRU CHC(n=10) PHC(n=15)

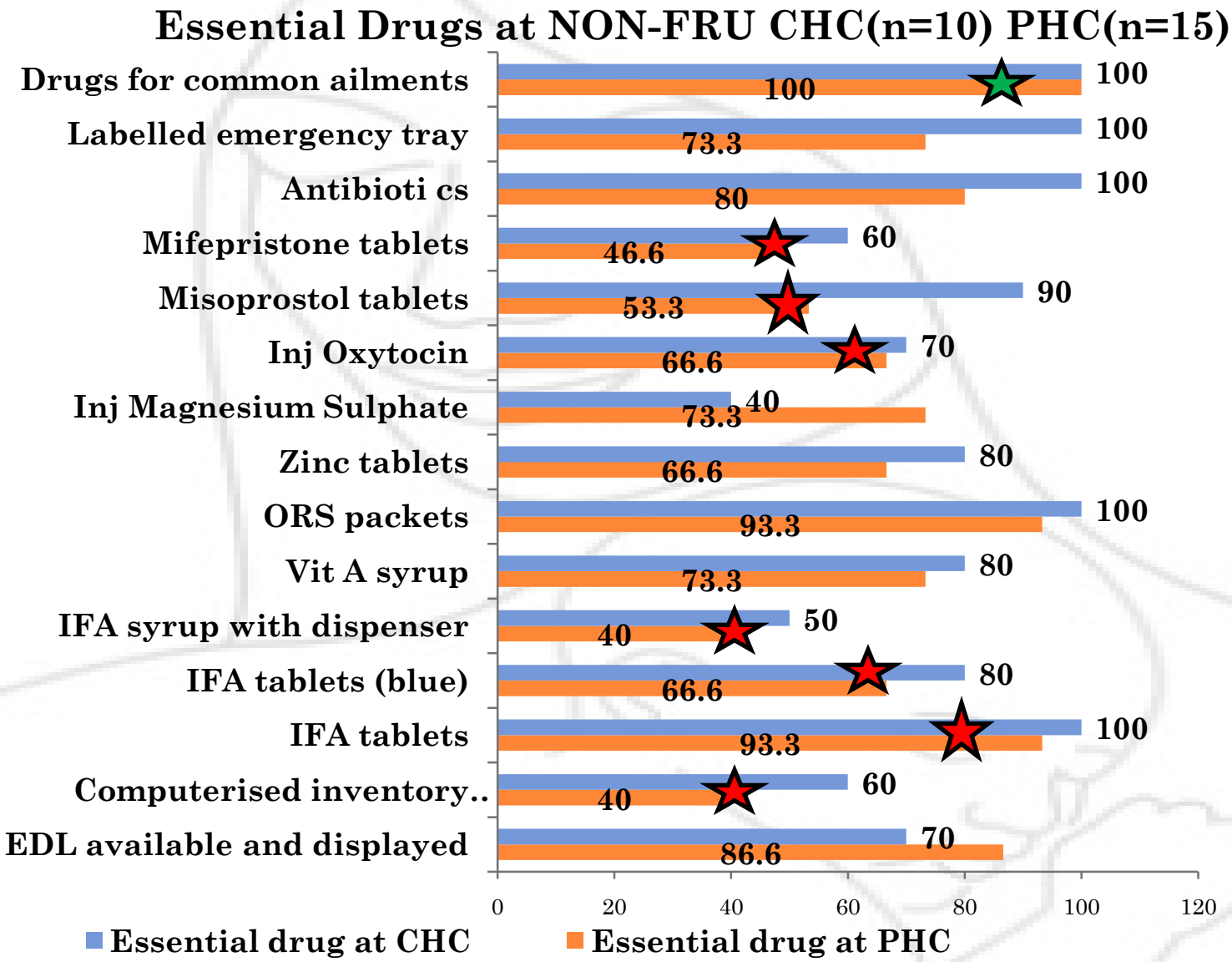


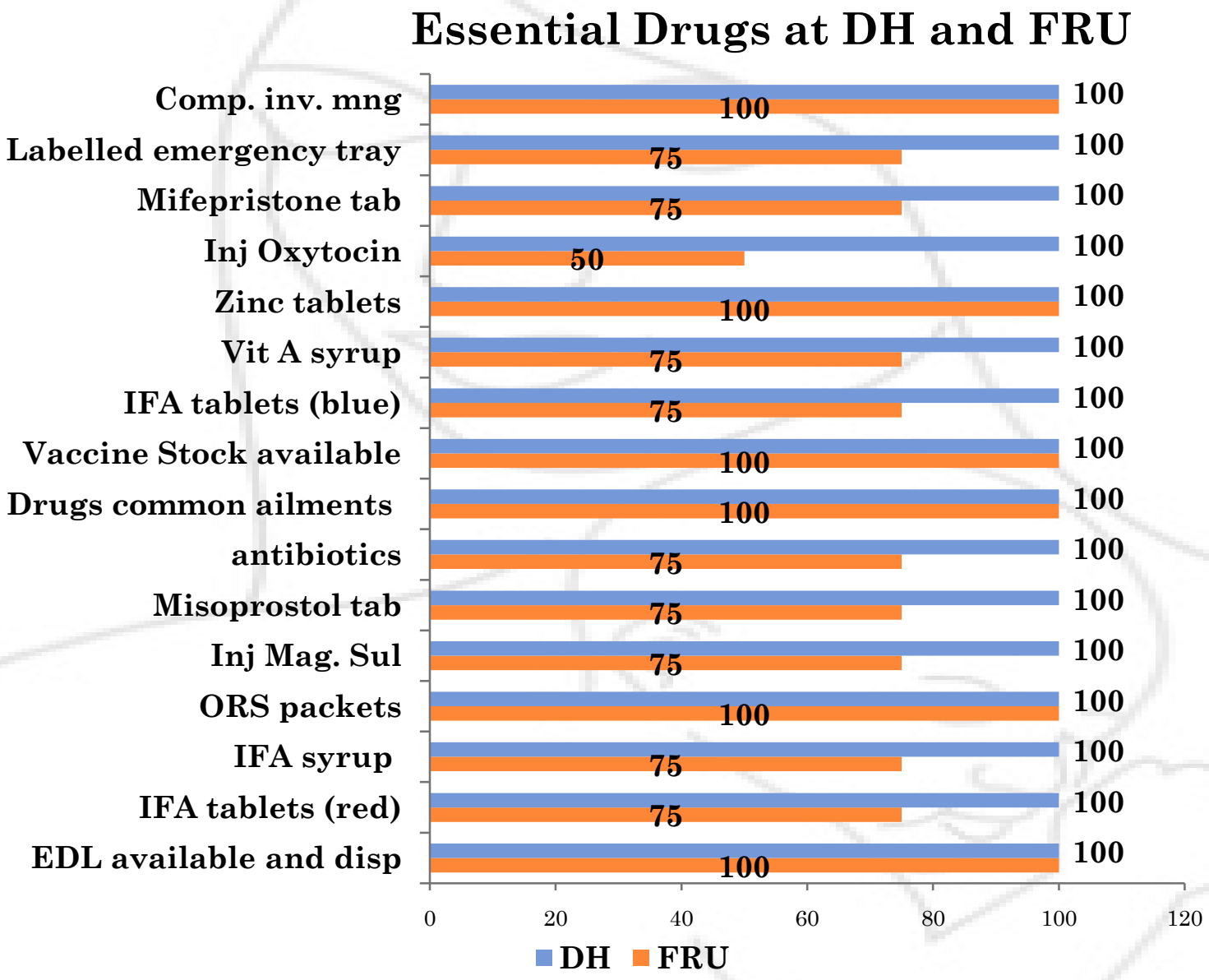
Equipment status at DH and FRU (n=4)



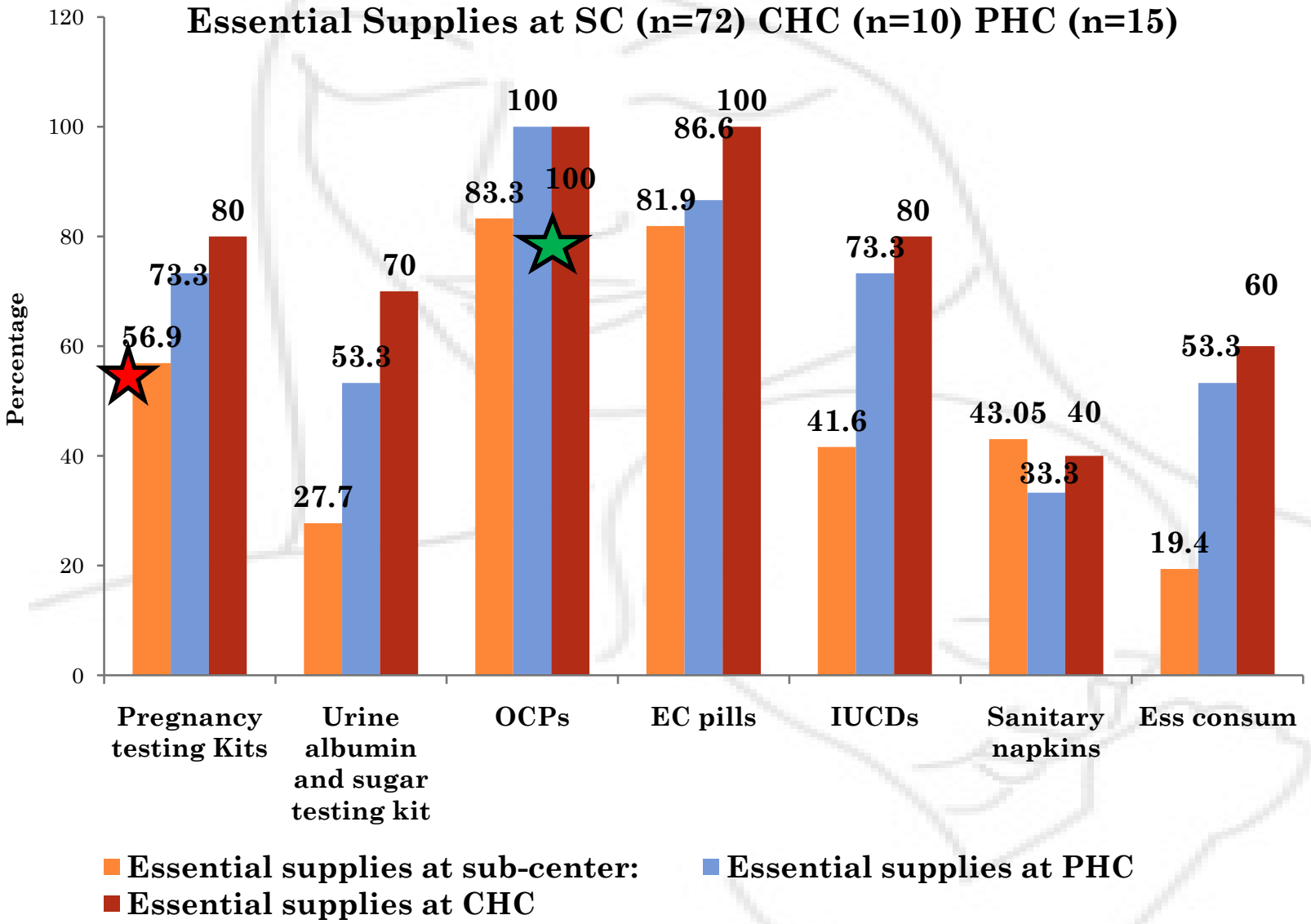
ESSENTIAL DRUGS

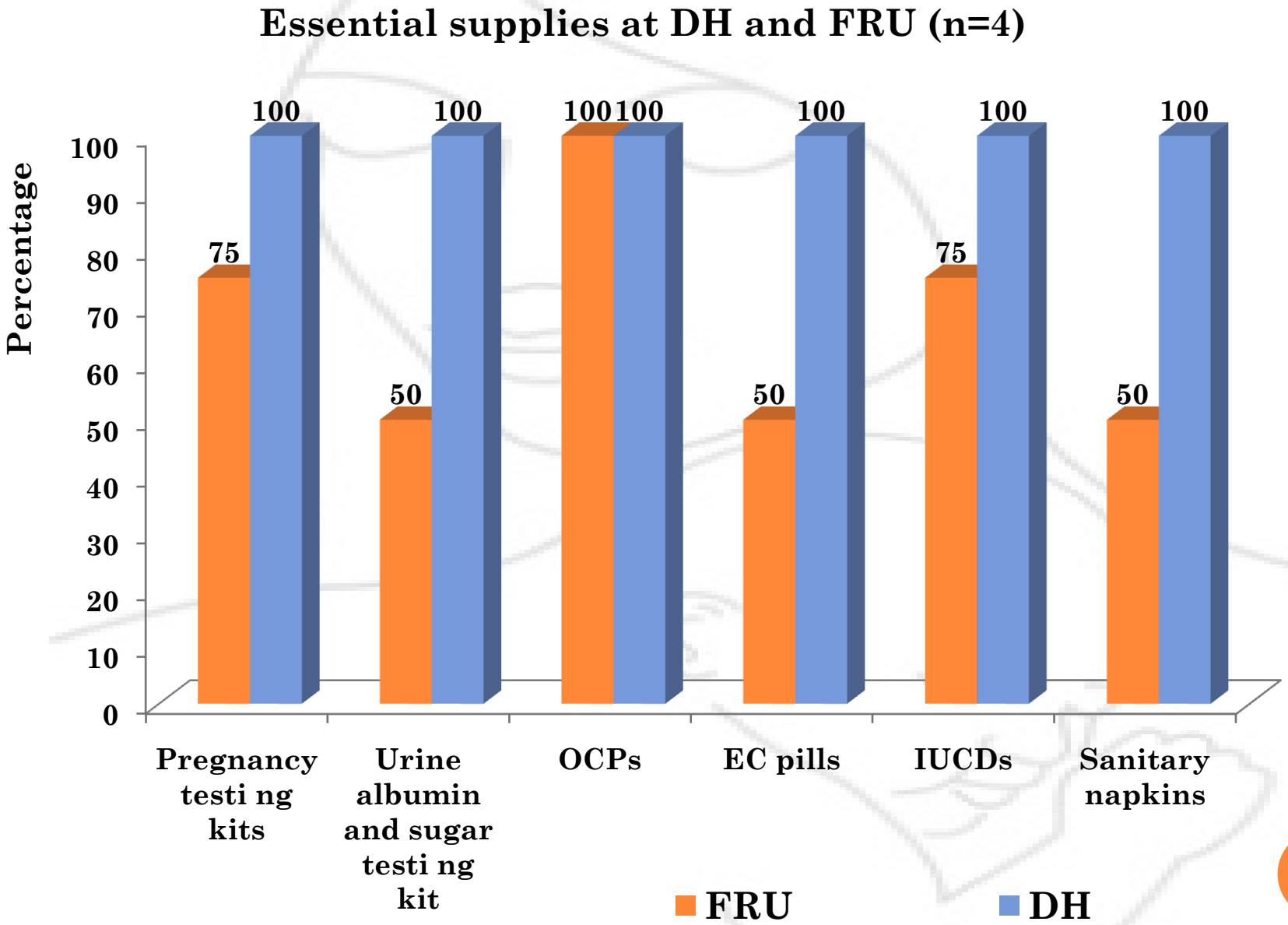



Essential Drugs at NON-FRU CHC(n=10) PHC(n=15)
Drugs for common ailments
100
100
Labelled emergency tray
73.3
100
Antibioti cs
80
100
Mifepristone tablets
46.6
60
Misoprostol tablets
53.3
90
Inj Oxytocin
66.6
70
Inj Magnesium Sulphate
73.3
40
Zinc tablets
66.6
80
ORS packets
93.3
100
Vit A syrup
73.3
80
IFA syrup with dispenser
40
50
IFA tablets (blue)
66.6
80
IFA tablets
93.3
100
Computerised inventory..
40
60
EDL available and displayed
86.6
70
0
20
40
60
80
100
120
Essential drug at CHC
Essential drug at PHC

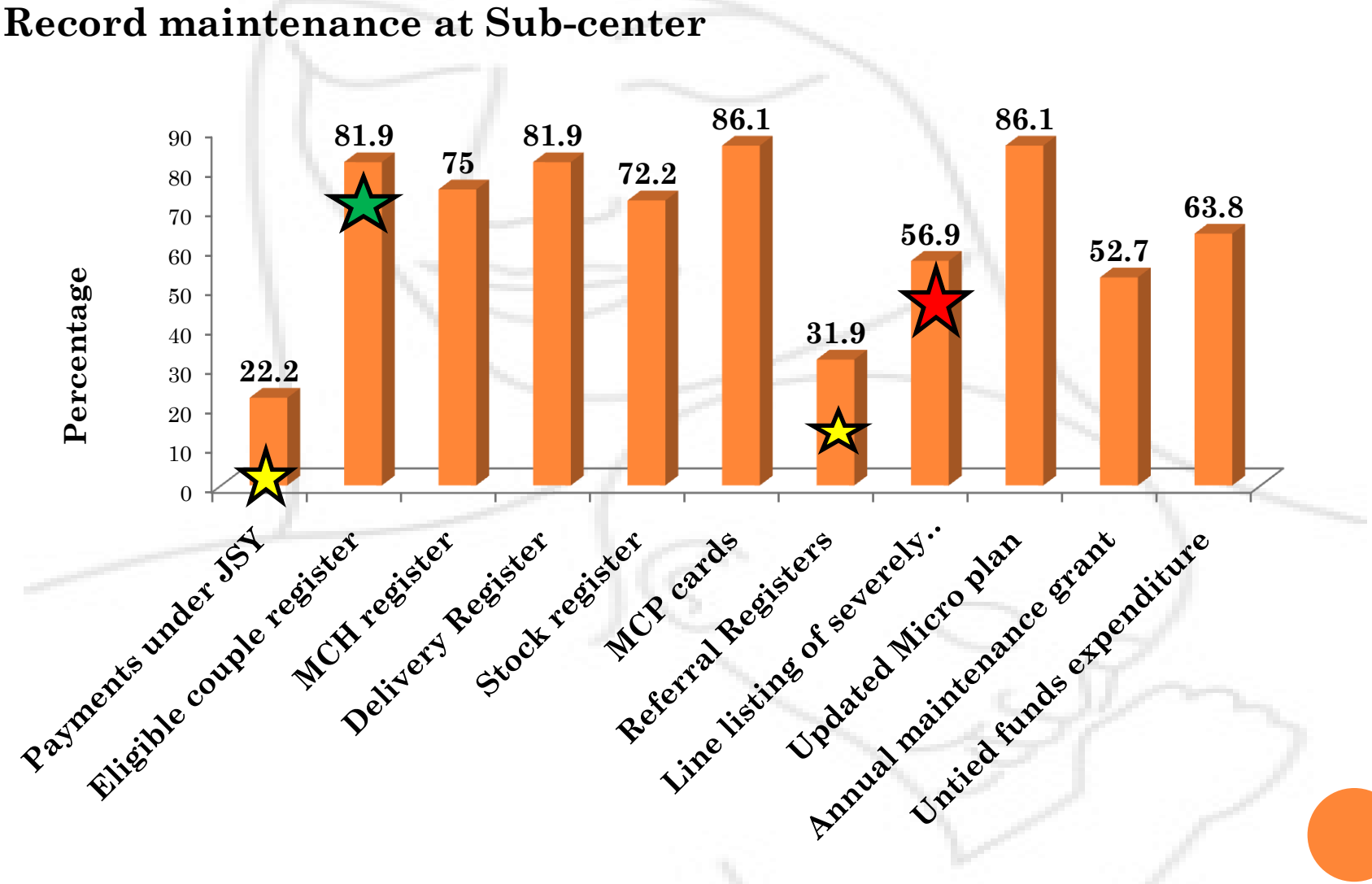

Essential Drugs at DH and FRU
Comp. inv. mng
Labelled emergency tray
Mifepristone tab
Inj Oxytocin
Zinc tablets
Vit A syrup
IFA tablets (blue)
Vaccine Stock available
Drugs common ailments
antibiotics
Misoprostol tab
Inj Mag. Sul
ORS packets
IFA syrup
IFA tablets (red)
EDL available and disp
100
75
75
50
100
75
75
100
100
75
75
75
100
75
75
100
100
100
100
100
100
100
100
100
100
100
0
20
40
60
80
100
120
DH
FRU

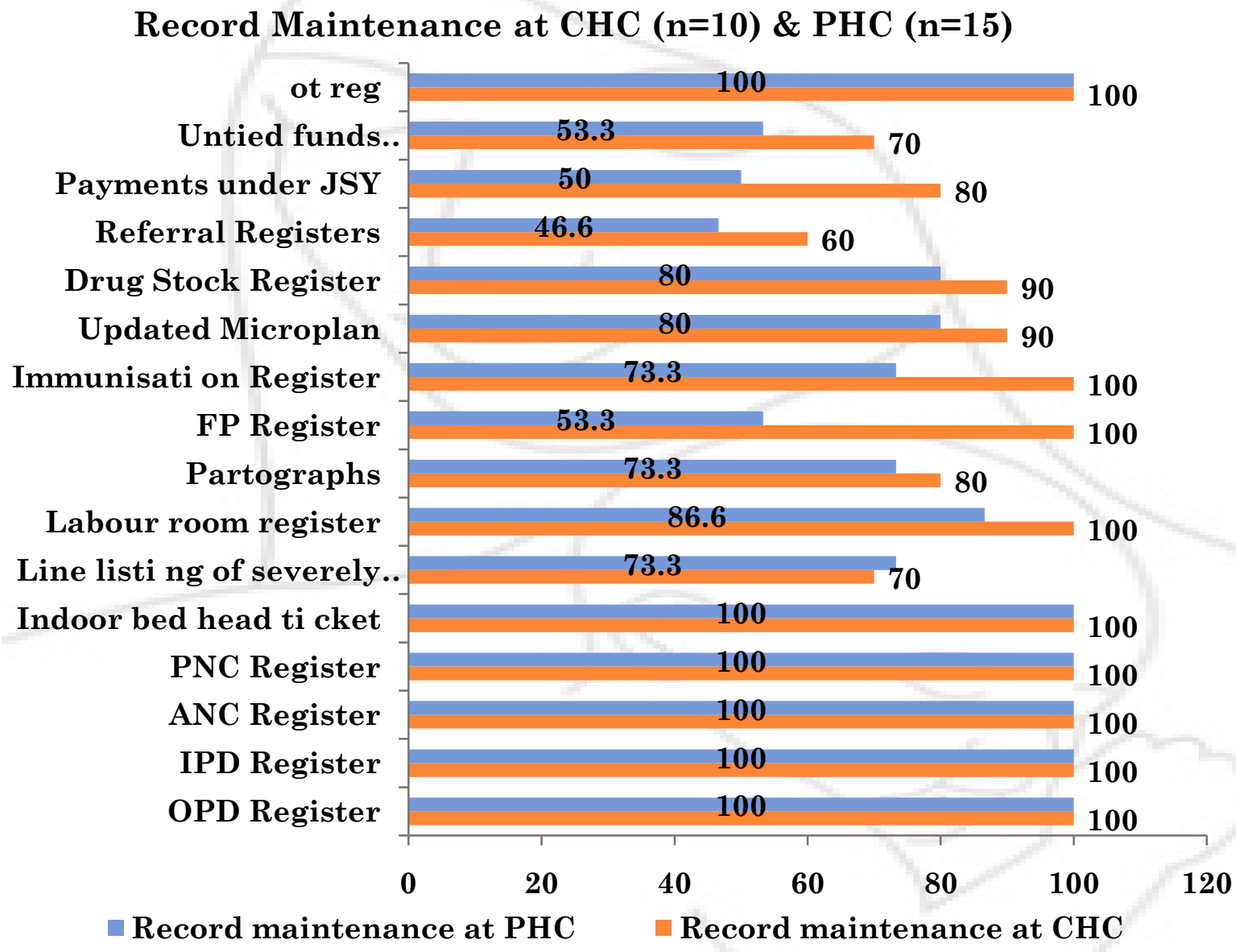
ESSENTIAL SUPPLIES

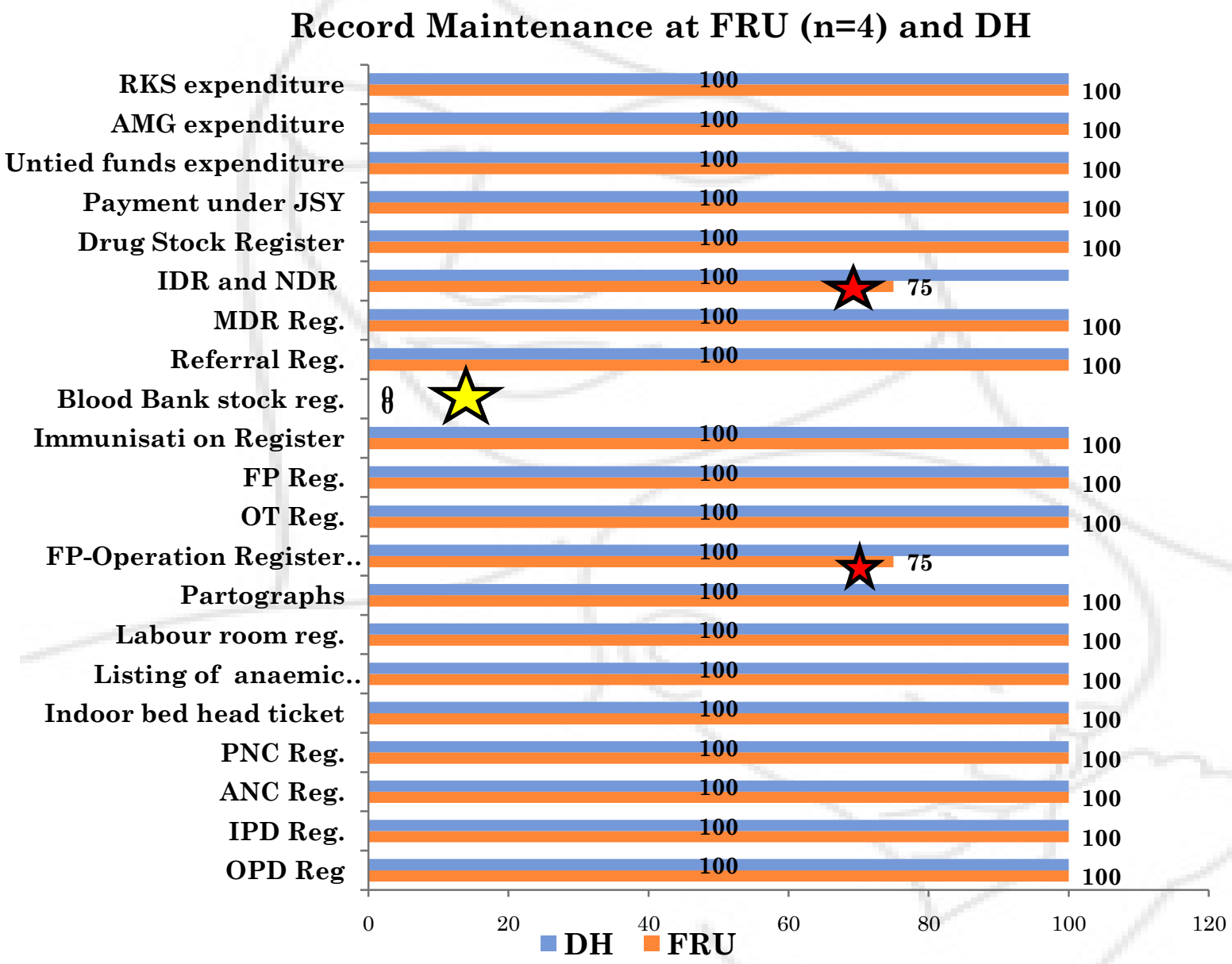



Essential supplies at DH and FRU (n=4)
Percentage
100
90
80
70
60
50
40
30
20
10
0
75
100
50
100
100
100
50
100
75
100
50
100
Pregnancy testi ng kits
Urine albumin and sugar testi ng kit
OCPs
EC pills
IUCDs
Sanitary napkins
FRU
DH

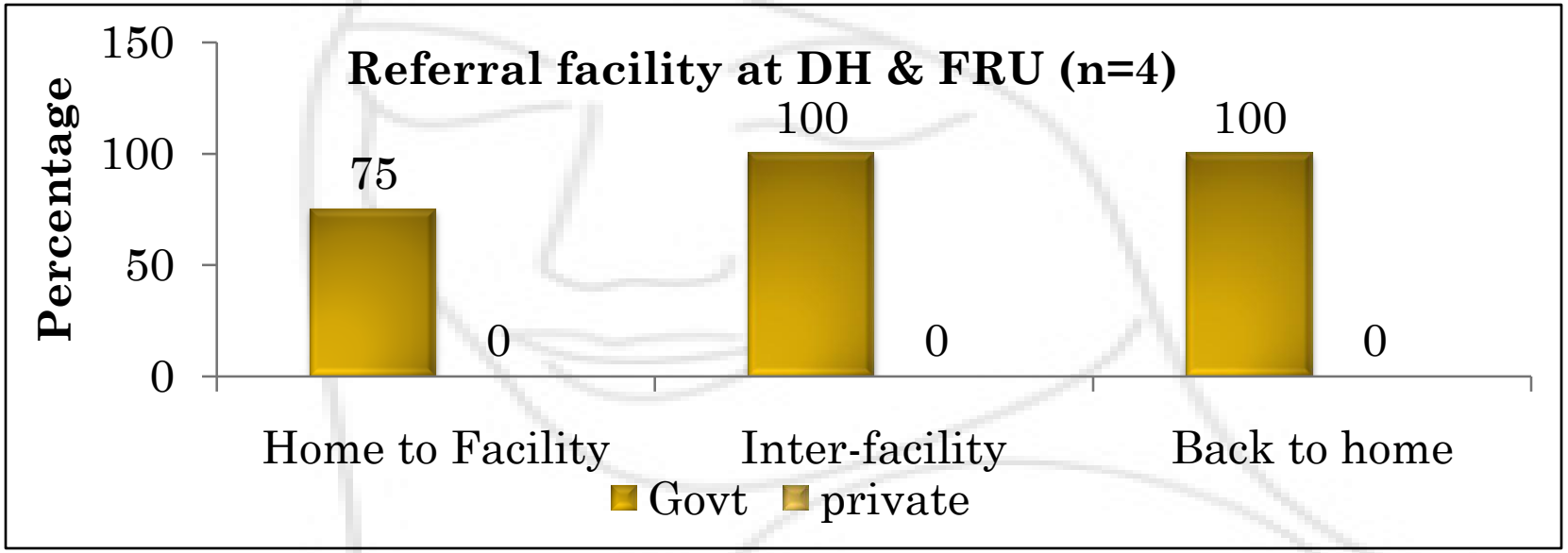
RECORD MAINTENANCE

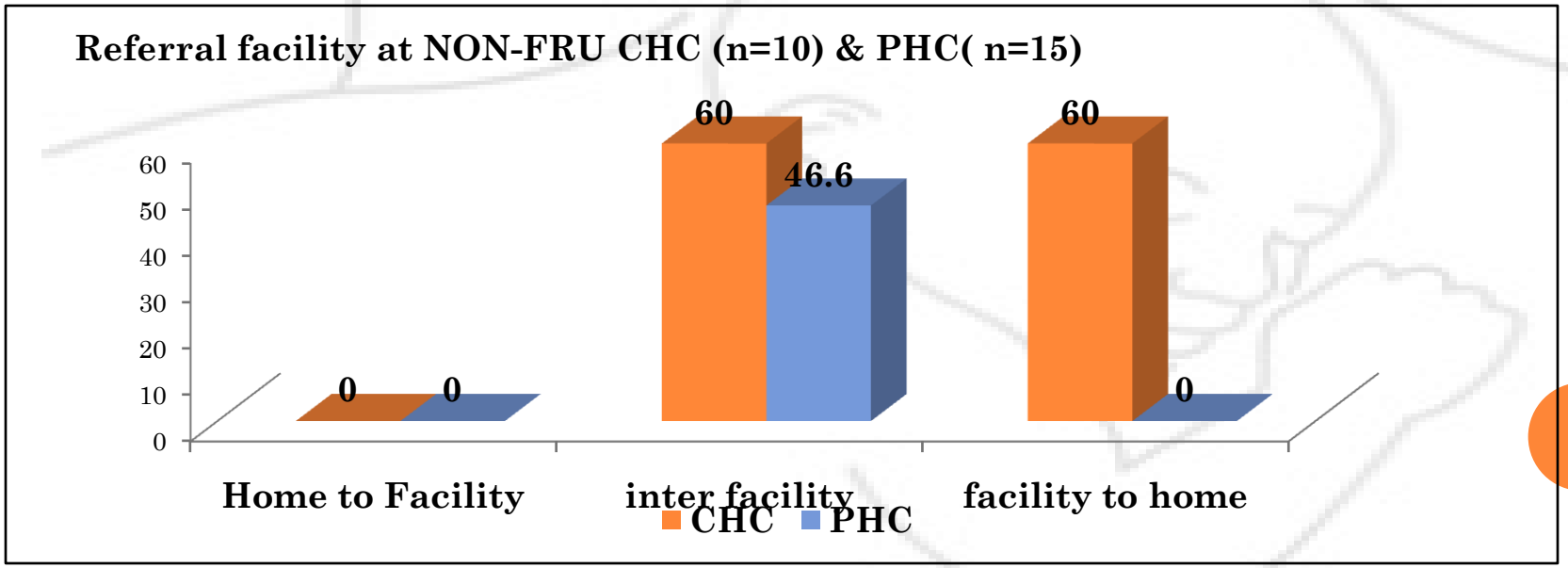


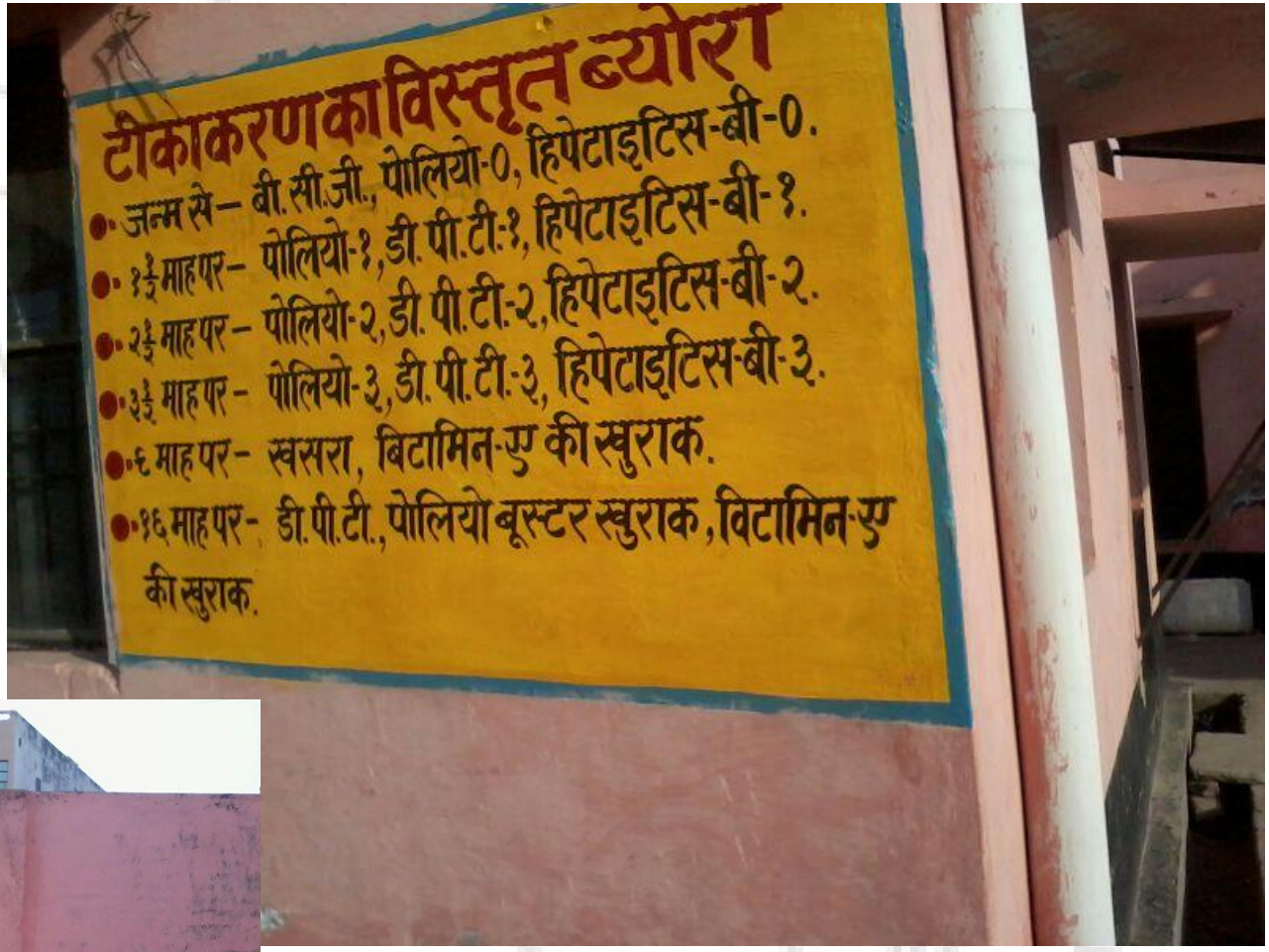

Record Maintenance at CHC (n=10) & PHC (n=15)
ot reg
Untied funds..
Payments under JSY
Referral Registers
Drug Stock Register
Updated Microplan
Immunisati on Register
FP Register
Partographs
Labour room register
Line listi ng of severely..
Indoor bed head ti cket
PNC Register
ANC Register
IPD Register
OPD Register
100
100
53.3
70
50
80
46.6
60
80
90
80
90
73.3
100
53.3
100
73.3
80
86.6
100
73.3
70
100
100
100
100
100
100
100
100
0
20
40
60
80
100
120
Record maintenance at PHC
Record maintenance at CHC


Record Maintenance at FRU (n=4) and DH
RKS expenditure
AMG expenditure
Untied funds expenditure
Payment under JSY
Drug Stock Register
IDR and NDR
MDR Reg.
Referral Reg.
Blood Bank stock reg.
Immunisati on Register
FP Reg.
OT Reg.
FP-Operation Register..
Partographs
Labour room reg.
Listing of anaemic..
Indoor bed head ticket
PNC Reg.
ANC Reg.
IPD Reg.
OPD Reg
100
75
0
0
0 20 40 60 80 100 120
DH
FRU

REFERRAL FACILITY



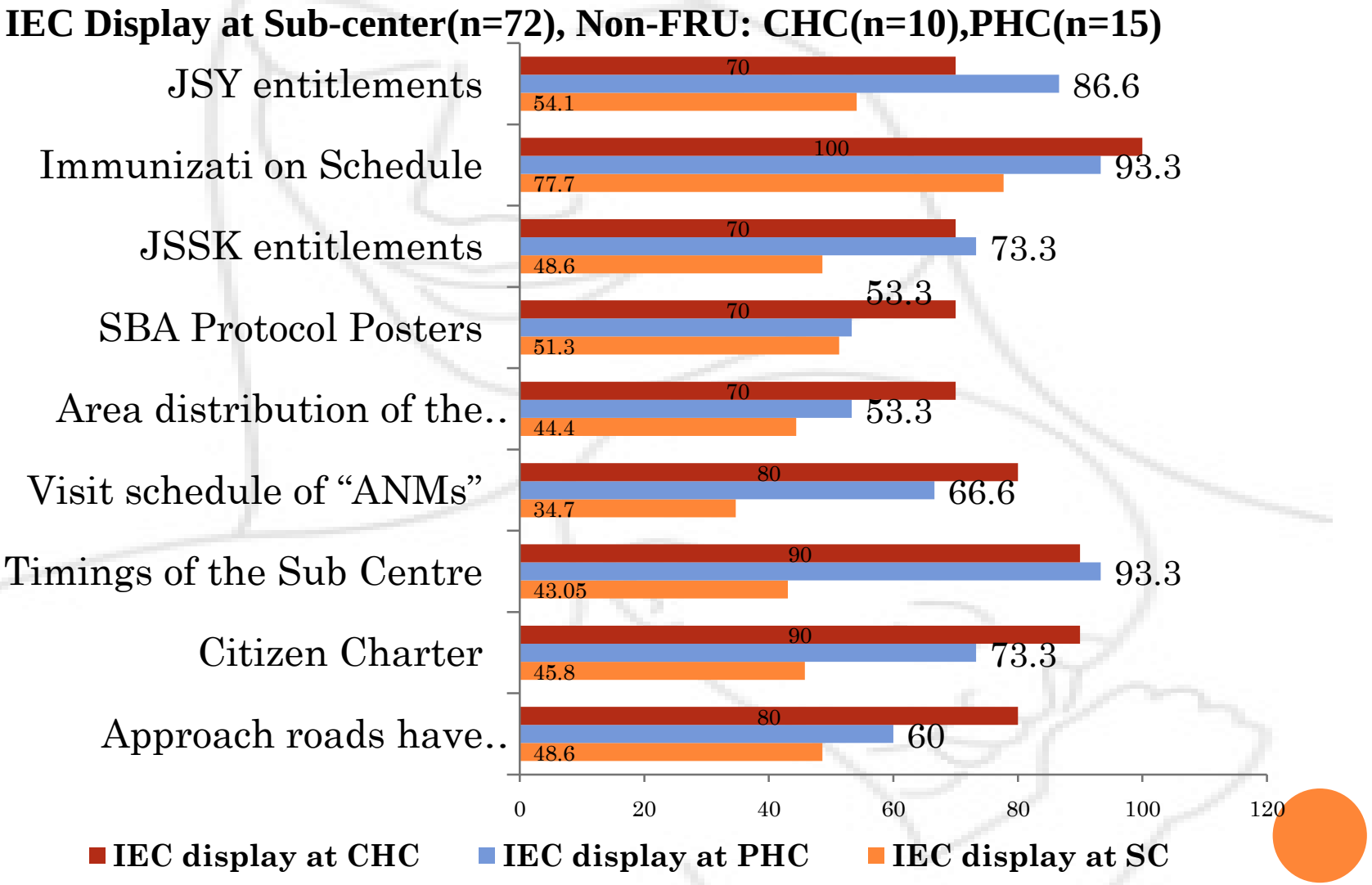



टीकाकरण का विस्तृत ब्योरा
जन्म से – बी.सी.जी., पोलियो-0, हिपेटाइटिस-बी-0.
1½ माह पर – पोलियो-1, डी.पी.टी.-1, हिपेटाइटिस-बी-1.
2½ माह पर – पोलियो-2, डी.पी.टी.-2, हिपेटाइटिस-बी-2.
3½ माह पर – पोलियो-3, डी.पी.टी.-3, हिपेटाइटिस-बी-3.
9 माह पर – खसरा, बिटामिन-ए की खुराक.
16 माह पर – डी.पी.टी., पोलियो बूस्टर खुराक, विटामिन-ए की खुराक.


राष्ट्रीय कुष्ठ उन्मूलन कार्यक्रम
कुष्ठ - मुक्ति अभियान
जरा गौर से देखिये
यह कुष्ठ हो सकता है जाँच कराइये
कुष्ठ एम.डी.टी. से ठीक हो जाता है।


नागरिकों को दी जाने वाली/प्रदान की जाने वाली निशुल्क सेवायें एवं सुविधायें
1. परिवार कल्याण सम्बन्धित हेतु अन्तर्गत निशुल्क महिला नसबन्दी, पुरुष नसबन्दी, आपरेशन
2. गर्भवती एवं बच्चों के लिये निशुल्क टीकाकरण की सुविधा।
3. जननी सुरक्षा योजना के अन्तर्गत निशुल्क प्रसव रु० 1000/- शहरी क्षेत्र के लिये रु1400/- ग्रामीण क्षेत्र के लिये प्रोत्साहन राशि प्रदान किया जाना।
4. जननी शिशु सुरक्षा कार्यक्रम के अन्तर्गत निशुल्क उपचार एवं औषधि की व्यवस्था निशुल्क जाँच, निशुल्क भोजन, जच्चा बच्चा की निशुल्क वाहन द्वारा घर छोड़ने (ड्राप बैक) की सुविधा एवं निशुल्क रक्त चढ़ाने की सुविधा (जिलेस्तर संदर्भन द्वारा)
5. राष्ट्रीय बाल स्वास्थ्य कार्यक्रम के अन्तर्गत सरकारी एवं सहायता प्राप्त विद्यालयों में अध्ययन रत छात्र-छात्राओं का एवं समस्त आँगनबाड़ी केन्द्रों पर बच्चों का निशुल्क स्वास्थ्य परीक्षण किये जाने की सुविधा।
6. निशुल्क नेत्र परीक्षण चश्मा वितरण एवं मोतिया बिन्द के निशुल्क आपरेशन की सुविधा
7. कुष्ठ रोगियों का निशुल्क जाँच उपचार एवं आपरेशन की सुविधा।
8. तपेदिक पीड़ित रोगियों के लिये निशुल्क बलगम एवं रक्त की जाँच एवं निशुल्क उपचार की घर के समीप स्थान पर डॉट्स प्रणाली द्वारा उपचार की व्यवस्था।
9. मलेरिया, फाईलेरिया एवं अन्य वेक्टर बार्न रोगों के निशुल्क जाँच एवं उपचार की सुविधा।
10. यौनजन्य कार्य संक्रमण एवं यौन संचारित रोगों के निशुल्क उपचार की सुविधा।
11. एच.आई.वी. एवं एड्स की जाँच एवं उपचार की सुविधा जनपद स्तर पर निशुल्क उपलब्ध है।
12. दुर्घटना रोगियों हेतु 24 घण्टे उ० प्र० एम्बुलेन्स की सुविधा।
13. सामान्य रोगी में बाह्य एवं अन्तः रोगी कक्ष में भर्ती करने, निशुल्क उपचार की सुविधा।
14. मेडिकोलीगल केसों हेतु जाँच की सुविधा।
15. चिकित्सालय में होने वाले बच्चे का जन्म प्रमाण पत्र निर्गत करना।
16. चिकित्सालय में होने वाली मृत्यु का प्रमाण पत्र जारी करना।

IEC DISPLAY


IEC Display at Sub-center(n=72), Non-FRU: CHC(n=10),PHC(n=15)
JSY entitlements
Immunizati on Schedule
JSSK entitlements
SBA Protocol Posters
Area distribution of the..
Visit schedule of “ANMs”
Timings of the Sub Centre
Citizen Charter
Approach roads have..
70
86.6
54.1
100
93.3
77.7
70
73.3
48.6
53.3
70
51.3
70
53.3
44.4
80
66.6
34.7
90
93.3
43.05
90
73.3
45.8
80
60
48.6
0
20
40
60
80
100
120
IEC display at CHC
IEC display at PHC
IEC display at SC

RESULT

- The gap in infrastructure such as **condition of the building** requiring renovation is 40 percent for the PHC and 35 percent for the PHC.
- The non- availability of the adequate **number of staff** at the First referral Unit, Community health centers and primary health centers poses a great impact in the provision of quality of care to the patients. Hence, the fulfillment of the sanctioned position should be done for effective delivery of the services.
- **Timely training** of the human resource should be provided especially at the delivery points. The analysis shows that the human resource eve at the delivery points are lacking the essential training for the program. In the next phase the focus should be given in providing training to the human resource at the Non first referral unit.
- The availability of the **drugs and essential equipments** should also be made universal to all the health facilities in order to provide quality of care.

Essential ingredients for further strengthening

- **Supportive supervision-**
  * With the timely and regular supervision of the higher authority these areas can be improved.
  * Also the referral transport mechanism records, line listing of severe anaemic patients should be properly recorded and maintained at all the level of facility.
- **Focus on the gaps**:
  The gaps in terms of infrastructure, Human resource, essential equipments and drug supply, referral transport mechanism and record maintenance should be focused and improved.
- **Refresher trainings:**
  The ANM's, Staff Nurse should be given quarterly refresher training for one or two days in which they can revise the training module and guidelines such as HBNC, NSSK and other training modules.

Limitation and Scope of Study

- Because of time limitation, not all percent of the health facilities could be covered.
- Reason behind the short comings at the facility level could be found.
- All the staff could not be covered.

- Thankyou