CHAPTER: 16

FACILITY READINESS THROUGH HEALTH SYSTEM STRENGTHENING LENS: A SNAPSHOT IN NALANDA DISTRICT OF BIHAR

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INTRODUCTION

India has been grappling with significant maternal and newborn mortality challenges for the past two decades. While there has been notable progress in reducing neonatal and infant mortality rates, the overall improvement remains sub-optimal. To tackle these public health issues, the Government of India (GOI) has implemented various innovative strategies and interventions as part of the National Health Mission Scheme (NHM). Research indicates that a significant proportion of maternal and newborn deaths occur in the course of and after childbirth [1]. The nation is currently grappling with significant public health challenges, including an infant mortality rate [2] (48 per 1000 live births), under-five mortality rate (58 per 1000 live births), and maternal mortality rate (301 per 100,000 live births). These challenges align with the United Nations Millennium Development Goals (Goals 4 and 5), which stress the enhancement of maternal and child health. While India has made notable progress in reducing the maternal mortality rate by 66%, resulting in an estimated decline from 600 to 200 maternal deaths per 100,000 live births and achieving an average annual reduction of 5.2% during the period 1990–2010, there is still work to be done [3].

According to the National Family Health Survey-4 (NHFS-4), only 9% of mothers had at least four antenatal care visits, and approximately two-thirds of deliveries occurred in institutional settings (78.5%). Public facilities conducted around 58.0% of deliveries, while only a small percentage of home deliveries were overseen by skilled health personnel (4.2%) [2].

RESEARCH OBJECTIVES

1. To evaluate the presence of human resources.
2. To evaluate the infrastructure of public health facilities (including the condition of the roof, walls, floor, doors, window layout, usage, and electricity).
3. To evaluate the presence of consumables, essential drugs, and equipment.

RESEARCH METHODOLOGY

CFA was undertaken as a cross-sectional investigation across all public health facilities situated in 38 districts of Bihar, including those at the level of Primary Health Centers and higher, where 24x7 deliveries were carried out. The survey relied on general observations and the physical enumeration of drugs and consumables, with no reliance on secondary data sources. Tailored questionnaires were developed for data collection, and a trial run was conducted in selected public health facilities. In each round, a total of 534, 549, and 550 public health facilities were the focus in all 38 districts of Bihar for Rounds 1, 2, and 3, respectively. Specifically for Nalanda, 20, 20, and 21 facilities were observed in the three respective rounds. The approach involved universal sampling, encompassing all facilities at and above the PHC level where 24x7 deliveries were being performed.

RESULTS & DISCUSSION

Infrastructure played a crucial role in influencing both the quality of services offered and the outcomes of deliveries. The direct correlation between maternal and child health and the quality and sufficiency of infrastructure emphasized the need for regular maintenance and checks. An observation revealed that less than half of the delivery points had sufficient floor area, with a particularly concerning situation in Bihar, where the overall percentage was 29%, compared to 33% in Nalanda. The presence of water seepage not only signified poor infrastructure quality but also served as a significant source of infection. Analyzing the situation in Nalanda from 2015 to 2017, there was an increasing trend in signs of water seepage in all three possible areas: brick wall (40% to 67%), concrete roof only (50% to 52%), and both concrete roof and brick wall (20% to 48%). Given that seepage from both the concrete roof and brick wall was a critical indicator, immediate infrastructure changes and interventions were essential to address these gaps.

CONCLUSION

The results of the assessment offer valuable insights into areas requiring improvement, which can be addressed through collective decisions by government counterparts and incorporated as a key consideration in the development of block-level and district-level action plans. However, it's important to note that the collected data is cross-sectional, so the findings, especially concerning the drug stock indicator, should be interpreted with utmost caution. For future assessments, the consideration of implementing serial cross-sectional data collection is recommended to obtain a comprehensive view of gap closure. Additionally, a separate evaluation strategy can be designed to assess drugs, predict buffer levels, and ensure safety stock, providing a more profound understanding of facility readiness.

REFERENCES

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