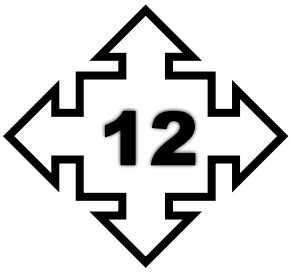

STUDY ON GAP ASSESSMENT OF RMNCH+A STRATEGY IN HIGH PRIORITY DISTRICT OF BARABANKI UTTAR PRADESH

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INTRODUCTION

Over the last seven years, the national program has developed innovative strategies to implement evidence-based interventions targeting diverse population groups. The substantial augmentation in financial allocations for Reproductive and Child Health (RCH), improvement of healthcare infrastructure and workforce, and the strengthening of program management capabilities since the inception of NRHM in 2005 provide a significant opportunity to streamline our initiatives. As we approach 2015, there exists an opportunity to expedite advancements towards achieving the Millennium Development Goals (MDGs) and to reshape the national agenda through a cohesive approach to maternal and child health over the next five years [1,3].

To enhance the effectiveness of the RCH program, it is crucial to recognize that reproductive, maternal, and child health cannot be dealt with independently, as they are intricately linked to the overall health status of the population across various life stages. The well-being of an adolescent girl, for instance, has implications for pregnancy, and the health of a pregnant woman directly influences the health outcomes of the newborn and the child. Consequently, interventions may be required at diverse life cycle stages, and these interventions should be interlinked. The rationale for adopting such a strategy becomes evident when considering available data and acknowledging the complex interdependencies among different stages of the life cycle [2].

RESEARCH QUESTIONS

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

RESEARCH OBJECTIVES

1. To evaluate the availability of drugs and equipment coverage for RMNCH+A.
2. To identify gaps in the service delivery of RMNCH+A.

RESEARCH METHODOLOGY

A descriptive cross-sectional study was conducted in Barabanki district, Uttar Pradesh, from February 2016 to May 2016. Random sampling was applied to select PHCs, SCs, and one district women's hospital, totaling 21 health facilities. The sample design employed a Quota study design. Government of India Supportive Supervision tools were utilized for data collection, and MS Excel was used for data compilation, entry, and analysis. Graphs and charts were created using the MS Excel package.

RESULTS & DISCUSSION

The average referral across all facilities was 213, indicating insufficient handling of cases. Quarterly IPD averaged 2208, while OPD averaged 220603. In terms of drugs for maternal care, specifically injectable MgSO4, the availability was only 60%. For newborn health essentials, the availability of bag and mask was only 61%, a notably low indicator for managing newborn asphyxia. In Adolescent health, Dicyclomine availability at the facility was a mere 32%. Regarding vaccine supplies, at L1 facilities, HEPB supply was only 45%, followed by 27% for vitamin syrup, and Measles Vaccine was 36%. In L2, Hep B availability was only 60%, while in L3, HEP B, Measles, and Syrup Vitamin supply was 80%. Overall availability showed HEP B at 67%, and syrup Vitamin at 71%. In terms of infection prevention, quarterly data indicated that color-coded bins were only 43%, reflecting poor biomedical waste management. Additionally, the availability of bleaching powder was only 57%. In TSU blocks, Fetal Heart Rate recorded at admission, partograph filling, and uterotonic drug use were all 100%. The significant difference was noted in recording mother's temperature at admission, which was 77% in L1 and 100% in L2 and L3 of TSU blocks, whereas it was not recorded in L1 and L2 in non-TSU blocks, with only one FRU (L3) doing so. Antenatal Corticosteroids use was reported at all levels, with L1 at 50%, L2 at 67%, and L3 at 100%, while in non-TSU blocks, L1 was at 14%, and L2 at 50%.

CONCLUSION

Comparison of TSU and non-TSU blocks in Intrapartum and Immediate post-partum practices revealed higher adherence to best practices in TSU blocks. Essential Newborn care and newborn Resuscitation equipped NBCC availability was observed at 57% in L2 facilities. Services delivered at the community level by ASHA and ANM indicated a menstrual hygiene status of only 52%. Referral at NRC was done in 76% of cases, highlighting a need for increased awareness in detecting severely acutely malnourished children.

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