



**SITUATION ANALYSIS OF
MATERNAL AND CHILD HEALTH
SERVICES AT DELIVERY POINTS IN ALL 7
BLOCKS OF BARWANI DISTRICT OF
MADHYA PRADESH**

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INTRODUCTION

Enhancing maternal and child health and ensuring their survival are pivotal for attaining national health objectives outlined in the National Health Mission (NHM) and the Millennium Development Goals 4 and 5. The Indian government is making substantial strategic investments to realize these objectives. The clear articulation of the strategic approach towards Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCH+A) is a step in this direction. This approach is grounded in the sound premise that an individual's health across various life stages is interconnected. The stages of the life cycle and the locations where healthcare is delivered are mutually dependent aspects of healthcare facilities. Together, these elements constitute the 'continuum of care,' providing an effective framework for seamless service delivery at state and district levels. The 'continuum of care' encompasses integrated service delivery in different life stages, including adolescence, pre-pregnancy, childbirth, postnatal periods, childhood, and through the reproductive age [1,3].

RMNCH+A services will be rolled out nationwide, with additional efforts concentrated in the specified 184 High Priority Districts (HPDs) across 29 states, including 17 within the state of MP, supported technically by Development Partners. Given that the HPD districts exhibit lower health indicators and potentially lag behind in various development measures, they require particular attention and assistance in terms of both planning and execution [2].

RATIONALE

The effectiveness of maternal and child health interventions was determined by availability, accessibility, actual utilization of services and quality of services delivered. The period of maximum risk was from the onset of labour to immediate post-partum period, during this phase the client is present at the facility. This level of care could be enhanced by improving availability of necessary equipment's, drugs and skilled human resource thereby reducing the number of maternal and child health. In order to prioritize attention to address specific gaps in the

delivery of particular intervention or a set of interventions it was necessary that gap analysis be carried out at various levels in a high priority district for ease of planning which was highlighted in the document.

RESEARCH OBJECTIVES

To evaluate the existing infrastructure and human resources required for providing maternal and child health services as part of the RMNCH+A intervention across all seven blocks in the Barwani district.

RESEARCH METHODOLOGY

The situational analysis relied on a thorough examination of existing data, literature reviews (documents and reports), information gathered from facilities, data analysis from Health Management Information System (HMIS), and conversations with officials and service providers at different levels. The study encompasses an evaluation of operational delivery units, including levels L3, L2, and L1. MNH toolkit was used for standards, guidelines and checklist which contain the information regarding maternal and child health services. The updated MNH toolkit list for facility assessment was utilized, taking into consideration the available resources in terms of the functional needs of health facilities, meeting minimum standards such as staffing, medications, equipment, and other services provided at the facilities. The checklist was completed through direct observation, with remarks recorded, and the quality aspects were investigated through interactions with respondents. An analysis of NFHS-4, AHS 12-13 and HMIS was done to understand trends and status of the district on the key health and demographic indicators.

RESULTS & DISCUSSION

Ensuring the availability of maternal health services, especially safe delivery services, was crucial for reducing maternal mortality and morbidity. This study revealed that 17 facilities have a separate and functional labor room, except for Kajalmata, which is currently under construction. Only 10 facilities have a functional radiant warmer. The

district highlighted a significant gap between the required and available health personnel at all levels, particularly for nurses, ANMs, and laboratory technicians. Doctor availability data indicates that, except for Dhanora, Menimata, and Moiyda, most institutions have medical officers, although Dhanora lacks a staff nurse. A concerning finding is that six out of 16 facilities lack a lab technician. Regarding medical officers, only nine facilities have trained medical officers, with an imbalance in training status—Warla and Rajpur have trained officers, while none are trained in LSAS. A major deficiency was noted in NSSK training, with only six facilities having trained medical officers. Analysis of training statuses revealed significant deficiencies, with only 18 percent of SNs receiving training in FIMNCI.

CONCLUSION

The unavailability of infrastructure appeared to be a major obstacle to the success of maternal and child health programmes in Barwani. The study revealed that there are quarters for MO and SN but very few facilities had accommodation other staff there by hampering the availability of HR thereby decreasing the number of other staff such as cleaners and ward boys for effective functioning. There was a wide gap in availability of SNCU/NBSU and lab facilities. It was found that the training of medical officers had marked able discrepancies also the training status of Staff nurse and ANM was unsatisfactory. However, it was in our knowledge that care available at the household and community level, in peripheral health facilities and in some referral, facilities often do not adequately treat many maternal and newborn complications.

REFERENCES

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3. *Situational Analysis for RMNCH+A in Rajasthan.*