RMNCH+A Highlight Series

Corrective Action for Improved Service Delivery: Rapid Assessment in Uttarakhand

Photo by MCHIP

Improved delivery room at District Women's Hospital, Haridwar following the rapid assessment.

"Rapid assessment visits have resulted in improved monitoring by the State of Uttarakhand to understand grassroots issues - the data and evidence from which is used for improved planning and corrective actions."

Mr. D. Senthil Pandiyan, IAS, District Magistrate, Haridwar and former MD-NHM, Uttarakhand

Story Contributors:
Mr. Niraj Agrawal and
Dr. Sanket Kulkarni

JULY 2014

U.S. Agency for International Development
www.usaid.gov

A rapid assessment was conducted in Uttarakhand to assess gaps in availability, accessibility, utilization, and quality and to ensure availability of essential commodities under the RMNCH+A 5x5 matrix. Assessment results provided an adequate evidence base to draw facility improvement plans addressing key gaps through short- and mid-term actions.

Background

The Government of India co-convened the global Call to Action for Child Survival in 2012 with USAID, the Government of Ethiopia and UNICEF, and then hosted its own National Summit to accelerate progress toward Millennium Development Goals 4 and 5 and the health goals of the 12th Five Year Plan. A new, comprehensive Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCH+A) Strategy launched at the National Summit is currently being rolled out in all 29 states and 184 high priority districts (HPDs). MCHIP provides technical support to the MOHFW and six state governments for RMNCH+A roll out. Haridwar, Pauri Garhwal, and Tehri Garhwal were selected as HPDs in Uttarakhand.

The effectiveness of RMNCH+A interventions can be determined by the coverage achieved as well as the availability, accessibility, quality and actual utilization of services delivered. To call attention to the quality of service delivery and improve health outcomes in its three HPDs, the Government of Uttarakhand, conducted a rapid assessment of all public health facilities that reported delivering babies during the previous two years. The focus of the rapid assessment was to identify gaps and assess the availability of all essential commodities and services included in the RMNCH+A 5x5 matrix of interventions from pre-pregnancy to 5 years of age, and to provide a robust evidence base from which to develop facility improvement plans. Both short-term and intermediate actions addressing the identified gaps were identified.

Rapid Assessment in Haridwar

Orientation of State Health Officials from the Health Directorate (Additional Directors and Joint Directors) and Consultants from the State Program Management Unit on the RMNCH+A strategy was conducted with support from USAID through MCHIP. The State Rapid Assessment Team (SRT) was then formed, comprising of

senior officials from the Directorate and State Program Management Unit (NHM). A rapid assessment of all delivery points was proposed to identify specific field level gaps and support the district and block level health functionaries in preparing an improvement plan for each facility in their respective blocks and districts. Inputs from the facility assessments would also be used for strengthening the District Health Action Plans (DHAPs) and State Program Implementation Plans (PIPs).

Haridwar, the district with the lowest performance indicators, was selected as the first to be visited. A total of 12 teams that included the Additional Director-Child Health, State Program Manager, State Training Officer, and the Assistant Director - Hospital and Medical Care covered 17 delivery points, assessing service delivery, human resources, infrastructure, skills of service providers, and infection management.

The teams observed that trained staff, especially skilled birth attendants, a health professional who can handle obstetric emergencies, were not rationally distributed by delivery load and that this was affecting the quality of care available. None of the staff assessed were trained in Essential Newborn Care and Resuscitation (Navjaat Shishu Suraksha Karyakram, or NSSK), an essential component to save newborns who are not breathing during the period known as the "Golden Minute" after birth. Infrastructure problems were also observed:

- Water and electrical supply, basic amenities required for successful delivery, were not available in one third of facilities observed.
- Delivery rooms offered no privacy and instruments in the labor room were not properly organized.
- Instruments not available or not functional were identified and a facility list of all missing essential equipment was prepared.
- Hand washing stations within the delivery room with elbow taps--an essential step in infection prevention and reduction of maternal and infant mortality--were non-existent in almost all facilities.
- Newborn Care Corners (NBCC) were not operational, as per the GoI Maternal and Newborn Health (MNH) Toolkit, in any of the delivery points.

During the rapid assessment, facility staff was given a basic orientation on corrective actions as well as on the 5x5 matrix which was displayed and institutionalized. A de-briefing meeting was held under the chairmanship of MD-NHM and Director General, Health and Family Welfare during which facility observations were shared and an improvement plan was prepared. The district's Medical Officers, Block Program Managers, District Program Manager, District Accounts Manager and District Data Manager all participated in the planning. Activities to be completed within one week were highlighted in yellow, activities to be completed within one month were highlighted in green, and gaps to be addressed in 3-6 months were highlighted in red in the district improvement plan. During the planning meeting, itself, District officials committed to addressing the identified gaps within the agreed time periods. A decision was also made to train 10 staff nurses and auxiliary nurse midwives as Mobile Master Trainers who would cascade the NSSK training to other staff. The Government of Uttarakhand also elected to end rotation of trained staff and to immediately establish NBC corners in all 17 delivery points.

What has changed in Haridwar?

During a follow-up visit, visible impact was seen at Haridwar's District Women's Hospital, a 38-bed hospital that conducts 300-350 deliveries per month. The labor room door was repaired and curtains placed between the two labor tables for increased privacy. Newborn Care Corner equipment was purchased and set up in the labor room. For improved infection control, an elbow tap for hand washing was installed and waste bins were provided as per guidelines. Separate footwear was arranged for entry into the labor room and instruments were organized in seven trays as per MNH Toolkit guidelines. Staff nurses were found in uniform and now using personal protective equipment and maintaining the record of sterilization of the delivery room, which was previously not done. Interviews with three randomly selected hospital clients revealed that they were counseled on skin-to-skin contact and initiation of breastfeeding within one hour of birth. IEC materials were also displayed at appropriate sites, a suggestion made based on findings of the rapid assessment. At the Special Newborn Care Unit, a dedicated generator for continuous power

back-up was installed and a dedicated pediatrician was also available, a position that was previously vacant. Racks were purchased and organized in wards for storing patients' personal belongings and patients' food was provided on plates rather than serving food into patients' hands as previously practiced.

"We now have a process in place through which we come to know of gaps immediately for taking timely corrective actions." *Dr. Bhawani Pal, Chief Medical Superintendent, District Women's Hospital, Haridwar*

Similar observations were made during follow-up visits conducted in other facilities in the district. The rapid assessment in Haridwar was replicated in Pauri Garhwal and Tehri Garhwal. De-briefing meetings were organized following both assessments and facility improvement plans were prepared and approved by respective health officials in both districts. The Government of Uttarakhand will conduct rapid assessments of all delivery points across the three high priority districts and two poor performing districts by July 2014. Thereafter, rapid assessment teams will re-visit facilities in six month intervals to review progress against their facility improvement plans. These visits will be followed by Block Monitoring visits, which are similar in their intent but community, as well as facility, focused.

Conclusions

The Government of Uttarakhand, has institutionalized the rapid assessment of health facilities as a mechanism for monitoring the status of delivery points and providing orientation and skill building to its health workers. Uttarakhand's experience shows that a rapid but focused health facility assessment of the type carried out in the HPDs can lead to corrective action that dramatically improves the quality of care for women and newborns. Uttarkhand's state health officials used the rapid assessment findings in preparing their 2014 DHAPs and State PIPs, which now call for increasing the number and ensuring a more equitable distribution of labor and delivery points across the state. The Government of Uttarakhand is also working to increase institutional deliveries in the state to improve the quality of services by continuing to strengthen existing delivery points, and to improve the quality of care at Newborn Care Corners, Newborn Stabilization Units and Special Newborn Care Units. Rational deployment of staff and improved IEC within facilities and BCC at the community level are being emphasized, as well.

"Rapid assessment visits have resulted in improved monitoring by the State of Uttarakhand to understand grassroots issues - the data and evidence from which is used for improved planning and corrective actions." *Mr. D. Senthil Pandiyan, IAS, District Magistrate, Haridwar and former MD-NHM, Uttarakhand*

The rapid assessment and action planning process in Uttarakhand led to increased ownership and a renewed state commitment to the delivery of quality health care to its communities.

MCHIP would like to thank Mr. D Senthil Pandiyan, IAS, District Magistrate, Haridwar; Dr. Susma, Chief Medical Officer, Haridwar; and Dr. Bhawani Pal, Chief Medical Superintendent, District Women Hospital, Haridwar.