



FACILITY READINESS FOR CHILD HEALTH SERVICES IN UTTAR PRADESH

District Hospitals in 25 High-Priority Districts (HPDs)

KEY FINDINGS/RECOMMENDATIONS:

- It is important to specifically target readiness for child health services as this component gets lost in broad assessments for service readiness. Since 2018, the results of the UP-TSU child health facility readiness assessments have been used to guide evidence-based plans for facility strengthening at the district hospitals in 25 HPDs.
- A composite score approach allows a high level view but also the ability to understand where the gaps are at the facility level and develop specific action plans.
- In 2017, only 2 of 25 District Hospitals (DH) met minimal essential strengthening criteria (composite score of 0.8 and above). In November 2019, 20 of 25 DH have an essential criteria composite score of 0.8 and above.

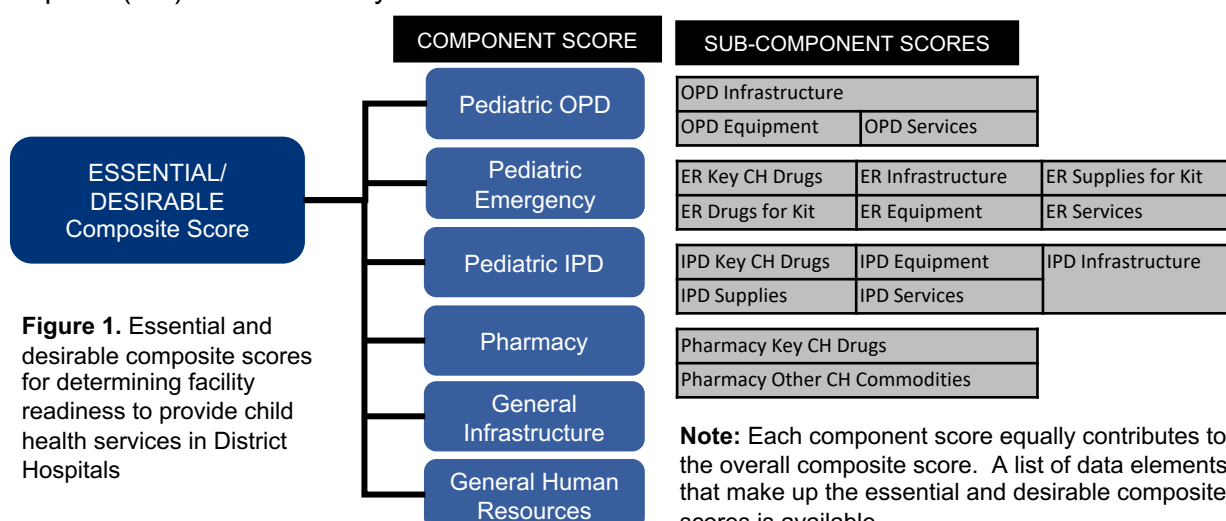
FACILITY READINESS

- Though not sufficient, facility readiness is a prerequisite to delivery of quality services.
- Specific readiness for child health services often becomes lost in broader service readiness assessments such as the WHO Service Availability and Readiness Assessment¹.

METHODOLOGY

- In collaboration with the Government of Uttar Pradesh (GoUP) and UP-National Health Mission (NHM), essential and desirable criteria for strengthening of child health services at Community Health Centres (CHC) and District Hospitals (DH) was created by the UP-TSU.

- Criteria was based on Government of India guidelines for pediatric care at district hospitals², Indian Public Health Standards³ and the operational guidelines for F-IMNCI⁴.
- Facility readiness tools that target the data elements composing the essential and desirable scores were developed by the UP-TSU.
- The first round of assessment was in April 2017 and the third round in November 2019, covering the same facilities.
- The minimum composite is 0 and the maximum is one. A facility is expected to be able to be consistently ready to provide child health services if the composite score is 0.8 and above.



Note: Each component score equally contributes to the overall composite score. A list of data elements that make up the essential and desirable composite scores is available.

RESULTS: Improvement in ESSENTIAL Facility Readiness

The median essential composite score increased from 0.67 in 2017 to 0.83 in 2019.

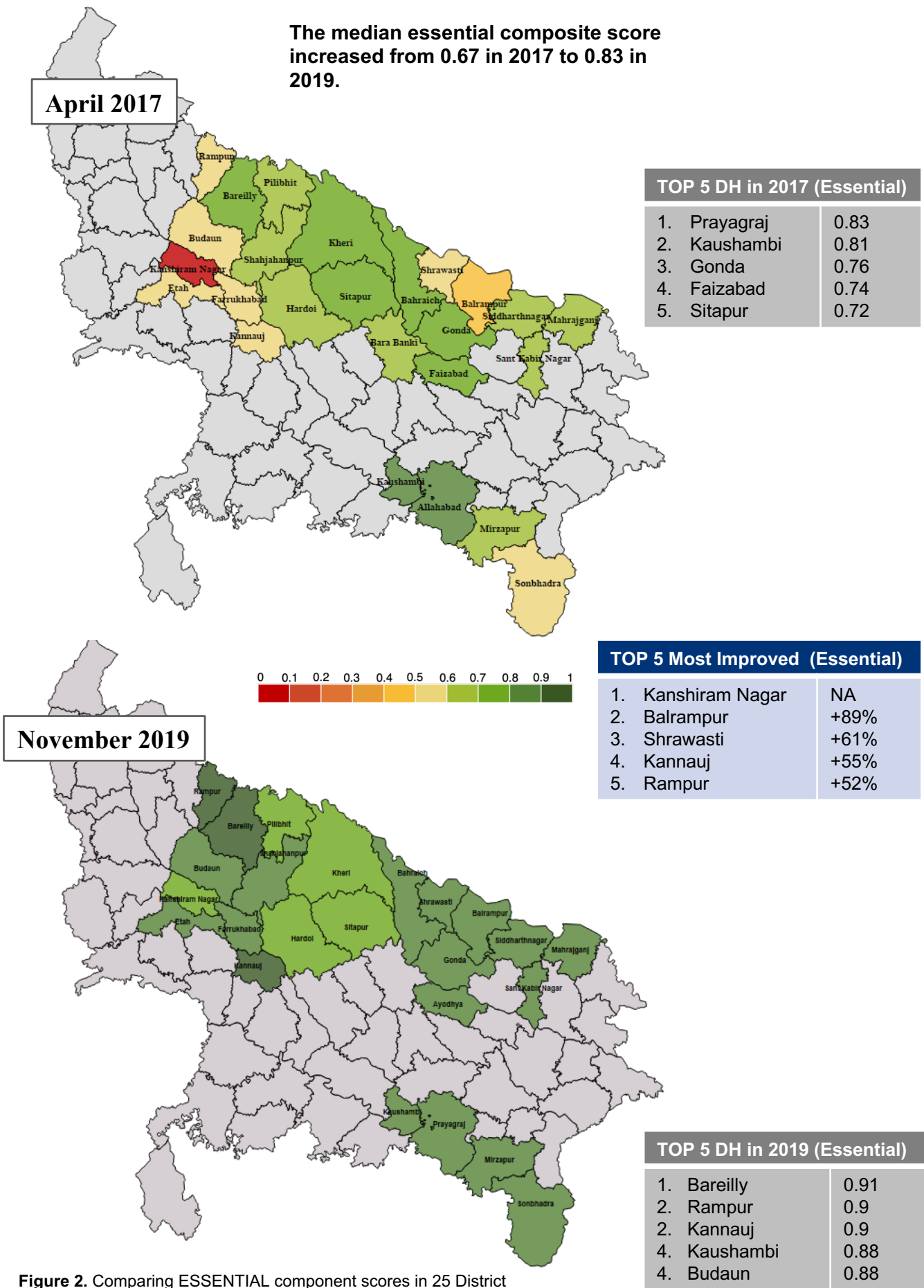


Figure 2. Comparing ESSENTIAL component scores in 25 District Male/Combined Hospitals between April 2017 and November 2019

RESULTS: Improvement in DESIRABLE Facility Readiness

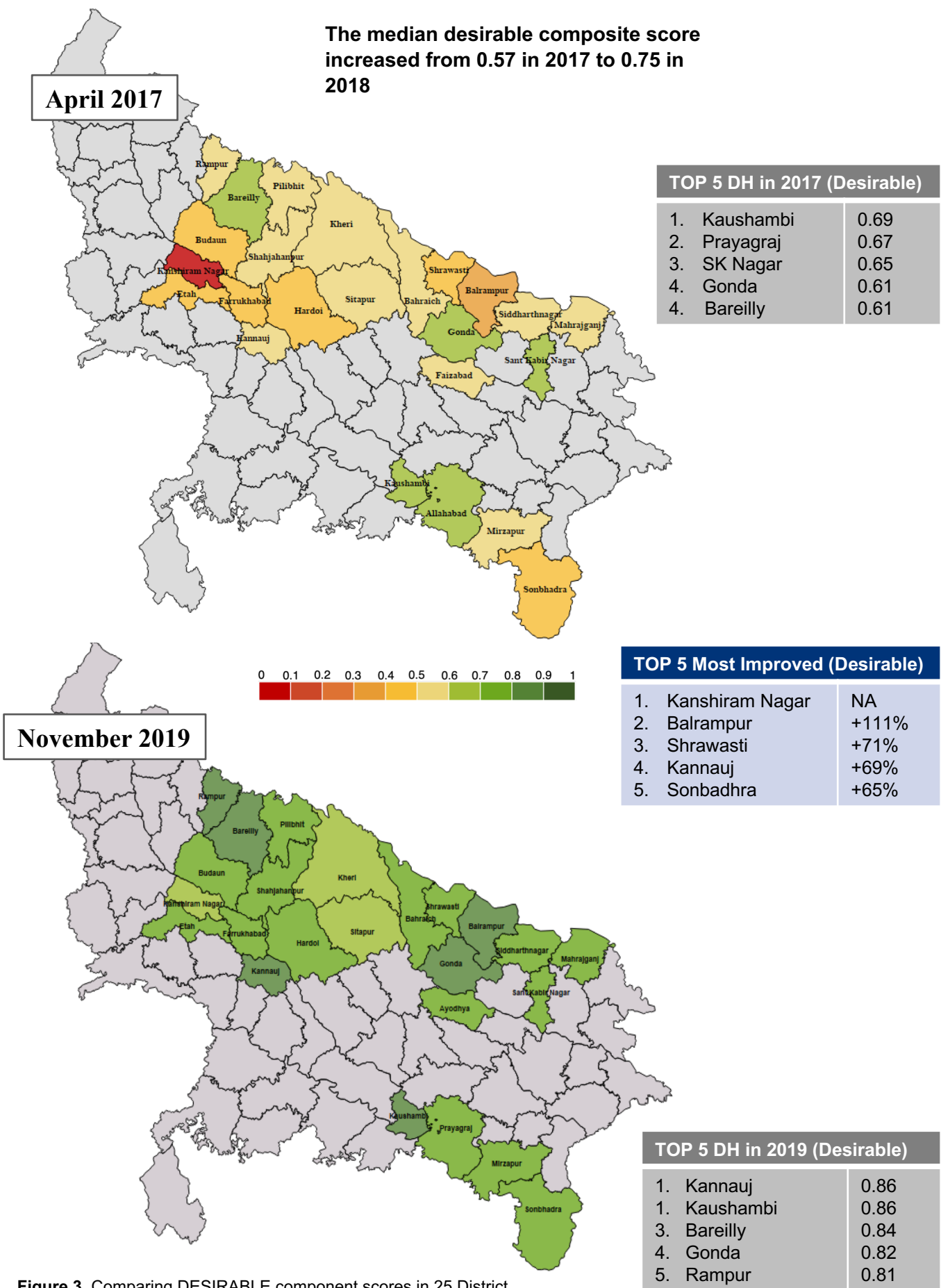


Figure 3. Comparing DESIRABLE component scores in 25 District Male/Combined Hospitals between April 2017 and November 2019

Table 1. Comparing ESSENTIAL and DESIRABLE composite scores in 25 DH between April 2017 and November 2019

DISTRICT	ESSENTIAL			DESIRABLE		
	Apr 2017	Nov 2019	Difference	Apr 2017	Nov 2019	Difference
Bahraich	0.71	0.80	+0.09	0.57	0.72	+0.15
Balrampur	0.45	0.85	+0.4	0.38	0.80	+0.42
Barabanki	0.68	0.84	+0.16	0.60	0.74	+0.14
Bareilly	0.70	0.91	+0.21	0.61	0.84	+0.23
Budaun	0.58	0.88	+0.3	0.48	0.77	+0.29
Etah	0.58	0.81	+0.23	0.48	0.75	+0.27
Faizabad	0.74	0.82	+0.08	0.60	0.74	+0.14
Farrukhabad	0.55	0.80	+0.25	0.44	0.71	+0.27
Gonda	0.76	0.88	+0.12	0.61	0.82	+0.21
Hardoi	0.61	0.78	+0.17	0.49	0.71	+0.22
Kannauj	0.58	0.90	+0.32	0.51	0.86	+0.35
Kanshiram Nagar	0.00	0.77	+0.77	0.00	0.68	+0.68
Kaushambi	0.81	0.88	+0.07	0.69	0.86	+0.17
Kheri	0.71	0.78	+0.07	0.60	0.69	+0.09
Mahrajanj	0.64	0.82	+0.18	0.59	0.75	+0.16
Mirzapur	0.69	0.81	+0.12	0.59	0.72	+0.13
Pilibhit	0.63	0.78	+0.15	0.51	0.71	+0.2
Prayagraj	0.83	0.83	0	0.67	0.75	+0.08
Rampur	0.59	0.90	+0.31	0.52	0.81	+0.29
Sant Kabir Nagar	0.70	0.85	+0.15	0.65	0.76	+0.11
Shahjahanpur	0.66	0.86	+0.2	0.52	0.79	+0.27
Shrawasti	0.51	0.82	+0.31	0.45	0.77	+0.32
Siddharthnagar	0.68	0.83	+0.15	0.58	0.77	+0.19
Sitapur	0.72	0.77	+0.05	0.59	0.69	+0.1
Sonbadhra	0.59	0.87	+0.28	0.48	0.79	+0.31

DISCUSSION:

Interventions for the improvement of readiness for child health services

Following the initial facility readiness assessment in April 2017, Nurse Educators (MSc trained) were hired by the UP-TSU to work closely with government and hospital administrators to catalyse child health services in 25 districts. Their work has been supported by zonally-based Child Health Coordinators (MBBS trained) who ensure the work is done strategically and in a manner that is important to the officials. The Nurse Educators have been active across all districts since January 2018.

As part of the PIP process in 2018, the TSU worked with their district government and hospital administrators using the data from the previous facility assessment. They identified areas that needed to be improved and for which funds could be requested through the routine budgeting process. This process was repeated again at the district level for the 2019-20 PIP.

Readiness for child health services is very sensitive to overall improvements in the health system. This means that the substantial efforts of the government regarding improving availability of human resources and more efficient management of essential drugs and supplies, among others, have been central to the dramatic improvement that has occurred.

Using the composite scoring approach to catalyse further improvement

The benefit of using the composite score approach is that it allows a high-level view but also provides the ability to drill down on the specific issues for each facility. If there is a low composite score, it can be determined from the component score where the problem is. Detailed understanding comes from analysis of the subcomponent scores and the specific data elements.

References:

1. WHO. 2014. Service Availability and Readiness Assessment (SARA). http://www.who.int/healthinfo/systems/sara_reference_manual/en/
2. MoH&FW. 2015. Strengthening Facility Based Pediatric Care.
3. MoH&FW. 2012. Indian Public Health Standards (IPHS).
4. MoH&FW. 2008. Operational Guidelines for F-IMNCI.