

Increase Facility Based Delivery in Comprehensive Reproductive Health Care Centre(CRHCC): Trend of Facility Based Delivery Vs Home Delivery Among Monthly Expected Delivery List of Pregnant Mother in Working Area

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Statement of the problem: Over the last two decades Bangladesh has made remarkable progress on maternal and child health. The coverage of facility delivery has rapidly increased from 12 percent (2004) to 37 percent (2014). As per BDHS 2014. In urban area place of delivery in public facility 15.8%, Private 35.6%, NGO 5.4% Home-42.3% . This is evidence from the proportion of urban population, which was 31%,33% and 34% respectively in 2011, 2013 and 2015. In addition, under the Urban Primary Health Care Services Delivery Project(UPHCSDP) through ESD+ services.

Introduction:

Globally, around 287 000 ladies kick the bucket yearly from preventable pregnancy and labor related confusions [1, 2]. Practically each of the (99 %) of the maternal passing's happen in creating nations and more than 50 % happen in sub-Saharan Africa [2, 3]. Zambia is one of the sub-Saharan African nations with a high maternal mortality proportion (MMR) at 398 passing's for every 100 000 live births [4]. The greater part of the maternal passing's and dismalness has been demonstrated to be related with social hazard factors, for example, low or non-usage of gifted birth participation. Gifted birth participation is viewed as the most significant mediation for guaranteeing ideal maternal and infant wellbeing results [3,4]. Numerous maternal and perinatal passing's could be forestalled if all ladies conveyed their children in offices with satisfactory assets and staffing that are giving a high caliber of clinical consideration [5].

Since 2001, Bangladesh has made critical enhancements in the MMR because of changes inside and outside the wellbeing part. In general, MMR tumbled from 322 passing's for every 100,000 live births in 1998–2001 to 194 passing's for each 100,000 live births in 2007–2010. This was an outcome of expanded access to social insurance, just as expanded wages and improved instruction levels of ladies.

In Bangladesh, the Health, Nutrition and Population 2021 states that the Bangladesh Essential Health Service Package (productivity, ensure all-inclusive access and improve nature of HNP administrations; administrations ought to be organized by their effect on the weight of ailment; ESP parts ought to be given by the accessible staff at each level. Connections between levels giving ESP parts ought to be set up through a working referral framework. ESP arrangement ought to organize powerless populace, and be manageable in the long haul. Bangladesh has had past renditions correction process started during the principal half of 2015 and is bound to its in-Segment

Investment Plan (SIP) for the period 2016 delivered, which has been created in subtleties and supplemented with needs on offices, human assets, gear and prescriptions. Choices on the administrations to be remembered for the ESP were made utilizing an assortment of cost-viability as characterized in universal writing and practice, benefits previously existing in the Bangladesh PHC framework, to administrations for which backing is accessible. The incorporation of a few segments, for example, the Non-Communicable nation, both as far as Burden of Disease and Financial Protection to populace which will depend on the wellbeing administrations consistently.

The ESP improvement has been a participatory process divisions and Development Partners accepted to assemble generous agreement. The ESP improvement procedure will proceed after a last draft is concurred. An open practicality investigation – including a harsh, general quote presenting extra changes recommendable. A point by point costing will supplement the ESP structure.

CC UHFWC BEmONC Pre-term NB Infant Sep NCD oversee Ordinary Newborn Normal Newb N.V. Conveyances N.V. Delivery NCD Screening NCD Screening SBCC EPI/IMCI EPI/IMCI FP Short Acting FP Short Act Development Monitoring GM, SAM mn ANC/PNC ANC/PNC Lim. remedial consideration Lim. corrective Least s Extra service . Least Standards and Extra Services by office level

Bangladesh ESP Development Process:

Bangladesh has had past renditions of an Essential Services Package for quite a while started during the main portion of 2015 and is bound to its consideration t Plan (SIP) for the period 2016-2021. By January 2016 a last draft adaptation was delivered, which has been created in subtleties and supplemented with needs on offices, human assets, gear and meds.

Choices on the administrations to be remembered for the ESP were made utilizing an assortment of as characterized in global writing and practice, benefits previously existing in the Bangladesh PHC framework, to administrations for which backing is accessible. The consideration of a few Transmittable Diseases is an impression of the moving needs in the nation, both as far as Burden of Disease and Financial Protection to

populace which will depend on the wellbeing administrations consistently.

The ESP improvement has been a participatory procedure, with commitments from all offices and Development Partners at different focuses during its structure. The current rendition is accepted to accumulate considerable accord. The ESP advancement procedure will proceed after a last draft is concurred. An open counting a harsh, general quote—will be led, which may make presenting extra changes recommendable. A nitty gritty costing will supplement the ESP plan.

By January 2016 a last draft form was delivered, which has been created in subtleties and supplemented with needs on offices, human Choices on the administrations to be remembered for the ESP were made utilizing an assortment of rules, from demonstrated as characterized in universal writing and practice, benefits previously existing in the Bangladesh PHC framework, to administrations for which backing is accessible. The consideration of a few is an impression of the moving needs in the nation, both regarding Burden of Disease and Financial Protection to populace which will depend on s, with commitments from all MOHFW. The current form is The ESP advancement procedure will proceed after a last draft is concurred. An operational and budgetary will be directed, which may make presenting extra changes recommendable. A point by point costing will supplement the ESP structure. DH Injury Care Ophthalmic. Medical procedure General Surgery, Obstetric Fistula CEmONC Serious cases BEmONC Pre-term NB Infant Sepsis NCD the executives Ordinary Newborn N.V. Conveyances NCD Screening SBCC EPI/IMCI FP Short Acting GM, SAM mgmt. ANC/PNC Constrained corrective consideration. A few PARTICULARITIES OF THE BANGLADESH Most Essential Packages of Health Services will in general be similar.

The extent of ladies who get gifted birth participation is still low in Zambia [5]. Numerous ladies (53 %) still conceive an offspring at home and most (62 %) don't get help from gifted birth orderlies. Nonetheless, considers have demonstrated that most ladies who conceive an offspring at home express eagerness to conceive an offspring at the center [5,6]. For instance, an investigation by Stekelenburg et al [7] demonstrated that, albeit most pregnant ladies (94 %) showed they would like to conceive an offspring in a wellbeing place, just 54 % really did [6].

Rustic urban variations have been accounted for in the use of gifted birth participation administrations. For instance, the United Nations (UN) report [7] indicated that, in Sub-Saharan Africa, not exactly half (50 %) of the ladies in provincial regions got talented participation during childbirth contrasted with more than 80 % in urban regions. In Zambia, just 30 % of the ladies in country regions are gone to by a talented supplier contrasted and 80 % of the births in urban ladies [4]. A few reasons have been accounted for the low use of talented birth participation benefits in the country zones. For instance, contemplates directed in, notwithstanding constrained access to social insurance offices because of physical and calculated hindrances, for example, significant distances to wellbeing offices and high transportation costs, low quality of administrations because of low maternity care staffing levels and an absence of clinical gear for rise obstetric consideration, are significant reasons keeping pregnant ladies in country territories from getting to talented birth participation. Further, That attendants'

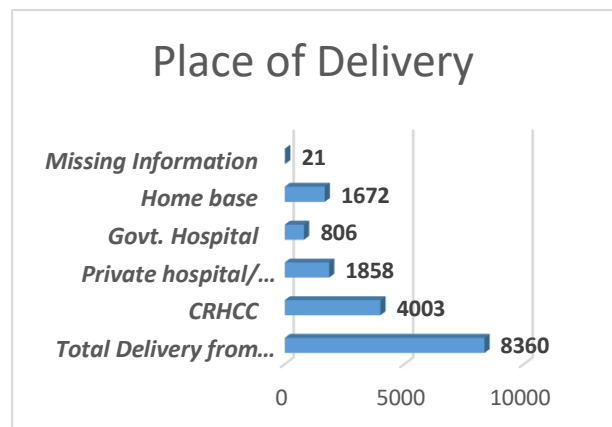
ill-bred mentality towards pregnant ladies, pregnant ladies' negative disposition towards medicinal services benefits because of the low nature of administrations ladies get at the center, accepted practices with respect to labor and aberrant expenses of purchasing child necessities or food while remaining in a social insurance office are significant explanations behind pregnant ladies in country regions to cease from getting to gifted birth participation. Relieving these boundaries could improve the use of talented birth participation administrations.

To conquer physical and strategic obstructions, for example, significant distances and high transportation expenses to human services offices looked by ladies living in provincial zones, maternity holding up homes (MWHs) have been set up in many creating nations, including Zambia [6,7]. The World Health Organization (WHO) has characterized MWHs as "private offices, situated close to a certified clinical foundation, where ladies living a long way from the social insurance office and those with high-chance pregnancies can hang tight for their conveyance and be moved to a close by clinical office without further ado before conveyance, or prior, should difficulties emerge" [7].

Methodology & Theoretical Orientation: CRHCC have been delivering services based on National Expanded Essential Services Delivery package. Maternal Health Care services provided through static and satellite center. CRHCC opened 24/7 hours. Under maternal health the project served pregnancy registration, follow-up, ANC check-up, TT vaccination, folate supplementation, early detection & prompt refer for danger sign, community mobilization for transportation, select blood donors for emergency, create awareness on safe delivery in facilities.

Finding: Table 1 show that number of facility-based delivery and home-based delivery in different places. 79.75% pregnant

Table:-1



women delivered in facilities, 20% delivered in Home base delivery. BDHS 2014 overall 56.8% delivered in health

facilities were in urban area in PHCC of UPHCSDP the trend of health facility-based delivery is increase to 79.75%

Conclusion & Significance: Migrated people live in urban area. They are highly mobilizing and low income. The project will be contributed to increase facility-based delivery and reduce maternal mortality and morbidity.

References

1. United Nations. World urbanization prospects: the 2014 revision. New York: Department of Economic and Social Affairs, Population Division; 2014.
2. Bangladesh Planning Commission. Millennium Development Goals: Bangladesh progress report 2015. Dhaka: Government of Bangladesh. p. 2015.
3. Banks N, Roy M, Hulme D. Neglecting the urban poor in Bangladesh: research, policy and action in the context of climate change. *Environ Urban*. 2011;23(2):487–502.
4. UN-Habitat. The bad news: the locus of poverty is shifting to cities. http://mirror.unhabitat.org/documents/media_centre/APMC/THE%20BAD%20NEWS.pdf. Accessed 30 June 2016.
5. Muggah R. Researching the urban dilemma: urbanization, poverty and violence. Ottawa, Ontario: International Development Research Centre; 2012.
6. Braun B, Aßheuer T. Floods in megacity environments: vulnerability and coping strategies of slum dwellers in Dhaka/Bangladesh. *Nat Hazards*. 2011;58(2):771–87.
7. Center for Urban Studies (CUS), National Institute of Population Research and Training (NIPORT), and MEASURE Evaluation. Slums of Urban Bangladesh: Mapping and Census, 2005. Dhaka and Chapel Hill, NC: CUS, NIPORT and MEASURE Evaluation; 2006.: