ARE GOVERNMENT AND RESEARCH DATA COMPARABLE? ASSESSING GOVERNMENT AND RESEARCHER-COLLECTED DATA FROM HIGH VOLUME DELIVERY FACILITIES IN UTTAR PRADESH, INDIA

AUTHORS: BETH PHILLIPS¹, MAY SUDHINARASET¹,², FNU KAVAL³, SHREYA SINGHAL⁴, DOMINIC MONTAGU¹, AARTI KUMAR⁴

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¹UNIVERSITY OF CALIFORNIA—SAN FRANCISCO; ¹UNIVERSITY OF CALIFORNIA—LOS ANGELES; ³NATIONAL HEALTH MISSION, LUCKNOW, INDIA; ⁴COMMUNITY EMPOWERMENT LAB, LUCKNOW, INDIA
PRESENTATION OUTLINE

• Introduction
• Site selection
• Methods
• Analysis
• Results
• Conclusion
Quality Plus or Q+ is part of the larger SPARQ study on person-centered care in family planning, abortion, and maternal health.

Q+ focus: *What drives clinical quality and person centered care quality in public maternity centers in Uttar Pradesh.*
UP AND DELIVERY CARE

UTTAR PRADESH, UP

- 204.2 million people\(^1\)

- Rapid increase in facility deliveries:
  - 21% in 2006
  - 68% in 2016\(^2\)

- 2\(^{nd}\) highest maternal mortality rate in India:
  - 285 women die for every 100,000 live births\(^3\)

- High levels of reported mistreatment:
  - 20% to 57% of women reported mistreatment during childbirth\(^4\)-\(^10\)
PRESENTATION FOCUS: Comparing government reported and researcher reported data

High volume facilities (>200 deliveries/month) = 208 facilities

- Self reported service readiness data\textsuperscript{11}
- SPA analysis\textsuperscript{12}
SITE SELECTION

PHC: Primary health center
CHC: Community Health Center
CHC-FRU: First Referral Unit
DWH: District Women's Hospital

Facility Type 2017 (group)
- CHC
- DH
- PHC

Stratified Quartile (group)
- Hi
- Lo
Q+ METHODS

**METHODS (August-November 2017)**

a. Re-administered Q+ facility surveys at all 40 facilities
b. Surveyed 2,018 women who recently delivered
c. Surveyed 250 health providers
d. Interviewed 50 health providers

- Mixed method data analysis and dissemination underway
RESULTS
COMPARING CLINICAL QUALITY: ANALYSIS

Maternal health data
- Delivery loads
- C-sections
- Female sterilizations
- IUD insertions
- EmOC availability

Staff
- Clinical
- Non Clinical

Infrastructure
- Essential Medicines
- Vaccines
- Beds in PNC ward
- Electricity
- Drinking water
- Location of facility
- Type of facility
## NHM AND Q+: OVERALL RESULTS

<table>
<thead>
<tr>
<th>Maternal health and family planning outcomes**</th>
<th>NHM Mean/%</th>
<th>Q+ Mean / %</th>
<th>Difference</th>
<th>P-value (t-test)</th>
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<tbody>
<tr>
<td>Monthly Deliveries (over 3 months)</td>
<td>324.52</td>
<td>301.09</td>
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<td>C-sections (over 3 months)</td>
<td>178.49</td>
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<td>Assisted deliveries (with forceps or vacuum), over 3 months</td>
<td>5.45</td>
<td>7.65</td>
<td>-2.2</td>
<td>0.432</td>
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<td>EmOC score (0-5)</td>
<td>3.63</td>
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<td>IUD/PPUID insertions (over 3 months)</td>
<td>286.42</td>
<td>268.23</td>
<td>18.19</td>
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<tr>
<td>Female Sterilization Clients (over 3 months)</td>
<td>287.32</td>
<td>42.35</td>
<td>244.97</td>
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### Supplies

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<td>Basic medical equipment (0-8)</td>
<td>7.88</td>
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### Infrastructure

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<td>Beds in Post Natal Ward</td>
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**Reporting period: NHM: Nov 2016-Feb 2017; Q+ : May-July 2017; *N designates the number of facilities with data
DELIVERY LOAD: CONSISTENT REPORTING

R² = 0.85
CONFIRMING CORRELATION

IUD insertions

R2 = 0.0220

IUD insertions

R2 = 0.4882
... AND CONFIRMING POOR CORRELATION

Female Sterilization

R2 = 0.0370

Female Sterilization

R2 = 0.2382
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BY LEVEL OF CARE

District Women’s Hospital (n=14)

First Referral Unit-CHC (n=12)

Community Health Center (n=10)

Primary Health Center (n=4)

C-sections Female Sterilization Clients

Clinical Staff

[Graphs showing the comparison of C-sections and sterilization clients across different levels of care]
“A chameleon changes its color for survival and matches with background but its form and function does not change. Similarly, health systems in LMICs change their color under pressure ... but [their] original function does not change.”

–Government of India, NHM officer
THANK YOU
REFERENCES


IMAGES:
5. Chameleon2 http://sites.jmu.edu/bio103shook/bbq-3b-why-do-chameleons-change-colors-is-it-an-evolutionary-adaptation-that-is-just-wrong/
7. Data collector images: Taken by Beth Phillips
8. Logos: downloaded from partner websites