

Assessment of Delivery Point at Public Health Facility in Khagaria District of Bihar by Using NRHM Supporting Supervision Checklist

By

Vandana Singh

*Dissertation submitted in partial fulfillment of the requirements of the degree
MBA Hospital and Health Management*

Academic year, 2017-2019



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TO WHOMSOEVER MAY CONCERN

This is to certify that **Dr. Vandana singh** student of MBA Health and Hospital Management from The IIHMR University, Jaipur has undergone internship training at **Care India, Bihar** from 4th Feb 2019 to 3rd May 2019.

The Candidate has successfully carried out the study on **Assessment of Delivery points at public health facility of Khagaria district of Bihar** assigned to her during internship training and her approach to the study has been sincere, scientific and analytical.

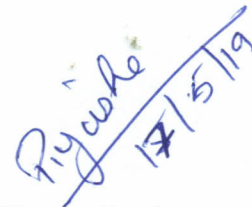
The Internship is in fulfillment of the course requirements.

I wish her all success in all her future endeavors.



Dr Col. Ashok Kaushik
Proctor and Dean
The IIHMR University, Jaipur

17 May 2019



Dr. Veena .S.nair
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CERTIFICATE

The certificate is awarded to
Dr. Vandana Singh

In recognition of having successfully completed her
Internship in the department of

Bihar Technical Support Programme
and has successfully completed her Project on

**ASSESSMENT OF DELIVERY POINTS IN PUBLIC HEALTH
FACILITIES OF KHAGRIA DISTRICT, BIHAR**

04th FEB'19- 03rd MAY'19

CARE INDIA, BIHAR

She comes across as a committed, sincere & diligent person who has a strong drive
and

zeal for learning

We wish her all the best for the future endeavors

Deputy Director Human Resources

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled “**Assessment of delivery points in public health Khagaria district of Bihar .**” and submitted by **Dr. Vandana Singh** Enrollment No **IIHMR-U/01/2017-19/ 0687** under the supervision of **Dr. Veena Nair** for award of MBA in Hospital and Health Management in Health and Hospitals of the University carried out during the period from 4th February 2019 to 3rd May 2019 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.



Signature

Acknowledgement

At this juncture of the completion of my dissertation, first I would like to thank the almighty for showering his blessings on me. I would like to sincerely thank The IIHMR University for giving me this platform of learning and making me a part of this memorable journey.

I would also like to express heartfelt gratitude to Dr. Ashok Kaushik, Dean Academics, The IIHMR University, whose valuable support and constant inspiration taught me a strong groundwork to be a public health professional now and thereafter.

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Thank you

Maternal mortality is a fragile marker. It perceives the human services arrangement of a nation and furthermore demonstrates the predominant financial circumstance. India adds to 20 percent of worldwide maternal deaths. Around 56,000 women pass on consistently in the nation due to pregnancy or pregnancy related causes. In the course of the most recent decade, there has been fall in maternal mortality proportion (MMR) from 301 SRS 2001-2003 to 212 SRS 2007-09, yet the lifetime danger of death for a pregnant lady is one out of seven. Regardless of the considerable decrease, the current MMR keeps on being unsatisfactorily high. As indicated by NFHS 4 information MMR of India is 130 for every 100 000 live births and though the circumstance is increasingly genuine for territory of Bihar with MMR 165 for each 100 000 live births,

As expressed by WHO Maternal well-being alludes to strength of ladies amid pregnancy, labour and baby blues period. While parenthood is frequently a positive and satisfying background, for an excessive number of ladies it is related with misery, sick wellbeing and even demise. Mortality and Morbidity which is identified with pregnancy sway an enormous number of lives of Indian ladies.

Reasons for maternal deaths might be immediate or roundabout. The concentration till now has generally been on tending to the immediate reasons for maternal deaths. Be that as it may, backhanded causes likewise should be routed to additionally decrease MMR and accomplish the Million Development Goal (MDG) on MMR. The roundabout causes that additionally incorporate the financial determinants of wellbeing might be alluded to as the three known deferrals: 1) delay in settling on a choice on the requirement for therapeutic consideration; 2) delay in achieving the proper office in time; and 3) delay in starting the right treatment at the wellbeing office.

With the assistance of little intercessions like accessibility and usefulness of basic gear's , accessibility of medications, trained human asset and appropriate foundation around 70 percent of maternal deaths can be anticipated (WHO 2014)

The idea of conveyance point rises up out of this assumption. Among the offices assigned as L1, L2 and L3 there are a few offices which are directing conveyances over a base benchmark. These are assigned as Delivery Points . As per Government of India, these utilitarian offices ought to be the first to be fortified for giving thorough regenerative maternal new-conceived and youngster wellbeing (RMNCH) administrations.

Dimension of administration conveyance, administration bundle and HR requirements for MNH administrations

LEVEL 1(SC/non 24*7 PHC)

Fundamental Function - Normal conveyance, introductory administration and referral if there should arise an occurrence of confusions.

- Essential new conceived consideration.

BED-2-6

GEOGRAPHIC AREA-bunch of 5-8 towns

Paradigm - least 3 typical conveyances for each month

Human asset 2 anm,1 low maintenance female

LEVEL 2 (24*7 PHC/NON FRU CHC)

Fundamental Function-typical conveyance, distinguishing proof and the executives of essential entanglements, fundamental administration and referral of such confusions which requires CEmoc care including HIV and HEP-B positive cases ,care of the hazard new conceived and referral after adjustment.

BED-6-30

Paradigm least 10 conveyances for each month including the board of complexities

HUMAN RESOURCE-1-2 Medical officers (accessible if the need arises after opd hours), Minimum 4 staff attendants/ANM each for work room and maternity ward, 2 lab professionals (for nonstop administration delivery),sweeper - 3 for work ideally(female) and maternity ward HR for NBSU

LEVEL 3 (FRU/CHC/SDH/DH)

Essential FUNCTION-Normal conveyance ,CemOC administrations including exhaustive sign capacities ,the board of inconveniences including HIV and HEP-B positive instances of wiped out new conceived including KMC.

BED at least 30

GEOGRAPHIC AREA-Block or locale

Rule Minimum 20-50 conveyances for every month including the executives of complexities

HUMAN RESOURCE-authorities including gynaecologist/Emoc ,anaesthetist/LSAS ,paediatrician, therapeutic officers, staff nurture, cleaning staff ,instructor, lab technician,1 affirmed sonologist ,HR for SNCU.

This investigation is led to know the holes in the conveyance point regarding accessibility and usefulness of fundamental equipment's, accessibility of medications.

Each Labor Room ought to have the accompanying:

- Labour table with sleeping pad, sheet, pad (numbers according to case load), Macintosh, Footrest
- Brass V wrap to gather blood and amniotic liquid
- Wall clock with seconds hand
- Wall mounted thermometer
- Suction contraption
- Equipment for grown-up revival
- Equipment for neonatal revival

- Delivery trolley
- IV trickle stand
- Screen/Partition between two tables
- Stool for birth sidekick
- Lamp – divider mounted or side
- Autoclave
- Autoclave drums for instruments, material,
- gloves, cotton, check, strings clean
- pads
- Autoclaved conveyance set for every conveyance
- Refrigerator
- Sphygmomanometer, grown-up and infant thermometer and infant gauging machine
- Consumables like gloves, cover, cotton, string, cloth, clean napkins, catgut, IV dribble sets, needle, string clasp, prescriptions (injectable, oral and parenteral, leucoplast and so on.)
- Pulse oximeter
- Sterilizer
- Oxygen chamber
- Oxygen concentrator
- Partograph
- Delivery unit for HIV positive ladies
- Labelled plastic containers for medications and injectables with date of expiry composed on them against each medication
- Coloured receptacles for bio therapeutic waste
- Management
- Hub shaper
- Puncture evidence compartment
- Plastic tubs for 0.5% Chlorine arrangement
- Intra-natal conventions
- Wheel seat/patient's trolley
- 7 Trays: Delivery plate, Episiotomy plate, Medicine plate, Emergency sedate plate, Baby plate, MVA plate, PPIUCD plate (see content underneath)

- Hand-washing region and can for the conceded customers
- Fetoscope/Fetal Doppler Stethoscope,
- Display of SBA quality conventions, and shadow less light.
- Mosquito repellent

Human asset necessity dependent on conveyances/month for a maternity wing

HR Requirement according to conveyance load/month <100 Deliveries 100-200
conveyances/month 200-500 conveyances/month 500 conveyances and more/month

MO – 1-2(avl. Amid routine hrs and available to come back to work amid emergency)
MO – 4(for nonstop duty) OBG – 1(Mandatory) OBG-3

ANM/SN - 4 SN - 4 OBG/Emoc – 4 (for nonstop service) Emoc – 4

Sweeper - 3 ANM - 4 Ansett – 1(Mandatory) Exclusive for maternity cases
Ansett. – 1 solely for maternity cases

DEO-1 LT - 2 (for nonstop service) LSAS – 4 (for nonstop service) LSAS - 4

Watchman – 4 Deo - 1

Sweeper - 4 MO – 4 (prepared in BEmOC, FIMNCI, NSSK) MO – 4 (prepared in
BEmOC, FIMNCI, NSSK)

Watchman - 4 MO and SN prepared in PPIUCD MO and SN prepared in PPIUCD

SN-8 SN-10

ANM – 4 ANM - 6

LT – 4 (for nonstop service) LT – 4 (for nonstop administration)

Sweeper – 4 (24 hour service)

Sweeper – 4 (24 hours administration service)

1 Certified ultra sonologist (accessible if the need arises after schedule hours), Obg ought to be given preparing if ultra sonologist not accessible DEO – 1

DEO-1 Guard – 4

Gatekeeper - 4

Infant Care Corner

This is MANDATORY for all Labor rooms and obstetric OTs of 'conveyance focuses'.

- Essential care during childbirth
 - Resuscitation of infant
 - Provision of warmth
 - Early commencement of breastfeeding
 - Weighing the neonate
 - Inspecting infant for gross intrinsic irregularities
-
- Every work room and obstetric OT ought to have a NBCC, with a brilliant hotter and a useful sack and veil of fitting size
-
- Room ought to be without draft

each infant won't require care under a brilliant hotter. Just when the accompanying conditions are seen in the mother or child, at that point the infant ought to be put under a brilliant hotter for ENBC and, whenever required, given revival:

- Meconium recolored alcohol and preterm work
- Baby not crying and limp/flabby appendages/floppy infant

- or according to specialist's recommendation

Hardware and extras required at NBCC

- Baby plate
- Paediatric stethoscope
- Baby scale
- Radiant hotter
- Self-swelling sack and mask– neonatal size (0 and 1)
- Oxygen hood (neonatal)
- Laryngoscope and Endotracheal intubation tubes
- Two set of pencil cell batteries (one is extra)
- Mucus extractor with suction tube and a foot-worked suction machine NG tubes
- Blankets
- Two perfect and dry towels
- Feeding tubes
- Empty vials for gathering blood
- Alcohol hand rub
- HLD/sterile gloves

Steady supervision

is a facilitative way to deal with supervision that advances mentorship, joint critical thinking and correspondence among managers and supervisees. As of late, strong supervision has been actualized to improve routine program observing and assessment .To direct this examination steady supervision agenda planned by NRHM was utilized The Standard Operating Procedures for leading Supportive Supervision have been created to structure the strong supervision visits to screen nature of consideration and to guarantee regard for sufficient accessibility of the basic supplies and types of gear, and to build adherence to confirm based clinical rules.

Justification

The World Health Organization (WHO) assesses that, of 536,000 maternal passings happening all around every year, 136,000 occur in India. Assessments of the worldwide weight of sickness for 1990 likewise demonstrated that India contributed 25% to inability balanced life-years lost because of maternal conditions alone. Shockingly, there is little proof that maternity has turned out to be fundamentally more secure in India in the course of the most recent 20 years notwithstanding the sheltered parenthood strategies and automatic activities at the national dimension.

India, with a populace of over a billion and decadal development of 21% , assessed its maternal mortality proportion (MMR) at 301 (maternal passings per 100,000 livebirths) in 2003. The MMRs differ over the states, with the huge North Indian states contributing an excessively enormous extent of passings. Topographical endlessness and sociocultural assorted variety crosswise over India add to this variety. The status of ladies is commonly low in India, aside from in the southern and eastern states. Female proficiency is just 54%, and ladies come up short on the strengthening to take choices, including choice to utilize conceptive wellbeing administrations. As wellbeing administrations are administered at the state level, much likewise relies upon state initiative and the board skills. Bihar is among the most crowded condition of the nation and contributes an enormous offer to the maternal mortality . As per NFHS 4 information MMR of India is 130 for every 100 000 live births and though the circumstance is increasingly genuine for territory of Bihar with MMR 165 for each 100 000 live births. as per registration 2012-13 MMR of Munger area in which Khagaria is one of the six areas is 226 for each 100000 live births. In spite of the fact that numerous administration wellbeing programs (JSY, JSSK, WIFS ,PMSMA) are useful in Khagaria however it is a Khagaria flood inclined hard to achieve territory and for the most part medicinal supplies is lacking and which impacts nature of human services administrations.

In this manner, the present investigation expected to screen nature of consideration and to guarantee thoughtfulness regarding satisfactory accessibility of the fundamental supplies and types of gear .

LITRETAURE REVIEW

Study by B.R. Ganatra, K.J. Coyaji expressed that there is a negative impact of exorbitant referrals and the defensive impact of the accompanying: dwelling in and not far from the town; nearness of an inhabitant nurture in the town; having an informed spouse and a prepared orderly at conveyance; and being at the lady's folks' home at the season of disease. This investigation focuses to the requirement for data instruction correspondence (IEC) endeavors to expand family (particularly male) readiness for crises, decentralized obstetric administration with viable triage, and a rebuilding of the referral framework.

NR van nook Broek,a WJ Grahamb says that The nature of consideration gotten by moms and children in creating nations is regularly revealed as poor. Howeverendeavors to deliver this contributory factor to maternal and new-conceived mortality have gotten less consideration contrasted with boundaries of access with consideration. The current increased worry to accomplish Millennium Development Goals 4 and 5 has enlightened the ignored quality motivation. While there is no all around acknowledged meaning of "value care", it is broadly recognized to grasp various dimensions – from patient to wellbeing framework, and numerous measurements, including security just as proficiency. Quality consideration should along these lines lie at the center of all techniques for quickening progress towards MDG4 &5. Mediations to quantify and improve quality need themselves to be proof based. Two promising methodologies are maternal and perinatal passing surveys and model based review. These and other quality improvement instruments have a significant task to carry out in the execution of successful maternal and new-conceived care.

Study led by Ann L. Montgomery, Usha Ram inferred that Three-fourth of maternal passings were bunched in rustic regions of less fortunate states, despite the fact that these districts have just a large portion of the evaluated live births in India. Most maternal passings were credited to coordinate obstetric causes (82%). There was no distinction in the real reasons for maternal passings among more unfortunate and more extravagant states. 66% of ladies kicked the bucket looking for some type of human services, most looking for consideration in a basic ailment. Country territories of more unfortunate states had proportionately lower access and usage to medicinal services administrations than the urban zones; anyway this rustic urban distinction was not seen in more extravagant states.

Concentrate by Nirupam Bajpai and Sangeeta Goyal it is lacking as far as inclusion of the populace, particularly in provincial territories, and horribly underutilized as a result of the dreary nature of social insurance gave. In most general wellbeing focuses which give essential social insurance administrations, medications and hardware are missing or hard to come by, there is deficiency of staff and the framework is described by endemic non-attendance with respect to medicinal faculty because of absence of oversight and control.,

Erlyn k macaryan and Anna D Gage Facility reviews don't catch key components of essential consideration quality. The accessible estimates significant holes in essential consideration quality. If not tended to, these holes will confine the commitment of essential consideration to achieving the yearning Sustainable Development Goals.

Kranti S Vohra and Dillep V. Mvalankar contemplate reasoned that's India will probably bring down maternal mortality to under 100 for every 100,000 livebirths yet that is still far away in spite of its automatic endeavors and fast monetary advancement in the course of recent decades. Land unfathomability and sociocultural assorted variety imply that maternal mortality differs over the states, and uniform usage of wellbeing segment changes is beyond the realm of imagination. At that point contextual analysis dissects the patterns in maternal mortality broadly, the maternal medicinal services conveyance framework at various dimensions, and the usage of national maternal wellbeing programs, including later imaginative systems. It recognizes the foundations for constrained achievement in improving maternal wellbeing and proposes measures to amend them. It suggests better detailing of

maternal passings and usage of proof based, centered methodologies alongside compelling observing for quick advancement.

Karl Krupp and Purnima Madhivanan expressed that Many wellbeing frameworks are confronting intense deficiencies of wellbeing laborers expected to give improved pre-birth care, gifted birth participation and crisis obstetric administrations – intercessions critical to diminishing maternal demise. wellbeing workforces are regularly amassed in enormous urban communities, while maternal mortality is commonly higher in country regions. Furthermore, human services frameworks are looked with deficiencies of authorities, for example, anaesthesiologists, specialists and obstetricians; a maldistribution of social insurance foundation; and irregular characteristics between the general population and private medicinal services segments. Progressively, strategy producers have been swinging to human asset systems to adapt to staff shortages. With the present intense deficiency of social insurance specialists in creating nations, it has never been increasingly dire to evaluate how unique human asset switches may be utilized to improve populace based wellbeing results. It is telling that Gujarat and Tamil Nadu – the states which are among the most forceful in trying different things with HR techniques – are likewise among the top entertainers in decreasing maternal and neonatal mortality in India.

RESEARCH QUESTION-

To realize what is the hole in accessibility and usefulness of fundamental equipment's, accessibility of medications, at conveyance purposes of general wellbeing office in Khagaria District of Bihar.

Destinations

1-To discover the present status of in accessibility, usefulness and usage of required data sources including basic instruments, drugs, at conveyance focuses .

2-To screen nature of consideration and to guarantee regard for satisfactory accessibility of the fundamental supplies and types of gear, and to build adherence to prove based clinical rules.

System:

This part of report clarifies about the data on the universe of the investigation, think about territory and information gathering strategy. Later it gives insights concerning a depiction of the example territories and information investigation plan embraced for the examination.

Study setting:

The examination was directed in khagaria District of Bihar. Bihar is arranged at the north-east piece of India and flanked by numerous states like; West Bengal, Jharkhand, Orissa, Uttar Pradesh and Internationally by Nepal. Arranged at the Northern piece of Bihar, Khagaria was a piece of the region of Munger, as a subdivision. The sub-division of Khagaria was made in the Year 1943-44. It was redesigned as locale, with impact from tenth May, 1981, khagaria District involves a territory of 1483 square kilometer, which is spread more than seven network squares. five noteworthy waterways – The Ganga, The Gandak, The Bagmati, The Kamala and The Koshi make flood a yearly undertaking for this distict and a standout amongst the most difficult to reach are of Bihar state.

The authoritative base camp of the locale is arranged in Khagaria.

Khagaria is isolated into seven network formative squares in particular

Alauli

Beldaur

Chautham

Mansi

Parbatha

Khagaria

Gogri

Study territory:

The examination region for the present investigation was every one of the squares in the area of Khagaria

Study plan:

The expressive cross-sectional investigation configuration was utilized for this evaluation. Cross sectional examinations are those investigations which are finished by taking a cross area of the example at one time from the universe or focused on populace.

This appraisal was finished by utilizing nrhm steady supervision checklist, this screens nature of consideration and focus on accessibility of fundamental types of gear and medications that

are obligatory to be available at all conveyance focuses at all dimension of settings as per MNH toolk

Meeting strategy:

Information was gathered by utilizing Pre planned NRHM steady supervision agenda to which is having all nearby finished inquiries ,eye to eye meet was led respondent were restorative officer incharge everything being equal.

Inspecting outline:

The universe comprises of all general wellbeing offices which were having conveyance focuses in the distict and it incorporates one locale emergency clinic, one FRU ,one CHC 4 PHC.

Test estimate:

An example of each of the 7 general wellbeing offices with conveyance focuses were chosen for the investigation.

Incorporation criteria:

1. All general wellbeing offices with conveyance focuses.

Rejection criteria:

General wellbeing offices without conveyance focuses like extra PHC.

All private wellbeing offices.

Moral contemplations:

Before regulating of the calendar, specialist disclosed to the respondents about the goal of the evaluation and the significance of investment in the examination. Educated assent was taken before topping off the survey.

Information investigation:

Information investigation was finished utilizing SPSS programming, mean of accessibility of medications and types of gear was determined ,it broke down what number of offices on a normal were having basic medications and hardware those are obligatory to give nature of consideration to mother and new conceived.

Absolute number of conveyances in a month (walk 2019)

Measurements

TOTALDELIVERIES		
N	Valid	7
	Missing	0
Mean		368.8571

This information demonstrates that normal number of conveyances in khagaria area of bihar is 369.

Accessibility of oxytocin

INJ.OXYTOCIN

Frequency	Percent	Valid Percent	Cumulative Percent
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Valid	NO	4	57.1	57.1	57.1
YES	3	42.9	42.9	100.0	

Total 7 100.0 100.0

oxytocin is available in 3 out of 7 wellbeing administration focus and not present in 4.

INJ MAG SULFATE

Frequency	PercentValid	Percent	Cumulative
Valid NO	1	14.3	14.3
YES	6	85.7	100.0
Total	7	100.0	100.0

Magnesium sulphate is disdain in 6 general wellbeing focuses and missing in 1 out of aggregate of 7.

STERILE PADS

Frequency Percent	Valid	Percent	Cumulative
Valid NO	2	28.6	28.6

YES 5 71.4 71.4 100.0

Total 7 100.0 100.0

Out of 7 general wellbeing focuses 5 were having sterile napkins and 2 were not having it.

HEMOGLOBINOMETER

Frequency Percentage	Valid	Percentage	Cumulative
Valid NO	5	71.4	71.4
YES	2	28.6	100.0

Total 7 100.0 100.0

5 general wellbeing focuses were not having hemoglobinometer and just 2 were having.

BLOOD GROUPING TYPE

Frequency PercentValid Percentage Cumulative Percentage

			Valid	NO	5	71.4	71.4
				71.4			
			YES	2	28.6	28.6	100.0
Total	7	100.0	100.0				

Blood gathering type isn't being done in 5 general wellbeing focuses and at 2 were having it. ermined at those. ALBUMIN KIT

Frequency PercentValid Percent Cumulative Percent

Valid NO 5 71.4 71.4 71.4

YES 2 28.6 28.6 100.0

Total 7 100.0 100.0

Just at 2 focuses were having pee egg whites unit out of 7.

HIV SCREENING

Frequency PercentValid Percentage Cumulative Percentage

Valid NO 3 42.9 42.9 42.9

YES 4 57.1 57.1 100.0

Total 7 100.0 100.0

Just in 4 wellbeing office HIV screening being finished.

PARTOGRAPH BEING FILLED

Frequency	Percent	Valid	Percent	Cumulative
Percent				
Valid	NO	7	100.0	100.0
			100.0	100.0

INJ DEXAMATHASONE

Frequency	Percent	Valid	Percent	Cumulative
				Percent
Valid	NO	1	14.3	14.3
			14.3	14.3
YES	6	85.7	85.7	100.0
Total	7	100.0	100.0	

6 wellbeing offices were having inj. Dexamethasone.

IV FLUIDS

Frequency	Percent	Valid	Percent	Cumulative
				Percent
Valid	NO	1	14.3	14.3
			14.3	14.3
YES	6	85.7	85.7	100.0
Total	7	100.0	100.0	

6 wellbeing offices were having IV liquids.

INJ VIT K1

Frequency	PercentValid	Percent	Cumulative	Percent
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Valid	NO	4	57.1	57.1	57.1
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YES	3	42.9	42.9	100.0
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Total	7	100.0	100.0
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Out of 7 wellbeing offices 4 offices were not having vit k infusion.

Bodily fluid EXTRACTOR

Frequency	PercentValid	Percent	Cumulative
Percent			
Valid	NO	1	14.3
		14.3	14.3
YES	6	85.7	85.7
		85.7	100.0
Total	7	100.0	100.0

out of 7 wellbeing offices 6 were having bodily fluid extractor.

Pack AND MASK Size 0and 1

Frequency Percent	PercentValid	Percent	Cumulative
Valid yes	7	100.0	100.0 100.0

Every one of the 7 wellbeing offices were having pack and cover.

STERILE CORD CUTTING EQUIPMENT

Frequency PercentValid Percent Cumulative Percent

Valid NO 4 57.1 57.1 57.1

YES 3 42.9 42.9 100.0

Total 7 100.0 100.0

Just 3 offices were having sterile rope cutting hardware .

Practical RADIANT WARMER

Frequency Percent	PercentValid	Percent	Cumulative
Valid NO	2	28.6	28.6 28.6
YES	5	71.4	71.4 100.0

Total 7 100.0 100.0

5 offices were having practical brilliant hotter.

Assigned NEW BORN CARE CORNER

Frequency		Percent	Valid Percent	Cumulative Percent
Valid	NO	1	14.3	14.3
	YES	6	85.7	100.0

Total 7 100.0 100.0

CUTTER WITH NEEDLE DESTROYER

Frequency		Percent	Valid Percent	Cumulative Percent
Valid	NO	3	42.9	42.9
	YES	4	57.1	100.0

Total 7 100.0 100.0

Out of 7 just 4 offices were having center point shaper with needle destroyer

REFRIGIRATOR

Frequency PercentValid Percent Cumulative Percent

Valid NO 2 28.6 28.6

YES	5	71.4	71.4	100.0
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Total	7	100.0	100.0
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5 offices were having fridge

RTI/STI KIT

Frequency	PercentValid	Percent	Cumulative Percent
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Valid	NO	7	100.0	100.0	100.0
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No office was having any RTI/STI pack.

OXYGEN CYLENDER FUNCTIONAL

Frequency	PercentValid	Percent	Cumulative Percent
-----------	--------------	---------	--------------------

Valid	NO	3	42.9	42.9	42.9
-------	----	---	------	------	------

YES	4	57.1	57.1	100.0
-----	---	------	------	-------

Total	7	100.0	100.0
-------	---	-------	-------

Utilitarian oxygen barrel was available in 4 offices.

6 offices were having fading powder .

BP APPRATUS WITH STHETOSCOPE

Frequency	PercentValid	Percent	Cumulative Percent
-----------	--------------	---------	--------------------

Valid YES	7	100.0	100.0	100.0
-----------	---	-------	-------	-------

All wellbeing offices were having bp device with sthetoscope.

YES	6	85.7	85.7	100.0
-----	---	------	------	-------

Total	7	100.0	100.0
-------	---	-------	-------

AUTOCLAVE/BOILER

Frequency	PercentValid	Percent	Cumulative Percent
-----------	--------------	---------	--------------------

Valid NO	3	42.9	42.9	42.9
----------	---	------	------	------

YES	4	57.1	57.1	100.0
-----	---	------	------	-------

Total	7	100.0	100.0
-------	---	-------	-------

Just 4 offices were having autoclave of kettle.

FETOSCOPE/DOPPLER

Frequency	PercentValid	Percent	Cumulative Percent
-----------	--------------	---------	--------------------

Valid NO	1	14.3	14.3	14.3
----------	---	------	------	------

YES	6	85.7	85.7	100.0
-----	---	------	------	-------

Total	7	100.0	100.0	
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6 offices were having fetoscope

Total	7	100.0	100.0	
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5 offices were having cleanser.

conclusion

In the wake of watching information it has been inferred that normal conveyances in Khagaria region was 369,availability of medications and hardware was not accessible in every one of the offices but rather where it was accessible it was being used appropriately, as the best possible medications and gear were absent nature of consideration is being un