Gap Analysis of Labour Room in FRUs Nandurbar District

By

Nishant Modak

Dissertation submitted in partial fulfillment of the requirements of the degree

MBA Hospital and Health Management

Academic year, 2017-2019

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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

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The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

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In recognition of having successfully completed his

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QUALITY

and has successfully completed his Project on

A SITUATIONAL ANALYSIS OF LABOUR ROOM OF FRUs IN NANDURBAR DISTRICT

Date: May 08, 2019

Organization: Piramal Foundation

He comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning

We wish him all the best for future endeavors

Training & Development

General Manager - Human Resources

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled Situational Analysis of FRUs in Nandurbar District and submitted by Mr. Nishant Modak, Enrolment No 0612 under the supervision of Dr. S.D. Gupta for award of MBA in Hospital and Health of the University carried out during the period from February 1, 2018 to May 4, 2018 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

ABSTRACT

Title: Situational Analysis of Labour Rooms of FRUs in Nandurbar District.

Author: Mr. Nishant Modak

Background: MMR and IMR are the two important indicators of any country. The target of National Health Policy. 2017 are to reduce Maternal mortality rates, Infant mortality rate, Neonatal mortality rate and Under-5 mortality rate. To address the issue, it is important to provide quality services at each and every corner of the Nation. But it is difficult to provide quality services at rural areas because of scarcity of resources and human potentials, so the government took an initiative and launched Aspirational District Transformation programme. The ADT programme aims to achieve the target by Convergence, Collaboration and Competition amoung the districts. Also, every district has their own challenges and concerns which needs to assess before making an action plan. The FRUs were proposed to address the issue of maternal and child care. And it is the right of every mother to get the best services for delivery. By strengthening the FRUs a good quality care could be provided to the mother as well as child.

Objectives:

1. To find out the barriers for operationalizing FRUs in Nandurbar district
2. To find out challenges for strengthening support to operationalization of FRUs

Method: The study is a Descriptive and cross-sectional study in nature. Methodology included a checklist assessment of labour room of five FRUs in Nandurbar district and questionnaire. The stakeholders for the questionnaire were Medical Superintendent, Medical Officers, Staff Nurses and Beneficiaries. The sampling technique used for the study is Non-probability, convenient sampling. The questionnaire comprised of close ended and some open ended questions pertaining to different stakeholder.

Conclusion: There are many gaps in different sections of the labour room. And to start with, the Infrastructure gaps should be analysed and implemented on priority. In rural setting, people travel from a far distance and all the FRUs must be operationalized to provide the best maternal and child care. A technology could be used to track the progress of existing action plans.

Key Words: Public Health, Mother and Child care, Labour room, First Referral Units

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List of Abbreviations

OBG/Obs. & Gynae - Obstetrics & Gynaecology

OT - Operation Theatre

PDCA - Plan Do Check Act

PHC - Primary Health Centre

PIH - Pregnancy Induced Hypertension

PIP - Program Implementation Plan

PPH - Primary Postpartum Haemorrhage

PPIUCD - Postpartum Intrauterine Contraceptive Device

PSSR Position-Suction-Stimulation-Reposition

RCH - Reproductive & Child Health

RDK - Rapid Diagnostic Kit

RH – Rural Hospital

SBA - Skilled Birth Attendant

SDH - Sub District Hospital

SNCU - Special Newborn Care Units

SOP - Standard Operating Procedures

SQAC - State Quality Assurance Committee

SQAU - State Quality Assurance Unit

STG - Standard Treatment Guidelines

UPS - Uninterruptible Power Supply

USG - Ultrasonography

WHO - World Health Organization

1. INTRODUCTION

MMR and IMR are the two important indicators of any country. The Specific targets under National Health Policy, 2017 are

i. Reduce Infant Mortality rate to 28 by 2019
ii. Reduce Maternal Mortality Ratio to 100 by 2020
iii. Reduce Neonatal Mortality to 16 by 2025
iv. Reduce Under-five Mortality rate to 23 by 2025

For achieving this target, India has developed a roadmap. The “India Newborn Action Plan” for achieving the targets outlined in the global “Every New-born Action Plan” by 2030, five years before the global deadline(1)

Nandurbar is listed as an Aspirational District and with efforts this district could be developed by addressing the low hanging fruits. In order to proceed further, it is important to identify the current situation of the District in-order to abridge these gaps. These study focusses on identifying the gaps in Labour room of FRUs and the current challenge pertaining to the Maternal care services that needs to be tackled at early stage in order to incorporate the necessary changes and attention points in the system.

CHAPTER I (ABOUT AREA OF STUDY)

[Figure 1.1: Maharashtra political map**]**

About Maharashtra

Area- 3,08,000 Square Km

Area Rank- 3

Population- 1,12,374,000 (Census 2011)

Population Rank- 2

Capital- Mumbai

Largest City- Ahmednagar

District-36

Government:-

Governor- C. Vidyasagar Rao

Chief Minister- Devendra Fadnavis (Bjp)

Health Minister- Eknath Shinde

Legislature - Bicameral (288 Seats)

Parlimentary Constituency - 45

High Court - Bombay High Court

Comparison between Maharashtra and India

Indicators	Year	Unit	Maharashtra	India
Geographical Area	2011	Lakh Sq. Km.	3.08	32.87
Population	2011	Crore	11.24	121.09
Natural Growth Rate	2011	Percentage	16	14
Population Density	2011	Population Per Sq. Km	365	382
Sex Ratio	2011	Female Per 1,000 Male	929	943
Child Sex Ratio (0-6 Year)	2011	Female Children Per 1,000 Male children	894	919
Literacy Rate	2011	Percentage	82.3	73.0
Birth Rate	2016*	Per 1,000 Population	15.9	20.4
Death Rate	2016*	Per 1,000 Population	5.9	6.4

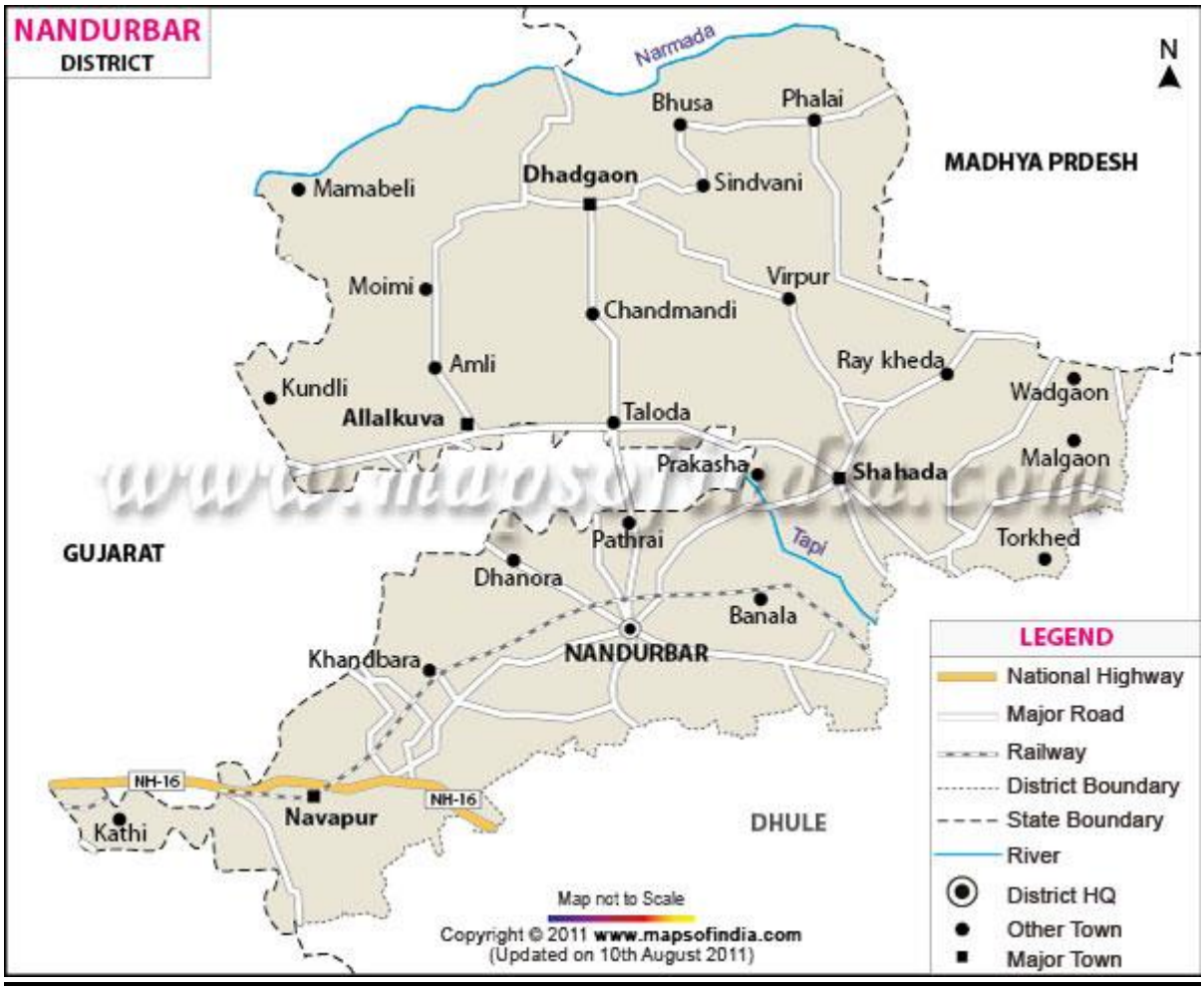
Infant Mortality Rate	2016*	Per 1,000 Live Birth	19	34
Maternal Mortality Ratio	2011-13*	Per Lakh Live Birth	68	167
Life Expectancy at Birth	2011-15*	Year	72.1	67.9

*SRS bulletin: Office of Registrar General of India

(source- economic review 2016-17 of Maharashtra)

[**Table 1.1:** Comparison Between Maharashtra And India]

MAP OF NANDURBAR DISTRICT



[**Figure 1.2:** Nandurbar political map]

NANDURBAR - DISTRICT PROFILE

S.N.	Indicator	Nandurbar
1	Total Population (**Census 2011**)	1,648,295
2	Urban Population (**Census 2011**)	275,474
3	Rural Population (**Census 2011**)	1,372,821
4	Sex Ratio (**census 2011**)	978
5	Sex Ratio(0-6yrs) (**census 2011**)	943
6	Total Literacy Rate (%) (**Census 2011**)	64.38
7	No. of Taluka	6
8	**No. of High Priority Taluka**	**3**
9	Number of Villages	943
. 10	Number of District Hospital	1
. 11	Number of Special Newborn Care Units	1
. 12	Number of Community Health Centers	14
. 13	Number of First referral Units	5
. 14	Number of Newborn Stabilization Units	3
. 15	Number of Blood Storage Units	1
. 16	Number of Primary Health Centers	58
. 17	Number of 24X7 Primary Health Centers	
. 18	Number of Newborn Care Corners	21
. 19	Number of Functional Delivery Points	105
. 20	Number of CMTC and NRC	4
. 21	Number of Sub Centers	290
. 22	Number of Revenue Villages	952

. 23	Number of Gram Sanjivani Samiti (GSS)	585
. 24	Number of AFHC Clinics (Arsh)	27
. 25	Density of Population(Person per Sq KM)	277
. 26	Percentage of SC	2.9
. 27	Percentage of ST	79.9
. 28	IMR	26
. 29	MMR	157
. 30	TFR	1.15

[**Table 1.2:** District Profile of Nandurbar]

Source: Census 2011

Nandurbar District Health Action Plan 2017-18

CHAPTER II

(ASPIRATIONAL DISTRICT TRANSFORMATION PROGRAMME)

The government of India is committed to raise the living standards of the citizens by quickly and effectively transforming the undeveloped districts of the country. The districts were considered after consultation with State Officials, using a composite index of key data sets. 115 districts were identified as aspirational districts. Health & Nutrition (30 % weightage) through 13 indicators, Agriculture & Water resources (20% weightage) through 10 indicators, Education (30 % weightage) through 8 indicators, Financial Inclusion and Skill development (10 %) through 10 indicators and basic Infrastructure (10 %) through 7 indicators are the core areas of transformation in the programme(2). NITI Aayog is currently working in 7 states and 26 aspirational districts in India. After several rounds of consultation with the various stakeholders, 49 key performance indicators have been chosen to measure the progress of the districts. NITI Aayog in partnership with the government of Andhra Pradesh has created a dashboard for monitoring the real time progress of the districts. Based on it, the districts are ranked based on the progress made (‘delta ranking’) on a real time basis.

In order to improve the Health and Nutrtion the following indicators were developed :

1a. Percentage of pregnant woman receiving four or more antenatal care check-ups against total ANC registration

1b. Percentage of ANC registered within the first trimester against total ANC registration

1c. Percentage of pregnant woman (PW) registered for ANC against total estimated pregnancies

2. Percentage of pregnant woman taking supplementary nutrition under the ICDS programme regularly

3a. Percentage of pregnant woman having severe anaemia treated against PW having severe anaemia tested

3b. Percentage of Pregnant women tested for Haemoglobin (Hb) 4 or more than 4 times for respective ANCs against total ANC registration

4a. Sex ratio at birth

4b. Percentage of institutional deliveries out of total estimated deliveries

5. Percentage of home deliveries attended by a SBA trained health workers out of total estimated deliveries

6a. Percentage of new-born breastfed within one hour of birth

6b. Percentage of low birth weight babies (lower than 250 grams)

6c. Proportion of live babies weighted at birth

7. Percentage of underweight children under 5 years

8a. Percentage of underweight children under 5 years

8b. Percentage of children with Diarrhoea treated with ORS

8c. Percentage of children with Diarrhoea treated with zinc

8d. Percentage of children with ARI (Acute Respiratory Infection) in the last 2 weeks taken to a healthy facility

9a. Percentage of Severe Acute Malnutrition (SAM)

9b. Percentage of Moderate Acute Malnutrition (MAM)

10a. Breast feeding children receiving adequate diet (6- 23 months)

10b. Non breast feeding children receiving adequate diet (6- 23 months)

11. Percentage of children fully immunized (9- 11 months)

12a. Tuberculosis case notification rate (Public and Private Institutions) as against estimated cases

12b. TB treatment success rate among notified TB patients (public and private)

13a. Proportion of sub-centres/ PHCs converted into Health and Wellness Centres (HWCs)

13b. Proportion of Primary Health Centres compliant with Indian Public Health Standards

13c. Proportion of functional FRUs under the norm of 1 per 5,00,000 populations (1 per 3,00,000 for hilly terrain) against IPHS norms

13d. Proportion of specialist services available at District Hospitals against 11 core specialist services (including women and child specialists)

13e. Number of Anganwadi centres/ Urban PHCs reported to have conducted at least one Village Health Sanitation and Nutrition Day/ Urban Health Sanitation & Nutrition Day/ respectively in the last one month.

13f. Proportion of Aanganwadis with own building

13g. Percentage of FRU having labor room and obstetrics OT NQAS certified i.e LaQShya guidelines

There is a Dashboard created in the Champions of change website to record the progress of all the districts. This dashboard helps to record the composite score of every district. With Delta score of 5.7, Nandurbar ranks 53rd among the first delta ranking taken in May 2018. Currently Nandurbar district has a composite score of37.19 % and ranks 39th. This study focusses on the indicators that are marked in bold and helps in finding gaps related to this indicator.

CHAPTER III

(ABOUT REPRODUCTIVE MATERNAL AND CHILD HEALTH CARE)

Due to the difficulties being face by the pregnant lady and the parents of the sick new born, Ministry of Health and Family Welfare (MoHFW) has taken initiative to ensure better facilities for woman and child health services. Under this service the government provides completely free and cashless delivery services to pregnant women. It includes Normal deliveries as well as caesarean deliveries. Also sick new born care up to 30 days of deliveries are covered under this service in government health institutions in both rural and urban areas. The JSSK scheme is expected to increase the institutional deliveries in the states. In a hope that the states would come forward and ensure that the scheme is provided to every needy pregnant women coming to government institutional facility.

The free entitlements for pregnant women is listed below:

- Free and cashless delivery
- Free C-Section
- Free drugs and consumables
- Free diagnostics
- Free diet during stay in the health institutions
- Free provision of blood
- Exemption from user charges
- Free transport from home to health institutions
- Free transport between facilities in case of referral
- Free drop back from Institutions to home after 48hrs stay

The Free Entitlements for Sick newborns till 30 days after birth is listed below. This has now been expanded to cover sick infants:

- Free treatment

- Free drugs and consumables
- Free diagnostics

- Free provision of blood
- Exemption from user charges
- Free Transport from Home to Health Institutions
- Free Transport between facilities in case of referral
- Free drop Back from Institutions to home

With the objective of reducing maternal and neo-natal mortality, the National Rural Health Mission implemented Janani Suraksha Yojana (JSY) under Hon'ble Prime Minister on 12th April 2005. JSY is a safe motherhood intervention promoted for institutional delivery among poor pregnant women. The scheme is operational in Low performing states (LPS) and High performing states (HPS). The Scale of Cash Assistance for Institutional delivery is shown below:

Category	Rural Area		Total	Urban Area		Total
	Mother's package	ASHA's package	Rs.	Mother's package	ASHA's package	Rs.
LPS	1400	600	2000	1000	200	1200
HPS	700	-	700	600	-	600

[**Table 1.3**: Scale of Cash Assistance for Institutional Delivery]

(Janani Suraksha Yojana (JSY), 2005)

- Each Beneficiary registered under this Yojana should have a JSY card along with MCH card. ASHA/AWW/ any other identified link worker under the overall supervision of the ANM and the MO, PHC should mandatorily prepare a micro-birth plan. This will effectively help in monitoring Antenatal check-up and post-delivery care.
- There is Eligibility for Cash Assistance. BPL certification – This is required in all HPS. However, where BPL cards have not yet been issued or have not been updated, States/UTs would formulate a simple criterion for certification of poor

and needy status of the expectant mother's family by empowering the gram pradhan or ward member.

For a FRU to be operational the following minimum criteria must be satisfied by the DH/CHC/SDH/RH

Minimum Services to be provided by a fully functional FRU
• 24-hour delivery services including normal and assisted deliveries • Emergency Obstetric Care including surgical interventions like Caesarean Sections (*) and other medical interventions • New-born Care (*) • Emergency Care of sick children • Full range of family planning services including Laparoscopic Services • Safe Abortion Services • Treatment of STI / RTI • Blood Storage Facility (*) • Essential Laboratory Services • Referral (transport) Services (*): Critical determinants of functionality

[**Table 1.4:** Minimum Services to be provided for Functional FRU]

(3)

CHAPTER IV
(ABOUT TRIBALS OF NANDURBAR DISTRICT)

INTRODUCTION

Adivasi, any of various ethnic groups considered to be the original inhabitants of the Indian subcontinent. In the constitution of India, promulgated in 1950, most of these groups were listed—or scheduled—as targets for social and economic development. Most of them are migrated from the Gujarat, Madhya Pradesh and nearest other villages from Maharashtra. There is a very little or no awareness among the Adivasis living in the hilly regions of Dhadgaon and Akkalkuwa related to health and are completely cut from the main district. They require basic health services and are content with it.

The majority of population in Nandurbar are Adivasi tribes and are dominated by these people. They are said to be living in a very simple life conditions and are fully dependent on nature. Adivasis are the main inhabitants of Nandurbar. In Nandurbar the majority of tribes found are Wasave, Valvi, Padvi, Naik and Gavit. There are three main tribal groups in Nandurbar District.

Some of the tribes that can be found in Nandurbar district are:

1. **Bhills**

   The Bhills are part of the Scheduled tribes category and can be said to be one of the most ancient tribes here. Shabri in the Ramayana and Eklavya in the Mahabharata were bhills. They can be found mostly in the hilly regions. Mawchi is one of the sub tribe of the Bhills and they speak the Mawchi language. The term Gavit are not different tribes or sub tribes. The terms Gavit, Gamit and Gamta are all equivalent. They are all included in the scheduled tribes list, which also includes Padwi and Mavchi.

2. **Kokni**

The people of Kokni tribe are considered to be migrated from the Konkan region of Maharashtra. It is an independent tribe and does not have any sub tribe. They are also included in the Scheduled tribe here. Their original place of inhabitance is considered from the coastal regions of Surat district of Gujarat, Mumbai, Thane and Ratnagiri districts of Maharashtra. They are mostly found in the Nawapur block of Nandurbar district. Their language is known as Kokni.

3. **Pawra**

Their major population in Nandurbar district can be found in the blocks of Dhadgaon, Shahada and some hilly regions of Taloda. They consider themselves as Rajputs from Rajasthan. Though in the list of notified tribes they are referred to as 'Bhilala Pawras', but they are two different groups. They got the name Pawra, because they belong to a place called Pawagadh. Their language is known as Pawri.

Common practices related to marriage among the tribes

The common age to be eligible for a marriage for girls is between 13- 16 years and among boys is 15- 18 years. In case the parties have not attained the maturity, consent of their parents is essential for the marriage. If the parties have attained maturity, their own consent is enough for the marriage and the parent's consent is not required. The ceremonies of marriage among Adivasis include Girhun Puja and Umber Padne.

According to the customary practices among the adivasis mates (husband/wife) can be acquired by paying bride-price i.e Dej, Service, Exchange, Capture, Intrusion, Mutual Consent, Elopement, etc. Apart from Monogamy, polygamy is also allowed and there is no restriction on the number of wives in the polygamy. Though among some of the tribe some of the practices mentioned here are banned partially or completely.

SITUATIONAL ANALYSIS OF LABOUR ROOM OF FRUs IN NANDURBAR DISTRICT

1.2 AIM OF THE STUDY

This study aims to find the gaps in the labour room department of the FRUs in Nandurbar district and the challenges in meeting these gaps. There are five major components of the Labour room i.e. Infrastructure, Services, Manpower, Drugs, Supply & Equipment, IEC and Education and Documentation. In terms of quality if there are any gaps in these five components, a plan can be developed for strengthening the FRUs by narrowing and overcoming these gaps. The purpose of the FRU is to provide care to mother and child at zero cost through the government schemes available in the states. Identifying gaps and narrowing them will help in quality care to the beneficiary and reduction in the MMR and IMR.

1.3 OBJECTIVE OF THE STUDY

- To find the gaps for operationalizing FRUs in Nandurbar district
- To understand the challenges in strengthening support to operationalization of FRUs

1.4 IMPLICATIONS OF THE STUDY

It is a Situation based analysis to understand the gaps in operationalizing FRU in Nandurbar District. This includes the current problems in the services such as Maternal and Child health, diagnostics, referral services and blood storage. Finding gaps will help us to identify challenges with respect to FRUs and help us provide good quality care to the beneficiaries. This will impact the health indicators and increase responsiveness.

1.5 OUTLINE OF THE STUDY

The study consists of assessment checklist for understanding the current situation at labour room of FRUs in Nandurbar district and Questionnaire to understand the current challenges in overcoming the gaps. The Labour room was given a scoring based on the availability of Infrastructure, Services, drug supplies and equipment, IEC materials available and Documentation by taking references from LaQshya guidelines. Also to probe to issue further, a questionnaire was prepared to understand the problems of stakeholders. The stakeholders were Medical Superintendent, Medical Officers (Surgery, Gynae., Anaesthetist, Paediatrician), Staff Nurses and Beneficiaries. We considered ethical views of this respondents by taking their informed consent, where a few respondents backed out from the study. It was assured that the study was for the dissertation purpose and the views will be confidential and used for academic purpose only.

1.6 LIMITATIONS OF THE STUDY

There were some participants who were not available or did not participate during the study was being conducted. This study gives a very basic outline of the current situation in Nandurbar FRUs in handling the mother and child care during Post-natal care and is limited to PNC and does not involve ANC related data. Some of the departments were non-functional in some of the FRUs so the study is restricted to Labour room of the FRUs and the stakeholders who were willing to participate willingly in the study. The important criteria were to get the holistic overview of the facility and the services provided while selecting the stakeholders, but some stakeholders were not available during the study while some refrained from participating in the study.

2. REVIEW OF LITERATURE

In India, the IMR is 34 per 1000 livebirths and MMR is 167 per 1 lakh livebirths which are quite higher considering the 3rd United Nations Sustainable Development Goal. A study conducted in 613 districts of India reveals that over two thirds of the districts in India would not able to achieve the global target of reducing deaths to 25 or less per 1,000 live births in under 5-year old children and 12 or less per 1000 livebirths for newborns by 2030. The results indicate that on an average, estimated deaths of under 5 children is double the targeted figure (49.4 against targeted 25 deaths per 1,000 live births) while estimated deaths of newborns is about 2.4 times greater than the targeted one (29.2 against targeted 12 deaths per 1,000 live births) (Shrivastava, 2018).

In the period of 2005-2016, India experienced the highest reduction in mortality rate. Therefore, to achieve the SDG-related goals at district level, it needs to intervene more rigorously than ever said Saikia (Saikia, 2018)

A tool was developed to do the fair assessment of current functionality of each facility by highlighting the operational level of specific areas. A framework adopted for the Operationalization of FRUs in Jharkhand, 2009-11 is shown below

Table-2: Operations research framework adopted for the operationalization of the FRUs, Jharkhand, 2009-11
Planning
1. Organized research group and advisory committee with in PHFI.
2. Determined issues (critical determinants of functionality) to study and framed research question.
3. Developed research proposal to answer the research question.
4. Identified funding source and obtained funding to support the operations research.
5. Planned for capacity building and technical support.
Implementation
6. Monitored project implementation and maintained quality
7. Pre-tested all research tools
8. Established and maintained data management and quality control
9. Enabled FRU functionaries to develop action plans and identify critical monitoring indicators
10. Improved Functional Status of FRUs
11. Facilitated implementation of action plans
12. Monitored progress
13. Explored together with stakeholders interpretations and recommendations arising from the research findings
Follow-Through
14. Disseminated results and recommendations through policy briefs with health department, Government of Jharkhand and other stake holders in the state.

[**Figure 1.3**: Framework for operationalization of FRUs in Jharkhand](3)

RATIONALE

MMR and IMR are two important indicators of the Nation. Maternal and Child care proves to be the essential care for reduction in mortality by providing quality care at various levels. LaQshya guidelines are very essential and important part in providing maternal and child care. And every Labor room must abide to the LaQshya guidelines for providing quality care to the mother and child.

Nandurbar district is a hilly region. It is a different setting and it becomes important to identify their problems. Mortality in the past few months has been higher here. The basic components of providing quality care i.e. Infrastructure, Services, Manpower, Trainings, Equipment and supplies, Lab and Diagnostics, IEC and Patient Education and Documentation in the District FRUs needs to be assessed.

Additionally, it is important to understand the challenges of the people providing care (medical officers, staff nurse, medical superintendent). Also, knowledge, experience and trainings conducted in handling complications and normal deliveries plays a vital role. Similarly, it is important to understand the Beneficiary's view on the Services being provided to her in the FRU. By realizing the administrative and service-quality gaps we will be able to develop a better system for addressing the maternal and child mortality and reducing the MMR and IMR rates in the District.

RESEARCH PROBLEM

Reduction in Maternal Mortality Rate is the stated goal for National Population Policy, twelfth five-year plan and remains the sustainable development goal. In 2014- 2016, the MMR of Maharashtra is 61 and of the Aspirational districts in Maharashtra is quite higher than this. The Aspirational Districts in Maharashtra are Osmanabad, Nandurbar, Gadchiroli, Washim. Akkalkuwa and Dhadgaon blocks of Nandurbar district have the highest infant mortality rate in Maharashtra. There are 5 FRUs in Nandurbar district. Out of 5 FRUs, 3 are conducting C-sections while 2 are not. Adding to this, from the recent data collected from the FRUs, it is evident that the Infant deaths are higher. These may be due to gaps in labour room and OT of the FRUs. If these gaps are not narrowed, the infant deaths will continue leading to inappropriate population pyramid

and limiting the nation to achieve the SDGs. As per NFHS 4, 15% of children in Nandurbar have Severe

Acute Malnutrition (SAM), compared to 9.3% in all of Maharashtra. In addition, 40% of the children in Nandurbar have moderate acute malnutrition. However, these children do not have access to quality treatment and a 24x7 facility. The IMR of urban Maharashtra is 13, whereas the IMR of rural Maharashtra is 24 which is very high considering the goals of twelfth five-year plan and sustainable goal of reducing the MMR and IMR.

RESEARCH QUESTION

- What are the gaps in labour rooms of FRU?
- What are the challenges in operationalizing FRUs?

3. RESEARCH METHODOLOGY

It is a descriptive design, cross-sectional study where primary data will be collected from functional FRUs in Nandurbar district. The stakeholders of the study will be interviewed on the Qualitative Questionnaire prepared for collecting data. A facility assessment checklist tool will be used to do the quantitative and quality assessment of the facilities in order to know the quality and service aspect of the facility.

MMR, IMR indicators data would be taken from NFHS-4. Timely data can also be collected from DPMU.

A Community Outreach record maintained at different levels like Primary Health Centres (PHC), Community Health Centres (CHC) and District Hospital (DH) will also be used for collecting ground level information.

1. **Study Design:**

It will be a Descriptive design, Cross-sectional study (Quantifiable)

2. **Study Setting:**

The study will be conducted in 5 FRUs of Nandurbar district of Maharashtra

3. **Sample Population:**

Residents of Akkalkuwa, Dhadgaon, Nandurbar, Taloda and Navapur districts who are supposed to be the beneficiaries of the JSSK as well as the clinical and paramedical staff of the respective FRUs

- **Inclusion:** Members of functional PHCs – Medical Superintendent, MO, Staff Nurse, Pharmacist, Lab Technician, MPW. Facility assessment, blood storage, etc.
- **Exclusion:** Members who are not available for the interview during the study.

4. **Study Tools:**

Questionnaire and checklist

5. **Sampling Technique:**

It will be a non-probability, convenient sampling. For the study, 4 stakeholders are identified i.e. Medical Superintendents/ Civil Surgeons, Medical Officers, Staff Nurses and Beneficiaries. We will try to cover the entire sample size but it may be possible some staff might be not available during the interview.

6. **Data Collection Procedure:**

A checklist will be used to understand the current quality aspects of the FRUs by assessment of the facility. Also, a Survey would be conducted to collect data through questionnaire to understand the current situation of the FRUs.

7. **Ethical Considerations:**

Informed consent would be signed by all the study participants. The data will be ensured of the security, privacy and confidentiality.

8. **Data Analysis:**

Excel would be used to analyse the data

4. RESULTS

FINDINGS AND OBSERVATIONS

Part I

Sub- district/ Rural Hospital Manpower- Medical

Personnel	IPHS Norm	SDH, Taloda	SDH, Nawapur	RH, Akkalkuwa	RH, Dhadgaon
Clinical Manpower					
General Surgeon	1	0	0	0	0
Physician	1	0	0	0	0
Obstetrician / Gynaecologist	1	1	1	0	1
Paediatrics	1	0	1	0	0
Anaesthetist	1	1	1	0	0
Public Health Programme Manager	1	0	0	0	0
Eye Surgeon	1	0	0	0	0
Other specialists (if any)		0	0	0	0
General duty officers (Medical Officer)			3	3	4

[Table 4.1: Sub-district/ Rural Hospital Manpower- Medical**]**

Source: Proforma for IPHS facility survey of CHCs

District Hospital Manpower- Medical

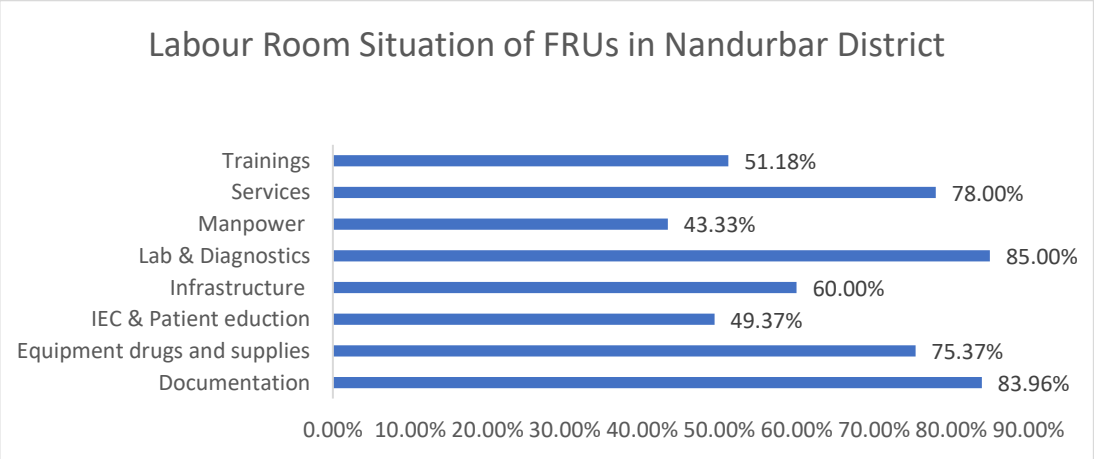
Speciality	Desirable (200 beds)	Available
Medicine	2	2
Surgery	2	2
Obstetrics & Gynae	3	5
Paediatrics	3	2
Anaesthesia	2	2
Opthalmology	1	2
Orthopaedics	1	1
Radiology	1	0
Pathology	2	0
ENT	1	1
Dental	1	1
MO	13	12
Dermatology	1	1
Psychiatry	1	1
Microbiology	1	0
Forensic Specialist	1	1
Ayush doctors	1	1
Total	34 + 3 = 37	34

[**Table 4.2:** District Hospital Nandurbar Manpower- Medical]

Table 1.5 and 1.6 shows the overview of Manpower available in the FRUs. We can understand that the sanctioned posts are not filled and this study will provide some important insight about the need.

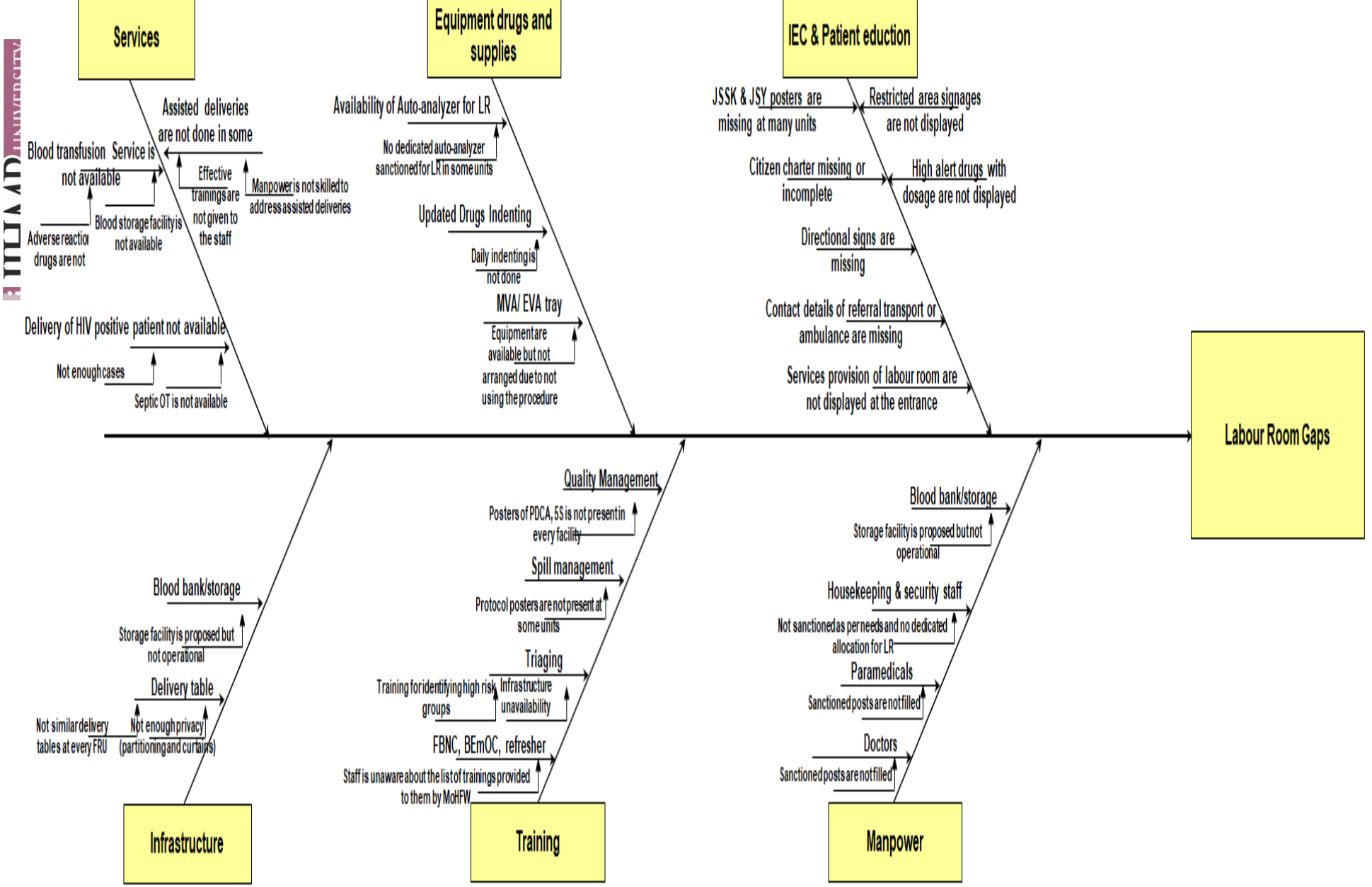
Labour Room Score Card	
Documentation	83.96%
Equipment drugs and supplies	75.37%
IEC & Patient eduction	49.37%
Infrastructure	60.00%
Lab & Diagnostics	85.00%
Manpower	43.33%
Services	78.00%
Trainings	51.18%
Departmental Score	70.66%

[**Table 4.3:** Scoring of Labour Room after Assesment]



[**Figure 4.1:** Assessment graph of Labour Room of FRUs in Nandurbar district]

The scoring from the assessment is shown above in Table 1.7 and Figure 1.3. Further each section of the assessment will be narrowed down to find the gaps in the Labour room.


Services
Equipment drugs and supplies
IEC & Patient eduction
Assisted deliveries are not done in some
Blood transfusion Service is not available
Effective trainings are not given to the staff
Manpower is not skilled to address assisted deliveries
Adverse reactio drugs are not
Blood storage facility is not available
Availability of Auto-analyzer for LR
No dedicated auto-analyzer sanctioned for LR in some units
Updated Drugs Indenting
Daily indenting is not done
MVA/ EVA tray
Equipment are available but not arranged due to not using the procedure
JSSK & JSY posters are missing at many units
Restricted area signages are not displayed
Citizen charter missing or incomplete
High alert drugs with dosage are not displayed
Directional signs are missing
Contact details of referral transport or ambulance are missing
Services provision of labour room are not displayed at the entrance
Delivery of HIV positive patient not available
Not enough cases
Septic OT is not available
Labour Room Gaps
Quality Management
Posters of PDCA, 5S is not present in every facility
Spill management
Protocol posters are not present at some units
Triaging
Training for identifying high risk groups
Infrastructure unavailability
FBNC, BEmOC, refresher
Staff is unaware about the list of trainings provided to them by MoHFW
Blood bank/storage
Storage facility is proposed but not operational
Delivery table
Not similar delivery tables at every FRU
Not enough privacy (partitioning and curtains)
Blood bank/storage
Storage facility is proposed but not operational
Housekeeping & security staff
Not sanctioned as per needs and no dedicated allocation for LR
Paramedicals
Sanctioned posts are not filled
Doctors
Sanctioned posts are not filled
Infrastructure
Training
Manpower

1. Services

Blood transfusion is not done in the SDH and RH – The reason could be unavailability of blood storage facility and the unavailability of necessary training for the staff and drugs required in case of adverse drug reaction.

2. Equipment drug & supplies

Auto-analyzers are not available dedicatedly for the LR. As a measure of Infection control in the LR, every LR should be provided separate auto-analyzers.

Drug indenting and stock checking should be done regularly to avoid shortages of drugs and medicines and keep regular check on shortage of Emergency medicines.

3. IEC & Patient Education

IEC materials are important source of making the beneficiaries aware of various government schemes available to them. During our study we found the JSSK and JSY scheme posters missing in the hospitals. These are important source of information to the pregnant mothers and their family in increasing the institutional deliveries.

Citizen charter was missing. Citizen charter is an important source of information to the patients which gives information about the lists of services available, standards of service, general information, Casualty & Emergency

services, rights of citizens, responsibility, accessibility, grievance redressal, laboratory services, Diagnostic Services, Timings of OPD, facilities for IPD patients, etc. The citizen charter should be written in the local language understandable by the locals in the region.

Restricted area signage should be displayed. It is important for certain areas in hospital to be less occupied for prevention of infection, smooth movement of trolleys and stretchers, etc.

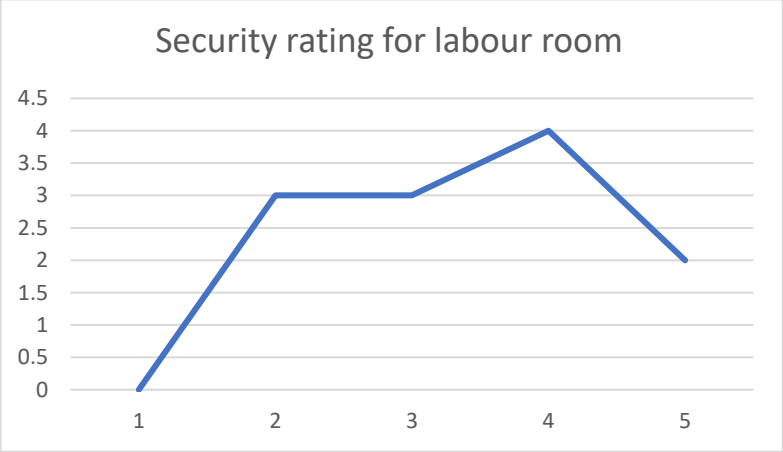
Directional signage was not proper. The patients must be able to trace the directions to particular department along with proper boards of the respective department.

4. Manpower

It was found that the blood storage units were not functional. At some units it was found that the blood storage technicians were not available, while some were on deputation to other units.

Staff Nurse, Housekeeping and Security staff were not dedicated to labour room. There was a shortfall of staff in the labour room and workload was more as the available staff has to do multiple work at a time. A specific security staff should be provided for labour room

While our interview with the Medical Officers, it was identified that the security was average. In DH, Nandurbar it was found that a dedicated security is provided for the labour room, while the RH and SDH were not having dedicated security staff due to which it becomes difficult to handle the crowd at some instances.



[**Figure 4.3:** Security rating by Staff Nurse]

Specialists were not available at some units. It is advisable to provide training to the MBBS doctors wherever the sanctioned posts are not filled due to the unavailability of the specialists. Also, a private doctor could be hired on a contract basis by paying the specialists for per surgery conducted.

5. Training

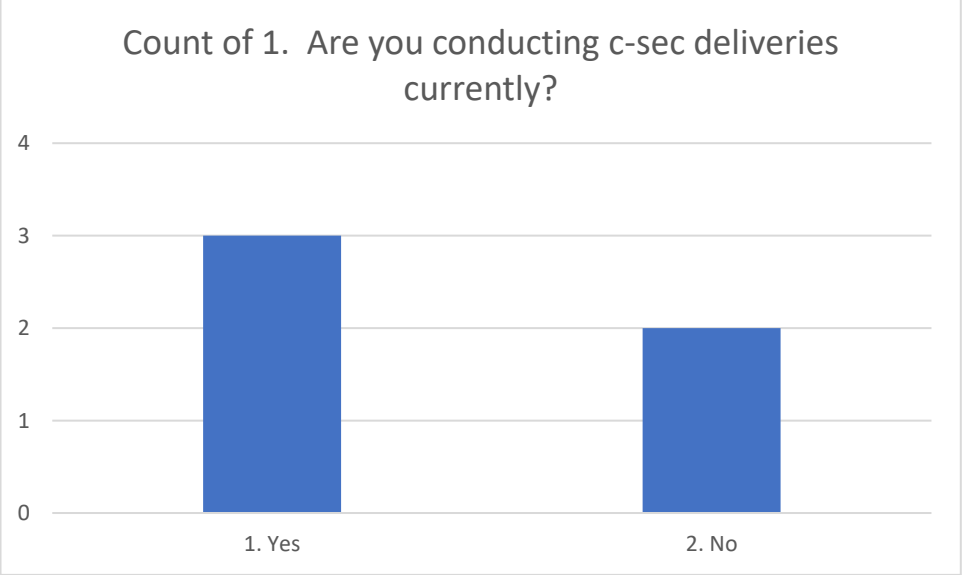
   Many staff was not following the quality techniques. Quality is an important factor for providing care to patients. PDCA and 5 s are the basic quality methods that should be followed and the staff should be provided training on the same. Other trainings like Blood fluid spill management and Mercury spill management training should be provided to everyone. The labour room staff should be provided training for triaging to identify the high risk patients. Also, infrastructure for the same should be provided.

6. Infrastructure

It was identified that the facilities were not having same delivery tables. There need should be analyzed by understanding the technical requirements by providing a department requisition form. Equipment and furniture should be check for maintenance regularly.

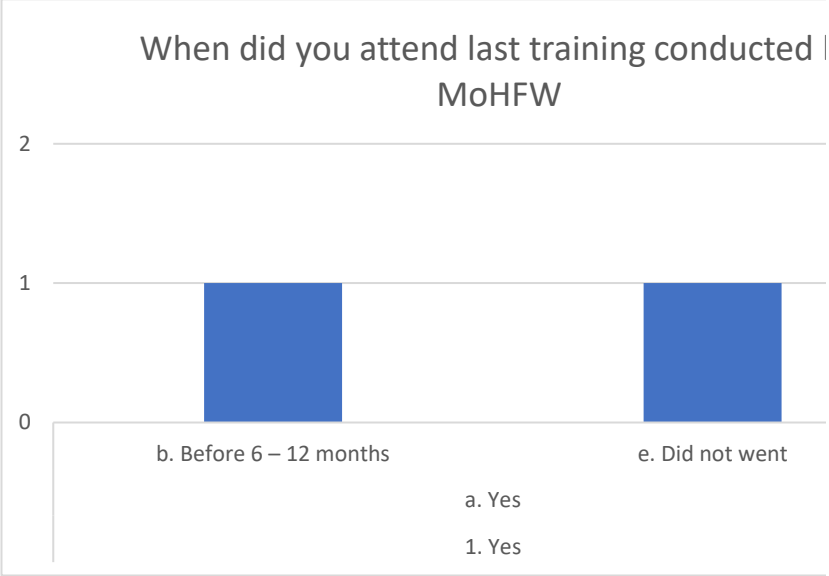
To conduct a C-section a functional blood storage unit is essential. An audit should be done on the department and should be made functional as soon as possible.

Part II



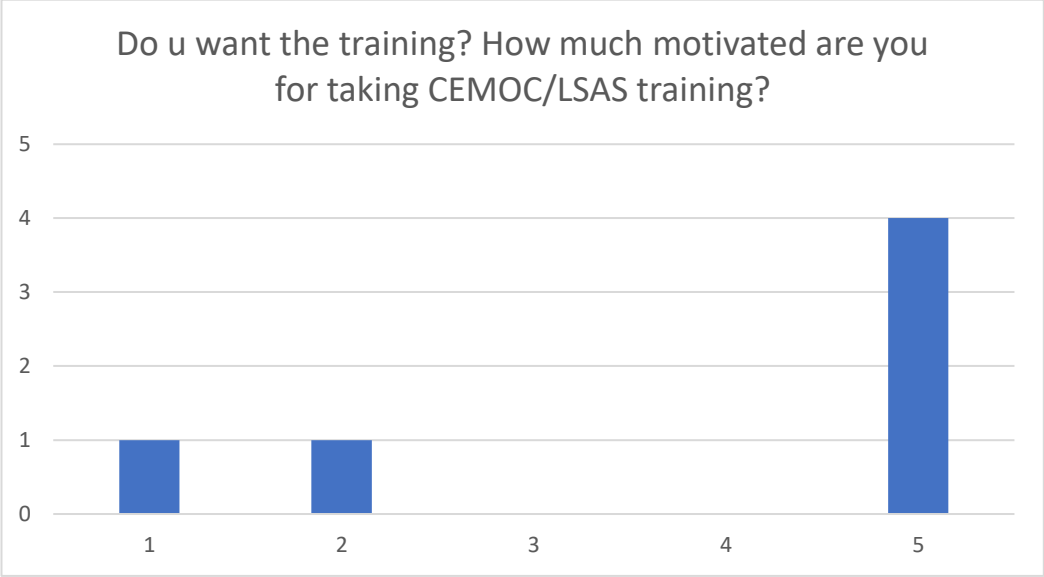
[**Figure 4.4:** No. of Medical Officers conducting C-section deliveries in their respective FRUs]

It was found that 3 out of 5 MOs were conducting C-section deliveries. The other 2 were not conducting C-section deliveries as the Infrastructure required for the delivery was not adequate or the specialists were not available.



[**Figure 4.5:** Span of attending a training organized by MoHFW by Medical Officers conducting C-sections]

Out of the 3 MOs, 2 got the opportunity to nominate themselves for the training. Out of which 1 have attended the training before 6- 12 months, while 1 of them did not went because of the personal reasons.



[**Figure 4.6:** Level of Motivation of Medical Officers in attending a training organized by MoHFW]

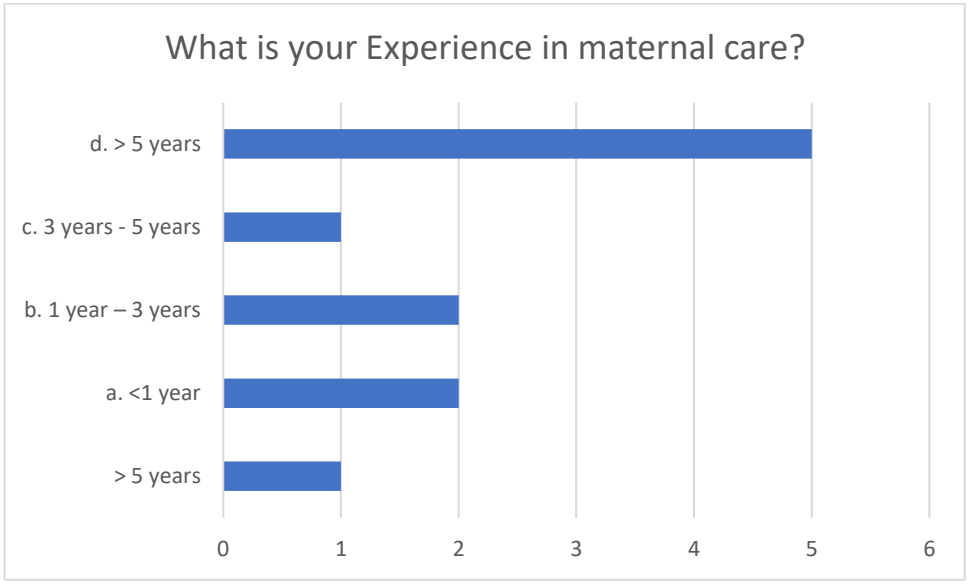
It appears that the Medical Officers are less interested for attending training. Only 1 of them was interested in training. While the 2 were not interested and the remaining 2 were Anesthetist and Pediatrician so were these trainings were not required for them.

We tried to understand the common problems of the FRU and we found there were Infrastructure and Transport issues at 2 FRUs. Also, 1 of them felt there was an HR concern.

Suggestions on Improvement	
Infrastructure	5
Manpower	1
Equipment	1

[**Table 4.4:** Suggestions on Improvement by Staff Nurses grouped in themes]

Drilling down further it was found that Infrastructure improvement was the priority concern for Medical Officers. Also it was found that the security was also less in handling the crowd at most of the times.



[**Figure 4.7:** Experience of Staff Nurses in Maternal care]

Out of the total nurses interviewed there were 5 nurses who had the experience of more than 5 years in maternal care.

a. SBA	**7**

b. BEmOC	3
c. FBNC	3
d. IUCD	5
e. PPIUCD	5
f. IMNCI	5
g. MVA/EVA	0
h. Dakshta	7
i. NSSK	6
j. No training	2

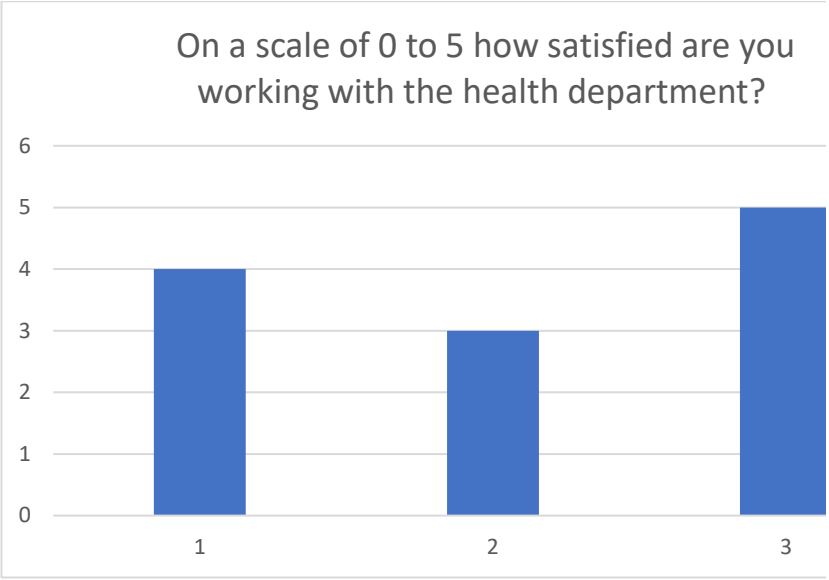
[**Table 4.5:** No. of trainings SN have attended]

SBA, Dakshta and NSSK were the most conducted trainings for the staff nurses. But the staff nurses had little knowlesge about FBNC, BEmOC and MVA/ EVA trainings.

Training	1
Infrastructure	5
Manpower	6
Equipment	2
Transport	2
Security	2

[**Table 4.6:** Common problems encountered by Staff Nurses grouped in themes]

The common problems that staff nurses thought for their daily routine were about Manpower and Infrastructure.



[**Figure 4.8:** Satisfaction level of Medical Superintendent working with the Health department]

This bar chart indicates satisfaction level of the MS working with the health department. It can be understood from the chart that the MS are moderately satisfied working with the district health department.

Two out of Eight beneficiaries did not received transportation service to the facility. The beneficiaries are happy about the amenities at the FRUs. They found the drinking water to be adequate and the environment clean for delivery. The diagnostic facility was available in the hospital and no tests have to be done from outside during their PNC.

People
Strategy
Design
Technology
Task
Culture

[**Table 4.7:** Attention needs requiring attention]

The above elements were asked to be ranked according to the attention needs, the MS ranked People to be center of attention followed by Strategy, Design Technology, Task and Culture.

6. DISCUSSION

- It appears that the specialists in the RH/ SDH are not available which is creating obstacle for conducting C-sections. The areas are in the outskirts of the districts which is also a major challenge so cold chain and transportation should also be given consideration in handling these challenges. Moreover, private specialists could be employed and given incentives for conducting C-section deliveries successfully. This could enhance the morale of staff in the FRU and would decrease the workload at DH.
- Action plans could be executed in phases so that the deliverables requiring immediate attention could be prioritized which will ensure

- Technology, being key influencer in today's world. Activity tracker could be developed to keep a check on the current Activity plan so that timely implementation is expected with mutual consent. Further a MIS could be updated for keeping track of staff trainings, patient prescription, Equipment maintenance details, etc.
- Security should be improved by providing dedicated person for labour room. Also, there should be dedicated staff nurses for labour room and OT.

7. CONCLUSION

It is evident from the data we have collected that there are multiple points that requires attention. Although Infrastructure must be given priority as it is evident that it requires immediate attention and possesses major challenge in operationalization of FRUs. The gaps will help to construct an Action plan for further implementation considering the current challenges.

Also, it is essential to spread awareness about blood donation to increase the blood availability in district. This initiative could be addressed by collaborating with two or three stakeholders voluntarily by providing effective counselling. Piramal Foundation works on the ground level by effectively monitoring the VHSND at block level. This

could be strengthened by selecting a leader amoung the already existing VHSND and conducting VHSND in the areas where it is not being conducted. IFA tablets distribution and counselling could help the anemic women and could have less complications at the FRU.

8. RECOMMENDATIONS

Some recommendations that are suggested after completing the study and analyzing the results are as follows:

- Addressing the Infrastructure issues of the FRUs is the need of the hour.
- IEC and Communication should be improved to raise awareness amoung the rural people about the maternal care and services provided in the government facililty. This could be done by conducting *nukkad nataks,* posters, short films in local language, Announcements by ASHA workers.
- Considering Piramal foundation has newly entered the health sector in Nandurbar district, collaboration should be done with the third party NGOs working in the maternal and child care and Nutrition sector.
- Trainings should be provided in collaboration with the governmental support for making the process standardized and improving the quality of care being provided.
- Technology should be incorporated in the process. Process remapping should be considered based on the flow process of different departments.

9. SUPPLEMENTARY

This section of the Report consists of the Questionnaire that was used during the study for MOs, CS, ANMs and Beneficiaries and Checklist used for assessment of labor room FRUs

QUESTIONNAIRE

MEDICAL OFFICERS

1. Are you conducting c-sec deliveries currently?
    a. Yes
    b. No

2. If no, what are the constraints? please (✓) reasons
    a) Lack of HR
        1. Specialists – Anesthetist, Pediatrician, Obs./ gyn.
        2. Paramedical staff – Staff Nurses, OT technician, OT attendant
    b) Lack of infrastructure
        1. Unavailability/poor condition of the operation theatre
        2. Lack of Equipment
        3. Lack of electricity
        4. Lack of power back-up
    c) Supplies issues
        1. Medicines (Emergency, Essential)
        2. Consumables
    d) Incentives issues
        1. incentive not paid in the past
        2. Lesser incentives provided
    e) Safety & security issues
    f) Mobility issue
    g) Not trained
    h) Trained but not conducting c sections
    i) Other, Mention _____

3. The department of health and family welfare organize CEmOC, BEmOC & LSAS training for MO's to conduct C-section. Do you know about these trainings?
    a. Yes
    b. No

4. Have you got any opportunity of nomination for such trainings? Did you ever volunteer yourself for such trainings?
    a) Yes
    b) No

If yes, did you take BEmOC /CEmOC/LSAS training? When? (If No, skip)

a. Before 6 months
b. Before 6 – 12 months
c. Before 12 – 24 months
d. More than 24 months

5. Do u want the training? How much motivated are you for taking CEMOC/LSAS training? On a scale of 0 to 5
   0 Not Interested
   1 Less Interested
   2 Interested
   3 Very Interested
   4 Highly Interested
   5 Should be compulsory

6. Are you satisfied with the incentives provided by govt. for C-section?
   a) Yes
   b) No
   c) Not Applicable

   If no than how much incentives do you expect?

   a) 5000
   b) 6000 -7000
   c) 8000
   d) 9000-10000

7. On the scale of 0-5, how much rating will you give for the security.
   0 Not Secure
   1 Very less Secure
   2 Minimum Secure
   3 Secure
   4 Very Secure
   5 Highly Secure

8. What are the common problems you are facing in first referral unit related to?
   a) HR
   b) Infrastructure
   c) Medicine & Equipment
   d) Supplies
   e) Transport
   f) Other_____

9. Do you have any suggestions for solving your problems?
   Briefly Explain
   _____
   _____
   _____

STAFF (ANMs, Staff Nurse)

1. What is your Experience in maternal care?
    a. <1 year
    b. 1 year – 3 years
    c. 3 years - 5 years
    d. > 5 years

2. How many trainings did you attend?
    a. CEmoC
    b. LSAS
    c. IMNCI
    d. Blood Storage
    e. PPIUCD
    f. Female sterilization
    g. Male sterilization
    h. FBNC

3. How many C- section deliveries did you assist last month?
    a. < 10
    b. 11 – 30
    c. 31 – 50
    d. > 50

4. What are the common problems, you are facing in FRU's?
    a. Not trained for attending the complications
    b. Workload is more
    c. Less motivated
    d. Not enough incentives
    e. Other, Mention _____

5. Do you have any suggestions for solving your problems?
   Briefly Explain
   _____
   _____
   _____

6. How can we improve surgical deliveries in FRU? (List as per the rank)
    a. Training
    b. Recruiting specialists
    c. Improving technology and equipment
    d. Conducting daily training sessions

SERVICE DELIVERY (Civil Surgeon/Medical Superintendent/MO)

1. What are the common health problems related to maternal and child health in your District?-

   _____
   _____
   _____
   _____

2. What is the average distance to be covered by the pregnant women in case of complications related to pregnancy to reach the FRU?
   a. 4 – 6 km
   b. 6 – 8 km
   c. 8 – 10 km
   d. More than 10 km

3. Are there any solutions undertaken for addressing the above problems in past 4-5 months?
   a. Yes
   b. No

4. Is there anything that you are thinking of implementing to address the current problems?
   a. Yes
   b. No

5. What are the current challenges for implementing the action plan suggested by partner agencies to the health department?

   _____
   _____

6. What according to you can be the key activities to be done to implement the action plan?
   a. Training staff
   b. Process Redesigning
   c. Motivating staff
   d. Technological support
   e. Other, Mention _____

7. Have we undergone any effort estimation before implementation? If yes, then what kind of approach did you use?

0	1	2	3	4	5
Not Satisfied	Less Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied	Highly Satisfied

8. On a scale of 0 to 5 how satisfied are you working with the health department?
   0
   1
   2
   3
   4
   5

9. On the scale of 0 to 5 how much your department is willing to participate and coordinate in future with the health department for improving the quality of care provided to the beneficiaries?

   0
   1
   2
   3
   4
   5

10. Rank the following as per the attention needs (1 denotes higher priority 6 being least priority)

People	Culture
Task	Technology
Design	Strategy

11. Do we have any opportunity of implementation of technology to track the progress?
    a. Yes
    b. No
    c. Not sure

12. Have we shared all the plans and activities with progress with relevant stakeholders?
    a. Yes
    b. No
    c. Partly

BENEFICIARY

1. How much distance do you travel to avail the services?
   _____

2. Do you find the drinking water to be adequate?
   a. Yes
   b. No

3. Is the availability of blood during emergency adequate? Do you get enough support?
   a. Yes
   b. No

4. On a scale of 0 to 5 how satisfied are you with the transport facility
   Low 0 1 2 3 4 5 High

5. Do you find Hospital environment clean?
   a. Yes
   b. No

6. Are you satisfied with the diagnostic facilities provided to you by the hospital?
   a. Yes
   b. No

FRU labor room checklist

S. No.	Quantifiable component	Score	Key Note
	INFRASTRUCTURE		
1	Labor room (LR) is located at ground floor		
2	Availability of screen/ partition between delivery tables		
3	Curtains / frosted glass at windows		
4	Adequate number of Delivery Table		
5	Adequate number of cupboards and storage area for record keeping		
6	Adequate space to accommodate the labor tables as per delivery load		
7	Availability of patients amenities such as Drinking water, Toilet & Changing area		
8	Availability of Registration Area & Waiting area		
9	Availability of Triage and Examination Area		
10	Availability of nursing station and Duty Rooms		
11	Availability of Storage Area		
12	Availability of Clean and dirty utility rooms		
13	Availability of Newborn Care area		
14	Availability of Staff Room & Doctor's Duty Room		
15	Unrestricted Corridors		
16	Availability of functional telephone and Intercom Services		
17	Proximity of LR with OT & SNCU		

18	Temporary connections and loosely hanging wires		
19	Sufficient fire exit to permit safe escape to its occupant at time of fire		
20	Availability of fire Extinguishers		
21	All equipment are covered under AMC including preventive maintenance		
22	Calibration of all the measuring equipment/instrument		
23	Availability of Crash cart		
24	Adequate Illumination at delivery table & observation area		
25	No overcrowding in labor room		
26	Temperature control and ventilation		
27	Security arrangement in labor room		
28	Interior & exterior of patient care areas are plastered & painted & building are white washed in uniform color		
29	Floors, walls, roof, roof tops, sinks patient care and circulation areas are clean		
30	Toilets are clean with functional flush and running water		
31	No seepage , Cracks, chipping of plaster Window panes , doors and other fixtures		
32	Delivery table are intact and without rust & Mattresses are intact and clean		
33	No condemned/Junk material in the Labour room		
34	Availability of hand washing with running Water Facility at Point of Use		
36	Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.		
SERVICES			
1	Availability of Vaginal Delivery services		
2	Availability of Pre term delivery services		

3	Management of Postpartum Hemorrhage		
4	Management of Retained Placenta		
5	Septic Delivery & Delivery of HIV positive Pregnant Women		
6	Management of PIH/Eclampsia/ Pre-eclampsia		
7	Availability of New born resuscitation		
8	Availability of Essential new born care		
9	24 *7 Availability of point of care diagnostic tests		
10	Blood transfusion		
11	Management of Obstructed Labor		
12	Availability of Post-Partum IUD insertion services		
MANPOWER			
1	Availability of Obs. & Gyn. specialist		
2	Availability of Pediatrician		
3	Availability of General duty doctor		
4	Availability of Nursing staff /ANM		
5	Availability of housekeeping staff & Security Guards		
TRAININGS			
1	Triage Management		
2	SBA for Staff Nurse & ANMs		
3	BEmOC for Staff Nurse & ANMs		
4	FBNC for Staff Nurse & ANMs		
5	IUCD for Staff Nurse & ANMs		
6	PPIUCD for Staff Nurse & ANMs		
7	FBNC for Staff Nurse & ANMs		
8	IMNCI for Staff Nurse & ANMs		
9	MVA/EVA for Staff Nurse & ANMs		
10	Dakshta for Staff Nurse & ANMs		
11	NSSK for Staff Nurse & ANMs		

12	PPIUCD for Medical officers		
13	Bio Medical waste Management		
14	Infection control and hand hygiene		
15	Respectful Maternal Care		
16	Labor room staff is provided refresher training		
17	Mercury & body fluid spill management		
18	Disaster Management		
19	Training on Quality Management		
20	Needle stick injury		
DRUGS, SUPPLIES AND EQUIPMENT			
1	Availability of Wheel chair or stretcher		
2	Availability of uterotonic Drugs		
3	Availability of Anti-infective Drugs		
4	Availability of Antihypertensive , analgesic and antipyretic and Anesthetic drugs		
5	Availability of IV Fluids		
6	Availability of Vitamins		
7	Availability of dressings material and Sanitary pads		
8	Availability of syringes and IV Sets /tubes and consumables for newborn		
9	Emergency Drug Tray is maintained		
10	Availability of functional Equipment &Instruments for examination & Monitoring		
11	Availability of instrument arranged in Delivery trays		
12	Delivery kits are in adequate numbers as per load		
13	Availability of Instruments arranged for Episiotomy trays		
14	Availability of Baby tray		

15	Availability of instruments arranged for MVA/EVA tray		
16	Availability of instruments arranged for PPIUCD tray		
17	Availability of Radiant Warmers		
18	Availability of Diagnostic Instruments		
19	Availability of resuscitation Instruments for Newborn & Mother		
20	Availability of equipment for storage for drugs		
21	Availability of equipment for cleaning & sterilization		
22	Availability of Labor Beds with attachment/accessories		
23	Availability of Mattress for each Labor Beds		
24	Availability of Oxygen concentrator/cylinder		
25	Availability of Point of care diagnostic devices		
26	Availability of functional Instruments for Resuscitation.		
27	Availability of equipment for storage for drugs		
28	Availability of equipment for cleaning		
29	Availability of equipment for sterilization and disinfection		
30	Availability of patient beds with prop up facility and wheels		
31	Availability of attachment/accessories with patient bed		
32	Availability of fixtures		
33	Availability of furniture		
34	All equipment are covered under AMC including preventive maintenance		
35	Availability of Bleaching solution/Hypochlorite solution/ cidex		

36	There is established system of timely indenting of consumables and drugs		
37	Expiry dates' are maintained at emergency drug tray		
38	No expiry drug found		
39	There is no stock out of drugs		
40	Narcotics and psychotropic drugs are kept in lock and key		
41	Clean Linens are provided at observation beds		
42	Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.		
43	Availability of Alcohol based Hand rub		
44	Availability of Antiseptic Solutions		
45	Clean gloves are available at point of use		
46	Availability of Masks		
47	Personal protective kit for infectious patients		
48	Availability of disinfectant as per requirement		
49	Availability of cleaning agent as per requirement		
50	Availability of color coded bins at point of waste generation		
51	Availability of color coded plastic bags		
52	Availability of functional needle cutters		
53	Availability of puncture proof box		
54	Availability of post exposure prophylaxis		
55	Mercury and body fluid spill kits		
56	Transportation of bio medical waste is done in close container/trolley		
57	Availability of cabinets for storing records		
LABS AND DIAGNOSTICS			
3	Availability of Emergency diagnostic tests 24x7		

4	Availability of Functional fetoscope		
5	Availability of Functional Paramonitor		
Information, Education & Communications (IEC) & Protocols			
1	Departmental signage's .		
2	Directional Signage's.		
3	Restricted area signage displayed		
4	Entitlements under JSSK Displayed		
5	Entitlement under JSY displayed		
6	Name of doctor and Nurse on duty are displayed and updated		
7	Contact details of referral transport / ambulance displayed		
8	Services provision of labor room are displayed at the entrance		
9	IEC Material is displayed		
10	Signage's and information are available in local language		
11	Display of Hand washing Instruction at Point of Use		
12	Display of work instructions for segregation and handling of Biomedical waste		
13	Display of cleaning checklist		
14	Display of Spill management instructions		
15	Display of segregation of procedure and consultation area with restricted entry board		
16	Display of high alert drugs with dosages		
17	Display of work instructions for segregation and handling of Biomedical waste		
18	SBA Protocol posters		
DOCUMENTATION			
1	Bed head tickets/Case sheet		
1.1	General consent is taken before delivery		
1.2	Patient demographic details are recorded in admission records		

1.3	Admission is done by written order of a qualified doctor		
1.4	Time of admission is recorded in patient record		
1.5	Rapid Initial assessment of Pregnant Women to identify complication and Prioritize care		
1.6	Recording and reporting of Clinical History		
1.7	Recording of current labor details		
1.8	Physical Examination		
1.9	Partograph is used and updated as per stages of labor		
1.1	Patient referred with referral slip		
1.11	Patient Vitals are monitored and recorded periodically		
1.12	Critical patients are monitored continuously		
1.13	Check for BHT if drugs are prescribed under generic name only		
1.14	Check BHT that drugs are prescribed as per STG		
1.15	Every Medical advice and procedure is accompanied with date , time and signature		
1.16	Progress of labor is recorded		
1.17	Treatment prescribed in nursing records		
1.18	Delivery note is adequate		
1.19	Baby note is adequate		
1.20	Blood transfusion note is written in patient record		
1.21	Death note is written on patient record		
2	Admission Register		
3	Maternity Register		
4	Refer In Register		
5	Refer Out Register		
6	Payment Register		

7	Minor OT Register		
8	BT Register		
9	Iron Sucrose Register		
10	Diet Register		
11	Expenditure Register		
12	Nursing Handover Register		
13	Nurses Record Register		
14	Doctors Record Register		
15	Transfer Out Record Register		
16	Call Book Register		
17	D&C Register		
18	Autoclave Register		
19	PPIUCD Register		
20	HIV Register		
21	MTP Register		
22	Day Off Register		
23	Still Birth Register		
24	Death Register		
25	High Risk Pregnancy register		
26	Drug Reaction Register		
27	Condemnation Register		
28	Bad Behavior Register		
29	Ambulance Register		
30	Emergency Register		
31	Driver Ambulance Slip Register		
32	Linen Register		
33	Complaint Register		
34	Disciplinary Register		
35	Mid Night Headcount Register		

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