Situation Analysis of RMNCH + A Services in Two Blocks of Chhatarpur District of Madhya Pradesh

By

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TO WHOMSOEVER MAY CONCERN

This is to certify that Dr. Rahul Sharma, student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at National Health Mission, Madhya Pradesh from 8th February 2016 to 7th May 2016

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.
The internship is in fulfillment of the course requirements.
I wish him all success in all his future endeavors.

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The certificate is awarded to

Dr. Rahul Sharma

In recognition of having successfully completed his

Internship in the department of

Reproductive and Child Health

And has successfully completed his Project on

Situation analysis of Reproductive and Child health services in two blocks of district Chhatarpur, Madhya Pradesh

He comes across as a committed, sincere & diligent person who has a

Strong drive & zeal for learning

We wish him all the best for future endeavors.

Dr M.K Prajapati

District Health Officer, Chhatarpur

जिला प० क० एवं स्वा० अधिकारी
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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **Situation analysis of RMNCH+A services in two blocks of Chhatarpur districts** and submitted by Rahul Sharma Enrollment No. IIHMR-U/01/2014-16/19-1603 under the supervision of Dr. Arindam Das for award of Postgraduate Diploma in Hospital and Health of the University carried out during the period from 8-02-2016 to 30-04-2016 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

Acknowledgements:

The success of any task would be incomplete without the expression of gratitude to the people who made it possible. I hereby take an opportunity to express my sincere gratitude towards everyone who helped directly or indirectly incompletion of my Internship at NHM, M.P.

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Finally, and most importantly, I would like to thank God for allowing me to complete my project, my beloved parents and brother for their blessings and my friends for their help and wishes for the successful completion of this Internship.

Dr. Rahul Sharma

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List of Abbreviations

AAA : ANM, ASHA, ANGANWADI

ANC : ANE NATAL CARE

ANM : AUXILLARY NURSING MIDWIFE

APHC : ADDITIONAL PRIMERY HEALTH CENTRE

ARO : ASSISTANT RESEARCH OFFICER

ASHA : ACCREDITED SOCIAL HEALTH ACTIVIST

AWC : ANGANWADI CENTRE

AWW : ANGANWADI WORKER

BCG : BACILLUS CALMETTE GUERIN

BCS : BLOCK COMMUNITY SUPERVISOR

BPHC : BLOCK PRIMERY HEALTH CENTRE

CHC : COMMUNITY HEALTH CENTRE

CMO : CHIEF MEDICAL OFFICER

CMS : CHIEF MEDICAL SUPERINTENDENT

CRP : COMMUNITY RESOURCE PERSON

DH : DISTRICT HOSPITAL

DCS : DISTRICT COMMUNITY SPECIALIST

DM&ES : DISTRICT MONITORING & EVALUATION SPECIALIST

DP : DELIVERY POINTS

DPT: DIPTHERIA PERTUSIS TETANUS

GOI : GOVERNMENT OF INDIA

HEO : HEALTH & EDUCATION OFFICER

LMO : LADY MEDICAL OFFICER

MCP : MOTHER & CHILD PROTECTION CARD

MO : MEDICAL OFFICER

MOIC : MEDICAL OFFICER IN CHARGE

NBCC : NEW BORN CARE CORNER

NM : NURSE MENTOR

OPV: ORAL POLIO VACCINE

OT : OPERATION THEATRE

PHC : PRIMARY HEALTH CENTRE

RI : ROUTINE IMMUNIZATION

RMNCH+A : REPRODUCTIVE MATERNAL NEW BORN CHILD HEALTH + ADOLESCENTS

SC : SUB CENTRE

SDH : SUB DIVISIONAL HOSPITAL

SN : STAFF NURSE

SNCU : SPECIAL NEWBORN CARE UNIT

TT : TETANUS TOXOID

SPSS : STATISICAL PACKAGE FOR SOCIAL SCIENCES

VHND : VILLAGE HEALTH AND NUTRITION DAY

Contents

1. Introduction:

Improving the maternal and child health and their survival are central to the achievement of national health goals under the National Health Mission (NHM) as well as Millennium Development Goals 4 and 5. In order to bring greater impact through Reproductive and Child Health (RCH) Program, it is important to recognize that reproductive, maternal and child health cannot be addressed in isolation as these are closely linked to the health status of the population at various stages of life cycle.

Just as different stages in the life cycle are interdependent so are the aspects of where and how healthcare is provided. Essential interventions to improve the health of women and children therefore need to take place at all levels in the health system, i.e. from the home to the community level and through all the health facilities. Thus, there are two dimensions to healthcare – stages of the life cycle and places where care is provided. These two together constitute the 'continuum-of-care', and it provides an effective framework for seamless delivery of services at state and district levels. RMNCH+A strategic roadmap has been designed to focus on the life cycle approach from pregnancy to childbirth to adolescent age groups, in most underserved states of the country.

The effectiveness of RMNCH+A interventions is determined by the coverage achieved among the affected fraction of population as well as the availability, accessibility, actual utilization of services and quality of services delivered. In order to prioritize attention to address specific gaps in the delivery of particular intervention or a set of interventions it is necessary that gap analysis be carried out at various levels of planning, including the state and district level.

Gap analysis was conducted in the High Priority District (HPDs) of Madhya Pradesh to provide information for prioritizing the intervention with the overarching objective of rapidly understand the gaps in the implementation of strategic RMNCH+A interventions across life stages, such that a baseline for monitoring the progress is established. This baseline data can also be used for setting targets and strategies by the district administration. More specifically gap analysis was aimed at measuring the gaps in resource availability (infrastructure, human resource, capacity and funds), health systems capacities at district and state level and strategies for behavior change

at block level to ensure utilization, timeliness, continuity and quality implementation of essential interventions.

This document highlights the results of gap analysis and provides planners and program managers with adequate evidence and information to initiate and strengthen district level health planning to address the deficiencies and strengthen the healthcare delivery system.

2. Review of literature:

There are two dimensions to healthcare: (1) stages of the life cycle and (2) places where the care is provided. These together constitute the 'Continuum of Care.' This Continuum of Care approach of defining and implementing evidence-based packages of services for different stages of the lifecycle, at various levels in the health system has been adopted under the national health program. This strategic approach to Reproductive, Maternal, Newborn, Child PlusAdolescent Health (RMNCH+A) is described further in the document. The 'Plus' in the strategic approach denotes the (1) inclusion of adolescence as a distinct 'life stage' in the overall strategy; (2) linking of maternal and child health to reproductive health and other components (like family planning, adolescent health, HIV, gender and Preconception and Prenatal Diagnostic Techniques (PC&PNDT); and (3) linking of community and facility-based care as well as referrals between various levels of health care system to create a continuous care pathway, and to bring an additive /synergistic effect in terms of overall outcomes and impact.

This approach acknowledges that differences in life chances arise largely due to the wider determinants of health that include the socio-economic conditions in which children are born, and are forced to grow and live. Gender inequalities, illustrated by the skewed child sex ratio, shape women's daily lives while playing a major role in determining their health and well-being as also the health of their children. Achieving MDG 3, the empowerment of women, is therefore key to achieving MDG 4 and 5. A cohesive action by the Government integrating cross-sectoral efforts is needed to tackle these challenges. While recognizing the need for wider action, this RMNCH+A strategic approach focuses on what the Health Delivery System can do to help achieve maternal and child health goals

3. Methodology

The main objective of conducting district situation analysis in high priority district Chhatarpur is to rapidly understand the gaps in implementation of a set of strategic RMNCH+A interventions across life stages, so that a baseline for monitoring the progress of RMNCH+A is established, that can also be used for setting targets and strategies by district administration.

Data for the study was collected during the months of February, March and April 2016 by the researcher in two blocks of Chhatarpur district to find out the current situation of RMNCH+A services. This includes an assessment of functional delivery units including SBA, BEmoc and CEmoc level facilities, PHCs and SCs.The study is cross sectional descriptive involving quantitative data. The primary data was collected from institutions with the help of checklist provided in MNH toolkit which contain the information regarding RMNCH+A services. The revised MNH toolkit list for facility assessment was used keeping in view the resources available with respect to functional requirement of health facilities with minimum standards such as manpower, drugs and other services available at facilities.The checklist was filled by direct observation and remarks were noted and quality aspects were explored by interaction with respondents.

Number of institution covered: 20

Two CHCs: Nowgoung and Badamalhera

Six PHCs: Harpalpur, Maharajpur, Gadhimalhera, Ghuwara, Bhagwa, Ramtoriya

Twelve SCs: Doriyaa, Chirwari, Imliya, Doni, Singhpur, Gudha, Sandpa, Baro, Futwari, Sandwa, Ranital, Sorkhi.

4. General Profile of Chhatarpur District:

Chhatarpur is located at 24.9°N 79.6°E. It has an average elevation of 305 metres (1000 feet). It is located on the far north-east border of Madhya Pradesh, sharing its borders with the Banda district of UttarPradesh. It is 133km from Jhansi Utter Pradesh and 233 from Gwalior Madhya Pradesh. As of 2011 India census, Chhatarpur had a population of 147 669. Males constitute 53% of the population and females 47%. Chhatarpur has an average literacy rate of 69%, higher than the national average of 59.5%; with male literacy of 75% and female literacy of 62%. 15% of the population is under 6 years of age

Table 1 Demographic Profile – District Chhatarpur (MP)

Indicator	State	District
Total Population (Census 2011)	7.26	1762857
Urban Population		399253
Rural Population		1363604
Male Population		935906
Female Population		825951
Crude Birth Rate (AHS 2012-13)	24.5	29.4
Crude Death Rate (AHS 2012-13)	7.7	7.6
Sex Ratio (Census 2011)	930	884
Child Sex Ratio (Census 2011)	912	894
Total Literacy Rate (%) (Census 2011)	70.6	64.9

Table 2Major indicators -AHS 2012-13

SN	Indicator	Madhya Pradesh AHS 2012-13	Chhatarpur AHS 2012-13	Remark District
1	Maternal Mortality Ratio (AHS 2012-13)	227	322 (Sagar Div.)	2011-12(386) 2010-11(397)
2	Neonatal Mortality Rate	42	46	2011-12(49) 2010-11(53)
3	Infant Mortality Rate	62	63	2011-12(68) 2010-11(72)
4	U5MR	83	79	2011-12(85) 2010-11(89)
5	Total Fertility Rate AHS 2012-13	3.1	3.8	2011-12 (4.1)

Table 3 District's Health Facilities

SL	Block	CHC	PHC	SHC
1-	Chhatarpur	Ishanagar	Total - 03 1.Lehra Purwa k 2. Matguwa 3.RamNagar Kanti	Total – 26 Pathada, Dhamora, Brijpura, Niwari,Chok a,Maheba,M atguwa,Kurr a,Naguwa,R anguwa,Gha rwar,Pahadh goung,Panot ha,Bagota,T hara, Sarani, Kalani, Dari, Atrar, Himatpura, Padhariya, Nadgayn, Sukwa, Salaiya, Lehra, Bangayn

2-	Nowgoung	Nowgoung	Total – 07 1. Lugasi 2. Garrole 3. Alipura 4. Harpalpur 5. Mahrajpur 6. Gharimelhra 7. Kuraha	Total – 26 Gharimelhra ,Badagoung, Tatam, Doriyaa,Garroli,Mankari ,Chirwari,Imliya,Bilheri, Maushaniya, Madhopur,Pur,Padwaha, Kuraha,Harpalpur,Ujra,Urdmau,Alipura,Naiguwa, Lugasi,Jhejhan,Doni,Singhpur,Sarsadh,Gudha,Kaimaha
3-	Badamelhra	Badamelhra Ghuwara	Total – 04 1. Sandpa 2. Bhagwa 3. Ramtoriya 4. Bamnora	Total –24 Bhagwa,Bandhachamroai ,Sandpa,Mugwari,Ramroriya,Bamnora,Baro,Bandhasimriya,

				Ghuwara,Kutora,Panwari, Futwari, Bero, Devran,Sadwa,Surajpur akhurdh, Dhanguwa, Ghinochi, Ranital, Bandhachadoli, Gorakhpura, Sorkhi, Barathi, Mahrajganj

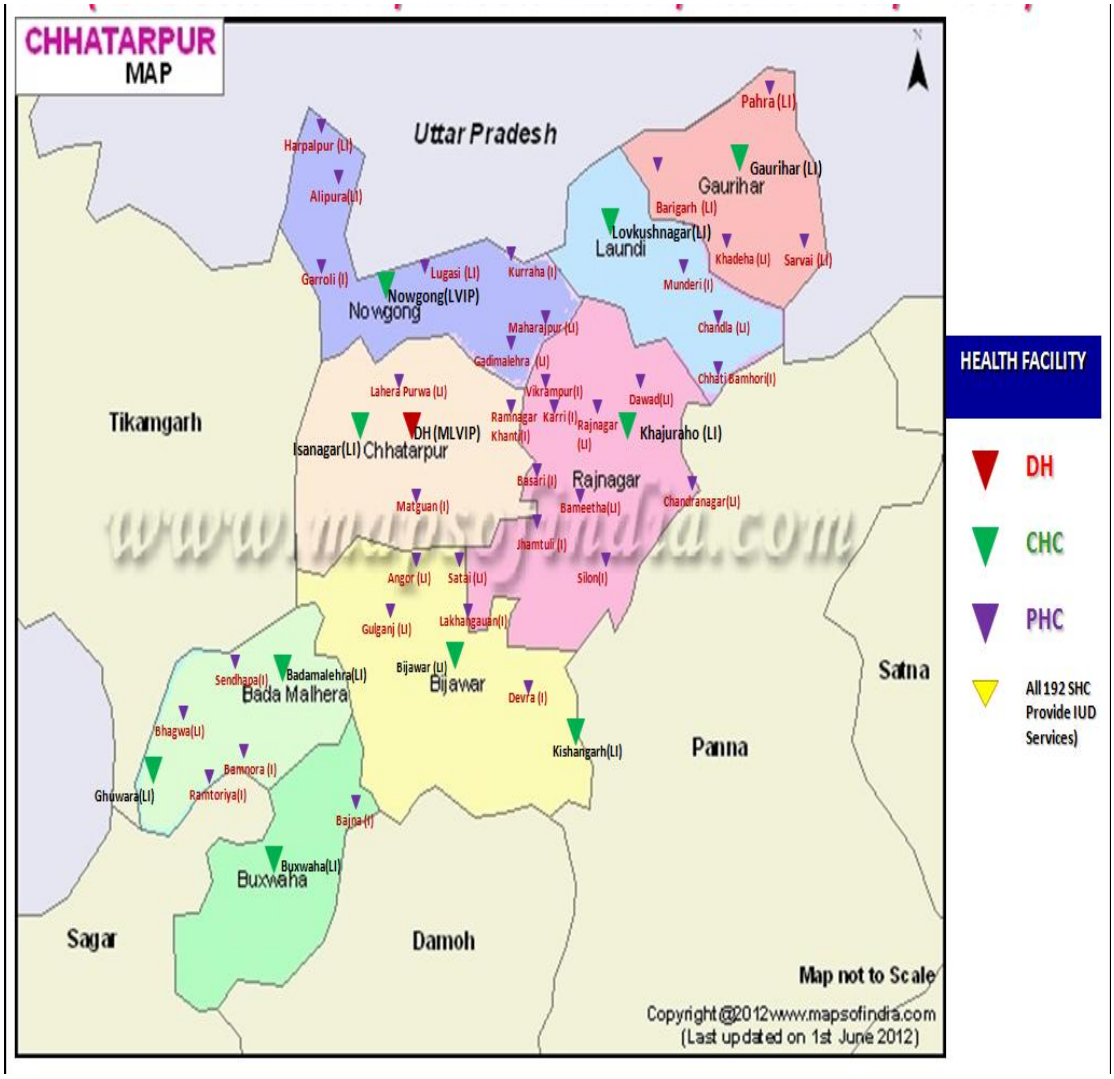


Figure 1Mapping of Health Facilities

RESULTS and FINDINGS

Table 4 Amenities at labor room

	Arrangements Of Slipper	Separate Labor Room Available	Delivery Kit Available	Medicine Try	Labor RoomProtocol	Use Of Partograph	Labor Table	Functional Radiant Warmer	Wallclock
Badamalhera	no	yes	yes	yes	yes	yes	yes	no	yes
Baro	no	no	yes	no	no	no	no	no	yes
Bhagwa	yes	yes	yes	yes	yes	yes	yes	no	yes
Chirwari	no	yes	yes	no	no	no	yes	yes	yes
Doni	no	no	no	yes	yes	no	yes	yes	yes
Doriyaa	yes	yes	no	yes	yes	no	yes	no	yes
Futwari	no	yes	no	no	no	no	no	no	no
Garimalhera	no	yes	yes	yes	yes	no	yes	yes	no
Ghuwara	yes	yes	yes	yes	yes	no	yes	no	no
Gudha	no	yes	no	yes	no	no	yes	yes	yes
Harpalpur	no	yes	yes	yes	yes	no	yes	yes	yes
Imliya	no	yes	yes	no	yes	no	yes	no	yes
Maharajpur	no	yes	yes	yes	yes	no	yes	yes	no
Nowgaon	yes	yes	yes	yes	yes	no	yes	yes	yes
Ramtoriya	no	yes	yes	yes	no	yes	yes	no	yes
Ranital	no	no	no	yes	yes	no	yes	no	yes
Sandpa	no	no	no	yes	yes	no	no	no	no

Sandwa	yes	no	no	yes	yes	no	yes	no	yes
Singhpur	yes	yes	yes	no	yes	no	yes	no	yes
Sorkhi	no	no	yes	no	yes	no	yes	no	yes
Total	**6**	**14**	**13**	**14**	**15**	**3**	**17**	**7**	**15**

5. Labour Room Infrastructure

5.1 Availability of infrastructure

As far as availability of basic facilities at delivery point is concerned,six out of 20 DPs had slippers kept outside the labour room (Table no. 4) and 14 out of 20 DPs had separate labor room available. According to MNH toolkit given by GOI Delivery kit and Medicine tray should be present in each labor room, during the study it was found that only 13 out of 20 DPs had Delivery Kit and 14 had Medicine tray. Also the 16 protocol charts is to be hung inside the labor room but it was found only in 15 DPs. Filling of partograph is mandate but completely filled partograph was found in only seven DPs. Radiant warmer is compulsory in labor room for newborn care but only seven DPs had Radiant warmer installed in labor room and it wasobserved that wallclock was present in 15 DP's.

5.2 Availability of Basic Amenities:

Basic amenities are present in 14 out of 20 facilities visitedamong them more than half had 24*7 water supply in the labor room but only two had elbow tap installed near the wash basin. It is found that nine among 14 had curtains to maintain privacy.

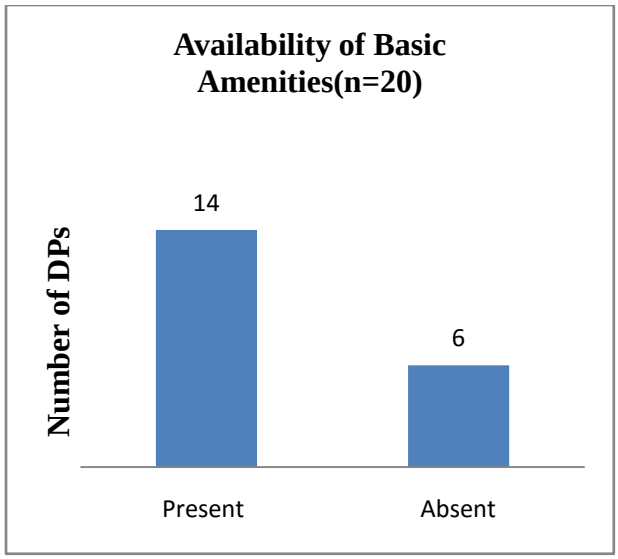


Figure 2Availability of basic amenities

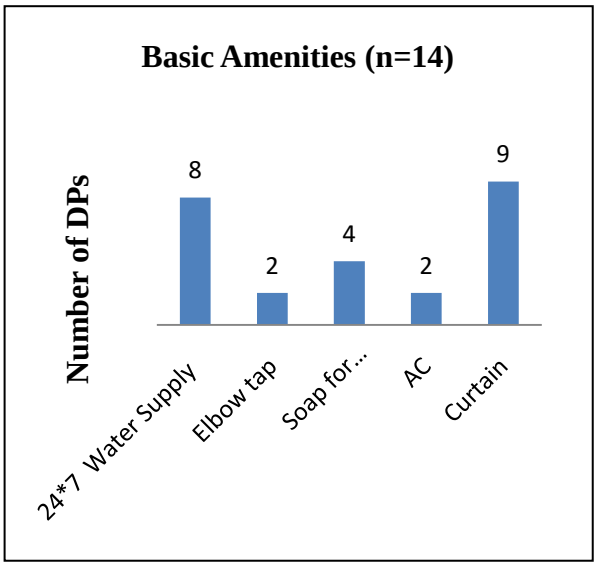
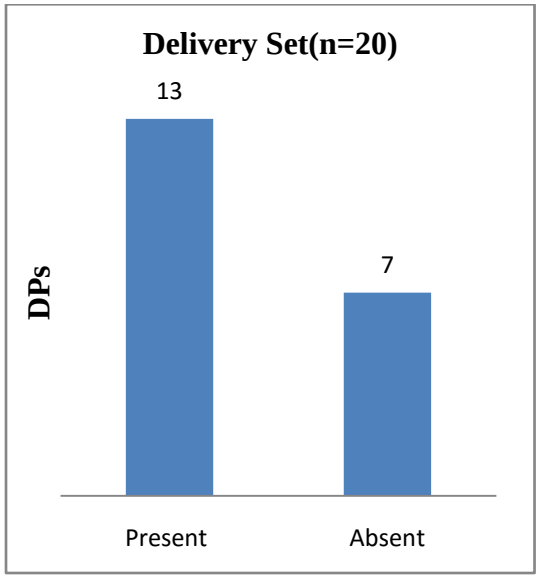


Figure 3 Enlisted basic amenities

As per MNH toolkit all labor room must have seven basic trays to be kept on the platform, on visit it was found that only 13 out of 20 DPs had delivery set. Perinial pad was found only in one DP and Cord clamp in five among 13 DP's.



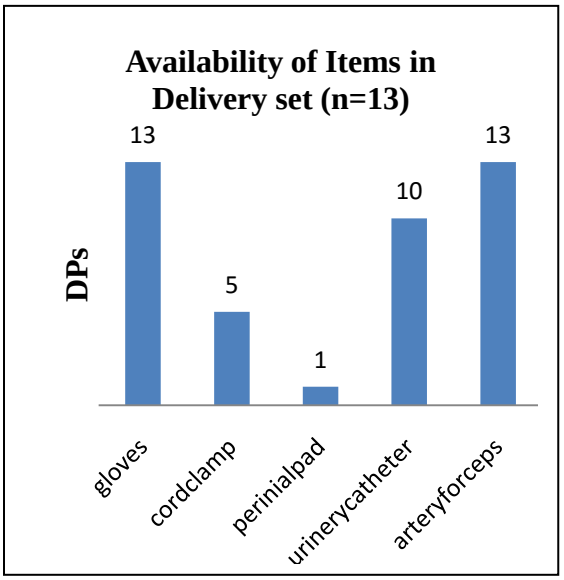


Figure 4Availability of delivery set

Figure 5 Available of items in delivery set

On visit it was found that 14 DPs had Medicine tray of essential drugs, more then half DPs had enlisted drugs in the tray except drugs for HIV prevention (niverapine and TLE) which was found only in one and two DPs respectively.

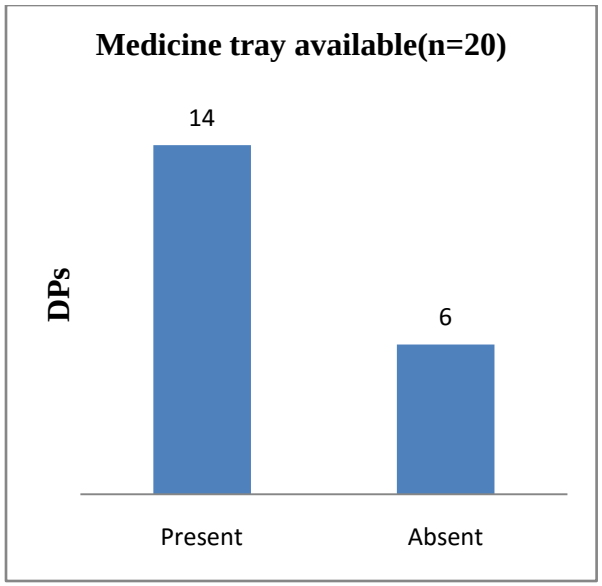


Figure 6 Availability of medicine tray

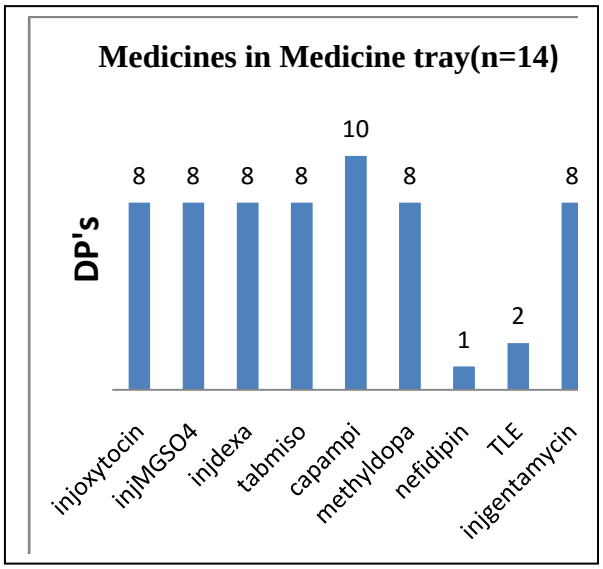


Figure 7 Drugs available in medicine tray

On close observation it was found that only 15 DPs had labor table present in labor room. All the DPs had stepping stool except one, yellow bin beneath the table was found in only three facilities and less then half DPs did not have Mackintosh sheet on the table.

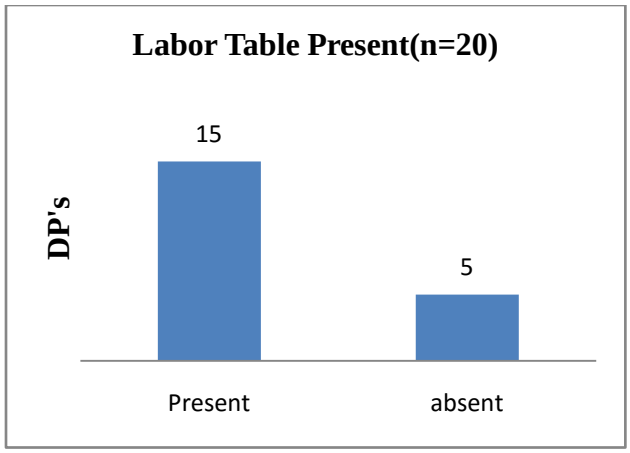


Figure 8 Presence of labor table

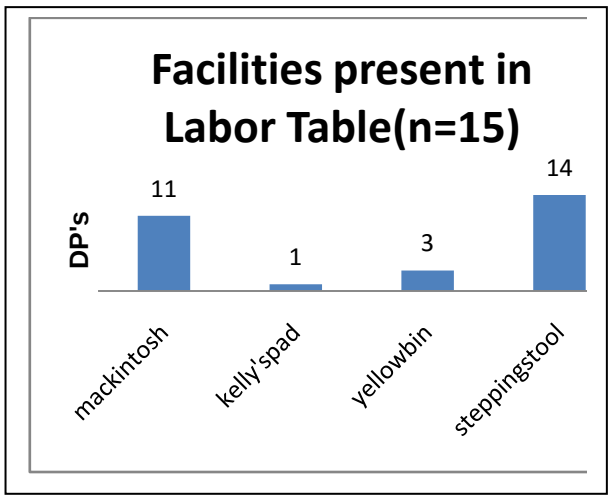


Figure 9Facilities present in labor table

6. Records and register:

Table 5 Records present in labor room

	Six Register	Casesheet	MCP
Badamalhera	yes	yes	Yes
Baro	no	no	No
Bhagwa	yes	yes	Yes
Chirwari	no	yes	No
Doni	no	yes	Yes
Doriyaa	yes	yes	Yes
Futwari	no	no	No
Garimalhera	yes	yes	Yes
Ghuwara	no	yes	Yes
Gudha	yes	yes	Yes
Harpalpur	yes	yes	Yes
Imliya	yes	yes	Yes
Maharajpur	yes	yes	Yes
Nowgaon	yes	yes	Yes
Ramtoriya	yes	yes	Yes
Ranital	yes	yes	Yes
Sandpa	no	no	No
Sandwa	yes	yes	Yes
Singhpur	yes	yes	Yes
Sorkhi	yes	yes	Yes
TOTAL	**14**	**17**	**16**

Record keeping is an important part to assess the daily activity of health care service providers in delivery points. As per MNH toolkit six registers are important to be maintained at each facility, it was found that except six DPs all the DPs had all the registers. Casesheet was found in 17 out of 20 DP's and MCP card were issued by all except four. (Table no. 5)

6.1 Registers:

During the visit it was found that most of the facilities had six registers.And among those only three delivery points had severe anemic registers and two had line listing of high risk mothers.

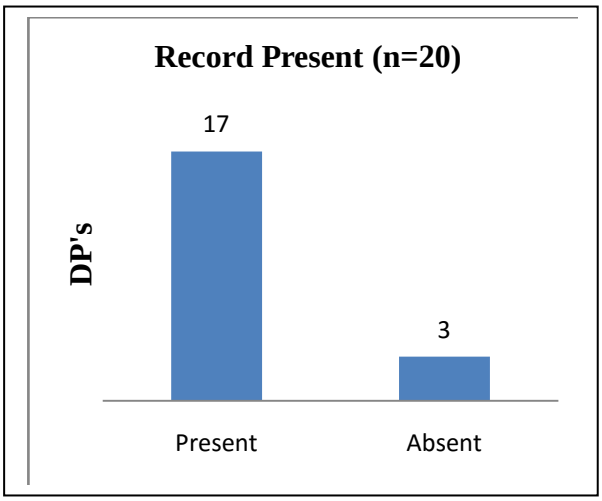


Figure 10 Presence of records

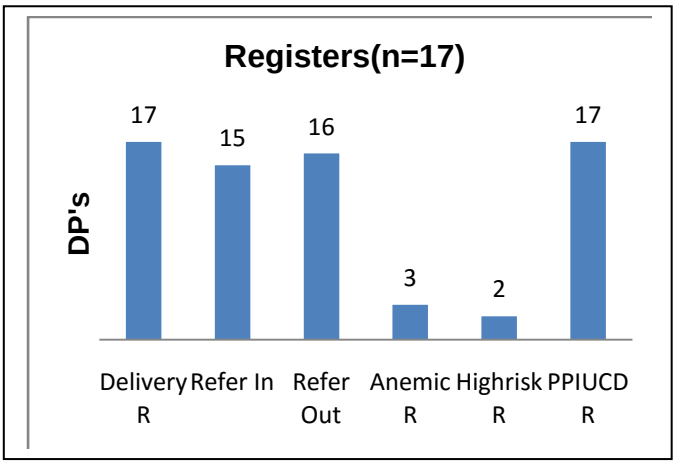


Figure 11 Presence of registers in labor room

6.2 MCP Card and MCTS no. :

It was observed that all DPs had entered the details in delivery register but MCTS number in front of the client written was found only in three DPs.

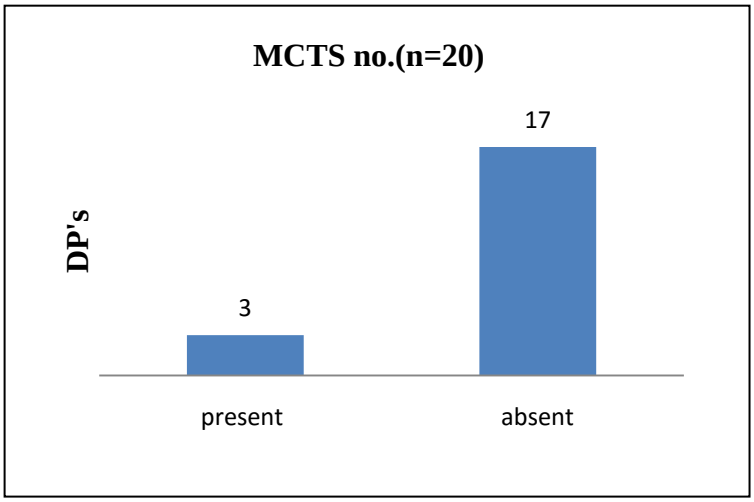
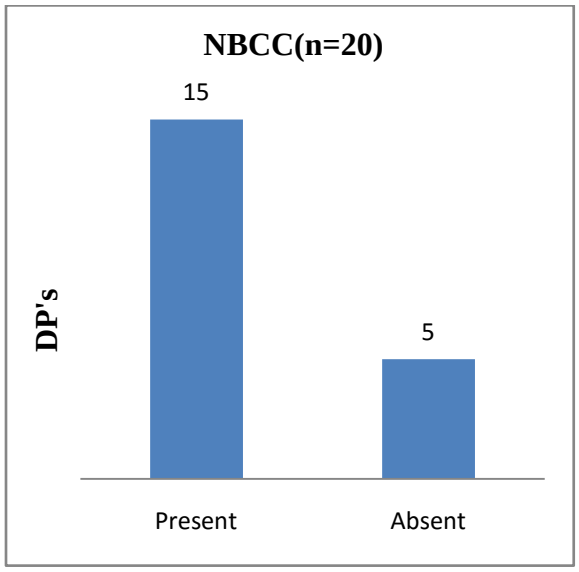


Figure 12 Entry of MCTS number

7. New Born Care Corner:

NBCC is must for all Labour rooms and obstetric OTs of 'delivery points'. NBCC is used to giveessential care at birth which encompasses resuscitation of newborn,provision of warmth, early initiation of breastfeeding, weighing the neonate, Inspecting newborn for grosscongenital anomalies**.** Every labour room and obstetric OTshould have an NBCC, with aradiant warmer and a functionalbag and mask of appropriate size.

Among 20 DPs in study it was found that 15 DPs had Newborn care corner established and half of them did not have functional radiant warmer, ambubag size 0 was present nowhere in the DPs.



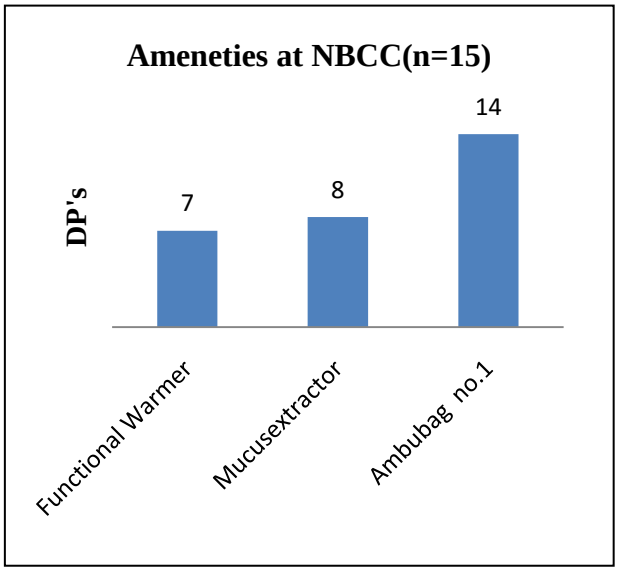


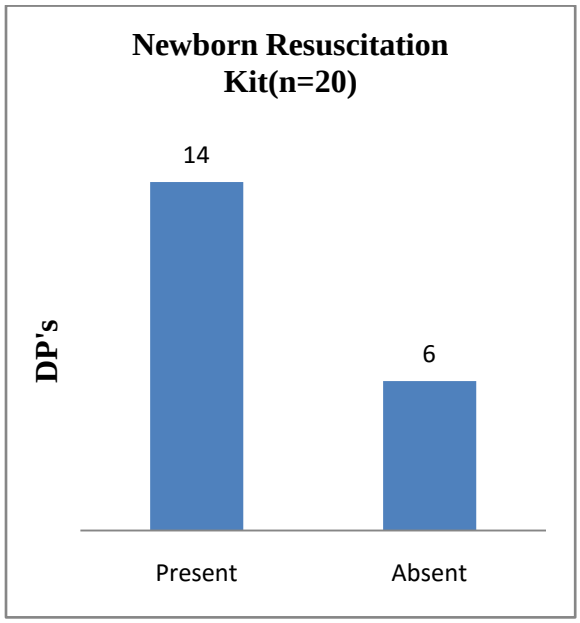
Figure 13 Presence of NBCC

Figure 14 Amenities at NBCC

7.1 New born resuscitation kit:

Newborn resuscitation kit should be present in NBCC to resuscitate the newborn who find difficulty in breathing after delivery; it was found that 14 out of 20 DP's had NBR kit present in NBCC.

It was found that only one DP had sheets for wrapping in NBR kit and more than half of the DPs had mucus extractor. Injection vitamin K is to be given to all the newborn immediately or within 24hrs after the delivery but only six DPs had injection vitamin k in NBR kit out of 14.



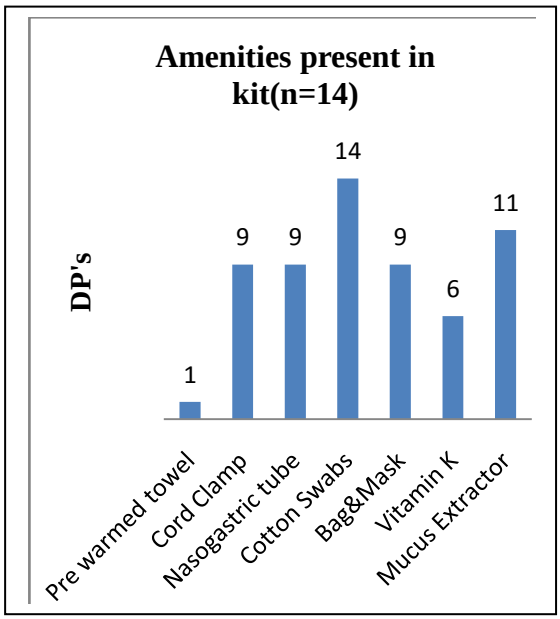


Figure 15 Availability of NBR kitFigure 16 Amenities present in kit

8. Human Resource and training:

The district reported significant gap between required and posted health functionaries at all levels, specifically for medical officers,nurses, ANMs.There was an extreme shortage of various specialists. The data on availability of doctors at the CHCs,PHCs and SCs indicates that most of the institutions do not have doctors. Most of the CHCs are being managed only by the General Medical Officers. Ghuwara and Ramtoriya PHC did not have Medical Officer and six SCshad no ANMs posted.

Table 6 Human Resource at Delivery Points

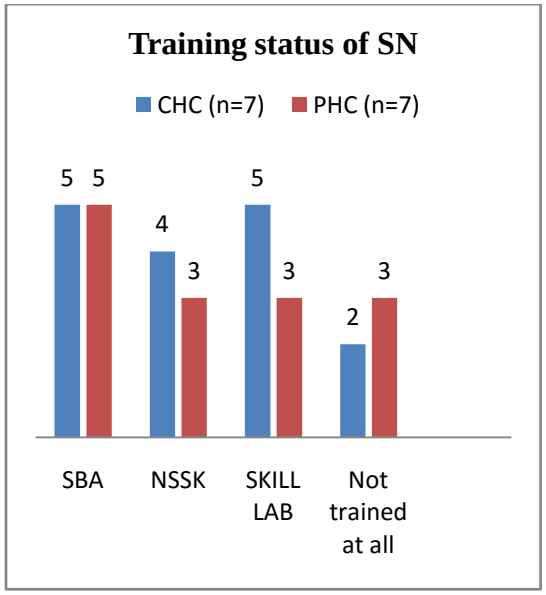
DPs	MO	SN	ANM
Badamalhera (CHC)	1	4	2
Nowgaon(CHC)	2	3	2
Bhagwa (PHC)	1	2	2
Garimalhera(PHC)	1	2	1
Ghuwara(PHC)	0	1	1
Harpalpur(PHC)	1	1	2
Maharajpur(PHC)	1	1	3
Ramtoriya(PHC)	0	0	2
Doni(SC)			2
Gudha(SC)			2
Doriyaa(SC)			2
Imliya(SC)			1
Futwari(SC)			0
Baro(SC)			0
Futwari(SC)			0
Ranital(SC)			1
Sandpa(SC)			0
Sandwa(SC)			1
Singhpur(SC)			0
Sorkhi(SC)			0

8.1 Training:

A lot of efforts have been made in recent past to build the capacities of different levels of staff through trainings on different components related to maternal, neonatal, child and adolescent health. Consequently a large number of training programmes were organized throughout the year for the health personnel, which include SBA, NSSK and skill lab.

There werea total of seven staff nurse and four ANM at both CHCs, seven staff nurse and eleven ANM at six PHCs and nine ANM at 12 SC. Figure depict the training status of SN and ANM on various trainings as applicable to them.In case of Staff nurse training it was observed that two SN are not trained at all out of seven in CHC and moreover in PHC the number is three out of seven.

Analysis of the status of training of ANM revealed lot of deficiency in PHC, only two ANMs were trained in Skill lab.



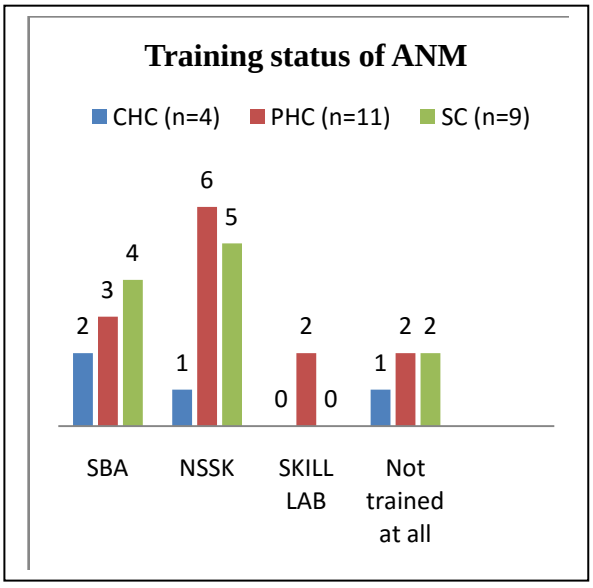


Figure 17 Training status of staff nurse Figure 18 Training status of ANM

9. Sterilization & Waste Disposal Processes:

Sterilization and Biomedical waste disposal is very important to prevent infection and following the protocols. Moreover the service providers are trained to follow the proper sterilization process and disposal of Bio medical waste, on analysis it was found that only five out of 20 DPs had separate autoclave for sterilization of instruments and color coded bins to waste disposal. Hub cutter and Bleaching solution was found in more than half of the facilities.

Table 7 Sterilization & Waste Disposal Process

	Autoclave	Color Coded Bins	Hubcutter	Bleaching Powdersolution
Badamalhera	no	no	no	no
Baro	no	no	yes	no
Bhagwa	yes	no	yes	yes
Chirwari	no	no	yes	yes
Doni	yes	yes	no	yes
Doriyaa	no	no	yes	yes
Futwari	no	no	yes	no
Garimalhera	yes	no	no	no
Ghuwara	no	no	no	no
Gudha	no	no	yes	no
Harpalpur	no	yes	yes	no
Imliya	no	yes	no	yes
Maharajpur	no	no	no	no
Nowgaon	no	yes	yes	yes
Ramtoriya	no	no	yes	yes
Ranital	no	yes	no	no
Sandpa	yes	no	no	no
Sandwa	no	yes	yes	no
Singhpur	yes	no	no	no
Sorkhi	no	no	no	no
TOTAL	**5**	**6**	**10**	**7**

10. Discussion:

The section on Labor room has revealed considerable gaps in infrastructure, instruments and drug supply. Elbow tap is very important as per protocols to maintain sterilization but it was not found in DPs. Supply of delivery set to all the DPs is important for providing uninterrupted services so many DPs miss delivery sets and if found in some facilities it lacks the required items i.eperinial pads and cord clamps etc. As far as supply of important medicines are concerned maximum facilities lack drugs for preventing HIV for mothers and newborn. For providing services to mothers in labor room labor tables were present in labor room but it lacks kelly's pad and yellow bin which are the important items to be used. Line listing of severe anemic and high risk mothers is important to prevent maternal deaths, so many DPs lack all six registers to be maintained by service providers and for tracking a mother and child MCTS no is very important to be filled by anm while issuing MCP card to the expecting mothers, lot of gap is seen in delivery registers while doing entry of delivered mothers and mcts number.

According to Government of India protocol new born care corner is to be established at all DPs, but there are gaps in amenities present at new born care corner. New born resuscitation kit is mandate but facilities lacks cord clamp, baby receiving towel and vitamin k. The facilities lack human resource and training which is important for healthcare delivery.There was a wide gap in sterilization and bio medical waste disposal process, autoclave was not found at so many facilities, color coded bins and bleaching powder solution are not in use this effects the use of protocols to be followed for sterilization and waste diposal process.

11. Conclusion:

The study was aimed to assess the current available resources including, infrastructure, human resources, equipment, capacity needed to deliver rmnch+a intervention in two blocks of Chhatarpur district. DPs were assessed for their infrastructure, availability of equipment and essential medicines, and Human Resource. All the SN and ANM of identified selected delivery points were assessed for their training status

The study highlighted need for having infrastructure.Availability of equipment or more importantly keeping them functional in these facilities will also be critical to practise the acquired skills in resuscitation. Maternal deaths can be prevented by corrective line listing of mothers and using MCTS data for monitoring.It is recommended that by correcting shortage related to infrastructure, equipments and essential medicines and providing skill-based training, and by periodic assessments existing situations can be improvise.

12. Recommendations:

- Make the resourcesavailable,if there are lack of human resource make them available by mobilizing from nearby facilities.
- Mentoring and supervision can be done by multiple visits and also providing the health care providers on site hands-on training which can also motivate them towards their goal

13. Reference:

1. K.V. Ramani, DileepMavalankar, (2009) "Management capacity assessment for national health programs: A study of RCH program in India", Journal of Health Organization and Management, Vol. 23 Iss: 1, pp.133 - 142
2. Vora, Mavalankar,Ramani,Upadhyaya,Sharma,Iyenger,Maternal health situation in India:A case study, J Health PopulNutr 2009 April 27 (2) : 184-201
3. Dandona,Raban,Dandona. Analysis of evaluations of health system policy interventions in India, The National Medical Journal OF India, May 5 2014

14. Annexure:

ANNEXURE

Checklist for Maternity Wing

FACILITY NAME :

TYPE :

1 Labour Room

S.No.	ACTIVITY	REMARKS
1.1	Arrangement of slippers for service providers in all DPs	
1.2	Separate labour room available	
1.2.1	If yes which of the following amenitis available :	

24*7 piped water supply to the room		A.C			
Elbow Tap		Screen partition between two tables in labor room			
Soap for hand washing					

1.3	Delivery set available at labour room				
1.3.1	If yes which of the following items of delivery set are available in labour room :				

Gloves		Scissors		Artery Forceps	
Cord clamp		Sponge Holding forceps		Urinery catheter	
Gauze piece		Bowl for antiseptic lotion		Cotton Swabs	
Speculum		Perinial pads		Kidney try	

1.4	Use of Gown, Cap & masks by service providers in all DPs (PPE)				
1.5	Medicine try available at labour room				
1.5.1	If yes which of the following medicines are available in labour room :				

Inj oxytocin		Cap ampicilline		tab paracetamol	
Tab metronidazole		Tab ibuprofane		tab b complex	
inj MGSO4		normal saline		methydopa	
Tab. Misoprostol 200 micrograms		inj gentamycin		nefidipin	
Inj Dexamethasone		inj hydralazine		tle regime	

1.6	Ensure light purple color curtains in the labour room and maternity wings in all DPs	
1.7	Ensure a total of 16 Labour room and maternity protocols in DPs	
1.8	Use of partographs for all deliveries in all DPs	
1.9	Accurate knowledge on AMTSL, use of mag.sulph., management of PPH etc in all DPs	
1.1	Skills of ANM/SN on new born resuscitation in all DPs	
1.11	Labor Table available in labour room	
1.11.1	If yes, which of the following are present in labour table:	
	Mackintosh ☐ kelly's pad ☐ yellow bin ☐ stepping stool	☐
1.12	Functional Radiant warmers.	
1.12.1	If yes skills of ANM/SN on radiant warmer	
1.13	Provision of wall clock	

2 Maternity Ward

2.1	Availability of adequate no of beds	
2.2	Ensure zero dose immunization for all newborns in the PNC ward	
2.3	Provision of drinking water	

3 Record Keeping

3.1	As per protocol 6 registers in the labour room to be maintained along with Referral slip	
3..1.1	if yes , which of the following registers are present :	
	Delivery register ☐ refer out register ☐ high risk register ☐ refer in register ☐ severe anemic register ☐ ppiucd register ☐	
3.2	Bed head sheet for (Case Sheet) including safe birth checklist for women admitted in maternity unit	
3.3	MCP Card	

4 New born care corner

4.1	Separate newborn care corner available					
4.1.1	If yes/ which of the following amenities rae available in labour room :					
	functional radiant warmer		Mucus extractor with suction tube			
	ambubeg size 1		ambubeg size 0			
4.2	Neonatal resuscitation kit available at the new born care corner					
4.2.1	if yes, which of the following are present in kit					
	two prewarmed sheets for wrapping		cotton swabs		mucus extractor	
	cord clamp		bag & mask			
	nasogastric tube		inj vitamin k			

5 Human Resource

5.1	Availability of Adequate no. of HR					
5.2	Ensure training of ANM and SN at Labour rooms					
5.2.1	If yes, which are the training done:					
	SBA		NSSK		DAKSHATA	

6 Sterilization & Waste Disposal Processes

6.1	Separate autoclave for labour room	
6.2	Accurate knowledge on Sterilization & Cleaning of labour Room	
6.3	Accurate knowledge on Sterilization & Cleaning of euipments & Instruments	
6.4	Availability of Colour Coded Bins. Biomedical Waste segregation and disposal protocols to be practiced	
6.5	Hub cutter used for disposal of used needles	
6.6	Bleaching powder/hypo chlorite solutions available and used	
6.7	Over all cleanliness/hygiene condition of labour room	