# Gap Assessment of Labour Rooms in Sagar District of Madhya Pradesh


***By***

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*Dissertation submitted for the partial fulfillment of the*

*MBA Hospital and Health Management*

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**TO WHOMSOEVER MAY CONCERN**

This is to certify that **Dr. Richa Banzal** student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone dissertation training at **National Health Mission, Sagar, Madhya Pradesh** from February 8th, 2016 to April 7th, 2016.

The Candidate has successfully carried out the study designated to her during dissertation training and her approach to the study has been sincere, scientific and analytical. This training is in fulfillment of the course requirements.

I wish her all success in all future endeavors.

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# TO WHOMSOEVER IT MAY CONCERN

This is to certify that *Dr. Richa Banzal* student of MBA-Health & Hospital Management Batch 2014-2016 of IIHMR University; Jaipur (Rajasthan) has successfully completed her dissertation internship during 08-02-2016 to 07-05-2016.

The project on "Gap assessment of labour rooms in Sagar district of Madhya Pradesh" has successfully been completed by her in recognition with National Health Mission, Sagar (Madhya Pradesh)

During her period of internship she has shown good conduct, is a committed, sincere, diligent person who has a strong drive and goal for learning.

We wish her all the success in her future endeavours.

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**Chief Medical Health Officer**
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**CERTIFICATE BY SCHOLAR**

This is to certify that the dissertation titled ...Gap Assessment of labour room in Sagar district, Madhya Pradesh... and submitted by (Name) ...Richa Ranzal... Enrollment No. ...0201... under the supervision of ...Dr. Neetu Purohit... for award of Postgraduate Diploma in Hospital and Health/ Pharmaceutical / Rural Management of the University carried out during the period from ...2014... to ...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.

Ranzal.

Signature

**ACKNOWLEDGEMENT**

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Sincerely,

Richa Banzal

MBA-HM (2014-2016)

## List of Acronyms

AMTSL Active Management of the Third Stage of Labour
ANC Antenatal Care
ANM Auxiliary Nurse Midwives
APH Antepartum Haemorrhage
BEmOC Basic Emergency Obstetric Care
CEmOC Comprehensive Emergency Obstetric Care
CHC Community Health Centre
CME Continuing Medical Education
CS Caesarean Section
EmOC Emergency Obstetric Care
JSSK Janani Shishu Suraksha Karyakram
JSY Janani Suraksha Yojana
LSAS Life Saving Anaesthesia Skills
LSCS Lower Segment Caesarean Section
MMR Maternal Mortality Ratio
MO Medical Officer
NMR Neonatal Mortality Rate
OPD Outpatient Department
PNC Postnatal Care
PPH Postpartum Haemorrhage
SBA Skilled Birth Attendant
SDH Sub-district Hospital
SN Staff Nurse
SNCU Sick Newborn Care Unit
TOT Training of Trainers

**Contents**

## 1. Introduction

India's Maternal mortality has reduced from 301 (2001-03) to 167 (2011-13) per 100,000 live births and the Infant Mortality has reduced from in 66 (2001) to 40 (2013) per 1000 live births. However, looking at the desired levels, the Maternal and Infant mortality in our country still remain unacceptably high. Additionally, the highest proportion of maternal and newborn deaths takes place during and immediately after childbirth. Improving the maternal and child health and their survival are central to the achievement of national health goals under the National Rural Health Mission (NRHM) and the 12th five year plan (2013-17). Maternal and child health outcomes are a sensitive indicator of the country's health system and also show how a society treats its most vulnerable members. Health of the mothers determines the health of the next generation and thus the adult human capital.
Improved maternal, newborn and child health saves money in many ways and benefits individuals, families, communities and society. RMNCH+A approach to improving maternal and child health describes the most essential health preventive, promotive and curative interventions and packages of services across various life stages which when delivered to scale will provide maximum gains in terms of saving lives and improving overall health status of the community. Under 12th Five Year Plan, by 2017, India is committed to bring down the IMR to 25 per 1000 live births and MMR to 100, fertility rate to 2.1, and raise child sex ratio in age group 0-6 years to 950. This requires intensification of the efforts and making concerted focus in the weak performing districts in each of the states in which Sagar district of Madhya Pradesh is one of them.

### 1.1 Delivery points

The provision of services for delivery care in a health facility generally serves as an important indicator to assess whether the facility is optimally functional or not. The concept of 'delivery point' emerges from this presumption. Among the health facilities designated as L1, L2 and L3, there are some facilities which are conducting deliveries above a minimum benchmark (minimum two normal deliveries per month at L1; minimum six deliveries (PHC) & ten deliveries (CHC) per month, including management of complications, at L2; minimum thirty deliveries per month including C-section at L3). These are designated as 'delivery points'. According to the government mandate, these facilities should be the first to be strengthened for providing comprehensive RMNCH services. The shortfall in trained human resource at delivery points, particularly sub centres and those in high focus districts (HFDs)/ tribal/remote areas should be addressed on priority basis. The short-term planning should focus on making delivery points functional to provide comprehensive RMNCHA services as defined for each level and to ensure adequate geographical coverage. This should be supported by a referral transport system that reaches the patient within 30 minutes of receiving a call and the health facility within the next 30 minutes. The long-term goal should be to establish and operationalise BEmOC (Basic Emergency Obstetric Care) and CEmOC (Comprehensive Emergency Obstetric Care) centres, as per the expected delivery load in the state and district.

## 2. Background:

The recent NFHS4 data shows that the institutional delivery is 80.8 percent which has increased from 26.2 percent in NFHS 3. And also the HMIS data shows that the institutional delivery is nearly 90 percent for the last three years with high district wise variation. It is well known that the people will avail the services when the quality care will be available at the facility and of course improvement / established of labour room to an ideal condition is the

most necessity in this regard. Therefore to reduce the maternal and neo natal deaths, a special intervention has initiated by improving the labour room in 32 (*surveyed facility15)* facilities from all the blocks of Sagar district, Madhya Pradesh.
The main objective of the identification of labour room is as follows:

- To increase Institutional delivery at least 90 to 95%.
- To reduce Home delivery by focusing on PUSH & PULL factors.
- To reduce Inter referral / over burden of Tertiary care centre.
- To prevent maternal death.

## 3. Review of literature:

- A program based on managing third stage of labour reported that most deaths occur in developing countries where women may receive inappropriate care during labour, delivery or during the postpartum period.[1]
- According to the special survey of deaths conducted by the Registrar General of India (RGI), the major cause of maternal deaths in India in 2001–03 was haemorrhage (38%), which was followed by other conditions (33%). Other causes of maternal deaths were sepsis (11%), abortion (8%), hypertensive disorders (5%) and obstructed labour (5%).[2]
- Research has shown that using the partograph can be highly effective in reducing maternal complications caused by prolonged labour such as postpartum haemorrhage, sepsis, uterine rupture and infant complications such as anoxia, infections, and death. The use of a partograph has also shown to reduce the need for operative interventions. [3]
- A based on predictors of maternal death revealed that postpartum haemorrhage was the chief cause of maternal death and alone accounted for one fourth of the total maternal deaths and it can be prevented by appropriate management during labour. [4]

## 4. Rationale of the Assessment:

To improve the coverage of institutional delivery, the prime activities would be improving the functionality of the labour room in terms of infrastructure, manpower, equipment and drugs etc. And to do that the gap analysis of the labour room is most essential. Therefore the assessment was done to highlight the identified gaps so that the implementer can take the proper initiative to fully functionality of the labour room.

## 5. Research question

What are the gaps in the labour rooms of different levels of facility in Sagar district of Madhya Pradesh?

## 6. Objective

The overall objective of the initiative is to improve the status and functioning of labour rooms and facility based new born care in the district of Sagar, Madhya Pradesh. This would include improvement in skills and service delivery mechanisms of service providers posted in labour rooms and facility based newborn care service points. The objective of the rapid assessment was -

- To develop detailed and focussed action plans for each facility that would address gaps and help take preventive action to enhance the quality of services provided in labour rooms.

## 7. Methodology

The gap assessment has been based through standard tool in relation to Government of India stipulated norms (Annexure). The districts comprises of 32 delivery points. Assessment was based on physical verifications and observations of 15 delivery points which comprises of the following:

- 1 District Hospital
- 1 Civil Hospital
- 10 CHC out of 12 CHC
- 3 PHC out of 26 PHC
  The analysis was done broadly of facility based services of L3 (Cemoc centres), L2 (FRU, CHC and 24*7 PHC), L1 (24*7 PHC Non FRU)
- Study design: Descriptive Study Design
- Study area: delivery points of 11 blocks of Sagar district
- Study duration: 8th February to 7th May (3months)
- Data collection method: primary data was collected through physical variation and observation
- Sample size : 15 facilities surveyed of Sagar district which included
  - 1 District Hospital(L3)
  - 1 Civil Hospital(L3)
  - 10 CHC out of 12 CHC(L2)
  - 3 PHC out of 18 PHC(L1)
- Data collection tool: Standard tool in relation to Government of India stipulated norms.
- Data analysis: Analysis was done through Ms Excel and SPSS 16.0 version and the result was done in Ms Word.

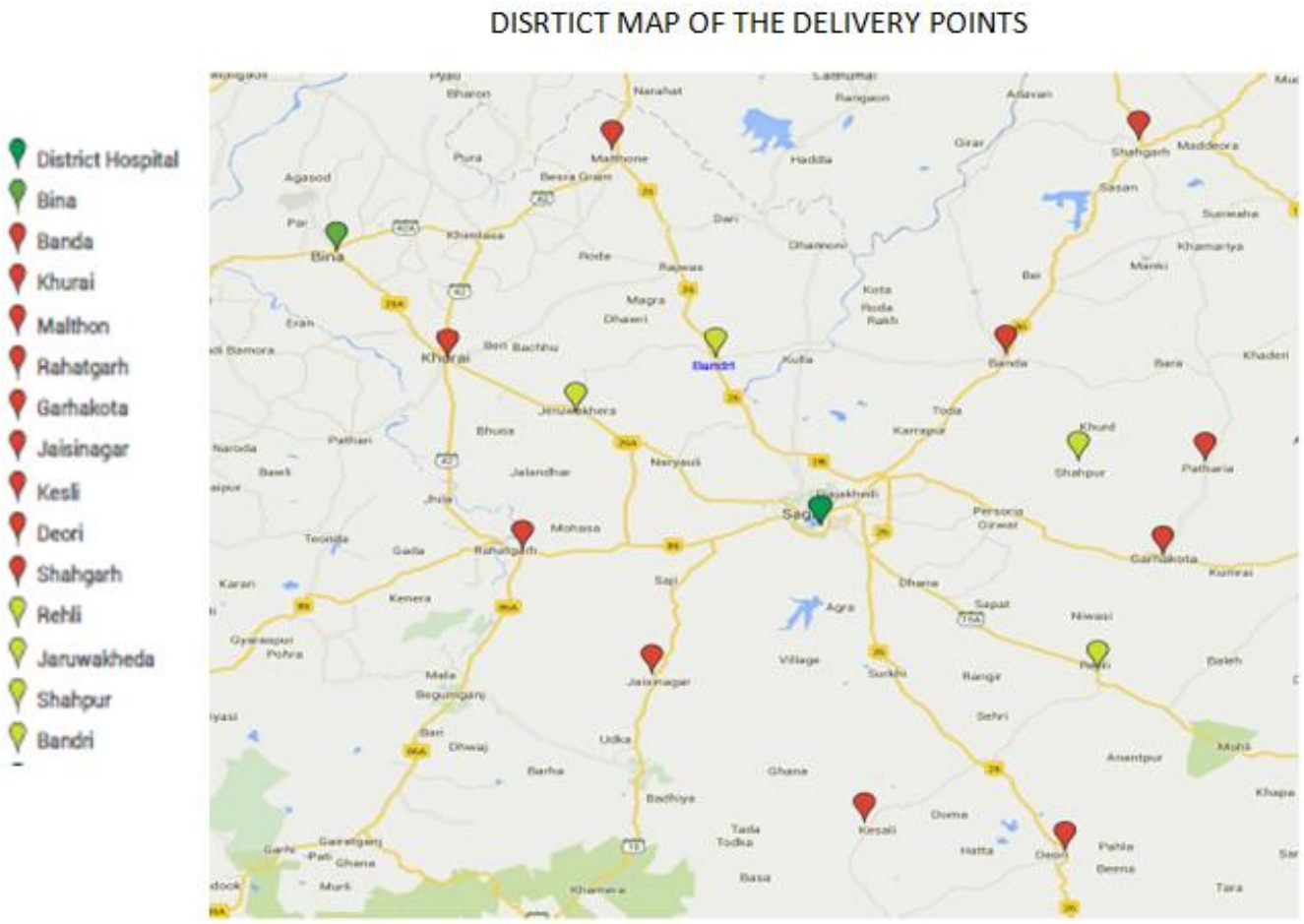



Figure 1

**Table 1: The block-wise distribution of the labour rooms, Sagar district:**

| Name of Del. Point | Type of Del. Point (DH/CH/CHC/PHC/SHC) | Level of Institution (L3 CEmONC, L2 BEmONC, Level 1 |
|---|---|---|
| Sagar | DH | CEmONC |
| Bina | CH | CEmONC |
| Khurai | CHC | CEmONC |
| Deori | CHC | CEmONC |
| Banda | CHC | BEmONC |
| Rahatgarh | CHC | BEmONC |
| Malthone | CHC | BEmONC |
| Jaisinagar | CHC | BEmONC |
| Shahgarh | CHC | BEmONC |

| | | |
|---|---|---|
| Kesli | CHC | BEmONC |
| Surkhi | CHC | BEmONC |
| Gadakota | CHC | BEmONC |
| Mandibamora | CHC | BEmONC |
| Agasod | PHC | BEmONC |
| Rehli | PHC | BEmONC |
| Jaruakheda | PHC | BEmONC |
| Gourjhamar | PHC | BEmONC |
| Bhandri | PHC | BEmONC |
| Shahpur | PHC | BEmONC |
| Dhana | PHC | BEmONC |
| Sahajpur | PHC | BEmONC |
| Khimlasa | PHC | BEmONC |
| Baraitha | PHC | BEmONC |
| Bilehara | PHC | BEmONC |
| Barodiya Kala | PHC | Level 1 |
| Rajwans | PHC | Level 1 |
| Chulla | PHC | Level 1 |
| Chirari | PHC | Level 1 |
| Tada | PHC | Level 1 |
| Maharajpur | PHC | Level 1 |
| Barkoti | PHC | BEmONC |
| Sehora | PHC | BEmONC |

## 8. Compilation of data:

The compilation of data was done from labour room registers (LLR), refer in and refer out registers, ANC register and HMIS software. The primary data was compiled by physical variation and observation in Ms excel sheet and analyzed through SPSS.

## 9. Findings of the Labour Room Assessment

**9.1. Status of facility based services**: Table1 and Table 2 show the status of the surveyed facilities (N=15) in which it can be seen that out of the four L3 (Cemoc) facilities only two are conducting C-sections and also there are many cases of complications such as sepsis, PPH, severe pre-ecclampsia, obstructed labour which are preventable cause that can be corrected if simple labour room protocols and practices are followed by the provider.

**TABLE 2:**

| FACILITY NAME | Total number of deliveries | Number of vaginal deliveries | Number of assisted vaginal deliveries (Forceps ,Vaccum) | Number of caesarean deliveries | Number of Live birthsof delivereries | Number of Intra Uterine deaths (IUD) + Still births in the facility of deliveries |
|---|---|---|---|---|---|---|
| Banda CHC | 2846 | 2843 | 0 | 0 | 2846 | 20 |
| Bina CH | 2141 | 2140 | 0 | 8 | 2108 | 32 |
| Jaisinagar CHC | 845 | 1273 | 0 | 0 | 823 | 22 |
| Khurai CHC | 2054 | 2050 | 0 | 0 | 2054 | 36 |
| Rahatgarh CHC | 1831 | 1831 | 0 | 0 | 1776 | 59 |
| Shahgarh CHC | 1913 | 1913 | 0 | 0 | 1871 | 52 |
| Sagar DH | 8292 | 6899 | 0 | 1393 | 8073 | 277 |
| Bandri PHC | 978 | 131 | 0 | 0 | 976 | 2 |
| Deori CHC | 1650 | 187 | 0 | 0 | 1643 | 7 |
| Garhakota CHC | 1586 | 174 | 0 | 0 | 1585 | 1 |
| Jaruakheda PHC | 676 | 740 | 0 | 0 | 666 | 10 |
| Kesli CHC | 1009 | 107 | 0 | 0 | 1006 | 1 |
| Rehli CHC | 1586 | 178 | 0 | 0 | 1584 | 2 |
| Shahpur(S) PHC | 959 | 1776 | 0 | 0 | 930 | 29 |
| Malthoan CHC | 1049 | 1049 | 0 | 0 | 1031 | 18 |

**TABLE 3:**

| FACILITY NAME | Number of Maternal deaths in the facility | Numbers of Mothers with post-partum hemorrhage | Mothers with Sepsis | Mothers with Severe Pre-eclampsia/eclampsia | Mothers with obstructed labor | Newborn with asphyxia | Number of newborn with sepsis | Number of newborn who were premature births | Number of newborn who were Low Birth Weight |
|---|---|---|---|---|---|---|---|---|---|
| Banda CHC | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 6 |
| Bina CH | 3 | 1 | 2 | 1 | 2 | 3 | 1 | 0 | 24 |
| Jaisinagar CHC | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 3 |
| Khurai CHC | 1 | 0 | 1 | 3 | 1 | 4 | 1 | 1 | 2 |
| Rahatgarh CHC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
| Shahgarh CHC | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 54 |
| Sagar DH | 15 | 4 | 0 | 9 | 8 | 37 | 87 | 533 | 729 |
| Bandri PHC | 0 | 0 | 0 | 2 | 3 | 0 | 1 | 0 | 3 |
| Deori CHC | 0 | 7 | 1 | 1 | 2 | 1 | 0 | 3 | 1 |
| Garhakota CHC | 0 | 1 | 0 | 0 | 5 | 5 | 0 | 0 | 0 |
| Jaruakheda PHC | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 6 |
| Kesli CHC | 0 | 2 | 2 | 7 | 1 | 1 | 0 | 1 | 0 |
| Rehli CHC | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 2 | 1 |
| Shahpur(S) PHC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| Malthoan CHC | 0 | 7 | 7 | 1 | 1 | 0 | 0 | 1 | 6 |

### 9.2. Status of available resources:

There are twenty six essential supplies out of sixty supplies which need to be available in the labour rooms**.** in the figure2 almost only one fourth percent of antiretroviral tablets were just found to be available in the facilities (n=15). Less than half percent uristick was available which an essential is resource to measure albumin level.

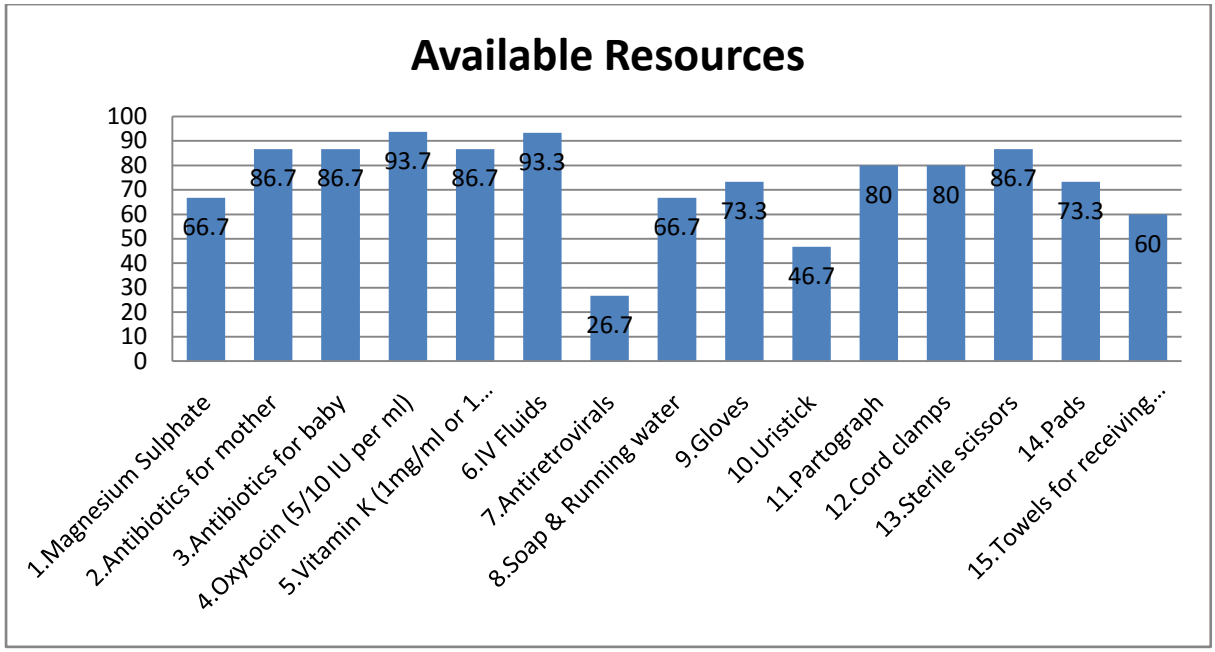



**Figure 2**

Figure 3 shows that only forty percent of ambu bag for babies were available in the facilities and three-fifth of the facilities and BP apparatus available out of which 6.7 percent were non-functional. Only approximately half of the facilities had radiant warmers and two-third of the facilities had suction device available of which 6.7 percent were non-functional.

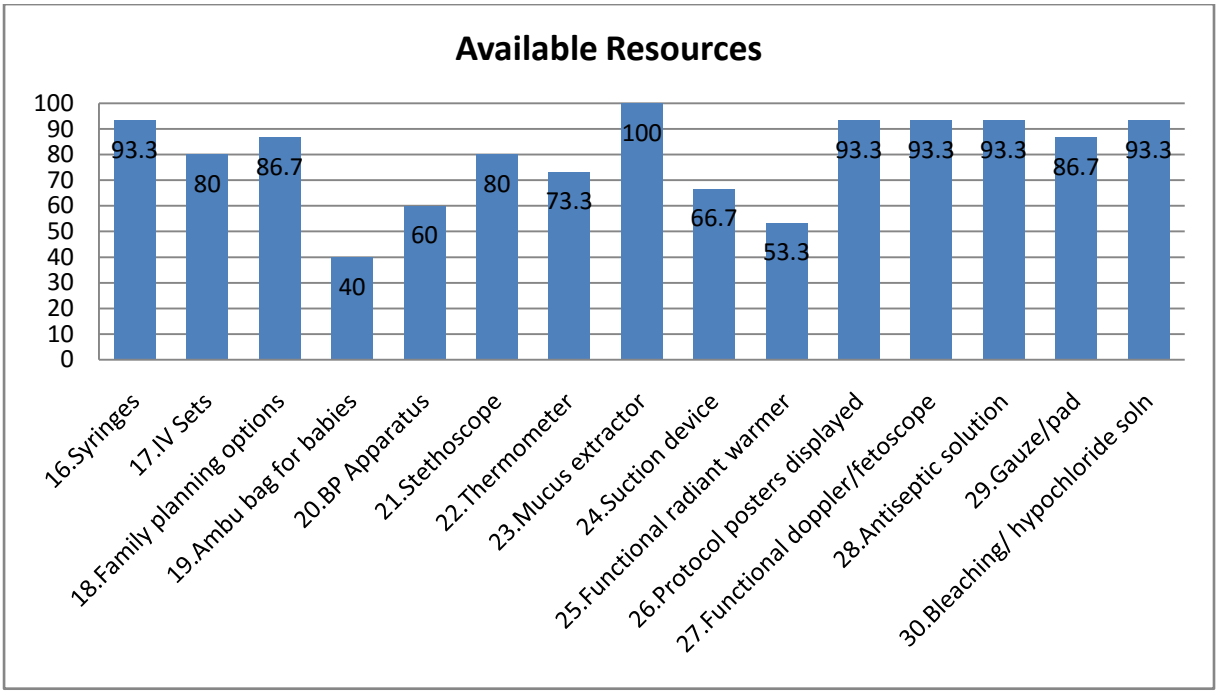



Figure 3

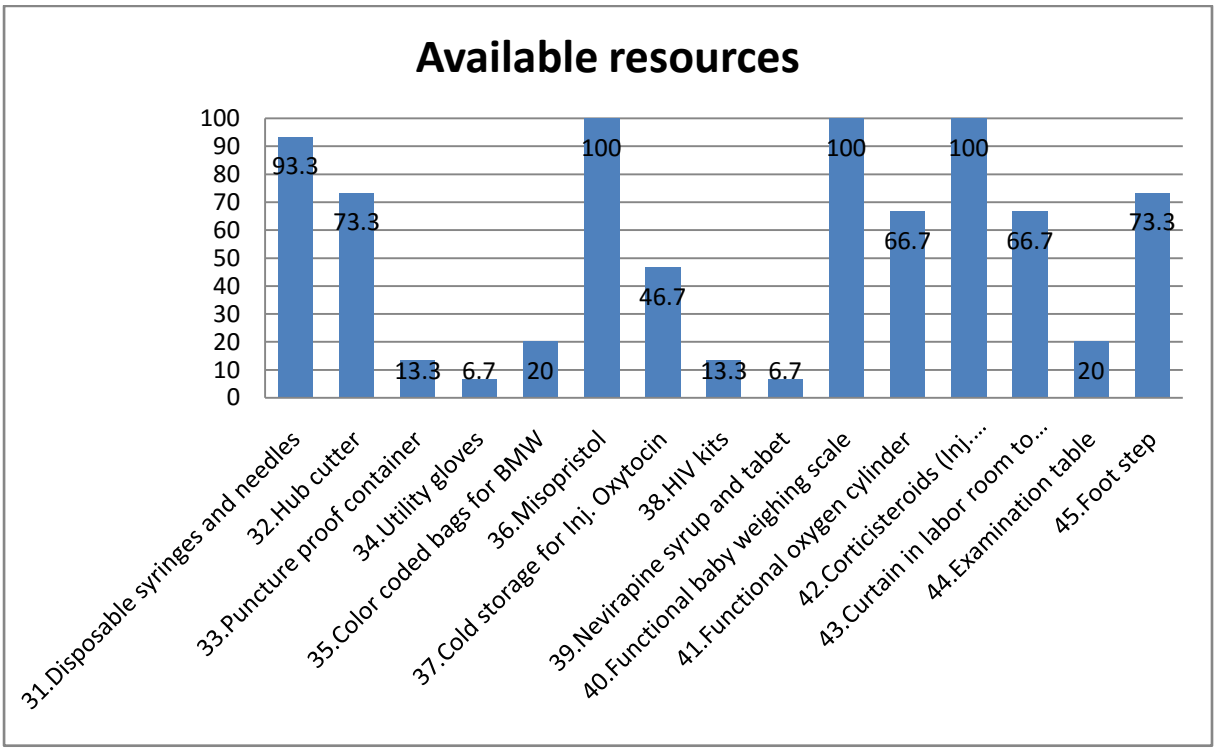



Figure 4

Figure 4 show's that only 6.7 percent of the facilities had utility gloves for use. Only 13.3 percent have puncture proof container available. One fifth of colour coded bags for BMW and examination table were available in the facilities. 13.3 percent HIV kits were available and 6.7 percent nevirapine syrup and tablets were available. Three fourth of the facilities have functional oxygen cylinder available.

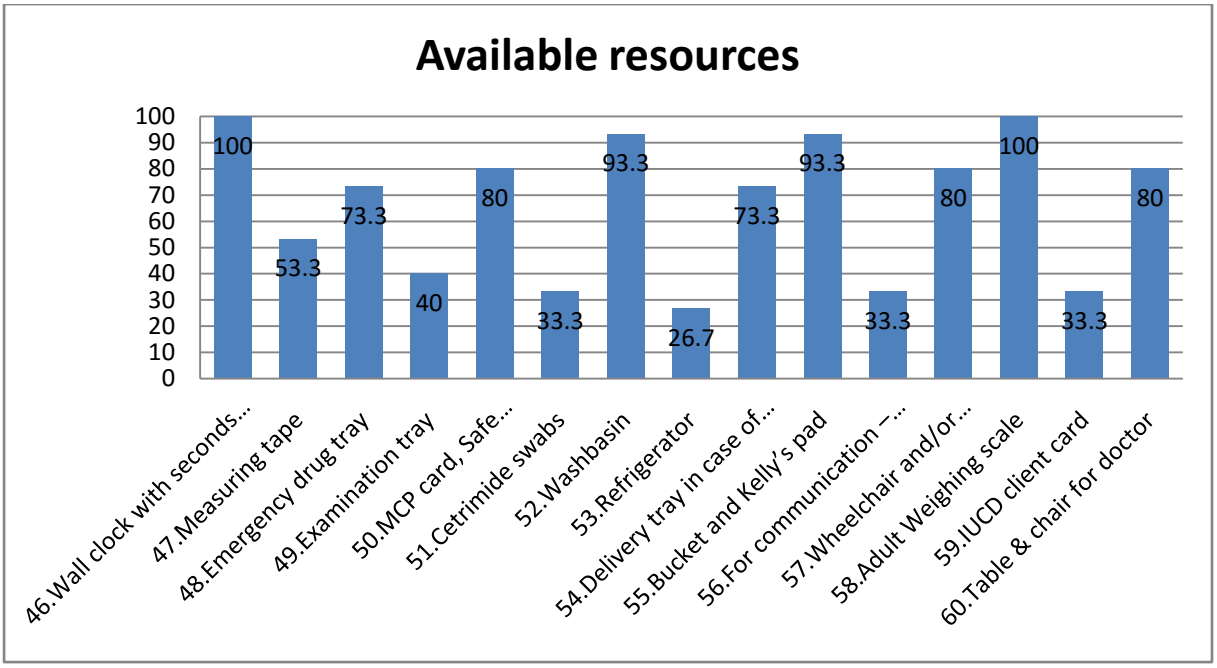



Figure 5

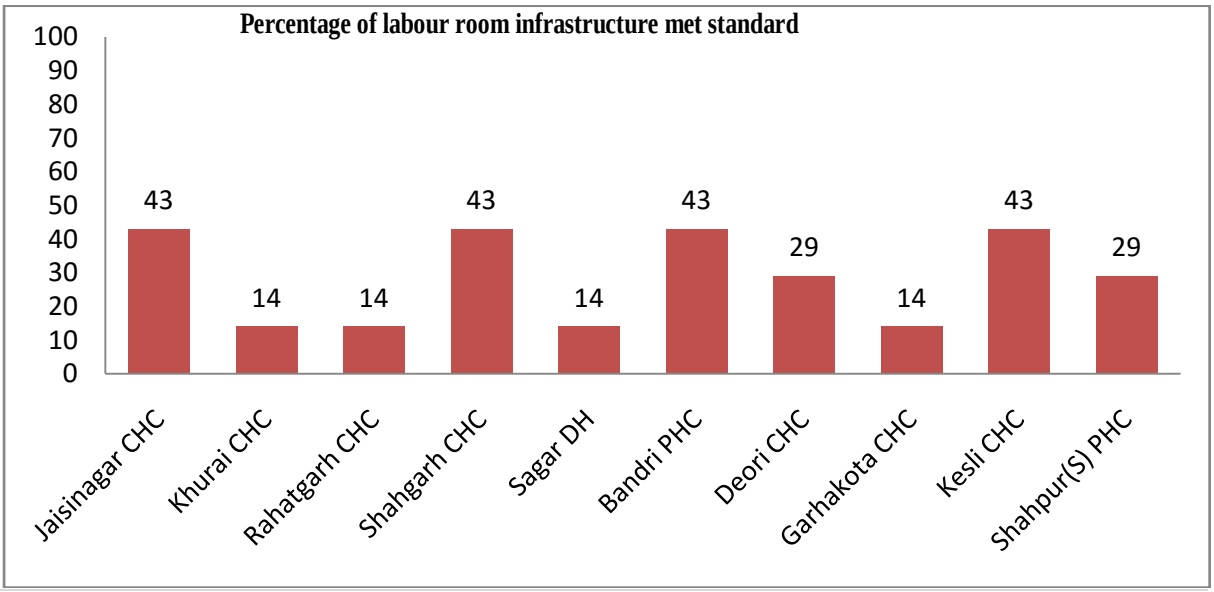
Figure 5 shows that approximately one-fourth of the facilities have refrigerator. One third of facility had cetrimide swabs, IUCD client card and telephone for communication.

### 9.3. Labour room infrastructure standards status:

The labour room infrastructure standard was based on the seven standards as in the annexure (form 3).

Figure 6, shows that out of 15 facilities only 10 had met few labour room standards. Out of the 10 facilities all the facility met only below 50percent standards. Cleanliness and 24 hr running water is also an issue. There is no backup power supply in the labour room. Labour room window glass is not frosted.

**(**Figure 6)



Hanging of right protocols at right places is an issue of many of the labour rooms. And also at least one protocol hanging at the appropriate place was only in 5 labour rooms i.e. Management of PPH. Few important protocols like Infection Prevention, Simplified Partograph, Breast feeding, LR sterilization, New born resuscitation, Kangaroo care were hanged very few. Protocols of management of hypothermia was almost nil except 1 facility.

### 9.4. Status of 19 protocols standards being practiced:

Figure 7 shows that out of the 15 facilities Kesli CHC does not adhere to any of the protocols. Most of the facility is below one fifth of the level in which the protocols of basic care during delivery is not being practiced. Two facilities show only 5 percent of the overall standard achievement of the protocols i.e.; Rehli CHC and Malthoan CHC.

Overall Standard Achievement (%) out of 19 Protocols Standards

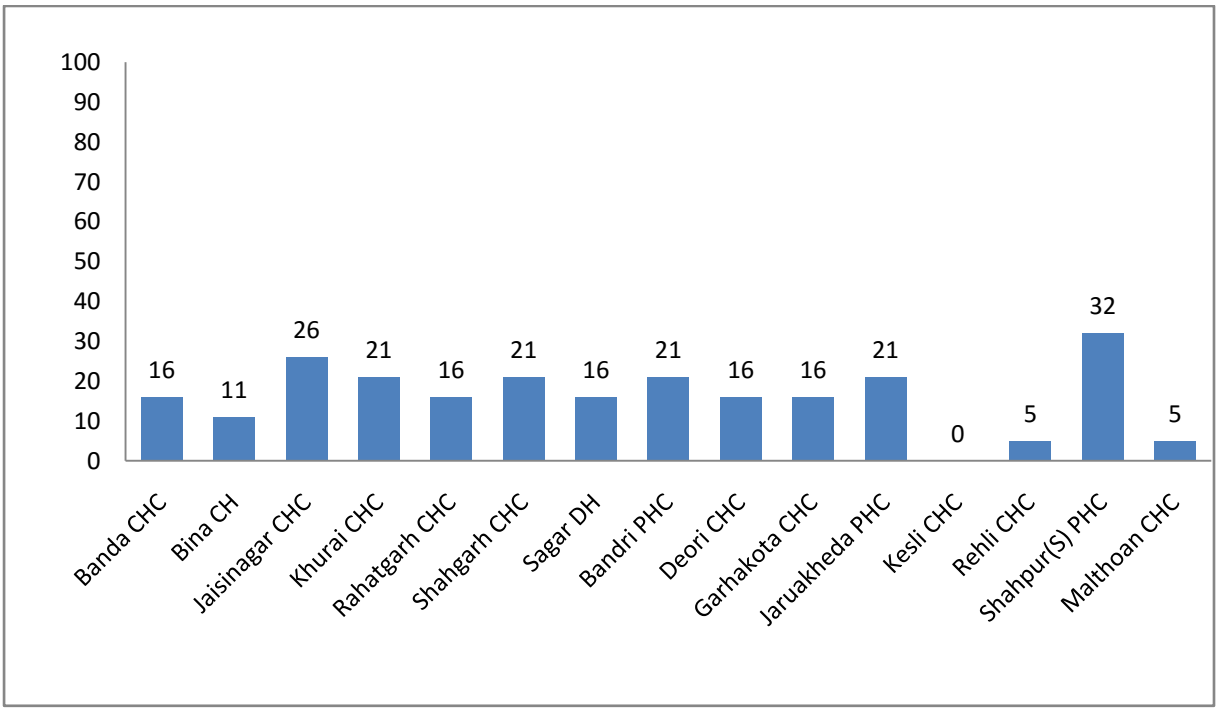



Figure 7

Percentage of Data recording / Database system

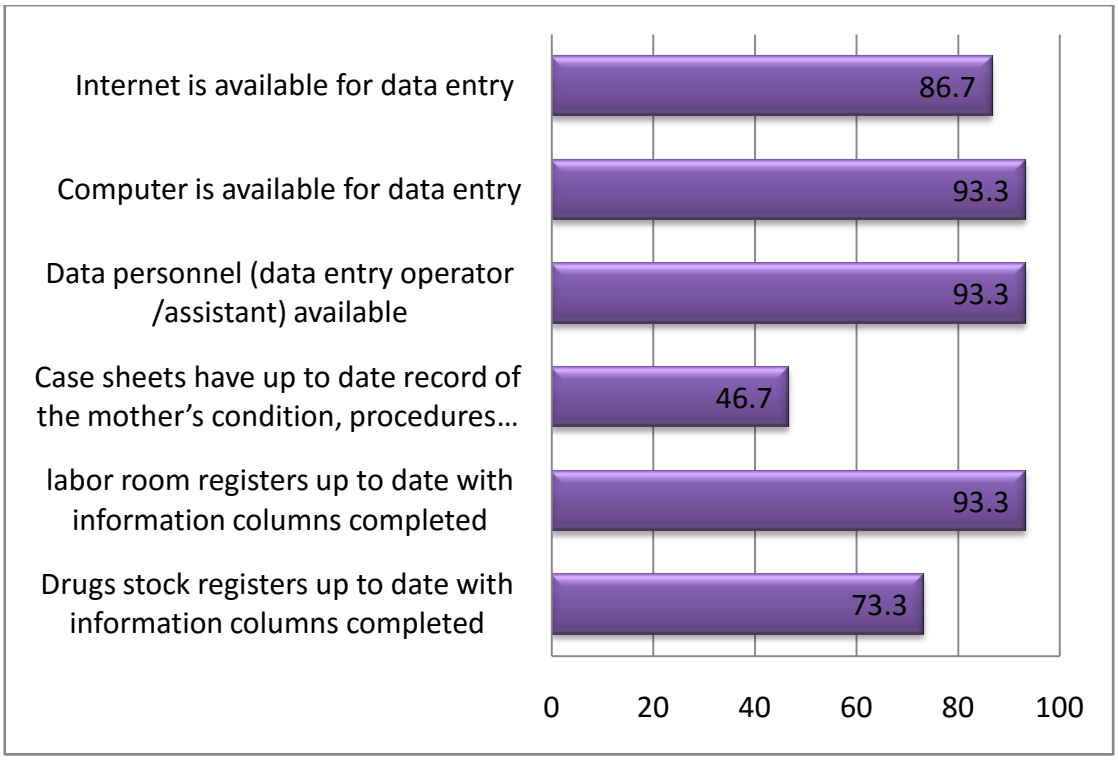



Figure 8

**9.5. Status of data recording and data base system:**

Figure 8, shows that less than half of the facilities fill the full record in the case sheets as well as drug stock registers need to be updated completely.

Percentage of Communication/Referrals/Services/Practices

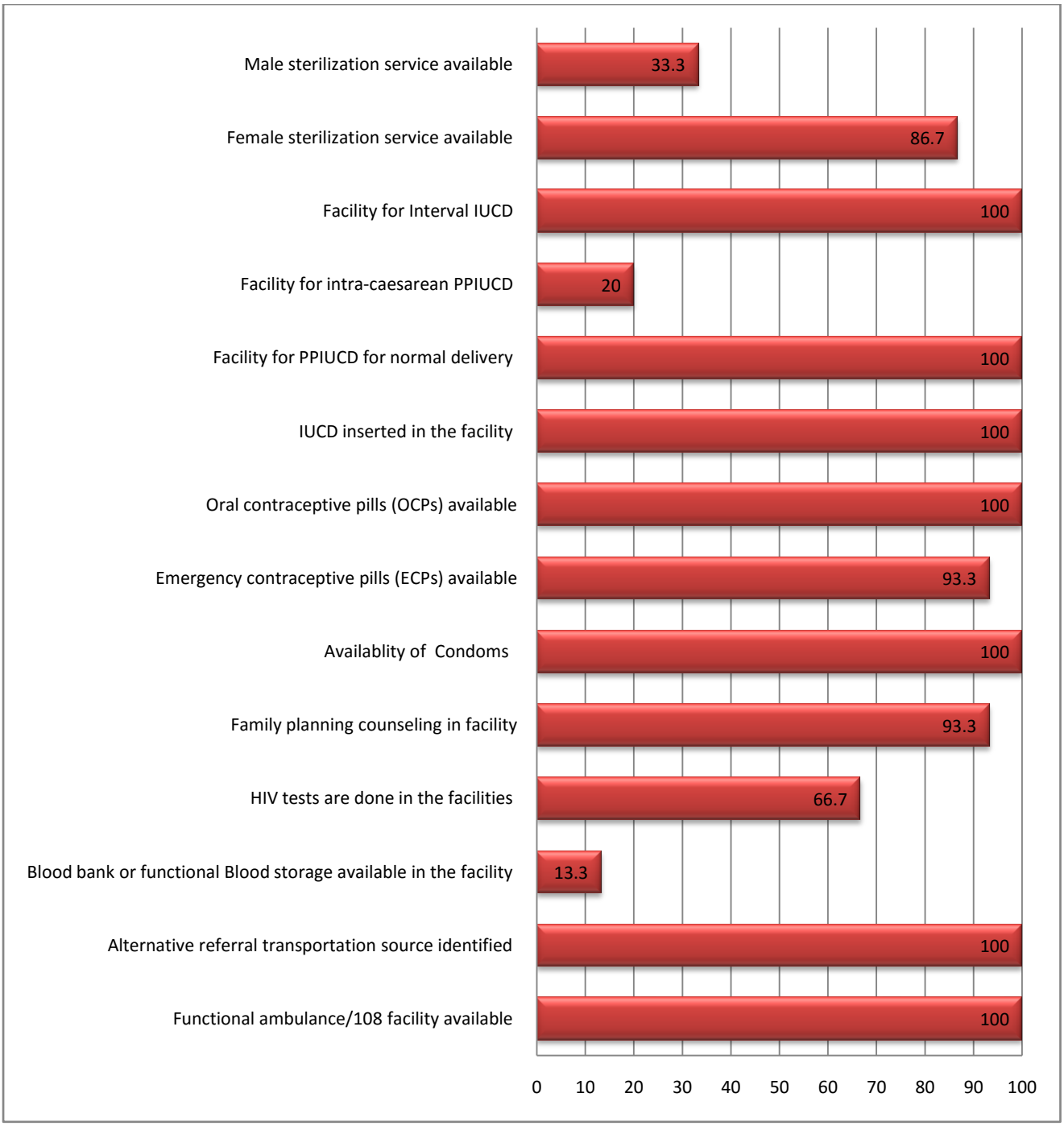



Figure 9

**9.6. Status of Communication/Referrals/Services/Practices**:

Figure 9 shows that though four level 3 facilities are present in the district but only 13.3 percent had the provision of blood bank or functional storage available in the facilities. Also

three fourth percent of HIV tests are being done in the facilities. Male sterilization is available in one fourth of the facilities.

### 9.7. Human resource and training status:

Table 4: LEVEL 3 FACILITIES IN THE DISTRICT

| FACILITY L3 HR | | | Sagar DH | Bina CH | Khurai CHC | Deori CHC |
|---|---|---|---|---|---|---|
| | | DELIVERIES PER MONT | 562 | 167 | 314 | 147 |
| | | SANCTIONED | 2 | 1 | 1 | 1 |
| | REGULAR | POSTED | 2 | 1 | 0 | 1 |
| | | SANCTIONED | 0 | 0 | 0 | 0 |
| | CONTRACTUAL | POSTED | 0 | 0 | 0 | 0 |
| | BONDED | | 0 | 0 | 0 | 0 |
| ANAESTHESIAN | | LSAS TRAINED | 0 | 0 | 1 | 0 |
| | | SANCTIONED | 4 | 1 | 2 | 1 |
| | REGULAR | POSTED | 3 | 2 | 2 | 1 |
| | | SANCTIONED | 1 | 0 | 0 | 0 |
| | CONTRACTUAL | POSTED | 1 | 0 | 0 | 0 |
| | BONDED | | 0 | 0 | 0 | 0 |
| GYNAECOLOGIST | | EMOC TRAINED | 0 | 0 | 0 | 0 |
| | | SANCTIONED | 5 | 0 | 0 | 0 |
| | REGULAR | POSTED | 5 | 0 | 0 | 0 |
| | | SANCTIONED | 3 | 0 | 0 | 0 |
| | CONTRACTUAL | POSTED | 0 | 0 | 0 | 0 |
| | BONDED | | 0 | 0 | 0 | 0 |
| MEDICAL OFFICERS | | BEMOC TRAINED | 0 | 0 | 0 | 0 |

Table 5: Human resource and training status of level 2 and level 1 facility in the district

| FACILITY L2 AND L1 | | | Banda | Rahatgarh | Malthone | Jaisinagar | Shahgarh | Kesli CHC | Gadakota | Rehli CHC | Jaruakhed | Bhandri | Shahpur |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MEDICAL | | DEL. PER MONTH | 262 | 178 | 95 | 72 | 165 | 89 | 133 | 140 | 67 | 104 | 80 |
| OFFICERS | REGULAR | SANCTIONED | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| | | POSTED | 2 | 0 | 2 | 2 | 1 | 3 | 3 | 2 | 1 | 2 | 2 |
| | CONTRACTUAL | SANCTIONED | 1 | 0 | 1 | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 1 |
| | | POSTED | 0 | 0 | 1 | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 0 |
| | BONDED | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | BEMOC TRAINED | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Table 6: STATUS OF STAFF NURSES OF MATRENITY WING

| | | REGULAR MATERNITY WING SN | SBA,DAKSHATA,SKILL LAB TRAINED (Y/N) | CONTRACTUAL MW SN SANCTONED | CONTRACTUAL SN IN MW POSTED | SBA,DAKSHATA,SKILL LAB TRAINED (Y/N) |
|---|---|---|---|---|---|---|
| Urban Sagar | Sagar | 12 | YES | 3 | 2 | YES |
| Bina | Bina | 15 | YES | 0 | 0 | 0 |
| Khurai | Khurai | 18 | YES | 0 | 0 | 0 |
| Deori | Deori | 6 | Yes | 1 | 1 | YES |
| Banda | Banda | 5 | yes | 0 | 0 | 0 |
| Rahatgarh | Rahatgarh | 1 | YES | 0 | 0 | NO |
| Malthone | Malthone | 3 | yes | 3 | 0 | NO |
| Jaisinagar | Jaisinagar | 5 | yes | 0 | 0 | 0 |
| Shahgarh | Shahgarh | 2 | yes | 1 | 1 | YES |
| Kesli | Kesli | 4 | YES | 0 | 0 | 0 |
| Rehli | Gadakota | 4 | YES | 0 | 0 | 0 |
| Rehli | Rehli | 4 | YES | 0 | 0 | 0 |
| Rahatgarh | Jaruakheda | | | | 0 | |
| Malthone | Bhandri | | | | | |
| Shahpur (Rural Sagar) | Shahpur | 0 | NO | 0 | 0 | 0 |

**10. Suggestions:**

Prioritization Activity: Help set the priority actions for each facility, on practices which are easily achievable- placed in the lower most section (LOW HANGING FRUITS), practices which will require some level of effort and time for improvement- placed in the middle section (MID HANGING FRUITS) and practices which will require extra effort and are not so easy to achieve- placed in the upper most section (HIGH HANGING FRUITS).

1. The selected facilities are conducting pleasing number of deliveries per month.
2. The selected ideal labour rooms fairly satisfy the availability of the different essential items but still there are rooms for improvements. These gaps are minimal gaps and easily can be filled up.
3. All facilities have sufficient number of delivery tables. But it needs to be equipped with mattress, sheet, Macintosh, foot rest and Kellys pad wherever needed.
4. Leakage was observed in 5 labour rooms which need to be immediately repaired.
5. 2 Labour rooms do not have the NBCC and four NBCC are outside the labour room which should be made ideally within the labour room.
6. There is scope of rationalization of manpower.
7. Training of manpower is a foremost issue which should be looked in.
8. Shortage of gloves was observed at many facilities which need to be immediately solved.
9. Most of the protocols are not placed at right places. It needs to be placed at right place.
10. Standard uniform printed delivery register should be supplied to the labour room.
11. Creating Quality-enabling Environment at the Facility Levels
12. Making essential supplies available
13. Empowering nurses for life-saving practices such as newborn resuscitation, administration of MgSO4, and antenatal corticosteroids, etc.
14. Non-rotation of trained staff from labour rooms
15. All-staff meetings to review quality status
16. Review of dashboard of indicators
17. District level reviews:

- Task force/ stand alone review/ part of DHS

- Dashboard of indicators

18. Status of adherence to standards.
19. Labour room up gradation plans:
    - In line with the MNH toolkit/ labour room guidelines
    - Well-planned activity
    - Prioritize high delivery load facilities
20. Regular sharing of experience between facilities

## 11. Key steps to ensure Provision of Comprehensive RMNCH Services at all delivery points are -

- Performance Monitoring of all Delivery Points
- Capacity Building and Rational Deployment of HR.
- Strict adherence to quality Protocols at Delivery Points
- Record maintenance for Referral-In and Referral-Out.
- Ensure JSSK Entitlements.
- Supportive supervision & mentoring.
- Functional grievance redressal system
- Assessing client satisfaction periodically

## 12. Conclusion:

Comparing the findings of the assessment with standard guidelines we see many gaps regarding infrastructure, availability of equipments, availability of drugs & consumables. Record and registers are not being maintained. Ensuring biomedical waste management and infection control practices needs special focus & must be adhered to. At baseline, the rapid assessment tells that the condition of labour rooms appears to be a major obstacle to the success of maternal and child health programmes in Sagar.

The findings from the assessment provide a wealth of information on the aspects that need improvement and need to be taken into consideration in action plans.

## 13. Annexure

Form-2

| Assessment of Resource Availibility | | | | | | | |
|---|---|---|---|---|---|---|---|
| State : | | Facility Type : | Assessor Name : | | | | |
| District : | | Facility Name : | Date (dd/mm/yyyy) : | | | | |
| Sno | Supply | Functional Availability status at the point of use (circle one) | Level of Issue (End user/ facility store/ district) | Bottleneck Analysis | Plan of Action | Person Responsible | Timeline |
| 1 | Magnesium Sulphate (at least 20 ampoules) | Available / Non-Available | | | | | |
| 2 | Antibiotics for mother | Available / Non-Available | | | | | |
| 3 | Antibiotics for baby | Available / Non-Available | | | | | |
| 4 | Oxytocin (5/10 IU per ml) | Available / Non-Available | | | | | |
| 5 | Vitamin K (1mg/ml or 1 mg/0.5 ml) | Available / Non-Available | | | | | |
| 6 | IV Fluids | Available / Non-Available | | | | | |
| 7 | Antiretrovirals | Available / Non-Available | | | | | |
| 8 | Soap & Running water | Available / Non-Available | | | | | |
| 9 | Gloves | Available / Non-Available | | | | | |
| 10 | Uristick (for proteinuria and glucose) | Available / Non-Available | | | | | |
| 11 | Partograph | Available / Non-Available | | | | | |
| 12 | Cord clamps | Available / Non-Available | | | | | |
| 13 | Sterile scissors | Available / Non-Available | | | | | |
| 14 | Pads | Available / Non-Available | | | | | |
| 15 | Towels for receiving newborns | Available / Non-Available | | | | | |
| 16 | Syringes | Available / Non-Available | | | | | |
| 17 | IV Sets | Available / Non-Available | | | | | |
| 18 | Family planning options | Available / Non-Available | | | | | |
| 19 | Ambu bag for babies (240 ml) with both pre & term mask (size 0,1) | Available / Non-Available | | | | | |
| 20 | BP Apparatus | Available / Non-Available / Avilable-non-functional | | | | | |
| 21 | Stethoscope | Available / Non-Available / Avilable-non-functional | | | | | |
| 22 | Thermometer | Available / Non-Available / Avilable-non-functional | | | | | |
| 23 | Mucus extractor | Available / Non-Available / Avilable-non-functional | | | | | |
| 24 | Suction device | Available / Non-Available / Avilable-non-functional | | | | | |
| 25 | Functional radiant warmer | Available / Non-Available / Avilable-non-functional | | | | | |
| 26 | Protocol posters displayed | Available / Non-Available | | | | | |
| 27 | Doppler/fetoscope in labor room/admission area | Available / Non-Available / Avilable-non-functional | | | | | |
| 28 | Antiseptic solution | Available / Non-Available | | | | | |
| 29 | Gauze/pad | Available / Non-Available | | | | | |
| 30 | Bleaching powder/ Sodium hypochloride soln | Available / Non-Available | | | | | |

Form-2

| Assessment of Resource Availibility | | | | | | | |
|---|---|---|---|---|---|---|---|
| State : | | Facility Type : | Assessor Name : | | | | |
| District : | | Facility Name : | Date (dd/mm/yyyy) : | | | | |
| Sno | Supply | Functional Availability status at the point of use (circle one) | Level of Issue (End user/ facility store/ district) | Bottleneck Analysis | Plan of Action | Person Responsible | Timeline |
| 31 | Disposable syringes and disposable needles | Available / Non-Available | | | | | |
| 32 | Hub cutter | Available / Non-Available / Avilable-non-functional | | | | | |
| 33 | Puncture proof container | Available / Non-Available | | | | | |
| 34 | Utility gloves | Available / Non-Available | | | | | |
| 35 | Color coded bags for disposal of biomedical waste | Available / Non-Available | | | | | |
| 36 | Misopristol | Available / Non-Available | | | | | |
| 37 | Cold storage for Inj. Oxytocin at the point of use | Available / Non-Available | | | | | |
| 38 | HIV kits | Available / Non-Available | | | | | |
| 39 | Nevirapine syrup and tabet | Available / Non-Available | | | | | |
| 40 | Functional baby weighing scale | Available / Non-Available | | | | | |
| 41 | Functional oxygen cylinder (with wrench) with new born mask | Available / Non-Available / Avilable-non-functional | | | | | |
| 42 | Corticisteroids (Inj. Dexamethason) | Available / Non-Available | | | | | |
| 43 | Curtain in labor room to ensure privacy to woman | Available / Non-Available | | | | | |
| 44 | Examination table | Available / Non-Available / Avilable-non-functional | | | | | |
| 45 | Foot step | Available / Non-Available | | | | | |
| 46 | Wall clock with seconds hand | Available / Non-Available / Avilable-non-functional | | | | | |
| 47 | Measuring tape | Available / Non-Available | | | | | |
| 48 | Emergency drug tray | Available / Non-Available | | | | | |
| 49 | Examination tray | Available / Non-Available | | | | | |
| 50 | MCP card, Safe motherhood booklet | Available / Non-Available | | | | | |
| 51 | Cetrimide swabs | Available / Non-Available | | | | | |
| 52 | Washbasin | Available / Non-Available | | | | | |
| 53 | Refrigerator | Available / Non-Available / Avilable-non-functional | | | | | |
| 54 | Delivery tray in case of emergency | Available / Non-Available | | | | | |
| 55 | Bucket attached with Labor table | Available / Non-Available | | | | | |
| 56 | Kelly's pad | Available / Non-Available / Avilable-non-functional | | | | | |
| 57 | For communication – telephone facility | Available / Non-Available / Avilable-non-functional | | | | | |
| 58 | Wheelchair and/or stretcher | Available / Non-Available / Avilable-non-functional | | | | | |
| 59 | Adult Weighing scale | Available / Non-Available / Avilable-non-functional | | | | | |
| 60 | IUCD client card | Available / Non-Available | | | | | |
| 61 | Table & chair for doctor | Available / Non-Available / | | | | | |

Form-3

| Labor room Standards Assessment | | | |
|---|---|---|---|
| State : | Facility Type : | Assessor Name : | |
| District: | Facility Name : | Date (dd/mm/yyyy) : | |
| Sr. No. | Labor room Standards | Response | Comments |
| 1 | The facility has adequate provision for privacy of the clients in the labor room | | |
| 1.1 | Entry to the labor room is not direct | | |
| 1.2 | Window and door glass are frosted | | |
| 1.3 | Windows have curtains of light color | | |
| 1.4 | Each labor table has provision for cover on three sides (by screens or curtains) | | |
| | Total Score | | |
| 2 | The labor room has a good ambience | | |
| 2.1 | All windows and doors are in proper condition | | |
| 2.2 | Floor of the labor room is constructed of anti-skid vitrified tiles/ natural stone/ equivalent, with seamless joints, preferably of white/ ivory color | | |
| 2.3 | Walls of labor room have wall tiles of white color with seamless joints extending up to the height of door of the room | | |
| | Total Score | | |
| 3 | The labor room has adequate ventilation and lighting | | |
| 3.1 | Labor room has air-conditioning/ exhaust ventilation | | |
| 3.2 | There is one fan for each labor table | | |
| 3.3 | Each labor table has 1 shadowless light | | |
| 3.4 | Labor room has at least 2 ceiling mounted lights | | |
| 3.5 | The facility has power back-up | | |
| | Total Score | | |
| 4 | Labor and delivery facilities are adequate | | |
| 4.1 | Number of labor tables is as per delivery load | | |
| 4.2 | All labor tables are clean, non-broken, and non-rusted | | |
| 4.3 | Each labor table has a two-step ladder stepping stool | | |
| 4.4 | Each labor table has McIntosh or disposable draw sheet | | |
| 4.5 | Each labor table has a working kelly's pad | | |

Form-3

| Sr. No. | Labor room Standards | Response | Comments |
|---|---|---|---|
| 4.6 | Each labor table has Stainless Steel IV rod | | |
| 4.7 | Each labor table has a yellow biomedical waste bin | | |
| 4.8 | Each labor table has a provision of stool for birth companion | | |
| | Total Score | | |
| 5 | Space management in Labor rooms is appropriate | | |
| 5.1 | Newborn corner has free space on three sides | | |
| 5.2 | Newborn corner is in direct access to the labor tables (no obstruction) | | |
| 5.3 | Nursing station is located in a place from where nurses can observe clients without any interruption | | |
| 5.4 | Two labor tables have adequate space between them (preferably 6 feet) | | |
| | Total Score | | |
| 6 | Labor room has accessible and working washroom and dirty utility area | | |
| 6.1 | Washroom has direct access from the labor room | | |
| 6.2 | Washroom has running water supply | | |
| 6.3 | Washroom has a functional hand washing area for users | | |
| 6.4 | Washroom has adequate lighting | | |
| 6.5 | There is a dirty utility area with direct access from labor room | | |
| | Total Score | | |
| 7 | Labor room has a functional hand-washing station | | |
| 7.1 | Station has uninterrupted supply of running water | | |
| 7.2 | Station has availability of soaps | | |
| 7.3 | Station has elbow operated tap | | |
| | Total Score | | |

| FORM 4: Periodic Assessment tool for MNH Programme | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | State : | | | Facility Type : | | Assessor Name : | | | | | | | | | | |
| | District : | | | Facility Name : | | Date (dd/mm/yyyy) : | | | | | | | | | | |
| S. No. | Standard | Response | Verification criteria No. | Verification criteria | Score | Triangulation and Sources (Y/N/NA) | | | | | | | | | | Comments |
| | | | | | | Observation s | Case records | | Provider interview | | Mothers interview | | Physical verification | | | |
| | | ( Y/N ) | | | ( Y/N ) | Y / N /NA | # Checked | # Practised | # Interviewed | # Providing correct | # Interviewed | # Providing correct response | ( Y/N ) | | | |
| 1 | Provider conducts an appropriate and adequate assessment of clinical condition of pregnant woman and fetus at the time of admission | | | | | | | | | | | | | | | |
| 1.1 | Provider takes obstetric, medical and surgical history | | 1.1.1 | Takes obstetric, medical and surgical history | | | | | | | | | | | | |
| 1.2 | Provider assesses gestational age correctly | | 1.2.1 | Assesses gestational age through either LMP or Fundal height or USG (if available) | | | | | | | | | | | | |
| 1.3 | Provider records fetal heart rate | | 1.3.1 | Functional doppler/fetoscope/stethoscope at point of use is available | | | | | | | | | | | | |
| | | | 1.3.2 | Records fetal heart rate at admission | | | | | | | | | | | | |
| 1.4 | Provider records mother's BP | | 1.4.1 | Functional BP instrument and stethoscope at point of use is available | | | | | | | | | | | | |
| | | | 1.4.2 | Records mother's BP at admission | | | | | | | | | | | | |
| 1.5 | Provider records mother's temperature | | 1.5.1 | Functional thermometer at point of use is available | | | | | | | | | | | | |
| | | | 1.5.2 | Records mother' s temperature at admission | | | | | | | | | | | | |
| | Total Score | | | | | | | | | | | | | | | |
| 2 | Provider conducts internal examination appropriately | | | | | | | | | | | | | | | |
| 2.1 | Provider conducts PV examination as per indication | | 2.1.1 | Conducts PV examination only as indicated (4 hourly or based) on clinical indication | | | | | | | | | | | | |
| 2.2 | Provider performs hand hygiene | | 2.2.1 | Soap and running water is available | | | | | | | | | | | | |
| | | | 2.2.2 | Sterile gloves is available | | | | | | | | | | | | |
| | | | 2.2.3 | Performs hand hygiene | | | | | | | | | | | | |
| | | | 2.2.4 | Wears gloves on both the hands with correct technique | | | | | | | | | | | | |
| 2.3 | Provider cleans the perineum appropriately before conducting PV examination | | 2.3.1 | Antiseptic solution is available | | | | | | | | | | | | |
| | | | 2.3.2 | Sterile gauze/pad is available | | | | | | | | | | | | |
| | | | 2.3.3 | Cleans the perineum appropriately before conducting PV examination | | | | | | | | | | | | |
| 2.4 | Provider records the finding of PV examination (in Case sheet/Partograph during active phase of labour) | | 2.4.1 | Records the finding of PV examination (in Case sheet/Partograph during active phase of labour) | | | | | | | | | | | | |
| | Total Score | | | | | | | | | | | | | | | |



| S. No. | Standard | Response | Verification criteria No. | Verification criteria | Score | Triangulation and Sources (Y/N/NA) | | | | | | | | | | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Observation s | Case records | | Provider interview | | Mothers interview | | Physical verification | | | |
| | | ( Y/N ) | | | ( Y/N ) | Y / N /NA | # Checked | # Practised | # Interviewed | # Providing correct | # Interviewed | # Providing correct response | ( Y/N ) | | | |
| 3 | Provider identifies and manages HIV in pregnant woman and newborn | | | | | | | | | | | | | | | |
| 3.1 | Provider checks for test results or recommends testing if not done | | 3.1.1 | Rapid HIV kit is available | | | | | | | | | | | | |
| | | | 3.1.2 | Checks for test results or recommends testing if not done | | | | | | | | | | | | |
| 3.2 | Provider appropriately manages HIV seropositive cases (if ART center is available) | | 3.2.1 | ART drugs are available | | | | | | | | | | | | |
| | | | 3.2.2 | Provides ART for seropositive mother | | | | | | | | | | | | |
| | | | 3.2.3 | Follows universal precaution | | | | | | | | | | | | |
| 3.3 | Provider appropriately manages HIV seropositive pregnant woman (if ART center is not available) | | 3.3.1 | Nevirapine tablet is available | | | | | | | | | | | | |
| | | | 3.3.2 | Provides Nevirapine to (HIV seropositive) pregnant woman and refers her to ARTC after delivery | | | | | | | | | | | | |
| 3.4 | Provider appropriately manages newborn of HIV seropositive mother | | 3.4.1 | Nevirapine syrup is available | | | | | | | | | | | | |
| | | | 3.4.2 | Provides syrup Nevirapine to newborns of HIV seropositive mothers | | | | | | | | | | | | |
| | Total Score | | | | | | | | | | | | | | | |
| 4 | Provider identifies and manages infection in pregnant woman | | | | | | | | | | | | | | | |
| 4.1 | Provider looks for signs of infection based on history and examination | | 4.1.1 | Checks mother's history related to maternal infection | | | | | | | | | | | | |
| | | | 4.1.2 | Checks mothers temperature (Refer to 1.5) | | | | | | | | | | | | |
| 4.2 | Provider gives antibiotics only when indicated | | 4.2.1 | Assess the appropriateness of administration of antibiotics at admission. | | | | | | | | | | | | |
| 4.3 | Provider gives correct regimen of antibiotics | | 4.3.1 | Penicillin group/ Cephalosporin group Parenteral (Inj. Ceftriaxone) is available | | | | | | | | | | | | |
| | | | 4.3.2 | Gentamycin Parenteral is available | | | | | | | | | | | | |
| | | | 4.3.3 | Amikacin (Parenteral) is available | | | | | | | | | | | | |
| | | | 4.3.4 | Metronidazole (IV inf) is available | | | | | | | | | | | | |
| | | | 4.3.5 | Metronidazole tab is available | | | | | | | | | | | | |
| | | | 4.3.6 | Gives correct regimen of antibiotics | | | | | | | | | | | | |
| | Total Score | | | | | | | | | | | | | | | |

| S. No. | Standard | Response | Verification criteria No. | Verification criteria | Score | Triangulation and Sources (Y/N/NA) | | | | | | | | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Observation # | Case records | | Provider interview | | Mothers interview | | Physical verification | |
| | | ( Y/N) | | | ( Y/N) | Y / N / NA | # Checked | # Practised | # Interviewed | # Providing correct | # Interviewed | # Providing correct response | ( Y/N) | |
| 5 | Provider identifies conditions leading to preterm delivery and facilitates preventive care | | | | | | | | | | | | | |
| 5.1 | Provider does a correct estimation of gestational age to confirm that labour is pre term | | 5.1.1 | Correctly estimates gestational age to confirm that labour is pre term through fundal height/LMP/USG (if available) | | | | | | | | | | |
| 5.2 | Provider identifies conditions that may lead to pre term delivery | | 5.2.1 | Identifies condition that may lead to pre term delivery (severe Pre-eclampsia, Eclampsia, APH, Pre term Pre labour Rupture Of Membrane) and records them, | | | | | | | | | | |
| 5.3 | Provider gives correct regimen of corticosteroid | | 5.3.1 | Corticosteroids (Inj Dexamethasone) is available | | | | | | | | | | |
| | | | 5.3.2 | Assesses appropriateness of administration of antenatal corticosteroids to mothers | | | | | | | | | | |
| 5.4 | Provider ensures specialist attention | | 5.4.1 | Ensures specialist attention (care by Pediatrician) | | | | | | | | | | |
| | Total Score | | | | | | | | | | | | | |
| 6 | Provider identifies and manages severe Pre-eclampsia/Eclampsia (PE/E) | | | | | | | | | | | | | |
| 6.1 | Provider identifies mothers with severe PE/E | | 6.1.1 | Dipstick for proteinuria testing in labor room is available | | | | | | | | | | |
| | | | 6.1.2 | Records BP at admission (Refer to point 1.4) | | | | | | | | | | |
| | | | 6.1.3 | Identifies danger signs or presence of convulsions | | | | | | | | | | |
| 6.2 | Provider gives correct regimen of inj $MgSO_4$ for prevention and management of convulsions | | 6.2.1 | MgSO4 in labor room (atleast 20 ampoules) is available | | | | | | | | | | |
| | | | 6.2.2 | Inj. MgSO4 is appropriately administered | | | | | | | | | | |
| 6.3 | Provider facilitates prescription of anti-hypertensives | | 6.3.1 | Antihypertensives are available | | | | | | | | | | |
| | | | 6.3.2 | Facilitates prescription of anti-hypertensives | | | | | | | | | | |
| 6.4 | Provider ensures specialist attention for care of mother and newborn | | 6.4.1 | Ensures specialist attention for care of mother and newborn | | | | | | | | | | |
| 6.5 | Provider performs nursing care | | 6.5.1 | Performs nursing care | | | | | | | | | | |
| | Total Score | | | | | | | | | | | | | |
| 7 | Provider monitors progress of labour in every case and adjusts care accordingly correctly fills partograph to monitor progress of labour and timely | | | | | | | | | | | | | |
| 7.1 | Provider timely uses partograph in every case. | | 7.1.1 | Partographs in labor room are available | | | | | | | | | | |
| | | | 7.1.2 | Attaches partograph in case sheet | | | | | | | | | | |
| | | | 7.1.3 | Initiates Partograph plotting once the Cx dilation is >=4 cm | | | | | | | | | | |
| 7.2 | Provider correctly plots all parameters | | 7.2.1 | Plots all parameters | | | | | | | | | | |
| 7.3 | Provider interprets partograph correctly and adjusts care according to findings | | 7.3.1 | Provider interprets partograph correctly and adjusts care according to findings | | | | | | | | | | |
| | Total Score | | | | | | | | | | | | | |

| S. No. | Standard | Response | Verification criteria No. | Verification criteria | Score | Triangulation and Sources (Y/N/NA) | | | | | | | | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Observation # | Case records | | Provider interview | | Mothers interview | | Physical verification | |
| | | ( Y/N) | | | ( Y/N) | Y / N / NA | # Checked | # Practised | # Interviewed | # Providing correct | # Interviewed | # Providing correct response | ( Y/N) | |
| 8 | Provider ensures respectful and supportive care for the woman coming for delivery | | | | | | | | | | | | | |
| 8.1 | Provider treats woman and her companion cordially and respectfully (RMC), ensures privacy and confidentiality to woman during her stay | | 8.1.1 | Curtain in labor room to ensure privacy to woman are available | | | | | | | | | | |
| | | | 8.1.2 | Treats woman and her companion cordially and respectfully (RMC), ensures privacy and confidentiality to woman during her stay | | | | | | | | | | |
| 8.2 | Provider encourages the presence of birth companion during labour | | 8.2.1 | Encourages the presence of birth companion during labour | | | | | | | | | | |
| 8.3 | Provider explains danger signs and important care activities to mother and her companion during her stay (for mother and baby) | | 8.3.1 | Explains danger signs to mother and her companion during her stay (for mother and baby) | | | | | | | | | | |
| | | | 8.3.2 | Explains important care activities to mother and her companion during her stay (for mother and baby) | | | | | | | | | | |
| | Total Score | | | | | | | | | | | | | |
| 9 | Provider prepares for safe care during delivery | | | | | | | | | | | | | |
| 9.1 | Provider ensures sterile/HLD delivery tray is available | | 9.1.1 | Ensures required number of sterile/HLD delivery tray is available (atleast 2 trays per labor table). | | | | | | | | | | |
| 9.2 | Provider ensures availability of pre-filled oxytocin syringe | | 9.2.1 | Ensures availability of pre-filled oxytocin syringe | | | | | | | | | | |
| 9.3 | Provider ensures functional items for newborn care and resuscitation | | 9.3.1 | Designated new born corner is present | | | | | | | | | | |
| | | | 9.3.2 | Ensures functional items for newborn care and resuscitation | | | | | | | | | | |
| 9.4 | Provider switches radiant warmer 'on' 30 min before childbirth | | 9.4.1 | Switches radiant warmer 'on' 30 min before childbirth | | | | | | | | | | |
| | Total Score | | | | | | | | | | | | | |
| 10 | Provider assists the woman to have a safe and clean birth | | | | | | | | | | | | | |
| 10.1 | Provider ensures six 'cleans' while conducting delivery | | 10.1.1 | Sterile gloves are available (refer above) | | | | | | | | | | |
| | | | 10.1.2 | Antiseptic solution (Betadine/Savlon) is available (refer above) | | | | | | | | | | |
| | | | 10.1.3 | Sterile cord clamp is available | | | | | | | | | | |
| | | | 10.1.4 | Sterile cutting edge (blade/scissors) is available | | | | | | | | | | |
| | | | 10.1.5 | Ensures six cleans while conducting delivery | | | | | | | | | | |
| 10.2 | Provider performs an episiotomy only if indicated | | 10.2.1 | Performs an episiotomy only if indicated | | | | | | | | | | |
| 10.3 | Provider allows spontaneous delivery of head by flexing it and giving perineal support; manages cord round the neck; assists delivery of shoulders and body | | 10.3.1 | Allows spontaneous delivery of head by flexing it and giving perineal support; manages cord round the neck; assists delivery of shoulders and body | | | | | | | | | | |
| | Total Score | | | | | | | | | | | | | |

| S. No. | Standard | Response | Verification criteria No. | Verification criteria | Score | Triangulation and Sources (Y/N/NA) | | | | | | | | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Observations | Case records | | Provider interview | | Mothers interview | | Physical verification | |
| | | ( Y/N ) | | | ( Y/N ) | Y /N / NA | # Checked | # Practiced | # Interviewed | # Providing correct | # Interviewed | # Providing correct response | ( Y/N ) | |
| 11 | Provider conducts a rapid initial assessment and performs immediate newborn care (if baby cried immidiately) | | | | | | | | | | | | | |
| 11.1 | Provider delivers the baby on mother's abdomen, | | 11.1.1 | Delivers the baby on mother's abdomen | | | | | | | | | | |
| 11.2 | Provider ensures immediate drying, and asses breathing | | 11.2.1 | Two pre warmed clean towels are available | | | | | | | | | | |
| | | | 11.2.2 | If breathing is normal, dries the baby immediately and wraps in second warm towel | | | | | | | | | | |
| 11.3 | Provider performs delayed cord clamping and cutting | | 11.3.1 | Performs delayed cord clamping and cutting | | | | | | | | | | |
| 11.4 | Provider ensures early initiation of breastfeeding | | 11.4.1 | Initiates breast feeding within one hour of birth | | | | | | | | | | |
| 11.5 | Provider weighs the baby and administers Vitamin K | | 11.5.1 | Baby weighing scale is available | | | | | | | | | | |
| | | | 11.5.2 | Vitamin K injection is available | | | | | | | | | | |
| | | | 11.5.3 | Weighs the baby | | | | | | | | | | |
| | | | 11.5.4 | Administers Vitamin K | | | | | | | | | | |
| | Total Score | | | | | | | | | | | | | |
| 12 | Provider performs newborn resuscitation if baby does not cry immediately after birth | | | | | | | | | | | | | |
| 12.1 | Provider performs steps for resuscitation within first 30 seconds: | | 12.1.1 | Suction equipment/mucus extractor is available (refer to 9.3.2) | | | | | | | | | | |
| | | | 12.1.2 | Shoulder roll is available | | | | | | | | | | |
| | | | 12.1.3 | Performs following steps within first 30 seconds on mothers abdomen: Suction if indicated; dries the baby; immediate clamping and cutting the cord and shifting to radiant warmer if still not breathing | | | | | | | | | | |
| | | | 12.1.4 | Performs following steps within first 30 seconds under radiant warmer: Positioning, Suctioning, Stimulation, Repositioning (PSSR) | | | | | | | | | | |
| 12.2 | Provider initiates bag and mask ventilation for 30 seconds if baby still not breathing | | 12.2.1 | Functional ambu bag with mask for pre-term baby is available | | | | | | | | | | |
| | | | 12.2.2 | Functional ambu bag with mask for term baby is available | | | | | | | | | | |
| | | | 12.2.3 | Initiates bag and mask ventilation for 30 seconds if baby still not breathing | | | | | | | | | | |
| 12.3 | Provider takes appropriate action if baby doesn't respond to ambu bag ventilation after golden minute | | 12.3.1 | Functional oxygen cylinder (with wrench) with new born mask is available | | | | | | | | | | |
| | | | 12.3.2 | Assesses breathing, if still not breathing continues bag and mask ventilation; starts oxygen | | | | | | | | | | |
| | | | 12.3.3 | Checks heart rate/cord pulsation | | | | | | | | | | |
| | | | 12.3.4 | Calls for advance help/arranges referral | | | | | | | | | | |
| | Total Score | | | | | | | | | | | | | |

| S.No. | Standard | Response | Verification criteria No. | Verification criteria | Score | Triangulation and Sources (Y/N/NA) | | | | | | | | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Observation | Case records | | Provider interview | | Mothers interview | | Physical verification | |
| | | (Y/N) | | | (Y/N) | Y/N/NA | # Checked | # Practised | # Interviewed | # Providing correct | # Interviewed | # Providing correct response | (Y/N) | |
| 16 | Provider ensures exclusive and on demand breastfeeding | | | | | | | | | | | | | |
| 16.1 | Provider counsels mother on importance of exclusive breast feeding | | 16.1.1 | Counsels mother on importance of exclusive and on demand breast feeding | | | | | | | | | | |
| | | | 16.1.2 | Provides assistance on techniques of breast feeding and on minor problems encountered whenever needed | | | | | | | | | | |
| | Total Score | | | | | | | | | | | | | |
| 17 | Provider ensures care of newborns with small size at birth | | | | | | | | | | | | | |
| 17.1 | Provider facilitate specialist care in newborn <1800 gm | | 17.1.1 | Facilitates specialist care in newborn <1800 gm (refer to FBNC/seen by peadiatrician) | | | | | | | | | | |
| 17.2 | Provider facilitates assisted feeding whenever required | | 17.2.1 | Facilitates assisted feeding whenever required | | | | | | | | | | |
| 17.3 | Provider facilitates thermal management including kangaroo mother care | | 17.3.1 | Facilitates thermal management including kangaroo mother care | | | | | | | | | | |
| | Total Score | | | | | | | | | | | | | |
| 18 | Provider counsels mother and family at the time of discharge | | | | | | | | | | | | | |
| 18.1 | Provider counsels on danger signs, post-partum family planning and exclusive breast feeding | | 18.1.1 | Counsels on danger signs to mother at time of discharge | | | | | | | | | | |
| | | | 18.1.2 | Counsels on post partum family planning to mother at discharge | | | | | | | | | | |
| | | | 18.1.2 | Counsels on exclusive breast feeding to mother at discharge | | | | | | | | | | |
| | Total Score | | | | | | | | | | | | | |
| 19 | The facility adheres to universal infection prevention protocols | | | | | | | | | | | | | |
| 19.1 | Instruments and gloves are decontaminated after each use using chlorine solution | | 19.1.1 | Bleaching powder/ Sodium hypochloride soln is availsble (Glutereldhyde solution for instruments) | | | | | | | | | | |
| | | | 19.1.2 | Instruments and glovesafter is decontaminated after each use using chlorine solution | | | | | | | | | | |
| | | | 19.1.3 | 0.5% chlorine solution is prepared daily | | | | | | | | | | |
| 19.2 | Biomedical waste is segregated and disposed of as per the guidelines | | 19.2.1 | Color coded bags for disposal of biomedical waste is availble | | | | | | | | | | |
| | | | 19.2.2 | Biomedical waste is segregated and disposed of as per the guidelines | | | | | | | | | | |
| 19.3 | Hand hygiene is performed before and after each procedure and sterile/HLD gloves are worn during delivery and internal examination | | 19.3.1 | Hand hygiene is performed before and after each procedure and sterile/HLD gloves are worn during delivery and internal examination | | | | | | | | | | |
| 19.4 | Delivery environment such as labour table, contaminated surfaces and floor are cleaned after each delivery | | 19.4.1 | Delivery environment such as labour table, contaminated surfaces and floor are cleaned after each delivery | | | | | | | | | | |
| | Total Score | | | | | | | | | | | | | |

**Section D: Communication/Referrals/Services/Practices [look at Last month(1st day to last day of previous month) records]**

**Source *of Information: Information needs to be verified and observed where required***

| Sr. No. | Data Element | Response/Value |
|---|---|---|
| D1 | Total Number of deliveries in Last month ( including C-section) | |
| D2 | Total Number of newborn referrals in Last month (Monthly report / Referral Register) | |
| D3 | Total Number of maternal referrals in Last month (Monthly report / Referral Register) | |
| D4 | Average duration of stay (in hours) of mother and child in the hospital after delivery (approximately, as stated by the providers/facility incharge) | <6 \| 6-12 \| 12-24 \| 24-48 \| >48 |
| D5 | Whether functional ambulance/108 facility available? | ☐Yes ☐No |
| D6 | Whether alternative referral transportation source identified? | ☐Yes ☐No |
| D7 | Whether Blood bank or functional Blood storage available in the facility? | ☐Yes ☐No ☐NA |
| D8 | Whether HIV tests are done in the facilities? | ☐Yes ☐No |
| D9 | Family planning services: ***Information needs to be physically verified*** | |
| D9.1 | **a)** Family planning counseling provided in facility | ☐Yes ☐No |
| D9.3 | **b)** Whether condoms available? | ☐Yes ☐No |
| D9.4 | **c)** Whether emergency contraceptive pills (ECPs) available? | ☐Yes ☐No |
| D9.5 | **d)** Whether oral contraceptive pills (OCPs) available? | ☐Yes ☐No |
| D9.6 | **e)** Whether IUCD inserted in the facility? | ☐Yes ☐No |
| D9.7 | **f.1)**Facility for PPIUCD for normal delivery | ☐Yes ☐No ☐NA |
| D9.8 | **f.2)**Facility for intra-caesarean PPIUCD | ☐Yes ☐No ☐NA |
| D9.9 | **f.3)**Facility for Interval IUCD | ☐Yes ☐No |
| D9.10 | **f)** Whether Female sterilization service available? | ☐Yes ☐No ☐NA |
| D9.11 | **g)** Whether Male sterilization service available? | ☐Yes ☐No ☐NA |

Form-1

**Section E: Data recording / Database system (look at Last month records)**

| Sr. No. | Data Element | Response |
|---|---|---|
| E1 | Are drugs stock registers up to date with information columns completed? (Main store/ LR stock reg) | ☐Yes ☐No |
| E2 | Are labor room registers up to date with information columns completed? | ☐Yes ☐No |
| E3 | Do the case sheets have up to date record of the mother's condition, procedures performed, and drugs administered?<br>(to check randomly at least 5 Case sheet) | ☐Yes ☐No |
| E4 | Whether Data personnel (data entry operator / assistant) available? | ☐Yes ☐No |
| E5 | Whether Computer is available for data entry? | ☐Yes ☐No |
| E6 | Whether Internet is available for data entry? | ☐Yes ☐No |

**Facility Contact List**

| Sr No. | Name of Providers | Designation | Contact Number |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
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| 9. | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |
| 13. | | | |
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## References

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Annexure