Gap Analysis of Labor Room at Level 2 and 3 Delivery Points in Anuppur District, Madhya Pradesh

By

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TO WHOMSOEVER MAY CONCERN

This is to certify that Dr. Suchismita Mishra, student of MBA Hospital and Health Management from IIHMR University, Jaipur has undergone internship training at MP-NHM from Feb 8, 2016 to May 8, 2016.

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish her all success in all her future endeavors.

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The certificate is awarded to

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In recognition of having successfully completed her

Internship in the department of

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And has successfully completed her Project on

Gap analysis of labor room at level 2 and level 3 delivery points in Anuppur district, Madhya Pradesh

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

Strong drive & zeal for learning

We wish her all the best for future endeavors

राज्य चिकित्सा एवं स्वास्थ्य अधिकारी
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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation Gap analysis of labor room at level 2 and level 3 Delivery points in Anuppur district, Madhya Pradesh and submitted by **Dr. Suchismita Mishra** Enrollment No. 19-1630, under the supervision of Professor **Suresh Joshi** for award of MBA Hospital and Health Management/ MBA Pharmaceutical Management of the university carried out during the period from **Feb 1, 2015** to **April 30, 2015** 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

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Table of Contents

S. No.	Contents	Page No.
	Acknowledgement	6
	List of Figures	8
	List of Abbreviations	9
	Dissertation	
1.1	Introduction	12
1.2	District map of delivery points	14
1.3	Review of Literature	15
1.4	Rationale of the Study	16
1.5	Research Questions	16
1.6	Objectives	16
1.7	Methodology	17
1.8	Study Design	
	Study Area	17
	Study Subjects	17
	Sampling	17
	Methods and Instruments of Data Gathering	17
	Statistical Treatment	18
1.9	Results	18
1.10	Findings	22
1.11	conclusion	24
1.12	References	25
1.13	Annexure	
1.14	Checklist for level 2 delivery point	25
1.15	Checklist for level 3 delivery point	29

List of Figures

Figure No	Title of the Figure	Page No
1.1	Availability of different resources in level 3 delivery points	18
1.2	Availability of different resources in all the level 2 CHCs	19
1.3	Availability of different resources in all the level 2 PHCs	20
1.4	Percentage of adherence to infection prevention practices	21

List of Abbreviations

ANM: AUXILLARY NURSING MIDWFE

BEMOC: BASIC EMERGENCY MEDICAL & OBSTETRIC CARE

BMC: BAL MAHILA CHIKITSHALAYA

CHC: COMMUNITY HEALTH CENTRE

DH: DISTRICT HOSPITAL

EMOC: EMERGENCY MEDICAL & OBSTRETRICS CARE

FRU: FIRST REFFERAL UNIT

GOI: GOVERNMENT OF INDIA

HR: HUMAN RESOURCE

IMR: INFANT MORTALITY RATE

JSK: JANANI SISU SURAKSHA KARYAKRAM

JSY: JANANI SURAKSHA YOJANA

MOHFW: MINISTRY OF HEALTH AND FAMILY WELFAE

MMR: MATERNAL MORTALITY RATE

MNH: MATERNAL NEWBORN HEALTH

MO: MEDICAL OFFICER

NBCC: NEW BORN CARE CONER

NBSU: NEW BORN STABILISATION UNIT

NFHS: NATIONAL FAMILY HEALTH SURVEY

NHM: NATIONAL HEALTH MISSION

PHC: PRIMARY HEALTH CENTRE

PPE: PERSONAL PROTECTIVE EQUIPMENT

PPIUCD: POST PARTUM INTRA UTERINE DEVICE

RMNCH+A: REPRODUCTIVE MATERNAL NEWBORN CHILD+ ADOLSCENT HEALTH

SBA: SKILL BIRTH ATTENDANT

SDH: SUB DISTRICT HOSITAL

SHC: SUB HEALTH CENTRE

SRS: SAMPLE REGISTRATION SURVEY

DISSERTATION REPORT

Gap analysis of labor room at level 2 and level 3 delivery points in Anuppur district, Madhya Pradesh

1.1Introduction:

Maternal mortality and infant mortality are sensitive indicators which show evidence for describing the health care system of a country and also indicate the prevailing socio-economic scenario. These major health indicators of Madhya Pradesh are far behind the national targets. As per 2013 SRS report Maternal Mortality Rate of Madhya Pradesh is 221 and Infant Mortality Rate is 54 that is highest among all the states.

India has made significant progress in addressing the issue of high maternal and infant mortality by implementing JSY and JSSK in the country. However, progress on reduction of neonatal and infant mortality rate is suboptimal. Moreover, high institutional delivery rates have not resulted in proportionate reduction in these mortality rates in the country.

Additionally, the highest proportion of maternal and newborn deaths takes place during and immediately after childbirth which can be preventable through appropriate care of mothers during and after labor and appropriate care of the newborns immediately after birth. This points out to the need for improving the quality of practices in the labor room.

Labor rooms are fundamental to provide quality intra and immediate postpartum services, hence playing a vital role in reducing maternal and newborn mortality. It therefore is essential to lay substantial emphasis on developing the preparedness of labor rooms for high-efficiency and high quality service deliver.

In order to improve maternal and newborn health services NHM under *Operational guidelines on Maternal & Newborn Health , GoI, MoHFW 2010* has classified MCH centre's based on level of care provided as mentioned below.

MCH centre's by level of care:

Public Health facilities like the District Hospital (DH)/Sub-district Hospital (SDH)/Community Health Centre (CHC)/Primary Health Centre (PHC)/and Sub-district Health Centre (SHC) are categorized

depending on the levels (1, 2 and 3) of maternal and child health care and service delivery. Among these levels, some have been categorized as delivery points based on their performance and case load.

Level 3 – (Comprehensive Level-FRU): All FRU-CHC/SDH/DH/area hospitals/referral hospitals/tertiary hospitals where complications are managed including C-section and blood transfusion. Such an FRU would be equipped also with a Newborn Stabilization Unit (NBSU) at CHC/SDH/others or Special Newborn Care Unit (SNCU) at DH and above. A District Hospital irrespective of caseload has to be a Level 3 institution.

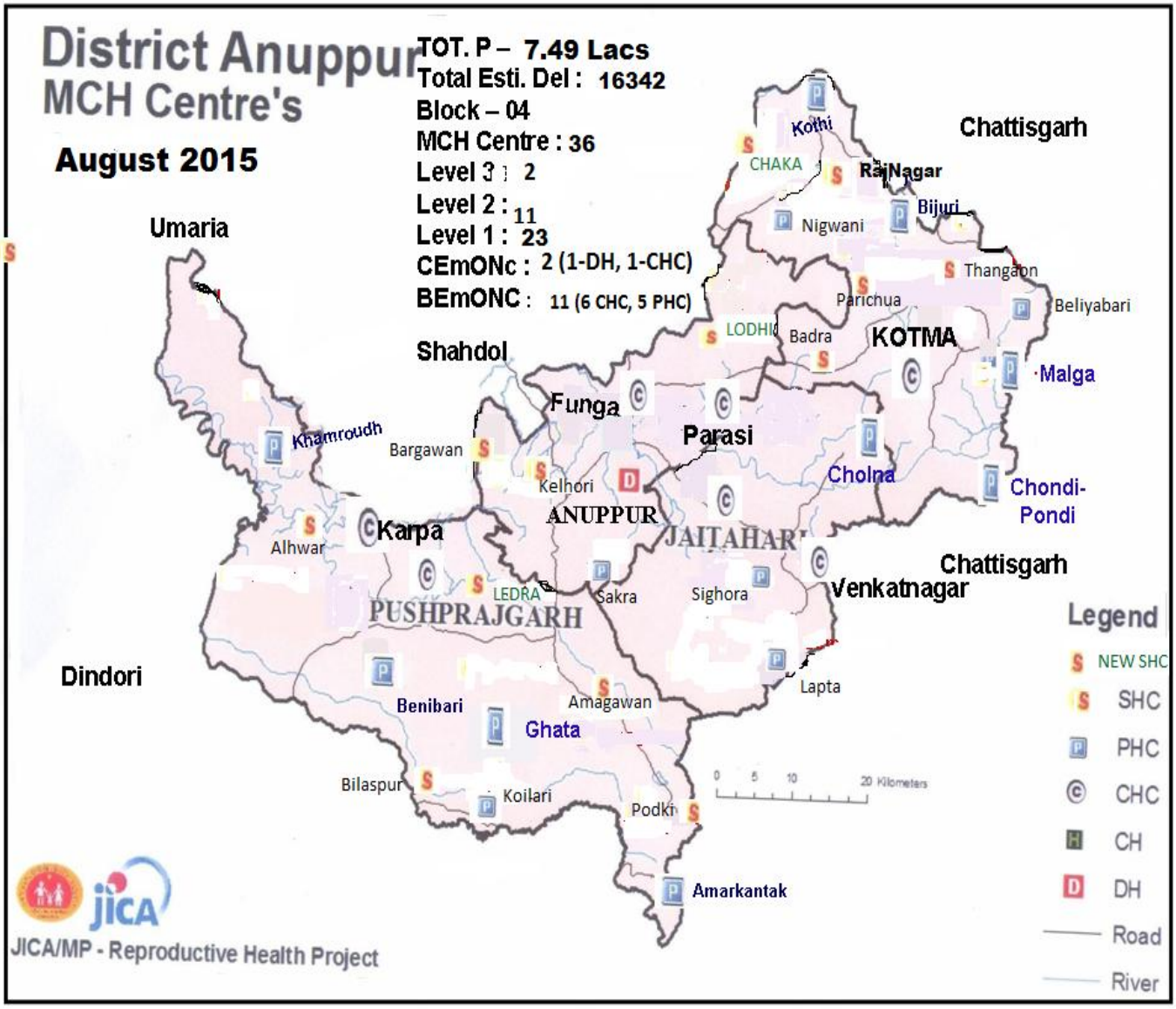
Level 2 – (Basic Level): All 24 x 7 facilities (PHC/Non-FRU CHC/others) which are providing BEmOC services; conducting deliveries and management of medical complications not requiring surgery or blood transfusion and have either a NBCC or NBSU.

Level 1 – All sub-centre's and some PHCs which have not yet reached the next level of 24 x 7 PHC, deliveries are conducted by a skilled-birth attendant (SBA). An NBCC must be established in all such facilities.

According to Government of India (GoI) mandate, these functional facilities should be the first to be strengthened for providing comprehensive RMNCH+A services. Benchmarks for each level of facility are based on actual average number of deliveries being conducted per month.

This study will help in assessing the gaps of labor room at level 2 and level 3 delivery points across the four blocks of Anuppur district on the basis of *Operational guidelines on Maternal & Newborn Health , GoI, MoHFW 2010.* There are 36 delivery points in 4 blocks. Out of 36, there are 23 Level 1(13-SHC, 10-PHC), 11 Level 2 (6-CHC, 5-PHC) and 2 Level 3(1- DH, 1-CHC).All the Level 2 and Level 3 delivery points would be selected for the study. Gap analysis will be done on the basis of prepared checklist.

1.2 District map of Delivery points



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1.3 Review of literature

A study was done on Assessment of Ideal Labor Room in Tripura in 2015 by Regional Resource Centre for Northeastern States, Guwahati, Assam. The objective of the study was to find the gaps in labor room regarding human resource, infrastructure, equipments, consumables and record keeping. The sample size of the study was 29 delivery points and checklist was used for data collection. The study reveals that 7 labor rooms have shortage of attached toilets. Cleanliness and 24 hr running water is also an issue for 8 of the toilets. Hanging of right protocols at right places is an issue of many of the labor rooms. Three different colored bin uses for bio medical waste dispose Out of 29 facilities 3 PHC / CHC s do not have the radiant warmer al in the labor room but not in all 29. Out of 29 facilities 3 PHC / CHC s do not have the radiant warmer. Labor table was available in all facilities surveyed but lab our table with these entire item mattresses, sheet, Macintosh, Foot-rest and Kelly's pad was missing. Partograph, one of the important techniques to know the progress of labor but it was available in only 18 facilities. Delivery register were maintained and updated at 24 labor rooms but safe birth check list and NBCC register were maintained only in 1 & 2 facilities respectively.[1]

A facility based survey was conducted from Oct 2011 to March 2012 at six Bal Mahila Chikitsalyas (BMCs) in Lucknow district. It was a cross section study and all the BMCs, work as first referral units (FRUs) was included in the study. Assessment was done on the basis of availability of infrastructure, human resources and medical equipments. Functional electric Generator facility was available in 33.3% of BMCs. Availability of functional ambulance was in only 16.7 percent of BMCs. Blood transfusion and caesarean services were available in only 33.3% of BMCs. About 50% of BMCs had regular paediatrician and obstetricians. In 66.7% of BMCs regular anaesthetics or MO trained in LSAS were present. BMCs (50%) had medical officers (MO's) who were trained in integrated management of neonatal and childhood infection (IMNCI) and two BMCs (33.3%) had MO's trained in emergency obstetric care (EmOC). Radiant warmers were found in all the BMCs, but functional in only three (50.0%). Only two (33.3%) centres had

functional phototherapy unit. In hypertensive drug, four BMCs (66.7%) had Nifedipine and Methyl Dopa. In Emergency drugs like adrenaline and aminophylline were available in 33.3% and 100.0% of BMCs. Calcium gluconate was found only in two (33.3%) of the BMCs. Vitamin K was available only one (16.7%) BMC.[2]

1.4 Rationale of the Study

The country observed a paradigm shift in its approach towards health care by adopting various programme and interventions through National Health Mission. The public institution deliveries have increased from 18.4 % (NFHS 3) to 69.5% (NFHS 4) in ten years, but the reduction in MMR is only 114 points from 2004 to 2013 in Madhya Pradesh according to SRS data. The state specific goal of MP is reduction of Maternal Mortality Ratio 15% by 2017 (33 points).

Hemorrhage, sepsis, post obstructed labour and birth asphyxia, infections are the leading causes of maternal death and neonatal death respectively which can be prevented by qualitative care in labor room.

To achieve the state target it is necessary to analyze the gaps in effective functioning of the delivery points for strengthening their services, to provide comprehensive maternal health services.

Anuppur district is among the High Priority Districts of the country. IMR and MMR of Anuppur is 71 and 361 respectively.

1.5 Research Question

What are the gaps of Labor room at level 2 and level 3 delivery points in Anuppur district of Madhya Pradesh?

1.6 Objectives

- To assess the Human Resource (HR) available against the sanctioned strength of the Institution and their training status.

- To assess the availability of required Infrastructure for effective functioning of the labor room.
- To assess the availability of functional equipments, instruments in the labor room for qualitative service delivery.
- To assess the availability of the required consumables in the labor room at the delivery Points.
- To assess the adherence to infection prevention practices in the labor room.

1.7 Methodology

Study Design:

This was a descriptive study (to assess the gaps in labor room of level 2 and level 3 delivery. points).

Study Location:

This study was conducted in Anuppur district, Madhya Pradesh.

Study Subjects:

Staff nurses & ANM's of all the level 2 and level 3 Delivery points for gap assessment (Through checklist).

Sampling: Census study was done. All the level 2 and level 3 delivery points of the district were taken for the study. (11 MCH level 2 and 2 MCH level 3 delivery points)

Methods and Instruments of Data Gathering

Checklist was used for the gap assessment of level 2 and level 3delivery points.

Checklist was prepared with reference to the MNH toolkit and gap assessment was done on the basis of human resource, infrastructure, equipments, consumables and infection prevention practices.

1.8 Statistical Treatment

Data (for gap assessment of level 2 and level 3 delivery points) was collected and cross checked for any incomplete or partial filling. Using Microsoft excel collected data was then be expressed in percentage (%).

1.9 Results

Gap assessment of level 3 delivery points

There are two level 3 delivery points which includes one district hospital and one FRU CHC.

Table 1.1: Availability of different resources in level 3 delivery points (n=2)

S No	Variables	Anuppur DH	Pusprajgarh CHC
1	HR in position	89%	50%
2	Trained HR	100%	80%
3	Infrastructure	100%	85%
4	Amenities	90%	81%
5	Equipments	100%	100%
6	Consumables	100%	100%
7	NBCC	100%	100%
8	Infection prevention practices	67%	65%%

Good (above 90%)

Average (70%-90%)

Poor (less than 70%)

From the above table data reveals that in District hospital 89% human resources are in positioned and 1000% trained HR are available. Other resources like infrastructure, equipments, consumables and NBCC are 100% available. About 67% infection prevention practices are followed which is a matter of serious attention.

Similarly in Pusprajgarh CHC 100% resources are available in equipments, consumables and NBCC. Only 50% HR and 65% practices are followed in infection prevention control.

Gap assessment of level 2 delivery points

There are 11 level 2 delivery points in the district which includes 6 CHCs and 5 PHCs.

Gap assessment of all the level 2 CHCs:

Table 1.2: Shows availability of different resources in all the level 2 CHCs (n=6)

S. No	Variables	Jaitahari CHC	Kotma CHC	Venkatnagar CHC	Parasi CHC	Funga CHC	Karpa CHC
1	HR	82%	100%	82%	83%	82%	82%
2	Trained HR	100%	83%	100%	100%	80%	100%
3	Infrastructure	75%	83%	83%	75%	83%	92%
4	Amenities	76%	76%	76%	76%	76%	86%
5	Equipments	82%	88%	94%	100%	100%	65%
6	Consumables	82%	88%	94%	88%	82%	88%
7	NBCC	91%	63%	63%	91%	100%	91%
8	Infection prevention practices	83%	67%	67%	67%	50%	67%

Good (Above 90%)

Average (70%- 90%)

Poor (less than 70%)

From the above table the data shows that Only Kotma CHC has 100% HR strength out of 6 facilities, 4 CHCs have 100% trained HR. In all the CHCs amenities are available in average level. In 5 CHCs infection prevention practices are poorly followed.

Gap assessment of all the level 2 PHCs:

Table 1.2: Shows availability of different resources in all the level 2 PHCs (n=5)

S. No	Variables	Amarkantak PHC	Benibari PHC	Bijuri PHC	Kothi PHC	Nigwani PHC
1	HR	91%	82%	91%	78%	78%
2	Trained HR	80%	80%	100%	80%	80%
3	Infrastructure	92%	58%	58%	75%	83%
4	Amenities	90%	81%	67%	71%	76%
5	Equipments	94%	71%	82%	71%	71%
6	Consumables	88%	83%	88%	88%	86%
7	NBCC	73%	82%	73%	82%	91%
8	Infection prevention practices	83%	50%	50%	67%	83%

Good (above 90%)

Average (70%-90%)

Poor (Below 70%)

In the above table date reveals that Amarkantak PHC has three good performing parameters and 5 average performing parameters. Benibari PHC has 6 average performing and two poor performing parameters. In Bijuri PHC infrastructure, amenities and infection prevention practices are poor performing parameters. In Kothi PHC 7 parameters are average performing and only infection prevention practices is poor performing parameter. In Nigwani PHC NBCC is good performing and all the rest are average performing parameters.

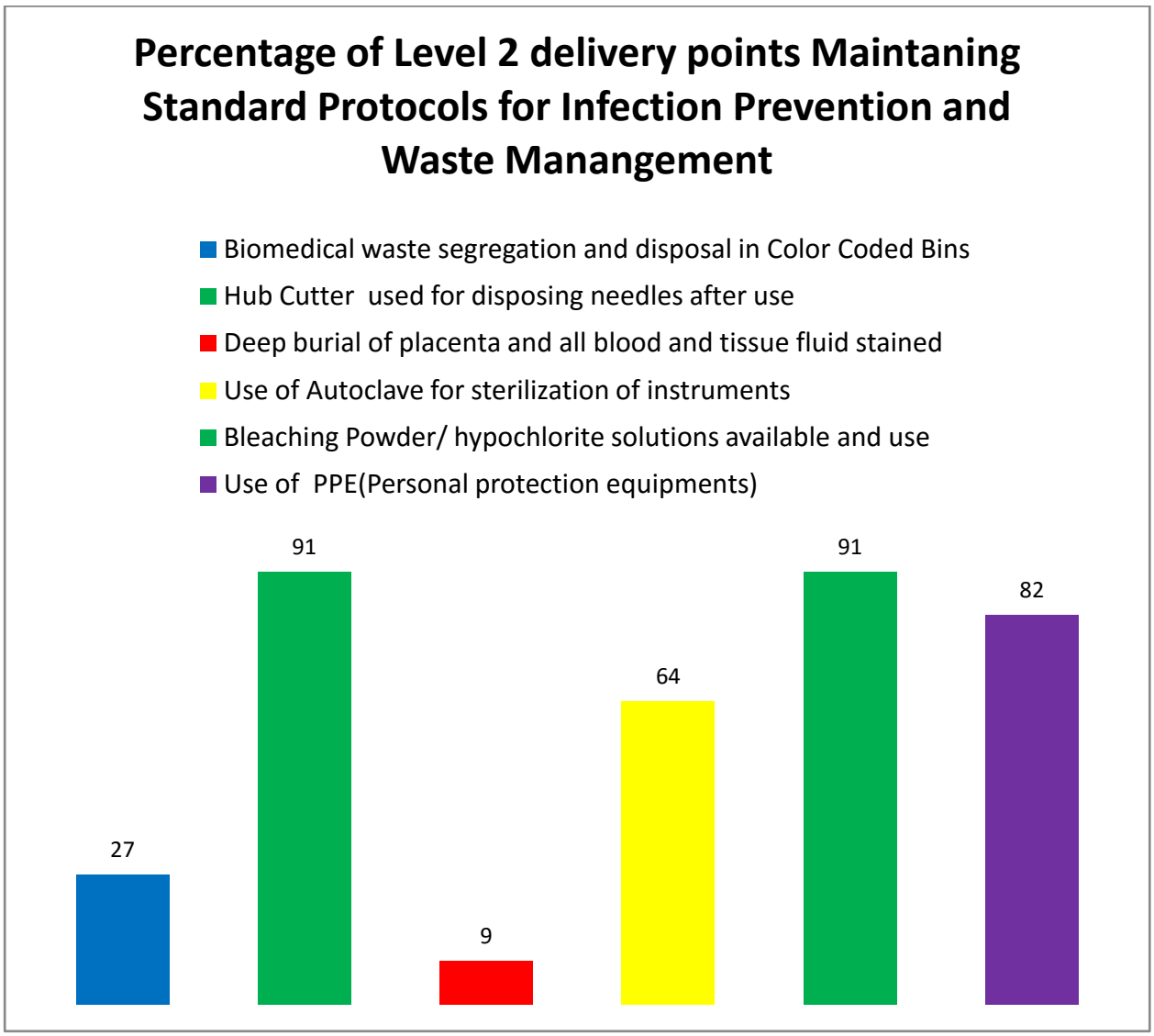

Figure 1: Percentage of adherence to infection prevention practices

Only at 27% level 2 delivery points biomedical waste segregation and disposal in color coded bins is judiciously maintained and only 9% delivery points are properly doing the deep burial of placenta and blood stained. Surprisingly only in 64% labor rooms staffs are using autoclave for sterilization of instruments**.**

1.10 Findings

There are two level 3 delivery points which includes One DH and one CHC and 11 level 2 delivery points which includes 6 CHCs and 5 PHCs. All the delivery points are assessed on the basis of 8 parameters that include HR strength, trained HR, infrastructure, equipments, amenities, consumables, NBCC and infection prevention practices.

. Anuppur District Hospital

1. Human resource and their training status: There is a shortage of gynecologist, Sonologist, pediatrician at the district hospital where as 100% human resource available in case of Sonologist, staff nurse, laboratory technician and sweeper. Both the gynecologists are CEMOC trained and all the staff nurses are SBA trained.

2. Infrastructure and other facilities: District hospital is functioning in a well conditioned government building. Round the clock (24*7) electric connections, functional power back up, water supply, security guards, ambulance are available. There is a separate 4 bedded labor room with attached clean toilet in the district hospital. For smooth functioning duty roaster is displayed in the maternity wing. District hospital is also facilitated with functional bold bank and internet connection**.**

3. Basic amenities: For effective functioning of the labor room most of the basic amenities like safe drinking water, curtain for maintaining privacy, separate telephone connection, slippers for both the service providers and beneficiaries, electric powered lamp, wall clock mackintosh sheet, Kelly' pad, stepping stool are available. 6 types of trays that are delivery tray, baby tray, episiotomy tray, medicine tray, PPIUCD tray and emergency drug tray are also present. But in maternity wing including labor room elbow operated tap was not found which a major gap for infection control is.

4. Equipments & consumables: During supervision it was found that labor room is well equipped with all the functional equipments and all the emergency consumables are available for effective service delivery.

5. New born care corner: It is located in one corner of the labor room and equipped with functional radiant wormer, newborn digital weighing scale, warming lamp, Ambu bag and mask, nasal gastric tube etc.

6. Infection prevention practices: Hub cutter is used for disposal of needle. Instruments are sterilized in autoclave and staffs also use personal protective equipments like mask, gloves, apron when required. But bio medical waste segregation and deep burial of placenta, blood and tissue fluid are nit maintained judiciously which is a matter of serious attention.

Pusprajgarh CHC (FRU)

It is located in Pusprajgarh block surrounded with hilly areas, dense forest and scattered tribal population. Although it is designated as a level 3 delivery points, still it is not fully functional due to some gaps found during facility visit. This is adversely affecting the health care delivery system of Anuppur District.

1. Human resource and their training status: There is a chronic shortage of manpower in Pusprajgarh CHC. This facility does not have any gynecologist, Anesthetist or Pediatrician and lady medical officer position is vacant. Other supportive staffs like staff nurse, lab technician are available as per the sanctioned post. 90% staff nurse are SBA trained.

2. Infrastructure and other facilities: This facility is running in a well conditioned government building with round the clock water and electric facilities. There are two ambulances for transportation of beneficiaries. Non functional blood storage unit is a major drawback here.

3. Basic amenities: Most of the basic amenities are available in the maternity wing. But elbow operated tap, electric powered lamp and wall clock are not functional.

4. Equipments & consumables: Cent percent equipments and consumables are available in Pusprajgarh CHC.

5. New born care corner: It is located in one corner of the labor room and equipped with all the functional basic amenities.

6. Infection prevention practices: Bio medical waste segregation and deep burial of placenta, all blood and tissue fluid stained are not judiciously maintained.

Level 2 CHCs

Only at Kotma CHC 100% HR are available. Jaitahari, Venkatnagar, Karpa and parasi CHC have 100% trained HR. About 92% infrastructure is maintained at Karpa CHC and the other CHCs are averagely maintained. Availability of amenities is average in all the facilities which should be improved. 1005 equipments are available at Parasi and Funga CHC. 100% consumables is not available at any facilities. Funga CHC has 100% functional NBCC and at Kotma and Venkatnagar CHCs NBCC is only 63% functional. Infection prevention control is poorly followed in 5 CHCs except Jaitahari CHC.

About 91% HR available at Amarkantak and Bijuri PHCs and 100% trained HR is available only at Bijuri PHC. Infrastructure is poorly maintained at Benibari and Bijuri PHC. 100% amenities, equipments and consumables is not available at any PHC.NBCC at Nigwani PHC is 91% functional and at Amarkantak and Bijuri PHC 73% functional and at Benibari and Kothi PHC it is 825 functional. Infection prevention control is poorly followed at Benibari, Bijuri and Kothi PHCs.

1.11 Conclusion

The study was aimed to assess gaps of labor room in level 2 and level 3 delivery points in Anuppur district, Madhya Pradesh. There are some gaps in each and every delivery point. Hence, there is a need to improve the availabilities of human resources as well as need to equip the delivery points with better facilities, which will ultimately advance the quality of care & the outcomes.

1.12 References:

[1] 'Assessment of Labour Room in Tripura 2015: Regional Resource Centre for Northeastern States (A branch of NHSRC) by *Dr. A.C. Baishya, Dr. Joydeep Das, Dr. Hitesh Deka, Mr. Bhaswat Kumar Das, Mr. Arindam Saha*

[2] Assessment of health care facilities for maternal and child health care at Bal Mahila chikitsalyas in Lucknow district, India by *Krishna Kumar Sahu , M K Manar and S K Singh*.
Available at: International Journal of Biomedical And Advance Research ISSN: 2229-3809 (Online) Journal DOI:10.7439/ijbar CODEN:IJBABN

[3] MNH Toolkit

1.13. Annexure:

Gap analysis of labor room at level 2 and level 3 delivery points in Anuppur district, Madhya Pradesh

Instruction Manual for checklist:

- Ask the questions in their language.
- Training status: Doctor- BEMOC training
  Staff nurse/ANM- SBA training
- Basic amenities- S No8: Sterilization of room- with 0.5% bleaching solution

Checklist for gap assessment of level 2 Delivery Point:

District Name:	Respondent Name:
Block Name:	Designation of the respondent:
Facility Name:	Phone number:
Facility Type: :	Interviewee signature:
Facility In charge:	Date of visit:

Mark Tick "√" for availability and mark cross "×" for unavailability.

Human Resource Availability & training status:

S No	Category	Sanctioned position	In position	Training status
1	Medical Officer			
2	Staff Nurse/ANM			
3	Lab technician			Not desired
4	Sweeper			Not desired

Infrastructure:

S No	Infrastructure availability	Available	Unavailable
1	Functioning in Government building		
2	Building in good physical condition		
3	24 X 7 water supply available		
4	Functional electricity connection available		
5	Functional power back up available		
6	Separate delivery/labor room available		
7	clean toilets attached to labor room for beneficiaries		
	Other facilities available		
8	Security guard Available 24*7		
9	Functional ambulance for transportation of beneficiaries		
10	Internet connectivity for computers		
11	Fire extinguisher		
12	Display of Duty roasters in maternity ward		

Basic amenities:

S No	Amenities available	Available	Unavailable
1	Safe drinking water		
2	Curtains to ensure privacy		
3	Installation of Geyser for maternity wing		

4	Separate telephone connection for Maternity Wing		
5	Availability of elbow operated taps		
6	Soap for Hand washing		
7	Slippers for service providers		
8	Regular sterilization of room		
9	Functional electricity powered lamp		
10	Functional Wall clock		
11	Display of Protocol posters according to MNH toolkit		
12	No of Labor tables according to delivery load		
13	Labor table with Mackintosh sheet		
14	Kelly pads		
15	Stepping stool		
16	Delivery Set available		
17	Episiotomy Set Tray available		
18	Baby Tray available		
19	Medicine Tray available		
20	Emergency Drug Tray		
21	PPIUCD Tray		

Functional Equipments availability:

S No	Name of the equipments	Available	Unavailable
1	Artery forceps		
2	Sponge holding forceps		
3	Allis forceps		
4	Toothed forceps		

5	Episiotomy scissor		
6	Oxygen cylinder with regulator		
7	Adult stethoscope		
8	Blood Pressure machine		
9	Color coded bins		
10	D & C Set		
11	IV Stand		
12	Urinary catheter		
13	Speculum		
14	Thermometer		
15	Lamp /Torch		
16	Partograph chart		
17	Disposable delivery kits		

Consumables available:

S No	Name of the Consumables	Available	Unavailable
1	Injection Oxytocin		
2	Tablet Misoprostol		
3	Injection Magnesium Sulphate		
4	Ringer Lactate		
5	Normal Saline		
6	Injection Gentamycin		
7	Injection Betamethasone		
8	Tablet Metronidazole		
9	Capsule Ampicillin		
10	Vitamin K		
11	Injection Xylocaine 2%		
12	Antiseptic lotion		
13	Tablet Paracetamol		
14	Tablet Ibuprofen		
15	Injection Hydralazine		

16	HIV Kits		
17	Nevirapine Syrup and Tablet		

Amenities available in the new born corner:

S No	Name of the Amenities	Available	Unavailable
1	Located in the labor room		
2	Functional radiant warmer		
3	Self-inflating bag and mask (size 0)		
4	Self-inflating bag and mask (size 1)		
5	Mucus extractor with suction tube		
6	Oxygen hood (neonatal)		
7	Warming lamp with 200W bulb		
8	Laryngoscope (neonatal)		
9	Newborn digital weighing scale		
10	Neonatal resuscitation kit		
11	Nasogastric tube		

Infection Prevention and Waste Management:

S No	Standard Protocols	Available	Unavailable
1	Biomedical waste segregation and disposal in Color Coded Bins		
2	Hub Cutter used for disposing needles after use		
3	Deep burial of placenta and all blood and tissue fluid stained		
4	Use of Autoclave for sterilization of instruments		
5	Bleaching Powder/ hypochlorite solutions available and use		
6	Use of PPE(Personal protection equipments)		

Checklist for gap assessment of level 3 Delivery Point:

District Name:	Respondent Name:
Block Name:	Designation of the respondent:
Facility Name:	Phone number:
Facility Type: :	Interviewee signature:
Facility In charge:	Date of visit:

Mark Tick "√" for availability and mark cross "×" for unavailability.

Human Resource Availability & training status:

S No	Category	Sanctioned position	In position	Training status
1	Gynecologist			
2	Anesthesiologist			
3	Pediatrician			
4	Medical Officer			
5	Sonologist			
6	Staff Nurse			
7	ANM			
7	Lab technician			Not desired
8	Sweeper			Not desired

Infrastructure:

S No	Infrastructure availability	Yes	No
1	Functioning in Government building		
2	Building in good physical condition		
3	24 X 7 water supply available		
4	Functional electricity connection available		
5	Functional power back up available		
6	Separate delivery/labor room available		
7	clean toilets attached to labor room for beneficiaries		

	Other Facilities	Yes	No
8	Functional blood storage unit		
9	Security guard Available 24*7		
10	Functional ambulance for transportation of beneficiaries		
11	Internet connectivity for computers		
12	Fire extinguisher		

13	Display of Duty roasters in maternity ward		

Basic amenities:

S No	Amenities available	Yes	No
1	Safe drinking water		
2	Curtains to ensure privacy		
3	Installation of Geyser for maternity wing		
4	Separate telephone connection for Maternity Wing		
5	Availability of elbow operated taps		
6	Soap for Hand washing		
7	Slippers for service providers		
8	Regular sterilization of room		
9	Functional electricity powered lamp		
10	Functional Wall clock		
11	Display of Protocol posters according to MNH toolkit		
12	No of Labor tables according to delivery load		
13	Labor table with Mackintosh sheet		
14	Kelly pads		
15	Stepping stool		
16	Delivery Set available		
17	Episiotomy Set Tray available		
18	Baby Tray available		
19	Medicine Tray available		
20	Emergency Drug Tray		
21	PPIUCD Tray		

Functional Equipments availability:

S No	Name of the equipments	Yes	No
1	Artery forceps		
2	Sponge holding forceps		
3	Allis forceps		
4	Toothed forceps		
5	Episiotomy scissor		
6	Oxygen cylinder with regulator		
7	Adult stethoscope		
8	Blood Pressure machine		
9	Color coded bins		
10	D & C Set		
11	IV Stand		
12	Urinary catheter		
13	Speculum		
14	Thermometer		
15	Lamp /Torch		
16	Partograph chart		
17	Disposable delivery kits		

Consumables available:

S No	Name of the Consumables	Yes	No
1	Injection Oxytocin		
2	Tablet Misoprostol		
3	Injection Magnesium Sulphate		
4	Ringer Lactate		
5	Normal Saline		
6	Injection Gentamycin		

7	Injection Betamethasone		
8	Tablet Metronidazole		
9	Capsule Ampicillin		
10	Vitamin K		
11	Injection Xylocaine 2%		
12	Antiseptic lotion		
13	Tablet Paracetamol		
14	Tablet Ibuprofen		
15	Injection Hydralazine		
16	HIV Kits		
17	Nevirapine Syrup and Tablet		

Amenities available in the new born corner:

S No	Name of the Amenities	Yes	No
1	Located in the labor room		
2	Functional radiant warmer		
3	Self-inflating bag and mask (size 0)		
4	Self-inflating bag and mask (size 1)		
5	Mucus extractor with suction tube		
6	Oxygen hood (neonatal)		
7	Warming lamp with 200W bulb		
8	Laryngoscope (neonatal)		
9	Newborn digital weighing scale		
10	Neonatal resuscitation kit		
11	Nasogastric tube		

Infection Prevention and Waste Management:

S No	Standard Protocols	Yes	No
1	Biomedical waste segregation and disposal in Color Coded Bins		
2	Hub Cutter used for disposing needles after use		
3	Deep burial of placenta and all blood and tissue fluid stained		
4	Use of Autoclave for sterilization of instruments		
5	Bleaching Powder/ hypochlorite solutions available and use		
6	Use of PPE		