Summer Training at

State Institute of Health and Family Welfare Haryana, Panchkula
(April 1–May 31, 2014)

To Assess the Impact of Training of ASHA Workers Trained Under HBPNC (Home Based Post Natal Care) on Neonates.

By
Neha Sharma

Under the guidance of
Dr. Goutam Sadhu

MBA- Hospital & Health Management (MBA-HM)
2013-2015

The IIHMR University, Jaipur
2014

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CERTIFICATE

This is to certify that Dr. Neha Sharma has completed the summer training at **State Institute of Health and Family Welfare (SIHFW), Haryana** from 1.04.2014 to 31.05.2014 and has conducted the following projects under my personal guidance and supervision. All the data related to the study is the first hand data collected by her.

Projects:

1. A study to assess the impact if training of ASHA trained under HBPNC on neonates in Ambala district of Haryana.
2. A report on evaluation of PHC, Kot (according to the IPHS guidelines).
3. A report on evaluation of Sub-centre, Ramgarh (according to the IPHS guidelines).
4. An observation-based report on District hospital, Panchkula.

Her approach to the project has been sincere, scientific and analytical. This work is partial fulfillment to the course requirements, recommended for the Post Graduate Diploma in Hospital and Health with specialization in Health Management.

I wish her all the success in future endeavors.

Col. (Dr.) Ashok Kaushik
Dean (Academic & Students Affairs)
IIHMR, Jaipur

Dr.Goutam Sadhu
Dean (Rural Management)
IIHMR, Jaipur

STATE INSTITUTE OF HEALTH & FAMILY WELFARE,
HARYANA

Attendance Certificate

This is to certify that **Dr. Neha Sharma**, PGDHM (Health) student from IIHMR Jaipur, did her summer training under State Institute of Health & Family Welfare, Haryana from **1st April 2014** to **31st May 2014.**

The student availed leave(s) on the following date(s):

13th May, 2014 (half day)

Dr Puneet Gupta
Consultant (Training)

SIHFW Haryana

Dated: 31/5/2014

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Acknowledgement

At the beginning of the report I would like to express my special gratitude and appreciation Dr. Rakesh Gupta, Commissioner FD & Mission Director (NHM) Haryana for allowing me to pursue my summer internship from State Institute of Health and Family Welfare (SIHFW), Haryana.

I would also like to acknowledge with much appreciation the crucial role of Dr. Usha Gupta, Principal (SIHFW) during the internship period for her timely guidance, monitoring and words of encouragement. This acknowledgement note would be not be complete without special thanks to Dr. Puneet Gupta, Consultant –Training (SIHFW) who despite of other pre-occupations and busy schedule was there to guide me throughout the period and whose stimulating suggestions and encouragement helped me complete my training and Dr.Arpita Kapoor, Dr Kamna Goel (Faculty)for their support

I would like to thank all the consultants in various departments and other staff members at SIHFW, Panchkula for being so helpful all the time and making this summer training project an unforgettable experience.

I would also like to extend my gratitude towards Dr. Neelam Dogra, Dy. Civil Surgeon, NRHM (Ambala), Mr.Tarandeep, District ASHA coordinator for their coordination and support throughout the field work.

I express my gratitude and respectful regards to my mentor (Dr.) Goutam Sadhu, Dean – (Rural Health management), Institute of Health Management Research, Jaipur, for his able guidance and useful suggestions, which helped me in completing the project-work.

I would also like to thank my institution and faculty members without whom this project would have been a distant reality. My colleagues, Dr. Sakshi, Dr. Rohit, Dr.Vidhi and Dr. Amita also hold a special mention here for supporting me throughout the summer internship training and making it a great learning experience.

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

Dr. Neha Sharma
PGDHM-18
IIHMR, Jaipur

PREFACE

Summer internship is an integral part of the PGDHM currriculum.As a part of the course;students of the first year are required to undergo summer training at an organization to get in depth exposure of various departments in the organization to get a better understanding of the health care delivery system.

The major objectives of the summer training programs are as follows:

1) To better understand the existing health delivery system including public and private sectors.
2) To observe the implementation of various National Health Programmes at National/State/District levels.
3) To understand various functions of health systems by interactions with key stakeholders, policy makers, programme managers,academicians and researchers
4) To work on the project/task assigned by summer training organizations.

During my training period I had an overview of various programmes undertaken in State Institute of Health and Family Welfare,Panchkula, including the current status of the programmes. I also carried out a small study impact of training of ASHA workers trained under Home based postnatal care (HBPNC) on neonates.

I also had the opportunity to visit and assess services and infrastructure at District Hospital-Panchkula, Primary Health Centre-Kot and Sub-Centre-Ramgarh

ABBREVIATIONS

ANMTC	Auxiliary Nurse Mid-Wife Training Centre
ASHA	Accredited Social Health Activist
BEE	Block Extension Educator
CTI	Collaborating Training Institute
CTP	Comprehensive Training Plan
DLHS	District Level Household Survey
DPM	District Program Manager
E-PDC	E-Learning Professional Development Course
E-PMSU	E-Learning Program Management Support Unit
F-IMNCI	Facility Based Integrated Management Of Neonatal And Childhood Illness
HBPNC	Home Based Post Natal Care
IMNCI	Integrated Management Of Neonatal And Childhood Illness
IMR	Infant mortality rate
ISBY	Indira Bal Swasthya Yojna
JSY	Janani suraksha yojana
MDG	Millennium Development Goal
MPWTC	Multi-Purpose Health Worker Training Centre
NFHS	National Family Health survey
NGO	*Non-Governmental Organization*
NHSRC	National Health System Resource Centre
NIHFW	National Institute Of Health And Family Welfare
NMR	Neonatal mortality rate
NRHM	National Rural Health Mission
PNC	Post natal care
NSSK	Navjaat Shishu Suraksha Karyakram
OTA	Operation Theatre Assistant
OTN	Operation Theatre Nurse
PPIUD	Post-Partum Intra Uterine Contraceptive Device
SNCU	Special Newborn Care Unit
WHO	World Health Organization
SIHFW	State Institute Of Health And Family Welfare

ABOUT SIHFW

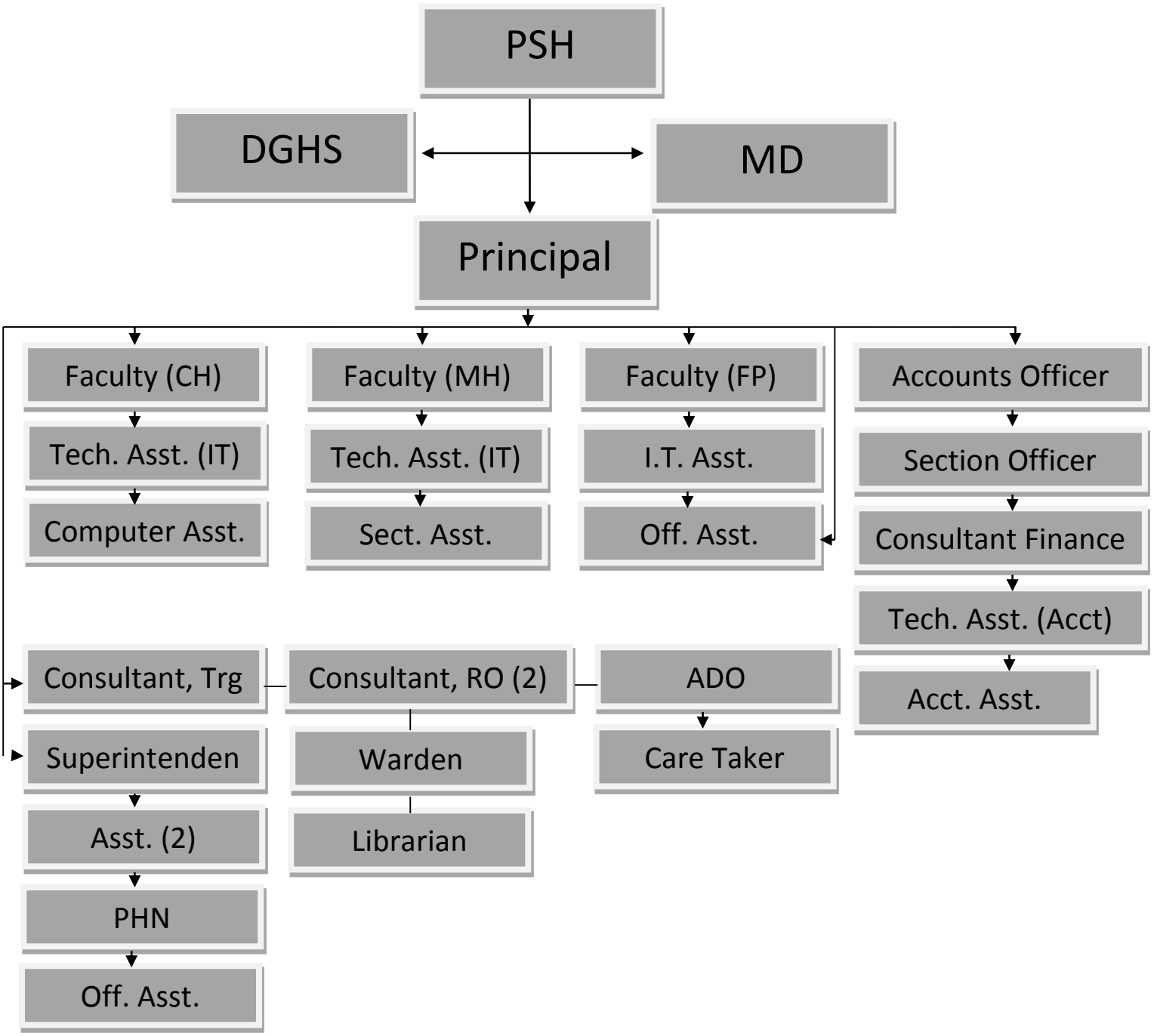
SIHFW, Haryana was established in 1992 and is the apex training institute of Department of Health & Family Welfare, Haryana. Since its inception, SIHFW has been envisaged as state level institution for improving the effectiveness of health care delivery system by imparting knowledge and skill based trainings to the medical and Para-medical health personnel at different levels.

- Apex Training Institute - The institute provides umbrella support to the following training institutions in the state:

Training Institute	Number	Location
Medical College	2(Gov.) + 2 (Pvt)	Rohtak, Hisar, Ambala & Sonepat
State Level Public health training institutes	1	Gurgaon (HIPA)
Regional Institute of Health and Family Welfare	1	Rohtak
DTCs	21	One in each district headquarter
Nursing Training Centre (GNMTC)	3 (Gov.) + 38 (Pvt)	Bhiwani, Hisar, Karnal.
MHPW(F)Training Centre (ANMTC)	8 (Gov.) + 35 (Pvt)	Ambala, Rohtak, Narnaul, Faridabad, Gurgaon, Sirsa, Bhiwani, Mewat.
MPWTC	**2**	Sonepat, Rohtak

The Institute has active collaboration with various other institutes of national repute like PGI Chandigarh, All India Institute of Medical Sciences (AIIMS), Jawaharlal Nehru University (JNU), Haryana Institute of Public Administration (HIPA), Accounts Training Institute (ATI), Public Health Foundation of India (PHFI), IIHMR, Jaipur for sourcing faculties and sharing experiences etc. NIHFW and NHSRC have always been a source of inspiration for all the training, monitoring and evaluation activities and are guiding force in execution at all levels.

ORGANOGRAM OF THE INSTITUTE:



VISION OF SIHFW:

"THE VISION OF THE INSTITUTE IS TO DEVELOP, UPDATE AND REFRESH THE KNOWLEDGE AND SKILLS OF THE HEALTH CARE PERSONNEL IN THE STATE BY PROVIDING QUALITY TRAININGS AT STATE LEVEL AND ENSURING STANDARDIZED TRAININGS AT DISTRICT LEVEL FOLLOWING THE TRAINING NEEDS ASSESSMENT WITH CONTINUAL IMPROVEMENT"

SIHFW as a Society

To effectively monitor and systematically manage the training and infrastructure activities of the Institute, an effective accounting system – to process all aspects of the institute's financial performance and facilitate appropriate strategic decisions about the future has been developed and the Society was formally registered with the Registrar of Societies, Panchkula on November 11, 2010 in the name "Swasthya Prashikshan Kendra, Panchkula".

The Society functions and operates under the privileged guidance of the honorable Principal Secretary, Govt. of Haryana, Health, Medical Education & Ayurveda, who is the Chairman of its Governing Body. The Mission Director, NRHM is the Chairman of the Executive Committee. During this year, one Governing Body meetings and one Executive Committee meetings have been held in the FY 2012-13.

SIHFW as Collaborating Training Institute (CTI)

Collaborating Training Institutes (CTIs) were identified out of various State training institutes by NIHFW to achieve the goal of Comprehensive Training Plan (CTP). SIHFW, Haryana was recognized as CTI in year 2005 and is also supporting UT Chandigarh and State of J&K in implementing their CTPs apart from Haryana. SIHFW Haryana provides trainings to the health personnel on the basis of nominations received and also share pool of master trainers so as to impart trainings in their respective States. Under CTI scheme, NIHFW provides financial assistance to help the States in achieving CTP targets. Human resource is recruited as per the ToRs devised by NIHFW. SIHFW Haryana has recently recruited 1-Consultant Finance, 3 Consultant ROs and 4-Technical Assistants under CTI scheme. SIHFW received funds amounting ` 2,862,820 from NIHFW during the FY 2012-13 and has spent ` 2,618,429 till March, 2013.

Curing Clubfoot Pilot Project

SIHFW has taken the initiative to run a project on pilot basis at GH, Sector-6, Panchkula for which infrastructure and human resource will be generated.

In this context, a seminar was organized by SIHFW in which Orthopedic Surgeons from Haryana and UT Chandigarh and Dy. Civil Surgeon (IBSY & School Health Programme) of State Haryana were sensitized about Clubfoot. The Seminar was conducted under the chairmanship of Dr. N.K. Arora, Director General Health Services, and Haryana. Dr. P.N. Gupta from GMCH-32, Chandigarh and Dr. Nirmal Raj from PGIMER, Chandigarh were the trainer/faculty for the seminar. The seminar was attended by 29 Orthopedic Surgeons, 14 Dy. Civil Surgeons and 2 Consultants from NRHM & SIHFW. PGIMER, Chandigarh were the trainer/faculty for the seminar. The seminar was attended by 29 Orthopedic Surgeons, 14 Dy. Civil Surgeons and 2 Consultants from NRHM & SIHFW.

Assessment of ANMTC/GNMTC of the State

The biggest challenge for the provision of health care services is the acute shortage of health personnel and disproportionate skill mix of the existing staff. Adequate knowledge and skills of ANMs and Staff Nurses working in the public as well as private sector facilities is one of the major bottlenecks in delivering quality RMNCH services particularly at primary and secondary level health facilities. In this regard, SIHFW take the responsibility to reform the pre-service education and midwifery in Haryana and conduct a baseline assessment/supportive supervision visit on 28th Feb 2013 at all Government and certain selected private ANMTC/GNMTC (25 and 22 respectively) to assess the basic knowledge and skills of final year students of ANM and GNM courses and the basic infrastructure and school management as per the performance standards provided by GoI.

After a thorough analysis of the data compiled, a detailed analysis of the same was done and various gaps were identified with respect to infrastructure, training material and knowledge/skills of students and the same were discussed in the meeting on 26th March, 2013 with the stakeholders under the chairmanship of Dr. Rakesh Gupta, Mission Director, NRHM. All the Principal Tutors (Govt +Pvt.) ANMTC/GNMTC of Haryana (approx.130) were called for the meeting. DGMER, DGHS-II, Country Head JHPIEGO were also present.

Training given by SIHFW:

Maternal Health Trainings:

Under Maternal Health Programme, following trainings are being imparted by SIHFW, Panchkula at State as well as at district level: -

Sr. No.	Name of Training	Duration of the training	Category of trainees	Participants per batch
1.	Skilled Birth Attendant	21 days	Staff Nurse ANMs	4/PB
2.	Emergency Obstetric Care	16 weeks	Medical Officers	8 P/B
3.	Life Saving Anesthesia Skil	18 weeks	Medical Officers	4 P/B
4.	Basic Emergency Obstetric Care + PPIUD	10 days	Medical Officers	5 P/B
5.	Medical Termination of Pregnancy	12 days	Medical Officers	3 P/B
6.	RTI/STI	2 days	Medical Officers, Lab Technicians Staff Nurses	30 P/B

Child Health Trainings:

Following trainings are being imparted under Child Health Programme: -

Sr. No.	Name of Training	Duration of the training	Category of trainees	Participants per batch
1.	F-IMNCI	11 days	Medical Officers	16 P/B
2.	F-IMNCI	5 days	Medical Officers trained in IMNCI	16 P/B
3.	NSSK	2 days	Medical Officers, Staff Nurses & ANMs	32 P/B
4.	IMNCI	8 days	ANMs	25 P/B
5.	HBPNC Supervisory Training	2 days	Medical Officers, DPM, ANM, BEE	30 P/B
6.	HBPNC Software Training	1 days	Information Assistants	20 P/B
7.	HBPNC BTF	2 days	Medical Officers, Staff Nurses, LHVs	25 P/B
8.	Yashoda Supervisory Training	4 days	Yashoda, Yashoda Supervisor, SNCU Counselor	5-14 P/B

Family Planning Trainings

Following trainings are being imparted under Family Planning Programme: -

Sr. No.	Name of Training	Duration of the training	Category of trainees	Participants per batch
1.	Laparoscopic Sterilization	12 days	Medical Officers OTA, OTN	3 P/B
2.	Non Scalpel Vasectomy	5 days	Medical Officers	4 P/B
3.	Alternative Training Methodology in IUCD	6 days	Medical Officer, Staff Nurses & ANMs	10 P/B
4.	Post-Partum IUD	10 days	Medical Officers	5 P/B

MONITORING & EVALUATION

Monitoring & Evaluation is an important part of any program as it helps in calculating the outcome of the program as per the desired objective, but it is very important that the action taken for it should be evaluated in such a manner that all the pitfalls coming in the way of the success of that program should be cleared. Monitoring & Evaluation determines the relevance and fulfillment of objectives, as well as efficiency, effectiveness, impact and sustainability. They are as important as the other tools of the training. In continuation of the policy of the SIHFW keeping quality on top priority, institute has developed the different methods which are followed during the training and after the training to evaluate the entire schedule of training period, like session evaluation forms to assess the effectiveness of the training sessions, Pre & Post evaluation forms to assess the knowledge of the participants on first & last day of the training. While conducting evaluation test for sessions, the identity of the participants is concealed and is represented by a code.

Monitoring by Consultants & Faculty, SIHFW

With availability of human resource, it became possible to carry out regular monitoring of the trainings at district level. The institute with its well qualified Faculty members and Consultants ensure a thorough check of all the trainings as per the guidelines issued by GOI. M&E visits are done on regular basis by the committee comprising consultants & faculty up-to the peripheral parts of Haryana, for on the spot monitoring check to ensure the quality & effectiveness of training programs.

E-course and Distance Learning Course Contact Centre:

Haryana is one of the 8 states selected for the pilot course of the Professional Development Course (e-PDC) launched by NIHFW with the support of EU funded Institutional and Technical Strengthening (ITS)project. This course is meant for medical officers having an experience of more than 10 years to develop in them a sense of public health system, managerial skills and health communication.

Another course is E-learning Course for Program Managers in Program Management and Support Unit (PMSU) to strengthen public healthcare delivery system.

Apart from the above mentioned e-courses, SIHFW, Haryana also serves as a contact centre for 2 distance learning programs:

- Health And Family Welfare
- Hospital Administration

EXECTIVE SUMMARY

HBPNC programme was implemented in Haryana in 2012.Expected outcome from this package is delivery of newborn and maternal care at home , early initiation of breast feeding, BCG and Zero polio dose, recording birth weight, key messages on maternal and newborn care provided to mothers, identification of danger signs in newborn and mother and referral. The study covered Ambala district, Panchkula. It was a quantitative type of study. The design was cross sectional and altogether 71 Trained ASHA, 65 Untrained ASHA and 41 beneficiaries were interviewed and the criteria were including ASHA providing neonatal care up till 42 days and beneficiaries having newborn of up till 42 days. A structured questionnaire was used to assess the service provision to the beneficiaries. In depth interviews of service providers and beneficiaries were conducted to assess impact of training of ASHA trained under HBPNC on neonates.

The study was carried out in 48 villages in Ambala district. The report would discuss the impact of training of ASHA on neonates the main field findings were as follows:

It was identified from the study that implementation of HBPNC has greatly helped service providers in having better follow up of mothers and children for service delivery, but there is a need for regular mentoring and handholding of ASHAs for quality care.

Introduction:

1.1 million Neonates die every year in India. Major fraction of the infant and child deaths occur during the neonatal period. The National Population Policy aims at bringing down the infant mortality rate to < 30 per 1000 live births. Besides, India is also committed to achieve the Millennium Development Goal of reducing child mortality to two-thirds by 2015. Global estimates show that 23% of neonatal deaths are due to complications of asphyxia, 36% of neonatal deaths are due to sepsis and 26% result from Pneumonia. Pre-term births (27%) and congenital anomalies (7%) account for the remaining41% of neonatal deaths (Lancet neonatal survival series March 2005). Most maternal and Neonatal deaths in developing countries happen at home, beyond the reach of health facilities. India contributes about 1 million neonatal deaths to the global burden, and its neonatal Mortality is 43/1000 live births, a high rate that has not declined much in the recent past. The Gadchiroli study on Home-based Newborn Care (HBNC) (1993-98) conducted by SEARCH, an NGO in Maharashtra, was a major breakthrough towards finding a way to reduce the IMR in India. A comprehensive approach comprising essential care during pregnancy; assistance during delivery and immediate post-partum period, postnatal care &critical care for few sick newborn is needed to meet rising demand & tackle unaddressed newborn care challenges. NRHM includes comprehensive package of newborn &child health intervention for implementation, aim being a decisive breakthrough in neonatal, infant &child mortality. Strategy encompasses home, community facility level care to reflect continuum of care, providing basic care to newborn at home has been identified as critical intervention that help in preventing newborn death. However post natal care has not received adequate attention until recently &NFHS-3 records only a small percentage of women &child being visited by health worker during 1st month of life. As infant mortality rate is one of the grave problem faced by Haryana today, coveted steps are being taken to reduce infant mortality rate. Integrated management of neonatal &childhood illness is one amongst them &home based post natal care is one of the component if IMNCI, its aim is to reduce IMR by reducing neonatal mortality.to make its implementation effective HBPNC training is given to asha for 2+5 days. Home visits are made by asha on day 1,2-3,5-7,14-17,23-28,42-45 in case of home delivery.

Causes of Neonatal mortality:

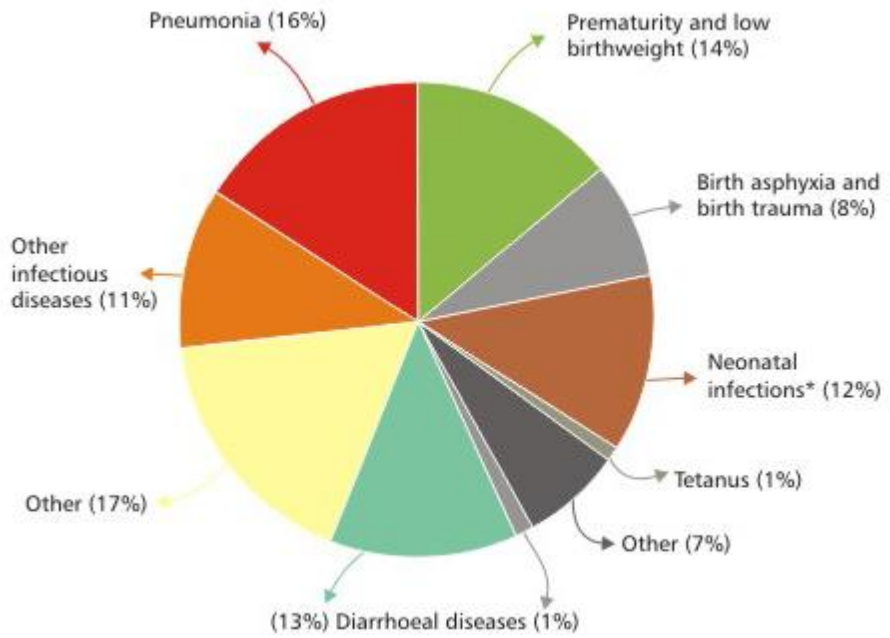


Figure 4: Causes of Neonatal and Child Mortality in India-

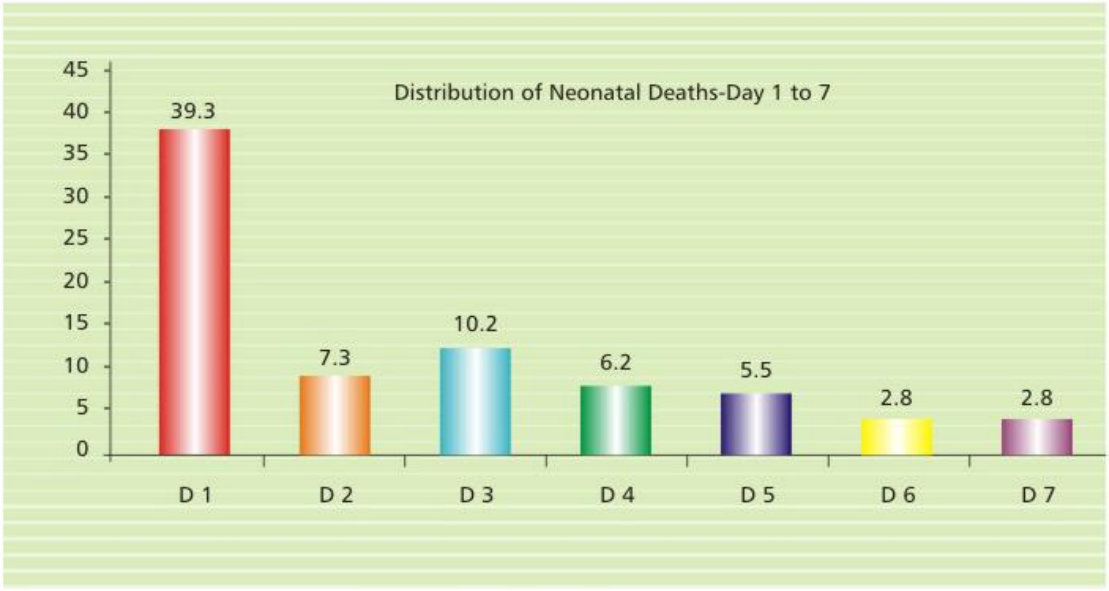


Figure 5b: Distribution of Newborn deaths in the first week of life

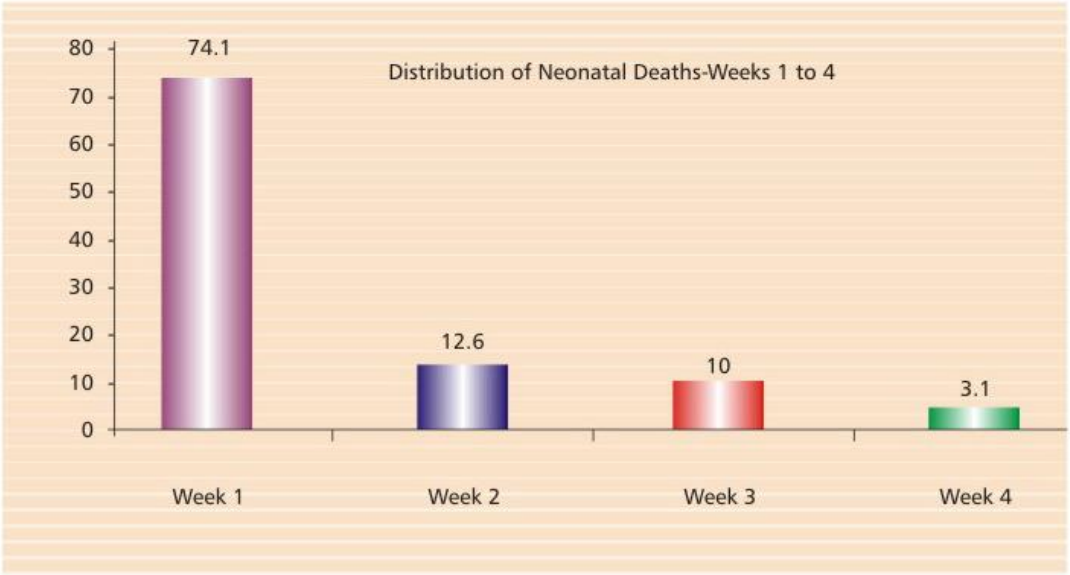


Figure 5a: Distribution of Newborn deaths in the first four weeks

Situational Analysis and Progress of Haryana:

1. HBPNC coverage is improving in state. 100887 newborn visited by ASHA during Sep12-Mar13 out of expected 388050*7/12= 226362 births in rural area (44% coverage).280787 newborn visited by ASHA during Apr 13-Mar 14 out of expected 388050 births in rural area (72% coverage). Coverage will be more in coming times as 1st/2nd round of Module 6, 7 training is also recently completed in the districts.
2. 798 newborns referred by ASHA in case of any danger sign/s out of 119531 cards of delivery Apr 12 to Mar 13(referral rate 0.6 %). 705 newborns referred by ASHA in case of any danger sign/s out of 120671 cards of delivery Apr 13 to Mar 14 (referral rate 0.6 %) . HBPNC online software rolled out in all 21 districts. HBPNC software is generating valuable data for the monitoring of programme which is regularly discussed during monthly/quarterly meeting of Civil Surgeons. 49282 cards uploaded in FY 12-13 out of 100887 newborns visited by ASHA(Uploading 49%) while in FY 13-14 cards uploaded out of 280787 newborns visited by ASHA till Mar 14 is 165816 (uploading 59 %).

HBPNC INDICATORS:

HBPNC Output Indicators		
Major Indicators	**Numerators**	**Denominators**
Percentage coverage of HBPNC services	**No of PNC card submitted**	**Total no of expected deliveries**
Neonatal Mortality Rate	**No. of Infants death of <29 days during the year**	**Total No. of reported live birth in PNC card**
Percentage of Still birth	**Total no of still birth**	**Total no of reported deliveries as per PNC card**
Percentage of Institutional delivery	**Total no of Institutional delivery**	**Total no of reported deliveries as per PNC card**
Percentage of home delivery	**Total no of Home delivery**	**Total no of reported deliveries as per PNC card**
Percentage of caesarean section deliveries performed	**Number of caesarean section deliveries performed**	**Total no of reported deliveries as per PNC card**

Review of literature:

Training is given to ASHA under HBPNC programme. Guidelines for training are given in module 6, 7.This training includes development of specific competencies in healthcare for mother &children.it also serve as reading material for asha. Training includes 20-24 days of residential training to impart skills.by the end of training asha will learn about role of an asha, activities expected of her, health outcomes that her work should result in, set of skills that she needs to be effective in, records that she has to maintain.4 million neonatal deaths &same no. of stillbirth occur globally .98%of them occur in developing countries.as per DLHS survey only 49.5% of mothers received checkup by health worker within 24 hrs. Of delivery in Haryana against 33%in Mewat.to fill the gap in provision of services at home, Haryana has adopted UNOPS-NIPI facilitated home based post natal care package. Outputs expected from asha are Number of newborns and mothers visited up to 6 times during 6 weeks after delivery. Number of Mothers counselled at home in basic newborn care, hygiene, breastfeeding and danger signs. Number of mothers and children with danger signs referred to hospital. % of newborns exclusively breastfed throughout first 6 weeks of life .In Gadchiroli district of India, Ankur project was started, under this project village health workers were introduced in 39 villages (there work was to provide health education to expectant & new mothers, support breast feeding, maintenance of body temperature in newborn& recognize danger signs in mothers &newborns). 62% reduction in neonatal mortality, 30% reduction in neonatal morbidity &27-40% reduction in maternal morbidity was the result of intervention.

Rationale:

Haryana state is facing a grave problem of high IMR, large portion of IMR is contributed by newborn deaths, out of total infant death two third are neonatal.1st month of life is very crucial &most deaths occur in this period only so a timely &proper care is needed during this period .ASHA forms a critical link between community & health system at grass root level .HBPNC package has been designed to provide post natal services to newborns &mothers at home. Training &capacity building is key to their effectiveness hence will reduce NMR. In case of institutional delivery, where the baby and mother are discharged after 48 hours according to current guidelines, it is expected that care for newborn during this period is provided in the institution. When the mother and baby return home, although the newborn has crossed the critical first day, there is still the remainder of the first week and month during which neonatal mortality could be as 54%, and for which care has to be provided. Any illness during this period could result in newborn dying at home, unless the baby is provided with appropriate care o

referred to a facility equipped to treat sick newborns. A significant proportion of mothers prefer to return home within few hours after delivery, which means that home based newborn care needs to be available even for such babies born in institutions to tide them over the first day and thereafter. Although this is not desirable and all efforts should be made to convince the mothers to stay in the institutions for the first 48 hours, existing evidence shows that while at an all India level 45% of mothers return home before 48 hours. Despite the impressive increases in institutional deliveries there is a persistence of home deliveries ranging from between 25% to 50% across the states. For such deliveries, home based newborn care, is essential even on the first day. There is evidence that many home deliveries are not conducted by skilled birth attendant, particularly in underserved areas, and among the marginalized. The strategy of universal access to home based newborn care must necessarily complement the strategy of institutional delivery to achieve a significant reduction in postpartum and neonatal mortality and morbidity. Even in institutional deliveries, the quality and access to skilled care during the critical period of birth, immediately after birth and on the first day should be ensured, to ensure positive health outcomes .HBNC also needs the ready access and backing from sick newborn care units and new born stabilization units that are well staffed, well equipped and are functioning effectively.

Objectives of study:

General objective:

To assess knowledge of Asha (trained& untrained) in HBPNC.

To assess skills of Asha (trained &untrained) in HBPNC.

Specific objective:

To study impact of training on neonatal care.

Methodology:

Area: DISTRICT AMBALA (HARYANA)

Study Design: Cross sectional comparative study.

Study Period: 24th April to 9th may

Respondents: ASHA workers, Beneficiaries.

Sample Size: 71 Trained ASHA, 71Untrained ASHA

Sampling technique: Convenience Sampling

Data collection tool: checklist, Interview Schedule

Pretesting: Majri, Panchkula

Technique: observation, Face to Face interview

Inclusion criteria: ASHA workers trained for HBPNC, recently trained/non Trained Asha workers.

Exclusion criteria: Any other health worker apart from ASHA.

Variables:

Independent variable: Training of ASHA.

Dependent variable: knowledge &skill of ASHA worker.

Ethical consideration: Informed consent will be taken both from ASHA & beneficiaries before filling of form. Confidentiality will be maintained.

Findings:

Knowledge:

1. **Exclusive Breast Feeding**

Fig.1

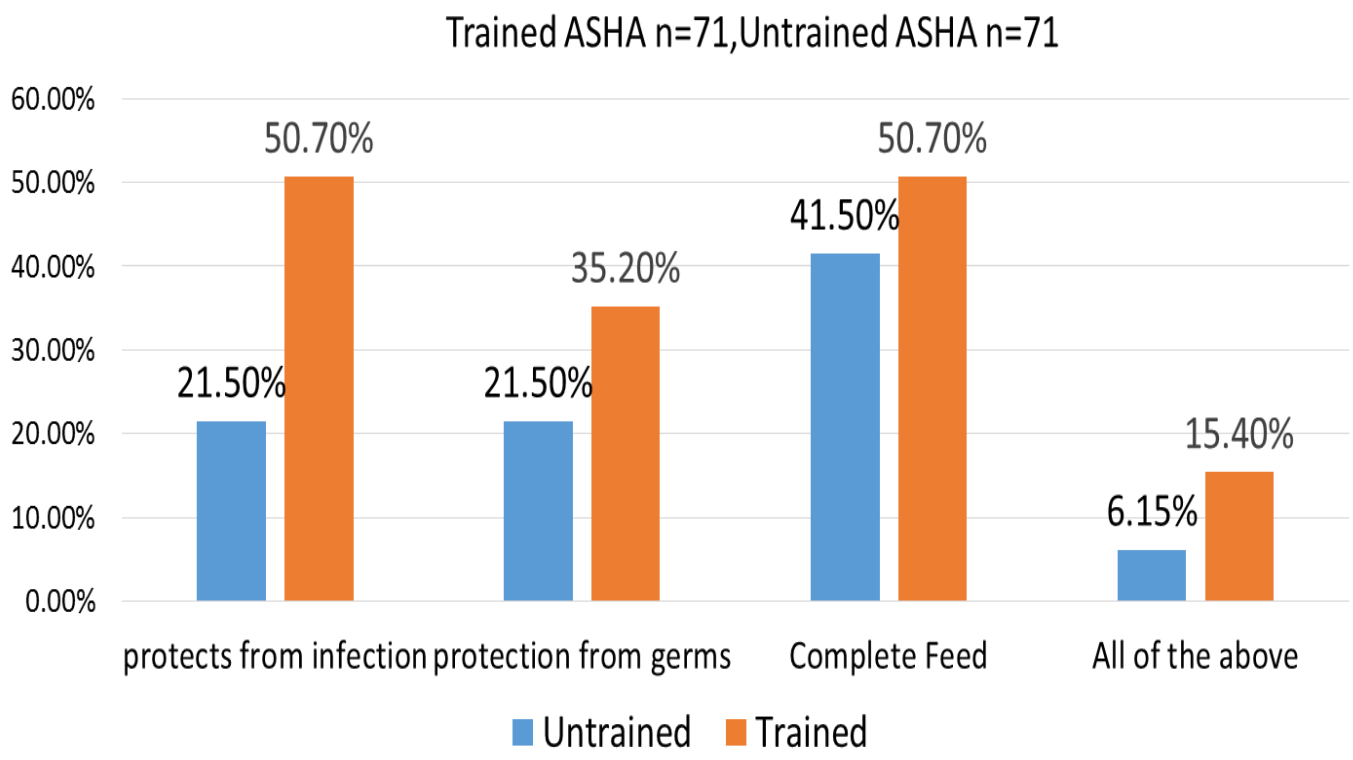


Fig.1 depicts that more than half (51%) of the trained ASHAs have knowledge regarding protection from infection whereas 2 out of 5 has a knowledge amongst untrained ASHA.

Above fig. predicts that more than 1/3rd of trained ASHAs have knowledge regarding protection from germs and more than half have knowledge regarding complete feed whereas only 2 out of 5 amongst untrained ASHAs have knowledge regarding protection from germs and 41% amongst untrained ASHA have knowledge regarding complete feed.

Overall one can say that trained ASHAs have knowledge 9% more than untrained ASHAs.

2. Identification of Signs of sepsis:

Fig.2

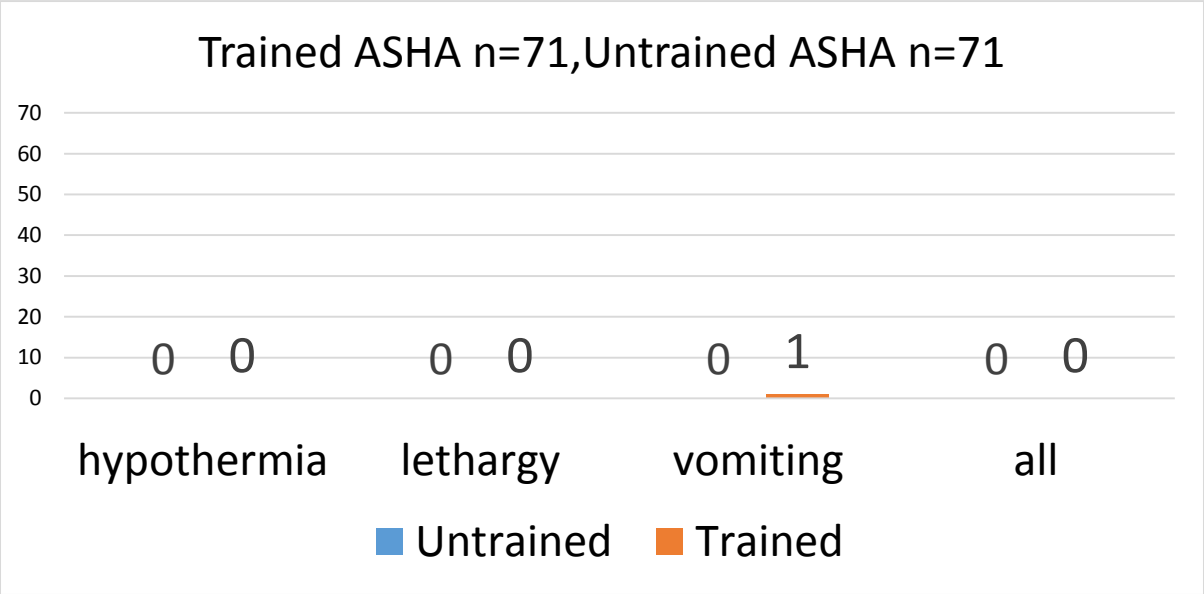


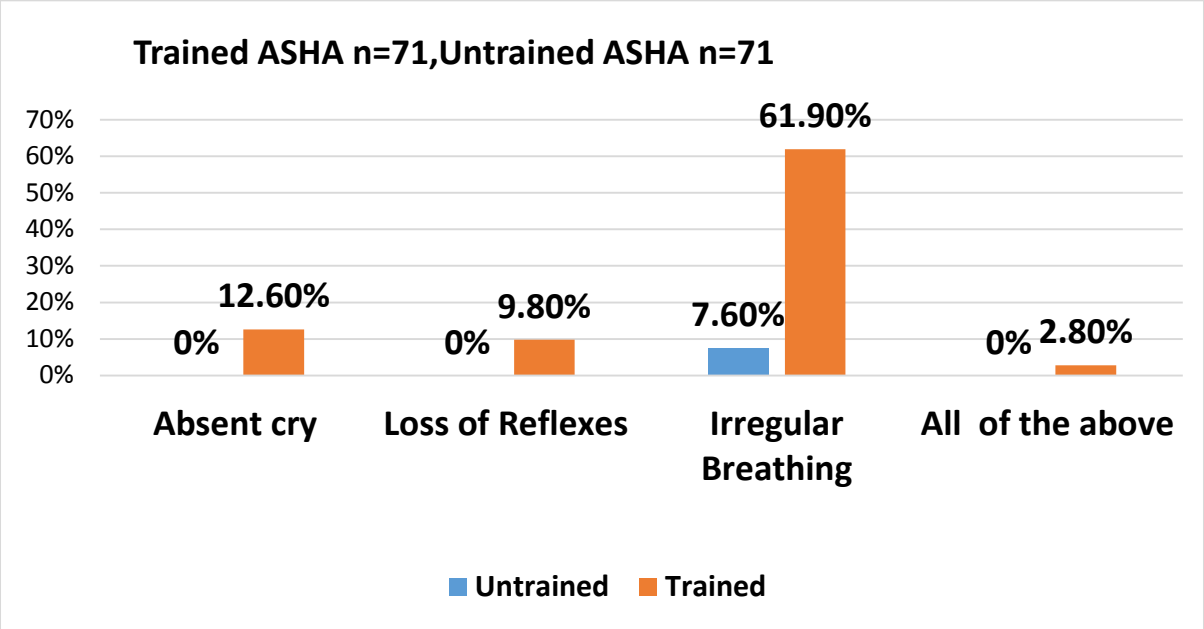
Fig.2 clearly states that only 1 out of 71 trained ASHA has knowledge regarding the symptom vomiting and no untrained ASHA is aware about the concept of sepsis.

Overall knowledge regarding the concept is zero in both trained and untrained ASHAs.

3. Identification of Signs of Asphyxia

Fig.3 reflects that 13% of trained ASHAs have knowledge regarding absent cry and 10% of them have knowledge regarding loss of reflexes whereas untrained ASHA has no knowledge regarding the same.

Fig.3



4. Identification of sign that baby is not getting enough milk

Fig.4

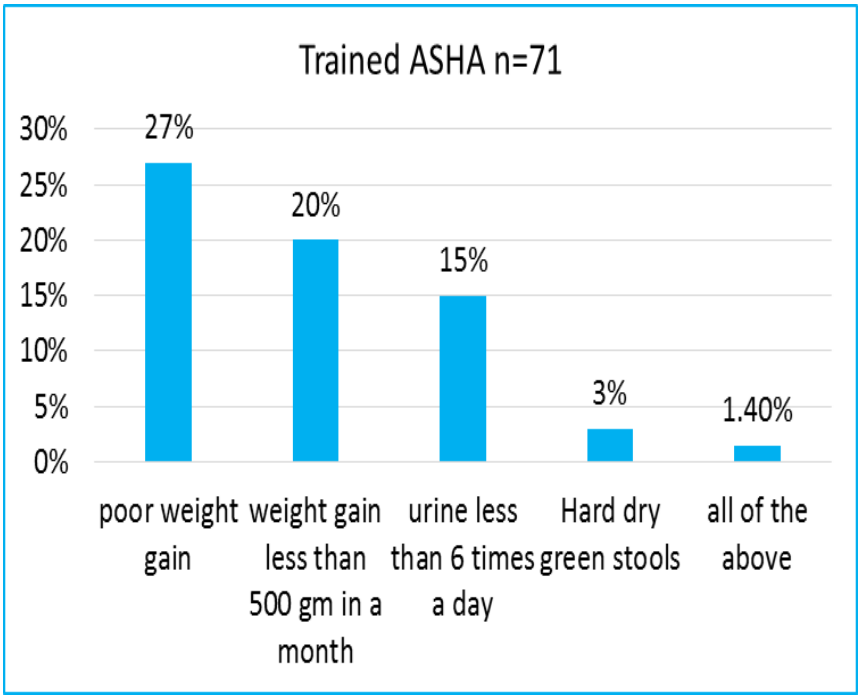


Fig.5
Untrained ASHA n=71

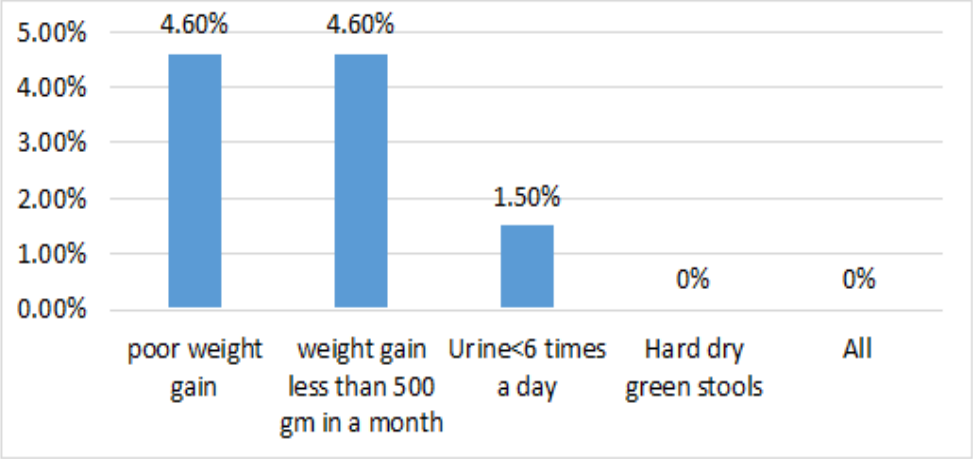


Fig.4 and Fig.5 depicts that knowledge regarding poor weight gain is 21% more in trained ASHAs as compared to untrained ASHAs.
Similarly knowledge regarding weight gain less than 500 gm in a month is 16% more in trained ASHAs as compared to untrained ASHAs.
15% of trained ASHAs have knowledge regarding urine less than 6 times a day whereas amongst untrained ASHAs only 2% have knowledge regarding the same.
Overall knowledge amongst trained ASHA is 2% more than untrained ASHAs.

1. Eye Care:
   Fig.6

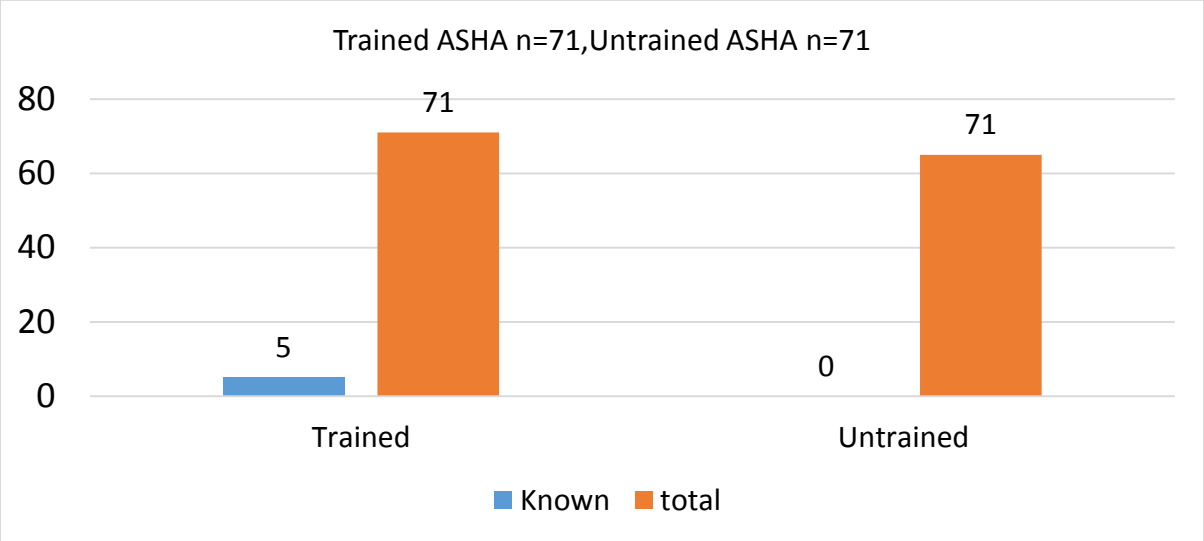
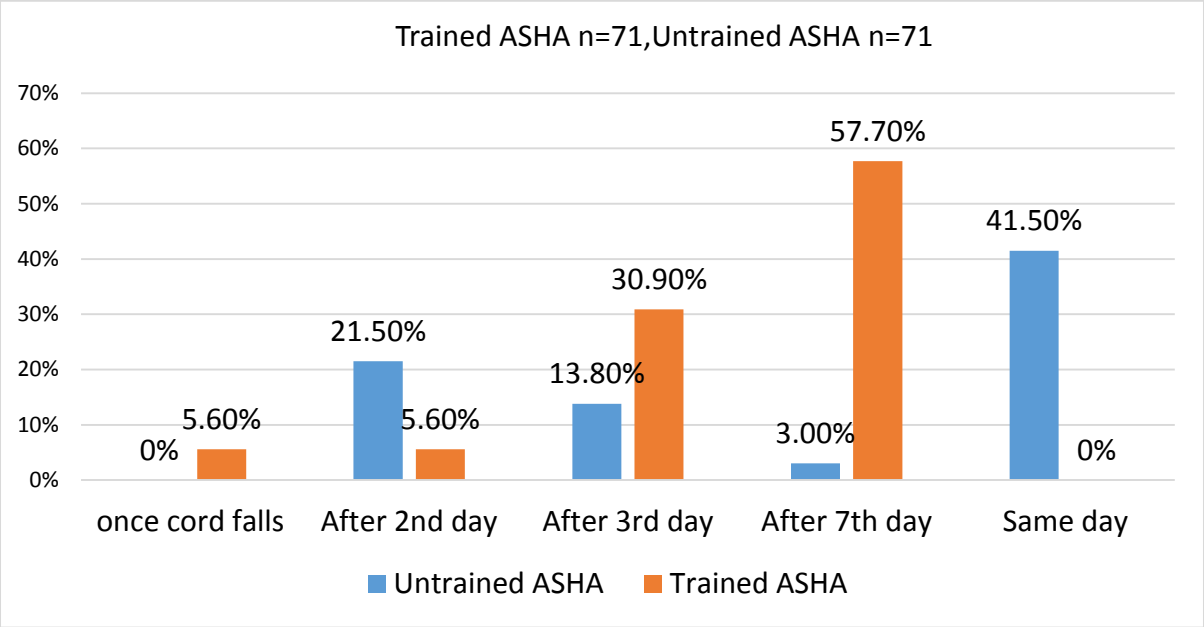


Fig.6 reflects that 5 out of 71 ASHAs have knowledge about eye care whereas no untrained ASHA has knowledge regarding eye care.

2. Knowledge regarding when newborn should be given bath

Fig.7



In Fig.7 it was found that 57% of Trained ASHAs knows about the exact day on which baby should be given bath i.e after 7th day but only 3% untrained ASHAs have knowledge about this.

6. Knowledge regarding whether Colostrum should be given or not:

Fig.8

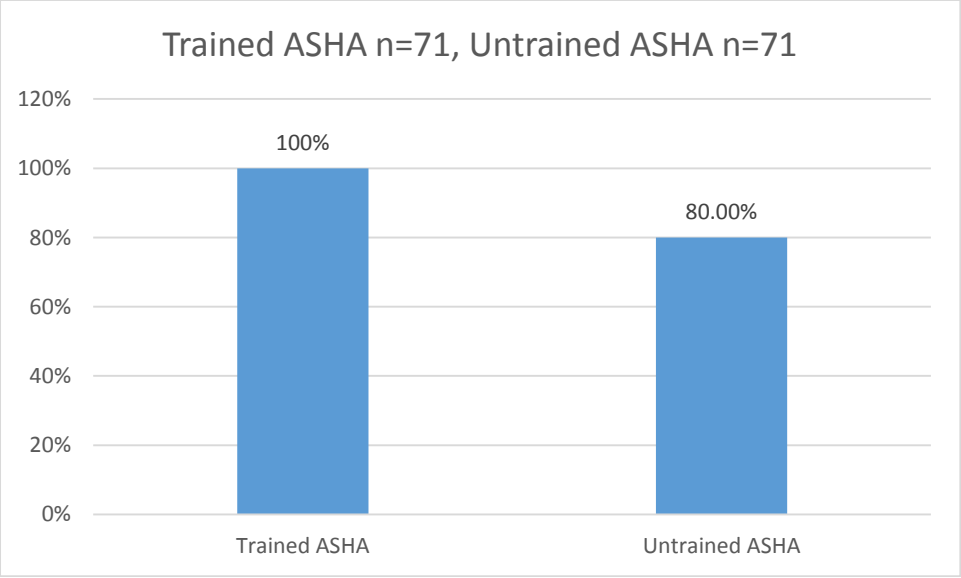


Fig.8 states that Trained ASHAs have 20% more knowledge than untrained ASHAs regarding colostrum feed should be given or not.

7. Knowledge Regarding complete newborn care at Birth:

Fig.9

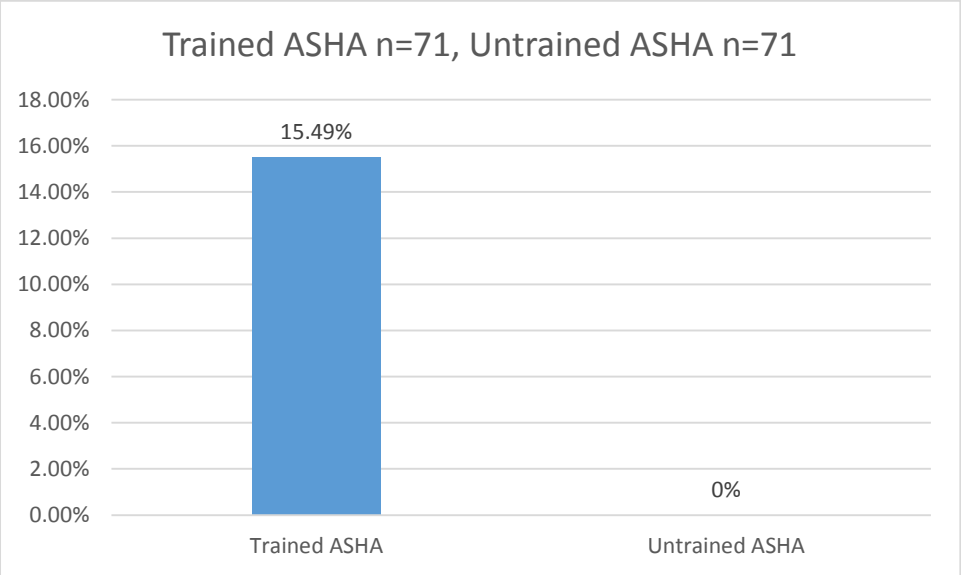


Fig.9 clearly states that knowledge regarding complete newborn care birth is 16% more in Trained ASHAs as compared to untrained ASHAs.

8. Knowledge regarding whether Prelacteal Feed should be given or not:

Prelacteal Feed	Knowledge level	
Trained ASHA	100%	71\71
Untrained ASHA	80.00%	52\65

This table predicts that trained ASHAs are 20% more knowledgeable as compared to untrained ASHAs regarding prelacteal feed.

Relation between Education Level and Knowledge

Fig.10

Fig.10 depicts that as the education level increases there is significant rise in knowledge level and hence better retaining capacity.

Relation between Age group and Knowledge

Fig.11

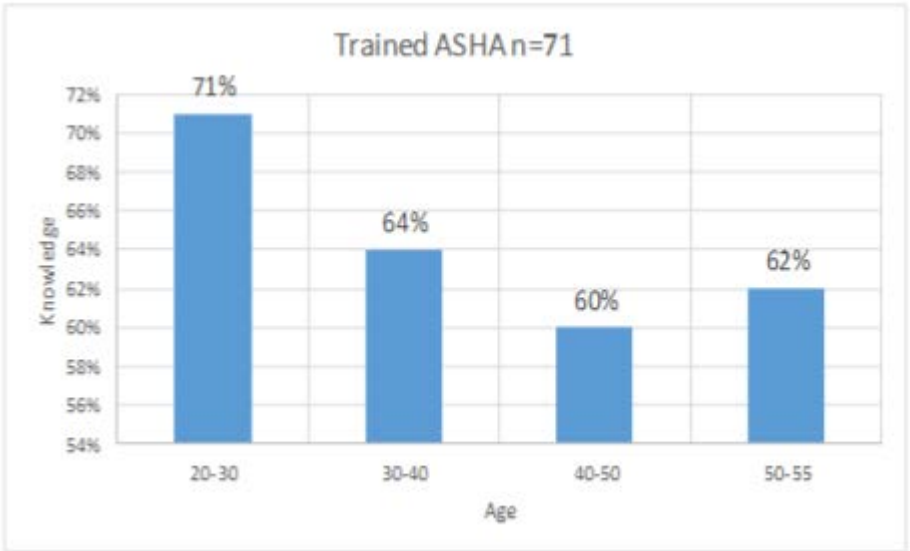


Fig 11 clearly reflects that younger ASHAs have better grasping and retaining capacity as compared to aged one.

Skills:

1. Hand washing skill:

Fig.12

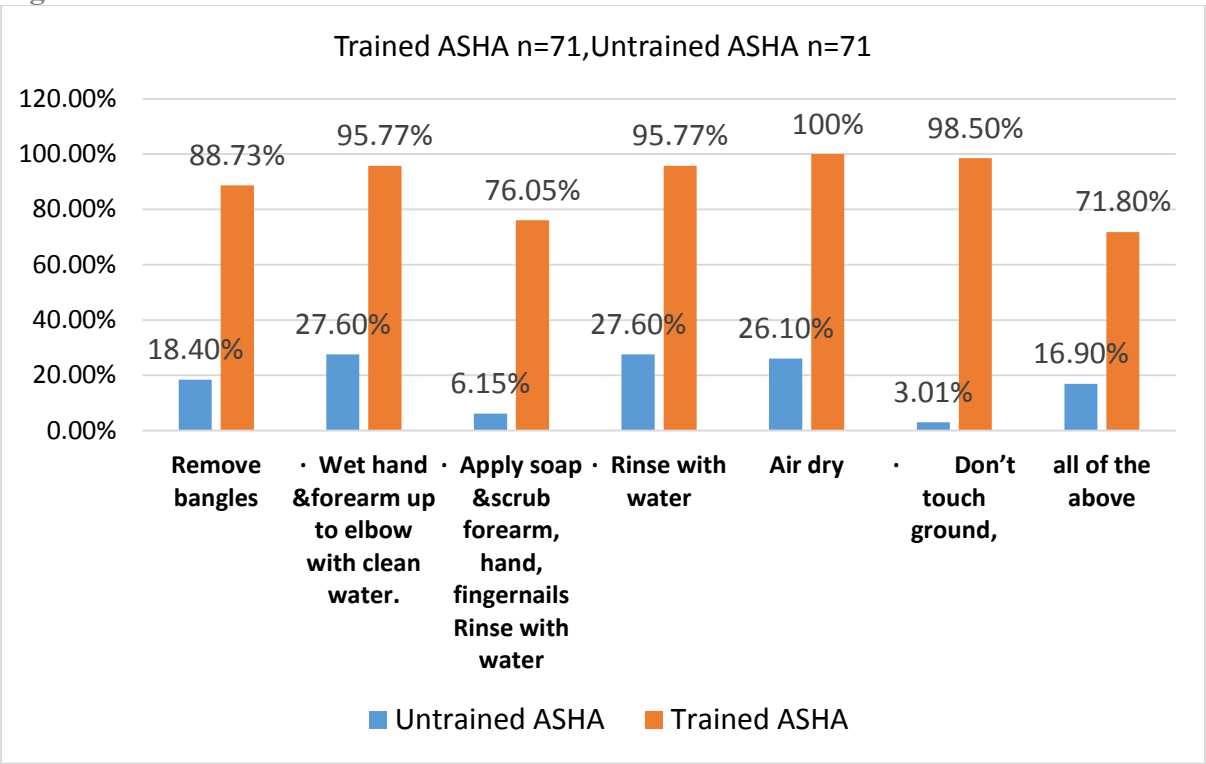


Fig.12 clearly reflects that overall Skill of hand washing is 55% more in Trained ASHAs as compared to untrained ASHA.

2. **Measuring temperature**

	Trained ASHA n=71	Untrained ASHA n=71
Take thermometer out of case and clean the shining tip with cotton soaked spirit	**88.73%**	**10.7%**
Press the pink button, you will see 188.88	**84.50%**	**4.60%**
place shining tip in center of armpit	**74.64%**	**13.8%**
you will hear 3 beep and when F stop flashing	**77.46%**	**6.15%**
read the number	**100%**	**13.8%**
Record the temperature	**100%**	**13.8%**
turn off the thermometer	**100%**	**13.8%**
clean the shining tip and place it back in the case	**92.95%**	**10.7%**
place thermometer back in storage	**100%**	**10.7%**

This table depicts that temperature measurement skill is approximately 100% amongst trained ASHAs as compared to untrained ASHAs who have approx. 15% of the knowledge.

Weighing the newborn:

Fig.13

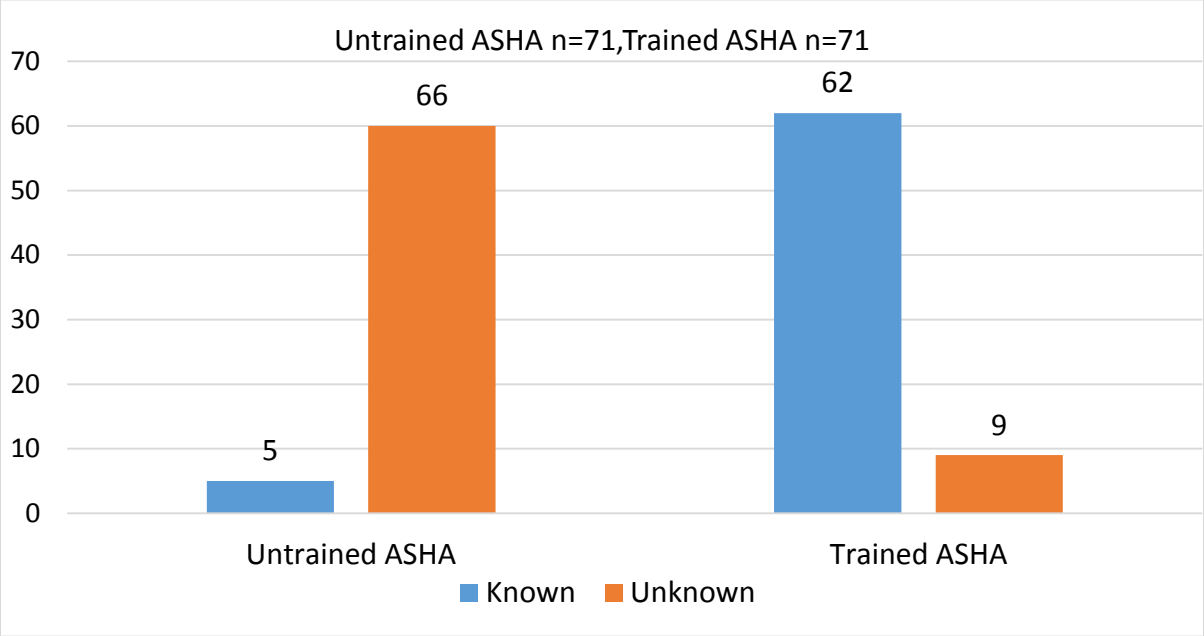


Fig.13 depicts that trained ASHAs are 80% more skilled at weighing as compared to untrained ASHAs.

Limitation:

1. Due to time constraint only 41 Beneficiaries could be covered.
2. Due to insufficient time, only the impact on newborn was covered, impact on mothers could not be studied.
3. There was scope for more in-depth probing of various components making the study more interesting.

Conclusion:

There is a conspicuous difference between Hand washing and Weighing Skills of Trained and Untrained ASHA.

Trained ASHAs are more Knowledgeable regarding various concepts as compared to untrained like when newborn should be given bath.

More educated ASHAs have better retaining capacity as compared to untrained. Similarly young ASHAs have more retaining capacity as compared to aged one.

Observation during the Project:

Salaries of all the ASHAs were pending since March as some pilot project regarding online pay system is going on.

Resources of payment for ASHA are scattered, for family planning they get incentive from one department, for TB programme another department come into picture and hence forth. This is a big hassle

In Brara block beneficiaries were devoid of JSY incentive even after 2 years.

Some beneficiaries were reluctant to take services of ASHA's and were blaming ASHA's for sickness of their baby.

On interviewing 15 ASHAs of Brara village, I found that they were not aware about vitamin k injection given at birth.

There was lots of discrepancy regarding day on which baby should be given bath for the first time. Some said after 2nd day, some said after 3rd day, according to some it should be after 7th day, some said once cord falls off.

According to untrained ASHAs ghee should be applied on umbilical cord for its care.

No trained ASHA specified a point that newborn with minimum clothes should be put on sling while weighing.

Suggestions:

Refresher courses should be conducted at regular intervals to enhance the Knowledge of ASHAs and to clear their doubts. Revised training should more focused toward removing the gaps.

Scope of the study:

This study can be carried out in different districts of Haryana

References:

http://www.asha.nrhmharyana.gov.in/AshaHome.aspx

ASHA Module 6(Skills that save lives)

ASHA Module 7(Skills that save lives)

PIP HBPNC HARYANA

HBPNC operational guidelinefile:///C:/Users/NEHA/Desktop/asha%20training/Home-Based%20Neonatal%20Care%20by%20Village%20Health%20Workers%20In%20Rural%20India%20Reduces%20Deaths%20from%20Bacterial%20Infection.htm

%20neonatal%20care%20in%20Gadchiroli,%20India%20_%20Ramana%20Phd%20Ram%20-%20Academia.edu.htm

Annexure:

1) Questionnaire for Beneficiaries
2) Questionnaire for knowledge assessment of ASHA
3) Checklist for skill assessment of ASHA

Questionnaire for mother of beneficiary

1. On what all concepts you were counselled?	code	remarks
☐ a) Immunization		
☐ b) Hand washing		
☐ c) feeding of baby		
☐ d) All of the above		
2. When breastfeeding should be initiated?		
☐ a) Within an hour		
☐ b) After 1 day		
☐ c) After 2 days		
☐ d) None		
3. Prelacteal feed should be given or not?		
a) Ye☐ b) No☐		
4. Whether colostrum should be given or not?		
a) Ye☐ b) No ☐		
5. Whether water should be given along with feeding?		
a) Ye☐ b) No ☐		
6. Why exclusive breastfeeding should be done?		
☐ a) Protects from infection		
☐ b) Protection from germs		
☐ c) Complete feed		
☐ d) All of the above		
7. After how many days newborn should be given a bath?		
☐ a) 2 days		
☐ b) 7 days		
☐ c) Same day		
☐ d) Any day		
8. whether your baby is visited as per the schedule, more often if there are problems & receives essential home based care		
a) Ye☐ b) N☐		
9. does ASHA practice handwashing every time before examining baby?		
a) Ye☐ b) No☐		
10. Whether you receives the information and support you need to access immunization?		
a) Yes☐ b) No☐		

11 .Does ASHA Counsels and solves problems on Breastfeeding?		
a) Yes ☐ b) No ☐		
IN case of home delivery ask these questions otherwise skip to question no.15		
12. Does ASHA provides support &help for safe delivery?		
a) Yes ☐ b) No ☐		
13. Did ASHA visit your home within 1st 24 hrs. Of deliver		
a) Yes ☐ b) No ☐		
14. IS ASHA able to provide normal care at birth?		
a) Yes ☐ b) No ☐		
15. IS she able to answers to your queries well& has required knowledge?		
a) Yes ☐ b) No ☐		
16. IS ASHA friendly and polite with you while talking?		
a) Yes ☐ b) No ☐		
17. IS ASHA competent enough to manage sick newborn?		
a) Yes ☐ b) No ☐		
18. Does ASHA encourage you to start breastfeeding immediately after delivery?		
a) Yes ☐ b) No ☐		

Questionnaire for knowledge assessment of ASHA

Questionnaire for knowledge assessment of ASHA trained in HBPNC	code	remarks
1. On what all concepts regarding newborn care do you counsel?		
☐ a) Breast feeding		
☐ b) Hand washing		
☐ c) immunization		
☐ d) All of the above		
2. What kind of care should be given to the newborns at birth?		
☐ a) Dry the baby with clean dry cloth &wrap in a soft dry cloth		
☐ b) Weigh newborn		
☐ c) Keep baby close to mother's chest		
☐ e) All of the above		
3. What should be done for umbilical Cord care?		
☐ a) Keep it dry		
☐ b) Inspect for bleeding		
☐ c) Inspect for pus discharge		
☐ d) All of the above		
4. What all information you give to a mother?		
☐ a) Preacteal feed		
☐ b) Attachment		
☐ c) immunization		
☐ d) All of the above		
5. Why exclusive breastfeeding should be done?		
☐ A) Protects from infection		
☐ b) Protection from germs		
☐ c) Complete feed		
☐ d) All of the above		
6. What are the Signs of hypothermia?		
☐ a) Cold feet		
☐ b) Baby become cold		
☐ c) Low body temperature		
☐ d) All of the above		
7. What are the Signs of sepsis?		
☐ a) Hypothermia		

☐ b) Lethargy		
☐ c) Vomiting		
☐ d) All of the above		
8. What are the Sign of asphyxia?		
☐ a) Absent cry		
☐ b) Loss of reflexes		
☐ c) Irregular breathing		
☐ d) All of the above		
9. What all sign you look for within 30 sec or 5min after birth?		
☐ a) Movement of limbs		
☐ b) Breathing		
☐ c) Crying		
☐ d) All of the above		
10. Management of low birth weight?		
☐ a) Extra warmth		
☐ b) Head covered		
☐ c) Keep close to mother		
☐ d) Feed frequently		
☐ e) All of the above		
11. Sign that baby is not getting enough milk?		
☐ a) Poor weight gain		
☐ b) Weight gain less than 500 gram in a month		
☐ c) Urine less than 6 times a day.		
☐ d) Hard dry green stools.		
☐ e) All of the above		
12. Steps of hand washing technique?		
☐ a) Remove bangle &wrist watch		
☐ b) Wet hand &forearm up to elbow with clean water.		
☐ C) Apply soap &scrub forearm, hand, fingernails Rinse with water		
☐ d) Rinse with water		
☐ e) Air dry with hands up &elbows facing ground		
☐ f) All of the above		
13. When newborn should be referred to health care facility?		
☐ a) Become yellow on first day& jaundice persist even after 14th day		
☐ b) Bleeding from mouth, nose		
☐ c) Convulsions		
☐ d) Unable to suckle/open mouth		

☐ e) Body temperature remain less than 95 degree even after		
☐ f) All of the above		
14. How will you identify high risk newborn?		
☐ a) Birth weight, 2000grams		
☐ b) Preterm baby (delivery between 8 month &14day pregnant or less)		
☐ c) Baby not taking feed on day 1.		
☐ d) All of the above		
15. What all sign you look for within 30 sec or 5 minafter birth?		
☐ a)Movement of limbs.		
☐ b)Breathing		
☐ c)Crying		
☐ d)All of the above		
16. When breast feeding should be initiated?		
☐ a) Within an hr.		
☐ b) After 2 hrs.		
☐ c) After 3 days		
☐ d) None		
17. Whether prelacteal feed should be given or not?		
a) Ye☐ b) N☐		
18. Whether colostrum should be given to a new born or not?		
a) Yes☐ b) N☐		
19. Whether baby should be given water along with exclusive breastfeeding?		
a) Yes ☐ b) N☐		
20. Up till what time exclusive breast feeding should be done?		
☐ a) 6 months		
☐ b) 1 year		
☐ c) 1 month		
☐ d) 3 months		
21. What is the normal weight of baby?		
☐a) >2.5kilogram		
☐b) 2.5		
☐c) <1.8 kilogram		
☐d) None		
22. What will you do for curing crack/redness on skin?		
☐a) Keep newborn clean and dry.		

☐ b) Apply ointment		
☐ c) Give medicine		
☐ d) referral		
23. When bath should be given to a newborn with low birth weight		
☐ a) Day baby is born		
☐ b) After 2nd day		
☐ c) After 7th day		

Checklist for skill assessment of ASHA:

Checklist for skill assessment of ASHA workers trained in HBPNC

1. Complete filling & understanding of PNC card	✓	×	Remarks
• Date of birth of newborn			
• Weight • Record in • every visit			
• Temperature record in every visit			
• Number of • visits made			
• Days of visit			
• Referral			
2.Communication skills			
• Greeting			
• Explaining reason of visit			
• Act in a way that family feel they can confide in her			
• Speak in gentle tone			
• Use simple words in local language			
• Be respectful			
• Praise what woman does correctly			
• Ask don't tell			
• Answers in simple language			
• Check if woman has any question			
3.Normal care at birth			
• Dry the newborn			
• Keep close to mother's chest &abdomen			
• Should be wrapped in several layers of clothing			
• Eye care			
• Umbilical cord care			
4.Management of high risk newborn			
• Increasing number of home visits (daily visits if possible for first week.)			
• Weigh newborn on 1st, 7th, 14th, 21st, 28th day, if no weight gain refer to hospital.			

• Keep baby warm &breastfed.			
5.Hand washing technique			
• Remove bangle &wrist watch			
• Wet hand &forearm up to elbow with clean water.			
• Apply soap &scrub forearm, hand, fingernails Rinse with water			
• Rinse with water			
• Air dry with hands up &elbows facing ground			
• Don't touch ground, floor with Hands.			
6.Management of Low birth weight			
• Record body temperature			
• Kangaroo mother care			
• Postpone bathing			
• Appropriate clothing			
7.Measuring temperature			
• Take thermometer out of its storage case, hold at • broad end, and clean the shinning tip with cotton ball soaked in spirit			
• Press the pink button once to turn the • Thermometer on. You will see "188.8" flash in the • center of the display window, then a dash (-), then • the last temperature taken and then three dashes • (- - -) and a flashing "F" in the upper right corner.			
• Hold the thermometer upward and place the • Shinning tip in the center of the armpit. Place arm • Against it. Do not change the position.			
• You will hear a beep sound every 4 seconds while • The thermometer is recording the temperature. When • You hear 3 short beeps, look at the display. When • "F" stops flashing and the number stop changing, remove the thermometer			
• Read the number in the display window.			
• Record the temperature reading on the form			

• Turn the thermometer off by pushing the pink Button one time.			
• Clean the shinning tip of the thermometer with a Cotton ball soaked in spirit.			
• Place thermometer back in its storage.			
8.Weighing the newborn			
• Place the sling on scale			
• Hold scale by top bar off the floor, keeping the adjustment knob at eye level.			
• Turn the screw until its top fully covers the red and 'O' is visible.			
• Remove sling on hook and place it on a clean cloth on the ground.			
• Place body with minimum clothes on, in sling and replace the sling on hook.			
• Holding top bar carefully, as you stand • Up, lift the scale and sling with baby off the ground, until the knob is at eye level.			
• Read the weight.			
• Gently put the sling with baby in it, on the ground and unhook the sling.			
• Remove the baby from the sling and hand it over to its mother.			
• Record the weight.			
9.Wrapping the baby			
• Hand washing as per guidelines			
• Place the blanket on a clean sheet& mold it up to 6-8 inches.			
• Keep the newborn on blanket with care.			
• Mold it from left side &tuck it below the waist of newborn			
• Mold it from right side and cover the newborn completely with it			
• Hand over the newborn to mother			
10. Management of Hypothermia			
• Dry the baby			
• Skin contact with mother			
• Bathing postponed			
• Early breastfeed			
• Cover with clothes			
• Cover head			
• Warm bottle wrapped in cloth &kept by the side of baby.			

REPORT ON VISIT TO DISTRICT HOSPITAL,SECTOR-6, PANCHKULA

Departments observed:

I. OPERATION THEATER(OT) :

- Operation theatre area is divided into zones - preoperative, post operative area and 6 OTs (separate for each department), separate scrub area, CSSD, Dirty area.
- OT and surgical ward was on same floor for the convenience for shifting of patients.
- Though nursing station were in pre & post operative room, but was not being utilised, as nursing staff also had to do the records, hence seated in the common nursing station.
- Most of the patients were operated under MMIY scheme.
- OT had emergency power back-up.
- Records were well maintained.

II. SURGICAL WARD

- In surgical wards, pre-operative and post operative patients were admitted separately.
- Comatose and extubated patient were not isolated from general patients.
- Patients were unaware of bedside calling system.

III. ORTHOPEDIC WARD

- This ward was on the sane floor as of surgical ward for the ease of shifting of the patients.

IV. PSYCHIATRY AND DRUG REHABILITATION WARD

- This ward had common corridor with surgical and orthopedics wards.
- Bell system, though installed, was not in the knowledge of the patients, so as to avoid unnecessary calls by the patients, as reported by a posted nursing student.

V. GYNAECOLOGY AND OBSTETRIC DEPARTMENT

- Gynecology and obstetrics OPD, IPD and Labor room were on the same floor.
- Labour room and MTP centre were adjacent to each other.
- Privacy was maintained in the labour room.
- Staff nurses conducted the normal deliveries.

VI. PAEDIATRICS WARD:

- Paediatrics ward had common corridor with chest department.
- It also had rooms for DEIC, NRC.
- There was a play room.

VII. CHEST WARD:

- TB and other chest-ailment(asthma etc.) were observed sharing the same room.

SCHEMES:

1. **Mukhyamantri muft ilaaj yojna(MMIY)** is implemented from January 1, 2014 in Haryana.

The following services are provided completely free to all the patients coming to the health institutions of the State under the MMIY:

- Surgery package program(For Haryana Residents Only)
- Basic Laboratory Investigations, along with free X-Ray, ECG and USG (wherever available in the Government Health Institutions).
- Indoor Services.
- Drug supply.
- Referral transport/ambulance services.
- Dental treatment

2. RBSK/District Early Intervention Centre (DEIC):

- Rashtriya Bal Swasthya Karyakram (RBSK) is a new initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 'D's viz. Defects at birth, Deficiencies, Diseases, Development delays including disability. The 0-6 years age group is specifically managed at District Early Intervention Center (DEIC) level while for 6-18 years age group, management of conditions is done through existing public health facilities. DEIC acts as referral linkages for both the age groups.
- An Early Intervention Centre is established at the District Hospital under RBSK. The purpose of Early Intervention Centre is to provide referral support to children detected with health conditions during health screening.
- A team consisting of Paediatrician, Medical officer, Staff Nurses, Paramedics will be engaged to provide services and a manager who carries out mapping of tertiary care facilities in Government institutions for ensuring adequate referral

support. Children and students presumptively diagnosed to have a disease/ deficiency/disability/ defect and who require confirmatory tests or further examination are referred to the designated tertiary level public sector health facilities through the DEIC.

- The DEIC promptly responds to and manage all issues related to developmental delays, hearing defects, vision impairment, neuro-motor disorders, speech and language delay, autism and cognitive impairment. Beside this, the team at DEICs is involved in newborn screening at the District level. This Centre has the basic facilities to conduct tests for hearing, vision, neurological tests and behavioural assessment.

3. Nutrition Rehabilitation Centre (NRC)

Severe Acute Malnutrition is an important contributing factor for most deaths amongst children suffering from common childhood illness, such as diarrhoea and pneumonia. Deaths amongst SAM children are preventable, provided timely and appropriate actions are taken.

Nutritional Rehabilitation Centre (NRCs) has been set up in GH for inpatient management of severely malnourished children, with counselling of mothers for proper feeding and once they are on the road to recovery, they are sent back home with regular follow up.

Positives:

- OT was well-maintained.
- Microbial limit monitoring is being done in the OT on a regular basis so as to minimize the probability of cross-infection/ hospital- acquired infections. Staff nurse accompanying us for orientation honestly reported us about a recent *Psuedomonas* contamination which was followed by carbolization.
- A wing was allotted for DEIC, which was focussed on rehabilitation of physical and psychological disabilities in children till 15 years of age.
- Another wing was allotted to NRC to provide service to malnourished children.
- Installation of the bell system for calling nurses in all wards was a good initiative.

Negatives:

- There was no arrangement for sitting in waiting area; patients and their attendants were seen sitting on the floor.

- Nurses were performing normal vaginal deliveries, without the presence of doctors.
- Sterilization and disinfection was not being maintained; nurse was observed receiving a phone call with gloved hands while handling a case in 2nd stage of labour.
- Cotton/gauze pieces fallen on the floor were re-used during the procedure.
- SNUC was there, but staff was not trained about its appropriate usage.
- Pediatrics and chest wards had common corridor, which could be a potential source of cross-infection especially for children.
- Lack of privacy was observed in O & G OPD.

Report on visit to Primary Health Center, Kot

- Name of the District: Panchkula
- Name of Tehsil/Taluka/Block: Panchkula/Raipur Rani
- Name of the PHC : PHC KOT
- No. of Sub-centers under the PHC:5
- District of CHC from PHC: Panchkula
- District of DH from PHC: Panchkula
- 24*7 service delivery: No
- Population Covered: 34136

SERVICE DELIVERY:

Number of Beds: 6
Average Daily OPD: 150 (proportion of Female patients reporting daily were more as compared to males)

Services Available:

OPD
Emergency Services (24 hours)
Referral Services
In-Patient Services

Specific services:

- Primary management of wounds
- Primary management of fracture (first aid)
- Primary management of cases of Poisoning
- Primary management of burns
- Abscess drainage
- *No Cataract surgeries are performed.*

MCH Care including Family Plannning:

Services availability:

- ANC
- Intra Natal care
- Post-natal care
- Immunization
- Family planning
- Management of RTI/STI

No newborn care was provided, MTP services were yet not available, but a MO was undergoing training pertaining to MTP.

Specific Services:

- Organization of Antenatal clinics on regular basis.
- On call doctors available for 24 hrs. Delivery services and 24*7 nursing staff available
- Tubectomy and vasectomy
- Internal examination for gynaec patients
- Treatment for gynecological disorders
- BCG and measles vaccine
- Treatment of children with pneumonia
- Management of children with diarrhea
- No management of Low birth babies.

Other functions and services:

- School health programme conducted by dentist
- Prevention and control of locally endemic disease
- Control of epidemics
- Collection of vital statistics
- Ayush services
- No nutrition services were available
- No behavior change communication services
- National AIDS control programme was not functional

Human resources

S.no.	Personnel	Recommended	Current Availability	Identified gaps
1	Medical officer	2	2-MO 1-AMO	2nd medical officer was not performing the physical examination of patients

2	Pharmacist	1	1-allopath 1-AYUSH	AYUSH pharmacist sitting idle
3	Nurse-midwife(staff nurse)	3	4	One nurse was suffering from osteoarthritis, so she was managing the OPD register and was not allotted any duty of nurse; 2 on leave
4	Health worker	1	1	
5	Health educator	1	0	
6	Health assistant	2	1	
7	Clerks	2	1	
8	Lab Technician	1	1	
9	Driver	Optional	1	

Essential Laboratory services:

- Blood grouping
- Bleeding time
- Clotting time
- Rapid test for pregnancy
- VDRL test
- Lab technician was not wearing gloves

Infrastructure:

Location:

- Distance of PHC is 25 km from farthest village in coverage area
- Distance of PHC from District hospital is 17 km

Building:

- Government designated building is available for PHC
- Cleanliness is fair
- Prominent display boards regarding services are available

Operation Theatre:

- Laparoscopic sterilization surgeries are carried out.

Labor room:

- Normal deliveries were conducted.
- No caesarean section was performed.

Water supply:

- Piped water supply was available

Sewerage:

- Soak pit

Waste Disposal:

- Sharp pit was available

Electricity:

- Electric lines were available in all parts of PHC

Communication Facilities:

- Telephone, E-mail, Fax services were available

Vehicles:

- Ambulance services were available
- Residential facility for Mo was available

User charges:

- Free of cost services were available

Quality Control

- Citizen's charter was available outside the facility

Other significant findings:

Negatives-

- There was foul-smelling litter at the entrance of the hospital.

Figure 1

- There were flies all over.

- There was dung/ faeces in the hospital premises.
- Laboratory was in a shabby condition.

Figure 2

Figure 3

- There was a private pharmacy within the hospital premises

Figure 4

- Dental wing had no technician/assistant.
- Dental Lab was not available.
- MO was observed not doing physical examination of a single patient.
- Hot air oven was available, but not in use.
- LHV was on a long leave, so pharmacist was handling the cold chain unit.
- In spite of AYUSH pharmacist being available, a staff nurse was managing the pharmacy in the absence of the pharmacist.
- Ambulance tough present, had punctured tyre

Figure 5

Positives-

- Citizen charter was displayed in Hindi at a readable height.

Figure 6

- There was provision of utilizing natural light.
- Bed head ticket notes were well drafted and maintained.
- Records were well maintained.

Figure 7

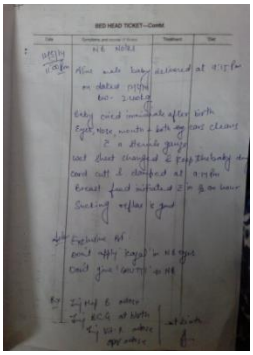


Figure 8

Report on visit to sub-center, Ramgarh

- Name of the sub center: Ramgarh
- No. of villages under the SC: 12
- Distance of SC from PHC: 8 Km
- Distance of SC from nearest CHC: 20 Km
- 24*7 service delivery
- Population covered: 10637

SERVICES

MCH Care Available:

a) ANC
b) INC
c) PNC
d) Newborn
e) Immunization

f) Family Planning And Contraception
g) JSY
h) JSSK
i) Treatment Of Common Illness

MCH Care Not Available:

a) Adolescent Health
b) School Health Education

Availability of specific services

a) Doctor visits the sub center once or twice a month, but the days of visit are not fixed.
b) LHV visits the sub-center at least once a week.
c) The ante-natal care (inj. TT/IFA tablets, weight and BP checkup) is provided by the manpower in the sub center.
d) The facility for referral of complicated cases of pregnancy/delivery is available at the sub center for 24 hours.
e) The ANM/any trained person does not accompany the woman in labor to the referred care facility at the time of referral.
f) Immunization services are provided as per government schedule provided by the sub center.
g) ORS for the prevention of diarrhea and dehydration is available in the sub center.
h) The treatment of minor illness like fever, cold, cough, worm disinfestations etc. is available in the sub center.
i) The facility for taking peripheral blood smear in case of fever for detection is available in the sub center.
j) Contraception services like insertion of Copper-T, distributing oral contraceptive pills or condoms are provided by the sub center.
k) The Ramgarh sub center is also a DOT center.

Other functions and services

a) Disease surveillance
b) Control of local endemic disease
c) Promotion of sanitation
d) Field visit and home care
e) National health programs including HIV/ADS control programs

Monitoring and supervision activities

a) Training of ASHA is not done at the sub center(done at PHC).
b) For monitoring the quality of water in the village, sample is collected and taken to PHC, Kot.
c) An eye is kept over unusual health events.
d) Services are provided in coordination with AWWs, ASHAs, Village Health and Sanitation Committee and PRIs.
e) Records and registers are properly maintained.
f) The scheme of ASHA is implemented in the sub center.

Human resources

Sub-Center Ramgarh			
STAFF	ESSENTIAL	DESIRABLE	AVAILABLE
ANM/Health Worker(Female)	2		3(2 ANM + 1 LHV)
Health Worker(Male)	1		-
Staff Nurse(or ANM, if Staff Nurse is not available)		1**	-
Safai-Karamchari*	1(Full-time)		1

*To be outsourced.
**If number of deliveries at the sub-center is 20 or more in a month.

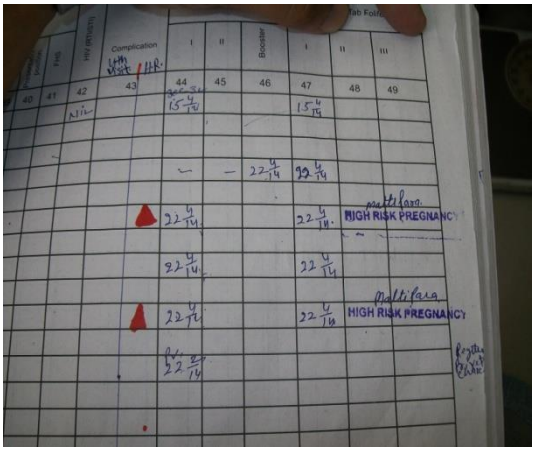
Physical structure

a) Berwala is the farthest village in the coverage area of sub center Ramgarh(15 km).
b) There is a designated government building available for the sub center.
c) The cleanliness was good.
d) Labor room is available with a separate clinic room and n examination room.
e) Water supply is through tube well.
f) Electricity supply is present with a back-up facility of an inverter.
g) Health care providers have government SIM card for communication. The sub center, otherwise, does not have telephone/fax/e-mail facility.
h) Residential facility is available for the staff

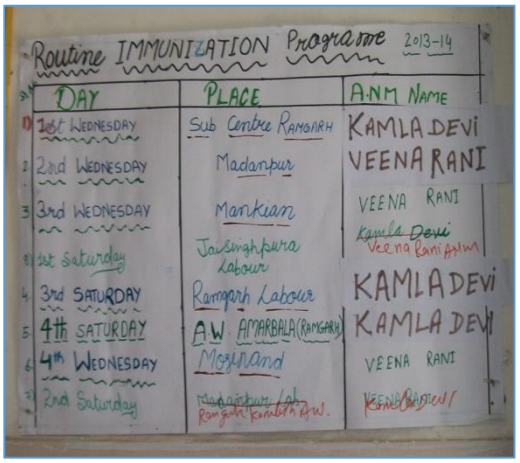
Positives:

a) Location of the sub center is accessible.
b) Citizen charter is displayed outside the clinic room; written in Hindi.

c) Center is well maintained in terms of cleanliness, equipment, medicines, IEC material and records.



d) Staff seemed motivated. There were hand-made charts for various activities.



e) There are separate rooms for clinic, examination, delivery and sterilization.

Negatives:

a) There was litter and garbage on the linking road to the sub center as well as just outside the sub center.

b) Shadow-less lamp of the labor room was out of order.

c) Toilet was not attached to the labor room and nearest door to the washroom was blocked due to wrong placement of patient bed, which could be a cause of inconvenience to the patient.

d) Use of gloves or spirit swab was not observed during Hb-estimation.
e) Ambulance was not available.
f) Pit for placenta disposal had temporary lid.