Summer Training at

National Health Mission,
Rajasthan, India
(April 1 to May 31st, 2014)

A Report on Assessment of Operational Delivery Points of Churu District, Rajasthan

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Under the guidance of
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MBA- Hospital & Health Management (MBA-HM)
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The IIHMR University, Jaipur
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CERTIFICATE

This is to certify that **Bhupendra Kumar Sharma** has undergone his summer training in **National Health Mission, Rajasthan** from 1st April, 2014 to 31st May 2014. The candidate himself carried out all the studies related to his summer training. His approach to the study was scientific and analytical.

This summer training is partial fulfillment of the course requirement, recommended for the award of Post Graduate Diploma in Hospital and Health Management.

I wish him success in all his future endeavors.

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

Prof. Saumitra Joshi
Asst. Professor & Student counsellor
IIHMR, Jaipur

Government of Rajasthan
Department of Family Welfare and
National Health Mission, Swasthya Bhawan, Jaipur

F 2 (153) NRHM/SPM/2014/436 Date: 21.07.2014

CERTIFICATE

This is to certify that Mr. Bhupendra Kumar Sharma student of Post Graduate Diploma in Hospital and Health Management (PGDHM) Institute of Health Management Research (IIHMR, Jaipur) has successfully completed his Summer Training Program at NRHM, Rajasthan from 01st April 2014 to 31st May 2014. He has worked under the guidance of SPM, NRHM on following assignments:

1. A project on 'Assessment of Operational Delivery Points of Churu District, Rajasthan'.
2. Report on functioning of sense center of 108 ambulance service at GVK-EMRI office Jaipur, Rajasthan.
3. He has worked in SPM Unit and plan cell, maternal health-JSY,JSSK,MDR, child health, immunization, ISC-108 and family planning department.
4. Carried out field visits on various health facilities - District hospital, Sub-divisional hospital, and CHCs, PHCs and Sub centers to enhance his knowledge.

He has been a sincere worker and a curious learner during the Summer Training Program. I extend him my good wishes for a bright and successful career ahead.

(Dr. Anuradha Aswal)
State Program Manager
NRHM, Rajasthan

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Acknowledgement

At the onset of the report I would like to express my special gratitude and appreciation Mr. N K Pawan, Additional Mission Director for allowing me to pursue my summer internship from National Rural Health Mission, Rajasthan.

I would also like to acknowledge with much appreciation the crucial role of Dr. Anuradha Aswal, State Program Manager, NRHM, Rajasthan who despite of other pre occupations and busy schedule was there to guide me and whose stimulating suggestions and encouragement helped me complete my training.

This training wouldn't have been completed without a substantial support from Mr. Sujan Kumar Saha, Assistant State Program Manager and Mr. Nirmal prajapat, State Data Officer and a great number of people so I would like to thank all the Project Directors, Nodal officers and consultants in various departments and other staff members at NRHM for being so helpful all the time and making this summer training project an unforgettable experience.

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I would also like to thank my institution and faculty members without whom this project would have been a distant reality. A special thanks to Dr Nutan Jain for guiding me throughout my training and answering any queries that came along the way.

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

Bhupendra Kumar Sharma
IHMR, Jaipur

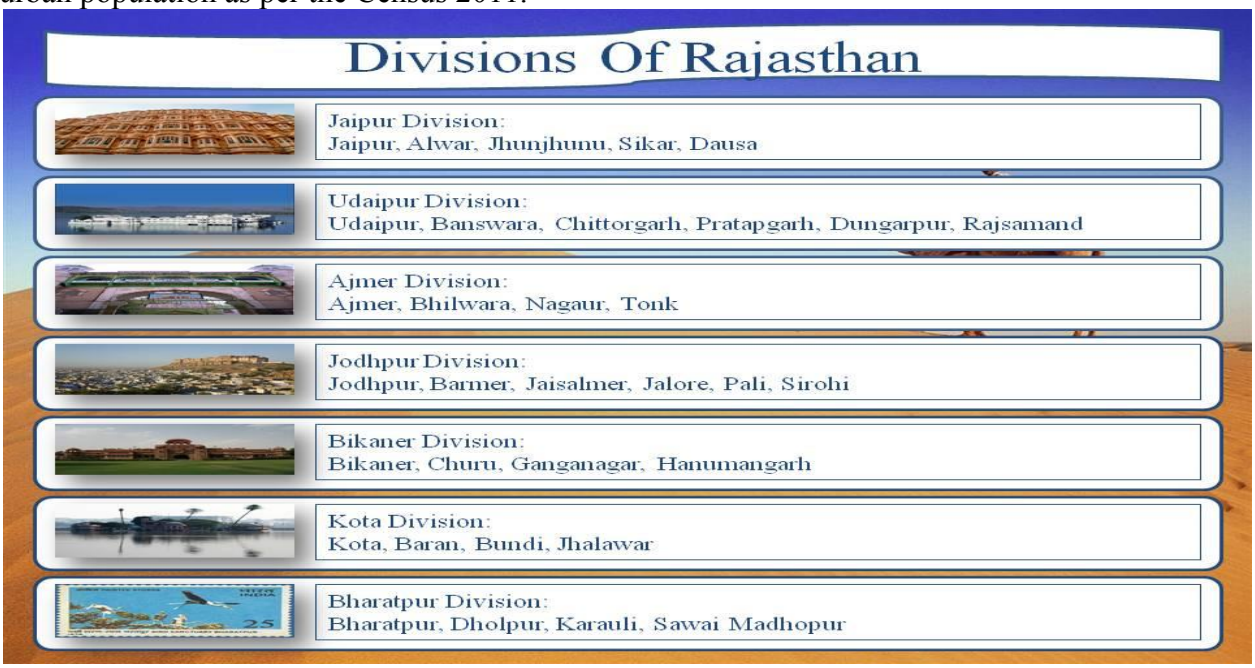
Abbreviations

AHS	Annual Health Survey
AIDS	Acquired Immuno Deficiency Program
ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
ASPM	Associate State Programme Manager
AWW	Angan Wadi Worker
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha, SowaRigpa and Homeopathy
BEmOC	Basic Emergency Obstetric Care
CBR	Crude Birth Rate
CDR	Crude Death Rate
CES	Coverage Evaluation Survey
CHC	Community Health Center
CMO	Chief Medical Officer
C- section	Caesarian section
DH	District Hospital
EAG	Empowered Action Group
EmOC	Emergency Obstetric Care
FRU	First Referral Unit
GNM	General Nurse Midwife
HMIS	Human Resource Management Information System
IFA	Iron Folic Acid
IMR	Infant Mortality Rate
IMNCI	Integrated Management of Neonatal Child Illness
IPHS	Indian Public Health Standard
IUD	Intra Uterine Device
JSSK	Janani Shishu Surakhsha Karyakram
JSY	Janani Surakhsha Yojna
LSAS	Life Saving Anesthesia Skills
LHV	Lady Health Volunteer

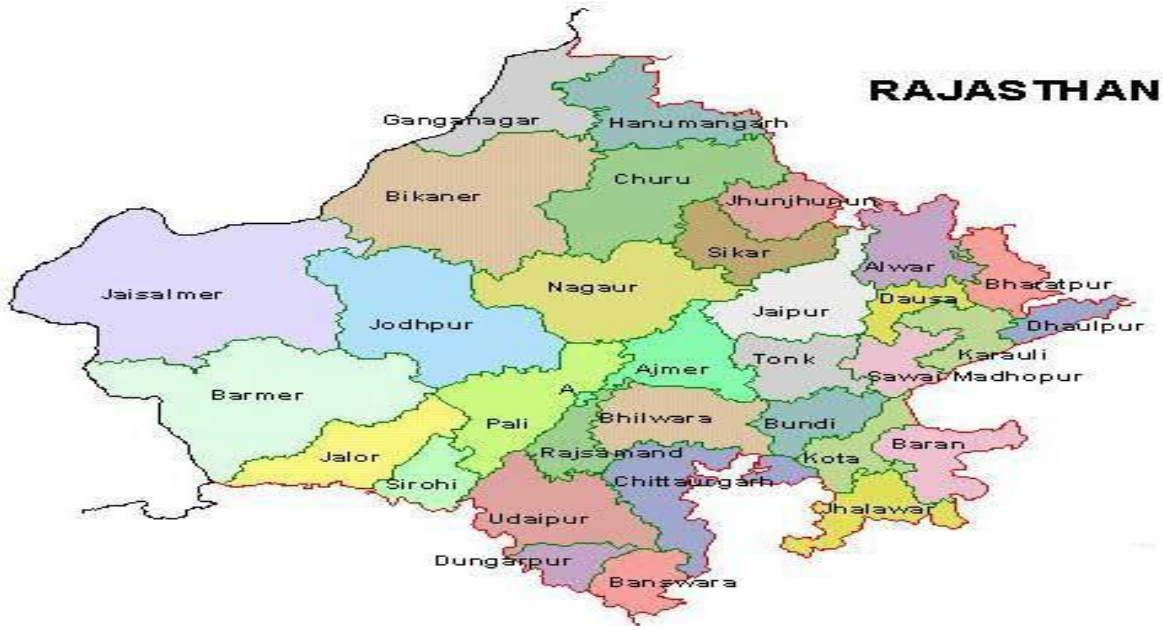
MCH	Maternal Child Health
MCTS	Mother and Child Tracking System
MDG	Millenium Development Goals
MHU	Mobile Health Unit
MMR	Maternal Mortality Ratio
MoHFW	Ministry of Health and Family Welfare
MTP	Medical Terminal of Pregnancy
NBCC	New Born Care Corner
NBSU	New Born Stabilization Unit
NFHS	National Family Health Survey
NGO	Non Governmental Organization
NNMR	Neo Natal Mortality Rate
NRHM	National Rural Health Mission
OT	Operation Teature
OBG Specialist	Obstetrics and Gynecology Specialist
PHC	Primary Health Center
PPP	Public–Private partnership
PRI	Panchayati Raj Institutions
RCH	Reproductive and Child Health
RKS	Rogi Kalyan Samiti
RMNCH+A	State Health Systems Resource Centre
RTI	Reproductive Tract Infection
SBA	Skill Birth Attendant
SC	Sub Center
SDH	Sub Divisional Hospital
SDO	State Data Officer
SIHFW	State Institute of Health and Family Welfare
SNCU	Specialized Newborn Care Unit
SPM	State Programme Managers
SRS	Sample Registration System
STI	Sexually Transmitted Infection
TFR	Total Fertility Rate
U-5 MR	Under-5 Mortality Rate

Rajasthan

Rajasthan is the largest state of the Republic of India by area and was established on 1st November 1956. Rajasthan, physically the largest state in the Indian Union is situated in the North-west part of the country, and has 56 million (or 5per cent) of the country's population. The population density is 165 persons per sq. km. (as against the national average of 312). Rajasthan covers 10.4% of India, an area of 342,239 square kilometers (132,139 sq mi). The Population of Rajasthan is 6,86,21,012 comprising of 5,15,40,236 rural and 1,70,80,776 urban population as per the Census 2011.



Rajasthan is divided into 33 districts and seven divisions:



Health Indicators of Rajasthan

Demographic data- Rajasthan (as per 2011 Population Census)

Population	6,86,21,012
Population Density	165/km
Sex Ratio	920
Breakup of Religion	Hindus - 88.8% Muslims - 8.5% Sikhs - 1.4% Jains - 1.2%

Health Indicators

Indicators	India	Rajasthan
Total Population	1,21,01,93,422	6,86,21,012
- Male	62,37,24,248	3,56,20,086
- Female	58,64,69,174	3,30,00,926
- Urban	37,71,05,760	1,70,80,776
- Rural	83,30,87,662	5,15,40,236
CBR	22.1* 22.5**	26.7* 24.7**
CDR	7.2* 7.3**	6.7* 6.6**
Decadal Growth Rate		21.44
Sex Ratio		926 (Females/1000 Males)
Child Sex Ratio (Age 0 – 6 Yrs)		883
Literacy Rate	74.04%	67.06%
- Male	82.14%	80.51%
- Female	65.46%	52.66%
TFR	2.7#	3.2#
IMR	47* 50**	55* 60**
MMR	212***	318***

Source: Census-2011

Source:* SRS Dec.2011** AHS 10-11*** SRS2007-09#NFHS III.

Health Indicators	Present Status	
	Rajasthan	India
CBR	26.7	22.1
CDR	6.7	7.2
NGR	20.0	14.9
IMR	55	47
NNMR	40	34
PNMR	20	16
U-5 MR	79	64

Source: SRS 2011 & AHS-10-11

National Rural Health Mission, Rajasthan

Organization Overview

Background

The National Rural Health Mission (NRHM) was launched on 12 April, 2005 throughout the country with special focus on 18 States, viz. eight Empowered Action Group (EAG) states (Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Orissa, Rajasthan, Uttar Pradesh and Uttarakhand), eight North Eastern States and the hill States of Jammu and Kashmir and Himachal Pradesh which had poor health indices.

The aim of the Mission is to provide *accessible, affordable, accountable, effective and reliable* healthcare facilities in the rural areas of the entire country, especially to the poor and vulnerable sections of the population. The key strategy of the NRHM is to bridge gaps in healthcare facilities, facilitate decentralized planning in the health sector, provide an overarching umbrella to the existing programmes of Health and Family Welfare including Reproductive and Child Health-II, Vector Borne Disease Control Programme, Tuberculosis, Leprosy and Blindness Control Programmes and Integrated Disease Surveillance Project. It also addresses the issue of health in the context of a sector wide approach encompassing sanitation and hygiene, nutrition etc. as basic determinants of good health and advocates convergence with related social sector departments such as Women and Child Development, AYUSH, Panchayati Raj etc.

The NRHM seeks to provide health to all in an equitable manner through increased outlays, horizontal integration of existing schemes, capacity building and human resource management. The Mission envisages increasing expenditure on health, with a focus on primary healthcare, from the level of 0.9% of GDP (in 2004-05) to 2-3% of GDP over the mission period (2005-2012).

The National Rural Health Mission (NRHM) is a national effort at ensuring provision of effective healthcare through a range of interventions at individual, household, community, and critically at the health system levels.

Objectives of the programme:

The main objectives of the NRHM are:

- Reduction in child and maternal mortality;
- Universal access to public services for food and nutrition, sanitation and hygiene and universal access to public health care services with emphasis on services addressing women's and children's health and universal immunization;
- Prevention and control of communicable and non-communicable diseases, including locally endemic diseases;
- Access to integrated comprehensive primary health care;
- Population stabilization, gender and demographic balance;
- Revitalize local health traditions & mainstream AYUSH; and
- Promotion of healthy life styles.

IMPACT OF N.R.H.M.

Since its launch

Indicators		Status at launch	Current status	Achievement
Maternal Mortality Ratio	Rajasthan	388 (SRS-2004-06)	264 (AHS, 2011) 318 (SRS-2007-09)	↓ 124 ↓ 70
	India	254 (SRS-2004-06)	212 (SRS-2007-09)	42 ↓
Infant Mortality Rate	Rajasthan	63 (SRS-2008)	52 (SRS-2011)	↓ 11
	India	53 (SRS-2008)	44 (SRS-2011)	↓ 9
Full Immunization	Rajasthan	26.5 (NFHS-2005)	53.8 (CES, 2009) 70.8% (AHS, 2010)	↑ 27.3 ↑ 44.3
	India	43.5 (NFHS-2005)	61.0 (CES, 2009)	↑ 17.5
Institutional Delivery	Rajasthan	32 (NFHS-2005)	70.4 (CES, 2009), 77.34 Dept. Data	↑ 38.4
	India	41 (NFHS-2005)	71.9 (CES, 2009)	↑ 30.9

Year wise Targets for the State

Indicators		Year-wise Targets (As recommended by Govt. of India)		
	Current status	2012-13	2013-14	2014-15
Maternal Mortality Ratio	318 (SRS 07-09)	248 (2011-13)	193 (2013-15)	150 (2015-17)
Under 5 Mortality	68 (SRS 2010)	51	45	39
Infant Mortality Rate	55 (SRS 2010)	37	31	25
Neonatal Mortality Rate	40 (SRS 2010)	28	24	20
Early Neonatal Mortality Rate	33 (SRS 2010)	24	21	18
Total Fertility Rate	3.1 (SRS 2010)	2.9	2.8	2.6

NRHM IMPACT ON MILLENIUM DEVELOPMENT GOAL

Millennium Development Goals (MDGs) are eight international development goals set by the United Nations which member countries, including India, have agreed to achieve by the year 2015. MDGs directly pertaining to Health Sector and the progress made by India is as under:

Goal 4: Reduce Child Mortality: Target is to reduce Under Five Mortality Rate (U5MR) by two thirds between 1990 & 2015. In case of India, it translates into a goal of reducing U5MR to less than 39 per 1000 live births by 2015

The steps taken include Integrated Management of Neo-natal & childhood illness, training of ASHAs (Accredited Social Health Activist) in Home based new born care, Navajat Shishu Suraksha Karyakram, setting up of sick new born care units at district hospitals, promoting exclusive breastfeeding and complementary feeding, strengthening routine immunisation programme, focussing on reduction in morbidity and mortality due to Acute Respiratory Infections (ARI) and Diarrhoeal Diseases, name based tracking of pregnant women and children, etc.

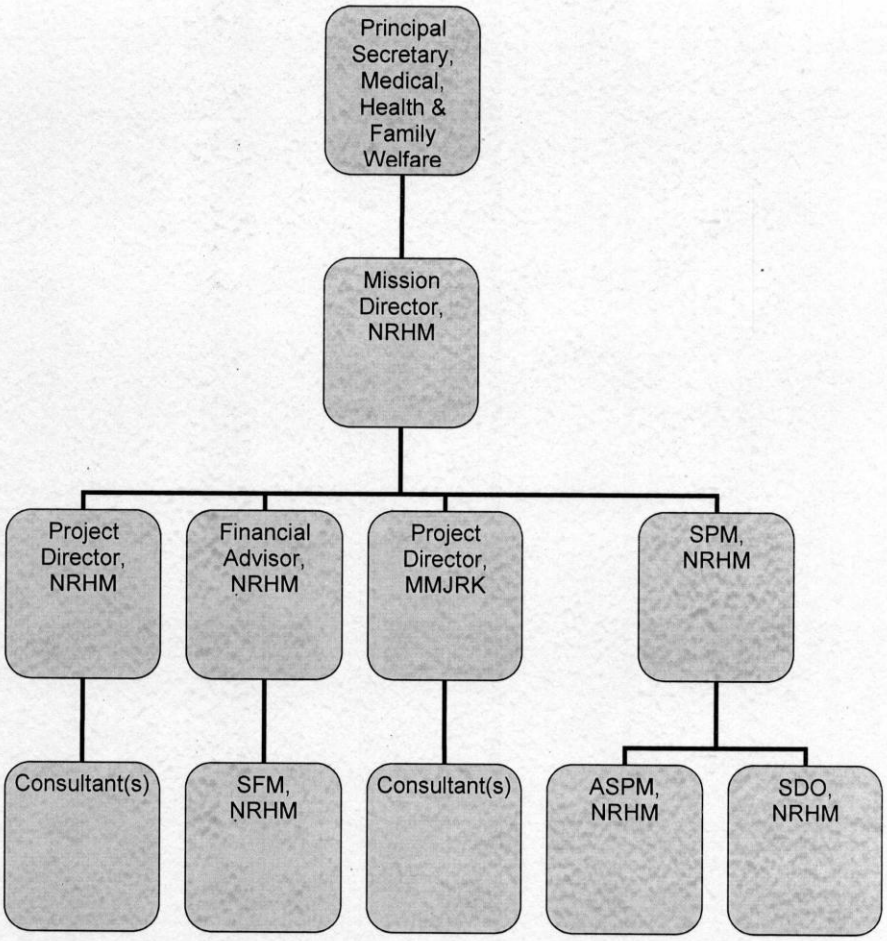
Goal 5: Improve Maternal Health: : Target is to reduce Maternal Mortality Ratio (MMR) by three quarters between 1990 & 2015. As per the estimates of MMR released by the WHO, UNICEF, UNFPA and the World Bank, India requires to reduce MMR from 600 in 1990 to 150 per 100,000 live births in 2015.

The steps taken include promoting institutional deliveries, strengthening of infrastructure, Strengthening of Essential and Emergency Obstetric Care services, Strengthening Referral Systems, launching of Janani Shishu Suraksha Karyakaram, Maternal Death Review, organising village health and nutrition days, engagement of ASHA at community level, introduction of integrated mother and child health card, etc.

Goal 6: Combat HIV/AIDS, malaria, and other diseases. Target is to halt by 2015 and begin to reverse the spread of HIV/AIDS and the incidence of malaria and other major diseases.

The steps taken to control diseases like HIV / AIDS, Malaria and Tuberculosis include early diagnosis and treatment, improving monitoring and evaluation, strengthening human resources, involvement of NGOs, Private sector and community, providing services near to the doorstep of
community etc.

Organogram of NRHM, Rajasthan



Assessment of Operational Delivery Points of Churu District, Rajasthan

Introduction

Reduction in maternal and child mortality rate is the stated goal for National Health Mission, National Population Policy, and National Health Policy and is also included in the Millennium Development Goals (MDG) to which the country is a signatory and has to respond.

Maternal and Child health have become the prime focus for healthcare delivery all over the world, especially after the advent of the Millennium Development Goals, with MDGs 4 and 5 being "reducing child mortality rates" and "improving maternal health" respectively.

Maternal and child mortality in India continues to remain unacceptably high. Historical evidence at the global level has demonstrated that it is possible to bring down effectively if obstetric and neonatal services are provided within reach of the communities and the families.

The main strategies and initiatives implemented by NRHM to reduce MMR and IMR:
1. Operationalization of Health delivery centers/FRUs for 24*7 basic delivery service and comprehensive care including caesarean, blood storage facility.
2. Providing facility based newborn care by establishing NBCC, NBSU and SNCU at delivery points.
3. Capacity building of staff by trainings like SBA, LSAS, EmOC, IMNCI, NSSK etc.
4. Availability of specialists, equipments and services in functional status.

Research question

What are the facilities and human resource available for handling safe deliveries and providing neonatal care at delivery points and identification of facilitating and hindering factors in the achievement of desired outputs?

Objectives

1. To study and analyze the existing physical facilities and human resource available for handling deliveries and providing neonatal care in various Govt. health facilities designated as delivery points as per IPHS guidelines.
2. To identify the facilitating and hindering factors in the achievement of desired outputs and suggest measures to correct them.

Geographical status

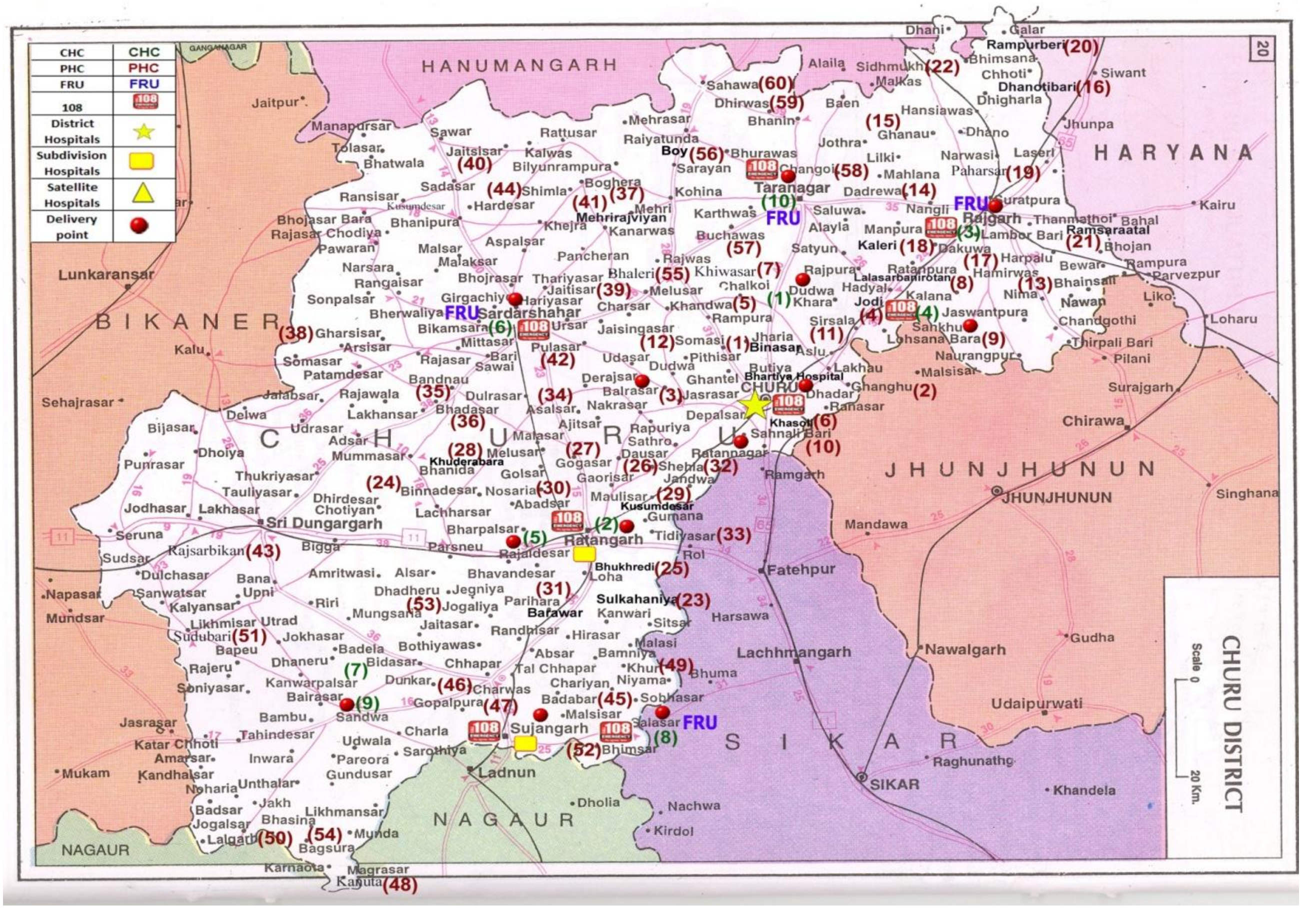
Rajasthan state at a glance

S. no.	Health facilities	No. of health facilities
1	District	33
2	District Hospital	35
3	Sub Division Hospital	16
4	Govt. Blood Banks	44
5	City Dispensaries	195
6	Block	249
7	CHC	551
8	PHC	2066
9	Sub center	13227
10	Delivery points	1665
11	108 Ambulances	603

District Churu

S. no.	Type of health facility	Total no. of health facilities	Identified delivery points (as on Dec.2011 from NRHM website)
1	District hospital	1	1
2	Sub divisional hospital	2	2
3	Community health center	14	10
4	Primary health center	83	15
5	Sub center	437	45

Mapping of Health facilities of Churu District



Methodology

Study Type: Cross-Sectional Descriptive Study
It is a Qualitative type of study

Sampling Unit: Ratangarh and Taranager block from Churu District

Sampling Frame:

1. 1 month (from 25th April to 25th may 2014)
2. Sub divisional hospital, CHC, PHC and sub centers of Churu district would be the study area.
3. **Study Respondents:** Doctors, Nurses, pharmacist and administrative staff working in hospital.

Tools and Techniques: A checklist is prepared according to the IPHS guidelines which include physical infrastructure, human resource and their training status, infrastructure and equipments available at Labour room, new born care corner and new born stabilization unit and the checklist is to be filled by direct observation and remarks are to be noted.

Sampling method and Sample size: Non probability sampling (convenience sampling) method will be used.

Facilities covered during field visit of District Churu

S. no.	Type of health facility	Health facility
1	Sub divisional hospital	SDH - S R J Hospital, Ratangarh
2	Community Health Center	1. CHC- Taranagar 2. CHC- Rajaldesar
3	Primary Health Center	1. PHC- Parihara 2. PHC- Sehla 3. PHC- Sahwa 4. PHC- Satyu
4	Sub center	1. SC- Jaleu 2. SC- Gourisar

Timeline of the study:

Time Activity	25th April to 28th April	29th April to 4th May	5th May to 16th May	17th May to 25th May
Initial Discussions	----------			
Review of Literature	----------	----------		
Selection of Hospitals		----------		
Selection of Tools		----------		
Data Collection			----------	
Analysis				----------

Limitations of the Survey:

The following limitations of the survey were identified:

1. Sample sizes were taken was small and the size might not represent the entire universe of the study.
2. There was scope for more in-depth probing of various components making the study more interesting.
3. Time constraints for various activities of the project.

Observations:

(1) Sub divisional hospital (SDH) Ratangarh

SDH Ratangarh is a Level – 3 health facility. It comes under Ratangarh block of Dist. Churu, Rajasthan. The distance between SDH Ratangarh and Dist. Hospital is around 45 km.1 CHC and 11 PHC(s) are under its control.

SDH Ratangarh is established as the block head quarter. It covers a population of 2.92 lakh people in which almost 1 lakh people belong to the rural area. It has direct connectivity from Main road and a walking distance from railway station and bus stand. The health facility is running in a Government building. Facilities like 24*7 water supply and Electricity are provided and generators are used for Power back-up. Infrastructural facilities related to pregnant women and new born children like Labour room, NBCC and NBSU are functional in the hospital. It is a high load delivery point. Separate wards for male and female patients have been established. Blood storage unit was also established in the hospital. Referral services are provided with the help of 108 ambulance and it is a 108 ambulance station itself, other than this ambulance and 'Janani express' is also available for pregnant ladies.

Total 2323 deliveries were conducted in the previous year (April2013 to March2014), no C-section is performed in the hospital. In month of April total IPD of maternity ward are 378, in which 141 cases are related to deliveries. Out of 141 deliveries conducted in hospital 137 children are alive and 4 children are dead. 37 pregnant women and 12 children are referred to higher level facility (Dist. Hospital Churu).

Human resource-

According to IPHS norms 1 post each for Medicine and Surgery Specialist are sanctioned but post of Surgery Specialist/ surgeon is vacant in the hospital. Doctors specialising in Surgery, anaesthesia, ophthalmic and paediatrics are available at health facility but OBG specialist, medicine, ENT, radiologist and pathologist are vacant. 13 Posts of general doctors are sanctioned in which 5 are vacant. Post of chief nursing superintendent along with nursing superintendent grade-1 and grade-2 are vacant.10 posts of nurse grade-1 and 42 of grade-2 are sanctioned in which 6 and 8 posts are vacant respectively. 2 out of 9(sanctioned) positions of lab technician are vacant and out of 7 only 4 pharmacists are available in position. Ward boys and driver are recruited as per norms.

Labour room-

Labour room is clean and well placed labour tables are available. Kelly's pad is available but McIntosh sheet is not used. Suction machine, Oxygen cylinder, sterilization equipment (Hot water bath) are available but sterilization equipment is placed in recovery room. Equipments used in normal and assisted delivery kits are available. Other facilities like drug and supplies, 24*7water and electricity supply are available in the labour room and inverter/generator is used for Power supply to the whole building including labour room. Attached toilet facility is provided for pregnant mothers. Drugs used in emergency drug tray like Inj. of Oxytocin, Diazepam, Magnesium sulphate, lignocaine, Methyl ergometrine and Tab. of Nifedepine and sterilized cotton and Gauze are available but I.V. Haemaccel is not available. These drugs are stored in labour room and other drugs and consumables are placed in Elmira. Biomedical waste disposal bags are available.

New Born Care corner (NBCC)-

A well equipped NBCC is established in the Labour room. Open care system including radiant warmer of fixed height with trolley, drawers and Oxygen bottles is available at NBCC. Weighing Scale, Resuscitator, Thermometer, lamp for light examination and suction pump are available. Separate oxygen cylinder for NBCC is also available. Hub Cutter, syringe and other consumables are also available.

New Born Stabilization unit (NBSU)-

A well equipped and fully furnished NBSU is established in the hospital. Hygienic conditions are maintained in the NBSU and it is washed and disinfected every week. In April month 17 children are admitted in NBSU. Open care systems including radiant warmer of fixed height with trolley, drawers and O2-bottles are available. Laryngoscope, Resuscitator, Thermometer, light examination lamp and suction pump are available but Baby scale and oxygen cylinder in NBSU is not available. Hub Cutter, syringe and other consumables are also available.

Training of staff-

There are 4 SBA (Skill Birth Attendant) trained staff nurses available in the hospital to handle delivery cases. There is no medical officer who trained in BeMOC, IMNCI and RTI. 1 medical officer is trained in MTP. 5 persons are trained in RTI/STI. 3 labour room staff is

trained for IUD insertion including 1 medical officer. All nursing staff is trained for routine immunization.

(2) Community Health Center (CHC) Taranagar

CHC Taranagar is a Level – 3 health facility. It comes under Taranagar block of Dist. Churu, Rajasthan. The distance between CHC and Dist. Hospital is around50 kms. The CHC cover 110 villages and a population of 34,265 people.

CHC Taranagar is established at the block head quarter. It has direct connectivity from Main road and having a walking distance from the bus stand. The health facility is running in a Government building which is in a good condition. Facilities like 24*7 water supply and Electricity are provided by the CHC and generators are used for Power back-up. Infrastructural facilities related to pregnant women and new born children like Labour room, NBCC and NBSU are functional in the CHC. It is a high load delivery point. Separate wards for male and female patients have been established. Blood storage unit was also established in CHC. Referral services are provided with the help of 108 ambulance and this CHC is a 108 ambulance station itself, other than this 1 CHC ambulance and 'Janani express' is also available for pregnant ladies.

Total IPD of maternal ward in the previous year (April2013 to March2014) were 895 (all cases are related to deliveries), no C-section is performed in the CHC. 532 pregnant women and 46 new born children are referred to higher level. In month of April 56 deliveries are conducted, 26 pregnant women and 2 children are referred.

Human resource-

According to IPHS norms (1 doctor each) specialising in Surgery, OBG specialist, anaesthetics and paediatrician should be available at CHC level health facility in which OBG specialist and paediatrician are in position. Post of 2 general doctors is vacant. 6 out of 8(sanctioned) staff nurses are in position. Out of 2 only1 pharmacist is in position. Lab technician, LHV and Data entry operator are recruited as per the posts sanctioned by Government but the post of Radiographer and Accounts assistant are vacant. Ward boys and driver are also recruited as per norms.

Labour room-

Labour room is clean and well placed labour tables are present. Kelly'spad and McIntosh sheet are available but not used. Suction machine, Oxygen cylinder, Autoclave and equipments used in normal and assisted delivery kits are available but sterilization equipments are in recovery room. Other facilities like drug and supplies, 24*7water and electricity supply are available in the labour room and an inverter is used for Power supply to the whole building including labour room. Attached toilet facility is provided for pregnant mothers. Drugs used in emergency drug tray like Inj. of Oxytocin, Diazepam, Magnesium sulphate, lignocaine, Methyl ergometrine and Tab. of Nifedepine and sterilized cotton and Gauze are available but I.V. Haemaccel is not available. These drugs are stored in labour room and other drugs and consumables are placed in Elmira.

New Born Care corner (NBCC)-

A well equipped NBCC is established in the Labour room. Open care system including radiant warmer of fixed height with trolley, drawers and O2-bottles is available at NBCC. Weighing Scale, Resuscitator, Thermometer, lamp for light examination and suction pump are available but separate oxygen cylinder for NBCC is not available. Hub Cutter, syringe and other consumables are also available.

New Born Stabilization unit (NBSU)-

A well equipped and fully furnished NBSU is established in the hospital. Hygienic conditions are maintained in the NBSU. Open care systems including radiant warmer of fixed height with trolley, drawers and O2-bottles are available. Laryngoscope, Resuscitator, Thermometer, light examination lamp and suction pump are available but Baby scale and oxygen cylinder in NBSU is not available. Hub Cutter, syringe and other consumables are also available.

Training of staff-

There are 4 SBA trained persons in the CHC including LHV, GNM and ANM to assist deliveries. There is no medical officer who trained in BeMOC, IMNCI and MTP. 2 GNM(s) are trained in IMNCI. 5 persons are trained in RTI/STI. All labour room staff is trained for IUD insertion including medical officers. 2 GNM(s) are trained for routine immunization.

(3) Community Health Center (CHC) Rajaldesar

CHC Rajaldesar is a Level – 2 health facility. It comes under Ratangarh block of Dist. Churu, Rajasthan. The distance between CHC and Dist. Hospital is 75 km. and from Sub-divisional hospital it is around 15 km. The CHC cover 25 villages and a population of 30,000 people (Approx).

CHC Rajaldesar has direct connectivity from Main road and having a walking distance from Railway station and bus stand. The health facility is running in a Government building which is in a good condition. Facilities like 24*7 water supply and Electricity are provided by the CHC and inverter is used for Power back-up. Facilities related to pregnant women and new born children like Labour room, NBCC and NBSU are functional in the CHC. Separate wards for male and female patients have been established. Blood storage unit is not established in CHC. Referral services are provided with the help of 108 ambulance and this CHC is a 108 ambulance station itself. Operation theatre is not functional in CHC and manually operated generator is used to provide emergency power backup in cold chain storage.

Human resource-

According to IPHS norms (1 doctor each) having speciality in Surgery, OBG specialist, anaesthetics and paediatrician should be available at CHC level health facility but in CHC Rajaldesar all posts of specialists are vacant. Superintendent medical officer and 1 medical doctor are in position. 1 Dentist and 1 Ayush doctor are also available at CHC. According to norms total 10 staff nurses should be available on CHC level out of which 6 staff nurses are in position. Lab technician, ANM, Radiographer, Accounts assistant and Data entry operator are recruited as per the posts sanctioned by Government but the post of OT technician, LHV and pharmacist are vacant. Ward boys and driver are also not recruited as per norms.

Labour room-

Labour room is clean and well placed labour tables are present. Kelly'spad and McIntosh sheet are available but McIntosh sheet is not used. Suction machine, Oxygen cylinder, steriliser and equipments used in normal and assisted delivery kits are available. Other facilities like drug and supplies, 24*7water and electricity supply are available in the labour room and inverter is used for Power supply to the whole building including labour room. Attached toilet facility is not provided for pregnant mothers. Drugs used in emergency drug tray like Inj. of Oxytocin, Diazepam, Magnesium sulphate, lignocaine, Methyl ergometrine

and Tab. of Nifedepine and sterilized cotton and Gauze are available. These drugs are stored in labour room and other drugs and consumables are placed in Almirah.

New Born Care corner (NBCC)-

A well equipped NBCC is established in the Labour room. Open care system including radiant warmer of fixed height with trolley, drawers and O2-bottles is available at NBCC. Weighing Scale, Resuscitator, Thermometer, lamp for light examination and suction pump are available but separate oxygen cylinder for NBCC is not available. Hub Cutter, syringe and other consumables are also available.

New Born Stabilization unit (NBSU)-

A well equipped and fully furnished NBSU is recently established in the hospital. Hygienic conditions are maintained in the NBSU. Open care systems including radiant warmer of fixed height with trolley, drawers and O2-bottles are available. Resuscitator, Thermometer, light examination lamp and suction pump are available but Baby scale and Laryngoscope is not available. Hub Cutter, syringe and other consumables are also available. Disinfectants are used but not placed in unit.

Training of staff-

There are 2 SBA trained persons in the CHC including staff nurse and ANM to assist deliveries. There is 1 medical officer who trained in BeMOC, IMNCI and RTI/STI but no one in MTP. 4 persons are trained in IMNCI including Medical officer. All labour room staff is trained for IUD insertion including medical officers. No one in the staff is trained for routine immunization.

(4) Primary Health Center (PHC) Parihara

PHC Parihara is a Level - 2 health facility. It comes under Ratangarh block of Dist. Churu, Rajasthan. The distance between PHC and Dist. Hospital is around70 km. and from nearby CHCs Ratangarh and Sujangarh are 20 km. and 35 km. respectively. The PHC covers 8 Sub centres including 14 villages and almost 30,000 of population.

PHC parihara is 3 kilometres distant from Main highway and 1 k.m. from main market. The health facility is running in a Government building which is in a very good condition. Facilities like 24*7 water supply and Electricity are provided by the PHC but there is no provision of Power back-up. Infrastructural facilities related to pregnant women and new

born children like Labour room, NBCC are functional in the PHC but NBSU was not established. Separate wards are meant for male and females. Referral services are provided with the help of 108 ambulance and this PHC is 108 ambulance station itself.

Total IPD (in the month of April) of maternal ward is 35 in which 20 cases are related to deliveries, no C-section is performed in the PHC. No pregnant woman and new born child is referred to higher level in April but 2 Pregnant women are referred in month of may.

Human resource-

According to IPHS norms total staff of 14 members including Doctors, Staff nurses; Pharmacist, Lab technician etc. should be available at PHC level. Doctors, staff nurses, Lab tech. and Data entry operator are recruited as per the posts sanctioned by Government but the post of pharmacist, health workers and LHV are vacant and cold chain and vaccine logistics are handled by male staff nurses. Sanitary workers are recruited on contract basis.

Labour room-

In labour room clean and well placed labour table is present but Kelly'spad and McIntosh sheet are not used. Suction machine, equipments for Oxygen administration, sterilization (Hot water bath) and used in normal and assisted delivery kits are available. Other facilities like drug and supplies, 24*7water and electricity supply and attached toilet facilities are available at the labour room but there is no provision for Power back up in case of emergency. Drugs used in emergency drug tray like Inj. of Oxytocin, Diazepam, Magnesium sulphate, lignocaine, Methyl ergometrine and Tab. of Nifedepine and sterilized cotton and Gauze are available but I.V. Haemaccel is not available. These drugs are stored in drug store and issued at the time of Requirement.

New Born Care corner (NBCC)-

A well equipped NBCC is established in the Labour room. Open care system including radiant warmer of fixed height with trolley, drawers and O2-bottles is available at NBCC. Spring operated Weighing Scale, Resuscitator, foot operated suction pump, Thermometer and Oxygen Cylinder are available but suction pump is not used and kept stored in the Store room. Normal torch is used for Light examination. Hub Cutter, syringe and other consumables are also available.

Training of staff-

Various training programs are designed for medical and paramedical staff to enhance their knowledge and skills and helps to cater better health services to the patients. There are 2 SBA trained persons including 1 staff nurse and 1 ANM to assist safe delivery. 1 medical officer is trained in MTP. 1 ANM and 2 staff nurses are trained for IUD insertion and 1 ANM is trained for routine immunization.

(5) Primary Health Center (PHC) Sehala

PHC Sehala comes under Ratangarh block of Dist. Churu, Rajasthan. The distance of PHC from Dist. Hospital and nearby CHC Ratangarh is 25k.m. and 20 km. respectively. The PHC covers 4 Sub centres including 4 villages and almost 8,000 of population.

PHC Sehala has direct connectivity from Main highway and established at the entrance of village. The health facility is running in a Government building which is in a good condition. Facilities like 24*7 water supply and Electricity are provided by the PHC but there is no provision of Power back-up. Infrastructural facilities related to pregnant women and new born children like Labour room, NBCC are functional in the PHC but NBSU was not established. There is a common ward for male and females. Referral services are not provided.

Total IPD of maternal ward in the previous year (April2013 to March2014) were 33 and all 33 cases are related to deliveries, no C-section is performed in the PHC. No pregnant woman and new born child are referred to higher level.

Human resource-

According to IPHS norms total staff of 14 members including Doctors, Staff nurses; Pharmacist, Lab technician etc. should be available at PHC level. Doctors, staff nurses and LHV are recruited as per the posts sanctioned by Government but the post of pharmacist, health workers and lab technician are vacant and cold chain and vaccine logistics are handled by male staff nurse. Data entry operator and ANM are deputed to block CHC.

Labour room-

In labour room clean and well placed labour table is present, McIntosh sheet is used but Kelly's pad is not used. Suction machine is not available, Oxygen cylinder and other equipments for Oxygen administration are available, sterilization equipment is available but

kept in store room. Other facilities like drug and consumables, 24*7water and electricity supply and attached toilet facilities are available at the labour room but there is no provision for Power back up in case of emergency. Drugs used in emergency drug tray like Inj. of Oxytocin, Diazepam, lignocaine, Methyl ergometrine and Tab. of Nifedepine and sterilized cotton and Gauze are available but I.V. Haemaccel and Magnesium sulphate is not available. These drugs are stored in drug store and issued at the time of requirement.

New Born Care corner (NBCC)-

A well equipped NBCC is established in the Labour room. Open care system including radiant warmer of fixed height with trolley, drawers and O2-bottles is available at NBCC. Weighing Scale, suction pump, Thermometer and Oxygen Cylinder are available but suction pump and light stand are not used and kept stored in the Store room. Hub Cutter, syringe and other consumables are also available but resuscitator was unavailable.

Training of staff-

Various training programs are designed for medical and paramedical staff to enhance their knowledge and skills and helps to cater better health services to the patients.1 SBA trained staff nurse is there to assist safe delivery. 1 LHV and 1 staff nurse are trained for IUD insertion and 2 persons including medical officer are trained for routine immunization.

(6) Primary Health Center (PHC) Sahwa

PHC Sahwa is a Level - 2 health facility and recently promoted to CHC. It comes under Taranagar block of Dist. Churu, Rajasthan. The distance between PHC and Dist. Hospital is around 100 km. and from nearby CHCs Taranagar and Nohar are 38 km. and 40 km. respectively. The PHC covers 7 Sub centres including 30 villages and almost 32,000 of population.

PHC Sahwa has direct connectivity from Main road and established at the entrance of village. The health facility is running in a Government building which is in a good condition but they are facing problems due to lack of rooms. Facilities like 24*7 water supply and Electricity are provided by the PHC and inverter is used for Power back-up. Infrastructural facilities related to pregnant women and new born children like Labour room, NBCC are functional in the PHC but NBSU was not established. There is a high load of patients in PHC but there no separate wards for male and females. Referral services are provided with the help of 108

ambulance and this PHC is a 108 ambulance station itself, other than this 1 ambulance is also provided by MLA quota.

Total IPD of maternal ward in the previous year (April2013 to March2014) were 328 and all cases are related to deliveries, no C-section is performed in the PHC. 50 pregnant women and 3 new born children are referred to higher level. In month of April 30 deliveries are conducted and 1 child is referred.

Human resource-

According to IPHS norms Doctors, Staff nurses, Pharmacist, Lab technician etc. are available at PHC but now it is promoted into CHC so new posts are generated more no. of persons are required . 4 Doctors are recruited at health facility including Ayush doctor. Lab technician, 2 lab assistants, LHV, 2 GNMs and 3 ANMs are in position. But the posts of pharmacist and data entry operator are vacant and cold chain and vaccine logistics are handled by staff nurses. 1 group-D worker is recruited to handle sanitary works.

Labour room-

Labour room is clean and well placed labour tables are present. Kelly's pad and McIntosh sheet are available but not used. Suction machine, Autoclave and equipments used in normal and assisted delivery kits are available but Oxygen cylinder is not available. Other facilities like drug and supplies, 24*7water and electricity supply are available in the labour room and an inverter is used for Power supply to the whole building including labour room. No attached toilet facility is provided. Drugs used in emergency drug tray like Inj. of Oxytocin, Diazepam, Magnesium sulphate, lignocaine, Methyl ergometrine and Tab. of Nifedepine and sterilized cotton and Gauze are available but I.V. Haemaccel is not available. These drugs are stored in drug store.

New Born Care corner (NBCC)-

NBCC is established in the Labour room. Open care system including radiant warmer of fixed height with trolley, drawers and O2-bottles is not available at NBCC. Weighing Scale, Resuscitator, Thermometer and lamp for light examination are available but suction pump and oxygen cylinder are not available. Hub Cutter, syringe and other consumables are also available.

Training of staff-

There are 5 SBA trained persons in the PHC including Ayush doctor, GNM and ANM to assist delivery. 2 medical officers are trained in BeMOC and IMNCI. 4 persons are trained in RTI/STI and IUD insertion including 1 medical officer.6 persons are trained for routine immunization which includes medical officer, Ayush doctor and ANM.

(7) Primary Health Center (PHC) Satyu

PHC Satyu comes under Taranagar block of Dist. Churu, Rajasthan. It was designated as Model SC and promoted to PHC 2years ago. The distance of PHC from Dist. Hospital and nearby CHC Taranagar is 40 km. and 13 km. respectively. The PHC covers 10 Sub centres including 16 villages and a population of 30115.

PHC Satyu is running in the building of sub centre and the new building is under construction. Current building is also a Government building situated 2 kilometres distant from Main Road and not suitable for PHC. Facilities like 24*7 water supply and Electricity are provided by the PHC but there is no provision of Power back-up. Infrastructural facilities related to pregnant women and new born children like Labour room is functional in the PHC but NBCC and NBSU are not established. There is no ward established for patient. In case of emergency referral services are provided by 108 ambulance and for pregnant women services of 104 ambulance 'Janani Express' are also provided.

Total IPD of maternal ward in the previous year (April2013 to March2014) were 45. All cases are related to deliveries, no C-section is performed in the PHC. No pregnant woman and new born child is referred to higher level facilities.

Human resource-

According to IPHS norms total staff of 14 members including Doctors, Staff nurses; Pharmacist, Lab technician etc. should be available at PHC level. Doctor, LHV, heath worker Lab tech. and Data entry operator are recruited as per the posts sanctioned by Government but the post of pharmacist, staff nurses and cold chain and vaccine logistics assistant are vacant. Sanitary and other multi skilled workers (group D workers) are not in position.

Labour room-

Labour room is clean and labour table is available but Kelly's pad and McIntosh sheet are not used. Suction machine, equipments for Oxygen administration and sterilization are not

available. A normal delivery kit is available. Other facilities like 24*7water and electricity supply and attached toilet facilities are not available in the labour room. Drugs used in emergency drug tray like Inj. of Oxytocin, Methyl ergometrine and sterilized cotton and Gauze are available but I.V. Haemaccel Diazepam, Magnesium sulphate, lignocaine and Tab. of Nifedepine are not available.

New Born Care corner (NBCC)-

A well equipped NBCC is not established in the Labour room. Radiant warmer, Resuscitator, suction pump and Oxygen Cylinder are not available. Normal torch is used for Light examination. Hub Cutter, syringe and other consumables are available.

Training of staff-

Various training programs are designed for medical and paramedical staff to enhance their knowledge and skills and helps to cater better health services to the patients. The LHV is trained in SBA and assist safe deliveries. Other than SBA, LHV is also trained in IMNCI, RTI/STI and IUD insertion. 2 paramedical staff is trained for routine immunization including LHV and ANM.

(8) Sub Center (SC) Gorisar

SC Gorisar is a level-1 health facility. It comes under PHC Daudsar, Ratangarh block of Dist. Churu, Rajasthan. The distance of sub centre from PHC Daudsar is 10 km. Dist. Hospital and Sub divisional hospital are having a distance of 30 km. and 15 km. respectively. The SC covers a population of approximately 2000 people.

SC Gorisar is running a new Government building. It is 1 km. distant from Main Road and in middle of the village. Facilities like 24*7 water supply and Electricity are provided by the sub centre but there is no provision of Power back-up. Facilities related to deliveries and new born children like Labour room and NBCC are functional. Communication and transportation facilities are not available. There is no provision of residential room in sub centre for staff.

ANM along with 2 ASHA workers are available at the sub centre. ANM is trained in SBA, JSSK, IUCD, RTI/STI, IMNCI and routine immunization. Total 19 delivery cases are carried out in last year (April2013 to March2014). No pregnant woman and new born child are referred to higher level facilities.

Labour room-

Labour room is clean and labour table is available. Kelly's pad is used but McIntosh sheet are not used. Equipments for Oxygen administration and sterilization and normal delivery kit are available but suction machine is not available. Other facilities like 24*7water and electricity supply and attached toilet facilities are not available in the labour room. Drugs used in emergency drug tray like I.V. Haemaccel Diazepam, Magnesium sulphate, and Tab. of Nifedepine are not available.

New Born Care corner (NBCC)-

A well equipped NBCC is established in the Labour room. Radiant warmer, Weighing Scale, Thermometer, suction pump and Oxygen Cylinder are available but Resuscitator is unavailable. Hub Cutter, syringe and other consumables are available.

(9) Sub Center (SC) Jaleu

SC Jaleu is a level-1 health facility. It comes under PHC Daudsar, Ratangarh block of Dist. Churu, Rajasthan. The distance of sub centre from PHC Daudsar is 13 km. Dist. Hospital and Sub divisional hospital are having a distance of 37 km. and 8 km. respectively. The SC covers a population of approximately 3100 people.

SC Jaleu is running in a Government building. It is 3 km. distant from Main Road and at the end of the village. Facilities like 24*7 water supply and Electricity are provided by the sub centre but water comes on alternative days and there is no provision of Power back-up. Facilities related to deliveries, Labour room is functional but NBCC is not established. Communication and transportation facilities are not available. Residential facility for ANM is available in sub centre.

ANM along with 2 ASHA workers are available at the sub centre. ANM is trained in SBA, IUCD and routine immunization. Total 24 delivery cases were carried out in last year (April2013 to March2014). 1 pregnant woman is referred to higher level facility.

Labour room-

Labour room is clean and labour table is available. Kelly's pad and McIntosh sheet are not available. Equipments used in normal delivery kit are available but sterilization equipment and suction machine are not available. Other facilities like 24*7water and electricity supply

and attached toilet facilities are not available in the labour room. Drugs used in emergency drug tray are not available.

New Born Care corner (NBCC)-

NBCC is not established in the Labour room. Weighing Scale and Thermometer are available but Radiant warmer, Resuscitator, suction pump and Oxygen Cylinder are unavailable. Hub Cutter, syringe and other consumables are available.

Key findings

1. Posts of doctors having specialty in Surgery, anesthesia, pediatrics and OBG were vacant at CHC level health facilities. Posts of nursing and other paramedical staff like pharmacist, data entry operators etc. were also vacant at health facilities.

2. Medical officers recruited at PHC level were not trained in BeMOC, IMNCI, RTI and MTP.

3. C-sections were not carried out at SDH Ratangarh and CHC Taranagar (level-3 health facilities).

4. Kelly's pad and Mcltosh sheet were not used in labour room.

5. Referral services were not provided by PHCs Satyu and Sehla.

6. PHC Satyu was running in the building of sub center.

7. Electricity power back up was not provided at PHC level heath facilities.

8. Colour coded waste bin bags were not available at PHCs visited.

Suggestions

1. Specialists should be recruited at level-3 health facilities (SDH Ratangarh and CHC Taranagar).

2. Doctors and paramedical staff should be trained on regular basis to promote safe deliveries and new born care.

3. Availability of Referral services, equipments and consumables at labour room, NBCC and NBSU, 24*7 water and electricity supply should be provided and their maintenance should be done on regular basis.

4. For proper biomedical waste disposal colored bin bag should be made available and should be disposed regularly.

Annexure

(1) Checklist for Sub Divisional Hospital/Community Health Center

Name of District		**Date of visit**	
Name of Block		**Population covered**	
Name of Health facility		**Villages Covered**	
Level of facility		**Distance from Dist. Hospital/ Other facility**	

Physical infrastructure				
S. no.	**Infrastructure**	**Availability**		**Remarks**
		Yes	**No**	
1	Health facility easily accessible from nearest road head			
2	Functioning in Govt building			
3	Building in good condition			
4	Habitable Staff Quarters for MOs			
5	Habitable Staff Quarters for SNs			
6	Habitable Staff Quarters for other categories			
7	Electricity with power back up			
8	Running 24*7 water supply			
9	Clean Toilets separate for Male/Female			
10	Functional and clean labour Room			
11	Functional and clean toilet attached to labour room			
12	Functional New born care corner			
13	Functional Newborn Stabilization Unit			
14	Functional SNCU			
15	Clean wards			
16	Separate Male and Female wards (at least by partitions)			
17	Availability of Nutritional Rehabilitation Centre			
18	Functional BB/BSU, specify			
19	Separate room for ARSH clinic			
20	Availability of complaint/suggestion box			
21	Availability of mechanisms for Biomedical waste management (BMW)at facility			
22	BMW outsourced			
23	Availability of ICTC/ PPTCT Centre			
24	Availability of functional Help Desk			

Human resource				
S. no.	**Category**	**Sanctioned**	**In position**	**Vacant positions**
1	OBG			
2	Anaesthetist			
3	Paediatrician			
4	General Surgeon			
5	Other Specialists			
6	MOs			
7	SNs			
8	ANMs			
9	LTs			
10	Pharmacist			
11	LHV			
12	Radiographer			
13	RMNCHA+ counsellors			
14	Others			

Training Status of Staff at Facility				
S. no.	**Name of training**	**No. of person trained**	**Designation**	**Remarks**
1	SBA			
2	BeMOC			
3	MTP			
4	IMNCI			
5	F-IMNCI			
6	IUD			
7	RTI/STI			
8	Immunization			
9	Others			

Services provided at the health facilities			
S. no.	**Type of Service**	**Number of beneficiaries**	**Remarks**
1	IPD		
2	Total deliveries		
3	C-section cases		
4	Pregnant woman referred to higher facilities		
5	Children referred to higher facilities		

Available facilities, Equipments and Consumables for Labour Room				
S. no.	**Item Description**	**Availability**		**Remarks**
		Yes	**No**	
1	A labour table with Mattress, pillow and Kelly's pad			
2	McIntosh Sheet			
3	Suction machine			
4	Facility for Oxygen administration			
5	Sterilisation equipment			
6	24-hour running water			
7	Electricity supply with back-up facility (generator with POL)			
8	Attached toilet facilities			
9	**Emergency drug tray**			
(A)	Inj. Oxytocin			
(B)	Inj. Diazepam			
(C)	Tab. Nifedepine			
(D)	Inj. Magnesium sulphate			
(E)	Inj. Lignocaine hydrochloride			
(F)	Inj. Methyl ergometrine maleate			
(G)	IV Haemaccel			
(H)	Sterilised cotton and gauze			
10	Delivery kits, including those for normal deliveryand assisted deliveries			
11	Drug and supplies			

Equipment and Consumables required for the New Born Care Corner				
S. no.	**Item Description**	**Availability**		**Remarks**
		Yes	**No**	
1	Open care system: radiant warmer, fixed height,with trolley, drawers, O2-bottles			
2	Weighing Scale, spring			
3	Resuscitator			
4	Pump suction, foot operated			
5	Thermometer			
6	Light examination,			
7	Hub Cutter, syringe			
8	Oxygen Cylinder			

Equipment and Consumables Required for the New Born Care Stabilization Unit				
S. no.	**Item Description**	**Availability**		**Remarks**
		Yes	**No**	
1	Open care system: radiant warmer, fixed height,with trolley, drawers, O2-bottles			
2	Resuscitator, hand-operated, neonate and child, 500 ml			
3	Laryngoscope set			
4	Scale, baby, electronic, 10 kg <5 kg>			
5	Pump suction, foot operated			
6	Thermometer, clinical, digital, 32-34 C			
7	Light examination, mobile, 220-12 V			
8	Hub Cutter, syringe			
9	Oxygen cylinder			
10	Disinfectant, chlorhexidine, 20%			

(2) Checklist for Primary Health Center

Name of District		**Date of visit**	
Name of Block		**Population covered**	
Name of Health facility		**Villages Covered**	
Level of facility		**Distance from Dist. Hospital/ Other facility**	

Physical infrastructure				
S. no.	**Infrastructure**	**Availability**		**Remarks**
		Yes	**No**	
1	Health facility easily accessible from nearest road head			
2	Functioning in Govt building			
3	Building in good condition			
4	Habitable Staff Quarters for MOs			
5	Habitable Staff Quarters for SNs			
6	Habitable Staff Quarters for other categories			
7	Electricity with functional power back up			
8	Running 24*7 water supply			
9	Clean Toilets separate for Male/Female			
10	Functional and clean labour Room			
11	Functional and clean toilet attached to labour room			
12	Functional New born care corner			
13	Functional Newborn Stabilization Unit			
14	Clean wards			
15	Separate Male and Female wards (at least by Partitions)			
16	Availability of complaint/suggestion box			
17	Availability of mechanisms for waste management			

Human Resource Available at PHC Level Health Faciliy					
S. no.	**Staff**	**IPHS norms**	**Sanctioned**	**In position**	**Vacant positions**
1	Medical Officer- MBBS	1			
2	Medical Officer –AYUSH	1’			
3	Accountant cum Data Entry Operator	1			
4	Pharmacist	1			
5	Pharmacist AYUSH	1’			
6	Nurse-midwife (Staff-Nurse)	4			
7	Health worker (Female)	1			
8	Health Assistant. (Male)	1			
9	Health Assistant. (Female)/Lady Health Visitor	1			
10	Health Educator	1’			
11	Laboratory Technician	1			
12	Cold Chain & Vaccine Logistic Assistant	1’			
13	Multi-skilled Group D worker	2			
14	Sanitary worker cum watchman	1			
	Total	14			

Training Status of Staff at Facility				
S. no.	**Name of training**	**No. of person trained**	**Designation**	**Remarks**
1	SBA			
2	BeMOC			
3	MTP			
4	IMNCI			
5	F-IMNCI			
6	IUD			
7	RTI/STI			
8	Immunization			
9	Others			

Services provided at the health facilities			
S. no.	**Type of Service**	**Number of beneficiaries**	**Remarks**
1	IPD		
2	Total deliveries		
3	C-section cases		
4	Pregnant woman referred to higher facilities		
5	Children referred to higher facilities		

Available facilities, Equipments and Consumables for Labour Room				
S. no.	**Item Description**	**Availability**		**Remarks**
		Yes	**No**	
1	A labour table with Mattress, pillow and Kelly's pad			
2	McIntosh Sheet			
3	Suction machine			
4	Facility for Oxygen administration			
5	Sterilisation equipment			
6	24-hour running water			
7	Electricity supply with back-up facility (generator with POL)			
8	Attached toilet facilities			
9	**Emergency drug tray**			
(A)	Inj. Oxytocin			
(B)	Inj. Diazepam			
(C)	Tab. Nifedepine			
(D)	Inj. Magnesium sulphate			
(E)	Inj. Lignocaine hydrochloride			
(F)	Inj. Methyl ergometrine maleate			
(G)	IV Haemaccel			
(H)	Sterilised cotton and gauze			
10	Delivery kits, including those for normal deliveryand assisted deliveries			
11	Drug and supplies			

Equipment and Consumables required for the New Born Care Corner				
S. no.	**Item Description**	**Availability**		**Remarks**
		Yes	**No**	
1	Open care system: radiant warmer, fixed height,with trolley, drawers, O2-bottles			
2	Weighing Scale, spring			
3	Resuscitator			
4	Pump suction, foot operated			
5	Thermometer			
6	Light examination,			
7	Hub Cutter, syringe			
8	Oxygen Cylinder			

Equipment and Consumables Required for the New Born Care Stabilization Unit				
S. no.	**Item Description**	**Availability**		**Remarks**
		Yes	**No**	
1	Open care system: radiant warmer, fixed height,with trolley, drawers, O2-bottles			
2	Resuscitator, hand-operated, neonate and child, 500 ml			
3	Laryngoscope set			
4	Scale, baby, electronic, 10 kg <5 kg>			
5	Pump suction, foot operated			
6	Thermometer, clinical, digital, 32-34 C			
7	Light examination, mobile, 220-12 V			
8	Hub Cutter, syringe			
9	Oxygen cylinder			
10	Disinfectant, chlorhexidine, 20%			

(3) Checklist for Sub Center

Name of District		**Date of visit**	
Name of Block		**Population covered**	
Name of Health facility		**Villages Covered**	
Level of facility		**Distance from Dist. Hospital/ Other facility**	

Human resource				
S. no.	**Category**	**Sanctioned**	**In position**	**Vacant positions**
1	ANM/Health Worker (Female)			
2	Health Worker (Male)			
3	Staff Nurse (or ANM, if Staff Nurse is not available)			
4	Safai-Karamchari			

Physical infrastructure				
S. no.	**Infrastructure**	**Availability**		**Remarks**
		Yes	**No**	
1	Sub centre located near a main habitation			
2	Functioning in Govt. building			
3	Building in good condition			
4	Electricity with functional power back up			
5	Running 24*7 water supply			
6	ANM quarter available			
7	ANM residing at SC			
8	Functional labour room			
9	Functional and clean toilet attached to labour room			
10	Functional New Born Care Corner (functional radiant warmer with neo-natal ambu bag)			
11	General cleanliness in the facility			
12	Availability of complaint/ suggestion box			
13	Availability of deep burial pit for waste management / any other mechanism			

Services provided at the health facilities			
S. no.	**Type of Service**	**Number of beneficiaries**	**Remarks**
1	IPD		
2	Total deliveries		
3	C-section cases		
4	Pregnant woman referred to higher facilities		
5	Children referred to higher facilities		

Available facilities, Equipments and Consumables for Labour Room				
S. no.	**Item Description**	**Availability**		**Remarks**
		Yes	**No**	
1	A labour table with Mattress, pillow and Kelly's pad			
2	McIntosh Sheet			
3	Suction machine			
4	Facility for Oxygen administration			
5	Sterilisation equipment			
6	24-hour running water			
7	Electricity supply with back-up facility (generator with POL)			
8	Attached toilet facilities			
9	**Emergency drug tray**			
(A)	Inj. Oxytocin			
(B)	Inj. Diazepam			
(C)	Tab. Nifedepine			
(D)	Inj. Magnesium sulphate			
(E)	Inj. Lignocaine hydrochloride			
(F)	Inj. Methyl ergometrine maleate			
(G)	IV Haemaccel			
(H)	Sterilised cotton and gauze			
10	Delivery kits, including those for normal deliveryand assisted deliveries			
11	Drug and supplies			

Equipment and Consumables required for the new born care Corner				
S. no.	**Item Description**	**Availability**		**Remarks**
		Yes	**No**	
1	Open care system: radiant warmer, fixed height,with trolley, drawers, O2-bottles			
2	Weighing Scale, spring			
3	Resuscitator			
4	Pump suction, foot operated			
5	Thermometer			
6	Light examination,			
7	Hub Cutter, syringe			
8	Oxygen Cylinder			

Availability of Furniture at Sub Center				
S.No.	**Item**	**Availability**		**Remarks**
		Yes	**No**	
1	Examination Table			
2	Writing Table			
3	Armless chairs			
4	Medicine chest			
5	Labour table			
6	Wooden screen			
7	Foot step			
8	Coat rack			
9	Bed side table			
10	Stool			
11	Almirahs			
12	Lamp			
13	Side wooden racks			
14	Fans			
15	Tube lights			
16	Basin stand			
17	Buckets			
18	Mugs			
19	Kerosene stove			
20	Sauce pan with lid			
21	Water receptacle			
22	Rubber / plastic shutting			
23	Talquist Hb scale			
24	Drum with tap for storing water			
25	Others (specify)			