



RAPID Assessment

29 April – 04 May, 2013

District Narnaul

Facility Readiness Assessment for Essential Newborn Care and Resuscitation

Child Health Division, NRHM, Haryana

in technical collaboration with



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Maternal and Child Health
Integrated Program

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Objectives:

1. Qualitative and quantitative assessment of readiness of our health facilities for essential newborn care and resuscitation.
2. To assess the quality of essential newborn care provided to each and every neonate immediately after birth.
3. To understand the existing knowledge, skills, attitudes and practices of the health service providers.
4. On job trainings to the service providers on novelties in essential newborn care and resuscitation.

Materials and Methods

1. A structured and tested assessment tool has been used to assess the facilities on 8 parameters viz. facility identification and infrastructure, availability of services, human resource, Equipment and supplies, Register and client case records, protocols and guidelines, individual case records, knowledge and practices.
2. Knowledge and skill assessment has been done on the newborn simulators (mannequins).
3. The current and ideal practices in essential newborn care and resuscitation have been demonstrated to the service providers on the mannequins.

Our teams visited 31 facilities in the district, from 29th April, 2013 to 4th May, 2013, including General Hospital, all CHCs and PHCs and the delivery huts with monthly delivery load of 3 or more. Following is the list of facilities visited:

Sr. No.	Name of Facility
1.	General Hospital, Narnaul
2.	CHC Ateli
3.	CHC Kanina
4.	CHC Mahindergarh
5.	CHC Nangal Choudhary
6.	CHC Nangal Sirohi
7.	Block Phc Dochana
8.	PHC Antri
9.	PHC Bahla Kalan
10.	PHC Bamanwas
11.	PHC Bayal
12.	PHC Bhojawas
13.	PHC Budhwal
14.	PHC Chilroo



15.	PHC Dhanonda
16.	PHC Madhogarh
17.	PHC Mandhana
18.	PHC Mundy khera
19.	PHC Pali
20.	PHC Rampura
21.	PHC Satnali
22.	PHC Sehlang
23.	PHC Simha
24.	PHC Sirohi Bali
25.	SC Akoda
26.	SC Duloth Ahir
27.	SC Makhota
28.	SC Malra
29.	SC Nihalawas
30.	SC Niyamatpur
31.	SC Totaheri

The findings of district Narnaul in general are as follows:

1. Majority of designated delivery points (PHC, Delivery Huts) are not actually functional. Even though there are well constructed Primary Health Centres (Bamanwas & Mandhana)
2. PHC's & Designated Delivery Huts do not have labour table.
3. Issue of False reporting of institutional deliveries also found.
4. 24*7 MCH services are not available even at PHCs.
5. Bio medical waste not collected all over district by agencies under contract.
6. There is shortage of Human resource all over the district.
7. Non availability of the staff nurses is a major issue of concern.
8. Delivery instruments are not available even at PHC's where LMO & MO available
9. Supplies of drugs and instruments are not done rationally. Some facilities have excess supplies and others have stock outs.
10. Tab. Misoprostol is not available at the facilities.
11. Vitamin K is not available at the delivery points.
12. New born care corners not established at many PHC's and delivery huts which is a major setback in essential newborn care.
13. Bag and Mask(0,1) mainly not available or not functional.
14. O₂ cylinders not functional at PHC level.
15. There are certain practices which are ignored being important during the hand holding of the women in labour. i.e. Partographs are not filled by the staff nurses.
16. Immediate cord cutting, milking of cord are certain practices, which are followed in the health facilities need to be rectified.

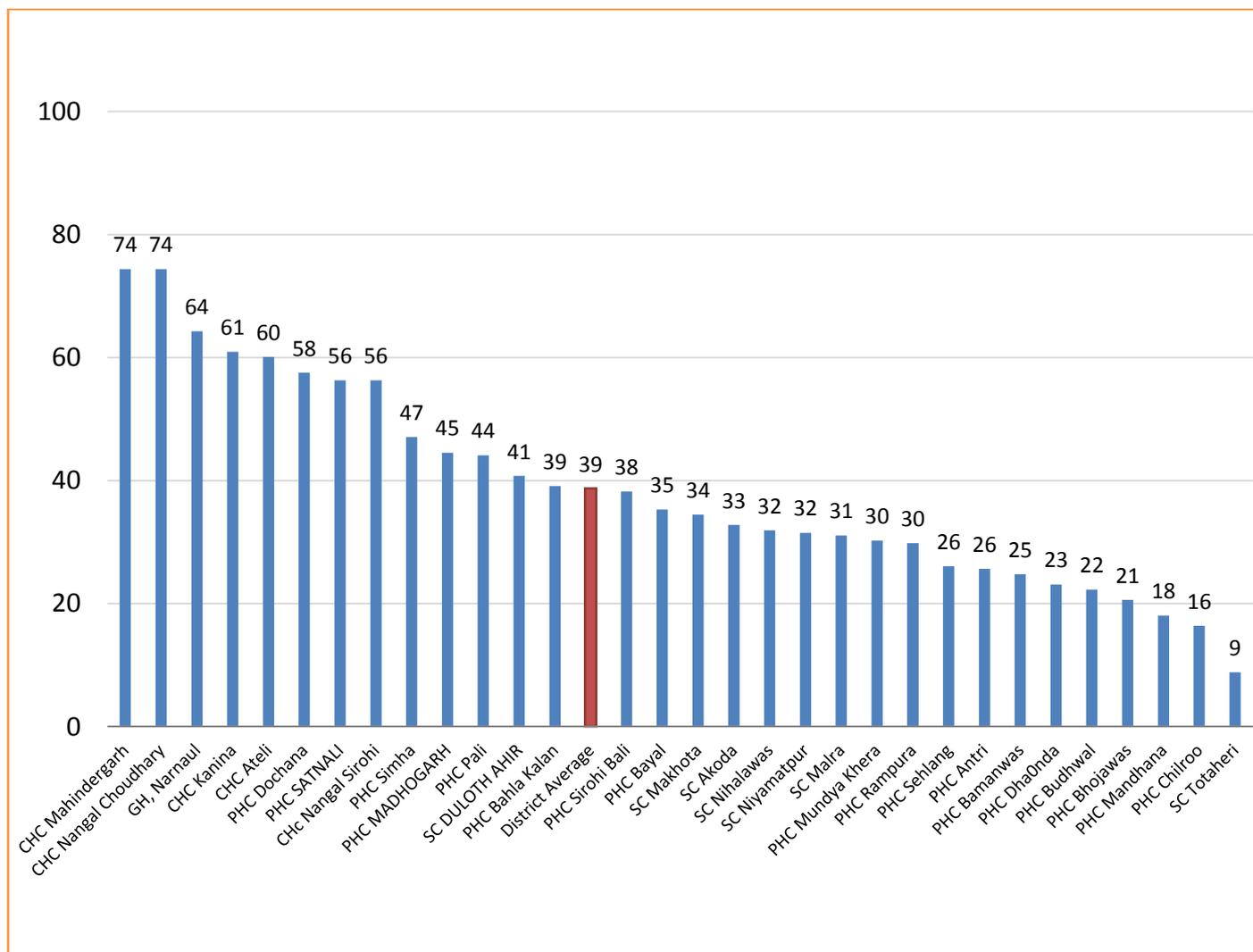
17. There is lack of knowledge about resuscitation in the staff nurses after being trained for NSSK.
18. There is no knowledge possessed by the staff nurses regarding Infection prevention and Hygiene protocols. (Neonatal face mask, Self inflating bag, radiant warmer, Cot & Mattress, Suction Apparatus)
19. Disposable De Lee Mucus extractor is reused.

Table 1. Quantitative Results and Scores (>75 Good, 50-75 Average, <50 Poor)

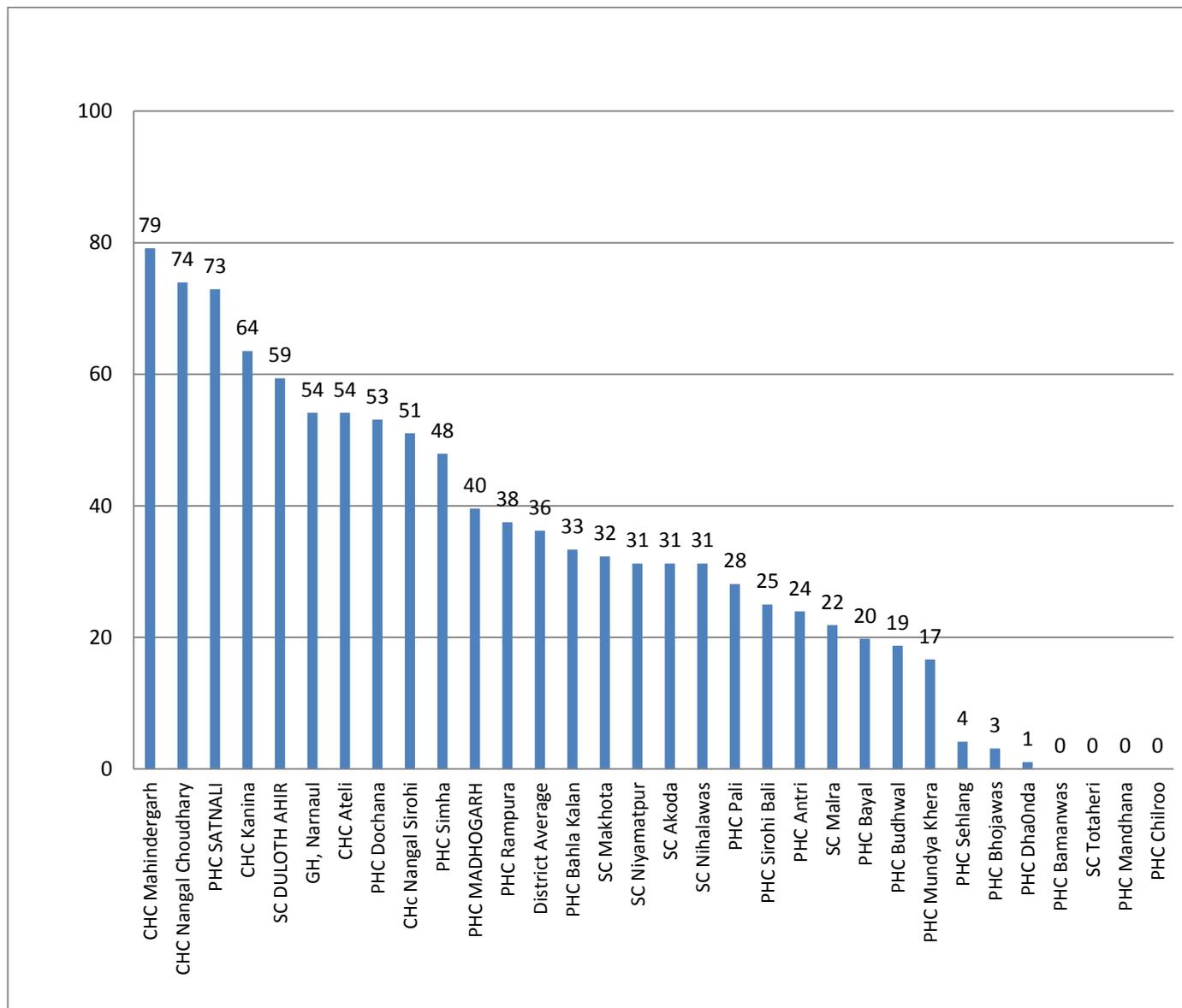
Name of Facility	Infrastructure	Delivery and Newborn Care Services	Essential Drugs Equipment and Supplies	Protocols/ Guidelines and Infection Prevention Knowledge	Provider Knowledge and Skills	Facility Overall Average
GH, Narnaul	100	100	80	25	26	71
CHC Ateli	92	73	77	16	48	67
CHC Kanina	83	64	72	13	49	67
CHC Mahindergarh	83	82	76	50	32	64
CHC Nangal Choudhary	83	82	80	53	50	64
CHc Nangal Sirohi	83	82	68	22	34	61
PHC Dochana	83	82	67	28	34	60
PHC Antri	33	0	34	13	26	60
PHC Bahla Kalan	75	36	53	6	31	59
PHC Bamanwas	50	0	60	3	43	57
PHC Bayal	75	45	55	9	25	56
PHC Bhojawas	50	9	41	9	24	55
PHC Budhwal	42	45	28	3	35	55
PHC Chilroo	42	0	37	6	28	54

PHC DhaOnda	42	64	45	9	29	53
Name of Facility	Infrastructure	Delivery and Newborn Care Services	Essential Drugs Equipment and Supplies	Protocols/ Guidelines and Infection Prevention Knowledge	Provider Knowledge and Skills	Facility Overall Average
PHC MADHOGARH	83	73	53	13	21	51
PHC Mandhana	42	0	39	13	28	49
PHC Mundy Khera	83	73	44	0	36	47
PHC Pali	75	64	63	22	16	47
PHC Rampura	25	0	34	6		
PHC SATNALI	83	73	45	22	29	45
PHC Sehlang	67	64	46	9	0	44
PHC Simha	83	82	49	13	22	43
PHC Sirohi Bali	58	45	60	9	25	42
SC Akoda	50	64	39	3	18	37
SC DULOTH AHIR	50	64	30	3	15	36
SC Makhota	75	55	38	9	33	36
SC Malra	42	45	45	13	34	32
SC Nihalawas	42	36	43	0	34	31
SC Niyamatpur	67	55	31	13	34	27
SC Totaheri	50	0	17	0	0	22

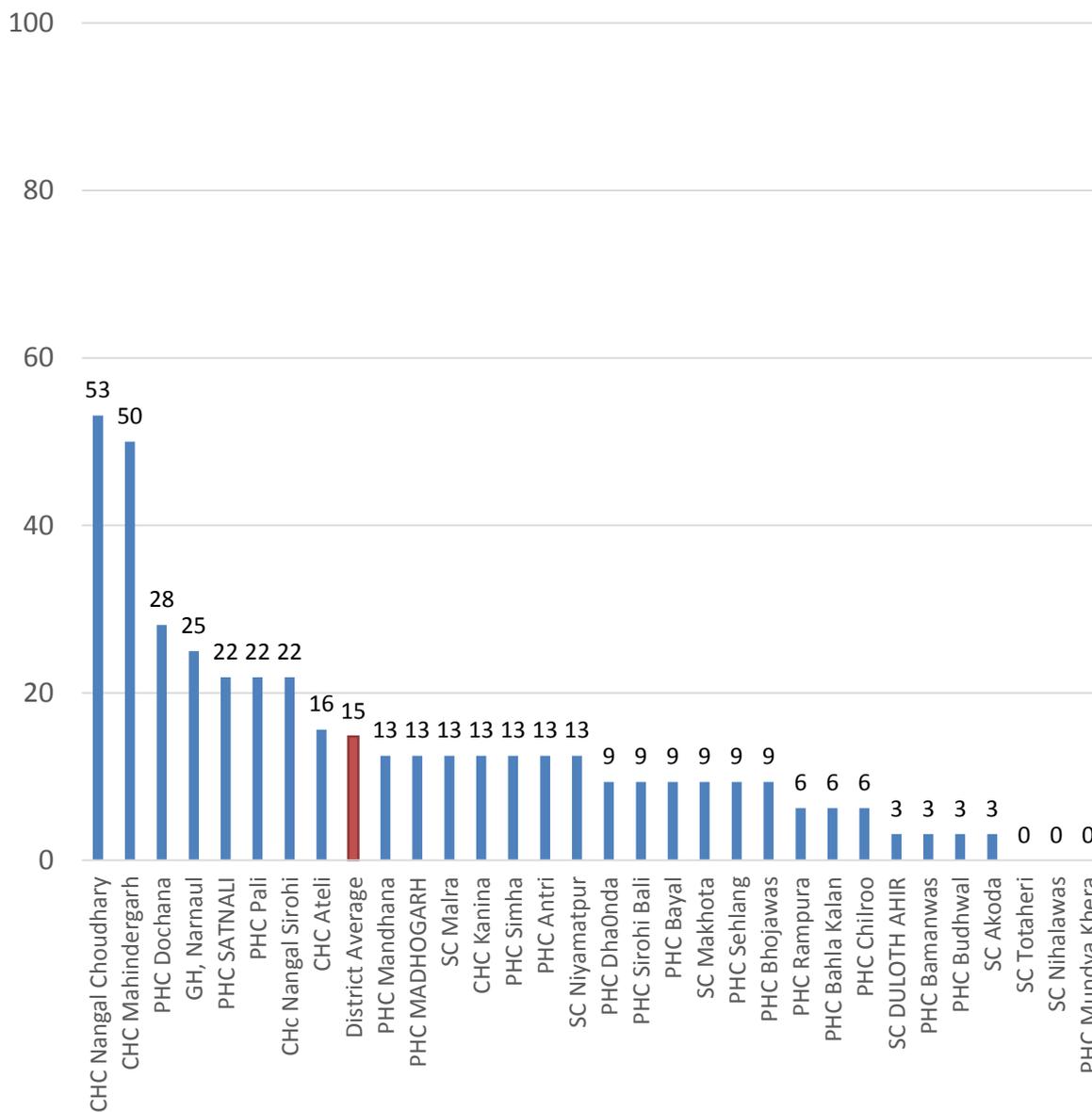
Graph 1. Over All Grading Of Facilities in % for Facility readiness and ENCR



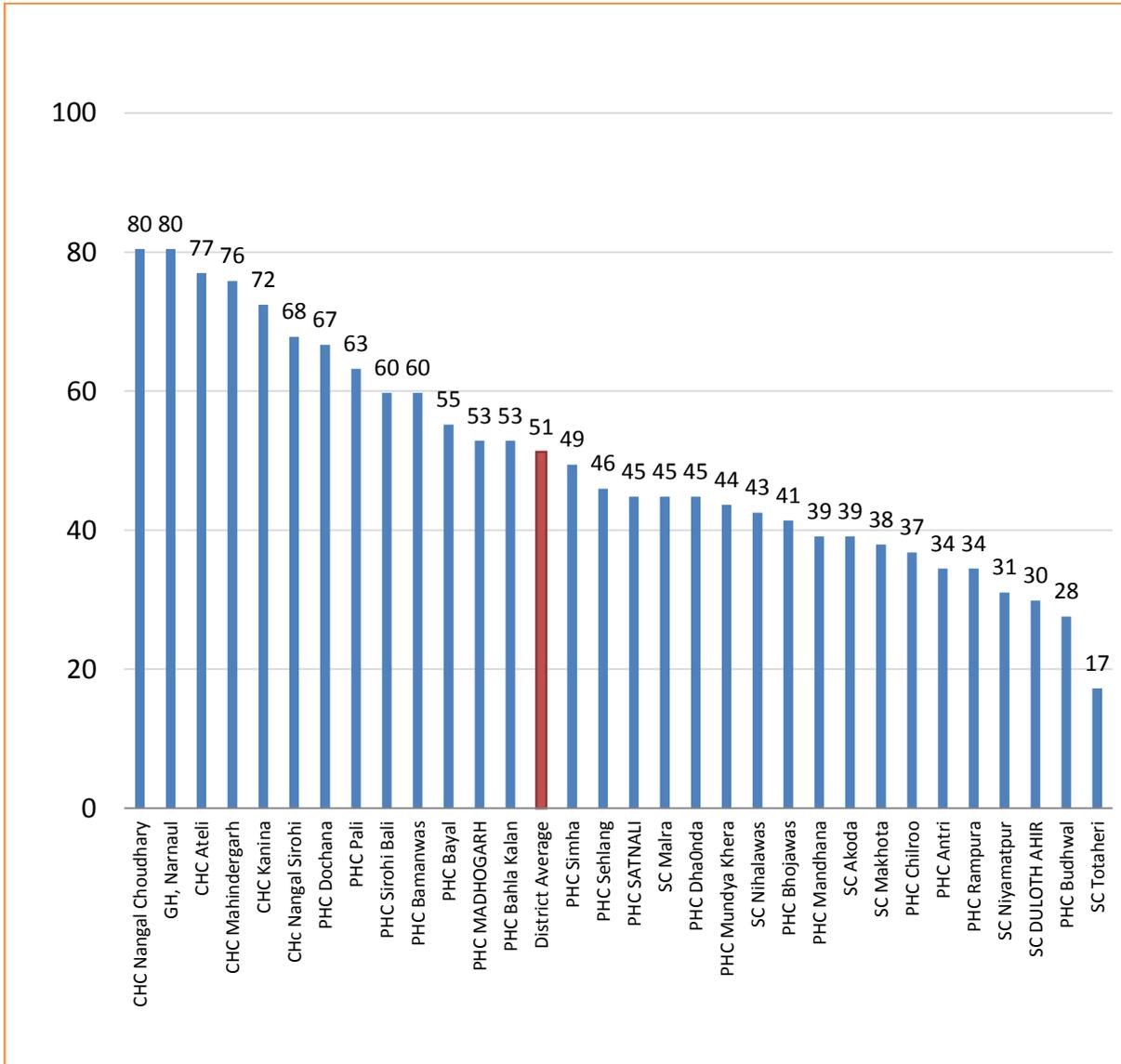
Graph II. Provider Skills and Knowledge about Maternal and Essential Newborn Care Services



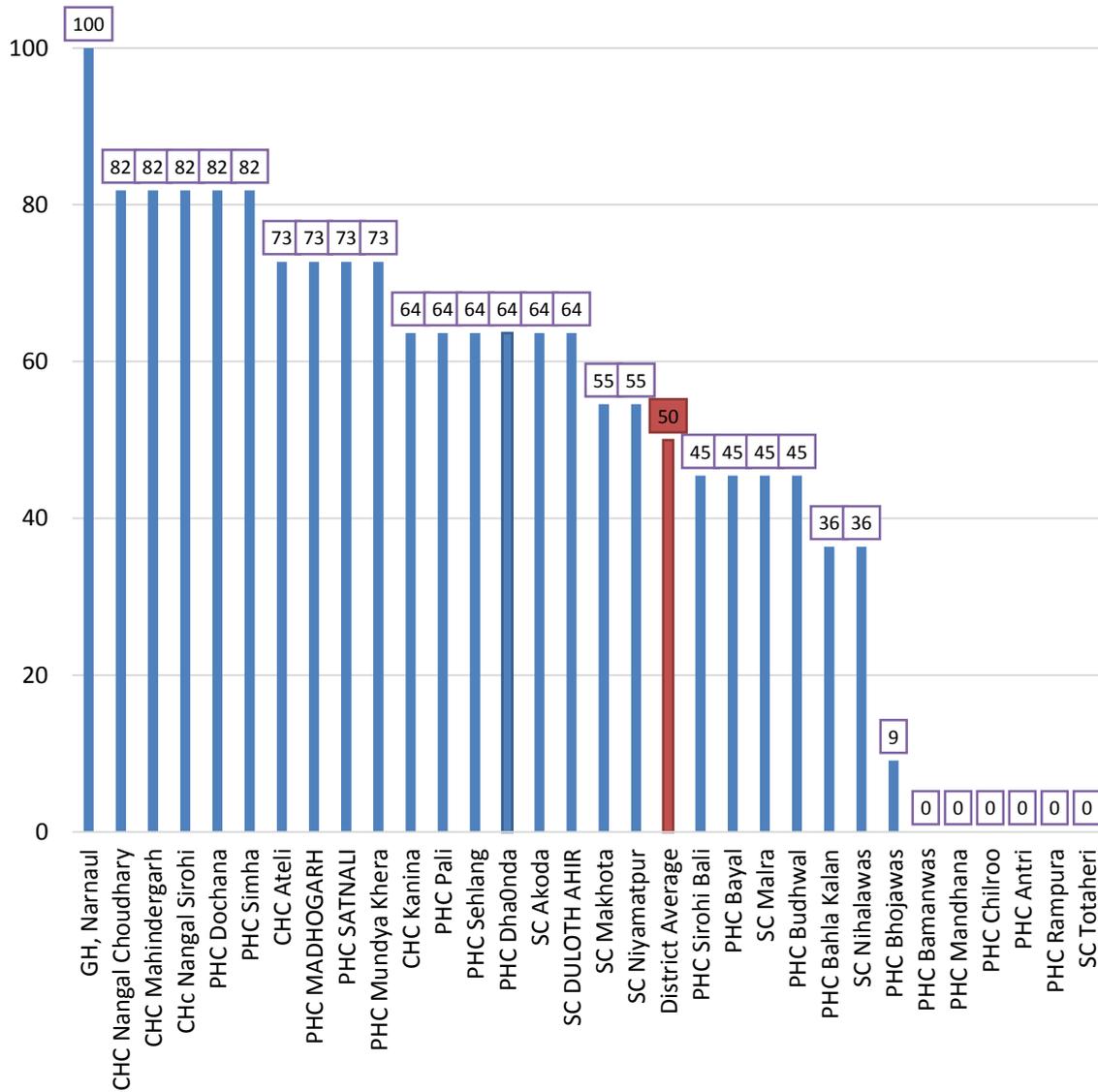
Graph III. PROTOCOLS/ GUIDELINE AND INFECTION PREVENTION KNOWLEDGE



Graph IV. Availability of Essential Drugs, Equipment and Other Supplies (%)



GRAPH V. DELIVERY AND NEWBORN CARE SERVICES





Qualitative Findings of Individual Facilities

1. General Hospital, Narnaul

- i. Overall good, clean and well maintained infrastructure.
- ii. Overall level of hygiene and cleanliness in antenatal area, postnatal area and SNCU is satisfactory.
- iii. Most of the essential drugs, equipments and instruments are available.
- iv. There are 2 labour rooms, well demarcated (Aseptic and Septic) with radiant warmer in both Labour Rooms.
- v. Very good delivery load (Avg. 600/month).
- vi. Maternal indicators are recorded at the time of delivery.

Few Issues Related to General Hospital, Narnaul

- i. SNCU is running in newly constructed building, made outside the hospital building. There is no interconnectivity between SNCU and labour room of DH.
- ii. There is no designated space for rooming-in and breast feeding area around SNCU.
- iii. Newly recruited staff nurses (within 3-5 month) in labour room are not SBA/NSSK/ F-IMNCI trained.
- iv. Promotion of Skin-to-skin contact between mother and newborn is not in practice.
- v. Staff posted in the labour room is knowledgeable about essential newborn care and resuscitation, but practices and skills are not the same.
- vi. Foot prints of newborn being taken for identification purpose instead of ID tags.
- vii. General IEC material is available but IEC related to ENCR is limited and not placed on proper places.
- viii. Record keeping in the register requires improvement.
- ix. Non availability of new born care case sheets and records.
- x. Some toilets in the maternity area are choked.

Recommendations

- i. Birth preparedness is an integrated part of essential newborn care and should be done as per protocols; so, please switch on the radiant warmer half an hour before delivery with two clean sheets placed underneath for pre-warming regardless of weather. Maintain room temperature between 25°C to 30°C. Switch off the fans to avoid direct air draught to the newborn. Prepare the tray with necessary instruments, equipment, drugs and two pairs of disposable gloves, cord clamps and mucous extractor. Check for availability and functionality of sterilized self-inflating bag and mask (0, 1).



- ii. Bag and masks (0, 1) provided in the labour room is for emergency and immediate resuscitation of the newborn; it has to be sterilized/autoclaved after every use.
- iii. Make it a practice/advocate to cut cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.
- iv. Skin to skin contact is best for thermal care of baby; it has to be provided to each and every normal newborn immediately after birth.

2. CHC Mahindergarh:

- i. Labour Room shifted in the new building after feedback on a previous visit to the facility on 26.02.2013.
- ii. Stabilisation Unit setup is adjacent to the labour room and Stabilisation Admission & Referral Register are maintained.
- iii. Generator backup is not available.
- iv. Shortage of Human Resources against sanctioned posts. (Vacant Posts - Medical Officers - 6, Sweeper - 4, Class IV - 4)
- v. Delivery sets are sterilized in boiler after each use, Autoclaving of done in every 3-4 days as Autoclave is available in OT only.
- vi. **Skills & Practices (Staff Nurses):**
 - Immediate Cord cutting is in practice by staff nurses.
 - Skin to skin contact is not in practice by staff nurses.
 - Staff nurses are taking every newborn to radiant warmer and it is a regular practice.
 - Knowledge of staff nurses about immediate care after birth is less than average.
 - Chronology of Resuscitation steps not known.
 - Skills for neonatal resuscitation are lacking.
 - Vitamin K is available in the facility but not being given to newborns.

Recommendations

- i. Make it a practice/advocate to cut cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.
- ii. Skin to skin contact is best for thermal care of baby; it has to be provided to each and every normal newborn immediately after birth.
- iii. Start giving Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term neonates).
- iv. Initiate breastfeeding within 30 minutes of birth.

3. CHC Nangal Choudhary:

- i. The facility has a delivery load of 45/month.



- ii. No one is administered with Vitamin K since 6 months due to stock out, and same case is of Anti D since 1 year which are an out of pocket expense.
- iii. Birth dose/Zero dose is administered to the new born and vaccine register maintained.
- iv. Against 4 sanctioned posts of MO only 1 is posted.
- v. Autoclaving of Delivery sets done every week and Boiler used daily.
- vi. Only 2 Delivery sets functional
- vii. Bag and Mask not functional.
- viii. All Staff Nurses are trained in SBA, NSSK, IMNCI but lack skills of Resuscitation of New born and filling the Partograph.
- ix. Knowledge and skills are lacking in the providers. Most of the skills are based on old protocols.
- x. Skin to skin contact between mother and child is not in practice. The baby taken away from mother after immediate cord cutting.
- xi. Generator backup not available.

Recommendations

- i. Advocate and monitor effective hand washing (6 golden steps for 2 minutes) in the birth attendants.
- ii. Make it a practice/advocate to cut cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.
- iii. Skin to skin contact is best for thermal care of baby; it has to be provided to each and every normal newborn immediately after birth.
- iv. Discourage milking of cord and suction for every newborn.
- v. Start giving Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term neonates).
- vi. Initiate breastfeeding within 30 minutes of birth.
- vii. Hepatitis B and BCG birth doses and OPV0 must be given to every newborn.
- viii. Keep complete case records of mother and write proper baby notes including the components of essential newborn care.

4. CHC Kanina:

- i. CHC is under renovation.
- ii. IEC materials are well displayed in the labour room.



- iii. Record keeping is good for the deliveries conducted in the facility.
- iv. The Stabilization unit is non functional.
- v. One warmer was shifted immediately from GH and was made functional.
- vi. New Born Care Corner is functional and equipped.
- vii. There is Stock out of Vitamin K since 3 months back and hence not being administered.
- viii. Expired Gentamicin is found in the drug store.
- ix. All Staff Nurses are trained in SBA, NSSK, IMNCI but lack skills of Resuscitation of New born.
- x. Staff nurses are not practicing Skin to skin contact between mother and child. The baby is taken away from mother after immediate cord cutting.
- xi. Knowledge and skills are lacking in the providers. Most of the skills in practice are based on old protocols.
- xii. Generator is available but non functional.
- xiii. Ambulance needs proper maintenance (tyres).
- xiv. Delivery table, radiant warmer, Kelly's pad were not clean (had blood stains)
- xv. Instruments for delivery were rusted.
- xvi. Segregation of biomedical waste not done according to guidelines.
- xvii. Wearing double gloves during the delivery process is not in practice.
- xviii. Bag and mask had blood staining.
- xix. **Skills and Practices**
 - Knowledge of staff nurses about essential newborn care and resuscitation is below average and is reflected in their skills as well.
 - Skills for newborn resuscitation lack grossly.

Recommendations

- i. Make it a practice/advocate to cut cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.
- ii. Skin to skin contact is best for thermal care of baby; it has to be provided to each and every normal newborn immediately after birth.
- iii. Discourage milking of cord and suction for every newborn.
- iv. Start giving Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term neonates).
- v. Hepatitis B and BCG birth doses and OPV0 must be given to every newborn.
- vi. Initiate breastfeeding within 30 minutes of birth.



- vii. Keep complete case records of mother and write proper baby notes including the components of essential newborn care.

5. CHC Ateli:

- i. 8 posts of medical officers lying vacant. One Senior Medical Officer and two deputed medical officers look after the operations of CHC.
- ii. Delivery sets are not autoclaved properly.
- iii. No generator back-up in labour room and newborn corner.
- iv. IEC materials regarding essential newborn care and resuscitation not displayed.
- v. Sterilized baby clothes/towels are not available.
- vi. All the staff nurses are trained in SBA, NSSK and IMNCI.
- vii. Staff nurses have knowledge of Essential Newborn Care and Resuscitation but the skills for resuscitation lack in chronological presentation.
- viii. Records lack details of services provided to the newborn.
- ix. Skin to Skin contact not in practice and baby is taken away from the mother after immediate cord cutting.

Recommendations

- i. Sterilization should be according to protocols.
- ii. Make it a practice/advocate to cut cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.
- iii. Skin to skin contact is best for thermal care of baby; it has to be provided to each and every normal newborn immediately after birth.
- iv. Discourage milking of cord and suction for every newborn.
- v. Start giving Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term neonates).
- vi. Hepatitis B and BCG birth doses and OPV0 must be given to every newborn.
- vii. Keep complete case records of mother and write proper baby notes including the components of essential newborn care.

6. PHC Antri:

- i. PHC operating from old condemned building and has 7 rooms out of which 3 rooms are being used to provide services. PHC has only two in-patient beds.



- ii. No service being provided 24*7 and no referral services available at the facility.
- iii. OPD services being provided in gallery and patient waiting area.
- iv. PHC has one MO, 1 dental surgeon, 1 ANM, 1 MPHW (M), and one IA, one class IV and one sweeper in its staff.
- v. No Staff nurse is posted in PHC & ANM posted is not trained in SBA, NSSK, IMNCI, and IUCD.
- vi. Labour room with one delivery table and NSSK kit is available, but delivery and newborn care services are not being provided at the PHC.
- vii. Not a single delivery set is available in the facility.
- viii. Drugs like Oxytocin, Methargin, Vit. K in excess store despite no deliveries happening at facility.
- ix. Stock register maintained and updated with regular supplies and distribution.
- x. ANC register not maintained properly. No record of minimum 4 ANC visits and PNC visits. No recording done for Blood Pressure, Hb.

Recommendations

- i. Delivery set should be made available to make the facility functional for emergency delivery cases.
- ii. Make it a practice/advocate to cut cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.
- iii. Skin to skin contact is best for thermal care of baby; it has to be provided to each and every normal newborn immediately after birth.
- iv. Discourage milking of cord and suction for every newborn.
- v. Start giving Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term neonates).
- vi. Hepatitis B and BCG birth doses and OPV0 must be given to every newborn.
- vii. Keep complete case records of mother and write proper baby notes including the components of essential newborn care.

7. PHC Bachhod:

- i. Well maintained PHC with good infrastructure and accessibility.
- ii. IEC material is available in the labour room and in other areas.
- iii. Delivery and post natal services for mother and child are not available
- iv. Vacant posts for Staff Nurse, ANM, LHV, Pharmacist and HI.



- v. MO's posted not trained in BEmOC & NSSK.
- vi. No separate delivery room and new born care corner in the facility.
- vii. Essential drugs and medicines are available.
- viii. Radiant warmer, 200 watt bulb, bag and mask are not available.
- ix. Labour table, suction machine, baby weighing scale are not available.
- x. Just two deliveries in last one year and those also in delivery hut of sub center
- xi. PNC ward is not separate.
- xii. Non availability of spacing methods for family planning from last six month
- xiii. Partograph is available but its in English and ANM at delivery hut is unable to fill

Recommendations

- i. Write notes on essential newborn care in case records.
- ii. Follow infection prevention protocols in strict accordance. Advocate and monitor effective hand washing (6 golden steps for 2 minutes) in the birth attendants.
- iii. Make it a practice/advocate to cut cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.

8. PHC Bamanwas

- i. PHC caters to population of 800 people only.
- ii. Infrastructure: The building has 10 rooms including a large labour/delivery room with attached washroom and postnatal ward. The labour/delivery room has not been utilized for more than a year. There is no newborn corner in the labour/delivery room. Most of the instruments and equipments lying unused in the store room.
- iii. Staff: Only one medical officer posted who is mostly on deputation to CHC Nangal Chaudhary. No Staff Nurses, no ANMs, No Pharmacists, no Laboratory Technicians posted.
- iv. Services: Only OPD services provided in the PHC. No deliveries have been conducted at this facility for more than a year.
- v. Drugs and Supplies are in abundance.
- vi. IEC materials for general public awareness, JSSK displayed. No IEC materials displayed in labour/delivery room and no posters related to Essential Newborn Care and Resuscitation available..

Recommendations



9. PHC Bhojawas:

- i. No medical officer, no staff nurses, no pharmacist, no laboratory technician posted in the PHC for nearly one year. The functions of PHC are looked after by the Dental Surgeon.
- ii. Not even a single delivery conducted for nearly 15 months despite available infrastructure but staff crunch.
- iii. The ANM posted in PHC is not trained for SBA, NSSK and IMNCI.
- iv. ANM lacks both knowledge and skills regarding essential newborn care and resuscitation.
- v. IEC materials for essential newborn care not displayed.

Recommendations

- i. Make it a practice/advocate to cut cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.
- ii. Skin to skin contact is best for thermal care of baby; it has to be provided to each and every normal newborn immediately after birth.
- iii. Discourage milking of cord and suction for every newborn.
- iv. Start giving Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term neonates).

10. PHC Dhanaunda

- i. MO also not trained.
- ii. Staff nurse require SBA training,
- iii. Room thermometer not available in labor room.
- iv. Hemoglobinometer not available at facility.
- v. Essential drugs like Normal saline, Vit K not available at facility.
- vi. Disinfection protocols not followed at PHC.
- vii. Biomedical waste disposable mechanism not present
- viii. PHC has designated space for NBCC but Radiant warmer/bulb, Bag & mask, mucus extractor, O2 cylinder not made available.
- ix. There are 2 empty rooms available at the facility, which are left unutilized.



Recommendations

- i. Make sure of the availability of Room thermometer, Haemoglobinometer and other essential drugs at the facility.
- ii. Make it a practice/advocate to cut cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.
- iii. Skin to skin contact is best for thermal care of baby; it has to be provided to each and every normal newborn immediately after birth.
- iv. Discourage milking of cord and suction for every newborn.
- v. Start giving Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term neonates).

11. PHC Dochana

- i. Knowledge of staff nurse about essential new born care was good.
- ii. There is lack of space for providing services.
- iii. Biomedical waste collection is not done from PHC.
- iv. Staff of the PHC is dumping human waste like placenta etc. in the pit.

Recommendations

- i. Pits for the disposal of the human waste should be dugout for burial and then should be close after the burial.
- ii. Make it a practice/advocate to cut cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.
- iii. Skin to skin contact is best for thermal care of baby; it has to be provided to each and every normal newborn immediately after birth.
- iv. Discourage milking of cord and suction for every newborn.
- v. Start giving Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term neonates).

12. PHC Madhogarh

- i. Only one staff nurse available and she is also not trained in SBA.
- ii. Oxytocin injection is available in excess quantity.
- iii. Supplies like Cotton role, syringe 2ml, salters scale are stored in excess quantity.
- iv. Pharmacy Stock register was not up to date.
- v. Biomedical waste not collected from facility so human waste is buried in pits.
- vi. Referral transport takes more than 1 hr to reach at PHC.



Recommendations

- i. Make it a practice/advocate to cut cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.
- ii. Skin to skin contact is best for thermal care of baby; it has to be provided to each and every normal newborn immediately after birth.
- iii. Discourage milking of cord and suction for every newborn.
- iv. Start giving Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term neonates).

13. PHC Mandhana

- i. Delivery load zero since Oct 2012, as One EmOC trained LMO, one MO, one female dental MO and one female AYUSH MO appointed at facility.
- ii. Delivery instruments are not available at the PHC.
- iii. SKS is not formed at this facility.
- iv. Biomedical waste was not collected by agency.
- v. Even though no delivery load is there still excess stock of Oxytocin is found at the facility.
- vi. There are open windows in Labour room.

Recommendations

- i. Make sure the availability of delivery instruments in the facility to make it a functional delivery point.
- ii. Make it a practice/advocate to cut cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.
- iii. Skin to skin contact is best for thermal care of baby; it has to be provided to each and every normal newborn immediately after birth.
- iv. Discourage milking of cord and suction for every newborn.
- v. Start giving Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term neonates).

14. PHC Pali

- i. Medical Officer is on deputation to CHC Mahendergarh for last one year and there is no other Medical Officer in the facility available.
- ii. The Dental Surgeon manages the PHC. No staff nurse, LHV, Laboratory Technician posted in the facility.



- iii. The laboratory is dysfunctional due to the no availability of lab technician.
- iv. 2 ANMs (one regular and one RCH) take care of delivery and Newborn care services.
- v. The ANMs are not trained in NSSK. One ANM is not trained for SBA.
- vi. Drugs and supplies are in abundance.
- vii. New born corner has a table lamp with 200 W bulb for thermal care.
- viii. The knowledge about essential newborn care and resuscitation is average. The skills for essential newborn care and resuscitation lack in chronological presentation.
- ix. Immediate cord cutting and handing over of baby to the relatives is in practice.
- x. Skin to skin contact between mother and child not in practice.
- xi. IEC materials for Essential newborn care are not displayed but poster for newborn resuscitation was displayed.
- xii. The case sheets contain details about the services provided to the mother but baby notes on services and care provided are not written.

Recommendations

- i. Make sure the availability of the staff nurses, lab technician.
- ii. Trainings should be arranged for the staff posted.
- iii. Baby notes should be provided on the case sheets with all due care.
- iv. Make it a practice/advocate to cut cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.
- v. Skin to skin contact is best for thermal care of baby; it has to be provided to each and every normal newborn immediately after birth.
- vi. Discourage milking of cord and suction for every newborn.
- vii. Start giving Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term neonates).

15. PHC Rampura

- i. Delivery and Newborn care services not being provided at PHC since 2011.
- ii. The facility is not running 24x7.
- iii. PHC operating in panchayat building, it has total 3 rooms out of which 2 rooms are for MCH services and Cold Chain.
- iv. PHC has only one in-patient bed.



- v. Two MOs posted, out of which one is on deputation.
- vi. No Staff Nurse and pharmacist are posted at the facility.
- vii. One ANM is posted who provide MCH services. ANM is trained in SBA, NSSK, IMNCI, and IUCD.
- viii. ANM although trained in SBA/NSSK does not have knowledge & skills about birth preparation and essential newborn care & resuscitation.
- ix. Two delivery tables and one new born care corner placed in a small room.
- x. Despite there are no deliveries at the facility, drugs like Oxytocin, Methargin, Vit. K are lying in excess at the facility.

Recommendations

- i. Make sure of the functionality of the facility 24x7.
- ii. Delivery tables should move to the place of requirement.
- iii. Supplies should be distributed rationally.
- iv. Birth preparedness is an integrated part of essential newborn care and should be done as per protocols; so, please switch on the radiant warmer half an hour before delivery with two clean sheets placed underneath for pre-warming regardless of weather. Maintain room temperature between 25°C to 30°C. Switch off the fans to avoid direct air draught to the newborn. Prepare the tray with necessary instruments, equipment, drugs and two pairs of disposable gloves, cord clamps and mucous extractor. Check for availability and functionality of sterilized self-inflating bag and mask (0, 1).
- v. Make it a practice/advocate to cut cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.
- vi. Skin to skin contact is best for thermal care of baby; it has to be provided to each and every normal newborn immediately after birth.
- vii. Document essential newborn care services given in the case records.

16. PHC Satnali

- i. Well maintained Pharmacy store with expiry dates on each drug.
- ii. Oxytocin stored at room temperature.
- iii. Vit. K not available.
- iv. In labor room wall clock with seconds hand not available.
- v. Zero size mask not available in resuscitation kit.

Recommendations

- i. Birth preparedness is an integrated part of essential newborn care and should be done as per protocols; so, please switch on the radiant warmer half an hour before delivery with two clean sheets placed underneath for pre-warming regardless of weather. Maintain room temperature between 25°C to 30°C. Switch off the fans to avoid direct



- air draught to the newborn. Prepare the tray with necessary instruments, equipment, drugs and two pairs of disposable gloves, cord clamps and mucous extractor. Check for availability and functionality of sterilized self-inflating bag and mask (0, 1).
- ii. Make it a practice/advocate to cut cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.
 - iii. Skin to skin contact is best for thermal care of baby; it has to be provided to each and every normal newborn immediately after birth.
 - iv. Document essential newborn care services given in the case records.

17. PHC Sihma

- i. PHC is a model 24*7 PHC with 6 in-patient beds.
- ii. Overall hygiene and cleanliness in the facility and labour room.
- iii. Both the MOs posted at facility are on deputation. Dental Surgeon is in-charge of the facility in their absence.
- iv. Only one Staff Nurse trained in SBA, NSSK, F-IMNCI, IUCD, and RTI/STI is posted, so not present on duty during night and Sundays/holidays.
- v. Delivery load is very less (9 deliveries over past 6 months).
- vi. Medicines are not available all the time in the pharmacy because medicines are kept under lock by MO I/C who is on deputation.
- vii. Essential medicines like Magnesium Sulphate, Misoprostol and Calcium Gluconate not in supply.
- viii. Labour room is spacious with the provision of privacy in it.
- ix. Baby cloth, bed sheets, disposable mucous extractor and room thermometer are not available.
- x. NBCC in labour room has a 60 watt bulb instead of 200 watt bulb.
- xi. Promoting Skin-to-skin contact between mother and newborn is not in practice. Baby being taken away from mother after immediate cord cutting.
- xii. Record keeping not complete. No record of gestational age.
- xiii. Non availability of newborn records.
- xiv. Staff nurse is knowledgeable about essential new born care and resuscitation, but lacking in skills on Essential Newborn Care & Resuscitation.
- xv. General IEC material is available but IEC related to ENCR is absent.
- xvi. Guidelines of infection prevention and control are not being followed.



Recommendations

- i. Supply of Essential medicines like Magnesium Sulphate, Misoprostol and Calcium Gluconate should be ensured.
- ii. Availability of baby cloth, bed sheets, disposable mucous extractor and room thermometer should be ensured.
- iii. Follow infection prevention protocols in strict accordance. Advocate and monitor effective hand washing (6 golden steps for 2 minutes) in the birth attendants.
- iv. Birth preparedness is an integrated part of essential newborn care and should be done as per protocols; so, please switch on the radiant warmer half an hour before delivery with two clean sheets placed underneath for pre-warming regardless of weather. Maintain room temperature between 25°C to 30°C. Switch off the fans to avoid direct air draught to the newborn. Prepare the tray with necessary instruments, equipment, drugs and two pairs of disposable gloves, cord clamps and mucous extractor. Check for availability and functionality of sterilized self-inflating bag and mask (0, 1).
- v. Make it a practice/advocate to cut cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.
- vi. Discourage milking of cord.
- vii. Skin to skin contact is best for thermal care of baby; it has to be provided to each and every normal newborn immediately after birth.
- viii. Document essential newborn care services given in the case records.

18. PHC Sirohi Bahali

- i. Infrastructure is good. Labour/delivery room is well maintained and equipped.
- ii. Only one medical officer posted at PHC and presently deputed as Senior Medical Officer at CHC Nangal Chaudhary. No staff nurses posted in the facility.
- iii. Only 5 deliveries are being conducted in past 6 months due to shortage of staff.
- iv. Newborn corner is practically non-existent (No 200 W bulb or radiant warmer is available in delivery room).
- v. Skin to skin contact between mother and child is not in practice. The baby taken away from mother after immediate cord cutting.
- vi. The ANM posted at PHC is not NSSK trained.
- vii. Knowledge and skills are lacking in the providers. Most of the skills are based on old protocols.



- viii. Record keeping is good for the deliveries conducted in the facility.
- ix. IEC materials for Essential Newborn Care and breastfeeding are not displayed in delivery room and postnatal ward respectively.

Recommendations

- i. Birth preparedness is an integrated part of essential newborn care and should be done as per protocols; so, please switch on the radiant warmer/200 W bulb half an hour before delivery with two clean sheets placed underneath for pre-warming regardless of weather. Maintain room temperature between 25°C to 30°C. Switch off the fans to avoid direct air draught to the newborn. Prepare the tray with necessary instruments, equipment, drugs and two pairs of disposable gloves, cord clamps and mucous extractor. Check for availability and functionality of sterilized self-inflating bag and mask (0, 1).
- ii. Follow infection prevention protocols in strict accordance. Advocate and monitor effective hand washing (6 golden steps for 2 minutes) in the birth attendants.
- iii. Make it a practice/advocate to cut cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.
- iv. Discourage milking of cord.
- v. Skin to skin contact is best for thermal care of baby; it has to be provided to each and every normal newborn immediately after birth.
- vi. Document essential newborn care services given in the case records.

19. PHC Sirohi Nangal

- i. PHC has eight in-patient beds, 4 beds in male ward and 4 in female ward.
- ii. 4 MOs including one LMO posted, out of which three are on deputation.
- iii. LMO is not trained in B/EmOC/NSSK/F-IMNCI.
- iv. One ANM and Staff Nurse posted in the facility provide 24*7 MCH services with an average load of 30 deliveries/month
- v. ANM trained in SBA, NSSK, IMNCI, and IUCD. Staff nurse recently joined and not trained in SBA/NSSK.
- vi. Labour room is spacious with two delivery tables in it maintaining proper privacy.
- vii. There are separate areas for hand washing and autoclaving.
- viii. IEC related to essential newborn care and resuscitation available in the labour room.
- ix. Immediate cord cutting and cord milking in practice.
- x. Every newborn is taken to radiant warmer after milking and cord cutting.
- xi. Use of double gloves not in practice.



- xii. Breast feeding started only in post-partum ward, which gets delayed naturally.
- xiii. ANM although trained in SBA/NSSK does not have complete knowledge & skills about essential newborn care & resuscitation.
- xiv. Partographs not being filled in every case.
- xv. No record of newborn notes in maternal case sheet or separate newborn case sheet.

Recommendations

- i. Make it a practice/advocate to cut cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.
- ii. Skin to skin contact is best for thermal care of baby; it has to be provided to each and every normal newborn immediately after birth.
- iii. Discourage milking of cord and suction for every newborn.
- iv. Start giving Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term neonates).
- v. Document essential newborn care services given in the case records.

20. PHC Balan Kalan

- i. Narrow road leading to the facility hampers operation of ambulance.
- ii. No staff nurse is posted in the facility.
- iii. Infection prevention and Hygiene protocols not followed.
- iv. Case sheets not filled completely.
- v. Delivery and newborn register are not well maintained.
- vi. ANM skills poor for essential newborn care and resuscitation.
- vii. There are open wires inserted in plugs in labour room.
- viii. There is no radiant warmer/200W bulb for new born care as heat source.

Recommendations

- i. Possible solution for the narrow road to the facility should be done to ensure the proper functioning of the ambulance.
- ii. All electrical instruments should have proper plugs to be made safely operational.
- iii. 200W bulb should be made available to provide the heat to the newborn.
- iv. Documentation of case sheets and registers should be done correctly.
- v. Make it a practice/advocate to cut the cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.
- vi. Skin to skin contact is best for thermal care of baby; it has to be provided to each and every normal newborn immediately after birth.
- vii. Discourage milking of cord and suction for every newborn.



- viii. Start giving Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term neonates).

21. PHC Sehlang

- i. Facility have 12 Autoclaves, 6 stabilizers, 4 boilers, generator, 2 Head lamps in store.
- ii. Staff nurse is appointed recently hence not received any training on job.
- iii. ANM skills lacking in essential new born care and resuscitation.
- iv. Vit. K not given at birth.
- v. Immediate cord cutting practice.
- vi. Infection prevention procedures not followed.

Recommendations

- i. Bio medical engineer should check all the instruments lying in store for functionality and distribute according to the need.
- ii. Follow infection prevention protocols in strict accordance. Advocate and monitor effective hand washing (6 golden steps for 2 minutes) in the birth attendants.
- iii. Provide Vitamin K injection. Start giving Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term neonates).
- iv. Make it a practice/advocate to cut cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.
- v. Skin to skin contact is best for thermal care of baby; it has to be provided to each and every normal newborn immediately after birth.
- vi. Discourage milking of cord and suction for every newborn.

22. PHC Budhwal

- i. Only one staff nurse is posted in facility and there is no assistant to help staff nurse during delivery.
- ii. Inverter is available at the facility but it is not functional.
- iii. Infection prevention procedures are not in practice.
- iv. Bag and mask was not clean.
- v. IEC material for ENCR was not displayed.



- vi. There is practice of administration of oxytocin during labour without recommendation of medical officer.
- vii. Cleaning of mouth of every child with finger and gauze is in practice.
- viii. Immediate cord cutting is done and Skin-to-skin contact between mother and newborn is not in practice.
- ix. Case sheets are not maintained properly.
- x. Skills for resuscitation were average but steps mentioned were not in chronological order.

Recommendations

- i. Inverter should be made functional.
- ii. Oxytocin should be used for augmentation under the supervision of medical officer after establishing the need.
- iii. Follow infection prevention protocols in strict accordance. Advocate and monitor effective hand washing (6 golden steps for 2 minutes) in the birth attendants.
- iv. Provide Vitamin K injection. Start giving Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term neonates).
- v. Make it a practice/advocate to cut cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.
- vi. Skin to skin contact is best for thermal care of baby; it has to be provided to each and every normal newborn immediately after birth.
- vii. Discourage milking of cord and suction for every newborn.

23. PHC Bayal

- i. 24*7 services not available.
- ii. Contract of carrying waste disposable is not renewed.
- iii. Internet connectivity for BSNL is very weak.
- iv. Refrigerator is not available.
- v. Infrastructure for OPD, Delivery and Cold chain is available.
- vi. Staff available is MO, ANM and IA in the facility.
- vii. No lab services due to unavailability of lab technician.



- viii. Register and cash books not available in PHC at the time of visit.
- ix. Designated hand washing area in the labour room is available.
- x. Oxygen cylinder is available but not functional.
- xi. NBCC is not established, Bag and Mask is not available.
- xii. Water cooler is available but not connected to continuous supply.
- xiii. Knowledge and skills of ANMs were average and sequence of ENCR is not clear.
- xiv. Syringe of 0.5ml not available immunization is being done using 2ml syringe.
- xv. Residential facility for the staff is unavailable.

Recommendations

- i. Follow infection prevention protocols in strict accordance. Advocate and monitor effective hand washing (6 golden steps for 2 minutes) in the birth attendants.
- ii. Provide Vitamin K injection. Start giving Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term neonates).
- iii. Make it a practice/advocate to cut cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.
- iv. Skin to skin contact is best for thermal care of baby; it has to be provided to each and every normal newborn immediately after birth.
- v. Discourage milking of cord and suction for every newborn.
- vi. Facility has various other issues like unavailability of staff, NBCC, residence for existing staff which should be resolved as soon as possible for the proper functioning of the facility.

24. Sub-Centre Malra

- i. Sub centre and PHC are working in two rooms of school.
- ii. Delivery table was not available; examination table is being used as delivery table.
- iii. Clock in the labour room was damaged.
- iv. 80 W bulb was present at newborn corner instead of 200W.
- v. Immediate cord cutting is in practice.



- vi. Skin-to-skin contact between mother and newborn is not in practice.
- vii. Skills for resuscitation are poor and steps mentioned were not in chronological order.
- viii. Milking of cord is in practice.
- ix. Procedures for infection prevention and control are not being followed.

25. Sub-Centre Nihalawas

- i. Newborn Care Corner is not available.
- ii. Autoclave machine is available but not in use.
- iii. Skills of the ANM in SBA, NSSK are poor hence there is need for refresher training.
- iv. Case sheets for deliveries are not available.
- v. Partograph were not maintained.

26. Sub-Centre Duloth Ahir

- i. Rusted instruments found in packing, which were never used.
- ii. Only 200 wt bulb and weight machine is available at NBCC.
- iii. ANM don't know about error correction of weighing machine.
- iv. Foot operated suction machine is kept packed and not in use since 2 years being received.
- v. Staff not aware about disinfection techniques and using Harpic (Toilet Cleaner) for cleaning instruments.
- vi. ANM is not able to measure Hb.
- vii. Room thermometer is not available in labor room.
- viii. Wall clock with seconds hand is not available in labor room.
- ix. Guidelines protocols and IEC are not displayed in labor room.
- x. There is zero activity reported in past 5-6 years by One ASHA (Mukesh devi).

27. Sub-Centre Niyamatpur

- i. Skilled manpower available 24*7.
- ii. Designated delivery hut but having no separate delivery hut.
- iii. Five deliveries in last five months.



- iv. OPD, Delivery room are together as no Space is available.
- v. There is no bed for mother and newborn available (NBCC unavailable).
- vi. There is no attached toilets for client use.
- vii. Resuscitation kit (Bag and Mask) is not available.
- viii. Inj. Oxytocin and Tab Misoprostol, Oral pills and IUDs are not available.
- ix. Infection prevention guidelines are not followed.
- x. Immediate cord cutting in practice.
- xi. Skills of effective ANC available.
- xii. Partograph is not filled during the labour.
- xiii. Skills for AMTSL and new born care need improvements.

28. Sub-Centre Totaheri

- i. There is good infrastructure availability with labor room, OPD and PNC ward.
- ii. One MPHW (M) and MPHW (F) posted in the facility.
- iii. There is no labour table and no delivery since 2009.
- iv. Newborn care corner is not established.
- v. Inj. Oxytocin and Methylergometrin are available in excess.
- vi. Oral contraceptives and E pills are unavailable in the facility.

29. Sub-Centre Makhota

- i. Autoclave sterilizer and boiler are available in the facility.
- ii. Labour table is not available.
- iii. Drugs like Methargine and Misoprostol are not available.
- iv. MCP card and tracking bag are still not in use.
- v. Ambulance needs more than one hour to reach.
- vi. One of the village Ropad Sarai is almost 20 km from Makhota distance rationalisation (This should be included in some nearby sub center)
- vii. Vaccine delivery is not done from PHC.
- viii. Syringe of 0.5ml is not available immunization is being done using 2ml syringe.
- ix. NBCC non established.
- x. Bag and Mask is unavailable
- xi. Mucus extractor is in reuse after wash.
- xii. No proper space management in the labour room.



30. SC Akoda

- i. One ANM was not trained in SBA.
- ii. There was no inpatient bed, table is being used as bed.
- iii. New born corner don't have bedding.
- iv. 200 W bulb was placed very near to bed in new born corner.
- v. Skin-to-skin contact between mother and newborn is not in practice.
- vi. Immediate cord cutting is in practice.
- vii. IEC material for ENC was not displayed.
- viii. Case sheets are not maintained.
- ix. Partographs are not being filled during the labour.
- x. Procedures for infection prevention and control are not being followed.
- xi. Skills for resuscitation are poor and steps mentioned were not in chronological order.

General Recommendations for Sub-Centres/Delivery Huts

1. Follow infection prevention protocols in strict accordance. Advocate and monitor effective hand washing (6 golden steps for 2 minutes) in the birth attendants.
2. Advocate infection prevention and hygiene by using standard protocols.
3. Make it a practice/advocate to cut cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.
4. Skin to skin contact is best for thermal care of baby; it has to be provided to each and every normal newborn immediately after birth.
5. Discourage milking of cord and suction for every newborn.
6. Record keeping should be improved. Advocate filling of each and every detail about the services given to mother and newborn in the case sheets.