



Rapid Assessment

29 Oct, 2013 to 31 Oct, 2013

District Palwal (Round 2)

**Facility Readiness Assessment for Essential
Newborn Care and Resuscitation**

Child Health Division, NRHM, Haryana

in technical collaboration with



USAID
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Maternal and Child Health
Integrated Program



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1. 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.

2. 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 18 facilities in the district, from **29th October, 2013 to 31st October, 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	GH Palwal
2	CHC Hodal
3	CHC Dudhola
4	CHC Hathin
5	CHC Aurangabad
6	PHC Amarpur
7	PHC Uttawar
8	PHC Rasulpur
9	PHC Alawalpur
10	PHC Mandkola
11	PHC Hasanpur
12	PHC Nangaljaat
13	PHC Solra
14	SC Gehlab



15	SC Godawali
16	SC Prithla
17	SC Deeghot
18	SC Bamnikhera

Analysis of four facilities was not done these are CHC Aurangabad (No Staff nurse posted), Gehlab, Godawali and SC Bamnikhera were found locked on first visit.

3. General findings of district Palwal in general are as follows:

1. Newborn care corners are not established at almost 50% of visited facilities.
2. Birth preparedness is still very weak at most of the facilities.
3. Hygiene and Infection prevention was very weak in labor rooms.
4. Need to work upon partograph preparation.
5. Immediate cord cutting is still in practice.
6. Availability of Shoulder roll is essential component of NBCC.
7. Birth dose of BCG was not being given at most of the place due to lack of knowledge.
8. Birth dose of Vitamin K is not being given to all newborn.
9. At many facilities new recruitment has been done for Staff Nurses, need to provide training under SBA, NSSK, and IMNCI.

3. a. Overall Training Status

No. of Birth attendants (Visited by ENCR team in 13 Facilities)	SBA	NSSK	IMNCI
45	18	14	8
Total Percentage	40%	31%	17%



3. b. Status of Newborn Corners

No. of Facilities Visited	Newborn Corners with Radiant Warmer	Newborn Corners with 200 W bulb	Total NBCCs Established	NBCCs still not established
13	9	0	7	6 (Alawapur, Deegat, Nangaljat, Prithla, Rasulpur, Uttawar)

3 c. Availability of equipment and instruments in NBCCs (n=13)

Sr. No.	Equipment/Instrument	Available (No. of Facilities)	Not available (No. of Facilities)
1.	Self-Inflating Bag	12	1
2.	Mask Size '1'	12	1
3.	Mask Size '0'	10	3
4.	Shoulder Roll	5	8
5.	Suction Catheter	7	6
6.	Disposable Mucus Extractors	10	3
7.	Suction Machine	11	2
8.	Oxygen Cylinder	13	0
9.	Baby Sheets	8	5
10.	Disinfectant	10	3
11.	Vitamin K	6	7
12.	NBCC at appropriate place	7	6

3 d. Status of Designated Newborn Stabilization Units (NBSUs)

Sr. No.	Name of Institution	Status
	CHC Hodal	Not Functional
	CHC Hathin	Not Established/Not Functional



4. Quantitative Analysis of various facilities (n= 13)

Table 1. Scores if facilities in various parameters and overall scores.

Score 75% and Above

Score 51% to 74%

Score 50% and less

NAME OF THE FACILITIES	INFRASTRUCTURE	DELIVERY AND NEWBORN CARE SERVICES	ESSENTIAL DRUGS, EQUIPMENT AND SUPPLIES	PROTOCOLS AND GUIDELINES	KNOWLEDGE ABOUT INFECTION PREVENTION	PROVIDER KNOWLEDGE AND SKILLS	REGISTERS AND CLIENT CASE RECORDS	FACILITY'S OVERALL AVERAGE
PHC AMARPUR	65	89	73	90	57	48	45	67
GH PALWAL	82	94	88	60	0	52	59	62
CHC HODAL	73	83	61	80	0	54	57	58
PHC UTTAWAR	71	89	65	60	29	46	41	57
PHC RASULPUR	67	83	71	90	29	42	15	57
PHC ALAWALPUR	67	89	73	60	0	45	62	57
PHC MANDKOLA	73	89	69	60	14	42	39	55
District Average	67	83	64	60	14	46	33	52
CHC DUDHOLA	65	83	72	60	14	36	32	52
PHC HASNLPUR	65	78	58	60	29	45	1	48
CHC HATHIN	80	94	69	0	0	57	28	47
SC DEEGHOT	53	78	48	90	0	44	13	47
PHC NANGALJAAT	65	72	47	50	14	48	22	46
SC PRITHLA	39	56	35	20	0	38	13	28

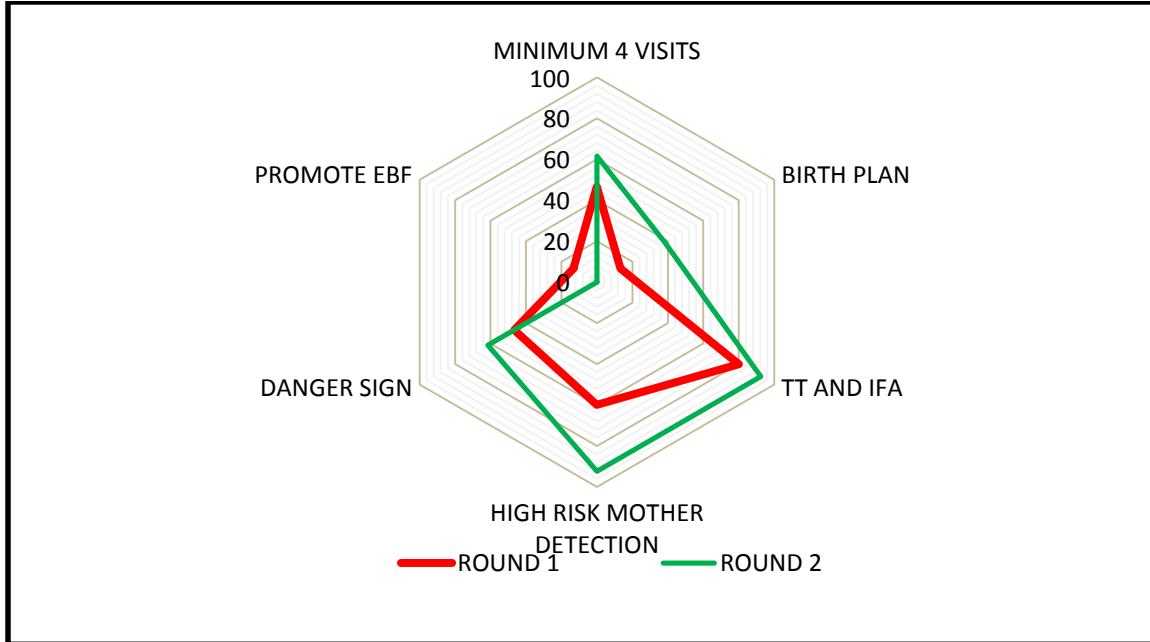


Figure 1. KNOWLEDGE ABOUT EFFECTIVE ANC

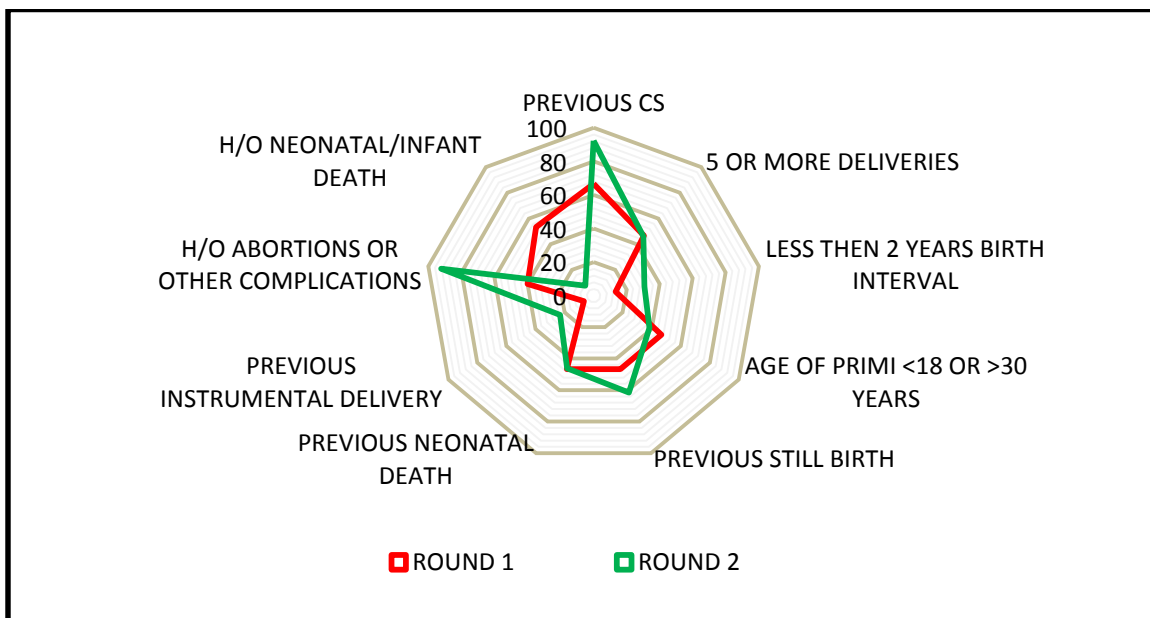
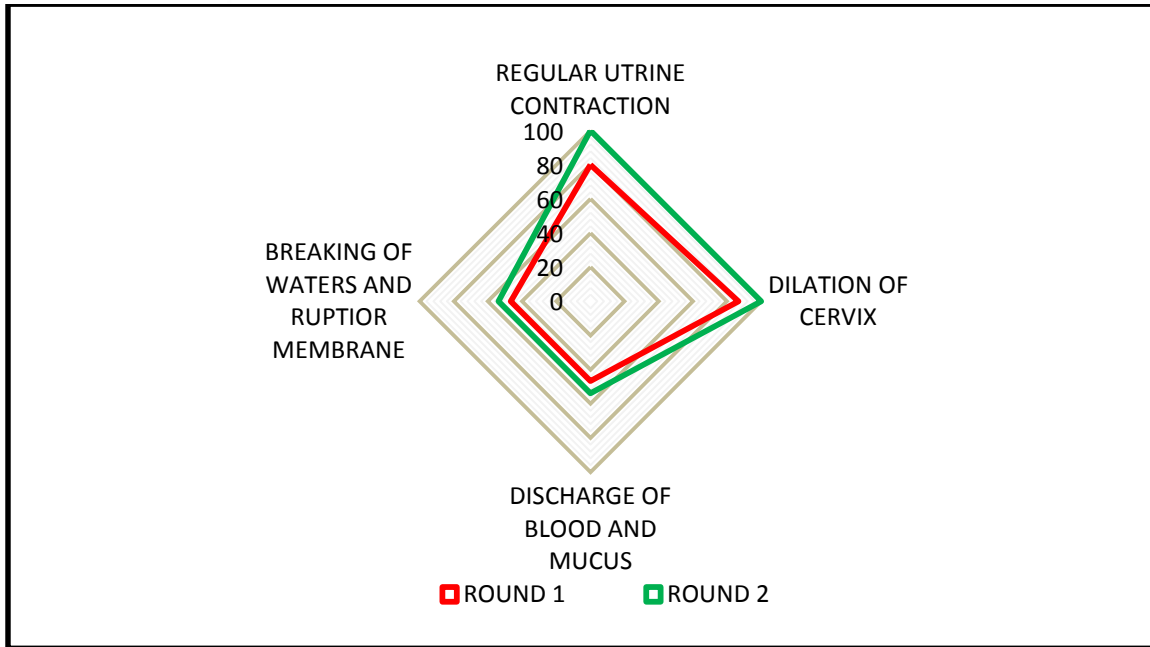


Figure 2. KNOWLEDGE OF DETECTION OF HIGH RISK MOTHERS



Figure

3. KNOWLEDGE ABOUT LABOUR PROGRESS

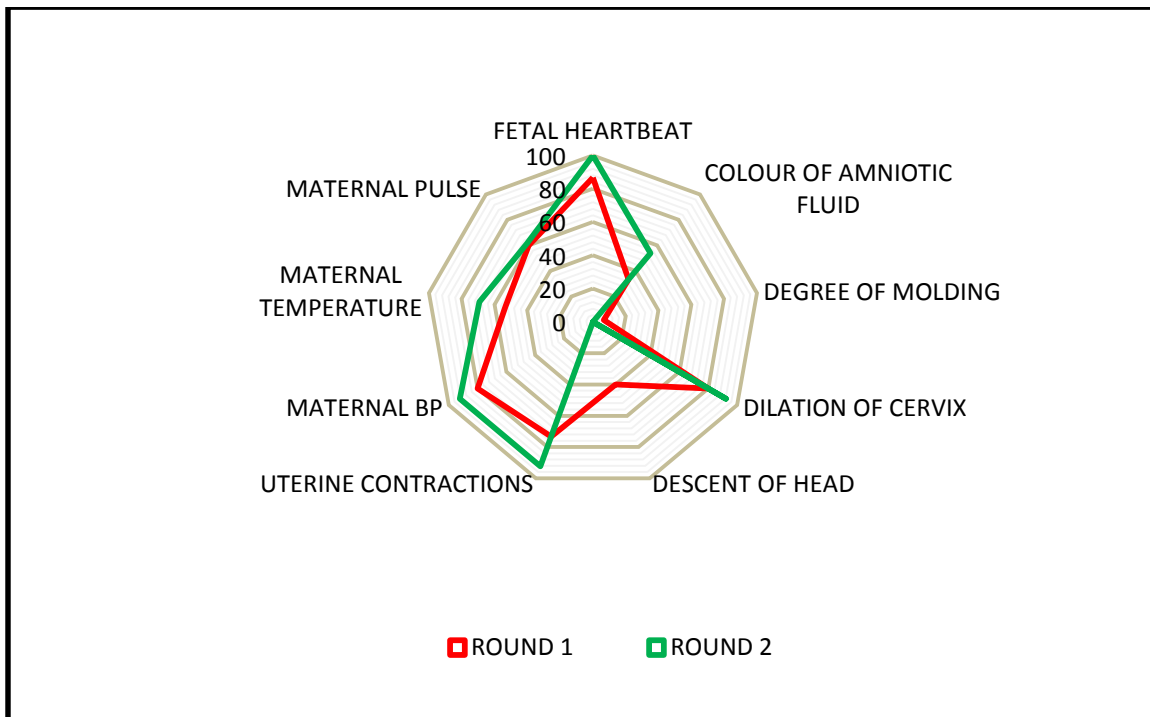


Figure 4. LABOUR PROGRESS MONITORING KNOWLEDGE

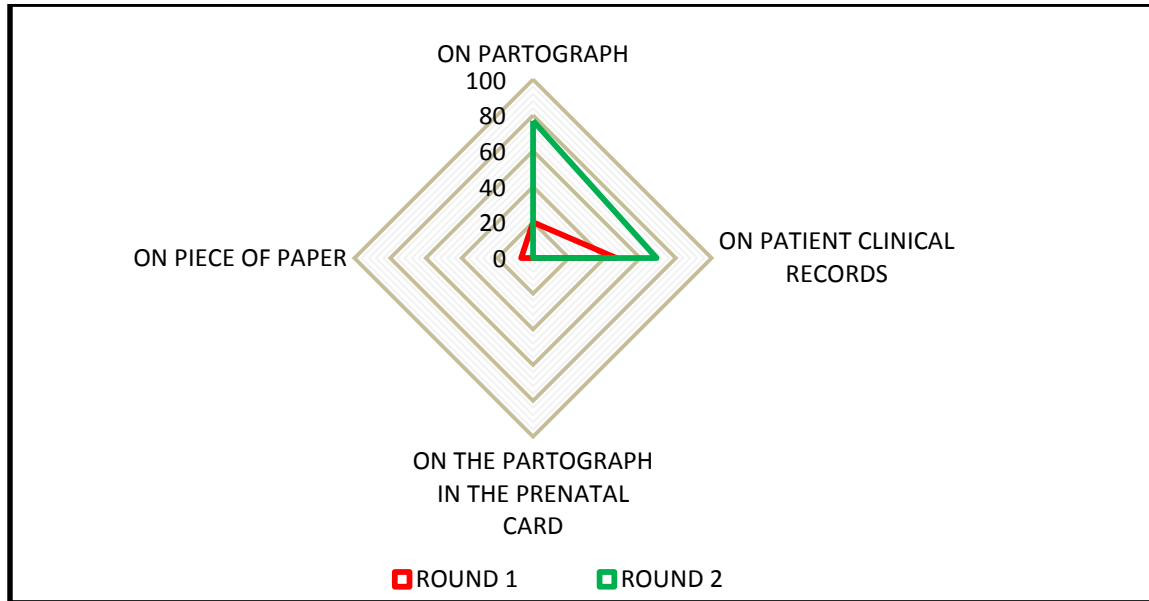


Figure 5. RECORDING OF OBSERVATIONS

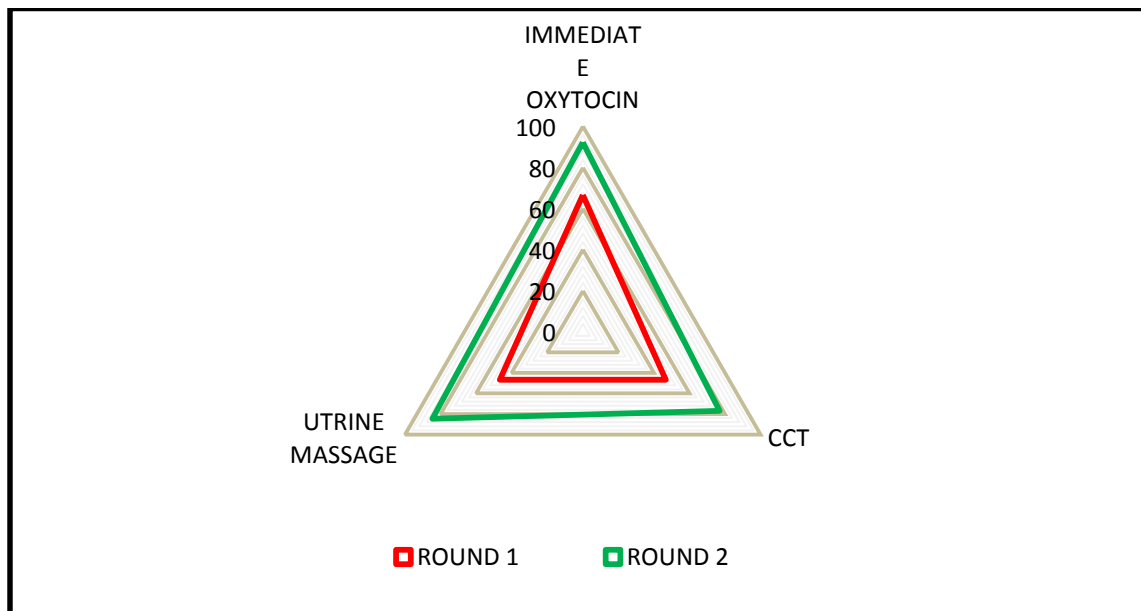


Figure 6. KNOWLEDGE ABOUT 3 STAGE OF LABOUR MANAGEMENT

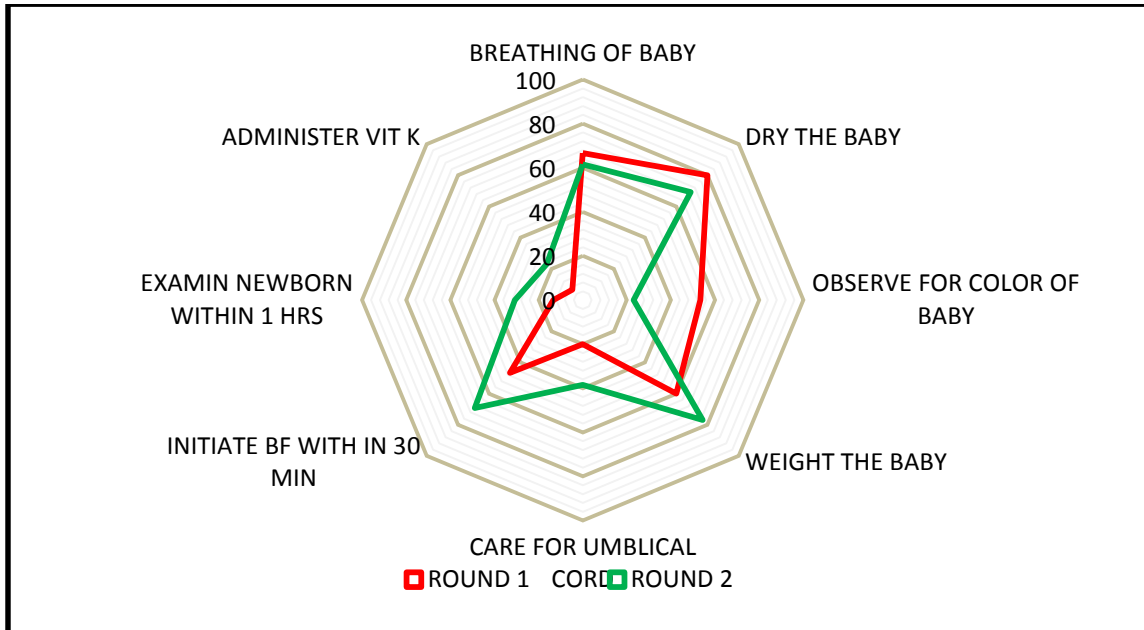


Figure 7. KNOWLEDGE ABOUT IMMEDIATE CARE TO NEWBORN WITHIN 1 Hr

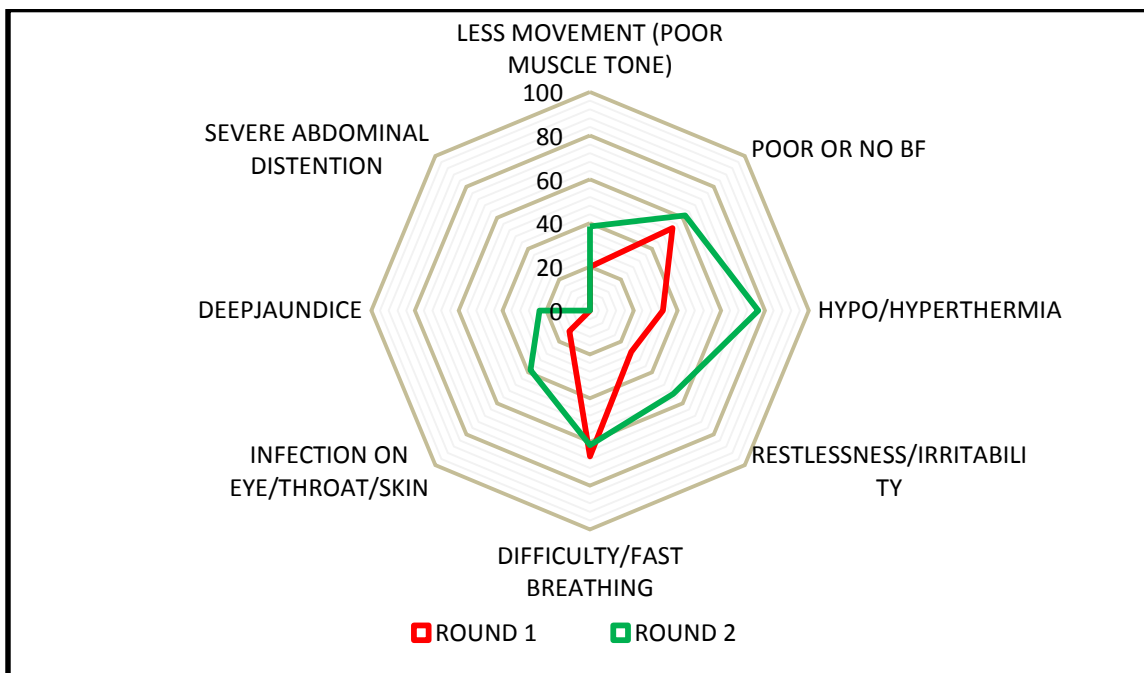


Figure 8. KNOWLEDGE ABOUT SIGN AND SYMPTOMS OF SEPSIS/INFECTION IN NEWBORN

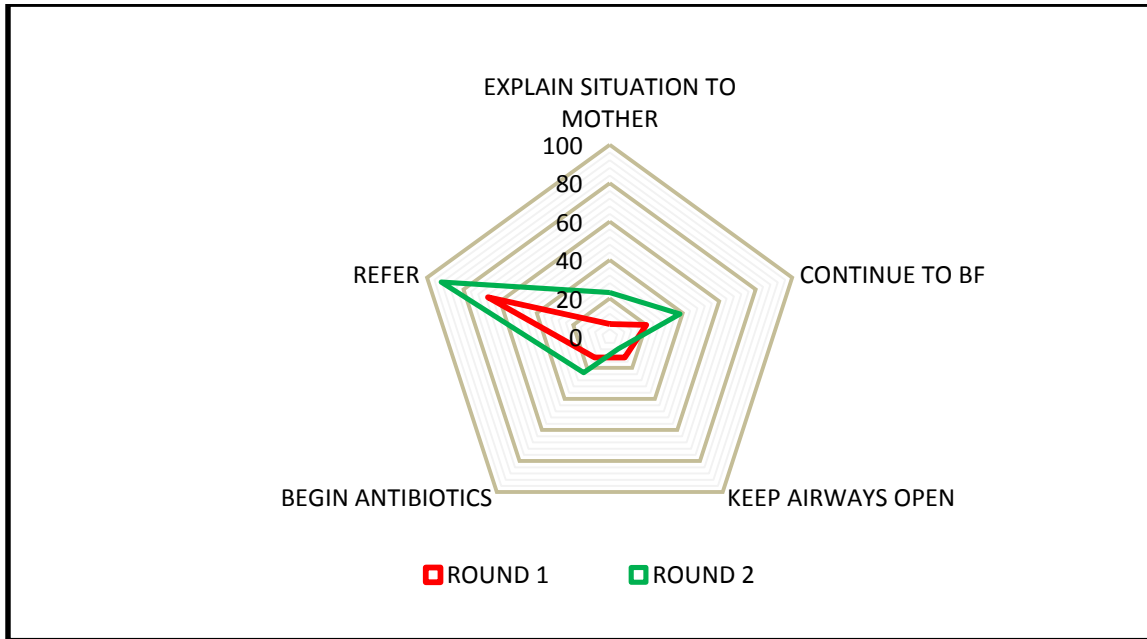


Figure 9. KNOWLEDGE OF MANAGEMENT ABOUT INFECTION IN NEWBORN

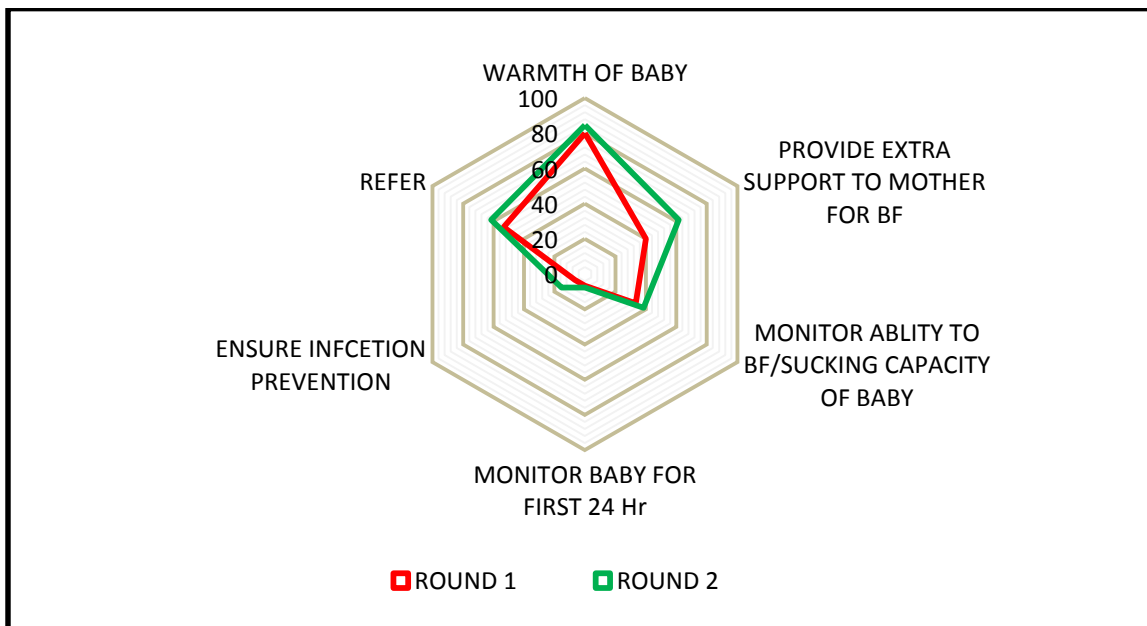


Figure 10. KNOWLEDGE ABOUT MANAGEMENT OF LBW (<2.5 KG) BABIES

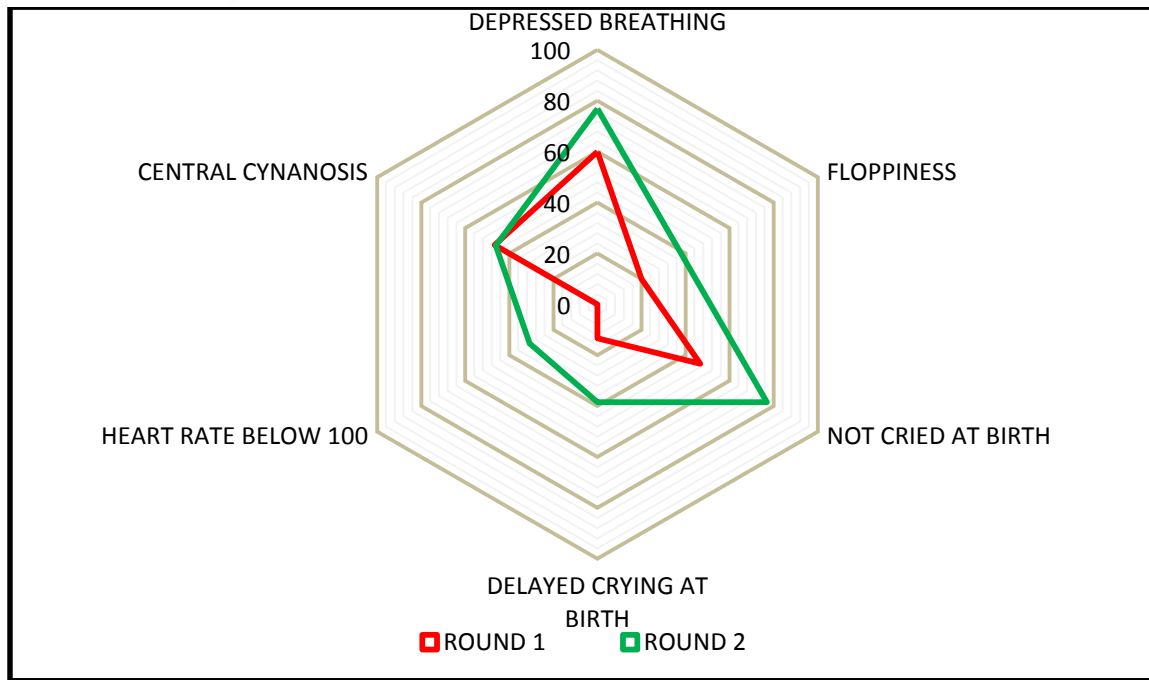


Figure 11. KNOWLEDGE ABOUT SIGN AND SYMPTOMS OF BIRTH ASPHYXIA

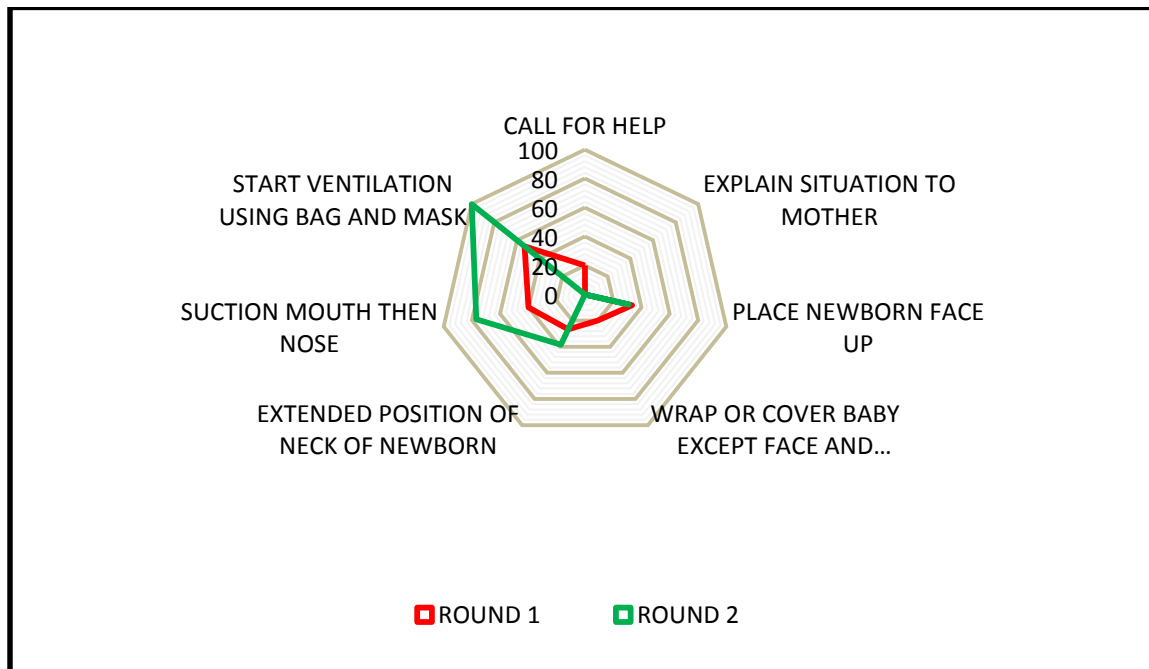


Figure 12. KNOWLEDGE ABOUT STEPS OF RESUSCITATION

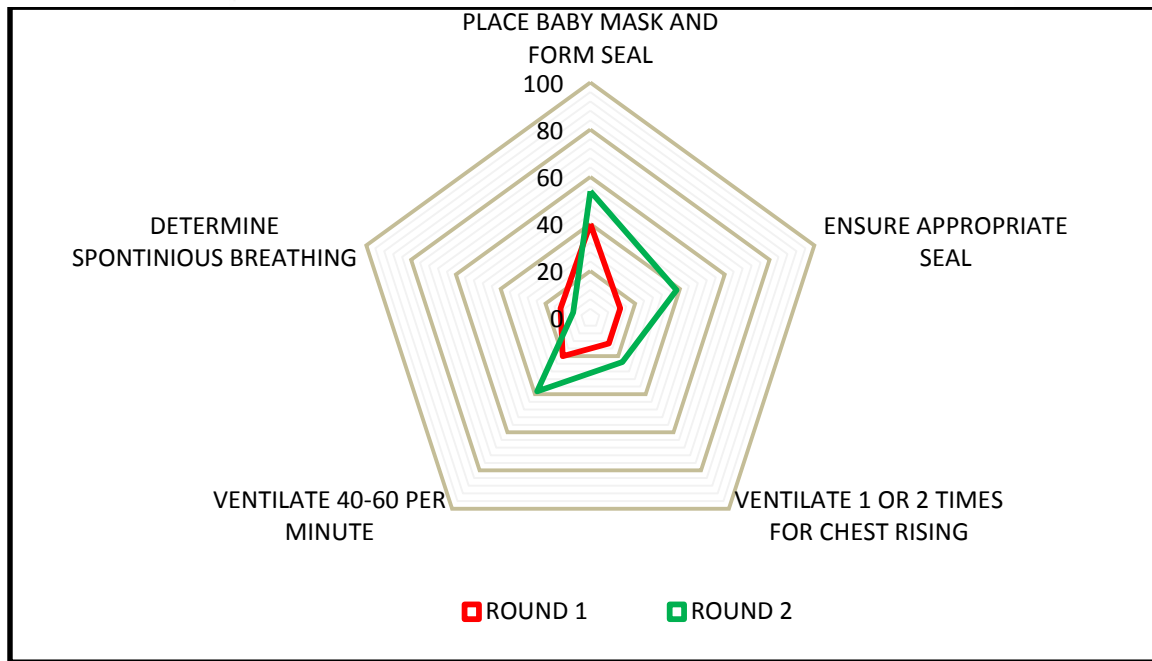


Figure 13. KNOWLEDGE ABOUT RESUSCITATION STEP CONT...

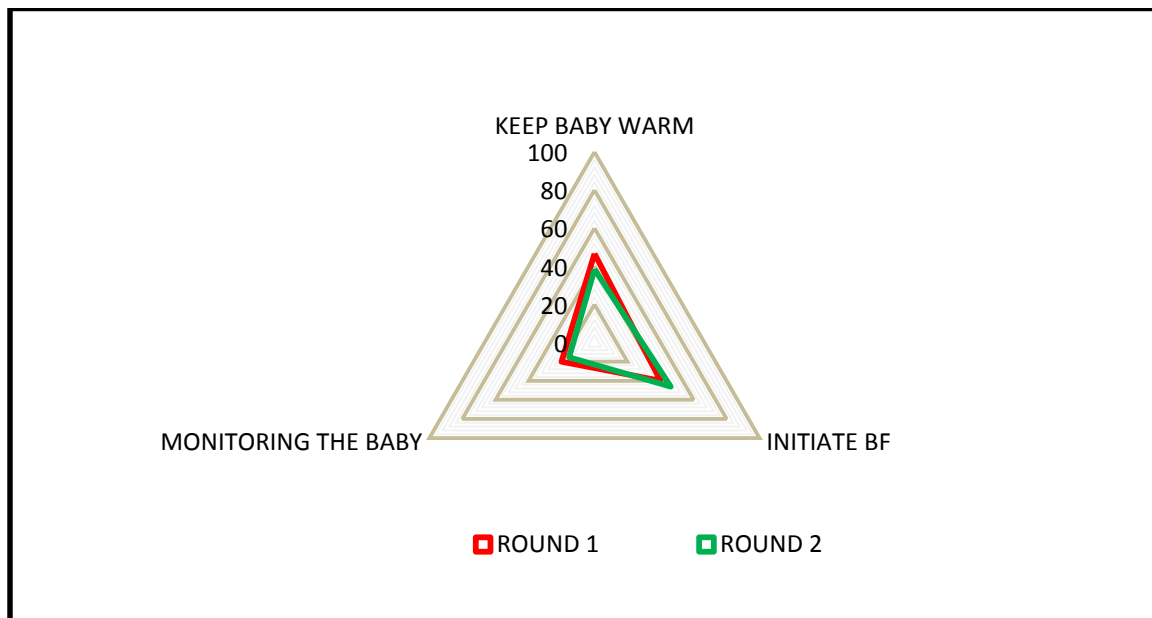


Figure 14. Knowledge about what to do if newborn start breathing after initial resuscitation

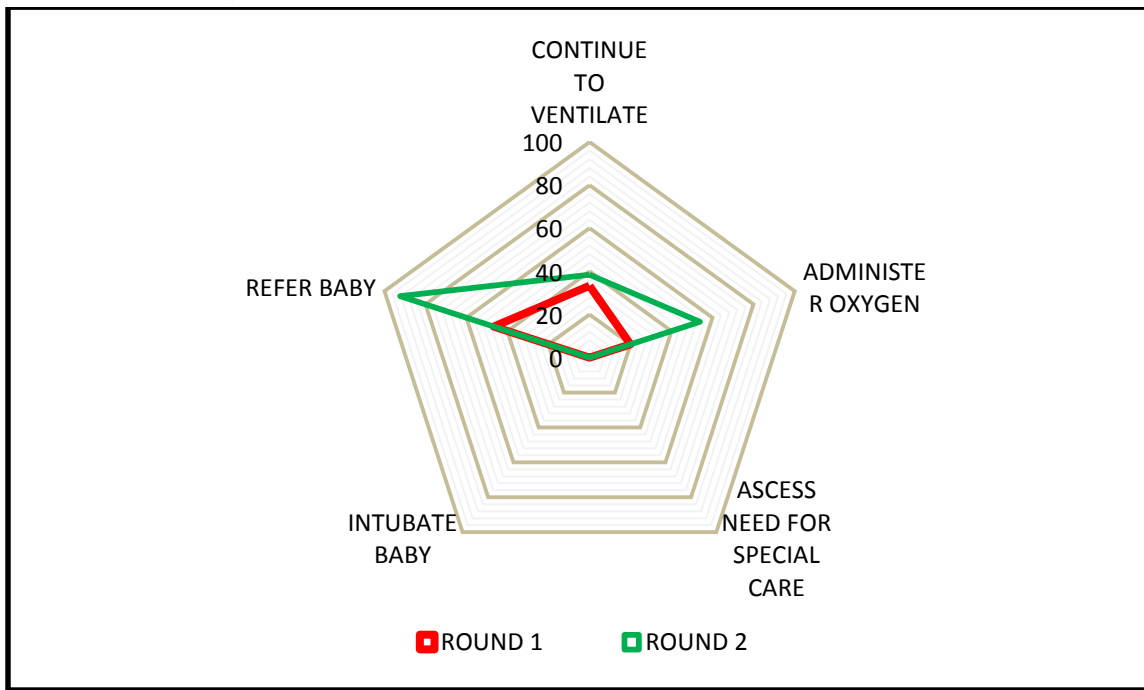


Figure 15. What to do If Newborn is not breathing after initial Resuscitation

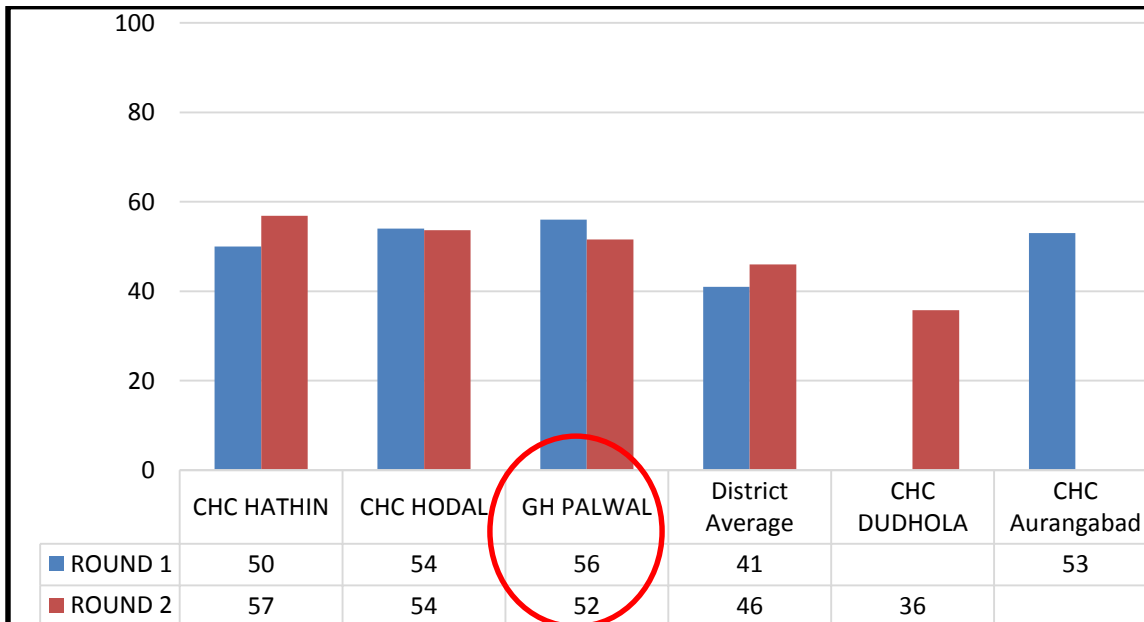


Figure 17. GH/SDH/CHC Essential Newborn Care and Resuscitation Skills

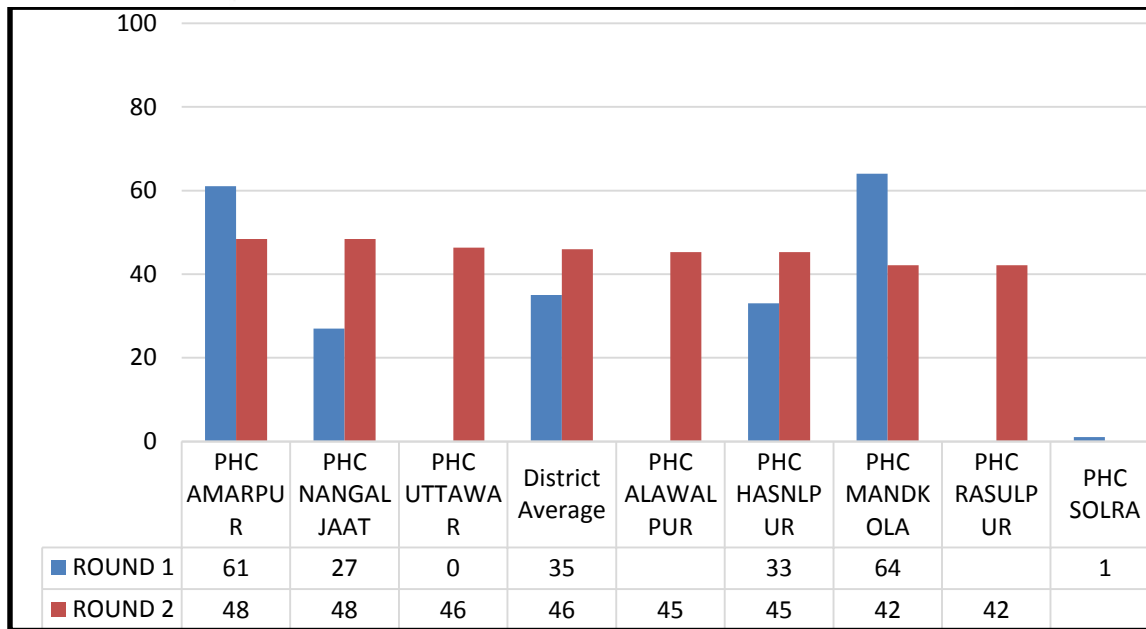


Figure 18. PHC Wise Essential Newborn Care and Resuscitation Skills

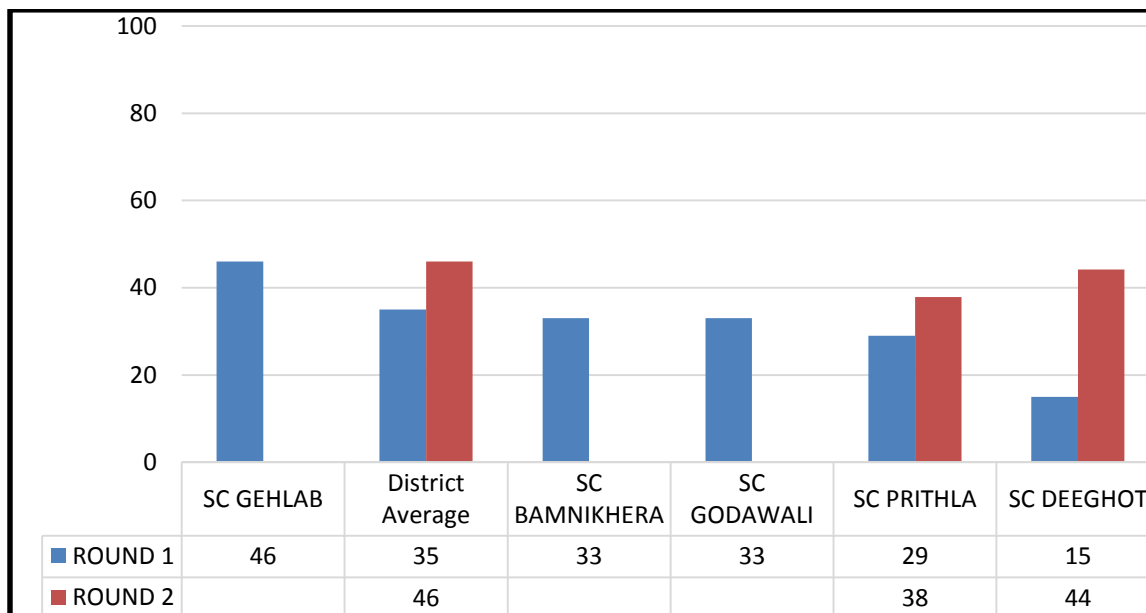


Figure 19. Sub Centre wise Essential Newborn Care and Resuscitation Skills

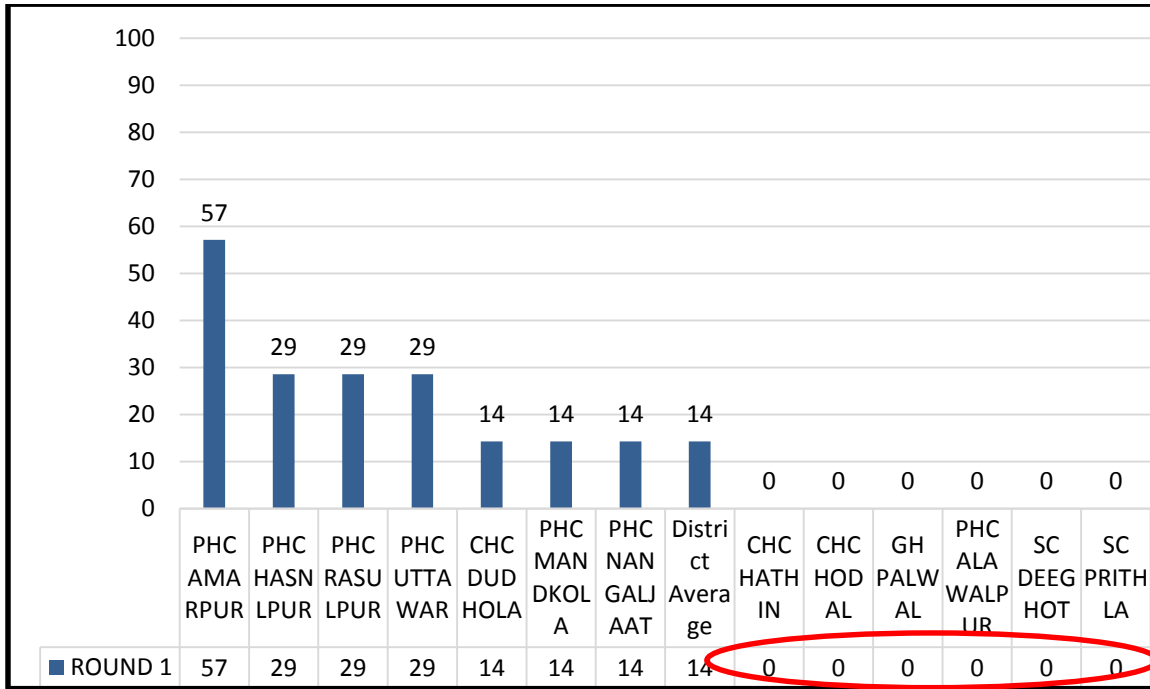


Figure 20. Knowledge about Infection Prevention

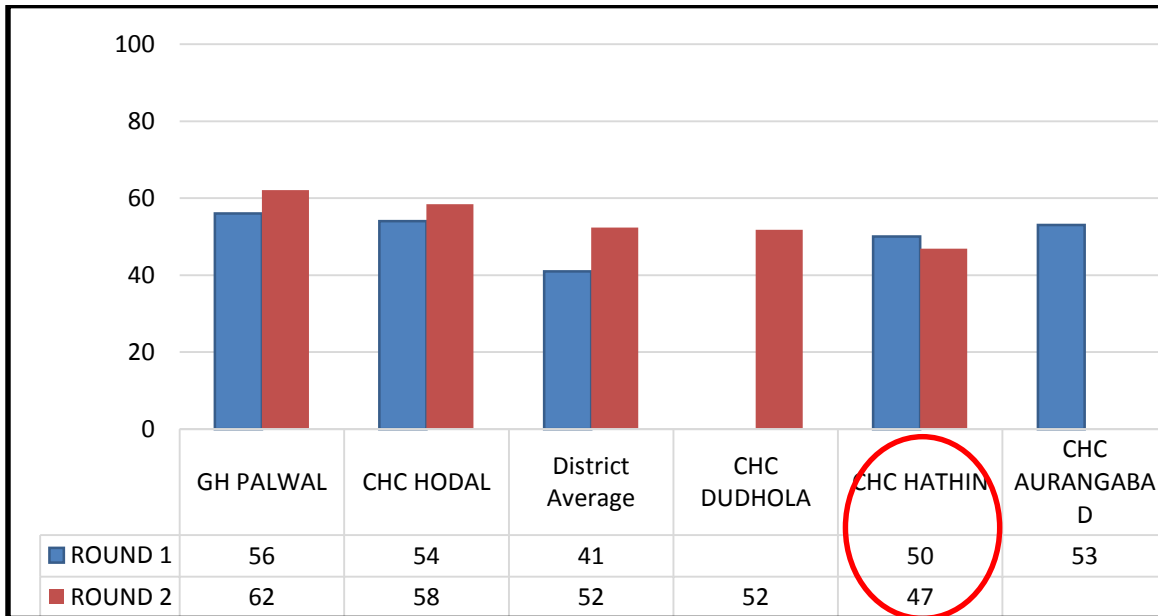


Figure 21. Over All Facility readiness status of GH/SDH/CHC for ENBC/R

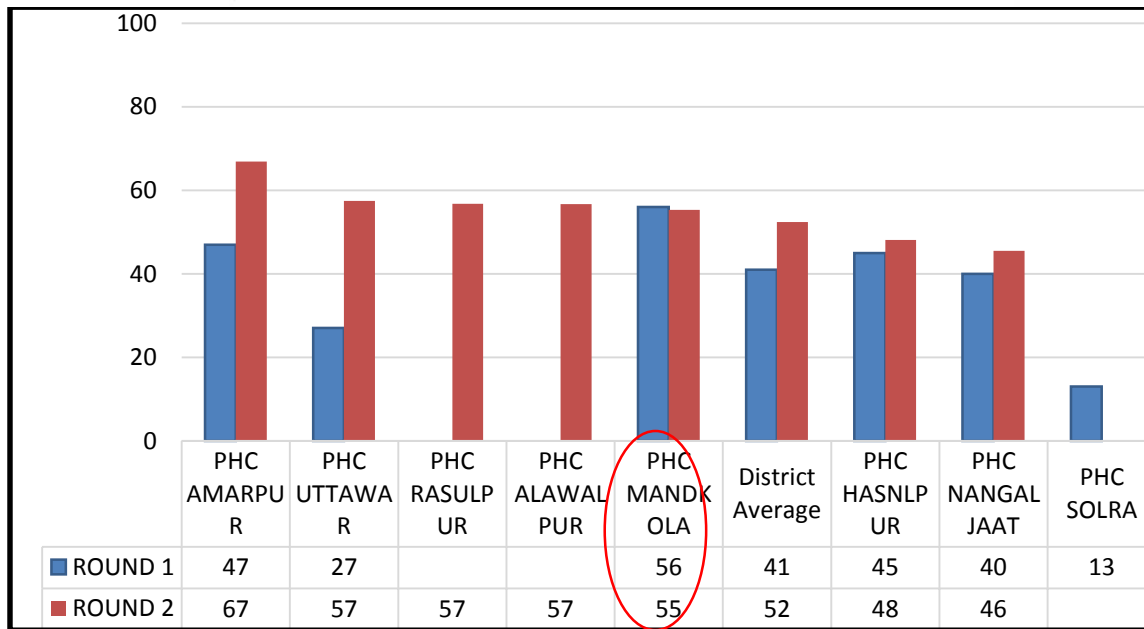


Figure 22. PHC Wise Over All Facility readiness for ENBC/R

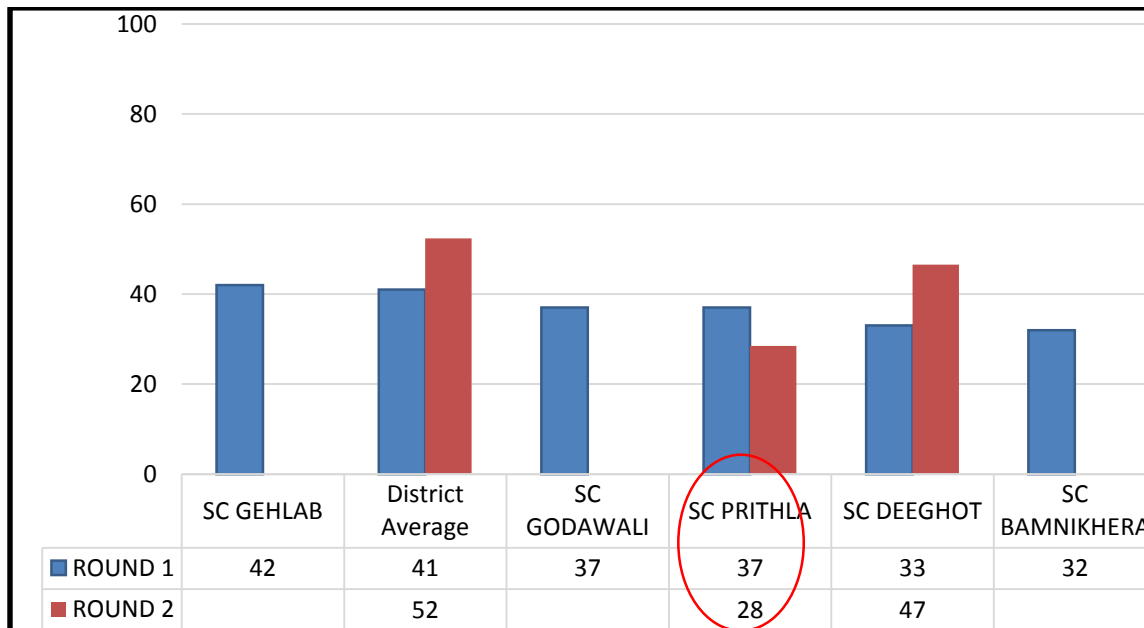
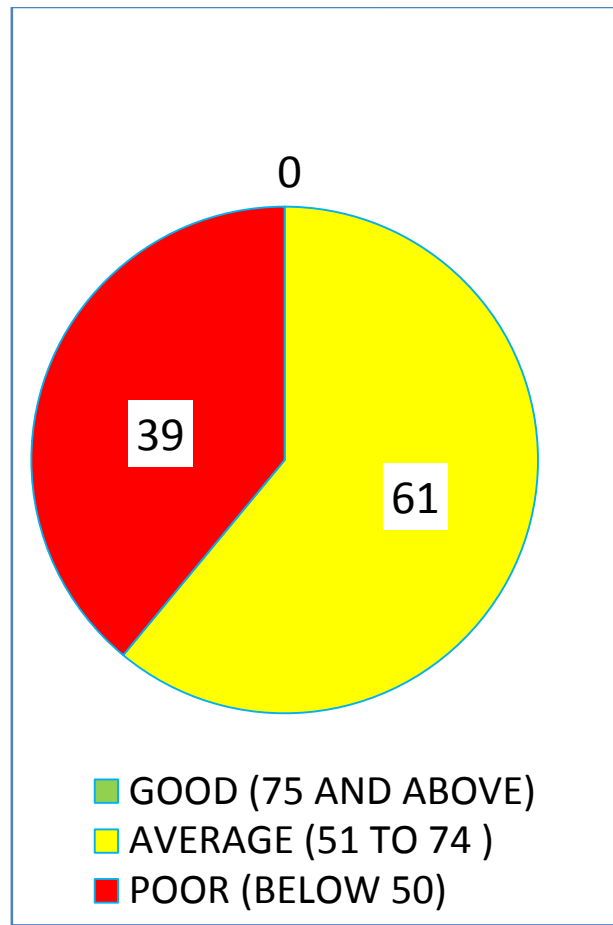
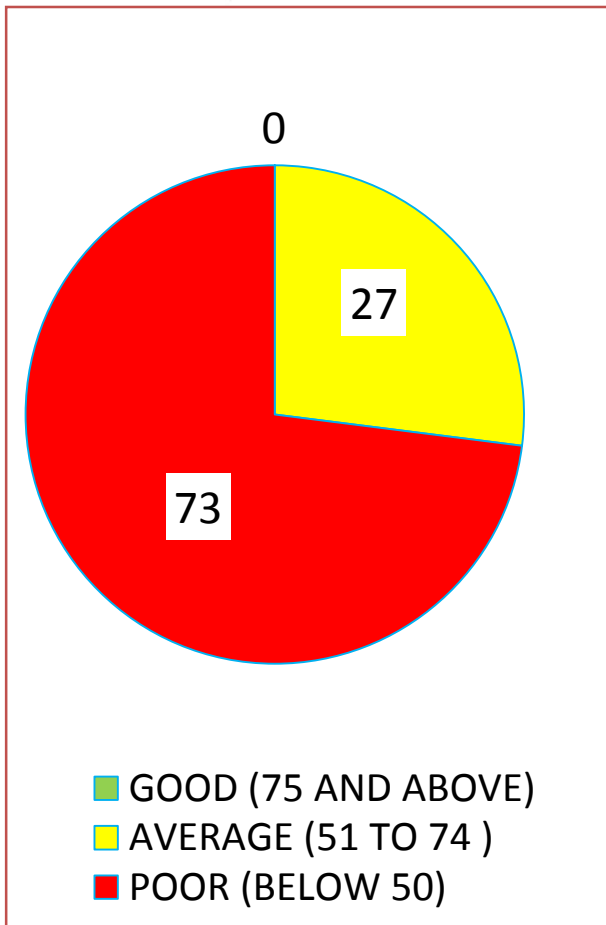


Figure 23. Sub Centre Wise Over All Status of facilities for ENBC/R



District Position after 1st ROUND

After 2nd ROUND



5. Facility wise Qualitative Findings

1) GH PALWAL

- Two delivery rooms. NBCC established in one delivery room
- Shoulder roll not available

EQUIPMENT AND SUPPLIES

- Vitamin K not available
- Surgical blade not available

INFECTION PREVENTION

- Sufficient water for hand washing not available. Hand washing is not in practice before examination and delivery.
- Dirty delivery table, kelly's pad in labour room.
- NBCC with lot of blood stains.
- Slippers outside labour room available but not in use.
- Infection prevention protocols are not being followed.

RECORD KEEPING

- Case records lacks documentation of essential newborn care
- Partographs are not being filled properly

PRACTICES

- Birth preparedness is not in practice.
- Separation of newborn from mother and shifting to NBCC is in practice.
- Skin to skin contact is not in practice.
- Immediate cord cutting in practice.
- Reclamping the cord in practice.



- Wrapping the baby before shifting is not in practice.

2) **CHC Dudhola**

- Injection Vitamin K for newborns is available but not administered to the newborns. Injection vitamin k must be given to every newborn (1 mg for full term baby and 0.5 mg for preterm baby).
- Baby sheets are not available. Provide baby sheets for drying and wrapping the newborn.
- Cleanliness and hygiene in Labour room and NBCC are a matter of concern. Both were highly unclean for conducting deliveries and Newborn Care.
- Case sheets are very poorly maintained. There are no notes on presenting complaints, past history, obstetric history and essential newborn care.
- Partograph are very poorly maintained.
- Infection prevention protocols are not followed as per guidelines.
- Immediate cord cutting is in practice. Cut cord between 1 to 3 minutes after birth.
- Skin to skin contact between mother and newborn is not in practice.
- Knowledge and skills of staff nurses for essential newborn care and resuscitation are below average.



3) CHC HATHIN

- White wash work going on in facility because of this IEC not displayed in labour room.
- No sleepers in the labour room.
- BMW segregation not as per guideline (Black bag kept along with labour table with all wastes) colour coding buckets not available at facility need to arrange at labour room.
- Nursing station situated in labour room immediate intervention required and need to establish station outside the labour room
- Four YASHODA appointed at facility have only annex.1 form rest not provided/communicated
- Yashodas are not maintaining complete register (Register segregated as per candidate)
- Yashodas monitoring register not available at facility
- Yashodas not with ID cards, sleepers, flip chart (Kept at home)
- Sometime Yashodas involved in cordclamp of newborn need to discourage
- Yashoda not able to answer about attachment and position sign of Breast feeding and not using flip chart during counselling of mother
- Yashoda programme need to monitor closely at facility and should arrange all required consumables and monitoring sheets and registers
- No designated breast feeding area at facility during visit space identified need to establish BF area at facility
- Oxygen cylinder empty need to fill ASAP
- Cord clamps not available/out of stock at facility need to take immediate action for availability
- Hub cutter not working need to repair/replace ASAP



- BP apparatus not available at labour room need to repair/replace ASAP
- Generator available but not functional need to process for functioning
- Baby weight machine out of order need to repair/replace ASAP
- Autoclave out of order need to replace/repair ASAP
- Anti D injection not available at facility need to ensure 0 out of pocket expenses at facility for delivery and new born care
- Apron not available at labour room need to arrange for hygiene of staff at labour room
- Signage need to displayed on departments/rooms
- Doppler out of order need to repair/repair ASAP
- Partograph not filled adequately SMO/MO/LMO requested to take session on how to fill partograph ?
- Vit K not administered at facility need to educate/motivate staff for benefits of administration of Vitamin K
- BMW contractor visits are very irregular SMO requested to monitor regularity of BMW vender
- Bike park inside the building front of labour room SMO during visit requested to
- Oxytocin given after delivery of placenta (one SN Comment)

4) **CHC Hodal**

- Space for NBSU identified but not established.
- Humidifier for O2 cylinder not available.
- Spot lamp not available.
- Slippers and soap not available.



- Reporting of delivery data into DHIS needs serious improvements.
- Disinfection of AMBU bag and mask not done.
- Suction machine bottles should contain 3% Phenol or 5% Lysol for disinfection.
- Skills of staff nurse good for,
 - ANC
 - High risk pregnancy
 - Identification of labour
 - AMTSL
 - Immediate new born care
 - Special care for LBW babies
 - Neonatal resuscitation

5) **CHC Aurangabad**

- Staff nurse was not available at the time of assessment.
- No record related to delivery and new-born care services was available. Registers for the same were not provided even after repeated demand during assessment.
- Humidifier for O2 cylinder is not available.
- Mucus extractor not available.
- Mask size 1 not available.
- Radiant warmer not functional.
- Shoulder roll not available.
- Vit. K not available.



6) PHC Hasanpur

Essential new born care and resuscitation

- PHC Labour room is found unhygienic with blood stained radiant warmer and ambu bag.
- Yellow bags and bucket for disinfection of the human waste was not available
- Autoclave not available, boiler not functional and disinfectant not used
- Reuse of delivery instrument without proper disinfection and sterilisation
- Vaccine was found stored inside refrigerator. Vaccine carrier should be kept for immunization of the newborn before discharge.
- Record of files and partographs not maintained at all.
- Sleepers not available in the labour room.
- Baby sheets, cord clamps, digital thermometer, adult weighing machine, BP instrument and dopplers not available inside labour room.
- Privacy not maintained in the labour room.
- No regular water supply for the labour room.

Skills

- Birth preparedness before delivery not done
- Hand washing not in practice
- Every new born is shifted to new born care corner despite of good cry.
- Immediate cord cutting is still in practice
- Skills of essential new born care especially providing immediate skin to skin contact not in practice
- Suction of every new born done despite good cry
- Skills for resuscitation involve only the use of ambu bag. PSSR not in practice.



- Vitamin K not administered.
- Active management of third stage of labour not practiced.

7) **PHC Mandkola**

- Delivery load- 50 to 60/month.
- 4 staff nurses are available for conducting deliveries.
- NBCC is established now.
- Room thermometer, Bag & Mask and Running water is available now in labour room
- Bio medical waste agency doesn't come regularly.
- Vitamin k is not available.
- Baby sheets are less in number.
- Ambu bag is in dirty condition.
- Case files and partographs are not maintained properly.
- Disinfection protocols are not followed.
- Immediate cord cutting is in practice.
- Skills and practices of staff nurses are average.

8) **PHC Nangaljaat**

INFRASTRUCTURE AND HUMAN RESOURCE

- PHC is not connected to all weather link road
- 2 staff nurses available for 24 *7 facility
- Generator available but has no fuel
- Landline is not available at facility



- Delivery room has an open window just in front of delivery table

EQUIPMENT AND SUPPLIES

- Oxygen cylinder available but not functional since 4 months
- Foot/electronic suction machine not functional since 3 months
- Inverter available but non-functional
- Fetal Doppler non-functional since 6 months
- Mucous extractor, cannulas, needles have a stock out. Currently if needed, these are purchased by patient
- Vitamin K not available
- Room thermometer not available
- Baby sheets are not available. Cloth brought by patient are being used for drying and wrapping the baby
- Anti D injection not available at facility
- No slippers at labour room entrance

TRAININGS

- 2 staff nurses available. Both SBA trained, 1 NSSK trained and 0 IMNCI trained

INFECTION PREVENTION

- Hand washing is not in practice
- Dirty delivery table, apron, kelly's pad in labour room
- Disinfection and BMW management is not being done. Color coded buckets are not available

RECORD KEEPING

- Case sheets are not being filled. Records for month of may, june and july are available
- Case sheets are not available



- Case records lacks documentation of essential newborn care

PRACTICES

- Skin to skin contact is not in practice
- Immediate cord cutting in practice
- Mouth to mouth respiration in practice
- Separation of newborn from mother and shifting to other table is in practice
- Immunizing the baby with Hep B and OPV in practice. BCG is not in practice and not available
- Everybody(mother's relatives) are allowed in labour room – need to discourage

9) PHC Amarpur

- Previous immediate cord cutting was in practice, still condition is same.
- After cord cut, now skin to skin contact between mother and baby has been started.
- Rusted delivery instruments has been replaced with fresh one.
- Essential newborn care and resuscitation skills were still poor, need refresher training and handholding for the same.
- Previous yellow bags were not available in labor room, now they were available.
- Oxytocin was being given at buttocks, it should be given at anterolateral aspect of mid thigh.



10) PHC Rasulpur

- Previous there was no staff nurse, now one LMO and Staff nurse has been recruited.
- Zero mask for Ambu bag still not available.
- NBCC is not established.
- Vitamin K not available.
- No thermal care by radiant warmer or 200 wt bulb not available.
- SN is new and required to be trained under SBA and NSSK.
- Shoulder roll was not available.
- Only two baby sheets were available, require more.
- Mucus extractor was not available.
- Previous baby was being delivered in tray, now it is being delivered on mother's abdomen.
- Essential newborn care knowledge and skills has improved in comparison to previous time, but still need improvement.

11) PHC UTTAWAR

- NBCC is not established.
- Zero mask size is not available.
- Mucous extractor and suction catheter are not available.
- Inj. Vitamin k is not available.
- There is lack of space in the facility due to which there is no post natal ward.
- Case files and partographs are not maintained.
- Skills and practices of ENBC/R are average because Staff nurse is newly joined.
- Infection prevention protocols are not followed.



12) PHC Alwalpur

- Immediate cord clamp and cut was in practice.
- Surgical blade should be used to cut cord.
- Skills were poor. Need refresher training for the same.

13) SC Prithla

- No electricity connection in SC
- No water supply available
- Gloves, cord clamp, mucus suction cath., thermometer not available
- Baby weighing machine not functional (Not calibrated)
- All IECs not displayed
- AMTSL and ENCR skills not satisfactory (Lack in Resuscitation practices)
- Sanitation practices not satisfactory
- Biomedical waste management done properly. (Proper segregation of color bags not done)
- ANM use to boil the delivery set at her home. (Instruments not present in SC at the time of visit.

Recommendations

- Provision of electricity and water supply in SC should be done
- Supply of essential equipment like Gloves,



14) SC Deeghot

- New-born care corner not established. Ensure NBCC is established with 200 W bulb.
- Autoclave not available.
- Shoulder roll not available.
- Suction catheter not available. One suction catheter attached with foot operated suction machine is reused.
- Humidifier for O₂ cylinder is not available.
- No disinfectant available.
- Vit. K not available.
- Display of IEC and Job Aids related to immediate new-born care is good.
- Knowledge about disinfection at NBCC is poor.
- ANM has good knowledge about,
 - ANC
 - High risk pregnancy
 - Identification of labour
 - Monitoring of labour progress
 - Immediate new-born care.
 - Identification of infection in new-bron
- ANM has poor knowledge about neonatal resuscitation.