Rajsamand, Rajasthan

RMNCH+A High Priority District

Quarterly Report of Activities

January – March 2014

Prepared by

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<th>Description</th>
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<tbody>
<tr>
<td>ANM:</td>
<td>Axillary Nurse Midwife</td>
</tr>
<tr>
<td>ASHA:</td>
<td>Accredited Social Health Activist</td>
</tr>
<tr>
<td>AWW:</td>
<td>Anganwadi Worker</td>
</tr>
<tr>
<td>CGC:</td>
<td>Columbia Global Centers, South Asia</td>
</tr>
<tr>
<td>CHC:</td>
<td>Community Health Centre</td>
</tr>
<tr>
<td>CMHO:</td>
<td>Chief Medical and Health Officer</td>
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<tr>
<td>DH:</td>
<td>District Hospital</td>
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<tr>
<td>DHS:</td>
<td>District Health Society</td>
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<tr>
<td>DPM:</td>
<td>District Programme Manager</td>
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<tr>
<td>EI:</td>
<td>Earth Institute</td>
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<tr>
<td>FBNC:</td>
<td>Facility Based Neonatal Care</td>
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<tr>
<td>GIS:</td>
<td>Geographical Information System</td>
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<tr>
<td>HPDs:</td>
<td>High Priority Districts</td>
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<tr>
<td>ICDS:</td>
<td>Integrated Child Development Scheme</td>
</tr>
<tr>
<td>JSY:</td>
<td>Janani Suraksha Yojana</td>
</tr>
<tr>
<td>JSSK:</td>
<td>Janani Shishu Swasthya Karyakram</td>
</tr>
<tr>
<td>LR:</td>
<td>Labor room</td>
</tr>
<tr>
<td>MCHN:</td>
<td>Maternal and Child Health Nutrition</td>
</tr>
<tr>
<td>MDGs:</td>
<td>Millennium Development Goals</td>
</tr>
<tr>
<td>PHC:</td>
<td>Primary Health Centre</td>
</tr>
<tr>
<td>RCHO:</td>
<td>Reproductive and Child Health Officer</td>
</tr>
<tr>
<td>RMNCH+A:</td>
<td>Reproductive, Maternal, Newborn, Child Health and Adolescent</td>
</tr>
<tr>
<td>SBA:</td>
<td>Skilled Birth Attendance</td>
</tr>
<tr>
<td>SAM:</td>
<td>Severe Acute Malnutrition</td>
</tr>
<tr>
<td>SC:</td>
<td>Sub-Centre</td>
</tr>
<tr>
<td>SDH:</td>
<td>Sub-District Hospital</td>
</tr>
<tr>
<td>THR:</td>
<td>Take Home Ration</td>
</tr>
<tr>
<td>WIFS:</td>
<td>Weekly Iron and Folic Supplementation</td>
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</table>
INTRODUCTION:
The Government of India’s new flagship programme, the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) initiative was launched in 2013. Under this initiative, the districts with poor maternal and newborn health indicators across the country have been identified and classified as High Priority Districts (HPDs). As such, 10 districts have been identified as High Priority Districts in the state of Rajasthan, with a development partner being assigned to each district as a ‘lead partner’ to develop strategies in order to reduce poor maternal, new born, child and adolescent health indicators in the district.

THE EARTH INSTITUTE’S ROLE AS A DEVELOPMENT PARTNER:
The Earth Institute, represented by the Columbia Global Centres, Mumbai Centre has been assigned as the ‘lead partner’ in the high priority district of Rajsamand in the state of Rajasthan. The Earth Institute team in Rajasthan is led by State Technical Consultant and two District Project Co-ordinators based in Rajsamand and Dausa districts. The role of Earth Institute as a development partner is mainly providing technical assistance on the six building blocks of health systems. The Institute uses operations research methods to identify bottlenecks in planning, designs interventions to overcome these bottlenecks and supports the scale-up of any successful initiatives. In addition, EI advocates for the evidence-based planning and provides policy inputs at the state level. As part of routine activities, EI also supports the districts in monitoring of health services and provides feedback to the District Programme Management Unit (DPMU) to improve the outreach and quality of these services.

CMHO OFFICE AND LINKAGES:
Rajsamand district health team is led by Dr. Tarun Choudhry (Chief Medical Health Officer) with an experience of nearly 21 years in serving the system and community in turn. The district has seen transformation during last one and a half year under the tenure of present CMHO in terms of improving quality care at facilities and accessibility of quality care on the field through his network of trained and dedicated staff. EI & District team is continuously striving towards achieving the goal of “Better health for all “. EI team has been acting as catalyst in routine RMNCH+A activities and in the creation of new tools for improving the service delivery. Continuous sharing of field level findings by EI DPCs takes place with the district core team comprising of CMHO, RCHO, Dy CMHO, DPM and other relevant officers from other department like ICDS, Education, RMSC unit in order the fasten the pace of improvement and delivering quality services with utmost beneficiary satisfaction.

Quarterly Report Document - Brief Note:
This document lists down the activities and initiatives undertaken by the Earth Institute and CMHO office in Rajsamand, Rajasthan. It contains quarterly summary of activities from January 2014 – March 2014.
OVERVIEW OF THE CORE ACTIVITIES

Quarterly activities undertaken by Earth Institute in District Rajsamand

With the presence of Earth Institute in the district since Aug 2013 and proactive outlook of district officials especially the leader of the health system, several activities took place after continuous brainstorming productive sessions. Rajsamand being a ‘High Priority District’ majority of the activities and interventions revolve around the major four thematic areas and so the tasks prioritised by EARTH during the quarter fell under these themes.
Maternal and Child Health Nutrition (MCHN) Day activity is conducted in all Anganwadi across the district. This is a joint initiative and responsibility of the District Health Department and the ICDS Department to conduct activities related to immunization and nutrition in the centres.

**Role of EI: Supportive Supervision at MCHN Day:**

The Earth Institute (Columbia Global Centres | South Asia) has undertaken supportive supervision of the MCHN day in order to monitor the quality of nutrition services provided to the pregnant and lactating women, ensure routine immunization services for all identified children during the day. This VHND Checklist developed by the GoI of India is being administered to understand the quality of the MNCN days

**The specific objectives of supportive supervision of MCHN day are as follows:**

1. To assess that MCHN day is a service delivery “package” for ANC women, children, Lactating mothers and adolescents.
2. Monitor Nutritional activities (WIFS, THR etc.)
3. Monitor screening of children for under-nutrition and malnutrition (Growth Monitoring of Children)
4. To observe skills of the service providers (ANC check-up, Counselling)
5. Ensure availability of all drugs, vaccines and equipment’s on the session site and record and report irregularities to the department
Only two sites were visited, one at anganwadi centre in Panotia village under Sardargarh PHC in Amet Block on 6th March 2014 and another at anganwadi centre in Deragata village under PHC Kotharia in Khamnør Block on 13th March 2014.

Key Findings:

1. Incomplete knowledge of ANMs on correct techniques for estimation of blood pressure or haemoglobin
   - It was observed that, ANMs lack in basic knowledge on correct techniques for estimation of Blood Pressure, or estimation of Haemoglobin (using Sahli’s Haemoglobinometer) etc despite ANMs being in service for many years. This was a common observation during MCHN sessions. One reason for this gap observed was lack of sufficient ‘refresher trainings’ for in-service ANMs.

 Corrective Actions Taken:

   - At District Level: Decision was taken by CMHO, Rajsamand to conduct in-service trainings of ANMs. These trainings will be facilitated by posting the ANMs in Community Health Centres (CHCs) for 7 days during which they shall learn the skills and correct techniques of measuring BP, Hb. Estimation etc. (Letter attached in Annexure - I)

   - At Block Level: Since March 2014, 7 days training has been duly implemented across all blocks, 2 ANMs receive these in-service trainings each week at all CHCs across the district. During these trainings, the ANMs are posted initially in the OPD during peak hours, when they learn the art of case taking, BP measurement. The next posting is done in the Delivery Room at night hours with regular staff, so that they learn to handle cases of delivery and conduct deliveries. They are also posted in the Laboratories where they learn how to collect blood samples, learn the technique of Hb estimation using Sahli’s Haemoglobinometer making peripheral smears for malarial slides etc.

2. Vaccine Monitoring and Maintenance of Cold Chain:
   - During field visits, it was a common observation that, a vaccine vial once opened was not maintained in zipper bags, date and time of opening the vials was not mentioned on the vial.
Corrective Actions Taken:

- **At District Level**: The District Health Administration has issued strict instructions to all LHV s across the facilities in the district to accept open-vials from the field only if ‘date and time’ of opening the vial is mentioned on the vaccine. Furthermore, they are instructed during district level RI and Cold Chain Maintenance Trainings to keep such open vials in boxes with ‘OPEN VIALS’ mentioned on them. Further such vaccines have to be used at the earliest possible.

- **Block Level and Sector Level**: Monitoring is done regularly for storage of vaccines, maintenance of cold chain at the sector level/block level by officials during sector meetings.

3. **Strengthening of MCHN Day Activities**:

   - **At Sector Level**: In the month of April 2014, District Administration has issued a letter for ‘Role Play of MCHN Activity’ during monthly sector meetings. During these meetings, ANMs and ASHAs would bring certain equipments to the meetings as instructed in the letter, and few ANMs shall demonstrate the ideal activities to be performed on MCHN days. (Letter attached in Annexure - II)

4. **Supply of Essential Medicines**:

   - During MCHN sessions, essential medicines and supplies like IFA Tablets for pregnant women, Nischay Kits, Emergency Contraceptives were found lacking.

Corrective Actions Taken:

- The EI team has discussed the shortage of these essential supplies with Block as well as District Officials of Rajasthan Medicines Services Corporation (RMSC) and the officials have assured that the shortage issues will be soon sorted over as the order for the same is already placed
STRENGTHENING LABOUR ROOMS IN RAJSAMAND

To accelerate the decline in Maternal Mortality Rate (MMR) it is necessary to improve the quality of care being rendered at the public health facility. Timely provision of emergency obstetric care and routine essential obstetric and new-born care are the key strategies for reduction of Maternal and Neonatal morbidity and mortality.

During January to March 2014, 11 facilities across the district were assessed for condition of labour rooms. The initiative of the Earth Institute (Columbia Global Centres | South Asia) is to assess the labour room facilities at high case-load load facilities across Rajsamand district including the 22 designated delivery points as well as those centres (SC’s, PHCs and CHCs where delivery load is high). Hence this is a process of continuous evaluation, whereby re-visits will be made to facilities earlier visited for changes as per the recommendations made during initial visits.

Objectives of Assessment:
1. To assess the capacity of high-case load facilities (availability of drugs, essential equipments, trained human Resources, protocols quality of services etc.) to deliver high quality maternal care services
2. To identify best practices and also the gaps in the existing practices/system so as to reinforce the facility and staff to provide sustainable quality services by setting benchmarks for other institutions

Conceptual Framework of the intervention:

<table>
<thead>
<tr>
<th>On Day of Visit</th>
<th>Immediate Action</th>
<th>District Level</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify gaps within the facility and identify areas with scope for improvement</td>
<td>Share observations with facility incharge for implementation along with timeline</td>
<td>Share findings with District Level Administration (CMHO, RCHO, DPM)</td>
<td>Follow-up at the facility for adherence to timelines</td>
</tr>
</tbody>
</table>

Methodology of Labour Room Assessment:

a. Tools for Assessment:

A checklist adopted on the basis of ‘Maternal and New-Born Health Toolkit’ guideline was used for labour room assessment at facilities.

b. Process of Selection of Facilities:

After consultation with the CMHO, Rajsamand and DPMU, Rajsamand, it was decided that, the 22 designated delivery points as well as those centres (SC’s, PHCs and CHCs where delivery load is high) would be assessed for facilities within the labour room.
## List of Facilities visited for LR Assessment:

<table>
<thead>
<tr>
<th>S. N</th>
<th>Name of the facility and Block</th>
<th>Date of visit</th>
<th>Good Practices Observed</th>
<th>Scope for Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>District Hospital Rajsamand Block</td>
<td>3rd Jan 2014</td>
<td>- Availability of C-Section facility, - On call Anaesthetist and Gynaecologist available</td>
<td>- SBA protocols and slippers were not available, - Partographs not updated, - Partitions between labour tables missing, - Emergency drug trays missing</td>
</tr>
<tr>
<td>2</td>
<td>PHC Kunwariya Rajsamand Block</td>
<td>6th Jan 2014</td>
<td>- 2 radiant warmers present, - Disinfection practice with bleaching powder was followed</td>
<td>- Essential labour room trays, adult resuscitation kit, elbow operated taps, slippers were missing at the facility, - SBA protocols were not displayed.</td>
</tr>
<tr>
<td>3</td>
<td>SDH, Nathdwara Khamnor Block</td>
<td>10th Jan 2014</td>
<td>- Curtains to maintain dignity of women and privacy was present, - Sterile slippers used to enter inside labour room</td>
<td>- Essential LR trays and elbow operated taps missing, staff not trained to use radiant warmer</td>
</tr>
<tr>
<td>4</td>
<td>PHC Kelwa Rajsamand Block</td>
<td>17th Jan 2014</td>
<td>- Windows covered with mesh, - Good NBCC practices are followed, - Essential LR trays and elbow operated taps missing, staff not trained to use radiant warmer</td>
<td>- Partition missing between two labour tables was not present, - Wall mounted Lamp, Foetal Doppler and essential LR trays not available</td>
</tr>
<tr>
<td>5</td>
<td>SC Janawat Bhim Block</td>
<td>28th Jan 2014</td>
<td>- Good disinfection - use of bleaching powder, use of sodium hypochlorite for sterilization practices are followed, - Essential LR trays, foetal Doppler, SBA protocols not displayed.</td>
<td>- No attached toilet available, - Shortage of essential drugs was seen, - Infrastructure is very small</td>
</tr>
<tr>
<td>6</td>
<td>PHC Charbhujra Kumbhalgarh Block</td>
<td>28th Jan 2014</td>
<td>- Privacy and dignity of women is maintained, - 20% buffer stock of all LR medicines is available</td>
<td>- Partographs, SBA protocols, patient trolley, essential LR trays not available at the facility</td>
</tr>
<tr>
<td>7</td>
<td>PHC Chapli Bhim Block</td>
<td>13th Feb 2014</td>
<td>- Refrigeration facility for essential medicines is available in lab, - Good sterilization and disinfection protocols are followed</td>
<td>- Essential LR trays, foetal Doppler, SBA protocols not displayed. - Functional Autoclave/steriliser not available, - Breastfeeding time was not mentioned in delivery register</td>
</tr>
<tr>
<td>8</td>
<td>PHC Diver Bhim Block</td>
<td>13th Feb 2014</td>
<td>- Privacy and dignity of women is maintained, - Sufficient stock of medicines kept for LR</td>
<td>- Essentials trays not present, - Biomedical waste bins not available, - Proper infection control procedures not followed</td>
</tr>
<tr>
<td>9</td>
<td>PHC Barar Bhim Block</td>
<td>14th Feb 2014</td>
<td>- Pulse Oxymeter is available, - Windows are mesh covered to ward of flies, mosquitos, - Privacy and dignity of women is ensured</td>
<td>- Macintosh, baby ambu bag, foetal Doppler, essential trays not available, - Infrastructure of LR room in poor condition</td>
</tr>
<tr>
<td>10</td>
<td>CHC Bhim Bhim Block</td>
<td>14th Feb 2014</td>
<td>- Privacy and dignity of women is ensured, - Optimal bio-medical waste management protocols followed</td>
<td>- Autoclave, oxygen cylinders, essential drug trays not available. - SBA protocols not displayed</td>
</tr>
<tr>
<td>S. N</td>
<td>Name of the facility and Block</td>
<td>Date of visit</td>
<td>Good Practices Observed</td>
<td>Scope for Improvement</td>
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<tr>
<td>11</td>
<td>PHC Kankroli Rajsamand Block</td>
<td>3rd Mar 2014</td>
<td>- Registers are well maintained, - Wheel Chair/patient trolley is available, - Autoclaved and sterilized instruments used for each case</td>
<td>- Referral register not maintained, essentials LR trays not available, infection control protocols not followed</td>
</tr>
</tbody>
</table>

Gaps Observed:

1. Lack of Essential Labour room equipments and accessories, lack of essential sterilization practices – Sharing of Findings

During LR assessments, basic labour room equipments were found lacking at most of the sites also compliance with basic sterilization practices was missing. It was inferred that, ‘Quality’ of services needed a major improvement.

Corrective Actions Taken:

a. Discussion of Findings At District Level:

After submitting the first draft of LR Assessment report to CMHO, a meeting of CHC In-charge from all facilities was called on 10th February 2014. A round of discussions and decisions were made for improving infection control practices in LR, availability of necessary equipment’s, medicines etc and to identify the timeline for the same.

b. Presentation of Findings to District Collector during DHS Meeting, Feb 2014:

On 11th February 2014, the monthly District Health Society (DHS) meeting was held in the presence of District Collector and officers from the District Health Society. During this meet, the EI team presented preliminary findings of labour room assessment of 6 facilities, wherein good practices observed and gaps identified were discussed for the replication and corrective actions respectively.

c. Letters Issued in this regard:

The district health administration had issued a letter supporting the compliance of the findings of LR Assessment to the respective CHC’s, the letter clearly states that the gaps that have been observed during Labour Room Assessment Visit by the EI Team, which were shared with the medical officer in-charge (MOIC) of the facility, must be ensured and completed within a strict timeline provided by the EI team (attached in Annexure III, III-A and III-B)
2. **Lack of Essential Labour room Protocol Posters:**

   During the assessment it was observed that display of IEC could be improved especially focussing on service delivery indicators like Active Management of Third Stage of Labour, Hand washing techniques, KMC, Breastfeeding techniques Etc. Also During the visits of GOI representatives, display of SBA protocols was emphasised.

   **Corrective Actions Taken:**

   District officials took necessary actions and processed for designing the appropriate and necessary IEC along with EI team in Rajsamand, within a span of 20 days, to design 36 protocol Posters on themes like SBA, Adolescent health, Anaemia, Infection control, Child immunisation etc. The basic design was distributed to all major case load facilities by the CMHO, which was further implemented, printed and displayed at all these facilities.

3. **Lack of Essential Labour Room Equipments**

   Every Labour room, as per the MNH Toolkit, should have some minimum essentials necessary for delivering quality services. During various assessments by district, state, national officials and development partners officials it was observed that some basic essentials/equipment’s should be there like partographs to track the condition and to take decision about referrals or appropriate management of lady delivering at the institution. Likewise, essential trays should be arranged in advance to take any prompt and instant action to save life of mother and baby. In the same league following are few corrective actions taken by district authorities.

   **Corrective Actions Taken:**

   a. **Ensuring availability of Partographs:**

   In April 2014, the District Health Administration, Rajsamand has designed and modified Janani Suraksha Yojana (JSY) forms as compared to the earlier ones. The Earth Institute Team has facilitated the district team in drafting the design of the JSY Checklist.

   The special features of these JSY forms are inclusion of the following,

   - Basic Information about the patient (Pg. 1 -2)
   - ‘Safe Childbirth Checklist’ based on WHO Guidelines (Page 3 - 6) which contains treatment protocol guidelines during 4 stages of delivery i.e. On Admission, During Delivery, Within one hour of Delivery and Before Discharge.
   - **Simplified Partographs** (Pg. 7),
This form is implemented throughout the district at all facilities since 1st May 2014, and is successfully being filled at all facilities. This format has provided guidelines for staff conducting deliveries on the process and protocols to be adhered during conducting the delivery. It also acts as a record of activities taken place during the delivery process which can be a very important tool during medico-legal cases. These forms are printed in ‘Hindi’ language for better understanding by the staff.

### b. Wall-Mounted Clock and Digital Thermometer:

At all the major facilities including 22 designated delivery points and other high load delivery centres, digital wall mounted clocks which includes digital temperature reading and time in with hour, minutes and seconds, also which contains date, month and year are provided by the District Health Administration.

### c. Availability of Labour Room Essential Trays

The District Health Administration in consultation with the EI team has developed protocols for arrangement of essential labour room trays in all facilities (as applicable). The guidance for components of the labour room trays were shared by State Institute of Health and Family Welfare (SIHFW), Jaipur for maintenance of essential labour room trays as mentioned in the ‘The Maternal and Newborn Health toolkit’ guideline at the labour room facilities.

### d. Guidelines for Segregation of waste in Colour Coded Bins

The District Health Administration has designed posters for segregation of bio-medical wastes in separate colour coded bins. The poster contains details of each coloured bins.

These posters have been put up at major delivery points in the districts.

**Other Corrective Actions: District Specific Innovations:**

### a. Guidelines and Training for operating New-Born Care Corner:

During January 2014, two caretakers working in the FBNC ward and one medical officer (paediatrician) from the District Hospital were trained at KEM Hospital in Mumbai on essential newborn care. In the month of April, as per the order of CMHO, Rajsamand, the services of one trained caretaker from the FBNC at District Hospital, Mr. Nanalal Kumawat (Male Nurse – Grade – II) were used to orient staff members from high delivery load facilities and other facilities. These orientation sessions were held during special sector meetings, in which persons responsible for handling the new-born care corner at the various facilities were oriented on essential new-born care and handling and operation of installed radiant warmers.
This was a very innovative idea, which involved minimum costs and more utility and service to the field staff.

b. **Posters for Essential New-Born Care:**
The District Health Administration has designed posters for arrangement and conduction of basic new-born care corner operations. These posters have been put up at major delivery points in the districts.

c. **Essential Baby Kits:**
Since March 2014, Baby Kits which include Baby towel, Cap, Dress, Napkins and Diapers are provided at major facilities in the district (Designated Delivery Points) for which an NGO, Mahavir International has been roped in by orders of CMHO Rajsamand

d. **Procurement of Delivery Gowns for Admitted women:**
All major facilities have been issued orders to purchase and procure delivery gowns which can be worn by women during the process of delivery. Instructions were given to purchase ‘brown’ coloured gowns, so that these gowns do not get spoilt by spillage of blood, and can be re-used again after washing.

*Follow-Up Action points:*

The process of labour assessment is an on-going process whereby the EI team is continuously striving towards strengthening facility-based delivery of MDG-focused maternal and child health interventions through a process of regular assessment and corrective action planning with accompanying technical support for execution of proposed strategies.

Under this objective, the specific strategies followed by EI will be as follows:

1. Monthly Monitoring Visits to Facilities to observe compliance to recommendations and action plans
2. Presenting progress report to the District health Society on a monthly basis
FIELD LEVEL VALIDATION OF JANANI SURAKSHA YOJANA (JSY), JANANI SHISHU SURAKSHA KARYAKRAM (JSSK) AND MUKHYAMANTRI SHUBH LAXMI YOJANA (MSLY)

With the successful launch of Janani Suraksha Yojana (JSY) over the years and Janani Shishu Suraksha Karyakram (JSSK) and Mukhyamantri Shubh Laxmi Yojana (MSLY) recently, district officers and EI felt the need of conducting the assessment of these schemes on some major indicators to understand the issues and practices involved at various levels in its implementation. With this thought EI undertook a field level validation on the reach and quality of these schemes as perceived by the beneficiaries. The following entitlements were reviewed in the validation exercise.

<table>
<thead>
<tr>
<th>Entitlements For pregnant women</th>
<th>Entitlements for sick neonates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free and Cashless Delivery</td>
<td>Free and zero expense treatment</td>
</tr>
<tr>
<td>Free C-Section</td>
<td></td>
</tr>
<tr>
<td>Free Drugs and Consumables</td>
<td>Free Drugs and Consumables</td>
</tr>
<tr>
<td>Free Diagnostics</td>
<td>Free Diagnostics</td>
</tr>
<tr>
<td>Free Diet during stay in the health institutions – 3 days in case of normal delivery and 7 days in case of caesarean section</td>
<td>Free Provision of Blood</td>
</tr>
<tr>
<td>Free Provision of Blood</td>
<td>Free Transport from Home to Health Institutions</td>
</tr>
<tr>
<td>Free Transport from Home to Health Institutions</td>
<td>Free Transport between facilities in case of referral</td>
</tr>
<tr>
<td>Free Transport between facilities in case of referral</td>
<td>Free drop Back from Institutions to home</td>
</tr>
<tr>
<td>Drop Back from institutions to home after 48hrs stay</td>
<td>Exemption from User Charges</td>
</tr>
<tr>
<td>Exemption from User Charges</td>
<td></td>
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<tr>
<td>Mukhya Mantri Shubhlaxmi Yojana and its implementation</td>
<td></td>
</tr>
<tr>
<td>Home Based Newborn Care Follow up by ASHA</td>
<td></td>
</tr>
</tbody>
</table>

Rationale of the Study:
JSY, JSSK and MSLY are three programs that promise its beneficiary an increased quality of services during the ante-natal period, during delivery and post-delivery. Hence, as per discussions with CMHO and DPMU, Rajsamand, a need was felt to assess the performance of these programs from the end-users perspective i.e. the women delivered in public health institutions. The sole intention of this field level validation study was to verify the delivery of services offered under these programs.

Objectives of the Study:
1. To track the beneficiaries of JSY, JSSK and MSLY schemes to validate if they received the mandated services and benefits through Public Health facilities.
2. To analyse the outreach and implementation quality of these schemes
**Methodology**
A representative study from all seven blocks of Rajsamand district was chosen as the sampling frame. A discussed with the CMHO, Rajsamand, blocks were selected as per performance ranging from the better to the worse performing blocks for these programs, based on number of registration of beneficiaries under these programs from the past year.

**Sampling Design**
Random Sampling was used as the Sampling method, whereby beneficiaries of the schemes from the past 6 months, with a live birth delivered was tracked down (Name of Beneficiary, Husband’s name, Village Name etc.) from the delivery registers in the labour rooms. They were further tracked down at the village level through ASHA or AWWs and then the interview toolkit was administered.

**Interview Toolkit**
A standardized interview toolkit which was developed based on the programme guidelines for Janani Suraksha Yojana (JSY), Janani Shishu Suraksha Karyakram (JSSK) and Mukyamantri Shubh Laxmi Yojana (MSLY). This interview toolkit was field tested by the DPCs in Rajsamand during their field visits on the intended beneficiaries.

The main themes covered by this toolkit included:
- Quality of ANC services offered during pregnancy (Early ANC registration, Inj. TT, IFA tablet distribution, Anaemia Testing, Weighing etc.)
- Process of Disbursement of cash incentives to beneficiaries (Issues faced in handling of cheques, e.g. time delays etc)
- Role of ASHA and other community workers in providing motivation for institutional delivery
- To investigate key factors prevalent in community responsible for awareness about programme
- To understand the issues prevailing at the field-level hampering implementation of the schemes and recommending strategies for achieving the desired outcomes
**Preliminary Findings**

1. **ANC Services:**
   - Only 19% of the women surveyed were registered for ANC services within 3 months, i.e. within 12 weeks of pregnancy,
   - 65% of the women agreed to have received at least 3 ANC services
   - 83% of women received two doses of Inj. TT
   - 76% of the women consumed at least 100 tablets of IFA

2. **ASHA’s Performance:**
   - ASHA acts as a social health activist in the community, her main job is to motivate and counsel people to receive various benefits under the program. The various indicators that display ASHAs performance, as reported by the beneficiaries are as follows:
   - 60% women agreed that ASHA helped in registration for ANC services
   - 53% women said that ASHA counselled on ANC services
   - 69% women said that ASHA referred in getting ANC services
   - In 51% cases, ASHA accompanied the woman for ANC services
   - 72% women said, ASHA motivated them for institutional delivery
   - 51% women said, ASHA accompanied them during delivery
   - 69% women said that ASHA counselled them for JSY

3. **Deliveries Conducted by:**
   As seen in Fig. 3.2., 47% of the deliveries were conducted by Staff Nurses, 21% by ANMs, 16% by Doctors and 16% by Others (which includes GNMs, in one case ward Boy etc.)

![Fig. 3.2. Cadre of staff conducting Deliveries](image-url)
4. **Duration of Stay after Delivery**

As seen in Fig. 3.3., it is very clear that, 86% of women preferred stay in the JSY wards/hospital wards post-delivery, only 14% women were such that stayed less than 12 hours in the ward.

5. **Free Diet:**
- 76% of women said to have received free food in the hospitals (PHCs/CHCs)

6. **BCG at Birth:**
- Only 46% women confirmed to have received BCG vaccine at birth for their child in the hospital

7. **Receipt of JSY Money:**
- 79% of women confirmed to have received JSY money at the time of discharge. Majority of the women who did not receive payment after discharge delivered at Sub centres

8. **Receipt of JSY Money:**
- 79% of women confirmed to have received JSY money at the time of discharge. Majority of the women who did not receive payment after discharge delivered at Sub centres

9. **HBNC Visits:**
- 79% of women responded as saying that ASHA had visited their homes after delivery for check-up of their child and the mother (the respondent herself). The women have suggested that there was a need for improvement in quality of counselling services by ASHA, identification of early neonatal danger signs, regular weighing of children etc

**Corrective Actions Taken:**

1. One such finding while conducting interviews with JSY/JSSK beneficiaries was that in CHC Delwara, free-food was not being given to women. The reason when enquired was found that the service provider had stopped supplying food due to non-payment of dues. The DPM Unit, immediately took consent of the fact, and has issued the letter containing order for payment of JSSK food suppliers by the Health Department.

2. Regarding JSY Payment at the sub-centre level: During district meetings, it was discussed by district level officials with BCMO’s to arrange payment of JSY for deliveries conducted at sub-centre level.
Further Plan of Action:
On completion of the data analysis, the EI team intend to share the findings with a list of corrective actions that are required to strengthen the implementation of these programmes.

Possible action Steps Include:

1. Specific findings with scope for improvement to enhance quality of service delivery
2. Recommendations based on findings of the study

STRENGTHENING OF MALNUTRITION TREATMENT CENTRES (MTCS)

One of the objectives of EI’s engagement is ‘Strengthening Malnutrition Treatment Centres (MTCs) in Rajsamand’. As the step towards this initiative, EI has already completed a baseline assessment of the Malnutrition Treatment Centres in the District and Sub-District Hospital during the month of October and November respectively.

During the month of March, a follow-up visit was done at these two MTCs, the assessment was done using a checklist which has been adopted from the ‘The Operational Guidelines on Facility Based Management of Children with Severe Acute Malnutrition’. It consists of two parts, namely:

(a) Facility assessment - to collect data on physical infrastructure, services available and the treatment protocols followed for managing children admitted for severe acute malnutrition (SAM).
(b) Qualitative Interview with mothers - to get insights from their experiences during their stay at the MTC, and gather their feedback on the services provided at the MTC.

Details of the Sites Visited and Observations:

1. MTC – District Hospital, (R. K. Hospital):
Baseline Assessment of Malnutrition Treatment Centre (MTC) at R. K. Hospital was done on 1st October 2013, major observations during this visit were as follows:

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Play and Counselling area</td>
<td>Not present</td>
</tr>
<tr>
<td>2.</td>
<td>Bathroom and Toilets for caretakers</td>
<td>Not present</td>
</tr>
<tr>
<td>3.</td>
<td>Structural and Cognitive Development toys</td>
<td>Not Present</td>
</tr>
<tr>
<td>4.</td>
<td>Ensuring Night Feeding to admitted children</td>
<td>Not done</td>
</tr>
<tr>
<td>5.</td>
<td>Counselling by caretakers</td>
<td>Not Done</td>
</tr>
<tr>
<td>6.</td>
<td>Lack of MTC Trained Paramedical Staff</td>
<td>Only One MTC trained Caretaker</td>
</tr>
</tbody>
</table>

Re-visit to the Malnutrition Treatment Centre at R.K. Hospital in the month of March was planned in order to assess the status of the MTC since the baseline assessment in October Last year.
The observations seen during the re-visit were as follows:

**Infrastructure:**

a. **Patient Area:**
   - The MTC ward is a 10 bedded one, where currently only 8 beds are in place, 4 are used as the paediatric ward and 4 for MTC. Considering the low patient load for the MTC, this adjustment was made due to impending construction work in the paediatric ward.

b. **Weighing Scale:**
   - A digital weighing scale designated for the MTC is shifted and used in the FBNC ward, which makes daily weighing of children admitted to the MTC difficult.

c. **Play Area:**
   - The ward lacks a play area and a counselling area, whereby the toys provided for structural and mental development of children can be put into use.

d. **Bathroom and Toilets:**
   - The ward lacks an attached bathroom and toilet for the use of mothers staying overnight with children for their care.

**Referrals and Admissions**

- As seen from figure 4.1., admissions are only through OPD Screening,
  
  Referrals by ASHA and AWW from field are almost zero

**Feeding Protocols:**

- Night Feeding: Night Feeding is not done
- Therapeutic Feeds (F-75 and F-100): Due to absence of a regular caretaker at the MTC, timings of feeds was not maintained, mothers were seen feeding their children with substitute foods like biscuits and chips.

**Follow-Up of Children:**

- Post-Discharge, No follow-ups has been conducted. Lack of linkage between ASHA – AWC – MTC, despite incentive for follow-up.
- As seen in the figure 4.2, last year 64 children i.e. 87.6% of the children admitted to the MTC were reported as ‘cured’, whereas further detailed analysis of individual child records reveals that only 9 out of the 64 cured children has achieved 15% weight gain.

2. MTC – Sub-District Hospital (Govardhan Hospital), Nathdvara:
Baseline Assessment of Malnutrition Treatment Centre (MTC) at Govardhan Hospital was done on 27th November 2013, major observations during this visit were as follows:

<table>
<thead>
<tr>
<th>Toys for structural development</th>
<th>Not purchased</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protocol Posters</td>
<td>Old posters supplied by state, New Protocol Posters were not yet supplied</td>
</tr>
</tbody>
</table>

Re-visit to the Malnutrition Treatment Centre at Govardhan Hospital in the month of March was planned in order to assess the status of the MTC since the baseline assessment in November Last year.

The observations seen during the re-visit were as follows:

**Infrastructure:**

a. Patient Area:
   - The patient area has ample space, well-lit with space sufficient enough to house six beds, with an attached bathroom and toilet (currently not functional). A nursing station has been arranged within the patient area.
   - Essential IYCN messages like exclusive breast feeding for the first 6 months of life and Kangaroo Mother Care (KMC) have been displayed in the MTC.

b. Kitchen Area:
   - The kitchen area is sufficient where a gas for cooking and an cupboard for storage of kitchen items and equipments has been arranged. An attached room contains a water purifier and a
fridge, as well as bathroom and toilet for staff personnel

c. Storage Room:
   - There is also enough space for storage of MTC equipments like posters, medicines, in an
     attached room near to the MTC

d. Weighing Area:
   - A digital weighing scale is present in the patient area where daily weighing of admitted
     children can be done.

Referrals and Admissions
- Referrals or Rate of admissions to the MTC have been very low, (the caretaker cites lack of medical
  attention to the ward being the reason)

Feeding Protocols:
a. Night Feeding: Night Feeding is not done
b. Timeliness of Feeds: Regular Timings of feeds was not maintained.

Counselling:
- Counselling Services are weak, since lack of presence dedicated staff for MTC to provide round the
  clock

Follow-Up:
a. Post-Discharge, No follow-ups has been conducted. Lack of linkage between ASHA – AWC –
   MTC, despite incentive for follow-up.

General Recommendations on Basis of Findings:
1. Constituting a MTC Task Force Committee under the chairmanship of the District Collector for
   reduction of Malnutrition to be considered a state issue. The Task force will consist of members
   of the ICDS dept. including CDPOs and supervisors, ASHA supervisors, MTC In-charge,
   representatives from the District Health Department, PMO from both the district and sub-district
   hospital and members from various NGOs.

2. District ICDS Department, Rajsamand to provide complete data (Name, Address and Contact No.)
   of children identified and reported every month as ‘severely underweight’ (as per ‘red zone’ of
   WHO growth charts), to initiate a SAM/underweight tracking exercise, as the data would be
   shared with ASHAs present in the same area.

3. Need to develop IEC posters containing information regarding ‘referral mechanism and referral
   incentive’ of children to the MTC
The RMNCH+A strategic approach for improving maternal health and child survival envisages support from Development Partners, State and District Programme Management Unit for integrated planning, implementation and monitoring of the RMNCH+A interventions across high priority districts. In order to ensure that districts get timely support to implement the most critical interventions, the Development Partners are expected to offer need based district level assistance and work alongside district and block level stakeholders to identify key bottlenecks and address them systemically.

The purpose of Block Monitoring Visits is to:

1. Make a quick assessment of the infrastructure, human resources, and provision of services (both at facility and community level);
2. Assess service delivery (quality and coverage) at block level;
3. Review progress of community outreach and community/home based interventions;
4. Validate the data reported into HMIS; and
5. Gauge the client (beneficiary) satisfaction level with RMNCH+A services

The team visited delivery points including DH & FRU (if present in the block), 24 x 7 PHC, CHC and sample of sub-centres designated and interact with the community. During the visit the focus should be on:

1. Bottleneck hampering quality / effective coverage of essential interventions saving newborn and mother lives, at all level community, outreach, facility level throughout continuum of care
2. Implementation of strategies overcoming the bottleneck and addressing inequity and disparity at block level (geographical, gender, social groups)
3. Trends / progress of key indicators to follow
   a. Effective implementation of strategy
   b. Reduction of bottleneck
   c. Increase coverage of essential interventions
4. Real time feedback and report to adjust and accelerate implementation and scale up from block to district wide scale
**Block Monitoring Visit: January 2014**

**Dates: 21st - 24th January 2014**

In the month of January, during the 4th week, the block monitoring visit was conducted in Railmagra, and Kumbhalgarh blocks of the district.

The team members for this block monitoring visit comprised of the following members:

- Dr. Manju Singh (Regional RMNCHA Consultant, GoI)
- Mr. Dinesh Songara (State Technical Consultant, Earth Institute)
- Ms. Shibhumi Prem (State RMNCHA Coordinator, Rajasthan)
- Mr. Sachin Kothari (State Family Planning Consultant – UNFPA)
- Dr. S C Meena (RCHO, Rajsamand)
- Mr. Vinit Dave (DPM, Rajsamand)
- Mr. Vinayak Sarolia (DPC Rajsamand, EI)
- Ms. Nidhi Jain (DPC, Rajsamand, EI)

One important feature of this visit was that community interaction, a tool adopted to understand the acceptance of health services and their utilization within the community.

**Places visited**

<table>
<thead>
<tr>
<th>Name of Block/Facility</th>
<th>Facility Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rajsamand Head quarters</td>
<td>District hospital</td>
<td>21st January</td>
</tr>
<tr>
<td>Railmagra Block</td>
<td>PHC Banediya</td>
<td>22nd January</td>
</tr>
<tr>
<td></td>
<td>SC Sadri</td>
<td>22nd January</td>
</tr>
<tr>
<td></td>
<td>SC Sindesar kala</td>
<td>22nd January</td>
</tr>
<tr>
<td></td>
<td>CHC Railmagra</td>
<td>22nd January</td>
</tr>
<tr>
<td></td>
<td>PHC Gilund</td>
<td>22nd January</td>
</tr>
<tr>
<td></td>
<td>SC Madara</td>
<td>22nd January</td>
</tr>
<tr>
<td></td>
<td>SC Sansera</td>
<td>22nd January</td>
</tr>
<tr>
<td>Kumbhalgarh Block</td>
<td>CHC Kelwara</td>
<td>23rd January</td>
</tr>
<tr>
<td></td>
<td>PHC Gajpur</td>
<td>23rd January</td>
</tr>
<tr>
<td></td>
<td>PHC Majhera</td>
<td>23rd January</td>
</tr>
<tr>
<td></td>
<td>SC Badgaon</td>
<td>23rd January</td>
</tr>
<tr>
<td></td>
<td>SC Kuncholi</td>
<td>23rd January</td>
</tr>
<tr>
<td></td>
<td>SC Koyal</td>
<td>23rd January</td>
</tr>
<tr>
<td>Rajsamand Block</td>
<td>PHC Kelwa</td>
<td>24th January</td>
</tr>
</tbody>
</table>

**Major Findings are categorized below thematic area wise:**
<table>
<thead>
<tr>
<th>Thematic Area</th>
<th>Progress So Far (Positive)</th>
<th>Need strengthening</th>
<th>Short term or long term</th>
<th>Time line to improve the indicator</th>
<th>Who will take necessary action</th>
<th>Follow up mechanism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy care</td>
<td>Availability of majority of drugs at the facilities</td>
<td>Drugs should be stored more systematically and expired medicines should be discarded.</td>
<td>Short term activity</td>
<td>15 Days</td>
<td>PHC incharge.</td>
<td>Review at block/sector level meetings and visits by district officials.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ANC examination corners/rooms in the facilities should be well structured with side screen at all examination tables.</td>
<td>Short term activity</td>
<td>15 days</td>
<td>Facility incharge will procure side screen if not available and place at appropriate position.</td>
<td>BCMO and district officials will ensure during their visits to facilities.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Proper line listing of high risk ANCs and their follow up should be one of the agendas in block/sector meetings.</td>
<td>Short term activity</td>
<td>15 days</td>
<td>Facility incharge can ask ANMS/ASHA to bring the line listing and Anaemia tracking card in their sector meetings and also the follow up status.</td>
<td>Facility incharge while MCHN days or field visits can do follow ups. Online PCTS entry can be verified with anaemia track card file maintained by staff in block meetings.</td>
</tr>
<tr>
<td>Child birth / delivery</td>
<td>SBA protocols were not displayed at some of the facilities</td>
<td>SBA protocols were not displayed at some of the facilities</td>
<td>Short term activity</td>
<td>One month</td>
<td>District can provide uniform SBA protocols charts to facility incharge or BCMOs to be displayed in LR</td>
<td>District can ask for photographs of LRs with SBA protocols displayed and can do physical verification while field visits.</td>
</tr>
<tr>
<td></td>
<td>Partographs were not filled at majority if the facilities</td>
<td>Partographs were not filled at majority if the facilities</td>
<td>Short term</td>
<td>15 days</td>
<td>15-20 days if staff is trained and if there is need for refresher 4-6 months</td>
<td>BCMO can verify during field visits and also check the knowledge and skills of</td>
</tr>
<tr>
<td>Thematic Area</td>
<td>Progress So Far (Positive)</td>
<td>Need strengthening</td>
<td>Short term or long term</td>
<td>Time line to improve the indicator</td>
<td>Who will take necessary action</td>
<td>Follow up mechanism</td>
</tr>
<tr>
<td>---------------</td>
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<td>--------------------------------</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Infection control in terms of gowns for staff and separate slippers were missing below CHC level in LR</td>
<td>Short term activity</td>
<td>Two months</td>
<td>BCMO to direct facility incharge for provision of slippers and gowns at LR, to facility incharge</td>
<td>RCHO, BCMOs should verify during field visits.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Every LR should have attached toilets.</td>
<td>Long term and short term</td>
<td>One month if restructuring needed and six months if new construction required</td>
<td>Facility incharge should restructure the LR if toilet is not attached and if there is a room/space available with attached toilet. In case of new construction facility incharge should ask permission from district.</td>
<td>RCHO and district officials should visit these facilities</td>
</tr>
<tr>
<td>Post natal, Maternal and New born Care</td>
<td>Tender has been done for construction</td>
<td>ANM should verify at least one HBNC visit by accompanying ASHA.</td>
<td>Short term activity</td>
<td>15 days</td>
<td>Facility incharge should instruct all the ANMs to physically verify one HBNC visit by ASHA</td>
<td>During sector meetings ANMs visit record and detail of home visit of HBNC child should be discussed and compared with HBNC card filled by ASHA</td>
</tr>
</tbody>
</table>

SNCU at district hospital should have a separate breastfeeding area and

<p>| Short term activity | One month | Facility incharge should designate one breastfeeding area and | PMO should visit the facility once a week and keep a monitor the |</p>
<table>
<thead>
<tr>
<th>Thematic Area</th>
<th>Progress So Far (Positive)</th>
<th>Need strengthening</th>
<th>Short term or long term</th>
<th>Time line to improve the indicator</th>
<th>Who will take necessary action</th>
<th>Follow up mechanism</th>
</tr>
</thead>
<tbody>
<tr>
<td>work in SNCU</td>
<td>mothers should not be allowed to sit near children</td>
<td></td>
<td></td>
<td></td>
<td>instruct staff to guide mothers not to enter the facility and use breastfeeding area</td>
<td>practices followed</td>
</tr>
<tr>
<td>ILR, Deep freezer should be monitored regularly.</td>
<td></td>
<td>Long term</td>
<td>15 Days</td>
<td>CMHO has issued order for district refrigerator mechanic to visit every facility once a month including DH &amp; SDH</td>
<td>RCHO, BCMO and other district officials to monitor during their respective field visits.</td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td>Monitoring of WIFS should be stricter</td>
<td></td>
<td>Long term activity</td>
<td>Continuous</td>
<td>CMHO has issued letter to District Education officer to provide services to boys and girls both and instructed all the BCMOs, district level officials to monitor WIFS during their field visits</td>
<td>District officials, block officials and PHC staff can verify during their field visits.</td>
</tr>
<tr>
<td></td>
<td>Soap dispensers should be provided at every basins</td>
<td></td>
<td>Short term</td>
<td>15 days</td>
<td>Facility incharge should do the needful</td>
<td>District officials can verify during their field visits.</td>
</tr>
</tbody>
</table>
A definite timeline was set with facility in charges and district officials to take corrective actions for e.g. short term activity was planned to be accomplished within next 15 days and long term in maximum one month (with exceptions in case of unplanned circumstances)

**Key Gaps and Corrective Actions Taken:**

1. **Implementation of Weekly Iron and Folic Acid (WIFS) Programme:**
   - **At District Level:**
     During the Block Monitoring Visits, it was observed that only girls in government schools were receiving iron tablets as per guidelines of Anaemia Control Program previously. Schools and Anganwadi were not aware of revised beneficiaries under WIFS i.e. school going adolescent boys and girls and non-school going girls in Anganwadi.
   - **Orders issued in this regard:** The District Health Administration has issued a Government Resolution (GR) for WIFS to all PHCs and CHCs, instructing them the use of WIFS tablets and the revised beneficiaries under WIFS (letter attached in Annexure – V)

2. **Infection Control for Labour Tables:**
   - **Gaps Identified:**
     - During Block Monitoring Visits, it was observed that, at most of the facilities, the Labour tables used were not in a good condition, with most of them being rusted.
     - Lack of Separate LR Slippers and Elbow Operated Taps
     - LR In Kelwara did not have attached toilet, needed re-structuring
   - **Corrective Action Taken:**
     - Instructions were given by CMHO, Rajsamand that all labour room tables in the district which have got rusted should be painted white for optimal infection control practices.
     - Provision of slippers, elbow operated taps in LR and gown for mothers will be mandatory by next month (as assured by the CMHO, Rajsamand)
     - Restructuring and shifting of NBSU and Labour Room in CHC Kelwara: Within a week of block monitoring visits in Kelwara block, recommendations of the team were adhered to by the Block CMHO, the LR facility was shifted in room with attached toilet

3. **Discarding all expired medicines:**
   - **Corrective Actions Taken:**
     - Instructions have been issued by CMHO to all the MOs and BCMOs in their monthly meetings to discard expired medicines
     - **Arrangement of Medicines:** Instruction were given to all BCMOs, that all the drug store should arrange medicines alphabetically from A – Z as per ‘First In and First Out (FIFO) principle’ at all health institutions
In the month of February, Block Monitoring Visits were undertaken in the Bhim Block of Rajsamand District. These visits were undertaken by a team comprising of

- Mr. Dinesh Songara (State Technical Consultant, Earth Institute)
- Dr. Ramlal Choudhry (Divisional Family Planning Consultant, UNFPA)
- Ms. Nidhi Jain (DPC Earth Institute) &
- Mr. Vinayak Sarolia (DPC Earth Institute)

The details of these visits are as follows:

<table>
<thead>
<tr>
<th>S. N.</th>
<th>Name of the facilities</th>
<th>Good Practices Observed</th>
<th>Remarks/ Key issue</th>
</tr>
</thead>
</table>
| 1.   | CHC Bhim               | - 6 Medical officers are present in the facility with availability of residential facility,  
                               - 420 deliveries were conducted at the CHC in the past 6 months,  
                               - Functional Alternate Vaccine Delivery System is present,  
                               - Open vial policy is strictly maintained  
                               • JSSK free diet was not being provided as per protocols only milk and bread was being provided  
                               • Breastfeeding time not mentioned in delivery register  
                               • NBSU was not arranged properly Referral register was not separate for mother and child and others  
                               • SBA protocols were not displayed |
| 2.   | PHC Baar               | - Drug storage facilities are appropriate,  
                               - Counselling on family planning is done,  
                               - JSY cheque is provided at the time of discharge,  
                               - Computerized Inventory Management service is available  
                               • Radiant warmer and essentials LR trays were missing,  
                               • open vial policy not maintained, partographs were not available,  
                               • Free diet being given as milk and biscuits under JSSK |
| 3.   | SC Dungerkheda         | - One ANM and One GNM are posted at the centre.  
                               - ANM resides within the sub-centre premises, general cleanliness at the facility is good  
                               • NBCC, colour bins for BMW, Inj. Magsulf., and Inj. Oxytocin not available at the centre  
                               • Partographs and delivery register was not available at the centre |
| 4.   | SC Lagetkheda          | - Sub-centre is located in a main habitation area, two ANMs are posted at the facility  
                               • IEC display was poor |
Gaps Identified and Corrective Actions Taken:

1. **Breastfeeding time:**
   Breastfeeding the newborn immediately after birth is essential, so maintaining of time of initiation of breastfeeding for the newborn is more important. At most institutions, where deliveries occur, there was no mention of breastfeeding time, in any register. This was a common observation during the Block monitoring Visits.
   Corrective Actions Taken:
   At District Level: Decision was made to add and mention breastfeeding time in all labour room registers: was made compulsory for all public health institutions. Now the compliance of this instruction can be observed at the facilities conducting deliveries across the district.

2. **Provision of Free Food Under JSSK**
   At CHC Bhim, proper diet was not supplied (only milk and bread were being provided),
   Corrective Actions Taken:
   Facility Level Compliance: Instructions were given to CHC incharge for provision of proper food under the JSSK program. Now, since these recommendations, proper food is being provided at appropriate time intervals

3. **Lack of LR essential trays**
   During Block Monitoring Visits it was observed that, LR essential trays were lacking in CHC Bhim,
   Corrective Actions Taken:
   Facility Level Compliance: The Team conducting Block Monitoring Visits, gave instructions regarding arrangement of Labour room essential trays, which were arranged as per requirement on the day of visit itself.
Deogarh Block is best performing blocks in Rajsamand (as per HMIS Data 2013-14), so this visit was essential important in terms as quality improvement aspect. These visits were undertaken by a team comprising of

- Ms. Nidhi Jain, (DPC, Earth Institute)
- Dr. Siddharth Waghulkar (DPC, Earth Institute)
- Mr. Gajendra Meghwal (BPM, Deogarh) and
- Mr. Rajendra Suthar (BNO, Deogarh)

The details of these visits were as follows:

<table>
<thead>
<tr>
<th>S. N.</th>
<th>Name of the facilities</th>
<th>Good Practices Observed</th>
<th>Remarks/ Key issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>PHC Kunwathal</td>
<td>Medical officer (MBBS and Ayush) were present on the day of visit, Most medicines required were available in the PHC</td>
<td>IEC posters were present, but due to painting work they were not displayed in the PHC, Functional Autoclave was not present, shortage of HR (ANMs, LHV), Short supply of Nishay Kits, HIV Testing Kits</td>
</tr>
<tr>
<td>2.</td>
<td>SC Swadi A</td>
<td>ANM has conducted 57 deliveries in this year alone, Burial pit is available, ANM uses hub-cutter in practice, IEC regarding vaccine vial monitoring is present</td>
<td>Colour Coded Bins were not available, Medicines and Supplies: IFA Tablets, IFA syrup, PTKs, Hb test, E-pills, Urine Albumin and Sugar testing kits were not available, Neonatal Resuscitation was not available</td>
</tr>
<tr>
<td>3.</td>
<td>SC Miyala</td>
<td>ANM residing at the sub-centre, ANM has good knowledge about identifying danger signs in neonates, Identifying high risk pregnancies, Labor room has attached toilet and bathroom</td>
<td>Deep burial pit not available, Labour table &amp; Baby weighing machine not available, IEC material not displayed, Bio medical waste bins not available, Inj. Oxytocin, Inj. Magsulf, IFA tablets, Zn tablets not available</td>
</tr>
<tr>
<td>4.</td>
<td>SC Sangawas</td>
<td>Blood sugar testing kits, Haemoglobin estimation are done at the sub-centre, General cleanliness is good, 24 x 7 water facility is available</td>
<td>Deep Burial pit not present, SBA protocols not displayed, Stock register not updated, Breastfeeding time not mentioned in register, IMEP guidelines not followed</td>
</tr>
<tr>
<td>5.</td>
<td>SC Kamla</td>
<td>Functional and clean labor room, With presence of NBCC, ANM residing within the village</td>
<td>Deep burial pit not present, Referral register not maintained, IFA tablets, antibiotics not present, Proper waste disposal not found as per protocols</td>
</tr>
<tr>
<td>S. N.</td>
<td>Name of the facilities</td>
<td>Good Practices Observed</td>
<td>Remarks/ Key issue</td>
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</tbody>
</table>
| 6.   | PHC Tal                | • Dietary services are given to women under JSSK,  
       |                        | • Sufficient IEC material for JSSY, JSY, Immunization schedule, etc. are present,  
       |                        | • Functional alternate vaccine delivery system is present  |
|      |                        | • IEC materials are sufficient at the sub-centre  |
|      |                        | • IFA tablets & IFA syrup not available,  
       |                        | • Partographs are not filled,  
       |                        | • Open vial policy and temperature log book not maintained,  
       |                        | • CTF connectivity not present,  
       |                        | • IV Sucrose not in supply since 4-5 months |
| 7.   | PHC Lassani            | • Functional Radiant warmer is present,  
       |                        | • Supply of medicines is sufficient, Presence of proactive MO  |
|      |                        | • Citizen charter not displayed,  
       |                        | • Essential labour room trays not arranged,  
       |                        | • Referral and high risk register not maintained,  
       |                        | • IV Sucrose not in supply since 4-5 months |
| 8.   | PHC Kundwa             | • Vaccine Vial Monitoring practice is good,  
       |                        | • Open vial policy maintenance is well done,  
       |                        | • Micro-plan painted on wall in vaccine room,  
       |                        | • MOIC is pro-active, 104 is available at the PHC  |
|      |                        | • Labour Room - Delivery table,  
       |                        | • Kelly's Pad are not present,  
       |                        | • Arrangement of 7 trays not done,  
       |                        | • 22 infant deaths are reported in the PHC area with 8 deaths in Pardi SC area – causes to be investigated |
| 9.   | SC Narana              | • 2 ANMs are posted at the centre,  
       |                        | • CTF connectivity for waste disposal is available  |
|      |                        | • Blood sugar testing kits, IFA Tabs, IFA syrup, Vit. A, Pregnancy Testing Kits, OC Pills, E Pills were not available  
       |                        | • ANM does not prefer to conduct deliveries at the centre fearing adverse outcomes |
| 10.  | SC Anjana              | • 2 ANMs are posted at the centre, people of the community have good faith in the ANM  |
|      |                        | • Neonatal Ambubag was missing.  
       |                        | • Biomedical Waste Management Bins not present  
       |                        | • Inaccurate BP Measurement by additional ANM, Skin to skin contact practice not practiced during delivery |
| 11.  | SC Kankrod             | • One ANM and one GNM are posted at the facility,  
       |                        | • ANM residing at the sub-centre,  
       |                        | • Functional newborn care corner (NBCC)is present at the facility,  |
|      |                        | • Neonatal and adult resuscitation kit not available,  
       |                        | • Macintosh & colour coded bins for BMW not present,  
       |                        | • SDR not correctly filled & incomplete,  
       |                        | • Date of discharge not entered as actual in delivery register |
| 12.  | SC Isharmand           | • ANM is residing at the sub-centre,  
       |                        | • Among supply IFA tablets and OCPs are available  |
|      |                        | • MAMTA cards not properly filled,  
       |                        | • Microplan not present,  
       |                        | • Line-list on high risk ANC register not found |
| 13.  | CHC Deogarh            | • Optimal bio-medical waste management practices are followed,  
       |                        | • NBSU facility has 4 functional radiant warmers,  
       |                        | • Notice boards are put up at each room for easier  |
|      |                        | • Strict monitoring required in NBSU;  
       |                        | • Open-Vial Policy for vaccines needs to be strictly monitored;  
       |                        | • Hub-cutter needs to be used in practice in the vaccination room;  
<pre><code>   |                        | • MTC is not functional, kitchen facility is not available, lack of MTC trained staff; |
</code></pre>
<table>
<thead>
<tr>
<th>S. N.</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>flow of patients,</td>
<td>• Labor room – seven essential tray arrangement to be done, separate slippers to be purchased</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Ample stock of medicines kept in storage as per FEFO principle</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Block Headquarters</td>
<td>Active BCMO and Block unit (BPM, BNO)</td>
<td>• Debriefing session with BCMO, Deogarh, in presence of CHC Incharge, BPM and respective PHC MOICs regarding findings from BMV and suggestions for further plan of action</td>
</tr>
</tbody>
</table>

**Corrective actions with Compliance done till now:**

Strong leadership and experienced team at the district level took necessary initiatives and steps to cater the issues identified during BMVs

**At the District Level:**

- Maintenance of Referral and High Risk Pregnancy Register by district officials during block meetings over all the blocks in the district
- Steps were issued to ensure drug availability status for all health facilities during block meetings
- SDR checking and instruction for correct filling in block meetings by District RHCO for ensuring correctness of data in HMIS – PCTS system

**At the Block level**

After debriefing meeting with BCMO and PHC MOs, findings were discussed with all the staff during block meeting and BCMO has written the PHC in charges to take corrective actions within the timeline decided by respective facility incharge (also attached in Annexure; page no.107 to 111)

**At the Community Health Centre Level:**

- Monitoring at NBSU facility in the CHC ensured by staff
- Strict vigil over open-vial policy in immunization room
- ANMs in immunization room have started use of functional hub-cutter

**At the PHC Level**

- IEC Display in PHC Kunwathal completed
- Essential Delivery Tray made available in PHC Lassani
- Referral and High Risk pregnancy register, Essential Delivery Tray, proper segregation of biomedical waste, strict monitoring of open vial policy, ILR log book maintenance and slippers for Labour room has been maintained and completed at PHC Tal
- Referral and high risk pregnancy register at PHC Kundwa has been completed

**At the Sub-Centre Level:**

- Use of referral register and high risk pregnancy register has been ensured at the sub-centres visited during BMV
- Additional ANM at Sub-centre Narana has been trained on conducting deliveries
- In-competencies found in SDR registers at sub-centres have been completed
FACILITY BASED NEONATAL CARE (FBNC):

Since the launch of Janani Suraksha Yojana (JSY), a rapidly increasing number of newborns are being delivered in hospitals. Also the launch of Integrated Management of Neonatal and Childhood Illnesses (IMNCI) has increased contact with newborns at their households and improved detection and referral of sick newborns to health facilities. These two programs have resulted in an increasing number of sick newborns presenting to referral hospitals. Facility Based Newborn Care (FBNC) is an identified tool for improving newborn survival.

Types of Facility Based Newborn Care (FBNC) in Rajsamand, Rajasthan:

1. **Newborn Care Corner (NBCC)** is a space within a delivery room, in any health facility where immediate care is provided to all new-borns at birth. Present at all the delivery points and all the PHCs.

2. **New-Born Stabilization Unit (NBSU)** is a facility within or in close proximity of the maternal ward where sick and low birth weight new-borns can be cared for during short periods. All FRU’s/CHCs need to have an NBSU in addition to a NBCC. Present at 7 centres, 2 of which are non-functional.

3. **Special Newborn Care Unit (SNCU)** is a neonatal unit in the vicinity of a labor room which will provide special care (all care except assisted ventilation and major surgery) for sick new-borns. Any facility with more than 3000 deliveries per year should have an SNCU (most district hospitals). Present at District Hospital.

The various assessments done at SNCU & NBSU (SDH) are based on the checklist provided under FBNC guidelines by Government of India. NBCCs are reviewed during the routine visits to facilities or during Block monitoring visits. Details of the assessments are shared below.
<table>
<thead>
<tr>
<th>S. N</th>
<th>Name of the facilities</th>
<th>Date of the visit</th>
<th>Good Practices Observed</th>
<th>Remarks/ Key issue</th>
</tr>
</thead>
</table>
| 1. | District Hospital, SNCU | 3rd Jan 2014 | • Expression of breast-milk is encouraged,  
• Relative and caretakers have to remove shoes while entering in the ward | • A separate breastfeeding area was not present, attendants/mothers sit near the baby,  
• Four radiant warmer was not working |
| 2. | SDH, NBSU | 10th Jan 2014 | • Paediatrician was present on the day of visit,  
• Cleanliness inside the ward is good, Nurses are well trained | • Proper FBNC records were not available,  
• One phototherapy unit was not installed and on radiant warmer was not working, no IEC was displayed |
| 3. | CHC Bhim, NBSU | 14th Feb 2014 | | • No FBNC register was present, a separate register was maintained to record the entries,  
• Very few admissions, NBSU was occupied with junk at certain places |
| 4. | SC Kamala | 26th Mar 2014 | • NBCC contains a radiant warmer and neonatal resuscitation kit | • Staff should be given training to use radiant warmer and other essentials management of new born |
| 5. | SC Sangawas | 26th Mar 2014 | • Functional NBCC with radiant warmer and neonatal ambu bag | • Staff should be given training to use radiant warmer and other essentials management of new born |
| 4. | PHC Kundwa, NBCC | 27th Mar 2014 | • NBCC is placed in the delivery room,  
• Doctor is well trained in operating the unit – FBNC training not done,  
• Protocol posters are also displayed above the unit | • Staff should be given training to use radiant warmer and other essentials management of new born |
| 5. | PHC Lassani, NBCC | 27th Mar 2014 | • NBCC is present within the delivery room,  
• Ambu Bag and neonatal mask are present,  
• Radiant warmer is functional | • Staff should be given training to use radiant warmer and other essentials management of new born |
| 6. | PHC Tal, NBCC | 27th Mar 2014 | • NBCC facility is present,  
• Radiant Warmer is present | • Staff should be given training to use radiant warmer and other essentials management of new born |
| 7. | SC Kankrod | 27th Mar 2014 | • Functional NBCC with radiant warmer and neonatal resuscitation kit | • ANM needs refresher training on how to use radiant warmer |
| 8. | CHC Deogarh NBSU | 28th Mar 2014 | • 4 functional radiant warmers are present,  
• 1 phototherapy unit, | • Lack of staff to manage FBNC,  
• Strict monitoring is reqd. to ensure hygiene and cleanliness at FBNC |
Corrective Measures Taken on Basis of Findings:

1. **Protocol Posters:**
   With participation and consultation of the Earth Institute Team, Protocol Posters for FBNC esp. NBCC has been designed and supplied by the district health authorities to all PHCs and CHCs

2. **Guidelines:**
   All PHCs and CHCs with FBNC facility have been ordered the use of radiant warmers as per guideline i.e. to switch on half an hour before the delivery of the child, and the thermo-regulation of child is thus maintained

3. **Maintenance of neonatal resuscitation kit:**
   Each hospital with FBNC facility must maintain a neonatal resuscitation kit including Ambu-bag and mask to be used in case of emergencies
MONITORING AND SUPERVISION OF STERILISATION CAMPS AND PROVIDING TECHNICAL SUPPORT IN OTHER FAMILY PLANNING INITIATIVES

The Reproductive Maternal Newborn Child Health and Adolescent (RMNCHA) Strategy encompasses a continuum of life approach whereby sterilization camps, providing onsite supervision and monitoring being an essential element of this strategy.

Rajsamand district on a whole has a Total Fertility Rate (TFR) of 3.7 which is higher than the Total Fertility Rate (TFR) of Rajasthan State which is 3.1.

The Earth Institute has been providing supportive supervision at these camps. Also the State RMNCH+A cell have issued guidelines for each development partner to monitor sterilization camps each month in the districts assigned to them.

As per the guideline issued by the State RMNCH+A cell, a toolkit for monitoring shared by the cell to facilitate monitoring of sterilization camps on-site. The Earth Institute Team in Rajsamand has monitored two such sterilizations camps in Rajsamand till now, the details of these camps were as follows and filled formats available from page no. 102 to 105.

<table>
<thead>
<tr>
<th>S. N</th>
<th>Location</th>
<th>Date</th>
<th>Good Practices</th>
<th>Remarks/ Key issues discussed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>CHC Khamnor Khamnor Block</td>
<td>26(^{th}) Feb 2014</td>
<td>- All the beneficiaries were accompanied by ASHA and motivated by them so no refusal took place at the camp site</td>
<td><strong>Lack of Counselling:</strong> The camp started in the afternoon since the surgeon has to complete his OPD at SDH, Nathdwara; Counselling to the beneficiaries were given prior and no counselling were given onsite</td>
</tr>
<tr>
<td>2.</td>
<td>PHC Kankroli Rajsamand Block</td>
<td>4(^{th}) March 2014</td>
<td>- Proper check-up of the beneficiary was ensured by M/O or staff present at the site</td>
<td><strong>Lack of awareness and IEC:</strong> The PHC is a static centre so no. of cases on the camp day is not up to the expected no. since beneficiaries can come any day</td>
</tr>
</tbody>
</table>

Corrective Actions Taken on Basis of findings:

1. **Lack of Awareness and IEC:**
   This observation was shared with the Dy. CMHO and Block officers to conduct proper IEC and ensure that expected no. of beneficiaries comes at camp day

2. **Lack of On-site Counselling:**
   CHC in-charge was informed regarding the observation, findings of the camp have been shared with state as well as block and district officials
Introduction of Depo ‘an injectable contraceptive’

Depot Med Roxy Progesterone Acetate (DMPA) was introduced in India in 1994, after the Drug Controller of India cleared it for marketing through the private sector as a prescription drug to be provided by qualified health practitioners as another option for women seeking family planning services. To generate the demand for DMPA as a safe and effective contraceptive choice and increase its availability through partnership with commercial and social marketing agency, The United States Agency for International Development (USAID), launched the DMPA program to expand the choice of modern contraceptive methods to include the three month injectable DMPA.

Rajsamand is only district in Rajasthan where this programme is being run in the interest of the community and to satisfy the unmet need of the community thereby reducing the TFR of the district.

The district has rolled out use of Depo as an injectable contraceptive in early June 2013, after seeking permission in DHS. After approximately 5 months of the introduction of the programme a data base has been created (with technical support from EI) and the profile of Depo users has been created and analysed under the themes of education, occupation of the user and spouse, presently living children, age of smallest children etc.

Major analysis is as follows:

1. **Education Status of the Women:** The beneficiaries of DMPA in Rajsamand are mainly women educated Upto 5th std – 32%, 5th - 10th std – 33% and above 10th std – 29%.

2. **Education Status of the Spouse:** Results showed that, in cases where the spouse was at least educated till 6th – 10th std, about 50% of beneficiaries utilized the DMPA services.

3. **Occupation of the women:** 83% of the women were unemployed and stayed at homes as housewives,

4. **Data shows that block Khamnor with 544 beneficiaries is the top performing block for DMPA project,** followed by Rajsamand (541), Railmagra (533) and Deogarh (515) block.

5. Data analysis shows that 59% women who opted for DMPA have one male child already, thus showing preference for women with a previous male child, whereas women who had two children overall, irrespective whether male or female, also formed the beneficiary group. (Overall 1562 in number).

6. Data shows that, in majority cases, **60% ANM was the motivator for utilizing the DMPA services**

7. **Reasons opting for DMPA:** 39% women said they wanted a non-permanent option, 24% said that family members insisted them to use DMPA, 24% women are not comfortable with the old contraceptive methods, whereas 13% cited other reasons for opting for DMPA.
8. **Reasons for Drop-outs**: 18% women cited less or no bleeding as a reason for drop-out, 16% cited resistance from family members as a reason, 14% dropped out due to migration and 13% reported excessive bleeding.

After the profile was created it was found that amongst the drop out, majority of them contribute to the groups facing problems or excessive or very less bleeding. A team of doctors from Delhi has been called with all the sector incharge and LHVs along with district block officials to orient them on what medication and counselling should be provided to such cases. Staff and Medical Officers can now counsel and give appropriate treatment to the users.
FUTURE PLANS FOR THE EI TEAM IN RAJSAMAND

1. Maternal and Infant Death Review:

The EI Team plans to investigate the cause of maternal deaths in Rajsamand, analyse the scope for intervention, and make plans for the district based in the analysis. EI will assess a few maternal deaths through directly interviewing the affected families.

Infant Death Review: Infant Deaths are rampant in some parts of Rajsamand, even if the district shows improvement in infant mortality rate. EI will assess the causes of these Infant deaths, assess the scope for plan of intervention and suggest recommendations to the district based on these findings.

2. Screening of pockets/remote villages with high rates of home deliveries:

The EI team with support from the RCHO, Dr. S.C. Meena are in plans to screen villages to identify villages with high rate of home deliveries, to make plans to arrange interventions to reduce the no. of home deliveries.

3. Continuation of Labor Room Assessment:

The EI team will continue the activity of conducting the assessment of labor room of delivery points across Rajsamand

4. Strengthening Sector meetings:

The EI team will participate during a few sector meetings in the individual blocks, and will focus on imparting training to ASHA/ANMs on various topics like MUAC tape use for identification and referral of children with SAM to the MTC, WIFS implementation, etc.

5. Geographical Information System (GIS) Mapping of District Health Facilities:

EI in association with its team of consultants from the Earth Institute, New York Team and the district health administration with support from the CMHO, Dr. Tarun Chaudhary and DPM, Mr. Vinit Dave plan to map all district health facilities in the GIS system. This will be one of a kind initiative for any district in Rajasthan.
Annexures:

Annexure – I: ANM On-Site Training
Annexure – II: MCHN Role Play Letter

Prerequisites:

1. Sri Gnanadhassan, Deputy Director (Health), Thiruvananthapuram
2. MCHN In-charge (MMC)
3. MCHN In-charge (MMC)
4. MCHN In-charge (MMC)
5. MCHN In-charge (MMC)
6. MCHN In-charge (MMC)
7. MCHN In-charge (MMC)

Weighing Machine (Adult & Child), Hb% Meter, Stethoscope, Needles, Vaccines, Urine Strip, Thermometer, mamta Card, Due List, Hub Cutter, Black Plastic Bag, B.P. instrument, I.F.A. Tablet, Examination Table, Side Screen, MUAC Tape, Banners, Anemia Tracking Card, ORS Powder, Zinc Tablet, Other Required Drugs, Micro Plan, SDR, HRP Register, List of Drop Outs, Condom, Oral Pills & IUD
राजस्थान सरकार
कार्यालय मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, राजस्थान
क्रमांक : एनआरएविएम / लेबर रूम / 2014 /
दिनांक : 20/में / 2014

1. खण्ड मुख्य चिकित्सा अधिकारी, आमेत / राजसमन्द / भीम / रेलमगरा /
   देवगढ / खमोर / केक्चाड़ा।
2. चिकित्सा अधिकारी प्रमाणी, सा.सा.केन्द्र, आमेत / भीम / रेलमगरा / देवगढ / खमोर /
   केक्चाड़ा / देलवाड़ा / दीपा।

विषय :-- लेबर रूम के सम्बन्ध में।

जैसा की आपको विद्यमान है कि राजस्थान जिले का सम्बन्ध RMNCHA Program के अन्तर्गत High Priority District में भारत सरकार द्वारा किया गया है। RMNCHA Program के अन्तर्गत समय-समय पर जिले के सरकारी चिकित्सा संस्थानों का अवलोकन एवं निरीक्षण किया जाता है, ताकि आम जनता को गुणवत्ता पूर्वक चिकित्सा सेवाओं प्रदान की जा सके। गत वर्ष भारत सरकार द्वारा तथा अर्थ संस्थान द्वारा कुछ चिह्नित चिकित्सा संस्थानों के लेबर रूम का अवलोकन किया गया था, तथा अवलोकन के दौरान जिन कमियों दे पहुँच गई थी उसका विस्तृत विवरण एवं विस्तारण प्रस्तुत किया गया था। उक्त कमियों के सुधार के लिये दिनांक 10.02.2014 को सम्बन्ध चिकित्सा अधिकारी प्रमाणियों (सा.सा.केन्द्र) की मिट्टिंग मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी के कस्ट में रूप गई थी। मिट्टिंग के दौरान कमियों के सुधार के उपाय पर विचार विचार किया गया। चर्चा के दौरान प्रत्येक चिकित्सा अधिकारी प्रमाणी द्वारा अपने स्वयं के सा.सा.केन्द्र की कमियों को चिह्नित किया गया है, तथा उनके सुधार के लिये रूप रखें एवं निरीक्षण समय सीमा निर्धारित की गई थी।

आप सभी को निर्देशित किया जाता है कि निरीक्षित किये गये कार्यों की अनुपलन समयसर सुनिर्धित करने का जाय, तथा उपलब्ध चैक लिस्ट में प्रत्येक कार्य को करने के लिये पूर्ण की गई समय सीमा अनुसार अनुपलन रिपोर्ट इस कार्यालय को दिनांक 25.02.2014 तक साझा करना सुनिर्धित करें।

मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी
राजसमन्द

प्रतिलिपि --
1. श्रीमान् जिला कलक्टर महोदय, राजसमन्द।
2. श्रीमान् स्टेट टेक्निकल कॉनसल्टेंट, अर्थ संस्थान, राजसमन्द जयपुर।

मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी
राजसमन्द
### Subject: Assessment report of Labour Rooms

An LR (Labour Room) assessment has been conducted at some centres of your block. Find below the findings and take corrective actions for the non-available items in the table below. Detail scoring sheet is attached with this letter.

<table>
<thead>
<tr>
<th>Desirables</th>
<th>CHC Deogath</th>
<th>SC Kamla</th>
<th>SC Sangawas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labour table</td>
<td>Available</td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td>Mattress on labour table</td>
<td>Available</td>
<td>Not Available</td>
<td>Available</td>
</tr>
<tr>
<td>Macintosh on labour table</td>
<td>Not Available</td>
<td>Not Available</td>
<td>Available</td>
</tr>
<tr>
<td>Kelly's pad to collect blood</td>
<td>Available</td>
<td>Not Available</td>
<td>Available</td>
</tr>
<tr>
<td>Sheets on labour table</td>
<td>Available</td>
<td>Not Available</td>
<td>Not Available</td>
</tr>
<tr>
<td>Lamp wall mounted or at the side</td>
<td>Available</td>
<td>Not Available</td>
<td>Not Available**</td>
</tr>
<tr>
<td>Autoclave/steriliser</td>
<td>Available</td>
<td>Available</td>
<td>Not Available</td>
</tr>
<tr>
<td>Adult resuscitation kit</td>
<td>Not Available</td>
<td>Not Available</td>
<td>Available</td>
</tr>
<tr>
<td>Neonatal Resuscitation kit</td>
<td>Not available</td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td>Suction apparatus with attachments</td>
<td>Available</td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td>Availability of all essential trays at LR</td>
<td>Not available</td>
<td>Two trays arranged out of three</td>
<td>One tray arranged out of three</td>
</tr>
<tr>
<td>Thermometer</td>
<td>Available</td>
<td>Not Available</td>
<td>Not Available</td>
</tr>
<tr>
<td>Wall clock with seconds hands/ readings</td>
<td>Available</td>
<td>Available</td>
<td>Not Available</td>
</tr>
<tr>
<td>Protective Gear - Mask, Cap, Applen</td>
<td>Available</td>
<td>Not Available</td>
<td>Not Available</td>
</tr>
<tr>
<td>SBA protocols</td>
<td>Not displayed</td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td>Privacy curtains on windows</td>
<td>Available</td>
<td>Not Available</td>
<td>Not Available</td>
</tr>
<tr>
<td>Privacy curtains on door</td>
<td>Not available</td>
<td>Not Available</td>
<td>Not Available</td>
</tr>
<tr>
<td>Attached toilet in LR</td>
<td>Available</td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td>Toilet with running water supply</td>
<td>Available</td>
<td>Not Available</td>
<td>Not Available</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Criteria</th>
<th>Available</th>
<th>Not Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sick in LR</td>
<td>Available</td>
<td>Not Available</td>
</tr>
<tr>
<td>Elbow operated tap at LR sink</td>
<td>Not Available</td>
<td>Not Available</td>
</tr>
<tr>
<td>NBCC in LR</td>
<td>Available</td>
<td>Not Available*</td>
</tr>
<tr>
<td>Clean the labour table with phenol/bleaching solution</td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td>Knowledge on biomedical protocols (waste to be disposed in red, blue, black, yellow bins)</td>
<td>Available</td>
<td>Not Available</td>
</tr>
<tr>
<td>Slippers outside LR</td>
<td>Not Available</td>
<td>Not Available</td>
</tr>
<tr>
<td>Pareographs filled</td>
<td>Not Available</td>
<td>Not Available</td>
</tr>
</tbody>
</table>

*In SC Kamla, NBCC placed in another room.
**In SC Sangawas, Lamp stand was available but not in functioning status.

Corrective actions should be taken immediately and compliance to be submitted within 15 days to this office.

Enclosed: Detailed LR Assessment sheet

Dr. Tarun Choudhry
Member secretary, DHS and
Chief Medical & Health Officer
Rajasmand

Copy to:
1. Reproductive and Child Health Officer, Rajasmand
2. District Programme Manager, Rajasmand
3. District Programme Coordinator EARTH Institute
4. BPM, Deograh.

Chief Medical & Health Officer
Rajasmand

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MOIC CHC Amet,
Rajsamand

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<tr>
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<th>Current Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labour table</td>
<td>Available</td>
</tr>
<tr>
<td>Mattress on labour table</td>
<td>Available</td>
</tr>
<tr>
<td>Mackintosh on labour table</td>
<td>Available</td>
</tr>
<tr>
<td>Kally's pad to collect blood</td>
<td>Available</td>
</tr>
<tr>
<td>Sheets on labour table</td>
<td>Not Available</td>
</tr>
<tr>
<td>Lamp wall mounted or at the side</td>
<td>Available</td>
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<tr>
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<td>Adult resuscitation kit</td>
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<tr>
<td>Suction apparatus with attachments</td>
<td>Not Available*</td>
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<td>Availability of all essential trays at LR</td>
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<td>Thermometer</td>
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<tr>
<td>Sink in LR</td>
<td>Available</td>
</tr>
<tr>
<td>Elbow operated tap at LR sink</td>
<td>Available</td>
</tr>
<tr>
<td>NBCC in LR</td>
<td>Available</td>
</tr>
</tbody>
</table>
Clean the labour table with phenol/bleaching solution | Available
Knowledge on biomedical protocols (waste to be disposed in red, blue, black, yellow bins) | Available
Slippers outside LR | Available
Partographs filled | Not Available
Adult & Paediatric stethoscope | Not Available

*Section machine was available in O/T.

Corrective actions should be taken immediately and compliance to be submitted within 15 days to this office.

Enclosed: Detailed LR Assessment sheet

Dr. Tarun Choudhry  
Member secretary, DHS and  
Chief Medical & Health Officer  
Rajasthan

Copy to:  
1. Reproductive and Child Health Officer, Rajasthan  
2. District Programme Manager, Rajasthan  
3. District Programme Coordinator EARTH Institute  
4. BCMO/BPM, Amet.

Chief Medical & Health Officer  
Rajasthan

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Annexure – IV: JSY format
Annexure – V: WIFS Government resolution

RAJASTHAN SARKAR
КАРЬЯЛЯН ЗИЛА СВАЛШТЫ САМИТИ–ЭНААРАЧАЙМ, РАЖСМАНД
(КАРЬЯЛЯН МУЖА ЧИФИКСА ЭНГ СВАЛШТЫ АВДИКАРИ)

प्रमाणक एनआरएचएम/WIFS/14/ 585

दिनांक= 06/03/2014

उप निदेषक,
महिला एवं बाल विकास विभाग, राजस्मान्द।
विभाग कुष्ठा अधिकारी,
महत्त्वपूर्वक/प्रभावीक, राजस्मान्द।
संगठन खान्द गुण्डा चिमिक्सा अवदीकारी,

विध्या – WIFS कार्यक्रम के तहत आयोजन कॉलेज ऐसिड (गौडेरंग) की गोली भिजवाने के संबंध में।

उपरोक्त विवरणार्त लेख है कि निजी की समस्त सरकारी व अनुदानित विभागों में आयोजण छोटी कहानी से बाहरी कहानी तक के प्राक-प्राच (दोनों) व स्कूल ना जाने गयी ही निक्सारी विभागों को आयुक्ती के साथ के साथ से प्राक-सर्क का निन्वाली काल की आयुक्ती गोली सकारात्मक आयुक्ती गोली ऐसिड कार्यक्रम के तहत ही निकसा/आयुक्ती के साथ जो गोली भिजवाने की समस्या के संबंध में।

निजी की ताल निजी की ताल के समस्त विभागों में प्राक-सर्क का निन्वाली व सकारात्मक गोली नहीं जाने गयी है तथा आयुक्ती की गोली नहीं जाने गयी है। आयुक्ती की संदेह से संबंधित सार्टिक्स को रिपोर्ट एवं गोली जीते ने अन्य सीटिया संबंधित निर्देशन है आयुक्ती के साथ प्राक-सर्क के लिए गोली भिजवाने की समस्या के संबंध में।

निजी सत्ता से आयुक्ती गोलियों/महत्त्वपूर्वक गोली के प्राक-प्राच का अनुशंसाता संबंधित प्राक-सर्क के साथ आयुक्ती माना गया है। आयुक्ती के अधिन कार्यक्रम संबंधित विभागों की निजी अधिकारी के आयुक्ती के साथ की निर्देशन करने के लिए संबंधित प्राक-सर्क के साथ आयुक्ती गोलियों एवं प्राक-प्राच का अधिन हो।

संबंध उपरोक्तार्थ:

प्रतिलिपिः

1. निदेषक (अतलीय), निदेषकलय, विभाग का सर, जयपुर।
2. निदेषका वक्ता (सर), निदेषकलय, जयपुर।
3. निजी ज्ञान सत्ता के साथ संबंधित अधिकारी, राजस्मान्द।
4. निजी कार्यक्रम प्रतिद्वंद्व, राजस्मान्द।
5. संबंधि विभाग कार्यक्रम।
6. संबंधि जीवनी, महिला एवं बाल विभाग विभाग।
7. विभागीय अधिकारी प्राक-प्राच, प्राक-प्राच।
8. निजी प्राक-प्राच।

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