Internship Training at CARE India

By

Dr. Payal Pawar (PT)

PGDHM

2012-2014

International Institute of Health Management Research

Internship Training at

CARE India

Bihar

(1 February– 30 April, 2014)

GAP ANALYSIS OF LABOUR ROOMS OF PRIMARY HEALTH CENTRES (PHCs) IN WEST CHAMPARAN, BIHAR BASED ON INDIAN PUBLIC HEALTH STANDARDS (IPHS)

By

Payal J. Pawar

Under the guidance of

Dr. Preetha G. S

Post Graduate Diploma in Hospital and Health Management

2012-2014

International Institute of Health Management Research

New Delhi

This certificate is awarded to

Dr. Payal Pawar (PT)

In recognition of having successfully completed her

Internship in the department of

Strengthening Kala Azar Elimination Project, West Champaran,Bihar

and successfully completing her Dissertation Project on

GAP ANALYSIS OF LABOUR ROOMS OF PRIMARY HEALTH CENTRES (PHCs) IN WEST CHAMPARAN, BIHAR BASED ON INDIAN PUBLIC HEALTH STANDARDS (IPHS)

01 February-30 April 2014

At

CARE India, Bihar

She comes across as a committed, sincere & diligent person who has a

strong drive & zeal for learning

We wish her all the best for future endeavours.

Dr. Ravindra Sharma

Dr. Ravindra Sharma
Program Manager
Motihari Program Area
CARE India
Bihar

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr. Payal Pawar (PT), a student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from International Institute of Health Management Research, New Delhi has undergone internship training at CARE India, Bihar from 12-02-2014 to 30-04-2012.

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.

The internship is in fulfillment of the course requirements. I wish her all success in all her future endeavours.

8/6/14

Dr. A.K. Agarwal
Dean, Academics and Student Affairs
IIHMR, New Delhi

Dr. Preetha G. S
IIHMR, New Delhi

Certificate Of Approval

The following dissertation titled "**GAP ANALYSIS OF LABOUR ROOMS OF PRIMARY HEALTH CENTRES (PHCs) IN WEST CHAMPARAN, BIHAR BASED ON INDIAN PUBLIC HEALTH STANDARDS (IPHS)**" at **CARE India, Bihar** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation

Name	Signature
DR. D. C. JAIN	
Dr Radhika S. Adholeya	

Certificate from Dissertation Advisory Committee

This is to certify that **Dr. Payal Pawar (PT)**, a graduate student of the **Post- Graduate Diploma in Health and Hospital Management** has worked under our guidance and supervision. She is submitting this dissertation titled **"GAP ANALYSIS OF LABOUR ROOMS OF PRIMARY HEALTH CENTRES (PHCs) IN WEST CHAMPARAN, BIHAR BASED ON INDIAN PUBLIC HEALTH STANDARDS (IPHS)"** at "CARE India" in partial fulfillment of the requirements for the award of the **Post- Graduate Diploma in Health and Hospital Management.**

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

Institutional Mentor

Prof. Preetha G.S
Assistant Dean (Research)
IIHMR New Delhi

Dr. Ravindra Sharma

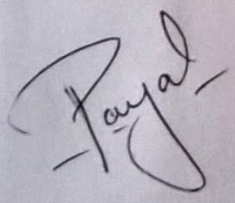
Organization Mentor

Dr. Ravindra Sharma
Program Manager
Motihari Program Area
CARE India
Bihar

INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH, NEW DELHI

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "**GAP ANALYSIS OF LABOUR ROOMS OF PRIMARY HEALTH CENTRES (PHCs) IN WEST CHAMPARAN, BIHAR BASED ON INDIAN PUBLIC HEALTH STANDARDS (IPHS)**" and submitted by Dr. Payal Pawar (PT), Enrollment No. PG/12/061 under the supervision of Dr. Ravindra Sharma, Program Manager, Motihari Program Area, CARE India, Bihar and Dr. Preetha G. S, IIHMR, New Delhi for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from 12-02-2014 to 30-04-2014 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.



(Dr. Payal Pawar (PT))

FEEDBACK FORM

Name of the Student: Payal Pawar

Dissertation Organisation: CARE India, Bihar

Area of Dissertation: GAP ANALYSIS OF LABOUR ROOMS OF PRIMARY HEALTH CENTRES (PHCs) IN WEST CHAMPARAN, BIHAR BASED ON INDIAN PUBLIC HEALTH STANDARDS (IPHS)

Attendance: 100 %

Objectives achieved: Yes

Deliverables:

1. As District Project Officer (VL), provide administrative, technical and managerial support for effective implementation of the Strengthening Kala Azar Elimination Project (SKAEP) in West Champaran, Bihar
2. Liaison with government officials at the district level for ensuring smooth conduction of activities related to SKAEP in the district.
3. Prepared formats for reporting IRS daily coverage of households and detailed information about equipment status, manpower status, targeted, pending and remaining households.
4. Supportive supervision to strengthen quality of Indoor Residual Spray (IRS).
5. Ensuring availability of diagnostic kits and medicines for treatment of VL at every PHC in the district.

Strengths:

1. She is Hard working and sincere for her work
2. She possess good Analytical Skills
3. Good Reporting and Documentation Skills

Suggestions for Improvement:

1. Need to improve and learn how to liaison with Government counterpart

Dr. Ravindra Sharma

Signature of the Officer-in-Charge/
\Organisation Mentor (Dissertation)

Date:
Place:

ACKNOWLEDGEMENT

I have no adequate words to express my loyalty to God for showering his blessings over me and guiding me in my career path.

I would like to express my gratitude to Mr. Afaq Shah, Director (VL), CARE India who has given opportunity to me for working with CARE India.

I would like to express my gratitude to Dr. Ravindra K. Sharma, Program Manager, CARE India and Mr. Ramshankar Singh, District Manager (IFHI) CARE India, for their support and encouragement, kind and true guidance on my training and project whenever required and when spirits were down. They helped me by supervising my project, structuring, evaluating my report, carrying out my investigation and suggestion on the improvements.

I would like to thank CARE India Team who had supported me and helped me in the rigorous process of data collection in the field.

At last but not the least I would like to thank Dr. Preetha G S, IIHMR New Delhi, for her invaluable guidance and support without which this project was not even possible to be completed.

Payal J. Pawar

PGDHHM

PG/12/061

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Acronyms

1. GoB: Government of Bihar
2. IPHS: Indian Public Health Standards
3. IRS: Indoor Residual Spray
4. M&E: Monitoring and Evaluation
5. NBCC: Newborn Care Corner
6. NGO: Non Governmental Organization
7. NRHM: National Rural Health Mission
8. NVDCP: National Vector Borne Disease Control Program
9. PHC: Primary Healthcare Centre
10. PPS:
11. SKAEP: Strengthening Kala Azar Elimination Project
12. SWASTH: Sector Wide Approach to Strengthen Health
13. TA: Technical Assistance
14. VL: Visceral Leishmaniasis

List of Figures and Tables

Section 1

ABOUT THE ORGANIZATION

1.1 Introduction

CARE has been working in India for over 60 years, focusing on ending poverty and social injustice. They do this through well-planned and comprehensive programmes in health, education, livelihoods and disaster preparedness and response. Their overall goal is the empowerment of women and girls from poor and marginalised communities leading to improvement in their lives and livelihoods. They are part of the CARE International Confederation working in 84 countries for a world where all people live in dignity and security.

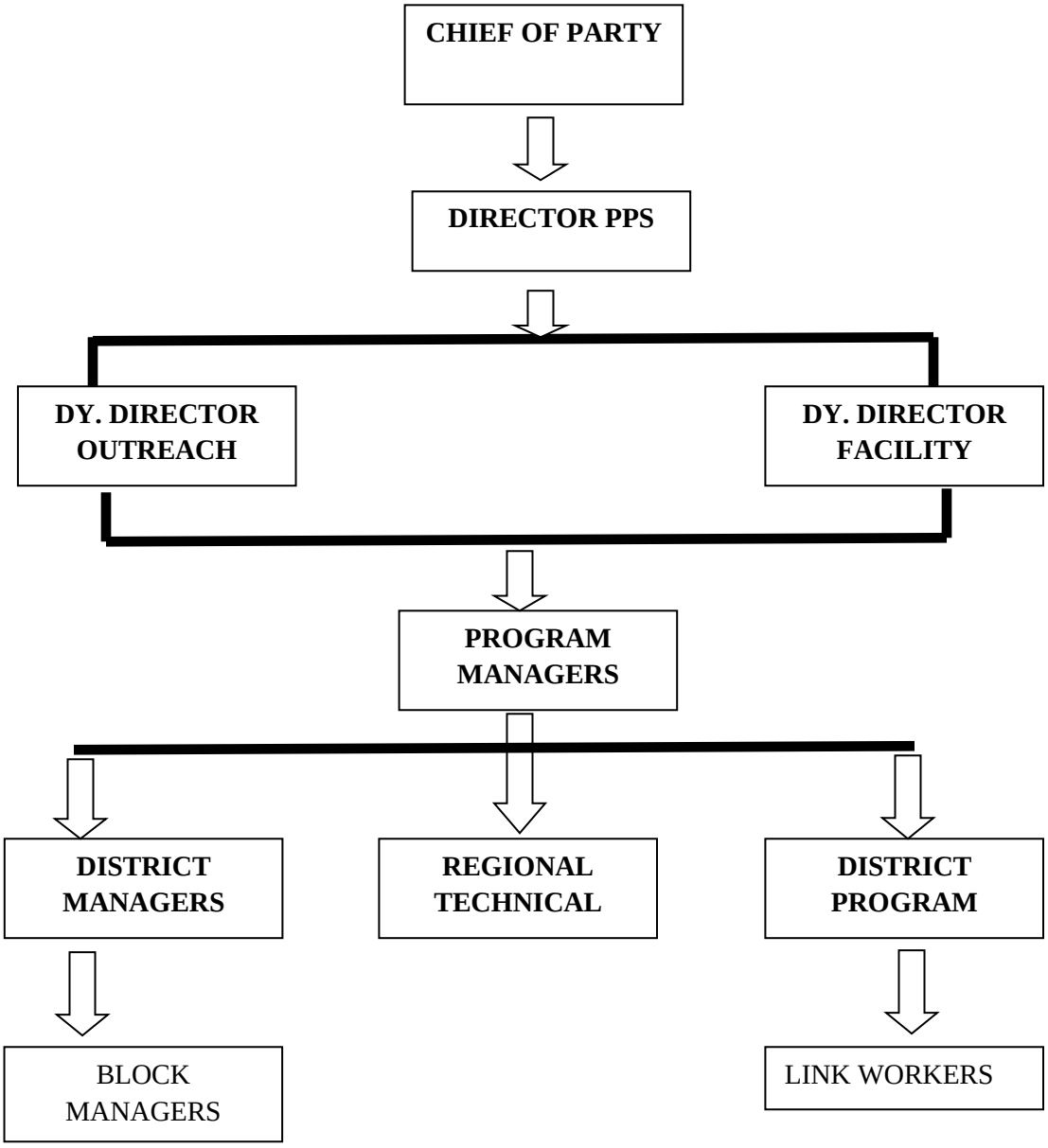
In India CARE focuses on the empowerment of women and girls because they are disproportionately affected by poverty and discrimination; and suffer abuse and violations in the realisation of their rights, entitlements and access and control over resources. Also experience shows that, when equipped with the proper resources, women have the power to help whole families and entire communities overcome poverty, marginalisation and social injustice.

CARE India Mission

We facilitate the empowerment of women and girls from poor and marginalised communities in the fight to overcome poverty, exclusion and social injustice. We nurture leadership internally and among partners to achieve this mission.

As part of Sector Wide Approach to Strengthen Health in Bihar (SWASTH), CARE is providing Technical Assistance (TA) support to Government of Bihar (GoB) to develop a comprehensive health sector reform, a nutrition policy and capacity building within the concerned departments. CARE's approach to health sector reform makes concerted efforts to link improved health status to poverty reduction and human development. The overall strategy adopted by CARE under this initiative is to enhance understanding and acceptance of the sector approach in the government. The project is divided into three phases: design; interim; and the implementation phase. The project is currently in the implementation phase, though the design phase focused on situational analysis in Bihar, and made policy recommendations, while the implementation phase focuses on developing ownership of the policy recommendations. Key focus areas include: poor and vulnerable sections, health service delivery, nutrition service delivery, capacity building of health service providers, behaviour change, health financing, institutional development, and public-private partnership.

1.2 Organogram



Section 2

INTERNSHIP REPORT

2.1 Introduction-

Internship is a part of the second year program, where we have to observe and learn the work culture of organization. Also it will be necessary to participate in various department/activities so we could orient our self with different departments that gives us first hand exposure. Internship is the process through which we can understand process of work and thereafter be able to involve in decision making.

I have been appointed as District Project Officer (Visceral Leishmaniasis) in West Champaran district in CARE India, Bihar.

2.2 Objective of Internship

(a) To understand the structure and operations of the organization.

(b) To learn various managerial and administrative skills needed to work in an international NGO

(c) To ensure effective implementation of Strengthening Kala Azar Elimination Project (SKAEP) in the district.

(d) To identify existing gaps in human resource, service delivery quality, analysis and implementation of SKAEP in the district.

2.3 Organizational Learning

(a) As District Project Officer (VL), Provided administrative, technical and managerial support for effective implementation of the Strengthening Kala Azar Elimination Project (SKAEP) in West Champaran, Bihar

(b) Liaison with government officials at the district level for ensuring smooth conduction of activities related to SKAEP in the district.

(c) Assisted NVDCP officials in the preparation of Indoor Residual Spray (IRS) Microplan at the district level.

(d) Prepared formats for reporting IRS daily coverage of households and detailed information about equipment status, manpower status, targeted, pending and remaining households

(e) Monitoring and evaluation of Kala Azar Project in the district

(f) Monitoring and evaluation of IRS

(g) Ensuring availability of diagnostic kits and medicines for treatment of VL at every PHC in the district.

Section 3

Dissertation On Gap Analysis Of Labour Rooms Based On Indian Public Health Standards (IPHS) Of Primary Health Centres (PHCs) In West Champaran, Bihar

EXECUTIVE SUMMARY

There is a three tier system of healthcare in rural areas which starts with the Sub Center, then the Primary Health Center (PHCs) and the last one is the Community Health Center. Quality services like preventive, promotive, curative, supervisory, and outreach services are to be provided by the PHCs, and the NRHM aims at strengthening the PHCs for this. One of the major factors affecting the situation of maternal health is the availability and functionality of labour rooms present in the primary health centres, which is one of the most important points of contact of the government healthcare delivery system with the rural population. The current study has aimed to analyze the gaps in the labour rooms of PHCs as per the Indian Public Health Standards developed under NRHM for PHCs. 9 PHCs of West Champaran district of Bihar were included in this study, and the gaps existing in the labour rooms of these PHCs were analyzed using a check-list developed using the guidelines given in Indian Public Health Standards (IPHS) Guidelines for Primary Health Centres (PHCs) Revised 2012.

The study found out not all of the labour rooms of PHCs meet the IPHS norms fully. There are variations in PHCs across the district of West Champaran. While deliveries are being reported to be carried out in the labour rooms of all the 9 PHCs included in the study, all the criteria as prescribed in the IPHS Guidelines for PHCs (Revised) 2012 are not being met in most of the PHCs. Only the criterion of the labour rooms being well-lit and ventilated was being met in all the 9 PHCs. The criteria which were complied with by 75 % to 99 % of labour rooms were ‘regular mopping and washing’, ‘separate areas for septic and aseptic deliveries’ and ‘prescribed dimensions of 3.8 m x 4.2 m’. Criteria complied by 50% to 74 % of labour rooms are ‘separate area for toilet’, ‘restricted entry in labour room’ and ‘availability of essential drugs and equipments’. The criteria covered by 0 to 49% of labour rooms are ‘attached toilet and water facilities’, ‘separate area for dirty linen’, ‘separate area for baby wash’, ‘separate area for sterilization’, ‘provision of Standard Treatment Protocols for common problems during labour and for newborns’, ‘usage of separate footwear for labour room’ and ‘fumigation at regular intervals’.

Newborn Care Corner (NBCC), a space within the delivery room where immediate care is provided to all newborns is mandatory for all health facilities where deliveries take place. The condition of NBCCs is slightly better than that of the rest of the labour rooms, as 4 out of the 5 required criteria for NBCC are being fully complied with in all PHCs. These criteria are ‘clear floor area with a functional radiant warmer’, ‘provision of oxygen, suction machine and electrical sockets’, ‘resuscitation kit including Ambu Bag (paediatric size) placed in the radiant warmer’ and ‘power connection for radiant warmer’. The only criterion which is being followed by labour rooms of 33.3% PHCs is provision of a good source of shadow-less light.

3.1 Introduction

India is a signatory to the Alma Ata Declaration of 1978 and had committed to attaining “Health for All” by 2000AD through the Primary Health Care approach. Primary Health Care seeks to extend the first level of the health system from sick care to the development of health. It seeks to protect and promote the health of defined population health problems at an early stage. The National Rural Health Mission (NRHM) was launched by the Hon’ble Prime Minister of India in 2005 with a goal to improve the availability and accessibility of quality health care to the people, especially for those residing in rural areas, the poor, and women

There is a three tier system of healthcare in rural areas which starts with the Sub Center, then the Primary Health Center (PHCs) and the last one is the Community Health Center. The establishment of PHCs in India started as early as in 1952, and there have been several changes to meet the increasing demand for health care services. Quality services like preventive, promotive, curative, supervisory, and outreach services are to be provided by the PHCs, and the NRHM aims at strengthening the PHCs for this. The PHCs cater to the population of 30, 000 in the rural plain areas and 20, 000 in the hilly areas. The PHCs were conceived and established to be a proper infrastructure for the provision of comprehensive health care to the rural population. Facility surveys are being conducted in different states to find the required numbers and in turn fill the gaps. The IPHS gives a framework and structure to find out the gaps existing in the healthcare delivery in the rural communities as it aids in the measurement of indicators which in turn helps to measure the performance with the resources available. The availability of trained manpower, essential drug and services are the main imperative which cannot be compromised, and which is well captured in the IPHS survey format developed by the NRHM.

3.2: Review of literature

V Srinath et al (2012) conducted a study to assess the compliance of PHCs to IPH standards. The study revealed that there were great variations between the PHCs in terms of manpower, and less in terms of drugs and supplies.

Arun Kumar et al (2010) conducted a study to identify the gaps in facilities existing at the sub-centres in comparison to IPHS norms. The study revealed that significant gaps existed in the available infrastructure and availability of man power (especially male worker) in the selected sub-centres. Gaps were also there in the parameters designed for quality control of the sub-centres e.g. citizen's charter, external monitoring etc. Availability of services and service delivery at the sub-centres was satisfactory

3.3: Rationale

Despite recent gains and commitments from the Government of Bihar (GoB) and active leadership of key stakeholders to improve health infrastructure and outcomes, deep-rooted problems limit the government's ability to affect lasting change. Persistent barriers include poor quality and availability of frontline and primary health centre level services and staff, limited access to services by neglected and marginalized populations, lack of accurate data, lack of effective program management, weak training systems, absence of supervision in health facilities, poor functional integration of interventions and inadequate public health infrastructures. One of the major factors affecting the situation of maternal health is the availability and functionality of labour rooms present in the primary health centres, which is one of the most important points of contact of the government healthcare delivery system with the rural population. The IPHS gives a framework and structure to find out the gaps existing in the healthcare delivery in the rural communities as it aids in the measurement of indicators which in turn helps to measure the performance with the resources available.

The current study has aimed to analyze the gaps in the labour rooms of PHCs as per the Indian Public Health Standards developed under NRHM for PHCs.

3.4: Research question

Do labour rooms in PHCs of West Champaran meet the IPH Standards?

3.5 Objectives

3.5.1 : General Objective

The objective of the study is

- To assess the existing status of the labour rooms available in the PHC establishments in Bihar as per the IPHS norms developed under the NRHM.

3.5.2: Specific Objectives

- To assess the existing status of the labour rooms available in the PHC with respect to dimensions and cleanliness and maintenance activities
- To assess the existing status of the labour rooms available in the PHC with respect to practices to prevent cross-infection
- To assess the existing status of the labour rooms available in the PHC with respect to preparedness of Labour Rooms to handle septic and infected deliveries
- To assess the existing status of the Newborn Care Corners in labour rooms available in the PHC

3.6: Methodology

Study design: The present study was a cross sectional analytical study.

Study area and duration: The study was conducted from February, 2014 to April, 2014 in PHCs of West Champaran, Bihar.

Sample Size: A sample size of 9 PHCs was purposively achieved.

Sampling Technique: Random sampling out of the total 18 PHCs of West Champaran district was done and the sample size was achieved out of it.

Survey Instrument: An observation check-list was prepared based on the Indian Public Health Standards (IPHS) Guidelines for Primary Health Centres (PHCs) Revised 2012.

Data Type:

Primary data: Facility Survey with the help of an observation checklist based on guidelines provided in IPH standards (Revised) for Primary Health Centres- 2012.

3.7: Analysis

Univariate analysis was performed using MS Excel. The data gathered in this regard was analyzed under the heads: dimension of labour room, reasons for deliveries not being conducted in the labour room, ventilation of labour rooms, availability and functionality of equipments, and configuration of new born care corner.

3.8 Findings

- All the 9 PHC visited had a functional labour room where deliveries were being conducted.

Table 1 Labour Room Available

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	9	100.0	100.0	100.0

Table 2 Deliveries carried out

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	9	100.0	100.0	100.0

- Out of the total 9 PHCs included in the study, labour rooms of 7 (77.8 %) had the prescribed dimensions of 3.8 m x 4.2 m as per the IPH standards.

Table 3 Dimension 3.8x4.2m

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	7	77.8	77.8	77.8
	No	2	22.2	22.2	100.0
	Total	9	100.0	100.0	

- Labour rooms of 8 out of the total 9 PHCs (88.9%) had separate areas for septic and aseptic deliveries, while one of the PHCs (Madhubani PHC) did not have separate area for septic and aseptic deliveries.

Table 4 Separate Septic & Aseptic deliveries

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	8	88.9	88.9	88.9
	No	1	11.1	11.1	100.0
	Total	9	100.0	100.0	

- All the PHCs visited were well-lit and ventilated.

Table 5 Labour Room Well Lit Ventilated

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	9	100.0	100.0	100.0

- Out of the 9 PHCs included in the study, labour rooms of 4 (44.4 %) had toilet and drinking water facilities attached to the labour room. In labour rooms of 4 PHCs (44.4 %) drinking water and toilet facilities were not available solely for the use of the labour room. In labour room of one of the PHCs (11.1 %) (Bairiya PHC) separate toilet and drinking water facilities were available solely for the use of the labour room was available, but it was not attached to the labour room.

Table 6 Attached Toilet & water

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	44.4	44.4	44.4
	No	4	44.4	44.4	88.9
	Yes, but not attached	1	11.1	11.1	100.0
	Total	9	100.0	100.0	

- Separate area for dirty linen was available in 2 (22.2 %) labour rooms of the 9 PHCs, while in labour rooms of 7 (77.8%) PHCs dirty linen was being washed with the general linen and laundry of the PHC. The IPHS standards require a separate area to be present for dirty linen from the labour room.

Table 7 separate Dirty Linen

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	22.2	22.2	22.2
	No	7	77.8	77.8	100.0
	Total	9	100.0	100.0	

- In labour rooms of 2 (22.2 %) of the 9 PHCs, separate area for baby wash was available while in 7 (77.8%) PHCs baby wash was being done in infected conditions. The IPHS standards require a separate area to be present for cleaning of the baby post-delivery.

Table 8 separate Baby Wash

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	22.2	22.2	22.2
	No	7	77.8	77.8	100.0
	Total	9	100.0	100.0	

- Labour rooms of 5 out of 9 PHCs had separate area for toilet, while 4 did not have a separate area for toilet.

Table 9 separate toilet

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	5	55.6	55.6	55.6
	No	4	44.4	44.4	100.0
	Total	9	100.0	100.0	

- Separate sterilization area was found in labour rooms of 3 (33.3 %) out of 6 PHCs

Table 10 separate sterilization

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	33.3	33.3	33.3
	No	6	66.7	66.7	100.0
	Total	9	100.0	100.0	

- Standard Treatment Protocols for common problems during labour and for newborns was provided in labour rooms of 4 (44.4 %) out of 9 PHCs visited, while in labour rooms of 5 (55.6%) PHCs, Standard Treatment Protocols were missing.

Table 11 STP for problems in labour

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	44.4	44.4	44.4
	No	5	55.6	55.6	100.0
	Total	9	100.0	100.0	

- Labour rooms of 6 (66.7 %) out of 9 PHCs included in the study had restricted entry, while in 3 (33.3%), entry was not restricted.

Table 12 Restricted entry

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	66.7	66.7	66.7
	No	3	33.3	33.3	100.0
	Total	9	100.0	100.0	

- Separate footwear was being used in labour rooms of 4 (44.4 %) out of 9 PHCs while in 5 (55.6 %) separate footwear was not being used.

Table 13 separate footwear

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	44.4	44.4	44.4
	No	5	55.6	55.6	100.0
	Total	9	100.0	100.0	

- In labour rooms of 5 (55.6 %) PHCs, all the essential drugs and equipments were present, while in labour rooms of 4 (44.4 %) PHCs, the complete list of essential drugs and equipments was found to be missing.

Table 14 essential drugs and equipments

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	5	55.6	55.6	55.6
	No	4	44.4	44.4	100.0
	Total	9	100.0	100.0	

- Regular mopping and washing with disinfectants was being done in labour rooms of 7 (77.8 %) out of 9 PHCs, while in 2 (22.2 %) this practice was not being followed.

Table 15 mopping and washing

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	7	77.8	77.8	77.8
	No	2	22.2	22.2	100.0
	Total	9	100.0	100.0	

- Fumigation at regular intervals was being done in labour rooms of 7 2 (22.2 %) out of 9 PHCs, while in (77.8 %) this practice was not being followed.

Table 16 Fumigation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	22.2	22.2	22.2
	No	7	77.8	77.8	100.0
	Total	9	100.0	100.0	

Configuration of Newborn Care Corner (NBCC)

- In the Newborn Care Corner (NBCC) in labour rooms of all the 9 PHCs, a clear floor area with a functional radiant warmer was present.

Table 17 NBCC clear floor functional radiant warmer

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	9	100.0	100.0	100.0

- Oxygen, suction machine and electrical sockets were provided in the Newborn Care Corner (NBCC) in labour rooms of all the 9 PHCs.

Table 18 oxygen suction socket

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	9	100.0	100.0	100.0

- In the Newborn Care Corner (NBCC) in labour rooms of 3 (33.3 %) of the 9 PHCs, good source of shadow-less light was provided, while in Newborn Care Corner (NBCC) in labour rooms of 6 (66.7 %) PHCs there was no provision of a good source of shadow-less light.

Table 19 Shadow-less light

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	33.3	33.3	33.3
	No	6	66.7	66.7	100.0
	Total	9	100.0	100.0	

- In the Newborn Care Corner (NBCC) in labour rooms of all of the 9 PHCs, resuscitation kit including Ambu Bag (Paediatric size) was placed in the radiant warmer. Power connection for radiant warmer was also available in Newborn Care Corner (NBCC) in labour rooms of all of the 9 PHCs.

Table 20 Resuscitation kit with Ambu-bag

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	9	100.0	100.0	100.0

Table 21 power connection for radiant warmer

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	9	100.0	100.0	100.0

Status of IPHS Criteria of Labour Rooms according to percentage compliance in PHCs

Based on compliance by labour rooms in PHCs, the criteria have been divided into 3 categories, Low, Medium, Satisfactory and Outstanding. Acute category criteria are those which are being complied by labour rooms of 0-40% of the PHCs, Medium category criteria are those which are being complied by labour rooms of 41-74% of the PHCs, Satisfactory category of criteria are those which are being complied by labour rooms of 75-99% of the PHCs, and Outstanding category of criteria are those which are being complied by the labour rooms of all (100%) the PHCs.

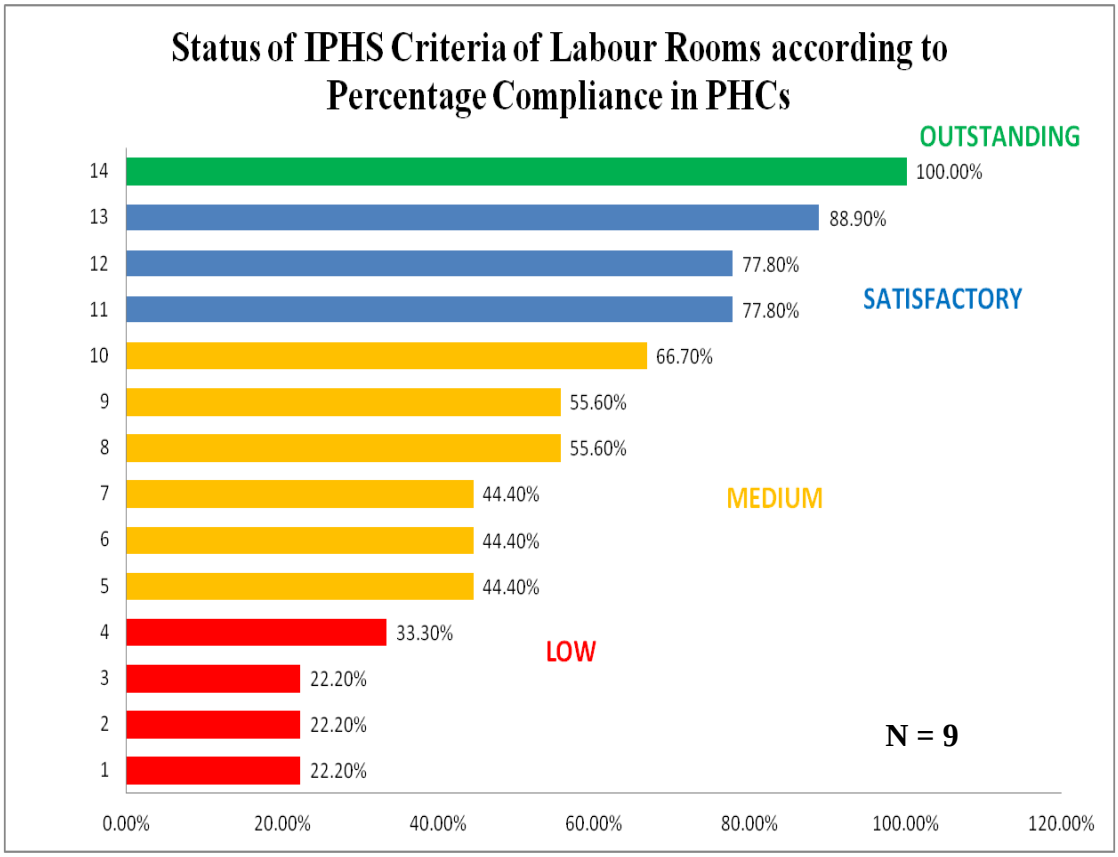


Figure 1. Status of IPHS Criteria of Labour Rooms according to percentage compliance in PHCs

Legend for Figure 1

1.	**Fumigation at regular intervals**
2.	**Separate area for baby wash**
3.	**Separate area for dirty linen**
4.	**Separate area for sterilization**
5.	**Usage of separate footwear for labour room**
6.	**Provision of Standard Treatment Protocols for common problems during labour and for newborns**
7.	**Attached toilet and water facilities**
8.	**Availability of essential drugs and equipment**
9.	**Separate area for toilet**
10.	**Restricted entry in labour room**
11.	**Prescribed dimensions of 3.8 m x 4.2 m**
12.	**Regular mopping and washing of Labour Room**
13.	**Separate areas for septic and aseptic deliveries**
14.	**Labour room well-lit and ventilated**

Status of IPHS Criteria of NBCC in Labour Rooms according to percentage compliance in PHCs

Similar categories based on percentage compliance in PHCs have also been made for criteria of Newborn Care Corner (NBCC) in labour rooms of PHCs.

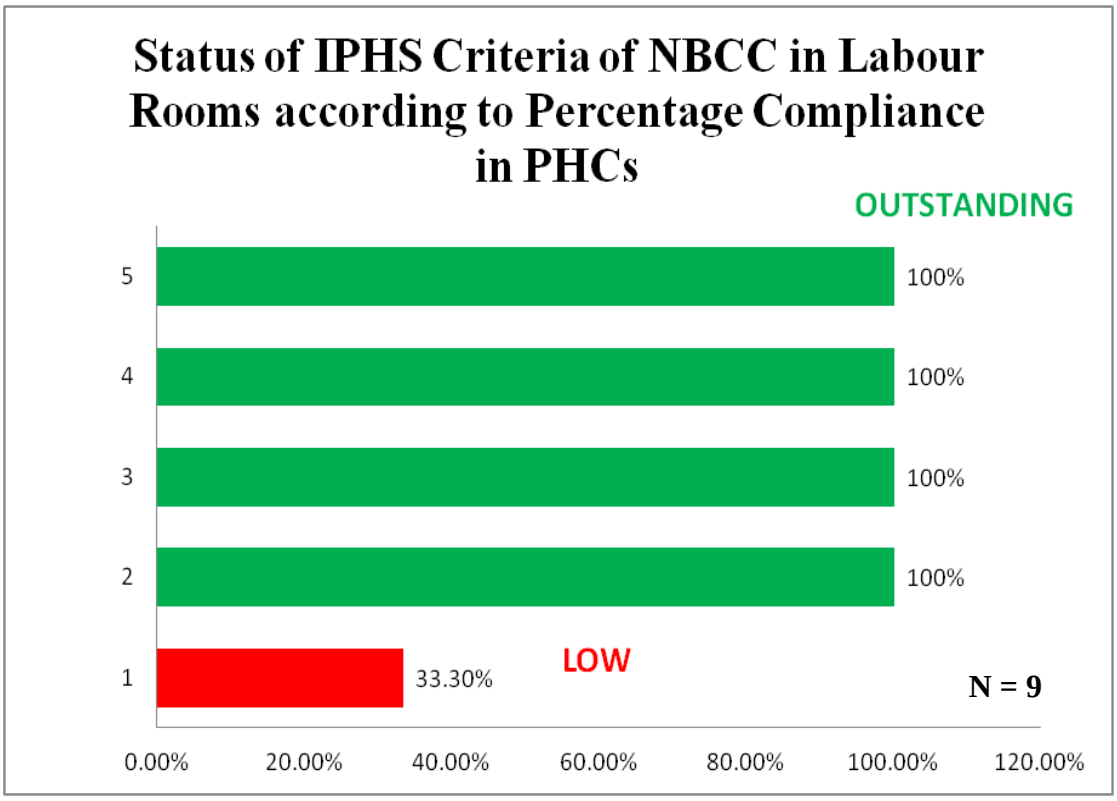


Figure 2. Status of IPHS Criteria of NBCC in Labour Rooms according to percentage compliance in PHCs

Legend for Figure 2

1.	**Provision of a good source of shadow-less light**
2.	**Clear floor area with a functional radiant warmer**
3.	**Provision of oxygen, suction machine and electrical sockets**
4.	**Resuscitation kit including Ambu Bag (Paediatric size) placed in the radiant warmer**
5.	**Power connection for radiant warmer**

3.9 Conclusion and Recommendations

3.9.1: Conclusion

As evident from the findings of the study, not all of the labour rooms of PHCs meet the IPHS norms fully. There are variations in PHCs across the district of West Champaran. While deliveries are being reported to be carried out in the labour rooms of all the 9 PHCs included in the study, all the criteria as prescribed in the IPHS Guidelines for PHCs (Revised) 2012 are not being met in most of the PHCs. Only the criterion of the labour rooms being well-lit and ventilated was being met in all the 9 PHCs. The criteria which were complied with by 75 % to 99 % of labour rooms were 'regular mopping and washing', 'separate areas for septic and aseptic deliveries' and 'prescribed dimensions of 3.8 m x 4.2 m'. Criteria complied by 50% to 74 % of labour rooms are 'separate area for toilet', 'restricted entry in labour room' and 'availability of essential drugs and equipments'. The criteria covered by 0 to 49% of labour rooms are 'attached toilet and water facilities', 'separate area for dirty linen', 'separate area for baby wash', 'separate area for sterilization', 'provision of Standard Treatment Protocols for common problems during labour and for newborns', 'usage of separate footwear for labour room' and 'fumigation at regular intervals'.

Newborn Care Corner (NBCC), a space within the delivery room where immediate care is provided to all newborns is mandatory for all health facilities where deliveries take place. The condition of NBCCs is slightly better than that of the rest of the labour rooms, as 4 out of the 5 required criteria for NBCC are being fully complied with in all PHCs. These criteria are 'clear floor area with a functional radiant warmer', 'provision of oxygen, suction machine and electrical sockets', 'resuscitation kit including Ambu Bag (paediatric size) placed in the radiant warmer' and 'power connection for radiant warmer'.

The only criterion which is being followed by labour rooms of 33.3% PHCs is provision of a good source of shadow-less light.

3.9.2: Recommendations

1. Ensuring availability of Standard Treatment Protocols for problems in labour
2. Ensuring availability and functionality of shadow-less light source in NBCCs
3. Skill building sessions for implementing practices to prevent cross-infections
4. Ensuring availability of Essential Drugs and Equipments in labour rooms
5. Updating knowledge of labour room staff regarding usage of separate footwear for labour room

3.10: Limitations of the Study

- Ongoing IRS in the district limited the scope of study

3.11: Ethical consideration:

The consent of Medical Officers In charge at PHC was taken before interview. The nature and purpose of the study was well explained and communicated to them. The respondents had the right to deny at any point of time during interview. The confidentiality and privacy of the information was maintained and this data was solely used for study and research purpose.

3.12: References

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