

**National Safe Motherhood and Newborn Health Program
District Maternal and Neonatal Health
Need Assessment Toolkit
Volume II - PHCC, HP and SHP**



**Family Health Division
Department of Health Services
Government of Nepal
2006**



Ministry Of Health
DEPARTMENT OF HEALTH SERVICES

Tel : 261436
: 261136



Foreword

Nepal has one of the highest maternal mortality ratio in the world – 539 per 100000 live births. Though evidence has proved that maternal deaths can be largely averted through effective strategies and programming for implementation. Government of Nepal on realizing the magnitude of the problem has prioritized it within Nepal Health Sector Programme. The National Safe Motherhood Plan 2002-2017 is the framework for implementation to improve maternal and neonatal health through sustained increase in access and utilization of quality maternal and neonatal health services. Proper planning is the first step towards improving maternal and neonatal health. This requires a comprehensive toolkit to assess the existing status of available services and enabling environment, infrastructure, equipments and instruments, utilization, local people's knowledge and practice of on MNH services and equity and access to services to develop a proper plan for interventions.



I consider this District Maternal and Neonatal Health Needs Assessment Toolkit to be a useful tool to assess MNH service delivery for programming district MNH activities in an integrated approach to MNH service delivery with emphasis on scaling up access to comprehensive abortion care and skilled attendance at delivery including essential newborn care and access to basic and comprehensive emergency obstetric care. I hope this toolkit will be helpful in providing a broad guide to assess the MNH services and its pre-requisite and for creation of an enabling environment and equity and access aspects of MNH services incorporating all the areas mentioned above.

I would like to thank to all those involved in the development of the toolkit particularly the working group of SMNSC, UNICEF, UMN and SSMP, national and international consultants and staffs of district hospital and Primary Health Care Centre, Health Post and Sub-Health Post.

Dr Mahendra Bahadur Bista
Director General,
Department of Health Services



Ministry Of Health
DEPARTMENT OF HEALTH SERVICES

Tel : 261436
: 261136

Preface

It is indeed a pleasure to present this District Maternal and Neonatal Health Needs Assessment Toolkit. I believe this toolkit would serve as a valuable instrument for all those working to improve maternal and neonatal health condition in Nepal.



In the context of organisations/institutions working for improving maternal and neonatal health using different types of needs assessment toolkit according to their own need and support areas, there was a need of a common comprehensive toolkit, which could be used as a standard broad guidelines.


This tool is divided in two volumes. Volume-I consists of need assessment tools for hospital and Volume-II consists of need assessment tools for PHCC, HP and SHP. The toolkit consists of six parameters to assess various aspects of MNH contributing to maternal and neonatal condition of a district drawn from the manual "Monitoring Quality of Care in Maternity Services. Parameter 1 is health focused district profile; Parameter 2 is the core of the toolkit assessing pre-requisites for quality MNH service delivery such as infrastructure, equipment, instruments, cleanliness, etc.; Parameter 3 is an assessment of availability and utilization of different MNH related services offered by the health facility. This parameter can also be used as a progress-monitoring tool. Parameter 4 assesses evidence-based practice and the management of services offered. Parameter 5 assesses the access to MNH services from different parts of the district. Finally, Parameter 6 assesses community peoples' knowledge, perception and practice on MNH services.

The toolkit consists of different sets of tools for district hospital, Primary Health Care Centre, Health Post and Sub-Health Post that can be used separately to assess the particular health facility. As such this is a comprehensive toolkit that can be used to assess the status of MNH of whole district.

The toolkit is a result of a consultative process and has been scrutinized by experts of relevant areas with continuous guidance of working Group formed under Safer Motherhood Sub Committee of FHD to develop the toolkit. The toolkit has been tested and piloted in different districts and shared with practitioners of different hospitals.

I would like to especially thank Support to Safe Motherhood Programme (SSMP/Option), DFID, UNICEF, UMN, for extensively contributing to the development of the toolkit right from the beginning.

I would also like to thank members of tool development working groups, the Safe Motherhood Sub Committee, USAID, WHO, UNFPA, NFHP, SCF US, GTZ, Maternity Hospital, Patan Hospital, Dang Hospital, staffs of Bhim Hospital and Lahan hospital and all the others national and international experts and consultants who contributed to the development of the toolkit.


Dr. Peeyoosh Kumar 'Rajendra'
Director
Family Health Division
Department Of Health Services

PROCESS OF TOOLKIT DEVELOPMENT

Background

Government is committed to improve maternal and neonatal health of its people and therefore the National Safe Motherhood and Neonatal Programme is a high priority programme of Ministry of Health and Population (MoHP). This has been reflected in the Government's Nepal Health Sector Programme – Implementation Plan 2004 – 2009 and also in the health sector targets set out in the Millennium Development Goal. The framework for implementation of the Safe Motherhood Programme (SMP) is the National Safe Motherhood Plan 2002-2017, the goal of which is, "maternal and neonatal health improved" and the purpose, "sustained increase in utilization of quality maternal health services".

The increased focus on maternal and neonatal health services are resulting into various efforts focusing on different areas to impact access to and provision of quality services. Assessing the status of maternal and neonatal health services in the existing health services as well as assessing the level of knowledge and practices of the communities in terms of safe motherhood and neonatal health is very important for the purpose of programme planning. This is being increasingly recognized by all those involved in safe motherhood and newborn health programmes. Organisations/institutions involved in maternal and neonatal health services have been using different sets of needs assessment tools/formats to address specific needs of their project or programme. The Family Health Division and Safer Motherhood Programme stakeholders felt the need to develop a common and standard toolkit that would reflect the overall and core MNH needs assessment aspects integrating both the service delivery and equity/access parts. In order to facilitate and cater to needs of different partners' programme it was decided that a comprehensive toolkit would be developed from which the partners could pick particular tools as per their requirement. It was also decided that the toolkit would serve as checklist for MNH service delivery in the health facilities.

Process

FHD convened a working group comprising of MNH experts working in different organizations of Safe Motherhood Sub Committee (SMSC) to draft the MNH Needs Assessment Tool Kit. Two different working groups-for service delivery and community were formed to work on the toolkit development. The groups produced a preliminary draft toolkit based on the tools used by Nepal Safer Motherhood programme, UNICEF, NFHP, GTZ, Save the Children US and others. Sansthatagat Bikas Consultancy Kendra, a consulting firm was commissioned to facilitate the toolkit development process through extensive consultative process with stakeholders by ensuring the integration of experiences and expertise of the different stakeholders working on MNH.

Staffs from SSMP, FHD, UNICEF and UMN were extensively involved in the development process of the toolkit facilitated by consultants. The major process of toolkit development is as follows:

Framework of the Toolkit: The Framework of the toolkit was developed and agreed by FHD and SMSC. A preliminary draft of the toolkit was prepared by the working group of Safe Motherhood Subcommittee. The framework comprised of six parameters to assess various aspects of MNH impacting on quality MNH service delivery – from community knowledge and practice, access to health facilities to availability health service at different level of health

facilities. The rationale of dividing the toolkit into different parameters is to enable users to use different parts of the toolkit according to their requirement for programme planning.

Detail Framework Development & Sharing: The toolkit development process started with detail framework development by national and international consultants after extensive review of available tools. The 6 parameters were mainly based on from "Monitoring Quality of Care in Maternity Services" of FHD. The draft framework was screened by the expert members of SMSC committee. The committee suggested that the toolkit should be simple and comprehensible for district people.

First Draft Sharing: A draft toolkit was developed and shared with SMSC members through emails and comments were incorporated. The tool was further improved after consultation with national and international experts.

Field Testing: The draft toolkit was field tested with hospital staff and with RHCC members in Rupandehi. Each part of the toolkit both service and equity and access was discussed in detail and reality base of the toolkit was ensured.

Second Draft Sharing: The second draft of the toolkit incorporating district feedback was again presented to the SMSC committee for approval and guidance. The experts of SMSC committee examined, discussed and provided feedback on each parameter of the toolkit. The toolkit was also shared with representatives of neonatal advisory groups and feedback incorporated.

Piloting and Pre-testing: The hospital part of the toolkit was piloted in the Lahan hospital and PHCC, HP and SHP parts of the toolkit were pre-tested in the respective facilities in Siraha district in consultation with district health facility staffs. The pre-test also served as piloting as data was collected in the process and tools modified as per need at the same time. District health facility (hospital and DHO) staff was oriented to use the toolkit and data was collected by them supported by a team from centre (SSMP and UMN staff and consultants). The dual objectives were to test the toolkit and assess whether district level health staff can use the toolkit. Necessary modifications were made on the toolkit. The district experience was shared with stakeholders mainly UNICEF and UMN staff.

The community survey questionnaire of parameter 6 was pre-tested in Dang and also in Rupandehi. The feedback received from the pre-testing was incorporated before finalizing the questionnaire.

Consultation with experts: Before finalization of the toolkit, each parameter was again shared with experts working in different health facilities. The tools were shared with experts of Patan Hospital, Maternity hospital, Dang District Hospital to ensure that all services, equipment and instruments listed are of common practice. The staff from Logistic Management Department was also consulted to ensure instruments and equipments listed are those supplied regularly by government sources. The learning of UNICEF in using the toolkit in Dang district was incorporated in the toolkit. It was decided in a consultative meeting that the availability and utilization of MNH services part of Parameter 2 of the toolkit be presented as a separate parameter (Parameter 3) such that it can serve as a tool for progress monitoring as well. It was also decided in the meeting that the most important indicators of Parameter 2 be highlighted.

Finalization of the Toolkit: After a series of consultative meetings with FHD, SSMP, UNICEF and UMN staffs and inclusion of feedback from different experts and stakeholders the toolkit was finalized. Though the toolkit is developed on the used tools and refined through extensive consultation process with related experts and practitioners in different district, there is enough space for further improvement. On sharing the tool with FHD director it has

been agreed that the toolkit be comprehensive and flexible for use. It will be revised on receiving feedback after wider use by organisations working on MNH.

Discussions:

- There was a prolonged debate on whether the toolkit should focus on assessing key areas of MNH service delivery or be developed as a comprehensive standard tool. It was decided that the toolkit should serve the purpose of all organisations/institutions working to improve any aspect of MNH service delivery. The toolkit as such is a composite of different aspects of MNH service delivery for different levels of health facilities – District Hospital, Primary Health Care Centre, Health Post and Sub Health Post.
- It was intended initially that a computer programme be developed to facilitate processing and analysis of the data generated by the toolkit. However, the idea was dropped on conclusion that districts have varied capacity on using computer for the purpose. It was decided that reports for each facility would be produced separately.

Users of the Toolkit

The toolkit is developed as an instrument to support programme planning for organisations/institutions working for improving MNH service delivery and equity and access of those services. The toolkit can be used as a whole or in parts according to requirement of organisations/institutions based on their intended interventions

The intention was to develop the toolkit such that it could be comprehended and used by district health facility staff. However, the experience of field test and piloting suggests that an external facilitator with MNH background as a facilitator is required to use the toolkit and to process the data to produce the report.

List of Documents Reviewed

1. Monitoring Quality of Care in Maternity Services, Family Health Division, DOHS, 2004
2. Quality of Care Assessment Study for NSMP & FHD by ODC, 2004
3. Improving the Quality of Sexual and Reproductive Health Care, "Stronger Voices for Reproductive Health" by UNFPA/WHO/UNICEF/ILO-STEP, 2002
4. Needs Assessment on the Availability of Emergency Obstetric Care Services in Eastern, Western and Mid-Western Regions of Nepal, DHS/MOH.UNICEF2002
5. Need Assessment tool of AMDD
6. Need Assessment tool of GTZ
7. Need Assessment tool Of WHO
8. NSMP Need Assessment tool
9. Community needs assessment tools used by NFHP, Save the Children US and NSMP

DISTRICT MATERNAL AND NEONATAL HEALTH (MNH) NEEDS ASSESSMENT TOOLKIT

This toolkit has been designed to assess the status of MNH services for the purpose of MNH program planning in the district. The assessment ranges from general district information; communities perception and practices of MNH services; accessibility of health facilities by communities to the availability of prerequisites for MNH service provision, availability and utilization of MNH services and management of the services. The toolkit solicits data and information from different health facilities, District Development Committees, line agencies and non-government organisations. The toolkit is divided into six parameters:

PARAMETER	AREA OF FOCUS	LEVEL OF HEALTH FACILITY
1	General District Information	
2	Availability of Infrastructure, Equipments, Drugs, Infection Prevention, Supplies and Linen to provide MNH services	District Hospitals, Primary Health Care Centres, Health Posts and Sub-Health Posts
3	Availability and Utilization of Maternal and Newborn Health Services	District Hospitals, Primary Health Care Centres, Health Posts and Sub-Health Posts
4	Management of the Health Facility	District Hospitals, Primary Health Care Centres, Health Posts and Sub-Health Posts
5	Communication Routes and Means of Transport	
6	Communities	

The toolkit, though designed to collect data for needs assessment, some of its parameters can be used as a baseline tool for monitoring change. Parameters 3 and 4 that assess the availability and utilization of MNH services and management practices and enabling environment for quality of care respectively can be used as a monitoring tool to measure change over a period of time.

National level information on MNH will be also be collected and kept by Support to Safer Motherhood Programme. The national level information is designed to provide an overview of the status and policies pertaining to MNH in the country.

The output of the data collection process is a report incorporating the following: an overview of the district; needs of the assessed health facilities in terms of infrastructure, equipments, drugs and supplies; availability and utilization of the services; management related issues of the facility; and the community's knowledge, practice and access to MNH services.

THE TOOLKIT STRUCTURE

The toolkit has been structured to assess the MNH status of different level of public health facilities in the district and general profile of the district. Broadly there are three set of parameters.

Assessment of district status

Parameters 1 and 5 are designed to generate data and information on general district information and status of communication and transport facilities of the whole district with focus on MNH service facilities. The sources of data and information for these parameters are detailed in the respective parameters.

Assessment of public health facilities

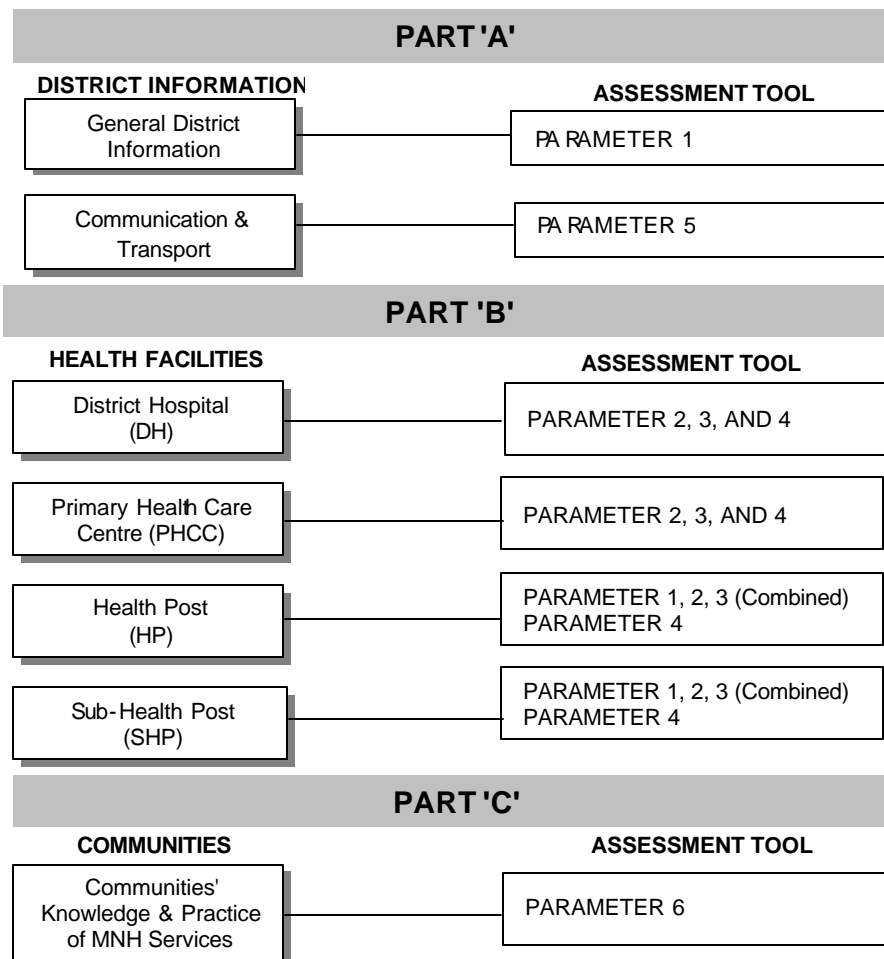
Parameters 2, 3, and 4 are designed to generate data and information of health facilities – District Hospital (DH), Primary Health Care Centre (PHCC), Health Post (HP), and Sub-Health Post (SHP). These parameters assess the availability of prerequisites for quality MNH service delivery, availability and utilization of MNH services and management of the services at above mentioned public health facilities. For HP and SHP parameters 1, 2 and 3 are combined as a tool to incorporate population related information on a single tool.

Assessment of Community

Parameter 6 is designed to generate data and information to assess knowledge and practice of MNH service at community level. The respondent communities can be selected according to the purpose of the study.

USE OF THE TOOLKIT

The toolkit can be used for MNH NA of the whole district or in parts – to assess the MNH status of a particular health facility or even a particular area (such as availability of infrastructure, equipments and supplies or availability and utilization of MNH services or management of the health facility) of the health facility. There are different set of parameters for district hospital, PHCC, HP, and SHP.



PARAMETER 2: AVAILABILITY OF INFRASTRUCTURE, EQUIPMENTS, DRUGS, INFECTION PREVENTION, SUPPLIES AND LINEN TO PROVIDE MATERNAL NEONATAL HEALTH SERVICES AND UTILISATION OF MNH SERVICES, PRIMARY HEALTH CARE CENTRE

OBJECTIVE:

To generate data and information to assess the availability of infrastructure, equipments, drugs and supplies for the provision of MNH services at the Primary Health Care Centre.

USE OF INFORMATION:

The data and information gathered through this toolkit is to be used for MNH program planning in the PHCC. This parameter generates data on the availability of prerequisites for MNH services and identifies gaps. However, the information generated by this parameter has to be linked to the information generated by parameters 2 and 4.

METHOD and PROCESS:

Interaction and observation with concerned staffs using checklist; review equipment inventory in the respective sites.

S.N.	Areas	Page Number	Source of Information
1	Identification Information	2	PHC In-charge, Administration/Account Staff
2	PHCC Basic Infrastructure	3	PHC In-charge, Administration/Account Staff
3	Availability of Furniture, Equipments, Drugs and Supplies in Different Service Providing Units/Wards in the PHCC		
A	Labour Room/Delivery and PAC Room	4-9	Doctor, Staff Nurse, ANMs
B	First Stage Labor/Delivery Room	10	Doctor, Staff Nurse, ANMs
C	Female/Maternity Ward	11	Doctor, Staff Nurse, ANMs
D	CAC Room	12 –13	Doctor, Staff Nurse, ANMs
E	ANC/PNC Clinic	14 – 15	Doctor, Staff Nurse, ANMs
F	Staff Room	16	Staff Nurse, ANMs
G	Laboratory Facility	16	Laboratory In-charge and staff
H	Store Room	16	Store In-charge and staff
	Summery of findings	17-18	
	Annex	19-23	

1. IDENTIFICATION INFORMATION

Fill in the blank space.

Name of Health Facility:	
Type/Level of Health Facility:	
Name of District:	
Development Region:	
Address:	

Date of Assessment:	
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S.N.	Name of Assessor	Position	Organisation	Address	Phone
1					
2					
3					
4					
5					

S.N.	Name of Respondents	Position	Organisation	Unit Assessed
1				
2				
3				
4				
5				
6				
7				
8				

Note:

- 1) Please go through the instructions above each table before filling the information
- 2) The standard quantity information has been placed for reference. It is based on what a facility with 200 delivery cases per year might need. The standard quantity will vary depending on the facility and how many delivery cases it conducts in a year.
- 3) The highlighted items in the tool should be used as indicators to be monitored throughout the course of the program
- 4) Please do not fill in the shaded cells.
- 5) The summary sheet of findings at the end of this parameter is a guide for a quick overview.

2. PHCC BASIC INFRASTRUCTURE

Please place a check mark (v) on the mentioned response, and fill in the remarks.

Basic Requirements	Yes	No	Condition			Remarks
			Functional	Need Repair	Not Repairable	
1. Does the PHCC have its own building? (Probe: "lalpurja")						
2. Write the land area occupied by the PHCC						
3. Is there quarter facility?						
o For Doctors						
o For Staff Nurse						
o For Health Assistant						
o For Lab Assistants						
o Do other staffs, which are not on-call at night, occupy the quarter?						
4. How many beds are there in the PHCC?						
5. Are there maternity beds sanctioned? If yes please write the number in the remarks column						
6. Is there procedure room for minor operation?						
7. Is there running water in the facility?						
8. Is there electricity in the facility?						
9. Are there toilets in the facility?						
o Is there running water/water container?						
o Is there electricity in all the toilets?						
o Are the toilets tiled?						
o Are the toilets clean? (Observe all the toilets)						
10. Is telephone available at the PHCC?						
11. Are there waste disposal arrangements?						
o Waste container in the compound						
o Burning – incinerator						
o Burial - pit						
o Sharp disposal						
12. Is there a sewage (drainage) system?						

3. AVAILABILITY OF FURNITURE, EQUIPMENTS, DRUGS AND SUPPLIES IN DIFFERENT SERVICE PROVIDING UNITS/WARDS IN THE PHCC

A. Labour /Delivery and PAC Room

A1. INFRASTRUCTURE AND FURNITURE FOR LABOUR/DELIVERY AND PAC ROOM

Please place a check mark (v) on the mentioned response, and fill in the remarks.

A1.1- Infrastructure and Facility for Labour /Delivery and PAC Room	Yes	No	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Is there 24 hour running water or buckets with water?						
2. Is there electricity?						
3. Is there 24 hour power backup system (with fuel)?						
4. Is there attached toilet for patients?						
5. Is there partition/ door separating to labour room from other facility for privacy?						
6. Is there a sluice room attached to labour room?						
a. Is there sink and elbow tap for hand washing/scrubbing in the sluice room?						
b. Is there basin for soaking linen in the sluice room?						
c. Is there 24 hour running water in the sluice room						

Please write the available quantity, place a check mark (v) on the mentioned response and fill in the remarks.

A.1.2 Furniture for Labor /Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Cabinets with glass for drugs/instruments	1					
2. Table	1					
3. Chair	2					

A2. EQUIPMENTS AND INSTRUMENTS FOR LABOUR/DELIVERY ROOM AND PAC ROOM

Please write the available quantity, place a check mark (v) on the mentioned response and fill in the remarks.

A2.1 General Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Delivery table with stirrups	2					
2. Mattresses w/ water proof cover	2					
3. Pillows w/ water proof cover	2					
4. Bedpan	2					
5. Revolving Stool	2					
6. Bedscreen for privacy	1					
7. Bedside cabinet (lockable)	2					
8. Step Stool	2					

A2.1 General Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
9. Mayo Table	1					
10. Instrument trolley	2					
11. Bowl stand	2					
12. Portable light	1					
13. Emergency light	1					
14. Torch light	1					
15. Wall clock that can be seen easily	1					
16. IV stand	2					
17. Electric Suction, 220V	1					
18. Foot suction	1					
19. Perineal Light	1					

Please write the functional quantity only. For the highlighted equipment please write in remarks whether it is repairable or not.

A2.2 Basic Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Remarks
1. Instrument Trolley (mobile)	1		
2. Stethoscope	1		
3. BP apparatus	1		
4. Fetoscope	1		
5. Oral Thermometer	1		
6. Rectal Thermometer	1		
7. Room Thermometer	1		
8. Drums for gloves	1		
9. Jar w/ cover (for swabs)	1		
10. Tourniquet, latex rubber, 75cm	1		
11. Kidney Tray	1		
12. Dressing Tray	1		
13. Cheattle forceps w/ jar, stainless steel	1		
14. Kocher's Forcep	2		
Additional Equipments on the Trolley			
15. Rubber catheter	2		
15. Bivalve Cusco	1 set		

Please write the available quantity, place a check mark (v) on the mentioned response and fill in the remarks.

A2.3 Basic Resuscitation Equipments for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Oxygen cylinder with flow meter	1					
2. Oxygen concentrator	1					

Please write the available quantity, place a check mark (v) on the mentioned response and fill in the remarks.

A2.4 Emergency Trolley for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Resuscitation set– newborn (ambu bags, masks size 0-3, suction catheter, laryngoscope)	1					
2. Resuscitation set– adult (ambu bags, masks, suction catheter)	1					
3. Blood pressure cuff	1					
4. Portable oxygen cylinder w/ flow meter	1					
5. Stethoscope	1					
6. Fetoscope	1					
7. Disposable sterile syringe and needles: 2 – 50 ml	1					
8. Urinary (Foley) catheter & Uro bag	1					
9. IV canulla (18G)	2 pc					
10. IV sets	2					
11. Ringer lactate	1					
12. Kidney tray	1					

Please write the functional quantity only. Also write the number of complete functional sets found, add in "Location" in which room the equipments where mainly found (eg. Store room, OT, labour room) and check whether equipments were put into sets.

A2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
a. Dressing Set	2 sets				
1. Artery Forceps, 140mm	1				
2. Toothed thumb forceps, 155mm	1				
3. Suture cutting scissors, 140mm	1				
4. Kidney Tray (200ml)	1				
5. Bowl for antiseptic (180ml)	1				
b. Delivery Set	2 sets				
1. Artery Forceps (Haemostatic, Rankin – Crile or Rochester – Pean) 16 cm	2				
2. Cord Cutting Scissor (Umbilicus– Blunt)	1				
3. Sponge Holding Forceps (Forester; Straight; Serrated) 20cm	1				
4. Bowl S.S (Small and Big) 600ml, 750ml	2				
c. Perineal/Vaginal/Cervical Repair Set	1 set				
1. Sponge Holding Forceps (Forester; Straight; Serrated) 20 cm	5				
2. Artery Forceps (Haemostatic, Rochester – Pean) 20 cm	1				

A2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
3. Artery Forceps (Haemostatic, Rochester – Pean) 16cm	1				
4. Needle Holder (Mayo – Hegar) 20 cm	1				
5. Scissors (Abdominal, Kelly) 18 cm	1				
6. Suture cutting scissors (long)	1				
7. Dissecting Forceps – Non – toothed, Potts – Smith, 15 cm	1				
8. SIMS vaginal speculum (a complete set of 3 sizes: 60X25-30mm; 70X30-35mm and 80X35-40mm)	1 set				
9. Vaginal Speculum (Hamilton Bailey)	1				
d. Episiotomy Set	1 set				
1. Episiotomy Scissors– Braun-Stadler (One each of 14.5cm & 22 cm)	2				
2. Needle Holder (Mayo Hegar (20cm)	1				
3. Dissecting Forceps –toothed and non toothed– 14 cm	2				
4. Stitch Cutting Scissors – (Abdominal, Kelly) 18cm	1				
5. Triangular Cutting Needle (ask about the needles)	1				
6. Round Body Needle	1				
7. Sponge Holding Forceps (Forester; Straight) 25cm	1				
8. Small Bowl SS –180ml	1				
e. Forceps Delivery Set	1 set				
1. Obstetric Forceps (Outlet)	1 set				
f. MVA Set for PAC	1 set				
1. Bivalve speculum (small, medium, big)	1 set				
2. Small bowl for keeping antiseptic solution	1				
3. Sponge holder	1				
4. Single tooth Tenaculum	1				
5. Volsellum	1				
6. Grasping Forceps/ Long Artery Forceps (Buzman's Forcep)	1				
7. Double valve MVA syringe and with different size cannula (IPAS)	1				
8. Strainer (instead of sieve)	1				
9. Magnifying glass	1				
10. Emesis Pan	1				
11. Kidney dish	1				
12. 10 ml syringe for para cervical block	1				
13. 2 ml syringe w/ needle	1				
g. Vacuum Set	1 set				
1. Vacuum cup	1				
2. Vacuum bottle	1				
3. Vacuum with meter	1				
4. Vacuum pump	1				
5. Connecting Tube	1				

Please write the available quantity, place a check mark (v) on the mentioned response and fill in the remarks.

A2.6 Newborn Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
Resuscitation Set in the Emergency Trolley PLUS:						
1. Resuscitation Unit – Infant (DS Manandhar)	1					
2. Delee, single use or high – level disinfected/sterile reusable	1					
3. Cord ties or thread						
4. Infant weighing scale (pan-type)	1					
5. Suction catheter for baby						

A3.DRUGS AND SUPPLIES FOR LABOUR ROOM/DELIVERY ROOM AND PAC ROOM

Please place a check mark (v) on the mentioned response.

A3.1 – Emergency Drugs (including neonates) for Labour/Delivery Room and PAC Room	SQ for 1 patient	Available		Adequate for 1 Patient?		Expired		Easily Accessible	
		Yes	No	Yes	No	Yes	No	Yes	No
1. Oxytocin (5mlx8units = 40units)	10 Ampules								
2. Mag Sulphate (14 gr)	0.5 gms X 28								
3. Antihypertensive drug (Nefidipine tablet)	5-10mg 10 tabs								
4. Calcium gluconate (inj.)	10ml X 2 ampules								
5. Dextrose (25% & 50 %) (inj.)	2 ampules								
6. Adrenaline (inj.)	2 ampules								
7. Naloxone (inj)	1 ampule								
8. Aminophylline (inj.)	2 ampules								
9. Atropine Sulphate	2 ampules								
10. Chloropheniramine	2 ampules								
11. Diazepam (inj)	5ml 2								
12. Mephentine (inj)	1 vial								
13. Ergometrine (inj.)	2 ampules								
14. Frusemide (inj.)	2 ampules								
15. Hydrocortisone	100ml 2 vial								

A3.2 Emergency Supplies for Labour/Delivery Room and PAC Room

16. IV Fluids – Ringer Lactate/Normal Saline	6 bottles								
17. IV Set	4								
18. IV Cannula 18 G	4								

A4 - INFECTION PREVENTION FOR LABOUR ROOM/DELIVERY ROOM AND PAC ROOM

Please place a check mark (v) on the mentioned response.

A4.1 - Infection Prevention Equipment & Supplies for Labour/Delivery and PAC Room	Available		Functional		Used	
	Yes	No	Yes	No	Yes	No
1. Autoclave with electricity or heat source						
2. Autoclave drum (write size and type)						
3. Autoclave tape						
4. Boiler with heat source or electricity						
5. Chlorine (5%) for making decontamination solution (0.5%)						
6. Plastic buckets for rinsing instruments and making chlorine solution						
7. Personal hand towel						
8. Puncture proof container for sharp disposal						
9. Antiseptic solutions						
10. Plastic aprons						
11. Protective footwear (boots /plastic shoes)						
12. Protective eyewear (goggles/face shields)						
13. Dirty linen trolley or container						
14. Mops and buckets						
15. Momo Cooker						
16. Rack for drying gloves						
17. McIntosh for delivery bed						
18. Buckets for placenta disposal						
19. Shoe Rack						
20. Slippers for staff						
24. Slippers for clients						

B. FIRST STAGE LABOR/DELIVERY ROOM

Please write the available quantity, place a check mark (v) on the mentioned response and fill in the remarks.

B1. Basic requirements for First Stage Labor Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Beds						
2. Mattress with water proof covers						
3. Pillows w/ water proof covers						
4. Bedside Cabinets						
5. Stools						
6. Screen	1					
7. Colored bucket per bed	1					
8. Buckets (coloured)	3					

C. FEMALE/MATERNITY WARD

C1. INFRASTRUCTURE AND FURNITURE FOR FEMALE/MATERNITY WARD

Please place a check mark (v) on the mentioned response and fill in the remarks.

C1.1- Infrastructure for Female/Maternity Ward	Yes	No	Condition			Remarks
			Functional	Need Repair	Not Repairable	
1. Are there ventilators/windows?						
2. Is there water taps/sinks?						
3. Is there potable water?						
4. Are there enough buckets?						
5. Is there electricity?						
6. Is there 24 hours power backup system?						
7. Are there toilets?						

Please write the available quantity, place a check mark (v) on the mentioned condition and fill in the remarks.

C1.2- Furniture for Female/Maternity Ward	Available Quantity	Condition			Remarks
		Functional	Need Repair	Not Repairable	
1. Beds					
2. Mattresses with water proof cover					
3. Pillows with water proof covers					
4. Patient bed side locker					
5. Stools for relatives					
6. Bedscreen					
7. One bucket for each bed					
8. 3 buckets					

C2. INFECTION PREVENTION FOR FEMALE/MATERNITY WARD

Please place a check mark (v) on the mentioned response.

C2.1 - Infection Prevention Equipment & Supplies for Female/Maternity Ward	Available	
	Yes	No
1. Chlorine (5%) for making decontamination solution (0.5%)		
2. Puncture proof container for sharp disposal		
3. Soap case with hole for all sink		
4. Utility gloves for cleaning		
5. Antiseptic solutions		
6. Mops and buckets		

D. COMPREHENSIVE ABORTION CARE ROOM

D1. INFRASTRUCTURE FOR CAC ROOM

Please place a check mark (v) on the mentioned response and fill in the remarks.

D1.1- Infrastructure for CAC Room	Yes	No	Condition			Remarks
			Functional	Need Repair	Not Repairable	
1. Well-lit space for the procedure?						
2. Is there space for examination and counseling?						
3. Is there space with a bed for recovery after procedure?						
4. Is there space for processing the instruments?						
5. Is there space for clients to wait?						
6. Is there storage space for supplies and instruments?						
7. Is there a reliable source of running water?						
8. Is there electricity?						
9. Is there a toilet facility?						

D2. EQUIPMENT AND INSTRUMENTS FOR CAC ROOM

Please write the functional quantity only. For the highlighted equipment please write in remarks whether it is repairable or not.

D2.1 – Basic Equipments for CAC Room	SQ	Number of Functional Equipments	Remarks
1. Instrument Trolley (mobile)	1		
2. Adult stethoscope	1		
3. Blood pressure instrument	1		
4. Fetoscope	1		
5. Oral thermometer	1		
6. Rectal thermometer	1		
7. Drums for gloves	1		
8. Jar with cover (for swabs)	1		
9. Cheattle Forceps with jar	1		
10. Tourniquet, latex rubber 75cm	1		
11. Kidney Tray	1		
12. Dressing Tray	1		
Additional Equipments			
13. IV stand	1		
14. Stainless steel container with cover for storing the instruments	1		
15. Separate stainless tray with cover for storing the HLD canulla and Clean MVA syringes	1		

Please write the functional quantity only.

D2.2 – Instrument Sets for CAC Room		SQ	Number of Functional Equipments
MVA Set (1 Set)			
1.	Bivalve speculum	1 set	
2.	Bowl for keeping Betadine solution	1	
3.	Hegar Dilators	1 set	
4.	Sponge holders	1	
5.	Tenaculum or Volsellum	1	
6.	Grasping Forceps/ Long Artery Forceps (Buzman's) forceps	1	
7.	Disposable Syringes for Cervical block	1	
8.	Double valve MVA syringes and with different size cannula (IPAS)	2	
9.	Sieve	1	
10.	Magnifying glass	1	
11.	Emesis Pan	1	
12.	Kidney dish	1	
13.	10 ml syringe for para cervical block	1	
14.	2ml syringe with needles	1	

D3. INFECTION PREVENTION FOR CAC ROOM

Please place a check mark (v) on the mentioned response.

D3.1 - Infection Prevention Equipment & Supplies for CAC Room	Available		Functional		Used	
	Yes	No	Yes	No	Yes	No
1. Boiler with heat source or electricity						
2. Steam “momo” cooker for High Level Disinfection						
3. Plastic buckets/container for rinsing instruments and making chlorine solution						
4. Container for making soap solution						
5. Puncture proof container for sharp disposal						
6. Soap case with holes for all sink						
7. Utility gloves for cleaning						
8. Antiseptic solutions						
9. Nail brushes						
10. Plastic aprons						
11. Hair covers						
12. Protective footwear (boots /plastic shoes)						
13. Dirty Linen Trolley or Container						
14. Mops and buckets						
15. McIntosh						

E. ANTENATAL CARE/POST NATAL CARE (ANCPNC) CLINIC

E1. INFRASTRUCTURE AND FURNITURE FOR ANC/PNC CLINIC

Please place a check mark (v) on the mentioned response and fill in the remarks.

E1.1- Infrastructure for ANC/PNC Clinic	Yes	No	Condition			Remarks
			Functional	Need Repair	Not Repairable	
1. Is there separate ANC/PNC clinic?						
2. Is there electricity?						
3. Is the room well lit?						
4. Is there running water or bucket with tap?						
5. Is there sink to wash hands?						
6. Is there waste disposal arrangement?						

Please write the available quantity, place a check mark (v) on the mentioned response and fill in the remarks.

E1.2- Furniture for ANC/PNC Clinic	SQ	AQ	Condition			Remarks
			Functional	Need Repair	Not Repairable	
1. Examining bed/table	1					
2. Step stool	1					
3. Mattress with water proof cover	1					
4. Pillow with water proof covers	1					
5. Screen –folding/movable	1					
6. Cupboard for medicine and record registers	1					
7. Table and chairs for nurses	1 each					
8. Benches for patient/clients	2					

E2. EQUIPMENTS FOR ANC/PNC CLINIC

Please write the functional quantity only. For the highlighted equipment please write in remarks whether it is repairable or not.

E2.1 – Basic Equipments for ANC/PNC Clinic	SQ	Number of Functional Equipments	Remarks
1. Instrument Trolley (mobile)	1		
2. Adult stethoscope	1		
3. Blood pressure instrument	1		
4. Fetoscope	1		
5. Oral thermometer	1		
6. Rectal thermometer	1		
7. Drums for gloves	1		
8. Jar with cover (for swabs)	1		
9. Cheattle Forceps with jar	1		
10. Tourniquet, latex rubber 75cm	1		
11. Kidney Tray	1		
12. Dressing Tray	1		
Additional Equipments			
13. Torch Light	1		
14. Measuring tape	1		
15. Rubber catheter	2		
16. Adult weighing machine	1		
17. Baby weighing machine	1		
18. Cusco self-retaining speculum	1set		
19. Drums for gloves (size)	1		
20. Stainless steel bowls (medium)	1		
21. Wall clock that can be seen easily	1		

E3. INFECTION PREVENTION FOR ANC/PNC CLINIC

Please place a check mark (v) on the mentioned response.

E3.1 - Infection Prevention Equipment & Supplies for ANC/PNC Clinic	Yes	No
1. Chlorine (5%) for making decontamination solution (0.5%)		
2. Puncture proof container for sharp disposal		
3. Soap case with holes for all sink		
4. Antiseptic solutions		
5. Container for waste collection		
6. Mops and buckets		

F. STAFF ROOM

Please write the available quantity and place a check mark (v) on the mentioned response and fill in the remarks.

F1 - Furniture for Staff Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Table	1					
2. Chairs	3					
3. Lockers						

G. LABORATORY FACILITY

Please place a check mark (v) on the mentioned responses and fill in the remarks.

G1- Infrastructure and Facility for Laboratory	Yes	No	Condition			Remarks
			Functional	Need Repair	Not Repairable	
1. Is there 24 hours running water?						
2. Is there sink to wash hands?						
3. Are there 3 color-coded buckets?						
4. Is there waste disposal arrangement?						

H. STORE ROOM

Please place a check mark (v) on the mentioned responses and fill in the remarks.

H1- Infrastructure and Facility	Yes	No	Condition			Remarks
			Functional	Need Repair	Not Repairable	
1. Is there a separate storeroom?						
2. Is the room spacious enough to store drugs and equipments?						
3. Is there electricity?						

SUMMARY SHEET of FINDINGS

* THIS IS ONLY FOR THE PURPOSE OF ANALYSIS. PLEASE DON'T FILL IT DURING THE NEEDS ASSESSMENT

SN	Areas for Needs Assessment	Overall Condition		
		Functional	Need Minor Support	Need Urgent Support
2	Basic PHCC Infrastructure			
3.	Availability of furniture, equipments, drugs and supplies in different service providing Units/Wards in the Hospital			
A.	LABOUR /DELIVERY AND PAC ROOM			
A1	INFRASTRUCTURE AND FURNITURE			
A1.1	Infrastructure			
A1.2	Furniture			
A2	EQUIPMENT AND INSTRUMENTS			
A2.1	General Equipments			
A2.2	Basic Equipments			
A2.3	Basic Resuscitation Equipments			
A2.4	Emergency Trolley			
A2.5	Surgical Equipments			
A2.6	New Born Equipments			
A3	DRUGS AND SUPPLIES			
A3.1	Emergency Drugs			
A3.2	Emergency Supplies			
A3.3	Essential Drugs (annex)			
A4	INFECTION PREVENTION			
C5	LINEN AND SUPPLIES (ANNEX)			
C5.1	Linen			
C5.2	Supplies			
B.	FIRST STAGE LABOR/DELIVERY ROOM			
B1	Infrastructure			
C.	FEMALE/MATERNITY WARD			
C1	INFRASTRUCTURE AND FURNITURE			
C1.1	Infrastructure			
C1.2	Furniture			
C2.1	INFECTION PREVENTION			
C3.1	ESSENTIAL DRUGS (ANNEX)			
C4.1	LINEN (ANNEX)			

D.	CAC ROOM			
D1.1	INFRASTRUCTURE			
D2	EQUIPMENTS AND INSTRUMENTS			
D2.1	Basic Equipments			
D2.2	Instrument Sets			
D3	INFECTION PREVENTION			
D3	DRUGS AND SUPPLIES (ANNEX)			
D3.1	Essential Drugs			
D3.2	Supplies			
E.	ANC/PNC CLINIC			
E1	INFRASTRUCTURE AND FURNITURE			
E1.1	Infrastructure			
E1.2	Furniture			
E2	EQUIPMENTS			
E2.1	Basic Equipments			
E3	INFECTION PREVENTION EQUIPMENTS & SUPPLIES			
E4.1	ESSENTIAL DRUGS (ANNEX)			
E5	LINEN AND SUPPLIES (ANNEX)			
E5.1	Linen			
E5.2	Supplies			
F.	STAFF ROOM			
F1	FURNITURE			
G.	LABORATORY FACILITY			
G1	INFRASTRUCTURE			
H.	STORE ROOM			
H1	INFRASTRUCTURE			

Annex to Parameter 2: PHCC

PARAMETER 2: AVAILABILITY OF INFRASTRUCTURE, EQUIPMENTS, DRUGS, INFECTION PREVENTION, SUPPLIES AND LINEN TO PROVIDE MATERNAL NEONATAL HEALTH SERVICES AND UTILISATION OF MNH SERVICES, PRIMARY HEALTH CARE CENTRE

A. LABOUR/DELIVERY and PAC ROOM

A3.3 - Essential Drugs for Labour/Delivery and PAC Room	Available		Adequate for 1 month		Remarks
	Yes	No	Yes	No	
1. Xylocaine 1%					
2. Pethidine					
3. Pentazocine					
4. Diazepam (inj)					
5. Promethazine (inj)					
6. Ibuprofen					
7. Amoxicillin (inj)					
8. Gentamicin (inj)					
9. Metronidazole (inj)					
10. Ampicillin					
11. Iodophors (Betadine solution)					

A5.1 - Linen for Labour/Delivery Room	Available		Adequate for daily caseload?		Remarks
	Yes	No	Yes	No	
1. Drapes					
2. Half sheets					
3. Instrument wrappers					
4. Glove covers					
5. Rubber sheets					
6. Sterile sanitary pads					
7. Leggings					
8. Gowns for staff					
9. Gowns for patient					
10. Caps					
11. Masks					
12. Bed sheets					
13. Blanket for mother					
14. Blanket for baby					
15. Baby wrappers					

A5.1 - Linen for Labour/Delivery Room	Available		Adequate for daily caseload?		Remarks
	Yes	No	Yes	No	
16. Baby caps					
17. Baby towels					
18. Slippers for staffs					
19. Slippers for clients					

Please place a check mark (v) on the mentioned response and fill in the remarks.

A5.2 - Supplies Labour/Delivery Room and PAC Room	Available		Adequate for daily caseload?		Remarks
	Yes	No	Yes	No	
1. Suture materials (needles with catgut)					
2. Disposable sterile syringe and needles: 3 ml 5 ml 10 ml 20 ml 50 ml Needles of different gauges and lengths					
3. Sterile surgical gloves					
4. Gauze					
5. Cotton wool					
6. Tape (leucoplast)					

C. FEMALE/MATERNITY WARD

Please place a check mark (v) on the mentioned response and fill in the remarks.

C2.1- Essential Drugs for Female/Maternity Ward	Available		Adequate for daily caseload?		Remarks
	Yes	No	Yes	No	
1. Vitamin A capsule					
2. Vitamin K tablets for babies					
3. Paracetamol					
4. Iron Folate					
5. Anti – biotic					
a. Ampicillin					
b. Benzathine penicillin or benzyl penicillin					
c. Metronidazole					
d. Trimethoprim + sulfamethoxazole					
6. Anti – helminthics					
a. Albendazole					
7. Anti – malarial (only in endemic area)					
a. Chloroquine					
b. Sulfadoxine - pyrimethamine					

Please place a check mark (v) on the mentioned response and fill in the remarks.

C4.1- Linen for Female/Maternity Ward	Available		Adequate for daily caseload?		Remarks
	Yes	No	Yes	No	
1. Bed sheets					
2. Pillow cases					
3. Patient gowns					
4. Draw sheets or half sheets					
5. Window curtain					

D. CAC ROOM

Please place a check mark (v) on the mentioned response and fill in the remarks.

D3.1 - Essential Drugs for CAC Room	SQ for 1 patient	Available		Adequate for 1 Patient?		Remarks
		Yes	No	Yes	No	
1. Adrenaline (inj.)	2 ampules					
2. Aminophylline (inj.)	2 ampules					
3. Atropine sulphate (inj.)	2 ampules					
4. Dextrose (25%) (inj)	2 ampules					
5. Diazepam (inj)	2 ampules (5 ml)					
6. Diphenhydramine (inj)	2 ampules					
7. Doxycycline	2 tablets					
8. Ergometrine (inj.)	2 ampules					
9. Oxytocin (inj.)	10 Ampules					
10. Ibuprofen	2 tablets					
11. Lignocaine (1% without epinephrine)	1 vial					
12. Promethazine (inj)	2 ampules					
13. IV fluids (Ringer & normal saline)	6 bottles					

Please place a check mark (v) on the mentioned response and fill in the remarks.

D3.2 - Supplies for CAC Room	Available		Adequate for daily caseload?		Remarks
	Yes	No	Yes	No	
1. Disposable sterile syringe and needles: 3 ml 5 ml 10 ml					
2. Examination gloves					
3. High level disinfected or sterile surgical gloves					
4. Gauze					
5. Cotton wool					
6. McIntosh					

E. ANC/PNC CLINIC

Please place a check mark (v) on the mentioned response and fill in the remarks.

E3.1 - Essential Drugs for ANC/PNC Clinic	Available		Adequate for daily caseload?		Remarks
	Yes	No	Yes	No	
1. Vitamin A					
2. Analgesic : Paracetamol / Ibuprofen					
3. Iron folate					
4. Antibiotic					
a. Ampicillin					
b. Metronidazole					
c. Trimethoprim + sulfamethoxazole					
5. Anti-Helminthics					
a. Albendazole					
6. Antimalarial (endemic areas only)					
a. Chloroquine					
b. Sulfadoxine – pyrimethamine					
7. Contraceptives:					
a. Pills (oral pills)					
b. Condom					
c. Injectables					
d. IUD – copper T					
e. Norplant implants					
8. Vaccine:					
a. BCG					
b. DPT					
c. Polio					
d. Measles					
e. Hep B					
f. Tetanus toxoid					

Please place a check mark (v) on the mentioned response and fill in the remarks.

E5.1 - Linen for ANC/PNC Clinic	Available		Adequate for daily caseload?		Remarks
	Yes	No	Yes	No	
1. Bed Cover					
2. Pillow Cover					

Please place a check mark (v) on the mentioned response and fill in the remarks.

E5.2 - Supplies for ANC/PNC Clinic	Available		Adequate for daily caseload?		Remarks
	Yes	No	Yes	No	
1. Disposable sterile syringe and needles: 3 ml 5 ml 10 ml Needles of different gauges and lengths					
2. Sterile surgical gloves					
3. Gauze					
4. Cotton wool					
5. Tape (leucoplast)					
6. Urine dipsticks for protein					

DISTRICT MATERNAL AND NEONATAL HEALTH (MNH) NEEDS ASSESSMENT TOOLKIT

This toolkit has been designed to assess the status of MNH services for the purpose of MNH program planning in the district. The assessment ranges from general district information; communities perception and practices of MNH services; accessibility of health facilities by communities to the availability of prerequisites for MNH service provision, availability and utilization of MNH services and management of the services. The toolkit solicits data and information from different health facilities, District Development Committees, line agencies and non-government organisations. The toolkit is divided into six parameters:

PARAMETER	AREA OF FOCUS	LEVEL OF HEALTH FACILITY
1	General District Information	
2	Availability of Infrastructure, Equipments, Drugs, Infection Prevention, Supplies and Linen to provide MNH services	District Hospitals, Primary Health Care Centres, Health Posts and Sub-Health Posts
3	Availability and Utilization of Maternal and Newborn Health Services	District Hospitals, Primary Health Care Centres, Health Posts and Sub-Health Posts
4	Management of the Health Facility	District Hospitals, Primary Health Care Centres, Health Posts and Sub-Health Posts
5	Communication Routes and Means of Transport	
6	Communities	

The toolkit, though designed to collect data for needs assessment, some of its parameters can be used as a baseline tool for monitoring change. Parameters 3 and 4 that assess the availability and utilization of MNH services and management practices and enabling environment for quality of care respectively can be used as a monitoring tool to measure change over a period of time.

National level information on MNH will be also be collected and kept by Support to Safer Motherhood Programme. The national level information is designed to provide an overview of the status and policies pertaining to MNH in the country.

The output of the data collection process is a report incorporating the following: an overview of the district; needs of the assessed health facilities in terms of infrastructure, equipments, drugs and supplies; availability and utilization of the services; management related issues of the facility; and the community's knowledge, practice and access to MNH services.

THE TOOLKIT STRUCTURE

The toolkit has been structured to assess the MNH status of different level of public health facilities in the district and general profile of the district. Broadly there are three set of parameters.

Assessment of district status

Parameters 1 and 5 are designed to generate data and information on general district information and status of communication and transport facilities of the whole district with focus on MNH service facilities. The sources of data and information for these parameters are detailed in the respective parameters.

Assessment of public health facilities

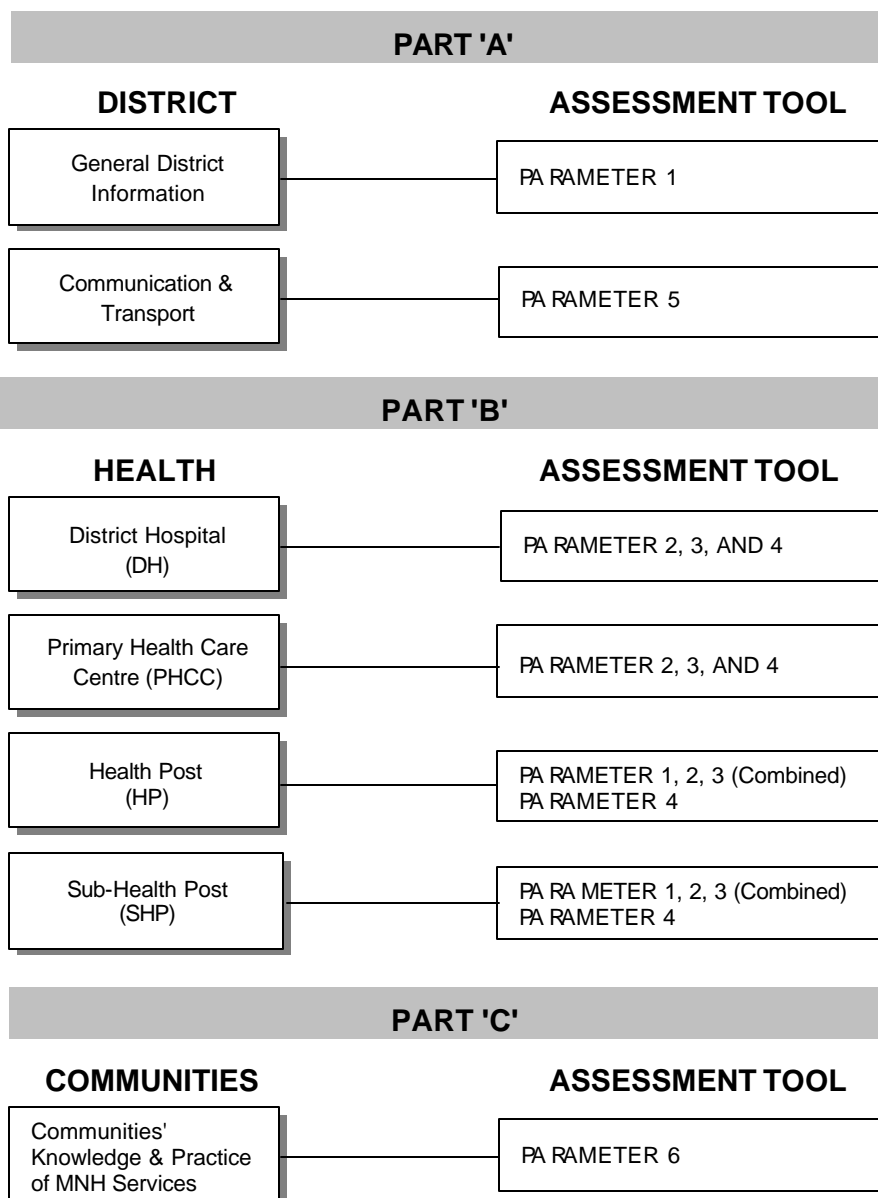
Parameters 2, 3, and 4 are designed to generate data and information of health facilities – District Hospital (DH), Primary Health Care Centre (PHCC), Health Post (HP), and Sub-Health Post (SHP). These parameters assess the availability of prerequisites for quality MNH service delivery, availability and utilization of MNH services and management of the services at above mentioned public health facilities. For HP and SHP parameters 1, 2 and 3 are combined as a tool to incorporate population related information on a single tool.

Assessment of Community

Parameter 6 is designed to generate data and information to assess knowledge and practice of MNH service at community level. The respondent communities can be selected according to the purpose of the study.

USE OF THE TOOLKIT

The toolkit can be used for MNH NA of the whole district or in parts – to assess the MNH status of a particular health facility or even a particular area (such as availability of infrastructure, equipments and supplies or availability and utilization of MNH services or management of the health facility) of the health facility. There are different set of parameters for district hospital, PHCC, HP, and SHP.



PARAMETER 3: AVAILABILITY AND UTILIZATION OF MATERNAL AND NEWBORN HEALTH SERVICES, PRIMARY HEALTH CARE CENTRE

OBJECTIVE:

To generate data and information to assess availability and utilization of MNH Services.

USE OF INFORMATION:

The data and information gathered through this toolkit is to be used for MNH program planning in the PHCC. This parameter generates a picture on availability and utilization of MNH services at the PHCC. However the information generated by this parameter has to be linked to the information generated by parameters 2 and 4. The information of this parameter can also be used for progress monitoring purpose.

METHOD AND PROCESS:

Interaction and observation with concerned staff using checklist. Interview with Doctor and Staff Nurse, review of records for MNH service availability and review of records and tally sheets for the MNH service provided.

TABLE OF CONTENT:

SN	Areas	Page Number	Source of Information and Data
1	Identification Information	2	Doctor, Admin/Account Staffs
2	Availability of MNH Services	3- 4	
2.1	ANC Care	3	OPD Clinic Staff
2.2	Delivery Care	3	Labor Room Staff
2.3	Comprehensive Abortion Care (CAC) services	3	Labor Room and Maternity Ward staff
2.4	Post Partum Family Planning (as per MNH package)	4	Labor Room and Maternity Ward staff
2.5	Lab Services	4	Laboratory unit staff
3	Utilization of MNH Services	5- 6	
3.1	ANC	5	
3.2	Maternity Service	5	Medical Recorder
3.3	EOC Complication Managed	5	Maternity Service Unit Staffs/Registers, Medical Recorder
3.4	Total maternal deaths	5	Maternity Service Unit Staffs/Registers, Medical Recorder
3.5	Direct obstetric maternal deaths	5	Maternity Service Unit Staffs/Registers, Medical Recorder
3.6	Referrals	6	Maternity Service Unit Staffs/Registers, Medical Recorder
3.7	Obstetric Procedures	6	Maternity Service Unit/PNC Unit Staffs/Registers, Medical Recorder
3.8	Neonatal Complication	6	Maternity Service Unit/PNC Unit Staffs/Registers, Medical Recorder
3.9	Utilization of the facility	6	Medical Recorder

1. Identification Information

Fill in the information.

Name of Health Facility:	
Type/Level of Health Facility:	
Name of District:	
Development Region:	
Address:	

Date of Assessment:	
----------------------------	--

S.N.	Name of Assessor	Position	Organisation	Address	Phone
1					
2					
3					

S.N.	Name of Respondents	Position	Organisation
1			
2			
3			
4			
5			

2. Availability of MNH Services

Please put a check mark (v) on the mentioned "Yes" or "No" response. If "No" place a check mark on the reason and state who provides the service mostly.

Type of Service	Performed in Last 3 months?		If not why?					Who Provides the Service Mostly?
	Yes	No	No trained staff	No supplies / equipment	No indication	Not authorized	No Case	
2.1 ANC Care								
2.2 Delivery Care (24 hours)								
2.2.1 BEOC (24 hours)								
1. Parenteral antibiotics								
2. Parenteral oxytocics								
3. Parenteral anti convulsants/sedatives (Magnesium Sulphate)								
4. Manual removal of placenta								
5. Removal of retained products of conception/Post Abortion Care by MVA								
6. Assisted vaginal delivery: Vacuum extraction								
2.2.2 Newborn								
7. Management of birth asphyxia (with ambu-bag and mask)								

Please check the register and write the numbers performed in the last three months. If not performed place a check mark on the reason. Also write how many days the services are available per week and who provides the service mostly.

Type of Service	Numbers Performed in the last 3 months	If not why?					How Often Is This Service Available Per Week?	Who Provides the Service Mostly ?
		No trained staff	No supplies / equipment	No indication	Not authorized	No Case		
2.3 Comprehensive Abortion Care (CAC) Services								
1. CAC service								
2. Post abortion family planning services (check register)								

Please put a check mark (v) on the mentioned "Yes" or "No" response
Write numbers on how often, cadre of who provides the service and fill in the remarks.

Type of Service	Yes	No	How Often Is This Service Available Per Week	Who Provides Mostly	Remarks
2.4 Post Partum Family Planning (as per MNH package)					
1. Pills					
2. Depo-Provera					
3. Condom					
4. IUDs					
5. Norplant					
6. Vasectomy					
7. Minilap					
8. Emergency contraception					
9. Management of F.P. side effect/complication					

Please put a check mark (v) on the mentioned "Yes" or "No" response
Write numbers on how often, cadre of who provides the service and fill in the remarks.

Type of Service	Yes	No	Who Provides Mostly	Remarks
2.5 Lab Services				
1. Urine testing (routine & Microscopic)				
2. Haemoglobin testing				
3. Blood sugar				
4. Blood urea				
5. Blood Grouping/RH type				
6. VDRL				
7. Pregnancy test				
8. HIV				
9. Hepatitis B				

Comments and suggestions if any:

3. Utilisation of MNH Services

Please write the numbers on the spaces below each column, if numbers not available write "NA". In the remarks column please specify; No Data or No Register or other reasons.

Types of Services Provided	S	B	A	K	M	P	M	F	C	B	J	A	Total	Remarks
3.1 ANC														
1. 4 ANC visits as per guideline														
3.2 Maternity Services														
1. Total women delivered in the hospital (ND/Vacuum/ Forceps/CS)														
2. Total babies born in the hospital														
3. Total stillbirth:														
o Fresh														
o Macerated														
4. No. Low birth weight babies (below 2.5 Kg)														
5. Total Neonatal deaths														
3.3 EOC Complication Managed														
1. Antepartum Hemorrhage														
2. Postpartum Hemorrhage														
3. Ectopic Pregnancy														
4. Prolonged/Obstructed Labour														
5. Ruptured Uterus														
6. Pre-eclampsia/Eclampsia														
7. Retained placenta														
8. Puerperal sepsis														
9. Abortion complication														
Total Women with EOC Complications														
3.4 Total maternal deaths														
3.5 Direct obstetric maternal deaths														

Types of Services Provided	S	B	A	K	M	P	M	F	C	B	J	A	Total	Remarks
3.6 Referrals:														
Total number of obstetrics complications referred out														
3.7 Obstetric Procedures														
1. Total assisted vaginal delivery (Vacuum)														
2. Total manual removal of retained placenta (MRP)														
3. Number of Manual Vacuum Aspiration (MVA) for induced abortion														
4. Number of MVA for incomplete abortion														
5. Total D&C for abortion complication														
3.8 Neonatal Complication (Check in delivery register, discharge register, in-patient register)														
1. Asphyxia														
2. Sepsis														
3. Low Birth Weight														
4. Hypothermia														
5. Jaundice														
Total no. of neonatal complication managed														
3.9 Utilization of the Facility														
1. Total admission														
2. Number of maternity admission														
3. Number of outpatient cases														

Comments and Suggestions if any, in details:

MATERNAL AND NEONATAL HEALTH (MNH) NEEDS ASSESSMENT TOOLKIT

This toolkit has been designed to assess the status of MNH services for the purpose of MNH program planning in the district. The assessment ranges from general district information; communities perception and practices of MNH services; accessibility of health facilities by communities to the availability of prerequisites for MNH service provision, availability and utilization of MNH services and management of the services. The toolkit solicits data and information from different health facilities, District Development Committees, line agencies and non-government organisations. The toolkit is divided into six parameters:

PARAMETER	AREA OF FOCUS	LEVEL OF HEALTH FACILITY
1	General District Information	
2	Availability of Infrastructure, Equipments, Drugs, Infection Prevention, Supplies and Linen to provide MNH services	District Hospitals, Primary Health Care Centres, Health Posts and Sub-Health Posts
3	Availability and Utilization of Maternal and Newborn Health Services	District Hospitals, Primary Health Care Centres, Health Posts and Sub-Health Posts
4	Management of the Health Facility	District Hospitals, Primary Health Care Centres, Health Posts and Sub-Health Posts
5	Communication Routes and Means of Transport	
6	Communities	

The toolkit, though designed to collect data for needs assessment, some of its parameters can be used as a baseline tool for monitoring change. Parameters 3 and 4 that assess the availability and utilization of MNH services and management practices and enabling environment for quality of care respectively can be used as a monitoring tool to measure change over a period of time.

National level information on MNH will be also be collected and kept by Support to Safer Motherhood Programme. The national level information is designed to provide an overview of the status and policies pertaining to MNH in the country.

The output of the data collection process is a report incorporating the following: an overview of the district; needs of the assessed health facilities in terms of infrastructure, equipments, drugs and supplies; availability and utilization of the services; management related issues of the facility; and the community's knowledge, practice and access to MNH services.

THE TOOLKIT STRUCTURE

The toolkit has been structured to assess the MNH status of different level of public health facilities in the district and general profile of the district. Broadly there are three set of parameters.

Assessment of district status

Parameters 1 and 5 are designed to generate data and information on general district information and status of communication and transport facilities of the whole district with focus on MNH service facilities. The sources of data and information for these parameters are detailed in the respective parameters.

Assessment of public health facilities

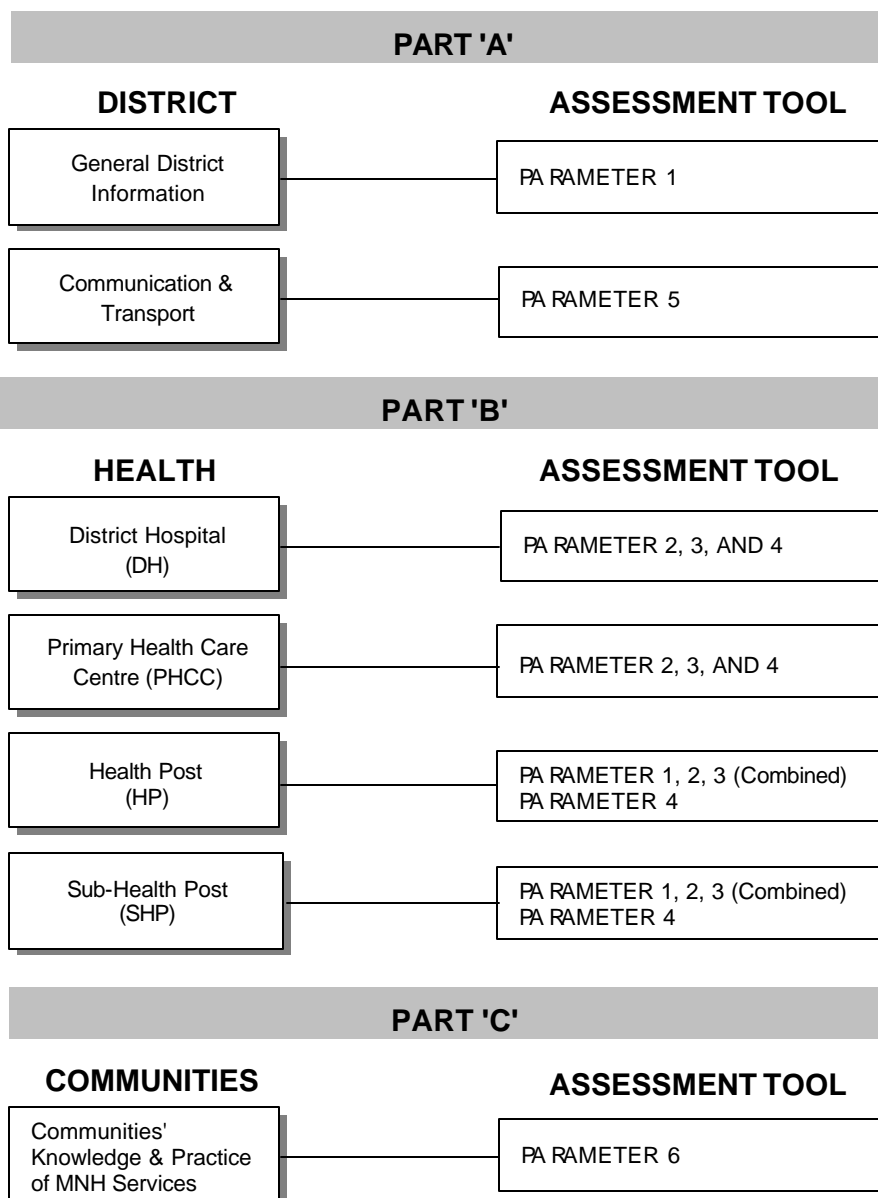
Parameters 2, 3, and 4 are designed to generate data and information of health facilities – District Hospital (DH), Primary Health Care Centre (PHCC), Health Post (HP), and Sub-Health Post (SHP). These parameters assess the availability of prerequisites for quality MNH service delivery, availability and utilization of MNH services and management of the services at above mentioned public health facilities. For HP and SHP parameters 1, 2 and 3 are combined as a tool to incorporate population related information on a single tool.

Assessment of Community

Parameter 6 is designed to generate data and information to assess knowledge and practice of MNH service at community level. The respondent communities can be selected according to the purpose of the study.

USE OF THE TOOLKIT

The toolkit can be used for MNH NA of the whole district or in parts – to assess the MNH status of a particular health facility or even a particular area (such as availability of infrastructure, equipments and supplies or availability and utilization of MNH services or management of the health facility) of the health facility. There are different set of parameters for district hospital, PHCC, HP, and SHP.



PARAMETER 4: MANAGEMENT OF THE HEALTH FACILITY, PRIMARY HEALTH CARE CENTRE

OBJECTIVE:

The broad objective of this parameter is to assess the status of the health facility in terms of available human resources, following standard clinical and management practices and enabling environment for quality service delivery. The specific objectives are:

- To generate data and information to assess evidence based good practice, availability of human resource and general competency of nursing/medical staff on MNH service delivery.
- To generate data and information to identify the positive aspects and gaps related to management of staff, essential services and other factors that influence and enable provision of MNH services at the health facility.

USE OF INFORMATION:

The data and information gathered through this toolkit is to be used for MNH program planning in the PHCC. This parameter assesses the practice of clinical standards and management of human resource and services and identifies gaps. However, the information generated by this parameter has to be linked to the information generated by parameters 2 and 4.

METHOD AND PROCESS:

The method of data collection involves interaction with - health facility management committee and senior staffs and section/ward in-charges of the health facility – and observation of records/minutes.

A joint meeting with committee members and staffs will be held wherein specific groups respond to related parts of the tool. Most parts of the parameter are targeted to management committee however some technical parts are to be responded by staffs. It has been observed that a three hour meeting with above mentioned members/staffs is necessary to collect data.

TABLE OF CONTENT:

S. N.	Areas of Assessment	Page Number	Source of Data
1	Identification Information	2	Doctor, Administration/Account staffs
2	Evidence based practice on midwifery, BEOC and neonatal service delivery by the nursing/medical staff	3	Labour and maternity ward staffs - doctors, nurses, ANMs and cleaners
3	Human Resource Availability and Competency	4- 5	
3.1	Human Resources Availability in the Health Facility	4	Development/management committee members (D/MCM); accountant with pay-roll list for list
3.2	Record of Training Attended by Nursing/Medical Staff	5	Doctor/Staff nurse/ANMs, other MNH service providers
4	Management & Enabling Environment (QOC guideline) for MNH service delivery at the facility	6- 13	
4.1	PHCC Management Committee	6-7	D/MCM and observation of minutes
4.2	Job Description and Staff Meeting	8	D/MCM and staffs
4.3	Enabling Work Environment for Staff	9	D/MCM and staffs
4.4	Functioning of Other Essential Health Care Services	9	D/MCM, hospital staffs and Blood Bank members or staffs
4.5	Maternity Information System, Recording and Use for Management Decision Making	10	Ward/section staffs, medical recorder and D/MCM
4.6	Referral Systems	10-11	Staffs and D/MCM
4.7	Price list and Exemptions	11	D/MCM and staffs
4.8	Fund Generation and Management	12	D/MCM and accountant
5	Community Liaison: Information on MNH Services	13	D/MCM and staffs

1. Identification Information

Fill in the blank space.

Name of Health Facility:	
Type/Level of Health Facility:	
Name of District:	
Development Region:	
Address:	

Date of Assessment:	
----------------------------	--

S.N.	Name of Assessor	Position	Organisation	Address	Phone
1					
2					
3					
4					
5					

S.N.	Name of Respondents	Position	Organisation
1			
2			
3			
4			
5			
6			
7			
8			

Note:

- 1) Please read the instructions above each table before filling out the information
- 2) Please do not fill in the shaded cells.

2. Evidence based practice on midwifery, BEOC and neonatal service delivery by the nursing/medical staff

Please place a check mark (v) on the mentioned response and fill in the remarks.

SN.	Issues/Statements/Questions	Responses		Remarks
		Yes	No	
Practice on the following				
1.	Management of eclampsia by magnesium sulphate			
2.	Manage post partum hemorrhage by oxybcin			
3.	Manage shock by IV fluids (ringer lactate, NS)			
4.	Manage puerperal sepsis by I/M or IV antibiotics			
5.	Manage hypertension by oral Nifedepine			
6.	Active management (inj of oxytocin, uterine massage, control cord traction) of 3rd stage labour (observe)			
7.	Management of retained placenta by MRP			
8.	Use of partograph for all women in labor. (Do a random check in 10 case sheets).			
9.	Do you follow the IP protocols (observe all)			
	a. Hand washing			
	b. Use of Chlorine 0.5% solution for decontamination			
	c. Puncture proof sharp disposal			
	d. Use of gloves			
	e. Use of autoclave			
10.	Do you use the clinical protocols and maternity guidelines? (Check the protocol/Maternity guidelines)			
11.	Manage incomplete abortion by MVA			
12.	Perform vacuum delivery for prolonged labour			
13.	Repair of tear and episiotomies – with use of local anesthesia			
14.	Routine use of episiotomy for primipara			
15.	Routine use of Enema (ask: staff nurse, ward attendant)			
16.	Allowing Companion during 1st stage labour			
17.	Mobility during labor (ask cleaners to cross check)			
18.	Routine use of pubic shaving (ask ward attendant to cross check)			
Newborn Care				
1.	Resuscitation using ambu bag (check the ambu bag)			
2.	Immediate breast feeding within 1 hr after delivery (ask the mother)			
3.	Immediate drying and wrapping of baby			
4.	Skin to skin contact with the mother			
5.	Applying something on the cord			
6.	Bathing is done within 24 hours			

3. Human resource availability and competency

3.1 HUMAN RESOURCES MANAGEMENT IN THE HEALTH FACILITY

Please write number of mentioned staffs and fill in the remarks.

Staffing pattern						
Post	Sanctioned	Filled	Manned Post	HDB/HMC Recruited	No. of Local Staff	Remarks
3.1.1 Sanctioned and Filled Staff						
1. Medical Officer						
2. HA/Senior A HW						
3. Staff Nurse						
4. Admin Assistant						
5. AHW						
6. Lab Assistant						
7. Helper						
8. Peon						
9. Sweeper						
10. Others						

3.2 RECORD OF TRAINING ATTENDED BY NURSING/MEDICAL STAFF

Training taken by MNH Service Providers (nursing/medical staff)

Please write name of MNH service providers and place a check mark (v) on the training taken and leave blank space for no response.

SN	Name of Staff	Position	MRT	PAC (provider)	CAC (provider)	OT Mgmt	Anesthetic Assistant	BEOC	CEOC	IP	Clinical Skills Training	Essential Newborn Care Training	Others
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													

MRT	Mid Wifery Refresher Training	PAC	Post Abortion Care
CAC	Comprehensive Abortion Care	OT Mgmt	Operation Theatre Management
BEOC	Basic Emergency Obstetric Care	CEOC	Comprehensive Emergency Obstetric Care
IP	Infection Prevention		

Other observations/comments and remarks?

4. Management and enabling environment (QOC guideline) for MNH service delivery at the facility

Please place a check mark (v) on the “yes” or “no” responses and fill the blank spaces with the respondents answer.

SN.	Issues/Statements/Questions	Responses	
		Yes	No
4.1 PHCC MANAGEMENT COMMITTEE			
1.	Is there a PHCC management committee?		
2.	How many members are there? Please see annex for table to fill the Name, Designation and Organisation of members.		
3.	How often do they meet?		
4.	Are minutes of the meeting kept? (Observe minutes if they met at least 2 times in the last Fiscal year)		
5.	What issues and actions are discussed in the meeting? (In last 12 months)	<u>Issues</u>	<u>Actions</u>
		1.	1.
		2.	2.
		3.	3.
		4.	4.
6.	What issues and actions have been undertaken to improve Maternal & Neonatal health services at the PHCC? (In last 12 months)	<u>Issues</u>	<u>Actions</u>
		1.	1.
		2.	2.
		3.	3.
		4.	4.
7.	How regularly do PHCC committee members monitor activities of the health facility? (Write annual		

SN.	Issues/Statements/Questions	Responses	
		Yes	No
4.1 PHCC MANAGEMENT COMMITTEE			
	numbers)		
	a. Visits to health facility		
	b. Interaction with staff		
	c. Interaction with patients		
	d. Other		
8.	What has the PHCC committee done on the following issues?		
	a. Human Resources (hiring and retaining)		
	b. Resource Mobilization/Fund Generation		
	c. Infrastructure		
	d. Maintenance		
	e. Drugs and Supplies (probe: CDP)		
	f. Equipment		
9.	Is there exemption for the poor clients?		
	a. For drugs		
	b. For ambulance		
	c. Others		
10.	Any suggestion for making PHCC committee more effective?		

4.2 JOB DESCRIPTION AND STAFF MEETING

Please place a check mark (v) on the "yes" or "no" responses and fill the blank spaces with the respondents answer.

4.2.1 Job Description/handover-takeover system		Responses	
		Yes	No
1.	Do staffs have job description?		
2.	Do staffs know their job description?		
3.	Are staffs assigned according to job description?		
4.	Is there a handover-takeover system?		
5.	Any suggestion for improvement? Remarks?		
4.2.2 Staff Meeting			
1.	Are staffs meeting regular in the PHCC?		
2.	What issues and actions are discussed in the staff meeting?	1. <u>Issues</u>	1. <u>Actions</u>
		2.	2.
		3.	3.
3.	How often are the meetings held?		
4.	Are minutes of the meeting kept and followed? How?		
5.	What issues and actions are discussed about MNH?	1. <u>Issues</u>	1. <u>Actions</u>
		2.	2.
		3.	3.
6.	If staffs have problems – is there a mechanism to address it?		
7.	Any suggestion for improvement? Remarks?		

4.3 ENABLING WORK ENVIRONMENT FOR STAFF

Please place a check mark (v) on the mentioned response and fill in the remarks.

4.3.1 Facilities for Staff – Physical Facility and Others				
SN.	Statements/Questions	Availability		Comments
		Yes	No	
1.	Is there a provision of quarter facility for the Doctor?			
2.	Is the quarter facility provided to nursing staff that provide 24 hours service in the PHCC?			
3.	Is there MNH resource materials (protocols, job aids, manuals, etc) available for staff in the duty station?			
4.	Any other comments/suggestions/Remarks			

4.4 FUNCTIONING OF OTHER ESSENTIAL HEALTH CARE SERVICES

Please place a check mark (v) on the mentioned response and fill in the remarks.

4.4.1 Referral Ambulance Functioning				
S.N.	Statements/Questions	Availability		Remarks
		Yes	No	
1.	How many ambulances are operating in the VDC that this PHCC is located?			
2.	Is an ambulance on call for 24 hours?			
3.	Has the PHCC management committee taken any initiative to ensure 24 hours ambulance services?			
4.	What provisions have you made to operate the ambulance during bandhs?			
5.	Any suggestion/comments:			

4.5 MATERNITY INFORMATION SYSTEM, RECORDING AND USE FOR MANAGEMENT DECISION MAKING

Please place a check mark (v) on the mentioned response and write who fills the registers.

4.5.1 Maternity Information Recording								
S.N.	Registers	Availability		If Yes, is it up to date?		Are the registers reviewed regularly?		Who Fills it up?
		Yes	No	Yes	No	Yes	No	
1.	Maternity/Delivery register							
2.	Admission register							
3.	Discharge register							
4.	OT register (or minor OT register)							
5.	PAC register							
6.	Store room register							
7.	Birth Certificate form							
8.	Any other comments/ suggestions/Remarks							

Please place a check mark (v) on the mentioned response and fill in the remarks.

4.5.2 Use of Records		Yes	No	Remarks
a	Are above information used for facility level decision-making and planning purpose?			
b	Any suggestion for effective recording and use of data? (Remarks)			

4.6 REFERRAL SYSTEMS

Please write down the mentioned responses in the blank space and place a check mark (v) on the "yes" or "no" questions.

SN	Issues/Questions	Responses		
A.	Referred out			
1.	What kind of MNH cases is referred out?			
2.	Why are the cases referred out?			
		Yes	No	Remarks
B.	When you last referred a mother for an EOC complication, what did you do:			
1.	Fill up a referral slip?			
2.	Provide first aid treatment/stabilization?			
3.	Mother accessed emergency fund?			

SN	Issues/Questions	Responses		
4.	Used stretcher from the PHCC?			
5.	Used ambulance or other modes of transport?			
6.	Informed the referral hospital by phone?			
7.	Received feedback from the referral hospital?			
8.	Followed up with the outcome of the referral?			

Other observations/comments and remarks?

4.7 PRICE LIST AND EXEMPTIONS (TRANSPARENCY)

Please place a check mark (v) on the mentioned response and fill in the remarks.

Price list and Exemption		Yes	No	Remarks
1.	Is there a price list (citizen charter) posted on a visible place? (Ask for a copy of the price list)			
2.	Is there an exemption system for needy clients? (Probe: exemption criteria)			
3.	Who recommends the exemption?			
4.	Who approves the recommendation?			
5.	Is there an "emergency fund" under PHCC for emergency delivery car e support?			
6.	What are the terms and conditions for the use of the fund?			
7.	Who contributes to the fund?			
8.	How many clients have used the fund in the last fiscal year?			

Other observations/comments and remarks?

4.8 FUND GENERATION AND MANAGEMENT

Please place a check mark (v) on the "yes" or "no" question and fill in the mentioned data.

PHCC Fund Generation and Management		Responses	
		Yes	No
1. Does PHCC generate any fund?			
2. Is there a separate fund established in the health facility for poor and needy clients?			
3. Budget Breakdowns			
Fiscal Years	HMG Grant	Income Generated by PHCC	Subsidy to Maternity/Newborn
4. What are the services that generate the most income?			

Other observations/comments and remarks?

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5. Community liaison: Information on MNH services

Please place a check mark (v) on the mentioned response and fill in the remarks and blank spaces.

SN.	Statements/Questions	Availability		Remarks
		Yes	No	
Community liaison				
1.	Do the PHCC committee members interact with local media, people to inform about services (MNH)?			
2.	Is there any activity to inform the public about the availability of MNH service? Which?			
3.	Any suggestion for improving community - health facility relationship?			

Other observations/comments and remarks?

ANNEX FOR PARAMETER 4: PRIMARY HEALTH CARE CENTRE

S.N.	Name of Member	Position	Organisation	Address	Phone
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
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14					
15					
16					
17					
18					
19					
20					
21					

ANNEX FOR PARAMETER 4: PHCC

PARAMETER 4: MANAGEMENT OF THE HEALTH FACILITY

1. Evidence based practice BY MEDICAL STAFF

Below are the responses you are looking for while asking the concerned medical staffs:

SN.	Issues/Statements/Questions	Responses	
		Yes	No
Practices on the Following			
19.	Management of eclampsia by magnesium sulphate	v	
20.	Manage post partum hemorrhage by oxytocin	v	
21.	Manage shock by IV fluids (ringer lactate, NS)	v	
22.	Manage puerperal sepsis by I/M or IV antibiotics	v	
23.	Manage hypertension by oral Nifedepine	v	
24.	Active management (inj of oxytocin, uterine massage, control cord traction) of 3rd stage of labour (observe)	v	
25.	Management of retained placenta by MRP	v	
26.	Use of partograph for all women in labor. (Do a random check in 10 case sheets).	v	
27.	Do you follow the IP protocols (observe all)	v	
	f. Hand washing	v	
	g. Use of Chlorine 0.5% solution for decontamination	v	
	h. Puncture proof sharp disposal	v	
	i. Use of gloves	v	
	j. Use of autoclave	v	
28.	Do you use the clinical protocols and maternity guidelines? (Check the protocol/Maternity guidelines)	v	
29.	Manage incomplete abortion by MVA	v	
30.	Perform vacuum delivery for prolonged delivery	v	
31.	Repair of tear and episiotomies – with use of local anesthesia	v	
32.	Routine use of episiotomy for primipara		v
33.	Routine use of Enema (ask: staff nurse, ward attendant)		v
34.	Allowing Companion during 1st stage labour	v	
35.	Mobility during labor (ask cleaners to cross check)	v	
36.	Routine use of pubic shaving (ask ward attendant to cross check)		v
Newborn Care			
7.	Resuscitation using ambu bag (check the ambu bag)	v	
8.	Immediate breast feeding within 1 hr after delivery (ask the mother)	v	
9.	Immediate drying and wrapping of baby	v	
10.	Skin to skin contact with the mother	v	
11.	Applying something on the cord		v
12.	Bathing is done within 24 hours		v

DISTRICT MATERNAL AND NEONATAL HEALTH (MNH) NEEDS ASSESSMENT TOOLKIT

This toolkit has been designed to assess the status of MNH services for the purpose of MNH program planning in the district. The assessment ranges from general district information; communities perception and practices of MNH services; accessibility of health facilities by communities to the availability of prerequisites for MNH service provision, availability and utilization of MNH services and management of the services. The toolkit solicits data and information from different health facilities, District Development Committees, line agencies and non-government organisations. The toolkit is divided into six parameters:

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6	Communities	

The toolkit, though designed to collect data for needs assessment, some of its parameters can be used as a baseline tool for monitoring change. Parameters 3 and 4 that assess the availability and utilization of MNH services and management practices and enabling environment for quality of care respectively can be used as a monitoring tool to measure change over a period of time.

National level information on MNH will be also be collected and kept by Support to Safer Motherhood Programme. The national level information is designed to provide an overview of the status and policies pertaining to MNH in the country.

The output of the data collection process is a report incorporating the following: an overview of the district; needs of the assessed health facilities in terms of infrastructure, equipments, drugs and supplies; availability and utilization of the services; management related issues of the facility; and the community's knowledge, practice and access to MNH services.

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The toolkit has been structured to assess the MNH status of different level of public health facilities in the district and general profile of the district. Broadly there are three set of parameters.

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Assessment of public health facilities

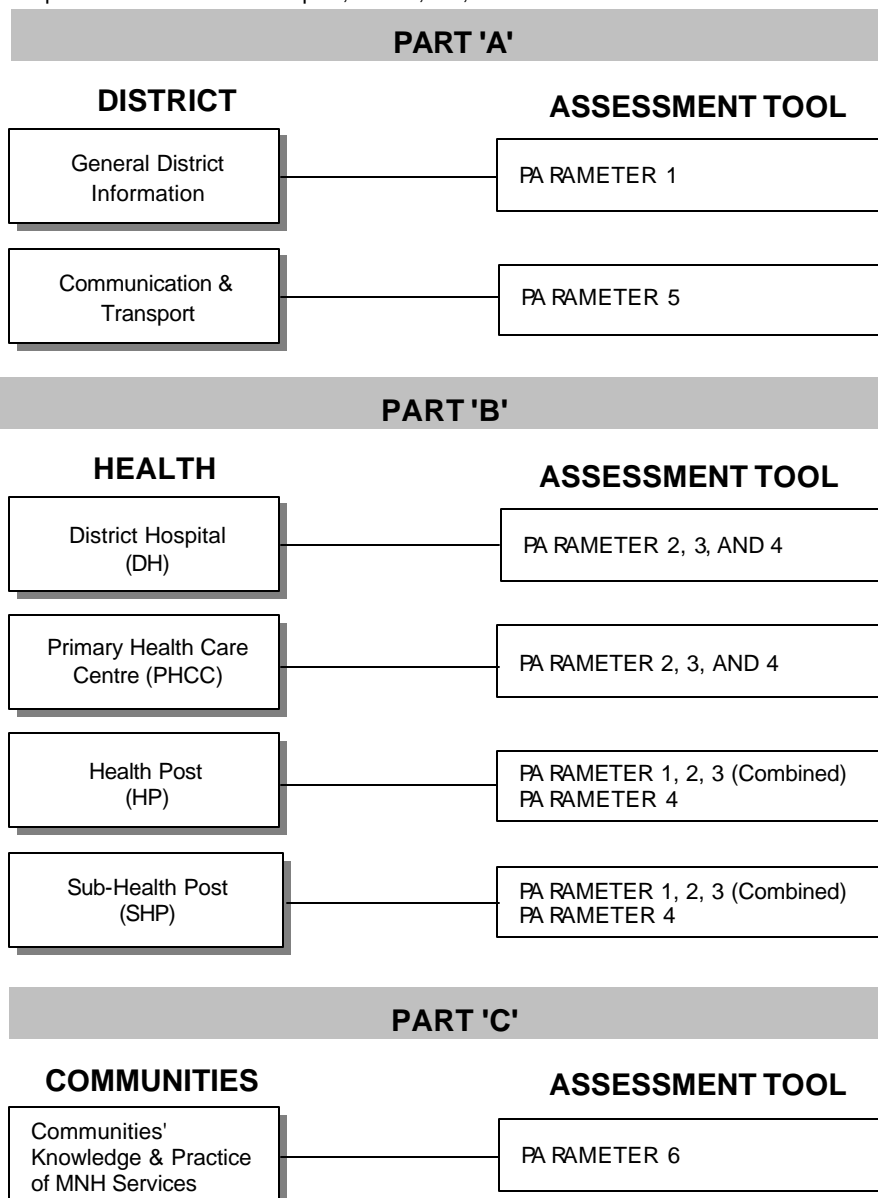
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Assessment of Community

Parameter 6 is designed to generate data and information to assess knowledge and practice of MNH service at community level. The respondent communities can be selected according to the purpose of the study.

USE OF THE TOOLKIT

The toolkit can be used for MNH NA of the whole district or in parts – to assess the MNH status of a particular health facility or even a particular area (such as availability of infrastructure, equipments and supplies or availability and utilization of MNH services or management of the health facility) of the health facility. There are different set of parameters for district hospital, PHCC, HP, and SHP.



PARAMETER 1, 2, AND 3: ASSESSMENT OF THE HEALTH POST

OBJECTIVE:

- To generate demographic data and information
- To generate data and information to assess the availability of infrastructure, equipments, supplies, human and other resources necessary for MNH service provision
- To generate data and information to assess the availability and utilization of MNH Services

USE OF INFORMATION:

The data and information gathered through this toolkit is to be used for MNH program planning in the health post. The information will be useful in health post MNH services planning. However, the information generated by this parameter has to be linked to the information generated by parameter 4.

METHOD AND PROCESS:

Interaction with concerned staff using the tool and observation. Review of records for MNH service availability and review of records and tally sheets for MNH service provided.

TABLE OF CONTENT:

S.N.	Areas	Page Number	Source of Data
1.	Identification information	2	Health Post In-charge (HA), AMN, AWH, admin. staff, registers, records and monthly progress report
2.	Population related information	3	
3.	Basic Infrastructure and Facility	3-4	
4.	Availability of Furniture for Delivery Room	4	
5.	Available Equipments for Delivery	4-8	
6.	Infection Prevention Equipments	6	
7.	Emergency and Essential Drugs	7	
8.	Supplies	8	
9.	Current status of MNH service availability	9	
10.	MNH service utilization	10	
11.	Others	11	

1. IDENTIFICATION INFORMATION

Fill in the blank space.

Name of Health Post:	
Name of District:	
Development Region:	
Address:	

Date of Assessment:	
----------------------------	--

S.N.	Name of Assessor	Position	Organisation	Address	Phone
1					
2					
3					
4					
5					

S.N.	Name of Respondents	Position	Organisation
1			
2			
3			
4			
5			
6			

Note:

- 1) Please read the instructions above each table before filling out the information
- 2) The standard quantity information has been placed for reference. It is based on what a facility with 200 delivery cases per year might need. The standard quantity will vary depending on the facility and how many delivery cases it conducts in a year.
- 3) The highlighted items in the tool should be used as indicators to be monitored throughout the course of the program
- 4) Please do not fill in the shaded cells.

PARAMETER 1:

2. POPULATION RELATED INFORMATION

Fill in the blank space.

Areas	Responses
1. Total Population of HP located VDC	
2. Number of VDCs under HP	
3. Estimated number of women of reproductive age (15-49 years) in the HP located VDC	
4. Expected number of pregnancies in HP located VDC	
5. Number of households in HP located VDC	
6. Dalit and Janajati population in the VDC	

Note: Please refer to annex for the list of Dalit and Janajati

PARAMETER 2:

3. BASIC INFRASTRUCTURE AND FACILITY

Please place a check mark (v) on the mentioned responses and fill in the remarks.

Basic Requirements	Yes	No	Condition			Remarks
			Functional	Need Repair	Not Repairable	
1. Does the HP have its own building? (Probe: "lalpurja")						
2. How many rooms are there in the HP? (mention number)						
3. Is there space or room for ANC/PNC?						
4. Is there a separate room for delivery?						
5. Is there privacy during a physical examination of women?						
6. Is there a toilet in the HP?						
7. Is there water in the toilet?						
8. Is the toilet clean? (observe)						
9. Is there a separate toilet for the delivery room?						
10. Is there a source of water (bucket with water)?						
11. Is there a source of light?						
12. If yes, what is the source of light?						
13. Is telephone available in the HP or nearby?						
14. Are there waste disposal arrangements?						
a. Burning pit						
b. Burial - pit for placenta disposal						
c. Sharp disposal						

Basic Requirements	Yes	No	Condition			Remarks
			Functional	Need Repair	Not Repairable	
15. Is any vehicle or ambulance accessible?						
16. Are there quarters:						
a. For HP In-charge						
b. For ANM						
c. Is the quarter occupied by other staffs that are not on call?						
17. Do the staff providing delivery service reside near the HP?						

4. AVAILABILITY OF FURNITURE FOR DELIVERY ROOM

Please write the available quantity, place a check mark (v) on the mentioned responses and fill in the remarks.

Furniture	SQ	AQ	Condition			Remarks
			Functional	Need Repair	Not Repairable	
1. Delivery table with stirrups	1					
2. Footstep	1					
3. Bed with water proof mattress and pillow (metal sheet surface without springs)	1					
4. Table and chair for ANM	1 (each)					
5. Partition screen for privacy	1					
6. Cupboard for instruments and medicines	1					

5. AVAILABLE EQUIPMENTS FOR DELIVERY

Please write the functional quantity only.

5.1 Basic Equipments for HP	Standard Quantity	Number of Functional Equipments
1. Instrument Trolley (mobile)	1	
2. Stethoscope	1	
3. BP apparatus	1	
4. Fetoscope	1	
5. Oral Thermometer	1	
6. Rectal Thermometer	1	
7. Drums for gloves	1	
8. Jar w/ cover (for swabs)	1	
9. Tourniquet, latex rubber, 75cm	1	
10. Kidney Tray (600 cc)	1	
11. Dressing Tray	1	
12. Cheattle forceps w/ jar, stainless steel	1	
13. Kocher's Forcep	2	

5.1 Basic Equipments for HP	Standard Quantity	Number of Functional Equipments
Additional Equipments		
1. Mayo's Trolley	1	
2. Bandage Scissor, angular, 180cm	2	
3. Torch light	1	
4. IV stand	1	
5. IV set and IV Cannula (18 gauze)	2	
6. Bed pan	1	
7. Wall clock (battery powered)	1	
8. Portable standing spot light	1	
9. Torch light with extra batteries and bulb	1	
10. Weighing Machine - Adult	1	
11. EOC kit for Home Call	1	

Please write the functional quantity only. Also write the number of complete functional sets found, add in "Location" in which room the equipments were mainly found (eg. Store room,) and check whether equipments were put into sets.

5.2 Surgical Equipments for HP	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
1. Dressing Set	2 sets				
1. Artery Forceps, 140mm	1				
2. Toothed thumb forceps, 155mm	1				
3. Suture cutting scissors, 140mm	1				
4. Kidney Tray (400mm)	1				
5. Bowl for antiseptic (180ml)	1				
2. Delivery Set	2 sets				
1. Artery Forceps (Haemostatic, Rankin – Crile or Rochester – Pean) 16 cm	2				
2. Cord Cutting Scissor (Umbilicus – Blunt)	1				
3. Sponge Holding Forceps (Forester; Straight; Serrated) 20cm	1				
4. Bowl S.S (Small and Big) 600ml, 750ml	2				
3. Perineal/Vaginal/Cervical Repair Set	1 set				
1. Sponge Holding Forceps (Forester; Straight; Serrated) 20 cm	4				
2. Artery Forceps (Haemostatic, Rochester – Pean) 20 cm	1				
3. Artery Forceps (Haemostatic, Rochester – Pean) 16cm	2				
4. Needle Holder (Mayo – Hegar) 20 cm	1				
5. Scissors (Abdominal, Kelly) 18 cm	1				
6. Suture cutting scissors (long)	1				
7. Dissecting Forceps – Non – toothed, Potts – Smith, 15 cm	1				
8. SIMS vaginal speculum (a complete set of 3 sizes: 60X25-30mm; 70X30-35mm and 80X35-40mm)	1set				
9. Vaginal Speculum (Hamilton Bailey)	1				

5.2 Surgical Equipments for HP	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
10. Suction Tube (Yankauer) 23 cm long, 23 French Gauze (8mm dia)removable tip and tubing connector	1				
4. Episiotomy Set	1 set				
1. Episiotomy Scissors – Braun-Stadler (One each of 14.5cm & 22 cm)	2				
2. Needle Holder (Mayo Hegar (20cm)	1				
3. Dissecting Forceps – toothed and non toothed– 14 cm	2				
4. Stitch Cutting Scissors – (Abdominal, Kelly) 18cm	1				
5. Triangular Cutting Needle (ask about the needles)	1				
6. Round Body Needle	1				
7. Sponge Holding Forceps (Forester; Straight) 25cm	1				
8. Small Bowl SS –180ml	1				

Did you receive an EOC kit box? (Ask the ANM)

Yes

No

Please write the functional quantity only.

5.3 Newborn Equipments for HP	Standard Quantity	Number of Functional Equipments
1. Suction catheter for baby	1 dozen	
2. Foot suction machine	1	
3. Delee suction catheter (single use or reusable)	1	
4. Baby ambu bag and mask (self inflating)	1	
5. Baby weighing scale (pan type)	1	
6. Baby Cot	1	
7. Cord ties or thread		

6. INFECTION PREVENTION EQUIPMENTS

Please place a check mark (v) on the mentioned response.

Infection Prevention Equipment & Supplies for HP	Available		Functional		Used	
	Yes	No	Yes	No	Yes	No
1. Stainless steel container with cover for storing sterilized instruments						
2. Sterilizing drum (surgical drum)						
3. Autoclave (single drum)						
4. Momo Cooker						
5. Kerosene Stove (4 Burners)						
6. Plastic bucket with top cover and tap						
7. Puncture proof container for sharp disposal						
8. Container for Placenta disposal						

7. EMERGENCY AND ESSENTIAL DRUGS FOR HP

Please place a check mark (v) on the mentioned response and fill in remarks.

7.1 EMERGENCY DRUGS FOR HP	SQ for 1 patient	Available		Adequate for 1 patient?		Remarks
		Yes	No	Yes	No	
1. Magnesium Sulphate (Inj 2cc/1gm)	20 vials					
2. Oxytocin 1ml, 10IU/ml	10 ampules					
3. Calcium Gluconate	10ml X 2 ampules					
4. Dextrose 25%	2 ampules					
5. Anti hypertensive drug (Nefidipine tablet)	5-10mg 10 tabs					
6. IV Fluid – Ringer Lactate/Normal Saline	6 bottles					
7. Inj. Ampicillin 500 mg	6 vials					
8. Gentamicin 80 mg/ml	2 vials					

Please place a check mark (v) on the mentioned response and fill in remarks.

7.2 ESSENTIAL DRUGS FOR HP	SQ for 1 patient	Available		Adequate for 1 patient?		Remarks
		Yes	No	Yes	No	
1. Amoxicillin 500 mg	28 tablets					
2. Benzyl Pencillin 10 lakh IU	28 vials					
3. Metronidazole 500mg	9 vials					
4. Xylocaine Injection 1%	5 vials					
5. Water for injection	100 ampules					
6. Vitamin "A"	2 lakh unit					
7. Albendazole 400mg	1 tablet					
8. Ferrous Sulphate with Folic Acid Coated (Fe 60mg + 400mcg)	30 tablets					
9. Paracetamol 500mg	10 tablets					
10. Daizepam 2ml,5mg/ml	10 ampules					
11. Tetracycline Eye Ointment 1%,5gm	1 tube					
12. Betadine Solution						

8. SUPPLIES FOR HP

Please place a check mark (v) on the mentioned response and fill in remarks.

SUPPLIES FOR HP	SQ	Available		Adequate for Daily Caseload?		Remarks
		Yes	No	Yes	No	
1. Surgical Gloves (different sizes 6,7)	3 dozens					
2. Utility Gloves (6,7)	6 pieces					
3. McIntosh plastic sheet (6 meter)	1 each					
4. Plastic Apron (adult size)	3 each					
5. Urinary Catheter (rubber, different sizes – 8,9,10,12)	3 each					
6. Chromic catgut suture material with round body needle	10 each					
7. Chromic catgut suture material with cutting needle	10 each					
8. Adhesive tape	1					

PARAMETER 3:

9. CURRENT STATUS OF MNH SERVICE AVAILABILITY

Please check the register and write the numbers performed in the last three months. If not performed place a check mark on the reason. Also write how many days the services are available per week and who provides the service mostly.

Type of Service	Performed in Last 3 months?		If not why?						Who Provides the Service Mostly?
	Yes	No	No trained staff	No supplies / equipment	No indication	Not authorized	No Case	Other	
1. ANC									
2. Delivery care									
3. Post natal care									
4. Essential new born care									
5. TT Immunization									
6. Family planning:									
• Pills									
• Depo-Provera									
• Condom									
7. Iron Supplementation									
8. Vitamin A Supplementation									
9. Deworming									
10. Nutrition Education									
11. IEC/ Counselling									
12. Malaria treatment in endemic area									
13. STI									
14. Lab test – Urine Analysis									
15. Does the HA/ANM attend Home Deliveries?									

10. MNH SERVICE UTILISATION - PROVIDED DURING THE FISCAL YEAR BY MONTHS

Please write the numbers on the spaces below each column, if number not available write "NA". In the remarks column please specify; No Data or No Register or other reasons.

Types of Services provided	S	B	A	K	M	P	M	F	C	B	J	A	Total	Remarks
1. Total ANC visits 1 st														
2. 4 ANC Visits														
3. Number of delivery at health post														
4. Number of delivery conducted at home by ANM/SBA														
5. Number of delivery conducted at home by others (HA, AHW & MCHW)														
6. Number of postnatal care within 72 hrs														
7. Number of pregnant women receiving TT 2														
8. Number of pregnant women (new) receiving Iron tablet														
9. Number of post partum mothers receiving Vitamin A														
10. Number of mothers receiving de-worming														
11. No. of referral out:														
12. No. of FP services provided:														

11. OTHERS

Please place a check mark (✓) on the mentioned response and fill in the remarks.

Other information		Yes	No	Remarks					
1.	Does the HP have CDP programme?								
2.	Are there incentives for conducting deliveries? (probe: at home, at HP)								
3.	Is there Emergency Fund established in wards?								
4.	If Yes, in how many wards:								
5.	Are there any other facilities providing delivery services?								
6.	If yes, name the facility:								
7.	How many medical shops are there in this VDC?	Quantity							
8.	What transport facility available in the VDC?	Bus	Ambulance	Rickshaw	Tanga	Bicycle	Bullock Cart	None	Others (specify)

Annex

There are two set of lists – taken from Indigenous Nationalities Foundation and Dalit Commission and DFID. Either of the list can be chosen for use in above sections.

A. List from Indigenous Nationalities Foundation and Dalit Commission

1. LIST OF INDIGENOUS NATIONALITIES

1	Kisan	2	Kumal
3	Kushwadiya	4	Kushunda
5	Gangai	6	Gurung
7	Chepang	8	Chhantyal
9	Chhairotan	10	Jirel
11	Jhangad	12	Dolpo
13	Tangbe	14	Tajpuriya
15	Tamang	16	Tin Gaunle Thakali
17	Topkegola	18	Thakali
19	Thami	20	Tharu
21	Thudam	22	Danuwar
23	Darai	24	Dura
25	Dhanuk (Rajbansi)	26	Dhimal
27	Newar	28	Pahari
29	Free	30	Bankariya
31	Baramo	32	Bahra Gaunle
33	Bote	34	Bhujel
35	Bhote	36	Magar
37	Majhi	38	Marphali Thakali
39	Mugali	40	Meche (bodo)
41	Yakkha	42	Rai
43	Raute	44	Rajbansi (Koch)
45	Rajhi	46	Larke
47	Limbu	48	Lepcha
49	Lhopa	50	Lhomi (Shingsawa)
51	Walung	52	Byasi
53	Sharpa	54	Satar
55	Siyar	56	Sunuwar
57	Surel	58	Hayu
59	H Yolmo		

Source: National Foundation for Development of Indigenous Nationalities (NFDIN)

Phone: (977-1) 5553147, 5528370 - Fax: (977-1) 5553148 - GPO Box 14385

Address: Sanepa, Lalitpur, NEPAL

2. LIST OF OCCUPATIONAL CASTE

A	Pahadi
1	Gandharva (Gaine)
2	Pariyar (Damai, Darji, Suchikar, Nagarchi, Dholi, Hudke)
3	Badi
4	Biswakarma (Kami, Lohar, Sunar, Oda, Chunara, Parki, Tamata)
5	Sharki (Mijar, Charmakar, Bhul)
B	Madhise
6	Kalar
7	Kakaihiya
8	Kori
9	Khatik
10	Khadawe (Mandal, Khanga)
11	Chamar (Ram, Mochi, Harijan, Rabidas)
12	Chidimar
13	Dom (Marik)
14	Tatma (Tanti, Das)
15	Dushadh (Paswan, Hajara)
16	Dhobi (Rajag, Hindu)
17	Patharkatta
18	Pasi
19	Watar
20	Mushar
21	Mestar (Halkhor)
22	Sarbhangha (Sarbariya)

Source: Dalit Commission, Kathmandu, Phone number: 4245325

B. List from DFID

Upper Caste Groups	Janajatis		Dalits		Religious Minorities
Male/Female	Male/Female		Male/Female		Male/Female
Brahman (Hill), 1. Chhettri 2. Thakuri 3. Sanyasi	1. Newar 2. Thakali 3. Gurung 4. Magar 5. Limbu 6. Tamang	23. Majhi 24. Danuwar 25. Thami 26. Lepcha Chepan 27. Bote 28. Raji	1. Kami 2. Damai 3. Sarki 4. Gaine 5. Badi 6. Chamar 7. Mushar 8. Dhusadh/Paswan 9. Tatma 10. Khatway 11. Bantar 12. Dom 13. Chidimar 14. Dhobi 15. Halkhor 16. Yadav 17. Teli 18. Kalwar 19. Sudhi 20. Sonar	21. Lohar 22. Koiri 23. Kurmi 24. Kanu 25. Haluwai 26. Hajam/Thakur 27. Badhe 28. Bahae, 29. Rajbar Kewat 30. Mallah 31. Nuniya 32. Kumhar 33. Kahar 34. Lodhar 35. Bing/Banda 36. Bhediyar 37. Mali 38. Kamar 39. Dhunia	1. Muslims 2. Churoute
Brahman (Terai), 1. Rajput 2. Kayastha 3. Baniya 4. Marwadi 5. Jaine 6. Nurang 7. Bengali	7. Rai 8. Sherpa 9. Bhote 10. Walung 11. Byansi 12. Hyolomo 13. Gharti/Bhujel 14. Kumal 15. Sunsar 16. Baramu 17. Pahari 18. Yakkah 19. Dura 20. Chhantal 21. Jirel 22. Darai	29. Hayu 30. Raute 31. Kusunda 32. Tharu 33. Dhanuk 34. Rajbanshi 35. Tajpuriya 36. Gangai 37. Dhimarl 38. Meche 39. Kisan 40. Munda 41. Dhangad/Jhangad 42. Koche 43. Pattarkatta/ Kusbadiay			

NATIONAL DISTRICT MATERNAL AND NEONATAL HEALTH (MNH) NEEDS ASSESSMENT TOOLKIT

This toolkit has been designed to assess the status of MNH services for the purpose of MNH program planning in the district. The assessment ranges from general district information; communities perception and practices of MNH services; accessibility of health facilities by communities to the availability of prerequisites for MNH service provision, availability and utilization of MNH services and management of the services. The toolkit solicits data and information from different health facilities, District Development Committees, line agencies and non-government organisations. The toolkit is divided into six parameters:

PARAMETER	AREA OF FOCUS	LEVEL OF HEALTH FACILITY
1	General District Information	
2	Availability of Infrastructure, Equipments, Drugs, Infection Prevention, Supplies and Linen to provide MNH services	District Hospitals, Primary Health Care Centres, Health Posts and Sub-Health Posts
3	Availability and Utilization of Maternal and Newborn Health Services	District Hospitals, Primary Health Care Centres, Health Posts and Sub-Health Posts
4	Management of the Health Facility	District Hospitals, Primary Health Care Centres, Health Posts and Sub-Health Posts
5	Communication Routes and Means of Transport	
6	Communities	

The toolkit, though designed to collect data for needs assessment, some of its parameters can be used as a baseline tool for monitoring change. Parameters 3 and 4 that assess the availability and utilization of MNH services and management practices and enabling environment for quality of care respectively can be used as a monitoring tool to measure change over a period of time.

National level information on MNH will be also be collected and kept by Support to Safer Motherhood Programme. The national level information is designed to provide an overview of the status and policies pertaining to MNH in the country.

The output of the data collection process is a report incorporating the following: an overview of the district; needs of the assessed health facilities in terms of infrastructure, equipments, drugs and supplies; availability and utilization of the services; management related issues of the facility; and the community's knowledge, practice and access to MNH services.

THE TOOLKIT STRUCTURE

The toolkit has been structured to assess the MNH status of different level of public health facilities in the district and general profile of the district. Broadly there are three set of parameters.

Assessment of district status

Parameters 1 and 5 are designed to generate data and information on general district information and status of communication and transport facilities of the whole district with focus on MNH service facilities. The sources of data and information for these parameters are detailed in the respective parameters.

Assessment of public health facilities

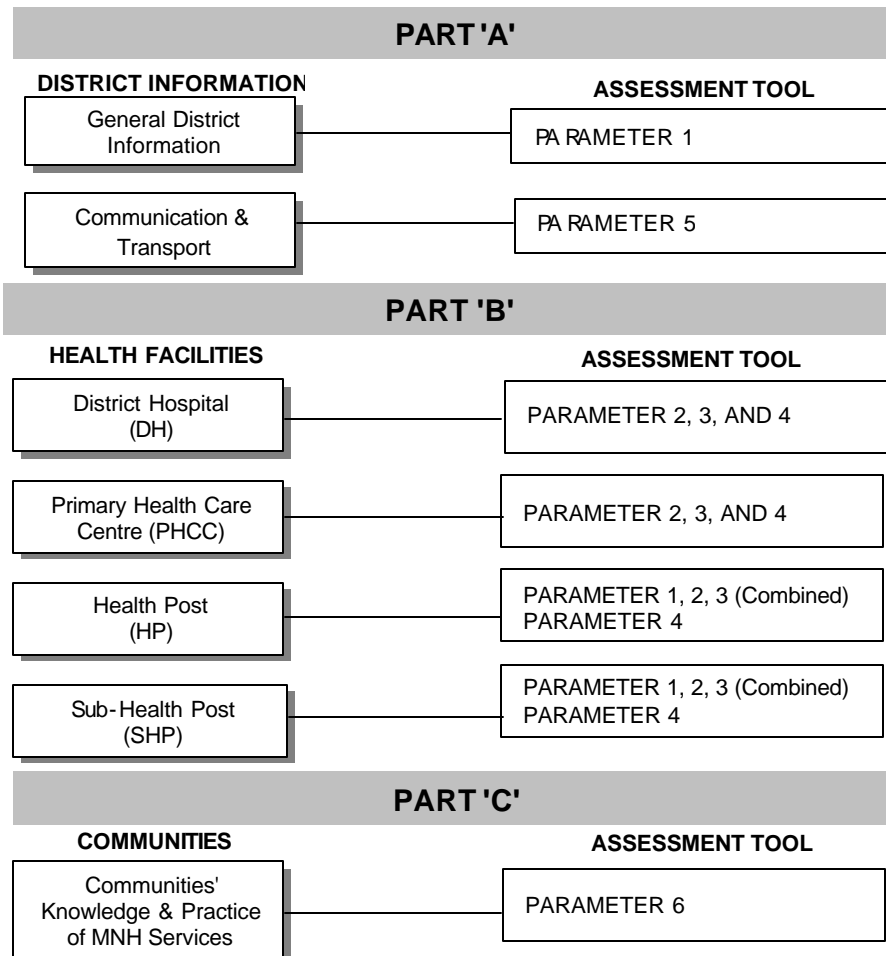
Parameters 2, 3, and 4 are designed to generate data and information of health facilities – District Hospital (DH), Primary Health Care Centre (PHCC), Health Post (HP), and Sub-Health Post (SHP). These parameters assess the availability of pre-requisites for quality MNH service delivery, availability and utilization of MNH services and management of the services at above mentioned public health facilities. For HP and SHP parameters 1, 2 and 3 are combined as a tool to incorporate population related information on a single tool.

Assessment of Community

Parameter 6 is designed to generate data and information to assess knowledge and practice of MNH service at community level. The respondent communities can be selected according to the purpose of the study.

USE OF THE TOOLKIT

The toolkit can be used for MNH NA of the whole district or in parts – to assess the MNH status of a particular health facility or even a particular area (such as availability of infrastructure, equipments and supplies or availability and utilization of MNH services or management of the health facility) of the health facility. There are different set of parameters for district hospital, PHCC, HP, and SHP.



PARAMETER 4: MANAGEMENT OF THE HEALTH FACILITY, HEALTH POST

OBJECTIVE:

To generate data and information to identify the positive aspects and gaps related to management of staff, essential services and other factors that influence and enable provision of MNH services at the health facility.

USE OF INFORMATION:

The data and information gathered through this toolkit is to be used for MNH program planning in the HP. This parameter assesses the management of human resource and services and identifies gaps. However, the information generated by this parameter has to be linked to the information generated by other parameters.

METHOD AND PROCESS:

The method of data collection involves interaction with - health facility management committee and senior staffs and section/ward in-charges of the health facility – and observation of records/minutes.

A joint meeting with committee members and staffs will be held wherein specific groups respond to related parts of the tool. Most parts of the parameter are targeted to management committee however some technical parts are to be responded by staffs. It has been observed that a two hour meeting with above mentioned members/staffs is necessary to collect data.

TABLE OF CONTENT:

S. N	Areas of Assessment	Page Number	Source of Data
1	Identification Information	2	HP management committee/board members, minutes of meetings, HP staffs
2	Human Resource Availability and Competency		
2.1	Human Resources Availability in the Health Facility	3	
2.2	Record of Training Attended by HP Staff	3	
3	Management & Enabling Environment (QOC guideline) for MNH service delivery at the facility		
3.1	HP Management Committee	4-5	
3.2	Job Description and Staff Meeting	5-6	
3.3	Enabling Work Environment for Staff	6	
3.4	Functioning of Other Essential Health Care Services	7	
3.5	Maternity Information System, Recording and Use for Management Decision Making	7	
3.6	Referral Systems	8	
3.7	Price list and Exemptions	8	
3.8	Fund Generation and Management	9	
4	Community Liaison: Information on MNH Services	9	

1. IDENTIFICATION INFORMATION

Fill in the blank space.

Name of Health Facility:	
Type/Level of Health Facility:	
Name of District:	
Development Region:	
Address:	

Date of Assessment:	
----------------------------	--

S.N.	Name of Assessor	Position	Organisation	Address	Phone
1					
2					
3					
4					
5					

S.N.	Name of Respondents	Position	Organisation
1			
2			
3			
4			
5			
6			
7			
8			

Note:

- 1) Please read the instructions above each table before filling out the information.
- 2) Please do not fill in the shaded cells.

2. HUMAN RESOURCE AVAILABILITY AND COMPETENCY

2.1 Human Resources Availability in the Health Facility

Please write number of individuals on the correct response and fill in the remarks.

Post	Sanctioned	Filled	Manned Post	HDB/HMC Recruited	No. of Local Staff	Remarks
1. Health Assistant (HA)/Sr. Auxiliary Health Worker (AHW)						
2. Auxiliary Nurse Midwife (ANM)						
3. AHW						
4. Administrative Assistant						
5. Lab Assistant						
6. Helper						
7. Peon						
8. Sweeper						
9. Others:						

2.2 Record of Training Attended by HP staffs

Please write name of MNH service providers, place a check mark (v) on the training taken and leave blank space for no response.

SN	Name of Staff	MRT	IP	IUD	Norplant	IMCI	Essential Newborn Care Training	Others
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

MRT	Midwifery Refresher Training
IP	Infection Prevention
IMCI	Integrated management of children's illness (07 days part)

Other observations/comments and remarks?

3. MANAGEMENT AND ENABLING ENVIRONMENT (QOC GUIDELINE) FOR MNH SERVICE DELIVERY AT THE FACILITY

Please place a check mark (v) on the "yes" or "no" responses and fill the blank spaces with the respondents answer.

SN.	Issues/Statements/Questions	Responses	
		Yes	No
3.1 HP MANAGEMENT COMMITTEE			
11.	Is there a HP management committee?		
12.	How many members are there? Please see annex for table to fill the Name, Designation and Organisation of members.		
13.	How often do they meet?		
14.	Are minutes of the meeting kept? (Observe minutes if they met at least 2 times in the last Fiscal year)		
15.	What issues and actions are discussed in the meeting? (In last 12 months)	<u>Issues</u>	<u>Actions</u>
		1.	1.
		2.	2.
16.	What issues and actions have been undertaken to improve Maternal & Neonatal health services at HP? (In last 12 months)	<u>Issues</u>	<u>Actions</u>
		1.	1.
		2.	2.
17.	How regularly do HP committee members monitor activities of the health facility? (Write annual numbers)		
	a. Visits to health facility		
	b. Interaction with staff		
	c. Interaction with patients		
	d. Other		
18.	What has the HP committee done on the following issues?		
	a. Human Resources (hiring and retaining)		
	b. Resource Mobilization/Fund Generation		

SN.	Issues/Statements/Questions	Responses	
		Yes	No
3.1 HP MANAGEMENT COMMITTEE			
	c. Infrastructure		
	d. Maintenance		
	e. Drugs and Supplies (probe: CDP)		
	f. Equipment		
	g. Enabling environment for home deliveries by ANMs		
19.	Is there exemption for the poor clients?		
	a. For drugs		
	b. For ambulance		
	c. Others		
20.	Any suggestion for making HP committee more effective?		

3.2 JOB DESCRIPTION AND STAFF MEETING

Place a check mark on the response and fill in the blank spaces with the respondents answer

3.2.1 Job Description		Responses	
		Yes	No
1.	Do staffs have job description?		
2.	Do staffs know their job description?		
3.	Are staffs assigned according to job description?		
4.	Any suggestion for improvement?/Remarks		

3.2.2 Staff Meeting		Responses	
		Yes	No
1.	Are staffs meeting regular in the health post?		
2.	What issues and actions are mostly discussed in the staff meeting?	<u>Issues</u> 1. 2. 3.	<u>Actions</u> 1. 2. 3.
3.	How often are meetings held?		
4.	Are minutes of the meeting kept and followed? How?		
5.	What Issues and actions are discussed about MNH?	<u>Issues</u> 1. 2.	<u>Actions</u> 1. 2.
6.	If staffs have problems – is there a mechanism to address it?		
7.	Any suggestion for improvement?/Remarks		

3.3 ENABLING WORK ENVIRONMENT FOR S TAFF

Please place a check mark (v) on the mentioned response and fill in the remarks.

SN.	Statements/Questions	Availability		Remarks
		Yes	No	
3.3.1 Facilities for staff– Physical Facility and Others				
1.	Is there provision of quarter facility for HP In-charge?			
2.	Is the quarter facility provided for ANMs that provide 24 hours service at the HP?			
3.	Is there a system of replacing the content, such as drugs and supplies, of the EOC kit box? (Probe: how)			
4.	Does HP maintain a link with FCHV s and TTBA s? (Probe: how)			
5.	Is there MNH resource materials (posters, pamphlets, protocols etc) available for staff in the HP?			
6.	Any other suggestions/Remarks			

3.4 FUNCTIONING OF OTHER ESSENTIAL HEALTH CARE SERVICES

Please place a check mark (v) on the mentioned response and fill in the remarks.

3.4.1 Referral Ambulance Functioning				
S.N.	Statements/Questions	Availability		Remarks
		Yes	No	
6.	How many ambulances are operating in the VDC where this HP is located?			
7.	Is an ambulance on call for 24 hours?			
8.	Has the HP management committee taken any initiative to ensure 24 hours ambulance services?			
9.	What provisions have you made to operate the ambulance during bandhs?			
10.	Any suggestion/comments:			

3.5 MATERNITY INFORMATION SYSTEM, RECORDING AND USE FOR MANAGEMENT DECISION MAKING

Please place a check mark (v) on the mentioned response and write who fills the registers.

3.5.1 Maternity Information Recording								
S.N.	Registers	Availability		If Yes, it is up to date?		Are the registers reviewed regularly?		Who Fills it up?
		Yes	No	Yes	No	Yes	No	
9.	Antenatal register							
10.	Maternity/Delivery register							
11.	Daily OPD register							
12.	Store room register							
13.	Birth Certificate form							
14.	Any other comments/suggestions/Remarks							

3.5.2 Use of Records		Yes	No	Remarks
1.	Are above information used for facility level decision making and planning purpose?			
2.	Any suggestion for effective recording and use of data?			

3.6 REFERRAL SYSTEMS

SN	Issues/Questions	Responses		
A. Referred out				
1.	What kind of MNH cases is referred out?			
2.	Why are the cases referred out?			
B. When you last referred a mother for an EOC complication, what did you do:				
		Yes	No	Remarks
1.	Fill up a referral slip?			
2.	Provide first aid treatment/stabilization?			
3.	Mother accessed emergency fund?			
4.	Used stretcher from the HP?			
5.	Used ambulance or other modes of transport?			
6.	Informed the referral hospital by phone?			
7.	Received feedback from the referral hospital?			
8.	Followed up with the outcome of the referral?			

Other observations /comments and remarks?

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3.7 PRICE LIST AND EXEMPTIONS

Please place a check mark (v) on the mentioned response and fill in the remarks.

3.7.1 Price list and Exemption		Yes	No	Remarks
9.	Do you charge fee for your services?			
10.	Is there a price list (citizen charter) posted on visible place?			
11.	Is there an exemption system for needy clients? (Probe: exemption criteria)			
12.	Who recommends for exemption?			
13.	Who approves the recommendation?			
14.	Is there a "revolving fund" under HP for emergency delivery care support?			
15.	How is the fund operated?			
16.	Who contributes to the fund?			

Other observations/comments and remarks?

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3.8 FUND GENERATION AND MANAGEMENT

Please place a check mark (v) on the "yes" or "no" question and fill in the mentioned data.

3.8.1 HP Fund Generation and Management		Responses	
		Yes	No
5. Does HP generate any fund?			
6. Is there a separate fund established in the health facility for poor and needy clients?			
7. Budget Breakdowns			
Fiscal Years	HMG Grant	Income Generated by HP	Subsidy to Maternity/Newborn patients
8. What are the services that generate the most income?			

Other observations/comments and remarks?

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4. COMMUNITY LIAISON: INFORMATION ON MNH SERVICES

Please place a check mark (v) on the mentioned response and fill in the remarks and blank spaces.

SN.	Statements/Questions	Availability		Remarks
		Yes	No	
Community liaison				
1.	Do the HMC members interact with local media, people to inform about services (MNH)?			
2.	Is there any activity to inform the public about the availability of MNH service?			
3.	Any suggestion for improving community-health facility relationship?			

Other observations/comments and remarks?

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ANNEX FOR PARAMETER 4: HEALTH POST

S.N.	Name of Member	Position	Organisation	Address	Phone
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