

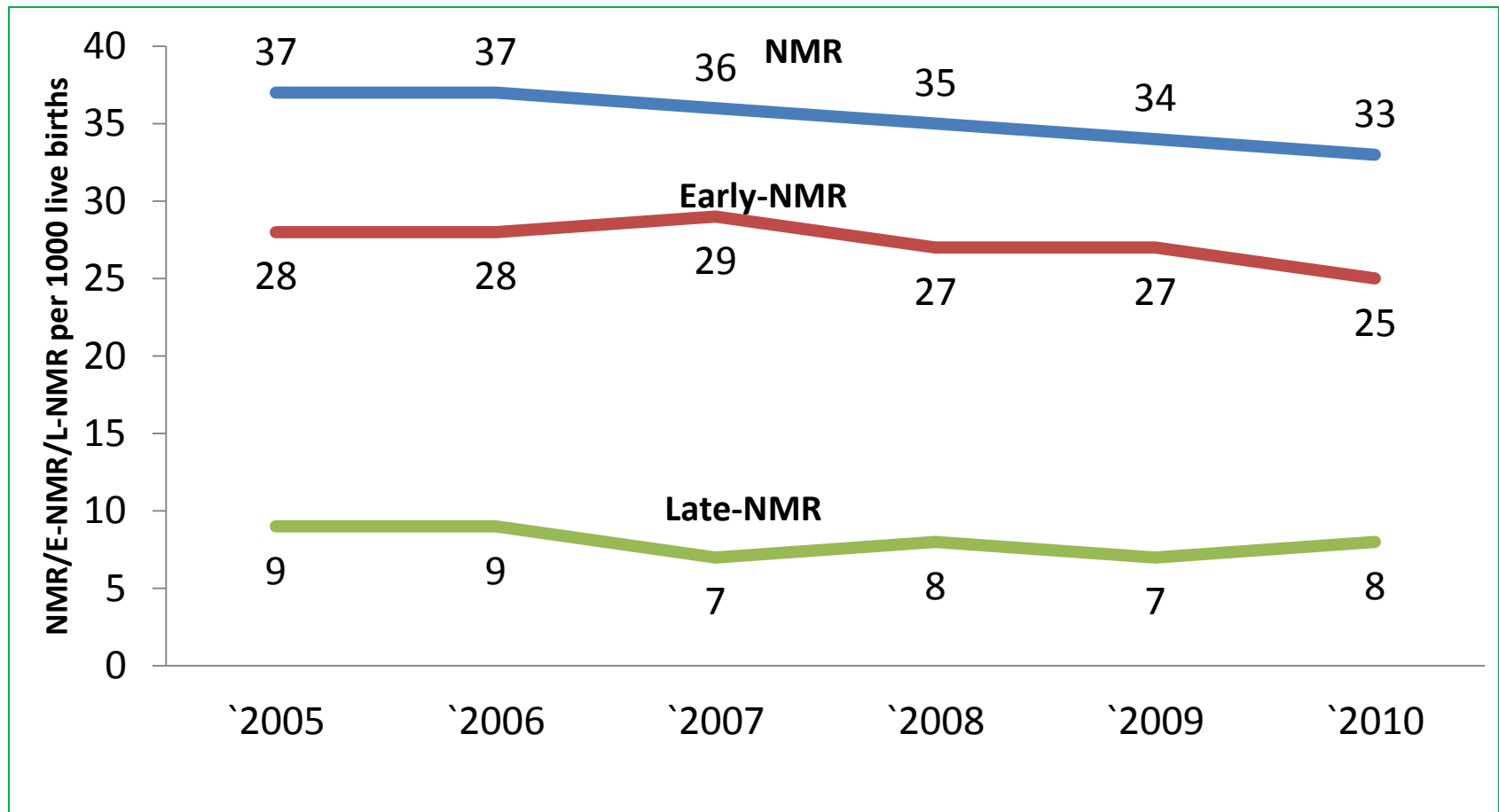


# Rapid Assessment of NBSU and NBCC

**Dr. P K Prabhakar**  
**Deputy Commissioner**  
**Child Health**  
**Ministry of Health & Family Welfare**  
**India**



# Trend in Neo-natal Mortality in India



- ❑ NMR accounts for 70% of IMR and 56% of under-five mortality rate
- ❑ There is wide [state variation](#) and [Rural-Urban differentials](#) in NMR

# Neonatal care

## Essential new born Care

- Care at birth to all newborns delivered at health facility
- Setting up of Newborn care Corners at all delivery points (LR + OT)
- Training of health personnel in NSSK ,SBA
- Currently, 11458 NBCCs functional (estimated number of delivery points: 18,181)

## Sick Newborn care

- Care to estimated 10% newborns, free entitlements under JSSK
- Setting up on Newborn Stabilisation Units at FRUs ; & Special newborn care Units at District Hospitals
- FIMNCI and FBNC(4+14) training for the caregivers
- Currently, 1674 NBSUs and 395SNCUs functional across the country

## Home based Newborn care

- 6 visits in 42 days in case of institutional delivery, 7 visits in home deliveries
- Provision of Incentive for Home visits by ASHAs;
- Filling information in MCP card & ensuring immunisation (BCG0 & birth registration)
- Training of ASHAs in IMNCI Plus

# Importance of NBSUs

- NBSUs expand the reach of special newborn care within a district, beyond the district hospital.

If properly linked to SNCU and NBCC then :

- Reduces delay in initiation of appropriate care (delay in reaching SNCU from a distant area) for sick newborns and improves outcomes
- Helps in stabilizing sick newborns before referral to higher centre
- Prevent overloading of SNCUs at the district hospital
- Reduce the cost of care

# FBNC Op Guide-Functions of the NBSU

## Care at birth

- Prevention of infection, Provision of warmth, Resuscitation, Early initiation of breastfeeding, weighing the newborn

## Care of normal newborn

- Breast feeding/feeding support

## Care of sick newborn

- Management of LBW infant  $\geq 1800$  grams with no other complication
- Phototherapy for newborns with Jaundice
- Management of newborn sepsis
- Stabilization and referral of sick newborns and those with very low birth weight (rooming in)
- Referral services

## Immunization services

# FBNC Op Guide-Setting up NBSU

- At least 200 sq ft floor area for 4-bedded NBSU
- 2 beds for rooming in, located within or in proximity to the maternity ward
- Civil work
  - 24\*7 water and power supply
  - Adequate Lighting
  - Easily cleanable wall and Floor
- Equipments-Radiant warmer, Phototherapy, Resuscitation kits etc.
- F-IMNCI trained designated SNs 4 per unit and 1 F-IMNCI trained MO on call 24\*7

# FBNC Op Guide-Costing

One time establishment cost (in Rs.; does not include the cost of training)

Renovation & civil work (average)	3,00,000
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Equipment & furniture	2,75,000
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Sub Total	5,75,000
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Recurring or running cost (does not include staff salaries)

Consumable	25,000
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Maintenance cost	1,50,000
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Sub Total	1,75,000
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<b>Total</b>	<b>7,50,000</b>
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Trainings , MO and SNs hiring budgeted separately in PIPs

# Need for NBSU assessment

- However repeated observations from field visits and reports indicates lack of clarity of the role of NBSUs, suboptimal utilization and quality of services in these units
- Though number of NBSUs reported operational is increasing there is no line listing and inadequate erratic reporting except few states

# Purpose of the NBSU and NBCC assessment

- To understand and have an insight on the current functioning of NBSUs and NBCCs
- To identify future directions to ensure optimal utilization and effective functioning of NBSUs especially

# Specific Objectives of the Assessment

- Assess the availability of basic infrastructure, equipments and Human Resource etc
- Assess the service utilization of the unit and the reporting systems
- Determine the quality of care
- Understand the Supervisory System and referral linkages
- Any other relevant information related to the fulfilment of the above stated general objectives.

# Expected Output of the Assessment

- Facility based strength and gap analysis
- Demonstrate Supportive supervision to state PMU to follow up.
- Sharing of field findings with district and States officials
- Review of the current guidelines in light of the field findings for guiding future course of action towards strengthening.

# Processes adopted

- 6 states selected (EAG-Assam, Odisha, Rajasthan & Non-EAG- Gujarat, Tamil Nadu and West Bengal)
- Selection of States based on the good number of NBSUs established
- 2 districts in each state
- In each district 2 facilities with NBSU & NBCC and 4 facilities with only NBCC were assessed. Visit to SNCU at the district hospital was optional
- An assessment tool for [NBSU](#) and [NBCC](#) (LR+ PN Ward) was developed
- Prior communication sent to the states for the complete district profile
- 19 NBSUs and 47 NBCCs were assessed
- Field visits conducted by [teams](#) in the month of September 2012

# Components of Assessment Tool

- Instruction sheet
- District profile
- General information of facility
- Infrastructure
- Human resource
- Service utilization & Records
- Drugs & Equipment
- Supervision and referral
- Ask & Observe
- Feedback

# Process completed so far

- Detailed debriefing with MD NRHM and the state level team was done at the state
- Facility specific observations shared at all levels- District/State/National
- Database of all the findings of the tool was prepared for detailed analysis
- Final report and recommendations to strengthen these units will be shared

# Preliminary Findings-NBSU

## Infrastructure

- Functioning equipments in place at most of the visited facilities
- 24\*7 water and electricity mostly available
- Floor area and civil structure not as per guideline in most of the places
- Issues related to hand washing area and room temperature

## Human Resource

- Major bottle neck in getting the unit operational and sustaining it
- Designated manpower need of the hour

## Trainings

- lack of training plan at each level in the state
- Huge training load
- Post training mentoring and skills maintenance

# Preliminary Findings-NBSU

Contd....

## **Drugs and Equipments**

- Most of the drugs available at all facilities
- Health Providers not aware for AMC /CMC and trouble shooting
- Power safety/audit measures for the equipments existing
- Inventory management lacking at facilities

## **Service Utilization**

- Mostly underutilized in terms of admissions and duration of stay

## **Record Keeping**

- Very basic and irregular record keeping as well as reporting

# Preliminary Findings-NBSU

Contd....

## **Supervision and Referral**

- District officials visit the facility but no mechanism of supportive supervision, recording and follow up of the visits
- Minimal referral linkage or communication system
- Free referral transport available under various national/state schemes

## **Assessment of clinical care practices**

- Incorrect practices-over use of IV fluids and antibiotics
- Gap between knowledge and practices in neo-natal care skills
- No SOP followed

# Preliminary Findings-Essential New Born Care

## **Positive Deviance**

- Good utilization of public health facilities
- 48hrs stay in the Post Natal period
- Quick deliverance of JSY money and
- Several state sponsored schemes initiated

## ***Labor room conditions***

- Inadequate aseptic mechanism
- Irregular infection control protocols
- Poor infrastructure
- Negligent attitude towards privacy of the patient
- Unclean toilets
- Personnel not clear on essential newborn care practices

# Preliminary Findings-Essential New Born Care

## *Postnatal wards*

- Overcrowded and a neglected zone
- Same staff to manage PN ward, LR and NBCC
- Minimal IEC displayed/Audiovisual support in the wards
- BCC practices not done due to lack of time
- Discharge advice inadequate

# Preliminary Findings-NBCC

- Structural area rather than functional area
- Radiant warmer & Resuscitation kits mostly available and in working condition
- Incorrect usage of equipment
- Irregularities in asepsis and house keeping protocols
- Skills practiced to provide essential new born care are lacking at most of the facilities
- Disconnect with the higher referral units

# Recommendations-NBSU

- Dissemination of guidelines on priority basis to clarify structural, functional and operational aspects
- Clarity on [admission criteria](#) in NBSU
- Designated manpower as per op guidelines – at least 1 staff nurse per shift and 1 trained medical officer on call for 24\*7 care
- Training – more structured like training plan, rational deployment of trained staff
- Trainings to be followed up by regular mentoring and supportive supervision
- Staff at Special Care Newborn Unit to regularly visit NBSUs and provide on-site advice, training and support
  - Medical college faculty or other professionals may also be engaged

# Recommendations-NBSU

Contd...

- Have a standard register for entering information of the babies admitted in NBSUs
  - Ensure monthly reporting from all NBSUs and review
- Maintain referral linkages with higher referral units and community
- Ensure referral transport for newborns from NBSU to SNCU (108 may not take the second referral)
- Two way communication in referral(Prior and feed back)
- Regarding Equipments -Streamline inventory, AMC, Correct usage to be practiced
- FRUs / SDH with more than 3000 deliveries per year, plan for an SNCU
  - Prioritize those that are far from district SNCU

# Recommendations- LR and PN Ward (1)

- Assess and discourage adverse Obstetric practices that affect newborn survival, and promote positive practices:
  - Clean surface, hand-washing, clean blade, disinfection of labour table and floor, privacy (*positive practices*)
  - Routine augmentation of labour and use of oxytocics (*negative*)
  - Labour surveillance (*positive practice*)
  - Use of corticosteroids (for premature onset of labour) (*positive*)

# Recommendations- LR and PN Ward (2)

- Keep babies with mothers as far as possible (ROOMING IN)
- Post-natal wards:
  - Have baby case sheets separate from mothers
  - Adequate numbers of beds in post-natal wards (no doubling of mothers)
  - Doctor in charge to examine the babies before discharge and baby discharge ticket to include condition of babies at discharge
  - Restrict the attendants in the post-natal ward to one
  - IEC and BCC practices related to mother craft must be practiced

# Recommendations-NBCC

- Convergence with the obstetric division on priority as NBCC exists at all levels of care
- NBCC should be inside the labour room as well as OT
- Designate responsibility to a trained manpower for supervising the area
- Record of the babies requiring assistance at NBCC
- Follow correct procedures in relation to
  - Asepsis
  - Infection protocol
  - Essential new born care
  - Resuscitation of the newborn
  - Equipment usage
  - Breast feeding
  - thermoregulation

# Conclusions

- NBSUs expand the reach of Facility Based new born care services at sub-district level
- Functional NBSUs would share the overcrowding of SNCUs
- Strengthen existing NBSUs with manpower for optimum utilization
- Quality of care is major issue
- Systems need strengthening
- Individual efforts at certain facilities were laudable

Thank you.....