



Health Awareness



For Service Providers 2014
Tamil Nadu

Circular No. 20 / 2014

Tribal Health birth waiting rooms - Guidelines



NATIONAL HEALTH MISSION

State Health Society - TN

DMS Complex, Chennai

Circular No.20 / 2014

**Roc No: 3543 / P5 / SHS / 2014,
Dated 24.06.2014**

Dr.C.N.Mahesvaran, IAS.,
Mission Director

National Health Mission,
State Health Society-TN
DMS Complex, Chennai – 6

Circular No. 20 / 2014
Roc No: 3543/P5/SHS/2014, Dated, 24.06.2014

Sub: Tribal Health – birth waiting rooms - operationalisation – instructions issued - reg

Ref: 1. G.O MS. No.432, HFW dept dt. 26.12.2008
2. G.O MS. No.275, HFW dept dt. 3.9.2009
3. G.O MS. No.286, HFW dept dt. 5.10.2010
4. Proc. No .3855/P8/SHS dated 31.8.2011

I would like to invite kind attention to the point mentioned in the subject above. The tribal population is at different stages of social, cultural and economic development. There is a consensus agreement that the health status of the tribal population needs lot of improvement among the primitive tribes because of their isolation, remoteness and being largely unaffected by the developmental processes going on in the country.

I would like to draw your attention on the prevailing status of TamilNadu as mentioned below.

Indicators	INDIA	STATE	STATE TARGET 2017
MMR	178 (SRS 2010-12)	90 (SRS 2010-12)	45
IMR	44 (SRS 2011)	21 (SRS2012)	12

Objectives of BWR

Thus, the aim of implementing a birth waiting home strategy is to reduce maternal and perinatal mortality by improving access to skilled birth attendance and emergency obstetric care, particularly for women in tribal and remote areas.

Where to construct the birth waiting rooms?

Birth waiting rooms will be constructed ideally in the foot hill PHCs where round the clock BEmONC services are available and from where the patient can easily access higher level of health facilities in case of emergency.

1. The status of MMR and IMR has to be reduced to realize the MDG and goals of NRHM. Accordingly GoTN & GoI are taking so many measures to control these vital statistics. One of the important and innovative scheme to serve the tribal population is the birth waiting rooms.
2. **What is a birth waiting room?** Birthwaiting homes are residential facilities available in the places mentioned below, where women who live remotely can wait before giving birth at a hospital or health centre.
3. More women from remote areas would access birthing facilities if they could wait for the onset of labour in a maternity waiting home.
4. In 1991, the World Health Organization (WHO) highlighted the potential advantages of implementing birth waiting homes as part of a package of essential obstetric services.

Why birth waiting rooms in tribal areas?

- ✓ In view that most of the tribal habitation is concentrated in far flung areas, forestland, hills and remote villages, and in order to remove the imbalances and provide better health care and family welfare services to tribal population, Birth waiting rooms (BWR) were established at foot hills of the PHCs in the Tribal areas.
- ✓ 17 Foot hill BWRs have been established so far. Antenatal mothers along with their attender, can stay in these waiting rooms, which are located in the foothills, well in time, prior to the expected date of delivery (7-10 days), to provide BEmONC services.
- ✓ This scheme has helped to reduce home deliveries as well as maternal and perinatal morbidity and mortality in these areas.

Who will be in the birth waiting room?

In order to facilitate the stay of these mothers at the birth waiting rooms prior to delivery, 3 supportive staff have been provided for round the clock care and services. This is in addition to the Staff nurse and M.O in the PHC who will provide medical and technical assistance.

When to admit a pregnant mother in BWR?

A pregnant mother should be advised to be admitted at least 10 days before her EDD ideally.

Which are the services that she can avail?

- ✓ Round the clock BEmONC services
- ✓ Nutritious diet for the mother and one attender
- ✓ Continuous monitoring of vitals especially in high risk cases.
- ✓ Free delivery services in the PHC
- ✓ Free referral services if needed for both mother and newborn.
- ✓ Free drop back services.

Guidelines issued by the SHS – Tribal Birth Waiting Room

1. Funds have been released towards Diet and refreshments – Rs.100 per mother with attender /day for 7 days
2. For the timely preparation and serving of food, local SHG may be selected based on rating. The food menu and refreshments should be decided and displayed by the Patient Welfare Society while selecting the SHG's. The SHG's will be provided kitchen for cooking, store room, cooking utensils, plates, tumblers, grinder, 3 Gas cylinders and 2 stoves. The refilling of cylinders and repair of utensils, stoves and grinder should be undertaken by the SHG only.
3. Contract Sanitary Workers – 3 Local Sanitary Workers may be appointed to work 3 shift basis with a consolidated salary of Rs.500/- per month. These three sanitary workers may be appointed through the Patient Welfare Society of the concerned Primary Health Centre and paid Rs.500/- per month x 3 Sanitary workers x 12 months/Birth waiting room .
4. Purchase of cooking, vessels including Contingencies, Electricity charges and Transport charges.(required for one Birth waiting room)

Sl. No.	Name of the Item	Recurring	Non recurring	Total amount in Rs.
1	Cooking – Vessels, 3 cylinders and 2 stoves, Mixie, Grinder etc		70000	70000
2	Contingencies (washing bed sheets, pillow covers, toilet cleaning etc. at the rate of Rs.2500/- per month for 12 months or as per actual	30000		30000
3	Electricity charges at the rate of Rs.2500/- per month for 12 months or as per actual	30000		30000
4	*Transport POL, 100 litres of Diesel per month in addition to routine POL allotment(Rs 6000-Rs 8000 month x12 month or as per actual	96000		96000
	Total	156000	70000	226000

*The drop back facility from the PHC to home need to be provided

5. Furniture Items/Equipments required for one Birth waiting room

Sl. No.	Name of the Item	CPC code/ *NON CPC(local purchase)	Qty	Cost / unit	Total amount in Rs.
1.	Steel Cots (72" x 30")for AN mother	CPC-GEN 255	6	Rs.5700	34200
2.	Sponge Mattress- With Complete 4" Foam (with rexin cover 72" x 30")	CPC-OBS 144 B	6	Rs.2750	16500
3.	Cotton Bed sheets and Pillow cover	NON CPC	40	Rs.250	10000
4.	Pillows	NON CPC	18	Rs 50	900
5.	Waste Disposal buckets, mugs etc	NON CPC	10 each	Rs.150	1500
6.	Wooden bench (couch) for Attender	NON CPC	6	Rs1500	9000
7.	Foot stool	NON CPC	10	Rs.100	1000
8.	Window Screen	NON CPC	24	Rs.100	2400
9.	Bed side Screen S.S	CPC-GEN 047	2	Rs 2156	4312
10.	Chairs(Plastic)	NON CPC	30	Rs.500	15000

Sl. No.	Name of the Item	CPC code/ *NON CPC(local purchase)	Qty	Cost / unit	Total amount in Rs.
11.	Bed Side Steel Table S.S	CPC-GEN 045	6	Rs.2316	13896
12.	Wheel Chair S.S. (Cycle Wheel, Godrej Patten)	CPC-GEN 408	1	Rs 3430	3430
13.	Stretcher Trolley - Four Wheel S.S. Top 18G with One Set of Spare Wheel	CPC-GEN-344	1	Rs 5096	5096
14.	Bp apparatus, Thermometer	NON CPC	1 each	Rs 1500	1500
15.	TV/ DVD accessories, and torch light 3 cell etc	NON CPC	1	Rs.15000	15000
16.	Weighing Scale-Adult (digital)	NON CPC	1	Rs 2000	2000
17.	Geyser-water heater	NON CPC	1	Rs 5000	5000
18.	Reverse Osmosis Water purifier System	NON CPC	1	Rs 15000	15000
19.	Room Heater	NON CPC	2	Rs 5000	10000
20.	Inverter- Power Back up	NON CPC	1	Rs 15000	15000
	Total				180734

*NON CPC items to be purchased locally following codal procedure.

6. Supervisor of Birth Waiting Room

The Community Health Nurse of the Block Primary Health Centre, concerned will be the Supervisor of the birth waiting room for all practical purposes in addition to her routine duties.

She is the custodian of all records and registers related to birth waiting room. She is responsible for all financial expenditure with due supervision of patient welfare society.

She will be given Rs.500/- per month as honorarium to attend the above work Rs.500/- x 12 months = Rs.6000 per year.

7. Drugs- Drugs supplied to the Primary Health Centre will be used.

8. The PHC Medical Officers shall be the overall in charge officer for the birth waiting room.

9. District level supervisors will be the Deputy Director of Health Services and District Maternity Child Health Officer.

Funds allotted

BWR functioning- Rs. 30.6 lakhs (2013-14)

1. Contingencies (washing bed sheets, pillow covers, toilet cleaning etc. Rs.2500/- month)
2. Electricity charges Rs.2500/- per month
3. Transport POL, (Rs 6000-Rs 8000 month)
4. Staff cost - Honorarium to the CHN Rs. 500 per month
5. Sanitary Worker -3/ Birth waiting room Rs.500

Feeding and dietary charges – Rs.117.5 lakhs (2013-14)

(Rs.80/ person x 2 persons x 10 days)

MONITORING

1. The duties and responsibilities of **DDHS** of the district in promoting the BWR
 - a) GAP analysis (IMR,MMR status monthly monitoring)
 - b) Ensure all facilities available in the BWR.
 - c) In case of any deficit, the need should be arranged within 24 hours.
 - d) Separate attendance and job chart for the BWR staff.
 - e) Ensure the monthly reporting done in the standard format
2. The duties and responsibilities of **Block Medical Officer** in BWR.
 - a) Weekly visit to the BWR.
 - b) Ensure uninterrupted fund flow to the BWR.
 - c) In case of any deficit, the need should be arranged within 24 hours.
 - d) To check the maintenance of the registers in BWR.
3. Duties and responsibilities of the **Staff nurse**
 - a) Motivate the mothers during the Ante natal visits to be admitted in the BWR prior to EDD
 - b) Inform the Medical Officer as soon as a case is admitted in the BWR
 - c) Maintenance of registers in the BWR.

- d) Eight hourly monitoring of vital signs of the mother.
- e) Ensure whether the diet has been provided to the mother and attender daily.
- f) Ensure adequate supplies are available in the kitchen store.

4. The duties and responsibilities of **CHN**

- a) Supervisory visit to BWR once a month.
- b) Ensure all facilities available in the BWR
- c) Check the maintenance of registers in BWR.

5. The duties and responsibilities of the **Sanitary worker**

- a) House keeping the BWR premises.
- b) Facilitate the stay of the mother and attender.

All the officers are requested to adhere the instructions and submit their report within time – Concerned HOD is requested to ensure whether all the above said instructions are carried out on time.

Sd/ ...
(Dr.C.N. Mahesvaran)
Mission Director,
National Health Mission-TN.

To

The All District Collectors
All the Executive Secretaries of
District Health Societies.
The District Accounts Manager of all DDHSs,
All Additional HUD DDHSs,
The Deputy Director (Accounts & Audit),
Office of the State Health Society.

Copy Submitted to Secretary to Government
Health & Family Welfare Department,
Secretariat, Chennai.

Check list for the BWR

Name of the BWR – _____ District _____

Date of inspection- _____ (for the month of _____ 2014)

1. Whether GAP analysis improved positively? _____

2. Availability of

a) Electricity _____

b) Water _____

c) Furniture _____

3. Whether all registers maintained properly?

a) Admission register _____

b) Diet register _____

c) Referral register _____

d) Attendance register _____

e) Supervisory register _____

4. Whether the stores and kitchen maintained properly? _____

5. Overall cleanliness of the campus of BWR. Good/Satisfactory/very poor.

6. Corrective measures to be done _____

7. Rectified issues from the last visit _____

Signature of the inspecting authority

Name

Designation

State Health Society

Reporting format for the Birth waiting room (BWR)

[illegible]