**Meeting on proposed MCH Layouts for different districts in Maharashtra**

**Minutes of Meeting**

A meeting to discuss the MCH wing layouts for 12 districts in Maharashtra was held at Arogya Bhavan, Mumbai on 16th August 2019. The Team from NHSRC was led by Dr. Himanshu Bhushan, and participants from NHM Maharashtra were Dr. Satish Pawar, AMD, Dr. Archana Patil, DHS, Mr. V L Kambale, SE IDW, all EE IDW, Concerned DE IDW, Concerned District Architects. (*List of participants is placed at annexure 1.)*

The meeting began with Dr. Himanshu Bhushan outlining the objective of the meeting and emphasizing on the important role of infrastructural design in providing patient care. He also asked the participants to consider programmatic requirements while designing a public health facility.

Dr. Patil in her initial remarks discussed about the state’s expectation of using both existing and new buildings and bridging the two for delivery of MCH services. She informed the participants that NICU is currently not being added as a separate structure and DEIC will only be one per district and hence a new section may not be needed in all the twelve district hospitals.

During the meeting, various MCH wing layouts proposed by district representatives/ architects were discussed elaborately, issues faced by each district in construction of MCH wings were sorted out and appropriate suggestions were also given. The standard MCH layout developed by NHSRC as per the guidelines was also discussed.

At the end a debriefing meeting took place with MD, NHM. He agreed on the suggestions given by the NHSRC team. He also welcomed the suggestions for proposing a Critical Care Wing in all DHs. NHSRC team assured all necessary technical support to the state as and when required.

**The highlights of the discussions are:**

1. As a general principle, National Building Code should be adhered to while designing the MCH wings.
2. Once the list of services to be delivered are defined, as far as practicable ‘form follows function’ should be adhered to.
3. Area wise discussion points were as under:
	1. It was suggested that while designing the layouts, the triage area, LDR and HDU should preferably be on the same level. LDR should be designed in such a way that each patient is admitted in a separate room as recommended in the updated version IPHS guidelines for 100-bedded hospital. Each LDR unit should also have the facility of attached toilet, built on approximately 250 -350 sq. ft. area.
	2. The required number of LDR units should be calculated based on the monthly average deliveries in a particular hospital. The capacity of district hospital should be approximately 30-40 percent of the total deliveries being conducted in the district at public health facilities. A district hospital should be ready to serve at least about 20 deliveries per day. Average length of stay in LDR is considered to be 12 hours. Hence, number of LDR required is 10.
	3. Obstetric HDU should provide treatment to cases such as Eclampsia, Septicemia as well. There is no need for separate rooms for these cases.
	4. It is not mandatory, although desirable, to have SNCU near to the LR since every LR should have NBCC for stabilization and resuscitation of newborns
	(if required). Once initial management is done and the neonate is stabilized at the new born baby corner available in LR, further management can then be done at SNCU.
	5. There is no need for a separate NICU. SNCU should have demarcated ventilatory beds. Additional 4 such beds in SNCU can be provisioned for.
	6. Every SNCU should have attached MNCU equipped with mothers’ beds. The total number of mothers’ beds will be 1.5 times the number of SNCU beds.
	7. There should be unidirectional flow of patients in all the critical areas.
	8. The OTs should be divided into 4 zones, namely, Protective zone, Clean zone, Sterile zone and Disposal zone.
	9. Each OT should have separate AHU.
	10. Every ward should have dedicated beds (ideally four) with multi-parameter monitor for close observation of high-risk patients.
	11. It was suggested that all the beds should have bed-side wall mounted cupboards for storage of patient’s as well as attendants’ utilities, to make it convenient for them during their stay in the hospital.
	12. NRC ward is to be included into the design which was not considered previously.
	13. The design of the OPD registration window should be such that there is ease of communication between patient and staff.
	14. The OPDs should have adequate space and separate rooms for nursing staff and OBGYN. All vitals such as BP, pulse, temperature, height, weight and even abdominal examination of pregnant women should be done by the nursing staff before sending the pregnant women to doctor. This will help in reducing load of doctors and imparting quality of care. So, OPDs should be planned accordingly.
	15. Inclusion of a Feeding Room was suggested in OPD premises. Point of care diagnostics was also recommended.
	16. The store should have built-in provision for storage of medicines, equipment and sundry articles, as per the recommended guidelines. Wall mounted Compactors should be preferred in stores.
	17. There is no need for a separate CSSD at MCH level. The TSSU facility should suffice, which can be linked with CSSD located at DH.
	18. In-house laundry would be preferred rather than any kind of outsourcing, thus ensuring better monitoring of techniques, decontamination procedures and hence, effective quality control.
	19. The dirty linen to be sent for washing should be segregated at the source itself. The linen should be categorized as Contaminated linen, Non-contaminated linen and Soiled linen.
	20. The construction of laundry area should take into consideration the daily linen load. The procurement of washing machine should be done based on the daily laundry load it has to handle.
	21. There should be provision for a separate bed pan cleaning area for both ICU and HDU.
	22. The Kitchen should be constructed as per the recommended guidelines. The quality of food served plays an important role in overall patient satisfaction.
	23. The design for the skills lab complex was also discussed. It was suggested that in order to get an orientation on the design for the skills lab complex, a visit of the team to the National Skills Lab located at Nagpur would be advisable. The skill lab should be built on an average area of 1000 sq. ft. and should include a Reception unit, Waiting area, examination room with labour bed, Washroom, Pantry, Seminar hall, Library, Faculty room with toilets etc.
	24. It was advised that based on the number and voltage requirement of electrical appliances, the power outlets should be planned adequately in the facilities. The voltage fluctuations need to be controlled for proper maintenance of equipment. Alternate solar panel space to be provided at the top of the building.
	25. Separate corridors to be provided for, as per norms, in order to ensure fire safety.
	26. A provision of service lift should be made in all the facilities.

**Suggestion specific to the Districts:**

**Nandurbar:**

1) The MCH wing should be constructed on the land proposed for the AYUSH wing.

2) The AYUSH wing can be constructed on the top of the Women Hospital where MCH wing is proposed. Also, the Women Hospital which is under construction can be converted to Health and Wellness Wing.

**Jalgaon:**

1) The existing structures nearby to the site of the proposed MCH wing need to be demolished for constructing the MCH wing according to the standards.

2) After the scrutiny of the location plan, it was recommended that since the site is very narrow and small by area, it should be tried to have a new site which is approximately 1.5 to 2 acres or remove the old structures in the currently proposed location and increase the footprint area of the MCH wing.

**Additional recommendations given based on MCH Layout principles to all the districts were:**

1. All the infrastructural development work to be approved by the state as per norms and standards.
2. Assured emergency services in all Government health facilities with all required equipment should be prioritized. The infrastructure design should be such that Comprehensive emergency needs are ensured. The triage area should be easily accessible from the main emergency entrance. It should have well demarcated zones, namely red, yellow, green, black zones, a zone wise categorization of beds to manage patients based on criticality, especially red and yellow tagged cases, a well-equipped nursing room with trained staff to handle emergencies. There should be established linkages of lab, imaging and blood storage. The emergency should also have access to emergency OT and Obstetric/Neonatal critical care. There should also be provision for demarcated Pediatric emergency beds.
3. Critical care wing proposal can be put up in next PIP.
4. An orientation workshop of PWD was suggested to be conducted by state NHM.
5. Provision for lighting and ventilation based on green building concept along with idea of connecting treatment areas like LDR, OT, HDU with sterile corridor.

**The meeting was concluded with a vote of thanks by Mr. V L Kambale.**