Supportive supervision Report of District Female Hospital, Moradabad

Date of Visit- 30 MAY 2015

Purpose of Visit- Supportive Supervision Visit

**TEAM MEMBERS:**

Dr. Usha Gangwar, DGM & Team Leader

Abhishek Yadav, Consultant

Jamal Ahmad, Prog. Coordinator

&

District Programme Manager

District Moradabad
**District Female Hospital, Moradabad**

*District Female Hospital, Moradabad,* was assessed by the team members on dated 30th May 2015, during Supportive supervision, with DPM Moradabad district. We filled up the DH Level Checklist for Supportive supervision Assessment checklist. After having the first round of initial discussion with some of the staff members of the hospital, Team has been taken on round of the hospital with DPM. We assessed each department of the facility in the background of Supportive supervision and found the hospital campus, wards, toilets were very neat and clean, the hospital premises was maintained very nicely, plantation was there in every corner of the hospital, potted plants were also kept at places.

**Blood Bank/Blood Storage Unit—**

![Blood Bank Image]

A well established Blood bank is situated in the hospital premises. About 5 to 6 CSs have been conducted daily, besides the routine major surgeries. Gynecologist informed that free blood is being provided patients under the JSY. Blood is easily available as much blood as required for Cesarean section or major Surgery. Cesarean section never faced any problem related to delay in getting the blood.
• Map of the hospital on the main OPD / Emergency gate is required OPD.

The observations are as follows

➤ IEC display was in proper way.
➤ Citizen Charter displayed at front of the main gate.
➤ Bio medical waste bins were found in OPD.
➤ Liquid soap & towel were present in the OPD room.
➤ Curtain was found in OPD for Patients privacy.
➤ Fire exit plan were not displayed in the facility.
➤ There was no queue system in the OPD, so too many patients were there in the doctor's room.
➤ There was optimum sitting arrangement for the patients in the outdoor area but more space is required.
➤ Scope of the services and available services were displayed. IEC display was proper; display of the tariff list of pathology examination.
➤ Free pathology services for women covered under JSY.

➤ Pharmacy / Drug Distribution Counter-

- Drug Distribution system is well maintained.
- Drugs were properly arranged and labeled.
- Essential Drugs are available in Drug distribution counter.
- Proper inventory Management is maintained.
- Labeling system is maintained in Pharmacy Store but it need to printed form.
- Master chart of drugs were displayed.
○ Essential drug list is maintained by the pharmacist

➢ Operation Theater:
  ➢ OT is running in proper way and well maintained.
  ➢ Emergency Trays were there with medicines, arranged as per norm.
  ➢ Medicines were labeled.
  ➢ Hub Cutter was present.
  ➢ Hand washing protocol was displayed at the wash basins.
  ➢ Oxygen cylinder was available.
  ➢ Sterilization was being properly done.
  ➢ Infection prevention control practices are being followed.
  ➢ Registers were maintained properly.

◆ Emergency Room cum Labour Room−
>
Labour room is in Emergency department and about 20-25 delivery being conducted in a day.
>
Privacy was maintained in the labour room.
>
Biomedical waste segregation was proper.
>
Hand wash protocol was displayed at the washing area and Liquid soap was available.
>
Toilet is attached with labour room.
>
Staffs are aware about the LR protocols, Safe motherhood Protocols, Safety Protocols and Infection Control Program.

>
Labour tables were in good condition.

Ward
>
Wards were cleaned and all the beds were not occupied with patients.
>
It was suggested to the in charge to display the visiting time for visitors for the prevention of Infection.
Bed side drawers were present.
Bed No. was displayed.
Toilets are being cleaned regularly.
Bio Medical waste bins were available.
IEC for JSSK and JSY are displayed in ward for patients and visitors.
Bedside ticket was not present.

LABORATORY

Laboratory is running in proper way and well maintained.
Staffs are aware about the Laboratory safety protocols and Infection Control Program.
Timing for sample collection and report distribution was displayed.
Equipments were properly arranged.
Area demarcated for Sample collection.

SNCU-
SNCU was just near the JSY ward.
It was established as per norm area is identified.
Infection prevention practices were followed by staff.
Trays were well arranged.
Staffs are aware standard safety precaution about the Infection Prevention, Child abduction, and Management of Medication.
Breast feeding area was separate it was end of the SNCU.
IEC was displayed in the Breast feeding room.
JSY:

- Regarding JSY Programme's registers are well maintained.
- Payment under JSY programme is being transferred in beneficiary's account through RTGS at the time of discharge.
- Meals are being provided to beneficiary.
- 102 facilities are being provided.

(Jamal Ahmad)
Programme Coordinator

Abhishek Yadav
consultant

Dr. Usha Gangwar
Dy. General Manager
SUPPORTIVE SUPERVISION REPORT
CHC FRU THAKURDWARA

Date of Visit- 29 MAY 2015

Purpose of Visit- Supportive Supervision Visit

TEAM MEMBERS:

Dr. Usha Gangwar, DGM & Team Leader
Abhishek Yadav, Consultant
Jamal Ahmad, Prog. Coordinator
&
District Programme Manager
District Moradabad
CHC THAKURDWARA

- CHC Thakurdwara is about 40 K.M. far from Moradabad. On dated 29/05/2015 the CHC Thakurdwara was assessed by State Assessor for Supportive supervision on the basis of Supportive supervision Checklist. The MEDICAL SUPERINTENDENT of the facility was discussed about the current scenario of the hospital assessor was filled the FRU Level Checklist. After this they discussed with the Medical Superintendent about the Infection Control Program, JSY, RI, Bio medical waste Management, Service Delivery, Emergency Management, OPD, IPD, IEC Display, Fund utilization, HMIS and About the Supportive supervision implementation in the facility.
- The work of renovation is going on of facility building by the local MLA.
- After that we assessed the each department of facility and on the basis of quality standard and there were some of gaps identified.
- **OPD-**
  - There was no queue system in the OPD so patients gathered around the doctors
  - Departmental Signage’s were displayed.
  - Doctor’s availability chart and Timing ware not displayed.
  - IEC display was improper.
  - Scope of the services and available services were not displayed.
  - Signages were in single language.
  - Bio medical waste bins were not found in OPD.
  - Liquid soap & towel present in the OPD room.
  - No Curtain was found in OPD for Patients privacy.
  - Fire exit plan was not displayed in the facility.

- **OT-**
  - OT table is not available and no air conditioning in operation theater.
  - Ceiling light for proper visibility is not available.
  - No hand washing protocol was displayed at the wash basins and no towel.
  - Liquid soap was not present.
  - Staffs need orientation regarding Infection Prevention, Surgical Safety Protocols and zoning system in OT.
  - Sterilization was not being properly done.
  - Infection control practices not being followed.
  - BMW waste bins were without colour coated.
  - Registers were not maintained properly.
  - Oxygen Cylinder is available.
• Blood Storage Unit-
  o No Blood Storage Unit in the facility.

• Injection Room-
  o No separate room is found as Injection room.
  o No spirit swabs were found.
  o Emergency tray is available.
  o Hub cutter was found but it filled with needle that was most hazardous.

• Emergency Room-
  o There was no separate emergency room in facility.
  o Disaster Almirah was not present.

• Labour Room-
  o No proper lighting system was available in LR.
  o Hard wash protocol was not displayed at the wash basin, no elbow tap and no Liquid soap was available.
  o BMW waste bins were without colour coated.

• Staffs need orientation about the LR protocols, Safe motherhood Protocols, Safety Protocols and Infection Control Program.
  o No Proper waste segregation practices followed.
  o Toilet is not attached with LR and basin was not cleaned.
  o Inj. Synotocinon, inj. Methargin, calcium, 10% solution and antibiotics were not available.

• Laboratory-
  o Timing for sample collection and report distribution were not displayed.
  o Area for sample collection and report distribution were not identified.
  o No Cleanliness in Laboratory.
  o Equipments were not properly arranged.
  o No area demarcated for Sample collection.
  o Fresh Slide openly kept on the LT table.
  o No washbasin in the Laboratory.
- Staffs need orientation regarding Laboratory Safety Protocol, Infection Prevention and Bio-Medical waste management.

❖ JSY:
  - Regarding JSY Programme’s registers are well maintained.
  - A/c payee cheques are being handed over to beneficiary at the time of discharge.
  - Meals are being provided to beneficiary.
  - 102 facilities are being provided.

❖ JSY Ward-
  - Wards were not cleaned.
  - No IEC materials were displayed in the ward.
  - No buckets for general waste found near to the bed.
  - Bed side drawers were not present.
  - Bio Medical waste bins were not found.
  - Toilets were not cleaned.
  - Only one bin was in ward for waste.
- **Pharmacy / Drug Distribution Counter:**
  - No queue system was followed at Drug Distribution Counter.
  - Drugs were not properly arranged and not labeled.
  - Drugs were mixed each other.
  - Drug Storage not in proper manner.
  - Drug analysis was not done.
  - No proper inventory Management.
  - No labeling system in Pharmacy Store.
  - Master chart of drugs were not displayed.

- **X-ray:**
  - Facility of x-ray was available in the hospital.

- **Cold chain:**
  - Condition of cold chain room is poor.
  - ILR was not available, it was sent to district hospital for repair.
  - Ice pack was kept in deep freezer, not in proper way.
  - Temperature is not maintained.
Facility of 102 and 108 are being provided.

Facts:
- Display of the facility is in single language, it must be in bilingual.
- BMW waste bins were without colour coated.
- Facility infrastructure is not good and it needs to be renovation.
- Hospital Citizen Charter was displayed but IEC was improper.
- Infection Prevention practices not being followed.
- LR Protocols were not maintained.
- Management of medication must be in Pharmacy store to prevent the medication error.
- Staffs need orientation about the Infection Prevention, Biomedical waste management, Safety protocols, 6 trays in LR, Management of medication, Disaster/Multiple Causality management etc.
- List of doctors with specialty should be display at the front of the waiting area.
- Staffs should wear their respective dress.
- Recently delivered women are not staying 48 hrs. It seems counseling is not being in proper way.
- A/c Payee Cheques of JSY prog. are being handed over to beneficiary at the time of discharge from facility.
- Suggested to MS:
  - To develop an Injection Room in the Pharmacy room with required equipments.
  - To purchase, new chairs for on duty doctors to sit, because doctor's chairs were found in damage condition.

(Jamal Ahmad)
Programme Coordinator

Abhishek Yadav
consultant

Dr. Usha Gangwar
Dy. General Manager
SUPPORTIVE SUPERVISION REPORT

CHC (Non-FRU)- Mundha Pandey, Moradabad

Date of Visit- 30 MAY 2015
Purpose of Visit- Supportive Supervision Visit

TEAM MEMBERS:
Dr. Usha Gangwar, DGM & Team Leader
Abhishek Yadav, Consultant
Jamal Ahmad, Prog. Coordinator
CHC Mundha Pandey - Moradabad

- We visited CHC (Non FRU) Mundha Pandey on dated 30.05.2015 for the Supportive supervision on the basis of Supportive supervision Checklist. The SUPERINTENDENT of the facility was not present at facility. A junior doctor was present at Hospital. We took a round of hospital and watched the Man power status, Infection Control Program, Bio medical waste Management, Service Delivery, Emergency Management, OPD, IPD, IEC Display, JSY Programme, RI Schedule, Fund utilization and HMIS.
- we assessed the each department of facility and on the basis of Supportive supervision Checklist and found some of gaps.

- **OPD**-
  - Departmental Signage's were displayed.
  - Doctor's availability chart and Timing were not displayed.
  - IEC display was improper..
  - Scope of the services and available services were displayed.
  - No Bio medical waste bins were found in OPD.
  - No liquid soap & towel present in the OPD room.
  - No Curtain was found in OPD for Patients privacy.
  - Fire exit plan were not displayed in the facility.
  - Toilets were not cleaned.

- **Cold chain:**
  - Due to poor power supply and no alternate arrangement, cold chain was not functional.

- **Emergency Room**-
  - There was a separate emergency room in facility.
  - Disaster Almirah was not present.
  - No emergency drugs were available there.
  - Equipments were unsterilized.
  - No oxygen cylinder was available there.
Labour Room:
- Condition of labour room was worst.
  - Biomedical waste bins were not available.
  - There was no ventilation and proper arrangement of light there.
  - Hand wash protocol was not displayed at the wash basin, no elbow tap and no Liquid soap was available.
  - Bic- Medical Waste Bins were not present under the Labour Table. Only buckets kept for all type of waste.
  - Staffs need orientation about the LR protocols, Safe motherhood Protocols, Safety Protocols and Infection Control Program.
- No Toilet is attached with labour room.
• GENERAL CLEANNESS & BEHAVIOUR OF STAFF AT FACILTY
  • Toilets and wash basin were not cleaned, Photographs shows its condition.

• Ward:
  • Wards were not cleaned.
  • No IEC materials were displayed in the ward.
  • Buckets for general wastage found near to the bed.
  • Bed side drawers were not present.
  • Bio Medical waste bins were not found.
  • Toilets were not attached with wards.
- Pharmacy/Drug Distribution Counter:
  - Drugs list was displayed.
  - Drugs were not properly arranged and labeled.
  - Drugs were mixed each other.
  - Drug Storage was not in proper manner.
  - No Proper inventory Management.
  - No labeling system in Pharmacy Store.
  - Master chart of drugs was not displayed.
> JSY:
> - Regarding JSY Programme's registers are maintained.
> - Alc payee cheques are being handed over to beneficiary at the time of discharge.
> - Meals are not being provided to beneficiary.
> - 102 facilities are being provided.

Major Gaps-
> - Bio medical waste bins were not present in the hospital only buckets were kept in few places.
> - Facility infrastructure is good but departments need to well arrange.
> - Hospital Citizen Charter was displayed but IEC was improper.
> - Infection Prevention practices not being followed.
> - LR Protocols were not maintained.
> - Staffs need orientation about the Infection Prevention, Biomedical waste management, Safety protocols. 6 trays in LR, Management of medication, Disaster/ Multiple Causality management etc.
> - List of doctors with specialty should be display at the front of the waiting area.
> - Staff must be were their respective dress.
> - Recently delivered women are not staying 48 hrs. It seems counseling is not being in proper way.

(Jamal Ahmad)
Programme Coordinator

Abhishek Yadav
consultant

Dr. Usha Gangwar
Dy. General Manager
Sub Center- Nanhuwala, Moradabad

We visited Nanhuwala Sub-centre, in Moradabad District for Supportive supervision, on dated 29/05/2015 with DPM.

The Sub Center is well established and programs are running in proper manner. Distance of SC is about 5 KM far from FRU Thakurdwara.
Observation

- Shine board of SC was not readable and it was in poor condition.
- No any IEC materials were displayed.
- Vaccination charts were not displayed.
- Records were maintained.
- Hub Cutters were present.
- Sprit swab was present.
- Labour room is available and delivery facility is being provided.
- No power connection is there.
- No running water, only hand pump is there.
- Residential quarter for ANM is not available.
- Toilet was not in usable condition.
- Bio Medical Waste Bins were not available.

(Jamal Ahmad)
Programme Coordinator

Abhishek Yadav
consultant

Dr. Usha Gangwar
Dy. General Manager
Supportive supervision Report of District Hospital, Sambhal

District Hospital, Sambhal

On 28/05/2015 District Hospital, Sambhal, was assessed by team members (Abhishek Yadav-Consultant, Jamal Ahmad- Programme Coordinator) with DPM Sambhal district. We discussed with Chief Medical Superintendent about the profile and facilities of the hospital. We has filled up the DH Level Checklist for Supportive supervision Assessment checklist. After having the first round, we found well established building & infrastructure. Chief Medical Superintendent didn’t co-operate the team. His attitude was not positive.
District Hospital, Sambhal, became functional since 01 April 2015 and it is in initial phase. There is shortage of specialist, technical and non technical staffs. Most of the staffs are provided by Sambhal CHC(FRU) on loan basis to run the District Hospital. Due to shortage of appropriate man power, only OPD is running.

Suggestions:

After the facility assessment, we introduced the problems and Gap, to the Chief Medical Officer, Sambhal, and suggested him to fill the gaps. CMO, Sambhal assured us to do positive to run District Hospital, Sambhal.

(Jamal Ahmad)
Prog. Coordinator

(Abhishek Yadav)
Consultant
SUPPORTIVE SUPERVISION REPORT
CHC FRU SAMBHAL

Date of Visit- 28 MAY 2015

Purpose of Visit- Supportive Supervision Visit

TEAM MEMBERS:

Abhishek Yadav, Consultant
Jamal Ahmad, Prog. Coordinator
&
District Programme Manager
District Sambhal
CHC SAMBHAL

- On the date 28/05/2015 the CHC Sambhal was assessed by State Assessor for Supportive supervision on the basis of Supportive supervision Checklist. The MEDICAL SUPERINTENDENT of the facility was discussed about the current scenario of the hospital assessor was filled the FRU Level Checklist. After this they discussed with the Medical Superintendent about the Infection Control Program, JSY, RI, Bio medical waste Management, Service Delivery, Emergency Management, OPD, IPD, IEC Display, Fund utilization, HMIS and About the Supportive supervision implementation in the facility.
- After that we assessed the each department of facility and on the basis of quality standard and there were some of gaps identified.
- Statutory requirements of the facility was guided to the Medical Superintendent and suggested that it needs to apply as soon as possible to concern sources.

- OPD-
  - There was no queue system in the OPD so patients gathered around the doctors
  - No departmental Signage's were displayed.
  - Doctors availability chart and Timing ware not displayed.
  - IEC display was improper.
  - Scope of the services and available services were not displayed.
  - Signages were not in Bilingual.
  - Bio medical waste bins were not found in OPD.
  - liquid soap & towel present in the OPD room.
  - No Curtain was found in OPD for Patients privacy.
  - Fire exit plan was not displayed in the facility.

- OT-
  - Hub Cutter was not present.
  - No hand washing protocol was displayed at the wash basins and no towel.
  - Liquid soap was not present.
  - No zone identified in OT.
  - Staffs need orientation regarding Infection Prevention, Surgical Safety Protocols and zoning system in OT.
  - Sterilization was not being properly done.
  - Infection control practices not being followed.
  - BMW waste bins were without colour coated.
  - Registers were not maintained properly.
  - Ambu bag is not found in OT.
  - Oxygen Cylinder is not available.

- Blood Storage Unit-
  - No Blood Storage Unit in the facility.

- Injection Room-
  - No separate room is found as Injection room.
  - No sprit swabs were found.
  - Emergency tray is available.
  - Hub cutter was found but it filled with needle that was most hazardous.
• **Emergency Room** -
  o There was no separate emergency room in facility.
  o Disaster Almirah was not present.

• **Labour Room** -
  o Hand wash protocol was not displayed at the wash basin, no elbow tap and no Liquid soap was available.
  o BMW waste bins were without colour coated.
  o Staffs need orientation about the LR protocols, Safe motherhood Protocols, Safety Protocols and Infection Control Program.
  o No Proper waste segregation practices followed.
  o Toilet and basin were not cleaned.

• **Laboratory** -
  o Timing for sample collection and report distribution were not displayed.
  o Area for sample collection and report distribution were not identified.
  o Laboratory safety protocols not displayed.
  o No Cleanliness in Laboratory.
  o Equipments were not properly arranged.
  o No Personal Protective Equipments in the Laboratory.
  o No area demarcated for Sample collection.
  o Fresh Slide openly kept on the LT table.
  o No washbasin in the Laboratory.
  o Staffs need orientation regarding Laboratory Safety Protocol, Infection Prevention and Bio-Medical waste management.

**JSY:**
• Regarding JSY Programme’s registers are well maintained.
• Avt payee cheques are being handed over to beneficiary at the time of discharge.
• Meals are being provided to beneficiary.
• 102 facilities are being provided.

• **JSY Ward** -
  o Wards were not cleaned.
  o No IEC materials were displayed in the ward.
  o No buckets for general waste found near to the bed.
  o Bed side drawers were not present.
  o Bio Medical waste bins were not found.
  o Toilets were not cleaned.
Only one bin was in ward for waste.

- Pharmacy / Drug Distribution Counter:
  - No queue system was followed at Drug Distribution Counter.
  - Drugs were not properly arranged and not labeled.
  - Drugs were mixed each other.
  - Drug Storage not in proper manner.
  - Drug analysis was not done.
  - No Proper inventory Management.
  - No labeling system in Pharmacy Store.
  - Master chart of drugs were not displayed.
- **GENERAL CLEANNESS & BEHAVIOUR OF STAFF AT FACILITY**
  - Toilet was not cleaned and not usable. Photographs show its condition.
  - Motorcycles of staffs were parked inside of the hospital building and first floor of the hospital building.

- **Cold chain:**
  - Condition of cold chain room is poor.
  - ILR was not available, it was sent to district hospital for repair.
  - Ice pack was kept in deep freezer, not in proper way.
  - Temperature is not maintained.
Facts-

- Display of the facility is in very poor condition and it is not readably.
- BMW waste bins were without colour coated.
- Facility infrastructure is not good and it needs to be renovation.
- Hospital Citizen Charter was displayed but IEC was improper.
- Infection Prevention practices not being followed.
- LR Protocols were not maintained.
- Management of medication must be in Pharmacy store to prevent the medication error.
- Staffs need orientation about the Infection Prevention, Biomedical waste management, Safety protocols. 6 trays in LR, Management of medication, Disaster/ Multiple Causality management etc.
- List of doctors with specialty should be display at the front of the waiting area.
- Staffs should wear their respective dress.
- Recently delivered women are not staying 48 hrs. It seems counselling is not being in proper way.
- A/c Payee Cheques of JSY prog. are being handed over to beneficiary at the time of discharge from facility.
- Suggested to the MS to develop an Injection Room in the Pharmacy room with required equipments

(Jamal Ahmad)
Prog. Coordinator

(Abhishek Yadav)
Consultant
SUPPORTIVE SUPERVISION REPORT
CHC (NON-FRU)- PAWANSA

Date of Visit- 27 MAY 2015
Purpose of Visit- Supportive Supervision Visit

TEAM MEMBERS:

Abhishek Yadav, Consultant
Jamal Ahmad, Prog. Coordinator
&
District Programme Manager
District Sambhal
CHC Pawansa- Sambhal

- On the date 27/05/2015 the CHC Pawansa was assessed by State Assessor for the Supportive supervision on the basis of Supportive supervision Checklist. The MEDICAL SUPERINTENDENT of the facility was discussed about the current scenario of the hospital. After this, we discussed with the Medical Superintendent about the Man power status, Infection Control Program, Bio medical waste Management, Service Delivery, Emergency Management, OPD, IPD, IEC Display, JSY Programme, RI Schedule, Fund utilization, HMIS and About the Supportive supervision implementation in the facility.

- After that the Supportive supervision team with Medical Superintendent (CHC Pawansa, Sambhal) were assessed the each department of facility and on the basis of Supportive supervision Checklist and there were some of gaps identified.

- Statutory requirements of the facility was guided to the Medical Superintendent and suggested that it needs to apply as soon as possible to concern sources.

- **OPD** -
  - Departmental Signage’s were displayed.
  - Doctors availability chart and Timing ware not displayed.
  - IEC display was improper.
  - Citizen Charter displayed at front of the Hospital.
  - Scope of the services and available services were not displayed.
  - Signages must be in Bilingual.
  - No Bio medical waste bins were found in OPD.
  - No liquid soap & towel present in the OPD room.
  - No Curtain was found in OPD for Patients privacy.
  - Fire exit plan were not displayed in the facility.
  - Toilets were not cleaned.

- **Cold chain**:
  - Condition of cold chain room is poor.
  - ILR was available.
  - Ice pack was kept improper way in deep freezer.
Operation Theater:
- Hub Cutter was not present.
- No hand washing protocol was displayed at the wash basins and no towel.
- Liquid soap was not present.
- Staffs need orientation regarding Infection Prevention, Surgical Safety Protocols and zoning system.

- Sterilization was not being properly done.
- Infection prevention control practices not being followed.
- BMW waste bins were available in OT.
- Register was not maintained properly.
- Ambu bag is not found in OT.
- Oxygen Cylinder was not available.

Emergency Room-
- There was no separate emergency room in facility.
- Disaster Almirah was not present.

Labour Room-
- Biomedical waste bins were required.
- Hand wash protocol was not displayed at the wash basin, no elbow tap and no liquid soap was available.
- Bic- Medical Waste Bins were not present under the Labour Table. Only buckets kept for all type of waste.
- Staffs need orientation about the LR protocols, Safe motherhood Protocols, Safety Protocols and Infection Control Program.
- Nc Toilet is attached with labour room.
- Laboratory:
  
  o Timing for sample collection and report distribution were not displayed.
  o Area for sample collection and report distribution were not identified.
  o Laboratory safety protocols not displayed.
  o No Cleanliness in Laboratory.
  o Equipments were not properly arranged.
  o No Personal Protective Equipments in the Laboratory.
  o No area demarcated for Sample collection.
  o No washbasin in the Laboratory.
  o Staffs need orientation regarding Laboratory Safety Protocol, Infection Prevention and Bio-Medical waste management.

- GENERAL CLEANNESS & BEHAVIOUR OF STAFF AT FACILTY
  o Toilets and wash basin were not cleaned, Photographs shows its condition.
- Motorcycles of staffs were kept inside of the hospital building near dressing room, drugs distribution counter & OPD Hall.

- **Ward:**
  - Wards were not cleaned.
  - No IEC materials were displayed in the ward.
  - Buckets for general wastage found near to the bed.
  - Bed side drawers were not present.
  - Bio Medical waste bins were not found.
  - Toilets were not attached with wards.
- **Pharmacy/Drug Distribution Counter**
  - No drugs list was displayed.
  - Drugs were not properly arranged and not labeled.
  - Drugs were mixed each other.
  - Drug Storage not in proper manner.
  - No Proper inventory Management.
  - No labeling system in Pharmacy Store.
  - Master chart of drugs was not displayed.

- **Bio Medical Waste Management**
  - Bio Medical wastages are being burnt in open area in the premises of the hospital.
  - No proper arrangement is available for safe disposal of bio medical wastages.
Major Gaps-

- Bio medical waste bins were not present in the hospital only buckets were kept in few places.
- Facility infrastructure is good but departments need to well arrange.
- Hospital Citizen Charter was displayed but IEC was improper.
- Infection Prevention practices not being followed.
- LR Protocols were not maintained.
- Management of medication must be in Pharmacy store to prevent the medication error.
- Staffs need orientation about the Infection Prevention, Biomedical waste management, Safety protocols. 6 trays in LR, Management of medication, Disaster/ Multiple Causality management etc.
- List of doctors with specialty should be display at the front of the waiting area.
- Staff must be were their respective dress.
- Recently delivered women are not staying 48 hrs. It seems counseling is not being in proper way.
- Blank signed A/c Payee Cheque book of JSY programme was found.

Supportive supervision Report CHC PAWANSA

After the facility assessment the department wise find gaps were introduced to the medical superintendent of the CHC, DPM, BPM and other staffs, and suggested them to fill the gaps at certain time (within a week).

(Jamal Ahmad)
Programme Coordinator

(Abhishek Yadav)
consultant
Sub Center- Aata, Sambhal

We reached Aata Sub-centre during District Sambhal visit for Supportive supervision, on dated 27/05/2015 with DPM & BPM, Sambhal.

The Sub Center is well established and programs are running in proper manner. Distance of SC is about 12 KM far from PHC.

Observation

- Shine board of SC was not readable and it was in poor condition.
- No any IEC materials were displayed.
- Vaccination charts were not displayed.
- Records were maintained.
- Hub Cutters were present.
- No hand wash basin over there and no Liquid soap was kept there.
- Sprit swab was present.
- Labour room is available and delivery facility is being provided.
- No power connection is there.
- No running water, only hand pump is there.
- Residential quarter for ANM is not available.
- ANM resides 2 KM far from SC, but on call she is easily available.
- Toilet was not in usable condition.

- Bio Medical Waste Bins were not available.
Routine Immunization session

Our team visited village Bhawanipur date 27.05.2015 for RI session with DPM, Sambhal District. During the RI session, I found Ms. Meena Kumari (ANM), ASHA and Aanganbadi Worker were present there. RI session were going on as per norm, and micro plan. All the vaccines were available with ANM, and cold chain and VVM was maintained.

VILLAGE HEALTH SANITATION COMMITTEE

After visiting RI session we met Ms. Raj Bala, Gram Pradhan of village Bhawanipur, Sambhal District. I found all the regarding register maintained. Fund is being utilized for village sanitation. Meeting of VHSC is being arranged time to time. All the committee members participate the meetings.

(Jamal Ahmad)
Programme Coordinator

(Abhisek Yadav)
consultant