

Supportive Supervision Visit for Common Review Mission (CRM)

District: Chitrakoot

Dates: 19 to 22 October, 2022 and 28 October to 02 November, 2022

Team Members:

1. Dr. Anita Kumari, Consultant
2. Mr. Gaurav Sehgal, Consultant
3. Mr. Parmesh Kumar Verma, Training & Monitoring Officer
4. Mohammad Azam Khan, Monitoring & Documentation Officer
5. Mr. Surendra Kumar Singh, Regional Coordinator- Jhansi & Banda Division
6. Mr. Anoop Shrivastava, Regional Coordinator- Lucknow Division
7. Mr. Ganesh Tenguria, DCPM- Lalitpur
8. Mr. Dharmendra Shrivastava, DCPM -Jalaun

Community Processes Team aimed to provide support to district team in the view of proposed Common Review Mission (CRM) visit. The team has special focus on all the programs/activities led by Community Processes Division viz ASHA & Ayushman Bharat Health and Wellness Center (Comprehensive Primary Health Care Program).

Community Processes Team Visited, every block of the district Chitrakoot and all the Health and Wellness Centers selected by district for CRM visit. The major points of observation and support are below:

Sr	Program	Activity	Observation	Support Provided
1	ASHA	ASHA & Sangini Selection and Training	It was observed that 88% of ASHAs are placed, and are also trained in module 6-7. It was observed that Sangini cluster are not appropriate, in some cluster there are less than 10 ASHAs.	CMO was requested to re-organise Sangini cluster formation, as per guideline after the proposed CRM Visit
2	ASHA	ASHA & Sangini Incentive	It was observed that incentive to Sangini of Rs. 1250 was never provided in the district. Team also found that ASHA and Sangini vouchers were not updated and last year voucher is being used. Team did not find any printed Master ASHA	CMO was requested to do the needful and ensure adequate knowledge for the incentives for ASHA and Sanginis. Team also put efforts to ensure wall writing of all the incentives for ASHA in FY 22-23 at CHC facilities.

			payment register	Team provided support in documenting ASHA Master Payment Register, ASHA Database, Cluster Meeting Register, Grievance Redressal Committee Register etc. Support for proper documentation of ASHA Voucher was also provided.
3	ASHA	Documentation	It was found that there were some documentation but it was poorly organised	
4	ASHA	ASHA & Sangini ICT application	We found some gaps in ASHA Sangini mobile application	Team organized meeting of Sangini and reoriented them about ASHA Sangini app with support of CRS.
5	ASHA	ASHA & Sangini Grievance Redressal	Wall writing related to ASHA Grievance Redressal Committee were not found	Medical Superintendent was requested for the same, and it was also observed that all the block taken appropriate action and Wall writing related to ASHA Grievance Redressal Committee is visible by the end the team visit
6	ASHA	RKS Meeting/ Register	It was observed that RKS meeting was conducted but they are not regular and minutes of meeting were not appropriately maintained in the RKS Register.	Team provided adequate information to key RKS members. State team supported members by giving illustration on how the minutes should be written. Team also helped in writing 1 or 2 RKS meeting minutes.
7	ASHA	AAA	Team identified few gaps in AAA and cluster meeting	Team organized meeting of AAA of front line workers and reorient them with support of UPTSU.
8	HWC	NCD Screening	It was observed that NCD screening is not at desirable level, records of NCD patient is not available at HWC	Necessary instructions were given to CHOs and DCPM to insure the same.
9	HWC	CBAC Form & Family Folder	Neither CBAC Form was not printed, nor all the form provided under family folder were correctly filled	CHOs orientation for proper filling of CBAC and family folder was done. CMO was requested to print new CBAC form
10	HWC	AB Portal	Most of the CHOs are doing	Team sensitizes all CHOs for

			daily reporting and monthly reporting.	daily and monthly reporting.
11	HWC	Telemedicine	It was found that there is average daily consultation was 2 per CHOs	CHOs were sensitize for quality tele consultation and increase daily consultaion to atleast 5.
12	HWC	Availability of drug and diagnostic	Adequate drugs as per EDL were found	CHOs were requested to maintain drug register
13	HWC	Wellness activity	Wellness activities are conducted but not well documented and their pictures were not uploaded at HWC portal	Team help to document wellness activities
14	HWC	Extended package	CHOs were not much aware about Oral Health	CHOs were virtually trained on Oral Health
15	HWC	JAS	JAS was formed, account was opened but meeting of JAS not documented properly, we also find some knowledge gaps	Orientation of CHOs was done on documentation on JAS Meeting


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