

Visit Report of Div Aligarh (1 July, 2014)

Team Composition

1. Dr vikas Singhal (DGM-MH)
2. Mr Rajeev Kumar Dubey (PC-CH)
3. Mr. S. A. Ansari (PC-Legal)

Objective

- To visit the Facilities with more than 200 average monthly deliveries during 2013-14 for the overall quality improvement as per the RMNCH+A.
- To observe the current status, identify the gaps and areas of improvement, discuss the issues with concerned MOiC/.

Essential components	Observations of the team
Premises	<ul style="list-style-type: none">• General cleanliness of outer surroundings was not satisfactory at CHC Sadabad Hathras, CHC Atrauli, CHC Charra Aligarh Water was overflowing from water tank on CHC building causes water lodging in surrounding at CHC Sadabad Hathras• Direction boards leading to the different parts of facility were not available at CHC Sadabad Hathras, CHC Atrauli, CHC Charra Aligarh & CHC Ganjdundwara Kasganj.• Emergency phone no. of MO/IC and call centre for referral transport were displayed on CHC building CHC Sadabad Hathras, CHC Atrauli, CHC Charra Aligarh & CHC Ganjdundwara Kasganj• Wheel-chair for serious patients was not available at the entrance of the facility

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Waiting Area	<ul style="list-style-type: none"> ● Seating arrangement for clients and attendants was not in proportion to client load in most of the facilities ● Citizen Charter and EDL were not displayed. ● Toilets for staff, clients and patients were available but flush was not working ● LCD/ Television for IEC not functional. ● Suggestion box was available but was not opened on a regular basis.
Emergency	<ul style="list-style-type: none"> ● Technical protocols were not displayed in emergency room at CHC Sadabad Hathras, CHC Atrauli, CHC Charra Aligarh & CHC Ganjdundwara Kasganj. ● Referral register was not maintained in emergency room.
OPD	<ul style="list-style-type: none"> ● Examining facility – mattress on examination table and screen/curtains for privacy were not available in OPD rooms. ● Technical protocols were not displayed in OPD
Labour Room	<ul style="list-style-type: none"> ● Mattress and kelly's pad were not available on Labour table CHC Sadabad Hathras, CHC Atrauli, CHC Charra Aligarh & CHC Ganjdundwara Kasganj ● Screen/Partition not available between two tables CHC Sadabad Hathras, CHC Atrauli, CHC Charra Aligarh & CHC Ganjdundwara Kasganj ● Suction apparatus, equipment for neonatal resuscitation were not available CHC Sadabad Hathras, CHC Atrauli, CHC Charra Aligarh & CHC Ganjdundwara Kasganj

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- DWH hathras Staff nurse are not trained in NSSK & SBA.
- NBCC is not functional. And not proper treated the child
- Near about all facilities NBCC equipment is available but not used.
- NBSU all equipment is available but not proper functional in FRUs/DWH
- Only Aligarh DWH NBCC & SNCU are fully functional. at a time 6 child admitted in SNCU.
- One pediatrician and Two staff nurses are trained in 4 days FBNC and 12 days FBNC observer ship training.
- Two radiant warmer were damaged and they are not functional.
- vit. K injection is not available any facility
- Only 5 trays without any label were available in labour room CHC Sadabad Hathras, CHC Atrauli, Inj labetolol, Tab. Labetolol and tab methyldopa were not available in LR of most of the facilities.
- Autoclaved delivery set for each delivery was not in proportion to client load at most of the facilities.
- Sterilizer, Oxygen cylinder, Partograph, Labeled plastic jars for drugs and injectables, Colored bins for bio medical waste management, Hub cutter and Puncture proof container were not available in LR at CHC Sadabad Hathras, CHC Atrauli Aligarh. Plastic tubs for 0.5% Chlorine solution available at most of the facilities.
- Intranatal Protocols (AMTSL , PPH etc.) available but no adherence to protocols at most of the Facilities.
- Staff nurses do not know how to fill up the partograph & do

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	<p>AMTSL.</p> <ul style="list-style-type: none"> • Availability of 3 things must be ensured in the labour room - <ol style="list-style-type: none"> 1. Protocols of Active Management of 3rd Stage of labour. 2. Injection Oxytocin ,Magnesium sulphate & Labetolol. 3. Partograph of each women in Labour • Proper IMEP including waste management was not practiced.
ANC/PNC Wards	<ul style="list-style-type: none"> • Only 4 beds available in PNC ward – for 6 deliveries per day at CHC Sadabad Hathras. • Technical protocols and IEC material was not displayed in PNC wards at CHC Sadabad Hathras, CHC Atrauli, CHC Charra Aligarh & CHC Ganjundwara Kasganj
OT	<p>OT was not functional at CHC Sadabad Hathras, CHC Atrauli Aligarh</p> <ul style="list-style-type: none"> • C/S was not being performed even LSAS trained doctor and surgeon were posted at CHC Sadabad
FP	<ul style="list-style-type: none"> • Camp calendar for sterilization was prepared and followed. • RMNCH+A counselors were recruited and provide counseling.
RKS	<ul style="list-style-type: none"> • Formation of RKS as per new GO was under process.
JSY	<ul style="list-style-type: none"> • CHC Sadabad Hathras- 46 Bank Cheque dated 23.06.2014 to 30.07.2014 was not handed over to the Beneficiary. • DWH Aligarh- 27 Bank Cheque dated 01.11.2013 to 30.06.2014 was not handed over to the Beneficiary. • CHC Atrauli Aligarh-102 Bank Cheque dated 21.04.2013 to 02.07.2014 was not handed over to the Beneficiary . • CHC Charra Aligarh- 82 Bank Cheque dated 28.05.2013 to 22.06.2014 was not handed over to the Beneficiary. • DWH Kasganj- 42 Bank Cheque dated 30.06.2014 to

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	<p>01.07.2014 was not handed over to the Beneficiary..</p> <ul style="list-style-type: none">• CHC Ganjdudwara Kasganj- 89 Bank Cheque dated 22.11.2013 to 04.07.2014 was not handed over to the Beneficiary.• CHC Sonro Kasganj-146 Bank Cheque dated 31.05.2014 to 05.07.2014 was not handed over to the Beneficiary.

सामुदायिक स्वास्थ्य केन्द्र सादाबाद (हाथरस)



चिकित्सा एवं स्वास्थ्य विभाग की हेल्पलाइनस का विवरण

हेल्पलाइन नं. किस्म कार्य हेतु

- 1- 18001800444 - राष्ट्रीय स्वास्थ्य बीमा योजना के अन्तर्गत गरीबी रेखा से नीचे जीवन व्यापन करने वाले परिवारों को चिकित्सा सुविधा उपलब्ध कराये जाने हेतु।
- 2- 18001801900 - जननी स्वास्थ्य सुरक्षा जवनी सुरक्षा एवं नवजात शिशु देखभाल सम्बन्धी योजना के अन्तर्गत चिकित्सा में महिलाओं के गर्भ धारण प्रसव सम्बन्धी तिस्युक्त चिकित्सा सुविधा हेतु।
- 3- 1800180 5145 - चिकित्सा एवं स्वास्थ्य विभाग की किसी भी प्रकार की समस्या व शिकायतों हेतु।
- 4- 102 - भारतीय महिलाओं एवं बच्चों को राजकीय स्वास्थ्य इकाई पर पहुँचाये जाने व उनके घर तक लाने हेतु।
- 5- 108 - आकस्मिक सेवा एवं परिवहन सुविधा उपलब्ध कराये जाने हेतु।

डा. रामबोर सिंह
मुख्य चिकित्सक अधिकारी (हाथरस)

सादाबाद
जिला स्वास्थ्य अधिकारी (हाथरस)

राष्ट्रीय शिशु स्वास्थ्य मिशन अन्तर्गत कार्यक्रम
विश्व स्तनपान सप्ताह (1-7 अगस्त 2016)

स्तनपान "शिशु स्वास्थ्य का सबसे अच्छा दोस्त है।"

स्तनपान स्वस्थ रहने का एक अच्छा, सस्ता और सुरक्षित तरीका है।

शिशु को दूध नवजात के लिए सर्वोत्तम पदार्थ है जो बच्चे को पूर्ण पोषण प्रदान करता है।

आरम्भ के 3-4 दिनों तक का माँ का दूध जिसे कोलोस्ट्रम कहते हैं, अद्भुत गुणों का भण्डार है। इससे रोगों से लड़ने की अपूर्व प्रतिरोधी क्षमता होती है।

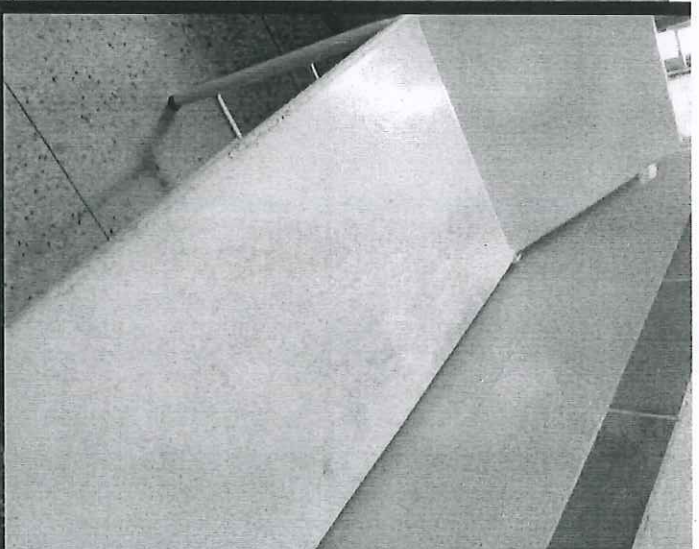
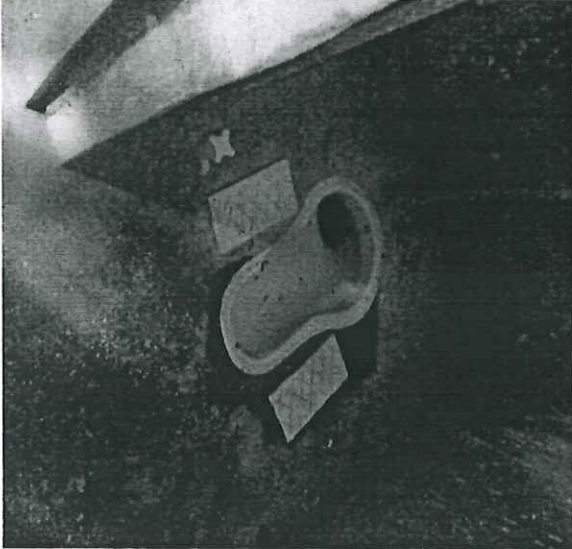
शिशु को दूध पाना प्रत्येक नवजात का अधिकार है।

आरम्भ के 6 माह तक शिशु को माँ के दूध के अतिरिक्त कुछ भी न दे। यहाँ तक कि पानी, फल, शर्करा अथवा उपरी दूध आदि कुछ भी नहीं।

शिशु के स्वास्थ्य के लिए डिब्बाबंद दूध तथा बोतल का प्रयोग अत्यन्त हानिकारक है जो बच्चे का मानसिक एवं मनोवैज्ञानिक विकास रोकता है।

जिला स्वास्थ्य अधिकारी, हाथरस

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DWH Aligarh

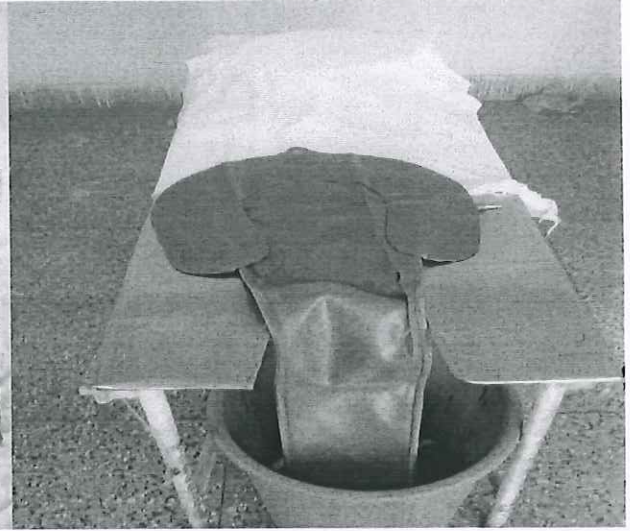


CHC Atrauli Aligarh

Labor Room

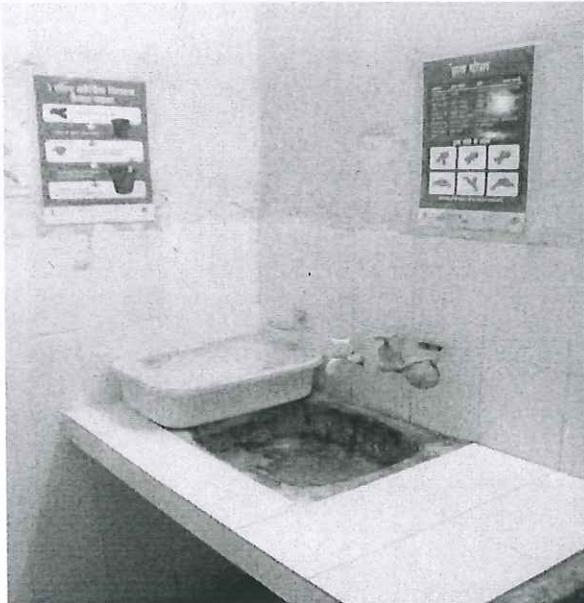


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Hand washing area

Warmer

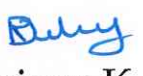



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SNCU at DWH Aligarh




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