



राज्य कार्यक्रम प्रबन्धन इकाई
राष्ट्रीय स्वास्थ्य मिशन, उत्तर प्रदेश
विशाल कॉम्प्लैक्स, 19-ए, विधान सभा मार्ग, लखनऊ।

Received
1-8-14
11:40

प्रेषक,

उपमहाप्रबन्धक (आई०ई०सी०)
राष्ट्रीय ग्रामीण स्वास्थ्य मिशन
उ०प्र०, लखनऊ।

सेवा में,

महाप्रबन्धक (एम० एण्ड ई०)
राष्ट्रीय ग्रामीण स्वास्थ्य मिशन
उ०प्र०, लखनऊ।

पत्रांक:-एस०पी०एम०यू०/एन०आर०एच०एम०/आई०ई०सी० /2014-15/48/

/दिनांक 30-7-14

विषय:- बस्ती मण्डल के भ्रमण आख्या के संबंध में।

महोदय,

कृपया इस कार्यालय के पत्रांक एस०पी०एम०यू०/एन०आर०एच०एम०/एम०एण्डई०/2014-15/980 दिनांक 05.6.2014 तथा पत्रांक एस०पी०एम०यू०/एन०आर०एच०एम०/एम०एण्डई०/2014-15/04/1281 दिनांक 18.06.2014 द्वारा जारी कार्यवृत्त के अनुपालन में राष्ट्रीय स्वास्थ्य मिशन के अन्तर्गत चिन्हित 169 प्रसव केन्द्रों (जिला महिला चिकित्सालय एवं सामुदायिक स्वास्थ्य केन्द्र) में RMNCH+A के सघन अनुश्रवण हेतु अद्योहस्ताक्षरी को आवंटित बस्ती मण्डल का भ्रमण दिनांक 26 एवं 27 जून, 2014 को टीम के अन्य सदस्यों डा० एम०के० मौर्या कन्सल्टेन्ट, मातृ स्वास्थ्य एवं श्री विनीत श्रीवास्तव, पी०सी० आयुश के साथ राजकीय किराये के वाहन द्वारा किया गया।

उक्त के क्रम में बस्ती मण्डल का भ्रमण आख्या पत्र के साथ संलग्न कर अवलोकनार्थ एवं आवश्यक कार्यवाही प्रेषित है।

संलग्नक : पत्रोपरि।

भवदीया,

(डा० रचना सरकार)

उपमहाप्रबन्धक आई०ई०सी०

पत्रांक:-एस०पी०एम०यू०/एन०आर०एच०एम०/आई०ई०सी० /2014-15/48/2009-1 /तददिनांक
प्रतिलिपि- मिशन निदेशक, राष्ट्रीय स्वास्थ्य मिशन, उ०प्र० को सादर सूचनार्थ प्रेषित।

Gur (MKT)

Asst. Secy

31/7/14

Ranjan
30/7/14

(डा० रचना सरकार)

उपमहाप्रबन्धक आई०ई०सी०

Field Visit Report : 1st Round

Basti Division

Name of Health Facility: CHC Menhdawal (L-2 Delivery Point)

Date of visit: 27th June, 2014

General information: Located at a distance of 25 KM from the district headquarter, this CHC has catchment population of 2,13,742. Specialists (Gynae/ Obs, Paediatrician and Anaesthetist) are now available to run this facility as L-3 Delivery Point. Staff and MO's quarter available. Minor civil work is required in the building of CHC. Electricity without power back up, generator available but rarely used. Running water facility available.

Observation reported and suggestion for filling the gap:

Observation reported	Suggestion for filling the gap
<p>Labour Room: Labour room is functional with one toilet attached with adjacent room. Two labour table with Macintosh sheet and mattress, 10*10 ft. space available only with one Labour table, Kelly's pad placed on the labour table without filling the air. Mosaic floor with tiling done on wall as per norm i.e. up to 6 feet, damaged mesh placed in windows. Elbow operated tap not placed for hand washing in running water supply. Foot steps require painting. No restricted entry, clients and service providers both entering in LR using general slippers and shoes.</p> <p>Status of Trays placed in Labour room: Only two trays were placed in which drugs and consumables were not kept as per the guideline.</p> <ol style="list-style-type: none">1. Episiotomy tray: Artery forceps, Allis forceps, thumb forceps and Toothed forceps were missing.2. Emergency drug tray: Inj. Carboprost, Tab Nifedipine, Inj. Hydralazine & Tab. Methyldopa, Tab & Inj. Labetalol not found.	<p>Following work needs to be prioritized in phase manner: Tiling should be done on the floor of labour room by replacing damaged mosaic floor. Elbow operated taps to be installed. Repair of window mesh and painting in foot steps and old delivery tables required, Restricted entry to be ensured in LR as it is done in case of OTs.</p> <p>Ideally, six trays i.e. Delivery Tray, Episiotomy tray, Baby tray, Medicine tray, Emergency drug tray and MVA/ EVA tray should be maintained at L-2 facility. All drugs & consumables pertaining to concerned tray must be kept as per criteria. Maternal & Newborn Health Tool Kit has been shared with the Paediatrician and LR personnel to take corrective measures as per guideline.</p>
<p>Equipments/ accessories not found in the Labour Room: Wall mounted thermometer, equipment for adult resuscitation, Screen/partition between two tables, Stool for birth companion, Wall mounted/ side lamp, Autoclaving facility in LR, Refrigerator, Newborn thermometer, Pulse oxymeter, Sterilizer, Partograph, Labelled plastic jars for drugs and injectables with date of expiry written on them</p>	<p>Plastic tubs (instead of bucket) should be used for preparing .5% chlorine solution.</p> <p>Equipments and accessories, as listed in the left pan, should be procured and made available in the LR for smooth functioning.</p>

<p>against each drug. Puncture proof container, Foetoscope/Foetal Doppler, Shadowless lamp, Mosquitoe repellent.</p>	
<p>OT: It has been lying non functional since past one year due to unavailability of a Gynaecologist and Anaesthetist. OT Table, OT Light and AC are installed, Boyles apparatus functional, Surgical diathermies and Pulse oxymeter not available, two laparoscope functional.</p>	<p>The issue has been discussed with the Paediatrician present during the visit. Caesarian operations will be started from this week as CHC Superintendent (a Male Gynaecologist) has joined this facility and a LSAS trained MO is already posted there.</p> <p>Surgical diathermies and Pulse oxymeter to be procured soon.</p>
<p>Newborn Care Corner: Baby weighing tray, Ambu bag and mask (Paediatric and adult) and Mucus Extractor available, one functional and one non-functional radiant heat warmer available. New Born Care Corner of 2.5*1.5 size written on the wall.</p>	<p>One non-functional Radiant heat warmer has to be repaired soon as the facility conducts more than 200 deliveries every month.</p>
<p>BMW Management & adherence to IMEP protocols: BMW management not in practice though Colour coded bins are placed both in labour room and immunization room. No Puncture proof container placed in immunization room. Hub cutter was available in Immunization room only. Syringes and needles were thrown here and there openly in the premises.</p>	<p>Puncture proof container should be placed in immunization room. Colour coded bins placed both in labour room and immunization room should be labelled as per protocol for the ease of all staff and attendant. Hub cutter should be provided in injection room too.</p>
<p>Quality parameters: Lab equipments were found functional. Pathological services being rendered to PWs with the facility for testing of Hb, Urine albumin and sugar, VDRL, HbSAG, Blood group. Partograph is not being plotted. Line listing of severe anaemic women not in practice. Detection and line listing of High Risk pregnancy (HRP) not in practice. Staff Duty roasters not being updated.</p>	<p>Line listing of High Risk pregnancies and severe anaemic women to be prioritized along with regular follow up. Focus should be laid on preparation of partograph and developing newborn resuscitation skills during the SBA training of ANMs/ SNs.</p>
<p>MH Registers for documentation: MH registers not being maintained on standard formats shared by the state. Institutional delivery register, Referral out register, JSSK Diet register, JSSK Drug register was being maintained. BHT being maintained on new format provided by the GoI but information in different sections is being filled partially.</p>	<p>Standard registers for MH i.e. ANC, LR, PNC, Referral- In, Referral-Out register, BHT , Referral slip provided by the state should be used mandatorily.</p> <p>Data/ Information must be filled completely in every format and register for making future references.</p>
<p>IEC: CHC's Landmark placed near approaching roads, SBA protocol posters displayed but not as per the guideline. For e.g. AMTSL poster not displayed in LR, ANC & KMC posters displayed in LR. JSY wall writing done. JSSK entitlements displayed. IEC pertaining to newborn care i.e. colostrums feeding,</p>	<p>SBA Protocol posters should be displayed in LR/OPD/PNC Ward/OT as per guideline shared during the visit. JSSK EDL board to be placed.</p>

exclusive breast feeding displayed at the entrance of labour room and in PNC wards. Details of Helpline also displayed. List of available medicines written on blackboard using chalk. No JSSK EDL board placed.	
Implementation of JSY & JSSK: A/C payee cheques are being issued to JSY beneficiaries. JSSK is being implemented as per guideline. Pulse, bread and milk being given. Dropback is being ensured.	Diagnostics services for all PWs in outreach settings should also be strengthened.
MCTS & HMIS : One inverter is available for computer power backup. Internet data card not available. HMIS data is not regularly analyzed & monitored by MS . Only Operator & BDA were aware about HMIS.	BPM should also be trained on HMIS & MCTS.
ASHA: AGRC member's list was not displayed .Stay arrangements for ASHA at night is not available	Display AGRC member's list. One room should be allocated in the premises for stay of ASHA at night.
102 & 108: Record was not properly and separately maintained.	It is suggested to do proper documentation of data separately.
Family Welfare: RMNCH+A counselor was not posted. Sterilization camps have not been organized in this FY.	Counsellor should be posted on priority as the facility conducts more than 200 deliveries per month.
RBSK: Separate room was not available for RBSK.	It is suggested to provide one room for RBSK Staff for preparing their reports and records.
Routine Immunization: Immunization schedule was not displayed near OPD and Vaccine Store Room.	Immunization schedule should be displayed near Immunization room, OPD & patient waiting area.

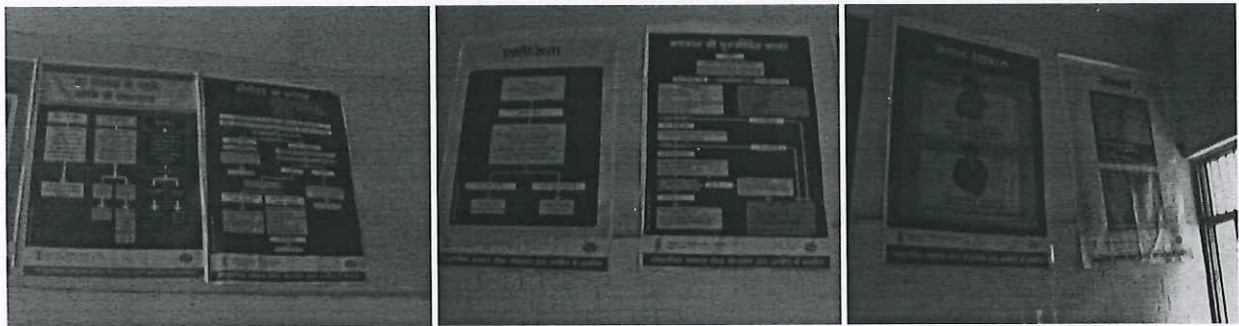
Training status of HR posted at CHC Menhdawal

Sr. No.	Category of Staff	No. of Staff posted (both Regular & Contractual)	No. of Staff trained in					
			SBA	NSSK	IUCD insertion	EMOC	LSAS	FIMNCI
1	MO (Male)	6						
2	LMO	Nil						
3	Staff Nurse	5	2	4	3			
4	ANM	1	-	-	1			
5	HV	1	-	-	1			

Comments: Every Staff Nurse/ ANM posted in LR should be trained in SBA & NSSK.



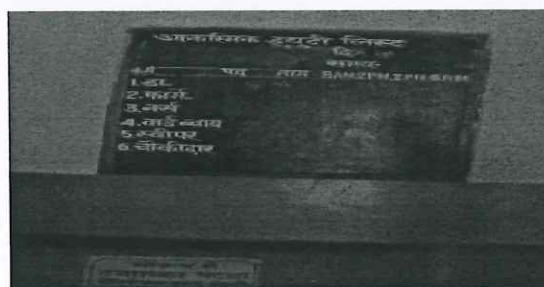
Despite the availability of Sharp waste pit, needles burnt and thrown in open



SBA protocol posters 2'3" ft. size displayed in LR without any relevance



Delivery tables with accessories in LR, Ambu bag lying near baby receiving tray in unhygienic condition



No information displayed on Emergency duty roster board

Field Visit Report : 1st Round

Basti Division

Name of Health Facility: DWH, Basti (L-3 Delivery Point)

Date of visit: 26th June, 2014

General information: General cleanliness was maintained in the whole premises including wards. Running water supply and electricity with power back up available. Despite of availability of one extra chamber, OPD is being conducted in one room (Room No. 4) by four LMOs/ Gynecologists.

Observation reported and suggestion for filling the gap:

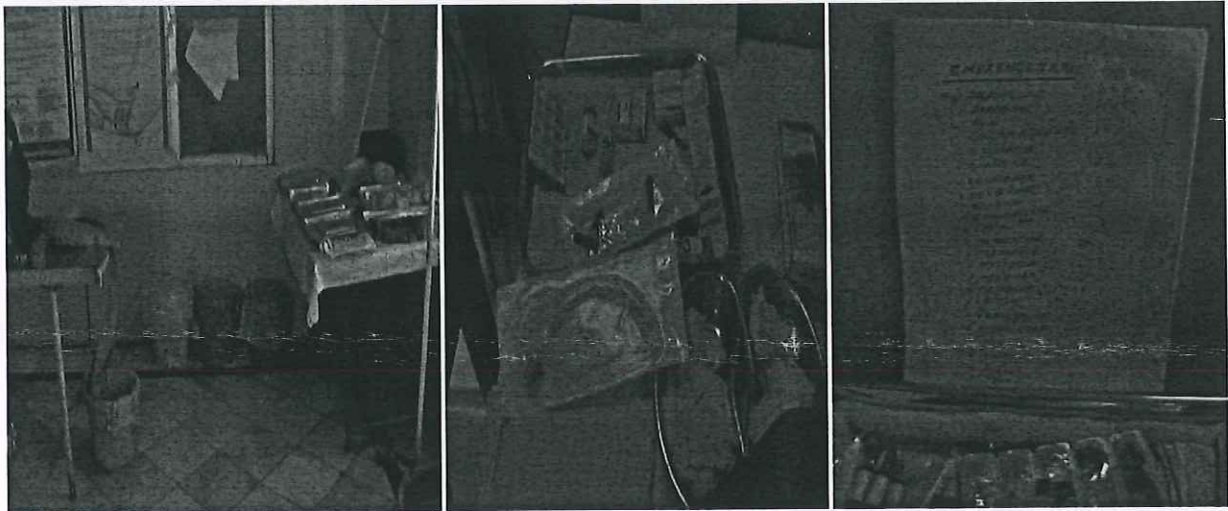
Observation reported	Suggestion for filling the gap
<p>Labour Room Duty Roster: Date and time not mentioned in the Duty roster displayed outside the LR.</p>	<p>Roster to be displayed by mentioning name of Staff, date and time of duty.</p>
<p>Labour Room: Labour room is functional with the provision of restricted entry. Three labour tables placed without mattress, Tiled floor with tiling done on wall as per norm i.e. up to 6 feet. Elbow operated tap not placed for hand washing</p> <p>Status of Trays placed in Labour room: Drugs and consumables were not kept in 7 trays as per the guideline.</p> <ol style="list-style-type: none"> 1. Episiotomy tray: Inj Xylocaine 2% was missing. 2. MVA/EVA Tray: Not maintained. Only MMA services available. 3. Emergency drug tray: Inj Methylergometrine still being used as a uterotonic. Inj. & Tab. Labetalol not found. <p>SBA /EMOC protocols were displayed as per protocol in the LR.</p>	<p>Following work needs to be prioritized in phase manner: Labour table and step stool require painting, Elbow operated taps to be installed. Repair of window mesh required.</p> <p>Ideally, 7 trays i.e. Delivery Tray, Episiotomy tray, Baby tray, Medicine tray, Emergency drug tray, MVA/ EVA tray and PP IUCD tray should be maintained at L-3 facility. All drugs & consumables pertaining to concerned tray must be kept as per criteria. Maternal & Newborn Health Tool Kit has been shared with the LR Staff & CMS to take corrective measures as per guideline.</p>
<p>Equipments/ accessories not found in the Labour Room: Screen/partition between two tables to ensure privacy, Stool for birth companion, Autoclaving facility in LR, Refrigerator, Pulse oxymeter, Partograph, Labelling required on plastic jars for drugs and injectables with date of expiry written on them against each drug. Puncture proof container.</p>	<p>Equipments and accessories, as listed in the left pan, should be procured and made available in the LR for smooth functioning.</p>
<p>OT: Two OT Table, OT Light, shadowless lamp placed and split AC installed, one Boyle's apparatus functional. Surgical diathermies and Pulse oxymeter not available, EMOC Protocol displayed. Fire</p>	<p>One electronic suction machine required. Elbow operated tap to be installed in hand washing area. The issue has been discussed with the CMS. Surgical diathermies and Pulse oxymeter to</p>

separately.	
HMIS & MCTS: Licensed antivirus was not installed in computers being used for data entry of MCTS & HMIS.	CMS was told to procure the Antivirus as per guideline.
Routine Immunization: Immunization schedule was not displayed near OPD (Paediatric) & outside the vaccine store room. Cold chain was maintained.	Immunization schedule to be displayed.
SNCU: No pediatrician is posted in the Hospital while there is requirement of 3 pediatricians (including 1 for running the SNCU properly). Autoclave facility was not separately available at SNCU. Autoclaving is being done near OT. Micro HCT & Microscope was not available at SNCU. No budget for SNCU has been received by CMS.	CMO is requested to arrange the required staff and also provide necessary budget.
RMNCH+A Counsellor's chamber has very less space available to ensure proper sitting arrangement for the client. Even privacy can't be maintained in such sort of open chambers. FP counseling record was not properly maintained.	It is suggested to ensure privacy by providing a close chamber to RMNCH+A Counsellor and also maintain records properly as per guideline.

Training status of HR posted at DWH Basti as on 26th July, 2014

Sr. No.	Category of Staff	No. of Staff posted (both Regular & Contractual)	No. of Staff trained in					
			SBA	NSSK	IUCD insertion	EMOC	LSAS	FIMNCI
1	MO (Male)	5		1			2	1
2	LMO	7				1		
3	Staff Nurse	17*	5	2	10			
4	ANM	2**						
5	HV	0						
* 12 Staff Nurse & 5 Matron								
**At PPC								

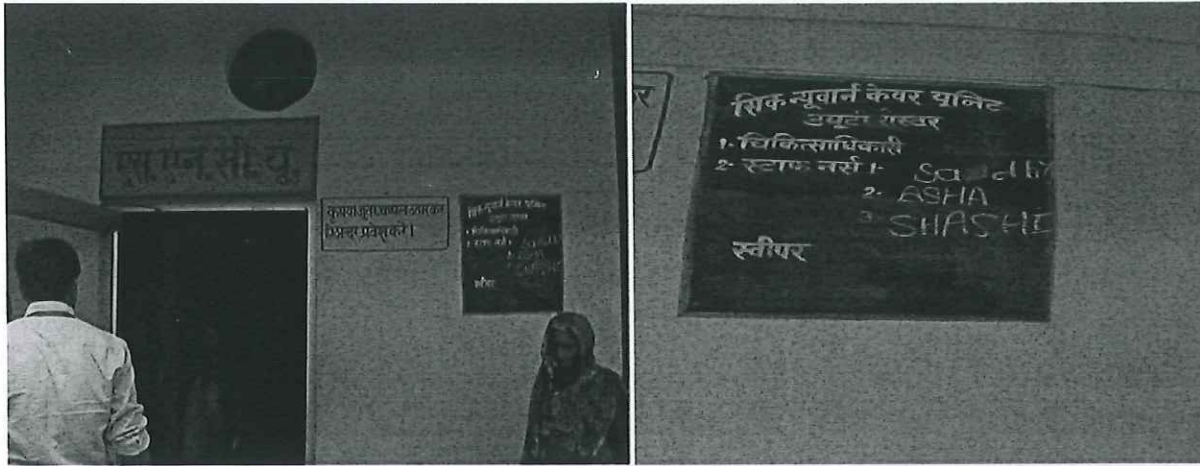
Comments: Every Staff Nurse/ ANM posted in LR should be trained in SBA & NSSK.



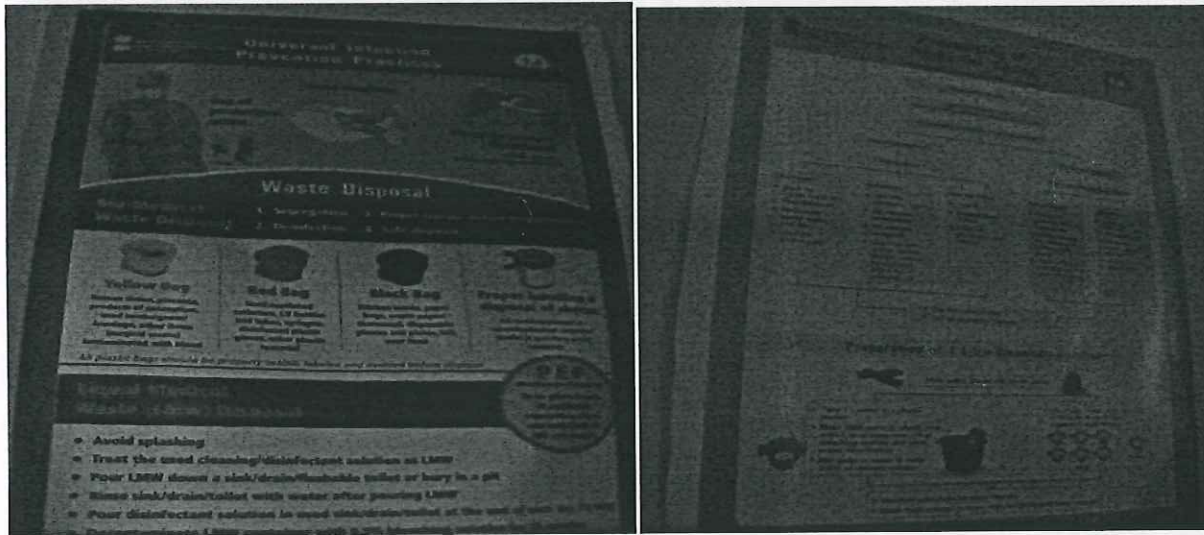
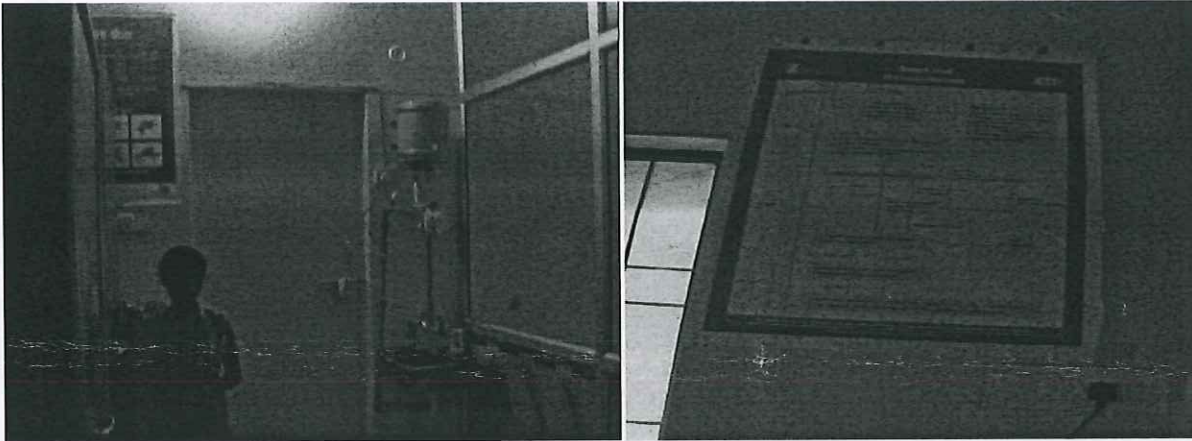
Colour coded bins placed in LR for BMW management, Drugs and consumables placed in LR Trays



EMOC Protocol posters displayed in LR



Duty roster placed outside SNCU not showing date and time of Staff Duty



Protocol posters well placed in SNCU at relevant location