

Trip Report

Visiting officers

Dr. Rinku Srivastava, DGM, SIFPSA

Dr. K K Dhawan, M&E Consultant, NHM

Dates

20-21st Oct,16

Place

Ambedkarnagar & Faizabad

Purpose

Supportive supervision visits for Matritwa Saptah.

Team visited Ambedkarnagar on 20th Oct & Faizabad on 21st October and monitored 13 sessions in two days of 4 blocks. Summary of key points of visit are as below:

S.No	Date of Visit	District	Block	Village
1.	20/10/16	Ambedkarnagar	Kathari	1. Pyarepur
				2. Gopalpur
				3. Ahrauli
2.	20/10/16	Ambedkarnagar	Akbarpur	1. Sonagaon
				2. Hasanpur
				3. Chakey
3.	21/10/16	Faizabad	Suhawal	1. Raunahi
				2. Barwa
				3. Badagaon
				4. Cheira
				5. Jaganpur
1				·
4.	21/10/16	Faizabad	Rudauli	1. Roza
				2. Poorechauhan

Key Observations:

- ANMs, AWW and ASHA were there in all 12 out of 13 centres visited by undersigned.
 They informed that they reported at 9.00 am. To cross check when asked the time of
 visit of first client, it was found between 9.30-10.30 am. However in one of the
 subcenter in district faizabad ANM was winding up the session at the time of visit at
 2:00 p.m though they were supposed to stay till 4:00p.m
- 2. In one of the village Roza of district Faizabad ANM winded up the session and already left when the team visited at 1:00 p.m
- 3. All desired Logistics were available and functional. The stamp pad was found blue in Ambedkarnagar but red sketch pen was given, as CMO informed that only 100 stamp pad were available in district.
- 4. In some of the centres bed sheets were not spread on the examination bed and in some of the examination room there were no curtains or screen so the privacy was compromised.

g,

- 5. IEC Materials were not in display in most of the centres visited. Only Banner was being hung outside the centre.
- 6. It was good to see the details of bank account and adhaar card number in > 50 % of places against the client but MCTS number was not mentioned in most of the places visited. This was major problem in Faizabad and as briefed that there is issue of recruitment of MCTS operator. Tally sheet which was provided in most of the centres in district faizabad had smaller columns and hence lesser space to accommodate mobile nos, registration numbers and other findings.
- 7. MCP cards found at some of the centres in both the districts were older version and were not being properly filled. Moreover last page of the new MCP card which was supposed to be torn and kept at the centre was not being done.
- Most of the ANMs were collecting used syringes and strips in polythene but disposal
 of plastic cups for urine sample was not found proper. They were asking the PW to
 carry it back/dispose off.
- 9. Most of the investigations were carried out and cross checked with client and available used strip but at one place, ANM has not done urine examination of any client and false reporting as nil for albumin and sugar were made. It was also found that some of the ANMs were not aware about the effectiveness of urine strip for albumin and sugar both.
- 10. B.P measurement of PW was not properly done at most of the sites and in one place ANM did not apply stethoscope on the arm of a PW though she used mercury sphygmomanometer.
- 11. Estimation of Hb with Hb color matching counter did not go well in some of the centres as ANM seemed to be not properly trained on its usage.
- 12. In most of the centres pointer of the weighing machine was not on the zero mark.
- 13. It was also observed that some of the ANMs donot understand how to fill information on MCP card. Adhaar card, MCTS number were not filled on card despite being available at tally sheet. Further, ANC examination details were not filled appropriately in month wise column and investigation reports not being filled.
- 14. Supportive supervision district team was making touch and go visits, as found in one of the case where ANM was mentioning wrong information for urine test and most of the visits were completed by 12.00 noon.

Undersigned also visited Hausala Training centres of both the places and key observations are as below:

HTC Ambedkarnagar:

- 1. The Centre is well equipped and two training batches have been conducted in past.
- 2. The communications send in past by SIFPSA were not filed properly and there is some issue of email access also.

- CMS , Ambedkarnagar was explained that it is necessary that all communications send by SIFPSA should be followed stringently and proper records should be maintained.
- 4. It was also found that funds which was e transfer under Comprehensive FP training 35 HTC project has not been received. CMS was requested to send the request letter alongwith documents to sifpsa for f.n.a.
- 5. There is a need for orientation of support staff team for proper maintenance of records.
- 6. It was also requested that TQM, Male , MBBS doctor should be trained in Minilap Induction batch asap for contribution in FST services.
- 7. CMS was also requested to track the performance and empanelment of trainees trained at HTC Ambedkarnagar.
- 8. It was found that FST case load is presently poor at HTC and requested that CMS, Ambedkarnagar to coordinate with CMO, Ambedkarnagar for proper mobilization of FST clients at centre during training. Div PM, Faizabad should also complete the IEC activities planned at their level for supporting awareness creation and client mobilization at HTC.

Meeting with CMS, DWH, Faizabad

- HTC has been proposed in DWH Faizabad. As of now, nothing has been done citing the reason that once new building (OPD block) will be handover, strengthening will begin.
- 2. Undersigned visited the site selected for HTC and found that proposed training room is at 2nd floor of new proposed OPD wing. The area is indeed good, vast but considering the distance from Labor room and OT, it was not found appropriate. Further, there is already one room in ground floor which has been utilized for training.
- Based on discussion with CMS, the same place has been decided for HTC training room. CMS was requested to initiate the strengthening and recruitment process immediately so that training may be initiated from end November.16.
- 4. Funds for HTC has been received at DWH, Fzb and account has been opened.
- Both CMS were explained about the guidelines for additional provision for provider as Rs. 200/- and mobility support for ASHA as Rs.100/- for disseminating the information to concerned for maximum benefit and improvement of FST services at HTCs.

Recommendations:

Copy of trip report will be shared with original forms with M&E section of NHM.

Letter to CMS Ambedkarnagar and Faizabad will be send for action for strengthening of HTC and training activities.

Dr Krishan Krohawan Consultant MER NHM

(Dr. RINKU SRIVASTAVA DGM (Business Development

PHOTO-GALLARY

