



# **SUPPORTIVE SUPERVISION VISIT**

**DATE : 20 to 24 OCT, 2016**

**DISTRICT : FIROZABAD**



# THE TEAM

## TEAM 1-

Dr.Vikas Singhal,	DGM-RI
Mo. Feroz	PC-RBSK
Km. Neha Yadav	Nurse Mentor

## TEAM 3-

Dr.Sunanda Verma,	DGM-CH
Dr. A.K.Rai,	JD-CHC
Mr. Dharmendra Dubey	RO-MIS
Km. Kavita	Nurse Mentor

## TEAM 2-

Dr.Pankaj Saxena,	DGM-FP
Mr. M.P.Singh	PC-NCD
Mr. Sanjay K.Goel	PC-RI
Km. Shanu Chauhan	Nurse Mentor
Mr. Sanjay Sehoria	DPM-Etah

## TEAM 4-

Dr.Swapna Das,	GM-RBSK
Dr. Yogeshwar Dayal,	Consultant-NCD
Dr. Himanshu Arya,	Consultant-AYUSH
Mr. Navneet Mishra,	Data Analyst-MCTS
Km. Nishi Yadav	Nurse Mentor

**TEAM = Together Everyone Achieves More**

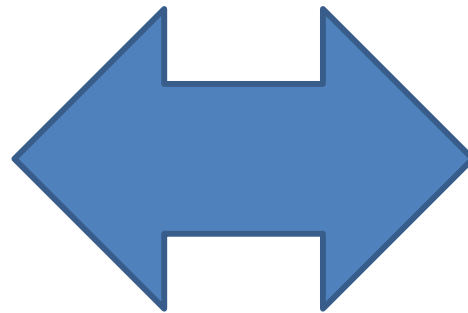
TEAM = Together Everyone Achieves More

# GAP ANALYSIS



**Team visits were started from 04-10-16 and On the basis of their observation gaps were identified that needs much attention. Gap analysis was discussed with all concerned officers with the timeline for rectification/corrective action. Team started revisits from 20-10-16 and status of Compliances with respect to gap analysis are as follows-**

# Non Compliance

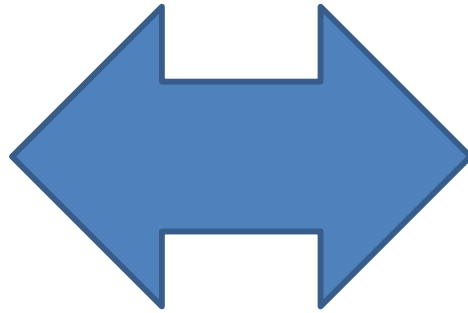
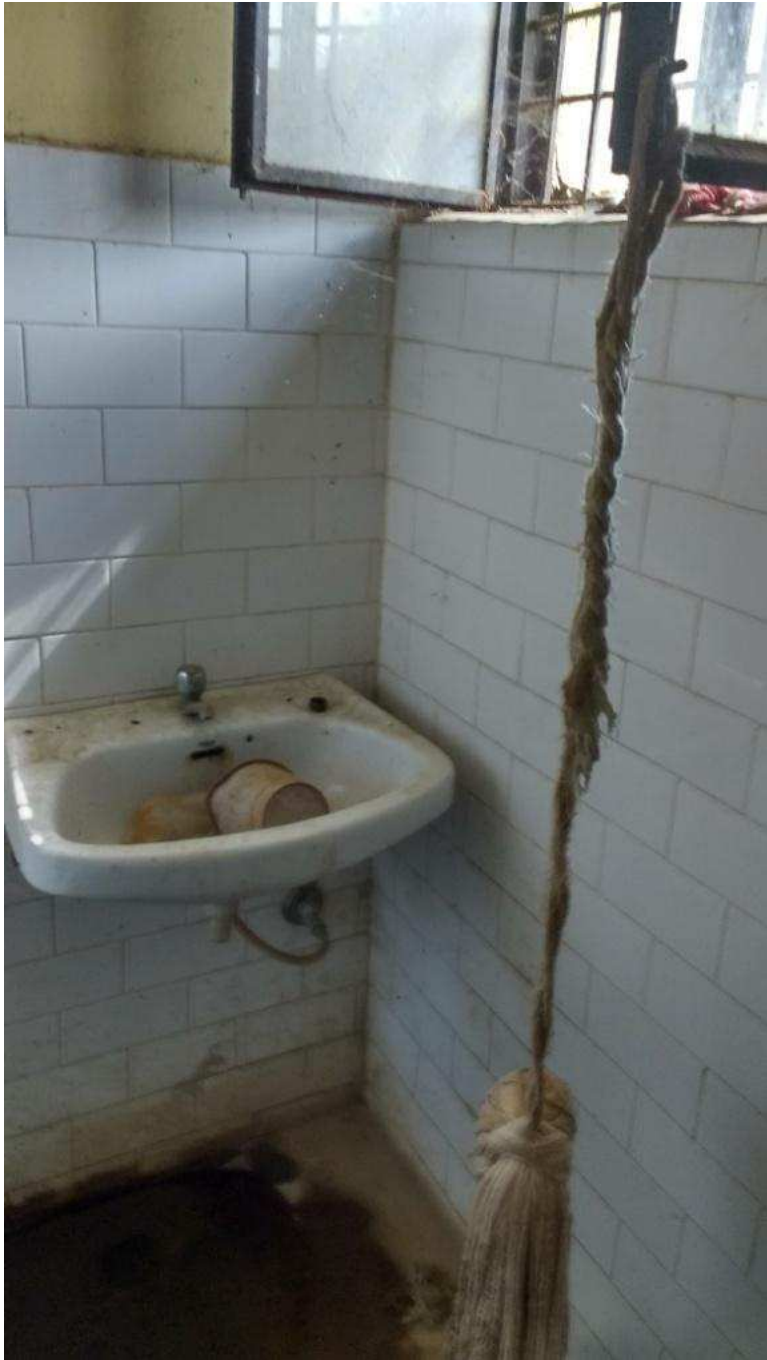


CHC Sirsaganj

4 Oct 16

20 Oct 16



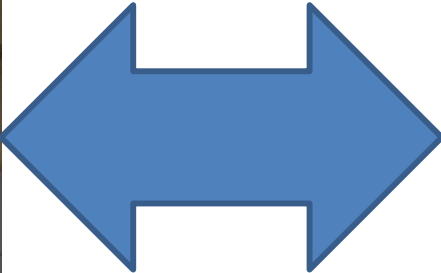


CHC Sirsaganj

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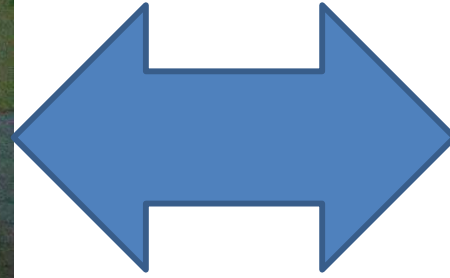
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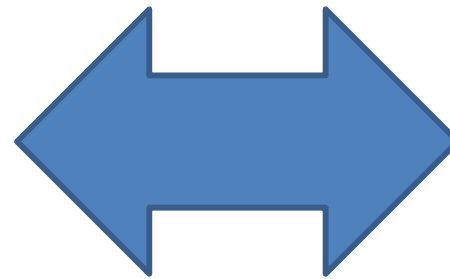
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NPHC Fariha

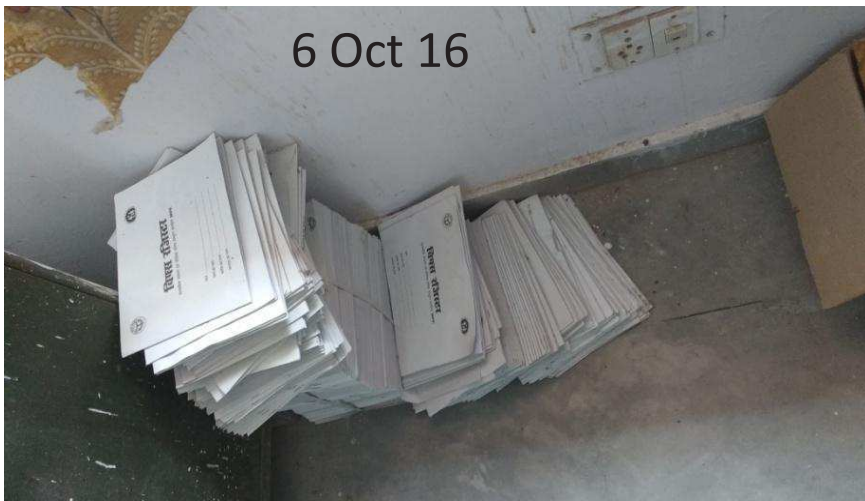


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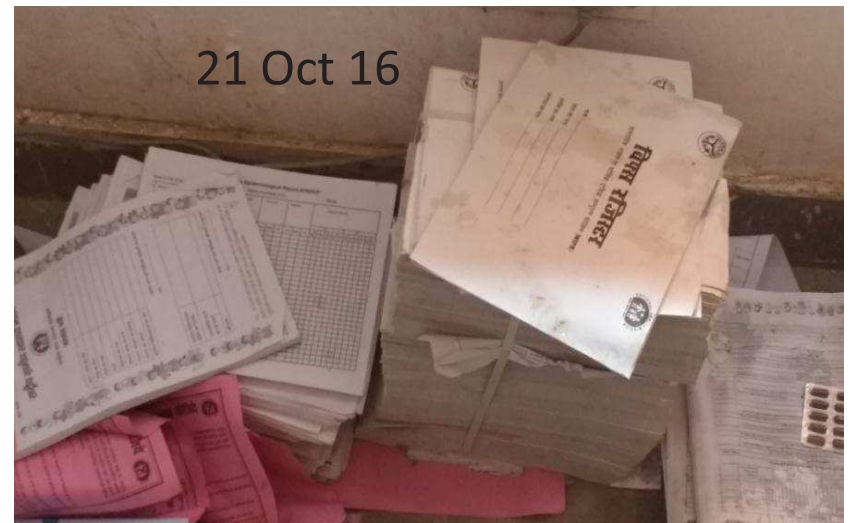
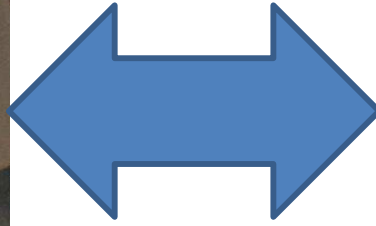


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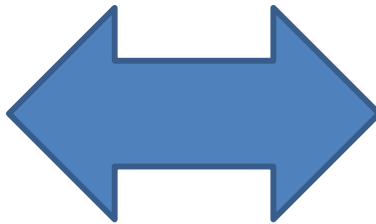




CHC Khairgarh



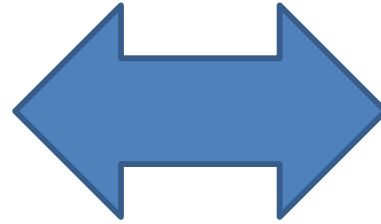
CHC Sirsaganj





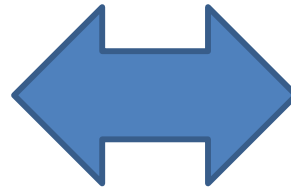


7 Oct 16



22 Oct 16

**AYUSH Wing**

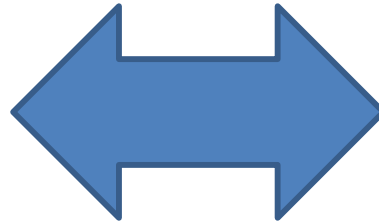




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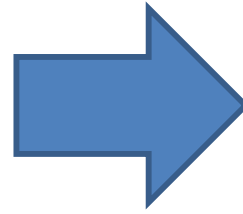


**DH - NCD Clinic & Geriatric OPD  
(No Seperate Rooms Available)**

# In Progress

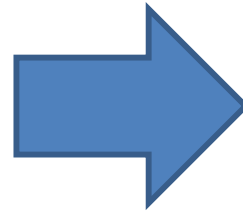


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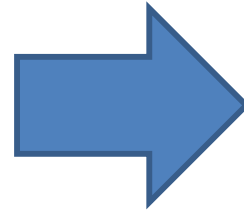
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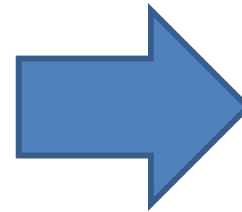
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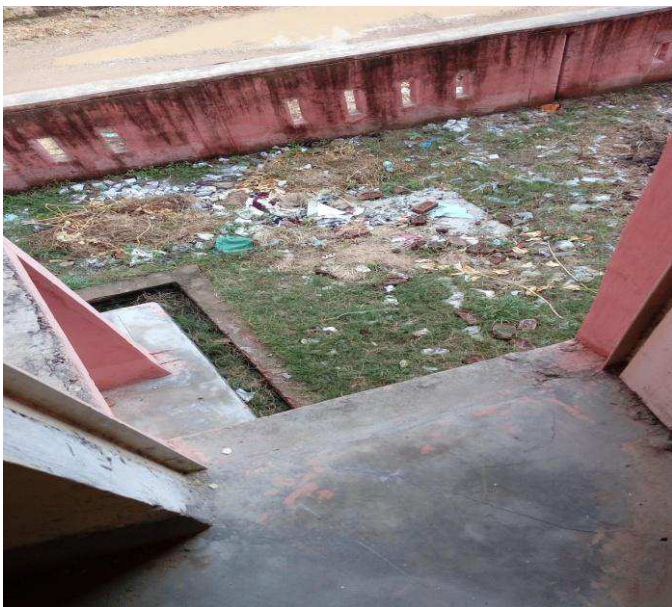


CHC Dhanpura

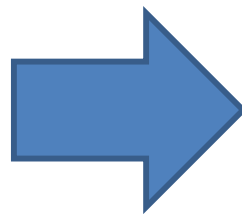


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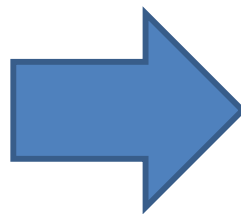


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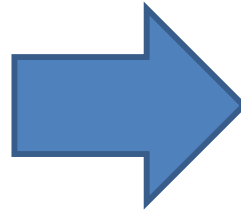
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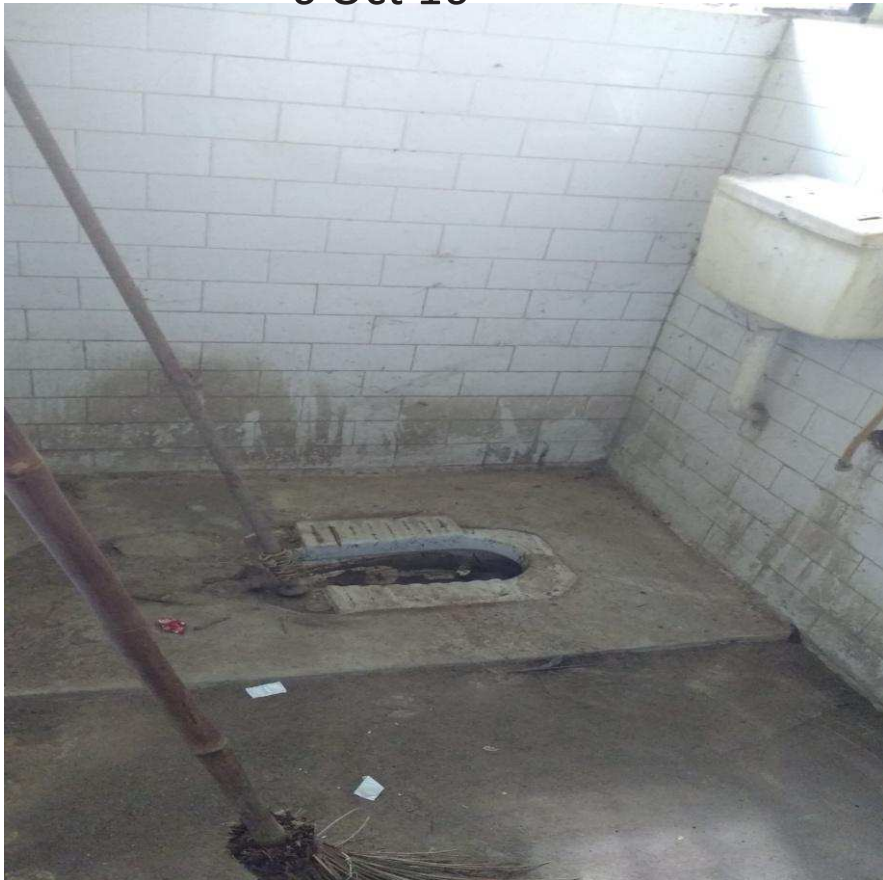




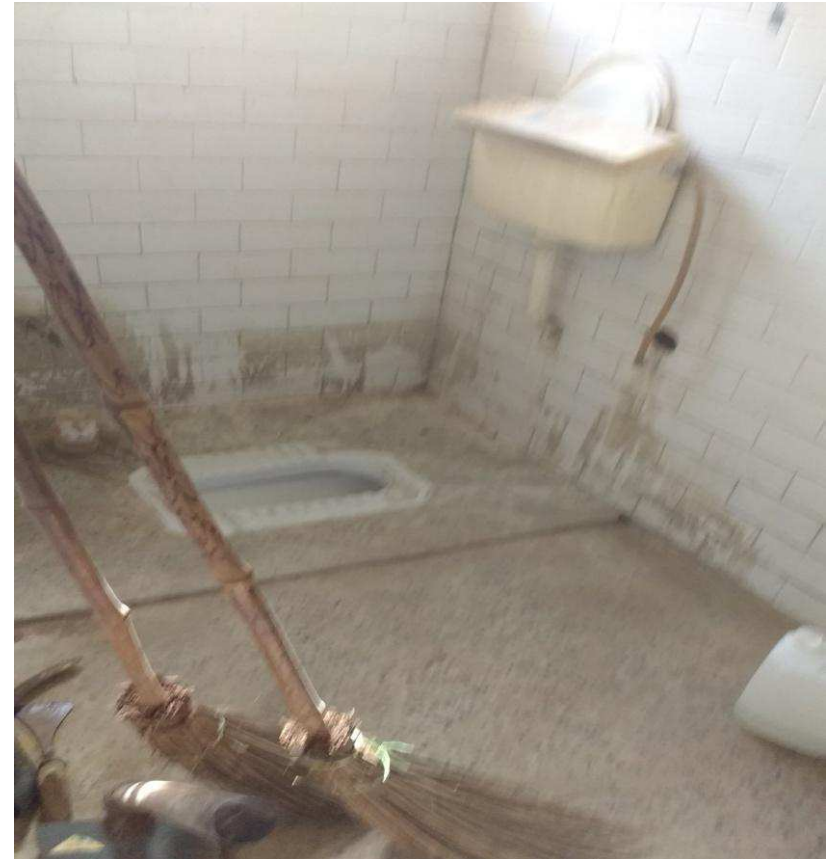
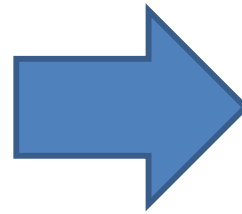
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CHC Khairgarh

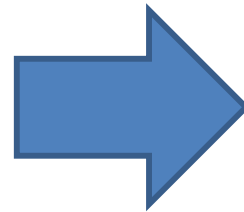


# Compliances

8 Oct 16



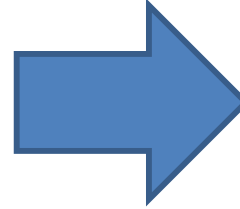
Sub Center  
Makhhanpur



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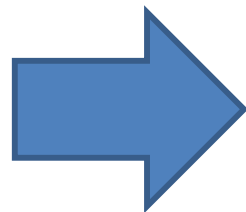


**Sub Center  
Pratap pur**





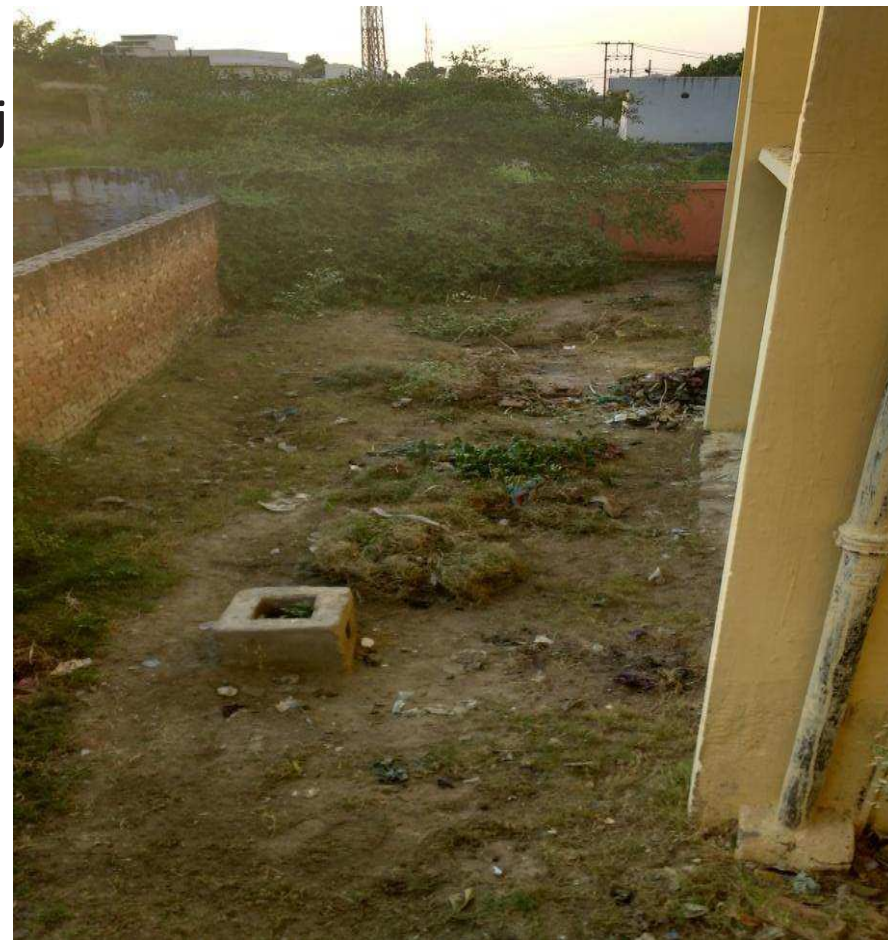
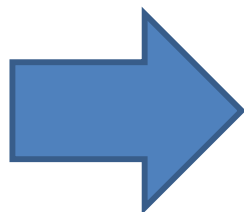
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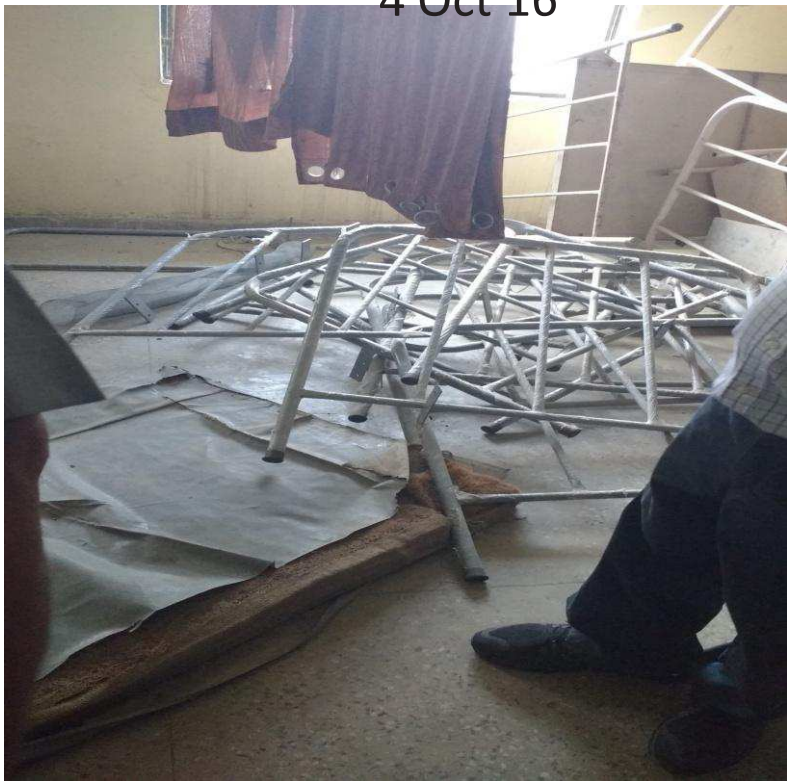


CHC Sirsaganj





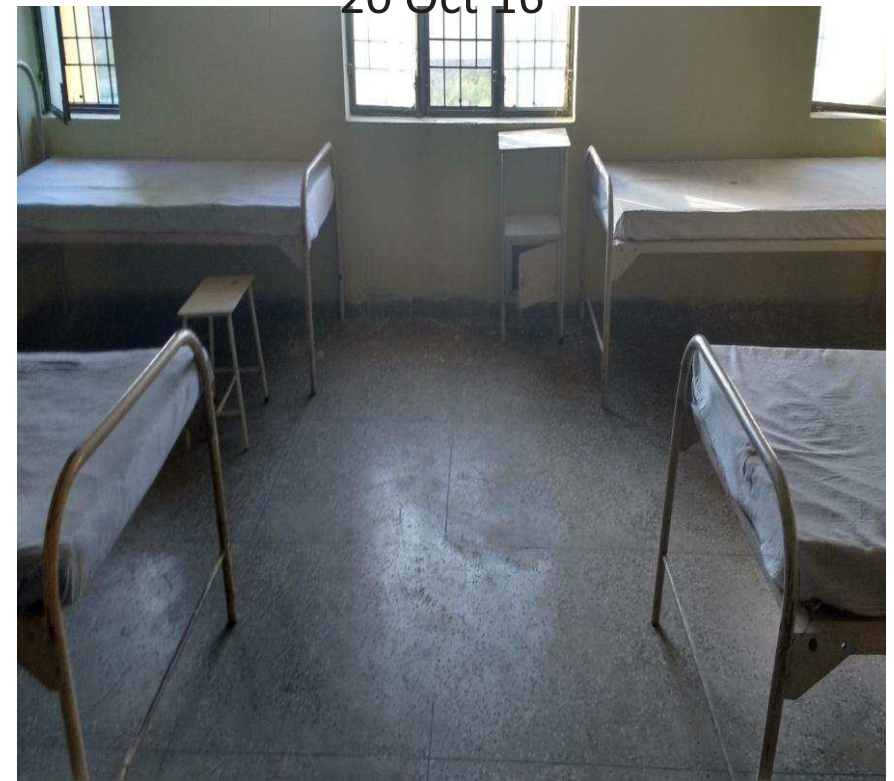
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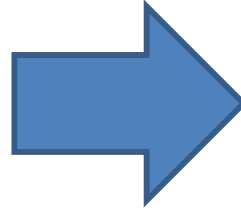


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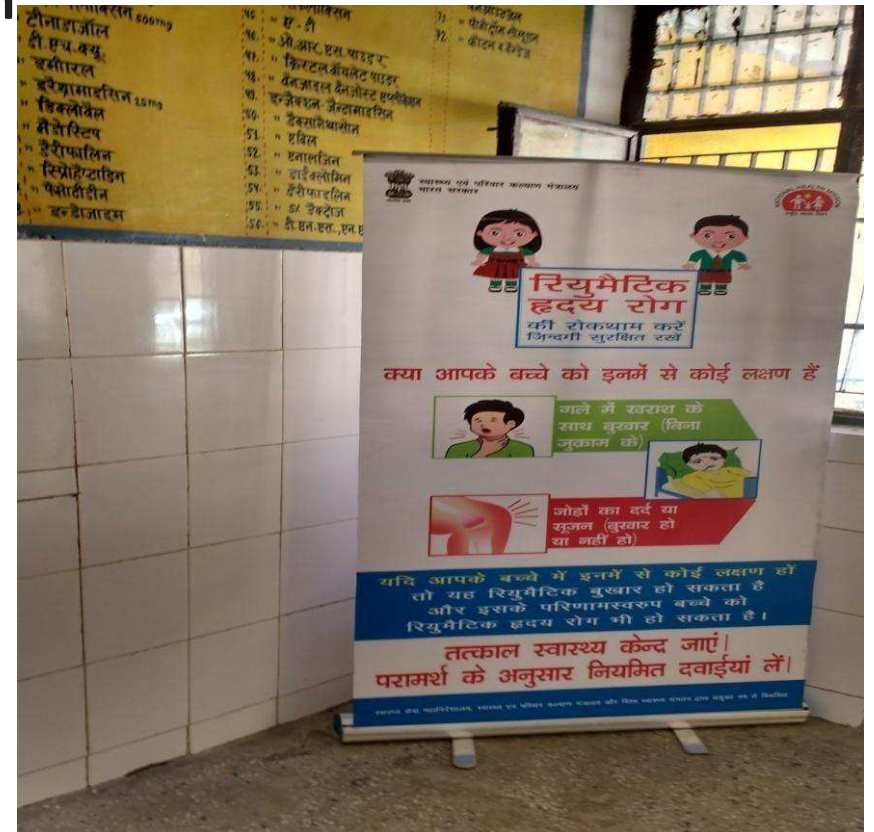
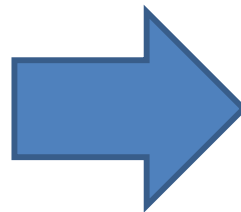


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21 Oct 16

## CHC Khaairgarh



**रिज्यूमेटिक हृदय रोग**  
**की रोकथाम करें**  
**शुद्धता सुरक्षित रखें**

क्या आपके बच्चे को इनमें से कोई लक्षण हैं

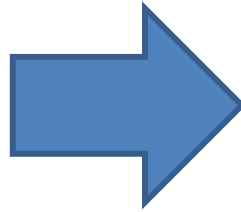
- बाले में बुखार के साथ बुखार (बिना जुकाम के)
- जोड़ों का दर्द या सूजन (बुखार हो या नहीं हो)

यदि आपके बच्चे में इनमें से कोई लक्षण हो तो यह रिज्यूमेटिक बुखार हो सकता है और इसके परिणामस्वरूप बच्चे को रिज्यूमेटिक हृदय रोग भी हो सकता है।

**तत्काल स्वास्थ्य केन्द्र जाएं!**  
**परामर्श के अनुसार नियमित दवाईयां लें!**

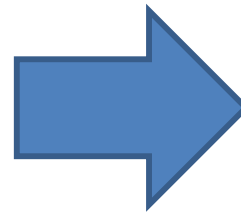


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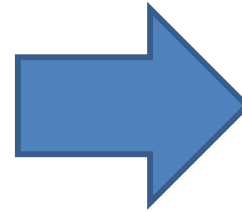


CHC Dhanpura

23 Oct 16



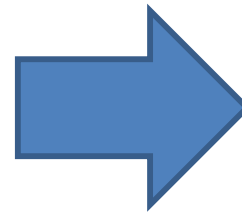
# Hand Holding

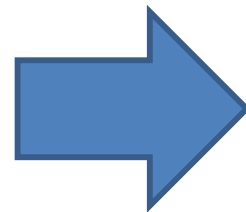


**Sub Center  
Makhhanpur**



22 Oct 16

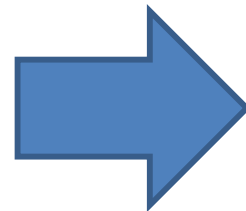


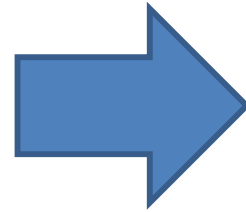


**Sub Center  
Makhhanpur**



22 Oct 16





**Sub Center  
Makhhanpur**

22 Oct 16





CHC Dhanpura



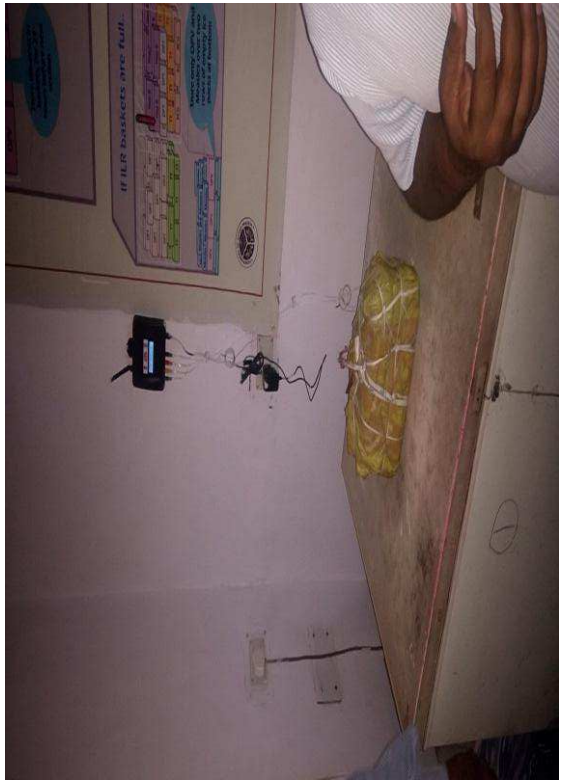
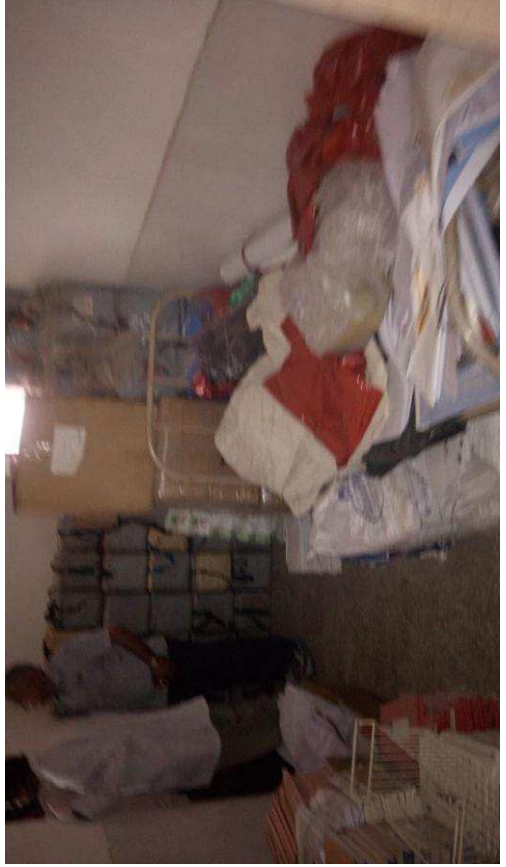
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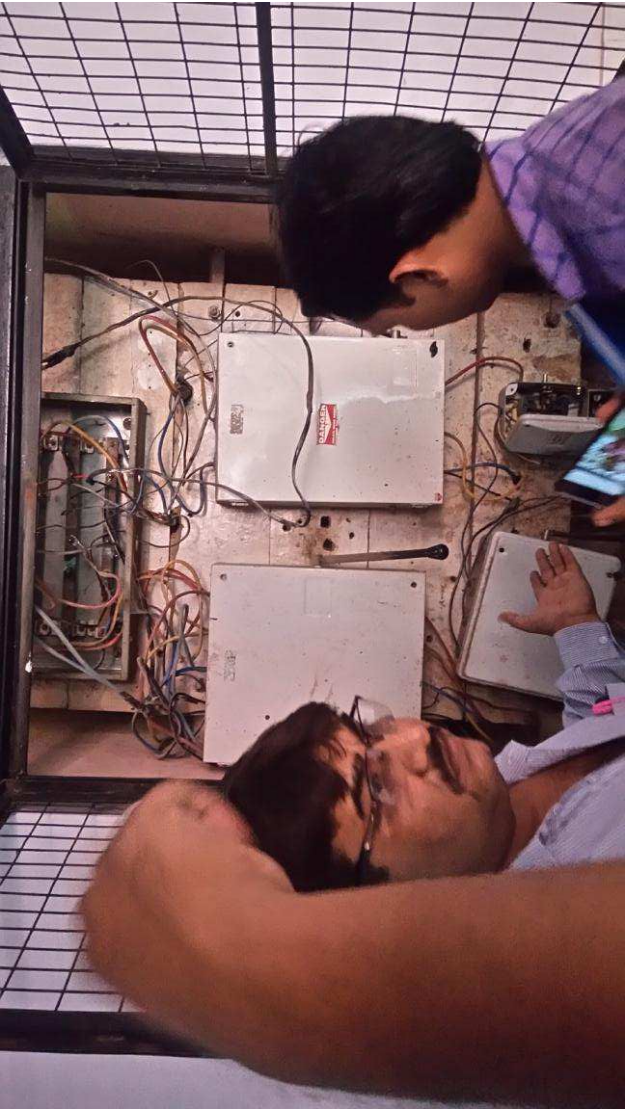




# CHC Tundla-Before (04 to 08 Oct 2016)







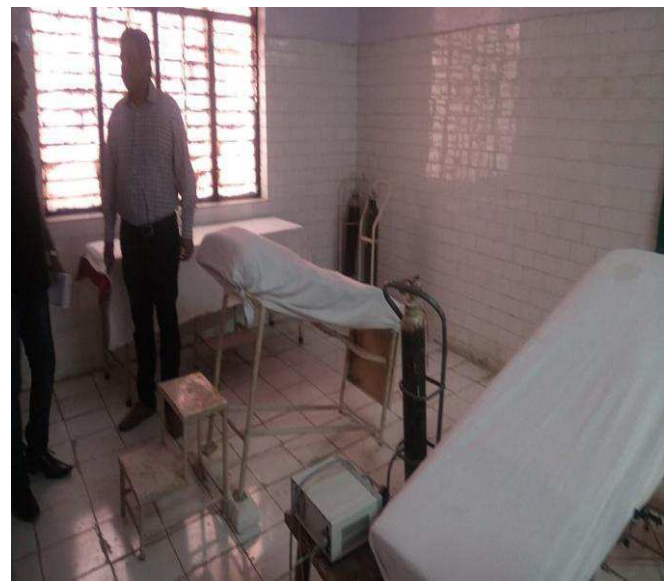
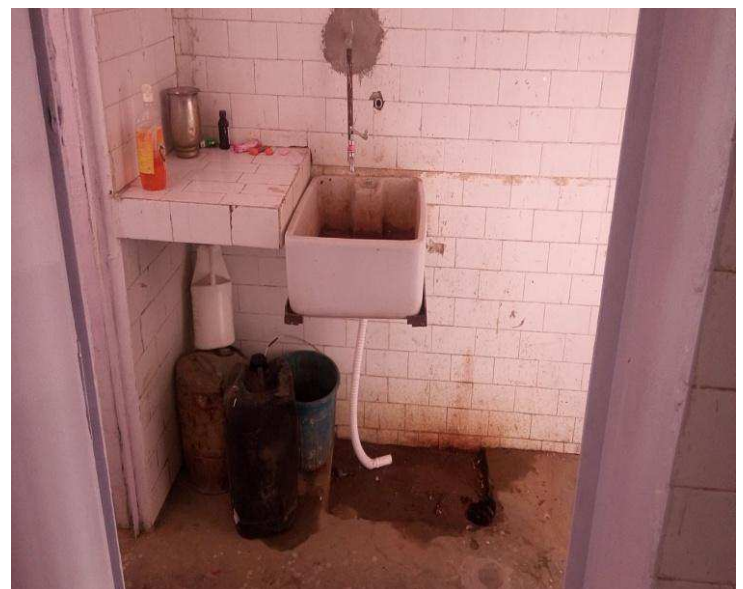
जिस के स्काघटे में स्नानपान कराओगी।  
शुभे-सुखता की हर रंग से नचाओमी।  
मे का दूध है सबसे अरुम, सुखा रसम जलया-बख्या।  
शुद्ध, पानी खुदती, आज से इनकी छुदती।

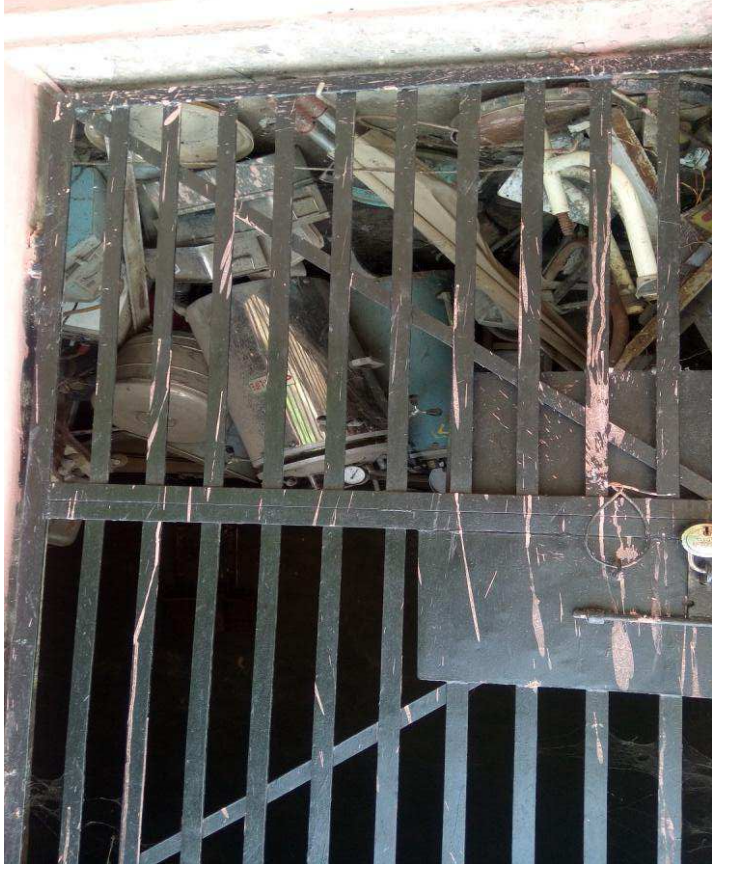
# CHC Tundla-After (20 to 23 Oct 2016) Visit date : 21 Oct 2016





# CHC Usaini-Before (04 to 08 Oct 2016)





**CHC Usaini-After(20 to 23 Oct 2016) Visit date : 22 Oct 2016**







# CHC Kotla-Before (04 to 08 Oct 2016)





# CHC Kotla-After(20 to 23 Oct 2016) Visit date : 21 Oct 2016







# Maternal Health

GAPS IDENTIFIED	STATUS (Till Date)	REMARKS
<ul style="list-style-type: none"> <li>Availability of trays with instruments/medicines in labour rooms as per MNH Toolkit</li> </ul>	Resolved	But still at some L2, L1 facilities Trays Available but Instruments/ medicines as per guideline not available in the trays.
<ul style="list-style-type: none"> <li>Practice of infection prevention protocol including Hand washing sterilization/HLD not maintained &amp; non-availability of freshly prepared bleaching solution.</li> </ul>	Not practiced	Practice of infection prevention protocol & to make fresh solution Demonstrated before staff.
<ul style="list-style-type: none"> <li>Poor technical knowledge of the staff about AMTSL. (Active management of third stage of labor).</li> </ul>	Inj Oxytocin is used for induction of labor not for AMTSL.	Use of Inj. Oxytocin as per guidelines demonstrated before staff.
<ul style="list-style-type: none"> <li>use of PPA (Personal Protective Attires) &amp; administration of vit. K</li> </ul>	Not practiced	Demonstrated before staff.



# Maternal Health

GAPS IDENTIFIED	STATUS (Till Date)	REMARKS
<ul style="list-style-type: none"> <li>Non-Availability/Poorly maintained labour bed, mackintosh sheet, blown up Kallis pad on labour table.</li> </ul>	Resolved at most facilities	Replacement to new ones in process.
<ul style="list-style-type: none"> <li>Segregation of bio-medical waste &amp; disposal as per guidelines.</li> </ul>	Not practiced	Color coded dustbin are in place at some Facilities, other in the process to get.
<ul style="list-style-type: none"> <li>Wall clock &amp; Protocol posters either not available or their placements not at specified places</li> </ul>	Resolved at some facilities	Digital Wall clock Procured at CMO level but not distributed to all delivery points & Protocol posters printed but not available at specified places
<ul style="list-style-type: none"> <li>Specified labour register not available.</li> </ul>	Resolved at DWH	printed & their availability is in progress
<ul style="list-style-type: none"> <li>MCTS number not on JSY forms and labour register.</li> </ul>	Not Resolved	
<ul style="list-style-type: none"> <li>Partograph not in use.</li> </ul>	Not Resolved	



# Child Health

GAPS IDENTIFIED	STATUS (Till Date)	REMARKS
■ Availability of Radiant warmer in NBCC (New Born Corner Care).	Resolved at most facilities	Placement/ repair for Functional Radiant warmer in NBCC (labour rooms) in progress.
■ NBCC not as per specifications. Non-Availability of Pediatric laryngoscope Neonatal resuscitation tray	Resolved at some facilities (DWH & DCH)	in progress at other places.
■ No admission in NRC	Resolved	Admission started, 6 admissions upto 21.10.16.





# Family Planning

GAPS IDENTIFIED	STATUS (Till Date)	REMARKS
<ul style="list-style-type: none"> <li>Poor record keeping, poor counseling, poor knowledge of service provider as well as faulty practices of the process.</li> </ul>	Not Resolved	
<ul style="list-style-type: none"> <li>At community level no record keeping by ASHA in Daink Diary &amp; ECR register by ANM at facility level. No proper disseminations of family planning schemes to ASHA &amp; related incentives</li> </ul>	Not Resolved	Order placed for printing ECR register
<ul style="list-style-type: none"> <li>Improper filled OT log book for sterilization of instruments, sterilization log book for Laparoscope, OT register including the details of the process performed.</li> </ul>	Not Resolved	Order placed for printing OT log book for sterilization of instruments, sterilization log book for Laparoscope
<ul style="list-style-type: none"> <li>New Consent form, Medical record checklist not in use.</li> </ul>	Not Resolved	Printing order placed.
<ul style="list-style-type: none"> <li>Poor progress of ESB.</li> </ul>	Not Resolved	No recorded progress.
<ul style="list-style-type: none"> <li>Quality Standard Protocols not followed.</li> </ul>	Not practiced	Non awareness



# Family Planning

GAPS IDENTIFIED	STATUS (Till Date)	REMARKS
<ul style="list-style-type: none"> <li>Home delivery of contraception through ASHA scheme- No proper record keeping &amp; reporting.</li> </ul>	Not practiced	No Formats A B, C & D provided recently, Order placed for printing
<ul style="list-style-type: none"> <li>Kallis forceps was not available.</li> </ul>	Resolved	No procurement for new
<ul style="list-style-type: none"> <li>DQAC, FPIS committee meeting minutes not available.</li> </ul>	Not Resolved	No Records shown
<ul style="list-style-type: none"> <li>Empanelment list of service providers are not available.</li> </ul>	Not Resolved	No Record shown.
<ul style="list-style-type: none"> <li>No use of Carbon Di oxide gas for insufflations of abdomen during Laparoscopic sterilization.</li> </ul>	Not practiced	Cylinders found in some Facilities, service providers has been sensitized
<ul style="list-style-type: none"> <li>Procurement of IUD kit &amp; PPIUDP forceps still pending. Spare bulbs for Laparoscopes.</li> </ul>	Not Resolved	
<ul style="list-style-type: none"> <li>No line listing of IUCD recipients. No documentation. Poor knowledge of service provider. No touch technique to load IUCD is not in practice.</li> </ul>	Not Resolved	ANM Not available .



# Routine Immunization & Cold chain

GAPS IDENTIFIED	STATUS (Till Date)	REMARKS
▪ Non-availability of thermometers & Stabilizer for Cold Chain	Not Resolved	Yet to be resolved
▪ No work plan generation on MCTs portal.	Not Resolved	
▪ Due list not updated on portal.	Not Resolved	
▪ No IEC displayed in cold chain room.	Resolved	Done and going on.
▪ Maintenance required for ILR/ DF	Resolved	Now Started.
▪ Red and Black plastic bags not available in facilities.	Resolved	Now Started.
▪ Record keeping & documentation is not proper.	Resolved	Now Started.



# Routine Immunization & Cold chain

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▪ Non-availability of thermometers & Stabilizer for Cold Chain	Not Resolved	Yet to be resolved
▪ No work plan generation on MCTs portal.	Resolved	Now Started.
▪ Due list not updated on portal.	Resolved	Now Started.
▪ No IEC displayed in cold chain room.	Resolved	Done and going on.
▪ Maintenance required for ILR/ DF	Resolved	Now Started.
▪ Red and Black plastic bags not available in facilities.	Resolved	Now Started.
▪ Record keeping & documentation is not proper.	Resolved	Now Started.



# Community Process

GAPS IDENTIFIED	STATUS (Till Date)	REMARKS
▪ RKS monthly meeting was not organized on regular basis.		In Process
▪ Pendency in ASHA payments.		In process
▪ Master record for ASHA payment was not updated.		In process
▪ RCH/VHIR registers are not documented properly.		In process
▪ Financial & physical progress report & poor Data handling at BPMU Units.		In process
▪ Minutes of ASHA Grievance Redressal Committee and ASHA Cluster meeting are not recorded properly		In process
▪ Recording of VHSNC & SC meeting are improper .		In process



# RBSK/RKSK

GAPS IDENTIFIED	STATUS (Till Date)	REMARKS
<ul style="list-style-type: none"><li>Availability of equipment for each team Vision Chart, Weight Scale Infant, Length Scale (Infant), Stethoscope, BP Instrument, Weighing scale. Height scale standing, Toys, Torch, bell etc. Medicine availability according to RBSK EDL(Essential drug list)</li></ul>	Not Resolved	Procured at District level Distribution in progress
<ul style="list-style-type: none"><li>IEC 2 Banner (Both Side) per vehicle, 1 Banner per team (during screening on AWC and School).</li></ul>	Not Resolved	Banner printed at District level Distribution in progress
<ul style="list-style-type: none"><li>Availability of updated Micro plan, RBSK Card, NIPI and WIFS card, Register &amp; Reporting Format (per Team)</li></ul>	Resolved	Work in progress
<ul style="list-style-type: none"><li>Blue Iron(WIFS) are distributed to Pregnant Women(ANC) at CHC Sirsaganj/Khairgarh</li></ul>		Instructed to follow the guidelines.
<ul style="list-style-type: none"><li>Kishori Sanitary Napkins are Distributed to JSY Patients at CHC Sirsaganj.</li></ul>		Instructed to follow the guidelines.



# Mainstreaming of AYUSH

GAPS IDENTIFIED	STATUS (Till Date)	REMARKS
<ul style="list-style-type: none"> <li>■ Irrational deployment &amp; utilization of AYUSH HR.</li> </ul>	<p>Not Resolved</p>	<ul style="list-style-type: none"> <li>➤ Ayurvedic pharmacists are posted with Unani doctors at BPHC Dhanpura &amp; CHC Jasrana.</li> <li>➤ In a single Facility 2 or more AYUSH Doctors of same pathy (e.g. 2 Ayurvedic Doctors at CHC Sirsaganj, 2 Homeopathic Doctors at AYUSH Wing, DH etc.)</li> <li>➤ Mainstreaming of AYUSH Doctors was attached for Delivering allopathic treatment in NCD clinics &amp; UPHC which is violation of Guidelines provided by Gol.</li> </ul>
<ul style="list-style-type: none"> <li>■ Non-Functional AYUSH Wing</li> </ul>	<p>Not Resolved</p>	<ul style="list-style-type: none"> <li>➤ AYUSH Wing Building is allotted to Office of Divisional Ayurvedic &amp; Unani Officer, Firozabad.</li> <li>➤ Furniture &amp; Equipment for Ayush Wing are Procured but Still not available at Ayush Wing.</li> </ul>



# Mainstreaming of AYUSH

GAPS IDENTIFIED	STATUS (Till Date)	REMARKS
■ Homeopathic Medicines not available in district.	Not Resolved	However, enough budget is available for its procurement.
■ Display of AYUSH Hoarding for IEC are not available in the district & block level.	Resolved	
■ AYUSH Medicines are not stored properly at Main Store, BPHC Dhanpura, CHC Sirsaganj & AYUSH Wing.	Resolved	But in AYUSH Wing, Medicines are lying on the floor & in the toilets as the OPD Space is occupied by Office of Divisional Ayurvedic & Unani Officer, Firozabad.





# BLOOD BANK

GAPS IDENTIFIED	STATUS (Till Date)	REMARKS
Document & records are not proper as per D&C act.	Not Resolved	In process
Consent form is not filled & signed by the donor while bleeding performed & found sero-reactive (HIV).	Resolved	Now Started.
No proper IEC/Services charge for blood display.	Not Resolved	In process
SOP is not updated & not displayed at working station.	Not Resolved	In process
Emergency tray having not all essential drug & drugs are not listed.	Not Resolved	In process
Di Electric Tube sealers are not in working condition so knot ties on blood bags.	Not Resolved	In process
Blood Storage Centers at Tundla ( <i>equipments are available</i> ) & Jasrana are not functional .	Not Resolved	



# NCD Clinic & NCD Cell

GAPS IDENTIFIED	STATUS (Till Date)	REMARKS
<ul style="list-style-type: none"> <li>At many places NCD Clinic Staff is engaged in other works of Hospital due to this NCD Work is suffering.</li> </ul>	Resolved	In process at DH
<ul style="list-style-type: none"> <li>At CHC level NCD Clinic Medical officer is not posted.</li> </ul>	Not Resolved	
<ul style="list-style-type: none"> <li>Glucometer is not available at some places.</li> </ul>	Resolved	
<ul style="list-style-type: none"> <li>At District Hospital NCD Clinic all the staff is sitting in one room which is very congested. It is suggested that two rooms from NCD Clinic area should be given for NCD Clinic work.</li> </ul>	Not Resolved	In process
<ul style="list-style-type: none"> <li>Geriatric ward at District Hospital is not functioning properly. No patient was admitted in the ward.</li> </ul>	Not Resolved	In process



# NUHM

GAPS IDENTIFIED	STATUS (Till Date)	REMARKS
■ Poor cleanliness in premises.	Resolved	
■ Improperly arranged stores & new/unused equipments in bulk.	Resolved	
■ Poor record keeping and data handling	Not Resolved	
■ Not following the quality standard protocols.	Not Resolved	
■ No waste management in all facilities.	Not Resolved	
■ Unhygienic service practices.	Resolved	In process
■ No IEC done	Resolved	In process
■ At many UPHCs MBBS Medical officers are not posted.	Not Resolved	



# HMIS & MCTS

GAPS IDENTIFIED	STATUS (Till Date)	REMARKS
▪ Updated HMIS Monthly Reports (In Khaingarh CHC, Data Validation meetings not conducted. Data given by ANM and HMIS reports not matched).	Resolved	In process
▪ Updated MCTS Monthly Reports	Resolved	Updated upto Sept.16 but Work plan in & out Register not maintain at CHC Khaingarh
▪ Non-availability of Dash board at BPMU, MOIC/MS Cabin	Resolved	In process



# General Issues

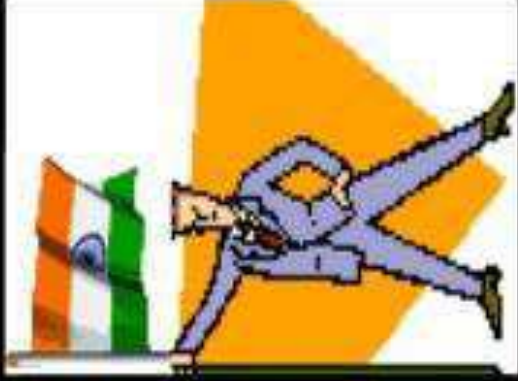
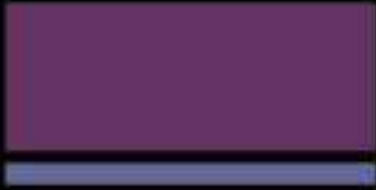
GAPS IDENTIFIED	STATUS (Till Date)	REMARKS
▪ Poor cleanliness in premises.	Resolved	Under process.
▪ Improperly arranged stores (General and Equipment) & new/unused equipments in bulk.	Resolved	Under process.
▪ Emergency Room in all CHC-PHC to be strengthened as per norms	Resolved	Under process.
▪ Not following the quality standard protocols.		
▪ Unhygienic service practices.		
▪ Citizen Charter, Hospital Name & Signage not Displayed.	Resolved	Under process.
▪ No JSY EDL & not proper IEC Display related to the scheme & ASHA incentives.		



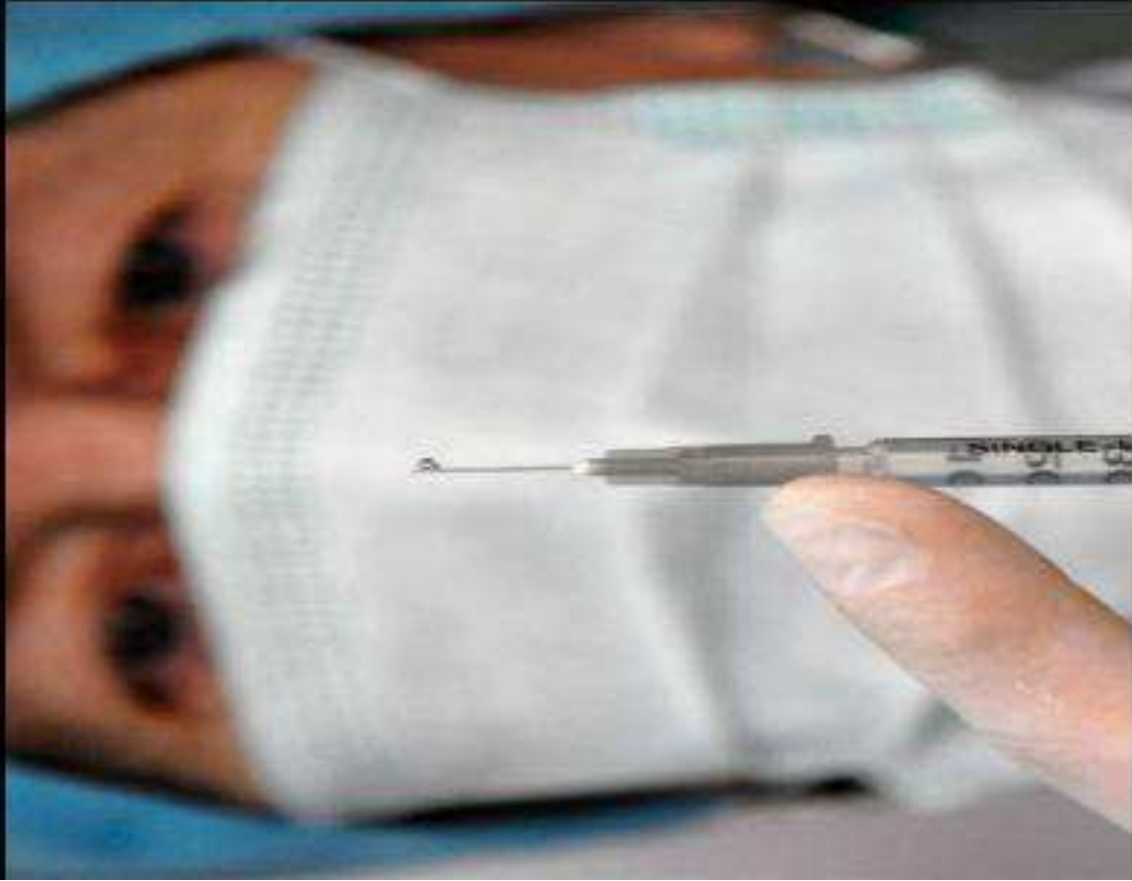
# Major Issues

- Pendency of contractual staff salary since August 2016 (i.e. salary paid up to month July 2016)
- Administrative issues of DWH.
- Poor Record Keeping & Data handling (Physical & financial both) at various health facilities.
- Improper Biomedical Waste Management.
- Regular attendance of all staff posted at facility.
- Lack of Medical Officers/Specialists at CHC/PHC level.
- Irrational attachments/deployment & utilization of HR.
- MS/MOICs of CHC/PHC are not aware of the various Guidelines.
- AYUSH Wing Building is occupied by Office of Divisional Ayurvedic & Unani Officer, Firozabad .

# conclusion



*miles to go  
before.....*





# Conclusion

- On the basis of the observation of the teams, it can be concluded well that at present district is not fully prepared for the forth-coming visit of Central team.
- District Health Administration is not well motivated to accept the challenge and they are still maintaining their own slow pace to correct the shortcoming and filling the gaps.
- CMO is also requested to motivate his team with words and action both.





**"VISION OF THE FUTURE ARE BETTER THAN DREAMS OF THE PAST"**



***THANK YOU***

## Trip Report

Matritwa Saptah 14-21 October 2016 & HRP days 24-25 October 2016

Visiting Officer : V. P. Gupta (Programme Officer (Projects), SIFPSA)  
 Date of Visit : 23-25 October 2016  
 Visited Districts : Mathura and Agra

In compliance of letter no. SPMU/NHM/M & E/2016-17/04/6291-2 dated 17.10.2016 regarding Supportive Supervision visits during Matritwa Saptah 14-21 October 2016 & HRP days 24-25 October 2016.

The undersigned and Ms. Sarika Singh, Consultant-NP, NHM was deputed to visit Agra and Mathura for supportive supervision during HRP days on 24-25 October 2016. Ms. Sarika Singh, Consultant could not visit due to engagement in other important office work as telephonically informed by Ms. Sarika Singh. Undersigned visited both the allotted districts alone as follows;

### Visit Details:

Date of visit 24 October 2016				District- Mathura						
Visited Site	Total Sub Center	Total ANM	Total Sessions conducted	Total ANC identified during sessions/entered in MCTS	Total HRP identified during sessions	Total HRP turned up at HRP clinic	Total HRP attended by lady doctor/s	Hemoglobin		Visit Time
								<11 gms	<7 gms	
CHC Chhatta	22	18	180	1642	296 (18%)	68 (23%)	17	15	2	10 am -1 pm
				MCTS no. 1289						
FRU CHC Faraha	16	16 + 2 SN	126	1405	142 (10%)	43 (30%)	21	14	6	2.0 - 4.30 pm
				MCTS no. 942						
Date of visit- 25 October 2016				District- Agra						
DWH	30 UPHC +1 ppc	138+26 SN	1232	6863	679 (10%)	76 (24.10.16)	85	83	2	9.30 - 11.30 am
				MCTS no. 2632		9 (25.10.16)				
						(13%)				
PHC Khan-dauli	26	28	142	1866	209 (11%)	11 (24.10.16)	15	7	3	12.15 - 2 PM
				MCTS no. 118		4 (25.10.16)				
						(7%)				
FRU CHC Etmadpur	31	36	226	1452	150 (10%)	24 (24.10.16)	69	64	5	2.30 - 4.45 PM
				MCTS no. 1075		45 (25.10.16)				
						(46%)				

### Observations:

- All 13 formats for various uses during Matratav Saptah being used.
- Lady doctor/s was available at all visited sites of HRP clinics.

- It was observed that printed registers were available with ANMs as well as HRP clinics and being used for reporting and record keeping purpose in Mathura district and in Agra hand written column register being used.
- Investigation Facilities and treatment for HRP women were available at each HRP clinic.
- It was also observed that “Iron Sucrose Injection” was available and being provided to HRP anemic women at HRP clinic in Agra.
- Record of Pre MCTS registration number of identified ANC women was available.

Submitted for kind information and perusal please.

V. P. Gupta  
Programme Officer (Projects)  
28.10.2016

GM (M&E) SPMU, NHM

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