

Supportive Supervision Visit Report in Firozabad (04-08 October 2016)

Four teams (Comprising of 5 members in each team) visited district Firozabad. They Visited Rural Facilities and Urban Facilities including district hospitals.

Following are the observations and recommendation for necessary action and compliance:-

Sr No	Observation	Compliance to be done by
1	Administrative issue of DWH	CMS (F) & CMO
2	Biomedical Waste	CMO
3	Fire Audit	CMS & CMO
4	<p>Strengthening of Delivery points. DWH, Combined Hospital, CHC Tundla, Jasrana, Sirsaganj, Khairgarh, Eka, PHC-Usaini, Kotla, Araon, Madanpur, Dhanpura, NPHC-Metsana, Narkhi, bachgaon, Fariha, Mustafabad, Bhadana, Subcentre-Tepakurd, Nagla bich, Padam, Mandai, Makhanpur.</p> <p>Labour Rooms-</p> <ol style="list-style-type: none">1. Display of 7 trays present but sterilization/HLD not maintained. Instruments as per guideline not available in the trays.2. Poor technical knowledge of the staff about AMTSL. (Active management of third stage of labor), hand washing, use of PPA (Personal Protective Attires) & administration of vit. K.3. Non availability of freshly prepared bleaching solution.4. No practice of infection prevention protocol.5. Oxytocin is used for induction of labor not for AMTSL. Improper placement of Oxytocin avoiding related protocol.6. No segregation of biomedical waste & disposal as per laid guidelines.7. No labour bed , mackintosh sheet, blown	CMS (F)/ CMO & ACMO & Dy CMO & Molc

	<p>up Kallis pad on labour table.</p> <p>8. Non functional Radiant warmer in NBCC (New Born Corner Care).</p> <p>9. Improper protocols displayed.</p> <p>10.Poor knowledge regarding NB Resuscitation.</p> <p>11. Poor Practice of hand washing.</p> <p>12. There was no obstetric history, LMP & EDD in Labour Room register.</p> <p>13. Suction machine was not working.</p> <p>14. Ambu bag was not available.</p> <p>15. NBCC (New Born care corner) was not available.</p> <p>16.No separate sleepers for labor room as well as OT.</p> <p>17. Bleaching solution was not prepared.</p> <p>18.Use of Oils to during delivery & to clean new born baby.</p> <p>19. Use of thread to clamp umbical cord.</p> <p>20. None of the facilities are using partograph for labor monitoring.</p> <p>21. Non uniform case sheet/BHT.</p> <p>22. Use of old JSY forms.</p> <p>23. Empty Oxygen Cylinder.</p> <p>24. Initial breast feeding is not in practice.</p> <p>25. Use of same gloves for more than 1 delivery.</p> <p>26. Poor practice of gause, sanitary pads & baby wrapping towels.</p> <p>27.No admission in NRC</p>	
5	Stabilizer for Cold Chain	CMO & DIO
6	Updated HMIS Monthly Reports	DDM
7	Updated MCTS Monthly Reports upto	DDM
8	IEC on all programmes	CMO & DCPM & BCPM
9	Functional New Born Care Corner in All Delivery Points	CMS (F) & All Molc
10	Hospital Stores (General and Equipment)to be maintained in all Hospitals	CMS (M) &(F) & All Molc & Chief

		Pharmasists & Pharmasist
11	Emergency Room in all CHC-PHC to be strengthened as per norms	CMS & CMO & Molc & EMO
12	<p><u>Family Planning:</u> all the issues are common in visited facilities in all health Units</p> <ol style="list-style-type: none"> 1. Poor record keeping , poor counseling , poor knowledge of service provider as well as faulty practices of the process. 2. At community level no record keeping by ASHA in Dainik Diary & ECR register by ANM at facility level. No proper disseminations of family planning schemes to ASHA & related incentives 3. Improper filled OT log book for sterilization of instruments, sterilization log book for Laproscope, OT register including the details of the process performed. 4. New Consent form, Medical record checklist not in use. 5. Quality Standard Protocols not followed. 6. Home delivery of contraception through ASHA scheme- No proper record keeping & reporting. Lack of knowledge among the concerned staff (MOIC, BCPM, ARO/HEO/AHS). 7. Poor progress of ESB. 8. No line listing of IUCD recipients. No documentation. Poor knowledge of service provider. No touch technique to load IUCD is not in practice. 9. Kallis forceps was not available. 10. DQAC, FPIS committee meeting minutes not available. 11. Empanelment list of service providers are not available. 12. No use of Carbon Di oxide gas for insufflations of abdomen during Laproscopic sterilization. 	ACMO (FP)/ BCPM/Service Provider/ ARO & HEO/ LHV & ANM

	<p>13. Carbon Di oxide gas cylinders found in stores.</p> <p>14. Spare bulbs for Laproscope.</p> <p>15. Procurement of IUD kit & PPIUDP forceps still pending.</p>	
13	<p>Routine Immunization:__all the issues are common in visited facilities Tundla, Usaini, Kotla & DWH</p> <ol style="list-style-type: none"> 1. No work plan generation on MCTs portal. 2. Due list not updated on portal. 3. No IEC displayed in cold chain room. 4. Maintenance required for ILR/ DF 5. Red and Black plastic bags not available in facilities. 6. Record keeping & documentation is not proper. 	District Immunisation Officer & Immunisation Officer
14	<p>Community Process: <u>Rogi Kalyan Samiti:</u></p> <ol style="list-style-type: none"> 1. RKS monthly meeting was not organized on regular basis. 2. Pendency in ASHA payments. 3. Master record for ASHA payment was not updated. 4. RCH/VHIR registers are not documented properly. 5. Financial & physical progress report & poor Data handling at BPMU Units. <p>(Detailed observation annexed)</p>	DCPM & BCPM
15	<p>Blood Bank/ Blood Storage Center:</p> <ol style="list-style-type: none"> 1. Document & records are not proper as per D&C act. 2. Consent form is not filled & signed by the donor while bleeding performed & found sero-reactive (HIV). 3. No refreshment for the donors. 4. No proper IEC display. 5. SOP is not updated & not displayed at working station. 6. Emergency tray having not all essential drug & drugs are not listed. 	CMS (Male)/ Pathologist/ LT

	<p>7. Di Electric Tube sealers are not in working condition so knot ties on blood bags.</p> <p>8. Services charge for blood is not displayed.</p> <p>9. Blood Storage Centers at Tundla (<i>equipments are available</i>) & Jasrana are not functional while designated space & budget are available.</p>	
16	<p>Comprehensive Abortion Care (CAC):</p> <ol style="list-style-type: none"> 1. Meeting minutes of DLC is not available. 2. Line listing of accredited private facilities under Act not available. 3. Quarterly report of CAC not available. 4. Not proper filled consent form & other related document. 5. Procurement of MVA kit. 	Facility Incharge and Service Provider
17	<p>PCPNDT Act:</p> <ol style="list-style-type: none"> 1. 2 machine at DWH including 1 portable not in working conditions to be condemned as per Act. 2. Form F & report on format 9 from DMH as ultrasound machine is established and working. 3. Updation of the Pyari Bitiya website & registration/re registration record. 	District Appropriate Authority and Nodal Officer for PCPNDT under CMO
18	<p>Rashtiya Bal Swathya Karyayaram (RBSK)</p> <ul style="list-style-type: none"> • Availability of equipment to be ensured for each team Vision Chart, Weight Scale Infant, Length Scale (Infant), Stethoscope, Sphygmomanometer (BP Instrument),Weighing scale. Height scale standing, Toys, Torch, bell etc. • Medicine availability according to RBSK EDL(Essential drug list) • IEC 2 Banner (Both Side) per vehicle, 1 Banner per team (during screening on AWC and School). <p>Format (Availability of per Team)</p>	District Nodal Officer RBSK / MOIc and RBSK team members

	<ul style="list-style-type: none"> • Microplan • Medical Health team (MHT) Register • RBSK Card per team (For AWC and School separately) • Reporting Format (Screening& Service access) • NIPI and WIFS card • WIFS Register for school&AWC 	
19	<p>General Issues:</p> <ul style="list-style-type: none"> • Poor cleanliness in premises. • Improperly arranged stores & new/unused equipments in bulk. • Poor record keeping and data handling (Physical & financial both) • Not following the quality standard protocols. • No waste management in all facilities. • Unhygienic service practices. • No Citizen Charter display. • No JSY EDL & not proper IEC display related to the scheme & ASHA incentives. 	Facility Incharges
20	<p>NCD Cell & NCD Clinic</p> <ul style="list-style-type: none"> • At many places NCD Clinic Staff is engaged in other works of Hospital due to this NCD Work is suffering. • At CHC level NCD Clinic Medical officer is not posted. • Glucometer is not available at some places. • 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. • Geriatric ward at District Hospital is not functioning properly. No patient was admitted in the ward. 	District Surveillance Officer & CMS (Male) & IDSP
21	MAINSTREAMING OF AYUSH	CMO

	<p>1. Irrational deployment & utilization of AYUSH HR-</p> <ul style="list-style-type: none"> ▪ Ayurvedic pharmacists are posted with Unani doctors at BPHC Dhanpura & CHC Jasrana. ▪ 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.) ▪ Mainstreaming of AYUSH Doctors was attached for Delivering allopathic treatment in NCD clinics & UPHC which is violation of Guidelines provided by Gol. <p>2. Functional AYUSH Wing</p> <ul style="list-style-type: none"> ▪ AYUSH Wing Building is allotted to Office of Divisional Ayurvedic & Unani Officer, Firozabad by CMO, which is again the violation of Guidelines provided by Gol. (i.e. AYUSH wing is meant for performing AYUSH OPD & other specialized services of AYUSH viz. Yoga, Panchkarma, Illaj-bil-tadveer etc.) ▪ Furniture & equipments for AYUSH wing not available as per guidelines(LCD TV, DVD Player, invertor with battery, Required no. of Elmira & other furniture & equipments are missing). Old furniture is placed instead of new one. ▪ AYUSH Medicines are lying on the floor & in the toilets as the OPD Space is occupied by Office of Divisional Ayurvedic & Unani Officer, Firozabad. <p>3. Availability Of AYUSH Medicines and their Storage</p> <ul style="list-style-type: none"> ▪ Homeopathic Medicines are not 	
--	---	--

	<p>available in the district. However, enough budget is available for its procurement.</p> <ul style="list-style-type: none"> ▪ AYUSH Medicines are not stored properly at Main Store, BPHC Dhanpura, CHC Sirsaganj & AYUSH Wing. <p>4. Display Of AYUSH Hoarding for IEC</p> <ul style="list-style-type: none"> ▪ Display of AYUSH Hoarding for IEC are not available in the district & block level. However, enough budget is available for its establishment. 	
22	<p>National Urban Health Mission</p> <ul style="list-style-type: none"> • Poor cleanliness in premises. • Improperly arranged stores & new/unused equipments in bulk. • Poor record keeping and data handling • Not following the quality standard protocols. • No waste management in all facilities. • Unhygienic service practices. • No IEC done 	
23	<p>Human Resource Regular attendance of all staff posted at facility Performance Appraisal ?????</p>	

जनपद फिरोजाबाद में पूर्व कॉमन रिव्यू मिशन की भ्रमण आख्या

भ्रमण टीम 1. डा0 राजेश झा, महाप्रबन्धक कम्प्युनिटी प्रोसेस 2. श्री गौरव सहगल, परामर्शदाता 3. सुश्री सरिता गुप्ता, आशा कार्यक्रम प्रबन्धक	दिनांक: 04-5 अक्टूबर 2016
--	---------------------------

राज्य में कॉमन रिव्यू मिशन द्वारा प्रस्तावित भ्रमण दिनांक-04.11.2016 से 11.11.2016 के क्रम में जनपद में कम्प्युनिटी प्रोसेसेस की गतिविधियों (रोगी कल्याण समिति, आशा योजना, ग्राम स्वास्थ्य, स्वच्छता एवं पोषण समिति एवं ग्राम स्वास्थ्य पोषण समिति) के सुदृढीकरण, गुणवत्तापूर्ण अभिलेखीकरण एवं सहयोगात्मक पर्यवेक्षण हेतु उपरोक्त राज्य स्तरीय कम्प्युनिटी प्रोसेसेस दल द्वारा जनपद फिरोजाबाद का भ्रमण किया गया।

जिला संयुक्त चिकित्सालय, शिकोहाबाद

04.10.2016

- सर्वप्रथम राज्य स्तरीय टीम के द्वारा जिला संयुक्त चिकित्सालय, शिकोहाबाद का भ्रमण किया गया जिसमें मुख्य चिकित्सा अधीक्षक के साथ रोगी कल्याण समिति से सम्बन्धित समस्त अभिलेखों का निरीक्षण किया गया। जिला संयुक्त चिकित्सालय के रोगी कल्याण समिति का वर्ष 2016-17 का बैठक रजिस्टर लिपिक की अनुपलब्धता के कारण उपलब्ध नहीं कराया गया। वित्तीय वर्ष 2015-16 के रोगी कल्याण समिति के रजिस्टर में अंकित कार्यवृत्तियों का अवलोकन करने पर ज्ञात हुआ कि बैठक में राज्य द्वारा प्रदत्त दिशा-निर्देश में उल्लेखित भौतिक एवं वित्तीय प्रगति का भी अंकन नहीं किया गया था। साथ ही कार्यकारी समिति के रजिस्टर में विभिन्न प्रस्तावों में आवश्यक धनराशि का उल्लेख नहीं था न ही प्रस्तरवार अनुपालन आख्या लिखी गई थी।

महाप्रबन्धक कम्प्युनिटी प्रोसेस द्वारा मुख्य चिकित्सा अधीक्षक को रोगी कल्याण समिति हेतु कार्ययोजना निर्माण करने एवं अभिलेखों के सन्धारण हेतु अभिमुखीकृत किया गया एवं निम्न सुझाव दिए गए-

- कार्य योजना बनाने से पूर्व चिकित्सालय के प्रत्येक कक्ष एवं कार्यरत अधिकारियों/कर्मचारियों से उनकी आवश्यकताओं को सूचीबद्ध किया जाए एवं रोगी कल्याण समिति को प्राप्त बजट के दृष्टिगत लाभार्थियों को प्राथमिकता प्रदान करते हुए व्यय किया जाना चाहिए।
- वार्षिक कार्ययोजना को समिति के शासी निकाय से अनुमोदित करवाकर (One Time Approval), कार्यकारी समिति के माध्यम से आवश्यकतानुसार व्यय होने वाली अनुमानित धनराशि का अनुमोदन प्राप्त किया जाए तथा अनुपालन आख्या में अनुमोदित धनराशि के सापेक्ष वास्तविक व्यय अंकित किया जाना चाहिए।
- महाप्रबन्धक द्वारा यह बताया गया कि भारत सरकार से प्राप्त दिशा निर्देशों के क्रम में रोगी कल्याण समिति को अनुमोदित कुल धनराशि का 50 प्रतिशत से अधिक निर्माण कार्य/अनुरक्षण कार्य में व्यय नहीं किया जा सकता है।
- रोगी कल्याण समिति की बैठक की सूचना प्रत्येक सदस्य को समय से प्रदान की जानी चाहिए साथ ही समिति द्वारा लिए गए निर्णयों/कार्यवृत्त को समिति के सदस्यों के

साथ अवगत कराया जाए। यदि बैठक के कार्यवृत्त से सभी सदस्यों को अवगत कराने के पश्चात यदि किसी प्रकार की आपत्ति नहीं जताई जाती है इसे कार्यवृत्त की पुष्टि मानते हुए आवश्यक कार्यवाही की जाए।

- रोगी कल्याण समिति द्वारा किये जाने वाले समस्त व्यय दिशा-निर्देशों में उल्लेखित नियमों, वित्तीय नियमों एवं क्रय नियमों के अनुसार ही किया जाना चाहिए।
- महाप्रबन्धक कम्युनिटी प्रोसेस द्वारा माह अक्टूबर के कार्यकारी समिति एवं शासी निकाय की बैठक शीघ्र कराके उसकी कार्यवृत्ति उपरोक्तानुसार अंकित किया जाना चाहिए।

प्राथमिक स्वास्थ्य केन्द्र, धनपुरा

04.10.2016

टीम के द्वारा प्राथमिक स्वास्थ्य केन्द्र, धनपुरा के जिला संयुक्त चिकित्सालय, शिकोहाबाद के प्रांगण में स्थित ब्लॉक कार्यक्रम प्रबंधन इकाई का भ्रमण किया गया जिसमें प्रभारी चिकित्सा अधिकारी के साथ आशा से सम्बन्धित समस्त अभिलेखों का निरीक्षण किया गया एवं निम्न निर्देश दिए गए—

- आशावार समस्त प्रतिपूर्ति राशि के भुगतान की सूची ब्लॉक कार्यक्रम प्रबंधन इकाई/मीटिंग कक्ष में अवश्य डिस्प्ले किया जाए। आशा के समस्त वाउचर्स को माहवार ब्लॉक स्तर पर संकलित किया जाए।
- आशा की प्रोत्साहन राशि का शत प्रतिशत भुगतान सुनिश्चित किया जाए।
- आशा मास्टर पेमेण्ट रजिस्टर को पूर्ण किया जाए।

प्रभारी चिकित्सा अधिकारी, धनपुरा को रोगी कल्याण समिति रजिस्टर एवं ग्राम स्वास्थ्य पोषण दिवस माइक्रो प्लानिंग के सम्बन्ध में निर्देश दिये गये।

मुख्य चिकित्सा अधिकारी कार्यालय फिरोजाबाद

टीम द्वारा मुख्य चिकित्सा अधिकारी के कार्यालय राज्य स्तरीय अधिकारी, जनपद स्तरीय कार्यक्रम अधिकारी, जिला कार्यक्रम प्रबंधन इकाई के अधिकारियों एवं ब्लॉक स्तरीय अधिकारियों (प्रभारी चिकित्सा अधिकारी, बी0सी0पी0एम0, बी0पी0एम0, एच0ई0ओ0) के साथ समीक्षा बैठक की गयी। बैठक में महाप्रबंधक, कम्यु0प्रो0 द्वारा रोगी कल्याण समिति एवं ग्राम स्वास्थ्य, स्वच्छता एवं पोषण समिति का प्रस्तुतीकरण किया गया। समस्त प्रतिभागियों को रोगी कल्याण समिति के दिशा-निर्देशों, बैठक के आयोजन एवं वित्तीय नियमों के बारे में विस्तार से बताया गया।

- महाप्रबन्धक कम्युनिटी प्रोसेस द्वारा मुख्य चिकित्सा अधिकारी को अवगत कराया गया कि जिला चिकित्सालयों के अधिकारियों को रोगी कल्याण समिति के फण्ड ट्रांसफर के सम्बन्ध में स्पष्ट निर्देश प्राप्त न होने के कारण वर्तमान वित्तीय वर्ष की धनराशि व्यय नहीं हो पा रहा है। मुख्य चिकित्सा अधिकारी द्वारा तुरन्त इस सम्बन्ध में पत्र समस्त सम्बन्धित अधिकारियों को प्रेषित कराया गया।
- यह भी निर्देश दिये गये कि रोगी कल्याण समिति हेतु प्रस्ताव समिति के खाते में उपलब्ध धनराशि के आधार पर ही तैयार किया जाना चाहिए।
- व्यय होने वाली अनुमानित धनराशि का अनुमोदन प्राप्त किया जाए तथा अनुपालन आख्या में अनुमोदित धनराशि के सापेक्ष व्यय हुई धनराशि का विवरण दिया जाना अनिवार्य है।
- रोगी कल्याण समिति की कुल धनराशि का 50 प्रतिशत से अधिक निर्माण कार्य में व्यय नहीं किया जा सकता।

जिला कम्युनिटी प्रोसेस प्रबंधक द्वारा यह अवगत कराया गया कि जनपद स्तरीय रोगी कल्याण समिति का ऑडिट कई वर्षों से नहीं कराया गया है। साथ ही ब्लॉक स्तरीय रोगी कल्याण समितियों का भी ऑडिट गत वर्ष का शेष है। मुख्य चिकित्सा अधिकारी द्वारा समस्त इकाईयों का ऑडिट अगले 15 दिनों में पूर्ण कराये जाने का निर्देश दिये गये।

महाप्रबन्धक कम्युनिटी प्रोसेस द्वारा ग्राम स्वास्थ्य एवं पोषण दिवस के सुदृढीकरण हेतु माइक्रो प्लानिंग, लॉजिस्टिक मैनेजमेंट, मानव संसाधन, प्रशिक्षण, रिपोर्टिंग एवं अनुश्रवण पर विस्तार से चर्चा की।

इसके अतिरिक्त समस्त आशाओं का शत प्रतिशत भुगतान सुनिश्चित किये जाने हेतु निर्देशित किया गया।

जिला महिला चिकित्सालय, फिरोजाबाद

05.10.2016

भ्रमण के दूसरे दिन राज्य स्तरीय टीम द्वारा जिला महिला चिकित्सालय, फिरोजाबाद का भ्रमण किया गया। मुख्य चिकित्सा अधीक्षिका से रोगी कल्याण समिति से सम्बन्धित समस्त अभिलेखों को दिखाने का अनुरोध किया गया जिस पर मुख्य चिकित्सा अधीक्षिका द्वारा लिपिक की अनुपलब्धता के कारण अभिलेख दिखाने में असमर्थता जतायी गयी।

जिला पुरुष चिकित्सालय, फिरोजाबाद

05.10.2016

राज्य स्तरीय टीम के द्वारा जिला पुरुष चिकित्सालय, फिरोजाबाद का भ्रमण किया गया। मुख्य चिकित्सा अधीक्षक द्वारा रोगी कल्याण समिति से सम्बन्धित अभिलेखों को प्रस्तुत किया गया। मुख्य चिकित्सा अधीक्षक द्वारा अवगत कराया गया कि अभी तक रोगी कल्याण समिति का ऑडिट नहीं कराया गया है। जिस पर महाप्रबन्धक, कम्युनिटी प्रोसेस द्वारा सुझाव दिया गया कि शीघ्र ही रोगी कल्याण समिति का ऑडिट करा लिया जाये। ऑडिट पर होने वाला व्यय रोगी कल्याण समिति के फण्ड से ही वहन किया जाएगा। साथ ही यह भी सुझाव दिया गया कि एक माह के अन्दर शासी निकाय एवं कार्यकारी समिति की एक बैठक अवश्य आयोजित करायी जाए एवं अभिलेखों को अद्यतन कराया जाए।

महाप्रबन्धक, कम्युनिटी प्रोसेस द्वारा श्री अमरीश कुमार, रीजनल को-ऑर्डिनेटर को रोगी कल्याण समिति के समस्त अभिलेखों को ठीक कराने में सहयोग करने हेतु निर्देश दिये गये।

नगरीय प्राथमिक स्वास्थ्य केन्द्र, नगला बरी

05.10.2016

टीम द्वारा नगरीय प्राथमिक स्वास्थ्य केन्द्र, नगला बरी में शहरी आशाओं के साथ बैठक की गयी। बैठक में नगरीय प्रभारी चिकित्साधिकारी, जिला अरबन नोडल अधिकारी एवं जिला अरबन को-ऑर्डिनेटर ने भी प्रतिभाग किया। बैठक में महाप्रबन्धक, कम्युनिटी प्रोसेस द्वारा शहरी आशाओं से उनके कार्य के सम्बन्ध में चर्चा की। बैठक में शहरी आशाओं द्वारा निम्न समस्याओं से अवगत कराया गया—

- शहरी आशाओं ने अवगत कराया कि जिला चिकित्सालय के अधिकारियों/कर्मचारियों द्वारा सहयोग नहीं किया जाता है एवं कई बार उनसे उचित व्यवहार नहीं किया जाता है।
- जिला चिकित्सालय में गर्भवती महिलाओं के खून की जाँच कराने में अधिक समय लगने के कारण कोई भी गर्भवती महिला तैयार नहीं होती है।

- नगरीय प्राथमिक स्वास्थ्य केन्द्र पर कराये गये गर्भवती महिलाओं की ए0एन0सी0 जाँच की रिपोर्ट को स्वीकार्य नहीं किया जाता है एवं उन्हें पुनः जाँच कराने को कहा जाता है जिससे बहुत असुविधा होती है।
- शहरी आशाओं द्वारा बताया गया कि उन्हें अभी तक किसी प्रकार की प्रतिपूर्ति राशि का भुगतान नहीं किया गया है।

महाप्रबन्धक, कम्युनिटी प्रोसेस ने जिला अरबन नोडल अधिकारी को सुझाव दिया कि उपरोक्त के सम्बन्ध में जिला महिला चिकित्सालय के मुख्य चिकित्सा अधीक्षिका से वार्ता की जाए जिससे उपरोक्त समस्याएं दूर की जा सकें।

जिला अरबन नोडल अधिकारी द्वारा अवगत कराया गया कि नियमित गतिविधियों हेतु दिशा निर्देश प्राप्त हो गये हैं उन्होंने उपस्थित शहरी आशाओं को 15 अक्टूबर, 2016 तक अपने क्षेत्र का सर्वे कर लिया जाये तथा वाउचर भर करके ए0एन0एम0 से सत्यापित कराकर सम्बन्धित नगरीय प्राथमिक स्वास्थ्य केन्द्र जमा किये जाने के निर्देश दिए, साथ ही नगरीय प्रभारी चिकित्सा अधिकारी को निर्देश दिया गया कि शीघ्र शहरी आशाओं का भुगतान कराना सुनिश्चित करें। अन्य मदों में प्रतिपूर्ति राशि के भुगतान हेतु दिशा निर्देश प्राप्त होने के पश्चात आशाओं को तुरन्त भुगतान करा दिया जाएगा।

सामुदायिक स्वास्थ्य केन्द्र, जसराना

05.10.2016

टीम द्वारा सामुदायिक स्वास्थ्य केन्द्र, जसराना का भ्रमण किया गया। रोगी कल्याण समिति से सम्बन्धित समस्त अभिलेखों व चिकित्सालय का निरीक्षण किया गया। महाप्रबन्धक, कम्युनिटी प्रोसेस द्वारा अभिलेखों में आवश्यक सुधार हेतु निम्न सुझाव दिए गए—

- रोगी कल्याण समिति से सम्बन्धित समस्त अभिलेखों/वाउचर्स का दिशा निर्देशों के अनुसार सुरक्षित रखे जाएं एवं भ्रमण के समय टीम को उपलब्ध कराये जाएं।
- समस्त आशाओं का शत-प्रतिशत भुगतान सुनिश्चित किये जाने हेतु निर्देशित किया।
- वी0एच0एन0डी0 के सफल आयोजन व उसकी गुणवत्ता (माइक्रो प्लानिंग, मानव संसाधन की क्षमता वृद्धि, मानव संसाधन की उपलब्धता, लॉजिस्टिक, अनुश्रवण एवं अभिलेखीकरण) सुनिश्चित करने हेतु आवश्यक कार्यवाही किये जाने के निर्देश दिये गये।
- चिकित्सा अधीक्षक महोदय द्वारा अवगत कराया गया कि सामुदायिक स्वास्थ्य केन्द्र, जसराना में 6 ए0एन0एम0 के पद रिक्त हैं एवं संविदा ए0एन0एम0 के पद स्वीकृत नहीं है।
- अवगत कराया कि 114 आशाओं के सापेक्ष 83 आशाओं का आधार नम्बर बैंक से लिंक है शेष हेतु कार्यवाही की जा रही है। इस सम्बन्ध में सभी आशाओं से व्यक्तिगत रूपसे सम्पर्क कर उन्हें आधार कार्ड बनवाने एवं उन्हें बैंक लिंक करवाने हेतु निर्देश दिए गए।

Action point for District in Community Process(ASHA)

Action Points	Action level required	Responsible
To ensure preparation of Annual Work plan for RKS, Regular meeting of GB,EC& Monitoring Committee of RKS, minutes of meeting preparation as per guideline ,discussion on action taken on points of previous meeting and Auditing done in every year.	(Meeting at All RKS & Audit at District Male/Female Hospital)	CMS Male/Female/DCH & All MOIC/MS at Block CHC,PHC
To ensure payment of all pending heads for ASHA and display at notice board of CHC/PHC	All Block CHC/PHC	BAM/BCPM/MOIC
Ensure wall writing of ASHA Incentive detail and ASHA Grievances committee in CHC/PHC.	All Block CHC/PHC	BCPM/MOIC
Ensure equipment & logistics at all VHND Sites, prepare supervisory plan and prepare file of all reports.	All Block CHC/PHC/District CMSD	BCPM/MOIC/DIO
Ensure regular Asha drug supply (normal ASHA drug kit, HBNC drugs & HDC) and its records at block level .	All Block CHC/PHC & District CMSD	BCPM/MOIC/SMO
Database Updation such as ASHA Database, Sub center Database, VHSNC database must be completed .	All Block CHC/PHC	BPM/BCPM
Ensure availability of Month wise file of HBNC Programme which contains praroop 1-3 at block level and capacity Building of ASHA in field by MO/HEO/BCPM.	All Block CHC/PHC	HEO/HS/BCPM
To ensure preparation of Annual Work plan for VHSNC, Regular Monthly meeting and to keep record of minutes of meeting.	All VHSNC/Block PHC,CHC	ANM/HEO/BCPM
ASHA Vishram Grih must be made in all Hospitals.	All Block CHC/PHC & DWH,DCH	CMS DWH,DCH & MOIC
Ensure updating of all records related to VHND/ASHA 6-7 module Trainings.	All Block CHC/PHC	HEO/MOIC

MAINSTREAMING OF AYUSH

1. Irrational deployment & utilization of AYUSH HR-

- Ayurvedic pharmacists are posted with Unani doctors at BPHC Dhanpura & CHC Jasrana.
- 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.)
- Mainstreaming of AYUSH Doctors was attached for Delivering allopathic treatment in NCD clinics & UPHC which is violation of Guidelines provided by Gol.

Action Required- *Cancel all irrational attachments and rationally deploy the AYUSH HR.*

2. Functional AYUSH Wing

- AYUSH Wing Building is allotted to Office of Divisional Ayurvedic & Unani Officer, Firozabad by CMO, which is again the violation of Guidelines provided by Gol. (i.e. AYUSH wing is meant for performing AYUSH OPD & other specialized services of AYUSH viz. Yoga, Panchkarma, Illaj-bil-tadveer etc.)
- Furniture & equipments for AYUSH wing not available as per guidelines(LCD TV, DVD Player, inverter with battery, Required no. of Elmira & other furniture & equipments are missing). Old furniture is placed instead of new one.
- AYUSH Medicines are lying on the floor & in the toilets as the OPD Space is occupied by Office of Divisional Ayurvedic & Unani Officer, Firozabad.

Action Required- *AYUSH Wing Building allotment to Office of Divisional Ayurvedic & Unani Officer, Firozabad must be cancelled for smooth functioning of AYUSH OPD, procurement of furniture & equipments for AYUSH wing as per guidelines and ensure their availability in AYUSH Wing, Ensure proper storage of AYUSH medicine.*

3. Availability Of AYUSH Medicines and their Storage

- Homeopathic Medicines are not available in the district. However, enough budget is available for its procurement.
- AYUSH Medicines are not stored properly at Main Store, BPHC Dhanpura, CHC Sirsaganj & AYUSH Wing.

Action Required- *Immediately procure Homeopathic medicines as per guidelines & ensure proper storage of AYUSH medicines at all the health facilities where AYUSH doctors are posted.*

4. Display Of AYUSH Hoarding for IEC

- Display of AYUSH Hoarding for IEC are not available in the district & block level. However, enough budget is available for its establishment.

Action Required- *Immediately arrange for making AYUSH Hoardings & their display as per guidelines.*

NCD Cell & NCD Clinic

- At many places NCD Clinic Staff is engaged in other works of Hospital due to this NCD Work is suffering.
- At CHC level NCD Clinic Medical officer is not posted.
- Glucometer is not available at some places.
- 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.
- Geriatric ward at District Hospital is not functioning properly. No patient was admitted in the ward.

Labour room issues :

1. Protocols are not displayed in labour rooms.
2. Staff are not taking vitals, F.H.S. before and after delivery.
3. PPE are not using in L.R.
4. Staff don't know about AMTLS.
5. Colour Coded bins are not using in proper way .
6. Staff does not use partograph for labour monitoring ,normal ,complications case sheet are not using .
7. Trays are not sterilized .
8. Shoes cover, Shoe Rack , Sleepers are not available in L.R.
9. Digital watch not available .
10. Baby delivered in tray not on ,mother abdomen .
11. Labour table was not clean after delivery.
12. Use of oil during delivery.
13. Staff are not following steps of Hand Washing .
14. Weighing of newborn after delivery is not done for any newborn .
15. Initial breastfeeding are not done .
16. Basin pipe are not available ,toilet are not clean.
17. Pre-warmed towel are not available.
18. Staffs are not told to mother about initial breast feeding.

KMC:

1. Privacy curtain are not available .

2. Fans not functioning .
3. KMC protocols not available.
4. KMC rooms are not in use.

PNC Ward :

- 1.AC not functioning.
2. basin pipe not available.
- 3.Toilets are not clean.
- ✎ 4. Windows are without curtains.
5. Protocols are not displayed.

Visit Report District Firozabad

Major Findings:

1. Poor cleanliness in premises.
2. Improperly arranged stores & new/unused equipments in bulk.
3. Poor record keeping and data handling (Physical & financial both)
4. Not following the quality standard protocols.
5. No waste management in all facilities.
6. Unhygienic service practices.
7. No Citizen Charter display.
8. No JSY EDL & not proper IEC display related to the scheme & ASHA incentives.

Labor rooms:

1. Display of 7 trays present but sterilization/HLD not maintained. Instruments as per guideline not available in the trays. (Tundla, Usiani & Kotla along with their sub centers)
2. Poor technical knowledge of the staff about AMTSL. (Active management of third stage of labor), hand washing, use of PPA (Personal Protective Attires) & administration of vit. K. (Tundla, Usiani & Kotla along with their sub centers)
3. Non availability of freshly prepared bleaching solution. (Usiani & Kotla along with their sub centers)
4. No practice of infection prevention protocol. (Tundla, Usiani & Kotla along with their sub centers)
5. Oxytocin is used for induction of labor not for AMTSL. Improper placement of Oxytocin avoiding related protocol. (Tundla, Usiani & Kotla along with their sub centers)
6. No segregation of biomedical waste & disposal as per laid guidelines. (Tundla, Usiani & Kotla along with their sub centers)
7. No labour bed , mackintosh sheet, blown up Kallis pad on labour table. (Tundla, Usiani & Kotla along with their sub centers)
8. Non functional Radiant warmer in NBCC(New Born Corner Care). (Tundla, Usiani & Kotla along with their APHCs)
9. Improper protocols displayed. (Tundla, Usiani & Kotla along with their accredited Delivery points)
10. Poor knowledge regarding NB Resuscitation. (Tundla, Usiani & Kotla along with their accredited Delivery points)

11. Poor Practice of hand washing. (Tundla, Usiani & Kotla along with their accredited Delivery points)
12. There was no obstetric history, LMP & EDD in Labour Room register. (Usiani with their accredited Delivery points Matsena)
13. Suction machine was not working. (Usaini)
14. Ambu bag was not available. (Usiani & Kotla, APHC Narkhi & Bachgaon)
15. NBCC (New Born care corner) was not available. (Usiani & Kotla)
16. No separate sleepers for labor room as well as OT. (Tundla, Usiani & Kotla along with their accredited Delivery points)
17. Bleaching solution was not prepared. (Usiani & Kotla along with their accredited Delivery points)
18. Use of Oils to during delivery & to clean new born baby. (Tundla, Usiani & Kotla along with their accredited Delivery points)
19. Use of thread to clamp umbilical cord. (Usiani & Kotla along with their accredited Delivery points)
20. None of the facilities are using partograph for labor monitoring.
21. Non uniform case sheet/BHT.
22. Use of old JSY forms.
23. Empty Oxygen Cylinder. (Usaini)
24. Initial breast feeding is not in practice.
25. Use of same gloves for more than 1 delivery. (Kotla)
26. Poor practice of gauze, sanitary pads & baby wrapping towels. (Tundla, Usiani & Kotla along with their sub centers)

Family Planning: all the issues are common in visited facilities Tundla, Usaini & DWH

1. Poor record keeping , poor counseling , poor knowledge of service provider as well as faulty practices of the process.
2. At community level no record keeping by ASHA in Dainik Diary & ECR register by ANM at facility level. No proper disseminations of family planning schemes to ASHA & related incentives
3. Improper filled OT log book for sterilization of instruments, sterilization log book for Laproscope, OT register including the details of the process performed.
4. New Consent form, Medical record checklist not in use.
5. Quality Standard Protocols not followed.

6. Home delivery of contraception through ASHA scheme- No proper record keeping & reporting. Lack of knowledge among the concerned staff (MOIC, BCPM, ARO/HEO/AHS).
7. Poor progress of ESB.
8. No line listing of IUCD recipients. No documentation. Poor knowledge of service provider. No touch technique to load IUCD is not in practice.
9. Kallis forceps was not available.
10. DQAC, FPIS committee meeting minutes not available.
11. Empanelment list of service providers are not available.
12. No use of Carbon Di oxide gas for insufflations of abdomen during Laproscopic sterilization.
13. Carbon Di oxide gas cylinders found in stores.
14. Spare bulbs for Laproscope.
15. Procurement of IUD kit & PPIUDP forceps still pending.

Routine Immunization: all the issues are common in visited facilities Tundla, Usaini, Kotla & DWH

1. No work plan generation on MCTs portal.
2. Due list not updated on portal.
3. No IEC displayed in cold chain room.
4. Maintenance required for ILR/ DF
5. Mostly equipments are running without Steblizer.
6. Red and Black plastic bags not available in facilities.
7. Record keeping & documentation is not proper.

Community Process:

Rogi Kalyan Samiti:

1. RKS monthly meeting was not organized on regular basis.
2. Pendency in ASHA payments.
3. Master record for ASHA payment was not updated.
4. RCH/VHIR registers are not documented properly.
5. Financial & physical progress report & poor Data handling at BPMU Units.

Blood Bank/ Blood Storage Center:

1. Document & records are not proper as per D&C act.
2. Consent form is not filled & signed by the donor while bleeding performed & found sero-reactive (HIV).
3. No refreshment for the donors.
4. No proper IEC display.
5. SOP is not updated & not displayed at working station.
6. Emergency tray having not all essential drug & drugs are not listed.
7. Di Electric Tube sealers are not in working condition so knot ties on blood bags.
8. Services charge for blood is not displayed.
9. **Blood Storage Centers at Tundla (*equipments are available*) & Jasrana are not functional while designated space & budget are available.**

CAC Services:

1. Meeting minutes of DLC is not available.
2. Line listing of accredited private facilities under Act not available.
3. Quarterly report of CAC not available.
4. Not proper filled consent form & other related document.
5. Procurement of MVA kit.

PCPNDT Act:

1. 2 machine at DWH including 1 portable not in working conditions to be condemned as per Act.
2. Form F & report on format 9 from DMH as ultrasound machine is established and working.
3. Updation of the Pyari Bitiya website & registration/re registration record.

Rashtiya Bal Swathya Karyayaram

- Availability of equipment for each team Vision Chart, Weight Scale Infant, Length Scale (Infant), Stethoscope, Sphygmomanometer (BP Instrument), Weighing scale. Height scale standing, Toys, Torch, bell etc.
- Medicine availability according to RBSK EDL(Essential drug list)
- IEC 2 Banner (Both Side) per vehicle, 1 Banner per team (during screening on AWC and School).

Format (Availability of per Team)

- Microplan
- Medical Health team (MHT) Register
- RBSK Card per team (For AWC and School separately)
- Reporting Format (Screening& Service access)
- NIPI and WIFS card
- WIFS Register for school&AWC

DWH FIROZABAD

LabourRoom:-

- Three tube lights are not in working order in Labour room leads to low visibility.
- Protocol posters are not displayed in Labour room.
- Digital clock not mounted on the wall of labour room.
- Both ACs are not in working order in Labour room.
- Mosquito repellent not available in Labour room/ Wards.
- All labour tables are blood stained need cleaning and white paint.
- Mattresses are not being placed on labour tables.
- Tub used for bleaching solution is dirty – need replacement.
- Disposable gloves are being reused – CMS asked not to reuse gloves.
- Toilet attached with labour room –
 - Drainage pipe of wash basin not in place.
 - Flush not working.
 - Tap not working.
- Medicines/ logistics not available in labour room: -
 - Tab misoprost.
 - Tab Alpha methyledopa.
 - Tab Labetolol.
 - MMA kits.
 - IFA (red).
 - Tab Nevirapine.
 - Partogarph
 - MCP cards
 - 10 ml syringe for MVA
 - Fetoscope/ Feataldopler.
 - Cotton cloth pieces for new born.
 - Mucous extractor.
- Radiant warmer plug is loose (socket problem), and not connected with invertor.
- Umbo bag is dirty not clean.
- New labour register is not available.
- Only Hepatitis-B birth dose and OPV is being given to new born.

- Colour coded bins are not being placed and utilized as per guidelines.
- Hand wash soap need to be placed near wash basin.

Cold Chain: -

- Many cold chain equipment's (Deep freezers and ILRs) are not functional in the District.
- Each equipment (Deep freezer and ILR) not being connected to separate stabilizer as many stabilizers are non-functional.
- Protocol posters regarding cold chain maintenance are not being displayed in cold chain rooms.
- Cold chain rooms are not well managed.

Labour room issues :

1. Protocols are not displayed in labour rooms.
2. Staff are not taking vitals, F.H.S. before and after delivery.
3. PPE are not using in L.R.
4. Staff don't know about AMTLS.
5. Colour Coded bins are not using in proper way .
6. Staff does not use partograph for labour monitoring ,normal ,complications case sheet are not using .
7. Trays are not sterilized .
8. Shoes cover, Shoe Rack , Sleepers are not available in L.R.
9. Digital watch not available .
10. Baby delivered in tray not on ,mother abdomen .
11. Labour table was not clean after delivery.
12. Use of oil during delivery.
13. Staff are not following steps of Hand Washing .
14. Weighing of newborn after delivery is not done for any newborn .
15. Initial breastfeeding are not done .
16. Basin pipe are not available ,toilet are not clean.
17. Pre-warmed towel are not available.
18. Staffs are not told to mother about initial breast feeding.

KMC:

1. Privacy curtain are not available .

2. Fans not functioning .
3. KMC protocols not available.
4. KMC rooms are not in use.

PNC Ward :

- 1.AC not functioning.
2. basin pipe not available.
- 3.Toilets are not clean.
4. Windows are without curtains.
5. Protocols are not displayed.

Supportive Supervision Visit Report- District Firozabad

Team Members:

Visit Date- 06 - 08 October, 2016

- Dr. A.K.Verma (GM-CH)
- Arvind Singh (PC-HR)
- Aditya Singh (Data assistant-MIS)
- Kavita Chaudhary (Nurse Mentor-Hardoi)

Facility wise key finding:

DWH Firozabad

- Regular CMS not appointed, CMS male hospital is having the charge of CMS female Hospital
- OT not functional due to white wash from last 20 days.
- **Diet under JSSK-** Irregular diet due to problem between the service provider & DWH regarding payment of Diet and bifurcation of the Ceiling of diet in between breakfast, Lunch & Dinner
- IEC material not displayed at appropriate place and Nil display of SBA/ EmOC protocol posters
- Staff is not oriented about segregation, disinfection, Handling and disposal of Bio-medical waste.

Labor Room:

- NBSU not functional
- Punctured Kelly's pad being used.
- Improper filled case sheets, new born weight not mentioned
- No use and knowledge of partograph
- Baby footmark was not taken in BHT Labor Room
- Colored coded bins for bio medical waste management available but not used. Placenta not discards in yellow bins.
- Digital wall Clock not available
- Chlorine solution not available
- Hot running water was not available.
- Don't Clean Labor Table Top with Phenol/Bleaching Solution.
- AC not functional.

SNCU:

- Baby footmark not filled in BHT Labor Room
- New Born baby weight is mentioned in BHT format.

CHC Araon:

- District profile, Mortality profile was not mentioned in MOICs chamber.
- There is no dashboard in MOICs chamber.
- BPM found lacking in data definition of indicators available in HMIS formats.
- In and Out register for ANM work plan was not maintained.
- Manual report for Annual Infrastructure of FY 2016-2017 were not available at CHC.
- Antivirus was not installed in the Computer System.
- No Computer Service are not AMC services
- Wimax having problem since 15 days.
- Printed HMIS Monthly (Hindi) and Annual Infrastructure (English) formats were not provided by district.
- ANM Work Plan was generated.
- One taxi permit vehicles available among of two team under RBSK program
- Protocol poster not display at appropriate place.
- No citizen charter display, EDL not displayed in proper format and place.
- No Display of SBA quality Protocol and shadow less lamp, No wall writing.
- 01 Deep freezer and 01 ILR not functional last 06 Months
- Colored coded bins for bio medical waste management not available
- Toilets are very untidy, no running water available in toilets
- Suggestion box not available
- Maternal death review record not maintained in proper format

- **Reporting & Review of Facility based Maternal Death-** Documentation of Annexure-1 (FBMDR) is not proper; No any Facility based death review in last 6 months; Community based MDR committee formed
- No management of Bio medical waste
- **BMW Management-** Staff is not oriented about segregation, disinfection, Handling and disposal of Bio-medical waste
- **Diet under JSSK-** Diet record not maintained & updated in proper format at facility
- **Emergency service-** AC not functional in **102 & 108** ambulance
- Many new surgical and general items dusted in store room like- Hub cutter, ambo bag, suction machine, stool, chair, weight machine (for newborn/adult), patrician stand, OT lamp stand, medicine tray, sterilizer
- The system of AMC of the equipments is not in place – most of the equipments like Radiant warmer, pulse oximeter have no AMC.
- ANC/PNC ward- ANC record not maintained in proper format
- **Labour Room:**
 - No chlorine solution available in plastic tub
 - Patrician required between two labor table
 - Matrix, Kelly's pad, ambo bag and suction machine not available in LR
 - Labor table not clean after every delivery
 - Toilets are very untidy, no running water available in toilets
 - New born referral register not maintained and Partograph not filled
 - Plastic curtain for privacy of the women not available.
 - Baby footmark not filled in BHT
 - Partograph not used in LR
 - AC required in LR for temperature between 25-28 degree.

CHC Jasrana (FRU CHC)

- Jasrana CHC nominated as a FRU but only 01 C-section done last 6 months due to lack of HR
- suction machine, oxygen slender, emergency tray & medicine not available in emergency room
- PNC ward very dirty, bed sheet and pillow cover not available on bed
- Overall IEC material good but IEC and poster no displayed in PNC ward
- cold chain room - thermometer not functional in two deep freeze

- immunization officer post vacant , LA working as a IO against the post
- A inverter required in a cold chain room for maintain temperature
- Vitamin K no supply in jasrana block, staff unknown about vitamin K
- Out of 3 system, only 2 system have installed antivirus

Diet under JSSK: Diet record not maintained & updated in proper format. Date of admission of JSY beneficiaries is mention but discharge date, how many days stay, how much time provided the diet and menu not mention in diet record.

Bio Medical Waste Management: No proper bins available

- No use of hub cutter
- BSGY- No separate record of referral is available

Labour Room:

- Printed ANC & Labour Room standard registered not available
- New Standard BHT not used
- Referral in/out register available but not maintain

Remark: Following New PHCs were found Closed due to lack of HR Position

- New PHCs- **Shri Satya Hari Ratan,Kusiyari**
- New PHCs- **Banwara**
- New PHCs-**Kurara Bujurg**
- NO MOICs posted, single Pharmacists working and only OPD facility can be availed.

Block-EKA (PHC)

- Wash basin for hand wash is not available in OT
- EDL is not displayed.
- ORS Zinc packets were lying in gallery. They were not stored in store room.
- 4 Maternal deaths were reported in FY 2016-2017 but line listing and record were not found.
- BHT formats were not available in facility.
- Facility is utilizing old registers instead of standard registers like LR, ANC/PNC, and referral in / OUT and was kept blank.
- Diet record under JSSK Scheme not maintained as per norms.

Emergency Ward

- Emergency tray, Suction Machine, Oxygen Cylinder was not available as per norms.
- Labour room trays were not maintained. Emergency tray was ill maintained and contained expired medicine also.
- RBSK team was not maintaining the proper record.

- Dashboard which consists of HMIS/MCTS reports, Block Profile, Mortality Profile and Population reports were not found.
- 3 Computer Systems were available at CHC but one system have installed antivirus.
- HMIS Manual Reports were not available for FY 2016-2017.
- Printing of HMIS formats (Annual/Monthly) is not available.

BLOCK EKA New PHC-Mustafabad (L1)

- **Staff Position**
 - MOICs – Vacant
 - Pharmists-01
 - Ward Boy-01
 - ANM-01
 - OPD-2960 for FY 2016-2017 up to till date.
 - 20-25 average delivery load per month in facility
 - NO IEC display.
- **Labor Room**
 - Bleaching Solution and wall clock was not available.
 - IEC and protocol Poster like Emoc,Bemoc and SBA was not displayed.
 - BHT and Delivery record was not available.
 - Vitamin K, Radiant warmer and suction Machine was not found.
- **Bio Medical Waste Management-** Proper logistics are not provided by the agency; Staff is not oriented about segregation, disinfection, Handling and disposal of Bio-medical waste.
 - **ANC/PNC ward-** ANC record not maintain in proper format.

BLOCK EKA New PHC -Farida

- NO MOICs posted, single Pharmacists working and only OPD facility can be availed at facility
- NO delivery service available at facilities
- **Sub-Centre-farida-** sub centre functional in New PHC building and working immunization
- Shortage of hemoglobin & Urine kit examine not done
- MCP cards available but only immunization records being maintained, ANC details missing in all.

Common Finding

- No citizen charter display, EDL not displayed in proper format and place.
- Nil display of SBA/ EmOC protocol posters

- Toilets are very untidy, no running water available in toilets
- MCP cards available but only immunization records being maintained, ANC details missing in all.
- BMW Management-Staff is not oriented about segregation, disinfection, Handling and disposal of Bio-medical waste
- Suggestion box and record not available
- Partograph not filled in all facility
- No system for tracking of severely anemic pregnant women in all places.
- Diet under JSSK- Diet record not maintained & updated in proper format at facility.
- The system of AMC of the equipments is not in place – most of the equipments like Radiant warmer, pulse oximeter have no AMC.

Aditya Singh
(Aditya Singh)
Data Assistant

Arvind Singh
(Arvind Singh)
PC-HR

Anil Kumar Verma
(Dr Anil Kumar Verma)
GM-Child Health



SUPPORTIVE SUPERVISION VISIT

DATE : 04 to 08 OCT, 2016

DISTRICT : FIROZABAD

(BLOCK- Khairgarh, Dhanpara & Sirsaganj)



THE TEAM

STATE-

Dr.M.R.Gautam,

GM-NP (Team Leader)

Dr. Yogeshwar Dayal,

Consultant-NCD

Dr. Himanshu Arya,

Consultant-AYUSH

Mr. Navneet Mishra,

Data Analyst-MCTS

DIVISION-

Dr.Pradeep Sharma,

JD- Agra Division

DISTRICT-

Dr.K.K.Gupta,

Dy.CMO, Firozabad

Dr. Atendra,

DTO, Firozabad

TEAM = Together Everyone Achieves More

TEAM = Together Everyone Achieves More

Visit Report of Dist. Firozabad, (4–8 Oct, 2016)

Objective-

- To visit the DH/DWH/ CHC/ PHC/NPHC/SC for the overall quality improvement.
- Observe the present status & identify the gaps in the implementation of the various programmes.
- Prioritize the areas of improvement, discuss the issues with CMO, CMS, ACMOs, Dy.CMOs & MOIC/ MS to rectify the shortcomings with the time line for further improvements.



Tools Designed & Strategies adopted

- An Orientation/Sensitization meeting with distt. Level officers (under CMO-Officers, CMS, Div.PM, Distt PMU staff) on 04-10-16.
- Formation of the short teams including at least one member of the district to visit all the facilities.
- As per requirement State Team Support to Dist. Health Administration and Block level administration to fill the gaps. Daily feedback and analysis of the observation of the team with dist. level officer & CMO.
- Meeting with all concerned officers along with all the MOICs regarding gaps identified & discussion with them on various strategies to fill the gaps. Time frame action to be taken at all level.



GAP ANALYSIS



As 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 in the meeting held on 06-10-16 for rectification/corrective action.

General Cleanliness



CHC Sirsaganj



SC Pratappur



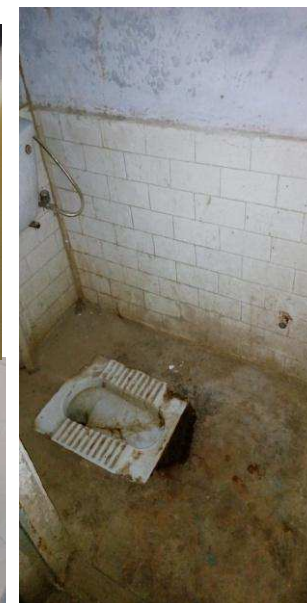
NPHC Hathwant



NPHC Katena Harsha



CHC Khaigarh



NPHC & SC Fariha



General Cleanliness

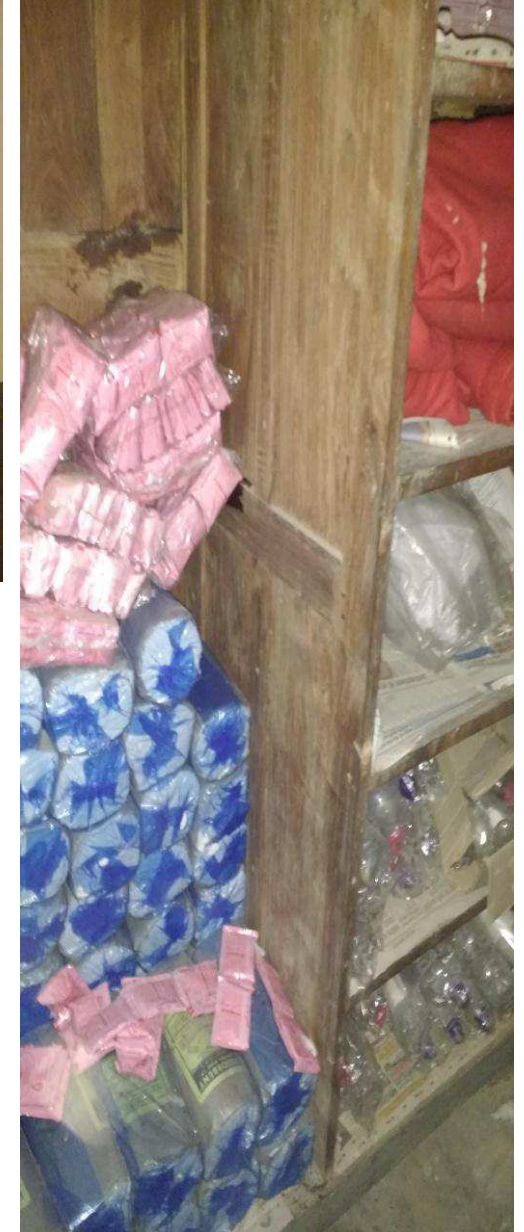
Gap finding	Action Reqd.
<ul style="list-style-type: none">➤ Grass & Garbage in campus,➤ Poor cleanliness at entrance,➤ Curtains in JSY wards,➤ Whitewash, paints & signage in hospital➤ Broken plasters in rooms/wards,➤ Drinking water supply,➤ Poor toilets conditions-<ul style="list-style-type: none">▪ smell in toilets, water logging.▪ broken tiles, Drainage pipes, seats & cisterns▪ Running water supply in toilets,▪ Toilets are used as Stores????➤ stretchers & wheel chairs are not at proper place.➤ Duty roster board not displayed,➤ Poor BMW Disposal methods in practice➤ Colour coded dustbins with indicator & instruction were not available at prescribed places e.g. Jenniter's closet,	<p>Maintain the hospitals & Subcenters on cleanliness point .</p>



Too Many Stores.....

(CHC Sirsaganj) same in other PHCs & CHCs too.

STORE-1

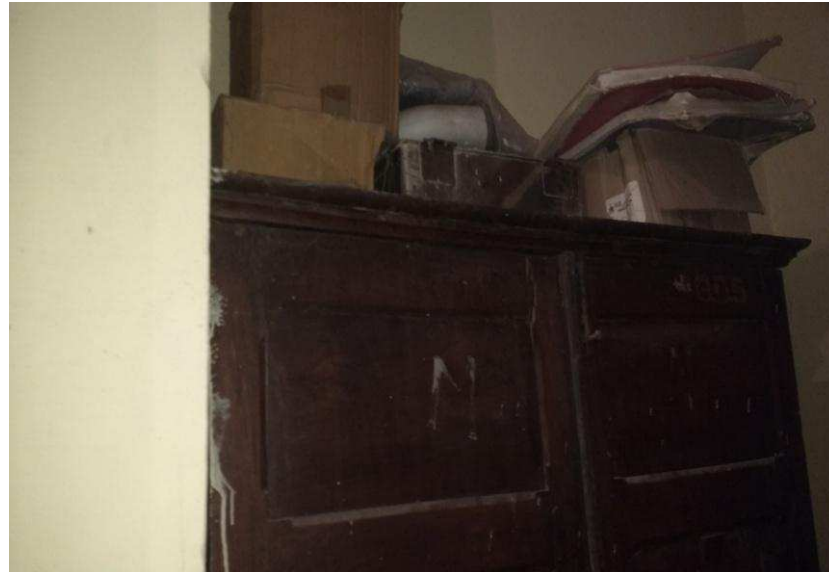




STORE-2



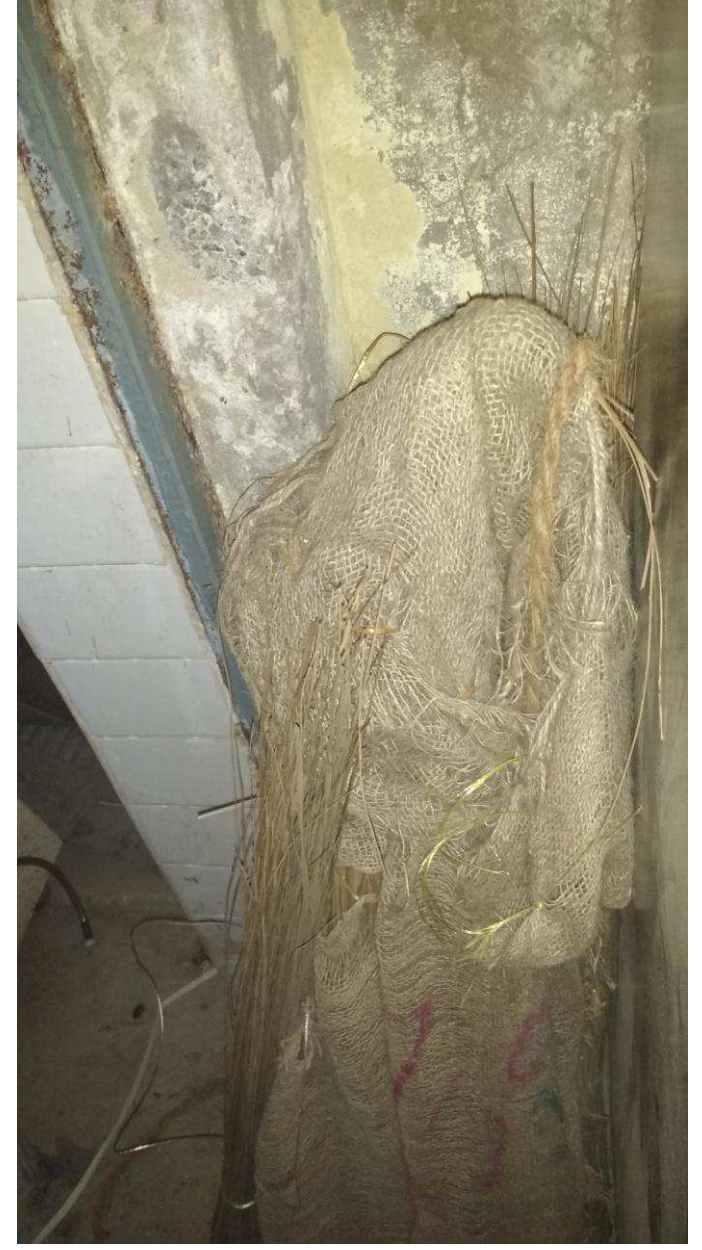
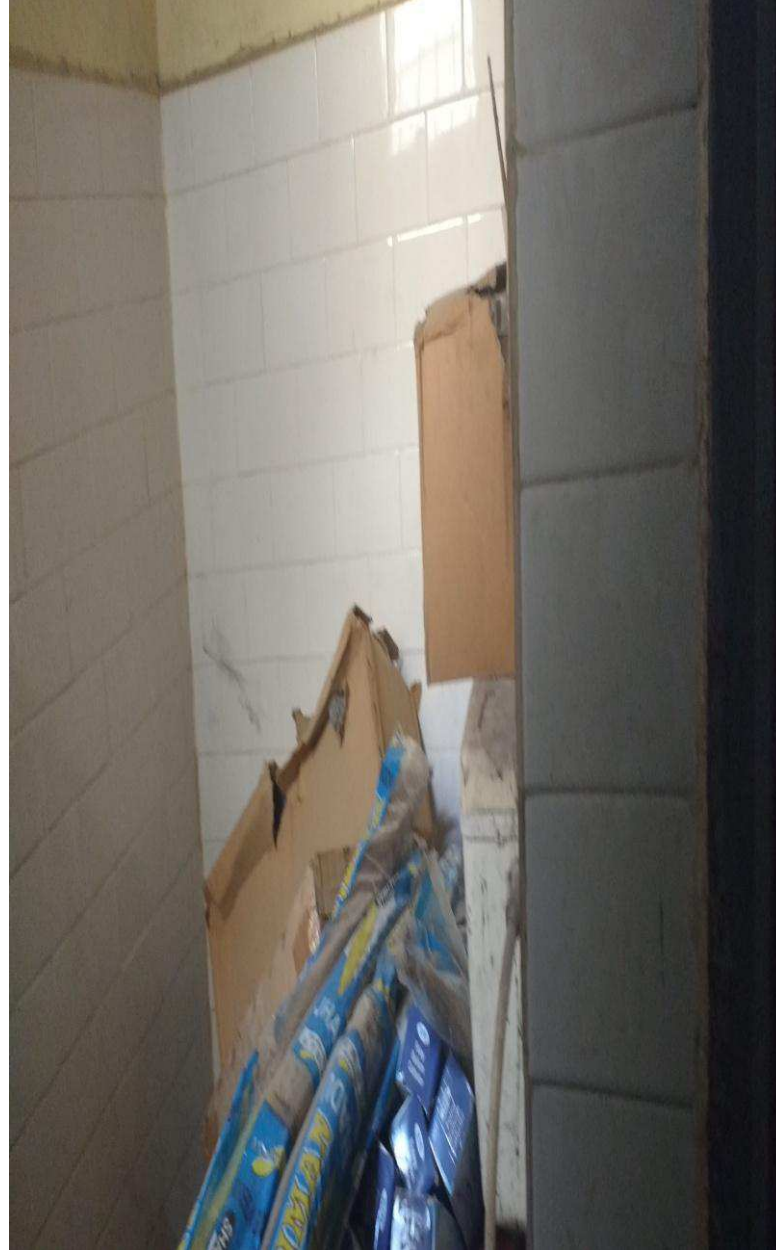
STORE-3



STORE-4



STORE-6



STORE-7





STORE-8





STORE-9





STORE-10



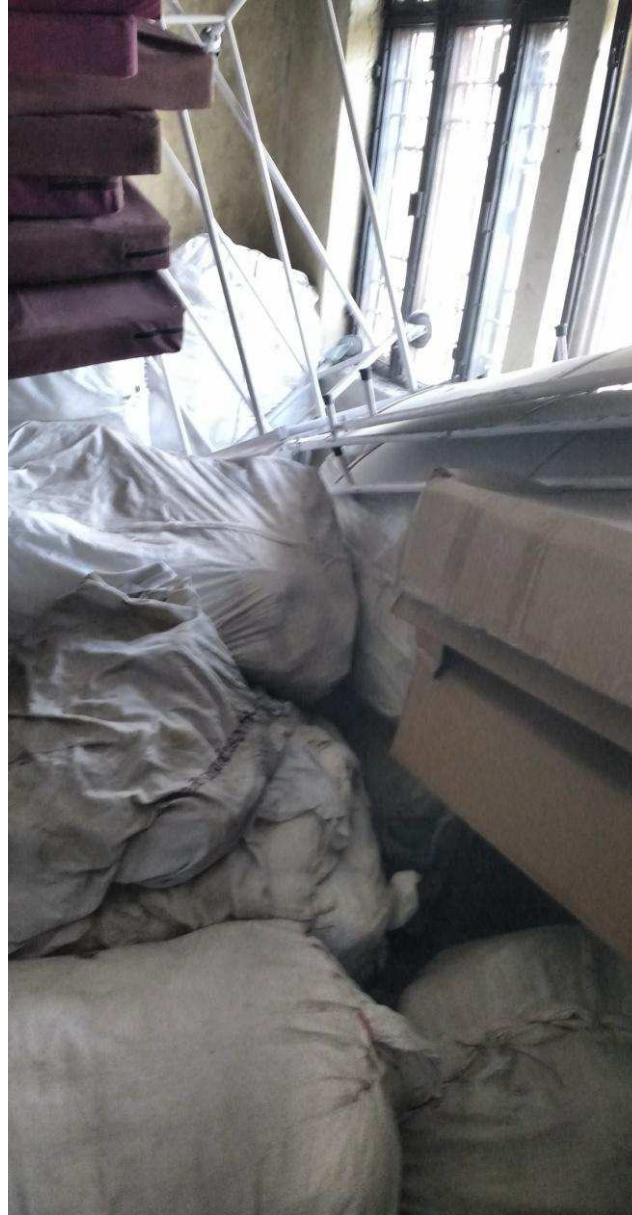
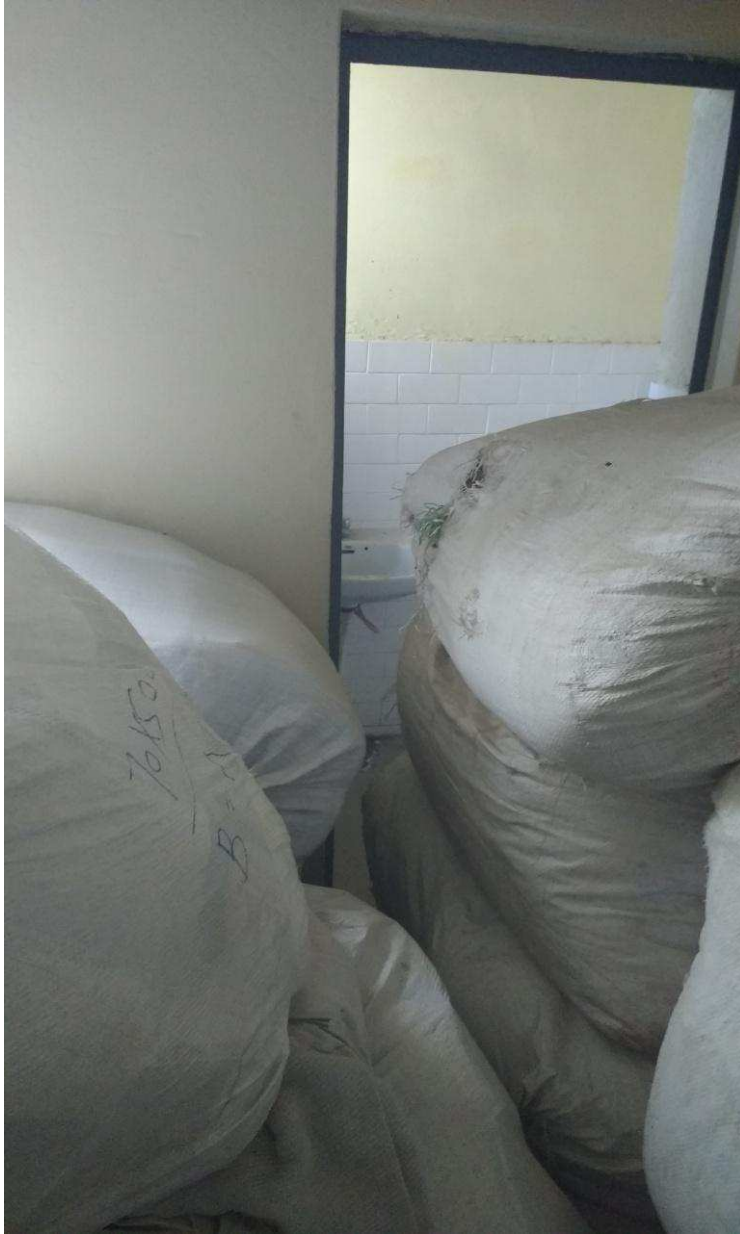
STORE-11



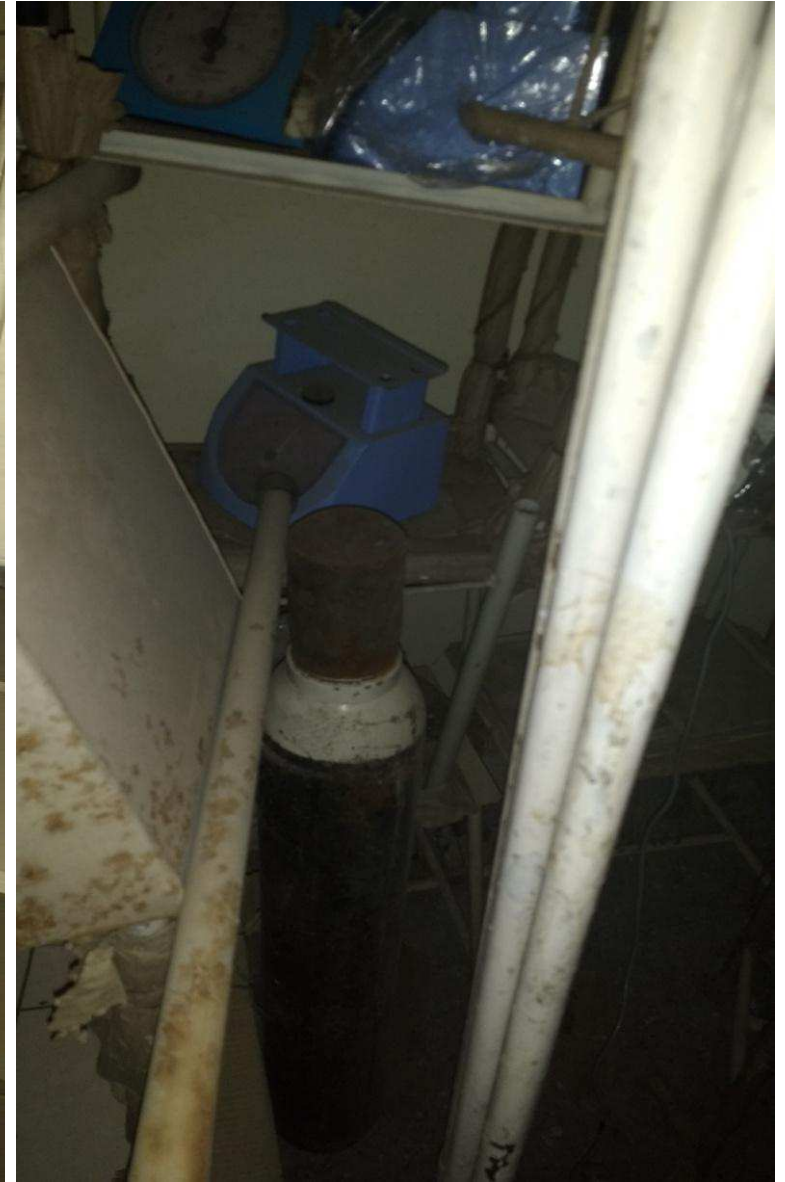
STORE-12



STORE-13



STORE-14





STORE-15

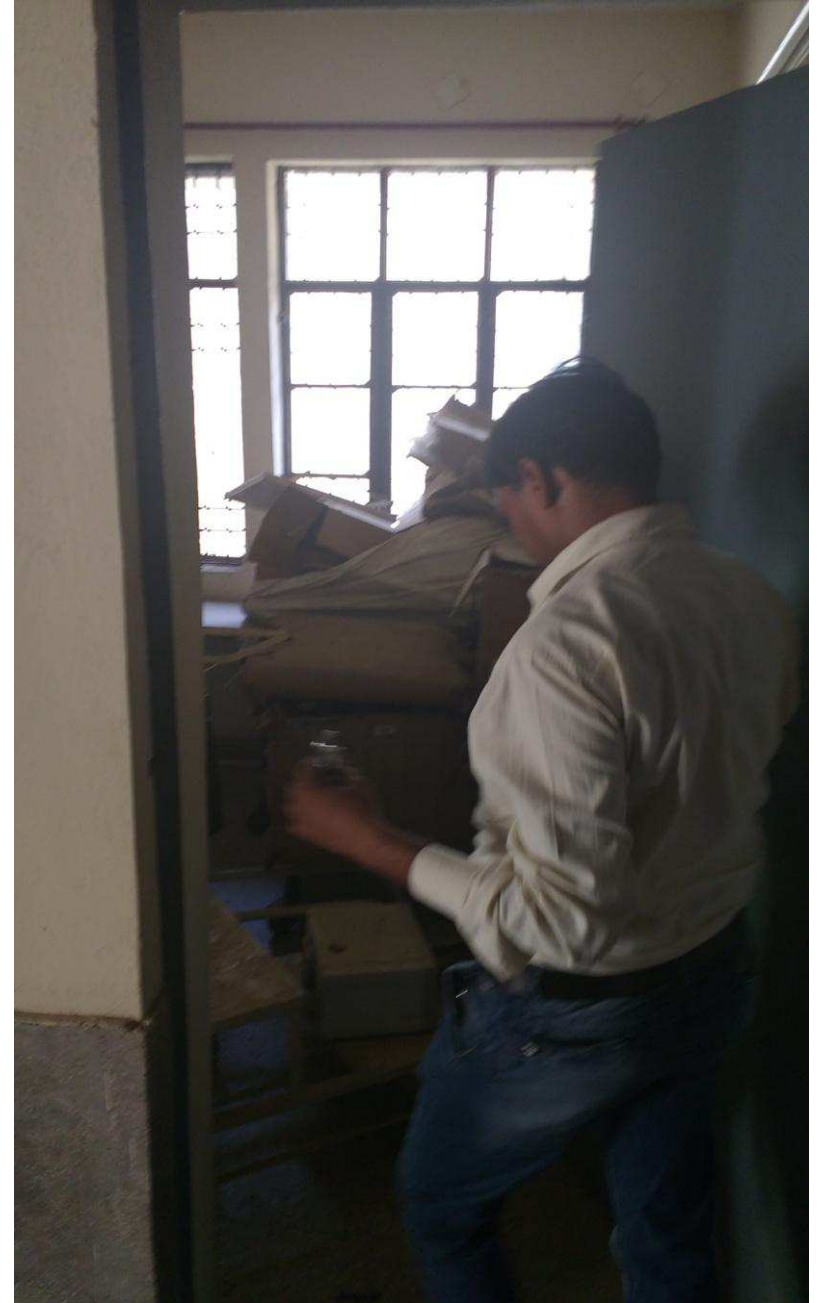


STORE-16





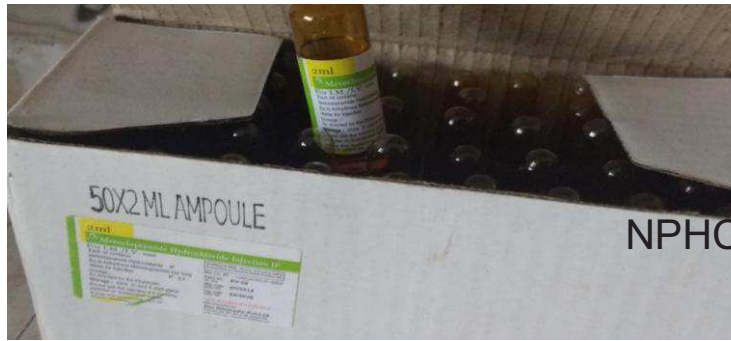
STORE-17



EXPIRED MEDICINES



NPHC Fariha



NPHC Fariha



CHC Sirsaganj



BPHC Dhanpura



Maternal and Child Health

Gap finding	Action Rqd.
<ul style="list-style-type: none">•JSY wards curtains & cleanliness, dirty linean on bed.•Wall clock & Protocol posters either not available or their placements not at specified places•New born care functional status,•Protocal based emergency tray in LR/OT/NBC Drugs not available• composition in trays with expired drugs/surgicals.•Pediatric laryngoscope Neonatal resuscitation tray?•Specified labour register not available.•MCTS number not on JSY forms and labour register.•LR not clean. NBCC not as per specifications.•Oil is still in use in LR.•Partograph not in use.•About 50% JSY Payments are pending at CHC khairgarh.	<p>Ward maintenance, display of the protocol poster at specified places, provision of emergency tray.</p>

Family Planning

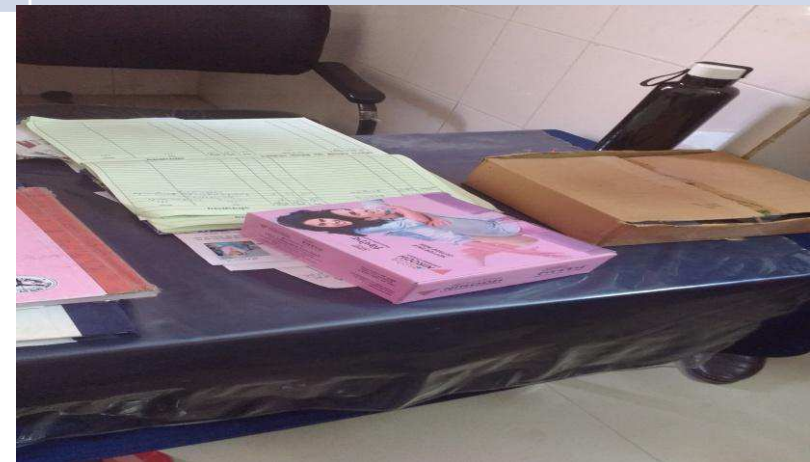
Gap finding

- ECR register, VHIR status not clear,
- Contraceptive distribution record up to client not clear,
- ASHA supply of contraceptives is found at NPHC & Sub Center level.



Action Rqd.

Provision of the ECR register upto Sub-center level. Updation accordingly. Functional contraceptive corner at DH & CHC. ASHA supply of contraceptives not to be distributed from NPHC & SC.



Routine Immunization & Cold chain



TEMPERATURE RECORD BOOK FOR ILDDEEP FREEZER -					TEMPERATURE RECORD BOOK FOR ILDDEEP FREEZER -				
MONTH: Sep				YEAR: 2018	MONTH: Sep				YEAR: 2018
Day	Temperature (°C) 10 AM	Power Failure (in hours)	No. of Ice Pack Friction during last 24 hours	Period of Chestst running	Day	Temperature (°C) 10 AM	Power Failure (in hours)	No. of Ice Pack Friction during last 24 hours	Period of Chestst running
1	24.5	0	0	12	1	24.5	0	0	12
2	24.5	0	0	12	2	24.5	0	0	12
3	24.5	0	0	12	3	24.5	0	0	12
4	24.5	0	0	12	4	24.5	0	0	12
5	24.5	0	0	12	5	24.5	0	0	12
6	24.5	0	0	12	6	24.5	0	0	12
7	24.5	0	0	12	7	24.5	0	0	12
8	24.5	0	0	12	8	24.5	0	0	12
9	24.5	0	0	12	9	24.5	0	0	12
10	24.5	0	0	12	10	24.5	0	0	12
11	24.5	0	0	12	11	24.5	0	0	12
12	24.5	0	0	12	12	24.5	0	0	12
13	24.5	0	0	12	13	24.5	0	0	12
14	24.5	0	0	12	14	24.5	0	0	12
15	24.5	0	0	12	15	24.5	0	0	12
16	24.5	0	0	12	16	24.5	0	0	12
17	24.5	0	0	12	17	24.5	0	0	12
18	24.5	0	0	12	18	24.5	0	0	12
19	24.5	0	0	12	19	24.5	0	0	12
20	24.5	0	0	12	20	24.5	0	0	12
21	24.5	0	0	12	21	24.5	0	0	12
22	24.5	0	0	12	22	24.5	0	0	12
23	24.5	0	0	12	23	24.5	0	0	12
24	24.5	0	0	12	24	24.5	0	0	12
25	24.5	0	0	12	25	24.5	0	0	12
26	24.5	0	0	12	26	24.5	0	0	12
27	24.5	0	0	12	27	24.5	0	0	12
28	24.5	0	0	12	28	24.5	0	0	12
29	24.5	0	0	12	29	24.5	0	0	12
30	24.5	0	0	12	30	24.5	0	0	12
31	24.5	0	0	12	31	24.5	0	0	12

Open Vial Policy

सुरक्षित रीति में वैकल वचवाइए

सं. प्रकल्प प्रकल्प

डिप फ्रीजर में आइस पैक का रख रखा

सं. प्रकल्प प्रकल्प

Routine Immunization & Cold chain

Gap finding	Action Rqd.
<ul style="list-style-type: none"> ▪ Non uniformity in stock/distribution record. Log books not maintained properly ▪ ILRs and DFs not properly installed per norms Handles & lid condition Dirty space behind the DF & ILRs , ▪ Ice pack positioning in DF Thermometer in DF & ILRs ▪ immunization status at birth of OPV,BCG,Hep.B not given ▪ Immunization schedule not displayed at each facility level ▪ MCTS generated Due list/Workplan/Microplan ????? ▪ Vaccine stock register not maintained, hub cutter, polythene at session sites Black&Red. 	<p>Training and re-sensitization of ARO and I/Os is felt.</p>



Community Processes



- ASHA incentive payment is not proper.
- RKS meetings are not regular and minutes of meetings are not proper
- Minutes of ASHA Grievance Redressal Committee and ASHA Cluster meeting are not recorded properly
- Recording of VHSNC & SC meeting are improper .



HMIS & MCTS

Gap finding

- In Khairgarh CHC, Data Validation meetings not conducted. Data given by ANM and HMIS reports not matched.
- Broadband connection not working properly in Khairgarh CHC. HMIS operator used net setter for internet and speed is very slow and take time to open reports from HMIS and MCTS portals.
- Some of ANMs unknown about HMIS/MCTS formats and indicators on Sirsaganj and Khairgarh CHC.

Action Rqd.

BPMs are instructed to conduct Data Validation meeting at proper intervals & maintain the records properly.





NCD Cell & NCD Clinic



जेरियाट्रिक वार्ड
वृद्धजन भर्ती कक्ष





NCD Cell & NCD Clinic

- At many places NCD Clinic Staff is engaged in other works of Hospital due to this NCD Work is suffering.
- At CHC level NCD Clinic Medical officer is not posted. Instead AYUSH Doctors are working as NCD Medical Officer e.g. at CHC Sirsaganj.
- Glucometer is not available at some places.
- 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.
- Geriatric ward at District Hospital is not functioning properly. No patient was admitted in the ward.

RBSK

Gap finding	Action Rqd.
<p>Team room not allotted & display, Functional torch, Weight machine, Measuring tape, micro plan, & related formats. WIFS Register lying idle at CHC Khaingarh</p>	<p>Room allotment & Logistics to be maintained properly.</p>



AYUSH

Gap finding	Action Required
<p><u>Irrational deployment & utilization of AYUSH HR-</u></p> <ul style="list-style-type: none"> •Ayurvedic pharmacists are posted with Unani doctors at BPHC Dhanpura & CHC Jasrana. •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.) •Mainstreaming of AYUSH Doctors was attached for Delivering allopathic treatment in NCD clinics & UPHC which is violation of Guidelines provided by Gol. 	<p><i>Cancel all irrational attachments and rationally deploy the AYUSH HR.</i></p>



AYUSH

Gap finding

AYUSH Wing

- AYUSH Wing Building is allotted to Office of Divisional Ayurvedic & Unani Officer, Firozabad by CMO, which is again the violation of Guidelines provided by Gol. (i.e. AYUSH wing is meant for performing AYUSH OPD & other specialized services of AYUSH viz. Yoga, Panchkarma, Illaj-bil-tadveer etc.)
- Furniture & equipments for AYUSH wing not available as per guidelines(LCD TV, DVD Player, inverter with battery, Required no. of Elmira & other furniture & equipments are missing). Old furniture is placed instead of new one.
- AYUSH Medicines are lying on the floor & in the toilets as the OPD Space is occupied by Office of Divisional Ayurvedic & Unani Officer, Firozabad.

Action Required

- *AYUSH Wing Building allotment to Office of Divisional Ayurvedic & Unani Officer, Firozabad must be cancelled for smooth functioning of AYUSH OPD.*
- *procurement of furniture & equipments for AYUSH wing as per guidelines and ensure their availability in AYUSH Wing.*
- *Ensure proper storage of AYUSH medicine.*



AYUSH

Gap finding	Action Required
<p>➤ <u>Separate room for AYUSH OPD/Dispensing of AYUSH medicine</u></p> <p>Separate room for AYUSH OPD is not available at CHC Sirsaganj & AYUSH Wing.</p>	<p><i>Ensure availability of separate room for AYUSH OPD/Dispensing of AYUSH medicine.</i></p>
<p>➤ <u>Availability Of AYUSH Medicines and their Storage</u></p> <ul style="list-style-type: none"> • Homeopathic Medicines are not available in the district. However, enough budget is available for its procurement. • AYUSH Medicines are not stored properly at Main Store, BPHC Dhanpura, CHC Sirsaganj & AYUSH Wing. 	<ul style="list-style-type: none"> ▪ <i>Immediately procure Homeopathic medicines as per guidelines</i> ▪ <i>Ensure proper storage of AYUSH medicines at all the health facilities where AYUSH doctors are posted.</i>
<p>➤ <u>Display Of AYUSH Hoarding for IEC</u></p> <p>Display of AYUSH Hoarding for IEC are not available in the district & block level. However, enough budget is available for its establishment.</p>	<p><i>Immediately arrange for making AYUSH Hoardings & their display as per guidelines.</i></p>





IEC

(Old & not at proper places, Hospital Name & Signage not Displayed)





GRIEVANCE REDRESSAL SYSTEMS

(Complaint Box either not available or not properly maintained)





PROGRAMES RELATED

GUIDELINES AND MATERIAL

Gap finding	Action Rqd.
MS/MOICs of CHC/PHC are not aware of the various Guidelines. Programmes Related Guidelines and materials are not available at CHC/PHC level (e.g. MNH Toolkit etc.).	Availability of the Guidelines and material upto the block level.

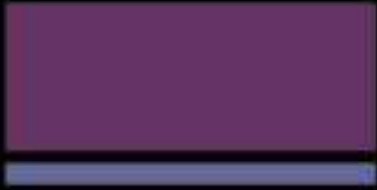
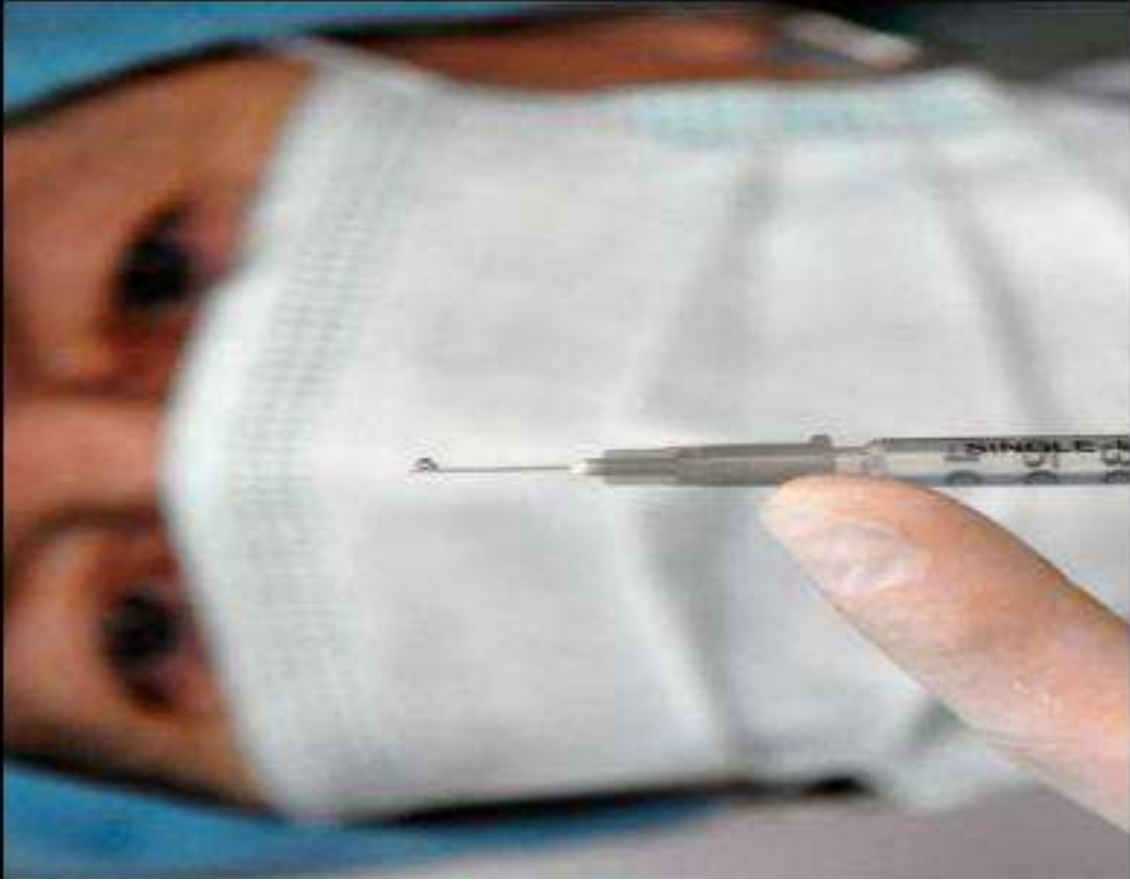
Finance

Gap finding	Action Rqd.
Status of finance related-Record keeping, and document is not proper.	Updation of the records.

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 prepared for the forth-coming visit of Central team.
- District Health Administration in the guidance of the CMO 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.
- Divisional and DPMU both are now taking care of each and every matter Div. PM is coordinating on each matter with the district administration.
- CMO is also requested to motivate his team with words and action both.



राष्ट्रीय स्वास्थ्य मिशन

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



THANK YOU