



National Rural Health Mission, Uttar Pradesh



Visit to Public health institutions in Fatehpur District:

Team Composition:

1. Mahendra Kumar Maurya, Technical Consultant (Maternal Health), SPMU- NRHM, Uttar Pradesh, Lucknow.
2. Dinesh Pal Singh, Program Coordinator (Urban Health), SPMU- NRHM, Uttar Pradesh, Lucknow.
3. Dr. Shamsul Amin Ansari, Program Coordinator (Family Welfare), SPMU- NRHM, Uttar Pradesh, Lucknow.

Date of visit: 17th May, 2013

Name of Health Facility: Sub Center Adhauri (L-1 Health facility).

General information: Located at a distance of 6 KM from Block PHC Dhata, this S/C has catchment population of 8000. One regular & one contractual ANM, One part time Dai and one MPW (Cont.) are posted to run this center. No running water facility, hand pump available. Electricity without power back up, ANM quarter available and ANM stays in the quarter. On an average, 10-15 deliveries are conducted every month.

Observation reported and suggestion for filling the gap:

Observation reported	Suggestion for filling the gap
<p>Labour Room: 10*10 ft. space available, one Labour table placed without mattress, mackintosh sheet and Kelly's pad. No tiling on floor, tiling on wall up to 5 feet only, no mesh in window. No elbow operated tap installed.</p> <p>Status of Trays placed in Labour room: Only one Tray was found in which antibiotic drugs (Ciprofloxacin, Amoxycillin), drugs for common ailments (PCM, Metronidazole) and a few items of Medicine Tray (e.g. Inj. Oxytocin, Cap Ampicillin 500 mg, Tab Metronidazole 400 mg and Inj. Betamethasone were kept.</p>	<p>Sub Center's AMG should be utilized to prioritize following civil work in phase manner: Tiling should be done on the floor. Tiling on wall should be extended up to 6 feet, Mesh should be placed in the Window. One overhead tank should be placed over the roof of sub center to ensure running water supply and Elbow operated tap should also be installed in labour room. Procurement of one more delivery table, Macintosh sheet and Kelly's pad needs to be done using U/F of Sub center.</p> <p>Ideally, there should be four trays i.e. Delivery Tray, Episiotomy tray, Baby tray and Medicine tray and all drugs & consumables pertaining to concerned tray must be kept as per criteria at L-1 facility. Maternal & Newborn Tool Kit has been shared with the MO I/C to take corrective measures at each delivery point as per guideline.</p>
<p>Newborn Care Corner : Baby weighing tray, mucus extractor available. No radiant heat warmer, Ambu bag and mask also not available.</p>	<p>200 Watt bulb can be placed in NBCC in case of unavailability of Radiant heat warmer. Ambu bag & mask must be procured using untied fund of Sub</p>



National Rural Health Mission, Uttar Pradesh

	Center.
BMW Management: No deep burial pit available, Anatomical waste stored in yellow bag is transported to PHC Dhata for final disposal. General wastes are being dumped outside the S/C in open area. Immunization waste is also transported to the PHC. No Puncture proof container placed in immunization room. Hub cutter was found functional. Used needles being stored in Hub Cutter. Plastic bags are being used in place of Colour coded bins.	One Placenta pit should be constructed in the premises of the S/C to dump anatomical waste. Puncture proof container should be placed in immunization room. Colour coded bins should be placed in labour room and immunization room.
Status of Training: Regular ANM has received training in IUCD insertion and immunization only.	Both ANMs should receive training in SBA & NSSK. Contractual ANM should also receive training in IUCD insertion and immunization urgently.
Quality parameters: No test kits available to measure Hb, urine albumin and protein. Partograph is not being plotted.	Test kits/ Strips should be procured and be used for every ANC.
IEC: No landmark placed near approaching roads, Timing of S/C not mentioned, Area distribution of ANMs not displayed, No SBA protocol posters displayed, JSY entitlements not displayed.	Proper IEC should be done to address the identified gaps.
Record keeping: Both ANMs had poor understanding about data regarding village wise Population, Sex ratio etc. of their field area.	Orientation of ANMs at BPHC/ APHC level must be done once in a month so that they are better able to explain the demography and service coverage of their sub center area.

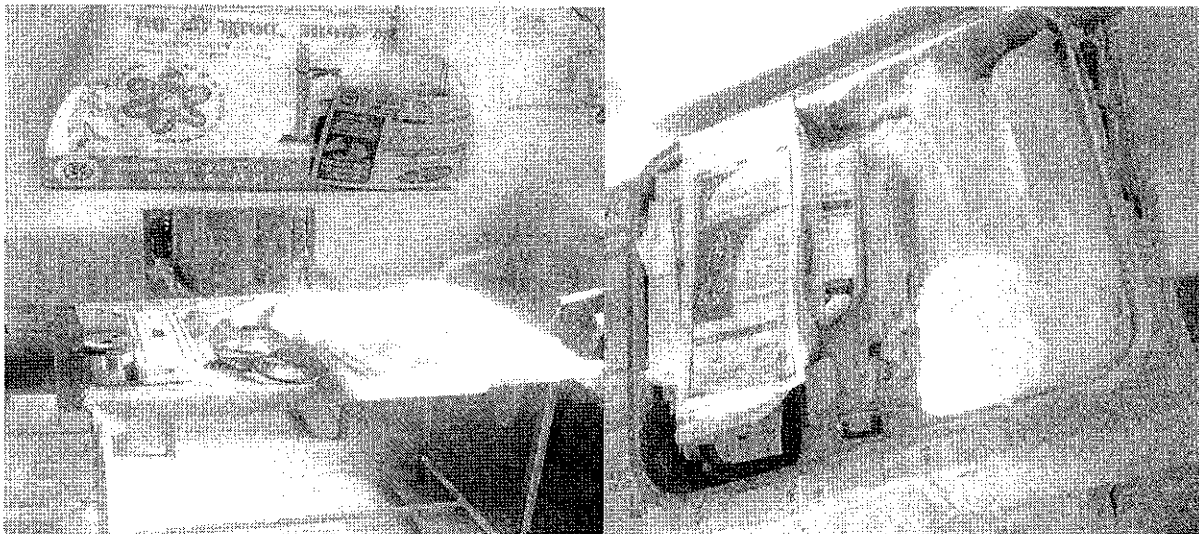
Photographs taken at L-1 Health Facility Adhauli:



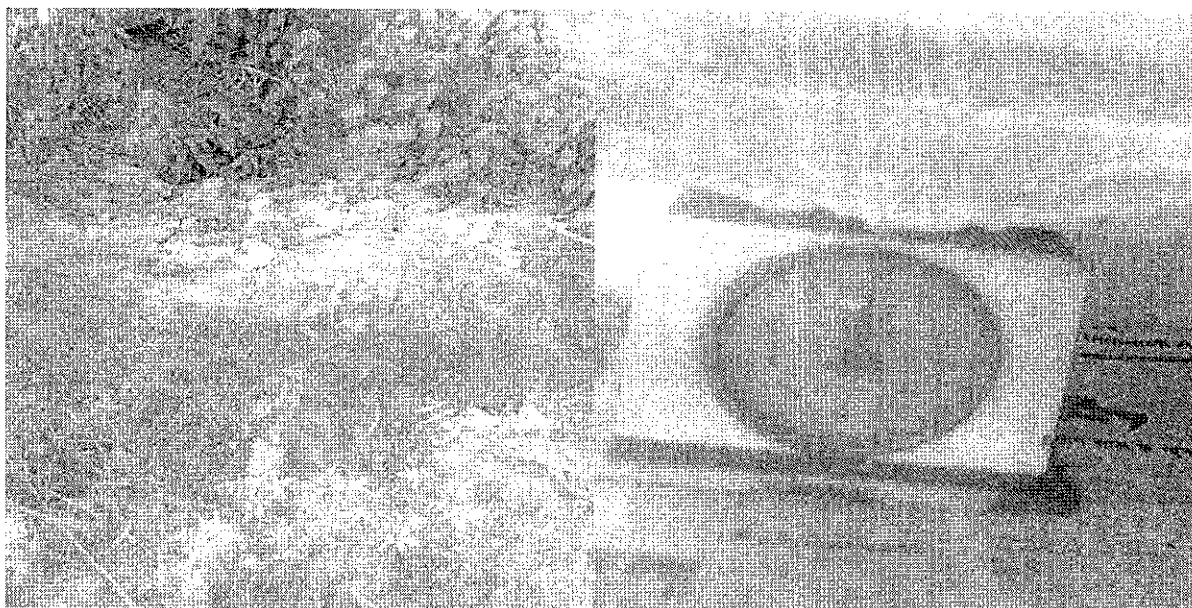
Outer view of L-1 Facility and Citizen charter displayed at the entrance



National Rural Health Mission, Uttar Pradesh



OPD set up and Medicine tray placed at Sub center



Open disposal of waste generated at sub center & Baby weighing Tray placed in NBCC



National Rural Health Mission, Uttar Pradesh



Name of Health Facility: Block PHC Dhata (L-2 Health facility).

General information: Located at a distance of 80 KM from the district headquarter, this PHC has catchment population of 1,79,488. One MO-II, one contractual LMO (AYUSH), two Cont. Staff Nurses and two ANMs are posted at this PHC. As informed by the MO I/C Dr. MK Singh, three more ANMs are required to man three vacant sub centers in Dhata block. New building is also under construction. Staff and MO's quarter available. No residential quarter available for Staff Nurses. Electricity with power back up and running water facility available in the health facility. On an average, 150-160 deliveries are conducted every month.

Observation reported and suggestion for filling the gap:

Observation reported	Suggestion for filling the gap
<p>Labour Room: Two labour table with Macintosh sheet available, 10*10 ft. space available with only one Labour table, Kelly's pad (ruptured) placed on the labour table without mattress. Floor tiling done in one partition of labour room and mosaic in another part of labour room, tiling on wall upto 5 feet only, mesh placed in windows. Elbow operated tap available. Running water supply interrupted in labour room since 13th May, 2013 due to damage in local pipeline.</p> <p>Status of Trays placed in Labour room: Five trays were placed. Drugs and consumables were not kept as per guideline in concerned tray.</p> <ol style="list-style-type: none">1. Delivery tray: All items were kept as per guideline. Mucus extractor was also kept in delivery tray.2. Episiotomy tray: Inj. Xylocaine 2% is collected from Pharmacy store whenever required. Toothed forceps was missing.3. Baby tray: Nasogastric tube was not available. Inj. Keplin (Vit K) was out of stock though staff nurses had used it earlier.4. Medicine tray: Tab Misoprostol 200 mcg & Inj. Hydrazaline was not available.5. Emergency drug tray: Inj. Magsulf 50%, Inj Calcium gluconate 10%, Inj. Carboprost, Inj. Phenergan, Inj. Hydrazaline, Nefedipin	<p>Following civil work needs to be prioritized in phase manner: Tiling should be done on the floor of small labour room having mosaic floor. Tiling on wall should be extended up to 6 feet. Two Kelly's pad should be supplied in LR. Mattress must also be placed on both Labour Tables. Running water supply to be ensured in labour room.</p> <p>Ideally, there should be six trays i.e. Delivery Tray, Episiotomy tray, Baby tray, Medicine tray, Emergency drug tray and MVA/ EVA tray at L-2 facility. All drugs & consumables pertaining to concerned tray must be kept as per criteria. Maternal & Newborn Tool Kit has been shared with the MO I/C to take corrective measures at each delivery point as per guideline.</p>



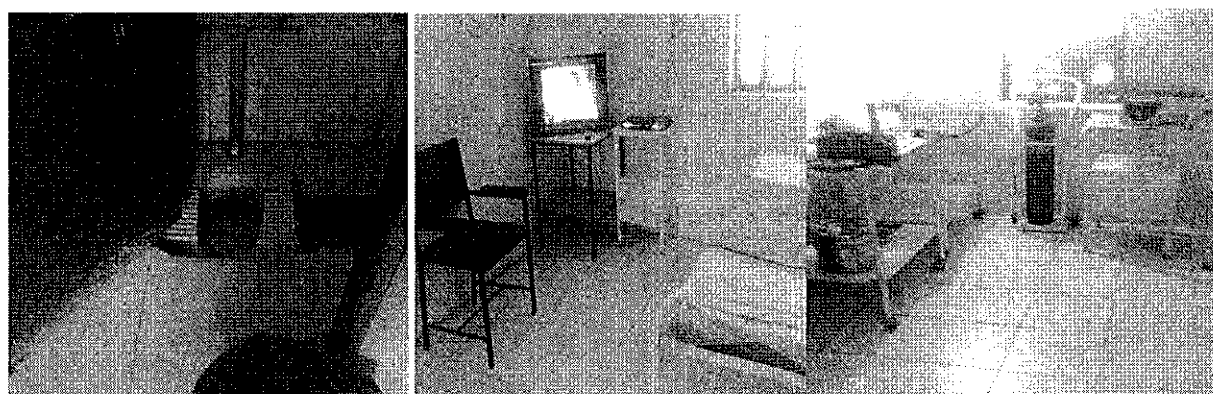
National Rural Health Mission, Uttar Pradesh



& Inj. Fortwin not available. 6. MVA Tray: Not available	
Newborn Care Corner: Baby weighing tray, Ambu bag and mask and Mucus Extractor available. No radiant heat warmer available. New Born Care Corner of 2.5*1.5 size written on the wall.	Radiant heat warmer to be placed in NBCC as the facility is accredited as L-2 level.
BMW Management & adherence to IMEP protocols: Segregation of waste is being done. Staff has been oriented on BMW management by the MO I/C. No Puncture proof container placed in immunization room. Hub cutter was found functional. Agency hired for final disposal of BMW collects waste from this facility on alternate days.	Puncture proof container should be placed in immunization room. Colour coded bins should be placed both in labour room and immunization room and each bin should be labelled as per protocol for the ease of all staff and attendant.
Status of Training: One ANM and one Staff Nurse are trained in SBA. Six staffs including two MO are trained in NSSK. 2 ANM and 1 HV are trained in IUCD insertion.	Every staff posted in labour room must be given training on SBA and NSSK.
Quality parameters: Pathological services are available. Test kits/ strips are used to measure Hb, urine albumin and protein. Partograph is not being plotted.	-----
IEC: PHC's Landmark placed near approaching roads, No SBA protocol posters displayed, JSY wall writing done. JSSK entitlements displayed on A4 size papers only. IEC pertaining to colostrums feeding, exclusive breast feeding displayed at the entrance of labour room and in PNC wards. EDL displayed by mentioning the type e.g. anthelmintic, antispasmodic drug etc. and not by the generic name.	IEC should preferably be done by placing flex boards and wall writing.
Orientation of available Manpower regarding their Roles & Responsibilities: Available manpower i.e. HEO & BPM are not working as per their roles & responsibilities as they were reported to have very little understanding about block profile and important public health data.	HEO & BPM should be oriented properly about their job profile & responsibilities by MOI/C & other district level officials/ DPMU and assignment must be delegated to them by the MO I/C for their proper utilization.



Photographs taken at L-2 Health Facility PHC Dhata:





National Rural Health Mission, Uttar Pradesh



Health Facility visited on 18th May, 2013 : FRU Bindaki (L-3 Health facility).

General information: Located at a distance of 40 KM from the district headquarter, this FRU has catchment population of 7.48 lakh by receiving referrals from PHC Malwan, PHC Khajuha, PHC Deomai & PHC Amauli. One General Surgeon, two OBG, One Anaesthetist, one Physician, three MOs, four Staff Nurses and one ANM and paramedical staffs are posted. One MO has to be trained on FBNC to provide paediatric services. Staff and MO's quarter available. Electricity with power back up and running water facility available in this health facility. On an average, 180- 200 deliveries are conducted every month.

Observation reported and suggestion for filling the gap:

Observation reported	Suggestion for filling the gap
<p>Labour Room: Two labour tables with Macintosh sheet available, 10*10 ft. space available for each labour table, One Kelly's pad (ruptured) placed on the labour table without mattress. Mosaic floor in labour room, tiling on wall upto 5 feet only, mesh placed in windows. Elbow operated tap not installed. Running water supply available in labour room. Stepping stool and pillows available.</p> <p>Status of Trays placed in Labour room:</p> <p>Five trays were placed. Drugs and consumables were kept as per guideline in concerned tray.</p> <ol style="list-style-type: none">1. Delivery tray: All items were kept.2. Episiotomy tray: All items were kept.3. Baby tray: All items were kept.4. Medicine tray: Tab Misoprostol 200 mcg, Inj. Gentamycin & Inj. Hydrazaline was not available.5. Emergency drug tray: Inj. Magsulf 50%, Inj. Calcium gluconate 10%, Inj. Ampicillin, Inj. Carboprost, Inj. Phenergan, Inj. Hydrazaline, Nefidipin, Ceftriaxone (3rd generation Cephalosporins) not available. Ceftriaxone was available in OT.6. MVA Tray: Not available7. PPIUCD tray not available.	<p>Following civil work needs to be prioritized in phase manner: Tiling should be done on the floor of labour room having mosaic floor. Tiling on wall should be extended up to 6 feet. Two more Labour tables, Kelly's pad, Mackintosh sheet should be supplied in LR. Mattress must also be placed on all Labour Tables. One refrigerator to be supplied for keeping Inj. Oxytocin in labour room.</p> <p>Ideally, there should be seven trays i.e. Delivery Tray, Episiotomy tray, Baby tray, Medicine tray, Emergency drug tray and MVA/ EVA tray and PPIUCD tray at L-3 facility. All drugs & consumables pertaining to concerned tray must be kept as per criteria. Maternal & Newborn Tool Kit has been shared with the ACMO Dr LR Sachan & In-charge of the facility to take corrective measures at each delivery point as per guideline.</p>
<p>OT: Tiling upto roof level, Shadowless lamp sent for repair. No AC installed, No slab with granite</p>	<p>AC to be installed. Record must be kept for regular fumigation.</p>



National Rural Health Mission, Uttar Pradesh

top, hand washing area with elbow operated tap available. Functional BMW with colour coded bins. Fumigation is being done using Formalin but record is not being maintained.	
Newborn Care Corner: Baby weighing tray, Ambu bag and mask and Mucus Extractor available. No radiant heat warmer available. New Born Care Corner of 2.5*1.5 size written on the wall.	Radiant heat warmer to be placed in NBCC as the facility is accredited as L-3 level.
NBSU: Functional with radiant heat warmer and two phototherapy units.	One MO should be trained in FBNC/ F-IMNCI for running the NBSU. Currently, one Anaethetist is looking after NBSU.
Laboratory: Functional with 1 monocular and 3 binocular microscope, five haemoglobinometers, Two centrifuge available but non functional. 17 PWs have been tested for Hb out of these two ANC's were reported having Hb level 6.4 and 4.4 gm %.	Centrifuges to be made functional. Line listing of all ANC cases having Hb less than 7 must be done and its follow up be ensured by ANMs and ASHAs of concerned area.
Blood storage Unit: Establishment under process. Binocular microscope, Blood bag refrigerator having 50 bags capacity and 1 ton AC has been procured.	Training of 1 MO and LT has to be done by NACO.
ARSH Clinic: Separate room for ARSH clinic available.	1 MO, 1 S/N, 1 ANM & 1 ICTC counselor trained for running ARSH clinic.
BMW Management & adherence to IMEP protocols: Segregation of waste is being done. Staff has been oriented on BMW management. No Puncture proof container placed in immunization room. Hub cutter was found functional. Agency M/S Medical Pollution Control Committee, Kanpur hired for final disposal of BMW collects waste from this facility on alternate days.	Puncture proof container should be placed in immunization room. Colour coded bins should be placed both in labour room and immunization room and each bin should be labelled as per protocol for the ease of all staff and attendant.
Status of Training: No staff trained in SBA and NSSK. One days training has been imparted to concerned staff for handling of equipment in labour room and NBCC. . One MO is trained for providing NSV services. One ANM is trained in IUCD insertion. It is planned to train Staff Nurses and ANMs in Immunization and cold chain this year.	Every staff posted in labour room & NBCC/ NBSU must be given training on SBA and NSSK.
Quality parameters: Pathological services are available. Test kits/ strips are also used to measure Hb, urine albumin and protein. Partograph is not being plotted.	-----
IEC: CHC's Landmark placed near approaching roads, No SBA protocol posters displayed, JSY wall	IEC should preferably be done by placing flex boards and wall writing.



National Rural Health Mission, Uttar Pradesh

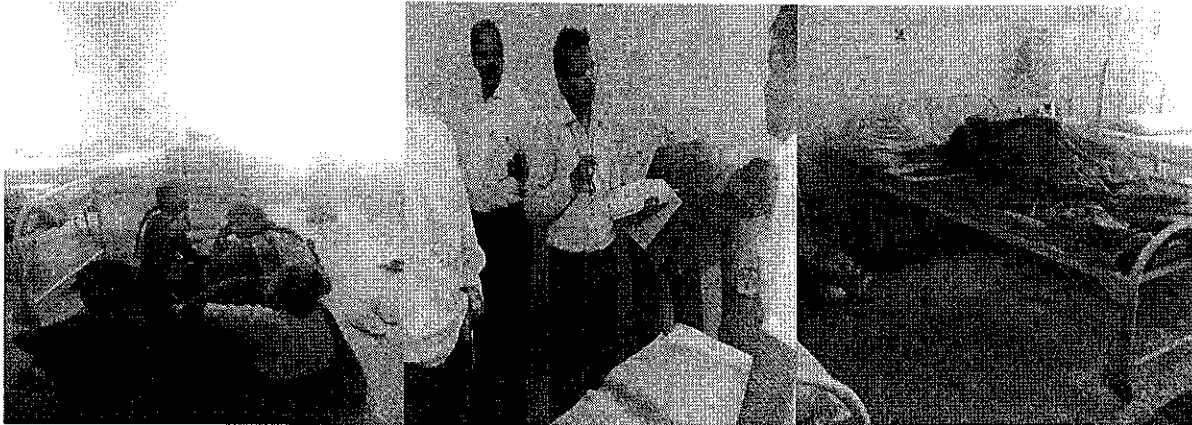
writing done. JSSK entitlements displayed on A4 size papers only. IEC pertaining to colostrums feeding, exclusive breast feeding displayed in PNC ward. Immunization schedule not written completely. Only name of six killer diseases mentioned.

Photographs taken at L-3 Health facility:





National Rural Health Mission, Uttar Pradesh



Monitoring of RI session: Sub center Malwan

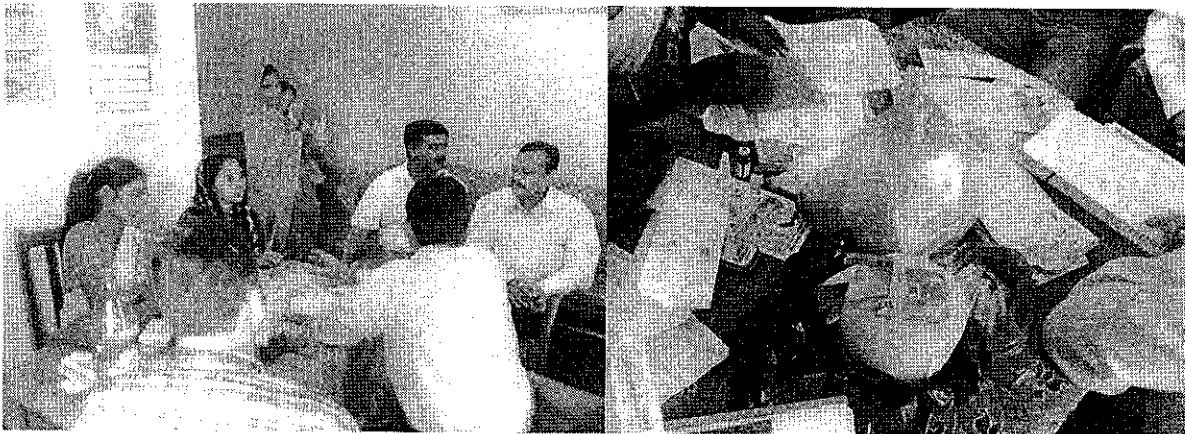
- Session was being organized as per microplan.
- ASHA worker was mobilising the ANC cases and children for immunization.
- Vaccine & other logistics were supplied to the vaccination site by the vehicle of PHC Gopal ganj.
- All vaccines and diluent were kept in Vaccine carrier of four ice pack capacity inside a zipper bag and cold chain was also maintained.
- No vaccine vial was found without VVM.
- AD syringes .1 ml, .5 ml, 5 ml disposable syringes, functional hub cutter, immunization card, red and black bags, list of 15 expected beneficiaries, counterfile of past sessions, ORS packet, Tab PCM, weighing machine were found at immunization site.
- Vitamin A solution, IFA tablets was not available.
- DPT and Hep B was being administered in anterolateral aspect of mid thigh properly.
- Each syringe was being cutted immediately after use with the help of hub cutter.



National Rural Health Mission, Uttar Pradesh

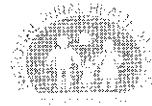
- Tally sheet was being filled after administration of each vaccine to beneficiaries.
- Counterfile was also being updated after each vaccination.
- Four important messages i.e. vaccine administered today, side effect of vaccine administered, next vaccination due and date and time of next session were being communicated to beneficiaries.

Photographs taken at RI site:





National Rural Health Mission, Uttar Pradesh



Visit to Village Health, Sanitation and Nutrition Committee (VHSNC):

Sr. No.	Points for monitoring	VHSNC Dhata	VHSNC Gopal ganj
1.	Name of Pradhan & ANM	Mr Vijay Singh (Pradhan) & Ms Gulaichi (ANM)	Ms. Manju (Pradhan) & Ms. Kumkum Rai (ANM)
2.	Representation from all majra/ hamlet/ Purwa in the committee.	No	No



National Rural Health Mission, Uttar Pradesh

3.	VHSNC has received Untied fund this year.	Yes	Yes
4.	Meeting register available with VHSNC.	Yes	Yes
5.	No. of meetings held in past six months.	2 times earlier & today	One time earlier and today
6.	Village Health Plan (VHP) prepared.	No	No
7.	Statement of expenditure (SoE) being maintained.	No	Yes but not on a standard format.
8.	Untied fund is being used by VHSNC	No	Yes
9.	Which activities accomplished by using the untied fund of VHSNC	NA	General cleanliness, cleaning of water drains
10.	All Members were informed in advance about the meeting	Yes	Yes
11.	No. of mebers who attended the meeting	4	6
12.	Knowledge about utilization of untied fund amongst members	No	No
13.	Knowledge amongst members about their role in VHSNC	No	No
14.	Meeting began with the review ofpoints of last meeting	Yes	Yes
15.	Review and evaluation of health services being done by the committee	No	No
16.	Review of VHP done in this meeting	No	No
17.	Active participation of members in submitting their proposal in committee	No	No

Some photographs of register and records:



National Rural Health Mission, Uttar Pradesh

