



National Rural Health Mission, Uttar Pradesh



Visit to Public health institutions in Kaushambi District:

In reference to letter no. SPMU/NRHM/M&E /2013-14/712(2)-5 dated 15/5/2013 visit of Distt. Kaushambi was done under leadership of Dr Mridula Sharma GM-FP/PC&PNDT with following team members –

1. Arvind Upadhyaya-Technical Consultant Family Planning
2. Bishamber Dayal-PC
3. Balram Tiwari –PC
4. Dr. Fahim Fatima –Summer Trainee-MH

The Health Centres which were visited by team members are as follows-L1 SHC Sallahapur, PHC Mooratgang, CHC Sirathu, FRU Sarai Akeel, VHSC-Pirrai and Immunization session Pirrai. The main observation of these 02 days visit of above Public health institutions are as follows:

Date of visit: 17th May, 2013

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

General information: Located at a distance of 13 KM from Block PHC Chail, this S/C has catchment population of 14000. One regular & two contractual ANM, are posted to run this center. Hand pump was available. Electricity without power back up, ANM quarter available and ANM stays in the quarter.

Observation reported	Suggestion for filling the gap
Labour Room: 10*10 space available with one Labour table, No macintosh and Kelly's pad placed on labour table. no tiling on floor, tiling on wall upto 5 feet, no mesh in window. No elbow operated tap available.	Sub Center's AMG should be utilized to prioritize following civil work in phase manner: Tiling should be done on the floor using AMG. Tiling on wall should be done 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 Macintosh sheet and Kelly's pad needs to be done using U/F.



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Complaint and suggestion box was not available.	Instructed MOIC / ANM to make arrangement of suggestion/ complaint box at center.
It was observed that there were 3 ANMs posted at this centre but inspite of MCH Level 1 centre only one regular ANM was SBA trained.	Suggested DPM to organize SBA training for all ANMs of L1 centres so that they can conduct safe delivery.
It was very strange that inspite of MCH Level 1 centre there was nothing for ANC except BP Instrument & Stethoscope.	Instructed MOIC / ANM to procure all required Equipments like weighing scale, haemoglobino meter ,albumin sugar kit, inch tape, height scale etc. at center from u/f of SHC.
ANM was SBA and NSSK trained but still she was not using Partograph.	Instructed ANM to use partograph and maintain case sheet of every delivery case.
After seeing Immunization register it was seen that ANM was not entering date of 3rd ANC of any pregnant women. So this shows that ANM could not do 3rd ANC.	Instruction was given to ANM to do 3rd ANC of all pregnant women and maintain records.
Newborn Care Corner : Baby weighing tray, mucus extractor available. No radiant heat warmer was present but in place of that 200 watt bulb was present.	Radiant Warmer should be in NBCC in place of bulb.
BMW Management: No Puncture proof container placed in immunization room. Hub cutter was found functional. Plastic bags are being used in place of Colour coded bins.	Puncture proof container should be placed in Labour Room. Colour coded bins should be placed in SHC .
Status of Training: Contractual ANMs has not received training in SBA .	Both ANMs should receive training in SBA & NSSK urgently.

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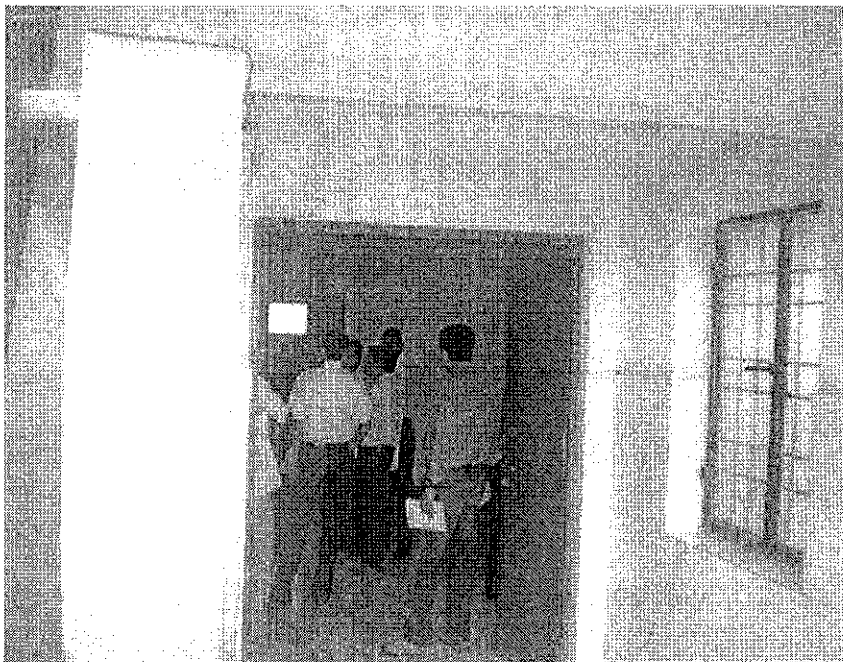


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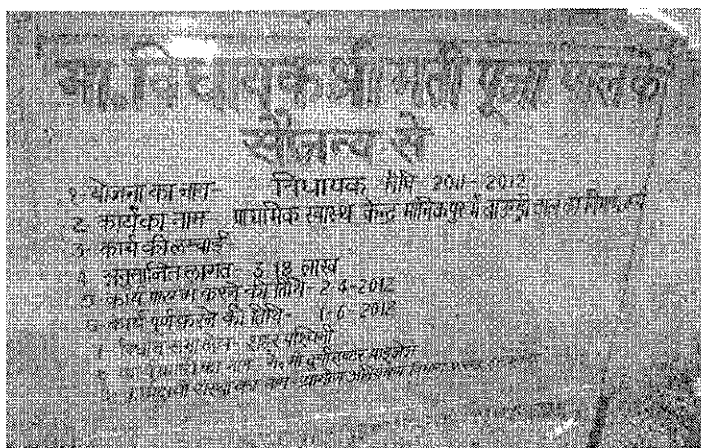


Good things seen at L-1 centre-

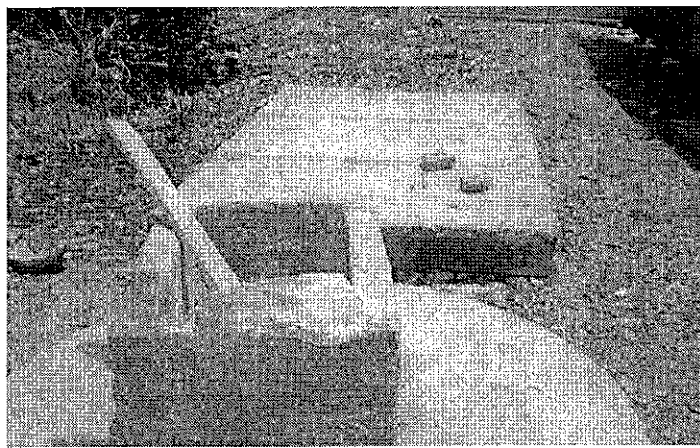
- ✓ Situated near main road side
It was running in govt building including of all basic infrastructure .
- ✓ It was good to see that there was dumping chamber present at centre for waste disposable management.
- ✓ There was new born corner with 200 watt bulb present .
- ✓ There was an additional ward for PNC mothers.
- ✓ It was good to see that ANM was residing at Head Quarter.
- ✓ Convergence was seen at SHC .MoIC mobilized fund of MLA for construction of SHC Boundary Wall.



Additional Ward at Sub Centre sallahpur



Construction of SHC Boundary Wall by
MLA Fund



Dumping Chamber

for



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(PNC Mother at SHC, Sallhapur)

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

General information: Located at a distance of 20 KM from the district headquarter, this PHC has catchment population of 2.40 lakh . having 24 SHCs with 84 revenue villages.

One MO-II, one LMO ,two AYUSH MOs three Cont. Staff Nurses and one LT are posted at this PHC.. Staff and MO quarter available. No quarter available for Staff

Nurses. Electricity with power back up and

running water facility available in the health facility. It was seen that MOIC of this PHC was a good leader of team with lot of energy and quality of sharing responsibility with their staffs. He used the NRHM budget in a very good manner. But still there was a need of improvement in that PHC.

Observation	Suggestion /Action Taken
Labor Room: One labor table with Macintosh sheet available, Only one Kelly's pad placed on the labor table was found ruptured.. No mattress placed on labor tables. Elbow operated tap not available.	Two Kelly's pad should be supplied in LR. Mattress must also placed on both Labor Tables.
Newborn Care Corner: Baby weighing tray, Ambu bag and mask and Mucus Extractor available but area was not demarcated for New Born Care Corner written on the wall.	Radiant heat warmer to be placed in NBCC and should be demarcated .
BMW Management & adherence to Standard Treatment protocols: No Segregation of waste is being done. Staff has not been oriented on BMW management. No Puncture proof	Puncture proof container should be placed in immunization room. Colour coded bins should be placed both in labor room and immunization room and each bin should be labeled as per protocol for the ease of all staff and attendant.

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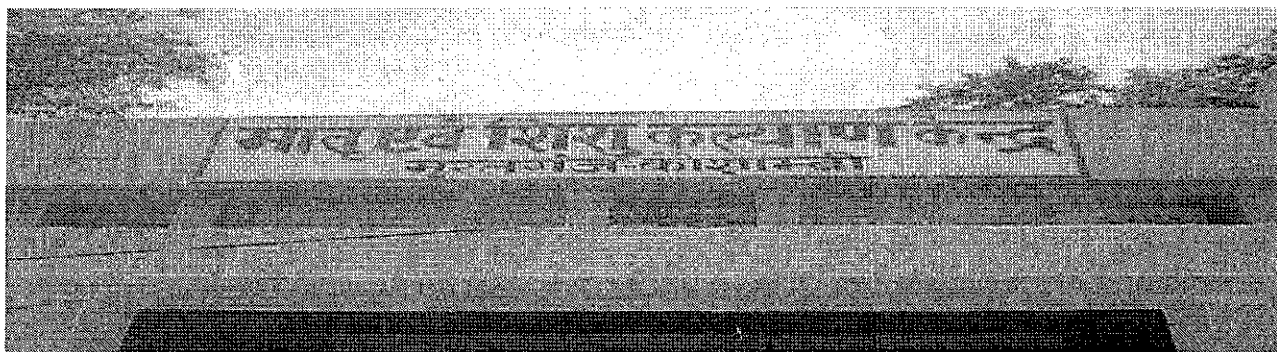
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container placed in immunization room. Hub cutter was found functional.	
Status of Training: One Staff Nurse was trained in SBA. three staffs including three MO are trained in NSSK.	Every staff posted in labor room must be given training on SBA and NSSK.
Quality parameters: All Pathological services are not available. In lab there were no lab services of Urine Albumin Sugar, Serum Bilirubin test, blood sugar, RRP, HIV. Partograph is not being plotted.	Instructed MOIC to get those facility done in 02 or 03 days because those facilities were basic requirement for patients.
IEC: PHC's Landmark placed near approaching roads, No SBA protocol posters displayed,. JSSK entitlements displayed but not in detail. EDL was not displayed by mentioning the type of medicines.	IEC should preferably be done by placing flex boards and wall writing.
Distribution of Responsibilities to available Man Power Available manpower as HEO & BPM are not doing their responsibilities as they are unknown about block profile and data.	HEO & BPM should be oriented about their job description & responsibilities by MOIC & other higher officials.
Complaint and suggestion box was not available.	Instructed MOIC / ANM to make arrangement of suggestion/ complaint box at center.

Good things seen at PHC-

Signage and Wall writing of programs was seen at PHC.



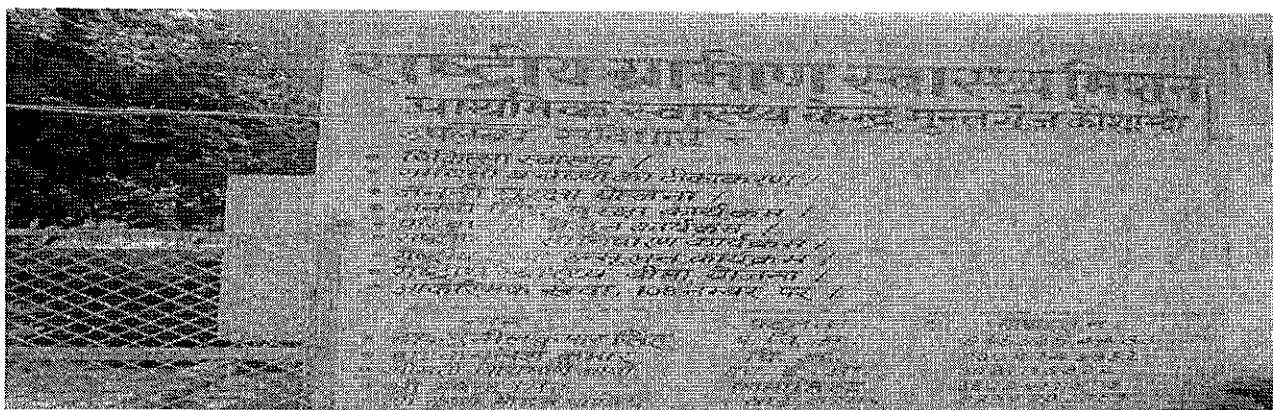
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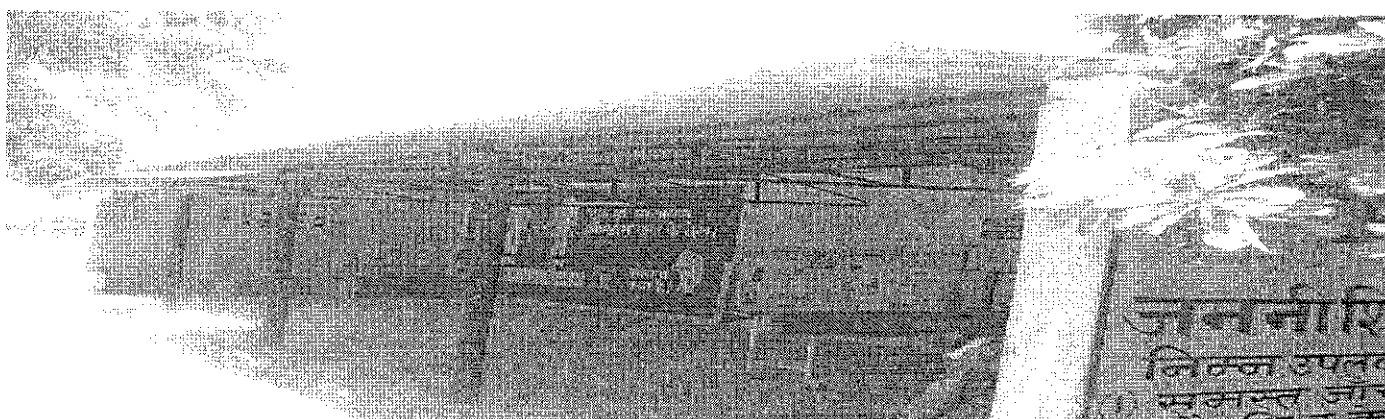
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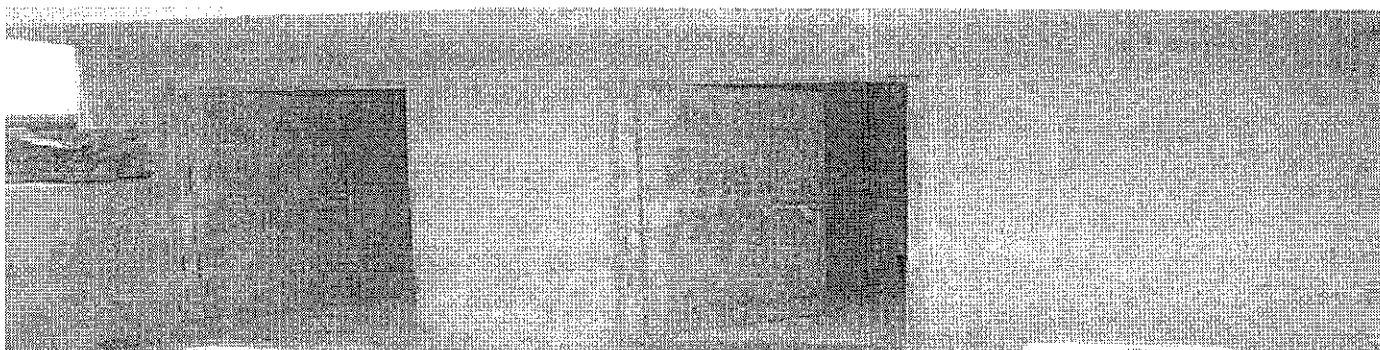
Good things seen at PHC-



MOIC used NRHM grant for sake of patients viz. Rain Basera, toilet for attendants etc.



RAIN BASERA



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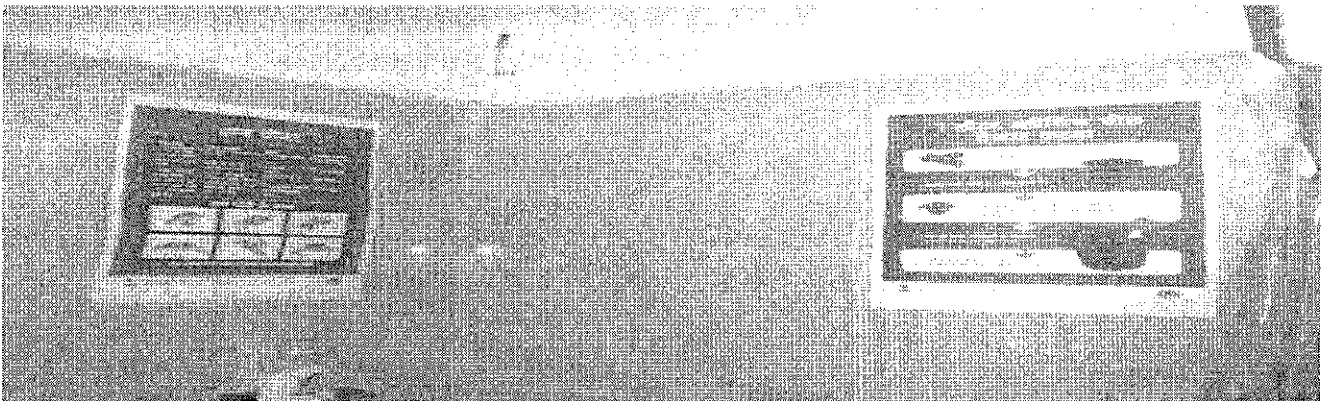
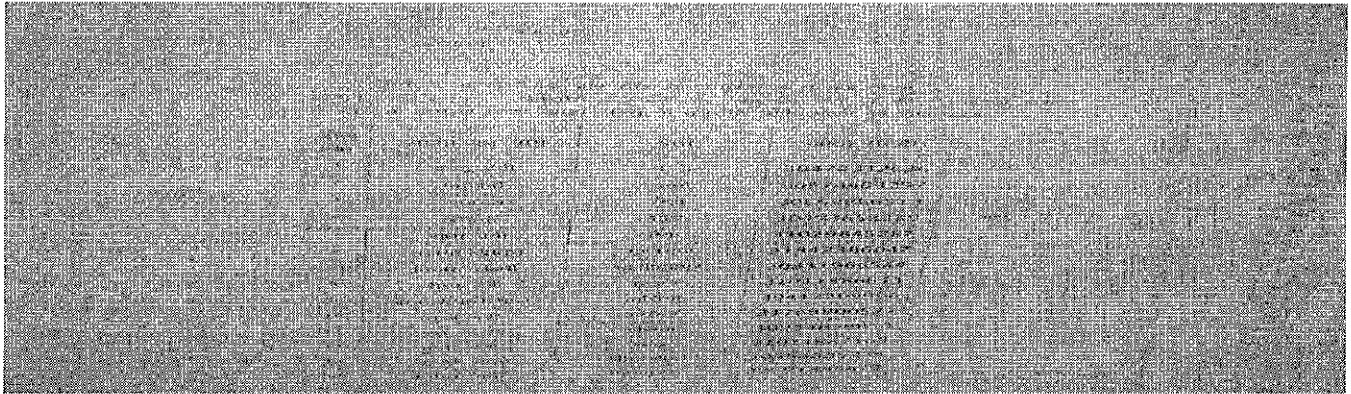


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TOILETS FOR ATTENDANTS

Payment of ASHA incentives was given through E-Payment and was displayed on board which shows transparency in system.



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Staff Nurse of Labour Room was active and kept LR neat and clean using Bleaching solution of sterilizing equipments and gloves .She was maintaing



Emergency Drug Tray was well mannered. Also displayed expiry date list of medicines on medicine shelf of Labor Room.



System of issuing Birth Certificate to every discharge mother was in use

Day Second -18/05/20013

Place of Visit- FRU CHC- SARAI AKEEL

This CHC is non functional FRU where there lot was needed to make it functional Infrastructure of this CHC was as per the norms of FRU but there was gap in HR, services like--LAB, Blood Storage Unit (B S U) was not up to the mark, etc.

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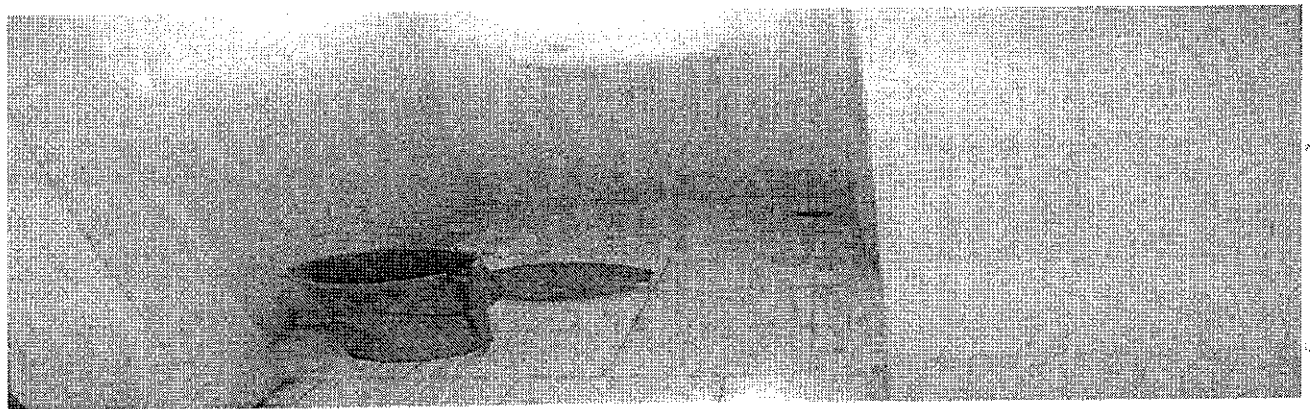
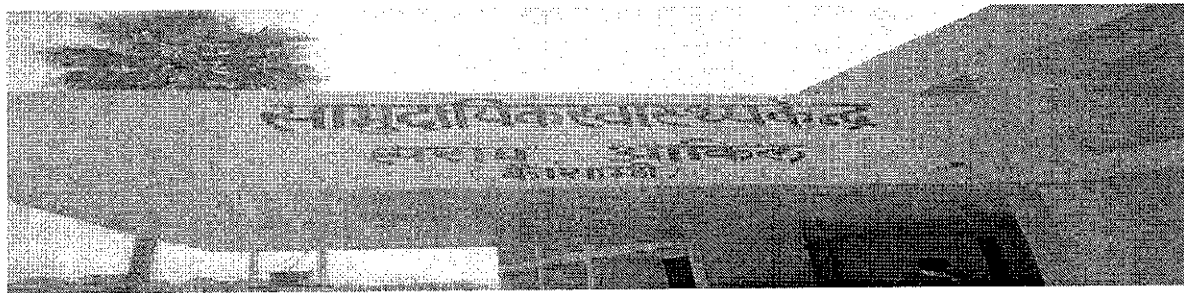
Observation –	Suggestion / Action Taken
It was seen that many mothers have been discharged within 12 hrs without disbursing cheque of JSY.	It was suggested that if a mother wants to go with in 12 hrs. ,first motivate her to stay 48 hrs and if she insists then take a LAMA consent and give cheque to her.
There was no TV in PNC ward .It was kept in store in worst condition.	Instruction was given to MoIC to install TV in ward after repair
Toilet for Females in ward was very dirty	Suggested Superintend to give instruction to sweeper to clean toilet regularly and properly. In the meeting with CMO it was emphasized that only one sweeper is not enough for a huge campus like CHC Sarai Akeel.
Toilet was attached to labour room but it was not clean.	Suggested Superintend & staff nurse to give instruction to sweeper to clean toilet regularly and properly.
Ward & bed sheet were dirty and overall the campus of CHC was also dirty.	Suggested Superintend & staff nurse to keep the campus, wards and bed sheet clean.
BMW Management & adherence to Standard Treatment protocols: No Segregation of waste is being done. Staff has not been oriented on BMW management. No Puncture proof container placed in immunization room. Hub cutter was found functional.	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.
It was strange to seen that this CHC was not a vaccine delivery point. There was no arrangement of cold chain for storage of vaccines. From Navada PHC vaccine were given to CHC.	In this regard instruction was given to MoIC and DPM to do arrangement of deep freezer and ILR and also identified one room for separate cold chain room.
Citizen Charter, Grievance Redressed Mechanism was not found.	Instruction was given to MoIC to make arrangement of Citizen Charter and Complaint Box.
IEC: No CHC's Landmark placed near approaching roads, No SBA protocol posters displayed, JSY. JSSK entitlements displayed but not in detail. No IEC	IEC should preferably be done by placing flex boards and wall writing.

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pertaining to colostrums feeding, exclusive breast feeding displayed in labor room and in PNC wards.	
Distribution of Responsibilities to available Man Power Available manpower were not doing his responsibilities as they were unknown about block profile and data.	Manpower should be oriented about their job description & responsibilities by MOIC & other higher officials.
Labor Room: One labour table with Macintosh sheet available, Only one Kelly's pad placed on the labor table was found ruptured. No mattress placed on labor tables. Elbow operated tap not available.	Two Kelly's pad should be supplied in LR. Mattress must also placed on both Labour Tables.



Dr



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Name of Health Facility: Block CHC Sirathu .

General information: Medical Suptd.-Dr Ram Manohar

Located at a distance of 15 KM from the district headquarter, this CHC has catchment population of 3.15 lakh . having 79 Gram Sabhas. Three MOs, three Cont. Staff Nurses, 02 ANMs and three LTs are posted at this CHC.. Staff and MO quarter available. No quarter available for Staff Nurses. Electricity with power back up and running water facility available in the health facility.

Observation	Suggestion / Action Taken
Labor Room: One labor table with Macintosh sheet available, Only one Kelly's pad placed on the labor table was found ruptured.. No mattress placed on labor tables. Elbow operated tap not available.	Two Kelly's pad should be supplied in LR. Mattress must also be placed on both Labor Tables.
Newborn Care Corner: Baby weighing tray, Ambu bag and mask and Mucus Extractor available but area was not demarcated for New Born Care Corner written on the wall.	Radiant heat warmer to be placed in NBCC and area to be demarcated .
BMW Management & adherence to Standard Treatment protocols: No Segregation of waste is being done. Staff has not been oriented on BMW management.	Puncture proof container should be placed in immunization room. Colour coded bins should be placed both in labor room and immunization room and each bin should be labeled as per protocol for the ease of all staff and attendant.
Status of Training:	Every staff posted in labor room must be given training on SBA and NSSK.
Quality parameters: Bed Head Ticket was not in proper format but was present. Foot print of the new born was not been taken. OT Register was maintained by staff but not verified by surgeon.	Instructed MOIC to get basic requirement for patients. Print foot of new born on the case sheet of mother. Surgeon was suggested to verify all cases with his own remarks.
IEC: CHC's Landmark placed near approaching roads, No SBA protocol posters displayed, JSY wall writing done. JSSK entitlements displayed but not in	IEC should preferably be done by placing flex boards and wall writing. Instructed to repaint the EDL list.

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detail. IEC pertaining to colostrums feeding, exclusive breast feeding displayed at the entrance of labour room and in PNC wards. EDL displayed but painting was not readable	
Distribution of Responsibilities to available Man Power Avialable manpower as HEO & BPM were not doing their responsibilities as they were unkown about block profile and data.	HEO & BPM should be oriented about their job description & responsibilities by MOIC & other higher officials.
Complaint and suggestion box was not available.	Instructed MOIC / ANM to make arrangement of suggestion/ complaint box at center.

R.I Session & VHSNC –Pirrae (Kadambari AWW) Dist- Kaushambi

- ✓ RI Session was being held at Pirrae Aganbadi Center in rented house.
- ✓ ANMs. Shikha Ghosh was administering vaccines at session site.
- ✓ Ms Kadambari AWW was assisting the ANM.
- ✓ Beneficiaries were called by ASHA-Ms. Sadhana Mishra.
- ✓ Vaccine logistic from block to center done by Private Mobilizer Mr.Ganga Prasad.
- ✓ Vit –A, ORS packet, AD Syrenge (0.1and 0.5 ml),Hub Cutter, MCP Card ,Red and Black Poly Bags for waste needle and syringe, Plastic Spoons for Vit.A, weighing and BP machine,Paracetamol ,IFA etc were present at session site.
- ✓ Counter file of immunization card was not maintained properly.
- ✓ The first meeting of VHSNC was held on 12/02/2013 in last six month.

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Visit to District Magistrate Camp Office-

Mr. Satendra Singh I.A.S is DM Kaushambi.

Members of team with CMO Dr. K L Verma met DM Sir

Main points discussed were:

- ✓ VHSNC is not functional.
- ✓ To improve social marketing of contraceptives by ASHAs to improve family planning programme.
- ✓ Increase IEC and Standard Treatment Protocols.
- ✓ Sensitization about PCPNDT and mapping of Ultra Sonographic Centres
- ✓ All the supervisory visits to be followed up action taken reports.
- ✓ Suggestion /Complain Box in all the facilities
- ✓ Non functional Water tank at Sub Centre Sallahapur.

On above points DM Sir immediately instruct CMO to write a letter regarding VHSNC, its structure role and responsibilities to all BDOs ,DPROs from DM signature and follow up the VHSNC meetings. Sammelan of all health workers at District level and printing of health service directory. Vision documents for improvement of District regarding planning in next 5 years is also being prepared.

After visit to DM team went to CMO office but before that random visit to District Combined Hospital was also done. Name of the Chief Medical Suptd. Dr. V.K. Pandey. OPD was about 600 per day and IPD was about 580 per month. SNCU was functional. OT and Labor Room was satisfactory. Cesarean section were being done by surgeon. There were 02 LMO who were recently posted through Service Commission. Hospital was clean but colour coded bins were not present. Bio Medical waste was disposed in dumping chamber but procedure for hiring Private Agency is in progress. Laundry and food for the patients were being managed by out sourcing .JSY payment are being done by staff nurse. Only one LDC is posted against eight sanctioned post. No pathologist was posted in District Combined Hospital. Lack of IEC was seen .

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Before leaving Kaushambi team had a small meeting in CMO office with CMO, DTO, ACO and DPM emphasis were given on following points-

- ✓ High failure rate of litigation cases.
- ✓ Mapping of USG Centers .
- ✓ Supply of contraceptive to be picked up from Nadir Gang Store.
- ✓ Reporting of social marketing ^{of contraceptives} to be improved
- ✓ Regular RKS meetings.
- ✓ Involvements of HEOs in meeting of MoICs was seen during the visit that HEO at PHC Mooratganj and CHC Sirathu were not very active .They could not show the records.
- ✓ All the ANMs to be instructed to update the target couple register for implementation of family planning programme .

Prepared by

Dr. Mridula Sharma
24.05.13

(Dr. Mridula Sharma)
GM- F.W. & PCPNDT.

An