



# PRE CRM SUPPORTIVE SUPERVISION VISIT

**DATE : 06 to 10 August, 2018**

**DISTRICT : GORAKHPUR**



# THE TEAM

## Team 1

Dr Ashwini Kumar  
Mr Arvind Updhyaya  
Mr Sumit Sonkar  
Mr Firoz Jamal

GM-N P  
Consultant-FP  
Consultant-IEC  
PC-RBSK

## Team 2

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Mr RC Chaurasiya  
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Consultant-QA  
Consultant-PC-PNDT  
PC-EMTS

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## Team 4

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## Team 6

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Mr. Rakesh Pandey

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DPM-Basti

*TEAM = Together Everyone Achieves More*

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# Visit Report of Dist. Gorakhpur, (6–10 Aug, 2018)

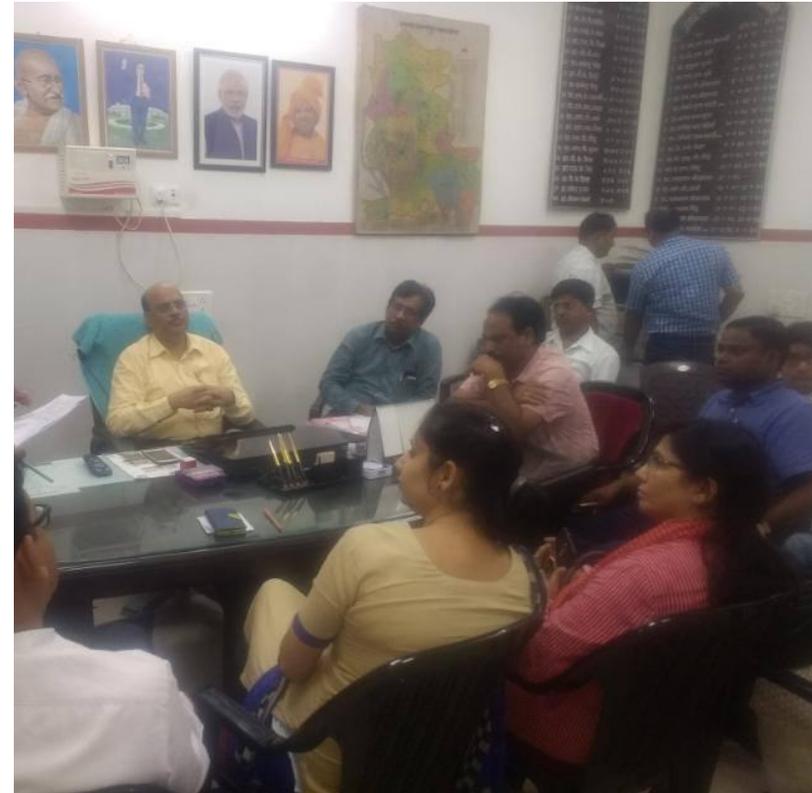
## Objective-

- 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 06-08-18.
- 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 06-08-18 and On the basis of their observation gaps were identified that needs much attention. Gap analysis was discussed with all concerned officers with the timeline for rectification/corrective action.**



# TOR 1: Service Delivery



# Health Infrastructure

<b>Health Facility</b>	<b>Gorakhpur</b>
<b>District hospital</b>	<b>2</b>
<b>District level MCH wing</b>	<b>1</b>
<b>Community Health Centre</b>	<b>9</b>
<b>Block level MCH wing</b>	<b>1</b>
<b>Primary health Centre</b>	<b>89</b>
<b>Sub Centre</b>	<b>529</b>
<b>Urban PHC</b>	<b>23</b>
<b>102 Ambulance</b>	<b>50</b>
<b>108 Ambulance</b>	<b>30</b>
<b>ALS Ambulance</b>	<b>2</b>



# Adequacy of Facilities and Reach

- All the health facilities visited are in govt. owned buildings. However PHC Khajni share with Krishi Bhavan Buliding. (Space is not sufficient)
- Open drains, needs for planning of plumbing and drainage.
- Grass, Garbage & water logging in campus,
- Poor cleanliness at entrance, Boundary walls Broken or not constructed.
- Whitewash & paints in hospital, Repairing of broken plasters in rooms/wards, building as per norms is needed on regular basis.
- Drinking water supply; RO not functional at CHC Basgaon & Sahjanwa
- Poor toilets conditions-
  - # smell in toilets, water logging.
  - # broken tiles, Drainage pipes, seats & cisterns
  - # Unavailability of Running water supply in toilets,
  - # Toilets are used as Stores
- Stretchers & wheel chairs are not at proper place.
- Dedicated guards and cleaning staff need to be placed in maternity/PNC Wards and other critical care areas of DWH/DH

# General Cleanliness



APHC Mahaveer Chapra



CHC Piprauli



APHC Katsahra



APHC Sonbabu Barsa



CHC Sahjanwa





# Utilization and Range of services and Continuum of Care

- Sub centres which are connected with habitation and access to road and transportation has shown NO performance in terms of conducting deliveries and other services e.g Sub Center Garhi.
- Sub Center CHATHI / DHUDRA are Delivery points but proper place & basic facility to conduct Delivery was not available. Accredited Sub centres like Mahavir Chapra (delivery load approx. 100 per month) seems that deliveries are being conducted on Floor without proper equipments/essential medicines
- All essential critical areas like new born care corner are mostly non-functional or partially functioning. OT, labour room and SNCUs need zoning and improved practices and protocols.
- Space in the hospital needs to be optimally utilized by re-arranging the unnecessary stores & service delivery counters within the health facility
- Too many stores in health facilities, Dirty, Not arranged properly, New equipments & essential equipments are locked in stores.

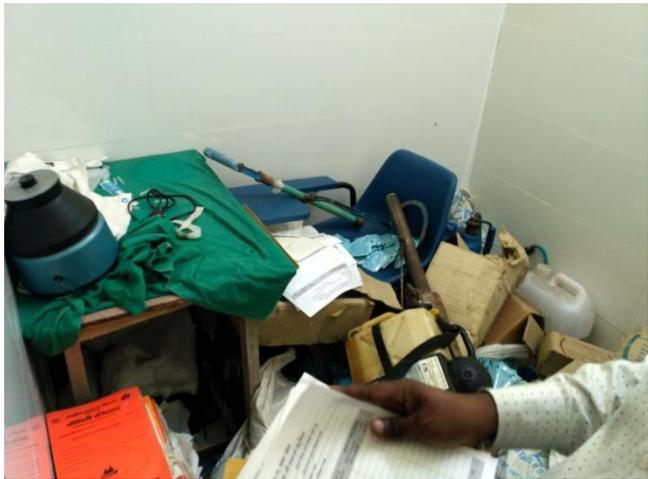
# Too Many Stores.....



APHC Chapiya



APHC Mahaveer Chapra



CHC Piprauli





# Drugs and Supply Chain Management

- All the visited CHC/PHC had displayed EDL but not updated regularly and some of the drugs against EDL were not available (e.g. Vit K, Paracetamol etc)
- Irrational distribution of medicines at CHC/PHC/SC (drugs required at CHC/PHC are provided at Sub Center, AYUSH Medicines are also available at Health Facilities where no AYUSH Medical Officer is posted)
- Jan Aushadhi shops were available at DWH and DH.
- The drugs & dead stock stores need to be renovated for creating the provision of ventilation and basic fittings like exhaust fan, storage racks, follow FIFO & proper disposal of Expiry Stock at Block level



# Diagnostics

- Diagnostic test performed at the health facilities were not listed and displayed at the laboratory room.
- Bio Medical Waste Segregation and disposal was not followed in the labs of visited health facilities
- Blood spill kit and mercury spill kit are either not available or not maintained as per norms. Protocols have not been displayed.
- Functional Hub Cutter was not found in most of the Labs
- in X-Ray rooms precautions to reduce negative effect of radiation on patients and staff were not being followed.(Lead shield, Apron)



# Blood Services

- FRUs Sahajanwan had a blood storage unit which is non functional.
- The blood banks are functional at district hospital, and have component separation unit but achievement is very low about 20-25% (against 80% target)
- Voluntary Collection is low therefore adequate availability of all blood groups was not maintained at district hospital blood bank (Rare Blood Groups are unavailable)
- Movement of Blood Collection and transportation van of DH needs improvement.(Should move in whole division)

## AYUSH

- Separate room for AYUSH OPD is not available at BPHC Kauriram.
- Homeopathic Medicines are not available at APHC Katsahra due to which AYUSH doctor ends up prescribing the modern medicines.
- AYUSH Medicines are not stored properly.



# Referral Transport

- EMTs though trained lack technical skills and no monitoring being done by district level officials.
- Ambulance registers according to GO (14<sup>th</sup> June 2017) are not maintained at facility level.
- Servicing and maintenance of vehicle is not being done as per the protocols.
- 102 ambulance not having required HR, medicines & equipments as per guidelines, Hooter is not working, Flash light is not available, Empty Oxygen cylinder and non functional Fire Extinguisher found.
- 102 ambulance is not going to SC Chavariya for pickup & Drop back as told by working ANM



**SHURAKSHA** **102**  
**AMBULANCE**

**ESSENTIAL LABORATORY MEDICINES FOR 102 AMBULANCES**

1. ORAL FE FOLIDS (दोषका अणुकी वेग)	9. ML. GYTCOIN (कालो तरेकरोठो)
2. AMUCIAS LACTATE IN FLUIDS (दोषका अणुकी वेग)	10. ML. DEXTROTHORON IN ML (कालो अंतरेकरोठो 20 एमएल)
3. DEXTROTHORON IN FLUIDS (दोषका अणुकी वेग)	11. TAB. PARACETAMOL (एच. टोलेफिन)
4. GAS (OXY PNT) Laboratory Gas Meter (कालो अंतरेकरोठो 2 एमएल)	12. TAB. METFORMINAZOLE (डॉ. डी.ग्लाइकोल)
5. ML. DICAMPHANONE 2 ML (कालो अंतरेकरोठो 2 एमएल)	13. TAB. DOMPERIDONE (एच. ग्लाइकोल)
6. ML. METOPROLOL TEREPYLOL 2 ML (कालो अंतरेकरोठो 2 एमएल)	14. TAB. LACTULOSE (एच. टोले. डोको)
7. ML. METOPROLOL DOPURIN 3 ML (कालो अंतरेकरोठो 2 एमएल)	15. TAB. CLOMIPROPRIM (एच. स्टोकोमिडो)
8. ML. DOLCHAMINE HCL (कालो अंतरेकरोठो वेदो)	16. DISPOSABLE SYRINGES - 3 ML (डोकोमो वेदो 2 एमएल)

Note: Kindly ensure all the above medicines are available in Ambulance

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**102 National Ambulance Service**

**GVK EMRI** **102**  
**AMBULANCE**

**List of Consumables/Disposables**

1. Betadine
2. Leucoplast
3. Face Mask (Disposable)
4. Surgical Gloves Disposable
5. Cotton Rolls
6. Adhesive tape : Various sizes (including 2" or 3")
7. Disposable bags for vomiting, etc.

# Bio medical Equipment

- Visited health facilities have adequate bio medical equipment, however, most of the equipment, don't have the AMC. And also neither calibrated in last several years nor being monitored for their use and functionality.
- Most of the unopened equipments found in the stores.



PPIUCD Skill Lab training equipments found locked at CHC Sahjanwa store. No one knows about this equipments. (price approx Rs.15 thousand)

# BMW Management

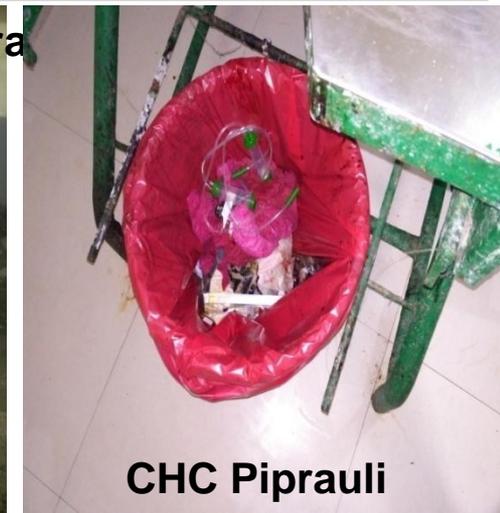
- Poor BMW Segregation/Disposal methods in practice.
- Colour coded dustbins with indicator & instruction were not available at prescribed places at all health facilities
- Consumables for BMW were not adequately supplied at all health facilities.
- For BMW management either Services were not being provided by hired CBWTF or was not up to mark at all health facilities.
- Bio medical waste collection sheds were either not available or not build as per norms



CHC Sahjanwa



APHC Katsahra



CHC Piprauli



# IEC/BCC

- Mass media is limited to district level.
- Many Health facilities at block had no Hospital Name, signage & citizen charter not displayed.
- IEC Materials are Old & not displayed at proper places in various health facilities.
- Relevance IEC placement in health facility is required.

# IEC

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



# **TOR 2: RMNCH+A**



# Maternal Health

- Most of the existing labor rooms in delivery points are situated in small rooms instead of designated LR (e.g. CHC Piprauli, Chargawan etc) leading to compromise in enforcing zoning and various technical protocols.
- Most of the accredited Sub centers are devoid of resources like medicines, equipments (steel top labor table, Patient Bed, Boiler and Delivery Trays) and consumables (cord clamp, Gloves, Cotton & Gauze)
- Steel Top labor table & Functional Kellys pad not available except BPHC Kauriram & SC Chavariya
- Protocol posters either not available or their placements not at specified places (found in locked Store of CHC Sahjanwa)
- At visited CHC/ BPHC, Protocol based emergency tray in LR/OT/NBC & Drugs were available; 7 Delivery Trays are present but not being used. The number of trays should be according to the delivery load of the facility.
- Specified labor register not available. MCTS No. was not being filled in LR register. New case Sheets, Partograph were not in use in delivery points.



# Maternal Health

- Technical skills on practicing ENBC, resuscitation, delayed cord-cutting, filled partograph were mostly inadequate.
- ANMs were not proficient in various skills of ANC.
- Printed ANC, HRP, Diet Register not available.
- HRPs were being identified during PMSMA only but follow up and assured treatment was missing.
- MDSR needs to be initiated.
- MCP cards are available but not completely filled.
- JSY wards curtains are missing & cleanliness is poor; dirty linen on bed.
- The benefits of JSSK were either missing or inadequate. JSSK Diet not being given to beneficiaries
- JSY Payments are pending at all Blocks (Caimpairganj- 1057, Jangal Kaudia- 509, Bhathat-462, Kauriram-303, Sahjanwa-247, Pipraich- 129)
- C-Section consent form were not being filled at DWH.

# Maternal Health



**SC Mahaveer Chapra**  
Delivery Load app 100/month



**SC Bahua Par**



**SC Sonbarsa babu**





# Child Health

- Inj. Vit K is unavailable in most of the place.
- In most of the Delivery points NBCC was not according to protocol; Radiant warmers either not available or needs repairing. Bulbs are still being used instead of Radiant Warmer.
- KMC practices not observed for LBW babies
- EIBF/KMC orientation required for the concerned staff.
- ORS packets were available but Zinc tablets were not available at most of the health facilities visited.



# Family Planning

- ASHA supply of contraceptives is not found with ASHA.
- 20% PPIUCD were accepted out of total deliveries (April-July 2018).
- EC pills were not available at the community level.
- Low uptake for Interval IUCD requires attention.
- Free supply of contraceptives not available at Blocks.
- Condom Box not seen at all CHC/PHCs visited.
- Manuals for Family Planning Program not found at Block Level Facilities.
- IEC regarding FP Services is very less at health facilities.
- Follow-up on IUCD insertions and DQAC meetings needs further improvement.



# RBSK

- Team room not allotted at BPHC Kauriram. Functional torch, Weight machine, Measuring tape (MUAC Tape), BP instrument with two type of cuffs (adult & child), Vision chart & Toys not available at CHC Piprauli
- At PHC Khorabar vehicles for RBSK Team were not available since last 02 weeks.

## Adolescent health

- At DWH and DH ARSH Clinics are established but not functional properly. There were no IEC Material, printed registers and Height Measuring Board found.
- At DH the ARSH Clinic is situated in very small room on opposite side of OPD, which is full of bad smell due to seepage, having no signage.
- No counselors was having written counseling tips/material available systematically .



# Routine Immunization & Cold chain

- Updated Microplan, Alternate Vaccine Delivery Route Chart and Supervisor Tour Plan not available at visited health facilities
- Non uniformity in stock/distribution record. Log books not maintained properly (***old formats still in use***)
- ILRs and DFs not properly installed as per norms (space behind the DF & ILRs). Handles & lid condition Dirty,
- Ice pack and vaccine not positioned as per norms in DF /ILRs.
- Immunization schedule not displayed at each facility level. Protocol posters either too old or not being displayed at proper places
- Functional hub cutter not available except BPHC Kauri Ram



# Routine Immunization & Cold chain

- Vaccine not issued daily for Labour Room at facilities and it is being recorded along with session distribution date in distribution registers.
- In some of the delivery points visited, zero dose vaccination is not being done
- In some of the cold chain points Temperature loggers are found either damaged or out of order(needs repair).
- Updated due lists availability to be ensured at Session Sites
- Separate stabilizers and wooden stand for each ILR and DF is required
- Adverse Event Following Immunization(AEFI) registers not maintained



# TOR 3- Comprehensive Primary care Services



# Health Wellness Centre

➤ Health and wellness centre is started at Gola. Work is still in progress.



## TOR 4 and TOR 5

# Disease Control Program and Non Communicable Disease program



# Communicable Diseases

## Malaria

- Involvement of ASHA in Blood slide collection negligible.

## Dengue & Chikungunya

- Presently Sentinel surveillance is functional in DH & Medical College .

## JE/AES

- Mini PICUs established at CHC Piprauli, Gagaha & Chauri Chaura are not functional (equipments are not installed).
- ETCs established at CHC/BPHC not functional( HR to be deployed).
- PICU at DH is functional.

## IDSP

- IDSP cell is not functioning properly as epidemiologist is negligent towards his own work & is not supervised by concerned District level officer.



# Communicable Diseases

## RNTCP

- Ensure 100 % DBT Payment under Nikshay Poshan Yojna.
- Ensure 100 % Public & Private case notification.
- Ensure 100 % Drug sensitivity test for private cases.



# Non Communicable Diseases

- NCD Cell is established at DH but record keeping is not upto the mark and no reporting is available at facility.
- IEC is missing at NCD Clinic.
- Screening room of **SAMPORNA Clinic** is too small and dirty at DWH. Sampoorna clinic screening room needs to be expanded & arranged in proper manner.
- ***National Program for Control of Blindness: At CHC Chauri Chaura IOL unit is established but non functional after 2008, due to seepage at roof and unavailability of AC in OT.***



# ToR 6: Human Resource of Health and Training



# Human Resource of Health and Training

- Needs Cancellation of all Irrational HR attachments.
- Refresher training/orientation/on job training needs to be provided to all general health staff
- DCPM/BCPM are required to conduct Mobile Academy Course & Kilkaari programme to all ASHA's in District/Block. ASHA'S trained in Module 6 &7 found lacking in knowledge.



# TOR 7: Community Process , Gender and Convergence



# Community Process

- RKS meetings are not regular and minutes of meetings are not properly maintained.
- Minutes of ASHA Grievance Redressal Committee and ASHA Cluster meeting are not recorded properly.
- Recording of VHSNC & SC meeting are either not available or improper.
- Most of the ASHA are not updated about basic Knowledge of various health programs. Requires orientation at Block Level.
- RKS of CHC Seopur-Block Khorabar is still not registered



## TOR 8

# INFORMATION AND MANAGEMENT



## HMIS & MCTS

- Broadband connection not working properly in BPHC Kauriram. HMIS operator uses net setter for internet and speed is very slow and takes time to open reports from HMIS and MCTS portals.
- Some of ANMs do not know about HMIS/MCTS formats.
- BPMs need to be instructed for conducting regular Data Validation meetings & maintain the records properly.
- Rollout of FP Logistic Management Information System by completing the training till block level is needed.
- Basic orientation/training regarding HMIS/MCTS is required for all concerned staff in CHC/PHC/Addl. PHC/ Sub center.
- Block level Procurement of Computer/Printer/UPS under DVDMS is required.



## TOR 9

# Health care Financing



# Finance & Administration

- Immediate transfer of funds from district to block level is to be ensured.
- Status of finance related-Record keeping, and document is not proper.
- JSY Payments are pending at all Blocks (special drive is needed to clear all pendencies) (Caimpairganj- 1057, Jangal Kaudia- 509, Bhathat-462, Kauriram-303, Sahjanwa-247, Pipraich- 129)



**TOR: 10**

**Quality Assurance and Swacchta in**  
**Public Health Facilities**



# Quality Assurance

- Uniform protocols for BMW practices like using different color coded bins, hand washing etc needs to be practiced.
- Infection prevention protocols not being practiced at centre. Proper segregation of waste in the facility needs to be practiced with rational placement of buckets in the critical care areas.
- Cleaning in critical care areas are compromised in most of the facilities visited.
- Identity Card and designated apron/dress code for all health personnel's not found.
- Grievance redressal Systems & Complaint Box either not available or improper.
- Hired agency for cleaning & laundry services at block level CHC is not working at CHC Piprauli & Sahjanwa.
- Uncovered Electrical panels at most of the places needs to be covered.



**TOR: 11**

**National Urban Health Mission**

# Planning and Mapping

S.N.	Activity	Status
1	GIS Mapping of the facility and Slum	GIS Mapping of the facility and Slum has Been done
2	Vulnerability assessment of slum population	Vulnerability assessment of slum population not done

## Infrastructure

S.N	Activity	Approved	Functional	%
1	No. of Urban PHC	23	23	100%
2	No of UPHC in Govt. Building	01	01	100%
3	No of UPHC in Rented Building	22	22	100%
4	Opening of Account at UPHC Level	23	Under Process	0

# Human Resource

SN	Staff	Type of staff	Approved	In-position	%
1	Medical Officers	MO (Full Time)	23 (15 Reg.+ 8 Cont.)	21 (13Reg.+ 8 Cont.)	91%
2	Paramedical Staff	Staff Nurse	40	38	95 %
		ANM	23 ( 15 Regular+ 8 Cont.)	23 ( 15 Reg.+ 8 Cont.)	100 %
		LT	23	23	100 %
		Pharmacist	23	21	91%
3	Program Management Staff	at DPMU	02	02	100 %
		CCPM	02	02	100%
		DEO Cum Account	04	04	100%

# Urban – ASHA, MAS, RKS

S. N.	Staff	Approved	In Position	%
1	Urban ASHA	308	307	99%
2	Mahila Arogya Samiti	308	298	96 %
3	MAS Account	308	217	70%
4	Rogi Kalyan Samiti	23	23	100 %
5	No Rogi Kalyan Samiti Account opened	23	23	100%
6	No of Facility Mapped in HMIS	23	23	100 %
7	No of facility reporting through HMIS	23	23	100 %



# Service delivery

S.N.	Activity	Approved	Functional/ Achievement	%
1	Health & wellness Center	01	Under process	
1	No of Health Kiosk	05	02	40%
2	No of Delivery point	07	07	100%
3	Special Out reach Camp	92	92	100%
4	Urban Health and Nutrition Day	1232	1964	159%



# Observations under NUHM

- Bank Account under NUHM to be opened at all UPHC level.
- Out of 308 Mahila Arogya Samiti, 217 accounts have been opened.
- IEC required at all UPHCs.
- UPHC Civil Line is running in rented building in which 01 room has been equipped by landlord.
- Equipments as per list provided by state ( oxygen cylinder, Microscope, autoclave, Fire extinguisher etc) are either not available or not functional in some UPHCs.
- Hemoglobin test is being done through Matching strip
- Orientation of ANM and staff Nurse is required.
- ANM kit is not available with all ANM.
- IUCD Kit are not available at all UPHC.
- Registration of pregnant women & child on RCH portal is very low.
- HRP, register, referral register, 108/102 register, complaint box register etc are not available. RKS register are available but not maintained.
- Colour coded bins are not available as per norms.
- Rational deployment of staff nurse. Female SN to be posted at DP.



# ToR 12

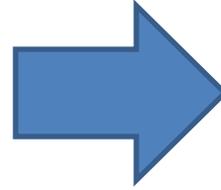
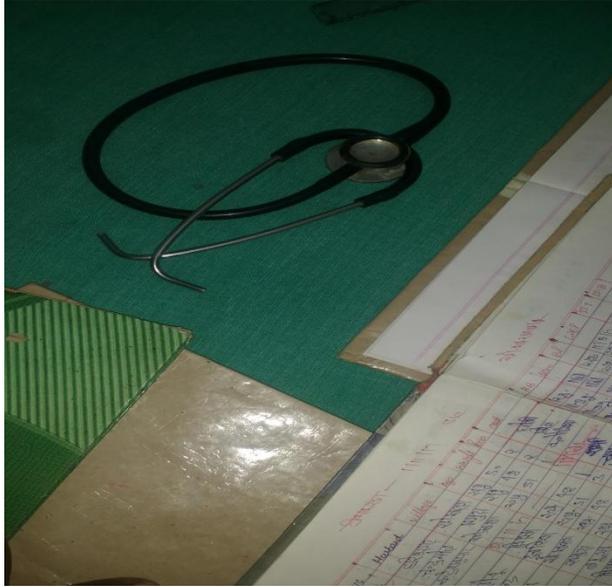
# Governance & Management



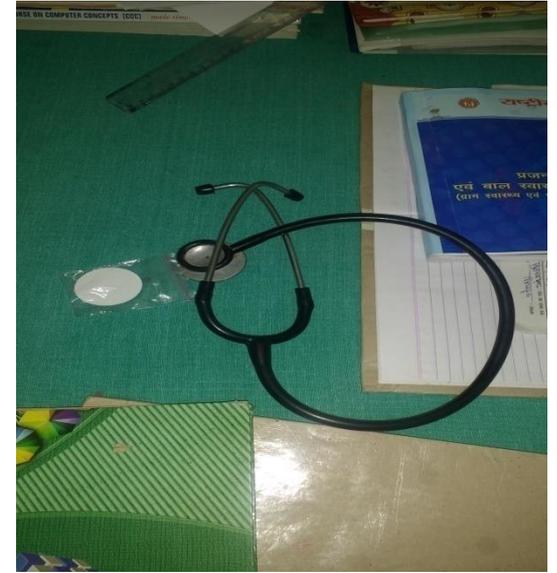
## Other Issues

- Approach Road to CHC Piprauli is damaged. Difficult to reach at CHC Building.
- Electricity connection is terminated at APHC Katsahra due to non payment of Bills (Rs.12.5 lacs). No electricity connection at PHC Manheta.
- MS/MOICs of CHC/PHC are not aware of the various Guidelines. Programme Related Guidelines and materials are not available at CHC/PHC level (e.g. MNH Toolkit etc.).
- In spite of all HR posted, CHC Seopur, Block Khorabar is not functional. Most of the HR staffs posted at CHC is presently irrationally attached at different Health Facilities.
- In spite of availability, Out Of Pocket Expenditure (OOPE) were observed on drugs, diagnostic and transport at different Health Facilities.
- Need to sensitize doctors for rational prescription. Medical representatives & pasted medicine advt. found in OPD area and other rooms at all health facilities.

# Hand Holding

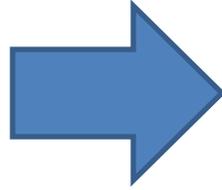


**Sub Center  
Sonbarsa  
babu**

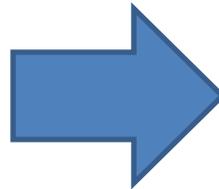


**TEAM -6**

# Hand Holding



**CHC Sahjanwa**

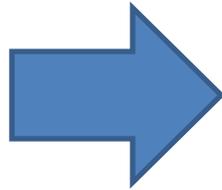
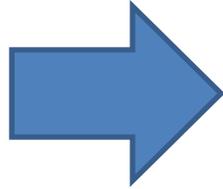


**TEAM -6**





# Hand Holding



**APHC Katsahra**

**TEAM -6**



**TEAM -1**



राष्ट्रीय स्वास्थ्य मिशन जनपद - गोरखपुर  
परिवार नियोजन में कम्प्लेक्स रवकीम

सर्वकारी स्वास्थ्य इकाईयां

विवरण	मूल्य	कुल	विवरण	मूल्य
लाभार्थी	1400	2200	इकाई	2000
ड्रग आला	200	800	लाभार्थी	10000
ड्रग और ड्रगिंग	100	100	योग	30000
सर्वेन संसाधन योग	150	250		
पुनर्निर्मित स्वास्थ्य	150	50		
योग कुल	30	50	विवरण	परकष
अंतरिक्ष व्यवस्थापन	30	50	30	प्रतिवर्ती
ड्रगक: दवाव्यवस्थापन	20	-	इकाई	2000
रिफ़रेंस	10	-	लाभार्थी	1000
अन्य विधिव	10	-	योग	3000
योग	2000	3000		

सौजन्य से - मिशन स्वास्थ्य सर्वमिति गोरखपुर



**TEAM -1**



**TEAM -1**



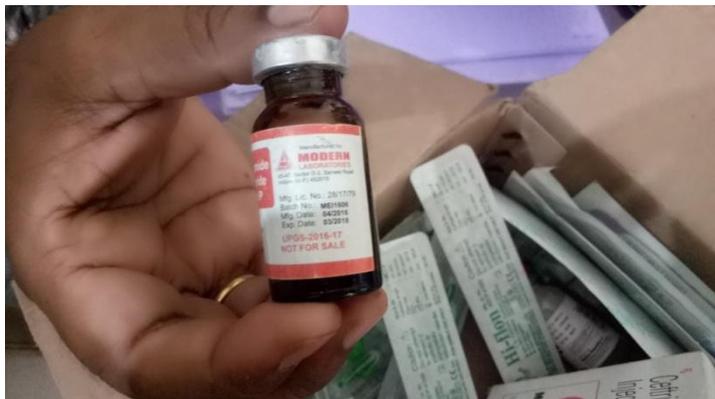
**TEAM -1**



Handwritten inventory list in a notebook. The list is organized into columns and contains various items and their quantities.

ARTICLE	इकट्टा - मात्रा	दिनांक - 6-7-18	ART
1. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
2. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
3. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
4. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
5. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
6. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
7. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
8. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
9. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
10. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
11. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
12. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
13. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
14. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
15. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
16. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
17. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
18. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
19. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
20. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
21. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
22. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
23. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
24. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
25. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
26. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
27. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
28. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
29. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
30. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
31. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
32. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
33. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
34. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
35. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
36. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
37. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
38. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
39. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
40. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
41. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
42. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
43. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
44. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
45. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
46. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
47. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
48. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
49. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.
50. 100ml. 100ml. 100ml.	100ml.	100ml.	100ml.

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# 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 completely prepared for the forth-coming visit of Central team.
- District Health Administration in the guidance of the CMO sir is not well motivated to accept the challenge and they are still maintaining their own slow pace to correct the shortcoming and filling the gaps.
- CMO sir is also requested to motivate his team with words and action both.



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



***THANK YOU***