

Finding during visit of Dr. Asmat Jan, Programme Officer, NHM, J&K of District Rajouri in the month of July, 2016

Institution-wise gaps/deficiencies are as under:-

CHC Darhal:-

1. General OPD record not properly maintained.
2. Dental OPD very Poor inspite of huge manpower.
3. No dental unit available.
4. Dispensary pharmacist not well versed with drug and dosage.
5. BMEO not cooperated.
6. BAM not available at CHC.
7. AN section not shown.
8. JSY/JSSK record not shown.
9. Record of Institutional and home delivery not available.

NTPHC Nadian:-

1. Only 1 orderly and 1 contingent sweeper were present
2. Pharmacist on CL (leave not sanctioned).
3. Attendance marked by one official all time alphabetically.
4. Ante natal record not maintained 2nd, 3rd and 4th check up missing w.e.f. 2015 till date.
5. Tracking poor/huge drop outs.
6. Drop out of pregnant women and children very high.
7. Post of M.O. vacant.
8. No sign board available.
9. No water supply connection.
10. Drug list not displayed.
11. No record of home/institutional delivery available.
12. Incentive to ASHA not paid for 1st quarter of 2016-17.
13. No implementation of JSY/JSSK programme.
14. Poor monitoring by administrator.
15. Attendance marked on EID by all staff but no OPD record was registered on 6/7/16 and 7/7/16.
16. No ambulance available.

17. Poor implementation of National Programme.
18. As per local only nursing orderly are running PHC during 10 am to 4 pm. Whereas pharmacist and FMPHW visit once in a week for 1-2 hours.

NTPHCDeerawali:-

1. Institution functioning in rented building.
2. Facilities of washroom and electricity not available.
3. Less accommodation for NTPHC.
4. No ambulance facility available.
5. Post of M.O. vacant.
6. Staff position very less.
7. Cold chain system upto mark.

PHC Lah:-

1. No facility of water available at PHC building.
2. No sign board available.
3. RBSK/Beti Bachao hoarings not placed properly.
4. No ambulance available.
5. No institutional delivery at PHC Leh.
6. Tour programme/Dairy of Health Educator not available.
7. Ante natal record maintained poorly.
8. No laboratory tests done for ANC-PTS.
9. No labour room available.
10. Tracking poor/drop out high.
11. 24 X 7 hour services not available.
12. Doctor not staying in PHC round the clock.
13. No implementation of JSY, JSSK, NVBDCP, RNTCP, IDCF, Population fortnight etc. In PHC.
14. Knowledge of doctor/staff regarding all National programme is very poor

CMO Office, Rajouri:-

1. Meeting with CMO Rajouri conducted in his chamber various issues were discussed regarding implementation of various programmes running under National Health Mission like JSY, JSSK, RBSK etc.
2. DPM not cooperated during the monitoring visit.

DH Rajouri

1. SNCU is established but services is not upto the mark.
2. Skills of doctors and staff nurses were poor.
3. JSY is implemented in DH, Rajouri
4. JSSK is partially implemented.
5. Same doctor is on roaster duty at both SNCU and Labour room
6. Hospital Hygiene is not upto the mark especially SNCU and Labour room.
7. ARSH clinic was locked.
8. Labour room was un-hygienic, baby care corner is in very bad condition.
9. Staff nurse were present without uniform and gowns and aprons and sleepers.

CHC Manjakote:-

1. CHC Manjakote without sign board.
2. MO was present but having poor working knowledge and skill.
3. Old hoarding were placed on the walls.
4. Staff nurse were present without uniform and gowns and aprons and sleepers.

**Dr. Asmat Jan,
Programme Manager, NCD, J&K**