

Sub: Tour Report of Dr. Arshid Nazir, Assistant Programme Manager, Maternal Health & ASHA.

In compliance to order no. 202 of 2015 dated 31-03-2015, block wise supportive supervision of district Udhampur was carried out w.e.f. 6th to 8th April, 2015. The major findings and suggestions are as below:

Monitoring Findings of Block Majalta	
District - Udhampur	Block – Majalta
Date – 6/4/2015	Facility – 24x7 PHC Majalta
Person contacted – Dr. Nagpal (BMO) & Mr. Jugal Kishore (DAC), other staff.	

Major Observation –

A. Labor Room –

1. Labor Room has adequate space and functional and having functional NBCC in adjoining room which was asked to shift in to the main LR, which is having functional toilet attached to it.
2. Privacy is maintained as curtains are placed on the main gate and windows.
3. AC is also placed however staff could not find the Remote when asked for it.
4. As per the delivery load, delivery table (One) is sufficient.
5. Adjoining to LR, two beds are kept for ANC/PNC care, however, one of the beds is for baby which must be replace by the standard size bed.
6. All the essential drugs are available in LR and procured under JSSK.

Points of improvement –

1. Labour Room and Female ward are located in separate buildings. In the building where ward is located, a big hall used as store can be utilized as LR after minor repair and Store can be shifted in the LR area.
2. Labor Room Trays are not placed as per the MNH tool kit with list of items to be kept in it.
3. LR Protocols are very small in size and fonts are not visible nor it has any pictorials.
4. Labor Table is not clean and does not have Mackintosh, Kelleys pad, Spot lamp, Additional delivery kit, BP instrument for LR.
5. Three Almira's are kept in the LR, of which one/ two can be kept in the adjoining room to LR (where NBCC is kept presently).
6. NBCC record register is not available for record keeping.
7. Bio medical protocols need to be improved and color coding of bins must be followed as per the protocols.

8. Slipper Rack can be placed outside LR.
9. Cleanliness of all the instruments, Equipments and LR area must be regular.
10. Presently no tests are conducted for pregnant women coming in the night for delivery. Hence one testing kit can be placed in the LR having HB kit, HIV testing kit, urine test kit etc in it.
11. NBCC (Radiant warmer) should be connected with Generator.
12. Silent Generator may be procured and auto start system be placed. It should be connected to LR and NBCC, Dressing Room, Ward etc.
13. Duty Roster outside LR can be kept.

B. JSY/ JSSK:

1. JSY payment is made to mother in the form of Account payee cheque only. Block Medical Officer, BMPU Staff and ASHA facilitators along with BAC & DAC were oriented about the DBT scheme.
2. JSSK is being implemented and all the entitlements under JSSK are being provided to beneficiaries. All the purchases related to JSSK have been made after following all the necessary codal formalities.

C. General Ward –

1. Ward is clean and has 7-8 beds with attached toilet.
2. There is no dedicated female ward at present.

Points of improvement –

1. Dedicated Female ward by making a partition in the existing General ward can be done.
2. Protocols related to Breastfeeding, Kangaroo care should be placed in the ward.
3. Outside the ward daily Menu / Diet Chart under JSSK should be placed.

D. Laboratory –

1. Laboratory is functional in day time and is conducting basic tests.
2. HIV Test not being done for pregnant women.

Points of Improvement –

1. HIV testing kit must be made available and should be done in all the ANCs which is a mandatory.

2. Laboratory related protocols should be placed like Handwash, BMW and Infection prevention.
3. Tests must be conducted in the night also as deliveries are conducted mainly during night hours.
3. A list of various tests conducted at the facility should be placed outside the Lab.

E. Store –

1. Store in functional however there is so much of seepage in the building which can damage the medicines, equipments and other related items.
2. It can be shifted to LR building which has same space.

F. Immunisation –

1. Log book of ILR and DF need to be printed and made available for temperature charting.
2. There are no protocols regarding vaccine storage & vaccine handling placed in the Cold chain room.

G. ASHA Program –

1. Meeting with ASHA Facilitators & few ASHAs of the block Majalta was conducted in presence of BMO, DAC, DAM, BAC, BPMU staff to get the insights of the ASHA programme.
2. ASHA Facilitators conduct cluster meeting on 9th of every month and at fix place. (PHC/ SC)
3. Cluster meeting of ASHAs with ASHA Facilitators is being done monthly as per the guidelines, however it must be agenda based and they should discuss some health related topic each month for better capacity building of ASHAs.
4. Block Majalta has the permissibility of 60 ASHAs out of which 59 are in position and trained in module I-V. However, only 50 ASHAs are trained in Round 1 of Module VI & VII.
5. All the related documents of Work Done by ASHA are kept at SC Level and documents are verified by the concerned ANM before submission for payment by BAM through ASHA Facilitator.
6. Almost all the assured incentives due to ASHAs have been paid to them. However there is liability of Rs.70800/- under VHND head. Regarding other ASHA incentives, there is liability under JSY, Immunization, and HBNC. Details of ASHA incentives paid & liability thereof as on ending March 2015 of Block Majalta is placed as **Annexure “A”**.

7. Payment of assured incentives was delayed earlier due to non-availability of funds and modus operandi for making incentives to ASHA & ASHA Cadre. The District ASHA Coordinator has explained all the BACs and AFs in their monthly meetings how to maintain records of each activity and what are the sources to verify the same. All the necessary documents for making the payment were available. However, some payments on account of Office Expenses & Mobility support to ASHA Cadre is still pending due to non-availability of funds.
8. VHSNC funds have not been released to block/ district during 2014-15.
9. ASHA drug kit & HBNC Kits are not available in the block.
10. ASHA facilitators (Regular – FMMPW) are without salaries for almost one year.
11. Village Health Register could not be printed in the yr 2014-15 due to non-availability of funds.
12. Reporting format for ASHA facilitator is not in regular supply and more over ASHA has to get the photocopies of HBNC Home visit etc. formats on their own.
13. Advance Distribution of Misoprostol for prevention of PPH in case of Home Deliveries through ASHA was explained in detail.
14. ASHA Facilitators are not aware of WIFS program at all nor BMO is aware of it as both concerned department (ICDS and Education) receive supply etc from CMO Office and directly report to CMO without providing any copy to BMO, which must be looked into.

H. Other –

1. All the services provided by the facility must be displayed at entrance.
2. Citizen Charter, charges of Lab test (if any), details of JSSK, JSY, NSV and 102 must be displayed in the facility and 102 services must be show cased at each AWC and Government building.
3. Present building is very much leaking and need roof treatment including OPD building, LR, Store and Cold Chain building.
4. A ladder must be purchased so that each roof can be cleaned periodically.

Monitoring Findings of Block Ramnagar	
District - Udhampur	Block – Ramnagar
Date – 7/4/2015	Facility – CHC (FRU) Ramnagar
Person contacted – Dr. Rajesh Gupta (BMO); Mr. Jugal (DAC), Other staff.	

Major Observation –

A. Labor Room –

1. Labor Room has adequate space and 3 labor tables are placed and functional. NBCC is established however, there is need to improve in terms of cleanliness, record keeping, and knowledge of staff.
2. Privacy is maintained in LR and there are partitions in between the Labor table also.
3. AC and geyser are placed in LR and are in functional condition.
4. As per the delivery load, delivery table (three) is sufficient.
5. Toilet is attached to the LR and found clean.

Points of improvement –

1. Staff Nurse namely Nikko Sharma posted in LR is not yet trained in the SBA and NSSK.
2. FRU has blood storage unit which is currently not functional & is without blood for last 3 months, due to erratic supply & some administrative issues with Mother Blood Bank in DH Udhampur. During the year 2014-15, 9 blood units have been given to mother beneficiaries.
3. CHC is currently **without EmOC team**. There is no Gynaecologist, Paediatrician & Anaesthetist available at CHC to conduct C-Sections.
4. Labor Room Trays are not placed as per the MNH tool kit with list of items to be kept in it.
5. LR Protocols are very small in size and fonts are not visible nor it has any pictorials.
6. Labor Table were not clean and does not have Mackintosh, Kelley's Pad, Additional delivery kit, Functional BP instrument of LR, etc.
7. Slipper Rack can be placed outside LR.
8. Three Almira's are kept in the LR of which one/ two can be kept in the adjoining room to LR.
9. NBCC record register is not available for record keeping.
10. Bio medical protocols practices need to be improved and color coding of bins must be followed as per the protocols.
11. Cleanliness of all the instrument, Equipments and LR area must be regular.

12. Presently no tests are conducted for pregnant coming in the night for delivery. Hence one testing kit can be placed having HB kit, HIV testing kit, urine test kit etc in the LR.
13. NBCC (Radiant warmer) should be connected with Generator.
14. Silent Generator should be procured and auto start system be placed. It should be connected to LR and NBCC, Dressing Room, Ward etc.
15. Duty Roster outside LR can be kept.

B. JSY/ JSSK:

1. JSY payment is made to mother in the form of Account payee cheque only. Block Medical Officer, BMPU Staff and ASHA facilitators along with BAC & DAC were oriented about the DBT scheme.
2. JSSK is being implemented and all the entitlements under JSSK are being provided to beneficiaries. Hot meals are no provided to the beneficiaries instead milk and bread is provided. All the purchases related to JSSK have been made after following all the necessary codal formalities.

C. General Ward –

1. Female ward is functional and toilet is also attached to it.
2. Ward was clean.

Points of improvement –

1. Protocols relating to Breastfeeding, Kangaroo care should be placed in the ward.
2. Outside the ward daily Menu / Diet Chart under JSSK should be placed.

D. ASHA Program –

Major discussion and observation points –

1. Meeting with ASHA Facilitators of the block Ramnagar was conducted in presence of BMO, DAC, DAM, BAC, BPMU staff.
2. ASHA Facilitators conduct cluster meeting on 9th of every month and at fix place. (PHC/ SC)
3. Cluster meeting of ASHAs with ASHA Facilitators is being done monthly as per the guidelines, however it must be agenda based and they should discuss some health related topic each month for better capacity building of ASHAs.
4. Block Ramnagar has the permissibility of 136 ASHAs & all are in position and trained in module I-V. However, only 122 ASHAs are trained in Round 1 of Module VI & VII.

5. All the related documents of Work Done by ASHA are kept at SC Level and documents are verified by the concerned ANM before submission for payment by BAM through ASHA Facilitator.
6. Under assured incentives, there is a liability of **Rs.195700/-** for various activities which has been done by the ASHAs. Also there is liability of Rs.70800/- under VHND head. Regarding other ASHA incentives, there is liability under JSY, Immunization, HBNC and Pulse Polio. Details of ASHA incentives paid & liability thereof as on ending March 2015 of Block Ramnagar is placed as **Annexure “B”**.
7. Payment of assured incentives was delayed earlier due to non-availability of funds and modus operandi for making incentives to ASHA & ASHA Cadre. The District ASHA Coordinator has explained all the BACs and AFs in their monthly meetings how to maintain records of each activity and what are the sources to verify the same. All the necessary documents for making the payment were available. However, some payments on account of Office Expenses & Mobility support to ASHA Cadre is still pending due to non-availability of funds.
8. VHSNC funds have not been released to block/ district during 2014-15.
9. ASHA drug kit & HBNC Kits are not available in the block.
10. ASHA facilitators (Regular – FMMPW) are without salaries for last 9 months.
11. Village Health Register could not be printed in the year 2014-15 due to non-availability of funds.
12. Reporting format for ASHA facilitator is not in regular supply and more over ASHA has to get the photocopies of HBNC Home visit etc. formats on their own.
13. Advance Distribution of Misoprostol for prevention of PPH in case of Home Deliveries through ASHA was explained in detail.
14. ASHA Facilitators are not aware of WIFS program at all nor BMO is aware of it as both concerned department (ICDS and Education) receive supply etc from CMO Office and directly report to CMO without providing any copy to BMO, which must be looked into.
15. As per the Block account Manager MCTS portal does not show J&K Bank Ramnagar. Rather it shows J&K Rural Bank, this has to be sorted out so that functioning does not get lengthy.

Other –

1. All the services provided by the facility must be displayed at entrance.

2. Citizen Charter, charges of Lab test (if any), details of JSSK, JSY , NSV and 102 must be displayed in the facility and 102 services must be show cased at each AWC and Government building.
3. Present building has leaking problem and need roof treatment.
4. Kitchen is not established in the facility nor menu is placed at IPD and common area.

Monitoring Findings of Block Tikri	
District - Udhampur	Block – Tikri
Date – 8/4/2015	Facility – SC Mand and PHC Tikri
Person contacted – ANM – Rashmi Devi , ASHA - Savitri at Sub centre and Dr. Vijay K. Basnotra (BMO); Mr. Jugal (DAC), Other staff at PHC Tikri.	

Subcentre Mand:

Immunization session was observed at SC Mand and meeting with the staff and community/ beneficiaries.

Major Observations –

1. Very essential items like BP instrument, HB meter, Hub cutter, IUCD kit, Urine testing kit etc were non-functional or not available.
2. Essential Protocols such as ANC, Hand wash, PNC, cold chain related messages were not available at the SubCentre for display.
3. IEC related to JSSK, JSY, 102 Referral Transport, & other national Programs was not available, which should be made available & displayed for awareness and information of general public.
4. Vaccine was brought by the Cleaning staff of the SubCentre from PHC Tikri and there was mismatch in Cap and OPV vial, so she had to go back to PHC again to get it replaced.
5. SubCentre building needs repair of roof as well as side walls and boundary wall too.
6. Bio Medical waste management protocol norms are not followed and all the needles are disposed in open in the back side of the facility. The ANM incharge & Pharmacist were suggested to made a disposal pit for disposal of sharps and were provided with the detailed design of it.
7. Beneficiary Records were maintained in the registers and verified with the present beneficiary which was matching however new record registers

(village wise registers) has a maximum limit of registering 30 beneficiaries which is not sufficient all the time.

8. Skills need to be enhanced of the ANM and ASHA like imparting training on conducting HB test, using Foetoscope, BMW management, Counseling skills and growth monitoring and plotting .
9. Drinking water facility, staff duty and tour plan, VHND Plan etc should be developed and displayed on the main building of the SubCentre.
10. Staff quarter is available but presently used by the pharmacist for OPD services and for storage.

PHC Tikri

Some of the major observations are as follows.

A. Labour Room:

1. Delivery load is quite low at the PHC, just 3- 4 deliveries per month are reported.
2. LR is properly developed except few point of improvement such –
 - i. Cleaning of table and drying of all the items must be focused.
 - ii. Shoe Rack need to be placed outside LR.
 - iii. Dedicated BP instrument must be kept in the LR.
 - iv. Trays must be arranged and maintained in the LR.
3. NBCC is functional however staff does not keep resuscitation kit like ambu bag, mask, etc. in the LR but is kept under lock and key.

B. JSSK: No contract has been given for providing diet to beneficiaries; Packed Milk & Fruits are being given to beneficiaries. All the mothers do not stay at PHC for 48 hours and are being discharged only after 24 hours availing free referral transport. However, diet slips show that diet has been provided for 2 days in all cases. Procurement of drugs is as per approved rates.

C. JSY: Payment is given to beneficiaries through AC payee cheque only. Some beneficiary cheques dating 1 month back are still lying at the facility. List of JSY beneficiaries is not being displayed in the hospital.

D. Cold Chain:

Under the Cold chain program, ILR has no thermometer for measuring the temperature. A different kind of temperature recording sheet is maintained at the facility. There was no log book available at the facility.

E. ASHA Programme:

Major discussion and observation points –

1. Meeting with some of the ASHA Facilitators of the block Tikri was conducted in presence of BMO, DAC, BAC, BPMU staff. Since it was the day of Immunization, most of the Asha Facilitators were busy in doing their immunization session.
2. Cluster meeting of ASHAs with ASHA Facilitators is being done monthly as per the guidelines, however it must be agenda based and they should discuss some health related topic each month for better capacity building of ASHAs.
3. Block Tikri has the permissibility of 100 ASHAs & all are in position and trained in module I-V. However, only 78 ASHAs are trained in Round 1 of Module VI & VII.
4. All the related documents of Work Done by ASHA are kept at SC Level and documents are verified by the concerned ANM before submission for payment by BAM through ASHA Facilitator.
5. Under assured incentives, **Rs.354525/-** have been paid to ASHAs, however there is a liability of **Rs.142450/-** for various activities which have been done by the ASHAs. Regarding other ASHA incentives, there is liability under JSY, Immunization, HBNC and Pulse Polio. Details of ASHA incentives paid & liability thereof as on ending March 2015 of Block Tikri is placed as **Annexure “C”**.
6. Payment of assured incentives was delayed earlier due to non-availability of funds and modus operandi for making incentives to ASHA & ASHA Cadre. The District ASHA Coordinator has explained all the BACs and AFs in their monthly meetings how to maintain records of each activity and what are the sources to verify the same. All the necessary documents for making the payment were available. However, some payments on account of Office Expenses & Mobility support to ASHA Cadre is still pending due to non-availability of funds.
7. VHSNC funds have not been released to block/ district during 2014-15.
8. ASHA drug kit & HBNC Kits are not available in the block.
9. Village Health Register could not be printed in the year 2014-15 due to non-availability of funds.
10. Reporting format for ASHA facilitator is not in regular supply and more over ASHA has to get the photocopies of HBNC Home visit etc. formats on their own.
11. Advance Distribution of Misoprostol for prevention of PPH in case of Home Deliveries through ASHA was explained in detail.

Conclusion:

During meeting with ASHA Cadre & ASHAs in the blocks, it was observed that ASHAs have been oriented on various activities and the new & revised incentives. Incentives are being paid to ASHAs as & when supporting documents of each activity are received by concerned Block Accounts Manager. However, due to shortage of funds, some incentives that are due are still pending.

HBNC kits have not been supplied to all the ASHAs. Till date only 56 HBNC Kits have been received by the district for the purpose of training and ASHAs are doing home visits without kits. Also the ASHA drug kits have not been provided to the ASHAs.

Since ASHAs have to visit the newborns & mothers during their home visits for which they have to fill various forms. These reporting formats are not being provided to ASHAs regularly and they have to get it printed/ photocopied out of their own pockets. The matter was discussed with Block Medical Officers, who informed that there are no funds for printing/ providing HBNC Home Visit formats to ASHAs. Most of the time ASHAs record the home visits in their diaries which is not a recommended procedure to record HBNC visits.

Labour rooms are well equipped. Maintenance of NBSU/ NBCC equipment is totally lacking. There is a need of orientation of Staff posted in Labour rooms on management of Radiant Warmer and infection prevention & control practices, which was found to be poor in all the blocks visited.



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