



# SUPPORTIVE SUPERVISION REPORT DISTRICT LEH

State RMNCH+A Unit, J&K

## **Brief Description of Leh District Visit by the State Team & State Coordinators RMNCH+A.NHM, J&K.**

Facility wise Supportive Supervision was carried out by the State team from the office of the worthy Mission Director, NHM, J&K & State Coordinators RMNCH+A, from 9th October-2015 to 13<sup>th</sup> October-2015. Details observations were taken from each facility to evaluate the current situation of the facility functionalities. In addition to this, suggestions for improvement were given to the concern employees of the facility for the betterment of Mother & Child Health care services.

**Duration of visit: 09-10-2015 to 13-10-2015**

### **Team Members**

Mr. Tapas Chatterjee	State RMNCH+A Coordinator SHS,NHM,J&K
Mr. Saurabh Porwal	State RMNCH+A Coordinator SHS,NHM,J&K
Dr. Imtiyaz Shakeel	APM, Child Health, SHS,NHM,J&K.

### **Health Institution Visited**

District	Name of the Facility/Sites	Date of visit
Leh	District Hospital Leh	12-10-2015
	Sub District Hospital Diskit	10-10-2015
	PHC Tangste	11-10-2015
	Sub- Centre Khardong	10-10-2015

### Infrastructure

- Hospital has a new building and well maintained.
- Ramp is also available up to main gate of the building.
- As per the discussion with the MS, sanctioned bed strength is 150 however operational beds are more than 200 presently.



### Other Information

- Two Maternal Deaths reported in the last year.
- Total number of deliveries conducted in last year 2219.
- Functional Blood Bank available in the hospital.
- There is no NRC in the facility

### Labour room:

- There are three labour tables having partition in between them with step stool and mackintosh over them and IV stand for each table.
- Sleeper stand with sleepers were kept outside the LR.
- Central heating and oxygen system is placed and functional.
- Duty Roster was displayed outside the LR however it was not updated.
- Wall clock, one focus lamp, sterilizer etc. were available and functional.
- Privacy maintained inside the labour room.
- Display of LR protocol posters were not as per the guidelines. Only 4 protocols (Simplified Partograph, management of PPH, AMTSL, and Neonatal resuscitation) were displayed in the LR and some of them were outside the LR also.
- All the essential trays as per the MNH tool kit are not maintained presently.
- Bio Medical Waste management practices are not followed as per the MNH tool kit.
- NBCC is established in the LR however Ambu bag was not complete as Zero mask and shoulder role was not available.
- One of the SN had fair idea of its functionality however all needs to be trained.
- Baby weighing machine (without Macintosh), Suction operates, bag was found functional.
- Partograph well maintained by the LR Staff.



## Drugs and consumables in LR:

- Inj. Oxytocin, inj. Magnesium Sulphate and Tab. Misoprostol was available.
- There is no availability of Inj. Magnesium Sulphate.
- Inj. Vit K1, ORS, Zinc are available at the facility.
- Cap and gown are not available for the staff. Surgical globs are available however of 7 size which should be 6 or 6.5 for the nursing staff.



## SNCU

SNCU is established, adjoining to LR on the ground floor of the facility. At present bed status is as follows:

Number of Beds	Sanctioned beds	New / Old	Functional	Remarks
Radiant Warmer	12	8/4	12	
Phototherapy unit	4	4/4	3	4 new units are not functional due to technical issues.

As per the discussion and observation of unit following issues/ points are noted-

- Step down unit is under construction adjacent to SNCU.
- Protocols are available.
- X ray is available and functional.
- AMC is not yet done of equipment's of SNCU. RW and Phototherapy unit are of different manufacturers.
- Flies were visible inside the SNCU.
- Both units (in born and out born) are closed from three sides however partly closed from the fourth side, which should also be covered.
- As per the discussion In born cases are high as compared to out born and most of the cases are neo natal sepsis, preterm babies, jaundice and birth asphyxia.

HR and training status at SNCU is as follows-

Staff	NHM	Remark	Training
Pediatrician	1/0	3 Regular Pediatrician are deployed on roster basis.	One of the Pediatrician is trained in F- IMNCL.
MO	4/3	-	-
SN	5/5	2 Regular SN are also deployed on roster basis	Two are trained in FBNC( 1 Regular and 1 NHM)
LT	1/0	Call regular staff for X ray	
Cleaning Staff		No dedicated staff is available at present	

As per the discussion with In charge, Leh is very far from tertiary care facilities, hence they should be provided with ventilator and training for it.  
Second – Dr. Spalchen (incharge – SNCU) shared the concept of MILK BANK in the facility for which he require state support.

### **Ante Natal Care:**

- There is an adequate space for ANC at facility.
- One medical officer along with two staff Nurses is looking after the mother as well as filling up the register
- Record of anemic Mothers not properly recorded by the Staff Nurse
- Line listing of severe anemic mother not maintained properly.
- BP apparatus was properly functional in ANC room.

### **JSY/JSSK Status:**

- All laboratory services are free for PW.
- Mothers are given free diet at facility however as per the discussion with some of them they prefer to have own food (Thumpa etc.)
- Free medication properly given to the mothers.
- Incentives not properly given to the mothers from last 4 months.
- Transportation is also provided to the beneficiaries however beneficiaries are not much aware of such facilities, considering the topography and very difficult terrain of the district special package should be given to district.
- *Here to mention that the payment under JSY is bit lengthy in the district hospital as necessary documents are prepared by the hospital staff and beneficiary tells the account number over phone ( if not aware of it) or in personal. After that account number and documents are sent to CMO office every after 3 days, there DAM etc. process it further.*

### **IEC Displayed:**

- JSSK and JSY entitlements poster was not available
- Labour room protocol poster was available but not in organized manner.
- ASHA Incentives not displayed at the facility
- RMNCH+A 5X5 matrix was not displayed



**AFHC:** Adolescent friendly health clinic has been established in the ground floor in the general OPD wing. A dedicated room has been given where both counselling and clinical services are provided to adolescents.

- Both the counselors (Female and Male) are not yet trained. Female counselor is providing her services since December 2011, whereas male counselor has joined in April 2015.
- No printed register is available however records are maintained by the counselor but not in the prescribed

register of GOI.

- No standardized IEC material is provided as yet, they have developed some material on their own.
- Privacy is maintained in the clinic.
- Counselor is not been provided any medicines such as IFA, Mala, Condom etc.
- Post of Computer operator is vacant
- Counselor has made out reach session in the school but not the VHND sites.
- Inside the clinic one side screen, one examination table, two office table, bench outside the clinic, hand wash area, five chairs, one TV, central heating system, were available.



## Support Services:



### Laundry Services

Facility has dedicated laundry setup in the premises with staff. As per the discussion with the staff and observation one of the dryer and press are not functional due to some technical issue. As district has adverse climate and would be difficult to dry the linens, both the nonfunctional equipment needs to be repaired.

### Security Services -

As per the discussion with MS, tender had been floated however there was no bidder, and after that “Jila Sanik Kalyan Board” was contacted and they provided retired service man for the same. Problem here is there is no Bank Account with Board so that salary of security personal can’t be transferred. As it is done in case of cleaning staff (hired from agency) etc.

As per the MS, they require state intervention in terms of issuing a letter of such interest that if individual bank accounts could be opened for the security personals and salary deposited online.



## **Bio Medical Waste Management and infection prevention practices**

1. Incinerator has been supplied to the DH, which is not yet installed.
2. Facility has dedicated area for shredding of plastic waste which is functional.
3. Color coded bins and bags are not placed as per the protocols.
4. Bleaching power is not available, Autoclave/Boiler is kept only in OT.
5. There is no structured training on BMW for Staff.



## **Sub District Hospital Disket:**

Sub District Hospital Diskit is 30 bedded facility, covers approximate 19400 populations. Approach Road to Diskit from Leh is seasonal and not very good and it takes 5-6 hour to reach there and crosses the one of the highest motorable road (18500 ft). This facility has good building and set up in between the town. Average delivery per month is 20-15 per month. 12 ambulances are available under this SDH but only 2 ambulances are available at SDH. OPD charges are free for pregnant women and above 60 yrs patient but Rs.5 for general patient.

There are 4 PHCs, 32 SHCs, and 61 ASHAs are providing services in the periphery. The average delivery load is 30 per month. It has Blood storage center however license is not available at present.

## **Infrastructure**

- Hospital building is in good condition and well maintained.
- Ramp is also available to make it patient friendly.

## **Labour room:**

- Labour room very congested.

- Sleepers were kept outside the labour room in the adjoining room.
- Heating arrangements were made for the beneficiary.
- Step Stool, IV stand, wall clock, wall tiling up to 6ft, Spot lamp, suction machine, Oxygen cylinder with key and hood, New born weighing scale etc. are available and maintained.
- 5 protocol posters were displayed in the LR (PPH, AMTSL, labour Room Sterilization, Neonatal resuscitation, and eclampsia).
- Trays were available however not as per the MNH tool kit.
- Running Water is not available sometime in the LR.
- Toilet is not attached with the LR.
- Domestic gas cylinder with burner was kept inside the LR.



*Gas cylinder and burners in LR*

### **NBCC**

- NBCC has been established in the adjoining room as not much space in the LR & functional.
- Bag and mask are available.
- Shoulder role was not available.
- None of the staff Nurse are trained in RW operation.
- None of the staff nurse have clear idea about the newborn resuscitation.

### **Availability of drugs and consumable:**

- Inj. Oxytocin is available
- Inj. Vit K, ORS, Zinc are available at the facility
- Mifepristone & Misoprostol available in LR
- Antihypertensive drugs available in LR
- IV Fluids available in the LR
- Inj. Dexamethasone available in the LR
- Inj. Vitamin K-1 not available
- Antibiotics as per RMNCH+A 5\*5 matrices were found in the facility
- IV Sets & other consumables were found in the facility.
- Pads were not available in the LR.

### **Intra-partum Care:**

- Partograph is not being followed at the facility

### **Post Natal Care:**

- Mothers are staying 48 hours after delivery and record maintenance is good
- Dietary provision for post natal mother are available at the facility.



- Mothers are being paid the JSY entitlements.

### Displaying of IEC materials under different scheme of NHM:

- JSY & JSSK entitlements posters /Banners were not displayed in facility premises.
- There is no diet chart available at the facility.
- Essential drug list not displayed at the facility.

### Adolescent Friendly health Clinic

- AFHC has been established in April 2015 and both the counselors are placed since then.
- Outreach sessions are conducted in the schools where both the counselors visit and provide services to boys and girls separately. However no payment has been done.
- Both the counselors are not given formal training as yet.
- Required IEC material and display material is not available at present.
- Printed registers are not available nor aware of the registers.



### Bio Medical Waste Management

- Bio medical waste collection bins are not as per the MNH tool kit.
- No protocols are displayed related to it.

### Other Services

#### Laundry

- Dedicated area is available in the facility for the laundry services.

#### Special Need

As the Geographical coverage of the facility is very wide and very hard to reach, hence additional budget for POL and wear and tear of vehicle must be given.

A Teeka van should also be provided to the facility for better services delivery of immunization services.

Oxygen cylinder refilling should be provided to facility on priority basis.

## PHC Tangste

### Infrastructure

- PHC running in old building which is maintained and cater to around 6000 population.
- It is also situated in very hard to reach area and cut off from District HQ during the heavy snow fall.
- Solar panels are installed at the facility.



### Labour Room



- Labour room has one labour table room is congested.
- LR has attached clean toilet
- Sleeper, step stool, mackintosh, baby weighing machine, spot lamp, oxygen cylinder etc. were available and functional.
- 5 Protocol Posters were displayed and not of standard size defined by state.
- Trays were kept however not as per the MNH tool kit.

### NBCC

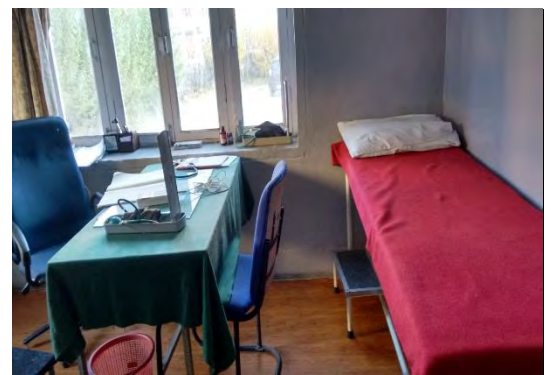
- NBCC is also established and functional.
- Shoulder role is not available.
- Ambu bag was available however 0 size mask was not available.
- None of the staff are trained in NSSK and SBA

### ANC

- There is no dedicated area for the ANC and done in the general OPD area.
- Examination table is placed with step stool for the patients

### Bio Medical waste

- Bio medical waste practices are not followed.
- Deep burial pit has been dug at the back side of the facility.

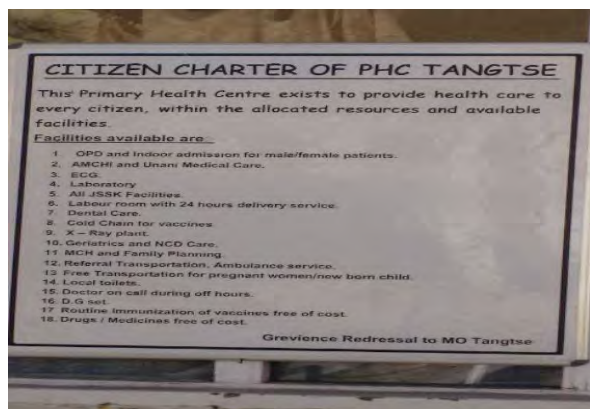


*ANC Room cum OPD*

## Special Need

As the Geographical coverage of the facility is very hard to reach. Hence additional budget for POL and wear and tear of vehicle must be given.

Oxygen cylinder refilling should be provided to facility on priority basis. And charges should be relaxed to them as every cylinder is charged 150 per filling and that to not fully fill.



Citizen Charter display



BMW Pit

## SHC – Khardong



On the way to Disket after Khargunla Pass this is the first health facility providing services to the population. Two ANMs (1 Regular and 1 NHM) are posted along with 1 NO who works as driver as and when required. This facility has been provided with one ambulance (Jepsy) by the local MP/MLA fund and in running condition. This SHC falls under the Block Disket.

- The sub center building is old and needs repair. There is no staff quarter in the campus for the staff.
- Water connection is not available to the facility. Toilet is available however it's of old pattern and built at extreme corner of the facility.
- ANC services are given to the beneficiaries and records are available however there are discrepancies etc.
- Beds are available in the facility
- Old type labour table is available.
- Oxygen cylinder is available.
- Medicines are also available and very well stored.
- Display boards are placed having details of the services provided month wise.
- Deep burial pit and sharp pit are available.
- Tracking of women and children is very poor

- Last VHSNC meeting was held in February'15.
- ANMs have poor concept about immunization and there are reporting error in register.
- There is no provision of Hb% testing though the SC has functional Haemoglobinometer.



*Room needs major repair*



*Clean bed but broken walls*



*Deep Burial pit*



*Sharp Pit*

### Recommendation:

1. Training of SN/ANMs in NSSK and SBA must be ensured in the above mentioned facilities and rational deployment of skilled manpower is very much essential.
2. There is a shortage of NO in district hospital, which is hampering the regular cleanliness of labour room; it's must be ensured.
3. Availability of labour room trays and protocol posters need to be displayed and followed
4. Training of AFHC counselors is required for smooth functioning of AFHC.
5. Labour room trays as per MNH tool kit must be kept inside the labor room.
6. Orientation of labour room staff in essential new born care is very much required.
7. Partograph must be followed.
8. Payment of security guard is a major concern in District Hospital; which need to be solved immediately.
9. Dryer machine need to be made functional at DH
10. Waste management is a major concern in the district.
11. Standard labour room register must be implemented