

**Tour Report of Dr. Arshad Nazir, Assistant Programme Manager, Maternal Health; SHS, NHM J&K for the purpose of monitoring and evaluation of implementation of various schemes under NHM in the various healthcare institutions in district Pulwama conducted w.e.f. 21<sup>st</sup> – 27<sup>th</sup> March, 2016.**

As per the directions of Mission Director, NHM J&K vide order No: SHS/NHM/J&K/19707-13 dated 19/03/2016, following institutions were visited in district Pulwama from 21<sup>st</sup> – 27<sup>th</sup> March, 2016 for the purpose of monitoring and evaluation of implementation of various schemes under NHM in the various healthcare institutions.

Facility wise details of the observations made by the team are as follows:

**1. DISTRICT HOSPITAL, PULWAMA:**

- (i) SNCU Pulwama:** There are Six Radiant Warmers and 2 Phototherapy units available in SNCU, out of which 1 Phototherapy unit is non-functional. For SNCU, 5 Staff Nurses (SNs) have been hired under NHM, but the duty roster of only 4 SNs was available. Name of the 5<sup>th</sup> SN/ANM was found missing in the duty roster. There was no duty roster of Medical Officers hired under NHM for SNCU. MOs are doing casualty duty most of the time and SNCU is managed by Staff Nurses & ANMs where as doctors are available during the rounds only. At the time of visit 2 babies were admitted in SNCU and were looked after by a single Staff Nurse.
- (ii) DEIC** has not been established yet. However, some posts like DEIC Manager/ Psychologist are filled.
- (iii) Labour Room:** LR is well equipped and has NBCC established in it. Mattress and McIntosh was not placed over the labour table and leg support was also missing. Infection prevention & control practices are very poor. There is no proper cleaning of floor area and non-segregation of BMW. There is no record of LR sterilization maintained. There is no bathroom attached to LR.
- (iv) JSSK:** Procurement of drugs is as per approved rates. All the diagnostics for mothers and infants are being booked under JSSK. Cooked food is being served to the beneficiaries. The comparative list for Diet Contract has been prepared without rates.
- (v) JSY:** Payment is given to beneficiaries through A/C payee cheque only. List of JSY Beneficiaries was not displayed in the hospital premises.
- (vi) Immunization:** In immunization section, one ILR and one DF was available both were in working order. The ILR was a small one and needs to be replaced with a bigger ILR keeping in view the load of beneficiaries at the DH. Two FMPHWs present were given half an hour education by the visiting officials about cold chain maintenance, conduct of immunization session, route of injection and the education they have to provide to the beneficiaries in order to bring down dropout. It was also

impressed upon them that they should not forget providing T.T. injection to the pregnant women at any cost.

**(vii) Other observations:**

It was observed during the visit that skills required for maternal & newborn care are not upto the mark. There is no practice of filling in partographs and counter foil of MCP card is not retained by the staff. Counselling on IYCF is not being done. Staff Nurses have no knowledge about active management of third stage of labour, management of PPH and how to resuscitate the baby to name the few skills.

ASHA Helpdesk is non-functional at DH Pulwama.

**2. CHC Tral:**

CHC Tral is functioning in govt building with the facility of electricity, water and functional toilets. Delivery load at CHC is good, with average monthly load of 50-60 deliveries. C-sections are also conducted on regular basis.

**Infrastructure & Equipments:**

- CHC Tral is working as an FRU and is being run in govt. building. There are no staff quarters.
- MCH section including Labour room is functioning in a separate building lying adjacent to main building. LR is well maintained along with labour room protocols. NBCC is well maintained in the labour room.
- Blood Storage Unit is sanctioned for the CHC but it is non-functional.
- Biomedical waste management is poor and there is no proper segregation of biomedical waste.

**(i) NBSU** has two radiant warmers and one phototherapy unit but the services of NBSU are underutilized. Most of the sick neonates are referred to tertiary care hospitals.

**(ii) JSSK:**

Procurement of drugs is as per approved rates. List of medicines available under JSSK is displayed in the Gynae section. However, sometimes patients are being asked to buy medicines from outside market as was found during an interaction with the patients admitted in the ward.

One Meema W/O Farid Ahmad R/o Nagpathri, Tral admitted with complaints of postnatal abdominal pain. The patient has been charged for Rs.150/- for USG at CHC Tral under receipt no.3729. The said patient had delivered two days before at the same hospital and was discharged after half an hour of delivery and later on developed complication at her home. It was observed that mothers admitted in hospital during PNC period are being charged for user fee/ drugs/ diagnostics which is against the guidelines of JSSK.

User charge for OPD/ IPD ticket is being charged from all the JSSK beneficiaries. Under JSSK diet, Milk, bread & butter is being provided to the patients and booked @Rs.100/- day per patient without any rate contract.

There were three pregnant women admitted in the ward and were given comprehensive education about the importance of Breast Feeding including feeding the early breast milk containing colostrums by the team.

Diet Register/ Drug Register and Referral Transport register was maintained but needs improvement and was brought into the notice of dealing assistant and BMO.

**(iii) JSY:** Payment is given to beneficiaries through A/C payee cheque only. List of JSY beneficiaries is not being displayed in the hospital and there was no pending liability under JSY.

**(iv) Immunization:** At the time of visit, immunization session was in progress. There are two ILRs and one DF available as cold chain equipment. Out of two ILRs one is out of order. Sufficient quantity of vaccine was available in the CHC.

Half an hour lecture was given to the immunization staff about immunization schedule, conduct of session and proper route of immunization particularly the difference between sub-cutaneous and intradermal injection. The staff was also given education about dropouts, side effects after immunization and contingency plan in case of power failure in order to maintain the required temperature for storage of vaccine.

**(v) Other observations:**

It was observed during the visit at CHC that skills required for maternal & newborn care are lacking in staff. There is no practice of filling in partographs and counter foil of MCP card is not retained by the staff.

IEC material about various NHM components was displayed in the hospital premises including JSY & JSSK, though immunization schedule displayed was very old.

Pregnancy Testing Kits (Nischay) were available at CHC but not being utilized for JSSK beneficiaries.

### **3. PHC Lajura:**

- PHC Lajura is functioning in govt. building. The daily OPD is about 30-40. There is labour room available, but very few deliveries are conducted. Hence not a functional delivery point.
- There are two Medical officers available at the PHC, including one ISM MO. Dental surgeon is also posted and available.

- **Labour Room:** LR at PHC Lajura is well maintained and well equipped with NBCC established in it. Labour room protocols are displayed and there is separate area for hand washing.
- OC Pills & Condoms are available. IUCD services are also provided at the PHC Lajura.
- IFA tablets are available at the facility and were supplied by BMO Pampore recently.
- MCP cards are available at the facility but the staff lacks skill in its proper utilization and are filled with incomplete information. Counterfoil of MCP card is not retained by the staff.
- HB meter, blood sugar testing kits and urine albumin sugar testing kits were available and functional.
- Colour coded bins were available, but segregation of waste was very poor.
- All the vaccines as per the immunization schedule are being given children.
- MCTS registers were available and updated.
- Latest immunization schedule was found displayed in the facility
- All other records were found updated.
- There is only one account operational, that is RKS account, which was managed by single signatory i.e; MO only. Semi auto analyser has been purchased @Rs.2,73,000/- after following all the codal formalities. Out of RKS Rs.1,41,710/- has been drawn and remaining amount has been met out from HDF account.
- IEC material about various NHM components was displayed in the hospital premises including JSY & JSSK, though immunization schedule displayed was very old.

#### 4. **NT PHC Puchal:**

- NTPHC Puchal has been upgraded from SC level in December, 2014. There are only two rooms available in the facility and caters to the population of 6872 souls.
- Proposal for additional constructions of rooms has been submitted to Director Health Services, Kashmir through local MLA.
- RKS of NTPHC Puchal is not registered yet, however untied funds @Rs.10,000/- equivalent to SC have been received by PHC during 2014-15.
- The average OPD at NTPHC Puchal is 20/ day and there is only one bed available.
- This facility is not working as delivery point, although ANC services are being provided to beneficiaries.
- From the immunization register it was found that the practice of making due list is not being followed as a result timely vaccination gets delayed. Microplans exist nowhere. One ILR and one DF were seen in working condition, no MCP cards supplied earlier were consumed and no fresh stock of MCP cards was available in the PHC.
- Line listing of severely anaemic women is not being maintained.
- IEC material about various NHM components/ schemes was missing.

## 5. SC Gudura:

- SC is located in govt. building but without water supply and electricity.
- SC has a catchment population of 5023 catering to 3 villages.
- There is only one ANM (under NHM) posted.
- All the registers were maintained properly. New Integrated RCH (village wise) registers were available and being updated.
- HMIS formats were filled properly.
- Immunizations sessions are being conducted on Wednesdays.
- Cash book and other relevant registers - like stock registers are maintained. There are various petty expenses made by the ANM.

## 6. PHC (SHC) Aripal:

- PHC Aripal is functioning as 24\*7 Subsidiary Health Centre. The daily OPD is about 70-80. There is labour room available, but very few deliveries are conducted. Hence not a functional delivery point.
- Dental Surgeon is the incharge of PHC and operates RKS account, where BMO Tral is a co-signatory.
- **Labour Room:** LR at PHC Aripal is well maintained and well equipped with NBCC established in it. Labour room protocols are not displayed.
- Hand washing area in LR is well marked.
- There is one X-Ray machine available which is lying idle due to non-availability of X-Ray Technician.
- OC Pills & Condoms are available. IUCD services are not being provided at said PHC.
- IFA tablets are available at the facility and were supplied by BMO Tral recently.
- MCP cards are available at the facility but the staff lacks skill in its proper utilization and are filled with incomplete information. Counterfoil of MCP card is not retained by the staff.
- HB meter, blood sugar testing kits and urine albumin sugar testing kits were available and functional.
- Colour coded bins were available, but segregation of waste was very poor.
- MCTS registers were available but poorly maintained and are not updated on regular basis.
- While going through MCTS records, it was found that vaccines are given as per the immunization schedule which was also verified verbally from BHW posted there.
- Due list of children was prepared wrongly.
- Latest immunization schedule was not available in the facility.
- IEC material about various NHM components was displayed in the hospital premises including JSY & JSSK, though immunization schedule was not displayed.

## 7. **SC Kuchmulla:**

- SC is located in rented building and without water supply and electricity.
- SC has a catchment population of 1826 catering to 2 villages.
- There are two ANMs (one under NHM) posted. One of the ANMs is doing her duties at PHC Kahlil on Wednesdays while other one is doing her VHND activities in Kahlil area on Thursdays. It is worth to mention here that both Kahlil village & Kuchmulla village fall under different PHCs as a result work at SC Kuchmulla gets affected.
- All the registers were maintained properly. New Integrated RCH (village wise) registers were available and being updated.
- Immunizations sessions are being conducted on Wednesdays.
- IFA & Zn Tablets are not available. However ORS, Condoms, Mala-N. ECP & Nischay Kits are available and is being utilized.
- Cash book and other relevant registers - like stock registers are maintained. There are various petty expenses made by the ANM.

## 8. **CHC Pampore:**

CHC Pampore is functioning in govt building with the facility of electricity, water and functional toilets. Delivery load at CHC is good, with average monthly load of 120 deliveries. C-sections are also conducted on regular basis.

### **Infrastructure & Equipments:**

- CHC Pampore is working as an FRU and is being run in govt. building. There are staff quarters available.
- MCH area is well maintained with proper signages displayed. Labour room was found neat & clean. Labour room protocols are well displayed. NBCC is well maintained in the labour room.
- Various trays as per MNH Toolkit are available and emergency medicines are also available in the LR. However, cord clamp was not available in the LR and silk thread is being used to tie the umbilical cord of newborn.
- Blood Storage Unit is established at the CHC but it is non-functional. Equipments for BSU have been procured in the year 2009 which include Blood Bank refrigerator. ILR, Normal Fridge, Incubator, ELISA Reader with washer and are available. Two Lab Technicians namely Mr. Shafiq Ahmad & Mr. Amresh Kumar are trained in Blood Bank Training.

(i) **NBSU** has two radiant warmers and one phototherapy unit and is maintained well but underutilized.

### **(ii) JSSK:**

Procurement of drugs is as per approved rates. List of medicines available under JSSK is displayed in the facility. Under diet, hot meals are not provided. Bread, biscuits, butter & milk is provided to beneficiaries under JSSK.

Diet Register/ Drug Register and Referral Transport register was maintained but needs improvement and was brought into the notice of dealing assistant and BMO.

**(iii)JSY:** Payment is given to beneficiaries through A/C payee cheque only. List of JSY beneficiaries is not being displayed in the hospital and there was no pending liability under JSY.

**(iv) Immunization:** Cold chain is well maintained. There are two ILRs and one DF available as cold chain equipment. Sufficient quantity of vaccine was available in the CHC. Vaccines were stored as per the guidelines.

**(v) Other observations:**

It was observed that there is no practice of filling in partographs and counter foil of MCP card is not retained by the staff.

IEC material about various NHM components was displayed in the hospital premises including JSY & JSSK, Immunization schedule.

Submitted for necessary action.

Dr. Arshid Nazir  
APM, SHS, J&K