



MISSION DIRECTOR NATIONAL HEALTH MISSION, J&K

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Director Health Services,
Kashmir

No:-SHS/NHM/J&K/SS/7496-500

Dated: 17.9.15

**Sub: Supportive Supervision report by officers of State Health Society,
J&K.**

Sir,

Kindly find enclosed herewith a copy of the Supportive Supervision report of District Baramulla submitted by Dr. Mushtaq Ahmad Dar, Programme Manager CH, & RBSK, Dr. Younis Mushtaq, Associate Programme Manager and Sh. Tapas Chatterjee, State Coordinator RMNCH+A of State Health Society for taking appropriate action on the observations highlighted in the report.

Yours faithfully,

(Dr. Mohan Singh)
Mission Director
NHM, J&K

Enclosure: As stated above.

Copy for information alongwith report to the:

1. Commissioner/Secretary to Govt Health & Medical Education Department Civil Secretariat, Srinagar.
2. District Development Commissioner (Chairman District Health Society) Baramulla.
3. Chief Medical Officer (Vice Chairman District Health Society) Baramulla.
4. Director (P&S) State Health Society, J&K
5. Medical Superintendent District Hospital Baramulla
6. State Nodal Officer NHM, J&K
7. Divisional Nodal Officer NHM Kashmir.
8. Office file.

Sub: Tour report of District Hospital Baramulla on 11th September 2015.

In compliance to order no. 50 dated 08/09/2015 of Mission Director, NHM, J&K, the team of following officers conducted supportive supervision & monitoring visit of District Hospital Baramulla on 11th September 2015 :

1. Dr Mushtaq Ahmad Dar (Programme Manager ,CH & RBSK).
2. Dr Younis Mushtaq (Associate Programme Manager).
3. Mr. Tapas Chatterjee (State Coordinator RMNCH+A).

The findings of the team along with the suggestions for improvement are as under:

SNCU

- 12 bedded SNCU is there but at present only 9 beds are functional. 3 Radiant Warmers are not functioning in SNCU. Thermostat control of all Radiant Warmers need to be checked. 5 phototherapy units are available.
- SNCU is well maintained and clean. Color coded bins are available and maintained
- There is no Pediatrician in SNCU, only 4 Medical Officers and 5 Staff Nurses are running the SNCU. All Staff Nurses are trained in FBNC/F-IMNCI and two medical officers are trained in F-IMNCI and 3 in FBNC. One Sister in Charge is also there.
- Duty roster of the medical officer and staff nurses are available but not followed.
- Practice of gloves during handling of newborns not followed
- There is no standard register for SNCU though they have maintained the data in a register. Standard SNCU register is very much required to maintain the all necessary information.
- There are no SNCU protocol posters in the SNCU.
- Designated hand washing area is outside SNCU and without elbow tap and liquid soap.
- SNCU is also functioning as a routine checkup room. All the newborns delivered in the district hospital admitted in the SNCU for a certain period of time though many of them doesn't required to manage through SNCU. Even newborns are referred from the hospital OPD for routine checkup to SNCU. This increases the unhealthy situation of SNCU.
- In the month of August'15 only 107 newborns admitted who actually required the SNCU service, out of which inborn admission was 69 and outborn admission 39. Average delivery load of the DH is 300 per month and as per the admission rate of newborn only 20-25% inborn managed in SNCU.
- Respiratory distress and birth asphyxia are the major cause of admission.
- One death reported in SNCU during the month of August'15. Cause mentioned in the register was severe birth asphyxia and weight of the baby was 4 kg.
- Average duration of stay in SNCU is 2-3 days.
- All the babies delivered in this hospital received Vit-K 1 in SNCU but it can be given in labour room
- MCP cards are not being used instead a new card has been developed by the hospital for the routine care of the baby. Vit-K1 and birth dose vaccination mentioned in the card, though as per GoI MCP card need to be followed.

Labour Room:

- Labour room is very congested as per the delivery load.
- Labour room condition is very unhygienic
- 4 labour tables are available but the condition of mattress is very unhygienic
- Proper practices of color coded bins are not followed in labour room
- There is no partition in between the labour table. Privacy during the labour not followed
- Trays as per the norms were not available. Only unhygienic delivery trays were available.
- Medicines as per the norms and requirement were not available in the labour room
- One RW was available inside the labour room but NBCC is not functional since log time. There is no provision of Essential Newborn Care Management (ENBC) inside the labor room, all newborns referred by staff nurses or medical officers to SNCU.
- RW basinet was very dirty and unhygienic. Even labour room staff nurses doesn't have any idea about NBCC and newborn management.
- Standard register not followed in labour room.
- There is no provision for birth dose vaccination in labour room, all newborns referred to vaccination room for birth dose vaccination.
- Partograph not used for conducting the deliveries.
- None of the mothers found with MCP Card with them, separate ANC card is followed for recording the ANC status but as per the GoI norms MCP card must be followed.

RBSK:

- **DEIC:** Infrastructure for DEIC has been provided in District Hospital Building with proper signage's/ Boards. The process for procurement of equipments is underway, one X Ray Machine, Dental Chair, Otoscope, Weighing Scales, Computer along with accessories have been procured. Tenders have been . Manpower for DEIC except DEIC Manager & Speech Therapist cum Audiologist have been hired.
- During the month of August 2015, 36308 children were screened by RBSK MHTs out of which 7147 have been found positive for identified health conditions.
- Only 18 cases have been referred for financial assistance to State Health Society till date.

Suggestions for improvement:

SNCU

- Admission criteria in SNCU should be followed by the concerned Medical Officers and Staff Nurses during admission in SNCU. Only those newborn should be admitted who actually required to manage in SNCU.
- SNCU protocol posters should be displayed and followed
- Standard register for SNCU should be followed
- Hand washing protocols should be displayed in the hand washing area and availability of liquid soap need to be ensured
- 3 nonfunctional RW need to be functionalized
- AMC is required for the SNCU equipments.

Labour Room

- Labour room need to be spacious as per the delivery load.
- Newborn Care Corners (NBCCs) need to be made functional for providing Essential Newborn in Labour Room & Operation Theatre.
- Provision of birth dose vaccination and Inj. Vit-K 1 need to be ensured in labour room
- Privacy during labour need to be ensured.
- 7 Trays as per the protocols need to be ensured in labour room
- All Labour room staff nurses must be trained in SBA and NSSK.
- Standard labour room register need to be followed
- Cleanliness of labour room should be done regularly and the labour room staff should be oriented to use the sterilized delivery set.
- Color coded bins need to be ensured in labour room and it's should be followed properly.
- Required medicines must be available inside the drug tray and emergency medicine tray.
- Partograph need to be followed for monitoring the labour.

RBSK

- **Procurement of equipments for DEIC need to be fast tracked as per the guidelines.**
- **The post of DEIC Manager needs to filled at an earliest.**
- In district Baramulla only eighteen children have been provided with financial assistance till date, which is too less. District Health Society to review the implementation of the RBSK with the, Chief Education Officer, District Programme officer ICDS & Block Medical Officers, so that the timely interventions are made to make the programme accessible to poor children suffering from various diseases and also 100 percent implementation of the programme is ensured under your dynamic leader ship.


Programme Manager
(CH & RBSK) 09'