2015

National Health Mission, Himachal Pradesh

[SUPPORTIVE SUPERVISORY VISIT TO DISTRICT KINNAUR]

Dates: 27th January 2015 to 1 February 2015, Dr Ramesh Chander OSD Community Processes

REPORT ON SUPPORTIVE SUPERVISORY VISIT TO DISTRICT KINNAUR (27TH Jan-1 Feb 2015)

The supportive Supervision for the district of Kinnaur was done in compliance to office order No HFW/PA/MD/NHM/HP/2015/ dated 8 Jan, 2015. The tentative Tour programme was mailed to the CMO Kinnaur/ BMO Nichar in advance for necessary making necessary arrangements. The tour started on 27th of January 2015 with travel to Bhaba Nagar. On 28th of January the Supervisory work was initiated with a short meeting with the BMO Dr Kaviraj Negi and apprising him about the purpose of visit.

Date of Tour: 28 January, 2015 **Place: Block Nichar**

INSTITUTION VISITED:

1. CHC Nichar
2. AWC Changey
3. SC Bari

CHC Nichar

MO I/C: Dr Ajay Jaryal

The CHC Nichar is about 16 KM from the CHC Bhaba Nagar and is a Delivery point with 1 Delivery with live birth last month. With OPD load of 60-70 pts per month and IPD load of about 1 pt per month.

Human Resource:

1. MOs: 2 (one MO is NSSK trained)
2. SN: 1 (NSSK/ SBA Trained)
3. FHS: 1 (SBA trained)

The Labour room is well equipped with NBCC and SN is trained in NSSK and SBA.

No pharmacist in place SN or other staff has to manage the pharmacy.

Availability of drugs especially antibiotics is an issue.

Patient Satisfaction:

One of the elderly patient: Name: Mrs Gyan Bhagti, 80yrs/F, Reg No: 304 a known case of Hypertension was interviewed. She confirmed that medicines were being given and she does not have to pay anything for the medicines. She appeared satisfied with the services.

Recommendations:

Human resource needs to be increased suitably.

Training Needs identified:

PPIUCD training to SN and MO is proposed.

IMNCI training to the staff is also proposed.

AWC CHANGEY:

AWW: Ms Sumitra Devi- 94181-24911

AWC Changey falls in SC Bari area which is under CHC Nichar. The AWC is near and about 10 min walk uphill the SC Bari.

The AWC was visited to see the community processes in the Block. The findings that were observed are as below;

FINDINGS:

The records were being maintained However the VHND record was maintained in two separate registers. (The AWW was advised to keep single register)

The MHW visited the VHNDs irregularly as per the AWW and No MO or Supervisor visited the VHND. To understand the effectiveness of the VHNDs in the area some of the beneficiaries were invited at the AWC and interviewed/ assessed for the awareness. Awareness levels were varied amongst the beneficiaries. Wherever necessary on hand training (ORS preparation and how & How often to give) was imparted to beneficiaries and service providers as well. The AWW was praised for her good work in the presence of the community and Health worker and Health Supervisor of the area. The Health worker and supervisor were enlightened about how the convergence with AWW can be beneficial and effective for the service provision.

ACTIONS ADVISED:

The Health worker/ Supervisor/ MO need to Visit all the 4 AWCs of the area and provide necessary services and support to the VHND.

The BMO and MO CHC Nichar was apprised of the situation and advised to instruct the respective staff to visit the AWCs for VHNDs.

SC BARI:

MHW : Shauj Ram – 94181-19934

The Sub Centre in Govt owned building with water and electricity supply located in the middle of the village and accessible by road about 15-20 Minutes away from the CHC Nichar. OPD load of about 10 -12 pts in month manned by a male Health worker.

The SC has a population of 1450 beneficiaries in terms pregnant women: 21

The records were analysed and noticed that the ANCs were being observed and recorded. Haemoglobin, weight and BP were being done at the SC. The instruments were functional and HW was in Know how to use them. He understands the importance of ANCs. He was asked to perform a haemoglobin test on AWW and it was observed that a need for reorientation on estimation procedure. Need for reorientation on detection of High risk Pregnancy was also felt. MCP card was available but as per statement of MHW availability was an issue. VHNSC records were seen but was observed to be incomplete. Very good availability of drugs was noticed and during the supervision a patient had come to SC who was given Tab Ciprofloxacin 500 for his URTI and he showed satisfaction.

FINDINGS:

Hemoglobin estimation technique was not proper and need for a re-orintation training was felt.
Zinc Sulphate 20 mg Tablet was available and the MHW was refreshed on dosage schedule.
VHNSC existed but meetings were not being held. None of the VHSNC member was available for discussion on the day of visit except the MHW.

The PRI members were reluctant to hold the meeting.
The funds were not available for the past 1 and half years.
The co-ordination between the members was also pointed out.

The examination table was kept at side and some items were placed over it. The MHW said being male and no female Health worker.... it was an issue that females generally avoided abdominal examination.

ACTIONS TAKEN/ ADVISED:

The MHW was given on hand training on gaps noticed in his assessment.
The BMO was advised to arrange refresher on hand training to all the workers who needed in Haemoglobin estimation at the CHC.
The MOs/ Supervisors/ workers/ASHAs were informed about the importance of VHSCs and were advised to re energise them in their respective areas.

Date of Tour: 30 January, 2015 **Places: CHC Bhaba Nagar**

CHC BHABA NAGAR:

BMO: Dr Kaviraj Negi : 9816856831
CHC Bhaba Nagar is located at strategically advantageous Location well connected with road except a very steep height and Dangerous turn at the gate.

KEY ISSUE:

The CHC Bhaba Nagar is strategically located Institution. Well connected with road and all weather roads to Rampur (2 Hours). All the patients who are being referred from the other areas of Kinnaur have to pass through the Bhaba Nagar and in case of severity/ emergency or personal reasons they land up at CHC Bhaba Nagar.

Man power position: (No sanctioned position)

Medical officers: 3(Including BMO)
SN: 3
Peon-1
Sweeper-1
Night Chowkidar-1 (RKS)
Pharmacist-1
Lab Tech- 1

OUT PUT: 5-6 deliveries per month

Background:

The institution is strategically located and a good opportunity because the doctors at Bhaba Nagar are keen to improve on their services. The organisational culture is optimum for the improvement in the services especially in terms of increasing the institutional deliveries. The institution has been conducting about 50-60 deliveries per year and PPIUCD insertion has also started here. With only three SNs 24 Hrs services although being provided to the community it becomes difficult to manage in case leave taken by any one nurse there is therefore serious need to increase the reserve pool.

Solution Suggested:

The human resource must be strengthened in terms of increase in posts of various helath functionaries and in the mean time it could be managed with MO's/ SNs being deputed (on rotation basis) from other adjacent institutions. They need to be trained in essential trainings including NSSK.

Sweepers are (at least 2) must for the cleanliness of Labour room for 24 hrs services. Bio-medical waste management is of utmost importance and besides that it would surely increase the patient satisfaction and in future the client age.

The case was discussed with the CMO and he conveyed that one of the SN (NCD) at Reckong Peo is willing to work at Nichar.

Regarding deputation CMO says if orders from the Directorates are received it would be a help for him.

Rationale:

The organisational culture which takes its own time otherwise is optimum for the improvement in the services especially in terms of increasing the institutional deliveries. Therefore increasing the manpower at the institution would surely lead to improved indicators. The manpower deputed would get an opportunity of on hand learning and it would give them confidence finally lead to increase in our skilled manpower and would surely increase the quality as well as magnitude of service delivery.

Labour Room Bhaba Nagar Delivery Point:

Process:

Drill was done to study the process.

Findings:

The labour room was located in the first floor with proper ramp to the floor. It was clean and with good moving space. The visitors were asked to remove the shoes and were offered chappals. Privacy curtains were placed at the entrance so that it is not visible from the door. The windows were properly curtained. Two Labour tables are present with NBCC within the LR with Makintosh and Keyles pads placed.

The Biomedical waste bins were properly placed and Nurse was well aware of which is used for what dispose. (Appreciated)

The gloves were being disposed off only after being cut/ punctured. (appreciated)

The Radiant warmer was functional.

Emergency tray was well prepared and labelled properly. (appreciated)

The SOPs in the form of charts was pasted at visible height for various emergencies/ complications like for APH/PPH/atonic PPH/Eclampsia/Pre-eclampsia etc. (appreciated)

ISSUES:
Heating appliance was not there in the LR and it was brought from the other room besides the LR and it being very cold another heating appliance had to be brought which took about 5 minutes time. (Dedicated heating appliance for the LR was advised> BMO agreed for the arrangement)

Nurse was not aware how to do settings for the warmer unit of NBCC (was not trained for NSSK> need for training)

The wall thermometer was present but hidden behind the curtains. (Advised to place at visibly located place)

Elbow tap was not installed (CMO has agreed to get installed in all the delivery points)

Walls had not been cleaned for past 2 months. (Accountability to be fixed for cleanliness of LR ...BMO advised to assign duty to Nurses on rotation basis)

Nurse was not aware of procedure to sterilize the LR.

The baby was being dried & wrapped in the cloth provided by the attendants. (Advised for the sterile gauge pads > Autoclave Not Available> issue raised with CMO> CMO says BMO must send demand.....which could be considered)

Only one sweeper and for deliveries late evening and night the cleaning process is completed only in the morning. In case another delivery comes it becomes a problem.

(At least three sweepers for round clock services....initially to start with one extra sweeper could be provided and if case load increases only then...other sweeper could be planned.

Date of Tour: 30 January, 2015 **Places: PHC Kilba (Kalpa), CMO office**

PHC Kilba (Kalpa Block)

MO I/C: Dr Mehar Chand

The Kilba PHC is located on the road head about.....Km from.....

It was accessible and within the locality. Newly constructed, government owned, beautiful building with electricity and water supply.

Human recourse:

Medical Officer: 1

MHW-1

ISSUES:

The HMIS reports did not match the records and registers present in the PHC. The MHW has understood the importance of HMIS reporting and promised to improve upon.

MCTS number was not being recorded.

The contact number of the mothers was not recorded in all the beneficiaries. The MHW said it was not available or mothers refused to give. He was told about the importance of contact number.

BP apparatus was available and functional and the MHW was able to take the BP properly.

Hemoglobinometer was available in the PHC and Hb reports of Ante Natal mothers were recorded in the register.

Weight was being recorded in the register however one of the patient showed 5 Kg decrease in the weight in the subsequent visit.....it appears the weights are not been taken properly.

MO in-charge is young and techno savvy doctor he has been recording his supervisory visits in the computer. It had been very cold and snow around but he was sincerely present to perform his duties. He was advised that he must conduct regular supervisory visits to all the SCs under PHC. He was advised to teach the procedure to measure all the components of ANC and regularly highlight the importance of ANC and HMIS.

One important issue has been observed that one beneficiary was denied JSY because it was her third child. The MHW was of understanding that JSY was not to be given for more than two children. He was told that it can be given and number of pregnancy is no more a criteria now.

CMO office Reckong Peo

A courtesy visit and meeting with Chief Medical officer, MOH and Progm officer was done. The issues/ Gaps observed in the supervision of Nichar block and Kalpa block was discussed with them in detail. The Chief Medical officer agreed to improve upon most of the issues.

RE-DEPLOYMENT OF HUMAN RECOURSES AT CHC BHABA NAGAR:

Regarding the re deployment of staff at CHC Bhaba Nagar he wished the directions from the higher authorities would be required.

He suggested that one of the staff Nurse in NCD is willing to go to CHC Nichar. She can be considered for the deputation.

BLOOD BANK:

The blood bank in DH Peo is awaiting the licensing process. The issue was discussed with the CMO and as per his statement the licensing authority Drug controller of Himachal Pradesh is to issue the licence. For licensing process strict parameters are being followed and therefore the license could not be issued to DH Peo.

Solution proposed:

Degree / Diploma holder specialists should be posted at DH Peo and two MOs can be attached with him. So that a resource pool of doctors could be prepared.

POOH BLOCK:

The poor indicators of Pooh Block were discussed with the CMO and he also showed the concern about it. He feels there is deficit in initiative taken by the BMO.

Solution proposed:

As per the solution suggested by CMO the BMO Pooh must be given the DDO powers this would enhance level of initiative at BMO.

Transport:

The issue of ambulance was discussed with the CMO and it was brought to the notice that the most of the vehicles in Kinnaur are more than 15 years and with difficult roads which are not only Kuchcha it becomes slippery and very dangerous during winters.

The ambulances/ vehicles need regular maintenance and old vehicles need to be replaced.

102 services at RH Peo are underutilised the CMO proposed if it could be utilised for other services.

Date of Tour: 31 January, 2015 **Place: RH Reckong Peo**

District Hospital Reckong Peo

District hospital R Peo is located at Reckong Peo well connected with road with Government owned Building and with central heating system installed.

About 78 deliveries have been conducted till Dec 2015.

HUMAN RESOURCES:

District Hospital Reckong Peo				
	Sanctioned	**In Position**	**Vacancy**	**Remarks**
CMO	**1**	**1**	**-**	
Specialists	**9**	**2 (ortho, radio)**	**7**	**Gynae, Paed, Anaesth. are must**
Medical Officers	**15**	**14**	**1**	
MO Dental	**2**	**1**	**1**	
Matron	**1**	**1**	**0**	
Ward Sister	**4**	**0**	**4**	
Staff Nurses	**14**	**12**	**2**	
Pharmacist	**6**	**4**	**2**	**3 pharmacist through outsource**

No availability of Gynaecologist and Paediatrician in the district hospital has led to decreased utilisation of services in terms of ANC/ institutional delivery.

Solution proposed:

MMR/IMR are to be decreased in Himacahl Pradesh it is important that at least a gynaecologist, a paediatrician and an anaesthesiologist or trained LSAS is made available at HPDs like Reckong Peo. This would lead to decrease in home deliveries.

This would lead to increased deliveries at other Delivery points also and in turn lead to improved MMR/IMR.

ADDITIONAL ACTIVITIES:

Training of ASHAs:

The supportive Supervision would not have been complete if the findings of the Gaps in awareness levels of service providers as well as the community are not shared with the Service providers as well as the ASHAs of the area. ASHA is the community Mobilizer and first hand contact person with the community so it was very important that they are sensitised on these issues. With that in mind the ASHAs of the block were given one day training on issues that came out of the supervisory visit. They were also enlightened on various National Health Progm initiatives. The training was quite a success with almost 100 % participation by the ASHAs. Their involvement in terms of queries they asked and responses for the questions posed to them was quite appreciative.

Importance of VHNDs and VHSNCs was highlighted to them so that these community processes are strengthened or reenergised with their keen involvement.

Meeting with Service providers:

The MOs and Health Supervisors/ Workers were made aware about the various gaps those were noticed in the visit reasons for those gaps were discussed and improvements were suggested. The functionality of VHSNCs was discussed in detail and the Health workers were advised to make improvement at their levels.

SUMMARY:

THE KINNAUR DISTRICT

Following key issues were observed:

1. **Monitoring and supervision is to be increased.**
2. **The human Resource deployment as per the strategic location and patient load. (CHC Bhawa Nagar)**
3. **The capacity levels of the Health workers needs to be regularly analysed and accordingly trained / re-oriented.**
4. **Specialists at least Gynaecologist, Paediatrician and LSAS trained doctor at RH Reckong Peo is need of the hour.**
5. **Ambulances need to be regularly maintained and very old ones need to be replaced. Usage of 102 services for other services also.**
6. **The blood bank licensing process needs to accelerated.**
7. **BMO Pooh should be bestowed with DDO powers.**
8. **Elbow taps at the delivery points.**
9. **VHSNCs and VHNDs to be re-strengthened**

*********************************END*************************************