Assessment of First Referral Unit(Anta, Rajasthan)

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First Referral Unit

Introduction :

- It is a district or sub-divisional hospital or community health centre which has the facilities for obstetric surgery, blood transfusion, anaesthesia, specialist paediatric care, operation theatre and required equipment. This centre also has the facilities for MTP, tubectomy, vasectomy and paediatric care for high risk neonates and other severe problems of early childhood. It provides specialist services in addition to all the services

Specialist Services available at FRU:

- Surgical:
  - Caesarean section
  - Laparotomy and repair of ruptured uterus
  - Surgical treatment of severe sepsis
  - Evaluation of incomplete abortion
  - Mid-trimester abortion
  - Repair of cervical and vaginal tears
  - Amniotomy with/ without oxytocin
  - Tubectomy/vasectomy

❑ Manual:

- Manual removal of placenta
- Forceps delivery
- Vacuum extraction
- Partography

❑ Anaesthesia:

- general, spinal

Medical Management of:

- severe hypertensive disorders of pregnancy, eclampsia
- haemorrhagic shock
- severe anaemia
- septicaemia
- use of iv oxytocin during labour

❑ Blood Transfusion:

- Blood transfusion
  - performing mandatory tests

❑ New-born and Paediatric Care:

- Resuscitation
- Management of sick new-borns and severe illnesses of young children

Research Question

1. How to Identify the gaps in Functional First Referral Unit?
2. What are the action plans for filling all the gaps in the facility?

Objective

- To determine the capacity of high-case load facilities in order to deliver high quality maternal & child care services (Infrastructure, Services, human resource, Trainings, Drugs and Equipment’s, Documentation etc.)
- To Identify best practices and gaps to reinforce the facility and staff to provide sustainable quality services by setting benchmarks for other institution.

Methodology

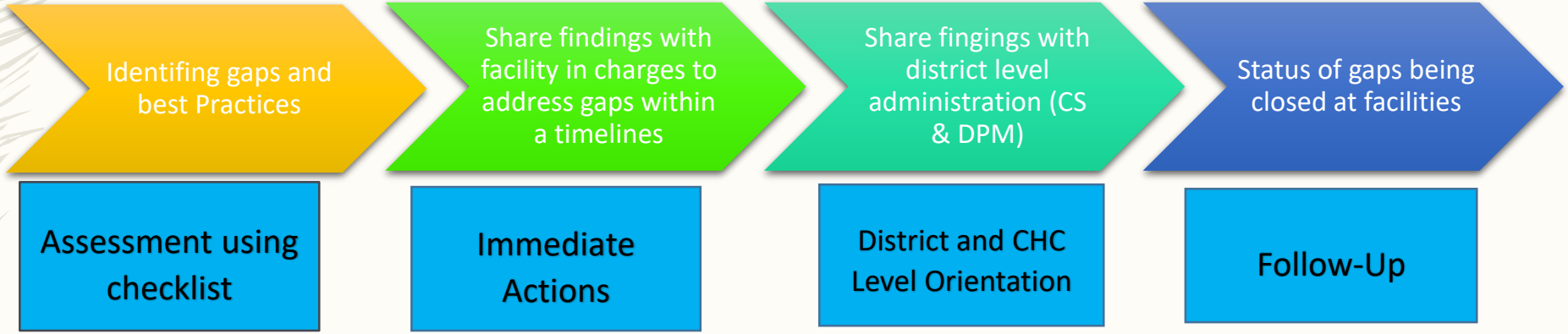
- District hospitals and Community Health centres were assessed in one of the 25 aspirational districts “Baran” to measure the access and quality of the mother and child health services. Purpose of the assessment was to find out the key Health building blocks (infrastructure, manpower, number of services available, lab/diagnostics, equipment, drugs and supplies) requirements.

- Type of Study :- Cross Sectional
- Type of Sampling :- Random Sampling (Hospital- CHC, Anta (RAJASTHAN)
- Sample size : CHC Hospital, Anta(Labour Room, OT, Family Planning, Lab, Blood Unit, NBSU)
- Data Collection :- Assessment was conducted on an application based tool “Piramal ADT NITI facility assessment checklist.” The tool has individual checklists to assess various tiers of health facilities.

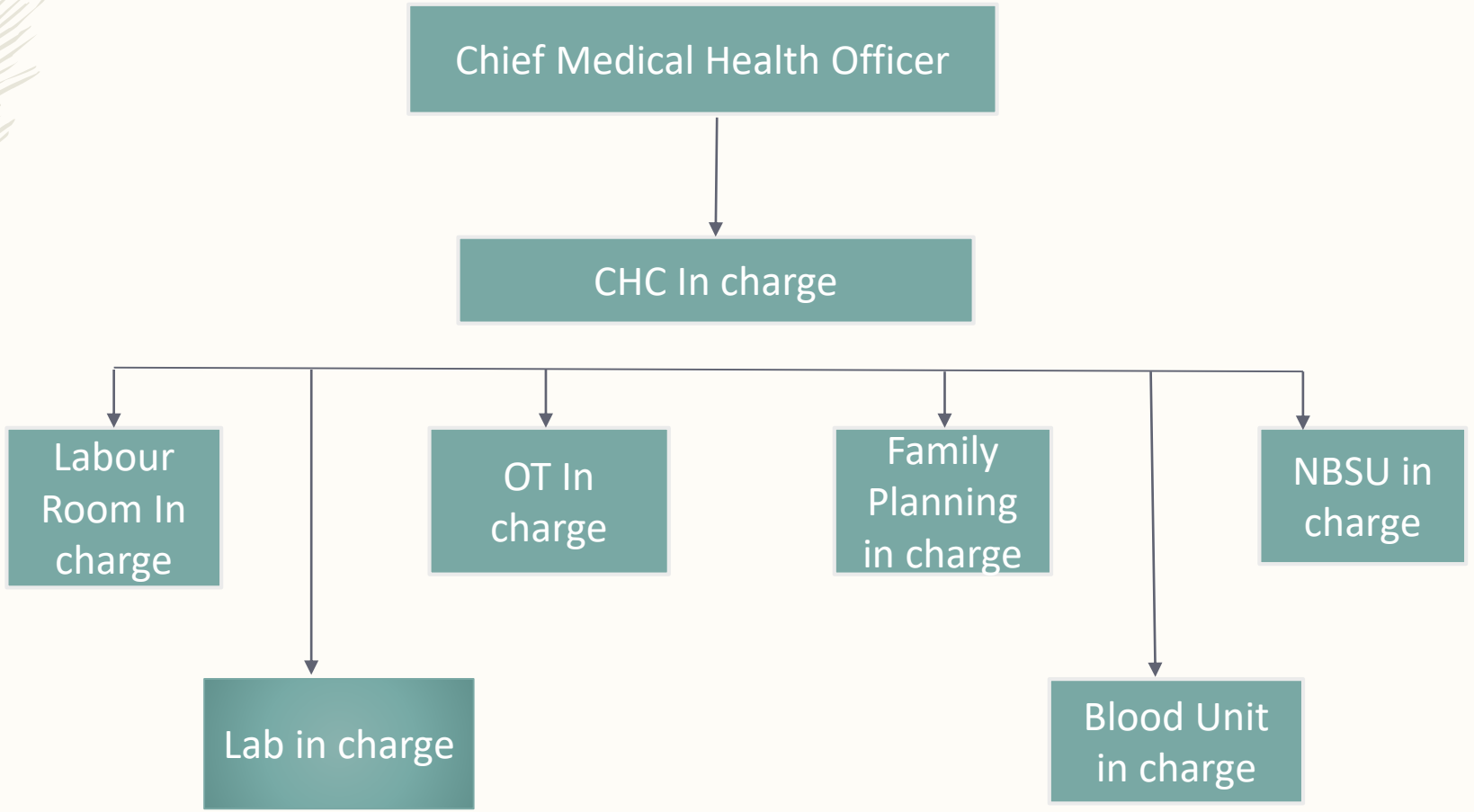
Conceptualize Framework

GENERAL	INFRASTRUCTURE	MANPOWER	TRAININGS	LABORATORY & DIAGNOSTICS	EQUIPMENT, DRUGS & SUPPLIES
•Basic information •Descriptions •Services	•General •OPD/ANC clinic •ICU •Operation theatre •Labour room •Ward	•Doctors •Para-medicals •Administrative staff •Blood bank/storage •NRC	•MCH •Doctor •Staff nurse •ANMs •NRC •Doctor •Staff nurse	•Laboratory •Diagnostics	•Labour room •Operation theatre •Wards •New Born care •Medicine supplies •Nutritional Rehabilitation Centres (NRC) •Infection control •Protocols •Information Education and Communication (IEC) •Registers and report

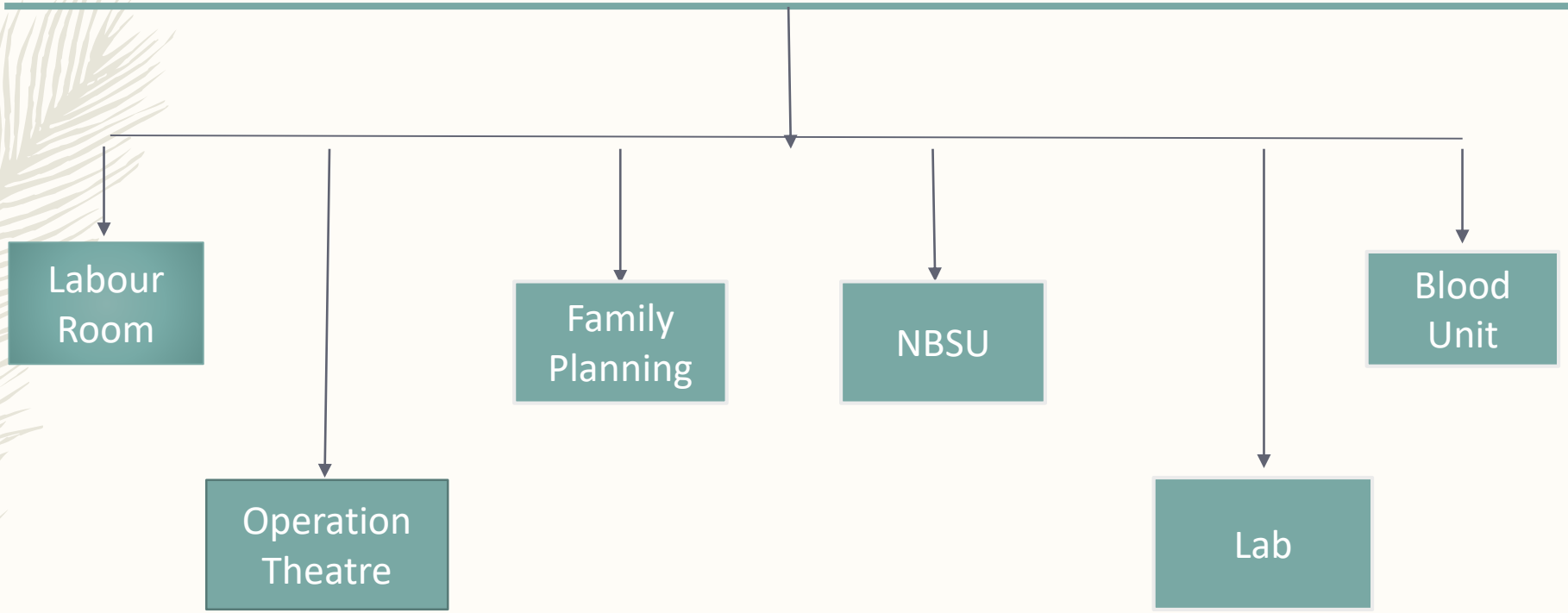
Measurement Plan



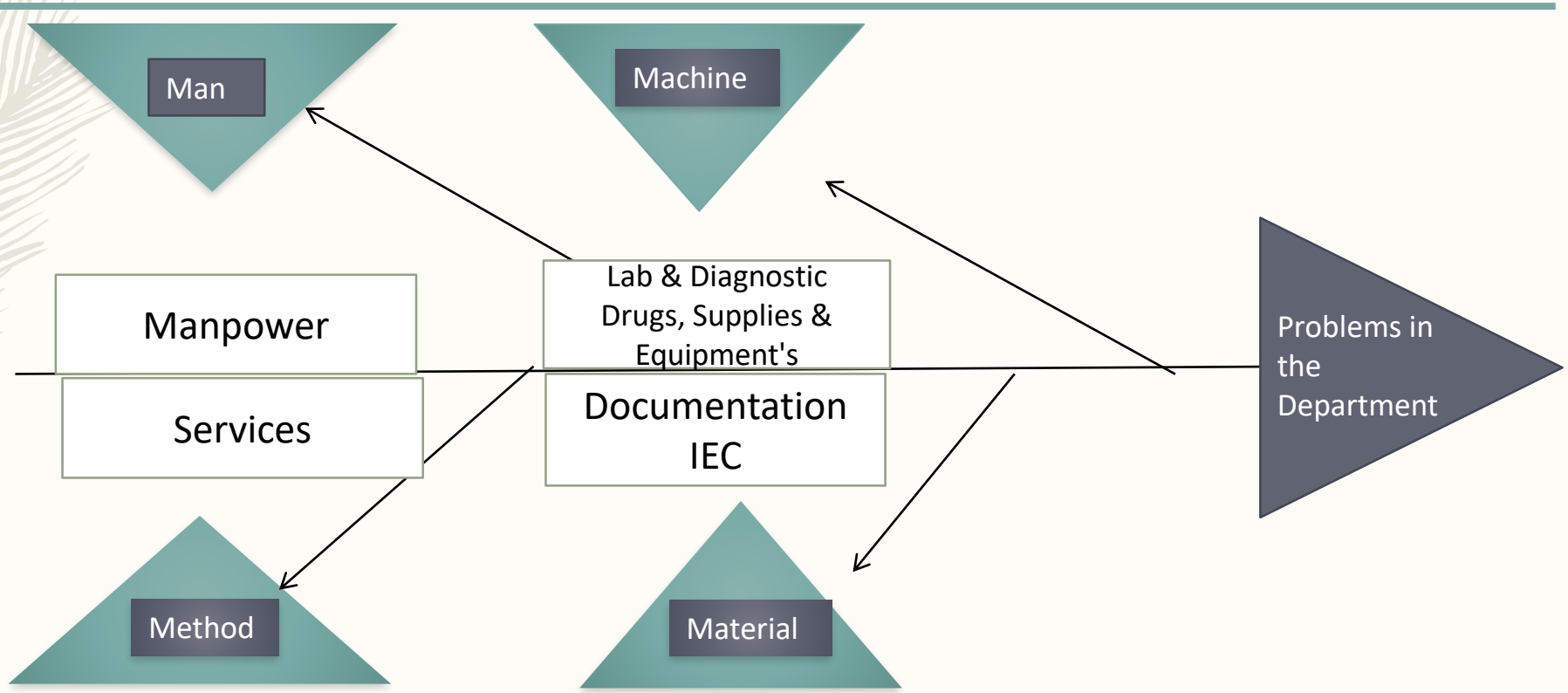
Community Health Centre, Anta(Rajasthan)Organogram



Target Departments for Assessment



Fish Bone Analysis(Quality Tool)



Gap Analysis(Labour Room)

Problems

Infrastructure :

1.Screen/ partition for delivery tables Adequate number of Delivery Table /cupboards and storage area for record keeping not available.

2. Patients amenities such as Drinking water, antiseptic soap with soap dish/ liquid antiseptic with dispenser, Toilet & Changing area, Clean and dirty utility rooms, Staff Room & Doctor's Duty Room not available.

Action Plan

- CHC in charge has to be informed (work done at the level of the CHC in charge if budget available)- 2-3 month/Fund demand can be raised to CMHO In DHS

Problem

3.Registration Area & Waiting area and Storage Area not appropriate

4.Triage and Examination Area ,functional telephone,AC in LB, Security and Intercom Services not available.

5. Corridors are restricted ,overcrowding in labour room

Problem

Services:

1.Pre term delivery services ,Management of Postpartum Haemorrhage,PIH/Eclampsia/ Pre eclampsia, Essential new born care, Management of Obstructed Labour not available.

2. Septic Delivery & Delivery of HIV positive Pregnant Women not available

Action Plan

- 1. Get the budget estimation for the requirement(by CHC in charge)- 1 week
- 2. If budget come under 1 lakh and fund is available than
- 2.a- Proposal review: DHS in consultation with civil, electrical engineer etc.- 15 day
- 2.b- Proposal Approval: DM (chairperson of DHS) - 15 days 3.If budget is not available than Proposal review: District Health society (DHS) - 15 days

Action Plan

- 3. Proposal Approval: DM (chairperson of DHS) - 15 days
- 3.a Proposal 1st level Review: MD, NHM - 15 days
- 3.b-Proposal 2nd level review: PS, Health. - 15 days
- 3.c Proposal 1st level Review: MD, NHM (chairperson - Executive committee) in consultation with GM Maternal Health - 15 days
- 3.d. Proposal 2nd level review: PS, Health (Chairperson - Governing body). - 15 days

Problem

Manpower

1.All staff is not available according to guidelines.

2. Pediatrition & Security guard not available

Action Plan

- CHC in charge should send letter to CMHO and discuss the matter in DHS . CMHO can arrange the staff from field or send letter to MD /PHS. DO Letter also can be send if need

Problem

Training

1.Staff is not trained for Triage Management,SBA ,FBNC, MVA/EVA ,Infection control and hand hygiene, Disaster Management, Training on Quality Management and Needle stick injury

Action Plan

- Orientation and Training plan Proposal :: CHC in charge/DM/CMHO - 1 month
- 2. Proposal review: District Health society (DHS) - 15 days
- 3. Proposal Approval: DM (chairperson of DHS) - 15 days
- 4. Letter release to CHC in charge with permission to use the available budget

Problems

Drugs, Supplies & Equipment's

1.Drugs and Equipment are insufficient

Action plan

- CHC in charge: Demand Can be send with monthly Drug indent monthly.
  For Equipment-- budget estimation should be made 1 week
  Instrument can be purchase according fund availability 3 weeks.
  if fund is not available fund demand letter send to CMHO which further discuss in DHS.
- if CMHO don't have fund then demand can be raised to MD 2 weeks

Lab& Diagnostics

1. Functional Parameter not available

- For Equipment-- budget estimation should be made 1 week
Instrument can be purchase according fund availability 3 weeks.
- if fund is not available fund demand letter send to CMHO which further discuss in DHS.

- if CMHO dose have fund then demand can be raised to MD 2 weeks

Problem

IEC , Education & Information

1.Signages for information and education of the patients are not available

Action Plan

- CHC in charge has to be informed (work done at the level of the CHC in charge only)- 2 week

Problem

Documentation

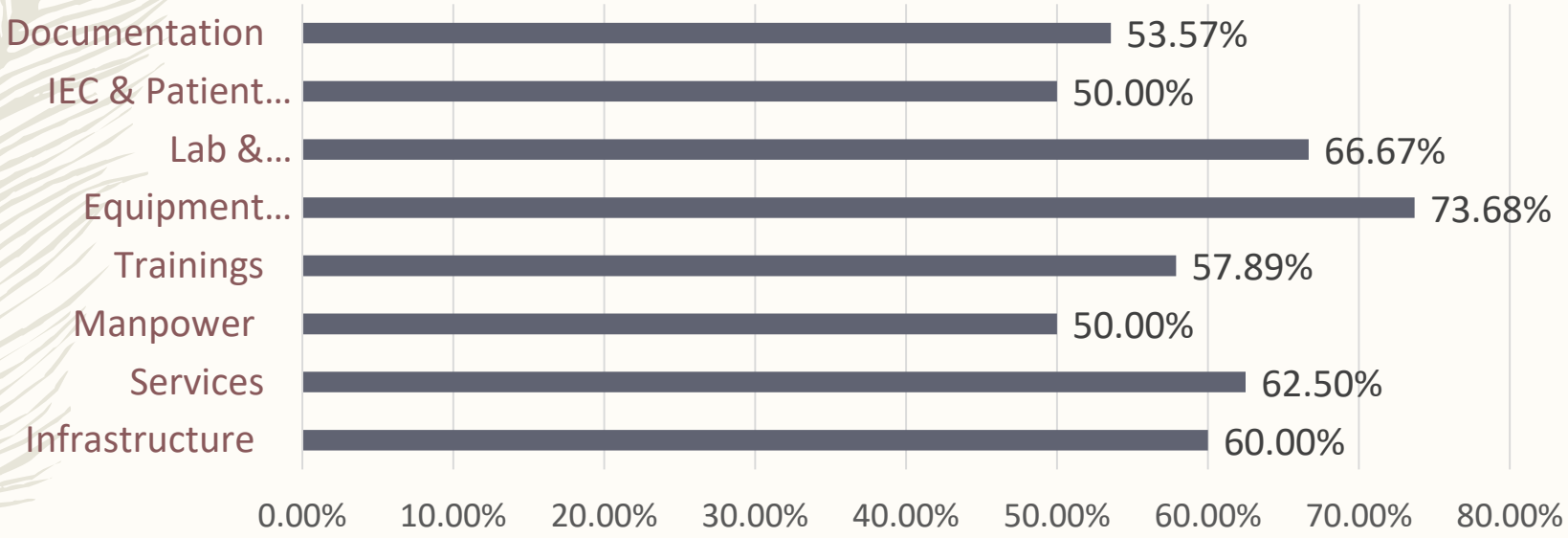
1. Partograph is not used and updated as per stages of labour.
2. Treatment not prescribed in nursing records .
3. Death note is written on patient record

Action Plan

- CHC in charge has to be informed (work done at the level of the CHC in charge only)- 3 week

- Minor OT/BT/Diet / Expenditure/Transfer Out Record/Call Book/D&C /Autoclave Register not maintained/HIV/MTP/Day off/Death/High Risk pregnancy/Drug Reaction/Condamnetion/Bad behaviour/Ambulance/Emergency/Linen Register not maintained

	Labour Room Score Card	
	Infrastructure	60.00%
	Services	62.50%
	Manpower	50.00%
	Trainings	57.89%
	Equipment drugs and supplies	73.68%
	Lab & Diagnostics	66.67%
	IEC & Patient education	50.00%
	Documentation	53.57%
	Departmental Score	60.98%



Gap Analysis(Operation theatre)

Problem

Infrastructure

1. Demarcated Protective Zone /Clear zone/sterile zone/disposal zone/changing room not available
2. Earmarked area for new born Corner/earmarked area for new born Corner/ Scrub Area /TSSU /CSSD, power back up in OT/ UPS & Emergency light Centralized /local piped Oxygen, nitrogen and vacuum

Action Plan

- Discussion with CHC In charge to find out the causes after That further strategy can be made . that is 1. Get the budget estimation for the requirement(by CHC in charge)- 1 week
- 2. If budget come under 1 lakh and fund is available than
- 2.a- Proposal review: DHS in consultation with civil, electrical engineer etc.- 15 day
- 2.b- Proposal Approval: DM (chairperson of DHS) - 15 days 3.If budget is not available than Proposal review: District Health society (DHS) - 15 days

hand washing with running Water Facility at Point of Use /elbow operated taps/ three phase electricity supply not available.

2.Visual Privacy is not maintained between two OT Tables

- 3. Proposal Approval: DM (chairperson of DHS) - 15 days
- 3.a Proposal 1st level Review: MD, NHM - 15 days
- 3.b-Proposal 2nd level review: PS, Health. - 15 days
- 3.c Proposal 1st level Review: MD, NHM (chairperson - Executive committee) in consultation with GM Maternal Health - 15 days
- 3.d. Proposal 2nd level review: PS, Health (Chairperson - Governing body). - 15 days
- 3.e Letter release to Director (Civil), Secretariat - 15

3.Corridors are not wide enough for movement of trolleys

4. Patient Records are not secure, Windows/ ventilators if any in the OT are not intact and sealed

5.OT dose not have sufficient fire exit to permit safe escape to its occupant at time of fire

Problem

6. Adequate Illumination at OT table ,
AC Security not available

Services

1. All services available in the department, but they are not using it

Action Plan

Take meeting with CHC in charge about the problem.

Problem

Manpower

1.Availability of Obs. & Gynae Surgeon/OT technician/OT attendant/assistant & TSSU assistant is not appropriate

2. Nursing staff not available

Action Plan

- CHC in charge should send letter to CMHO and discuss the matter in DHS . CMHO can arrange the staff from field or send letter to MD /PHS. DO Letter also can be send if need

Problem

Training

1. Staff is not trained for Advance Life support/OT Management/Adequate and Adherence of preparation for surgical scrub/Competence assessment/Autoclaving/Chemical sterilization with glutaraldehyde/Management of soiled and infected linen Validation of autoclaving through chemical or biological

Action Plan

- 1. Orientation and Training plan Proposal preparation for Newly joined human resource:: CMS/DS/CMO/CS - 1 month
- 2. Proposal review: District Health society (DHS) - 15 days
- 3. Proposal Approval: DM (chairperson of DHS) - 15 days

Problem

- indicators/Equipment and instruments are sterilized after each use as per requirement/High level Disinfection of instruments/equipment's is done as per protocol
- Chemical sterilization of instruments/equipment's is done as per protocols/Autoclaved linen are used for procedure
- 4. Letter release to CHC in charge with permission to use the available budget

Problem

Drugs& Supplies

1.Medical gases /drugs for general anaesthesia/ opioid analgesics/ muscle relaxants drugs/dressings Material / consumables for new born care Emergency drug tray is maintained in OT in pre and post operative room

/functional Equipment &Instruments etc

Action Plan

1.Can only done after above required needs .Can be send with monthly Drug indent

Problem

2. Antiseptic soap with soap dish/ liquid antiseptic with dispenser and cleaning agent as per requirement not available.

3. Colour coded bins & Bags at point of waste generation not available in the department

Action Plan

2. Can purchase at CHC level

Problem

Lab & Diagnostic

1.No Lab Services available in the department

Action Plan

1. Get the budget estimation for the requirement(by CHC in charge)- 1 week

2. If budget come under 1 lakh and fund is available than

2.a- Proposal review: DHS in consultation with civil, electrical engineer etc.- 15 day

2.b- Proposal Approval: DM (chairperson of DHS) - 15 days 3.If budget is not available than Proposal review: District Health society (DHS) - 15 days

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- 3.c Proposal 1st level Review: MD, NHM (chairperson - Executive committee) in consultation with GM Maternal Health - 15 days

- 3.d. Proposal 2nd level review: PS, Health (Chairperson - Governing body). - 15 days
- 3.e Letter release to Finance department of the secretariat. - 15 days
- Note: Proposal forwarded to GOI for fund

Problem

IEC

Signage's for information and education of the patients are not available

Action Plan

CHC in charge has to be informed (work done at the level of the CHC in charge only)- 2 week

Problem

Documentation

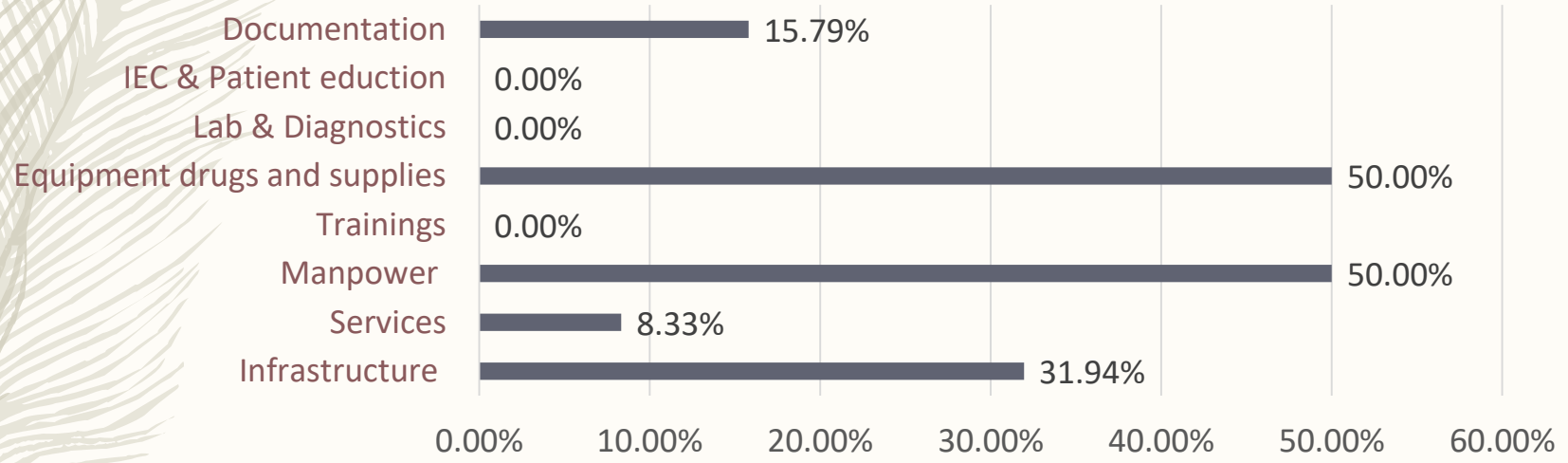
1. Department dose not have Record Maintaining system in the department

Action Plan

1. CHC in charge has to be informed (work done at the level of the CHC in charge only)- 3 week

n

	Operation Theatre Score Card	
	Infrastructure	31.94%
	Services	8.33%
	Manpower	50.00%
	Trainings	0.00%
	Equipment drugs and supplies	50.00%
	Lab & Diagnostics	0.00%
	IEC & Patient education	0.00%
	Documentation	15.79%
	Departmental Score	25.28%



Gap Analysis(NBSU)

Problem

Infrastructure

1. Nursing station, Hand washing and gowning area, Mother's area for expression of breast milk/ breast feeding, functional Intercom Services & Telephone Services not available

Action Plan

- 1. Get the budget estimation for the requirement(by CHC in charge)- 1 week
- 2. If budget come under 1 lakh and fund is available than
- 2.a- Proposal review: DHS in consultation with civil, electrical engineer etc.- 15 day
- 2.b- Proposal Approval: DM (chairperson of DHS) - 15 days 3.If budget is not available than Proposal review: District Health society (DHS) - 15 days
- 3. Proposal Approval: DM (chairperson of DHS) - 15 days

Problem

2. NBSU is not easily accessible from labour room, maternity ward and OT

3. NBSU have temporary connections and loosely hanging wires / 10 central Voltage stabilizer outlets are not available.

Action Plan

- 3. Proposal Approval: DM (chairperson of DHS) - 15 days
- 3.a Proposal 1st level Review: MD, NHM - 15 days
- 3.b-Proposal 2nd level review: PS, Health. - 15 days
- 3.c Proposal 1st level Review: MD, NHM (chairperson - Executive committee) in consultation with GM Maternal Health - 15 days
- 3.d. Proposal 2nd level review: PS, Health (Chairperson - Governing body). - 15 days

Problem

4. NBSU does not have earthling system available, fire exit to permit safe escape of its occupant at time of fire, installed fire Extinguisher that are capable of fighting A,B & C Type of fire.

5. All the measuring equipment/ instrument are not calibrated

Action Plan

- 3.e Letter release to Finance department of the secretariat. - 15 days
- Note: Proposal forwarded to GOI for fund requirement. (if fund is not released in PIP).
- 3.f Finance NOC & Fund sanctioning process

Problem

6. Drugs are not stored in containers/tray/crash cart and are labelled .

7. Empty and filled cylinders are not labelled .

8. No refrigerator, Security, system to control temperature and humidity, and record of same is maintained (Air conditioning). & Adequate Illumination

Problem

9. Seepage , Cracks, chipping of plaster in the department, Window panes , doors and other fixtures are not intact and not cleaned.

10. Patients beds are not intact and painted .

11. Condemned/Junk material in the NBSU.

Problem

12. NBSU dose not functional room thermometer and temperature is regularly maintained.

13. 24x7 running and potable water ,power back up in new-born care areas, PS ,Emergency light, Oxygen and vacuum suction, hand washing Facility at Point of Use, running Water ,elbow operated taps

Problem

Services

1.NO Services in NBSU.

Action Plan

1.Disscussion with CHC In charge to find out the causes after That further strategy can be made.

Problem

Manpower

NA

Action Plan

1.Disscussion with CHC In charge to find out the causes after That further strategy can be made

Problem

Training

1.No training on (FBNC) training, (FIMNCI) training to MO/Infection Management and Environment Plan (IMEP) training/ Bio Medical waste Management/New born safety resuscitation of New Born/identifying and managing complications/ maintaining clinical records / disaster plan etc

Action Plan

- 1. Orientation and Training plan Proposal preparation:: CMS/DS/CMO/CS - 1 month
- 2. Proposal review: District Health society (DHS) - 15 days
- 3. Proposal Approval: DM (chairperson of DHS) - 15 days
- 4. Letter release to CHC in charge with permission to use the available budget

Problem

Drugs & Supplies

No Drugs Available in the department

Action Plan

1.Need to made an indent for drugs by medicine store keeper of CHC

Problem

Lab & Investigations

1.NBSU dose not have Linkage for laboratory investigations

Action Plan

CHC in charge has to be informed (work done at the level of the CHC in charge only)- 2 week

Problem

IEC, Education & Information

1.No signage's and Information Available in the department

Action Plan

1. CHC in charge has to be informed (work done at the level of the CHC in charge only)- 2 week, Letter send to CMHO

Problem

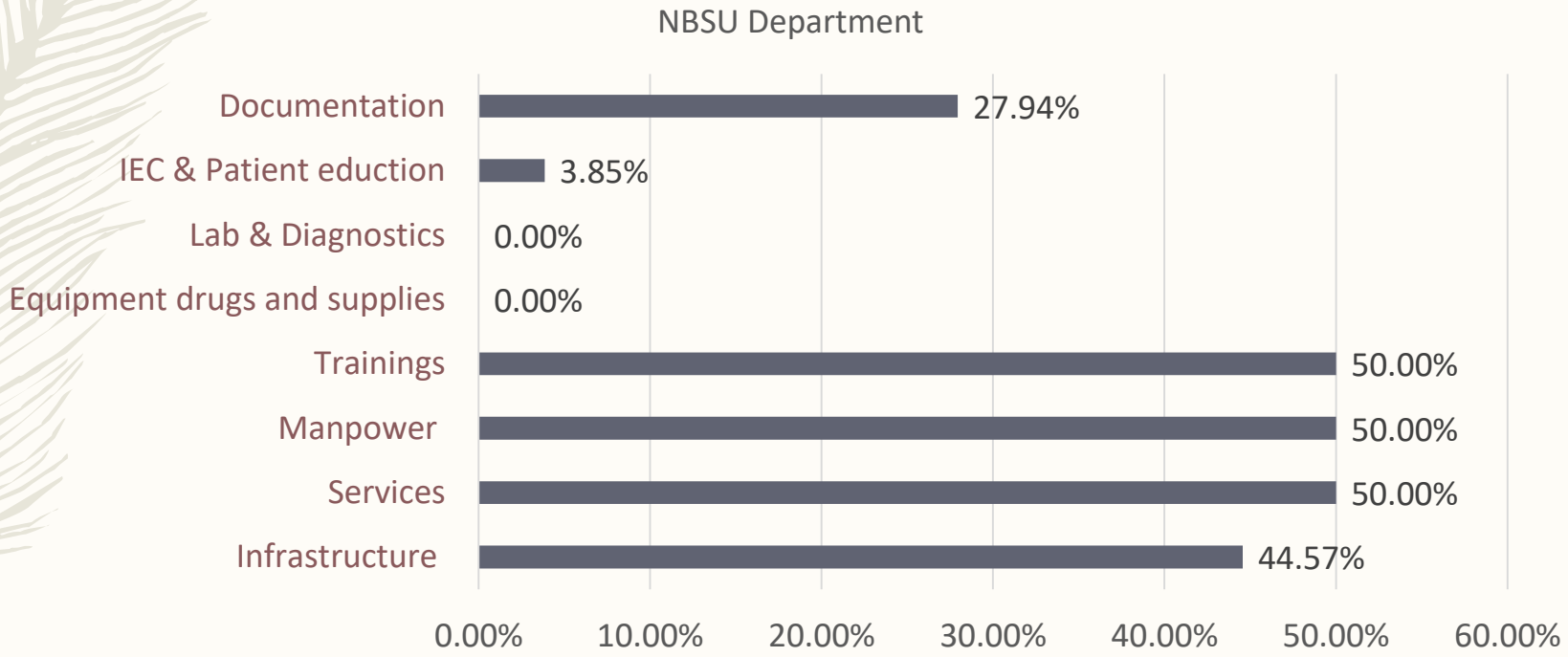
Documents

1.Documents are not available by the department

Action Plan

1. CHC in charge has to be informed (work done at the level of the CHC in charge only)- 3 week

	New-born stabilization unit Score Card	
	Infrastructure	44.57%
	Services	50.00%
	Manpower	50.00%
	Trainings	50.00%
	Equipment drugs and supplies	0.00%
	Lab & Diagnostics	0.00%
	IEC & Patient education	3.85%
	Documentation	27.94%
	Departmental Score	30.16%



Gap Analysis(Lab & Diagnostic)

Problem

Infrastructure

1. Laboratory space is not adequate for carrying out activities
2. Temporary connections and loose hanging wires seepage/Cracks/ chipping of plaster/elbow operated taps

Action Plan

1. CHC in charge has to be informed (work done at the level of the CHC in charge only)- 1 week

Problem

SERVICES

1. Sputum cytology, Serology services, Skin Smear Examination , USG services for Pregnant women

2. Female attendant with female patient radiological procedures

Action Plan

1. Get the budget estimation for the requirement(by CHC in charge)- 1 week

2. If budget come under 1 lakh and fund is available than

2.a- Proposal review: DHS in consultation with Lab incharge,Pathologist,Accountant,etc.- 15 day

2.b- Proposal Approval: DM (chairperson of DHS) - 15 days

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Problem

Manpower

1.Radiologist not available.

2.Availability of housekeeping staff is not appropriate

3. security staff not available

Action Plan

1. CHC in charge has to be informed to send the letter to CMHO and discuss the issue in DHS. A letter Should be send by CMHO To MD .
2. letter can be send from DM to MD copied to PHS

Problem

Training

1.Operating fire extinguisher and what to do in case of fire. Disaster management, mercury spill management

Action Plan

1. Orientation and Training plan Proposal preparation for Newly joined human resource:: CMS/DS/CMO/CS - 1 month

2. Proposal review: District Health society (DHS) - 15 days

3. Proposal Approval: DM (chairperson of DHS) - 15 days

4. Letter release to CHC in charge with permission to use the available budget

Problem

Drug, supplies and equipment

1.Functional Microscopy equipment’s, Serology Equipment’s , equipment for sterilization and disinfection,

Action Plan

1. CHC in charge has to be informed then.1. Get the budget estimation for the requirement(by CHC in charge)- 1 week

2. If budget come under 1 lakh and fund is available than

2.a- Proposal review: DHS in consultation with Lab incharge,Pathologist,Accountant,etc.- 15 day

Action Plan

2.b- Proposal Approval: DM (chairperson of DHS) - 15 days. C. If budget is required then letter send to MD for extra budget

Problem

Lab & Diagnostic

1.Surface and environment samples are not taken for microbiological surveillance

Action Plan

1. CHC in charge has to be informed (work done at the level of the CHC in charge only)- 1 week

Problem

IEC

1.Departmental signage's,Restricted area signage, List of services, Timing for collection of sample, User charges in r/o laboratory services and delivery of reports are not displayed.

Action Plan

1 CHC in charge has to be informed (work done at the level of the CHC in charge only)- 2 week.

Problem

2. Display of Hand washing Instruction,PNDT Notice at USG, Certificate of registration under Form B, Instructions to be followed by patient/staff for USG

Problem

Documentation

1.confidentiality of the reports.

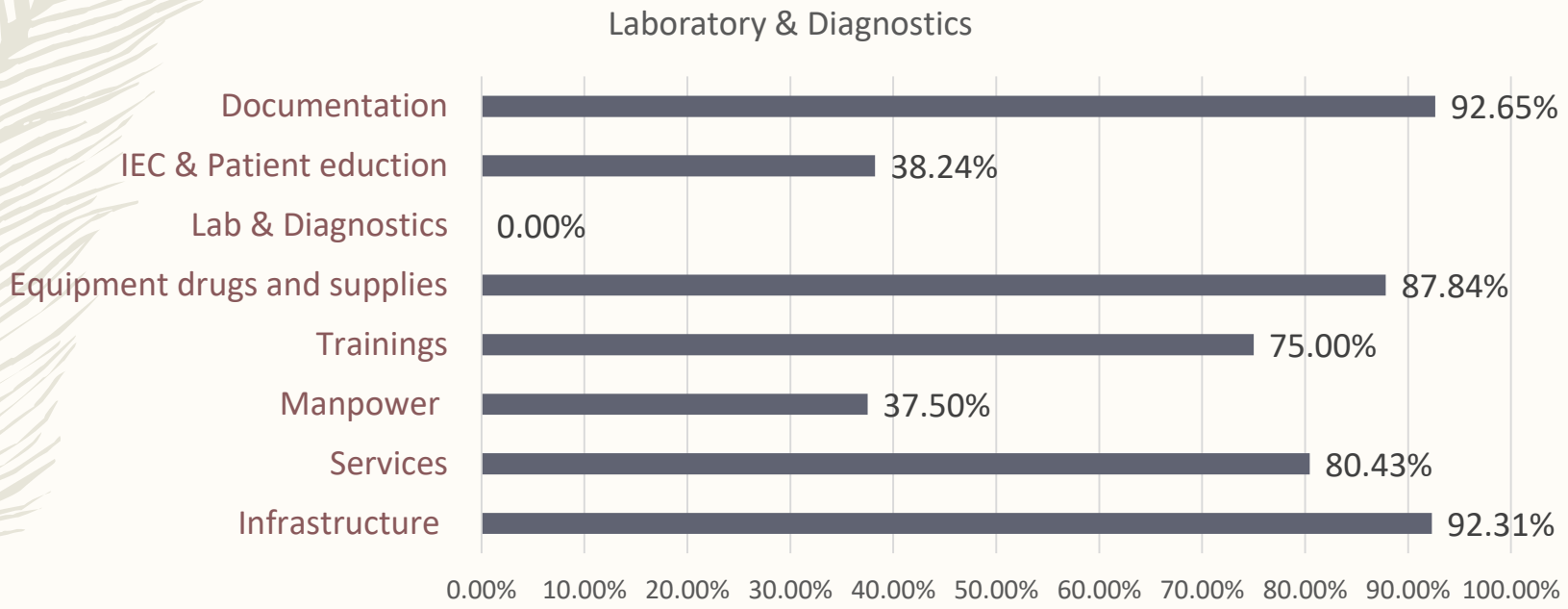
2. Handover register &Standard Formats not available

Action Plan

1. CHC in charge has to be informed (work done at the level of the CHC in charge only)- 2 week

Laboratory & Diagnostics Score Card

Infrastructure	92.31%
Services	80.43%
Manpower	37.50%
Trainings	75.00%
Equipment drugs and supplies	87.84%
Lab & Diagnostics	0.00%
IEC & Patient education	38.24%
Documentation	92.65%
Departmental Score	81.14%



Gap Analysis(Blood Storage Unit)

Problem

Infrastructure

1. Blood storage dose not have adequate space / Whole blood and components.
2. functional Intercom and telephone services not available

Action Plan

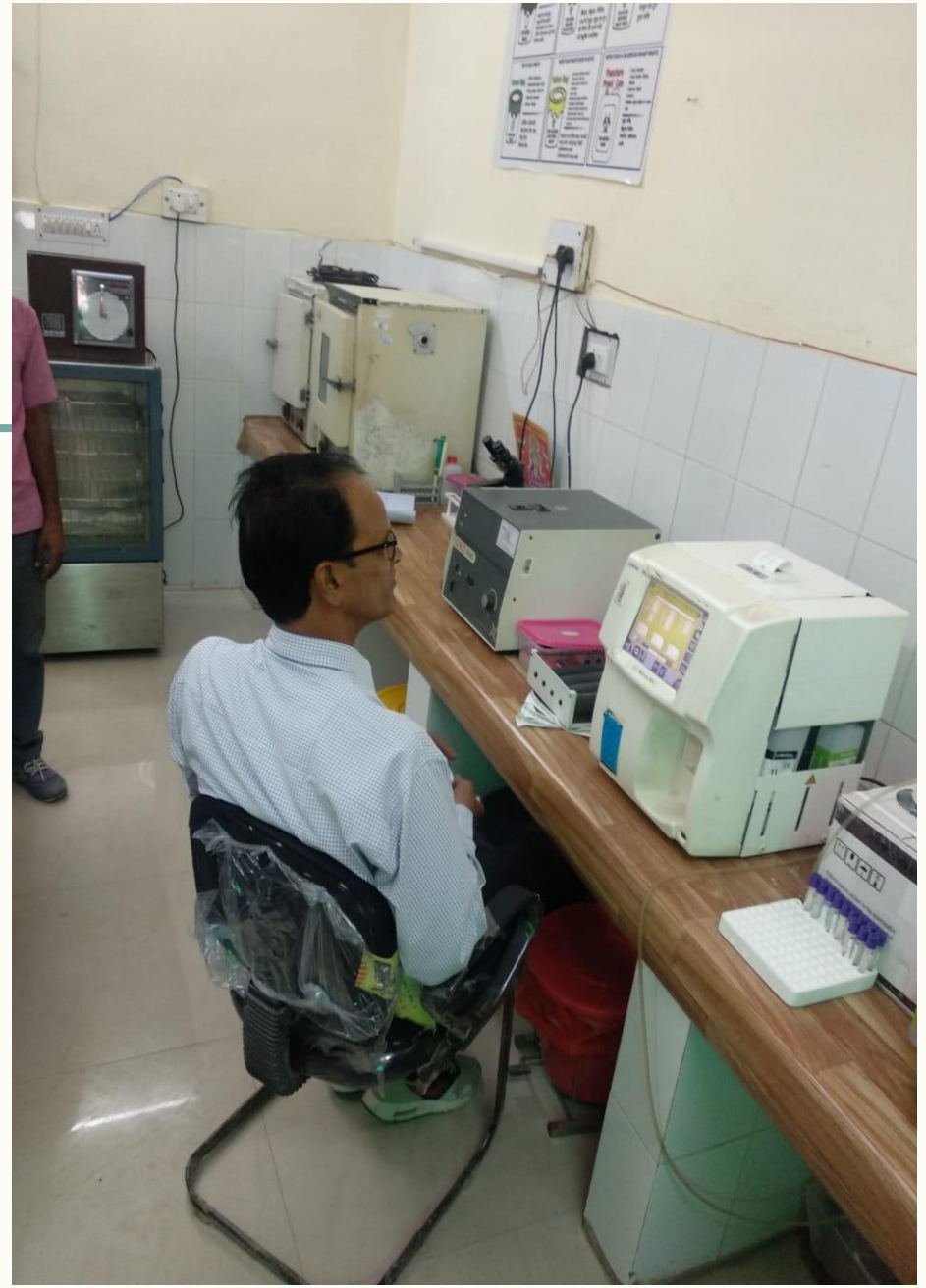
1. CHC in charge has to be informed (work done at the level of the CHC in charge only)- 1 week

Problem

3. Blood storage have temporary connection and loosely hanging wires/ electrical socket provided.

4. Blood storage dose not have plan for safe storage and handling of potentially flammable materials.

5. no calibration of measuring equipments/ instrument



Problem

6. cleanliness and maintenance of infrastructure .

Problem

Services

1. Blood storage dose not have facility for storage of blood components mainly platelets.

Action Plan

1. Get the budget estimation for the requirement(by CHC in charge)- 1 week

2. If budget come under 1 lakh and fund is available than

2.a- Proposal review: DHS in consultation with civil, electrical engineer etc.- 15 day

2.b- Proposal Approval: DM (chairperson of DHS) - 15 days
3.If budget is not available than Proposal review: District Health society (DHS) - 15 days

3. Proposal Approval: DM (chairperson of DHS) - 15 days

3.a Proposal 1st level Review: MD, NHM - 15 days

3.b-Proposal 2nd level review: PS, Health. - 15 days

Action Plan

3.d. Proposal 2nd level review: PS, Health (Chairperson - Governing body). - 15 days

3.e Letter release to Director (Civil), Secretariat - 15 days

3.f Letter release to Finance department of the secretariat. - 15 days

Action Plan

Note: Proposal forwarded to GOI for fund requirement. (if fund is not released in PIP).

3.gFinance NOC & Fund sanctioning process (state/GOI) - 1 month.

3.c Proposal 1st level Review: MD, NHM (chairperson - Executive committee) in consultation with GM Maternal Health - 15 days

Problem

Training

1.IMEP training/ staff aware of disaster management/staff is aware for spill management/staff don’t know about the condition of needle stick injury/staff was not aware about the mercury spill management

Action Plan

1. Orientation and Training plan Proposal preparation for Newly joined human resource:: CMS/DS/CMO/CS - 1 month

2. Proposal review: District Health society (DHS) - 15 days

3. Proposal Approval: DM (chairperson of DHS) - 15 days

Action Plan

4. Letter release to CHC in charge with permission to use the available budget

Problem

Drugs & Supplies

All Drugs and equipment's are available in the Department

Action Plan

- No Action plan needed

Problem

Lab & Diagnostic

Availability of post exposure prophylaxis

Action Plan

1. CHC in charge has to be informed and request letter send to CMHO /PMO (work done at the level of the CHC in charge only)- 2 week

Problem

IEC Material, Information

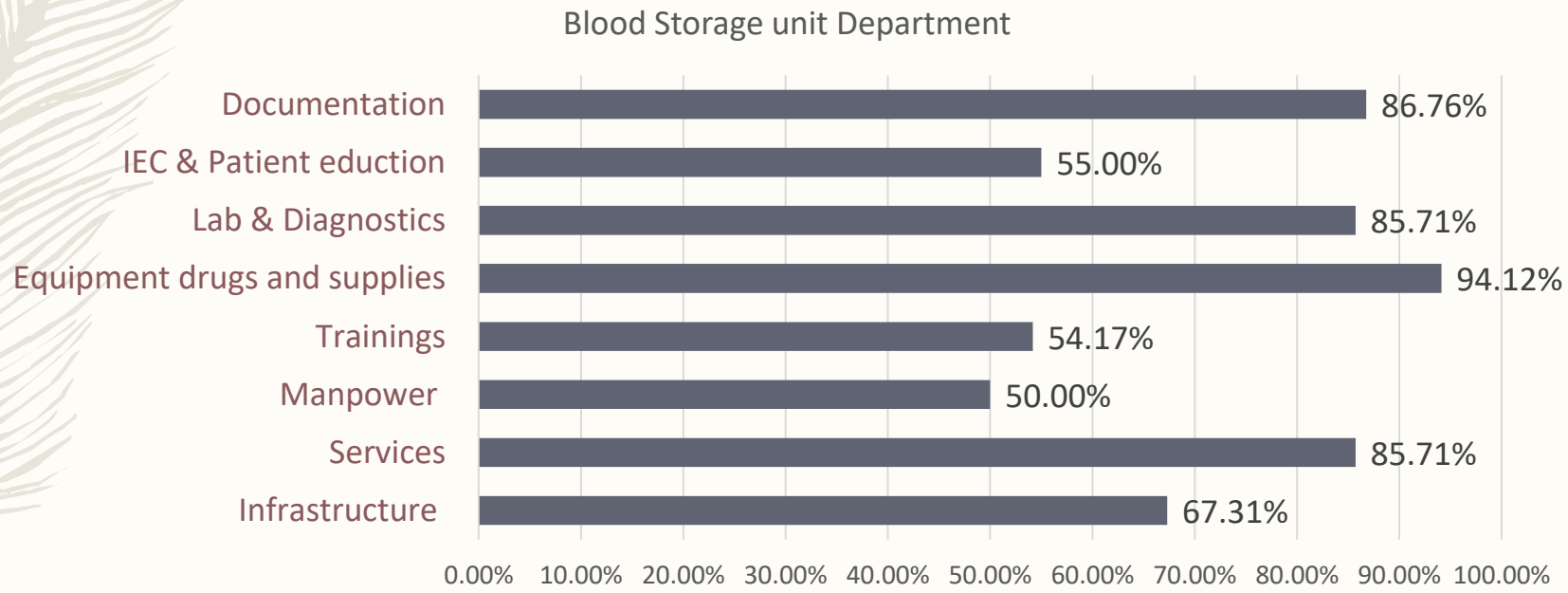
1.IEC material to promote blood donation/ Hand washing/bmw Instruction/duty roster are not available as blood storage unit is not stablished

Action Plan

1. CHC in charge has to be informed (work done at the level of the CHC in charge only)- 2 week

Blood Storage Unit Score Card

Infrastructure	67.31%
Services	85.71%
Manpower	50.00%
Trainings	54.17%
Equipment drugs and supplies	94.12%
Lab & Diagnostics	85.71%
IEC & Patient education	55.00%
Documentation	86.76%
Departmental Score	76.52%



Gap Analysis(Family Planning Department)

Problem

Infrastructure

1.Family Planning OT is not available separately in the Hospital, general OT is used as a Family Planning OT

Action Plan

Discussion with CHC In charge to find out the causes after That further strategy can be made . that is
1. Get the budget estimation for the requirement(by CHC in charge)- 1 week

2. If budget come under 1 lakh and fund is available than

2.a- Proposal review: DHS in consultation with civil, electrical engineer etc.- 15 day

2.b- Proposal Approval: DM (chairperson of DHS) - 15 days 3.If budget is not available than Proposal review: District Health society (DHS) - 15 days
3. Proposal Approval: DM (chairperson of DHS) - 15 days

Action Plan

- 3.a Proposal 1st level Review: MD, NHM - 15 days
- 3.b-Proposal 2nd level review: PS, Health. - 15 days
- 3.c Proposal 1st level Review: MD, NHM (chairperson - Executive committee) in consultation with GM Maternal Health - 15 days
- 3.d. Proposal 2nd level review: PS, Health (Chairperson - Governing body). - 15 days
- 3.e Letter release to Director (Civil), Secretariat - 15 days
- 3.f Letter release to Finance department of the secretariat. - 15 days

Action Plan

- Note: Proposal forwarded to GOI for fund requirement. (if fund is not released in PIP).
- 3.gFinance NOC & Fund sanctioning process (state/GOI) - 1 month.

Problem

Services

1. All Counselling Services, Medical Termination, Surgery, Free medicines for the patients available

Action Plan

No Action plan Needed

Problem

Manpower

1. Security staff not available
2. All other staff of OT and LR working for family planning

Action Plan

1. CHC in charge should send letter to CMHO and discuss the matter in DHS . CMHO can arrange the staff from field or send letter to MD /PHS. DO Letter also can be send if need

Problem

Training

1. Staff is not aware of disaster plan
2. Staff is not trained for Quality Management

Action Plan

1.Orientation and Training plan Proposal preparation for Newly joined human resource:: CMS/DS/CMO/CS - 1 month.

Problem

Drugs, Supplies& Equipment

1.High alert drugs not available in department .

2. Antiseptic soap with soap dish/ liquid antiseptic with dispenser/Alcohol based Hand rub / Antiseptic Solutions /gloves/ Masks/ gown/ Apron / Caps/Personal protective kit for infectious patients/double bucket system for mopping

Action Plan

1. Can only done after above required needs .Can be send with monthly Drug indent

Problem

/ colour coded bins at point of waste generation/plastic colour coded plastic bags /functional needle cutters/ puncture proof box / post exposure prophylaxis / not available.

3. Transportation of bio medical waste is not done in close container/trolley

Problem

Lab & Diagnostic

1. point of care diagnostic test not available
2. There is no procedure to report cases of Hospital acquired infection

Action Plan

CHC in charge has to be informed (work done at the level of the CHC in charge only)- 2 week, Letter send to CMHO

Problem

3. Surface and environment samples are not taken for microbiological surveillance

Problem

IEC

1.Hand washing Instruction at Point of Use/6 steps of Hand washing /work instructions for segregation and handling of Biomedical waste.

Action Plan

CHC in charge has to be informed (work done at the level of the CHC in charge only)- 2 week

Problem

Documentation

1. Unique identification number is given to each client during process of registration
2. MTP Register/Copper T Register/OT Register/Autoclave Register/LT Card Register/Medicine Stock Register/Adverse Drug Reaction Register/HIV Register/Complaint

Action Plan

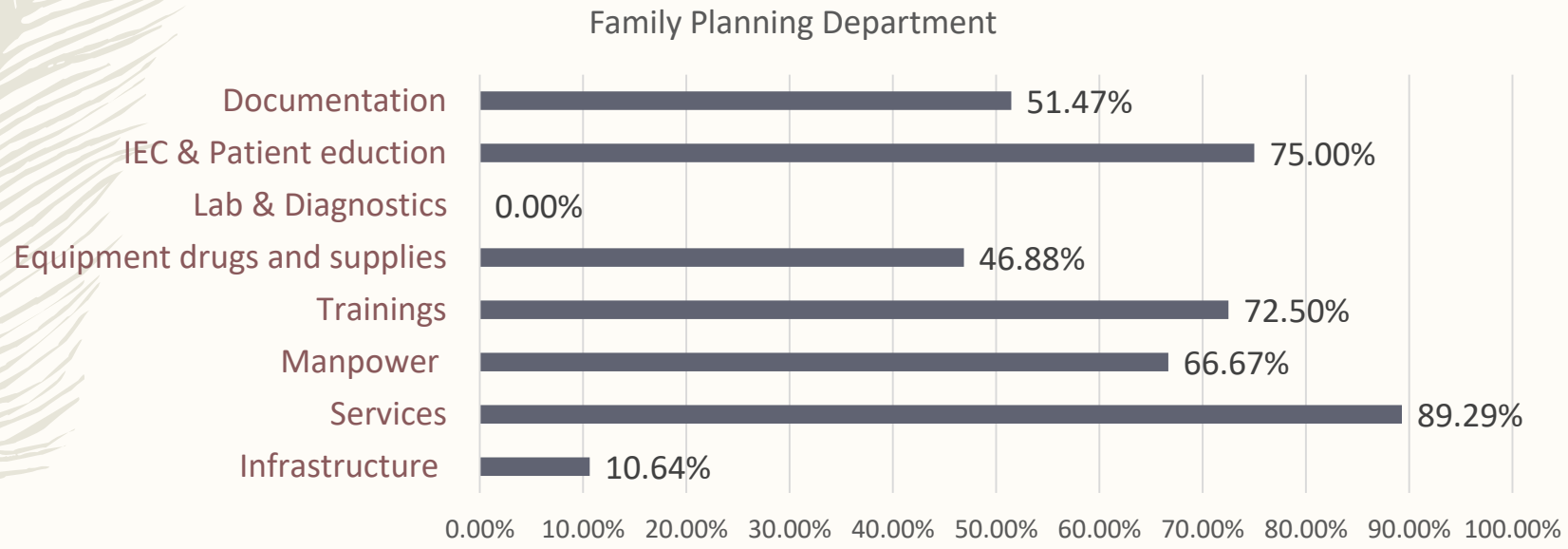
- CHC in charge has to be informed (work done at the level of the CHC in charge only)- 2 week, Letter send to CMHO

Problem

Register/Narcotic Use
Register/Consumption
Register/Complication
Register/Fumigation
Register/Handover Register/General
Order Register/Equipment Check
register not maintained

Family Planning Score Card

Infrastructure	10.64%
Services	89.29%
Manpower	66.67%
Trainings	72.50%
Equipment drugs and supplies	46.88%
Lab & Diagnostics	0.00%
IEC & Patient education	75.00%
Documentation	51.47%
Departmental Score	49.75%



Conclusion

- All the Departments of the Functional FRU CHC, Anta are not appropriately working in context of Infrastructure, Services, Manpower, Training, Lab & Diagnostic, Drugs & equipment’s, IEC and Documentation.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