

**VISIT
REPORT
Dist. Dhamtari (Chhattisgarh)**

**Prepared by
Regional Directorate of Health and Family Welfare and
Regional Leprosy Training and Research Institute,
Raipur (CG)**

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District information

Name of District:

A District Profile

1	Total population (2001 Census)	706591
a	<i>Urban</i>	93584
b	<i>Rural</i>	613007
c	<i>Male</i>	352524
d	<i>Female</i>	354067

B Institutional Framework of NRHM

1	Merger of societies	NO
2	No. of Rogi Kalyan Samiti Registered	20
a	<i>District Hospital</i>	1
b	<i>CHCs/PHC</i>	4-CHC 15-PHC
c	<i>PHCs (New)</i>	0

Infrastructure/Block/CHC

1	No. of Village	633
2	No of Block	4
3	No. of District Hospital	1
4	No. of Sub-Divisional Hospital	0
5	No. of CHCs	4
6	No. of CHC with proper building	0
8	No. of CHC with specialist	0
11	No. of FRU working	1-District Hospital 3-CHC

Primary Health Center

12	No. of PHCs (Block level)	0
13	No. of PHC(New) (Sector level)	22
14	No. of PHC with MO	16
15	No. of PHC with three staff nurses (List)	0
16	No. of PHC with functional OT	9
17	No. of institution under 24X7 (List)	
a	<i>CHC(FRU)</i>	3
b	<i>PHC(New)</i>	9
18	Mobile medical unit in position	0
19	No. of Pvt. Hospitals accredited under JSY	6

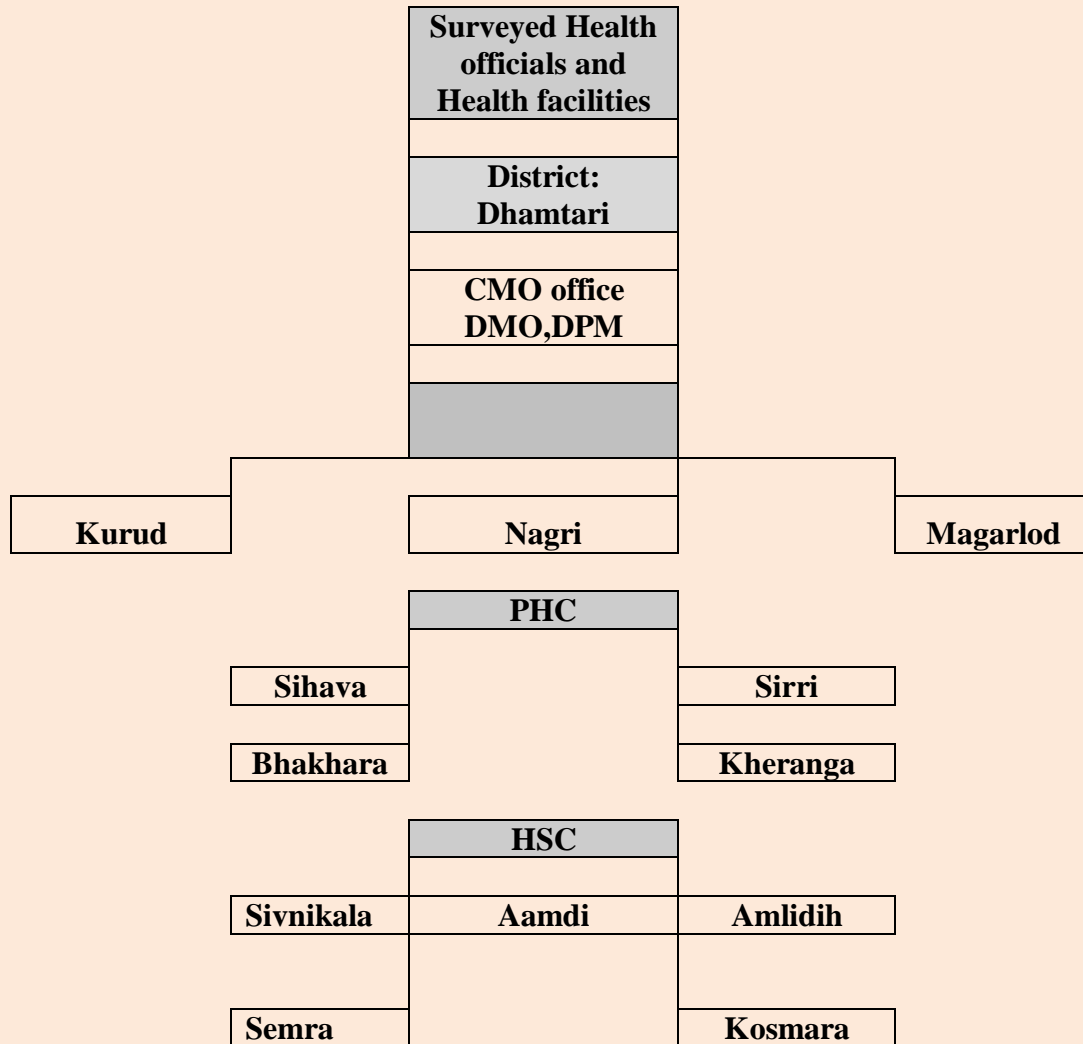
Sub center

1	No. of HSC	165
2	No. of HSC in Govt. building	75
3	No. of HSC with ANM	148
4	No. of HSC with additional ANM	6
5	No. of HSC with MPW (M)	85
6	No. of HSC with functional Examination room with table	95
7	No. of Dai exists	0
a	No. of TBA	809
b	No. of untrained Dai	453
8	No. of ASHA selected in 2007-08	0
10	No. of ASHA who have received training	
A	1 st module	1627
B	2 nd module	1627
C	3 rd module	1627
D	4 th module	1627
E	5 th module	1627
11	No. of ASHA in position with drug kit	1627
12	Monthly Health Days held	
A	Proposed	8393
B	Achievement	7302
13	No. of link worker selected till date	26
14	No. of Anganawadi centers	894

D Health Human Resource

Particulars	Sanctioned	In position
1 ANMs	192	179
2 MPW (M)	169	87
3 LHV	33	18
4 Male Supervisor	29	10
5 Medical Officer	52	30
6 Specialists	8	2
7 Staff Nurse	13	12
8 Lab. Tech.	17	2
9 Others	-	-

Surveyed Health Facilities



2) FRU/CHC ANALYSIS

i) General information:

No	Particulars	Kurud	Nagri	Magarlod
A	Bed Strength Sanctioned	30	30	30
B	In position	30	7	28
	Deficit	Nil	23	02

II) Availability of Specialist services

No	Particulars	Kurud	Nagri	Magarlod
1.1.	Population covered (in numbers)	206000	175702	114230
1.2.	Specialist services available			
a.	Medicine	No	No	No
b.	Surgery	No	No	No
c.	OBG	No	No	No
d.	Pediatrics	Yes(PGMO)	No	No
e.	National Health Programmes (Specify)	Yes	Yes	Yes
f.	Emergency services (24 Hours)	Yes	Yes	Yes
g.	24 - hour delivery services including Normal and assisted deliveries	Yes	Yes	Yes
h.	Emergency Obstetric Care including surgical interventions like Caesarean Sections and other medical interventions	No	No	No
i.	New-born care	Yes	No	No
j.	Emergency care of sick children	No	No	No
k.	Full range of family planning services including Laproscopic Services	Yes	Yes(Camp)	Yes(Camp)
l.	Safe abortion services	No	No	No
m.	Treatment of STI / RTI	No	Yes	Yes
n.	Essential Laboratory Services (Specify the type of lab tests conducted)	Yes(Routine, Sputum Microscopic)	Routine blood Hb,	Routine blood Hb,
o.	Blood storage facility	No	No	No
p.	Referral transport service	Yes	Yes	Yes
1.3.	Bed Occupancy Rate in the last 12 months (1- less than 40%; 2 - 40-60%; 3 - More than 60%)	1%	1	1
1.4.	Average daily OPD Attendance	100	150/200	70
a.	Male	50%	50	50
b.	Female	50%	50	50
1.5.	Types of Surgeries performed (specify)	LTT,CTT by camps	CTT	CTT by camps
1.6.	HIV / AIDS	Yes	No	No
a.	Availability of Counseling facility on HIV/ AIDS / STD etc.	No	No	No
b.	Is it a Voluntary Council and Testing Centre (VCTC)	No	No	No

III) Service availability

No	Particulars	Kurud	Nagri	Magarlod
a.	Ante-natal Clinics	yes	Yes	Yes
b.	Post-natal Clinics	yes	yes	Yes
c.	Immunization Sessions	yes	yes	Yes
1.8.	Number of cases of caesarian delivery (During last one year)	NA	Not done	Not done
1.9.	Total number of pediatric beds	NA	NA	NA
1.10.	Is separate septic labour room available	No	No	No
1.11.	Availability of facilities for out-patient department in Gynecology/ obstetric	Yes	No	No
a.	Board /Name plates to guide the clients	yes	No	No
b.	Adequate working space	yes	No	No
c.	Privacy during examination	No	No	No
d.	Facility for counseling	No	No	No
e.	Separate toilet with running water	No	No	No
f.	Facility for Sterilizing instruments	yes	Yes	Yes
g.	Male specialist	No	No	No
h.	Female specialist	No	Yes	No

IV) Manpower

II. Manpower		Kurud	Nagri	Magarlod
S.No.	Personnel	0	0	0
A.	Clinical Manpower	0	0	0
2.1.	General Surgeon	0	0	0
2.2.	Physician	1 (PGMO)	0	0
2.3.	Obstetrician / Gynecologist	1	0	0
2.4.	Paediatrics	0	1	1
2.5.	Anaesthetist	0	0	0
2.6.	Public Health Programme Manager	0	0	0
2.7.	Eye Surgeon	4	2 (1-PGMO(OBGY))	2
2.8.	Other specialists (if any)	1	1	1
2.9.	General duty officers (Medical Officer)	0	0	0
	RMA	0	0	0

V) Support Manpower

No	Particulars	Kurud	Nagri	Magarlod
2.10.	Nursing Staff	0	0	0
a.	Public Health Nurse	0	0	0
b.	ANM	0	0	0
c.	Staff Nurse	2	2	1
d.	Nurse/Midwife	0	0	0
2.11.	Dresser	1	2	1
2.12.	Pharmacist / Compounder	0	0	0
2.13.	Lab. Technician	1	2*	2
2.14.	Radiographer	1	1(MPW)*	1
2.15.	Ophthalmic Assistant	1	1	1
2.16.	Ward boys / nursing orderly	2	3	3
2.17.	Sweepers	1*	1	1
2.18.	Chowkidar	1	1	1
2.19.	OPD Attendant	0	0	0
2.20.	Statistical Assistant / Data entry operator	1*	1	1
2.21.	OT Attendant	0	0	0
2.22.	Registration Clerk	0	0	0
2.23.	Any other staff (specify)	1(aaya)	1(aaya)	1(aaya)

VI) Training of MOs during previous (full) year

No	Particulars	Kurud	Nagri	Magarlod
2.24	Available training in	No	No	No
a.	Sterilization	No	No	No
b.	IUD Insertions	No	No	No
c.	Emergency contraception	No	No	No
d.	RTI / STI, HIV/ AIDS	No	No	No
e.	Newborn care	No	No	No
f.	Emergency obstetric care	NRHM,AFP	NLEP	NLEP
g.	Other subjects (mention)	No	No	No

VII) Investigative Facilities

Particulars		Kurud	Nagri	Magarlod
S.No.	IPHS Norm	Yes	Yes	No
3.1.	Availability of ECG facilities	yes	Yes	Yes
3.2.	X-Ray facility	No	No	No
3.3.	Ultrasound facility	No	No	No
3.4.	Appropriate training to a nursing staff on ECG	routine	Routine	Routine
3.5.	Lab test facilities (specify kind of tests done)	Yes	Yes	Yes
3.6.	Any lab test / diagnostic test outsourced to private lab / hospital (please specify the test)	Yes	No	No
3.7.	All necessary reagents, glassware and facilities for collection and transportation of samples	Yes	Yes	No

VIII) Physical Infrastructure

No	Particulars	Kurud	Nagri	Magarlod
4.1.	Where is this CHC located?	Central	Central	Central
a.	Within Village Locality	yes	yes	yes
b.	Far from village locality	No	No	No
c.	If far from locality specify in km	0	0	0
4.2.	Building			
a.	Is a designated government building available	Yes	Yes	Yes
b.	If there is No designated government building, then where does the CHC located		Soon,will shifted to new building	
	Rented premises			
	Other government building			
	Any other specify			
c.	Area of the building			
d.	What is the present stage of construction of the building	NA	NA	NA
	Construction complete			
	Construction incomplete	Yes	Yes	Yes
e.	Compound Wall / Fencing (1-All around; 2-Partial; 3-None)			
f.	Condition of plaster on walls (1- Well plastered with plaster intact every where; 2- Plaster coming off in some places; 3- Plaster coming off in many places or No plaster)	1	1	1
g.	Condition of floor (1- Floor in good condition; 2- Floor coming off in some places; 3- Floor coming off in many places or No proper flooring)	1	1	1
h.	Whether the cleanliness is Good / Fair / Poor?(Observe)	1	1	1
	OPD	Good	Good	Good
	OT	Good	Good	Good
	Rooms	Good	good	Good
	Wards	Good	fair	Good
	Toilets	Good	fair	Good
	Premises (compound)	Good	fair	Good
I.	Are any of the following close to the hospital? (Observe)	Good		Good
i.	Garbage dump	No	No	No
ii.	Cattle shed	No	No'	No
iii.	Stagnant pool	No	No	No
iv.	Pollution from industry	No	No	No

IX) Location

No	Particulars	Kurud	Nagri	Magarlod
a.	Whether located at less than 2 hours of travel distance from the farthest village?	Yes	No	Yes
b.	Whether the district head quarter hospital located at a distance of less than 4 hours travel time?	Yes	Yes	Yes
c.	Feasibility to hold the workforce (e.g. availability of degree college, railway station, municipality, industrial/mining belt) (specify)	No	No	No
4.4.	Availability of Private Sector Health Facility in the area	No	No	No
a.	Private laboratory/hospital/Nursing Home	No	No	No
b.	Charitable Hospital	No	No	No
c.	Hospital run by NGO	No	No	No
4.5.	Prominent display boards in local language / Charter of Patient Rights	Yes	No	Yes
4.6.	Registration counters	Yes	Yes	Yes
4.7	Pharmacy for drug dispensing and drug storage	Yes	No	Yes
a.				
b.	Counter near entrance of hospital to obtain contraceptives, ORS packets, Vitamin A and Vaccination	No	No	No
4.8.	Separate public utilities for males and females	No	No	No
4.9.	Suggestion / complaint box	No	No	No
4.10.	OPD rooms / cubicles (Give numbers)	3	1	3
4.11.	Adequate No. of windows in the room for light and air in each room	Yes	yes	Yes
4.12.	Family Welfare Clinic	No	No	No
4.13.	Waiting room for patients	No	No	No
4.14.	Emergency Room / Casualty	No	No	No
4.15.	Separate wards for males and females	No	Yes	No
4.16.	No. of beds : Male	30	10	30
4.17.	No. of beds : Female		10	

X) Operation Theatre

No	Particulars	Kurud	Nagri	Magarlod
a.	Operation Theatre available	Yes	Yes	Yes
b.	If operation theatre is present, are surgeries carried out in the operation theatre?			
	Yes			
	No			
	Sometimes	Yes	yes	Yes
c.	If operation theatre is present, but surgeries are Not being conducted there, then what are the reasons for the same?			
	Non-availability of doctors / anesthetist / staff		yes	
	Lack of equipment / poor physical state of the operation theatre		Yes	
	No power supply in the operation theatre			
	Any other reason (specify)			
d.	Operation Theatre used for obstetric / Gynecological purpose	No	No	No
e.	Has OT enough space	Yes	Yes	Yes
f.	Is OT fitted with air conditioner?	Yes	Yes	Yes
g.	Is the air conditioner working?	Yes	Yes	Yes
h.	Is generator available for OT?	Yes	Yes	Yes
i.	Is emergency light available in OT?	Yes	Yes	Yes
j.	Is fumigation done regularly?	Yes	No	Yes
k.	Is the days of sterilization in a week displayed on the public Notice on OT?	Yes	Yes	Yes

No	Particulars	Kurud	Nagri	Magarlod
a	Boyles apparatus	Yes	Not Available	Yes
b	EMO Machine			No
c	Cardiac Monitor for OT	No		Yes
d	Defibrillator for OT	No		No
e	Ventilator for OT	No		Yes
f	Horizontal High Pressure Sterilizer	Yes		Yes
g	Vertical High Pressure sterilizer 2/3 drum capacity	Yes		Yes
h	Shadowless lamp ceiling trak mounted	Yes		Yes
i	Shadowless lamp pedestal for minor OT	Yes		No
j	OT care / fumigation apparatus	Yes		No
k	Gloves & dusting machines	No		Gloves
l	Oxygen cylinder 660 Ltrs 10 cylinders for 1 Boyles Apparatus	No		Yes
m	Nitrous Oxide Cylinder 1780 Ltr. 8 for one Boyles Apparatus	No		Yes
n	Hydraulic Operation Table	Yes		Yes

XI) Labour room

No	Particulars	Kurud	Nagri	Magarlod
a.	Labour room available?	Yes	Yes	Yes
b.	If labour room is present, are deliveries carried out in the labour room?			
	Yes	Yes	Yes	Yes
	No			
	Sometimes			
4.21.	X-ray room with dark room facility	Yes	Yes	Yes
4.22.	Laboratory:			
a.	Laboratory	Yes	Yes	Yes
b.	Are adequate equipment and chemicals available?	Yes	Yes	Yes
c.	Is laboratory maintained in orderly manner?	No	No	No

XII) Cold Chain

No	Particulars	Kurud	Nagri	Magarlod
a.	Walk-in coolers	No	No	No
b.	Walk-in freezers available	No	No	No
c.	Icelined freezers	3	2	1
d.	Deep freezers	2	2	1
e.	Refrigerators	3	1	1

XII) Blood Storage Unit

No	Particulars	Kurud	Nagri	Magarlod
a.	Blood Storage Unit available	No	No	No
b.	Is the CHC having linkage with district blood bank?	No	No	No
c.	Is regular blood supply available?	NA		
4.25.	Ancillary Rooms - Nurses rest room	Yes	No	No

XIII) Water supply

No	Particulars	Kurud	Nagri	Magarlod
a.	Source of water (1- Piped; 2- Bore well/ hand pump / tube well; 3- Well; 4- Other (specify))	2	2	2
b.	Whether overhead tank and pump exist	Yes	Yes	2
c.	If overhead tank exist, whether its capacity sufficient?	Yes	yes	Yes
d.	If pump exist, whether it is in working condition?	Yes	Yes	yes

XIV) Sewerage

No	Particulars	Kurud	Nagri	Magarlod
	Type of sewerage system (1- Soak pit; 2- Connected to Municipal Sewerage)	1	1	1
4.28.	Waste disposal			
a.	Is there an incinerator?	No	No	No
b.	If yes, type (1- electric; 2- Other (specify)			
c.	If No, how the medical waste disposed off?	Deep Burial	Deep Burial	Deep Burial

XV) Electricity

No	Particulars	Kurud	Nagri	Magarlod
a.	Is there electric line in all parts of the hospital? (1- In all parts; 2- In some parts; 3- None)	1	1	
b.	Regular Power Supply (1- Continuous Power Supply; 2- Occasional power failure; 3- Power cuts in summer only; 4- Regular power cuts; 5- No power supply)	1	1	1
c.	Stand by facility (generator) available	Yes	Yes	1

XVI) Laundry facilities:

No	Particulars	Kurud	Nagri	Magarlod
a.	Laundry facility available	No	No	No
b.	If No, is it outsourced?	No	No	No

XVII) Communication facilities

No	Particulars	Kurud	Nagri	Magarlod
a.	Telephone	Yes	Yes	
b.	Number of different telephone lines available	No	No	Yes
c.	Personal Computer	Yes	Yes	No
d.	NIC Terminal	Yes	Yes	Yes
e.	E.Mail	Yes	yes	Yes
f.	Is CHC accessible by			yes
i.	Rail	no		
ii.	All whether road	Yes	Road	Road
iii.	Others (Specify)	-	--	-

XVIII) Vehicles

No	Particulars	Kurud	Nagri	Magarlod
a.	If running			
	Ambulance	2	2	
	Jeep	0	1	2
	Car	0	0	
b.	If vehicle is Not running			
4.33.	Office room	yes	Yes	Yes
4.34.	Store room	yes	Yes	Yes
4.35.	Kitchen	No	Yes	Yes
4.36.	Diet:			Yes
a.	Diet provided by hospital	No	No	No

XIX) Residential facility for the staff with living condition

Particulars	Kurud	Nagri	Magarlod
General Surgeon	No	No	No
Physician	No	No	No
Obstetrician / Gynaecologist	No	No	No
Paediatrics	No	No	No
Anaesthetist	No	No	No
General Duty Medical Officer	2	2	2
Public Health Programme Manager	yes	No	1
Eye Surgeon	No	No	No
Public Health Nurse	No	No	1
ANM	2	2	No
Staff Nurse	2	1	1
Nurse/Midwife	No	No	No
Dresser	No	No	No
Pharmacist / compounder	No	No	No
Lab. Technician	No	No	1
Radiographer	No	No	No
Ophthalmic Assistant	No	No	1
Ward boys / nursing orderly	No	No	No
Sweepers	No	No	No
Chowkidar	No	No	1
OPD Attendant	No	No	No
Statistical Assistant / Data entry operator	No	No	No
OT Attendant	No	No	No
Ambulance driver	No	No	1
Registration Clerk	1	No	No

XX) Accommodation facility for families of admitted patients

No	Particulars	Kurud	Nagri	Magarlod
a.	Facility for stay available	No	No	No
b.	Attached toilet available	No	No	No
c.	Cooking facility available	No	No	No
a.	Is the CHC open for outpatient services for the stipulated OPD time?			No
	Yes, on all days excepting designated holidays			
	No, it always closes before time	yes	Yes	
	Only on some days it functions for the stipulated time			Yes
b.	If yes, specify stipulated OPD hours			
4.4	In cases where a patient needs to be admitted for inpatient care, is he/she admitted?			
	Yes, patients who can be managed at CHC are always admitted	yes	yes	Yes
	Some deserving patients are Not admitted but are referred to other facilities	yes	Yes	Yes
	Patients usually refused admission	No	No	Yes
4.41.	Does the CHC provide treatment to emergency patients /victims of accident medical emergencies etc) at any time of the day/ night?	No	No	No
	Emergency patients are given treatment. Where necessary, they are referred higher level Govt. hospital	yes	Yes	No
	Emergency patients are often Not treated, referred to a public health care facility	yes	Yes	Yes
	Emergency patients are often Not treated, referred to a private health care facility	No	No	Yes
4.42.	If referred to a higher-level health care facility, how is the patient taken there?	No	No	No
	Free transport by hospital ambulance	No	No	No
	By hospital ambulance, but fuel and other charges have to be made by the patient	Yes(JDS)	Yes(JDS)	Yes(JDS)
	Private/ personal conveyance			No

XXI) Behavioral Aspects

No	Particulars	Kurud	Nagri	Magarlod
a.	How is the behaviour of the CHC staff with the patient			
	Courteous	Yes	Yes	Yes
	Casual/indifferent			
	Insulting / derogatory			
b.	Is there corruption in terms of charging extra money for any of the service provided?	No	No	No
c.	Is a receipt always given for the money charged at the CHC?	Yes	Yes	No
d.	Is there any incidence of any sexual advances. Oral or physical abuse, sexual harassment by the doctors or any other paramedical?	No	No	Yes
e.	Are woman patients interviewed in an environment that ensures privacy and dignity?	No	No	No
f.	Are examinations on woman patients conducted in presence of a woman attendant, and procedures conducted under conditions that ensure privacy?	Yes	Yes	No
g.	Do patients with chronic illnesses receive adequate care and drugs for the entire duration?	No	No	Yes
h.	If the health centre is unequipped to provide the services needed, are patients transferred immediately without delay, with all the relevant papers, to a site where the desired service is available?	Yes	Yes	No
I.	Is there a publicly displayed mechanism, whereby a complaint/grievance can be registered?	No	No	No

XXII) Quality Control

Particulars	Kurud	Nagri	Magarlod
7.1. Citizen's charter	Yes	No	No
7.2. Constitution of Rogi Kalyan Samiti	yes	Yes	No
7.3. Internal monitoring (Social audit through Panchayati Raj Institution / Rogi Kalyan Samitis, medical audit, technical audit, economic audit, disaster preparedness audit etc. (No	No	Yes
7.4. External monitoring (Gradation by PRI (Zila Parishad)/ Rogi Kalyan Samitis	No	No	No
7.5. Availability of Standard Operating Procedures (SOP) / Standard Treatment Protocols (STP)/ Guidelines	No	No	No

3) CHC/FRU-OBSERVATIONS:

Infrastructure: The 23 bed (75%) deficits observed at Nagri CHC and functioning at old building yet to shift to newly constructed building.

Manpower: Physician, surgeon, gynecologist, pediatrician posts are lying vacant at Magarlod CHC while only Pediatrician and anesthesia posts are functioning at Kurud CHC. Supportive manpower is adequate at Kurud and Nagri CHC but lacking at Magarlod CHC.

Services:

- A) **Specialist Services:** Full ranges of specialist services are lacking at all surveyed CHCs. At Nagri specialist services are provided by gynecologist while Kurud CHC, Pediatrician providing the specialized services. At Magarlod CHCs no specialized services are available, the post of specialists are lying vacant.
- B) **National Health Programmes:** All the national programmes are delivered from the block CHC.
- C) **Emergency services:** The emergency services are available at all CHC but not full range specialist services.
- D) **Transport facilities:** Ambulance services are available at surveyed health facilities.
- E) **Investigation facility:** Basic laboratory services include HB, Urine, sputum examination and malaria diagnosis (Microscopic and RD Kits) are available at surveyed CHC/FRU.
- F) **Malaria diagnosis and treatment:** RD kits were invariably stored in Laboratory of CHCs except Kurud . **RD Kits were used on regular basis for the diagnosis of OPD cases at the microscopic centers**, at CHC level. The minimum delay for Examination of BS was around 7 days. The Block medical officers and technicians were not aware of the guidelines about the use and storage of RD kits. The accountability seems to be fully lacking. **RD kit record keeping was found almost Non-existent in surveyed health facilities**. No supervision over the stock either by BMO or any other officer. The malaria registers are incomplete at CHC Kurud with large number of malaria slide backlog. Medical officers and other health staff should adherence to current malaria treatment guidelines.
- G) **Blood Storage:** Non-availability of the Blood storage at all surveyed CHC. Steps should be taken to start the blood storage sanctioned FRU.
- H) **Indoor services:** All surveyed CHC provided the indoor services facilities to the patients. The bed occupancy rate is less than 40% in surveyed CHCs. No separate male and female wards
- I) **ECG:** The ECG facility is not utilized at all surveyed CHC due to availability of Physician. ECG machine is available at all surveyed CHCs. Nursing staff is also not trained in the investigation process (ECG).

- J) Operation theatre:** Operation theatre of all surveyed is utilized for only family planning operations. No Specialized operative services at all surveyed CHC due to Non-availability of specialized doctors.
- K) Emergency obstetric care and Labour room:** Deliveries are conducted at all surveyed CHC. Emergency Obstetric Care including surgical interventions like Caesarean Sections is not available at all surveyed CHC; emergency cases are referred to district Hospital. The ambulance services are available at all surveyed CHCs.
- L) MTP:** MTP service provided at Nagri CHC, while no MTP services at Magarlod and Kurud CHC due to vacant post of OBGY specialist.
- M) Hospital waste Management:** In all surveyed CHC/FRU, there are No visible guidelines are being followed regarding the Hospital waste management. The waste material is scattered in premises. Dumping, Burial and other method are practiced at Hospital. Steps should be taken to follow the guidelines of Hospital waste management.

Store: *At Kurud and Nagri CHC the Drug store is congested with instruments, equipment and Drugs. NO proper placement of the drugs, IV fluids and costly instrument.* The stock registers should periodically update and verified by BMO.

JSY: *The monetary reporting and recording from Block level. The JSY Bank account is opened at all surveyed PHCs.*

RKS: RKS meetings are periodically held at surveyed CHC. The technical audit of last year is pending in all surveyed CHCs.

SOP: Non Availability of Standard Operating Procedures (SOP)/ Standard Treatment Protocols (STP)/ Guidelines. Apply SOP and STP at CHC.

4) PRIMARY HEALTH CENTERS

I) General Information & II) Assured Services available

Particulars	Sihava	Bhakhara	Sirri	Kheranga
Subcenters	12	5	-	-
Population covered (in numbers)	27000	23000	32119	-
Assured Services available				
OPD Services	Yes	Yes	Yes	Yes
Emergency services (24 Hours)	No	No	No	No
Referral Services	No	Yes	Yes	Yes
In-patient Services	Yes	No	No	No
Number of beds available				
Bed Occupancy Rate in the last 12 months (1- less than 40%; 2 - 40-60%; 3 – More than 60%)	6	0	6	6
Average daily OPD Attendance	1	1	1	1
Males	70-100	20	20-25	15/20
Females	40%	55%	40%	60%

III) Treatment of specific cases

Particulars	Sihava	Bhakhara	Sirri	Kheranga
Is surgery for cataract done in the PHC	No	No	No	No
Is the primary management of wounds done at the PHC	Yes	Yes	Yes	Yes
Is the primary management of fracture done at the PHC	No	No	No	No
Are miNor surgeries like draining of abscess etc done at the PHC	Yes	Yes	Yes	Yes
Is the primary management of cases of poisoning / snake, insect or scorpion bite done at the PHC	No	No	No	No
Is the primary management of burns done at PHC	No	No	No	No

IV) MCH Care including Family Planning

Particulars	Sihava	Bhakhara	Sirri	Kheranga
Service availability				
Ante-natal care	Yes	Yes*	Yes	Yes
Intranatal care (24 - hour delivery services both Normal and assisted)	Yes	Yes	No	Yes
Post-natal care	Yes	Yes	Yes	Yes
New born Care	No	No	No	No
Child care including immunization	Yes	Yes	Yes*	Yes*
Family Planning	No	No	No	No
MTP	No	No	No	No
Management of RTI / STI	No	Yes	Yes	Yes
Facilities under Janani Suraksha Yojana	Yes	Yes	Yes	Yes

* Sessions are conducted at Health sub center not at PHC

V) Availability of specific services

Particulars	Sihava	Bhakhara	Sirri	Kheranga
Are antenatal clinics organized by the PHC regularly	Yes	No	No	No
Normal delivery available in the PHC for 24 hours	Yes	Yes	No	Yes
Facility for tubectomy and vasectomy available at the PHC	No	No	No	No
Facility for internal examination for gynaecological conditions available at the PHC	No	No	No	No
Is the treatment for gynecological disorders like leucorrhoea, menstrual disorders available at the PHC	No	Yes	Yes	Yes
Is the facility for MTP (abortion) available at the PHC	No	No	No	No
Is there any precondition for doing MTP such as enforced use of contraceptives after MTP or asking for husband's consent for MTP	NA	NA	NA	NA
Do women have to pay for MTP	NA	NA	NA	NA
Is treatment for anemia given to both pregnant as well as Non-pregnant women	yes	Yes	Yes	Yes
Are the low birth weight babies managed at the PHC	Yes	No	No	No
Is there a fixed immunization day	Yes(HSC)	Yes	No	No
Is BCG and Measles vaccine given regularly in the PHC	No	Yes	No	No
How is the vaccine received at PHC and distributed to Sub Centres	CHC to PHC to HSC	CHC to HSC	CHC to HSC	CHC to HSC
Is the treatment of children with pneumonia available at the PHC	No	No	Yes	Yes
Is the management of children suffering from diarrhea with severe dehydration done at the PHC	Yes	No	Yes	Yes

VI) Other functions and services performed

Particulars	Sihava	Bhakhara	Sirri	Kheranga
Nutrition services	No	No	No	No
School Health programmes	yes	yes	Yes	Yes
Promotion of safe water supply and basic sanitation	Yes	yes	No	No
Prevention and control of locally endemic diseases	Yes	yes	Yes	Yes
Disease surveillance and control of epidemics	yes	yes	Yes	Yes
Collection and reporting of vital statistics	Yes	yes	Yes	Yes
Education about health / behaviour change communication	No	No	No	No
National Health Programmes including HIV/AIDS control programmes	No	No	Yes	Yes
AYUSH services as per local preference	No	No	No	No
Rehabilitation services	No	No	No	No

VII) Monitoring and Supervision activities

Particulars	Sihava	Bhakhara	Sirri	Kheranga
Monitoring and supervision of activities of sub-centres through regular meetings / periodic visits, etc.	Yes*	Yes*	Yes*	Yes*
Monitoring of National Health Programmes	Yes	yes	Yes	Yes
Monitoring activities of ASHAs	yes	Yes	Yes*	Yes*
Visits of Medical Officer to all sub-centres at least once in a month	No	Yes	No	No
Visits of Health Assistants (Male) and LHV to sub-centres once a week	No	No	No	No

* No monitoring and supervision at regular interval

VIII) Manpower

Personnel	Sihava	Bhakhara	Sirri	Kheranga
Medical Officer	1	1	1	1
Pharmacist	Nil	Nil	1	Nil
Nurse - Midwife (Staff Nurse)	1	Nil	nil	Nil
Health Worker (Female)	1	1	2	1
Health Educator	Nil	Nil	Nil	Nil
Health Assistant (One male and One female)	1	1	Nil	1
Clerks	Nil	Nil	Nil	Nil
Laboratory Technician	Nil	Nil	Nil	Nil
Driver	Nil	Nil	Nil	Nil
Class IV	2	1	1	Nil
RMA	1	1	1	1

IX) Training of personnel during previous (full) year

Particulars	Sihava	Bhakhara	Sirri	Kheranga
Tradition birth attendants	No	No	No	No
Health Worker (Female)	No	No	No	No
Health Worker (Male)	No	No	No	No
Medical Officer	Yes	No	No	No
Initial and periodic training of paramedics in treatment of minor ailments	No	No	No	No
Training of ASHAs	No	No	No	No
Periodic training of Doctors through Continuing Medical Education, conferences, skill development training etc. on emergency obstetric care	No	No	No	No
Training of Health Workers in antenatal care and skilled birth attendance	No	No	No	No

X) Essential Laboratory Services

Investigation	Sihava	Bhakhara	Sirri	Kheranga
Routine urine, stool and blood tests	No	No	No	No
Blood grouping	No	No	No	No
Bleeding time, clotting time	No	No	No	No
Diagnosis of RTI/STDs with wet mounting, grams stain, etc.	No	No	No	No
Sputum testing for TB	Yes	No	No	No
Blood smear examination for malaria parasite	*Yes	No	No	No
Rapid tests for pregnancy	Yes	No	No	No
RPR test for Syphilis / YAWS surveillance	No	No	No	No
Rapid tests for HIV	No	No	No	No
Others (specify)	No	No	No	No

* Deputation of Lab technician for 3 days in a week

XI) Physical Infrastructure (As per specifications)

PHC located	Sihava	Bhakhara	Sirri	Kheranga
Within Village Locality	Side of village	Central	side of village	Center of village
Far from village locality	No	No	Yes	No
If far from locality specify in km	0 Km	0 km	1	0 Km
Building				
Is a designated government building available for the PHC	Yes	No	yes	No(HSC building)
Area of the building (Sq. mts.)	1600 sq feet	NA	NA	NA
What is the present stage of construction of the building				
Construction complete	yes	Old Police station building	Yes	Newly PHC building under construction
Construction incomplete				
Compound Wall / Fencing (1-All around; 2-Partial; 3-None)	3	2	3	3
Condition of plaster on walls (1- Well plastered with plaster intact every where; 2- Plaster coming off in some places; 3- Plaster coming off in many places or No plaster)	1	2	1	1
Condition of floor (1- Floor in good condition; 2- Floor coming off in some places; 3- Floor coming off in many places or No proper flooring)	1	1	1	1
Whether the cleanliness is Good / Fair / Poor(Observe)	Fair	fair	fair	fair
OPD	good	fair	fair	fair
Rooms	good	fair	fair	fair
Wards	Fair	good	fair	fair
Toilets	Poor	poor	fair	fair
Premises (compound)	good	Far	fair	fair
Any of the following close to the PHC				
Garbage dump	No	No	No	No
Cattle shed	No	No	No	No
Stagnant pool	No	No	No	No
Pollution from industry	No	No	No	No
Is boundary wall with gate existing	No	No	No	No

XII) Location

Location	Sihava	Bhakhara	Sirri	Kheranga
Whether located at an easily accessible area	Yes	Yes	yes	Yes
Distance of PHC (in Kms.) from the farthest village in coverage area	18 Km	18	12 Km	18 Km
Travel time (in minutes) to reach the PHC from farthest village in coverage area	60 minutes	30	30/45 min	45 minutes
Distance of PHC (in Kms.) from the CHC	8 Km	12km	15 Km	20 Km
Distance of PHC (in Kms.) from District Hospital	74 Km	20	40 Km	25 km
Prominent display boards regarding service availability in local language	Yes	yes	yes	yes
Registration counters	No	No	No	Yes
Pharmacy for drug dispensing and drug storage	yes	No	yes	Yes
Counter near entrance of PHC to obtain contraceptives, ORS packets, Vitamin A and Vaccination	No	No	No	No
Separate public utilities for males and females	No	No	No	No
Suggestion / complaint box	No	No	No	No
OPD rooms / cubicles (Give numbers)	1	1	1	1
Adequate No. of windows in the room for light and air in each room	Yes	No	yes	yes
Family Welfare Clinic	No	No	No	No
Waiting room for patients	No	No	No	No
Emergency Room / Casualty	No	No	No	No
Separate wards for males and females	No	No	No	No
No. of beds : Male	3	0	6	6
No. of beds : Female	3	0		

XIII) Operation Theatre

Particulars	Sihava	Bhakhara	Sirri	Kheranga
Operation Theatre available	No	No	Yes	No
If operation theatre is present, are surgeries carried out in the operation theatre?				
Yes				
No			No	
Sometimes				
If operation theatre is present, but surgeries are Not being conducted there, then what are the reasons for the same?				
Non-availability of doctors /staff			Yes	
Lack of equipment / poor physical state of the operation theatre			yes	

XIV) Labour room

Particulars	Sihava	Bhakhara	Sirri	Kheranga
Labour room available	Yes	Yes	Yes	Yes
If labour room is present, are deliveries carried out in the labour room				
Yes	Yes	Yes	No	Yes
No				
Sometimes				
If labour room is present. but deliveries are Not being conducted there, then what are the reasons for the same				
Non-availability of doctors / staff			yes	
Poor condition of the labour room				
No power supply in the labour room				
Any other reason (specify)				

XV) Laboratory:

Particulars	Sihava	Bhakhara	Sirri	Kheranga
Laboratory	No	No	No	No
Are adequate equipment and chemicals available	No	No	No	No
Is laboratory maintained in orderly manner	No	No	No	No
Ancillary Rooms - Nurses rest room	No	No	No	No

XVI) Water supply

Particulars	Sihava	Bhakhara	Sirri	Kheranga
Source of water (1- Piped; 2- Bore well/ hand pump / tube well; 3- Well; 4- Other	No water supply	no water supply	no water supply	No water supply
Whether overhead tank and pump exist	No	no	No	No
If overhead tank exist,				
If pump exist, whether it is in working condition	No	no	No	No

XVII) Sewerage

Particulars	Sihava	Bhakhara	Sirri	Kheranga
Type of sewerage system (1- Soak pit; 2- Connected to Municipal Sewerage)	1	1	1	1
Waste disposal				
How the waste material is being disposed (please specify)	Burning and dumping	Burning and dumping	Burning and dumping	Burning and dumping

XVIII) Electricity

Particulars	Sihava	Bhakhara	Sirri	Kheranga
Electric line in all parts of the PHC (1- In all parts; 2- In some parts; 3- None)	Yes	Yes	yes	yes
Regular Power Supply (1- Continuous Power Supply	2	1	1	1
Stand by facility (generator)	No	no	No	No

XIX) Communication facilities/Residential facility and other

Particulars	Sihava	Bhakhara	Sirri	Kheranga
Telephone	No	y not working	No	No
Personal Computer	Yes	No	No	No
NIC Terminal	No	No	No	No
Email	No	No	No	No
Is PHC accessible by	No	No	No	No
Rail	No	No	No	No
All whether road	Yes	Yes	Yes	Yes
Others (Specify)	No	No	No	No
Vehicles	No	No	No	No
Vehicle (jeep/other vehicle) available	No	No	No	No
Office room	Yes	no	no	no
Store room	Yes	yes	yes	yes
Kitchen	No	No	No	No
Diet:	No	No	No	No
Diet provided by hospital	No	No	No	No
Residential facility for the staff with all amenities				
Medical Officer				
Pharmacist	Yes	No	No	No
Nurses	No	No	No	No
Other staff	No	No	No	No

Behavioral Aspects	Sihava	Bhakhara	Sirri	Kheranga
How is the behaviour of the PHC staff with the patient				
Courteous	Courteous	Courteous	Courteous	Courteous
Casual/indifferent				
Insulting / derogatory				
Any fee for service is charged from the users . If Yes, specify.	No charge	No	No	No
Is there corruption in terms of charging extra money for any of the service provided	No	No	No	No
Is a receipt always given for the money charged at the PHC	yes	No	No	No
Is there any incidence of any sexual advances. oral or physical abuse, sexual harassment by the doctors or any other paramedical	No	No	No	No
Are woman patients interviewed in an environment that ensures privacy and dignity	No	No	No	No
Are examinations on woman patients conducted in presence of a woman attendant, and procedures conducted under conditions that ensure privacy	No	No	No	No

Do patients with chronic illnesses receive adequate care and drugs for the entire duration	No	No	No	No
If the health centre is unequipped to provide the services how and where the patient is referred and how patients transported	refer	refer	refer	refer
Is there a publicly displayed mechanism, whereby a complaint/grievance can be registered	No	No	No	No
Is there an outbreak of any of the following diseases in the PHC area in the last three years	No	No	No	No
Does the doctor do private practice during or after the duty hours	No	No	No	No
Are there instances where patients from particular social background dalits, miNorities, villagers) have faced derogatory or discriminatory behavior or service of poorer quality	No	No	No	No

XXI) Quality Control

Particular	Sihava	Bhakhara	Sirri	Kheranga
Citizen's charter	No	No	No	No
Constitution of Rogi Kalyan Samiti (give a list of office order Notifying the members)	Yes	No	Yes	No
Internal monitoring	No	No	No	No
External monitoring /Gradation by PRI (Zila Parishad)/ Rogi Kalyan Samitis	No	No	No	No
Availability of Standard Operating Procedures (SOP) / Standard Treatment Protocols (STP)/ Guidelines (Please provide a list)	No	No	No	No

5) PHC – OBSERVATIONS/ GAPS

- 1) **Infrastructure:** All surveyed primary health centre is functioning at building having proper electricity (power) supply but facility of water supply and waste management is very poor. The public hand pump is the only source of the water at all surveyed PHCs, in Sirri PHC, they bring water from village situated about 1 K.M far from the PHC building. The existing working space is inadequate, 2 PHCs are presently working in HSC buildings and PHC (Bhakhara) is working in old building, where previously police station exists. Labour room present in all surveyed PHCs and deliveries [only normal] are conducted , in Sirri PHC delivery not done since September 2009, In Bhakhara PHC the working space in labour is inadequate, the delivery rooms are not well equipped in all surveyed PHCs, Doctors are not available 24hrs. in all surveyed PHCs .
- 2) **Manpower:** Medical officers are posted in all surveyed PHC, usually they come from Raipur or Dhamtari, they are not staying in the vicinity due to lack of residential facility for them, hence they are not providing services on 24 x 7 basis, supportive manpower is also lacking at all surveyed PHC except Sihava PHC, Neither lab facility is available nor laboratory technician is posted in all surveyed PHCs.
- 3) **Services:**
 - a) **Assured services / Treatment of specific element:** OPD services are available in all surveyed PHCs. Average daily OPD attendance of the patient is less than 25 in all PHCs except in Sihava. In patient services are under utilized in all PHCs, they used to referring them to the nearest CHC after giving primary treatment.
 - b) **Emergency services:** Emergency service [24Hr] is not available at all surveyed PHCs , in cases of emergency / serious pts were referred to nearest CHC and district hospital.
 - c) **Treatment of specific cases:** In surveyed health facilities, services are not available for emergency patients (like treatment of wounds, fractures, minor surgeries like draining of abscess), primary management of cases of poisoning, primary management of burns are also not available, surgery of cataract are also not done, facilities at primary level may be developed by increasing manpower and structural up-gradation; the basic facilities are required at all the health facilities in the present scenario
 - d) **Laboratory services:** Sihava is the only PHC where laboratory facility available 3 days in a week. The technician was deputed from other health facilities for malaria slide examination.
 - e) **Malaria diagnosis and treatment:** RD kits utility records for diagnosis of malaria are not available in all surveyed PHCs , malaria treatment tabs chloroquine and primaquine were

given to the pts suspected for malaria and simultaneously blood slide was collected and sent for microscopic examination. We have observed that radical treatment is given before microscopic examination, Medical officers and other health staff should be adherence to malaria treatment guidelines.

- f) **MCH services/ immunization/ FP and other:** ANC, PNC and New born services are not available on scheduled day, They provide the services through anganwadi centers(ANC) and HSC, scheduled sessions are conducted at respected anganwadi. Family planning services were provided by CHC in all surveyed PHCs. MTP services are not available in all surveyed primary health centres. Immunization services at PHCs are provided through HSCs and anganwadi, there is no vaccine storage facility in bhakhara and kharenga.
 - g) **Delivery:** Deliveries are conducted in all surveyed PHCs except in Sirri PHC where deliveries are not done since Sept 2009 [due to non availability of doctor and deliveries are conducted in HSC]. No delivery room exist at Bhakhara PHC, the deliveries are conducted in a small room. Electricity is fairly maintained but water supply is poor in all surveyed PHCs . There should be proper constructed labour room in surveyed health facilities with all basic amenities.
 - h) **Operation theater services:** Operation theater available in Sirri PHC but not working [because of non-availability of doctors, trained staff and instruments], no operation theaters found in other surveyed PHCs.
 - i) **Family planning and contraceptives:** All surveyed PHCs are provided family planning services except MTP. The permanent sterilization operations are carried out at BLOCK CHCs.
 - j) **JSY:** The monetary benefit of JSY cases are deliver through respective PHC where deliveries are conducted. The JSY monitoring through respective block CHC in surveyed health facilities.
- 4) **Hospital waste management;** Dumping and burning are most common methods in all surveyed PHCs, the needle cutters are provided to the PHCs but the staff does not utilize them, which they should utilize.
- 5) Quality control;
- a) citizen charter is not displayed in all surveyed PHCs
 - b) JDS is constituted at all surveyed PHC's
 - c) Internal and external monitoring is not good
 - d) JDS meeting are conducted in PHCs

6) HSC ANALYSIS

I) General Information and MCH care

Subcenter Name	Aamdi	Sivnikala	Semra	Amlidih	Kosmara
Population covered (in numbers)	6342	5762	2655	4404	6590
MCH Care including Family Planning					
Service availability	Yes	Yes	Yes	Yes	Yes
Ante-natal care	Yes	Yes	Yes	Yes	Yes
Intranatal care	Yes	Yes	Yes	Yes	Yes
Post-natal care	Yes	Yes	Yes	Yes	Yes
New born Care	Yes	Yes	Yes	Yes	Yes
Child care including immunization	Yes	Yes	Yes	Yes	Yes
Family Planning and contraception	No	No	No	No	No
Adolescent health care	Yes	Yes	Yes	Yes	Yes
Assistance to school health services	Yes	Yes	Yes	Yes	Yes
Facilities under Janani Suraksha Yojana	Yes	Yes	Yes	Yes	Yes
Treatment of miNor ailments	Yes	Yes	Yes	Yes	Yes
First aid (specify)	Yes	Yes	Yes	Yes	Yes

II) Availability of specific services

Particulars	Aamdi	Sivnikala	Semra	Amlidih	Kosmara
Does the doctor visit the Sub centre at least once in a month?	No	No	No	No	No
Is the day and time of this visit fixed?	No	No	No	No	No
Residents of the village aware of the timings of the doctor's visit?	No	No	No	No	No
Does the Health Assistant (male) or LHV visit the Sub Centre at least once a week?	Yes	Yes	Yes	Yes	Yes
Is the Antenatal care (Inj. T.T, IFA tablets, weight and BP checkup) provided by HSC	Yes	Yes	Yes	Yes	Yes

Availability of specific services

Particulars	Aamdi	Sivnikala	Semra	Amlidih	Kosmara
Is the facility for referral of complicated cases delivery available at HSC for 24 Hrs	Yes	Yes	Yes	Yes	Yes
Does the ANM/any trained personnel accompany the woman in labor to the referred care facility at the time of referral?	Yes	Yes	Yes	Yes	Yes
Are the Immunization services as per Government schedule provided by the HSC	Yes	Yes	Yes	Yes	Yes
ORS for prevention of diarrhea and dehydration available HSC	Yes	Yes	Yes	Yes	Yes
Is the treatment of miNor illness like fever, cough, cold, worm disinfestation etc. available in the HSC	Yes	Yes	Yes	Yes	Yes
Is the facility for taking Peripheral blood smear in case of fever for detection available	Yes	Yes	Yes	Yes	Yes
Are the contraceptive services like insertion of Copper-T, distributing Oral contraceptive pills or condoms provided	Yes	Yes	Yes	Yes	Yes

III) Other functions and services performed

Particulars	Aamdi	Sivnikala	Semra	Amlidih	Kosmara
Disease surveillance	Yes	Yes	Yes	Yes	Yes
Control of local endemic diseases	Yes	Yes	Yes	Yes	Yes
Promotion of sanitation	No	No	No	No	No
Field visits and home care	Yes	Yes	Yes	Yes	Yes
National Health Programmes including HIV/AIDS control programmes	No	No	No	No	No

IV) Monitoring and Supervision activities

Particulars	Aamdi	Sivnikala	Semra	Amlidih	Kosmara
Training of traditional birth attendants and ASHA	Yes	Yes	Yes	Yes	Yes
Monitoring of Water quality in the village	No	No	No	No	No
Watch over unusual health events	No	No	No	No	No
Coordinated services with AWWs, ASHA, Village Health and Sanitation Committee, PRIs	Yes	Yes	Yes	Yes	Yes
Coordination and supervision of activities of ASHA	Yes	Yes	Yes	Yes	Yes
Proper maintenance of records and registers	Yes	Yes	Yes	Yes	Yes
Is there a Village Health Plan / Sub Centre Plan?	Yes	Yes	Yes	Yes	Yes
Is the scheme of ASHA implemented in Sub Centre?	Yes	Yes	Yes	Yes	Yes

V) Manpower

Personnel	Aamdi	Sivnikala	Semra	Amlidih	Kosmara
Health Worker (Female)	1	1	1	1	1
Health Worker (Male)	1	1	No	1	1
Voluntary worker to keep the Sub Centre clean and assisting ANM. She is paid by the ANM from her contingency fund @ Rs. Yes-50 per month	Yes	No	No	No	No

VI) Physical Infrastructure (As per specifications)

Particulars	Aamdi	Sivnikala	Semra	Amlidih	Kosmara
Location of Subcenter	Center	Last corner	Center	Last corner	Last corner
Within Village Locality	Yes	Yes	Yes	Yes	Yes
Far from village locality	No	No	No	No	No
If far from locality specify in km	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Whether located at an easily accessible area?	Yes	Yes	Yes	Yes	Yes
The distance of Sub Centre from the remotest village in the coverage area	2 K.M.	4 K.M.	1 K.M.	9 K.M.	6 K.M.
Travel time to reach the Sub Centre from the remotest place in the coverage area	15 minutes	30 minutes	10 minutes	30 minutes	30 minutes
The distance of Sub Centre (in Kms.) from the PHC	25 K.M.	5 K.M.	3 K.M.	11 K.M.	4 K.M.
The distance of Sub Centre (in Kms.) from the CHC	25 K.M.	12 K.M.	11 K.M.	11 K.M.	14 K.M.

VII) Building

Particulars	Aamdi	Sivnikala	Semra	Amlidih	Kosmara
Is a designated government building available for the HSC	Old pattern building	New pattern Building	Old pattern building	Old pattern building	New pattern building
Area of the building					
What is the present condition of the existing building	No	No	No	No	No
What is the present stage of construction of the building	No	No	No	No	No
Construction complete	No	No	No	No	No
Construction incomplete					
Compound Wall (1-All around; 2-Partial; 3-None)	1	3	1	3	3
Condition of plaster on walls (Yes- Well plastered with plaster intact every where; 2- Plaster coming off in some places; 3- Plaster coming off in many places or No plaster)	1	1	2	1	2
Condition of floor (Yes- Floor in Good condition; 2- Floor coming off in some places; 3- Floor coming off in many places flooring)	1	1	2	1	2
Whether the cleanliness	Good	Good	Good	Good	
Are any of the following close to the Sub Centre?					
Garbage dump	No	No	No	No	No
Cattle shed	No	No	No	No	No
Stagnant pool	No	No	No	No	No
Does boundary wall with gate exist?	No	No	No	No	No
Prominent display boards in local language	Yes	No	Yes	No	No
Separate public utilities for males and females	No	No	No	No	No
Suggestion / complaint box	No	No	No	No	No

VIII) Labour room

Particulars	Aamdi	Sivnikala	Semra	Amlidih	Kosmara
Labour room available?	Yes	Yes	Yes	Yes	Yes
If labour room is present, are deliveries carried out in the labour room?					
Yes					
No	NO	NO	NO	NO	NO
Sometimes					
If labour room is present, but deliveries Not being conducted there, then what are the reasons					
Staff Not staying	Yes	Yes	Yes	Yes	Yes
Poor condition of the labour room		No	No	No	No
No power supply in the labour room		No	No	No	No
Any other specify		Not applicable	Not applicable	Not applicable	Not applicable
Clinic Room	Yes	Yes	Yes	Yes	Yes
Examination room	Yes	Yes	Yes	Yes	Yes

@ No delivary table

IX) Water supply

Particulars	Aamdi	Sivnikala	Semra	Amlidih	Kosmara
Source of water (Yes- Piped; 2- Bore well/ hand pump / tube well; 3- Well	1	1	1	2	2
Whether overhead tank and pump exist	No	No	No	Yes-500 ltrs.	No
If overhead tank exist, whether its capacity sufficient?	Not applicable	Not applicable	Not applicable	Yes	No
If pump exist, whether it is in working condition?	Not applicable	Not applicable	Not applicable	No	No
Waste disposal					
Medical waste disposed off	Given to pts. For disposal	Given to pts. For disposal	Given to pts. For disposal	Given to pts. For disposal	Given to pts. For disposal
Electricity	Yes	Yes	Yes	Yes	Yes

X) Communication facilities

Particulars	Aamdi	Sivnikala	Semra	Amlidih	Kosmara
Telephone	Yes	Yes	No	Yes	Yes
Transport facility for movement of staff	Self arranged				
Residential facility for the staff					
Health Worker (Female)	Yes	Yes	Yes	Yes	Yes
Whether Health Worker (Male) available in the HSC	Yes	Yes	No	Yes	Yes
Is he staying at Sub Centre Head Quarter	No	No	No	Yes	Yes, at rented accommo dation\

XI) Furniture

Particulars	Aamdi	Sivnikala	Semra	Amlidih	Kosmara
Examination Table	No	1	1	1	1
Writing Table	1	1	1	1	1
Armless chairs	1	1	No	1	No
Medicine chest	No	No	No	No	No
Labour table	1	1	1	1	1
Wooden screen	No	No	No	No	No
Foot step	1	1	1	1	1
Coat rack	No	No	No	No	No
Bed side table	No	No	No	No	No
Stool	2	2 (Unserviceable)	1	1	No
Almirahs	1	No	No	No	No
Lamp	No	No	No	No	No
Side wooden racks	No	No	No	No	No
Fans	No	7 (2-Not working)	6	5	2
Tube lights	No	7	6	4	No
Basin stand	No	Yes	No	Yes	Yes
Buckets	2	2	3	2	2
Mugs	No	No	No	1 (not working)	No
Kerosene stove	No	No	No	No	1
Sauce pan with lid	No	No	No	No	No
Water receptacle	No	No	No	No	No
Rubber / plastic shutting	Yes	Yes	Yes	Yes	Yes
Talquist Hb scale	Yes	Yes	Yes	1	Yes
Drum with tap for storing water	No	No	No	No	No
Any other (Specify)	Stethoscope, BP Apparatus, Foot & Baby weighing machine	Stethoscope, BP Apparatus, Foot & Baby weighing machine	Stethoscope, BP Apparatus, Foot & Baby weighing machine	Stethoscope, BP Apparatus, Foot & Baby weighing machine	Stethoscope, BP Apparatus, Foot & Baby weighing machine

XII) Quality Control

Particular	Aamdi	Sivnikala	Semra	Amlidih	Kosmara
Citizen's charter in local language	No	Yes	No	No	No
Internal monitoring: supportive supervision a	Yes	Yes	Yes	Yes	Yes
External monitoring: Village health and sanitation committee, evaluation by independent external agency	No	No	No	No	Yes
Availability of various guidelines issued by State Govt.	Yes	Yes	Yes	Yes	Yes

7) Health Subcenter -OBSERVATIONS/GAPS:

Infrastructure: Surveyed Health Subcenters are functioning in designated government buildings and providing services. HSC is totally dependent on public hand pump for water, mostly located outside premises and no water supply facilities at all surveyed HSC.

Manpower: The ANM's are posted in all surveyed health subcenters but a post of MPW (Male) is vacant in one health Subcenters (Semra).

Services:

MCH services/Immunization/FP and other:

a) Delivery: Home Vs Institutional – The deliveries are conducted at all surveyed health Subcenters; they are referring complicated cases to neighboring CHC. The staff is staying at headquarter. The proportions of institutional deliveries are more as come to home delivery in surveyed health subcenters.

b) Immunization: As per record the immunization sessions are conducted as per plan. The sessions are conducted at anganwadi center at Amlidih HSC while other surveyed health centers the session are conducted at Subcenter building on the scheduled day. The vaccines are procured from the concerned CHC.

c) Family Planning and Contraceptives: Records of family planning are properly maintained in surveyed health subcenters. There is need for skill based reorientation training in Copper T insertion especially newly recruited ANMs.

d) JSY: No pending cases of JSY cases in surveyed health subcenters. We have verified the JSY beneficiary found that they had received monitory benefit under the scheme. The JSY scheme implemented at all surveyed health centers.

e) RD Kits: the RD kits were supplied to the Aamdi Health sub-center. The record is not properly maintained and the health staff is not aware of the procedure of the utilization of Rd kits.

Record Keeping: Record keeping regarding ANC, PNC, Immunization, Vital statistics, Disease surveillance, Family planning methods, un-tide funds, JSY and National health programme mainly malaria are properly maintained at surveyed health subcenters.

Waste Management: The burning and dumping are the commonest method of the waste management at all surveyed Health subcenters. The needle cutters are provided to the health facilities, but the staff does not utilize them, which they should utilize.

Quality Control:

- a) **Internal monitoring:** supportive supervision and record checking at periodic intervals by the male and female health supervisors from PHC (at least once a week) and MO (at least once a month) are not regularly followed as per existing record in surveyed HSC.
- b) **External monitoring:** No record available at surveyed HSC regarding monitoring by Village health and sanitation committee and evaluation by independent external agency.

Untied Fund: We have verified the records (Pass book, entries, fund utilization and cashbook), of the untied fund, the records reveals that all surveyed subcenters utilized the fund .The record is maintained properly (Cash book Register entries).

8) Field Activities

Observation gaps on Vérification of Immunisation, ANC, PNC, JSY, Contraceptives

a) Immunization:

Observations: During verification of child immunization status we have verified child immunization card, interviewing of parents, health officials and Anganwadi workers and observations were Noted in specially designed format. In surveyed health facilities 100% of the children's were fully immunized. In surveyed health subcenters the immunization cards are issued after immunization to the beneficiaries. In surveyed health facilities the immunization sessions were planned as per schedule at Subcenter building/anganwadi centers. In surveyed health facilities including FRU and CHC, the cold chain temperature record was maintained. During Subcenter immunization session, the vaccines are procured in day carrier from the concerned CHC or PHC to the site of vaccination.

S. No	covered	Cases Selected	cases contacted	Fully immunized	% Fully Immunized	children not immunized fully	% children not immunized fully	children have AEFI	% children not immunized fully
Sub-centers									
1	Amdi	5	2	2	100.0	0	0.0	0	100.0
2	Seonikala	5	3	3	100.0	0	0.0	0	100.0
3	Semra	5	2	2	100.0	0	0.0	0	100.0
4	Amlidih	5	2	2	100.0	0	0.0	0	100.0
5	Kosmara	5	2	2	100.0	0	0.0	0	100.0
Total 1		25	11	11	100.0	0	0.0	0	0.0

b) ANC:

Observation: 25 ANC cases were selected during the visit to the health facilities, 09 beneficiaries were verified for the ANC facilities. All ANC mother visited health facilities for routine checkup, completed TT immunization and consumed tablets of iron and folic acid. The ANC mothers are registered in First or second trimester in surveyed health facilities. The registration of selected mother is late in surveyed Health facilities.

S. No	Sub-Centers covered	Cases Selected	cases contacted	Received 3 ANC Check-ups, 100 tab. IFA and TT inj. accompanied to hospitals
Sub-centers				
1	Amdi	5	2	2
2	Seonikala	5	2	2
3	Semra	5	2	2
4	Amlidih	5	2	2
5	Kosmara	5	1	1
Total		25	9	9

c) PNC: Observations: 25 PNC mothers were selected, out of which 13 were verified for the Post Natal Services (PNC). Out of selected 13 mothers 11 mothers had undergone institutional delivery while remaining mothers had delivered at home. Among verified mothers none of mother had post natal complications. A postnatal follow-up visit has been regularly made by the all surveyed health workers.

S. No	Sub-Centers covered	Cases Selected	cases contacted	beneficiaries undergone delivery	of beneficiaries have hospital Delivery	beneficiaries have Post natal complication	Post natal follow up visits by the Health staff
Sub-centers							
1	Amdi	5	3	3	2	0	Yes
2	Seonikala	5	2	2	2	0	Yes
3	Semra	5	3	3	3	0	Yes
4	Amlidih	5	3	3	2	0	Yes
5	Kosmara	5	2	2	2	0	Yes
Total 1		25	13	13	11	0	

d) JSY: Observation: Out of 25 selected mothers only 13 were verified for JSY benefits. Out of selected mothers 100% of mothers received monetary benefits no pending either home as well as hospital deliveries. Verified mothers received all ANC services through health facilities.

S. No	Sub-Centers covered	Cases Selected	cases contacted	Received 3 ANC Check-ups, 100 tab. IFA and TT inj. accompanied to hospitals	beneficiaries accompanied to hospitals	received money under the scheme	% received monetary benefits	of clients spend money for transportation and other wise for confinement	% clients paid money from their pocket
Sub-centers									
1	Amdi	5	3	3	0	3	100	0	0.0
2	Seonikala	5	2	2	0	2	100	0	0.0
3	Semra	5	3	3	0	3	100	0	0.0
4	Amlidih	5	3	3	0	3	100	0	0.0
5	Kosmara	5	2	2	0	2	100	0	0.0
Total		25	13	13	0	13	100.0	0	0.0

e) Contraceptives:

Observation: 10 cases of sterilization, 15 cases of IUD users, 15 cases of OP and 15 cases of Nirodh were verified. We have found 10 fake cases of the IUD insertion. ANM are not inserting Device at HSC and not confident about the insertion of IUDs in surveyed health subcenters. There were no fake cases in permanent sterilization. The high no of fake cases were seen in IUD, hormonal and barrier methods. There is no proper monitoring by medical officers or health supervisor regarding temporary methods in surveyed health subcenters.

S. No	Particulars PHC/SC visited	Sterilizations		IUD users		OC Pill users		Nirodh users		Total cases contacted	Denial fake cases
		cases contacted	Denial/fake cases	cases contacted	Denial/fake cases	cases contacted	Denial/fake cases	cases contacted	Denial/fake cases		
Sub-center											
1	Amdi	2	0	3	2	3	2	3	2	11	6
2	Seonikala	2	0	3	2	3	2	3	2	11	6
3	Semra	2	0	3	2	3	2	3	2	11	6
4	Amlidih	2	0	3	2	3	2	3	2	11	6
5	Kosmara	2	0	3	2	3	2	3	2	11	6
Total		10	0	15	10	15	10	15	10	55	30

e) Cross checking of field malaria blood slides

The blood slides are collected for cross checking from CHC and cross checked at regional directorate Malaria lab examination. No discrepancy found on examination.

S. No	Districts from where Slides received	# +ve blood slides received	# -ve Blood slides received	# +ve blood slides Examined	# -ve blood slides examined	# +ve slides with discrepancies	# -ve slides with discrepancies	% +ve slides with discrepancies	% -ve slides with discrepancies
1	Nagri	10	10	10	10	nil	nil	nil	nil
2	Sihawa	4	10	4	10	nil	nil	nil	nil
3	Kurud	0	12	0	12	nil	nil	nil	nil
4	Magarlod	6	10	6	10	nil	nil	nil	nil
	Total	20	42	20	42	nil	nil	nil	nil

9) NATIONAL HEALTH PROGRAMMES:

NVBDCP

Epidemiological data of Malaria

		2006	2007	2008	2009	
1	BS EXAMINED	112967	141089	127726	124814	
2	Malaria positive	788	584	853	626	
3	PV	252	98	320	162	
4	PF	536	486	533	464	
5	Pf %	68%	83%	62%	74%	
6	No. of Death	Not available	Not available	Not available	Not available	
7	Child death	Not available	Not available	Not available	Not available	
8	ABER	13.3	16.3	14.4	14.0	
9	API	0.9	0.7	0.9	0.7	
10	PF%	-	-	-	-	
11	SPR	0.7	0.4	0.7	0.5	
12	SFR	0.7	0.4	0.7	0.37	
13	a) Number of outbreak reported : Data Not available b) Period of outbreak - Data Not available c) Death reported - Data Not available d) During outbreak - Data Not available e) Time of outbreak - Data Not available					
14	Reasons of outbreak - Containment measure taken and if achieved need to be highlight					
15	No of PHC without Lab technician and microscopy facility:					
16	Stock in position: DDT (MT) – 84 Bags, Malaria RDT – 3100, ACT (Packs)(Adult)-168425, ACT (Packs)(Children) – Data Not available, Inj. Arteether – 29 dose, Inj. Quinine – NIL, Tab. Chloroquine – 930,000, Tab. PQ 2.5 mg – NIL, Tab. PQ 7.5 mg – 25,000, Tab. DEC – 235,648					
17	IEC activity:					
18	Entomological surveillance: NO					
19	Vector control measure: As per guidelines					
20	Staff position –					
	Sl. No.	Name of the post	No. sanctioned	No. in position	No. vacant	No. trained
	1.	DMO (Full time)	1	-	1	-
	2.	AMO	1	-	1	-
	3.	M.I.	5	-	5	-
	4.	Lab. Tech.	19	6	13	6
	5.	Lab. Tech. (contractual)	3	1	2	1
	6.	Health Supervisor (Male)	24	23	1	11
	7.	Health Supervisor (Female)	24	14	10	10
	8.	MPW (Male)	165	102	63	102
	9.	MPW (Male) Contractual	-	-	-	-
	10.	MPW (Female)	174	169	5	169
	11.	Malaria Tech. Sup. (Cont.)	3	1	-	1
	12.	Mitanin	1627	1627	-	1627
	13.	VBD Consultant	1	-	1	-

Filariasis		Previous year	Current year
	Line listing of cases	Reports are not available at the time of meeting	
	No of elentaphantaisis		
	No of Hydrocele		
	MDA activity		
	% of coverage		
	Filaria night survey		
	Entomological surveillance		
	Control measure		

NRHM:

E	Vital Data On RCH	Previous year	Current year till date
1	No. of Infant deaths		
a	Within one week	132	94
b	one week to one month	116	143
c	one month to one year	167	116
2	No. of Maternal deaths	8	10
a	During pregnancy	3	0
b	During delivery	2	8
c	Within six month of delivery	3	2

Immunization (0-5Year)		Previous year	Current year till date
a	OPV BCG	16042	15146
b	DPT1	15594	14327
c	DPT2	15637	13884
d	DPT3	15578	13948
e	DPT3	-	-
f	Measles	15205	14122
g	DPT boster1	15166	-
h	DT	19399	24553
i	Vitamin A supplement	15205	14122

Family planning

		Previous year	Current till date
1	Population Growth rate	1.69	1.69
2	Sex ratio	1004	1004
3	MMR/Lac	5.3	74.34
4	IMR/1000	27.60	26.23
5	Birth Rate/1000 population	19.87	20.43
6	Death Rate/1000 population	4.82	5.06
7	CPR	76.74	88.68
8	No. of eligible couples	134327	135082
9	Total vasectomy	392	216
10	Total LTT	453	432
11	Total CGT	4998	4324
12	Oral pills	3790/9306	3924/9075

Key Indicators for National Disease Control Programme

A.RNTCP

Indicator	Numerator	Denominator	Current and previous year
A. Percentage of TB suspects examined out of total out-patient	Number of TB suspects examined for sputum smear microscopy in a given quarter	Number of new adult OP patients registered during the same quarter	Current year – 1.7
B. Annualized New Smear Positive case detection rate	Annualized registered number of new smear positive cases per lakh population	Annualized estimated incident NSP cases per 100,000 population, in the given year	31
C. Annualized case detection rate	Annualized registered number of all cases per lakh population	Annualized estimated incident TB cases per 100,000 population, in the given year	35
D. Success rate new smear positive patients	Number of new smear positive patients who have completed treatment successfully (cured or treatment completed)	Number of New smear positive cases registered during the corresponding quarter/year	86

RNTCP	
Component of programme	Observation
Manpower	1-STIS, 2-STLS, 4-LT, 1-DEO, 1-TBHO
Lab services	Not available
IEC	Wall painting in city-36 wards
Involment of NGO	1 NGO DCH Bathena as DMC
New cases detection	39%

D. Blindness Control

Indicator	Numerator	Denominator	Current and previous year
Performance of Cataract Operations (Number & %) 4171 and 94.79%	Cataract Operations Performed during the month/quarter 489/1152	Target of Cataract Operations 4400	Current – 4171 Previous – 4986
Children examined for refractive errors (No. & %)	Number of students examined for refractive errors	Target of students to be Examined	
Eye Donations (No. & %) NIL	Donated eyes collected NIL	Target for eye donations NIL	-

NBCP	
Component of programme	Observation
<i>Infrastructure</i>	Dist. Hosp. 20 beded CHC Nagari CHC Kurud CHC Gujra CHC Magarlod
<i>NGO involvement</i>	11 - NGOs

c)	IDSP	
	Component of programme	Observations
	<i>Infrastructure</i>	NA
	<i>District Surveillance Unit</i>	1 Epidemiologist, 1 DEO
	<i>Training</i>	208 Trained
	<i>Weekly reporting/Early warning signals</i>	NA
	<i>Date entry</i>	NA
	<i>Fund utilization</i>	Financial year 2009-2010 Total Fund – 538783.00 Expd. Inc. – 493149.00

**NLEP
District Profile**

District			
Population	802184		
Facility of Skin smear	Available at Dist. Hospital		
New case detection rate(Last five Year)			
April 2005-March 2006	43.9		
April 2006-March 2007	24.9		
April 2007-March 2008	31.5		
April 2008-March 2009	31.1		
Treatment Completion rate at District level			
Rural Area			
MB	98.1 %		
PB	100.0 %		
Urban Area			
MB	100.0 %		
PB	100.0 %		
Combined			
MB	99.05 %		
PB	100.0%		
Coordination with NRHM Authority	Supportive		
DPMR			
MCR footwear procurement and distribution status			
2007/08			
PB	15		
MB	12		
2008/09			
PB	13		
MB	10		
RCS conducted during the year	3 cases		
Distribution of dressing material and supportive Medicine for ulcer care	18 cases		
IEC activities for reduction of stigma and discrimination	Yes		
MDT stock	No of UT patient as on date	No of available MDT BCP	Per month BCP
MBA	97	441	4.54
MBC	2	11	5.5
PBA	32	157	4.9
PBC	7	29	4.14

Leprosy reaction at CHC	9		
Type I	4		
Type II	5		

ABBREVIATIONS

ANM	:	Auxiliary nurse Midwifery
AYUSH:		Ayurvedic Yoga and Naturopathy, Unani, Siddha and Homeopathy
BCC	:	Behavioral Change Communication
BOR	:	Bed Occupancy Rate
BMO	:	Block Medical Officer
CHC	:	Community Health Center
CMO	:	Chief Medical Officer
DMO	:	District Malaria Officer
DTO	:	District Tuberculosis Officer
DLO	:	District Leprosy Officer
DOTs	:	Direct Observe Treatment short chemotherapy
DPM	:	District Programme Manager
DPMR	:	Disability Prevention and Medical Rehabilitation
ECG	:	Electrocardiogram
FRU	:	First Referral Unit
HA	:	Health Assistant
IPD	:	Inpatient Department
IPHS	:	Indian Public Health Standards
IDSP	:	Integrated Disease Surveillance Project
JSY	:	Janani Suraksha Yojan
JDS	:	Jeevan Deep Samati
LT	:	Lab Technician
MO	:	Medical Officer
MPW	:	Multipurpose Worker
MCH	:	Maternal and Child Health
MTP	:	Medical Termination of Pregnancy
NMA	:	Non Medical Assistant
NVBDCP:		National Vector Borne Disease Control Programme
NRHM:		National Rural Health Mission
NHP	:	National Health Programme
NLEP	:	National Leprosy Eradication Programme
NGO	:	Non Governmental Organization
OPD	:	Out Patient Department
OT	:	Operation Theatre
OBGY:		Obstetrician and Gynecology
PHC	:	Primary Health Center

RDK	:	Rapid Diagnostic Kit for malaria
RCS	:	Reconstructive Surgery
RMA	:	Rural Medical Assistant
RSK	:	Rogi Kalyan Samitis
RNTCP:		Revised National Tuberculosis Control Programme
RTI	:	Reproductive Tract Infection
STI	:	Sexually transmitted infection
SOP	:	Standard Operating Procedures
STP	:	Standard Treatment Protocols
SC	:	Health Subcenter
VCTC	:	Voluntary Council and Testing Centre