

Details of the Activities undertaken by the ROH&FW, Raipur (C.G.)

PART - C

Name of the ROH&FW: RAIPUR (C.G.)

Report for the month of: Mar-10

| S. No | Programmes Reviewed | Observations on gaps in infrastructure, Manpower, Services and achievement of Indicators of programmes | Suggestion for improvements |
|-------|---------------------|--|--|
| 1 | NVBDCP | Non-Receipt of Annual report for the year 2009 | As per the information received from NVBDCP HQ, Annual report for the year 2009 has not yet received by them, as such State Program Officer has been requested to expedite the report. |
| | | Collection of stores against the diversion order from GMSD, Mumbai | As per the message received from NVBDCP HQ, SPO Malaria has been intimated to collect the stores from Govt. Medical Store Depot, Mumbai against the diversion order. |
| | | Collection of stores against the diversion order from GMSD, Guwahati | As per the message received from NVBDCP HQ, SPO Malaria has been intimated to collect the stores from Govt. Medical Store Depot, Guwahati against the diversion order. |
| | | Non-receipt of the Result Framework Documents for the last quarter of the financial year 2009-2010 in time | As per the information received from NVBDCP HQ, Result Frame-work documents is an essential component for monitoring of various programs on monthly basis for which monthly targets of indicators have been set up. Due to non-receipt of report in time NVBDCP faces great difficulty in monitoring the program. As such we have requested Directorate of Health Services, Chhattisgarh to do the needful to expedite the same. |
| | | Intimation regarding allotment of Albendazole tablets (400 mg) WHO supply | NVBDCP, Delhi has intimated that 15 million tablets of Albendazole tablets (400 mg) has been allotted for Chhattisgarh State. Accordingly, Director of Health Services, Chhattisgarh has been requested to arrange collection of material by deputing their authorised representative from GMSD Hyderabad |
| | | Distribution of guidelines for Quality Assurance of Malaria Microscopy and Rapid Diagnostic Test (RDT) | As per the direction of NVBDCP HQ, besides ensuring the quality of RDT, the diagnostic services provided by the end users like ASHA and health workers at the ground level to be monitored and supervised by SPO/DMO and Consultants (M & E/VBD) during their field visits. They will also check the result of the positive cases detected by RDT kit and take the corresponding blood slide for cross-checking of the results of RDT. Similarly RDT negative results should be compared with the results of the corresponding slides in the Laboratory register. The above information has been conveyed to SPO for immediate compliance. |
| 2 | NRHM | Regarding improving immunization coverage in tribal, hilly and rural areas | As per the information received from Dr. A.C. Dhariwal, Deputy Commissioner (MCH), Ministry of Health and Family Welfare intimated that immunization coverage has been observed to be only 54.1% as per the DLHS-3 reports. As such we have requested State Mission Director to conduct special immunization catch-up campaigns in these areas to improve awareness about immunization and increase the coverage |
| 3 | RNTCP | Nothing Specific | |
| 4 | NLEP | Nothing Specific | |
| 5 | NBCP | Nothing Specific | |
| 6 | HIV/AIDS | Nothing Specific | |
| 7 | IDSP | Nothing Specific | |

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| 8 | Other Programs | Roll out of pandemic vaccine | The pandemic vaccine has been rolled out on 14.03.2010. The target population to be vaccinated including Medical, Para Medical and supporting staff of health facilities. The requirement of the Chhattisgarh State is 16923 (as per the information provided by State Health Authorities) whereas Government of India has supplied 17000 doses. As per the instruction of EMR division, State Health Authorities has been advised to lift the consignment from Airport immediately and ensured that the same is stored in the identified cold chain facility |

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 specialised 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 Lab of CHCs. **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.

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.

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 revels that all surveyed subcenters utilized the fund .The record is maintained properly (Cash book Register entries).

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

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.

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.

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.

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.

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.

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