

1) HEALTH INFORMATION OF THE DISTRICT: KORBA

District information		
Name of District:		Korba
A	District Profile	
1	Total population	1175365
a	Urban	663773
b	Rural	511592
c	Male	588962
d	Female	5864025

B	Institutional Framework of NRHM	
1	District Hospital	1
2	CHCs/PHC	4
3	PHCs (New)	36+1

	Infrastructure/Block/CHC	
1	No. of Village	792
2	No of Block	5
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	4
7	No. of CHC with specialist	
8	No. of FRU –I phase	2 (1.Katghora, 2. Podiuproda) 2 (Pali, Kartala)
9	No. of FRU –II phase	
10	No. of FRU –II phase	

Primary Health Center

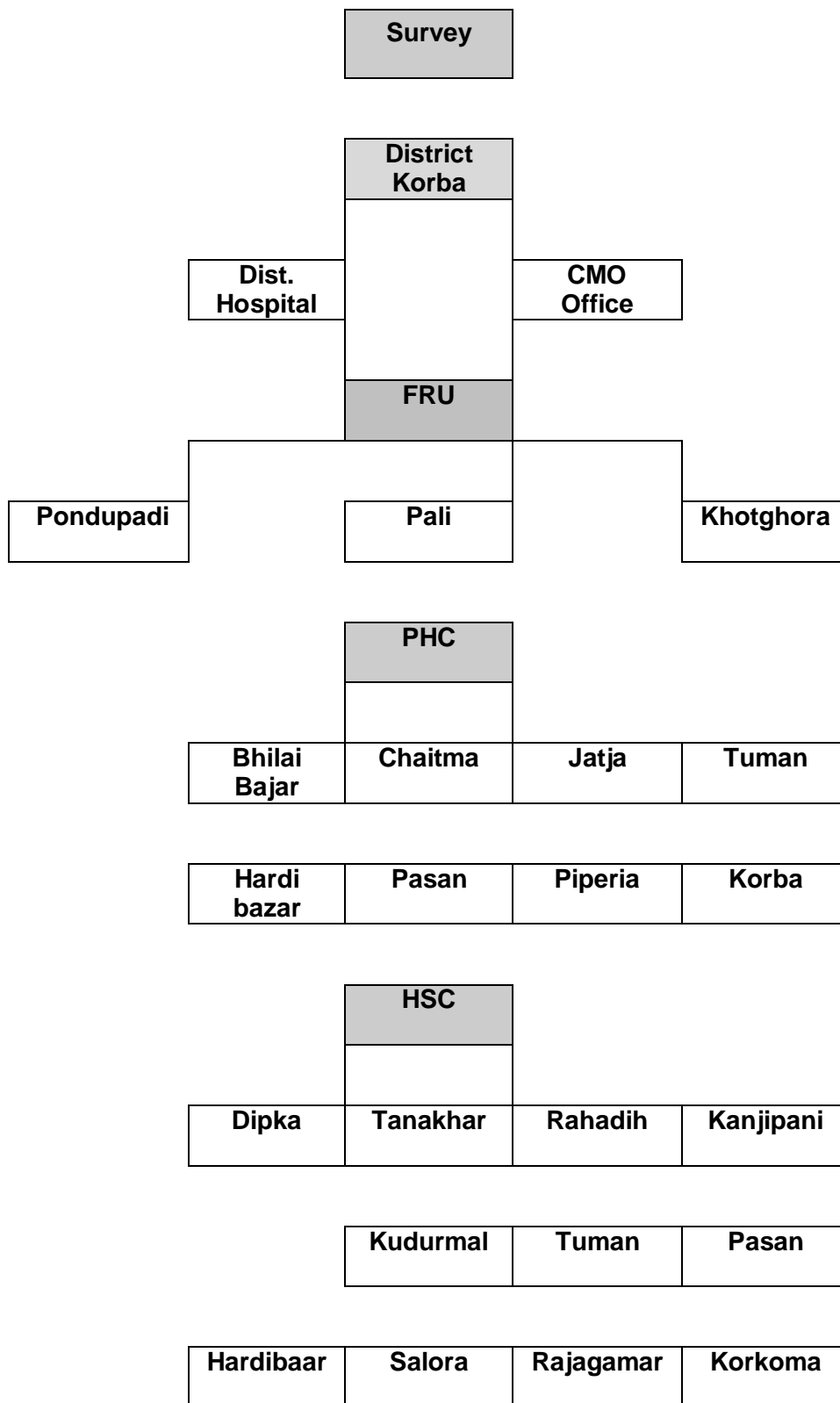
11	No. of PHCs (Block level)	1
12	No. of PHC(New) (Sector level)	36+1
13	No. of PHC with MO	21
14	No. of PHC with three staff nurses (List)	0
15	No. of PHC with functional OT	2
16	No. of institution under 24X7 (List)	10
a	CHC(FRU)	4
b	PHC(New)	1
17	Mobile medical unit in position	0
18	No. of Pvt. Hospitals accredited under JSY	11

Sub center

1	No. of S/c	211
2	No. of S/c in Govt. building	36
3	No. of S/c S/c with ANM	136
4	No. of S/c S/c with additional ANM	113
5	No. of S/c with MPW (M)	98
6	No. of S/c with functional Examination room with table	36
7	No. of Dai exists	789
A	No. of TBA	625
b	No. of untrained Dai	163
8	No. of ASHA selected in 2008-09	0
9	No. of ASHA who have received training	
A	1 st module	2274
B	2 nd module	2274
C	3 rd module	2274
D	4 th module	2274
E	5 th module	2274
10	No. of ASHA in position with drug kit	2274
11	Monthly Health Days held	
A	Proposed	844
B	Achievement	818
12	No. of link worker selected till date	193
13	No. of Anganawadi centers	1495

Health Human Resource

	Particulars	Sanctioned	In position
1	ANMs	214	98
2	MPW (M)	250	113
3	LHV	47	36
4	Male Supervisor	54	40
5	Medical Officer	101	46
6	Specialists	24	8
7	Staff Nurse	9	12
8	LT	33	13
9	Others	0	0



2) FRU/CHC ANALYSIS

i) General information:

Bed Strength	Pondupadi	Pali	Khotghora
Sanction	30	30	30
In position	10	16	30
Bed Deficit	20	14	0
Population covered	1 69 000	176000	282563

II) Availability of Specialist services

1.2.	Particulars	Pondupadi	Pali	Khotghora
a.	Medicine	No	No	No
b.	Surgery	No	No	No
c.	OBGY	No	No	No
d.	Paediatrics	No	No	No
e.	National Health Programmes (Current all NHP)	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	No	No	No
j.	Emergency care of sick children	Yes	No	Yes
k.	Full range of family planning services including Laproscopic Services	yes*	yes*	Yes*
l.	Safe abortion services	No	No	Yes
m.	Treatment of STI / RTI	Yes	Yes	Yes
n.	Essential Laboratory Services	Yes Routine,	Yes Routine	Yes(Routine PS)
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%)			
1.4.	Average daily OPD Attendance	50	45	180
a.	Male	50%	55%	60%
b.	Female	50%	45%	40%
1.5.	Types of Surgeries performed	Only FP	only FP	Only FP
1.6.	HIV / AIDS	No	Only counselling	Yes
a.	Availability of Counseling facility on HIV/ AIDS / STD etc.	No	yes	Yes
b.	Is it a Voluntary Council and Testing Centre VCTC	No	only counselling	Yes

III) Service availability

1.7.	Service	Pondupadi	Pali	Khotghora
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 caeserian delivery (During last one year)	0	0	0
1.9.	Total number of paediatric beds	Not available	Not available	Not available
1.10.	Is separate septic labour room available	No	No	No
1.11.	Availability of facilities for out-patient department in Gynecology/ obstetric	No	No	No
a.	Board /Name plates to guide the clients	Yes	Yes	Yes
b.	Adequate working space	Yes	no	No
c.	Privacy during examination	No	yes*	No
d.	Facility for counselling	No	Yes	No
e.	Separate toilet with running water	Yes	Yes	No
f.	Facility for Sterilizing instruments	Yes	Yes	Yes
g.	Male specialist	Yes	Yes	No
h.	Female specialist	No	No	No

IV) Manpower

S.No.	Personnel	Pondupadi	Pali	Khotghora
A.	Clinical Manpower			
2.1.	General Surgeon	0	1 (deputed to other Hospital)	0
2.2.	Physician	0	0	0
2.3.	Obstetrician / Gynaecologist	0	0	0
2.4.	Paediatrics	0	0	0
2.5.	Anaesthetist	0	0	0
2.6.	Public Health Programme Manager	1	1	1
2.7.	Eye Surgeon	0	0	0
2.8.	Other specialists (if any)	0	0	0
2.9.	General duty officers (Medical Officer)	2	1	4

V) Support Manpower

B.	Manpower	Pondupadi	Pali	Khotghora
2.10.	Nursing Staff	1	4	3
a.	Public Health Nurse	0	0	1
b.	ANM	2	1	1
c.	Staff Nurse	0	0	2
d.	Nurse/Midwife	0	0	1
2.11.	Dresser	2	1	1
2.12.	Pharmacist / compounder	1	1	1
2.13.	Lab. Technician	2	2	1
2.14.	Radiographer	1(D Korba)	0	1
2.15.	Ophthalmic Assistant	1	1	1
2.16.	Ward boys / nursing orderly	4	3	2
2.17.	Sweepers	1	0	2
2.18.	Chowkidar	1	1	2
2.19.	OPD Attendant	0	0	0
2.20.	Statistical Assistant / Data entry operator	0	1	0
2.21.	OT Attendant	0	1	0
2.22.	Registration Clerk	0	0	0
2.23.	Any other staff	1		6*

VI) Training of MOs during previous (full) year

No	Available training in	Pondupadi	Pali	Khotghora
a.	Sterilization	Yes	No	No
b.	IUD Insertions	No	No	Yes
c.	Emergency contraception	No	No	Yes
d.	RTI / STI, HIV/ AIDS	No	No	Yes
e.	Newborn care	No	No	No
f.	Emergency obstetric care	No	yes	Yes
g.	Other subjects (mention)	No	No	Yes

VII) Investigative Facilities

No	Facilities	Pondupadi	Pali	Khotghora
3.1.	Availability of ECG facilities	Yes*	No	Yes
3.2.	X-Ray facility	Yes	Yes**	Yes
3.3.	Ultrasound facility	No	no	No
3.4.	Appropriate training to a nursing staff on ECG	No	No	No
3.5.	Lab test facilities (specify kind of tests done)	Yes	Yes	Yes (only Routine)
3.6.	Any lab test / diagnostic test outsourced to private lab / hospital (please specify the test)	No	No	Yes
3.7.	All necessary reagents, glassware and facilities for collection and transportation of samples	No	No	No

Yes*= EGG machine is there but not utilized due to non availability of trained staff

Yes= X ray machine is there but not utilized due technician**

VIII) Physical Infrastructure

No	Particulars	Pondupadi	Pali	Khotghora
4.1.	Where is this CHC located?			
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	No	Yes (PHC)	Yes
b.	If there is no designated government building, then where does the CHC located	PHC		
	Rented premises			
	Other government building		PHC Building	
	Any other specify			
c.	Area of the building		No record	
d.	What is the present stage of construction of the building			
	Construction complete			
	Construction incomplete	Incomplete	Incomplete	Incomplete
e.	Compound Wall / Fencing (1-All around; 2-Partial; 3-None)	1	3	2
f.	Condition of plaster on walls (1- Well P,laster intact every where; 2- coming off in some places; 3- 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?	Fair	Good	Good
	OPD	Fair	Good	Good
	OT	Fair	Good	Good
	Rooms	Fair	Good	Fair
	Wards	Poor	Good	Fair
	Toilets	Poor	Good	Poor
	Premises (compound)	Poor	Good	None
i.	Are any of the following close to the hospital?			
i.	Garbage dump	None	None	None
ii.	Cattle shed	None	None	None
iii.	Stagnant pool	None	None	None
iv.	Pollution from industry	None	None	None

IX) Location

No	Particulars	Pondupadi	Pali	Khotghora
a.	Whether located at less than 2 hours of travel distance from the farthest village?	no	Yes (60 Km)	Yes
b.	Whether the district headquarters hospital located at a distance of less than 4 hours travel time?	2 hour	45 minutes	Yes
c.	Feasibility to hold the workforce (e.g. availability of degree college, railway station, municipality, industrial/mining belt)	None	None	None
4.4.	Availability of Private Sector Health Facility in the area	No	No	Yes
a.	Private laboratory/hospital/Nursing	No	No	Yes
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	Yes	Yes
4.6.	Registration counters	No	Yes	Yes
a.	Pharmacy for drug dispensing and drug storage	YES	YES	Yes
b.	Counter near entrance of hospital to obtain contraceptives, ORS packets, Vitamin A and Vaccination	No	No	Yes
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 (No)	1	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	NO	NO
4.16.	No. of beds : Male			10
4.17.	No. of beds : Female			10

X) Operation Theatre

No	Particulars	Pondupadi	Pali	Khotghora
a.	Operation Theatre available	Yes	Yes	Yes
b.	If operation theatre is present, are surgeries carried out in the operation theatre?	Yes (only TL)	Yes (only TL)	Yes
	Yes	Yes	Yes	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?	NA	NA	NA
	Non-availability of doctors / anaesthetist / staff	Yes		
	Lack of equipment / poor physical state of the operation theatre	Yes		
	No power supply in the operation theatre			
	Any other reason			
d.	Operation Theatre used for obstetric / gynaecological purpose	No	No	No
e.	Has OT enough space	No	Yes	Yes
f.	Is OT fitted with air conditioner?	No	Yes	Yes
g.	Is the air conditioner working?	-	No	Yes
h.	Is generator available for OT?	no	Yes	No
i.	Is emergency light available in OT?	Yes	Yes	Yes
j.	Is fumigation done regularly?	No	Manual	Yes
k.	Are the days of sterilization in a week displayed on the public notice on OT?	No	No	No

XI) Labour room

No	Particulars	Pondupadi	Pali	Khotghora
a.	Labour room available?	Yes	Yes	No
b.	If labour room is present, are deliveries carried out in the labour room?	Yes		Yes
	Yes	Yes	Yes	Yes
	No			
	Sometimes			
c.	If labour room is present, but deliveries are not being conducted there, then what are the reasons for the same?		NA	NA
	Non-availability of doctors / staff			
	Seepage in the labour room			
	No power supply in the labour room			
	Any other reason			
4.21.	X-ray room with dark room facility	Yes* (Not working as Technician posted is on deputation)	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	Yes

XII) Cold Chain

No	Particulars	Pondupadi	Pali	Khotghora
a.	Walk-in coolers	No	No	No
b.	Walk-in freezers available	No	No	No
c.	Ice lined freezers	Yes	Yes (4)	Yes
d.	Deep freezers	Yes	Yes (4)	Yes
e.	Refrigerators	Yes	Yes	Yes

XII) Blood Storage Unit

No	Particulars	Pondupadi	Pali	Khotghora
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	NA	NA
4.25.	Ancillary Rooms - Nurses rest room	No		

XIII) Water supply

No	Particulars	Pondupadi	Pali	Khotghora
a.	Source of water (1- Piped; 2- Bore well/ hand pump / tube well; 3- Well; 4- Other	1&2	2&3	2 and Municipal
b.	Whether overhead tank and pump exist	Yes	Yes*	Yes
c.	If overhead tank exist, whether its capacity sufficient?	2000	3000	500X3
d.	If pump exist, whether it is in working condition?	Yes	No	Yes

XIV) Sewerage

No	Particulars	Pondupadi	Pali	Khotghora
	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	NA		NA
c.	If no, how the medical waste disposed off?	No	Bins	No

XV) Electricity

No	Particulars	Pondupadi	Pali	Khotghora
a.	Is there electric line in all parts of the hospital? (1- In all parts; 2- In some parts; 3- None)	1	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	1	1	1
c.	Stand by facility (generator) available	No	No	Yes Not working

XVI) Laundry facilities:

No	Particulars	Pondupadi	Pali	Khotghora
a.	Laundry facility available	No	No	No
b.	If no, is it outsourced?			Yes

XVII) Communication facilities

No	Particulars	Pondupadi	Pali	Khotghora
a.	Telephone	Yes	Yes	Yes
b.	Number of different telephone lines available	No	No	No
c.	Personal Computer	Yes	Yes (NRHM)	Yes
d.	NIC Terminal	No	No	No
e.	E.Mail	No	No	No
f.	Is CHC accessible by	No	No	No
i.	Rail	no	No	No
ii.	All whether road	Yes	Yes	Yes
iii.	Others			

XVIII) Vehicles

No	Particulars	Pondupadi	Pali	Khotghora
a.	If running		Available	Available
	Ambulance	1	2	1
	Jeep	0	1	
	Car	0	0	
b.	If vehicle is not running			
	Ambulance		1	
	Jeep	1	Nil	
	Car			
4.33.	Office room	No	Yes	Yes
4.34.	Store room	No	Yes	Yes
4.35.	Kitchen	No	No	No
4.36.	Diet:		No	
a.	Diet provided by hospital	No	No	No
b.	If no, how diet is provided to the indoor patients?	No	No	No

XIX) Residential facility for the staff with living condition

No	Particulars	Pondupadi	Pali	Khotghora
1	General Surgeon	No	No	No
2	Physician	No	No	No
3	Obstetrician / Gynaecologist	no	no	No
4	Paediatrics	No	No	No
5	Anaesthetist	No	No	No
6	General Duty Medical Officer	2	1	3
7	Public Health Programme Manager (BPM)	1	1	1
8	Eye Surgeon	No	No	No
9	Public Health Nurse	No	No	No
10	ANM	1	1	No
11	Staff Nurse	2	No	1
12	Nurse/Midwife	No	No	1
13	Dresser	1	No	No
14	Pharmacist / compounder	1	no	1
15	Lab. Technician	1	No	No
16	Radiographer	No	No	No
17	Ophthalmic Assistant	1	No	No
18	Ward boys / nursing orderly	No	No	No
19	Sweepers	No	No	No
20	Chowkidar	No	No	No
21	OPD Attendant	No	No	No
22	Statistical Assistant / Data entry operator	No	No	No
23	OT Attendant	No	No	2
24	Ambulance driver	No	No	No
25	Registration Clerk			1

XX) Accommodation facility for families of admitted patients

No	Particulars	Pondupadi	Pali	Khotghora
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?	*Morning 8 to 1, Evening 5 to 6	Morning 8 to 1, Evening 5 to 6	Morning 8 to 1, Evening 5 to 6
	Yes, on all days except on designated holidays	Yes	Yes	Yes
	No, it always closes before time			
	Only on some days it functions for the stipulated time			
b.	If yes, specify stipulated OPD hours		8 to 1	8 to 1
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	No	No	No
	Patients usually refused admission	No	No	No
4.41.	Does the CHC provide treatment to emergency patients/victims of accident medical emergencies etc) at any time of the day/ night?	Yes	Yes	Yes
	Emergency patients are given treatment. Where necessary, they are referred to higher level Govt. hospital	Yes	Yes	Yes
	Emergency patients are often not treated, referred to a public health care facility	No	No	No
	Emergency patients are often not treated, referred to a private health care facility		No	
4.42.	If referred to a higher-level health care facility, how is the patient taken there?	Yes	Available Vehicle	Yes
	Free transport by hospital ambulance	No	no	No
	By hospital ambulance, but fuel and other charges have to be made by the patient	6 Rs/Km	Yes	5 RS
	Private/ personal conveyance	Yes	Yes	Yes

XXI) Behavioral Aspects

No	Particulars	Pondupadi	Pali	Khotghora
a.	How is the behaviour of the CHC staff with the patient			
	Courteous	Courteous	Courteous	Courteous
	Casual/indifferent			
	Insulting / derogatory			
b.	Is there corruption in terms of charging extra money for any of the service provided?	No	No	Yes
c.	Is a receipt always given for the money charged at the CHC?	Yes	Yes	Yes
d.	Is there any incidence of any sexual advances? Oral or physical abuse, sexual harassment by the doctors or any other paramedical?	No	No	No
e.	Are woman patients interviewed in an environment that ensures privacy and dignity?	Yes	Yes	Yes
f.	Are examinations on woman patients conducted in presence of a woman attendant, and procedures conducted under conditions that ensure privacy?	Yes	Yes	Yes
g.	Do patients with chronic illnesses receive adequate care and drugs for the entire duration?	No		
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	No	No
i.	Is there a publicly displayed mechanism, whereby a complaint/grievance can be registered?	Yes	Yes	Yes

XXII) Quality Control

No	Particulars	Pondupadi	Pali	Khotghora
7.1.	Citizen's charter	No	No	Yes
7.2.	Constitution of Rogi Kalyan Samiti	Yes	Yes	Yes
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	No
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

4) OBSERVATION GAPS AND REMARK

Services	Observation	Remarks
Medicine/Surgery /OBGY/Pediatrics	Non availability of the specialist services	Fill up the post of the specialist doctors
NHPs	All the national programmes are delivered at the block CHC	
Emergency services	The emergency services are available	
Laboratory	Basic lab services include HB, Urine and PS only. Rapid diagnostics Kits for malaria are utilizing for OPD purpose. The other instruments are dumped at Labs due to non availability of Technical staff and lack of training	Upgrade the laboratory facilities by providing training to the lab technicians for routine lab services at secondary level. Guidelines regarding RDK Use should be followed
Blood Storage	Non-availability of the Blood storage in all surveyed facilities including District and Civil Hospital.	Steps should be taken to start the blood storage sanctioned FRU/CHC
No. of beds: Male/No. of beds: Female	No separate wards for male and female patients found in surveyed CHC	There should be separate wards for treatment of male and female patients
Operation theatre	Operation theatre is used for only family planning operations and cataract. No Specialized operative services due to non-availability of specialized doctors	
Labour room	Deliveries are conducted at all CHC.	Cleanliness of the labour room should improve at all CHC and provision of the continuous water supply should be made
X-ray Room	There is separate room for X ray facility with separate dark room. In all the surveyed health facilities, X ray unit are functional Except Pali CHC	Steps should take to start the X ray unit at Pali CHC
Electricity	Facilities of the electricity in all surveyed facilities are satisfactory	-
Transport facilities	Available at all CHC	-
Residential facility for the staff	Shortage of Residential facility for staff	-
Hospital waste Management	In all surveyed CHC there is no guidelines regarding the Hospital waste management. Dumping, Burial and other method are practiced at Hospital	Hospital waste management as per guidelines. Needle cutters are not utilized at all CHC.

Store	<p>In Podupodi CHC the store is congested with instruments and the Drugs.</p> <p>Fluids are kept outside store and no space for storage.</p> <p>The antimalarial drugs were kept store 2 where most of the comb packs are spilled on wet floor.</p> <p>The stock register is not there on the day of visit.</p> <p>The expiry drugs (Sedative) were found in store II, the near expiry date drug register was not kept in CHC.</p> <p>The >3 empty B Complex syrups bottle boxes were dumped in the store.</p>	<p>Material management by I/c store as per state guidelines.</p> <p>The stock registers are periodically updated and verified by BMO.</p>
SOP	<p>Non Availability of Standard Operating Procedures (SOP)/ Standard Treatment Protocols (STP)/ Guidelines</p>	<p>Apply SOP and STP at CHC</p>

5) PRIMARY HEALTH CENTERS

I) General information

Particulars	PHC	PHC	PHC	PHC	PHC	PHC*	PHC	BLOCK PHC
Name	Bhilai Bajar	Chaitma	Jatja	Tuman	Hardi bazar	Pasan	Piperia	Korba
Population covered (in numbers)	29927	20000	24222	5916	22860	16000	13562	229358

II) Assured Services available

Particulars	Bhilai Bajar	Chaitma	Jatja	Tuman	Hardi bazar	Pasan	Piperia	Korba
OPD Services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Emergency services (24 Hours)	No	No	No	No	No	Yes	No	Yes
Referral Services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
In-patient Services	No	Yes	Yes	No	Yes	Yes	No	Yes
Number of beds available	2	5	2	2	6	2	1	6
BOR (1- less than 40%; 2 - 40-60%; 3 - More than 60%)	1	1	1	1	1	1	1	1
Average daily OPD Attendance	30	10	10	6	50	15	7	165
Males	40%	50%	50%	50%	50%	50	40	50
Females	60%	50%	50%	50%	50%	50	60	50

III) Treatment of specific cases

Particulars	Bhilai Bajar	Chaitma	Jatja	Tuman	Hardi bazar	Pasan	Piperia	Korba
Is surgery for cataract done	No	No	No	No	No	No	No	No
Is the primary management of wounds done	Yes	Yes	Yes	Yes*	Yes	Yes	Yes*	Yes
Is the primary management of fracture done	No	No	No	No	No	No	No	No
Are minor surgeries like draining of abscess etc done	No	No	No	No	Yes	No	No	Yes
Is the primary management of cases of poisoning / snake, insect or scorpion bite done	No	No	No	No	No	No	No	Yes
Is the primary management of burns done	No	No	No	No	No	No	No	Yes

IV) MCH Care including Family Planning

Service availability	Bhilai Bajar	Chaitma	Jatja	Tuman	Hardi bazar	Pasan	Piperia	Korba
Ante-natal care	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Intra natal care (24 - hour delivery services both normal and assisted)	Yes	Yes	No	No	Yes	Yes	No	Yes
Post-natal care	Yes	Yes	Yes	No	Yes	Yes	No	Yes
New born Care	No	No	No	No	Yes	No	No	No
Child care including immunization	Yes	Yes	No	No	Yes	Yes	No	Yes
Family Planning	No	No	No	No	No	Yes	No	Yes
MTP	No	No	No	No	No	No	No	Yes
Management of RTI / STI	No	Yes	No	No	Yes	No	No	Yes
Facilities under JSY	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes

V) Availability of specific services

Are antenatal clinics organized	Yes	Yes	No	No	Yes	Yes (once in a month)	No	Yes
Is the facility for normal delivery available	Yes	Yes	No	No	Yes	yes	No	Yes
Is the facility for tubectomy and vasectomy available at the PHC?	No	No	No	No	No	Yes	No	Yes
Is the facility for internal examination for gynaecological conditions available	Yes	No	No	No	No	Yes	No	Yes
Is the treatment for gynecological disorders like leucorrhoea, menstrual disorders	Yes	Yes	No	No	Yes	Yes	No	Yes
If women do not usually go to the PHC, then what is the reason behind it?								
Is the facility for MTP (abortion) available	No	No	No	No	No	No	No	Yes

Is there any precondition for doing MTP such as enforced use of contraceptives after MTP or asking for husband's consent								Not visible
Do women have to pay for MTP?								Yes
Is treatment for anemia given to both pregnant as well as non-pregnant women?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Are the low birth weight babies managed at the PHC?	No	No	No	No	No	No	No	Yes*
Is there a fixed immunization day?	No	Yes	No	No	Yes	Yes	No	Yes
Is BCG and Measles vaccine given regularly	No	Yes	No	No	Yes	Yes	No	Yes
How is the vaccine received at PHC and distributed to Sub Centres?	CHC Block to PHC and distributed to SC	Only received from CHC and not distributed to HSC	Only received from CHC and not distributed to HSC	Only received from CHC and not distributed to HSC	Only received from CHC and distributed to HSC	Only received from CHC and distributed to HSC	No	Only received from District Hospital and distributed to HSC
Is the treatment of children with pneumonia available at the PHC?	No	No	No	No	No	No	No	Yes
Is the management of children suffering from diarrhea with severe dehydration done at the PHC?	Yes	Yes	Yes	No	Yes	Yes	No	Yes

VI) Other functions and services performed

Particulars	Bhilai Bajar	Chaitma	Jatja	Tuman	Hardi bazar	Pasan	Piperia	Korba
Nutrition services	No	No	No	No	No	No	No	No
School Health programmes	yes	yes	Yes	Yes	Yes	Yes	No	Yes
Promotion of safe water supply and basic sanitation	Yes	yes	Yes	Yes	Yes	Yes	Yes	Yes
Prevention and control of locally endemic diseases	Yes	yes	Yes	Yes	Yes	Yes	Yes	Yes
Disease surveillance and control of epidemics	yes	yes	Yes	Yes	Yes	Yes	Yes	Yes
Collection and reporting of vital statistics	Yes	yes	Yes	Yes	Yes	Yes	Yes	Yes
Education about health /BCC	No	no	Yes	Yes	No	Yes	Yes	Yes
National Health Programmes including HIV/AIDS control programmes	Yes*	yes	Yes	No	Yes	Yes	Yes	Yes
AYUSH services as per local preference	yes*	No	No	No	No	No	No	No
Rehabilitation services	No	No	No		No	No	No	No

VII) Monitoring and Supervision activities

Particulars	Bhilai Bajar	Chaitma	Jatja	Tuman	Hardi bazar	Pasan	Piperia	Korba
Monitoring and supervision of activities through regular meetings / periodic visits, etc.	No	Yes	No	No	Yes	Yes	Yes	Yes
Monitoring of NHP	Yes	yes	Yes	Yes	Yes	yes	No	Yes
Monitoring activities of ASHAs	yes	yes	No	No	no	Yes	No	Yes
Visits of Medical Officer to all HSC at least once in a month	No	no	No	No*	No	No	No	No
Visits of Health Assistants (Male) and LHV to sub-centres once a week	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*

VIII) Manpower

Personnel	Bhilai Bajar	Chaitma	Jatja	Tuman	Hardi bazar	Pasan	Piperia	Korba
Medical Officer	1	1	1	0	1	1	0	1+1
Pharmacist	0	0	1	0	1	0	1	1
Nurse - Midwife (Staff Nurse)	1	0	1	1		0	0	1+1
Health Worker (Female)	0	1	1	0	1	1		0
Health Educator	0	0	0	0		0		0
Health Assistant (One male and One female)	0	1	1	0	1	1		1
Clerks	0	0	0	0	0	0		0
Laboratory Technician	0	0	0	0	0	1		1
Driver	0	0	0	0	0	0		0
Class IV	3	1	0	2	3	2	1	5
Total	5			1(RMA)	1*LT (RNTCP)	1(RMA)	1(RMA)	

IX) Training of personnel during previous (full) year

Available training for	Bhilai Bajar	Chaitma	Jatja	Tuman	Hardi bazar	Pasan	Piperia	Korba
Tradition birth attendants	No	Yes	Yes	No	Yes	Yes	No	Yes
Health Worker (Female)	No	yes	Yes	No	yes	yes	No	Yes
Health Worker (Male)	No	yes	Yes	No	yes	yes	No	Yes
Medical Officer	yes	Yes	Yes	yes	Yes	Yes	No	Yes
Initial and periodic training of paramedics in treatment of minor ailments	No	No	No	No	No	No	No	No
Training of ASHAs	No	No	Yes	No	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	No	No	No	Yes
Training of Health Workers in antenatal care and skilled birth attendance	No	No	Yes	No	No	No	No	No

X) Essential Laboratory Services

Particulars	Bhilai Bajar	Chaitma	Jatja	Tuman	Hardi bazar	Pasan	Piperia	Korba
Routine urine, stool and blood tests	No	No	No	No	No	No	No	Yes
Blood grouping	No	No	No	No	No	No	No	Yes
Bleeding time, clotting time	No	No	No	No	No	No	No	Yes
Diagnosis of RTI/STDs with wet mounting, grams stain, etc.	No	No	No	No	No	No	No	No
Sputum testing for TB	No	No	No	No	Yes	Yes	No	Yes
Blood smear examination for malaria parasite	No	No	No	No	Yes	Yes	No	Yes
Rapid tests for pregnancy	No	No	No	No	Yes	Yes	No	Yes
RPR test for Syphills / YAWS surveillance	No	No	No	No	No	No	No	No
Rapid tests for HIV	No	No	No	No	No	No	No	No
Others	No	No	No	No	No	No	No	Sicking

XI) Physical Infrastructure (As per specifications)

Particulars	Bhilai Bajar	Chaitma	Jatja	Tuman	Hardi bazar	Pasan	Piperia	Korba
Where is this PHC located?								
Within Village Locality	Near by	central	Near by	Near by	Near by	Near by	central	In city
Far from village locality	No	No	No	No				
If far from locality specify in km	0.5km			0.5 Km	0.5 Km			
Building							Rent	
Is a designated government building available for the PHC?	Yes	yes	Yes	yes	Yes	Yes	No	Yes
If there is no designated government building, then where does the PHC located								
Rented premises								
Other government building								
Any other specify								
Area of the building (Total area in Sq. mts.)					75dm			300 sq feet

What is the present stage of construction of the building								
Construction complete	yes	yes			Yes	Yes		Yes
Construction incomplete			Yes	Yes			Not started	
Compound Wall / Fencing (1-All around; 2-Partial; 3-None)	no	3	3	3	1	3		1
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	2	1	1		1
Condition of floor (1- good condition; 2- coming off in some places; 3- coming off in many places or no proper flooring)	1	1	1	2	1	1		2
Whether the cleanliness is Good / Fair / Poor?	good	good	Fair	Poor	Good	Good	Good	Good
OPD	good	good	Fair	Poor	Good	Good	Good	Good
Rooms	good	good	Fair	Poor	Good	Good	Good	Good
Wards	good	good	Fair	Poor	Good	Good	Good	Good
Toilets	good	Fair	Fair	Poor	Fair	Good	Good	Good
Premises (compound)	good	good	Fair	Poor	Fair	Good	Good	Good
Are any of the following close t								
Garbage dump	No	No	No	No	No	Yes	No	No
Cattle shed	No	No	No	No	No		No	No
Stagnant pool	No	No	No	No	No		No	No
Pollution from industry	No	No	No	No	No		No	No
Is boundary wall with gate existing?	No	No	No	No	No		No	No

XII) Location

Particulars	Bhilai Bajar	Chaitma	Jatja	Tuman	Hardi bazar	Pasan	Piperi a	Korba
Located at an easily accessible area	Yes	Yes	Yes	Yes	Yes	Yes	yes	Yes
Distance of PHC (in Kms.) from the farthest village in coverage area	15 Km	10 Km	35 Km	13 Km	16 Km	22 Km	45 Km	100 Km
Travel time (in minutes) to reach the PHC from farthest village in coverage area	2	30 minute	2 hours	45 minutes	45 minute	3km	2 hours	3 hours
Distance of PHC (in Kms.) from the CHC	35	15	52	34	30	120	110	
Distance of PHC (in Kms.) from District Hospital	20	65	70	52	30	150	140	6
Prominent display boards regarding service availability in local language	yes	yes	No	No	Yes	Yes	yes	Yes
Registration counters	No	No	No	No	No	Yes	no	Yes
Pharmacy for drug dispensing and drug storage	yes	No	Yes	No	Yes	Yes	Yes	Yes
Counter near entrance of PHC to obtain contraceptives, ORS packets, Vitamin A and Vaccination	No	No	No	No	No	No	No	No
Separate public utilities for males and females	No	No	No	No	No	No	No	Yes
Suggestion / complaint box	No	No	No	No	No	No	No	No
OPD rooms / cubicles (Give numbers)	1	1	1	1	1	1	1	1
Adequate no. of windows in the room for light and air in each room	Yes	yes	Yes	Yes	Yes	yes	yes	Yes
Family Welfare Clinic	No	No	No	No	No	no	no	No
Waiting room for patients	No	No	No	No	No	No	No	No
Emergency Room / Casualty	No	No	No	No	No	No	No	No
Separate wards for males and females	No	No	No	No	No	No	No	No
No. of beds : Male			No	No				
No. of beds : Female			No	No				

XIII) Operation Theatre (if exists)

Particulars	Bhilai Bajar	Chaitma	Jatja	Tuman	Hardi bazar	Pasan	Piperia	Korba
Operation Theatre available	No	yes	No	No	Yes	Yes	No	Yes
Surgeries carried out in the operation theatre?								
Yes								Yes
No	No	No			No			
Sometimes						Someti me		
If OT is present, but surgeries are not being conducted there, then what are the reasons for the same?	No					(271 LTT)		
Non-availability of doctors /staff								
Lack of equipment / poor physical state of the operation theatre								
No power supply in the operation theatre								
Any other reason								
OT used for obstetric / gynecological purpose		No						Yes (MTP)
Has OT enough space		Yes				No		Yes

XIV) Labour room

Particulars	Bhilai Bajar	Chaitma	Jatja	Tuman	Hardi bazar	Pasan	Piperia	Korba
Labour room available?	Yes	Yes	Yes	Yes	No	Yes	No	Yes
If labour room is present, arc deliveries carried out in the labour room?								
Yes	Yes	Yes	Yes			Yes		Yes(3)
No								
Sometimes	Sometime			Sometime				
If labour room is present. But deliveries are not being conducted there, the reasons for the same?								
Non-availability of doctors / staff				Yes				
Poor condition of the labour room				Yes				
No power supply in the labour room				Yes				
Any other reason					In subcenter			
Are separate areas for septic and aseptic deliveries available?	No	No	No	No	No	No	No	No

XV) Laboratory:

Particulars	Bhilai Bajar	Chaitma	Jatja	Tuman	Hardi bazar	Pasan	Piperia	Korba
Laboratory	No	No	No	No	yes	Yes	No	Yes
Are adequate equipment and chemicals available?	No	No	No	No	No	No	No	Yes
Is laboratory maintained in orderly manner?	No	No	No	No	No	No	No	Yes
Ancillary Rooms - Nurses rest room	No	No	No	No	No		No	Yes

XVI) Water supply

Particulars	Bhilai Bajar	Chaitma	Jatja	Tuman	Hardi bazar	Pasan	Piperia	Korba
Source of water (1- Piped; 2- Bore well/ hand pump / tube well; 3- Well; 4- Other)	2	2	2	2	2 and Municipal	2	No	2
Whether overhead tank and pump exist	yes	yes	Yes*	No	Yes	Yes	No	Yes
If overhead tank exist, whether its capacity sufficient?	yes	yes	Yes*					
If pump exist, whether it is in working condition?	No		Yes	No	Yes	Yes		

XVII) Sewerage

Particulars	Bhilai Bajar	Chaitma	Jatja	Tuman	Hardi bazar	Pasan	Piperia	Korba
Type of sewerage system (1- Soak pit; 2- Connected to Municipal Sewerage)	1	1	1	1	1	1	No	1
Waste disposal								
How the waste material is being disposed (please specify)?	no	No	No	No	No	No	No	Yes

XVIII)Electricity

Particulars	Bhilai Bajar	Chaitma	Jatja	Tuman	Hardi bazar	Pasan	Piperia	Korba
Is there electric line in all parts of the PHC? (1- In all parts; 2- In some parts; 3- None)	1	1	1	1	1	1	1	1
Regular Power Supply (1- Continuous y; 2- Occasional; 3- cuts in summer only; 4- Regular cuts; 5- No supply)	1	1	1	2	1	1	1	1
Stand by facility (generator) available in working condition	No	No	No	No	No	No	No	Yes
Laundry facilities:								
Laundry facility available	No	No	No	No	No	No	No	No
If no, is it outsourced?	No	No	No	No	No		No	

XIX) Communication facilities

Particulars	Bhilai Bajar	Chaitma	Jatja	Tuman	Hardi bazar	Pasan	Piperia	Korba
Telephone	Yes	Yes*	No	No	Yes (only incoming)	Yes	yes	Yes
Personal Computer	Yes	No	No	No	Yes	Yes	No	Yes
NIC Terminal	No	No	No	No	no	no	no	No
E.Mail	No	No	No	No	no	no	no	No
Is PHC accesible by	No	No	No	No	no	no	no	
Rail	No	No	No	No	no	no	no	Yes
All whether road	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Others								
Vehicles								Yes
Vehicle (jeep/other vehicle) available?	No	No	No	No	No	No	No	2
Office room	No	No	No	No	No	No	No	Yes
Store room	yes	yes	Yes	No	Yes	Yes	No	Yes
Kitchen	No	No	No	No	No	No	No	No
Diet:	No	No	No	No	No	No	No	No
Diet provided by hospital	No	No	No	No				No
If no, how diet is provided to the indoor patients?								
Residential facility for the staff								
Medical Officer	No	No	No	No	No	Yes	No	No
Pharmacist	No	No	No	No	No	No	No	Yes
Nurses	No	No	No	No	No	Yes	No	Yes
Other staff	No	No	No	No	No	1 Ward boy	No	Yes

XX) Behavioral Aspects

Particulars	Bhilai Bajar	Chaitma	Jatja	Tuman	Hardi bazar	Pasan	Piperia	Korba
The behaviour of the PHC staff with the patient								
Courteous	Courteous	Courteous	Courteous	Courteous	Courteous	Courteous	Courteous	Courteous
Casual/indifferent								
Insulting / derogatory								
Any fee for service is charged from the users? . If yes, specify.	Yes (JDS)	Yes (JDS)	Yes (JDS)	Yes (JDS)	Yes (JDS)	Yes (JDS)	Yes (JDS)	Yes (JDS)
Is there corruption in terms of charging extra money for any of the service provided?	No	No	No	No	No	No	No	No
Is a receipt always given for the money charged at the PHC?	yes	yes	yes	yes	yes	yes	yes	Yes
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	no	no	No
Are woman patients interviewed in an environment that ensures privacy and dignity?	No	No		No	no	no	no	No
Are examinations on woman patients conducted in presence of a woman attendant, and ensure privacy?	No	No		No	no	no	no	No
Do patients with chronic illnesses receive adequate care and drugs for the entire duration?	No	No		No	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	refer	refer	Refer
Is there a publicly displayed mechanism, whereby a complaint/grievance can be registered?	No	No		No	No	No	No	No

Particulars	Bhilai Bajar	Chaitma	Jatja	Tuman	Hardi bazar	Pasan	Piperia	Korba
Is there an outbreak of any of the following diseases in the PHC area in the last three years?	No	No		No	no	no	no	No
Malaria								
Measles								
Gastroenteritis		yes	Yes		yes	yes	yes	
Jaundice								
If yes, did the PHC staff responded immediately to stop the further spread of the epidemic		yes	Yes		yes	yes	yes	Yes
Does the doctor do private practice during or after the duty hours?	No	No	No	No	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	no	no	no	No
Have patients with specific health problems (HIV/AIDS, leprosy-suffered discrimination in any form?	No	No	No	No	No	No	No	No

XXI) Quality Control

Particular	Bhilai Bajar	Chaitma	Jatja	Tuman	Hardi bazar	Pasan	Piperia	Korba
Citizen's charter	No	No	No	No	No	No	No	Yes
Constitution of Rogi Kalyan Samiti (give a list of office order notifying the members)	Yes	No	Yes	Yes	Yes	Yes	No	Yes
Internal monitoring (Social audit through Panchayati Raj Institution / Rogi Kalyan Samitis, medical audit, technical audit, economic audit, disaster preparedness audit etc.	No	No	No	No	No	No	No	No
External monitoring / Gradation by PRI (Zila Parishad)/ Rogi Kalyan Samitis	No	No	No	No	No	No	No	No
Availability of Standard Operating Procedures (SOP) / Standard Treatment Protocols (STP)/ Guidelines	No	No	No	No	No	No	No	No

5) OBSERVATION GAPS AND REMARKS

Services	Observation Gaps	Suggestions
OPD services and Inpatient services	OPD Services are under utilized because of vacant post of the Medical Officers in some PHCs. Emergency services (24 Hours) do not exist where post of Medical Officer is vacant. More emphasis on the Referral Services, which could be managed at Primary level. In-patient Services are under utilized In Tuman, Jatje, Pasan and Piperia PHC, RMA s is Provided OPD and IPD services.	The vacant post of the Medical officer may be filled to improve the curative and preventive services.
Treatment of specific cases	In majority of survey facilities there is no facilities available for Primary management of emergency patients (like treatment of wounds, fracture, minor surgeries like draining of abscess), primary management of cases of poisoning / snake bite, insect or scorpion bite, 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
Service availability	MTP and Management of RTI / STI. Only ANM are managing the 24-hour delivery services without doctor.	Fill up the gap
Availability of specific services	Non availability of the specific services in some PHC	The post of Medical officer may be filled, so that, he can manage the services on priority basis where as MPW and ANM cannot.
Monitoring and Supervision activities	Monitoring and Supervision are not done by Medical officers at Block level. The sector supervisors are monitoring and supervising the activities of National Health Programmes	
Available training for	More training of all categories of Health Personnel at Block level required	Regular and on the job training are needed
Lab Services	No basic lab services at PHC level like Blood grouping, Bleeding time, clotting time, Sputum testing for TB, Rapid tests for pregnancy and Rapid tests for HIV	Fill up the concerned post and structural up gradation of the lab services at primary level
Residential Facility of the MO and other Staff	No residential facility for the doctors and the other workers at PHC except Pasan PHC	
Hospital Waste Management	The needle cutters are provided to the each health facilities, but the staff does not utilize them, which they should utilize.	Utilization of the Needle cutter at PHC level
Quality Control	Non Availability of Standard Operating Procedures (SOP) / Standard Treatment Protocols (STP)/ Guidelines	

6) HSC ANALYSIS

I) General Information and MCH care

Sr no	Subcenter Name	Dipka	Tanak har	Raha dih	Kanjip ani	Hardib aar	Salor a	Rajaga mar	Kork oma
1.1	Population covered (in numbers)	31231	5512	4523	2481	8979	4880	6488	5734
1.2	MCH Care including Family Planning								
1.2.1	Service availability								
a.	Ante-natal care	yes	Yes	yes	yes	yes	Yes	yes	Yes
b.	Intra natal care	yes	No	yes	yes	yes	Yes	yes	Yes
c.	Post-natal care	yes	No	yes	yes	yes	Yes	yes	Yes
d.	New born Care	Yes	No	yes	yes	yes	Yes	yes	Yes
e.	Child care including immunization	yes	Yes	yes	yes	yes	Yes	yes	yes
f.	Family Planning and contraception	yes	Yes	yes	yes	yes	Yes	yes	yes
g.	Adolescent health care	Yes	No	yes	yes	yes	Yes	yes	yes
h.	Assistance to school health services	yes	Yes	yes	yes	yes	Yes	yes	yes
i.	Facilities under Janani Suraksha Yojana	yes	Yes	yes	yes	yes	Yes	yes	yes
j.	Treatment of minor ailments	yes	Yes	yes	yes	yes	Yes	yes	yes
k.	First aid	Yes	Yes	Yes	no	no	No	No	yes

II) Availability of specific services

1.2.2	Particulars	Dipka	Tanakhar	Rahadih	Kanjipani	Hardibaar	salora	Rajagamar	Korkoma
a.	Does the doctor visit the SC at least once in a month?	no	No	Yes	yes	yes	no	no	No
b.	Is the day and time of this visit fixed?	no	No	No	No	yes	no	no	No
c.	Are the residents of the village aware of the timings of the doctor's visit?	no	No	No	Yes	yes	no	no	yes
d.	Does the Health Assistant (male) or LHV visit the Sub Centre at least once a week?	Yes	yes	yes	Yes	yes	yes	yes	yes
e.	Is the Antenatal care (Inj. T.T, IFA tablets, weight and BP checkup) provided	yes	yes	yes	yes	yes	yes	yes	yes
f.	Is the facility for referral of complicated cases of pregnancy / delivery available for 24 hours?	yes	yes	yes	Yes	yes	yes	yes	yes
g.	Does theany trained personnel accompany the woman in labor to the referred care facility at the time of referral?	Yes	yes	yes	yes	yes	yes	yes	yes
h.	Are the Immunization services as per Government schedule provided	yes	yes	yes	yes	yes	yes	yes	yes
i.	Is the ORS for prevention of diarrhea and dehydration available	yes	yes	yes	yes	yes	yes	yes	yes
j.	Is the treatment of minor illness like fever, cough, cold, worm disinfestation etc. available	yes	yes	yes	yes	yes	yes	yes	yes
k.	Is the facility for taking Peripheral blood smear in case of fever for detection available	yes	yes	yes	yes	yes	yes	yes	yes
l.	Are the contraceptive services like insertion of Copper-T, distributing Oral contraceptive pills or condoms provided	yes	yes	yes	yes	yes	yes	yes	yes
m.	Is it a DOT centre?	no	no	no	no	yes	no	no	no

III) Other functions and services performed

1.3	Particulars	Dipka	Tanakhar	Rahadh	Kanjipani	Hardibaar	Salora	Rajagamar	Korkoma
a.	Disease surveillance	No	Yes	yes	Yes	yes	yes	yes	yes
b.	Control of local endemic diseases	Yes	yes	yes	yes	yes	yes	yes	yes
c.	Promotion of sanitation	Yes	No	no	Yes	no	no	no	no
d.	Field visits and home care	yes	yes	yes	yes	yes	yes	yes	yes
e.	National Health Programmes including HIV/AIDS control programmes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes

IV) Monitoring and Supervision activities

1.4	Particulars	Dipka	Tanakhar	Rahadh	Kanjipani	Hardibaar	Salora	Rajagamar	Korkoma
a.	Training of traditional birth attendants and ASHA	Yes	No	yes	yes	yes	yes	yes	yes
b.	Monitoring of Water quality in the village	No	No	no	No	no	no	no	No
c.	Watch over unusual health events	Yes	yes	yes	no	no	yes	yes	yes
d.	Coordinated services with AWWs, ASHA, Village Health and Sanitation Committee, PRIs	yes	yes	yes	yes	yes	yes	yes	yes
e.	Coordination and supervision of activities of ASHA	Yes	yes	yes	yes	yes	yes	yes	yes
f.	Proper maintenance of records and registers	yes	No	yes	yes	yes	yes	yes	yes
g.	Is there a Village Health Plan / Sub Centre Plan?	Yes	yes	yes	Yes	yes	yes	yes	yes
h.	Is the scheme of ASHA implemented in Sub Centre?	yes	yes	yes	yes	yes	yes	yes	yes

V) Manpower

S.No	Personnel	Dipka	Tanakhar	Rahadh	Kanjipani	Hardibaar	Salora	Rajagamar	Korkoma
2.1	Health Worker (Female)	1	1	1	1	0	1	1	1
2.2.	Health Worker (Male)	1	0	0	0	1	0	0	0
2.3.	Voluntary worker to keep the Sub Centre clean and assisting ANM. She is paid by the ANM from her contingency fund @ Rs. 50/- per month	Yes	no	yes	Yes	yes	yes	No	No

VI) Physical Infrastructure (As per specifications)

3.1	Location	Dipka	Tanakhar	Rahadh	Kanjipani	Hardibaar	Salora	Rajagamar	Korkoma
a.	Location of subcenter	center of Village	Outside	Side	Side	Center	Center	center	Outside
	Within Village Locality	middle	No	yes	yes	no	yes		
	Far from village locality	no	1 Km	0	0.5	yes	No	no	0.5 Km
	If far from locality specify in km	0	1 km	0	0.5	0 Km	0	0	0.5 Km
b.	Whether located at an easily accessible area?	yes	yes	yes	yes	Yes	yes	yes	yes
c.	The distance of Sub Centre (in Kms.) from the remotest village in the coverage area	4 Km	15 Km	8km	2 km	6 km	7	3	12
d.	Travel time to reach the Sub Centre from the remotest place in the coverage area	15 minute	! Hours	45m	20	30	60	15	120
e.	The distance of Sub Centre (in Kms.) from the PHC	10	7	5	5 km	0	2	0	0
f.	The distance of Sub Centre (in Kms.) from the CHC	32	7	5	20 km	35	8	13	22

VII) Building

No	Particulars	Dipka	Tanakhar	Rahadih	Kanjipani	Hardibaar	Salora	Rajagamar	Korkoma
a.	Is a designated government building available	yes	Yes	yes	Yes	yes	yes	yes	yes
b.	If there is no designated government building, then where does the Sub Centre located								
	Rented premises								
	Other government building								
	Any other specify								
c.	Area of the building (Total area in Sq. mts.)	NA	1500 sq foot	1500 sq foot	1500 sq feet	1000 sq feet	1200 sq feet	1200 sq feet	1200 sq.feet
d.	What is the present condition of the existing building	Good	Good	Good	Good	Good	Good	Good	Good
e.	What is the present stage of construction of the building								
	Construction complete	yes		yes		yes	yes	yes	yes
	Construction incomplete		yes		yes				
f.	Compound Wall / Fencing (1-All around; 2-Partial; 3-None)	1	3	3	3	1	3	1	1
g.	Condition of plaster on walls (1- Well plaster intact every where; 2- coming off in some places; 3- coming off in many places or no plaster)	1	1	1		1	1	1	1
h.	Condition of floor (Yes- 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	1	1	1
i.	Whether the cleanliness is Good / Fair / Poor	good	good	poor		good	fair	good	good
j.	Are any of the following close to the Sub Centre								
i.	Garbage dump	No	No	no	no	no	no	No	No
ii.	Cattle shed	No	No	no	no	no	no	No	No
iii.	Stagnant pool	No	No	no	no	no	no	No	No
iv.	Pollution from industry	No	No	no	no	no	no	No	No
k.	Is boundary wall with gate existing?	Yes	No	No	no	no	No	Yes	Yes
3.3	Prominent display boards in local language	yes	No	No	no	no	No	No	No
3.4	Separate public utilities for males and females	no	No	no	no	no	no	No	No
3.5	Suggestion / complaint box	no	No	no	no	no	no	No	No

3.6	Labour room	Dipka	Tanak har	Rahadh	Kanjipani	Hardib aar	Salora	Rajagamar	Korkoma
a.	Labour room available?	Yes	yes	yes	no	yes	yes	yes	Yes
b.	If labour room is present, are deliveries carried out in the labour room?	Yes			no				
	Yes	Yes				Yes	yes		
	No		No	No					No
	Sometimes								
c.	If labour room is present, but deliveries not being conducted there, then what are the reasons for the same?								
	Staff not staying						Yes		
	Poor condition of the labour room								
	No power supply in the labour room			Yes					
	Any other specify		No water supply	No water supply					Pt ref. to PHC
3.7	Clinic Room	yes	Yes	yes	no	yes	yes	yes	Yes
3.8	Examination room	yes	Yes	yes	no	yes	yes	yes	Yes

VIII) Water supply

No	Particulars	Dipka	Tanak har	Rahadh	Kanjipani	Hardib aar	Salora	Rajagamar	Korkoma
a.	Source of water (Yes- Piped; 2- Bore well/ hand pump / tube well; 3- Well; 4- Other)	2 (No water)	No water supply	No	No	2	1	2	2
b.	Whether overhead tank and pump exist	no	No	No	no	yes	no	no	No
c.	If overhead tank exist, whether its capacity sufficient?	no	No		no	yes			No
d.	Whether it is in working condition	No	No	no	no	No	no	no	
3.10.	Waste disposal								
0.	How the medical waste disposed off (please specify)?	No	No	no	nil	Nil	No	nil	No
3.11.	Electricity								
1.	Regular electric supply available?	yes	yes	No	yes	yes	yes	yes	No

IX) Communication facilities

No	Particulars	Dipka	Tanak har	Rahadh	Kanjipani	Hardib aar	Salora	Rajagamar	Korkoma
a.	Telephone	yes	yes	yes	Yes	Yes	Yes	no	No
3.13.	Transport facility for movement of staff	No	no	no	No	No	No	no	No
3.14.	Residential facility for Health Worker (Female)	yes	yes	yes	No	No	Yes	yes	yes
3.15.	Whether Health Worker (Male) available in the Sub Centre?	no	no	No	No	No	No	no	No
3.16.	Is he staying at HSC Centre Head Quarter village?	yes	yes	yes	yes	No	No	No	No

X) Furniture

S.No.	Item	Dipka	Tanak har	Rahadh	Kanjipani	Hardibaar	salora	Rajagamar	Korkoma
6.1.	Examination Table	1	1	1	1	1	1	1	1
6.2.	Writing Table	1	1	1	1	1	1	1	1
6.3.	Armless chairs	5	1	1	1	7	1	2	2
6.4.	Medicine chest	0	No	0	0	0	0	0	0
6.5.	Labour table	1	1	1	1	1	1	0	1
6.6.	Wooden screen	0	0	0	0	1	0	0	0
6.7.	Foot step	1	1	0	0	0	0	0	0
6.8.	Coat rack	0	1	0	0	1	0	1	0
6.9.	Bed side table	0	1	1	1	1	0	1	0
6.10.	Stool	4	1	1	1	1	1	2	0
6.11.	Almirahs	1	1	1	1	2	0	2	1
6.12.	Lamp	0	0	0	0	0	0	0	0
6.13.	Side wooden racks	0	0	0	0	0	0	0	0
6.14.	Fans	6	5	0	0	3	4	0	0
6.15.	Tube lights	8	8	0	0	3	9	0	0
6.16.	Basin stand	1	0	0	0	0	1	0	0
6.17.	Buckets	1	1	1	1	1	0	2	2
6.18.	Mugs	1	1	0	0	1	0	0	3
6.19.	Kerosene stove	1	No	1	1	0	1	0	1
6.20.	Sauce pan with lid	0	0	0	0	0	0	0	1
6.21.	Water receptacle	0	Yes	0	0	0	0	0	1
6.22.	Rubber / plastic shutting	1	0	1	1	1	1	0	1
6.23.	Talquist Hb scale	1	1	1	1	1	1	0	0
6.24.	Drum with tap for storing water	0	0	0	0	1	0	0	0
6.25.	Others								

XI) Quality Control

No	Particulars	Dipka	Tanak har	Rahadh	Kanjipani	Hardibaar	Salora	Rajagamar	Korkoma
7.1	Citizen's charter in local language	Yes	No	No	no	no	no	no	No
7.2.	Internal monitoring: supportive supervision and record checking at periodic intervals by the male and female health supervisors from PHC	Yes but not regular interval							
7.3.	External monitoring: Village health and sanitation committee, evaluation by independent external agency	no	no	no	no	no	no	no	No
7.4.	Availability of various guidelines issued by State Govt.	Yes	No	yes	no	yes	yes	Yes	Yes

Facility survey of other HSC (where no Government /Rent Building)

Subcenter	PHC	Block	Population	Building	Working
Kudurmāl	Korba	Korba	6857	Under construction	HSC provided immunization, ANC and other services through Anganwadi worker
Tuman	Tuman	Podiuproda	5916	No building	HSC provided Services through PHC, The SHC and PHC is sanctioned in same village
Pasan	Pasan	Podiuproda	4963	No building	HSC Services through PHC

7) OBSERVATION GAPS AND REMARKS

Service	Observation Gap	Suggestions
Manpower	Shortage of MPW (Male)	The post of MPW should be filled
Physical infrastructure	1. Basic amenities are lacking in 50% Surveyed sub-centers. 2. Due to lack of basic facilities the deliveries are not being conducted in the building. The proportion of the home delivery is more in these areas	It is essential to provide basic amenities like water and storage tank at subcenter
Delivery	In surveyed health facilities most of the sub centers referring the normal deliveries cases to neighboring PHC/CHC.	Create suitable facilities and fill up the vacant posts
Availability of Special services	Doctors are not visiting the sub centers as per guidelines	Recommended regular visits so as to improve the performance of Monitoring, Evaluation

8) FIELD ACTIVITIES: ANC/PNC/JSY/IMMUNIZATION

8.1. Field Verification of Contraceptive (CC) Methods Users

Particulars		Strelizations		IUD users		OP users		Nirodh users		Total
S. No	PHC/SC visited	cases contacted	Denial/fake cases	cases contacted	Denial/fake cases	cases contacted	Denial/fake cases	cases contacted	Denial/fake cases	Denial/fake cases
1	Dipaka	3	0	2	0	2	0	2	0	0
2	Tanakhar	3	0	2	0	2	0	3	1	1
3	Tuman	2	0	1	0	1	0	1	0	0
4	Rahadih	3	0	1	0	3	0	2	0	0
5	Kanjipani	2	0	2	0	2	0	1	0	0
6	Hardibazar	2	0	2	0	2	0	2	0	0
7	Pasan	3	0	2	0	2	0	1	0	0
8	Salora	2	0	1	0	2	0	1	0	0
9	Korkoma	3	0	2	0	1	0	2	0	0
10	Kudurmāl	2	0	2	0	2	0	2	0	0
	Total	25	0	17	0	19	0	17	1	1

8.2. Field Verification of Children for fully immunization

S. No	Sub-centers	Cases Selected	cases contacted	Fully immunized	% Fully Immunized	children not immunized fully	% children not immunized fully
1	Dipaka	9	7	7	100.0	0	0.0
2	Tanakhar	9	3	3	100.0	0	0.0
3	Tuman	10	3	3	100.0	0	0.0
4	Rahadih	14	6	6	100.0	0	0.0
5	Kanjipani	12	4	4	100.0	0	0.0
6	Hardibazar	10	7	5	71.4	2	28.6
7	Pasan	11	5	4	80.0	1	20.0
8	Salora	12	5	3	60.0	2	40.0
9	Korkoma	14	4	4	100.0	0	0.0
10	Kudurmāl	10	5	5	100.0	0	0.0
	Total	111	49	44	89.8	5	10.2

8.3. Cross verification of ANC/PNC Beneficiaries

S. No	Sub-Centers covered	Cases Selected	cases contacted	Received 3 ANC Check-ups, 100 tab. IFA and TT inj. accompanied to hospitals	beneficiaries undergone Home delivery	of beneficiaries have hospital Delivery	beneficiaries have Post natal complication	Post natal follow up visits by the Health staff
1	Dipaka	10	3	3	0	3	No	No
2	Tanakhar	11	3	3	3	0	No	No
3	Tuman	12	2	2	1	1	No	No
4	Rahadih	14	7	7	2	5	No	No
5	Kanjipani	10	2	2	2	0	No	No
6	Hardibazar	13	3	3	1	2	No	No
7	Pasan	10	3	3	2	0	Yes	Yes
8	Salora	12	2	2	2	0	No	No
9	Korkoma	12	3	3	3	0	No	No
10	Kudurmal	12	3	3	3	0	No	No
	Total	116	31	31	19	11		

8.4.JSY beneficiaries

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 monetary benefits	of clients spend money for transportaion and other wise for confinement	% clients paid money from their pocket
1	Dipaka	10	4	4	4	100	0	0.00
2	Tanakhar	12	2	2	0	100	0	0.00
3	Tuman	12	2	2	1	100	0	0.00
4	Rahadih	14	7	7	5	100	0	0.00
5	Kanjipani	10	2	2	0	100	0	0.00
6	Hardibazar	12	3	3	2	100	0	0.00
7	Pasan	12	4	4	2	75	1	25.00
8	Salora	12	2	2	0	100	0	0.00
9	Korkoma	12	3	3	0	100	0	0.00
10	Kudurmal	10	3	3	0	100	0	0.00
13	Total	116	32	32	14	98	1	2.50

9) NATIONAL HEALTH PROGRAMMES:

9.1) NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME

9.1.1: Manpower

Sr No	Designation	Sanctioned	In position	Vacant
1	District Malaria Officer	1	0	1
2	Asst. Malaria Officer	1	1	0
3	CHC Medical officer	34	18	16
4	PHC medical officer	70	19	51
5	Doctors	137	56	81
6	MPHS(M)	49	27	22
7	MPHS(F)	55	37	18
8	MPHW(M)	215	130	85
9	MPHW(F)	250	152	98
10	Lab Technician	33	11	22
11	Sector Pharmacist	--	-	-
12	Rapid Response Team	-	-	--

9.1.2: NVBDCP Disease Indicators

Particulars	Previous year	Current
Number notified malaria cases 1,00,000 population	843	240
Number of New Kala-Azar cases detected per 10,000 population	Nil	Nil
Micro Filarial Rate	Nil	Nil
Number of Dengue/DHF cases reported	Nil	Nil
Number of JE cases reported	Nil	Nil

9.1.3: Epidemiological data of Malaria

Particulars	2005/06	2006/07	2007/08	2008/09
1 BS EXAMINED	183151	177203	165581	149468
2 Malaria positive	8292	8777	11099	9783
3 PV	4336	5054	6619	5721
4 PF	3956	3723	4480	4062
5 Pf %	47.7	42.4	40.36	41.52
6 No of Death	Nil	Nil	Nil	Nil
7 Child death	Nil	Nil	Nil	Nil
8 ABER	18.3	17.3	15.87	12.8
9 API	8.3	8.6	10.64	8.43
10 SPR	4.5	4.9	6.7	6.54
11 SFR	2.1	2.1	2.7	2.71
12	a) Number of outbreak reported : No b) Period of outbreak c) Death reported d) During outbreak e) Time of outbreak			

9.1.4: RDKits

a) In Pondupadi:

- Rapid Diagnostics Kits were utilized where microscopic center is working.
- There is lack of communication between the LT and the store keeper regarding the RDK Stock.
- The record of the distribution of the kits was not available.
- • No supervision over the stock either by BMO or any other officer.
- • During visit to the Malaria Lab, we have noted that one patient purchase the RD Kit from private Medical shop for diagnosis of Malaria on OPD basis.

Comments: Regarding monitoring of the RDK stock, guidelines are not followed at Malaria Laboratory of CHC. Maintenance of record and reporting of the RDK stock should be carried out.

b) Bhilai Bazar: PHC received 11 boxes (25 kits in each box) of the RDK, 5 boxes and 24 kits in one box were utilized for the diagnosis of malaria. On day of visit we found 6 boxes of the RDK. The RD Kits will expire within 18 days (MFD 27/7/07 and Exp date 26/07/09). The medical officer is not aware of the expiry date of the Kits.

Comments: Guidelines for maintenance of recording and reporting of the RDK stock should be followed.

Necessary steps should be taken for utilization of early expiry of RD kits.

IRS

During the visit to Tuman, Pasan, Chitma, Rahadih and Hardibazar, we have randomly selected some household for IRS monitoring purpose. Household have no prior information regarding the spraying operation in village. Spray is done in patchy manner and entire area are not covered. Spray is covered only outer area of the house. The health workers also have no prior information of the date of IRS Spray

Comments: Monitoring and supervision of IRS should be done by Program Officer.

: Field staff of health department & community should be involved in the IRS operation which is not visible in the surveyed areas

9.1.5: Filariasis

Filariasis		Previous year	Current year	Comments
1	Line listing of cases	Nil	-	Night blood sample survey is required in the Podi block where elephantiasis and Hydrocele cases were detected by line listing. To reduce the morbidity (a) steps to be taken for management of elephantiasis (b) Arrangement of Hydrocele camps
2	No of elentaphantiasis	Nil	12	
3	No of Hydrocele	Nil	389	
4	MDA activity	Nil	-	
5	% of coverage	Nil	-	
6	Filarial night survey	Nil	-	
7	Entomological surveillance	Nil	-	
8	Control measure	Nil		

9.2: KEY INDICATORS FOR RNTCP

RNTCP				
Component of programme	Observation			Suggestion
Manpower	Post	Sanction	In position	Filled observed Gap
	1.DTO	1	Vacant	
	2.MOTC	1	1	
	3.STLS	4	4	
	4.STS	4	4	
	5.LT	6	6	
Lab services	All microscopic center are working except in Rampur and kharwani All sanctioned post of LTs are filled i.e 6			
IEC	Village Health committee meeting Poster Display in Health camps Poster Sticks on the wall of the villages and patient providers interaction meeting			
Involvement of NGO	No			
Indicators	1.Smear positive Rate: 65.21% 2.Conversation Rate: 91.25% 3.Success Rate: 91.25% 4.Percentage of TB suspects examined out of total out patient: 1.3% 5.New case in year :883			

9.3: NATIONAL BLINDNESS CONTROL PROGRAMME

Indicator	previous year (Year 2008-09)	Current (Year 2009-10)
Performance of Cataract Operations (Number & %)	4085 (90.8%)	172 (3.82%)
Children examined for refractive errors (No. & %)	234 (46.8%)	Nil
Eye Donations (No. & %)	Nil	Nil

Component	Observation	Suggestion												
Manpower	<table border="1"> <thead> <tr> <th>Designation</th> <th>Sanction</th> <th>Position</th> <th>Vacant</th> </tr> </thead> <tbody> <tr> <td>Eye Surgeon:</td> <td>01</td> <td>01</td> <td>0</td> </tr> <tr> <td>PMOA:</td> <td>36</td> <td>06</td> <td>30</td> </tr> </tbody> </table>	Designation	Sanction	Position	Vacant	Eye Surgeon:	01	01	0	PMOA:	36	06	30	PMOA post are vacant
Designation	Sanction	Position	Vacant											
Eye Surgeon:	01	01	0											
PMOA:	36	06	30											
Indicators	1) Child examination for refractory errors in first quarter of current year is nil 2) Performance of cataract operations In year 2008-09: (4085) 90.8% and year 2009 till date : (172)3.82% 3) Eye donation in year 2008/09 and 2009/10 : Nil	Steps to be taken for achievement of indicator (1)												
NGO involvement	Involvement of NGO at District and Block Level in the Cataract operations													

9.4: INTEGRATED DISEASE SURVEILLANCE PROJECT

Component of programme	Observation	Suggestion																					
<i>Infrastructure</i>	<table border="1"> <thead> <tr> <th>Post</th> <th>sanction</th> <th>Vacant</th> </tr> </thead> <tbody> <tr> <td>1. DSO</td> <td>1</td> <td>1</td> </tr> <tr> <td>2. Epidemiologist</td> <td>1</td> <td>0</td> </tr> <tr> <td>3. Data Manager</td> <td>1</td> <td>1</td> </tr> <tr> <td>4. Accountant</td> <td>1</td> <td>0</td> </tr> <tr> <td>5. Data entry Operator</td> <td>1</td> <td>0</td> </tr> <tr> <td>6. Admin.assistant</td> <td>1</td> <td>1</td> </tr> </tbody> </table>	Post	sanction	Vacant	1. DSO	1	1	2. Epidemiologist	1	0	3. Data Manager	1	1	4. Accountant	1	0	5. Data entry Operator	1	0	6. Admin.assistant	1	1	Filled vacant Gap
Post	sanction	Vacant																					
1. DSO	1	1																					
2. Epidemiologist	1	0																					
3. Data Manager	1	1																					
4. Accountant	1	0																					
5. Data entry Operator	1	0																					
6. Admin.assistant	1	1																					
<i>Training</i>	In year 2008-09, IDSP training was given to BMO, MO, RMA, LT, MPW, ANM and LHV .The 100% training proposed in year 2009-10																						
Indicators																							
<i>Weekly reporting/Early warning signals</i>	<p>In year 2008/09</p> <ol style="list-style-type: none"> Weekly reporting of IDSP was 40-50% Reporting of early warning signal was 40-50% <p>In year 2009 to till date</p> <ol style="list-style-type: none"> Weekly reporting of IDSP was 60-70% Reporting of early warning signal was 70-80% 	Marginal improvement in the weekly and early warning signal reporting in current year																					
<i>Date entry</i>	<p>In time reports: 50%</p> <p>Delay Report: 30%</p> <p>Not reported: 20%</p>	Steps to take for Delay and not reported areas. The monitoring of the reported is needed																					

9.5: NLEP

District			
Population	1154605		
Skin smear Facility	No		
New case detection rate (Last five Year)			
April 2005-March 2006	38	Prevalence rate:2.0	
April 2006-March 2007	24	Prevalence rate:1.6	
April 2007-March 2008	45.33	Prevalence rate:3.01	
April 2008-March 2009	35.89	Prevalence rate:2.19	
Treatment Completion rate at District level			
Rural Area			
MB	95.5%		
PB	96.5		
Urban Area			
MB	100%		
PB	100%		
Coordination with NRHM Authority	Yes		
DPMR	DPMR printed format are available at Dist level, and will be distributed after DPMR training, The Supervisor training scheduled on 24-25 July 2009		
MCR footwear procurement and distribution status			
2007/08			
PB	-		
MB	43		
2008/09			
PB	-		
MB	16		
RCS conducted during the year	03		
IEC activities for reduction of stigma and discrimination	Group Meeting, school quiz, Kala jatha and Rallies		
MDT stock	No of UT patient as on date	No of available MDT BCP	Per month BCP
MBA	114	168	1.47
MBC	22	102	4.63
PBA	105	281	2.67
PBC	12	55	4.58
Leprosy reaction at CHC			
Type I	08		
Type II			

E1) Monitoring of NLEP activity at CHC /Block level

Sr No	Particulars	Pali	Pondupadi	Khotghora	Korba
A	Population	1 72000	1 76000	1 69000	281000
B	PHC	5	10	5	8
C	Subcenter	39	39	52	47
D	PR(March 2009)	2.04	0.76	4.02	2.73
E	ANCDR	31.31	13.54	62.42	30.33
F	Lepra reaction			04	
G					

E2) Interview of Medical officer regarding diagnosis and reporting

Sr No	Activity	Pali	Pondupadi	Khotghora	Korba	Total
1	Do they find any difficulty in diagnosis of patient	0%(0/4)	0%(0/2)	0%(0/2)	33.3%(1/3)	9%(1/11)
2	Is MO knows about diagnosis of leprae reactions	25%(1/4)	50%(1/2)	50%(1/2)	66.6%(2/3)	45.5%(5/11)
3	Are MO manage lepra reactions	25%(1/4)	50%(1/2)	50%(1/2)	0%(0/3)	27.3%(3/11)
4	Are they trained in DPMR	0%(0/4)	0%(0/2)	0%(0/2)	0%(0/3)	0%(0/11)
5	Are MO Aware about the Disability grading	25%(1/4)	50%(1/2)	0%(0/2)	0%(0/3)	18.2%(2/11)
6	Have they heard of SIS	25%(1/4)	0%(0/2)	0%(0/2)	0%(0/3)	9% (1/11)
7	Is MO aware of M.L.F.04 A & B	1%(0/4)	0%(0/2)	0%(0/2)	0%(0/3)	9%(1/11)
8	Has any discussion of NLEP activities been there in sector meeting	25%(0/4)	50%(1/2)	50%(1/2)	33.3%(1/3)	27.3%(3/11)
9	Has MO received any guideline/letter from district in last quarters regarding NLEP	0%(0/4)	0%(0/4)	0%(0/4)	0%(0/3)	0%(0/11)
10	Is all the SIS logistics available in the PHC	25%(1/4)	0%(0/4)	50%(1/2)	0%(0/3)	18.2%(2/11)
11	Are you aware of about the RCS facilities and where is available	25%(1/4)	50%(1/2)	50%(1/2)	0%(0/3)	27.3% (3/11)

E3) Interview of Pharmacist regarding MDT management under GHS

Sr No	Activity	Pali	Pondupadi	Khotghora	Korba	Total
1	Is MDT being kept by pharmacist	No	Yes	Yes	No	50% (2/4)
2	Is there MDT indent available for the CHC	No	No	Yes	No	25% (1/4)
3	Is treatment register updated	Yes	No	Yes	No	50% (2/4)
4	Is MDT logistic register updated	Yes (By NMA not pharmacist)	No	Yes (By NMA not pharmacist)	No	50% (2/4)
5	Is pharmacist aware of the MDT guidelines	No	No	No	No	0% (0/4)
6	No. of Gr I /Gr II patient in the block	No	No	No	No	0% (0/4)
7	No. of Gr I /Gr II patient in the near by area	No	No	No	No	0% (0/4)
8	Is deformity patients list available	List not available	List not available	List not available	List not available	0% (0/4)
9	Is there any IEC material being displayed	Yes	Yes	No	Only slogan	75% (3/4)
10	Are you aware of about the RCS facilities and where is available	No	No	No	No	0% (0/4)
	Comments	<ul style="list-style-type: none"> • Pharmacist are not involved in the MDT management and given least priority. • BMO should verify the indent & stock ensuring the involvement of pharmacist at the time of signing in monthly reports. • Indent should be checked by I/C store of CHC before issuing MDT to PHCs. 				

Particulars	Pali				Pondupadi				Khotghora				Korba			
	MBA	MBC	PBA	PBC	MBA	MBC	PBA	PBC	MBA	MBC	PBA	PBC	MBA	MBC	PBA	PBC
No. of cases on record	10	1	09	02	10	-	02	00	59	01	46	6	67	6	23	2
MDT stock position	21	6	107	Nil	28	-	05	01	154	04	44	3	90	6	49	2
Cases given AMDT	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
Expiry date	3/2012	12/2010	12/2010	12/2010	3/2012		12/2010	12/2010	3/2012	12/2010	12/2010	12/2010	3/2012	12/2010	12/2010	12/2010
Patients Month BCPs	2.1	6	12	NIL	2.8	-	2.5	1	2.61	4	Less	Less	1.34	2.13	2.1	1
Comments If any	<p><u>MDT stock Guidelines</u> -2 months at PHC/Sector level, -1 month at CHC & -2 months at District level...ONLY AFTER DISTRIBUTION -MDT stock is unbalanced in surveyed CHC -Drugs should be kept & distributed by pharmacist/ compounder from general store after receiving indent. -MDT Guidelines Should be strictly followed at Block levels.</p>															

E4) MDT stock position

E5) Steroid Position at Block

Sr No	Type of tablets	Pali	Pondupadi	Khotghora	Korba	Total
Prednisolone						
1	10 mg	Nil	Nil	Nil	3060	Nil
2	5 mg	Nil	Nil	Nil	Nil	Nil
Comments:		Guidelines to be followed: 20 courses of Prednisolone at District, 5 courses of Prednisolone at CHC & 1 course at PHC is required as per the guidelines. Steroid guidelines should be regularly monitored by DLO office				

E6) Record of the Leprosy at CHC

Sr No	Category of record	Pali	Pondupadi	Khotghora	Korba	
1	LF1	-No	No	Yes	Signature of Medical officer and MPW not found	
1	Treatment register (LF2)	Yes <i>but not updated</i>	Yes <i>but not updated</i>	Yes <i>but not updated</i>	Not updated	
2	Drug Register (LF3)	Yes	Yes	Yes	Not updated	
3	Reporting (LF4)	Yes	Yes	Yes	Yes	
4	Disability register (Form PI)	No	No	No	No	
5	Form P II	No	No	No	No	
6	Form P III	No	No	No	No	
7	Form P IV	No	No	No	No	
8	Form P V	No	No	No	No	
9	Form P VI	No	No	No	No	
10	Form P VII	No	No	No	No	
Comments		-Recording & Reporting is needs attention. -All NLEP record kept by vertical staff in surveyed CHC -Block Korba record needs attention, BMO are not aware of the record and reporting. -There should be coordination between the NMS/NMA and BMO regarding recording and reporting				

E7) Quality of SIS

Sr No	SIS	Pali	Pondupadi	Khotghora	Korba
1	Quality	Poor*	Poor	Good	Poor*

Needs immediate attention

E8) Health facilities with counselling guidelines

Sr No	Particulars	Pali	Pondupadi	Khotghora	Korba
1	Counselling Guidelines	No	No	No	No
Comments		The staff should be adhered to prescribed counselling guidelines.			

Comments	Drugs should be kept & distributed by pharmacist from general store after receiving indent.
	MDT Guidelines Should be strictly followed at Block levels.
	Steroid guidelines should be regularly monitored by DLO office
	Recording & Reporting needs attention.
	The records of the Block PHC Korba is not maintained properly, it needs immediate attention. BMO of Block PHC Korba is not aware of the recording and reporting procedures
	There should be coordination between the NMS/NMA and BMO regarding recording and reporting at Pali FRU, which was not observed
	The staff should adhered to prescribed counselling guidelines.
	INDEPENDENT EVALUATION BY EXTERNAL AGENCY

9.6: NRHM

Vital Data On RCH

		Previous year	Current year till date
1	No. of Infant deaths		
A	Within one week	0	0
B	one week to one month	231	277
C	one month to one year	109	100
2	No. of Maternal deaths	32	23
A	During pregnancy	NA	NA
B	During delivery	NA	NA
C	Within six month of delivery	NA	NA

Immunization (0-5Year)

		Previous year	Current year till date
1	OPV BCG	25553	28293
2	DPT1	25672	26837
3	DPT2	25672	26354
4	DPT3	25539	26088
5	DPT3	25539	26088
6	Measles	24880	26609
7	DPT booster1	22979	20429
8	DT	28622	29384
9	Vitamin A supplement	28304	25395

Family planning

Sr No	Particulars	Previous year	Current till date
1	Population Growth rate	2.01	2.01
2	Sex ratio	993	993
3	MMR	1.22	0.86
4	IMR	13.08	14.02
5	Birth Rate	22.41	22.88
6	Death Rate	13.6	13.6
7	CPR	58.63	59.29
8	No. of eligible couples	188310	205113
9	Total vectomy	133	163
10	Total LTT	5498	5650
11	Total CGT	794	1085
12	Oral pills	10010	7064

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 course 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
PMOA	:	Paramedical Ophthalmic Assistant
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