

**REPORT  
ON  
MONITORING OF HEALTH FACILITIES AS  
PER IPHS NORMS AND MONITORING  
NATIONAL PROGRAMMES OF  
DIST. JANGJIR (CHHATTISGARH)**

**PREPARED BY  
REGIONAL DIRECTORATE AND REGIONAL  
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## Health information of the District: Janjgir

### District Profile

1	Total population	1491202
<b>a</b>	<i>Urban</i>	170299
<b>b</b>	<i>Rural</i>	1320903
<b>c</b>	<i>Male</i>	746362
<b>d</b>	<i>Female</i>	744840

### Institutional Framework of NRHM

1	Merger of Societies	Yes
2	No. of Rogi Kalyan Samiti Registerd	36
<b>a</b>	<i>District Hospital</i>	1
<b>b</b>	<i>CHCs/PHC/CD/Civil Dispensary</i>	35
<b>c</b>	<i>PHCs (New)</i>	0

### Infrastructure/Block/CHC

1	No. of Village	913
2	No of Block	9
3	No. of District Hospital	1
4	No. of Sub-Divisional Hospital	1
5	No. of CHCs	8
6	No. of CHC with proper building	8
8	No. of CHC with specialist	0
9	No. of FRU working	4

### Primary Health Center

1	No. of PHCs (Block level)	39
2	No. of PHC(New) (Sector level)	-
3	No. of PHC with MO	21
4	No. of PHC with three staff nurses (List)	0
5	No. of PHC with functional OT	1
6	No. of institution under 24X7	
<b>A</b>	CHC(FRU)	4
<b>B</b>	PHC(New)	0
7	Mobile medical unit in position	0
8	No. of Pvt. Hospitals accredited under JSY	2

**Sub center**

1	No. of HSC	246
2	No. of HSC in Govt. building	57
3	No. of HSC with ANM	189
4	No. of HSC with additional ANM	0
5	No. of HSC with MPW (M)	124
	No. of S/c with functional Examination	
6	room with table	0
7	No. of Dai exists	1164
<b>A</b>	No. of TBA	843
<b>B</b>	No. of untrained Dai	321
8	No. of ASHA selected in 2007-08	3611
9	No. of ASHA who have received training	3586
10	No. of ASHA in position with drug kit	3586
11	Monthly Health Days held	1361
A	Proposed	32664
B	Achievement	16221
12	No. of link worker selected till date	0
13	No. of Anganawadi centers	1361

**Health Manpower:**

<b>SR NO</b>	<b>NAME OF POST</b>	<b>SANCTION</b>	<b>IN POSITION</b>	<b>VACANT</b>
1	CMO	1	1	0
2	District Family planning Officer	1	1	0
3	District Leprosy officer	1	1	0
4	District Malaria officer	1	1	0
5	District tuberculosis officer	1	0	1
6	Specialists	57	9	42
7	Medical Officer	123	60	63
8	BMO	8	0	8
9	Male Supervisor	54	30	24
10	Staff Nurse	52	36	16
11	ANMs	294	209	85
12	MPW (M)	255	124	131
13	LHV	62	46	16
14	LT	32	9	23
15	BEETO	8	2	6
16	Ophthalmic Assistant	31	9	22
17	Pharmacist		51	
18	other			

**SURVEY**

**DISTRICT JANJGIR**

**DPM/DHO/DMO/NRHM/IDSP**

**DISTRICT  
HOSPITAL**

**CIVIL  
HOSPITAL**

**CMO OFFICE**

**CHC**

**CHC  
Akaltara**

**CHC  
Sakti**

**CHC  
Jaijaipur**

**CHC  
Bamhanidih**

**PHC**

**Nariyara**

**Kapan**

**Kurdha**

**Raipura**

**Hasand**

**SUBCENTERS**

**Thathari**

**Jaijaipur**

**Bhamnadhi**

**Poina\***

**Piparda\***

**Nawagarh**

**Lausara**

**Sakrelikala**

**Sarko**

**Shivni**

**Banari**

**Kapan**

## FRU/CHC Analysis

	Particulars	CHC	CHC	CHC	CHC
		Jaijaipur	Bamhanidih	Akaltara	Sakti
	<b>Bed Strength</b>				
	<b>Sanction</b>	<b>30</b>	<b>32</b>	<b>30</b>	<b>30</b>
	<b>In position</b>	<b>12</b>	<b>20</b>	<b>16</b>	<b>23</b>
	<b>Deficit</b>				
<b>I.</b>	<b>Services</b>				
1.1.	Population covered	<b>1 58 000</b>	<b>164414</b>	<b>151000</b>	<b>150000</b>
1.2.	Specialist services available	No	No	No	No
a.	Medicine	No	No	No	No
b.	Surgery	No	No	No	No
c.	OBG	No	No	No	No
d.	Paediatrics	No	No	No	No
e.	National Health Programmes	Yes	Yes	yes	yes
f.	Emergency services (24 Hours)	Yes	Yes	Yes	yes
g.	24 - hour delivery services including normal and assisted deliveries	Yes	Yes	Yes	yes
h.	Emergency Obstetric Care including surgical interventions like Caesarean Sections and other medical interventions	No	No	No	No
i.	New-born care	No	Yes	Yes	yes
j.	Emergency care of sick children	Yes	No	Yes	yes
k.	Full range of family planning services including Laproscopic Services	yes*	yes*	No	yes*
l.	Safe abortion services	No	No	No	No
m.	Treatment of STI / RTI	Yes	Yes	Yes	yes
n.	Essential Laboratory Services (Specify the type of lab tests conducted)	Yes	Yes	Yes(only PS)	yes
o.	Blood storage facility	No	No	No	No
p.	Referral transport service	Yes	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	<b>80</b>	<b>20</b>	<b>50</b>	<b>70</b>
a.	Male			50	
b.	Female			50	
1.5.	Types of Surgeries performed (specify)	Yes	Yes	Yes	yes
1.6.	HIV / AIDS	No	<b>Only counseling</b>	No	No
a.	Availability of Counseling facility on HIV/ AIDS / STD etc.	No	yes	No	Yes

b.	Is it a Voluntary Council and Testing Centre (VCTC)?	No	only counselling	No	No
----	--	----	------------------	----	----

	Service availability	Number of days in a month the services are available	Number of days in a month the services are available	Number of days in a month the services are available	Number of days in a month the services are available
<b>1.7.</b>					
a.	Ante-natal Clinics	Yes	Yes	Yes	yes
b.	Post-natal Clinics	Yes	Yes	yes	yes
c.	Immunization Sessions	Yes	Yes	Yes	yes
1.8.	Number of cases of caeserian delivery (During last one year)	0	0	0	0
1.9.	Total number of paediatric beds	NM	NM	NM	NM
1.10.	Is separate septic labour room available	no	Yes	No	no
1.11.	Availability of facilities for out-patient department in Gynecology/ obstetric	No	No	No	No
a.	Board /Name plates to guide the clients	Yes	Yes	Yes	yes
b.	Adequate working space	Yes	no	No	yes
c.	Privacy during examination	No	yes	No	no
d.	Facility for counselling	no	Yes	No	yes
e.	Separate toilet with running water	Yes	Yes	No	no
f.	Facility for Starilizing instruments	Yes	Yes	Yes	yes
g.	Male specialist	Yes	Yes	Yes	yes
h.	Female specialist	yes*(MO)	No	Yes*(MO)	Yes(MO)

II.	Manpower Personnel	Jaijaipur	Bamhanidih	Akaltara	Sakti
<b>A.</b>	<b>Clinical Manpower</b>				
2.1.	General Surgeon	0	0	0	0
2.2.	Physician	0	0	0	0
2.3.	Obstetrician / Gynaecologist	0	0	0	0
2.4.	Paediatrics	0	0	0	0
2.5.	Anaesthetist	0	0	0	0
2.6.	Public Health Programme Manager	0	0	0	0
2.7.	Eye Surgeon	0	0	0	0
2.8.	Other specialists (if any)	0	0	0	0
2.9.	General duty officers (Medical Officer)	2	1	4	3

<b>B.</b>	<b>Support Manpower</b>	<b>Jaijaipur</b>	<b>Bamhanidih</b>	<b>Akaltara</b>	<b>Sakti</b>
2.10.	Nursing Staff	1	0	0	2(LHV)
a.	Public Health Nurse	0	0	0	
b.	ANM		0	1	1
c.	Staff Nurse	0	2	2	
d.	Nurse/Midwife	0	0	1	1
2.11.	Dresser	0	1	2	1
2.12.	Pharmacist / compounder	1	1	2	1
2.13.	Lab. Technician	1*	1	1	1
2.14.	Radiographer	1*	1	1	1
2.15.	Ophthalmic Assistant	1	1	1	1
2.16.	Ward boys / nursing orderly	4	4	3	
2.17.	Sweepers	1*	1	1	0
2.18.	Chowkidar	1	1	1	1
2.19.	OPD Attendant	0	0	0	
2.20.	Statistical Assistant / Data entry operator	0	0	0	0
2.21.	OT Attendant	0	1	0	1
2.22.	Registration Clerk	0	0	0	
2.23.	Any other staff (specify)			1	lab

<b>C.</b>	<b>Training of MOs during previous (full) year</b>				
		<b>Jaijaipur</b>	<b>Bamhanidih</b>	<b>Akaltara</b>	<b>Sakti</b>
2.2	Available training in				
a.	Sterilization	No	No	No	No
b.	IUD Insertions	No	No	No	No
c.	Emergency contraception	No	No	No	No
d.	RTI / STI, HIV/ AIDS	No	No	No	No
e.	Newborn care	No	No	No	No
f.	Emergency obstetric care	No	yes	No	No
g.	Other subjects (mention)	No	No	Administrative	No

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



	<b>IV. Physical Infrastructure</b>	<b>Jaijaipur</b>	<b>Bamhanidih</b>	<b>Akaltara</b>	<b>Sakti</b>
4.1.	Where is this CHC located?				
a.	Within Village Locality	Yes	yes	1Km	yes
b.	Far from village locality	no	no	no	no
c.	If far from locality specify in km	0	0	1Km	o
4.2.	Building				
a.	Is a designated government building available for the CHC?	Yes	Yes	Yes	yes
b.	If there is no designated government building, then where does the CHC located				
	Rented premises				
	Other government building				
	Any other specify				
c.	Area of the building		no record		
d.	What is the present stage of construction of the building				
	Construction complete	Completed	Completed	Incomplete	
	Construction incomplete			Incomplete	incomplete
e.	Compound Wall / Fencing	None	Partial	None	All around
f.	Condition of plaster on walls	Plaster coming off in some places			
g.	Condition of floor	Good condition			
h.	Whether the cleanliness is Good / Fair / Poor	Poor	fair	Good	Fair
	OPD	Poor	fair	good	Fair
	OT	Poor	fair	Good	Fair
	Rooms	Poor	fair	fair	Fair
	Wards	Poor	fair	fair	Fair
	Toilets	Poor	fair	fair	Fair
	Premises (compound)	Poor	fair	None	None
I.	Are any of the following close to the hospital? (Observe) (Yes/No)				
i.	Garbage dump	None	None	None	None
ii.	Cattle shed	None	None	None	None
iii.	Stagnant pool	None	None	None	None
iv.	Pollution from industry	None	None	None	None
4.3.	Location				
a.	Whether located at less than 2 hours of travel distance from the farthest village?	No	yes	yes	yes
b.	Whether the district head quarter hospital located at a distance of less than 4 hours travel time	2 hour	45 minutes	yes	1 hour

c.	Feasibility to hold the workforce (e.g. availability of degree college, railway station, municipality, industrial/mining belt) (specify)	None	None	None	None
4.4.	Availability of Private Sector Health Facility in the area	Yes	Yes	Yes	None
a.	Private Lab./hospital/Nursing Home	No	No	yes	yes
b.	Charitable Hospital	No	No	No	yes
c.	Hospital run by NGO	No	No	No	No
4.5.	Prominent display boards in local language / Charter of Patient Rights	yes	yes	yes	No
4.6.	Registration counters	No	Yes	No	yes
a.	Pharmacy for drug dispensing and drug storage	Yes	Yes	No	Yes
b.	Counter near entrance of hospital to obtain contraceptives, ORS packets, Vitamin A and Vaccination	No	No	No	Yes
4.8.	Separate public utilities for males and females (Yes/No)	No	No	No	No
4.9.	Suggestion / complaint box	No	No	No	No
4.10.	OPD rooms / cubicles	1	1	No	1
4.11.	Adequate no. of windows in the room for light and air in each room	yes	yes	yes	No
4.12.	Family Welfare Clinic	No	No	No	No
4.13.	Waiting room for patients	No	No	No	No
4.14.	Emergency Room / Casualty	No	No	No	yes
4.15.	Separate wards for males and females	No	No	No	No
4.16.	No. of beds : Male				
4.17.	No. of beds : Female				

<b>4.18.</b>	<b>Operation Theatre</b>	<b>Jaijaipur</b>	<b>Bamhanidih</b>	<b>Akaltara</b>	<b>Sakti</b>
a.	Operation Theatre available	yes	yes	yes	Yes
b.	If operation theatre is present, are surgeries carried out in the operation theatre?	yes	yes	yes	yes
	Yes	yes	yes	yes	
	No				
	Sometimes	yes	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	NA
	Non-availability of doctors / anaesthetist / staff				
	Lack of equipment / poor physical state of the operation theatre				
	No power supply in the operation theatre				
	Any other reason (specify)				
d.	Operation Theatre used for obstetric / gynaecological purpose	No	No	No	No
e.	Has OT enough space	yes	yes	yes	no
f.	Is OT fitted with air conditioner?	yes	yes	Yes	Yes
g.	Is the air conditioner working?	yes	No	Yes	Yes
h.	Is generator available for OT?	no	Yes	No	no
i.	Is emergency light available in OT?	Yes	Yes	Yes	Yes
j.	Is fumigation done regularly?	No	Manual	Yes	Yes
k.	Is the days of sterilization in a week displayed on the public notice on OT?	yes	yes	yes	Yes

<b>4.20.</b>	<b>Labour room</b>	<b>Jaijaipur</b>	<b>Bamhanidih</b>	<b>Akaltara</b>	<b>Sakti</b>
a.	Labour room available?	Yes	Yes	No	yes
b.	If labour room is present, are deliveries carried out in the labour room?	yes		yes	yes
	Yes	Yes	Yes	Yes	yes
	No				
	Sometimes				

<b>4.21.</b>	<b>X-ray room with dark room facility</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
4.22.	Laboratory:				
a.	Laboratory	yes	yes	yes	
b.	Are adequate equipment and chemicals available?	Yes	yes	no	No
c.	Is laboratory maintained in orderly manner?	No	No	No	No

<b>4.23.</b>	<b>Cold Chain</b>	<b>Jaijaipur</b>	<b>Bamhanidih</b>	<b>Akaltara</b>	<b>Sakti</b>
a.	Walk-in coolers	No	No	No	No
b.	Walk-in freezers available	No	No	No	No
c.	Icelined freezers	Yes	Yes	Yes	Yes
d.	Deep freezers	Yes	Yes	Yes	Yes
e.	Refrigerators	Yes	Yes	Yes	Yes

<b>4.24.</b>	<b>Blood Storage Unit</b>	<b>Jaijaipur</b>	<b>Bamhanidih</b>	<b>Akaltara</b>	<b>Sakti</b>
a.	Blood Storage Unit available	No	No	No	No
b.	Is the CHC having linkage with district blood bank?	No	No	No	No
c.	Is regular blood supply available?	NA	NA	NA	NA
4.25.	Ancillary Rooms – Nurses rest room	No	No	No	No

<b>4.26.</b>	<b>Water supply</b>	<b>Jaijaipur</b>	<b>Bamhanidih</b>	<b>Akaltara</b>	<b>Sakti</b>
a.	Source of water (1- Piped; 2- Bore well/ hand pump / tube well; 3- Well; 4- Other)	2	2	2	2 and None
b.	Whether overhead tank and pump exist	Yes	Yes*	Yes	yes
c.	If overhead tank exist, whether its capacity sufficient?	2000	No	1000X3	-
d.	If pump exist, whether it is in working condition?	Yes	No	Yes	yes

<b>4.27.</b>	<b>Sewerage</b>	<b>Jaijaipur</b>	<b>Bamhanidih</b>	<b>Akaltara</b>	<b>Sakti</b>
	Type of sewerage system ( 1- Soak pit; 2- Connected to Municipal Sewerage)	1	1	1	1

<b>4.28.</b>	<b>Waste disposal</b>	<b>Jaijaipur</b>	<b>Bamhanidih</b>	<b>Akaltara</b>	<b>Sakti</b>
a.	Is there an incinerator?	No	No	No	no
b.	If yes, type (1- electric; 2- Other (specify)	NA		NA	NA
c.	If no, how the medical waste disposed off?	No	Bins	No	Burial

<b>4.29.</b>	<b>Electricity</b>	<b>Jaijaipur</b>	<b>Bamhanidih</b>	<b>Akaltara</b>	<b>Sakti</b>
a.	Is there electric line in all parts of the hospital? (1- In all parts; 2- In some parts; 3- None)	1	1	1	1
b.	Power Supply	Continuous Power Supply			
c.	Stand by facility (generator) available	No	No	No	No

<b>4.30.</b>	<b>Laundry facilities:</b>	<b>Jaijaipur</b>	<b>Bamhanidih</b>	<b>Akaltara</b>	<b>Sakti</b>
a.	Laundry facility available	No	No	No	No
b.	If no, is it outsourced?			Yes	

<b>4.31.</b>	<b>Communication facilities</b>	<b>Jaijaipur</b>	<b>Bamhanidih</b>	<b>Akaltara</b>	<b>Sakti</b>
a.	Telephone (Yes/No)	Yes	Yes	Yes	Yes
b.	Number of different telephone lines available	No	no	No	No
c.	Personal Computer (Yes/No)	yes	yes	No	yes
d.	NIC Terminal (Yes/No)	No	No	No	no
e.	E.Mail	No	No	No	No
f.	Is CHC accesible by	No	No	No	
i.	Rail	no	no	no	
ii.	All whether road	Yes	Yes	Yes	all

<b>4.32.</b>	<b>Vehicles</b>	<b>Jaijaipur</b>	<b>Bamhanidih</b>	<b>Akaltara</b>	<b>Sakti</b>
a.	If running	Available	Available	Available	available
	Ambulance	2	2	2	1
	Jeep	1			<a href="#">1@ condum</a>
	Car	0	0		
b.	If vehicle is not running				1
	Ambulance	1	Nil		
	Jeep	0	Nil		1
	Car				
4.33.	Office room (Yes/No)	No	Yes	No	No
4.34.	Store room (Yes/No)	No	Yes	No	yes
4.35.	Kitchen	No	No	No	No
4.36.	Diet:		No		
a.	Diet provided by hospital (Yes/No)	No	No	No	No
b.	If no, how diet is provided to the indoor patients?	No	No	No	No

<b>4.37.</b>	<b>Residential facility for the staff with living condition</b>	<b>Jaijaipur</b>	<b>Bamhanidih</b>	<b>Akaltara</b>	<b>Sakti</b>
1	General Surgeon	no	No	No	No
2	Physician	No	No	No	No
3	Obstetrician / Gynaecologist	no	no	no	No
4	Paediatrics	No	No	No	No
5	Anaesthetist	No	No	No	No
6	General Duty Medical Officer	3	1	2	1
7	Public Health Programme Manager	No	No	No	No
8	Eye Surgeon	No	No	No	No
9	Public Health Nurse	No	No	No	No
10	ANM	No	1	No	2
11	Staff Nurse	2	1	no	1
12	Nurse/Midwife	No	No	No	No
13	Dresser	1	1	No	No
14	Pharmacist / compounder	No	no	no	1
15	Lab. Technician	No	No	1	No
16	Radiographer	No	No	No	No
17	Ophthalmic Assistant	1	No	No	No
18	Ward boys / nursing orderly	No	No	No	No
19	Sweepers	No	No	No	No
20	Chowkidar	No	No	No	No
21	OPD Attendant	No	No	No	No
22	Statistical Assistant / Data entry operator	No	No	No	1
23	OT Attendant	No	No	No	No
24	Ambulance driver	No	1	1	1
25	Registration Clerk				1

<b>4.38.</b>	<b>Accommodation facility for families of admitted patients</b>	<b>Jaijaipur</b>	<b>Bamhanidih</b>	<b>Akaltara</b>	<b>Sakti</b>
a.	Facility for stay available	No	No	No	No
b.	Attached toilet available	No	No	No	No
c.	Cooking facility available	No	No	No	No
4.39.					
<b>a.</b>	<b>Is the CHC open for outpatient services for the stipulated OPD time?</b>	*Morning 8 to 1, Evening 5 to 6			
	Yes, on all days excepting designated holidays	Yes	Yes	Yes	Yes
	No, it always closes before time				
	Only on some days it functions for the stipulated time				
<b>b.</b>	<b>If yes, specify stipulated OPD hours</b>		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	Yes
	Some deserving patients are not admitted but are referred to other facilities	Yes	Yes	Yes	Yes
	Patients usually refused admission				
<b>4.41.</b>	<b>Does the CHC provide treatment to emergency patients /victims of accident medical emergencies etc) at any time of the day/ night?</b>	<b>yes</b>	yes	yes	yes
	Emergency patients are given treatment. Where necessary, they are referred higher level Govt. hospital	yes	Yes	yes	yes
	Emergency patients are often not treated, referred to a public health care facility	No	No	No	No
	Emergency patients are often not treated, referred to a private health care facility		No		
<b>4.42.</b>	<b>If referred to a higher-level health care facility, how is the patient taken there?</b>	<b>Yes</b>	Available Vehicle	Yes	Yes
	Free transport by hospital ambulance	No	no	No	No
	By hospital ambulance, but fuel and other charges have to be made by the patient	4 Rs	Yes	4 RS	4 RS
	Private/ personal conveyance	Yes	Yes	Yes	Yes

4.43.	Behavioral Aspects	Jaijaipur	Bamhanidih	Akaltara	Sakti
a.	Behaviour of the CHC staff with the patient				
	Courteous	Courteous	Courteous	Courteous	Courteous
b.	Is there corruption in terms of charging extra money for any of the service provided?	No	No	Yes	Yes
c.	Is a receipt always given for the money charged at the CHC	Yes	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	No
e.	Are woman patients interviewed in an environment that ensures privacy and dignity?	Yes	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			
g.	Do patients with chronic illnesses receive adequate care and drugs for the entire duration?	Intermittent supply	Intermittent supply	Intermittent supply	Intermittent supply
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	Yes	Yes

	VII. Quality Control	Jaijaipur	Bamhanidih	Akaltara	Sakti
7.1.	Citizen's charter	No	No	Yes	No
7.2.	Constitution of Rogi Kalyan Samiti	Yes	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. (Specify)	No	No	No	No
7.4.	External monitoring (Gradation by PRI (Zila Parishad)/ Rogi Kalyan Samitis	No	No	No	No
7.5.	Availability of Standard Operating Procedures (SOP) / Standard Treatment Protocols (STP)/ Guidelines	No	No	No	No



## Observation gaps and Remark

Services	Existing	Remarks
<b>Specialist services available</b>		
<b>Medicine</b>	Non availability of the specialist services	Fill up the post of the specialist doctors
<b>Surgery</b>		
<b>OBG</b>		
<b>Paediatrics</b>		
<b>NHPs</b>	All the national programmes are delivered at the block CHC	
<b>Emergency services</b>	Yes(General)	
<b>Laboratory</b>	Basic lab services	Upgrading of the basic lab. services
<b>Blood Storage</b>	Non availability of the Blood storage in all surveyed facilities including District and Civil Hospital.	Steps should be taken to start the blood storage unit at District Hospital and all sanctioned FRU/CHC

### Infrastructure

Infrastructure	Existing	Remarks
<b>No. of beds: Male</b>	No separate wards for male and female patients found in surveyed CHC	There should be separate wards for treatment of male and female patients
<b>No. of beds: Female</b>		
<b>Operation theatre</b>	Operation theatre is used for only family planning operations and cataract. No Specialized operative services due to non-availability of specialized doctors	
<b>Labour room</b>	Deliveries are conducted at all CHC. Hygienic condition of the labour room is poor because of the lack of the water	Cleanliness of the labour room should improve at all CHC and provision of the continuous water supply should be made
<b>Laboratory</b>	Only routine lab services i.e. only PS, urine and HB%, Rapid diagnostics Kits for malaria are utilizing for OPD purpose.	Upgrade the laboratory facilities by providing training to the lab technicians for routine lab services at secondary level. Guidelines for RDK for malaria should be followed.
<b>X-ray Room</b>	There is separate room for X ray facility with separate dark. All the surveyed health facilities X ray unit are working satisfactory	

<b>Water supply</b>	Scarcity of the water supply in all surveyed facilities	Steps should be taken to overcome the water scarcity problem
<b>Electricity</b>	Facilities of the electricity in all surveyed facilities are satisfactory	-
<b>Transport facilities</b>	Available at all CHC	-
<b>Residential facility for the staff</b>	Shortage of Residential facility for staff	Residential facility may be provided to the staff in the Hospital Campus
<b>SOP</b>	Non Availability of Standard Operating Procedures (SOP)/ Standard Treatment Protocols (STP)/ Guidelines	Apply SOP and STP at CHC

<b>Vaccine storage</b>	<p>The vaccines are stored and distributed as per demand received from Health workers on specific day to the Sector PHC. We have observed that the DPT and other vaccines are not stored properly in the ILR.</p> <p>The vaccines are not kept in the Basket and kept on the floor of the refrigerator.</p>	<p>Follow the following guidelines-</p> <ul style="list-style-type: none"> <li>• ILR has got two sections- the top and the bottom.</li> <li>• The bottom of the refrigerator is the coldest place. Therefore, DPT, DT, TT and BCG vaccines should not be kept directly on the floor of the refrigerator as they can freeze and get damaged.</li> <li>• The top section of the ILR maintains the temperature of +2° to +8°C.</li> <li>• BCG, DPT, DT, and TT vaccines may be kept in this section in the baskets provided in the refrigerator</li> </ul>
<b>Reporting system</b>	Present reporting system indicators of CHC / FRU are insufficient to measure the performance and productivity of the Hospital.	Additional indicators like bed turnover rate, Average length of stay, LAMA and Gross & Net Death rates should be included in routine reporting system. Nursing Staff and others may be trained in the reporting system

**Procedure (MTP): Highest Number of (93) MTP procedures were done at CHC Sakti during April 2008 to March 2009.**

## PHC wise Analysis

	Particulars	PHC	PHC	PHC	PHC*	PHC
		Nariyara	Kapan	Kurdha	Raipura *	Hasand
<b>S.No</b>						
<b>1.1.</b>	<b>Population covered (in numbers)</b>	<b>20187</b>	<b>30912</b>	<b>32000</b>		<b>34000</b>
<b>1.2.</b>	<b>Assured Services available</b>					
a.	OPD Services	Yes	Yes	Yes	*	Yes
b.	Emergency services (24 Hours)	No	No	No	No	No
c.	Referral Services	Yes	Yes	Yes	No	No
d.	In-patient Services	yes	No	No	No	No
a.	Number of beds available	2	4	6	No	4
b.	Bed Occupancy Rate in the last 12 months	poor				
<b>1.4.</b>	<b>Average daily OPD Attendance</b>	<b>20</b>	<b>15</b>	<b>25</b>	<b>3*</b>	<b>6-8*</b>
a.	Males	40%	-	60	-	50
b.	Females	60%	-	40	-	50

<b>1.5.</b>	<b>Treatment of specific cases</b>					
a.	Is surgery for cataract done in the PHC?	No	No	No	No	No
b.	Is the primary management of wounds done at the PHC?	No	No	no	no	no
c.	Is the primary management of fracture done at the PHC?	No	No	No	No	No
d.	Are minor surgeries like draining of abscess etc done at the PHC?	No	No	No	No	No
e.	Is the primary management of cases of poisoning / snake, insect or scorpion bite done at the PHC?	No	No	No	No	No
f.	Is the primary management of burns done at PHC?	No	No	Yes	No	No

<b>1.6. MCH Care including Family Planning</b>						
<b>1.6.1</b>	<b>Service availability</b>	<b>Nariyara</b>	<b>Kapan</b>	<b>Kurdha</b>	<b>Raipura*</b>	<b>Hasand</b>
a.	Ante-natal care	Yes	No	Yes	No	No
b.	Intranatal care (24 - hour delivery services both normal and assisted)	yes	No	No	No	No
c.	Post-natal care	Yes	No	Yes	No	No
d.	New born Care	No	No	No	No	No
e.	Child care including immunization	yes	No	Yes	No	No
f.	Family Planning	No	no	no	no	no
g.	MTP	No	No	No	No	No
h.	Management of RTI / STI	No	No	No	No	No
i.	Facilities under JSY	Yes	Yes	Yes	NA	Yes

<b>1.6.2. Availability of specific services</b>						
a.	Are ANC clinics organized	yes	No	Yes	No	No
b.	Is the facility for normal delivery available in the PHC for 24 hours?	yes	No	No	No	No
c.	Is the facility for tubectomy and vasectomy	No	No	No	No	No
d.	Is the facility for internal examination for gynaecological conditions	yes	No	No	No	No
e.	Is the treatment for gynecological disorders like leucorrhoea, menstrual disorders	yes	Yes	No	No	No
g.	Is the facility for MTP (abortion)	No	No	No	No	No
j.	Is treatment for anemia given to both pregnant as well as non-pregnant women	No	No	Yes	No	Yes
k.	Are the low birth weight babies managed	No	No	No	No	No
l.	Is there a fixed immunization day?	Yes	No	Yes	No	Yes
m.	Is BCG and Measles vaccine given regularly	No	No	Yes	No	No
n.	How is the vaccine received at PHC and	yes	No	Yes	No	Yes

	distributed to Sub Centres?					
o.	Is the treatment of children with pneumonia	No	yes	No	No	No
p.	Is the management of children suffering from diarrhea with severe dehydration	Yes	Yes	No	No	No

<b>1.7.</b>	<b>Other functions and services performed</b>					
b.	School Health programmes	yes	yes	Yes	No	no
c.	Promotion of safe water supply and basic sanitation	Yes	Yes	Yes	No	no
d.	Prevention and control of locally endemic diseases	No	No	No	No	No
e.	Disease surveillance and control of epidemics	yes	No	No	No	No
f.	Collection and reporting of vital statistics	N	N	Yes	No	no
g.	Education about health / behaviour change communication	No	No	No	No	No
h.	NHP including HIV/AIDS control	Yes but No HIV/AIDS				
i.	AYUSH services as per local preference	yes*	No	No	No	No
j.	Rehabilitation services	No	No	No	No	No

<b>1.8.</b>	<b>Monitoring and Supervision activities</b>					
a.	Monitoring and supervision of activities of HSC	yes	yes	Yes	No	no
b.	Monitoring of National Health Programmes	No	yes	Yes	no	Yes
c.	Monitoring activities of ASHAs	yes	No	No	No	No
d.	Visits of Medical Officer to all sub-centres	No	No	No	No	No
e.	Visits of HA(Male) and LHV to sub-centres once a week	No	No	No	No	No

S.No	Manpower Personnel	PHC	PHC	PHC	PHC	PHC
		Nariyara	Kapan	Kurdha	Raipura	Hasand
2.1.	Medical Officer	1	1	1	1	0
2.2.	Pharmacist	0	1	1	1	1
2.3.	Nurse – Midwife (Staff Nurse)	1	1	0	0	0
2.4.	Health Worker (Female)	1	0	1	0	0
2.5.	Health Educator	0	0	0	0	0
2.6.	Health Assistant (One male and One female)	1	1	0	0	0
2.7.	Clerks	0	0			
2.8.	Laboratory Technician	0	0	0	0	0
2.9.	Driver	0	0	1	0	
2.10.	Class IV	3	1	4	4	3

III. 3.1.	Training of personnel during previous (full) year	PHC	PHC	PHC	PHC	PHC
		Nariyara	Kapan	Kurdha	Raipura	Hasand
a.	Tradition birth attendants	No	No	no	no	no
b.	Health Worker (Female)	No	No	No	No	No
c.	Health Worker (Male)	No	No	No	No	No
d.	Medical Officer	yes	yes	No	No	No
e.	Initial and periodic training of paramedics in treatment of minor ailments	No	No	No	No	No
f.	Training of ASHAs	yes	no	No	No	No
g.	Periodic training of Doctors through Continuing Medical Education, conferences, skill development training etc. on emergency obstetric care	yes	No	No	No	No
h.	Training of Health Workers in antenatal care and skilled birth attendance	No	No	no	no	No

#### IV. Essential Laboratory Services

S.No		PHC	PHC	PHC	PHC	PHC
		Nariyara	Kapan	Kurdha	Raipura	Hasand
4.1.	Routine urine, stool and blood tests	No	No	No	No	No
4.2.	Blood grouping	No	No	No	No	No
4.3.	Bleeding time, clotting time	No	No	No	No	No
3.4.	Diagnosis of RTI/STDs with wet mounting, grams stain, etc.	No	No	No	No	No
4.5.	Sputum testing for TB	No	No	Yes	No	No
4.6.	Blood smear examination for malaria parasite	No	No	yes	No	No
4.7.	Rapid tests for pregnancy	No	No	No	No	No
4.8.	RPR test for Syphills / YAWS surveillance	No	No	No	No	No
4.9.	Rapid tests for HIV	No	No	No	No	No
4.10.	Others (specify)	No	No	No	No	No

#### V Physical Infrastructure

		PHC	PHC	PHC	PHC	PHC
		Nariyara	Kapan	Kurdha	Raipura	Hasand
5.1.	Where is this PHC located?					
a.	Within Village Locality	no	no	No	Yes	No
b.	Far from village locality	yes	yes	No	No	No
c.	If far from locality specify in km	2 Km	0.5 Km			
5.2.	Building					
a.	Is a designated government building available for the PHC?	Yes	Yes	Yes	Yes	Yes
b.	If there is no designated government building, then where does the PHC located					
	Rented premises					
	Other government building	yes		Yes (subcenter building)	Yes (subcenter building)	Yes (subcenter building)
	Any other specify					

d. What is the present stage of construction of the building						
	Construction complete	yes	Yes			Yes
	Construction incomplete			yes	yes	
e.	Compound Wall / Fencing (1-All around; 2-Partial; 3-None)	no	3	No	No	No
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	2	2	2
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	2	2	1

h.	Cleanliness	Nariyar a	Kapan	Kurdha	Raipura *	Hasand
	OPD	good	Fair	Poor	Poor	Poor
	Rooms	good	Poor	Poor	Poor	Poor
	Wards	good	Poor	Poor	Poor	Poor
	Toilets	good	Fair	Poor	Poor	Poor
	Premises (compound)	good	No	Poor	Poor	Poor
I.	Are any of the following close to the PHC?					
i.	Garbage dump	No	No	No	No	No
ii.	Cattle shed	No	No	No	No	No
iii.	Stagnant pool	No	No	No	No	No
iv.	Pollution from industry	No	No	No	No	No
j.	Does boundary wall with gate exist?	No	No	No	No	No



**Location**

5.3.		PHC	PHC	PHC	PHC	PHC
		Nariyara	Kapan	Kurdha	Raipura	Hasand
a.	Whether located at an easily accessible area?	Yes	Yes	Yes	Yes	Yes
b.	Distance of PHC (in Kms.) from the farthest village in coverage area	45	15	15	35	17
c.	Travel time (in hours) to reach the PHC from farthest village in coverage area	2	1	4	1	1
d.	Distance of PHC (in Kms.) from the CHC	12	8	18	35	20
e.	Distance of PHC (in Kms.) from District Hospital	20	16	22	50	50
5.4.	Prominent display boards regarding service availability in local language	yes	yes	yes	No	yes
5.5.	Registration counters	yes	Yes	No	No	yes
a.	Pharmacy for drug dispensing and drug storage	yes	yes	yes	Yes	yes
b.	Counter near entrance of PHC to obtain contraceptives, ORS packets, Vitamin A and Vaccination	No	No	No	No	No
5.7.	Separate public utilities for males and females	No	no	no	no	no
5.8.	Suggestion / complaint box	No	No	No	No	No
5.9.	OPD rooms / cubicles	2	2	Yes	Yes	Yes
5.10	Adequate no. of windows in the room for light and air in each room	Yes	Yes	Yes	Yes	Yes
5.11.	Family Welfare Clinic	No	No	no	no	no
5.12.	Waiting room for patients	No	No	no	no	yes
5.13.	Emergency Room / Casualty	No	No	no	no	no
5.14.	Separate wards for males and females	No	no	No	No	yes
5.15	No. of beds : Male					2
5.16	No. of beds : Female					2

### Operation Theatre

5.17.		Nariyar a	Kapan	Kurdha	Raipura	Hasand
a.	Operation Theatre available	No	No	No	No	No
b.	If operation theatre is present, are surgeries carried out in the operation theatre?	No	No	No	No	No
	Yes					
	No					
	Sometimes					
c.	If operation theatre is present, but surgeries are not being conducted	No	No	No	No	No
	Non-availability of doctors / staff					
	Lack of equipment / poor physical state of the operation theatre					
	No power supply in the operation theatre					
d.	Operation Theatre used for obstetric / gynaecological purpose					

### 5.18.Labour room

		Nariyara	Kapan	Kurdha	Raipura	Hasand
a.	Labour room available?	Yes	Yes	Yes	No	Yes
b.	If labour room is present, are deliveries carried out	Yes		Yes	No	Yes
	Yes	Yes	no			
	No					
	Sometimes	Sometime				
c.	If labour room is present. But deliveries are not being conducted there, and then what are the reasons for the same?					
	Non-availability of doctors / staff					
	Poor condition of the labour room		yes	Yes		
	No power supply in the labour room		yes			
	Any other reason			No water		
d.	Are separate areas for septic and aseptic deliveries available?	No	No	No		No

<b>5.19</b>	<b>Laboratory:</b>	<b>Nar</b>	<b>Kapan</b>	<b>Kurdha</b>	<b>Raipura</b>	<b>Hasand</b>
a.	Laboratory	No	No	No	No	No
b.	Are adequate equipment and chemicals available?	No	No	No	No	No
c.	Is laboratory maintained in orderly manner?	no	no	no	no	no
5.20.	Ancillary Rooms - Nurses rest room	no	no	no	no	no
<b>5.21</b>	<b>Water supply</b>					
a.	Source of water (1- Piped; 2- Bore well/ hand pump / tube well; 3- Well; 4- Other (specify))	2	2	Handpump	Handpump	outside by bucket
b.	Whether overhead tank and pump exist	yes	yes	No	No	No
c.	If overhead tank exist, whether its capacity sufficient?	yes	No	no	no	no
d.	If pump exist, whether it is in working condition?	No	yes			

<b>5.22</b>	<b>Sewerage</b>	<b>Nar</b>	<b>Kapan</b>	<b>Kurdha</b>	<b>Raipura</b>	<b>Hasand</b>
	Type of sewerage system ( 1- Soak pit; 2- Connected to Municipal Sewerage)	1	1	1	1	1
5.23.	Waste disposal					
	Waste disposed	no	no	no	no	no
<b>5.24</b>	<b>Electricity</b>					
a.	Is there electric line in all parts of the PHC? (1- In all parts; 2- In some parts; 3- None)	1	3	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 supply)	1	4	1	1	1
c.	Stand by facility (generator) available in working condition	No	No	no	no	no
5.25.	Laundry facilities:					
a.	Laundry facility available	No	No	no	no	no
b.	If no, is it outsourced?	No	No			

<b>5.26</b>	<b>Communication facilities</b>	<b>Nariyara</b>	<b>Kapan</b>	<b>Kurdha</b>	<b>Raipura</b>	<b>Hasand</b>
a.	Telephone	yes	no	No	No	No
b.	Personal Computer	No	No	No	No	No
c.	NIC Terminal	no	no	no	no	no
d.	E.Mail	no	no	no	no	no
e.	Is PHC accesible by	no	no	no	no	no
i.	Rail	no	no	no	no	no
ii.	All whether road	no	no	no	no	no
iii.	Others (Specify)	no	no	no	no	no
5.27.	Vehicles					
	Vehicle (jeep/other vehicle) available?	No	No			
5.28.	Office room	No	No	No	yes	yes
5.29.	Store room	yes	yes	No	yes	yes
5.30.	Kitchen	No	No	no	no	no
5.31.	Diet:	No	No	No	No	No
a.	Diet provided by hospital	No	No	No	No	No
b.	If no, how diet is provided to the indoor patients?			No	No	No
5.32.	Residential facility for the staff with all amenities					
	Medical Officer	1	2*	No	No	No
	Pharmacist	No	no	No	No	No
	Nurses	No	No	Yes	no	no
	Other staff	No	No	No	No	No

<b>5.33</b>	<b>Behavioral Aspects</b>	<b>PHC</b>	<b>PHC</b>	<b>PHC</b>	<b>PHC</b>	<b>PHC</b>
a.	The behaviour of the PHC staff with the patient	<b>Nariyara</b>	<b>Kapan</b>	<b>Kurdha</b>	<b>Raipura</b>	<b>Hasand</b>
	Courteous	Courteous	Courteous	Courteous	Courteous	Courteous
	Casual/indifferent					
	Insulting / derogatory					
b.	Any fee for service is charged from the users? . If yes, specify.	no	No	No	No	No
c.	Is there corruption in terms of charging extra money for any of the service provided?	No	No	No	No	No
d.	Is a receipt always given for the money charged at the PHC?	yes	yes	yes	yes	yes
e.	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
f.	Are woman patients interviewed in an environment that ensures privacy and dignity?	no	no	no	no	no
g.	Are examinations on woman patients conducted in presence of a woman attendant, and procedures conducted under conditions that ensure privacy?	no	no	no	no	no
h.	Do patients with chronic illnesses receive adequate care and drugs for the entire duration?	no	no	no	no	no
i.	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
j.	Is there a publicly	No	No	No	No	No

	displayed mechanism, whereby a complaint/grievance can be registered?					
k.	Is there an outbreak of any of the following diseases in the PHC area in the last three years?	no	No	No	No	No
m.	Does the doctor do private practice during or after the duty hours?	No		No	No	No
n.	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
o.	Have patients with specific health problems (HIV/AIDS, leprosy suffered discrimination in any form?	No	No	No	No	No

<b>IX.</b>	<b>Quality Control</b>	<b>PHC</b>	<b>PHC</b>	<b>PHC</b>	<b>PHC</b>	<b>PHC</b>
<b>S.No</b>	<b>Particular</b>	<b>Nariyara</b>	<b>Kapan</b>	<b>Kurdha</b>	<b>Raipura</b>	<b>Hasand</b>
9.1.	Citizen's charter	<b>yes</b>	<b>No</b>	<b>No</b>	<b>No</b>	<b>No</b>
9.2.	Constitution of Rogi Kalyan Samiti (give a list of office order notifying the members)	<b>yes</b>	<b>yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
9.3.	Internal monitoring (Social audit through Panchayati Raj Institution / Rogi Kalyan Samitis, medical audit, technical audit, economic audit, disaster preparedness audit etc. (Specify)	No	No	No	No	No
9.4.	External monitoring / Gradation by PRI (ZP)/ RKS	No	No	No	No	No
9.5.	Availability of Standard Operating Procedures (SOP) / Standard Treatment Protocols (STP)/ Guidelines (Please provide a list)	No	No	No	No	No

## Observation gaps and Remarks

### Observation gaps and Remarks

<b>Services</b>	<b>Observation Gaps</b>	<b>Suggestions</b>
<b>OPD services and Inpatient services</b>	<p>OPD Services are under utilized because of vacant post of the Medical Officers in some PHCs.</p> <p>Emergency services (24 Hours) are not existing where post of Medical Officer is vacant.</p> <p>More emphasis on the Referral Services which could manage at Primary level.</p> <p>In-patient Services are under utilized</p>	The vacant post of the Medical officer may be filled to improve the curative and preventive services
<b>Treatment of specific cases</b>	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, this basic facilities are required at all the Health Facilities in the present scenario
<b>Service availability</b>	No 24 - hour delivery services are available for both normal and assisted, MTP and Management of RTI / STI. Only ANM are managing the 24 hour delivery services without doctor	Fill up the gap
<b>Availability of specific services</b>	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.
<b>Monitoring and Supervision activities</b>	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	
<b>Available training for</b>	More training of all categories of Health Personnel at Block level required	Regular and on the job training are needed
<b>Lab Services</b>	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
<b>Quality Control</b>	Non Availability of Standard Operating Procedures (SOP) / Standard Treatment Protocols (STP)/ Guidelines	

# HSC Analysis

Block	Jaijaipur	Jaijaipur	Bhamnadhi	Akaltara	Akaltara	Akaltara	Nawagarh	Shakti	Shakti	Nawagarh	Nawagarh	Nawagarh
<b>Subcenter Name</b>	<b>Thathari</b>	<b>Jaijaipur</b>	<b>Bhamnadhi</b>	<b>Poina*</b>	<b>Kapan</b>	<b>Piparda*</b>	<b>Nawagarh</b>	<b>Lausara</b>	<b>Sakrelikala</b>	<b>Banari</b>	<b>Sarko</b>	<b>Shivni</b>
<b>Population covered (in numbers)</b>	<b>8950</b>	<b>7342</b>	<b>6282</b>	<b>5744</b>	<b>6007</b>	<b>5340</b>	<b>6845</b>	<b>7064</b>	<b>5401</b>	<b>7095</b>	<b>8426</b>	<b>5947</b>
<b>MCH Care including Family Planning</b>												
<b>Service availability</b>												
Ante-natal care	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
Intranatal care	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
Post-natal care	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
New born Care	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
Child care including immunization	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
Family Planning and contraception	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
Adolescent health care	Yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
Assistance to school health services	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
Facilities under Janani Suraksha Yojana	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
Treatment of minor ailments	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
First aid	Yes				no	no						
<b>Availability of specific services</b>												
Does the doctor visit the Sub centre at least once in a month?	no	yes	yes	so me tim e	yes	no	no	no	no	no	yes	yes
Is the day and time of this visit fixed?	no	no	No	No	No	no	no	no	No	No	No	no
Are the residents of the village aware of the timings of the doctor's	no	no	no	no	no	no	no	no	no	no	No	no



visit?												
Does the Health Assistant (male) or LHV visit the Sub Centre at least once a week?	no	yes	yes	yes	no	yes	no	fortni ghtly	no	no	yes	yes
Is the Antenatal care (Inj. T.T, IFA tablets, weight and BP checkup) provided	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
Is the facility for referral of complicated cases of pregnancy / delivery available for 24 hours?	yes	yes	yes	no	yes	no	yes	yes	yes	yes	yes	yes
Are the Immunization services as per Government schedule provided by the Sub centre	yes	yes	yes	yes	yes	no	yes	yes	yes	yes	yes	yes
Is the ORS for prevention of diarrhea and dehydration available in the Subcentre?	yes	yes	yes	yes	yes	no	yes	yes	yes	yes	yes	yes
Is the treatment of minor illness like fever, cough, cold, worm disinfestation etc.	yes	yes	yes	yes	yes	no	yes	yes	yes	yes	yes	yes
Is the facility for taking Peripheral blood smear in case of fever for detection	yes	yes	yes	yes	yes	no	yes	yes	yes	yes	yes	yes
Are the contraceptive services like insertion of Copper-T, distributing OCP or condoms provided	yes	yes	yes	yes	yes	no	yes	yes	yes	yes	yes	yes
Is it a DOT centre?	no	no	no	no	no	no	no	no	no	no	No	No

<b>Other functions and services performed</b>												
Disease surveillance	No	no	no	no	no	no	no	no	no	no	no	No
Control of local endemic diseases	Yes	yes	No	yes	yes	yes	yes	yes	yes	yes	yes	yes
Promotion of sanitation	No	no	yes	no	no	no	no	no	no	no	No	No
Field visits and home care	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
National Health Programmes including HIV/AIDS control programmes	no	no	No	No	No	No	No	No	No	No	No	No
<b>Monitoring and Supervision activities</b>												
Training of traditional birth attendants and ASHA	No	No	No	yes	yes	yes	yes	yes	yes	yes	yes	yes
Monitoring of Water quality in the village	No	No	No	no	no	no	no	no	no	no	No	no
Watch over unusual health events	No	No	No	no	no	no	no	yes	no	no	No	No
Coordinated services with AWWs, ASHA, Village Health and Sanitation Committee, PRIs	yes	yes	yes	yes	yes	yes	no	yes	yes	yes	yes	yes
Coordination and supervision of activities of ASHA	no	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
Proper maintenance of records and registers	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
Is there a Village Health Plan / Sub Centre Plan?	No	yes	yes	yes	no	yes	yes	yes	yes	yes	yes	yes
Is the scheme of ASHA implemented in Sub Centre?	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes

Personnel	Thathari	Jaijaipur	Bhamnadhhi	Poina*	Kapan	Piparda*	Nawagarh	Lausara	Sakrelikala	Banari	Sarko	Shivni
Health Worker (Female)	1	1	1	1	1	1	1	1	1	1	1	1
Health Worker (Male)	0	0	0	1	1	0	1	1	0	0	1	1
Voluntary worker	1	no	Nil	no	1	no	Nil	Nil	Nil	Nil	Nil	Nil

### III. Physical Infrastructure (As per specifications)

Location	Thathari	Jaijaipur	Bhamnadhhi	Poina*	Kapan	Piparda*	Nawagarh	Lausara	Sakrelikala	Banari	Sarko	Shivni
Location of subcenter	cent red	Centr e			cent re d	front			centr ed			
Within Village Locality	mid dle	cente r	yes	yes	yes	no	yes	yes	yes	yes	no	yes
Far from village locality	no	no	1Km	0	0	yes	no	no	no	no	1	no
If far from locality specify in km	0	0	1 Km	0	0	2 Km	o	o	o	o	1	o
Whether located at an easily accessible area?	yes	yes	yes	yes	yes	No	yes	yes	yes	yes	yes	yes
The distance of Sub Centre (in Kms.) from the remotest village in the coverage area	6 Km	10 Km	6km	4k m	8 km	9 km	3	3	9	6	12	8
Travel time to reach the Sub Centre from the remotes place in the coverage area	15 min ute	30 min	30	15 m	60	30	15	15	60	30	30	30
The distance of Sub Centre (in Kms.) from the PHC	0	0	0	17	1 km	16	3	0	4	5	12	10
The distance of Sub Centre (in Kms.) from the CHC	12	0	7	15	9 km	16	2	13	4	10	6	14

### Building

	Thathari	Jaijaipur	Bhamnadh i	Poina*	Kapan	Piparda*	Nawagarh	Lausara	Sakrelikala	Banari	Sarko	Shivni
Is a designated government building available for the Sub Centre?	yes	no	yes	yes	no	yes	yes	yes	yes	yes	yes	yes
Where does the Sub Centre located												
Rented premises		Yes										
Other government building					yes							
Any other specify												
Building Area	2500	NA	NA	NA	NA	NA	NA	NA	yes	NA	yes	NA
present condition of the existing building	good	good	good	good	good	good	good	good	good	good	good	good
What is the present stage of construction of the building												
complete	yes			yes		yes	yes	yes	yes	yes	yes	yes
incomplete			yes		yes							
Compound Wall (1-All around; 2-Partial; 3-None)	3	3	1	1	3	3	1	1	Yes	3	3	Yes
Condition of plaster on walls (1- Well plastered ; 2- Plaster coming off ; 3- Plaster coming off in many places )	1	1	1	1		1	1	1	3	1	2	Yes
Condition of floor (Yes- good ; 2- Floor coming off ; 3- coming off in many places )	1	1	2	1		1	1	1	1	1	2	Yes
The cleanliness is Good / Fair / Poor	good	good	good	poor		No	good	good	good	good	good	fair
Are any of the following close to the Sub Centre												
Garbage dump	no	No	no	no	no	no	no	no	no	no	no	no
Cattle shed	no	No	no	no	no	no	no	no	no	no	no	no
Stagnant pool	no	No	no	no	no	no	no	no	no	no	no	no
Pollution from industry	no	No	no	no	no	no	no	no	no	no	no	no
Is boundary wall with gate existing?	no	No	yes	no	no	no	No	no	no	yes	no	yes
Prominent display boards in local language	yes	No	yes	no	no	no	No	no	no	no	no	yes

Separate public utilities for males and females	no	No	no	no	no	no	no	no	no	no	no	no
Suggestion / complaint box	no	No	no	no	no	no	no	no	no	no	no	no

### Labour room

	Thathari	Jaijaipur	Bhamnadhi	Poina*	Kapan	Piparda*	Nawagarh	Lausara	Sakrelkala	Banari	Sarko	Shivni
Labour room available?	yes	yes	yes	no	no	yes	yes	yes	yes	yes	yes	yes
If labour room is present, are deliveries carried out in the labour room?	yes	No	No		no	no				yes		
Yes												
No		No	No			no		no	no	no	no	
Sometimes	Yes						yes					yes
If labour room is present, but deliveries not being conducted there, then what are the reasons for the same?												
Staff not staying												
Poor condition of the labour room						yes	yes					
No power supply in the labour room				yes		yes			no			
Any other specify	No water supply	Refer to near CHC	Refer to near CHC	yes				refer to Sakti		refer to DH	refer to DH	Refer to PHC

	Thathari	Jaijaipur	Bhamnadhi	Poina*	Kapan	Piparda*	Nawagarh	Lausara	Sakrelkala	Banari	Sarko	Shivni
Clinic Room	yes	No	no	no	no	no	no	yes	yes	no	yes	yes
Examination room	yes	No	no	no	no	no	yes	yes	yes	no	yes	yes
Water supply									no		yes	
Source of water (Yes- Piped; 2-Bore well/ hand pump / tube well; 3- Well; 4- Other (specify))	No supply	4	4	no	No	no	1	no	no	2	2	2
Whether overhead tank and pump exist	no	No	no	no	no	no	yes	no	no	no	no	no
If overhead tank exist, whether its capacity sufficient?	No	No	no	no	no	no	no	no	no	no	no	no
If pump exist, whether it is in working condition?	No		no	no	no	no	no	no	no	no	no	no
Waste disposal												
How the medical waste disposed off (please specify)?	Nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil
Electricity												
Regular electric supply available?	Yes	yes	yes	no	yes	no	yes	yes	no	yes	yes	yes
Communication facilities												
Telephone	yes	yes	yes	yes	yes	yes	yes	no	no	yes	no	no
Transport facility for movement of staff	no	no	no	no	no	no	no	no	no	no	no	no
Residential facility for the staff												
Health Worker (Female)	yes	yes	yes	yes	No	no	yes	yes	yes	yes	yes	yes
Whether Health Worker (Male) available in the Sub Centre?	no	no	no	yes	no	no	yes	yes	no	no	yes	no
Is he staying at Sub Centre Head Quarter village?	yes	yes	yes	yes	yes	no	yes	yes	no	yes	no	no

## VI. Furniture

	Thathari	Jaijaipur	Bhamnadhi	Poina*	Kapan	Piparda*	Nawagarh	Lausara	Sakrelkala	Banari	Sarko	Shivni
<b>Item</b>												
Examination Table	1	No	No	no	no	yes	Yes	Yes	Yes	Yes	No	Yes
Writing Table	1	Yes	Yes	No	no	Yes	Yes	Yes	Yes	Yes	No	Yes
Armless chairs	2	Yes	Yes	No	no	Yes	no	no	Yes	Yes	No	No
Medicine chest	0	Yes	Yes	No	no	No	No	No	No	No	No	No
Labour table	1	No	No	no	no	No	No	Yes	no	No	No	Yes
Wooden screen	2	1	Yes	No	No	No	No	No	Yes	No	No	No
Foot step	0	No	Yes	no	no	No	No	no	no	Yes	No	No
Coat rack	0	No	no	No	No	No	No	no	no	No	No	No
Bed side table	0	no	No	No	yes	No	No	No	no	No	No	No
Stool	2	Yes	Yes	Yes	no	Yes	Yes	Yes	Yes	Yes	No	Yes
Almirahs	1	Yes	Yes	No	no	no	no	Yes	No	Yes	No	No
Lamp	0	No	No	No	no	No	No	No	No	No	No	No
Side wooden racks	0	No	no	No	No	No	No	No	No	No	No	No
Fans	1	No	no	No	no	No	No	No	No	Yes	No	No
Tube lights	3	no	no	No	no	No	No	No	Yes	Yes	No	No
Basin stand	0	no	no	No	no	No	No	No	Yes	No	No	No
Buckets	2	no	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Mugs	2	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	Yes
Kerosene stove	2	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Sauce pan with lid	1	Yes	No	no	no	No	No	No	No	No	No	No
Water receptacle	0	Yes	No	No	No	No	Yes	No	No	No	No	No
Rubber / plastic shutting	1	Yes	Yes	no	No	No	Yes	no	Yes	Yes	No	Yes
Talquist Hb scale	0	No	Yes	no	no	Yes	Yes	Yes	No	No	No	No
Drum with tap for storing water	1	No	No	no	no	No	No	No	No	No	No	No
Others (specify)												

## VII. Quality Control

	Thathari	Jaijaipur	Bhamnadhhi	Poina*	Kapan	Piparda*	Nawagarh	Lausara	Sakrelikala	Banari	Sarko	Shivni
<b>Particular</b>												
Citizen's charter in local language	no	No	no	no	no	no	no	no	no	no	no	no
Internal monitoring: supportive supervision and record checking at periodic intervals by the male and female health supervisors from PHC	yes	Yes	yes	yes	yes	yes	no	yes	yes	yes	yes	yes
External monitoring: Village health and sanitation committee, evaluation by independent external agency	no	no	no	no	no	no	no	no	no	no	no	no
Availability of various guidelines issued by State Govt.	No	No	No	No	no	No	No	no	no	no	No	no



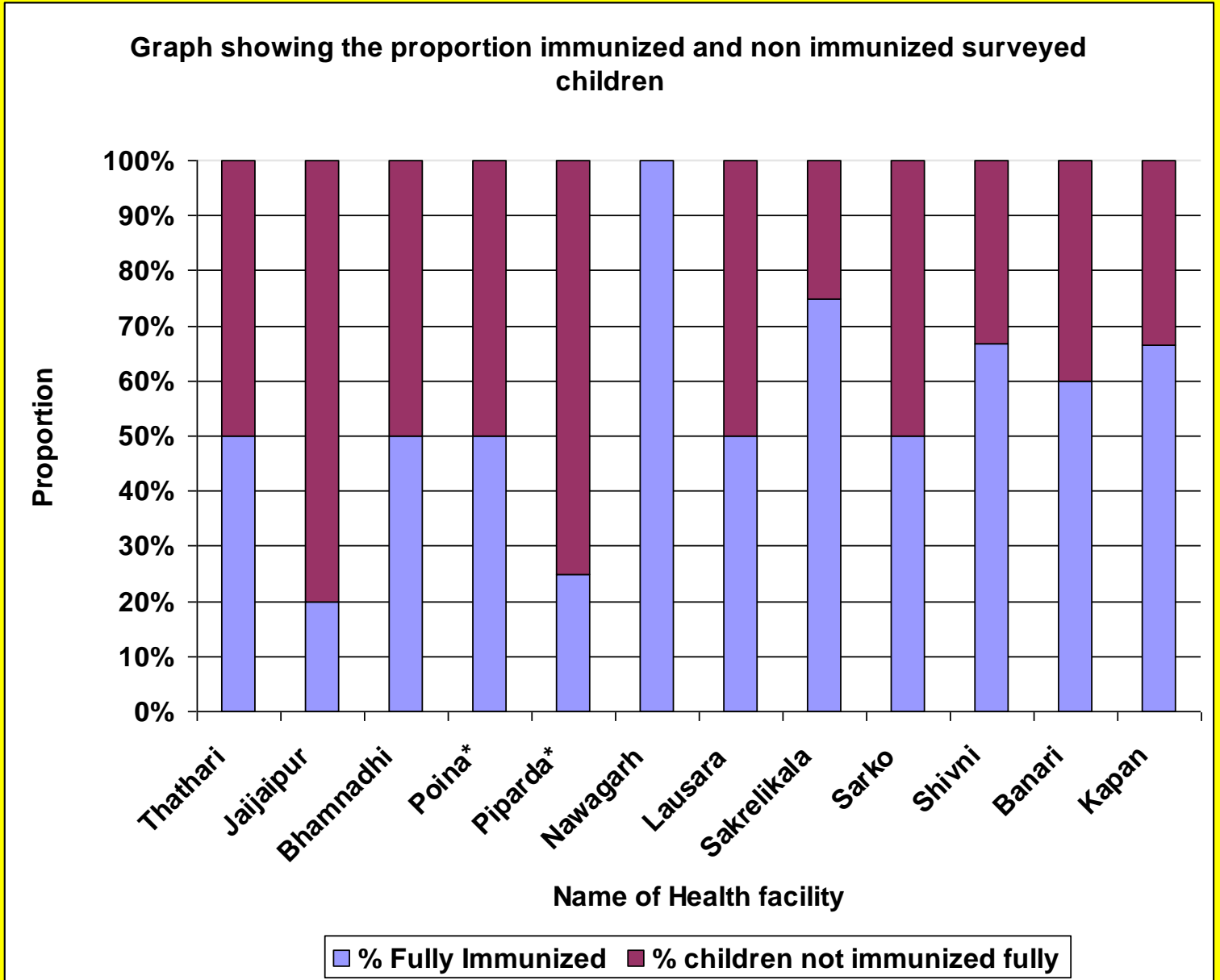
## Observation gaps and Remarks

### Observation gaps and Remarks

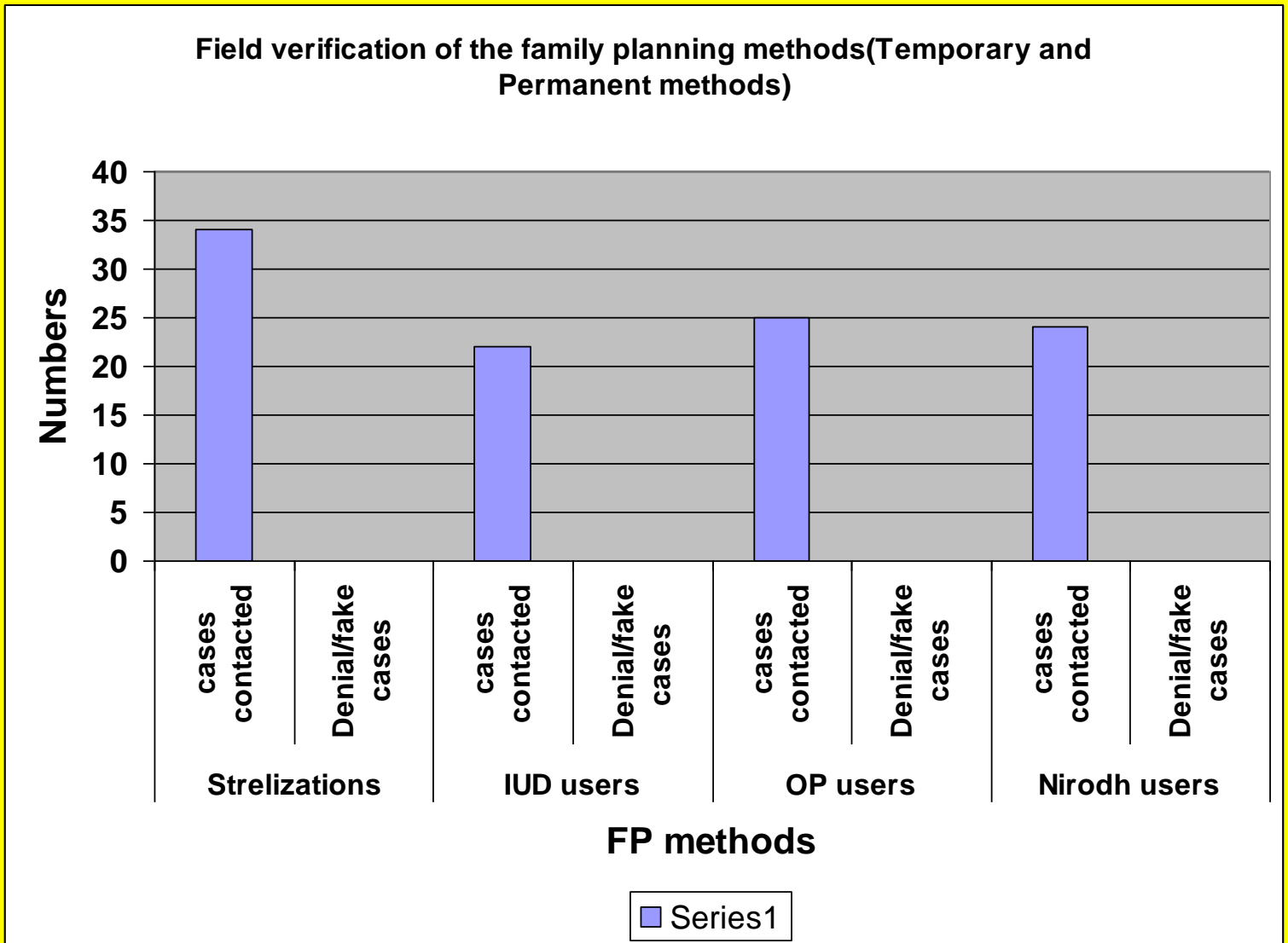
Service	Observation Gap	Suggestions
<b>Manpower</b>	Shortage of MPW(Male)	The post of MPW should be filled
<b>Physical infrastructure</b>	<ol style="list-style-type: none"> <li>1. Basic amenities are lacking in following sub-centers Pouna , Kapan ,pipaerda and Shivni i.e water and electricity.</li> <li>2. In Sarko PHC and sub center are working under one roof.</li> <li>3. Due to lack of basic facilities the deliveries not being conducted in building. The proportion of the home delivery is more in these areas</li> </ol>	It is essential to give basic amenities like water and storage tank at subcenter
<b>Delivery</b>	In surveyed health facilities most of the sub centers referring the normal deliveries cases to neighboring PHC/CHC. The proportion of the home deliveries are more as compared to hospital delivery	Create suitable facilities and fill up the vacant posts
<b>Availability of Special services</b>	Doctors are not visiting the sub centers as per guidelines	Recommended regular visits so as to improve the performance of Monitoring, Evaluation

# Field activity

## a) Child Immunization verification

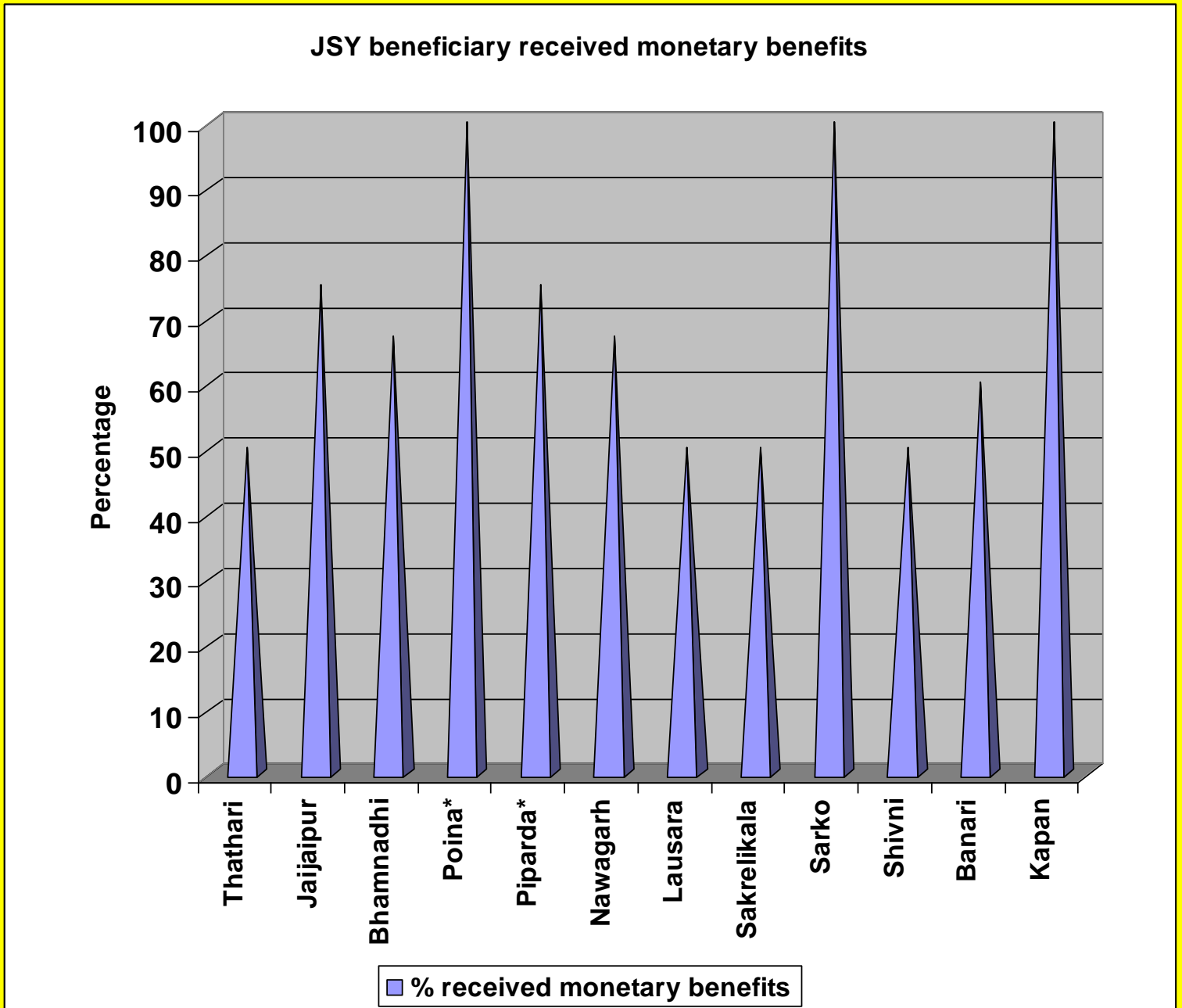


## b) Verification of Family planning Methods

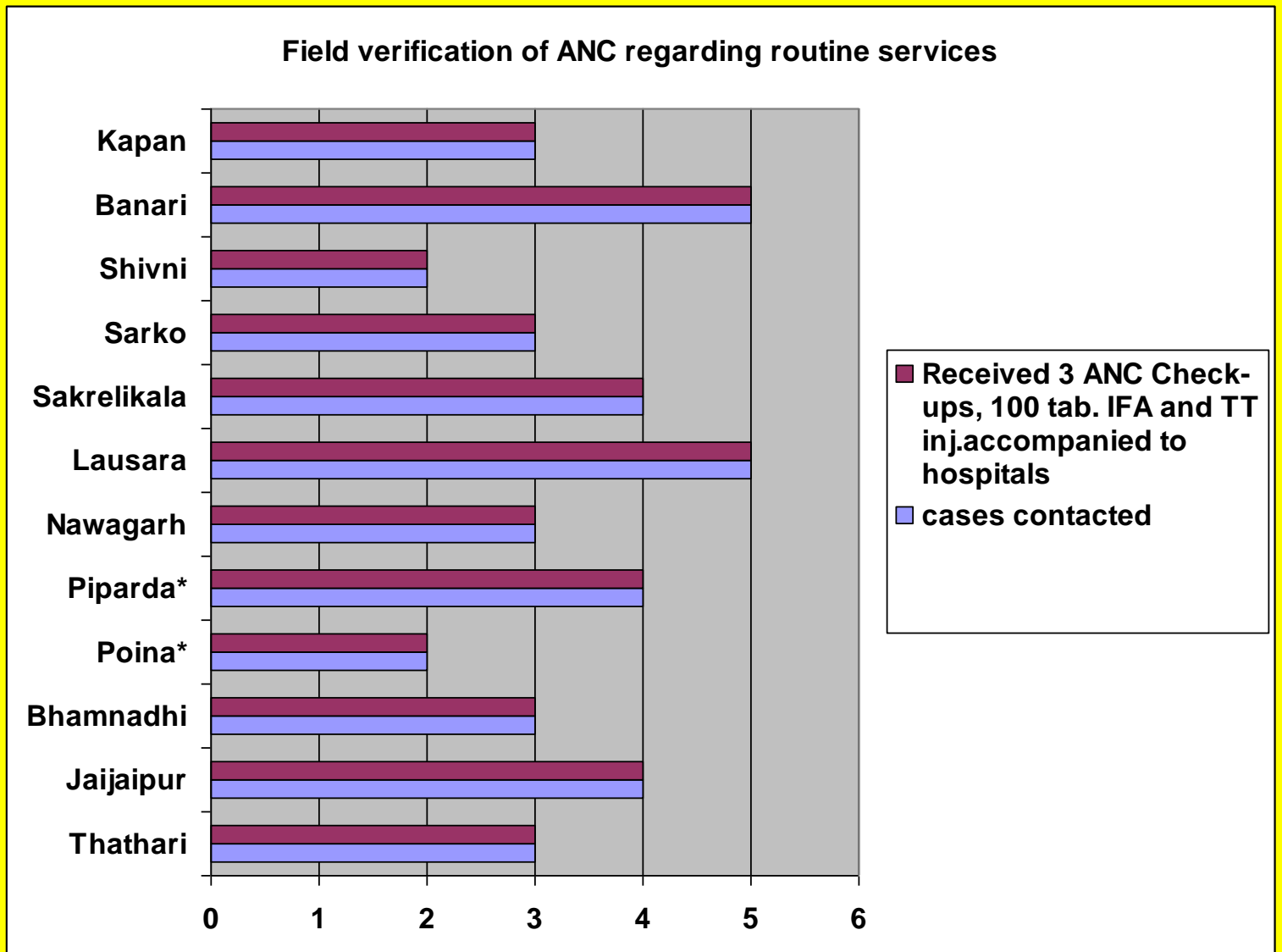


No denial or fake cases were found in the surveyed health facilities

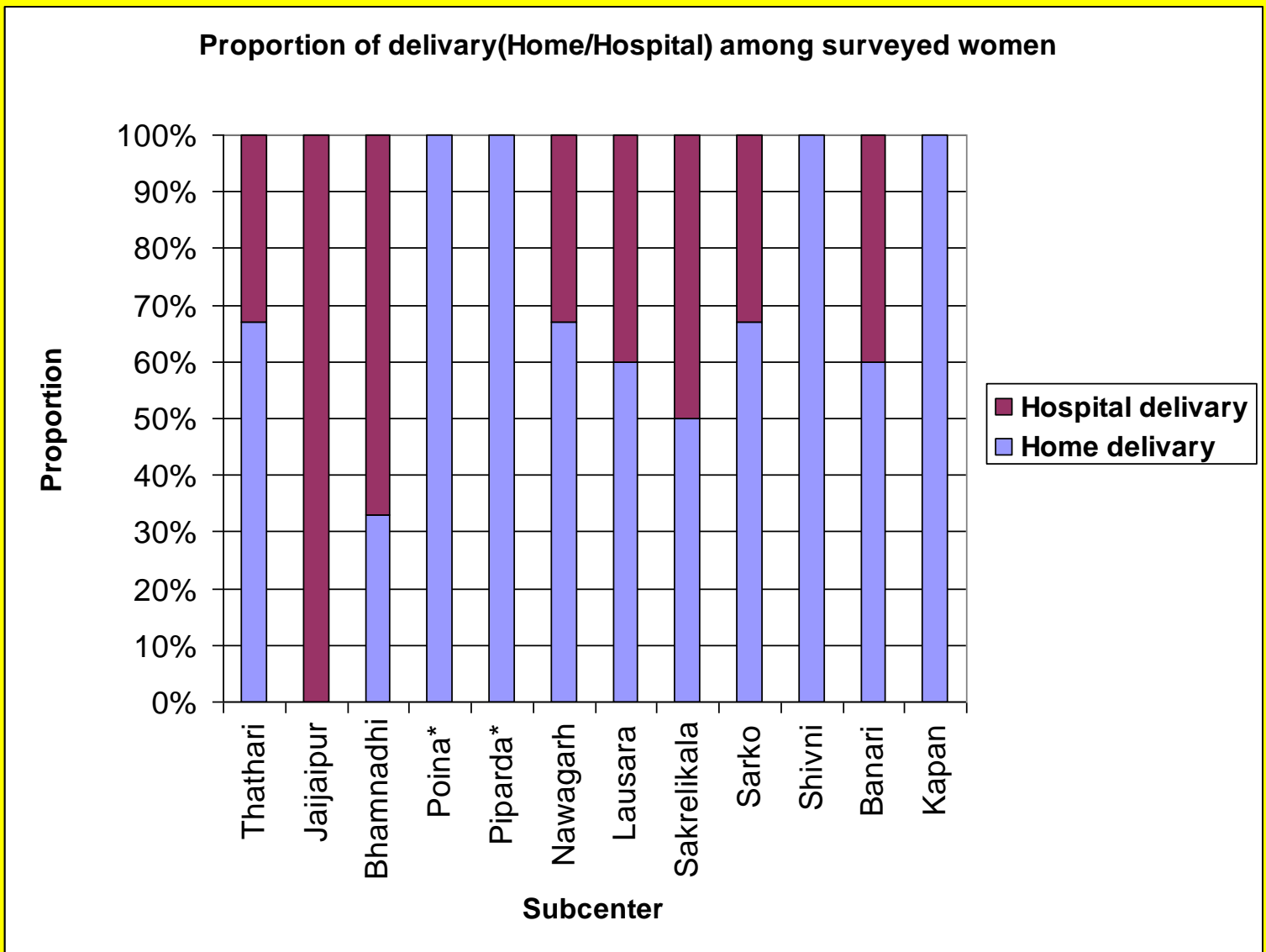
c) JSY



**d) ANC services**

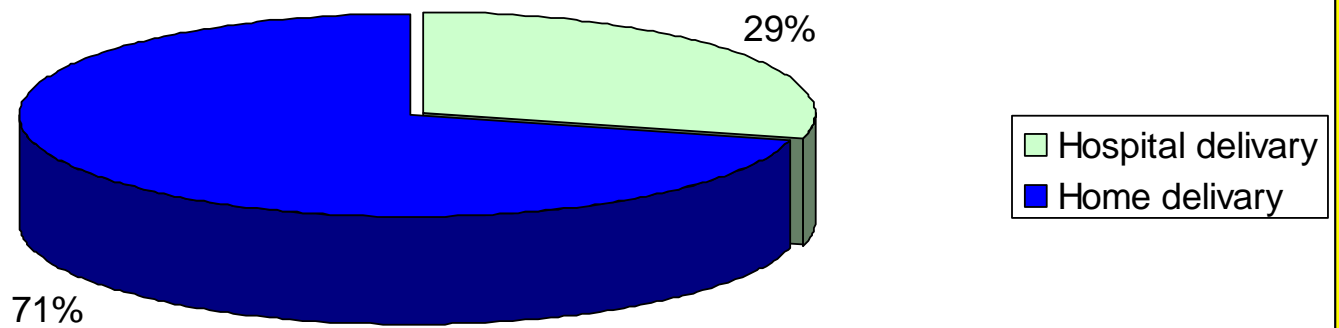


**e) Place of Delivery (Home/Hospital)**



Among surveyed area the home delivery are more compare to institutional delivery.

**Graph showing the proportion of Home/Hospital delivery in surveyed Health subcenters**



Among the surveyed Subcenters 71% of the deliveries were home and 29% hospital deliveries.

## National Health programmes

A) National Vector Borne Disease Control Programme			
A1 MALARIA			
	Component of programme	Observation	Suggestion
1	<b>Infrastructure</b>		
	<b>1 District,9CHC,26 PHC,SC and FTD</b>		
	<b>Manpower</b>	sanction position    vacant	
	<i>DMO</i>	1                    0                    1	fill up Vacant post
	<i>AMO</i>	1                    0                    0	
	<i>MO</i>	109                53                    56	
	<i>LT</i>	36                    13                    23	
	<i>MPW</i>	254                125                129	
	<i>ANM</i>	290                116                174	
	<i>Sector supervisor Male</i>	54                    30                    24	
	<i>Sector supervisor female</i>	62                    48                    14	
2	<b>Service</b>		
3	<b>Lab services</b>	Only lab are available at Block level and the District level, Mostly PHC runs without Lab technician	Fill up vacant post of Lab technician
4	<b>RDK</b>	RDK were utilised (30-50%)at microscopic center of CHC, No monitoring of the kits at Block level and the District Level	Follow the RDK Guidelines
5	<b>Indicators</b>		
	<i>API</i>	0.6	
	<i>ABER</i>	11.67	
	<i>PF%</i>	40.40%	
	<i>SPR</i>	0.51	
	<i>SFR</i>	0.21	
6	<b>Morbidity due to malaria</b>		
	<b>Cases</b>	989	
	<b>PV</b>	589	
	<b>PF</b>	400	
7	<b>Mortality Reporting</b>	During the year April 2008-March 2009 two Malarial deaths(PFR) were recorded on the death register CHC Sakti while that death was not recorded on routine monthly report 9 Deaths reported due to fever /PUO/Encephalitis during April 2008-March 2009	Matter of concern may be inquired



<b>A2</b>	<b>Filariasis</b>	<b>Observation</b>	<b>Suggestion</b>
<b>1</b>	<b>Lab services</b>	The Lab reports are pending of pre and post MDA activities	
<b>2</b>	<b>Morbidity management</b>	The district having 89 Hydrocele cases	Arrange the Hydrocele camps to reduce the morbidity burden
		The district having 641 elephantitis cases. There is no visible morbidity management of Lymph oedema cases-	Morbidity management of the elephantitis cases at primary and secondary level
		There is no morbidity management of lymph oedema cases at PHC and Sub enter The Primary Health level workers are not aware of the Primary Management of case	More emphasis on the primary morbidity management at primary level, so as to reduce the disability burden in the community

<b>B) RNTCP</b>			
	Component of programme	Observation	Suggestion
	<b>Manpower</b>	No full time DTO , Man power under RNTCP is inadequate at District and Block level	Fillup the vacant post
	<b>Lab services</b>	Vacant post of technician	Fill up post of the lab technician
	<b>Indicators</b>		
	<b>Percentage of TB suspect examined out of total OPD patients</b>	4%	
	<b>Annualized new smear positive case detection rate</b>	52.63%	
	<b>Annualized case detection rate</b>	48%	
	<b>Success rate new smear positive patient</b>	93%	

<b>C) Integrated Disease Surveillance Project</b>																					
	Component of programme	Observation	Suggestion																		
	<i>Infrastructure</i>	Regular post of district surveillance officer and accountant are vacant	fillup the vacant post																		
	<i>Training status</i>	<table border="1"> <thead> <tr> <th>Status</th> <th>Target</th> <th>Trained</th> </tr> </thead> <tbody> <tr> <td>BMO</td> <td>9</td> <td>7</td> </tr> <tr> <td>MO</td> <td>34</td> <td>11</td> </tr> <tr> <td>MPW</td> <td>337</td> <td>155</td> </tr> <tr> <td>LT</td> <td>9</td> <td>8</td> </tr> <tr> <td colspan="3">District surveillance team 651</td> </tr> </tbody> </table>	Status	Target	Trained	BMO	9	7	MO	34	11	MPW	337	155	LT	9	8	District surveillance team 651			Arrange training of untrained staff
Status	Target	Trained																			
BMO	9	7																			
MO	34	11																			
MPW	337	155																			
LT	9	8																			
District surveillance team 651																					
	<b>Indicators</b>																				
	<i>Percentage of receiving report from all Govt.reporting unit</i>	75%																			
	<i>Private From Land P</i>	Nil	1 Conduct meeting and sensitises private sector Labs 2.Estabilish MOU																		

<b>D) National Blindness Control Programme</b>		
<b>Component of programme</b>	<b>Observation</b>	<b>Suggestion</b>
<b>Manpower</b>	Out of 23 only 3 are in position	Fillup the Vacant post of Ophthalmic assistant
<b>Indicators</b>		
<b>Target of cataract operation</b>	57.89% achieved	More ophthalmic camps are needed with involvement of the NGO and Local leaders
<b>Percentage of children examined for refractive error</b>	Target student examined=77422 No of student examined=46666 Children examined refractory error=776 Target achieved=60%	
<b>Eye donation</b>	Nil	Needs awareness campaign regarding eye donation Involve community members and NGO for awareness campaign
<b>Training of staff</b>	As per discussion with the district blindness control programme officer , nurses who are assisting the ophthalmic surgeon needs training at Tertiary level	
<b>NGO involvement</b>	There is involvement of NGO in the Cataract operation camps	
<b>Ophthalmic Medicine</b>	On & off supply of the ophthalmic eye drops and ointments to the peripheral health facilities	Routine and regular supply of Eye medicine to district and Peripheral health facilities

E) National Rural Health Mission			
	Component	Observation	Suggestions
a)	Manpower	Shortage Manpower mentioned above	Fillup the vacant post
	Indicators		
1	Population Growth rate	1.86% Per Year	
2	Sex ratio	972	
3	MMR	26	
4	IMR	18.6	
5	Birth Rate	28.3	
6	Death Rate	10.6	
7	CPR	83.1	
8	No. of eligible couples	257990	
9	Total vectomy	110	
10	Total LTT	8695	
11	Total CTT	349	
12	Oral pills	20623	
13	<b>Immunisation</b>		<p>The vaccines are stored and distributed as per demand received from Health workers on specific day to the Sector PHCs. We have observed during health facility survey, the DPT and other vaccines didn't store properly in the ILR at Block level CHC.</p> <p>The vaccines are kept on the floor of the refrigerator instead of provided baskets. There are chances of damage of vaccines in ILR.</p> <p><b>Follow the following guidelines</b></p> <p>ILR has got two sections- the top and the bottom.</p> <p>The bottom of the refrigerator is the coldest place. Therefore, DPT, DT TT and BCG vaccines should not be kept directly on the floor of the refrigerator as they can freeze and get damaged.</p> <p>The top section of the ILR maintains the temperature of +2° to +8°C.</p> <p>• BCG, DPT, DT, and TT vaccines are kept in this section in the baskets provided with the refrigerator</p> <p><b>In Akaltara CHC, Measles and DPT vaccines are found lying outside the room, where the vaccine is stored, this is a matter of concern.</b></p>
14	OPV BCG	38466	
15	DPT1	37216	
16	DPT2	36182	
17	DPT3	35319	
18	DPT3	35319	
19	Measles	38565	
20	DPT booster1	29517	
21	DT	39214	
22	Vitamin A supplement	47896	
23	<b>Vital Data</b>		
24	No. of Infant deaths Within one week	87	
25	No. of Infant deaths one	214	

	week to one month		
26	one month to one year	10	
27	No. of Maternal deaths	3	
28	During pregnancy	1	
29	During delivery	1	
30	Within six month of delivery	1	

## F) NLEP:

### District Profile

District			
<b>Population</b>	15,1423		
<b>Skin smear</b>	Nil		
<b>New case detection rate( Last five Year)</b>			
April 2006-March 2007	0.22 per one lack population PR -0.09		
April 2007-March 2008	0.33 per one lack population PR-0.22		
April 2008-March 2009	0.53per one lack population PR-4.05 per 10000		
<b>Treatment Completion rate at District level</b>			
<b>Rural Area</b>	98%		
<b>MB</b>			
<b>PB</b>			
<b>Coordination with NRHM Authority</b>	Yes		
<b>DPMR</b>			
<b>MCR footwear procurement and distribution status</b>			
<b>2008/09</b>	47		
PB			
MB			
No of patient screened for RCS	17		
RCS conducted during the year	0		
Distribution of dressing material and supportive Medicine for ulcer care	No		
IEC activities for reduction of stigma and discrimination	Yes		
<b>MDT stock</b>	No of UT patient as on date	No of available MDT BCP	Per month BCP
MBA	413	1184	2.8
MBC	19	38	2
PBA	147	250	1.25
PBC	29	125	4.3
<b>Leprosy reaction at CHC</b>	PB-8 MB-45		
Type I	53		
Type II			

## Drug Stock position at CHC/PHC

### a) MDT

Name of Health Facility		MB A	MB C	PBA	PBC	Comments
Jaijapur	No. of cases on record	19	01	12	01	MDT stock position is unbalancing in surveyed area. .MDT is not available as per guidelines
	MDT stock position	21	-	03	01	
<b>Bamhanidih</b>	No. of cases on record	19	0	9	0	
	MDT stock position	nil	nil	nil	Nil	
Akaltara	No. of cases on record	47	3	15	2	
	MDT stock position	48	2	20	2	
<b>Nariyara</b>	No. of cases on record	1	-	1	-	
	MDT stock position	nil	nil	nil	Nil	
<b>Kapan</b>	No. of cases on record	1				
	MDT stock position	nil				
<b>Khurda</b>	No. of cases on record	5		2	5	
	MDT stock position	5	-	1	5	

### b) Steroid stock

Name of Health Facility		Stock( No of Tablets)	Comments
Jaijapur Block	No. of cases on record	03	<ul style="list-style-type: none"> <li>All surveyed PHC the Prednisolone Stock is nil</li> <li>After inspection drug stock register of CHC Jaijapur showing wide disparity in steroid tablets.</li> </ul>
	Prednisolone Tab	1226	
Bamhanidih	No. of cases on record		
	Prednisolone Tab	734	
Akaltara	No. of cases on record	5 (Type I: 1 Type II:4)	
	Prednisone Tab	600	
Nariyara PHC	Prednisolone Tab	Nil	
Kapan PHC	Prednisolone Tab	Nil	
Khurda PHC	Prednisolone Tab	Nil	
Raipura PHC	Prednisolone Tab	Nil	
Hasand PHC	Prednisolone Tab	Nil	

