



## 2) FRU/CHC ANALYSIS

### i) General information:

No	Particulars	Rajpur	Balarampur	Surajpur
A	Bed Strength/ Sanctioned	30	30	30
B	In position	10	10	30
	Deficit	20	20	0

### II) Availability of Specialist services

No	Particulars	Rajpur	Balarampur	Surajpur
1.1.	Population covered (in numbers)	105430	108000	220442
1.2.	Specialist services available	No	No	Yes
a.	Medicine	Yes	No	Yes*
b.	Surgery	Yes	No	Yes*
c.	OBG	Yes(PGMO)	No	Yes*
d.	Pediatrics	Yes	No	Yes
e.	National Health Programmes (Specify)	Yes	Yes	Yes
f.	Emergency services (24 Hours)	Yes	Yes	Yes
g.	24 - hour delivery services including Normal and assisted deliveries	Yes	No	Yes
h.	Emergency Obstetric Care including surgical interventions like Caesarean Sections and other medical interventions	Yes	No	Yes
i.	New-born care	Yes	Yes	yes
j.	Emergency care of sick children	Yes	Yes(Camp)	Yes
k.	Full range of family planning services including Laproscopic Services	Yes	No	Yes
l.	Safe abortion services	Yes	Yes	Yes
m.	Treatment of STI / RTI	Yes( routine, Sputum Microscopic)	Yes	Yes (Routine,HIV ,Typhoid)
n.	Essential Laboratory Services (Specify the type of lab tests conducted)	Yes	No	No
o.	Blood storage facility	Yes	Yes	Yes
p.	Referral transport service	1%	1	1
1.3.	Bed Occupancy Rate in the last 12 months (1- less than 40%; 2 - 40-60%; 3 - More than 60%)	40	40	150
1.4.	Average daily OPD Attendance	50%	50	50
a.	Male	50%	50	50
b.	Female	LTT,CS,CTT ,Hydrocele, Hernia,Other surgery	LTT,CT	LTT,CS,Hydrocele, appen dicities, Laprotomy, Fracture reduction
1.5.	Types of Surgeries performed (specify)	No	No	
1.6.	HIV / AIDS	No	No	Yes
a.	Availability of Counseling facility on HIV/ AIDS / STD etc.	Counseling	No	Yes
b.	Is it a Voluntary Council and Testing Centre (VCT)	No	No	Yes

**III) Service availability**

No	Particulars	Rajpur	Balarampur	Surajpur
a.	Ante-natal Clinics	Yes	Yes	Yes
b.	Post-natal Clinics	Yes	Yes	Yes
c.	Immunization Sessions	Yes	Yes	Yes
1.8.	Number of cases of caesarian delivery (During last one year)	2	No	5
1.9.	Total number of pediatric beds	NA	MM	10
1.10.	Is separate septic labour room available	No	No	No
1.11.	Availability of facilities for out-patient department in Gynecology/ obstetric	Yes	No	Yes
a.	Board /Name plates to guide the clients	yes	No	Yes
b.	Adequate working space	yes	Yes	Yes
c.	Privacy during examination	yes	Yes	yes
d.	Facility for counseling	No	No	yes
e.	Separate toilet with running water	No	No	Yes
f.	Facility for Sterilizing instruments	yes	Yes	Yes
g.	Male specialist	yes	Yes	Yes
h.	Female specialist	yes	No	yes

**IV) Manpower**

II. Manpower		Rajpur	Balarampur	Surajpur
S.No.	Personnel			
<b>A.</b>	<b>Clinical Manpower</b>			
2.1.	General Surgeon	1(PGM O)	0	1
2.2.	Physician	0	0	1
2.3.	Obstetrician / Gynecologist	1(PGMO)	0	1
2.4.	Paediatrics	1(PGMO)	0	1
2.5.	Anaesthetist	1(PGMO)	0	GDMO©
2.6.	Public Health Programme Manager	1	0	1
2.7.	Eye Surgeon	0	0	0
2.8.	Other specialists (if any)	0	0	
2.9.	General duty officers (Medical Officer)	1	2	0
	RMA	1	1	1

### V) Support Manpower

No	Particulars	Rajpur	Balarampur	Surajpur
2.10.	Nursing Staff			
a.	Public Health Nurse			
b.	ANM	2	0	3
c.	Staff Nurse	3	1	2
d.	Nurse/Midwife		5	
2.11.	Dresser	2	1	2
2.12.	Pharmacist / compounder	2*	1	1
2.13.	Lab. Technician	1+1*	3*	1+1*
2.14.	Radiographer	1	1*	1
2.15.	Ophthalmic Assistant		0	0
2.16.	Ward boys / nursing orderly	1	3	1
2.17.	Sweepers	1+1*	1*	2
2.18.	Chowkidar	1	1*	1
2.19.	OPD Attendant	0	0	0
2.20.	Statistical Assistant / Data entry operator	1	0	0
2.21.	OT Attendant	1	0	0
2.22.	Registration Clerk	0	0	0
2.23.	Any other staff (specify)		1(aaya)	1(aaya)

### VI) Training of MOs during previous (full) year

No	Particulars	Rajpur	Balarampur	Surajpur
2.24	Available training in			
a.	Sterilization	No	No	No
b.	IUD Insertions	No	No	No
c.	Emergency contraception	No	No	No
d.	RTI / STI, HIV/ AIDS	No	No	No
e.	Newborn care	No	No	No
f.	Emergency obstetric care	No	No	No
g.	Other subjects (mention)	National Leprosy, TB and other programme	NLEP	NLEP

### VII) Investigative Facilities

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

### VIII) Physical Infrastructure

No	Particulars	Rajpur	Balarampur	Sarajpur
4.1.	Where is this CHC located?	Central	Central	Central
a.	Within Village Locality			
b.	Far from village locality	No	No	No
c.	If far from locality specify in km	0	0	0
4.2.	Building			
a.	Is a designated government building available	Yes	Yes	Yes
b.	If there is No designated government building, then where does the CHC located			
	Rented premises			
	Other government building			
	Any other specify			
c.	Area of the building	NA	50000 sq feet	3 Hector
d.	What is the present stage of construction of the building			
	Construction complete			
	Construction incomplete	Yes	Incomplete	Incomplete
e.	Compound Wall / Fencing (1-All around; 2-Partial; 3-None)	2	2	2
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	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	2	2
h.	Whether the cleanliness is Good / Fair / Poor?(Observe)	Good	Good	Good
	OPD	Good	Good	Good
	OT	Good	Good	Good
	Rooms	Good	Fair	Good
	Wards	Good	Fair	Good
	Toilets	Good	Fair	Good
	Premises (compound)	Good		Good
I.	Are any of the following close to the hospital? (Observe)	No	No	No
i.	Garbage dump	No	No	No
ii.	Cattle shed	No	No	No
iii.	Stagnant pool	No	No	No
iv.	Pollution from industry	No	No	No

## IX) Location

No	Particulars	Rajpur	Balarampur	Surajpur
a.	Whether located at less than 2 hours of travel distance from the farthest village?	Yes	No	Yes
b.	Whether the district head quarter hospital located at a distance of less than 4 hours travel time?	Yes	Yes	Yes
c.	Feasibility to hold the workforce (e.g. availability of degree college, railway station, municipality, industrial/mining belt) (specify)	No	No	Yes/Mine belt
4.4.	Availability of Private Sector Health Facility in the area	No	No	Yes
a.	Private laboratory/hospital/Nursing Home	No	No	Yes
b.	Charitable Hospital	Yes	No	No
c.	Hospital run by NGO	Yes	No	No
4.5.	Prominent display boards in local language / Charter of Patient Rights	Yes	No	No
4.6.	Registration counters	Yes	Yes	Yes
4.7	Pharmacy for drug dispensing and drug storage			
a.	Counter near entrance of hospital to obtain contraceptives, ORS packets, Vitamin A and Vaccination	Yes	Yes	Yes
4.8.	Separate public utilities for males and females	No	No	No
4.9.	Suggestion / complaint box	No	No	Yes
4.10.	OPD rooms / cubicles (Give numbers)	No	No	No
4.11.	Adequate No. of windows in the room for light and air in each room	2	2	4
4.12.	Family Welfare Clinic	Yes	Yes	Yes
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	Yes	Yes	Yes
4.17.	No. of beds : Female	10	10	15

## X) Operation Theatre

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

No	Particulars	Rajpur	Balarampur	Surajpur
	Boyles apparatus	Yes	No	Yes
	EMO Machine	No	No	No
	Cardiac Monitor for OT	Yes	No	No
	Defibrillator for OT	No	No	No
	Ventilator for OT	No	No	No
	Horizontal High Pressure Sterilizer	No	No	Yes
	Vertical High Pressure sterilizer 2/3 drum capacity	Yes	No	Yes
	Shadowless lamp ceiling trak mounted	Yes	No	Yes
	Shadowless lamp pedestal for miNor OT	Yes	No	Yes
	OT care / fumigation apparatus	Yes	No	No
	Gloves & dusting machines	No	No	No
	Oxygen cylinder 660 Ltrs 10 cylinders for 1 Boyles Apparatus	Yes	4	Yes
	Nitrous Oxide Cylinder 1750 Ltr. 8 for one Boyles Apparatus	Yes	No	Yes
	Hydraulic Operation Table	Yes	7	Yes

**XI) Labour room**

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

**XII) Cold Chain**

No	Particulars	Rajpur	Balarampur	Surajpur
a.	Walk-in coolers	No	No	No
b.	Walk-in freezers available	No	No	No
c.	Icelined freezers	3	1	2
d.	Deep freezers	3	2	2
e.	Refrigerators	2	1	1

**XII) Blood Storage Unit**

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

**XIII) Water supply**

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



**XIV) Sewerage**

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

**XV) Electricity**

No	Particulars	Rajpur	Balarampur	Surajpur
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 supply)	1	1	1
c.	Stand by facility (generator) available	No	Yes	Yes

**XVI) Laundry facilities:**

No	Particulars	Rajpur	Balarampur	Surajpur
a.	Laundry facility available	No	No	No
b.	If No, is it outsourced?			

**XVII) Communication facilities**

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

**XVIII) Vehicles**

No	Particulars	Rajpur	Balarampur	Surajpur
a.	If running			
	Ambulance	2	1	1
	Jeep	0	2	2
	Car	0	0	
b.	If vehicle is Not running			
	Ambulance			
	Jeep	0		0
	Car	0		1
4.33.	Office room	0		0
4.34.	Store room			
4.35.	Kitchen	Yes	Yes	No
4.36.	Diet:	Yes	Yes	No
a.	Diet provided by hospital	No	Yes	No
b.	If No, how diet is provided to the indoor patients?			

**XIX) Residential facility for the staff with living condition**

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

**XX) Accommodation facilities for families of admitted patients**

No	Particulars	Rajpur	Balarampur	Surajpur
a.	Facility for stay available	No	No	No
b.	Attached toilet available	No	No	No
c.	Cooking facility available	No	No	No
<b>a.</b>	<b>Is the CHC open for outpatient services for the stipulated OPD time?</b>			
	Yes, on all days excepting designated holidays	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>			
4.4	In cases where a patient needs to be admitted for inpatient care, is he/she admitted?	Yes	yes	yes
	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
<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
	Emergency patients are given treatment. Where necessary, they are referred 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	no	no
<b>4.42.</b>	<b>If referred to a higher-level health care facility, how is the patient taken there?</b>	<b>Ambulance</b>	<b>Ambulance</b>	<b>Ambulance</b>
	Free transport by hospital ambulance	No	No	No
	By hospital ambulance, but fuel and other charges have to be made by the patient			
	Private/ personal conveyance	Yes	Yes	Yes

**XXI) Behavioral Aspects**

No	Particulars	Rajpur	Balarampur	Surajpur
a.	How is the behaviour of the CHC staff with the patient			
	Courteous	Yes	Yes	Yes
	Casual/indifferent			
	Insulting / derogatory			
b.	Is there corruption in terms of charging extra money for any of the service provided?	No	No	No
c.	Is a receipt always given for the money charged at the CHC?	Yes	Yes	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?	No	No	No
f.	Are examinations on woman patients conducted in presence of a woman attendant, and procedures conducted under conditions that ensure privacy?	Yes	Yes	Yes
g.	Do patients with chronic illnesses receive adequate care and drugs for the entire duration?	No	No	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	Yes	Yes
I.	Is there a publicly displayed mechanism, whereby a complaint/grievance can be registered?	No	No	No

**XXII) Quality Control**

Particulars	Rajpur	Balarampur	Surajpur
7.1. Citizen's charter	Yes	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. (	Yes	Yes( last year)	Yes
7.4. External monitoring (Gradation by PRI (Zila Parishad)/ Rogi Kalyan Samiti	No	No	No
7.5. Availability of Standard Operating Procedures (SOP) / Standard Treatment Protocols (STP)/ Guidelines	No	No	No

### **CHC/FRU-OBSERVATIONS.**

**Infrastructure:** The infrastructure (OPD, IPD, OT, and Lab) of Manendragarh is as per Norms. The construction is under process at Janakpur CHC, the store is place at both old and new building. The X ray facilities provided to patient at old CHC building.

**Manpower:** Physician, surgeon, gynecologist, pediatrician posts are lying vacant at Balrampur CHC while gynecologist, surgeon and Pediatrician and anesthesia posts are functioning at Rajpur CHC. Supportive manpower is adequate at Rajpur and Balrampur CHC but lacking at Balrampur CHC.

### **Services:**

- A) Specialist Services:** At Rajpur and Surajpur CHC, specialist services are provided by Surgeon and Gynecologist, Pediatrician, Physician and Anaesthesia, while Balrampur CHCs no specialist services, the post of specialist are lying vacant.
- B) National Health Programmes:** All the national programmes are delivered from the block CHC.
- C) Emergency services:** The emergency services are available at Rajpur and Surajpur CHC while at Balrampur CHC only two medical officers along with KMA involved in the emergency services.
- D) Transport facilities:** Ambulance services are available at surveyed health facilities.
- E) Investigation facility:** Basic laboratory services include HB, Urine, sputum examination and malaria diagnosis (Microscopic and RD Kits) are available at surveyed CHC/FRU.
- F) Malaria diagnosis and treatment:** RD kits were invariably stored in Lab of CHCs, Not protected from direct sunlight. RD Kits were used maximum for the diagnosis of OPD cases at the microscopic centers, mostly at CHC level. Around 50 % of the RD Kits were utilized at CHC microscopy Center. The minimum delay for Examination BS was around 7 days. The Block medical officers and technicians were not aware of the guidelines about the use and storage of RD kits. The accountability seems to be fully lacking. RD kit record keeping was found almost Non-existent in surveyed health facilities. No supervision over the stock either by BMO or any other officer. The malaria registers are incomplete at CHC Rajpur and Balrampur CHC. Medical officers and other health staff should adherence to current malaria treatment guidelines.
- G) Blood Storage:** The blood collected and stored at Rajpur CHC, linked with district Hospital. The BMO started the Blood donation camps in the block with the help of the district blood bank authority. Non-availability of the Blood storage at Balrampur and Surajpur CHC. Steps should be taken to start the blood storage sanctioned FRU.
- H) Indoor services:** All surveyed CHC provided the indoor services facilities to the patients. The bed occupancy rate is less than 40% in surveyed CHCs.

- I) **ECG:** The ECG facility utilized at Surajpur CHC due to availability of Physician. ECG machine is available at all surveyed CHCs /except Rajpur. The ECG facility for patients is not utilized at Balrampur CHC. Nursing staff is also not trained in the investigation process (ECG).
- J) **Operation theatre:** Operation theatre of Rajpur and Surajpur CHC is utilized for family planning operations, cataract, gynecological procedure, and other surgical procedure. No Specialized operative services at Balrampur CHC due to Non-availability of specialized doctors, family planning operatives are carried out at minor Operation Theater. At Rajpur CHC is well equipped by OT instruments, and SOP are prepared.
- K) **Emergency obstetric care and Labour room:** Deliveries are conducted at all surveyed CHC. Emergency Obstetric Care including surgical interventions like Caesarean Sections is available at Surajpur and Rajpur. Cleanliness of the labour room and surrounding premises at Surajpur CHC is poor. The Rajpur CHC the Partogram charts are prepared and practiced at CHC, the record is maintained in proper way, while the Pediatrics prepared the INMCI charts and specialist protocol. The ambulance services are started for the emergency obstetric care and call center is started at Rajpur CHC.
- L) **MTP:** MTP service provided at Rajpur and Surajpur CHC, while no MTP services at Balrampur CHC due to vacant post of OBGY specialist.
- M) **Hospital waste Management:** In all surveyed CHC/FRU, there are No visible guidelines regarding the Hospital waste management. Dumping, Burial and other method are practiced at Hospital. Needle cutters are not utilized at all CHC. Steps should be taken to follow the guidelines of Hospital waste management.

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

**JSY:** *The monetary benefit provided from Block. The JSY Bank account is opened at all surveyed PHCs.*

**RKS:** RSK meetings are periodically but not scheduled at surveyed CHC. The technical audit of last year completed at all surveyed CHCs.

**SOP:** Non Availability of Standard Operating Procedures (SOP)/ Standard Treatment Protocols (STP)/ Guidelines. Apply SOP and STP at CHC. The Health education material and JSY is displayed at all surveyed CHC.

## 5) PRIMARY HEALTH CENTERS

### I) General Information & II) Assured Services available

Particulars	Aara	Bariyo	Gopalpur	Maharaj geng	Abjanagar
Subcenters	1	7	8	4	
Population covered (in numbers)	4417	26922	26334	26900	24882
<b>Assured Services available</b>					
OPD Services	Yes	Yes	Yes	Yes	Yes
Emergency services (24 Hours)	No	Yes	No	No	Yes
Referral Services	Yes	Yes	Yes	Yes	Yes
In-patient Services	Yes	Yes	Yes	Yes(day)	Yes
Number of beds available					
Bed Occupancy Rate in the last 12 months (1- less than 40%; 2 - 40-60%; 3 – More than 60%)	2	6	3	2	6
Average daily OPD Attendance	1	1	1	1	1
Males	10	30	15	25-Jan	30-Jan
Females	40%	50%	60%	70%	50%

### III) Treatment of specific cases

Particulars	Aara	Bariyo	Gopalpur	Maharaj geng	Abjanagar
Is surgery for cataract done in the PHC	No	No	No	No	No
Is the primary management of wounds done at the PHC	No	Yes	Yes	Yes	Yes
Is the primary management of fracture done at the PHC	No	No	No	No	No
Are minor surgeries like draining of abscess etc done at the PHC	No	Yes	Yes	Yes	Yes
Is the primary management of cases of poisoning / snake, insect or scorpion bite done at the PHC	No	No	No	No	Yes
Is the primary management of burns done at PHC	No	No	No	No	Yes

### IV) MCH Care including Family Planning

Particulars	Aara	Bariyo	Gopalpur	Maharaj geng	Abjanagar
<b>Service availability</b>					
Ante-natal care	Yes	Yes	No	No	No
Intranatal care (24 - hour delivery services both Normal and assisted)	Yes	Yes	No	No	Yes
Post-natal care	No	Yes	Yes	Yes	Yes
New born Care	No	Yes	No	No	No
Child care including immunization	No	Yes	No(SC)	No	No
Family Planning	No	LTT	No	No	Yes*
MTP	No	No	No	No	No
Management of RTI / STI	No	Yes	Yes	Yes	Yes
Facilities under Janani Suraksha Yojana	Yes	Yes	Yes	Yes(CHC )	No

**V) Availability of specific services**

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



### VI) Other functions and services performed

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

### VII) Monitoring and Supervision activities

Particulars	Aara	Bariyo	Gopalpur	Maharaj geng	Abjanagar
Monitoring and supervision of activities of sub-centres through regular meetings / periodic visits, etc.	yes	Yes	Yes(CHC)	Yes	Yes
Monitoring of National Health Programmes	Yes	Yes	Yes	Yes	No
Monitoring activities of ASHAs	yes	Yes	no	No	yes
Visits of Medical Officer to all sub-centres at least once in a month	No	Yes	No	Yes	No
Visits of Health Assistants (Male) and LHV to sub-centres once a week	No	No	No	Yes	No

### VIII) Manpower

Personnel	Aara	Bariyo	Gopalpur	Maharaj geng	Abjanagar
Medical Officer	1	2	2	1	1
Pharmacist	1	1	1	1	1
Nurse - Midwife (Staff Nurse)	1	0	0	0	1
Health Worker (Female)	1	1	0	1	1
Health Educator	0	0	0	0	0
Health Assistant (One male and One female)		2	2	0	2
Clerks	0	0	0	0	0
Laboratory Technician	0	0	0	0	1*
Driver	0	0	0	0	0
Class IV	1	3	1	3	0
<b>Total</b>		1	0	1	1

**IX) Training of personnel during previous (full) year**

Particulars	Aara	Bariyo	Gopalpur	Maharajgeng	Abjanagar
Tradition birth attendants	No	no	No	No	No
Health Worker (Female)	No	no	No	No	No
Health Worker (Male)	No	no	No	No	No
Medical Officer	Yes	Yes	No	No	No
Initial and periodic training of paramedics in treatment of minor ailments	No	No	No	No	No
Training of ASHAs	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
Training of Health Workers in antenatal care and skilled birth attendance	No	No	No	No	No

**X) Essential Laboratory Services**

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

**XI) Physical Infrastructure (As per specifications)**

PHC located	Aara	Bariyo	Gopalpur	Maharajgeng	Abjanagar
Within Village Locality	Side of village	central	Near by	Central	central
Far from village locality	No	no	No	No	No
If far from locality specify in km	0 Km	0 km	0 Km	0 Km	0 Km
Building					
Is a designated government building available for the PHC	Yes	yes	Yes	Yes	Yes
Area of the building (Sq. mts.)	NA	NA	NA	NA	NA
What is the present stage of construction of the building					
Construction complete	yes	yes	Yes	Yes	yes
Construction incomplete					
Compound Wall / Fencing (1-All around; 2-Partial; 3-None)	3	2	3	3	3
Condition of plaster on walls (1- Well plastered with plaster intact every where; 2- Plaster coming off in some places; 3- Plaster coming off in many places or No plaster)	1	2	1	2	2
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	2	2
Whether the cleanliness is Good / Fair / Poor(Observe)	Fair	good	Good	Good	Fair
OPD	good	good	Good	Good	fair
Rooms	good	good	Good	Good	Fair
Wards	Fair	good	Good	Good	Fair
Toilets	Poor	Fair	Fair	Poor	Fair
Premises (compound)	good	good	Fair	Poor	Fair
Any of the following close to the PHC					
Garbage dump	No	No	No	No	No
Cattle shed	No	No	No	No	No
Stagnant pool	No	No	No	No	No
Pollution from industry	No	No	No	No	No
Is boundary wall with gate existing	No	No	No	No	No

## XII) Location

Location	Aara	Bariyo	Gopalpur	Maharajgeng	Abjanagar
Whether located at an easily accessible area	Yes	Yes	Yes	Yes	yes
Distance of PHC (in Kms.) from the farthest village in coverage area	1 Km	9 Km	65 Km	18 Km	20 Km
Travel time (in minutes) to reach the PHC from farthest village in coverage area	30 minutes	30 Minutes	3 hrs	60 minut	60 minutes
Distance of PHC (in Kms.) from the CHC	25	17 KM	10 Km	12 Km	20 Km
Distance of PHC (in Kms.) from District Hospital	26	22 KM	47 Km	100 Km	15 Km
Prominent display boards regarding service availability in local language	No	No	Yes	Yes	No
Registration counters	No	Yes	No	No	No
Pharmacy for drug dispensing and drug storage	yes	Yes	Yes	No	Yes
Counter near entrance of PHC to obtain contraceptives, ORS packets, Vitamin A and Vaccination	No	No	No	No	No
Separate public utilities for males and females	No	No	No	No	No
Suggestion / complaint box	No	No	No	No	No
OPD rooms / cubicles (Give numbers)	1	1	1	1	2
Adequate No. of windows in the room for light and air in each room	Yes	Yes	yes	Yes	yes
Family Welfare Clinic	No	No	no	No	no
Waiting room for patients	No	No	No	No	Yes
Emergency Room / Casualty	No	No	No	No	No
Separate wards for males and females	No	No	Yes	No	No
No. of beds : Male	1	6	3	2	5
No. of beds : Female					

## XIII) Operation Theatre

Particulars	Aara	Bariyo	Gopalpur	Maharajgeng	Abjanagar
Operation Theatre available	No	No	No	No	No
If operation theatre is present, are surgeries carried out in the operation theatre?					
Yes					
No				No	
Sometimes		Yes(LTT)			Yes(05)LT T
If operation theatre is present, but surgeries are Not being conducted there, then what are the reasons for the same?	no				
Non-availability of doctors /staff					
Lack of equipment / poor physical state of the operation theatre					

**XIV) Labour room**

Particulars	Aara	Bariyo	Gopalpur	Maharajgeng	Abjanagar
Labour room available	No	Yes	No	Yes	No
If labour room is present, are deliveries carried out in the labour room					
Yes	Yes	Yes		Yes	Yes
No				Yes	
Sometimes			Yes		
If labour room is present, but deliveries are Not being conducted there, then what are the reasons for the same					
Non-availability of doctors / staff					
Poor condition of the labour room					
No power supply in the labour room					
Any other reason (specify)				No water	

**XV) Laboratory:**

Particulars	Aara	Bariyo	Gopalpur	Maharajgeng	Abjanagar
Laboratory	No	No	No	No	No
Are adequate equipment and chemicals available	No	No	No	No	No
Is laboratory maintained in orderly manner	No	No	No	No	No
Ancillary Rooms - Nurses rest room	No	No	No	No	No

**XVI) Water supply**

Particulars	Aara	Bariyo	Gopalpur	Maharajgeng	Abjanagar
Source of water (1- Piped; 2- Bore well/ hand pump / tube well; 3- Well; 4- Other	2	2	No water	No water	2
Whether overhead tank and pump exist	No	Yes	No	No	yes
If overhead tank exist,					
If pump exist, whether it is in working condition	No	Yes	Yes	Yes	yes

**XVII) Sewerage**

Particulars	Aara	Bariyo	Gopalpur	Maharajgeng	Abjanagar
Type of sewerage system ( 1- Soak pit; 2- Connected to Municipal Sewerage)	1	1	No water, No lathinbath	1	1
Waste disposal					
How the waste material is being disposed (please specify)	no	No		Open	open

**XVIII) Electricity**

Particulars	Aara	Bariyo	Gopalpur	Maharajgeng	Abjanagar
Electric line in all parts of the PHC (1- In all parts; 2- In some parts; 3- None)	No	No electricity	No electricity	1	No
Regular Power Supply (1- Continuous Power Supply		1		2	2
Stand by facility(generator)	No	Inverter	Yes	Yes	Inverter

**XIX) Communication facilities (Residential facility and other**

Particulars	Aara	Bariyo	Gopalpur	Maharaj geng	Abjanagar
Telephone	No	yes*	Yes	No	No
Personal Computer	No	Yes*	Yes	Yes	yes
NIC Terminal	no	no	no	No	no
E.Mail	no	no	no	No	no
Is PHC accessible by	no	no	no	No	no
Rail	no	no	no	No	no
All whether road	Yes	Yes	Yes	Yes	yes
Others (Specify)	no	no	no	No	no
Vehicles					
Vehicle (jeep/other vehicle) available	No	No	No	No	No
Office room	No	no	No	No	yes
Store room	yes	yes	No	No	No
Kitchen	No	no	No	No	No
Diet:	No	no	No	No	No
Diet provided by hospital	No	no	No	No	No
Residential facility for the staff with all amenities					
Medical Officer					
Pharmacist	No	yes	No	No	1
Nurses	No	no	No	No	
Other staff	No	Yes	No	No	1

Behavioral Aspects	Aara	Bariyo	Gopalpur	Maharaj geng	Abjanaga r
How is the behaviour of the PHC staff with the patient	Courteous	Courteous	Courteous	Courteous	Courteous
Courteous					
Casual/indifferent					
Insulting / derogatory					
Any fee for service is charged from the users . If Yes, specify.	2 Rs	2Rs	2 Rs	2 Rs	5 Rs
Is there corruption in terms of charging extra money for any of the service provided	No	No	No	No	No
Is a receipt always given for the money charged at the PHC	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
Are woman patients interviewed in an environment that ensures privacy and dignity	no	no	no	No	no
Are examinations on woman patients conducted in presence of a woman attendant, and procedures conducted under conditions that ensure privacy	no	no	no	No	no
Do patients with chronic illnesses receive adequate care and drugs for the entire duration	no	no	no	No	no
If the health centre is unequipped to	refer	refer	refer	refer	refer

provide the services how and where the patient is referred and how patients transported					
Is there a publicly displayed mechanism, whereby a complaint/grievance can be registered	No	No	No	No	No
Is there an outbreak of any of the following diseases in the PHC area in the last three years	no	No	no	No	no
Malaria					
Measles					
Gastroenteritis					
Jaundice					
If Yes, did the PHC staff responded immediately to stop the further spread of the epidmit					
Does the doctor do private practice during or after the duty hours	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

#### XXI) Quality Control

Particular	Aara	Bariyo	Gopalpur	Maharaj geng	Abjanagar
Citizen's charter	No	No	No	Yes	No
Constitution of Rogi Kalyan Samiti (give a list of office order Notifying the members)	yes	Yes	Yes	Yes	yes
Internal monitoring	No	No	No	No	Yes
External monitoring /Gradation by PRI (Zila Parishad)/ Rogi Kalyan Samitis	No	No	No	No	No
Availability of Standard Operating Procedures (SOP) / Standard Treatment Protocols (STP)/ Guidelines (Please provide a list)	No	No	No	No	No

## PHC –OBSERVATIONS/GAPS:

**1) Infrastructure:** Aara Primary health center is functioning at building where no electricity and water. The existing working space is inadequate. No Labour room at Primary centers like Kharwarpur, Nagpur and Mandisarai. The Aara, Bariyo and Ajabnagar is PHC where the Deliveries are conducted. The public hand pump is the source of the water at surveyed primary health center; water storage facility is also lacking at all surveyed facilities except Bariyo PHCs.

### **2) Manpower:**

Medical officers are posted in all surveyed PHC. Supportive manpower is lacking at all surveyed PHC except Khatghori. The lab technician is posted at Ajabnagar PHC among surveyed Primary health centers.

### **3) Services:**

**a) Assured services/Treatment of specific Element:** OPD services are available in all surveyed primary health center. Average daily OPD attendance of the patient is less than 20 in surveyed PHC. In-patient Services are under utilized in all surveyed primary health center.

**b) Emergency services:** Emergency service (24 hours) is not available at all surveyed PHC, in cases of emergency /serious patients were referred to nearest CHC or District hospital.

**c) Treatment of specific cases:** In surveyed health 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, primary management of burns are also Not available, Surgery of cataract are also Not done. Facilities at primary level may be developed by increasing manpower and structural up-gradation; the basic facilities are required at all the Health Facilities in the present scenario.

**d) Laboratory services:** Ajabnagar is the only PHC where laboratory facilities exist in surveyed primary health centers in surveyed blocks.

### **e) Malaria diagnosis and treatment:**

RD kits utility records for diagnosis of malaria are not available in all surveyed Primary health centers. Malaria Treatment-Tablets Chloroquine and Primaquine were given to the patients suspected for Malaria and simultaneously blood slide was collected and sent for Microscopy examination. We have observed that radical treatment is given before Microscopy examination. Medical officers and other health staff should adhere to malaria treatment guidelines.

**e) MCH services/Immunization/FP and other:** ANC, PNC and New born services are available on scheduled day at Bariyo primary health centers while other PHCs provided the services through anganwadi centers( ANC), scheduled sessions are conducted at respected anganwadi. Family planning services were provided by CHC in all surveyed Primary health centers except Bariyo. MTP services are not available in all surveyed primary health centers including Balrampur CHC.



Immunization services at PHC are provided through anganwadi at all surveyed Primary health centers.

**f) Delivery:** The proportions of home deliveries are more as compare to institutional deliveries among the surveyed health facilities. Deliveries are conducted only at Baryio and Ajabnagar PHC among surveyed primary health center in surveyed Blocks. 259 Institutional deliveries are conducted last year at Baryo PHC. No delivery room at Aara Primary Health center where the deliveries are conducted at small OPD room. The Labour room of Ajabnagar PHC is very poor condition where no water and electricity. The deliveries are conducted without labour table. There should be proper constructed Labour room in surveyed health facilities with all basic amenities.

**g) Operation theater services:** Operation theater services are not available at surveyed PHC but LTT camps were arranged at Baryio and Ajabnagar PHC. The Family planning operation was carried out at one room at Ajabnagar PHC (refugee camp rooms) where no electricity line and water sources at room. There were no any operative instruments at PHC. The other PHC referring the FP cases for operation to neighbouring CHC. Operation Theater should be properly constructed before starting family planning camps.

**h) Family Planning and Contraceptives:** All surveyed primary health centers are provided family planning services except MTP. The Permanent sterilization operations are carried out at Baryio and Ajabnagar PHCs.

**i) JSY:** The monetary benefit of JSY cases are delivered through respective PHC where deliveries are conducted. The JSY monitoring through respective Block CHC in surveyed Health facilities.

**4) Hospital Waste Management:** The needle cutters are provided to the each health facilities, but the staff does not utilize them, which they should utilize.

#### **5) Quality Control:**

- a) Citizen charter is not displayed at all surveyed PHCs.
- b) JDS is constituted at all surveyed PHC.
- c) **Internal and external monitoring:** JDS meeting are conducted regularly at PHC.

## 6) HSC ANALYSIS

### I) General Information and MCH care

Subcenter Name	Kakna	Parsagudi	Savari	Pindra	Jabar	Basdai
Population covered (in numbers)	4812	4156	4099	3144	3402	4442
<b>MCH Care including Family Planning</b>						
<b>Service availability</b>						
Ante-natal care	Yes	Yes*	yes*	yes*	Yes*	Yes*
Intranatal care	Yes	Yes	yes	yes	yes	yes
Post-natal care	Yes	yes	yes	yes	yes	yes
New born Care	No	No	No	No	No	No
Child care including immunization	yes*	yes*	yes*	Yes*	Yes*	Yes*
Family Planning and contraception	Yes	yes	No	yes	yes	yes
Adolescent health care	No	No	No	No	No	No
Assistance to school health services	yes	yes	yes	yes	yes	yes
Facilities under Janani Suraksha Yojana	Yes	yes	yes	yes	yes	yes
Treatment of minor ailments	yes	yes	yes	yes	yes	yes
First aid (specify)	Yes	Yes	Yes	Yes	yes	No

(\* sessions/services through health subcenters)

### II) Availability of specific services

Particulars	Kakna	Parsagudi	Savari	Pindra	Jabar	Basdai
Does the doctor visit the Sub centre at least once in a month?	No	No	No	No	No	No
Is the day and time of this visit fixed?	No	No	No	No	No	No
Residents of the village aware of the timings of the doctor's visit?	No	No	No	No	No	No
Does the Health Assistant (male) or LHV visit the Sub Centre at least once a week?	Yes	yes	Yes	yes	yes	No
Is the Antenatal care (Inj. T.T, IFA tablets, weight and BP checkup) provided by HSC	yes*(Anganwadi)	Yes(Anganwadi)	Yes(Anganwadi)	Yes(Anganwadi)	Yes(Anganwadi)	Yes(Anganwadi)

### Availability of specific services

Particulars	Kakna	Parsagudi	Savari	Pindra	Jabar	Basdai
Is the facility for referral of complicated cases delivery available at HSC for 24 Hrs	No	No	No	No	No	No
Does the ANM/any trained personnel accompany the woman in labor to the referred care facility at the time of referral?	No	No	No	No	No	No
Are the Immunization services as per Government schedule provided by the HSC	No	No	No	No	No	No
ORS for prevention of diarrhoea and dehydration available HSC	Yes	yes	Yes	yes	yes	No
Is the treatment of minor illness like fever, cough, cold, worm disinfestation etc. available in the HSC	yes*(Anganwadi)	Yes(Anganwadi)	Yes(Anganwadi)	Yes(Anganwadi)	Yes(Anganwadi)	Yes(Anganwadi)
Is the facility for taking Peripheral blood smear in case of fever for detection available	No	No	No	No	yes	No
Are the contraceptive services like insertion of Copper-T, distributing Oral contraceptive pills or condoms provided	No	Yes	Yes	yes	yes	yes

### III) Other functions and services performed

Particulars	Kakna	Parsagudi	Savari	Pindra	Jabar	Basdai
Disease surveillance	Yes	No	No	No	No	yes
Control of local endemic diseases	Yes	Yes	Yes	yes	yes	yes
Promotion of sanitation	No	No	yes	yes	yes	No
Field visits and home care	yes	Yes	yes	yes	yes	yes
National Health Programmes including HIV/AIDS control programmes	No	No	Yes	yes	No	yes

#### IV) Monitoring and Supervision activities

Particulars	Kakna	Parsagudi	Savari	Pindra	Jabar	Basdai
Training of traditional birth attendants and ASHA	yes	Yes	yes	yes	yes	Yes
Monitoring of Water quality in the village	No	No	yes	No	No	No
Watch over unusual health events	Yes	Yes	No	No	no	yes
Coordinated services with AWWs, ASHA, Village Health and Sanitation Committee, PRIs	yes	Yes	yes	yes	No	yes
Coordination and supervision of activities of ASHA	yes	Yes	yes	yes	No	yes
Proper maintenance of records and registers	No	Yes	yes	yes	yes	No
Is there a Village Health Plan / Sub Centre Plan?	Yes	Yes	Yes	yes	yes	yes
Is the scheme of ASHA implemented in Sub Centre?	yes	Yes	yes	yes	yes	yes

#### V) Manpower

Personnel	Kakna	Parsagudi	Savari	Pindra	Jabar	Basdai
Health Worker (Female)	1		1	1	1	1
Health Worker (Male)	1	1	0	1	0	1
Voluntary worker to keep the Sub Centre clean and assisting ANM. She is paid by the ANM from her contingency fund @ Rs. Yes-50 per month		No	No	No	No	No

**VI) Physical Infrastructure (As per specifications)**

Particulars	Kakna	Parsagudi	Savari	Pindra	Jabar	Basda
Location of Subcenter	No HSC Building	Center	side	front	center	center
Within Village Locality		center	side	yes	yes	no
Far from village locality		no	No	no	no	no
If far from locality specify in km		0 Km	0 Km	0 Km	0 Km	0 Km
Whether located at an easily accessible area?		yes	yes	yes	yes	yes
The distance of Sub Centre (in Kms.) from the remotest village in the coverage area		11 Km	15 km	1 km	5 km	1 km
Travel time to reach the Sub Centre from the remotest place in the coverage area		90 min	90 min	30 min	30 minu	10 minute
The distance of Sub Centre (in Kms.) from the PHC		25 Km	10 Km	6 km	6 km	0.5Km
The distance of Sub Centre (in Kms.) from the CHC	9 Km	10 Km	6 Km	6 km	11 Km	

## VII) Building

Particulars	Kakna	Parsagudi	Savari	Pindra	Jabar	Basdai
Is a designated government building available for the HSC	No HSC Building, They delivered services through Anganwadi	Yes	yes	yes	yes	yes
Area of the building (Total area in Sq. mts.)		NA	2400 sqfeet	NA	NA	NA
What is the present condition of the existing building		good	good	good	good	poor
What is the present stage of construction of the building						
Construction complete		Yes	Yes	yes	yes	yes
Construction incomplete						
Compound Wall (1-All around; 2-Partial; 3-None)		3	3	3	3	1
Condition of plaster on walls (Yes-Well plastered with plaster intact every where; 2- Plaster coming off in some places; 3- Plaster coming off in many places or No plaster)		1	1	1	2	2
Condition of floor (Yes- Floor in Good condition; 2- Floor coming off in some places; 3- Floor coming off in many places flooring)		1	2	2	2	2
Whether the cleanliness is Good / Fair / Poor?		good	good	Good	good	poor
Are any of the following close to the Sub Centre?						
Garbage dump		No	No	No	No	No
Cattle shed		No	No	No	No	No
Stagnant pool		No	No	No	No	No
Pollution from industry		No	No	No	No	No
Does boundary wall with gate exist?		No	No	No	No	No
Prominent display boards in local language		No	No	No	No	No
Separate public utilities for males and females		No	No	No	No	No
Suggestion / complaint box		No	No	No	No	No

### VIII) Labour room

Particulars	Kakna	Parsagudi	Savari	Pindra	Jabar	Basdai	
Labour room available?	No subcenter building	yes	yes	yes	Yes	yes	
If labour room is present, are deliveries carried out in the labour room?		No	No	no	No	No	
Yes							
No		No	No	No	No	No	
Sometimes							
If labour room is present, but deliveries Not being conducted there, then what are the reasons							
Staff Not staying						yes	
Floor condition of the labour room			yes			yes	
No power supply in the labour room			Yes	yes	yes	yes	yes
Any other specify			No electricity	No electricity		No electricity	
Clinic Room			Yes	Yes	Yes	Yes	yes
Examination room			yes	yes	yes	Yes	yes

@ No delivery table

### IX) Water supply

Particulars	Kakna	Parsagudi*	Savari*	Pindra*	Jabar*	Basdai*	
Source of water (Yes- Piped; 2- Bore well/ hand pump / tube well; 3- Well)	No subcenter building	No water supply to HSC	No water supply	No water supply	No water supply	No water supply	
Whether overhead tank and pump exist		No	No	No	No	No	
If overhead tank exist, whether its capacity sufficient?		No	No	No	No	No	
If pump exist, whether it is in working condition?			No	No	No	No	
Waste disposal							
Medical waste disposed off			Nil	nil	nil	nil	nil
Electricity							

(\*PHP: depends on Public handpump)

### X) Communication facilities

Particulars	Kakna	Parsagudi	Savari	Pindra	Jabar	Basdai
Telephone	No	Yes	Yes	yes	No	yes
Transport facility for movement of staff	No	No	No	No	No	No
Residential facility for the staff						
Health Worker (Female)	No	Yes	yes	yes	Yes	yes
Whether Health Worker (Male) available in the HSC	No	Yes	No	yes	No	No
Is he staying at Sub Centre Head Quarter	No	Yes	Yes	Yes	yes	No

## XI) Furniture

Particulars	Kakna	Parsagudi	Savari	Pindra	Jabar	Basdai
Examination Table	1	1	1	1	1	1
Writing Table	1	1	1	1	1	0
Armless chairs	5	5	4	1	1	0
Medicine chest	0	0	0	0	0	0
Labour table	1	1	1	1	1	0
Wooden screen	0	0	0	0	0	0
Foot step	0	0	0	1	1	0
Coat rack	0	0	1	0	0	0
Bed side table	0	0	0	0	1	0
Stool	1	1	0	1	1	1
Amirahs	1	1	1		1	1
Lamp	0	0	0	0	0	0
Side wooden racks	1	1	0	0	1	1
Fans	0	0	0	0	0	0
Tube lights	0	0	0	0	0	0
Basin stand	0	0	0	0	0	0
Buckets	1	2	2	1	1	1
Mugs	2	1	1	1	1	0
Kerosene stove	0	1	0	1	2	0
Sauce pan with lid	0	1	0	0	0	0
Water receptacle	0	0	0	0	0	0
Rubber / plastic shutting	1	1	0	1	1	1
Talquist Hb scale	1	1	1	1	1	0
Drum with tap for storing water	1	0	0	0	0	0

## XII) Quality Control

Particular	Kakna	Parsagudi	Savari	Pindra	Jabar	Basdai
Citizen's charter in local language	no	Yes	No	no	no	no
Internal monitoring: supportive supervision a	No	No	No	No	yes	yes
External monitoring: Village health and sanitation committee, evaluation by independent external agency	no	No	No	no	no	no
Availability of various guidelines issued by State Govt.	no	Yes	Yes	yes	no	yes



## **Health Subcenter -OBSERVATIONS/GAPS:**

**Infrastructure:** Out of 6 surveyed health Subcenters only 5 Health Subcenters are functioning in government buildings. Kakna Health Subcenter has no building while Basdai functioning at old Building. The services provided by health subcenters are easily accessible to the community members. HSC is totally dependent on public hand pump mostly located outside premises and not water supply at all surveyed HSC. There is no provision of electricity at Parsagudi, Savari and Jabar health Subcenters In surveyed blocks health subcenters are communicated with telephone lines except Jabar.

**Manpower:** The ANMs are posted in all surveyed health subcenters Biharpur health Subcenter but a post of MPW (Male) is vacant in 3 health Subcenters (Savari and Jabar)

### **Services:**

#### ***MCH services/Immunization/FP and other:***

**a) Delivery: Home Vs Institutional** – Proper constructed labour room is not available at in health Subcenter (Basdai). The deliveries are not conducted at surveyed health Subcenters; they are referring cases to neighboring CHC. The staff is not staying at headquarter at Basdai, No electricity, no water connection, poor condition of delivery room etc are reasons for no conducting delivery at center

**b) Immunization:** As per record the immunization sessions are conducted as per plan. The sessions are conducted at anganwadi center but not in surveyed Health Subcenter. The vaccines are procured from the concerned CHC.

**c) Family Planning and Contraceptives:** Among surveyed health subcenters majority of the copper T insertion, OC pills and barrier method the entries of the client are fake. Records of family planning are not proper in surveyed health subcenters except Kakne and Basdai. There is need for skill based reorientation training in Copper T insertion especially newly recruited ANMs.

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

**e) RD Kits:** the RD kits were not supplied in the surveyed blocks.

**Record Keeping:** Record keeping regarding ANC,PNC, Immunisation,Vital statistics, Disease surveillance, Family planning methods, untied funds, JSY and National health programme mainly malaria is poor at Basdai HSC .

**Waste Management:** The needle cutters are provided to the health facilities, but the staff does not utilize them, which they should utilize.

**Quality Control:**

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

**Untied Fund:** We have verified the records (Pass book, entries, fund utilization and cashbook), of the untied fund, the records reveals that all surveyed subcenters utilized the fund but record is not maintained properly (Cash book Register entries).

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

### a) Immunization:

**Observations:** During verification of child immunization status we have verified child immunization card, interviewing of parents, health officials and Anganwadi workers and observations were noted in specially designed format. In surveyed health facilities 95% of the children's were fully immunized. In surveyed health subcenters the immunization cards are not issued after immunization to the beneficiaries. In surveyed health facilities the immunization sessions were planned as per schedule at anganwadi centers not at Subcenter building. In surveyed health facilities including FRU and CHC, the cold chain temperature record was maintained. During Subcenter immunization session, the vaccines are procured in day carrier from the concerned CHC or PHC to the site of vaccination.

S. No	covered	# Cases Selected	# cases contacted	# Fully immunized	% Fully Immunized	# children not immunized fully	% children not immunized fully	# children have AEFI	% children not immunized fully
1	Kakna	7	2	2	100.0	0	0.0	0	0.0
2	Parsagudi	8	2	2	100.0	0	0.0	0	0.0
3	Sewari	8	3	2	66.7	1	33.3	0	33.3
4	Jabar	10	2	2	100.0	0	0.0	0	0.0
5	Basdeai	10	2	2	100.0	0	0.0	0	0.0
6	Latori	6	2	2	100.0	0	0.0	0	0.0
7	Kot	10	3	3	100.0	0	0.0	0	0.0
8	Pindra	8	3	3	100.0	0	0.0	0	0.0
9		3	1	1	100.0	0	0.0	0	0.0
<b>Total 1</b>		70	20	19	<b>95.0</b>	0	5.0	0	5.0

### b) ANC:

**Observation:** 69 ANC cases were selected during the visit to the health facilities, 13 beneficiaries were verified for the ANC facilities. 12 ANC mother visited health facilities for routine checkup, completed TT immunization and consumed tablets of iron and folic acid. The ANC mothers are registered in second trimester in surveyed health facilities. The registration of selected mother is late in surveyed Health facilities.

S. No	Sub-Centers covered	# Cases Selected	# cases contacted	# Received 3 ANC Check-ups, 100 tab. IFA and TT inj.a accompanied to hospitals
1	Kakna	10	2	2
2	Parsagudi	8	2	2
3	Sewari	8	2	2
4	Jabar	8	1	1
5	Basdeai	9	1	1
6	Latori	5	1	1
7	Kot	10	2	2
8	Pindra	10	2	1
<b>Total</b>		69	13	12

**e) PNC: Observations:** 61PNC mothers were selected, out of which 16 were verified for the Post Natal Services (PNC). Out of selected 16 mothers 02 mothers had undergone institutional delivery while remaining mothers had delivered at home. Among verified mothers none of mother had post natal complications like bleeding and infection. A postnatal follow-up visit has been regularly made by the surveyed health workers except Basdea Health subcenter.

S. No	Sub-Centers covered	# Cases Selected	# cases contacted	# beneficiaries undergone delivery	# of beneficiaries have hospital Delivery	# beneficiaries have Post natal complication	Post natal follow up visits by the Health staff
1	Kakna	7	1	1	0	0	yes
2	Parsagudi	10	2	1	1	0	yes
3	Sewari	8	3	3	0	0	yes
4	Jabar	8	3	3	0	0	yes
5	Basdeai	2	2	1	1	0	No
6	Latori	6	1	1	0	0	yes
7	Kot	10	2	2	0	0	yes
8	Pindra	10	2	2	0	0	yes
<b>Total 1</b>		61	16	14	2	0	

**d) JSY: Observation:** Out of 63 selected mothers only 16 were verified for JSY benefits. Out of selected mothers 100% of mothers received monetary benefits no pending either home as well as hospital deliveries. Only seven client paid money from their pocket for transport, while they got monetary benefit under the scheme. Verified mothers received all ANC services through health facilities.

S. No	Sub-Centers covered	# Cases Selected	# cases contacted	# Received 3 ANC Check-ups, 100 tab. IFA and TT inj. accompanied to hospitals	# beneficiaries accompanied to hospitals	# received money under the scheme	% received monetary benefits	# of clients spend money for transportation and other wise for confinement	% clients paid money from their pocket
1	Kakna	6	1	1	0	1	100	0	0.0
2	Parsagudi	10	2	2	1	2	100	1	50.0
3	Sewari	10	4	4	3	4	100	3	75.0
4	Jabar	8	1	1	1	1	100	1	100.0
5	Basdeai	2	1	1	0	1	100	0	0.0
	Latori	6	1	1	0	1	100	0	0.0
7	Kot	10	4	4	2	4	100	2	50.0
8	Pindra	13	2	2	0	2	100	0	0.0
<b>Total</b>		63	16	16	7	16	100.0	7	43.2

**e) Contraceptives:**

**Observation:** 12 cases of sterilization, 19 cases of IUD users, 31 cases of OP and 21 cases of Nirodh were verified. We have found 13 fake cases of the IUD insertion. ANM are not inserting Device at HSC and not confident about the insertion of IUDs in surveyed health subcenters. There were no fake cases in permanent sterilization. The high no of fake cases were seen in IUD, hormonal and barrier methods. The record keeping regarding above methods was poorly maintained. There is no proper monitoring by medical officers or health supervisor regarding temporary methods in surveyed health subcenters.

S. No	Particulars PHC/SC visited	Sterilizations		IUD users		OC Pill users		Nirodh users		Total # cases contacted	Denial fake cases
		# cases contacted	# Denial/fake cases	# cases contacted	# Denial/fake cases	# cases contacted	# Denial/fake cases	# cases contacted	# Denial/fake cases		
Sub-center											
1	Kakna	2	2	5	3	6	1	1	0	14	9
2	Parsagudi	2	2	5	3	7	5	6	4	20	14
3	Sewari	2	2	3	2	5	3	5	2	15	9
4	Jabar	1	1	0	0	2	2	3	2	7	5
5	Basdeai	2	2	1	1	1	0	0	0	4	3
6	Latori	2	2	0	0	3	2	3	2	8	6
7	Kot	1	1	2	2	3	2	2	1	8	6
8	Pindra	0	0	3	2	3	2	1	0	7	4
Total		12	12	19	13	31	20	21	11	83	56

**f) Cross checking of the Blood slides**

The blood slides are collected for cross checking from Balrampur and Rajpur CHC and cross checked at regional directorate Malaria lab examination. Due to washing for recycling of slides before day of visit, we are unable to collect the Blood slides for cross checking from other health facilities Particularly at PHC and one CHC. Cross checking of blood slides are not done in Surguja district.

Slides received from CHC/PHC	Code	No of +ve blood slides received	No of -ve blood slides received	No of +ve blood slides examined	No of -ve blood slides examined	No of +ve slides with discrepancies	No of -ve slides with discrepancies
Rajpur CHC		6	9	10	9	Nil	Nil
Balrampur CHC		6	10	6	10	Nil	Nil
Total		16	19	16	19	Nil	Nil

**NATIONAL HEALTH PROGRAMMES:  
NVBDCP  
Epidemiological data of Malaria**

		2005/06	2006/07	2007/08	2008/09
1	BS EXAMINED	112746	102870	94726	85753
2	Malaria positive	9109	8438	7051	9140
3	PV	2764	3048	2436	4419
4	PF	6345	5390	4615	4721
5	Pf%	79%	70%	66%	51%
6	No of Death	0	0	0	0
7	Child death	0	0	0	0
8	ABER	16.5	18	14	13
9	API	14.31	14.23	13.5	14.0
10	PF%	79%	70%	66%	51%
11	SPR	8.86	8.07	7.5	10.65
12	SFR	6.84	5.62	4.8	5.50
13	a)Number of outbreak reported: Nil b) Period of outbreak c)Death reported d)During outbreak e) Time of outbreak				
14	Reasons of outbreak Containment measure taken and if achieved need to be highlight				
15	No of PHC without Lab technician and microscopy facility:14				
16	Stock in position: No ACT				
17	IEC activity:				
18	Entomological surveillance:				
19	Vector control measure:				
20	Staff position				
	<b>Post</b>	<b>Sanctioned</b>	<b>In position</b>	<b>Vacant</b>	
	DMO	1	(Part time officer)	1	
	LT	22	8	14	
	MPW	156	75	75	

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

**NLEP  
District Profile**

<b>District</b>			
<b>Population</b>	667874		
<b>Facility of Skin smear</b>	No		
<b>New case detection rate( Last five Year)</b>	<b>Per 1,00,000 Population</b>		
April 2005-March 2006	12.6		
April 2006-March 2007	12.6		
April 2007-March 2008	10.5		
April 2008-March 2009	8.0		
<b>Treatment Completion rate at District level</b>			
<b>Rural Area</b>	95.49		
<b>MB</b>	93.50		
<b>PB</b>	100.0		
<b>Urban Area</b>	100.0		
<b>MB</b>	100.0		
<b>PB</b>	96.72		
<b>Combined</b>	94.11		
<b>MB</b>	100.0		
<b>PB</b>			
<b>Coordination with NRHM Authority</b>	Yes		
<b>DPMR</b>	Yes		
<b>MCR footwear procurement and distribution status</b>			
<b>2007/08</b>	63		
<b>PB</b>	04		
<b>MB</b>	59		
<b>2008/09</b>	49		
<b>PB</b>	04		
<b>MB</b>	45		
RCS conducted during the year	0		
Distribution of dressing material and supportive Medicine for ulcer care	08		
IEC activities for reduction of stigma and discrimination	Banners distributed:84,Group meeting 62/1306		
<b>MDT stock</b>	<b>No of UT patient as on date</b>	<b>No of available MDT BCP</b>	<b>Per month BCP</b>
MBA	37	147	3.97
MBC	0	04	0.0
PBA	10	50	5.0
PBC	0	11	0.0
Leprosy reaction at CHC	04		
Type I	02		
Type II	02		

## MCH

E	Vital Data On RCI	Previous year	Current year till date
1	No. of Infant deaths	283	169
a	Within one week	NA	NA
b	One week to one month	NA	NA
c	One month to one year	NA	NA
2	No. of Maternal deaths	50	34
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
	OPV BCG	18056	12315
	DPT1	19502	11511
	DPT2	18941	10820
	DPT3	18382	10526
	Measles	18060	11453
	DPT booster1	16873	11839
	DT	21501	11791
	Vitamin A supplement	15880	11390

## Family planning

		Previous year	Current till date
1	Population Growth rate	1.66	1.66
2	Sex ratio	945	946
3	MMR	387	387
4	IMR	62	62
5	Birth Rate	28	28
6	Death Rate	10.7	10.7
7	CPR	NA	NA
8	No. of eligible couples	NA	116893
9	Total vectomy	13	4
10	Total LTT	3087	789
11	Total CTT	255	85
12	Oral pills	5960	4081

## Delivery:

Sr No	Year	Home delivery (%)	Institute delivery (%)
2	2006/07	72 %	28%
3	2007/08	70 %	30 %
4	2008/09	62 %	38 %
5	2009/10	62 %	38 %

The meeting at CMO office is not attended and information report are not provided by Programme offices of Malaria, RNTCP, IDSP



## ABBREVIATIONS

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

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