

FORM-III
REGIONAL OFFICES OF HEALTH & FAMILY WELFARE
OBSERVATION AND SUGGESTIONS ON TECHNICAL ACTIVITIES

Name of the Regional Office: Regional Office of Health & Family Welfare,
Raipur, Chhattisgarh
Report for the Month of: June 2010

S.No	Observations & Suggestions
1	<p>Liaison & Coordination:</p> <ol style="list-style-type: none"> 1. As per the directives of Director, NVBDCP, Delhi, Director of Health Services, Chhattisgarh has been requested to keep close co-ordination between the Sentinel Surveillance Hospitals (SSHs) and/fever alert surveillance and public health managers for taking immediate remedial measures without any time tag. Intensive entomological monitoring should be carried out for identification of major problem areas. Regular monitoring of Larval breeding should be done. Focussed IEC campaign to prevent build up of Aedes Mosquito density through increased awareness. 2. As per the advise of the Director, NVBDCP, Delhi, Director of Health Services, Chhattisgarh has been requested Rapid Response team ready with essential logistics and mobility for carrying out immediate remedial measures in affected areas during rainy season 3. As per the direction received from Director, NVBDCP, Malaria, State Program Officer, Malaria has been advised to direct the districts to compile all the data health facility and health provider wise in M4 formats before the 10th of the following month and to forward one copy to the Directorate of NVBDCP, Delhi by email. 4. As per the information received from NVBDCP, HQ, Delhi, advance notification and involvement of ASHA workers for IRS is to be done, accordingly, State Program Officer (Malaria) has been intimated to take the necessary steps, as during the recent visit of NVBDCP officials to the state it was observed that ASHA workers were not involved in IRS activity. Hence it was advised to SPO Malaria to involve ASHA Workers, village Health & Sanitation Committee Members, and village chief for successful Indoor Residual Spray. He was also advised to inform Panchayats, Village Heads, Block Development Officers, Mahila Mandals and religious groups etc. about the IRS spray schedule at least before a fortnight. This advance information must be mopped up by surveillance workers/malaria inspectors so as to facilitate the villagers to extend full cooperation in getting actual spray with the objective of full coverage of targeted population. 5. As per the information received from NVBDCP HQ, SPO has been advised to sent the monthly Stock Reports for Drugs/Larvicides/Insecticides/LLINs and RD kits regularly. 6. SPO Malaria has been advised to investigate each and every malaria death on the prescribed investigation format. The format has been recently modified and provided to the states. As the Malaria death would be monitored on daily basis. 7. As per the direction received from NVBDCP, Delhi, State Program Officer, Malaria, has been requested to collect 3000 Nos. of Tab. Combi Blister Packs (ACT) and DEC tablets IP-1,00,00,000 Nos. from Government Medical Store Depot, Mumbai. 8. As per the direction received from NVBDCP, Delhi, State Program Officer, Malaria, has been requested to made necessary arrangement for receiving 120 lacs

	<p>of Tab. Albendazole for MDA 2010.</p> <p>9. As per the direction received from NVBDCP, Delhi, State Program Officer, Malaria, has been requested to collect 4998 injections of Arteether from Government Medical Store Depot, Guwahati.</p> <p>10. HMIS State data analysis along with State HMIS officials</p>
2	<p>Training: NLEP – one batch of Final year medical College student. One batch of BPT inters.</p>
3	<p>Other Technical Activities:</p> <ol style="list-style-type: none"> 1. HIMS state analysis of data of month of April 2010 by Assistant Director (Public Health) and shared Administrative, validation, analytical report and coverage indicators. 2. Survey of CHC, PHC and HSC at Abhanpur Block of Raipur district as per the new revised IPHS format carried out
4	<p>Administration Activities:</p> <p>Dr. R.K. Shrivastava, Director General of Health Services, visited Raipur on 27.06.2010 and have reviewed NVBDCP and NLEP in the State. He was accompanied by DDG (Leprosy), Director, NVBDCP and Director, NIMR. He also visited the Institute on 28.06.2010 and has suggested various expansion plans. Accordingly, we have already sent the layout of the entire campus of the Institute to the Senior Architect of the Ministry.</p>
5	<p>Institutions Visited and Reviewed-</p> <p>13 different Health institutions of the Jagdalpur district were visited for monitoring of the National health programmes and IPHS standards as per prescribed provided format. One officer of this Institute has also visited Mainpur block to observe the bed-net distribution made by the Van Suraksha Samiti of the village Shobha.</p>
6	<p>Cross verification /Field verification:</p> <p>The cross verification of the blood slides from the CHC microscopic center centers and one PHC centers. Total positive and negative slides were collected from the center and cross verified at the ROHFW, Raipur. No discrepancy among collected slides. Field verification of ANC, PNC, JSY, CC methods, reveals that no fake and denial cases in surveyed health subcenters. The mother and child register were also verified by the team, showed completeness.</p>
7	<p>Review of NVBDCP:</p> <ul style="list-style-type: none"> ✓ visited Mainpur block to observe the bed-net distribution made by the Van Suraksha Samiti of the village Shobha ✓ 4 CHC, 5 PHC and 4 HSC monitored for NVBDCP-Bastar District
8	<p>MOFRS Activities: -</p>
9	<p>Review of Other NHP:</p> <ul style="list-style-type: none"> ✓ All current national programmes are monitored as per checklist provided; ✓ Non communicable disease programmes are not existed in the visited district.
10	<p>Activities under HIFU: HMIS: Block CHC RU: Infrastructure and training:</p> <ul style="list-style-type: none"> ✓ All visited blocks having data entry operator with facility of the computer with internet facility.

- ✓ The BMO and other Medical officers are not aware of details about HMIS formats and instructions at glance and its application at local level for decision making.
- ✓ Out of four blocks only 2 CHC have Block Programme Manager.

HMIS formats:

- ✓ The monthly formats were distributed from the block to PHC and HSC with the direction to staff to fill form within stipulated period.
- ✓ On the day of meeting the formats are collected from field staff and entered by data entry operator in computer.
- ✓ The printing quality of the monthly format provided to primary health centers and health sub-centers is very poor.
- ✓ When team visited the health facilities they couldn't find the copy of the send formats at peripheral visited health institute, we have been informed that it is available at CHC.

DHIS II/HMIS:

At block level, data uploaded on www.cghealth.nic.in

Training:

- ✓ The BMO, BPM, BADA, DEO and BE, undergone one day training at district headquarter.
- ✓ We have inquired about the formats and difficulties in filling the same. Many of the block staffs do not able to understand some of the data items of HMIS, for example where to put zero and blank.
- ✓ After interaction, they requested for further training to able to understand 227 data items of Monthly HMIS formats.
- ✓ The present HMIS manual gives broad instructions to various users on how the forms are to be filled up is not available at peripheral health institute including block.

Verification of the Monthly formats:

Verification of the filled figures of monthly prescribed formats at block Medical Officers are not done, only BE, supervisor and DEO are verifying the formats. At block we find the circular from District HMIS regarding the Validation error. They are circulating to peripheral health institute for further action and will also discuss in forthcoming meeting at block level.

II) HIMS: Primary Health Centers RU:

Infrastructure, Training, Verification

- ✓ Facility of Computers in surveyed PHC are not available, the prescribed MIS form was manually filled by the Supervisor/health workers and forwarded to block, copy of report which was submitted to block was not available and they are also not aware of the record keeping.
- ✓ The Medical officers and sector PHC supervisor in the visited blocks are not acquainted with HMIS, their involvement is not observed. They are also not trained in the HMIS.
- ✓ Medical officer of the PHC only sign the format, without verifying the HMIS report and are also not aware of it.
- ✓ We could not find the previous HMIS month copy of the formats for verification.

III) HIMS: Health sub center:

HIMS formats:

In the four visited Health sub-centers, the HMIS report was send directly to block, without keeping a copy for verification.

Training:

Formats are explained at blocks level but officials do not understand some of the data items. As per discussion with the ANM, they desire another training session by HMIS experts. We have interacted about data items with some of the ANM's, they do not understand the exact meaning of the some of the data items.

Constraints:

- ✓ From block, poor quality of copy of the HMIS monthly formats forwarded to sub-centers.
- ✓ The problem of good quality of format at Rural area, requested to send good quality and adequate number of the HIMS formats.