

**FORM-I**  
**Monthly Performance Report on Technical Activities**  
**Regional Offices of Health & Family Welfare**

**Name of the Regional Office: Raipur, Chhattisgarh**  
**Report for the Month of: September 2010**

<b>I. Institutions visited</b>			
<b>S. No</b>	<b>Items to be checked</b>	<b>Numbers</b>	<b>Observations</b>
<b>1 Liaison &amp; Coordination</b>			
1.1	National Level Meeting attended	Nil	
1.2	State level Meeting attended	01	(HMIS)
1.3	visits of VIP/High Dignitaries coordinated	No	
1.4	Utilization Certificates facilitated from the States	-	
1.5	Information Disseminated from Nation HQ to States	05	
1.6	Information send to National HQ from States	05	
1.7	Court cases being coordinated	-	
<b>2 III. No. Batches and Trainees given Training</b>			
2.1	Malaria microscopy	Nil	
2.2	CBHI	Nil	
2.3	NRHM	Nil	
2.4	Other trainings (NLEP)	2	
<b>3 Other Technical Activities undertaken</b>			
3.1	Sample (items) collected for quality check.	Yes	Malaria Blood crosschecking
3.2	Newer initiative of GOI Reviewed	Yes	HMIS –report attached separately
3.3	Newer events/unusual events/Epidemic Reported	1	Reported through State Govt.
3.4	Epidemics investigated	Nil	
<b>4 Administrative Activities</b>			
4.1	Staff Sanctioned	Nil	
4.2	Staff in-position	Nil	
4.3	Budget allocation	1.70 lacs	
4.4	Budget Utilization till the reporting month	Rs. 109,667/-	
4.5	Court cases being coordinated	Nil	
4.6	Pending issues of ROH with RD Cell	Nil	

Institutes Visited and Reviewed 5 for IPHS			
5.1	Districts	01	
5.2	CHCs	05 (1-R-IPHS)	The manpower, infrastructure are not as per IPHS standard, Specialist posts are lying vacant. Under-utilization of OBGY specialist at Pithora CHC due to lack of the equipment. EMOC services are not started in served CHC.
5.3	PHCs	06 (1-R-IPHS)	
5.4	SHCs	05 (1-R-IPHS)	<p><b>INFRASTRUCTURE:</b> SHC building available only in Bhoring, Parswani and Akori SHCs , however in Khallari ANM worked in her own rented house and in Baloda ANM stays in old PHC building and worked in PHC baloda. Electricity availability was very poor in all surveyed SHCs only Bhoring SHC had proper power supply. Water supply to all surveyed SHCs were very poor , they bring water from public facility hand pumps. Labour room available only in Bhoring and Parswani SHCs.</p> <p><b>MANPOWER:</b> ANM is posted in Bhoring, Khallari and Baloda SHCs, however in Paraswani and Akori SHCs ANM were not available (only Male worker providing services to beneficiaries). No other worker/voluntary worker etc available in all surveyed centers.</p> <p><b>SERVICES:</b> 1) Deliveries: in Paraswani and Akori SHC, only male workers are available, deliveries were not conducted, they refer patients to nearest PHCs, In Khallari SHC ANM resides in rented house so she refer patients to khallari PHC , IN Bhoring SHC, ANM not available after working hours (not residing in SHC building) and she was not conducting deliveries also in that SHC building. In Baloda SHC ANM conducting Deliveries in PHC Building (where she work).</p> <p>2) Immunization: in all surveyed SHCs immunization sessions were conducted at anganwadi centers on fixed days and received vaccines from either PHCs or CHCs. ANC/PNC and JSY services are available in all centers. OPD facility was also available in all surveyed SHCs.</p> <p>Records and registers: All necessary records and registers were available in all surveyed SHCs however printed registers (eg. Mf2, JSY etc) were not available in all centers. Record keeping and quality were satisfactory in all SHCs. Assess the services of ANC, PNC, JSY and contraceptive, immunization status and job/patient satisfaction. The HMIS formats and Maternal and child tracking register were also verified. The reporting related to the current national health programme were record assessed and feedback given to the concerned staff.</p>
5.5	NGOs	00	
5.6	Others Institutes visited	00	

6 Field verification of clients			
6.1	Children verified for fully immunization	4	The children were verified in field from 1.5 to 2 years to assess immunization status. <b>18 children</b> were verified for immunization, <b>17</b> were fully immunized and <b>one</b> child partial immunization.
6.2	EC practicing contraceptive Methods	4	<b>9 mothers</b> were verified for the OC pills usage, of which <b>7</b> clients were using OC Pills while <b>2 cases were fake</b> . One nirodh case was fake on record. The facility of IUD insertion was not available at Paraswani and Ankori SHC
6.3	ANC cases Field verified	4	The team verified <b>17</b> mothers, who have received Regular ANC checkup, immunization and IFA tablets. Hb% of the mother was not tested They are registered under JSY scheme.

6.4	PNC cases field verified	4	No follow-up visits of <b>17 PNC</b> by ANM in all surveyed Sub centers. No PNC complication among the surveyed mothers. Out of 17 contacted mothers, 15 mothers started exclusive breast feeding.
6.5	JSY cases field verified	4	<b>13</b> out of <b>14, JSY</b> mother had received the monetary benefit and One mother has not received transport benefit. They are satisfied with the health services provided by public institution.
6.6	Sarpanches of PRI contacted	0	<b>9 Sarpanch</b> were contacted of which <b>6</b> are aware about NRHM. <b>7 Sarpanch</b> have knowledge about JSY. Services- All are satisfied with the services of the ASHA but not with the ANM and MPW services.
6.7	ASHAs contacted	4	The ASHA provided the health services along with ANM of the village/SHC at surveyed health facility. They are involved in the immunization, ANC clinic and other field activities along with sub center workers. Sarpanch is also satisfied with the services provided by ASHA. Out of 5 mothers, 4 mothers were satisfied with ASHA work. They also received the monitory benefits under JSY scheme.
6.8	ANMs contacted	4	
6.9	HS contacted	4	
6.10	MOs Specialists contacted	NA	
6.11	Patients Contacted	4	Most of the patients were satisfied with the health services
<b>7 NVBDCP related Activities</b>			
7.1	Blood slides tested in Malaria clinic	Nil	
7.2	Blood Slides Found Malaria Positive	Nil	
7.3	Malaria +ve cases given Radical Treatment	Nil	
7.4	Blood Slides Cross Checked	42	42 slides were cross checked with the help of ICMR Microscope. As we don't have good quality Microscope for cross checking MP blood slides, we are facing difficulty and lots of blood slides received for cross-checking from field lying un-checked.
7.5	Discrepancies found in Blood Slides	6	
7.6	Entomological Studies undertaken		No sanctioned post of entomological at RD
<b>8 Activities Under MOFRS</b>			
8.1	Laboratories visited in PHC/CHCs for Quality Check.	4	
8.2	Slides cross-checked for assessing the skills of LTs	No	
8.3	LTs given guidance on the spot	4	Regarding Record keeping and RD Kits utilization
8.4	Therapeutic Efficacy studies undertaken	0	
<b>9 Activities under HIFUs</b>			
9.1	Institutions visited for assessing HIS data	4	Separate Sheet of HIMS RU. Observations are attached
9.2	HS-PROD cases compiled and furnished	-	
9.3	Health Problems Reported/occurred in the area	-	
9.4	Programme assessed for effectiveness/impact		

10	Review Of National Health Programme At District Level		Observation
10.1	NRHM	Yes	
10.2	NVBDCP	Yes	More than 19000 malaria slide backlog in four blocks due to shortage of LT at health facility. Diagnosis of malaria is not available within 24 hours. The record related to NVBDCP at block is not updated and stock register is not maintained properly. Presumptive treatment are practiced in the field are of surveyed CHC.
10.3	RNTCP	Yes	The recording is not updated at CHC related to RNTCP. After completion of intensive phase, the patients are not coming for sputum examination at all surveyed CHC except Sarapali CHC. The cards are incomplete. At Basna CHC the most of the patient at Cat III, emphasis should be given to the Sputum examination.
10.4	NLEP	Yes	MDT stock is not kept as per guideline at all surveyed CHC. 50 % of the leprosy taking treatment at blocks CHC in July 2010 at Bagbahara CHC indicating that patient needs proper counseling. After diagnosis the patient were referred to concerned PHC/SHC but patient they are preferring to take treatment from CHC, which needs to Channelized by giving proper counseling to patients. Pharmacist is not aware of the present guideline. Indent was prepared by the supervisor, Coordination is not observed between the pharmacist and supervisors. The reaction cases are managed at CHC level but there was no proper record of lepra reaction under current guidelines. At Basna CHC, BMO is unaware of the gaps in the recording and reporting. The knowledge regarding diagnosis leprosy was not up to mark with interviewed RMA, while he was involved in 25% of general OPD patient care. All suspect patient visit to the CHC were checked by NMS, who start the treatment without consulting/confirming the case by doctor. <b>The Diagnosis and Treatment services are available on fixed days (3 days in week).</b> All the matters has been already reported to the State Health authorities
10.5	NBCP	Yes	
10.6	NACP (31 march 2010)	Yes	
10.7	IDSP	Yes	In Tumgaon PHC, since last four months no. of viral hepatitis cases are coming to OPD which was highlighted in the weekly IDSP report but these figures are not shown in the reports of the district IDSP unit. This data discrepancy was brought to the notice to district Epidemiologist.
10.8	NIDDCP	NA	
10.9	NCD	NA	
	Tobacco control	NA	
	Cancer control	NA	
	CVD & Diabetes control	NA	
	Mental Health	NA	
	Injuries & trauma	NA	
	Oral Health	NA	