

FORM-2.1
REGIONAL OFFICES OF HEALTH & FAMILY WELFARE
DATA COLLECTION FORMATS FOR REVIEW OF STATE & DISTRICTS

Name of the Regional Office: Raipur, Chhattisgarh
Report for the Month of: Feb 2011

1. ASSURED SERVICES:		
Sl. No.	Assured Services	District
I	Formation of Programme Management Unit (PMU)	Yes
ii	Plan and execute Health Related Activities	yes
iii	Formation of Health Planning & Health Monitoring Committees	yes
iv	Release and account the funds to subordinate Offices under NRHM	yes
v	Development/Upgrade the peripheral institute as per IPHS	No
vi	Arrange for procurement of the logistics required for the implementation of the planned activities.	Yes
vii	Implementation of National Health programme	
	NRHM	yes
	NVDDCP	yes
	RNTCP	yes
	NLEP	yes
	NBCP	yes
	HIV/AIDS	yes
	NIDDCP	No
	IDSP	Yes
viii	Non Communicable Diseases	
	Tobacco control	No
	Injuries and Trauma	No
	CVD	No
	Mental Health	No
	NOHP	No
	Diabetes control	No
ix	IEC activities related to National Health programmers	yes
x	Develop training institutes for providing appropriate training to strengthen the skills of the staff.	yes
xi	Work towards achievements of Set Mile stones	yes
xii	Generate Performance related indicators	yes
xiii	Generate Indicators under Millennium Development Goals (MDGs)	yes
xiv	Monitoring and quality control	yes
	Total Activities undertaken	
	% of activities undertaken	

2. OTHER SERVICES		
2.1.	Accessory services	District
I	Electricity supply	yes
ii	Emergency Lights	yes
iii	Civil engineering	yes
iv	Fire protection	yes
v	Water supply	yes
vi	Waste disposal	yes
2.2	Support Services	
2.2.1	IEC	
i	IEC Material – Mass Media	yes
ii	IEC - Group IEC	Yes (As per National Health Programme)
iii	IEC-IPC-Leaflets/Folders	Yes
2.2.2.	Training Material	
I	Training Material for Level-I Staff	Yes
ii	Training Material for Level II staff	Yes
iii	Training Material for Level III staff	Yes
iv	Training Material for Level IV staff	Yes
v	Training Material for Level V staff	Yes
vi	Others	
	Total Activities undertaken	
	% of activities undertaken	

3. INFRASTRUCTURE DEVELOPMENT

3.1. Formation of Programme management Units		
Sl. No.	Particulars	District
I	Whether PMU formed	Yes
ii	Adequate Official Accommodation available	No
iii	Planning unit	Yes
iv	Financial Management unit	Yes
v	IEC management unit	Yes
vi	Training Unit	Yes
vii	Management Information System Unit	Yes
viii	Other (Specify)	
ix	Other (specify)	
	Total Units formed	
	% Units formed	

3.2. Man power available at PMU of State HQ/ District HQ		
Sl. No.	Manpower category-wise	District
I	Programme managers	1
ii	Technical Officers	1
iii	IT personnel	0
iv	Statistical personnel	0
v	Other Support staff	3
vi	Other	
	Total Staff	
	% of staff available	

3.3. Logistics available in PMU (State & District)		
Sl. No.	Logistics	District
	Office logistics (Specify)	
I	Necessary Furniture	Yes
ii	Computers	04
iii	Printers	03
iv	Telephones	01
vi	Faxes	00
vii	Storages	00
viii	Vehicle for Mobility (specify)	00
	Total Activities undertaken	
	% of activities undertaken	

3.4. Constitution of Health Planning & Monitoring Committee (HP&MC)

I	Whether HP&MC are constituted	Yes
ii	Whether the composition is as the guidelines.	No
iii	Whether HP&MC convening meeting regularly	This on record but not functioning as per guideline
iv	If Ye, at what interval	
v	Whether Discussion as agenda are undertaken.	
vi	Whether the Minutes prepared & circulated	
vii	Whether feed back on minutes is received.	

3(a). HEALTH INFRASTRUCTURE IN THE VISITED STATE/DISTRICT**3.5. Health Infrastructure available in the Stat/Districts**

Sl. No.	Particulars	District
I	# Districts	01
ii	# District Hospitals	01
iii	# Sub-Divisional Hospitals	01
iv	# CHCs	08
v	# PHCs	28
vi	# SHCs	204
vii	# Health NGOs	03
viii	# instts. providing disability care services	00
ix	# CHC/PHC strengthened for BEmoNC facilities	00
x	# CHC/PHC strengthened for CEmoNC facilities	00
xi	# CHC/District Hospital Strengthened for FRUs	00
xii	# SHCs Strengthened with 2 ANMs	-
xiii	# ASHAs functioning	2776
xiv	# AWWs Functioning	Yes
	Total Number of Units	
	% units Strengthened	

3.6. Staff Strength available against the sanctioned strength in the entire state/District visited

Sl. No.	Particulars	District
I	# Programme Officers	
ii	# Medical Specialists	01
iii	# Surgical Specialist	00
iv	# Pediatricians	02
v	# O&G Specialists	03(1 emoc AND 2 fru/dh)
vi	# Anesthetics	03 (1LAAS AND 2 FRU/DH)
vii	# Eye Surgeons	NA
viii	# Dental Surgeons	NA
ix	# Medical Officers	28
x	# Ayush Medical Officers	NA
xi	# Health Supervisors	06
xii	# LHVs	07
xiii	# Key Technical staff	Yes
xiv	# Paramedical staff	Yes
xv	# Ministerial Staff	
	Total Staffs	
	% staff available	

4. BUDGET ALLOCATION AND UTILIZATION

Sl. No.	Particulars	District
1	Balance from the previous Years	71570197
2	Funds received under NRHM	65448262
3	Funds utilized under NRHM	53449954
4	Balance at the end	83568505
5	% Utilization funds	39%

5. JOB SATISFACTION

Sl. No.	Particulars	District
	# staff assessed at PMU	2
	# District staff assessed	5

6. QUALITY MONITORING

Sl. No.	Particulars	District
i	HIS Established	
	Diseases are classified as per ICD-10 pattern	No
	MPR Format Developed	Yes
	QPR format developed	Yes
	Half yearly report format developed	Yes
	Annual Report Format developed	Yes
	Monitoring Indicators Identified	Yes
	All Necessary Records Registers maintained	Yes
a	All records related to National Health programmes	Yes
b		
c		
d		
e		
f		

		District
ii	Admin Monitoring	
	Monthly Reports submitted	Yes
	Quarterly Reports submitted	Yes
	Half yearly Reports submitted	Yes
	Annual Reports Prepared	Yes
	Monitoring indicators developed	Yes
	If prepared , provide a copy of the Report for the last Month/Quarter/year?	
iii	Int. Audit	
	Monthly Review meeting organized	Yes
	Quarterly meeting organized	Yes
	Half Yearly Review meeting Organized	Yes
	Annual Meeting Organized	Yes
	National Review meeting organized	NA
	If yes, provide a copy of ATR on the minutes	
iv	Patient care (# Developed complications)	
	Ante-natal cases	NA
	Post natal complication	NA
	New born/Infants	NA
	IOL cases under NBCP	NA
	TB cases	NA
	Leprosy cases	NA
	other cases	NA
	If yes, provide a copy of the ATR	
v	Medical Audit (# Deaths reported & reviewed)	
	Maternal Deaths	NA
	Child deaths	NA
	Malaria deaths	NA
	Tuberculosis Deaths	NA
	Others (specify)	NA
	If undertaken, provide a copy of the ATR	
vi	Supervisory visits by State/National Prog. manager	
	# items checked	NA
	# gaps were found	NA
	# instructions given	NA
	# administrative directions given	NA
	Provide copy of the ATR	NA
vii	External Audit	
	Independent Review	NA
	Review by Expert Groups	NA
	If undertaken, provide copy of ATR	

7. PERFORMANCE

7.1. Milestone on Achievement since Date of implementation of NRHM activities in the States & Districts:

Sl. No.	Action points	District
I	Whether district Rural Health Mission has been set up?	Yes
ii	Whether HFW societies have been merged into one society?	Yes
iii	Whether State and District Plans are prepared for implementation of the identified activities.	Yes
iv	Whether Project Management Teams are in place and provided the necessary training.	No
v	Whether mobile medical units are sanctioned and functionalized.	6
vi	Whether main streaming of AYUSH ha been undertaken.	Yes
vii	Whether networking with NGOs has been made.	Yes
viii	Whether Public Private Partnership has been established for referring the BPL cases and out sourcing of some of the activities	No
ix	Whether JSY scheme is launched and practice of reporting every maternal death to DM is followed.	Yes
x	Whether Quality Assurance Committee is Operational zed.	No
xi	Whether BEmONC facilities (including Civil hospitals, CHCs and PHCs) are strengthened with 03 staff nurse to provide service guarantee as per IPHS.	No
xii	whether CEmONC institutions (PHCs & CHCs) strengthened with 7 Specialists with 9 Staff nurses to provide service guarantee as per IPHS.	No
xiii	Whether Sub-Centers Strengthened by providing 2 ANMs and UNTIED funds of Rs. 10000/+ are given	Untied fund provide
xiv	Whether Rogi Kalyan Samiti (RKS) at District/CHC/PHC are formed and one time support to RKS are provided	Yes (only one PHC had not constituted the RKS
xv	Whether streamlining of provisions for drug logistics at CHC, PHC and SHC for common ailments has been made under mission.	Yes
xvi	Whether access to Universal Immunization through introduction of Autosyrings, alternate delivery of vaccine is ensured.	Yes
xvii	Whether involvement of PRIs is ensured in the implementations of Health Schemes at the village level (i.e. immunization, JSY, sanitation, drinking water, etc.)	Yes
xviii	Whether strengthening of Anganwadi through involvement of AWW in MCH programme is done.	Yes
xix	Whether selection and training of ASHA @ 1 ASHA per 1000 population is done and ASHA Kit is given.	Yes
xx	Whether VHSC are constituted and UNTIED grant is provided.	Yes
xxi	Whether SHC/PHC/CHC/DH are fully equipped to develop intra-Health sector convergence, coordination & services guarantees for FW, NVBDCP, RNTCP, HIV/AIDS, etc.	Yes
xxii	Annual need for FW and RCH services has been calculated in the district as per operation manual and monitoring of state PIP?	Yes
xxiii	Whether performance report is submitted by the district in revised MIES	Yes
xxiv	whether Annual State and District Specific Public Reports on Health are Published	Yes
xxv	Whether institute wise assessment of performance against assured services guarantee carried out. Inspection carried out for	Yes but poor
	Total Number of activities completed	
	% miles stones completed	

7.2. Achievements of the MDGs at the end of previous year		
Sl. No.	Particulars	Distt
Target 5 - Reduce by 2/3rd between 1990 and 2015, the under five mortality rate		
13	Under Five mortality rate	NA
14	infant mortality rate	30.43%
15	proportion of 1 year-old children immunized against measles	NA
Target 6 - Reduce three quarters, between 1990 and 2015, the maternal mortality ratio		
16	Maternal Mortality ratio	106.45%
17	Proportion of births attended by skilled health personnel	NA
Target 7 - Have halted by 2015 and begun to reverse the spread of HIV/AIDS		
18	HIV prevalence among women aged 15-24 years	NA
19	Condom use rate of the contraceptive prevalence rate	NA
19A	Condom use of last high risk sex	NA
19B	percentage of population of aged 15-24 years with comprehensive correct knowledge of HIV/AIDS	NA
19C	Contraceptive prevalence rate	NA
20	Ratio of school attendance of orphans to school attendance of no-orphans aged 10-14 years	NA
Target 8 - Have halted by 2015 and begun to reverse the incidence of Malaria and other major diseases spread of HIV/AIDS		
21	prevalence and death rate associated with malaria	NA
22	Proportion of population in malaria risk areas using effective malaria prevention and treatment measures	NA
23	Prevalence and death rates associated with Tuberculosis	NA
24	Proportion of tuberculosis cases detected and cured under DOTS	NA

