Main observation related to the Programme and surveyed peripheral health facilities

NVBDCP: At Bhanupratappur CHC, analysis indicates that the 50% (17/28) of the health sub centers in year 2010 shows active blood slide collection less than 10%. The focus should on the improvement blood slide collection from selected health sub center. The RD kits were utilized at CHC microscopic center after reviewing the stock register. The MF registers are not available at Malaria diagnostic laboratory. More than 300 blood slide examination backlog was noted at microscopic center. The M2 forms are not filled properly by the workers because of poor quality of Xerox and understanding some of the report items. After discussion to the staff, they wish to convert the MF form to local language. The indoor death record reveled that during NOV 2010; one death due to malaria which was neither investigated nor reported. The information details were given to BMO and District Malaria officer regarding death. All basic drugs were available for treatment of clinical malaria including second line (ACT).The Inj.Quinine was not available since last 2 years. The field monitoring and supervision from Block and Primary health centers was poor in surveyed two blocks.

NBCP: The target of the cataract operation was 3900 till date 1810 operations we performed.478 total school survey were surveyed, 31285, students were examined for the refractive errors and they provided 848 spectacles for correction of refractive errors. The two were filled for the eye donation at district. The districts have no facility of eye bank and donation center.

RNTCP: At Bhanupratappur, 92 Cat I, 23 cat II and 43 Cat III patients were diagnoses and started the treatment at respective health facility. Total three TB deaths were recorded during year 2010. The record indicated that regular follow-up of the cases after intensive phase. The slides were regularly sent for cross checking for quality control. The recording and reporting is well maintained at CHC. IEC materials in term of posters and wall painting were noted in and around the health facility.

NLEP: The PR is less than 1 per 10,000 in surveyed blocks. The DPMR records are available but not filled. The peripheral health staffs including offers were not aware about the DPMR also not well trained in that. The disability resister was not available at the time of visit.

IDSP:

JSY: The JSY payment made through checks in surveyed blocks. There are no pending cases of JSY payment in surveyed blocks. The record is well maintained by concerned person.

HMIS: Two blocks elected randomly; one Primary Health Center and Health Sub center was randomly selected from selected block based on operational feasibility. The available health officials were interacted regarding current reporting system and also knowledge regarding items

of the HMIS in redesigned performs. The data was verified from the April 2010 to Jan 2011, based upon the available records and feedback given the available staff and officials. The different reports are compared at district level by giving information from CMO office.

District Kankar HMIS Observations:

- The District Data Officer is preparing monthly HMIS district reports based on some data items of MCH, UIP and some items of DHIS and forward the same to state in draft mode.
- Data items generated from DHIS reports at district HQ was not taken into consideration during consolidation of District HMIS data. At present DHIS II consolidation report is not utilized for any purpose.
- Large number of the data discrepancy observed in the DHIS report and HMIS report of peripheral health institutes. Many reports generated from the field and the analysis shows discrepancy in different reports on same data items. Mechanism for data freezing in DHIS-2 is not in place. Peripheral data units are changing data as and when they feel and as such Districts are not able to consolidate data properly and timely.
- Major variation observed in the age and cause of deaths in HMIS and DHIS report, needs to be focused (Annexure Page no 4-11).
- Printed HMIS booklets were utilized at different health facility.
- DDO and DEO were involved in sundry responsibility at surveyed health institute. District Data officer should be totally utilized for only HMIS activity.
- Validation errors circular was circulated to peripheral health institutes but it was not found in two blocks during survey by team.
- There is a variation in the reported deaths in DHIS II and HMIS reports.(Annexure -Ref Page No 11)
- Private institute in the district are not involved in current reporting system at district and surveyed CHC blocks and steps need to be taken for their involvement in HMIS reporting.

Surveyed Blocks

- BMOs at Block and MOs at PHC are an indolent regarding DHIS reporting and their level of understanding of the data element is low, they need to be trained on current reporting system. The BMO and MO should take ownership of the filled data.
- Lot of Discrepancy observed in data items from April 2010 to Jan 2011 reports and none of the reports were checked by BMO and MO at PHC for validation as well as for quality of data.

- None of the staff were involved in the verification of data at block level. The knowledge and understanding of DEO and BPM about some of the important data items of HMIS format are not upto the mark.
- The coordination is totally lacking between the HMIS staff and supervisor/BE at block level. The HMIS/DHIS reports should be discussed in the monthly meeting and feedback should be given to peripheral staff regarding HMIS. The supervisor may also be trained in HMIS so that his services can also be utilized in HMIS.
- The team astonished to see wrong entry of Deaths in the childhood disease, complication of sterilization and Condoms at surveyed Block, the matter needs urgent attention and rectification.
- Data reporting centers were established at block level for MCT but the data entry operators entering data related to MCT from the peripheral primary health centers engaged without proper training. As such many columns are not correctly filled or kept blank.
- As regard to MCTS, critical service data and phone numbers are missing in the register verified by the visiting team at data centers in surveyed blocks. The focus is given only to enter the data instead of quality of data.
- Staff working at peripheral health facility is of the opinion that feed back should be passed on to them from the district regarding their reported issues and queries.

PHC and HSC:

- **PHC Haradula**: None of the health staff were trained in HMIS. Health facility had provided printed HMIS formats which was filled by Rural Medical Assistant. She hardly understood HIMS data items and data items filled by her were incorrect. HMIS reports were collected by supervisor (20th of each month) and submit at CHC. No one is cross checking the reports, but signature of Medical Officer found at the last page.
- **PHC Korar**: Health facility staffs including Medical Officer were not trained in HMIS. Many discrepancies were observed in the recording and reporting. Neither any one is crosschecking the data before submission of report nor any one giving feedback regarding HMIS variation etc.
- The team has observed large numbers of wrong figures in the monthly HMIS /DHIS proforma.
- Medical officers are not involved in data verification as well as validation of monthly reports.
- Lot of Discrepancy observed in data items of April 2010 to Jan 2011 reports and none of the reports were checked by MO at PHC regarding the validation of data as well as quality of data.

- HSC data are incomplete and inaccurate at PHC and HSC. Officials are of the opinion that they are not getting any feedback from the Block as well as from the district level regarding reported issues and queries. There was no information or feedback regarding HIMS regarding to validation errors. The higher authorities were only interested to submit HMIS forms before 20th of each month.

<u>Observations of surveyed health centers</u>

<u>CHC Charama</u>: Manpower: Specialist post lying vacant.

1. **Specialist Services:** No specialist services at surveyed CHC. No EMOC as well as new borne services at CHC due to non availability of specialist and logistics.
2. **National Health Programme:** All the national programmes are delivered from the block CHC.
3. **Emergency services:** The emergency services are available at CHC but no well equipped.
4. **Transport facilities:** Ambulance services are available at surveyed health facilities.
5. **Investigation facility:** Basic laboratory services include HB, Urine, sputum examination and HIV screening is available at surveyed CHC/FRU. Upgrading of laboratory facilities is required by providing training to the lab technicians for routine lab services at secondary level. Guidelines regarding usage.The record keeping regarding National programme specially Malaria and RNTCP are not updated.
6. **Malaria diagnosis and treatment:** The time lag between blood slide collection and examination was more than 24 hours. Presumptive treatment was practiced in the CHC field area.
7. **Blood Storage:** Non-availability of the Blood storage in surveyed health facilities. Steps should be taken to start the blood storage sanctioned FRU.
8. **Indoor services:** surveyed CHC provided the indoor services facilities to the patients. The bed occupancy rate is less than 40% in surveyed CHCs. The record keeping of the indoor wards was poorly maintained.
9. **ECG:** The ECG facility for patients is not utilized at CHC; nursing staff is also not trained in the investigation process (ECG).
10. **Operation theatre:** Operation theatre is utilized for family planning operations.
11. **Emergency obstetric care and Labour room:** Deliveries are conducted at surveyed CHC.
12. **MTP:** MTP service not available at CHC due to no availability of specialist.
13. **Hospital waste Management:** In 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 utilized at CHC.

14. **RKS:** RSK meetings are periodically but not scheduled at CHC. Record was not available at the time of visit.
15. **SOP:** Non Availability of Standard Operating Procedures (SOP)/ Standard Treatment Protocols (STP)/ Guidelines. Apply SOP and STP at CHC.

<u>CHC BHANUPTATAPPUR</u>

1. **Manpower:** BMO trained in the EMOC and anesthetic services and Pediatrician is posted. Other specialist post lying vacant
2. **Specialist Services:** Child specialist is posted and other specialist post are vacant at CHC.
3. **National Health Programme:** All the national programmes are delivered from the block CHC.
4. **Emergency services:** The emergency services are available at CHC but no well equipped.
5. **Transport facilities:** Ambulance services are available at surveyed health facilities.
6. **Investigation facility:** Basic laboratory services include HB, Urine, sputum examination and HIV screening is available at surveyed CHC/FRU. The record keeping regarding National programme specially Malaria is not updated.
7. **Malaria diagnosis and treatment:** The time lag between blood slide collection and examination was more than 24 hours. The malaria record is not updated and more than 300 backlog of the slides examination. There is need another technician for proper functioning of the diagnosis services under national vector borne disease control programme. Presumptive treatment was practiced in the CHC field area.
8. **Blood Storage:** Non-availability of the Blood storage in all surveyed health facilities. Steps should be taken to start the blood storage sanctioned FRU.
9. **Indoor services:** CHC provided the indoor services facilities to the patients but deficit in the indoor beds.
10. **ECG:** The ECG facility for patients is not utilized at CHC.
11. **Operation theatre:** A theater is old and repair is needed specially windows and is utilized for family planning operations.
12. **Emergency obstetric care and Labour room:** Deliveries are regularly conducted in specially constructed delivery room at CHC. **MTP:** there is facility of the abortion at CHC by trained medical officer.
13. **Hospital waste Management:** In surveyed CHC/FRU, there are no visible guidelines regarding Hospital waste management. Dumping, Burial and other method are practiced at Hospital. Needle cutters are utilized at CHC.
14. **RKS:** RSK meetings are periodically but not scheduled at CHC.

15. **SOP:** Non Availability of Standard Operating Procedures (SOP)/ Standard Treatment Protocols (STP)/ Guidelines. Apply SOP and STP at CHC.
16. **HMIS-** Lot of discrepancies in data was found in DHIS in CHC reporting after verification by RD team. The HMIS (DEO and BADA) staff training is completed but level of understanding of data element was poor among the staff.

OBSERVATIONS PHCs

A) ASSURED SERVICES

MEDICAL CARE SERVICES: OPD services are functioning in surveyed PHCs, however emergency services did not exist in Haradula PHC, Referral services were available in both surveyed health centres and in-patient services were available in all PHCs but they admit patients only for few hours and then either discharged or referred to higher centres.

TREATMENT OF SPECIFIC CASES: Primary management of wounds & treatment of poisoning, snake and dog bite were not available in Haradula PHC however Korar PHC provide these facilities very poorly. Minor surgeries were done occasionally in all surveyed PHCs.

MCH AND FP SERVICES: ANC, PNC, INC, JSY & FP facilities were available in all surveyed health centres, immunization was not regularly done in both PHCs but this facility was provided regularly in HSCs. MTP services, RTI/STD management, newborn & sick child care facilities were not available in all PHCs, for these facilities Patients were referred to nearest CHC and District hospital.

OTHER SERVICES: School health services, health education, Ayush services, collection of vital statistics, control of local endemic diseases and surveillance & control of epidemic diseases were available in all surveyed PHCs. Safe drinking water was not available in Haradula PHC.

NATIONAL HEALTH PROGRAMMES AND FIELD ACTIVITIES: NRHM, NVBDCP, RNTCP, NLEP, NBCP and IDSP programmes were running well in both surveyed PHCs, in haradula PHC no ophthalmic assistant available, so NBCP programme is poor. HIV/AIDS and other programmes related facilities were lacking in surveyed facilities. Monitoring activities of the HSCs were very poor in surveyed centres; LHV, Medical officers, and supervisors were not visited field regularly.

BASIC LABORATORY SERVICES: Laboratory facility not available in Haradula PHC, however lab available in Korar PHC but a lab technician posted few months back on contractual basis that is not trained properly. Routine lab facility for urine, blood and sputum were not available in surveyed centres, they were using RD kits for malaria and pregnancy routinely

SUPPORT SERVICES: standard treatment protocols, lab manuals and training materials were not available in all PHCs; IEC materials were limited only in the form of posters and wall

paintings. Laundry, sterilization room were also not available. They not were providing diet to patients.

ACCESSORY SERVICES: Telephone available in both PHCs, adequate water was not available in Korar PHC, Electricity available in both PHCs but backup support available only in Haradula PHC. Citizen charter, Lecture hall for training, adequate residential accommodation & waste disposal faculties were not available in all surveyed facilities.

PHYSICAL INFRASTRUCTURE: Both PHCs were conducted in Govt. Building without having boundary wall. Separate Registration and record room not available in all surveyed PHCs. Waiting area were inadequate and safe drinking water were not available in both PHCs, complaint box and separate public utility were also lacking in all PHCs. No separate wards available for males and females, toilet were not available in all PHCs. Operation theatre not available in both PHCs, Minor OT and Labour Room available but condition were very poor , they were not well equipped to handle emergency.

MAN POWER: Medical officer, Ayush practitioner, staff nurse and pharmacist were available in both PHCs but not as per IPHS guidelines, the lower staffs were also lacking in all surveyed PHCs. Lab technician not available in Haradula PHC.

EQUIPMENTS, DRUGS and TRANSPORT facility: Equipments and drugs were not available adequately in all surveyed PHCs. Emergency drugs; NRHM programme related drugs and drugs for RTI/STD were also inadequate. Transport vehicle is available and functional only in Korar PHC among surveyed PHC.

FUNDS ALLOCATION AND UTILIZATION: in haradula PHC Medical officer was not available so records were not available, in Korar PHC, utilization of fund more than 90%.

RECORDINGS & REPORTINGS: health related reporting were complied by supervisors from HSCs (ANM) and PHC and submitted to CHCs. Reporting formats were available in all surveyed PHCs but due to poorly assessed / not assessed by higher authority. All necessary records and registers were not maintained properly.

<u>HSC observations:</u>

1) HSC- Japara: The sub center is working in Government building.ANM and MPW are posted at HSC. The deliveries are conducted at HSC but basic amenities are lacking ex water. No boundary wall in present HSC. The records related to RCH are maintained. MCTS register are not filled properly specially in columns etc date of deliveries etc. There is no supervision visit by PHC medical officer after verification of available records.

2) **HSC Selegaon:** The sub center is working in Government building.2ANM and 1MPW are posted at HSC. The deliveries are conducted at HSC but basic amenities are lacking ex water. No

boundary wall in present HSC. The records related to maternal and child health are properly maintained and updated. Printed forms related JSY needed as told by ANM. There is no supervision by PHC medical officer.

3) HSC Makadikhuna: The sub center is working in Government building.1ANM and 1MPW are posted at HSC. The deliveries are conducted at HSC but basic amenities are lacking ex water. No boundary wall in present HSC. The records related to maternal and child health is not properly maintained .There is no supervision by PHC medical officer.