

## **Main observation related to the Programme and surveyed peripheral health facilities**

### **Observations of surveyed health centers**

**CHC Balodabazar: Manpower:** Surgeon and OBGY Specialist posted at CHC but the EMOS and other emergency services are nonfunctional. Manpower is not as per IPHS.

**Specialist Services:** No specialist services at surveyed CHC. No EMOC as well as new borne services at CHC due to non availability of logistics.

**National Health Programme:** All the NHP are delivered from the block CHC. We observed that the monitoring and supervision of the national programmes from Block CHC to peripheral health institute is lacking and needs to be improved.

**Emergency services:** The emergency services are available at CHC but not well equipped.

**Transport facilities:** Ambulance services are available at surveyed health facilities.

**Investigation facility:** Basic laboratory services viz. HB, Urine, sputum examination etc. are available. Upgrading of laboratory facilities is required by providing training to the lab technicians for routine lab services at secondary level. The record keeping regarding National programme specially Malaria and RNTCP are not updated.

**Malaria diagnosis and treatment:** The time lag between blood slide collection and examination was more than 24 hours. The RD kits are being utilized at laboratory. Presumptive treatment was practiced in the CHC field area. The record keeping of the Lab is not up to the mark.

**Blood Storage:** Non-availability of the Blood storage in surveyed health facilities. Steps should be taken to start the blood storage unit.

**Indoor services:** Surveyed CHC provides indoor services facilities to the patients. 18 beds were physically found in the IPD. The bed occupancy rate is about 40% in surveyed CHCs. The record of the indoor wards was not properly maintained.

**ECG:** The ECG facility for patients is not utilized at CHC; nursing staff is not trained in investigation process (ECG).

**Operation theatre:** Operation theatre is utilized for family planning operations (LTT) only. Cataract operations were performed in camps at CHC.

**Emergency obstetric care and Labour room:** Deliveries are routinely conducted at surveyed CHC. Emergency obstetric care is lacking due to vacant post of anaesthesia.

**MTP:** MTP service is non functional at CHC.

**Hospital waste Management:** In surveyed CHC/FRU, No visible guidelines are being followed by them regarding Hospital waste management. Dumping, Burial and other method are practiced at Hospital. Needle cutters are utilized at CHC.

**Medicine store: The present medicine store is congested and ill ventilated.** I V fluids bottles and other medicines are kept on the open space outside store. The record is incomplete and not updated. Drug Expiry date register is also not available.

**RKS:** RKS meetings are periodically held but not scheduled at CHC. Records regarding RKS were not available at the time of visit.

**SOP:** Standard Operating Procedures (SOP)/ Standard Treatment Protocols (STP)/Guidelines are not available. We advised to apply SOP and STP at CHC.

**NLEP: Report of NLEP activity separately attached.**

**RNTCP:** Treatment cards were not signed by the Medical Officer. We noticed that after intensive phase, continuous phase follow up was not properly done in many cases. The record needs to be properly scrutinized by the Supervisors and BMO.

## **CHC Simga**

**Manpower:** Specialist posts are lying vacant; Manpower is not as per IPHS.

**Specialist Services:** Specialist services are not available at CHC.

**National Health Programme:** All the national programmes are delivered from the block CHC. The status of the records was not upto the mark related to National health programmes like NLEP, NVBDCP, RNTCP and HMIS.

**Emergency services:** The emergency services are available at CHC but not well equipped.

**Transport facilities:** Ambulance services are available at surveyed health facilities.

**Investigation facility:** Basic laboratory services include HB, Urine, sputum examination and HIV screening available at surveyed CHC/FRU. The record keeping regarding National programme specially Malaria is not updated.

**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.

**Blood Storage:** Non-availability of the Blood storage in all surveyed health facilities. Steps should be taken to start the blood storage sanctioned FRU.

**Indoor services:** CHC provides the indoor services facilities to the patients, physically we have seen less numbers of indoor beds than the sanctioned strength.

**ECG:** The ECG facility for patients is not utilized at CHC.

**Operation theatre:** Operation theatre is old and it needs repairing specially windows and at present OT is utilized only for family planning operations.

**Emergency obstetric care and Labour room:** Deliveries are regularly conducted in specially constructed delivery room at CHC.

**MTP:** MTP is done at CHC by trained Medical Officer.

**Hospital waste Management:** In surveyed CHC/FRU, guidelines regarding Hospital waste management are not being followed. Dumping, Burial and other method are practiced at Hospital. Needle cutters are utilized at CHC.

**RKS:** RSK meetings are periodically held but not scheduled at CHC.

**SOP:** Standard Operating Procedures (SOP) / Standard Treatment Protocols (STP)/ Guidelines are not available in the surveyed Health facilities. We have advised them to follow SOP and STP at CHC.

**HMIS-** Lot of discrepancies observed in the data in DHIS in visited CHC reporting after verification by RD team. The HMIS (DEO and BADA) staff training is completed but their level of understanding of data element is low among the staff.

**NLEP separately attached:**

**RNTCP:** Treatment cards were not signed by the Medical Officer. We noticed that after intensive phase, continuous phase follow up was not properly done in many cases. The record needs to be properly supervised by the supervisors and BMO.

## **CHC Garyaband**

**Manpower:** Two paediatricians are posted at CHC and remaining post is lying vacant. Manpower (Clinical and Para clinical) is not as per IPHS.

**Specialist Services:** No specialist services available at visited CHC.

**National Health Programme:** All the National Programs are delivered from the block CHC. The status of the records was not upto the mark related to National health programmes like NLEP, NVBDCP, RNTCP and HMIS.

**Emergency services:** The emergency services are available at CHC but not well equipped.

**Transport facilities:** Ambulance services are available at surveyed health facilities.

**Investigation facility:** Basic laboratory services are available viz. HB, Urine, and sputum examination are done. The record keeping regarding National programme specially Malaria is not updated.

**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 we have observed more than 300 backlogs of the slides pending for examination. There is a need for another technician for proper functioning of the diagnostic services under National Vector Borne Disease Control Program. Presumptive treatment was practiced in the CHC field area.

**Blood Storage:** Due to Non-availability of the Blood storage facility in surveyed health facilities their health facility is not declared as full phase FRU.

**Indoor services:** CHC provided the indoor services facilities to the patients but we have seen less number of indoor beds than its actual strength.

**ECG:** The ECG facility for patients is not utilized at CHC.

**Operation theatre:** Operation theatre is old and needs renovation and is presently utilized for family planning operations.

**Emergency obstetric care and Labour room:** Deliveries are regularly conducted in specially constructed delivery room at CHC.

**MTP:** MTP is done by trained Medical Officer.

**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.

**SOP:** Standard Operating Procedures (SOP)/ Standard Treatment Protocols (STP)/ Guidelines are not available in the visited health facility. We have advised to follow SOP and STP at CHC.

**Drug store: The drugs are kept in proper way in the racks.** We have not found Drug Expiry register; we have been informed that they are not maintaining the same. The team has also found the expiry medicine in the store (ORS, Inj. Ampicilline etc)

**HMIS-** On verification of HMIS data, we observed lot of discrepancies in the DHIS data in CHC. Although the DEO and BADA have taken training in HMIS but their level of understanding of data element was very low.

**NLEP-** The supervision report of NLEP is separately annexed.

**RNTCP:** Treatment cards were not signed by the concerned Medical Officer. We noticed that after intensive phase, continuous phase follow up was not properly done in many cases. The record needs to be properly supervised by the supervisors and BMO. We have been informed that since 2004, the incentive is not paid to DOT providers.

## **OBSERVATIONS PHCs**

### **ASSURED SERVICES:**

**MEDICAL CARE SERVICES:** OPD services were running very well in all surveyed PHCs however emergency services were not available in Mandhar, Arjuni and Damakheda PHCs, Referral services were available in all surveyed health centers and in-patient services were available only in Mandhar and Arjuni PHCs, but they admit patients in indoor for few hours only and then they either discharge the patient or refer them to higher centre.

**TREATMENT OF SPECIFIC CASES:** Cataract surgery, primary management of burns & fractures were not available in the surveyed PHCs, Primary Management of wounds & treatment of poisoning, snake and dog bite were also not available in the surveyed PHCs. Minor surgeries were done occasionally in the surveyed PHCs and limited only in the form of stitching of wounds and I & D for pus containing wounds.

**MCH AND FP SERVICES:** ANC, PNC, INC, JSY & FP facilities were available in all surveyed health centre, however in Damakheda and Kochyai PHCs JSY and INC facilities were not available, Deliveries were not conducted in Damakheda and Kochyai PHCs. Immunization was not regularly done in all PHCs but this facility was provided regularly in HSCs. MTP services, RTI/STD management, newborn & sick child care facilities were not available in the surveyed PHCs, for these facilities Patients were referred to CHC and District hospital. Full range of FP services was not available in the surveyed PHCs.

**OTHER SERVICES:** School health services, health education, collection of vital statistics, control of local endemic diseases and surveillance & control of epidemic diseases were available in all surveyed PHCs. Rehabilitation services & AYUSH services were not available in visited PHCs, safe drinking water was also not available. Nutritional services were not available in the visited PHCs as this services were provided only in anganwadi centers.

**NATIONAL HEALTH PROGRAMMES AND FIELD ACTIVITIES:** NRHM, NVBDCP, RNTCP, NLEP, NBCP and IDSP programmes were running well in all surveyed PHCs, in all surveyed PHC services of ophthalmic assistant is not available so NBCP programme is not functioning properly in all visited PHCs. HIV/AIDS and other programmes related facilities were lacking in surveyed facilities. Monitoring activities of the HSCs were very poor in surveyed centre. Medical officers, LHV and supervisors are not visiting fields regularly. Regarding RNTCP, only Mandhar PHC had Sputum examination facility among visited health facilities. The suspected patients were referred to CHC for diagnosis. The records are not properly maintained.

**NLEP:** At Mandhar PHC (sector), all patients received MDT from HSCs, no patient cards (LF 1) available in Mandhar PHC. During our visit LHV shows us only LF 2 register, other registers are not available. MDT available in PHC but Stock registers and indent forms were not available. In Damakheda PHC we met with supervisor and LHV they informed us that patients get their MDT from HSCs. Only LF 2 register are available in PHC and other register were not available. Stock register and MDT drugs was also lacking. In Arjuni and Kochyai PHCs Supervisors were not available and other staff were unaware about the NLEP activity, so the we were not able to review the NLEP activity in this two PHCs.

### **OTHER SERVICES**

**BASIC LABORATORY SERVICES:** Laboratory facility available only in Mandhar PHC, but lab technician posted is not properly trained. He was doing only examinations of slides of malaria and sputum for AFB. Routine lab facility for urine, blood and sputum are not available in surveyed centers, they were using RD kits for malaria and pregnancy in routine manner.

**SUPPORT SERVICES:** Standard Treatment Protocols, Lab Manuals and Training Materials were not available in surveyed PHCs; IEC materials were limited only in the form of posters and wall paintings. Laundry, sterilization room was also not available. They not are providing diet to the patients.

**ACCESSORY SERVICES:** Telephone and water facility are not available in the surveyed PHCs. Electricity available in all PHCs but backup support was not available.

## **INFRASTRUCTURE**

**PHYSICAL INFRASTRUCTURE:** All PHCs functioning in Govt. Building except in Arjuni PHC where PHC was functioning in rented building. Damakheda was only PHC having boundary wall. Separate Registration and record room not available in all surveyed PHCs. Waiting area were inadequate and safe drinking water facility not available in all PHCs, complaint box and separate public utility were also lacking in visited PHCs. No separate wards available for males and females patient in all PHCs.

**Operation Theatre** not available in all PHCs. Minor OT and Labour Room available but they are not maintained properly and their present condition is also not good, they are not equipped to handle emergency. Separate General store was not available in visited PHCs.

**Laboratory:** Mandhar was the only PHC where Lab facility was available, but here also only few tests were done. Arjuni, Damakheda and Kochyai PHC are not having any lab facility.

**MAN POWER:** Medical officer not available in Damakheda PHC and in other PHCs medical officers were attached to CHCs so they are not available regularly in PHCs. RMA is posted and he/she regularly conducting OPD. Supportive staff is lacking in all PHCs.

**EQUIPMENTS, DRUGS and TRANSPORT facility:** As per the discussion we had with Medical officer, RMA and Pharmacist we observed that equipments and drugs were not available adequately in surveyed PHCs. Emergency drugs, NRHM program related drugs and drugs for RTISTD were also inadequate. For transport, vehicle is not available in any of the visited PHCs.

**FUNDS ALLOCATION AND UTILIZATION:** In Kochyai PHC Jeevan Deep Samiti (JDS) was not established so funds not allocated for this PHC. In Arjuni PHC JDS was established few months back and till date they have not received funds for utilization. Mandhar PHC received Rs. 1,75,000/- till date for this financial year and about Rs. 50,000/- (28%) were utilized. Damakheda PHC received Rs. 1,01,000/- and so far utilized Rs. 86,000 (86%).

**RECORDINGS & REPORTINGS:** Health related reporting were usually collected by supervisors from HSCs (ANM) and PHC and then submitted to CHCs for further compilation. Reporting formats were available in all surveyed PHCs but they are not assessed or verified by higher authority. The team has found many discrepancies in the reports due to lack of supervision by the Medical officer and supervisors at PHC. The primary registers need to be maintained properly in surveyed health facilities.

**Administrative monitoring and internal audit:** Monthly and annual reports were submitted regularly but details regarding review meetings were not available in any of the surveyed PHCs.

**Records:** The Mortality and complications related to the national programmes are not recorded on the primary records.

### **Health sub center:**

**Siltara:** The delivery room and OPD both services are delivered in one room. There is no Boundary wall. Drinking water facility is also not available. 50% of the interviewed beneficiaries are aware about the Gap between the two pregnancies. The leprosy patients are getting MDT drugs from the CHC instead of the sub center which need to channelized.

ANC services are as per schedule but no PNC visit has been made in verified beneficiaries. No fake cases of the Temporary and permanent contraceptives were found in verified beneficiaries. ASHA worker is involved actively in the ANC and PNC service in coordination with health worker at HSC.

**Rawan:** Delivery room is there but deliveries are not conducted as facility of CHC and PHC is available near to the HSC. There was no Boundary wall surrounding HSC and water facility is also not available. HSC records are not well maintained. It is observed by interaction with verified mothers that health services provided to ANC, PNC, INC beneficiaries were not upto the expectation. Specifically PNC visit was not carried out. The ANM should give timely advice to the beneficiaries during the health session.

**Vishrampur:** Boundary wall surrounding sub-center is not available. Water facility is not available. HSC records are not well maintained. It is observed by interaction with verified mothers that health services provided to ANC, PNC, INC beneficiaries were not upto the expectation. We have been informed by ANM that they are not conducting deliveries at HSC because of inadequate facilities. The ANM should give timely advice to the beneficiaries during the health session. She is trained in CuT insertion, but not inserting to the client. The record regarding the various contraceptives is not maintained properly.

**Kochyai:** The health facility is functioning in old building; the condition of the building is not good. Boundary wall was not available. The beneficiaries of ANC, PNC, INC related to health services were poor in verified mothers. Institutional deliveries are conducted. The ANM should give timely advice to the beneficiaries during the health session. She is trained in the insertion of CuT but not inserting to the client. The record regarding the various contraceptives not maintained. Immunization conducted at Health center.