

Main observation related to the Program and surveyed peripheral health facilities

Observations of surveyed health centers

1. CHC DONDI:

- **Manpower:** All sanctioned specialist posts are vacant and Manpower is not as per IPHS. The 3 medical officers posted at PHC are providing 4 days service at CHC and remaining 2 days at respective posted places is followed.
- **Infrastructure:-** The newly constructed CHC is not handed over due to pending minor works. The CHC is still running in old building. Handover process should be expedited.
- **Specialist Services:** No specialist services available at surveyed CHC.
- **National Health Program:** All the NHP are delivered from the block CHC. We observed that the monitoring and supervision of the national programs 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 facility.
- **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 of NVBDCP is done by trained MPW cum Lab technician. *RD kits are used at CHC microscopic center.*
- **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 specialist.
- **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.
- **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.
- **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.

2. CHC PATAN:

- **Manpower:** Only Two Medical Officer including BMO is providing service at block CHC, peripheral Medical Officer as per order is not coming to CHC as stated by BMO. Manpower is not as per IPHS.
- **Specialist Services:** Specialist services are not available at CHC.
- **National Health Program:** All the national programs are delivered from the block CHC. The status of the records was not up to the mark related to National health programs like NLEP, NVBDCP, RNTCP and HMIS. There is lot of scope for improvement.
- **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.
- **Blood Storage:** Non-availability of the Blood storage in all surveyed health facilities. Steps should be taken to start the blood storage in 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 used for family planning operations only.
- **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:** RKS 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.
- **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.
- **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.

3. CHC BERLA:

- **Manpower:** Only BMO is engaged in all activities including the outdoor and indoor case diagnosis and treatment. Medical officer deputed from PHC is not attending 4 days services to CHC. The Manpower (Clinical and Para clinical) is not as per IPHS.
- **Specialist Services:** No specialist services available at visited CHC.
- **National Health Program:** All the National Programs are delivered from the block CHC. The status of the records was not upto the mark related to National health programs 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 program specially Malaria is not updated properly on regular basis.
- **Malaria diagnosis and treatment:** The time lag between blood slide collection and examination was more than 24 hours.
- **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.
- **Operation theatre:** Operation theatre 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.
- **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 is very low.

4.CHC SAJA:

- **Manpower:** Two medical officers are posted at CHC, no specialist is posted. 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.
- **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 program specially Malaria is not updated.
- **Malaria diagnosis and treatment:** The time lag between blood slide collection and examination was more than 24 hours. **The technician is carryout the malaria diagnosis at OPD level only through RD kits. All RD kits were utilized at CHC, which are procured from market under JDS fund.**

- **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 provides 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 only.
- **Emergency obstetric care and Labour room:** Delivery room is very small, congested; two deliveries cannot be conducted at a time. The numbers of deliveries conducted per year are less than 70. There is need to shift to adjuvant room having sufficient space, which is unutilized for any purpose.
- **MTP:** MTP is done by trained Medical Officer.
- **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.
- **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.

PHC Observations

- The surveyed PHCs are providing day care services with less OPD attendance.
- The **Chikhalakasa** PHC is providing 24 hrs emergency services with five indoor functioning beds remaining PHC having 2 observation beds for post partum cases only. All the surveyed health facilities are underutilised both indoor as well as outdoor services.
- Ophthalmic assistant are posted only in three PHC i.e. **Hanoda, Chikhalakasa and Gadadih** provided services at CHC as well as PHC level as per directives of BMO and they use to screen the cases for cataract surgery and send in camp organized at higher level.
- None of the PHC does primary management of neither fracture nor any minor surgeries except in Parpodi PHC where a trained medical officer is doing CTT in regular basis at PHC and neighbouring places as and when needed.
- **Anti** snake venoms not available in any of the PHC only **Parpodi PHC** do primary management of dog bite and poisoning cases.
- All PHC provides fix day ANC services, but poor in INC and PNC services as per record. No. of deliveries conducted is less in all surveyed health facilities. Night deliveries are not conducted at **Gadadih and Gudheli**.
- The JSY beneficiary payment made through cheque and record and reporting is made upto date in all surveyed PHC.
- No MTP and full implementation of family planning methods in any of the PHC.
- Almost all surveyed PHC involved in school health services.
- NO records available regarding surveillance and control of epidemic diseases **in Gudheli and Gadadih PHC**.
- **NATIONAL HEALTH PROGRAMME:** All national programmes are delivered through Block and feedback was given during monthly meeting. No monitoring and supervisory activity by medical officer and RMA.
- **LABORATORY FACILITY:** All PHC having lab technician with functioning lab except PHC Hanoda where lab technician is appointed just a month before. Hb%, urine routine, sickling test, ANC rapid test kit facility available in all PHC. Sputum and peripheral blood smear examination for malaria in all PHC (only slide preparation in Hanoda PHC).
- Inadequate IEC material displayed in PHC.
- All PHC are involved in providing training to lower staff in regular basis as stated by Medical Officer but training materials are not available in any of the PHC neither any record and register available showing the training activity of PHC.
- **VH&SC** (village health and sanitation committee) committee constituted in villages under PHC but members are not actively taking part in health activity and not attending meetings in regular interval.
- **BUILDINGS / infrastructure and basic amenities:**
 - 1) Governmental with easy accessibility and well ventilated.
 - 2) No operational theatre in surveyed PHC, while CTT procedures are performed at minor OT room at Parpodi **PHC**.
 - 3) No separate record and registration room in any of the PHC.
 - 4) Separate consultation and examination room available in all PHC with privacy for physical examination except in Gudheli PHC. No facility for safe drinking water in Gadadih and Gudheli PHC.

- 5) Residential accommodation available in 3 visited PHC but not sufficient for all staff and all basic amenities are also not available..
- 6) Neither separate sterilization room nor good Drug storage facility in any of the PHC. No wheel chair friendly except Chikhalakasa and fencing in Gudheli PHC only.
- **MANPOWER:** No medical officer posted in Gudheli PHC. Ayush practitioner with Ayush drugs is available at only PHC Chikhalakasa. One RMA (Rural Medical Assistant) in each PHC supporting to impart the work of medical officer but the diagnosing skills not up to the mark specially in NLEP.
 - **DRUGS:** a. General drugs available in all surveyed PHC. The availability of the drugs for RTI/STI only in Chikhalakasa and Parpodi PHC. IUD insertion equipment available only in 2 PHC Hanoda and Chikhalakasa.
 - No drugs available in drug distribution counter for primary care of sick neonates and child in any of the surveyed PHC except **Chikhalakasa PHC**.
 - PSMP are sent for cross examination to higher centre from all PHC but not received report of same till date, last year 2 discrepancies were found in Parpodi PHC.
 - Monthly reporting format is available in all PHC but not of HIMS. There is timely submission of report but review meetings are not organized in regular basis.
 - All PHC use to refer complicated cases to higher centre for further management but no records and registers available showing such complicated cases except a case of type-1 lepra reaction in PHC Hanoda and a case of hand prolepses ANC in PHC Parpodi
 - No death reported and reviewed in last reference period in any of the PHC except Parpodi where 11 child death were reported(6 death in 0-7 day, 2 deaths from 7 day to 1 month and 3 deaths from 1 month to 1 year age group without cause of the death.

Health Subcenters -OBSERVATIONS/GAPS:

- **Infrastructure:** Surveyed Health Sub centers are functioning in designated government buildings and providing services. Out of 4 HSC, 2 are functional in old building (Gujara and Bhimbhori) and they totally dependent on public hand pump for water, mostly located outside premises and no water supply facilities at all surveyed HSC.
- **Manpower:** The ANM's are posted in all surveyed health Subcenters but a post of MPW (Male) is vacant in three health Subcenters (**Kumbali, Bhimbhauri and Gadadih**).
- **Services:**
- **MCH services/Immunization/FP and other:**
- **Delivery room:** The deliveries are conducted at **Gujara HSC only**, the basic amenities are totally lacking in surveyed HSC.
- **Home Vs Institutional** –Other HSCs are referring complicated cases to neighbouring CHC. The ANM staff **Bhimbhauri** and **Gadadih** is not staying at headquarter. The proportions of home deliveries are more as come to Institutional delivery in surveyed health Subcenters.
- **Immunization:** As per record the immunization sessions are conducted as per plan. The sessions are conducted at anganwadi center .The vaccines are procured from the concerned CHC.
- **Family Planning and Contraceptives:** Records of family planning are properly maintained in surveyed health Subcenters. **The Cu T, OC pills and Condoms are not available since last 6 month at Kumbali and Bhimbhauri**
- **JSY:** No pending cases of JSY cases in surveyed health sub enter. We have verified the JSY beneficiary found that they had received monitory benefit under the scheme. The JSY scheme implemented at all surveyed health centers.
- **Record Keeping: 17 to 18 reports are prepared at surveyed HSCs.** Record keeping regarding ANC, PNC, Immunization, Vital statistics, Disease surveillance, Family planning methods, un-tide funds, JSY and National health programme mainly malaria are properly maintained at surveyed health Subcenters. HMIS formats are not available in surveyed health Subcenters and MC registers are filled in surveyed health Subcenters but not matched in HB, weight, Height and etc. There is shortage of maternal and child registers at surveyed blocks for current years.
- **Waste Management:** The burning and dumping are the commonest method of the waste management at all surveyed Health Subcenters. The needle cutters are provided to the health facilities, but the staffs does not utilize them, which they should utilize.
- **Quality Control:**
- **Internal monitoring:** supportive supervision and record checking at periodic intervals by the male and female health supervisors from PHC (at least once a week) and MO (at least once a month) are not regularly followed as per existing record in surveyed HSC.
- **External monitoring:** No record available at surveyed HSC regarding monitoring by Village health and sanitation committee and evaluation by independent external agency.
- **Untied Fund:** We have verified the records (Pass book, entries, fund utilization and cashbook), of the untied fund, the record reveals that all surveyed Health Sub-centers utilized the fund. The record is maintained properly (Cash book Register entries).