

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

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

**CHC Basna, saraipali & Pithora: Manpower:** All Specialists posts are vacant at CHC except Pediatrician & Obs/gynae at CHC pithora and physician in CHC Basna. The EMOC services are non functional. Other paramedical & supportive staffs were also insufficient; Manpower is not as per IPHS.

**Specialist Services:** Full range of OBGY, Pediatrician, Surgeon and Physician specialist services are not available.

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

**Drugs:** There is shortage of essentials drugs in all surveyed health facilities of the District. The essential medicines or items were procured from JDS, so there is large amount of money spend from JDS especially for running of JSSK.

**Emergency services/ECG:** The emergency services are available at CHC but are not well equipped. ECG Machine available in CHC and but not used till date. The ECG facility for patients is not utilized at CHC; nursing staff is not trained in investigation process (ECG).

**Radiological Investigation:** The X ray machine is non functional in all surveyed CHCs.

**Transport facilities:** Ambulance & call vehicle (108) 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 program specially Malaria and RNTCP are updated. They provide Lab services in single pathological laboratory.

**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 in emergency. Presumptive treatment was practiced in the CHC field area. ACT is available at CHC and pneriapherial health institute but needs to streamline the stock as per need. The record keeping of the Lab is not up to the mark. The slides from fields are also examined in CHC laboratory, the time lag between blood slide collection and examination was more than 7 days.

**Blood Storage:** Blood storage services are not available in all surveyed CHC. All emergency patient were referred to district hospital for further management.

**Indoor services:** Surveyed CHC provides indoor services facilities to the patients. Less than 20 beds were physically found in the IPD in all surveyed CHC. The bed occupancy rate is about >50% in surveyed CHC. The record of the indoor wards was not properly maintained.

**Operation Theater:** Operation Theater is utilized for family planning operations only. Surgeon & Anesthesia specialist not available in CHC so surgeries were not performed routinely.

**Emergency obstetric care and Labour room:** Deliveries are routinely conducted at surveyed CHC. The EMOC services are non functional. OBG/PGMO not available in saraipali & basna CHCs, so complicated cases were usually referred to district hospital for management. Partogram was not prepared at all surveyed CHC.

**MTP:** MTP services were not available at all surveyed CHC.

**Hospital waste Management:** In surveyed CHC/FRU, No guidelines are being followed by them regarding Hospital waste management. Dumping, Burial and burning 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.

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

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

## **OBSERVATIONS PHCs**

### **A) ASSURED SERVICES:**

1. **MEDICAL CARE SERVICES:** OPD services are available in the prescribed timing in all surveyed PHCs; however emergency services are not available round the clock. The Referral and day care in-patient services were available, officials either discharged or referred to higher centres. Records & registers of OPD and IPD and referral are not maintained properly.
2. **TREATMENT OF SPECIFIC CASES:** Cataract surgery, primary management of burns & fractures were not available in all surveyed PHCs. Minor surgeries were done occasionally in all surveyed PHCs and limited only in the form of stitching of wounds and I&D for pus containing wounds.
3. **MCH AND FP SERVICES:** ANC, PNC, INC, JSY & FP facilities were available in all surveyed health centres, Deliveries were conducted in all visited PHCs but condition of delivery room was not upto standard. The basic amenities needs up gradation. The space is inadequate and lack of instruments to manage patients. Immunization was not regularly done in all PHCs but this facility was provided regularly in HSCs i.e. immunization session. MTP services, RTI/STD management, new-born & sick child care facilities were not available in all PHCs .Needy patients were referred to CHC and District hospital. Full range of FP services was not available in all surveyed PHCs.
4. **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 are lacking in all PHCs, The safe drinking water was available in all PHCs. Ayush facilities were not available in all surveyed PHCs.
5. **NATIONAL HEALTH PROGRAMMES AND FIELD ACTIVITIES:** NRHM, NVBDCP, RNTCP, NLEP, and IDSP programmes were running well in all surveyed PHCs. Monitoring activities of the HSCs by Medical officer in charge of Primary health centre were not as per scheduled in surveyed centres; LHV, Medical officers, and supervisors are not visiting fields regularly as evident by interviewing beneficiaries in villages & HSCs & lack of any documented tour programme. The details of the field visit were not available at PHCs.
6. **NLEP:** separately attached

### **B) OTHER SERVICES**

**BASIC LABORATORY SERVICES:** Laboratory facility not available in all PHCs except BHITIDIH. Hb and urine routine were done in all surveyed health centres, RD kits for malaria not available regularly in all PHCs.

**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. Diet facility is not available to patients in all surveyed PHCs.

**ACCESSORY SERVICES:** Telephone communication facility not available in all surveyed PHCs. Electricity supply adequate backup support with solar power was available. Citizen charter, Lecture hall for training, adequate residential accommodation, garden & waste disposal faculties were not

available in all surveyed facilities.

### **C) INFRASTRUCTURE**

**PHYSICAL INFRASTRUCTURE:** All PHCs were conducted in Govt. Building . The separate registration and record rooms are not available in all surveyed PHCs. Waiting areas were adequate and in all PHCs .The complaint box and separate public utility were also lacking in all PHCs. No separate wards were available for males and females, and nursing duty rooms were not available in all PHCs.

**Operation theatre** not available in all PHCs, Minor OT and Labour Room available but condition were very poor, they were not well equipped to handle emergency. Separate General store was available in BHITIDIH PHC

**MAN POWER:** RMA is posted in all PHCs. Medical officer is attached to CHCs so they are not available regularly in PHCs. Lab technician is available in BHITIDIH PHC. For mobility support vehicle is not available in all surveyed PHCs.

**EQUIPMENTS, DRUGS and TRANSPORT facility:** As per discussion with RMA & also on inspection that equipment's and drugs were not available adequately in all surveyed PHCs. Emergency drugs, NRHM programme related drugs and drugs for RTI/STD were also inadequate. Only iron & folic acid syrup available, not sufficient enough in quantity. Iron folic acid tablets were not available in all surveyed PHCs.

**FUNDS ALLOCATION AND UTILIZATION:** Fund utilization is very low. Details of fund allocation were not available in Baloda PHC, so details regarding funds could not be assessed.

### **D) SUPERVISION and MONITORING**

**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 not available in all surveyed PHCs & they are not assessed or verified by higher authority. All primary registers need to be maintained properly in surveyed health facilities. Monthly and annual reports were submitted regularly but details regarding review meetings were not available in all surveyed PHCs.

**Records:** The Mortality and complications related to the national programmes are not recorded on the primary record especially Maternal & Child deaths & Malaria deaths. There is a need to improve mortality related reports.

**HMIS:** HMIS forms were filled by ANM with help in all PHCs, They were not well trained staff, so many discrepancies were found. The feedback regarding the HMIS formats were not shared from Block, the second copy of the HMIS format was not available for review. The team has found many discrepancies in the reports due to lack of accountability of the Medical officer and RMA & supervisors.