

Main observation related to the Programme and surveyed peripheral health facilities

Observations of surveyed health centers

CHC: Manpower: All Specialists posts were vacant at Lodam and Duldula CHC while only pediatrician is posted at **Bagicha**. The EMOC services are non functional. Other paramedical & supportive staffs were also insufficient; Manpower is not as per IPHS.

Infrastructure: the space and infrastructure at Bagicha is adequate and properly maintained while lacking at Lodam and Duldula.

Specialist Services: OBGY, Surgeon and Physician specialist services are not available because specialist/PGMO not available in the block. The Pediatrics and Neonatal services are well maintained at Bagchiya CHC. Nutritional rehabilitation center was established and well functional at BLOCK.

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/ECG: The emergency services are available at CHC but are not well equipped except Bagchiya.

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 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. Presumptive treatment was practiced in the CHC field area. 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 CHC.

Indoor services: Surveyed CHC provides indoor services facilities to the patients. The record of the indoor wards was not properly maintained at Lodam and Duldula CHC. At Bagichya, by involvement of Public Private Partnership (PPP), the indoor wards were air conditional along with labour room and operational theater. The Signage system is well placed in **Bagchiya** while lacking at Lodam and Duldula CHC. The indoor records and referred are well maintained at **Bagchiya, while other blocks it's poorly maintained.**

Operation Theater: At Bagchiya CHC operational theater is air conditional and equipped while, at Lodam and Duldula CHC operational poorly maintained and lack of space. Theater is utilized only for family planning operation.

Emergency obstetric care and Labour room: Deliveries are routinely conducted at surveyed CHC. The Bagchiya CHC delivery room is air conditional and properly maintained with neonatal corner attached to the labor room. Basic amenities and privacy is lacking at CHC lodam and Duldula. The cleanliness was poorly maintained in these two CHC. The complicated cases were usually referred to district hospital for management.

MTP: MTP service is non functional at CHC.

Hospital waste Management: In surveyed CHC/FRU, No 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.

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 all surveyed PHCs; however emergency services are not available. The Referral and day care in-patient services were available. Records & registers of OPD and IPD and referral are not maintained properly. Only Ayush medical officers (AMO) & Rural medical assistants (RMA) are posted in all surveyed PHCs, NO MEDICAL OFFICERS available in all the PHCs.
- 2. TREATMENT OF SPECIFIC CASES:** Cataract surgery, primary management of burns & fractures were not available in all surveyed PHCs. major/minor surgeries were not done in all surveyed PHCs. Anti-snake venom/vaccines for dog bite not available in any of the surveyed PHC.
- 3. MCH AND FP SERVICES:** ANC, PNC, INC, JSY & FP facilities were available in all surveyed health centres. Deliveries were not conducted in PHCs and condition of delivery rooms was very poor. The basic amenities need upgradation. 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, 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 not available in all the surveyed PHCs. Ayush facilities in the form of Ayurveda clinician available in all surveyed PHCs but Ayurveda medicines were not available in all PHCs.
- 5. NATIONAL HEALTH PROGRAMMES AND FIELD ACTIVITIES:** NRHM, NVBDCP, RNTCP, NLEP, NBCP 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 unavailability of advance tour programme. The details of the field visit were not available at all the surveyed PHCs.

NLEP: Separately attached.

B) OTHER SERVICES

BASIC LABORATORY SERVICES: No Laboratory facility available in all the surveyed PHC. RD kits for malaria and pregnancy not available regularly in all Surveyed 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 health centres.

ACCESSORY SERVICES: Telephone not available in any PHC. Electricity available in all PHCs but backup support was not available only in all the PHCs. 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 they were not wheel chair friendly. The separate registration and record rooms are available in Paiku PHC only. Waiting areas were adequate and safe drinking water were only available in all PHCs. The complaint box was not available in all PHCs. No separate wards were available for males and females, and nursing duty rooms were not available in all PHCs.

Operation theatre: Major/minor OT not available in all PHCs, Labour Room available but condition were very poor, they were not well equipped to handle emergency. Separate General store was not available in all PHCs.

Laboratory: Not available in all surveyed PHCs with all basic amenities.

MAN POWER: Medical officer was posted in all PHCs. Pharmacist and lab technician was available in all PHCs. For mobility support the vehicle is not available in all surveyed PHCs.

EQUIPMENTS, DRUGS and TRANSPORT facility: As per discussion with Medical officer, RMA and Pharmacist and 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. Ayurvedic drugs were not available in all surveyed health centres.

FUNDS ALLOCATION AND UTILIZATION: Funds were utilized in all surveyed PHCs, but fund utilization was poor.

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 available in all surveyed PHCs but they are not assessed or verified by higher authority on regular basis. The primary registers need to be maintained properly in surveyed health facilities. Administration monitoring and internal audit ,Monthly and annual reports were submitted regularly but details regarding review meetings were not available in all surveyed PHCs. The Mortality and complications related to the national programmes are not recorded properly.

HMIS: Separately attached

RNTCP: Separately attached

Health Subcenters -OBSERVATIONS/GAPS:

- **Infrastructure:** All three surveyed HSC are functioning in designated government buildings. Water and electricity supply was available only in all HSC, mostly located outside the premises.

- **Manpower:** The ANM' and MPW are posted in all surveyed health Sub centers.

- **Services:**

1) MCH services/Immunization/FP and other:

- **Delivery room:** The deliveries are conducted in all HSCs, the basic amenities are present in surveyed HSCs. Bisen HSC has an exceptionally good performance.

- **Home Vs Institutional** – HSCs are referring complicated cases to neighboring CHC. The posted ANM staff resides in headquarter so regular deliveries conducted in all surveyed HSCs. The proportions of home deliveries are less as compared to Institutional delivery in all surveyed health Sub centers. In the survey HSCs, the team has interacted with PNC mothers in the field which revealed that follow-up is poor.

- **Immunization:** As per record the immunization sessions are conducted as per plan. The sessions are conducted at HSC/anganwadi center/govt. school .The vaccines are procured from the concerned CHCs.

- **Family Planning and Contraceptives:** Records of family planning are not properly maintained in surveyed health Sub centers. There is no/insufficient stock of the Copper T in all HSCs. In the survey HSCs the team has interacted with OCP users which were mentioned by ANM all were found fake when team visit in field in Paiku PHCs .Only in Bisen HSC ANM mentioned CuT clients, & other oc pills users were duly & correctly verified. The team interacted

with condom users but these cases were also found fake means they were not the users of condom. So peripheral health workers are just formally trying to complete target on paper.

- **JSY:** No pending cases of JSY cases in surveyed health sub enter. We have verified the 13 JSY beneficiary found that they had received monetary benefit under the scheme. The JSY scheme implemented at all surveyed health centers.
- **Record Keeping:** reports are prepared at surveyed HSCs. Record keeping regarding ANC, PNC, Immunization, Vital statistics, Disease surveillance, Family planning methods, untied funds, JSY and National health programme mainly malaria are properly maintained at surveyed health Sub centers. HMIS formats/registers are not available in surveyed health Sub centers and MC registers are filled in surveyed health Sub centers.
- **Waste Management:** The burning and dumping are the commonest method of the waste management at all surveyed Health Sub centers. 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.
- **Untied Fund:** We have verified the records (Pass book, entries, fund utilization and cashbook), of the untied fund, the records reveals that all surveyed Health Sub centers utilized the fund .The record is maintained properly (Cash book Register entries).

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