

DISTRCT HOSPITAL Observations:

- 1) **OPD Services:** OPD services running well in district hospital surgical, Pediatrics ,OBG,ENT & Anesthesia specialist available but medical,orthopedics,pathologist,Eye,psychiatry & radiology specialist not available. Out of 15 sanctioned post of Medical officer only 1 post is vacant.
- 2) **IPD Services:** IPD services provided in district hospital & 24 hr emergency/casualty running well, medical officers given 24x7 services in emergency/casualty.
- 3) **Specialist services:** ENT, Surgery, Pediatrics & OBG services available, but eye,medicine.orthopedics & psyciatry services not available because specialist post were vacant in this district. Dental surgeon also available in district (contractual).
- 4) **Lab services:** single lab technician available in district hospital providing services, only routine blood, urine & sputum test were done, special test not available. Malaria, TB & HIV test available.
- 5) **IPD records:** IPD tickets were stored well with well maintained registers we noticed following observations:

IPD Tickets:

- A) Patient information, address, cast were not properly/incompletely written.
- B) Patients history either not found or very short history available in records.
- C) Diagnosis in many tickets were either not written or incorrectly written.
- D) Death notes/resuscitation not written in many IPD tickets.
- E) Outcome of disease/consent form, case summary & nursing care notes were not practiced in district hospital.
- F) MLC cases were discharged with request but not reported to police.
- G) Cases like Dog bite/snake bite were not reported as MLC case.

B) IPD & Death register:

I) Diagnosis in many cases not mentioned.

ii) Complains like fever, headache, vomiting/weakness were mentioned diagnosis in many cases.

iii) Death due to malaria found in register but not reported in HIMS.

iv) Death audit status were not found , only maternal & child death audits were practiced.

V) In IPD & Death register in charge doctor name available but sign not done by doctors, sister on duty fill the register not reviewed by any in charge officer.

C) OPD: OPD Ticket issued for each new & old patient by registration clerk & treatment given by doctor as per need, team observations (5 OPD Tickets & Patient interview):

I) Diagnosis not written only written complains.

II) Comment/review on/2nd visit not mentioned in(3) 60% cases.

III) Lab tests prescribed for (2) 40% cases.

IV) Patient information, address was incomplete.

V) As per patients Medicines were not provided adequately.

VI) Full range of Lab test was also not available in hospital.

Biomedical waste management: No proper biomedical waste management. Traditional ways were practiced.

Main observation related to the Programme and surveyed peripheral health facilities

Observations of surveyed health centers

CHC Baloda: Manpower:All Specialists posts are vacant at CHC. The EMOC services are non functional. Other paramedical & supportive staffs were also insufficient; Manpower is not as per IPHS.

Specialist Services: OBGY, Pediatrician, Surgeon and Physician specialist services are not available because specialist/PGMO not available in the block.

National Health Programme: All the NHP are delivered from the block CHC. We observed that the monitoring and supervision of the national programme 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. ECG Machine available in CHC but not used till date. The ECG facility for patients is not utilized at CHC; nursing staff is not trained in investigation process (ECG).

Transport facilities: Ambulance services are available at surveyed health facilities. Call vehicle (108) also available.

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. 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. 25 beds were physically found in the IPD. 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.

Emergency obstetric care and Labour room: Deliveries are routinely conducted at surveyed CHC. The EMOC services are non functional. OBG/PGMO not available in CHC so complicated cases were usually referred to district hospital for management.

MTP: MTP service is nonfunctional 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.

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.

CHC Akaltara

Manpower: Specialist posts are lying vacant only surgical & Obs/gynae specialist available; Manpower is not as per IPHS.

Infrastructure: New govt building not available as per IPHS norms with adequate water & electricity supply.

Specialist Services: Specialist services only surgical & obs/gynae available others not available at CHC because a specialist post are vacant at Akaltara CHC.

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

Emergency services: The emergency services are available at CHC but are 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.

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.

Blood Storage: Steps should be taken to start the blood storage at sanctioned FRU.

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

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

Operation theater: Operation theater utilized mainly for family planning, number of other surgeries were less because anesthetics not available.

Emergency obstetric care and Labour room: Deliveries are regularly conducted in constructed delivery room at CHC. Due to availability of OBG specialist the proportion of CHC deliveries has significantly improved.

MTP: MTP is done at CHC by trained by OBG specialist available in CHC.

Hospital waste Management: In surveyed CHC/FRU, dumping, Burial and other method are practiced at Hospital. Needle cutters are utilized at CHC.

RKS: RKS meetings are periodically held but not scheduled .

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.

NLEP separately attached:

RNTCP: Separately attached:

OBSERVATIONS PHCs

A) ASSURED SERVICES:

1. MEDICAL CARE SERVICES: OPD services are available in the prescribed timing all surveyed PHCs; however in the name of emergency services all PHC are providing delivery service only . The Referral through 108 or outsourced vehicle and day care in-patient services were available. Records of IPD and referral are not maintained properly also there were no records available suggestive of evening OPD. Only Ayush medical officers (AMO) & Rural medical assistants (RMA) are posted in all surveyed PHCs, MEDICAL OFFICERS available in all the PHCs for three days and remaining days at CHC.

2. TREATMENT OF SPECIFIC CASES: Cataract surgery(only by camp approach), primary management of burns & fractures(although x ray facility available in Nariyara PHC) 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 centers. Deliveries were conducted in PHCs but condition of delivery rooms was poor excepting Nariyara PHC. The basic amenities need up gradation. 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(only Nariyara PHC have drugs related to pediatrics age group) 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 center were not as per scheduled in surveyed centers; LHV, Medical officers, and supervisors are not visiting fields regularly as evident by unavailability of advance tour programmer. 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 except Kurda PHC.

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 few posters and wall paintings. Diet facility is not available to patients in all surveyed health centers.

ACCESSORY SERVICES: Telephone not available in any PHC. Electricity available in all PHCs but backup support was not available 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 all PHC . Waiting areas were adequate and safe drinking water were available in all PHCs .The complaint box was not available in all PHCs. No separate wards were available for males and females, but nursing duty rooms were available in all PHCs.

Operation theatre: Major/minor OT not available in all PHCs, delivery Room available but condition were not as per the guideline, they were not well equipped to handle emergency. Separate General store was not available in all PHCs.

Laboratory: only available in Kurda PHC but with limited amenities.

MAN POWER: Medical officer was posted in all PHCs but attached to CHC in Nariyara PHC. Pharmacist was available in all PHCs and lab technician only in Kurda PHC. 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.concerned staff of PHC also complained that drugs and equipment's were not distributed as per the need and demand of PHC.

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

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. Monthly and annual reports were submitted regularly but details regarding review meetings were not available in all surveyed PHCs. The Mortality related to the national programs are not recorded properly.

E)HOSPITAL PERFORMANCE-Average OPD attendance not as per the doctor and patient ratio, its need to be improved .IPD records were not maintained well, and most of the IPD were only of delivery cases.no records available showing performance of evening OPD .All PHC were providing day care services only.

HSC OBSERVATION:

Health Sub centers -OBSERVATIONS/GAPS:

Infrastructure: All two surveyed HSC are functioning in designated government buildings. Electricity supply was available in all HSC, Located one HSC outside and one HSC Front side the premises.

Manpower: The ANM' and MPW are posted in one surveyed health Sub centers and one HSC only ANM.

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. Pouna 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: No Immunization session at PHC it was done 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 CC users which were mentioned by ANM 20% were found fake .when team visit in field in Two HSCs. 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 8 JSY beneficiary found that they had received monitory 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, un-tide funds, JSY and National health programe mainly malaria are not 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) only Pouna HSC and Khisora HSC no records only Pass book available but not proper entries.