

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

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

**CHC Mainpur: Manpower:All** Specialists posts are vacant at CHC except physician. The EMOC services are non functional. Other paramedical & supportive staff were also insufficient, Manpower is not as per IPHS.

**Specialist Services:** Not available because of above reason except medical.

**National Health Programme:** All the NHP are delivered from the block CHC but 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. The ECG facility for patients is not utilized at CHC.

**Transport facilities:** Ambulance services (108) 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.

**Blood Storage:** Blood storage services are not available in CHC.

**Indoor services:** Surveyed CHC provides indoor services facilities to the patients. 10 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 non functional at CHC.

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

**NVBDCP: Report separately attached**

### **CHC Chhura**

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

**Infrastructure:** govt building available as with adequate water & electricity supply

**Specialist Services:** Specialist services not available at CHC because all specialist post are vacant at Kartala 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 (108) services are available at surveyed health facilities.

**Investigation facility:** Basic laboratory services include Hb, Urine, sputum examination available at surveyed CHC.

**Blood Storage:** Unit not available, Steps should be taken to start the blood storage at sanctioned.

**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 only for family planning operations.

**Emergency obstetric care and Labour room:** Normal deliveries are regularly conducted in labour room at CHC. but complicated cases were referred to district HQ..

**MTP:** MTP facility not available in CHC.

**Hospital waste Management:** In surveyed CHC, 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:

**NVBDCP:** Separately attached

## **OBSERVATIONS PHCs**

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

- 1. MEDICAL CARE SERVICES:** OPD services are available in the prescribed timing at 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.
- 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 conducted in all visited PHCs but condition of delivery rooms were very poor. 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, , 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 Kochway PHC. Ayush facilities in the form of Ayurveda clinician not available in all surveyed PHCs.

5. **NATIONAL HEALTH PROGRAMMES AND FIELD ACTIVITIES:** NRHM, NVBDCP, RNTCP, NLEP, NBCP and IDSP programmes were running well in all surveyed PHCs, The ophthalmic assistant available only in Kochway PHC. Monitoring activities of the HSCs by Medical officer in charge of Primary health center 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 PHCs.

6. **NLEP:** Separately attached.

## **B) OTHER SERVICES**

**BASIC LABORATORY SERVICES:** Laboratory facility not available in both surveyed PHCs. Only malaria slides checking, pregnancy test facilities are available at some of the health facilities and routine lab facility for urine, blood and sputum not available in surveyed health centres. In odd hours RD kits for malaria are utilised at surveyed health facilities.

**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. Diet facility is not available to patients in any of the surveyed health centres.

**ACCESSORY SERVICES:** Telephone not available in any PHC. Electricity available in all PHCs but backup support was available only in Patsiwni PHC. Citizen charter, Lecture hall for training, adequate residential accommodation, garden & waste disposal facilities were not available in all surveyed facilities.

## **C) INFRASTRUCTURE**

**PHYSICAL INFRASTRUCTURE:** All PHCs were conducted in Govt. Building they were lack of wheel chair friendly . The separate registration and record rooms are not available in PHCs. Waiting areas were adequate and safe drinking water were only available in Patsiwni PHC .The complaint box 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.

**Laboratory:** NOT Available in all surveyed PHCs with all basic amenities.

**MAN POWER:** Medical officer was not posted in Patsiwni. Lab technician was not available in surveyed 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 also not available in all surveyed health centres.

**FUNDS ALLOCATION AND UTILIZATION:** JDS not formed in Kochway PHC & all received (for this year) funds were utilized in Patsiwni PHC.

**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. 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 and complications related to the national programmes are not recorded properly.

**HMIS:** Separately attached

**RNTCP:** Separately attached

#### **Health Subcenters -OBSERVATIONS/GAPS:**

- **Infrastructure:** surveyed HSCs are functioning in designated government buildings Except in Bardula HSC where HSC run in rented house. Water and electricity supply was available only in Parsuli HSC, others were depends on public hand pump, mostly located outside the premises.

- **Manpower:** The ANM' are posted in surveyed health Sub centers. Additional MPW available in Bardula HSC only.

- **Services:**

#### **1)MCH services/Immunization/FP and other:**

- **Delivery room:** The deliveries are not conducted in Bardula HSCs, In other HSCs only normal deliveries are conducted but the basic amenities are totally lacking in all surveyed HSCs.

- **Home Vs Institutional** – HSCs are referring complicated cases to neighboring CHC. The posted ANM staff resides in headquarter so regular deliveries

conducted in surveyed HSCs. The proportions of home deliveries are less as compared to Institutional delivery in surveyed health Sub centers. In the survey HSCs, the team has interacted with 12 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 CHC.
- **Family Planning and Contraceptives:** Records of family planning are not properly maintained in surveyed health Sub centers. There is adequate stock of the Copper T/condom/OCP in surveyed HSCs. In the surveyed HSCs the team has interacted with 7 OCP users which was mentioned by ANM, out of which 6 were found fake when team visited the users in the field.. The team interacted with 7 condom users but 6 cases were also found fake, they were not the users of condom.
- **JSY:** No pending cases of JSY cases in surveyed health sub enter. We have verified the 12 JSY beneficiary and 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, un-tide 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 surveyed Health Sub centers. The needle cutters are provided to the health facilities, but the staff do 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).

