

Main observation related to the Programme and surveyed peripheral health facilities

Observations of surveyed health centers

CHC Sonhat: Manpower: Physician, Pediatrics, Surgeon and OBGY Specialists not posted at CHC, the EMOC services are non functional. Manpower is not as per IPHS. The only allophonic Doctor available is single medical officer (MBBS) I/c BMO.

Specialist Services: OBGY, Pediatrician, Surgeon, Physician & eye specialist services are not available because posts are vacant.

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: The emergency services are available at CHC but are not well equipped.

Transport facilities: Ambulance & Call vehicles services are available at surveyed health facilities.

Investigation facility: Basic laboratory services like: 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 not fully updated.

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 HSC & Villages. Presumptive treatment was practiced in the CHC & in field area. The record keeping of the Lab is not up to the mark. RD kits were not supplied adequately as per said by BMO & MTS.

Blood Storage: Blood storage services are not started .

Indoor services: Surveyed CHC provides indoor services facilities to the patients . IPD Male & Female separately available in CHC, occupancy rate is about 60% in surveyed CHC. The record of the indoor wards was not properly maintained, Death & referral registers were not available in CHC.

ECG:ECG machine is available in CHC, The ECG facility for patients is not utilized at CHC; nursing staff is not trained in investigation process (ECG).

Operation theater: Operation theater is utilized for family planning operations (LTT) & Eye camps only. Cataract operations were performed in camps at CHC.

Emergency obstetric care and Labour room: Deliveries are routinely conducted at surveyed CHC, the EMOC services are non functional.

MTP: MTP service is also non functional at CHC, OBG specialist not available 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. BMO has recently taken the charge of the block.

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: Treatment cards were usually not signed by the Medical Officer sign of RMA were found in Many cards. 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. Detail report separately attached.

CHC Manendragarh

Manpower: Specialist posts are lying vacant except surgeon, PGMO Paediatrics, Contractual Anesthesia specialist & Radiologist available. Manpower is not as per IPHS.

Infrastructure: The 100 bed are sanctioned at CHC, while the construction is in progress and all services are arranged at ground floor. The building is yet to be over.

Specialist Services: Surgery and paediatrics services are available at 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 and HMIS.

Emergency services: The emergency services are available at CHC but are not well equipped.

Transport facilities: Ambulance services & call vehicle (108) are available at surveyed health facilities.

Investigation facility: Basic laboratory services include Hb, Urine, sputum examination and HIV screening available at surveyed CHC/FRU. The record keeping regarding National programme specially Malaria & RNTCP is updated.

Malaria diagnosis and treatment: The time lag between blood slide collection and examination was more than 24 hours. Presumptive treatment/radical treatment was practiced in the CHC field area.

Blood Storage: construction complete but 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 for family planning, emergency obstetric services and other minor or major surgeries.

Emergency obstetric care and Labour room: Deliveries are regularly conducted in constructed delivery room at CHC. Due to Specialized OBGY services not available CS done by Surgeon (few cases only).

MTP: MTP is not done at CHC by trained gynecologist (Gynecologist Not available).

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:

CHC Khadgawan:

Manpower: Physician, Pediatrics, Surgeon and OBGY Specialists not posted at CHC, the EMOG services are non functional. Manpower is not as per IPHS. The only Doctor available is single medical officer (MBBS) I/c BMO.

Specialist Services: OBGY, Pediatrician, Surgeon, Physician & eye specialist services are not available because posts are vacant.

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: The emergency services are available at CHC but are not well equipped.

Transport facilities: Ambulance & Call vehicles services are available at surveyed health facilities.

Investigation facility: Basic laboratory services like: 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 not fully updated.

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 HSC & Villages. Presumptive treatment was practiced in the CHC & in field area. The record keeping of the Lab is not up to the mark. RD kits were not supplied adequately as per said by BMO & MTS.

Blood Storage: Blood storage services are not started .

Indoor services: Surveyed CHC provides indoor services facilities to the patients . IPD Male & Female separately available in CHC, occupancy rate is about 50-60% in surveyed CHC. The record of the indoor wards was not properly maintained, Death & referral registers were not available in CHC.

ECG:ECG machine is available in CHC, The ECG facility for patients is not utilized at CHC; nursing staff is not trained in investigation process (ECG).

Operation theater: Operation theater is utilized for family planning operations (LTT) & Eye camps only. Cataract operations were performed in camps at CHC.

Emergency obstetric care and Labour room: Deliveries are routinely conducted at surveyed CHC, the EMOG services are non functional.

MTP: MTP service is also non functional at CHC, OBG specialist not available 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. BMO has recently taken the charge of the block.

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:Detail report 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 available only in PHC pondi bachhara. The Referral and day care in-patient services were not available as per norms. Records & registers of OPD and IPD and referral are not maintained properly.
- 2. TREATMENT OF SPECIFIC CASES:** Cataract surgery(only on camp basis), 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 were available in 2PHC Nagpur and pondi bachhara
- 3. MCH AND FP SERVICES:** ANC, PNC, INC, JSY & FP facilities were available in all surveyed PHC. Deliveries were conducted in PHCs but condition of delivery rooms was very poor. 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 on every Tuesday and Friday. 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 available only in 2 PHCs nagpur and pondi bachhara. Ayush facilities in the form of Ayurveda clinician available in all surveyed PH
- 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.

B) OTHER SERVICES

BASIC LABORATORY SERVICES: Laboratory facility available in all the surveyed PHC. RD kits for malaria and pregnancy not available regularly in all Surveyed PHCs.all PHC lab was doing only routine test needed for ANC check up and smear for malaria parasite .

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 in any of the PHCs. 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 not wheel chair friendly. The separate registration and record rooms are available in katgodi PHC only. Waiting areas were adequate and safe drinking water was only available in PHC nagpur .The complaint box was not available in all PHCs. No separate wards were available for males and females, and nursing duty rooms was available only in katgodi 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 store was not available in all PHCs.

Laboratory: separate infrastructure for lab was available only in pondi bachhara phc.

MAN POWER: Medical officer only in nagpur PHCs. Pharmacist and lab technician was available in all PHCs. For mobility support the vehicle is only available in pondibachara PHCs.

EQUIPMENTS, DRUGS and TRANSPORT facility: As per discussion with Medical officer, 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 .

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

