

The main observation related to the programme and surveyed peripheral health facilities

Observations of surveyed health centers

CHC: Manpower: All Specialists posts were vacant at Makdi and pharsagaon CHC. Only surgeon is posted at Kaskal CHC. The EMOC services are nonfunctional. Manpower is not as per IPHS.

Infrastructure: The space and infrastructure are adequate in all surveyed CHC. Space is improperly utilized at Makdi CHC for store. IPD was occupied by store.

Specialist Services: OBGY, Pediatrician, anesthetist and Physician specialist services are not available because specialist/PGMO not available in the block. Nutritional rehabilitation center was established and well functional at Kaskal CHC.

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.

Emergency services: The emergency services are available at CHC but are not well equipped. ECG facility are not available at all surveyed CHC except Kaskal.

Transport facilities: Ambulance services are available at surveyed health facilities. Emergencies cases are referred from periphery to CHC and higher centers.

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 Makdi CHC. The death register was not prepared at Makdi CHC. The delivery register date of discharge was incomplete since last 1 month at Makdi CHC. There is deficit in the Beds at CHC Makdi.

Operation Theater: Theater is utilized only for family planning operation only. Surgeons at FRU kaskal trained in BMOC and LTT but its ill-equipped.

Emergency obstetric care and Labour room: Deliveries are routinely conducted at surveyed CHC. The complicated cases were usually referred to district hospital for management. FRU Kaskal have no blood bank and LSCS facility.

MTP: MTP service is non-functional at CHC except Kaskal

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.

JDS: RKS meetings are periodically held but not scheduled at CHC. Records regarding RKS were not available at the time of visit at Makdi CHC.

In surveying CHCs, last year nearly 30 to 50% amount JDS spends on medicine. This happened due to none supply of essential drug items in year 2012-13.

SOP: Standard Operating Procedures (SOP)/ Standard Treatment Protocols (STP)/Guidelines are not available. We advised to apply SOP and STP at CHC lab .

OBSERVATIONS PHCs

A) ASSURED SERVICES:

- 1. MEDICAL CARE SERVICES:** OPD services are available in the prescribed time 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:** The treatment of minor elements was done at PHCs
- 3. MCHAND FP SERVICES:** Deliveries were conducted in PHCs except Badedonger PHC and condition of delivery rooms was very poor. The basic amenities need up gradation. The space is inadequate and lack of instruments to manage patients. Immunization was not done in all PHCs but this facility was provided regularly in HSCs i.e. immunization session. MTP services, newborn & 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. The temporary contraceptive were distributed on OPD basis to the clients.
- 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.

B) OTHER SERVICES

BASIC LABORATORY SERVICES: Laboratory facility available in all the surveyed PHCs. HB, Malaria testing, Sputum, etc done 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 centers.

ACCESSORY SERVICES: Telephone not available in any PHC. Electricity available in all PHCs but back up support was available in all 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. The separate registration and record rooms are available. Waiting areas was inadequate and safe drinking water were not 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: Labour Room available but condition were very poor, they were not well equipped to handle emergency.

MAN POWER: Rural Medical Assistants along with Ayurvedic 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: An emergency drugs, Antibiotics and other drugs were also inadequate. Ayurvedic drugs were available where Ayurvedic medical officer posted health centres.

FUNDS ALLOCATION AND UTILIZATION: Funds were utilized in all surveyed PHCs, In surveying PHCs, last year nearly 40 to 50% amount JDS spends on medicine. This happens due to none supply of essential drug items in year 2012-13.

D) SUPERVISION and MONITORING, RECORDINGS & REPORTINGS: Health related reporting was 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 a 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.

Health Subcenters -OBSERVATIONS/GAPS:

- **Infrastructure:** All three surveyed HSCs are functioning in designated government buildings. The basic amenities like water were not 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 lacking in 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 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.

- **JSY:** No pending cases of JSY cases in surveyed health sub center. 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 common method of the waste management at all surveyed Health Sub centers. The needle cutters are provided to the health facilities, but the staffs do not utilize them, which they should utilize.