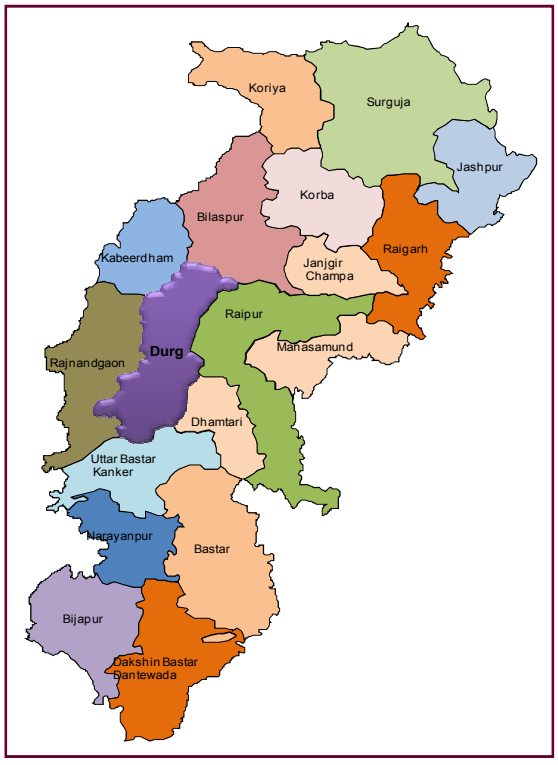
Quality Monitoring of Programme Implementation Plan 2017-18 in Chhattisgarh

District: Durg



Dr. Jyoti Tiwari, Research Investigator
Dr. Kumar Raghubansh Mani Singh, Field Investigator

Edited by
Dr. Reena Basu, Assistant Director

Population Research Centre
(Ministry of Health and Family Welfare, Government of India)
Department of General and Applied Geography
Dr. Hari Singh Gour Vishwavidyalaya
Sagar (M.P.) 470 003

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Executive Summary

The Ministry of Health and Family Welfare has involved its 18 Population Research Centres (PRC) for quality monitoring of Programme Implementation Plan (PIP) of NHM since 2012-13, in different states so as to cover monitoring of all the districts of India in a phased manner. During the year 2017-18, PRC Sagar is engaged in carrying out PIP monitoring in several districts of Madhya Pradesh and Chhattisgarh. In this context a field visit was made to Durg district in CG in last week of August, 2017. PRC team visited District Hospital (DH) Durg, CH Supela, Community Health Centre (CHC) Patan, 24*7 Primary Health Centre (PHC) Murmunda and SHC Mahuda, which are functioning as delivery points, to assess services being provided in these health facilities. This report provides a review of key population, socio-economic, health and service delivery indicators of the state and Durg District. Monitoring included critical areas like maternal and child health, immunization, family planning, adolescent health, AYUSH services, human resources, programme management, status of HMIS, MCTS & RCH portal data. The report provides insight based on information collected from the service providers and programme managers during the visits to different health facilities in the district. The reference point for examination of issues and status was for the period April-July 2017 for all selected facilities. Checklists for different health facilities were used to ascertain the availability of services. During monitoring, exit interviews of recently delivered women were carried out at DH Durg, CH Supela, CHC Patan, 24*7 PHC Murmunda and SHC Mahuda for delivery care, ANC received, child immunization and general health services, to ascertain their opinion about the quality of services received. Secondary information was collected from the state web portal and district HMIS data available at the Programme Management Unit in the district.

- Durg district provides health services through rural and urban health facilities both in rural and urban areas of Durg. In total 1 DH, 1 SDH, 09 UPHCs, 8 CHCs, 21 PHCs and 128 SHCs are providing health services in Durg district.
- Total functional bed capacity reported in rural health facilities i.e. CHCs, PHCs and SHCs in Durg district is 373 which is less and insufficient according to the desired norm of 500 beds per 1 lakh population.
- Total functional bed capacity in different government health facilities in urban area i.e. DH, CH & UPHCs is 675, which is grossly insufficient to cater the urban population in the district.
- Trainings in EmOC, LSAS, BEmOC, SBA, MTP, NSV, NSSK, IUCD and PPIUCD, Mini-lap, BSU are being continuously provided for skill up gradation of different category of staff in the district.

- In DH Durg surgery, medicine, emergency, ophthalmology, ENT are available along with ancillary services of radiology, pathology etc. Facility of obstetrics and gynaecology, emergency and family planning services are also under MCH care.
- Majority of the essential drugs are available in all the health facilities and there was computerized inventory management system in place at all the visited health facilities except PHC Murmunda and SHC Mahuda.
- DH Durg has a separate AYUSH dispensary adjacent to DH under the control of District AYUSH department and OPD services are reported through DH HMIS.
- Among the visited CEmOC facilities only DH Durg has the full range of services, although there is no trauma centre. CH Supela and CHC Patan have a fully functional OT but due to non-availability of anaesthetist and specialist no operation is carried out.
- Night time deliveries are being conducted at all the visited delivery points, yet the capacity to provide services is somewhat lacking as per norms in some of the visited facilities.
- Line listing of severely anaemic pregnant woman with Hb level below 7 is being done and treatment of iron sucrose is being given to them in all the visited health facilities.
- JSSK services are being provided as per entitlement with very little pendency of payment of JSY incentives in all the visited health facilities.
- Although there are 12 '108', 17 'E Mahtari' & 2 'MMU' in the district, but transportation services from home to facilities are limited. However drop-back facility is available.
- Among all the visited health facilities, DH Durg has a full functional SNCU, CH Supela and CHC Patan have a functional NBSU with phototherapy unit and radiant warmer, while PHC Murmunda and SHC Mahuda have a functional NBCC with phototherapy unit and radiant warmer.
- There are 4 NRCs in Durg district with total 40 bed capacity. More NRCs must be established in the district; especially in remote areas to facilitate more SAM children with required services.
- RBSK has been made functional in the district from August, 2014 with training and placement of AYUSH. MOs, ANMS and pharmacists at block head quarters. There are ten RBSK teams in five blocks and fully functional RBSK team is running in all five blocks. Establishment of district early intervention centre (DEIC) has been initiated at the district level. For timely treatment of screened children identified with certain ailments, weekly camps are being organized at selected health facilities including CHCs.
- Durg district is presently providing full range of family planning services at the visited DH, CH, CHC and all the other health facilities in the district.
- An integrated 'Samwad' counselling service for adolescents with ICTC, FP, breast feeding and nutrition services at a single point has been initiated in the DH Durg since 15th August, 2016.

- Disease control programme for malaria, RNTCP, TB and leprosy are functioning in all the visited health facilities with adequate staff.
- NCD clinic is being held at the DH and NCD services are being provided in all the CEmOC facilities with adequacy of medicines and drugs.
- Segregation of bio-medical waste is being done at DH Durg and all visited health facilities. Facilities have colour coded bins placed in OT, labour room and in laboratory at all the visited facility. Outsourcing of waste management has been done and it is getting collected daily at DH and thrice in a week in periphery. There are availability of pit and burning facility for waste management in the visited health facilities.
- General cleanliness, practices followed by health staffs, protocols, fumigation, disinfection, autoclave functioning are observed in all the visited health facilities. It is remarkable that almost all the functional toilets in all the visited health facilities are clean and usable. Although overall cleanliness at DH was good but building and toilet condition is poor.
- In Durg district presently 168 health facilities (1 DH, 1 CH, 8 CHCs, 9 UPHCs, 21 PHCs and 128 SHCs) are reporting online for HMIS. Durg district has a regular District Data Manager (DDM) to monitor HMIS and MCTS (now RCH portal). HMIS and RCH data uploading in Durg district is not being closely monitored and no data has been uploaded in the RCH portal till the date of visit of the team. Learning/training process of the staff is still going on.
- Tally software has not been implemented in all the visited facilities except CHC Patan in the district. Public Financial Monitoring System (PFMS) is in place for online payments of JSY incentives, Mitanin incentives etc.
- Clinical Establishment Act has been enacted in the state in year 2013. Under the act all the clinical establishments are required to register with the state health department. These establishments are also required to submit monthly reports on service such as delivery, family planning, registration of birth and death etc. There are 25 nursing homes registered with district health administration, but reporting of services are poor.

Key Conclusions and Recommendations

Strengths

- The buildings of all the visited health facilities are in good condition except DH. The physical appearance of the building as well as premises of CH Supela, CHC Patan and PHC Murmunda is appealing which follow all the client friendly protocol as well. SHC Mahuda is a double storied building with ground floor functioning as SHC and upper floor has two staff quarters for ANM and MPW.
- CS has introduced one pager 'Client Feedback Form' at DH for the beneficiary, who utilises any type of services at district hospital and this feedback, is evaluated on weekly basis.
- Although DH building is very old but the available health services in the DH are at par with a medical college level facilities. There are three functional OT providing all type of surgical services.

- Most of the essential test facilities i.e. X-ray, Sonography, CT scan, Pathological, Biochemistry etc are available at DH Durg. There is good physiotherapy centre, separate haematology testing centre, tobacco cessation centre, dental surgery, burn ward etc.

- There was a full functional and dedicated isolation ward at DH for patients having HIV, DVD, T.B., Jaundice, swine flu etc.

- Screening by RBSK teams at block level and in the periphery has provided important referral linkages for special treatment. DEIC at the DH are presently running OPD services for differently-able children and adolescents with development lag and disabilities.

- CMHO and CS Durg are actively using WhatsApp group i.e. 'Durg Health Department', 'Civil surgeon group' and 'District administration group' for fast flow of information which is helpful in prompt decision making and action in all situations.

- Although budget allotment is untimely from state, efforts are made to pay the ASHA and JSY beneficiaries at earliest no pendency was observed.

- Segregation of bio-medical waste is being done at DH Durg and all visited health facilities. Facilities have colour coded bins placed in OT, labour room and in laboratory at all the visited facility. Outsourcing of waste management has been done and waste is getting collected thrice-weekly. There are also availability of pit and burning facility for waste management in the visited CHC, PHC & SHC.

- ANMOL, a newly implemented android app based reporting program for field ANM is launched in the district and field ANM are getting trained to use this app.

- Review of Kayakalp for year 2016-17 is completed, internal score of Kayakalp was 70 for DH, 73 for CH and 63 for CHC Patan, while for year 2017-18 four internal review teams in the district have been constituted and they are very minutely observing the resources and services available at the facility and scoring as per the prescribed norms.

- 'Pradhanmantri Matritwa Suraksha Yojna' is running all over in the district and gynaecologists of private hospital; nursing homes are providing services to pregnant women on 9th of every month in the district.

- Chief Minister Hospital Development Scheme (CMHDS) funds have been used by different health facilities for renovation of different wards and upgrading the physical appearance of the health facilities.

- JDS funds have been used by different health facilities for getting resources for laundry service, immediate support for poor patient, purchasing of unavailable EDL drugs etc.

- A new initiative taken by Government of India for Generic Medicines reaching every countryman, found functional and many of the health facilities has 'Bhartiya Jan Aushadhi Kendra', for generic medicine in Durg district.

Weaknesses

- With the launch of NHM, the OPD and IPD demand has increased significantly, but the number of doctors and other clinical service providers did not increase in the same manner. There is severe shortage of manpower specifically of specialist doctors, medical officers, LHVs, and pharmacists in the district affecting the quality of delivery of many healthcare services. All the CEmOC and BEmOC facilities have huge shortage of doctors and SNs, which is affecting the quality health services in the district. In recent time government of Chhattisgarh is trying to fill up vacant post of doctors at naxal affected areas and due to this relocation many specialists, doctors has been transferred in these area, which has affect the services of Durg district which is non-naxal affected area from where they transferred.
- There is paucity of staff quarters in all the visited health facilities. CHC Patan has two MO quarters and four quarters for other category. SHC Mahuda has one ANM and one MPW quarter. CH Supela and PHC Murmunda don't have any staff quarters. The condition of several quarters is not good especially at DH.
- Even with the provisions of appointing staff on contractual basis, the staff shortages have not been overcome. It was noted that all types of visited health facilities serve far more population compared to norms.
- Gynaecologists and MOs have stated about extremely high case load and pressure on the DH, Durg for delivery services.
- CH Supela & CHC Patan are not functional as a CEmOC facilities as per the IPHS, as there was no surgical services, blood transfusion, caesarean delivery etc. are taking place. BEmOC PHC Murmunda has limited delivery care and laboratory testing facilities. Although CH Supela provides sonography, CHC Patan does not provide USG tests. All these facilities are not fully functional as CEmOC and BEmOC facilities as per defined norms.
- Maternal and child deaths have declined over the past few decades, but facilities in the periphery are still lagging behind in providing services as per standard procedures.
- The scarcity of equipments was not observed in the visited health facilities, even many are not getting utilised due non-availability of manpower. AMC of equipments are done through centralised process from the state.
- Although all the visited health facilities are providing dietary services to the JSSK beneficiaries, the services for JSSK mothers are affected due to untimely distribution of funds to the facilities.
- HMIS and MCTS data uploading in Durg district is not being closely monitored. The newly launched RCH portal in lieu of MCTS is not yet functional. This is happening due to the fact that officials responsible for data entry are still in learning process and no data is being uploaded in RCH portal.
- Beneficiaries have reported of having problem with transportation facility from periphery. Although drop-back facility to JSY/JSSK beneficiaries are provided most of the time.

- A separate newly constructed MCH wing with 100 bedded capacities is ready to function, but handing over of this wing to DH is yet not done.

Recommendations

- Resolving staff paucity at all levels is essential for strengthening services owing to rising expectations of clients both in range of services and quality of care is essential. To mitigate shortage of specialists public- private partnership is a viable option.
- Provision of residential and basic amenities including secure working environment which is essential for facilitating retention of medical officers and supporting health personnel in periphery.
- CEmOC facilities of CH Supela and CHC Patan need strengthening in terms of specialist doctors, blood bank/blood storage unit and logistics to be functional and perform as per CEmOC norms.
- Acute shortage of doctors, specialist and support staff has directly affecting the services and enrichment of clients in the district. Adequacy of support staff is essential for smooth functioning of the health facility.
- CMHO suggested that, appointment of doctors should be done at district level, which will overcome the shortage of doctors as well as posting placement issue in the state.
- Regularization of PIP with clear time line should be done. The PIP should be finalised by the beginning of each financial year for speedy fund release in the month of April every year.
- HR and placement policy need to be clearly defined and implemented by the state.
- Security services should be provided to delivery points at least to BEmOC & CEmOC facilities.
- Blood Bank facility is only available at DH Durg among all the visited health facilities. BSU facilities need expansion with manpower, transportation and infrastructure in the designated CEmOC CH & CHCs.
- Supportive supervision by the state and district needs expansion at periphery level.
- Newly constructed 100 bedded MCH wing, should be made functional urgently.
- E-hospital project should be fully functional at DH, which is not functioning due to HR deficit in the DH. Adopting innovation and technology will lead to more transparency and accountability at every stage.

Quality Monitoring of Programme Implementation Plan (PIP) 2017-18 under National Health Mission in Durg District (M.P)

1. Introduction

Ministry of Health and Family Welfare, Government of India has involved its 18 Population Research Centres (PRC) for quality monitoring of Programme Implementation Plan (PIP) under National Health Mission (NHM) since 2012-13, in different states to cover all the districts of India in a phased manner. During the year 2017-18, PRC Sagar has been entrusted with the task to carry out PIP monitoring in selected districts of Chhattisgarh. In this context a field visit was made to Durg district in August, 2017. PRC team visited District Hospital (DH), Civil Hospital Supela, Community Health Centre (CHC) Patan, 24*7 Primary Health Centre (PHC) Murmunda and Sub-Health Centre (SHC) Mahuda which are functioning as delivery points, to assess services being provided in these health facilities.

This report provides a review of key population, socio-economic, health and service delivery indicators of the state and Durg district. Monitoring included critical areas like maternal and child health, immunization, family planning, adolescent health, AYUSH services, human resources, programme management and status of HMIS & RCH Portal data. The report provides insight based on information collected from the service providers and programme managers during the visits to different health facilities in the district.

The reference period for examination of issues and status was April-August, 2017 for all selected facilities. Checklists for different health facilities were used to ascertain the availability of services. To ascertain opinion about the quality of services received, exit interviews of recently delivered women and patients were carried out at visited health facilities that have come for delivery care, ANC, child immunization and general health services. Secondary information was collected from the state web portal and district HMIS data available at the District Programme Management Unit in the district.

2. State and District Profile

Chhattisgarh was a part of erstwhile Madhya Pradesh till year 2000. It is located in eastern part of Madhya Pradesh. As per 2011 census the state has 18 districts which

have since been increased to 27 by bifurcating and trifurcating some of the larger districts of the state. The state has a total population of 25.54 millions (Census, 2011). The state's population grew by 22.61 per cent during 2001-2011. Durg district is located in central part of the state. It is approximately at a distance of around 40 kms from the state capital Raipur. In 2011, just after the completion of census enumeration, Durg district was trifurcated and two new districts Balod and Bemetara are carved out of Durg. According to the 2011 census Durg district has a population of 33,43,872 (Census 2011). Its population growth rate over the decade 2001-2011 was 18.95% of which 38.4 per cent is urban. It represents 13.1 per cent of the total population of Chhattisgarh.

There are 13 Tehsils in the district viz; Nawagarh, Thankhamaria, Bemetra, Saja, Dhamdha, Durg, Berla, Patan, Gunderdehi, Dondiluhara, Sanjaribalod, Gurur and Daundi as per Census 2011. The district is divided into 3 health blocks namely Patan, Dhamdha, Nikum (Durg).

The district has a population density of 391 persons per sq. km as compared to 189 persons of Chhattisgarh. The decadal growth rate of the district has increased slightly from 17 in 2001 to 19 per cent in 2011 (Census, 2011). Female literacy rate in the district in 2011 was 70.2 per cent which is higher than the average female literacy rate of the state (60 per cent). The male-female ratio of Durg has reduced to 988 females per thousand males in 2011 from 1016 in 2001. The sex ratio of children age 0-6 has decreased marginally from 966 in 2001 to 963 in 2011, which is also lower than child sex ratio of the state (969/1000). The three rounds of Annual Health Survey during 2010 to 2013 reveals steady decline of IMR in Chhattisgarh. It marked a reduction of 7 points from 53 to 46 per thousand live births. The IMR in Durg is much lower as compared to the state average.

Sr.	*Indicator*	*Chhattisgarh*		*Durg*	
		2001	**2011**	**2001**	**2011**
1	No. of Districts	16	18	-	-
2	No. of Blocks	147	147	12	12
3	No. of Villages	20308	20180	1790	1774
4	No. of Towns	97	188	12	30
5	Population (Million)	20.83	25.55	2.81	3.34
6	Decadal Growth Rate	18.27	22.61	17.24	18.98
7	Population Density (perKm^2)	219	189	351	392
8	Literacy Rate (%)	64.7	70.3	75.6	79.1
9	Female Literacy Rate (%)	51.9	60.3	64.6	70.2
10	Sex Ratio	1004	991	1016	988
11	Sex Ratio (0-6 Age)	975	969	966	963
12	Urbanization (%)	20.1	23.2	38.2	38.4
13	Percentage of SC (%)	11.6	7.8	12.7	13.7
14	Percentage of ST (%)	31.8	30.6	12.4	11.9

Key Health and Service Delivery Indicators

Sr.	Indicator	Chhattisgarh	Durg	Source
1	Infant Mortality Rate (per 1000 Live Births)			
	2010-11	53	43	AHS, Factsheet
	2011-12	50	40	
	2012-13	46	35	
2	Neonatal Mortality Rate (Per 1000 Live Births)			
	2010-11	35	29	AHS, Factsheet
	2011-12	35	27	
	2012-13	32	24	
3	Post Neonatal Mortality Rate (Per 1000 Live Births)			
	2010-11	17	14	AHS, Factsheet
	2011-12	16	13	
	2012-13	14	11	
4	Maternal Mortality Ratio (Per 100,000 Live Births)			
	Division wise * 2010-11	275	243	AHS, Factsheet
	2011-12	263	234	* Raipur Division
	2012-13	244	211	
5	Sex Ratio at Birth 2010-11	951	981	AHS, Factsheet
	2011-12	951	987	
	2012-13	956	996	
6	Postnatal Care received within 48 Hrs. after delivery			
	2010-11	64.8	83.1	AHS, Fact Sheet
	2011-12	69.5	83.8	
	2012-13	70.3	85.2	
7	Fully Immunized Children age 12-23 months (%)			
	2010-11	74.1	82.5	AHS, Fact Sheet
	2011-12	74.1	84.9	
	2012-13	74.9	86.8	
8	Unmet Need for Family Planning (%)			
	2010-11	26.4	19.2	AHS, Fact Sheet
	2011-12	24.8	18.2	
	2012-13	24.4	22.0	

Neonatal mortality rate in Chhattisgarh is 32 per thousand live births that have declined from 35 since first AHS round. The proportion of neonatal deaths among infant deaths is 69 per cent in Durg while it is 70 per cent in the state as a whole. Maternal mortality ratio is 211 per one lakh live births in Raipur division as compared to 244 for Chhattisgarh (AHS 2012-13). The unmet need for family planning is 22 per cent in Durg. HMIS report up to December, 2014 shows that proportion of institutional deliveries in total reported deliveries in Durg district is 96 per cent which is much higher than the state average of 73 per cent. Home deliveries by skilled birth attendant are 37 per cent in the district, higher than state average of 25 per cent.

Based on composite index of performance on pregnancy care, child birth, postnatal, maternal, new born care, and reproductive age obtained from HMIS data for 2014-15, (as on 28.01.2015) Durg district with an overall index of 0.3932 ranks 257th

among 647 districts in the country. Durg ranks 8th among 27 districts with overall index score of 0.5316 within Chhattisgarh state (HMIS data of Chhattisgarh 2014-15).

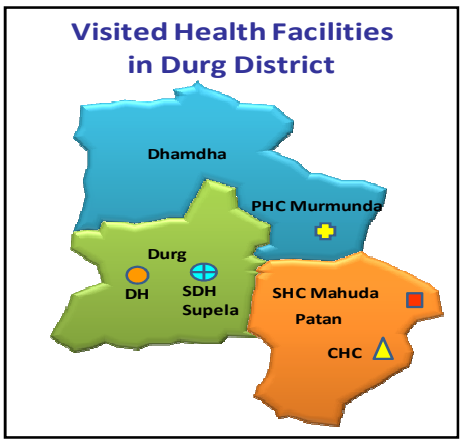
Temporal Variation in some service delivery indicators for Durg district					
Sr.	**Indicators**	**CG**		**Durg**	
		HMIS/AHS Census	**NFHS-4**	**HMIS/AHS Census**	**NFHS-4**
1	Sex Ratio	991[#]	948	988[#]	997
2	Sex Ratio at Birth	956[$]	927	996[$]	880
3	Female Literacy Rate (%)	60.3[#]	59.4	70.2[#]	75.7
4	Infant Mortality Rate (per 1000 live births)	46[$]	51	35[$]	-
5	Unmet Need for Family Planning (%)	24.4[$]	12.1	22.0[$]	9.3
6	Postnatal Care received within 48 Hrs. after delivery	70.3[$]	55.0	85.2[$]	61.5
7	Fully Immunized Children age 12-23 months (%)	86.8	53.6	-	90.4
8	1st Trimester ANC Registration (%)	68.1	53.1	-	78.1
9	Reported Institutional Deliveries (%)	96.5	80.8	-	71.9
10	SBA Home Deliveries (%)	36.6	2.3	-	10.7
Source: [#]Census 2011, [$]AHS 2012-13					

3. Health Infrastructure in Durg District

Durg district is providing public health services through one DH, one CH, 9 UPHCs, 8 CHCs, 21 PHCs and 128 SHCs. Among these facilities one DH, one CH, one UPHC, 6 CHCs, 19 PHCs and 101 SHCs are functioning from government buildings.

Existing Health Facilities and Health Facilities Visited		
Health Facility	**Number**	**Health Facility Visited**
District Hospital	1	DH Durg
Civil Hospital	1	CH Supela
Community Health Centres	8	CHC Patan
Primary Health Centres	21	PHC Murmunda (24*7)
Sub Health Centres	128	SHC Mahuda
UPHC	9	Not Visited
Shahri Swasthya Kendra	93	Not Visited

Durg district has 1048 beds in its public health facilities. DH Durg has bed capacity of 430 beds, while CH Supela is a 100 bedded hospital. Eight CHCs have total 173 beds and 21PHCs have bed strength of 88 beds. Out of 128 SHCs, 101 are having in-patient facility with total 112 beds. All the 128 SHCs which have been designated as level-1 delivery point but most of these points don't have proper in-patient facility. The district has only five level-2 delivery points functional and five level-3 delivery point. DH Durg is sanctioned as a 500 bedded hospital yet it is presently functional as 430 bedded. There is a 100 bedded MCH wing ready for functioning in near future under district hospital. SDH



Supela has 100 beds and all the three L3 CHCs are 30 bedded. In total 1048 beds are available in the district with a population of 3.3 million, which are insufficient for the government health facilities, according to the required norm of 500 beds per 1 lakh population.

4. Status of Visited Health Facilities:

- DH Durg is easily accessible from the main road. DH Durg caters to around 33 lakhs population of Durg and nearby districts of Balod, Bemetara, Rajnadgaon. SDH Supela caters to a population of more than four lakhs and is located on the main road. CHC Patan caters to around 2 lakhs population. PHC Murmunda caters to 33,000 populations in the periphery and SHC Mahuda caters to around 6000 populations.
- Staffs quarter is a serious concern in the district, only DH Durg has 8 MO quarters and 26 quarters for other category. CHC Patan has quarters, 2 for MOs and four quarters for other category staffs, SHC Mahuda has one ANM & one MPW quarter. CH Supela and PHC Murmunda do not have any staff quarters. The condition of several quarters is not good especially at DH.
- DH Durg has a bed capacity of 430 beds. SDH Supela has 100 beds, CHC Patan has 30 beds, PHC Murmunda six and SHC Mahuda has two beds for in patients.
- All the visited health facilities have power back up in the form of generator or inverter except SHC Mahuda. Water supply is available with overhead tanks in all the visited facility.
- All the visited health facilities have clean and functional labour room with attached clean toilets.
- Facilities for bio-medical waste segregation were observed in all the health facilities. The BMW service is out sourced in the district. Collection of waste by E Tech Private Limited company is done on daily basis. Disposal of hospital waste in SHC Mahuda is being done in closed pits.
- Functional help desk was seen in DH Durg, SDH Supela and CHC Patan.

5. Status of Human Resource in Visited Health Facilities

- Chhattisgarh is facing an acute shortage of human resources for health care services. In rural areas, majority of health institutions are functioning without necessary staffs. Even several contractual staffs post are vacant in most of the facilities.

- DH Durg has two medicine specialists, one ENT specialist, one ophthalmologist, one anaesthetist and one paediatricians posted against the sanctioned 29 specialists post.
- In Durg district only one-third specialists and two-third of the MOs are in position against the sanctioned posts. There is paucity of lady MOs in the district. Case load is high on DH Durg, CH Supela and CHC Patan.
- In DH Durg 15 specialists are working against the 32 sanctioned posts, 16 MOs are in position against 29 posts. Among the sanctioned post of five gynaecologists and five paediatricians only two gynaecologists and one paediatrician are posted.
- In the DH, 19 out of 19 lab technicians, four out of nine radiographers and one ophthalmic assistant are working against their sanctioned posts. There is one accountant against their sanctioned posts and four data operator cum clerk against six sanctioned posts.
- In the DH there are 88 Staff Nurses working against the sanctioned post of 100.
- For counselling purposes an integrated 'Suraksha Clinic' has been established in the district, where 3-4 persons are posted and are providing counselling on FP, adolescent health and ICTC.
- CH Supela has only one Gynaecologist, one anaesthetist and two Medicine specialist posted. At CH many MOs and SNs are attached from periphery which leads to increase the available post against the sanctioned post. There are 10 MOs posted against four sanctioned post and 18 staff nurses posted against 16 sanctioned posts. Four ANM is being appointed for fixed day immunization.
- In CHC Patan, all the specialist posts are vacant against its sanctioned post. There are eight MOs, eleven staff nurses, two radiographers, one ophthalmic assistant, five LT and three ANMs are providing services at the facility.
- In the DPMU section, DPM, M&E officer, DAM, RBSK coordinator and DCM one each are posted but out of the three blocks there is only one BPM and three DEOs are working in these blocks.
- To mitigate the shortage of doctors, Rural Medical Assistant (now called as Assistant Medical Officer) has been employed in the periphery, especially at PHC to provide

primary health care. One RMA, who is posted at PHC Murmunda, has received SBA training to provide basic delivery services.

Training Status/Skills and Capacity Building

- NHM focuses on capacity building and skill up gradation of the existing staff, for which there are provisions for trainings at all levels. Under NHM, several training programmes are organized for medical and paramedical staff at district and state level.
- Trainings in EmOC, LSAS, BEmOC, SBA, MTP, NSV, NSSK, IUCD and PPIUCD, Mini-lap, BSU are being continuously provided for skill up gradation of different category of staff in the district.
- Among the visited facilities, i.e. DH Durg, CH Supela, CHC Patan and PHC Murmunda. One CEmOC trained MO are at DH, one at CH and one at CHC. Two BEmOC trained staffs are at CH, four at CHC and three at PHC.
- SBA training is taking place at the district level with SBA trained MOs, SNs and ANMs available in all the visited health facilities. MTP, doctors are available in all the visited health facilities except PHC. SBA training is being provided to the health officials by Jawahar Lal Nehru Hospital & Research Centre, Bhilai, Durg.
- NSSK, IUCD and PPIUCD trainings have been received by LMOs and SNs at all the visited facilities. While Mini-lap & LTT trained staffs are only available at CH. Cold chain trained ANMs, SNs and MPWs are available in the visited health facilities to maintain cold chain services.

6. Other Health Systems Input

- In DH Durg surgery, medicine, obstetrics & gynaecology, emergency, ophthalmology, ENT and family planning services are available along with ancillary services of blood bank, radiology and pathology. Cancer treatment with chemotherapy service is available in DH Durg.
- ICTC and RTI/STI services including counselling are being provided in the DH. Trauma care centre is not available at DH Durg. There is fully functional Blood Bank at DH Durg.

- Most of the diagnostic tests are available in the DH except CT scan. Caesarean delivery, surgical service and blood storage facility are not available at CEmONC CH Supela and CHC Patan.
- Most of the essential equipments are available at the health facilities along with functional foetal Doppler/CTG and ceiling light at the DH and MVA/EVA equipment at CH. SHC Mahuda has labour room along with NBCC corner with one radiant warmer, weighing scale (Baby and Adult), emergency tray with medicine and injections.
- Functional ventilators, surgical diathermies and c-arm units are available in DH; laparoscopes are available in DH and CHC. OT ceiling lights and anaesthesia machines are available at DH, CH and CHC, while OT mobile light are not available at any visited facility except CHC. Majority of the essential drugs are available in all the visited health facilities and there is a computerized inventory management system in the DH, CH & CHC.
- AYUSH Services are not physically co-located with any of the visited health facilities, except DH. There are separate AYUSH facilities running in the district and their performance is reported through the District AYUSH Officer (DAO) runs under AYUSH department of the state.
- At DH, AYUSH OPD service is provided in separate AYUSH dispensary with two AMOs. The OPD services are reported in DH HMIS portal.

7. Maternal Health (ANC, Delivery and PNC Care)

- DH is the only tertiary care hospital for maternal health services. It has a separate ANC and PNC ward each having 15-20 beds. A separate MCH wing with 100 bedded facilities is ready to function in the DH.
- DH is the only health facility in the district which has C-section delivery facility and is providing CEmOC services. On an average every month 400 deliveries are conducted at DH. There are 371 C-section deliveries conducted at DH during April-July' 2017 and 40 women with obstetric complication were managed by providing blood transfusion.

- It has been observed that many women coming for ANC and PNC services are not aware of MCP cards and its importance. In this situation their services are not being updated in the new RCH portal.
- Durg district has five functional L3 facilities (DH Durg, CH Supela and three CHCs), five L2 facilities (5 non FRU CHCs) and 158 L1 facilities (9 UPHCs, 21 PHCs and 128 SHCs) providing maternal health services in the district. There are additional 93 ***Shahri Swasthya Kendras*** providing OPD health care services in urban area.
- All designated delivery points are not fully functional as per IPHS, either due to lack of manpower, diagnostic facilities or specialists and infrastructure. Other than DH, none of the visited facilities are functional as per their designated category. However, it was found that CH Supela and CHC Patan were providing USG testing facility to clients.
- During April-July, there were 2548, 142, 79, 243 and 37 women were registered for ANC at DH, CH Supela, CHC Patan, PHC Murmunda and SHC Mahuda respectively.
- First trimester registrations at DH and CH Supela are reported as 239 and 97 respectively. First trimester registration at SHC Mahuda is 32.
- DH has reported 63 severely anaemic pregnant women, whereas CH Supela, CHC Patan and PHC Murmunda reported 26, 05 and 03 anaemic women respectively during April-July 2017.
- DH Durg has reported 1706 deliveries among which 571 were between 8 pm to 8 am. In CH Supela out of 282 deliveries, 68 have been done at night (8pm-8am). In CHC Patan total 158 deliveries has been conducted during April-July 2017.
- In PHC Murmunda out of 87 deliveries, 55 took place during night (8pm-8am) and in SHC Mahuda out of 15 deliveries 8 have been done at night (8pm-8am).
- SHC Mahuda does not have electricity backup facility, therefore night time delivery is a problem.
- Line listing of severely anaemic pregnant woman with haemoglobin below 7 (Hb<7) is being done and treatment of iron sucrose is being given at all the health facilities. DH Durg, CHC Patan and SHC Mahuda have a separate register for anaemic women. DH Durg and CHC Patan are maintaining separate data of pregnant women with anaemia.

- Among the visited CEmOC facilities DH Durg has the full range of services given in the below table.

Maternal Health Services Available in visited CEmOC Facilities in Durg District of CG

Available Maternal and Child Health Services	DH Durg	CH Supela	CHC Patan
Provision of 24*7 service delivery for CS and other Emergency Obstetric Care at the Facility	Yes	No	No
Provision of 1st and 2nd trimester Abortion Services available at the Facility	Yes	Yes#	Yes#
Provision for Conduct of Facility based MDR at the Facility	Yes	Yes	Yes
Provision of Essential Newborn Care Facility based care for Sick Newborns at the Facility	Yes	Yes	Yes
Provision of Family Planning	Yes	Yes	Yes
Provision of RTI/STI Services at the Facility	Yes	Yes	Yes
Having functional BSU/BB at the Facility	Yes	No	No
# Provision of 1st trimester abortion services			

- All mothers in post natal ward reported about initiation of breastfeeding within one hour of delivery in the visited health facilities.
- During PIP monitoring visit, 16 JSY/JSSK beneficiaries were interviewed to know their awareness about JSSK and various services received by them. Out of 16 beneficiaries, one had come for ANC and 15 came for delivery. Twelve beneficiaries had come for the first time for any MCH services at the health facility. Thirteen out of 15 women, who had came for delivery, were able to get free transport from home to hospital. Awareness about JSSK was low among women. One pregnant woman, who was referred from periphery to DH, had a normal delivery.

7.1 Maternal Death Review

- All the visited CEmOC facilities are maintaining maternal death registers and line listing of maternal deaths is online.
- One maternal death was reported during April- July in the DH Durg. The reasons for maternal deaths were PPH, severe anaemia, obstructed labour and eclampsia.

7.2 Janani Shishu Suraksha Karyakram (JSSK)

- JSSK is implemented at all levels of health facility and free entitlements are provided.
- Display of all JSSK benefits components were observed in the DH, CH and CHC but not at PHC Murmunda and SHC Mahuda.

- Beneficiaries in the exit interviews have reported to have received free JSSK services including free drugs and consumables, free diet, free diagnostics etc. in all the health facilities. Fifteen beneficiaries interviewed through exit and house hold questionnaire have reported about service availability at the facilities i.e. free meals and diagnostics.
- Out of 15 beneficiaries, one had come for ANC and 14 had come for delivery 12 beneficiaries had come for the first time for any MCH services at the health facility Thirteen out of 14 women, who had come for delivery, were able to get free transport from home to hospital. Awareness about JSSK was low among women. Three pregnant women, who were referred from periphery to DH, had a normal delivery.
- It was observed that all the visited health facilities have free dietary service under JSSK and all the women utilise the delivery care at these facility, stay for minimum 48 hours as per norms.

7.3 Janani Suraksha Yojana(JSY)

- JSY is implemented and payments are made as per eligibility criteria, physical verification of beneficiaries' is not done as necessity but some time randomly checked by district authorities.
- As per HMIS data 2016-17, out of the total institutional deliveries almost all beneficiaries received JSY benefits in 2016-17 in the district.
- A grievance redressal mechanism for JSY has been initiated in all the visited health facilities in Durg district.

It was reported by authorities that direct transfer of JSY incentives in beneficiaries account at times creates problems due to wrong account details. Although payments through PFMS is getting smooth day by day.

8. Child Health

8.1 Special Newborn Care Unit

- In almost every district SNCU has been established in Chhattisgarh. These SNCUs are established with an objective to reduce neo-natal mortality from preventable causes.
- DH Durg has a 20 bedded SNCU, with necessary equipments and availability of two FBNC trained MOs and 11 staff nurses. During April-July 2017, there were 604

admissions (In-born: 348; Out-born: 256), 37 neonates died, 40 referred and 523 successfully discharged in the SNCU during this period.

- CHC Patan has a functional NBSU with a functional phototherapy unit and radiant warmer. CH Supela does not have facility of SNCU/NBSU. PHC Murmunda and SHC Mahuda each have a functional NBCC in the facility.

8.2 Nutrition Rehabilitation Centre (NRC)

- There are four NRCs in Durg district one 10 bedded NRC in the DH and 10 bedded NRCs in three FRU CHCs each. There were 53 admissions with SAM children in the DH. Average length of stay in NRC is 15 days at DH.
- A daily diet comprising of three meals is provided to mothers of SAM children.
- The NRCs at DH Durg, is found fully functional with trained staff and all necessary equipments available.
- NRC MIS software is being used for monitoring and supervision of NRC services. Both the NRCs are provided with separate computer and internet connection.

8.3 Immunization

- Immunization services in the Durg district is being provided as per the universal immunization programme guidelines. All the health facilities visited were providing all necessary immunization services. At DH immunization service are provided on daily basis.
- CHC Patan and PHC Murmunda are focal points for immunization. Micro plans have been prepared for different blocks by DIO for the year 2017-18.
- Alternate vaccine delivery system is in place in the district. MPWs and LHVs have been trained in cold chain handling in the district. The birth dose of immunisation is being ensured for all newborns delivered before getting discharged at DH, CH, CHC, PHC and SHC.
- Immunisation services are available in DH Durg on daily basis and on fixed days in the periphery. CH Supela and CHC Patan being a CEmONC facility do not provide daily immunization services.
- VHND sessions are being held on regular basis for immunization of pregnant women and children. PHC Murmunda reported that immunization services are provided by field ANM.

Rashtriya Baal Surkasha Karyakram(RBSK)

- RBSK has been launched by the state on 15th August, 2014. Eighteen AMOs 8 pharmacists and 7 ANMS have been deployed in Durg district and constant screening treatment and referral services are being provided.
- There are 10 RBSK teams in five blocks. Each team comprises of two AYUSH doctors, one pharmacist cum data entry operator and one ANM. As per the available data, 13833 and 1730 children were screened at CHC Patan and CH Supela respectively.
- RBSK doctors are part of the mobile health team to identify children with problems from all schools & AWCs for referrals. For effective monitoring of RBSK program the state has launched separate web-based reporting facility.
- District Early Intervention Centre (DEIC) is fully functional in DH Durg. There are 12 sanctioned posts for DEIC among which three (MO, audiologist & optometrist) post are vacant. One additional post of data entry operator is also vacant. There were 763 new detected and 485 follow-up cases under DEIC during April-July 2017.

9. Family Planning

- Access to family planning helps in protection from unwanted pregnancies, along with decrease in infant and child mortality.
- Durg district is presently providing full range of family planning services for spacing as well as limiting methods at all the visited health facilities in the district.
- LTT camps are organized at visited CH, CHC and PHC including DH. DH is the only health facility where FP operations are also done on regular basis.
- Supply of modern family planning methods, i.e. OP, condom, copper T etc. are regular in the district and none of the visited health facilities informed about any scarcity. PHC Murmunda reported that most of the condoms and Oral pills are provided by ANMs in the field.
- During April-July' 2017, 535 family planning operations (only female sterilisation) have been performed at DH, 123 at CH and 67 at CHC. The NSV at DH is zero, five at CH and one at CHC. During this period 600, 77, and 38, women were provided PPIUCD services at the DH, CH, and CHC, respectively. Insertions of IUCD to the

women during April-July, 2017 are 68, 26, 18, 2 and 11 at the DH, CH, CHC, PHC and SHC respectively.

- During interaction it was found that most of the women in PNC wards were counselled for PPIUCD by doctor or SNs. In spite of counselling, it was reported that women have lack of faith generally in acceptance of PPIUCD.

10. Adolescent Reproductive and Sexual Health (ARSH Services)

- Adolescent health services are an important dimension of overall umbrella of health care services. Adolescent health is covered under two health programmes – ARSH and RKSK. The two programmes supplement each other - ARSH caters to the reproductive and sexual health needs of adolescents and RKSK focuses on overall health of adolescents.
- It is observed that ARSH service has been merged and restructured and integrated with one centre for counselling service for adolescents, ICTC, FP, breast feeding, nutrition under one roof has been initiated. There are three counsellors appointed for providing counselling services. There is one 'Suraksha Clinic' for ICTC testing & counselling as well.
- In DH 180 adolescents received ARSH services in April-July 2017. ARSH camps were held in AWCs, schools, NCC, NSS and in outreach, as well as in urban wards in Durg.
- ARSH and RKSK services are not reported in any of the visited facilities in the district in the periphery.

11. Quality in Health Services

- General cleanliness, practices by health staffs, protocols, fumigation, disinfection, autoclave functioning are observed in DH Durg, CH Supela, CHC Patan and PHC Murmunda. The buildings of all the visited health facilities are in good condition except DH. DH building needs to be restructured on urgent basis. CHC Patan is functioning in new building. All the visited health facilities have maintained cleanliness in the facility as well as surrounding premises.
- It also has well equipped labour room, minor OT, clean in-patient ward and kitchen. IEC about health care and available services is done at all the facilities. All the visited health facilities have required prioritising the protocol posters and messages in the labour room, OT and in wards.

- Space is adequate for medical staff in all the visited health facilities, also there is adequate waiting space for patients in all the visited health facilities. Although DH Durg has excess case load and heavy in-patient load.
- It was observed that all the cleanliness, procedural and service related protocols and charts are displayed at proper places in DH Durg, CH Supela and CHC Patan, PHC Murmunda and SHC Mahuda with adequate protocol posters in labour rooms. Fumigation in the DH maternity OT and general OT is done regularly; it is also done in CH Supela and CHC Patan.
- Kayakalp is an ambitious programme in line with the Swachha Bharat Campaign. It envisages maintaining of high standard for cleanliness and hygiene across all the public health institutions.
- Kayakalp workshop was going on in Durg. Several initiatives have been taken by the health facilities under Kayakalp, like providing ROs for safe drinking water in the health facilities. For year 2017-18 four internal review teams in the district have been constituted and they are very minutely observing the resources and services available at the facility and scoring as per the prescribed norms.
- Continuous monitoring under "Kayakalp" is embedded and each health facility is given scores based on level of amenities of that particular facility and cleanliness and hygiene it maintains. Facilities scoring above 70 percent under Kayakalp are scrutinized by a peer group which finally provides score to the health facility. On the basis of Kayakalp score achieved, enhanced fund is provided to health facility. During the year 2016-17 the DH has scored 83 percent in "Kayakalp".
- It is remarkable that almost all the functional toilets in all the visited health facilities are clean and usable.

Biomedical Waste Management

- Segregation of bio-medical waste is being done at DH Durg, CH Supela, CHC Patan, PHC Murmunda and SHC Mahuda. Facilities have colour coded bins placed in OT, labour room and in laboratory at all the visited facility.
- Outsourcing of waste management to (E-Tech company) private agency has been done and bio-medical waste is collected on alternate days from the health facilities.

There are also availability of pit and burning facility for waste management in the visited health facilities.

- It was observed that colour coded bins are available in all parts of health institutions in all the visited health facilities. However, disposal of BMW is not ensured through a standard protocol at SHC.
- There are standard protocols for disposal of bio-medical waste management in all level of health care institutions. Awareness amongst staff on cleanliness and hygiene practices is satisfactory in all the visited health facilities.

Information Education Communication

- Display of NHM logo was observed only in CHC Patan among all the visited health facility.
- All the visited health facilities have signage's which are clearly displayed in each and every section of the hospital.
- Timing of the health facility and list of services available and complaint box were observed in DH Durg, CH Supela and CHC Patan but not in PHC Murmunda and SHC Mahuda. While Citizen Charter was observed only at CHC Patan.
- Display of partograph, clinical protocols, EDL with information on free drug distribution is available at all the visited facility. Protocol posters, awareness generation chart, immunization schedule, FP IEC and JSSK entitlements are displayed at all the visited health facilities. JSSK entitlements were not observed in SHC Mahuda.
- List of JDS members and income and expenditure of JDS is not displayed publically in any of the visited health facility.

Essential Skills of Staff

- On quality parameter, the staffs (SN, ANM) of DH Durg, CH Supela, CHC Patan, PHC Murmunda and SHC Mahuda are skilled in management of high risk pregnancy, providing essential newborn care (thermoregulation, breastfeeding and asepsis) etc.
- Knowledge of managing sick neonates and infants, correct use of partograph, correct insertion of IUCD, correctly administer vaccines, segregation of waste in colour coded bins.

- The services of MCTS have been discontinued and a comprehensive RCH portal has been initiated in its place. Knowledge on RCH portal and ANMOL software is in preliminary stage and learning process is going on, its simplification will help grass root level staffs in updating the data.

Additional Support Services

- Provisions of fogging were not reported by DH Durg or any of the other visited health facilities. Laundry facilities are available in DH is fully mechanised, while at CH, CHC, PHC and SHC it is get done through external source or through laundryman recruited from JDS fund.
- There is no annual maintenance for important equipments like x-ray machine and OT equipments at district. Centralised annual maintenance contract is done at state level and one company is given tender for this financial year. In some facilities JDS funds are used for local repair of equipments.
- Tally soft ware has been implemented in DH, CH and CHC among the visited health facility. Public Financial Monitoring System (PFMS) is in place for online payments of JSY incentives, ASHA incentives etc.

12. Clinical Establishment Act

- Clinical Establishment Act has been enacted in the state in year 2013. Under the act all the clinical establishments are required to register with the state health department. These establishments are also required to submit monthly reports on service such as delivery, family planning, registration of birth and death etc.
- Process of registration, renewal and approval for all private nursing homes and clinics has been made online through CGONLINE portal. It has been made mandatory to submit online application for registration and renewal. It is also mandatory to communicate approval / disapproval online after required scrutiny and verification of received applications. This has helped in enhancing transparency in approval process.
- There are 25 private hospitals, nursing homes and private clinics registered with district health administration, but reporting of services are poor.

13. Referral Transport

- In Chhattisgarh referral transport has been an integral part of health care services. This is very essential for access to critical health care, emergencies, trauma care for remote and outreach areas and in rural areas.
- In Durg, there are twelve '108' and 17' 'E Mahtari' emergency patient transport is operational. Apart from this the hospital ambulances available at some visited facility in the district. These services are running through centralised call system from Raipur, the state capital.
- It was observed that not all the pregnant women are getting transport services with "108" or ambulances. Due to non-availability of transportation data at facility (district) level no assessment could be done for the services provided to pregnant women and newborn children and other patients. However, district level referral transport data can be seen through the web portal on http://cghealth.nic.in/nhmcg/ under "Conditionalities" option.

14. Community Processes
Accredited Health Social Activist (Mitanin)

- Total 2108 Mitanin are presently working in Durg district and District Community Mobilizer (DCM) is overall in-charge of Mitanin (ASHA) programme.
- In visited, CHC, PHC and SHC 480, 50, and 10 Mitanins are working. Highest paid Mitanin received average of Rs. 15000, Rs. 24000 and Rs. 6000 at CHC, PHC and SHC respectively.
- Skill development of Mitanins is a continuous process. Fourth round of training for 6-7th modules have been completed for Mitanins but many Mitanins have not received ID cards and uniforms.
- Different programme officers in Durg district are providing orientation to Mitanin for National Health Programmes like TB, Malaria, Leprosy etc. at the block level. Mitanin Resource Centre at the state level monitors the progress of Mitanin. Mentoring Group for Community Action provides supportive services.
- Drug kit replenishment is done based on demand and availability of drugs. Payments to Mitanin have been regularized based on verification by the concerned ANM.

Urban Health

- The urban health mission in the state has established with a network of urban PHCs in all major cities and towns. There are 9 urban PHCs having one MO and one pharmacist for these facilities in Durg city.
- There are also 93 Shahri Swasthya Kendra (SSK) in the urban wards of the city. They are operating in rented buildings and are providing OPD services.
- These UPHCs provide a range of MCH and FP services including ANC, delivery, child immunization, treatment of childhood ailments, FP service including IUD insertion (in some UPHC only), OP and Condom distribution and general OPD services.
- In Durg out of 170 wards, 51 are urban wards. There are 788 selected urban USHA have received first round of training for 6-7th modules till now.

15. Disease Control Programmes:

- Durg district has a district program officer each in-charge of Malaria, TB and Leprosy disease programs. The FRUs and PHCs in the district have adequate laboratory facilities and technicians, drugs and infrastructure resources for providing preventive and curative services against the three communicable diseases. Staffs are effectively providing outreach services.
- The malaria control initiatives are reported to be progressing satisfactorily in the district. Periodic surveillance is carried out by respective MOs and program officers. Under national malaria control programme DH Durg, and CH Supela, CHC Patan and PHC Murmunda which are providing services with adequate availability of rapid diagnostic kits and drugs. In April-July 1612, 3545, 4649, 1369 and 518 slides in DH Durg, CH Supela, CHC Patan, PHC Murmunda and SHC Mahuda respectively were prepared.
- Treatment units under Revised National Tuberculosis Programme (RNTCP) in Durg district are functional in all the visited health facilities.
- A total of 966, 233, 59 and 27 sputum tests were reported respectively from CH Supela, CHC Patan, PHC Murmunda and SHC Mahuda 74, 19, 2 and 3 were reported to be positive at these health facilities respectively.

- National Leprosy Eradication Programme (NLEP) is functional and 88 and 28 cases each were detected at CHC Patan and PHC Murmunda and 79 and 16 patients are being treated respectively at these facilities.
- NCD services are being provided in all the CEmOC facilities with adequacy of medicines and drugs.

16. Data Reporting, HMIS and RCH Portal (MCTS):

Monitoring and Evaluation (M&E) of all the health care services are essential not only to review the progress of the existing services but also to augment existing services and initiate new services in the district. It also helps in supervision and planning for areas to be strengthened. Data gathering for health services has been systematized through HMIS and tracking of services at individual mothers and children is done using MCTS. Since last year MCTS has been restructured and it now covers more services comprehensively under the new RCH Portal. Data capturing for these online services is done through service registers, which are designed to provide individual level information for tracking of service delivery. This also provides aggregate level data for each health facility.

In Durg, District Data Manager informed that migration of data from 'E Mahtari' to new RCH portal is in process. It has also been informed that trainings are ongoing and mapping of all the health facilities for RCH portal is in process. Creating a baseline data is also under progress.

16.1 Health Management Information System (HMIS):

- HMIS has been revamped in Chhattisgarh as well as in Durg recently. As per the latest revision in facility level HMIS formats for monthly reporting, 67, 60, 48 and 23 new data items are added for DH, SDH/CHC, PHC and SHC respectively.
- Training is in process. HMIS format is only in English and comprehension of new data elements in the periphery for health workers is a problem because they understand only Hindi.
- It was observed that first round of orientation has been given to District Data Manager and block programme managers about the new HMIS formats and new data items added. However, subsequently training for health facility personnel is needed.

- Detail data definition guide and source of data from where each data is to be captured is not yet available with them. Only providing new formats does not ensure the completeness of data in HMIS.
- It was observed that none of the health facilities are submitting checked and verified copy of HMIS monthly report through Medical Officer (I/c). Reporting data can be verified through available registers.
- DEO at block level are burdened with data entry of all the HMIS reports of the block. There is little scope of feedback and corrective action in case of errors in reporting.

16.2 RCH Portal / MCTS:

- The new RCH portal has been initiated with many upgradation for replacing MCTS which was affected with duplication, non-updation and issue of under-reporting of maternal and child health services. There were 118 data fields in MCTS and newly developed RCH portal have 227 data fields.
- Training for data capturing and data entry into new RCH Portal has been given to all ANMs and available DEOs of different programs, which will help to improve the quality of data uploading in the district.
- Block level training has been organized to provide detailed information to MOs and BMOs for checking data entry and completeness of information. Based on the completeness of information, progress of the RCH programme can be determined.

17. Good Practices and Innovations

- Civil Surgeon has introduced one pager 'Client Feedback Form' at DH for the beneficiary, who utilised any type of services at district hospital and evaluate the format on weekly basis.
- JDS funds have been used by different health facilities for getting resources for laundry service, immediate support for poor patient, purchasing of unavailable EDL drugs etc.
- Utilisation of social media platform specially 'Whatsapp' for sharing the program related work and updation on immediate basis is appreciable.

Observations from Durg District visited during August, 2017 **(ANNEXURE)**

1. Health Infrastructure available in Durg District

No. of institutions	Available	Located in government buildings	Felt need for additional number of health facilities	No. of Health Facilities having inpatient facility	No of beds in each category
District Hospital	01	01	-	01	430*
Exclusive MCH hospital	01[$]	-	-	-	100[#]
SDH	01	01	-	01	100
UPHC	09	01	-	09	45
CHC	08	06	-	08	173
PHC	21	19	02	21	88
SCs	128	101	08	-	112
AYUSH Ayurvedic	-	-	-	-	-
AYUSH(Homeopathic)	-	-	-	-	-
AYUSH (Others)	-	-	-	-	-
Delivery Point(L1)	158	121	-	-	-
Delivery Point(L2)	05	03	-	05	-
Delivery Point(L3)	05	05	-	05	-
Shahri Swasthya Kendra	93	-	-	-	-

[*]**500 sanctioned strength** [$]**it is MCH wing under DH, not a separate hospital** [#]**New MCH wing is presently non operational**

2. Physical Infrastructure

Infrastructure (Yes / No)	DH	CH	CHC	PHC	SHC
Health facility easily accessible from nearest road head	Yes	Yes	Yes	Yes	Yes
Functioning in Govt. Building	Yes	Yes	Yes	Yes	Yes
Building in good condition	No	Yes	Yes	Yes	Yes
Staff Quarters for MOs	08	No	02	No	
Staff Quarters for SNs	26	No	04	No	
Staff Quarters for other categories		No	No	No	2
Electricity with power back up	Yes	Yes	Yes	Yes	No
Running 24*7 water supply	Yes	Yes	Yes	Yes	Yes
Clean Toilets separate for Male/Female	Yes	Yes	Yes	No	No
Functional and clean labour Room	Yes	Yes	Yes	Yes	No
Functional and clean toilet attached to labour room	Yes	Yes	Yes	Yes	No
Clean wards	Yes	Yes	Yes	No	No
Separate Male and Female wards (at least by partitions)	Yes	Yes	Yes	No	
Availability of Nutritional Rehabilitation Centre	Yes	Yes	Yes		
Functional BB/BSU, specify	Yes	No	No		
Separate room for ARSH clinic	No	No	No		
Availability of complaint/suggestion box	Yes	No	Yes	No	No
Availability of mechanisms for Biomedical waste management (BMW)at facility	Yes	Yes	Yes	Yes	Yes
BMW outsourced	Yes	Yes	Yes	No	No
Availability of ICTC/ PPTCT Centre	Yes	Yes	Yes		
Availability of functional Help Desk	Yes	Yes	Yes	No	No

3. Human Resources

Health Functionary		Required (Sanctioned)				Available				
	DH	CH	CHC	PHC	SHC	DH	CH	CHC	PHC	SHC
Gynaecologist	5	-	1			2	1	0		
Paediatrician	5	-	1			1	0	0		
Anaesthetists	4	-	1			1	1	0		
Cardiologist	-	-	-			0	0	-		
General Surgeon	-	-	1			0	0	0		
Medicine Specialist	5	-	1			2	0	0		
ENT Specialist	3	-	1			1	-	-		
Ophthalmologist	2	-	-			1	-	-		
Ophthalmic Asst.	1	-	-	-		1	0	1	-	
Radiologist	4	-	-			1	-	-		
Radiographer	9	2	1			4	3	2		
Pathologist	2	-	-			1	0	0		
LTs	19	3	2	-		19	8	5	-	
MOs	29	4	2	-		16	10	8	-	
AYUSH MOs	-	-	-	-		-	-	-	-	
LHV	-	0	2	-		-	0	1	-	
ANM	-	1	-	-	-	1	4	3	-	1
MPHW (M)	-	-	1	-	-	-	0	0	-	1
Pharmacist	14	1	5	-		13	5	3	-	
Staff Nurses	100	16	10	-	-	88	18	11	-	-
RMNCHA+ Counsellor	1	-	-	-		1	3	1	-	
DPMU	5					5				
BPMU	12					11				

No. of Trained Persons

Training programmes	DH	CH	CHC	PHC	SHC
CEmOC (Comprehensive Emergency Obstetric Care)	1	1	1		
LSAS (Life Saving Anaesthesia Skill)	-	-	-		
BEmOC (Basic Emergency Obstetric Care)	-	2	4	3	
SBA (Skill Birth Attended)	10	4	4	3	1
MTP (Medical Termination of Pregnancy)	2	1	1	-	
NSV (No Scalpel Vasectomy)	-	-	-	-	
F-IMNCI/IMNCI (Integrated Management of Neonatal and Childhood illness)	11	-	1	1	1
FBNC (Facility Based Newborn Care)	-	-	-	-	-
HBNC (Home Based Newborn Care)				-	-
NSSK (Navjaat Shishu Surakasha Karyakram)	-	2	12	4	1
Mini Lap-Sterilisations	-	2	-	-	
Laparoscopy-Sterilisations(LTT)	-	1	-		
IUCD (Intrauterine Contraceptive Device)	3	1	9	3	1
PPIUCD (Post-Partum Intra Uterine Contraceptive Device)	1	13	9	-	-
Blood Bank / BSU	1	-	-		
RTI/STI (Reproductive Tract Infection/Sexually Transmitted)	1	4	2	3	-
IMEP (Infection Management Environmental Plan)	40	-	13	1	-
Immunization and cold chain	-	-	12	2	2
RCH Portal (Reproductive Child Health)	-	-	4	-	2
HMIS (Health Management Information System)	2	1	1	-	2

RBSK (Rashtriya Bal Swasthya Karyakram)	-	-	1		
RKSK (Rashtriya Kishore Swasthya Karyakram)	-	-	1	-	-
Kayakalp	30	2	12	1	-
NRC and Nutrition	3	-	-		
PPTCT (Prevention of Parent to Child Transmission of HIV)	2	-	1	1	
NCD (Non Communicable Diseases)	-	2	1	1	
Nursing Mentor for Delivery Point	-	-	-		
No. Others (specify)--------Skill Lab	-	-	-	-	-

4. Other Health System Inputs

Availability of Drugs and Diagnostics, Equipments

Drugs and Diagnostics, Equipments	**DH**	**CH**	**CHC**	**PHC**	**SHC**
Availability of EDL and Displayed	No	No	No	No	No
Availability of EDL drugs	Yes	Yes	Yes	Yes	Yes
No. and type of EDL drugs not available	0	0	0	0	0
Computerized inventory management	No	No	No	No	No
IFA tablets	Yes	Yes	Yes	Yes	Yes
IFA tablets (blue)	Yes	Yes	Yes	No	No
IFA syrup with dispenser	Yes	Yes	Yes	Yes	Yes
Vit A syrup	Yes	Yes	Yes	Yes	Yes
ORS packets	Yes	Yes	Yes	Yes	Yes
Zinc tablets	Yes	Yes	Yes	Yes	Yes
Inj Magnesium Sulphate	Yes	Yes	Yes	Yes	Yes
Inj Oxytocin	Yes	Yes	Yes	Yes	No
Misoprostol tablets	Yes	Yes	Yes	Yes	Yes
Mifepristone tablets	Yes	Yes	Yes	No	No
Availability of antibiotics	Yes	Yes	Yes	Yes	Yes
Labelled emergency tray	Yes	Yes	Yes	Yes	Yes
Drugs for hypertension, Diabetes, common ailments e.g. PCM, metronidazole, anti-allergic drugs etc.	Yes	Yes	Yes	Yes	No
Adequate Vaccine Stock *available*	Yes	Yes	Yes	No	Yes
Supplies					
Pregnancy testing kits	Yes	Yes	Yes	Yes	Yes
Urine albumin and sugar testing kit	Yes	Yes	Yes	Yes	Yes
OCPs	Yes	Yes	Yes	Yes	Yes
EC pills	Yes	Yes	Yes	No	Yes
IUCDs	Yes	Yes	Yes	Yes	Yes
Sanitary napkins	No	No	No	No	No
Gloves, Mackintosh, Pads, bandages, and gauze etc.	Yes	Yes	Yes	Yes	Yes
Laboratory and Other Diagnostic Tests					
Haemoglobin	Yes	Yes	Yes	Yes	Yes
CBC	Yes	Yes	No	Yes	
Urine albumin and sugar	Yes	Yes	Yes	Yes	Yes
Blood sugar	Yes	Yes	Yes	Yes	
RPR	Yes	Yes	Yes	Yes	
Malaria	Yes	Yes	Yes	Yes	Yes
T.B	Yes	Yes	Yes	Yes	
HIV	Yes	Yes	Yes	Yes	
Liver function tests (LFT)	Yes	Yes	Yes		
No. Ultrasound scan (Ob.) done	Yes	No	No		
No. Ultrasound Scan (General) done	Yes	No	No		

Drugs and Diagnostics, Equipments	**DH**	**CH**	**CHC**	**PHC**	**SHC**
No. X-ray done	Yes	Yes	No		
ECG	Yes	Yes	No		
Endoscopy	No				
Essential Equipments					
Functional BP Instrument and Stethoscope	Yes	Yes	Yes	Yes	Yes
Sterilised delivery sets	Yes	Yes	Yes	Yes	Yes
Functional Neonatal, Paediatric and Adult Resuscitation kit	Yes	Yes	Yes	No	Yes
Functional Weighing Machine (Adult and child)	Yes	Yes	Yes	Yes	Yes
Functional Needle Cutter	Yes	Yes	Yes	Yes	Yes
Functional Radiant Warmer	Yes	Yes	Yes	Yes	Yes
Functional Suction apparatus	Yes	Yes	Yes	Yes	Yes
Functional Facility for Oxygen Administration	Yes	Yes	Yes	No	No
Functional Foetal Doppler/CTG	Yes	Yes	Yes	No	
Functional Mobile light	Yes	Yes	Yes	No	
Delivery Tables	Yes	Yes	Yes	Yes	Yes
Functional Autoclave	Yes	Yes	Yes	Yes	No
Functional ILR and Deep Freezer	Yes	Yes	Yes	Yes	
Emergency Tray with emergency injections	Yes	Yes	Yes	Yes	
MVA/ EVA Equipment	Yes	Yes	Yes	No	
Functional phototherapy unit	Yes	Yes	Yes	No	
OT Equipments					
O.T Tables	Yes	Yes	Yes	No	
Functional O.T Lights, ceiling	Yes	Yes	Yes	No	
Functional O.T lights, mobile	No	Yes	No	No	
Functional Anaesthesia machines	Yes	Yes	Yes	No	
Functional Ventilators	Yes	Yes	Yes	No	
Functional Pulse-oximeters	Yes	Yes	Yes	No	
Functional Multi-para monitors	Yes	Yes	Yes	No	
Functional Surgical Diathermies	Yes	Yes	Yes	No	
Functional Laparoscopes	Yes	No	Yes	No	
Functional C-arm units	Yes	Yes	No	No	
Functional Autoclaves (H or V)	Yes	Yes	Yes	No	
Blood Bank / Storage Unit					
Functional blood bag refrigerators with chart for temp. recording	Yes	No	No		
Sufficient no. of blood bags available	Yes	-	-		
Check register for number of blood bags issued for BT in last quarter	163	-	-		
Checklist for SHC					
Haemoglobinometer					Yes
Any other method for Haemoglobin Estimation					Yes
Blood sugar testing kits					Yes
BP Instrument and Stethoscope					Yes
Delivery equipment					Yes
Neonatal ambu bag					Yes
Adult weighing machine					Yes
Infant/New born weighing machine					Yes
Needle &Hub Cutter					Yes
Colour coded bins					Yes
RBSK pictorial tool kit					No

Specialty Care Services

Services	DH	CH	CHC
Separate Women's Hospital	No	No	No
Surgery	Yes	Yes	No
Medicine	Yes	Yes	Yes
Ob&G	Yes	Yes	No
Cardiology	No	No	No
Emergency Service	Yes	Yes	Yes
Trauma Care Centre	No	No	No
Ophthalmology	Yes	Yes	No
ENT	Yes	Yes	No
Radiology	Yes	Yes	Yes
Pathology	Yes	Yes	Yes

AYUSH Services

AYUSH	DH	CH	CHC	PHC
Whether AYUSH facilities available at the HF	Yes	No	No	No
If yes, what type of facility available Ayurvedic - 1 Homoeopathic -2 Others (pl. specify)_____-3	1	--	--	--
Whether AYUSH MO is a member of RKS at facility	No	--	--	--
Whether OPDs integrated with main facility or they are earmarked separately	Separate	--	--	--
Position of AYUSH medicine stock at the facility	Yes	--	--	--

Laboratory Tests Available (Free Services)

Services	DH	CH	CHC	PHC	SHC
Haemoglobin Hb test	Yes	Yes	Yes	Yes	Yes
Urine Pregnancy Test	Yes	Yes	Yes	Yes	Yes
Malaria PF/PV testing	Yes	Yes	Yes	Yes	Yes
Urine (Microscopy, Acetone)	Yes	Yes	Yes	Yes	Yes
Slide Collection for PBF & Sputum AFB	Yes	Yes	Yes	Yes	Yes
Blood Sugar	Yes	Yes	Yes	Yes	Yes
Serum Urea	Yes	Yes	Yes	No	No
Serum Cholesterol	Yes	Yes	Yes	No	No
Serum Billrubin	Yes	Yes	Yes	No	No
Typhoid Card Test	Yes	Yes	Yes	Yes	No
Blood Typing	Yes	Yes	Yes	Yes	No
Stool Examination	Yes	No	No	No	No
ESR	Yes	Yes	Yes	Yes	No
Complete Blood Picture	Yes	No	Yes	No	No
Platelet Count	Yes	Yes	Yes	Yes	No
PBF for Malaria	Yes	Yes	Yes	Yes	Yes
Sputum AFB	Yes	Yes	Yes	Yes	No
SGOT liver function test	Yes	No	Yes	No	No
SGPT blood test	Yes	No	Yes	No	No
G-6 PD Deficiency Test	Yes	No	No	No	No
Serum Creatine / Protein	Yes	Yes	Yes	Yes	No
RA factor (Blood Grouping)	Yes	Yes	Yes	Yes	No
HBsAG	Yes	Yes	Yes	No	No

Services	DH	CH	CHC	PHC	SHC
VDRL	Yes	Yes	Yes	Yes	No
Semen Analysis	Yes	No	No	No	No
X-ray	Yes	Yes	Yes	No	No
ECG	Yes	No	No	No	No
Liver Function Test	Yes	No	Yes	No	No
RPR for syphilis	Yes	Yes	Yes	No	No
RTI/STI Screening	Yes	Yes	Yes	Yes	No
HIV	Yes	Yes	Yes	Yes	No
Indoor Fees	Yes	30	10	No	No
OPD fees	Yes	10	10	5	No
Ambulance	Yes	Yes	Yes	No	No
Food for Inpatients	Yes	Yes	Yes	Yes	Yes

5. Maternal Health (April to May 2017)

5.1 ANC and PNC

Services Delivered	DH	CH	CHC	PHC	SHC
ANC registered	2548	142	79	243	37
New ANC registered in 1st Trim	239	97	68	163	32
No. of women received 3 ANC	932	134	61	194	35
No. of women received 4 ANC	121	142	43	165	33
No. of severely anaemic pregnant women(Hb<7) listed	63	26	5	3	0
No. of Identified hypertensive pregnant women	23	16	11	--	1
No. of pregnant women tested for B-Sugar	2548	142	922	284	37
No. of U-Sugar tests conducted	--	142	--	538	37
No. of pregnant women given TT (TT1+TT2)	1580	27	140	422	51
No. of pregnant women given IFA	1646	142	52	243	21
No. of women received 1st PNC check within 48 hours of delivery	1706	42	158	140	20
No. of women received 1st PNC check between 48 hours and 14 days of delivery	1706	281	158	140	20
No. of ANC/PNC women referred from other institution (in-referral)	--	101	61	2	
No. of ANC/PNC women referred to higher institution (out-referral)	--		42	2	1
No. of MTP up to 12 weeks of pregnancy	142	48	0	--	0
No. of MTP more than 12 weeks of pregnancy	39	0	0	--	0

5.2 Institutional Deliveries

Institutional Deliveries	DH	CH	CHC	PHC	SHC
Deliveries conducted	1706	282	158	87	15
C- Section deliveries conducted	371	9	--	-	0
No. of pregnant women with obstetric complications provided EmOC	--	0	--	--	15
No. of Obstetric complications managed with blood transfusion	40	0	0	--	0
No. of Neonates initiated breastfeeding within one hour	1663	268	154	86	0
No. of Still Births	--	0	4	1	0

5.3 Maternal Death Review

MDR	DH	CH	CHC	PHC	SHC
Total maternal deaths reported	1	0	0	0	0
Number of maternal death reviews during the quarter	1	0	0	0	0
Key causes of maternal deaths found					

5.4 Janani Shishu Suraksha Karyakarma

JSSK	DH	CH	CHC	PHC	SHC
Free and zero expense delivery & caesarean section	Yes	Yes	Yes	Yes	Yes
Free drugs and consumables	Yes	Yes	Yes	Yes	Yes
Free diet up to 3 days during normal delivery and up to 7 days for C-section,	Yes	Yes	Yes	Yes	No
Free essential and desirable diagnostics (Blood & urine tests, USG, etc) during Ante Natal Care, Intra Natal Care and Post Natal care	Yes	Yes	Yes	Yes*	Yes*
Free provision of blood, however relatives to be encouraged for blood donation for replacement.	Yes	No	No	No	No
Free transport –					
home to hospital,	-	-	-	-	-
inter-hospital in case of referral	-	-	-	-	-
drop back to home	-	-	-	-	-
Exemption of all kinds of user charges	Yes	Yes	Yes	Yes	Yes
NOTE- *Except USG					

5.5 Janani Suraksha Yojana

JSY	DH	CH	CHC	PHC	SHC
No.of JSY payments made	Yes	2279	Yes	13	-
No delays in JSY payments to the beneficiaries.	Yes	Yes	Yes	No	Yes
Full amount of financial assistance to be given to the beneficiary before being discharged from the health facility after delivery.	Yes	Yes	Yes	Yes	Yes
Payments mode Cash-1, Cheque bearer-2, Cheque a/c payee-3, Direct transfer-4, Others (specify____) -5	4	4	4	4	4
Physical (at least 5%) verification of beneficiaries to be done by district level health authorities to check malpractices.	No	No	No	No	No
Grievance redressal mechanisms as stipulated under JSY guidelines to be activated in the district.	Yes	Yes	Yes	Yes	Yes
Proper record maintained for beneficiaries receiving the benefit	Yes	Yes	Yes	Yes	Yes

5.6 Service delivery in post natal wards

Parameters	DH	CH	CHC	PHC	SHC
All mothers initiated breast feeding within one hour of normal delivery	Yes	Yes	Yes	Yes	Yes
Zero dose BCG, Hepatitis B and OPV given	Yes	Yes	Yes	Yes	Yes
Counselling on IYCF done	Yes	Yes	Yes	No	Yes
Counselling on Family Planning done	Yes	Yes	Yes	Yes	Yes
Mothers asked to stay for 48 hrs	Yes	Yes	Yes	Yes	Yes
JSY payment being given before discharge	No	No	No	No	No
Any expenditure incurred by Mothers on travel, drugs or diagnostics *(Please give details)*	No	No	No	No	No
Diet being provided free of charge	Yes	Yes	Yes	Yes	No

6. Child Health (April to May 2017)

6.1 Special Newborn Care Unit / New Born Stabilized Unit

SNCU / NBSU	DH	CH	CHC	PHC	SHC
Whether SNCU / NBSU exist. (Yes/No)	Yes	No	Yes	NBCC	NBCC
Necessary equipment available (Yes/No)	Yes	No	Yes	Yes	Yes
Availability of trained MOs	02	0	-	Yes	

SNCU / NBSU	DH	CH	CHC	PHC	SHC
No. of trained staff nurses	11	02	2	03	0
No. of admissions	604	---	---	---	---
Inborn	348	---	3	---	---
Out Born	256	---	--	---	---
No. of Children					
Cured	516	---	3	---	---
Not cured	37	---	---	---	---
Referred	40	---	3	---	---
Others	03*	---	--	---	---
***LAMA**					

6.2 Nutrition Rehabilitation Centre

NRC	DH	CH	CHC
Whether NRC exist at the facility	Yes	No	No
No. of functional beds in NRC	10	--	--
Whether necessary equipment available	Yes	--	--
Availability of trained manpower	05	--	--
Number of admissions with SAM	53	--	--
No. of sick children referred	--	--	--
Average length of stay (in days)	15	--	--

6.3 Immunization (April to May 2017)

Immunization	DH	CH	CHC	PHC	SHC
BCG	1933	303	209	49	14
Penta1	605	196	53	8	45
Penta2	634	204	63	3	55
Penta3	641	194	71	2	47
Polio0	1933	291	209	86	14
Polio1	605	196	53	8	45
Poli02	634	204	63	3	55
Polio3	641	194	71	2	47
Hep 0	1933	262	116	86	1
Hep 1	0	0	0	0	0
Hep 2	0	0	0	0	0
Hep 3	0	0	0	0	0
Measles1	423	178	39	-	6
Measles2	413	162	33	-	23
DPT booster	413	162	33	-	23
Polio Booster	413	162	33	-	23
No. of fully vaccinated children	423	178	39	-	6
ORS / Zinc	Yes	Yes	Yes	Yes	Yes
Vitamin – A	Yes	Yes	Yes	Yes	Yes
No. of immunisation sessions planned	Daily	110	50	16	16
No. of immunisation sessions held	Daily	102	50	16	16
Maintenance of cold chain. Specify problems (if any)	No	No	No	No	No
Whether micro plan prepared	Yes	Yes	Yes	Yes	Yes
Whether outreach prepared	Yes	Yes	Yes	Yes	Yes
Stock management hindrances (if any)	No	No	No	No	No
Is there an alternate vaccine delivery system	Yes	Yes	Yes	Yes	Yes

6.4 Rashtriya Baal Swasthya Karyakram

No. of Children Screened under RBSK	Supela (CH)	Patan (CHC)
0-6 weeks	715	--
6 weeks-6 years	1015	9050
6 -18 years	0	4783
Cases identified with problems	1650	3160
Referred higher facility	--	105

6.5 Number of Child Referral and Death

Child Health	DH	CH	CHC	PHC	SHC
No. of Sick children referred	58	23	1	3	0
No. of Neonatal Deaths	37	0	0	0	0
No. of Infant Deaths	10	0	0	0	0

7. Family Planning (April to May 2017)

Family Planning	DH	CH	CHC	PHC	SHC
Male Sterilization (VT+NSV)	0	5	1	0	NA
Female Sterilization (CTT+LTT)	323	120	67	0	NA
Minilap sterilization	--	3	40	0	NA
IUCD	68	26	18	2	11
PPIUCD	600	77	38	--	0
Condoms	170	273	41	--	20
Oral Pills	37	22	239	--	28

8. Adolescent Reproductive and Sexual Health (Functioning as SAMWAD KENDRA)

ARSH	DH	CH	CHC	PHC	SHC
Whether ARSH clinic functioning	Yes	No	No	No	No
Type of trained manpower available for ARSH clinic	--	---	---	---	---
No. of adolescents attending ARSH clinic	180	---	---	---	---
No. of Referral from ARHS to Higher Facility	--	---	---	---	---
No. of Referral to ARHS from other health facility	--	---	---	---	---
No. of outreach camp conducted by ARSH clinic	--	---	---	---	---
No. of adolescents received ARSH services in outreach camp	--	---	---	---	---

9. Quality in Health Services

9.1 Infection Control

Quality	DH	CH	CHC	PHC	SHC
General cleanliness	Good	Good	Good	Good	Good
Condition of toilets	Good	Good	Good	Good	Good
Building condition	Good	Good	Good	Good	Good
Adequate space for medical staff	Yes	Yes	Yes	Yes	Yes
Adequate waiting space for patients	Yes	Yes	Yes	Yes	Yes
Practices followed					
Protocols followed	Yes	Yes	Yes	Yes	Yes
Last fumigation done	Yes	Yes	Yes	No	No
Use of disinfectants	Yes	Yes	Yes	No	Yes
Autoclave functioning	Yes	Yes	Yes	Yes	Yes*
***Not functional**					

9.2 Biomedical Waste Management

BMW	DH	CH	CHC	PHC	SHC
Whether bio-medical waste segregation done	Yes	Yes	Yes	Yes	Yes
Whether outsourced	Yes	Yes	Yes	No	No

If not, alternative arrangement Pits-1 / Incineration-2 / Burned -3 / Others (specify) --4	-	-	-	1	1

9.3 Information Education & Communication (Observed during facility visit)

IEC	DH	CH	CHC	PHC	SHC
Whether NRHM logo displayed in both languages	No	No	Yes	No	No
Approach road have direction to health facility	Yes	Yes	Yes	Yes	No
Citizen Charter	No	No	Yes	No	No
Timing of health facility	Yes	Yes	Yes	Yes	Yes
List of services available	Yes	Yes	Yes	Yes	Yes
Protocol poster	Yes	Yes	Yes	Yes	Yes
JSSK entitlements (displayed in ANC clinic/PNC clinic/wards)	No	No	No	No	No
Immunization schedule	Yes	Yes	Yes	No	No
FP IEC	Yes	Yes	Yes	Yes	Yes
User charges	Yes	Yes	Yes	No	No
EDL	Yes	Yes	Yes	No	No
Phone number	Yes	No	Yes	Yes	No
Complaint/suggestion box	Yes	Yes	Yes	No	No
Awareness generation charts	Yes	Yes	Yes	Yes	Yes
RKS member list with phone no.	No	No	No	Yes	No
RKS income/expenditure for previous year displayed publically	No	No	No	No	No

9.4 Quality Parameter of the facility

Essential Skill Set	DH	CH	CHC	PHC	SHC
Manage high risk pregnancy	Yes	Yes	Yes	No	No
Provide essential newborn care (thermoregulation, breastfeeding and asepsis)	Yes	Yes	Yes	Yes	Yes
Manage sick neonates and infants	Yes	Yes	Yes	No	No
Correctly uses partograph	Yes	Yes	Yes	Yes	No
Correctly insert IUCD	Yes	Yes	Yes	Yes	Yes
Correctly administer vaccines	Yes	Yes	Yes	Yes	Yes
Segregation of waste in colour coded bins	Yes	Yes	Yes	Yes	Yes
Adherence to IMEP protocols	Yes	Yes	Yes	Yes	Yes
Bio medical waste management	Yes	Yes	Yes	Yes	Yes
Updated Entry in the MCP Cards	Yes	Yes	Yes	Yes	Yes
Entry in MCTS	No	No	No	No	No
Action taken on MDR	Yes	Yes	No	Yes	Yes

10. Referral Transport and MMUs (JSSK and Regular Ambulance)

Referral Transport*	DH	CH	CHC	PHC
Number of ambulances of different types (give details)	-	-	-	-
Ambulance per lakh population	-	-	-	-
Availability of call centre	-	-	-	-
Number of clients utilized ambulance services	-	-	-	-
Number of clients utilized ambulance services at night	-	-	-	-
Number of times the ambulance services could not be provided	-	-	-	-
Average kms per day	-	-	-	-
Average kms per visit	-	-	-	-
Number of MMU	-	-	-	-
Micro plan prepared	-	-	-	-

Referral Transport*	**DH**	**CH**	**CHC**	**PHC**
GPS installed	-	-	-	-
Monthly Performance monitoring	-	-	-	-
Number of patients served during April-May 2017	-	-	-	-
***Referral Transport Service is centralised at state level. Due to non-availability of data at district level, no assessment could be done.**				

11. Community Processes

11.1 Accredited Social Health Activist

ASHA (MITANIN)	**CHC**	**PHC**	**SHC**
Number of Mitanins required	No	15	1
Number of Mitanins available	480	50	10
Number of Mitanins left during the quarter	-	-	-
Number of new Mitanins joined during the quarter	-	-	-
All Mitanin workers trained in module 6&7 for implementing home based newborn care schemes	Yes	Yes	Yes
Availability of ORS and Zinc to all Mitanins	Yes	Yes	Yes
Availability of FP methods (condoms and oral pills) to all Mitanins	Yes	Yes	Yes
Highest incentive to a Mitanin during the quarter	15000	24000	6000
Lowest incentive to a Mitanin during the quarter	6000	4500	3000
Whether payments disbursed to Mitanins on time	No	No	No
Whether drug kit replenishment provided to Mitanins	Yes	Yes	Yes
Mitanins social marketing spacing methods of FP	No	No	No

12. Disease Control Programmes

Disease Control	**DH**	**CH**	**CHC**	**PHC**	**SHC**
National Malaria Control Programme					
Number of slides prepared	1612	3545	4649	1369	518
Number of positive slides	60	11	0	1	1
Availability of Rapid Diagnostic kits (RDK)	Yes	Yes	Yes	Yes	Yes
Availability of drugs	Yes	Yes	Yes	-	Yes
Availability of staff	Yes	No	Yes	-	-
Revised National Tuberculosis Programme (RNTCP)					
Number of sputum tests	-	966	233	59	27
No. of positive tests	-	74	19	2	3
Availability of DOT medicines	-	Yes	Yes	Yes	Yes
All key RNTCP contractual staff positions filled up	-	No	Yes	-	--
Timely payment of salaries to RNTCP staff	-	No	Yes	-	-
Timely payment to DOT providers	-	Yes	Yes	-	-
National Leprosy Eradication Programme (NLEP)					
Number of new cases detected	-	-	60	14	0
No. of new cases detected through MITANIN	-	-	28	14	0
No. of patients under treatment	-	-	79	16	0

13. Non Communicable Diseases

NCD	**DH**	**CH**	**CHC**	**PHC**
NCD Services	Yes	Yes	Yes	No
Establishment of NCD clinics	2014	2016	2015	
Type of special clinics	Yes	Yes	No	
Availability of drugs	Yes	Yes	Yes	-
Type of IEC material available for prevention of NCDs	Yes	Yes	Yes	-
No. of staff trained in NCD MO	1	1		-

NCD	DH	CH	CHC	PHC
SN	0	0	1	-
Other	1	-	1	-

14. Record maintenance

Record	DH	CH	CHC	PHC	SHC
OPD Register	Yes	Yes	Yes	Yes	Yes
IPD Register	Yes	Yes	Yes	Yes	Yes
ANC Register	Yes	Yes	Yes	Yes	Yes
PNC Register	Yes	Yes	Yes	Yes	Yes
Indoor bed head ticket	Yes	Yes	Yes	Yes	No
Line listing of severely anaemic pregnant women	Yes*	Yes*	Yes*	Yes*	Yes*
Labour room register	Yes	Yes	Yes	Yes	Yes
Partograph	Yes	Yes	Yes	Yes	Yes
FP-Operation Register (OT)	Yes	Yes	Yes	No	
OT Register	Yes	Yes	Yes	No	
FP Register	Yes	Yes	Yes	Yes	Yes
Immunisation Register	Yes	Yes	Yes	Yes	Yes
Updated Micro plan	Yes	Yes	Yes	-	Yes
Blood Bank stock register	Yes	No	No		
Referral Register (In and Out)	Yes	Yes	Yes	No	No
MDR Register	Yes	No	Yes	No	No
Infant Death Review and Neonatal Death Review	Yes	No	Yes	Yes	Yes
Drug Stock Register	Yes	Yes	Yes	Yes	Yes
Payment under JSY	Yes	Yes	Yes	Yes	Yes
Untied funds expenditure (Check % expenditure)	100	100	100	100	100
AMG expenditure (Check % expenditure)	100	100	100	50	-
JDS expenditure (Check % expenditure)	100	100	100	100	100
RCH Register Format	Yes	Yes	Yes	-	Yes
***Line listing of severely anaemic PW recorded in ANC & PNC register.**					

15. Health Management Information System and Mother Child Tracking System

HMIS and MCTS	DH	CH	CHC	PHC	SHC
Dedicated Staff available for HMIS and MCTS (RCH Portal)	No	No	No	No	No
Quality of data	Yes	Yes	Yes	Yes	Yes
Timeliness	Yes	Yes	Yes	Yes	Yes
Completeness	Yes	Yes	No	No	Yes
Consistent	Yes	Yes	Yes	Yes	Yes
Data validation checks (if applied)	Yes	Yes	Yes	Yes	Yes

16. Additional and Support Services

Services	DH	CH	CHC	PHC
Regular Fogging (Check Records)	No	No	No	No
Functional Laundry/washing services	Yes	Yes	Yes*	Yes*
Availability of dietary services	Yes	Yes	Yes	No
Appropriate drug storage facilities	Yes	Yes	Yes	Yes
Equipment maintenance and repair mechanism	Centralise services from the state			
Grievance Redressal mechanisms	Yes	Yes	Yes	No
Tally Implemented	No	No	Yes	No
***Through outsourced HR from JDS fund**				

List of Acronyms

AFHS	**Adolescent Friendly Health Clinic**
AHS	**Annual Health Survey**
AMC	**Annual Maintenance Contract**
AMG	**Annual Maintenance Grant**
ANC	**Anti Natal Care**
ANM	**Auxiliary Nurse Midwife**
ARSH	**Adolescent Reproductive and Sexual Health**
ART	**Anti Retro-viral Therapy**
ASHA	**Accredited Social Health Activist**
AWW	**Aanganwadi Worker**
AYUSH	**Ayurvedic, Yoga, Unani, Siddha, Homeopathy**
BAM	**Block Account Manager**
BCM	**Block Community Mobilizer**
BEmOC	**Basic Emergency Obstetric Care**
BMO	**Block Medical Officer**
BMW	**Bio-Medical Waste**
BPM	**Block Programmer Manager**
BB	**Blood Bank**
BSU	**Blood Storage Unit**
CBC	**Complete Blood Count**
CD	**Civil Dispensary**
CG	**Chhattisgarh**
CEA	**Clinical Establishment Act**
CEmOC	**Comprehensive Emergency Obstetric Care**
CH	**Civil Hospital**
CHC	**Community Health Centre**
CMHO	**Chief Medical and Health Officer**
CMHDS	**Chief Minister Hospital Development Scheme**
CS	**Civil Surgeon**
CTT	**Conventional Tubectomy**
DAO	**District AYUSH Officer**
DAM	**District Account Manager**
DCM	**District Community Mobilizer**
DEIC	**District Early Intervention Centre**
DEO	**Data Entry Operator**
DH	**District Hospital**
DIO	**District Immunization Officer**
DM	**District Magistrate**
DMC	**Designated Microscopic Centre**
DMO	**District Malaria Officer**
DOT	**Direct Observation of Treatment**
DPM	**District Programmer Manager**
DTO	**District Tuberculosis Officer**
EAG	**Empowered Action Group**
EC Pills	**Emergency Contraceptive Pills**
EDL	**Essential Drugs List**
EmOC	**Emergency Obstetric Care**
ENT	**Ear, Nose, Throat**
FP	**Family Planning**
FRU	**First Referral Unit**
GOI	**Government of India**
HFW	**Health & Family Welfare**
HIV	**Human Immuno Deficiency Virus**
HMIS	**Health Management Information System**
HPD	**High Priority District**
ICTC	**Integrated Counselling and Testing Centre**
IDR	**Infant Death Review**
IEC	**Information, Education, Communication**
IFA	**Iron Folic Acid**
IMEP	**Infection Management Environmental Plan**
IMNCI	**Integrated Management of Neonatal and Childhood illness**
IMR	**Infant Mortality Rate**
IPD	**Indoor Patient Department**
IPHS	**Indian Public Health Standard**
IUCD	**Copper (T) -Intrauterine Contraceptive Device**
JDS	**Jeevan Deep Samiti**
JE	**Janani Express (vehicle)**
JSSK	**Janani Shishu Surksha Karyakram**
JSY	**Janani Surksha Yojana**
LBW	**Low Birth Weight**
LHV	**Leady Health Visitor**
LSAS	**Life Saving Anaesthesia Skill**
LSCS	**Lower Segment Caesarean Section**
LT	**Lab Technician**
LTT	**Laparoscopy Tubectomy**
MCH	**Maternal and Child Health**
MCP Card	**Mother Child Protection Card**
MCTS	**Maternal and Child Tracking System**
MDR	**Maternal death Review**
M&E	**Monitoring and Evaluation**
MMR	**Maternal Mortality Ratio**
MMU	**Medical Mobile Unit**
MP	**Madhya Pradesh**
MPW	**Multi Purpose Worker**
MSS	**Mahila Swasthya Shivir**
MO	**Medical Officer**
MoHFW	**Ministry of Health and Family Welfare**
NBCC	**New Born Care Corner**
NBSU	**New Born Stabilisation Unit**
NCD	**Non Communicable Diseases**
NFHS-4	**National Family Health Survey-4**
NHM	**National Health Mission**
NLEP	**National Leprosy Eradication Programme**
NMA	**Non Medical Assistant**
NMR	**Neonatal Mortality Rate**
NRC	**Nutrition Rehabilitation Centre**
NRHM	**National Rural Health Mission**
NSCB	**Netaji Subhash Chandra Bose**
NSSK	**Navjaat Shishu Suraksha karyakram**
NSV	**No Scalpel Vasectomy**
Ob&G	**Obstetrics and Gynaecology**
OCP	**Oral Contraceptives Pills**
OPD	**Outdoor Patient Department**
OPV	**Oral Polio Vaccine**
ORS	**Oral Rehydration Solution**
OT	**Operation Theatre**
PFMS	**Public Financial Management System**
PHC	**Primary Health Centre**
PIP	**Programme Implementation Plan**
PMU	**Programme Management Unit**
PMDT	**Programmatic management of Drug Resistant TB**
PPIUCD	**Post-Partum Intra Uterine Contraceptive Device**
PRC	**Population Research Centre**
PRI	**Panchayati Raj Institution**
PV	**Plasmodium Vivex**
RBSK	**Rashtriya Bal Swasthya Karyakram**
RCH	**Reproductive Child Health**
RGI	**Registrar General of India**
RKS	**Rogi Kalyan Samiti**
RKSK	**Rashtriya Kishore Swasthya Karyakram**
RMNCH+A	**Reproductive, Maternal, Newborn, Child Health & Adolescents**
RNTCP	**Revised National Tuberculosis Control Program**
RPR	**Rapid Plasma Reagen**
RTI	**Reproductive Tract Infection**
SAM	**Severe Acute Malnourishment**
SBA	**Skilled Birth Attendant**
SDM	**Sub-Divisional Magistrate**
SHC	**Sub Health Centre**
SN	**Staff Nurse**
SNCU	**Special Newborn Care Unit**
STI	**Sexually Transmitted Infection**
T.B.	**Tuberculosis**
TBHV	**Tuberculosis Health Visitor**
TT	**Tetanus Toxoide**
UPHC	**Urban Primary Health Centre**
USG	**Ultra Sonography**
WIFS	**Weekly Iron Folic-acid Supplementation**
VHND	**Village Health & Nutrition Day**
VHSC	**Village Health Sanitation Committee**

District Hospital Durg visited on 29th & 31st August , 2017

Civil Hospital (CH), Supela, District Durg visited on 31st August , 2017

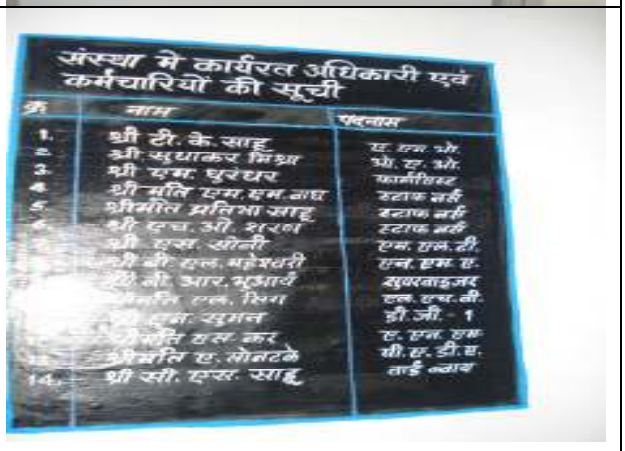






Community Health Centre (CHC) Patan, District Durg visited on 30th August, 2017

Primary Health Centre (PHC) Murmunda, District Durg visited on 31st August , 2017



Sub-Health Centre (SHC) Mahuda, District Durg visited on 30th August , 2017