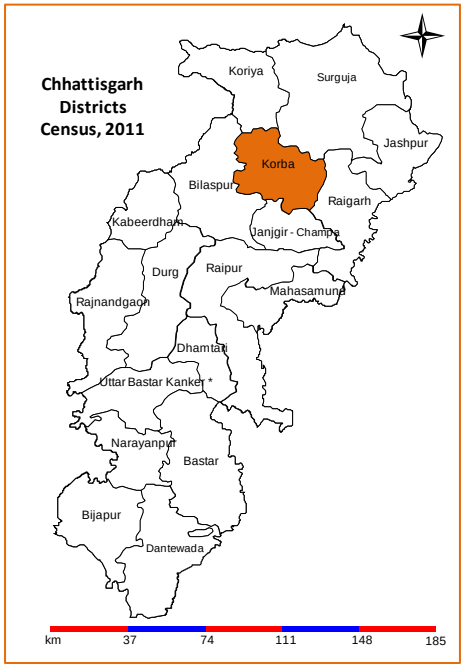
Report on Monitoring of Programme Implementation Plan (PIP) 2017-18 under National Health Mission in Chhattisgarh

District: Korba



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Contents

List of Acronyms

AFHC	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
BALCO	Bharat Aluminium Company
BAM	Block Account Manager
BCM	Block Community Mobilizer
BEE	Block Extension Educator
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
CDPO	Child Development Project Officer
CEA	Clinical Establishment Act
CEmOC	Comprehensive Emergency Obstetric Care
CGMSC	Chhattisgarh Medical Supply Corporation
CGSACS	Chhattisgarh State AIDS Control Society
CHC	Community Health Centre
CMHO	Chief Medical and Health Officer
CRS	Civil Registration System
CS	Civil Surgeon
CSEB	Chhattisgarh State Electricity Board
CSR	Corporate Social Responsibility
CTT	Conventional Tubectomy
DAO	District AYUSH Officer
DAM	District Account Manager
DBT	Direct Benefit Transfer
DEIC	District Early Intervention Centre
DEO	Data Entry Operator
DH	District Hospital
DMC	Designated Microscopic Centre
DMO	District Malaria Officer
DOT	Direct Observation of Treatment
DPM	District Programmer Manager
EC Pills	Emergency Contraceptive Pills
EDL	Essential Drugs List
EmOC	Emergency Obstetric Care
ENT	Ear, Nose, Throat
FP	Family Planning
FRU	First Referral Unit
GAD	Government AYUSH Dispensary
GOI	Government of India
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
IUCD	Copper (T) –Intrauterine Contraceptive Device
JDS	Jeevan Deep Samiti
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
JSSK	Janani Shishu Surksha Karyakram
JSY	Janani Surksha Yojana
LBW	Low Birth Weight
LHV	Leady Health Visitor
LMO	Lady Medical Officer
LSAS	Life Saving Anaesthesia Skill
LSCS	Lower Segment Caesarean Section
LT	Lab Technician
LTT	Laparoscopy Tubectomy
MCH	Maternal and Child Health
MHS	Menstrual Hygiene Scheme
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	Mobile Medical Unit
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
NMR	Neonatal Mortality Rate
NRC	Nutrition Rehabilitation Centre
NRHM	National Rural Health Mission
NSSK	Navjaat Shishu Suraksha karyakram
NSV	No Scalpel Vasectomy
NTPC	National Thermal Power Corporation
Ob&G	Obstetrics and Gynaecology
OCP	Oral Contraceptives Pills
OPD	Outdoor Patient Department
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Solution
OT	Operation Theatre
PCB	Pollution Control Board
PF	Plasmodium Falsiperum
PFMS	Public Financial Management System
PHC	Primary Health Centre
PIP	Programme Implementation Plan
PMSMY	Pradhan Mantri Surakshit Matritva Yojana
PMU	Programme Management Unit
PMDT	Programmatic management of Drug Resistant TB
PPIUCD	Post-Partum Intra Uterine Contraceptive Device
PPE	Personal Protection Equipment
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
RHS	Rural Health Statistics
RKSK	Rashtriya Kishor 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
SDH	Sub-District Hospital
SECL	South Eastern Coalfields Limited
SHC	Sub Health Centre
SN	Staff Nurse
SNCU	Special Newborn Care Unit
SSK	Swasthya Samvad Kendra
STI	Sexually Transmitted Infection
STS	Senior Treatment Supervisor
STLS	Senior Tuberculosis Laboratory Supervisor
T.B.	Tuberculosis
TBHV	Tuberculosis Health Visitor
TT	Tetanus Toxoide
TU	Treatment Unit
UPS	Uninterrupted Power Supply
USG	Ultra Sonography
WIFS	Weekly Iron Folic-acid Supplementation
VHND	Village Health & Nutrition Day
VHSC	Village Health Sanitation Committee

Report on Monitoring of Programme Implementation Plan (PIP) 2017-18 under National Health Mission in Korba District (Chhattisgarh)

Executive Summary

This report presents the status of implementation of key health programme under National Health Mission (NHM) in Korba district of Chhattisgarh. Population Research Centre (PRC), Sagar (M.P.) has been entrusted by the Ministry of Health and Family Welfare (MoHFW), Government of India, New Delhi to undertake quality monitoring of implementation of important components of PIP 2017-18 under National Health Mission (NHM). PRC team visited District Hospital (DH), Community Health Centre (CHC) Pali, 24x7 Primary Health Centre (PHC) Jadga and L-1 Delivery Point Sub-Health Centre (SHC) Sutarra in Korba district during August, 2017. Apart from this team also visited PHC Tuman and Urban PHC, Korba which is being upgraded under "Kayakalp" programme.

PRC team assessed status of functioning of health care services under different National Health Programmes and new initiatives taken to strengthen the health care delivery system and monitoring and supervision processes. 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 team also discussed various issues related to maternal and child health services, infrastructure, human resources with officials at the district and block level.

This report provides status of implementation of different health programme with the help of available secondary data from HMIS and other sources like State PIP submitted to the Government of India and web portal of state health mission and directorate of health services and first hand information collected by observing the health care services at visited health facilities. The reference point for assessing and monitoring services was 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. The team discussed with JSSK/JSY beneficiaries regarding knowledge about health programmes and facilities availed by them and other patients at the visited health institutions.

- ***Salient Observations***
  - ✓ In Korba there is no dearth of health care institutions. Many PSUs are supporting public health facilities for their upgradation and infrastructure under CSR. However, public health infrastructure in terms of specialist and referral services is not adequate in the district. Majority institutions are not fully equipped for providing all the designated health services.
  - ✓ Out of 299 public health facilities, 169 are designated as delivery points, 137 are L-1 (PHC-11; SHC-126), 28 are L-2 (CHC-3; PHC-25) and four are L-3 (DH-1, CHC-3). All these delivery points are not actually functioning as per their designated status.
  - ✓ Three CHCs, 32 PHCs and 185 SHCs are functioning from government building. Total bed strength in the public health institutions is 705. This includes a 100 bedded district hospital and a 50 bedded maternity wing at CHC, Katghora.
  - ✓ DH building is getting upgraded as per IPHS standards. DH has a distinction of being first ISO certified public health institution in the country. With continuous efforts for infrastructure upgradation and improving quality of services the DH has won first prize of Rs.50 lakh under Kayakalp programme for year 2015 by Govt. of India.
  - ✓ Newly constructed Trauma Care Centre is operational on PPP mode. Services, manpower and maintenance has been given to Shri Balaji Trauma and Super Speciality Hospital. Monthly Rs.2.00 lakh rent is received by JDS from the Trauma Care Centre. However, there is no administrative or functional control of the district hospital on its services. Patients referred to Trauma Centre from DH are given treatment at subsidized rates and it has reduced out-referral from the DH.
  - ✓ CHC Pali is designated as L-3 CEmOC institution. It is not actually functioning as per its designated L3 delivery point status. BSU is not operational due to a non-functional BSU refrigerator, although it has both EmOC and LSCS trained medical officers. CHC conducts pre-planned C-section delivery after screening of patient. Emergency cases are referred to DH. Efforts are needed for operationalizing CHC as L3-CEmOC health facility.
  - ✓ Sufficient residential quarters for the staffs are not available at any of the visited health institutions except PHC Jadga. DH has only two MO's quarters and eight quarters for paramedical staffs. These quarters are very old and constructed under SADA and maintained by the municipality of Korba.
  - ✓ It is observed that HR MIS is not updated in the district. There are multiple sources of HR information – one is facility based which has not been updated since 1-2 years and another is meant for regulating transfers of health staffs. Both the HR MIS need to be synchronized for updated information. Optimal deployment of all the staffs as per requirements is necessary in the district.

- ✓ In Korba district shortage of manpower is observed in all categories of staff including specialist. Korba district has 890 regular and 189 contractual staffs working in different categories. At present the district has only seven specialists, all are posted at DH. These are two gynaecologists, two surgery specialists and one each working as Ophthalmologist, ENT Specialist and Orthopaedician. Apart from these six PGMOs are also posted at the DH.
- ✓ Number of sanctioned posts and in-position staffs including their details are displayed at visited health institutions DMPU has maintained complete information about the contractual staff of the district.
- ✓ PHC Jadga covers 8 SHCs and 44 villages situated in the hilly area of Pondiuproda block. PHC has no lab technician posted. Two LTs visit from other health institutions on Tuesday and Wednesday.
- ✓ Streamlining of AYUSH with regular health services is still in process. Integrated and co-located AYUSH services are not available at all the visited health facilities except at DH. At PHC, Jadga a regular AYUSH MO is posted. AYUSH MOs of RBSK provides services on fixed days in visited health facilities.
- ✓ Shortage of MCP cards is reported at all the visited health facilities. Supply of sanitary napkins is also found to be irregular in peripheral institutions.
- ✓ Internet facility is also not adequate, which is very essential for online reporting of many health care services.
- ✓ SNCU is functional at DH and NBSU is functional at CHC Pali. In both these health facilities staffs is not available as per the sanctioned posts. Only one medical officer is posted against 4 sanctioned posts at SNCU, Korba.
- ✓ In all the visited health facility it was informed that payment of Mitanin is delayed by 1-2 months. Incentive to mitanins is given by Panchayat as per their work performance. Rs.1500 per month is paid to every mitanin during April to December for 9 months. Thereafter assessment of work performance is done and balance payment is disbursed after adjusting the amount already paid to mitanin. Mitanins at SHC Sutarra complained about delay of 3-4 months in receiving payments.
- ✓ The state has revamped HMIS and MCTS. New data items are included in facility level monthly reporting under HMIS. The RCH Portal has introduced identification of eligible couple and following them through the reproductive age and all the children till age of 18 years. The changes in HMIS and MCTS (Now RCH Portal) has been conveyed to all the districts and all the facilities are now required to submit their service delivery data only through the new HMIS and RCH Portal.
- ✓ Required training for HMIS and RCH Portal at district and block level has been done. But training and regular orientation of supervisory staff and health workers is equally essential for accuracy and completeness of data in HMIS and RCH Portal.

➢ **Action Point**

Field visit observations and information gathered during interaction with the staffs at visited health facilities by PRC team have been shared with the DPM, Civil Surgeon and Hospital Administrator of DH Korba. Following action points have been suggested to the district.

- District should ensure filling-up all the sanctioned posts, at least at all the identified delivery points, in order to provide the full range of health services. The staffs trained in various skills need to be posted optimally at rural and remote health facilities.
- In order to achieve complete and accurate data reporting, training at all levels is essential. For computer based data reporting system – computer, internet and data entry operators are also essential.
- Detailed data definition guide and source of data from where each data is to be captured under HMIS need to be provided to all the health facilities. Merely providing new formats will not ensure completeness of data in HMIS.
- Specialized services such as Trauma care centre and SNCU at DH Korba are functioning under PPP mode. Merely out-sourcing public health facility for monetary income without any supervision and monitoring need to be discouraged. ***State and district health societies should monitor these institutions. Outcome of the PPP services need to be assessed. The reporting of specialized services under PPP institutions must be captured in the HMIS. Out-sourcing of public health services on PPP mode needs to be redefined and administrative and operational monitoring by district health society should be incorporated in the PPP framework.***

Action Points for DH, Korba

- Printed immunization registers are not available. Manual registers are used and maintained. Few women don't come with MCP cards and therefore are not able to tell the status of immunization to the ANM / Staff nurse. ANMs consult the MOs in such cases and administer the vaccine. ***To overcome these problems adequate IEC and instructions need to be given to public for carrying MCP cards while visiting for vaccination. Also properly printed immunization registers needs to be provided.***
- The immunization services are affected due to limited staff in the DH. ***An ANM is required for immunization to support the lone staff nurse available for vaccination.***
- ANC clinic has a counsellor who keeps records of ANC counselling and advice given to visiting pregnant women. This data can be used with background information of the pregnant women to assess the completeness of services taken and for reporting under HMIS. Result of Hb test done during ANC does not get reported at the ANC clinic, this information needs to be recorded at ANC clinic for reporting under HMIS.

Presently no data is being recorded for number of pregnant women tested for Hb for 4 or more times in HMIS.

- PPIUCD follow-up register is maintained and mobile number of PPIUCD acceptors are recorded. However, few acceptors who have no mobile number and who do not visit for follow-up are left out of counselling. This gap should be removed and complete follow-up needs to be ensured. This is essential for recoding and reporting of PPIUCD / IUCD complications in the HMIS.
- HMIS data for the services provided is not being captured and reported as per the new HMIS format from all the sections of the DH. Many data items are not recorded ***At least 2-3 health staffs in each section need to be oriented periodically about HMIS data recording and reporting under the supervision of senior officials of the DH. Periodic discussion with health staff with HMIS data reported by them can be initiated. This will give a sense of ownership of data among health staffs.***

Action Points for CHC, Pali

- EmOC trained medical officer is posted who performs c-section delivery. However, due to non functional blood storage refrigerator, BSU is not operational and critical cases are referred to DH. ***New BSU refrigerator needs to be provided.***
- Information about availability of HR needs to be updated on web portal of health department.
- The visited CHC has ensured that 3rd ANC check-up of all the pregnant women in the catchments area is done at CHC only. This ensures the tracking of maternal health services and updation in the RCH portal. ***This practice can be emulated at other institutions where medical officers are posted.***
- CHC Pali has achieved nearly 80 percent of PPIUCD insertion for the institutional deliveries. However, follow-up and reason for PPIUCD removal are not getting recorded in the register in spite of complications of the PPIUCD insertion. The staff nurse has reported that JHPIEGO representatives visiting the CHC have instructed the staff to report only those PPIUCD removals which are due to opting of another FP method. As such crucial information on complications due to PPIUCD insertion is not being recorded in the register and is not reported in HMIS. JHPIEGO had provided PPIUCD follow-up cards which are in short supply. ***This issue should be resolved and PPIUCD related complication needs to be recorded and reported.***
- Contractual ICTC staffs are not getting their salary from CGSACS regularly. Since March'2017 staffs have not received salary. ICTC serves TB patients and other high-risk patients. Monthly around 400 HIV tests are conducted by the ICTC staff who are compelled to go to Raipur every month for procuring HIV testing kits for which they are not being paid any TA/DA. ***ICTC HR problems and continuity of salary need to be***

addressed. HIV testing kits need to be supplied with other regular medicines through CGMSC.

- A small room is only available for drug storage at CHC Pali. This room has water seepage problem. Medicines are kept in the open veranda in the CHC. PWD has also refused repair work for the CHC due to lack of maintenance budget. ***Periodic inspection and repair should be done for resolving it.***
- Solar lighting system is installed in the CHC Pali. However, no separate electrical line is installed with the system and the old electric line is used for the solar system, which is causing frequent break-down of electrical supply. ***Separate electrical line for solar system needs to be provided in all parts of the CHC.***
- BMO reported that bio-medical engineer is not able to repair all the equipments and essential equipments remain non-functional. This has been brought to the notice of CGMSC. However, no steps have been taken to ensure timely repair. ***This problem should be addressed at the earliest.***

Action Points for PHC, Jadga

- The PHC building should have proper boundary wall for security purpose.
- The PHC is a delivery point and as many as 44 villages and 8 SHCs are in its catchments area. However, it lacks adequate paramedical and clinical HR. Only one AYUSH MO and RMA is posted. ***A lab technician, staff nurse and other support staff need to be posted at the PHC.***
- High JSY incentive pendency is observed at this PHC. Many women do not have banking facility and have no other option to encash JSY incentive cheques. ***Mobile banking solution can be initiated in this hilly and remote area.***
- HIV test needs to be ensured for all the pregnant women. MCP cards need to be supplied at PHC and SHC. Proper recording and reporting of health services under HMIS need to be ensured. Registers are not being maintained properly. Staff nurse and RMA maintain separate PPIUCD register.

Action Points for SHC, Sutarra

- The SHC is a L-1 delivery point but the building is in a very poor condition. Approach road to SHC is not proper. No water storage facility is available. SHC does not have adequate waiting space for patients. ***This all need to be addressed immediately.***
- Only one ANM is providing all the services - field as well as delivery. ***Posting of additional ANM is urgently required for the SHC.***

- ANM reported that there is little untied grant, which is not sufficient for maintaining cleanliness and hygiene. There is no arrangement for regular cleaning of SHC. ***This needs immediate attention.***
- Adequate supply of reporting formats and registers is essential. Presently ANM has to purchase it from the market and many registers are being maintained manually.
- There is no staff for cleaning labour room and toilet at the SHC. ANM makes arrangements for cleaning by her own efforts. ***Arrangements for cleaning at high performing L-1 SHCs should be made for maintaining hygiene and cleanliness.***

Report on Monitoring of Programme Implementation Plan (PIP) 2017-18 under National Health Mission in Korba District (Chhattisgarh)

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 to carry out PIP monitoring in selected districts of Chhattisgarh. In this context a field visit was made to Korba district in August, 2017. PRC team visited District Hospital (DH), Community Health Centre (CHC) Pali, 24*7 Primary Health Centre (PHC) Jadga and Sub-Health Centre (SHC) Sutarra which are functioning as delivery points, to assess services being provided in these health facilities. Apart from this team also visited Urban PHC, Korba and PHC Tuman which is being refurbished in view of ongoing Kayakalp Porgramme.

This report provides a review of key population, socio-economic, health and service delivery indicators of the state and Korba 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-July, 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 facility who 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.

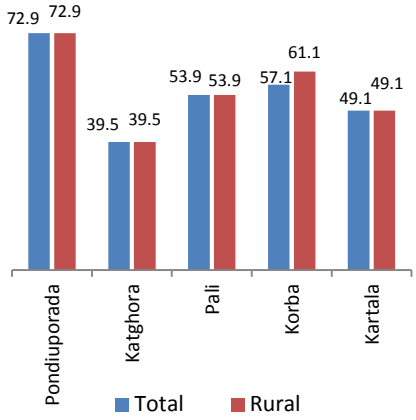
2. State and District Profile

- Korba was carved out as a new district in 1998 separating 4 tahsils- Katghora, Pali, Korba and Kartala from the then Bilaspur district of erstwhile Madhya Pradesh state. The administrative headquarters of the district is Korba. Presently it is divided into five

tehsils (Katghora, Pondi-Uparoda, Pali, Korba and Kartala) which also form respective development blocks. Korba is known as power capital of Chhattisgarh. The headquarters of Korba district is situated at about 200 kms. from the state capital Raipur.

- There are 5 statutory towns and 2 census towns in the district. As per Census 2011 Korba has 719 villages, out of which 707 are inhabited and 12 are uninhabited villages. Population wise largest town is Korba having population 365353 and Pali is smallest town with 5514 persons. Largest village is Hardibazar in Pali tahsil with 5,713 population and smallest is Dadar in Poundiuproda tahsil with 19 persons in the district.

Key socio-demographic indicators



Indicator	Chhattisgarh		Korba	
	2001	2011	2001	2011
No. of Districts	16	18	-	-
No. of Blocks	147	147	5	5
No. of Villages	20308	20180	719	722
No. of Towns	97	188	4	7
Population (Million)	20.83	25.55	1.01	1.21
Decadal Growth Rate	18.27	22.61	22.51	19.25
Population Density per (Km^2)	219	189	237	183
Literacy Rate (%)	64.7	70.3	61.7	72.4
Female Literacy Rate (%)	51.9	60.3	47.0	61.9
Sex Ratio	1004	991	992	969
Sex Ratio (0-6 Age)	975	969	978	960
Urbanization (%)	20.1	23.2	36.3	37.0
Percentage of SC (%)	11.6	12.8	9.9	10.3
Percentage of ST (%)	31.7	30.6	41.4	40.9

Source: Census Reports, Registrar General of India, www.censusindia.gov.in

- The district has 41 percent of tribal population. Pondiuproada block has highest tribal population (73 percent). Overall literacy rate of Korba district is 72 percent. Female literacy rate has increased substantially from 47 percent in 2001 to 62 percent in 2011.
- In Korba district, births registered under Civil Registration System (CRS) shows that in 2014 and 2015 36435 and 32216 births were registered respectively. HMIS for 2015-16 and 2016-17 reported 22318 and 13870 births respectively in the district. Targets for various MCH services in the district are set on previously reported births. Birth registration under HMIS needs strengthening, matching with the high proportion of institutional deliveries in Korba district.
- Recent surveys and HMIS have provided key health indicators such as IMR, MMR, NMR, unmet need for FP, SRB and level of child immunization for the state and Korba district.

Temporal Variation in some service delivery indicators for **Korba** district					
Sr.	**Indicators**	**CG**		**Korba**	
		HMIS Census	**NFHS-4 2015-16**	**HMIS Census**	**NFHS-4 2015-16**
1	Sex Ratio	930#	948	969#	1022
2	Sex Ratio at Birth	956^	927	1007^	961
3	Female Literacy Rate (%)	60.6#	59.4	61.9#	66.2
4	Infant Mortality Rate (per 1000 live births)	46^	51	48^	-
5	Unmet Need for Family Planning (%)	24.4^	12.1	19.0^	13.0
6	Postnatal Care received within 48 Hrs. after delivery	70.3^	55.0	61.2^	54.9
7	Fully Immunized Children age 12-23 months (%)	74.9^	53.6	63.1^	80.8
8	1st Trimester ANC Registration (%)	76.0*	53.1	95.3*	73.4
9	Reported Institutional Deliveries (%)	95.4*	80.8	98.2*	67.1
10	SBA Home Deliveries (%)	45.9*	2.3	98.6*	6.3
*Source: * HMIS 2017-18 up to July'2017, ^AHS 2012-13 #Census 2011*					

Sr.	**Indicator**		**Chhattisgarh**	**Korba**
1.	Infant Mortality Rate (per 1000 live births)	2010-11	53	52
		2011-12	50	52
		2012-13	46	48
		2015-16	54	--
2.	Neonatal Mortality Rate(Per 1000 live birth)	2010-11	35	40
		2011-12	35	40
		2012-13	32	38
3.	Post Neonatal Mortality Rate(per 1000 live Birth)	2010-11	17	13
		2011-12	16	12
		2012-13	14	10
4.	Maternal Mortality Ratio (per 100,000 live birth)	2010-11	275	293
		2011-12	263	277
		2012-13	244	261
5.	Sex Ratio at Birth	2010-11	951	993
		2011-12	951	1005
		2012-13	956	1007
		2015-16	977	961
6.	Expected number of Pregnancies for 2017-18		504698	27316
7.	ANC Registration Up to July, 2017		228104	9203
8.	1st Trimester ANC Registration (%)		76.0	95.3
9.	OPD cases per 10,000 population up to July, 2017		2272	2704
10.	IPD cases per 10,000 population up to July, 2017		175	157
11.	Estimated number of deliveries for 2017-18		458816	24833
12.	SBA Home Deliveries (%) up to July, 2017		45.9	98.6
13.	Reported Institutional Deliveries (%) up to July, 2017		95.4	98.2
14.	Postnatal Care received within 48 Hrs. after delivery	2010-11	64.8	54.1
		2011-12	69.5	60.2
		2012-13	70.3	61.2
		2015-16	63.6	54.9
15.	Fully Immunized Children age 12-23 months (%)	2010-11	74.1	60.1
		2011-12	74.1	59.7
		2012-13	74.9	63.1
		2015-16	76.4	80.8
16.	Unmet Need for Family Planning (%)	2010-11	26.4	30.8
		2011-12	24.8	23.5
		2012-13	24.4	19.0
		2015-16	11.1	13.0
Source: Sr. 1 to 5, 14 to 16 (AHS Reports/ NFHS-4 – 2015-16); Sr.6 to 13 (HMIS 2017-18)				

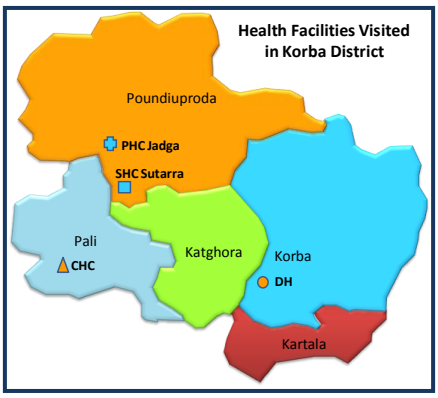
3. Health Infrastructure in the District

- Korba has 299 public health facilities. Additionally there are 10 PSU hospitals (SECL-6; CSEB-2; BALCO-1, NTPC-1) for the employees. In Korba there is no dearth of health care services. Many PSUs support public health facilities for its upgradation and infrastructure under CSR and also provide support under various national health programmes. However, public health infrastructure in terms of specialist and referral services is not adequate in the district. Majority institutions are not fully equipped for providing all the designated health services.
- Only 185 SHCs have their own government building. Three CHCs and 32 PHCs are also functioning from government building. Total bed strength in the public health institutions is 705. This includes a 100 bedded district hospital and a 50 bedded maternity wing at CHC, Katghora.
- As per HMIS facility master 40 PHCs are functional in the district. There are five urban PHCs and 35 PHCs are in rural area. Out of these 25 PHCs are functioning 24x7. Out of the 255 SHCs, 36 are co-located with the respective PHCs or CHCs. These SHCs also report their monthly performance separately under HMIS.

SHCs co-located with CHC - 5	Dipka, Kartala, Katghora, Pali, Pondiuproda
SHCs co-located with PHC - 31	Ajgarbahar, Bhaisma, Bhilai Bazar, Chaitma, Chakabuda, Chikanipali, Faraswani, Hardibazar, Jadga, Katori, Nagoi, Kerakachhar, Kharwani, Korbi, Korkoma, Kothari, Kudmura, Lafa, Lemru, Mahora, Morga, Patadhi, Pipariya, Rampur, Saplwa, Saragbundia, Shyang, Sirmina, Tilkeja, Tuman, Utarda

Number of Designated Delivery Points, Korba

Tehsil Name	Population Census 2011	Delivery Point Level L-1	L-2	L-3
Pondiuproda	188783	20	8	0
Katghora	304058	36	5	1
Pali	198746	27	5	1
Kartala	145796	27	5	1
Korba	369257	27	5	1
Total	**1206640**	**137**	**28**	**4**



- There are 169 designated delivery points, out of which 137 are L-1 (PHC-11; SHC-126), 28 are L-2 (CHC-3; PHC-25) and four are L-3 (DH-1, CHC-3) delivery points. All of these delivery points are not actually functioning as per their designated status. CHC Pali is designated as L-3 CEmOC institution. It is not actually functioning as per its designated

L3 delivery point status. BSU is not operational due to a non-functional BSU refrigerator, although it has both EmOC and LSCS trained medical officers. CHC conducts pre-planned C-section delivery after screening of patient. Emergency cases are referred to DH.

- The district also has 68 AYUSH therapy centres under AYUSH department. Out of these, 26 are ayurvedic dispensaries and 30 ayurvedic clinics co-located with CHCs or PHCs. DH has a separate AYUSH wing.
- DH Korba has a distinction of being the first International Organization for Standardization (ISO) certified public health institution in the country. The ISO certification was awarded to the DH in 2008. Now National Accreditation Board for Hospitals & Healthcare Providers (NABH) and National Quality Assurance Certificate (NQAC) norms are followed to assess the adequacy of infrastructure and quality of services in the public health facilities.
- The DH also has a newly constructed 100 bedded Trauma Care centre. However, due to non-availability of specialist service providers, this has been rented out to an NGO Shri Balaji Trauma and Super Speciality Hospital under PPP mode. Monthly ₹ 2.00 lakh rent is received by JDS from the Trauma Care centre, however, there is no administrative or functional control of DH on it services. Patients referred to Trauma Centre from DH are given treatment at subsidized rates and it has reduced out-referral from the DH.
- CHC Pali functions from old building. This is well maintained. Present building is fragmented and has limited space for patients as well as staffs. An old building of tribal hostel which was not in use since long and located adjacent to the CHC has been given to CHC Pali. This old hostel building has been demolished and construction of new wards, laboratory and OT is underway. This will provide additional space for CHC Pali for providing better services.
- PHC, Jadga functions from its own building. Recently a new labour room and a ward have been constructed. It now has sufficient space for patients as well as for staff.
- SHC, Sutarra functions from a very old building which has only two rooms. This is insufficient for providing all the services as per delivery point. Two beds are kept in a room adjacent to the labour room. It does not have regular electricity supply, no power backup and no running water facility.

- Ten residential quarters available in DH, Korba with the financial assistance from Special Area Development Authority (SADA) are very old and in dilapidated condition. CHC Pali has 16 residential quarters and these are occupied by the staffs. PHC, Jadga has four quarters. SHC, Sutarra has no residence facility. The ANM stays in a rented accommodation in the SHC village.
- Apart from proper building for health facilities and other infrastructure facilities including 24*7 electricity, continuous water supply, adequate space for different services such as labour room, dispensary, laboratory etc. are also lacking in the visited PHC and SHC. Internet facility is also not adequate, which is very essential for online reporting of many health care services.

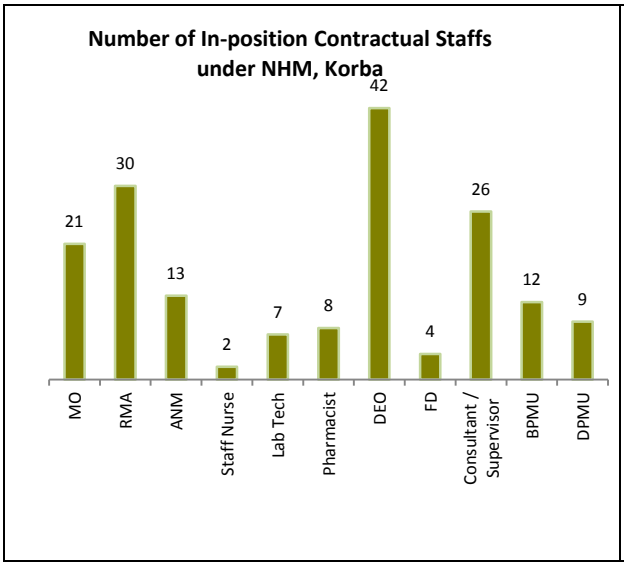
4. Human Resources

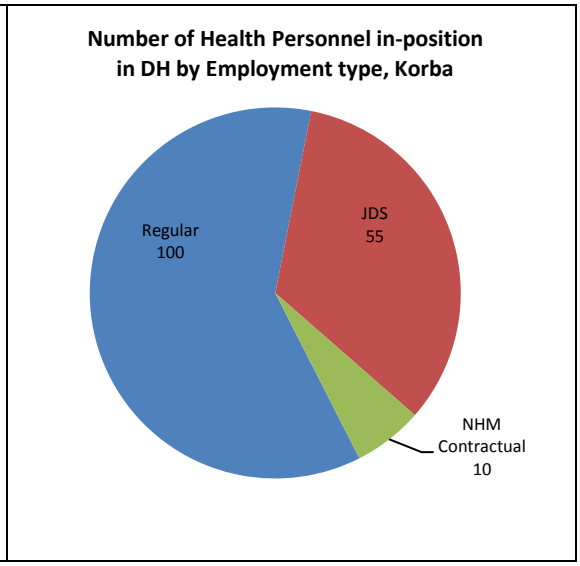
- For effective deployment of health services providers at various health care facilities state government has initiated the process of consolidating and compiling information related to each and every employee working in the health department by way of a comprehensive HR Portal http://cg.nic.in/health/hrmis/. This portal provides facility-wise detailed information about all regular as well as contractual employees. However, this information is not updated regularly.
- Human Resource (HR) for providing health services is grossly insufficient in the district, in terms of both population norms and requirements for different health services and various national health programmes. District has 890 regular and 189 contractual staffs in-position.
- At present the district has only seven specialists, all are posted at DH. These are two gynaecologists, two surgery specialists and one specialist each for ophthalmology, ENT and orthopaedics. Apart from these six PGMOs are also posted at the DH.
- CHC Pali is a designated L-3 delivery point but it has no specialist posted. It has one PGMO in anaesthesia and one LSCS trained MO. Apart from this it also has two regular and three contractual medical officers.
- Number of in-position staffs and their names and their contact details are prominently displayed at all the visited health facilities.

- In the visited health facilities distribution of HR in regular and contractual categories against sanctioned posts is as follows -

HR Position	DH Korba	CHC Pali	PHC Jadga	SHC Sutarra
Sanctioned*	169	47	--	1
In-position (Regular)	100	31	8	1
In-Position (Contractual-NHM)	10	10	1	0
In-Position (Contractual-JDS)	55	3	--	0
** Number of sanctioned posts only for regular posts.*				

- Inadequacy of housekeeping staff has been effectively addressed by recruiting them through JDS in the visited health facilities. All the health facilities receiving funds under MSBY, have effectively utilized this fund to mitigate the vacancy of support staffs.





- There are inadequate paramedical staffs in visited health facilities. Many sanctioned posts of staff nurse, pharmacist and lat technician are vacant in the visited health facilities. RBSK pharmacist, ANM and lab technician are deployed in regular services at the health facility and sometimes these staffs are also sent to other facilities on fixed days. Pondiuproda block has 11 PHCs but only five lab technicians (Regular-2, NHM-1, RNTCP-1 and ICTC-1) are in-position. Lab technician from CHC Pondiuparoda and PHC Mohra provides services on Tuesday and Wednesday respectively at PHC Jadga.
- SNCU at DH has no regular staff. Only one medical officer is posted, who is not trained in FBNC. All the maintenance services and staff nurse posts of SNCU are outsourced to EKAM foundation. They all have different salary structure. Staff posted at SNCU complained about irregular payment and unequal salary.
- Total 10 teams are required for RBSK in the district. None of the existing RBSK team is complete in all aspects in Pali district. In two RBSK teams in Pali block, only two MOs and

a pharmacist are in-position. Posting of staff in urgently required in all the vacant positions in RBSK teams.

- Periodic training of health personnel is essential for providing services effectively. Status of 25 different types of trainings for various categories of staffs was sought. It was found that training MIS is maintained at DH and all the staffs in periphery are scheduled for training at regular interval. District training coordinator assesses the training load for different health programmes. Presently, all the staffs in every health facility are being trained for Kayakalp and for maintaining protocol for clinical as well are general hygiene. At DH 95 staff have been trained in Kayakalp and 85 are trained in IMEP. At CHC Pali, 16 staffs are trained in Kayakalp and seven in IMEP. Various clinical training such as BEmOC, F-IMNCI, NSSK, Skill Lab, SBA and PPIUCD are provided to MOs and staff nurses.
- District should ensure filling-up all the sanctioned posts, at least at all the identified delivery points and for critical care services, in order to provide full range of health care services. The staffs trained in various skills need to be posted optimally at rural and remote health facilities.
- There is an urgent need to monitor and supervise out-sourced clinical and paramedical staffs to address their grievances. Speciality care services and skill oriented jobs such as Trauma Care and SNCU should not be left unmonitored. Quality of services and motivated health staffs go hand in hand.

5. Other Health System Inputs

- Availability of equipments, drugs and consumables, diagnostics and availability of speciality services are essential part of health care at all levels of health institutions. Provisioning of all these essentials needs close and continuous monitoring to ensure their supplies and upkeep.
- Number of drugs in the EDL is publically displayed at all the health facilities. Except SHC, all the facilities have displayed availability of medicines publically. This list is in English and is of no use for illiterate patients who are unable to understand the names of medicines, the doses and process of consumption. Health staffs need to explain each patient about medicines. During interaction with women visiting health facility for ANC and PNC services, none have reported to have full doses of IFA or Calcium tablet.

- All the visited health facilities reported about shortage or non-availability of EDL drugs during May to August, 2017. Drug store in-charge at DH and CHC informed that during July-August many of the indented medicines were not supplied from CGMSC. In case of non-availability of medicines at CGMSC warehouse, an online NOC is issued to the health facility for local purchase of medicines. This NOC contains Drug code, Drug name, unit of drug pack, indented quantity, NOC granted quantity and validity of the quantity.
- MCP cards are in short supply in visited PHC and SHC for last 7-8 months. At DH, fifteen to twenty women come without their MCP card for vaccination. This affects vaccination services.
- Date of last drug supply has to be reported in the newly introduced facility level HMIS monthly reporting format. However, drug store in-charge has not yet understood the exact data to be reported. Drug storekeepers have also expressed problems in manual updation of drug stock register. Computerized inventory management is not available at any of the visited health facility. At PHC Jadga, AYUSH pharmacist informed about the shortage of essential drugs and consumables, there are 10 drugs and consumable that is supplied for 3-6 months.
- Equipments in SNCU at DH Korba need urgent repair. Generator for power backup is installed but auto start is not working. Auto start is essential in case of sudden power cut. A radiant warmer is not functional due to short-circuit. SNCU ventilator is also not working due to non-availability of oxygen pipeline. DH should take appropriate steps to ensure periodic maintenance and repair of faulty and non-functional equipments.
- Advanced digital machines for pathological tests need regular upkeep. Presently ESR test is not being done at DH due to non-functional automatic ESR analyzer and non-availability of reagents.
- Blood bank is functional at the DH. On the day of visit 66 units blood was available in the blood bank. During April-July, 1625 units blood was collected through regular blood exchange from patients' relatives and blood donation camps. During this period, 1559 units were issued for blood transfusion, out of which 583 were for ANC women and 178 units were issued for patients in the private hospital. An amount of ₹1450 and ₹1050 is charged for one unit blood from patients admitted in private hospital and DH respectively. Blood is issued free of cost for JSSK beneficiary admitted in the DH.

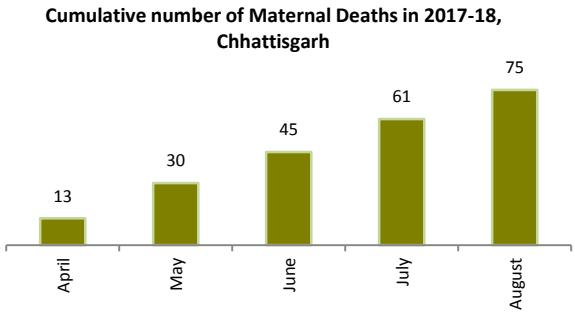
- EC pills, urine albumin and sugar testing kit, Blood Sugar testing kit, RBSK pictorial tool kit, autoclave and suction apparatus are not available at SHC, Sutarra.
- At CHC Pali, BSU is not functional due to non-working blood bag refrigerator. This refrigerator is not working since it was supplied and this has become obsolete. A new blood storage refrigerator is required for CHC.
- DH has essential speciality care services for gynaecology, ophthalmology, ENT and for emergency services. Availability of speciality care services at DH need to be ascertained with respect availability of appropriate specialists, trained paramedical staff and essential infrastructure. It is necessary to upgrade DH as tertiary care facility.
- Integrated and co-located AYUSH services are available at all the visited health facilities. Only Ayurvedic MOs are providing services at the DH, CHC and PHC. At PHC Jadga regular AYUSH MO is the in-charge MO since last 7 years. AYUSH OPD is integrated with the main OPD in all the visited facilities.
- Pathological investigations are not free for all the patients in government health care facilities. Patients from BPL category, JSSK beneficiary and senior citizens are exempted from all kinds of user charges for pathological investigations in all the health facilities. Majority of the diagnostic tests are available at visited health facilities. However, typhoid card test and ESR is not available at DH. Only 14 pathological tests are conducted at CHC. Except for malaria, sputum for TB, blood test for sickling and HIV fee is charged from patients for other tests.

6. Maternal Health

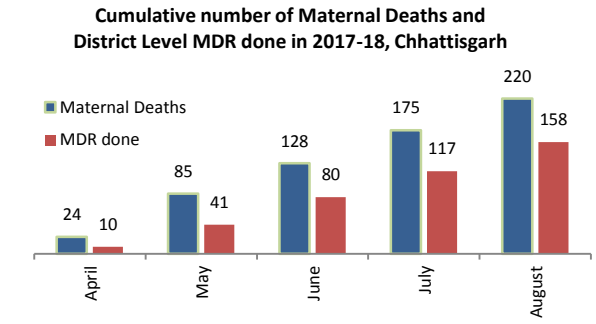
- Separate maternity wing has been constructed at CHC, Katghora. DH is the only tertiary care hospital for maternal health services. It has separate ANC and PNC ward each having 20 beds.
- DH and CHC Pali are the two health facilities where C-section delivery facility and CEmOC services are available. Between April-July, 2017 805 and 298 deliveries were conducted at DH and CHC Pali respectively. In DH 184 and at CHC, Pali 15 C-sections deliveries were performed during this period. In DH 173 obstetric complications among pregnant women were managed through 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. Regular and sufficient supply of MCP cards in the periphery health institutions need to be ensured.

- During April-July' 2017, three maternal deaths were reported and reviewed at DH. No maternal death has been reported from any of the private institution in the district. Anaemia was found to be the major cause of maternal deaths. In Pali block all the periphery level health workers are instructed to report any pregnancy related complications for close monitoring of maternal deaths.
- Data on maternal deaths is reported through a dedicated reporting portal. However, maternal deaths reported under MCTS (E-Mahtari) and MDR reporting show huge gap.



Source: http://cg.nic.in/healthmctscg/newrpt2016/rptMothChildDeathInfo.aspx



http://cgweb.nic.in/health/programonitoring/Programs_Report/rptMDR.aspx

- At DH Korba, modular kitchen is available and patients are served meals as per the diet chart in a hygienic and clean manner in stainless steel plates. The plates are wrapped with kitchen wrap film to prevent food from any dust during transport from kitchen to the wards. At CHC and PHC dietary services are available for JSSK. Due to limited delivery load at PHC Jadga, meal is provided from a local hotel as per request.
- Referral transport under JSSK is provided through 358 Mahatari express "Dial 102"and 239 EMRI Dial "108" vehicles. Patient transport services are managed by a state level call centre. There are 60 vehicles for "1099" service for free transportation of dead body from hospital to the deceased home.
- In Korba there are 11 EMRI Dial "108", 14 Mahtari Express Dial "102" and three vehicles for "1099" services. Record of transportation under JSSK from home to hospital, hospital to home and inter-facility transport is being maintained at CHC Pali and SHC Sutarra.
- JSY payments are done as per JSY guidelines through DBT. PFMS is being used to disburse JSY payment to the beneficiary. There is pendency of JSY payment for those

beneficiaries who have bank account in co-operative banks or those who do not have bank account at all.

- There is huge backlog pendency of JSY payments at PHC Jadga. JSY incentive of Rs.5,86,873 is due to be paid to 483 (395 institutional delivery and 88 home deliveries) JSY beneficiaries. This pendency is for the period of February 2013 to March 2017.
- PMSMY is being observed in all the visited health facility. At DH speciality services are provided to pregnant women with lots of funfair and hospital is especially decorated to welcome these pregnant women. CHC Pali provides services under MPSMY at SECL hospital at Gavera mines since Pali has no gynaecologist in-position. Pregnant women are provided free to and fro transportation to SECL on 9th day of every month.
- In Pali BMO has initiated joint monitoring with CDPO of ICDS under Mahtari Jatan Yojana. Readily cooked food is provided to all pregnant women visiting AWC. For increasing IFA / Calcium tablet consumption and for maintaining its regularity, IFA / calcium tablets are given with the meals in presence of health workers.
- During PIP monitoring visit, 18 JSY/JSSK beneficiaries were interviewed to know their awareness about JSSK and various services received by them under JSSK. Sixteen beneficiaries got themselves registered with Mitanin or ANM during antenatal period. Out of 18 beneficiaries, one had come for ANC and 17 had come for delivery. One beneficiary each had opted for PPIUCD and CTT post delivery. Twelve beneficiaries had come for the first time for any MCH services at the health facility. Except three beneficiaries all had availed free transport service from home to hospital. All the beneficiaries were aware about JSY. Three pregnant women were referred from periphery to DH. All the mothers were counselled for early and exclusive breast feeding and all new born children were given birth dose of vaccine at the visited health facility.
- None of the beneficiaries have complained about rent seeking for any services or for receiving JSY incentives.

7. Child Health

- Critical care services for sick neonates such as SNCU and NBSU are not functioning as per the guidelines due to lack of trained human resources and insufficient infrastructure. SNCU at DH, Korba has no trained MO posted. It has only 10 staff nurses in-position who are trained in NSSK but only two of them are trained in FBNC from PGI Chandigarh.

- Services, staff and maintenance of SNCU at DH has been out-sourced to a private agency EKAM foundation since last 2016. The agency has adopted varied salary structure for different staff nurses according to their work experience. This has resulted in different salary among SNCU staff nurses.
- During April-July, 2017 there were 234 newborn admitted (Inborn: 134; Outborn: 100) in the SNCU at Korba. Out of these 172 were discharged after treatment, 22 were referred to higher facility, 29 were LAMA and 18 died during the course of treatment. Out of the total newborns admitted, two-thirds were low birth weight children and one-fourth children were born pre-maturely i.e. before completing 34 weeks of gestation. Average duration of stay for in-born and out-born children was 4.1 and 5.6 days respectively.
- SNCU Medical officer (I/c) and staff nurses informed about faulty equipments and problems in repair services. Generator set for continuous power supply has been installed but its auto-start is not functioning. The concerned technician visited the SNCU for its repair but the problem has not been resolved. In the SNCU, a radiant warmer is not functional due to electrical short–circuit and a ventilator is also not functional due to non-availability of oxygen pipeline in the SNCU.
- Looking at the child malnutrition level in the state number of NRCs were increased from 40 in 2013-14 to 79 in 2016-17. As per PIP 2017-18, 62 new NRCs are proposed to be established in Chhattisgarh. However, it may be noted that PIP 2017-18 submitted by the state has no mention of NRC at CHC Pali in the existing list of NRCs in the state, whereas NRC is already functioning at CHC Pali.
- There are four NRCs in Korba district. In all 50 beds are available in NRCs. NRCs of DH Korba and CHC Pali has 20 and 10 beds respectively. During April-July' 2017, 109 and 70 SAM children were admitted in NRCs at DH and CHC respectively. NRC MIS software is being used for monitoring and supervision of NRC services. Feeding demonstrator and cook are available in both the NRCs. NRC at Pali requires caretaker and support staff.
- Immunization services are available at all the visited health facilities. Birth dose of all vaccinations are provided at the visited DH, CHC and PHC. It was observed at CHC and PHC that most of the vaccination is done at out-reach sites. Vaccination provided at out-reach sites are reported to have provided by SHC co-located at PHC. Thus overall vaccination performance of the PHC gets underreported.

- Staff nurse of PHC Jadga pointed out that Vitamin-K injection is supplied in 10mg vial by CGMSC, while dose of vitamin-K is 1 mg. Therefore vitamin-K is not being administered to the newborn children.
- RBSK programme is being implemented as per guidelines in the district. However, due to shortage of manpower in the rural health institutions, many RBSK MOs also provide services at SHCs and PHCs for fixed day services. There are 39 staffs in-position (MOs-17; Pharmacist-8; ANM-7 and Lat Technician-7) in RBSK programme in Korba district.
- RBSK teams provide services at schools and anganwadi centres. RBSK teams have screened children for 4D's-Defects of Birth, Diseases, Deficiency and Developmental Delays. Total 7911 children were screened during April-July' 2017. Out of these 1044 were found with health problems and 63 children were referred to a higher health facility.
- Information regarding child morbidity and mortality is maintained at DH and CHC. At PHC and SHC no such data is being recorded and reported.

8. National Health Programmes

Services under various national health programmes as per the government guidelines are being given in district Korba. However, services under many national health programmes are constrained due to limited human resources and infrastructure.

8.1 Family Planning Services:

- Korba district provides all the family planning services for spacing as well as limiting methods. The district has no surgeon trained in LTT. One NSVT trained MO is posted each at DH and CHC Pali.
- LTT camps are not organized in any facility in the district now. Only few health facilities with proper infrastructure and trained manpower are designated for family planning operation. This has been done to maintain quality of FP services and for providing services as per treatment protocol.
- During April-July' 2017, 90 and 15 CTT operations were done at DH and CHC Pali respectively. Contraceptive supply is sufficient and regular at the visited health institutions. Mitanin also distribute OP and Condom during home visits.
- It was reported by SN at CHC Pali that JHPIEGO has instructed them to report only those PPIUCD removals which are opted due to acceptance of other FP methods. As

a result SNs at the CHC are not recording PPIUCD removals due to complications and these are also not being reported in the HMIS. At PHC Jadga, the RMA and SN keep separate record of PPIUCD. This has resulted in faulty PPIUCD reporting under HMIS.

- It was found that staff nurses at DH and CHC, Pali provide counselling on PPIUCD to every pregnant woman prior to PPIUCD insertion.

8.2 ARSH / RKSK:

- Adolescent health services are an important dimension under overall umbrella of health care services. Adolescent health is covered under two health programme – ARSH and RKSK. The two programmes supplement each other - ARSH caters to reproductive and sexual health needs of adolescents and RKSK focuses on overall health of adolescents.
- Separate ARSH clinics are established in the DH and CHC for providing services. At DH every Thursday 2 pm to 5 pm is fixed for adolescents counselling at Kishor Swasthya Kendra. ARSH counsellor is not available at CHC. Only one counsellor is posted at CHC for family planning who provides counselling to the adolescents.
- It is observed that Sanitary Napkins for ARSH programme is not supplied separately. There is no proper reporting and recording of ARSH services in any of the visited health facility.
- RKSK programme has been initiated in the state in five districts – Bijapur, Bilaspur, Dantewada, Jashpur and Surguja. Under RKSK, Mitanin will be trained to provide counselling to adolescents and services will be provided in special Adolescent Friendly Health Clinic (AFHC) at every VHND on a designated day. Programme will also identify peer educators at village level amongst adolescents to strengthen IEC.

8.3 Non-Communicable Diseases (NCD):

- DH Korba has separate NCD clinic named as Health Life Style Centre. However, DH does not have the required specialists for providing services related to NCDs on regular basis. Patients visiting OPD in district hospital and at CHC Pali are screened for hypertension and diabetes and provided with primary care and treatment.
- At present two MOs each at DH and CHC Pali have been trained in NCDs But due to limited staff, NCD services are not provided on regular basis.

- The state has also initiated programmes for prevention and control of deafness in 14 districts where either ENT specialists are posted or where ENT specialist can be hired. At state level 27 ENT specialists have been oriented under the programme in 2015.

8.4 Disease Control Programme:

- Services under disease control programme are provided for Malaria, Tuberculosis and Leprosy. Required staffs are not available for all the three programmes at all levels of health institutions.
- During April-July' 2017 there were 2245, 914, 1452 and 725 slides were prepared and examined for malaria at DH, CHC, PHC and for SHC respectively. There were 333 positive cases of malaria found at DH, followed by 11 at CHC, 29 at PHC and 12 at SHC. It was observed that RD kits for malaria testing are regularly supplied and used at all the visited health facilities.
- Korba is a major producer of coal and several mines are being operated by SECL in the district. Due to continuous mining activities susceptibility to TB is common in all age groups in the mining areas.
- Under RNTCP, services are available at DH, CHC and PHC. There were 726, 511, 41 and 64 sputum test conducted at the visited DH CHC, PHC and SHC respectively. Out of these 80 sputum samples were found to be positive at DH, 23 at CHC, 3 at PHC and 7 at SHC.
- To prevent the high dropouts from DOTS treatment and to encourage the newly detected TB patients to continue the treatment, CGMSC is providing amonthly food basket for each TB patient. The basket contains one litre edible oil, one kg milk powder and one and half kg groundnut. This food basket is provided for six months or till the treatment is over. This ensures regular follow-up of all the TB patients.
- Presently 23 laprosy patients at DH and 57 at CHC Pali are undergoing treatment under NLEP. Information provided by the respective health facilities show that 50 new cases (DH: 17; CHC: 30; PHC: 2 and SHC: 1) of leprosy have been identified, out of which 20 cases were identified through Mitanin.

9. Community Processes (Mitanin)

- A strong network of Mitanins is present in Chhattisgarh. In Korba majority mitanins have been trained in level 20 and 21 of mitanin training which is equivalent to the 6-7 module of ASHA training programme.
- In Pali block 567 mitanins are required as per the population criteria but 501 mitanins are presently working. In PHC village, two mitanins are working while in SHC village 12 mitanins are working.
- In Pali block highest incentive received by mitanini is Rs.18067 and in PHC, Jadga the amount is Rs.7664. The lowest incentive received by mitanin is Rs.1800 and Rs.3840 in Pali block and PHC Jadga.
- Mitanin at SHC Sutarra informed that since last 1-2 years, payments are not being given as per the work performance. Instead Rs.1500 per month is paid to each mitanin for first nine months i.e. April to December. Thereafter, the remaining amount is credited based on the actual work done and payment already made to a mitanin. The payment is not regularly credited in mitanin account as informed by them.
- It was observed that mitanins are not well educated and are not able to maintain their daily work performance in records / registers. Mitanins have not been provided printed registers and formats.
- Chhattisgarh has initiated Mitanin Kalyan Kosh (Mitanin Welfare Fund) through which financial assistance is provided to mitanins for further education, during pregnancy. In case of death of mitanin Rs.20,000 is paid immediately to the family of mitanin and a scholarship of Rs.1200 per month is also given to the school going children of deceased mitanin for study during 9^{th} to 12^{th} standard. Under the welfare scheme mitanins are entitled to get a education incentive for attaining schooling upto 12^{th} standard. Mitanin passing 8^{th}, 10^{th} and 12^{th} standard are given incentives of Rs.2000, Rs.5000 and Rs.10000 respectively. Till 2016, 3250 mitanins have received education incentive in the state.

10. Quality of Health Services

Quality parameters for health services are multidimensional. It not only cover environmental norms in the health institutions but also involves dissemination of information related to health care service, preventive measures for ailments and promotion of healthy behaviour through IEC for patients as well as general public.

10.1 *Kayakalp:*

- Kayakalp is an ambitious programme in line with the Swachha Bharat Campaign. It envisages maintaining of high standard for cleanliness and hygiene across all public health institutions.
- Continuous monitoring under "Kayakalp" is embedded in it and each health facility is scored according to level of amenities it has and cleanliness and hygiene it maintains. Facilities scoring above 70% under Kayakalp are scrutinized by a peer group which finally provides score to the health facility. This provides a basis for enhanced fund to health facility based on the "Kayakalp score".
- A separate web portal http://cgweb.nic.in/health/kayakalp/index.html is maintained for monitoring and reporting of Kayakalp assessment for each health facility upto PHC level in the state. For 2017-18, Kayakalp assessment has been initiated in all the health facilities of Korba district. In a progressive manner every year few selected health facilities are given special inputs for upgradation. This enables the selected health facilities to compete for peer assessment.
- The PRC team visited PHC Tuman under Pondiuproda block which has been given additional resources for upgradation of infrastructure and amenities. The MO (I/c) of PHC Tuman has developed many unique amenities and infrastructure. The MO has developed a herbal garden where medicinal plants, locally available vegetable, flowers and fruits are grown. She has also developed PHC building for easy movement of differently abled persons by making ramp and holding bars in each area, rainwater harvesting, solar powered lighting and has equipped the PHC with waste management utilities such as composting, burning pits etc. for zero waste.
- During the visit it is observed that facilities are kept clean and all the hygiene related protocols are followed at the DH and CHC. This year, DH has scored 94 percent, CHC Pali has scored 79.26 percent and PHC, Tuman has scored 93.82 percent in peer assessment under Kayakalp. These facilities will be awarded cash incentive for competing in the state level assessment.
- It may be mentioned that 75 percent of the prize money under Kayakalp is given to JDS for further upgrdation and addition of amenities and 25 percent is distributed among the health facility staffs as team incentive.

10.2 Bio-Medical Waste Management:

- There are standard protocols for disposal of bio-medical waste management in all level of health care institutions.
- 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 CHC, PHC and SHC. Burial pit is used for disposal of BMW.
- At DH BMW is out-sourced to Enviro Care Korba which collects BMW from different sections of the hospital on designated days. Hospital administrator of DH Korba informed that since 2016 it is mandatory for each 30+ bedded health facility to have separate website to display annual PCB clearance for pollution under control. Accordingly separate web-site is being developed for the DH Korba.
- It was observed that IEC is also done at DH for patient's awareness regarding use of dust bins for disposal of waste.

10.3 Information Education and Communication:

- NHM Logo is displayed at DH and CHC but not at the visited PHC and SHC.
- Protocol posters, awareness generation chart, immunization schedule, FP IEC and JSSK entitlements are displayed at all the visited health facilities.
- Citizen charter is displayed only at DH. Timing of health facility, important phone numbers are displayed at the DH and CHC.
- It was observed that complaint / suggestion box is not available at the visited PHC and SHC. At DH process of taking patient feedback has been initiated.
- List of RKS members and income and expenditure of RKS is not displayed publically in any of the visited health facility.

10.4 Support Services:

- Various support services such as kitchen, laundry, security services and housekeeping including cleanliness are not sufficient in any of the visited facility except DH.
- Kitchen is available at all the facilities except PHC and SHC. Patients are provided cooked food as per diet chart only at the DH, which has a well maintained kitchen and provides meals to all the in-patients in hygienic and clean manner.
- Laundry services are out-sourced at all the health facilities. At DH mechanised laundry is proposed to be initiated in this year.

- Security services at DH and CHC are not sufficient. PHC and SHC does not have boundary wall for security of patients as well as staffs.
- At DH and CHC, housekeeping staffs are recruited through JDS.
- At SHC Sutarra, ANM informed that nobody in the village is willing to provided cleaning services at the SHC and the demand Rs.2000 or more is high, which cannot be met out of the meagre untied and maintenance fund of SHC. At times patient's attendants are asked to clean toilet and labour room after delivery.

11. Urban Health Programme

- Chhattisgarh has initiated a separate programme for providing accessible, affordable and comprehensive health care services for urban poor and slum dwellers in 2012 in the form of Mukhyamantri Shahri Swasthya Karyakram and established urban primary health centres and Swasthya Sewa Kendra in selected cities.
- In Korba three UPHCs are functioning covering 384 slum localities catering to 2.5 lakh slum population. PRC team visited UPHC Korba during PIP monitoring. It is one of the oldest PHCs of Korba block, which has been incorporated in urban health programme since 2015. UPHC Korba caters to over 4 lakh population that includes 2.6 lakh urban population and adjoining villages. The PHC building has been constructed by donations under CSR from NTPC, Balco and CSEB. This PHC is an excellent example of optimal utilization of public money, CSR funds and NHM grant.
- It has 10 functional beds but no separate male/female wards. It functions as a delivery point. Looking to the health needs of urban poor and working population timings of PHC are kept from 9 am to 4 pm. Apart from routine OPD and IPD and delivery services it has a ICTC, dental care centre, block level drug storage, RSBY/MSBY registration facility, NCD clinic, AYUSH Centre, DOTS Suvidha Kendra and dental OPD. There is one medical officer, two RMAs and a staff nurse posted at UPHC. The ANM and Pharmacist are attached from other PHCs. One office assistant, a driver and five sweepers are recruited through JDS.
- The newly constructed three storied building lacks proper infrastructure and adequate space according to IPHS norms. Rooms for in-patients, out-patients, vaccination room, labour room, store, pathology lab etc. are very small and at times cannot hold the large crowd. It has a daily OPD turn-over of about 200-300 patients. Patients have to move

from stairs or ramp from one section to other. The labour room is at ground floor while in-patients ward is at first floor. OPD is in ground floor and pathology is at first floor.

- The dental OPD daily serves nearly 20-30 patients. A dentist is posted here since 2011. Outreach screening at school level and special camps are organized on Oral health day. It was informed by the dentist that recurring items for dental procedures are not supplied by CGMSC and has to be procured from local market, which is not of standard quality. Dental clinic requires one support staff and an additional room for proper pre and post treatment.

12. Referral Transport/MMU

- 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.
- It has a dedicated fleet of emergency response ambulance 'EMRI-GVK 108' for general patients and 'Mahatari Express 'Dial 102' exclusively for mothers and children. These are operated from a state level call centre.
- There are six ambulances available at DH Korba, three at CHC Pali and two at PHC Jadga. Mahatari Express and '108'ambulances of PHC Jadga are stationed at nearby PHC where garage and stay facility for ambulance staffs is available.
- It was observed that not all the pregnant women are getting "108" transport services. Due to non-availability of data at district level no assessment could be done for services provided to pregnant women and newborn children and other patients.

13. Clinical Establishment Act

- Clinical Establishment Act 2010 has been enacted in Chhattisgarh. As per the act all the private nursing homes and clinical establishments are required to register with the state health department. District CMHO provides the feedback for approval of health facility based on the documents submitted and inspection report of the CMHO.
- Separate web-portal http://cgweb.nic.in/health/nursinghomeact/Default.aspx has been created for online registration, renewal and approval for all private nursing homes and clinics and web portal http://cg.nic.in/health/privatehospitalreporting/ is created for reporting of services by registered private health facilities.

14. 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 systematised 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 services more 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.

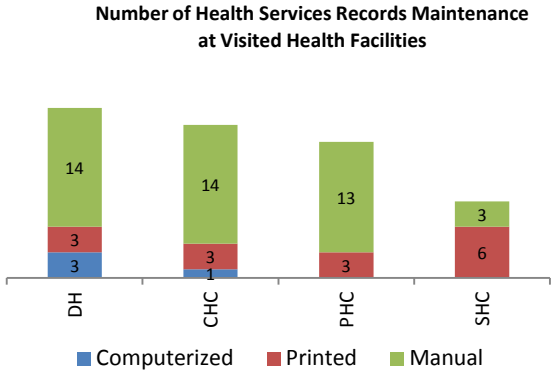
Recent changes in HMIS and MCTS (now RCH Portal) has been informed to all the districts and all the facilities are required to submit their service delivery data only through new HMIS reporting formats and RCH Portal. In order to achieve complete and accurate data reporting training at all levels is essential. For computer based data reporting system – computer, internet and data entry operators are also required.

In Korba, District M&E Officer is in-position. There are five DEOs posted in DPMU for the data entry purpose. In all the blocks one contractual DEO is posted under NHM. All the block headquarter have necessary infrastructure for data uploading on HMIS and RCH Portal.

14.1 Record Maintenance and Reporting:

- During PIP visit status of data reporting registers and system of record maintenance at each of the visited health facilities has been ascertained. Information about 22 types of registers and records has been collected.
- Computerization of health records and reporting has been observed at DH and CHC for maternal and child health care service. For rest of the health services, record registers are maintained manually.
- Capturing of all health services and health events is not being done at all the health facilities. It is observed that critical care services, deaths and morbidity are not recorded in registers which subsequently does not get reported in HMIS.
- There is still practice of multiple recording and reporting and area reporting among supervisory staffs at periphery level. This report is collected for monitoring during

weekly meeting of ANM at sector level. But BEE and health supervisor are not oriented enough to check the RCH registers and HMIS reports at health facility.

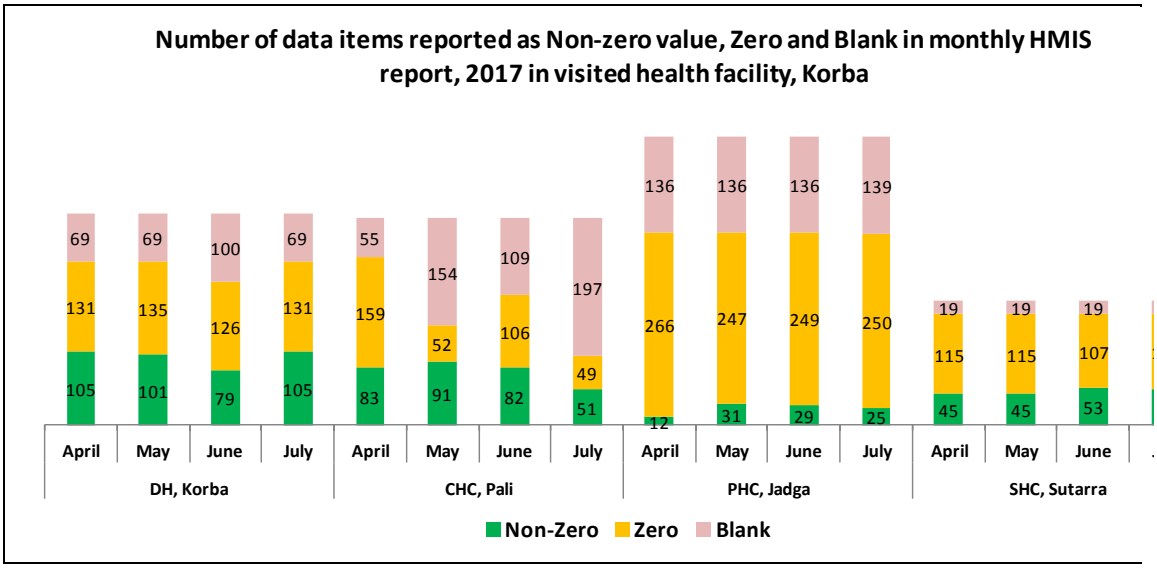


- Computerized OPD / IPD registration
- Single computer for many data entry – Maternity Wing, Discharge ticket, MDR, Roshni Clinic, PPIUCD, STD Clinic, PMSMY and HMIS.
- Single village-wise register for recording all RCH services at SHC. Not easy for ANM to extract HMIS data.
- New HMIS formats not available with the staffs in sufficient numbers.
- Tally for account only at DH.

14.2 Health Management Information System (HMIS):

- BMPU informed that the ANC registration is done only at SHC to avoid duplication of ANC registration reporting at PHCs. All the ANC registrations are reported only under SHCs in HMIS reporting.
- HMIS has been revamped in Chhattisgarh as well as in Korba 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.
- New reporting formats have not been distributed in sufficient quantity to all the facilities. PHC and SHC use photocopies of the new HMIS format. The formats are not translated in Hindi language and hence many staffs are not able to understand the new incorporated data items.
- It was observed that first round of orientation has been given to state and district M&E officers. However block level programme managers and data entry operators and PHC level accountant-cum-data assistants need to be oriented about new HMIS formats. Continuous monitoring and review of reported new data items is essential.
- It was observed that MO (I/c), BPM and DEO at visited health facilities are not familiar with the new HMIS format and changes in the existing data items and new data items. Majority of the data items remain unreported or being reported wrongly. Only providing new formats does not ensure the completeness of data in HMIS. Detailed data definition guide and source of data from where each data is to be captured is to be provided for all the data reporting units.

- It was observed that none of the health facilities are submitting verified copy of HMIS monthly report through Medical Officer (I/c). No office copy of HMIS report is being retained by the reporting health facility.



- Data items pertaining to number of deaths at health facilities are reported as blank instead of zero in case of no death. Death being a health event cannot be left blank. Similarly health services related to critical care such as 'women given blood transfusion', 'identified with hypertension', diabetes and HIV tested are also being left blank.
- At DH Korba HMIS data items such as pre-term births of <37 months gestation was reported as zero, however, SNCU in-born admission reported 53 pre-term new-born. Similarly for child immunization, IPV-1 and IPV-2 was reported zero in HMIS, while actually recorded numbers was 93 and 92 for IPV-1 and IPV-2 respectively.
- At CHC Pali, 660 pregnant women were tested for syphilis while zero was reported in HMIS. Similarly, 83 children were born LBW while only 8 LBW was reported in HMIS. Total 32 IUCD removal were done but only 9 was reported in HMIS.
- At PHC, Jadga AYUSH pharmacist is in-charge of HMIS reporting who is not trained. There is little scope of feedback and corrective action in case of errors in reporting.
- NITI Ayog has also suggested new data items on Kayalakp score and patient feedback score of the DH to be included in the annual infrastructure MIS of DH.

- It was observed that many health facilities have not uploaded annual facility infrastructure data on HMIS for 2017. Infrastructure data is of utmost importance to facilitate upgradation.

14.3 RCH Portal / MCTS:

- The new RCH portal has been initiated in 2017 with many upgradations replacing MCTS which was affected by duplication, non-updation and issue of under-reporting of maternal and child health services.
- Training for data capturing and data entry into new RCH Portal has been given to all ANMs and DEOs in the district.
- Block level training have been organized to provided 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.
- It was informed by the DEO at CHC and PHC that updating the RCH services is taking time due to slow speed of portal which causes long pendency.
- DEO at CHC Pali informed that mapping of urban wards is completed recently and data capturing for urban areas will be initiated at the earliest.

15. Best Practices and Innovation

- New initiatives have been taken by the districts for strengthening service delivery under Hamar Gaon Hamar Aspatal, resource generation upto SHC level, patient feedback for quality monitoring and increasing health services access to each village by introducing Swasthya Choupal.
- Hamar Gaon-Hamar Aspatal (Our village-Our hospital) has been initiated to provide OPD services in each SHC village on a fixed day basis. In this programme a team of MO, AYUSH MO and a paramedical staff is sent to each SHC to conduct OPD clinics. A roster is made for fixed day services. This has created huge response and demand for affordable health services. Treatment for common illness and prompt referral are made by the visiting team which is very effective for resource to poor settings.
- Swasthya Choupal (Health Meeting) is meant to ensure active participation of health supervisors, LHV and BEE in monitoring and supervision of health care services at village level. Under this initiative all the supervisory cadre visit designated village on

designated day as per duty roster and take stock of health problems in the visited village and action taken by mitanin and ANM. They also interact with local residents to solve health related problems. The supervisory staffs report these problems to the block level officials for specific intervention and support.

- Under "Kayakalp"programme patient feedback score is also taken as indicator of service quality. A 10 point OPD feedback form and 12 point IPD feedback form is given to the respective patient at the time of discharge. Patient is required to rate services on a progressive 5-point scale - 1 being 'Bad' to 5 being 'Excellent'. Presently patient feedback is taken at the DH and in phased manner it will be introduced in CHC and PHC. This feedback mechanism is difficult for illiterate patients. Pictographic feedback form can be used for illiterate patients. Reliable and unbiased feedback need to be ensured.
- In order to reduce resource scarcity at periphery level health institutions particularly SHC and PHC, a nominal fee for OPD and IPD services is introduced at PHC and SHC, where majority services are free of cost for pregnant women, children and senior citizens. This has resulted in some form of regular income for these facilities to meet daily expenses. At SHC Sutarra, Rs.642 has been collected through user charges since May'2017 when fee was introduced. However, proper account keeping and its utilization need to be ensured.

16. Progress since 2014 PIP Monitoring

In 2014-15 PRC Sagar visited Korba district for PIP monitoring. It is prudent to understand the progress made by the district during last three years.

- The District has introduced new initiatives Hamar Gaon-Hamar Aspatal, Swasthya Choupal to strengthen health care services at villages level since 15th August 2017.
- Number of SHCs functioning from government building has increased from 145 in 2014 to 185 at present.
- Construction of a new building for UPHC Korba has been completed and it has started functioning. This PHC caters to over 3 lakh urban population.
- New building for CHC Pali has been approved and construction has started in 2017.
- DH Korba has been transformed with infrastructure upgradation, adequate funding, resource generation and keeping the service quality at par with any private facility.

- DH has been awarded first prize in best DH category under "Kayakalp" at national level in 2015. Jeevan Deep Samiti of DH has been awarded Rs.50 lakh prize.
- The trauma care centre has started functioning under PPP mode. However, there is no administrative and functional control of the civil surgeon or CMHO on its services.
- First module of OPD/IPD/Blood bank and Billing under E-hospital is being established for better service delivery and real-time data capturing of services at DH.
- A 50 bedded maternity wing has started functioning at CHC Katghora.

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

1. Health Infrastructure available in Korba District

No. of institutions	Available	Located in government buildings	No. of new facility proposed	No. of health facilities having inpatient facility	No. of beds in each category
District Hospital	1	1	0	1	100
Exclusive MCH hospital	0	--	0	--	--
SDH	0	--	0	--	--
CHC	6	3	0	6	176
PHC	37	32	0	36	181
SCs	255	185	0	126	248
AYUSH Ayurvedic	--	--	0	--	--
AYUSH(Homoeopathic)	--	--	0	--	--
AYUSH (Others)	--	--	0	--	--
Delivery Point(L1)	137	121	0	137	208
Delivery Point(L2)	28	24	0	28	185
Delivery Point(L3)	4	2	0	4	180

2. Physical Infrastructure

Infrastructure (Yes / No)	DH	CHC	PHC	SHC
Health facility easily accessible from nearest road head	Yes	Yes	Yes	Yes
Functioning in Govt. building	Yes	Yes	Yes	Yes
Building in good condition	Yes	Yes	Poor	Poor
Staff Quarters for MOs	2	8	2	
Staff Quarters for SNs	8	2	4	
Staff Quarters for other categories		6		Yes*
Electricity with power back up	Yes	Yes	Yes	No
Running 24*7 water supply	Yes	Yes	Yes	No
Clean Toilets separate for Male/Female	Yes	Yes	Yes	No
Functional and clean labour Room	Yes	Yes	Yes	Yes
Functional and clean toilet attached to labour room	Yes	Yes	Yes	Yes
Clean wards	Yes	Yes	Yes	Yes
Separate Male and Female wards (at least by partitions)	Yes	Yes	No	
Availability of Nutritional Rehabilitation Centre	Yes	Yes		
Functional BB/BSU, specify	Yes	No^		
Separate room for ARSH clinic	Yes	No		
Availability of complaint/suggestion box	Yes	Yes	No	No
Availability of mechanisms for Biomedical waste management (BMW)	Yes	Yes	No	No
BMW outsourced	Yes	No	No	No
Availability of ICTC/ PPTCT Centre	Yes	Yes		
Availability of functional Help Desk	Yes	Yes	No	No

**ANM stays in SHC village, quarter not in good condition and no water facility, ^BSU has refrigerator but it is non reparable hence not in use c-section are planned and blood is brought from mother blood bank at Korba.*

3. Human Resources

Health Functionary	Required (Sanctioned)				Available			
	DH	CHC	PHC	SHC	DH	CHC	PHC	SHC
Gynecologist	2	1			2	0		
Pediatrician	2	1			0	0		
Anesthetists	2	1			0	0		
Cardiologist	-	-			-	0		
General Surgeon	2	1			0	0		
Medicine Specialist	4	1			0	0		
ENT Specialist	1	-			1	-		
Ophthalmologist	1	-			1	-		
Ophthalmic Asst.	1	0	-		0	1	0	
Radiologist	1	-			0	-		
Radiographer	2	1			1	1		
Pathologist	2	-			0	-		
LTs	6	2	-		4	2	0	
MOs	21	2	-		23	7	0	
RMA	-	0	-		-	5*	1	
AYUSH MO	-	-	-		1	2*	1	
LHV	-	-	-		-	-	1	
ANM	6	1	-		1	2*	1	1
MPHW (M)	-	1	-		-	0	0	0
Pharmacist	4	2	-		2	2	1Ayus	
Staff nurses	56	10	-		49	8	1	0
RMNCHA+ Counselor	-	-	-		1	1	0	
**These posted are under NHM*								

No. of Trained Persons

Training programmes	DH	CHC	PHC	SHC
CEmOC (Comprehensive Emergency Obstetric Care)	-	2		
LSAS (Life Saving Anaesthesia Skill)	2	1		
BEmOC (Basic Emergency Obstetric Care)	3	-	2	
SBA (Skill Birth Attended)	7	9	-	1
MTP (Medical Termination of Pregnancy)	6	3	-	
NSV (No Scalpel Vasectomy)	1	1	-	
F-IMNCI/IMNCI (Integrated Management of Neonatal and Childhood illness)	4	14	-	1
FBNC (Facility Based Newborn Care)	-	7	1	-
HBNC (Home Based Newborn Care)			-	-
NSSK (Navjaat Shishu Surakasha Karyakram)	34	16	3	1
Mini Lap-Sterilisations	4	-		
Laproscopy-Sterilisations(LTT)	-	4		
IUCD (Intrauterine Contraceptive Device)	20	11	2	1
PPIUCD (Post-Partum Intra Uterine Contraceptive Device)	24	11	2	-
Blood Bank / BSU	3	2		
RTI/STI (Reproductive Tract Infection/Sexually Transmitted Infection)	1	2	-	-
IMEP (Infection Management Environmental Plan)	85	7	-	-
Immunization and cold chain	4	1	1	-
RCH Portal (Reproductive Child Health)	-	-	-	-
HMIS (Health Management Information System)	1	14	2	1
RBSK (Rashtriya Bal Swasthya Karyakram)	1	2		

Training programmes	**DH**	**CHC**	**PHC**	**SHC**
RKSK (Rashtriya Kishor Swasthya Karyakram)	-	5	-	-
Kayakalp	95	16	2	-
NRC and Nutrition	4	4		
PPTCT (Prevention of Parent to Child Transmission of HIV)	-	13	-	
NCD (Non Communicable Diseases)	2	2	-	
Nursing Mentor for Delivery Point	-	11	-	
No. Others (specify)--------Skill Lab	1	-	2	-

4. Other health System inputs

Availability of drugs and diagnostics, Equipments	**DH**	**CHC**	**PHC**	**SHC**
Availability of EDL and Displayed	Yes	Yes	Yes	Yes
Availability of EDL drugs	Yes	Yes	Yes	Yes
No. and type of EDL drugs not available (Collect Separate List)	Yes	No	Yes	Yes
Computerised inventory management	Yes*	No	No	No
IFA tablets	Yes	Yes	Yes	Yes
IFA tablets (blue)	No	No	Yes	No
IFA syrup with dispenser	Yes	Yes	No	No
Vit A syrup	Yes	Yes	Yes	Yes
ORS packets	Yes	Yes	Yes	Yes
Zinc tablets	Yes	Yes	Yes	Yes
Inj Magnesium Sulphate	Yes	Yes	Yes	Yes
Inj Oxytocin	Yes	Yes	Yes	No
Misoprostol tablets	Yes	Yes	Yes	Yes
Mifepristone tablets	Yes	No	No	No
Availability of antibiotics	Yes	Yes	Yes	Yes
Labelled emergency tray	Yes	Yes	Yes	Yes
Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	Yes	Yes	Yes	Yes
Adequate Vaccine Stock *available*	Yes	Yes	Yes	Yes
Supplies (Check Expiry Date during visit to the Facility)				
Pregnancy testing kits	Yes	Yes	Yes	Yes
Urine albumin and sugar testing kit	Yes	Yes	Yes	No
OCPs	Yes	Yes	Yes	Yes
EC pills	Yes	Yes	Yes	No
IUCDs	Yes	Yes	Yes	Yes
Sanitary napkins	Yes	No	Yes	No
Gloves, Mckintosh, Pads, bandages, and gauze etc.	Yes	Yes	Yes	Yes
Laboratory and Other Diagnostic tests				
Haemoglobin	Yes	Yes	Yes	Yes
CBC	Yes	No	No	
Urine albumin and sugar	Yes	No	Yes	-
Blood sugar	Yes	Yes	Yes	
RPR	Yes	No	No	
Malaria	Yes	Yes	Yes	Yes
T.B	Yes	Yes	Yes	
HIV	Yes	Yes	No	
Liver function tests (LFT)	Yes	No		
No. Ultrasound scan (Ob.) done	1431			
No. Ultrasound Scan (General) done				

Availability of drugs and diagnostics, Equipments	**DH**	**CHC**	**PHC**	**SHC**
No. X-ray done	1938	242		
ECG	Yes			
Endoscopy	No			
Essential Equipments				
Functional BP Instrument and Stethoscope	Yes	Yes	Yes	Yes
Sterilised delivery sets	Yes	Yes	Yes	Yes
Functional Neonatal, Paediatric and Adult Resuscitation kit	Yes	Yes	Yes	Yes
Functional Weighing Machine (Adult and child)	Yes	Yes	Yes	Yes
Functional Needle Cutter	Yes	Yes	Yes	Yes
Functional Radiant Warmer	Yes	Yes	Yes	Yes
Functional Suction apparatus	Yes	Yes	Yes	No
Functional Facility for Oxygen Administration	Yes	Yes	Yes	-
Functional Foetal Doppler/CTG	Yes	Yes	Yes	
Functional Mobile light	Yes	No	No	
Delivery Tables	Yes	Yes	Yes	Yes
Functional Autoclave	Yes	Yes	Yes	No
Functional ILR and Deep Freezer	Yes	Yes^	Yes	
Emergency Tray with emergency injections	Yes	Yes	Yes	
MVA/ EVA Equipment	Yes	Yes	Yes	
Functional phototherapy unit	Yes	Yes	No	
OT Equipments				
O.T Tables	Yes	Yes	No	
Functional O.T Lights, ceiling	Yes	No	-	
Functional O.T lights, mobile	Yes	Yes	-	
Functional Anesthesia machines	Yes	Yes	-	
Functional Ventilators	No	No	-	
Functional Pulse-oximeters	Yes	Yes	-	
Functional Multi-para monitors	Yes	Yes	-	
Functional Surgical Diathermies	Yes	Yes	-	
Functional Laparoscopes	No	No	-	
Functional C-arm units	Yes	No	-	
Functional Autoclaves (H or V)	Yes	No	No	
Blood Bank / Storage Unit				
Functional blood bag refrigerators with chart for temp. recording	Yes	No		
Sufficient no. of blood bags available	66	No		
Number of blood bags issued for BT in **April-July 2017-18**	1559	No		
Checklist for SHC				
Haemoglobinometer				Yes
Any other method for Hemoglobin Estimation				No
Blood sugar testing kits				No
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
Color coded bins				Yes
RBSK pictorial tool kit				No
**Internal inventory is not computerized at DH. ^Deep freezer not working at CHC*				

Specialty Care Services Available in the District	DH	CHC
Separate Women's Hospital	No	No
Surgery	No	Yes^
Medicine	No	No
Ob&G	Yes	No[@]
Cardiology	No	No
Emergency Service	Yes	Yes
Trauma Care Centre	Yes*	No
Ophthalmology	Yes	No
ENT	Yes	No
Radiology	Yes[#]	No
Pathology	Yes[#]	No
**Trauma care centre under PPP model. [#]PGMO available. ^Only C-section deliveries are conduct under major surgeries. [@]Only EmOC trained doctor available.*		

AYUSH services	DH	CHC	PHC
AYUSH Services available at the Health Facility	Yes	Yes	Yes
If yes, what type of facility available Ayurvedic – 1 / Homoeopathic -2 / Others (pl. specify)___-3	1	1	1
AYUSH MO is a member of RKS at facility	Yes	Yes	Yes
OPDs integrated with main facility or they are earmarked separately	Yes	Yes	Yes
Position of AYUSH medicine stock at the faculty	Yes	Yes	Yes

Laboratory Tests Available (Free Services)

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

Services	DH	CHC	PHC	SHC
VDRL	Yes	Yes	-	-
Semen Analysis	Yes	No	-	-
X-ray	Yes	Yes	-	-
ECG	Yes	No	-	-
Liver Function Test	Yes	-	-	-
RPR for syphilis	Yes	-	-	-
RTI/STI Screening	Yes	-	-	-
HIV	Yes	Yes	Yes	-
Indoor Fees	-	20	10	25
OPD fees	-	10	5	5
Ambulance	Yes	Yes	Yes	-
Food for Inpatients	Yes	Yes	Yes	-

5. Maternal Health (Give Numbers from 1 April- 31 July'2017)

5.1 ANC and PNC	DH	CHC	PHC	SHC
ANC registered	-	0	-	72
New ANC registered in 1st Trim	-	0	-	72
No. of women received 3 ANC	390	94	-	44
No. of women received 4 ANC	497	40	-	40
No. of severely anaemic pregnant women(Hb<7) listed	117	19	2	0
No. of Identified hypertensive pregnant women	162	3	3	0
No. of pregnant women tested for B-Sugar	966	159	0	0
No. of U-Sugar tests conducted	966	171	0	0
No. of pregnant women given TT (TT1+TT2)	199	88	-	81
No. of pregnant women given IFA	126	282	-	44
No. of women received 1st PNC check within 48 hours of delivery	58	232	118	44
No. of women received 1st PNC check between 48 hours and 14 days of delivery	32	168	118	44
No. of ANC/PNC women referred from other institution (in-referral)	42	128	0	-
No. of ANC/PNC women referred to higher institution (out-referral)	26	63	5	0
No. of MTP up to 12 weeks of pregnancy	56	17	0	-
No. of MTP more than 12 weeks of pregnancy	0	0	0	-

5.2 Institutional deliveries/Delivery Complication	DH	CHC	PHC	SHC
Deliveries conducted	805	298	118	44
Deliveries conducted at home				0
C- Section deliveries conducted	184	15	-	-
C- Section deliveries conducted at night (8 pm-8 am)	16	1	-	-
No. of pregnant women with obstetric complications provided EmOC	210	9	-	-
No. of Obstetric complications managed with blood transfusion	173	0	-	-
No. of Neonates initiated breastfeeding within one hour	621	293	115	44
No. of Still Births	5	6	3	0

5.3 Maternal Death Review	DH	CHC	PHC
Total maternal deaths reported	3	0	0
Number of maternal death reviews during the quarter	3	0	0
Key causes of maternal deaths found	3	0	0

5.4 Janani Sishu Suraksha Karyakram (JSSK)	**DH**	**CHC**	**PHC**	**SHC**
Free and zero expense delivery & caesarean section	Yes	Yes	Yes	Yes
Free drugs and consumables	Yes	Yes	Yes	Yes
Free diet up to 3 days during normal delivery and up to 7 days for C-section,	Yes	Yes	No	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*
Free provision of blood, however relatives to be encouraged for blood donation for replacement.	Yes	No	No	No
Free transport – home to hospital, inter-hospital in case of referral drop back to home	 - - -	 357 63 299	 - -^ -	 34 01 34
Exemption of all kinds of user charges	Yes	Yes	Yes	Yes
**Not all available. ^Data not maintained at DH and PHC*				

5.5 Janani Suraksha Yojana (JSY)	**DH**	**CHC**	**PHC**	**SHC**
No.of JSY payments made	Yes	Yes	Yes	Yes
JSY payments are made as per the eligibility criteria indicated in JSY Guidelines	Yes	Yes	Yes	Yes
No delays in JSY payments to the beneficiaries.	No	No	Yes*	No
Full amount of financial assistance to be given to the beneficiary before being discharged from the health facility after delivery.	Yes	Yes	Yes	No
Payments mode Cash-1, Cheque bearer-2, Cheque a/c payee-3 Direct transfer-4, Others (specify____) -5	 4	 4	 3	 4
Physical (at least 5%) verification of beneficiaries to be done by district level health authorities to check malpractices.	Yes	Yes	Yes	Yes
Grievance redressal mechanisms as stipulated under JSY guidelines to be activated in the district.	Yes	Yes	Yes	Yes
Proper record maintained for beneficiaries receiving the benefit	Yes	Yes	Yes	Yes
**During February, 2013 to March, 2017 483 JSY payments have not been paid (395 institution and 88 home delivery). Total amount Rs.586873=00*				

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

6. Child Health (April to July 2017)

6.1 Special Newborn Care Unit / New Born Stabilized Unit		DH	CHC	PHC	SHC
SNCU / NBSU exist. (Yes/No)		Yes	Yes	No	No
Necessary equipment available (Yes/No)		Yes	Yes	-	-
Availability of trained MOs		0	-	-	-
No. of trained staff nurses		10	-	-	-
No. of admissions	Inborn	134	6	-	-
	Out Born	100	-		
No. of Children	Cured	172	6	-	-
	Not cured	47	-		
	Referred	22	-		

6.2 Nutrition Rehabilitation Centre	DH	CHC
No. of functional beds in NRC	10	10
Whether necessary equipment available	Yes	Yes
No. of staff posted in NRC FD/ANM and other	3	2
No. of admissions with SAM	109	70
No. of sick children referred	1	1
Average length of stay	15	15

6.3 Immunization	DH	CHC	PHC	SHC
BCG	845	72	115	44
Penta1	133	57	0	49
Penta2	95	15	0	51
Penta3	93	22	0	37
Polio0	734	225	115	44
Polio1	129	57	0	49
Poli02	105	15	0	51
Polio3	114	22	0	37
Hep 0	736	225	115	44
Hep 1	0	0	0	0
Hep 2	0	0	0	0
Hep 3	0	0	0	0
Measles1	101	0	0	46
Measles2	20	0	0	48
DPT booster	50	0	0	48
Polio Booster	0	0	0	48
No. of fully vaccinated children	-	-	-	23
ORS / Zinc	Yes	Yes	Yes	Yes
Vitamin - A	Yes	Yes	Yes	6
No. of immunisation sessions planned	16	28	0	12
No. of immunisation sessions held	16	28	0	12
Maintenance of cold chain. Specify problems (if any)	No	No	No	No
Whether micro plan prepared	No	No	No	Yes
Whether outreach prepared	Yes	Yes	Yes	Yes
Stock management hindrances (if any)	No	No	No	No
Is there an alternate vaccine delivery system	Yes	Yes	Yes	Yes

6.4 Rashtriya Baal Swathya Karyakram (No. of children referred by RBSK team for treatment)

No. of Children Screened	Screened	Identified with problems	Referred to higher facility
Age group			
0-6 weeks	410	47	-
6 weeks-6 years	5282	479	43
6 -18 years	2629	565	20
Total	7911	1044	63

6.5 Number of Child Referral and Death	DH	CHC	PHC	SHC
No. of Sick children referred(up to age 5)	4	5	2	1
No. of Neonatal Deaths	18	0	0	0
No. of Infant Deaths	-	0	0	0

7. Family Planning

Family Planning	DH	CHC	PHC	SHC
Male Sterilization (VT+NSV)	4	0	0	-
Female Sterilization (CTT+LTT)	90	15	0	-
Minilap sterilization	0	0	0	-
IUCD	13	31	47	21
PPIUCD	77	262	80	0
Condoms	765	630	10	130
Oral Pills	60	235	12	10

8. Adolescent Reproductive and Sexual Health

ARSH	DH	CHC	PHC	SHC
ARSH counseling done by ANM				
ANM trained in services				
Outreach ARSH services provided				
No. of adolescent provide counseling by ANM				
No. of Referral from ARHS to Higher Facility	-	-	-	-
No. of Referral to ARHS from other health facility	-	-	-	
Whether ARSH clinic functioning	Yes	No	No	
Type of trained manpower available for ARSH clinic	-	-	-	
No. of adolescents attending ARSH clinic	295	-	-	
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	DH	CHC	PHC	SHC
General cleanliness	Yes	Yes*	Yes	Yes
Condition of toilets	Good	Good	Fair	Fair
Building condition	Good	Good	Fair	Fair
Adequate space for medical staff	Yes	Yes	No	Yes
Adequate waiting space for patients	Yes	No	No	Yes
Practices followed				
Protocols followed	Yes	Yes	Yes	Yes
Last fumigation done	Yes	No	No	No
Use of disinfectants	Yes	Yes	Yes	Yes
Autoclave functioning	Yes	Yes	No	No

9.2 Biomedical Waste Management (BMW)	DH	CHC	PHC	SHC
bio-medical waste segregation done	Yes	Yes	Yes	Yes
Whether outsource	Yes#	No	No	No#
If not, alternative arrangement	-	1*	1*	1*
Pits-1		3		
Incineration-2				
Burned -3				
Others (specify) --4				
**Pit and burning facility are available at all visited health facilities. #Outsource to Enviro care Korba.*				

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

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

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

	DH	CHC	PHC
Number of ambulances			
102 Mahtari Express/JE*	2	1	1
108	3	1	1
Other	-	1	-
MMU	0	-	-
Ambulance per lakh population	-	-	-
Availability of call centre*	State level call centre		
Number of MMU	0	0	0
**** Due to state level call centre, data on utilization of referral transport is not available with the district. This data is also not available at the state health web portal as part of mandatory disclosure.***			

11. Community processes

11.1 Accredited Social Heath Activist (ASHA/Mitanin)	**CHC**	**PHC**	**SHC**
Number of Mitanin required	567	2	12
Number of Mitanin available	501	14	12
Number of Mitanin left during the quarter	11	2	1
Number of new Mitanin joined during the quarter	0	2	1
All ASHA workers trained in module 6&7 for implementing home based newborn care schemes	Yes	Yes	Yes
Availability of ORS and Zinc to all Mitanin	Yes	Yes	Yes
Availability of FP methods (condoms and oral pills) to all Mitanin	Yes	Yes	Yes
Highest incentive to an ASHA during the quarter	18067	7664	-
Lowest incentive to an ASHA during the quarter	1800	3840	-
Payments disbursed to Mitanin on time	Yes	Yes	No
Drug kit replenishment provided to Mitanin	Yes	Yes	Yes
Mitanin social marketing spacing methods of FP	No	No	No

12. Disease Control Programmes

Disease Control	**DH**	**CHC**	**PHC**	**SHC**
National Malaria Control Programme				
Number of slides prepared	2245	914	1452	725
Number of positive slides	333	11	29	12
Availability of Rapid Diagnostic kits (RDK)	Yes	0	Yes	Yes
Availability of drugs	Yes	Yes	Yes	Yes
Availability of staff	Yes	Yes	Yes	-
Revised National Tuberculosis Programme (RNTCP)				
Number of sputum tests	726	511	41	64
No. of positive tests	80	23	3	7
Availability of DOT medicines	Yes	Yes	Yes	Yes
All key RNTCP contractual staff positions filled up	No	Yes	No	-
Timely payment of salaries to RNTCP staff	Yes	Yes	No	-
Timely payment to DOT providers	Yes	Yes	Yes	-
National Leprosy Eradication Programme (NLEP)				
Number of new cases detected	17	30	2	1
No. of new cases detected through ASHA	3	14	2	1
No. of patients under treatment	23	57	0	2

13. Non Communicable Diseases

NCD	DH	CHC	PHC
NCD services	Yes	Yes	No
Establishment of NCD clinics	Yes	Yes	
Type of special clinics (specify)_____	-	-	
Availability of drugs	Yes	Yes	No
Type of IEC material available for prevention of NCDs	Yes	Yes	No
No. of staff trained in NCD			
MO	1	2	-
SN	-	-	-
Other	1	2	-

14. Record maintenance (Verify during facility visit) M=manual/P=printed/C=computerized
1= Available and undated/ correctly filled; 2=Available but not updated; 3=Not available

Record	DH	CHC	PHC	SHC
OPD Register	1C	1M	1M	1M
IPD Register	1C	1M	1M	1M
ANC Register	1M	1M	1M	1P
PNC Register	1M	1M	1M	1P
Indoor bed head ticket	1M	-	3	3
Line listing of severely anaemic pregnant women	1	1M	1M	3
Labour room register	1P	1P	1P	1P
Partographs	1P	1P	1P	1P
FP-Operation Register (OT)	1M	3	3	
OT Register	1M	1M	3	
FP Register	1M	1M	1M	-
Immunisation Register	1M	1M	1M	1M
Updated Microplan	3	3	3	1P
Blood Bank stock register	1M	3		
Referral Register (In and Out)	1M	1M	1M	3
MDR Register	1M	-	-	3
Infant Death Review and Neonatal Death Review	3	-	-	3
Drug Stock Register	1P	1P	1P	1P
Payment under JSY	1C	1C	1M	3
Untied funds expenditure (Check % expenditure)	-	-	-	-
AMG expenditure (Check % expenditure)	-	-	-	-
RKS expenditure (Check % expenditure)	-	-	-	-

**Line listing of severely anemic PW recorded in delivery register at DH&CHC but PHC&SHC recorded in ANC register. # Partograph available in cash sheet. ^Only IUCD & PPIUCD register available at CHC and PHC.*

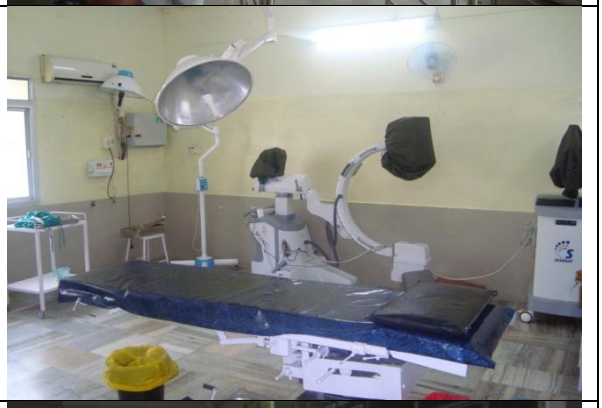
15. Health Management Information System and Mother Child Tracking System

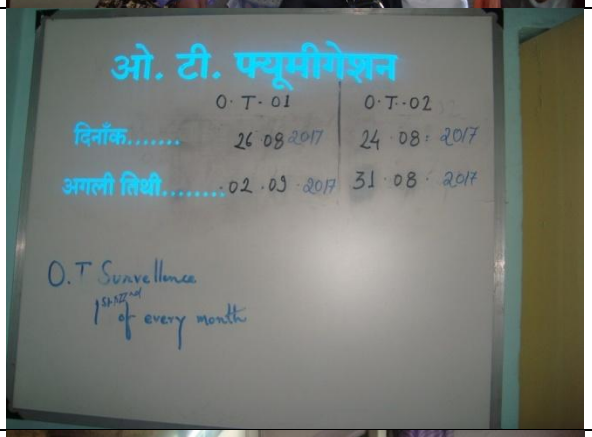
HMIS and MCTS	DH	CHC	PHC	SHC
Dedicated Staff available for HMIS and MCTS (RCH Portal)	Yes	Yes	No	Yes
Quality of data	Yes	No	No	Yes
Timeliness	Yes	Yes	Yes	Yes
Completeness	Yes	Yes	Yes	Yes
Consistent	No	No	No	No
Data validation checks (if applied)	Yes	Yes	Yes	No

16. Additional and Support Services

Services	DH	CHC	PHC
Regular Fogging	No	No	No
Functional Laundry/washing services	Yes	Yes	Yes
Availability of dietary services	Yes	Yes	Yes
Appropriate drug storage facilities	Yes	Yes	Yes
Equipment maintenance and repair mechanism	Yes	Yes	Yes
Grievance Redressal mechanisms	Yes	Yes	Yes
Tally Implemented	No	No	No

District Hospital (DH) Korba, District Korba visited on 29 August, 2017





Community Health Centre (CHC) Pali, District Korba visited on 30 August, 2017

Primary Health Centre (PHC) Jadga, District Korba visited on 31 August, 2017

Sub Health Centre (SHC) Suttara, District Korba visited on 31 August, 2017

UPHC Korba visited on 30.08.2017 and PHC Tuman visited on 31.08.2017, District Korba