Population Research Centre

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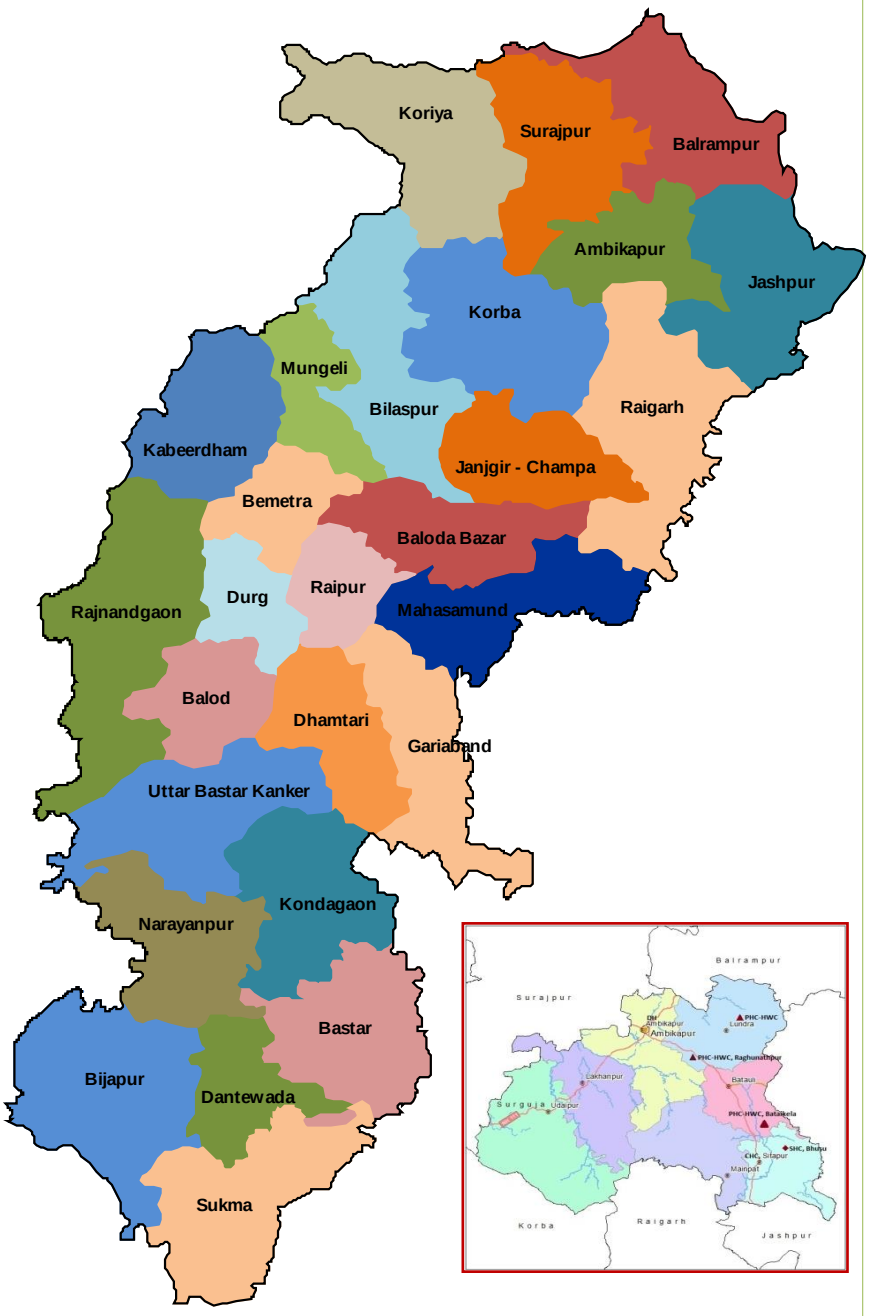
Quality Monitoring of Programme Implementation Plan (PIP) 2019-20 under National Health Mission in Chhattisgarh District: Surguja (Ambikapur)



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List of Acronyms

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AHS	Annual Health Survey
AMC	Annual Maintenance Contract
AMG	Annual Maintenance Grant
AMO	Assistant Medical Officer
ANC	Anti Natal Care
ANM	Auxiliary Nurse Midwife
AYUSH	Ayurvedic, Yoga, Unani, Siddha, Homeopathy
BAM	Block Account Manager
BB	Blood Bank
BCM	Block Community Mobilizer
BDM	Block Data Manager
BEmOC	Basic Emergency Obstetric Care
BMO	Block Medical Officer
BMW	Bio-Medical Waste
BPM	Block Programmer Manager
BSU	Blood Storage Unit
CBAC	Community Based Assessment Check-list
CBC	Complete Blood Count
CEmOC	Comprehensive Emergency Obstetric Care
CHC	Community Health Centre
CMHO	Chief Medical and Health Officer
CS	Civil Surgeon
CSR	Corporate Social Responsibility
DAM	District Account Manager
DCM	District Community Mobilizer
DEIC	District Early Intervention Centre
DEO	Data Entry Operator
DH	District Hospital
DMC	Designated Microscopic Centre
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
GOI	Government of India
GMC	Government Medical College
HIV	Human Immuno Deficiency Virus
HMIS	Health Management Information System
HWC	Health and Wellness Centre
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
IPD	Indoor Patient Department
IUCD	Copper (T) –Intrauterine Contraceptive Device
JDS	Jeevan Deep Samiti
JSSK	Janani Shishu Surksha Karyakram
JSY	Janani Surksha Yojana
LBW	Low Birth Weight
LHV	Leady Health Visitor
LT	Lab Technician
LTT	Laparoscopy Tubectomy
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MCP Card	Mother Child Protection Card
MCTS	Maternal and Child Tracking System
MDR	Maternal death Review
MMR	Maternal Mortality Ratio
MMU	Mobile Medical Unit
MO	Medical Officer
MT	Mitanin Trainers
MoHFW	Ministry of Health and Family Welfare
MPW	Multi Purpose Worker
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
Ob&G	Obstetrics and Gynaecology
OCP	Oral Contraceptives Pills
OPD	Outdoor Patient Department
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Solution
OT	Operation Theatre
PADA	PHC level Accountant cum Data Assistant
PF	Plasmodium Falsiperum
PFMS	Public Financial Management System
PGMO	Post Graduate Medical Officer
PHC	Primary Health Centre
PIP	Programme Implementation Plan
PIP	Programme Implementation Plan
PMDT	Programmatic management of Drug Resistant TB
PMU	Programme Management Unit
PPE	Personal Protection Equipment
PPIUCD	Post-Partum Intra Uterine Contraceptive Device
PRC	Population Research Centre
PV	Plasmodium Vivex
RBSK	Rashtriya Bal Swasthya Karyakram
RCH	Reproductive Child Health
RGI	Registrar General of India
RHO	Rural Health Organizer
RHS	Rural Health Statistics
RKSK	Rashtriya Bal Surksha Karyakram
RMNCH+A	Reproductive, Maternal, Newborn, Child Health & Adolescents
RNTCP	Revised National Tuberculosis Control Program
RPR	Rapid Plasma Reagin
RTI	Reproductive Tract Infection
SAM	Severe Acute Malnourishment
SBA	Skilled Birth Attendant
SDH	Sub-District Hospital
SECL	South Eastern Coal Limited
SHC	Sub Health Centre
SHRC	State Health Resource Centre
SN	Staff Nurse
SNCU	Special Newborn Care Unit
SSK	Swasthya Samvad Kendra
STI	Sexually Transmitted Infection
STLS	Senior Tuberculosis Laboratory Supervisor
STS	Senior Treatment Supervisor
T.B.	Tuberculosis
TT	Tetanus Toxoide
TU	Treatment Unit
UPHC	Urban Primary Health Centre
UPS	Uninterrupted Power Supply
USG	Ultra Sonography
VHND	Village Health & Nutrition Day
VHSC	Village Health Sanitation Committee
WIFS	Weekly Iron Folic-acid Supplementation

Quality Monitoring of Programme Implementation Plan (PIP) 2019-20 under National Health Mission in Surguja District (Chhattisgarh)

For action based PIP monitoring of NHM proposed by MoHFW (GOI) a field visit was made to Surguja (Ambikapur) district in Chhattisgarh in September, 2019. PRC Team visited District Hospital (DH) Ambikapur, Community Health Centre (CHC) Sitapur, 24*7 Primary Health Centre (PHC-HWC) Lundra, Raghunathpur and Bataikela and SHC Bhusu to assess services being provided. Monitoring included critical areas like maternal and child health, immunization, family planning, adolescent health, human resources and programme management. Report also provides key observations and action points pertaining to flagship programmes such as health and wellness centre, Ayushman Bharat, LaQshya, Kayakalp and NPCCDC. Secondary data was collected from the state web portal and district HMIS data provided by district and block Programme Management Unit. Primary data was collected for the qualitative responses through interactions with the health staff during the visits to the health facilities and interaction with beneficiaries to ascertain quality of services. Checklists for different health facilities were used to ascertain the availability of services.

Key observations from visited health facilities and action points

GMC Ambikapur

- Erstwhile DH Surguja is presently functional as a tertiary hospital for Government Medical College (GMC) Ambikapur. A separate four storey 100 bedded MCH unit is functional on the other side of the road. The MCH unit has separate OT. There is no separate District Hospital building for the district.
- Although MCH services are satisfactory the labour room and the OT need upgradation as per LaQshya protocols. The baseline for LaQshya has been completed, and the upgradation is expected to be implemented soon.
- GMC hospital has on an average served 5183 OPD patients per month during 2019. Additionally, in-referrals are high as the hospital caters to adjoining Surajpur and Balrampur districts.
- Blood bank is functional in GMC Ambikapur but BSU in CHC Sitapur is not fully functional. Four doctors from GMC are in-charge of this unit with round the clock services. Blood bank

has been linked to e-Raktkosh and online availability can be seen. This facility is particularly useful for C-sections/ deliveries/ accidental cases and medical emergency. The blood bank of the DH does not have sufficient space as well as staffs. Blood bank also lacks basic amenities for donors like drinking water, proper resting etc. New building with latest facilities is essential. BSUs are available at CHC Sitapur and Udaipur, but are not fully functional, due to maintenance issues.

- Dialysis unit is functional in GMC with four machines recently installed in GMC. During August 2019, 20 patients received dialysis services. A MD medicine doctor from GMC is in-charge of dialysis services.
- USG services and digital x-Ray machine is available in the hospital. Medicity services provides periodic maintenance service and calibration service for contracted equipments.
- An integrated OT complex for, eye, labour, obst& gynae, major, minor in OT complex is being constructed in old DH building. All the required protocols including doctors/ nurses rest rooms with centralized air conditioning are provisioned.
- No medical certification has been done at present for any health service, only MCI related norms are followed for PSM and other clinical departments.
- For patient transport, GMC has three EMRI-108, two mahatari express-102 and four 1099-service for transporting deceased body. Two ambulances have been provided by European Commission, one from DMF, two vehicles for on call doctor, one each for TB, eye and blood bank.
- Forty-five types of tests are presently being provided by GMC Ambikapur in its central lab and pathological laboratory. Pathologists from GMC are incharge of these labs.
- In GMC hospital services are provided by doctors of different clinical teaching departments to patients which include the following general medicine (20) respiratory diseases and TB (2), dermatology, venerology and leprosy (3), psychiatry (3), general surgery (19), orthopaedics (9), ophthalmology (4) obstetrics and gynaecology (11), paediatrics (9) anaesthesiology (10), radio diagnosis (4) and pathology (9). This tertiary care hospital has to duplicate as a hospital for day to day health care, critical emergencies and referrals since there is no other public hospital in Ambikapur.
- One RMNCHA Counsellor and a gynaecologist posted through NHM are providing services at GMC hospital.

- Training for national health program for sensitization and awareness of paramedical staff and other clinical staff in GMC is being done, because of the hospital's direct linkage with other public health facilities and participation in national health programmes.
- National Communicable diseases like NLEP, RNTCP, DOTS, Vector borne diseases have adequate staff and medicines including staff from GMC who overlook the programme.
- Ekam has provided training to staff in for SNCU, FBNC, 14 days observership, kangroo mother care, blood culture, family participatory care, hand hygiene and personal hygiene. Follow up of children was reported to be difficult for out-born children who visited from adjoining districts and periphery.
- DEIC has been operationalized in GMC Ambikapur. One audiologist, one optometrist, one physiotherapist, clinical psychologist, MO, special educator, dentist, one lab technician and one SN are serving at the DEIC Surguja. Neural tube defect, down's syndrome, cleft lip and palate / cleft palate, (club foot), developmental, congenital cataract, congenital deafness, congenital heart diseases are being diagnosed and treated.
- In the month of May and June, 2019 special campaign for population based NCD screening was conducted in the district. Mitanins were provided training for filling-up CBAC forms. It was observed that Mitanins are not fully acquainted with the screening process and entering the data in CBAC forms. Mitanins are not trained enough for screening of breast and cervical cancer among women.

Action Points

- GMC hospital Ambikapur has onus of both teaching and catering to the district as a whole which does not have a separate district hospital as a first port of call. A separate hospital is urgently needed to handle the high case load for all types of services.
- Infrastructure maintenance of all critical health care facilities, such as pathology, blood bank, SNCU, NRC etc. should be prioritized.
- Currently the medical superintendent and deputy superintendent are managing the GMC as well as hospital services. A hospital administrator is urgently needed to assist in supervision and monitoring of the hospital services
- There is an urgent need to fill up the posts at GMC as 70 percent posts are lying vacant in different sections of the hospital administrative office and essential services

CHC Sitapur

- CHC Sitapur has sanctioned staff as per 30 beds but hospital has extended infrastructure

to 100 beds designated as civil hospital. Constructed in 2003. (40 bed extension in 2013-14). Darima and Mainpat CHCs in the block has sanctioned staff as per increased sanctioned bed strength but no building has been sanctioned.

- Staff quarters for the CHC have been constructed 8-10 kms from Sitapur through NHM budget, but are not in use. The quarters are dilapidated and are used for storing condemned goods.
- Non-availability of gynaecologist and non-functional BSU hampers the critical case services at this designated L3 facility. Paediatrician is also not available, but an RMNCHA counsellor is working.
- It was reported that medicines are not directly supplied to the CHC by CMHO store/ CGMSC, CHC staff have to go and collect medicine from the district.
- The CHC has one each '102' and '108', one BMO vehicle, and one vehicle for field visit. Only one driver is available at the CHC. There is no ambulance available for patient.
- In CHC Sitapur different category of staff are trained in BEmOC, SBA, LaQshya, skill lab, MTP, NCD, IUCD, PPIUCD, IMNCI, NSSK, IMEP, HMIS, RKSK and Kayakalp.
- Ten bedded NRC Sitapur NRC is functional since 2015 in the trauma care building. Total admissions in NRC was ten in August 2019. Follow up of all cases are ensured after discharge, but Lama cases are there.
- Medicine supply is not per requirement from CGMSC. There is no staff for cleanliness in the NRC.

Action Point

- Issue of staff rationalization needs to be resolved for this high patient load health facility.
- NRC urgently needs a regular cook, an attendant, and one ANM. Other requisites are iron syrups and other syrups, weight for length reference chart ORS and medicines for SAM children is urgently required.
- Training on Kayakalp for proper internal assessment is essential for all the staffs.

UPHC – HWC Nawapara

- This UPHC- Nawapara has 10 functional beds. The building has been renovated to provide all the services under HWC. It was observed that this HWC is short of staffs. Two medical officers 3 SNS, 14 ANMs providing services in 48 wards.
- Branding and other pre-requisites have been done recently and HWC has solar power back.

There is lack of adequate space for lab and medicine dispensation in the HWC.

- Twelve types of laboratory tests are being carried out of which seven are kit based.
- Mitanins have been provided the CBAC forms by their MTs but are not being monitored.
- There are 36 types of medicines and ten types of emergency medicines.
- Functioning, calibration and maintenance of equipments is undertaken and reported by Mediciti.

Action Point

- Cough syrup urgently required by the UPHC Nawapara.
- Calibration of centrifuge and microscope needs immediate attention

PHC Bataikela

- PHC building constructed in 2015-16 and then Rs. 4 lakh given for upgradation of PHC as HWC. An amount of Rs, 1.5 lakh was also spent through PHC, RSBY fund.
- PHC boundary wall is not constructed due to non- demarcation of hospital boundary. BMW waste mangement
- Water supply is available round the clock, boarding and solar panel is required with power back up.
- Patient transport such as 102/108 services are not available due to non-existential approach road from the main road.
- PHC Bataikela is an inaccessible area. Referral point CHC Sitapur and CHC Batauli.
- One AYUSH MO, two AMO-one SNs, two ANMs, one Lab Technician one pharmacist, one clerk, one ward boy, one NMA, one PADA, one ward AYAH, one cleanliness staff are available. One dresser is required.
- PHC Bataikela follows the segregation of waste protocol. Infectious material is stored separately. Staffs were well acquainted of BMW protocols.

Action Point

- Road connectivity needs to be improved, because it covers a large population in this remote area
- There are no staff quarters for the PHC. Staff quarters are urgently required, to facilitate staff to stay nearby.

PHC -HWC Lundra

- PHC Lundra is located at block headquarter PHC. One regular MO, one AMO, and one AYUSH MO along with paramedical staff are providing 24 * 7 services in PHC.

- Branding and other pre-requisites have been done and it can be a showcase for other designated UPHC-HWCs and the PHC has won Kayakalp prize.
- The MO has taken initiatives to give PHC Lundra a facelift and has provided necessary leadership in augmenting facility service, maintaining hygiene and cleanliness, and patient friendly services. OPDs, IPDs including deliveries have increased substantially.
- Fourteen types of tests are being provided at PHC level and disposal of lab waste is linked to covered drain as per the protocols of BMW management**.**
- The ANMs were being provided inputs on NCD tablet, and a meeting was held by MO of Lundra and DPM at the time of PRC team visit. Those SHCs upgraded as HWCs have been provided tablets for recording NCD data.
- The PHC had the essential medicines and no shortfall was reported. Monitoring of the PHCs are being done by the state through a 50 indicator monitoring format.
- AYUSH OPD registrations are integrated with the PHC OPDs. AYUSH has approximately 40 types of medicines and is providing ARSH services.
- Mediciti technicians provide assistance in rectifying equipments like radiant warmer and CBC auto analyser which had developed some problems
- PHC has mobilized NGOs to provide geyser and washing machine for to the facility.
- Patients expressed satisfaction with the hospital upkeep and treatment facilities at PHC.
- IEC display and signages in the hospital is commendable.

Action points

- Encroachment upon the PHC land was reported which needs to be sorted out with the revenue department.
- PHC covers a large number of villages in its catchments therefore staff rationalization is essential to ease the high load of OPD services.

PHC-HWC Raghunathpur

- PHC Raghunathpur has been selected under the Rurban project. Along with it adjoining seven villages for upgradation of health facilities. An ambulance has been provided to the PHC under the project.
- Kayakalp compliance records/ registers are available, however, these are not updated and mostly the registers are marked and recorded upto Oct-Nov 2018.
- Data in RCH portal is not being properly updated, because of issues in ANMOL app.

- The MO has taken initiatives to give PHC Raghunathpur a facelift and has provided necessary leadership in augmenting facility service, maintaining hygiene and cleanliness, and patient friendly services. OPDs, IPDs including deliveries have increased substantially.
- An MO from Unani stream in AYUSH is providing additional services at the PHC, and participating in the NHM programmes being implemented in the PHC.
- Trained staff for MTP, SBA, IMNCI, NSSK, NCD services are available at the PHC.
- Seventy five Mitanins are working in the catchment villages of PHC Raghunathpur. However, their comprehension of CBAC forms, and NCD was reported to be limited.

Action Points

- MCP cards need to be given proper supervision and monitoring and supervision.
- JDS staff for cleaning / aayah complained of less salary which may be administratively resolved.

SHC- HWC Bhusu

- SHC Bhusu has one AMO, two ANMS one regular and one contractual to provide MCH services. An MPW is trained for NCD services and data entry of NCD.
- Branding has been done as per HWC protocols
- The residential quarters provide to contractual ANM needs repair.
- It was reported by the staff that Bhusu has high incidence of malaria, but due to lack of proper reporting by mitanins mosquito nets were not made available to the SHC.
- Bhusu a delivery point is not providing dietary services to mothers.
- Limited stock of medicines multi- vitamin, iron, skin, anti-fungal, paracetamol was reported by the SHC.
- Case sheet and partographs are not being used at the health facility.
- Mitanins are not working in coordination with ANMs. They are only reporting to MTs. Registers of Mitanins are not shown to ANM and not verified by ANM. Verification done directly on dawapatra. Their performance remains unmonitored.

Action Points

- MPW needs training in HMIS reporting which is being handled by one ANM

- Only solar plate is used for lighting the SHC. Additional, electricity wiring is required for supply of light in all parts of SHC.
- NCD orientation for Mitanins is essential to improve their orientation and capacity building in filling CBAC forms correctly.
- A shed is needed under which patients can sit.
- A yoga patal is a pre- requisite for health and wellness activities.
- New RCH register with 148 column is required along with partographs at the SHC.
- Radiant warmer requires immediate attention and rectification at this delivery point.

District Surguja- Actions Points

- CMHO must be empowered with regular maintenance funds for hospital renovation. It was suggested that for repairs upto one lakh CMHO
- A local infrastructure technical committee for monitoring the quality of buildings is essential to overcome problems of seepage, and poor quality of construction after handing over. Currently it is centralised with CGMSC at the state level.
- Rationale deployment of human resource is lacking. All staffs stay at the head quarters and are unwilling to serve in remote areas.
- Training of DEOS, ANMs, supervisors, and PADAs is essential to improve HMIS data quality and for resolving issues related to RCH portal and NCD data.

Quality Monitoring of Programme Implementation Plan (PIP) 2019-20 under National Health Mission in Surguja District (Chhattisgarh)

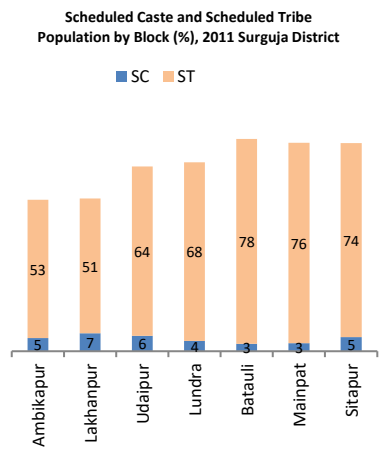
1. Introduction

For action based PIP monitoring of NHM proposed by MoHFW (GOI) a field visit was made to Surguja (Ambikapur) district in Chhattisgarh in September, 2019. PRC Team visited District Hospital (DH) Ambikapur, Community Health Centre (CHC) Sitapur, 24*7 Primary Health Centre (PHC-HWC) Lundra, Raghunathpur and Bataikela and SHC Bhusu to assess services being provided. This report provides a review of key population, socio-economic, health and service delivery indicators of the state and Surguja district. This include maternal and child health, immunization, family planning, adolescent health, AYUSH services, human resources, programme management and status of HMIS and RCH Portal data.

Report also provides key observations and action points pertaining to flagship programmes such as health and wellness centre, Comprehensive Primary Health Care, RMNCH+A, Ayushman Bharat, LaQshya, Kayakalp and NPCCDC. Team also interacted with beneficiaries to ascertain quality of services. The report also provides critical insight and action points based on information collected from the service providers and programme managers during the visits to different health facilities in the district. Primary data was collected for the qualitative responses through interactions with the health staff during the visits to the health facilities. Secondary data was collected from the state web portal and HMIS data from programme management unit (PMU).

2. State and District Profile

- Surguja district is surrounded by Surajpur district in the north-west, Raigarh in the south, Balrampur in the north-east, Korba in the south-east and Jashpur in the east. Surajpur and Balramrampur districts were a part of erstwhile Surguja district till year 2011. The district is divided into 7 blocks, Ambikapur, Batauli, Mainpat, Sitapur, Udaipur, Lundra and Lakhanpur. According to the 2011 census Surguja district has a population of 23,59, 886. The district headquarter of Surguja is Ambikapur.
- The district has a population density of 150 inhabitants per sq. kilometer as compared to 189 persons of Chhattisgarh (2011).



Indicator	Chhattisgarh		Surguja	
	2001	2011	2001	2011
No. of Districts	16	18	-	-
No. of Blocks	147	147	9	19
No. of Villages	20308	20180	1174	1750
No. of Towns	97	188	7	16
Population (Million)	20.83	25.55	1.97	2.36
Decadal Growth Rate	18.27	22.61	24.7	19.7
Population Density per (Km^2)	219	189	125	150
Literacy Rate (%)	64.7	70.3	54.8	60.0
Female Literacy Rate (%)	51.9	60.3	41.6	50.3
Sex Ratio	1004	991	972	978
Sex Ratio (0-6 Age)	975	969	977	962
Urbanization (%)	20.1	23.2	7.0	10.3
Percentage of SC (%)	11.6	12.8	4.8	4.9
Percentage of ST (%)	31.7	30.6	54.6	55.1

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

- The decadal growth rate of the district has decreased from 25 in 2001 to 20 per cent in 2011 (Census, 2011). The district has 55 percent tribal population. Three blocks Batuali, Sitapur and Mainpat have high concentration of ST population (74-78 percent).

Temporal Variation in some service delivery indicators for **Surguja** district

Sr.	Indicators	Chhattisgarh		Surguja	
		HMIS Census	NFHS-4 2015-16	HMIS Census	NFHS-4 2015-16
1	Sex Ratio	930#	948	986#	1024
2	Sex Ratio at Birth	956^	927	893^	1052
3	Female Literacy Rate (%)	60.6#	59.4	61.3#	53.0
4	Infant Mortality Rate (per 1000 live births)	46^	54	46^	---
5	Unmet Need for Family Planning (%)	24.4^	12.1	25.0^	14.4
6	Postnatal Care received within 48 Hrs. after delivery	70.3^	55.0	67.9^	45.5
7	Fully Immunized Children age 12-23 months (%)	74.9^	53.6	75.5^	64.3
8	1st Trimester ANC Registration (%)	88.0*	53.1	89.0*	52.5
9	Reported Institutional Deliveries (%)	98.2*	80.8	99.8*	64.5
10	SBA Home Deliveries (%)	39.8*	2.3	32.1*	5.2

*Source: * HMIS 2019-20 up to Sept'2019, ^AHS 2012-13 #Census 2011*

Sr.	Indicator		Chhattisgarh	Surguja
1.	Infant Mortality Rate (per 1000 live births)	2010-11	53	57
		2011-12	50	55
		2012-13	46	50
		(NFHS-4) 2015-16	54	---
2.	Neonatal Mortality Rate (Per 1000 live birth)	2010-11	35	31
		2011-12	35	31
		2012-13	32	29
		(NFHS-4) 2015-16	42	---
3.	Post Neonatal Mortality Rate (per 1000 live Birth)	2010-11	17	25
		2011-12	16	24
		2012-13	14	22
		(NFHS-4) 2015-16	12	

4.	Maternal Mortality Ratio (per 100,000 live birth)	2010-11	275	286
		2011-12	263	282
		2012-13	244	271
5.	Sex Ratio at Birth	2010-11	951	914
		2011-12	951	900
		2012-13	956	903
		(NFHS-4) 2015-16	977	1052
6.	Expected number of pregnancies for 2019-20		684707	22090
7.	ANC Registration Up to Sept' 2019		327498	14503
8.	1st Trimester ANC Registration (%) up to Sept' 2019		88.0	84.8
9.	OPD cases per 10,000 population up to Sept' 2019		4135	5183
10.	IPD cases per 10,000 population up to Sept' 2019		301	773
11.	Estimated number of deliveries for 2019-20		622461	20082
12.	SBA Home Deliveries (%) up to Sept' 2019		39.8	43.2
13.	Reported Institutional Deliveries (%) up to Sept' 2019		98.2	99.2
14.	Postnatal Care received within 48 Hrs. after delivery	2010-11	64.8	35.1
		2011-12	69.5	46.6
		2012-13	70.3	45.6
		(NFHS-4) 2015-16	63.6	45.5
15.	Fully Immunized Children age 12-23 months (%)	2010-11	74.1	55.3
		2011-12	74.1	52.8
		2012-13	74.9	59.1
		(NFHS-4) 2015-16	76.4	64.3
16.	Unmet Need for Family Planning (%)	2010-11	26.4	32.1
		2011-12	24.8	35.0
		2012-13	24.4	26.6
		(NFHS-4) 2015-16	11.1	14.4
Source: Sr. 1 to 5, 14 to 16 (AHS Reports/ NFHS-4 – 2015-16); Sr.6 to 13 (HMIS 2019-20)				

3. Health Infrastructure in Surguja District

- Surguja district is providing health services in urban areas through one urban PHC and eight Swasthya Suvidha Kendras (SSK). Seven CHCs, 25 PHCs and 197 SHCs are providing services in rural areas and peripheries. Seven CHCs, all 26 PHCs and 105 SHCs (53 percent) are functioning from government buildings. There is no separate District Hospital building for the district Erstwhile DH Surguja is presently functional as a tertiary hospital for Government Medical College (GMC). A separate four storey 100 bedded MCH unit is functional in the same campus with a separate MCH OT.
- GMC Ambikapur is a designated 300 bedded hospital and currently more than 300 beds are available. Six CHCs in the district are 30 bedded where as CHC Sitapur is a 100 bedded hospital with adequate space for 100 beds. An additional 50 bedded maternity wing is functional at CHC Udaipur. Twenty three PHCs are six bedded, whereas PHC Darima, Kumdra and Urban Health and Wellness Centre Nawapara have presently ten beds each. Eight PHCs and 54 SHCs are functioning as level-1 delivery points. The district has 5 CHCs

and 18 PHCs functioning as level-2 delivery point and the DH and CHC Sitapur are the two level-3 delivery points.

- There are 1006 beds presently available for inpatient services in the government health facilities in the district. The bed capacity in the district is insufficient according to the required norm of 500 beds per 1 lakh population.

Existing Health Facilities and Health Facilities Visited		
Health Facility	**Number**	**Health Facility Visited**
District Hospital	1	GMC Ambikapur
Community Health Centre	7	CHC Sitapur
Primary Health Center	26	PHC Lundra (HWC) PHC Raghunathpur (HWC) PHC Bataikela (HWC) UPHC Nawapara(HWC)
Sub Health Centre	197	SHC Bhusu (HWC)

- The district has 82 CHC/PHCs with Ayurveda, 7 homeopathy and 4 with Unani services. Besides one Ayurveda hospital, one AYUSH wing, 28 Ayurveda, 8 homeopathy and 4 Unani dispensaries (under state AYUSH department) are functioning in the district.
- Under NHM, four CHCs and six PHCs have received funds worth Rs. 50 lakhs for repair and renovation in Surguja district in the year 2018-19.

Status of Visited Health Facilities

- GMC hospital Surguja, CHC Sitapur, and PHC Lundra are easily accessible from the main road whereas SHC Bhusu is located in the interior. GMC hospital Surguja caters to around 23 lakhs population in the district. Besides the hospital has additional load of providing services to adjoining districts of Surajpur and Balrampur. CHC Sitapur caters to a little more than one lakh population, PHC Lundra to 14,460 and SHC Bhusu caters to 4361 population in the periphery.
- GMC hospital Ambikapur, located at the district head quarter provides service to more than 1.12 lakh population in Ambikapur town and total 23 lakh population of Surguja district as it is the only major hospital in the district. GMC hospital manages 5183 outpatients per month presently. Additionally, in-referrals are high as the hospital caters to adjoining Surajpur and Balrampur districts. A separate medical college building is

coming up and the previous DH in Ambikapur is merged with medical college and the services are merged. Essential health care services are in different stages of operationalization. No separate DH has been sanctioned for the district.

- The GMC hospital has 40 staff quarters in the vicinity for MOs, ANMs and different category of staff some of which are very old and some are relatively new. CHC, Sitapur has few staff quarters 8 to 10 kms away from the CHC constructed in 2003, but are in a state of disuse. Currently 7 quarters and 12 transit hostels have been constructed but with no proper approach road. PHC Lundra has six staff quarters for different category of staff most of which are not in good condition. There are no separate MO quarters. In SHC Bhusu the AMO and one ANM are occupying old staff quarters which are in poor condition. SHC Bhusu is a double storeyed HWC with residential facilities for ANM. Thus shortage of residential facilities for staff of different health facilities is observed in Surguja district.
- All the visited health facilities have alternative power back up in the form of generator or inverter. GMC Ambikapur has solar power setup in some parts like maternity OT, labour room and all visited health facilities have solar energy back up including SHC Bhusu. Water supply is available with overhead tanks in all the visited facility including SHC Bhusu. There is 24*7 running water supply in all the health facilities including SHC Bhusu.
- Blood bank is functional in GMC Ambikapur but BSU in CHC Sitapur is not fully functional. Blood collection during June -August was 1946 units, issued units were1891 and stock on date of team visit is 5 units. Four doctors from GMC are in charge of this unit with round the clock services. One senior lab technician, 8 lab technicians one staff nurse, one lab assistant, one counsellor and two support staff are providing services. Blood bank has been linked to e-raktkosh for C-sections/ deliveries/ accidental cases linked to e-Raktkosh. The blood bank of the DH does not have sufficient space as well as staffs. A pathologist from GMC is the in-charge officer for the blood bank. Blood bank also provides blood to other private pathologies in the district. Blood bank also lacks basic amenities for donors like drinking water, proper resting etc. New building with latest facilities is essential. BSUs are available at CHC Sitapur and Udaipur, but are not fully functional, due to maintenance issues.

Radio Diagnostics at GMC, Ambikapur

100 bedded MCH building

Emergency trays in labour room,MCH

DEIC-Chamber for special children

DEIC GMC Hospital Surguja

- Forty-five type of tests is presently being provided by GMC Ambikapur in its central lab and pathological laboratory. Fourteen types of tests are being provide at PHC level and SHC Bhusu is providing five tests through diagnostic kits.

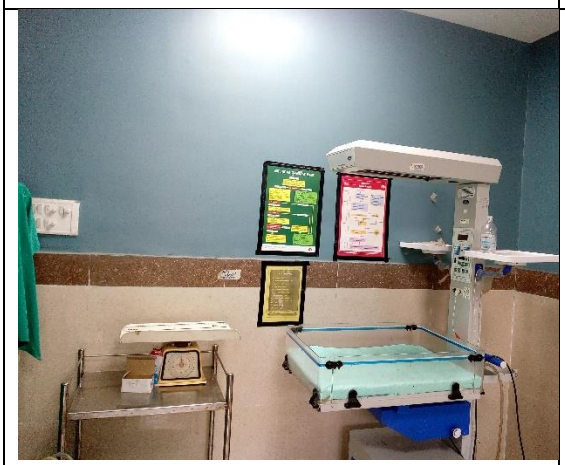
Different types of Diagnostic Tests Available in GMC Ambikapur		
Biochemistry Test	**Clinical Pathological Test**	**Pathological Test**
Sugar	HB	HIV
Urea	Total Count	HbsAG
Creatinine	Differential Count	VDRL
Uric Acid	Platelet Count	Widal
Lipid Profile	PS	RAF
Serum Bilirubin	AEC	CRP
SGOT	Total Urine Protein	ASO
SGPT	MP	Leprosy
Sickling Solubility	Sickling (Slide)	Dengue
Total Protein	Urine	
Total Albumin	Reticulocyte Count	
CKMB	Fluid	
Alkaline Phosphates	Cytology	
Serum Calcium	Occultblood	
Electrop Horesis	Semen Analysis	

- ICU and SNCU is being developed through CSR funding by SECL at GMC. CT scan machine has been installed. Total ninety patients were admitted in ICU in August, 2019. Dialysis unit is functional in GMC with four machines recently installed in GMC. During August 2019, 20 patients received dialysis services. MD medicine from GMC are in-charge of this section.
- An integrated OT complex for, eye, labour, obstectric & gynae, major, minor an OT complex as per the protocols doctors/ nurses rest rooms with centralized air conditioning are planned at a distance from the old DH building.
- BMW incinerator is working at a high maintenance cost at GMC Ambikapur. The hospital has requested the municipal corporation for collection of waste.
- There is no medical certification at present for any health service only MCI related norms are followed for PSM and other clinical departments. Linkage with public health facilities.
- GMC has 108 (3), 102 (3) 1099 herse (4). Two ambulances have been provided by European Commission, one from DMF, two vehicles for on call doctor, one each for TB, eye and blood bank.

SNCU GMC Hospital Surguja

Nurses work station labour room MCH Surguja

Pathological Lab GMC Surguja

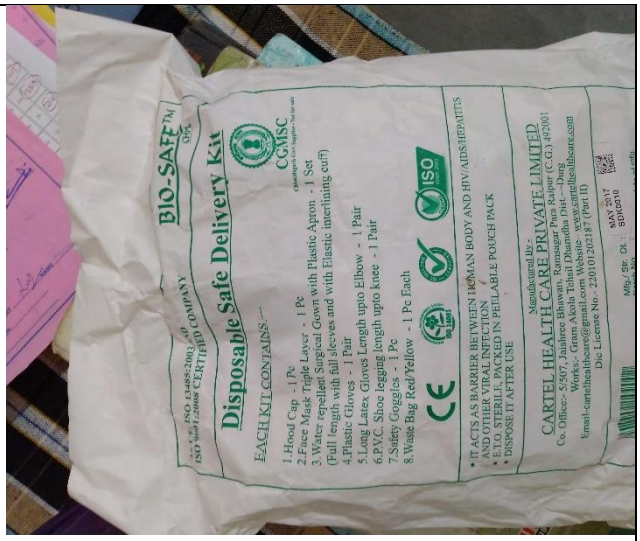


NBCC labour room GMC Surguja

Gynae ward GMC Surguja

ICU GMC Surguja

UPHC-HWC Nawaparar, District Surguja

	
CHC Sitapur, **District Surguja**	Safe Delivery kit

- CHC Sitapur is sanctioned staff as per 30 beds but hospital has extended infrastructure to 100 beds civil hospital. One portion of the building Constructed in 2003. (40 bed extension in 2013-14). CHC Darima and Mainpat in Sitapur block has sanctioned staff as per increased sanctioned bed strength but no building has been sanctioned.
- CHC's functioning as L3 facility is affected due to non-availability of gynae who is on leave and a non- functional BSU. Paediatricians are also not available, but an RMNCHA worker is working.
- It was reported that medicines are not directly supplied to the CHC by CMHO store/ CGMSC, CHC staff have to go and collect medicine from the district.
- The CHC has one each '102' and '108', one BMO vehicle, and one vehicle for field visit. Only one driver is available at the CHC. There is no ambulance at the CHC.
- SHC-HWC Bhusu, is functioning as a delivery point. But it has no boundary wall. Hospital hygiene is being maintained and overall cleanliness was observed to be satisfactory. An amount of Rs. 35, 000 was received for branding of the SHC and AMG of Rs. 20,000 had been received in the year 2019. For maintaining cleanliness, untied grants utilization is maintained at the block headquarters.

4. Human Resources

- Chhattisgarh is facing an acute shortage of human resources for health care services. In rural areas, majority of health institutions are functioning without necessary staffs. Even contractual staffs post is vacant in many of the facilities. There are currently 57 percent doctors in the District Hospitals but only 30 percent doctors in the subdistrict or sub divisional hospitals. Specialists are rare in the district with hardly 3 percent providing services in the district.
- GMC Ambikapur is providing all critical health care services. There are 88 percent paramedical staff in the district but only 30 percent doctors in the SDH or sub divisional hospitals (RHS, 2018). Surguja district with a high tribal population and its remoteness all category of health staff is mostly concentrated at the district headquarters.
- In GMC hospital services are provided by doctors of different clinical teaching departments to patients which include the following general medicine (20) respiratory diseases and TB (2), dermatology, venerology and leprosy (3), psychiatry (3), general

surgery (19), orthopaedics (9), ophthalmology (4) obstetrics and gynaecology (11), paediatrics (9) anaesthesiology (10), radio diagnosis (4) and pathology (9).

Office of the medical superintendent GMC as on 30 th April, 2019											
	Med Sup. Off.	Nursing Sup. Off.	Medical Record section	Central Sterilization	Laundry service	Blood Bank	Casualty Ser	Paramed Staff	Central workshop	Senior Tech.	**Total**
Sanctioned Posts	36	456	15	21	26	20	18	10	2	12	**616**
In position	27	123	4	6	0	11	0	6	0	0	**176**

- This tertiary care hospital has to duplicate as a hospital for day to day health care, critical emergencies and referrals since there is no other public hospital in Ambikapur.
- CHC Sitapur has 6 MOs including one AYUSH MO, 9 SNs including NHM, 5 ANMs, dresser and AIDS counsellor are in position. Overall, 68 staff including contractual are available.
- PHC Lundra has one regular MO, one AMO, one AYUSH MO, SHC Bhusu has one AMO, one regular ANM, one MPW and one contractual ANM. PHC Raghunathpur has two MOs one AMO and one AYUSH MO.

Human Resources for Health Services under NHM in Surguja District			
HR	Sanctioned	Filled	Vacant
Specialists	3	1	2
Medical Officers	9	6	3
Nursing Staff	36	22	14
Paramedical Staff	45	33	12
Group D	5	4	1
Administrative & Clerical staff	377	362	15

Training and Capacity building

- Training MIS has been initiated at the national level for training load assessment but is not yet operational in Surguja district.
- Trainings in, BEmOC, SBA, MTP, NSV, NSSK, IUCD and PPIUCD, IMEP, RCH portal, NCD. Kayakalp and HWC are being provided for skill up gradation of different category of health staff in the district.
- Training for national health program for sensitization and awareness of paramedical staff and other clinical staff in GMC is being done. One 40 seat nursing college at Surguja and 10 private nursing college, MSC Nursing/ BSC nursing.
- In the year 2018-19, 2 MOs received training in MTP, 30 MOs of RBSK in ARSH, 32 in HMIS and MCTS,30 in F-IMNCI, 18 in NSSK and 10 in PPIUCD trainings. Among the paramedical

staff 12 received training in in SBA, 2 in MTP, 16 in NSSK, 24 in in PPIUCD, 150 in vector borne diseases (VBDCP), 30 in ARSH, 30 in IMEP and 30 in dental hygiene.

- Ekam foundation is providing training in SNCU observation ship, kangroo mother care, family participatory care, hand hygiene and personal hygiene. For SNCU 245 nurses have received training.
- In CHC Sitapur and other CHCs different category of staff are trained in BeMOC, SBA, Laqshya, skill lab, MTP, NCD, IUCD, PPIUCD, IMNCI, NSSK, IMEP, HMIS, RKSK and Kayakalp.
- In PHC Lundra and other PHCs different category of staff are trained in TB, RKSK, MTP, BeMOC, SBA, NSSK, IUCD, PPIUCD, IMEP, NCD, HMIS, PFMS, RKSK and Kayakalp.
- In SHC Bhusu and other SHCs different category of staff are trained in SBA, NSSK, IUCD, PPIUCD, RCH portal, RKSK, Kayakalp, HWC and NCD.
- In the district PADAs in 23 PHCs have completed training in FMIS, PFMS and TRP.

5. RMNCH+ A services

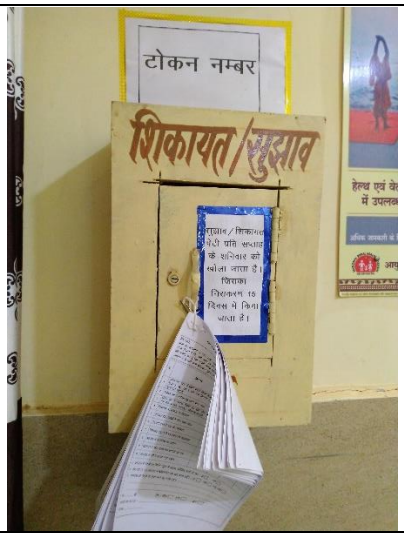
- RMNCHA envisages a comprehensive and integrated health services most importantly for the adolescents, mothers and children. indicators. which includes integrated service delivery in various life stages including the adolescence, pre-pregnancy, childbirth and postnatal period, childhood and through reproductive age. The RMNCH+A strategy aims to reduce child and maternal mortality through strengthening health care delivery system. In view of this, the Score Card developed by MoHFW is in use to assess & improve the service delivery through routine monitoring system. There are seven RMNCHA counsellors in the district.
- One RMNCHA Counsellor, and one gynaecologist, have been provided to GMC by NHM to facilitate services.
- It was observed that beyond GMC most of the visited health facilities are not fully equipped to provide full range of all the RMNCHA services, including CHC Sitapur which is designated as L3 facility with hardly any capacity for providing FRU services.
- As per the HMIS monthly consolidated report for April to September, 2019 there were 14503 ANCs registered and 84.8percent of them were registered in the first trimester.

	
NRC CHC Sitapur	Diagnostic Services at CHC Sitapur
	
Registration counter PHC HWC Bataikela	NBCC corner at PHC Bataikela

PRC team with PHC Bataikela staff

PRC team patient interaction, PHC Bataikela

HWC PHC Lundra



PHC Lundra

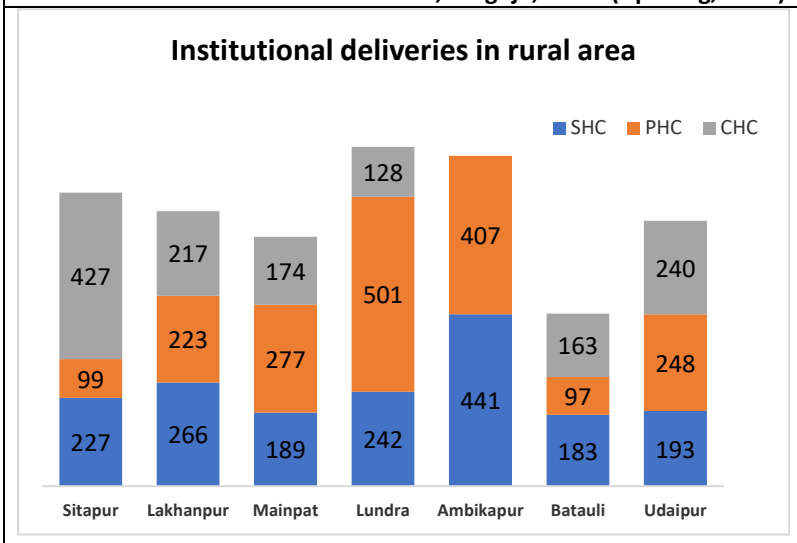
ARSH Clinic, PHC Lundra

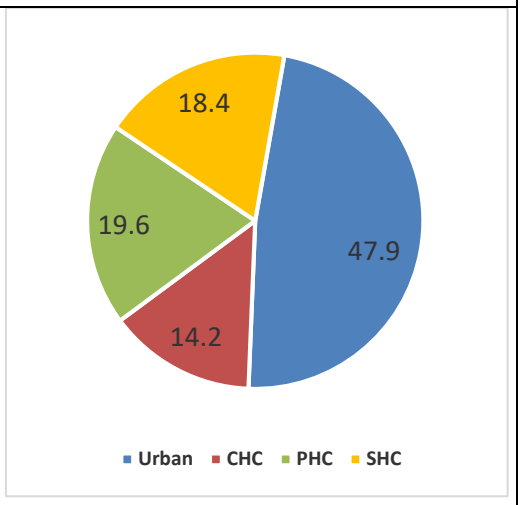
BMW management, PHC Lundra

	
New born kit PHC Lundra	**SOP for Kyakalp , PHC Lundra**

- It was found that ANC registration has not been uniform across all the health facilities. ANC registration is primarily done at SHCs and urban SSKs to mitigate overlapping and duplication of ANC registration. Pregnant women are then advised to visit nearby health facility to avail ANC services.
- The SBA trained staff nurses and ANMs in DH, CHC Sitapur, PHC Lundra were filling up the partographs and knowledge levels were satisfactory.
- HMIS monthly consolidated report for April to September, 2019 shows that 98 percent that pregnant women were given 180 IFA tables and 360 calcium tablets but actually only half or even less IFA and Calcium tablets are provided during each ANC check-up.
- No mechanism is in place to maintain track of the number of pregnant women completing the IFA/Calcium tablet, however, all the ANC registered pregnant women are reported to have received full course of 180 IFA and 360 Calcium tablets during the reporting months. ANMs at PHC and SHC pointed out that usually calcium tablets are always in short supply.
- Distribution of institutional deliveries in rural areas shows that in rural areas nearly 20 percent are conducted in PHC, Followed by PHC and SHCs. This shows that availability of delivery services in PHCs has improved in CG with up gradation of these health facilities and availability of staff. Out of total 9471 institutional deliveries in the district, 47 percent were conducted at urban health institutions including UPHC -HWC Nawapara, and GMC.
- Out of total 1289 c-section deliveries conducted in the district only 517(40 percent) were conducted at GMC, whereas 772 c-section deliveries were conducted at private institutions during April-August 2019. HMIS report shows that 4 c-section deliveries were conducted at CHC Sitapur.
- Total 1343 new cases of RTI/STI were identified among male and 1182 female cases were identified at Surguja and treatment was initiated for 844 males and 752 females during April-August, 2019.
- During April-August, 2019 total 702 sterilization operations were performed in the district. There were 3156 IUCD insertions reported by the district (Upto August, 2019). PPIUCD insertions were 35 % of the total IUCD insertions and 15 percent to total deliveries in Surguja district in 2019-20. During April-August, 2019, 250 women given first dose of injectable contraceptive under Antara programme and 130, 71and 42 women were given second, third and fourth dose at GMC respectively in the district.

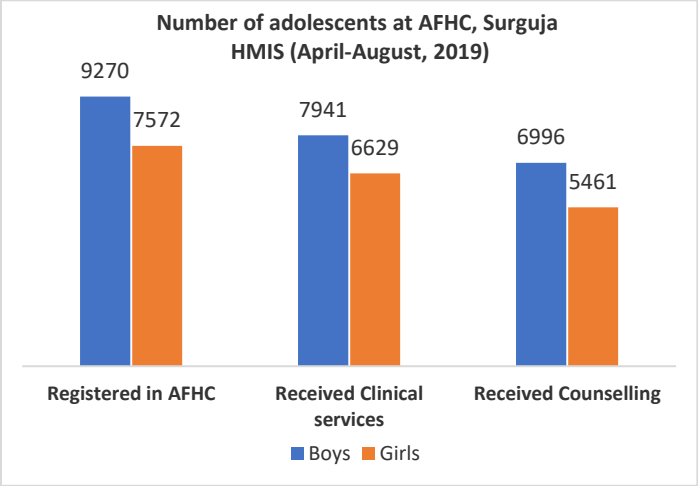
Distribution of Institutional Deliveries, Surguja, HMIS (Apr-Aug, 2019)





- It was observed that proper records are not maintained with respect to distribution of oral pill, condom, weekly pill and emergency contraceptive pill to users at any of the visited health institutions and reporting is done without any verification. Health care providers are also unaware about significance of reporting of spacing methods.
- Total 77 cases of complications following IUCD insertion were reported in Surguja upto August 2019, of which 34 were reported in Ambikapur, 16 in Batauli, 21 in GMC, and three from CHC Sitapur block. Adolescent health services are very limited in the health institutions. There is no AFHC at GMC but an ARSH clinic at PHC Lundra is providing services to adolescents in the district. An NGO has signed MoU with MoHFW for implementing school health programme and RKSK in Bilaspur and Surguja districts for which baseline was completed in 2018. Only information of distribution of WIFS tablets at schools a under SHP and AWCs were shared by service providers.
- HMIS data in the district during April-August, 2019 shows inconsistent data for registered cases, clinical services and counselling being provided in AFHCs in GMC, and PHC Lundra. SHC Bhusu have not reported any registered adolescents between April-August, 2019.
- HMIS data shows that 16842 boys and girls were registered, 14570 received clinical services, and 12547 received counselling services in the district. Further inputs are required in augmenting services in adolescent health. ANMs and Mitanins are providing adolescent health services in 5 hostels and 2 schools under PHC Lundra.

- Neonatal health is a crucial dimension towards achieving goals pertaining to reducing infant mortality and share of neo-natal mortality in infant deaths. Special new-born Care Unit (SNCU) has been set-up in the GMC. It has 20 beds, 10 beds each for in-born and out-born children. SNCU services have been out-sourced to Ekam foundation which manages services, staffs and training.



- SNCUs are neonatal units which should be established at the district hospital in the vicinity of the labor room which provides special care to both inborn and out born sick neonates (all care except assisted ventilation and major surgery) for sick newborns.
- Ekam Foundation has collaborated with the UNICEF, Chhattisgarh along with National Health Mission and the Directorate of Health Services (Chhattisgarh) in December 2015 for the project of SNCU up-gradation in order to improve the condition of infant care delivery across the state.

SNCU performance GMC Ambikapur(August, 2019)	
In-born admission	99
Out-born admission	187
New-borns admitted from DH (483 live births)	20%
Discharged children	193
Referred to higher facility	24
Left against medical advice	7
Died	61

- SNCU Surguja is located in a separate building at a distance from the labour room and is not functional as per IPHS norms. GMC has received funds for building SNCU from SCRL.
- Between April to August 2019, there were 1272 admissions (male: 742; females: 530), deaths 530 (inborn: 64 and outborn: 153). Refferal services were provided to 101 new born. Average duration of stay for in borns was 3.9 and outborns 4.9. 13 inborn deaths and 48 out born deaths were reported in August 2019. Maximum causes of neonate deaths were reported as birth asphyxia, followed by pneumonia.
- Twenty-two SNS, of which 14 provided by Ekam foundation and additionally 8 SNs from GMC are providing round the clock service.

- All 6 paediatricians and 4 DCH from GMC are providing specialist and expert services in SNCU, adequately trained in these services. Eight supporting staff including one ward boy, five sweepers and two Ayahs have been provided by GMC. Additionally, one Accountant cum DEO is appointed under NHM.
- Ekam has provided training to staff in SNCU/ FBNC/ training, observation ship training 14 days, kangroo mother care, blood culture, family participatory care, hand hygiene and personal hygiene.
- Follow up of children was reported to be difficult for out-born children who visited from adjoining districts and periphery.
- Currently step down and kangroo mother care area with toilets is not available. Special NHM funding, should be given College for SNCU.
- A ten bedded NRC is functional in GMC Ambikapur under the charge of a nodal officer in from GMC hospital. Two FDs, two SNs one ANM, one cook, and one NRC attendant appointed under NHM are presently working. In August 2019 total **15 SAM** children were referred by AWC and six of them are reported to have complications. Average stay in the NRC was for 15 days and ten of them were cured. Bed occupancy rate was 78% and eight children were followed up during the month.
- Ten bedded NRC Sitapur NRC is functional since 2015 in the trauma care building.
- Total admissions in NRC was ten in August 2019. Follow up of all cases are ensured after discharge, but Lama cases are there.
- Mothers with high parity are being provided FP services (SN I/C) have received training in Antatara and 3 mothers were provided Antara Services in August 2019.
- NRC urgently needs a regular cook, an attendant, and one ANM. Other requisites are iron syrups and other syrups, weight for length reference chart ORS and medicines for SAM children is urgently required. Medicine supply is not per requirement from CGMSC. There is no staff for cleanliness in the NRC.
- Toys are donated and no government supply. Rs. 150 per day for 15 days for mother and transport (Rs. 2250)
- Mediciti contracted by the Chhattisgarh government does not provide prompt services and there is delay in returning of equipment after repair.

- No printed registers given since beginning but the case sheet is printed. For NRCMIS there is no computer. Munga and papita trees are planted in the vicinity.

RBSK

- RBSK **has** 14 functional teams in the district in its 7 blocks presently, whereas total 16 teams are sanctioned for the district including urban. Presently, atleast one doctor per team is available. Overall 14 ANMs, 14 lab technicians and 14 pharmacists are serving the team. The teams visit the Aanganwadis twice and schools once a year in the district. Currently 11 more doctors are required.

RBSK Team at CHC Sitapur Block		
	Team A	Team B
MO	2	1
ANM	1	1
Pharmacist	1	1
LT	1	1

- One audiologist, one optometrist, one physiotherapist, clinical psychologist, MO, special educator, dentist, one lab technician and one SN are serving at the DEIC Surguja. Neural tube defect, down's syndrome, cleft lip and palate / cleft palate, (club foot), developmental, congenital cataract, congenital deafness, congenital heart diseases.

DEIC Monthly Reporting	April-August 2019
Number of children referred to the DEIC from Mobile Health Teams	22
Number of children referred to the DEIC from other public facilities	2
Number of children referred to the DEIC from other private facilities	0
Number of children walked into DEIC on their own	218
Number of children referred by ASHAs in the DEIC For Birth Defects For Development Delays from MCP Card	 3 0
Number of Repeat Visit of Children in the DEIC	37
Number of children referred to secondary and tertiary care centre	6

- Total 240 children indifferent age groups were managed at the DEIC during April-August,2019

Number of children managed in DEIC	April to August 2019
Less than 1 year	30
1-3 years	35
4-6 years	40
6-18 years	135
Total	**240**

6. Non-Communicable Disease (NCD) Services

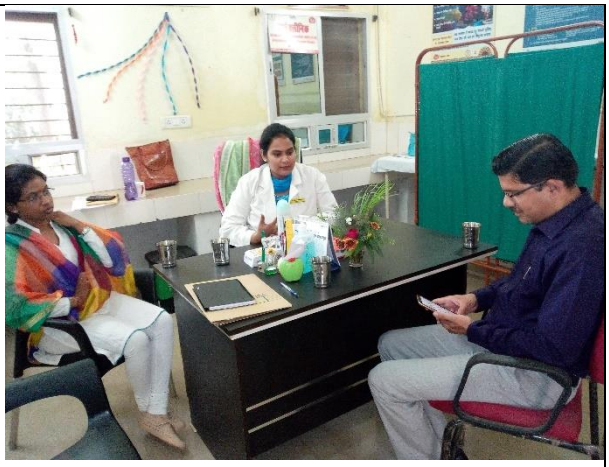
- With the new initiatives of population-based screening for non-communicable diseases and referrals of acute illnesses from peripheral centres; the high-risk patients are being identified and referred to higher level health facilities and district hospitals.

- Total nine NHM staff have been appointed under NCD, one physiotherapist, one audiologist, one hearing for hearing impaired (children), one NCD counsellor, one DEO, two Lab technician and two GNMs are providing services.
- Under Ayushman-Bharat programme the state has prioritized community based screening of NCDs at all the SHCs and PHCs. Only GMC has designated NCD clinic. It was observed that, in periphery health institutions specialists are not posted for advanced screening and treatment of NCDs, and neither do any of the other health institutions have complete range of NCD services.
- In the month of May and June, 2019 special campaign for population based NCD screening was conducted in the district. Mitanins were provided training for filling-up CBAC forms. It was observed that Mitanins are not fully acquainted with the screening process and entering the data in CBAC forms. Mitanins are not trained enough for screening of breast and cervical cancer among women.
- The state has also instructed to fill consent form for each screened patients for use of biometric information.
- ANMs at PHC Lundra and SHC Bhusu reported that Mitanins needed more training in NCD for correct filling up of CBAC forms.

Non-Communicable Diseases treated at UPHC Nawapara	
Type of Diseases	**Upto Aug' 2019**
Diabetes Test+ ve	657
Hypertension	824
Stroke	11
Obesity	1
Cancer Oral/Cervical	0

- Medical officers at the visited PHCs have been provided laptops and NCD s/w for reporting of NCD screening cases. In the periphery NCD manual in Hindi language is not available at any of the health facility, which need to be supplied. The district is also reporting daily details of screened cases for each facility.

NCD services provided in different blocks in Surguja District								
	Ambikapur	Batauli	DHQ	Lakhanpur	Lundra	Mainpat	Sitapur	Udaipur
Diabetes	1120	11188	689	816	3054	328	4106	834
Hypertension	1686	111394	649	1790	3950	388	4516	764
Stroke (Paralysis)	23	0	62	11	97	0	20	1
Acute Heart Diseases	1	0	754	0	7	0	45	0
Mental illness	77	18	782	49	95	1	140	56
Epilepsy	47	0	23	4	3	5	33	4
Ophthalmic Related	864	1507	2480	898	1931	138	1533	732
Dental	1191	1898	2183	504	1054	718	948	266
Oncology	0	0		0	0	0	0	0

	
IEC at PHC-HWC Raghunathpur	**MO Raghunathpur with DPM and PRC team**
	
Signage at PHC-HWC Raghunathpur	**IEC at SHC Bhusu**
	
IEC at SHC HWC Bhusu	**IEC At SHC HWC Bhusu**

7. Community Interface and Mitanin

- There are 7 block coordinator and two district coordinators in Surguja district For Mitanin programme. There are ASHAs 3222 Mitanins and 65 Mitanin Trainers in the district.
- In PHC- HWC Lundra 98 mitanins- under this PHC covering 28 villages Mitanins are filling CBAC forms.
- BMOs at block level have to verify the monthly performance of Mitanins through Mitanin Trainers (MTs). Dual control of Mitanin is reported as SHRC provides training inputs and pays fund for training of Mitanins. There is no supervision or monitoring of quality of training by the health authorities.
- SHRC / monitors mitanin payments through SHRC District Coordinator and Block Coordinator. It was reported that MTs do not stay in the block headquarters.
- Lack of coordination between ANMs and Mitanins was observed. ANMs at Bhusu reported that Mitanins are unwilling to participate in national programmes which carry no incentives.
- During Mitanin's interview in SHC Bhusu, questions were canvassed to know about their comprehension about the CBAC forms being filled and the type of diseases they identify at community level. Mitanins could not report correctly due to low levels of understanding of the NCDs.
- Mitanins at SHC Bhusu did not carry registers when they met PRC team. There are no separate registers for SAM and SBW children. Mainly MTs have to fill the HBNC during home visits. New waterproof MCP cards were not available with Mitanins.
- At Nawapara Mitanins of urban PHC expressed better knowledge of NCD services than their counterparts at SHC Bhusu. This is possibly due to difference in levels of literacy. Training of rural Mitanins need special impetus.
- Mothers and beneficiaries who had come to the visited facility for ANC, delivery, and immunization services and few of them were contacted at NRC at DH.
- Majority respondent had MCP card with basic information about the women, name and mobile number of ANM and Mitanin mentioned on it.
- Women were aware about incentives under JSY and availing free transport service under JSSK. In DH out 501 deliveries 484 mothers received incentives in August, 2019.

- Nearly all the women who had come for delivery had incomplete MCP cards. It was found that women had not been oriented properly about information contained in the MCP card.
- Majority women had no idea about the HWCs in their village or in nearby village.
- The incentives given to ASHA's ranged from Rs.1000- Rs.4000 per month.
- All the drugs in kits were not available with Mitanins.
- The untied fund has been disbursed to Mitanins for the utilization of the untied fund is mainly on cleaning up of the village and anti-malarial sprays. Participation of the VHSNC members in village planning is still not visible.
- Jeevan Deep Samiti (JDS) were found to be very active in the facilities visited, with regular meetings being held once in 2-3 months at block level.JDS has provided funds for upgradation of SHC Bhusu.
- The money in the JDS fund is generated by charges levied on OPD tickets and lab services MMSBY excluding the delivery patients and BPL beneficiaries. The corpus grants were released to all the RKS mainly in the beginning of the financial year and has been utilized to meet expenditures on the health facilities and other patient welfare activities.

8. Aayushman Bharat

- Inauguration of first Ayushman Bharat was at Jangla Bijapur district of CG in April 2018 Ayush Bharat Scheme for free treatment upto five lakhs smart cards is proposed in all districts of Chhattisgarh. CG has introduced the Universal Health Scheme Currently under MMSBY 13 lakhs and overall more than 55 lakh people have smart cards for health treatment.
- As per the Ayushman Bharat web portal (https://www.pmjay.gov.in/node/823) there are 715 public and 626 private hospitals empanelled in the state and 26.42 lakh e-cards are generated for families under the scheme.
- Mukhya Mantri Swasthya Bima Yojana (MMSBY) is converted into hybrid model where in state in collaboration with Religare health insurance company provided provide extended benefits under Ayushman Bharat PM-JAY, upto Rs. 50, 000 insurance rolled out in August, 2018. Under state scheme eligible families were 16,94,340 and under national Ayushman scheme PM-JAY eligible families are 37,29,027 in the state.

- The state has proposed to convert the hybrid scheme into trust model from November 2019, whereby the state nodal agency (SNA) would provide health care upto 5 lakhs for BPL groups, and upto Rs. 50,000 for APL groups. There would hire third party agency (ration mitras) for registering clients in the public health facilities.

9. Health and Wellness Centres

- In February 2018, the Government of India announced that, 1,50,000 Health & Wellness Centers would be created by transforming existing Sub Centers (SC) and Primary Health Centers (PHC) to deliver Comprehensive Primary Health Care re as one of the key components of Ayushman Bharat. For a package of services that cover reproductive, maternal child and adolescent health, communicable and non-communicable diseases, management of acute simple illnesses, enabling continuum of care for chronic illnesses, including care for the elderly.

Target of setting-up of HWCs at SHCs in Chhattisgarh	
Year	**No. of HWCs**
2017-18	450
2018-19	200
2019-20	350
2020-21	200

- Total Health and Wellness Centre in CG are 1312, UHWCs 36, SHC Health and Wellness Centres is 1009 and PHC Health and Wellness Centre is 267. In Surguja district 13 PHCs, 55 SHCs and one UPHC are being operationalized as HWC.
- Continuous upgradation and infrastructure augmentation of PHC and SHC buildings was observed including marking and branding of Health and Wellness Centres in process in

Surguja district. During financial year 2018-19 an amount of Rs.1,26,42,000 for upgradation of HWCs. A total of 22 HWCs, (15 SHCs and 7 PHCs), including visited PHC Lundra, PHC Raghunathpur, PHC Bataikela, UPHC Nawapara, have received funds through JDS for building upgradation work, mainly undertaken by PWD. Branding of all the HWCs have been carried out.

- Sufficient space for expanded service delivery, for medicine dispensation, diagnostics organized, space for wellness related activities including the practice of yoga etc. with adequate spaces for display of communication material of health messages, including audio visual aids was observed.
- Fourteen type of investigations are being provided by the health and wellness centres visited by PRC team. There are lab services with due biomedical procedures being followed in all these health and wellness centres.
- Tablet has been provided to each ANM for NCD data entry and training for using the tablet. MOs of the PHC-HWCs have been provided laptop for reporting NCD services.

Upgradation of PHCS and SHCs into health and Wellness Centres in Surguja District					
	PHC Lundra	**PHC Raghunathpur**	**PHC Bataikela**	**UPHC Nawapara**	**SHC Bhusu**
Staff as per norms	Yes	Yes	Yes	Yes	Yes
Infrastructure upgradation	Yes	Yes	Yes	Yes	Yes
IT Support and Teleconsultation Services	Partial	Partial	Partial	Partial	Partial
Medicines and diagnostics	Yes	Yes	Yes	Yes	Yes
Staff Training in NCD	Yes	Yes	Yes	Yes	Yes

10. Kayakalp

- Ministry of Health and Family Welfare, Government of India, has launched a national initiative on 15th of May, 2015 to promote cleanliness and enhance the quality of public health facilities. The purpose of this initiative is to appreciate and recognise their effort to create a healthy environment. The name of this initiative is "KAYAKALP". Swachhta guidelines for health facilities.
- Seven areas hospital upkeep, sanitation and hygiene, waste management infection control, support services, hygiene promotion and beyond hospital boundary are observed and assessed, first internally, then by peer team and finally by an external team of the state. Facilities which outshine and excel against the predefined criteria are awarded.
- Data on health portal http://cg.nic.in/kayakalp/Reports/Entry_Reports.aspx (accessed on 04.09.2019) shows that out of 35 health facilities in Surguja district, CHC- Sitapur (68.36) PHC- Lundra (98.45), PHC Raghunathpur (99.78), PHC Bataikela(91.15) UPHC Nawapara 93.00) above for the year 2019-20**.** UPHC Nawapara received the state award for 2018-19.

Staff interaction about Kayakalp at PHC Raghunathpur

- Based on the internal kayakalp score of health facilities, PRC team assessed the processes adopted for achieving higher kayakalp score at visited health facilities.
- In PHCs Lundra, Raghunathpur, and Bataikela the bio-medical waste management was canvassed indepth. PHC Raghunathpur has won commendation prize in the PHC category

in 2016. It was observed that all the staffs are dedicated to maintain the Kayakalp standards for achieving state and national level prize.

- The teams expressed a competitive spirit with zeal, enthusiasm and are the real stake holders in improving and facelift of the public health facilities.
- The support staff had been adequately trained in maintaining hospital cleanliness as per protocols. All stake holders were probed about the different category
- Kayakalp compliance records/ registers are available, however, these are not updated and mostly the registers are marked and recorded upto Oct-Nov 2018in PHC Raghunathpur.
- State should provide enough funds for maintaining overall cleanliness. Presently JDS funds and OPD income are very meagre while expenditure is high in all these facilities.

11. LaQshya Intervention

- Under the LaQshya initiative, multi-pronged strategy has been adopted for ensuring the identified gaps in labour rooms and maternity OT. LaQshya guidelines implementation and certification, dakshata training, formation of district coaching time, conducting of baseline, implementation of rapid improvement cycles are steps to provide quality maternal services.
- GMC hospital, CHC Sitapur and CHC Udaipur have been selected for implementation of LaQshya program and HDU. Till June 2019, only the baseline was completed in the hospital.
- Among the positive findings were conducting of day and night deliveries and C-section operation, adequate space available for upgradation and renovation, two nurses trained in LaQshya, Obs & Gyne and Peadiatricsc department operational in MCH wing.
- Critical findings were OPD registration for pregnant women and paediatric cases in the old DH building. ANC and PNC wards were overloaded, IEC material not displayed in ANC PNC wards, lack of patient privacy was observed. CemONC protocal not displayed, dedicated space for rapid initial assessment and triage was not available, 24 * 7 laboratory services not available at the facility, no screens between the labour tables and infection management protocol and bio-medical waste management was very poor. Staff was lacking in orientation about fire safety and risk management protocol, clinical and prescription audit not done.

Indicators for LaQshya at Labour Room, DH Surguja	
Baseline assessment completed	Yes
Quality Circle in Labour Room constituted	No
Quality Circle in Maternity OT constituted	No
SOPs made for LR	No
Whether SOPs made for OT	No
Non rotation of nurses followed	No
QI cycles initiated at the facility	No
Using partograph for all cases	Yes
Case sheets including Safe Child birth Checklist/Safe Surgical Checklist orientation done and are brought in use	No
Triaging	No
Birth companion in all deliveries	No
Visual privacy in LR	No
Patient satisfaction/feedback system (paper based/online/telephonic) in place	No
Signage in local language	No
IEC material displayed	No
Triage system in place	No
Dakshata Training completed	No
Functional HDU/ICU	No
Functional New born care corner (functional radiant warmer with neo-natal ambu bag)	Yes
KMC being done at facility	Yes
Biomedical waste management (BMW) at facility	No
Is the LR and OT staff trained on infection prevention	No

- Storage of medicines at multi drug storage points, could lead to wastage of medicines and HR, SNs and interns were not using the safe delivery kit, gown and mask for birth companion and gown for each patient was not available. The facility had not started the client satisfaction survey.
- The Medical Superintendent informed the PRC team, that LaQshya intervention would be implemented within a month in the hospital. In CHC Sitapur some staff have received training but essential steps have yet to be taken to start the procedures.

12. Data Reporting under 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 collection for health services has been systematised through HMIS and tracking of services provided to individual mothers and children is done using 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 Surguja, District Data Manager is in-position. There is one data assistant and 3 DEOs posted in DPMU for the data entry purpose. In all the blocks one contractual DEO is posted under NHM. All the block headquarters have necessary infrastructure for data uploading on HMIS and RCH Portal.
- All the seven blocks have DEOs and the PADAs in the 23 PHCs have PADAs are trained in data entry.
- The status of data reporting under HMIS for annual infrastructure and monthly HMIS report suggest lot of inconsistencies. MO in PHC Lundra was informed about data anomalies in infrastructure and necessary changes were suggested. It was observed that authenticated signed copies of HMIS monthly reports and annual infrastructure reports are not kept at any of the visited health facility.
- Reporting of annual health infrastructure data for GMC which is the tertiary health care facility was not available.
- It was observed that out of 239 mapped health facilities, 26 public health facilities have not reported annual infrastructure data for 2019-20. It is noted that in Mainpat block 20 out of 26 SHCs had not one PHC had reported annual infrastructure data for this year. In the other 6 blocks 95-100 percent infrastructure data has been reported.
- The monthly consolidated and facility wise data are inconsistent and anomaly is observed in NCD data reporting.

Annexure

Health Infrastructure available in Surguja District (September, 2019)

No. of institutions	**Number Functional**	**Located in government buildings**	**No. of new facility proposed**	**No. having in-patient facility**	**Total No. of beds**
District Hospital/ GMC	300	1	0	Yes	300
Exclusive MCH hospital*	2	2	0	2	100
Sub District Hospital / CH	--	--	0	--	--
Community Health Centre[#]	7	7	0	7	330
Primary Health Centre [$]	26	26	0	26	168
Sub Health Centre	197	105	0	105	108
AYUSH Ayurvedic	82	82	0	--	--
AYUSH(Homoeopathic)	7	7	0	--	--
AYUSH (Others)	4	4	0	--	--
Delivery Point(L1)					
PHC	8	8	0	8	48
SHC	54	54	0	54	108
Delivery Point(L2)					
CHC	6	6	0	6	180
PHC	18	18	0	18	120
Delivery Point(L3)					
DH*	1	1	0	1	300
CHC	1	1	0	1	100
HWC-Primary Health Centre	13	13	0	13	--
HWC-Sub Health Centre	55	55	0	55	--
NRC					
DH	1	1	0	1	20
CHC	1	1	0	1	10
[#]CHC Sitapur 100 bedded, CHC Udaipur 50 bedded MCH wing, [$]PHC Darima, UPHC Nawapara 10 bedded					

Physical Infrastructure

Infrastructure	**GMC Ambikapur**	**CHC Sitapur**	**PHC Lundra**	**SHC Bhusu**
Area of Building (Sq Mt. / Sq. Ft.)	--	--	--	--
Staff Quarters for MOs	Yes	Yes	No	Yes
Staff Quarters for SNs	Yes	Yes	Yes	
Staff Quarters for other categories	Yes	Yes	Yes	Yes
Functional BB/BSU, specify	Yes	Yes		
Separate room for RKSK	No	No		
Availability of ICTC/ PPTCT Centre	Yes	Yes		
Regular Fogging (Check Records)	Yes	Yes	No	No
Functional Laundry/washing services	Yes	Yes	Yes	Yes
Availability of dietary services	Yes	Yes	Yes	No
Appropriate drug storage facilities	Yes	Yes	Yes	Yes
Solar electricity	Yes	Yes	Yes	Yes
Rainwater Harvesting	Yes	No	Yes	No
Equipment maintenance and repair mechanism AIMS (MP) / Mediciti (CG)	Yes	Yes	Yes	No
Grievance Redressal mechanisms 1-Mera Aspatal / 2-Feedback form / 3-Jan Sunwai (Public hearing) / 4-Complaint box / 5-Online complaint (104)	Yes 1	Yes 1	Yes 1	Yes 5

Trained Persons in the visited health facilities

Training programmes	GMC Ambikapur	CHC Sitapur	PHC Lundra	SHC Bhusu
CEmOC (Comprehensive Emergency Obstetric Care)	--	No		
LSAS (Life Saving Anaesthesia Skill)	--	Yes		
BEmOC (Basic Emergency Obstetric Care)	Yes	Yes	Yes	
SBA (Skill Birth Attended)	Yes	Yes	Yes	Yes
MTP (Medical Termination of Pregnancy)	Yes	Yes	Yes	
NSV (No Scalpel Vasectomy)	Yes	No	No	
F-IMNCI/IMNCI (Integrated Management of Neonatal and Childhood illness)	Yes	Yes	Yes	Yes
FBNC (Facility Based Newborn Care)	Yes	Yes	Yes	Yes
HBNC (Home Based Newborn Care)			Yes	Yes
NSSK (Navjaat Shishu Surakasha Karyakram)	Yes	Yes	Yes	No
Mini Lap-Sterilisations	No	No		
Laproscopy-Sterilisations(LTT)	Yes	Yes		
IUCD (Intrauterine Contraceptive Device)	Yes	Yes	Yes	Yes
PPIUCD (Post-Partum Intra Uterine Contraceptive Device)	Yes	Yes	Yes	No
Blood Bank / BSU	Yes	Yes		
RTI/STI (Reproductive Tract Infection/Sexually Transmitted)	Yes	Yes	Yes	Yes
IMEP (Infection Management Environmental Plan)	Yes	Yes	Yes	No
Immunization and cold chain	Yes	Yes	Yes	Yes
RCH Portal (Reproductive Child Health)	Yes	Yes	Yes	Yes
HMIS (Health Management Information System)	Yes	Yes	Yes	Yes
RBSK (Rashtriya Bal Swasthya Karyakram)	Yes	Yes		
RKSK (Rashtriya Kishor Swasthya Karyakram)	Yes	Yes	Yes	Yes
Kayakalp/ HWC	Yes	Yes	Yes	Yes
NRC and Nutrition	Yes	Yes	No	
PPTCT (Prevention of Parent to Child Transmission of HIV)	Yes	Yes	No	
NCD (Non Communicable Diseases)	Yes	Yes	Yes	Yes
Nursing Mentor for Delivery Point	Yes	Yes		
Skill Lab	Yes	Yes	Yes	Yes
LaQshya	Yes	No	No	No
NQAC	Yes	No	No	No
NVHCP	No	No	No	No
Equipment Calibration	Yes	No	No	No
PFMS / E-Vitta	Yes	Yes	Yes	No
Equipment handling	Yes	Yes	Yes	Yes

Key observations for Visited health facilities (Y/N)	**GMC Ambikapur**	**CHC Sitapur**	**UPHC-HWC Nawapara**	**PHC-HWC Lundra**	**PHC-HWC Raghunathpur**	**PHC SHC Bhusu**	**PHC-HWC Bataikela**
Monthly HMIS Reported (Previous month)	Y	Y	Y	Y	Y	Y	Y
All the HMIS reports duly signed by facility in-charge	N	N	N	Y	Y	Y	N
A copy of monthly HMIS is kept and signed by facility in-charge	Y	Y	Y	Y	Y	Y	Y
Any new construction initiated / completed in the visited facility	Y	Y	Y	Y	Y	Y	Y
Grants received for new construction / Upgradation / renovation at facility	Y	Y	Y	Y	Y	Y	Y
Outsourced HR working in the facility	Y	Y	Y	Y	Y	Y	Y
SDMIS functioning/CGMSC)	Y	Y	Y	Y	Y	Y	N
Calibration of equipment is done	Y	y	y	y	y	y	y
Any local tie-up for equipment maintenance at facility	N	Y	N	N	N	N	N
Satisfaction with outsourced equipment maintenance services (AIMS/Mediciti)	N	N	N	N	N	N	--
Maternal Death Review done in last one year / current year	N	N	N	N	N	N	
JSSK report of the facility is prepared (collect copy – if available)	Y	Y	Y	Y	Y	Y	N
Records and registers for each JSSK services prepared	Y	Y	Y	Y	Y	Y	N
Availability of dedicated staff for LR and OT at visited health facility	Y	Y	N	N	N	N	--
Drugs and Equipments available as per facility level	Y	Y	Y	Y	Y	Y	Y
Distance of higher referral facility	300kms	60 km	5 kms	37 kms	25 kms	11kms	7 kms
Travel time to reach higher referral facility	7 hrs 30 mins	2 hrs	20 min	75 mins	45 min	30 mins	17 mins
Blood Transfusion facility available	Y	N	N	N	N	N	N
District coaching team visited for LaQshya implementation? (check documentation)	N	N	--	--	--	--	--
Baseline assessment conducted for LaQshya	Y	Y	--	--	--	--	--
Training on LaQshya given to any staffs	Y	Y	--	--	--	--	--
Whether LaQshya manual available in Hindi language at (visited facility)	N	N	--	--	--	--	--
Uninterrupted supply of partograph	Y	Y	Y	Y	Y	Y	N
All printed registers and reporting formats available	N	N	N	N	N	N	N
health facility level quality assurance committee formed (Collect list and meeting details)	N	N	N	N	N	N	N
RBSK team is complete in all aspects HR Separate Mobility support Route chart available and being followed Sufficient medicine and consumables supplied	 N -- -- --	 N Y Y Y	N	N	N	N	N
RBSK team linkages with referral facilities, schools, AWC for services	Y	Y	N	N	N	N	N
ASHA received HBNC /HBYC training	--	Y	Y	Y	Y	Y	Y
ASHA filling forms for HBCN/HBYC visit	--	Y	Y	Y	Y	Y	Y
ASHA reporting SAM and 4Ds to ANM	--	Y	Only 4D	Only 4D	Only 4D	Only 4D	Only 4D
ASHA has sufficient reporting and visit formats	--	N	N	N	N	N	N
Annual Infrastructure MIS 2019-20 reported for all the visited facilities	N	Y	Y	Y	Y	Y	Y

Key observations for Visited health facilities (Y/N)	GMC Ambikapur	CHC Sitapur	UPHC-HWC Nawapara	PHC-HWC Lundra	PHC-HWC Raghunathpur	PHC SHC Bhusu	PHC-HWC Bataikela
Data display initiated at Facility level – key indicators	Y	Y	Y	Y	Y	Y	N
Whether Kayakalp assessment has been done for visiting facility	--	Y	Y	Y	Y	Y	
Areas-wise score or overall score obtained by health facility (Collect a copy of Kayakalp assessment)	--	68.36	93.00	98.45	99.78	--	96.68
GUNAK app is used / known to facility in-charge	N	N	N	N	N	N	N

Infra Work Sanctioned in Financial Year 2018-19 in Surguja District					
S.N.	**Block**	**Work**	**Sanctioned Amt.**	**Place**	**Agency**
1	Lundra	HWC	486000	SHC Dakai	PWD
2	Lundra	HWC	650000	SHC Kot	PWD
3	Lundra	HWC	672000	SHC Lkhlpodi	PWD
4	Lundra	HWC	672000	SHC Badgari	PWD
5	Lundra	HWC	672000	SHC Dangaon	PWD
6	Lundra	HWC	672000	SHC Batwahi	PWD
7	Sitapur	HWC	654000	SHC Lalitpur	PWD
8	Sitapur	HWC	654000	SHC Bhushu	PWD
9	Sitapur	HWC	654000	SHC Hardisand	PWD
10	Sitapur	HWC	654000	SHC Araa	PWD
11	Sitapur	HWC	654000	SHC Sontarai	PWD
12	Sitapur	HWC	650000	SHC Nawapara	PWD
13	Ambikapur	HWC	700000	SHC Labzi	PWD
14	Ambikapur	HWC	698000	SHC Fatehpur	PWD
15	Ambikapur	HWC	700000	SHC Harratikra	PWD
16	Lundra	HWC	400000	PHC Lundra	PWD
17	Lundra	HWC	400000	PHC Raghunathpur	PWD
18	Ambikapur	HWC	400000	PHC Sukhari	JDS
19	Mainpat	HWC	400000	PHC Bataikela	JDS
20	Sitapur	HWC	400000	PHC Kamleshwarpur	JDS
21	Ambikapur	HWC	400000	PHC Bafauli	JDS
22	Udaipur	HWC	400000	PHC Kedma	JDS
1	Lundra	Repair Renovation	600000	CHC Dhoupur	RES
2	Lundra	Repair Renovation	400000	PHC Patora	RES
3	Lundra	Repair Renovation	400000	PHC Dumardih	RES
4	Udaipur	Repair Renovation	400000	PHC Kunni	RES
5	Lakhanpur	Repair Renovation	400000	PHC Lakhanpur	RES
6	Lakhanpur	Repair Renovation	650000	CHC Gumgara	RES
7	Lakhanpur	Repair Renovation	400000	PHC Gumgara	RES
8	Mainpat	Repair Renovation	500000	PHC Kamleshwarpur	RES
9	Sitapur	Repair Renovation	650000	CHC Sitapur	RES
10	Sitapur	Repair Renovation	600000	CHC Batauli	RES