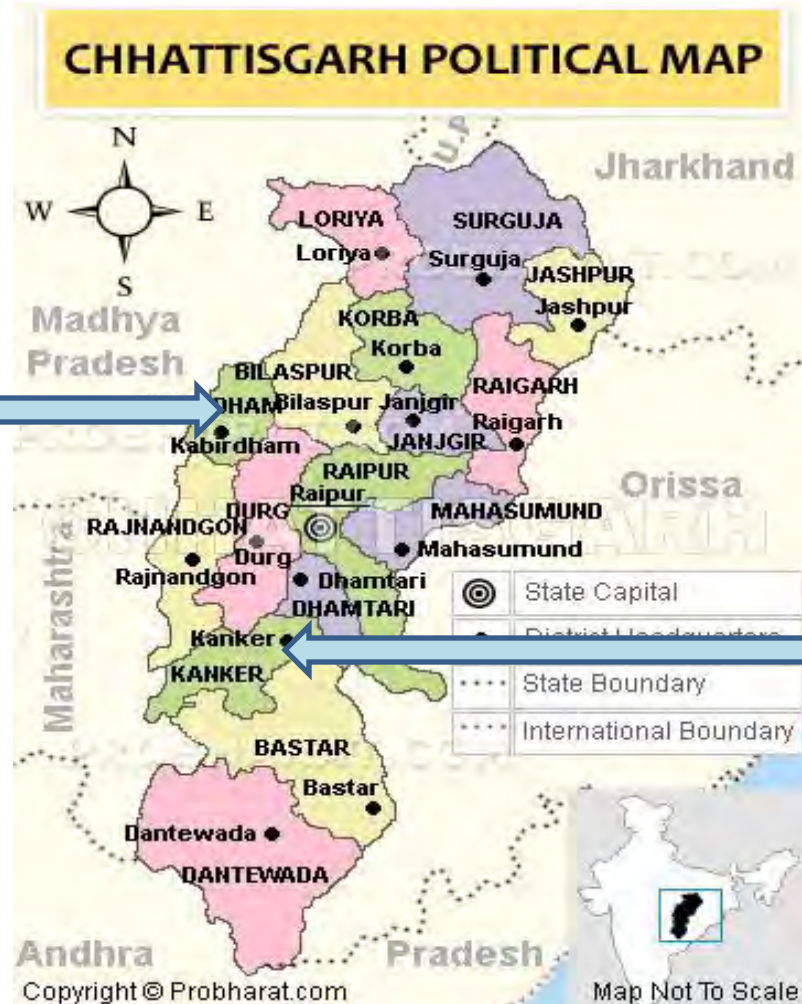


# 5<sup>th</sup> Common Review Mission- CHHATTISGARH

Kabeerdham  
(Kawardha)



Kanker

# TEAMS

## KANKER

- Mr. Biswajit Das, Director, MoHFW
- Dr. R.S. Sharma, Joint Director, NVBDCP
- Ms. Ashi Kohli Kathuria, Sr Nutrition Specialist, World Bank
- Dr. S V Gitte, RD, Raipur, Chhattisgarh
- Dr. Hemant Sharma, Consultant, NRHM
- Mr. Mani Mohan Manna, NRHM FMG

## KAWARDHA

- Dr. Prema Ramachandran, Director, NFI
- Dr. Manoj Nesari, Joint Advisor, AYUSH
- Mr. Gautam Chakraborty, Advisor, NHSRC
- Dr. B. S. Dewan, NIHFW
- Ms. Ekta Saroha, Strategic info & Policy, USAID
- Dr. Subha Sankar Das, Consultant (SHP)

# Facilities Visited

Name of facility	Number
District Hospital	02 (1+1)
CHC	07 (3+4)
PHC	07 (5+2)
Sub Centre	10 (6+4)
Anganwadi (VHND)	07 (4+3)
Ayurvedic Dispensary	02
AYUSH Gram	01
School Health	02
Private hospital	01

# Health Indicators

Indicators	India		Chhattisgarh	
	Launch of NRHM (2005)	latest	Launch of NRHM (2005)	latest
IMR	58	47 ( 2010)	63	51 ( 2010)
MMR	254	212 ( 2007-09)	335	269 ( 2007-09)
TFR	2.9	2.6 ( 2009)	3.4	3.0 ( 2009)
Institutional Deliveries (MIS)	10840036	16804718	102811	324910
Full Immunization %	43.5	61 ( 2009)	48.7	57.3 ( 2009)
Birth Rate	23.8	22.1 ( 2010)	27.2	25.3 ( 2010)
Death Rate	7.6	7.3 ( 2010)	8.1	8.0 ( 2010)

# Findings and observations

# Positives

- Increase in OPD and IPD over the last 6 years.
- Recruitment procedures especially for doctors have been revised and relaxed in view of severe shortage with quarterly appointments by DHS.
- **Rural Medical Assistants (RMAs)** filling the gap of PHC-MOs.
- **Chhattisgarh Rural Medical Corps (CRMC)** constituted for retaining Human resource in hard to reach/ difficult areas with special incentive packages.
- Significant increase in ANM and MPW training schools, especially in the private sector.
- Essential equipment such as anthropometric rods, weighing machine, Sahli's hemoglobinometer (with reagents ), BP apparatus etc. needed for ANC were available in the Sub Centers.

# Positives (continued...)

- JSSK implementation begun with abolition of all user charges and provision of free medicines.
- Fixed-day services at PHCs initiated, with doctors on visit from CHCs, especially for MCH.
- New born corners (NBCs) put in place in most health facilities, but not all are functional.
- Improved coverage of Vitamin-A supplementation and de-worming (observed in Kanker)
- VHNDs being organized regularly at the AWC, with participation of ANM and Mitatin
- Functional Mitatnins with very low dropout rates. Mitatin trainings showing good progress.

# Positives (continued...)

- Mitanin support structure in place through SHRC. All Mitanins provided life insurance cover for their husbands and scholarships for their children studying in class 9<sup>th</sup>-12<sup>th</sup>.
- **Chhattisgarh Medical Services Corporation (CGMSC)** being set up, to take up all procurement functions from 2012-13 onwards.
- JDS (RKS) filling gaps in medicines availability through local procurement – almost 40% of JDS expenditure is on drugs.
- District ROPs communicated (with sanctions for all detailed heads) at the beginning of the financial year.
- EMRI ambulances have started operations recently.
- Quality initiatives- District Hospital Kanker is ISO certified.
- AYUSH Gram a good model for promoting AYUSH at the community level.



# Areas for Improvement

- Delays in civil works. Poor quality of construction in health facilities. Deficiency of residential accommodation of staff.
- Shortage of program management staff, especially at the block level, resulting into huge backlog in UCs from the peripheral institutions. Also, low remuneration of program management staff causing discontent and turnover of staff at district and block levels.
- Training centres functioning sub-optimally mainly due to lack of trained faculty.
- All MCH facilities are functioning as level-1 or level-2. No facility functioning as level-3 in both the districts.
- Inconsistency in data at the Sub Center level, especially regarding Hb, BP and weights. Most of the ANMs were not aware of the right way of measuring weight, and Hb.

# Areas for Improvement (continued...)

- More than 50% of deliveries are home deliveries (although institutional deliveries increased from 20-25% to 40-45% in last 5 years).
- Poor utilization of District Hospital observed in both the districts.
- No SNCU seen at the district level (facilities under construction).
- Designated FRUs are not functioning optimally.
- Lack of guaranteed transportation, especially for drop back (as per provisions under JSSK).
- Poor awareness of bio-medical waste management at all levels of health care .
- Lack of role clarity of VHSNCs.
- PCPNDT is on low priority.
- Limited availability of chloroquine tablets for malaria.
- Kawardha district has no operational eye-OT.
- NIDDCP cell non-functional in both districts.

# Areas for Improvement (continued...)

- Poor inventory management, no concept of safety-stock or 2-bin system followed, resulting in stock-out lasting 2-3 months on an average.
- Many essential items like IFA etc. not available from state supplies, being locally procured through JDS.
- Quality of data filled in MCTS needs authentication. There is still a backlog of around 50%.
- Monitoring of Nutrition status not fully integrated in MCTS.
- HMIS data not being analyzed at district level, nor being used for preparing PIPs.
- No block or lower level planning for PIP.
- Almost 46% of annual budget blocked in civil works (28%), VHSNC (6%) and JDS (10%) accounts as “advance outstanding”, causing problems in funds flow.
- Sub-optimal infrastructure of AYUSH facilities. No training facilities for AYUSH doctors.

# Recommendations

- Facility Operationalization: should be taken in a **phased manner** . Facilities with least accessibility to DH should be prioritized for designating FRUs.
- Human Resources: State needs **rationalize** upgradation of health facilities according to notified delivery points.
- Maternal & Child Health: Labour room protocols, emergency readiness and designated newborn care corner preparedness in all LR to be ensured.
- Screening for anaemia to begin with among pregnant women should be done and linkages should be established for management of the same in the District.
- Child Health: Provision of new born care corners at all L-1 and Stabilisation unit for all L-2 facilities needs to be ensured.

# Recommendations

- NRCs needs proper linkages with AWW and Mitnins. At all levels weighing scales should be functional and MCPC with WHO growth charts should be provided for assessment of under nutrition.
- Family Planning: Supply of contraceptives needs to be ensured.
- Plan a public health intervention for Sickle cell Anaemia with concerted efforts for care including provision of linkages for higher care.
- Regular Monitoring of the facilities for service utilization should be conducted and corrective measures needs to be undertaken
- NVBDCP: 2 rounds of regular spray. RD kits and ACT should be available with Mitnins in endemic areas.
- Orientation of RMAs should be done towards National Programmes.
- Drug procurement and availability at the peripheral facilities needs to be ensured
- Infection management protocols needs to be strictly followed which is not being in most of the facilities.
- Maintenance of bio- medical equipments should be ensured.

# Glimpses of the visit



SHC building under construction besides  
PHC building: PHC Korer, Kanker



Staff Residential facility at PHC Korer,  
Kanker



B. P examination: SHC Mussurputta,  
Kanker



Mitanin demonstrating use of RDK for  
malaria, PHC Sarona, Kanker





Mitanins identifying drugs supplied in drug kit



New born care corner: PHC Koror, Kanker



FGD at Village



Tribal women using bed-net for protection against Malaria





Interaction with JSY beneficiary: Vill Baar Deori, Kanker



Mitanin Help Desk



Roll- out of delivery of contraceptives by Mitanins. CHC Antagarh. Kanker



De- briefing in the State

**Thank You**