CRM 6th- Chhattisgarh
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Mahasamund Team

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Dantewada Team

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Health Infrastructure

Sl. No.	Facility	Dantewada	Mahasamund
1	DH	1	1
2	CHC	3	5
3	PHC	12	28
4	SC	74	219
	Total	**90**	**253**

Human Resources for Health

	Dantewada	Mahasamund
Specialist	none except a radiologist	6/12 in DH and 3/30 posts filled at CHC level
MO	19/40 – 3 of which are contractual	6/15 in DH, 24/29 in PHCs
Staff Nurse	18 Staff nurses posted against 82 sanctioned posts	/35 in CHCs, DH 10/36 ; PHCs 10/28.
ANM	one in every SHC	one in every SHC

- MPWs, both regular and link worker, 210 of 226 were recruited in Mahasamund and all were recruited in Dantewada.
- To a large extent, the gap in MBBS doctors is filled by AYUSH doctors and the RMA

Innovations / Good Practices introduced by the State:-

- State Common Review Mission (SCRM)

- Post-CRM Action Taken Review by the State was suggested in the debriefing session.

Excellent efforts in Leprosy elimination :

a) “Pancha Prayas” for active case detection:– Village level committee of

ANM

Local Teacher

Panchayat / Ward Panch

VHS&NC, Secy

Mitanin

b) Commendable Involvement of local / civil administration in Leprosy elimination efforts- Kushtha Maha Abiyan in - Mahasammund district in 2011.

- 9 lakh suspected persons were screened 300+ identified for MDR treatment
- Similar Mega exercises in other districts were expected from the state

c) New Initiatives / mechanism for monitoring health delivery/ services

Panchayat level nodal officers- as a focal point of contact – direct contact with CMHO & DM in Mahasamund district.

Progress made under NRHM-Gaps identified.

- Managing the rapidly expanding NRHM activities and co-ordination issues.
- three agencies working in health sector
  - Director of Health Services
  - Mission Directorate of NRHM
  - SHRC (Controlling the community volunteer (Mitanins)
- Health activities /programmes at field level need to be more closely co-ordinated.

Possible suggestions/discussion made during debriefing.

i) Single agency controlling NRHM & DHS

ii) Stable tenure of the NRHM MD- last 4 years/ 8 MDS

iii) Increased co-ordination with DPM& CMHOS.

iv) Almost Parallel Mitanin programme- Mitanins could be integrated with District Medical Set up in much more degree

- Monitoring & Supervision of health delivery services by District & State Medical Officers / Programme Officers/ State level disease control officer was another grey area.
- Meeting of the District Health Society were not held regularly
- Physical infrastructure/ equipment and funds remained under utilised.
- Extent of the availability of Funds/and possible ways to utilise unspent fund-this could be discussed at the start of every month by the CMHO & DMP & DM

- RNTCP, NLEP & IDSP good progress with robust surveillance system inbuilt
- NVBDCP-

  Reporting of correct morbidity/ mortality figures was a grey area

  Delay in examination of Blood Slides

  Defensive reporting of mortality figures particularly in Malaria.

- Bastar region API was found as high on 40 against the national average of 1.1 (2011)
- Regional Director RoHFW Raipur has also found as very high malaria mortality in Bastar
- In Bastar region, to arrive at correct mortality figures for policy options, an independent audit could be one possibility which was discussed during the debriefing session.
- For addressing high mortality figures in Bastar, a Task Force, specifically For Bastar region was suggested
- Rising cases of Dengue was another concern, 428 cases with 6 death were reported from the state.

Health Care Services

- Drugs availability better including antibiotics- but not for higher range of care- drugs for basic emergency /obs care, complicated malaria etc poor.
- High Out of Pocket Expenditure

  More at district hospital- average of Rs 400 on drugs or diagnostics
- RSBY patients: Some have inessential drugs spent for on the card

Health Care Services (Continued)

- Emergency and Patient Transport Services: about 4% of the pregnancies delivered on the van and another 4% delivered at home before pick-up.
- Buildings construction good, work completion behind schedule
- Maintenance need improvement in CHCs, good in SHCs and PHCs.
- Cleanliness also good in SHCs and PHCs- but needs improvement in CHCs and DH.

RCH Programme

- MH: Improvements slow- but steady –reaching 40 to 50% institutional delivery.
- MTP services not satisfactory.
- Quality ANC care not provided
- Majority of ANMs/SNs are not SBA trained.
- 13 Maternal deaths reported but no MDR done during the Year-in Dantewada.
- JSSK not fully implemented.

CH: No SNCU (not even sanctioned), NBSU and NBCC (sanctioned but non-existent) in the district Dantewada. Infant deaths reported is 22(April-aug 2012) in Dantewada. Situation in better in Mahasamund

- Immunization coverage-low only 38% in (Mahasamund)

RCH Programme (Continued)

Emergency Obstetric Care: FRU in DH- not started and no clear plan of action in Dantwada.

- Blood bank functional at DH- but license renewal could be a problem due to lack of technician.
- Supervision & Monitoring: Lack of supportive supervision activities, Intra facility monitoring & supervision also not taking place, needs to be strengthened.
- Family Planning: Need to improve sterilization (17% only), IUCD (33%), while OP and condom users are above 70%. Meetings of QAC not taking place.
- Most of the facilities except DH were not doing lab tests other than Hb, UPT and MP ROT.

Disease Control Program

- Malaria control: high endemic area, API in Block Kuakonda (Bastar) above 40 (against national average 1.1.).
- LLIN distribution and IRS programme on track with VHSNCs doing monitoring. Approximately 3-5 fever related deaths in each VHSC area.
- Microscopy centers functional at CHC level but not in most PHCs.
- Supply of drugs and RDK to Mitanins poor and interrupted.
- Male workers appointed for malaria in place in all Sub Center but undertrained and underutilized.
- Low case detection of TB. Follow up and treatment rate fair.

Disease Control Program (continued)

- No Ophthalmologist in district Dantewada but targets are met by visiting surgeons. Blindness Control Programme.
- The per capita payment for cataract insufficient to get ophthalmologist on regular basis.
- Distribution of Spectacles for school children is weak.
- Insulin and other drugs for NCD not yet part of most facility services. Even at CHC level, very few patients are on regular care.
- AYUSH services with adequate drugs are available at almost all facilities for NCDs.

Mitanin, VHSC, PRIs

- Mitanins support structure in place.
- Panch of the village and women panch playing vital role with adequate public particpation
- Gram panchayat represents in Rogi Kayan Samitis and Zila Parishad in DHS.
- Payment to Mitanins delayed and insufficient.
- Drug kits refilling weak. Mitanins didn't have Chloroquinine even in areas with API more than 40.

Promotive & Social Determinants

- Nutrition Rehabilitation Centers has started up. However has to be made functional.
- School Health Programme: Under Swastha Tan Man Yojana Rs 500 is given to RMA/AYUSH MO per visit per doctor for 250 bedded ashram school and Rs 800 is given for visit to 500 bedded ashram school. Visit by doctors is fortnightly.
- Good convergence at village level through medium of VHSCs.

Recommendations

- All PHCs and SCs in distant areas could have residential quarters.
- PHCs and SHCs good- but CHCs need to be brought up to same level in maintenance.
- To reduce out of pocket expenditure, RKS funds can be utilized to procure medicines. CGMSC could be made functional.
- RSBY drugs could be prescribed only within generic essential drugs.
- Help-desks could cover RSBY and let users know a) entitlements and b) sum deducted and sum left on card.
- Timely procurement and supply of medicine needs to be ensured at SC level.

Recommendations (Continued)

- The stationed ambulances need to be fully optimized.
- IEC: Area, language and culture specific IEC is needed with proper monitoring by senior officials.
- State should have higher scale of difficult allowance for regions like Dantewaada for medical and para medical staff.
- ANMTC in Dantewada could be given priority to start up.- use PPPs for faculty and faculty development. Focus on tribal girls to fill ST quota.
- ANMs can and must be used to replace all SN positions as interim measure.

Recommendations (Continued)

- ANMTCs to be revived- with PPP if needed- and area based selection of girls for ANM courses
- ANM training for ASHAs is a good initiative- needs to be improved further.
- Timely supportive supervision visits to difficult districts needs to be done both from state and center level.
- Newly formed Districts needs special attention
- JSSK implementation should be taken to rest of the facilities.
- JSSK grievances Redressal system needs to be set up.
- Culturally specific and nutritious Diet chart should be prepared and followed- allow local flexibility.
- Referral transport needs to be uniformly implemented. The restriction on inter district and inter state referral should be relaxed and formal MoU may be signed with the nearest FRU.
- SNCU, NBCC and NBSU needs to be operationalised.

Recommendations (Continued)

- Timely supply of Chloroquinine and anti snake venom needs to be ensured.
- To avoid transmission of Malaria, FRT (Fever Radical Treatment) to be given to every fever patient on the fixed day. In some situation, in consultation with MoHFW, FRT can be given to everyone- mass survey and admn
- Stock card to be maintained by Mitanins and MPW.
- Refresher Training of MPWs required.
- The reports generated by VHS&NCs should be utilised for planning purpose.
- Master trainers should be trained to train the VHS&NC members on epidemiological issues.
- Timely payment of incentives to Mitanins should be done.
- Drug kits should be refilled on regular basis.
- Timely supply of drugs at all levels should be ensured.

THANK YOU