

8th Common Review Mission



CHHATTISGARH
16TH FEB, 2015

Members of the two teams visiting the state:

Team Jashpur

Capt. Kapil Chaudhary DS (NHM-II)

Dr. Sukhveer Singh, JD (NVBDCP)

Dr. Bhuputra Panda (PHFI)

Dr. Inderjeet Singh (DFID)

**Ms Snigdha Sen, Senior Project Manager
(SAATHII)**

Dr. Pushkar Kumar (MH)

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Mr. Rajeev Prasad (NHM-Finance)

Dr. Richa Kandpal (NHSRC)

Team Korba

Sh Sanyasi Pradhan, (AEA)

Ms P. Padmavati (Asth. Dir-NRHM-II)

Dr. Prafful Bharadwaj (MH)

Ms Bharti Dangwal (PFI)

Mr. Rajeev Ahuja (BMGF)

Dr. Kshitij Khaparde (RNTCP)

Ms Aastha Ummat (YP-PAMD)

Ms Avi Saini, (NUHM)

Facilities visited

Jashpur

DH Jashpur

CHC Bagicha, CHC Kunkuri, CHC Manora, CHC Kansabel

PHC Narayanpur, PHC Aastha, PHC Bagiya

Health Sub Centre Lora, Bandarchuan, Rupsera, Charaidand, Chatakpur, Cheraghogra, Beldih

Schools-Prathamik Shala, Bagiya (RBSK Team), Prathamik shala and Madhyamik shala Chatakpur, Prathamik Vidyalaya, Lota

Aanganwadi Lota (VHND) and Chatakpur

Focus Group Discussion- 4 (Mitanin), 1 (AWW) , 1 (School Teacher), 4 (Adolescents Girls and Boys), 1 (PW and Mothers), 1 (village Chatakpur)

ANMTC, Jashpur Nagar

Empanelled Hospital- Holy Cross Hospital

Korba

D H, Korba

CHC Kathghora, CHC Pali

PHC Korba (Urban PHC), Churi, Dhodi para, Jatga, Chaitma

Health Sub Centre, Rajkamma, Bandhkhar, Binjra, Churi, Kohadiyacharpara

Schools- Pali Primary residential School, Jagraha Primary School

Aanganwadi Lalghat, Jagraha, Purenakhar, Dhawaipur

Focus Group Discussion- 20

Chhattisgarh: State Profile

State Profile: Chhattisgarh		Decadal growth rate
Total population (lakhs)	255.4	22.59
Rural (lakhs)	196.04	17.75
Urban (lakhs)	59	41.83
Slum reporting towns	94	
Percentage slum population	31.5	
No. of divisions	4	
No of districts	27	
No. of blocks	146	
No. of villages	20126	
No. of district hospitals	27	
No. of CHCs	149	
No. of PHCs	755	
No. of HSCs	5111	

Source: Census of India; RHS, 2012

Indicator	India	Chhattisgarh, SRS, 2012
Maternal Mortality Rate	167*	221*
Under 5 Mortality	52	55
Infant Mortality Rate	40 *	46 *
Neonatal Mortality Rate	29	31
Early NMR	23	25
Total Fertility Rate	2.4	2.7
Crude Birth Rate	21.4*	24.4 *
Crude Death Rate	7.0 *	7.9 *

Source: SRS, 2012;

* SRS (2011-13)

A Comparison of Indicators, Chhattisgarh and study districts



Indicator	Chhattisgarh	Jashpur	Korba
Population (Census 2011)	25,540,196	852,043	1,206,563
Sex Ratio at Birth (Annual Health Survey 2012-13)	956	981	1007
Literacy Rate (Census 2011)	71.04	68.60	73.22
% Decadal Growth Rate (Census 2001-11)	22.59	14.65	19.25
MMR (Annual Health Survey 2012-13)	244	271	261
Infant Mortality Rate (Annual Health Survey 2012-13)	46	56	48
Under Five Mortality Rate (Annual Health Survey 2012-13)	60	84	57
Institutional Delivery (Annual Health Survey 2012-13)	39.5	37.8	42.6
BCG (Annual Health Survey 2012-13)	96.8	37.8	97

Positives



- **Health facilities are available as per population norms**
- **Utilization of OPD, IPD and delivery services was good and an increasing trend observed in the last 3 years**
- **Career progression opportunities present for different cadre of workers like Mitanin, ANM, RMP; Mitanins given preference in ANM courses (life insurance cover for self and spouse; maternity benefit, education grants, scholarships)**
- **Mitanin help desks functional in hospitals**
- **RBSK program functioning well in districts visited; the referral component needs strengthening**
- **JSSK entitlements being provided by and large**
- **Alternate vaccine delivery mechanism functional in the state**

Positives (Contd.)



- **Awareness and utilisation of RSBY/MSBY is good**
- **A number of internet based systems are functional in the state such as e-mahtari, State Health Human Resource MIS, Daily reporting system, Online Epidemic Reporting System (Sachet) etc.**
- **SHRC working as an autonomous organisation involved in design, implementation and monitoring of programs like the Mitnin program, RMP refresher training, research projects etc.**
- **State has notified the policy of Free Generic Medicines in August 2013 in all public health facilities and procurement process for drugs, diagnostics and equipments is being done centrally through CGMSC**
- **Per capita allocation for drugs in Chhattisgarh is higher than Tamil Nadu and Rajasthan**

Challenges:



- **There is a severe shortage of specialists in the state. In Jashpur, there is no Paediatrician available at Government health facilities in the whole district. Ultrasound facility not available at any public facility in the district**
- **Provisioning of EmOC at district level is a challenge in Jashpur**
- **Weak outreach and home visits for ANC, PNC, identification of ARI, diarrhoea and malnourished children**
- **Maternal deaths are under reported, lacked quality and programmatic focus for taking corrective measures**
- **MTP services limited to district level**
- **Availability of drugs for MTP, EC Pill and contraceptives was found to be inconsistent**
- **Cold chain not properly maintained at several places; Lack of training at sub-district facilities was seen**
- **In Korba, the AFHCs are non-functional as there is lack of counsellors throughout the district**

Challenges:



- **Standard treatment protocols not universally available**
- **Drug disposal guidelines not being followed**
- **More attention needs to be paid to refresher trainings of health personnel**
- **Internet connectivity is a problem in timely uploading of data at CHC level**
- **No specific BCC strategy or plan was visible at district level during the visit**
- **Shortage of manpower at all the levels (VBDs, MTS, MPWs, health supervisors) in Vector borne disease control programme**
- **Delay in transfer of funds from State Treasury to State Health Society Bank Accounts**
- **Weak capacities for finance and accounting, especially at sub-district levels**
- **Considerable delay in payment of incentive to ASHAs**
- **Urban health cell not formed both at State and City level**



THANK YOU