4th Common Review Mission - NRHM:
Chhattisgarh
December 15-23, 2010

February 26, 2011
## Team composition

<table>
<thead>
<tr>
<th>Raipur</th>
<th>Surguja</th>
</tr>
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<tbody>
<tr>
<td>Shri R. N. Mishra</td>
<td>Dr. Sila Deb</td>
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<td>Shri R. S. Sharma</td>
<td>Dr. Dinesh Jagtap</td>
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<td>Dr. Abhay Saraf</td>
<td>Mr. Rahul Pandey</td>
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<td>Dr. Anil Agarwal</td>
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<td>Mr. Anil Garg</td>
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## Facilities visited

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Raipur</th>
<th>Surguja</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>DH</td>
<td>01</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>CHC</td>
<td>01</td>
<td>06</td>
<td>07</td>
</tr>
<tr>
<td>PHC</td>
<td>02</td>
<td>04</td>
<td>06</td>
</tr>
<tr>
<td>SHC</td>
<td>03</td>
<td>07</td>
<td>10</td>
</tr>
<tr>
<td>AWC</td>
<td>00</td>
<td>03</td>
<td>03</td>
</tr>
<tr>
<td>School</td>
<td>00</td>
<td>01</td>
<td>01</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>07</strong></td>
<td><strong>22</strong></td>
<td><strong>29</strong></td>
</tr>
<tr>
<td>Other</td>
<td>SHS &amp; DHS</td>
<td>DHS</td>
<td></td>
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1. Infrastructure up-gradation:
• Visible progress at least at CHC level
• There is no dedicated infrastructure wing at state level
• PHCs running in SHC buildings
• No annual maintenance contract for equipments
• Back-up power supply is usually found at facilities

2. Human Resource:
• Huge shortage of human resources (all the cadres) at various levels
• Due to shortage of MOs at PHCs, State is providing Fixed Day Services at PHCs by deputing MOs from CHC
• Irrational distribution of specialized human resources
• Post training placement (multi-skilled – EMoC & LSAS) is an issue
• Incentives have been planned for difficult and most difficult areas; to review it closely to know the effectiveness
• RMAs posted at facilities are found to be working well
• Relaxation in norms for hiring staff nurses who are from Arts background
• Plan for increasing number of seats in medical colleges
District Hospital, Surguja.
3. Health Care Service Delivery:

- Facilities below DH - underutilized in terms of available beds, laboratory services and equipments
- Beds at PHCs visited are found to be less than as per norms
- Referral transport (Mahatari Express / Ambulance) is available at most of the facilities visited - usage varies across facilities
- Irrational availability and usage of drugs at the end point
- Out of pocket expenditure was found to be very high including DH
3. Health Care Service Delivery: (contd.)

• Quality of care at Labour room is of concern

• Infection control and hygiene, sterilization of equipment and biomedical waste segregation and disposal is weak

• Privacy in wards is a neglected issue –in medical & surgical wards, practice of accommodating male & female patients in the same ward without any screen / partition

• Signage / boards for various services are available at most of the facilities
4. Outreach Services:

• Availability and accessibility of outreach services is good
• Overall VHND planning and organising is a weak area
• Overall IEC seems to be weak
CT scan facility at DH Ambikapur, Surguja.
Dialysis Unit & Trauma Unit
5. ASHA Programme:

• ASHAs (Mitanins) are trained and effective foot soldiers of the system and effective in demand generation for JSY, MCH services
• Most of them have received various levels of trainings (13 modules)
• Timely procurement & distribution of drugs for Mitanin Drug kits is adversely affecting the Mitanin Programme
• There are cases where Mitanins have to remain at the facilities with the pregnant women after delivery till discharge of the mother, to get JSY entitlements
6. RCH:

• Breast feeding practices show mixed picture, particularly in case of complicated deliveries at larger institutions like CHC and DH

• Name based tracking has been initiated at some places

• Post delivery stay has been found to be less than a day – whether the issue is with provider’s willingness or system’s inability to facilitate stay?

• Overall record keeping including standard protocols was found to be very poor
6. RCH: (Contd.)

- Emergency management is poor at CHC and below level-inadequate blood storage facilities
- *Dais* were found during delivery procedure in Labour rooms
- **The concept of New Born Care services is not clear amongst the providers**
- At many places Cold Chain management including temperature records are not maintained
- Vaccines are delivered to the immunization sites by ANMs/MPWs; AVD seems to be weak
6. RCH: (Contd.)

- Records regarding Adverse Effect Following Immunisation (AEFI) not available
- RTI/STI services are found to be grossly inadequate
- FP services found to be weak link in the state; training of ANMs/SNs in IUD was not found in field
- QACs in place; however, their active role could not be observed in the field
- School health programme has been recently started
- There is no provision of adolescent health services across the facilities
7. Nutrition:

- Inadequate growth monitoring at Anganwadi Centres
- Malnutrition screening mechanisms are not in place both at the facilities & at AWCs
- Weighing of pregnant mothers/ children is not recorded at AWCs
- At AWC, no food weighing machine is available, though records related to wt. of food ingredients given to each child are maintained as per the norms
- Among the visited AWC, supplies are irregular and inadequate
- State is in the process of operationalizing NRCs – suboptimal utilization due to inadequate & improper referrals
Referral transport

Ward in DH
8. National Disease Control Programmes:

- NLEP drugs are available in visited districts
- 32 malaria deaths reported in low endemic areas
- Various vacancies noted under NVBDCP programme including of DMO
- There is overuse of RDK which shows more falciparum cases; Lab techs are conducting less number of slide tests
- Fund utilization under NLEP is very low
- Prevalence rate (leprosy) of more than 3 per 10000 in Janjgir, Mahasamund, Raigarh and Raipur districts
- All the facilities are involved in generating the data and sending upwards without analyzing for their local action (IDSP)
- Regular reporting system is not providing information on outbreak
- Programme officer for IDSP are also has many other programme responsibilities
- Emergency or epidemic management preparedness is not adequate
9. Institutional mechanisms and Programme Management:

• SHM and DHMs have not met regularly as mandated under NRHM
• Irregular JDS meetings and mostly influenced by block/district level needs
• Utilisation funds by the JDS is very low
• Various accounts being maintained at CHC level: such as JSY, CHC and JDS
• BPMs not in place at many blocks
• Inventory management of store is a serious concern (expiry drugs, irrational distribution etc)

10. Financial management:

• Authorizing bank account operation by ANM with PHC In charge
• Decentralization of Accounting and Controls at CHC
• Vigorous efforts started for settlement of old advances
• Frequent huge cash withdrawals
• District not aware of entitlements and availability of united grants

- Huge Unspent Balances with Sub-Centers
- Time Gap in recording of expenditure and actual withdrawals from Bank
- Lack of consolidation of reports for all programmes
- Consolidated report of expenditure of each activity not available.
- Approval of DC required for release of funds every time in spite of ROP provided
- Bank Reconciliation (BRS) at CHC/ PHC/ Sub-Centre not being prepared
- Post of Director F&A vacant; staff posted at block levels are not trained properly
11. Decentralized Local Health Action:

- Decentralized (bottom-up) Planning process is still not being followed
- District Plans are prepared by distribution of resources amongst the blocks
- VHSC members aware of health programmes; however, very little involvement found during interaction
- Community monitoring system is not in place
Recommendations
1. Recommendations

- A dedicated infrastructure wing needs to be established at state level
- Address HR requirement through manpower forecasting for the next 10 years
- Rationalize placement of the available human resources
- Priority to be given to the identified MCH centres for both infrastructure & HRD
- Trainings need to be broad based including managerial trainings
- Capacity building of RMAs need to be planned in areas of skilled care at birth.
- Strengthen management of trainings including data base for trained personnel
- Well planned IEC system should be instituted
- Counseling of health staff - before placement in difficult areas/ multi-skill trngs
- Proposed incentive mechanism need to be reviewed
- To develop a mechanism for supportive supervision as per the guidelines on MNH.
- Adequate beds need to be made available to PHCs
2. Recommendations

- Facilities identified for MCH delivery centers need to be revised
- Bio-medical waste management needs to be strengthened.
- Ambulances available at the facilities (at least CHCs) may be used for second referral
- Monitoring of logistics and supply chain management needs to be done
- Quality of services need to be monitored
- Drug availability for *Mitanins* should be streamlined
- Cross verification of sample JSY beneficiaries needs to be conducted
- Training of IUD insertion should be prioritized
- Large districts such as Surguja may be provided with additional managerial / admin support
- State has initiated various online systems; - focus to minimize paper based reporting
3. Recommendations

- Procurements through Account Payee Cheques
- Periodic (Qtly/ Half Yly.) meeting of DAMs at State level may be held
- Guidelines of financial and admin powers to be followed
- Programme officers at district level should be made part of the entire planning process and it should not be limited to DPMU
- Monitoring of progress against PIP need to be focused; tools such as variance analysis may be used
- For each activity approved under PIP, a person responsible need to be identified and made accountable
THANK YOU