

Action oriented monitoring report

Deoghar District Jharkhand

Mr. Pradeep Tandan

Consultant NRHM I

Ministry of Health and Family Welfare,

Nirman Bhavan New Delhi.

pradeep.mpt@gmail.com

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Executive summery

In April 2005, Government of India launched National Rural Health Mission to make improvements in the health system and health status of the people in the rural areas of the country. The major goals of NRHM are to reduce the Maternal Mortality Ratio (MMR) to 100 per 100000 live births from 407, Infant Mortality Ratio (IMR) 30 from 60 and Total Fertility Rate (TFR) 2.1 from 3.0 during the 7 years period of NRHM. In 2010, although NRHM completed 5 years we still lag behind in achieving the targets to accomplish the goals set for year 2012. To achieve them in next two years (by 2012) Ministry of Health and Family Welfare identified 235 district as high focus district among total 642 district of the country and decided to do action oriented monitoring. In the 1st phase of action oriented monitoring 122 high focus districts have been selected. Deoghar is one of the high focused districts (identified in 1st phase of action oriented monitoring). The visit to Deoghar district (26th of April to 1st May) revealed certain important insights, which are presented in the following document.

Brief Review: Deoghar district is located in north eastern part of Jharkhand state, with total population of 1165390. The health system is existent in the form of 8 CHCs, 5 APHC and 181 HSCs and catering health services to the rural and urban populace. The district's visit depict that, there is a need to address following issues.

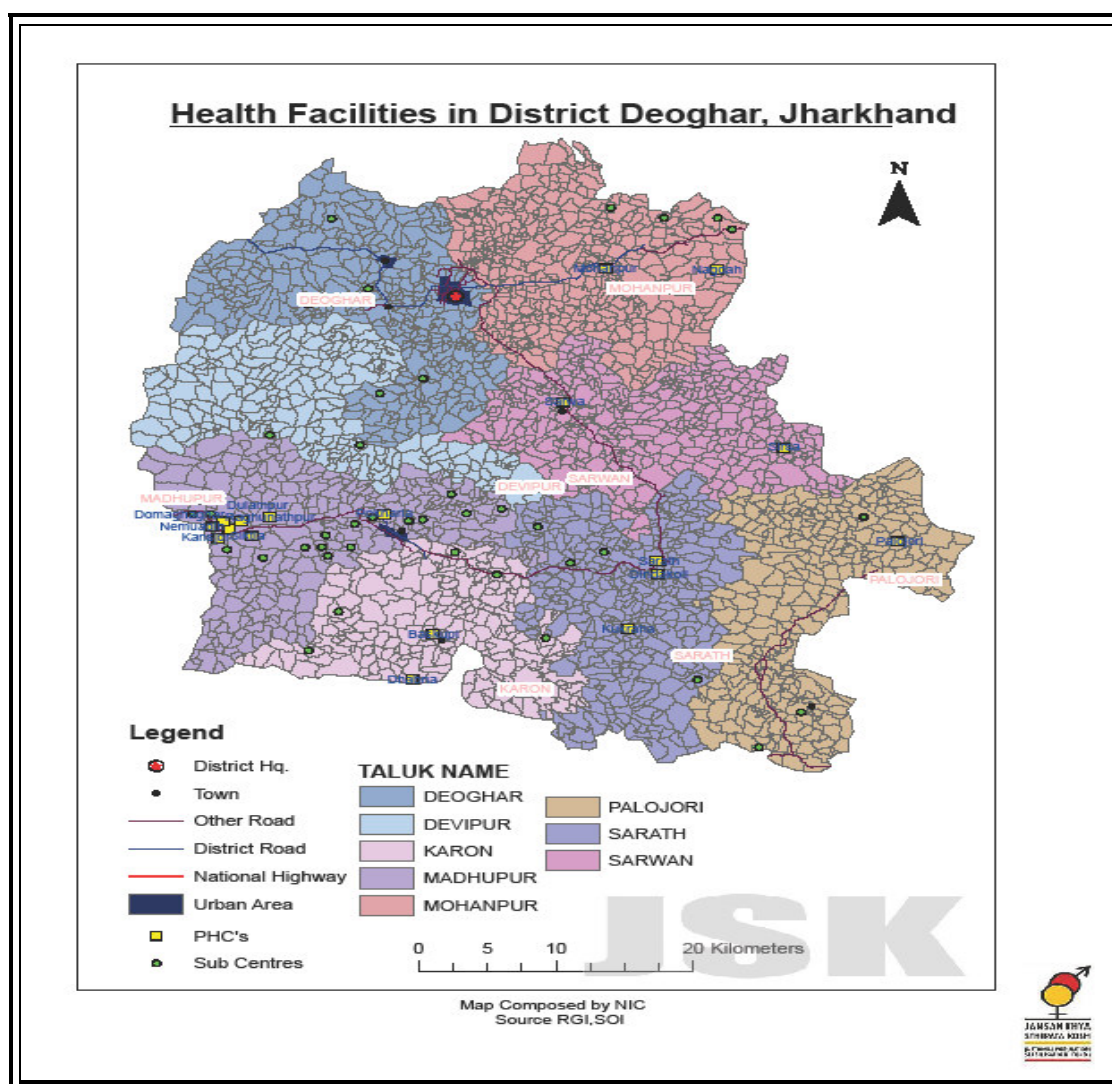
Major issues:

- There is huge deficit of health facilities (PHCs/APHCs) as compared to the requirements under IPHS.
- Lack of human resources at important positions such as district program coordinator. (DPM post vacant since 90 days)
- Improper facilities for conducting deliveries need to be addressed.
- No waste disposal mechanism existent in the health facility (except Sadar hospital)
- Water scarcity is major problem for Jashidih CHC and other HSCs.
- The participation of village health comitties is poor, which is reflected by the scanty utilization of funds, deficient understanding of the fund utilization procedures.
- There are no sick newborn units (SNCU) in the district. There are no newborn child care equipments in the any facility of district. ANMs are not trained in newborn care skills.
- Poor maintenance and repairs of the equipments in health facilities (PHC, CHC) and laboratory is noted.
- Safety issue for new constructed CHC and PHC building.

- District hospital: issues with burn care unit and labour room.

Situation: New buildings were constructed for the four CHCs and one APHC. Other two buildings are in construction phase and are likely to be available in coming six months. the selection procedure for posts of the block program managers is completed with their probable date of joining to be finalised.

It was noticed during the interaction that the health officials in Deoghar district are enthusiastic for improvement of health services delivery. Their motivation can be maintained with periodic encouragement from the state officials



Approach and methodology:

The visit to Deoghar District of Jharkhand state was made from April 24th to May 1st of 2010. The observation method with inspection approach was used in this visit for action oriented monitoring of the high focus district Deoghar. State programme manager was not in the state during visit, so directly went to district. A meeting was conducted with civil surgeon and district programme unit. District programme manager was not in district from last few months. The format was shared and discussed in the meeting and the objective of the visit was communicated with district Programme unit. In meeting, planning for the field visit was done with district programme unit following health institutions were covered in the field visits:

Date	Place	Activity
26.04.2010	District place and Sadar hospital	Meeting with C.S. and DPU
27.04.2010	Jashidih (CHC) Kusmil (APHC) Burhai (APHC) Rohini (HSC)	Meeting with MOs and SN ANM
28.04.2010	Palajori (CHC) Bedia (HSC) Bagdaha (HSC) Babhandiha (HSC)	Meeting With ANM, MPW , MO, ASHA/SAHIYYA and VHSCs
29.04.2010	Sarwan (CHC) Dahua (HSC) Sarath (CHC) Gopibandh (HSC)	Meeting With ANM, MPW , MO, ASHA/SAHIYYA

Assessment of the health facility was done based on the monitoring format by inspecting every part of the health institution. The format was shared with the Medical Officers in detail to communicate the expected standards and scoring pattern. With the medical officers, ANM, SAHIYYA and RKS and VHSC (GKS) members discuss the different issue related to health services at the visited facilities.

Background

Deoghar district was formed in 1983. Earlier it was a sub-division of *Santhal* Pargana district. It is located in north-eastern Jharkhand and is surrounded by Dumka [North-East], Rajmahal and Bhagalpur; [North-West Munger] ; Hazaribag [in the West] and Giridih districts [and in the South].

The district head quarter is located in Deoghar town. *Man* and *Munda* were among the primitives of this area.

Table 1: Major health indicators of Deoghar

Indicator	Deoghar	Jharkhand
CBR	28.4	26.8
CDR	-	7.5
IMR	67	50
MMR	371	371
TFR	2.71	2.71

(Source: District health action plan, Deoghar 2009)

Table 2: Major indicators in district Deoghar

Indicators	Deoghar District	Jharkhand State
Population (in lakhs)	11.65	265.4
Average annual exponential growth rate	2.44	2.31
Population Density (per sq.kms.)	468	338
Sex ratio	914	941
Percent urban	13.8	22.24
% Population person 0 to 6 years:	18.9	
Person	220003	4556827
Male	111492	2522036
Female	108511	2434751
Percentage of literate population	50.6	43.71
Male	66.9	55.07
Female	32.3	31.62
<i>Source: Census,2001</i>		

The population density, annual exponential growth rate, of the district is higher as compared to the state. However the district has lower sex ratio, as compared to the state. The district is reported to have literacy rate of 50.6 percent (66.9 % males & 32.3 % females). About 12.8 percent of the population of the district lives in urban areas in contrast to 22.24 percent in the state.

Table 3 Total number of block Panchayats and Villages

Sl. No.	Name of Block	Total No. of Gram Panchayats	Total No. of Villages
1	Deoghar	29	348
2	Mohanpur	29	381
3	Sarwan	26	458
4	Devipur	17	214
5	Madhupur	24	256
6	Karoan	24	206
7	Sarathh	27	343
8	Palajori	17	265
Total		193	2471

The block wise distribution of population in the Deoghar district. As clear from the table, the block Deoghar is the most populous among all the blocks. Out of these 8 blocks, the blocks viz. Deoghar, Mohanpur, Sarwan, Devipur, Madhupur, Karoan, Sarath and Palajori have been designated as non tribal blocks.

Table 4: Scheduled cast and scheduled tribe population in Deoghar district

No	Block name	Area (In Sq. kms.)	Population			Percentage of Population	
			(census 2001)			SC	ST
			Total	SC	ST		
1	Deoghar	31778.78	256063	36411	10316	14.2	4.0
2	Mohanpur	36186.84	143479	20869	14854	14.5	10.4
3	Sarwan	308.7	128938	16841	10814	13.1	8.4
4	Devipur	400.0	84658	11005	9347	13.0	11.0
5	Madhupur	30836.98	167773	22023	22842	13.1	13.6
6	Karoan	25841.10	119497	10405	18811	8.7	15.7
7	Sarathh	80259357	136950	19772	19022	14.4	13.9
8	Palajori	3029.83	128032	9537	36711	7.4	28.7
Total		2479	1165390	146863	142717	12.60	12.24

Performance in last one year (2009-10)

The performance of this district is described from the progress report of April 2009 – March 2010. It can be easily noted that the districts have performed well in some areas (fund utilization of untied fund of ANM's, family planning) however; it has underperformed in some areas (immunization, Antenatal care).

1. The **immunization** rate in the district was noted to be 71 % and it ranked 19th among all 24 district.
2. In **maternal health**, only 67% ANC registration was achieved during 2009-2010 period and it was 17th rank. Only 38% achievement in all 3 ANC coverage (19th rank) in Deoghar district .29% achievement in institutional delivery (13th rank) in the period of 2009-2010 by Deoghar district.
3. In family planning (Tubectomy) Deoghar district was 2nd in Jharkhand with achievement of 114%, 27% achievement in IUD insertion and rank was 17th in state.
4. Deoghar district was 2nd in Jharkhand in achievement of cataract operation with 161% of achievement. 65% of RCH fund of NRHM was utilized by district. 86% of untied fund of HSC was utilized in Deoghar district. Only 15% untied fund of VHC was utilized in district during period of 2009-2010. 69% fund of hospital management society was utilized by Deoghar district. (Based on the progress report of State programme unit)

Qualitative report of Deoghar district

As per existing norms one Health Sub centre [HSC] is established for every 5000 population (tribal areas=3000), one primary health centre (PHC) for every 30,000 population(tribal area 20,000) one CHC for every 1, 20,000 population (tribal areas =80,000).

In Deoghar district, 181 Health Sub centers, 5 Additional Primary Health Centers, 8 Community health centre, 1 FRUs and One District Hospital are functioning.

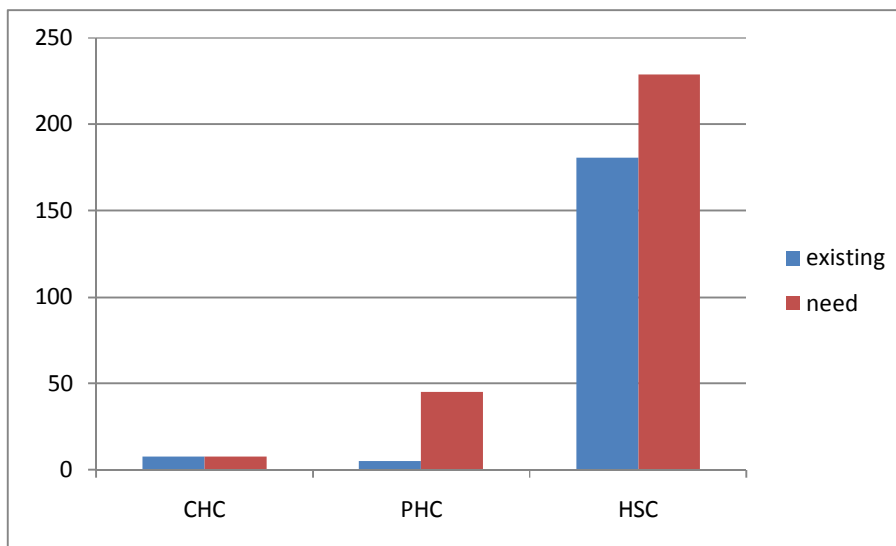
Blocks	Population covered	CHCs		PHCs		HSCs	
		Existing (In No.)	Need (In No.)	Existing (In No.)	Need (In No.)	Existing (In No.)	Need (In No.)
Deoghar	256063	1	1	2	8	17	31
Mohanpur	143479	1	1	0	5	31	31
Sarwan	128938	1	1	1	5	29	29
Devipur	84658	1	1	0	5	11	21
Madhupur	167773	1	1	1	7	13	34
Karoan	119497	1	1	1	5	21	24
Sarathh	136950	1	1	0	5	30	30
Palajori	128032	1	1	0	5	29	29
Total	1165390	8	8	5	45	181	229

Above table reveals that as per the population norms still 40 more PHCs required to be setup. As in case of HSCs, total HSCs are required 229. Deoghar district has 181 existing HSCs. Therefore, Deoghar district needs 48 more HSCs.

HSCs :-

Health Sub Centres are mostly maintained by one ANM's in the district. ANM's are providing OPD's in the morning and regular community visit in days. They dispense family planning, ANC commodities and assist in routine immunization and Polio immunization programme. In Deoghar district ANM are providing facility of normal delivery in sub centre. The most importunate issue was that in all sub centres, labour board was rusted and bare board was using for delivery.

Table 5: Gap between the existent and needed facility



APHCs –

In district there are 5 APHCs. During visit one of the APHCs was shifting to new building and new building is prepared for another APHC Kusmil. 3 APHCs are in rent building. In the Deoghar district APHC only provides OPD Services. There are no equipments and facilities in APHC's for conducting deliveries. Thus, APHC is even though equivalent to PHC's do not conduct institutional deliveries. 45 PHCs are more required in district according to IPHS norms but only 5 PHCs are in the district there is huge gap in this facility.

BPHCs –

There are 8 CHCs/ BPHCs in the Deoghar district. Newly constructed building is ready for 6 CHCs. CHCs are providing 24x 7 services. Presently none of the CHCs is providing specialist services. Cold storage for vaccines are present in CHCs and they are properly maintaining the cold chain. Some CHCs MS are posted (like CHC Palajori) but due to lack of infrastructure they are not able to provide specialist services. New buildings are good and after shifting, we can hope for good services.

Sadar Hospital/ District hospital :-

There is one Sadar and one referral hospital in the district. The Sadar hospital is functioning but there is quite a lot of scope and need for improvement. Ultrasound machine is present in Sadar hospital but lack of radiologist or trained person presently machine is useless. Thus there is need to ensure that radiologist are employed or provide training to someone at the earliest. Burn ward is open in district hospital it looks like more prone to increase the complication rather than improve the condition of the patient.

Maternal and Child Health:-

In last one-year, (2009-10) total ANC registration was 71% against the targeted value and Deoghar district was 16th rank in Jharkhand district. Achievement for all 3 ANC check up was only 38% against targeted value and 19th in Jharkhand. Institutional delivery in Deoghar district was only 29 % and 13th among 24 district of Jharkhand. Achievement of full immunization was 71% in Deoghar district during the period of 2009-10 and it was 19th rank in Jharkhand district.

In the interaction with ANM, Sahiyya it was revealed that focus of anti natal care (ANC) was restricted to the distribution of iron and folic acid tablets and T.T injections; however they were alarmingly unaware of the critical parts such as measurement of blood pressure and its importance from the maternal health point of view. Secondly substantial number of health workers were not able to provide comprehensive information on nutrition related issues in the pregnant women. Going further it is noticed that, although women receive iron supplementation and T.T. injection they hardly receive complete ANC check-up

by doctors. (reflected by last year's performance where 1st ANC registration was 71% and it was drop down in only 38% in all 3 ANC check up)

To our notice it was seen that, those health functionaries who are trained in ANC cannot sustain the application of knowledge due to lack of instruments at the PHC level. (facilities for Haemoglobin testing and B.P. of pregnant women is not available at facilities below the CHC level).

In the case of intra natal care it was found that, due to JSY the numbers of women undergoing institutional deliveries are on the rise. All the facilities are using the bare labour board, most of them are rusted, and lack of quality in institutional delivery may be deterrent to safe delivery. Proper labour board with mackintosh and hygienic condition is required in all the institution in the district for safe institutional delivery.

During interaction with Shiyya and ANM it was found that they are doing PNC visits in the community. 24 houses stay was maintaining in the Sadar hoapital and CHCs but lacking in HSCs.

Routine immunization was conducting on Thursday and Saturday in district. Shiyyas are also helping in routine immunization in district. There is no sick new born unites in the district. There is no "child care skill" trained ANM in the district. There are no newborn child care equipments in the any facility of district.

Home delivery

Home delivery without SBA was 10.83% in district in the period of 2009-10 and home delivery with SBA was 7.46%. There is no tracking system in district for home delivery and unreported delivery. Sahiyya is appointed according to habitation; it will be easy to track the pregnant woman and also home delivery through Sahiyya . However, there is needed to make proper tracking system for home delivery.

Janani Suraksha Yojana

JSY is working well in the district. There is no backlog before March all the payments are clear. In Deoghar district, they are providing 500 INR for home deliveries but this is only for BPL families. Under JSY there is package of 2000 in district in which 1400 for pregnant woman, 150 for Sahiyya , 200 again for Sahiyya after completion of BCG vaccine and 250 for travelling of pregnant woman.

Interactions with Sahiyya ,ANM and beneficiaries it was revealed that Sahiyya spend a lot of money and energy traveling back and forth to the hospitals for securing payments. It was also found that corruption involved in JSY, Sahiyya's are not getting their incentives properly some hospital staffs are demanded share in the incentives.

Village Health and Nutrition Day

In the district total 11948 Village Health and Nutrition Days were conducted between January 09 to March 10. Sahiyya ANM and Anganwadi workers are helping to conduct the Village Health and Nutrition day. Every Thursday is fixed for the Village Health and Nutrition Day and routine immunization are conducted from same centre. ANM are providing the Immunization services, Anganwadi worker are providing the nutrition support and Sahiyya provides support to both of them.

Sahiyya/ ASHA –

2957 Sahiyya are selected in the district. Among 2957 Sahiyya 1389 were trained up to module 4, 2561 were trained up to module 3 , 2764 were trained up to module 2 and 2688 were trained in only 1st module. During visit discussion was done with total 7 Sahiyya from different village in different issues. It was revealed in discussion that they are unsatisfied with the incentives. It was found that there were lacks of motivation in some of the Sahiyya to work for community. It was found that all the drugs of drug kits of 2 Sahiyya were expiry dated. Interacted all 7 Sahiyya were trained up 4th module and it was found that they were aware about the concept of all the 4 module training. Sahiyyas are providing support in routine immunization, JSY programme and other national health programme . But there is need to increase the motivation among Sahiyya and strengthen in Sahiyya programme in the district.

Village Health Committees:-

In Deoghar district, Village Health and Sanitation committee is known as Village Health Committees. In the period of (2009 -10) only 15% untied fund was utilized by the committees. During interaction, it was revealed that committees were aware about 1000 fund but unaware about “how to use and where to use the fund”. Total 2277 Village Health Committees are functional in the district but there is need to empower the committees for the proper functioning.

Hospital management society/ RKS: -

In Deoghar district during period of (2009-10) 69 % fund of hospital management society was utilized. In interaction, it was revealed that there is a lot of fear and confusion among the MOIC's about the purpose of utilization. However, they are interested to utilize the fund and they strongly feel the need of some short of workshop or training to understand the utilization process and purpose .Some are using it in proper way (Palajori CHC use the fund to outsource Security guard and one group D staff).

Bio medical waste management:-

There is no bio medical waste management in the district health institutions except Sadar hospital .During visit it was found that none of the hospital were using any dust bin or colour coded buckets for biomedical waste. Needles were spread in Palajori CHC, bio medical waste were spread in Sarath CHC and same condition was in the Jashidih CHC. Needle cutters are given to every institution but none of the institutions were using it.

Human resource Issues: -

The DPM position is vacant since last 3 month and BPM in all block of district are also not appointed in the blocks, hence monitoring and supervision of the programme implementation and further organizing and planning processes at the DPMU are suffering.36%(22/60) of medical officers are vacant in the district (annexure 4). There is also an acute shortage of Paramedics in the district (Ex. 77.27% post of Formasist ,64.70 post of lab technician. 57% ophthalmic assistant ,71.42% of male health worker are vacant in the district) . There is no Radiographer in any CHCs. Only seven CHCs have 1 compounder.

There should be at least 2 compounders in each of the CHCs, at CHC level, according to the staffing norms for CHCs. Vacant post of ANM and SN in the district are also major issue.

Issue with newly constructed buildings:-

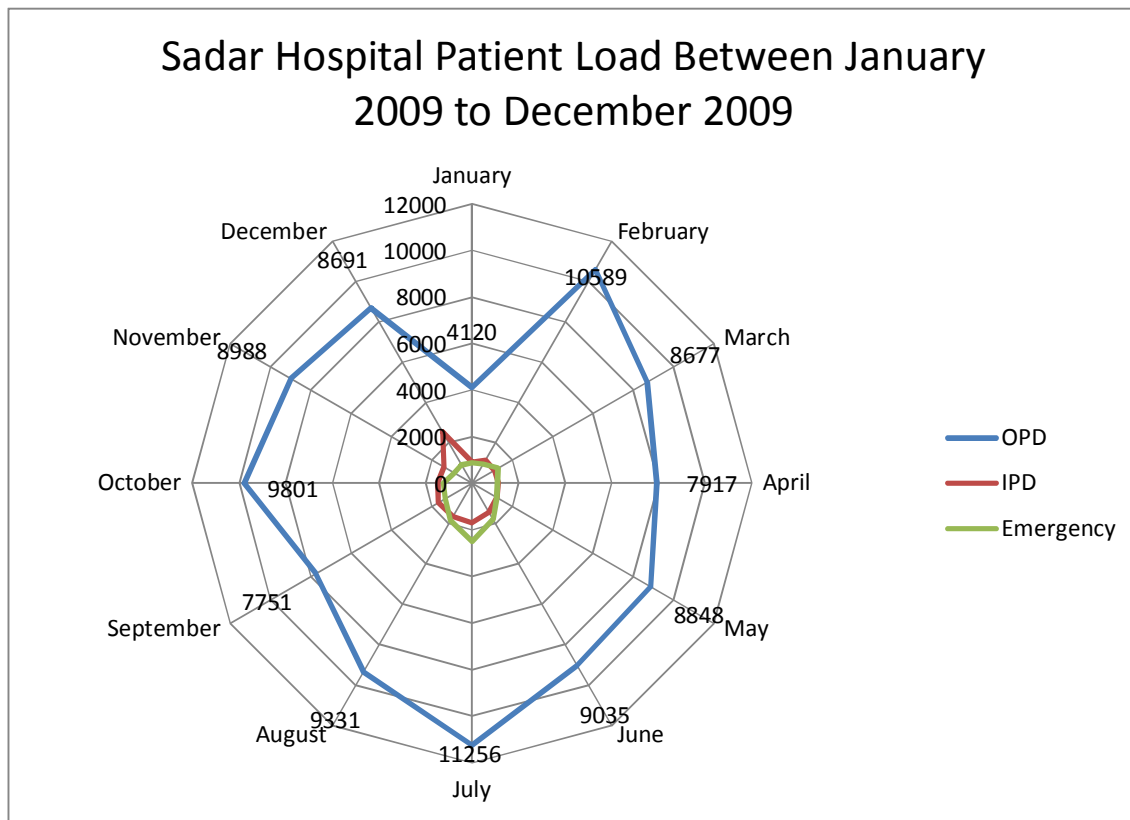
There is no platform in the laboratory rooms in the newly constructed building of the Jashidih CHC and APHC Burai. There is need of security of the newly constructed building (water pump of newly constructed Kusmil APHCs was stolen by some anti social element)

Facility wise report

District hospital Deoghar – Sadar

Sadar hospital Deoghar is present in the centre of the district headquarter. It is well connected and accessible to the parts of district. It is a 100-bed ISO certified hospital with 24 X 7 maternal cares. However, there are some impotent issue in the Sadar hospital.

Patient load in district hospital

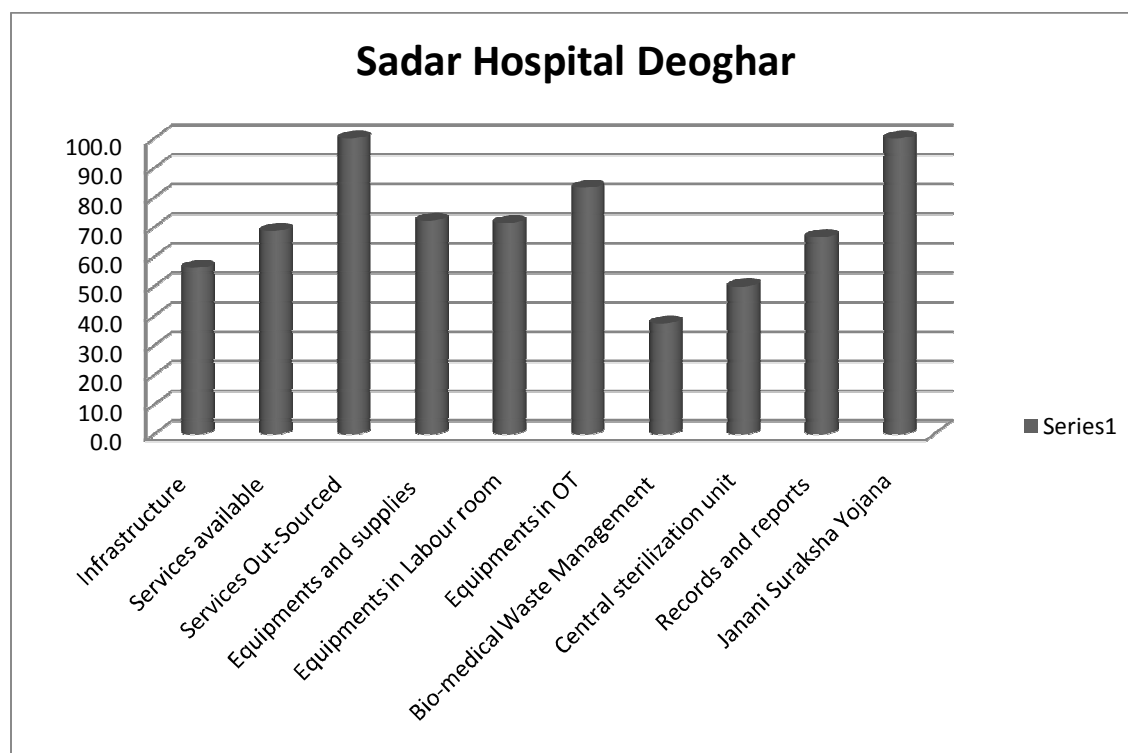


Graph 1 Patient load in Sadar hospital Deoghar.

Graph shows that OPD load was increased in month of July and February, we can plan the preventive measures and alter the system according to previous history of OPD , IPD and previous emergency patient load

Facility assessment

Sadar hospital scored 82 out of 125 based on the facility assessment format.



Graph 2 Facility assessment Sadar hospital Deoghar

Sadar hospital Deoghar scored poor in bio medical waste management and good in service out sourced and Janani suraksha yojana , but there are many issues in Sadar hospital some of them are

Gap statements

- 1) Number of specialists available at the district hospital is far less than the sanctioned posts as per IPHS norms leading to unavailability of OPD services for respective Specialities.
- 2) The IPD lacks the essential equipments needed for conducting required procedures as desired at district hospital.
- 3) Respective doctors do not visit patients in the wards regularly.
- 4) Number of staff nurses in the district hospital is for less than sanctioned post as per IPHS norms.

- 5) Emergency OT is not available to help and manage the emergency cases as required under the IPHS norms.
- 6) The OT lacks some essential equipment needed for conducting required procedures and surgeries as desired at district hospital.
- 7) Maintenance and calibration of equipments are not done regularly, which affects the accuracy of the result as well the life of the equipments.
- 8) A qualified radiologist is not available in the hospital.
- 9) Crowding and chaos at the entrance of the hospital building and the OPD counter due to lack of space
- 10) Basic facility like toilets drinking water, telephones etc are sufficiently not available at the OPD for public conveniences.
- 11) Wheel chair is not available in the OPD and emergency
- 12) Patient's visitors lead to unnecessary crowding in the wads at all hours. Thus hampering the services of the wads .Security needs to be strengthened in the wards.
- 13) Basic patient facilities like bedside lockers, chair, drinking water etc are not available in the wards.
- 14) Emergency OT is not available to help and manage the emergency cases as required under the IPHS norms.
- 15) Number of paramedical staff in the district hospital is far less than sanctioned post as per IPHS norms, thereby affecting patient care across all service areas.
- 16) The X ray department does not meet the AERB guidelines
- 17) The X ray machine has never been calibrated
- 18) The Laboratory test are performed in the waiting area due to lack of spaces .
- 19) The sterilization of the equipment are not full proof due to the non availability of sterilization mark strips.
- 20) The store department in the hospital has limited space.

- 21) Labour room is in 1 st floor. Left and slop is not present. Stretchers are using to shift the patient before and after labour to ground floor.
- 22) Burn unit is open, crowd and no cooling facility in burn unit.

The interaction with incharge hospital superintendent revealed some impotent issue that

- 1) Security and housekeeping both needs to be strengthen
- 2) Proper water supply and electricity are two major problem in district hospital
- 3) No causality section
- 4) O.T. staff is anther impotent issue , number of O.T staff is far less than sanctioned post as per IPHS norms (no O.T. assistant, and dresser)
- 5) Ultrasound is closed due to unavailability of proper-trained person.

Recommendation

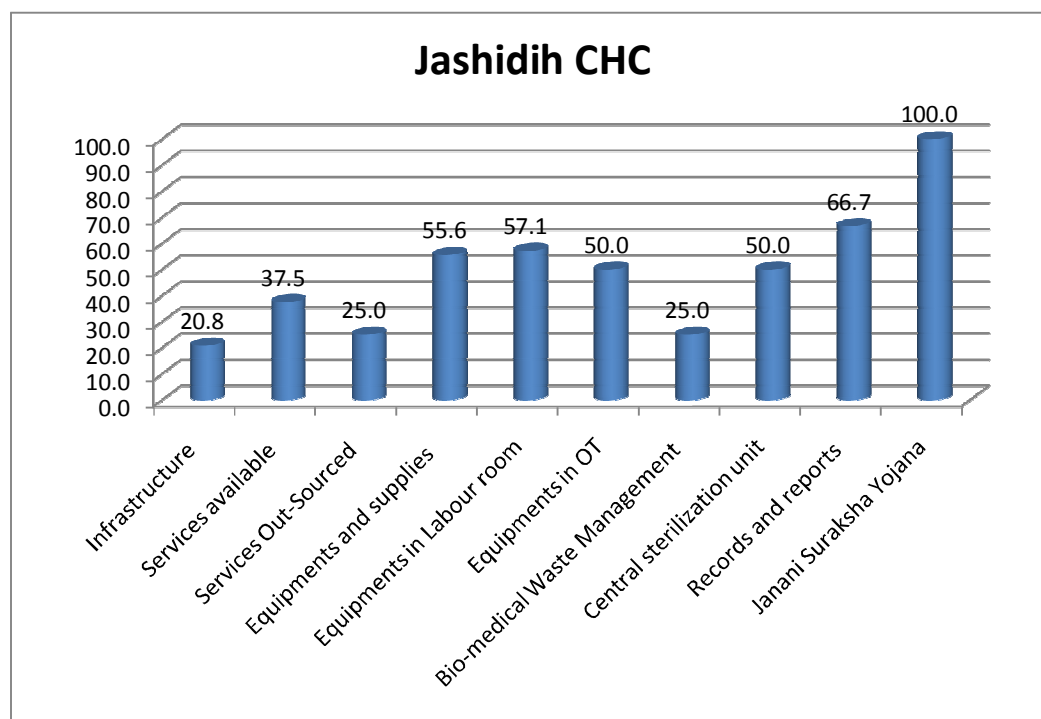
- 1) There is need to shift the labour room in ground floor or make some proper and safe arrangement to shift the pregnant woman to 1 floor .
- 2) Due to high patient load and according to IPHS norms there is need of more doctors in the hospital.
- 3) There is a need to set up neonatal care unit in the district hospital.
- 4) Ultrasound machine is present in the district hospital, so hospital and district authority should think to send someone for training.

Jashidih CHC

Jasihdih CHC was visited on 27th April 2010. CHC Jashidih catering the population of 304466 approximate (projected population based on census 2001). It has 17 HSC. CHC Jashidih has two medical officers both are MBBS doctor .6 other medical officers of additional PHC of Jashidih providing their services to CHC. New building

is constructed and local administration is planning to shift it within a month. It is upgraded as CHC from PHC in session 2009-2010.

Facility assessment –



Graph 3 Facility assessment Jashidih CHC

CHC Jashidih scored 37 out of 125 based on the facility assessment format. Infrastructure is very poor. Service availability is also very poor. CHC scored well in JSY, recodes and reports. During visit, it was found that no IPD patient was admitted. Maintenance and calibration of equipments are not done regularly and properly. Labour wards need to improve. There was not any functional O.T. and condemned article stored in wards.

Issue in new constructed building – laboratory room has no platform and lack of proper lighting. Lack of proper water supply is another issue for the new constructed building.

Recommendations

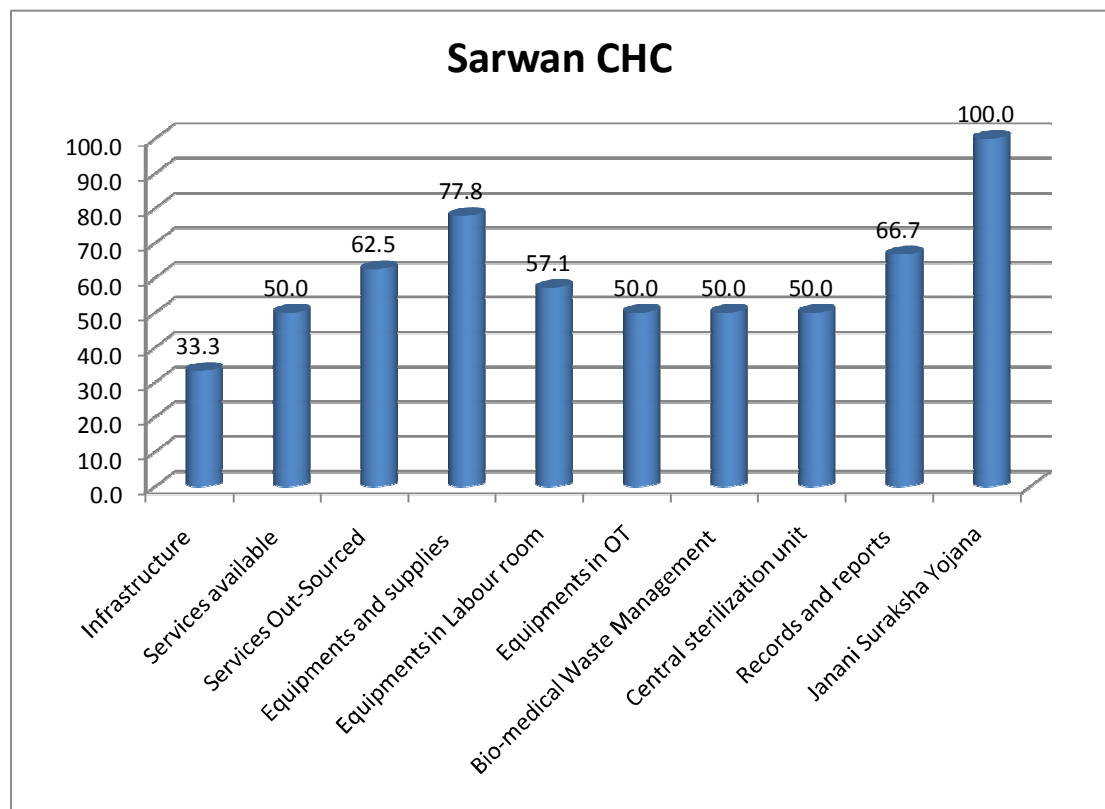
- 1) According to local authority CHC Jashidih will shift in new building in next 2

month, but before it hospital and district administration with district programme unit should plan properly for Bio medical waste management, physical facility for laboratory and out sourced facilities like housekeeping and security.

Sarwan CHC

Sarwan CHC was visited on 29th April 2010. It is on the district road. CHC Sarwan cater health services to the population of 153311 approximate (projected population based on census 2001). It has 31 HSC. One medical officer is in CHC Sarwan one MBBS and other is contractual AYHUS doctor. CHC hospital administration also taking services in CHC from 2 other medical doctors of it's additional PHC. CHC Sarwan is upgraded as CHC from PHC in session 2009-2010. New building is constructed and local administration is planning to shift it within a month.

Facility assessment

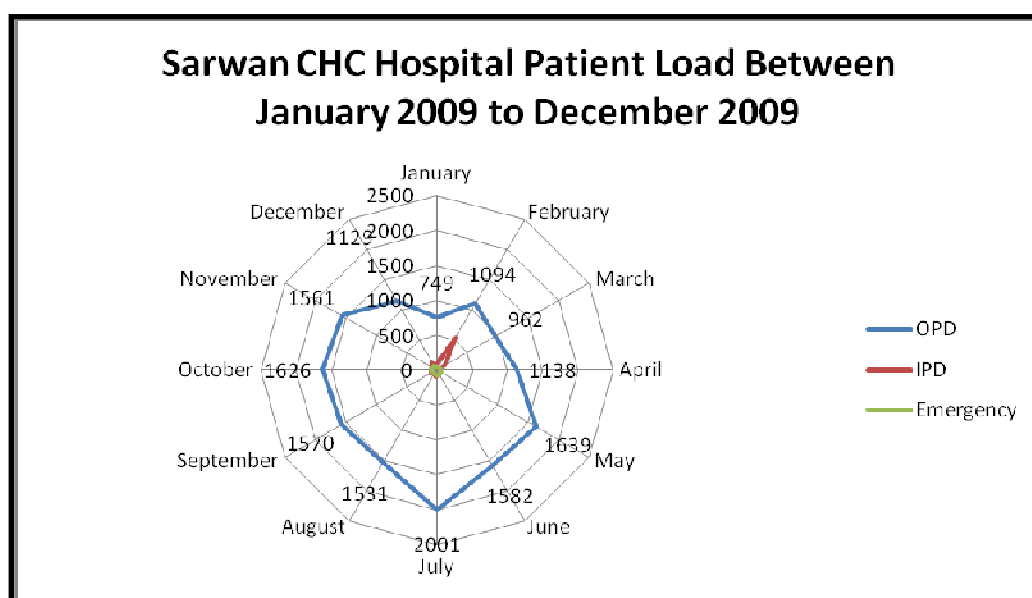


Graph 4 Facility assessment Sarwan CHC

CHC Sarwan scored 64 out of 125 based on the facility assessment format. CHC Sarwan scored poor in infrastructure

During visit it was found that there was no dressing table. Condemned articles are stored in labour room and O.T. Laboratory was well maintained but labour room and O.T need to improvement. Condition of toilet was very poor. No patient was admitted in IPD. Cold chain for vaccine was proper maintained. Conditions of cots were bad, it was rusted and mattresses were worn.

During interaction with medical officer it was revealed that they are not proper aware about utilization of untied funds. It was also found that doctors are keen to improve the hospital services.



Graph 5 Patient load CHC Sarwan during year 2009

Above graph shows that in last year OPD Load was more in the month of July and IPD load was high in month of February. We can plan for proper management in coming month of July in the CHC on the basis of previous OPD records.

Recommendations

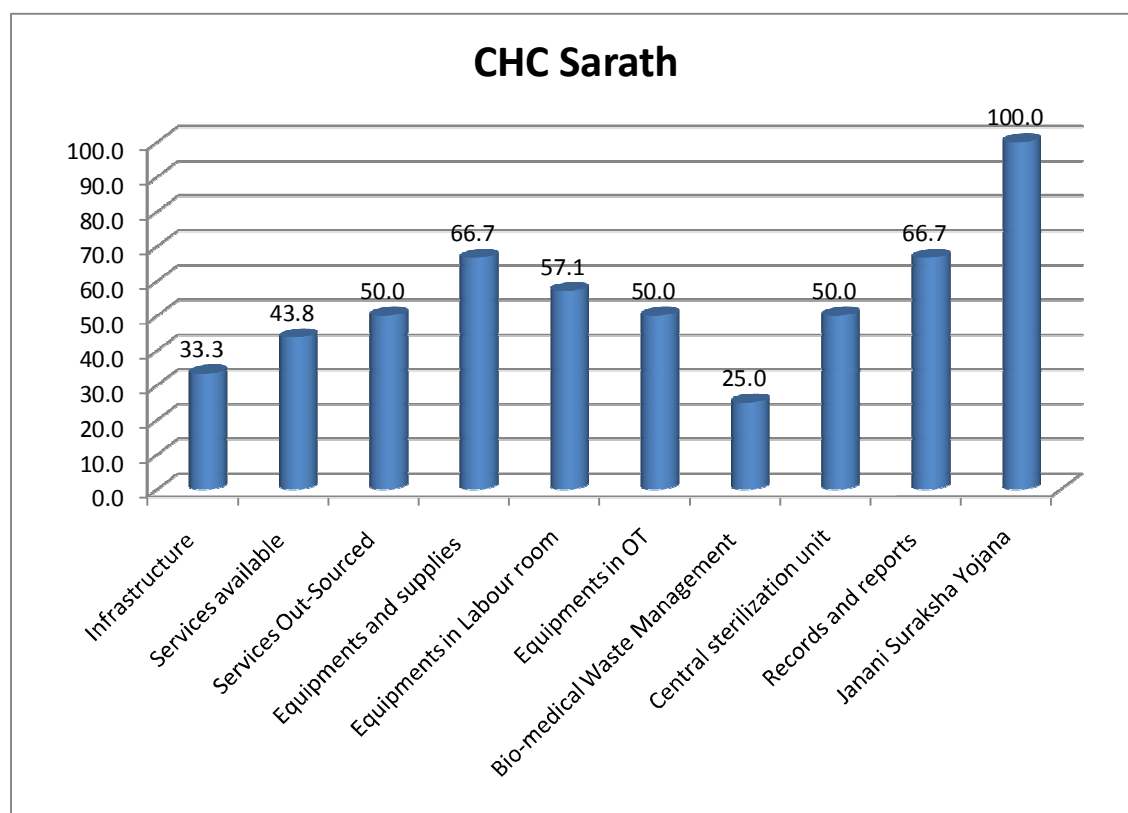
According to local authority CHC Sarwan will shift in new building in next 2 month, but before it hospital and district administration with district programme unit

should plan properly for Bio medical waste management and service delivery pattern according to the present weakness.

Sarath CHC

Sarath CHC is located by the side of district road. CHC Sarath is upgraded as CHC from PHC in 2009 -2010 session. New building is constructed and local administration is planning to shift it within a month. 2 MBBS and one gynaecologist are providing services to CHC Sarath.

Facility assessment



Graph 6 Facility assessment Sarath CHC

CHC Sarath scored 58 out of 125 based on the facility assessment format. Infrastructure and Bio medical Waste management is very poor in the CHC .During visit it was found the cold chain maintenance for vaccine was proper. They put the name of centre and address in vaccine box for proper identification and which is a good practice. There was no dressing room and bio medical waste was spread near the dressing table .In labour table was bare and it was common practice in area to use the bare table for labour. Window glasses were broken and during interaction with medical office incharge it was found that security was a major concern specially at night .

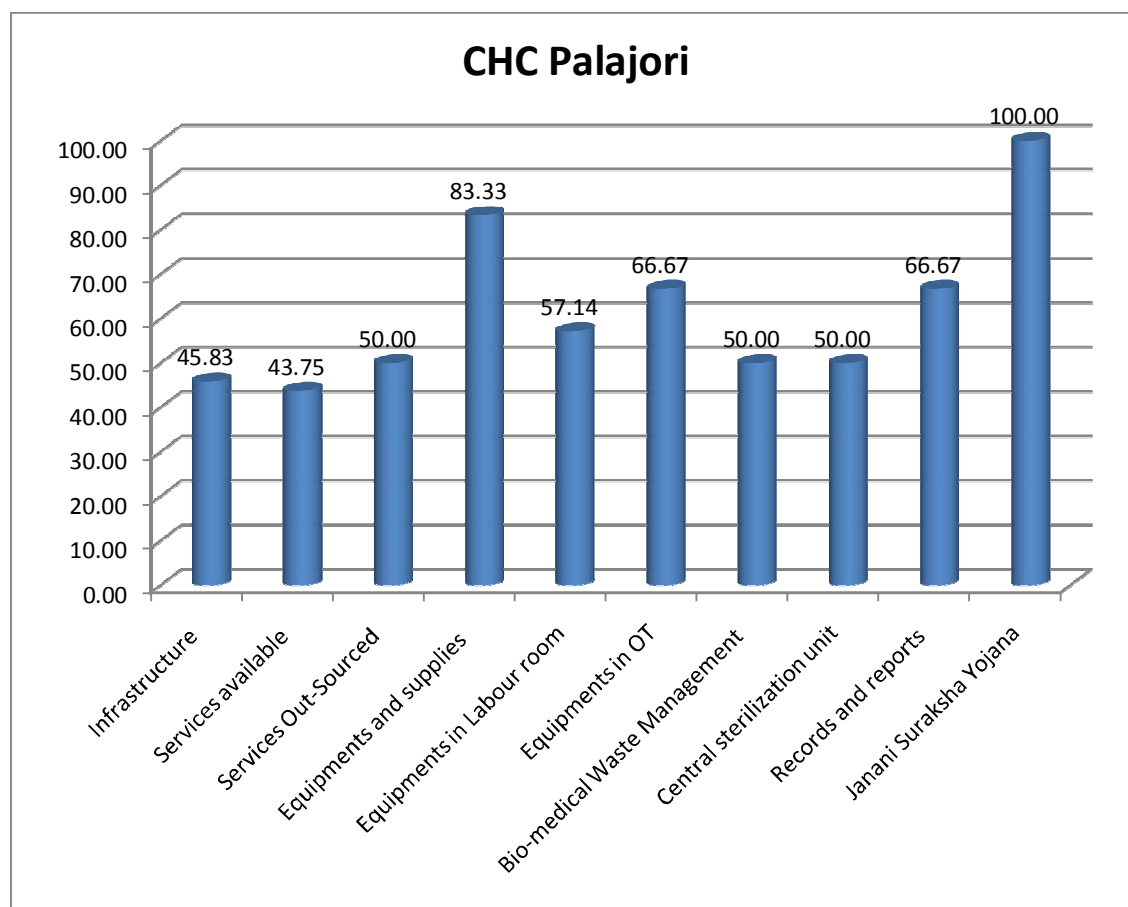
Recommendations

According to local authority CHC Sarath will shift in new building in next 2 month, but before it hospital and district administration with district programme unit should plan properly for Bio medical waste management and service delivery pattern according to the present weakness.

Palajori CHC

Palajori CHC is located by the side of district road. CHC Palajori is upgraded as CHC from PHC in 2009 -2010 session. New building is in construction phase. 2 MBBS and one general surgeon are providing services to CHC. CHC Cater the health services to the population of 152234 approximate (projected population based on census 2001). It has 29 HSC.

Facility assessment



Graph 7 Facility assessment CHC Palajori

CHC Palajori scored 69 out of 125 based on facility assessment format. CHC Palajori scored poor in infrastructure and services availability. Equipments, supplies and Function of Janani Suraksha Yojana was good in CHC Palajori. One aya and security guard were out sourced by the fund of hospital management society. Labour was well maintained but O.T. was not in functional condition. Bio medical waste was major issue in the hospital, needle cutter was in working condition but not used by employees, and they store the needle in ordinary carton. Deep burial pit was available but employees are not using it. During visit this issue was bring to notice of medical officer incharge and he took immediate action on this issue.

Recommendations

According to local authority CHC Palajori will shift in new building in next 2 month, but before it hospital and district administration with district programme unit should

plan properly for Bio medical waste management and service delivery pattern according to the present weakness.

APHC Kusmil –

APHC visited on 27th April 2010. Two medical doctors are providing services in APHS. One in MBBS and other is paediatrician. Infrastructure is huge problem in APHC. New building is constructed but APHC yet to be shifted local authority is planning to shift it within a month. During interaction it was revealed that security is a major concern in APHC (one motor pump was stolen and glasses of newly constructed building was broken by antisocial elements). Only OPD service is providing in the centre.

APHC Burhai –

APHC visited on 27th April 2010. On the day of visit APHC was shifting to new building. 2 medical officers are currently providing service in APHC among then one is MD medicine and other medical officer is general surgeon. There is lack of paramedical staff in the APHC. Only OPD service is providing in the APHC.

HSC Rohini-

HSC Rohini was visited on 27th April 2010. HSC was running in newly constructed government building. During visit ANM was providing the OPD services to community. During visit normal delivery facility was not state. ANM is providing the scheduled immunization to children on Thursday and Saturday. ANM also visits the community and providing different services and conduction health education activity. Recodes was properly maintained by ANM.

HSC Bedia :-

HSC Bedia was visited on 28th April 2010. HSC was running in a kaccha house and condition was not good. During visit ANM was providing the OPD services to community for common illness. ANM provides the family planning immunization

and National health programme services. ANM also started the adolescent health activity for girls in centre.

HSC Bagdaha:-

SHC Bagdaha was visited on 28th April 2010. ANM's quarter was in the sub center. Open needles was not disposed and it was spread in the centre. There was no store room in the Sub Centre and some drugs with expire dates was on the table of ANM. During interaction with ANM it was revealed that AMN visits community every day from 4:30 pm to 6 pm and providing different health services.

HSC, Babhandiha:-

SHC Babhandiha was visited on 28th April 2010. During visit it was closed. With interaction to community it was found that water is a major issue in the sub centre. Villages told during interaction that ANM visits community regularly and providing different health services to the community

HSC, Dahua:-

SHC Dahua was visited on 29th April 2010. SHC was well maintained. Available Drug list was display on board. Labour room was clean but bare table was using for the delivery.

HSC, Gopibandh:-

SHC Gopibandh was visited on 29th April 2010. During visit ANM was providing OPD services. One pregnant lady was in labour room but here also bare table was using for the delivery. Condition of the building was poor. Common equipment used for labour was not maintained properly.

Recommendation for district

- ❖ Fill up the post of district programme manger so that ensure the processes of planning, organizing and monitoring are carried out in the district.
- ❖ Stop the use of bare labor board for delivery in all the health facility in district and provide the mackintosh to all the health facilities
- ❖ IMNCI tanning should be taken up as soon as possible.
- ❖ Cleanliness and hygiene in the health facilities to ensure infection control and not to harm the patients should be the objective.
- ❖ No waste disposal mechanism existent in the district there is needed to develop proper waste disposal mechanism in the district.
- ❖ All CHC are soon shifting to the new building, district health administration and programme management unit should plane properly for shifting and analysis the present weakness to overcome it.
- ❖ Sahhiya workers are doing well in district however there is lack of motivation among the Sahiyya in the district .District programme unit should plane for some motivational programme for them. District health administration and programme management unit ensure the Sahhiya as bridge between the community and health system not as assistant to the ANM's.
- ❖ VHC's need to be empower in district to play active part in improvement of the health of community and properly utilization of the untied fund.

Annexure1: District level monitoring format

Monitoring format for Consultants visiting High Focus Districts – Final

1. Name of consultant -----Pradeep Tandan
2. Place of visit and date -----Deoghar (24th April to 1 May)

Progress against Monitorable indicators in District (wherever applicable)

	Activity / Measurable indicator	Achievement in/up to 2009-10	Target (Cumulative) in/up to 2010- 2011	Addition during the year
I	Monitoring Progress Against Standards:			
A	<i>Maternal Health Outputs</i>			
1	Institutional Deliveries	11525	Data is not available	Data is not available
2	24X7 Facilities (includes PHC, CHC, SDH minus FRUs)	CHC 8 PHC 5 FRUs 1	Data is not available	Data is not available

3	Functional First Referral Units (including CHC, SDH, DH)	1 (SDH)	Data is not available	Data is not available
4	Functional Sub Centres	181	NA	NA
B	<i>Child health</i>			
5	Sick New Born Units (SNCU)	0	NA	NA
6	Stabilization Units in CHCs/ BPHCs	NA	NA	NA
7	Full Immunization	100	71.46	
C	<i>Population Stabilisation:</i>			
8	Male Sterilization	1200	65	NA
9	Female Sterilization	6400	7320	NA

10	No. of IUD insertions	11113	3038	NA
D	<i>Disease Control :</i>			
11	Case Detection Rate of TB among new sputum positive patients	55%	NA	NA
12	Treatment Success Rate among new sputum positive patients initiated on DOTS	92%	NA	NA
13	ABER for malaria	8.95%	NA	NA
14	API for malaria	0.2/1000		
15	No. of Reconstructive surgeries performed under NLEP	0		
16	Annual New Case Detection Rate for Leprosy	16.8%		
17	Cataract Surgeries performed	3400	5466	
II	<i>Human Resource</i>			
18	Appointment of ANMs	302	302	
19	Appointment of staff nurses	14	14	
20	Percent of ANMs trained as Skilled Birth Attendant	240		

21	Doctors trained on EmoC			
22	Doctors trained on LSAS			
23	Doctors trained in NSV/ Conventional vasectomy			
24	Doctors trained in Abdominal Tubectomy (Minilap)			
25	Doctors trained in Laproscopic Tubectomy			
26	Personnel trained in IMNCI	161	1794	
III	<i>Communitisation Processes.</i>			
27	Functional VHSCs	2277	1772	
28	ASHAs completed four modules of training	2957	1122	
29	ASHAs with Drug kits	2957	2623	
30	Percent expenditure of NRHM funds through Non Governmental organizations		19%	
31	Percentage Districts having community		31%	

	monitoring system in place			
IV	<i>Flexible Financing</i>			
32	Percent utilization of untied grants			
V	<i>Improved Management:</i>			
33	Percent districts uploading timely HMIS Data and confirming		Yes	
34	Tracking of pregnant mothers and children		Yes	
35	Computerisation of HMIS		Yes	
36	Cold Chain Management		Yes	
37	Procurement System			
VI				
38	Functional Mobile Medical Units		3	
39	Poor performing districts sub-plan made with targets, and quarterly review shows progress			
40	Difficult, Most Difficult, inaccessible area thrust in provision of infrastructure and human resources.		Difficult 46	

SERVICE GUARANTEE MONITORING PARAMETERS

• PARAMETER	BASELINE	PROGRESS IN LAST QUARTER (SPECIFY QUARTER)	PROGRESS IN QUARTER (VISITED (SPECIFY QUARTER)
<ul style="list-style-type: none"> Percentage of VHND conducted versus Village Health and Nutrition Days planned in the District Percentage of VHND conducted versus Village Health and Nutrition Days planned in the District 	11948 (Jan 09 to March 10)		
<ul style="list-style-type: none"> Deliveries conducted per skilled Birth Attendant per month in the block. Facility wise performance may be monitored at the district level. Increase in the delivery / OP performance may be monitored 	NA		
<ul style="list-style-type: none"> Outpatients examined per doctor per day in District 	NA		
<ul style="list-style-type: none"> Number of caesarean sections performed in the district hospital out of total number of deliveries conducted 	24		
<ul style="list-style-type: none"> Number of caesareans performed per obstetrician in the district hospital 	5		

• Bed occupancy rate for block PHC			
• Bed occupancy rate of district hospital	87.1%		
• Percentage of mobile medical camp conducted against number planned	NA	NA	NA
• Average number of OP cases seen per day by the mobile team	NA	NA	NA
• Percentage of blood smears for Malaria Parasite taken out of total Out Patient (10% of new OPD)	4.6%	NA	NA
• Percentage of sputum smears collected for AFB out of total Out Patient (2% of adult OPD)	5%	NA	NA
• Number of PHC/SHC constructions completed against planned	NA	NA	NA
• Number of maternal complications treated against total number of deliveries	10	NA	NA
• Percentage of drugs available for Block	NA	NA	NA

PHC per day against the expected number of drugs			
<ul style="list-style-type: none"> Percentage of JSY payment pending out of total deliveries in the District 	0(March)		

RCH MONITORING PARAMETERS

Total Population: 1345137 (source 2009-10)

CBR: 26 (SRS 2008 State)

Expected Deliveries per year: 35503(2009-10)

Total reported deliveries: 18086

Institutional deliveries: 11,588

Home non-SBA deliveries: 3845

Home SBA deliveries 2652

Total unreported deliveries: 20,644 probably home- unattended- but also some pvt sector unreported.

LEVEL OF CARE / FACILITIES:

	Level 3		Level - 2		Level 1	Total
	(CEmONC)		(BEmONC)		Home & SBA	
	Govt.	Pvt.	Govt.	Pvt.		
No of facilities functional as of	1	4	7 out of 8 CHC and 1	5	20/181 HSCs 0/5 APHCs	DH-1 Referral-1

	Level 3 (CEmONC)		Level - 2 (BEmONC)		Level 1 Home & SBA	Total
	Govt.	Pvt.	Govt.	Pvt.		
now (name in annexure)			referral(out of 8 CHCs one is not conducting deliveries)			CHC-8 APHC-5 HSCs -181
Total Nos of reported deliveries in 2009-10	4810	3	6,278	0	500	11,588 Institutional deliveries +Home non SBA: 3845+Home SBA 2652=18,085 deliveries
Normal	4785		6278		500	11563
C- sections	25	4	0		0	
Other Complicated	505					
Target for 2010-11: total deliveries	6000	1500	9000		2000	18100
Total no of facilities /providers that would be providing this level of care	1 DH	5	7 new CHCs construction in 8 existing CHCs +5 APHCs	8	20 HSCs 3 APHCs	
Expected normal	4500	1000	8200	450	900 at SHCs + 1100 at home SBA	15300

	Level 3		Level - 2		Level 1	Total
	(CEmONC)		(BEmONC)		Home & SBA	
	Govt.	Pvt.	Govt.	Pvt.		
Expected complicated	1500	500	800	150	0	2700
Target for 2011-12	NA	NA		NA		NA
Total no of facilities /providers that would be providing this level of care	NA	NA	NA	NA	NA	NA
Expected normal	NA	NA	NA	NA	NA	NA
Expected complicated	NA		NA	NA	NA	NA
Process Targets	NA		NA	NA	NA	NA
On HR – numbers of doctors, specialists and nurses	2 Surgeon 3Gynaecologist 1 anaesthetic 15 SN		9 Gynaecologist 8 SNs exists + 4 SNs to add			
On training			SBA 20 Trained SNs + 4 Additional to be trained 2 MOs for EmOC to be trained		220 ANMs trained in SBA Targeted ANM training in SBA 83 Targeted ANM training in	

	Level 3 (CEmONC)		Level - 2 (BEmONC)		Level 1 Home & SBA	Total
	Govt.	Pvt.	Govt.	Pvt.		
			2 MOs for LSAS to be trained 2 MOs in IMNCI trained , 5 more to be Trained 2 doctors trained in NSV existing 1 proposed		IMNCI 50	
On supervision			1 PHN 1 Certified supervisor			
On blood provision	2 blood banks					
On referral transport						
On Infrastructure						
New buildings	300 bed DH under construction		7CHC +5 PHC + 22HSCs under construction			
Renovation						
On newborn child care equipment	1 SNCU proposed		3 NSU proposed 4			

	Level 3 (CEmONC)		Level - 2 (BEmONC)		Level 1 Home & SBA	Total
	Govt.	Pvt.	Govt.	Pvt.		
			New born corner			
certification	1 DH ISO certified		3 proposed for FFHI certification			

	Current level	Aim to reach...
Home based Newborn and Sick child care	HBNC ToT is going on SNCU – Nil	Aim to reach 12 days of training this year ; subject to gaps supported by GOI / other sources
ANM skills in child care	IMNCI ToT completed ; training would be taken in 2010-11	150 ANM in IMNCI
Line listing of pregnant women and children below 2	Ongoing	To list all pregnancies
Facilitation for ASHAs/mothers at facility.	Nil	Proposed in 2010-11
NGO involvement	5 NGO	Maintain in current level
Family Planning services		
Tubectomy	FDS – Nil Tubectomy – 7200(Feb 2010)	FDS proposed in DH AND 2 CHC 15 cases per week x 50 weeks x 3 centres = 2250
NSV	FDS- Nil	FDS proposed in DH AND 2 CHC 3 cases per week x 50 weeks 3

	NSV 65 (Feb 2010)	centres = 450
MTP	At FRUs (315)	To introduce MVA services

Major Observations with regard to facilities visited (Please attach Facility Monitoring Report as per Annexure2)

Major discussion points with ASHA / Beneficiaries /Panchayat members at the village level

- a) Water scarcity
- b) Drug availability
- c) Utilization of Untied funds
- d) Institutional delivery at HSC
- e) Honorarium of JSY and Immunization

Major discussion points with ANM/LHV/MO at the facility level

- a) Human resource problem
- b) Utilization of untied fund
- c) Bio Medical waste management
- d) Common disease pattern in OPD
- e) Drug availability

f) Community visit by ANM

g) Facilities in PHC and CHC

Major Observations

- a) Proper drinking water facility is not available in Jasidih CHC , Sarwan CHC, Sarat CHC and most of the HSC.
- b) Lack of Bio medical waste management in the entire visited place.
- c) Unhygienic condition of the labour room in Jashidh , Sarwan and Sarat CHC. (In district Hospital labour room is in 1st floor without any lift and Slop).
- d) Lack of proper dressing table and material
- e) There were no seating arrangements in the OPD area even in District hospital.
- F) Unsafe practice in Laboratories
- g) Safety issue for new constructed CHC and PHC building

Major actionable points

- i. Bio Medical waste management
- ii. Hygienic labour room
- iii. Proper dressing and examination table
- iv. Condemned article free wards
- v. Drinking water facility in PHC/ APhC / CHC
- vi. District hospital burn Unit management (it was open and full with relatives during visit)
- vii. Seating arrangement for patient in OPD area
- viii. Proper training/ facilitation to use untied fund (also include MO)

Action taken by consultant on the monitoring feedback

- a) Biomedical waste management suggestion
- b) Suggested some safety measures in laboratory use
- c) Suggestion to display the drug availability and doctor's name.

- d) Suggestion to use untied fund (MO and VHSC and Sahiyya/ASHA)
- e) Suggestion for regular community visit (for ANM)
- f) Suggestion for labour room (for cleanness and Hygienic practise) (in district/
Sadar hospital it must be shift on ground floor)

Pradeep Tandan

(Signature and Name of Consultant with Date)

Annexure 2: Facility assessment format

2.1 Sadar Hospital

Inspection format for health facilities

Name of the Consultant : Pradeep Tandan
2010

Date & time : 26th April

District: Deoghar

Total marks: 125

Name of Facility (APHC/BPHC /Referral/ SD/**Sadar**): Sadar Hospital

I. Infrastructure

Item	MOV Criteria			Score
Buildin g conditio n	a.	Walls and floor and roof intact	2	11/14
	b.	Electrical wires not exposed	1	
	c.	Electric switch boards not broken	2	
	d.	Electric bulbs in wards / pathways / toilets	2	
	e.	Whitewashed	2	
	f.	Signage boards present	2	
	g.	Rooms not dumped with condemned articles	0	
Condi on of wards	a.	Mosquito screens present and devoid of holes	0	3/8
	b.	Condemned articles not stored in the wards	1	
	c.	window glasses not broken	2	
	d.	Door / Screens / Curtains / present for ensuring privacy of patient	0	
Water supply	a.	Running water available for 24 hours in Labour room / OT / Toilets	5	5/10
	b.	Purified drinking water available for drinking for	0	

		patients in OP / IP		
Condition of toilets	a.	Doors are not damaged	2	8/10
	b.	Floors are clean	2	
	c.	Basins are not stained	1	
	d.	water taps not damaged,	1	
	e.	pathway is not dirty	2	
Patient amenities	a.	Seating arrangements are present in the OPD area	0	0/3
	b.	Stools or chairs for attendants in the wards present	0	
	c.	Inpatients are provided with blankets in winter	0	
Furniture	a.	Cots are not rusted not broken	0	0/3
	b.	Mattress not worn out, cloth not torn cotton/coir not coming out	0	
	c.	Labour board not rusted, not broken, not stained with blood	0	

II. Human Resource (Self improvement score)

Staff performance (monthly figure)	Baseline data (1 st survey)	Subsequent visit * % improvement
Number of deliveries conducted per SBA	NA	
Number of OP cases per doctor	NA	
Bed occupancy rate*	NA	
Number of CS per Obstetrician	NA	
Number of cataract operations per ophthalmologist	NA	
Chest symptomatic sputum population examination rate	NA	
Minor surgeries per doctor	NA	

Antenatal care severely anaemic (under 7 gm%) managed rate	Not Available
IUD insertions per trained nurse	NA
MTP services per trained doctor	NA

- *Indicative column; subsequent visits (2nd, 3rd etc. Would be scored on improvement and in a fresh inspection form)*
- *Bed occupancy rate=(inpatient days of care/bed days available)×100*

III. Services available (applicable for BPHCs and above)

Sl.no	Service	Means of verification	Score
1.	24 hour doctor available	Duty roster, casualty register	11/16
2.	24 hour nurse available	Duty roster, casualty register	
3.	24 hour delivery services available	Delivery register	
4.	24 hour newborn care services available	Delivery register, Paediatric ward register, Immunization register	
5.	24 hour caesarean services (if FRU)	Delivery register	
6.	Tubectomy services available	FP register	
7.	Safe abortion services available	MTP register	

8.	24 hour blood transfusion services	1	Blood transfusion register / Blood bank master register
9.	Laboratory Services	2	Equipments and reagents for conducting the tests are present, lab record shows tests are conducted
	1. Haemogram		
	2. Sputum Examination		Lab register
	3. Lipid Profile		
	4. Hormone Assay		
	5. Urine Examination		
10.	Availability of ECG Facility	1	ECG machine available & working
11.	X Ray Facility available	1	X ray register – working status
12.	Ultrasound services available	0	USG register – working status
13.	Adolescent sexual and reproductive health services	0	OP register – number of adolescent beneficiaries
14.	Functional telephone	0	Telephone number with dial tone
15.	Whether fixed day antenatal clinics are conducted	0	ANC register

IV. Services Out-Sourced

Sl. no	Item	Means of verification	Score			
1.	House keeping	<table><tr><td>a.</td><td>Floor is cleaned with disinfectant on the day of visit</td><td>1</td></tr></table>	a.	Floor is cleaned with disinfectant on the day of visit	1	
a.	Floor is cleaned with disinfectant on the day of visit	1				

2. Generator	b.	rainbow linen colour maintained	1	8/8
	c.	OT fumigated	1	
	a.	Generator in working condition with designated horse power	1	
	b.	Fuel for operation present	1	
3. Food	a.	Food served to inpatients	1	
	b.	Food chart for inpatients	1	
4. Ambulance	Records of operation [Number of ambulances, average (if more than one ambulance) number of breakdowns in the last one week, number of drivers available per shift] maintained (1)			

V) Equipments and supplies

Item	MOV condition		Score
Trolley	a	In working condition	1
	b	Trolley without rust	1
Wheelchair	a	In working condition	0
	b	Wheelchair without rust	0
Stretcher	a.	Stretcher without rust	0
	b.	not broken	0

Sterilised gloves	a.	Sterilised gloves available	1	1/1
Average number of OP drugs available (monthly)	a.	Drug stock register	6	6/10
Availability of life saving drugs present	Availability of;			4/4
	a.	Oxytocin	1	
	b.	Misoprostol	1	
	c.	Magnesium Sulphate	1	
	d.	IV antibiotics	1	

VI. Equipments in Labour room

	Equipment	MOV Score
a.	Spot light in labour room	0
b.	Vacuum extractor	1
c.	Resuscitation equipment for newborn – Bag 1 and mask	5/7
d.	Resuscitation equipment for newborn – 0 Laryngoscope and full set of endo-tracheal tubes	
e.	Baby resuscitation table with infant warmer	1
f. g.	Mucous sucker	1
g. h.	Baby weighing machine	1

VII)Equipment in OT

Equipments	MOV	score
a. Ceiling OT light/ Floor OT light (shadowless)	1	5/6
b. Oxygen cylinder	1	
c. Boyles apparatus (only FRU)	0	
d. Suction apparatus	1	
e. Adequate quantity of linen	1	
f. Spinal anaesthesia set (FRU)	1	

VIII)Bio-medical Waste Management

Item	MOV	Score
Waste management	a. Colour coded buckets used	0
	b. Deep burial pit available where anatomical waste is disposed	0
	c. Needle cutter in working condition	1
	d. no mix of infectious or non-infectious waste done	0
	e. waste bins not overfilled	1
	f. needles and syringes mutilated and disinfected before putting in waste bin	0
	g. metal sharps disposed in puncture proof containers	0
		3/8

	h.	disposable gloves and masks not reused	1`	
--	----	--	----	--

IX) Central sterilization unit

MOV				Score
Autoclave	a.	Functioning autoclave	1	1
	b.	Usage of signalac tape	0	
	c.	usage of biological indicator	0	
	d.	swab test of sterile packs	0	

Item	MOV score
a. Separate column (in delivery register) for recording major complications leading to maternal death	0

b.	Delivery register mentions about the details of the baby2 and condition of the mother 1	4/6
c.	Referral slips are issued to patients 1	2

X) Records and reports

XI) Janani Suraksha Yojana

Balance amount available	Number of mothers yet receive the JSY money	to Score
Register available All from April		5 marks if all backlog payments are cleared and current payments are up to date

Appendix 1

Inspection scoring sheet for health facilities

Name of the inspecting officer: Pradeep Tandan
2010

Date & time: 26th April

District: Deoghar

Total marks: 125

Name of Facility (APHC/BPHC /Referral/ SD/Sadar): Sadar

Item		Maximum Facility
	marks	Score
I. Infrastructure	48	27
II. Human Resource	Self improvement score	
III. Services available (applicable for BPHCs 16 and above)		11
IV. Services Out-Sourced	8	8
V) Equipments and supplies	18	13
VI) Equipments in Labour room	7	5
VII) Equipments in OT	6	5
VIII) Bio-medical Waste Management	8	3
IX) Central sterilization unit	2	1
X) Records and reports	6	4
XI) Janani Suraksha Yojana	5	5
Total Score	125	82

2.2 Sarwan Hospital

Inspection format for health facilities

Name of the Consultant : Pradeep Tandan
2010

Date & time : 26th April

District: Deoghar

Total marks: 125

Name of Facility (APHC/BPHC /Referral/ SD/**Sadar**): BPHC Sarwan

II. Infrastructure

Item	MOV Criteria			Score
Building condition	h.	Walls and floor and roof intact	2	5/14
	i.	Electrical wires not exposed	1	
	j.	Electric switch boards not broken	1	
	k.	Electric bulbs in wards / pathways / toilets	1	
	l.	Whitewashed	2	
	m.	Signage boards present	0	
	n.	Rooms not dumped with condemned articles	0	
Condition of wards	e.	Mosquito screens present and devoid of holes	0	2/8
	f.	Condemned articles not stored in the wards	1	
	g.	window glasses not broken	1	
	h.	Door / Screens / Curtains / present for ensuring privacy of patient	0	

Water supply	c.	Running water available for 24 hours in Labour room / OT / Toilets	5	5/10
	d.	Purified drinking water available for drinking for patients in OP / IP	0	
Condition of toilets	f.	Doors are not damaged	1	4/10
	g.	Floors are clean	0	
	h.	Basins are not stained	1	
	i.	water taps not damaged,	1	
	j.	pathway is not dirty	1	
Patient amenities	d.	Seating arrangements are present in the OPD area	1	0/3
	e.	Stools or chairs for attendants in the wards present	0	
	f.	Inpatients are provided with blankets in winter	0	
Furniture	d.	Cots are not rusted not broken	0	0/3
	e.	Mattress not worn out, cloth not torn cotton/coir not coming out	0	
	f.	Labour board not rusted, not broken, not stained with blood	0	

(New building is in construction phase)

III. Human Resource (Self improvement score)

Staff performance (monthly figure)	Baseline data (1 st survey)	Subsequent visit * % improvement
Number of deliveries conducted per SBA	NA	
Number of OP cases per doctor	NA	
Bed occupancy rate*	NA	
Number of CS per Obstetrician	NA	
Number of cataract operations per ophthalmologist	NA	
Chest symptomatic sputum population	NA	

examination rate	
Minor surgeries per doctor	NA
Antenatal care severely anaemic (under 7 gm%)	Not Available
managed rate	
IUD insertions per trained nurse	NA
MTP services per trained doctor	NA

- *Indicative column; subsequent visits (2nd, 3rd etc. Would be scored on improvement and in a fresh inspection form)*
- *Bed occupancy rate=(inpatient days of care/bed days available)×100*

IV. Services available (applicable for BPHCs and above)

Sl.no	Service	Means of verification	Score
1.	24 hour doctor available 1	Duty roster, casualty register	
2.	24 hour nurse available 1	Duty roster, casualty register	
3.	24 hour delivery services 1	Delivery register	
	available		8/16
4.	24 hour newborn care 1	Delivery register, Paediatric ward register,	
	services available	Immunization register	
5.	24 hour caesarean 0	Delivery register	

	services (if FRU)		
6.	Tubectomy services 1 available	FP register	
7.	Safe abortion services 0 available	MTP register	
8.	24 hour blood transfusion 0 services	Blood transfusion register / Blood bank master register	
9.	Laboratory Services 1	Equipments and reagents for conducting the tests are present, lab record shows tests are conducted	
	6. Haemogram		
	7. Sputum Examination	Lab register	
	8. Lipid Profile		
	9. Hormone Assay		
	10. Urine Examination		
10.	Availability of ECG 1 Facility	ECG machine available & working	
11.	X Ray Facility available 0	X ray register – working status	
12.	Ultrasound services 0 available	USG register – working status	
13.	Adolescent sexual and 0 reproductive health services	OP register – number of adolescent beneficiaries	
14.	Functional telephone 1	Telephone number with dial tone	
15.	Whether fixed day 0 antenatal clinics are conducted	ANC register	

V. Services Out-Sourced

Sl. no	Item	Means of verification	Score
1.	House keeping	d. Floor is cleaned with disinfectant on the day of visit	1
		e. rainbow linen colour maintained	0
		f. OT fumigated	1
2.	Generator	c. Generator in working condition with designated horse power	1
		d. Fuel for operation present	1
3.	Food	c. Food served to inpatients	0
		d. Food chart for inpatients	0
4.	Ambulance	Records of operation [Number of ambulances, average (if more than one ambulance) number of breakdowns in the last one week, number of drivers available per shift] maintained (1)	

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V) Equipments and supplies

Item	MOV condition	Score
Trolley	c. In working condition	1/2
	d. Trolley without rust	1/2
Wheelchair	c. In working condition	0
	d. Wheelchair without rust	0

Stretcher	c.	Stretcher without rust	1/2	
	d.	not broken	1/2	
Sterilised gloves	b.	Sterilised gloves available	1	1/1
Average number of OP drugs available (monthly)	b.	Drug stock register	7	7/10
Availability of life saving drugs present				
Availability of;	e.	Oxytocin	1	4/4
	f.	Misoprostol	1	
	g.	Magnesium Sulphate	1	
	h.	IV antibiotics	1	

VII. Equipments in Labour room

Equipment			MOV Score
h.	Spot light in labour room	0	4/7
i.	Vacuum extractor	1	
j.	Resuscitation equipment for newborn – Bag 1 and mask	1	
k.	Resuscitation equipment for newborn – 0 Laryngoscope and full set of endo-tracheal tubes	0	
l.	Baby resuscitation table with infant warmer	0	
m. g.	Mucous sucker	1	
n. h.	Baby weighing machine	1	

VII)Equipment in OT

Equipments	MOV	score
g. Ceiling OT light/ Floor OT light (shadowless)	0	3/6
h. Oxygen cylinder	1	
i. Boyles apparatus (only FRU)	0	
j. Suction apparatus	1	
k. Adequate quantity of linen	1	
l. Spinal anaesthesia set (FRU)	0	

VIII)Bio-medical Waste Management

Item	MOV	Score
Waste management	i. Colour coded buckets used	0
	j. Deep burial pit available where anatomical waste is disposed	0
	k. Needle cutter in working condition	1

	l.	no mix of infectious or non-infectious waste done	0
	m.	waste bins not overfilled	0
	n.	needles and syringes mutilated and disinfected before putting in waste bin	1
	o.	metal sharps disposed in puncture proof containers	0
	p.	disposable gloves and masks not reused	1

IX) Central sterilization unit

MOV				Score
Autoclave	e.	Functioning autoclave	1	1
	f.	Usage of signalac tape	0	
	g.	usage of biological indicator	0	
	h.	swab test of sterile packs	0	

Item	MOV score
d. Separate column (in delivery register) for recording	0

	major complications leading to maternal death	0
e.	Delivery register mentions about the details of the baby and condition of the mother	2 4/6
f.	Referral slips are issued to patients	1 2

X) Records and reports

XI) Janani Suraksha Yojana

Balance amount available	Number of mothers yet to receive the JSY money	Score
Register available Up to March		5 marks if all backlog payments are cleared and current payments are up to date

Appendix 2

Inspection scoring sheet for health facilities

Name of the inspecting officer: Pradeep Tandan
2010

Date & time: 26th April

District: Deoghar

Total marks: 125

Name of Facility (APHC/BPHC /Referral/ SD/Sadar): BPHC Sarwan

Item	marks	Maximum Facility Score
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II.	Infrastructure	48	16
III.	Human Resource	Self improvement score	
IV.	Services available (applicable for BPHCs 16 and above)		8
V.	Services Out-Sourced	8	5
	V) Equipments and supplies	18	14
	VI) Equipments in Labour room	7	4
	VII) Equipments in OT	6	3
	VIII) Bio-medical Waste Management	8	4
	IX) Central sterilization unit	2	1
	X) Records and reports	6	4
	XI) Janani Suraksha Yojana	5	5
	Total Score	125	64

2.3 Sarath Hospital

Inspection format for health facilities

Name of the Consultant : Pradeep Tandan

Date & time : 26th April 2010

District: Deoghar

Total marks: 125

Name of Facility (APHC/BPHC /Referral/ SD/**Sadar**): BPHC Sarath

III. Infrastructure

Item	MOV Criteria			Score
Building condition	o.	Walls and floor and roof intact	2	5/14
	p.	Electrical wires not exposed	0	
	q.	Electric switch boards not broken	0	
	r.	Electric bulbs in wards / pathways / toilets	1	
	s.	Whitewashed	2	
	t.	Signage boards present	0	
	u.	Rooms not dumped with condemned articles	0	
Condition of wards	i.	Mosquito screens present and devoid of holes	0	2/8
	j.	Condemned articles not stored in the wards	1	
	k.	window glasses not broken	1	
	l.	Door / Screens / Curtains / present for ensuring privacy of patient	0	
Water supply	e.	Running water available for 24 hours in Labour room / OT / Toilets	5	5/10
	f.	Purified drinking water available for drinking for patients in OP / IP	0	
Condition of toilets	k.	Doors are not damaged	1	4/10
	l.	Floors are clean	0	
	m.	Basins are not stained	1	
	n.	water taps not damaged,	1	
	o.	pathway is not dirty	1	
Patient amenities	g.	Seating arrangements are present in the OPD area	0	0/3
	h.	Stools or chairs for attendants in the wards present	0	
	i.	Inpatients are provided with blankets in winter	0	

Furniture	g.	Cots are not rusted not broken	0	0/3
	h.	Mattress not worn out, cloth not torn cotton/coir not coming out	0	
	i.	Labour board not rusted, not broken, not stained with blood	0	

(New building is in construction phase)

IV. Human Resource (Self improvement score)

Staff performance (monthly figure)	Baseline data (1 st survey)	Subsequent visit * % improvement
Number of deliveries conducted per SBA	NA	
Number of OP cases per doctor	NA	
Bed occupancy rate*	NA	
Number of CS per Obstetrician	NA	
Number of cataract operations per ophthalmologist	NA	
Chest symptomatic sputum population examination rate	NA	
Minor surgeries per doctor	NA	
Antenatal care severely anaemic (under 7 gm%) managed rate	Not Available	
IUD insertions per trained nurse	NA	
MTP services per trained doctor	NA	

- Indicative column; subsequent visits (2nd, 3rd etc. Would be scored on improvement and in a fresh inspection form)
- Bed occupancy rate=(inpatient days of care/bed days available)×100

V. Services available (applicable for BPHCs and above)

Sl.no	Service	Means of verification	Score
1.	24 hour doctor available 1	Duty roster, casualty register	
2.	24 hour nurse available 1	Duty roster, casualty register	
3.	24 hour delivery services 1 available	Delivery register	7/16
4.	24 hour newborn care 1 services available	Delivery register, Paediatric ward register, Immunization register	
5.	24 hour caesarean 0 services (if FRU)	Delivery register	
6.	Tubectomy services 1 available	FP register	
7.	Safe abortion services 0 available	MTP register	
8.	24 hour blood transfusion 0 services	Blood transfusion register / Blood bank master register	
9.	Laboratory Services 1 11. Haemogram 12. Sputum Examination 13. Lipid Profile 14. Hormone Assay 15. Urine Examination	Equipments and reagents for conducting the tests are present, lab record shows tests are conducted Lab register	
10.	Availability of ECG 1 Facility	ECG machine available & working	

11.	X Ray Facility available	0	X ray register – working status
12.	Ultrasound services available	0	USG register – working status
13.	Adolescent sexual and reproductive health services	0	OP register – number of adolescent beneficiaries
14.	Functional telephone	0	Telephone number with dial tone
15.	Whether fixed day antenatal clinics are conducted	0	ANC register

VI. Services Out-Sourced

Sl. no	Item	Means of verification		Score
1.	House keeping	g.	Floor is cleaned with disinfectant on the day of visit	1
		h.	rainbow linen colour maintained	0
		i.	OT fumigated	0
2.	Generator	e.	Generator in working condition with designated horse power	1
		f.	Fuel for operation present	1
3.	Food	e.	Food served to inpatients	0
		f.	Food chart for inpatients	0
4.	Ambulance	Records of operation [Number of ambulances, average (if more than one ambulance) number of breakdowns in the last one week, number of		

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drivers available per shift] maintained (1)

V) Equipments and supplies

Item	MOV condition	Score
Trolley	e. In working condition	1/2
	f. Trolley without rust	1/2
		2/3
Wheelchair	e. In working condition	0
	f. Wheelchair without rust	0
Stretcher	e. Stretcher without rust	1/2
	f. not broken	1/2
Sterilised gloves	c. Sterilised gloves available	1
		1/1
Average number of OP drugs available (monthly)	c. Drug stock register	5
		5/10
Availability of life saving drugs present		4/4
	i. Oxytocin	1
	j. Misoprostol	1
	k. Magnesium Sulphate	1

	I. IV antibiotics	1	
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VIII. Equipments in Labour room

	Equipment	MOV Score
o.	Spot light in labour room	0
p.	Vacuum extractor	1
q.	Resuscitation equipment for newborn – Bag 1 and mask	4/7
r.	Resuscitation equipment for newborn –0 Laryngoscope and full set of endo-tracheal tubes	
s.	Baby resuscitation table with infant warmer	0
t. g.	Mucous sucker	1
u. h.	Baby weighing machine	1

VII)Equipment in OT

Equipments	MOV score
m. Ceiling OT light/ Floor OT0 light (shadowless)	3/6
n. Oxygen cylinder	1
o. Boyles apparatus (only FRU)	0
p. Suction apparatus	1
q. Adequate quantity of linen	1
r. Spinal anaesthesia set (FRU)	0

VIII) Bio-medical Waste Management

Item	MOV			Score
Waste management	q.	Colour coded buckets used	0	2/8
	r.	Deep burial pit available where anatomical waste is disposed	0	
	s.	Needle cutter in working condition	1	
	t.	no mix of infectious or non-infectious waste done	0	
	u.	waste bins not overfilled	0	
	v.	needles and syringes mutilated and disinfected before putting in waste bin	0	
	w.	metal sharps disposed in puncture proof containers	0	
	x.	disposable gloves and masks not reused	1	

IX) Central sterilization unit

MOV				Score
Autoclave	i.	Functioning autoclave	1	1
	j.	Usage of signalac tape	0	
	k.	usage of biological indicator	0	
	l.	swab test of sterile packs	0	

X) Records and reports

Item	MOV score
g. Separate column (in delivery register) for recording major complications leading to maternal death	0
h. Delivery register mentions about the details of the baby and condition of the mother	2 1
i. Referral slips are issued to patients	1 2

XI) Janani Suraksha Yojana

Balance amount available	Number of mothers yet to receive the JSY money	Score
Register available Up to March		5 marks if all backlog payments are cleared and current payments are up to date

Appendix 3

Inspection scoring sheet for health facilities

Name of the inspecting officer: Pradeep Tandan
2010

Date & time: 26th April

District: Deoghar

Total marks: 125

Name of Facility (APHC/BPHC /Referral/ SD/Sadar): BPHC Sarat

Item		Maximum Facility
	marks	Score
III. Infrastructure	48	16
IV. Human Resource	Self improvement score	
V. Services available (applicable for BPHCs 16 and above)		7
VI. Services Out-Sourced	8	4

V) Equipments and supplies	18	12
VI) Equipments in Labour room	7	4
VII) Equipments in OT	6	3
VIII) Bio-medical Waste Management	8	2
IX) Central sterilization unit	2	1
X) Records and reports	6	4
XI) Janani Suraksha Yojana	5	5
Total Score	125	58

2.4 Palajori Hospital

Inspection format for health facilities

Name of the Consultant : Pradeep Tandan

Date & time : 26th April 2010

District: Deoghar

Total marks: 125

Name of Facility (APHC/BPHC /Referral/ SD/**Sadar**): BPHC Palajori

IV. Infrastructure

Item	MOV Criteria			Score
Building condition	v.	Walls and floor and roof intact	2	8/14
	w.	Electrical wires not exposed	2	
	x.	Electric switch boards not broken	1	
	y.	Electric bulbs in wards / pathways / toilets	1	
	z.	Whitewashed	2	
	aa.	Signage boards present	0	
	bb.	Rooms not dumped with condemned articles	0	
Condition of wards	m.	Mosquito screens present and devoid of holes	0	4/8
	n.	Condemned articles not stored in the wards	1	
	o.	window glasses not broken	1	
	p.	Door / Screens / Curtains / present for ensuring privacy of patient	2	
Water supply	g.	Running water available for 24 hours in Labour room / OT / Toilets	5	5/10
	h.	Purified drinking water available for drinking for patients in OP / IP	0	
Condition of toilets	p.	Doors are not damaged	1	5/10
	q.	Floors are clean	1	
	r.	Basins are not stained	1	
	s.	water taps not damaged,	1	
	t.	pathway is not dirty	1	
Patient amenities	j.	Seating arrangements are present in the OPD area	0	0/3
	k.	Stools or chairs for attendants in the wards present	0	
	l.	Inpatients are provided with blankets in winter	0	

Furniture	j.	Cots are not rusted not broken	0	0/3
	k.	Mattress not worn out, cloth not torn cotton/coir not coming out	0	
	l.	Labour board not rusted, not broken, not stained with blood	0	

(New building is in construction phase)

V. Human Resource (Self improvement score)

Staff performance (monthly figure)	Baseline data (1 st survey)	Subsequent visit * % improvement
Number of deliveries conducted per SBA	NA	
Number of OP cases per doctor	NA	
Bed occupancy rate*	NA	
Number of CS per Obstetrician	NA	
Number of cataract operations per ophthalmologist	NA	
Chest symptomatic sputum population examination rate	NA	
Minor surgeries per doctor	NA	
Antenatal care severely anaemic (under 7 gm%) managed rate	Not Available	
IUD insertions per trained nurse	NA	
MTP services per trained doctor	NA	

- Indicative column; subsequent visits (2nd, 3rd etc. Would be scored on improvement and in a fresh inspection form)
- Bed occupancy rate=(inpatient days of care/bed days available)×100

VI. Services available (applicable for BPHCs and above)

Sl.no	Service	Means of verification	Score
1.	24 hour doctor available 1	Duty roster, casualty register	
2.	24 hour nurse available 1	Duty roster, casualty register	
3.	24 hour delivery services 1 available	Delivery register	7/16
4.	24 hour newborn care 1 services available	Delivery register, Paediatric ward register, Immunization register	
5.	24 hour caesarean 0 services (if FRU)	Delivery register	
6.	Tubectomy services 1 available	FP register	
7.	Safe abortion services 0 available	MTP register	
8.	24 hour blood transfusion 0 services	Blood transfusion register / Blood bank master register	
9.	Laboratory Services 1 16. Haemogram 17. Sputum Examination 18. Lipid Profile 19. Hormone Assay 20. Urine Examination	Equipments and reagents for conducting the tests are present, lab record shows tests are conducted Lab register	
10.	Availability of ECG 1 Facility	ECG machine available & working	

11.	X Ray Facility available	0	X ray register – working status
12.	Ultrasound services available	0	USG register – working status
13.	Adolescent sexual and reproductive health services	0	OP register – number of adolescent beneficiaries
14.	Functional telephone	0	Telephone number with dial tone
15.	Whether fixed day antenatal clinics are conducted	0	ANC register

VII. Services Out-Sourced

Sl. no	Item	Means of verification		Score
1.	House keeping	j.	Floor is cleaned with disinfectant on the day of visit	1
		k.	rainbow linen colour maintained	0
		l.	OT fumigated	0
2.	Generator	g.	Generator in working condition with designated horse power	1
		h.	Fuel for operation present	1
3.	Food	g.	Food served to inpatients	0
		h.	Food chart for inpatients	0
4.	Ambulance	Records of operation [Number of ambulances, average (if more than one		

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ambulance) number of breakdowns in the last one week, number of drivers available per shift] maintained (1)

V) Equipments and supplies

Item	MOV condition		Score
Trolley	g	In working condition	1/2
	h	Trolley without rust	1/2
			2/3
Wheelchair	g.	In working condition	0
	h	Wheelchair without rust	0
Stretcher	g.	Stretcher without rust	1/2
	h.	not broken	1/2
Sterilised gloves	d.	Sterilised gloves available	1
			1/1
Average number of OP drugs available (monthly)	d.	Drug stock register	8
			8/10
Availability of life saving drugs present	Availability of;		4/4
	m	Oxytocin	1
	n.	Misoprostol	1
	o.	Magnesium Sulphate	1

	p.	IV antibiotics	1	
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IX. Equipments in Labour room

	Equipment	MOV Score
v.	Spot light in labour room	0
w.	Vacuum extractor	1
x.	Resuscitation equipment for newborn – Bag 1 and mask	4/7
y.	Resuscitation equipment for newborn –0 Laryngoscope and full set of endo-tracheal tubes	
z.	Baby resuscitation table with infant warmer	0
aa. g.	Mucous sucker	1
bb. h.	Baby weighing machine	1

VII)Equipment in OT

	Equipments	MOV score
s.	Ceiling OT light/ Floor OT 1 light (shadowless)	4/6
t.	Oxygen cylinder	1
u.	Boyles apparatus (only FRU)	0
v.	Suction apparatus	1
w.	Adequate quantity of linen	1
x.	Spinal anaesthesia set (FRU)	0

VIII) Bio-medical Waste Management

Item	MOV			Score
Waste management	y.	Colour coded buckets used	0	4/8
	z.	Deep burial pit available where anatomical waste is disposed	1	
	aa	Needle cutter in working condition	1	
	bb	no mix of infectious or non-infectious waste done	0	
	cc.	waste bins not overfilled	1	
	dd	needles and syringes mutilated and disinfected before putting in waste bin	0	
	ee	metal sharps disposed in puncture proof containers	0	
	ff.	disposable gloves and masks not reused	1	

IX) Central sterilization unit

MOV				Score
Autoclave	m.	Functioning autoclave	1	1
	n.	Usage of signalac tape	0	
	o.	usage of biological indicator	0	
	p.	swab test of sterile packs	0	

X) Records and reports

Item	MOV score
j. Separate column (in delivery register) for recording major complications leading to maternal death	0
k. Delivery register mentions about the details of the baby and condition of the mother	2
l. Referral slips are issued to patients	1

XI) Janani Suraksha Yojana

Balance amount available	Number of mothers yet to receive the JSY money	Score
Register available Up to March		5 marks if all backlog payments are cleared and current payments are up to date

Appendix 4

Inspection scoring sheet for health facilities

Name of the inspecting officer: Pradeep Tandan
2010

Date & time: 26th April

District: Deoghar

Total marks: 125

Name of Facility (APHC/BPHC /Referral/ SD/Sadar): BPHC Palajori

Item		Maximum Facility
	marks	Score
IV. Infrastructure	48	22
V. Human Resource	Self improvement score	
VI. Services available (applicable for BPHCs 16 and above)		7
VII. Services Out-Sourced	8	4
V) Equipments and supplies	18	15
VI) Equipments in Labour room	7	4
VII) Equipments in OT	6	4
VIII) Bio-medical Waste Management	8	4
IX) Central sterilization unit	2	1
X) Records and reports	6	4
XI) Janani Suraksha Yojana	5	5
Total Score	125	69

2.5 Jasidih Hospital

Inspection format for health facilities

Name of the Consultant : Pradeep Tandan

Date & time : 26th April 2010

District: Deoghar

Total marks: 125

Name of Facility (APHC/BPHC /Referral/ SD/**Sadar**): BPHC Jasidih

V. Infrastructure

Item	MOV Criteria			Score
Building condition	cc.	Walls and floor and roof intact	1	5/14
	dd.	Electrical wires not exposed	1	
	ee.	Electric switch boards not broken	1	
	ff.	Electric bulbs in wards / pathways / toilets	0	
	gg.	Whitewashed	2	
	hh.	Signage boards present	0	
	ii.	Rooms not dumped with condemned articles	0	
Condition of wards	q.	Mosquito screens present and devoid of holes	0	2/8
	r.	Condemned articles not stored in the wards	1	
	s.	window glasses not broken	1	
	t.	Door / Screens / Curtains / present for ensuring privacy of patient	0	
Water supply	i.	Running water available for 24 hours in Labour room / OT / Toilets	0	0/10
	j.	Purified drinking water available for drinking for patients in OP / IP	0	
Condition of toilets	u.	Doors are not damaged	1	3/10
	v.	Floors are clean	0	
	w.	Basins are not stained	1	

Patient amenities Furniture	x.	water taps not damaged,	1	0/3
	y.	pathway is not dirty	0	
	m.	Seating arrangements are present in the OPD area	0	0/3
	n.	Stools or chairs for attendants in the wards present	0	
	o.	Inpatients are provided with blankets in winter	0	
	m.	Cots are not rusted not broken	0	0/3
	n.	Mattress not worn out, cloth not torn cotton/coir not coming out	0	
	o.	Labour board not rusted, not broken, not stained with blood	0	

(New building is in construction phase)

VI. Human Resource (Self improvement score)

Staff performance (monthly figure)	Baseline data (1 st survey)	Subsequent visit * % improvement
Number of deliveries conducted per SBA	NA	
Number of OP cases per doctor	NA	
Bed occupancy rate*	NA	
Number of CS per Obstetrician	NA	
Number of cataract operations per ophthalmologist	NA	
Chest symptomatic sputum population examination rate	NA	
Minor surgeries per doctor	NA	
Antenatal care severely anaemic (under 7 gm%) managed rate	Not Available	
IUD insertions per trained nurse	NA	
MTP services per trained doctor	NA	

- *Indicative column; subsequent visits (2nd, 3rd etc. Would be scored on improvement and in a fresh inspection form)*
- *Bed occupancy rate=(inpatient days of care/bed days available)×100*

VII. Services available (applicable for BPHCs and above)

Sl.no	Service	Means of verification	Score
1.	24 hour doctor available 1	Duty roster, casualty register	
2.	24 hour nurse available 1	Duty roster, casualty register	
3.	24 hour delivery services 1 available	Delivery register	6/16
4.	24 hour newborn care services available 0	Delivery register, Paediatric ward register, Immunization register	
5.	24 hour caesarean services (if FRU) 0	Delivery register	
6.	Tubectomy services 1 available	FP register	
7.	Safe abortion services 0 available	MTP register	
8.	24 hour blood transfusion services 0	Blood transfusion register / Blood bank master register	
9.	Laboratory Services 1	Equipments and reagents for conducting the tests are present, lab record shows tests are conducted	
	21. Haemogram		
	22. Sputum		

Examination		Lab register
23. Lipid Profile		
24. Hormone Assay		
25. Urine Examination		
10.	Availability of ECG 1 Facility	ECG machine available & working
11.	X Ray Facility available 0	X ray register – working status
12.	Ultrasound services 0 available	USG register – working status
13.	Adolescent sexual and 0 reproductive health services	OP register – number of adolescent beneficiaries
14.	Functional telephone 0	Telephone number with dial tone
15.	Whether fixed day0 antenatal clinics are conducted	ANC register

VIII. Services Out-Sourced

Sl. no	Item	Means of verification		Score
1.	House keeping	m.	Floor is cleaned with disinfectant on the day of visit	0
		n.	rainbow linen colour maintained	0
		o.	OT fumigated	0
2.	Generator	i.	Generator in working condition with designated horse power	1

2/8

3. Food	j.	Fuel for operation present	1
	i.	Food served to inpatients	0
	j.	Food chart for inpatients	0
4. Ambulance	Records of operation [Number of ambulances, average (if more than one ambulance) number of breakdowns in the last one week, number of drivers available per shift] maintained (1)		

V) Equipments and supplies

Item	MOV condition		Score
Trolley	i.	In working condition	1/2
	j.	Trolley without rust	1/2
			1/3
Wheelchair	i.	In working condition	0
	j.	Wheelchair without rust	0
Stretcher	i.	Stretcher without rust	
	j.	not broken	
Sterilised gloves	e.	Sterilised gloves available	1
			1/1
Average number of OP drugs available (monthly)	e.	Drug stock register	6
			6/10

Availability of life saving drugs present		Availability of;		4/4
	q.	Oxytocin	1	
	r.	Misoprostol	1	
	s.	Magnesium Sulphate	1	
	t.	IV antibiotics	1	

X. Equipments in Labour room

	Equipment	MOV Score
cc.	Spot light in labour room	0
dd.	Vacuum extractor	0
ee.	Resuscitation equipment for newborn – Bag 1 and mask	4/7
ff.	Resuscitation equipment for newborn – Laryngoscope and full set of endo-tracheal tubes	0
gg.	Baby resuscitation table with infant warmer	0
hh. g.	Mucous sucker	1
ii. h.	Baby weighing machine	1

VII)Equipment in OT

Equipments	MOV score
y. Ceiling OT light/ Floor OT light (shadowless)	3/6

z. Oxygen cylinder	1
aa. Boyles apparatus (only FRU)	0
bb. Suction apparatus	1
cc. Adequate quantity of linen	1
dd. Spinal anaesthesia set (FRU)	0

VIII) Bio-medical Waste Management

Item	MOV	Score
Waste management	gg. Colour coded buckets used	0
	hh. Deep burial pit available where anatomical waste is disposed	0
	ii. Needle cutter in working condition	1
	jj. no mix of infectious or non-infectious waste done	0
	kk. waste bins not overfilled	0
	ll. needles and syringes mutilated and disinfected before putting in waste bin	0

	m	metal sharps disposed in puncture proof containers	0	
	nn	disposable gloves and masks not reused	1`	

IX) Central sterilization unit

MOV				Score
Autoclave	q.	Functioning autoclave	1	1
	r.	Usage of signalac tape	0	
	s.	usage of biological indicator	0	
	t.	swab test of sterile packs	0	

X) Records and reports

Item	MOV score
m. Separate column (in delivery register) for recording major complications leading to maternal death	0
n. Delivery register mentions about the details of the baby and condition of the mother	2
o. Referral slips are issued to patients	1

XI) Janani Suraksha Yojana

Balance amount available	Number of mothers yet to receive the JSY money	Score
Register available Up to March		5 marks if all backlog payments are cleared and current payments are up to date

Appendix 5

Inspection scoring sheet for health facilities

Name of the inspecting officer: Pradeep Tandan
2010

Date & time: 26th April

District: Deoghar

Total marks: 125

Name of Facility (APHC/BPHC /Referral/ SD/Sadar): BPHC Jasidih

Item		Maximum marks	Facility Score
V.	Infrastructure	48	10
VI.	Human Resource	Self improvement score	
VII.	Services available (applicable for BPHCs 16 and above)		6
VIII.	Services Out-Sourced	8	2
	V) Equipments and supplies	18	10
	VI) Equipments in Labour room	7	4
	VII) Equipments in OT	6	3
	VIII) Bio-medical Waste Management	8	2

IX) Central sterilization unit	2	1
X) Records and reports	6	4
XI) Janani Suraksha Yojana	5	5
Total Score	125	47

Annexure 3: District Profile

Sl. No.	Parameter	Census year					
		1991			2001		
		T	R	U	T	R	U
1	Population : Persons	933113	807954	125159	1165390	1005539	159851
	Males	488229	419914	68315	608878	522198	86680
	Females	444884	388040	56844	556512	483341	73171
2	Decadal growth rate :	31.64			24.89		
3	Density :	376			470		
4	Sex ratio (TotalPopulation) :	911	924	832	914	926	844
5	Sex ratio (0 - 6 Population) :	987	997	902	973	980	910
6	Percentage of 0-6 Population : Persons	21.63	22.35	17.00	19.54	20.42	14.00
	Males	20.81	21.53	16.38	18.96	19.87	13.52
	Females	22.54	23.24	17.75	20.18	21.03	14.57
7	Percentage of Urban Population :	13.41			13.72		
8	Literacy rate : Persons	37.92	32.11	73.00	50.09	44.55	82.33
	Males	54.12	49.19	82.52	66.38	62.22	89.62
	Females	19.74	13.20	61.37	31.99	25.18	73.59
9	Percentage of Main Workers : Persons	29.46	30.29	24.06	24.34	24.55	23.08
	Males	48.60	49.73	41.65	39.49	39.54	39.20
	Females	8.45	9.27	2.92	7.78	8.35	3.98
10	Percentage of Marginal Persons	5.42	6.20	0.41	12.79	14.45	2.32
	Workers : Males	0.73	0.81	0.27	9.82	10.96	2.98
	Females	10.56	12.03	0.58	16.03	18.22	1.54
11	Percentage of Non Workers : Persons	65.12	63.51	75.53	62.87	61.00	74.60
	Males	50.67	49.46	58.08	50.69	49.51	57.82
	Females	80.98	78.71	96.50	76.20	73.43	94.48
12	Percentage of SC Population : Persons	12.40	13.02	8.41	12.60	13.30	8.20

	Males	12.34	13.02	8.16	12.53	13.28	8.06
	Females	12.46	13.01	8.72	12.68	13.33	8.37
13	Percentage of ST Population : Persons	12.76	14.40	2.17	12.25	13.87	2.05
	Males	12.48	14.14	2.29	11.95	13.59	2.10
	Females	13.07	14.69	2.03	12.57	14.17	1.99

	1991 Census	2001 Census	
Area in Sq. Km		2479	
No. of Subdivisions		2	
No. of C.D.Blocks	7	8	
No. of Villages			
(a) Total	2704	2706	
(b) Inhabited	2327	2356	
(c) Uninhabited	377	350	
No. of UA's	1	1	
No. of Statutory Towns	3	3	
Most populous village in the district		Rohini	5991
Least populous village in the district		Durgapur	1
Most populous C.D.Block		Deoghar	256063
Least populous C.D.Block		Devipur	84658
C.D Block having highest literacy rate			

Total		Deoghar	66.50
Female		Deoghar	51.52
C.D Block having lowest literacy rate			
Total		Devipur	39.75
Female		Devipur	20.11
Town having highest literacy rate			
Total		Deoghar (M)	86.63
Female		Deoghar (M)	79.28
Town having lowest literacy rate			
Total		Madhupur (M)	74.93
Female		Jasidih (NA)	64.23

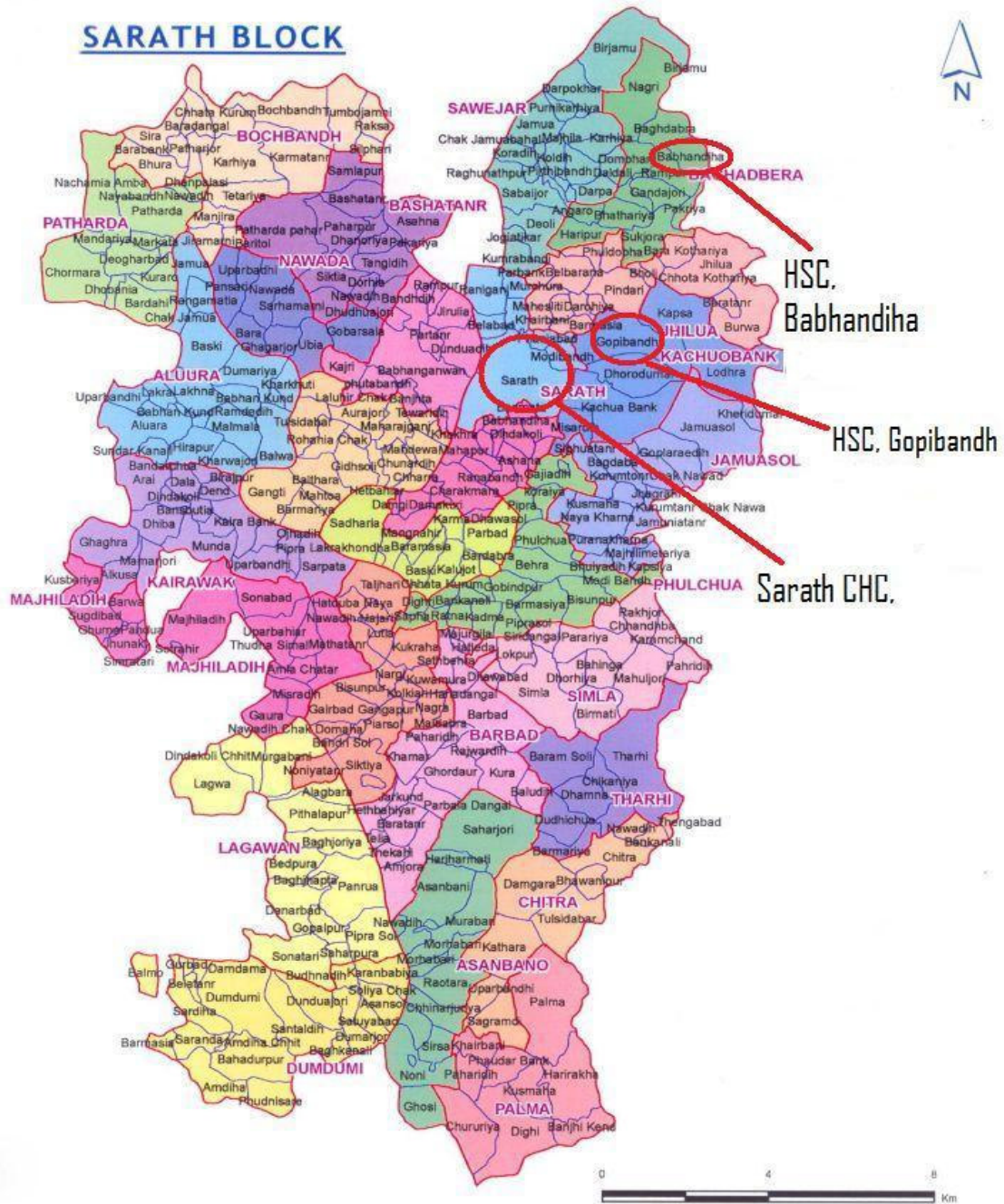
Annexure 4 : Human resources in Deoghar District.

देवघर जिलान्तर्गत स्वास्थ्य विभाग में चिकित्सा पदाधिकारी, कर्मचारियों के सृजित पद, कार्यरत एवं रिक्त पद

क्र० सं०	पदनाम	स्वीकृत बल	कार्यरत बल	रिक्त बल
1	चिकित्सा पदाधिकारी	60	38	22
2	प्राचार्या	1	1	0
3	कनीय अनुशिक्षिका बहन	3	3	0
4	गृह संरक्षिका	1	0	1
5	जन स्वास्थ्य परिचारक	4	2	2
6	लिपिक	32	32	0
7	संगणक	7	6	1
8	प्रखंड प्रसार प्रशिक्षक	7	1	6
9	उप मास मिडिया पदाधिकारी	1	0	1
10	प्रोजेक्टनिष्ठ	1	1	0
11	आशु टंकक	3	0	3
12	साख्यिकी लिपिक	1	0	1
13	फार्मासिस्ट	22	5	17
14	परिधापक	19	3	16
15	शल्य कक्ष सहायक	2	0	2
16	परिचारिका श्रेणी "ए"	14	13	1
17	प्रयोगशाला प्रावैधिक	17	6	11
18	एक्स रै प्रावैधिक	2	2	0
19	प्रयोगशाला सहायक	1	0	1
20	नेत्र सहायक	7	3	4
21	स्वास्थ्य प्रशिक्षक	5	2	3
22	महिला स्वा० परिदर्शिका	36	17	19
23	स्वच्छता निरीक्षक	8	0	8
24	महिला स्वा० कार्यकर्ता	203	123	80
25	स्वास्थ्य कार्यकर्ता	21	6	15
26	पुरुष गांव साथी	21	11	10
27	बुनियादी स्वा० कार्यकर्ता	11	5	6
28	निगरानी कार्यकर्ता	25	3	22
29	श्रेष्ठ निगरानी निरीक्षक	7	5	2
30	बुनियादी स्वा० कार्यकर्ता(मलेरिया)	15	0	15

31	बुनियादी स्वा० निरीक्षक	4	3	1
32	प्रगणक	7	0	7
33	अधिकित्सा सहायक	26	12	14
34	काय चिकित्सक	2	1	1
35	चिकित्सा समाज सेवक	2	1	1
36	काष्ठ अनुदेशक	1	0	1
37	स्वास्थ्य परिदर्शक	4	3	1
38	बी०सी०जी० दल नायक	1	1	0
39	बी०सी०जी० प्रावैद्यिक	6	5	1
40	श्रेष्ठ क्षेत्रीय कार्यकर्ता	4	3	1
41	फाईलेरिया निरीक्षक	2	2	0
42	टीन रिमथ	1	0	1
43	चालक	21	19	2
44	पुरुष कक्ष सेवक	25	20	5
45	महिला कक्ष सेविका	15	7	8
46	सेवक सह झाड़ूदार	24	20	4
47	झाड़ूकश	18	8	10
48	रात्रि प्रहरी	3	1	2
49	रसोईया	4	4	0
50	आदेशपाल	15	9	6
51	रिक्सा चालक	1	1	0
52	माली	2	2	0
53	घरेलू सेवक	6	5	1

SARATH BLOCK



PANCHAYAT WISE VILLAGE MAP OF DEOGHAR BLOCK

