Summer Training at
National Health Mission, Chhattisgarh

Developing and Adopting Monitorable Health Indicators for Assessing the Performance of Health Programmes For Districts of Chhattisgarh State

By
Sonam Singh

Under the guidance of
Dr. D.K. Mangal

MBA Hospital & Health Management
2017-2019

Institute of Health Management Research
The IIHMR University, Jaipur
2018

SUMMER TRAINING

AT

NATIONAL HEALTH MISSION, CHHATTISHGARH

(April 2- June,2 2018)

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FOR ASSESSING THE PERFORMACE OF HEALTH PROGRAMMES FOR DISTRICTS

OF

CHHATISHGARH STATE

Presented by

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Under the guidance of

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Masters of hospital and health management

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Institute of Health Management and Research, Jaipur

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that **Ms. Sonam Singh** has successfully completed her summer training at **National health mission Chhattisgarh** from **2nd April 2018 to 2nd June 2018.**

The candidate herself completed the project assigned to her summer training. Her approach to the project was sincere and proactive. This summer training is in partial fulfillment of the course requirement recommended for the award of MBA in Hospital and Health Management.

I wish her success in all her future endeavors.

Dr. D. K. Mangal
Dean (Research)
IIHMR University, Jaipur

for **Col (Dr.) Ashok Kaushik** 12.1.18.
Dean (Academic and Student Affairs)
IIHMR University, Jaipur

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NATIONAL HEALTH MISSION

CHHATTISGARH, RAIPUR

CERTIFICATE

This is to certify that ..... Sonam Singh ..... has work as a Intern on Project ..... Developing & Adapting Monitorable Indicators .. from Date 02/04/2018 .. to .. 02/06/2018 .... in National Health Mission, Raipur, Chhattisgarh.

Deputy Director
National Health Mission
Raipur (C.G.)

02/06/18

कार्यालय राष्ट्रीय स्वास्थ्य मिशन रायपुर (छ.ग.)

ACKNOWLEDGEMENT

The success of any task would be incomplete without the expression of gratitude to the people who made it possible. I express sincere gratitude towards everyone who helped directly or indirectly in completion of my summer training from NATIONAL HEALTH MISSION CHHATTISHGARH.

At the onset of my report, I would like to acknowledge my sincere thanks to our institute, **Institute of Health Management and Research, Jaipur** for providing us platform to gain enough knowledge and skill in different aspect of health management.

My special thanks to my mentor **Dr. D. K. Mangal (Dean of Research) IIHMR University**, for providing me support in completing my project successfully as well as giving insight in to my operational issues which came across during the project.

I would like to express my heartful gratitude **to Dr. Sarveshwar Narendra Bhure, (Mission Director)**, National Health Mission Chhattisgarh, for assigning this project to me and giving me opportunity to work with a team working on this project.

I am also thankful to my project mentor **Mr. Ananad Kumar Sahu (Programme Manager MNE)** national health mission for those timely course correction and friendly guidance throughout the course of my project study.

I express my gratitude to **Md. Jawed Quershi (Manager Planning)**, for giving me micro level details about the services of all the project running in districts of Chhattisgarh.

I would like to thank **Mr. Pradeep Tandan (State Programme manager NUHM)** for guiding me and giving me research related information.

My special thanks to **DR. Amar Singh Thakur (State Programme Officer Immunization)** for guiding me to join NATIONAL HEALTH MISSION for my summer internship.

Regards

Sonam Singh

HM-22nd batch

The IIHMR University

Timeline of internship project

SI. NO.	Task Assignment	Timeline	Duration
1	Orientation and literature review	3rd April 18 to 7thApril, 18	1 week
2	Orientation with various checklist with HIMS	9thApril 18 to 13th April 18	1 week
3	Development of study tool and their input system	16th April 18 to 27th April 18	2 weeks
4	FIELD STUDY	30thApril 18 to 5thMay 2018	1 week
5	Supporting in data entry and analysis for the project, supporting in various training and meetings	7th May 18 to 11 May 18	1 week
6	Data entry and analysis	14th May 18 to 18th May	1 week
7	Finalization of Data and presentations	21nd May 18 to 2nd June 2018	2 weeks
8	Presentation		

CONTENT

Acronyms

ANC	Anti-natal care	JSY	Janani surksha yojna
ANM	Accredited nurses midwife	NDD	National deworming day
ASHA	Accredited social health activist	SHC	Sub health center
MO	Medical Officer	SNCU	Special newborn care unit
NHM	National Health Mission	SRS	Sample registration system
HIMS	Health information management system	STI	Sexually transmitted infection
NRHM	National Rural Health Mission	TFR	Total fertility rate
NUHM	National urban health mission	VHND	Village health and nutrition day
IUCD	Intra uterine contraceptive device	WIFS	Weekly iron folic acid supplement
LBD	Low birth weight	WHO	World health organization
NBSU	New born stabilization unit	MoHFW	Ministry of health and family welfare
NFHS	National family health survey	JSSK	Janani shishusurkshakaryakarm
OCP	Oral contraceptive pill	RBSK	Rastriya balswasthyakaryakarm
OT	Operation theater	RKSK	Rastriya kisorswasthyakaryakarm
PCPNDT	Pre-conception and pre-natal diagnostic test	RSBY	Rastriya swastyabimayojna
PHC	Primary health center	NACP	National AIDS control programme
CHC	Community health center	NPCDCS	National programme for prevention and control of cancer, diabetes,cardiovascular disease and stroke
PPIUCD	Post-partum intra uterine contraceptive device	NVBDCP	National vector born disease control programme

About the organization-

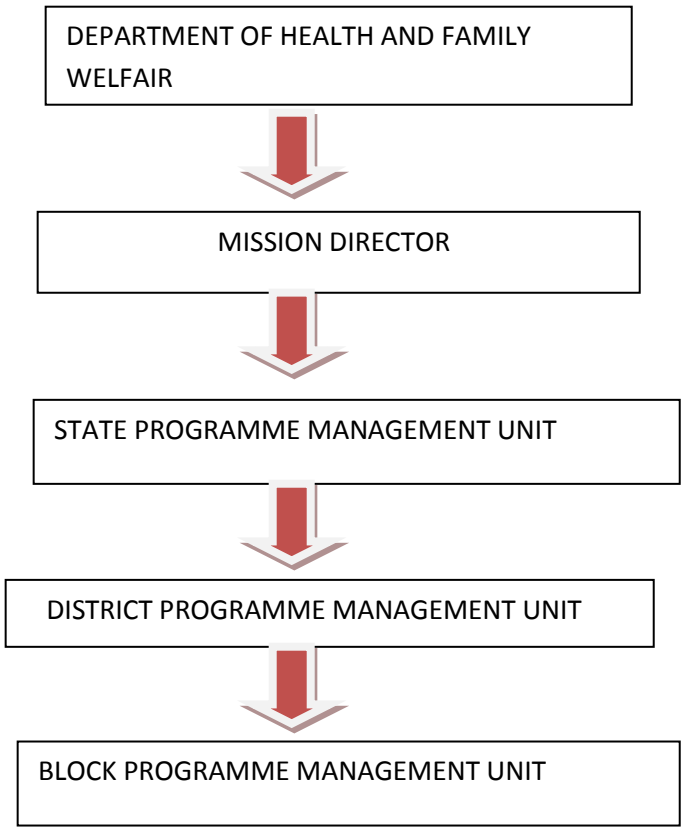
National health mission has two components –

- National ruler health mission
- National urban health mission

for providing healthcare effectively and efficiently to the rural population throughout the country NRHM has launched in 2005.the main initiative of NRHM is provision of ASHA (Accredited social health activist) for every village. ASHA are women from the same village which have been trained for maternal, child and basic level of healthcare, to bridge the gap between community and primary health centers.

Census 2011 data shows that for the first time there is an absolute increase of the population of urban area is more than the rural area. NUHM has been approved on 1st may 2013 as a submission of NHM to meet the health care need of urban population mainly focus on urban poor to reduce there out of pocket expenses and this can only be achieved by strengthening existing healthcare delivery system.

Management structure (NHM Chhattisgarh))



GOALS

- Reduce MMR to 1/1000 live births
- Reduce IMR to 25/1000 live births
- Reduce TFR to 2.1
- Prevention and reduction of anemia in women aged 15–49 years
- Prevent and reduce mortality & morbidity from communicable, non- communicable; injuries and emerging diseases
- Reduce household out-of-pocket expenditure on total health care expenditure
- Reduce annual incidence and mortality from Tuberculosis by half
- Reduce prevalence of Leprosy to11. Kala-azar Elimination , (national health mission Chhattisgarh)

INTRODUCTION OF CHHATTISHGARH STATE

Chhattisgarh state is one of the 29 states of India located in center east of India, it is a 10th largest state of India, tropic of cancer passes through 3 districts of Chhattisgarh Koriya, Surajpur and Balarampur.ISTpasses through 7 district of Chhattisgarh. Chhattisgarh is 17th most populated state of country. State was formed in 1st November 2000 by partitioning 16 southern district of Madhya Pradesh. The capital city is Raipur. There are 27 districts in Chhattisgarh which are divided into 5 division. It's a land lock state, border of Chhattisgarh touches 7 state.

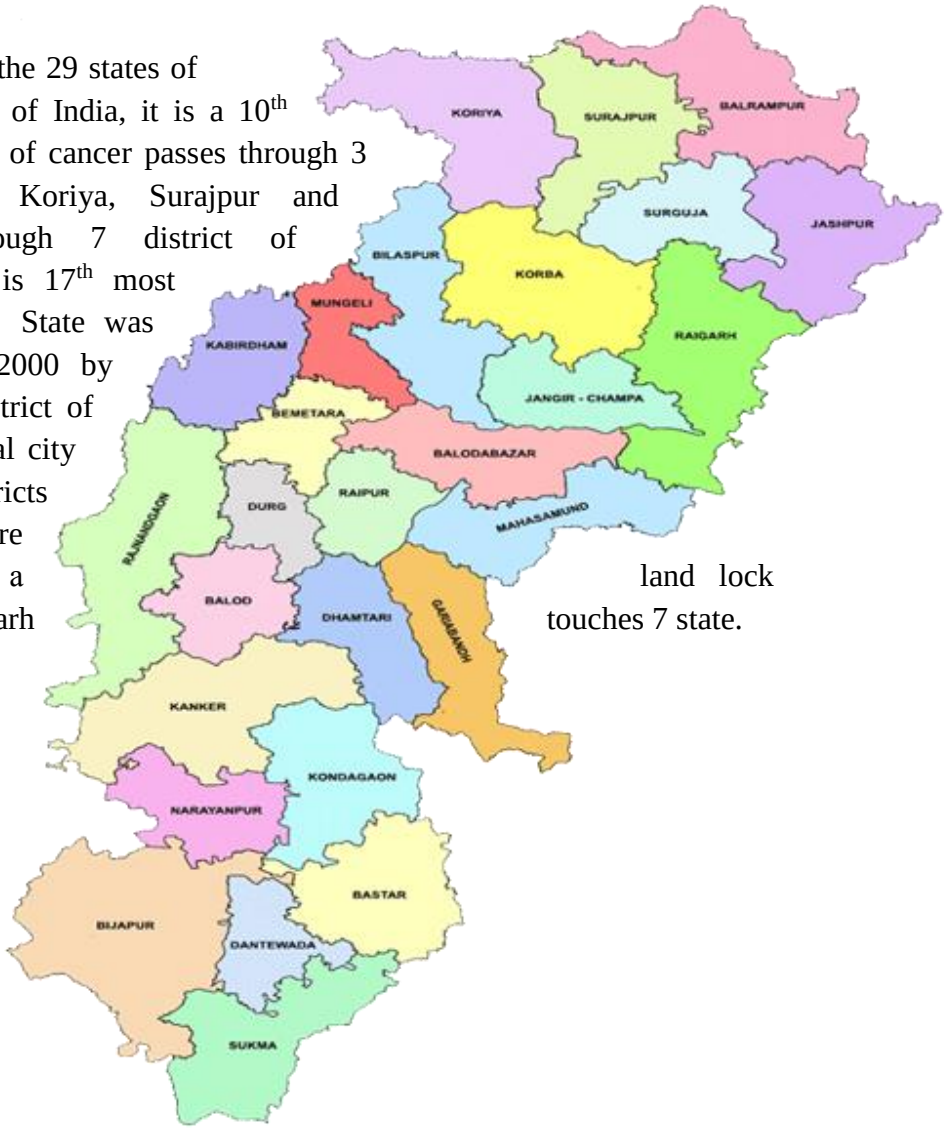


Table-1 Demographic Profile of Chhattisgarh

DESCRIPTION	NUMBERS
TOTAL POPULATION	255,45,198
MALE POPULATION	12832895
FEMALE POPULATION	12712303
POPULATION DENSITY	189
DECADAL POPULATION GROTH RATE	22.61%
SEX RATIO	991
LITERACY RATE	70.28%
MALE LITERACY	80.27%
FEMALE LITRACY	60.24%
GEOGRAPHICAL AREA	135191 Sq. km
TOTAL NUMBER OF BLOCK	146
TOTAL NUMBER OF DISTRICT	27
WORKING POPULATION RATE	47.68%
SC POPULATION	12.82%
0-6 POPULATION SEX RATIO	969
TOTAL NUMBER OF VILLAGES	20126
INFANT MORTALITY RATE	39
MATERNAL MORTALITY RATE	221
TOTAL FERTILITY RATE	2.5

Table- 2 PUBLIC HEALTH FACILITIES IN CHHATTISHGARH STATE

	HEALTH FACILITIES	APPROVED
1	District hospital	26
2	Civil hospital	19
3	Community health center	169
4	Primary health centers	793
5	Sub centers	5200
6	Civil dispensary	31
7	Urban family welfare center	10
8	Leprosy center and hospital	03
9	Poly clinic	01
10	T.B. Centurium	01

Table- 3 HEALTH, FAMILY WELFAIR AND MEDICAL EDUCATION DEPARTMENT

ACHIVEMENT OF 14 YEARS- 2003 TO 2017

	INDEX	2003	2017
	IMR	70	39 (SRS 2016)
	MMR	365	221(SRS 2011-13)
	BIRTH RATE	26.3	22.8(SRS 2016)
	DEATHRATE	8.8	7.4(SRS 2016)
	TFR	3.3	2.2(NFHS- 4)
	FULL IMMUNIZATION	56.90	76.4%(NFHS-4)
	LAPROCY EFFECT RATE	11.03	2.69 (state data)
	T.B. SCREENING	44 %	88% (state data)
	T.B. TREATMENT	80%	89%(state data)
	MALARIA API	8.3	5.29(state data)
	INSTITUTIONAL DELIVERY	18.1%	70.2%(NFHS-4)
	MEDICAL COLLEGE	2	10
	DISTRICT HOSPITAL	16	26
	COMMUNITY HEALTH CENTER	114	169
	PRIMARY HEALTH CENTRE	513	785
	SUB CENTRE	3818	5186
	URBAN PHC	0	36
	URBAN HEALTH CENTRES	0	364
	NUTRITIONAL CENTRES	0	79

PART - 1

OBSERVATIONAL LEARNING

ASSESSING THE PERFORMACE OF URBAN PRIMARY HEALTH CENTRES IN RAIPUR DISTRICT THROUGH NATIONAL QUALITY ASSURANCE STANDARD CHECKLIST

AIM- Study to Access the quality of health service delivery of Urban primary health centers in Raipur District of Chhattisgarh.

OBJECTIVE-

- To understand the functioning of UPHCs
- To identify the gap between standard mention in checklist and service delivered in UPHC.

METHODOLOGY

the methodology of study is **descriptive** combine both **quantitative** and **qualitative** study area. This study was set in **National Health Mission Chhattisgarh** and study area was three different urban primary health centers of Raipur district Namely MOWA UPHC, LABHANDI UPHC, BIRGAON UPHC. **Respondent of the study** were Medical Officer, CPM, Staff Nurse, Lab technician, Pharmacist patients and their relatives.

Data collection technique-

- Face to Face Interview
- Direct observation

Data collection tool-

National quality assurance standard checklist.

Data Analysis-

Data Analysis is done in M.S. Excel.

Ethical consideration-

Confidentiality of Data maintained throughout study, shared only for report purpose.

1. **MOWA UPHC –**

AREA OF CONCERN-

A. Service Provision-

- Ambulance service available on call.
- UPHC is functional for time as mandated (24*7)
- staff nurse available 24*7 Medical Officer available on call
- availability of services as per state scheme is available**.**

B. Patient Right-

- Direction and name of UPHC properly display from road.
- Important numbers like MO, Staff nurse and ANM. ASHA not on display.
- Timing of specific services not in display
- Complain box available and all information in bilingual language available.

C. **Inputs -**

- As per workload space is not adequate.
- Toilet, drinking water, cooler, seating facility in waiting area available.
- Due to space problem no separate room for dressing, laboratory, immunization.
- Telephone, internet and all other electricity installation services available.

D. Support Services

- Records of equipment maintenance are available
- No dirt, stains and foul smell in toilet and pathways.
- Building is in good condition no seepage, cracks and chipping of plaster.
- No unauthorized occupation in UPHC premise.

E. Clinical Services

- List of higher centers where patient can be referred maintain.
- Safe recordkeeping, retention of record available

F. Infection Control

- Immunization and medical checkup of staff is done
- Arrangement for disposal of infectious waste available
- Proper waste management is available

G. Quality Management

- Quality team has been established at the UPHC**.**

2. **LABHANDI UPHC-**

AREA OF CONCERN-

A. Service Provision-

- Only ON Call 108 available
- UPHC is functional for time as mandated (24*7)
- staff nurse available 24*7 Medical Officer available on call
- registration for medico legal cases and medical certificate not available.

B. Patient Right-

- Direction and name of UPHC properly display from road.
- Important numbers like MO, Staff nurse and ANM. ASHA not on display.
- Citizen charter not available in display.
- Complain box not available
- all information in bilingual language available.

C. **Inputs -**

- As per workload space is adequate.

- Toilet, drinking water, cooler, seating facility in waiting area available.
- separate room available for dressing, laboratory, immunization.
- Telephone, internet and all other electricity installation services available.

D. Support Services

- Records of equipment maintenance are available
- No dirt, stains and foul smell in toilet and pathways.
- Building is in good condition no seepage, cracks and chipping of plaster.
- No unauthorized occupation in UPHC premise.

E. Clinical Services

- List of higher centers where patient can be referred maintain.
- Safe recordkeeping, retention of record available

F. Infection Control

- Immunization and medical checkup of staff is done
- Arrangement for disposal of infectious waste available
- Proper waste management is available

G. Quality Management

- Quality team has been established at the UPHC**.**

3. BIRGAON UPHC

AREA OF CONCERN-

A. Service Provision-

- Ambulance service not available
- UPHC is functional for time as mandated (24*7)
- Only 1 staff nurse available 24*7 Medical Officer available on call
- availability of services as per state scheme is available**.**

B. Patient Right-

- Direction and name of UPHC not display from road.
- Important numbers like MO, Staff nurse and ANM. ASHA not on display.
- Timing of specific services not in display
- Complain box available and all information in bilingual language available.

C. Inputs -

- As per workload space is not adequate.
- Toilet not available.
- Cooler only available at MO chamber not in IPD.
- Due to space problem no separate room for dressing, laboratory, immunization.
- Telephone, internet and all other electricity installation services not available.

D. Support Services

- Records of equipment maintenance are available
- Building is not good.

E. Clinical Services

- List of higher centers where patient can be referred not maintain.
- Safe recordkeeping, retention of record available

F. Infection Control

- Immunization and medical checkup of staff is **not** done
- Arrangement for disposal of infectious waste available
- Proper waste management is not available

G. Quality Management

- Quality team has not been established at the UPHC**.**

Data Analysis and Interpretation

1. Score card for MOWA U-PHC

UPHC Quality Score Card			
Dressing Room & Emergency	General Clinic	Maternity Health	New Born & Child Health
51.04166667	37.5	44.71544715	45.40229885
Immunization	UPHC Score		Family Planning
54.43037975			64.11764706
Communicable Disease	47.12525667		Non Communicable Disease
51.58730159			32.53012048
Outreach	Pharmacy	Laboratory	General Administration
46.64634146	54.12844037	50.68027211	41.27906977

2. Score Card for LABHANDI U-PHC

UPHC Quality Score Card			
Dressing Room & Emergency	General Clinic	Maternity Health	New Born & Child Health
56.25	49.03846154	60.16260163	56.32183908
Immunization	UPHC Score		Family Planning
68.35443038			71.76470588
Communicable Disease	56.22861054		Non Communicable Disease
60.31746032			52.40963855
Outreach	Pharmacy	Laboratory	General Administration
51.82926829	48.62385321	61.2244898	50.7751938

3. Score Card for BIRGAON U-PHC

UPHC Quality Score Card			
Dressing Room & Emergency	General Clinic	Maternity Health	New Born & Child Health
44.27083333	16.82692308	38.61788618	37.93103448
Immunization	UPHC Score		Family Planning
37.97468354			38.82352941
Communicable Disease	38.09034908		Non Communicable Disease
44.44444444			25.30120482
Outreach	Pharmacy	Laboratory	General Administration
47.56097561	43.57798165	49.65986395	30.03875969

FINDINGS

It was found that overall performance of LABHANDI UPHC (56%) is one step ahead than MOWA and BIRGAON UPHC but not up to standard. when we see the score card general clinic services score for all three MOWA, LABHANDI and BIRGAON UPHC is very poor which is respectively 37%, 49% and 16%. It is found that OPD services are not available even for 8 hours in a day. Medical officers are not available for concealing during OPD hours, days and timing of specific services and citizen charter is not display prominently. family planning services in MOWA UPHC scores 64% and LABHANDI 71% but in BIRGAON UPHC it is merely 38% it is found that counselling for family planning is not done in a right way. Management of non-communicable disease is also below standard in MOWA and BIRGAON UPHC which is respectively 32% and 25%, it is found that health promotion services, geriatric clinics, counselling services on tobacco cessation, display of BCC/IEC material is not in expected standard.

RECCOMMENDATION

- For punctuality of staff bio matrices should be install in UPHC. Instruction for proper display of all emergency contacts required. Programme management unit should have coordinate with Nagar Nigam for space related problem.
- Training of BMW staff and Instruction for emergency number display is necessary.
- In these UPHCs Service delivery is high but quality is very poor even the basic requirements like immunization of staff and toilets are not available, quality team should check properly and regular basis. It should be shifted to other place as per requirement of population**.**

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