

# Annual Report

## State Health Resource Centre, Chhattisgarh

(April 2015 - March 2016)



**State Health Resource Centre, Chhattisgarh**

# 1. Health Systems Strengthening

## I. SUPPORT FOR IMPROVEMENTS IN SERVICE DELIVERY

### 1 Strengthen laboratories in public health facilities:

#### a) Training of Lab Technicians:

A project to improve diagnostic services in Surguja and Bastar divisions is being implemented.

In first phase, 58 Lab Technicians from Kondagaon and Surguja were trained on basic laboratory services with the support of departments of Bio-chemistry, Pathology and Microbiology at All India Institute of Medical Science, (AIIMS) Raipur. It covered Lab Technicians from PHCs, CHCs and District hospitals.

In second phase, 66 more Lab Technicians are being trained (4-9 April 2016) thus covering another 8 tribal districts - Bastar, Dantewada, Narayanpur, Bijapur, Sukma, Jashpur, Surajpur and Balrampur. In this phase, Lab Technicians from CHCs and District hospitals are being trained.

The purpose of the project is to strengthen healthcare in public health institutions; replace dependence on private sector for diagnostics; increase performance of NVBDCP & RNTCP and leprosy control programmes and prepare the state to take up the free diagnostics scheme.

SHRC developed the Training Module for the laboratory technicians.

Three-day training was provided for the laboratory technicians working at PHC level and six-day training for the laboratory technicians working at CHC or district hospital level.

District level follow-up workshop was held in Surguja which was chaired by the Collector and around 90 participants including Lab technicians and health officials attended. Similarly about 60 participants attended the follow-up workshop in Kondagaon district along with Joint Director and other officials. The above workshops were aimed at resolving local bottlenecks in laboratory functioning by involving local stakeholders and it also helped to improve motivation levels regarding lab services.

Follow-up visits are being made to assess the improvements in Lab services after the training. E.g. in Surguja the change in six monthly numbers is illustrated below:

Test	Pre-training No. of tests done in 6 months	Post-training No. of tests done in six months	% increase in tests done
HIV	1999	3943	97%
TLC	10817	13191	22%
Urine Albumin	3711	5514	49%
Hb	10898	13131	20%

b) **Cost-estimation for Free Diagnostics scheme:** Estimation of resource envelope needed was carried out for the Free Diagnostics scheme being planned by the state.

## **2. Revision of Drug Formulary and Essential Drug List (EDL) for the state:**

### **a) Drug Formulary:**

The state had formulated its first Drug Formulary in 2003. SHRC has helped in revision of Drug Formulary this year. Drug Formulary 2016 is ready for publication.

### **b) EDL:**

First EDL for the state were prepared by SHRC in 2002. After that updates were done and published in 2010-11 and 2013. Draft EDL 2016 has been facilitated by SHRC and it is ready for approval.

## **3. Pilot Project on Nutrition Supplementation for TB patients under *Akshay Yojana*:**

Supplementary TB Nutrition Pilot is being implemented in two districts by SHRC (in Rajnandgaon in collaboration with District TB Office, in Bilaspur in collaboration with JSS Ganiyari) to find out acceptability of food-basket selected and to fine-tune implementation arrangements. The pilot started from 1<sup>st</sup> February 2016 and the intended number of 300 patients has been enrolled and issued 1-2 months of food support. Data is being collected on monthly weight gain and BMI of enrolled patients. It was preceded by a survey amongst Tb patients to find out their food preferences based on which the nutrition basket has been designed for the field-pilot.

## **4. Policy Brief on Sickle cell anemia:**

A policy brief for sickle cell anemia in Chhattisgarh has been submitted to Health department. The draft emphasizes secondary prevention, early detection and most-importantly providing drugs and treatment services to Sickle-cell-disease patients to minimize child mortality, reduce painful episodes and suffering of families. The policy was developed in collaboration with Tata Institute of Social Science (TISS), Mumbai. A national level consultation workshop was called in Raipur (on 4<sup>th</sup> December 2015) with participants from Maharashtra, Tamil Nadu, Delhi, Madhya Pradesh and from within the state including Sickle cell Institute Raipur and Jan Swasthya Sahyog Ganiyari. The draft was modified based on the inputs received in the workshop and presented to health department.

Based on experience of JSS Ganiyari, an experiment to form sickle-cell patient-support groups has been initiated in the selected districts. 130 sickle cell patients have joined the patient-support groups in Bhilai in Durg district and Jagdishpur in Mahasamund district. Monthly meetings of support-groups are facilitated by SHRC. Bhilai steel plant hospital, Sickle Cell Institute Raipur and Jagdishpur Christian hospital act as referral hospitals. The purpose of this exercise is to learn more about sickle cell disease and the public health response to it in Chhattisgarh.

A Study has been conducted on suicide cases among SCD patients/families in Basna block in Mahasamund district. A report has been presented in sickle cell workshop.

## **5. HR related policies**

- a) A draft policy on Public health Cadre for the state of Chhattisgarh has been prepared and shared with the Government.
- b) Draft Transfer Policy submitted to Government

6. **Capacity Building for Biomedical-waste Management in public facilities:**

SHRC is facilitating development of 8 model facilities (training cum demonstration centers) for biomedical waste management practices. These facilities are – District hospital Raipur, CHC Abhanpur, Civil hospital Supela Bhilai, PHC Bhilai-3, District hospital Kanker, CHC Charama, District hospital Ambikapur and CHC Sitapur.

A training module for Biomedical-waste Management has been developed in Hindi.

7. **Hospital safety audits:**

Safety Audits were conducted by SHRC in 29 hospitals covering all district hospitals and medical college hospitals in the state. The audit includes structural, non-structural and functional safety of the hospitals. Based on the audit findings SHRC is working on to prepare disaster risk reduction plan for district hospital and medical colleges in the state.

8. **Capacity Building of RMAs:** Facilitating 10 days of training of RMAs at CMC Vellore. Total 924 RMAs have been trained on issues like normal labour, basic emergency management, monitoring of national health programmes, and primary management of malaria so far. Out of this 235 RMAs were trained in 2015-16.

9. **Capacity Building of AYUSH doctors:** Organizing 5 days residential training programme for 270 Ayush medical officers on national health programme in the batches consisting of 30 medical officers per batch during the financial year 2015-16.

10. **Training of RMNCH+A consultants:** 5 days of induction training was facilitated for the RMNCH+A consultants.

11. **Training of 104 Health-Helpline staff:** 25 staff of 104 helpline were trained in 3 rounds covering topics of public health programmes like JSY, JSSK, family planning, RBSK, immunisation, VHSNC and NRCs.

12. **Support to NHM in organizing workshop – ‘ Developing a Roadmap for Health for Chhattisgarh’ -** Key action points and recommendations summarized and shared with government

13. **Data Analytics:** Report prepared on Analysis of number of c-sections in public facilities of Chhattisgarh

## **II. OPERATIONAL RESEARCH & HEALTH SYSTEM STUDIES**

### **A. Completed Studies:**

1. Causes of under-5 Child Deaths – Study and Recommendations shared with government
2. Causes of Maternal Deaths - Study and Recommendations shared with government

3. Study on reasons for low institutional deliveries in non-tribal districts of Chhattisgarh – draft report ready based on qualitative data collection in Mungeli district
4. Assessment of ICTC centers in the state of Chhattisgarh.
5. Morbidity Survey for common illnesses (Malaria, Diarrhea, ARI, Jaundice) and Role of Mitamin in these illnesses
6. (Malaria, Diarrhea, ARI, Jaundice)
7. Community Monitoring Reports on Availability of C-section facility in government centres, Fixed-Day ANC services in PHCs, Villages without access to referral transport
8. 102 Mahtari express transport service for maternal and infant referrals: Quarterly report on 102 Mahtari express, based on the feedback taken from beneficiaries on the 102 services has been submitted for June, September, December 2015 and March 2016.

**B. Studies in progress:**

1. Outcome Evaluation of 'Ayurved-gram' Project in Chhattisgarh. Primary data collection is in progress. Draft report is expected by June 2016.
2. Following assessments on the maternal care services have been started at the request of Directorate:
  - a. Assessment of High risk pregnancy management at Ante Natal Clinics in Chhattisgarh
  - b. Assessment of Calcium supplements consumption among pregnant women attending antenatal care
  - c. Assessment on intake of de-worming tablets by Pregnant women
  - d. Assessment of delivery points, tracking of severely anemic pregnant women, referral in and referral out from our state
  - e. Assessment of JSSK scheme in the state of Chhattisgarh.

Submission of reports is expected by May 2016.

**Internships by Public Health Students:**

SHRC has facilitated internship programme for the MPH students coming from different universities. Total 12 public health students from different colleges; Lucknow University, Uttar Pradesh; Apollo Institute of hospital administration, Hyderabad; University of Hyderabad; Punjab University; JSS Mysore University; and SRM University, Chennai have completed their internship with SHRC.

## 2. Community Processes

- **Outcome oriented and disease specific actions through Mitanin**

**i) Malaria:**

Role in Treatment: Mitanins trained and equipped to diagnose and treat malaria at community level.

- Mitanins received around 16 lakh RD tests over one year (average of 25-30 tests per Mitanin)
- They consumed 14 lakh tests
- They received around 3.3 lakh blisters of ACT
- They treated 2.5 lakh cases with ACT
- They referred around 59000 cases

According to the sample study on role of Mitanin (n=656 mitanins) in screening and treatment of malaria during August 2015:

- 76.7% of Mitanin had RD tests availability with them
- Out of which 81.6% of Mitanins have done one or more RD test
- 92.9% of Mitanins had Chloroquine tablets available with them
- 43% of Mitanin had adult ACT with them
- 86% of patients of PF/PV positive patients were treated by Mitanin using ACT/Chloroquine. Most of the rest were referred to health facilities.

Prevention: A social mobilization Campaign on Prevention was carried out in July through involvement of Mitanins, PRIs and VHSNCs for prevention of malaria with the following key components–

- Awareness through household visit of pregnant women, Wall writings and Rallies,
- Larvae control by community volunteers adding oil to stagnant water pits, filling pits etc.
- Promoting use of bednets, Neem smoke
- Training school children on prevention of malaria

Concern:

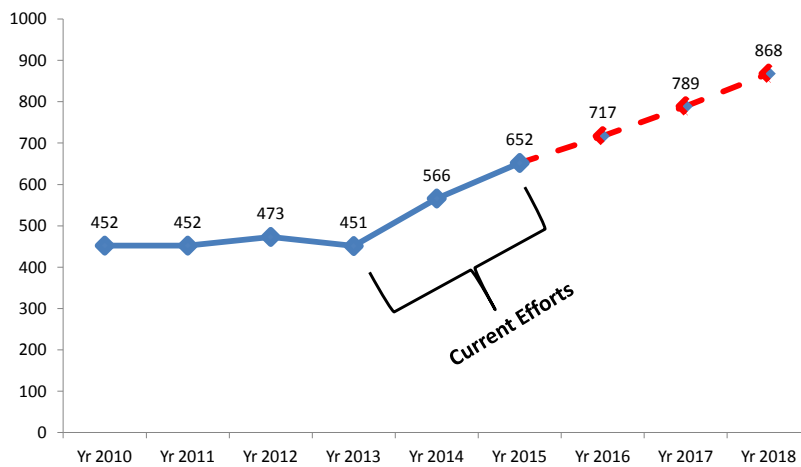
- Availability of RD tests, ACT and Chloroquine is the key worry in current year

**ii) TB:**

- Referrals for sputum tests in the state have increased from around 1.1 lakh per year to around 1.81 lakh per year over last 2 years due to active search by Mitanins through six-monthly campaigns. Aim to reach 2 lakh referrals in one year. One key strategy is six-monthly active search campaign. Further the suspects identified are getting followed up by Mitanins and MTs to reach designated microscopy centres (DMCs) for sputum examination.

## TB Suspects Examined/Lac Population

(Data Source: State TB Officer, RNTCP reports)

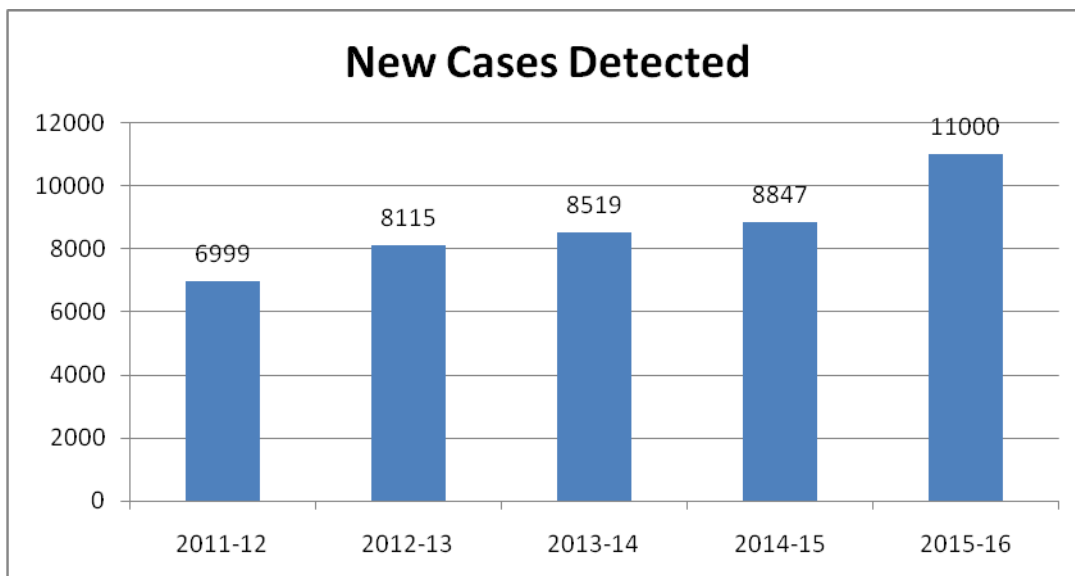


- **TB among children:** Special focus of Mitanin's efforts for contact tracing and referral of suspects including malnourished child contacts. They were referred to health facilities, around two-third of whom responded to some extent. Around 800 confirmed child cases listed by MTs and followed-up in 2015-16. Overall improvement in detection of pediatric TB recorded in the state.

### iii) Leprosy:

- Campaign started in January to do house to house screening by Mitanins in high prevalence districts (Raipur, Bilaspur, Durg divisions). Campaign was repeated in September 2015.
- Contact tracing going on at the moment.
- Likely to find more cases at early stage of deformity
- Likely to find more child cases

### Leprosy: New cases detected in Chhattisgarh (Data source: NLEP reports)



**iv) Water-borne diseases:**

- 12 lakh diarrhea patients given ORS by Mitanin in 2015-16
- Findings from study on role of Mitanin in treatment of diarrhea:
  - 96% of diarrhea cases contacting Mitanins got oral rehydration
  - 64% of diarrhea cases, Mitanins were the first contact. About 11% of critical cases were referred by Mitanins
- Campaign in urban slums done with help of Mitanins and Mahila Arogya Samitis. Mitanins carried out a campaign in July for spreading awareness on preventive messages (hand-washing, safe drinking water by boiling).
- Water testing by Mitanins (3rd round April 2015, using H2S kits) – 70% of around 800 drinking-water samples taken by Mitanins in Raipur city found contaminated

**v) ARI in Children:**

- 92674 (1.3 case Per Mitanin) Pneumonia cases of age group 1 month to 5 years (post neonate under-5) referred by Mitanins in 2015-16, 15% higher than last year.
- Around 25000 child ARI cases treated directly by Mitanin with Cotrimoxazole where referral was not possible.
- Findings from study on role of Mitanin in treatment of Pneumonia:
  - Mitanin is the first contact for 57% rural Pneumonia cases
- Concern: Procurement of Amoxicillin has got delayed. Cotrimoxazole is also not being made available to Mitanins anymore.

**vi) Newborn Care and sick-newborn referrals:**

- 358000 (74%) of rural Newborns were visited by Mitanins (designated 7 home visits) for counseling of families and identification of illnesses in 2015-16.
- 42400 newborn referred by Mitanins after detecting illnesses in 2015-16. They are around 9% of rural newborn.

**vii) Counseling on Child Nutrition and Care:**

- Around 34 lakh home visits made by Mitanins for children under 3 years age for counselling on nutrition, prevention, identification and treatment/referral of infection, psycho-social development, in 2015-16.

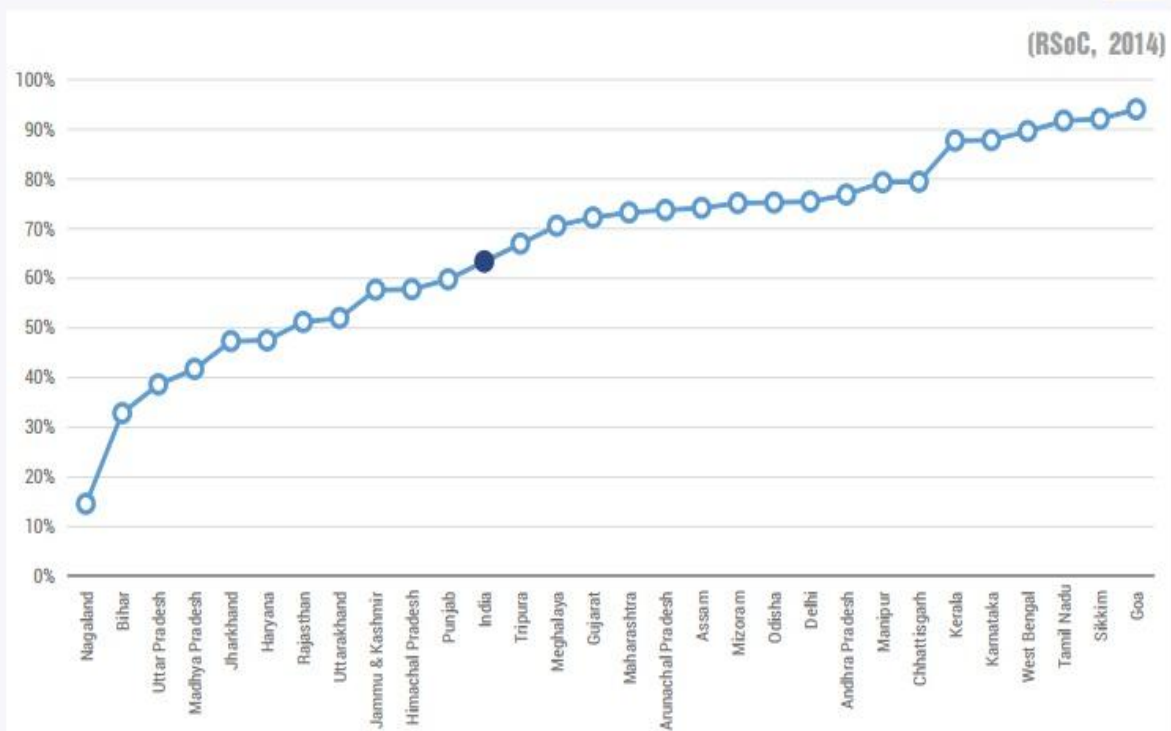
**viii) Maternal Health:**

- 324220 (67%) of deliveries of rural women were accompanied by Mitanin for institutional delivery in 2015-16. Mitanins escort more than 85% of all rural institutional deliveries.
- 511023 (86%) of pregnant women visited by Mitanin for counseling on rest, diet and ANC check-ups. Fixed day services for ANC in PHCs are functional in majority of blocks and Mitanins escort a large number of women there.

**What RSOC reports on ANC** – Chhattisgarh amongst top performing states in terms of indicator on 3-ANC coverage. While 80% of Chhattisgarh pregnant women had 3 or more ANC check-ups, the corresponding figure for MP is 40%.



## 11. MOTHERS OF CHILDREN UNDER 3 YEARS OLD WHO RECEIVED THREE OR MORE ANTENATAL CHECKUPS



- ix) **Family Planning:** Due to shortage of sterilization services, IUCD is being promoted.
- x) **Mitanin Drug Kit Follow up and Monitoring:** SHRC is monitoring and writing to directorate each month. Serious shortage is likely in 2016 unless steps are taken urgently for procurement. Assessment of drug-kit utilization by Mitanins carried out through primary survey.
- xi) **Activities of Urban Mitanins:** 3710 urban Mitanin covering slums of 19 cities.
- Mitanins mobilized 80% of the deliveries to institutions with 76% of them being in government facilities
  - 82% of newborn received designated home visits and 16% referred by Mitanin to health facilities on detecting signs of sickness
  - 87% of pregnant women received home visits by Mitanin
  - 63% of children under-3 got home visits by Mitanin
  - Around 90000 diarrhea cases given ORS by Mitanin
  - Around 160000 treated using drug kit by Mitanin
  - Screening and referral for TB detection resulting in 2400 confirmed cases

- Screening and referral for Leprosy detection resulting in around 800 confirmed cases

## CC

- xii) Fulwari Creches:** Mitanin programme and SHRC continues to play its role in capacity building and trouble-shooting for community run Fulwari centres. Around 2850 Fulwaris are operational covering around 35000 children (6months-3year age) and around 17000 pregnant/lactating women. Programme likely to be expanded this year.
- Data on Low Birth Weight collected – shows 14% of babies born to pregnant women who are part of Fulwari are Low Birth Weight. 26% of babies born to pregnant women who are not part of Fulwari are Low Birth Weight.
  - Cohort data of children in Fulwari shows 67% of malnourished children able to come out of under-weight status.
- xiii) Community Based Monitoring:**
- Community Reported Deaths 2014 report shared with government
  - Death reporting – around 90000 deaths recorded in 2015 compiled along with community-reported cause (analysis and report being compiled)
  - Community feedback report (Round 4) under compilation - on services of VHND, ANM and sub-centre, PHCs.
  - User feedback on services of CHC, District hospitals through exit interviews collected – analysis in progress
- xiv) Mahila Arogaya Samiti (MAS) in urban slums:** Around 3700 MAS working on social determinants of health. Intervened in around 6000 cases of violence against women in 2015-16. Anganwadis, schools, drinking water – other main areas of MAS activity. Actively supported by MTs.
- xv) Mitanin Patient Help Desks in Hospitals:** 188 existing help desks are functional in hospitals (CHC or above levels).

## C Training and Capacity Building:

### xvi) Training of Rural Mitanins:

- 20<sup>th</sup> round: Three day training of 51957 Mitanins (against target of 66220) have been completed in coordination with BMOs and remaining is under progress.
- Induction training: 1834 Mitanins (against target of 2000) have been provided with 9 day induction training and remaining is under progress.
- Training on IPV, Pentavalent and training for campaigns on Mission Indradhanush, IDCF, NDD, Sparsh Leprosy campaign done
- 10 day training agreed by Govt in principle but funds could not get allocated
- 5 day annual training proposed in NHM PIP 2016-17

### xvii) Urban Mitanin Training:

- 1<sup>st</sup> – 5<sup>th</sup> module training completed for 1461 Mitanins who had missed one or more of the five modules.
- Now almost all urban Mitanins have completed 5 modules i.e. 25 days of training covering following topics:
  - Role of Mitanin, Understanding what is health and causers of ill-health
  - Child Health

- Maternal health
- Gender and Health
- HBNC
- Integrated Home visits for Child health, nutrition and development
- Use of Mitanin Drug kit
- Disease Control – Malaria, Leprosy, TB, HIV

**xviii) Training of MAS (Mahila Arogya Samiti):**

- Training of MAS members started in 2014-15 completed in 2015-16. 16594 MAS members against target of 16700 have been completed so far. Annual two day training proposed for MAS.

**xix) Mitanin Incentive payment:**

- Rs. 133 Crore has reached as incentive to Mitanins over 3 years since Gram Panchayat based payments started
- Mitanins are able to claim close to Rs.2000 per month now.
- Payments of around Rs. 138 Crore are pending i.e. around 11 months of claims are pending.
- The pendency varies from one month (Durg) to 20 months (Kondagaon).
- Proposal has been sent to sanction Rs.51 Cr under NHM and Rs.50 Cr under state budget to meet the backlog till March 2016.
- Rs. 119 Cr proposal in 2016-17 NHM PIP and Rs.59 Cr for state budget sanction.
- Plan to improve fund-flow speed through e-transfers from block level while retaining the community based approval/verification of work done by Mitanin. 11 districts started e-transfer.

**xx) Mitanin Career Development:**

<b>ANM Passed</b>			
ANM Pass Total Mitanins	Out of total, no. given Job	ANM Pass from LWE district	Out of LWE district Mitanins, no. given Job
1351	450	1113	400
<b>BSc Passed</b>			
BSc Pass Total Mitanins	Out of total, no. given Job		
22	14		
<b>Mitanin Still Studying</b>			
ANM		GNM	
248	Under 40% reservation for Mitanins in Govt schools	210	All from LWE districts

**xiv) Mitanin Samman diwas:**

- 23<sup>rd</sup> November of each year is celebrated as Mitanin samman diwas in the State. On this day, Gram Panchayat honours its Mitanins as a social recognition to her contribution for the

community. During this year about 7350 out of around 10000 Gram Panchayats had organized such function and honoured their Mitans.

**xv) Mitanin Kalyan Kosh:**

- Existing activities continued.

<b>Main Activities</b>	<b>No. of Cases</b>	<b>Amount Paid to Mitanins (in Rs. Lakh)</b>
Educational Incentive (for class class 8th Rs. 2000, for 10th Rs.5000, for 12 <sup>th</sup> , graduation, PG Rs. 10000)	2555	163
Higher Education (for Mitanin's children who secured 75% and above in class 10 <sup>th</sup> Rs. 25000 and for class 12th Rs. 50000)	189	19
Maternity Support (Rs. 15000)	2281	341
Old Age Support (Rs. 20000 for Mitanins who completed 60 years of age and not enrolled in Swavalamban pension fund)	98	20
Life insurance claim paid to Mitanins on husband's death	236	133
Student scholarship from LIC (Mitanins' children - class 9th to class 12 <sup>th</sup> - RS.1200 p.a.)	9600	115.2
Medical Support (Free of cost treatment in Raipur Medical College Hospital)	441	Free of cost treatment