

Work Plan 2018-19

State Health Resource Centre, Chhattisgarh



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SHRC – Approved Work Plan 2018-19

A. Health Systems Strengthening - Work-plan 2018-19

The focus will be on strengthening public facilities in the following key areas:

1. Improving Essential Diagnostics in public facilities
2. Sickle Cell Management
3. Improving Health HR availability and skills
4. Comprehensive Primary Health Care including Health and Wellness Centres
5. Hospital Quality
6. Improving Free Drugs availability in public facilities
7. Improving Healthcare Financing for Optimal Resource-allocation and utilisation

IMPROVEMENTS IN SERVICE DELIVERY:

1. Diagnostic services

- Monitoring of type and number of tests being done by a sample set of laboratories
- District workshops in 3 more districts for resolving gaps
- Study of evidence and new data collection
- Follow-up on draft of Free diagnostic policy submitted to government

2. Drug Availability:

- Prescription Audits and institutionalizing them in health facilities
- Study and Monitoring of availability of free drugs in public facilities
- Periodic Updation of EDL

3. **Comprehensive Primary Health Care (CPHC):** SHRC as the designated technical agency of NHM for development of Health and Wellness Centres (HWCs) will continue its support for expansion and quality in this initiative. It will involve refining standard treatment protocols and training modules, facilitating training of AMOs and other Mid-level care providers, training of ANMs, facilitation for availability of drugs, orientation of Mitans etc. The plan will be to support around 800 HWCs.

4. Sickle Cell- support to CHC, DH in implementing new State guidelines

- Training of MOs – remaining 90 doctors to be trained so that each CHC/DH has atleast one clinician trained in clinical management of sickle cell disease
- The focus will be on treatment/management of diagnosed SS cases. Facilitating and monitoring availability of drugs at appropriate levels, support to directorate in orientation and review of MOs, field level referrals and counseling by Mitans and formation of patient-groups, coordination with directorate and districts will be some of the key components.

5. **Prepare facilities for the National Quality Assurance Standards Accredited (NQAS) certification** – 5 more district hospitals and 10 CHCs (focus on Bastar, Surguja and new districts) to be taken up to prepare these facilities for NQAS certification. Selected departments of these facilities like laboratory, radiology, OT, labour room, Bio Medical Waste practices along with fire safety in the hospital will be improved as per the NQAS standards and will be referred for state level NQAS certification.
6. **Hospital safety and risk reduction training. Follow up of implementation of 2016 action plan.** - Prepare a revised 2017 plan. Ensure that Mock Drills have been done every 6 months. Presence of list of emergency contacts with phone numbers. Presence of map of facility for Evacuation. Hospital safety and risk reduction training in FRU CHCs.
7. **Monitoring of Referral transport services in the state -**
 - Quarterly report submitted to DHS.
 - Report on the timely availability of 102 & 108 services from beneficiary point of view in one of the high focus districts.
8. **Quality Assurance of AYUSH facilities** in collaboration with Directorate, AYUSH.
 - Develop module for Kayakalp assessment for independent and co located facilities.
 - Develop checklist (for self assessment, peer assessment and external assessment) and guidelines for evaluation and awards
 - Facilitate evaluation
 - Reporting and documentation
9. **Quality Assurance in SNCUs** in collaboration with Directorate and AIIMS.
10. **Strengthening Post-discharge follow-up of SNCU graduates**

I. HUMAN RESOURCES FOR HEALTH:

1. Capacity building of Assistant Medical Officers (RMA) for Health and Wellness Centres, Pediatric Care, management of skin diseases and leprosy, emergencies.
2. Health Workforce Vacancies: An assessment of availability, production and distribution of doctors in public facilities in the state. Follow up with the department to fill up all vacant positions in the districts. Study of Bijapur Model and advocacy for its replication.
3. A study on the impact of deploying 3 year Diploma course HR i.e. RMAs (now called Assistant Medical Officers) in Chhattisgarh.
4. Follow-up on absorption of Mitans trained as ANMs

III OPERATIONAL RESEARCH STUDY

- Follow up of Sick Newborn Care Unit (SNCU) graduates in High Priority Districts. The study being extended to new districts - Rajnandgaon,

Dantewada and Bijapur. Study reasons for drop out from community and facility based follow up.

- Respiratory health problems of villagers surrounding Korba thermal power stations
- Follow-up Study on supplementary nutrition for TB patients
- Assessment of functional Nutrition Rehabilitation Centers (NRC) having low (<30%) and good (>60%) Cure Rate in Chhattisgarh.

B. Community Processes –Work-plan 2018-19

I. Outcome oriented and disease specific actions through Mitanin

- 1. Malaria:** Strengthen the existing role of Mitanin in prevention campaign through VHSNCs, testing using RD tests, treatment with Chloroquine/ACT and referral of complicated cases. Special focus on ensuring adherence to treatment. Coverage of children in hostels will be continued.
- 2. TB:** Strengthen the existing role of Mitanin in screening and referral for TB identification and for improving treatment adherence. One door to door active search campaign through Mitanins to sustain 2 lakh annual referrals for TB identification (to cross 700 smear examination per lakh population). Contact tracing and referral of child contacts continue to be another focus area. Special focus in TB will be on improving treatment adherence.
- 3. Leprosy:** Strengthen the existing role of Mitanin in screening and referral for Leprosy identification. Annual door to door active search campaign through Mitanins and mobilizing other community volunteers. Contact tracing and referral of child contacts continue to be another focus area. Strengthen work on Prevention of Disability.
- 4. Water-borne diseases:** Strengthen the existing role of Mitanin in prevention of water-borne diseases through VHSNC and MAS based action campaign in summer. H2S testing coverage will be further expanded to 50000 drinking-water points. It will be followed by community level awareness campaign and follow-up with local authorities through VHSNCs and MAS. Use of local theatre for prevention campaign by VHSNCs. Improving availability of ORS sachets with Mitanins.
- 5. ARI in Children:** Continue as a focus area of Mitanin's work in prevention, identification, treatment and referral. Monitoring availability of antibiotics (amoxicillin) with Mitanins and ensuring refilling will be another area of emphasis. Since, Mitanins started using this drug in 2017, skills on its use will be revised in Mitanin training. Ensuring completion of dosage will be another priority.
- 6. Newborn Care, sick newborn referrals:** Continue as a focus area of Mitanin's work in prevention through home visits, identification, treatment and referral. Revision on Amoxicillin use. Follow-up for procurement of weighing scales, thermometers. Focus on HPDs starting with Sarguja and Bilaspur.
- 7. Counseling on Child Nutrition and Care:** Increase number of home visits made by Mitanins for children under-3 year's age for counselling on nutrition,

prevention, identification and treatment/referral of infection, psycho-social development.

Specific improvements aimed in this home-visit based activity this year will be:

- Improve skills in Problem Identification
 - Develop coaching as practice by training the support structure
- 8. Maternal Health:** Continue Mitanin's existing role in counseling for ante-natal care and escorting institutional deliveries. Focus on identification of high risk cases and appropriate referral. Another focus will be on improving quality of post-natal visits.
- 9. Family Planning:** Continue focus on IUCD promotion. Non-hormonal pills (Chhaya) promotion can be an important focus but will depend on when the supplies become significant.
- 10. NCD:** Training of 20000 Mitanins on NCD screening and prevention, linkage with services. And drugs and help in continuous access to drugs after prescription by PHC/CHC MOs. Population screening by Mitanins.

II Strengthening Community Participation

Anti-Tobacco Campaign: The community level and school based campaign will be repeated this year for making a dent on this issue.

Use of Street Theatre: Mitanins and VHSNCs will be encouraged to use this medium in a variety of situations.

Social Audits of Health Facilities: As suggested by Secretary (Health) and GB in 2016, Social Audits of health facilities will be continued under community-monitoring in order to create community pressure on facilities to improve services, including their behaviour towards Mitanins and patients.

Patients Rights: As suggested by GB in 2016, work on patients-rights to be strengthened through sammelans and community-monitoring. Sammelan reports to be circulated.

VHSNC and MAS: Continue support to VHSNCs and MAS through Swasth Panchayat coordinators and MTs for village health monitoring and action especially on Social Determinants of health including combating violence against women (VAW). Some other specific campaigns can be on a) Adolescent health b) anti-tobacco awareness amongst school-going children. A key feature this year will be to create capacity in committees to do street theatre on various issues and use it in campaigns.

Swasth Panchayat Sammelans: Sammelans in each of 146 blocks to raise the issues regarding gaps in government services on health and social determinants. Attempt to improve attendance of elected representatives through improvements in planning. Further improve capacity of Mitanins and VHSNCs to identify and articulate issues. Focus on health and gender issues.

11. Cause of Death Reporting and Verbal Autopsies/Social Audits: To find ways of making further use of such evidence. SHRC can try to find ways of sharing with directorate (Specific input by GB).

Community Based Monitoring: Complete reports on a) community reported deaths of 2016 by May end 2016 b) community and patient feedback on services – focus on 102, blood availability in FRUs, drug availability in PHCs, out of pocket expenditure for RSBY cases

Swasth Panchayat Yojana: Survey round 2017 to compute Panchayat level Health and Human Development HHDI, ranking and awards for Panchayats in public functions.

12. Fulwari Crèches: Mitanin programme and SHRC will continue to play its role in capacity building and trouble-shooting for community run Fulwari centres.

13. Mitanin Patient Help Desks in Hospitals: Strengthen existing 188 help desks in hospitals (CHC or above levels). Ensure training of existing facilitators to improve skills.

III Training and Capacity Building of Mitanins and community:

14. Training of Rural Mitanins:

- **Annual Training of Mitanins:** 7 day training of all rural Mitanins (subject to PIP approval).
- **Induction training:** For new/replaced Mitanins.
- **AYUSH Training:** 35000 Mitanins in tribal blocks will be trained on herbal remedies.
- **Training of Support Structure on communication and facilitation skills**

15. Urban Mitanin Training: Two rounds of training will be given to Urban Mitanins.

16. Training of MAS (Mahila Arogya Samiti): Annual 2 day training of MAS members (subject to PIP approval).

17. PRI Training: 2 day training of around 15000 PRI members

18. Mitanin Incentive payment: Follow-up for adequate budget allocation. Routine monitoring and feedback to directorate.

19. Mitanin Kalyan Kosh: To continue existing activities.

20. Mitanin Sammaan Diwas: Annual day of felicitating Mitanins for their voluntary work by Gram Panchayats and elected public representatives on November 23rd.

21. Communication Activities: Five more videos will be produced in house for use by Mitanins. One video will be produced in Gondi as well. Two issues of Mitanin Pati will be brought out including stories from urban Mitanins and MAS.

22. NIOS Certification: During the year Mitanins will be taken up for NIOS certification.