

Annual Work Report

(April 2017 – March 2018)

State Health Resource Centre, Chhattisgarh



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Health Systems Strengthening

1. Policy and Programme Development:

- a) **Health and Wellness Centres:** Based on an initiative planned by Korba district, SHRC developed it into a model and strategy for the state to roll-out HWCs in other districts. SHRC facilitated the creation of the programme and standardization including preparing guidelines etc. It was inaugurated as a scheme by Chief Minister of Chhattisgarh on 27th October. SHRC followed up in all 6 districts through orientation workshops, preparation of training materials, training of AMOs and 450 of the 500 HWCs planned were operationalised, 337 of them being in sub-centres.
- b) **Free Essential Diagnostics:** A roadmap and cost-estimation was developed for free diagnostics provision in government facilities. Another round of data collection was done on high-priority equipments and gaps in their use. It culminated in the *Draft Free Essential Diagnostics Policy* submitted to NHM in 2017. District workshops were organized to close local gaps in two districts.
- c) **HR Policy including Transfer Policy:** SHRC submitted *Draft Policy on Rational HR Deployment* to department in 2017-18, covering major aspects of HR Policy including Transfer Policy. SHRC also submitted an assessment of qualified Staff Nurse candidates availability in the state against vacancies, the analysis showing that there are enough Nurses available in the state, including required ST candidates in tribal divisions.
- d) **Sickle Cell Management Programme:** SHRC held a dialogue at AIIMS for dialogue on evidence, between experts and officials. Further support was provided to State Programme Officer to develop the required technical and programme guidelines etc. to ensure the roll-out of the programme in 2017-18. SHRC facilitated training of 80 clinicians from District hospitals and CHCs in collaboration with AIIMS. A pilot Patient Support Group was established in Bhilai.
- e) **State Health Policy:** SHRC facilitated the department in organizing Chhattisgarh Healthcare Summit in terms of developing the Concept Note, documenting and summarizing the recommendations. A *Draft State Health Policy* was developed and further work on it is ongoing in consultation with SIHFW.

2. Technical Support for Improvements in Service Delivery

- a) **Urban Vulnerability Assessment and Health GIS Mapping:** Covers 19 cities of NUHM and includes GIS mapping of slums and other vulnerable populations and the available services. It has been disseminated in three state level meetings with Local elected bodies, different departments especially Urban Administration.
- b) **Standard Treatment Guidelines:** SHRC coordinated the development of Standard Treatment Guidelines for Pediatrics and for Obstetrics. The comprehensive STG 2018 is under preparation.
- c) **Improving outcomes for SNCU babies:** 2 HPDs – Surguja and Bilaspur were taken up for improving SNCU outcomes especially through post-discharge follow-up of babies. Social-workers were piloted for ensuring required follow-up.

3398 Mitanins were given a refresher training along with thermometers, breath-counters and weighing scales.

- d) Improving TB detection and Outcomes:** SHRC carried out a pilot project on Nutrition Supplementation for TB patients in 2016 and helped in developing the scheme. SHRC undertook two action-cum-research projects in Kondagaon and Rajnandgaon in collaboration with NTRI (ICMR) on a) Improving TB treatment adherence using Family DOTS and b) Improving detection of pediatric TB through capacity building on Gastric Aspirate and intensified collection of samples, including use of CBNAAT testing.
- e) Hospital Quality Assurance:** SHRC conducted training of facilities and assessment for Biomedical Waste Management. 23 District Hospitals were trained on Hospital Safety and Disaster-Preparedness. SHRC carried out NQAS assessments for 9 facilities including 4 district hospitals. SHRC's consultants also participated in Kayakalp assessments. Now they are part of NHM team of consultants working on NQAS in Surguja and Bastar division.
- f) Monitoring of Schemes - 102, 104 and 108:** SHRC provides periodic monitoring reports on functioning of 102 and 108 referral transport services and 104 helpline. SHRC is on committees developing RfPs for these services. Government is planning to bring 104 Health Helpline services under government-operations.
- g) Disease Surveillance and Analytics:** SHRC provided *analysis of community reported causes of deaths* every year. In 2016, it covered more than 1.15 lakh deaths. For above work, a system of recording and reporting has been developed. SHRC has also developed a system of carrying out *Verbal Autopsies of Maternal Deaths and under-5 Child deaths* and provides the department annual analysis reports with recommendations.
- h) Jeevan Deep Samiti Restructuring Proposal:** SHRC analysed the gaps in current structure of JDS and providing detailed recommendations for modifications.
- i) Health and Wellness Centres:** SHRC acted as technical agency for this activity and actively facilitates districts and NHM in implementation by carrying out orientation workshops, capacity building of AMOs and ANMs, developing monitoring tools etc. 450 Health and Wellness Centres have got initiated in six districts of the state.
- j) Sickle Cell Programme:** SHRC acted as technical support agency for the programme and provides facilitation in training, monitoring, development of instructions etc.
- k) Special Plan for PVTG health - Baiga tribe in Kwardha district:** PHRN developed the inter-sectoral plan in collaboration with SHRC and submitted to NHM in December 2017.
- a) Malaria planning in Dantewada:** As part of Health System Strengthening for Malaria SHRC facilitated the training for Sarpanchs. 22 Sarpanchs from Kuankonda and 22 Sarpanchs from Geedam blocks learned about their role and involvement in Malaria prevention at the Panchayat. Apart from these 10 MOs, 5 AMO s & 3 Malaria Technical Supervisors were trained on management of Complicated Malaria.

3. Capacity Building

- a) **Capacity Building of Assistant Medical Officers (AMOs, formerly known as RMAs):** In 2017-18, new training modules were developed by SHRC in collaboration with AIIMS and ICMR regional centre. The training of AMOs on the new modules has been started. There are 3 kinds of training
 - i) 11 batches of 6 RMAs each have received training of 6 days each on pediatric care.
 - ii) 5 batches with 15 RMAs each have been trained on Leprosy and skin diseases in a 4 day module in collaboration with ICMR regional centre.
 - iii) 4 batches of 30 RMAs each have been trained on standard treatment protocols for Health and Wellness Centres for 4 days each.
- b) **Medical Ethics:** SHRC coordinated a large workshop on Medical Ethics in April 2017 involving national level experts, who trained 500 doctors and nurses. SHRC also organized two workshops of capacity building on Medical Ethics for Medical College, Raipur.
- c) **Training Evaluation:** SHRC has recently initiated evaluation of training carried out by SIHFW at their request. Evaluations so far have covered training on Routine Immunisation, BEmONC and NVBDCP.

4. Operational Research

- a) A seminar on respiratory diseases organized by SHRC at AIIMS. Study initiated on Pollution and Respiratory diseases in areas around mines and power plants in Korba. A study on pollution completed in Raigarh.
- b) Causes of under-5 Child Deaths – Study and Recommendations shared with government
- c) Causes of Maternal Deaths - Study and Recommendations shared with government
- d) Morbidity Survey for common illnesses (Malaria, Diarrhea, ARI, Jaundice) and Role of Mitanin in these illnesses
- e) Data collection completed for study on urban slum population's access to healthcare (as a part of Urban Vulnerability Assessment). Maps uploaded.
- f) A study on rational use of Blood in private facilities completed.
- g) Study on low ANC registration conducted in Pithora block of Mahadsmund.
- h) Studies completed on pediatric TB detection and on Family DOTS.
- i) Study completed on follow up of SNCU graduates.

5. Other Tasks as per Department's requirements

- Question papers prepared for CGSACS recruitments
- Revision of Medical Manual (ToRs of health HR)
- Internships by Public Health Students

Community Processes

1. Outcome oriented and disease specific actions through Mitadin

i) Malaria:

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

- They tested around 19 lakh fever cases using RD tests, and 2.72 lakh malaria cases were detected in 2017-18.
- They treated 1.62 lakh PF cases with ACT and the rest with Chloroquine
- They referred 29 thousand cases of malaria to health facilities, out of which 5434 were severe cases
- A significant new addition was coverage of children in nearly all government hostels through fortnightly visits by Mitadin Trainers. Hostel children were identified as a vulnerable category requiring special attention. During the period, June 2017 to February 2018, they tested 50064 hostel children with RD tests and found 7667 Malaria cases. They treated 5504 PF cases with ACT and referred 600 cases to health facilities, out of which 107 were severe cases.

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

- A new addition was use of street theatre by VHSNCs on prevention
- Awareness through household visit of pregnant women, Wall writings and Rallies,
- Larvae control by community volunteers adding oil to stagnant water pits, filling pits
- Promoting use of bednets, Neem smoke
- Talks in schools on prevention of malaria

ii) TB:

- A social mobilization campaign on TB was carried-out during the month of July-August 2017. During the campaign, 63166 suspected cases (Adult case) were identified by Mitadin, out of which 39421 cases visited hospitals for sputum test and 6620 cases got confirmed. During this campaign of July-August, 12137 suspected child-cases (age below 10 years old) were identified, out of which 4830 got examined and 393 cases were confirmed. Special focus of Mitadin's efforts for contact tracing and referral of suspects including malnourished child contacts was done. Further the presumptive cases identified are getting followed up by Mitadins and MTs to reach designated microscopy centres (DMCs) for sputum examination.
- Apart from campaign, identification of suspected TB cases and providing them regular follow-up services are also regular feature of Mitadin's work. Under this, 58768 Adult cases and 10784 child cases were referred by Mitadins for sputum test in 2017-18.
- Mitadins act as DOTS providers for around 80% of the TB cases.

iii) Leprosy:

- During the month of September–October 2017, a social mobilization campaign was carried-out on leprosy. Throughout the campaign, Mitans visited 3281827 households and identified 37374 suspected cases, out of which 21401 cases got tested in hospitals.
- Apart from campaign, identification of suspected Leprosy cases and providing them regular follow-up services are also regular feature of Mitans' work. Under this, 33848 cases were referred by Mitans for test in 2017-18.
- Effectiveness of active search by Mitans is reflected in state-wide rise in numbers of NLEP in detection of new cases. Data also reflects reduction in proportion of MB and deformity cases.
- A new addition to Mitans' training on Leprosy was on Prevention on Disability with components of self-care, prevention of ulcers etc.

iv) Water-borne diseases:

- 14.97 lakh diarrhea patients given ORS by rural Mitans and 32268 severe cases were referred to hospitals during 2017-18.
- Water testing by Urban Mitans (6th round October 2017, using H2S kits) – 22% of around 2877 drinking-water samples taken by Mitans from 17 cities were found contaminated. Mahila Arogya Samitis and Mitans also shared the status of the drinking water with the ward level councilors and Municipal Corporations to demand clean drinking water.
- Water testing through using of H2S kits was done in rural area by Mitans and VHSNC members (3rd round in September - October 2017). 16% of 9710 samples taken for test were found contaminated. List of contaminated sources were submitted in the respective departments at Block, District and State level for ensuring safe drinking water.
- During April 2017, Rural Mitans and VHSNC members had identified 4544 hamlets with inadequate access to safe drinking water. Most of these habitations were dependent on wells, shallow dug wells (*dodhi*), surface water sources like streams. Many of them had bore wells but were non-functional for long periods. List of such hamlets were given to concerned authorities at Block, District and State level for corrective action.

v) Newborn Care:

- 4.47 lakh rural newborns (around 90% of total estimated newborns) were visited by Mitans (designated 7 home visits) for counseling of families and identification of illnesses during 2017-18.
- 57515 sick newborn identified (around 12% of all newborn), out of which 25812 cases were treated by Mitans with Amoxicillin and 27207 severe cases referred by Mitans to health facilities for treatment.
- A special campaign was carried out on Kangaroo Mother Care during November-December 2017. 57369 families with newborns were trained by Mitans for

Kangaroo Mother Care. The emphasis this time was on actual demonstration rather than just giving advice.

vi) ARI in Children:

- 90841 Pneumonia cases (under-5 year age) identified by Mitanins during 2017-18. Out of which, 57295 cases treated by Mitanin with Amoxicillin and 29854 cases referred to health facilities for treatment.

vii) Counseling on Child Integrated Health, Nutrition and Care:

- Mitanin training this year focused on 6-9 month age group. NFHS-4 has reported negligible improvement since 2006 in timely initiation of complementary feeding. The training and a new flip-book were focused on addressing this gap.
- Around 45.32 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 2017-18.

viii) Maternal Health:

- 14.91 lakh pregnant women visited by Mitanin for counseling on rest, diet and ANC check-ups during 2017-18. Fixed day services for ANC are functional in majority of blocks and Mitanins escort a large number of women there.
- 3.10 lakh deliveries of rural women were accompanied by Mitanin for institutional delivery during 2017-18. Mitanins escort more than 85% of all rural institutional deliveries.
- 74613 women with UTI problem were treated by Mitanins and 21760 cases referred for further treatment.

ix) Family Planning: 31552 cases were facilitated by Mitanin for IUCD insertion.

x) Mitanin Drug Kit Follow up and Monitoring: SHRC is monitoring availability of drugs with Mitanins. The availability of anti-malarials and Amoxicillin has been adequate.

xi) Activities of Urban Mitanins: 3771 urban Mitanin covering slums of 19 cities – around 2 million population.

- Mitanins mobilized 80% of the expected no. of deliveries to institutions with 82% of them being in government facilities
- 91% of newborn received designated home visits and 13% of them referred by Mitanin to health facilities on detecting signs of sickness
- 1.56 lakh diarrhea cases given ORS by Mitanins
- In June and October 2017, a campaign was carried out with help of the Mitanins on Leprosy to refer suspected leprosy patients to hospitals based on symptoms. Under this campaign about 1326 suspected cases were identified by Mitanins. About 760 of those cases got tested in hospitals so-far and out of which 235 cases have got confirmed.
- National Review Meeting and Exposure Visit of State Nodal Officers of NUHM and Community Processes was hosted in Raipur

2. **Strengthening Community Participation**

xii) Revival of Street Theatre: Street theatre was promoted amongst Mitanins, Mitanin Trainers, VHSNCs and MAS. They have been trained to organize street play at village and Mohalla level on relevant issues. Street plays are used in forums like Public-dialogue, including on issues like rights of patients when they seek treatment from public or private hospitals.

During 2017-18, VHSNC conducted street plays on following issues-

- Violence against Women- 13793 VHSNCs organized street play on opposing violence against women.
- Malaria- 12374 VHSNCs organized street play on prevention and treatment of malaria.
- Diarrhea- 11735 VHSNCs organized street play on prevention of diarrhea.

xiii) Anti-tobacco community campaign: A campaign on sensitizing people on dangers of oral tobacco (Gutka, Gudakhu in particular), including its link with stroke was carried out. The focus was on a) schools b) women. The campaign used various platforms like VHSNC, cluster meetings, street theatre to initiate a dialogue.

xiv) VHSNC:

- About 18000 VHSNCs out of 19180 (94%) VHSNCs are regularly monitoring the village level services.
- During 2017-18, VHSNC identified 138810 people with disabilities. Only 40% of them have disability certificate. VHSNC further helping remaining people to get certificates and linkage with government services.
- VHSNCs are being guided to take on the spot action on the issues identified through monitoring register and discussions. Report shows, about 15712 VHSNCs had undertaken any on the spot action during 2017-18.

xv) Swasth Panchayat Yojana:

Continuous supportive supervision being provided to strengthen village health planning at Panchayat level. The 8th Swasth Panchayat survey was conducted and top scoring 3 Panchayats from each block were awarded in public functions like swasth Panchayat sammelans.

xvi) Swasth Panchayat Sammelans: Swasth Panchayat Sammelans successfully organized in 143 Blocks. Thousand of applications relating to government schemes raised before local officials to resolve the issues.

xvii) PRI members training on health: About 15561 Panchayat members from 142 blocks have been trained on health, sanitation and drinking water related topic.

xviii) Fulwari Creches: Mitanin programme and SHRC continues to play its role in capacity building and trouble-shooting for community run Fulwari centres. Apart from field level facilitation, SHRC has been involved in advocacy at state-level to overcome the severe challenges the programme has faced. Development of

Fulwari into child-friendly spaces was presented at Laurie Baker Centenary Celebrations Conference in Trivandrum.

xix) Community Based Monitoring:

- Analysis of community reported death report (draft) is submitted to deptt.
- Analysis of verbal autopsies of child death report is submitted to deptt.
- Analysis of verbal autopsies of maternal death report (draft) is prepared.
- Data was collected on out of pocket expenses by Mitanin. Draft report has been prepared.

xx) Mahila Arogya Samiti (MAS) in urban slums:

- During April-November 2017, under a campaign, Mahila Arogya Samitis identified 8746 people with disabilities. The most significant part of the campaign included efforts to help them obtain certificates of disability and helping them access entitlements under different government schemes.
- Street plays with women of Mahila Arogya Samitis were held on issues of Gender based violence and water-borne diseases. 2664 street plays have been held in 19 cities.
- Work done of Water Testing by MAS and Mitanins was included as a Best Practice by Ministry of Health and Family Welfare.

xxi) Mitanin Patient Help Desks in Hospitals: 188 existing help desks are functional in hospitals (CHC or above levels).

C. Training and Capacity Building:

xxii) Training of Rural Mitanins:

- SBCC (Social Behaviour Change Communication) training has been provided to 46 state trainers, 465 district trainers and 3139 Mitanin trainers.
- Annual training of 58656 Mitanins have been done by the end of March 2018. Training of rest will be completed in next quarter. 1413 new Mitanins were given Induction training.
- Using a Multiple choice question test, 7500 Mitanins were identified with weaknesses in technical knowledge. Additional one week training was given to 7030 of them by March 2018. Remaining will be covered in next quarter.

Urban Mitanin Training:

- 3695 Mitanins have been trained under 6th round training during the year.
- 3454 Mitanins have been trained under 7th round training during the year.

xxiii) Training of MAS (Mahila Arogya Samiti):

- There were two rounds of training for MAS during this year. Under first round 3145 MAS and in second round 2650 MAS have been sensitized on Gender and anti-tobacco issues.

xxiv) Mitanin Incentive payment:

- As per State new guideline, Mitanins are being paid Rs.1500 per month as interim payment which is settled by verifying actual claims in last quarter.
- Current pendency has been reduced from 7 months to 4 months.

xxv) Mitanin Career Development:

- 1470 Mitanins completed ANM training course out of which only 520 Mitanins have got job. There is need of Govt. policy to absorb remaining 950 Mitanins in Government jobs.
- 210 Mitanins from Bastar division are in GNM course. Half of them have completed and rest completing in next six months. For internship, arrangement has been made to allow them to do it in their district hospitals of home districts

xxvi) State Award to Mitanin Programme- During the month of November 2017, on the occasion of State foundation day, Mitanin programme was awarded with prestigious Pandit Ravi Shankar Shukla award for Outstanding contribution in 'Social, Economic and Educational fields'. Award was given by Honorable President of India.

xxvii) Statewide Adolescent Health and Menstrual Hygiene Awareness Campaign-

This programme was jointly organized by Health and Family Welfare, School Education and Women and Child Development Departments. The programme was coordinated by SHRC. Around 13 lakh school girls participated in the campaign.

xxviii) Mitanin Kalyan Kosh:

- Existing activities continued.

Main Activities	No. of Mitanins
Educational Incentive (for class class 8th Rs. 2000, for 10th Rs.5000, for 12 th , graduation, PG Rs. 10000)	2332
Higher Education (for Mitanin's children who secured 75% and above in class 10 th Rs. 25000 and for class 12th Rs. 50000)	1221
Maternity Support (Rs. 15000)	1287
Old Age Support (Rs. 20000 for Mitanins who completed 60 years of age and not enrolled in Swavalamban pension fund)	76
Medical Support	731
Support to Mitanin on Husband's Death	196

xxix) Training on Videography- With technical support of NGO called Digital Green, SHRC has built in-house capacity to produce good quality videos. Mitanin Trainers and Block Coordinators have learnt video-photography and SHRC staff have learnt editing. Three videos have been produced in-house.

xxx) Communication Activities: New issues of Mitanin newsletter were brought out, including in Gondi. A book on Gondi and Halbi songs was brought out.
