

Up-Gradation of CHC to IPHS

Rationale:	<p>Provisions of quality round the clock referral care at CHC level is an important strategic intervention under NRHM. Not only does the system require up gradation to handle higher patients load, but emphasis also needs to be given to quality aspects, to increase the level of patients satisfaction. In order ensure quality of services, the Indian Public Health Standards are being used for CHCs, so as to provide a yard stick to measure the services being provided.</p> <p>CHCs have already been identified for up gradation in the state & funds released. Districts have initiated activities with the assistance of agencies like District Rural Development Agencies, Integrated Tribal Development Agencies & others.</p> <p>However, the districts have not been able to make adequate progress in the renovation work though facility surveys have been completed in some of the districts. In order to develop a faster process of implementation within the specified time period, an alternative mechanism that can yield good result is to strengthen the State Level Engineering Cell and the DPMU.</p> <p>The micro plans for each institution would be prepared, by an engineer placed in the DPMU and empanelled architects engaged contractually. Implementation process would be undertaken either by ZSS or by the State Level Govt./public sector agencies.</p> <p>The upgraded State Level Engineering Cell at the Mission would monitor and scrutinize the plans and activities.</p>
Strategy:	<ul style="list-style-type: none">• Strategically it is proposed in 07-08 the civil construction activities for the 68 shall be undertaken, Further work in the other 163 CHCs shall also be initiated.• Assessment of needs of respective institution as regards infrastructure and other resources to provide efficient and effective health services, and filling up of gaps in phases so as to bring the Institutions to desired standards in terms of building/equipment/drugs & other accessories.• Creating a data base for regular validation and feed backs

	<p>from time to time.</p> <ul style="list-style-type: none"> • Opting for hired/contractual expert services where called for. • Engagement of paraprofessionals /support staff for functionalisation.
Broad Objectives:	<ul style="list-style-type: none"> • To provide optimal expert care to the community. • To achieve and maintain an acceptable standard quality care in terms of Assured Services. • To make the services more responsive and sensitive to the needs of the community.
Activities:	<ul style="list-style-type: none"> • Facility survey of CHCs in respect of infrastructure, manpower and equipments • Developing details plans for all the units FRUs along with construction agencies and initiating. • Engaging engineering personnel at state& district level as a part of SPMU & DPMU to estimate design and supervise the renovation /construction activity • Procurement of equipment and instrument • Establishing link with mother blood bank • Provision of referral transport(Ambulance) <ul style="list-style-type: none"> ○ Citizens charter to be displayed in the premises ○ Strengthening of laboratory facilities

Strengthening of District, Sub Divisional Hospitals

<p>Rationale:</p>	<p>In the current scenario, the existing patient load particularly at the District Head Quarter hospital is very high and the health institutions are under great pressure. The low doctor patient ratio, high rate of bed occupancy, and multi disease treatment provide little time and opportunity for efficient management of the hospital set-up by doctors. Besides, the existing personnel to manage services are primarily technical. The Chief District Medical Officer, Addl. Chief District Medical Officers perform dual functions of administration as well as clinical. This not only pressurizes individual but also reduces the quality of service and the client focus is also lost. Therefore, the need for a public health manager with an exclusive role to manage and support the hospital administration set-up is felt necessary. Placement of a person with training in health/hospital management shall lead to greater focus on optimum utilization of service & equipments, better manpower deployment, and systematic operational procedures.</p> <p>Further, the District Head Quarter Hospital and Sub divisional Hospitals also do not have requisite number of Staff Nurses. Ideally, there should be one Staff Nurse for 3 beds but this is not adhered to. Hence additional Staff Nurses at the rate of 7 each to DHH, and 3 each to SDH has been provided under the current plan. And one Accountant cum Data Entry Operator is also being provided to each of the SDH. This support shall also be continued this year. Further, Staff nurses shall also be provided to DHH, and SDH to enhance ratio of staff nurses to existing beds. Infrastructure support to the DHH & SDH is also proposed under the current plan.</p>
<p>Activities:</p>	<ul style="list-style-type: none"> ◆ Induction training of a hospital manager into the hospital set-up. ◆ Selection and induction of trained Paramedics especially Staff Nurses to all District Head Quarter Hospital & Sub Divisional

	<p>Hospital/Block PHC/PHC(N).</p> <ul style="list-style-type: none">◆ Infrastructure upgradation of District Head Quarter Hospital. And Sub Divisional Hospital is also proposed to be taken up this year.
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