

REPORT ON THE VISIT TO THE KANKER DISTRICT

Introduction:

On 20th December, 2010 I along with the state convener went to Kanker District where we visited the office of the Chief Medical and Health Officer (CMHO). The objective of the meeting was to hold a primary meeting with the DPM as well as the CMHO for the planning of the District Health Action Plan 2010-2011. This report tries to give an idea about the proceedings and main events of that day.

We visited the Community Health Centre at Charama, the Office of the Community Health Centre and the Komal Dev District Hospital, Kanker.

The meetings were held with the District Programme Manager NRHM, the Chief Medical and Health Officer, Kanker and the Dean of the Komal Dev District Hospital.

Visit to the Community Health Centre, Charama:

We visited the Community Health Centre at Charama to meet the Block Medical Officer, Dr. Uike. The BMO was not present. There we interacted with the nurse present at the ASHA Help Desk.

Visit to the Chief Medical and Health Office (CMHO), Kanker:

In the office of the CMHO, we visited the Integrated Disease Surveillance Project (IDSP) where we interacted with the data officer. We looked at the different formats of the reporting that the IDSP uses.

At District Programme Management Unit (DPMU), we waited for the DPM as he was attending the video Conferencing. As he arrived, we discussed about the deadlines for the submitting the District Health Action Plan at the State Level.

Along with the DPM, we visited the Chief Medical and Health Officer Dr. Pandey and interacted with him. The DPM introduced us to the CMHO and told about the purpose of the visit and the activity of the formulation of District Health Action Plan. He also talked about the support provided by the PHRN in the formulation of DHAP of the previous year.

The State Convener, PHRN told about the need to form a core group at the District Level for the preparation of the DHAP this year, too. The CMHO agreed to the proposal of forming the group and agreed to give all the cooperation.

In the District Programme Management Unit, the State Convener discussed about the different formats to be filled up. The state PIP format that has been forwarded to all the DPMs and other concerned. We discussed about the different data that will be needed to formulate the District Health Action Plan.

The state convener prepared the list of tables and their themes. These different tables needed to be filled up by the different concerned people such as the data officer, persons looking after the establishment, BCC-IEC programmes, different nodal officers. The DPM forwarded these tables to the concerned for

action on it. The District Data Officer also took part in the discussion and suggested on how we can go further in the process.

The District Programme Manager informed, the Nutrition Rehabilitation Centre (NRC) that was proposed in the previous DHAP has been established and activated in the District Hospital. This was appreciative step and also can be considered to be a success of the DHAP.

Visit to Nutrition Rehabilitation Centre, District Hospital, Kanker:

We along with the DPM went to the Nutrition Rehabilitation Centre (NRC) located at the second floor in the Komal Dev District Hospital. We saw that there were total 5 rooms and an entire corridor allotted for the NRC. There was the ward, Kitchen, a room for the food instructor, a store room and a room for recreation. The recreation room was not in use but it is allotted for the NRC and there are plans to activate it in future.

The Food Instructor said, the child referred to the NRC stays in the centre for 15 days or sometimes for more days. The child is fed by the Nutrimix (Special Diet for the Child) which is prepared in the kitchen. The method to prepare the Nutrimix was well written on the walls of the room. Till now, there are 16 children those have been discharged from the centre so far. There was no weighing machine for the children and that was surprising.

In the hospital, we interacted with the Civil Surgeon. The Civil Surgeon was sitting with the other doctor who is in charge of the NRC. The Civil Surgeon talked about the plans for the expansion and improvement of the hospital. The need for the weighing machine was conveyed to the in charge of the NRC to which he agreed to arrange for it.

Presently, the Nutrition Rehabilitation Centre is not been utilized to its full strength. This is because of the poor referral system at the village level. The in charge of the NRC expressed the problem of underreporting and non referral at the village level. There is need to raise awareness about the issue and importance of the NRC at the village level, so that it can be utilized to its fullest strength.

Reflections/Observations:

The objective of the visit was successful to an extent as we were able to initiate the systematic planning process for the District Health Action Plan. The District Programme Manager actively cooperated and started the process.

The DPMU and the CMHO office have been shifted to the Komal Dev District Hospital but it has been allotted adequate space for all its functions. It was a positive point to be noted.

The District Hospital has got ISO certification. It is clean and neat. The posters for IEC have been put up at appropriate places. The Nutrition Rehabilitation Centre has been allocated an entire corridor and has been given due importance to the issue of malnutrition.

There is need to strengthen the referral system at the grass root level, so that, it can be utilized to its full extent. There is need for proper training of the food instructor in the issues of malnutrition.



Children Admitted in NRC



Food Instructor Interacting



Ward in NRC