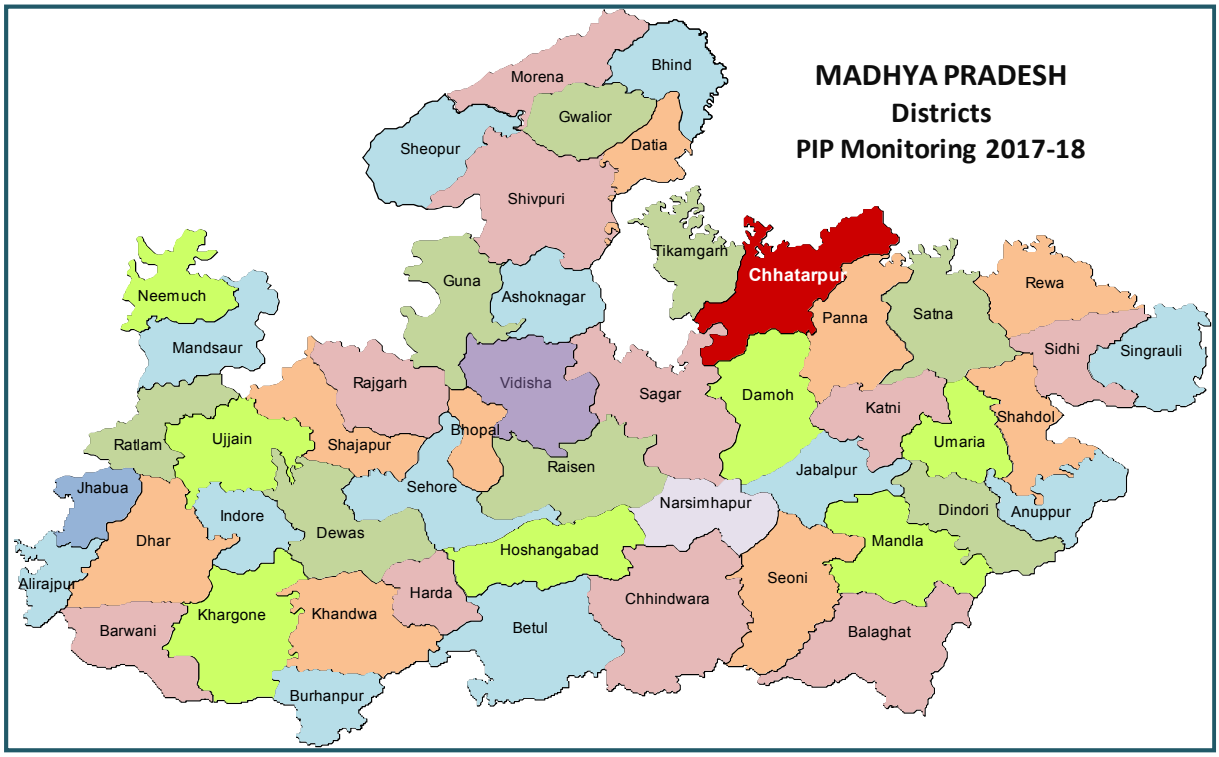
Quality Monitoring of Programme Implementation Plan 2017-18 in Madhya Pradesh

District: Chhatarpur



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March, 2018

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Executive Summary

The Ministry of Health and Family Welfare, Government of India, has involved its 18 Population Research Centres (PRC) for quality monitoring of Programme Implementation Plan (PIP) of NHM since 2012-13, in different states so as to cover monitoring of all the districts of India in a phased manner. During the year 2017-18, PRC Sagar is engaged in carrying out PIP monitoring in several districts of Madhya Pradesh and Chhattisgarh. In this context a field visit was made to Chhatarpur district in MP in second week of January, 2018. PRC team visited District Hospital (DH) Chhatarpur, Community Health Centre (CHC) Badamalehara, 24*7 Primary Health Centre (PHC) Rajnagar and SHC Bamhori, which are functioning as delivery points, to assess services being provided in these health facilities. This report provides a review of key population, socio-economic, health and service delivery indicators of the state and Chhatarpur District. Monitoring included critical areas like maternal and child health, immunization, family planning, adolescent health, AYUSH services, human resources, programme management, status of HMIS, MCTS & RCH portal data. The report provides insight based on information collected from the service providers and programme managers during the visits to different health facilities in the district. The reference point for examination of issues and status was for the period April-December 2017 for all selected facilities. Checklists for different health facilities were used to ascertain the availability of services. During monitoring, exit interviews of recently delivered women were carried out at DH Chhatarpur, CHC Badamalehara, 24*7 PHC Rajnagar and SHC Bamhori for delivery care, ANC received, child immunization and general health services, to ascertain their opinion about the quality of services received. Secondary information was collected from the state web portal and district HMIS data available at the Programme Management Unit in the district.

Salient Observations during facility visit

- Chhatarpur district provides health services through rural and urban health facilities both in rural and urban areas of Chhatarpur. In total 1 DH, 02 UPHCs, 10 CHCs, 36 PHCs and 257 SHCs are providing health services in Chhatarpur district.
- Total functional bed capacity reported in rural health facilities i.e. CHCs, PHCs and SHCs in Chhatarpur district is 380 which is less and insufficient according to the desired norm of 500 beds per 1 lakh population.
- Total functional bed capacity in different government health facilities in urban area i.e. DH, CH & UPHCs is 288 which is grossly insufficient to cater the urban population in the district.

- Trainings in EmOC, LSAS, BEmOC, SBA, MTP, NSV, NSSK, IUCD and PPIUCD, Mini-lap, BSU are being continuously provided for skill up gradation of different category of staff in the district.
- In DH Chhatarpur surgery, medicine, emergency, ophthalmology, ENT are available along with ancillary services of radiology, pathology etc. Facility of obstetrics and gynaecology, emergency and family planning services are done in separate MCH wing in the DH.
- Majority of the essential drugs are available in all the health facilities and there was computerized inventory management system in place only at DH among the visited health facilities.
- Roshni Clinic has been initiated in DH Chhatarpur to deal with the rising infertility issues. Doctors at DH Chhatarpur have been trained and are providing services to women in the age 15-49 years. Total 278 women have been examined in April-December 2017 and 10 (BPL) among them referred to higher facility at Bhopal. Most of the observed cases are related to infertility, severe anaemia, ANC, prolepses uterus, recurrent abortion etc.
- DH Chhatarpur and PHC Rajnagar have a separate AYUSH OPD room among the visited facilities. There are 31 AYUSH health facilities (under state AYUSH department) and 12 AYUSH dispensaries under NHM, functioning in the district.
- Among the visited CEmOC facilities only DH Chhatarpur has the full range of services, although there is no trauma centre and USG facility in the DH. CHC Badamalehara has a fully functional OT and blood storage unit, but due to non-availability of anaesthetist and specialist no operation is carried out.
- Night time deliveries are being conducted at all the visited delivery points, yet the capacity to provide services is somewhat lacking as per norms in some of the visited facilities.
- Line listing of severely anaemic pregnant woman with Hb level below 7 is being done and treatment of iron sucrose is being given to them in all the visited health facilities.
- JSSK services are being provided as per entitlement with very little pendency of payment of JSY incentives in all the visited health facilities.
- The referral transport service in the district is running through centralised call centre from state. Apart from this centralised '108' service, there are two ambulance at DH and one mortuary vehicle in the CHC among the visited health facility.
- Among all the visited health facilities, DH Chhatarpur has a full functional SNCU, while PHC Rajnagar and SHC Bamhori have a functional NBCC with phototherapy unit and radiant warmer. CHC Badamalehara doesn't have NBSU.
- There are 8 NRCs in Chhatarpur district with total 90 bed capacity. More NRCs must be established in the district; especially in remote areas to facilitate more SAM children with required services.

- In Chhatarpur district the RBSK programme is functional since April 2015. Twenty one MOs nine pharmacists and 13 ANMs have been deployed in Chhatarpur district and constant screening treatment and referral services are being provided. There are 14 RBSK teams in eight blocks.
- Chhatarpur district is presently providing full range of family planning services at the visited DH, CHC, PHC and all the other health facilities in the district.
- An integrated 'Swasthya Samwad Kendra' counselling service for adolescents with ICTC, FP, breastfeeding and nutrition services at a single point has been initiated in the DH Chhatarpur since 15th August, 2016.
- Disease control programme for malaria, RNTCP, TB and leprosy are functioning in all the visited health facilities with adequate staff.
- NCD clinic is being held at the DH and NCD services in all the CEmOC facilities are done through normal OPD with adequacy of medicines and drugs are available.
- Segregation of bio-medical waste is being done at DH Chhatarpur and all visited health facilities. Facilities have colour coded bins placed in OT, labour room and laboratory at all the visited facility. Outsourcing of waste management has been done and it is getting collected on alternate day at DH and CHC. There are availability of pit and burning facility for waste management in the visited PHC and SHC.
- General cleanliness, practices followed by health staffs, protocols, fumigation, disinfection, autoclave functioning are observed in all the visited health facilities. Very few functional toilets at DH and CHC are found very clean and usable. There was no attached toilet available at SHC with building. PHC Rajnagar has good clean toilet. The cleaning staffs at the health facilities are centralisely outsourced from state and they are providing services mainly at DH and CEmOC facilities. Non availability of sufficient cleaning at DH & CEmOC facilities and zero availability at BEmOC and SHCs are affecting the overall hygiene and cleanliness of the health facilities in the district.
- In Chhatarpur district presently 304 health facilities (1 DH, 10 CHCs, 36 PHCs and 257 SHCs) are reporting online for HMIS. Chhatarpur district has a regular Monitoring and Evaluation Officer to monitor HMIS and MCTS (now RCH portal).
- Tally soft ware has been implemented in visited DH, CHC and PHC in the district. Public Financial Monitoring System (PFMS) is in place for online payments of JSY incentives, ASHA incentives etc.
- Clinical establishment act has not been ratified by the state as per latest GOI norms. MP Nursing Home Act of 1973 in which all the clinical establishment are required to register is functional. There are 32 nursing homes and private clinics are registered with district health administration, but reporting of services are poor.

Key Conclusions and Recommendations

Strengths

- ✓ The buildings of all the visited health facilities are in good condition except DH. The new DH building is under construction. The physical appearance of the building as

well as premises of PHC Rajnagar is appealing which follow all the client friendly protocol as well.

- ✓ The introduction of Roshni Clinic services highlights attention towards infertility issues of women in the age group 15-49 years. Referral services through screening at MSS camps at the block level and provision for treatment at DH has been made, with a team of specialists providing services on weekly basis.
- ✓ Screening by RBSK teams at block level and in the periphery has provided important referral linkages for special treatment. DEIC services at the DH are presently running through OPD service for differently-able children and adolescents with development lag and disabilities.
- ✓ CMHO and CS Chhatarpur are actively using WhatsApp 'DH Chhatarpur', 'CMHO Chhatarpur' and some other district administration group for fast flow of information which is helpful in prompt decision making and action in all situations.
- ✓ Although budget allotment is untimely, efforts are made to pay the ASHA and JSY beneficiaries at earliest no pendency was observed.
- ✓ Segregation of bio-medical waste is being done at DH Chhatarpur and all visited health facilities. Facilities have colour coded bins placed in OT, labour room and in laboratory at all the visited facility. Outsourcing of waste management has been done and waste is getting collected on alternate day at DH and CHC. There are also availability of pit and burning facility for waste management in the visited health facilities.
- ✓ ANMOL, a newly implemented android app based reporting program for field ANM is launched in the district and field ANM are getting trained to use this app.
- ✓ Review of Kayakalp for year 2016-17 is completed, internal score of Kayakalp was 68 for DH, 62.5 for CHC and 83 for PHC Rajnagar, while for year 2017-18 four internal review teams in the district have been constituted and they are very minutely observing the resources and services available at the facility and scoring as per the prescribed norms.
- ✓ 'DASTAK' program has been launched in the district on 15th June 2017 along with whole state. This program is a joint initiative of WCD & HFW. Under this program 10 tests will be done to the children of 0-5 years to identify the problems related to mal nutrition, pneumonia, anaemia, by birth disabilities, breast feeding etc.
- ✓ 'Pradhanmantri Matritwa Suraksha Yojna' is running all over in the district and gynaecologists of private hospital; nursing homes are providing services to pregnant women on 9th of every month in the district.

Weaknesses

- ✓ There is paucity of staff quarters in the visited health facilities. PHC Rajnagar has two MO quarters and three quarters for other category, DH Chhatarpur has only four quarters for MOs and CHC Badamalehara has three MO quarters and six

quarters for SNs and other category. SHC Bamhori has one ANM quarter. The condition of most of the quarters is not good except at PHC Rajnagar.

- ✓ With the launch of NHM, the OPD and IPD demand has increased significantly, but the number of doctors and other clinical service providers did not increase in the same manner. There is severe shortage of manpower specifically of specialist doctors, LHVs, and pharmacists in the district affecting the quality of delivery of many healthcare services. All the CEmOC and BEmOC facilities have huge shortage of doctors and SNs, which is very much affecting the quality health services in the district. There is an urgent need of doctors, especially gynaecologists, surgeon and anaesthetists.

- ✓ Even with the provisions of appointing staff on contractual basis, the staff shortages have not been overcome. It was noted that all types of visited health facilities serve far more population compared to norms.

- ✓ Discontinuation of services of contractual staff and abolition of posts abruptly under NHM may have negative impact on different aspect of the programme. HR policy needs to clearly define about the specific goals of staff deployment and duration of staff requirement and retention.

- ✓ The financial input under NHM is gradually decreasing from the centre and the state due to financial constraints is downsizing many of the vital services and decreasing contractual staffs.

Recommendations/Action Points

Field visit observations and information gathered during interaction with the field staffs at visited health facilities by PRC team leads to point out some important action points, which needs to be address on priority basis. Following action points suggested to the district.

- ✓ Resolving staff paucity at all levels is essential for strengthening services owing to rising expectations of clients both in range of services and quality of care is essential.

- ✓ Acute shortage of doctors, specialist and support staff has directly affecting the services and enrichment of clients in the district. Adequacy of support staff is essential for smooth functioning of the health facility.

- ✓ In order to achieve complete and accurate data reporting, training at all levels is essential. For computer based data reporting system – computer, internet and data entry operators are also essential.

- ✓ Detailed data definition guide and source of data from where each data is to be captured under HMIS need to be provided to all the health facilities.

- ✓ Administrative decision by the state to curtail contractual staff will have an adverse effect on the health services. Staff curtailment in MP which is an EAG state with extremely weak infrastructure and limited human resource needs rethinking.

- ✓ HR and placement policy need to be clearly defined and implemented by the state.
- ✓ Supportive supervision by the state and district needs expansion at periphery level.
- ✓ Centralising basic services like security, cleanliness and transportation are hampering smooth service delivery in these area. The monitoring of these services must be done through CMHO, CS, BMO and MO I/c in the periphery.

Action Points for DH Chhatarpur

- ✓ The hospital administrator's (manager) post at DH should be restarted as it is hampering the smooth functioning of administrative work at district hospital.
- ✓ Ultrasound (sonography) service needs to be start urgently in the DH. Biochemistry analyser is available for more than one year, but it is not installed till now, need installation for some more pathological test facility at DH.
- ✓ Despite having CT scan machine at DH, the service is not being provided due to unavailability of radiologist. Posting of radiologist at DH is urgently needed.
- ✓ DH has three functional OT rooms and lots of surgical service is getting done. But some major issue related to electricity wiring and ceiling and other lights, which needs urgent replacement in the OTs.
- ✓ Many OT equipments like Multi-para Monitors, Ventilators, Defibrillator, Mox assembly, Long active muscle reluctant, Epidural set, Anaesthesia work station, different Forceps, Gloves, Apron, different surgical drugs and many more surgical things are urgently required. Demand for these things is pending for several months. Surgical support staffs is also very less as per the available surgeon and OT facility.
- ✓ As new DH building is almost ready for functioning, it is informed that all the required infrastructures for smooth functioning of new building should be available.
- ✓ The DH drug storage house is very improper and completely not as per the IPHS guideline. A proper dug house is needed.
- ✓ Only one main gate is at DH for Entry and Exit, which is also very small and traffic at main gate is jam most of the time.

Action Points for CHC Badamalehara

- ✓ CEmOC facilities of CHC Badamalehara need strengthening in terms of specialist doctors and logistics to be functional and perform as per CEmOC norms.
- ✓ Newly established BSU is functioning but due to non availability of gynaecologist, surgeon and anaesthetist no caesarean delivery or other surgery done at CHC. These post needs to be filled urgently.
- ✓ NBSU facility needs to be restarted at CHC urgently, with complete infrastructure and human resources.

- ✓ Attached toilet in the labour room and a separate wash room for staff of maternity wing required at CHC.
- ✓ Generator of the CHC needs immediate repairing for smooth electricity supply at the facility.
- ✓ NRC bed is medical ward bed, which is very high and also doesn't have mosquito net. So NRC prescribed bed with inbuilt mosquito net facility needs to be replaced with these old beds.
- ✓ NRC building entrance needs to be changed from other side, due to having a medical ward toilet in front of the entrance, which may affect the health and hygiene condition of the SAM children.
- ✓ Two staff quarters of the CHC is allotted to court staff, which needs to be vacated from them and allot to the facility doctors.

Action Points for PHC Rajnagar

- ✓ As per the delivery load at the facility, one delivery table is insufficient, so more delivery table urgently needed.
- ✓ The PHC is more than 100 years old (Estd. 1906) and is functioning as a good facility, so upgradation of the facility may lead more usable to the people of these area. The new under constructed building needs immediate completion, which will help in smooth functioning of the facility.
- ✓ Staffs quarter is very less and whatever is available, that also is not in good condition. More construction of MOs and other category staff quarter is needed.
- ✓ Security staff is urgently needed. More cleanliness staff is needed too.

Action Points for SHC Bamhori

- ✓ This is the only SHC in the district providing delivery services at centre. But there is no water supply facility. Underground boring facility is urgently needed at SHC.
- ✓ There is only one ANM posted at this only delivery point SHC of the district, so at least one more ANM urgently needed.
- ✓ No attached toilet available with labour room. Some alteration in SHC building with construction of toilet is needed.
- ✓ The battery of the solar electricity system needs to be replaced immediately for smooth supply of electricity at the facility.
- ✓ Construction of boundary wall at SHC is needed to get rid of the illegal encroachment at the centre.

Quality Monitoring of PIP 2017-18 in Madhya Pradesh (District Chhatarpur)

1. Introduction

The Ministry of Health and Family Welfare, Government of India, has involved its 18 Population Research Centres (PRC) for quality monitoring of Programme Implementation Plan (PIP) of NHM since 2012-13, in different states so as to cover monitoring of all the districts of India in a phased manner. During the year 2017-18, PRC Sagar is engaged in carrying out PIP monitoring in several districts of Madhya Pradesh and Chhattisgarh. In this context a field visit was made to Chhatarpur district in MP in second week of January, 2018. PRC team visited District Hospital (DH) Chhatarpur, Community Health Centre (CHC) Badamalehara, 24*7 Primary Health Centre (PHC) Rajnagar and SHC Bamhori, which are functioning as delivery points, to assess services being provided in these health facilities. This report provides a review of key population, socio-economic, health and service delivery indicators of the state and Chhatarpur District. Monitoring included critical areas like maternal and child health, immunization, family planning, adolescent health, AYUSH services, human resources, programme management, status of HMIS, MCTS & RCH portal data. The report provides insight based on information collected from the service providers and programme managers during the visits to different health facilities in the district. The reference point for examination of issues and status was for the period April-December 2017 for all selected facilities. Checklists for different health facilities were used to ascertain the availability of services. During monitoring, exit interviews of recently delivered women were carried out at DH Chhatarpur, CHC Badamalehara, 24*7 PHC Rajnagar and SHC Bamhori for delivery care, ANC received, child immunization and general health services, to ascertain their opinion about the quality of services received. Secondary information was collected from the state web portal and district HMIS data available at the Programme Management Unit in the district.

2. State and District Profile

Madhya Pradesh located in central India has 51 districts and 342 blocks with a total population of 7.2 crores (Census, 2011). Chhatarpur district is one of the 51 districts of Madhya Pradesh state in central India. Chhatarpur District is bounded

by Uttar Pradesh state to the north, and the Madhya Pradesh districts of Panna to the east, Damoh to the south, Sagar to the southwest and Tikamgarh to the west. Chhatarpur District is part of Sagar Division. The district occupies an area of 8687 km². According to the 2011 census Chhatarpur District has a population of 1,762,857. The district has a population density of 203 inhabitants per square kilometre lower than the state density of 236. Chhatarpur District is divided into 7 Tehsils, 8 blocks, and 1187 Villages.

Key Socio-Demographic Indicators

Sr.	Indicator	MP		Chhatarpur	
		2001	2011	2001	2011
1	No. of Districts	45	50	-	-
2	No. of Blocks	333	342	8	8
3	No. of Villages	55393	54903	1188	1187
4	No. of Towns	394	476	15	15
5	Population (Million)	60.34	72.63	1.5	1.8
6	Decadal Growth Rate	24.3	20.3	27.3	19.5
7	Population Density (per ($Km^{2)}$	196	236	170	203
8	Literacy Rate (%)	63.7	70.6	53.3	64.9
9	Female Literacy Rate (%)	50.3	60.6	39.3	54.3
10	Sex Ratio	919	930	869	884
11	Sex Ratio (0-6 Age)	932	918	917	894
12	Urbanization (%)	26.5	27.6	22.0	22.6
13	Percentage of SC (%)	15.2	15.6	23.3	23.0
14	Percentage of ST (%)	20.3	21.1	3.5	4.2
Source: Census of India 2001, 2011 various publications, RGI.					

The male-female sex ratio of Chhatarpur is 884 females per thousand males much lower in comparison to 930 of M.P. as a whole. The sex ratios for 0-6 years of age group in Chhatarpur district has decreased from 917 in 2001 to 894 in 2011 and also lower than the average sex ratio of M.P. The decadal growth rate of Chhatarpur has decreased from 27.3 percent to 19.5 percent during 2001-2011. Female literacy rate has increased by 15 percentage points in Chhatarpur district from 39.3 percent in 2001 to 54.3 percent in 2011 which is higher than the state average.

Sr.	Indicator	MP	Chhatarpur
1.	Infant Mortality Rate (per 1000 live birth)		
	2010-11	67	72
	2011-12	65	68
	2012-13	62	63
2.	Neonatal Mortality Rate(Per 1000 live birth)		
	2010-11	44	51
	2011-12	43	49

	2012-13	42	46
3.	Post Neonatal Mortality Rate(per 1000 live birth)		
	2010-11	22	21
	2011-12	21	19
	2012-13	21	17
4.	Maternal Mortality Ratio (per 100,000 live birth)		
	2010-11	310	397
	2011-12	277	386
	2012-13	227	322
5.	Sex Ratio at Birth		
	2010-11	904	885
	2011-12	904	892
	2012-13	905	899
6.	Postnatal Care received within 48 Hrs. after delivery		
	2010-11	74.2	72.1
	2011-12	77.8	72.8
	2012-13	80.5	75.1
7.	Fully Immunized Children age 12-23 months (%)		
	2010-11	54.9	40.1
	2011-12	59.7	38.5
	2012-13	66.4	43.5
8.	Unmet Need for Family Planning (%)		
	2010-11	22.4	29.4
	2011-12	21.6	32.1
	2012-13	21.6	28.1
Source: Sr. 1 to 8 (AHS Reports 2012-13)			

The latest round of AHS 2012-13, for M.P. reveals that Chhatarpur district has IMR rates higher than that of M.P. as a whole (M.P. 62; Chhatarpur 63). Maternal mortality ratio is very much higher than state (M.P. 227; Chhatarpur 322) per one lakh live births for Chhatarpur administrative division. Service delivery data indicates 28.1 percent unmet needs for family planning and only 43.5 percent fully immunized children.

Temporal Variation in some service delivery indicators for **Chhatarpur** district

Sr.	**Indicators**	**MP**		**Chhatarpur**	
		HMIS/AHS Census	**NFHS-4**	**HMIS/AHS Census**	**NFHS-4**
1	Sex Ratio	930[#]	948	884[#]	919
2	Sex Ratio at Birth	905[$]	927	894	827
3	Female Literacy Rate (%)	60.6[#]	59.4	54.3[#]	52.0
4	Infant Mortality Rate (per 1000 live	62[$]	51	63[$]	-

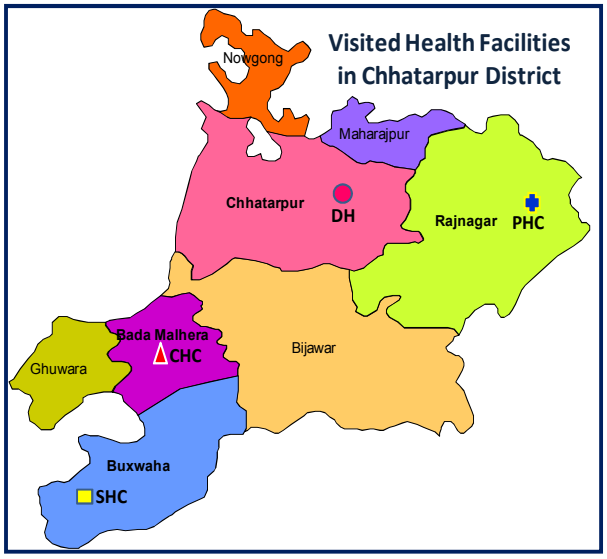
	births)				
5	Unmet Need for Family Planning (%)	21.6[$]	12.1	28.1[$]	12.9
6	Postnatal Care received within 48 Hrs. after delivery	80.5[$]	55.0	75.1[$]	50.1
7	Fully Immunized Children age 12-23 months (%)	81.0*	53.6	43.5[$]	41.1
8	1st Trimester ANC Registration (%)	62.43*	53.1	-	36.3
9	Reported Institutional Deliveries (%)	90.63*	80.8	-	81.4
10	SBA Home Deliveries (%)	15.48*	2.3	-	2.2
Source: * HMIS 2017-18 up to May'2017, [#]Census 2011, [$]AHS 2012-13					

Based on composite index of performance on pregnancy care, child birth, postnatal, maternal, new born care, and reproductive age group obtained from HMIS data for 2016-17 district Chhatarpur with an overall index of 0.3588 ranks 39th among 51 districts in the state level ranking and 406 among 676 districts (as of June, 2016) in India.

3. Health Infrastructure in Chhatarpur District

Chhatarpur district provides health services in both rural and urban areas through rural and urban health facilities. District is providing health services in urban areas through District Hospital and two urban PHCs. In rural areas 10 CHCs, 36 PHCs and 257 SHCs are providing health services. DH Chhatarpur, 10 CHCs, 36 PHCs and 183 SHC are functioning from government buildings.

Existing Health Facilities and Health Facilities Visited		
Health Facility	**Number**	**Health Facility Visited**
District Hospital	01	DH Chhatarpur
Community Health Centres	10	CHC Badamalehara
Primary Health Centres	36	PHC Rajnagar (24*7)
Sub Health Centres	257	SHC Bamhori (delivery point)
AYUSH	31+12	



Besides this, there are 31 AYUSH health facilities (under state AYUSH department) and 12 AYUSH dispensaries under NHM, functioning in the district. DH Chhatarpur is sanctioned as a 300 bedded hospital and presently it is functional as 300 bedded in different parts as new building is under construction, and all the two L3 CHCs are

30 bedded. Nineteen L2 facilities with 8CHCs and 11 PHCs are ten bedded. There are twelve L1 facilities, 11 PHCs and one SHC (the visited SHC, Bamhori) functional as level 1 delivery points having total 64 functional beds. In total 634 beds are available in the district with a population of 1.76 million, which are insufficient for the government health facilities, according to the required norm of 500 beds per 1 lakh population.

4. Status of Visited Health Facilities:

- DH Chhatarpur is easily accessible from the main road. DH Chhatarpur caters to around 17 lakhs population of Chhatarpur and nearby districts of Panna, Damoh and Tikamgarh. CHC Badamalehara caters to around 2.25 lakhs population. PHC Rajnagar caters around 2,68,000 populations in the periphery and SHC Bamhori caters to about 8,000 populations.
- Staffs quarter is a serious concern in the district; DH Chhatarpur has only 04 MO quarters, CHC Badamalehara has three MO quarters and six quarters for other category while PHC Rajnagar has two quarters for MO and three quarters for other category. SHC Bamhori has one ANM quarter. The condition of most of these quarters is not good especially at DH.
- DH Chhatarpur has a bed capacity of 300 beds; a new building is also under construction. CHC Badamalehara has 30 beds, PHC Rajnagar six and SHC Bamhori has four beds for in patients.
- All the visited health facilities have power back up in the form of generator or inverter except SHC Bamhori. SHC Bamhori has solar energy setup but battery needs to be replaced for functioning of the system. Water supply is available with overhead tanks in all the visited facility except SHC, where ANM has to arrange water from very far from some people and she pay for it from her pocket.
- All the visited health facilities have clean and functional labour room with no attached clean toilets. Only PHC Rajnagar has attached functional toilet with labour room.
- Facilities for bio-medical waste segregation were observed in all the health facilities. The BMW service is out sourced in the district. Collection of waste by Indo Water Management & Pollution Control Corporation, Satna is done on alternate day basis

at DH and CHC. Disposal of hospital waste in PHC Rajnagar and SHC Bamhori is being done in closed pits.

- Functional help desk was seen in only at DH Chhatarpur and PHC Rajnagar.

5. Human Resources

- Madhya Pradesh is facing an acute shortage of human resources for health care services. In rural areas, majority of health institutions are functioning without necessary staffs. Even contractual staffs post are vacant in all the facilities.
- Madhya Pradesh as a whole has 0.46 specialist (less than one) per one lakh population in rural areas. The doctor population ratio posted in the CHCs of MP is 1.65 doctors per one lakh rural population (RHS, 2015-16).
- Majority CHCs have low index value for human resources particularly for doctors and paramedical staffs (PRC Sagar, 2016). Out of 335 CHCs, majority (313 CHCs) have less than 50 percent of required doctors / specialists and paramedical staff compared to the required strength (RHS, 2015-16).
- In Madhya Pradesh as per RHS 2015, there is requirement of 1336 specialist's doctors at CHCs, while there are 897 sanctioned posts. Out of the sanctioned posts only 29 percent (263) are posted at CHCs. Among these 263 specialists, 21 are surgeons, 18 are obstetricians & gynaecologists, 37 are physicians and 52 percent are paediatricians. As per RHS, March 2015, 60 percent medical officers are posted at the PHCs.

Status of Human Resource in Visited Health Facilities

- DH Chhatarpur has two gynaecologists, three medicine specialist, three surgeon, one ENT specialist, one ophthalmologist, two anaesthetists and six paediatricians posted against the sanctioned 21 specialists post.
- In Chhatarpur district less than half (42%) specialists and two-third of the MOs are in position against the sanctioned posts. There is paucity of lady MOs in the district. Caseload is high on DH Chhatarpur and CHC Badamalehara.
- In DH Chhatarpur 23 specialists are working against the 35 sanctioned posts, 27 MOs are in position against 24 posts. Among the sanctioned post of four gynaecologists and seven paediatricians two gynaecologists and six paediatricians are posted.

- In the DH there are 93 SNs working against the sanctioned post of 160. Fifteen ANM are working against its sanctioned post at DH.
- In the DH, eight out of 12 lab technicians, two out of two ophthalmic assistant are working against their sanctioned posts. There are no radiologists and radiographers are posted at DH against its sanctioned post. The x-ray and ECG services are running through three technicians at DH. There are four accountants against four posts and no computer operator against four (Contractual) posts. In the category III, out of 234 sanctioned posts 135 are filled up.
- In the DH, services of Hospital Manager, ARSH Counsellor, Breastfeeding Counsellor, Family planning Counsellors have been discontinued after March 2016.
- Now for counselling purposes an integrated 'Swasthya Samwad Kendra' has been established in the district, where three persons are posted and providing counselling on FP, adolescent health and ICTC.
- District Early Intervention Centre (DEIC) with separate setup in DH campus is fully functional and four posts namely, physiotherapist, audiologist, optometrist, and psychologist are providing their services in the district.
- In CHC Badamalehara, all the specialist posts are vacant against its six sanctioned post. There are seven MOs, two staff nurses, two pharmacists, two compounders, one ophthalmic assistant, two LTs and 24 ANMs are providing services at the facility.
- At PHC Rajnagar, there are four MOs (includes one BMO) against four sanctioned post. Other than MO, there are one LT, one SN, one ANM, one radiographer and one accountant posted at PHC.
- At SHC Bamhori, there are only one ANM, providing all the clinical services at the delivery point.
- In the DPMU section, DPM, M&E officer, DAM, RBSK coordinator and DCM one each are posted but out of the eight blocks there is only four BPM and six BCM are working in these blocks.

Training Status/Skills and Capacity Building

- NHM focuses on capacity building and skill upgradation of the existing staff, for which there are provisions for trainings at all levels. Under NHM, several training

programmes are organized for medical and paramedical staff at district and state level.

- Trainings in EmOC, LSAS, BEmOC, SBA, MTP, NSV, NSSK, IUCD and PPIUCD, Mini-lap, BSU are being continuously provided for skill up gradation of different category of staff in the district.
- Among the visited facilities, i.e. DH Chhatarpur, CHC Badamalehara and PHC Rajnagar only CHC has one EmOC trained MO. Six BEmOC trained staffs are at PHC and one at CHC. Among the visited facilities, only one LSAS trained MO is at CHC.
- SBA training is taking place at the district level and SBA trained MOs, SNs and ANMs are available in different visited health facilities. MTP and NSV trained doctors are available in all the visited BEmOC health facilities.
- IUCD, PPIUCD and NSSK trainings have been received by LMOs, SNs and ANMs at all the visited facilities. Cold chain trained ANMs, SNs and MPWs are available in the visited health facilities to maintain cold chain services.

6. Other Health Systems Input

- In DH Chhatarpur surgery, medicine, obstetrics & gynaecology, emergency, ophthalmology, ENT and family planning services are available along with ancillary services of blood bank, radiology and pathology.
- ICTC and RTI/STI services including counselling are being provided in the DH. Trauma care centre is not available at DH Chhatarpur. There is fully functional Blood Bank at DH Chhatarpur and Blood Storage Unit at CHC Badamalehara.
- Most of the diagnostic tests are available in the DH except for CT scan and endoscopy. USG facility is not available at any of the visited health facility.
- Most of the essential equipments are available at the health facilities along with functional foetal Doppler/CTG and mobile light at the DH and MVA/EVA equipment at CHC. SHC Bamhori has one big room which includes labour room along with NBCC corner with one radiant warmer, weighing scale (Baby and Adult), emergency tray with medicine and injections.
- Functional ventilators, surgical diathermies and c-arm units are available in DH; laparoscopes are available only in DH Chhatarpur. OT lights and anaesthesia machines are only available at DH. Majority of the essential drugs are available in all

the visited health facilities and there is a computerized inventory management system in the DH, CHC and PHC.

Roshni Initiative for Infertility Treatment

- 'Roshni Clinics' spread across 51 districts of MP, is an initiative towards the rising infertility issues and high cost treatment. Doctors at DH Chhatarpur, who have been trained in private infertility clinics, are providing services to women in the age 15-49 years.
- In DH Chhatarpur 278 cases of infertility, gynaecological, abortion, severe anaemia, high BP have been treated, after screening and referral at the block level during Mahila Swasthya Shivir (MSS) between April-December 2017. A team consisting of specialists in medicine, surgery, pathology and radiology provide services in the Roshni clinic. Among 278 women 10 women (BPL) have been referred to higher facility at Bhopal.
- Treatment of diabetes, hypertension, high risk pregnancy, cervical cancer, thyroid, breast carcinoma treatment is provided and referral linkages persist between the district and hospitals identified by the state in Bhopal and Indore.

AYUSH Services

- There are 31 AYUSH dispensaries in the district (Ayurvedic: 30; Homeopathy: 1) running through state AYUSH department. There are 12 AYUSH dispensaries running under NHM in the district.
- OPDs of AYUSH are integrated with DH & PHC OPDs. The AYUSH doctors report to facility HMIS as well as to their parent department office, District AYUSH Officer (DAO).
- In all the visited health facilities AYUSH services are only available at DH & PHC. AYUSH medical officer is not a member of RKS at any of the visited health institutions. There is lack of AYUSH medicines at visited health facility. At PHC Rajnagar, there were no plastic boxes for homeopathic medicines.

7. Maternal Health (ANC, Delivery and PNC Care)

- Chhatarpur district has three functional L3 facilities (DH Chhatarpur & 2 CHCs), nineteen L2 facilities (8 CHCs, 11 PHCs) and Twelve L1 facilities (11 PHCs & SHC Bamhori) providing maternal health services in the district.

- All designated delivery points are not fully functional as per IPHS, either due to lack of manpower, diagnostic facilities or specialists and infrastructure. None of the visited facilities provides USG test to clients including DH.
- DH Chhatarpur has reported 6602 deliveries among which 269 were between 8 pm to 8 am caesarean deliveries. In CHC Badamalehara out of 1604 deliveries, 668 have been done at night (8pm-8am). In PHC Rajnagar out of 1460 deliveries, 746 took place between 8 pm to 8 am and in SHC Bamhori out of 271 deliveries 105 have been done at night (8pm-8am) in April-December 2017.
- SHC Bamhori presently does not have electricity backup due to non functional battery connected to solar panel.
- Line listing of severely anaemic pregnant woman with haemoglobin below 7 (Hb<7) is being done and treatment of iron sucrose is being given at all the health facilities. DH Chhatarpur, CHC Badamalehara and SHC Bamhori have a separate register for anaemic women. DH Chhatarpur, CHC Badamalehara and PHC Rajnagar are maintaining separate data of pregnant women with anaemia.
- Among the visited CEmOC facilities DH Chhatarpur has the full range of services given in the below table.

Maternal Health Services Available in visited CEmOC Facilities in Chhatarpur District of MP

Available Maternal and Child Health Services	DH Chhatarpur	CHC Badamalehara
Provision of 24*7 service delivery for CS and other Emergency Obstetric Care at the Facility	Yes	No
Provision of 1st and 2nd trimester Abortion Services available at the Facility	Yes	Yes*
Provision for Conduct of Facility based MDR at the Facility	Yes	Yes
Provision of Essential Newborn Care Facility based care for Sick Newborns at the Facility	Yes	Yes
Provision of Family Planning	Yes	Yes
Provision of RTI/STI Services at the Facility	Yes	Yes
Having functional BSU/BB at the Facility	Yes	Yes
* Provision of 1st trimester abortion services		

- All mothers in post natal ward reported about initiation of breastfeeding within one hour of delivery in the visited health facilities (37.9 percent, NFHS-4).

7.1 Maternal Death Review

- All the visited health facilities are maintaining maternal death registers and line listing of maternal deaths.
- Ten maternal deaths were reported in the DH Chhatarpur and one at CHC Badamalehara during April-December 2017. The reasons for maternal deaths were PPH, severe anaemia, obstructed labour and eclampsia. No maternal death reported at PHC Rajnagar and SHC Bamhori during this period.

7.2 Janani Shishu Suraksha Karyakram (JSSK)

- JSSK is implemented at all levels of health facility and free entitlements are provided.
- Display of all JSSK benefits components were observed in the DH and CHC but not at PHC Rajnagar and SHC Bamhori.
- Beneficiaries in the exit interviews have reported to have received free JSSK services including free drugs and consumables, free diet, free diagnostics etc. in all the health facilities.
- Fifteen beneficiaries interviewed through exit and house hold questionnaire in the visited facilities and they had reported about service availability at the facilities i.e. free meals and diagnostics.
- It was observed that all the visited health facilities have free dietary service under JSSK except at SHC, Bamhori and all the women utilise the delivery care at these facilities, stay for minimum 48 hours as per norms except SHC Bamhori, where some mother go home before 48 hours.

7.3 Janani Suraksha Yojana(JSY)

- JSY is implemented and payments are made as per eligibility criteria, since the payment done through PFMS no physical verification of beneficiaries' upto 5% is done by district authorities.
- Among the total registered JSY beneficiary of 6591 from 1st April to 22nd December 2017, 5092 beneficiaries had received the JSY benefits in Chhatarpur district.
- No proper grievance redressal mechanism for JSY has been initiated in the visited health facilities, but beneficiaries may visit to the facility office if money not

transferred within a month after depositing all the required documents in Chhatarpur district.

- When asked the officials about late credit of JSY benefits to the beneficiaries account, they told that mostly it is happening due to non deposit of correct documents and bank details of the beneficiaries at the concerned centre. Sometimes it might due to non availability of the fund from the state.

8. Child Health

8.1 Special Newborn Care Unit

- In every district SNCU has been established in Madhya Pradesh. These SNCUs are established with an objective to reduce neo-natal mortality from preventable causes.
- In 1296 delivery points in M.P., NBCC have been made functional to prevent infection, to regulate the body temperature of neonates and resuscitation.
- DH Chhatarpur has a 20 bedded SNCU, with necessary equipments and availability of four trained MOs and 14 staff nurses. During April-December, there were 1971 admissions (In-born: 810; Out-born: 1161) in the SNCU and 246 neonates died during April-December 2017.
- There is no any NBSU among the visited health facilities.

8.2 Nutrition Rehabilitation Centre (NRC)

- M.P. has 10.8 million children of 0-6 years (Census, 2011) out of which an estimated 1.3 million children are Severe Acute Malnourished (SAM) as per the SAM rate of the state.
- There are eight NRCs in Chhatarpur district one 20 bedded NRC in the DH and 10 bedded NRCs in seven other facilities. Thus there are 90 beds for SAM children in the district.
- A daily diet comprising of three meals is provided to mothers of SAM children.
- The NRCs at DH Chhatarpur, CHC Badamalehara and PHC Rajnagar are found fully functional with trained staff and all necessary equipments available. In DH 337 and CHC Badamalehara 173 SAM children were admitted to NRCs during April-December

2017. Average length of stay in NRCs is around 14 days at DH, CHC and PHC respectively.

8.3 Immunization

- Government of India has selected 201 districts of the country for Mission Indradhanush including 15 top priority districts of MP. The first programme was launched in April 2015 to save lives of children through vaccination in these districts which have 50 to 55 percent complete immunization.
- Under this mission, children upto two years of age and pregnant women are vaccinated against deadly diseases. The campaign in four phases of one week each in the months of April, May, June and July, is undertaken on State level especially in the fifteen districts.
- CHC Badamalehara and PHC Rajnagar are focal points for immunization. Micro plans have been prepared for different blocks by DIO for the year 2017-18.
- Alternate vaccine delivery system is in place in the district. MPWs and LHVs have been trained in cold chain handling in the district. The birth dose of immunisation is being ensured for all newborns delivered before getting discharged at DH, CHC, PHC and SHC.
- Immunisation services are available in DH Chhatarpur and CHC Badamalehara on daily basis and on fixed days in the periphery.
- VHND sessions are being held on regular basis for immunization of pregnant women and children. PHC Rajnagar reported that immunization services are provided by field ANM in periphery and on fixed days at PHC.

8.4 Rashtriya Baal Surkasha Karyakram(RBSK)

- RBSK has been launched by the state from 2nd October, 2013. In Chhatarpur district the RBSK programme is functional since April 2015. Twenty one MOs nine pharmacists and 13 ANMs have been deployed in Chhatarpur district and constant screening treatment and referral services are being provided.
- There are fourteen RBSK teams in eight blocks. Ideally two teams in each block are formed but due to unavailability of doctors and support staffs, some blocks have only one RBSK team functional. Each team comprises of two AYUSH doctors, one

pharmacist cum data entry operator and one ANM. As per the available data from CHC Badamalehara and PHC Rajnagar 28089 & 35198 children were screened respectively.

- RBSK doctors are part of the mobile health team to identify children with problems from all schools & AWCs for referrals. For effective monitoring of RBSK program the state has launched separate web-based reporting facility.

9. Family Planning

- Access to family planning helps in protection from unwanted pregnancies, along with decrease in infant and child mortality.
- Chhatarpur district is presently providing full range of family planning services for spacing as well as limiting methods at all the visited health facilities in the district.
- LTT camps are organized at visited CHC and PHC on fixed days basis on weekly and fortnightly respectively. DH is the only health facility where FP operations are also done on regular basis.
- Supply of modern family planning methods, i.e. OP, condom, copper T etc. are regular in the district and none of the visited health facilities informed about any scarcity. PHC Rajnagar reported that most of the condoms and Oral pills are provided by ANMs in the field.
- During April-December' 2017, 185 family planning operations and one NSV have been performed at DH, 714 family planning and two NSV at CHC and 251 family planning and two NSV at PHC. At CHC & PHC these services are done on fixed day by surgeon from DH. During this period 930, 451, 45 and 32 women were provided PPIUCD services at the DH, CHC, PHC and SHC respectively. Insertion of IUCD to the women during April-December, 2017 is 144, 31, 542 and 51 at the DH, CHC, PHC and SHC respectively.
- During interaction it was found that most of the women in PNC wards were counselled for PPIUCD by doctor or SNs. In spite of counselling, women have some fear in acceptance of PPIUCD.

10. Adolescent Reproductive and Sexual Health (ARSH Services)

- Adolescent health services are an important dimension of overall umbrella of health care services. Adolescent health is covered under two health programmes – ARSH and RKSK. The two programmes supplement each other - ARSH caters to the reproductive and sexual health needs of adolescents and RKSK focuses on overall health of adolescents.
- It is observed that ARSH service has been merged & restructured and integrated with 'Swasthya Samwad Kendra (SSK)'. The SSK has been established in DH Chhatarpur and counselling service for adolescents, ICTC, FP, breast feeding, nutrition under one roof has been initiated. There are two counsellors appointed for providing counselling services.
- In DH 6892 person received SSK services in April-December 2017. RKSK has been launched in the state in 11 districts on pilot basis in Jhabua, Barwani, Alirajpur, Mandla, Dindori, Umaria, Shadol, Panna, Satna, Chhatarpur and Singrauli. Under RKSK, ASHAs has been trained to provide counselling to adolescents. The RKSK services will be provided in special Adolescent Friendly Health Clinic (AFC) at every VHND on a designated day. RKSK centre is running in the DH Chhatarpur.

11. Quality in Health Services

- General cleanliness, practices followed by health staffs, protocols, fumigation, disinfection, autoclave functioning are observed in all the visited health facilities. Very few functional toilets at DH and CHC are found very clean and usable. There was no attached toilet available at SHC with building. PHC Rajnagar has good clean toilet. The cleaning staffs at the health facilities are centralisely outsourced from state and they are providing services mainly at DH and CEmOC facilities. Non availability of sufficient cleaning at DH & CEmOC facilities and zero availability at BEmOC and SHCs are affecting the overall hygiene and cleanliness of the health facilities in the district. The buildings of all the visited health facilities are in good condition. DH is running in old scattered building and new DH building is under construction and may be handed over in June 2018.
- It also has well equipped labour room, minor OT, clean in-patient ward and kitchen. IEC about health care and available services is done at all the facilities. All the visited

health facilities have required prioritising the protocol posters and messages in the labour room, OT and in wards.

- There is adequate space for medical staff and adequate waiting space for patients in all the visited health facilities except SHC Bamhori.
- It was observed that all the cleanliness, procedural and service related protocols and charts are displayed at proper places in DH Chhatarpur, CHC Badamalehara and PHC Rajnagar with adequate protocol posters in labour rooms and observed that all protocols are being followed properly. Fumigation in the DH maternity OT and general OT is done on weekly basis.
- Kayakalp workshop was going on in Chhatarpur. Several initiatives have been taken by the health facilities under Kayakalp, like providing ROs for safe drinking water in the health facilities.
- Review of Kayakalp for year 2016-17 is completed, internal score of Kayakalp was 68 for DH, 62.5 for CHC and 83 for PHC Rajnagar, while for year 2017-18 four internal review teams in the district have been constituted and they are very minutely observing the resources and services available at the facility and scoring as per the prescribed norms.

Biomedical Waste Management

- Segregation of bio-medical waste is being done at DH Chhatarpur, CHC Badamalehara, PHC Rajnagar and SHC Bamhori. Facilities have colour coded bins placed in OT, labour room and in laboratory at all the visited facility.
- Outsourcing of waste management to (Water Management & Pollution Control Corporation) at Satna based private agency has been done and bio-medical waste is collected on alternate day at DH and CHC. There are availability of pit and burning facility for waste management in the visited PHC and SHC.
- There are standard protocols for disposal of bio-medical waste management in all level of health care institutions. Awareness amongst staff on cleanliness and hygiene practices is satisfactory in all the visited health facilities.

Information Education Communication

- Display of NHM logo was not observed in any of the visited facilities including the DH Chhatarpur.

- All the visited health facilities have signages which are clearly displayed in each and every section of the hospital except SHC Bamhori.
- Citizen Charter, timing of the health facility and list of services available and complaint box were observed only in DH Chhatarpur among all the visited health facilities.
- Display of partographs, clinical protocols EDL with information on free drug distribution is available, timings of health facility and phone numbers were displayed in all the visited facilities except CHC Badamalehara.
- Protocol posters, awareness generation chart, immunization schedule, FP IEC and JSSK entitlements are displayed at all the visited health facilities.
- List of RKS members and income and expenditure of RKS is not displayed publically in any of the visited health facility except DH and SHC Bamhori.

Essential Skills of Staff

- On quality parameter, the staffs (SN, ANM) of DH Chhatarpur, , CHC Badamalehara, PHC Rajnagar and SHC Bamhori are skilled in management of high risk pregnancy, providing essential newborn care (thermoregulation, breastfeeding and asepsis) etc.
- Knowledge of managing sick neonates and infants, correct use of partograph, correct insertion of IUCD, correctly administer vaccines, segregation of waste in colour coded bins.
- The services of MCTS have been discontinued and a comprehensive RCH portal has been initiated in its place. Knowledge on RCH portal and ANMOL software is in preliminary stage and learning process is going on, its simplification will help grass root level staffs in updating the data.

Additional Support Services

- Provisions of fogging were not reported by DH Chhatarpur or any of the other visited health facilities. Laundry service is being done through washerman at DH & CHC, while PHC it is get done through external source.
- Centralised annual maintenance contract is done at state level and one company namely; AIM Healthcare Co. Ltd. is given tender for this financial year.

- Tally soft ware has been implemented in DH, CHC and PHC in the district. Public Financial Monitoring System (PFMS) is in place for online payments of JSY incentives, ASHA incentives etc.

12. Clinical Establishment Act

- Clinical Establishment Act 2010 has not been enacted in Madhya Pradesh. Presently all the private nursing homes and clinical establishments are required to register under Madhya Pradesh Upcharya Gruh Evam Rujopchar Sambandhi Sthapanaye (Ragistrikaran tatha Anugyapan) Adhiniyam, 1973 and Rules 1996.
- Process of registration, renewal and approval for all private nursing homes and clinics has been made online through MPONLINE portal. It has been made mandatory to submit online application for registration and renewal. It is also mandatory to communicate approval / disapproval online after required scrutiny and verification of received applications. This has helped in enhancing transparency in approval process.
- There are 32 nursing homes and private clinics registered with district health administration, but reporting of services are poor.

13. Referral Transport

- In Madhya Pradesh referral transport has been an integral part of health care services. This is very essential for access to critical health care, emergencies, trauma care for remote and outreach areas and in rural areas.
- Until last year, all the districts had dedicated fleet of patients transport ambulance 'EMRI-GVK 108' for general patients and 'Janani Express 102' exclusively for mothers and children. These were operated with district level call centre.
- During 2017-18, referral transport services have been centralised at state level and out-sourced to a new agency and services under 'National Ambulance Services' has been implemented.
- The referral transport service in the district is running through centralised call centre from state. Apart from this centralised '108' service, there are two ambulance at DH and one mortuary vehicle in the CHC among the visited health facility.

- It was observed that not all the pregnant women are getting transport services with "108" or ambulances. Due to non-availability of data at district level no assessment could be done for the services provided to pregnant women and newborn children and other patients.

14. Community Processes
Accredited Health Social Activist (ASHA)

- Total 1652 ASHAs are presently working in Chhatarpur district and District Community Mobilizer (DCM) is overall in-charge of ASHA programme. Among the eight blocks only five blocks have Block Community Mobilizer (BCM).
- Skill development of ASHAs is a continuous process. Fourth round of training for 6-7th modules have been completed for ASHAs but many ASHA's have not received ID cards and uniforms.
- Different programme officers in Chhatarpur district are providing orientation to ASHAs for National Health Programmes like TB, Malaria, Leprosy etc. at the block level. ASHA Resource Centre at the state level monitors the progress of ASHAs. Mentoring Group for Community Action provides supportive services.
- Drug kit replenishment is done based on demand and availability of drugs. Payments to ASHAs have been regularized based on verification by the concerned ANM. It was reported by the BMO that presently all ASHA's receive a minimum amount of Rs. 1000 for MCH services. ASHA payments are regular but depending on availability of funds.
- There is ASHA's resting room at DH Chhatarpur. Mamta Corner is established at all the visited health facility.

Urban Health

- The urban health programme is at an elementary stage in all wards of Chhatarpur city. There are two urban PHCs having one MO, two ANMs and one pharmacist for these facilities in Chhatarpur city. All the selected urban ASHAs have received third round of training for 6-7th modules till now.

15. Disease Control Programmes:

- Chhatarpur district has a district program officer each in-charge of Malaria, TB and Leprosy disease programs. The FRUs and PHCs in the district have adequate laboratory facilities and technicians, drugs and infrastructure resources for providing preventive and curative services against the three communicable diseases, staffs are effectively providing outreach services.
- The malaria control initiatives are reported to be progressing satisfactorily in the district. Periodic surveillance is carried out by respective MOs and program officers. Under national malaria control programme DH Chhatarpur, CHC Badamalehara and PHC Rajnagar which are providing services with adequate availability of rapid diagnostic kits and drugs. In April-December 2017, 155, 4462, 920 slides in CHC Badamalehara, PHC Rajnagar and SHC Bamhori respectively were prepared.
- Treatment units under Revised National Tuberculosis Programme (RNTCP) in Chhatarpur district are functional in all the visited health facilities.
- A total of 2235 and 427 sputum tests were reported respectively from CHC Badamalehara and PHC Rajnagar and 94 and 41 were reported to be positive at these health facilities.
- National Leprosy Eradication Programme (NLEP) is functional and 28 and 27 new cases each were detected at CHC Badamalehara and PHC Rajnagar and 22 and 27 patients are being treated respectively at these facilities.
- NCD services are being provided in all the CEmOC facilities through OPD service with adequacy of medicines and drugs.

16. Data Reporting, HMIS and RCH Portal (MCTS):

Monitoring and Evaluation (M&E) of all the health care services are essential not only to review the progress of the existing services but also to augment existing services and initiate new services in the district. It also helps in supervision and planning for areas to be strengthened. Data gathering for health services has been systematized through HMIS and tracking of services at individual mothers and children is done using MCTS. Since last year MCTS has been restructured and it now covers more services comprehensively under the new RCH Portal. Data capturing for these online services is done through service registers, which are designed to provide individual level

information for tracking of service delivery. This also provides aggregate level data for each health facility.

Recent changes in HMIS and RCH Portal data has been informed to all the districts and all the facilities are required to submit their service delivery data only through new HMIS and RCH Portal. In order to achieve complete and accurate data reporting training at all levels is essential. For computer based data reporting system – computer, internet and data entry operators are also essential.

In Chhatarpur, District M&E Officer is in-position. There is only one DEOs posted in DPMU for all the data entry purpose. In periphery, it is found that, HMIS data reporting done through contractual computer operator in many facilities.

16.1 Health Management Information System (HMIS):

- HMIS has been revamped in Madhya Pradesh as well as in Chhatarpur recently. As per the latest revision in facility level HMIS formats for monthly reporting, 67, 60, 48 and 23 new data items are added for DH, SDH/CHC, PHC and SHC respectively.
- New reporting formats have been distributed to all the facilities. The formats are bilingual in Hindi and English which is can be easily understood by all health staffs.
- It was observed that first round of orientation has been given to district M&E officers and block programme managers about the new HMIS formats and new data items added. Training for health facility personnel on new HMIS format has not been done properly.
- It was observed that DEO at DH, CH and CHC are well versed with different data items and their validations. However, detailed data definition guide and source of data from where each data is to be captured is not yet available with them.
- It was observed that none of the health facilities are submitting checked and verified copy of HMIS monthly report through Medical Officer (I/c). No office copy of HMIS report is retained by the reporting health facility. Some designated person collect data from different service register and provide it to the DEO for HMIS entry and uploadation.
- DEO at block level are burdened with data entry of all the HMIS reports of the block. There is little scope of feedback and corrective action in case of errors in reporting.

- New data items have also been added to the facility annual infrastructure format for DH. NITI Ayog has also suggested new data items on Kayalakp score and patient feedback score of the DH to be included in the annual infrastructure MIS of DH.
- It is observed that some of the health facility in the district has not uploaded annual facility infrastructure data on HMIS for 2017. District M&E officer informed that state has directed to upload all the infrastructure data first on the state RHS data portal. After verification the data will be uploaded on HMIS portal.

16.2 RCH Portal / MCTS:

- The new RCH portal has been initiated with many upgradation for replacing MCTS which was affected with duplication, non-updation and issue of under-reporting of maternal and child health services. There were 118 data fields in MCTS and newly developed RCH portal have 227 data fields.
- Training for data capturing and data entry into new RCH Portal has been given to all concerned staffs and available DEOs of different programs under NHM.
- Block level training have been organized to provided detailed information to MOs and BMOs for checking data entry and completeness of information. Based on the completeness of information, progress of the RCH programme can be determined.
- As informed by the DPMU staff that RCH data reporting is not fully functional and all the concerns are getting resolved day-by-day. Soon the RCH portal data uploadation will be done smoothly.

Observations from Chhatarpur District visited during January, 2018 (ANNEXURE)

1. Health Infrastructure available in Chhatarpur District

No. of institutions	Available	Located in government buildings	Felt need for additional number of health facilities	No. of Health Facilities having inpatient facility	No of beds in each category
District Hospital	01	01	-	01	286*
Exclusive MCH hospital	00	00	-	-	-
SDH	00	00	-	-	-
UPHC	02	00	-	00	02
CHC	10	10	-	10	210
PHC	36	36	-	21	166
SCs	257	183	-	02	04
AYUSH Ayurvedic	31	29	-	01	30
AYUSH(Homeopathic)	1	1	-	-	-
AYUSH (Others)	12	12	-	-	-
Delivery Point(L1)	12	12	-	12	64
Delivery Point(L2)	19	19	-	19	210
Delivery Point(L3)	03	03	-	03	360
Note: *300 bedded new building construction is about to complete by June 2018					

2. Physical Infrastructure

Infrastructure (Yes / No)	DH	CHC	PHC	SHC
Health facility easily accessible from nearest road head	Yes	Yes	Yes	Yes
Functioning in Govt. Building	Yes	Yes	Yes	Yes
Building in good condition	Yes	Yes	Yes	Yes
Staff Quarters for Mos	04	03	02	
Staff Quarters for SNs	0	05	03	
Staff Quarters for other categories	0	01	0	01
Electricity with power back up	Yes	Yes	Yes	Yes*
Running 24*7 water supply	Yes	Yes	Yes	No
Clean Toilets separate for Male/Female	Yes$	Yes	No	No
Functional and clean labour Room	Yes	Yes	Yes	Yes#
Functional and clean toilet attached to labour room	No	No	No	No
Clean wards	Yes	Yes	Yes	Yes#
Separate Male and Female wards (at least by partitions)	Yes	Yes	Yes	
Availability of Nutritional Rehabilitation Centre	Yes	Yes	Yes	
Functional BB/BSU, specify	Yes	Yes		
Separate room for ARSH clinic	No	No		
Availability of complaint/suggestion box	Yes	Yes	No	No
Availability of mechanisms for Biomedical waste management (BMW)at facility	Yes	Yes	Yes	Yes
BMW outsourced	Yes	Yes	No	No
Availability of ICTC/ PPTCT Centre	Yes	Yes		
Availability of functional Help Desk	No	No	No	No
*Solar Inverter battery is not working now $Separate but not clean #In one big room has, Labour room, NBCC, ward beds				

3. Human Resources

Health Functionary								
	DH	**CHC**	**PHC**	**SHC**	**DH**	**CHC**	**PHC**	**SHC**
Gynaecologist	4	-			3	-		
Paediatrician	7	-			6	-		
Anaesthetists	1	-			2	-		
Cardiologist	-	-			-	-		
General Surgeon	2	-			3	-		
Medicine Specialist	4	-			5	-		
ENT Specialist	2	-			2	-		
Ophthalmologist	2	-			1	-		
Ophthalmic Asst.	2	-	1		2	1	1	
Radiologist	3	-			0	-		
Radiographer	-	-			-	-		
Pathologist	3	-			1	-		
LTs	12	-	1		8	2	1	
MOs	28	-	4		25	7	4	
AYUSH MOs	2	-	-		1	-	1	
LHV	2	-	2		2	3	-	
ANM	15	-	2	-	15	24	1	1
MPHW (M)	0	-	-	-	0	21	-	-
Pharmacist	9	-	-		9	2	2	
Staff Nurses	160	-	1	-	93	2	1	-
RMNCHA+ Counsellor	-	-	-		-	-	-	

No. of Trained Persons

Training programmes	**DH**	**CHC**	**PHC**	**SHC**
CEmOC (Comprehensive Emergency Obstetric Care)	-	1		
LSAS (Life Saving Anaesthesia Skill)	-	1		
BEmOC (Basic Emergency Obstetric Care)	-	1	6	
SBA (Skill Birth Attended)	-	2	2	1
MTP (Medical Termination of Pregnancy)	-	3	1	
NSV (No Scalpel Vasectomy)	-	1	1	
F-IMNCI/IMNCI (Integrated Management of Neonatal and Childhood illness)	-	1	1	0
FBNC (Facility Based Newborn Care)	-	1	63	0
HBNC (Home Based Newborn Care)			-	1
NSSK (Navjaat Shishu Surakasha Karyakram)	-	-	-	1
Mini Lap-Sterilisations	-	-	-	
Laparoscopy-Sterilisations(LTT)	-	-		
IUCD (Intrauterine Contraceptive Device)	-	6	4	1
PPIUCD (Post-Partum Intra Uterine Contraceptive Device)	-	4	6	1
Blood Bank / BSU	-	2		
RTI/STI (Reproductive Tract Infection/Sexually Transmitted)	-	1	4	1
IMEP (Infection Management Environmental Plan)	-	-	-	0
Immunization and cold chain	-	4	3	-
RCH Portal (Reproductive Child Health)	-	5	-	1
HMIS (Health Management Information System)	-	5	4	1
RBSK (Rashtriya Bal Swasthya Karyakram)	-	4		
RKSK (Rashtriya Kishore Swasthya Karyakram)	-	4	-	0
Kayakalp	-	16	-	0

NRC and Nutrition	-	4		
PPTCT (Prevention of Parent to Child Transmission of HIV)	-	5	-	
NCD (Non Communicable Diseases)	-	-	3	
Nursing Mentor for Delivery Point	-	3		
Skill Lab	-	4	-	0
No. Others (specify)--------Skill Lab	-	-	-	-

4. Other Health System Inputs

Availability of Drugs and Diagnostics, Equipments

Drugs and Diagnostics, Equipments	**DH**	**CHC**	**PHC**	**SHC**
Availability of EDL and Displayed	Yes	Yes	Yes	No
Availability of EDL drugs	Yes	Yes	Yes	No
No. and type of EDL drugs not available	24	-	54	No
Computerized inventory management	Yes	Yes	No	No
IFA tablets	Yes	Yes	Yes	Yes
IFA tablets (blue)	Yes	Yes	Yes	Yes
IFA syrup with dispenser	Yes	Yes	Yes	Yes
Vit A syrup	Yes	Yes	Yes	Yes
ORS packets	Yes	Yes	Yes	Yes
Zinc tablets	Yes	Yes	Yes	Yes
Inj Magnesium Sulphate	Yes	Yes	Yes	Yes
Inj Oxytocin	Yes	Yes	Yes	Yes
Misoprostol tablets	Yes	Yes	Yes	No
Mifepristone tablets	No	No	No	No
Availability of antibiotics	Yes	Yes	Yes	Yes
Labelled emergency tray	Yes	Yes	Yes	Yes
Drugs for hypertension, Diabetes, common ailments e.g. PCM, metronidazole, anti-allergic drugs etc.	Yes	Yes	Yes	Yes
Adequate Vaccine Stock *available*	Yes	Yes	Yes	No
Supplies				
Pregnancy testing kits	Yes	Yes	Yes	Yes
Urine albumin and sugar testing kit	Yes	Yes	Yes	Yes
OCPs	Yes	Yes	Yes	Yes
EC pills	Yes	Yes	Yes	No
IUCDs	Yes	Yes	Yes	Yes
Sanitary napkins	Yes	Yes	No	Yes
Gloves, Mackintosh, Pads, bandages, and gauze etc.	Yes	Yes	Yes	Yes
Laboratory and Other Diagnostic Tests				
Haemoglobin	Yes	Yes	Yes	Yes
CBC	Yes	Yes	No	
Urine albumin and sugar	Yes	Yes	Yes	Yes
Blood sugar	Yes	Yes	Yes	
RPR	Yes	Yes	No	
Malaria	Yes	Yes	Yes	Yes
T.B	Yes	Yes	Yes	
HIV	Yes	Yes	Yes	
Liver function tests (LFT)	No	No		
No. Ultrasound scan (Ob.) done	No	No		
No. Ultrasound Scan (General) done	No	No		
No. X-ray done	11784	No		
ECG	1320	No		

Drugs and Diagnostics, Equipments	**DH**	**CHC**	**PHC**	**SHC**
Endoscopy	No			
Essential Equipments				
Functional BP Instrument and Stethoscope	Yes	Yes	Yes	Yes
Sterilised delivery sets	Yes	Yes	Yes	Yes
Functional Neonatal, Paediatric and Adult Resuscitation kit	Yes	Yes	Yes	Yes
Functional Weighing Machine (Adult and child)	Yes	Yes	Yes	Yes
Functional Needle Cutter	Yes	Yes	Yes	Yes
Functional Radiant Warmer	Yes	Yes	Yes	Yes
Functional Suction apparatus	Yes	Yes	Yes	Yes
Functional Facility for Oxygen Administration	Yes	Yes	Yes	Yes
Functional Foetal Doppler/CTG	Yes	Yes	Yes	
Functional Mobile light	Yes	Yes	No	
Delivery Tables	Yes	Yes	Yes	Yes
Functional Autoclave	Yes	Yes	No	Yes
Functional ILR and Deep Freezer	Yes	Yes	Yes	
Emergency Tray with emergency injections	Yes	Yes	Yes	
MVA/ EVA Equipment	Yes	Yes	Yes	
Functional phototherapy unit	Yes	Yes	No	
OT Equipments				
O.T Tables	Yes	Yes	Yes	
Functional O.T Lights, ceiling	Yes	Yes	Yes	
Functional O.T lights, mobile	Yes	Yes	Yes	
Functional Anaesthesia machines	Yes	Yes	No	
Functional Ventilators	Yes	Yes	Yes	
Functional Pulse-oximeters	Yes	Yes	Yes	
Functional Multi-para monitors	Yes	No	No	
Functional Surgical Diathermies	Yes	Yes	No	
Functional Laparoscopes	Yes	No	No	
Functional C-arm units	Yes	No	No	
Functional Autoclaves (H or V)	Yes	Yes	Yes	
Blood Bank / Storage Unit	Yes	No		
Functional blood bag refrigerators with chart for temp. recording	Yes	No		
Sufficient no. of blood bags available	36	07		
Check register for number of blood bags issued for BT in last quarter	5137	08		
Checklist for SHC				
Haemoglobinometer				Yes
Any other method for Haemoglobin Estimation				Yes
Blood sugar testing kits				No
BP Instrument and Stethoscope				Yes
Delivery equipment				Yes
Neonatal ambu bag				Yes
Adult weighing machine				Yes
Infant/New born weighing machine				Yes
Needle &Hub Cutter				Yes
Colour coded bins				Yes
RBSK pictorial tool kit				Yes

Specialty Care Services

Services	DH	CHC
Separate Women's Hospital	No	No
Surgery	Yes	No
Medicine	Yes	No
Ob&G	Yes	No
Cardiology	No	No
Emergency Service	Yes	No
Trauma Care Centre	No	No
Ophthalmology	Yes	No
ENT	Yes	No
Radiology	No	No
Pathology	Yes	No

AYUSH Services

AYUSH	DH	CHC	PHC
Whether AYUSH facilities available at the HF	Yes	No	Yes
If yes, what type of facility available Ayurvedic - 1 Homoeopathic -2 Others (pl. specify)_____-3	1	--	2
Whether AYUSH MO is a member of RKS at facility	No	--	No
Whether OPDs integrated with main facility or are earmarked separately	Yes(9676)	--	Yes
Position of AYUSH medicine stock at the facility	Yes	--	Yes

Laboratory Tests Available (Free Services)

Services	DH	CHC	PHC	SHC
Haemoglobin Hb test	Yes	Yes	Yes	Yes
Urine Pregnancy Test	Yes	Yes	Yes	Yes
Malaria PF/PV testing	Yes	Yes	Yes	Yes
Urine (Microscopy, Acetone)	Yes	Yes	Yes	No
Slide Collection for PBF & Sputum AFB	Yes	Yes	Yes	No
Blood Sugar	Yes	Yes	Yes	No
Serum Urea	Yes	Yes	No	No
Serum Cholesterol	No	No	No	No
Serum Billrubin	No	Yes	No	No
Typhoid Card Test	No	Yes	Yes	No
Blood Typing	Yes	Yes	Yes	No
Stool Examination	No	Yes	No	No
ESR	Yes	Yes	Yes	No
Complete Blood Picture	Yes	No	No	No
Platelet Count	Yes	No	No	No
PBF for Malaria	Yes	Yes	Yes	No
Sputum AFB	Yes	Yes	Yes	No
SGOT liver function test	No	No	No	No
SGPT blood test	No	No	No	No
G-6 PD Deficiency Test	Yes	No	No	No
Serum Creatine / Protein	No	Yes	No	No
RA factor (Blood Grouping)	Yes	Yes	Yes	No
HBsAG	Yes	Yes	Yes	No
VDRL	Yes	Yes	Yes	No

Services	**DH**	**CHC**	**PHC**	**SHC**
Semen Analysis	Yes	No	No	No
X-ray	Yes	Yes	Yes[#]	No
ECG	Yes	No	No	No
Liver Function Test	No	Yes	No	No
RPR for syphilis	Yes	Yes	No	No
RTI/STI Screening	No	Yes	Yes	No
HIV	Yes	Yes	Yes	Yes
Indoor Fees	30	20	No	No
OPD fees	05	05	05	No
Ambulance	02	01	01	Yes*
Food for Inpatients	Yes	Yes	Yes	No
[#]Not Functional; *The 108 ambulance stay at SHC but controlled Centralisely				

5. Maternal Health (April to December 2017)

5.1 ANC and PNC Services Delivered	**DH**	**CHC**	**PHC**	**SHC**
ANC registered	2932	131	171	146
New ANC registered in 1st Trim	1474	71	114	127
No. of women received 3 ANC	1810	104	FIELD	126
No. of women received 4 ANC	1730	265	380	132
No. of severely anaemic pregnant women(Hb<7) listed	1549	132	22	0
No. of Identified hypertensive pregnant women	---	03	07	1
No. of pregnant women tested for B-Sugar	1455	43	171	0
No. of U-Sugar tests conducted	---	4494	171	271
No. of pregnant women given TT (TT1+TT2)	5259	229	228	288
No. of pregnant women given IFA	2932	131	171	146
No. of women received 1st PNC check within 48 hours of delivery	6505	1509	1460	13
No. of women received 1st PNC check between 48 hours and 14 days of delivery	1920	1506	326	271
No. of ANC/PNC women referred from other institution (in-referral)	1149	77	---	NA
No. of ANC/PNC women referred to higher institution (out-referral)	70	282	---	15
No. of MTP up to 12 weeks of pregnancy	189	10	26	NA
No. of MTP more than 12 weeks of pregnancy	---	10	---	NA

5.2 Institutional Deliveries/Delivery complications	**DH**	**CHC**	**PHC**	**SHC**
Deliveries conducted	6602	1604	1460	271
C- Section deliveries conducted	951	NA	NA	NA
C- Section deliveries conducted at night (8 pm-8 am)	269	NA	NA	NA
No. of pregnant women with obstetric complications provided EmOC	1708	132	--	NA
No. of Obstetric complications managed with blood transfusion	1416	07	--	NA
No. of Neonates initiated breastfeeding within one hour	6321	1596	--	270
No. of Still Births	231	08	18	02

5.3 Maternal Death Review	**DH**	**CHC**	**PHC**	**SHC**
Total maternal deaths reported	10	01	0	0
Number of maternal death reviews during the quarter	10	01	0	0
Key causes of maternal deaths found	Anaemia, Bleeding, PPH			

5.4 Janani Shishu Suraksha Karyakarm	**DH**	**CHC**	**PHC**	**SHC**
Free and zero expense delivery & caesarean section	Yes	Yes	Yes	Yes
Free drugs and consumables	Yes	Yes	Yes	Yes

Free diet up to 3 days during normal delivery and 7 days for C-section	Yes	Yes	Yes	No
Free essential and desirable diagnostics (Blood & urine tests, USG, etc) during Ante Natal Care, Intra Natal Care and Post Natal care	Yes*	Yes*	Yes*	Yes*
Free provision of blood, however relatives to be encouraged for blood donation for replacement.	Yes	Yes	No	No
Free transport –				
home to hospital,	Yes	Yes	Yes	Yes
inter-hospital in case of referral	Yes	Yes	Yes	Yes
drop back to home	Yes	Yes	Yes	Yes
Exemption of all kinds of user charges	Yes	Yes	Yes	Yes
***No USG facility**				

5.5 Janani Suraksha Yojana	**DH**	**CHC**	**PHC**	**SHC**
No.of JSY payments made				
JSY payments are made as per the eligibility criteria indicated in JSY Guidelines	Yes	Yes	Yes	Yes
No delays in JSY payments to the beneficiaries.	Yes	Yes	Yes	Yes
Full amount of financial assistance to be given to the beneficiary before being discharged from the health facility after delivery.	No	No	No	No
Payments mode Cash-1, Cheque bearer-2, Cheque a/c payee-3, Direct transfer-4, Others (specify____) -5	4	4	4	4
Physical (at least 5%) verification of beneficiaries to be done by district level health authorities to check malpractices.	Yes	Yes	Yes	Yes
Grievance redressal mechanisms as stipulated under JSY guidelines to be activated in the district.	Yes	Yes	Yes	Yes
Proper record maintained for beneficiaries receiving the benefit	Yes	Yes	Yes	Yes
JSY beneficiaries Payment has made up to December 2017 (in percent)	-			

5.6 Service delivery in post natal wards	**DH**	**CHC**	**PHC**	**SHC**
All mothers initiated breast feeding within one hour of normal delivery	Yes	Yes	Yes	Yes
Zero dose BCG, Hepatitis B and OPV given	Yes	Yes	Yes	Yes
Counselling on IYCF done	Yes	Yes	No	Yes
Counselling on Family Planning done	Yes	Yes	Yes	Yes
Mothers asked to stay for 48 hrs	Yes	Yes	Yes	No
JSY payment being given before discharge	No	No	No	No
Any expenditure incurred by Mothers on travel, drugs or diagnostics *(Please give details)*	No	No	No	No
Diet being provided free of charge	Yes	Yes	Yes	NA

6. Child Health (April to December 2017)

6.1 Special Newborn Care Unit / New Born Stabilized Unit	**DH**	**CHC**	**PHC**	**SHC**
Whether SNCU / NBSU exist. (Yes/No)	Yes	No	Yes	NBCC
Necessary equipment available (Yes/No)	Yes	No	Yes	Yes
Availability of trained MOs	04	01	01	
No. of trained staff nurses	14	02	02	01
No. of admissions				
Inborn	810	NA	NA	NA
Out Born	1161			
No. of Children				

Cured	1628			
Not cured	NA			
Referred	94	NA	NA	NA
Death	246			
Others	06			

6.2 Nutrition Rehabilitation Centre	**DH**	**CHC**	**PHC**
Whether NRC exist at the facility	Yes	Yes	Yes
No. of functional beds in NRC	20	10	08
Whether necessary equipment available	Yes	Yes	Yes
Availability of trained manpower	08	06	-
Number of admissions with SAM	337	173	-
No. of sick children referred	23	16	-
Average length of stay (in days)	14	14	14

6.3 Immunization (April to December 2017)	DH	CHC	PHC	SHC
BCG	1354	1624	1454	271
Penta1	403	105	117	178
Penta2	298	76	103	172
Penta3	290	74	99	173
Polio0	1354	1605	1454	270
Polio1	403	105	117	178
Poli02	298	76	103	172
Polio3	290	74	99	173
Hep 0	3817	1605	1454	270
Hep 1	-	105	-	0
Hep 2	-	76	-	0
Hep 3	-	74	-	0
Measles1	306	79	113	125
Measles2	164	59	80	156
DPT booster	164	-	80	156
Polio Booster	164	-	80	156
No. of fully vaccinated children	306	59	113	156
ORS / Zinc	Yes	Yes	Yes	Yes
Vitamin – A	Yes	Yes	Yes	125
No. of immunisation sessions planned	Daily	41	71	90
No. of immunisation sessions held	Daily	41	71	90
Maintenance of cold chain. Specify problems (if any)	No	No	No	NA
Whether micro plan prepared	-	Yes	Yes	Yes
Whether outreach prepared	-	Yes	Yes	Yes
Stock management hindrances (if any)	No	No	No	NA
Is there an alternate vaccine delivery system	No	Yes	Yes	Yes

6.4 Rashtriya Baal Swasthya Karyakram

No. of Children Screened under RBSK	**Badamalehara**	**Rajnagar**
0-6 weeks	-	-
6 weeks-6 years	-	-
6 -18 years	-	-
Cases identified with problems	28089	35198

6.5 Number of Child Referral and Death	**DH**	**CHC**	**PHC**	**SHC**
No. of Sick children referred	109	0	0	0
No. of Neonatal Deaths	246	0	0	1
No. of Infant Deaths	34	0	0	3

7. Family Planning (April to December 2017)

Family Planning	**DH**	**CHC**	**PHC**	**SHC**
Male Sterilization (VT+NSV)	1	2	2	NA
Female Sterilization (CTT+LTT)	185	714[@]	251[@]	NA
Minilap sterilization	-	0	-	NA
IUCD	144	31	542	51
PPIUCD	930	451	45	32
Condoms (pieces)	49310	438	-	70
Oral Pills (cycles)	2888	130	62	880
Note: [@]Through fixed day camp at facility;				

8. Quality in Health Services

8.1 Infection Control	**DH**	**CHC**	**PHC**	**SHC**
General cleanliness	Good	Good	Good	Good
Condition of toilets	Good	No	Good	No
Building condition	Good	Good	Good	Good
Adequate space for medical staff	Yes	Yes	Yes	No
Adequate waiting space for patients	Yes	Yes	Yes	No
Practices followed				
Protocols followed	Yes	Yes	Yes	Yes
Last fumigation done	Weekly	-	No	NA
Use of disinfectants	Yes	Yes	No	Bleach
Autoclave functioning	Yes	Yes	Yes	Yes

8.2 Biomedical Waste Management	**DH**	**CHC**	**PHC**	**SHC**
Whether bio-medical waste segregation done	Yes	Yes	Yes	Yes
Whether outsourced	Yes	Yes	No	No
If not, alternative arrangement Pits-1 / Incineration-2 / Burned -3 / Others (specify) --4	-	-	1	1

8.3 Information Education & Communication (IEC)	**DH**	**CHC**	**PHC**	**SHC**
Whether NRHM logo displayed in both languages	No	No	No	No
Approach road have direction to health facility	Yes	Yes	Yes	No
Citizen Charter	Yes	No	No	No
Timing of health facility	Yes	No	Yes	Yes
List of services available	Yes	No	Yes	Yes
Protocol poster	Yes	Yes	Yes	Yes
JSSK entitlements (displayed in ANC clinic/PNC clinic/wards)	Yes	Yes	Yes	Yes
Immunization schedule	Yes	Yes	Yes	Yes
FP IEC	Yes	No	Yes	Yes
User charges	Yes	Yes	Yes	NA
EDL	Yes	Yes	Yes	Yes
Phone number	Yes	No	Yes	Yes
Complaint/suggestion box	Yes	Yes	Yes	No
Awareness generation charts	Yes	No	No	No
RKS member list with phone no.	No	No	No	No

RKS income/expenditure for previous year displayed publically	Yes	No	No	Yes

8.4 Quality Parameter of the facility

Essential Skill Set	**DH**	**CHC**	**PHC**	**SHC**
Manage high risk pregnancy	Yes	No	No	No
Provide essential newborn care (thermoregulation, breastfeeding and asepsis)	Yes	Yes	Yes	Yes
Manage sick neonates and infants	Yes	No	No	No
Correctly uses partograph	Yes	Yes	Yes	No
Correctly insert IUCD	Yes	Yes	Yes	Yes
Correctly administer vaccines	Yes	Yes	Yes	Yes
Segregation of waste in colour coded bins	Yes	Yes	Yes	Yes
Adherence to IMEP protocols	Yes	Yes	Yes	Yes
Bio medical waste management	Yes	Yes	Yes	Yes
Updated Entry in the MCP Cards	Yes	Yes	Yes	Yes
Action taken on MDR	Yes	Yes	Yes	Yes

10. Community Processes

10.1 Accredited Social Health Activist	**Badamalehara**	**Rajnagar**	**Bamhori**
Number of ASHAs required	02	02	00
Number of ASHAs available	244	272	10
Number of ASHAs left during the quarter	0	01	00
Number of new ASHAs joined during the quarter	1	02	00
All ASHA workers trained in module 6&7 for implementing home based newborn care schemes	Yes	Yes	Yes
Availability of ORS and Zinc to all ASHAs	Yes	Yes	Yes
Availability of FP methods (condoms & oral pills) to all ASHAs	Yes	Yes	Yes
Highest incentive to an ASHA during the quarter	10000	5000	6000
Lowest incentive to an ASHA during the quarter	1200	850	500
Whether payments disbursed to ASHAs on time	Yes	No	Yes
Whether drug kit replenishment provided to ASHAs	No	No	Yes
ASHAs social marketing spacing methods of FP	Yes*	No	Yes*
*Providing the materials free of cost			

11. Disease Control Programmes

Disease Control	**DH**	**CHC**	**PHC**	**SHC**
National Malaria Control Programme				
Number of slides prepared	-	155	4462	920
Number of positive slides	-	27	9	-
Availability of Rapid Diagnostic kits (RDK)	-	Yes	Yes	-
Availability of drugs	Yes	Yes	Yes	-
Availability of staff	Yes	No	Yes	-
Revised National Tuberculosis Programme (RNTCP)				
Number of sputum tests	-	2235	427	-
No. of positive tests	-	94	41	-
Availability of DOT medicines	Yes	Yes	Yes	-
All key RNTCP contractual staff positions filled up	-	No	-	-
Timely payment of salaries to RNTCP staff	-	No	-	-
Timely payment to DOT providers	Yes	No	Yes	-
National Leprosy Eradication Programme (NLEP)				

Disease Control	**DH**	**CHC**	**PHC**	**SHC**
Number of new cases detected	-	16	24	-
No. of new cases detected through ASHA	-	12	3	-
No. of patients under treatment	-	22	27	-

12. Non Communicable Diseases

NCD	**DH**	**CHC**	**PHC**
NCD Services	Yes	Yes	Yes
Establishment of NCD clinics	29/01/2016	-	2017
Type of special clinics	OPD	OPD	OPD
Availability of drugs	Yes	Yes	Yes
Type of IEC material available for prevention of NCDs	Yes	Yes	Yes
No. of staff trained in NCD MO SN Other	 1 2 -	No	No

13. Record maintenance

Record	**DH**	**CHC**	**PHC**	**SHC**
OPD Register	Yes	Yes	Yes	Yes
IPD Register	Yes	Yes	-	Yes
ANC Register	Yes	Yes	Yes	Yes
PNC Register	Yes	Yes	Yes	Yes
Indoor bed head ticket	Yes	Yes	No	No
Line listing of severely anaemic pregnant women	Yes	Yes	Yes	Yes*
Labour room register	Yes	Yes	Yes	Yes
Partograph	Yes	Yes	Yes	No
FP-Operation Register (OT)	Yes	Yes	No#	
OT Register	Yes	Yes	No	
FP Register	Yes	Yes	No#	Yes
Immunisation Register	Yes	Yes	Yes	Yes
Updated Micro plan	Yes	Yes	-	Yes
Blood Bank stock register	Yes	Yes		
Referral Register (In and Out)	Yes	Yes	Yes^	Yes
MDR Register	Yes	Yes	-	Yes
Infant Death Review and Neonatal Death Review	Yes	Yes	Yes	Yes
Drug Stock Register	Yes	Yes	Yes	Yes
Payment under JSY	Yes	Yes	Yes	Yes&
Untied funds expenditure (Check % expenditure)	100	85	100	100
AMG expenditure (Check % expenditure)	100	100	100	-
RKS expenditure (Check % expenditure)	100	85	100	-

***Separate High Risk Register as well. #FP cases registered in Indoor Register. ^Only Out Register. &At Block CHC**

14. Health Management Information System and Mother Child Tracking System

HMIS and MCTS	**DH**	**CHC**	**PHC**	**SHC**
Dedicated Staff available for HMIS and MCTS (RCH Portal)	Yes	No	Yes	No
Quality of data	Yes	Yes	Yes	Yes
Timeliness	Yes	Yes	Yes	Yes
Completeness	Yes	Yes	Yes	Yes
Consistent	Yes	Yes	Yes	Yes
Data validation checks (if applied)	Yes	Yes	Yes	Yes

15. Additional and Support Services

Services	**DH**	**CHC**	**PHC**
Regular Fogging (Check Records)	No	Yes	No
Functional Laundry/washing services	Yes*	Yes*	Yes[#]
Availability of dietary services	Yes[$]	Yes	Yes
Appropriate drug storage facilities	Yes	Yes	Yes
Equipment maintenance and repair mechanism	Centralise services from the state		
Grievance Redressal mechanisms	Yes	Yes	Yes
Tally Implemented	Yes	Yes	Yes
*Through washerman, [#]Outsourced, [$]Through 'Samarpan' NGO			

List of Acronyms

AFHS	**Adolescent Friendly Health Clinic**
AHS	**Annual Health Survey**
AMC	**Annual Maintenance Contract**
AMG	**Annual Maintenance Grant**
ANC	**Anti Natal Care**
ANM	**Auxiliary Nurse Midwife**
ARSH	**Adolescent Reproductive and Sexual Health**
ART	**Anti Retro-viral Therapy**
ASHA	**Accredited Social Health Activist**
AWW	**Aanganwadi Worker**
AYUSH	**Ayurvedic, Yoga, Unani, Siddha, Homeopathy**
BAM	**Block Account Manager**
BCM	**Block Community Mobilizer**
BEmOC	**Basic Emergency Obstetric Care**
BMO	**Block Medical Officer**
BMW	**Bio-Medical Waste**
BPM	**Block Programmer Manager**
BB	**Blood Bank**
BSU	**Blood Storage Unit**
CBC	**Complete Blood Count**
CD	**Civil Dispensary**
CEA	**Clinical Establishment Act**
CEmOC	**Comprehensive Emergency Obstetric Care**
CH	**Civil Hospital**
CHC	**Community Health Centre**
CMHO	**Chief Medical and Health Officer**
CS	**Civil Surgeon**
CTT	**Conventional Tubectomy**
DAO	**District AYUSH Officer**
DAM	**District Account Manager**
DCM	**District Community Mobilizer**
DEIC	**District Early Intervention Centre**
DEO	**Data Entry Operator**
DH	**District Hospital**
DIO	**District Immunization Officer**
DM	**District Magistrate**
DMC	**Designated Microscopic Centre**
DMO	**District Malaria Officer**
DOT	**Direct Observation of Treatment**
DPM	**District Programmer Manager**
DTO	**District Tuberculosis Officer**
EAG	**Empowered Action Group**
EC Pills	**Emergency Contraceptive Pills**
EDL	**Essential Drugs List**
EmOC	**Emergency Obstetric Care**
ENT	**Ear, Nose, Throat**
FP	**Family Planning**
FRU	**First Referral Unit**
GOI	**Government of India**
HFW	**Health & Family Welfare**
HIV	**Human Immuno Deficiency Virus**
HMIS	**Health Management Information System**
HPD	**High Priority District**
ICTC	**Integrated Counselling and Testing Centre**
IDR	**Infant Death Review**
IEC	**Information, Education, Communication**
IFA	**Iron Folic Acid**
IMEP	**Infection Management Environmental Plan**
IMNCI	**Integrated Management of Neonatal and Childhood illness**
IMR	**Infant Mortality Rate**
IPD	**Indoor Patient Department**
IPHS	**Indian Public Health Standard**
IUCD	**Copper (T) -Intrauterine Contraceptive Device**
JE	**Janani Express (vehicle)**
JSSK	**Janani Shishu Surksha Karyakram**
JSY	**Janani Surksha Yojana**
LBW	**Low Birth Weight**
LHV	**Leady Health Visitor**
LSAS	**Life Saving Anaesthesia Skill**
LSCS	**Lower Segment Caesarean Section**
LT	**Lab Technician**
LTT	**Laparoscopy Tubectomy**
MCH	**Maternal and Child Health**
MCP Card	**Mother Child Protection Card**
MCTS	**Maternal and Child Tracking System**
MDR	**Maternal death Review**
M&E	**Monitoring and Evaluation**
MMR	**Maternal Mortality Ratio**
MMU	**Medical Mobile Unit**
MP	**Madhya Pradesh**
MPW	**Multi Purpose Worker**
MSS	**Mahila Swasthya Shivir**
MO	**Medical Officer**
MoHFW	**Ministry of Health and Family Welfare**
NBCC	**New Born Care Corner**
NBSU	**New Born Stabilisation Unit**
NCD	**Non Communicable Diseases**
NFHS-4	**National Family Health Survey-4**
NHM	**National Health Mission**
NLEP	**National Leprosy Eradication Programme**
NMA	**Non Medical Assistant**
NMR	**Neonatal Mortality Rate**
NRC	**Nutrition Rehabilitation Centre**
NRHM	**National Rural Health Mission**
NSCB	**Netaji Subhash Chandra Bose**
NSSK	**Navjaat Shishu Suraksha karyakram**
NSV	**No Scalpel Vasectomy**
Ob&G	**Obstetrics and Gynaecology**
OCP	**Oral Contraceptives Pills**
OPD	**Outdoor Patient Department**
OPV	**Oral Polio Vaccine**
ORS	**Oral Rehydration Solution**
OT	**Operation Theatre**
PFMS	**Public Financial Management System**
PHC	**Primary Health Centre**
PIP	**Programme Implementation Plan**
PMU	**Programme Management Unit**
PMDT	**Programmatic management of Drug Resistant TB**
PPIUCD	**Post-Partum Intra Uterine Contraceptive Device**
PRC	**Population Research Centre**
PRI	**Panchayati Raj Institution**
PV	**Plasmodium Vivex**
RBSK	**Rashtriya Bal Swasthya Karyakram**
RCH	**Reproductive Child Health**
RGI	**Registrar General of India**
RKS	**Rogi Kalyan Samiti**
RKSK	**Rashtriya Kishore Swasthya Karyakram**
RMNCH+A	**Reproductive, Maternal, Newborn, Child Health & Adolescent**
RNTCP	**Revised National Tuberculosis Control Program**
RPR	**Rapid Plasma Reagen**
RTI	**Reproductive Tract Infection**
SAM	**Severe Acute Malnourishment**
SBA	**Skilled Birth Attendant**
SDM	**Sub-Divisional Magistrate**
SHC	**Sub Health Centre**
SN	**Staff Nurse**
SNCU	**Special Newborn Care Unit**
STI	**Sexually Transmitted Infection**
T.B.	**Tuberculosis**
TBHV	**Tuberculosis Health Visitor**
TT	**Tetanus Toxoide**
UPHC	**Urban Primary Health Centre**
USG	**Ultra Sonography**
WIFS	**Weekly Iron Folic-acid Supplementation**
VHND	**Village Health & Nutrition Day**
VHSC	**Village Health Sanitation Committee**
WCD	**Women & Child Development**

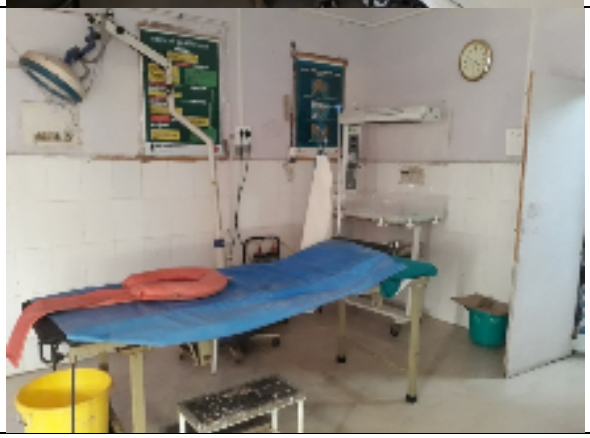
District Hospital Chhatarpur visited on 08th & 10th January, 2018








Community Health Centre (CHC) Badamalehara, District Chhatarpur visited on 9th January, 2018



Primary Health Centre (PHC) Rajnagar, District Chhatarpur visited on 11th January, 2018








Sub-Health Centre (SHC) Bamhori, District Chhatarpur visited on 9th January, 2018