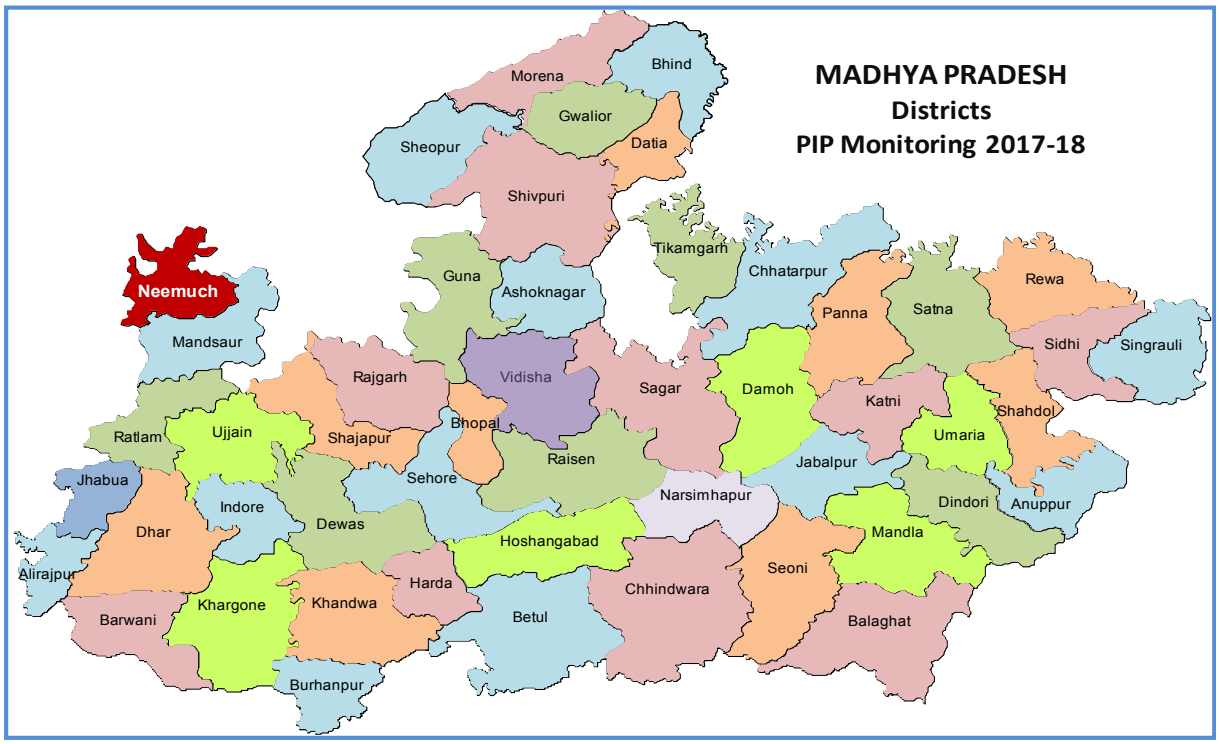
Quality Monitoring of Programme Implementation Plan 2017-18 in Madhya Pradesh

District: Neemuch



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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 Neemuch district in MP in second week of September, 2017. PRC team visited District Hospital (DH) Neemuch, CH Rampura, Community Health Centre (CHC) Manasa, 24*7 Primary Health Centre (PHC) Kukdeshwar and SHC Dadoli 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 Neemuch 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-August 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 Neemuch, CH Rampura, CHC Manasa, 24*7 PHC Kukdeshwar and SHC Dadoli 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.

PRC team assessed status of functioning of health care services under different national health programmes and new initiatives taken to strengthen the health care delivery system and monitoring and supervision processes. Monitoring included critical areas like maternal and child health, immunization, family planning, adolescent health,

AYUSH services, human resources, programme management and status of HMIS and RCH Portal data. The team also discussed various issues related to maternal and child health services, infrastructure, human resources with officials at the district and block level.

This report provides status of implementation of different health programme with the help of available secondary data from HMIS and some other sources. Checklists for different health facilities were used to ascertain the availability of services. During monitoring, exit interviews of recently delivered women were carried out. The team discussed regarding knowledge about health programmes and facilities availed by JSSK/JSY beneficiaries and other patients at the visited health institutions.

Salient Observations

- There are 16 designated delivery points, out of which 04 are L-1, 09 are L-2 and DH Neemuch and CH Rampura & Singouli are L-3 delivery points.
- In Neemuch district, one DH, two CHs, three CHCs, 20 PHCs and 115 SHCs are functioning from government building.
- Building conditions of all the visited health facilities is very good except the DH. CH Rampura also runs in the British time old scattered building but its condition is not as bad as DH. All other visited facilities building are in good condition. DH Neemuch is functioning from a very old building and some new construction such as NRC and some maternity ward is being done at first floor.
- Total functional bed capacity reported in rural health facilities i.e. CHCs, PHCs and SHCs in Neemuch district is 121 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 300 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 Neemuch 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 among the visited health facilities.

- Roshni Clinic has been initiated in DH Neemuch to deal with the rising infertility issues. Doctors at DH, Neemuch have been trained and are providing services to women in the age 15-49 years.
- DH Neemuch has a separate AYUSH OPD room among the visited facilities. The AYUSH health facilities in Neemuch run under state AYUSH department. There is one AYUSH dispensaries under NHM, functioning in the district.
- Among the visited CEmOC facilities only DH Neemuch has the full range of services. Newly constructed trauma centre is ready to function in front of DH building. CHC Manasa has a fully functional OT and blood storage unit, but due to non-availability of anaesthetist no operation and caesarean section 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.
- Among all the visited health facilities, DH Neemuch has a full functional SNCU; CHC Manasa has a full functional NBSU, while CH Rampura, PHC Kukdeshwar and SHC Dadoli have a functional NBCC with phototherapy unit and radiant warmer.
- There are 4 NRCs in Neemuch district with total 50 bed capacity. More NRCs must be established in the district; especially in remote areas to facilitate more SAM children with required services.
- In Neemuch district the RBSK programme is functional since April 2015. There are three RBSK teams in three blocks. Ideally two teams in each block are formed but due to unavailability of doctors and support staffs, only one RBSK team functional in each block. Each team comprises of one AYUSH doctors, one pharmacist cum data entry operator and one ANM.
- Neemuch district is presently providing full range of family planning services at the visited DH, CH, 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 Neemuch since 15th August, 2016.
- Disease control programme for malaria, RNTCP, TB and leprosy are functioning in all the visited health facilities.
- 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 Neemuch 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 it is getting collected on alternate day at DH, CH 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. All the visited health facilities have clean and usable toilets. Among all the visited facilities, PHC Kukdeshwar is found to be an admirable one with having very neat and clean facility as well as its outer campus with boundary and greenery. The cleaning staffs at the health facilities are centrally 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 Neemuch district presently 142 health facilities (1 DH, 2 CHs, 3 CHCs, 1 UPHC, 20 PHCs and 115 SHCs) are reporting online for HMIS.
- 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.

Key Conclusions and Recommendations

Strengths

- ✓ The buildings of all the visited health facilities are in good condition except DH. The physical appearance of the building as well as premises of CH Rampura, CHC Manasa and PHC Kukdeshwar 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 is not started in the district, though DIEC services at the DH are presently running through OPD service for differently-able children and adolescents.
- ✓ Although budget allotment is untimely, efforts are made to pay the ASHA and JSY beneficiaries at earliest, some pendency was observed.
- ✓ Segregation of bio-medical waste is being done at DH Neemuch 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, CH 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.

- ✓ '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

- ✓ 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, medical officers, anaesthetists, SNs, 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 periphery as well. There is an urgent need of doctors, especially gynaecologists, surgeon and anaesthetists.

- ✓ There is paucity of staff quarters in all the visited health facilities. DH has 13 MO quarters and 30 quarters for other category, CH Rampura has only one quarter for MOs and two quarters for other category. CHC Manasa has three MO quarters and one quarter for other category. SHC Dadoli has one ANM quarter.

- ✓ 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 central 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.
- ✓ 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.
- ✓ The PRC team found that DPMU was no cooperative with the team and DPM shows extreme of negligence and importance of MoHFW PIP study. Despite having several follow up before and after visit of PRC team in the district, DPM didn't provide several required data to PRC team. It is also found that information of PRC team visit in the district has been shared with the periphery facility just one day before the team started visit in the district. This may perhaps, happening because of their job service issues, lack of some staffs, agitation with the state etc, but this type of attitude from a senior level official can't be acceptable.

Action Points for DH Neemuch

- ✓ The hospital administrator's (manager) post at DH should be restarted as it is hampering the smooth functioning of administrative work at district hospital.
- ✓ Posting of Civil Surgeon is immediately needed for smooth functioning of DH as well as its administration.
- ✓ The DH building is very old and scattered building of British time. Rain water enters in the MCH wing passage and room due to down level. The DH area with present structure is very difficult to address this era of service. A new DH building is strongly recommended for providing good health care services to the people of Neemuch district.
- ✓ There is lack of coordination between DH and DPM unit, which needs to be addressed on most urgent basis.
- ✓ Due to lack of space in the DH ward, many beds for in-patients are shifted in the passage of the wards.
- ✓ More Staff quarters need to be constructed for all category staff at DH.

Action Points for CH Rampura

- ✓ CEmOC facilities of CH Rampura need strengthening in terms of specialist doctors and logistics to be functional and perform as per CEmOC norms.
- ✓ Civil Hospital of 52 beds is functioning under two medical officers. CH doesn't have gynaecologist, surgeon & anaesthetist and BSU facility. These post needs to be filled urgently for functioning as civil hospital.
- ✓ CH is also running in very old building of British time and different sections are running in separate scattered building. Although building looks good from outside but this is neither suitable for a civil hospital nor as per the IPHS. So new CH building as per IPHS norms should be constructed with full infrastructure and staffs.
- ✓ CH only has NBCC with two radiant warmer. Establishment of NBSU with required staffs is immediately needed in the CH.
- ✓ More Staff quarters need to be constructed for all category staff at CH.

Action Points for CHC Manasa

- ✓ CEmOC facilities CHC Manasa need strengthening in terms of specialist doctors and logistics to be functional and perform as per CEmOC norms.
- ✓ Newly established BSU at CHC is functioning. There is also gynaecologist surgeon but due to non availability of anaesthetist and general surgeon, no caesarean delivery or other surgery done at CHC. These post needs to be filled urgently.
- ✓ CHC is functioning in two part of a main road. It will be quite better if whole CHC get constructed in a campus and as per the IPHS norms.
- ✓ NRC is functioning in other part of the facility.
- ✓ More Staff quarters need to be constructed for all category staff at CHC.

Action Points for PHC Kukdeshwar

- ✓ The PHC building is very good and much bigger comparison to other PHCs. This PHC is functioning as a good facility, but there is just one MO posted here. It is noticed that if as per the BEmOC norms all the staffs got posted here, this facility may proved as a model PHC in the district.
- ✓ There are no staff quarters in the PHC, although facility has huge area to build up the quarters for all category staffs. It is therefore suggested that budget for construction of quarters should be sanction for this facility on priority basis.
- ✓ Security staff is urgently needed. More cleanliness staff is needed to maintain the present status of cleanliness and greenery of the facility.

Action Points for SHC Dadoli

- ✓ The SHC Dadoli is functioning from a newly constructed building with ANM quarter and all sided boundary wall. But it is seen that newly constructed labour room is

being used as a store and delivery is done in older labour room with having unhygienic condition. It is therefore recommended that new labour room and SHC should be made functional on most urgent basis.

- ✓ There is only one ANM posted at this delivery point SHC and she is residing in the quarter as well. She told about some security threat from outsiders. There is no any security or cleaning staff posted at SHC. So it is recommended that one more ANM and one cleaning/security staff should be posted at SHC.
- ✓ Some expiry medicine seen at the facility, so it is recommended that medicine sock should be properly checked and monitored by the block level authority in the facility.
- ✓ The battery of the inverter is not working properly; it needs to be replaced immediately for smooth supply of electricity at the facility.

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

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 Neemuch district in MP in second week of September, 2017. PRC team visited District Hospital (DH) Neemuch, CH Rampura, Community Health Centre (CHC) Manasa, 24*7 Primary Health Centre (PHC) Kukdeshwar and SHC Dadoli 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 Neemuch 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-August 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 Neemuch, CH Rampura, CHC Manasa, 24*7 PHC Kukdeshwar and SHC Dadoli 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). Neemuch district is one of the 51 districts of Madhya Pradesh state in central India. Neemuch district is bordered

by Rajasthan state on the west and north and Mandsaur district (MP) to the east and south. Neemuch district is part of Ujjain Division. The district is divided into 4 tehsils, 798 villages and 3 blocks namely, Neemuch, Manasa and Jawad.

Key Socio-Demographic Indicators

Sr.	Indicator	MP		Neemuch	
		2001	2011	2001	2011
1	No. of Districts	45	50	-	-
2	No. of Blocks	333	342	3	3
3	No. of Villages	55393	54903	806	798
4	No. of Towns	394	476	8	9
5	Population (Million)	60.34	72.63	0.7	0.8
6	Decadal Growth Rate	24.3	20.3	21.4	13.8
7	Population Density (per (Km2)	196	236	171	194
8	Literacy Rate (%)	63.7	70.6	66.2	71.8
9	Female Literacy Rate (%)	50.3	60.6	49.0	57.3
10	Sex Ratio	919	930	950	959
11	Sex Ratio (0-6 Age)	932	918	931	918
12	Urbanization (%)	26.5	27.6	28.0	29.7
13	Percentage of SC (%)	15.2	15.6	12.5	13.5
14	Percentage of ST (%)	20.3	21.1	8.5	8.6
Source: Census of India 2001, 2011 various publications, RGI.					

According to the 2011 census Neemuch District has a population of 8,25,958. The population density of Neemuch district is 194 persons per sq. km as compared to 236 of M.P. The male-female sex ratio of Neemuch is 959 females per thousand males higher in comparison to 930 of M.P. as a whole. The sex ratio for 0-6 years of age group in Neemuch district has decreased from 931 in 2001 to 918 in 2011 and is equal to the average sex ratio of M.P. The decadal growth rate of Neemuch has decreased from 21.4 percent to 13.8 percent during 2001-2011. Female literacy rate has increased by 8 percentage points in Neemuch district from 49.0 percent in 2001 to 57.3 percent in 2011 which is lower than the state average. The child (0-6 years) sex ratio of Neemuch district has decreased from 931 in 2001 to 918 in 2011 and is equal to the average of M.P.

Sr.	Indicator	MP	Neemuch
1.	Infant Mortality Rate (per 1000 live birth)		
	2010-11	67	59
	2011-12	65	56
	2012-13	62	55
2.	Neonatal Mortality Rate(Per 1000 live birth)		

	2010-11	44	38
	2011-12	43	37
	2012-13	42	37
3.	Post Neonatal Mortality Rate(per 1000 live birth)		
	2010-11	22	21
	2011-12	21	19
	2012-13	21	18
4.	Maternal Mortality Ratio (per 100,000 live birth)		
	2010-11	310	268
	2011-12	277	206
	2012-13	227	176
5.	Sex Ratio at Birth		
	2010-11	904	942
	2011-12	904	933
	2012-13	905	935
6.	Postnatal Care received within 48 Hrs. after delivery		
	2010-11	74.2	81.1
	2011-12	77.8	85.6
	2012-13	80.5	85.5
7.	Fully Immunized Children age 12-23 months (%)		
	2010-11	54.9	66.3
	2011-12	59.7	69.2
	2012-13	66.4	74.7
8.	Unmet Need for Family Planning (%)		
	2010-11	22.4	21.4
	2011-12	21.6	21.4
	2012-13	21.6	22.3
Source: Sr. 1 to 8 (AHS Reports)			

The latest round of AHS 2012-13, for M.P. reveals that Neemuch district has IMR rates lower than that of M.P. as a whole (M.P.62; Neemuch 55). Neonatal mortality rate is also low in the district. Maternal mortality ratio is 176 per one lakh live births for Neemuch administrative division. Sex ratio at birth is high at 935 females per 1000 males in Neemuch district as compared to state average (905/1000 males). Service delivery data indicates 22.3 percent unmet needs for family planning and only 74.7 percent fully immunized children.

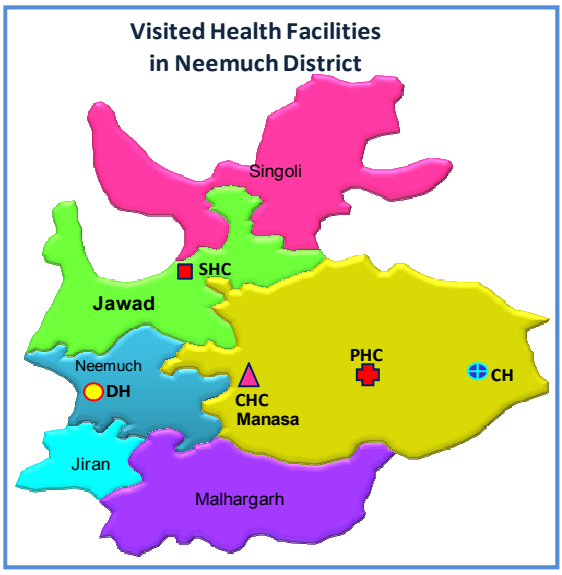
Based on composite index of performance on pregnancy care, child birth, postnatal, maternal, new born care, and reproductive age group obtained from HMIS data for 2016-17 district Neemuch with an overall index of 0.385 ranks 22nd among 51 districts in the state level ranking and 287th among 676 districts (as of June, 2016) in India.

3. Health Infrastructure in Neemuch District

Neemuch 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, two CHs and one urban PHC. In rural areas 03 CHCs, 20 PHCs and 115 SHCs are providing health services. In Neemuch district all the government health facilities are functioning from government buildings.

Existing Health Facilities and Health Facilities Visited		
Health Facility	Number	Health Facility Visited
District Hospital	01	DH Neemuch
Civil Hospital	02	CH Rampura
Community Health Centres	03	CHC Manasa
Primary Health Centres	20	PHC Kukdeshwar (24*7)
Sub Health Centres	115	SHC Dadoli (delivery point)
AYUSH	01	

Besides this, there are one AYUSH health facilities under NHM, functioning in the district. DH Neemuch is sanctioned as a 300 bedded hospital and presently it is functional as 200 bedded and all the two L3 CHs are 100 bedded. Nine L2 facilities with 3 CHCs and 6 PHCs are 67 bedded. There are four L1 facilities, 3 PHCs and one SHC (the visited SHC, Dadoli) functional as level 1 delivery points having total 14 functional beds. In total 421 beds are available in the district with a population of 8.25 lakhs, 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 Neemuch is easily accessible from the main road. DH Neemuch caters to around 9 lakhs population of Neemuch and nearby districts of M.P. and Rajasthan. CH Rampura caters around 70 thousands and CHC Manasa caters to around 1.5 lakhs population. PHC Kukdeshwar caters around 30,000 populations in the periphery and SHC Dadoli caters to about 5,000 populations.

- Staffs quarter is a serious concern in the district, especially in the periphery; DH Neemuch has 13 MO quarters and 30 quarters for other category, CH Rampura has one MO quarter and two quarters for other category, CHC Manasa has three MO quarters and one quarter for other category while PHC Kukdeshwar has no staff quarters. SHC Dadoli has one ANM quarter. The condition of most of these quarters is not so good.
- DH Neemuch has a bed capacity of 200 beds (sanctioned 300 beds). CH Rampura has 52 beds and CHC Manasa has 30 beds, PHC Kukdeshwar six and SHC Dadoli has two beds for in patients.
- All the visited health facilities have power back up in the form of generator or inverter. Water supply is available with overhead tanks in all the visited facility.
- All the visited health facilities have clean and functional labour room with attached clean toilets. SHC new labour room is not functional.
- Facilities for bio-medical waste segregation were observed in all the health facilities. The BMW service is out sourced in the district. Disposal of hospital waste in PHC Kukdeshwar and SHC Dadoli is being done in closed pits.
- Functional help desk was seen in only at DH Neemuch.

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

- Human Resource (HR) for health is grossly insufficient in the district, not only as per population norms but in terms of requirements for different health services and various national health programmes.
- DH Neemuch has one gynaecologist, one paediatrician, one medicine specialist, two surgeons, one ENT specialist, one anaesthetist and one ophthalmologist posted against its sanctioned specialists post.
- There is paucity of specialists and lady MOs in the district. Caseload is high on DH Neemuch and CH Rampura and CHC Manasa.
- In DH Neemuch, there are 11 MOs, two radiographers, two lab technicians and on pathologist are in position.
- In the DH there are only 34 Staff nurses and four ANMs in position.
- 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) setup in still not started in Neemuch district.
- In CH Rampura, all the specialist posts are vacant. There are two MOs, three staff nurses, one pharmacist, one compounder, one radiographer, one LT and four ANMs are providing services at the facility.
- In CHC Manasa, all the specialist posts are vacant. There are six MOs, 10 staff nurses, two pharmacists, one compounder, one ophthalmic assistant, two LTs and five ANMs are providing services at the facility.
- At PHC Kukdeshwar, there are only one MO, one LT, one SN, one ophthalmic assistant, two ANMs and one dresser is working.
- At SHC Dadoli, there are only one ANM, providing all the clinical services at the delivery point.

- In the DPMU section, district programme manager (DPM), district monitoring and evaluation officer (DM&EO), sub engineer, routine immunization data manager, district RKSK coordinator, four data entry operators (DEO), two block programme manager (BPM) and two block community mobilizer (BCM) are working in Neemuch district.
- District should ensure filling-up all the sanctioned posts, at least at all the identified delivery points, in order to provide full range of health services. The staffs trained in various skills need to be posted optimally at rural and remote health facilities.

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 Neemuch, CH Rampura, CHC Manasa and PHC Kukdeshwar, none of the facility has any EmOC trained MO. Three BEmOC trained staffs are at PHC. Among the visited facilities, only one LSAS trained MO is at CH.
- 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 CEmOC 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 Neemuch 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. Separate Trauma care centre building is ready but not yet started functioning at DH Neemuch. There is fully functional Blood Bank at DH Neemuch and Blood Storage Unit at CHC Manasa.
- Most of the diagnostic tests are available in the DH except for CT scan and endoscopy.
- 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 DH, CH and PHC. SHC Dadoli has labour room along with NBCC corner with one radiant warmer, weighing scale (Baby and Adult), emergency tray with medicine and injections.
- Surgical diathermies and c-arm units are available in DH; laparoscopes are available only in DH Neemuch. OT lights and anaesthesia machines are only available at DH. Functional ventilators are not available at any of the visited facility. Majority of the essential drugs are available in all the visited health facilities and there is a computerized inventory management system in the DH, CH, CHC and PHC.

AYUSH Services

- In Neemuch AYUSH dispensaries are running through state AYUSH department. There is one AYUSH dispensary reported under NHM in the district.
- OPDs of AYUSH are integrated with DH 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. 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.

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

- Neemuch district has three functional L3 facilities (DH Neemuch & 2 CHs), nine L2 facilities and four L1 facilities 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.
- DH Neemuch has reported 1980 deliveries among which 136 were caesarean deliveries and 47 are night (8pm-8am) deliveries. In CH Rampura out of 401

deliveries, 129 have been done at night (8pm-8am). In CHC Manasa out of 800 deliveries, 336 have been done at night (8pm-8am). In PHC Kukdeshwar out of 127 deliveries, 65 took place between 8 pm to 8 am and in SHC Dadoli out of 15 deliveries 6 have been done at night (8pm-8am) in April-August 2017.

- 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.
- Among the visited CEmOC facilities DH Neemuch has the full range of services given in the below table.

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

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

- Almost all the mothers in post natal ward reported about initiation of breastfeeding within one hour of delivery in the visited health facilities (21.4 percent, NFHS-4).

7.1 Maternal Death Review (MDR)

- All the visited health facilities are maintaining maternal death registers and line listing of maternal deaths.
- Two maternal deaths have been reported at DH. No maternal deaths were reported in the CH Rampura, CHC Manasa and PHC Kukdeshwar during April-August 2017.

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, CH and CHC but not at PHC Kukdeshwar and SHC Dadoli.

- 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.
- Twenty 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 visited PHC & SHC and all the women utilise the delivery care at these facilities, stay for minimum 48 hours as per norms except SHC Dadoli, 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 percent is done by district authorities.
- JSY payments were made to 1326 beneficiaries at DH, 173 at CH Rampura and 101 beneficiaries at PHC Kukdeshwar as on date of visit in Neemuch district.
- No JSY payment has been given to any beneficiaries before getting discharge from the facility. It is almost taking a month to get the money transferred in the beneficiaries account through PFMS.
- 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.
- 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 Neemuch district.

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 Neemuch has a 10 bedded SNCU, with necessary equipments and availability of trained MOs and staff nurses. There are 22 radiant warmer available in the DH. During April-August, there were 686 admissions (In-born: 358; Out-born: 328) in the SNCU and 97 neonates died during April-August 2017. There are 23 children referred to higher facility and seven LAMAs have been reported during this period.
- There is one NBSU at CHC Manasa among the visited health facilities. During April-August, there were 103 admissions (In-born: 92; Out-born: 11) in the NBSU and 30 neonates died and 30 has been referred to higher facility during April-August 2017.

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 four NRCs in Neemuch district one 20 bedded NRC in the DH and 10 bedded NRCs in three other facilities. Thus there are 50 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 Neemuch, CH Rampura and CHC Manasa are found fully functional with trained staff and all necessary equipments available. In DH 243, CH Rampura 113 and CHC Manasa 116 SAM children were admitted to NRCs during April-August 2017. Average length of stay in NRCs is around 14 days at DH, CH and CHC respectively.

8.3 Immunization

- CH Rampura, CHC Manasa and PHC Kukdeshwar 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, CH, PHC and SHC.
- Immunisation services are available in DH Neemuch, CH Rampura and CHC Manasa 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 Kukdeshwar 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 Neemuch district the RBSK programme is functional since April 2015.
- There are three RBSK teams in three blocks. Ideally two teams in each block are formed but due to unavailability of doctors and support staffs, only one RBSK team functional in each block. Each team comprises of one AYUSH doctors, one pharmacist cum data entry operator and one ANM. As per the available data from two teams from Manasa block, 17188 children were screened and 2245 has been identified with problems and 852 has been referred to higher facility.
- 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.
- Neemuch 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 CH, CHC and PHC on fixed days in a month. 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.
- During April-August, 2017, 27 family planning operations, 31 minilap sterilisation and nine NSV have been performed at DH, 296 family planning, two minilap sterilisation and two NSV at CHC. During this period 282, 04, 55, 10 and 06 women were provided IUCD services at the DH, CH, CHC, PHC and SHC respectively. All the visited health facilities are providing condom and oral pills services for the method of family planning too.

10. Adolescent Health Services (Swasthya Samwad Kendra)

- Adolescent health services are an important dimension of overall umbrella of health care services.
- It is observed that ARSH service has been merged & restructured and integrated with 'Swasthya Samwad Kendra (SSK)'. The SSK has been established in DH Neemuch and counselling service for adolescents, ICTC, FP, breast feeding, nutrition under one roof has been initiated. There is one counsellor appointed for providing counselling services.

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. All the visited health facilities have clean and usable toilets. Among all the visited facilities, PHC Kukdeshwar is found to be an admirable one with having very neat and clean facility as well as its outer campus with boundary and greenery. The cleaning staffs at the health facilities are centrally 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 except DH. DH is

running in very old scattered building and a new DH building is strongly recommended for providing good health care services to the people of Neemuch district.

- 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 Dadoli.
- It was observed that all the cleanliness, procedural and service related protocols and charts are displayed at proper places in DH Neemuch, CH Rampura, CHC Manasa and PHC Kukdeshwar with adequate protocol posters in labour rooms and observed that all protocols are being followed properly. Fumigation is done only at DH among the visited health facilities.
- Kayakalp workshop was going on in Neemuch. Several initiatives have been taken by the health facilities under Kayakalp, like providing ROs for safe drinking water in the health facilities.

Biomedical Waste Management

- Segregation of bio-medical waste is being done at DH Neemuch, CH Rampura, CHC Manasa, PHC Kukdeshwar and SHC Dadoli. Facilities have colour coded bins placed in OT, labour room and in laboratory at all the visited facility.
- Biomedical waste management is outsourced to a Ratlam based private agency. The bio-medical waste is collected on alternate day at DH, CH 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 only observed in CHC & PHC among the visited facilities in Neemuch district.

- All the visited health facilities have signages which are clearly displayed in each and every section of the hospital except SHC Dadoli.
- Citizen Charter was not observed in any of the visited health facilities in the district.
- Timing of the health facility and list of services available and complaint box were observed in DH, CHC and PHC among all the visited health facilities.
- Display of partographs, clinical protocols, EDL with information on free drug distribution, 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.

Essential Skills of Staff

- On quality parameter, the staffs (SN, ANM) of DH Neemuch, CH Rampura, CHC Manasa, PHC Kukdeshwar and SHC Dadoli 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 reported by DH, CH and CHC among the visited health facilities. Laundry service is being done through washerman at all the visited health facilities except SHC Dadoli.
- Dietary service is available at all the visited health facilities. It is outsourced at PHC Kukdeshwar.
- 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, CH, 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.

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)

- There is no district community mobilizer (DCM) is posted in Neemuch district. Among the three blocks only two blocks have Block Community Mobilizer (BCM).
- Skill development of ASHAs is a continuous process. Fifth 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 Neemuch 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 and ASHA payments also depending on availability of funds as well.

Urban Health

- The urban health programme is at an elementary stage in all wards of Neemuch city. Presently, there is one urban PHC running in the city with normal OPD services, having five ANMs and one pharmacist. All the selected urban ASHAs have received third round of training for 6-7th modules till now.

15. Disease Control Programmes:

- Neemuch district has a district program officer each in-charge of Malaria, TB and Leprosy disease programs. The FRUs and CHCs 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 Neemuch, CH Rampura, CHC Manasa

and PHC Kukdeshwar which are providing services with adequate availability of rapid diagnostic kits and drugs. In April-August 2017, 568, 22254, 112, 203 slides in CH Rampura, CHC Manasa, PHC Kukdeshwar and SHC Dadoli respectively were prepared.

- Treatment units under Revised National Tuberculosis Programme (RNTCP) in Neemuch district are functional in all the visited health facilities.
- A total of 284, 1834, 11 and 4 sputum tests were reported respectively from CH Rampura, CHC Manasa, PHC Kukdeshwar and SHC Dadoli and 22, 89, 0 and 4 were reported to be positive at these health facilities.
- National Leprosy Eradication Programme (NLEP) is functional and seven new cases were detected at CHC Manasa. None of the other visited facilities provided any data on NLEP to the team.
- 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 Neemuch, one regular clerical staff is recently posted as District M&E Officer, but presently, most of the data and reporting is done through DEO only. There is only one DEO posted in DPMU for all the data entry purpose. In periphery, in three blocks, two blocks has two BCMs and two blocks has two BCMs 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 Neemuch 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 Neemuch District visited during September, 2017 **(ANNEXURE)**

1. Health Infrastructure available in Neemuch 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	Yes	00	01	200
Exclusive MCH hospital	-	-	-	-	-
SDH	02	Yes	00	02	100
UPHC	01	No	00	00	00
CHC	03	Yes	00	03	60
PHC	20	Yes	00	09	58
SCs	115	Yes	11	01	03
AYUSH Ayurvedic	01	Yes	-	-	-
AYUSH(Homeopathic)	-	-	-	-	-
AYUSH (Others)	-	-	-	-	-
Delivery Point(L1)	04	Yes	00	04	-
Delivery Point(L2)	09	Yes	00	09	-
Delivery Point(L3)	03	Yes	00	03	-

2. Physical Infrastructure

Infrastructure (Yes / No)	DH	CH	CHC	PHC	SHC
Health facility easily accessible from nearest road head	Yes	Yes	Yes	Yes	Yes
Functioning in Govt. Building	Yes	Yes	Yes	Yes	Yes
Building in good condition	No	Old	Yes	Yes	Yes
Staff Quarters for MOs	13	1	3	-	
Staff Quarters for SNs	30	2	-	-	
Staff Quarters for other categories	-	-	1	-	ANM
Electricity with power back up	Yes	Yes	Yes	Yes	Yes
Running 24*7 water supply	Yes	Yes	Yes	Yes	Yes
Clean Toilets separate for Male/Female	Yes	Yes	Yes	Yes	No
Functional and clean labour Room	Yes	Yes	Yes	Yes	No*
Functional and clean toilet attached to labour room	Yes	Yes	Yes	Yes	Yes
Clean wards	Yes	Yes	Yes	Yes	Yes
Separate Male and Female wards (at least by partitions)	Yes	No	Yes	Yes	
Availability of Nutritional Rehabilitation Centre	Yes	Yes	Yes		
Functional BB/BSU, specify	Yes	No	Yes		
Separate room for ARSH clinic	No^	No	No		
Availability of complaint/suggestion box	No	No	No	No	No
Availability of mechanisms for Biomedical waste management (BMW)at facility	Yes	Yes[#]	Yes	Yes[#]	Yes[#]
BMW outsourced	Yes	No	Yes	No	No
Availability of ICTC/ PPTCT Centre	No^	Yes	Yes		
Availability of functional Help Desk	Yes	No	No	No	No

#Pit available for BMW.*New Labour room is not functional. ^No ARSH and ICTC separate centre not available but functional under (SSK) Samwad Kendra at the DH.

3. Human Resources

Health Functionary		Required (Sanctioned)				Available				
	DH	CH	CHC	PHC	SHC	DH	CH	CHC	PHC	SHC
Gynaecologist	-	-	-			1	-	-		
Paediatrician	-	-	-			1	-	-		
Anaesthetists	-	-	-			1	-	-		
Cardiologist	-	-	-			-	-	-		
General Surgeon	-	-	-			2	-	-		
Medicine Specialist	-	-	-			1	-	-		
ENT Specialist	-	-	-			1	-	-		
Ophthalmologist	-	-	-			1	-	-		
Ophthalmic Asst.	-	-	-	-		1	-	1	1	
Radiologist	-	-	-			0	-	-		
Radiographer	-	-	-			2	1	1		
Pathologist	-	-	-			0	-	-		
LTs	-	-	-	-		2	1	2	1	
MOs	-	-	-	-		11	2	6	1	
AYUSH MOs	-	-	-	-		0	-	-	-	
LHV	-	-	-	-		-	-	1	-	
ANM	-	-	-	-	-	4	4	5	2	1
MPHW (M)	-	-	-	-	-	-	-	1	-	-
Pharmacist	-	-	-	-		2	1	2	1	
Staff Nurses	-	-	-	-	-	34	3	10	-	-
RMNCHA+ Counsellor	-	-	-	-		-	-	-	-	

*BMO of CHC comes thrice in a week.

No. of Trained Persons

Training programmes	DH	CH	CHC	PHC	SHC
CEmOC (Comprehensive Emergency Obstetric Care)	-	-	-		
LSAS (Life Saving Anaesthesia Skill)	-	1	-		
BEmOC (Basic Emergency Obstetric Care)	-	-	-	3	
SBA (Skill Birth Attended)	-	5	12	3	1
MTP (Medical Termination of Pregnancy)	-	1	1	-	
NSV (No Scalpel Vasectomy)	-	-	2	-	
F-IMNCI/IMNCI (Integrated Management of Neonatal and Childhood illness)	-	-	-	3	-
FBNC (Facility Based Newborn Care)	-	-	-	3	1
HBNC (Home Based Newborn Care)				3	1
NSSK (Navjaat Shishu Surakasha Karyakram)	-	-	2	3	1
Mini Lap-Sterilisations	-	1	2	-	
Laparoscopy-Sterilisations(LTT)	-	-	2		
IUCD (Intrauterine Contraceptive Device)	-	1	14	3	1
PPIUCD (Post-Partum Intra Uterine Contraceptive Device)	-	1	14	-	-
Blood Bank / BSU	-	1	2		
RTI/STI (Reproductive Tract Infection/Sexually Transmitted)	-	-	-	3	-
IMEP (Infection Management Environmental Plan)	-	-	-	3	-
Immunization and cold chain	-	-	14	3	1
RCH Portal (Reproductive Child Health)	-	-	2	-	-
HMIS (Health Management Information System)	-	-	3	-	1
RBSK (Rashtriya Bal Swasthya Karyakram)	-	-	14		
RKSK (Rashtriya Kishore Swasthya Karyakram)	-	-	1	1	1

Kayakalp	-	-	1	3	-
NRC and Nutrition	-	-	3		
PPTCT (Prevention of Parent to Child Transmission of HIV)	-	-	-	2	
NCD (Non Communicable Diseases)	-	-	-	1	
Nursing Mentor for Delivery Point	-	-	-		
No. Others (specify)--------Skill Lab	-	-	-	3	1
*Three batches of Dakshta training done at DH through trainer from Bhopal					

4. Other Health System Inputs

Availability of Drugs and Diagnostics, Equipments

Drugs and Diagnostics, Equipments	**DH**	**CH**	**CHC**	**PHC**	**SHC**
Availability of EDL and Displayed	No	No	No	No	No
Availability of EDL drugs	Yes	Yes	Yes	Yes	Yes
No. and type of EDL drugs not available	No	No	No	Yes	No
Computerized inventory management	Yes	Yes	Yes	Yes	No
IFA tablets	Yes	Yes	Yes	Yes	Yes
IFA tablets (blue)	Yes	Yes	Yes	Yes	Yes
IFA syrup with dispenser	Yes	Yes	Yes	Yes	No
Vit A syrup	Yes	Yes	Yes	Yes	Yes
ORS packets	Yes	Yes	Yes	Yes	Yes
Zinc tablets	Yes	Yes	Yes	Yes	Yes
Inj Magnesium Sulphate	Yes	Yes	Yes	Yes	No
Inj Oxytocin	Yes	Yes	Yes	Yes	Yes
Misoprostol tablets	Yes	No	Yes	No	No
Mifepristone tablets	Yes	No	Yes	No	No
Availability of antibiotics	Yes	Yes	Yes	Yes	Yes
Labelled emergency tray	Yes	Yes	Yes	Yes	Yes
Drugs for hypertension, Diabetes, common ailments e.g. PCM, metronidazole, anti-allergic drugs etc.	Yes	Yes	Yes	Yes	No
Adequate Vaccine Stock *available*	Yes	Yes	Yes	Yes	Yes
Supplies					
Pregnancy testing kits	Yes	Yes	Yes	Yes	Yes
Urine albumin and sugar testing kit	Yes	Yes	Yes	Yes	No
OCPs	Yes	Yes	Yes	Yes	Yes
EC pills	Yes	Yes	Yes	Yes	Yes
IUCDs	Yes	Yes	Yes	Yes	Yes
Sanitary napkins	No	Yes	Yes	Yes	Yes
Gloves, Mackintosh, Pads, bandages, and gauze etc.	Yes	Yes	Yes	Yes	Yes
Laboratory and Other Diagnostic Tests					
Haemoglobin	Yes	Yes	Yes	Yes	Yes
CBC	Yes	Yes	Yes	Yes	
Urine albumin and sugar	Yes	Yes	Yes	Yes	-
Blood sugar	Yes	Yes	Yes	Yes	
RPR	Yes	Yes	Yes	Yes	
Malaria	Yes	Yes	Yes	Yes	Yes
T.B	Yes	Yes	Yes	No	
HIV	Yes	Yes	Yes	Yes	
Liver function tests (LFT)	Yes	No	No		
No. Ultrasound scan (Ob.) done	No	No	No		
No. Ultrasound Scan (General) done	No	No	No		
No. X-ray done	Yes	598	725		

ECG	Yes	-	-		
Endoscopy	No				
Essential Equipments					
Functional BP Instrument and Stethoscope	Yes	Yes	Yes	Yes	Yes
Sterilised delivery sets	Yes	Yes	Yes	Yes	Yes
Functional Neonatal, Paediatric and Adult Resuscitation kit	Yes	Yes	Yes	Yes	Yes
Functional Weighing Machine (Adult and child)	Yes	Yes	Yes	Yes	Yes
Functional Needle Cutter	Yes	Yes	Yes	Yes	Yes
Functional Radiant Warmer	Yes	Yes	Yes	Yes	No
Functional Suction apparatus	Yes	Yes	Yes	Yes	Yes
Functional Facility for Oxygen Administration	Yes	Yes	Yes	Yes	No
Functional Foetal Doppler/CTG	No	Yes	Yes	Yes	
Functional Mobile light	Yes	-	-	-	
Delivery Tables	Yes	Yes	Yes	Yes	Yes
Functional Autoclave	Yes	No	Yes	Yes	-
Functional ILR and Deep Freezer	Yes	Yes	Yes	Yes	
Emergency Tray with emergency injections	Yes	Yes	Yes	Yes	
MVA/ EVA Equipment	Yes	Yes	No	Yes	
Functional phototherapy unit	Yes	Yes	Yes	No	
OT Equipments					
O.T Tables	Yes	Yes	Yes	Yes	
Functional O.T Lights, ceiling	Yes	Yes	Yes	Yes	
Functional O.T lights, mobile	Yes	Yes	Yes	Yes	
Functional Anaesthesia machines	Yes	Yes	Yes	No	
Functional Ventilators	No	No	No	No	
Functional Pulse-oximeters	Yes	No	No	Yes	
Functional Multi-para monitors	Yes	No	No	No	
Functional Surgical Diathermies	No	No	No	No	
Functional Laparoscopes	Yes	Yes	Yes	No	
Functional C-arm units	No	No	No	No	
Functional Autoclaves (H or V)	Yes	Yes	Yes	Yes	
Blood Bank / Storage Unit	Yes	No	No		
Functional blood bag refrigerators with chart for temp. recording	Yes	-	Yes		
Sufficient no. of blood bags available	Yes	-	14		
Check register for number of blood bags issued for BT in last quarter	4496	-	Yes		
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					No

Specialty Care Services

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

AYUSH Services

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

Laboratory Tests Available (Free Services)

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

Services	DH	CH	CHC	PHC	SHC
VDRL	Yes	Yes	Yes	Yes	No
Semen Analysis	Yes	Yes	Yes	No	No
X-ray	Yes	Yes	Yes	No	No
ECG	Yes	No	No	No	No
Liver Function Test	Yes	No	No	No	No
RPR for syphilis	Yes	Yes	Yes	Yes	No
RTI/STI Screening	Yes	No	No	No	No
HIV	Yes	Yes	Yes	Yes	No
Indoor Fees	No	10	10	No	No
OPD fees	05	05	05	05	No
Ambulance	Yes	Yes	Yes	Yes	Yes
Food for Inpatients	Yes	Yes	Yes	Yes	No

5. Maternal Health (April to August 2017)

5.1 ANC and PNC

Services Delivered	DH	CH	CHC	PHC	SHC
ANC registered	877	134	195	69	45
New ANC registered in 1st Trim	733	134	173	55	22
No. of women received 3 ANC	-	200	195	42	19
No. of women received 4 ANC	157	250	195	40	16
No. of severely anaemic pregnant women(Hb<7) listed	158	2	10	5	2
No. of Identified hypertensive pregnant women	21	-	-	5	-
No. of pregnant women tested for B-Sugar	-	-	2821	149	-
No. of U-Sugar tests conducted	-	633	2821	149	-
No. of pregnant women given TT (TT1+TT2)	1836	150	237	129	86
No. of pregnant women given IFA	877	150	197	69	45
No. of women received 1st PNC check within 48 hours of delivery	-	407	800	127	15
No. of women received 1st PNC check between 48 hours and 14 days of delivery	-	-	-	-	15
No. of ANC/PNC women referred from other institution (in-referral)	-	-	4	19	-
No. of ANC/PNC women referred to higher institution (out-referral)	-	-	52	-	-
No. of MTP up to 12 weeks of pregnancy	73	-	-	-	-
No. of MTP more than 12 weeks of pregnancy	14	-	-	-	-

5.2 Institutional Deliveries

Institutional Deliveries	DH	CH	CHC	PHC	SHC
Deliveries conducted	1980	-	800	127	15
C- Section deliveries conducted	136	-	-	-	-
No. of pregnant women with obstetric complications provided EmOC	-	-	-	-	-
No. of Obstetric complications managed with blood transfusion	-	-	-	-	-
No. of Neonates initiated breastfeeding within one hour	-	401	794	124	15
No. of Still Births	41	6	6	3	1
Deliveries conducted at Home					1

5.3 Maternal Death Review

MDR	DH	CH	CHC	PHC	SHC
Total maternal deaths reported	2	0	0	0	0
Number of maternal death reviews during the quarter	2	0	0	0	0
Key causes of maternal deaths found					

5.4 Janani Shishu Suraksha Karyakarma

JSSK	DH	CH	CHC	PHC	SHC
Free and zero expense delivery & caesarean section	Yes	Yes	Yes	Yes	Yes
Free drugs and consumables	Yes	Yes	Yes	Yes	Yes
Free diet up to 3 days during normal delivery and up to 7 days for C-section,	Yes	Yes*	Yes*	Yes*	No*
Free essential and desirable diagnostics (Blood & urine test, USG, etc) during Ante Natal Care, Intra Natal Care and Post Natal care	Yes	Yes#	Yes#	Yes#	Yes#
Free provision of blood, however relatives to be encouraged for blood donation for replacement.	Yes	No	Yes	No	No
Free transport –					
home to hospital	-	-	-	-	-
inter-hospital in case of referral	-	-	-	-	-
drop back to home	-	-	-	-	-
Exemption of all kinds of user charges	Yes	Yes	Yes	Yes	Yes
NOTE- *Food provide by outsource facility. #Except USG					

5.5 Janani Suraksha Yojana

JSY	DH	CH	CHC	PHC	SHC
No.of JSY payments made	-	-	-	-	Yes
No delays in JSY payments to the beneficiaries.	-	-	-	-	No
Full amount of financial assistance to be given to the beneficiary before being discharged from the health facility after delivery.	No	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	4
Physical (at least 5%) verification of beneficiaries to be done by district level health authorities to check malpractices.	No	No	No	No	No
Grievance redressal mechanisms as stipulated under JSY guidelines to be activated in the district.	No	No	No	No	No
Proper record maintained for beneficiaries receiving the benefit	Yes	Yes	Yes	Yes	Yes

5.6 Service delivery in post natal wards

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

6. Child Health (April to August 2017)

6.1 Special Newborn Care Unit / New Born Stabilized Unit

SNCU / NBSU	DH	CH	CHC	PHC	SHC
Whether SNCU / NBSU exist. (Yes/No)	SNCU	NBCC	NBSU	NBCC	No
Necessary equipment available (Yes/No)	Yes	-	Yes	Yes	Yes
Availability of trained MOs	4	-	Yes	1	
No. of trained staff nurses	Yes	-	Yes	Yes	Yes
No. of admissions					
Inborn	358	-	92	-	-
Out Born	328	-	11	-	-
No. of Children					
Cured	544	-	62	-	-
Not cured	97	-	30	-	-
Referred	23	-	30	-	-
Others (LAMA)	07	-	-	-	-
Note- *Radiant Warmer is not working					

6.2 Nutrition Rehabilitation Centre

NRC	DH	CH	CHC
Whether NRC exist at the facility	Yes	Yes	Yes
No. of functional beds in NRC	20	10	10
Whether necessary equipment available	Yes	Yes	Yes
No. Of staff posted in NRC	Yes	06	04
Number of admissions with SAM	243	113	116
No. of sick children referred	04	0	2
Average length of stay (in days)	14	14	14

6.3 Immunization (April to August 2017)

Immunization	DH	CH	CHC	PHC	SHC
BCG	2295	148	791	109	16
Penta1	825	120	145	73	17
Penta2	842	137	173	85	20
Penta3	899	105	170	97	26
Polio0	2295	148	791	109	16
Polio1	825	120	145	73	17
Poli02	842	137	173	85	20
Polio3	899	105	170	97	26
Hep 0	2295	148	791	109	-
Measles1	983	60	93	17	44
Measles2	680	122	127	39	29
DPT booster	518	101	127	55	29
Polio Booster	504	122	161	55	29
No. of fully vaccinated children	983	124	198	102	29
ORS / Zinc	Yes	Yes	Yes	Yes	Yes
Vitamin – A	Yes	Yes	Yes	Yes	Yes
No. of immunisation sessions planned	480	27	43	36	44
No. of immunisation sessions held	474	25	43	36	44
Maintenance of cold chain. Specify problems (if any)	No	No	No	No	-
Whether micro plan prepared	-	-	-	Yes	Yes
Whether outreach prepared	-	-	-	-	Yes
Stock management hindrances (if any)	No	No	No	No	-

Immunization	**DH**	**CH**	**CHC**	**PHC**	**SHC**
Is there an alternate vaccine delivery system	No	Yes	Yes	Yes	Yes

6.4 Rashtriya Baal Swasthya Karyakram, Manasa block

No. of Children Screened under RBSK	**Screened**	**Identified with problem**	**Referred higher facility**	**Two team available in Manasa Block**
0-6 weeks	-	-	-	
6 weeks-6 years	6272	582	259	
6 -18 years	10916	1663	593	
Total	17188	2245	852	

6.5 Number of Child Referral and Death

Child Health	**DH**	**CH**	**CHC**	**PHC**	**SHC**
No. of Sick children referred	-	-	-	5	-
No. of Neonatal Deaths	64	-	-	-	-
No. of Infant Deaths	32	-	-	-	3

7. Family Planning (April to August 2017)

Family Planning	**DH**	**CH**	**CHC**	**PHC**	**SHC**
Male Sterilization (VT+NSV)	9	-	2	-	-
Female Sterilization (CTT+LTT)	27	-	296	-	-
Minilap sterilization	31	-	2	-	-
IUCD	282	4	55	10	6
PPIUCD	67	-	308	-	-
Condoms	6200	-	-	110	480
Oral Pills	2000	175	35	41	220

8. Quality in Health Services

8.1 Infection Control

Quality	**DH**	**CH**	**CHC**	**PHC**	**SHC**
General cleanliness	Yes	Yes	Yes	Yes	Yes
Condition of toilets	Yes	Yes	Yes	Yes	Yes
Building condition	Yes	Yes	Yes	Yes	Yes
Adequate space for medical staff	Yes	Yes	Yes	Yes	No
Adequate waiting space for patients	Yes	Yes	Yes	Yes	No
Practices followed					
Protocols followed	Yes	Yes	Yes	Yes	Yes
Last fumigation done	Yes	No	No	No	No
Use of disinfectants	Yes	Yes	Yes	Yes	No
Autoclave functioning	Yes	Yes	Yes	Yes	No

8.2 Biomedical Waste Management

BMW	**DH**	**CH**	**CHC**	**PHC**	**SHC**
Whether bio-medical waste segregation done	Yes	Yes	Yes	Yes	Yes
Whether outsourced	Yes*	Yes*	Yes*	No	No
If not, alternative arrangement Pits-1 / Incineration-2 / Burned -3 / Others (specify) --4	-	-	-	1	1
***Outsourced come on alternate day**					

8.3 Information Education & Communication (Observed during facility visit)

IEC	**DH**	**CH**	**CHC**	**PHC**	**SHC**
Whether NRHM logo displayed in both languages	No	No	Yes	Yes	No

IEC	DH	CH	CHC	PHC	SHC
Approach road have direction to health facility	No	No	No	No	Yes
Citizen Charter	No	No	No	No	No
Timing of health facility	Yes	No	Yes	Yes	No
List of services available	Yes	Yes	Yes	Yes	No
Protocol poster	Yes	No	Yes	Yes	No
JSSK entitlements (displayed in ANC clinic/PNC clinic/wards)	No	No	Yes	No	No
Immunization schedule	Yes	No	No	Yes	No
FP IEC	Yes	Yes	No	Yes	No
User charges	No	Yes	Yes	No	No
EDL	Yes	No	Yes	No	No
Phone number	Yes	No	No	No	No
Complaint/suggestion box	No	No	No	No	No
Awareness generation charts	No	No	No	No	No
RKS member list with phone no.	No	No	No	No	No
RKS income/expenditure for previous year displayed publically	No	No	No	No	No

8.4 Quality Parameter of the facility

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

9. Community Processes

9.1 Accredited Social Health Activist

ASHA	CH	CHC	PHC	SHC
Number of ASHAs required	-	236	-	3
Number of ASHAs available	-	213	3	6
Number of ASHAs left during the quarter	-	2	-	1
Number of new ASHAs joined during the quarter	-	1	-	1
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 and oral pills) to all ASHAs	-	Yes	Yes	Yes
Highest incentive to an ASHA during the quarter	-	24000	-	-
Lowest incentive to an ASHA during the quarter	-	1800	-	-
Whether payments disbursed to ASHAs on time	-	Yes	-	Yes
Whether drug kit replenishment provided to ASHAs	-	No	-	Yes
ASHAs social marketing spacing methods of FP	-	Yes	-	No

10. Disease Control Programmes

Disease Control	DH	CH	CHC	PHC	SHC
National Malaria Control Programme					
Number of slides prepared	-	568	22254	112	203
Number of positive slides	-	0	1	0	0
Availability of Rapid Diagnostic kits (RDK)	-	Yes	Yes	Yes	-
Availability of drugs	-	-	Yes	Yes	-
Availability of staff	-	-	Yes	Yes	Yes
Revised National Tuberculosis Programme (RNTCP)					
Number of sputum tests	-	284	1834	11	4
No. of positive tests	-	22	89	0	4
Availability of DOT medicines	-	-	Yes	Yes	-
All key RNTCP contractual staff positions filled up	-	-	Yes	-	-
Timely payment of salaries to RNTCP staff	-	-	Yes	-	-
Timely payment to DOT providers	-	-	Yes	Yes	Yes
National Leprosy Eradication Programme (NLEP)					
Number of new cases detected	-	-	7	-	-
No. of new cases detected through ASHA	-	-	0	-	-
No. of patients under treatment	-	-	9	-	-

11. Non Communicable Diseases

NCD	DH	CH	CHC	PHC
NCD Services	Yes	No	No	No
Establishment of NCD clinics	-	-	-	
Type of special clinics	-	-	-	
Availability of drugs	-	-	-	-
Type of IEC material available for prevention of NCDs	-	-	-	-
No. of staff trained in NCD MO SN Other	-	-	-	-

12. Record maintenance

Record	DH	CH	CHC	PHC	SHC
OPD Register	Yes	Yes	Yes	Yes	Yes
IPD Register	Yes	Yes	Yes	Yes	No
ANC Register	Yes	Yes	Yes	Yes	Yes
PNC Register	Yes	Yes	Yes	No	No
Indoor bed head ticket	Yes	No	Yes	No	No
Line listing of severely anaemic pregnant women	Yes	No	-	Yes*	Yes*
Labour room register	Yes	Yes	Yes	Yes	Yes
Partograph	Yes	Yes	Yes	Yes	No
FP-Operation Register (OT)	Yes	NA	Yes	No	
OT Register	Yes	NA	Yes	No	
FP Register	Yes	Yes	Yes	Yes	Yes
Immunisation Register	Yes	Yes	Yes	Yes	Yes
Updated Micro plan	Yes	Yes	Yes	Yes	Yes
Blood Bank stock register	Yes	NA	Yes		
Referral Register (In and Out)	Yes	Yes	Yes	Yes	Yes
MDR Register	Yes	Yes	Yes	Yes	No

Record	**DH**	**CH**	**CHC**	**PHC**	**SHC**
Infant Death Review and Neonatal Death Review	Yes	Yes	Yes	Yes	Yes
Drug Stock Register	Yes	Yes	Yes	Yes	No
Payment under JSY	Yes	Yes	Yes	Yes	No
Untied funds expenditure (Check % expenditure)	Yes	Yes	Yes	Yes	Yes
AMG expenditure (Check % expenditure)	Yes	Yes	Yes	Yes	NA
RKS expenditure (Check % expenditure)	Yes	Yes	Yes	NA	NA
*Line listing of severely anaemic PW recorded in ANC & PNC register.					

13. Health Management Information System and Mother Child Tracking System

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

14. Additional and Support Services

Services	**DH**	**CH**	**CHC**	**PHC**
Regular Fogging (Check Records)	Yes	Yes	Yes	No
Functional Laundry/washing services	Yes	Yes	Yes	Yes
Availability of dietary services	Yes	Yes	Yes	Yes
Appropriate drug storage facilities	Yes	Yes	Yes	Yes
Equipment maintenance and repair mechanism	Yes	Yes	Yes	Yes
Grievance Redressal mechanisms	Yes	Yes	Yes	Yes
Tally Implemented	Yes	Yes	Yes	No

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**

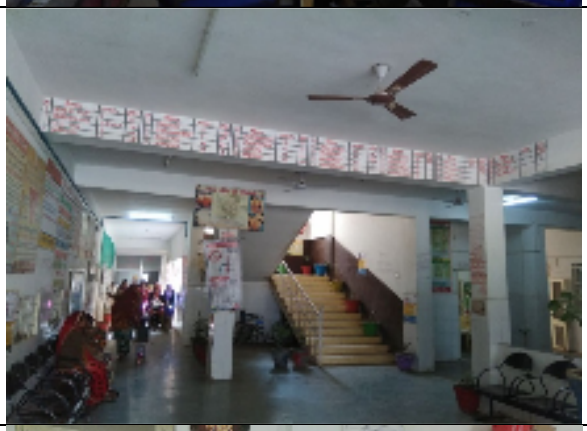
District Hospital Neemuch visited on 10th & 11th September, 2018

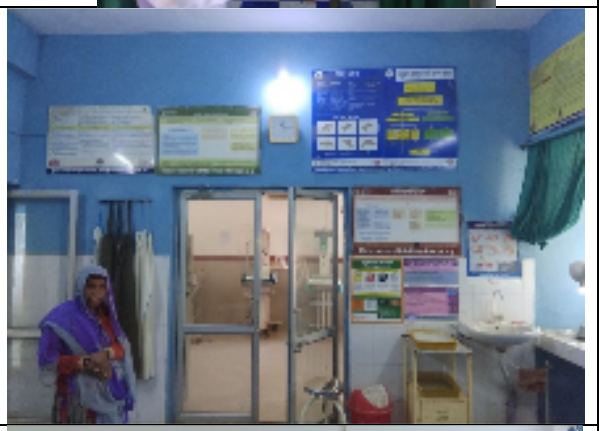




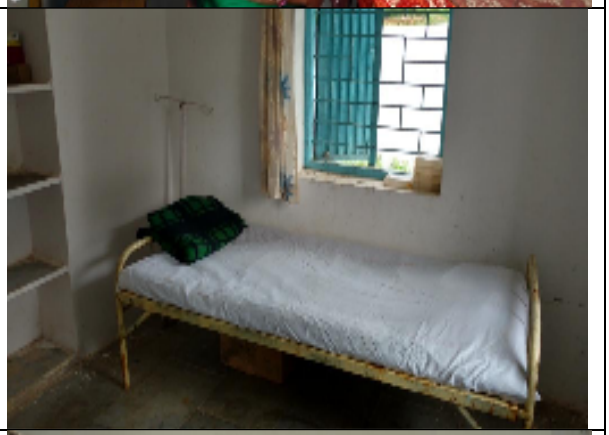


Community Health Centre (CHC) Manasa, District Neemuch visited on 12th September, 2018





Sub-Health Centre (SHC) Dadoli, District Neemuch visited on 12th September, 2018



Primary Health Centre (PHC) Kukdeshwar, District Neemuch visited on 13th September, 2018

Civil Hospital (CH) Rampura District Neemuch visited on 13th September, 2018