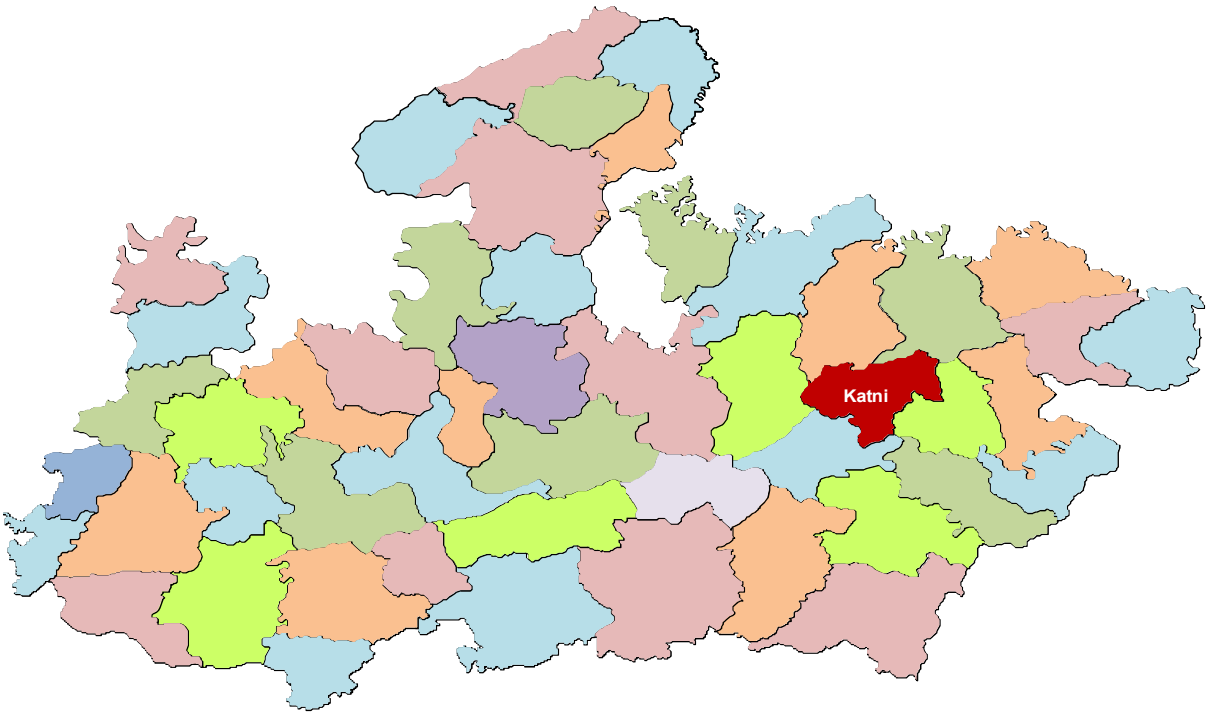
Quality Monitoring of Programme Implementation Plan 2017-18 in Madhya Pradesh

District: Katni



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Contents

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

Executive Summary

The Ministry of Health and Family Welfare 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 Katni district in MP in second week of June, 2017. PRC team visited District Hospital (DH) Katni, CH Vijayraghavgarh, Community Health Centre (CHC) Barhi, 24*7 Primary Health Centre (PHC) Sleemnabad and SHC Khitouli, 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 Katni 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-May 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 Katni, CH Vijayraghavgarh, CHC Barhi, 24*7 PHC Sleemnabad and SHC Khitouli 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.

- Katni district provides health services through rural and urban health facilities both in rural and urban areas of Katni. In total 1 DH, 1 SDH, 02 UPHCs, 6 CHCs, 18 PHCs and 159 SHCs are providing health services in Katni district.
- Total functional bed capacity reported in rural health facilities i.e. CHCs, PHCs and SHCs in Katni district is 312 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 262 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 Katni 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 at all the visited health facilities except PHC Sleemnabad and SHC Khitouli.

- Roshni Clinic has been initiated in DH Katni to deal with the rising infertility issues. Doctors at DH, Katni have been trained and are providing services to women in the age 15-49 years. Total 137 women have been examined in April-May 2017 and 30 among them referred to higher facility at Bhopal. Most of the observed cases are related to infertility, severe anaemia, ANC, prolaps uterus, recurrent abortion etc.

- DH Katni has a separate AYUSH OPD room and the district has 34 AYUSH dispensaries (run by state AYUSH department) with 30 Ayurveda and 4 homeopathy clinics.

- Among the visited CEmOC facilities only DH Katni has the full range of services, although there is no trauma centre. CH Vijayraghavgarh and CHC Barhi have a fully functional OT 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, although transport service to the beneficiaries is very poor in the whole district.

- There are twelve '108', 14 'JE', some ambulances and 1 LAS (BLS) emergency vehicle in the district. But from this year '108' and 'JE' vehicles are not in the control of district health officials, as these services are running through centralised call system, which is seriously affecting the transport services along with referral for mother & children in the district at this point of time.

- Among all the visited health facilities, DH Katni has a full functional SNCU, CH Vijayraghavgarh, CHC Barhi has a functional NBSU with phototherapy unit and radiant warmer, while PHC Sleemnabad and SHC Khitouli has a functional NBCC with phototherapy unit and radiant warmer.

- There are 7 NRCs in Katni district with total 80 bed capacity. More NRCs must be established in the district; especially in remote areas to facilitate more SAM children with required services.

- In Katni district the RBSK programme is functional since April 2015. Fifteen MOs 4 pharmacists and 6 ANMS have been deployed in Katni district and constant screening treatment and referral services are being provided. There are nine RBSK teams in six blocks, while fully functional RBSK team is running in only three blocks.
- Katni district is presently providing full range of family planning services at the visited DH, CH, CHC and all the other health facilities in the district.
- An integrated 'Samwad' counselling service for adolescents with ICTC, FP, breast feeding and nutrition services at a single point has been initiated in the DH Katni 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 with adequacy of medicines and drugs are available.
- Segregation of bio-medical waste is being done at DH Katni 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 daily at DH and thrice in a week in periphery. There are also availability of pit and burning facility for waste management in the visited health facilities.
- General cleanliness, practices followed by health staffs, protocols, fumigation, disinfection, autoclave functioning are observed in all the visited health facilities. It is remarkable that almost all the functional toilets in all the visited health facilities are clean and usable. But the staff responsible for maintaining cleanliness have been drastically curtailed which is affecting the overall hygiene and cleanliness of the health facilities in the district and may lowered the standard of cleanliness of these facilities.
- In Katni district presently 185 health facilities (1 DH, 1 CH, 6 CHCs, 18 PHCs and 159 SHCs) are reporting online for HMIS. Katni district has a regular Monitoring and Evaluation Officer to monitor HMIS and MCTS (now RCH portal). HMIS and RCH data uploading in Katni district is not being closely monitored and no data has been uploaded in the RCH portal till the date of visit of the team. Learning/training process of the staff is still going on.
- Tally soft ware has been implemented in visited DH, CH and CHC 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 20 nursing homes 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 physical appearance of the building as well as premises of CH Vijayraghavgarh, CHC Barhi and PHC Sleemnabad is appealing which follow all the client friendly protocol as well. The SHC Khitouli is functioning in a fabricated building.
- ✓ 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.
- ✓ CS has introduced one pager 'Client Feedback Form' at DH for the beneficiary, who utilises any type of services at district hospital and evaluates the format 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 Katni are actively using WhatsApp 'Team Health Group Katni', 'Katni Swasthya Pariwar', 'WCD & Health' 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 Katni 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 thrice-weekly. 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 80 for DH, 85 for CH and 78 for CHC Barhi, 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 Sleemnabad has two MO quarters and six quarters for other category, DH Katni has 37 quarters for MOs, SNs and other category. SHC Khitouli has one ANM quarter (attached with fabricated building) and CH Vijayraghavgarh and CHC Barhi doesn't have any staff quarters. The condition of several quarters is not good especially at DH.
- ✓ 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. Rationalisation of MOs in the district is essential.
- ✓ 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.
- ✓ Gynaecologists and MOs have stated about extremely high case load and pressure on the DH, Katni for delivery services. Most of the high risk cases are brought to the DH without proper screening and referral which increases maternal and neonatal risk.
- ✓ CEmOC CH Vijayraghavgarh & CHC Barhi and BEmOC PHC Sleemnabad have limited delivery care and laboratory testing facilities and CH Vijayraghavgarh & CHC Barhi does not provide USG tests. These facilities are not fully functional CEmOC and BEmOC facilities as per defined norms.
- ✓ Maternal and child deaths have declined over the past few decades, but facilities in the periphery are still lagging behind in providing services as per standard procedures.
- ✓ Although scarcity of equipments was not observed in the visited health facilities there is no annual maintenance contract (AMC) for equipments in the district except for a few equipments in the DH. AMC is done through centralised process from the state.

- ✓ Although all the visited health facilities are providing dietary services to the JSSK beneficiaries, the services for JSSK mothers are affected due to untimely distribution of funds to the facilities.
- ✓ HMIS and MCTS data uploading in Katni district is not being closely monitored. HMIS data of April-May is still not uploaded on the portal. While the newly launched RCH portal in lieu of MCTS is not yet functional. This is happening due to the officials responsible for data entry is still in learning process and no data is being uploaded in RCH portal. There are sixteen types of software to upload monthly services provided under different programmes. Dual system of reporting in the form of HMIS and monthly reporting system still exists.
- ✓ Beneficiaries have reported of huge problem with transportation facility. Most of the interviewed beneficiaries said that, they are not able to get transport services for delivery care. Facility level officials have also reported of the same problem. Since the Call Centre is centralised at Bhopal and most of the time, the centre cannot be contacted and even if the call goes through the vehicle is not available. This problem needs to be addressed smooth transport of mother & child.
- ✓ The financial input under NHM is gradually decreasing from the centre and the state due to financial constraints is downsizing the many of the vital services.

Recommendations

- ✓ 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. To mitigate shortage of specialists public- private partnership is a viable option.
- ✓ Provision of residential and basic amenities including secure working environment which is essential for facilitating retention of medical officers and supporting health personnel in periphery.
- ✓ CEmOC facilities of CH Vijayraghavgarh and CHC Barhi need strengthening in terms of specialist doctors and logistics to be functional and perform as per CEmOC norms.
- ✓ 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 affect on the health services. Staff curtailment in MP which is an EAG state with extremely weak infrastructure and limited human resource needs rethinking.
- ✓ Regularization of PIP with clear time line should be done. The PIP should be finalised by the beginning of each financial year for speedy fund release in the month of April every year.
- ✓ HR and placement policy need to be clearly defined and implemented by the state.

- ✓ Contractual staff under NHM should have job security. A transparent appraisal system and increment linked to performance should be in place.
- ✓ Regular staffs also need to have their appraisal and their increment should be linked with performance.
- ✓ The hospital administrator's (manager) post at DH should be restarted as it is hampering the smooth functioning of administrative work at district hospital.
- ✓ Security services should be provided to delivery points at least to BEmOC & CEmOC facilities.
- ✓ Blood Bank facility is only available at DH Katni among all the visited health facilities. BSU facilities need expansion with manpower, transportation and infrastructure in the designated CEmOC CH & CHCs.
- ✓ 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.

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

1. Introduction

The Ministry of Health and Family Welfare 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 Katni district in MP in second week of June, 2017. PRC team visited District Hospital (DH) Katni, CH Vijayraghavgarh, Community Health Centre (CHC) Barhi, 24*7 Primary Health Centre (PHC) Sleemnabad and SHC Khitouli, 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 Katni 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-May 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 Katni, CH Vijayraghavgarh, CHC Barhi, 24*7 PHC Sleemnabad and SHC Khitouli 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). Katni district is one of the 51 districts of Madhya Pradesh state in central India. The town of Katni is the district

headquarters. The district is part of Jabalpur Division. The district occupies an area of 4949.59 km². According to the 2011 census Katni District has a population of 1,291,684, This gives it a ranking of 379th in India (out of a total of 640). The district has a population density of 261 inhabitants per square kilometre. Its population growth rate over the decade 2001-2011 was 21.38%. Katni has a sex ratio of 948 females for every 1000 males and a literacy rate of 73.62%. Katni District is divided into 7 Tehsils, 240 Panchayats and 956 Villages. Dheemerkheda Tehsil is the Smallest Tehsil by population with 152005 populations. Murwara Tehsil is the Biggest Tehsil by population with 570011 populations. The district is divided into 6 blocks namely Katni Murwara, Vijayraghavgarh, Barwara, Bahoriband, Dhimarkheda and Rithi.

Key Socio-Demographic Indicators

Sr.	Indicator	MP		Katni	
		2001	2011	2001	2011
1	No. of Districts	45	50	-	-
2	No. of Blocks	333	342	6	6
3	No. of Villages	55393	54903	953	947
4	No. of Towns	394	476	4	4
5	Population (Million)	60.34	72.63	1.1	1.3
6	Decadal Growth Rate	24.3	20.3	20.7	21.4
7	Population Density (per ($Km^{2)}$	196	236	215	261
8	Literacy Rate (%)	63.7	70.6	63.6	73.6
9	Female Literacy Rate (%)	50.3	60.6	48.2	62.5
10	Sex Ratio	919	930	941	948
11	Sex Ratio (0-6 Age)	932	918	952	934
12	Urbanization (%)	26.5	27.6	21.2	20.4
13	Percentage of SC (%)	15.2	15.6	11.5	12.1
14	Percentage of ST (%)	20.3	21.1	23.1	24.6
Source: Census of India 2001, 2011 various publications, RGI.					

The population density of Katni district is 261 persons per sq. km as compared to 236 of M.P. The male-female sex ratio of Katni is 948 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 Katni district has decreased from 952 in 2001 to 934 in 2011 but is higher than the average sex ratio of M.P. The decadal growth rate of Katni has increased from 20.7 percent to 21.4 percent during 2001-2011. Female literacy rate has increased by 20 percentage points in Katni district from 48.2 percent in 2001 to 62.5 percent in 2011 which is higher than the state average.

Sr.	Indicator	MP	Katni
1.	Infant Mortality Rate (per 1000 live birth)		
	2010-11	67	70
	2011-12	65	68
	2012-13	62	65
2.	Neonatal Mortality Rate(Per 1000 live birth)		
	2010-11	44	50
	2011-12	43	50
	2012-13	42	47
3.	Post Neonatal Mortality Rate(per 1000 live birth)		
	2010-11	22	20
	2011-12	21	19
	2012-13	21	18
4.	Maternal Mortality Ratio (per 100,000 live birth)		
	2010-11	310	310
	2011-12	277	298
	2012-13	227	246
5.	Sex Ratio at Birth		
	2010-11	904	977
	2011-12	904	972
	2012-13	905	967
6.	Postnatal Care received within 48 Hrs. after delivery		
	2010-11	74.2	75.7
	2011-12	77.8	78.6
	2012-13	80.5	80.3
7.	Fully Immunized Children age 12-23 months (%)		
	2010-11	54.9	56.1
	2011-12	59.7	60.7
	2012-13	66.4	63.6
8.	Unmet Need for Family Planning (%)		
	2010-11	22.4	26.9
	2011-12	21.6	18.4
	2012-13	21.6	19.3
Source: Sr. 1 to 8 (AHS Reports);			

The latest round of AHS 2012-13, for M.P. reveals that Katni district has IMR rates higher than that of M.P. as a whole (M.P.62; Katni 65). Neonatal mortality rate is also high in the district. Maternal mortality ratio is 246 per one lakh live births for Katni administrative division. Sex ratio at birth is high at 967 females per 1000 males in Katni district as compared to state average (905/1000 males). Service delivery data indicates only 19.3 percent unmet needs for family planning and 63.6 percent fully immunized children.

Temporal Variation in some service delivery indicators for **Katni** district					
Sr.	**Indicators**	**MP**		**Katni**	
		HMIS/AHS Census	**NFHS-4**	**HMIS/AHS Census**	**NFHS-4**
1	Sex Ratio	930#	948	948#	996
2	Sex Ratio at Birth	905$	927	967	1228
3	Female Literacy Rate (%)	60.6#	59.4	62.5#	65.2
4	Infant Mortality Rate (per 1000 live births)	62$	51	65$	-
5	Unmet Need for Family Planning (%)	21.6$	12.1	19.3$	9.8
6	Postnatal Care received within 48 Hrs. after delivery	80.5$	55.0	80.3$	61.3
7	Fully Immunized Children age 12-23 months (%)	81.0*	53.6	63.6$	46.7
8	1st Trimester ANC Registration (%)	62.43*	53.1		36.6
9	Reported Institutional Deliveries (%)	90.63*	80.8		78.4
10	SBA Home Deliveries (%)	15.48*	2.3		4.8
Source: * HMIS 2017-18 up to May'2017, #Census 2011, $AHS 2012-13					

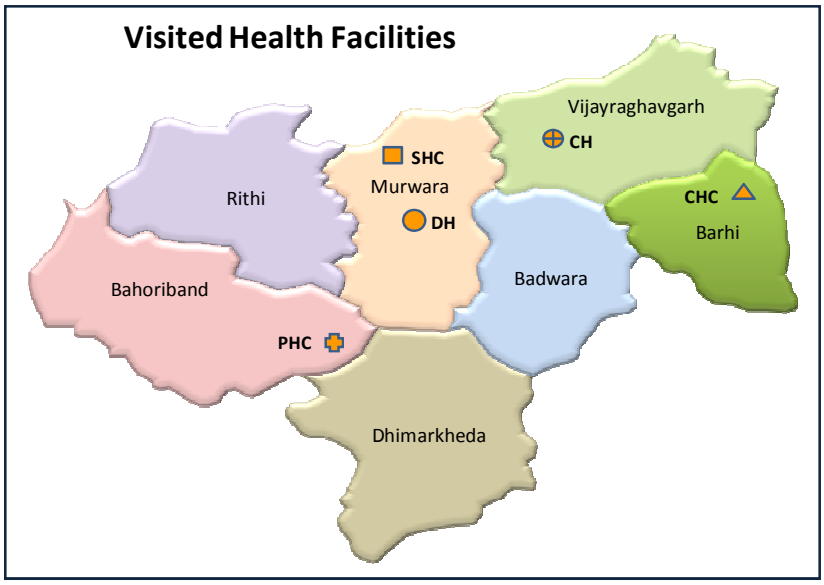
Based on composite index of performance on pregnancy care, child birth, postnatal, maternal, new born care, and reproductive age group obtained from HMIS data for 2016-17 district Katni with an overall index of 0.4437 ranks 5th among 51 districts in the state level ranking and 126 among 676 districts (as on September, 2016) in India.

3. Health Infrastructure in Katni District

Katni 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, one SDH & 2 urban PHCs. In rural areas 6 CHCs, 18 PHCs and 159 SHCs are providing health services. Twenty eight new SHCs are proposed in Katni district.

Existing Health Facilities and Health Facilities Visited		
Health Facility	Number	Health Facility Visited
District Hospital	1	DH Katni
Civil Hospital	1	CH Vijayraghavgarh
Community Health Centres	6	CHC Barhi
Primary Health Centres	18	PHC Sleemnabad (24*7)
Sub Health Centres AYUSH	159 34	SHC Khitouli (delivery point)

DH Katni, CH Vijayraghavgarh, 6 CHCs and 18 PHCs and 159 SHC are functioning from government buildings. PHC Barhi has been upgraded to CHC and functioning in a new building.



Besides this, there are 34 AYUSH health facilities (under state AYUSH department) functioning in the district. Although DH Katni is sanctioned as a 350 bedded hospital yet it is presently functional as 200 bedded, SDH Vijayraghavgarh has 60 beds and all the three L3 CHCs are 30 bedded. Six L2 PHCs are six bedded. Twelve SHCs are functional as level 1 delivery points having two beds each. In total 574 beds are available in the district with a population of 1.9 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 Katni is easily accessible from the main road. DH Katni caters to around 18 lakhs population of Katni and nearby districts of Satna, Panna and Sehora. SDH Vijayraghavgarh caters to a population of more than two lakhs and is located on the main road. CHC Barhi caters to around 2 lakhs population. PHC Sleemnabad caters to 30,000 populations in the periphery and SHC Khitouli caters to about 9,000 populations.
- Staffs quarter is a serious concern in the district, only DH Katni has 11 MO quarters and 26 quarters for other category. SHC Khitouli has one ANM quarter. CH Vijayraghavgarh and CHC Barhi do not have any staff quarters. The condition of several quarters is not good especially at DH.

- DH Katni has a bed capacity of 200 beds, although it is now sanctioned for 350 beds. SDH Vijayraghavgarh has 60 beds, CHC Barhi has 30 beds, PHC Sleemnabad six and SHC Khitouli has two beds for in patients.
- All the visited health facilities have power back up in the form of generator or inverter except SHC Khitouli. 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.
- 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 Elite Engineering, Jabalpur is done on alternate day basis. Disposal of hospital waste in SHC Kithouli is being done in closed pits.
- Functional help desk was seen in DH Katni, SDH Vijayraghavgarh and PHC Sleemnabad.

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 Katni has one medicine specialist, one surgeon, one ENT specialist, one ophthalmologist, three anaesthetists and three paediatricians posted against the sanctioned 26 specialists post.
- In Katni district only one-third 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 Katni, CH Vijayraghavarh and CHC Barhi.
- In DH Katni 12 specialists are working against the 26 sanctioned posts, 16 MOs are in position against 22 posts. Among the sanctioned post of four gynaecologists and seven paediatricians only three paediatricians are posted and no specialist gynaecologist is posted although four LMOs (MBBS) are taking care of MCH section at DH.
- In the DH there are 68 SNs working against the sanctioned post of 115, one ANM, two matrons five nursing sisters are also working. In this category out of 130 posts 76 are filled up.
- In the DH, three out of 15 lab technicians, one out of four radiographers, two out of three ophthalmic assistant are working against their sanctioned posts. There are one accountant against three posts and one computer operator (Contractual) against four posts. In the category III, out of 73 sanctioned posts only 23 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.
- In CH Vijayragavgarh, all the sanctioned six specialist post are vacant and only one MO & one dentist is posted against six sanctioned MOs. Ten staff nurses are posted against 20 sanctioned post. One ANM is being appointed for fixed day immunization.
- In CHC Barhi, all the specialist posts are vacant against its four sanctioned post. There are two MOs, five staff nurses, one radiographer, one ophthalmic assistant, one LT and two ANMs are providing services at the facility.

- At PHC Sleemnabad, one MO (who is BMO and posted at CHC Bahoriband) is coming thrice in a week to provide OPD services. Other than MO, there are one LT, four SNs, two ANMs and one pharmacist posted at PHC. At SHC Khitouli, there are only two ANMs, one regular & one contractual for providing 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 six blocks there is only one BPM and five DEOs 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 Katni, CH Vijayraghavgarh, CHC Barhi and PHC Sleemnabad only CH has three EmOC trained MOs. Three BEmOC trained staffs are at DH, one at CH, two at CHC and five at PHC. Among the visited facilities out of total four LSAS trained MOs, three is at DH and one is at CH.
- SBA training is taking place at the district level with SBA trained MOs, SNs and ANMs available in all the visited health facilities. MTP, and NSV trained doctors are available in all the visited health facilities except PHC.
- NSSK, IUCD and PPIUCD trainings have been received by LMOs and SNs at all the visited facilities. While Mini-lap & LTT trained staffs are only available at DH. Cold chain trained ANMs, SNs and MPWs are available in the visited health facilities to maintain cold chain services.
- The initiative of Dakshta has been launched in the state of M.P in May 2015, through a focused approach of a concise training package for competency enhancement for providers in intra partum and immediate post partum care. Three batches of trainings have been completed in DH Katni by trainers from Bhopal.

6. Other Health Systems Input

- In DH Katni surgery, medicine, obstetrics & gynaecology, emergency, ophthalmology, ENT and family planning services are available along with ancillary services of blood bank, radiology and pathology. Cancer treatment with chemotherapy service is available in DH Katni.
- ICTC and RTI/STI services including counselling are being provided in the DH supported by MPSAC. Trauma care centre is not available at DH Katni. There is fully functional Blood Bank at DH Katni.
- Most of the diagnostic tests are available in the DH except for CT scan and endoscopy. USG facility is not available at CEmONC CH Vijayraghavgarh and CHC Barhi.
- 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 CH. SHC Khitouli has 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 Katni. OT lights and anaesthesia machines are only available at DH & CH. 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.

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 Katni, who have been trained in private infertility clinics, are providing services to women in the age 15-49 years.
- In DH Katni 137 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-May 2017. A team consisting of specialists in medicine, surgery, pathology and radiology provide services in the Roshni clinic. Among 137 women 30 women 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 32 AYUSH dispensaries in the district (Ayurveda: 28; Homeopathy: 4) running through state AYUSH department. AYUSH services are started on November 2012 at DH Katni.
- OPDs of AYUSH are not integrated with DH OPDs. The AYUSH doctors report separately to the District AYUSH Officer (DAO).
- In all the visited health facilities AYUSH services are not available except at DH. AYUSH medical officer is not a member of RKS at any of the visited health institutions. Lack of AYUSH medicine availability is reported at DH Katni.

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

- Katni district has three functional L3 facilities (DH Katni, CH Vijayraghavragh and CHC Bahoriband), twelve L2 facilities (6 CHCs, 6 PHCs) and Twelve L1 facilities (5 PHCs, 12 SHCs) 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. Other than DH none of the visited facilities provides USG test to clients.
- DH Katni has reported 583 deliveries among which 249 were between 8 pm to 8 am. In CH Vijayraghavgarh out of 155 deliveries, 68 have been done at night (8pm-8am). In CHC Barhi total 272 deliveries has been conducted during April-May 2017.
- In PHC Sleemnabad out of 61 deliveries, 31 took place between 8 pm to 8 am and in SHC Khitouli out of 41 deliveries 20 have been done at night (8pm-8am) in April-May 2017.
- SHC Khitouli does not have electricity backup and one bulb point through inverter is personally shared by ANM residing in the SHC quarter.
- 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 Katni, CHC Barhi and SHC Khitouli have a separate register for anaemic women.

DH Katni and CHC Barhi are maintaining separate data of pregnant women with anaemia.

- CH Vijayraghavgarh and PHC Sleemnabad do not maintain a separate line listing register of severely anaemic pregnant women. This reporting is done in regular ANC register.
- Among the visited CEmOC facilities DH Katni has the full range of services given in the below table.

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

Available Maternal and Child Health Services	DH Katni	CH Vijayraghavgarh	CHC Barhi
Provision of 24*7 service delivery for CS and other Emergency Obstetric Care at the Facility	Yes	Yes	Yes
Provision of 1st and 2nd trimester Abortion Services available at the Facility	Yes	Yes*	Yes*
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	Yes	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	No
* Provision of 1st trimester abortion services			

- In Katni district against to 38035 estimated delivery 18374 received ANC services. 1st trimester registrations were done for 64 percent women as per HMIS 2016-17 and 95 percent had three ANC visits during 2016-17.
- All mothers in post natal ward reported about initiation of breastfeeding within one hour of delivery in the visited health facilities (25 percent, NFHS-4).

7.1 Maternal Death Review

- All the visited CEmOC facilities are maintaining maternal death registers and line listing of maternal deaths is online.
- Fourteen maternal deaths were reported during 2016-17 in the DH Katni and three during April-May 2017. The reasons for maternal deaths were PPH, severe anaemia, obstructed labour and eclampsia. However, maternal death register was not available in PHC Sleemnabad.

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 Sleemnabad and SHC Khitouli.
- 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.
- Seventeen beneficiaries interviewed through exit and house hold questionnaire have 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 and all the women utilise the delivery care at these facility, stay for minimum 48 hours as per norms.

7.3 Janani Suraksha Yojana(JSY)

- JSY is implemented and payments are made as per eligibility criteria, physical verification of beneficiaries' upto 5% is done by district authorities.
- As per HMIS data 2016-17, out of the total institutional deliveries 74 percent beneficiaries received JSY benefits in 2016-17 in the district.
- A grievance redressal mechanism for JSY has been initiated in all visited health facilities in Katni district.
- It was reported by MOs that direct transfer of JSY incentives in beneficiaries account at times creates problems due to wrong account details. The bank is unable to provide the list of beneficiaries who have not received the payments due to some reason under PFMS.

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 Katni has a 20 bedded SNCU, with necessary equipments and availability of three trained MOs and 15 staff nurses. During April-May, there were 215 admissions (In-born: 73; Out-born: 142) in the SNCU and 31 neonates died during April-May 2017.
- SNCU Katni is unable to refer serious children, to a higher health facility due to non availability of JE services.
- CH Vijayraghavgarh has a functional NBSU with a functional phototherapy unit and radiant warmer.

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 seven NRCs in Katni district one 20 bedded NRC in the DH and 10 bedded NRCs in six CHCs. Thus there are 80 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 Katni, CH Vijayraghavgarh and CHC Barhi are found fully functional with trained staff and all necessary equipments available. In DH 52, CH 25 and CHC 10 SAM children were admitted to NRCs during April-May 2017. Average length of stay in NRCs is around 14 days at DH and CH 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 Barhi and PHC Sleemnabad 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, CH, CHC, PHC and SHC.
- Immunisation services are available in DH Katni and CH Vijayraghavgarh on daily basis and on fixed days in the periphery. CHC Barhi being a CEmONC facility does not provide daily immunization services.
- VHND sessions are being held on regular basis for immunization of pregnant women and children. PHC Sleemnabad reported that immunization services are provided by field ANM.

8.4 Rashtriya Baal Surkasha Karyakram(RBSK)

- RBSK has been launched by the state from 2nd October, 2013. In Katni district the RBSK programme is functional since April 2015. Fifteen MOs 4 pharmacists and 6 ANMS have been deployed in Katni district and constant screening treatment and referral services are being provided.
- There are 9 RBSK teams in six blocks. Three teams are functional in three blocks. Each team comprises of two AYUSH doctors, one pharmacist cum data entry operator and one ANM. As per the available data from the CH Vijayraghavgarh & CHC Barhi 1730 & 1357 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. District Early Intervention Centre (DEIC) has not yet been sanctioned in DH Katni.

9. Family Planning

- Access to family planning helps in protection from unwanted pregnancies, along with decrease in infant and child mortality.
- Katni 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. District has two LTT trained surgeon.

- LTT camps are organized at visited CH, CHC and PHC including DH during winters. 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 Sleemnabad reported that most of the condoms and Oral pills are provided by ANMs in the field.
- During April-May' 2017, 23 family planning operations have been performed at DH, one at CH and one NSV at CHC. During this period 403, 141, 61, 72 and 12 women were provided PPIUCD services at the DH, CH, CHC, PHC and SHC respectively. Insertion of IUCD to the women during April-May, 2017 are 12, 107, 8, 4 and 10 at the DH, CH, 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 lack of faith in acceptance of PPIUCD among pregnant women is still lying in the society.

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 Katni and counselling service for adolescents, ICTC, FP, breast feeding, nutrition under one roof has been initiated. There are three counsellors appointed for providing counselling services.
- In DH 172 adolescents received ARSH services in April-May 2017. ARSH camps were held in AWCs, schools, NCC, NSS and in outreach, as well as in urban wards in Katni.
- 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 will be trained to provide counselling to adolescents and services

will be provided in special Adolescent Friendly Health Clinic (AFC) at every VHND on a designated day. It is yet to be launched in Katni district.

11. Quality in Health Services

- General cleanliness, practices by health staffs, protocols, fumigation, disinfection, autoclave functioning are observed in DH Katni, CH Vijayraghavgarh, CHC Barhi and PHC Sleemnabad. The buildings of all the visited health facilities are in good condition. CHC Barhi is functioning in new building. All the visited health facilities have maintained cleanliness in the facility as well as surrounding premises.
- 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.
- Space is adequate for medical staff in all the visited health facilities, also there is adequate waiting space for patients in all the visited health facilities.
- It was observed that all the cleanliness, procedural and service related protocols and charts are displayed at proper places in DH Katni, CH Vijayraghavgarh and CHC Barhi with adequate protocol posters in labour rooms but not all protocols are being followed in PHC Sleemnabad and SHC Khitouli. Fumigation in the DH maternity OT and general OT is done regularly; it is also done in CH Vijayraghavgarh and CHC Barhi.
- Kayakalp workshop was going on in Katni. Several initiatives have been taken by the health facilities under Kayakalp, like providing ROs for safe drinking water in the health facilities. 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
- It is remarkable that almost all the functional toilets in all the visited health facilities are clean and usable. But the staff responsible for maintain cleanliness have been drastically curtailed which is affecting the overall hygiene and cleanliness of the health facilities in the district.

Biomedical Waste Management

- Segregation of bio-medical waste is being done at DH Katni, CH Vijayraghavgarh, CHC Barhi, PHC Sleemnabad and SHC Khitouli. Facilities have colour coded bins placed in OT, labour room and in laboratory at all the visited facility.
- Outsourcing of waste management to (Elite Engineering) at Jabalpur based private agency has been done and bio-medical waste is collected on alternate days from the health facilities. There are also availability of pit and burning facility for waste management in the visited health facilities.
- It was observed that colour coded bins are available in all parts of health institutions in all the visited health facilities. However, disposal of BMW is not ensured through a standard protocol at 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 observed in the DH Katni, CH Vijayraghavgarh but not in CHC Barhi, PHC Sleemnabad and SHC Khitouli.
- All the visited health facilities have signages which are clearly displayed in each and every section of the hospital except SHC Khitouli.
- Citizen Charter, timing of the health facility and list of services available and complaint box were observed in DH Katni, CH Vijayraghavgarh and CHC Barhi but not in PHC Sleemnabad and SHC Khitouli.
- Display of partographs, clinical protocols EDL with information on free drug distribution is available, timings of health facility and phone numbers were displayed in DH Katni, CH Vijayraghavgarh and CHC Barhi and PHC Sleemnabad.
- Protocol posters, awareness generation chart, immunization schedule, FP IEC and JSSK entitlements are displayed at all the visited health facilities. JSSK entitlements were not observed in SHC Khitouli.
- List of RKS members and income and expenditure of RKS is not displayed publically in any of the visited health facility except PHC Sleemnabad.

Essential Skills of Staff

- On quality parameter, the staffs (SN, ANM) of DH Katni, CH Vijayraghavgarh, CHC Barhi, PHC Sleemnabad and SHC Khitouli 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 Katni or any of the other visited health facilities. Laundry facilities are available in DH internally, while at CH, CHC, PHC and SHC it is get done through external source.
- There is no annual maintenance for important equipments like x-ray machine and OT equipments at district. Centralised annual maintenance contract is done at state level and one company namely, EM Health Care, Bhopal is given tender for this financial year. In some facilities RKS funds are used for local repair of equipments.
- 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.

- There are 20 nursing homes and 120 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 out-sourced to a new agency and services under 'National Ambulance Services' has been being implemented. This transformation has resulted in reduction of availability of patient transport services and dedicated referral transport for mothers and children.
- In Katni, 12 "108" emergency patient transport is operational. Apart from this the hospital ambulances available at some visited facility also provide emergency services after taking prescribed charge from the client.
- There are twelve '108', 14 'JE', some ambulances and 1 LAS (BLS) emergency vehicle in the district. But from this year '108' and 'JE' vehicles are not in the control of district health officials, as these services are running through centralised call system, which is seriously affecting the transport services along with referral for mother & children in the district at this point of time.
- 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 1024 ASHAs are presently working in Katni district and District Community Mobilizer (DCM) is overall in-charge of ASHA programme. Among the six blocks only three blocks have Block Community Mobilizers (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 Katni 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 Katni, CH Vijayraghavgarh and PHC Sleemnabad. 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 Katni city. There are two urban PHCs having one MO and one pharmacist for these facilities in Katni city. In Katni out of 45 wards, 24 are urban ward including 16 slum wards. All the 40 selected urban ASHAs have received first round of training for 6-7th modules till now.

15. Disease Control Programmes:

- Katni 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 Katni, and CH Vijayraghavgarh, CHC Barhi and PHC Sleemnabad which are providing services with adequate availability of rapid diagnostic kits and drugs. In April-May 2017, 276, 3433, 620,58,15 slides in DH Katni, CH Vijayraghavgarh, CHC Barhi PHC Sleemnabad and SHC Khitouli respectively were prepared.
- Treatment units under Revised National Tuberculosis Programme (RNTCP) in Katni district are functional in all the visited health facilities.
- A total of 1296, 204, 22 and 34 sputum tests were reported respectively from DH Katni, CH Vijayraghavgarh, CHC Barhi and PHC Sleemnabad 162, 32, 01 and 01 were reported to be positive at these health facilities.
- National Leprosy Eradication Programme (NLEP) is functional and one, two, two and 10 new cases each were detected at DH Katni, CH Vijayraghavgarh, CHC Barhi and PHC Sleemnabad and 14, 10, 11 and 26 patients are being treated respectively at these facilities.
- NCD services are being provided in all the CEmOC facilities 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 MCTS (Now RCH Portal) 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 Katni, District M&E Officer is in-position. There is only one DEOs posted in DPMU for all the data entry purpose.

16.1 Health Management Information System (HMIS):

- HMIS has been revamped in Madhya Pradesh as well as in Katni 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. However, subsequently training for health facility personnel is needed.
- 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. Only providing new formats does not ensure the completeness of data in HMIS.
- 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.
- 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 none of the health facility in the district has 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 upgradations 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 ANMs and available DEOs of different programs, which may affect the smooth and quality data uploading in the district.
- 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.
- It was informed by the DPM that updating the RCH services is taking time due to slow speed of portal. This causes long pendency.

17. Good Practices and Innovations

- Civil Surgeon has introduced one pager 'Client Feedback Form' at DH for the beneficiary, who utilised any type of services at district hospital and evaluate the format on weekly basis.
- RKS funds have been used by different health facilities for renovation of different wards and upgrading the physical appearance of the health facilities.
- As transport facility in the district is affected with the new centralised system, so facilities are providing ambulance services to the poor family through RKS fund.

Observations from Katni District visited during June, 2017 **(ANNEXURE)**

1. Health Infrastructure available in Katni 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	200*
Exclusive MCH hospital	00	00	-	-	-
SDH	01	01	-	01	60
UPHC	02	0	-	00	02
CHC	06	06	-	06	180
PHC	18	18	-	18	108
SCs	159	159	28	12	24
AYUSH Ayurvedic	34	34	-	-	-
AYUSH(Homeopathic)	00	00	-	-	-
AYUSH (Others)	00	00	-	-	-
Delivery Point(L1)	18	18	-	18	-
Delivery Point(L2)	17	17	-	17	-
Delivery Point(L3)	03	03	-	0	-
*350 sanctioned strength					

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	Yes	Yes	Yes	Yes	Yes
Staff Quarters for MOs	11	0	0	2	
Staff Quarters for SNs	12	0	0	4	
Staff Quarters for other categories	14#	0	0	0	1
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	Yes
Functional and clean toilet attached to labour room	Yes	Yes	Yes	Yes	Yes
Clean wards	Yes	Yes	Yes	No	Yes
Separate Male and Female wards (at least by partitions)	Yes	Yes	Yes	Yes	
Availability of Nutritional Rehabilitation Centre	Yes	Yes	Yes	No	
Functional BB/BSU, specify	Yes	No	No		
Separate room for ARSH clinic	No	No	No		
Availability of complaint/suggestion box	Yes	Yes	Yes	No	No
Availability of mechanisms for Biomedical waste management (BMW)at facility	Yes	Yes	Yes	Yes	Yes
BMW outsourced	Yes	Yes	Yes	No	No
Availability of ICTC/ PPTCT Centre	Yes	Yes	Yes		
Availability of functional Help Desk	Yes	Yes	Yes	Yes	No
#8 'I' type quarter condition is not good. Quarter requirement is double of its present strength in all categories.*Due to high voltage wire fall on PHC, whole wiring got burnt; present arrangement of wiring in the PHC is not linked with generator.					

3. Human Resources

Health Functionary		Required (Sanctioned)				Available				
	DH	CH	CHC	PHC	SHC	DH	CH	CHC	PHC	SHC
Gynaecologist	4	1	1			0	0	1		
Paediatrician	7	1	1			3	0	0		
Anaesthetists	4	1	1			3	0	1		
Cardiologist	-	-	-			-	-	-		
General Surgeon	2	1	1			1	0	0		
Medicine Specialist	5	1	-			1	0	-		
ENT Specialist	2	-	-			1	-	-		
Ophthalmologist	2	-	-			1	-	-		
Ophthalmic Asst.	3	1	1	-		2	1	1	-	
Radiologist	2	-	-			1	-	-		
Radiographer	4	1	1			1	1	1		
Pathologist	2	-	-			1	-	-		
LTs	15	2	1	-		3	2	1	1	
MOs	22	5	2	-		16	3	2	1*	
AYUSH MOs	1	-	-	-		0	1	-	0	
LHV	1	-	-	-		0	1	-	-	
ANM	1	-	2	-	-	1	1	2	2	2
MPHW (M)	-	-	-	-	-	-	-	-	-	-
Pharmacist	9	5	-	-		2	1	-	1	
Staff Nurses	115	20	6	-	-	68	10	5	4	-
RMNCHA+ Counsellor	-	-	-	-		3	-	-	-	

*BMO of CHC comes thrice in a week.

No. of Trained Persons

Training programmes	DH	CH	CHC	PHC	SHC
CEmOC (Comprehensive Emergency Obstetric Care)	0	3	0		
LSAS (Life Saving Anaesthesia Skill)	3	1	0		
BEmOC (Basic Emergency Obstetric Care)	3	1	2	5	
SBA (Skill Birth Attended)	27	12	3	5	2
MTP (Medical Termination of Pregnancy)	4	2	2	0	
NSV (No Scalpel Vasectomy)	2	0	1	0	
F-IMNCI/IMNCI (Integrated Management of Neonatal and Childhood illness)	7	0	3	4	2
FBNC (Facility Based Newborn Care)	16	1	2	0	0
HBNC (Home Based Newborn Care)				0	0
NSSK (Navjaat Shishu Surakasha Karyakram)	18	4	5	4	1
Mini Lap-Sterilisations	7	0	0	0	
Laparoscopy-Sterilisations(LTT)	2	0	0		
IUCD (Intrauterine Contraceptive Device)	25	6	5	5	1
PPIUCD (Post-Partum Intra Uterine Contraceptive Device)	25	12	6	5	1
Blood Bank / BSU	1	1	0		
RTI/STI (Reproductive Tract Infection/Sexually Transmitted)	2	1	1	5	0
IMEP (Infection Management Environmental Plan)	0	0	0	0	0
Immunization and cold chain	0	0	6	1	2
RCH Portal (Reproductive Child Health)	4	0	0	1	2
HMIS (Health Management Information System)	4	0	0	5	2
RBSK (Rashtriya Bal Swasthya Karyakram)	1	0	2		
RKSK (Rashtriya Kishore Swasthya Karyakram)	1	0	2	0	0

Kayakalp	14	3	2	5	1
NRC and Nutrition	3	1	1		
PPTCT (Prevention of Parent to Child Transmission of HIV)	0	2	1	5	
NCD (Non Communicable Diseases)	4	1	2	5	
Nursing Mentor for Delivery Point	2	0	0		
No. Others (specify)--------Skill Lab	3*	0	0	0	0
*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	Yes	Yes	Yes	Yes	No#
Availability of EDL drugs	Yes	Yes	Yes	Yes	Yes
No. and type of EDL drugs not available	0	0	0	0	0
Computerized inventory management	Yes	Yes	Yes	No	No
IFA tablets	Yes	Yes	Yes	Yes	Yes
IFA tablets (blue)	Yes	Yes	Yes	Yes	Yes
IFA syrup with dispenser	Yes	Yes	Yes	Yes	Yes
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	Yes
Inj Oxytocin	Yes	Yes	Yes	Yes	Yes
Misoprostol tablets	Yes	Yes	Yes	Yes	Yes
Mifepristone tablets	Yes	Yes	Yes	Yes	Yes
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	Yes^
Adequate Vaccine Stock *available*	Yes	Yes	Yes	Yes	No
Supplies					
Pregnancy testing kits	Yes	Yes	Yes	Yes	Yes
Urine albumin and sugar testing kit	Yes	Yes	Yes	Yes	Yes
OCPs	Yes	Yes	Yes	Yes	Yes
EC pills	Yes	Yes	Yes	Yes	Yes
IUCDs	Yes	Yes	Yes	Yes	Yes
Sanitary napkins	Yes	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	Yes*
Blood sugar	Yes	Yes	Yes	Yes	
RPR	Yes	Yes	Yes	No	
Malaria	Yes	Yes	Yes	Yes	Yes
T.B	Yes	Yes	Yes	Yes	
HIV	Yes	Yes	Yes	Yes	
Liver function tests (LFT)	Yes	Yes	No		
No. Ultrasound scan (Ob.) done	619	No	No		
No. Ultrasound Scan (General) done	162	No	No		
No. X-ray done	2782	315	209		

Drugs and Diagnostics, Equipments	**DH**	**CH**	**CHC**	**PHC**	**SHC**
ECG	Yes	Yes	No		
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	No	No	No
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	No
Functional Facility for Oxygen Administration	Yes	Yes	Yes	No	No
Functional Foetal Doppler/CTG	Yes	Yes	Yes	No	
Functional Mobile light	Yes	Yes	Yes	No	
Delivery Tables	Yes	Yes	Yes	Yes	Yes
Functional Autoclave	Yes	Yes	Yes	Yes	No
Functional ILR and Deep Freezer	Yes	Yes	Yes	Yes	
Emergency Tray with emergency injections	Yes	Yes	Yes	Yes	
MVA/ EVA Equipment	Yes	Yes	Yes	Yes	
Functional phototherapy unit	Yes	Yes	Yes	Yes	
OT Equipments					
O.T Tables	Yes	Yes	Non functional OT	No	
Functional O.T Lights, ceiling	Yes	Yes		No	
Functional O.T lights, mobile	Yes	Yes		No	
Functional Anaesthesia machines	Yes	Yes		No	
Functional Ventilators	Yes	No		No	
Functional Pulse-oximeters	Yes	Yes		No	
Functional Multi-para monitors	Yes	No		No	
Functional Surgical Diathermies	Yes	No		No	
Functional Laparoscopes	Yes	No		No	
Functional C-arm units	Yes	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	No	No		
Sufficient no. of blood bags available	Yes	-	-		
Check register for number of blood bags issued for BT in last quarter	-	-	-		
Checklist for SHC					
Haemoglobinometer					Yes
Any other method for Haemoglobin Estimation					Yes[$]
Blood sugar testing kits					Yes
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

Drugs and Diagnostics, Equipments	**DH**	**CH**	**CHC**	**PHC**	**SHC**
Note: **#**No display of EDL, *****By strip only, **$** through paper, **^**Common ailments only.					

Specialty Care Services

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

AYUSH Services

AYUSH	**DH**	**CH**	**CHC**	**PHC**
Whether AYUSH facilities available at the HF	Yes	No	No	No
If yes, what type of facility available Ayurvedic - 1 Homoeopathic -2 Others (pl. specify)_____-3	1	--	--	--
Whether AYUSH MO is a member of RKS at facility	No	--	--	--
Whether OPDs integrated with main facility or they are earmarked separately	Separate	--	--	--
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	No
Blood Sugar	Yes	Yes	Yes	Yes	Yes
Serum Urea	Yes	Yes	No	No	No
Serum Cholesterol	Yes	Yes	No	No	No
Serum Billrubin	Yes	Yes	Yes	Yes	No
Typhoid Card Test	Yes	Yes	Yes	Yes	No
Blood Typing	Yes	Yes	Yes	Yes	No
Stool Examination	Yes	Yes	Yes	No	No
ESR	Yes	Yes	Yes	Yes	No
Complete Blood Picture	Yes	Yes	Yes	No	No
Platelet Count	Yes	No	Yes	No	No
PBF for Malaria	Yes	Yes	Yes	Yes	Yes
Sputum AFB	Yes	Yes	Yes	Yes	No
SGOT liver function test	Yes	No	No	No	No
SGPT blood test	Yes	No	No	No	No
G-6 PD Deficiency Test	Yes	No	No	No	No
Serum Creatine / Protein	Yes	Yes	Yes	No	No

Services	DH	CH	CHC	PHC	SHC
RA factor (Blood Grouping)	Yes	Yes	Yes	Yes	No
HBsAG	Yes	Yes	Yes	No	No
VDRL	Yes	Yes	Yes	Yes	No
Semen Analysis	Yes	Yes	No	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	No	No
RTI/STI Screening	Yes	Yes	No	Yes	No
HIV	Yes	Yes	Yes	Yes	No
Indoor Fees	No	20	20	No	No
OPD fees	No	05	05	No	No
Ambulance	Yes	Yes	Yes	No	No
Food for Inpatients	Yes	Yes	Yes	Yes	Yes

5. Maternal Health (April to May 2017)

5.1 ANC and PNC

Services Delivered	DH	CH	CHC	PHC	SHC
ANC registered	---	---	388	---	22
New ANC registered in 1st Trim	---	261	265	---	14
No. of women received 3 ANC	84	84	176	27	21
No. of women received 4 ANC	104	19	235	26	19
No. of severely anaemic pregnant women(Hb<7) listed	58	6	---	7	0
No. of Identified hypertensive pregnant women	14	3	---	1	0
No. of pregnant women tested for B-Sugar	420	627	---	101	38
No. of U-Sugar tests conducted	420	627	---	101	38
No. of pregnant women given TT (TT1+TT2)	40	341	394	---	27
No. of pregnant women given IFA	420	627	378	---	22
No. of women received 1st PNC check within 48 hours of delivery	578	157	218	61	32
No. of women received 1st PNC check between 48 hours and 14 days of delivery	72	---	162	23	11
No. of ANC/PNC women referred from other institution (in-referral)	179	3	3	0	---
No. of ANC/PNC women referred to higher institution (out-referral)	9	14	22	9	0
No. of MTP up to 12 weeks of pregnancy	2	3	15	0	---
No. of MTP more than 12 weeks of pregnancy	0	0	0	0	---

5.2 Institutional Deliveries

Institutional Deliveries	DH	CH	CHC	PHC	SHC
Deliveries conducted	583	155	272	61	41
C- Section deliveries conducted	72	2	---	---	---
No. of pregnant women with obstetric complications provided EmOC	112	---	3	2	---
No. of Obstetric complications managed with blood transfusion	71	0	0	---	---
No. of Neonates initiated breastfeeding within one hour	505	150	218	60	40
No. of Still Births	24	5	9	0	0

5.3 Maternal Death Review

MDR	DH	CH	CHC	PHC	SHC
Total maternal deaths reported	3	0	3	0	0
Number of maternal death reviews during the quarter	3	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 tests, 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	No	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- *Except USG					

5.5 Janani Suraksha Yojana

JSY	DH	CH	CHC	PHC	SHC
No.of JSY payments made	Yes	2279	Yes	13	-
No delays in JSY payments to the beneficiaries.	Yes	Yes	Yes	No	Yes
Full amount of financial assistance to be given to the beneficiary before being discharged from the health facility after delivery.	Yes	Yes	Yes	Yes	Yes
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.	Yes	Yes	Yes	Yes	Yes
Proper record maintained for beneficiaries receiving the benefit	Yes	Yes	Yes	Yes	Yes
JSY beneficiaries Payment has made up to May 2017 (in percent)	Almost all the beneficiaries paid after getting fund from the state				

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	Yes
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	Yes

6. Child Health (April to May 2017)

6.1 Special Newborn Care Unit / New Born Stabilized Unit

SNCU / NBSU	**DH**	**CH**	**CHC**	**PHC**	**SHC**
Whether SNCU / NBSU exist. (Yes/No)	Yes	Yes	No	NBCC	NBCC
Necessary equipment available (Yes/No)	Yes	Yes	Yes	Yes	Yes*
Availability of trained MOs	02	01	-	0	
No. of trained staff nurses	15	01	-	03	0
No. of admissions					
Inborn	73	22	---	---	---
Out Born	142	16	---	---	---
No. of Children					
Cured	176	17	---	---	---
Not cured	31	01	---	---	---
Referred	16	17	---	---	---
Others	05	03	---	---	---
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
Availability of trained manpower	09	04	04
Number of admissions with SAM	52	10	25
No. of sick children referred	01	0	0
Average length of stay (in days)	14	14	21

6.3 Immunization (April to May 2017)

Immunization	**DH**	**CH**	**CHC**	**PHC**	**SHC**
BCG	601	140	256	55	38
Penta1	176	-	263	-	14
Penta2	68	-	298	-	12
Penta3	65	-	297	-	17
Polio0	601	140	216	55	38
Polio1	78	-	263	-	14
Poli02	68	-	298	-	12
Polio3	65	-	297	-	17
Hep 0	538	140	256	55	38
Hep 1	-	-	263	-	-
Hep 2	-	-	298	-	-
Hep 3	-	-	297	-	-
Measles1	58	-	265	-	13
Measles2	52	-	301	-	12
DPT booster	53	-	301	-	12
Polio Booster	53	-	301	-	12
No. of fully vaccinated children	29	-	265	-	13
ORS / Zinc	Yes	Yes	Yes	Yes	Yes
Vitamin – A	Yes	Yes	265	Yes	13

Immunization	**DH**	**CH**	**CHC**	**PHC**	**SHC**
No. of immunisation sessions planned	-	-	207	Yes	16
No. of immunisation sessions held	-	-	207	Yes	16
Maintenance of cold chain. Specify problems (if any)	No	No	No	-	-
Whether micro plan prepared	-	Yes	Yes	Yes	Yes
Whether outreach prepared	-	Yes	Yes	Yes	Yes
Stock management hindrances (if any)	No	No	No	No	-
Is there an alternate vaccine delivery system	No	Yes	Yes	Yes	Yes

6.4 Rashtriya Baal Swasthya Karyakram

No. of Children Screened under RBSK	**Vijayraghavgarh (CH)**	**Barhi (CHC)**
0-6 weeks	715	223
6 weeks-6 years	1015	1134
6 -18 years	0	0
Cases identified with problems	1650	5

6.5 Number of Child Referral and Death

Child Health	**DH**	**CH**	**CHC**	**PHC**	**SHC**
No. of Sick children referred	6	8	7	7	3
No. of Neonatal Deaths	31	1	1	1	0
No. of Infant Deaths	3	0	0	0	0

7. Family Planning (April to May 2017)

Family Planning	**DH**	**CH**	**CHC**	**PHC**	**SHC**
Male Sterilization (VT+NSV)	0	0	1	0	NA
Female Sterilization (CTT+LTT)	23	1	0	0	NA
Minilap sterilization	0	0	0	0	NA
IUCD	12	107	8	4	10
PPIUCD	403	141	61	72	12
Condoms	151	696	1044	90	72
Oral Pills	209	552	151	30	6

8. Adolescent Reproductive and Sexual Health (Functioning as SAMWAD KENDRA)

ARSH	**DH**	**CH**	**CHC**	**PHC**	**SHC**
Whether ARSH clinic functioning	Yes	No	No	No	No
Type of trained manpower available for ARSH clinic	3	---	---	---	---
No. of adolescents attending ARSH clinic	172	---	---	---	---
No. of Referral from ARHS to Higher Facility	0	---	---	---	---
No. of Referral to ARHS from other health facility	92	---	---	---	---
No. of outreach camp conducted by ARSH clinic	8	---	---	---	---
No. of adolescents received ARSH services in outreach camp	52	---	---	---	---

9. Quality in Health Services

9.1 Infection Control

Quality	**DH**	**CH**	**CHC**	**PHC**	**SHC**
General cleanliness	Good	Good	Good	Good	Good
Condition of toilets	Good	Good	Good	Good	Good
Building condition	Good	Good	Good	Good	Good
Adequate space for medical staff	Yes	Yes	Yes	Yes	Yes
Adequate waiting space for patients	Yes	Yes	Yes	Yes	Yes
Practices followed					
Protocols followed	Yes	Yes	Yes	Yes	Yes

Last fumigation done	Yes	Yes	Yes	No	No
Use of disinfectants	Yes	Yes	Yes	Yes	Yes
Autoclave functioning	Yes	Yes	Yes	Yes	Yes

9.2 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	Yes	Yes
If not, alternative arrangement Pits-1 / Incineration-2 / Burned -3 / Others (specify) --4	-	-	-	-	-

9.3 Information Entertainment Communication (Observed during facility visit)

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

9.4 Quality Parameter of the facility

Essential Skill Set	**DH**	**CH**	**CHC**	**PHC**	**SHC**
Manage high risk pregnancy	Yes	Yes	Yes	Yes	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	Yes	Yes
Adherence to IMEP protocols	No	No	No	No	No
Bio medical waste management	Yes	Yes	Yes	Yes	Yes
Updated Entry in the MCP Cards	Yes	Yes	Yes	Yes	Yes
Entry in MCTS	No	No	No	No	No
Action taken on MDR	Yes	Yes	Yes	Yes	Yes

10. Referral Transport and MMUs (JSSK and Regular Ambulance)

Referral Transport	**DH**	**CH**	**CHC**	**PHC**
Number of ambulances of different types (give details)	-	-	-	-
Ambulance per lakh population	-	-	-	-

Referral Transport	**DH**	**CH**	**CHC**	**PHC**
Availability of call centre	-	-	-	-
Number of clients utilized ambulance services	-	-	-	-
Number of clients utilized ambulance services at night	-	-	-	-
Number of times the ambulance services could not be provided	-	-	-	-
Average kms per day	-	-	-	-
Average kms per visit	-	-	-	-
Number of MMU	-	-	-	-
Micro plan prepared	-	-	-	-
GPS installed	-	-	-	-
Monthly Performance monitoring	-	-	-	-
Number of patients served during April-May 2017	-	-	-	-
NOTE: No record available at facilities. Totally centralised at Bhopal.				

11. Community Processes

11.1 Accredited Social Health Activist

ASHA	**Katni**	**Vijayraghavgarh**	**Bahoribad**	**Badwara**
Number of ASHAs required	150	180	215	205
Number of ASHAs available	138	161	206	201
Number of ASHAs left during the quarter	-	1	-	-
Number of new ASHAs joined during the quarter	0	3	0	10
All ASHA workers trained in module 6&7 for implementing home based newborn care schemes	Yes	149	Yes	Yes
Availability of ORS and Zinc to all ASHAs	Yes	Yes	Yes	Yes
Availability of FP methods (condoms and oral pills) to all ASHAs	Yes	Yes	Yes	Yes
Highest incentive to an ASHA during the quarter	-	-	-	-
Lowest incentive to an ASHA during the quarter	-	-	-	-
Whether payments disbursed to ASHAs on time	No	No	No	No
Whether drug kit replenishment provided to ASHAs	No	No	No	No
ASHAs social marketing spacing methods of FP	Yes*	Yes*	Yes*	Yes*
*Providing the materials free of cost				

12. Disease Control Programmes

Disease Control	**DH**	**CH**	**CHC**	**PHC**	**SHC**
National Malaria Control Programme					
Number of slides prepared	276	3433	620	58	15
Number of positive slides	5	22	0	1	0
Availability of Rapid Diagnostic kits (RDK)	82	12800	200	Yes	Yes
Availability of drugs	Yes	Yes	Yes	Yes	Yes
Availability of staff	Yes	Yes	No	Yes	-
Revised National Tuberculosis Programme (RNTCP)					
Number of sputum tests	1296	204	22	34	0
No. of positive tests	162	32	1	1	0
Availability of DOT medicines	Yes	Yes	Yes	Yes	Yes
All key RNTCP contractual staff positions filled up	No	-	No	Yes	-
Timely payment of salaries to RNTCP staff	No	Yes	-	Yes	-
Timely payment to DOT providers	Yes	-	Yes	Yes	-
National Leprosy Eradication Programme (NLEP)					
Number of new cases detected	1	2	2	10	0
No. of new cases detected through ASHA	0	2	1	3	0

Disease Control	DH	CH	CHC	PHC	SHC
No. of patients under treatment	14	10	11	26	0

13. Non Communicable Diseases

NCD	DH	CH	CHC	PHC
NCD Services	Yes	Yes	Yes	No
Establishment of NCD clinics	2014	2016	No	
Type of special clinics	Yes	Yes	No	
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	2	1		
SN	0	0	No	
Other	2	-		

14. Record maintenance

Record	DH	CH	CHC	PHC	SHC
OPD Register	Yes	Yes	Yes	Yes	Yes
IPD Register	Yes	Yes	Yes	Yes	Yes
ANC Register	Yes	Yes	Yes	Yes	Yes
PNC Register	Yes	Yes	Yes	Yes	Yes
Indoor bed head ticket	Yes	Yes	Yes	No	No
Line listing of severely anaemic pregnant women	Yes*	Yes*	Yes*	Yes*	Yes*
Labour room register	Yes	Yes	Yes	Yes	Yes
Partograph	Yes	Yes	Yes	Yes	No
FP-Operation Register (OT)	Yes	Yes	Yes	No	
OT Register	Yes	Yes	Yes	No	
FP Register	Yes	Yes	Yes	Yes	Yes
Immunisation Register	Yes	Yes	Yes	Yes	Yes
Updated Micro plan	Yes	Yes	Yes	-	Yes
Blood Bank stock register	Yes	No	No		
Referral Register (In and Out)	Yes	Yes	Yes	No	No
MDR Register	Yes	Yes[c]	Yes	No	No
Infant Death Review and Neonatal Death Review	Yes	No	Yes	Yes	Yes
Drug Stock Register	Yes	Yes	Yes	Yes	Yes
Payment under JSY	Yes	Yes[c]	Yes	Yes	Yes
Untied funds expenditure (Check % expenditure)	100	100	100	100	100
AMG expenditure (Check % expenditure)	100	100	100	-	-
RKS expenditure (Check % expenditure)	100	115	111	-	-
RCH Register Format	Yes	Yes	Yes	-	Yes

*Line listing of severely anaemic PW recorded in ANC & PNC register. [c]Getting entered in computer

15. 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	Yes	Yes	No	No
Quality of data	Yes	Yes	Yes	Yes	Yes
Timeliness	Yes	Yes	Yes	Yes	Yes
Completeness	No	No	No	No	Yes
Consistent	Yes	Yes	Yes	Yes	Yes
Data validation checks (if applied)	Yes	Yes	Yes	Yes	Yes

16. Additional and Support Services

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

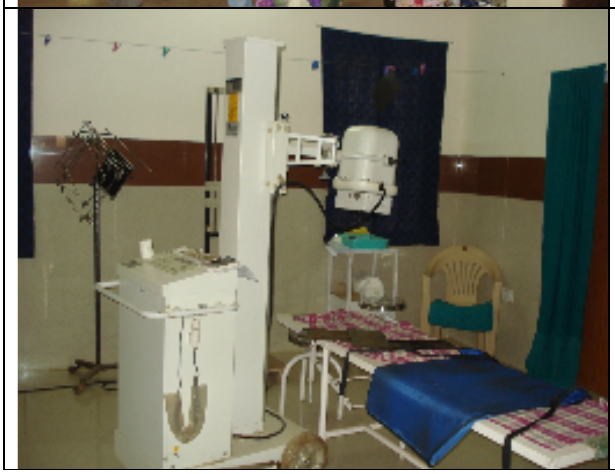
List of Acronyms

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 & Adolescents**
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**

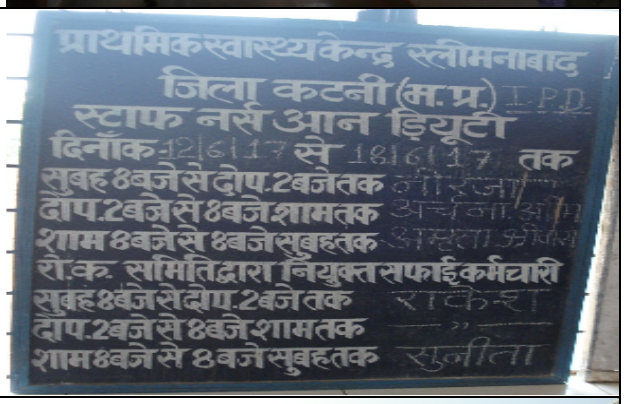
District Hospital Katni visited on 13th & 16th June, 2017

Civil Hospital (CH), Vijayraghavgarh, District Katni visited on 15th June, 2017

Community Health Centre (CHC) Barhi, District Katni visited on 14th June, 2017



Primary Health Centre (PHC) Sleemnabad, District Katni visited on 13th June, 2017



Sub-Health Centre (SHC) Khitouli, District Katni visited on 14th June, 2017