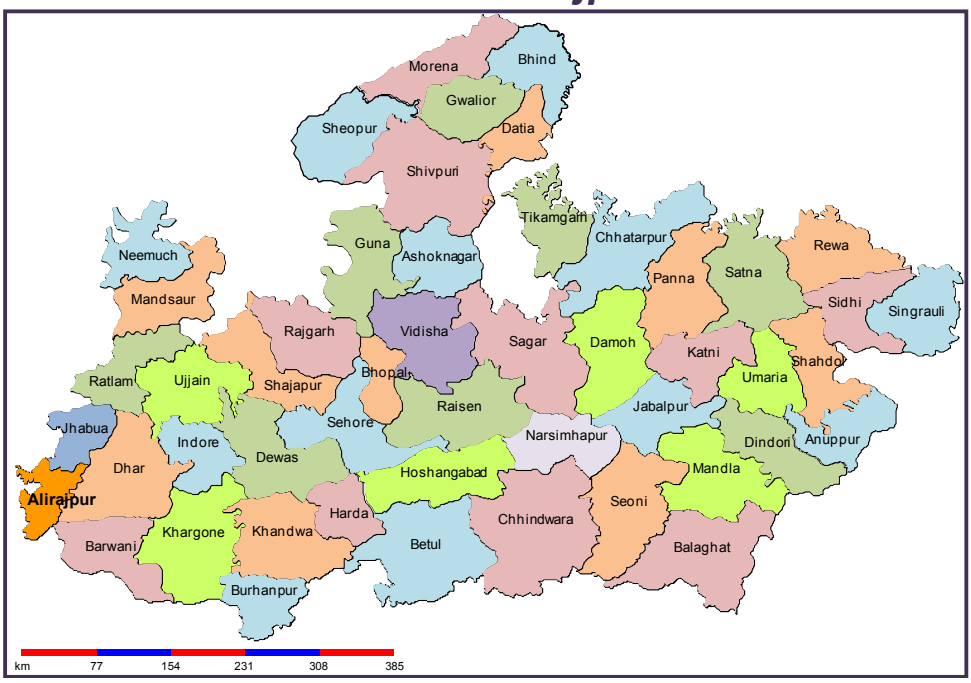
Report on Monitoring of Programme Implementation Plan (PIP) 2017-18 under National Health Mission in Madhya Pradesh

District: Alirajpur



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Contents

List of Acronyms

AFHC	Adolescent Friendly Health Clinic
AMG	Annual Maintenance Grant
AMO	Ayush Medical Officer
ANC	Anti Natal Care
ANM	Auxiliary Nurse Midwife
ANMOL	ANM Online
ASHA	Accredited Social Health Activist
AVD	Alternet Vaccine Delivery
AWW	Aanganwadi Worker
AYUSH	Ayurvedic, Yoga, Unani, Siddha, Homeopathy
BAM	Block Account Manager
BCM	Block Community Mobilizer
BEE	Block Extension Educator
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
CEA	Clinical Establishment Act
CEmOC	Comprehensive Emergency Obstetric Care
CHC	Community Health Centre
CMHO	Chief Medical and Health Officer
CS	Civil Surgeon
CTT	Conventional Tubectomy
DAM	District Account Manager
DBT	Direct Benefit Transfer
DCM	District Community Mobilizer
DEIC	District Early Intervention Centre
DEO	Data Entry Operator
DH	District Hospital
DOT	Direct Observation of Treatment
DPM	District Programmer Manager
EC Pills	Emergency Contraceptive Pills
EDL	Essential Drugs List
EmOC	Emergency Obstetric Care
ENT	Ear, Nose, Throat
FP	Family Planning
GSGSTS	Gram Shabha Gram Swasthya Tadarth Samiti
GOI	Government of India
HIV	Human Immuno Deficiency Virus
HMIS	Health Management Information System
HR	Human Resource
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
IUCD	Copper (T) -Intrauterine Contraceptive Device
JE	Janani Express (vehicle)
JSSK	Janani Shishu Surksha Karyakram
JSY	Janani Surksha Yojana
LHV	Leady Health Visitor
LMO	Lady Medical Officer
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	Mobile Medical Unit
MP	Madhya Pradesh
MPW	Multi Purpose Worker
MO	Medical Officer
MOU	Memorandum of Understanding
MoHFW	Ministry of Health and Family Welfare
MWMIS	Maternity Wing MIS
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
NMR	Neonatal Mortality Rate
NRCMIS	Nutrition Rehabilitation Centre MIS
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
PF	Plasmodium Falsiperum
PFMS	Public Financial Management System
PHC	Primary Health Centre
PIP	Programme Implementation Plan
PMSMY	Pradhan Mantri Surakshit Matritva Yojana
PMU	Programme Management Unit
PNC	Post Natal Care
PPIUCD	Post-Partum Intra Uterine Contraceptive Device
PPE	Personal Protection Equipment
PRC	Population Research Centre
RBSK	Rashtriya Bal Swasthya Karyakram
RCH	Reproductive Child Health
RGI	Registrar General of India
RHS	Rural Health Statistics
RKS	Rogi Kalyan Samiti
RKSK	Rashtriya Kishor 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
SHC	Sub Health Centre
SN	Staff Nurse
SNCU	Special Newborn Care Unit
SSK	Swasthya Samvad Kendra
STI	Sexually Transmitted Infection
SWAN	State Wide Area Network
T.B.	Tuberculosis
TT	Tetanus Toxoide
TU	Treatment Unit
UPS	Uninterrupted Power Supply
USG	Ultra Sonography

Report on Monitoring of Programme Implementation Plan (PIP) 2017-18 under National Health Mission in Alirajpur District (M.P.)

Executive Summary

This report presents the status of implementation of key health programme under NHM in Alirajpur district. Population Research Centre (PRC), Sagar (M.P.) has been entrusted by the Ministry of Health and Family Welfare (MoHFW), Government of India, New Delhi to undertake quality monitoring of implementation of important components of PIP 2017-18 under National Health Mission (NHM). PRC team visited District Hospital (DH), Community Health Centre (CHC) Jobat, 24x7 Primary Health Centre (PHC) Ambua and L-1 Delivery Point Sub-Health Centre (SHC) Chhaktala in Alirajpur district in November, 2017.

PRC team assessed status of functioning of health care services under different national health programmes and new initiatives taken to strengthen the health care delivery system and monitoring and supervision processes. Monitoring included critical areas like maternal and child health, immunization, family planning, adolescent health, AYUSH services, human resources, programme management and status of HMIS and RCH Portal data. The team also discussed various issues related to maternal and child health services, infrastructure, human resources with officials at the district and block level.

This report provides status of implementation of different health programme with the help of available secondary data from HMIS and other sources like state PIP submitted to the Government of India and web portal of state health mission and directorate of health services and first hand information collected by observing the health care services at visited health facilities. The reference point for assessing and monitoring services was April-October, 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. The team discussed regarding knowledge about health programmes and facilities availed by JSSK/JSY beneficiaries and other patients at the visited health institutions.

Salient Observations

- There are 23 designated delivery points, out of which 6 are L-1 (SHC-6), 15 are L-2 (CHC-4; PHC-11) and DH and CHC Jobat are L-3 delivery point.
- In Alirajpur district, one DH, five CHCs, 14 PHCs and 157 SHCs are functioning from government building.
- The building of DH Alirajpur, CHC Jobat are in good condition. CHC is upgraded to a 60 bedded facility, but due to non availability of beds, only 30 beds are functional No HR has been recruited as per the revised 60 bedded strength in the CHC. It has 10 bedded maternity wing. CHC area is under encroachment and legal cases are pending in court. Medical stores have come up in boundary.
- PHC Ambua is functioning from old building fragmented in different sections. OPD and drug store and cold chain are functioning from old dilapidated buildings. Two wards and a labour room has been constructed recently.
- PHC is located in the center of the market and approach road is very narrow which is not easily accessible for ambulance. It was observed that many private vehicles are parked in PHC premises. Stray animals also keep moving around the PHC. For safety and purpose of secured premises construction of boundary wall is highly necessary.
- SHC Chhaktala functioning from a very old dilapidated building. A small room serves as OPD and a five bedded room for IPD ward with attached toilet. SHC is not easily accessible as it is situated at a steep height from the road. New labour room is under construction for SHC Chhaktala. SHC has no boundary wall at all. It was observed that SHC premises is encroached upon by nearby shopkeepers.
- Residential facilities for medical and paramedical staffs are not sufficient in all the visited health facilities.
- Three residential quarters for MOs and two quarters for SNs and 11 supporting staff quarters are available at DH Alirajpur. CHC Jobat has only 13 staffs quarters (three for MOs and 11 for other staffs). One of the quarters is being used as doctor duty room at the CHC. PHC has only two MOs and two other health staff quarters.
- At present DH Alirajpur has only two specialists available against 21 sanctioned posts. These include a general surgeon and an orthopaedician. Apart from these three PGMOs (ENT, Radiology and Pathology) are also posted at the DH.
- None of the specialist posts at the CHC Jobat are in-position. Only three MOs are presently posted at CHC Jobat. MOs posted at CHC have not received any induction training even after 4 years of their service. MOs have requested for training in handling of emergencies in the hospitals. District training officer has never visited CHC for training need assessment.

- To augment the specialist health care services for MCH and FP the district has an MOU with Deepak Foundation, Gujarat. One gynaecologist, a paediatrician and an anaesthetist from Deepak Foundation provide services at CHC Jobat. It was observed that except the paediatician, other specialist services are not available on regular basis.
- Number of sanctioned posts and in-position staffs including their details are not displayed at any of the visited health facility. DMPU has maintained complete information about the contractual staff of the district.
- Trauma care centre facility is available but not functional at DH Alirajpur due to non availability of equipments and essential trained human resource. Trauma Care building is being used for OPD services and other departments of the DH.
- A 20 bedded SNCU is functional at DH Alirajpur. A paediatrician, three medical officer, one ANM, 10 staff nurses and 9 supporting staff are posted at SNCU.
- District has total 5 NRCs. NRCs at DH and CHC Jobat have a total of 11 staffs in-position. District hospital has a 20 bedded NRC and CHC Jobat has 10 bedded NRC. During April-October' 2017, 349 and 157 SAM children were admitted in NRCs at DH and CHC Jobat respectively.
- NRC Jobat is facing problem regarding none functioning of computer and internet facility since last two months, causing disruption in online data entry of NRCMIS. Problem of seepage and lack of maintenance is observed at NRC at CHC Jobat.
- District has 25 AYUSH dispensaries (Ayurvedic-20; Homeopathy-5). Integrated and Co-located AYUSH services are available at DH and PHC Ambua but not at CHC Jobat.
- At DH Alirajpur 479, at CHC Jobat 424, at PHC Ambua 320 and at SHC Chhaktala 186 deliveries were conducted at night (8pm-8am). Number of on the way deliveries reported by DH, CHC, PHC and SHC were 26, 77, 6 and 16 respectively.
- JSY incentives for institutional deliveries are paid through online transfer by PFMS within seven days after delivery. It was observed that many JSY payments are pending in different blocks. It is reported that due to high migration in the districts, women do not have proper bank accounts ready for JSY benefit transfer.
- Out of 12 teams required, only four RBSK teams are operational in the district. None of the RBSK team is complete in all aspects. Four AMOs and ANMs are in-position and one pharmacist is in-position in the district. There is manpower shortage in RBSK teams across all the blocks in Alirajpur District.
- RKSK has started from 29th April, 2015 in Alirajpur district. The programme is still in very initial stage. RKSK promotes health awareness among adolescents through a community based approach. Peer educators are appointed to spread awareness

about nutrition, sexual & reproductive health, injuries and violence (including gender based violence), non-communicable diseases, mental health and substance misuse.

- Nine PHCs, five SHCs, 206 villages and 528 Peer Educator's (PE) are identified for RKSK programme implementation. Thirteen master trainers are recruited to train peer educators. Each master trainer will cover 10-12 villages. Peer educator training will be conducted at selected five PHCs and at DH.
- DH Alirajpur has separate NCD clinic. NCD services are being provided in general OPD at CHC Jobat. MOs are being trained for providing treatment of NCDs such as diabetes and hypertension.
- ASHA kits are not available in the district but time to time kit replenishment is done by district official.
- Bio medical waste management is outsourced to a private agency "House Win Limited, Ratlam". Bio-medical waste is collected thrice a week from the health facilities except SHC Chhaktala.
- Six security guards are available at DH Alirajpur. Out of six, four are female security guards at the DH. They are recruited through outsourcing from Pratham National Security Services, Indore.
- No security personnel is posted at PHC either regular, contractual or out sourced. Security services are not sufficient as per the requirements of the district. Security services are urgently required in periphery, few blocks of the district have high crime rates.
- PHC Ambua has one sweeper, one ward boy and one Aaya. Earlier four contractual cleaning staff was available for round the clock cleaning. Since June, 2016 only one staffs is being paid by the outsourced agency. There is no supervision of the work done by the cleaning staff. Salary of one person is divided into 3 persons and all of them are working part-time. Supervisor comes only once a month for making payment. Cleaning staff have not been provided PPE, cleaning material etc.
- Reporting under new HMIS formats have started in the district and orientation about new HMIS format has been done in three blocks of the district. More training and regular orientation is required for newly introduce HMIS and RCH portal for block level programme managers, supervisory staff and health workers. None of the visited facilities have adequately trained person for HMIS reporting which is equally essential for accuracy and completeness of data in HMIS
- There are technical difficulties related to implementation of new RCH Portal and use of ANMOL app such as non-availability of mobile network, non-functionality of tablets, slow speed of RCH portal, migration of old MCTS data to new RCH Portal and retrieval of uploaded data from the portal etc. This need to be resolved at the earliest for prompt and real time data capturing of RCH services on the portal.

Action Points

Field visit observations and information gathered during interaction with the field staffs at visited health facilities by PRC team have been shared with the Civil Surgeon and DPMU. Following action points suggested to the district.

- Area and boundary of all the health facilities should be demarcated. For future expansion land area should be registered in the land records department of the district.
- District should ensure filling-up all the sanctioned posts, at least at all the identified delivery points, in order to provide full range of health services. The staffs trained in various skills need to be posted optimally at rural and remote health facilities.
- In order to achieve complete and accurate data reporting, training at all levels is essential. For computer based data reporting system – computer, internet and data entry operators are also essential.
- Detailed data definition guide and source of data from where each data is to be captured under HMIS need to be provided to all the health facilities.
- AVD incentive should be increased for hired persons as per distance and inaccessible areas served by them in the district. The incentive of AVD career need to be rationalized and should be based on the distance instead of fixed amount in inaccessible areas.

Action Points for DH, Alirajpur

- Attached toilet in the labour room and a separate wash room for staff of maternity wing is required at DH.
- Gynaecologists should be recruited as per the sanctioned posts to ensure continuous availability of emergency obstetric care services at the DH.
- Installation of ventilator machine should be completed urgently at OT in DH.
- Various equipments such as ceiling light, shadow lamp and hydraulic table are required for minor and major OT. Necessary display boards and OT aprons should be made available in sufficient quantity for OT staffs.
- Various laboratory kits such as Widal, Sickling, LFT and SGOT are urgently required in the DH.

- Periodic training and orientation is required for skill upgradation of various NRC staffs.

Action Points for CHC Jobat

- Adequate space is essential for X-ray dark room.
- Computer system and internet facility should be provided urgently for smooth date reporting, particularly for drug store.
- NRC computer should be repaired for data entry.
- Separate register need to be maintained for MDR, IDR, NDR and family planning services.

Action Points for PHC Ambua

- Construction of boundary wall is urgently needed at PHC.
- Power backup capacity needs to be increased for all part of PHC. A power generator with advanced feature and higher fuel efficiency is required for PHC.
- Various pathology kits are urgently required.
- Drug store racks are urgently required for systematic upkeep of drugs at PHC. misoprostol tablets supply should be made in sufficient quantity.
- Storage racks and packaging material for AYUSH drugs are needed at PHC.
- Availability of autoclave, cord clamps, oxygen supply and power backup in the labour room needs urgent attention.
- Arrangements for cleaning should be made at this high performing L-2 PHC.

Action Points for SHC Chhaktala

- Newly constructed labour room should be equipped and furnished as per IPHS norms. Additional room for IPD patients need to be constructed at the SHC.
- Additional ANM should be posted at SHC to provide effective services at this high case load L-1 delivery point.
- All round boundary wall is urgently required for secure and encroachment free premises.
- Encroachment should be removed from SHC premises with the help of local administration.
- UPS and inverter are required in labour room for continuous power supply at the time of delivery.

Report on Monitoring of Programme Implementation Plan (PIP) 2017-18 under National Health Mission in Alirajpur District (M.P.)

1. Introduction

Ministry of Health and Family Welfare, Government of India has involved its 18 Population Research Centres (PRC) for quality monitoring of Programme Implementation Plan (PIP) under National Health Mission (NHM) since 2012-13, in different states to cover all the districts of India in a phased manner. During the year 2017-18, PRC Sagar has been entrusted with the task to carry out PIP monitoring in selected districts of Madhya Pradesh. In this context a field visit was made to Alirajpur district in November, 2017. PRC team visited District Hospital (DH), Community Health Centre (CHC) Jobat, 24*7 Primary Health Centre (PHC) Ambua and Sub-Health Centre (SHC) Chhaktala which are functioning as delivery points, to assess services being provided in these health facilities.

This report provides a review of health and service delivery indicators of the state and Alirajpur district. Monitoring included critical areas like maternal and child health, immunization, family planning, adolescent health, AYUSH services, human resources, programme management and status of HMIS & 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 period for monitoring issues and status was April-October, 2017 for selected facilities. Checklists for different health facilities were used to ascertain availability of services. To ascertain opinion about the quality of services received, 20 exit and household interviews of recently delivered women and patients were carried out at visited health facilities who have come for delivery care, ANC, child immunization and general health services. Secondary information was collected from the state web portal and district HMIS data available at the District Programme Management Unit (DPMU) in the district.

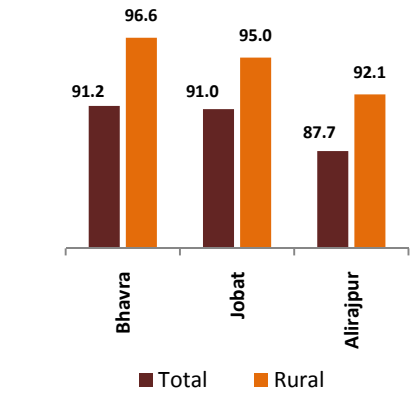
2. State and District Profile

- Madhya Pradesh located in central India with 50 districts and 342 blocks has a total population of 7.2 crores (Census, 2011).
- The district was carved from erstwhile Jhabua district in May, 2008. The district is bounded by three districts of Madhya Pradesh namely Jhabua in the north, Dhar in the

east and Badwani in the south-east. Maharashtra and Gujrat states also share the boundary with Alirajpur district. The total area of district is 3182 sq. km. with a population of 728999 (Census, 2011). The percentage of scheduled caste and scheduled tribes population is 3.7 and 89.0 percent respectively in the district.

- The district is divided into six sub divisions and three tehsils. There are three statutory and one Census Towns in the district. As per Census 2011 Alirajpur has 543 villages, out of which 538 are inhabited and five are uninhabited villages. Urbanization of the district is 7.8 per cent as per census 2011 which has increased from 7.3 per cent in census 2001.

Key socio-demographic indicators



Indicator	MP		Alirajpur*	
	2001	2011	2001	2011
No. of Districts	45	50	-	-
No. of Blocks	333	342	-	6
No. of Villages	55393	54903	544	543
No. of Towns	394	476	3	3
Population (Million)	60.34	72.63	0.6	0.7
Decadal Growth Rate	24.3	20.3	26.2	19.4
Population Density per (Km^2)	196	236	192	229
Literacy Rate (%)	63.7	70.6	31.1	37.2
Female Literacy Rate (%)	50.3	60.6	22.0	31.0
Sex Ratio	919	930	995	1009
Sex Ratio (0-6 Age)	932	918	982	971
Urbanization (%)	26.5	27.6	7.3	7.8
Percentage of SC (%)	15.2	15.6	4.2	3.7
Percentage of ST (%)	20.3	21.1	88.8	89.0

*Source: Census Reports, Registrar General of India, www.censusindia.gov.in *New district created in 2008.*

- Literacy rate of Alirajpur district is 37.2 percent and it occupies last position in the state. The female literacy rate of the district is 31 percent. Female literacy rate has increased by 9 points in Alirajpur district from 22 percent in 2001 to 31 in 2011 which is very low as compare to state average (MP: 60.6 percent).
- The sex ratio of Alirajpur district is 1009 females per thousand males as compared to 930 per 1000 males for MP. The child sex ratio has decreased by 11 points from 982 in 2001 to 971 in 2011, which is more than the child sex ratio of MP (918/1000).
- District level estimates for key health indicators such as IMR, MMR, NMR, Unmet need for FP, SRB and level of immunization is not available from any of the recent surveys.

Sr.	NFHS-4 survey, some service delivery indicators	MP	Alirajpur
1	Sex Ratio	948	1023
2	Sex Ratio at Birth	927	950
3	Female Literacy Rate (%)	59.4	27.1
4	Infant Mortality Rate (per 1000 live births)	51	-
5	Unmet Need for Family Planning (%)	12.1	10.9
6	Postnatal Care received within 48 Hrs. after delivery	55.0	44.1
7	Fully Immunized Children age 12-23 months (%)	53.6	22.6
8	1st Trimester ANC Registration (%)	53.1	29.8
9	Reported Institutional Deliveries (%)	80.8	50.5
10	SBA Home Deliveries (%)	2.3	2.5

- The Madhya Pradesh government has divided all 51 districts in to 3 groups according to health services. Out of this 21 districts are specified under general area, 19 districts under special component area and 11 districts under tribal area. Alirajpur district is under tribal area. (Sources:www.health.mp.gov.in/institution/insti/summary.htm)

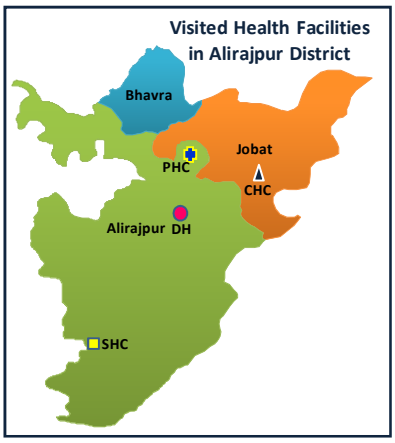
3. Health Infrastructure in the District

- As per HMIS facility mapping Alirajpur has 206 public health facilities and almost all facilities are reporting data under HMIS. Alirajpur has limited public health infrastructure in terms of specialist and referral services. Majority institutions are not fully equipped for providing all the designated secondary and tertiary care health services.
- There are 23 designated delivery points, out of which 6 SHCs are L-1, 15 are L-2 (CHC-4; PHC-11) and DH and CHC Jobat are L-3 delivery point. CHC Jobat is the only functional L3 delivery point in the district. C-section are conducted at CHC Jobat for elective cases of delivery. DH Alirajpur does not have facility for caesarean section delivery due to non availability of specialists.
- Total functional bed strength in the public health institutions is 683. This includes 100 functional beds in the DH, 30 beds each at 5 CHCs, 6 beds each at 14 PHCs and 2 beds at each SHC L-1 delivery points.
- Details of health institution and beds strength in Alirajpur district available at http://www.health.mp.gov.in/institution/insti/summary.htm (as on 12.12.2017) shows DH with 100 beds, 5 CHCs with 150 beds, 15 PHCs with 90 beds and 199 SHCs. There are total 340 beds available in public health institutions in Alirajpur district. This data is not updated.

- Total 185 SHCs are functioning in the district, out of which 157 SHCs are located in government buildings. New building for 28 SHCs are constructed recently, eight SHC buildings are in final stage of construction.

Number of Designated Delivery Points, Alirajpur

Block Name	Population Census 2011	Delivery Point Level		
		L-1	L-2	L-3
Alirajpur	162265	-	2	1
Bhavra	91101	-	2	-
Jobat	106211	2	1	1
Kattiwada	105982	2	3	-
Sondwa	178247	1	4	-
Udaigarh	85193	1	3	-
Total	**728999**	**6**	**15**	**2**



- New building for PHC Barjhar (Bhavara block) and PHC Umrali (Sondwa block) are constructed recently. Construction of additional rooms and provisioning of more amenities in the existing health facilities are being made through NHM in the district. Infrastructure upgradation at PHCs-Bori and Ambua and SHC Chhaktala is under process.
- State has initiated the process of demarcation of land and boundary of all the public health facilities for registering the same in land record department. This process will facilitate augmentation of infrastructure in future. CMHO informed that process of demarcation and land record registration is under process in the district.
- The building of DH Alirajpur, CHC Jobat and PHC Ambua are in good condition. New labour room is under construction at SHC Chhaktala. ANM at SHC has also requested for construction of one PNC ward. SHC Chhaktala has highest delivery turnover in the L-1 category delivery points. It was observed that premises of SHC are being encroached by some shopkeepers.
- PHC Ambua is located in market and approach road to PHC is very narrow. PHC is not easily accessible for ambulance. It was observed that many private vehicles are parked near PHC. Boundary wall is urgently required for securing PHC premises.
- Residential facilities for medical and paramedical staffs are not sufficient in the district as well as at the visited facilities. Three quarter for MOs and two quarters for SNs and 11 supporting staff quarters are available at DH Alirajpur. CHC Jobat has only 13 staffs

quarters (three for MOs and 11 for other staffs). One quarter is being used as doctor duty room at the CHC. PHC has only two MOs and two other health staffs quarters.

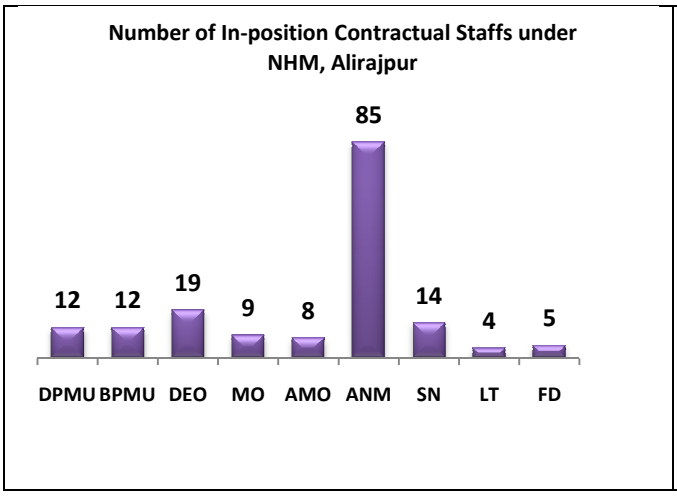
- Generator for power backup is not functional at PHC since last one year. Inverter facility available only for office use. Power backup is necessary for all parts of PHC.
- At DH and CHC Jobat complaint and suggestion box are available. Functional help desk is available only at DH Alirajpur.

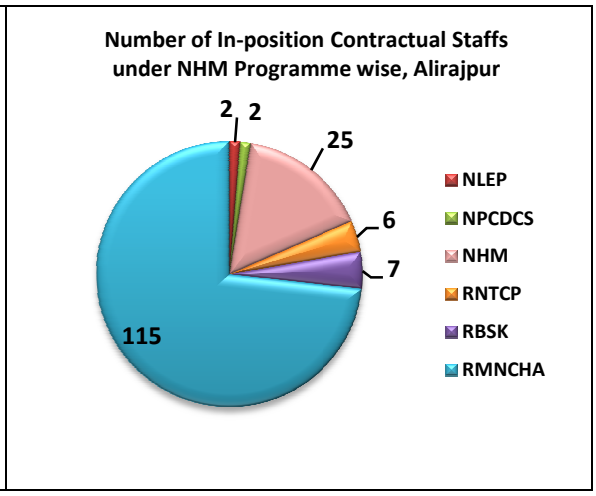
4. Human Resources

- For effective deployment of health services providers at various health care facilities state government has initiated the process of consolidating and compiling information related to each and every employee working in the health department by way of a comprehensive HR Portal http://mpsdc.gov.in/nhmhrms/Home/Login. This portal provides detailed information about all regular as well as contractual employees in the health department. However, information about facility-wise deployment of HR, in the form of summary or any report is not available in public domain.
- The annual report of the health department http://www.health.mp.gov.in/iec.htm mentions only number of sanctioned and in-position specialist and medical officers in the state. Details about various specialists and medical officers including their place of posting are not available in the public domain.
- Human Resource (HR) for health is grossly insufficient in the district, not only as per population norms but in terms of requirements for different health services and various national health programmes.
- At present the DH Alirajpur has only two specialists (General surgery and Orthopaedics) in-position against 21 sectioned posts. Apart from these three PGMOs (ENT, Radiology and Pathology) are also posted at the DH.
- None of the specialist posts at the CHC Jobat are in-position. Only three MOs are presently posted at CHC Jobat.
- At CHC Jobat, Deepak Foundation Gujarat has been supporting specialists services for gynaecology, paediatrics and anaesthetist to augment EmOC services under an MOU with district health society. However, it was pointed out by BMO that except paediatrics, other two specialists services are not regularly available through the foundation.

- There are 352 regular staffs in-position at periphery health institutions in the district. This information is available at the web-site of state health department http://www.nhmmp.gov.in/WebContent/md/HR/Regular-Facility-Wise.xls (accessed on 13.12.2017) but this information is not updated. There are only 19 medical officers posted in periphery health institutions.
- The staffs position in district and block level PMUs under NHM shows that there are 181 contractual staffs in-position in the district. District programme manager (DPM), district account manager (DAM), district monitoring and evaluation officer (DM&EO), district community Mobilizer (DCM), sub engineer, RBSK coordinator, routine immunization data manager, district RKSK coordinator, 19 data entry operators (DEO), three block programme manager (BPM), four block community mobilizer (BCM) and five block accounts manager (BAM) are working in Alirajpur district.

Status of contractual staff under different health programme of NHM are as blow





- Number of sanctioned posts and in-position staffs including their details are not displayed at any of the visited health facility. DMPU has maintained complete information about the contractual staff of the district.
- At visited health facilities many staffs are holding charge of multiple tasks. This is due to non-availability of designated staffs. At CHC Jobat, radiographer is given additional charge of cold chain handling. Similarly at PHC Ambua, the BEE is given additional charge of BPM.
- Due to inadequate HR for various support services such as – housekeeping, security, kitchen and patient transport etc. these services are affected to a certain extent.

- Periodic training of health personnel is essential for providing services effectively. It was found that no Training MIS is maintained in the district as well as at visited health facilities for all categories of health staffs. DH Alirajpur, CHC Jobat and PHC Ambua has provided a list of MO and SN trained in BEmOC, FIMNCI, NSSK, FBNC, SBA, PPIUCD, Kayakalp and other as per checklist. In totality 46, 28, 19, 24, and 2 health personnel have received SBA, MTP, FBNC, IUCD and Blood Bank/BSU training in DH Alirajpur. CEmOC trained MOs is not available at any of the visited health facilities including DH.
- District should ensure filling-up all the sanctioned posts, at least at all the identified delivery points, in order to provide full range of health services. The staffs trained in various skills need to be posted optimally at rural and remote health facilities.

5. Other Health System Inputs

- Availability of equipments, drugs and consumables, diagnostics and availability of speciality services are essential part of health care at all levels of health institutions. Provisioning of all these essentials need close and continuous monitoring to ensure their supplies and upkeep.
- Essential drug list has been publically displayed at all the visited health facilities. However, actual availability of drugs is not displayed publically. DH Alirajpur is reported about shortage or non-availability of IFA (blue) and IFA syrup.
- At DH Alirajpur, 2744 Obstetric USG and 862 General USG have been done during April to October, 2017.
- Ventilator has been procured at DH and its installation is awaited. Display board for major and minor OT, ceiling light for minor OT and one light weight shadow lamp, OT aprons for SNs, and hydraulic table for OT is required at DH.
- Most of the diagnostic tests are available in the DH but widal, sickling and SGOT liver function tests are not done due to irregular supply of kits. Drug store is under process for shifting to new trauma centre building at the DH.
- C-arm unit is not available at DH and CHC Jobat.
- At DH 8 units of blood was available at the time of visit and 229 blood units were issued during April to October, 2017.

- At CHC Jobat BSU is functional. BMO informed about insufficient supply of blood bags. Total 47 units of blood was issued during April to August, 2017 of which three units blood were issued for ANC and 44 blood bags issued for general patients.
- At CHC Jobat, 776 X-ray have been done during April to October, 2017. Adequate space for X-ray dark room is not available and room for x-ray machine is also very small which is not as per the norms.
- Computer system and internet facility at CHC drug store is not available. The drug store incharge informed about the difficulty faced in online indenting and data uploading at SDMIS. It was informed that drugs supply is not done as per demand raised by CHC.
- PHC Ambua has only limited tests like Hb, Malaria, ESR, Stool Examination, CPB, Serum Urea, Bilirubin and Cholesterol and Urine pregnancy test etc. Only one Lab technician is available at the PHC. Lab technician informed about short supply of various pathology kits since two months at the PHC.
- Drug store keeper and ANM informed about continuous shortage of misoprostol tablets at PHC Ambua. It was observed that drug store has inadequate space and seepage problem. Most of the medicines and other consumables in the drug store is kept on the floor. Sufficient storage racks are urgently required for systematic upkeep of drug store at PHC. AYUSH MO also informed that storage racks and packaging material for drugs are urgently required at the PHC.
- Labour room autoclave is not functioning properly at the PHC. Cord clamp, oxygen and power backup facility are urgently required for labour room at PHC Ambua.
- Trauma care centre is available but not functional at DH Alirajpur due to non availability of equipments and essential trained human resource. Trauma Care building is being used for OPD and IPD and other services of the DH.
- District also has 25 AYUSH dispensaries (Ayurvedic-20 and Homeopathy-5). Integrated and Co-located AYUSH services are available in the visited health facilities except at CHC Jobat. At DH Alirajpur 2725 AYUSH OPD and PHC Ambua 3830 OPD has been done during April to October, 2017. AYUSH MO is not a member of RKS at any of the visited health facilities.
- Pathological investigations are free for all the patients in government health care facilities. There are 48 diagnostic tests at DH, 28 at CHC, 19 at PHC and 3 at SHCs that are

to be provided without charging any user fees. Majority of the diagnostic tests are available at respective health facilities visited for PIP monitoring.

Diagnostic Test not available at CHC, Jobat	Diagnostic Test not available at PHC, Ambua
ECG and Liver Function Test	Platelet Count, HBsAG, Semen Analysis, LFT, RPR for syphilis, HIV and Blood Typing

6. Maternal Health

- A 36 bedded separate maternity wing attached to DH Alirajpur is functional.
- At DH, Alirajpur 1110 deliveries have been conducted during April-October'2017. Cesarean section deliveries are not being conducted at the DH since January, 2017. One PGMO gynaecologist has joined recently at DH, whereas three gynaecologists are required at the DH.
- CHC Jobat is the only health facility in the district which has C-section delivery facility and providing CEmOC services. Elective C-section deliveries are conducted at CHC Jobat. At CHC 1113 deliveries are conducted. There are 26 C-section deliveries conducted at CHC during April-October' 2017 and three women with obstetric complication were managed by providing blood transfusion.
- Two maternal deaths were reported while transferring from SHC Chhaktala to DH Alirajpur due to maternal complications during April-October' 2017.
- There were 664 deliveries at PHC and 374 deliveries at SHC have been conducted during April-October, 2017.
- At DH Alirajpur 479, at CHC Jobat 424, at PHC Ambua 320 and at SHC Chhaktala 186 deliveries were conducted at night (8pm-8am). Number of on the way deliveries reported by DH, CHC, PHC and SHC were 26, 77, 6 and 16 respectively.
- JSSK services are fully functional at the visited health facilities except SHC Chhaktala. JSSK beneficiaries are provided food as per their choice from ANMs kitchen at SHC Chhaktala. In-house kitchen facility is not available at PHC and preparations are on for starting kitchen facility at PHC. Presently, dietary service for patients is outsourced to a local hotel. Free diagnostic services and drug, medicine etc. are provided under JSSK services. Referral transport under JSSK is the most affected service. None of the facility has any information about mothers transported from home to hospital and from hospital to home under JSSK.

- Janani Express services which were operational through district level call centre have been reorganized. A centrally monitored state level referral transport service out sourced to "Ziqitza Health Care Limited" has been initiated for mothers and new born children. Apart from this '108' emergency response vehicle also provide transportation under JSSK.
- JSY payments are done as per JSY guidelines through DBT. PFMS is being used to disburse JSY payment to the beneficiary which is usually credited to beneficiary account within seven days of discharge from the hospital after delivery.
- JSY payments were made to 851 beneficiaries at DH, 1010 at CHC and 539 at PHC as on date of visit. CHC Jobat reported about non payment of JSY incentives to about 52 JSY beneficiaries due to closure of their Jan Dhan accounts.
- Twenty beneficiaries, who received ANC or delivery or PNC services at the visited health facilities, were interviewed. Eight beneficiaries out of 20 interviewed beneficiaries had registered their pregnancies with ASHA/ANM. Only two beneficiaries were aware about JSSK and JSY scheme. All the beneficiaries received free diagnostic and drugs under JSSK except those delivered at SHC Chhaktala. All the women who delivered at institution were provided free meals and breakfast. Six out of 20 women, who had come for delivery, were able to get free transport from home to hospital.
- During household interview at SHC Chhaktala, all beneficiaries have reported that extra money is demanded by ANM for services. Proper discharge cards mentioning delivery details and other important information regarding delivery care have been given to beneficiaries from SHC. JSY beneficiaries have shown their discharge cards during household interviews in Chhaktala village.
- None of the beneficiaries are aware about JSSK scheme by name in PNC ward at DH Alirajpur. Most of the beneficiaries did not have MCP card.

7. Child Health

- A 20 bedded SNCU is functional at DH Alirajpur with a paediatrician, three medical officer, one ANM, 10 staff nurse and 9 supporting staff posted at SNCU.

- During April-October 2017, a total 305 children (inborn-60; outborn-245) have been admitted and as per the records, 271 children were cured after treatment and 8 children were referred to a higher facility and 22 death are reported.
- NBSU is functional at CHC Jobat with radiant warmers and other essential equipments. One medical officer and two staff nurse are trained for NBSU services. During April-October, 2017 there were 106 inborn admissions. In this period 83 children are reported cured, and 23 referred at CHC Jobat.
- There are five NRCs in Alirajpur district. In all 60 beds are available in NRCs. Overall bed occupancy rate reported in the district is 106.2 percent. All the visited facilities have NRCs with total 11 staffs in-position. District hospital has 20 bedded NRC, and CHC Jobat has 10 bedded NRC. During April-October' 2017, 349 and 157 SAM children were admitted in NRCs at DH and CHC Jobat respectively.

SAM children referred to NRCs by different health service provider in Alirajpur district

Block NRCs	Total SAM Children Admitted	AWWs	ASHAs	Self	Doctors (OPD)	RBSK	Others
Alirajpur	353	316	8	5	6	0	18
Jobat	150	106	16	0	3	1	24
Bhavra	152	144	6	0	1	1	0
Udaigarh	115	108	0	0	3	0	4
Katthiwara	174	148	7	4	7	0	8

- Special feed such as mixer of 1120 gram sugar, 1200 gram amul spray milk powder, 1 kg peanuts and 600 ml coconut oil are provide to above 6 month children in NRC at DH. Orientation training on food intake and NRC portal is required for feeding demonstrator.
- NRC Jobat is facing problem of none functioning of computer and internet facility since last two months affecting online data entry. The NRC is also facing problem of seepage and lack of maintenance.
- Jobat block is a focal point for vaccine supply. It provides vaccines to 17 SHCs. Farthest village Ranjitgarh at a distance 28 KM is served by the focal point. Ambua block has three focal points, with 40 SHCs, which is under Ambua, Nanpur and Alirajpur rural. Six SHCs are covered by Ambua PHC focal point with 23109 population and farthest village Band is situated at a distance of 25 KM from PHC Ambua. Vaccine is supplied to all the vaccination points through alternate vaccine delivery system.

- An incentive of Rs.75 in plain area and Rs.150 in inaccessible area is paid for AVD career person to meet out the fuel cost. Many parts of Alirajpur district comes under inaccessible area. Usually a AVD person carries six containers thrice a week to the vaccination point. It was informed that due to long distances between vaccination points this amount is not sufficient to meet out fuel cost. Due to increasing fuel cost many AVD persons are not willing to continue.
- RBSK programme in the district is being implemented as per guidelines. A district RBSK coordinator has been appointed for monitoring and supervision of RBSK programme.
- Out of 12 teams required, only 4 RBSK teams are operational in the district. None of the RBSK team is complete in all aspects. Four AMOs and ANMs are in-position and one pharmacist is in-position in the district. There is manpower shortage in RBSK teams across all the blocks in Alirajpur District.

Block-wise status of RBSK team in Alirajpur district

Blocks	Teams	AMO	ANM	Pharmacist
Bhabra	Team 1	1	1	0
	Team 2	-	-	-
Jobat	Team 1	1	1	0
	Team 2	-	-	-
Ambua (Alirajpur)	Team 1	1	1	1
	Team 2	-	-	-
Udaigarh	Team 1	1	1	0
	Team 2	-	-	-
Kattiwada*	-	-	-	-
Sondwa*	-	-	-	-
Total		**4**	**4**	**1**

*There are no RBSK teams available in both blocks.

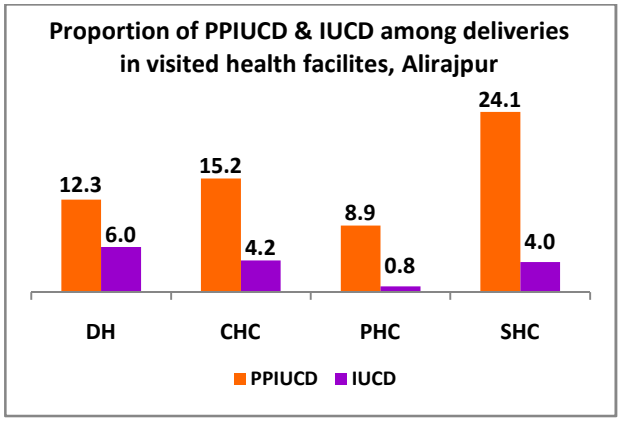
- RBSK coordinator informed that some AMOs have been selected for regular post and have left RBKS. All the required staffs need to be posted to provide complete range of RBSK services.
- As per the available data numbers of children screened for any illness were 16272 in Jobat block. A total of 2215 children in different age groups were identified with various health problems and 539 children have been referred to higher facility for treatment from CHC Jobat.
- State has sanctioned establishment of District Early Intervention Centre (DEIC) has not been operationalized in DH Alirajpur.

8. National Health Programmes

Alirajpur district provides services under various national health programmes as per the government guidelines though services are constrained due to limited human resources and infrastructure.

8.1 Family Planning Services:

- Alirajpur district provides all the family planning services for spacing as well as limiting methods. All family planning services are available at the visited DH and CHC Jobat.



- Total number of PPIUCD insertion DH-137, CHC-169, PHC-59, SHC-90.
- Total interval IUCD insertion DH-67, CHC-47, PHC-5 and SHC-15.

- None of the visited health facilities reported NSV services during April to October 2017. During this period six and 55 CTT have been done at DH and CHC Jobat respectively.
- Pregnant women were provided IUCD, PPIUCD, Condom and Oral Pills services at all visited health facilities in Alirajpur district.

8.2 RKSK :

- Ministry of Health and Family Welfare has launched the Rashtriya Kishor Swasthya Karyakram (RKSK) on 7th January 2014.
- RKSK has started from 29 April, 2015 in Alirajpur district. RKSK is a health promotion and community based approach for providing counselling services to adolescents about nutrition, sexual & reproductive health, injuries and violence (including gender based violence), non-communicable diseases, mental health and substance misuse.
- The new adolescent health (AH) strategy focuses on age groups 10-19 years with universal coverage, i.e. males and females; urban and rural; in school and out of school; married and unmarried; and vulnerable and under-served.

- Nine PHCs, five SHCs, 206 villages and 528 Peer Educator's (PE) covered under RKSK programme in Alirajpur district. Thirteen master trainers are available and each cover 10-12 villages for training of peer educators. Presently six RKSK counsellors are appointed in the district; one at DH and five at PHCs.
- The 528 peer educators have been identified through ASHA. Their role is to serve as source of sensitization and referral to experts and services to adolescents. In every village (1000 population/ASHA habitation) four peer educators (two male and two female) have been selected based on the recommendation/ nomination of ASHA and the school teacher.
- District RKSK coordinator is over all in-charge of RKSK programme for monitoring and supporting super vision of field visit in the district.
- RKSK district coordinator informed no mobility support is provided under RKSK for field visits and he has to travel by own vehicle. A vehicle should be provided for field monitoring for RKSK by the government.

8.3 Non-Communicable Diseases (NCD):

- Alirajpur has a separate NCD clinic established in the DH.
- NCD services are being provided in general OPD at CHC Jobat. Training of MOs is underway for diabetes and hypertension related treatment.
- It is observed that NCD related data is not being recorded and reported under any reporting system from the district.

8.4 Disease Control Programme:

- Services under disease control programme are provided for Malaria, Tuberculosis and Leprosy. Required staffs are not available for all the three programmes at all levels of health institutions.
- During April-October' 2017, 4292, 9396, 1096 and 124 slides were examined for malaria at DH, CHC, PHC and SHC respectively. There were only 93, 172, and 21 positive cases of malaria reported during this period in DH, CHC and PHC. It was observed that RD kits for malaria testing are regularly supplied and used at all the visited health facilities.

- Treatment units under Revised National Tuberculosis Programme (RNTCP) in Alirajpur are functional in all the visited health facilities except SHC Chhaktala. There were 699, 240, and 206 sputum test conducted at the visited DH, CHC and PHC respectively. Out of these 171 sputum samples were found to be positive at DH, 32 at CHC Jobat, and 10 at PHC Ambua.
- Under National Leprosy Eradication Programme (NLEP) two and 18 new cases have been detected and under treatment in DH and CHC Jobat since April-October' 2017. Seven new cases detected through ASHA at CHC Jobat.

9. Community Process (ASHA):

- Strong network of ASHA is present in Madhya Pradesh. In Alirajpur presently 685 ASHAs are working. These ASHAs are working in 541 villages, but there is a need of 702 ASHAs in Alirajpur district. Majority are not trained upto 6-7 module. There are 54 ASHA sahyogis, 521 Gram Shabha Gram Swasthya Tadarth Samiti (GSGSTS) and 540 Arogya Kendras available in the district. ASHA kits are not available in the district but time to time kit are replenished for ment is done by district official.

Number of ASHAs in Alirajpur district					
Blocks	**Revenue Villages**	**ASHA Sahyogi**	**GSGSTS**	**Total ASHA**	
				Target	**Appointed**
Bhabra	54	8	54	95	93
Jobat	62	8	62	103	103
Ambua	86	11	86	138	136
Udaigarh	86	9	86	102	99
Kattiwada	120	9	120	124	121
Sondwa	133	9	113	140	133
Total	**541**	**54**	**521**	**702**	**685**

10. Quality of Health Services

Quality parameters for health services are multidimensional. It not only cover environmental norms in the health institutions but also involves dissemination of information related to health care service, preventive measures for ailments and promotion of healthy behaviour through IEC for patients as well as general public.

10.1 ***Infection Control:***

- General cleanliness and clean toilets was observed in DH, CHC Jobat and PHC Ambua except SHC Chhaktala. It was observed that disinfectants are not being used regularly for cleaning of toilets and floor at PHC and SHC.
- Practices of health staff, protocols, functional autoclave was observed in DH and other visited health facilities.
- Adequate waiting space for OPD patients was observed in DH Alirajpur and other visited health facilities except SHC Chhaktala. There is adequate space for medical staff.. Fumigation is being carried out on regular basis (weekly) at DH and CHC Jobat.

10.2 ***Kayakalp:***

- Kayakalp is an ambitious programme in line with the Swachha Bharat Campaign. It envisages maintaining of high standard for cleanliness and hygiene across all the public health institutions.
- Kayakalp team visited DH Alirajpur on 27-28 October, 2017 for peer assessment.

10.3 Bio-Medical Waste Management:

- There are standard protocols for disposal of bio-medical waste management in all level of health care institutions.
- It was observed that colour coded bins are available in all parts of health institutions in all the visited health facilities.
- Bio medical waste management is outsourced to a private agency "House Win Limited, Ratlam". Bio-medical waste is collected thrice a week from the health facilities except SHC Chhaktala.
- At SHC, Chhaktala burial pit is used for disposal of BMW.

10.4 Information Education and Communication:

- Citizen charter and NHM Logo in both languages are not displayed at any of the visited health facilities except DH in Alirajpur district.
- Protocol posters, Awareness Generation chart, Immunization Schedule, FP IEC, Phone number and JSSK entitlements are displayed at all the visited health facilities.
- List of services available, citizen charter, user charges and complaint/suggestion box are not displayed at PHC Ambua and SHC Chhaktala.
- It was observed that complaint/suggestion box is not available at all visited health facilities except DH Alirajpur.

- List of RKS members and income and expenditure of RKS is not displayed publically in any of the visited health facility.
- IEC material has been removed from all parts of CHC Jobat due to ongoing building renovation work and will be displayed after completion of renovation.

10.4 Support Services:

- Various support services such as kitchen, laundry, drug storage, grievance redressal mechanism and maintenance repair are available in all the visited facilities. In house kitchen facility is available and food is provided as per patient requirement at SHC Chhaktala.
- For periodic maintenance and repair of faulty equipments AIM Bhopal has been contracted at state level. All equipments maintenance is being managed by Deepak Foundation at CHC Jobat.
- Six security guards are available at DH Alirajpur. Out of six, four are female security guards at the DH. They are recruited through outsourcing from Pratham National Security Services, Indore.
- Security services are not sufficient as per the requirements in district Alirajpur. Security services are urgently required in periphery health institutions.
- At SHC Chhaktala sweeper was being paid Rs. 5000/- per month but now only Rs.1000/- is being paid. Sweeper has not received salary since January, 2017. ANM is facing acute problem in cleaning of labour room after night time deliveries. ANM has to clean labour room and toilet by herself.

11. Referral Transport and MMU

- 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.
- During 2017-18, referral transport services have been out-sourced to a new agency and only services under National Ambulance Services are being implemented. This transformation has resulted in reduction of availability of patient transport services and dedicated referral transport for mothers and children.

- Due to poor mobile connectivity in remote and bordering areas of the district calling referral transport with toll free number is a major problem and a cause of concern. Due to limited JE services referral services are affected at SHC.
- In Alirajpur, only "108" emergency patient transport is operational. It also provides services to pregnant women for home to hospital transport. In all four "108"vehicles (DH-2, CHC-1 and PHC-1) and four Janani Express available at (DH-2, CHC-1 and PHC-1) and two general ambulance available at the DH. One ambulance is used for camp and referrals and second ambulance is used on payment basis for patients. Only fuel charge is taken from patients.
- Dindayal Chalit Ashpatal is functional with four staffs - MO, ANM, Lab technician and driver in block Jobat. MMU visit 14 remote villages on the designated day. It covers a population of 33561 population and 10 SHCs. MMU provides services at 12 locations and covers an approximate distance of 250 kms in a week.
- MMU staff are facing problem of salary non payment. All the staffs of MMUs have gone on strike since November, 2017 throught the state. No data of MMU services is being reported to CHC and no monitoring is being done by respective BMOs.

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 Upchararya Gruh evm 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.
- Private nursing homes or health care facilities are not available in Alirajpur district. No private health facilities are registered under MP nursing home act in Alirajpur.

13. Data Reporting, HMIS and RCH Portal (MCTS)

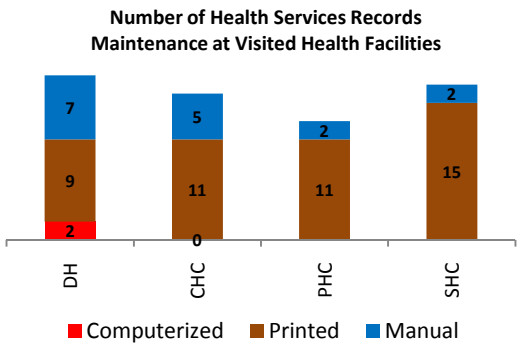
Monitoring and Evaluation (M&E) of all the health care services are essential not only to review the progress of the existing services but also to augment existing services and initiate new services in the district. It also helps in supervision and planning for areas to be strengthened. Data gathering for health services has been systematised through HMIS and tracking of services at individual mothers and children is done using RCH portal. 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 Alirajpur, District M&E Officer is in-position. There are three DEOs posted in DPMU and three DEOs are also posted at DH and one is Ambua. Apart from these 13 other DEOs are in-position in five blocks. Jobat and Bhabra has two DEOs and Katthiwada, Udaigarh and Sondwa blocks each have three DEOs. At block level BPM is responsible for HMIS and RCH data uploading, consistency check and completeness of data. Except DH no other visited facility has dedicated trained person for HMIS data uploading. Moreover, DEOs are not aware about new HMIS formats.

13.1 Record Maintenance and Reporting:

- During PIP monitoring visit status of data reporting registers and system of record maintenance at each of the visited health facilities has been ascertained. Information about 22 types of registers and records has been collected.
- Computerization of health records and reporting has been observed only at DH for OPD and IPD. For rest of the health services, record registers are maintained manually and printed.



- Computerized OPD / IPD registration
- Computerized data entry – Maternity Wing, SNCU and HMIS.
- HMIS bilingual printed format.
- Death register is not maintained at PHC.

- Capturing of all health services and health events is not being done at all the health facilities. It is observed that critical care services, deaths and morbidity are not recorded in registers which subsequently does not get reported in HMIS.
- There is still practice of multiple recording and reporting and area reporting among supervisory staffs at periphery level.
- Area reporting is prevailing in periphery health facilities. Due to labour migration full range of services are not provided to individual beneficiary. To receive complete incentives health providers prefer area reporting which caused reporting duplication.
- Maternity wing DEO has received training on MWMIS, MDR, register entry Equipments and PMSMY. A new PPUCD/IUCD online software has been introduced since July'2017. This has been synchronized for uploading data on national portal. It was informed by the DEO that relevant information could not be retrieved from these online software to provide reporting in HMIS. DEO also reported problems in MWMIS dashboard which does not show month wise details and show only cumulative details. He also reported repeated changes in user interface in MWMIS.
- In PPIUCD software there is only provision of onward entry. There is not system of recording follow up data. The software only operates through broadband internet and not on SWAN.

13.2 Health Management Information System (HMIS):

- HMIS has been revamped in Madhya Pradesh as well as in Alirajpur district. 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. The state has instructed all the blocks to use new HMIS format since 2017. In July, 2017 final

version of new HMIS format has been given for HMIS data entry with minor correction in the draft version.

- New reporting formats have been distributed to all the facilities. The formats are bilingual in Hindi and English which can be easily understood by all health staffs. Orientation on HMIS new format in completed in 3 blocks. For SHC level HMIS reporting a booklet containing 24 sets of HMIS monthly reporting formats has been given to all SHCs to ensure retaining of office copy with the ANM.
- 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, subsequent training for other personnel is urgently required.
- DM&EO has created a template for systemic data error identification and validation checks at block level.
- It was observed that DEO at DH and CHC are not well versed with different data items and their validations. DEO at DH informed about the difficulty in collection of data from different sections. It was observed that DEO does not maintain any hard copy of HMIS report and only online reporting is done by asking data items from different sections. Different sections of DH also report many other data pertaining to specific services, either through online software or paper report. DEOs and paramedical staffs in various sections should be given responsibility for reporting HMIS data of their own section to DEO in the format to avoid any non-reporting/ misreporting.
- Detailed data definition guide and source of data from where each data is to be captured is not yet available with DEOs. Only providing new formats does not ensure the completeness of data in HMIS.
- It was observed that data capturing at DH, CHC and PHC is grossly incomplete and erroneous. In DH Alirajpur, MTP, Syphilis teat for pregnant women, Hb<11 mg, childhood diseases patients, NCD services are reported as zero in HMIS which is actually a non-reporting issue. Data pertaining to RD kit testing of malaria, positive cases of malaria PV and PF have same figures. In HMIS monthly report of DH, no inpatient death as been reported which is also a non-reporting issue.

- At CHC, Jobat non-reporting of data items related to childhood disease, pregnant women Hb<11, MTP, total OPD and IPD, inpatient deaths was observed. HMIS data (MIS and Infrastructure) is not seen by BMO. BMO has very little idea about what HMIS data is being reported.
- PHC data is being recorded in SHC HMIS format by BEE. Not all the data is being reported by BEE in HMIS format. BEE has no training for verifying data using ANMOL tablet. Data reporting is done during 21th to 20nd of every month. Data reporting period is not uniform across health facilities.
- 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.
- Data items related to death occurring at health facilities are reported as blank instead of zero. Death being a health event cannot be blank.
- Similarly health services related to critical care such as women given blood transfusion, identified with hypertension, diabetes and HIV tested are also reported blank.
- District M&E officer is over burdened with responsibility of DPMU, which leave no scope for close monitoring of HMIS data, training of staffs and 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.
- PRC Team has submitted its data validation report of DH Alirajpur for DH ranking purpose, initiated by MoHFW for NITI Aayog.

13.3 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.
- Training for data capturing and data entry into new RCH Portal has been given to all ANMs and DEOs in the district. Alirajpur is one of the 14 districts in the state where

ANM online (ANMOL) has been piloted for capturing and uploading real time data on RCH portal.

- DM&EO informed about updation problem in old data of 2015-16. The new RCH portal ask for RCH register Sr. No. for old data but only current entry is possible. Old entry is not being migrated taken over in new session. New registers for RCH portal data capturing has been provided to the district. RCH portal is designed as per old previous register, new register has less data columns and important service data as per old portal / register is not being captured informed by DM&EO.
- For initiating data capturing through ANMOL, 150 tablets (Make: Penta, 32 GB memory card) have been distributed to ANMs. Training on tables, thumb impression machine has also been imparted. It was reported that RCH portal server functions very slow. There was no network coverage during training and ANMs faced difficulties in understanding of ANMOL interface and handling of tables.
- ANMOL app has some inherent problems as reported by DM&EO. In case of accidental deletion of app from the tables, old data is not getting retrieved on tablet since 4-5 month. Portal speed should be increased for use of tablets. There is no replacement policy for tablets in case of any malfunction or non-working of tablets. District has been instructed to use any smart phone by downloading ANMOL app. Rs.250 per month for recharge of 1 GB data is also being provided to ANMs for using tablet for this purpose.
- ANM at SHC Chhaktala informed that ANMOL tablet has not been provided to headquarter ANM. Only field ANMs are given tablets. ANM informed that most of the field ANM complained about non-working of tablet due to connectivity issues and occasional not functioning of tablets.

Observations from Alirajpur District visited during November, 2017 **(ANNEXURE)**

1. Health Infrastructure available in Alirajpur District

No. of institutions	Available	Located in government buildings	No. of new facility proposed	No. of health facilities having inpatient facility	No. of beds in each category
District Hospital	1	1	-	1	100
Exclusive MCH hospital	-	-	-	-	-
SDH	No	-	-	-	-
CHC	5	5	-	5	185
PHC	14	14	1	12	84
SCs	185	157	1	6	314
AYUSH Ayurvedic	20	18*	-	-	-
AYUSH(Homoeopathic)	5	4#	-	-	-
AYUSH (Others)	-	-	-	-	-
Delivery Point(L1)	6	6	-	6	-
Delivery Point(L2)	15	15	-	15	-
Delivery Point(L3)	2	2	-	2	-

*Total 683 beds available in Alirajpur district. *Two Ayush centre is located at Panchayat Bhawan. #One Homoeopathic centre is located in school building.*

2. Physical Infrastructure

Infrastructure (Yes / No)	DH	CHC	PHC	SHC
Health facility easily accessible from nearest road head	Yes	Yes	Yes	Yes
Functioning in Govt. building	Yes	Yes	Yes	Yes
Building in good condition	Yes	Yes	Yes	No
Staff Quarters for MOs	3	3	2	
Staff Quarters for SNs	2	0	-	
Staff Quarters for other categories	11	11*	2	Yes
Electricity with power back up	Yes	Yes	No	Yes
Running 24*7 water supply	Yes	Yes	Yes	Yes
Clean Toilets separate for Male/Female	Yes	Yes	Yes	No
Functional and clean labour Room	Yes	Yes	Yes	Yes
Functional and clean toilet attached to labour room	No	Yes	Yes	Yes
Clean wards	Yes	Yes	Yes	Yes
Separate Male and Female wards (at least by partitions)	Yes	Yes	No	
Availability of Nutritional Rehabilitation Centre	Yes	Yes	No	
Functional BB/BSU, specify	Yes	Yes		
Separate room for ARSH clinic and RKSK	Yes	Yes		
Availability of complaint/suggestion box	Yes	Yes	No	No
Availability of mechanisms for Biomedical waste management (BMW)	Yes	Yes	Yes	Yes
BMW outsourced	Yes	Yes	Yes	No
Availability of ICTC/ PPTCT Centre	Yes	Yes		
Availability of functional Help Desk	Yes	No	No	No

**Out of 11, one quarter used as doctor duty room at the CHC*

3. Human Resources

Health Functionary	Required (Sanctioned)				Available			
	DH	CHC	PHC	SHC	DH	CHC	PHC	SHC
Gynaecologist	2	-			0	-		
Paediatrician	4	-			0	-		
Anaesthetists	3	-			0	-		
Cardiologist	-	-			-	-		
General Surgeon	2	-			1	-		
Orthopaedic	2	-			1	-		
Medicine Specialist	3	-			0	-		
ENT Specialist	1	-			0	-		
Ophthalmologist	1	-			0	-		
Ophthalmic Asst.	1	1	1		1	1	1	
Radiologist	1	-			0	-		
Radiographer	3	1			2	1		
Pathologist	1	-			0	-		
LTs	3	4	1		3	2	1	
MOs	19	4	2		18	3	1	
AYUSH MO	1	5	1		0	1	1	
LHV	1	3	-		1	1	-	
ANM	8	-	2	-	4	3	2	1
MPHW (M)	1	-	-	-	1	-	-	1
Pharmacist	5	2	1		1	1	0	
Staff nurses	74	4	2	-	46	4	1	-
RMNCHA+ Counsellor	-	-	-		-	-	-	

No. of Trained Persons

Training programmes	DH	CHC	PHC	SHC
CEmOC (Comprehensive Emergency Obstetric Care)	0	-		
LSAS (Life Saving Anaesthesia Skill)	1	-		
BEmOC (Basic Emergency Obstetric Care)	0	-	1	
SBA (Skill Birth Attended)	46	2	4	1
MTP (Medical Termination of Pregnancy)	28	1	-	
NSV (No Scalpel Vasectomy)	0	-	-	
F-IMNCI/IMNCI (Integrated Management of Neonatal and Childhood illness)	2	1	1	-
FBNC (Facility Based Newborn Care)	19	-	2	-
HBNC (Home Based Newborn Care)			3	-
NSSK (Navjaat Shishu Surakasha Karyakram)	4	1	3	1
Mini Lap-Sterilisations	0	-	-	
Laproscopy-Sterilisations(LTT)	1	-		
IUCD (Intrauterine Contraceptive Device)	24	1	1	1
PPIUCD (Post-Partum Intra Uterine Contraceptive Device)	22	2	1	1
Blood Bank / BSU	2	1		
RTI/STI (Reproductive Tract Infection/Sexually Transmitted)	7	-	1	-
IMEP (Infection Management Environmental Plan)	1	-	-	-
Immunization and cold chain	7	1	1	-
RCH Portal (Reproductive Child Health)	8	-	1	-
HMIS (Health Management Information System)	9	-	1	-
RBSK (Rashtriya Bal Swasthya Karyakram)	4	-		1
RKSK (Rashtriya Bal Swasthya Karyakram)	2	-	1	-

Training programmes	DH	CHC	PHC	SHC
Kayakalp	0	-	1	-
NRC and Nutrition	1	1	-	
PPTCT (Prevention of Parent to Child Transmission of HIV)	2	-	1	1
NCD (Non Communicable Diseases)	2	-	1	
Nursing Mentor for Delivery Point	2	-		
No. Others (specify)--------Skill Lab	-	-	TB	Dakshata & IPV

4. Other health System inputs

Availability of drugs and diagnostics, Equipments	DH	CHC	PHC	SHC
Availability of EDL and Displayed	Yes	Yes	Yes	Yes
Availability of EDL drugs	Yes	Yes	Yes	Yes
No. and type of EDL drugs not available (Collect Separate List)	No	Yes	No	No*
Computerised inventory management	Yes	No@	Yes	No
IFA tablets	Yes	Yes	Yes	Yes
IFA tablets (blue)	No	Yes	Yes	Yes
IFA syrup with dispenser	No	Yes	No	Yes
Vit A syrup	Yes	Yes	No	No
ORS packets	Yes	Yes	Yes	Yes
Zinc tablets	Yes	Yes	Yes	Yes
Inj Magnesium Sulphate	Yes	Yes	Yes	Yes
Inj Oxytocin	Yes	Yes	Yes	Yes
Misoprostol tablets	Yes	Yes	No	Yes
Mifepristone tablets	No	Yes	No	No
Availability of antibiotics	Yes	Yes	Yes	Yes
Labelled emergency tray	Yes	Yes	Yes	Yes
Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	Yes	Yes	Yes	Yes
Adequate Vaccine Stock *available*	Yes	Yes	Yes	Yes
Supplies (Check Expiry Date during visit to the Facility)				
Pregnancy testing kits	Yes	Yes	Yes	Yes
Urine albumin and sugar testing kit	Yes	Yes	Yes	Yes
OCPs	Yes	Yes	Yes	Yes
EC pills	Yes	Yes	Yes	No
IUCDs	Yes	Yes	Yes	Yes
Sanitary napkins	Yes	No	No	No
Gloves, Mckintosh, Pads, bandages, and gauze etc.	Yes	Yes	Yes	Yes
Laboratory and Other Diagnostic tests				
Haemoglobin	Yes	Yes	Yes	Yes
CBC	Yes	Yes	Yes	
Urine albumin and sugar	Yes	Yes	Yes	Yes
Blood sugar	Yes	Yes	Yes	
RPR	Yes	Yes	No	
Malaria	Yes	Yes	Yes	Yes
T.B	Yes	Yes	Yes	
HIV	Yes	Yes	Yes	
Liver function tests (LFT)	Yes	No		
No. Ultrasound scan (Ob.) done	2744			
No. Ultrasound Scan (General) done	862			
No. X-ray done	-	776		

Availability of drugs and diagnostics, Equipments	**DH**	**CHC**	**PHC**	**SHC**
ECG	Yes	No		
Endoscopy	No			
Essential Equipments				
Functional BP Instrument and Stethoscope	Yes	Yes	Yes	Yes
Sterilised delivery sets	Yes	Yes	Yes	Yes
Functional Neonatal, Paediatric and Adult Resuscitation kit	Yes	Yes	Yes	Yes
Functional Weighing Machine (Adult and child)	Yes	Yes	Yes	Yes
Functional Needle Cutter	Yes	Yes	Yes	Yes
Functional Radiant Warmer	Yes	Yes	Yes	Yes
Functional Suction apparatus	Yes	Yes	Yes	-
Functional Facility for Oxygen Administration	Yes	Yes	No	No
Functional Foetal Doppler/CTG	Yes	Yes	Yes	-
Functional Mobile light	Yes	Yes	Yes	
Delivery Tables	3	2	Yes	Yes
Functional Autoclave	Yes	Yes	Yes	Yes
Functional ILR and Deep Freezer	Yes	Yes	Yes	
Emergency Tray with emergency injections	Yes	Yes	Yes	
MVA/ EVA Equipment	Yes	Yes	No	
Functional phototherapy unit	Yes	Yes	No	
OT Equipments				
O.T Tables	Yes	Yes	No	
Functional O.T Lights, ceiling	Yes	Yes	-	
Functional O.T lights, mobile	Yes	No	-	
Functional Anesthesia machines	Yes	Yes	-	
Functional Ventilators	Yes[#]	No	-	
Functional Pulse-oximeters	Yes	Yes	-	
Functional Multi-para monitors	Yes	Yes	-	
Functional Surgical Diathermies	Yes	Yes	-	
Functional Laparoscopes	Yes	Yes	-	
Functional C-arm units	No	No	-	
Functional Autoclaves (H or V)	Yes	Yes	-	
Blood Bank / Storage Unit				
Functional blood bag refrigerators with temp chart	Yes	No		
Sufficient no. of blood bags available	8	No		
Number of blood bags issued for BT (**April-October 2017)**	229	47		
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
Yes Neonatal ambu bag				Yes
Yes Adult weighing machine				Yes
Infant/New born weighing machine				Yes
Needle &Hub Cutter				Yes
Colour coded bins				Yes
RBSK pictorial tool kit				Yes

**Oxygen supply is not available at SHC. @Self laptop used by store keeper for drug indene due to non availability of computer system at CHC drug store room. # Ventilator is available but installation not done at the DH as on visit date.*

Specialty Care Services Available in the District

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

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

Laboratory Tests Available (Free Services)

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

Services	DH	CHC	PHC	SHC
X-ray	Yes	Yes	No	-
ECG	Yes	No	No	-
Liver Function Test	Yes	No	No	-
RPR for syphilis	Yes	Yes	No	-
RTI/STI Screening	Yes	Yes	No	-
HIV	Yes	Yes	No	-
Indoor Fees	30	Free	Free	Free
OPD fees	10	10	Free	Free
Ambulance	Yes	Yes	Yes	-
Food for Inpatients	Yes	Yes	Yes	Yes*
**ANM is providing food from her own kitchen as per patient requirement at SHC*				

5. Maternal Health (Give Numbers from 1 April- 31 October'2017)

5.1 ANC and PNC Services Delivered	DH	CHC	PHC	SHC
ANC registered	394	119	96	69
New ANC registered in 1st Trim	97	75	63	16
No. of women received 3 ANC	97	66	-	20
No. of women received 4 ANC	213	30	58	23
No. of severely anaemic pregnant women(Hb<7) listed	149	144	4	-
No. of Identified hypertensive pregnant women	-	-	21	-
No. of pregnant women tested for B-Sugar	-	38	-	-
No. of U-Sugar tests conducted	-	2179	-	-
No. of pregnant women given TT (TT1+TT2)	381	112	41	32
No. of pregnant women given IFA	394	119	96	52
No. of women received 1st PNC check within 48 hours of delivery	55	1113	664	46
No. of women received 1st PNC check between 48 hours and 14 days of delivery	1110	-	311	48
No. of ANC/PNC women referred from other institution (in-referral)	459	10	-	-
No. of ANC/PNC women referred to higher institution (out-referral)	206	178	14	2
No. of MTP up to 12 weeks of pregnancy	6	12	-	-
No. of MTP more than 12 weeks of pregnancy	-	-	-	-

5.2 Institutional deliveries/Delivery Complication	DH	CHC	PHC	SHC
Deliveries conducted	1110	1113	664	374
Deliveries conducted at home				22
C- Section deliveries conducted	-	26	-	-
Deliveries conducted at night (8 pm-8 am)	479	424	320	186
Number of on the way delivery conducted	26	77	6	16
No. of pregnant women with obstetric complications provided EmOC	49	178	2	-
No. of Obstetric complications managed with blood transfusion	118	3	-	-
No. of Neonates initiated breastfeeding within one hour	881	1085	664	364
No. of Still Births	21	28	9	10

5.3 Maternal Death Review	DH	CHC	PHC	SHC
Total maternal deaths reported	-	-	-	2#
Number of maternal death reviews during the quarter	-	-	-	-
Key causes of maternal deaths found	-	-	-	-
#Field deaths reported during transportation from SHC to DH Alirajpur.				

5.4 Janani Sishu Suraksha Karyakram (JSSK)	**DH**	**CHC**	**PHC**	**SHC**
Free and zero expense delivery & caesarean section	Yes	Yes	Yes	Yes
Free drugs and consumables	Yes	Yes	Yes	No
Free diet up to 3 days during normal delivery and up to 7 days for C-section,	Yes	Yes	Yes	Yes
Free essential and desirable diagnostics (Blood & urine tests, USG, etc) during Ante Natal Care, Intra Natal Care and Post Natal care	Yes	Yes	Yes	Yes
Free provision of blood, however relatives to be encouraged for blood donation for replacement.	Yes	Yes	No	No
Free transport – home to hospital, inter-hospital in case of referral drop back to home	Yes	Yes	Yes	276 16 311
Exemption of all kinds of user charges	Yes	Yes	Yes	No

5.5 Janani Suraksha Yojana	**DH**	**CHC**	**PHC**	**SHC**
No. of JSY payments made	851	1010	539	290
JSY payments are made as per the eligibility criteria indicated in JSY Guidelines	Yes	Yes	Yes	Yes
No delays in JSY payments to the beneficiaries.	Yes	Yes	Yes	No
Full amount of financial assistance to be given to the beneficiary before being discharged from the health facility after delivery.	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	5*
Physical (at least 5%) verification of beneficiaries to be done by district level health authorities to check malpractices.	No	No	No	No
Grievance redressal mechanisms as stipulated under JSY guidelines to be activated in the district.	Yes	Yes	Yes	No
Proper record maintained for beneficiaries receiving the benefit	Yes	Yes	Yes	Yes
**ANM at SHC informed that she has no information from BPMU about JSY payments.*				

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

6. Child Health (April to October 2017)

6.1 SNCU / NBSU		**DH**	**CHC**	**PHC**	**SHC**
SNCU / NBSU exist. (Yes/No)		SNCU	NBSU	-	-
Necessary equipment available (Yes/No)		Yes	Yes	-	-
Availability of trained MOs		4	1	-	-
No. of trained staff nurses		10	2	-	-
No. of admissions	Inborn	60	106	-	-
	Out Born	245	-		
No. of Children	Cured	271	83	-	-
	Not cured	-	-		
	Referred	8	23		
	Others (death)	22	-		
	LAMA	3	-		

6.2 Nutrition Rehabilitation Centre	**DH**	**CHC**
No. of functional beds in NRC	20	10
Necessary equipment available	Yes	Yes
No. of staff posted in NRC FD/ANM and other	5	6
No. of admissions with SAM	349*	157
No. of sick children referred	0	3
Average length of stay	22.5	14
**Out of total admissions, 19 defaulters and 30 lama are reported at the DH NRC.*		

6.3 Immunization (April to October 2017)	**DH**	**CHC**	**PHC**	**SHC**
BCG	1083	1105	678	336
Penta1	369	139	70	84
Penta2	304	117	55	36
Penta3	320	112	64	21
Polio0	1083	1105	394	292
Polio1	375	139	70	84
Poli02	309	117	55	36
Polio3	320	112	64	21
Hep 0	1083	1105	678	292
Measles1	434	115	99	0
Measles2	335	141	55	51
DPT booster	335	141	55	51
Polio Booster	308	141	55	51
No. of fully vaccinated children	437	115	99	52
ORS / Zinc	Yes	Yes	Yes	Yes
Vitamin - A	Yes	Yes	Yes	Yes
No. of immunisation sessions planned	110	24	77	64
No. of immunisation sessions held	105	24	78	32
Maintenance of cold chain. Specify problems (if any)	No	No	No	-
Whether micro plan prepared	Yes	Yes	Yes	-
Whether outreach prepared	Yes	Yes	Yes	-
Stock management hindrances (if any)	No	No	No	-
Is there an alternate vaccine delivery system	Yes	Yes	Yes	-

6.4 Rashtriya Baal Swathya Kariyakram Alirajpur district (No. of children referred by RBSK team for treatment) CHC Jobat

No. of Children Screened	Screened	Identified with problems	Referred higher facility	No. of RBSK team available in Block with staff
Age group				**Only one team available at CHC Jobat with one MO and one ANM. Pharmacist post is vacant at CHC.**
0-6 weeks	924	9	3	
6 weeks-6 years	6824	792	276	
6 -18 years	5542	454	260	
Total	16772	1255	539	

6.5 Number of Child Referral and Death April-October' 2017	**DH**	**CHC**	**PHC**	**SHC**
No. of Sick children referred(up to age 5)	-	-	18	9
No. of Neonatal Deaths	-	1	-	5
No. of Infant Deaths	-	-	-	1*
**Infant death is reported under SHC villages.*				

7. Family Planning

Family Planning (April-October'2017)	**DH**	**CHC**	**PHC**	**SHC**
Male Sterilization (VT+NSV)	-	-	-	-
Female Sterilization (CTT+LTT)	6	55	-	-
Minilap sterilization	-	-	-	-
IUCD	67	47	5	15
PPIUCD	137	169	59	90
Condoms	9050	180	135	44
Oral Pills	2950	205	74	51

8. Quality in Health Services

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

8.2 Biomedical Waste Management	**DH**	**CHC**	**PHC**	**SHC**
Whether bio-medical waste segregation done	Yes	Yes	Yes	Yes*
Whether outsource	Yes	Yes	Yes	No
If not, alternative arrangement Pits-1 Incineration-2 Burned -3 Others (specify) –4	-	-	-	1&3
**Earlier pits were dismantled proper storage tanks needed for BMW.*				

8.3 Information Education Communication	DH	CHC*	PHC	SHC
NRHM logo displayed in both languages	Yes	-	No	No
Approach road have direction to health facility	Yes	-	No	Yes
Citizen Charter	Yes	-	No	No
Timing of health facility	Yes	-	Yes	No
List of services available	No	-	No	No
Protocol poster	Yes	-	Yes	Yes
JSSK entitlements (displayed in ANC clinic/PNC clinic/wards)	Yes	-	Yes	Yes
Immunization schedule	Yes	-	Yes	Yes
FP IEC	Yes	-	Yes	Yes
User charges	Yes	-	No	No
EDL	Yes	-	Yes	No
Phone number	Yes	-	No	Yes
Complaint/suggestion box	Yes	-	No	No
Awareness generation charts	Yes	-	Yes	Yes
RKS member list with phone no.	No	-	No	-
RKS income/expenditure for previous year displayed publically	No	-	No	-
**IEC material not displayed due to ongoing building renovation work.*				

8.4 Quality Parameter of the facility

(Through probing questions demonstration assess does the staff know how to)

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

9. Referral Transport* and MMUs (JSSK and Regular Ambulance)

	DH	CHC	PHC
Number of ambulances			
102 Janani Express	2	1	1
108 EMRI	2	1	1
Other	2#	1	-
MMU	-	1	1
Mortuary Vehicle	1		
**Referral transport service and related data is centralized at state level. #One ambulance is used only for camp and referrals, and the other ambulance is used for patients on payment basis and only fuel charges are taken.*			

10. Community processes

10.1 Accredited Social Heath Activist	**CHC**	**PHC**	**SHC**
Number of ASHA required	-	-	5
Number of ASHA available	103	3	5
Number of ASHA left during the quarter	No	No	No
Number of new ASHA joined during the quarter	No	No	No
All ASHA workers trained in module 6&7 for implementing home based newborn care schemes	No	No	No
Availability of ORS and Zinc to all ASHA	Yes	Yes	-
Availability of FP methods (condoms and oral pills) to all ASHA	Yes	Yes	-
Highest incentive to an ASHA during April to October, 2017	37175	-	-
Lowest incentive to an ASHA during April to October, 2017	6650	-	-
Payments disbursed to ASHA on time	Yes	Yes	-
Drug kit replenishment provided to ASHA	Yes	-	-
ASHA social marketing spacing methods of FP	No	No	No

11. Disease Control Programmes

Disease Control	**DH**	**CHC**	**PHC**	**SHC**
National Malaria Control Programme				
Number of slides prepared	4292	9396	1096	124
Number of positive slides	93	172	21	No
Availability of Rapid Diagnostic kits (RDK)	Yes	Yes	Yes	-
Availability of drugs	Yes	Yes	Yes	-
Availability of staff	Yes	Yes	Yes	-
Revised National Tuberculosis Programme (RNTCP)				
Number of sputum tests	699	240	106	-
No. of positive tests	171	32	10	-
Availability of DOT medicines	Yes	Yes	Yes	-
All key RNTCP contractual staff positions filled up	Yes	No	No	-
Timely payment of salaries to RNTCP staff	Yes	Yes	-	-
Timely payment to DOT providers	Yes	Yes	-	-
National Leprosy Eradication Programme (NLEP)				
Number of new cases detected	2	18	-	-
No. of new cases detected through ASHA	0	7	-	-
No. of patients under treatment	2	18	-	-

12. Non Communicable Diseases

NCD	**DH**	**CHC**	**PHC**
NCD services	Yes	No*	No
Establishment of NCD clinics	Yes	-	
Type of special clinics (specify)_____	-	-	
Availability of drugs	Yes	-	-
Type of IEC material available for prevention of NCDs	-	-	-
No. of staff trained in NCD **MO** **SN** **Other**	-	-	-
**Training of MO underway for diabetes/Hypertension at Indore*			

13. Record maintenance (Verify during facility visit) M=manual/P=printed/C=computerized 1= Available and undated/ correctly filled; 2=Available but not updated; 3=Not available

Record	DH	CHC	PHC	SHC
OPD Register	C	M1	M1	P1
IPD Register	C	M1	M1	P1
ANC Register	P1	P1	P1	P1
PNC Register	P1	P1	P1	P1
Indoor bed head ticket	-	-	-	P1
Line listing of severely anaemic pregnant women	P1	P1	P1	3
Labour room register	P1	P1	P1	P1
Partographs	P1	P1	P1	P1
FP-Operation Register (OT)	M1	M1	3	
OT Register	M1	M1	3	
FP Register	M1	P1	P1	P1
Immunisation Register	P1	P1	P1	P1
Updated Microplan	P1	P1	P1	3
Blood Bank stock register	M1	M1		
Referral Register (In and Out)	M1	P1	P1	P1
MDR Register	M1	3	3*	M1
Infant Death Review and Neonatal Death Review	M1	3	3*	M1
Drug Stock Register	P1	P1	P1	P1
Payment under JSY	P1	P1	P1	P1
Untied funds expenditure (Check % expenditure)	-	-	-	P1
AMG expenditure (Check % expenditure)	-	-	-	P1
RKS expenditure (Check % expenditure)	-	-	-	P1
**Death register is not maintained at PHC.*				

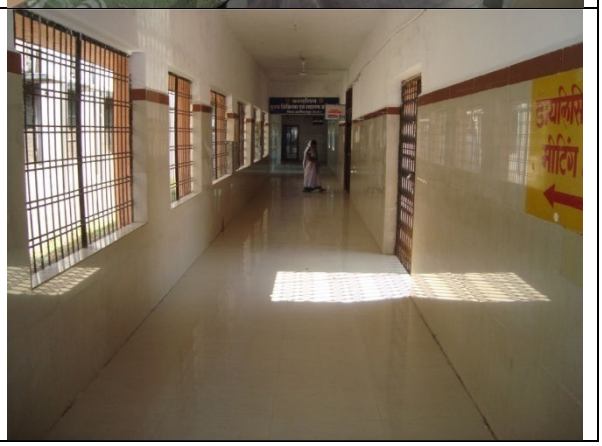
14. Health Management Information System and Mother Child Tracking System

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

15. Additional and Support Services

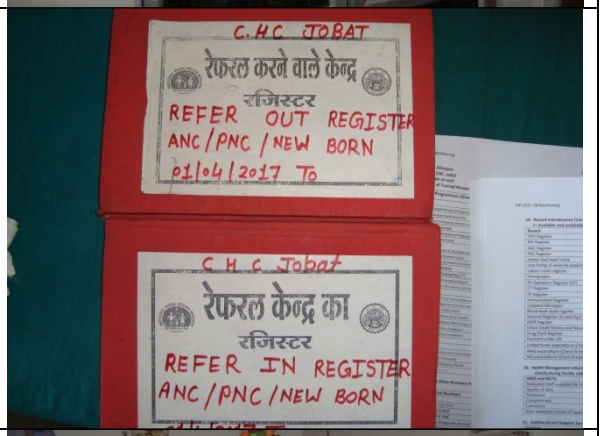
Services	DH	CHC	PHC
Regular Fogging (Check Records)	No	Yes	No
Functional Laundry/washing services	Yes	Yes*	No
Availability of dietary services	Yes	Yes	Yes
Appropriate drug storage facilities	Yes	Yes	Yes
Equipment maintenance and repair mechanism	Yes	Yes	No
Grievance Redressal mechanisms	Yes	Yes	No
Tally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

District Hospital (DH) Alirajpur, District Alirajpur visited on 06 November, 2017



Primary Health Centre (PHC) Ambua, District Alirajpur visited on 07 November, 2017

Community Health Centre (CHC) Jobat, District Alirajpur visited on 07 November, 2017



Sub Health Centre (SHC) Chhaktala, District Alirajpur visited on 08 November, 2017