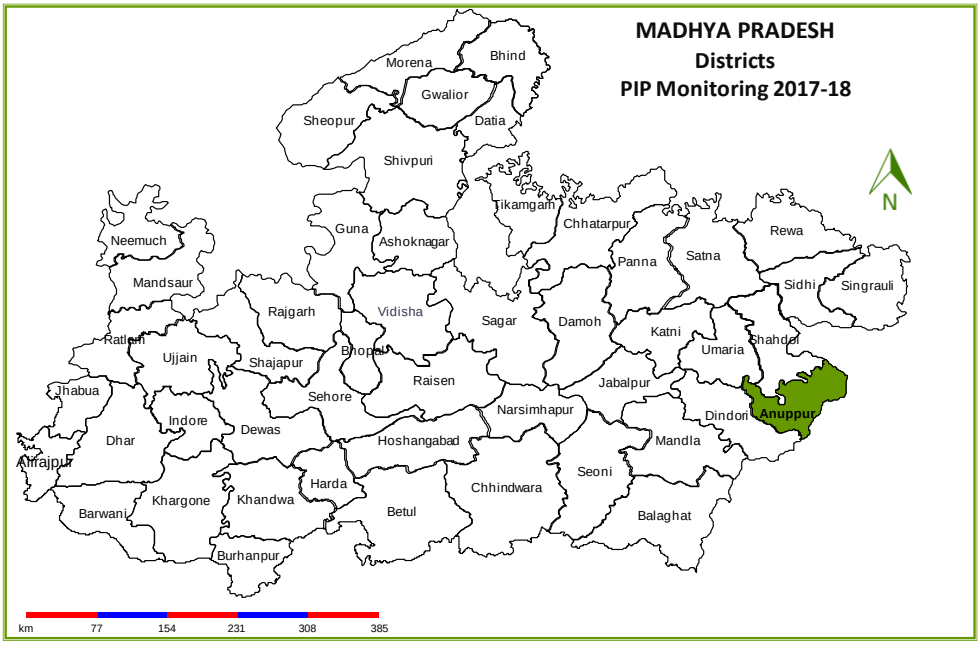
Report on Monitoring of Programme Implementation Plan (PIP) 2017-18 under National Health Mission in Madhya Pradesh

District: Anuppur



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Contents

List of Acronyms

AFHC	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
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
CRS	Civil Registration System
CS	Civil Surgeon
CTT	Conventional Tubectomy
DAO	District AYUSH Officer
DAM	District Account Manager
DBT	Direct Benefit Transfer
DCM	District Community Mobilizer
DEIC	District Early Intervention Centre
DEO	Data Entry Operator
DH	District Hospital
DMC	Designated Microscopic Centre
DMO	District Malaria Officer
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
FRU	First Referral Unit
GAD	Government AYUSH Dispensary
GOI	Government of India
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
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
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
MHS	Menstrual Hygiene Scheme
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
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
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
PF	Plasmodium Falsiperum
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
PPE	Personal Protection Equipment
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
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
SDH	Sub-District Hospital
SDM	Sub-Divisional Magistrate
SECL	South Eastern Coalfields Limited
SHC	Sub Health Centre
SN	Staff Nurse
SNCU	Special Newborn Care Unit
SSK	Swasthya Samvad Kendra
STI	Sexually Transmitted Infection
STS	Senior Treatment Supervisor
STLS	Senior Tuberculosis Laboratory Supervisor
T.B.	Tuberculosis
TBHV	Tuberculosis Health Visitor
TT	Tetanus Toxoide
TU	Treatment Unit
UPS	Uninterrupted Power Supply
USG	Ultra Sonography
WIFS	Weekly Iron Folic-acid Supplementation
VHND	Village Health & Nutrition Day
VHSC	Village Health Sanitation Committee

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

Executive Summary

This report presents the status of implementation of key health programme under NHM in Anuppur district which is a High-Priority 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) Pushprajgarh, 24x7 Primary Health Centre (PHC) Bijuri and L-1 Delivery Point Sub-Health Centre (SHC) Pondki in Anuppur district during June, 2017. Apart from this team also visited PHC Amarkantak which is being upgraded as model PHC in the district.

PRC team assessed status of functioning of health care services under different National Health Programmes and new initiatives taken to strengthen the health care delivery system and monitoring and supervision processes. Monitoring included critical areas like maternal and child health, immunization, family planning, adolescent health, AYUSH services, human resources, programme management and status of HMIS & 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-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. The team discussed with them regarding knowledge about health programmes and facilities availed by JSSK/JSY beneficiaries and patients at the visited health institutions.

- ***Salient Observations***
  - ✓ In Anuppur district health infrastructure is limited and all secondary and tertiary care services are not available at CHC and DH. There are 41 designated delivery points (L1-28; L2-11; L3-2) in the district.
  - ✓ Out of 189 SHCs only 159 have their own building. Buildings of DH, CHC and PHC have been constructed in a piecemeal manner by adding rooms to the old building.
  - ✓ DH building is not as per IPHS standard. Labour room is not connected to PNC ward and SNCU. It has a newly constructed Trauma Care Centre which is not operational due to non-availability of equipments and manpower. This building is being presently used for NRC, RNTCP office and ophthalmology unit.
  - ✓ CHC Pushprajgarh is designated as L-3 CEmOC institution. It has no specialist in-position. No CEmOC trained MO is available at the CHC. It is not equipped to provide C-section delivery service. It does not have a functional blood storage unit.
  - ✓ At CHC, Pushprajgarh sufficient residential quarters for the staffs are not available. Eight residential quarters are in dilapidated condition and are declared condemned by the PWD. However, staffs are still residing in these quarters. There are only 6 new quarters for staffs and one of them is occupied by the SDM. There are encroachments surrounding the CHC building and within its premises. This restricts the entry of ambulance and patient vehicles into the hospital premises.
  - ✓ In Anuppur, there are 465 regular staffs working in different categories. There are 235 contractual staffs in-position, out of which 63 are clinical (MO-31; SN-32) and among rest of the staffs, majority are DEOs.
  - ✓ Shortage of manpower is observed among all categories of staff in the district. DH is facing shortage of specialist. It has only four specialists - a Paediatrician, two Medicine Specialists and an ENT specialist. One medicine specialist has been given additional charge as of BMO of CHC Jaithari.
  - ✓ Number of sanctioned posts and in-position staffs including their details are not displayed at any of the visited health facilities. DMPU has maintained complete information about the contractual staff of the district.
  - ✓ The issue of retiring and contractual staff resigning from the service is a critical issue for HR availability in the district. At visited health facilities many staffs are assigned multiple tasks. This is due to non-availability of designated staffs. Contractual staffs are also engaged in many administrative and other related works.
  - ✓ CHC, Pushprajgarh covers 5 PHCs and 61 SHCs. Out of these MO's post is vacant at two PHCs and ANM's post is vacant in six SHCs. New building is required for 10 SHCs.
  - ✓ It is observed that proper HR MIS is not maintained for regular staffs. Optimal deployment of all the staffs as per requirements is necessary in the district.

- ✓ Streamlining of AYUSH with regular health services is still in process. Some of the AYUSH dispensaries are being merged with PHCs where MOs are not in-position.
- ✓ Integrated and co-located AYUSH services are not available in all the visited health facilities except at DH. At PHC, Bijuri a contractual post of AYUSH MO is sanctioned under NHM, but this post is presently vacant. At CHC, Pushprajgarh, AYUSH MO of RBSK provides services on fixed days. AYUSH MO is not a member of RKS at any of the health facilities.
- ✓ Shortage of MCP cards is reported at all the visited health facilities. Supply of sanitary napkins is also found to be irregular in peripheral institutions. Sanitary napkins are not supplied to Swasthy Samvad Kendra – Integrated Counselling Centre.
- ✓ Upkeep and periodic maintenance of essential and expensive equipments has been out-sourced to "AIM Health Care, Bhopal" for annual maintenance of equipments in SNCU, OT, Lab and X-ray and USG available at DH.
- ✓ Internet facility is also not adequate, which is very essential for online reporting of many health care services.
- ✓ SNCU is functional at DH and NBSU is functional at CHC Pushprajgarh. In both these health facilities staffs is not available as per the sanctioned posts. Only one medical officer is posted against 4 sanctioned posts at SNCU, Anuppur.
- ✓ More number of in-born neonates than out-born are admitted at the SNCU. This indicates lack of awareness and mechanism for prompt referral services from periphery.
- ✓ The NRC at DH has recently been shifted to the newly constructed Trauma Care building. This NRC is well maintained with all the essential equipments and protocols are being followed. NRC at CHC Pushprajgarh is functioning from two separate rooms in an old building. Batch-wise admissions are being given in the NRCs which is against the government guidelines. Every fortnightly all the admitted children are discharged. No admission is allowed in between the batch already admitted despite vacant beds.
- ✓ Out of 8 teams required, only 6 RBSK teams are operational in the district. None of the RBSK team is complete in all aspects. There is manpower shortage in RBSK teams across all the blocks in Anuppur district. There are only 9 MOs, 4 Pharmacists and 7 ANMs working in RBSK teams.
- ✓ Anuppur does not have required specialists for establishing NCD clinic for provision of different services under NCDs. At present three MOs and four SNs who have received training on NCDs are working in the DH. But due to limited staff, NCD services are not provided on regular basis.

- ✓ Under RNTCP payment to the DOTS providers is pending to the tune of Rs.15 lakhs in the district due to non-availability of funds. It is necessary to give timely payment to the DOTS provider and RNTCP contractual staffs.
- ✓ In all the visited health facility it was informed that payment of ASHAs is delayed by one to two months because problem in PFMS. In Kotma block payments of ASHA has not been done during April-June'2017.
- ✓ In Anuppur no data was being maintained regarding "Kayakalp" at visited health facilities except DH. During year 2016-17 the DH was scored below 70% in "Kayakalp". This has disqualified the DH for peer assessment.
- ✓ Referral and transport under JSSK is the most affected service in Anuppur district. None of the facility has any information about mothers transported from home to hospital and from hospital to home under JSSK. Janani Express services are now suspended by the state government and "108" emergency response services are also out-sourced to a new agency "Ziqitza Health Care Limited".
- ✓ There is no administrative control of CMHO or the facility in-charge over functioning of '108' service. It was observed that 108 service provider at times refuse to transport critical patients which require referral to higher facility. It also refuses to provide drop-back service for JSSK beneficiaries.
- ✓ It was observed that not all the pregnant women are getting transport services with "108". Due to non-availability of data at district level, programme managers are not able to assess provision of free transport to pregnant women and newborn children.
- ✓ In Pushprajgarh block one Mobile Medical Unit is functional. This MMU is supported from Baiga Development Authority. The MMU provides services in the whole block covering 30 sectors as per route chart. The ANM, AWW and ASHA of the visited villages support the MMU staff in organizing OPD services in the villages.
- ✓ The state has revamped HMIS and MCTS. New data items are included in the facility level monthly reporting under HMIS. RCH Portal (Earlier MCTS) has introduced identification of eligible couple and following them through the reproductive age and all the children till age of 18 years. All the 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.
- ✓ Required training for HMIS and RCH Portal at district and block level has been done. But training and regular orientation of supervisory staff and health workers is equally essential for accuracy and completeness of data in HMIS and RCH Portal.
- ✓ As on 21.07.2017, HMIS monthly district consolidated report was not uploaded on HMIS portal by Anuppur District. Facility-wise monthly MIS has been uploaded for all the 213 public health facilities for April-June, 2017 on HMIS portal. Except three SHCs none of the have uploaded annual infrastructure MIS for 2017 on HMIS Portal.

➢ **Action Point**

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

Action Points for DH, Anuppur

- Toilet attached to the labour room is not functional and choked. This creates unhygienic condition in the labour room causing chances of infection in the sensitive area like labour room. ***It should be repaired at the earliest.***
- Labour room has a broken ventilator due to which fumigation becomes ineffective. ***Glass of the ventilator needs to be fixed up immediately.***
- Proper electricity supply with power plug is needed for autoclave in the labour room.
- Ongoing construction of new labour room should be completed at the earliest with all the required accessories and furniture and equipments.
- HMIS data from all the sections of the DH is not being captured and reported. Many data items are not recorded as per the reporting formats. ***At least 2-3 health staffs in each section need to be oriented for recording and reporting of HMIS data.***
- UPS and inverter are essential in critical units such as blood bank, labour room, emergency ward and OT for continuous power supply.
- Modern digital machines in the pathology are temperature sensitive. During excess heat they do not function properly. ***Air conditioners are essential for pathology lab.***
- Sanitary Napkins should be provided to Swasthya Samvad Kendra at DH.
- Drainage system is affected due to ongoing construction in the premises. ***Alternative Arrangements need to be made for daily cleaning and collection of waste till the drainage system gets functional.***
- Civil Surgeon asserted that the RKS budget should be enhanced. The reason being that the present amount of Rs.2 lakh per month is mainly spent on the salary, payment to out-sourcing agency, minor repair and sundry expanses. The annual RKS grant of Rs.5 lakhs and additional Rs.60-70 thousand earned from OPD/IPD fees per month is insufficient to meet the expanses on all the heads.. ***RKS grant should be enhanced considering the expenditure pattern.***
- Orthopaedic patients requiring specialised surgery have to be referred to other districts. ***A C-Arm unit is required in the DH.***
- DH requires more paramedical and support staff. ***All the sanctioned posts should be filled-up by the state government at the earliest.***

Action Points for CHC, Pushprajgarh

- No efforts have been made to operationalize it as CEmOC.
- Modern digital machines in the pathology are temperature sensitive. During excess heat they do not function properly. ***Two air conditioners are essential for pathology lab since it is functioning in a big room.***
- CHC is a designated as a L-3 CEmOC institution. ***Arrangements for BSU services and LSCS and LSAS trained staff need to be posted for providing C-section and obstetric emergency services.***
- Autoclave is not functional in the labour room. ***It should be repaired at the earliest.***
- ***Adequate security arrangement in the CHC is needed preventing thefts.***
- Some of the patients complained about hospital staff demanding money for services. ***To prevent such incidences pro-active system of registering complaints about demand for money from any staff should be initiated. Proper messages including phone / mobile numbers of BMO and district officials should be displayed in all wards.***

Action Points for PHC, Bijuri

- Monthly HMIS reporting of all the health facilities under Kotma block are not being done in new HMIS formats. ***BPM Kotma must be directed by the district to ensure reporting in new HMIS formats.***
- New autoclave is available at the PHC but the staff is not trained in using this horizontal autoclave. ***Staff nurse should be given training for operating autoclave.***
- Suction machine is not functional at the PHC. ***Repair of suction machine is to be done.***
- PPIUCD, follow-up register and MCP cards should be made available at the facility.
- Stray animals enter the PHC premises and sometimes in the wards of the PHC. ***A cow-catcher is needed at the entrance of PHC.***
- Wardboy and dresser are retiring from the PHC in the month of July'2017. They are presently holding multiple responsibilities. ***New staff, to replace the retiring staff need to be posted at the PHC for smooth functioning of services.***

Action Points for SHC, Pondki

- All the arrangements for delivery services were satisfactory at SHC. However, improvement is needed in recording and reporting of health services. ***Field supervisors, BEE and LHV need to be made responsible for proper recording and reporting of SHC level services. Supervisors should submit counter-signed HMIS report of all SHCs after verification for uploading on HMIS portal.***

- There is no staff for cleaning labour room and toilet at the SHC. ANM makes arrangements for cleaning by her own efforts. ***Arrangements for cleaning should be made at High performing L-1 SHCs.***

Action Points for Anuppur 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.
- Payments to SNCU staffs and DOTS providers must be expedited to resolve all payment related issues.
- In order to achieve complete and accurate data reporting, training at all levels is essential. For computer based data reporting system – computers, internet and data entry operators are also essential.
- Detailed data definition guide and source of data from where each data element is to be captured under HMIS needs to be provided to all the health facilities. Merely providing new formats will not ensure completeness of data in HMIS.
- Referral transport services need to be restored immediately because of the large coverage area. Referral for neonates is severely affected due to closure of JE services.
- Interventions such as SNCU and NRC are critical for child health programmes. Staffs are essential in these two institutions for uninterrupted service chain.
- Newer intervention such as Roshni Clinic, Skill Lab and Swasthy Samvad Kendra are essential for improving quality of services. ***Separate staff is required to give impetus to these interventions.***
- It was found that only three blocks have facility to upload HMIS and RCH Portal data from the block headquarter. Only three out of 16 PHCs have internet and computer facility. ***Adequate infrastructure and manpower is a pre-requisite for health information management.***

CMHO's requisition for the district

- Doctors mostly are not willing to stay in Anuppur for long duration due to lack of amenities and infrastructure. ***Recruitment process at the state level should be more frequent.***
- Nodal officer, BMO and DPMU has no mobility support for field visits. Pushprajgarh block is the largest in terms of geographical spread and population without mobility support. ***Mobility support through NHM is urgently required.***

- Support service out-sourcing is not as per district requirements. Some of the institutions require more support staff. ***District should be taken into confidence before curtailing any manpower***
- Due to shortage of manpower, RBSK teams are not able to complete their work. ***Recruitments in RBSK teams should be done at priority.***

CMHO and DMPU informed that 80% of the approved plan is achieved by the district in terms of targets for FP, Institutional delivery, Immunization, training of staffs and implementation of special programmes – Mission Indradhanush, Dastak Programme etc.

Report on Monitoring of Programme Implementation Plan (PIP) 2017-18 under National Health Mission in Anuppur 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 Anuppur district in June, 2017. PRC team visited District Hospital (DH), Community Health Centre (CHC) Pushprajgarh, 24*7 Primary Health Centre (PHC) Bijuri and Sub-Health Centre (SHC) Pondki which are functioning as delivery points, to assess services being provided in these health facilities. Apart from this team also visited PHC Amarkantak which is being upgraded as model PHC in the district.

This report provides a review of key population, socio-economic, health and service delivery indicators of the state and Anuppur 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.

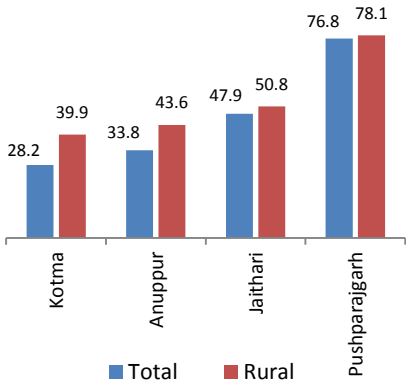
The reference period for examination of issues and status was April-May, 2017 for all selected facilities. Checklists for different health facilities were used to ascertain the availability of services. To ascertain opinion about the quality of services received, exit interviews of recently delivered women and patients were carried out at visited health facility 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 in the district.

2. State and District Profile

- Anuppur district was carved out of erstwhile Shahdol district in the year 2003. The administrative headquarters of the district is Anuppur. It is divided into 4 tehsils (Kotma, Anuppur, Jaithari and Pushprajgarh) and also form respective development blocks.

- There are 4 Municipalities and 2 Nagar Panchayats and 7 Census Towns in the District. As per Census 2011 Anuppur has 571 villages, out of which 562 are inhabited and 9 are uninhabited villages. Population wise largest town is Bijuri having population 32682. Anuppur district has 282 Gram Panchayats. Rajnagar Gram Panchayat (GP) of Kotma block is the largest GP in the state in terms of population.

Key socio-demographic indicators



Indicator	MP		Anuppur*	
	2001	2011	2001	2011
No. of Districts	45	50	-	-
No. of Blocks	333	342	-	4
No. of Villages	55393	54903	571	571
No. of Towns	394	476	6	6
Population (Million)	60.34	72.63	0.6	0.7
Decadal Growth Rate	24.3	20.3	20.0	12.3
Population Density per (Km^2)	196	236	178	200
Literacy Rate (%)	63.7	70.6	60.2	69.1
Female Literacy Rate (%)	50.3	60.6	46.1	57.9
Sex Ratio	919	930	961	975
Sex Ratio (0-6 Age)	932	918	977	943
Urbanization (%)	26.5	27.6	29.3	27.4
Percentage of SC (%)	15.2	15.6	-	9.9
Percentage of ST (%)	20.3	21.1	-	47.9

Source: Census Reports, Registrar General of India, www.censusindia.gov.in

- District has 48 percent of Tribal population. Pushprajgarh block has highest tribal population (77 percent). Literacy rate of Anuppur district is 67.9 percent and it occupies 28th position in the state. The female literacy rate of the district is 57.9 percent.
- In Anuppur district, births registered under Civil Registration System (CRS) shows that in 2014 and 2015 only 9887 and 6140 births were registered respectively. HMIS for 2015-16 and 2016-17 reported 10813 and 10119 births respectively in the district. Targets for various MCH services in the district are set on previously reported births.
- 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.	Key health and service delivery Indicators	MP	Anuppur
1.	Expected number of Pregnancies - 2016-17	2165797	20830
2.	ANC Registration - 2016-17	1844559	17075
3.	1st Trimester ANC Registration (%)	64	66
4.	OPD cases per 10,000 population - 2016-17	6418	6275
5.	IPD cases per 10,000 population - 2016-17	528	397
6.	Estimated number of deliveries - 2016-17	1968903	18936
7.	SBA Home Deliveries (%) - 2016-17	14.1	48.2
8.	Reported Institutional Deliveries (%) - 2016-17	91	87

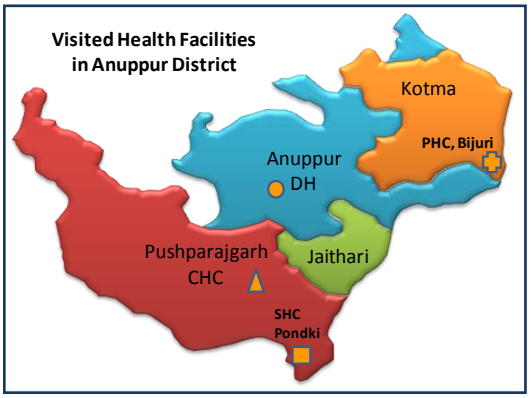
Source: www.nrhm-mis.nic.in and http://www.nhmmp.gov.in/HMIS_HealthBulletin.aspx

3. Health Infrastructure in the District

- Anuppur has 224 public health facilities. It also has SECL hospital for their employees and a private hospital run by Christian Missionaries Trust. Anuppur has limited public health infrastructure in terms of specialists and referral services. Majority institutions are not fully equipped for providing all the designated health services.
- There are 41 designated delivery points, out of which 28 are L-1 (PHC-10; SHC-18), 11 are L-2 (CHC-6; PHC-5) and DH and CHC Pushprajgarh are the two L-3 delivery points. All of these delivery points are not actually functioning as per their designated status. CHC Pushprajgarh does not have facility for Caesarean Section delivery due to non availability of specialists and a non-functional blood storage unit. Critical emergency cases of pregnancy are referred to DH.

Number of Designated Delivery Points, Anuppur

Block Name	Population Census 2011	Delivery Point Level L-1	L-2	L-3
Anuppur	149702	5	2	1
Jaithari	192255	3	2	
Kotma	58147	9	4	
Pushprajgarh	221589	11	3	1
Total	**749237**	**28**	**11**	**2**



- HMIS facility master shows that out of the 189 SHCs, 17 are co-located with the respective PHCs or CHCs. These SHCs also report their monthly performance separately under HMIS. This co-location and duplication in reporting should be removed by shifting these 17 SHCs from the respective PHC or CHC village to some other adjoining village.

SHCs co-located with CHC - 5	SHCs co-located with PHC - 12
Funga, Parasi, Venkatnagar, Karpa, Kirgi	Sakra, Cholna, Lapta, Singhoura, Kothi, Beliyabadi Bijuri, Chondi, Malga, Nigwani, Payari, Benibari

- Total available bed strength in the public health institutions is 564. This includes 140-160 functional beds in the DH, 30 beds each at 7 CHCs, 10 beds each at 16 PHCs and 1-2 beds at each SHC L-1 delivery point. However, bed strength reported on state web portal http://www.health.mp.gov.in/institution/insti/summary.htm (as on 31.03.2017) shows 506 beds in Anuppur district.

- The DH still functions from an old CHC building which has been retrofitted with additional rooms, wards and a trauma care centre. The state government has already sanctioned the upgradation of DH to 200 beds hospital. However, due to limited land area the expansion of present hospital building is not possible. Thirteen acres of land has been identified in the year 2008 yet construction of new DH building has not began due to legal dispute with land owners.
- District also has 11 AYUSH dispensaries (Ayurvedic-9 and Homeopathy-2). Out of these eight are functioning from government building. In the year 2017 state government has initiated restructuring and relocation of PHCs having no allopathic doctors by co-locating available AYUSH dispensary with them. This has been done to ensure utilization of available infrastructure of such PHCs and to provide minimum basic health services from such PHCs by providing additional training to AYUSH doctors.
- In M.P. 91 PHCs are identified for co-location with government AYUSH dispensaries (GAD) and another 130 GADs will be merged with the existing PHCs. Such PHCs have been renamed as "Integrated PHCs-cum-AYUSH dispensary". Only one PHC at Bijuri is identified for merger with Ayurvedic dispensary Bijuri. Merger of PHC Bijuri and GAD, Bijuri is yet to take place as relevant orders are still awaited.
- Apart from proper building for health facilities and other infrastructure facilities including 24*7 electricity, continuous water supply, adequate space for different services such as labour room, dispensary, laboratory etc. are also lacking in visited health facilities. Internet facility is also not adequate, which is very essential for online reporting of many health care services.
- At PHC, Bijuri labour room, laboratory and wards are functioning from small rooms. The PHC building is functioning in two parts – old and new. The old part has six rooms mostly used for storage purpose. The new portion has 10 small rooms. PHC is a high case-load delivery point and as such needs expansion for labour room, ward, laboratory and OT. Water seepage is observed in many parts of the PHC especially in labour room and wards.
- At CHC, Pushprajgarh adequate building space is available, but being the designated L-3 CEmONC facility, sufficient residential quarters for the staffs are not available. Eight residential quarters are in dilapidated condition and are declared condemned by the

PWD. However, staffs are still residing in these quarters. There are only six new quarters for staffs, of which one is occupied by the SDM of the block. There are encroachments surrounding the CHC building and within its premises and near to the entrance of the CHC. This restricts the entry of ambulance and patient vehicles into the hospital premises.

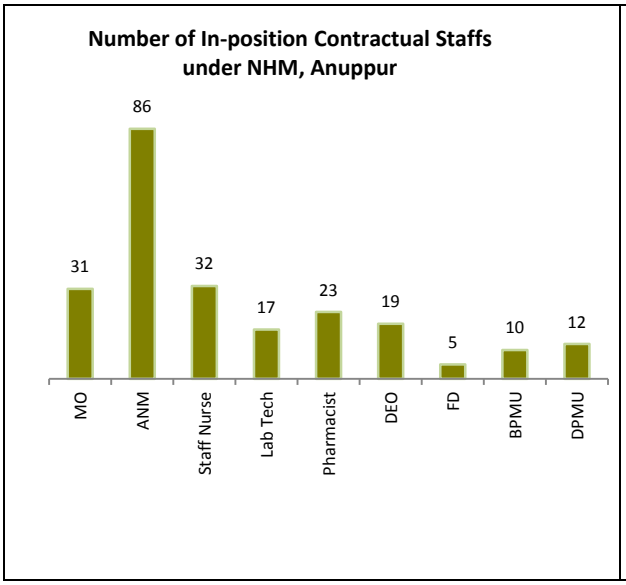
- There are 61 SHCs and 5 PHCs are under CHC, Pushprajgarh. Out of these ANM's post is vacant in six SHCs. Ten SHCs require new building. MO's post is vacant in two PHCs.
- Labour room in the DH is not as per IPHS standard. An additional labour room is being constructed. However the design of the labour room does not meet the requirement of a CEmONC L-3 facility. Eye OPD and Eye OT were functioning from an old building in the premises and it has recently shifted to the new trauma centre building in the DH.
- Two modular OT at a cost of Rs.75 lakhs have been sanctioned for the DH. The construction of the OT will be started soon.

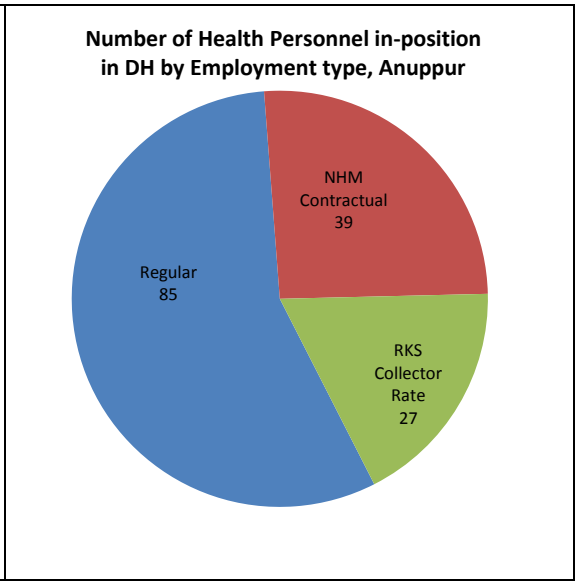
4. Human Resources

- For effective deployment of health services providers at various health care facilities the state government has initiated the process of consolidating and compiling information about each employee working in the health department by way of uploading details in the comprehensive HR Portal http://mpsdc.gov.in/nhmhrms/Home/Login. This portal expected to provides detailed information about all regular as well as contractual employees in the health department. However, information about facility-wise deployment of HR 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 district has only four specialists, all posted at the DH. These include one Paediatrician, two Medicine Specialists and one ENT Specialist. Apart from these eight PGMOs are also posted at the DH.
- None of the specialist posts at the CHC Pushprajgarh designated L-3 delivery point are in-position.
- There are 465 regular staffs available in the district in peripheral health institutions. This information is available at the web-site of state health department http://www.nhmmp.gov.in/WebContent/md/HR/Regular-Facility-Wise.xls but this information is not updated. There are only 26 medical officers posted in periphery health institutions.
- In the visited health facilities distribution of HR in regular and contractual against sanctioned posts is as follows:

HR Position	DH	CHC Pushprajgarh	PHC Bijuri	SHC Pondki
Sanctioned	190	--	13	3
In-position (Regular)	85	30	8	2
In-Position (Contractual-NHM)	39	11	4	1
In-Position (Contractual-RKS)	27	4	2	--





- 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.
- The issue of retiring and contractual staff resigning from the services is critical to declining HR availability in the district. At visited health facilities many staffs are holding

charge of multiple tasks. This is due to non-availability of designated staffs. Contractual staffs are also engaged in many administrative and other related works. At CHC Pushprajgarh, a male supervisor is given additional charge of BPM and a DEO is looking after the data entry and works of block data manager. Similarly at PHC, Bijuri a dresser, who is retiring in the month of July'2017, has responsibility of Drug Store, OPD/IPD Registration and sometimes drug distribution also. No arrangement has been made for the replacement of the staff in his place. Multi-tasking for higher positions without proper training and orientation needs attention.

- Medical officer at CHC and PHC are also burdened with the medico-legal cases and this severely affects routine services.
- 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. Presently, housekeeping and security services are out-sourced to private agency by the state. Changed operational guidelines of the state and the unprofessional approach of the out-sourced agency results in absenteeism of the out-sourced staffs. During the previous months many of these staffs went on the strike for demand of regular wages and other facilities as per the contract.
- Staffs posted at SNCU have complained regarding enormous delays in getting salary. Most of them are not getting salary for last 3 to 4 months but still they are working.
- Periodic training of health personnel is essential for providing services effectively. Status of 25 different types of trainings for various categories of staffs was sought. It is found that 'Training MIS' is not maintained for the district as a whole as well as at visited health facilities for all categories of health staffs.
- DH has provided a list of MOs and SNs trained in BEmOC, FIMNCI, NSSK, Skill Lab, SBA and PPIUCD. CHC, PHC and SHC have provided unverified information about the training of health personnel. In totality 40 and 29 health personnel have received SBA and PPIUCD training respectively in all the visited health facilities. The skill lab training for RMNCH+A services has been received by 20 staff nurses and a medical officer at DH but no other staff at any other health facility.

- CHC Pushprajgarh which is a designated L-3 delivery point does not have a CEmOC trained MO. CEmoC services including caesarean-section delivery at the CHC are greatly hampered due to non-availability of trained CEmOC staff.
- 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 needs close and continuous monitoring to ensure their supplies and upkeep.
- Number of drugs in the EDL is publically displayed at all the health facilities. However, actual availability of drugs is not displayed publically. All the visited health facilities reported about shortage or non-availability of IFA and Calcium tablets and rapid diagnostic kits since last 3-6 months.
- MCP cards are not available in the district for more than 8 to 10 months, which affects updation of immunization services.
- At PHC Bijuri, drug store in-charge informed about the shortage of essential drugs and consumables. Out of 225 indented drugs and consumables, only 176 have been supplied from the district store during June' 2017.
- Distribution and use of Malaria RD kits and its reporting needs to be streamlined at CHC Pushprajgarh.
- At CHC Pushprajgarh, advanced digital machines for CBC and auto-analyser have been installed. But these machines give erroneous results due to high temperature. Two air-conditioners are urgently required in the laboratory.
- At PHC Bijuri, a new horizontal autoclave is available but staff nurse is not trained to operate it. Suction machine and phototherapy unit is not functional at PHC Bijuri. Vertical autoclave is not functional at CHC Pushprajgarh. Except OT table, other essential OT equipments are not available at CHC.
- OC and EC pills are not available at SHC, Pondki. Blood Sugar testing kit and RBSK pictorial tool kit is also not available at the SHC.

- Blood bank is functional in the DH. During April-June' 2017, 380 units of blood was issued. At CHC Pushprajgarh, BSU is not functional due to non-availability of trained man-power and non-working blood bag refrigerator.
- DH has essential speciality care services for gynaecology and paediatrics. However, speciality care services for surgery, cardiology, trauma and pathology is not available since no specialists are available for these services.
- Integrated and co-located AYUSH services are not available all the visited health facility except at DH. At PHC, Bijuri a contractual post of AYUSH MO is sanctioned under NHM, but this post is presently vacant. At CHC, Pushprajgarh, AYUSH MO of RBSK provides services on fixed days. AYUSH MO is not a member of RKS at any of the health facility.
- Pathological investigations are free for all the patients in government health care facilities. There are 48 diagnostic tests at DH, 28 at CHC, 16 at PHC and 5 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	**Diagnostic Test not available at PHC**
Stool Examination, ECG, RTI/STI Screening	Complete Blood Picture, Platelet count, ECG, RTI/STI Screening

- It is found that some of the rapid card tests or rapid diagnostic tests kits, not supplied by government, are being used for diagnostic tests like RECKON (VDRL Strip for Syphilis Test) is being used at PHC, Bijuri and ACCUCARE (Prega Strips for Pregnancy Test) is being used at CHC Pushprajgarh.
- DH Anuppur has a dialysis unit for patients suffering from renal failure. Necessary equipment and manpower are out sourced for this unit and it is operational on PPP model. A nominal fee of Rs.500 is charged from APL patients.

6. Maternal Health

- Separate maternity wing is proposed in the DH. DH is the only tertiary care hospital for maternal health services. It has separate ANC and PNC ward each having 15-20 beds.
- DH is the only health facility in the district which has C-section delivery facility and providing CEmOC services. On an average every month 150-170 deliveries are conducted at DH. There are 70 C-section deliveries conducted at DH during April-May' 2017 and 46 women with obstetric complication were managed by providing blood transfusion.

- During April-May' 2017 one maternal death is reported and reviewed at the DH. Anaemia was found to be the major cause of this maternal death.
- It has been observed that many women coming for ANC and PNC services are not aware of MCP cards and its importance. In this situation their services are not being updated in the new RCH portal.
- At CHC, 160 deliveries have been conducted during April-May'2017. At the PHC 55 and at SHC six deliveries have been conducted during this period.
- At the DH kitchen is available but approval for the appointment of new cook is pending at District Health Society. Dietary services are also not available at PHC Bijuri due to non-availability of cook.
- Referral transport under JSSK is the most affected service. None of the facilities have any information about mothers transported from home to hospital and from hospital to home under JSSK. Janani Express services are now suspended by the state government and 108 emergency response services are also out-sourced to a new agency "Ziqitza Health Care Limited". There is a state level call centre for availing this service.
- There is no administrative control of CMHO or the facility in-charge over functioning of '108' service. It was observed that '108' service providers at times refuse to transport critical patient which require referral to a higher facility. The providers also refuse drop-back service to JSSK beneficiaries. At the PHC 14 pregnant women were referred to higher facilities through referral transport which is recorded in delivery register.
- JSY payments are done as per JSY guidelines through DBT. PFMS is being used to disburse JSY payment to the beneficiary. There is pendency of JSY payments for beneficiaries who have an account in co-operative banks or those who do not have any bank account at all.
- During PIP monitoring visit, 16 JSY/JSSK beneficiaries were interviewed to know their awareness about JSSK and various services received by them under JSSK. Out of 16 beneficiaries, three had come for ANC and 12 had come for delivery. Three beneficiaries had undergone PPIUCD insertion at the CHC were counselled before insertion. Nine beneficiaries had come for the first time for any MCH services at the health facility. Only three out of 12 women, who had come for delivery, were able to get free transport from

home to hospital. Awareness about JSSK was low among women. Four pregnant women, who were referred from periphery to DH, had a normal delivery.

- At CHC Pushprajgarh, women complained about demand of money from by the ANM and staff nurse. The matter was reported to BMO by the team.

7. Child Health

- Child health services are severely affected in the Anuppur district due to non-availability of speciality care services at periphery level health institutions.
- SNCU is functional at DH and NBSU is functional at CHC Pushprajgarh. In both these health facilities staffs is not available as per the sanctioned posts. Only one medical officer is posted against 4 sanctioned posts at SNCU, Anuppur. Civil Surgeon, who is a paediatrician, also provides services at the SNCU as and when required.
- Out of 16 SNs only two are trained in SNCU services from PGI-Chandigarh. Support staffs for the SNCU are not also sufficient.
- More number of in-born neonates than out-born admitted at SNCU, indicates lack of awareness and mechanism for prompt referral services from periphery. Referral for neonates is severely affected due to closure of JE services.
- Medical officer (I/c) at SNCU informed about problem in repair of faulty equipments. Technician for repair of any specific equipment visit only from Jabalpur or Bhopal. They usually take more than a month to visit the SNCU. Due to delays in repair of equipments functioning and emergencies services at the SNCU get affected.
- There are five NRCs in Anuppur district. In all 80 beds are available in NRCs. Total 30 staffs are posted in the NRCs. The DH and CHC Pushprajgarh are 20 bedded NRCs. During April-May' 2017, 48 and 85 SAM children were admitted in NRCs at DH and CHC respectively.
- NRC MIS software is being used for monitoring and supervision of NRC services. Both the NRCs are provided with separate computer and internet connection.
- NRC at DH is recently shifted to the newly constructed Trauma Care building. This NRC is well maintained with all the essential equipments and protocols are being followed. NRC at CHC Pushprajgarh is functioning from two separate rooms in an old building.

- It is observed that NRC at the DH has few admissions since most of the catchments area under this NRC is far away from Anuppur. The feeding demonstrator of NRC informed that majority population in the catchments area is floating and usually migrate for work. In such situation, AWC and ASHA workers do not refer the children to NRC. Further, due to poverty and other children at home, mothers don't prefer to stay at NRC.
- Present MO (I/c) of the NRC at DH is not trained for NRC services. Earlier there was one trained MO who subsequently got transferred.
- Immunization services are available at all the visited health facility. Birth dose of all vaccinations are provided at visited DH, CHC and PHC. It was observed that at the CHC and PHC most of the vaccination is done at out-reach sites. Vaccination provided at out-reach sites are reported to have been provided by SHC co-located at PHC. Overall performance of the PHC gets underreported.
- ANM at PHC, Bijuri provides nearly 60-70 percent of the vaccination services in 15 wards of Bijuri town. But the same is reported separately in SHC, Bijuri and not in PHC, Bijuri. No separate data is maintained for vaccination done at the PHC and in urban wards on designated day. To remove this discrepancy in reporting, all such SHCs co-located with CHC or PHC should be relocated at other places and reporting of services at respective CHCs and PHCs need to be streamlined.
- RBSK programme in the district is being implemented as per guidelines. A consultant has been appointed for monitoring and supervision of RBSK programme.
- Out of 8 teams required, only 6 RBSK teams are operational in the district. None of the RBSK teams are complete in all aspects. There is manpower shortage in RBSK teams across all the blocks in Anuppur District. Block-wise status of RBSK team is given below-

	Anuppur		Jaithari		Kotma		Pushprajgharh	
RBSK Staff	Team 1	Team 2	Team 1	Team 2	Team 1	Team 2	Team 1	Team 2
MO	1	2	1	0	2	2	1	0
Pharmacist	1	0	0	0	1	1	1	0
ANM	1	1	2	0	1	0	2	0

- RBSK teams provide services only at Schools and Anganwadi Centres. Teams have not done screening of 0-6 months age children for 4D's - Defects of Birth, Diseases, Deficiency and Developmental Delays. Total 12068 children age 6 month to 6 years have

been screened at AWCs during April-May' 2017. Out of these, children found with 4Ds are - Defects of Birth: 27, Diseases: 525, Deficiency: 242 and Developmental Delays: 77.

- Process of establishment of DEIC is in progress and detailed proposal has been sent to the state for approval.
- Information regarding child morbidity and mortality is separately maintained at the DH and the CHC. At the PHC and the SHC no such data is being recorded and reported.

8. National Health Programmes

Anuppur 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:

- Anuppur district provides all the family planning services for spacing as well as limiting methods. District has no surgeon trained in LTT. One medical officer in the trained in NSVT is posted at CHC Pushprajgarh. In DH there is no NSVT trained MO.
- LTT camps are organized at visited CHC and PHC including DH during winters. DH is the only health facility where FP operations are also done on regular basis. In CHC, FP camps are organised only as per requirement.
- ANM at SHC, Pondki informed about irregular supply of OP and CC since last few months, however, it is being obtained from the CHC and PHC in limited quantity.
- During April-May' 2017, no family planning operations have been performed at any of the health facility, except one NSVT at CHC.
- During this period 27, 24 and 21 pregnant women were provided PPIUCD services at the DH, CHC and PHC respectively.
- Staff nurses informed that there is some apathy among pregnant women regarding PPIUCD acceptance. Due to family pressure, many women don't agree to accept PPIUCD. During last year many women had adopted PPIUCD as a result of special campaign for its promotion.
- During interaction with mothers in mothers in the PNC ward at the DH it was found that all the women in PNC wards are not counselled for PPIUCD. It was observed earlier staff nurses were getting Rs.150 incentive for each PPIUCD insertion, which has now been stopped.

- Staff nurses at CHC, Pushprajgarh provide counselling on PPIUCD to every pregnant women prior to PPIUCD insertion.

8.2 ARSH / RKSK:

- Adolescent health services are an important dimension of overall umbrella of health care services. Adolescent health is covered under two health programme; 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 services have been merged with regular OPD services. All the ARSH clinics have been restructured and integrated into counselling centres named as "Swasthya Samvad Kendra (SSK)".
- In Anuppur, SSK has been established in the DH. A trained counsellor has been appointed for providing counselling services.
- The counsellor of the SSK informed that information regarding SSK need to be spread through OPD. It is observed that SSK is not easily visible for the OPD patients since it is located near the PNC ward.
- Adolescents coming to the OPD need to be guided to visit SSK for further counselling.
- It is observed that Sanitary Napkins are in short supply at all the visited health facilities. There is no supply of Sanitary Napkins for SSK from the district store.
- 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. Besides this peer educators at village level will be identified amongst adolescents to strengthen the related IEC.

8.3 Non-Communicable Diseases (NCD):

- Anuppur does not have required specialist for providing services related to NCDs. However, patients visiting OPD in district hospital and at CHC Pushprajgarh are

screened for hypertension and diabetes and provided with primary care and treatment. There is no separate NCD clinic established in the DH.

- At present three MOs and four SNs who have received training on NCDs are working in the DH. But due to limited staff, NCD services are not provided on regular basis.

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-May' 2017 there are 688, 372, 28 and 16 slides were examined for malaria at DH, CHC, PHC and for SHC respectively. There were only 24 positive cases of malaria found. It was observed that RD kits for malaria testing are regularly supplied and used at all the visited health facilities.
- Anuppur is a major producer of coal and several mines are being operated by SECL in the district. Due to continuous mining activities susceptibility to TB is common in all age groups in the mining areas.
- Under RNTCP, services are available at DH, CHC and PHC. There were 622, 161 and 23 sputum test conducted at the visited DH CHC and PHC respectively. Out of these 58 sputum samples were found to be positive at DH, 13 at CHC and 8 at PHC.
- RNTCP accountant informed that payment to the DOTS providers is pending to the tune of Rs.15 lakhs in the district since 2014-15 due to non-availability of funds. Timely payment to the DOTS provider and RNTCP staffs should be ensured.
- Presently 149 leprosy patients at DH and 36 at PHC, Bijuri are undergoing treatment under NLEP. Information provided by the respective health facilities show that 18 new cases (DH: 16; PHC: 2) of leprosy have been identified, out of which 5 cases were identified through ASHA.

9. Community Processes (ASHA)

- Strong network of ASHA is present in Madhya Pradesh. In Anuppur presently 865 ASHAs are working. Majority are trained upto 6-7 module.
- At SHC Pondki and its catchments villages, three ASHAs are in place out of five required. One ASHA has committed suicide and one ASHA married and left the village.

- In Pushparajgarh block, 376 ASHAs are working and nine more ASHAs are required. In April-May'2017 two ASHAs have left and two new ASHAs have joined. In Pushparajgarh block, ASHAs are encouraged to selling FP methods through social marketing.

Incentives Paid to ASHAs during April-June'2017, District Anuppur

Block	No. of ASHAs		Incentive received by ASHA (Rs.)		
	Working	Paid Incentives	Maximum	Minimum	Average
Anuppur	176	161	15650	650	4690
Pushprajgarh	375	297	1800	1000	1164
Jaithari	128	128	17600	1600	6335
Kotma	186	0	-	-	-

- In all the visited health facilities it was informed that payment of ASHAs is delayed by 1-2 months because of problems in PFMS. In Kotma block payments of ASHA has not been done during April-June'2017. In all the remaining three blocks payment has been made to majority ASHAs. Bank accounts of ASHAs in cooperative bank are not being processed for payment in PFMS. The matter has been reported by block accountant to district officials and to the concerned bank officials.

10. Quality of Health Services

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

10.1 *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.
- Continuous monitoring under "Kayakalp" is embedded and each health facility is given scores based on level of amenities of that particular facility and cleanliness and hygiene it maintains. Facilities scoring above 70 percent under Kayakalp are scrutinized by a peer group which finally provides score to the health facility. On the basis of "Kayakalp score achieved, enhanced fund is provided to to health facility.
- In Anuppur no data regarding "Kayakalp" is being maintained at visited health facilities except DH. During the year 2016-17 the DH has scored below 70 percent in "Kayakalp". This has disqualified the DH for peer assessment. Civil surgeon informed

that for effective implementation of "Kayakalp", Ganiyari Private Hospital has been shortlisted and entrusted the task of training of staffs of various health institutions for converting them into Swasth Hospital. Training is being imparted at Ganiyari Private Hospital.

- During visit it is observed that due to construction activities going on in the DH, cleanliness was not maintained in all parts of the hospital. Due to limited space, patients were also accommodated in the corridors of the hospital. This could have been minimized by accommodating patients in the newly constructed Trauma Care building which is spacious.

10.2 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. However, disposal of BMW is not ensured through a standard protocol at CHC. At DH, PHC and SHC, BMW collection is out-sourced to "Jain Disposals", Katni which collects BMW on alternate days.
- At CHC, Pushprajgarh burial pit is used for disposal of BMW. At DH and PHC, Bijuri non-bio-medical waste is collected by municipality. There is lack of regularity in collection of bio-degradable waste by municipality at DH. At PHC, Bijuri colour coded burial pits are constructed for collection of BMW.

10.3 Information Education and Communication:

- NHM Logo is not displayed at any of the visited health facility in Anuppur district.
- Protocol posters, awareness generation chart, immunization schedule, FP IEC and JSSK entitlements are displayed at all the visited health facilities.
- Citizen charter, timing of health facility, important phone numbers are displayed only at DH and CHC.
- It was observed that complaint / suggestion box is not available at CHC, PHC and SHC. At DH process of taking patient feedback has not yet been initiated.
- List of RKS members and income and expenditure of RKS is not displayed publically in any of the visited health facility.

10.4 Support Services:

- Various support services such as kitchen, laundry, security services and housekeeping including cleanliness are not sufficient in any of the visited facility.
- Kitchen is available at all the facilities except SHC. Cook is not available at the PHC. Patients are provided cooked food as per diet chart only at DH.
- Laundry services are out-sourced at all the health facilities. At DH mechanised laundry is proposed to be initiated this year for which approval is awaited. A room has been identified for the laundry in the DH premises adjacent to the trauma care centre.
- Security services are not sufficient as per the requirements of DH and CHC. After recent revised guidelines from the state, staffs of security and housekeeping have been curtailed to half of its earlier strength. This has been done to utilize available manpower in various health facilities.
- For DH there are 9 security staffs and 21 housekeeping and cleanliness staffs working under out-sourcing. As per new guidelines, for CHC Pushprajgarh cleanliness staff is reduced to five from eight and for PHC it has been reduced to two from earlier four staffs.
- It was informed that out-sourced agency for housekeeping and cleanliness does not provided Personal Protection Equipments (PPE) – Gloves, Uniform, Shoes, Cap etc. PPE is also not provided to the regular sweeper of the hospital.
- At SHC Pondki, ANM has to clean the toilet after discharge of delivery patients. At times patient' attendants are asked to clean toilet and labour room after delivery.

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.
- Until last year, all the districts had a dedicated fleet of patients transport ambulance 'EMRI-GVK 108' for general patients. Janani Express 102' exclusively for mothers and children was operated with district level call centre.
- During 2017-18, referral transport under National Ambulance Services has been out-sourced to a new agency. These referral transport will cater to both general as well as

mothers and children. This transformation has resulted in reduction of availability of referral transport for mothers and children exclusively.

- In Anuppur, only "108" emergency patient transport is operational. It also provides services to pregnant women for home to hospital transport. In all five "108" vehicles (DH-2, CHC-2 and PHC-1) are plying at visited health facilities. Apart from this only one ambulance is available at DH and two are at CHC Pushprajgarh.
- It was observed that not all the pregnant women are getting transport services through "108". Due to non-availability of data at district level no assessment could be done for services provided to pregnant women and newborn children and other patients.
- In Pushprajgarh block one Mobile Medical Unit is functional. This MMU is supported by Baiga Development Authority. The MMU provides services in the whole block covering 30 sectors as per route chart. The ANM, AWW and ASHA of the visited villages support the MMU staff in organizing OPD services in the villages.

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.
- In Anuppur, only two private nursing homes are registered under MP nursing home act.

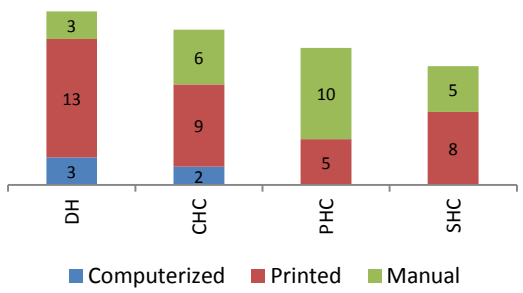
13. Data Reporting, HMIS and RCH Portal (MCTS)

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 MCTS.

- Since last year MCTS has been restructured and it now covers more services provided to mother and children under the new RCH Portal which begins from registering of eligible couples to family planning and for child immunization services upto 18 years of children.
- New RCH service registers are designed to provide individual level information for tracking of RCH services. This also provides aggregate level data for each health facility.
- Recent changes in HMIS and MCTS (Now RCH Portal) has been conveyed to all the districts up to facility level which 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 – computers, internet and data entry operators are also essential.
- In Anuppur, District M&E Officer is in-position. There is only one DEOs posted in DPMU for all the data entry purpose. In only two blocks, DEOs are in-position. It was found that only three blocks have facility to upload HMIS and RCH Portal data from the block headquarter. Only three out of 16 PHCs have internet and computer facility.

13.1 Record Maintenance and Reporting:

- During PIP 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 at DH and CHC for maternal and child health care service. For rest of the health services, record registers are maintained manually.

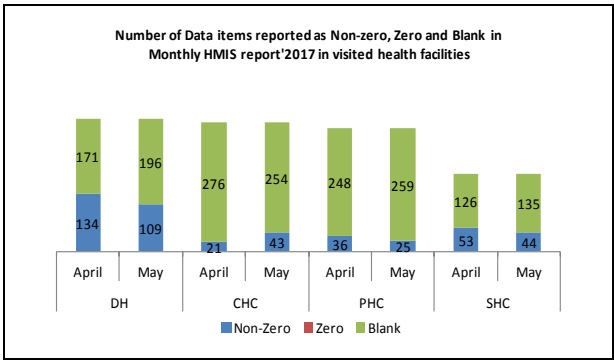


- Computerized OPD / IPD registration
- Single computer for many data entry – Maternity Wing, Discharge ticket, MDR, Roshni Clinic, PPIUCD, STD Clinic, PMSMY and HMIS.
- Single village-wise register for recording all RCH services at SHC. Not easy for ANM to extract HMIS data.
- HMIS bilingual printed format.
- Tally for account at DH and CHC

- 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. This report is collected for monitoring during weekly meeting of ANM at sector level. But BEE and Health supervisor are not oriented enough to check the RCH registers and HMIS reports at health facility.

13.2 Health Management Information System (HMIS):

- HMIS has been revamped in Madhya Pradesh as per GoI directives. As per the latest revision in facility level HMIS formats for monthly reporting, 67, 60, 48 and 23 new data items have been 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 and CHC are well versed with different data items and their validations. However, detailed data definition guide and data source, for each data element 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.



- 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

- 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.
- At PHC, Bijuri a DEO who was working for out-sourced agency for MCTS data entry has been recruited for HMIS reporting through RKS. He does not have any idea about HMIS reporting and new formats.
- 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.

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.
- 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 DEO at CHC and PHC that updating the RCH services is taking time due to slow speed of portal. This causes long pendency.
- DEO at PHC, Bijuri informed that presently Bijuri town and its wards are not mapped in RCH portal, and therefore services to a population of about 25000 is not being captured and left out of the RCH system. There are problems in generating due-list and workplan causing delay in updation of services.
- Presently separate record for each identified eligible couple is being maintained manually. All the services provided to a particular couple are registered manually, which is submitted for RCH portal data entry. After entry the record is returned to the concerned ANM / field staff for updation.

Observations from Anuppur District visited during June, 2017 (ANNEXURE)

1. Health Infrastructure available in Anuppur 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	No. for which Infrastructure MIS uploaded for the current year 2017-18 on HMIS portal*
District Hospital	1	1	1	1	100	No
Exclusive MCH hospital	-	-	-	-	-	-
SDH	-	-	-	-	-	-
CHC	7	7	-	7	210	0
PHC	16	16	-	15	160	0
SCs	189	159	30	18	36	0
AYUSH Ayurvedic	9	8	1	-	-	-
AYUSH(Homoeopathic)	2	-	-	-	-	-
AYUSH (Others)	-	-	-	-	-	-
Delivery Point(L1)	28	28	-	28	136	-
Delivery Point(L2)	11	11	-	11	230	-
Delivery Point(L3)	2	2	-	2	130	-

*Total 500 beds available in the district, * Districts are uploading infrastructure MIS on RHS portal developed by the state health dept. at http://www.nhmmp.gov.in/.*

2. Physical Infrastructure

Availability of Infrastructure (Yes / No)	DH	CHC	PHC	SHC
Health facility easily accessible from nearest road head	Yes	Yes	Yes	Yes
Functioning in Govt. building	Yes	Yes	Yes	Yes
Building in good condition	Yes	Yes	Yes	Yes
Staff Quarters for MOs	1	4	1	
Staff Quarters for SNs	2	1	1	
Staff Quarters for other categories	-	1	-	1
Electricity with power back up	Yes	Yes	Yes	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	Yes	Yes	Yes	Yes
Clean wards	Yes	Yes	Yes	Yes
Separate Male and Female wards (at least by partitions)	Yes	Yes	No	
Nutritional Rehabilitation Centre	Yes	Yes		
Functional BB/BSU, specify	Yes	No^		
Separate room for ARSH clinic	Yes	No		
Complaint/Suggestion box	Yes	No	No	No
Mechanisms for Biomedical waste management (BMW)	Yes	Yes	Yes	Yes
BMW outsourced	Yes	No	Yes	No
Availability of ICTC/ PPTCT Centre	Yes	Yes		
Functional Help Desk	No	No	No	No

**Inverter only, #Hand pump available, ^Only Equipments available. At CHC Pushprajgarh 8 quarters have been declared condemned by PWD but staff is still residing there. One new quarter is occupied by SDM.*

3. Human Resources

Health Functionary	Required (Sanctioned)				Available			
	DH*	CHC	PHC	SHC	DH*	CHC	PHC	SHC
Gynaecologist	2	-			3#	-		
Paediatrician	6	-			1	-		
Anaesthetists	3	-			2#	-		
Cardiologist	-	-			-	-		
General Surgeon	2	-			1#	-		
Medicine Specialist	3	-			2	-		
ENT Specialist	1	-			1	-		
Ophthalmologist	1	-			1#	-		
Ophthalmic Asst.	2	-	-		1	1	-	
Radiologist	1	-			1#	-		
Radiographer	4	-			1	1		
Pathologist	1	-			0	-		
LTs	6	-	-		6	3	1	
MOs	19	-	-		13	4	2	
AYUSH MO	-	-	-		1	-	-	
LHV	-	-	-		-	-	1	
ANM	-	-	-		5	3	3	1
MPHW (M)	-	-	-		-	-	-	1
Pharmacist	6	-	-		3	3	1	
Staff nurses	61	-	-		36	6	2	-
RMNCHA+ Counselor	-	-	-		2	-	-	

**As per civil surgeon's office record as on 01.04.2017 #Three Gynaecologists, one Anaesthetist, General Surgeon, Ophthalmologist and Radiologist are PGMO.*

No. of Trained Persons

Training programmes	DH	CHC	PHC	SHC
CEmOC *(Comprehensive Emergency Obstetric Care)*	1	0		
LSAS *(Life Saving Anaesthesia Skill)*	2	0		
BEmOC *(Basic Emergency Obstetric Care)*	3	6	-	
SBA *(Skill Birth Attended)*	30	4	5	1
MTP *(Medical Termination of Pregnancy)*	-	1	-	
NSV *(No Scalpel Vasectomy)*	-	1	-	
F-IMNCI/IMNCI *(Integrated Management of Neonatal and Childhood illness)*	2	-	-	-
FBNC *(Facility Based Newborn Care)*	-	5	-	-
HBNC *(Home Based Newborn Care)*				-
NSSK *(Navjaat Shishu Surakasha Karyakram)*	4	5	2	-
Mini Lap-Sterilisation	-	-		
Laproscopy-Sterilisations	-	-		
IUCD *(Intrauterine Contraceptive Device)*	-	9	4	1
PPIUCD *(Post-Partum Intra Uterine Contraceptive Device)*	20	5	4	-
Blood Bank / BSU	-	2		
RTI/STI *(Reproductive Tract Infection/Sexually Transmitted)*	-	6	-	3
IMEP *(Infection Management Environmental Plan)*	-	-	-	-
Immunization and cold chain	1	1	1	-
RCH Portal *(Reproductive Child Health)*	-	1	-	1
HMIS *(Health Management Information System)*	-	1	-	1

RBSK *(Rashtriya Bal Swasthya Karyakram)*	-	1		
RKSK *(Rashtriya Kishor Swasthya Karyakram)*	-	1	-	-
Kayakalp	-	1	-	-
NRC and Nutrition	3	3		
PPTCT *(Prevention of Parent to Child Transmission of HIV)*	-	9	2	
NCD *(Non Communicable Diseases)*	-	3	-	
Nursing Mentor for Delivery Point	-	1		
No. Others (specify)--------Skill Lab	20	-	-	-

4. Other health System inputs

Availability of drugs and diagnostics, Equipments	**DH**	**CHC**	**PHC**	**SHC**
Availability of EDL and Displayed	Yes	Yes	Yes	No
Availability of EDL drugs	Yes	Yes	Yes	Yes
No. and type of EDL drugs not available (Collect Separate List)	No	No	No	Yes
Computerised inventory management	Yes	Yes	Yes	No
IFA tablets	Yes	Yes	Yes	Yes
IFA tablets (blue)	Yes	Yes	Yes	Yes
IFA syrup with dispenser	Yes	Yes	Yes	No
Vit A syrup	Yes	Yes	Yes	Yes
ORS packets	Yes	Yes	Yes	Yes
Zinc tablets	Yes	Yes	Yes	Yes
Inj Magnesium Sulphate	Yes	Yes	Yes	Yes
Inj Oxytocin	Yes	Yes	Yes	Yes
Misoprostol tablets	Yes	Yes	Yes	Yes
Mifepristone tablets	Yes	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	-
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	No
EC pills	Yes	Yes	Yes	No
IUCDs	Yes	Yes	Yes	Yes
Sanitary napkins	No	Yes	Yes	Yes
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	No	
RPR	Yes	Yes	Yes	
Malaria	Yes	Yes	Yes	Yes
T.B	Yes	Yes	Yes	
HIV	Yes	Yes	Yes	
Liver function tests (LFT)	Yes	Yes		
No. Ultrasound scan (Ob.) done	210			
No. Ultrasound Scan (General) done	147			

Availability of drugs and diagnostics, Equipments	**DH**	**CHC**	**PHC**	**SHC**
No. X-ray done	1288	315		
ECG	Yes			
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	No	Yes
Functional Facility for Oxygen Administration	Yes	Yes	-	-
Functional Foetal Doppler/CTG	Yes	Yes	Yes	
Functional Mobile light	Yes	Yes	No	
Delivery Tables	Yes	Yes	Yes	Yes
Functional Autoclave	Yes	No	No	No
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	Yes	
Functional O.T Lights, ceiling	No	No	-	
Functional O.T lights, mobile	Yes	No	-	
Functional Anesthesia machines	Yes	No	-	
Functional Ventilators	No	No	-	
Functional Pulse-oximeters	Yes	No	-	
Functional Multi-para monitors	Yes	No	-	
Functional Surgical Diathermies	Yes	No	-	
Functional Laparoscopes	Yes	No	-	
Functional C-arm units	No	No	-	
Functional Autoclaves (H or V)	Yes	No	No*	
Blood Bank / Storage Unit				
Functional blood bag refrigerators with chart for temp. recording	Yes	No		
Sufficient no. of blood bags available	Yes	No		
Number of blood bags issued for BT in **April-June 2017-18**	380	No		
Checklist for SHC				
Haemoglobinometer				Yes
Any other method for Hemoglobin Estimation				Yes
Blood sugar testing kits				No
BP Instrument and Stethoscope				Yes
Delivery equipment				Yes
Neonatal ambu bag				Yes
Adult weighing machine				Yes
Infant/New born weighing machine				Yes
Needle &Hub Cutter				Yes
Colour coded bins				Yes
RBSK pictorial tool kit				No
**New available but not functional as labour room staff not trained in its operation.*				

Specialty Care Services Available in the District	**DH**	**CHC**
Separate Women's Hospital	No	No
Surgery	No	No
Medicine	Yes*	No
Ob&G	Yes#	No
Cardiology	No	No
Emergency Service	Yes	Yes
Trauma Care Centre	No	No
Ophthalmology	Yes#	No
ENT	Yes	No
Radiology	Yes#	No
Pathology	No	No
**One MD medicine is attached at CHC Jaithari as BMO. #PGMO available*		

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	-	-
OPDs integrated with main facility or they are earmarked separately	Yes	-	No
Position of AYUSH medicine stock at the faculty	Yes	-	-
**Presently no MO available at PHC Bijuri*			

Laboratory Tests and services Available (Free Services)	**DH**	**CHC**	**PHC**	**SHC**
Haemoglobin Hb test	Yes	Yes	Yes	Yes
Urine Pregnancy Test	Yes	Yes	Yes	Yes
Malaria PF/PV testing	Yes	Yes	Yes	Yes
Urine (Microscopy, Acetone)	Yes	Yes	Yes	-
Slide Collection for PBF & Sputum AFB	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	Yes	Yes	Yes	-
Blood Typing	Yes	Yes	Yes	-
Stool Examination	Yes	No	No	-
ESR	Yes	Yes	Yes	-
Complete Blood Picture	Yes	Yes	No	-
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	Yes	Yes	No	-
G-6 PD Deficiency Test	Yes	Yes	No	-
Serum Creatine / Protein	Yes	Yes	No	-
RA factor (Blood Grouping)	Yes	Yes	Yes	-
HBsAG	Yes	Yes	Yes	-
VDRL	Yes	Yes	Yes	-

Laboratory Tests and services Available (Free Services)	DH	CHC	PHC	SHC
Semen Analysis	Yes	Yes	No	-
X-ray	Yes	Yes	No	-
ECG	Yes	No	No	-
Liver Function Test	Yes	Yes	No	-
RPR for syphilis	Yes	Yes	Yes	-
RTI/STI Screening	Yes	No	No	-
HIV	Yes	Yes	Yes	-
Indoor Fees	20	25	20	-
OPD fees	10	10	10	-
Ambulance	Yes	Yes	Yes	-
Food for Inpatients	Yes	Yes	No	-

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

5.1 ANC and PNC Services Delivered	DH	CHC	PHC	SHC
ANC registered	180	22	97	9
New ANC registered in 1st Trim	145	14	15	6
No. of women received 3 ANC	-	-	39	4
No. of women received 4 ANC	7	5	13	6
No. of severely anaemic pregnant women(Hb<7) listed	13	2	0	-
No. of Identified hypertensive pregnant women	5	1	7	4
No. of pregnant women tested for B-Sugar	-	-	-	-
No. of U-Sugar tests conducted	-	-	-	-
No. of pregnant women given TT (TT1+TT2)	79	22	79	18
No. of pregnant women given IFA	89	15	38	7
No. of women received 1st PNC check within 48 hours of delivery	10	-	-	6
No. of women received 1st PNC check between 48 hours and 14 days of delivery	38	-	-	3
No. of ANC/PNC women referred from other institution (in-referral)	-	-	-	-
No. of ANC/PNC women referred to higher institution (out-referral)	-	-	-	2
No. of MTP up to 12 weeks of pregnancy	16	-	-	-
No. of MTP more than 12 weeks of pregnancy	-	-	-	-

5.2 Institutional deliveries/Delivery Complication	DH	CHC	PHC	SHC
Deliveries conducted	337	160	55	6
C- Section deliveries conducted	70	-	-	-
No. of pregnant women with obstetric complications provided EmOC	-	-	-	-
No. of Obstetric complications managed with blood transfusion	46	-	-	-
No. of Neonates initiated breastfeeding within one hour	329	87	52	5
No. of Still Births	11	2	2	1

5.3 Maternal Death Review	DH	CHC	PHC
Total maternal deaths reported	1	-	-
Number of maternal death reviews during the quarter	1	-	-
Key causes of maternal deaths found	-	-	-

5.4 Janani Sishu Suraksha Karyakarma (JSSK)	DH	CHC	PHC	SHC
Free and zero expense delivery & caesarean section	Yes	Yes	Yes	Yes
Free drugs and consumables	Yes	Yes	Yes	Yes

5.4 Janani Sishu Suraksha Karyakarma (JSSK)	**DH**	**CHC**	**PHC**	**SHC**
Free diet up to 3 days during normal delivery and up to 7 days for C-section	Yes	Yes	No[#]	No
Free essential and desirable diagnostics (Blood & urine tests, USG, etc) during ANC, Delivery, PNC	Yes	Yes*	Yes*	Yes*
Free provision of blood, however relatives to be encouraged for blood donation for replacement.	Yes	No	No	No
[$]Free transport – home to hospital	-	-	-	4
inter-hospital in case of referral	-	-	14	-
drop back to home	-	-	-	-
Exemption of all kinds of user charges	Yes	Yes	Yes	Yes
**Not all available. #Since last three month cook is not there. $ Referral transport has state level call centre, district does not maintain any data for referral transport use. This data is also not updated on the state portal under mandatory disclosure.*				

5.5 Janani Suraksha Yojana	**DH**	**CHC**	**PHC**	**SHC**
No. of JSY payments made	317	371	Yes	Yes
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.	No	Yes	Yes	No
Full amount of financial assistance to be given to the beneficiary before being discharged from the health facility after delivery.	No	No	No	No
Payments mode (Cash-1, Cheque bearer-2, Cheque a/c payee-3 Direct transfer-4, Others (specify____) -5	4	4	4*	4*
Physical (at least 5%) verification of beneficiaries to be done by district level health authorities to check malpractices.	No	No	No	No
Grievance redressal mechanisms as stipulated under JSY guidelines	Yes	No	No	No
Proper record maintained for beneficiaries receiving the benefit	Yes	Yes	No	-
**Beneficiary payment being done by PFMS software at CHC level.*				

5.6 Parameters of 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	No
Counseling on IYCF done	Yes	Yes	Yes	Yes
Counseling 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	Yes*	Yes*	Yes*	Yes*
Diet being provided free of charge	Yes	Yes	No	No
**Travelling expenditure incurred by mothers*				

6. Child Health (April-May' 2017)

6.1 Special Newborn Care Unit / New Born Stabilized Unit	**DH**	**CHC**
SNCU / NBSU exist. (Yes/No)	SNCU	NBSU
Necessary equipment available (Yes/No)	Yes	Yes
Availability of trained MOs	2	1
No. of trained staff nurses	16	4
No. of admissions Inborn	85	23
Out Born	57	5
No. of Children Cured	129	19
Not cured	0	-

6.1 Special Newborn Care Unit / New Born Stabilized Unit	DH	CHC
Referred	11	9
Others (death)	29	-

6.2 Nutrition Rehabilitation Centre NRC	DH	CHC
No. of functional beds in NRC	20	20
Necessary equipment available	Yes	Yes
No. of staff posted in NRC - FD/ANM and other	10	8
No. of admissions with SAM	48	85
No. of sick children referred	0	2
Average length of stay	13	46

6.3 Immunization (April to May 2017)	DH	CHC	PHC*	SHC
BCG	338	73	3	3
Penta1	72	5	10	4
Penta2	50	4	10	6
Penta3	46	2	16	8
Polio0	330	-	3	-
Polio1	72	-	10	4
Poli02	50	-	10	6
Polio3	46	-	16	8
Hep 0	326	-	-	-
Hep 1	-	-	-	-
Hep 2	-	-	-	-
Hep 3	-	-	-	-
Measles1	-	-	-	6
Measles2	68	-	29	7
DPT booster	68	-	9	-
Polio Booster	68	-	9	-
No. of fully vaccinated children	94	-	33	6
ORS / Zinc	Yes	Yes	-	Yes
Vitamin - A	Yes	Yes	30	6
No. of immunisation sessions planned	32	-	12	10
No. of immunisation sessions held	32	-	7	10
Maintenance of cold chain. Specify problems (if any)	Yes	Yes	Yes	Yes
Whether micro plan prepared	No	No	No	No
Whether outreach prepared	Yes	Yes	Yes	Yes
Stock management hindrances (if any)	No	No	No	-
Is there an alternate vaccine delivery system	Yes	Yes	Yes	Yes
** Immunization done at PHC is reported under SHC, Bijuri.*				

6.4 Rashtriya Baal Swathya Kariyakram (District Anuppur)

No. of children referred by RBSK team for treatment	Age 0-6 month	6m to 6year	6 to 18 year
Defects of Birth	0	27	0
Diseases	0	525	0
Deficiency	0	242	0
Developmental Delays	0	77	0

6.5 Number of Child Referral and Death	DH	CHC	PHC	SHC
No. of Sick children referred(up to age 5)	11	7	-	-
No. of Neonatal Deaths	29	-	-	-
No. of Infant Deaths	0	1	-	-

7. Family Planning

Family Planning	DH	CHC	PHC	SHC
Male Sterilization (VT+NSV)	-	1	-	-
Female Sterilization (CTT+LTT)	-	-	-	-
Minilap sterilization	8	-	-	-
IUCD	-	-	-	-
PPIUCD	27	24	21	-
Condoms	350	210	-	0
Oral Pills	120	11	-	0

8. ARHS / RKSK

ARSH	DH	CHC	PHC	SHC
Whether ARSH counselling done by ANM				Yes
ANM trained in services				Yes
Outreach ARSH services provided				Yes
No. of adolescent provide counselling by ANM				Yes
No. of Referral from ARHS to Higher Facility	-	-	-	-
No. of Referral to ARHS from other health facility	-	-	-	
Whether ARSH clinic functioning	-	-	-	
Type of trained manpower available for ARSH clinic	-	-	-	
No. of adolescents attending ARSH clinic	-	-	-	
No. of outreach camp conducted by ARSH clinic	-	-	-	
No. of adolescents received ARSH services in outreach camp	-	-	-	

9. Disease Control Programmes

Disease Control	DH	CHC	PHC	SHC
National Malaria Control Programme				
Number of slides prepared	688	372	28	16
Number of positive slides	1	21	0	0
Availability of Rapid Diagnostic kits (RDK)	Yes	Yes	Yes	-
Availability of drugs	Yes	Yes	Yes	Yes
Availability of staff	Yes	Yes	Yes	-
Revised National Tuberculosis Programme (RNTCP)				
Number of sputum tests	622	161	23	-
No. of positive tests	58	13	8	-
Availability of DOT medicines	Yes	Yes	Yes	-
All key RNTCP contractual staff positions filled up	10	-	-	-
Timely payment of salaries to RNTCP staff	Yes	No	-	-
Timely payment to DOT providers	Yes	-	-	Yes
National Leprosy Eradication Programme (NLEP)				
Number of new cases detected	16	-	2	-
No. of new cases detected through ASHA	5	-	1	-
No. of patients under treatment	149	-	36	-

10. Non Communicable Diseases

NCD		DH	CHC	PHC
NCD services		Yes	No	No
Establishment of NCD clinics		No	No	
Type of special clinics (specify)_____		No	No	
Availability of drugs		No	No	No
Type of IEC material available for prevention of NCDs		Yes	No	No
No. of staff trained in NCD	**MO**	3	-	-
	SN	4	-	-
	Other	0	-	-

11. Community processes

Accredited Social Heath Activist ASHA	CHC	PHC*	SHC
Number of ASHAs required	385	-	5
Number of ASHAs available	376	-	3
Number of ASHAs left during the quarter	2	-	1
Number of new ASHAs joined during the quarter	2	-	-
All ASHA workers trained in module 6&7 for implementing HBNC schemes	Yes	-	Yes
Availability of ORS and Zinc to all ASHAs	Yes	-	Yes
Availability of FP methods (condoms and oral pills) to all ASHAs	Yes	-	No
Highest incentive to an ASHA during the quarter	-	-	-
Lowest incentive to an ASHA during the quarter	-	-	-
Payments disbursed to ASHAs on time	No	-	-
Drug kit replenishment provided to ASHAs	Yes	-	Yes
ASHAs social marketing spacing methods of FP	Yes	-	No
** Bijuri, an urban town has no ASHA. There are 8 SHCs and 14 ASHAs in the catchments villages of PHC*			

12. Quality in Health Services

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

12.2 Biomedical Waste Management		DH	CHC	PHC	SHC
Bio-medical waste segregation done		Yes	Yes	Yes	Yes
BMW Outsourced		Yes[#]	No	Yes[#]	Yes[#]
If not, alternative arrangement	Pits-1	4	1*	1*	1*
	Incineration-2				
	Burned -3				
	Others (specify) --4				
**Pit and burning facility are available at all visited health facilities. [#]Outsource to Jain disposal company Katni*					

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

12.4 Quality Parameter of the facility **(Essential Skill Set - Yes / No)**	**DH**	**CHC**	**PHC**	**SHC**
Manage high risk pregnancy	Yes	Yes	No	No
Provide essential newborn *care (thermoregulation, breastfeeding, asepsis)*	Yes	Yes	Yes	Yes
Manage sick neonates and infants	Yes	Yes	No	No
Correctly uses partograph	Yes	Yes	Yes	Yes
Correctly insert IUCD	Yes	Yes	Yes	No
Correctly administer vaccines	Yes	Yes	Yes	Yes
Segregation of waste in colour coded bins	Yes	Yes	Yes	Yes
Adherence to IMEP protocols	Yes	No	No	No
Bio medical waste management	Yes	Yes	Yes	Yes
Updated Entry in the MCP Cards	Yes	Yes	No*	No*
Entry in MCTS/RCH Portal	Yes	Yes	Yes	Yes
Action taken on MDR	Yes	-	Yes	-
**MCP card not available in labour room and / or immunization room*				

13. Referral Transport

Emergency Vehicle, JE and MMUs, (JSSK and Regular Ambulance)		**DH**	**CHC**	**PHC**
Number of ambulances	**102/JE***	-	-	-
	108	2	2	1
	Other	1	2	-
Ambulance per lakh population		-	-	-
Availability of call centre		Yes	Yes	Yes
Number of MMU		-	1	-
Micro plan prepared		-	-	-
GPS installed		-	-	-
Monthly Performance monitoring		-	-	-
Number of patients served during the last quarter		-	-	-
**Janani '102' vehicle has been converted to '108' emergency services which is under state call centre.*				

14. Record maintenance 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	1C	1C	1M	1M
IPD Register	1P	1C	1M	1P
ANC Register	1P	1P	1M	1P
PNC Register	1P	1P	3	1P
Indoor bed head ticket	-	-	-	-
Line listing of severely anaemic pregnant women	1P*	1P*	1P*	1P*
Labour room register	1P	1P	1P	1P
Partographs	1P#	1P#	1P#	1P#
FP-Operation Register (OT)	1P	1M	1M	
OT Register	1P	1M	3	
FP Register	1P	1M^	1M^	3
Immunisation Register	1P	2P	1P	1P*
Updated Microplan	-	-	-	-
Blood Bank stock register	1P	3		
Referral Register (In and Out)	1P	1P	1M	1P
MDR Register	-	-	-	-
Infant Death Review and Neonatal Death Review	-	-	-	-
Drug Stock Register	1P	1P	1P	1M
Payment under JSY	-	-	-	-
Untied funds expenditure (Check % expenditure)	-	Expnd: 3.23 lac Untied Grant	96% Income: Rs.2.9 lacs Expend: Rs.2.8 lacs 2016-17	-
AMG expenditure (Check % expenditure)	-			-
RKS expenditure (Check % expenditure)	-			-

**Line listing of severely anaemic PW recorded in delivery register at DH&CHC but in PHC&SHC recorded in ANC register. # Partograph available in case sheet. ^Only IUCD & PPIUCD register available at CHC and PHC.*

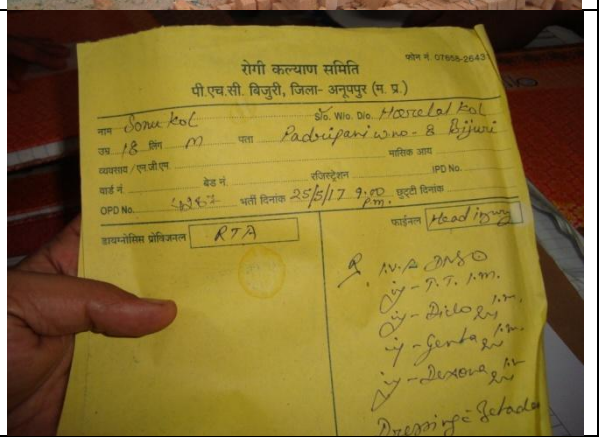
15. Health Management Information System and Mother Child Tracking System

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

16. Additional and Support Services

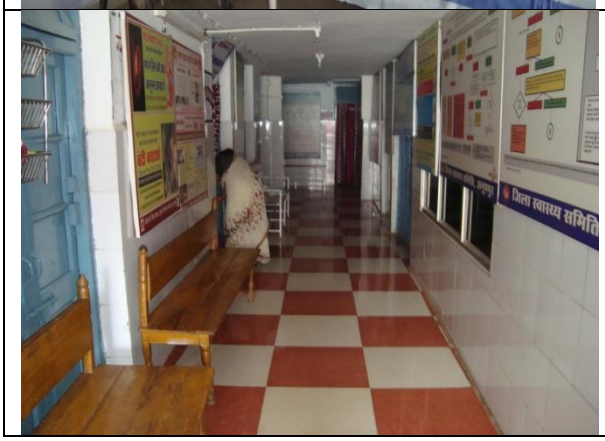
Services	DH	CHC	PHC
Regular Fogging (Check Records)	No	No	No
Functional Laundry/washing services	Yes	Yes	Yes
Availability of dietary services	Yes	Yes	No
Appropriate drug storage facilities	Yes	Yes	Yes
Equipment maintenance and repair mechanism	Yes	Yes	No
Grievance Redressal mechanisms	Yes	No	No
Tally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

Primary Health Centre (CHC) Bijuri, District Anupur visited on 13 June, 2017



Community Health Centre (CHC) Pushprajgarh, District Anuppur visited on 14 June, 2017

Sub Health Centre (SHC) Pondki & PHC Amarkantak, District Anuppur visited on 14 June, 2017



District Hospital (DH) Anuppur, District Anuppur visited on 15 June, 2017